

ANNAPOLIS, MARCH 16.

CUSTOM-HOUSE.

ENTERED.

Sloop Molly, Thomas Conway, from Virginia.  
Ship Chance, Robert Campbell, from London.

CLEAR-ED,

Sloop Molly, Thomas Conway, for Barbados.

TO THE PRINTERS.

Please to insert the following and you will oblige,  
Your humble servant,

EPHRAIM HOWARD.

TO DR. CHARLES WHIESENTHALL.

SIR, Elk-Ridge, March 7, 1774.  
I PERCEIVE by the Maryland gazette No. 1485, that there is an epistle directed to me (in answer to one directed to you in Nos. 1480 and 1481) under the signature of William Dashiell, who it seems is a pupil of yours; therefore shall consider him as a mere echo—bellowing your doctrine.

That contempt and ridicule should be substituted for argument I expected, they may excite laughter, but cannot convince; and are a sure token of an imbecility of your understanding. You say the contents of my letter, are of such a nature, that an answer could not reasonably be expected from you; your observation, I believe is just; I am persuaded no person possessed with medical abilities ever expected a satisfactory one from you.

As for the talent of petulance, I claim no rivalry with you; therefore shall pass over in silence, that part of your epistle.

Confess it is difficult to know the secret views of any person; if I have judged you wrong, I am sorry for it—From a number of collateral circumstances, (which I am persuaded you are not a stranger to) I drew my conclusion; however, let your motives have been ever so envenomed, the event demanded my attention equally—I am very certain that whenever Mr. Coale's dangerous situation, was a topic of conversation, it was imputed to a misconduct of the attending physician in the beginning, mistaking his disorder, treating him for an inflammatory one, when it was a putrid, and as a confirmation, your opinion was quoted, as saying bleeding was improper; these are the motives that induces me in print, to prove that his disorder was inflammatory and required bleeding, in order to remove so unfavourable an impression.

You say its a mystery, why I should assert so boldly "that Mr. Coale had not been bled," &c.

I have authority for such an assertion, and affirm you acknowledged at Mr. Coale's, that you said bleeding was improper. I have not only the record of my own memory, but also have enquired since of some that were present who declare the same.—Mr. and Mrs. Coale informed me that Mrs. Ridgely told them the same previous to your coming.—Had I not have heard you acknowledge the same, and in presence of the family endeavoured to show the impropriety of bleeding, I should have been under the disagreeable necessity of calling on Mrs. Ridgely for a certificate, but considering how disagreeable such a thing must be to a lady, especially when so far advanced in years, have never requested it.—She, I well know has seen what I inserted in my former letter, if the substance is not consistent to what she said, I make no doubt her readiness to declare her dissent.—I have wrote a letter requesting her to do it.—If you will please to ask Mr. Coale he can inform you also, who is a gentleman as respectable for candour and veracity, as that art for craft and misrepresentation.—If you will recollect, these words must occur to your mind.—After I had asked Mr. Coale's permission to ask, what induced you to think bleeding wrong, in order to remove any unfavourable impression on him and the family, I thus observed.—Doctor, it appears to me from what I have heard, that you have endeavoured to make an unfavourable impression on the minds of Mr. Coale's family.—you answered how.—I told you by saying bleeding was improper.—In answer you said you did tell Mrs. Ridgely so.—I observed it was immaterial who you said it to.—I beg you will give your reasons.—you answered from the long course of the disorder you discovered it, and said you meant no reflections, that you observed to Mrs. Ridgely at the time, that you or any other person might have done it at first, then you referred to her—and she confirmed you made that observation (no mention was now made about too copious bleeding)—you then said you often censured your own conduct, when the course of the disorder discovered it to be wrong.—I then observed a man censuring his own, was materially different from another person's, and that I could not think you acted consistent to the character of a gentleman.—Also asked you whether there was not an inflammation, you said there was an appearance, observing his fever to be putrid.—I then asked you what an inflammation was.—you retorted the question, I defined it.—then says you in this manner I define it to my pupils.—I said then it was more easy for you to answer—those evasions excited a warmth in me, and behaviour not warranted by prudence at that juncture.—But to confirm more strong your ideas of its being a putrid rheumatism as you termed it, you observed Huxham, altho' he said once bleeding might not be attended with perceivable bad consequences, the second was sure to do it, tho' often the first.—I will venture to say he only observes this in putrid fevers.—As you have given up your former opinion in a great measure, when you acknowledge his disorder was inflammatory tho' not in so great a degree, also declaring the propriety and necessity of bleeding Mr. Coale.—I shall now pursue you in your retreat in saying he was bled too copiously, and convince

the impartial reader that your present justification is no more tenable than the former.

By way of digression, I shall make some animadversions on your journal. On the 27th May you say you was informed Mr. Coale was afflicted with *cynic spasms* and *convulsed* on the second bleeding—I never saw these symptoms, some small *spasmodic contractions* may have appeared, tho' this I am certain of, every threatening symptom was alleviated by bleeding—*contractions* of that nature arise from *repletion*, also *inaction*, and it is to be presumed as they were removed by bleeding, they depended on the former.—You say endeavours were used to raise a sweat tho' without effect.—The *pedivivia* was used and medicines which tended to promote a diaphoresis, but not of the stimulating kind.

Your journal says that you recommended the emetic tartar, he fell into a sweat, and you left him perspiring.

He may have had some small sweats about that time, but he never appeared to me to have a general sensible perspiration till the 28th.—That his pulse was strong on the 7th day is very true, tho' not from the medicine or blister; none of the medicines were of a stimulating nature, and I presume, a plaster applied not exciting a blister and removed, could not increase the fulness of the pulse for four days afterwards.

You observe the *acrimonious matter* forming an *abscess* was brought to a resolution, and by re-entering the circulation brought on a fresh irritation.

If you had attended to his complaints, you must have discovered how rational your theoretical ideas were (even when applied by the experienced and judicious physician)—His pain preceded the fever, therefore the fever symptomatic.—As the second bleeding removed the pain and inflammation, so did the fever subside.—But the pain and inflammation returning again on the fifth day, as they increased, so did the fever.—Was the fever in consequence of the acrimonious matter re-entering the circulation, I presume, the fever would have been highest when the resolution was procured, and not after a fresh inflammation had appeared.—The tumour with inflammation which you saw, was in consequence of the accessory seizure, after which appearance he had never been bled.—You imagine his state did approach to be putrid.—A *vagus* expression and leaves room for evasion.—Its certain all topical inflammations when not removed by resolution verges to *putrifaction*.

June 9th. The tumour and pain you say after your departure had entirely subsided, and instead thereof, an acute pain of the knee—the tumefaction had not entirely subsided, or did it for several months, and very gradually disappeared; also the knee was free from pain several days, after there was a sensation of stiffness; these appearances are similar to rheumatic affections in general. You observe Dr. Howard had exhibited the bark and claret largely, and you could not help concurring in sentiment.—This will be taken notice of in the subsequent part.

July 3d. It is just a month since I have learned any thing particular of Mr. Coale's case, except that of the fever and pain of the knee, and an oedematous swelling had appeared in the leg and foot, &c.—You give a very particular account of his symptoms, and every minutia of his disorder, on the 9th of June; still just a month intervenes between that and the 3d of July following. (A)

You was informed by Dr. Howard that he laboured under a colliquative diarrhæa, but you was in hopes it might be a translocation of matter to the bowels. As the colliquative sweats he had laboured under, were now stopped; I presume the increased exhalation in the alimentary canal, brought on the diarrhæa, as is common in cases of great relaxation, and as the determination to the superficies was now lessened, of consequence the oedematous swelling of the leg and foot decreased.

You say Mrs. Ridgely asked you in the most pathetic manner, what could be the reason he laid so long, to which you answered he had been bled rather too copiously, by which the whole inflammation and abscess were taken into the circulation again.—Did she ask you at the same time whether bleeding was or was not proper? If not, I am persuaded if you had attributed it to the nature of the disorder, or any other cause, it would equally have satisfied her, and not raised an alarm of the attending physician having treated him injudiciously.—I deny an abscess existed, therefore could not be taken up; but more of this hereafter.

July 6th. This day you perceived a fluctuation of matter below the knee, and observed I denied there to be any matter, but looked on it to be merely from relaxation, and the same cause as the oedematous swelling. A false and ungenerous representation which will be animadverted on in the succeeding part. I solicited Mr. Coale two days before to have it opened, and the same day you came up, I intended to have opened it without letting him know.

You observe that I have, to prove the propriety of bleeding, given a long string of quotations from the best practical authors, though even a common attendant or an illiterate nurse knew it.—Perhaps they did not know it was only used to take off the tension; therefore any person perusing those authors, will find they used bleeding to procure a resolution of an inflammation.

You presume it will be granted you, that the fever was symptomatic, as the abscess was two days before any fever appeared, therefore the cause of pain and fever; and have represented, that I look on the tumour to be in consequence of an inflammatory fever.—when you so modestly assert that to be a fact, the contrary of which must be obvious to the understanding of every reader. Do you not find a glowing in your

(A) So remarkable an event cannot escape the notice of the public reviewer—as your journal will be transmitted to posterity; the accuracy thereof cannot fail of giving a sanction to your observations.

checks when you read those words in my former letter? "you could not with any propriety consider the inflammation as critical, as it preceded the fever; but it would have been more inconsistent to have looked on the fever as symptomatic, &c." Allo a quotation from Huxham, where he mentions pain and inflammation as the cause of fevers—you will find in a note on quoting Dr. Hoadley, when speaking of idiopathic and symptomatic fevers. "As the pain of Mr. Coale's side preceded the fever, there is reason to think the fever depended there on." Can words be used more expressive; yet you have the assurance to say, it was my opinion that the tumefaction depended on the inflammatory fever—you have given an opinion in your letter, that an abscess was the original of his complaint, which brought on both pain and fever. In your journal that the disorder was originally a *rheumatic fever*, tending to an abscess. If the abscess was in consequence of the *rheumatic fever*, it could not be the original cause of both pain and fever—those little contradictions may convey to the reader an idea of your connection in argument and fluctuating sentiments.

Here it may be proper to define an abscess, as your notions thereof cannot fail, when read by a person of medical abilities, of exciting an involuntary emotion to laugh; the curiosity of many unacquainted with physical terms, may be prompted to read that part of your letter, therefore will be deprived of so agreeable a sensation; in doing this it may be first requisite to define an inflammation, and shall give you Celsus. "Notæ inflammationis sunt quatuor: rubor et tumor, cum calore et dolore." The signs of an inflammation are four; "redness and tumour, with heat and pain," as observed in my former letter, inflammations terminate by resolution, suppuration, mortification, and schirrhous—now an abscess takes place, when an inflammation terminates by suppuration.—As I do not desire you to rely on my ipse dixit, I will give you Van Swieten's definition; "abscessus nomine intelligere inflammationis transitum, in suppurationem & puris inde nati collectionem, in loco quodam corporis."

You say in your journal not only the inflammation, but the whole abscess was taken into the circulation. (B) I here deny an abscess to have existed, in the sense it is used, as an abscess does not take place till the inflammation begins to suppurate, (a torrent of quotations from the best authors might be brought to prove this, if they did not affect your delicacy) as the inflammation of the shoulder and upper part of the breast, did not show themselves after going off on the second bleeding, till two days before you saw it, when you acknowledge it was decreased; I presume no suppuration ever took place ergo, no abscess existed.

You observe an abscess arising on any part begins with an inflammation, when situated on a part subject to continual motion as Mr. Coale's was, it is increased, and extends to the neighbouring muscles; then suffering a distention from every inflation of air, create pains similar to pleuritic; still the origin thereof is an abscess, and not a violent inflammatory disposition. (C) From hence you have drawn an inference, that if the abscess had not been situated on a part subject to constant motion, by an inflation of air, he would not have had a pleurisy; and that he would have laboured under equal difficulty in breathing, if he could breathe with his knees.

Every disorder derives its denomination from the part that is inflamed, a pleurisy exists when the pleura or intercostal and adjacent muscles are affected, a *parapneumonia* when the diaphragm—a *carditis* when the pericardium, each of the latter create a difficulty of breathing, and are subject to constant motion by an inflation of air, still not under the denomination of a pleurisy. When the inflammation is seated in the muscles, the disorder is called a *rheumatism*.—Mr. Coale's disorder originally was a spurious pleurisy, (which is nothing more than an inflammatory rheumatism) but when the inflammation left the intercostal muscles, &c.—it no longer came under the denomination of a species of a pleurisy, but that of a *rheumatism*.

That the fever attending Mr. Coale's disorder, was symptomatic, I have in my former letter observed, and declared it to be in consequence of the pain and inflammation; yet, I cannot agree with you, when you say, the pain situated on these parts to be the cause of a difficult breathing; it may be a remote though not an immediate cause, but depends on the consequences ensuing the pain—the pain being a stimulus exciting a fever, therefore from an increased impetus of the circulation, a greater quantity of blood was returned in a given time, by the venæ cava, into the right ventricle of the heart to pass to the aorta, so to the pulmonary artery—as the lungs could not be sufficiently expanded, in consequence of the inflammation of the breast (D) preventing its being distended; an impeded circulation in the extremities of the arteries must ensue, the propelling force still continuing, the vessels become distended and pressed on the adjacent, by which the obstruction was increased, of course a difficult breathing must ensue from an impeded

(B) I shall be glad to see your authority proving an abscess to have existed on Mr. Coale's shoulder—if you are destitute of any other, perhaps by taking a step in your journal, you may find a case in essentials the same.

(C) By an inflammatory disposition, I mean that state of the body which favours the increase of inflammations; every person conversant in physic, must observe, the same case at different times, will have very different effects; a small scratch will at some times be succeeded by inflammation and fever, at another time a large wound will heal kindly without either; therefore in proportion to the degree of inflammation from the same cause, so is the inflammatory disposition of that person.

(D) So far a difficulty of breathing was excited by the pain.