

travellers in the Western country, who have no convenient access to a physician of our school, rely upon a domestic book and case in preference to sending for an allopathic physician, except in surgical or obstetrical cases. It is very important that all such have a work upon which they can rely with safety in our febrile diseases. I have known within the circle of my acquaintance not less than three patients lose their lives, as I have every reason to think, for the want of the very information contained in this section.

This disease may be intermittent or remittent, but its most common type is *tertian*, in which the paroxysms occur once in two days; they may return every day. There are two varieties of the disease, one in which the poison seems to spend its force on, or at least seems chiefly to affect, the brain; in the other the organs of circulation, respiration, secretion, and digestion.

Symptoms and Treatment where the Brain is involved.—Symptoms of this form of the disease may manifest themselves during the first, or any subsequent paroxysm of an intermittent or remittent fever. The paroxysms of chills and fever, one or both, are attended with a greater or less degree of stupor; generally the first symptom noticed is simply drowsiness, coming on with or during the paroxysm, and disappearing with it. The patient is forgetful, does not remember what he has done, desired, or said; he often stammers, and uses one word for another, and even stops when speaking in the middle of a sentence. This dullness may gradually increase until it is with difficulty that the patient can be made to attempt to answer questions, and he fails to complete his sentences if he attempts. At length he passes into a state of profound stupor, from which he cannot be aroused. There are sometimes snoring and blowing out of the lips during respiration, as in apoplexy. Sometimes there is rigidity of the muscles about the jaws, and swallowing is difficult or impossible; occasionally convulsions ensue. The pulse is often full, not very frequent, and sometimes even slower than natural; but as the disease progresses, if it is towards a fatal termination, it becomes small, irregular, and perhaps frequent. In some cases severe symptoms occur during the first paroxysm, but more frequently simple drowsiness occurs in

the first, with a degree of slowness and hesitation of speech, and the state of stupor is not fully developed until the second paroxysm. If the paroxysm does not end fatally after continuing from two or three to twenty-four hours, some perspiration takes place; sensation gradually returns, and the patient becomes conscious, or at least partially so, for there generally remains during the intermission or remission, some dullness of hearing and of the mental faculties, with more or less drowsiness. The length of the remission will depend on the type of the fever, and will vary from a few hours to thirty-six hours, when another paroxysm will follow if the disease is not arrested by remedies, and the second or third paroxysm generally proves fatal, when uninfluenced by treatment.

Treatment when the Brain is the chief Organ affected.—*Nux vom.* is the most important remedy for the paroxysm, when there is drowsiness, forgetfulness, confusion of ideas, or stupor, and when the bowels are constipated. Repeat the dose every hour.

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

Opium: If the stupor is very profound, the pulse small and irregular, with snoring respiration, this remedy may be given instead of *Nux vom.* during the paroxysm, if the latter remedy fails to relieve the stupor.

Bryonia: Next to *Nux vom.* this remedy is more frequently required than any other, especially if there are in addition to the head symptoms, dryness of the tongue and lips, yellowness of the eyes and skin, and if there is fullness in the region of the liver and stomach. When it is indicated it should be given every hour during the paroxysm, but *Nux vom.* may be given every hour during the remission. But it will not do to rely upon these or any of our other remedies in the dilutions, for if we do, more than one half of those suffering from a severe attack of this disease will be very sure to die.

During the paroxysm warm applications should be made to the feet, such as warm dry flannel, hot bricks or stones wrapped in flannel, or bottles of hot water, taking care not to burn the patient's feet if he is unconscious. The head should be slightly elevated, and the temples, forehead, and top of the head, frequently

sponged with a cloth wet in warm water; or what is generally more efficacious, a large towel may be wrung from cold water and spread over the entire head, and four or five thicknesses of dry flannel over the wet cloth, and pinned so as to keep it in place, and exclude the cold air. The cloth may be wet every hour until consciousness returns, or the symptoms of drowsiness are relieved.

Quinine: The prompt use of this remedy is our main dependence; and it will rarely disappoint our expectations. In all cases of this fever, as soon as the paroxysm begins to abate, or the skin becomes moist, and the drowsiness and forgetfulness are in a measure relieved, ten grains of *Quinine*, if the patient is an adult, must be given, and repeated once at the end of six hours. Twenty-four hours from the last dose ten grains more must be given; after this the patient should be treated exactly as directed for the prevention of a return of intermittent fever when it has been broken up with *Quinine*. *Nux vom.* if there is a sensation of weight or load at the pit of the stomach, may be continued while the patient is taking *Quinine*. If it fails to relieve give *Bryonia*.

It is not necessary that the patient should become unconscious during the paroxysm, in order to require that *Quinine* should be given to insure his safety, for if there is simply unusual drowsiness, forgetfulness, confusion of ideas, and hesitation in speaking, or symptoms of convulsions, especially when the patient is an adult, we shall have good reason to fear that he will die during the next paroxysm, if we do not give *Quinine* and prevent it.

Symptoms when the Organs of Circulation and Respiration, or the Heart, Lungs, and Digestive Organs, are chiefly involved.—The first paroxysm of chills and fever which the patient has may manifest the dangerous character of the disease, or dangerous symptoms may not occur until the patient has had one or two, or even several paroxysms. The appearance of the patient is peculiar, the features are shrunken, and the face and extremities of a livid paleness; the skin contracted and the fingers shrivelled; the eyes sunk in their sockets, though clear and bright; the extremities, and sometimes the whole body, are chillingly cold, and perhaps moistened with a cold clammy perspiration, or the body may be hot while the extremities and face are in a cold or clammy state. There is

often sighing respiration, and sometimes inspiration requires a double effort for its accomplishment. There is generally hurried or irregular breathing, want of breath, and a desire to be fanned and to have the windows open. The pulse is small, very frequent, often from 120 to 160 in a minute; it may be fluttering, irregular, intermittent or even absent at the wrist; the heart may beat hard or very feebly; the tongue may be natural, pale and cold, or dry; there may be a feeling of weight at the pit of the stomach, tenderness on pressure, and intense internal heat, with unquenchable thirst, even when the extremities and surface of the body are cold. Vomiting is a very frequent symptom; sometimes there are excessive nausea and retching; the bowels may be costive, but frequently the reverse, with copious watery or bloody evacuations. Instead of vomiting or diarrhoea there may be great faintness on the least exertion. Frequently there is great restlessness or uneasiness; occasionally there are cramps in the calves of the legs, and in the upper extremities; sometimes the patient is able to walk about when the pulse is absent at the wrist. Some of the symptoms resemble those of Asiatic Cholera. All of the above symptoms are rarely present in any one case. Sometimes a paroxysm of intermittent or remittent fever runs its usual course, but ends in an exhausting perspiration.

The febrile reaction is generally slight; sometimes very little fever follows the coldness and prostration, but generally in the first paroxysm, after the symptoms described have continued for three or four hours, the skin becomes gradually warmer and the pulse fuller, and some fever follows; or the skin may lose its clammy feel, and the ghastly expression disappear, the vomiting and purging cease without perceptible fever. In some cases there are only slight attempts at reaction, the paroxysm continuing on for from one to three days, when, if not relieved, the patient dies. In such cases the coldness increases, the respiration becomes slower, with increased sighing, with a gradual failure of the pulse, and at last of the mental faculties; the patient usually dies tranquilly in such cases.

During the intermission or remission, the patient may feel very comfortable and be able to be up and around, with a natural pulse

and surface, and some return of appetite. If the disease is a remittent, there are more or less symptoms of the paroxysm remaining during the remission, such as a frequent pulse, uneasiness at the stomach, general languor, or distress. Generally if the disease is not arrested by treatment, the same train of symptoms set in at the end of twenty-four or forty-eight hours from the commencement of the first attack, and with increased severity. The second paroxysm often proves fatal, and the third generally does, but not always, even without treatment, for sometimes the paroxysms grow lighter instead of harder, and the disease ends in an ordinary remittent or intermittent.

Not a few cases of simple intermittent or remittent fever are converted into a pernicious sinking fever by the use of emetics and cathartics, and so frequently have such results followed, that many of the most successful allopathic physicians at the West shun their use entirely in the treatment of patients suffering from these fevers. The free use of stimulants and stimulating doses of *Quinine*, by increasing the paroxysms of fever, or by over-exciting the organism during the remission, may cause fatal prostration, and I am satisfied from my observation that many patients die from this cause. Unnatural stimulation, if continued steadily for days, must be followed by corresponding or unnatural depression. Stimulants should never be used in the treatment of ordinary intermittent or remittent fevers, and if they are ever useful in sinking fevers, as they may be sometimes, it is only when they are given simply during the great prostration of the paroxysm, and carefully avoided during the fever and intermission or remission.

Treatment when the Organs of Circulation, Respiration, and Digestion, are chiefly involved—Give one drop of the tincture of *Camphor* every five minutes, in a little sugar-and-water, and if, at the end of an hour, the alarming symptoms are not relieved, select another remedy.

Veratrum: This is one of the most important remedies for the treatment of the form of the disease we are now considering, during the paroxysm, especially when there are great nausea and vomiting, or profuse, watery, or bloody evacuations from the bowels; also when there are great coldness and lividness of the sur-

face, thirst, cramps in the extremities, and cold clammy perspiration. This remedy, when the above symptoms exist, should generally be given every half hour, and if relief does not soon follow, *Arsenicum* may be alternated with it, at intervals of half an hour.

Dose of this or either of the following remedies, see p. 7.

If the patient vomits up the medicine immediately on taking it, dissolve it in less water, and give but a part of a teaspoonful at a time.

Arsenicum: This is a very important remedy, not only during the paroxysm, but also during the intermission, and should generally be continued until the severity of the disease is overcome, especially when the stomach and bowels are the chief organs affected—when there are vomiting, great thirst, profuse watery or bloody evacuations from the bowels, and a cold surface, or a cold clammy perspiration; also when there is very feeble or irregular pulse with great oppression of the chest. *Arsenicum* may be repeated every half-hour or hour; if there is much vomiting, it should be given alternately with *Veratrum* or *Ipecac*.

Ipecac: This remedy should be given when there are nausea and vomiting, which *Veratrum* does not relieve. It may take the place of the latter remedy at the commencement of the treatment, when with the nausea and vomiting, there is great oppression of the chest with sighing respiration. It may be given every half-hour or hour.

Bryonia: This remedy will be found useful in cases where there is little or no vomiting or diarrhoea, but great chilliness and coldness, oppression of the chest, with a frequent disposition to draw in a long breath, or sigh; it should be given alternately with either *Arsenicum* or *China*, in such cases; generally with the former. *Bryonia* is also one of the most important remedies during the reaction or fever; also in all cases where the fever does not terminate fatally, or in recovery, within the first few days, but tends, as it frequently does, to assume a typhoid character, with a dry tongue, crusts on the teeth, and offensive breath. It may be given once in one or two hours.

China: If we were to risk the treatment of this disease with-

out the use of *Quinine*—which I think we should never do—*China* would become the most important remedy when there is great faintness on the slightest movement, small and fluttering pulse, or intermittent pulse, without nausea, vomiting, or diarrhœa, but with great oppression of the chest, with a desire to be fanned, and for fresh air.

Quinine: This is the chief remedy upon which we must depend, to prevent a return of the paroxysm or lessen its severity, nor need we be very particular about waiting for a remission before giving *Quinine* in this form of the disease, for we have not to fear excessive reaction or febrile excitement, for the danger is that we shall not be able to get up any reaction and that the patient will die during the stage of prostration. I am satisfied that we have no remedy equal to this to sustain the vital energies during desperate paroxysms of this disease. Then in all cases where there are great faintness and prostration of strength, small fluttering or irregular pulse, death-like coldness of the surface, the skin perhaps bathed in a cold perspiration, oppression of the chest and want of breath, if the remedies named above do not soon cause an improvement, ten grains of *Quinine* should be given at once, and after waiting six hours, ten grains more should be given; and at the end of twenty-four hours ten grains more should be given. If there are great nausea and vomiting but no diarrhœa the *Quinine* may be given by injection, stirred up in two table-spoonfuls of thin starch. If there are both vomiting and diarrhœa, the stomach will often tolerate and be settled by ten grains of *Quinine*, if it is made into pills and taken at once; but if it should be thrown up, *Arsenicum* and *Veratrum* should be given alternately until the paroxysm is over and the stomach in a measure settled, when the *Quinine* must be given, as directed above. If it has not been thought necessary to give *Quinine* during the prostration of the paroxysm, it should always be given, as directed above, as soon as the paroxysm is fairly over and the patient feels relieved, so as to prevent a return of the dangerous symptoms. We should never risk, in an adult, less than two ten-grain doses the first twenty-four hours, and in severe cases in robust individuals, give two doses of twelve grains each.

It is not necessary that all of the symptoms named should be present in any case to justify, and absolutely require, the use of *Quinine* in order to insure the safety of the patient. If one or more of the following symptoms are present it will not be safe to risk another paroxysm: An unusual paleness or lividness of the face during the paroxysm, absence of chills when the extremities are very cold; a want of uniform heat during the fever; excessive vomiting and purging with great prostration during the paroxysm; a gone and sinking sensation at the pit of the stomach, and disposition to faintness; a very frequent, feeble, or irregular pulse; also if there is a prolongation of the cold stage, and this is very severe and followed by less fever than might have been anticipated. If any of the above symptoms are prominent *Quinine* should be given.

After the paroxysms have been broken up by *Quinine*, the patient should be treated as directed under the head of intermittent fever when *Quinine* has been used, "If the disease returns it will generally be as a simple intermittent or remittent, without dangerous symptoms. In all cases where *Quinine* is used the other homœopathic remedies should be selected as directed above, and given regularly during the interval between the doses of *Quinine*, when the patient is awake. Neither in this nor in any other febrile affection, where there is no unusual disposition to sleepiness or stupor, should the patient be awakened for the purpose of giving him medicine; for undisturbed rest is very important.

It sometimes happens, in the western country, that this disease is complicated with typhus or typhoid fever; in such a case *Quinine* should be given when there are distinct and well-marked paroxysms, but it will only break up the paroxysms, after which the typhus or typhoid fever will run its course, and should be treated as directed under the head of that disease; excepting that eight or ten grains of *Quinine* should be given every seventh day, counting the day on which the last paroxysm occurred, for at least three weeks.

When in the case of children, the paroxysms of intermittent fever cause convulsions, it perhaps is generally best to stop the paroxysms by the use of *Quinine*, as their frequent return may establish a tendency to convulsions, which it is desirable to avoid.

Quinine is most readily given to young children by injection, suspended in a tablespoonful of thin starch. To a child from six months to one year old, one grain may be thus given and repeated at the end of six or eight hours, and again at the end of twenty-four hours, and after that every seventh day, giving at the same time, as directed under the head of intermittent fever, such remedies as are indicated, for several weeks. One half grain of *Quinine* may be added to the doses directed above for every year of the child's age over one year, whether it is given by injection or by the mouth.

General Measures.—When there are great coldness of the extremities and prostration of strength, warm applications may be made to the cold parts and the patient should be kept quiet in bed. If there is a cold clammy perspiration on the limbs it will be better simply to rub them with a warm dry flannel or the dry hand beneath the bedclothes. Fresh air should be freely admitted, and the patient's diet should be as liberal as the stomach will bear. If the patient has been but a few days sick and there is very great prostration of the vital energies, beef-tea, chicken or mutton broth may be given, if the stomach does not reject it.

YELLOW FEVER.

The yellow fever is a disease of hot weather and warm climates, beginning the latter part of summer or fore part of autumn, and disappearing with the occurrence of frost. It seldom appears north of the fortieth degree of latitude, owing, as it is supposed, to the summer being too short, and it is confined, to a great extent, to the inhabitants of cities, towns, forts, and to the crews of ships; although it occasionally occurs in rural districts. It occurs more frequently in towns upon the seacoast, or upon streams emptying into the ocean, and it is confined almost exclusively to the intertropical regions, and the southern portion of the northern temperate zone of the American continent, and southwestern Europe, and western Africa, while it is almost unknown in southeastern Europe, eastern Africa, or southern Asia.

Symptoms.—Premonitory symptoms, such as loss of appetite, debility, aching in the back and limbs, may or may not precede the attack, which frequently commences in the night, sometimes with, in other instances without, chills or chilliness. Severe pains in the back and limbs are among the first and most prominent symptoms of the early stage of the disease. The skin soon becomes hot and dry, the pulse frequent, respiration hurried, the face flushed, and the eyes red and watery, a white fur appears upon the tongue, which is usually moist at the commencement; the throat is sometimes sore, and nausea and vomiting may attend the disease from the commencement, but generally these stomach symptoms are not fully developed until after from twelve to twenty-four hours, when they become very prominent. There is tenderness in the region of the stomach, on pressure, and a constant feeling of weight and oppression with burning pain; the stomach becomes very irritable, rejecting everything that is swallowed, and throwing up its own secretions, when undisturbed, accompanied by great distress, owing to the tenderness of that organ. The patient craves cold drinks, the bowels are costive, and the head and eyes ache; the mind is often disturbed, and delirium is not uncommon, sometimes violent; in some instances there is stupor. These febrile symptoms continue with little or no remission, for a period varying from a few hours to three days, or even longer in some cases; the more severe the attack the shorter the duration of the fever, as a general rule. When the fever abates the skin becomes cooler and softer, the pulse and respiration nearly natural, the headache and pain in the back and limbs disappear, the stomach becomes comparatively quiet, and the patient feels relieved.

In mild cases the patient may steadily recover when the fever abates, but we may know that the great struggle is yet to come, when during this apparent calm, there is increased tenderness, on pressure, over the stomach, and the eyes and skin begin to become yellow or of an orange color, which gradually extends over the body, and the urine has a yellowish tinge. In such cases the pulse may even be slower than natural, and in bad cases there may be heaviness or stupor.

This period of apparent abatement may last but for a few hours,

or it may continue for twenty-four hours, when the stage of prostration ensues. The pulse becomes quick, and, in severe cases, irregular and feeble, the circulation returning slowly in a portion of skin where pressure has been made; the fingers and toes become of a dark purplish hue; the skin becomes yellow, and presents a bronzed aspect; the tongue becomes brown and dryish in the centre, or smooth, red, and chapped; and the teeth sometimes become covered with sordes, or crusts of dried, offensive mucus. The stomach again becomes irritable, everything swallowed is thrown up, and sooner or later a new matter is vomited, consisting at first of brown or blackish flakes, or particles, in a colorless fluid, which at length becomes black and opaque. In very malignant cases the above symptoms may occur as early as the first day. The urine is usually more natural than during the febrile stage, but it is sometimes retained or even not secreted. There is often oozing of blood from the nose, gums, tongue, and throat, and it is sometimes discharged from the stomach, or bowels, or by urine, and dark spots appear on the surface of the body, caused by its extravasation into and beneath the skin. There is often discharged from the bowels large quantities of black matter, similar to that thrown from the stomach. The patient may become indifferent to his fate; the pulse grows more feeble, the respirations slow and sighing, with occasional hiccough: the skin becomes cold and clammy; an offensive odor arises from the body; muttering delirium sets in; the eyes become sunken, the pulse extinct, and the countenance collapsed. Death may ensue quietly or in convulsions.

Instead of pursuing the dangerous and even fatal course described above, the system often reacts after the period of abatement, and a secondary fever sets in, which may be of various degrees of violence, but may always be regarded as a sign that the vital energies are not yet exhausted. This fever may terminate more or less speedily in health, it may soon end in fatal exhaustion, or it may assume a typhoid form, and continue two, or three, or even four weeks. If the patient dies, it is generally on the fourth, fifth, or sixth days, but death may ensue as early as the third, or not until the ninth or tenth day, and in typhoid cases

even much later. Such are the usual course and symptoms of this fever; but this disease is subject to great variations, often, no doubt, from being complicated with typhus and remittent fevers. Very little is known in regard to the cause of yellow fever. It is evidently an epidemic disease, and perhaps to a limited extent contagious; in this respect about on a par with typhus fever.

Treatment.—Dr. Holcombe, of Louisiana, to whose writings I am largely indebted for the following directions for the treatment of this disease, in an article on yellow fever, in the North American Journal of Homœopathy, speaking of the epidemic of 1853, says: “The friends of homœopathy, the rational, specific system of medicine, the new dispensation of science, awaited with anxious hope its trial in this frightful malady. Nor was the confidence engendered by its success in cholera, inflammation of the lungs, and other dangerous diseases, misplaced in this. Before passing to the treatment of yellow fever, I cannot forbear making a few strictures on the methods by which allopathic physicians flatter themselves they can encounter this formidable disease. No outsider could be more severe on the whole school than the adherents of different practices in it have always been, and still are on each other. They harmonized in little but in blistering the epigastrium and abusing homœopathy. There were several theories in vogue during the present epidemic, but they were the old ones revamped, with little revision and no amendment. The wonderful advances in chemistry, physiology, and pathology, gave no new light to the medical management of yellow fever. The dominant molochs of allopathy, the lancet, calomel, quinine, and ‘expectant medicine’ each had his altar, and each received a satisfactory quota of victims.”

Camphor: If the chill at the commencement of the disease is very severe and long continued, drop doses of the tincture or spirits of *Camphor*, in a little sugar and water, may be given every ten minutes until it is relieved.

Aconite: This remedy is required during the febrile stage, when the skin becomes hot and dry, the pulse full, and the eyes are red, with severe pain in the head and back. It should generally be

continued until the febrile stage is relieved; and, if perseveringly used, it will often materially lessen the prostration which follows the fever. It should generally be given alternately with *Belladonna* at intervals of one half hour.

Dose of this or either of the following remedies, see page 7.

Belladonna: This remedy should be given during the febrile stage, alternately with *Aconite*, a dose every hour, and a dose of the latter remedy between, when the patient is awake. *Belladonna* may be continued when the fever abates, especially when the pain in the eyes, head, and back, lingers; in such cases it should be given alternately with *Arsenicum* during the remission. It will also be required later in the disease if much fever follows the remission, with delirium or pain in the head and back.

Ipecac: If there is nausea and vomiting during the first febrile stage, a dose of *Ipecac* may be given after every effort at vomiting, but the regular administration of *Aconite* and *Belladonna* should not be omitted when this remedy is given, until the fever abates.

Arsenicum: As soon as the remission in the fever occurs, give *Arsenicum* every hour, when the patient is awake, and continue it until the disease is cured. This is the chief remedy after the first febrile stage is over, and should not be omitted. If other remedies are indicated, give them alternately with this. For the burning in the stomach, for the black discharges, and for the great prostration of desperate cases, *Arsenicum* is our main dependence, aided by other remedies.

Lachesis: If, notwithstanding the use of *Belladonna* and *Arsenicum* during the remission, yellowness of the skin is steadily increasing, with increased tenderness of the stomach on pressure, and the pulse becomes frequent and small, and the stomach irritable, *Lachesis* may be given alternately with *Arsenicum*, at intervals of one hour.

Veratrum: If, notwithstanding the use of the above remedies, after the remission of the symptoms is over, nausea and vomiting become excessive, a dose of *Veratrum* may be given after every effort at vomiting; and if there is much pain in the bowels, it will be another indication for this remedy.

Chamomilla: If *Veratrum* fails to relieve the pain in the bow-

els, and even vomiting, especially in the case of women and children, this remedy may be given instead of it.

Cantharides: If the urine is retained or suppressed, or if its passage is painful, an occasional dose of *Cantharides* may be given.

Bryonia may take the place of *Lachesis*, and be given alternately with *Arsenicum*, if the disease lingers, and typhus or typhoid symptoms occur; and if, after two or three days, such symptoms seem to be increasing in severity *Rhus tox.* may take the place of *Bryonia*. For further instructions in such cases, consult the sections on typhus and typhoid fevers.

If the patient has been intemperate, an occasional dose of *Nuxvom* will be useful; also when there is great oppression at the stomach without vomiting. For sleeplessness, a dose of *Belladonna* or *Coffee* may be given at bedtime. It will not be best to disturb the patient while asleep, for the purpose of giving him medicine, excepting when there is an unusual tendency to sleep. If there are severe pains in the bowels, cloths wrung from hot water may be applied. If diarrhoea occurs, give *Colocynth*, and if it does not relieve, give *Phosphorus*. If the passages are slimy or bloody, with straining, give *Mercurius viv.*, and consult the section on dysentery.

Diet.—In all cases, if there is not already irritation of the stomach, there is a great tendency to it, therefore the utmost care is required in regard to diet. During the first or febrile stage, nothing should be allowed but rice water, barley water, arrow-root, thin gruel, or weak black tea, with a little milk and sugar in it. During the second stage, nothing more should be allowed, unless the patient has a great craving for food; in that case a teaspoonful of thin fresh cream may be given once in three or four hours, in addition to these drinks. Even after the fever and irritation of the stomach have abated, it is necessary to use the utmost care in returning to a more substantial diet. The above drinks may then be made thicker and more nourishing, and after a few days the patient may be allowed to chew a piece of beef-steak and swallow the juice. For further suggestions, consult the paragraph on diet, in the section on typhoid fever, for the same care is required here as in such cases of that disease as are attended with irritation of the stomach and bowels.

The room should be well ventilated, sun-light should be freely admitted, if the patient has no intolerance of light, and the utmost attention should be paid to cleanliness. The surface of the patient's body may be freely sponged with tepid water, but during the stage of prostration it must be done beneath the bed-clothes, without exposure to the air.

The statistics thus far collected, show that the mortality, when this disease is treated homœopathically, rarely if ever exceeds ten per cent., and often does not exceed five or six per cent.; whereas, under allopathic treatment, it often exceeds twenty five per cent., and is rarely less than fifteen. This disease is a formidable one, and a homœopathic physician should always be called when practicable; but it is safe to say that it is always better to trust to the judgment of a friend, or layman, and a homœopathic book and case of remedies, than to send for an allopathic physician.

INFLAMMATORY FEVER.

Symptoms.—"Rigors, sometimes severe chills followed by burning heat; pulse strong, hard, and greatly accelerated; dryness of the skin, mouth, lips, and tongue; the latter generally of a bright red, in some cases lightly coated with white, thirst, urine red and scanty, constipation, respiration hurried, in accordance with the pulse, amelioration of symptoms as the pulse assumes a more natural state. It runs its course with rapidity, rarely exceeding fourteen days, and progresses with regularity to a crisis, which shows itself in profuse perspiration," or flow of urine, a diarrhœa, or hemorrhage from the nose (Laurie's Practice) Such a fever as is described above, uncomplicated with local inflammation, is a very rare disease in this country. Typhus or typhoid fever sometimes commences with symptoms similar to the above, but the true character of the disease is manifested in a few days, when the characteristic symptoms of the fever manifest themselves.

Treatment.—*Aconite* is the chief remedy and may be given every hour. If there is pain over the eyes, with shooting pains in the head, and in different parts of the body, *Belladonna* may be given

after the patient has taken six or eight doses of *Aconite*. If the headache is dull, with pains in the back and limbs, if there is constipation and hurried respiration, give *Bryonia* once in four hours, and *Aconite* every hour between.

HECTIC FEVER.

This fever is caused by some form of internal or external local chronic disease. It commences slowly, with lassitude, impaired appetite and gradual emaciation; the skin looks pale, with the exception of the hectic flush upon the cheeks; chilliness, followed by heat of skin, flushing of the cheeks, and a burning sensation in the palms of the hands and soles of the feet—not always followed by perspiration—occurs at irregular intervals. These slight paroxysms of fever may occur once or twice in twenty-four hours, usually at about the same period of the day; and one of them often occurs towards evening, reaches its height about midnight, and goes off in a free perspiration the latter part of the night. The pulse varies from ninety to one hundred and twenty. The paroxysm, when there is but one a day, sometimes occurs in the forenoon, and when there are two a day, one of them generally does. As the disease progresses the pulse becomes excited continually; after the disease is fully developed the appetite is sometimes better for a temporary period, but as it progresses the stomach often becomes irritable, and vomiting of food is not uncommon. The tongue and throat, in the latter stages of the disease, often become tender, and covered with a thrush-like exudation, and there is often in this stage a watery diarrhœa; earlier in the disease the bowels may be regular or costive. There is generally great thirst, and the urine is high colored. Swelling of the feet, ankles, and legs is common toward the termination of the disease. The mind is often clear, and the patient hopeful until near the close of the disease, when mild delirium is not uncommon.

Hectic fever may be distinguished from intermittent fever by the irregularity in the return of the paroxysms; the excessive sweats the latter part of the night, the continued frequency of the pulse,

the clearer complexion and brighter eye, and the comparative absence of headache; also by the presence of chronic organic disease.

Treatment.—This will depend almost entirely upon the character of the organic disease of which this fever is but a symptom, and it would be impossible to treat it with a reasonable prospect of success, without a knowledge of the disease which has caused a given case of it. When the disease has been caused by a profuse secretion or formation of matter or pus, *Phosphorus* may be given at night, and *China* in the morning; and if these remedies do not relieve the symptoms, *Silicea* may take the place of the *Phosphorus* in a few days. A dose of *Mercurius* at bedtime will often relieve, temporarily at least, the night sweats; a dose of *Aconite* given in the morning by lessening the fever will often have the same effect on the night sweats. Corn-coffee is often useful as a drink. An abundance of sun-light and fresh air is all important. The diet should be as nourishing as the digestive organs will bear. Corn-bread should be used, or what is better, bread made from canel and shorts, or coarse wheat or rye flour, including everything between the superfine flour and the very bran, as in such flour will be found an excess of *Phosphoric acid* and other mineral substances, as well as oil and gluten, which hectic patients need.

CHAPTER II.

DISEASES OF THE SKIN.

ERUPTIVE FEVERS—ACUTE AND CHRONIC ERUPTIONS

SMALL-POX.

THIS is one of the most contagious diseases to which the human family is subject. It appears to have prevailed in India and China from time immemorial; but was unknown in Europe until after the commencement of the Christian era.

About twelve days usually intervene between the exposure and the commencement of the disease. Sometimes the attack may be two or three days earlier or later. There are two forms of small-pox: the confluent, where the pocks are so thick as to run together, and the distinct, where they are separate; then we have varioloid, or small-pox modified by vaccination or constitutional predisposition. Exposure to varioloid may give rise to either varioloid or small-pox, and exposure to small-pox may cause either confluent or distinct small pox, or varioloid; all depending on the susceptibility of the individual exposed. There are three stages to the disease, the febrile, the eruptive, and the declining stage.

Symptoms.—Chills followed by fever, with frequent pulse, hot skin, headache, uneasiness at the pit of the stomach, sometimes vomiting, and intense pain in the small of the back, with great muscular weakness, are among the first symptoms. The pain in the back resembles rheumatism, but differs from the latter by not being seriously aggravated by moving the body. Sometimes there is wakefulness, in other cases delirium, or even stupor, and with children sometimes convulsions. Occasionally there is great irritation of the stomach, excessive vomiting, and even inflammation; sometimes there is diarrhœa. At the end of forty-eight hours