

THIRD BOOK.

CHAPTER I.

GENERAL DIVISION OF DISTEMPERS.

HAVING already considered all that relates to distempers in general, I come to treat of the cure of each distinctly. Now the Greeks divided them into two kinds, the one they called acute, the other chronic. And because their process was not always the same, for this reason some ranged the same distempers among the acute, while others reckoned them in the number of the chronic. From whence it is plain, that there are more kinds of them. For some are short and acute, which either carry off a person quickly, or are themselves soon terminated. Others are of long continuance, from which there is neither a speedy recovery, nor speedy death. And the third kind are those, which are sometimes acute, and sometimes chronic; and this happens not only in fevers, where it is most frequent; but also in other diseases. And besides these, there is a fourth kind, which can neither be called acute, because they are not mortal, nor yet chronic, because, if remedies are used, they are easily cured. When I come to treat of each, I shall point out to what kind they belong.

Now I shall divide all of them into those, that seem to affect the whole body, and those which occur in particular parts. After a few general observations on them all, I shall begin with the first. Though there is no distemper in which fortune can pretend to more power than art, or art than nature; since medicine can do nothing in opposition to nature; yet a physician is more excusable for want of success in acute, than in chronic disorders. For in the first, there is but a small space, within which, if the remedies do not succeed, the patient dies; in the other case, there is time both for deliberation, and a change of medicines;

so that very seldom, where a physician is called at its beginning, an obedient patient is lost without his fault. Nevertheless, a chronic distemper, when it is firmly rooted, becomes equally difficult with an acute one. And indeed the older an acute distemper is, so much the more easily it is cured; but a chronic one, the more recent it is.

There is another thing we ought not to be ignorant of; that the same remedies do not agree with all patients. Whence it happens, that the greatest authors extol some one remedy, some another, each recommending his own as the only one, according as they had succeeded with themselves. It is fit, therefore, when any thing does not answer, not to pay so much regard to the author of it, as to the patient, and to make trial of one thing after another. Remembering, however, that in acute distempers, what does not relieve, must be quickly changed; in the chronic, which time both causes and removes, whatever has not immediately done service, is not to be hastily condemned; much less must that be discontinued, which give but a small relief, because its good effects are completed by time.

CHAPTER II.

GENERAL DIAGNOSTICS OF ACUTE AND CHRONIC, INCREASING AND DECLINING DISEASES; THE DIFFERENCE OF REGIMEN IN EACH; AND PRECAUTIONS NECESSARY UPON THE APPREHENSION OF AN APPROACHING ILLNESS.

It is easy to know in the beginning, whether a distemper be acute or chronic; not in those only, that are always the same, but in those also, that vary. For when the paroxysms and violent pains without intermission distress, the disease is acute. When the pains are gentle, or the fever slow, and there are considerable intervals between the fits, and those symptoms accede, which have been explained in the preceding book, it is plain, that the distemper will be of long continuance.

It is necessary also to observe, whether the distemper increases, or is at a stand, or abates; because some remedies are proper for disorders increasing, more for those that are upon the decline.

And those, which are suitable to increasing disorders, when an acute distemper is gaining ground, ought rather to be tried in the remissions. Now a distemper increases, while the pains and paroxysms grow more severe; when the paroxysms return after a shorter interval, and last longer than the preceding did. And even in chronic disorders, that have not such marks, we may know them to be increasing, if sleep is uncertain, if concoction grows worse, if the intestinal excretion is more fetid, if the senses are more heavy, the understanding more slow, if cold or heat runs over the body, if the skin grows more pale. But the contrary symptoms to these are marks of its decrease.

Besides, in acute distempers, the patient must not be allowed nourishment so soon, not till they be upon the decline; that fasting by a diminution of matter may break its violence; in chronic disorders, sooner, that he may be able to endure the continuance of the disease. But if the distemper happens not to be in the whole body, but only in a particular part, yet it is more necessary to support the strength of the whole body, than of the part; since, by means of that strength, the diseased parts may be cured. It also makes a great difference, whether a person has been properly or wrongly treated from the beginning; because a method of cure is less successful, where it has been often applied unsuccessfully. If one has been injudiciously treated, but still possesses his natural strength, he is quickly restored by a proper management.

But since I began with those symptoms, which afford marks of an approaching illness, I shall commence the methods of cure from the same period.* Therefore, if any of those symptoms which have been mentioned, happen, rest and abstinence are best of all; if any thing is drunk, it should be water; and sometimes it is sufficient to do that for one day; sometimes for two days, if the alarming symptoms continue; and immediately after fasting, very little food must be taken, water must be drunk; the day after, wine; then every other day, by turns, water and wine, till all cause of fear be removed. For by these means often a dangerous impending distemper is averted. And a great many are deceived, while they hope, upon the first

* See book ii. cap 2.

day immediately to remove a languor either by exercise, or bathing, or a gentle purge, or vomiting, or sweating, or drinking wine. Not but this may sometimes happen, or answer their expectations, but that it more frequently fails; and abstinence alone may cure without any danger. Especially as that may be regulated according to the degree of one's apprehensions; and if the symptoms are slight, it is sufficient only to abstain from wine, a diminution of which assists more than lessening the quantity of food; if they are somewhat more dangerous, it may serve the turn not only to drink water (as in the first case) but to forbear flesh too; and sometimes to take less bread than ordinary, and confine oneself to moist food, especially greens. And it may be sufficient then only to abstain entirely from food, wine, and all motion, when violent symptoms give the alarm. And, without doubt, scarce any body will fall into a distemper, who does not neglect it, but takes care, by these means, to oppose its beginning in due time.

CHAPTER III.

OF THE SEVERAL KINDS OF FEVERS.

THESE are the rules to be observed by such as are in health, that are only apprehensive of the cause. We next proceed to the cure of fevers, which is a kind of disease, that affects the whole body, and is the most common of all. Of these one is a quotidian, another a tertian, and a third a quartan. Sometimes some fevers also return after a long period, but that seldom occurs. With regard to the former, they are both diseases in themselves, and a cure for others.

But quartan fevers are more simple. They begin commonly with a shuddering; then a heat breaks out; after the paroxysm is over, the patient is well for two days. So that it returns upon the fourth day.

Of tertians, again, there are two kinds. One of them both beginning and ending like the quartan; with this difference only, that there is one day's intermission, and it returns upon the

third. The other kind is much more fatal, which, indeed, returns upon the third day, but of forty-eight hours thirty-six are occupied by the fit (and sometimes either less or more), nor does it entirely cease in the remission; but it is only mitigated. This kind most physicians call semitertian (*ἡμιτριταῖος*).

But quotidians are various, and different in their appearances. For some of them begin with a heat, others with a coldness, others with a shuddering. I call that a coldness, when the extremities of the limbs are chilled; a shuddering, when the whole body trembles. Again, some end, so as to be followed by an interval quite free from indisposition; others so, as that though the fever somewhat abates, yet some relics remain, till another paroxysm comes on; and others often remit little or nothing, but continue as they began. Some again are attended with a very vehement heat, others more tolerable; some are equal every day, others unequal, and alternately milder one day and more severe another; some return at the same time the following day, others either later or sooner; some, by the fit and the intermission, take up a day and a night, some less, others more; some when they go off, cause a sweat, others do not; and in some a sweat leaves the patient well, in others it only renders the body weaker; sometimes also one fit comes on each day, sometimes two or more. Whence it frequently happens, that every day there are several both paroxysms and remissions; yet so as that each of them answers to some preceding one. Sometimes, too, the fits are so irregular, that neither their durations nor intermissions can be observed. Nor is it true, which is alleged by some, that no fever is irregular, unless it arise from a vomica, or an inflammation, or an ulcer. For the cure would always be easier, if this were the fact. For what is occasioned by the evident causes, may also proceed from the occult. Nor do those dispute about things, but words, who allege, that when feverish paroxysms come on in different manners in the same distemper, these are not irregular returns of the fever, but new and different fevers successively arising. Which, however would have no relation to the method of cure, though it were true. The intervals also are sometimes pretty long, at other times scarcely perceptible.

CHAPTER IV.

OF THE DIFFERENT METHODS OF CURE.

THIS, then, is the general nature of fevers. But the methods of cure differ, according to their different authors. Asclepiades says, that it is the duty of a physician to effect the cure safely, speedily, and with ease to the patient. This is to be desired; but generally too great haste and too great indulgence both prove dangerous. What moderation must be used in order to obtain all these ends as far as possible, the principal regard being always had to the safety of the patient, will come into consideration, when we treat of the particulars of the cure.

And the first inquiry is, how the patient is to be treated in the beginning of the distemper. The ancients, by the use of some medicines, endeavoured to promote concoction; for this reason, that they were extremely afraid of crudity: next they discharged by frequent clysters that matter, which seemed to hurt. Asclepiades, laying aside the use of medicines, ordered clysters not so frequently as they, but in almost every distemper. And he professed his principal cure for a fever was the disease itself. He thought also, that the strength of the patient was to be worn out by light, watching, and great thirst; insomuch that he would not even allow the mouth to be washed in the first days. So much are those mistaken, who imagine the whole of his regimen to be agreeable. For, indeed, in the advance of the distemper he even administered to the luxury of the patient; but at the beginning he acted the part of a tormentor.

Now, I grant that medical potions and clysters ought to be used but sparingly. And yet I do not think these are to be administered with a view to destroy the patient's strength; because the greatest danger arises from weakness. Wherefore it is proper only to diminish the redundant matter, which is naturally dissipated, when there is no new accession to it. For this reason the patient must abstain from food in the beginning, and in the day-time be kept in the light, unless he be weak, because even

that contributes to the discharge. And he ought to lie in a very large room.

As to thirst and sleep, the best mean is, that he be awake in the day time and rest in the night, if possible; and neither drink plentifully, nor be too much tormented with thirst. His mouth also may be washed, when it is both dry, and has a fetid taste; although such time is not seasonable for drinking. And Erasis-tratus very justly observed, that often the mouth and fauces require moisture, when there is no want of it in the internal parts; and that it is of no consequence, that the patient is uneasy. Such, then, ought to be the treatment at first.

Now, the best medicine is food seasonably administered, when that must be given first, is a question. Most of the ancients were slow in giving it; often on the fifth or sixth day; and that, perhaps, the nature of the climate in Asia or in Egypt admits of. Asclepiades, after he had for three days fatigued the patient in every way, appointed the fourth for food. But Themison of late considered, not when the fever had begun, but when it had gone off, or at least was abated; and waiting for the third day from that time, if the fever had not returned, he gave food immediately; if it did come on, when it had ceased; or if it continued constantly, when at least it was mitigated.

Now, none of these rules is always to be followed. For it may be proper to give food on the first day, it may on the second, it may on the third, it may not before the fourth or fifth; it may after one fit, it may after two, it may after several. For the qualities of the distemper, constitution, air, age, and season of the year make some difference. And no time can be universally fixed in things so widely different from each other. In a distemper that weakens more, food must be sooner allowed; also in an air that is more dissipating. Upon this account, in Africa for no day it seems proper to prescribe fasting. It should be given also sooner to a boy than a young man; more quickly in summer than winter. This one thing must be practised always and every where, that a physician sitting by should now and then observe the strength of the patient, and as long as that continues, encounter the disease by abstinence; if he begins to apprehend

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