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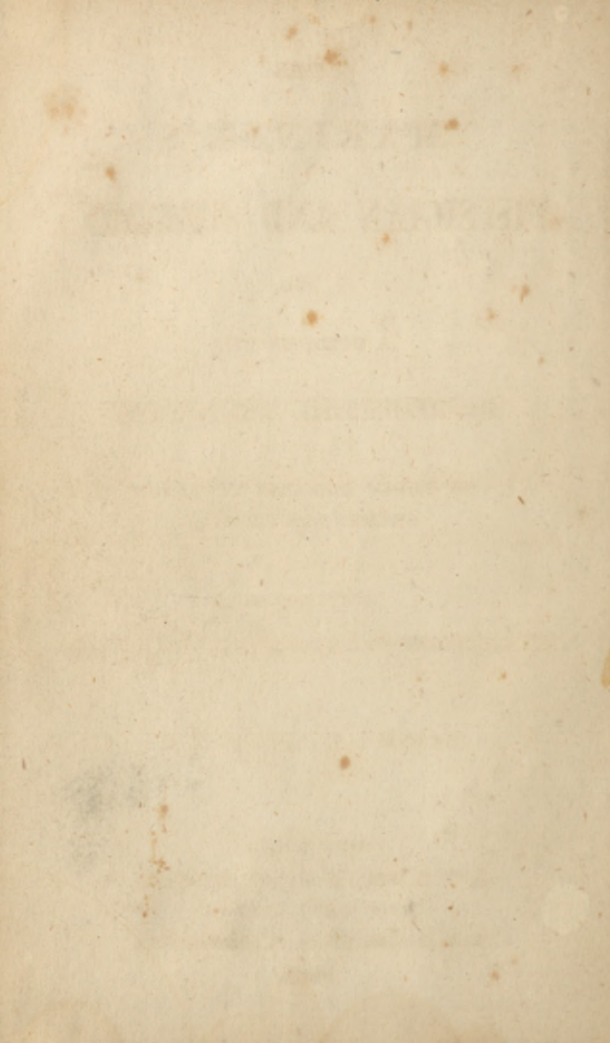
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THE  
MARINER'S  
PHYSICIAN AND SURGEON ;

OR,

A GUIDE TO THE  
HOMŒOPATHIC TREATMENT

OF THOSE DISEASES TO WHICH  
SEAMEN ARE LIABLE,

COMPRISING THE  
TREATMENT OF SYPHILITIC DISEASES, &c.

By GEO. W. COOK, M. D.

NEW YORK :

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THE

MARINE'S

PHYSICIAN AND SURGEON

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1848

A GUIDE TO THE

HOSPITALS

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COOK, W. D.

TREATMENT OF PNEUMONIA

BY GEO. W. COOK, M. D.

NEW-YORK

L. B. WHITE & COMPANY

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NEW-YORK

1848

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ERRATA.

Page 31, 4th line from top, for "Petroleum" read "Petroselinum."

" 33, 7th line from bottom, for "Protoxide" read "Protiodide."

" 61, 7th, " " " "



## INTRODUCTION.

The fact may now be regarded as fully established, that the reformed system of medicine commonly known as the "*Homœopathic*" is destined, at no far distant day, to make a perfect revolution in the science of healing the sick. Practitioners whose locks are whitened, and whose familiarity with disease of all phases, and the power of medicines of all classes, is matured by the practice of many years, are daily joining the standard of the reformation, practically convinced of the great evils of over dosing and of the value of the resource of the homœopathic materia medica.

Whatever may be the objections to lay-practice, they do not hold good as regards domestic practice under the reformed system: for although the practitioners of homœopathy are steadily and even rapidly increasing, they are yet but sparsely spread over any country, and consequently it is very difficult in many situations to obtain

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one. This work being designed for the use of those, who may be so situated, as not to be able to do anything, or employ allopathic practice, which is often worse than doing nothing, will be of great value, to the mariner more especially, but also to many others who may be similarly situated.

The diseases most common at sea are treated of in this work; some of them are generated at sea, and are peculiar to the mariners' life—such as “sea scurvy,” “sea sickness,” and ship fever: others are common to both land and sea, such as Typhus, Jail, Intermittent, Remittent, and Scarlet Fevers; Dysentery, Small Pox, Measles, Colic; while a third class are common to both land and sea, but are almost uniformly contracted in port, to be developed when a few days out and beyond the reach of medical aid. I allude to Syphilis, Gonorrhœa, and their attendants. A sailor might almost as well be in an unknown sea without a compass, as to embark with either of these diseases incubating upon him, without the means of arresting it. For the management and entire cure of these diseases, a perfect confidence may be reposed

in the means laid down under their respective heads, in this book. These diseases cannot be treated in a better manner, whether they show themselves by land or sea. The diseases are generally eradicated and perfect health restored, without any of the distressing effects of drugs, which often remain to harass the victim through the remainder of his life. Every observing physician, can look back with regret at the evils he has committed, by following the practice taught in colleges. There is no occupation so subject to the changes of climate as the sailor's ; during a single voyage he may pass through all the varieties of temperature and climate. The change from a cold to a warm climate is considered more pernicious under ordinary circumstances, than a change from the latter to the former.

The air at sea is more pure than on land, except where there is great inattention to cleanliness on board, and a pestilential effluvia emanates from the hold of ships, when typhus, or ship fever, of a highly malignant character shows itself. Diseases are more apt to break out when nearing or coming into port. On the southern coast of these

United States, marshy lands are very abundant, and vessels cruising within sight of them are more subject to intermittent fevers; although this disease does occur, at a great distance from land, and may be owing to the decomposition of vegetable matter, in the ship; hence great care should be observed in drying and cleansing vessels by disinfecting agents. It is scarcely necessary to give any more than general directions for the diet of the patient. In acute diseases the stomach refuses all hearty food and therefore is the best guide to consult; in the other forms of disease when the constitutional sufferings are not great, all the forms of food which ordinarily constitute the sailor's daily fare may be continued, except such as are forbidden in the brief table which is given in Chap. xviii. It may be remarked generally that old and long salted meats are less nourishing and less digestible than those which are fresher, whether used in health or sickness.

#### “PULSE AND RESPIRATION.”

The average number of beats of the heart in a minute is about seventy for male and

eighty for the female at the age of from twenty-five to forty-five. The number of beats diminishes slightly as age advances, but increases a trifle again in extreme old age. Variations from this standard must be expected owing to peculiarities of constitution and temperament, etc., and good health still remain; but if departure from the usual standard of beats occur with other symptoms, the pulse becomes an important guide in detecting disease.

The respirations are about one-fourth as many in a minute as the pulsations, and any considerable departure from this standard, constitutes an evidence of disease when connected with other coincident facts.

The pulses and respirations are very apt to be raised and depressed together in the same proportion by disease.

The manner of using the medicines recommended in this little guide is simple and plain, and may be stated in a few words. With a very few exceptions, the particular directions for the administration of the medicine are given in their respective places. When this does not occur, this general direction may be always observed. If the

medicine be in pills, give three dry upon the patient's tongue, and repeat as often as directed in the text.

If the medicine be in drops, three drops must be put into a tumbler half full of water, and a tablespoonful given at a dose.

Some very good men and excellent moralists (who forget, however, that we are obliged to take society as we find it, and not attempt to correct evils by beginning at the wrong end), may object to the plan of making public the means of curing diseases, which need never have been contracted, if proper regard had been paid to correct morals. To such we may reply that *libertinism*, has existed to a greater or less extent through all ages, and, however deeply we may deplore the evils, and industriously seek the means of eradicating them, as conservators of the public health, physicians at least, are bound by every feeling of humanity, to extend those means which they may have within their knowledge, to the relief of the unfortunate victims whose animal passions have overcome their moral restraints. Even if the cure be accomplished with the greatest rapidity and slight com-

parative suffering, and though it be followed by no secondary disease, or impaired constitutional derangement, still, few are likely to repeat the experiment, for at best, they pay dearly for the whistle.

In explanation of the surgical department, very little need be said. The directions are in accordance with the best authorities, and may be relied on as strictly correct. They are given in language as plain as the nature of the subject would admit, and solely for the purpose of guiding a layman of good judgment and firm nerve, so as to enable him to reduce a fractured or dislocated limb and secure it in place, thus relieving much suffering and great deformity.

The general style of the work has an excuse, in the fact that it was undertaken by urgent solicitation, at a time when the author was fully occupied by other literary engagements, which he was under the necessity of accomplishing at a very early date, in addition to his usual professional labors, which were by no means light.

positive suffering and though it be followed by no secondary disease or impaired constitutional development, still few are likely to repeat the experiment for at least they pay dearly for the result.

In explanation of the surgical department very little need be said. The directions are in accordance with the best authorities and may be relied on as strictly correct. They are given in language as plain as the nature of the subject would admit and easily

**CASES OF MEDICINE** suitable for the treatment advised in this work, carefully prepared at SMITH'S HOMŒOPATHIC PHARMACY, 488 BROADWAY, corner of Broomst., New York: where may also be had a general assortment of Homœopathic Medicine in their different forms.

The general style of the work has an eye to the fact that it was undertaken by a man whose mind was at a time when the subject was fully occupied by other literary engagements which he was under the necessity of accomplishing at a very early date in relation to his usual professional labors which were by no means light.



# MARINER'S PHYSICIAN AND SURGEON.

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## CHAPTER I.

### SEA SICKNESS.

This disease is familiar to almost all who have ever ventured out of sight of land in rough weather, and having been regarded as a sure precursor of future health, very little or no treatment has been deemed necessary. It not unfrequently happens, however, that a distressing, prostrating sickness continues throughout a long voyage, and a constitution much impaired or entirely broken up is the consequence. A few medicines may be the means of removing unnecessary suffering and bringing about a healthy action in the enfeebled constitution.

*Treatment.*—If there be *vertigo*, *dizziness*, with *sickness*, and *headache*, *Cocculus*, one drop in a tumbler half full of water, one

tablespoonful every two hours, while the sickness continues. *NUX VOMICA*, in the same manner and same dose, will be necessary, if the *Cocculus* do not relieve the patient, or it may be given in alternation with it.

*IPECACUANHA*, one drop in a tumbler half full of water, one table spoonful every two hours, if there be simple vomiting, sickness and coldness of the surface.

*PETROLEUM* may be used in the same way, if the above fail to relieve.

*ANTIMONY TART.*, as much as will lie on a five cent piece, dissolved in a tumbler half full of water, and administered in tea-spoonful doses every five, ten, or fifteen minutes, where there is vomiting, purging, extreme prostration, with coldness of the surface, and oppressed respiration.

*VERATRUM*, one drop in a tumbler half full of water, for the same purpose as the above, where that fails, or when there is much cramp in the stomach and pain in the bowels. The diet should be dry *toast* with barley gruel, or cracker-tea, sea-biscuit and arrow-root.

If the prostration should be very great, with loss of appetite, accompanied with a burning in the stomach, restlessness, tossing, and sleeplessness, a powder of the second trituration of ARSENICUM, as much as will lie on a five cent piece, at night, will have a good effect.

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## CHAPTER II.

### VARIOLA—SMALL POX.

This disease is not now so much dreaded as formerly. Vaccination either entirely prevents it or so much modifies it, as to disarm the disease of all its terrors. Varioloid is nothing more nor less than small pox modified by vaccination. This modified form of the disease will be more or less severe, according to the greater or less protective tendency of the vaccination. Where vaccination is in full force, the human organism being fully charged with the virus, there is no more probability that the small

pox, or even the varioloid, will take place, than if the patient had had the small pox in all its perfection, the natural way, or by inoculation. There are those, however, who have never been vaccinated, or if they have been vaccinated, little or no attention having been paid to them by a competent judge, a mere sore may have been produced, and not the genuine vaccinia, and hence, on exposure, they contract this disease. The probability, therefore, is, that the small-pox will continue to prevail for ages to come, and as it is very common for cases suddenly to break out on board of ships, we will give a brief description of the disease and treatment.

During the first stage, the commencement of which is about twelve days after the exposure to the contagion, there is high fever, headache, difficult respiration, pain, aching and soreness of all the muscles. These symptoms continue from three to five days, when the eruption appears in small red spots, which become more and more elevated and inflamed at their base, and gradually fill with a semi-transparent fluid, and are perfect

from the third to the fifth day, when the contents of the pustules becoming gradually more thick, and indented in the centre, assumes a dark mahogany or blackish hue, and finally dry away. The scales separate in the course of twenty to twenty-five days, and drop off, leaving darkish spots and indentations in proportion to the severity of the attack, and the care which is taken to prevent marks.

*Treatment.*—In former years, this disease was justly very much dreaded, from its extraordinary fatality. At that time a great deal of medicine was given; now, when very little is given, few cases prove fatal. The sufferings of the patient may, however, be greatly mitigated, and almost uniform success insured, by the following course:

During the first stage, or stage of fever, *ACONITE*, one drop in a tumbler half full of water, and one table-spoonful every two hours. If there be much pain in the head, *BELLADONNA* may be alternated with it, prepared by dropping one drop in a tumbler half full of water and administering it the same as the above, or in alternation with it. During

the second stage, while the matter is forming, and the pustules are filling up, **ANTIMONY TART.**, (1st trit.) is the proper remedy,—a powder, about as much as will lie upon a five cent piece, must be dissolved in a tumbler half full of water, and one tea-spoonful given every hour through the day, or while the patient is awake.

During the third stage, or period of desquamation and falling off of the scales, a few doses of **SULPHUR** will be all that is required.

Through all the stages of this disease, the patient must be kept from the light, and when the scales are fairly formed they should be kept soft, to prevent pitting, by applying a little sweet oil, sweet cream, or oiled silk over the face.

A few doses of Sulphur during convalescence will tend to facilitate this stage.

## CHAPTER III.

## VENEREAL DISEASES.

## LUES ; SYPHILIS ; CHANCRES ; OR POX.

As we wish to be understood by all, but more especially by those who are not supposed to have been regularly educated to the profession of medicine, we shall adopt the most ordinary and most universally understood terms. The *Venereal Disease*, or *Lues Venerea*, is the generic term for *Chancres* on the genitals, swelling in the groins, buboes, followed by *ulcers* or chancres in the throat, copper-colored spots on the skin, pain in the bones with swellings called nodes. After impure coition, one or all of these diseases may take place, more or less, in the succession in which they are named. Some of them are brought about by neglect or improper treatment from the onset of the disease.

About the fifth day after impure coition,

or connection with one infected with the *disease*, one or more small pimples of a pale red hue appear on the *penis*, either on the prepuce, the glans, and orifice of the urethra, in males, or the labia, nymphæ, clitoris and vagina of females; these increase, becoming hard and inflamed at the base, while the apex or point opens, becomes very irritable, and discharges at first, a limpid virus that produces other chancres wherever it spreads. This condition may not show itself, where the constitution is not very irritable, until a much later period, even for several weeks.

If the proper medicine is given at this stage of the disease, and the patient has not been improperly treated for it, a speedy cure may be expected.

MERC. SOL., as much as will lie upon a half dime, twice a day, will cure it in a week or ten days. Attention to cleanliness should be strictly observed. Cleansing the entire genital organs with clean Castile soap water, and applying lint, upon which is dusted a little of the same medicine, twice a day, or oftener, if there should be much



discharge, will suffice. If the chancres spread, notwithstanding this treatment, and the edges become hard, and the centre of the sore looks bluish, and not disposed to heal, dust upon the sore, after cleansing it, a little of the Hydrarg. Sub. Muriat., and apply the lint as before, continuing the internal medicine three times a day instead of twice as before. If, after ten days' perseverance with this medicine, the disease does not appear to be putting on a healing process; (if it is better, the surface of the sores will be filled with small granulations of a bright red color, and will gradually rise more and more towards the level of the sound parts, while the edge of the chancre loses its former hardness, and the discharge from its surface is yellowish and uniform in appearance,) give THUYA one drop, three times a day for about a week, omitting the other medicine, and returning to it afterwards and using it as before.

**BUBOES.**—One or both groins sometimes become hard, swollen and painful from an extension of the virus or poison of the pox, and these are called *Buboes*, and if they ap-

pear early in the disease, require the same internal remedies as the above, or what I prefer, the *Protiodide Hydrarg.*, which has a more direct specific effect upon glandular swellings, and acts well after the former preparation of Mercury, and may be given in the same manner; at the same time, apply a bread and water poultice to the swellings, which may be renewed twice a day. If the swellings increase, and give decided evidence of containing matter, they should be lanced, but this will rarely be necessary. Although they may be very tedious, they will in most cases, finally disappear.

The spermatic chord—the chord that leads to the testicles—may become inflamed, together with the testicle itself; this state is attended with much pain, but rest in the recumbent posture, emollient poultices, with Aconite internally, followed by Mercurius solubilis, or alternated with it, every two hours, will quickly subdue the swelling and inflammation.

The inflammation may also extend, either by sympathy or by an extension of the virus, to the urethra, and produce a discharge there-

from analogous to Gonorrhœa, but this is entirely different from the common Gonorrhœa, of which we shall treat in another chapter.

Painful lumps or protuberances, called nodes, often succeed this disease, and may appear in from three weeks to as many months or years after the disappearance of the disease from its original location. These, like the other secondary results of the original disease, are more likely to result from the improper or too profuse use of Mercury, than from the first poison properly treated. Although Mercury is unquestionably the *true* specific for *true Chancres*, it is dangerous and even fatal in its consequences when used according to the old school method of prescribing it. When taken according to the method herein directed no fears need be entertained of the after appearance of disease of the throat, bones, &c. This I know from repeated observation, and I have often removed these subsequent sufferings by giving Nitric acid, and Aurum muriaticum, which remedies are well known to possess the power of removing the evil effects of Mer-

cury from the system. The Aurum muriaticum will be most useful when the larynx (throat) is much affected by the Mercury, or when the bones of the nose are threatened with disease. After all these symptoms have disappeared, three pills of SULPHUR twice a day, continued for about five days, will prevent a recurrence of them.

The first dilution of NITRIC ACID, in the dose of one drop three times a day, in a spoonful of pure water, will remove all the unpleasant effects of the disease which remain after the other treatment. Or, if too much Mercury have been given, leaving the teeth sore, gums spongy, tender, and disposed to bleed, with inflammation or ulceration of the throat, then Nitric acid must be relied upon as the only safe remedy, after Mercury. The dose may be increased to five drops three times a day.

SILICEA, in a powder of the quantity that will lie upon a five cent piece, twice a day, will generally disperse *nodes* or lumps upon the bones.

## CHAPTER IV.

## GONORRHŒA, OR CLAP.

These are familiar terms to all, layman or physician. Either of them is understood to mean *a disease*, attended with a troublesome, itching inflammation, and swelling, at the orifice of the *urethra* (meatus urinarius), and soreness along the whole course of it, with scalding on urinating, succeeded by a discharge at first whitish, then yellowish, and finally of deep yellow or greenish pus or matter, becoming more and more irritating, and thinner, as the inflammation augments, excoriating the parts over which it spreads.

Much has been and more might still be written on the subject of the causes which may bring about the above disease. We have no space to enter into the disputation. When the above described condition is present, the treatment will be the same in all cases (constitutional peculiarities of course taken into account), and we will leave it to the patient to settle the fact of its origin,

presuming that he has the secret in his own breast, and an experienced doctor need not ask him, for *he* ought to know. We would suggest, however, that the disease makes its appearance in from one to fifteen days after exposure. When this period is passed over, there will be little danger of its appearing, although there are exceptions to all rules. Some authors have known cases to appear five or six weeks after exposure.

The disease will be more accurately understood and correctly treated, by laymen, by dividing it into three stages. The *first*, or stage of incubation, very properly comprehends the period from the commencement of the itching, or titillation, to the discharge of mucus from the urethra, with scalding and frequent desire to urinate, and some slight swelling of the orifice of the urethra. This usually occupies from twelve hours to two days, when active inflammation usually sets in, and constitutes the commencement of the *second* stage. The discharge becoming yellow, the inflammation rapidly increases, augmenting all the sufferings of the patient, by superinducing violent scalding, and an insupportable desire to urinate; his water pass-

es drop by drop, or in very small quantities, without relieving the desire, and frequently too, during this stage, the rectum is affected by sympathy, and distressing tormina, or tenesmus, like that which accompany dysentery, set in. The penis swells, more particularly the prepuce, and erections and chordee add to the torments of the patient. This last difficulty is more especially troublesome at night, and when warm in bed, and induces the desire to apply something cold. If the inflammation extend to the bladder, the urine becomes thickish or milky. If it extend to the testicles, swelling, pain, and tenderness are the results, and if to the groins, buboes. These two last difficulties will not be dwelt on here, as they are purely sympathetic, and similar to those which were treated of in the last chapter, and require the same treatment, excepting the use of Mercury. The discharge from the urethra not unfrequently diminishes or entirely ceases during this metastasis of the disease, but returns as soon as these difficulties are re-established. This evidently points out the course to be pursued in the treatment, which will be noticed presently.

The burning and scalding, when urinating, is generally confined to within about an inch from the external orifice of the urethra, where the canal appears to be lessened in diameter, and the urine flows in a smaller stream. The matter is formed and thrown off at this part, seldom, or perhaps never, from an *ulcer*, but from the mucous follicles or lacunæ of the membrane of the urethra, which has become spongy, from the diseased action. This stage usually lasts from four to six days, leaving, when it subsides, an uncomfortable scalding on passing water, with a discharge of deep yellow or greenish yellow matter, which, if not perfectly cured, often becomes chronic, the sufferings cease, and a gleet is established, which is more annoying from the filth with which it charges the linen than from the pain inflicted upon the patient. If allowed to continue, however, strictures are the consequence. This chronic running is not properly to be considered as included in the general division which we have made of three stages, for the sake of making the treatment better understood by laymen, but should rather be regarded as a sequel of badly treated Gonorrhœa from the first. If



the patient, who has just contracted a Gonorrhœa, is so fortunate as to apply to a medical gentleman who understands his profession—practically, I mean—he will be cured radically in a few hours, and before the disease passes to the second or highly inflammatory stage. Most frequently, however, the tempting bait of a puffing advertisement attracts his attention, and he is lured into a course of treatment entailing upon him a disease, which months, or even years, may be required to eradicate.

*Treatment.*—The seat of the disease being strictly confined, during the first stage, to the *urethra*, and mostly to within an inch of the external orifice, it must seem perfectly preposterous to expect to cut it short by constitutional means alone. Whatever may be said of the constitutional character of the disease, in its *second* and *third* stages, no one will attempt to sustain an argument that at this stage it extends beyond this location, any more than a burn extends beyond the place where the fire is applied, and an internal medicine to cure a recent burn would be quite as rational as an internal medicine to cure a recent gonorrhœa. The subse-

quent stages are of a different character in this respect. New difficulties arise from sympathy, and are to be met by appropriate treatment. I fully comprehend the magnitude of the task of making this subject so plain that those who are not educated to the profession of medicine may understand and practice successfully the treatment of this disease. Those who are within the reach of a physician, will of course avail themselves of his advice; but I am writing for those who are supposed to be beyond the reach of medical advice, and with judgment they will succeed very well. At all events, I would rather trust my life to a layman, who, unprejudiced, would take the advice of one, prescribing from practical knowledge, than look to those who are obstinate in their adherence to customs, for these latter are the most dangerous of all conservatives.

If the patient apply within forty-eight hours after the first symptom of the disease, the best means for a radical cure will be to direct the use of an injection of the nitrate of silver in the proportion of from five to ten grains of the Nitrate to an ounce of water. A glass syringe is the only one that

should be used. One application of this remedy will often suffice. If, however, after the second day, the cure is not perfect, it may be repeated. During this stage, ~~PETROLEUM~~<sup>66 26 11/16</sup> should be given internally, in the dose of one drop in a table-spoonful of water. All stimulating drinks and highly seasoned food should be abstained from during this and the succeeding stage of the disease. *trosceli numi*

When using the above injection, press the urethra firmly about two inches from the external orifice, in order to prevent the injection from passing too high, and thereby producing unnecessary irritation beyond the seat of the disease. If, however, you use the proper quantity, *i. e.* an ordinary penis syringe one-fourth filled, there will be little danger of its extending far up the *urethra*. The external orifice should be closed around the pipe of the syringe, so as to keep the liquid in contact with the disease two or three minutes, when removing the syringe will allow it all to flow out. In a few hours after this operation, the orifice of the urethra swells a little and feels sore, and the discharge is at first much thickened by the influence of the injection. This gradually subsides, be-

coming more and more thin, until it disappears altogether. Do not repeat the injection while the improvement goes on. Too often repeated, it may do injury. If, after gradually subsiding, the disease show any disposition to return, then repeat the injection, and wait the result as before.

The second stage comprehends the highly inflammatory stage. The prepuce is swollen and inflamed, the urethra is inflamed throughout its whole extent, is tender to the touch, chordee during erections is almost intolerable, and an insupportable desire to urinate adds to the torments of the invalid. Emollient poultices to the penis, low diet, and *CANTHARIDES* in drop doses, will soon subdue this difficulty. It should be repeated every two hours. If there should be general heat and febrile excitement, *ACONITE* or *BYRONIA* should be administered in alternation with the *Cantharides*, in the same doses and at the same intervals. If any injections at all are used during this stage, they should be soothing and emollient. Warm water, Castile soap water, Gum Arabic water, &c., will afford temporary relief.

If the testicles inflame, swell, and are

painful, enjoin rest in a recumbent posture, a poultice to the parts, and the same remedies continued—discontinuing the Cantharides, if the painful urinating subsides. A few doses of Pulsatilla will be useful in conjunction with the Aconite and Byronia, in doses as above. If the pain and burning on urinating continue after the subsidence of the general inflammation, Cannabis, one drop three times a day, will remove it.

During the height of the inflammation, the prostate gland, which lies near the neck of the bladder, becomes inflamed, and its close proximity to the rectum, causes irritations of the lower part of the bowels, and frequent and distressing efforts to pass stools. This state resembles dysentery, and requires a few doses of NUX VOMICA, followed by MERCURIUS SOLUBILIS; if not readily removed,  $\text{PROT}^{\text{I}}\text{OX}^{\text{II}}\text{IDE MERC.}$

The hip bath, or an entire immersion in water at the temperature of one hundred of Fahrenheit, will aid very much at this stage in relieving the patient's sufferings. Cloths wrung out in warm water, to which may be added a few drops of Belladonna, will an-

swer when there is no convenience for immersion.

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## CHAPTER V.

### SCORBUTUS—SCURVY, SEA-SCURVY.

This disease, although not exclusively confined to those persons who follow the occupation of the sailor, is yet most frequently found among them, and more particularly in extensive fleets; the most common and general causes which operate to produce this disease being confinement to salt provisions for a considerable length of time.

The first appearance or approach of the disease is characterized by lassitude, and disinclination to motion, with stiffness of the lower limbs, and a complexion pale and bloated. The gums are spongy and disposed to bleed, and the teeth are loosened. The skin is most generally smooth and shining, covered with bluish or livid spots, which are level with the surrounding skin, but spread in large patches, running into each other, particularly about the

legs and thighs. As the disease advances, ulcers, with livid edges, and loose, fungous, bloody granulations, from the surface of which issue a fœtid sauiies. The bones are more apt to break from slight injury, and old fractures separate where they had been previously united.

The condition of the bowels is very irregular. Frequent offensive stools most generally attend this complaint; obstinate constipation, however, is sometimes an accompaniment. The urine is, commonly, high colored and fœtid; the pulse mostly slow and feeble.

In the last stages there is great weakness and tendency to faint from the least motion. This is greatly aggravated, in many cases, by bleeding from the bowels and bladder. Blood also is often discharged from the ears, nostrils, and gums. The teeth are covered with sordes, as in typhus, and the breath is very offensive.

This disease yields readily to suitable medical treatment, when accompanied by proper attention to cleanliness, ventilation, a dry and warm atmosphere, fresh provisions, and acid drinks.

All ship owners and masters unquestionably understand how to provision their ships, in order to guard against this disease. It may not, however, be improper to name some of the food necessary. Among the vegetables: peas, beans, potatoes, cabbage, *sour-kROUT*, rice, sage, vermicelli, raisins, currants, prunes, honey, molasses, seville oranges, cider, vinegar, citric acid, the juice of limes, oranges, fresh milk, fresh animal food, pure water kept in casks well charred on the inside, or into which charcoal has been thrown. As it is necessary to avoid dampness, the vessel's decks should not be wet by the usual washing, but in its stead the floors may be rubbed with hot sand. The beds and clothing of the ship must be aired every fine day.

The vegetables which are thought to possess an anti-scorbutic tendency are horse-radish, mustard, water-cresses, celery, lettuce, scurvy-grass. As lime juice often becomes bad from putrefaction, citric acid should be substituted; this acid may be dissolved in about fifty times its weight of water and drunk as a common drink. Tamarind-water may often be found more convenient.



Muriatic acid, five drops in a tumbler half full of water and taken in table-spoonful doses every four or six hours will be the leading medicine. *Arctium Lappa-Burdock* has been highly recommended in this disease ; and, from what I have seen of its effects in similar affections, I can most cheerfully endorse its value. One drop of the tincture every four or six hours, alternated with the acid will be the best treatment to be pursued.

*"Earth Bath" recd. by a  
Sea Captain*

## CHAPTER VI.

### RUBEOLA, OR MEASLES.

This is one of the class of exanthemata which attacks the human constitution but once during life. Most persons have it during infancy or childhood ; this is fortunate, for it is comparatively mild at this period of our existence, and requires very little aid from medicine—care in the nursery department being of paramount importance ; adults, however, are much greater sufferers and as

age advances, it becomes really a serious disease.

From eight to twelve days after exposure to the atmosphere charged with this infection, the patient begins to show symptoms of catarrh—*common cold*. The eyes are watery and red; there is cough, more particularly at night, with an occasional sneeze and discharge from the nostrils; chills and flushes of heat succeed each other. There may often be intervals of ease, so as to induce the belief that there is nothing the matter. This state of things may continue from eight to twelve days, with more or less severity, before the eruption appears. At this period the eruption will show itself first upon the forehead, then upon the face, and in the course of twenty-four hours it will have spread all over the surface of the body and limbs.

The throat is rarely effected, except by the ordinary redness or inflammation of the fauces, which always attend a common cold. The roof of the mouth will often show a number of specks—stars of a red color—even a day or two before the eruption appears upon the surface.

During the incubation of this disease, the

fever often runs very high ; the pulse is often as frequent as 150, and the respiration is rapid in proportion, and even panting, so as to induce the belief that active inflammation of the lungs is making fearful progress. All these symptoms subside, however, as the eruption appears upon the surface.

The diagnosis of the measles is easy to an experienced eye. The diseases with which it is most likely to be confounded are the scarlet fever, *nettle rash*, and the very first appearance of small pox. As the latter, however, is more fully developed, and the pustules are formed, the distinction is very easy. It may be distinguished from the first by the slight elevation, deep, red, and distinct margins which attend the eruption of measles, instead of the diffuse, smooth, and bright red appearance of scarlatina.

PULSATILLA, one drop in a tumbler half full of water, and a teaspoonful every two hours during the forming stage of the disease, and up to the appearance of the eruption.

ACONITE will be necessary, if the fever runs high and the pulse is very rapid.

PHOSPHOR, if there appears much danger of inflammation of the *lungs*.

BELLADONNA, when the fauces and throat are very much inflamed, dry, and the cough troublesome with congested and watery eyes.

BRYONIA is the most important remedy where there is a sudden disappearance of the eruption, with oppression of the chest and other difficulties arising from its retrocession from the surface.

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## CHAPTER VII.

### SCARLATINA OR SCARLET FEVER.

This is a disease which presents a great variety of degrees of severity. The mildest fever or simple scarlet rash is of a few days duration only, if properly treated. The more severe forms require the discriminating judgment and skill of a physician; but, in the absence of such aid, it may be proper to include, as briefly as possible, all the varieties, or rather the remedies to be resorted to in all the forms of the disease.

In from eight to twelve days after exposure to the contagion of scarlet fever, the

patient will appear restless and feverish, and in the more severe forms, sickness or vomiting shows itself. Very soon—generally within twenty-four hours—the rash will appear, first upon the stomach and bowels, then upon the neck, face, and finally upon the extremities. The color is a bright red, resembling the shell of a boiled lobster, not perfectly uniform over the whole surface, but slightly variegated, and there are no elevations as in measles or small pox, except a very fine grater-like, pimply surface, which on close inspection, is found to contain lymph. The redness disappears on pressure being applied and returns very quickly when it is removed. The eyes are much less affected than in measles, and there is very little or no cough in this disease, whereas in measles it is a very prominent symptom. In the more malignant scarlet fever the throat is inflamed and swollen from the commencement, and has a rapid tendency to gangrene; there is great accumulation of mucus in the throat, which produces great difficulty of breathing, and swallowing. The patient is extremely restless and sleepless, slight delirium appears, nausea or even vomiting is

common and is indicative of cerebral (brain) disturbances; when it ushers in the disease it is a precursor of a violent attack.

The tongue is often coated of a deep ash color through the centre, with the edges bright-red with red projecting points called *papillæ*. The coating clears off early leaving the whole surface in this condition, becoming dry and hard during sleep.

*Treatment.*—The first thing to be attended to, in all fevers, is to see that the patient's room is as freely ventilated as the circumstances of the place or nursery will admit. **BELLADONNA** is the chief remedy during the developement of the rash, and may be the only medicine necessary, if the disease is uncomplicated, and the rash is of a bright red, disappearing under pressure. If the heat is very great and the patient is disposed to be flighty and very restless, alternate the Bell. with Aconite, say one drop of each in separate wine-glasses of water and one tea-spoonful given first from one and then from the other every quarter, half, one, or four hours, according to the urgency of the symptoms. If much restlessness, startings, &c. should attend, Hyos., prepared and ad-

ministered as above will be required. If the burning heat still continues, the entire surface should be sponged over with cold water or vinegar and water, say one tablespoonful of vinegar to a tumbler full of water, and this should be repeated every two or three hours, while the intensity of the heat continues. If the throat should be very much clogged with thick mucus, and the tongue heavily coated, grayish, with occasional ulcers, a few powders of Mercury should be given; when accompanied with external swelling of the glands and ulceration of the mouth, the Protiodide of Mercury will be the best. If coma or stupor should come on, Opium, one drop to a wineglass of water, and a teaspoonful every half hour must be given. Muriatic acid or "oxymuriatic acid," if it could be obtained, (for it cannot be kept pure in a family-case) would be better when there is a strong tendency to gangrene, and the odor is very offensive, and there is great prostration—one drop in a wineglass of water and a teaspoonful given in alternation with the Opium; Arsenicum powder, the size of half a pea also, if there is great prostration. As the fever subsides,

the cuticle gradually separates and is cast off, and the patient suffers very much from itching of the surface. This will be allayed by a few doses of *Rhus tox.*, one drop in a wineglass of water, and one teaspoonful at a dose, and washing the surface frequently with weak castile soap-water; finally, a dose or two of Sulphur pellets will perfect the cure. If the strength does not readily come up give *China* one drop in three spoonful of water, and one spoonful half an hour before each meal.

*ANTIMONY TART.*, in the commencement of the attack, before the eruption comes out, if convulsions ensue, or in the sinking stage, cold surface, weakening diarrhœa, and vomiting, with oppressed breathing.

Care must be taken during the convalescence from scarlet fever to avoid cold or improper diet, for at least a fortnight. Dropsy often follows, and when it does appear *Dulc.*, *Hellabore*, *Pulsatilla*, and *Cannabis* are the chief remedies; one drop of either of these, in a wineglass of water, and one teaspoonful given every hour, will generally effect a cure.



## CHAPTER VIII.

## FEBRES OR FEVERS.

For the purpose of brevity we shall divide fever into three general characters:

*First*, Continued Fevers, which may be subdivided into four varieties, viz.: Simple, Inflammatory, Typhus, (nervous or putrid,) and Mixed fever.

*Definition.*—All the above are distinguished by their degrees of severity. Loss of appetite, languor, shiverings, prostration, increased heat, frequent pulse, disturbance of all the functions without any very decided primary local derangement of them. There is no marked remission or entire cessation of fever, although towards evening, some sweating often comes on.

## SIMPLE FEVER.

ACONITE, repeated a few times, will be all that this form of fever will require.

## INFLAMMATORY FEVER.

This fever comes on suddenly; the chill is severe, the heat intense and burning, the pulse frequent and bounding; urine high colored and depositing a red sediment; the strength is very little impaired, the eyes are red; tongue covered with a white fur, and the bowels are costive.

ACONITE and BRYONIA in succession will soon remove all difficulties. If the skin be very hot and dry, sponging with cold water will be soothing and salutary. At the same time cold water, or even ice water, must be freely allowed. If there should be local complications, they must be combatted by the remedies laid down under their appropriate heads.

## TYPHUS FEVER.

This fever has been known by a variety of appellations, viz.: Nervous, Putrid, Jail, Hospital, Camp, and Adynamic or weak fever.

A variety of grades may be observed from a gradual prostration of strength from slow fever, and slight alienation of mind, to a ma-

lignant and rapid sinking of all the powers of life, with the entire surface covered with little spots of a bluish color, called petechiæ, and the gums bleeding; teeth and lips black; pulse intermittent; extremities cold and clammy, while the head and trunk are hot, and the countenance bloated and red. The patient is stupid, (comatose,) or wild and delirious, and inclined to spring from bed.

**ACONITE** in the commencement of all this variety is the best remedy.

**BELLAD.** if there is much heat of the head and the face is flushed, eyes red and delirium attend.

**Hyos.** if there is delirium and starting from bed.

**ANTIMONY TART.** where there is a desire to vomit, and other symptoms of indigestion and occasional diarrhœa, with great prostration.

**IPECAC.** nausea or vomiting, dry lips, &c.

**CHAMOMILLA** when it occurs with gripings in the abdomen, or **VERATRUM**, **PULSATILLA**, and **NUX VOMICA**.

In the most malignant variety, where there is a putrid tendency, give **PHOS. ACID** and **MURIATIC ACID**, and if the patient is dull, lies upon his back, inclined to slide down in

the bed, OPIUM alone or in alternation with MURIATIC ACID.

RHUS. TOX. where there is jerking of the limbs, (subsultus tendinum.)

ARSENICUM where the prostration is great, the abdomen bloated, and a watery diarrhœa supervenes, with alternate chills, and heat and burning.

Stimulants must be administered in small quantities, and at short intervals, when the skin becomes cold and clammy, pulse intermits, and the respiration is quick and oppressed. *Brandy* may be given freely, even from an early stage of the more malignant form of the disease. Also WINE-WHEY, CARBONATE OF AMMONIA, &c.

#### “SHIP FEVER.”

This fever is nothing more or less than “Typhus petechialis” or *malignant typhus*, changed undoubtedly by a train of circumstances which are easily traced. The thousands and tens of thousands of emigrants who are now flocking to this country to escape starvation at home, embark half famished, half clad, and without changes of lin-

en. They receive their scanty pittance of bread during a tedious voyage, and in many instances land on our shores with the accumulated filth of the entire passage. It is well known, however, that while some vessels have arrived with hundreds on board, all of whom were on the sick list, others sailing at the same time, and arriving simultaneously, have continued perfectly healthy. On enquiring into the cause, it was ascertained that the Captain of the latter vessel compelled every soul on board to undergo a complete washing, once a day, before he would give them their rations, whilst the former had scarcely applied water to the surface, during the entire passage. This is cause sufficient, in all conscience, to account for the great prevalence and mortality of the recent *ship fever*.

The premonition of ship fever is gradual, but sufficiently marked to be noticed by attentive observers. In some instances, and those of the most malignant forms, it is only a short period of time before the most malignant symptoms set in. In most cases, the progress from health to active symptoms is gradual, and occupies some days. The

appetite has been gradually failing, for some weeks; there has been occasional alternation of chills and heat, with irregular bowels; the tongue is coated, at first moist or occasionally dry in the centre; the patient is lethargic at first, and gradually becomes stupid; from the tottering, intoxicated gait, and indifference or disinclination to society, he becomes insensible or delirious, and when addressed pays no attention until spoken to in a commanding tone. The countenance has a peculiar, besotted expression; the manner of the patient is undecided and careless at first; he hesitates to express himself, and stops short when a sentence or word is half uttered. A feeling of weariness in the back, and if the patient is still walking about, he stops, hesitates, and feels uncertain what to do. The eyes look dull; pupils are dilated, and not as sensible to light as usual; the pulse is generally slow at first, then rapid and irregular; the respiration, which at first is slow, with an occasional deep sigh, becomes rapid, short and weak. He often complains of a great load in the chest, or about the heart. As the disease advances, and the de-

lirium increases, he picks the bed clothes, and lies upon his back, with a tendency to slide towards the foot of the bed. When the disease is very malignant, small ulcers or sores, at first resembling flea-bites, are scattered over the surface of the body; these become purple, and spread into sloughing ulcers, called petechiæ. When petechiæ do not appear, the skin, particularly over the abdomen, becomes brownish and mottled.

*Treatment.*—When the disease is light, and evidently induced by scanty or improper food, generous diet, rest, and if there be much prostration, brandy and water, will quickly restore the patient.

#### REMITTENT FEVER.

This fever differs from the continued by having a partial cessation, or discontinuance of the fever. This generally occurs during the forepart of the day. The fever does not entirely disappear, as in intermittents; there are alternate chills and flushes, but no perspiration. Bilious symptoms are generally very prominent.

*NUX VOMICA*, in addition to the remedies

above enumerated, will be necessary in the commencement of this fever.

**ANTIMONY TART.** is a very important remedy when there is nausea, vomiting, diarrhœa, and other symptoms similar to those of cholera.

**VERATRUM** also, for the above symptoms, with headache and griping in the bowels.

**ARSENICUM**, as soon as there is a distinct intermission of the fever; one or two doses must be given during that period.

When this disease occurs in infants, it is called "Infantile remittent fever," and then under the following complications requires **PROTIODIDE MERC.**; if the abdomen should be distended, tympanitic or have a hard or knotty feel, and the alvine evacuations should look green, blackish, tar-like, or mucous and bloody, attended with straining, and frequent disposition to stool; and if there should be a cough during the exacerbation of fever, with rattling in the chest, or any evidence of the development of tubercles in the lungs.

**CHAMOMILLA**—If the child should be teething, and have green stools, and some of the above symptoms. The same remedies



also as laid down for remittent fever generally, under like circumstances, as the same symptoms may occur at any age, from infancy up to puberty.

#### YELLOW FEVER.

This fever is classed with remittents. Although its general characteristics are similar, it differs widely in degree of severity. At one time it shows a very mild aspect, at others the most alarming malignancy. It travels through all the grades of fever, from the simple continued to the lowest congestive typhus, where there are no reactive energies. Vomiting of a dark coffee ground substance, and the deep yellowness of the eyes and skin, distinguish this fever.

ANTIMONY TART. is the leading remedy in this disease. One grain in a tumbler full of water ; give a teaspoonfull of this, every ten, fifteen or thirty minutes, according to the urgency of the symptoms, as soon as the vomiting, purging and great perspiration comes on.

VERATRUM, as in remittents.

OPIUM, if the patient be comatose.

MURIATIC ACID, if there be great prostration.

Stimulants—brandy and wine, if there be great congestion, with no power of reaction.

#### INTERMITTENT FEVER.

This form of fever usually occurs in marshy districts, or new lands just exposed to the rays of the sun after clearing them of trees, or turning up the rich soil of prairies, where vegetation has been decaying undisturbed for centuries. It also often occurs on board when coasting near our southern shores. It has been noticed to break out when the ship was from one to two miles from land.

*Character.*—First, there is great coldness and shivering, even until the teeth chatter, and the whole body is agitated with the shaking. After a period of from a few minutes to several hours, the warmth gradually returns; it rises much above the natural standard, becoming finally very intense, and the pulse is high; the head, limbs, back, and indeed every muscle and joint in the body, are racked with acute pains. This stage usually

lasts from two to eight hours, and terminates in a most profuse and drenching perspiration. After the sweating subsides, he feels as well as could be expected after such a siege, and gets up and walks about, or returns to his usual employment even, as if nothing had happened. The next day but one, or the third day, he has to go through another course of chill, fever and sweating. When the fever returns every twenty-four hours, it is called a *quotidian*, when it returns every forty-eight hours a *tertian*, and when it returns every seventy-two hours a *quartan*. These also have their varieties and changes, but they are of little or no importance in a practical point of view

*Indications.*—It is of the greatest importance to ascertain how long the intermission will continue from the time the sweat subsides until the next chill appears. During this period the medicines given must be of that class which will prevent the return of the paroxysm. When the chill comes on, external warmth must be applied, internal stimulants, cold water, and medicines which will bring up a reaction must be given. During the

hot stage, those medicines which are known to reduce heat and bring about perspiration, are the most appropriate. The first indication will be accomplished by giving the medicine as soon as the sweating subsides, and repeating it every two or three hours up to the commencement of the chill.

**CHINA**, if the cause can be traced to marsh miasmata, and there be headache, nausea, palpitation, and great hunger, with yellow complexion.

**CHAMOMILLA**, if the patient have taken quinine or bark in large doses before.

**ARSENICUM**, if there be external burning heat, with shiverings, or alternate chills and heat, with bloated bowels, dry brown cracked lips, and constipation, or watery diarrhœa.

**IGNATIA**, if there be great thirst during the cold stage, pain in the pit of the stomach, and headache.

**IPECACUANHA**, if there be much nausea and vomiting, and other sufferings from indigestion.

**NUX VOMICA**, if there be pain across the forehead, eye-balls feel as if bruised when

moving them, pain in the right side, acid eructations, constipation, or diarrhœa of a pressing dysenteric character, gastric and bilious affections.

**PULSATILLA**, if there have been many relapses, or if the patient have taken much bark or quinine, and there be yellowness, attended with gastric and bilious affection.

**RHUS TOX.**, if there be much jerking of the tendons (*subsultus tendinum*) and great pain in the limbs.

During the hot stage—

**ACONITE**, when the heat is great, violent pain in the head, stitches in the side, and palpitation.

**ANTIMONY TART.**, when there are great gastric and bilious sufferings, or vomiting and diarrhœa come on and prostrate the patient very much.

**BELLADONNA**, when violent headache, with redness of the face and red and weeping eyes attend.

**BRYONIA**, if the tongue be thickly coated, with aversion to food, nausea, vomiting of bile and sweating.

**NATRUM MURIATICUM**, **CARBO VEG.**, **CINA**,

OPIUM, VERATRUM, and COFFEE may be resorted to under certain conditions, where the above fail, but the full indications would lengthen this article too much.

During the cold stage, apply covering, bottles of warm water to the feet, and cold water or ice water to drink. If the reaction be very slow, and the shivering great, internal simulants must be given, until the heat comes on.

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## CHAPTER IX.

### COLIC.

#### GRIPING OF THE BOWELS.

After eating improper food, or very sudden changes of temperature, lying down in the night air or in a damp place, the patient is often suddenly attacked with violent griping pains in the bowels, mostly around the *umbilicus* (the navel), with bloating, and great uneasiness, and disposition to draw the limbs up to the body. *COLOCYNTH* is the

main remedy, and will quickly remove the above symptoms; put one drop into a wine-glass of water, and give a teaspoonfull every 15 minutes. A few doses will suffice. If vomiting and purging should come on, changing the case into cholera morbus, VERATRUM in the same manner will be necessary. If this should not remove it, and the evacuations should be frequent, and the prostration great, STIBIUM, as much as a sixpenny piece will hold, in a wine-glassfull of water, and a teaspoonfull given every 15 minutes, or after each turn of vomiting, will do good. If there should be great prostration, distressing retching, and raising of ropy mucus, with burning at the stomach, and hot, offensive, and watery evacuations, give ARSENICUM, a powder the size of a half a pea, every half hour, or hour.

If there should be no full evacuation from the bowels, an injection of one pint of warm water, with a teacupfull of common salt, should be administered and repeated until the patient is relieved.

## CHAPTER X.

## DYSENTERY.

## BLOODY FLUX.

The pre-disposing cause of dysentery is a high temperature. Sudden changes of temperature, from heat to cold, and wet, and a specific contagion, are the exciting causes.

*Symptoms.*—Sometimes the character of the discharges is the first symptom that we notice; at others, fever, chills, flatulence, griping pains; first, diarrhœa, then frequent small discharges, principally mucus at first; and then, bloody mucus, with tenesmus, pressing and forcing down, which is repeated every few minutes.

*Treatment.*—If there should be fever, **ACONITE** should be administered in the usual manner. If there be much griping, twisting pain about the navel, with occasional pressing down, without bloody mucus, administer **COLOCYNTH**, one drop in a wine-glass of water, and give one teaspoonfull every half hour. **NUX** may be preferred



if there be not much pain about the navel. As soon as the discharges assume a bloody, mucous, or shining character, give MERC. CORROSIVUS, the size of half a pea, every half hour, or hour, or four hours.

If the patient be of a scrofulous diathesis, the PROT<sup>102</sup>OXIDE OF MERCURY is decidedly the most effectual; administer it as above. If there be much prostration, with watery, black, or very offensive stools, and burning skin, give ARSENICUM in the usual manner.

When there is great pressing down, with tormina, an injection of thin arrow-root will often afford temporary relief.

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## CHAPTER XI.

### BURNS AND SCALDS.

These casualties have been variously treated, but the more simple the treatment the better. I have never found any serious consequence, or bad ulceration, to follow when cotton bats, saturated with olive oil, were at once applied, and not disturbed or

the injured surface again exposed to the air. It is the constant meddling and disposition to change the dressings that produces bad and troublesome sores. The pain will cease in a few minutes after this application is made; and when the dressings are removed after a few days, the entire surface will be found to be healed; but if they be badly treated at first, ill conditioned ulcers will be the consequence, which will require the skill and discrimination of a surgeon.

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## CHAPTER XII.

### DISEASES OF THE EYE.

The eye is subject to a great variety of diseases; but as it is our province to treat only of those which are of the more acute form, or of those which require immediate attention, we shall omit all which can more properly be left to the skill of those who have been educated to the profession of medicine.

## CATARRHIL INFLAMMATION OF THE EYE-LIDS.

This is one of the most common affections of the eye, and is usually brought on by cold. It attacks first the margins of the lids, and then the lining membrane. It commences with soreness, smarting, burning, and dryness of the margins of the lids, which swell, become red, and painful.

ACONITE, if there be much heat and dryness, or acute pain, with throbbing in the eye.

BELLADONNA for the same as the above, and when there are much swelling and erisipelatous inflammation.

DULCAMARA, HEPAR SULPHURIS, CALCAREA C., SULPH., and SEPIA, may be given after the other remedies if there be any weakness or remnant of the disease.

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 CHAPTER XIII.

## DELIRIUM TREMENS.

The delirium of persons addicted to the too free use of intoxicating drinks bears the

above title as well as the following, "Mania a potu," and "Mania tremulencia." The sufferer labors under the most distressing hallucinations, unites incongruous ideas, and is the sport of imaginary demons, who are constantly flying about in his presence. The convulsive struggles and sleeplessness which continue soon exhaust the patient, and a cold and general perspiration, with twitching of the limbs, and a pulse which is rapid and thready, soon carry him off, unless sleep can be induced.

*Treatment.*—The room should be kept quiet, dark, and cool, and every means exerted to soothe the sufferer into tranquility; the surface of the body should be frequently sponged with cold or tepid water, or even the cold bath employed, and the appetite tempted by light and savory food, at the same time administering barley water, impregnated with mint or lemon, or any other mild diluent beverage. If the patient prove refractory, his motions must be restrained in the gentlest mode, as every degree of violence will but exasperate the disease.

**ACONITUM**, if there be feverish heat and

restlessness, loss of reason, and redness of the face and eyes.

**ANTIMONIUM**, if there be much suffering from sickness and vomiting.

**BELLADONNA**, if there be loss of reason, with delirium, and visions of mice, redness and bloatedness of the face ; tongue loaded with mucus, aversion to meat, sleeplessness, stammering and smiling, dryness in the throat, and difficult swallowing, violent thirst, and feverish heat.

**COFFEA**, if there be vomiting, sleeplessness, trembling of the hands, great excitement, and headache.

**HYOSCYAMUS**, if convulsions, sleeplessness, with continual delirium and desire to spring out of bed and run away from visions of persecutors ; also, trembling of the extremities.

**NUX VOMICA**, if there be nausea, constipation, or else shiny dysenteric evacuations dizziness, red eyes, headache across the forehead, with soreness of the balls of the eyes, the hands and feet cold and clammy, bitter taste, and desire to run away ; starts, fright, and anxious dreams, with trembling of the limbs.

OPIUM, for lethargic sleep with snoring, or anxious dreams with visions, and a desire to run away; convulsions, constipation, jerking of the muscles of the face and mouth, with general trembling, and deep redness of the face.

STRAMONIUM, if there be uncertain look or squinting, laconic speech, and desire to run away; epileptic convulsions and delirium, with red, hot, and puffed face; also, delusions of sensation, as if the body were cut in two.

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## CHAPTER XIV.

### ASPHYXIA,

#### OR, SUSPENDED ANIMATION.

This name is applied to the state of a person who has been in or under water until the heart ceases to beat, and the brain ceases to manifest any consciousness, and yet where the time of the immersion has not been so long as to preclude all possibility of restoring life; it is a condition in which life is suspended, not entirely de-

stroyed. By immersing animals in water repeated experiments have been made, to ascertain how long they might thus be excluded from the air and yet be recussitated, or restored to life: three minutes has been stated to be the longest possible time of immersion after which any efforts to restore life have been successfully employed. Judicious efforts, however, should, in my opinion, be made without regard to the lapse of minutes, or even of hours, for in such trying scenes time is never correctly estimated; and well directed means may result in saving valuable lives even after a period of fifteen minutes, or possibly of half an hour.

Let it be well understood that the old idea, that in drowned persons the lungs are filled with water, is entirely exploded; and together with it, the plan of holding the patient up by his heels and rolling him on a barrel: these means cannot be too strongly condemned; such practices are certain to destroy all hopes of restoring the animation, where the means we are about to direct would probably prove successful.

*Treatment.* — Convey the sufferer to a place where the air is free and pure, and

the light is good ; let it be near a fire if the weather be cold, and let the head and shoulders be somewhat elevated, let the room or place about the patient not be crowded with persons ; indeed, none should be present except the necessary assistants. Dry the body thoroughly by means of towels ; then apply warmth by means of warm cloths, bladders or bottles filled with hot water, bags of heated sand, or hot bricks wrapt up in flannel—whichever may be most convenient—to the stomach, soles of the feet, thighs, and arm-pits ; rub the surface of the body with stimulants—whiskey, alcohol, or brandy ; at the same time use friction with the hands upon the legs, thighs and arms. While those means are being used, artificial respiration must be kept up, for it is upon this that our main reliance must be placed. If the proper apparatus for inflating the lungs be not at hand, a pair of common bellows, skillfully managed, will answer as a substitute ; introduce the pipe of the bellows into the mouth, or, if a silver catheter be accessible, attach this to the bellows pipe after first introducing it into the larynx ; close the mouth and nose with the



fingers; continue to force in air until the chest becomes inflated; then remove the pipe, and make pressure upon the chest, so as to expel the air, in order to imitate the natural process of respiration; repeat this artificial inspiration and expiration several times; at the same time pay due attention to the application of warmth to all parts of the body. The nostrils and throat should be occasionally irritated with a feather; and stimulating injections should be thrown up the rectum; electricity may be resorted to; and as soon as the patient can swallow, small quantities of stimulus may be administered, such as camphor, wine, brandy, or spirits diluted and given in teaspoonfull doses. A slight quivering of the limbs, a gasp, or a sigh, is the first evidence of returning animation, and excites us to renewed energy in the cause of restoring to life a fellow being. When life is fairly re-established, the patient must be kept perfectly quiet and free from all excitement.

ASPHYXIA FROM INHALING BAD AIR, IRRESPIRABLE GASES, &c.

The gases which are destructive to life

are chiefly the following: 1st, *Carbonic Acid Gas*—is generated in close rooms where charcoal has been burnt; at the bottom of vats, wells, caverns, and coal pits; (in the latter situation it is called by miners *choke-damp*.) 2d, *Sulphureted Hydrogen Gas*—arises from all places where filth accumulates in large quantities, either animal or vegetable. 3d, *Carbureted Hydrogen Gas*—called by miners the *fire-damp*, is generally met with in coal mines, and is dangerous from its taking fire when mixed with atmospheric air, and causing a dangerous explosion.

The first of these is the most frequent cause of accident and loss of life; the practice of placing a furnace of burning charcoal in a close room still continues, notwithstanding the frequent warnings by sudden death from this cause.

The gas from burning charcoal is much heavier than pure air, and consequently collects near the floor in a close room first; hence, while persons are moving about the room, little or no inconvenience is experienced; but when they lie down they come within the destructive air, and serious con-

sequences follow. For this reason we often find that children, who lie near the floor, are first affected; indeed, they are often dead before the parent experiences any inconvenience.

*Treatment*—When a person has been injured by either of these gases, he must be immediately exposed to a free current of air, and cold water\* must be dashed over the body, more especially and repeatedly along the spine; aromatics must be applied to the nostrils; stimulating injections should be administered, and the plan for artificial respiration above described industriously employed. Electricity is recommended when it is at hand.

OPIMUM, in infinitesimal doses, must be given if there be much congestion to the head, followed by BELLADONNA, and even a small bleeding, if symptoms of apoplexy continue without any appearance of reaction. This last must be used with the greatest caution.

#### ASPHYXIA FROM COLD.

When a part is exposed to cold for a

length of time it experiences either torpor, numbness, or entire insensibility of that part, or of the whole system. In the first stage there is a strong inclination to sleep, from which it is difficult to arouse the patient; this gradually increases to a perfect stupor, or a state of entire insensibility.

*Treatment.*—The greatest care must be taken in our efforts to restore patients in this condition, to bring about reaction by the most gradually applied warmth; otherwise mortification and death will be the inevitable consequences. The indications are to apply a degree of cold a trifle less than that of the frozen part, and gradually to lessen this until vitality is fully restored. First, snow (if it can be obtained), then ice-water, and thus gradually raise the temperature, using, steadily and carefully, gentle friction, and at the same time introduce small quantities of warm wine into the stomach, and stimulate the bowels by an injection.

When sloughing follows from the effects of cold, producing a deep ulcer, or the skin peels off, leaving a raw surface, the parts

must be dressed in the same manner as for a burn. Cotton bats, moistened with sweet oil, are the most common and effectual application: or, if the inflammation be great, a simple poultice of bread and water. If chillblains are left, bathing the parts with a weak solution of nitric acid, or of nitromuriatic acid, will be necessary; when the sloughing is extensive nitric acid is the best application; if mortification take place a poultice of yeast and bread will be necessary.

#### ASPHYXIA FROM INANITION OR STARVATION.

Abstinence from nourishment for any considerable length of time produces—first, delirium, then, raving madness, and finally, death, or suspended animation. The greatest care is necessary, not to give too much food or drink when the patient is still capable of taking it; and when life appears quite gone, the following means may be successfully resorted to. Administer rice-water, arrow-root, or milk warm, as an injection; and as soon as signs of life appear, introduce a few drops, or a teaspoon-

full, by the mouth ; increase the quantity as the patient recovers and manifests a want of more. Animal broths, and a little wine, may be carefully allowed, but it will be safest to give but a very little at a time for some days, for it should be borne in mind that to such patients eating too much may rapidly prove fatal.

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## CHAPTER XV.

### FRACTURES.

Whenever one or more bones are broken or separated by violence, it is called a fracture. It is our purpose here to give directions for the reduction and treatment of the most common fractures only, so that when out of the way of a competent surgeon the injured and separated parts of bones may be brought together, much suffering relieved, and deformities (which must otherwise inevitably happen) entirely prevented.

A fracture may be recognized—first, by the deformity ; secondly, the pain ; thirdly,

by the inability to use the limb properly ; and fourthly, by the grating of the broken ends of the bones against each other.

#### FRACTURE OF THE CLAVICLE, OR COLLAR BONE.

In order to reduce this fracture, carry the shoulder outward and a little backward by applying one hand on the inside of the arm, and seizing with the other its lower extremity. A wedge-like cushion, with its thick end upwards, must be placed in the armpit ; two tapes are fastened at its two superior angles, which must be tied upon the opposite shoulder. In addition to this, another bandage is sometimes passed around the arm and chest several times.

#### FRACTURE OF THE HUMERUS, OR UPPER ARM.

If there be a fracture of the middle of the bone, let an assistant take hold of the lower part of the arm, while another seizes the upper part near the shoulder and keeps it fixed. The operator, standing on the outside of the limb, applies both his hands over

the seat of the fracture, and as soon as he feels that the ends of the bones are brought together, he directs the assistants to straighten the limb, presses on the muscles, and thus brings the fragments together. Apply a circular bandage, commencing at the shoulder, and extend it down to the elbow; place a pad of lint or cotton in the bend of the elbow, and continue the bandage upon the fore-arm; return the bandage in the same manner back to the shoulder. If this be not sufficient to keep the fractured ends of the bone in place, or if the patient cannot be kept still from delirium, "Mania a potu," or other causes, splints must be added to the dressings.

If the neck of the arm bone be broken, a conical cushion should be placed in the armpit, to compress the head of the bone, and thus prevent its displacement. Confine the arm to the side by means of bandages around the body and arm from above downwards.

#### FRACTURE OF THE BONES OF THE FORE-ARM.

If both bones be fractured at once, an



assistant takes the arm in both hands, to make counter-extension; one or two other assistants take hold of the hand, and make extension. The acting surgeon, placed on the outside of the limb, applies both hands over the fractured part and guides it to its place as the extension is made. Place graduated compresses (folded linen or bats of cotton) on the front and back of the arm, and upon each of these place a splint, which is rather wider across than the arm; this will prevent the two bones from coming too near together. Apply the bandage as above, beginning at the fingers, and extend it upward to the elbow, and then back. The dressings should be watched, and loosened or removed, to prevent the fingers from suffering mortification.

The fracture of one bone is attended with less difficulty, and requires similar treatment, and therefore it is not worth while to repeat the directions. Fractures of the smaller bones of the hand, wrist, &c., sometimes occur, but the treatment does not differ from the other fractures. A man of good judgment will succeed very well in the absence of a physician.

## FRACTURE OF THE THIGH BONE.

*Reduction.*—Two assistants take hold of the foot with both hands, or by means of a towel, and make extension; two other assistants make counter extension from the pelvis. The operator, standing on the outside of the limb, sustains it, and brings the fragments together.

The limb can be kept in its proper place by placing folded linen or cotton bats in the form of compresses over the fractured part, and securing them there by an eighteen-tail bandage; bend the knee so as to make the muscles easy. During the first week, or while there is much swelling and heat, the bandages must not be kept too tight; all that is required is to keep the limb still and secure from displacement. When the inflammation has subsided, if not in the neighborhood of a surgeon, the limb must be examined, brought straight, secured by the bandage named above, and supported by splints, or the inclined plane if the patient be restless.

## FRACTURE OF THE NECK OF THE THIGH BONE.

*Reduction.*—Place the patient upon his back; the operator puts his right hand under the ham, (if it be the patient's left leg, or "vice versa" if it be his right,) and raises the thigh a little; by extending it the ends of the broken bone are brought together. To keep them in position place cushions under the ham, raise the thigh, and lower the leg. The limb must be fixed in this position by a cloth folded like a cravat on the leg, and having each end fastened to the sides of the bedstead. The limb must be extended frequently to keep the ends of the bone in place; and the patient must be kept in this position two or three months, according to the age.

## FRACTURE OF THE KNEE-PAN, (PATELLA.)

*Reduction.*—Apply the uniting bandage, or, what is more simple, apply a bandage above and below the knee; or, in other words, one bandage around the leg above the upper fragment, and another below the lower fragment; put a compress just for-

ward and under each part which rests behind the fragments; draw a strong strip of muslin on each side of the knee through under these bandages, and tie them firmly to bring the broken pieces together. During this operation, and during the cure, the limb must be kept perfectly extended, and raised on a plane, so that the foot is higher than the body; the limb should form an angle of about  $45^{\circ}$  with the body. Keep the patient in this position for two or three months.

#### FRACTURE OF THE LEG.

When both bones are fractured at once, reduce it by directing one or more assistants to take hold of the foot and extend it; another assistant must fix the pelvis, or body and make counter extension; while the operator, standing on the outside of the limb, brings the fragments together by placing one hand on each end of them. Secure the limb in this position by compression over the fractured portion and splints extending from the sole of the foot to above the knee on the sides, and raise the knee, and support it by cushions or pillows. If the patient be

restless, secure the limb to the bed by means of towels.

For fracture of one bone it is not necessary to give directions; the difficulties are less, and a little judgment will indicate the difference in treatment.

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## CHAPTER XVI.

### LUXATION OR DISLOCATION.

When any bone is thrown from its cavity, or from another bone upon which it articulates, it is called a dislocation, or luxation.

#### LUXATION OF THE LOWER JAW.

This accident has occurred from gaping, extracting teeth, and from blows. The patient cannot close his mouth, or speak.

*Reduction.*—Place the patient in a chair so that his head may rest against something firm. The operator guards his thumbs with gloves, or winds them with linen, and places them quite back to the angle of the

jaw, upon the teeth, and grasps under the chin with the fingers. By pressing hard downward with the thumbs, and suddenly raising the fingers, the jaw will easily be replaced. Nothing more is required except the external application of Arnica.

#### LUXATION OF THE RIBS.

It is very rare to meet with displacement of either extremity of the ribs. The cartilages of some of the ribs are more frequently displaced, but are easily reduced by gently pressing upon them, and at the same time drawing the body backward. Apply a bandage around the body and keep the patient still.

#### LUXATION OF THE CLAVICLE OR COLLAR-BONE.

If the end of the bone which joins the *sternum* (breast bone) be separated, pursue the following course. Let an assistant keep the patient's body firm, while the operator, standing on the side of the injury, places one hand on the inner and upper side of the arm, and the other hand on the lower and back part; let him push this latter part to-

wards the trunk, while he moves the upper part outwards, and brings the clavicle to its natural position. Retain the bone in place by the same bandage as in a fracture of this bone.

If the humeral end, *i. e.* the end next the shoulder, be displaced, reduce it by carrying the shoulder outwards and upwards, at the same time pressing over the shoulder to bring it to its place. Apply similar bandages as for the other, with long and thick compresses on the shoulder, over which the bandage must pass, and be carried to the opposite shoulder, forming something like a figure 8 upon the back.

LUXATION OF THE HUMERUS, (UPPER BONE  
OF THE ARM.)

When the dislocation is downwards and backwards, the head of the bone rests in the axilla, commonly called the arm-pit. The signs are, a sinking away of the shoulder; the arm is longer than the other, and the elbow cannot easily be made to touch the side from the pain which is produced by the head of the bone pressing upon the

nerves. The arm cannot be raised to the head, nor can it be rotated, but it can be moved forward and backward. The fingers are apt to be numb. This is the most common displacement, and *is very liable to recur, after having once happened*, from very slight falls on the hand, or from catching suddenly upon any thing which lifts the hand above the head.

*Reduction.*—The patient may be seated on a chair, and a long towel should be placed around the body under the arm, close up to the arm-pit, a cushion or ball having been previously placed upon the towel so as to press against the displaced head of the bone. The ends of the towel are fastened to something firm, or held by an assistant, while the operator takes hold of the arm near the elbow and makes extension, gradually, for two or three minutes, when, finding the head of the bone on a line with the socket, he suddenly depresses the arm to the patient's side, and replaces the joint. The same may be accomplished by the operator placing his heel in the arm-pit, when he will be able to perform the whole manipulation himself.



When the dislocation is forwards, the limb is shortened ; the head of the bone can be felt under the collar-bone ; the pain is slight ; the limb is thrown more backwards and from the side, and the motion is less.

*Reduction.*—This is effected very much as the other, except that the direction of the pulling is more obliquely backwards, and it usually requires more extension than the former.

In both cases the arm must be placed in a sling, and confined to the body for some days.

There are other varieties of dislocation of the shoulder joint, but they are not common ; and when they do occur, only require slight variations in the treatment, which good judgment will indicate.

#### LUXATION OF THE FORE-ARM.

When both bones, the radius and ulna, are separated from their proper articulation with the upper bone of the arm, the humerus, the above title is applied to it. The second luxation is of the superior extremity of the radius at the elbow, and the third is

of the inferior extremity of the ulna at the wrist.

*Reduction.*—When both bones are dislocated, (which will be easily known by the great bunch at the elbow,) an assistant takes hold of the arm and makes counter extension; another assistant takes hold of the wrist and makes extension. The operator grasps the arm with both hands so that the fore-finger of each presses upon the lower end of the humerus, while he brings down the olecranon (the upper end of the ulna, or great projecting bone of the elbow) with the thumbs. Apply a roller of muslin, and place the arm in a sling, and keep it there for 7 or 8 days: if the swelling have disappeared, slight motion may then be made with the joint, in order to prevent stiffness.

LUXATION OF ONE BONE—THE SUPERIOR  
EXTREMITY OF THE RADIUS.

*Reduction.*—When the displacement is backwards, which is most common, the operator takes hold of the elbow with one hand, and with the other the hand of the

patient; at the same time he presses from behind forward on the displaced end of the bone, bringing the hand forward. If the displacement is forward, we move the arm in the opposite direction, *i. e.* straighten the arm, and press the displaced end of the bone backward by the thumbs. Place the arm as in the former case.

LUXATION OF THE INFERIOR EXTREMITY  
OF THE ULNA, AT THE WRIST.

*Reduction.*—The arm must be sustained by two assistants; the operator, placed on the outside of the limb, grasps the lower part with both hands, so that the two thumbs may be supported between the two bones, and the four fingers may be placed over the opposite point. He presses hard, and directs the assistant who has hold of the hand to turn the hand inward if the displacement is backward, and outward if the displacement is forward. Dress in the same manner as in the above.

## LUXATION OF THE WRIST.

*Reduction.*—Two assistants are placed as before ; one holds the arm and the other the hand, and they make extension and counter extension. The operator attends to the displaced joint, and as soon as he finds it to yield he pushes with both hands the projecting wrist towards its place, and directs the assistant, who holds the hand, to move it in a direction opposite to that which occurred at the time of displacement. To keep the bones in place it is necessary sometimes to apply two long compresses and two wooden splints, and to retain them with a roller.

There are other luxations of single bones of the wrist, or hand and fingers, but good judgment, with the above directions, will be sufficient to guide the operator.

LUXATION OF THE FEMUR, OR THIGH BONE,  
AT THE HIP.

The hip joint may be displaced in four different directions ; but as the manner of reducing them is nearly the same in all, it

would only confuse the inexperienced operator to enumerate them, without helping him in his efforts at reduction.

*Reduction.*—Place in the fold of the thigh, on the sound side, a cushion; and over this a strong band or double sheet; fix this to some firm object. Apply another band over the hip of the dislocated side, and carry it over the sound side, and let them be held by assistants to prevent the pelvis from moving towards the injured side. A napkin is placed around the lower part of the leg, and held by a sufficient number of assistants to make extension. The operator, placed on the outside of the limb, presses upon the great projection formed by the head of the displaced bone, to direct it, at the same time that he directs the assistants, who are making the extension, to bring the limb into its natural direction. The ligaments are almost always ruptured; and therefore, to give them time to unite, the thighs must be brought together and kept there by applying a bandage just above the knees.

## LUXATION OF THE PATELLA, OR KNEE-PAN,

The knee-pan may be thrown to either side of its proper seat.

*Reduction.*—Extend the leg strongly on the thigh; and bend the thigh at the hip to relax all the muscles as much as possible; then, push the bone back to its place, and keep it there by a compress and roller, keeping the limb extended, and the patient in bed for some days.

## LUXATION OF THE KNEE.

*Reduction.*—Make extension and counter extension, as in the other dislocations, while the operator directs the displaced ends of the bones; this will accomplish the reduction, and the after treatment will be the same, and does not require repeating; both bones are very rarely displaced at the knee.

## LUXATION OF THE ANGLE-JOINT, OR FOOT.

*Reduction.*—When the tibia, or bone which forms the inner angle, is dislocated, the patient must be placed upon the injured side upon a mattress, with his leg bent at

right angles at the thigh ; an assistant grasps the foot, while the operator presses the head of the bone downwards, and thus brings it to its proper articulation. The limb is secured by means of a roller and compresses, with splints, if the dislocation be a severe one, and there be danger of displacement ; the patient must remain in this position for some weeks.

The other dislocations are more simple than this, and only require similar treatment, except where a compound dislocation of the ankle occurs, where the bones project through the flesh ; and as this is too formidable for the inexperienced, we shall not attempt to describe it, except to say that the same means as the last must be resorted to ; and if they do not succeed, the advice of a surgeon, or amputation of the limb, must be resorted to.

**ARNICA.** The lotion to be applied in all the preceding injuries, is Arnica ; this has long since established its reputation as the best application to injuries or bruises of all kinds, in the practice of homœopaths. Surgeons of the old school have of late adopted this favorite of ours without giving due cre-

dit for it—thus stealing our “thunder” without having the magnanimity to acknowledge it. The preparation which we employ is more carefully selected, and better prepared than theirs, and is used by mixing one tea-spoonful of the tincture with a wine-glassful of water, or spirits, and bathing the injured part with this, or saturating the dressings with it where it is not convenient to remove the dressings often.

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## CHAPTER XVII.

### “ERYSIPELATOUS FEVER.”

This disease may occur in any situation of life. The practical physician constantly meets with isolated cases as he takes his rounds among the sick. Generally, under these circumstances, it is of a mild form. Sometimes, however, it becomes epidemic, and assumes a more alarming character. It cannot be regarded as contagious where proper attention is paid to ventilation and



cleanliness. For this reason, we find the disease most apt to spread among the poor, where the apartments are small, and so situated as to make it difficult to adopt a good system of ventilation. On board ship, in hospitals and jails, this disease is more liable to spread, when it has once been introduced.

*Characteristics.*—This form of erysipelas is distinguished from the great variety of skin diseases, and from chronic erysipelas, by its having a determinate course of a certain number of days to run, and by its being generally accompanied by a fever of greater or less severity. The inflammation is of a peculiar specific character, and may attack any organ of the body, internal or external, although writers, not practical men, have usually contended that it confined itself to the skin, or surface of the body, or cellular texture under the skin, when they called it “phlegmonous erysipelas.” The disease, as I have observed it, commences with a chill, of greater or less severity, according as the attack is of more or less intensity, and in from one to two days there appears upon

some part of the surface a bright red spot, which spreads rapidly. Parts most exposed to the air are most liable to be first attacked. Thus the face and scalp, and in sailors the arms and legs, are soonest attacked. When it appears upon the face, the eyes are quickly closed by it, and the swelling of the integuments about these organs is enormous, and often frightful. The surface is at first smooth and shining, but soon small water blisters make their appearance, and discharge. Sometimes it confines itself to one side of the face and head, the other side remaining untouched. The greatest danger is that the disease, when it has spread over the scalp and face, will recede, or leave the surface and attack the membranes of the brain. This often occurs where great care is not observed, and is generally fatal, even in a few hours.

The disease sometimes first makes its appearance in the throat, and may be distinguished from the common quinsy by there being less swelling, particularly of the tonsils. The inflammation of erysipelas gives the sensation of burning and smarting, ra-

ther than the aching and throbbing of quinsy. It is more diffuse and of a brighter red in the former, and often when the inflammation is intense, the whole internal surface of the mouth and throat looks as if the fine membrane had been scraped off; the difficulty of swallowing is very great from the excessive pain attending it, and not so much from the swelling as in quinsy, and the regurgitation of food (passage of food into the nose), so troublesome in the latter, never takes place in the former.

When the erysipelatous inflammation extends downwards to the lungs, or commences there, the danger of suffocation is great from the great amount of tenacious mucus which is thrown out and blocks up the air tubes and cells of the respiratory apparatus. The breathing resembles, in many respects, at this stage of the disease, the peculiar breathing of *true* croup, the voice is generally entirely gone, and the chest heaves, while there is a peculiar sense of sinking and faintness about the pit of the stomach. In the commencement of the disease upon the lungs, the sensation is a pricking, stinging

heat through the lungs, something as if boiling water had been poured into them, but as the mucus is exuded and plastered over the membrane, all pain ceases, and a feeling of numbness and suffocation succeeds, with an entire cessation of expansion. A hard fit of coughing, or partial vomiting from coughing, will occasionally remove or displace some mucus, when the patient feels the cool air rush into the lung for a few moments. Other organs and structures are liable to attacks of this kind of inflammation, but as the treatment does not differ in any essential particular, it is not worth while to dwell upon them here.

*Treatment.*—When the inflammation upon the surface is the first decided evidence we have of the true character of the disease, and the surface is shining, the redness disappearing under pressure, and quickly returning, *BELLADONNA*, one drop of the tincture in a tumbler half full of water, and a table spoonful of this taken every two hours will soon relieve. If there be much itching, *RHUS TOX.* may be prepared in the same manner, and alternated with it. *CANTHARI-*

DES, if there be a tendency in the surface to form small watery blisters, should be prepared and given in the same manner.

MERCURY, if the cellular texture appear to be involved in the inflammation, and there be danger of suppuration, or the formation of matter under the skin.

When the throat, tongue, mouth, all or either of these parts are attacked, either independently or in connection with the external inflammation, the same remedies as the above, but more especial reliance may be placed upon Bell., Rhus Tox., and Canth., except where the mucous exudation is very tough, when the "Protiodide of Mercury" must be used; a powder, the size of half a pea, once in four or six hours, in alternation with whichever of the others is most clearly indicated. This last medicine is most to be depended upon also when there are small ulcers scattered over the interior of the throat.

When the inflammation involves the lungs, either one or both, and the effusion of mucus is so great as to interfere with the healthy action of the air through the lungs upon the

blood, and the sense of suffocation, as above described, is great, attended with cold extremities, slight perspiration upon the surface, which has a very cold feel, pulse small and wiery, **ANTIMONY TART.**, 1st trit., as much as will lie upon a five cent piece, dissolved in a half pint of water and one tea spoonful every hour.

**PHOSPHORUS**, if there be loss of voice and deep seated pain.

**CANTHARIDES**, if there be a burning and smarting sensation, is one of the most valuable medicines.

**ACONITE**, if there be high fever, and the surface be dry, imparting a stinging heat to the hand.

**BRYONIA**, if there be moderate fever, combined with the other symptoms.

**BELL.**, if there be swelling of the tonsils, combined with the other symptoms.

In conclusion, we may remark that **CANTHARIDES** is most homœopathic, and consequently most nearly adapted to the forms of erysipelalous fever; of course, the more directly it can be made to act upon the disease the more effectual it must prove; hence

the local application of Cantharides to the extent of vesication is one of the most certain and rapid means of arresting erysipelas of the face and head, which shows a tendency to vesicate, and is thus decidedly in accordance with the homœopathic law of cure. It may, therefore, be administered externally as well as internally with great confidence in its results.

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## CHAPTER XVIII.

### RULES FOR DIET.

*The patient is allowed :*

Beef and Mutton baked, roasted or boiled ;  
fresh Tongue.

Venison and Wild Fowl.

Turkey, Domestic Fowls and Pigeons.

Fresh Fish having scales.

Butter, which is not rancid, the different preparations of Milk, raw or soft boiled Eggs, or Eggs in Soups (except in cases

of Diarrhœa)—Meat Soups, Broths and Jellies.

All kinds of bread and Biscuit (except Soda-Biscuit, Fresh Bread and other Bread made with the addition of unusual substances.

Puddings, Dumplings or Noodles of Wheat, Rice and Oat Meal, not too heavy fat, nor spiced.

Cakes composed of Meal, Eggs, Butter in small quantity, and sugar.

Food prepared of Arrow Root, Tapioca, Sago, Salep, Oat-Meal, and the like.

Potatoes, Sweet Potatoes, Turnips, Carrots, Cabbage, Cauliflower, Spinach, and green Peas, and Beans (except in Colic and Diarrhœa), Rice, Hominy, Pearl Barley, Groats, dried Peas or Beans.

Roasted or boiled, fresh or dried Fruit, as Prunes, dried Currants, fresh ripe sweet Apples, Peaches, Strawberries, Raspberries, Gooseberries, and other sweet berries and Grapes (except in Colic and Diarrhœa.)

Water pure or sweetened with Sugar, Currant Jelly, Raspberry, or Strawberry Syrup, Toast-water.



Milk, which is several hours old or boiled milk, fresh Whey, Egg Tea.

Decoctions of Barley, Malt, Oat-Meal, Rice, dried Fruit.

Cocoa boiled with Milk or Water, pure plain Chocolate.

Salt, moderately used, Sugar.

Every article of food which disagrees with the patient, though perfectly wholesome for others, should by him be avoided.

*Occasionally allowed by direction of the Physician.*

Salted meat, not too old, and soaked in fresh water previous to boiling, boiled Ham, salt Fish, and the like.

Veal, lean Pork, wild Ducks, Rabbits, soft boiled Eggs.

Buckwheat Cakes, Pastry.

Acid Fruits, Cider and Cider Vinegar.

Asparagus, fresh Preserved Pears, Cherries, Melons,—boiled Indian Corn.

Lemonade, Buttermilk in very small quantities.—Weak black tea.

In relation to all articles to which the patient is so accustomed that it is difficult for him to abstain from their use, as well as with respect to many influences which he cannot avoid, he must confer particularly with his physician.

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*Strictly forbidden :*

All kinds of *Spirituous Liquors, Brandy, Rum, Whiskey, Gin, Spirits, &c.* ; also the use of *Tobacco*, and all Medicines not prescribed by the physician, and all Domestic Remedies, so called, whether internally or externally employed and for whatever purpose intended, viz. all kinds of pills, syrups, electuaries, lozenges, oils, distilled waters, as mint water, cinnamon water, &c., essences, so called, as the essence of peppermint ; all kinds of tea, prepared of herbs or roots, as balm, chamomile, mint, sassafras, elm, &c. Irritating substances applied to the skin, as garlic, onions, mustard, yeast, Spanish flies, oil of turpentine, and all kinds of plasters, salves, ointments

or embrocations, even of spirits, oil or fat, [except by special permission] are likewise forbidden—together with all kinds of laxative injections prepared with salt, oil, or other additions. Injections of lukewarm water, and in some cases water moderately cold, are allowed, though without any addition.

All perfumery, particularly musk and substances smelling of musk, flowers or plants used for their smell, hartshorn, camphor, cologne water, eau de luce, aromatic waters or pomatum, scented soaps and the like, and the use of every kind of paint or cosmetic must be avoided. All kinds of tooth-powders, even that of charcoal, and brushes which have ever been used with such tooth-powders, must be dispensed with. Perfectly clean and moderately firm brushes and pure water are sufficient for cleaning the teeth. The practice of wearing about the person, next the skin, coral, amber, metallic substances and the like is forbidden. Metals used in the mouth for plugging the teeth, or forming a part of the fixtures for artificial teeth,

often have injurious effects, and should be avoided as much as possible.

The cure is disturbed by hot baths or those prepared with herbs, sulphur and other additions. Be careful in using matches, not to inhale the vapor of the burning sulphur.—Keep the feet dry and warm.

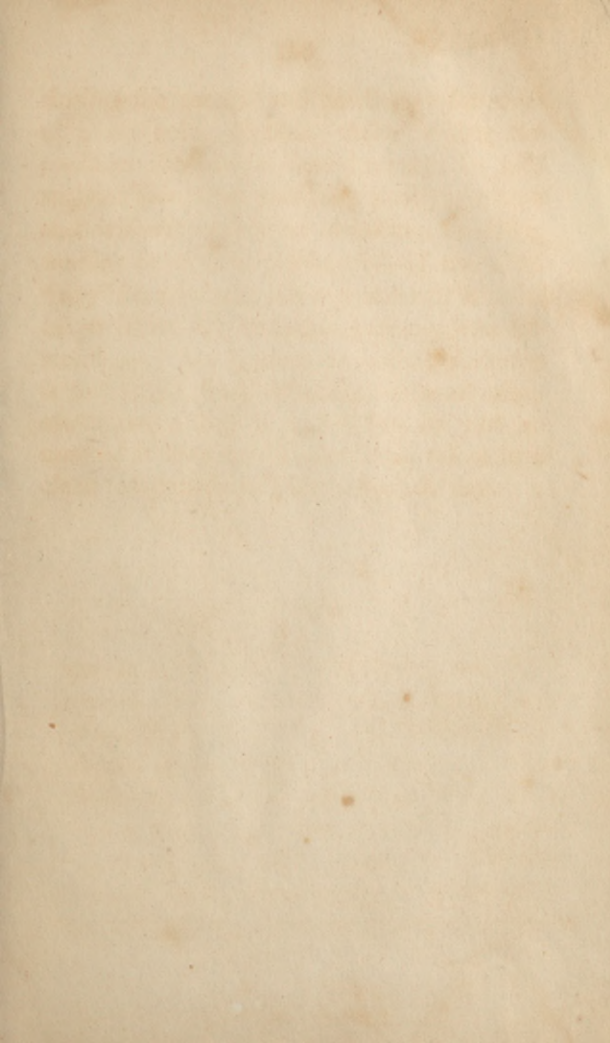
When, either by accident or forgetfulness, a patient has taken one of these forbidden articles, his physician ought to be promptly informed of it, in order that the proper measures may be taken to arrest injurious disturbances.

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Homœopathic Medicines should be kept in a place not exposed to moisture or heat and perfectly free from odors. The powders should be taken precisely at the prescribed time, and especially a medicine which is designed for the morning, should not be taken in the evening, and conversely.—Medicines in the morning should be taken fasting, immediately on rising from bed and

rinsing the mouth, and medicines for evening on going to bed. After taking the medicine the patient should remain for half an hour free from mental or bodily exertion and without eating or drinking, smoking, snuffing or chewing tobacco.—If the word “dry” be written upon a powder, it is to be taken in its dry state immediately into the mouth, and the patient as before directed is to refrain from drinking for some time afterwards; but if a powder be not so marked it may be dissolved and taken in a clean teaspoonful of pure water, or dry.





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Reah Franzer. Esq  
Lew. ester Pa.

Fildon. -  
Jenny Co. Ill

Handwritten text, possibly a signature or name, written in cursive script. The text is mirrored and appears to be bleed-through from the reverse side of the page. The legible words are "John W. Smith" and "1850".



