

with throbbing and feeling of distension, and severe pain in the back. There is sometimes delirium, and, in cases of children, frequently convulsions. Sometimes a rash, like nettle rash, makes its appearance and vanishes with the fever. The duration of the hot stage varies from one to twelve, or even twenty-four hours, before it begins to abate.

The sweating stage follows gradually, the perspiration commencing on the face, neck, and breast, and extending over the whole body. It may be scanty, profuse, or very copious. When the perspiration commences, the febrile symptoms begin to abate, and gradually pass off, and the pains in the back and head cease, the skin becomes cool, and the pulse less frequent, the mouth moist, and the urine, which had been scanty during the fever, becomes free, and often deposits a sediment on cooling.

The whole duration of the paroxysm varies greatly. The average duration of the paroxysms in the quotidian variety is perhaps eight or ten hours; in the tertian, six or eight hours; in the quartan, five or six hours. Sometimes they are much longer, instead of shorter, in the tertian and quartan than in the quotidian. The paroxysms may last in some cases but two or three hours, in other cases for eighteen hours, and in tertian and quartan fevers from thirty to fifty hours. The paroxysms generally shorten as the disease becomes of longer continuance. Young children rarely shake, but the hands, feet, nose, and ears, become cold, and perhaps blue; even such symptoms may be absent.

During the intermission the patient is free from fever, but feels languid, with slight uneasiness in the head, back, and stomach. The appetite is poor, the countenance is pale and sallow; but the above symptoms generally abate, as the disease continues, if the patient improves.

The first attack of intermittent fever is usually the worst the patient ever has, and subsequent attacks are milder, and more easily controlled by homœopathic treatment.

In sections of the country where intermittent fevers prevail, various affections, such as neuralgia, rheumatism, hysterics, hic-cough, diarrhœa, and even epilepsy, occasionally occur in a

regular intermittent form, but without chills and fever, evidently caused by the poison which gives rise to intermittent fever. These diseases, when they become thus paroxysmal, are regarded as masked cases of ague, or intermittent fever, and require the same class of remedies as regular intermittents; at least such remedies should be given alternately with the remedy appropriate for the disease which has assumed a paroxysmal character.

Preventive Treatment of Intermittent Fever.—Persons residing in sections where these fevers prevail, from the beginning of summer to late in the fall, should avoid the early morning air; also the late evening and night air, as far as practicable; admit the solar rays freely all day into their sleeping rooms, for sunlight is the great purifier of the atmosphere; and avoid building their houses in the neighborhood of marshes, mill-dams, &c., especially on the side, where they will be compelled to breathe the atmosphere from such localities, as the wind ordinarily blows. Higher grounds in such a direction will generally be more unhealthy than lower grounds on the opposite side of the marsh, pond, or stream. During the months of July, August, September, and October, take *China* and *Arsenicum* alternately, one week apart.

Treatment of Intermittent Fever.—Little difficulty will generally be found in curing old cases of ague promptly, by the use of homœopathic remedies, in ordinary doses, even though they may have been treated allopathically and empirically, for months and years. Sometimes, under such circumstances, a single dose of the proper remedy will accomplish a permanent cure. But it will be found far more difficult to cure promptly recent cases, where the patient has never had the disease before. In such cases, if we use the ordinary dilutions, it will generally require from two to four weeks to get entirely rid of the fever, but after such a treatment the disease is *cured*, and relapses are rare; whereas, if the paroxysms are suppressed, by quinine and other remedies, relapses generally occur again and again for about two seasons, and sometimes for a longer period. I expect this work to fall into the hands of many individuals in the Western country, especially in the section where the author has long re-

sided, who have not access to a homœopathic physician, and I shall endeavor to give them such information as will prevent them, under any circumstances, from being tempted to resort to the empirical treatment of allopathy and nostrum venders. Calomel, blue pills, and cathartics, are of no use in any form of miasmatic disease, and, where used, they often endanger the future health, and even lives of patients. I well know that patients who have the ague for the first time are not always satisfied to wait for a permanent cure by the homœopathic dilutions; they are generally a little better satisfied to wait the treatment after having suppressed the disease repeatedly by large doses, without curing it. I well know that patients may be travelling, or away from home, or have important business to attend to, when it may be desirable to stop the paroxysms at once. This disease may occur for the first time during the latter months of pregnancy, or soon after childbirth, when, in my opinion, the paroxysms should be stopped. Or it may assume a dangerous character, when it must be checked at once to save life with any certainty. This last class of cases is so important, that I have thought best to consider it separately, under the head of congestive or pernicious fever. The article on this form of the disease will be found after the section on remittent or bilious fever. For the above reasons I shall tell the reader how to cure the disease with the ordinary dilutions by a persevering treatment; how, in case the patient becomes impatient, to hurry up the cure with very small doses of quinine; and finally, how to stop it at once by the use of large doses of quinine, with the greatest certainty and safety practicable.

In all cases where dangerous symptoms occur during the course of intermittent or remittent fevers, the reader should consult carefully the section on congestive or pernicious fevers. Among dangerous symptoms which may occur will be found the following: Great drowsiness, stupor, difficulty of speaking, loss of consciousness, much delirium, or convulsions. Ague: A long-continued chill, with great paleness or blueness, followed by slight fever, excessive and long-continued perspiration, great faintness and oppression, with weak and irregular pulse, sinking at the pit of

the stomach, or profuse vomiting and diarrhœa. If one or more of the above symptoms occur, do not fail to consult the section on congestive fevers.

Aconite: If the paroxysms of an intermittent fever are very severe, the skin hot and dry, the pulse full, with violent pain in the head, *Aconite* may be given every hour until perspiration ensues, commencing about one hour before the chill is expected.

Dose of this, or any of the following remedies, except *Quinine*, see page 7.

Ipecac: In recent cases, especially if there is any nausea or vomiting during the paroxysm, or feeling of fullness and oppression in the chest, with great thirst during the fever, *Ipecac* should be given once in three or four hours, when the patient is awake, during the intermission, and *Aconite* as directed during the fever. This remedy (*Ipecac*), in such cases, should be continued for five or six days at least. It will also be useful, at the commencement of the treatment, when symptoms like the above occur, in old cases of ague.

Nux vom.: This remedy is perhaps more frequently required at the commencement of the treatment of recent cases of ague than any other, excepting *Ipecac*. It is indicated if there are bilious symptoms, yellow skin and eyes, bitter taste, fullness or pain in the region of the liver or stomach, nausea and vomiting, or constipation, thirst during the chill, but moderate thirst during the fever and sweat, and thirst after the sweat. It may be given alone once in two or three hours; or, if nausea is a prominent symptom, it may be given alternately with *Ipecac*, two hours apart. *Nux vom.* is also very frequently required in old cases of intermittent fever, and in such cases it is especially indicated when the above symptoms pertaining to thirst are present, also when there are derangements of the stomach or liver.

Pulsatilla: This remedy will be found useful, either in recent attacks or long-continued cases, when there is watery or bilious diarrhœa, with or without sick stomach and acid vomiting; and if the paroxysms occur in the afternoon or evening, and if the patient be of a mild disposition, or a woman, these will be still further indications for this remedy.

In recent cases of ague the above are generally the most important remedies for the first eight or ten days of the treatment, after which either *Arsenicum* or *China* will often be required, either to take their place, or, if derangements of the stomach and liver still linger, to be given alternately with the *Nux vom.*, two hours apart. In such cases *Arsenicum* will generally be required, and, if necessary, to be followed by *China*, at the end of a week or ten days more.

Arsenicum: After the bilious and stomach symptoms have been relieved by the above remedies, and the disease somewhat modified by their use, as it will be, no remedy is as frequently required as this, and no one will more frequently cure old cases of ague than the one we are considering. The following are the chief indications for *Arsenicum*: Very little thirst during the fever; chill and heat set in about the same time, or alternate with each other; burning heat, as if boiling water were flowing through the veins; watery diarrhoea, distress in the region of the heart, great debility; and when all the stages are not well marked, as, for instance, if there is little or no chill, or chill and fever but little or no sweat. This remedy is useful when there is with this disease a tendency to dropsy. *Arsenicum* may be given once in two hours during the intermission.

China: This remedy will be of service where *Quinine* has not been administered recently, when there is a sallowness of the skin, a well-marked chill or shake, fever and sweat, with thirst before and during the chill, and during the sweat, but not much thirst during the fever; and especially if the patient is hungry during the fever and intermission; soreness, tenderness, and enlargement in the region of the spleen, or beneath the left short ribs, is a particular indication for the use of this remedy. *China* may be given once in three hours during the intermission.

In all new cases of regular ague; or of attacks occurring in individuals who have not had the disease for several years, which practically amounts to nearly the same thing, too much should not be expected of the remedies in a short time. Select the proper remedy or remedies, and persevere in their administration,

and do not change oftener than has been directed above, nor as often, if the patient is doing well.

In addition to the above, there are several other remedies which may be required in obstinate cases of recent ague, and also in old cases which have been dosed with *Quinine*, *Fowler's solution*, *Cholagogue*, patent pills, &c., &c.; or which have continued a long time without treatment.

Ignatia: This remedy will be found useful when the chills are moderated by external heat, pale face, or alternately pale and red—thirst during the chill only; and in the case of children, if either the cold or hot stage is attended with convulsions. *Ignatia* may be given once in two hours during the chill, fever, sweat, and intermission.

Natrum mur.: This is one of our best remedies for the treatment of old cases of ague where the disease has been frequently suppressed, especially if there is thirst during the chill and fever, with dry tongue, pains in the bones, yellowish complexion, and great debility. Success with this remedy will be more certain if, in addition to the above symptoms, the paroxysms occur in the morning, or fore part of the day, and the fever has but a single type. I have rarely found *Natrum mur.* of any service in recent cases; but late in the fall, after patients have had the disease during the summer, it often acts like a charm. Six globules may be taken dry on the tongue, or dissolved in water, night and morning only.

Corbo veg.: This is a valuable remedy in old cases of the disease, especially where patients have had the ague frequently for years, and when there are rheumatic pains in the teeth and limbs before or during the fever, and when paroxysms occur in the evening or at night, and terminate with a profuse perspiration. A dose may be given night and morning.

Arnica: In old cases of ague, where the following symptoms exist, a drop of the tincture of this remedy, dropped on the tongue at the commencement of the chills will sometimes stop the chills, and cure the disease at once. Pains in the bones before the paroxysm, constant disposition to change position, each one being found uncomfortable during the fever, loathing of meat

during the intermission, loss of appetite, and yellowish complexion.

Bryonia : When the paroxysms have been composed almost entirely of chills, followed by little or no fever or sweat, this remedy has rarely failed to afford prompt relief from all the symptoms.

Quinine : It is better, as a general rule, to avoid *Quinine* entirely, excepting when dangerous symptoms occur ; but it sometimes happens, in recent cases of ague, that after three or four weeks' treatment the paroxysms, although lighter, still persist ; the countenance becomes very pale, and the spleen swollen and tender, with perhaps bleeding from the nose ; and the patient and friends become alarmed and impatient, and it seems desirable to hurry up the cure. In such cases give to an adult one grain, or to a child one half a grain of *Quinine* four hours before the paroxysm is expected, and the same quantity at the termination of the paroxysm ; continue this treatment until they cease ; then give one dose only a day, for a few days.

The first decimal trituration of *Quinine* will do even better than the above if you have it, or can readily get it ; commencing five hours before you expect the paroxysms, give one grain of this trituration every hour until the patient has taken four or five doses, and continue this treatment until the patient is cured. It will be well to continue other remedies once a day for two or three weeks, especially *Nux vom.* or *Arsenicum*.

By pursuing the course here directed, you will generally get a permanent cure, if you do not commence with the *Quinine* sooner than I have named. Such small doses of *Quinine* will have little or no influence over recent cases of ague at their commencement, except to aggravate the symptoms and do harm.

If the patient is not willing to wait to be cured by the homœopathic dilutions, or, if for any reason it is thought advisable to stop the paroxysms at once, this can be done by the proper use of *Quinine* with far more safety than by the use of any other remedy known. It will require, for an adult, about eighteen or twenty grains of *Quinine* to stop the paroxysms. One half should be given about ten hours before the chill is expected, and

the other half at the end of six hours from the time of taking the first dose. In a majority of cases, no chill or fever will follow, but sometimes a short paroxysm will follow, which may either be delayed or commence earlier than usual. It is well to give six or eight grains of *Quinine* six hours before the next paroxysm would occur if the disease had continued. But to stop the paroxysms is not to cure the disease ; but after the paroxysms have been thus suppressed, the disease can often be permanently cured, without any return, if the following directions are carefully followed. The disposition of the paroxysms to return is much stronger every seventh day, for several weeks, than on other days ; therefore, let the patient take eight grains of *Quinine* once a week, about thirty-six hours before the same day and hour of the week when the last chill occurred, and continue to do this punctually for at least four weeks. Also take a dose of *Arsenicum* morning and noon, and *Nux vom.* before tea and at bedtime, and continue them for at least four or five weeks. Carefully avoid over-exertion, over-eating, and exposure, and the disease will not generally return again the same season, but the next May, June, or July, there will be danger of a return. To prevent this, the patient may take five grains of *Quinine* once a week for a few weeks ; and the *Arsenicum* and *Nux vom.* should again be taken for several weeks. In the first attack a cure can often be effected in this way, but if the disease has been broken up with *Quinine*, even once or twice only, and allowed to return, it will rarely succeed, and in such cases to give *Quinine*, except it may be in minute doses after at least two or three weeks of previous treatment with the ordinary dilutions of other remedies, will be but to prolong the duration of the disease indefinitely.

If *Quinine* is to be used to stop the paroxysms, I much prefer the full doses I have named, and few of them, to giving it in small doses often repeated. About so much is required to break up the disease, and if it is given in full doses in the intermission, as I have directed, its administration is almost always followed by a profuse perspiration, and relief to all local congestions and general symptoms ; whereas, if it is given in one, two, or three grain doses, often repeated, it excites the circulation and nervous sys-

tem, and increases local congestions, and is very apt to increase the following paroxysm.

If *Quinine* is to be given to children to break up the paroxysms, it will require about as many grains as the child is years old, to accomplish this object. The dose should be divided and given as directed for adults. It may be given to children by the mouth, or by injection in a little starch. Adults generally prefer *Quinine* in the form of pills. The pills can be made by moistening the *Quinine* with a thick solution of *Gum Arabic*.

In conclusion, I desire to say, distinctly, that the use of *Quinine* is rarely necessary, or for the best, in the treatment of intermittent fever, as it generally prevails in our country. Under the use of the ordinary dilutions of our medicines, the disease will gradually abate, the paroxysms become less severe and delayed, and the patient will feel better during the intermissions, and he will be radically cured. In old cases, or where the patient has frequently had the disease before, he will generally be cured promptly by our remedies, often without the return of another paroxysm; and generally the patient will be relieved in a few days.

TYPHOID INTERMITTENTS.

It not unfrequently happens, during the fall of the year, that persons residing in sections of country where both intermittent and typhoid fevers are prevailing, are attacked by a fever partaking the character of both, and furnishing corresponding symptoms. In this form of the disease patients rarely have a regular shake, and the sweating stage is generally somewhat deficient. The patient has a regular paroxysm of fever every day, or every other day, at about the same hour, with perhaps at first very few symptoms of fever between the paroxysms, excepting a frequent pulse; but as the disease continues, and the paroxysms grow less severe, the tongue becomes dry, the body constantly hot, the extremities cool, and sordes, or dried mucus crusts, collect on the teeth in severe cases, and the disease continues the usual course of

typhoid fever, but generally rather tedious, lasting three or four weeks.

Treatment.—*Bryonia*, *Ipecac*, and *Arsenicum*, are the chief remedies for the early stage of the disease; *Bryonia* and *Ipecac*, if there are nausea and vomiting, or fullness and uneasiness in the chest and stomach. *Arsenicum* should take the place of *Ipecac* in a few days, and be given alternately with *Bryonia*, especially if there is any disposition to diarrhoea; and even if there is not, this is generally the most important remedy for the successful treatment of this disease, and may be continued alternately with *Bryonia* until the stage of prostration, when, if the teeth become covered with sordes, or dark crusts, the breath offensive, and the extremities cold, it may be given alternately with *Rhus tox*. For suggestions as to diet, in this and intermittent fevers, consult the paragraph on that subject at the end of the section on remittent fevers.

REMITTENT OR BILIOUS FEVER.

The disease denominated, in the Western country, chill fever, is usually but a light form of this disease; in other instances it is only an intermittent fever. Remittent fever prevails in all parts of the United States where intermittent fevers originate, and it is but a severer form of the same disease, arising from the same cause. It usually prevails during August, September, and October: but it may occur at any season of the year. As remittent fever is but a modification of the same disease as intermittent fever, we find every shade of the disease, from the slightest intermittent to the severest remittent, and likewise one running or passing into the other. Remittent fever is subject to the same types as intermittent, but the quotidian is the most frequent, the paroxysms occurring at about the same hour every day. The paroxysms may consist of chills, fever, and sweat, or the chills may be slight or absent, and the sweat may be trifling.

Symptoms.—The premonitory symptoms are similar to those of intermittent fever—languor, drowsiness, aching pains in the head, back, and limbs, followed, sooner or later, by slight chills, alter-

nating with flashes of heat. The chills may be quite severe, or entirely absent. The flashes of heat increase until the fever is fully developed, when the pains in the head, back, and limbs, become very severe. The pains in the back and limbs are often so severe as to resemble those of inflammatory rheumatism, but they may be distinguished from the latter by the absence of pain on motion. The pains in the head, back, and limbs, are generally much more severe in this disease than in typhoid or typhus fever, and the patient suffers intensely, and is alive to his sufferings. Sometimes during the fever the patient becomes chilly on the slightest exposure of the body, as when raising the bedclothes. The skin is hot and dry, the surface reddened and expanded, the respiration hurried, and the pulse frequent and full. The eyes soon become yellow, the tongue coated with a white or brownish fur. Sometimes there are nausea and bilious vomiting, and a sense of weight and fullness is often felt at the pit of the stomach, and to the right of it, or in the region of the liver. The urine is scanty and high colored, and there is generally a loss of appetite. Sometimes there is great thirst, in other instances very little. The patient is restless and wakeful, but seldom delirious. The above symptoms continue without abatement for from twelve to twenty hours, and in some instances for thirty-six hours, after which they begin to abate, with the appearance of moisture about the neck and face. This gradually increases, until the body is covered with a gentle perspiration, and the patient is much relieved, and perhaps able to sleep. The headache, thirst, and nausea are much relieved, but not gone, and the pulse is nearly natural. This is the remission; it is not always as complete as described above; there may be less perspiration, and more heat and headache. The remission generally occurs in the morning. The remission is exceedingly variable in duration, sometimes lasting not more than two or three hours, and in other cases twelve or even twenty-four hours, when the paroxysms occur only every other day. When the remission is over, another paroxysm of fever commences, which may, or may not, commence with a chill and end with a perspiration, but frequently without either. Another remission follows

the paroxysm, and thus the paroxysms and remissions alternate. Sometimes the paroxysms grow less severe and shorter, and the remissions longer and more distinct until the disease becomes an intermittent, whereas in other cases the paroxysms become longer and more severe, and the remissions less distinct and shorter, until the disease reaches its height, when the skin generally becomes yellow, and there is often more or less pain and tenderness in the region of the stomach. The bowels are usually constipated, but occasionally there is diarrhoea. Sometimes the disease assumes a typhoid character, with dry and dark tongue, sordes, or crusts on the teeth, and cool extremities.

The usual duration of this fever, under the ordinary homoeopathic treatment, is from one to two weeks; if complicated with typhoid fever, about three weeks. The disease terminates, usually, either at the end of one of the paroxysms, which ends in a free perspiration, a bilious diarrhoea, a profuse flow of urine, or it becomes intermittent. In some instances it abates gradually, without any marked crisis. The first signs of a favorable change are a return of moisture to the tongue, with a disposition to clear off about the tip and edges, a less frequent pulse, a cooler and moister skin, especially when uniform over the whole body. Copious dark passages from the bowels sometimes occur, and are regarded as favorable. Unfavorable symptoms: Very small or irregular pulse; cold extremities, with a cold, clammy sweat extending over the limbs and body, with increasing frequency of pulse; eructations of dark or bilious matters from the stomach; reddish watery evacuations from the bowels, discharged involuntarily; sunken features, or muttering delirium or stupor.

In all severe attacks where dangerous symptoms occur, especially during the first two or three paroxysms, the reader should consult carefully the next section on congestive or pernicious fevers.

Treatment of Remittent Fevers.—Emetics and cathartics should be carefully avoided, for by their use a simple remittent fever is often changed into a dangerous gastric or pernicious fever. A simple copious injection of tepid water may be used once in three or four days; but even this is generally unnecessary, unless the bowels feel full and uncomfortable. During febrile diseases the

patient eats but little, and takes no exercise, and we cannot expect him to have passages from the bowels regularly as in health; nor is it desirable that he should have.

Aconite: This is one of the most important remedies at the commencement of this disease, especially when the skin is hot and dry, the pulse full, and there is violent pain in the head, back, and limbs, red eyes, faintness on rising up, shooting pains in the chest, with oppression, and short and anxious respiration, palpitation of the heart, and red and scanty urine. Give this remedy every hour.

Dose of this or any other remedy named, see page 7.

Belladonna: It is generally best to give either *Belladonna* or *Bryonia* after giving three or four doses of *Aconite*, during severe paroxysms of this disease. *Belladonna* should be selected when there are sharp cutting or throbbing pains in the head, especially over the eyes, with intolerance of light, restlessness, sleeplessness, or delirium; and in children when there are starting and jerking, or convulsions; repeat the dose every hour.

Bryonia: This remedy should be selected in preference to *Belladonna*, and be given after *Aconite* during the paroxysms, when the pains in the head are dull, or throbbing, with intense pains in the back and limbs, sensation of load or weight at the stomach, pain and soreness in the region of the liver, or beneath the right short ribs, yellow skin, cough and oppression of the chest, and offensive breath and bitter taste, with a dry tongue. If *Belladonna* is indicated at the commencement, it should generally give way to *Bryonia* at the end of three or four days.

If the above remedies are faithfully given during the paroxysms, they will rarely fail to render the latter lighter, and the remissions more distinct in the course of a few days. They need not be continued during the remission when the remissions become distinct, but one of the following remedies may be given once in two hours.

Ipecac when there are nausea and vomiting, painful pressure and fullness at the pit of the stomach, with aversion to all food, and a yellow complexion. *Ipecac* need not be continued longer than during two or three remissions.

Nux vomica may be given instead of *Ipecac*, or follow that remedy during the remissions, when there are marked bilious symp-

toms, such as yellow skin and eyes, swelling and tenderness, with pain in the region of the liver; cramp-like pains in the stomach, with sensitiveness on pressure and bitter taste, with or without bilious vomiting; also where there is a sensation as if the brain were bruised, and humming in the ears, or pain in the back portion or top of the head.

Arsenicum: If *Nux vomica* does not relieve the stomach symptoms in the course of a few days, especially if nausea and vomiting continue, with great thirst, and soreness of the stomach on the slightest pressure, *Arsenicum* should take the place of *Nux vomica*. This remedy will be still further indicated if in connection with such symptoms the extremities begin to become cool, and the pulse more frequent and less full, and the remissions less distinct. When such symptoms exist *Aconite* will not be needed, but *Arsenicum* may be given alternately with *Bryonia* one hour apart, during both the remission and the fever. If at the end of twenty-four or forty-eight hours the nausea, vomiting, thirst, burning and tenderness of the stomach, are not relieved, *Veratrum* should be given instead of *Bryonia*, alternately with *Arsenicum*, one hour apart, and be continued until such symptoms are relieved. In a case like the above the reader will do well to read what is said in regard to the treatment of similar symptoms, when they occur in the course of typhus and typhoid fevers.

But it rarely happens that such aggravated symptoms arise when the patient has been treated from the commencement with Homœopathic remedies. Generally when *Aconite*, *Belladonna*, *Bryonia*, *Ipecac*, and *Nux vomica*, or such of these remedies as are indicated have been given as directed, after a week or ten days, the paroxysms become lighter, and the stomach symptoms and bilious derangement are somewhat relieved. The disease may even approach an intermittent form by the remissions becoming more distinct. When the severity of the disease has been thus relieved, *Nux vomica* may be given once in two hours during the fever, and *Arsenicum* may be given during the intermission once in two hours, and be continued until the febrile paroxysms cease.

China: This remedy may be required in lingering cases, and when given two or three times a day, it will generally aid in restoring the appetite and strength after the fever has abated.

Quinine: This remedy exercises the same control over remittent fever that it does over intermittent. It will rarely fail to break up the paroxysms at once in any case where there is a distinct remission, if given in a sufficient quantity during the remission. If for any of the reasons named for breaking up the ague, it is thought best to stop this disease, *Aconite*, *Belladonna*, or *Bryonia*, should be given as directed above, until the close of the second paroxysm, in order to be certain as to the character of the disease; then as soon as the skin becomes moist, and the pain in the back and head is relieved in a measure, give ten grains of *Quinine*, if the patient is an adult, and after waiting six hours, give ten grains more; at the end of twenty-four hours give eight or ten grains more, especially if any fever follows the first two doses; after which treat the case precisely as directed in the treatment of intermittent fever when full doses of *Quinine* are used. If the disease returns, it will generally be as an intermittent, and rarely as a remittent; but it should not be permitted to return.

General Measures.—Frequent sponging the body with warm water, or a warm bath, often affords great relief. When it is not convenient to give a bath, the patient may be set on a stool in a tub, a sheet wrung from warm water may be wrapped around him, and then warm water may be poured over the sheet for ten or fifteen minutes, or even longer if the patient is not faint. This measure will not generally answer during the latter stages of the disease, as the patient will not bear the erect position without feeling faint or exhausted. I generally prefer hot water to cold, and think it has a better influence over the febrile excitement; and also, its use is more likely to relieve the severe pains in the back and limbs than the application of cold water. For local congestions, or pain and soreness of the liver, spleen, stomach, or even of the head, a towel may be wrung from cold water and applied over the part, and four or five thicknesses of dry flannel placed over the wet cloth so as to cover it entirely; then bind a dry cloth around the body or head and over the flannel, so as to confine the whole and exclude the cold air. The wet cloth when first applied is cold, but it soon becomes warm, and even hot from the reaction which it excites. The towel requires to be wet only once in six or eight

hours, and on that account this cold compress is far less troublesome than warm applications, and as a general rule it is much more efficacious. The patient should occupy a light room into which the sun shines during the day, and an abundant supply of fresh air should be admitted.

Diet, &c.—Both in this disease and in intermittent fever, if there is no irritation of the stomach or bowels manifested by vomiting, diarrhoea, pain or soreness on pressure, the patient may be allowed to eat moderately of rice, toast, cracker or other light food three times a day, and to drink corn or oat-meal gruel, toast-water, milk-and-water, and cold water. But if there are symptoms of irritation or inflammation of the stomach or bowels the same care is required in regard to diet as in typhoid fever when it is attended by a similar irritation. For directions in such cases consult the paragraph on diet in the section on typhoid fever. When either this disease or intermittent fever has been broken up by the use of *Quinine* within a few days after the attack, the patient can return to a nourishing and substantial diet much sooner than when the disease has continued for a longer time, as the digestive organs do not become so debilitated in such cases.

CONGESTIVE, SINKING, OR PERNICIOUS FEVER.

Thus far I have been treating of intermittent and remittent fevers as they usually occur, but in this section the attention of the reader will be called to much more dangerous forms of these fevers, which are occasionally met with, and which require to be promptly and properly treated to rescue the patient from death in a majority of cases. Although I would not recommend any layman to treat such formidable cases, or in fact any severe attack of disease when a *homœopathic* physician can be obtained, yet it is very important that all who nurse or attend the sick should understand what symptoms denote a dangerous attack of intermittent or remittent fever. I feel constrained to notice this disease and its proper homœopathic treatment distinctly, in a domestic work, from the fact that a large and increasing number of the citizens and