In the nosological system of the late Dr. Hyden, the different diseases to which the human body is subject are distributed into four different great groups or classes, Pyrexiae or febrile Diseases, Neuroses or Nervous Diseases, Leukemiae or leucodystic Disorders, and Locales or Local affections.

Each of these classes is distinguished by certain particular signs or marks by which they are mutually separated from each other, as for instance, the first which is specially characterized by the increased frequency of the heart's action, by the augmentation in the heat of the body, and by a more or less marked derangement in the
the character of the different secretions, but without including any primary disturbance of the functions of the nervous system, though these are frequently and often seriously complicated. Again in the second class, or the Neuroses, the disorder consists chiefly in affections of sensation, volition, or dérangements of the functions of the Mind, and is not necessarily related with febrile states of the body, though nevertheless it may on some occasions arise directly as a consequence of inflammatory action, or may be succeeded into progress by diseases distinctly of an inflammatory nature. It is indeed almost impossible to point out any one disease in the human body, which exists, as it were isolated and detached, but all the organs of the animal body are so constituted that they reciprocally affect, and are affected by each other, as well in consequence of their mutual dependence on each other, as in virtue of the universal law of sympathy by which the most remote parts are held together by a common bond of union.

The history of the Disease, Aphorplexion, on which we propose to make a few observations
pain in the head, sometimes coming on imperceptibly, at other times, with almost instantaneous
sudden violent lancinating sensations, which are suddenly disappearing. The patient also
at the same time, a considerable tendency
is frequently noticed, while engaged
in business, or even at the dinner table, and
during sleep, the dreams are said to be a pain-
ful and harassing nature, while the sleep
is not refreshing the individual concerned.
An increase in the action of the heart
and arteries sometimes is noticed, and with
a painful sensation of throbbing at the temple.
There is not unfrequently a feeling as if
a tight cord were bound around the head.
Vision is disturbed; sometimes there is
merely a diminished intensity of the vision
at other times a complete, though tempo-
rary amnesia may take place. Sometimes
sometimes happens, and double vision is not
a rare occurrence. Spectacles or spots float
before the eyes, and the external mem-
branes of these organs are in some cases
highly injected. The patient moreover
will sometimes complain of a peculiar
in the present paper, we comply with the rules of the "University", and which belongs to the class "Neuroses of Dr. Lehmann," affords in a certain degree an illustration of the fact now adverted to.

Aphorism is defined by Buller in the following terms: "Motus voluntariorum ossis immutata cum saepore plus minus profunde superstite moti cordis et arteriarum."

**Symptoms of Aphorism**

This very serious and alarming disease may either come on suddenly without any premonitory symptom whatever, the patient from a state of apparent health in a moment becoming devoid of sensation, motion, and consciousness.

More commonly, however, certain symptoms precede the fit, and there may either arise a short time previous to its coming on, or they may harass the patient for a considerable length of time — for months — or even for years before the patient falls down comatose.

Among the premonitory symptoms, we observe a certain degree of dullness or torpor in the patient, who on being closely examined will complain of vertigo, with occasional pain.
sound in the ears like the noise of a musical instrument, called 'tinnitus aurium', or it may happen that the sense of hearing is much weakened.

The functions of the mind in like manner are very much deranged, and of these functions the memory, seems more particularly to be affected, not perhaps, that it is really more disordered than any of the other mental faculties, but that its action is called into activity almost every moment.

This function of the memory may be variously disturbed, as for instance words may be distinctly remembered, while the objects of which these words are to be considered the signs or expressions only are completely forgot, or the individual, while he retains the recollection of things uses inappropriate terms to express them as for instance, when he asks for a book, when he means his walking stick, again the person may be affected though only for a few moments, with a complete disarray of every thing, even forgetting
his own name, and his place of abode.
The muscular system in the manner frequently indicates considerable signs of derangement. The patient in walking finds that his limbs totter so that his gait at times, rather resembles that of a drunk person than of a sober man; he experiences a difficulty in moving one or other of the muscles of the body, and in consequence of the tongue being affected with inertia, the words are brought out in a broken stammering manner. On awaking from sleep, it is not unusual for a sensation of cold to be felt engrossing the whole of one half of the body, and also a certain degree of torpor or palsy of the same part. Tremors of the limbs are occasionally witnessed as symptoms precursory of the attack, and nausea and vomiting are also sometimes noticed before the fit comes on.

When the paroxysm comes on, the patient falls down devoid of sense or motion, the state of sleep or rather coma is so profound that the applica-
tion of the most powerful stimuli produces no impression on the senses. The muscles of voluntary motion are at the same time paralyzed, and they appear perfectly fluid, and devoid of sensation. This paralytic condition does not however affect, always all the muscles of the body; for cases occur in which while there is a paralytic condition of the muscles of one half of the body, taken in a vertical direction, the muscles on the other side are excited to irregular contractions, or convulsive movements. It has occurred moreover that the convulsions have been general, but that is not an event of frequent occurrence.

The state of the pulse during the paroxysm is very variable. It is said generally to be full, oppressed and below the ordinary standard of the adult, falling indeed so low as thirty beats in the minute sometime. However, it is quicker than natural by ten or fifteen pulsations in the minute, and proportionally loses in fulness and strength though not always. It is not invariably regular, for it sometimes intermits, and in a very marked manner in some cases.
it is found to be extremely feeble. The respiration in general presents a very oppressed character attended with a loud crackling noise when the breath is expelled, and occasionally it seems to intermit for a moment or two and at the moment of in the concluding hours of the patient's life it generally becomes remarkably slow.

The powers of deglutition are usually much impaired and sometimes completely lost, and the tongue lies paralyzed in the side of the mouth. The sphincters are very frequently paralyzed, both the urethra and bowel being involuntarily in bed though in some cases it occurs that there is a retention of the urine. The surface of the body is in certain instances bedecked with a gentle and warm perspiration, while in other cases a cold and viscid moisture of spears on particular parts, or gathers over the whole surface.

The upper portion of the body is generally, somewhat swollen and of a bluish appearance. The veins of the neck seem dilated and the pulsation of the carotids is very evident, often from a considerable distance.
from the patient, though the colour of the face is sometimes perfectly natural, or even paler than ordinary, it is more commonly of a dark purple hue, sometimes almost black. Like that witnessed after strangulation, slight spasmodic twitchings at irregular intervals may be seen, of the muscles of the face, and which sometimes so affect the mouth as to prevent it being easily opened.

The palpebrae usually remain half open, occasionally one however is closed and the other continues open. The ocular conjunctiva seems highly injected and hazy, and the pupils which are in some cases contracted almost to a point, in other examples are found considerably dilated.

The duration of the symptoms now enumerated varies in different cases, sometimes not exceeding a few hours, at other times extending to two or even three days, but it is rare to find the disease protracted beyond the 36th hour, without evident indications of recovery having taken place, or a new series of symptoms arising.
The accession of Apoplexy may either terminate in death or recovery, but when it terminates in recovery, the case is not always complete, indeed a perfect recovery is a circumstance of comparatively rare occurrence. It most generally happens that the patient suffers from that sort of Paraly, to which the term, Hemiplegia, is given. The functions of the mind are generally much weakened and it is indeed very rare to witness a patient recovering in whom one or other of the faculties of the mind are not more or less affected. The memory seems to suffer in a most especial manner, but though the recollection of recent events is often altogether abolished the impression of the events of early life are frequently with a considerable degree of freshness. Some curious instances are described by Authors in which the patient was completely lost all knowledge of some one language or science, while the memory continued perfectly healthy on other subjects. In some of these...
The loss was permanent, in other the knowledge has been restored sud-
dently and completely to the individual.
The prognosis in Phlegy is to be de-
termined by a variety of circumstances. The
disease is always to be considered of a very
dangerous character, and even though the
patient should recover, the probability of
a second attack is greatly increased. By the
circumstance of the first having occurred,
whatever may be the nature of the other pre-
disposing causes.

Generally considered the older the
patient is, the more unfavourable is the
issue of the disease, while again the un-
favourable termination is more likely to be
expected, from a third or fourth than from
a first or second attack. It might indeed be af-

The most unfavourable symptoms
then, during the paroxysm, are, the long
duration of the paroxysm, continuing to the
end of the 48th hour, or contracted even
beyond the 72nd hour. The complete in-

Sensibility
sensibility of the patient to every form of stimulus, whether as applied to the special
senses, or to the seat of common sensation. The heavy, slow, and interrupted state
of the functions of respiration—the fluttering, feeble, and irregular state of the
pulse, or the very slow and intermittent condition of the same; paralysis of the
sphincters—extreme coldness of the lower extremities, while the upper part of
the body is swollen and bloated, and may be dark coloured, in particular about
the neck and face, while there are occasional slight convulsive movements of the
face and orbit.

From the enumeration now
given of the unfavourable signs, the char-
acter of those of a favourable omen is easily
as be discovered. The principal of these are,
a certain degree of sensibility, continuing
the calm nature of respiration, the regular
state of the pulse—an uniform degree
of warmth over the whole body—and the
different remedies employed producing
a decided impression on the severity of the
symptoms, and the more rapidly this take place the more favourable is the event to be anticipated.

The characteristic marks of Apoplexy being expressed in the definition, it will not be requisite to enter into any long detail as to the different diseases for which it may be mistaken, and as to the diagnostic marks between them.

The principal affections which approach in the general nature of their symptoms to Apoplexy are, Compression of the Brain from Fracture, Concussion, Intoxication, Asphyxia, Epilepsy, and Cataract.

In compression of the Brain, the nature of the symptoms is the same, whether it arise from blood effused within the cavity of the cranium from a rupture of the vessels, or whether it proceed from a bone forced down upon the substance of the Brain in consequence of external violence. The exciting causes differ, but the immediate or proximate cause appears to be the same in both instances. Careful examinatio
Action of the Sculp after the hair has been removed will readily enable a cautious Medical Attendant to determine whether there be an injury of the bones or not.

Concussion can scarcely be mistaken for Apoplexy, as it is always the result of a fall, and more over in the early stages of it, though the patient appears to be actually in a state of coma, he is only apparently so, for he can be readily raised, though he immediately relapses into a light slumber.

Intoxication and Apoplexy are not so easily to be distinguished, as the habit of indulging in the abuse of intoxicating liquors is so very apt to induce the latter disease. If twenty four hours have elapsed and there is no signs of returning sensibility it is generally supposed, that the case is one of Apoplexy, whereas the brain and genera-
ation and consequently of apparent death, with failure of the action of the heart, it can therefore be scarcely mistaken for Apoplexy, for as the functions of respiration and circulation are continued, it is that affection, though deviating considerably from the standard of health.

Epilepsy only resembles Apoplexy in the convulsive state in which the patient differs from it essentially in being attended with very severe convulsive movements, of a clonic nature affecting the muscles of both sides of the body. It differs further in the paroxysm being of short duration, often not exceeding a few minutes and also in the fall of the eye being turned inwards and upwards, while the thumb is spasmodically forced down and inward upon the palm of the hand. Moreover, Apoplexy is more common by a disease of advanced life, whereas Epilepsy is an affection more commonly incident to the early periods of life than to the later years of life.

In catalepsy there is no palsy, or lack of the contractile power of the muscles.
for they remain in any position in which the patient happens to be at the time the fit comes on, or in which they may be placed by any other person during the continuation of the cataleptic state.

In the bodies of those who have been distressed by aphoplexy, different morbid appearances have been discovered, some of which have been conceived to be sufficiently satisfactory in accounting for the phenomena of the disease; but there are also other cases in which there are no morbid indications have been displayed after death, beyond a slight degree of congestion of the blood vessels of the brain.

The most common morbid appearance is the effusion of a notable quantity of blood, either between the membranes of the brain, constituting the meningeal aphoplexy of the French pathologists, or in the ventricles and substance of that viscus forming the cerebral aphoplexy of the same pathologists. The amount of blood effused varies much and the appearance it presents also varies con-

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"siderably"
siderably, which circumstance arises alter-
gather from the length of time that has
elapsed between the date of the effusion of
the death of the patient. The blood is com-
monly effused in coagula of different
sizes, but sometimes nothing further is
observed, than a greater degree of basical-
city than usual in the substance of the
brain, indicated by the great number of
red points observed on making a section
of the nervous matter.

A peculiar point highly interesting
connected with these haemorhines (or as it
sometimes may be serious) effusions, is,
that they are almost in every instance found
on the side of the brain opposite to that
on which the paralytic affection is observ-
ed.

When there has been several attacks of
Apoplexy, several cavities, resembling
crysts, are observed in different parts of
the brain, indicating the number of
attacks of Apoplexy which the patient
had experienced before the fatal result.

Tumours of different kinds are also
observed.
observed among the marked appearances found within the cranium, as well as tumours in other parts which have acted chiefly by preventing the return of the blood from the brain or also by preventing the free return of the blood from the lower portions of the body and consequently causing it to be thrown in a greater amount, and with a greater velocity than usual on the brain. Hypertrophy of the heart, but in particular of the left ventricle, is one of the very common marked appearances found in persons who die Apoplectic.

The causes which induce Apoplexy are arranged by medical writers into Remote and Proximate, the former embracing the Predisposing and Exciting, the latter constituting the essential Pathological condition of the cerebral organ during the time the patient suffers from all the symptoms which characterize the disease. The Predisposing Causes are those which render the body liable to the Apoplectic seizure, without actually inducing it; are numerous, the principal of
these are the advanced period of life, the disease being not frequently noticed under the fortieth year, occurring more commonly between the fifty-fifth and seventieth years of life. The predisposition is further, much influenced by sex, as women are much less frequently the subjects of the affection than men. The agency of hereditary causes also seems to co-operate very powerfully in rendering the body liable to attacks of phthisis. For although in many instances the predisposition may be distinctly acquired by various current causes, men whose parents have died from this disease are accordingly found to be proportionately more liable than others.

A particular configuration of the body, chiefly displayed in the shape and lean form of the calves of the legs—in the broad, large and capacious character of the chest—in the thick and short neck—and in the large head—and highly florid complexion occurring in individuals much inclined to supply themselves in the pleasures of
of good living, and likewise to indulge in soft beds, as well as protracting the hours of sleep much beyond the usual period, have from time immemorial been considered to form peculiarly powerful predisposing causes to the disease we now speak of. In like manner dysphraxis of the left ventricle of the heart, in part from being connected with a tendency to plethora, in part also from the increased tension with which the blood is propelled towards the brain, has by recent pathologists been proved particularly dwelt on as constituting an almost always a much more common cause of dysphraxis than has generally been credited.

All those occupations or professions which fix the body in such a manner as to prevent the free return of blood from the head, or cause an unnatural accumulation of that fluid there, contribute further to increase the individual tendency to the disease.

Suspension of accustomed evacuations as of hemorrhoidal discharge, and in
Habitual indulgence in the use of intoxicating liquors, very generally induce a very marked predisposition to epilepsy, as well as frequently become the efficient exciting causes of the paroxysms. Long continued watching (psorum), intense occupation of the mind, in any particular engaging pursuit, and different depressing passions, very often, especially if they co-exist and hereditary or puerile diathesis contribute much to develop the tendency to the disease. Among other causes, however, a previous attack renders the system much more liable to an attack of the disease, than if there had been no such attack. These attacks which occur after the first often succeed each other in rapid succession and often six or eight may occur before the patient is cut off.

The exciting causes are those circumstances or conditions, which when they take place are followed almost immediately, or within a very short time of the disease itself. Many of the predisposing causes may in this manner become exciting, the
the fit of Apoplexy taking place shortly after their application. Of these the principal are suddenly stopping down—suddenly turning round—violent and sudden mental emotions—rapid changes of temperature as well as unusual changes in the pressure of the atmosphere—an Excessive delirium—a surfeit—sleeping in a very ill ventilated room—straining hard, as in some powerful muscular effort—or in attempting to evacuate the bowels when they are very consist or in the equally painful effort of endeavoring to evacuate the urinary bladder, when the canal of the urethra is narrowed and almost closed in consequence of structure of that passage.

Hypertrophy of the heart constitutes a not in frequent exciting cause, the effort produced during coughing and sneezing also affect the body in a somewhat analogous manner, and very tight ligatures around the neck have been known in some instances to have been the exciting causes of an Apoplectic Attack.

Certain masonic phrases as chin...
or the soluble salt...are further to be...closed among the exciting causes of an...apoplectic state of the system; and a comatose condition is occasionally observed to arise in the progress of continued fever, and also in the eruptive fevers, but especially small-pox.

The nature of the proximate cause of the flexy, not withstanding the very atmospheric terms in which it has been pronounced always to depend on compression of the cerebral substance, has not been so universally allowed by modern pathologists to result from that circumstance, a variety of experiments were performed by Dr. McGibbon of Leth, in order to prove that there could not be within the cavity of the cranium any greater quantity of blood at one time than another in consequence of the incomprehensible nature of the nervous matter of the brain, and the compact and unyielding character of the bony walls of the cranium, a number of animals were destroyed by being bled to death, and in every case it was said to be noticed that the quantity of blood...
Blood, continued the same, as in animals destroyed by other means, than that of excessive evacuation of that fluid. Following up the experience to be deduced from these experiments, as well as founding his reasoning on most mortem examinations in which no morbid appearances whatever were discovered. Dr. Abercrombie is disposed to doubt the correctness of the alleged cause consisting in compression, and to refer the phenomena of the disease rather to an interruption or irregularity in the distribution of the circulating fluids within the cavity of the cranium.

Before we enter on the treatment of this disease, we may be permitted briefly to advert to the different varieties of it which have been described. Cullen divides those less than nine species namely the Sanguinea or that characterized by a high state of Phlethora - The Servia, or that occurring in advanced life, and especially affecting a leukophlegetic habit - The Hydrocephalus, the last stage of the Hydrocephalus Acutus of young persons - the
Strabiliusia taking place in persons of a melancholic temperament. The Traumatia, resulting in consequence of external violence offered to the cranium, the Venenata when the acuity proceeds from poisons, whether applied externally or administered internally, the Mentales, depending on some mental emotion — batalpia, that form of it which occurs in batalpy, and lastly suffocata, occasioned by some external asphyxiating agent.

The most important of these species, however, are the two first, namely the sanguineous and the serous; the one distinguished by its occurring suddenly — in a stout plethoric habit of body — not in very old people, and in being attended with an effusion of red blood; — the other being characterized by its gradual approach — by the affection occurring in persons very far advanced in years, and of a pale leuco-phlegmatic and broken down habit of body, and finally by the post mortem appearance consisting principally in an effusion of serum either, between the membranes of
of the brain, or within the ventricles of the viscera.

However distinctly marked these two varieties of Apoplexy appear to have been brought out, the numerous observations made by modern pathologists, especially the able researches of Dr. Abercrombie, tend all to establish the proposition that there are no positive indications by which we can distinguish between these two forms of Apoplexy.

Treatment of Apoplexy.

In order to effect a cure in this disease, when it results from other causes, than those connected with external violence, it is requisite that the remedies be used immediately, or within a very short period after the accession of the paroxysm. It is first of all imperative to place the patient on a couch with the head on a higher level than the body, and as speedily as possible to remove every ligature from around the neck or from the upper part of the body. It
Frequent crowd of lookers on should be debarred the room, in which no person should be allowed to remain, except those who may be required to assist in taking charge of the patient. The room moreover should be freely ventilated, and the patient should not be oppressed with a load of bed clothes.

The first and most efficient treatment to be adopted, provided there be distinct indications of plethora, and the patient is not in an extreme degree of exhaustion, is to subtract two or three pounds of blood by a large opening in a vein, so as to command a full stream.

It has been advised by some practitioners to withdraw the blood from the side of the body that is not paralyzed, because microscopic observations have proved that the effusion almost in every instance occurs on the other side of the brain than that part of the body which is affected, but there is not much benefit to be gained by adopting this peculiar mode of blood letting.

By some it is advised to open the
the external jugular vein as in this manner a resuscitation is more immediately produced from the seat of the disease, and, provided other circumstances permit, there is no material objection to the abstraction of blood from that vault. It is at the same time to be remembered that a difficulty may arise in checking the flow of blood, and if much pressure were required to effect this object more harm might be done than good otherwise result. Besides as cases have occurred in surgical operations on the neck that the sudden ingress of air in consequence of an accidental wound of the vein, has been followed by almost instantaneous death, so there is some risk from this circumstance in the operation of bleeding from the external jugular vein. Accordingly the most convenient place for bleeding would seem to be from the veins at the bend of the arm.

The amount of blood to be abstracted at the first bloodletting should scarcely be under two pounds, it will however
however be more easy to determine it by the general signs of the patient, and the
effects noticed during the flow than by any general rule. It is moreover to be
noticed that the pulse which had been
slow and laboured will occasionally
rise both in frequency and in strength
during the flow of the blood, and therefore
it is to be concluded that the improvement
of the general character of the pulse as-
prods a tolerably certain mark that the
bleeding has been judiciously directed,
and that good is to be expected from a
repetition of it; should obvious and rapid
signs of amelioration not have taken
place.

If no benefit has been produced by
the first abstraction of blood, it will be
requisite to repeat the operation within
the course of four or six hours, if we are
to anticipate any good effects from it.

Further if no improvement is made on
the character or progress of the com-
atoe state of the patient by this se-
cond depletion, resection may be
performed.
performed for a third time, though cer-

tainly not with very great prospect of

success.

Immediately succeeding the first
general bloodletting, the application
of leeches, or the use of the cupping
glasses, will on some occasions be
attended with signal good effects as
to render the repetition of the general
resection unnecessary, or at all e-
vents, only to withdraw a small a-
mount of blood.

After free and plentiful evacu-
ations of blood have been made, a powerful
counter-irritant may be applied to the
naked scalp; and this remedy will like-
ly be attended with more useful effects
in cases of the apoplectic seizure, which
have been gradual in their progress,-
which occur in very old people and in
whom necessarily there are but few in-
dications of a highly plethoric state of
the system generally.

But while the lancet is used, with,
we might almost say, an overpowering
hand, it would be wrong were we to omit the use of other auxiliaries, remedies, more particularly to co-operate along with the depleting measures, as well as to assist in those cases, where they cannot be carried to any great extent from the advanced age of the patient, or in consequence of a very weakened state of the system.

The most important of these, is the action of brisk stimulating cathartics, medicines, administered in such a manner as to cause a free and plentiful discharge of the contents of the intestinal canal, as well as to increase the secretions from the mucous surface.

The serious cathartics may be used with the view of opening the bowels, provided the powers of nutrition be not lost. In case, however, of that function being very much impaired, it is advised to allow one or two drops of the croton oil to fall on the tongue, which dose is usually sufficient to produce one or two plentiful evacuations. Or if that medicine cannot
cannot readily be obtained, or if it should not succeed in producing a free alvine discharge, no longer delay should be permitted, and a smart purging enema composed of the sulphate of soda, dissolved along with a small quantity of the nitrate of soda in a strong infusion of the leaves of the Capsia Lamma, should be immediately thrown up and repeated again in the course of two hours, if it does not succeed in freely opening the bowels.

The propriety of evacuating the contents of the stomach, by an active emetic, especially in those cases of affection, which arise immediately after a fit of intoxication, or which result from even distention of the stomach in consequence of over reflection, has afforded matter for much controversy. There seems to be little doubt that where there is any mechanical source of compression preventing the free circulation of the blood in the lower part of the body, and there
by necessarily causing a greater amount than ordinary to be directed towards the brain, it is one of the first means in treatment to be adopted, to remove that obstacle. It must, however, be at the same time admitted, that there are few violent efforts which have so powerful an action in directing, in directing, though it be but for a short period, the blood with increased force on the substance of the brain, as the act of vomiting, it is accordingly been affirmed that in some cases treated in that manner that instantaneous death have been the consequence.

The application of cold evaporating solutions or powdered ice in a bladder to the naked scalp, seem in some instances to be attended with considerable relief to the symptoms, and may be usefully substituted in those cases, where it has not been deemed expedient to use blister.

The use of warm lotions, in immersing the lower extremities for as long a time as possible, and in as hot water, as can be...
be borne without injury to the parts. Sometimes acts as a powerful derivative, and in cases where the heat of the water has been so great as to produce vesications, a favourable result has ensued.

If the patient, under the administration of the different remedies above detailed, should recover, it will be necessary that for a considerable time, he pay the utmost attention to his diet and regimen, for unless the utmost caution is given to those a second attack may very speedily ensue.

The diet while light, should be nutritious and the quantity should be moderate, never such as to load the stomach. Sedentary habits should be avoided as much as possible, it is, indeed, an absolute element in the plan of prophylaxis, that the patient should take exercise daily, and to such an extent as gently to fatigue the body, without exhausting it. It is further necessary for the patient not to sleep in an ill-ventilated apartment, and likewise that he should not rest.
pest on too soft a couch or be oppressed
with too heavy bed clothes. It is equally
injurious for them to indulge too long in
sleep, and hence he should rise early
in the morning.

As to medical treatment little
further is requisite than that the most
strict attention be paid to the state
of the bowels; and if the disease has
arisen in consequence of some sudden
suppressed evacuations, or a tendency
to the head continue, it will be ad-
visable to produce some counter irritation,
either by a Leton or a Sea sifune.

W. Reed