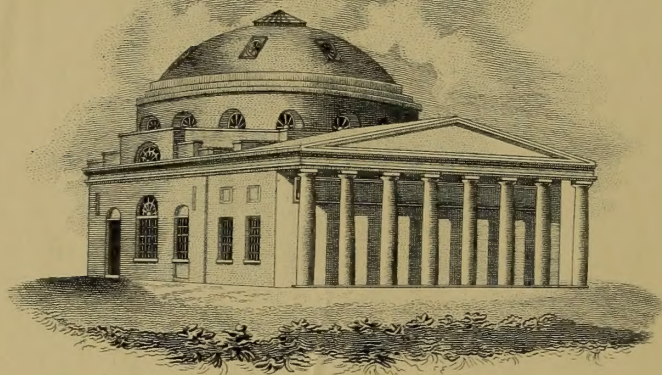


WE BIND
BOOKS
OF ALL
DESCRIPTIONS

JUL 13 1948

LIBRARY
OF THE
School of Medicine



University of Maryland

University of Maryland Theses

Early Doctor of Medicine and Doctor of Physic Dissertations with Corrected Tables of Contents

These dissertations described as either an Integrated Dissertation or an Honorary Essay were presented to the University of Maryland for the Degree of Doctor of Medicine and/or Doctor of Physic during the years 1813-1827. The individual dissertations were bound together during the 1890's. The original tables of contents for the bound volumes contained multiple errors in author names, dates and/or years. To address these errors, an additional "Corrected Table of Contents" has been inserted at the beginning of each volume.

The project team who investigated and corrected the errors in names were Richard J. Bohls, Historical Librarian, Manuscripts Collection, Albert Milagros Fajtas, Metadata Management Librarian, Special Collections and Rare Books, Reading-Hoey, Resource Division, East Shore, and Thomas and Angela Wall, Services Division.

These dissertations were digitized in 2011-2012 and are available in the Open Digital Archive (archive.umd.edu/theses) and the Internet Archive (www.archive.org).

University of Maryland Theses

Early Doctor of Medicine and Doctor of Physic Dissertations with Corrected Tables of Contents

These manuscripts described as either an Inaugural Dissertation or an Inaugural Essay were presented to the University of Maryland for the Degree of Doctor of Medicine and/or Doctor of Physic during the years 1813-1887. The individual dissertations were bound together during the 1940's. The original tables of contents for the bound volumes contained multiple errors in authors' names, titles, and/or years. To address these errors, an additional "Corrected Table of Contents" has been inserted at the beginning of each volume.

The project team who investigated and corrected the tables of contents were Richard J. Behles, Historical Librarian/Preservation Officer; María Milagros Pinkas, Metadata Management Librarian; Angela Cochrane and Carol Harling-Henry, Resources Division; Sarah Hovde, Abra Schnur and Megan Wolff, Services Division.

These dissertations were digitized in 2011-2012 and are available at the UM Digital Archive (archive.hshsl.umaryland.edu) and the Internet Archive (www.archive.org).

Early Growth in Mathematics and Science in Young Children with
Developmental Dyscalculia

The present study examined the early growth of mathematical and scientific knowledge in young children with developmental dyscalculia (DD). Children with DD were compared to age-matched controls on a battery of tasks designed to assess their understanding of basic mathematical concepts (e.g., number, quantity, and simple arithmetic) and scientific concepts (e.g., cause and effect, classification, and simple experiments). Results showed that children with DD performed significantly lower than controls on tasks involving mathematical concepts, but performed similarly to controls on tasks involving scientific concepts. These findings suggest that children with DD may have a specific difficulty with mathematical concepts, but are able to learn and understand scientific concepts at a similar rate to their age-matched peers.

The present study was designed to investigate the early growth of mathematical and scientific knowledge in young children with developmental dyscalculia (DD). Children with DD were compared to age-matched controls on a battery of tasks designed to assess their understanding of basic mathematical concepts (e.g., number, quantity, and simple arithmetic) and scientific concepts (e.g., cause and effect, classification, and simple experiments). Results showed that children with DD performed significantly lower than controls on tasks involving mathematical concepts, but performed similarly to controls on tasks involving scientific concepts. These findings suggest that children with DD may have a specific difficulty with mathematical concepts, but are able to learn and understand scientific concepts at a similar rate to their age-matched peers.

The present study was designed to investigate the early growth of mathematical and scientific knowledge in young children with developmental dyscalculia (DD). Children with DD were compared to age-matched controls on a battery of tasks designed to assess their understanding of basic mathematical concepts (e.g., number, quantity, and simple arithmetic) and scientific concepts (e.g., cause and effect, classification, and simple experiments). Results showed that children with DD performed significantly lower than controls on tasks involving mathematical concepts, but performed similarly to controls on tasks involving scientific concepts. These findings suggest that children with DD may have a specific difficulty with mathematical concepts, but are able to learn and understand scientific concepts at a similar rate to their age-matched peers.

(CORRECTED TABLE OF CONTENTS)

UNIVERSITY OF MARYLAND

THESES

1883 (b)

| Author | Title | Notes |
|--------------------------|--------------------------|--------------------------------------|
| Frum, L. D. | Pneumonia | |
| Benton, John R. | Diphtheria ¹ | (Pages from another thesis inserted) |
| Shirley, J. Fletcher | Cholera Infantum | |
| Shipley, Benjamin F. | Some Remarks on Syphilis | |
| Gillilaud, Robert J. Jr. | Diphtheria | |
| Dillard, B. L. | Rubeola | |
| Bishop, F. Bessant | Intermittent Fever | |
| Deyoe, Charles P. | Albuminuria | |
| Wareham, E. A. | Diphtheria ² | |
| Robinson, John H. | Lobar Pneumonia | |
| Williams, Bayton B. | Whooping Cough | |
| Nixon, James W. | Intermittent Fever | |
| Robinson, John Albert | Syphilis ³ | (end page, no title page) |
| Hart, John Beauregard | Typhoid Fever | |

¹ Pages 12-23 of "Dislocation Thesis" from 1883, 1889 volume, after page 19 of "Diphtheria" *are inserted*

² Noteworthy color calligraphy on name page and title page. Contains footnotes.

³ Author, title information on last page.

UNIVERSITY OF MARYLAND
LIBRARY

1962

1962

1962

| Author | Title | Notes |
|----------------------|--------------|--------------|
| Watkins, William W. | Diphtheria | |
| Day, Baldwin | Respiration | |
| Talbot, Lewis Wilson | Syphilis | |



UNIVERSITY OF MARYLAND

THESES

1883 (b)

| | | |
|----------------------------------------|-----------------------------|------|
| Frum, L. D. | Pneumonia | 24p. |
| Benton, ^{John} J. R. | Diphtheria ¹ | 31p. |
| Shirley, J. ^{Fletcher} F. | Cholera Infantum | 22p. |
| Shipley, ^{Benjamin} B. F. | Some Remarks on Syphilis | 42p. |
| Gilliland, ^{Robert} R. J. Jr. | Diphtheria | 30p. |
| Dillard, B. L. | Rubeola | 17p. |
| Bishop, F. ^{Bessant} B. | Intermittent Fever | 23p. |
| Deyoe, ^{Charles} S. P. | Albuminuria | 38p. |
| Wareham, E. A. | Diphtheria ² | 33p. |
| Robinson, ^{John} J. H. | Lobar Pneumonia | 20p. |
| Williams, ^{Bayton} B. B. | Whooping Cough | 19p. |
| Nixon, ^{James} J. W. | Intermittent Fever | 19p. |
| Robinson, ^{John Albert} J. A. | Syphilis | 19p. |
| Hart, ^{John Beauregard} J. B. | Typhoid Fever | 23p. |
| Watkins, ^{William} W. W. | Diphtheria | 18p. |
| Day, Baldwin, | Respiration ³ | 29p. |
| Talbot, ^{Lewis Wilson} L. W. | Syphilis | 29p. |

1 - Pages 12-23 of "Dislocation" thesis from "1883, 1889" volume
appear after page 19 of "Diphtheria"

2 Noteworthy color calligraphy on name and title page. Contains foot notes.

3 Very small pages

1
2
3
4
5

Dissertation
by L. L. Brown West Virginia

Dissertation
Præparanda

This dissertation is
submitted to the
Faculty of the University of
Maryland School of Medicine
1883

57

JMB
18995









Pneumonia

Pneumonia is an inflammation seated in the pulmonary substance or parenchyma of the lungs. This is among the most common diseases that we are called upon to treat, it occurs in all degrees of latitude, in every variety of climate, and at all ages. It is most common in children while at the breast, but as the child grows older the liabilities are said to decrease until after second dentition. The masculine sex is most frequently affected, and the disease is more fatal in the advanced stages of life. It is more common in the vicissitudes



It is a disease of the
membrane in the lower part
of the lung, and is called
pneumonia. The membrane
being the vessels and
veins is inflamed. Inflammation
of the structure does not
be extended to the structure
of the lung, and it is
it is not a complication, it
is a disease of the
interlobes; and this part
of pneumonia is expressed
by the term pneumonia
limited to a portion
of the lung is said to be dis-
scribed. Scite. Libar pneumonia.





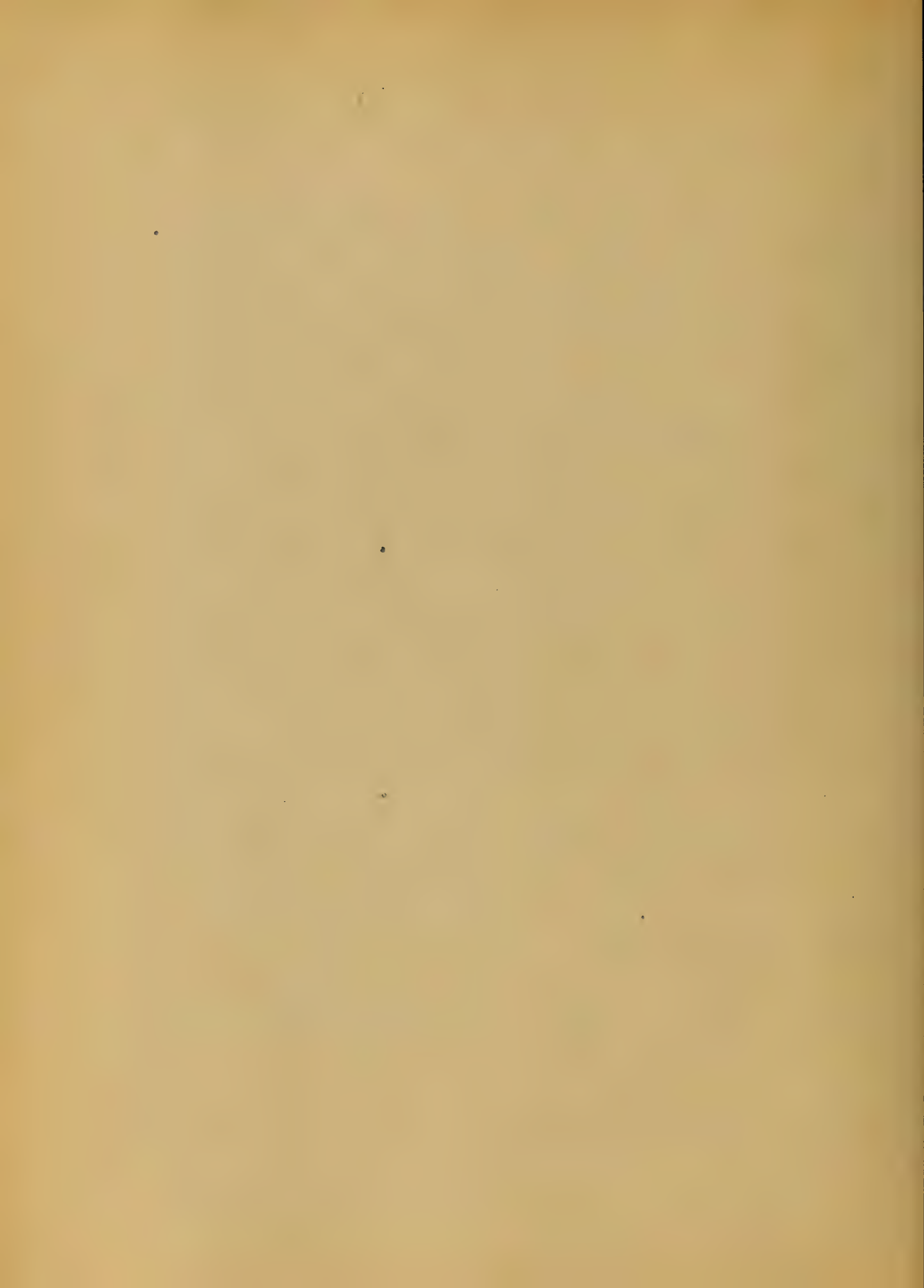
There is to be seen a small
liquid mass in the middle of the
granular laryngin acute process
side. When the larynx comes
to contain air, and is solid-
ified it presents an appear-
ance like that of the liver, and
is called the stage of solidification
and in this condition the
larynx contains a little blood
in any. The substance of the
larynx will break under pressure
more easily. Its weight
is much increased. The increase
in weight is said to be
due to the solid matter drawn
from the vessels and it



on the other hand, quantity
of blood in the lungs, if the
progress of the disease is favor-
able, the exudation is removed
mainly by absorption; but
should it be unfavorable,
absorption of the morbid prod-
ucts within the air cells does not
take place and the exudated
mass is infiltrated with it in
and pass. When the lung is
in this condition it is called
the stage of purulent infiltra-
tion. Pneumonia is divided
into three stages viz, exorg
and organization, and gray spot-
ification. The first stage or stage



of engorgement the lung becomes vascular. The changes in the blood vessels and circulation take on all the characteristics of inflammation. The lung is of a dark red color its weight is increased and its elasticity is diminished and it gets up in pieces. It is second stage or stage of red infiltration. In this stage there is exudation and migration of blood corpuscles into the pulmonary tissue. In this stage some of the vessels may rupture. The lung in this stage is heavier than in the preceding stage, and



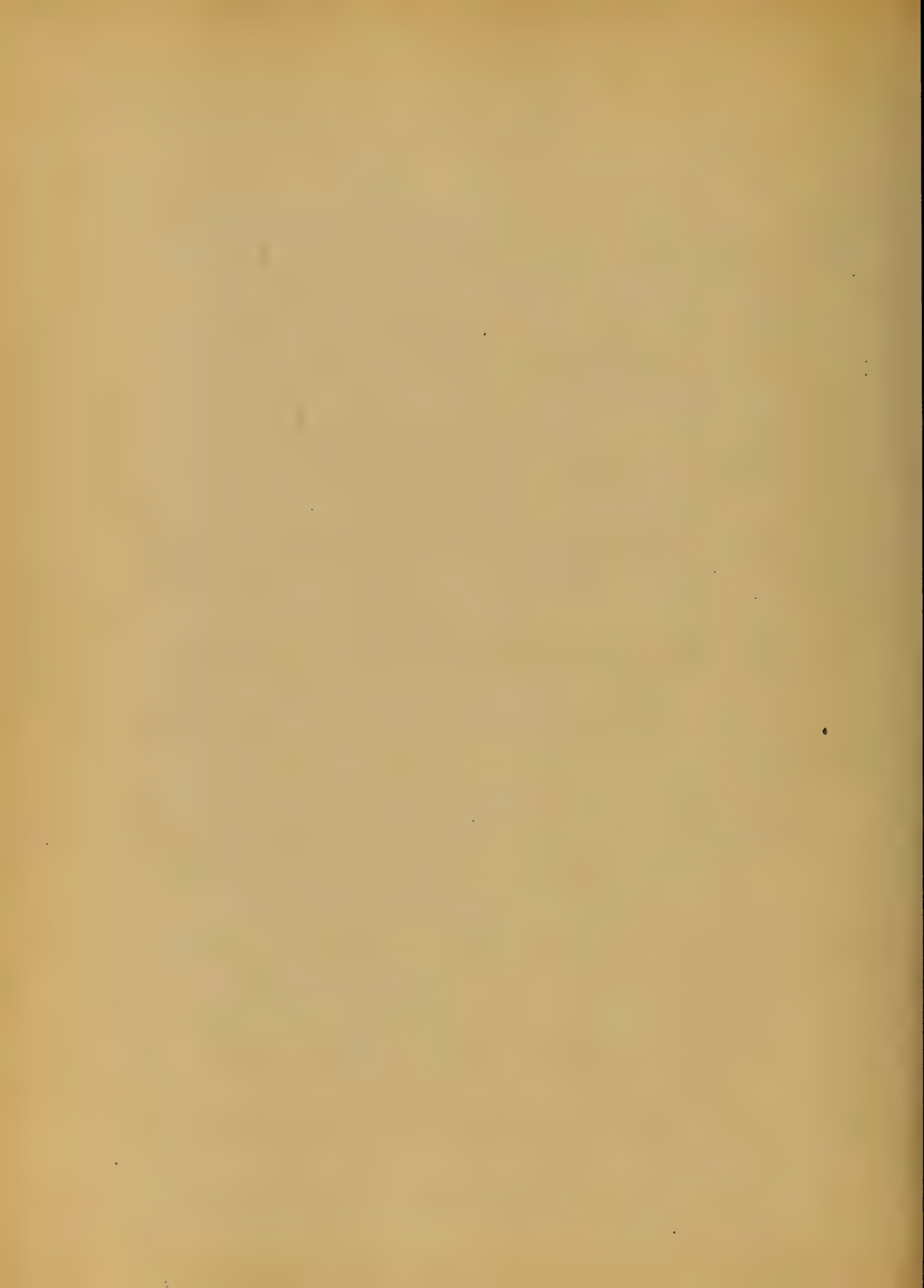
is increased in size, so as is
said to be marked by
the ribs in this stage as do not
and it competes with the fingers
as in a normal lung. The
pericardium is prominent in this
stage, covering the lung is more
or less involved in inflammation.
It is of an opaque color and is
generally covered with lymph.
The third stage or stage of
gray hepatization. In this
stage the white blood corpus-
cles continue to seep from the
vessels, and their number
in the alveoli gradually in-
creases. The tissue becomes



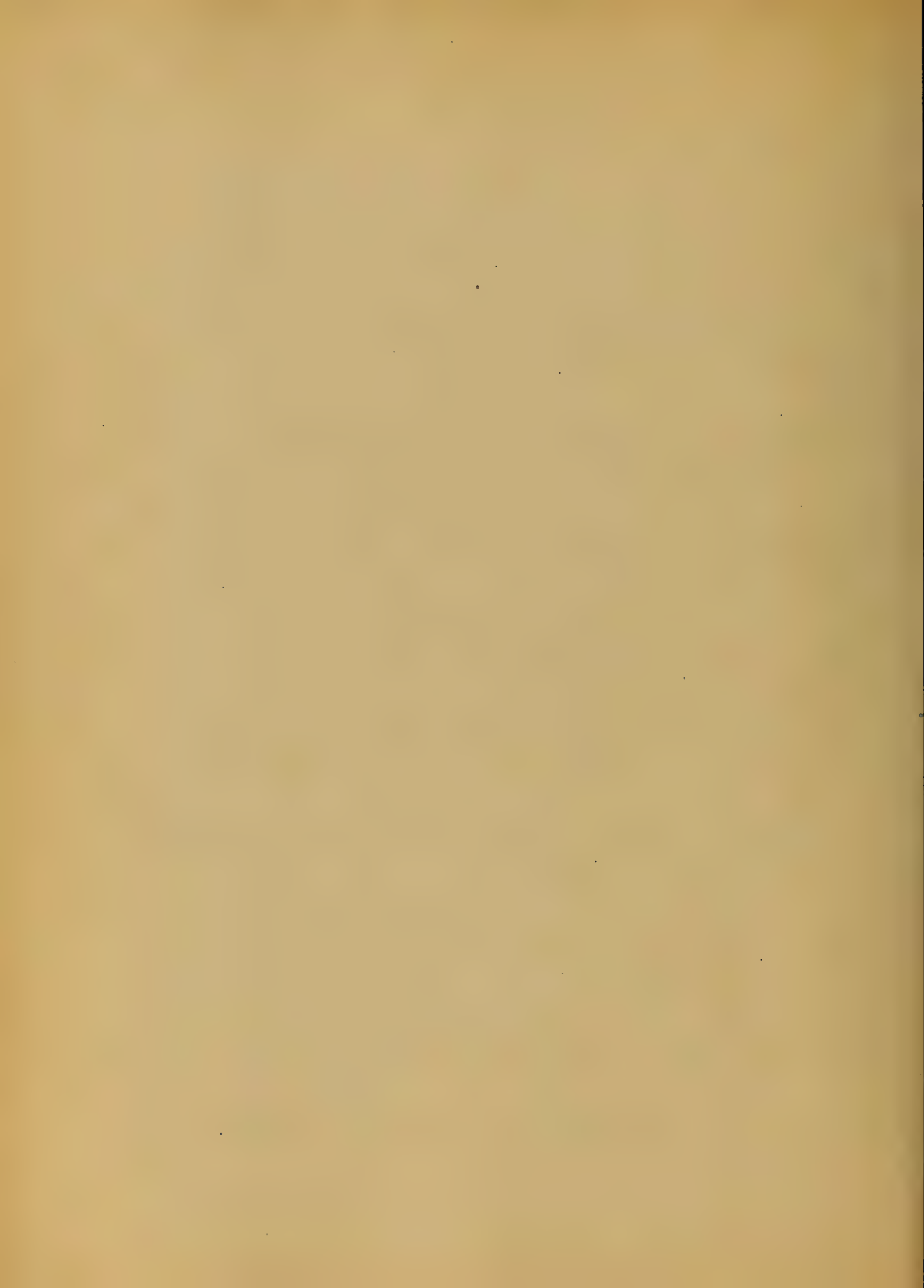
complicated and often fatal. The young's immunity and passive exudation is abandoned and it is in this stage that we have red hepatisation. Pneumonia is said to terminate in the four following ways. First is Resolution in which the lung gradually returns to its normal condition; this termination is most frequent in croupous pneumonia. In this process the matter becomes softened and absorbed, and circulation becomes reestablished. In the second process that of organization pneumonia is said to terminate in



and is found in a bad
constitution or circumstances
which tend to impair the
general health and the abuse
of alcohol have a tendency
to aid in the formation of
abscess. Gangrene may terminate
the process. It is often seen
in cases. The great tendency to
take on this process. It is stage
that of gangrene. This process
is rarely seen and is mostly
seen in old drunken cases. When
gangrene does occur it is gener-
ally limited to a small space
in the affected lobe. It is a
process that of Chronic puer-



morua. The alveolar walls
gradual become thickened by
a new growth of tissue. Accord-
ing to the late clinical
history shows the cavities are
frequently diminished or entirely
disappear while the process of
exudation is going on, and
after solidification has taken
place, until resolution begins.
This can be ascertained by
adding nitrate of silver and
nitric acid to the urine.
This test if the chlorides be
present it will give off a
cloudy precipitate. In the
in the disappearance of the



chlorides is not bathogamonic
for this is observed in other
diseases. In pneumonia the
urine is diminished in quantity
the uric acid generally exceeds the
amount in urinary symptoms
used serus There is a feeling
of general malaise, with chilly
sensations, pain is felt in
side in the majority of cases
there is a decided rigor felt in
the beginning. The chilly sensation
is soon followed by heat. The
pain in the side is generally
referred to a circumscribed space
near the nipple. There is in a
majority of cases a cough but



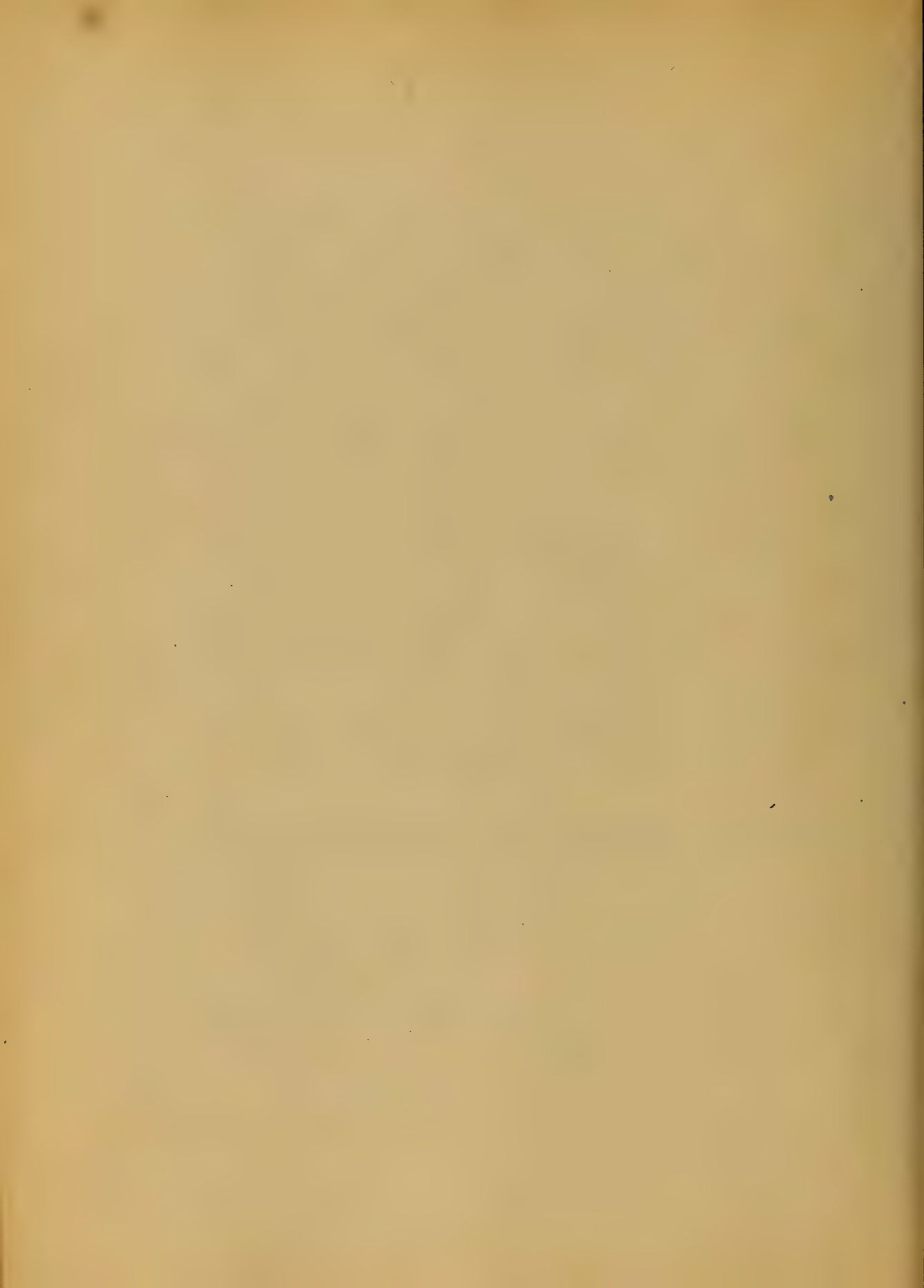
Some exceptions. The face is flushed
and generally there is headache, and
pain the back is felt. The pulse
is full and strong. The temperature
is increased. The tongue is usually
coated and is of a whitish fur.
The appetite is generally lost. The
stomach usually nauseated
and vomiting may occur. There
is difficult of breathing. The pain
in the side varies in severity, as
to the amount the pleura is in-
volved. If the pleura is much
involved the pain will be more
prompt and more severe. In the
injuring of pneumonia the pain
is usually more severe and



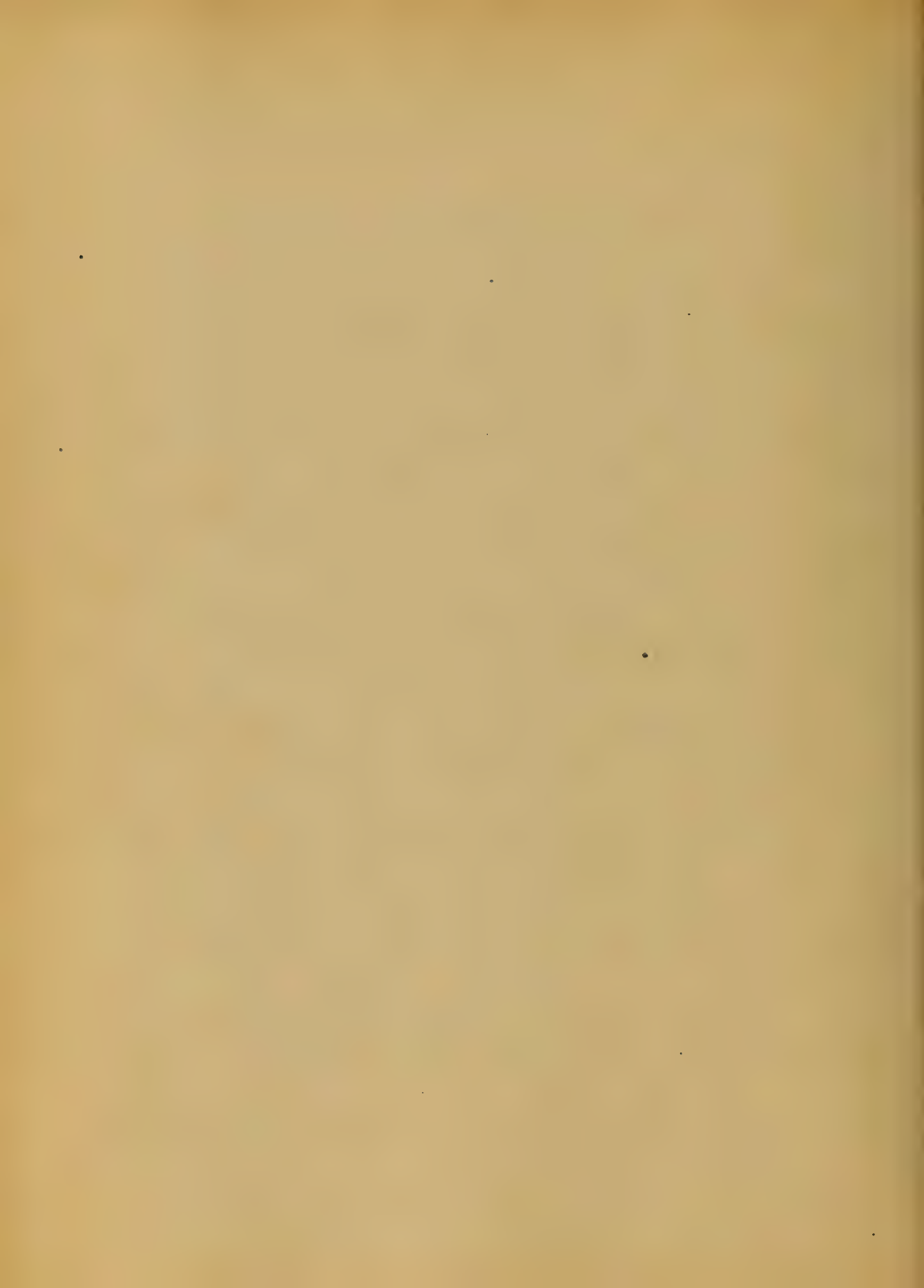
gradually declines as the disease
advances. Coughing, breathing,
especially deep inspiration will
increase the pain. Respiration
are generally more frequent
and more shallow. A dusky
countenance is frequently seen
the onset of cough, but in
general the second or
third day is very characteristic
and at first is watery
and soon becomes
thick and viscid. The sputa
is adhesive and tenacious and
often be seen sticking to
the vessel. If the sputa con-
tain blood it gives a red tinge



called the rusty or riced
sputa. The rusty appearance
of the sputa, is said to be
due to the matter mixed
with the blood as it passes
from the lungs. The pulse
during the hyperemic stage
is full and strong; but as the
disease goes on the pulse gradual-
ly becomes smaller and weaker
with a more or less of
irregularity, recendi, le-
ver and loxy, by physical examina-
tion we can determine more
accurate condition of the lung
if there is dullness or percus-
sion and the crepitant rale.

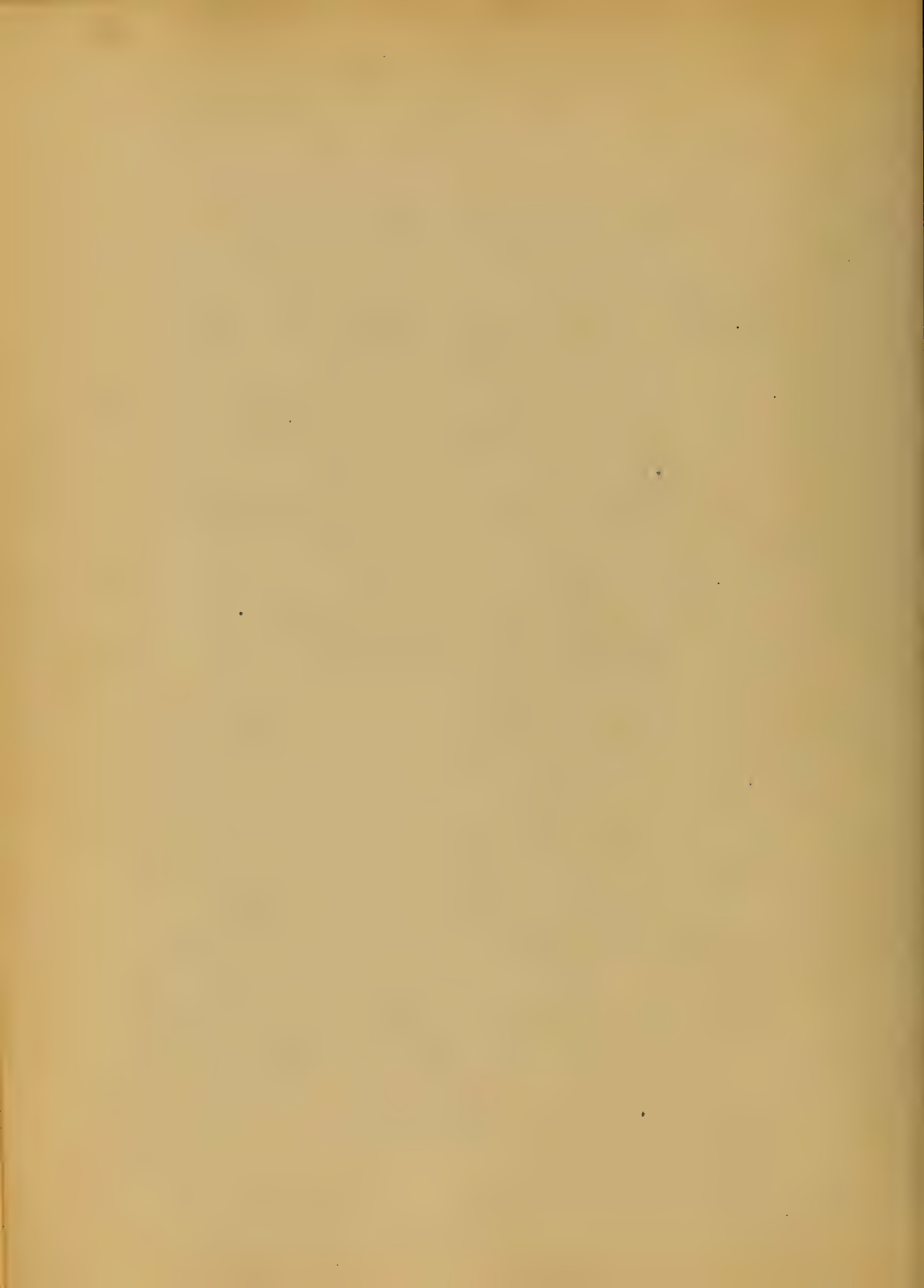


is well marked it is almost
pathognomonic. Care should be
exercised not to mistake
the subcrepitant rales which are
allied to the crepitant rales and
the distinction can be made
as follows in the subcrepitant
by its fineness, dryness, and
limited to inspiration. There
is cases on record in which
both rales existed in combina-
tion. When solidification has
taken place, we have dull-
ness on percussion or a flat-
tish sound. When the lung
is entirely solidified then
we have bronchial respiration.

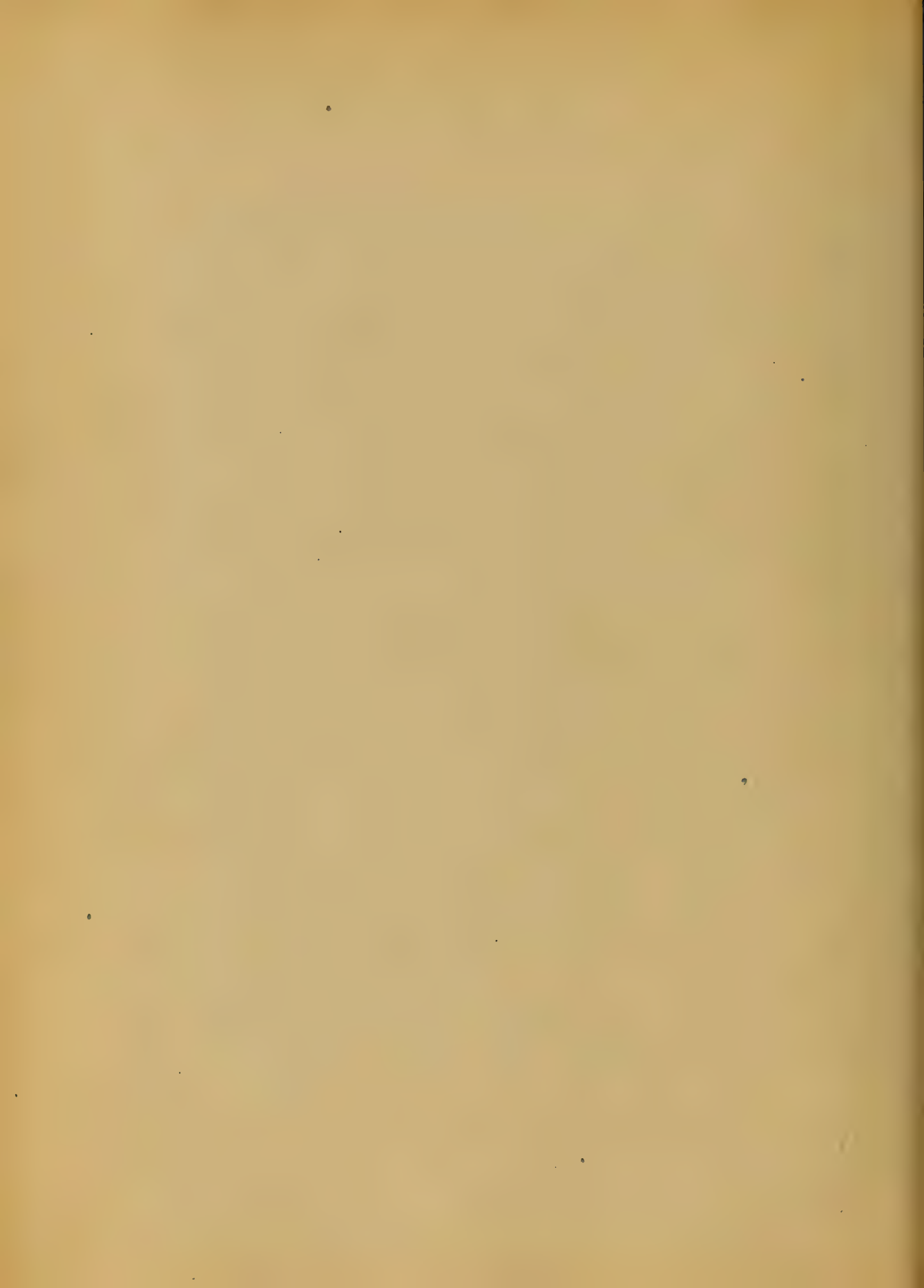


The sound of the
step is a sound which is
determined by the
motion of the foot
in contact with the ground
the sound is produced
by the field of the
contact of the foot with
the ground is received
by the ear and solidified.

This also has been compared
to the sound produced by out-
ing a lock or hair without
the ear it has also been
compared to the sound prod-
uced by pressing india rubber
between two fingers to expand
in front of the ear.



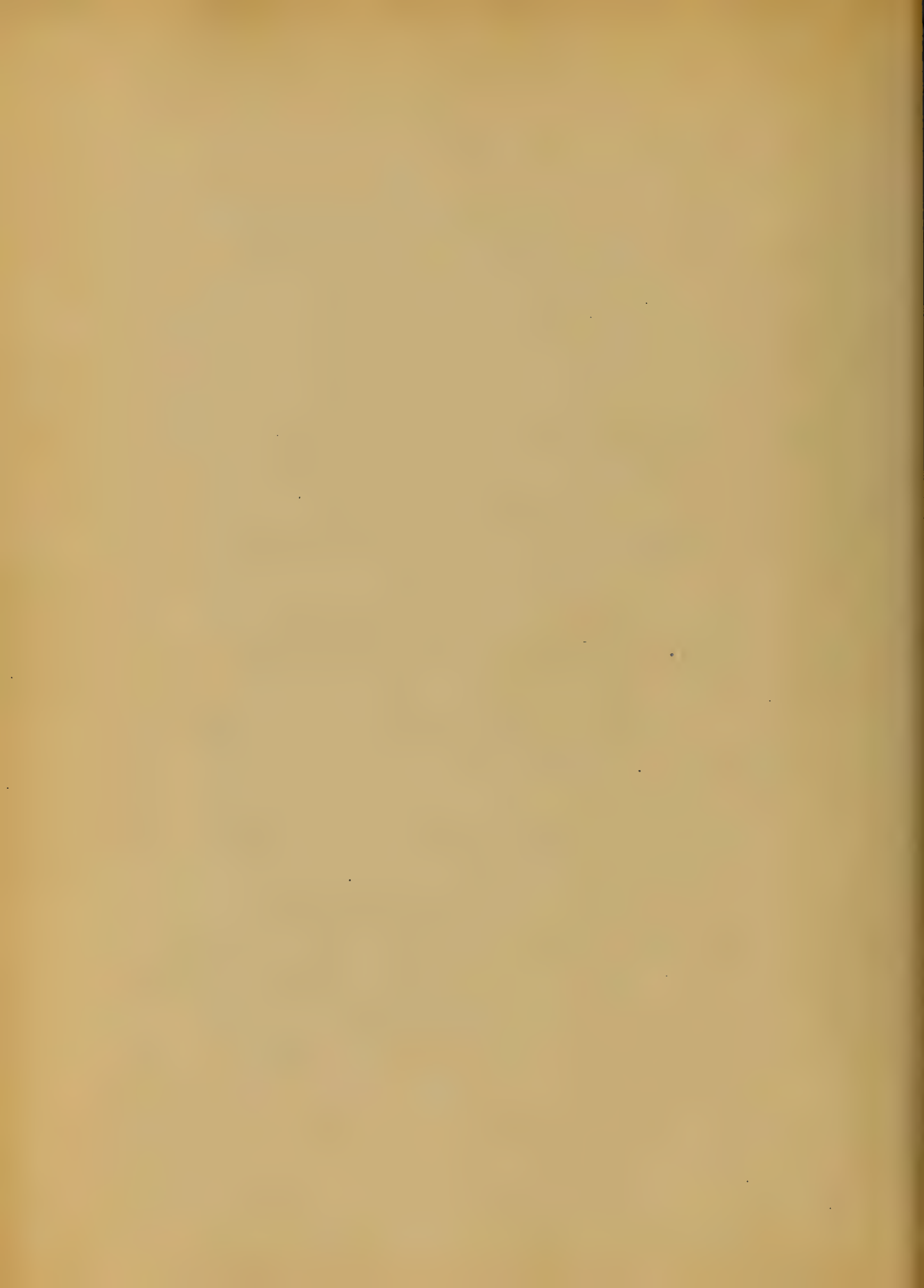
Pneumonia is a self-limited
disease, and terminates by
crisis or lysis. Delirium is
time presents, but most prominent
in patients that alcohol
excess. Among the most rational
systems in pneumonia is the
beginning with a chill or rigor
followed by the increase in temp-
erature, and the pain near
the nipple. Also iron sus-
tenta and great pain in
taking a deep inspiration.
The fever in the majority of
cases will range from 102° to 103°
and a light fall of the temperature

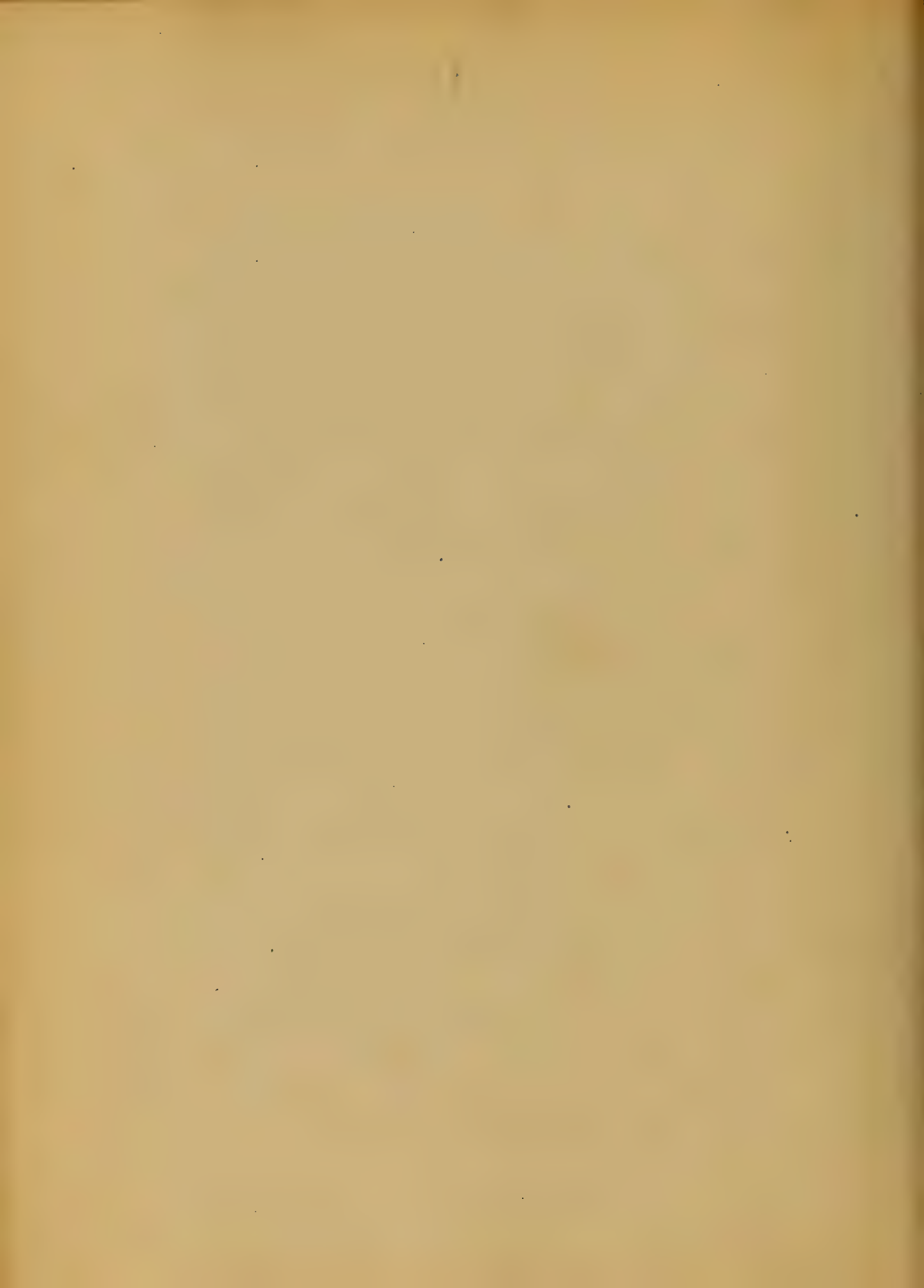


in the morning of each day, usually
the temperature is a little lower
in the morning than at night.
If the progress of the disease be favorable termination
the alveoli will gradually open
up for the air to enter, and under favorable circumstances
the restoration of the lung is completed in a few days. If an
unfavorable termination
may be preceded by an abrupt
fall of temperature. The pulse
become weak and frequent, and
dyspnoea increases. The tongue
become very dry, and the face
become cyanosed.



The breathing become quick
and shallow. There is apt to
be delirium of a low mutter-
ing character and finally just
before death in the majority
of cases there is profound
coma. The principal complica-
tions of pneumonia are pleur-
isy, bronchitis and phthisis.
There is also diseases sometimes
accompany pneumonia viz rheu-
matism, gout, pericarditis and
pericarditis. The most frequent
of all the complications ^{are} Empyema
Pneumonia is one of the easi-
est disease we have to diagnose
if well developed. Density and





and in passing on each off-
icer I have been given a number
to be shown on promotion
and business expiration. In
abundance, but not in
its old way of competition
and not yet to
The physician depends on the
normal market, but it is
the movement of being in what
one is to it to practice
the patient in a
the patient in a
primarily in the patient
capital market, but it is
the patient in a
the patient in a
the patient in a



The greater the danger
depend on the age, com-
plications, amount of disease
incurred and all the hy-
gienic situation of the
patient. Treatment Pneumonia
is classed as a self-
limited disease and there
being no specific in the
treatment the object is to
aid nature. Blood letting
may prove beneficial but
is restricted to the first
stage. The condition which
favorit is pleurisy and
signs of ill action resist.

prise, the condition is either
ora or at least of a slight
condition. Bloodletting is
always contra-indicated when
the pulse is weak or in case
the patient is anemic
or of a feeble constitution.

When first in port, it is
good medicine and without
this rule is observed we will
not be able to get satisfac-
tory results from the medi-
cinal treatment. The expe-
riant treatment is of great
advantage and should be
employed in all stages.

In the low condition the use



stimulants in a light
fluid. It is a mild
to be given at bed time
effervesced powder, Counter
irritation. Dry or acts c. p.
over the seat a pain. In
the first stage of infection
stays diaphoretic and subst-
ance good. However may be
given in the first stage
Cocaine powder may be give
in its diaphoretic effect and
to day pain. Anoniac
should be given in this
stage. It is a mild stim.
In second stage of infection
in catarrhal Pneumonia



generally in children in
this case let a child lie
flat on back in bed
In the treatment of pneu-
monia much depends on the
expectorant treat- viz Symp
Syrup. Symp. Spirit. Sanguine
In Typhoid Pneumonia this
requires stimulants from
the beginning. The sick room
of a pneumonia patient
should be well ventilated
and plenty fresh air but
the patient should be
protected from cold draught
of air. In some cases
Cod Liver oil is indicated



1000



Thesis

on

Teplihove

by

Jno. R. R. R. R.

1883.



Diphtheria

This is a contagious, infectious and sometimes epidemic disease, doubtless originating from a specific morbid material entering into the blood, giving rise to the characteristic exudation upon the fauces and inner surface of the mouth and sometimes extending to the air passages.

Anatomical Characters

The exudation is fibrinous and infiltrates the mucous membrane. Croup or exudation may closely simulate it. The tonsils, epiglottis, pillars of the fauces and the pharynx are the parts primarily affected in the vast majority of cases. Larynx is often



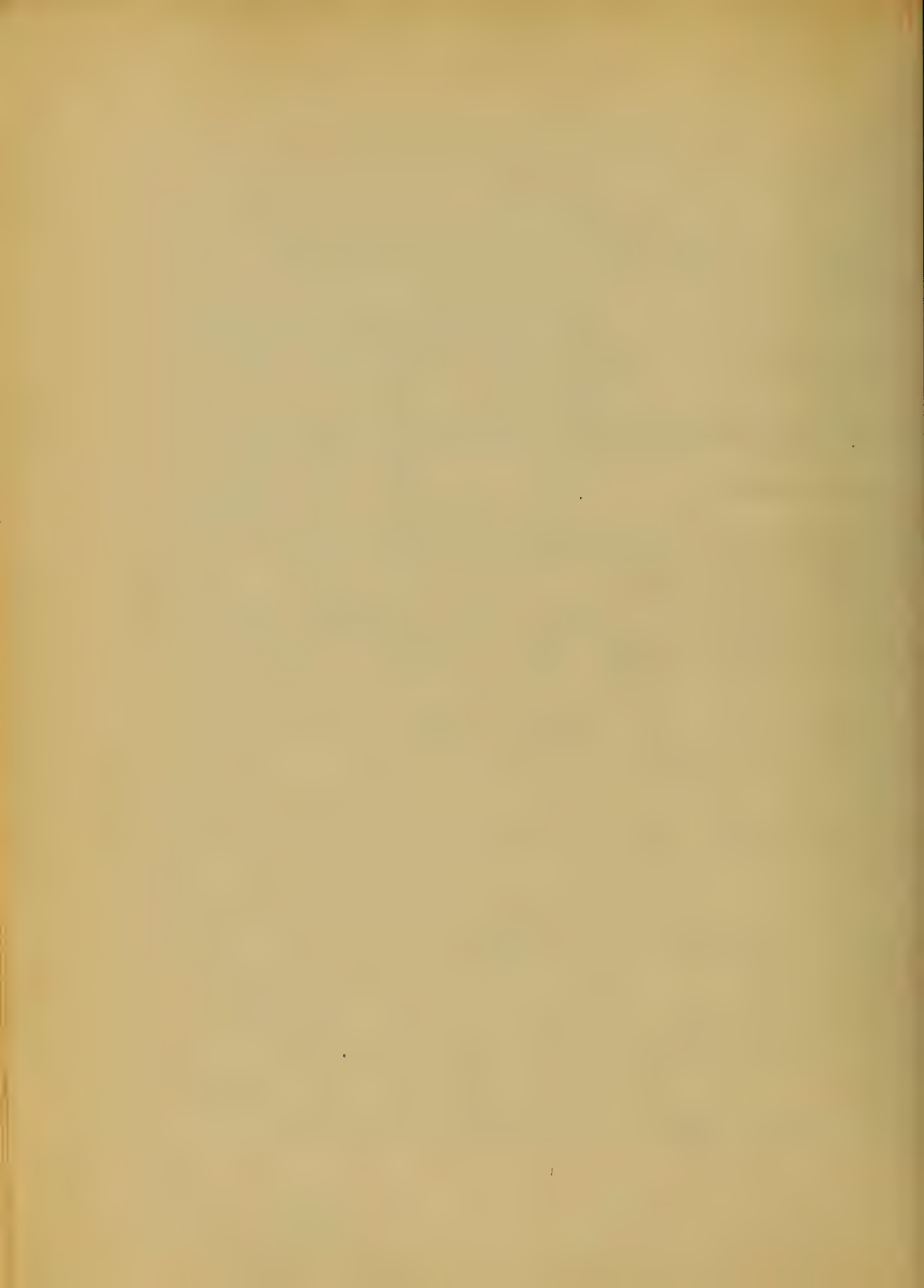
involved, and may extend to the trachea and to the large and medium sized bronchi.

The Eustachian tube and cavity of the middle ear may be involved.

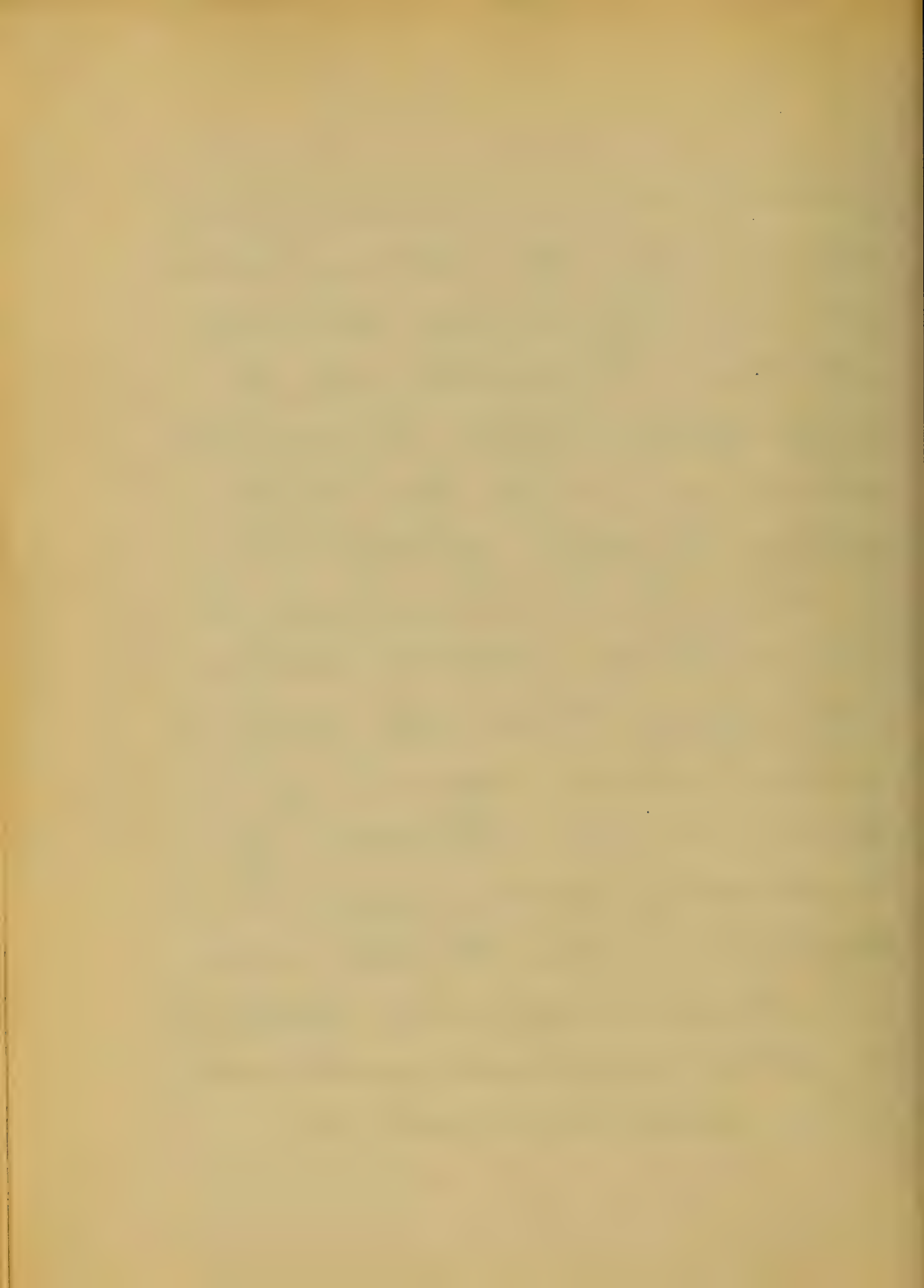
Diphtheritic Conjunctivitis occurs in some cases, and involves a considerable danger of loss or impairment of vision.

The lips, the nose, the prepuce, vulva and vagina may be involved and it may also occur upon any part of the skin exposed to the epidemic.

Other parts may be involved at any stage in the disease. The false membrane is observed at first as a grayish-white, slightly elevated patch, which cannot be detached without leaving a bleeding surface. As the membrane



increase in thickness it acquires a yellowish or dirty gray color, and may have a reddish or brown hue from admixture with blood. The exudation may be pulpy or firm. If firm it may be detached in a single layer. In the course of 3-5 days generally, the membrane becomes detached; or loosened so, ^{that} it can readily be detached without injury to the soft parts; the mucous membrane may be left intact or ulcerated. The disease may be attended by grave constitutional symptoms even when the false membrane is seated superficially. Outside of the pseudo-membranous exudations the mucous membrane is reddened,



4

It presents, usually, ecchy mous in greater or less number. If the disease extends into the larynx it makes the prognosis bad. In the trachea & bronchi the membrane is loosely attached, and also in most parts of the larynx but on the epiglottis and vocal cords it is usually more firmly adherent. Pathologists are not agreed as to the exact structure of the diphtheritic membrane, but most of them regard it as composed of a network of fibrin enclosing epithelial and pus cells, and often granular matter and red blood cells. The exudation contains rod shaped bacteria. It has not been proven that these

micrococci have any special influence in causing the disease. The parts in severe cases may become necrosed.

Lymphatics in the neck are more or less enlarged especially those near the angle of the lower jaw, they seldom supurate. Bronchitis & broncho pneumonia often complicate the disease. Where there was severe blood poisoning, there may be found after death, ecchymoses in the serous membranes, and parenchymatous degeneration of the heart, kidneys and liver and muscles.

The kidneys may be the seat of acute nephritis, as well as parenchymatous degeneration. Spleen is enlarged and softened.

6

Clinical History, — There are general and local differences in different cases. One marked point of difference is the development of the disease;

The attack is sometimes abrupt, commencing with a chill more or less prominent pronounced, followed by considerable or marked pyrexia; or the disease may begin with symptoms denoting great prostration.

Not infrequently the development is gradual and insidious, the patient complaining of indefinite ailments, and the throat affection may be discovered on inspection when there were few or no local symptoms pointing to the existence of the disease.

Symptoms are general and local after the developement of the disease. The soreness of the throat is slight and in some cases the sensibility is diminished apparently. Incomplete paralysis of the muscles of deglutition is sometimes a concomitant of the disease, giving rise to difficulty in swallowing especially liquids, which may regurgitate thro^{ugh} the nose. Breath is usually fetid. As a rule the gravity of the disease is commensurate with the extent of the local affection. Cough is more or less croupous, feebleness of the voice, and labored stridulous respiration, point to in-

involvement of the larynx. Laryngitis is excluded so long as the voice remains unaffected. Diminished respiratory ^{action} with moist bronchial rales, denotes an extension of the affection to the bronchial tubes. A mild case at the onset may develop into a serious case. An irregular pulse is unfavorable. Epistaxis is not infrequent. Hemorrhage occurs occasionally from the throat and mouth. The skin rarely presents much increase of heat, and it may be colder than in health. Temperature is usually lower than in most acute cases of disease. In grave cases the patient presents an anemic aspect, even

when hemorrhage has not occurred.
 The disease has no characteristic eruption, if any occurs it is accidental.
 Usually marked anorexia. Vomiting is frequent. Diarrhoea is not infrequent and is a symptom of bad omen. Mind is unaffected in a majority of cases. May have convulsions and coma, and the latter is the forerunner of a fatal termination; and is supposed to be due to uremia. Albuminuria is a frequent symptom; but the amount of albumen is usually small. Urine contains more than the normal amount of urea. Quite Bright's disease may develop.

Duration;— from one to weeks. *Dica*,
 occurs in some cases within forty eight
 hours. It may continue for a long time
 owing to consecutive effections or se-
 quels. It is diagnosed from scarlet
 fever by the absence of the eruption,
 strawberry-tongue and desquamation.

It is diagnosed from croup by the
 false membrane being more super-
 ficial in croup and absence of swol-
 len glands also by the disease begin-
 ning in the fauces and gradually
 working downwards and vice
 versa in croup. *Diphtheria* usually
 occurs as an epidemic.

Singular.

Queniam and general debility resu-

ally exist for a time and sometimes
 feebleness of the heart's action. Paralysis
 affecting more or less of the voluntary
 and sometimes the involuntary mus-
 cles is a characteristic sequel. The
 muscles of the soft palate and
 pharynx are oftenest affected and
 usually precedes paralysis elsewhere.

The palatine muscles are not usual-
 ly affected for from 3-4 weeks after
 the date of convalescence; and it gives
 rise to regurgitation of liquids thro^{gh},
 the nostrils and difficulty in swal-
 lowing. The soft palate is relaxed &
 immovable, and remains motionless if
 irritated with a sharp instrument as
 its reflex action is impaired.

The existence of paralysis in this situation is indicated by a nasal intonation of the voice, and sometimes by a snoring sound in respiration.

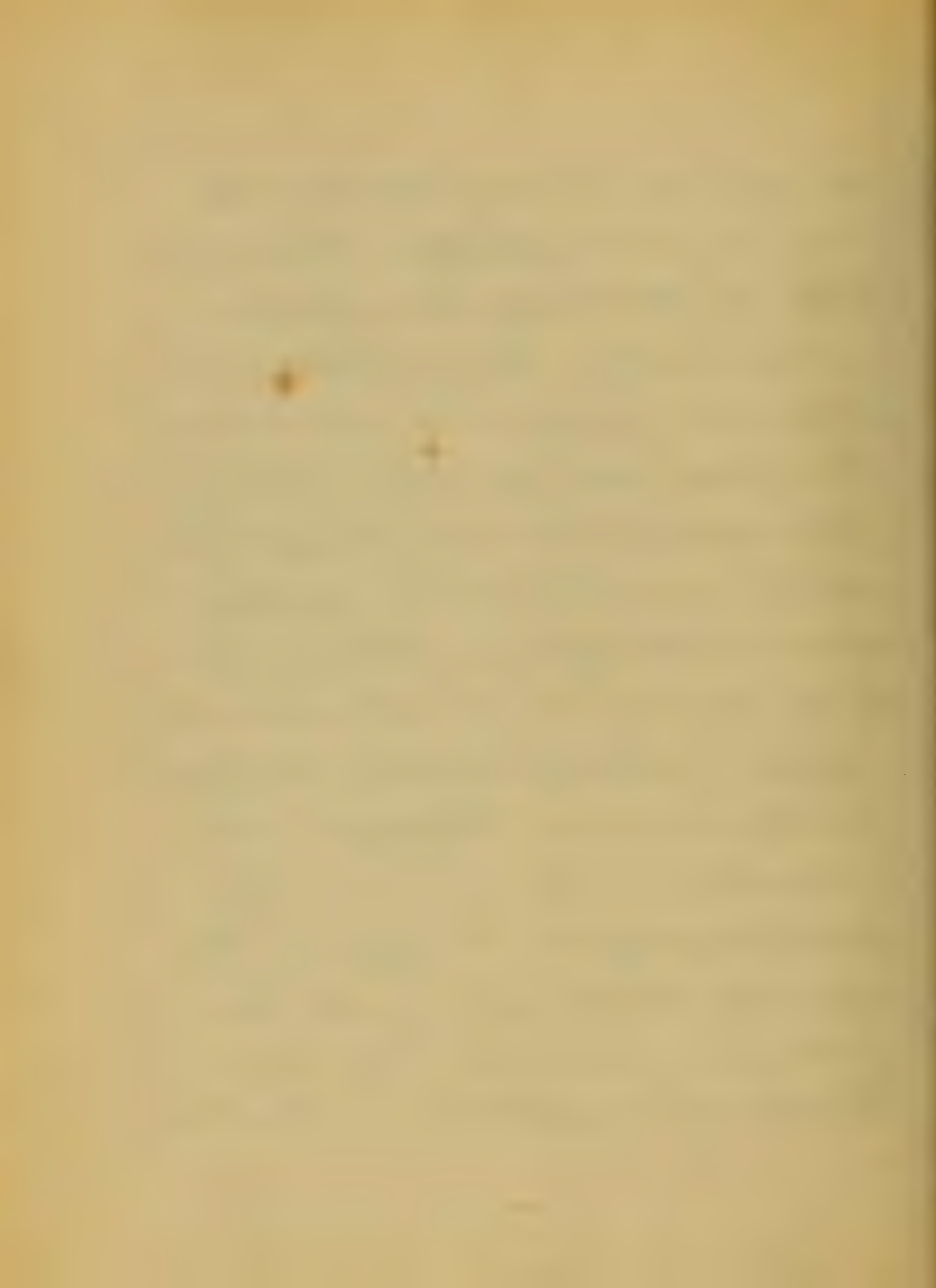
Paralysis may affect the muscles of the tongue or face. Paralysis of the lower limbs is next in frequency, it is developed gradually, and is preceded by tingling, numbness and a sensation of coldness in the part. The paresis is of different degree and may assume the form of hemiplegia. One of the upper extremities may be paralyzed in connection with paraplegia. The upper limb on one side and the lower limb on the opposite side may be



alone affected. In very rare cases there may be general paralysis. The sensibility of parts may be impaired as well as motion. The sensibility of the integument may be morbidly increased.

The special senses are liable to be affected, especially the sense of sight. The external rectus is sometimes paralyzed causing converging strabismus. Presbyopia sometimes occurs and occasionally myopia. Partial or complete amaurosis sometimes occurs. Diaphragm and intercostal muscles are occasionally paralyzed, giving rise to dyspnoea. May affect the bladder giving rise to incontinence or retention of urine.

Paralysis from diphtheria is functional,



and if it does not cause death, recovery may be expected after the lapse of a few weeks or months.

Pathological characters;

Diphtheria is a general disease. It is held by many physicians that the pyrexia and constitutional symptoms are the manifestations of a special morbid condition of the system, that is, they are secondary to the general disease, having a relation to diphtheria like that of the intestinal lesions of in typhoid fever. Some hold that the affection of the throat is primary as regards the general disease. It has not yet been proven that the existence of



The disease is due to micrococci.

In some cases septicemia is supposed to be an important secondary element.

Diphtheria may end fatally without any affection of the larynx.

Diphtheria is a general disease or essential fever.

Cause: diphtheria is rarely sporadic is usually an epidemic disease. It is thought by some to be contagious. It is portable. Bad hygiene favors both the epidemic & sporadic forms. Often the special causes seem to be peculiar to certain localities. It may occur at any age but in the majority of cases it occurs in children

between three and twelve years of age. Incubation period varies between two and eight days. The disease is more fatal in some diseases than in others.

Diagnosis:- it is recognized by its local diphtheritic characteristics. The exudation is usually preceded by pyrexia. The diphtheritic exudate has the characteristic of a false membrane is more extensive than in croup and is usually exfoliated in from thirty six to forty eight hours.

Prognosis:- is unfavorable. Death rate varies. Danger of diphtheritic laryngitis diminishes after the first

the week. Diphtheria may cause death from exhaustion. The violence of the attack may cause death in forty-eight hours. If the larynx is affected or the mucous membrane of the mouth or posterior nares is extensively involved the prognosis is unfavorable. Frequent vomiting, diarrhoea, copious epistaxis or hemorrhages in other situations, frequent and feeble pulse, coldness of the surface, albuminuria, convulsions and coma are all unfavorable symptoms.

Thrombus in the right cavities of the heart may cause sudden death as may also parenchymatous degeneration of the heart.

The treatment: Is local and general. Gargles of Chlorate Potae, or Sodae are good also alum.

Quinia & Cr, chloride iron are good.

Corrosive sublimate in 1/32 gr. doses is good. Chloroform, and ether are both recommended. Lactic Acid used in spray has done good. Turpentine and small doses of cod liver oil are good.

Caustic applications have given place to antiseptics as carbol.

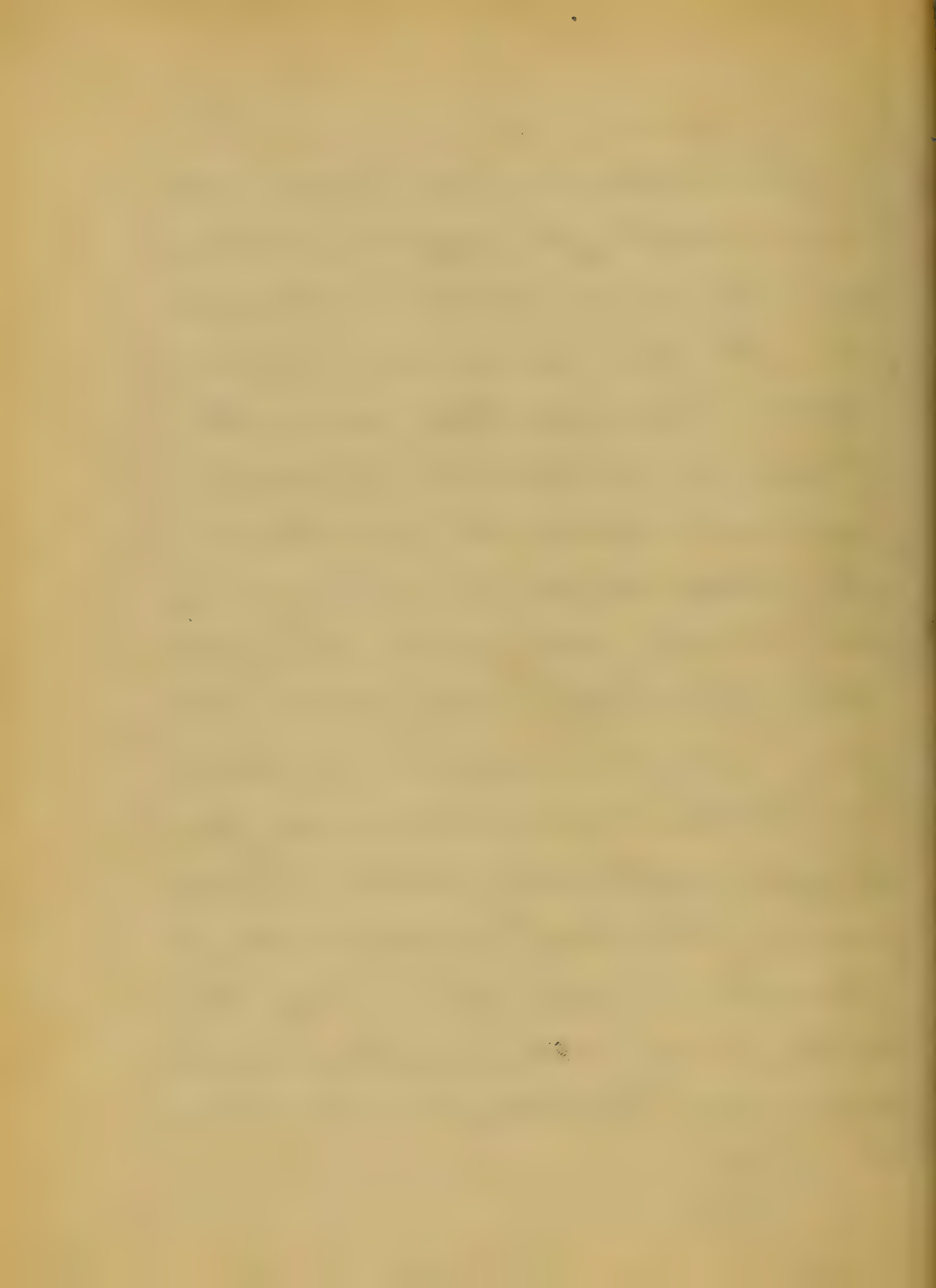
or salicylic acid. Permanganate of potassa, chloral hydrate, sulphite sodium etc. are all recommended and may

be used with good effect in many cases.

The principle danger of the disease if it does not involve the larynx



is from asthenia and therefore such a case calls for supporting treatment, and the use of alcohol in these cases is the best treatment. Alimentation is an essential part of the treatment. Inhalations of warm vapor aid expelling the membrane. The patient should be isolated and disinfectants freely used. Spray the throat frequently with aqua calca and acid corbol. If the local affection is very severe may pencil the part with silver nitrate. If necessary food may be injected into the stomach or given by enema. Bichloride mercury with bismuth and calomel is good. Tracheotomy in some cases.



only so long as this extension is continued. In dislocation on the contrary the natural movements of the joint are impeded, and, ^{the} bones more or less fixed in their new positions; they offer considerable resistance to reduction, but when reduced remain so.

Separations of epiphyses are to be distinguished from dislocations by several characters: First, Separation of an epiphysis can only occur at such ages at which it is normally separate from the shaft; whereas a dislocation may



take place at any age.

Second: A separated epiphysis is, as a rule, easy to reduce, and difficult to retain; a dislocation presents the opposite conditions.

Third: Separation of an epiphysis is usually complicated with fracture, and therefore crepitus may be elicited, which is not the case in a dislocation. As the general indications for treatment are the same, an error in diagnosis would be more mortifying to the surgeon than prejudicial to the patient.

When the dislocation has been
established, especially if the
injury is recent and the pa-
tient is suffering much
pain, reduction should be at
once attempted; at least this
should be the rule in all joints
save that of the hip where
it may be advisable to wait un-
til an anæsthetic can be pro-
cured. There is always a fair
chance of reducing a recent
dislocation without any
appliances or assistance;
although from peculiar
complications, or from great
muscularity of the patient



fall we may occur in any.
In order to reduce a dislocation
the body must first be fixed,
and next the limb must be
either pulled or manipulated
in the most advantageous direc-
tion until the limb has been
restored to its proper length,
and the head of the bone is in
its natural position. In the
majority of recent and simple
dislocations all that is neces-
sary is to know the anatomy
of the parts, with the rules
applicable to the species in-
jury under treatment and
then to make manipulation

in the manner indicated by
these rules. But in more compli-
cated and less recent cases
something must be done to
relax or subdue the muscles.
It was formerly considered neces-
sary for ^{this} purpose to reduce the
powers of the patient by venese-
ction and tartar emetic, but
this method has now been
entirely superseded by the
use of chloroform and other
anæsthetics. In another part
of operative surgery, since the
discovery of anæsthesia, much
a more complete revolution
than in the treatment of dislo-

ication, so that what was frequently a most difficult and always a painful operation, has now become comparatively painless and as a rule quite easy. The rule, however, would admit of exceptions which cannot be related by the first attempt which the surgeon makes with his own unaided force, is to administer an anæsthetic having the necessary apparatus for making forcible extension at hand, in case it should be required. The only exception to this rule is when, from co-existent disease or injury,

contraction or other is, in the
judgment of the surgeon, and so
indicated. But this season acts
also to contraindicate the forcible
interrupting reduction, for on with
the contraindication the absence
of the wart, this conviction would
also forbid a forcible, prolonged,
and painful operation, and if
the complication of other injuries
renders it inadvisable to unna-
turally the patient, no objection
exists to waiting until the
effects of such injuries subside
before attempting reduction.
In former days the contraction
of the muscle used to be over-

come by the prolonged traction
of a number of similar pieces
mechanical contrivances, most
of which were unsatisfactory.
At an important time this method
of treatment has been replaced
by the use of anaesthetics, though
even now "the pulleys" may be
employed with advantage in
certain more cases. It consists
of a system of pulleys on a sin-
gle cord, an arrangement by
which the force can be multiplied
any number of times. The appa-
ratus is attached on one side
to a staple driven into the
wall, and on the other to a





Should this attempt fail
it may be renewed at the
time to any but unduly in the
position which it has now
assumed and a fresh line
made on the next or some other
day. It is frequently advisable
in old dislocations where the
displacement has contracted
adhesions to limit the
first attempts to bending
downward. Use bands, posturing
ing all efforts at complete
reduction until another
time. Reduction, having been
accomplished the position
of the joint must be main-



trained by bandages and
splints. For a certain period,
which varies somewhat in the
different joints. If this pre-
caution is omitted the head
of the bone will almost
certainly slip out of its
articular cavity and the
dislocation be reproduced,
or even where this does
not occur the motion of
the joint will cause some
amount of effusion which
will interfere with the
proper union of its liga-
ments and leave the joint
permanently weak.



Therefore it is important to keep the parts at rest during a sufficient time, although the opposite extreme must also be avoided, as too prolonged inaction may cause tissue thrombosis, pulmonary embolism or hypostatic pneumonia. When borrowing current induction coils, much judgment and care are required to determine whether the attempt should be persevered or abandoned. The discretion of leaving the patient to his fate with weight thrown fully in favor of perseverance, is a most serious matter.



T. S. S.

on

the nature of the

law

of the

of the



to a great extent. It is an
immense frequency and it
occurs, rarely with the
a trial, and it is the
with a view to the
of being a part of
line of the
division and can be
with
as
decompositions as
method of impure
causes. It is a
of the
of the
of the

is attributed to this cause
rather than to dentition

The disease resembles
sometimes so closely those
of Asiatic cholera that the dis-
tinction is almost unobtainable
and it is not till the
inter disease did not prevail
at the time. The disease is
preceded by premonitory stages of
vomiting and diarrhoea which
even weeks. The immediate attack
usually comes on at night by
continuous diarrhoea the evacuations
soon becoming so thin that they
soak into the bedding and
the patient is rarely able to
stand or even to walk.



of Asiatic cholera. At the same
times uncontrollable vomiting sets
in - every thing swallowed being
immediately rejected. The
patient is unable to retain
any food or drink. The
tongue is moist at first
and afterwards becomes
dry. Fever exists in a high
degree, in most cases, in fact
in no infantile mortality is the

... it is ... the thermometer
frequently making as high as
105 or even 108 degrees Fahrenheit
heat ... In some very
rapidly fatal cases, however the
fever is entirely wanting - the
patient dying before the
...
The pulse is accelerated, small,
and ...
the ...
sunken, cold, livid, pale countenance
drawn ...
dramatic ... of the mouth, great
restlessness, rolling of the head
and tossing from side to side.
to be followed by ...

being described in many names
as the malady of the nose they
is very offensive mostly
is not pathognomonic. Sometimes
number as many as found that
in twenty four hours
The nasal matter
starts in the morning
and with the morning
will. These matters vomited
and a quantity of mucus
with it.

(Case of Antritis - The ...)

changes result from tension and
hyperaemia of the mucous membrane
is a state of inflammation
to diffuse softening
Dermis contains a large number of
follicles of the sebaceous glands
interstices containing the most
common that are met with They
first enlarge and become white,
then of a yellowish or pink color,
then softened and ulcerated about
Sometimes deposits are met with around the
follicles and ulcerated spots
The lungs, liver Kidney and
all the other organs

and it is more recent by our
best authorities that this is
one of the most violent instances
of disease to which children are
subject, and that it is con-
fined to the gutta serena
canal. It may end, either by
resolution, induration and
thickening of the membrane
or ulceration or gangrene.

Sometimes all the coats of the
intestines are involved, and
again the mucous coat only
suffers. In either case the
usual extent of the inflammation
to the sympathetic branches
is not much less than that of the
intestines.

in the ... The ... of the mucous membrane ... reversed, instead of taking in ... fluid contents of the intestines ... absorption and carried ... tissue moist ... that action ... rice water stools ... is primarily a nervous ... that the ... the disturbed action of the

Diagnosis - The disease with which cholera infantum is to be compared, and distinguished, is typhoid fever, and tubercular abscesses, meningitis, sun stroke, and cholera morbus; but with the exception of the last, the symptoms are entirely different. The meningitic constipation is the rule and never diarrhoeal and vomiting does occur, though slight compared with cholera infantum. The heat is not greater in meningitis, and no lesions being found in the brain as the post mortem table. But

the brain and cord from a
stroke it is a...
the more gradual approach,
less intense and...
The prognosis of cholera infantum
is indeed a gloomy one, and
one which should be met
with great care. Death may
occur in a few hours, or the
attack may be prolonged for
days and end in ordinary
enterocolitis from which the
child may finally perish.

I remember that we are dealing
here with an active infection

due to the circulation of the constituents of the blood through a division of the nerves that supply the stomachs and intestines; and secondarily, with the intense inflammatory action of the gastro-intestinal canal.

The first indication to be observed is first to remove the cause of the irritation; second to change the disturbed condition of the system, and third to support the blood, and through the medium of the blood, to remove the cause of the irritation, as far as possible, and to restore the system to a state of health, as far as possible.

suspect that there is any irrita-
ing substance in the stomach
or intestines, they may be removed
by emetics and cathartics. These
are the only means to be resorted to
in such cases. If the patient be
in a state of extreme debility,
castor oil, if it be in the intestines
is being essentially than
anything else for its removal.

(The following is a list of the
most potent has good: it quiets
the disturbed nervous action and
gives rest to the injured bowel:
it contracts the blood vessels
and thus it is recommended to
be used in cases of hemorrhage
by contracting the blood vessels.

...
...
Clothes wrung out of hot water
...
mustard cataplasms applied to
the stomach and bowels will
...
...

The medicine given by the mouth
sub-nitrate of bismuth with croton
and tincture of opium blood-origed
is of great use in allaying the
...
...
actions of the intestines. Rine
water and carbolic acid are
...
...

The ...
Quinine if there is reason to suspect
a malarial origin. Quinine ...
...
...
well established, ... of the
fever ... at ... high ...
The thermometer reaching ... 105°
...
always be taken in the rectum, the
...
...
...
be put in a water bath from 90° to 95°
and allowed to remain in
until the temperature is reduced.
... the ...

at ... returned to
cold. The water is to be repeated
... necessary to
... small pieces of ice
... may be allowed in
reasonable quantities. The food
should be restricted, as if allowed
milk and pure water or oatmeal
... and strained. If the strength
... bebled action of the heart

Food, brandy is to be preferred
in small doses. After the acute
stage has passed, and the sym-
toms continue in a chronic form,
... restore to it,

negative restrictions, and caution.
The doctor should be careful not to
do too much, and to give only such
medicines as will not do harm.
Subdued ones may give Tonics
But what I have in mind is
not to leave the patient in the hands
of the physician, to direct that as
soon as the strength is regained, the
child should be removed to some
place of pure air and
pure air and wholesome food suited
to the enfeebled digestive powers of
the child, or to some place
as to the sea side where pure water
and salt breeze may be enjoyed.
The idea is to remove the child
from the contaminated

the narrow contracted view of the sky
and sun, which alone are to be had
in the midst of a great city, to the
broad level mountain air soft sea
 breeze, pure shining water, and
view of the sky and sun, and whole
some and appropriate food. It is
wonderful how these things thin skinned
naked little sufferers will pick out
and enjoy. I have seen many a child
who would not touch a morsel of
solid food, but who would eat
anything that was fresh and
natural.

Some Remarks

On Syphilis

By Benj. F. Saylor

University of Maryland
School of Medicine
Feb 10th 1883



Syphilis

The literary history of syphilis has been extensively & richly cultivated, & we need the origin of the word, the source of the disease, the time of its appearance, its subsequent course & more especially its treatment has led to many fine controversies. To the reader of its history & modes of treatment, from its early period down to the present time, by different authors would only astound & puzzle the eye, that the true pathway by which we beginners should pursue, is to take up these facts, which are taught & laid down, & to accept those ideas & ways & carefully weigh them in the balance of rigid

... at it, by the dint of hard
study, & careful experience, to pursue
that course, which proves to our best
advantage in alleviating the afflic-
-ted. Above all, our knowledge
of the cause & presence of the undivided
poison of syphilis is involved in
ignorance, as deep & dark as can be
imagined of war & roof of mystery.
All we know of it, is the manifes-
-tation of its presence when existing
in the leaver, & its infectious & conta-
-gious property, when the virus is
brought in contact with a mucous
membrane or an abraded surface,
And that it commences with an
indurated ulcer, (with a few exceptions)
at the point where the virus enters
the economy, except when obtained

~~by hereditary influence, & this primary~~
 zone or initial lesion of syphilis (chancre)
 always has a period of incubation
 from the fact giving us a clear
 idea that it is constitutional from
 the very first appearance of the
 chancre & which is further proven
 by its autoinoculability being al-
 ways negative. Although this point
 has been freely discussed as a doubt
 & even by some writers declaring it
 to be ^a local disease at first, & that
 abortive treatment, would save the
 patient with immunity for the
 future, & again there are a class of
 physicians (even at this enlightened
 age) who seem to make no dis-
 tinction between the chancre & the
 chancreoid (or the soft non infecting

1102) - I object to the use of these
so called alternative treatment by
vegetable compounds, which are
entirely useless as an antidote against
the specific virus & only benefit if
at all, by acting on the secretions
of the system & thereby enable the
poor patient to stand under his
heathesome burden. In comparing
the benign effects of syphilis at the
present day, with the account given
by the different authors of its fearful
ravages when it first made its appear-
ance in Europe nearly 400 years ago
& spread almost like an epidemic,
seems to show that its morbid in-
fluence is getting weaker & weaker &
may possibly in the long coming
future be eradicated from the human

family, & if the world to have a great
curse would be removed from the
earth, & a healthy people once more
established, for I am under the opin-
ion that Syphilis is & has been the source
of some of the many ills that exist at
the present time, & the offspring of many
mysterious symptoms of diseases that the
physician has to encounter,

Some of the principal characteristics
of syphilis are (viz) the following
1st That it commonly occurs but once
in the same person. This assertion
holds true in this as in other diseases
which are both contagious & constitution-
al; That when a person has had them
is indisposed to contract them again.

Marivola, Scarlatina, Rubiola, Pertussis
& Vaccinia all follow this Law; & in

now except in those a recurrence the
symptoms being so modified as still to
evince the protecting influence of the
first attack. The applicability of this
law to Syphilis was first announced by
Ricord in 1839 & in spite of the fre-
quent denials, may now be regard-
ed beyond a doubt, & conclusion
may be drawn if the patient be re-
infected with syphilis, he has either
had a mild attack or that he has been
thoroughly cured of his first attack, the
possibility of which proves that ^{the} perpetual
poisoning or syphilitic intoxication to be
erroneous, & we should wait for sec-
ondary lesions to appear, before giving
mercury in case of reinfection, &
before we can admit of the second
attack we must have an undis-

~~proved history of the first infection &~~
 have decided proof of a second chancre
 which should be followed by the accom-
 -panying symptoms of general syphilis, &
 without these we cannot admit of any
 case of reinfection. Some times the
 medical observer is lead astray by
 a wrong diagnosis in those cases of
 reinfection by forgetting or not
 having the knowledge that syphilis
 is sometimes subjected to a relapsing
 induration which closely resembles the
 initial lesion, hence the report of the
 many cases of the so-called reinfection.
 The most valuable diagnostic signs
 of a chancre, are, its period of incubation
 Induration of its base without inflam-
 -matory engorgement, the ulcer being, generally,
 single, the edges sloping, flat, or rounded &

8
absent, the floor being red & moist or
spherocolloid & often covered by a false
membrane, & the secretion being scanty
& serous, whereas in the chancreoid is gen-
erally surrounded by inflammation, the secre-
tion purulent & abundant, the floor
"wormeaten" & the edges being abrupt as
if they were punched out, & the ulcer
generally multiple the neighboring gang-
lia become inflamed often, & many times
suppurate & occasionally becoming
virulent, ^{the disease is always local} & the chancre is accompanied
by induration of the neighboring gang-
lia & never take on inflammation
except in some strumous subjects
& incubation is always followed by
a second period of incubation between
the appearance of the chancre & the develop-
ment of general manifestations. 111

is subject to some variations but not
indefinite in its duration, During this
first period of incubation the virus lies in a
quiescent or latent state giving rise to
no external manifestation of its pres-
ence from the moment of contact of the
virus to a period of 2, 3, 4, or 5 weeks
is this virus breeding in the system
in a dormant condition & with great
certainty showing its effects at the point
where it was received within the above
mentioned time, The duration of this
incubation depends upon the habits
& constitution of the patient. It is neces-
sary, then that this primary infection
must be constitutional from the
beginning of the ulcer, Who knows then,
but, that the virus has not permeated
the system, even before the chancre

~~For its appearance, when to~~
 a time has elapsed from the removal
 of contagion to the first appearance of
 the chancre? As regards to the long period
 of incubation of the chancre a few cases
 have come under my notice, one parti-
 cular instance is that of a young man
 with whom I ~~was~~ am well acquaint-
 ed, & having no object in view in de-
 ceiving me, & being man of reputed
 veracity, was 2 years ago exposed
 to the influence from whence this
 contagion generally originates, He being
 married, stated, that his wife being an
 invalid from chronic infirmities
 & that he had abstained from sexual
 intercourse with her for fully 10
 years, in consequence of a business trip
 he was tempted to visit a house of

1. For the first time, 33 days

33 days previous to this statement that he was in town, when he came to me with a sore chancere on the inner side of the prepuce near the junction. He also stated he ^{had} no connection with his wife the night previous to this statement, for he did not come within 10 months, & being ignorant of any lesion on his genitals, although he watched himself from day to day, but feeling a smarting sensation during coition he was induced to inspect himself more closely the next day when he came to me with the above mentioned lesion, he ask me whether there was any serious thing the matter with him & whether he had communicated his wife, I told him that I would

13

...ing some ...
with more or less chills, ...
hair's ... a ... nature, which ...
tend ... down as if the bones were
affected, The complexion becomes
sallow, with a haggard & forlorn coun-
tenance; & the patient loses flesh & be-
comes generally cachectic in appearance,
yet all these symptoms might pass
away, even without treatment, leaving
the patient with a somewhat broken
-down constitution, & be followed
again by similar symptoms & so on
for a longer or shorter period when
they might entirely cease, These path-
ological phenomena do sometimes occur
even with the best of treatment,
& thus the disease in some cases seems

to be persistent, when the patient be-
comes chagrined with his supposed re-
lapses & discouraged with his physi-
-cian & it is well for the surgeon
not to deceive his patient by the prom-
ise of a cure within a specified time
but should tell him, that the re-
-pose relapses should not be regarded
as such, & that it is the nature of syphilis
to have its course by one or more
attacks; & that we should trust to the
powers of nature with proper treat-
-ment & hygiene for the elimination
of the poison from the system,

I saw one particular case of this kind
of a young man, whom I know,
had been under a surgeon's care of this
city for 3 years, he stated that he had
followed out his doctors advice very

Early during that time, he came
to me with a much broken down
constitution & various patches in his
mouth of an ulcerative nature.
His system was so much depressed
that I was forced to give him
mercury for his sores, he was so
much worn out & disgusted with
his disease, that he remarked to me
"that he had been a walking drug
store for two years", & whether he
had to suffer all his life for his
folly, I put this man on tonic
treatment consisting of cod liver
oil, Sodide of potash Iron & Bitter
tonics for 5 weeks changing them
at intervals, with marked improve-
ment in strength & flesh, but the
sores & patches did not seem to get

found better during that time but
which rapidly subsided afterwards
under the judicious treatment of pro-
toidide of mercury. Another of the
characteristic features of syphilis,
is its contagious property, It was held
by the older writers that all the secre-
tions were of an infectious nature, (viz)
the sweat, saliva, milk & semen
& even the breath, This assertion does
not hold true with the exception of the
saliva which in itself is not infectious
but becomes so in flowing over mucous
patches contained in the mouth, & is
one of the most fruitful sources in
conveying the disease, Thus it is
conveyed by kissing, & by the use of cups
& spoons, & pipes, that are used from
mouth to mouth, Guersland relates one

²¹³
Instance of the disease communicated in

this manner to quite a number of children by a toy vendor, (who was affected with mucous patches in his mouth,) by testing the lozenges, mouth organs &c. before he sold them. The blood in the early stages of the disease is another infecting medium, reports have been made of obstetricians becoming infected by leaving abrasions on the fingers, which becoming imbued with blood in delivering infected women. The disease has also been communicated by vaccination. The point of the lancet being stained with blood of an infected child, the same lancet being used in vaccinating healthy children, a remarkable account of this is given that occurred in Givalt, by which means 20 persons became infected.

The disease is also communicated by
 infected wet nurses to healthy children
 & vice versa, But the most frequent
 manner by which the disease is con-
 veyed is by sexual intercourse the one
 or the other party being infected, & ^{on} what-
 ever way the disease is acquired whether
 from a primary or secondary lesion
 it always commences with a chancre
 & runs its general course, Another
 one of its peculiarities, is its hered-
 itary influence, & it is by this means
 only that it does not show itself
 in the form of a chancre The disease
 is transmitted to the offspring by
 either of the infected parents, or both
 more especially in the early stages of
 the disease (the first two years) ~~but~~
 which is modified to some extent by

treatment, but if both parents are infected
 the disease is very apt to be transmitted
 within the first 2 years, however thorough
 the parents have been treated, & some-
 times it makes its appearance in the
 when the parents have been apparently
 exempt for some considerable length
 of time, & it is well for the surgeon
 to advise his patient not to marry
 for several years after all signs
 of the disease have ceased, It has been
 stated by some authors that congenital
 syphilis has an aggravated influence
 on the offspring, from the fact that
 many of them die in early life,
 & many before full gestation
 & where it is transmitted from the infant
 to an individual, it is said that its
 virulent power tends to multiply,

4. Syphilis means syphilitic virus, but its ground. The nature of Syphilis depends upon its origin in a fixed contagion, the exanthemata like in a volatile or fixed contagion they have fix periods of incubation. Syphilis too, the exanthemata, one, which are followed by constitutional disturbance + fever, Syphilis in this feature being comparatively mild. The lesions of the former being always inflammatory during the whole course while in the latter, they are essentially proliferative + moderately hyperaemic + the point of difference is that the exanthemata are simply inflammatory, & if any proliferation occurs it is of a simple nature, a mere increase of normal cells, but the opposite occurs in

syphilis; the inflammatory process is less active, & always results in infiltration of new cells entirely foreign in their nature. Syphilis has been classed by some to be a disease of the lymphatics & a blood disease, so far as there are affected it is true, although the lymphatics & ganglia are rarely affected by syphilis; & although they are means of its diffusion & probably its occasional depots of deposit, since the full development of syphilis takes place not in the tissues of either vessels or ganglia, but in the connective tissue to which these vessels are by distributed. It can therefore not be said among the tissues of the lymphatics. For the same reason it may be said in regard to it being a blood disease, although it has some

found in the blood in the early stages of the disease in the secretions of active ulcers & in the blood during an active infectious stage of syphilis, & not found to exist in the blood in the latest stages of syphilis though the patient be suffering under some of the more severe forms of the tertiary type, in which the cells become less frequent & when they do exist are old & inactive & are incapable of reproducing themselves & the blood no longer carries the molecules & it loses its contagious properties & it also loses its tendency to effluvia, & it has it is seen that the excretive & infecting secretions existing in the primary & secondary lesions are found to consist of a serous fluid, containing numerous shining molecules, which

are shown as the masses of
protoplasm, or actually increasing num-
bered cells, conveying with them this
mysterious & unknown virus, & depositing
it in the connective tissue of the
periphery, and by preference & later on
the deeper tissues & internal viscera.
The periods of atony observed in the
course of syphilis (according to a writer
(the author) may be explained in
the following manner. Each outbreak
is attended by the temporary
multiplication of these peculiar cells,
which run their course, & are finally
absorbed, some remain & after a time
are excited by unknown causes to
activity. Thus repeated exacerbations may
occur, each one depending upon the
multiplication of cells remaining, &c.

But each outbreak is less active & less prolonged than its predecessor, until perhaps only one outbreak remains, & that composed of effete cells, the disease might be then considered cured. This explanation may seem to apply imperfectly to those cases of prolonged latency in which no lesion whatever has been perceptible. Virchow thinks that in these cases the lymphatic ganglia have been the places of deposit of the syphilitic cells, which at the expiration of the period of latency, undergo these changes & are eliminated. In any case, the specific cells or the virus that develops them, must be hidden away somewhere in the system, since the continuation of the disease depends upon

their existence. With this view of the
nature of syphilis its effect upon
the general health may be accounted
for, & it is the absorption of these
cells, by the morbid powers of
mercury, that so much good can
be obtained in the treatment
of syphilis. In speaking of the
secondary form of syphilis
I shall not go into any details
any more than mention that
in the secondary form it attacks
the skin & mucous membrane
resolving later on the deeper tissues
& internal viscera, the periosteum
the osseous & nervous system, All
individuals are not affected in
like manner, no one having
all the lesions & pathological

changes dependent upon the disease, but there is no tissue of the living body that is necessarily exempted from the grasp of this "Probian" monster.

The Progress of syphilis is not necessarily fatal now, yet is it necessary that every case should run into the tertiary form, though some cases come to an unfavorable end, & sometimes end in death, when either nervous centers, air passages, lungs heart & bloodvessels, & other internal viscera are, ^{in some} affected, though the number of cases (owing to the present mode of treatment,) are rare in comparing the vast number that have been said to be in the city group, & it seems to have decided his syphilitic

11
sion syphilis has a tendency to decrease
& the other class it attacks it has a
persisting power to increase, the for-
-mer is treated by Hygiene & tonics holding
mercury in reserve & in the latter
he resorts to mercurials & with great
difficulty, in controlling the syntonos,
Lastly, I will make a brief notice
on the treatment of Syphilis,
The chief remedies that are indicated
from wide experience & satisfactory
proofs, are mercurials, Iodine & its
compounds the former acting on
primary & secondary lesions, the latter
on the tertiary type, The suscepti-
bility to a given lesion to one or the
other remedies will indicate ^{to} which
stage of Syphilis it belongs. But

education in respect to treatment, is
then secondary & tertiary lesions
but a gradual transition from one
to the other. As the disease progresses
the one gradually begins to exercise
its remedial power. The so called
transitional stage of disease
requires a combination of Mercury
& Iodine, chiefly tertiary symptoms yield
with great facility to Iodine & with
difficulty to Mercury. Yet it is
doubtful whether the former agent
without the assistance of the latter
can effect their permanent removal
& again the effect of mercury in some
cases supposed to be produced by syphi-
lis may not be syphilitic infection
but act as an agent in putting into



active than diseases which previously
existed in a latent state, which
sometimes account for them not
yielding to the specific remedies.
In treating patients with Syphilis
in the stage in which mercury
most any of the preparations of mer-
cury in use will do, as the Pills of
Hydrargyri, Hydrargyrum cum creta
& calomel &c. When there is an indi-
cation for a speedy mercurial action
or when the patient seems ^{not} to be bene-
fited from the use of one of the prep-
arations, the combination of sever-
al mercurial preparations may produce
the desired therapeutic effect, with
more promptness leading to a diminution
of blood impulses, properly called ~~the~~
~~to~~ ~~an~~ ~~illness~~ anaemia which exists

In the early stages of Syphilis, gives
some tonic to be combined with
the mercurial, such as the following
℞ Pillula Hydrag. ℥ii, Merri. Sulph. Exsic-
cati, ℞ss, Ext. Opii grv. etc. sig. divide
into pills $\times \times$, one to be taken 3 times
a day. Or opium may be admin-
istered with the mercury both for its
tonic effect & rendering the mercury
less liable to salivate, a morbid influ-
ence which should be carefully guarded
against. There are some persons very
& susceptible to the effects of mercury &
can be salivated with a very few
~~an~~ ordinary doses, & care should be
taken in these cases to stop the drug
as soon as their symptoms come on &
after the symptoms of salivation have sub-
sided, to administer the drug cautiously, i.e.

~~and all the time, & the same~~
invention or purification with the same
utmost care, Again there are individ-
uals who seem to resist the saturating
powers of mercury & in whom no symptoms
of mercurial occur at all, yet there is
a point or degree of saturation of the
system, in these patients, & other symptoms
may be frequently detected, as no
perceptible amendment of the disease,
loss of appetite, general weakness & de-
pression of spirits, ulceration of the
internal surface of the cheeks on a
line corresponding to the free edges of
the molar teeth, which may be mis-
taken for a syphilitic ulcer, the pre-
vious symptoms demands a prompt
discontinuance of the mercury & the
use of tonics, such as the bitter tonics.

Iron, Potash & Sarsaparilla

Potash as a gargle occasionally swallowing a small quantity during the day.

In case of Scurvy Iron used alternately seems to have a powerful & rapid influence in restoring the blood to its normal condition in this stage of the disease, Furthermore the surgeon should be careful in administering mercury to a patient that has been run down by the disease, presenting a cachexia of a Scurvy type, with a marked degree of debility, & accompanied with functional disease of the heart, In extreme cases of this kind I do not think that it is time wasted in postponing mercurial treatment, for a short time & resorting to the vegetable & mineral tonics adapted to the complications that arise.

during this critical period the more powerful preparations should be used such as the Bichloride or the Biniodide in very small doses in combination with the bitter tonics. Persons of a serofulous diathesis do not bear mercury well except in combination with Iodine. & these should not be continued long at a time, or better use in combination with internal use of Iodine, mercurial inunction even this form of treatment in some cases, seems to aggravate the disease, or rather the serofulous complication. One special case of this kind came under my notice, was that of a young man of a strumous habit, became infected

with the same, before the glands of
 the neck became enlarged & assumed
 a bluish color (due to suppurative
 glands) which ran into a suppurative
 stage & assumed a purulent appearance
 & soon to become organized under small
 doses of Bismuth of mercury, which I discon-
 tinued & employed mercurial inunction with
 internal use of Iodine Potash & Better tones
 with still no benefit, & I was obliged
 to discontinue the mercurial treatment
 I then put on a Luge's solution
 with the compound fluid extract of
 Stillingia in the internal, with marked
 improvement inside of ten days, &
 a perfect healing of the suppurated glands
 within five weeks. This man had several
 outbreaks of syphilis afterward, for which

I found in the way of all cases of the
 2d. state inoculation with either
 leucis & cutaneous, (As it has
 been the experience of almost every
 Surgeon in watching the course of Syph-
 ilis & the effects of mercury upon the
 same, that under the most rapid treatment
 the patient will have two or three
 cut breaks & in others the disease seems
 to defy all treatment for a time, (i.e.)
 the patient will have repeated outbreaks
 for twenty to thirty months, which
 would only, perhaps yield to treatment,
 only to soon to be followed by another
 attack & so on until the disease seems
 to wear itself out, and that mercury
 acts on lesions present by far, more
 promptly than preventing subsequent attacks
 As having already stated that Syphilis was

depends upon a specific virus which
produced or caused a proliferation of
morbid cells & which cells carried with them
this supposed ferment, or more isolated
virus & that mercury has a specific
action in destroying these cells when
present, through the power of absorption,
& causing all syphilitic symptoms to disap-
pear, thereby removing ~~removes~~ its depressing
& morbid influence, & giving the patient
a better chance to recruit his health, by
making him better adapted to withstand
& less susceptible to the next attack,
Thus seeing the immediate action of
treatment on lesions present, there are
few circumstances in which the sur-
geon feels more pride in his profession
or in which he can arrive at more
conclusive evidence of his power over

27
disease, than when we can recognize
the symptoms which indicate the ex-
hibition of these remedies & watch their
marvelous effects from day to day.
It is the immediate action of these
remedies (Mercury & Iodine) on les-
ions of the more vital organs of the
body, (the nerve centers & internal viscera)
that the greatest amount of good is
obtained, the patient being snatched
sometimes as it were, in miraculous
manner from the very jaws of death.
& there is no doubt that similar views
upon the same subject, that induced
the famous Record to advise the
use of antisyphilitic treatment in
those deep & inexplicable symptoms
of cases, where you can get no direct
history & even when the patient is

above suspicion, In regard to
the action of mercury, are the same present
& in treating the initial lesion as a
prophylaxis against future attacks
my argument as far ^{as} proof is con-
cerned ^{in regard} to the number of cases under
my observation, would be but poor
foundation to rest upon, but I have
seen some cases to convince me &
to confirm what I have read from
very good authors, to be of the same
opinion, One or two cases I will draw
a contrast, Case, 8 yrs ago, already
mentioned, who contaminated his wife
& whom I did not give specific
treatment for the initial lesion but
kept him ^{on} tonics, until secondary
lesions appeared, which was an interval
of 6 weeks from the initial lesion, which

consisted of one or two papules on the
forearm & mucous patches within the
mouth, I waited two weeks longer
for further development of the disease
but there was no more - than the
previous lesions, his mouth got very
dried, I put him upon mercury & he
began to improve in a few days &
all the lesions ~~entirely~~ disappeared with
in two weeks, then I stopped the mer-
cury & put him upon tonic treatment
again, this patient had three other
mild attacks of mucous patches in
the mouth, (with lesions no where
else,) at intervals of 3 - 8 - 10 months,
for which he received treatment for
each successive attack, he had no
iritis or other complications & remains
apparently well at present & has been

Three years from last attack. The
wife of the patient just mentioned
seems to have been more unfortunate
she however, is visited by her husband,
as I have already stated, I treated her
for the chancre (in order to keep down
suspicion) which yielded to treatment
within ten days, I continued the
treatment ~~the~~ ^{with} small doses of mercury
combined with tonics for some
8 weeks but in spite of my treat-
ment she broke out all over the
body & limbs with a profuse
eruption, for which I gave her
the protochloride of mercury, in medium
doses 3 times a day, but it acted
very slow, it was fully 6 weeks
before the symptoms disappeared, she
also had 5 other attacks including

a severe attack, but after the recovery
 each successive time, I kept the
 patient nearly all the time in the
 intervals ~~between~~ of the attacks
 on small doses of Bichloride of
 mercury & Iodide of Potash, occasionally
 stopping it for 2 weeks at a time & these
 symptoms kept up in quite a severe form
 off & on for 30 months from the time
 of her entrance to the disappearance of the
 last symptom & has remained apparently
 healthy ever since which has been 2 1/2 yrs,
 There remains ^{other} reserves I might have made
 concerning this subject, although some things
 might have been left out & others inserted
 more appropriate which would perhaps have
 linked the subject together better, but as my
 time is limited I will have to present to you my
 kind master's this, poor attempt of a

4
~~There is hereby asking your name~~
in passing your judgement upon it
So I remain your humble servant
& diligent student

Wenja. via F. Shipley
Feb 10th 1883

A

Thesis

on

Diphtheria

by

R. J. Gilliland, Jr.

S. C.

1883.



Diphtheria.

History. - This disease appears to have been known, and to have occupied a place in medical literature at a very early period.

Like a great many plagues which visited the people in those days, its visitations were followed by a great fatality. It has existed ever since, prevailing both in this country and Europe. We are indebted to Bretonneau, of Tours, for the first accurate description of this disease, in 1826. The first appearance of this disease in this country as an epidemic, beginning in California, in the year, 1856. Since that time almost every

2

place in the United States has had some experience of it.

Diphtheria may be defined as "an acute, specific, contagious disease, beginning by an infection of the throat, and characterized by a local exudation and glandular enlargement."

Cause. Diphtheria is supposed to be propagated by a minute organism, which is known as the specific poison. As to the exact cause of diphtheria, of course it is not definitely known. Cases have occurred sporadically, where there was indeed, no assignable cause for it. It is highly infectious

as much so as any other disease known. Several Physicians have lost their lives by blowing through a trachea tube, the poison of diphtheria, which can be found in the Exudation and secretions, has been known to stay for some time on clothing. The poison may also adhere to the bed clothing, and to the floor, and walls of a room. As to how long, these particles of poisonous matter may remain in a room, after a case of diphtheria, it is not known, and indeed, it would be almost impossible to find out

4

Children have been known to
take this disease six weeks after
the last case in a house - the
house having been thoroughly
fumigated. Diphtheria prevails
to a great extent as an epidemic,
and it may under cir-
certain circumstances prevail
as an endemic. We have seen
it prevail as an epidemic, where
it would seem to have a special
scope of country to go through.
Nearly all the children in
this scope of country would be
attacked by the disease, while
those, living even a mile away
from the said scope of country,

5

would not be troubled in the least. Some persons are more susceptible to this disease than others. Old persons are rarely even attacked by it. Children, between the ages of two and five years, are most liable to it. Infants are rarely even attacked by it, but cases have been reported, where it has occurred in infants only six weeks old. A temperate climate seems to favor the prevalence of diphtheria. Epidemics generally prevail in the fall and spring of the year, but they may prevail at any time. Sudden changes in the temperature of

6
The Atmosphere may bring ^{an} area
attacked of diphtheria. The writer
once suffered of a simple
attack of diphtheria, which
he thinks was brought on,
by riding twelve mile, on
horse-back, after sundown in
the month of October. In diph-
theria, there is always a period
of incubation. The time, from
the Exposure until the disease
makes its appearance, varies.

It generally depends on the
amount of poison taken in,
by the system, when an abra-
sion of the skin comes in con-
tact; with diphtheritic exuda-

tion, the disease will manifest itself in a very short-time - 48 hours. Certeil, the great german microscopist, places the period of incubation from two to five days.

Pathology, - Some writers attach great importance, to the local lesions of the disease, overlooking the constitutional symptoms. Diphtheria is closely allied to small-pox, Erysipelas, and Scarlet fever. Indeed, it sometimes follows one of these diseases. As agreed upon by most writers on the

8

Subject; diphtheria is a Toxaemia of the blood, in which, the chief local manifestations are to be found, in the throat. As to what causes this Toxaemia of the blood; it is not yet definitely known. Several German Microscopists, among whom being Certe, attributes the constitutional disturbances of the disease, to the formation of a minute organism in the throat; known as Bacteria. This question is not yet settled, but no doubt the time is not far distant when it will be; and new light will

7
be thrown on this cloudy sub-
ject. That the disease is a gen-
eral one is well proved from
clinical observation. Patients
have died of the virulence of the
disease, even before the exuda-
tion has had time to extend
down, into the larynx; and in
some cases where there were scarce-
ly any exudation at all.

Morbid Anatomy.—The first change
that is noticed, is a hyperaemic
condition of mucous membrane
of the fauces. A short time
after this, there is a pedicle for-
med in the soft-plate of the
fauces, or *Tonsils*. This pedicle

10

when it first forms, may be no larger than a pin head; but in a very short time, it greatly increases in size, and spreads over the entire fauces. This false membrane has a grayish-white appearance, and when minutely examined, it is found to be about $\frac{1}{20}$ to $\frac{1}{8}$ inch in thickness; and to be composed of "fibrin including epithelial cells, and having on its free surface exudation corpuscles, or fœcid globules and granules, these latter appearing only in the stage of degeneration". This exudation

11

in diphtheria has no tendency whatever to organization, or development. Diphtheritic exudation differs from croupous exudation in being thicker, more tough, and yellower. Several high authorities claim that they are identical, among whom being more Mr Stenzie of London; while on the other hand there are several, who claim that they are not identical. It is quite probable that they are not identical, but it is very hard, in some cases to distinguish them apart. In croup the exudation is

easily removed; while in diphtheria, it is harder to remove and is deeper involved in the mucus and sub-mucus membrane. When the false membrane of diphtheria is removed, it leaves the surface irregular; owing to the inner layers of the mucus membrane being involved. In croup the exudation is free, and there is no irregularity of the layers of the mucus membrane, when it is removed.

A low form of organism is usually present in pseudo-membranous deposits of diphtheria. The recent investigations

of Drs. H. C. Wood, and H. J. Formaxd have shown that micrococci are nearly always present in diphtheritic exudations. Whether these micrococci are due to the disease, or are merely accidental, is at present uncertain. Varieties, - Four varieties of diphtheria are generally given by most authors, viz: Simple, Cronfous, ulcerative, and Malignant. Such classifications however valuable they may be for scientific purposes, are often lost sight of in the general form of the disease.

Symptoms. - Diphtheria is gener-

14

ally ushered in by languor,
general malaise, anorexia,
fever, nausea, and sometimes
vomiting, and diarrhoea is pres-
ent. Albumine in the urine
has been found in a large
per cent of cases. In some cases,
the initial symptoms may be
so mild, as not to attract the
notice of parents, or friends.
The symptoms in mild cases
are often like those of a cold.
The patient may complain of
loss of appetite, pain in the
back, slight headache soreness
in the fauces, and still be able
to walk about, as if only

suffering of a slight cold, In
 a great many such cases, the
 diphtheritic inflammation has
 already commenced, but is
 not found out until too
 late to do any ^{thing} for the patient.
 But in most cases the commen-
 cement of an attack is more
 severe, than above mentioned,
 being attended by rise of tem-
 perature, thirst, languor, and
 tenderness in the throat, Delirium,
 in some few cases, may
 be present at the beginning of the
 disease, The fever that usually
 accompanies an attack of
 diphtheria does not last longer

than three days, neither in mild, or severe cases. The temperature after the third day is very near normal. where there is continued elevation of temperature after the third day, complications must be looked for. The tongue is usually moist and furred, The stools appear normal. The respiratory tract, in mild cases, is not involved. Next to the fauces, the mucous membrane of the nose is most often involved. The glands of the neck are usually enlarged, and give pain on pressure. In the croupous form, the above symptoms

17
usually continue until the fourth
or fifth day, when the patient
gets worse. The temperature goes
up to 103° , or 104° F., preceded
by chilly sensations. The usual
symptoms of fever are then pres-
ent. The pseudo-membranous
deposit is at first of a grey-
ish white appearance, but soon
becomes of a yellowish-gray, or
leathery color. This membrane
forms in the throat so fast, as
to keep up a continual effort
to get rid of it. The swelling in
the throat increases. The saliva be-
comes more offensive, and from
the fauces is exhaled a fetid odor,

which would lead one to suspect gangrene. If the disease is not arrested in this stage, the exudation of false membrane may extend down into the larynx, and also into the nose, as already stated, giving rise to an offensive discharge. About one half of the deaths from diphtheria occur from this form of the disease, i.e., after the false membrane has extended down into the larynx.

In the malignant form, the usual symptoms are generally more intense, with vomiting and hemorrhage from the nose and mouth. The fauces in a very short time

becomes covered over with the pseu-
 do-membranous ^{deposits} which has a
 leathery, or ash colored appear-
 ance. The tonsils may suppurate
 or slough - The nares may also
 be involved. Extreme prostration
 comes on early. Death may take
 place in three or four days, from
 general constitutional disturban-
 ces. Diagnosis - From follicular
 inflammation of the tonsils, diph-
 theria is shown by the appearance
 of the part; when the exudation
 is removed. In diphtheria, the ex-
 udation is limited to the sur-
 faces of the mucous membrane,
 accompanied by deep swelling

of the cervical glands. No other disease attacks so rapidly, the fauces, air passages, and nose. From Scarlatina, diphtheria is shown by the absence of the brick-dust like flush in the throat and on the face; and also the absence of the "Strawberry Tongue". The tonsils may be involved in Scarlatina, but there is no tendency for the inflammation to extend down into the air passages. The high fever, the frequency of the pulse, and the peculiar rash of Scarlatina are sufficient to distinguish it from diphtheria. When the air passages are involved, giving

rise to the variety known as Laryn-
 geal diphtheria; it is almost im-
 possible to distinguish it from
 Croup. The pseudo-membranous
 deposit in diphtheria usually
 commences in the pharynx - about
 the tonsils, while in croup it com-
 mences in the trachea and
 larynx. Croup is not contagious,
 occurs sporadically and is chronic
 in its form. No albumine in the
 urine in croup, and paralysis
 never attends recovery from it.
 Diphtheria is distinguished from
 the latter always commencing
 in the mouth. Prognosis. - No case
 of diphtheria is free from danger, no

matter how mild the first onset
 of the disease may appear. Among
 the unfavorable symptoms may
 be mentioned; a very rapid pulse,
 except when occurring at the com-
 mencement of the disease, early cou-
 sting, profuse diarrhoea, great pros-
 tration, delirium, a large amount
 of albumine in urine, hemorrhage,
 enormous swelling of the neck, and
 an offensive discharge from the
 nose. Sequela, - The most common
 sequela of diphtheria is paralysis,
 in various forms and degrees. In
 two thirds of the cases of paralysis
 after diphtheria, the paralysis is
 limited to the soft palate. General

paralysis, paraplegia, strabismus, and paralysis of the muscles of the neck may also result from diphtheria.

The palate nearly ever escapes when any other part of the body is involved.

The paralysis generally comes on two or three weeks after convalescence.

In many cases, however, the paralysis comes on later.

The paralysis, which follows diphtheria, does not last long, in the majority of cases; and, as a rule, recovery takes place.

Amaurosis is not an infrequent result of diphtheria. Various theories have been advanced to explain the nervous changes, which take

place. Some observers claim that the paralysis is of a centric origin, caused by impaired nutrition, brought about by the blood changes which take place during the disease. Other observers hold that the paralysis is peripheral in its origin. The muscles of the pharynx, tonsils, and tongue, supplied by the glosso-pharyngeal ^{nerve} are the parts first involved.

Treatment, - The treatment of diphtheria may be divided into ^{two} kinds, viz: local and general. No specific has yet been found for the cure of this disease, although several remedies have been highly praised.

(as Specifics, It seems to me that
 The most rational mode of
 treatment would be to treat
 The symptoms as they arise. The
 emetic treatment, which is so
 valuable in Croup, is not called
 for in diphtheria, because it is
 too depressing. Diphtheria is highly
 asthenic in its nature; therefore
 the greatest indication for treat-
 ment is to keep up the patient's
 strength by giving plenty of nu-
 tritious food. If the patient is
 seen at the beginning of the dis-
 ease, during the febrile stage, a
 saline or mercurial purge should
 be given, the later is proba

bly the best. The dose should be repeated if necessary. Chlorate of Potash should be given in doses to suit the age of the patient, every two or three hours. There is no doubt, but what Chlorate of Potash is one the best remedies in diphtheria. As soon as asthenia becomes evident, Tonics, Stimulants, Quinine, Gum. Tr. Iron, and good nutritious food should be given; when the condition of the patient calls for them. Some cases will require more alcohol than others. The Bi-Chloride of Mercury has been very highly recommended, lately,

27
by Prof. R. M^o Sherry, of Baltimore,
Md., and Dr. Pepper, of Phila-
delphia, It is given in doses rang-
ing from $\frac{1}{60}$ to $\frac{1}{32}$ of gr. The follow-
ing treatment has recently been
very highly recommended: To give
a dose of Quinine, every two or
three hours, from the commence-
ment of the disease, and between
the intervals of giving the Quinine,
to give a dose of Nun. Ir. Iron
and Chlorate of Potash. Prof. M^o
Sherry thinks that $\frac{1}{32}$ of gr. of Bi-
chloride of Mercury combined with
the two later preparations would
be a good adjunct. The Nun.
Ir. Iron, and Chlorate of Potash

28
are probably the most popular
agents in the treatment of
diphtheria. The treatment of
diphtheria with Mur. ^{Pr.} Iron
is probably based, on its close
resemblance to Phlegmasia, Er-
ysipelas, pathologically. One to
two grs of Calomel combined
with $\frac{1}{4}$ to 1 gr Speacac given every
three or four hours, during the
febrile stage is a very favorite
prescription with some Practi-
tioners. As soon as the fever gives
way this treatment is followed
by Quinine, Iron, and Stimu-
lants. It is highly probable that
Bi-Chloride of Mercury is a

27
remedy in this disease, an account
of its being a good destroyer of low
forms of organisms. As has been
already stated, good nutritious
diet should be given, of which
milk is the best. Local treatment,
nothing, as yet, has been found
which will dissolve the pseudo-
membranous deposit in the throat.
Although the remedies which have
been used for this purpose are
too numerous to mention, various
caustic applications have been
used, but are not recommended
now, by the best authorities. Simple
water, containing $\frac{1}{2}$ gr of Carbolic
acid, and a $\frac{1}{2}$ of Glycerine,

to every two ounces, Sprayed on
 the throat every two or three hours,
 is probably the very best local applica-
 tion. A gargle of a 10 gr Solu-
 tion of Chlorate Potash, also should
 be used. I have seen good results
 follow the use of Turpentine, applied
 both Externally and internally.
 The atmosphere in the room should
 be kept moist by the escape of
 Steam, from kettles filled with
 boiling water. The patient should
 get plenty of fresh air but not
 exposed to a draft, when respiration
 becomes embarrassed by the presence
 of false membrane in the larynx
 Tracheotomy should be performed.

1863

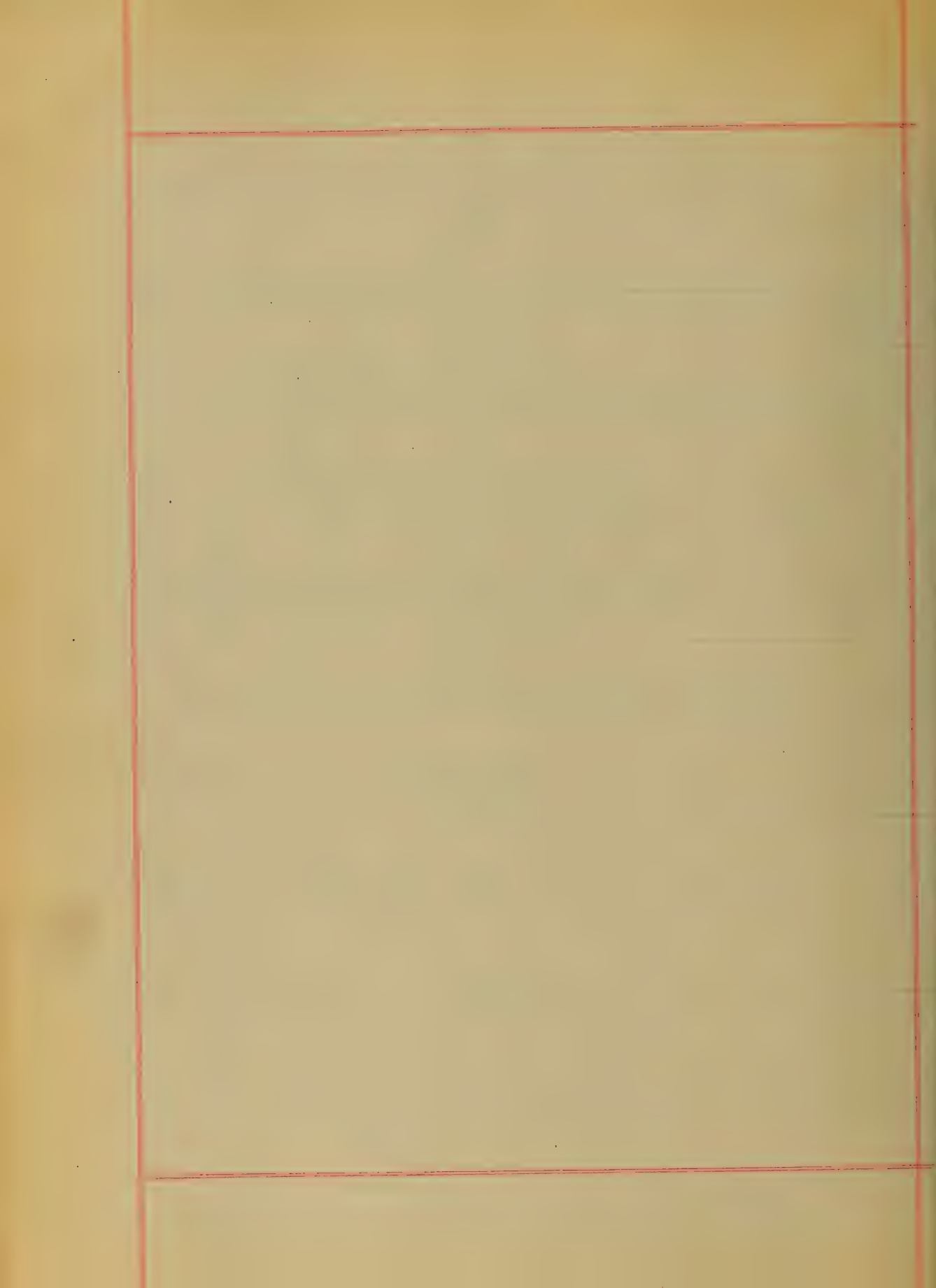
A Thesis

by

B. L. Dillard

of

Virginia



Rubella.

Rubella, so called from the red color of its eruption and commonly known as measles is a disease of importance, though much less dangerous than some of the eruptive fevers, it is sometimes followed by very serious sequels and in some cases the disease is severe or even malignant.

Clinical History. The career of the disease is divided into three stages viz. invasion, eruption and desquamation, each stage claiming separate consideration. Stage of Invasion. The local symptoms in this

stage resemble those of an attack of influenza. There is coryza with frequent sneezing and an acid mucous serous discharge from the nostrils; the eyes are irritable, redlined and watery and there is more or less intolerance of light. Subacute laryngitis frequently occurs and symptoms of bronchitis are nearly always present. In some cases pharyngitis occurs. The coryza, pharyngitis and bronchitis are thought to be due to the effluence which takes place on the

mucous membrane of the air passages before it appears on the skin. The appetite is much impaired and in many cases nausea and vomiting occur; headache and delirium are generally proportionate to the amount of febrile morbus. The general symptoms are often much fever than the local. In some cases constipation exists while in others there is diarrhoea. Occasionally convulsions occur in this stage but chiefly in young children. Epistaxis is a frequent

eruption in some cases.
The eruption is sometimes,
a symptom in very young
children. This stage generally
lasts about four or five
days. Stage of Eruption.
This stage may be ushered
in by a transient convulsion
but this occurs very rarely.
The eruption first appears
on the temples and forehead.
In a short time it extends
over the head and neck.
It is gradually diffused
over the body and extremities,
its full development occurring
in about forty-eight hours.

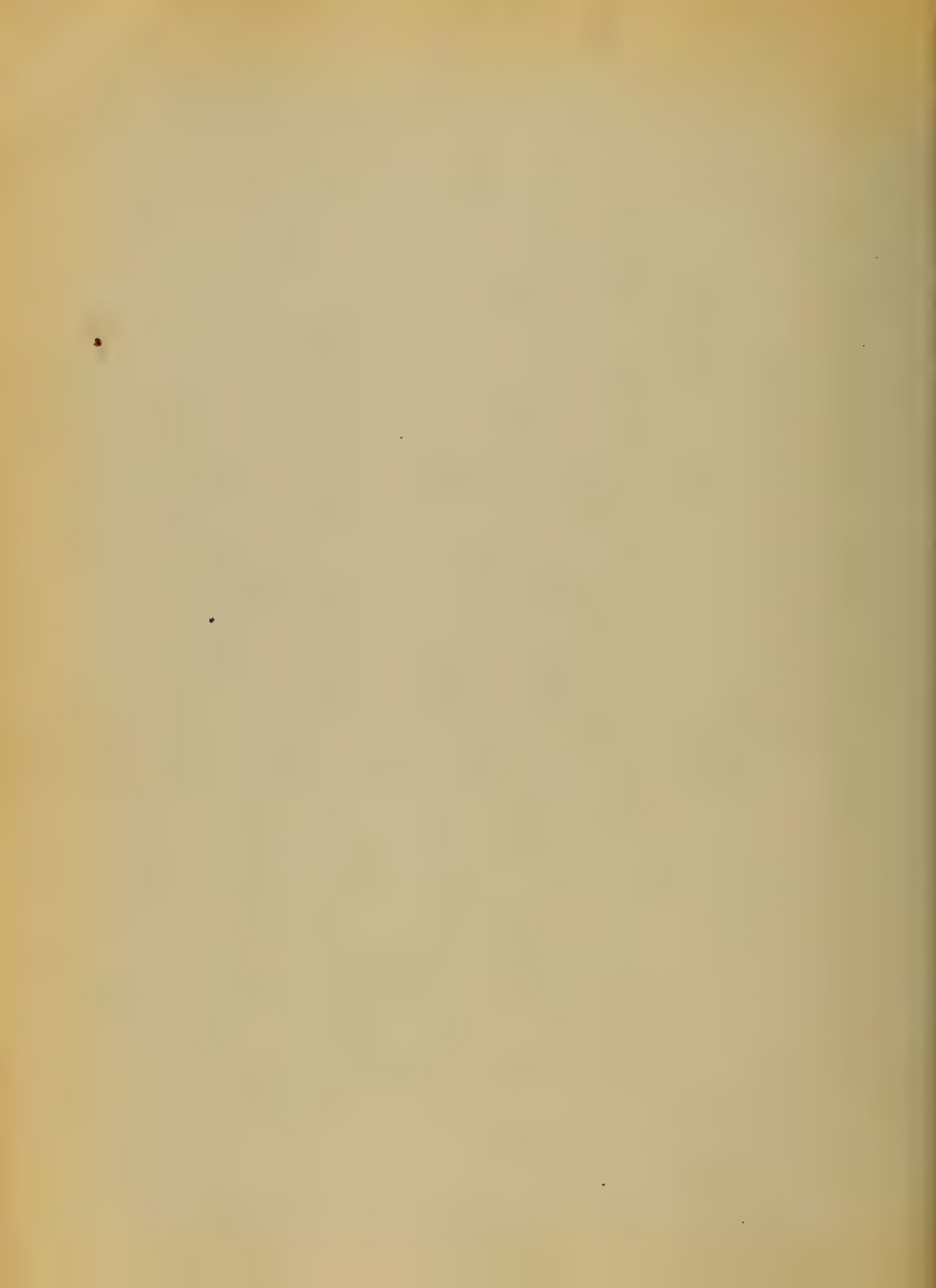
At first the eruption shows
an appearance of small
red dots or specks which
soon enlarge, become circular
and arrange themselves in
circular forms. The redness
momentarily disappears on
pressure. Increasing in size
they coalesce and form blotches
of variable dimensions with some
illum borders. The eruption
proper to the disease seems
shows not only hyperaemic,
but infiltrated character,
the redness being with
difficulty removed by
pressure and a morbid

color remaining after
the eruption has disappeared.
The coloration is of a dull
or deep red color. The portion
of the skin not occupied by
the eruption retains its
normal color. There is swelling
in proportion to the amount
of eruption which is most
marked on the face. About the
fourth day of the eruption
it begins to fade on the
face and successively on
the trunk and extremities.
The symptoms consist of cough,
laryngitis and bronchitic catarrh
during the stage of eruption.

Bronchitis in this stage
gives rise to an abundant
expectoration of mucous
or yellowish sputa.

On auscultation dry and
moist bronchial rales are
often heard. The eyes continue
irritable and very often
there is conjunctivitis. On
the first and second day
of the stage of eruption the
temperature may be very
high, but from this date
in the natural course
of the disease the eruption
rapidly diminishes. The
tongue is generally coated

Stage of Desquamation.
This stage begins when
the eruption commences
to fade and its duration
is from four to eight days.
More or less cough and
expectoration are apt
to continue after the
eruption has disappeared
and conjunctivitis is not
uncommon. In some cases
the eruption after having
existed for the usual
length of time and
disappeared, the course
of the disease is from
seven to sixteen days.



Contagion. Cholera is a
communicable disease
and is not only received
by those who are brought
within reach of persons
affected with the disease
but it may be transmitted
to a distance by means
of fomites. The disease
may be contracted from
the clothes of persons
who have recently existed
in contact with the disease;
it may also be communicated
by inoculation. Different
authors vary the duration
of the period of incubation

from one to about thirty
days but we must wait
the attack occurs in from
six to ten days after
exposure. This disease
is far more common
amongst children than
those of advanced life.
It is most common in
scarcely ever seen in
persons of age. As a rule
this disease renders the
system incapable of
being susceptible to it, but
exceptions to this rule
are very common.
Diagnosis. The diagnosis

is generally unattended
 with difficulty after
 the efflorescence appears
 on the skin. The most
 important of the diag-
 nostic characters are;
 the long duration of the
 stage of invasion, the
 affection of the air passages,
 the appearance of the
 eruption first on the
 face and its gradual
 diffusion over the body
 also the color of the eruption
 its papular character, the
 softness of its papules
 and its tendency to remain

a crescentic arrangement.
Early in the eruptive stage
there is some resemblance
to variola but the differential
diagnoses are that in measles
the Schneiderian membrane
and air-passages are early
affected also the stage
of invasion is longer
than in variola.
Occasionally there are
cases in which the eruptions
of follicles is not
abundant and the air-
passages are not af-
fected, in such cases
the disease is sometimes

confounded with measles, but the eruption in the two affections differs and such cases are rare. Prognosis. In most cases this disease is mild and not dangerous but in a certain proportion of cases it is severe and dangerous. The danger is generally due to complications such as capillary bronchitis, diphtheritic laryngitis, pneumonia &c. Treatment. In mild cases sanative measures and attention to hygiene

will suffice. The
cough may be relieved
by opiates and if
the febrile movement
is great diaphoretic
and refrigerant remedies
may be used. The main
object in the treatment
of these cases is to
render the patient
as comfortable as
possible.

The patient should
be confined to a
room where the temperature
is agreeable but not
with free ventilation.

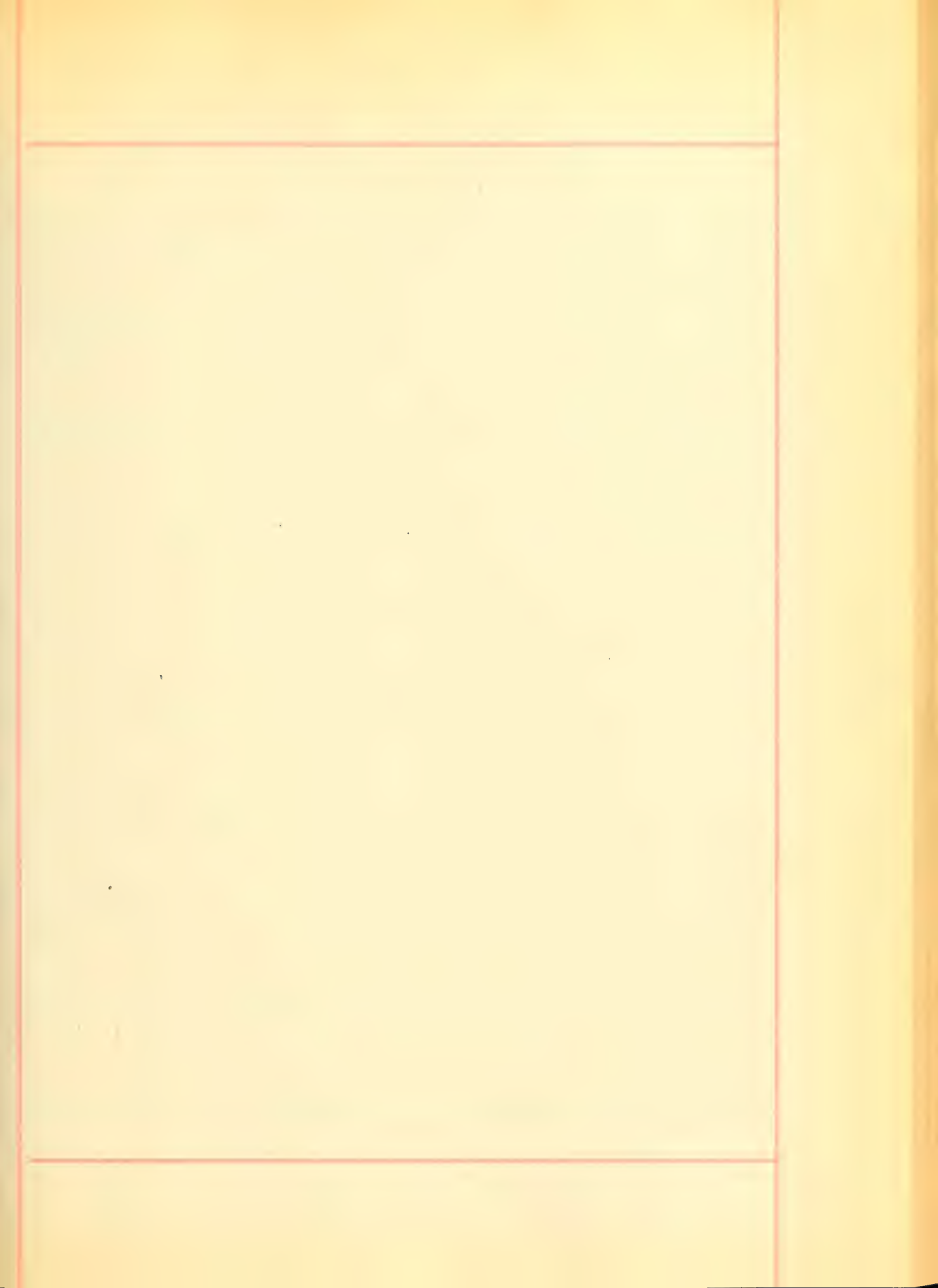
To protect the eyes the patient should be kept in a room slightly darkened.

In complicated cases the treatment should have reference to the complications. Tepid baths, suspensions or other refrigerant applications may be resorted to, in order to promote the appearance of the Erection but such measures as emetics, active Stimulants,

The hot bath or over-
loading the body with
clothing are ^{not} to be
employed. The complications
do not occur in con-
sequence of the eruption
being delayed or insufficient
or striking in but the
latter are rather effects
of the former. After
recovery from this
disease patients
should be placed
under hygienic influences
which will tend
to invigorate the
system with a view

to observe a tendency
to the development
of Tuberculous and
Scrofulous affections.

B. L. Brown





1883

To the Faculty of the Medical Department
of the University of Maryland,
Gentlemen,

I have the honor to present
to your consideration this my
Thesis, on =

= Intermittent Fever,

Trusting to your generosity to overlook
the many imperfections of this feeble
attempt, and to remember me as only
a novice, necessarily subject to im-
perfectly developed ideas, of medical
literature,

I subscribe myself

Very Respectfully

Your Obedt Servant

J. D. Bishop

Intermittent Fever =

Febris Intermittens, FEVER INTERMITTENS
Characterized by paroxysms coming on at regular intervals, with entire absence of fever during an intermission

This fever is also known as *Chill and fever*, and commonly called in some sections of country after the supposed cause, *Malaria*, *Malarial fever*. It is not attended usually with much danger to life, notwithstanding the fact, that the temperature rises very high, owing no doubt to the short duration of the fever, and the rapid decline of temperature, when the sweating stage becomes thoroughly established.

Anatomical Characters,

Having never witnessed an autopsy of a person dead of intermittent fever, it will be impossible for me to state from experience, any thing pertaining to the anatomical character of this disease, but will give the statement of Dr. Flint, *Swelling of the Liver, Spleen and Drain*, which is found after death from, Remittent and, Periodic, Intermittent fevers, together with the presence of dark pigment in the blood. {Malariae} May be supposed to exist in more or less of the cases of simple Intermittent fever, that end in recovery, Aside from these there are no known lesions characteristic of the fever.

Clinical History

The clinical history will embrace an account of a Paroxysm and an Intermision. The paroxysm being divided into three stages viz. the Cold, Hot, and Sweating stage.

Cold Stage.

The attack is usually sudden. An individual, after having been exposed to the conditions necessary to propagate this fever, may on getting up in the morning, feel perfectly well. After a longer or shorter period he will complain of feeling tired. His head, back, and loins & loins, begin to ache. Fits of yawning and stretching accompanied with chilly sensation, down the back, attack him

The skin presents a mottled appearance
 and the finger nail, become purple.
 The yawning and stretching, soon
 ceases, to be followed by a success-
 ion of rigors more or less severe.
 The head ache becomes more and more
 severe, and if the rigors, accompany
 the attack, with any degree of severity,
 they cause the teeth to chatter, the
 knees to shake, and currents of cold
 running down the back, continue
 for a longer or shorter period, Should
 the patient attempt to warm himself
 at the fire, (which is often the case) they
 will often complain of the part next to
 the fire, being too warm, while the other
 side, seems to be freezing, The scalp
 becomes tender, and is uncomfortable when

5

touched or pressed upon, The whole
unexposed cutaneous surface become
covered with goose bumps, The rigor
in some cases are so severe, as to
shake the bedstead upon which the patient
lies, There are a few cases on record
in which the rigors were present
without the chill sensation, This
however is rare. But we often have chills
without rigors. In some cases the chill
is so slight as to attract very little
if any attention, This we call dumb
chill, The chill being light, has no effect
upon the fever, Some practitioners even
claiming that when we have a light
chill, we may generally look for a high
fever, But this I think is not always
the case We may have both chill and fever

very light or both very severe. The cold stage may last only a few moments or may last several hours. The average time being about one hour.

Notwithstanding the fact that the surface temperature is diminished, the thermometer in the Axilla shows an increase of temperature. The pulse is small and frequent. The desire for water great, indicating a congested condition of the internal organs. The patient has, generally a feeling of discomfort about the chest, with frequent sighing, and sometimes oppressed breathing. The blood not circulating at the periphery, must be sent to deeper tissue. Consequently the vessels become temporarily congested.

7
which produces this disagreeable
smothered feeling. The cold stage
is sometimes *tertial*, wanting, this
being the exception rather than the rule,
after lasting awhile and pursuing a
course of greater or less severity it
may lapse suddenly into the hot stage.
But generally this change is more
gradual. The chill going off, by degrees
and the temperature rising at the same
time, the patient will often complain
of flushes of heat and cold, following
each other in succession, these becoming
more and more irregular, the flushes of
cold disappear, and we have the
heat predominating, which produces
the Hot Stage or Stage of fever—

Hot Stage.

This may be considered the stage of reaction. The skin which was in the cold stage deficient in capillary circulation, now, becomes freely supplied with blood. The pulse becomes rapid full and bounding. The lips which were, during the Cold Stage, pale or of a bluish color, now, becomes very red. The precordial oppression, is greatly relieved. The headache, increases, as the fever rises, and in some cases, become almost intolerable. The thermometer in this stage, shows a temperature ranging from 103, to 106, and in severe cases even to 107 degrees. The patient during the height of fever, may become delirious, looking very wild, not recognizing in some cases their best, and most—

intimate friends. But delirium is not a constant symptom, ^{this} depending a great deal, upon the nervous condition of the patient, and not always, upon the high temperature, I have seen patients, very delirious, with a temperature of 103°F while others with a temperature of 106°F did not appear to be the least nervous. This stage lasts from two to eight hours. The patient first breaking out with a gentle perspiration, around the neck, in the palms of the hands, ^{and} around the mouth and under the eyes, and finally the whole body becoming bathed in perspiration. The fever rapidly diminishing we have the third stage established, called the sweating stage.

The Sweating Stage

This stage being fully established, the patient begins to feel more comfortable, and will sometimes fall in to a refreshing sleep, and not wake until the fever has almost or entirely disappeared.

Dr. Flint states of this stage, that it is the means of bringing a paroxysm to a close is by no means certain. It is a sign of an approaching intermission, and it may be an effect rather than a cause of the decrease of the febrile movements.

There is one thing we do know and that is, when we have an intermission of our, with the temperature very high, we are always glad to see the sweating stage.

And we hardly ever have an entire abatement of fever, without the sweating stage, The temperature rapidly declining as it is established, This stage lasting usually, three or four hours, the fever entirely disappears, giving us the period of.

Intermission

This period varies according to the type of the fever, with which we have to contend, Those recurring every day are called the quotidian, And the tertian type, is where we have the fever recurring every other day, The Quartan type which is the rarest, form of the disease, the paroxysms recur every fourth day The first two being by far the most frequent forms of the fever.

12

There are cases recorded, in which these paroxysms make their appearance every 5th, 6th or 7th day. But I suppose these to be so rare as to only require to be mentioned, in passing, on to something of more importance. When the period of intermission, has a tendency to lengthen between each, paroxysm it is supposed that the disease is abating, and increasing when the period of intermission becomes shorter.

If I am permitted to venture an opinion here, I will state, that it seems to me that intermittent fever, has very little tendency, to spontaneous cure, and unless, it is promptly and efficiently treated, regardless, of its disposition to come a little later each time.

13
will eventually terminate in what is
termed Chronic Malarial poisoning
and its accompanying troubles, viz
Spaemia, Enlargement of the Spleen and
Liver, Dropsy, jaundice, Functional
disease of the heart, which may be
organic, or the lung being the most
frequent may rapidly terminate in
Pulmonary Phthisis. In Malarial dis-
tricts malarial fever, as a rule
complicates every disease with
which we have to contend.

This fever is said
to sometimes end spontaneously after
a few paroxysms. This is certainly an
exception, and not a rule, and I think
that those exceptions are very few. The
patient may not have more than one or two

or throes well marked paroxysms of
 Fever and Ague, But I think that if
 that patient was carefully watched
 it would be found, that he suffered
 with periodical pains of some kind
 and that he would be found, becoming
 more and more Anemic, all the time,
 until a course of medicine or change
 of climate cured him. Or the Malaria
 being overlooked, he is treated for
 some of its complications, and thus
 finally ends his existence

We sometimes meet with cases occur-
 ing, only in the form of a severe head
 ache, every day or every other day, or
 a severe facial Neuralgia, appearing
 only at night or at certain periods
 of the day, lasting a few hours

to return again the next day or day
after. These readily yielding to Quinine
Arsenic or other Antiperiodic remedies,
During an intermission of this fever
some persons, will have a good appetite
and feel perfectly well, with the exception
of feeling a little weak. While others will
lose all desire for food with the first
fever, becoming weak and anemic very
rapidly. And it is certainly very
surprising, to see a person subjected
to a severe temperature, day after day,
ranging from 103° to 106° , and lasting
from two to eight hours, feeling, and
looking comparatively comfortable until
the approach of the next paroxysm
Does this show the wonderful endurance
of man? Or does the poison malaria

with which his system is thoroughly
impregnated, act to some extent as
a food or fuel, for this excessive
heat used in this way protects the
system against excessive tissue
change to a greater or less extent,
As this is a problem that I am unable
to solve I will leave it at present
for able minds to go on to solve
of the

Cholera

We know very little of the true cause
or intermittent fever, Malaria, which
has been so largely named as a cause,
has by closer investigation proved to be
simply a condition of a preexisting
cause. Malaria, meaning bad air,
throws very little light upon the true

cause of this fever, There are many kinds of bad air that do not produce malaria, The Bacillus Malariae, which have been recently discovered by Klebs and Tommasi Crudeli, floating in the atmosphere of Pontine marshes, bids fair to supply to some extent the missing link in the etiology of this disease, and to draw the line of distinction between the bad air produced by the presence of these germs, giving rise to malarial diseases, and bad air produced by various other causes which have no power to generate malaria; but may produce other diseases. This Bacillus Malariae, when injected into the tissues of animals, is said to produce marked paroxysms

of intermittent fever. The Bacillus has been found most abundant in marshes particularly where we have brackish water; leaving the marsh and mud, exposed to the rays of the sun. The rice fields of the southern states, and even the turning up of the soil of the high land fields in spring and fall, the banks of the rivers and tributaries, exposed to the rays of the sun at each ebbing of the tide all seem to favor the production of this malaria forming material,

— Diagnosis —

A simple case of intermittent fever can hardly be mistaken for any thing else. The sudden attack; the short duration of the cold Hot and Sweating

stages; the high temperature, and decided intermission, to be followed, after a certain length of time, by another paroxysm, of the same kind, will certainly distinguish it from any other disease,

— Prognosis —

Pure, uncomplicated, intermittent fever, is not attended with great danger to life; but by running unchecked, after a certain length of time becomes chronic, and may in this way produce conditions, which are incurable. And even in the acute form we may have an attack of pernicious intermittent fever, which is generally very fatal; but the simple acute form, when judiciously treated, is attended with but very little danger.

Treatment

If there is any disease for which we have a specific, that disease is intermittent fever, and the specific is the various preparations of Cinchona.

But authors differ greatly in their opinion as to the necessity of what is termed preparatory treatment.

Some claiming that it is very essential to give some kind of purge before using the specific, Calomel or blue mass, standing at the head of the list of these preparatory remedies on account of their supposed action upon the liver, while others claim that the preparatory treatment is not only useless, but positively injurious, and that it is still worse to lose valuable time in preparing the system

a certain specific. I have that a
 great many physicians along the coast
 of the Cape Fear River, where the fevers
 are very prevalent, never think of
 using purgatives, unless indicated
 by obstinate constipation. What there are
 others who still cling to the old method
 of preparing the system. The writer
 being interested in these cases, has been
 a close observer of the different methods
 of treatment, and while the patients
 would be finally cured by both methods,
 the ones cured by the specific alone
 were as a rule cured in less time
 and the cure more permanent than
 by the combined method. The theory
 of this, is according to my humble
 opinion, that in the first place, the

not being an excited condition of the system but a condition of partial death, it is useless to give remedies to stimulate reduce the powers of life, and by so doing we make more work for ourselves to do and prolong the consciousness of the patient, by weakening and wear the framework upon which we have to build. In the second place, if the disease be due to a poisonous condition of the system, due to Bacteria, malariae or any other cause. It seems very plausible that we cannot get rid of that poison by seamy purgation, as the poison is not situated in the bowels but in the tissue. And by purging we weaken the system, and the weaker we get the system, the greater will be the

23

influence of the poison upon it, And the longer and harder will we have to work with our specifics, Tonics, Fortifying agents &c, to bring the system back, to its standard Sulphate of Quinine being the best of preparation of Cinchona, The dose will vary according to location patient &c. In North Carolina we give from 3 to 5 grains every 2 hours, for the first 12 or 18 hours after a paroxysm, And if the paroxysms have a tendency to become obstinate, we treat with Quinine, combined with some preparation of Iron, Strychnia and Arsenic, watching the patient and withdrawing the remedy for a while, when any unpleasant symptoms are manifested from the arsenic or strychnia, The cases that do not recover under this treatment are very few.

1853

Albuminuria.

C. P. Deyoe.



posed of two distinct strata
This is the same as the
in which the structure
deeper is found the structure
stratum, arranged in parallel form
The central structure is a
and the structure all over the
thickness, the portion dipping
down between the arms of the
undulating structure is much
thicker than the portion
imbedded in the arms.
That portion of the central
structure which is
is called the column of Bertini.
The portion which appears the
most prominent is called the central

arch. These arches are from one
third to one half of an inch in
size. The cortical structure is com-
posed of small tubes called the
tubuli uriniferi and, of small
red globular or spherical

Malpighian bodies, of blood vessels
and, of connective tissue which is
the interstitial structure.

The tubuli uriniferi and Malpighian
bodies belong to the urinary system
secretory system, the connective
tissue, the interstitial structure
and the blood vessels the, vascular
structure, making the kidney structure
of the kidney is composed
The Malpighian bodies are glomerular

... to 1/4 of an inch in diameter
and, red in color. They consist of a
covering membrane called the Malpighian
capsule, which is ...
a vascular tuft called the glomerulus.
The capsule appears to be the expanded
end rather, beginning of the ...
uriferi. Opposite the opening into
the ... tubule are two
perforations. These form the entrance
and exit of the blood vessel, which enters
and is called the afferent, that passing
from the afferent vessel.

The afferent vessel after entering the
capsule breaks up into a great
many small ...
... ..

These small branches make up the glomerulus and after a more or less tortuous course on the glomerulus they are collected and form the efferent vessel. The term efferent vessel is used in preference to "vein" since it carries bright arterial blood; showing that the blood passes into the Malpighian body to be acted upon not to supply nutrition: The inner surface of the capsule of Malpighi is covered with a layer of either cuboidal or squamous epithelium; the glomerulus is probably covered with similar epithelium. The convoluted tube leading from the Malpighian bodies is lined by

cylindrical of hollow. The small
uted tubes, and greater part of the
columns of the tissue. After a certain
course, the tubes, these
tubes are continued by one or
more, which are straight and form
the greater part of the mass of the
medullary structure. In the lower
they are found in a more or less
as the tubes of the medulla, and
from the lower end, the tubes for
some distance, then they turn
forming the upper part of the spine
they pass into the spinal column
and become consolidated. After
longer or shorter course in the spinal
structure they again enter the
S

become straight tubes, unite with others and are continued to the apex of the cone, where they form an anastomosis.

The medullary substance of the kidney is lighter color than the cortex, is composed of cone shaped masses of straight tubes. These cones are called the pyramids of the kidney. The base of the pyramid is toward the surface of the kidney. The apex directed toward the center and one or more of them unite to form an anastomosis. Blood vessels and connective tissue are found in the medullary substance as elsewhere throughout the kidney.

Distribution of blood vessels.

The artery supplying

the kidney is of very irregular shape
in proportion with the size of the organ
supplied. (Renal). It enters the
kidney through the hilum at the
hilum. It then divides into four
or five branches. These in turn
give off smaller branches
which supply the surrounding kidney
structure and numerous branches
which are distributed through
the columns of Bertin. They run
toward the surface of the kidney
giving off small branches on either
side; these branches form the
afferent vessels to the Malpighian
bodies. Other branches pass
from the apex to the base of the

pyramids of Malpighi.

The afferent vessels pass from the Malpighian bodies and a column from a dense plexus around the tubuli parvuli. There are several plexuses near the surface of the kidney and another at or near the bases of the cones.

The afferent vessels — these plexuses.

The number of columns varies from 7-8 of Malpighian pyramids from 5-10. The infundibula are three in number and are found by the base of the column. One infundibula above the other below, the third at the base.

between the structures, open into pleura
of the body.

Due to the arterial pressure
serum of the blood is pressed through
the vessel wall of ~~the~~ ^{the} ~~capillary~~ ^{capillary} ~~and~~ ^{and} ~~sur-~~
rounding the glomerule. On this
serum the epithelial cells cover-
ing the glomerule ^{act} passing water
and ~~some~~ ^{some} soluble matter and retaining
the remainder which is reabsorbed.

Thus we have the kidney every-
where composed of three structures

- (1) The secreting or parenchyma
- (2) the connective tissue or
interstitial, (3) the blood vessels
or vascular.

Causes of Albuminuria.

Either of the three structures comprising the kidney may be the seat of the disease causing albuminuria.

When the disease is of the parenchyma it is called tubal nephritis.

When of the connective tissue it is called granular kidney or tubular nephritis.

When of the vascular structure it is called lardaceous, waxy or amyloid degeneration.

After existing a short time tubal nephritis and lardaceous kidney will produce granular disease and granular disease will produce tubal nephritis.

Causes of Lateral Epilepsy.

Cold is the most

frequent cause of epilepsy in adults.

The patient being exposed usually when fatigued, as in going around from a journey which has exhausted him.

may be in a state of damp, he sits in a draft in this condition & the

cold which is very often contracted

in the temperate than in the more

tropical zone. Exposure to

elements would not produce

the same effect. It is not

unlike the kidneys perform

other organs in other regions. They alternate more with the skin here than elsewhere. Erythema may be the result of a cause which would produce thrombosis in the vessels or dysentery in the deeper regions. The color by cold the body is probably produced as the body is shortly after death blood drops from the cut surface. In some inflammation here as elsewhere tends to produce rather than in fatty degeneration. It rarely occurs after scarlet fever. Scarlatina is the most frequent cause of erythema in children. In adults this is a rare occurrence being a disease of childhood.

The throat and skin appear to be the main passages by which the material made produced by scarlet fever is eliminated. When the throat is most affected the kidneys are often but slightly affected and vice versa. The throat and skin appear to alternate with each other in a measure.

The partial ^{suspension} suspension of action by the skin, throws an increased amount of work upon the kidneys. This may set up an inflammation of the kidney. The inflammation begins around the glomerule and extending. It is sometimes called dysnematous nephritis when it

about the third to fourth week of the
the beginning of the disease I
knew the disease was malarial
rather than typhoid.

Malaria When a patient has been
subject to chronic malarial fever
it is not unusual to observe a
of the typhoid which has probably
been introduced by some person
to me at one of the malarial districts
during the course. The patient in
question had been subject to attacks
of malarial fever for some time
and this had doubtless been the cause
of the existing kidney trouble.

Malaria is a tropical and subtropical
disease as typhoid fever is also

gives rise to a profuse albuminuria
and you have probably a frequent
Renal colicants may be mentioned
would be the most important point
is a well known cause of any contact
capable of producing this disease.
Liquor of alcohol has apparently the same
albuminuria and dropsy.

Among other renal colicants may
be mentioned Turpentine, Sassafras
oil, Phosphorus and arsenic acid and
Causes of Interstitial nephritis
granular kidney.

Granular kidney
may have its origin in acute
tubular nephritis. It is undoubtedly
a disease limited to the kidney.

urate regime. It occurs most frequently in males after 30 years of age although it may occur in early life. Of times it cannot be referred to any definite cause it be said when the disease began. There is, as fact is established, an hereditary tendency. Lead poisoning is a not infrequent cause of granular kidney. It may first produce gout, then acting with gout cause granular kidney. Deposits of urate of soda occur in the substance of the kidney producing the primary gout. The gout caused by alcohol with high living is more

apt to affect the small joints.

Frequent or chronic congestion
leads to a permanent and an alteration
in nutrition and, a fibrosis of the
kidney. Any disease therefore
which causes congestion of the
kidney predisposes the kidney
to the change consequent upon
congestion. Pregnancy, partly by
the pressure exerted upon the
renal vein and partly by its ten-
dency to draw blood to the abdominal
viscera, will not be a cause.

The albuminuria is usually not man-
ifested until the uterus has risen
in the abdominal cavity.

Heart disease may not be a cause

Disease of the valves of the heart causes that organ to throw into the circulation an excess of blood at times thereby producing congestion of the several organs. Fibrosis of the kidney or granular kidney is produced as the result of this congestion, but the disease of the heart usually produces death before this disease (fibrosis) becomes advanced.

Cause of Landrace disease.

usually This occurs with and may be caused by profuse suppuration. It may occur at any age. It may be a complication of hip joint disease of long standing or of Phthisis. Suppuration may

produce this effect by taking from
the blood certain essentials as
potash salts & white corpuscles
of other organs as the Liver, spleen
and bowels are simultaneously
affected.

Pathology.

Either of the two structures forming
the kidney may be the seat of the
disease as stated.

When the disease is of the secreting
structure the kidney becomes
increased in size and darker
in color. It is smooth and sta

capsule is not adherent. The epithelial cells enlarge & increase in number. The enlarged blood vessels may press upon and close the tubule on its own axis. The epithelial cells become granular and when treated with acetic acid the granules do not disappear showing that the granules are albuminous and not fatty. In a later stage the granules become fatty. The pyramids become bright red after this condition has existed the kidney becomes softer.

In most acute forms the interstitial portion is not affected. If it lasts for some time the interstitial

trial portion takes on inflammation
When death occurs it is due to
suppression of urine and there
is poisoning. Tube casts are
the products of the inflammation
having coagulated in the tube.

They may be washed out by the
urine. They may be transparent
(hyaline) or granular, with or
without a cell, or they may contain
the debris of disintegrated cells or
they may be covered all over with
cells, or they may be blood-casts.
Blood casts are most common
in the acute form they are not found
in granular kidney or hard kidney
disease. Fatty degeneration never

takes place as an acute process.
It is one process by which destroyed
tissue is removed. It is seen as
streaks following the tubules and
is always present in granular kidney.
When the nephritis becomes chronic
the kidney becomes large, white and
mottled and, the interstitial connective
tissue becomes involved. The tubules
subjected to the inflammation may
become large, white entirely lined
with epithelium. This form may
pass into granular kidney.

Acute interstitial nephritis is
purulent inflammation caused
by pyaemia, or by excisions from
the bladder (chemical calculus)

The process which brings about con-
tracted or granular kidneys is essen-
tially chronic. When the process
is not complicated by acute nephritis
or sarcomas, it is never larger
than the healthy kidney. The surface
of the kidney is nodular. The capsule
is adherent and in the later stages,
bits of the cortex will come off
with the capsule. The cortex be-
comes much thinner and of a yellowish
color. After some time the contrac-
tion becomes extreme. As the con-
tractile tissue contracts it closes the tub-
uli uriniferi and this produces little
cysts by the sucking up of
The blood vessels become thickened

When heart disease ^{is present}, the discoloration does not take place. The blood being backed into the kidney, it is in a state of passive hyperaemia and some of the coloring matter of the blood is deposited in the kidney, owing to this the cortex retains its brown or chocolate color. The early stage of granular kidney is not accompanied by albuminuria. There is always increased vascular tension in the early stage of this form of inflammation of the kidney. In acute tubular nephritis there is always dropical effusions. In one third of the cases of granular kidney this effusion does not

occur, at least, not until the last few weeks of the disease; proving that we may have granular disease of the kidney independent of tubular nephritis, that it may exist as a primary disease.

Lardaceous disease, or disease of the renal structure. This is not a disease limited to the kidney, but occurs simultaneously in various parts of the body.

The morbid deposit acts as an irritant and causes nephritis. The kidney becomes enlarged, and the capsule somewhat adherent. The exterior of the glomeruli are the first to undergo the morbid change.



The increased resistance of the arteries causes them to be more permeable to fluids than normal. The arteries between the tubes become affected and by their enlargement and fluidation constrict the tubes and produce cysts above the constricted portion. Fibrine finds its way into the tube and there (the elements of the blood capable of producing fibrine) and casts are formed. A few of these casts may present the peculiar color, characteristic of the material, mostly of this disease, when treated with Iodine, but most of them do not contain this peculiar substance.

Symptoms of Albuminuria.

Symptoms of Parenchymatous Nephritis.

The nephritis is, at first, a
the patient while, perceiving himself
a chill appears to check all
action. After a time however he
with a chill, the face, especially
about the face, is covered; it first
of the acute case, however, it may
it may become general. The urine may
be almost suppressed, the small quan-
tity passed is dark, owing to its mixture
with blood particles, H_2O . After the days
for which it may vary, it is spontaneous-
ly. The urine contains fibrine elements
contained in it. Passes the urine in

prominent symptoms of the severest form
of the disease the patient dies within a
few days from uræmic poisoning, but
this is rare. The symptoms usually
develop gradually. The redness of the
face, the swollen condition of the
eyes and the condition of the urine are the
prominent symptoms. The same cavities
may become the seats of effusion after
the disease has lasted for some time, in
which a few drops are more frequent
than acute. The three effusions occur
they begin with their characteristic
symptoms Dullness, succussion, symptoms
of inflammation. Inflammation
may take place in other tissues usu-
ally the pleura and pericardium.

Headache and vertigo are common symptoms. Vomiting usually precedes uræmic convulsions. Albumen is present in the urine usually from the beginning. When a case ends in recovery, as nephritis tends to do; the urine is increased in amount sometimes beyond the normal. The dropsical effusions disappear. Albumen and casts are no longer found in the urine. These disappear gradually. Granular disease is chronic. It comes on insiduously. The patient and his physician may have no knowledge of when the disease began. He may have been broken in health for some time trying after recovering himself

but little. At times the urine contains
albumen casts and the ep. is increased,
while at other times it is quite normal.
When the ^{disease} has become established albumen
is nearly present in the urine. The amount
of urine discharged may become abnormally
small. Dropsical effusions may appear
early in the disease, but in 3/4 of the cases
they do not appear at least not until the
last few weeks of the disease. Apoplexy
is not uncommon in this disease owing
to the fibrinous condition of the arteries.
Apoplexy may produce hemiplegia or
death. The uterine haemorrhage and
retinal hemorrhage is not uncommon.
Casts are present in the urine which
may contain epithelial cells, but are

an excess of fibrin. The amount
of urea is diminished. The sp. gr. of the
urine being lower than normal.
In albuminuria the symptoms of the
disease the same symptoms are perma-
nent. The amount of urine discharged
may be very much increased. It is
usually quite often accompanied
by diabetes, owing to the same depo-
sit in the vessels. The oedema comes
on gradually. The coats of the small
arteries being diseased were readily
transmit the watery elements of the blood.
The disease of the kidneys is but one of
the local manifestations of a local
general cause. Retention of urea
produces convulsions, coma and death.

Treatment of Albuminuria

Treatment of Nephritis

Cups may be applied to the lumbar region over the kidneys counter-irritation is often of value. The bowels should be kept open. Opium does not act as well in these cases use Potass. Bitart. Mag. Sulph. etc. Opium should not be given. If it be called for it should be given very sparingly since patients having nephritis are easily narcotized. The diet should consist principally of fluids milk &c. Nitrogenous foods increase the amount of urea and with it they increase the amount of work to be performed by the kidneys.

With a free use of water and restriction
of diet to non-irritating substances for
food many cases will recover.
As the growth of epithelium is very
transient unless secretion is suffi-
cient to wash the products of waste
from the surface they must be stimu-
lated. The food should be easily
digested, the skin and bowels should
not be irritated, and as
the skin is often itchy should be
kept active so as to relieve internal
tension. The diet should not be
stimulating as they increase the amount
of excretion. Digitalis is highly
recommended with full dose.
Should drops prevent itself it should



be treated with purgatives. *Resina*
santon often used is *℞ Resina Santon ʒi*
folob ʒss

Mag. Sulph. Hot baths, and diaphoretics

It may be necessary to use hydragogue
as *Claterium*, *ʒi*, *ʒss* *ganboque* &c but these
are quite depressing. During convales-

cence the patient will do well on some
tonic, of which *℞ Tonic ʒi* is the best.

Alcohol may be called for. Convulsions

are best treated by the inhalation of
Chloroform during the convulsion and

the administration of Chloral Hyd.

and some of the Bromides, best Bromide of

potassium during the interval between the

attacks. The action of pepper should

be solicited should *arcanis* *inferna*



Hot, air and hot water baths promote cutaneous actions and should be taken together with sulphuric acid.

In treating granular disease the hope of a curative result cannot be entertained.

The disease is written in indelible characters in every portion that has been invaded by it. Altho' tissue once destroyed, cannot be restored to its normal state, still its progress can be slowed, and suffering alleviated.

Vegetables should comprise the chief articles of diet. Change of climate is of vast importance, from a temperate to a tropical or semitropical.

The disease is rarely if ever cured by these measures still, life is on

many instances, much protracted by
them. Drops should be treated as
in nephritis, acetate of iron may be
given with acetate of potash. Alcohol
should be avoided as much as possible.
Diuretics may be called for, copalivum
(decretion), digitalis, juniper squilla
bitartrate, acetate & extract of Potash
& inflammatory complications should
be treated as when they are independent
and of this disease except that opium
should be avoided.

The treatment of lardaceous disease
consists in removing the cause, as
long as the primary disease remains
the deposit continues. If the cause
be syphilitic it should be treated with

appropriate remedies. Extensive
suppuration should be treated
Tonics Iron Quinine &c should be
given. Iron is best because of
power of promoting the formation
of red blood corpuscles. Potash and
other alkalies are useful. They
supply to the blood the alkalies
which are taken from it by
the discharge. Liquor of Potash
and the acetate are the prepara-
tions most used. They should be
given with cod-liver oil and
other tonics. Impetigo effusiva
should be treated as in granular
disease. It is better however than
in granular disease.



1853

E. A. WAREHAM

Diphtheria

— Argument

General History

— Etiology

(a) Predisposing Causes

(b) Exciting Causes

— Pathological Anatomy

— Symptomatology

(a) Course

(b) Duration

(c) Termination

— Diagnosis

— Prognosis

— Treatment

— Conclusion

General Introduction. —
The knowledge of the human body,
the preservation of health, the recog-
nition, and cure of diseases, are
objects of too great importance for
me to doubt, but my attempt
to promote, them however slight
would, meet with an indulgent
reception from my Professors in
medicine. An inquiry into
the intimate nature of Diphtheria
it is presumed, will be thought
to be in some degree interesting
to some. There is no subject
in the theory of medicine upon
which more reasoning has been
founded, nor any from which
more inferences have been drawn.

- for the medical treatment of acute infectious diseases, than the theory of their Bacteria origin. Those affections which we know, or at least believe, must originate through the infection of the system with certain peculiar poisonous matters, and which are mainly distinguished from the ordinary poisons, by the fact that they can reproduce themselves under favoring conditions to an endless degree. And when investigations have been prosecuted further, in this direction infectious diseases will be found to occupy a far wider field than now is commonly given them.

The argument, I have given, will present, (it is hoped) (the matter)

in a logical sequence, so that
should the arrangement of data or
the reasoning drawn therefrom,
contain unassailable conclusions
or any assertions that may seem
to conflict with the prevailing ideas
on the subject, they may readily
be detected, as the inquiry
is made from the accumulated
observations of the most eminent
men of the day, it is hoped that
the conclusions drawn from
them will meet the test of a
candid examination.

1. Ziemssen's "Cyclopaedia." Vol 1
page 5-74. by Vertel.

General History

Diphtheria is one of the oldest epidemic diseases of the human race.

Even Homer and Hippocrates advanced views from which Bretonneau first sought to prove that the disease was known even in those days under the name of *Acidum Aegypticum*, as a disease greatly to be feared, as a preventive against the malady a combination of sulphate of copper with honey was recommended. This remedy has

retained its position in the *Pharmacopœa (Gemma)* for centuries under the name of *Unguentum Aegypticum*.

Besides these notices, Aretæus (at the close of the first and beginning of the second century after Christ) gives a

most characteristic description of the
Malum Aegypticum, in which he
especially emphasizes the fact that
the Tonsils are covered with green-
ish, concrete humor, etc. which
spreads over the tongue and gums.

The ulcers, which are found on the
Tonsils, and which are clean, small,
superficial, without inflammation,
and painless, are benignant,
while on the other hand, those which
are extensive, deep, purbid and covered
with a white, livid or blackish cloth usu-
ally to be malignant.

In fatal cases, the fetor which comes
from the mouth of those affected with
the disease, is so loathsome that the
patients themselves, cannot endure it.

Fluids are regurgitated through the nose, and there is hoarseness and loss of voice. When the disease extends quickly to the air tubes, it produces death in a short time by suffocation. Children who have not reached the age of puberty are frequently attacked by this disease.

This disease originates, according to Aretaeus, Egypt, Syria, and especially in Coele Syria whence it derives its name of Melum - Aegyptiacum or Egyptian and Syrian ulcerations.

Macrobius describes a similar epidemic disease in Rome in the year 600 A. D.

In later centuries the disease -

-appeared again as an epidemic,
first in Holland, in 1337.

When Forest wrote an account of it.
Then in the seventeenth and eighteenth
centuries it extended over
other portions of Europe.

In citing these more general
descriptions we call attention
to the fact that are not to be received
as exact, as they do not always
avoid confounding the disease with
other affections such as Scorbution,
etc. The first accurate investigations
into the nature of Diph-
theria were made by Boissier,
and laid by him in the
form of two treatises before the
French Academie de Medecine, in

- 1821 Boettmann first called,
this form of angina Diphtheritis-
a name which he gave to the
disease, because of its essential
characteristic exudation.

According, to this writer, even
inflammation, without exudation
is never a diphtheritis. and no
inflammation, with exudation, is
diphtheritis, when it does not
spread by contagion, and indeed
the membranous exudation is the
poison itself, which forms the
pathological criterion for this
disease. From numerous facts he
believed he had proven that con-
tagion occurred only when the
diphtheritic secretion, in the,

form of fluid or dust like atoms
were in immediate contact
with soft mucous membranes
or with the skin covered by
its epithelium. Inoculation
he believed, was the only possible
mode of conveying the disease,
while the atmosphere, on the
other hand, did not act, as
a medium for spreading the
contagion.

Finally a case of Diphtheria
in Briton was, in his judgement,
one and the same disease
and the latter, as ~~the~~ only the
highest degree of the former.

Although Briton was at first
informed that diphtheria must be

considered as wholly a local disease. He was obliged at a later period to concede that a blood poisoning is one of its essential characteristics.

The discussion concerning the nature of Diphtheria assumed a new phase when the discovery was made by Huxley and Cohn, simultaneously, that the Diphtheritic membranes, the subjacent diseased parts, and even the blood, contained in great numbers, vegetable organisms, or bacteria to which Cohn gave the name of Micrococci. Pathological experiments were then at once undertaken to solve the disputed

question, by Truidelburg
Mussiloff and others.

Etiology:

Predisposing Causes: -

While the disease occurs more or less throughout the whole range of civilization, it is more prevalent in the temperate regions. It is more apt to prevail as an epidemic during the winter and spring, but epidemics have occurred at all seasons like all other diseases of the same kind. All the conditions of bad hygiene increase its virulence and favor its diffusion. Unquestionably the chief cause of its spread is

i Bartholow's "Treatise Practice of
Medicine, page" 740" second Edition

contagious, The young, above
one year, are more susceptible
than adults, the greatest mort-
ality being attained from the
second to the fifth year,

Boys seem more apt to get the
disease than girls a fact which
Fothergill noted in the epidemics
of the middle and the last cen-
tury.

i Expecting Causes;

As Diphtheria

is a communicable and inoculable
disease it is propagated by a
specific poison, the form of
which is not known, although
suspected to exist as a minute
organism; The simultaneous

i "Bismarck's" Cyclopaedia Vol 1
page 595. by Cortel.

discovery by Huxley and Virchow.
of a minute organism of the
Bacteria group, in the epudation,
the mucous membrane, neighbor-
ing vessels, and lymphatics
and, in the blood, ~~at~~ once attrac-
ted attention, to this parasite,
as the infecting principle.

Virchow's discovery of the presence
of micrococci colonies in ulcer-
ation, endocarditis, and elsewhere,
furnishes strong support to this
theory of diphtheria.

Pathology

Passing on now to a description
of the disease itself we see that
diphtheria when it occurs,

epidemicity, attacks especially the mucous membrane of the air passages, and from this point as a center, infects the whole organism and becomes a general disease. As a local affection of the mucous membrane, its occurrence the manifestation of an inflammation, the nature of which depends partly on the intensity of the local infection, and partly on the reaction of the tissues themselves.

(a) In the lightest forms we find in addition to diphtheritic exudations which however may possibly be absent, only the signs of a catarrhal affection

(b). In other cases the inflammation is so severe as to cause fibrinous exudation (exudation) on the surface of the mucous-membrane: -

(c). And the disintegration of the exudation, followed by the process of decomposition, which in some cases may give rise to septicæmia: -

(d) Finally the inflammation may cause true gangrene of the part attacked, though this occurs only in the most cases.

Since a detailed description of the different lesions consequent on diphtheria would carry us beyond the limits of our subject.

f. Guissonis "Cyclopaedia. Vol. 1
Page 576. by Pestel.

we will not attempt to go any
further with it, but leave what
little we have said to the consi-
deration of others.

Symptomatology.

Diphtheria of the mouth and
larynx begins without symptoms,
which might give warning to the
patient or his friends of the appro-
aching danger, with slight fever or
none at all with a slight sense
of Malaise, trifling spontaneous
pain in the throat, a sensation of
dryness, or slight prickling pain
in swallowing, which, in adults, is
scarcely noticed, and in children
cannot be ascertained. The -

i Bartholow's. Treatise Principles of
Medicine. page 745.

Submaxillary, and cervical glands.
swell moderately, and somewhat tender
or painful on gentle pressure.

Only in rare cases does this light
form of the disease give rise to
more marked symptoms.

There are well marked forms.

1. Catarrhal. - The Catarrhal,
the Scrophulous, the Septicæmic and
the Gangrenous, i

In the Catarrhal form the initial
symptoms, are those of an ordinary
Catarrh. Heat, irritation and
pain are felt, in the throat, and
on the attempt to swallow much
soreness experienced.

Scrophulous form: - This form
may begin with an ordinary

Catarrhal variety and continue to the formation of the false membrane without any indication of a departure from the usual course until the fourth or fifth day, when it takes on a new character by the sudden development of a high fever increased tumefaction of the glands spread of the false membrane etc. -

Septic form: - during the course of the catarrhal or croupous form especially the later the products of decomposition entering the blood the condition of Septicæmia will be produced; -

Gangrenous form: - This is an extension of the septic form and should

be regarded so: -

Course - Duration - Termination.
The course and behavior of diphtheria
have been sufficiently detailed in the
preceding pages. The several forms
briefly described are based on sound
observation and experience, which
must always be confirmed.

The mortality of diphtheria varies
greatly in different epidemics and
and the results of sporadic cases
are influenced by various causes.

In some epidemics nearly all
have died. So great is the variety
in the severity of epidemics and
of individual cases that no precise
statement can be made.

It is certainly true that no case of -

Diphtheria should be regarded as trifling for during the course of the simplest cases the most formidable symptoms may arise.

Neither secondary paralysis, will develop after the termination of the disease, and what the nature will be cannot as a rule be precisely determined with certainty but that diphtheretically infected wounds can be followed by paralysis of different groups of muscles should not be forgotten. The more severe the affection of the mucous membranes, and the longer its duration before the fall of false membranes. The danger is the probability that it will be followed by paralysis:—

"Barnes's" Cyclopaedia Vol 1
Page 660. G. Vestal

Finally, in very severe cases, certain groups of muscles may remain more or less paralyzed completely, after the others have recovered their functional capacity.

— i Diagnosis —

Distinctive as are the symptoms, with which diphtheria appears, in its clearly marked forms, yet it is quite often difficult in individual cases to decide if diphtheritic disease be present, in general one is less likely to err, in the diagnosis during an epidemic of the disease, than in sporadic cases, in which a definite distinction is often extraordinarily difficult. In the whole list of—

i Hartshorn's Essentials, page 428.

subjective symptoms, there is no
single one which would be completely
indicative and conclusive in the
diagnosis. And just as little possible
would it be to give a complete and
well-defined picture of a diphtheritic
attack which would correctly
represent every case at all times,
a circumspect weighing of all
the diagnostic points a careful review
of the general symptoms, a close
ocular inspection, and physical
examination, a microscopical
analysis of the patches, adhering
to the mucous membranes, are
essential to form a conclusion.
Of course in doubtful cases.

1. From *Streptococcus diphtheriae* —

is distinguished by the absence of the eruption, and of the peculiar punctated or brick-dust like flush of the throat, and strawberry tongue, that Scarlatina predisposes to diphtheria, as a subsequent attack is a well established fact and not unimportant.

Prognosis.

On account of the difference in the phases of development through which the diphtheritic process goes, the indications for prognosis are also different, and are preferably divided into two main groups;

(a) Those which furnish a general indication of the course of the disease.

i Reimanns Cyclopaedia Vol 7
page 668 by Pestel.

(c) Those forms which on a second
indication for the next stage of the
disease can be made.

Simple diphtheria is not very dan-
gerous to life. The croupal form
is decidedly so, and the malignant
is fatal in a large majority of cases.

Obstiduousness is a trait often
belonging to the disease. In children
a name which has been applied by
some for that reason, is creeping
croup: -

i Treatment

In diphtheria we have to deal at
first with an infection which is
localized and afterwards with a
general disease resulting from this.

- out of which ultimately be decided
still a later affection of various org-
-ans. Consequently, the precise
problems of treatment will be found
indicated in the different phases
of development of the diphtheritic
process: -

We possess no specific reme-
-dies- against the disease, but the basis
of treatment will always have to
be sum-total of our acquaintance
with the special pathological

process, its origin, course & retrogre-
-ssion, and hence, the treatment
will have to be divided into, -

I Local.

II General: - and

III Treatment of the Sequelae,

The problems to be solved, in the treatment of the local affection - are; -

I. To treat the inflammation depending on the infection and its immediate results

II. To prevent septic disease and a general poisoning of the system

In order to solve the first problem, in a way corresponding to the knowledge and the remedies we possess, we must endeavor to confine the disease to that form, in which it comes under treatment, and prevent it from passing into a severer form, to put to stop, by every possible means, to the spread of the process, and to bring about

a retrogression of the inflammatory process, with the removal of the pseudo-membrane, and necrosed tissues, where the evacuation has already reached the mucous-membrane, & the neighboring organs. The probe and the Larynx to combat the symptoms, resulting from it which profundize like and finally to moderate the Subjective symptoms, especially related to the inflammation - viz., the pain and difficulty of swallowing.

Among the requirements comprised in the second problem of the local treatment must always be counted early, and most complete removal possible from the tissues

of all substances which cause the disease; secondly, the arrest or limitation, by destruction of vegetable parasites, and other fragments of the decomposition going on in the products of the disease, and in the next place the most general disinfection possible, especially the cleansing the mouth and throat; and finally the prevention of any further entrance of Micrococci, and of the continued absorption of injurious products of decomposition from the surfaces of the diseased tissues.

General Treatment
The treatment of diphtheria by

internal remedies, is based -
upon the same principles as
those which guide the adminis-
-tration of internal remedies in
other infectious diseases.

As we possess no remedies
which act directly to destroy
or restrain the disease, or the
violent poison which causes
it we resort, only, at the

present time to those which
meet the excitation, & indications.
This mode of treatment has
in its task. Therefore: -
1st To diminish & remove off
the general constitutional disturbances
the fever, and the different compli-
-cations which are likely to arise.

and which tend to keep on
the disease, and to diminish the
strength of the patient.

2nd. To increase the patient's
powers of resistance; so far
as that can be done by ther-
apeutical and dietetic measures,
in order that he may be able
to live through the stages of
reactions.

— Treatment of Secondary —

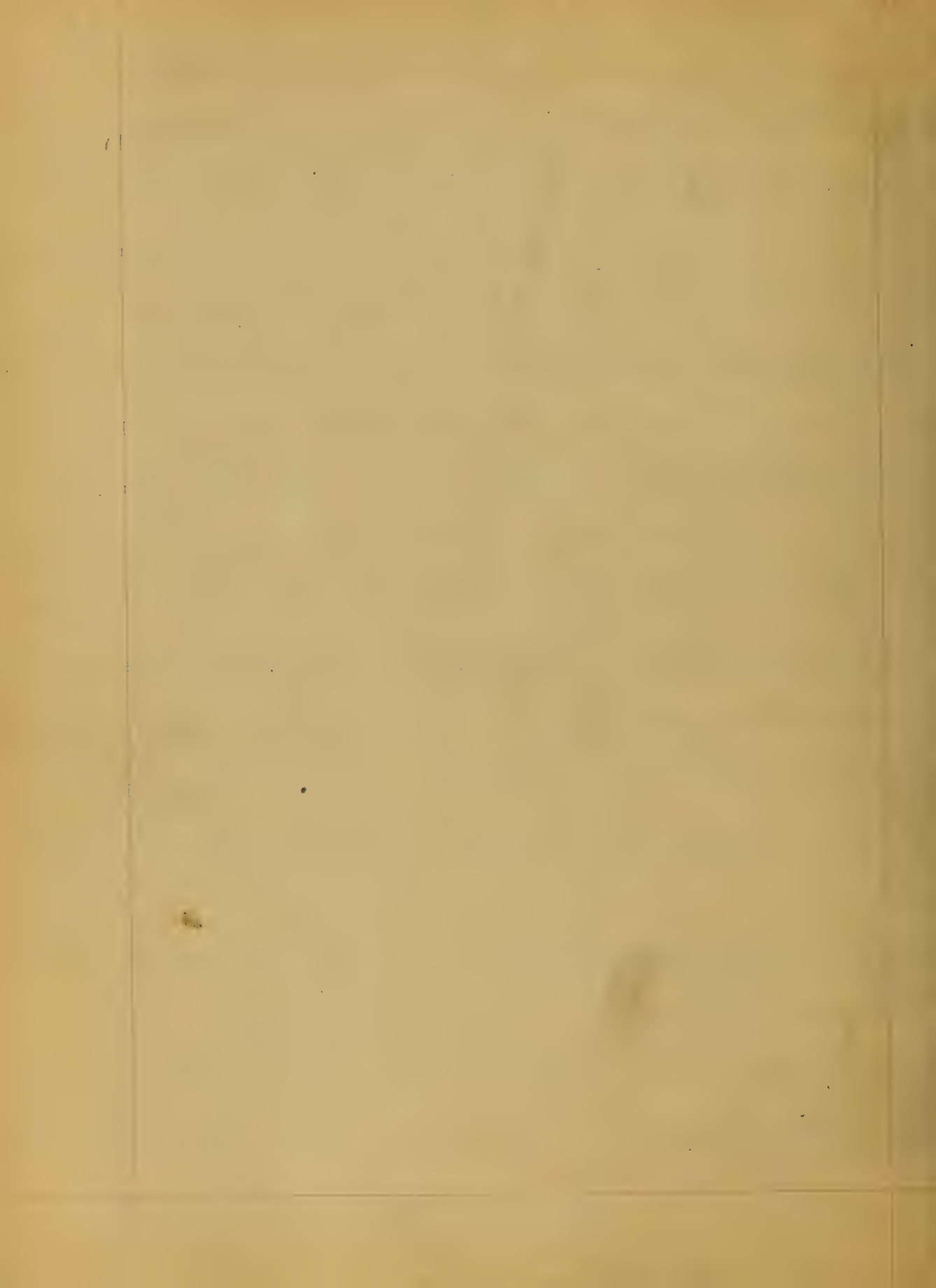
The successful treatment of
secondary paralytic conditions
depends upon the possibility first
of remedying the pathological
changes produced by the disease
or at least of assisting.

Nature in her efforts, to do this
or second, of retaining the func-
tional powers of one organ until
nature herself shall have resto-
red the integrity of second. org-
an, upon which the first depe-
nded, for the maintenance of
its proper functions.

Conclusion

In conclusion I will simply
state that it has been my effort
in presenting this Thesis on
diphtheria to bring forward and
compare the various ideas and
theories pertaining thereto that
have been entertained during the
last few years of course in the

endeavor. it was not my intention
and it would be almost impossi-
ble for me to give all the data
relative to the subject which being
of such of paramount importance,
has already been so extremely
written upon that it seems al-
most presumptuous for any one
to offer more matter to the ever
increasing quantity.



1893
A Thesis on
"Lobar Pneumonia"

by
J. M. Robinson.

Respectfully submitted to the
Dean and Faculty of
University of Maryland.

Lobar Pneumonitis

It is an affection characterized, in its local manifestation, by inflammatory hyperemia of the lung substance, with exudation, into the alveoli, of fibrin and serum.

In many nosological systems of present times the disease is placed among the purely local affections, but it has come to be regarded by pathologists of more recent times as a general disease. Such is the view of Prof. Flint who has suggested the name *Typhus Pneumonicus* and classified it among the essential fevers.

This author thus defines the above:
"It is a fever characterized anatomically by an abundant exudative deposit in

the air-vesicles of a single lobe, or of two, and sometimes three, lobes of the lungs with, or without circumscribed bronchitis and dry pleurisy. It is a fever which rapidly reaches its maximum intensity, and has a short career, the duration averaging about eleven days. It proves fatal chiefly in consequence of associated diseases, complications or accidents, and the mode of dying is by asthma. It is not communicable and depends on a cause or on causes specific in character. The nature of what is at present unknown, but having relations to season and climate. It sometimes attacks spontaneously; and it is in some instances arrested by remedies."

Based upon its anatomical characters, the disease has been divided into three stages. The first stage includes the period when the affected lobe is in a state of acute congestion or engorgement. In this state the lobes are inflamed interfering with the pulmonary circulation and giving rise to a true pulmonary fever.

During this stage the affected lobe presents a dark brownish red appearance due to the inflammatory process, and is somewhat heavier than the surrounding healthy tissue, but is sufficiently light to float in water.

Upon microscopical examination, the capillaries are widely distended and the air cells engorged with serum containing

red blood corpuscles in abundance with a few scattering white blood corpuscles.

The state of engorgement is followed by the second stage or that of red hepatisation, so called from solidification and resemblance to parenchyma of the liver.

During this stage the air cells become occluded and respiration is confined to the adjacent healthy tissue.

A cut section of the diseased lobe exhibits a dark brownish appearance, eliciting no crepitation on pressure, and if placed in a vessel of water will immediately sink.

The third stage should the fever pursue a favorable course is resolution, when absorption of exuded matter takes place.

and fever are usually absent.

That a very considerable portion of the exudation is absorbed is generally admitted; exsiccation contributing but little to the elimination of the exuded matter.

When the fever pursues an unpropitious course the third stage is that of gangrenation or the suppuration stage, or the state of purulent infiltration, the disease usually terminates fatally.

During the first and second stages, the temperature is usually moderate, or is accompanied with moderate fever, and the pulse is of a moderate frequency. In the third stage, the temperature is usually high, and the pulse is of a high frequency. In the fourth stage, the temperature is usually high, and the pulse is of a high frequency.

from the disease is accompanied with
out from the brain. There is usually a change
in the color of the sclera, yellowish by the
presence of a deposit in the region of the
pupils. Following the onset there is usu-
ally a marked febrile rise, diarrhoea,
and depression.

Expectoration of a brownish mucous
substance occurs during the early periods
of the disease - and a more tenacious
and rusty sputa later.

When the disease proceeds from
an uncomplicated case the av-
erage duration is about ten days. If
proper treatment have been instituted.

Pneumonia is frequently complicated with
other diseases. In malarial regions it is

frequently accompanied by periodic
al fevers. The existence of typhoid
symptoms such as great weakness, loose
stools, pain in the head, back, and
joints, and in the tissues, associated with
muttering delirium with prostration and
subsultus tendinum, constituting the
true typhoid state, gives rise to typhoid
pneumonia.

There is also reason to believe that
diphtheria and hepatic disease may ex-
ist simultaneously. Diphtheria which
commonly precedes during the early spring
months is such a common cause of pneu-
monia that it is believed by many to
stand in a causative relation to it.

Plummer's account on inflammation of

a serous sac is so intimately connected with the parenchyma of the lung that an inflammation of the latter can scarcely exist without involving the former to a limited extent.

Phthisis according to some authorities rarely exists as a concomitant or sequel to pneumonia.

Having thus far briefly considered the morbid anatomy, pathology and clinical history of the disease, I will now consider the diagnosis, prognosis and treatment.

Diagnosis of pneumonia is made without much difficulty; indeed, in many cases on sight. Patients themselves recognize in many instances the nature of the

malads, it has in pneumonia, symptoms which are very distinctive if not pathognomonic. The affection is frequently stated to usher in with a chill, followed by fever with more or less pain in the side or pleuritic stretch adjacent to the rattle, with difficulty of breathing.

The characteristic rusty expectoration during the acute period of engagement establishes the diagnosis. Physical exploration of the chest however must not be overlooked, although the signs are distinctive; for the treatment will depend in some measure upon the amount of lung tissue invaded by the inflammatory process. Physical signs differ

in each of the three different stages.

In the first stage we have the fine crepitant rale on auscultation and moderate dulness of the affected lobe on percussion. The increasing solidity of the lung during the stage of red hepatization gives rise to increased dulness on percussion with no rale but a kind of whistling produced by the entrance and exit of air in the bronchial tubes.

When resolution follows the second stage, this bronchial respiration gives way to the crepitant rale and the dulness of resonance on percussion gradually disappears.

The differential diagnosis of pneumonia may be summed up in a few

words. Indeed there are but few affec-
tions likely to be confounded with it.

From pleurisy, by the absence of the
sharp, lancinating pain of the latter;
by dulness of percussion and the exp-
irant rale.

From phthisis, by its sudden onset
expirant rale and rusty sputa and the
violence of the attack; and from bron-
chitis by bronchial respiration, bronchoph-
ony, and dulness of percussion.

Complications frequently accompany
pneumonia tending to modify the di-
agnosis: e.g. Typhoid pneumonia, bilious
pneumonia etc. In these affections we
may consider pneumonia the type and the
complications accidental circumstances.

Prognosis of pneumonia will depend upon a variety of circumstances which must be separately considered. Uncomplicated cases when but one lung is affected and in a previously healthy subject should always be recovered from, if the treatment has been judicious. Indeed such cases if left to themselves, and in favorable hygienic surroundings, would in many instances recover.

On the other hand when double pneumonia exists and when the patient is aged, it is dangerous although recovery often takes place in such instances.

Dr. Flint states that out of 133 cases which he had analyzed, in only two of the fatal cases was the disease in

ited to one lobe and not complicated or associated with other important affections. The same author relates an instance where complete recovery took place in an individual whose entire lung was involved although he was situated in unfavorable hygienic surroundings and without professional attendance.

Mortality in pneumonia is due in a great measure to complications existing in the affection. Those which are likely to prove fatal are pericarditis, intermittent fever and delirium tremens and sometimes affections of the kidney setting up uræmic convulsions. Some other affections may accompany pneumonia making the prognosis

unfavorable. Symptoms which may be considered unfavorable may be briefly summed up as follows:—

Frequency and feebleness of the pulse.
Great frequency and labor of respiration.
Lividities of the prolabia and face.
An abundant purulent or mucous-purulent expectoration.

Storpy, dark colored sputa, active violent delirium; Low muffled delirium indicating the typhoid state, and albuminuria.

The existence of phthisis cannot stand in a causative relation to pneumonia but may exist as an intercurrent affection and add materially to the gravity of the affection.

The treatment of pneumonia says
Hartshorne remains to be a question *vera-*
da. This word appears, we apprehend, some-
times particularly to the onset of the attack
or during the first stage. Blood-letting
is lauded by some; by others condemned.

It is not the province of this paper to
discuss the merits of this time-honored
therapeutic measure. There can be no
doubt however, that in the early period of
the attack and particularly in *struc-*
ture cases, good results may be obtained and
^{with} immense relief to the patient.

Since the physiological action of
certain drugs is so well understood re-
course to blood-letting need not be pecu-
liar to the same extent as formerly.

Prof. H. C. Wood in his treatise on Materia Medica says on this subject "In sthenic fever it is desirable to relax ~~spasm~~ the peripheral vessels and promote a flow of blood to them whilst the rapidity and force of the circulation is diminished.

A drug which depresses the action not only of the heart but also of the superficial vaso-motor nerves is here indicated, and if to these powers is added a special one of stimulating the perspiratory glands, the most perfect remedy is obtained.

The experiments of Ludwig, Schiff and others show that the blood vessels after complete dilatation, are able to hold twice the amount of blood. Thus by means

of an arterial section which paralyzes the vaso-motor ~~sedative~~ center, "we can bleed a man into his own bloodvessels" or in other words get much of the effect of a resection by drawing blood from the diseased part." The robust and those of a plethoric habit will bear resection and undoubtedly this was the best therapeutic measure that can be adopted.

With the aged and those of a feeble system, however, the operation would be hazardous in the extreme.

While there may be differences of opinion with respect to resection and other therapeutic measures, the treatment is clearly not tentative. In the early forming stage of pneumonia, especially in sthenic cases

or in subjects upon whom we would employ
resection, quinine combined with morphia
with perhaps one or two drops of Tinct. ferri
its rati sometimes produce a very desir-
able effect. Aconite, however, being a direct
cardiac and arterial sedative should only be
used during this early stage and not when
there is much dulness and tubular tract-
ing. The compound nitrous powder has
also an excellent effect in the early fibril-
lary stage.

When there is much pain and dysp-
noea ~~oppressive~~ may be indicated, together
with hot fomentations about the chest. A
purgative of Epsom salts in the early period
is recommended by some authorities.

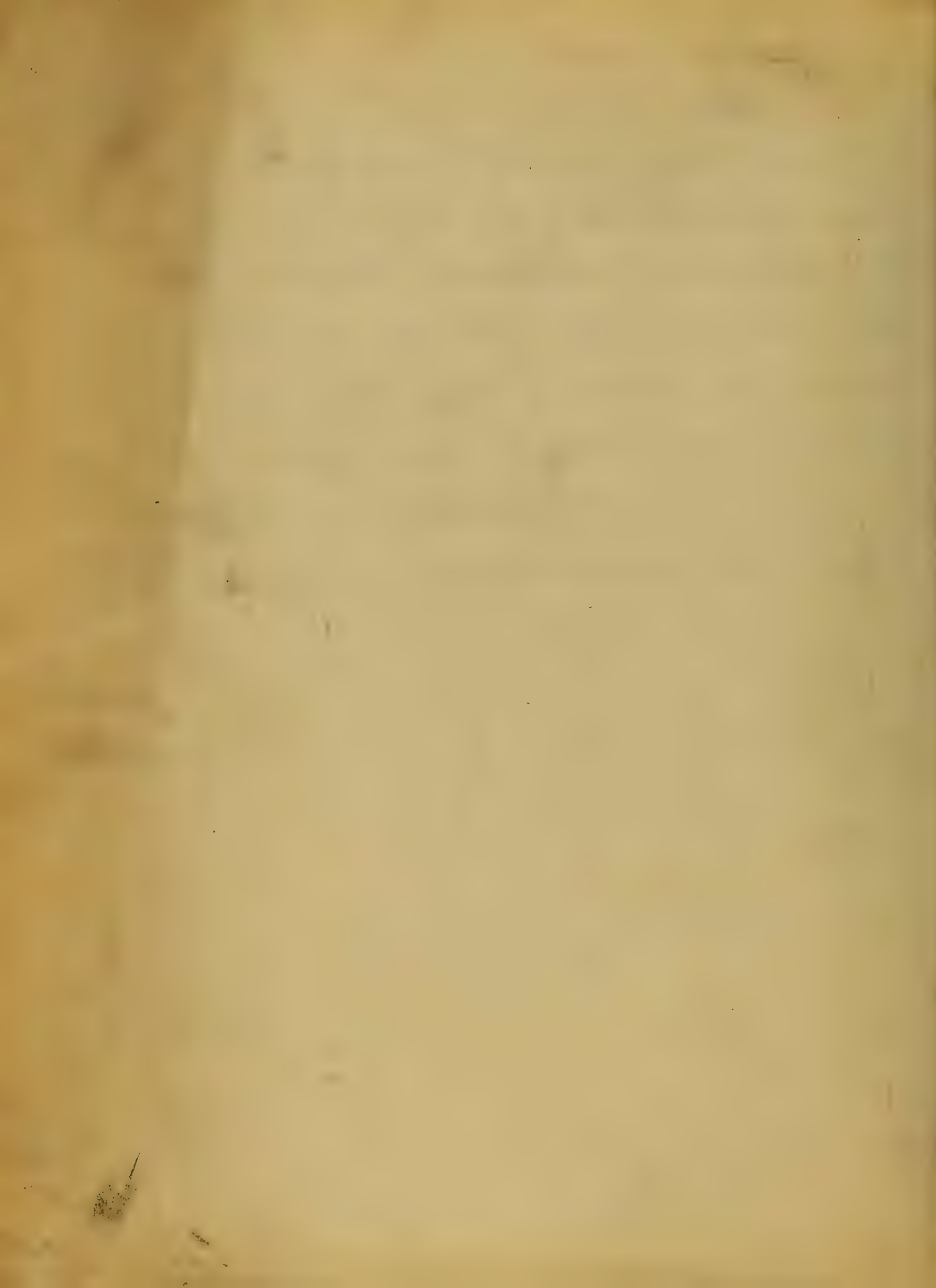
These measures usually suffice in the early

period or during the first stage. Treatment of the second stage has for its object the promotion of resolution, allaying pain, and favoring expectoration when bronchitis is present. Supporting measures form an important feature in this stage.

Good nutritious diet is also an important factor in this period as well as in Convalescence.

We have thus far in the treatment, considered sthenic cases. In the asthenic, supporting measures must be adopted from the beginning. Beef tea, wine, spirits, with some of fine preparations of Quinine and Iron may be advantageously be used in such instances. Complications are perhaps more common in pneumonia than other febrile

affections and they must be treated as they
arise. Typical cases of this disease are rare
and the observing physician, throughout
the entire career of the disease will not
overlook the condition of the torus and kidney
and be prepared to meet any emergencies
arising from morbid, pathological changes
or individual idiosyncrasies.



1883

"Whooping Cough"

By

B. B. Williams.

Whooping Cough

Although in the vast majority of cases the patients are children, it occasionally occurs after childhood and at all ages. The affection has no anatomical characters except those of ordinary bronchitis. Other morbid appearances found after death are due to complications which I will mention under the head of clinical history.

Clinical History. The names of this affection derive their significance from certain characteristics pertaining to the cough. The first or the forming

stage embraces a period prior to the appearance of these characteristics. The primary symptoms are those of simple congesta and bronchitis. Frequently during this period there is nothing which denotes the affection to be other than a common cold. But, in the majority of cases, the cough is more violent than in an attack of ordinary bronchitis and it persists for a longer time, progressively increasing. There is also more or less fertile menses which is more

marked and continues longer than in ordinary bronchitis

At length the cough becomes distinctly, and in a marked degree paroxysmal, and the distinctive features of the affection relate especially to the paroxysms.

The duration of this first stage varies from two or three days to two or three weeks. After the affection has advanced to the second stage, the patient is generally aware for a few moments previous to a paroxysm that it is impending.

A child engaged in play -

suddenly is quiet and the countenance expresses apprehension and distress. The morbid sensations are a sense of constriction, and an irritation of the larynx and Trachea. These pronominations are sufficient to arouse the patient when asleep. The paroxysm is denoted by a cough which is characterized by a series of violent expiratory acts succeeding each other so quickly that the patient is unable to take an inspiration between them. The number

of expiratory coughing efforts which thus follow without an inspiration, varies, according to the severity of the paroxysm, from six to twenty. A long and labored inspiration then takes place giving rise to a crowing sound evidently due to spasm of the glottis; this is the whoop which enters into the name of the affection.

Another series of coughing expiratory acts succeeds, followed again by the sonorous inspiration or whoop; and,

these alternate acts of coughing and whooping are repeated until the paroxysm ends. The contraction of the lungs by the spasmodic acts of coughing interrupts not only respiration, but the pulmonary circulation, so that an accumulation of blood takes place in the right cavities of the heart. These effects are shown by notable congestion and tenuity of the face and turgescence of the cervical veins. Tears flow in abundance. The suffering from dyspnoea

is in proportion to the violence and length of the paroxysm.

The contents of the stomach are frequently expelled; and, at the close of the paroxysm, more or less mucous secretion is expectorated. In proportion to the violence and length of the paroxysm the patient is fatigued or exhausted. However, even the paroxysm there is scarcely any immediate danger either from Apnoea or Syncope.

Various events are incidental to the paroxysms especially when

1
the latter are severe. One of the most frequent of the incidental events is Hemorrhage.

Epistaxis is the most common form of Hemorrhage.

Not infrequently blood flows from the nostrils, in more or less abundance with every paroxysm; and the loss of blood inducing notable anaemia, this favors the persistence of the Hemorrhage.

Haemoptysis is an occasional form of hemorrhage.

Blood sometimes escapes from the conjunctiva, or ac-

accumulates beneath this membrane. Blood has been known to be forced from the ears. The primary & chief cause of the Hemorrhage is the venous congestion arising from accumulation of blood within the right cavities of the heart. The urine or faeces or both are sometimes expelled involuntarily during the paroxysm. Intestinal hernia is sometimes produced. Certain complications are liable to occur,

which add much to the gravity of the case. Mild Bronchitis is a part of the affection. It is almost invariably present of the affection or uncomplicated, physical exploration of the chest elicits good resonance or percussion, with, perhaps, the dry or moist bronchial rales.

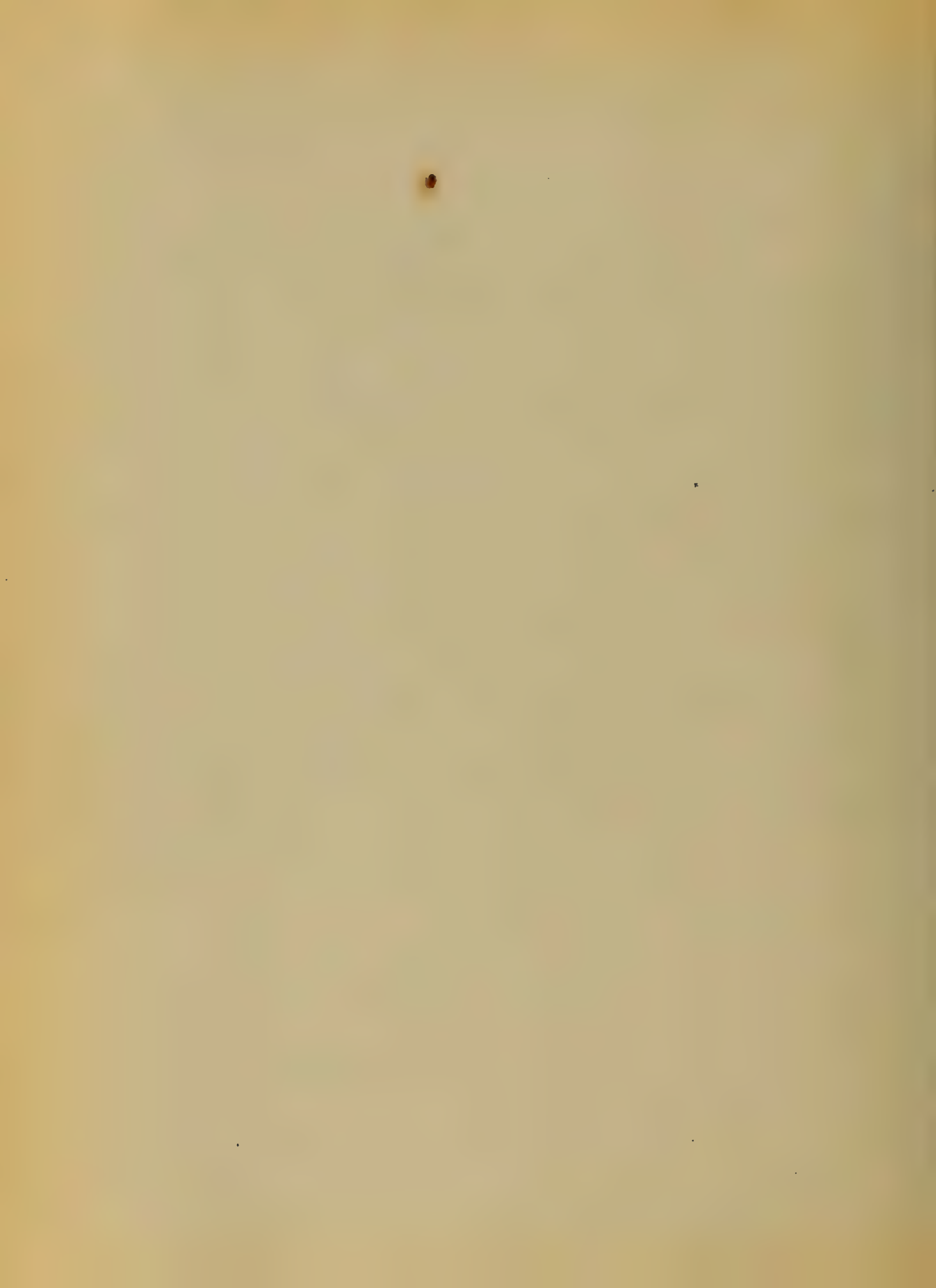
The Bronchitis in some cases is unusually acute, giving rise to febrile movement and abundant mucous secretions.

Collapse of pulmonary lobules is liable to occur in young children. Pneumonia

is developed in some cases
Pleurisy with effusion is another complication, which is more likely to occur in adults than in children. These several pulmonary complications are rendered severe & dangerous by the recurrence of the paroxysms of Whooping Cough. When Whooping Cough is accidentally associated with some acute disease, such as measles, or scarlet fever, the paroxysms of cough as a rule, become less frequent and violent: These

intercurrent diseases interfere with the natural course of this disease. The duration of the affection is subject to considerable variation. Exceptionally the affection ends of its own accord in a few days, though it is rare for it to end in less than six weeks and sometimes it continues even for a much longer period than this -

"Pathological Anatomy" The only lesions are hyperaemia of the mucous membrane of the nares, pharynx, larynx.



bronchial tubes, &c., increased secretion after a pulmonary dryness of the membrane, the secretion at first consisting of transparent mucus, afterward becoming more or less purulent and, when this condition has been reached; the redness of the membrane is succeeded by paleness and anaemia.

Various pulmonary and central lesions occur also during the course of Whooping Cough, but these complications are not necessary to the disease.

"Causes" It is supposed that the special exciting cause of this disease is a contagious principle which acts upon the respiratory organs, with special excitation of the filaments of the superior laryngeal nerves. The morbid material may excite the disease at any age, but it is most common from the first to the seventh year, and it happens in females more frequently than in males.

Whooping Cough occurs among all races and classes, and is

more prevalent in Winter and Spring, although it is encountered at other seasons.

As Epidemics of Whooping-Cough sometimes precede, accompany, or follow epidemics of Measles, a relationship has been supposed to exist between them.

One attack removes the susceptibility to the disease, and it is uncommon for a second attack to occur in the same individual. The period of incubation, probably, about five days but it varies considerably.

"Treatment". The treatment of Whooping-Cough embraces curative and palliative measures. It must be admitted that there are no known means by which the affection may be arrested; that is abortive means. Measures are curative if they abridge the duration of the affection, or diminish notably its severity, and there are various remedies which possess more or less curative power.

Alum is considered as giving more decided and satisfactory results than any other remedy ever employed.

From one to six grains may be given every four hours, the dose being graduated to the age.

Dissolved in some form of syrup or water, it is not an unpleasant remedy. This remedy probably exerts its curative effect by acting upon the Bronchitis.

Of late the Bromide of Potassium and the Bromide of Ammonium have been employed to some extent with apparent results giving promise that these remedies will be found of value.

Palliative treatment is in

portant. Relief may be afforded by Opiums in small doses, if they be well borne, by Ethers and the Hydrocyanic Acid.

Hygienic measures form an important part of the treatment.

If there be no complications which interfere with exposure to the open air, this should by all means be advised and enforced. Under proper prudential restrictions, the more out-of-door life the better.

The diet should be nutritious

If, from the frequency of vomiting, the system suffer from inunction, Alimentation becomes an impor-

tant object of treatment. The patient should take food, often and as soon after a paroxysm as possible. The time for giving food should be chosen as far as practicable remote from the paroxysms and eating at the most favorable times should be insisted upon, despite the absence of appetite. Hemorrhage, if profuse or recurring frequently, claims haemostatic measures of treatment.

1883

Thesis

on

Intermittent Fever

by

James W. Nixon.

N. C.

Gentlemen
Intermittent Fever.

Certainly no diseases are more worthy of careful study on the part of Medical men than those of Malarial Origin, Owing to the vast increase in the prevalence of malarial affection within the last few years, there are now many parts of our land where the physician is seldom called upon to treat any other diseases, And even when other ailments are met with, malarial complications are almost invariably present, The most common and therefore the most important malarial disease is "intermittent fever"

Accordingly I shall endeavour
briefly to describe its nature and
treatment,

Fever and ague there is a
complete intermission in this
form of fever

There are three stages, Cold, Hot
and Sweating

The Cold, Stage, temperature is
increased within, the skin shrunken,
sometimes nausea pain in the
back and loins, this stage passes
gradually into the, Hot Stage,
the skin resumes its shape and
heat takes place of Cold, skin
becomes dry and hot. Headache
Sometimes delirium, This is followed

By the sweating stage skin becomes moist; sweat appears on the face first, then over the entire body. There is of a heat that does often contain an increased amount of urea with acid, not so frequently albuminous matter. The stage in this stage is general and refreshing this stage generally last from two to four hours.

Intermission is the space of time between two successive paroxysms. The period from the beginning of one to the beginning of next paroxysm is called Interval or intermission. Some distinguish four Intermissions. These are three distinct forms, viz. Costicular, Tertian, Quartan and two mixed forms.

or Types. known as Latent Intermittent
or Billious and Hemorrhagic,
Rustidiana form resembles Remittent,

fever, In this form the intervals is about twenty-four hours, or the paroxysm recurs daily as the name implies,

Tertian form, In this type the interval is about forty-eight hours or the paroxysm recurs on third day, reckoning the days on which the two successive paroxysms take place.

Quartan type, The interval is about seventy-two hours or the paroxysms recur on the fourth day. As a rule, the paroxysms are uniform in each individual case.

As regards the cold stage, duration of the several stages respectively,

The variety of work is very frequent
and the work is very different
in nature.

The Quotidian and Tertian types
are the most common, but in one
of these types sometimes at
different seasons, the way these
types are in a locality can vary, while
the next we may have Quotidian

the way have double Quotidian and
double Tertian, These compound types
are rare except the Tertian form.

In this the paroxysms occur daily
but at different hours each successive
of days. These paroxysms generally
occur in the forenoon seldom at
at night. To describe the paroxysms

recurs at the same hour each day, but sometimes there is a variation from this rule, variations may be anticipatory or retarding, they are anticipatory when they occur earlier than on the preceding day, retarding when later than on preceding day, This variation in time of recurrence is evidence that the disease is about to end,

During the subsidence there is great difference in different cases as regards freedom from ailments, In some cases the patient complains only of a certain amount of debility the appetite and digestion being good and there is no apparent disorder

of any of the functions. While in other cases there is marked disorder of the functions, appetite and digestion being impaired &c

Complication

Enlargement, of the Spleen is an occasional complication

The enlargement is felt through the walls of the abdomen; This complication is known as "ague cake", In districts where the disease prevails it occurs in some cases before the disease develops, while in others, long duration it may be absent or very slight, it may continue for months after the paroxysms have ceased, The Pathology of this

enlargement is unknown, Anasarca
is incidental to this disease,
especially if it has been of
considerable duration, The pallor
of the face often associated with
characteristic yellowish or rather
tint and with oedema denotes
what is called "Malarial Cachexia"

General, Dropsy is an occasional
complication,

Eruption about the mouth is frequent.
The liver often undergoes changes
probably atrophy,

The kidneys also may be involved
congested containing albumen which is
app to leave with eradication
of the disease,

Anatomical Characters

It does not exhibit any local inflammation except in suppurative

In the congestion of a chest the blood is broken up in the Spleen and frequently it is carried to the liver and is more or less distributed to other organs.

The period of incubation is uncertain. It may remain latent for a time. The Duration of this disease is indefinite. It not unfrequently ends spontaneously after a few years, but in many cases continues for weeks and may for many months unless treated by just measures. Its indefinite duration.

~~Another~~ as a striking point
of difference between the two conditions
is, Another striking point is the
tendency to relapse. This tendency
remains for many years. In some
cases successive attacks occur
regularly at certain periods.

It was formerly thought that the
tendency to relapse was caused by
letting the "flow" wear itself out
so to speak.

Since it has been proved
that therapeutic interference
will lessen the liability of subse-
quent attacks after the first years
have ceased to occur either
spontaneously or from use of remedies.

The Thermometer will show more or less increase of heat at the time the procyon was expected, and as we have a rise of temperature occurring, the disease has not been completely cured and relapses are liable to occur.

In malarial districts we have what is called Latent Intermittent Fever, or Billious Fever in these cases the procyons are not fully developed.

The patient complains of indigestion, ailments, The appetite is impaired, Nausea, vomiting with pain in the head, in disposition to exertion, &c are present.

The tongue is generally coated with a white coating, these elements are increased at regular periods on successive or alternate days with slight manifestation of prostration. The thermometer in the axilla with short periods rise of temperature though the surface of the body may not show increased heat. The pulse is but little accelerated.

The temperature in intermittent fever generally ranges from one hundred to one hundred and one.

There is also a form of Intermittent fever known as Remittent which prevails in the North eastern section of North Carolina.

This form generally comes on
in the relapses of intermittent
fever, it may come on with
any decayable feeling whatever
before the attack is upon
me.

Symptoms; The cold stage
is, as in ordinary intermittent
fever except that the duration
is much longer.

The warm stage come on during
and requires the aid of Stimulants
Hypodermically.

The sweating stage is seen on
in from one to three days may never
be perceptible.

The hemorrhages occur during

the cold stage from the Lungs
Stomach and kidneys

In mild attacks only one of
organs, is involved, all three
may be involved.

The patient may be unimpaired
when he is attacked the second
time, There is great prostration
and pain.

The Treatment should be as in
Intermittent fever except more vigorously
applied

Anatomical Characters unknown,
also, Pathology,

Causes of Intermittent fever, The Cause
exists a special morbid agent
malaria, This poison is called

miasma. It comes from where heat
moisture and vegetable decay combined
in decomposition. The exact source
is unknown a temperature of 60° is
necessary to promote this decomposi-
tion. It is more abundantly produced
when a dry is followed by a wet
period in marshy sections it is
abundant, more in night air than
in day. Its specific gravity keeps
it near the Earth, as a family
upon a hill will not suffer from
it, while one in a raised locality
but in a bottom will.

The disease is not communicable
from one to another and is purely
miasmatic.

The Diagnosis, is plain, the type is to be determined by duration of intervals and a comparison of the paroxysms.

The Prognosis is good when free from complications

Treatment.

Medicine - possesses Specifics if any remedy be entitled to this appellation, During Cold stage hot drink, Tea, hot bottles warm blankets &c should be used

Sulphuric ether and carbonate ammonia are also good

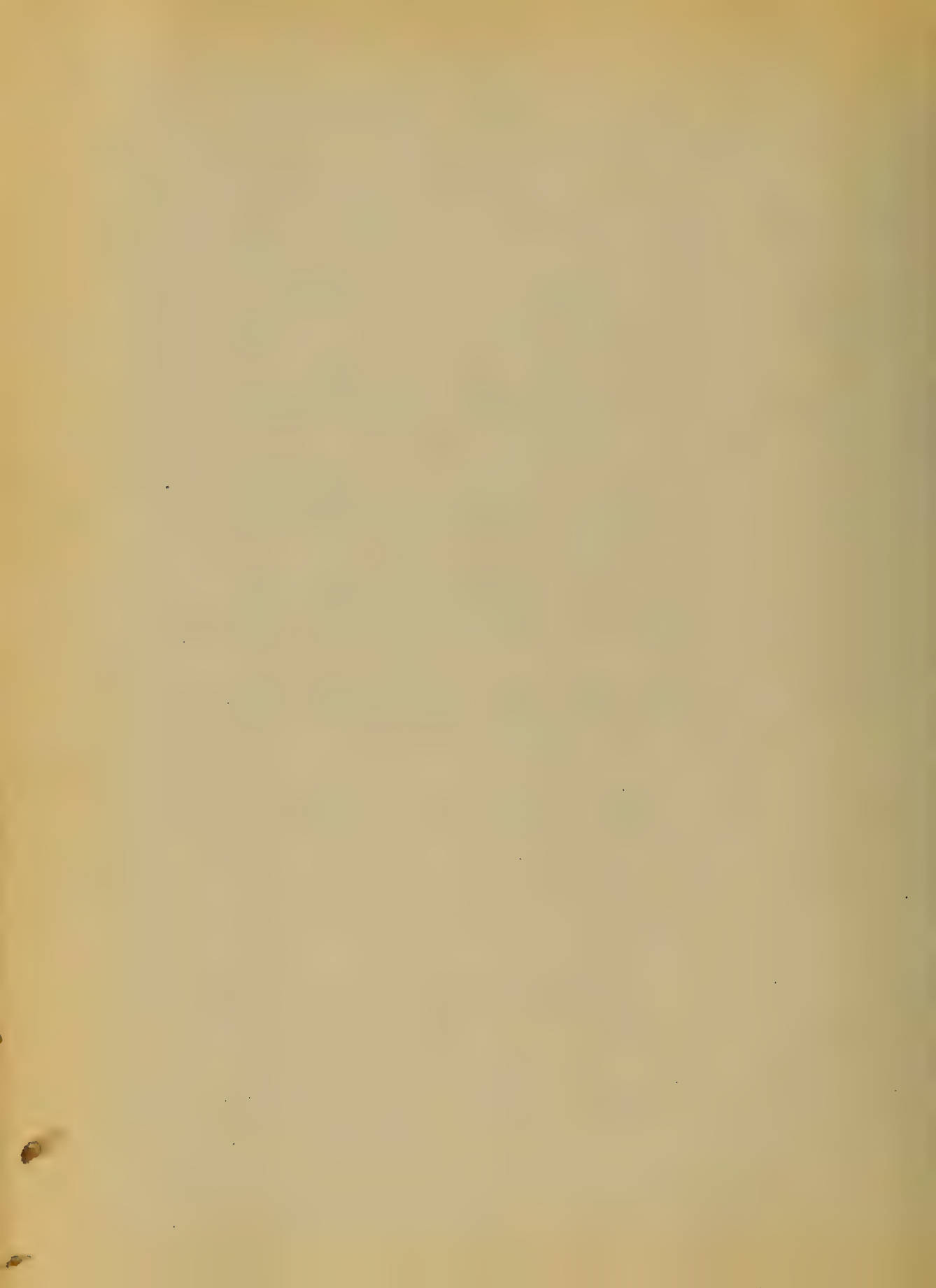
In hot stage effervescent draughts nitrous powders &c give relief

In the sweating stage allow the sweat

to flow uninterrupted, ice and cold
strictly prohibited. It requires careful
nursing. Genchowa has brought the
disease under subjection, Sulph.
Quinia is the best preparation
of the bark to use.

Different authors differ in admin-
istration of Quinia. Professor

McKenry thinks grs $\times \times$, between
the fevers is all that is neces-
sary in broken doses grs \vee every
two hours, Hypodermic injection
of morphine grs $\frac{1}{4}$ and Quinine
in usual form, warm drinks
Sustaining agents may be employed.
When the Quinine does not break
up the attack at once it is



better to give some purgative
as Calomel VIII to X, and then
go on with Quinia Always
continue Quinia for several weeks
after cure, or relapse is apt to
recur,

Robinson J. B. 1853
Syphilis

Syphilis, according to the most reliable authors, was unknown to the European Nation, until about the latter part of the fifteenth century (1494), about the time that Charles V. King of France took possession of Naples; whether or not the army carried it there is not known. The French called it a disease of Naples, because it was unknown to them before they entered that place; the Italians called it the French disease. Some

contented that it first in-
 creased in America, that
 Columbus in his first
 voyage, took it to Spain
 in 1493, one year before
 its appearance in Italy.
 Some contend that the
 soldiers subsequently spread
 extended the disease by
 a conveyance of the
 same - on their return
 home - from the Italian
 soil, while others do not
 think this the sole cause.
 Many attributed the dis-
 ease to evil influence
 of the stars & not to sex-
 ual intercourse, while

others decided it to be
a disease of ancient
times, such as, puerperal
fever &c., yet there were
still others who decided
that they had never seen
anything like it before.

The contagious ulcers of
the genital, which were
known since the latter part
of the "fifteenth century" were
known as "Carica" &c.

This disease never appears
except as a result of
contagion. The real origin
of this disease is not
known. Some states
that the bones of the Virgin

of this *Protonotaria* being
in the various States, Georgia,
Tennessee, Kentucky, &c. show
traces of syphilis & the
states that he believes were
found to be the oldest syph-
ilitic bones in the world;
much of this tends to show
that this disease did first
originate in America.

But, again, it is stated
by other eminent author-
ities that syphilis existed,
& was treated with mercury,
many centuries before Christ.
Prior to the year 1852, the
idea was entertained that
all venereal sores were pro-

-epated

one source & that the virus
 of Syphilis; of course, that
 idea has since passed
 away. The Chancroid is
 entirely distinct from Syphilis
 it does not depend upon
 a specific virus of its
 own. Chancroid is usually
 gotten from a Chancroid but
 it may be gotten from an
 inflammatory product, espe-
 cially debilitated, subjects
 if any one be inoculated
 with syphilitic virus & the pro-
 ducts of inflammation it will
 give rise to what is known
 as "mixed Chancre". Chancroidal
 poison has no comparison with syph-

it is true. The local venereal
 sore is gotten from girth &
 the products of inflammation
 which does not usually
 contain the syphilitic "germ".
 The venereal of herpes pharyn-
 gealis may burst & give rise
 to a chancre.

Syphilis is a constitutional
 disease resembling, in
 some respects, that of scurvy.
 Hence, but the course of
 syphilis is much slower &
 is only communicated
 by direct or indirect in-
 oculation. There is also
 a possibility of Syph. being
 inherited as well as ac-

and, this is not a will
variole, morde.

Inherited & acquired.

In the history of cases hereditary
variole depends upon
previous infection of mother.
Acquired variole is gotten from
direct contact with a
chance or ~~primary~~ ^{secondary} virus,
particularly the mucous membrane
or from the inoculation with
the blood of a varicellitic
person. It was once believed
that the primary virus alone
was contagious but such
an opinion is not now
entertained.

The viruses which are speci-

also characteristic of Syphilis
 1st certain fibroid indurations
 2nd a form which is known
 as gumma or syphilitic
 tumor 3rd certain changes
 in the arteries. These forms
 are very much alike & it is
 hard to distinguish one
 from the other.

The syphilitic infectious matter
 of a person may be transmitted
 to a healthy individual by
 means of spoons, drinking cups,
 catheters & sponges; ~~the latter~~ ^{these} should
 be destroyed after using them.

1st Primary, 2nd Secondary, 3rd Tertiary.

Primary stage. The chancre
 doesn't make its appearance

under the 8th day, from the
 time of exposure to the
 contagion. The first symp-
 tom of acquired syphilis
 is invariably a chancre,
 i.e. if the syphilis is acquired
 in the ordinary way.

- Superficial & deep (Gumma),
 either of these may turn
 into the phagedenic form.
 The superficial is the most
 common form Chancre &
 usually results from contact
 with secondary lesions, it
 occurs as a reddish brown
 papule, with an ulcerated
 spot in the centre, but
 sometimes covered with a

dry brownish soil. The ulcer
is commonly circular or
irregularly elliptical in shape,
red in color & grows out
a thin porous scum, which
ruptures unless much inflamed
or irritated. If you take
the ulcer between the finger
& thumb, the margin & base
will present a cartilag-
inous or membranous hard-
ness, known as parchment
like induration; sometimes
before the ulcer heals this
induration disappears.

This chancre may be situated
in the ^{female} urethra or upper part
of vagina & thus escape

detection. The chancre
 has a very short period of
 incubation from 6 to 10 days
 It is not much seen now
 as of former days it bore
 a deep excavated ulcer with
 sloping elevated edges & a
 surface presenting a some
 exudation, sometimes tinged
 with blood; the base of the
 chancre is deeply indurated
 & presents a sensation to the
 fingers ^{like} that of a split
 pea. This form of chancre is very
 persistent & usually receives
 its name but not always
 so. Induration is a char-
 acteristic of all forms of chan-

a. Inflammation is developed ~~with~~
 in a few days after ~~the~~
 sometimes before the appearance
 of disease. The period of incu-
 ration is not from 2 to 3 months
 A change in most cases
 is noticed - not so with chan-
 croid which is commonly
 stationary.

Mucous patches are seen ~~in~~
 where the mucous surfaces
 are always in contact, as in-
 side of the lips, tongue, the
 inner surfaces of the
 labia, the folds of the anus
 & the inner surface of the
 rectum.

It is ^{an} evidence of the und
~~inflammation of the~~ lymphatic

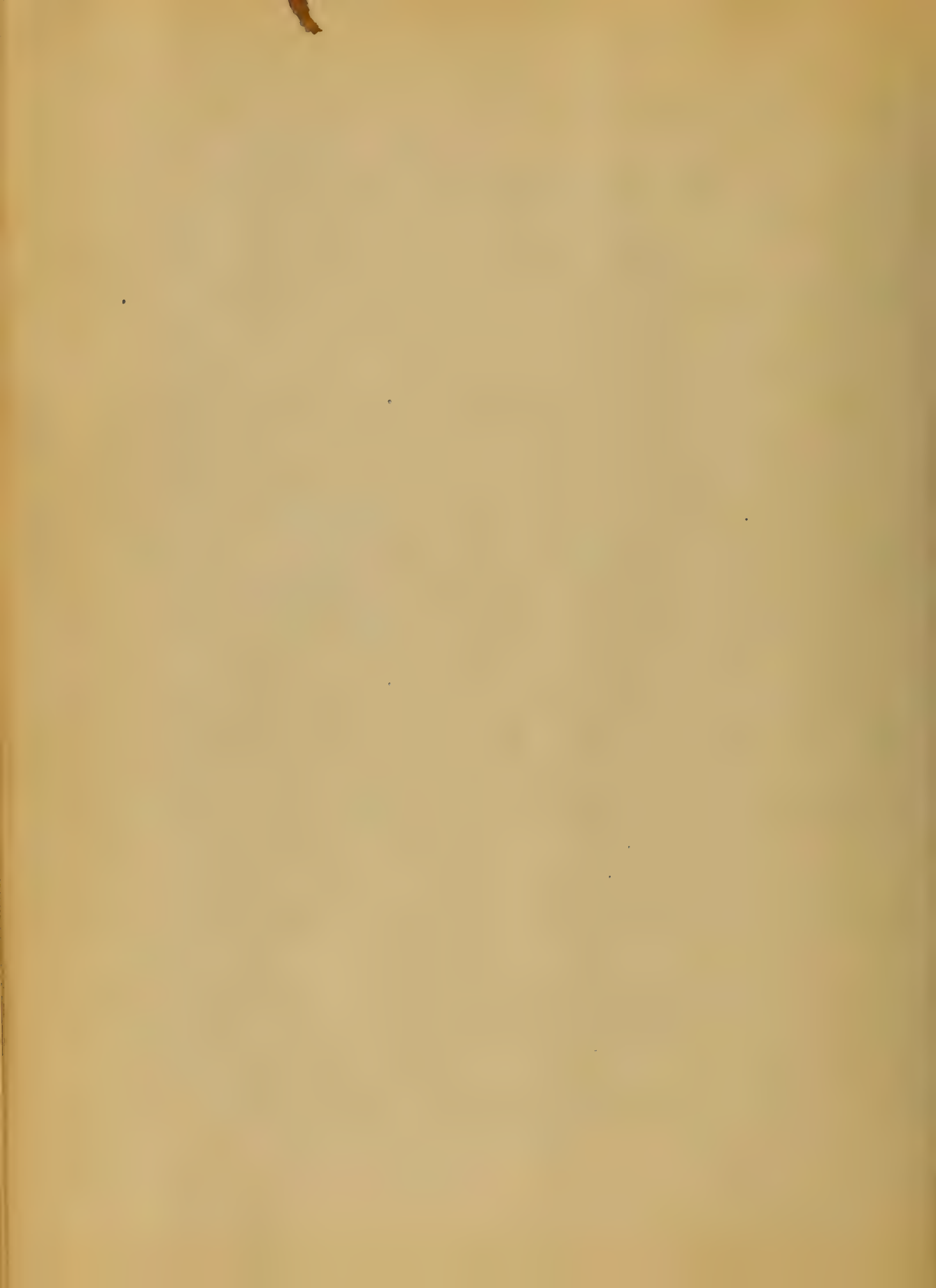
glands of the groin, - but
 will nearly always find
 with chancre, if the chancre
 be situated upon the genitals,
 the inguinal glands will be af-
 fected, which causes the sili-
 cular syphilitic tubo. If the
 chancre be about the head, the
 facial & submaxillary glands
 will be affected. Syphilitic tubo
 is hard & movable beneath
 the skin, nearly always painless
 & about the size of an almond &
 if suppuration occurs, it is
 thro' some external orifice,
 such as scrofulous diathesis &c.
 The shortest period in which
 an untreated chancre is known

to have been followed by secondary
 symptoms, is 20 days, the average
 period is about 1 week. Secondary
 Syphilis cannot occur with pri-
 mary syphilis being preceded it.
 (Hered. an exception).

There are certain symptoms
 which precede secondary Syph.,
 these are, febrile disturbances,
 with languor, discomfort, pains
 of rheumatic and headache
 of a neurologic kind, with the
 exception of the headache, all these
 not disappear in about 4000
 days & then the skin eruptions,
 sore throat, mucous patches &
 general enlargement of lym-
 phatic glands, these are

The characteristic & usual manifesta-
 tions of secondary syphilis
 The hair "beard" is seen to
 come out. The complexion
 is copper colored in the de-
 ciding stage & various itch-
 ing. To this stage belong
 some patches, beautiful some
 of which I have seen presents
 in the "University Hospital," Md.

There is usually an interval between
 the subsidence of the secondary
 symptoms & beginning of the ter-
 tiary symptoms, altho' it some-
 times occurs before the
 secondary stage has
 quite ended. This stage
 may affect any tissue



of the body & it is called the
 stage of deposit. The chief
 cutaneous manifestations are the tubercular
 & squamous eruptions, this
 is usually found upon some
 portion of the face which
 sometimes cause great discom-
 fort & disfigurement. These are
 herpes herpeticus as well as
 skin tumors. The squamous
 eruption usually takes the
 form of "pustules". In the
 course of the disease the sub-
 mer & scater surfaces, then
 it is very characteristic
 of the nature of the disease
 The tongue in this stage is
 often affected by mucous

patches. The tonsils & fauces
 & palate often suffer in an early
 stage from ulceration. This
 ulceration may extend & refer
 as a cause deep-seated suppuration
 of the tonsils & etc. The sinuses
 are very offensive. The cervical
 vertebrae have sometimes attacked
 the worst form of "osteitis" is seen
 in tertiary syphilis.

Give patient all the mercury that
 he can take & that will be ab-
 sorbed. Commence with small
 doses of "Blumars", say 9.00. a dose
 & then increase dose. Commence
 with 3 pills per day until you
 get up to 6 & if the "beard" becomes
 of a lead color & gives some

discontinued the mercury for a few days & then commenced again & so on until the disease begins to diminish & then you diminish the mercury. You must know how much mercury an individual can take. Patient must go on taking mercury until fever is ended & for 6 months thereafter. You must have patient under general tonic treat.

In tertiary stage still continue mercury & with the addition of 'Iodide Potass'; the Iodide Potash holds the disease in abeyance while the mercury cures it. There the mercury

system is involved give 25grs
 Iodide Potash 3 times, ter idie
 In giving mercury, if it should
 purge, add a little Opium with
 it. The Chancre should be
 kept clean & powdered with
 "Iodoform", "Bismuth" &c. To mucous
 patches, apply stick of Nitrate
 Silver. Chanroids should be treated
 by keeping the parts clean &
 from rubbing. When the Chan-
 croidal bubo & write it out
 with purring Nitric Acid.

John Albert Robinson

University, Md.

1883.

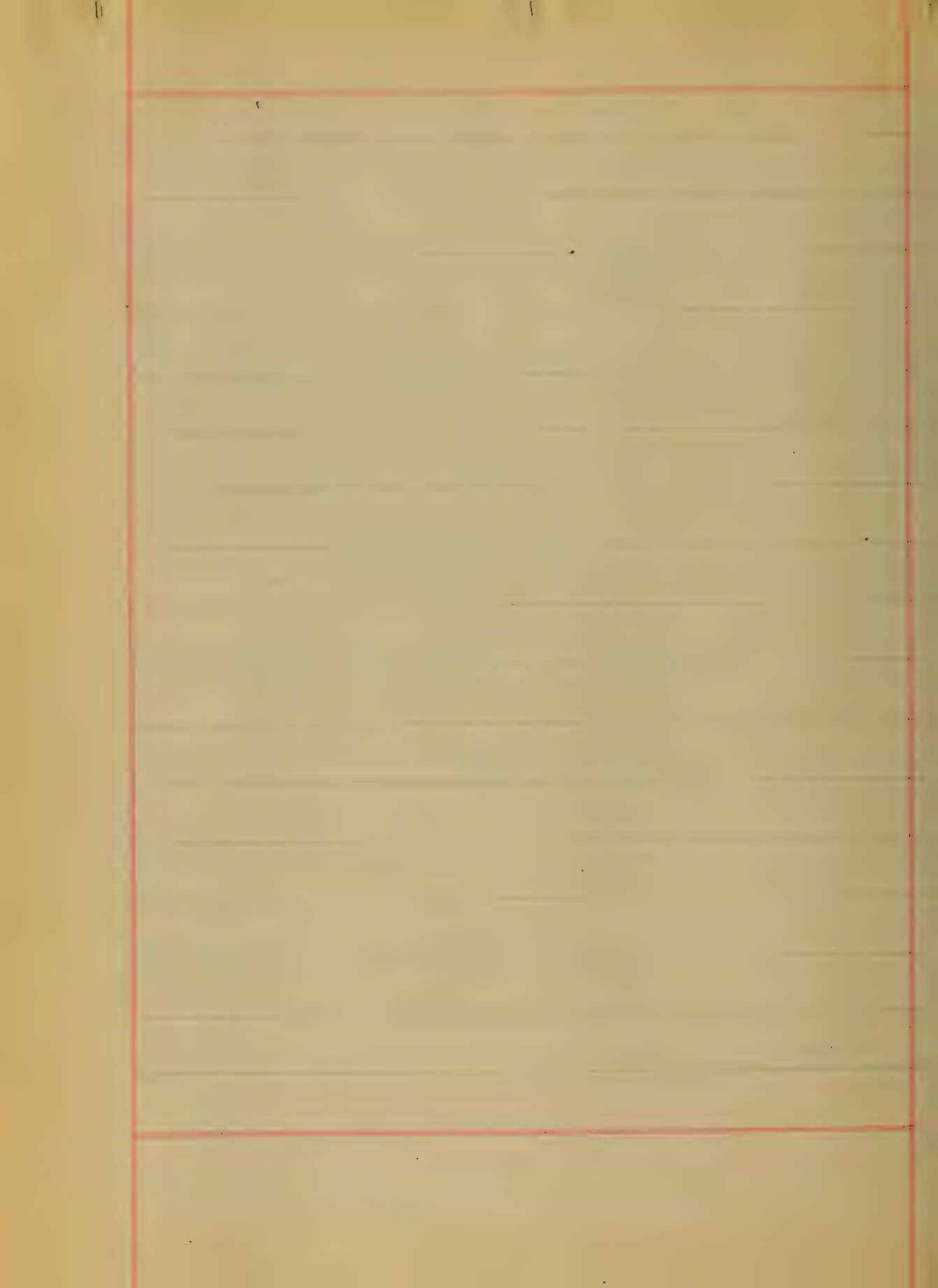
Supp. Lib.

John A. Robinson.

University
of Med.

Feb. 20th 1887

Had J B
1883



An
Inaugural Dissertation
on
Typhoid Fever
submitted to the examination
of the
Provost, Regents & Faculty Physic
of the
University of Maryland
School of Medicine
for the degree
of
Doctor in Medicine
by
Jno. Beauregard Hart.
1853.
Waverly, Balt. Co., Maryland.



Thesis.

On Typhoid Fever.

The name typhoid signifies typhus-like.

Anatomical Characters.

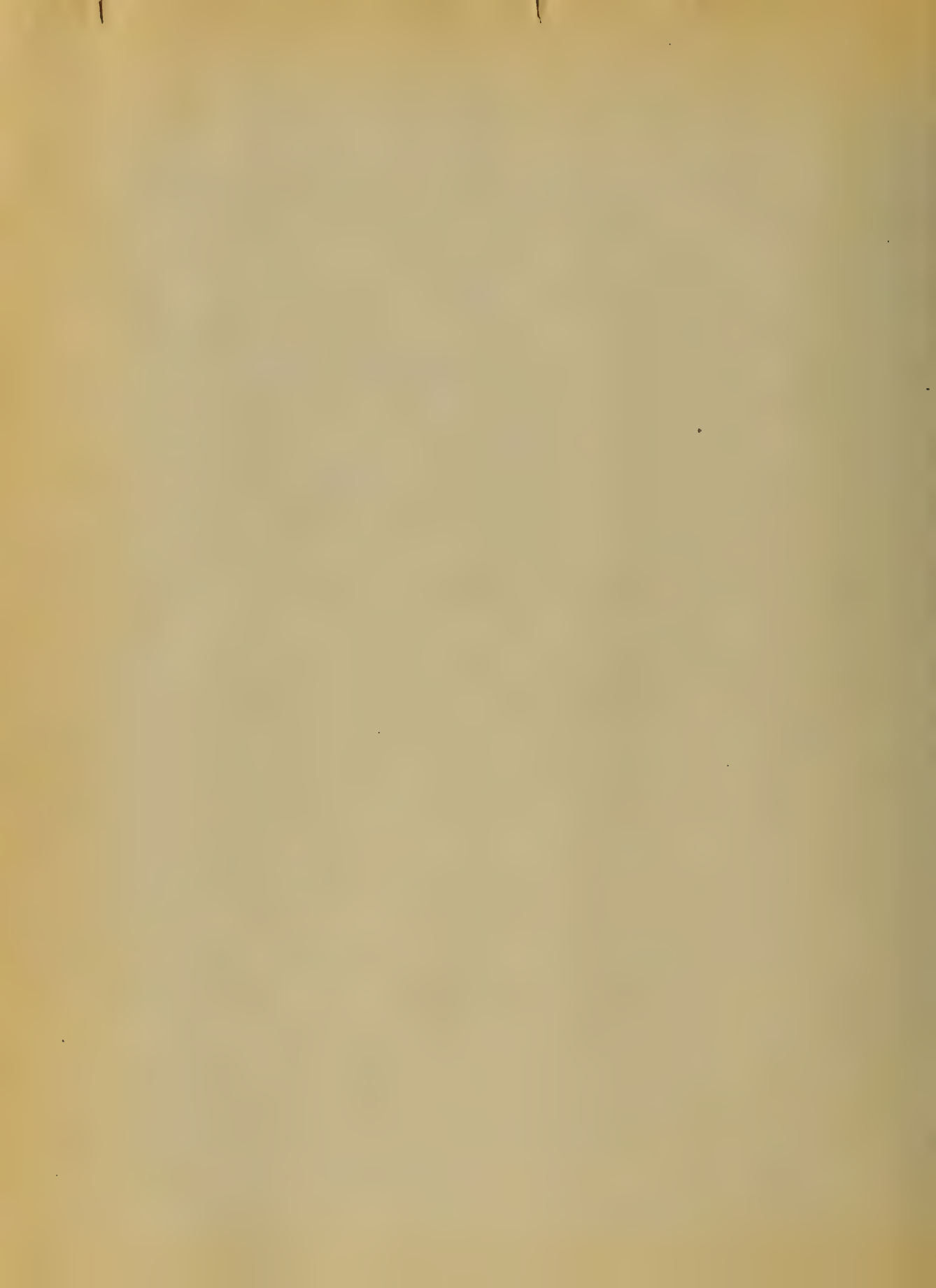
Typhoid fever has certain special lesions which are highly characteristic. They are seated in the Peyerian or agminate and solitary glands of the small intestine, and in the mesenteric glands. The first known of the changes which take place in the patches of Peyer and solitary glands, is enlargement from the presence of a deposit known as the typhoid deposit, which probably takes place within the glandular sacs.



It has been supposed that the vascularity of the glands becomes increased and the deposit takes place as the result, but this is not fully ascertained. The enlargement is plainly perceptible, there being an elevation of the patches above the plane of the surrounding mucous surface. A beautiful specimen of this kind was exhibited to the class by Prof. Atkinson. The mucous membrane over the patches is of a purplish hue, and the corresponding portions of the peritonium are in a hyperaemic condition. The patches are insensated to the touch and present a granular appearance.

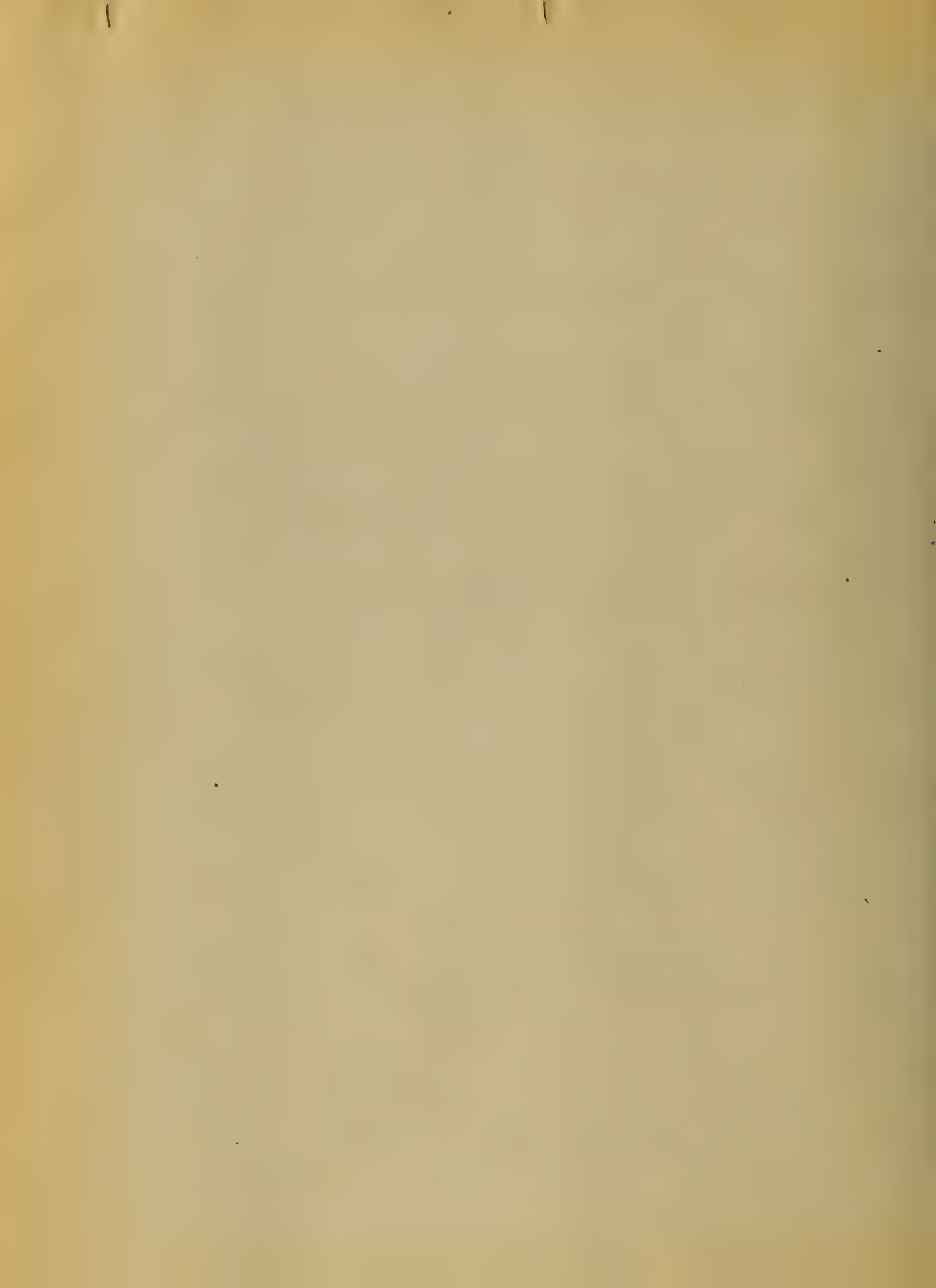


They have been seen as early as
the second day. The deposit ma-
kes its appearance first in the
patches nearest the caecum,
and, successively, in the patches
situated above. Further on in
the course of the disease there
is a sloughing of the deposit,
mucous membrane, and glandular
bodies. This process frequently
goes on until there is a com-
plete perforation of the intestine.
I might also mention here the
lenticular rose colored spots which
frequently make their appearance
on the abdomen & shoulders.
Clinical History.- Typhoid fever,
generally develops its self grad-
ually or it has a prodromic period



In the majority of cases, patients are unable to state the date of the commencement of the disease.

The symptoms belonging to the prodromic stage are the following; Chills, more or less pronounced, sometimes followed by perspiration. Headache generally located in the frontal region. Loss of appetite, nausea & sometimes vomiting. Epistaxis in the majority of cases. Pain in the limbs & back. Looseness of the bowels, lassitude & debility, so severe, indeed, are the latter that the patient feels compelled to go to bed. The most important of the symptoms above, as regards diagnostic ^{value}, are diarrhoea & Epistaxis.



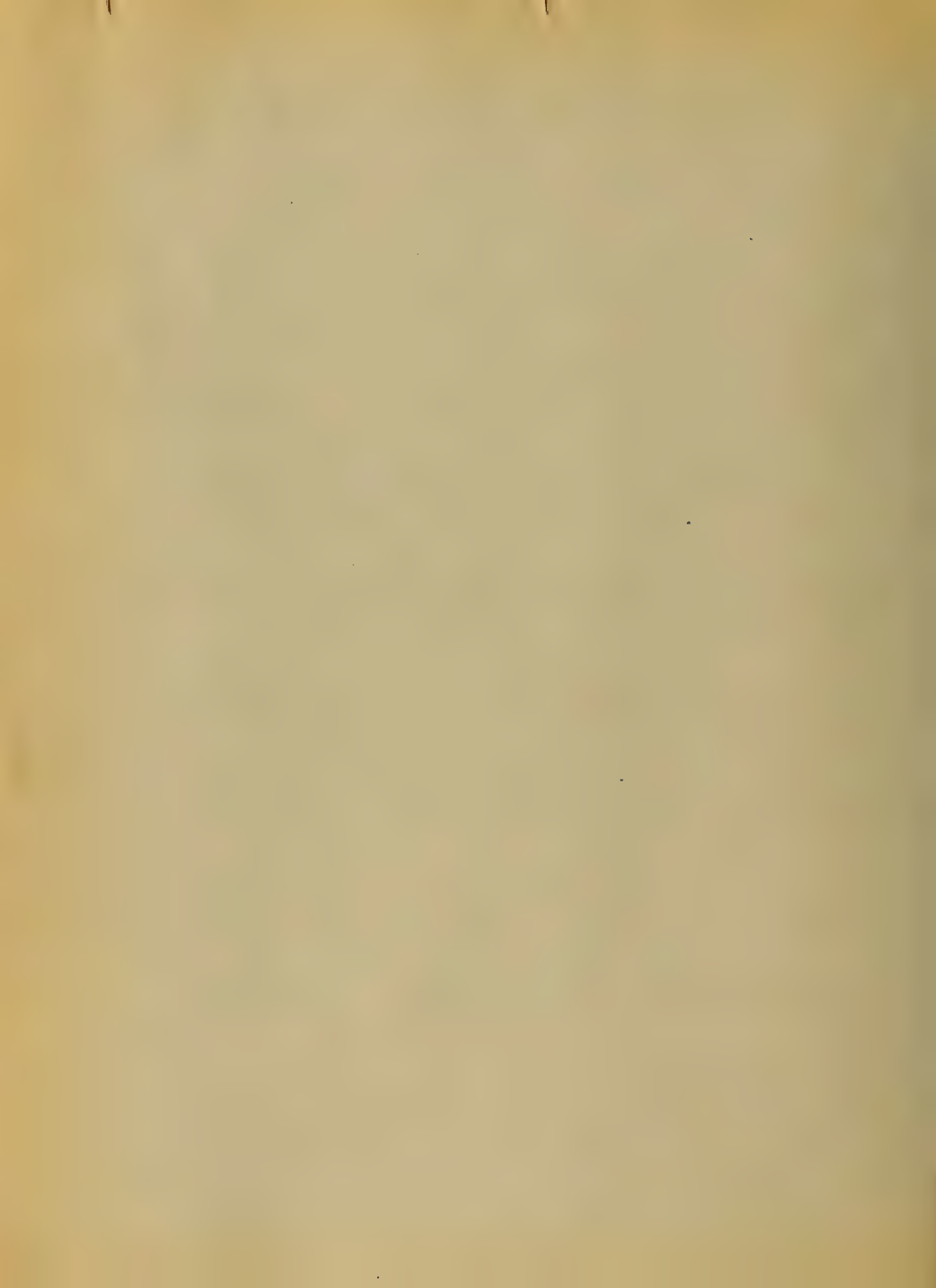
The duration of the prodromic stage is of importance in diagnosis. Now, as regards the influence of the disease, upon the general appearance of the patient.

There is no very marked alteration of the countenance for the first few days. The face in the early period of the disease is generally flushed. Afterwards, the countenance presents a dull & stupid appearance. Its influence on the nervous system. - Headache during 1st week which is persistent & prominent. Delirium is manifested in the majority of cases. Other symptoms referable to the nervous system are subvultus tenellum & picking the clothes.



Digestive System. - Almost always anorexia, though the appetite is sometimes preserved throughout the disease. Thirst is usually a prominent symptom until profuse the senses become blunted. The tongue generally presents a fair red surface, but it is often covered with a thick coating of a brownish, whitish or yellowish color. When these coatings are expectorated or thrown off it is a good sign of convalescence.

In severe cases we have sordes collecting upon the teeth & lips. Occasionally we have inflammation of one or both of the parotid glands, which sometimes suppurate & discharge pus into the ear.



Hæmorrhage from the bowels occurs in a number of cases resulting from the ulceration of the Peyer's patches through the small blood vessels of the intestinal coats.

The affections of the skin in Typhoid fever, I have mentioned, when I referred to the lenticular rose colored papules that appear upon the abdomen.

Respiratory System.—A slight or moderate cough is almost invariably present, from congestion of the mucous membrane.

Laryngitis & oedema of the glottis occasionally occur in Typhoid fever, though they are frequently absent.



Circulation & Temperature.

We generally, or, I may say always have an acceleration of the pulse in typhoid fever.

The acceleration varies considerably in different cases and at different periods, in the same case. As a rule, the danger of the disease is in proportion to the rapidity of the pulse; as for instance when it exceeds 120 per minute, the patient is in imminent danger, this rapidity denotes increased action, but not increased power of the heart's contractions.

As regards temperature, it is often above 101° (F) in the course of the disease; but, at certain periods,



The heat may not exceed, and even fall below, the standard of health.

If, in progress of the disease, the thermometer indicates a greater rise of temperature than $103^{\circ}(F)$ the prognosis is very unfavorable, whereas, if it denotes a decline of temperature in the morning nearly to the normal it is evident that the patient is recovering.

The urine in Typhoid fever is often scanty, and contains, in some cases, a trace of albumin. Prof. M. Sherry insists on frequent examinations of the bladder, in order to see if it be distended with urine, and if so, draw it off.

Couration. Typhoid fever occurs in every part of the world.

In malarial regions it is very often blended with malarial fever, and is known as Typho-malarial fever. Young persons are more susceptible to Typhoid than persons over 50 years of age. It is said that the solitary glands and glands of Peyer begin to fade away after adult life. This will probably account for the absence of the abdominal lesions after 50 years of age.

Both male and female are equally liable to the disease. There is a special cause of Typhoid fever; other diseases



do not seem to predispose to it.

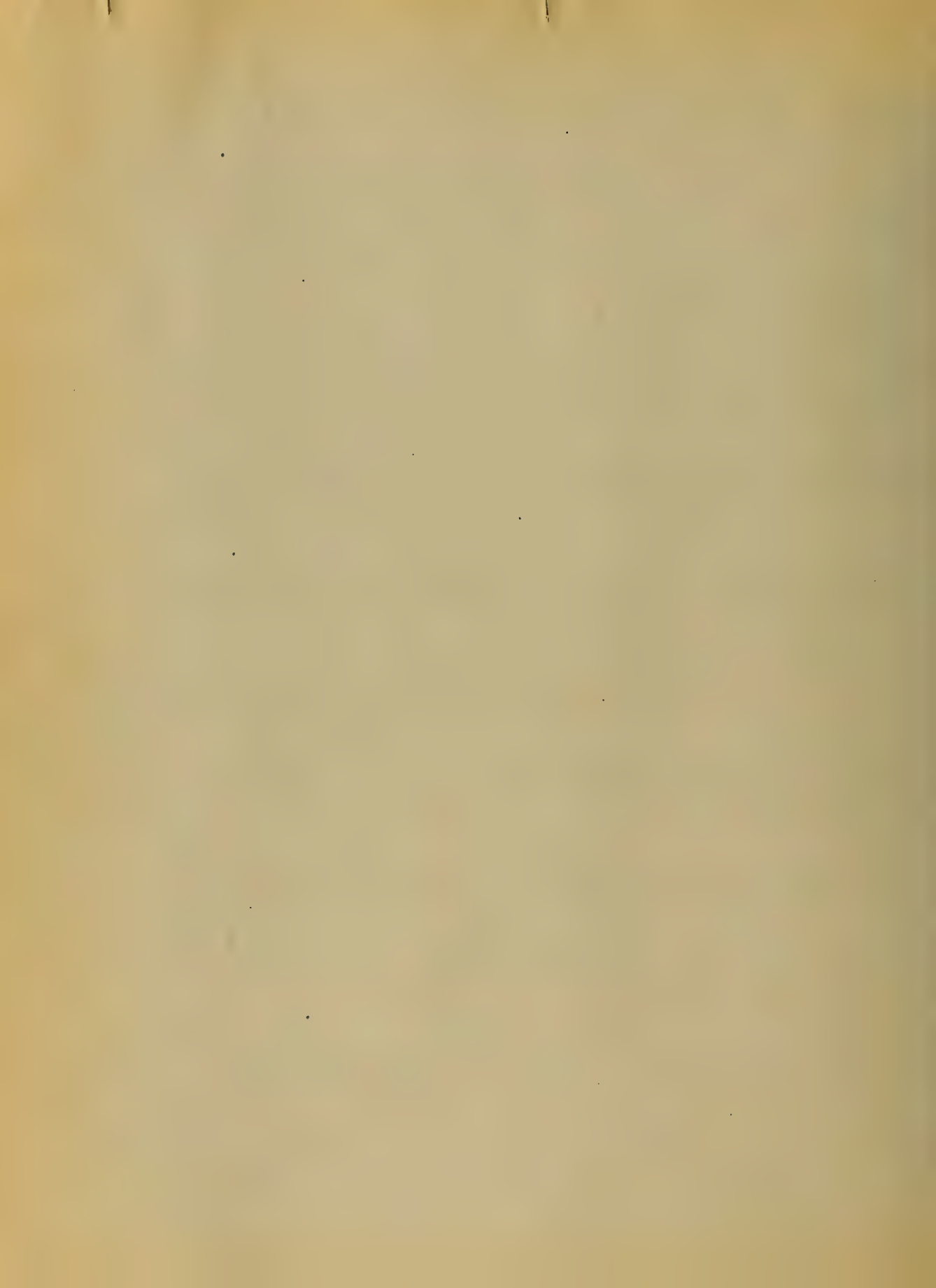
There is no class of people exempted from its special causative influence.

As regards its contagiousness I think there is no doubt.

That it may be contagious under certain circumstances is certain, and that it frequently originates spontaneously, is I think equally certain.

Now then, we see that the special cause, as it is termed, may originate without the body and be reproduced within the body.

For my part I believe the special cause or *materies morbi* is generated in various cess pools



When I said "Typhoid fever was contagious I did not mean in the way that small pox is i. e. by contact or approach; but I did mean, that it can be communicated from one to another in some way; as by the inhalation of the gas, which emanates from cess pools, which, ^{that} have been used by Typhoid fever patients. This is not doubted.

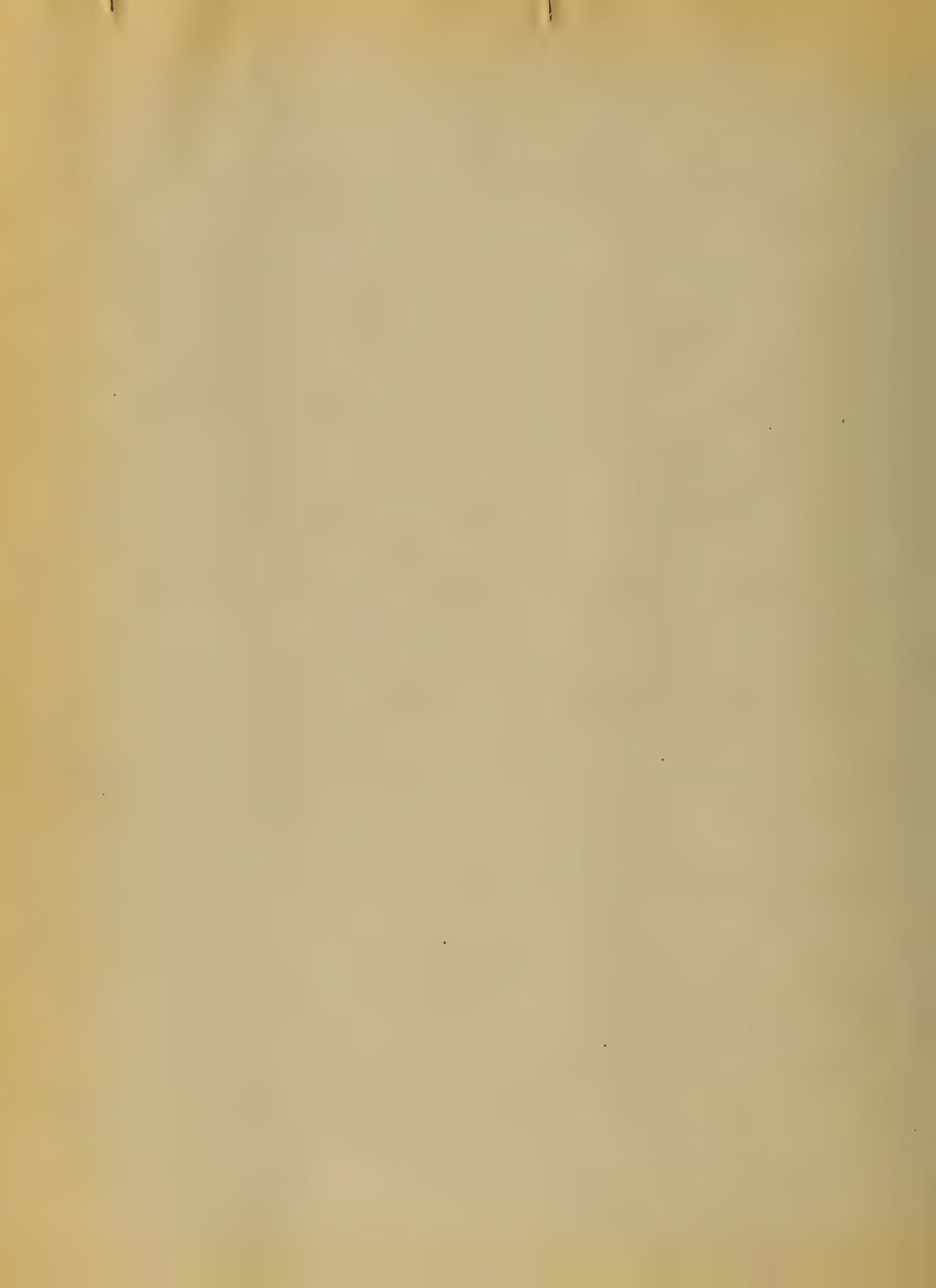
The time from the introduction of the poison into the system and the first manifestation of the disease, is from one to two weeks.

Typhoid is a disease which is rarely experienced twice.

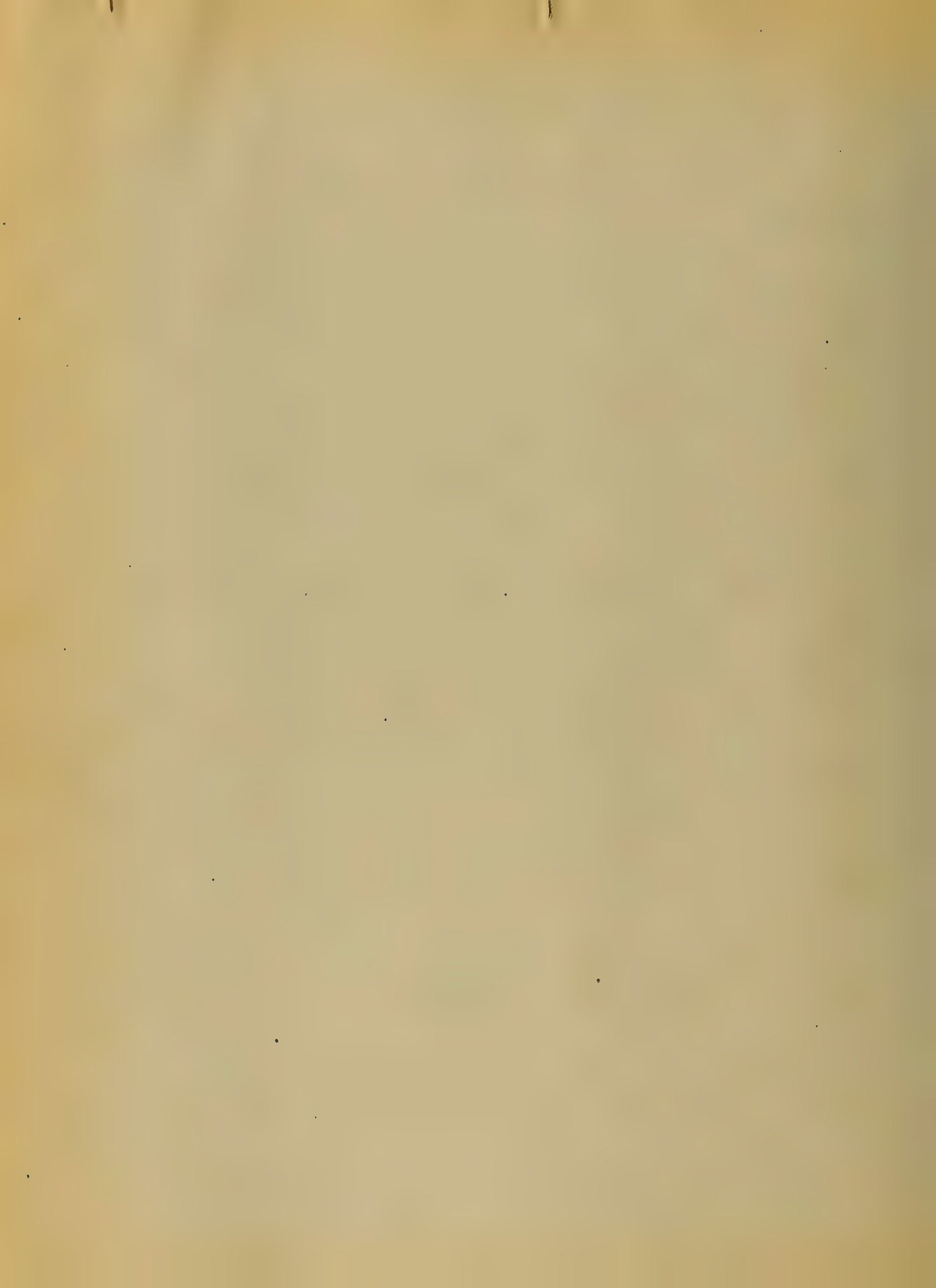


Diagnosis. — Typhoid fever is to be distinguished from other malarial fevers, more especially typhus and remittent fever. The latter, which diagnosis cannot be fully ascertained without ascertaining the characteristic signs which belong to the clinical history of other fevers.

The distinction is to be made by ascertaining some of the signs which are diagnostic of typhoid fever, and the nature of symptoms, diagnostic of other fevers. The symptoms in the clinical history which are characteristic of typhoid



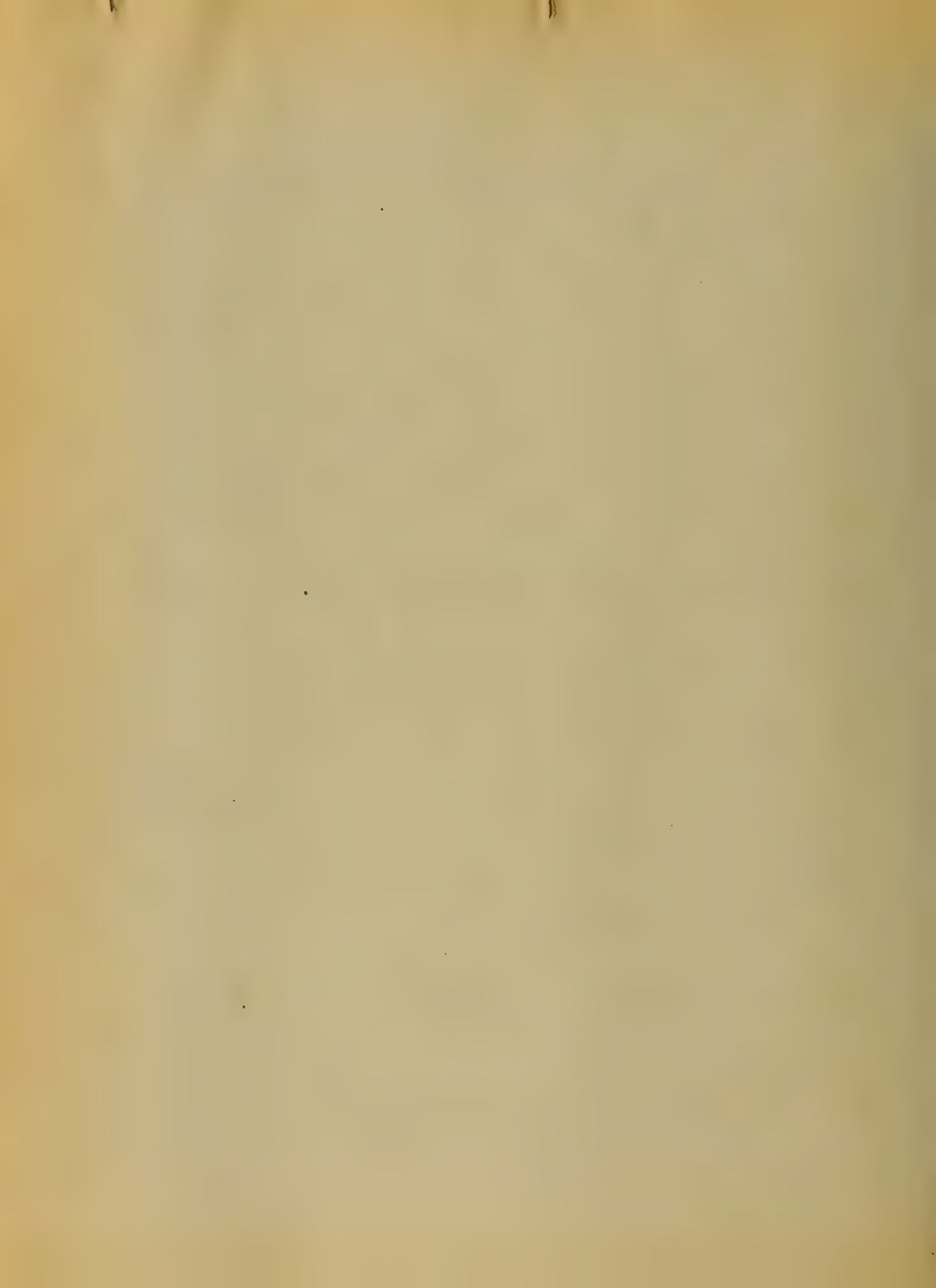
fever are as follows: the onset of the disease being slow, the absence of marked remissions, the abdominal symptoms, viz., diarrhoea with yellow colored stools, and when perforation occurs tympanites, tenderness over the abdomen and gurgling; the occurrence of epistaxis and the characteristic eruption. Other points to be taken into consideration are, the season of the year, and the age of the patient. In the early part of the disease, the discrimination is not always easy, but after a longer duration



of the disease some of the diagnostic symptoms make their appearance, and the diagnosis is rendered comparatively easy. In this as in other diseases, it is not well to make a snap diagnosis. Some delay should be made in order to arrive at a proper diagnosis of the case.

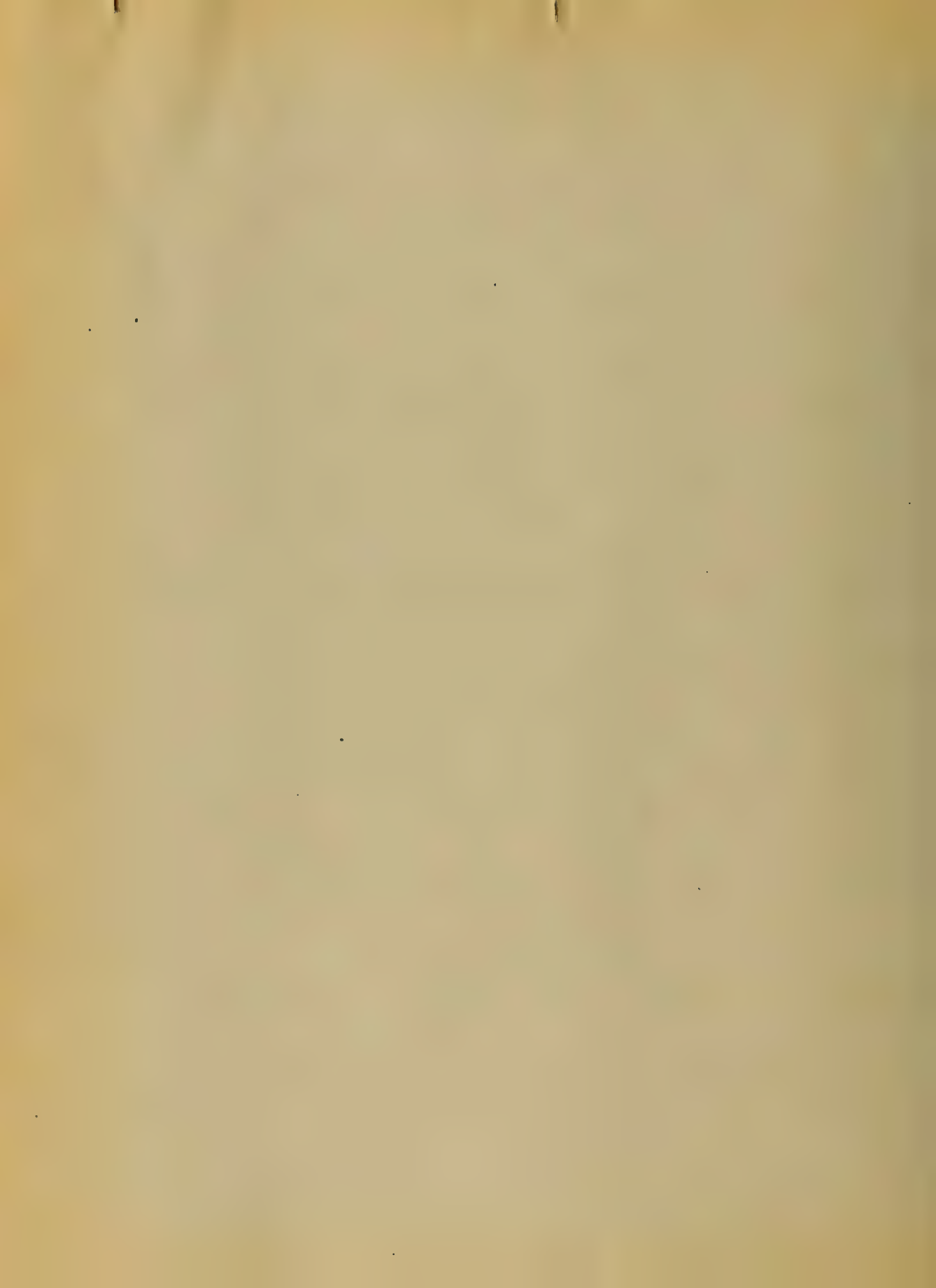
The local affections with which typhoid fever is liable to be confounded are, meningitis, bronchitis, pneumonia and enteritis.

Meningitis, as distinguished



from typhoid fever, is characterized by more intense headache, irritability and active delirium, a dread of light and noise. The abdominal symptoms are wanting, there being no tenderness over the iliac region. Constipation exists frequently, while it occurs very very rarely in typhoid fever.

Subacute bronchitis is an element of typhoid fever. If the bronchitis be unusually prominent and the fever unusually mild, the latter may be overlooked and the disease considered a primary bronchitis.



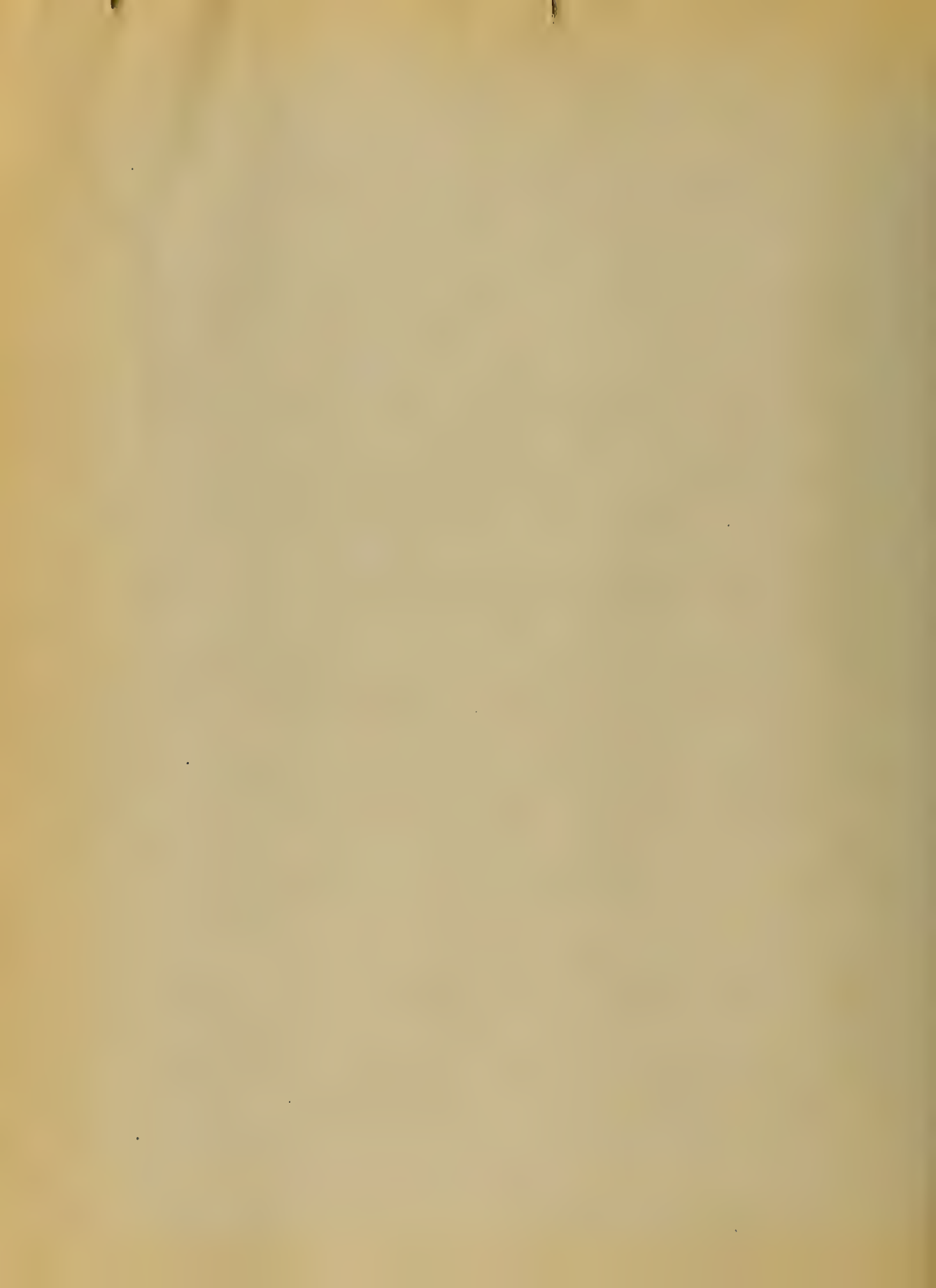
This mistake can only happen in the early part of the fever.

Pneumonia often complicates typhoid fever, when pneumonia exists as a complication it is shown by its physical signs, consequently the physician should always examine the patients chest during the course of typhoid fever; in order to enable him to treat it in time if it arises. The physical signs in pneumonia we are all familiar with.



Prognosis.— The mortality is said to be about 18.62 per cent or, thereabouts, but I think it will be hard to state the rate of mortality; for the reason that there is considerable variation in the death-rate in different collections of cases occurring at different places and periods.

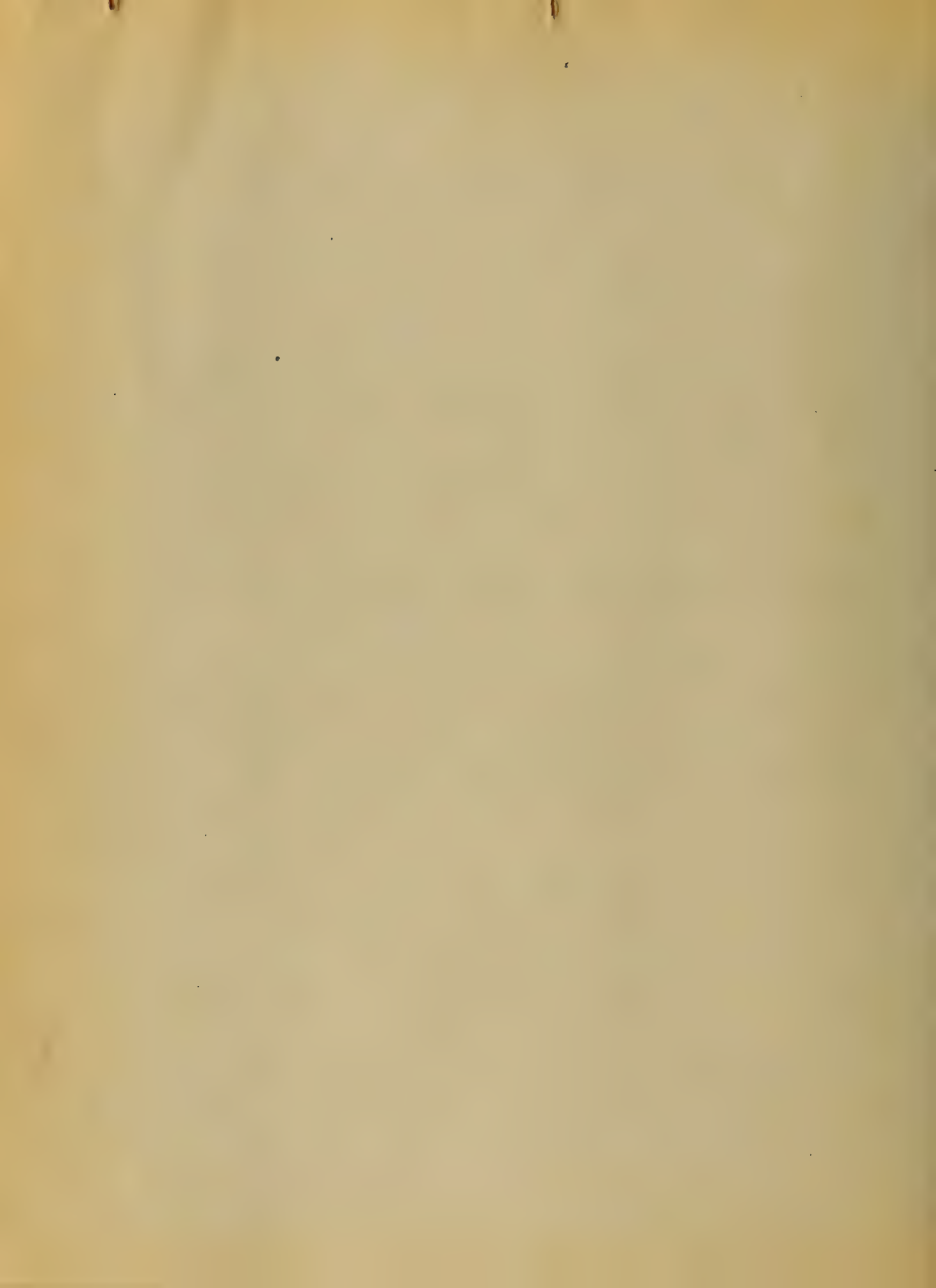
The variation is often considerable at different seasons in the same locality, and under similar circumstances as regards surroundings and treatment. This fact is shown by the



number of deaths, in a given number of cases in successive years.

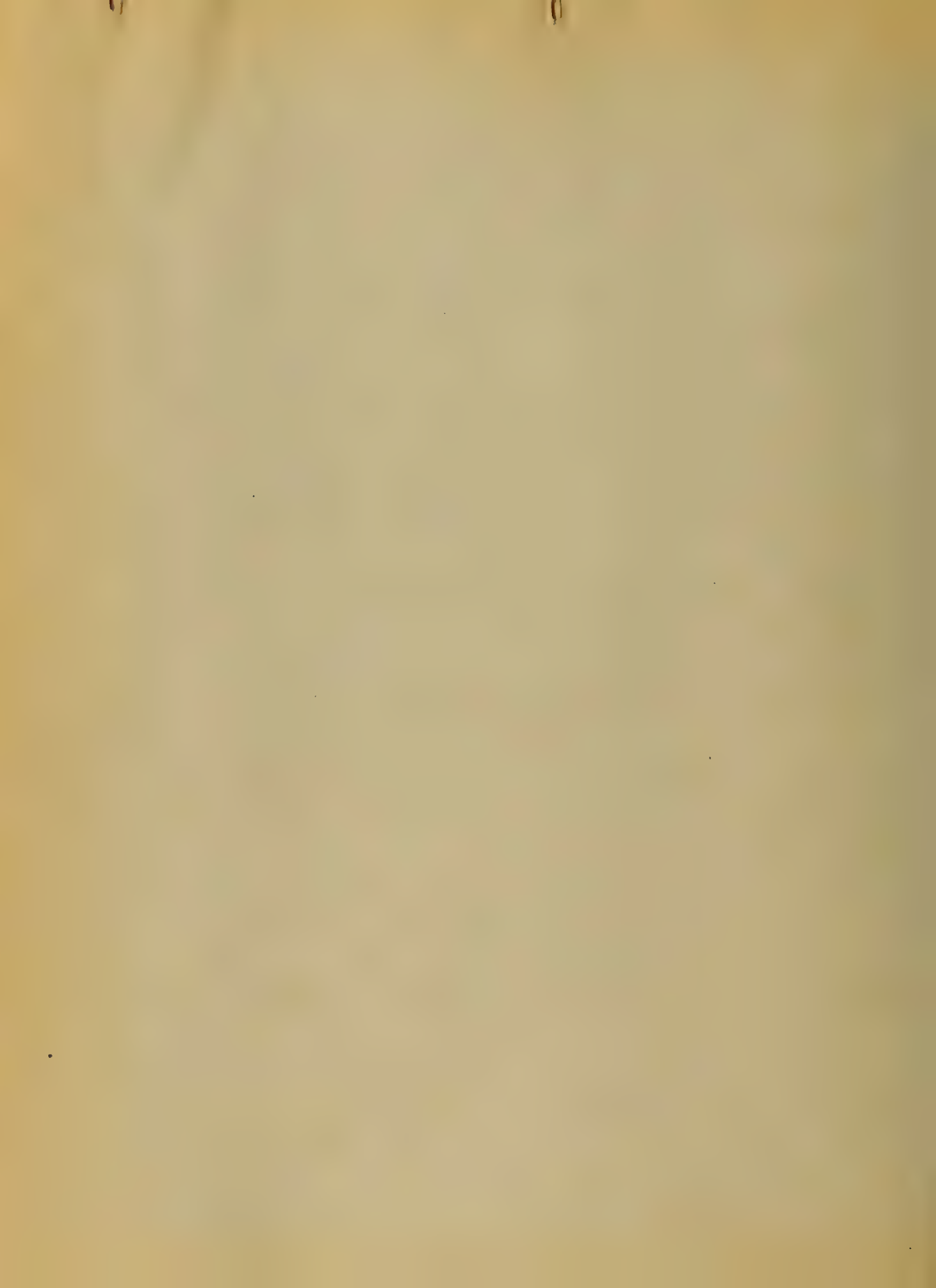
A fatal result, is, I may say hardly ever due to the disease *per se*, but is attributable to complications or accidents.

Treatment. — As typhoid fever is a continued fever attended with great prostration and cannot be aborted, the *will* treatment will suggest itself. It is the same as in all essential fevers, *vis*; principally supporting, this will consist in, quinine as a stimulating tonic and



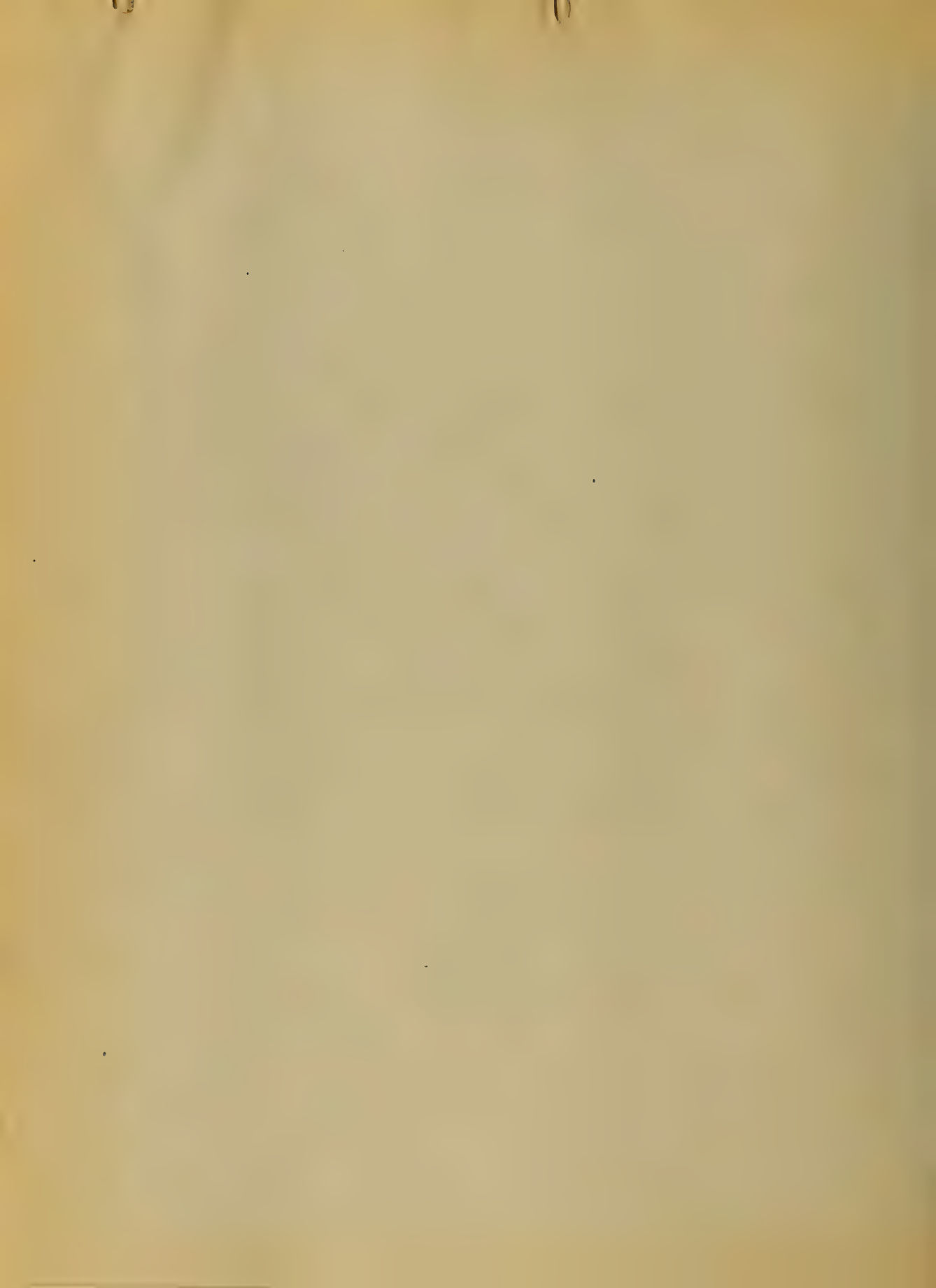
to reduce temperature, Pepermines
meat juices, plenty of liquid
food; as milk, beef tea & so on.

The physician should of course
watch any given case and
adapt his remedies, such as
have given him the best results,
to the symptoms and complica-
tions as they arise. Mineral
acids are lauded highly by
good authorities in typhoid
fever. Probably I have been
most too concise in dealing
with this important disease;
but nevertheless I am pressed
for time, and I therefore ask
to be excused.

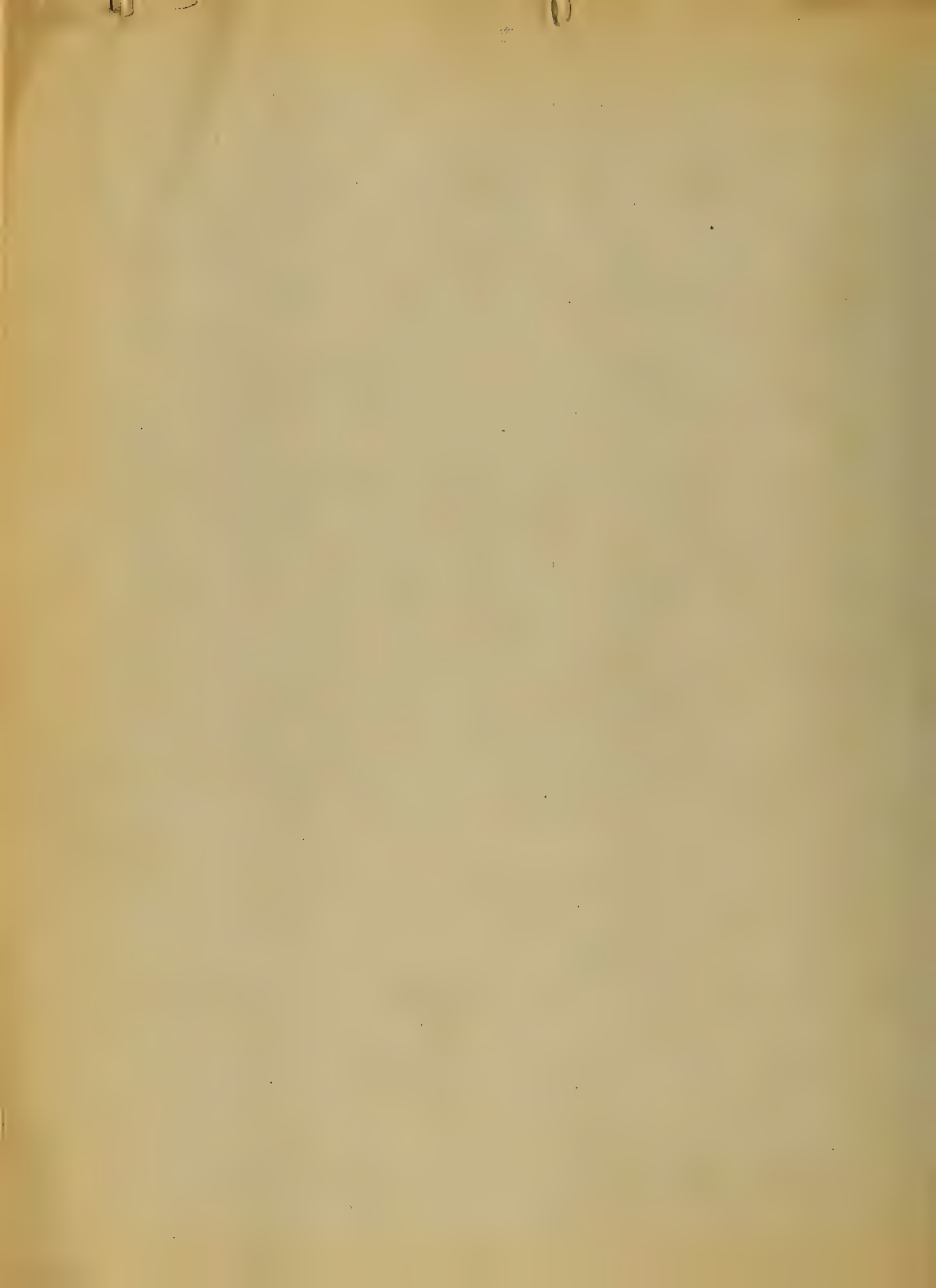


In this disease is very prostrating I would like to say here a few words in regards to the administration of stimulants.

About the middle of the second week, or indeed, the time for its administration must be ascertained by the attending Physician. When awake, half a wine glassful about every 3 hours; later, when patient is weaker, brandy or whiskey punch; a table spoonful of brandy, for instance, every two, three or four hours, sometimes every hour.



with twice as much milk.
Beef tea is indispensable in
nearly all cases, from the
second week. It may alter-
nate with punch, hour by
hour. As in typhus, a patient
prostrated with severe typhoid
fever should be waked from
sleep to take the required
nourishment, night and day;
otherwise he will sink for
want of it. With this much,
I must close, hoping the
Thesis will meet with the ap-
probation of those to whom
I have respectfully submit-
ted it.

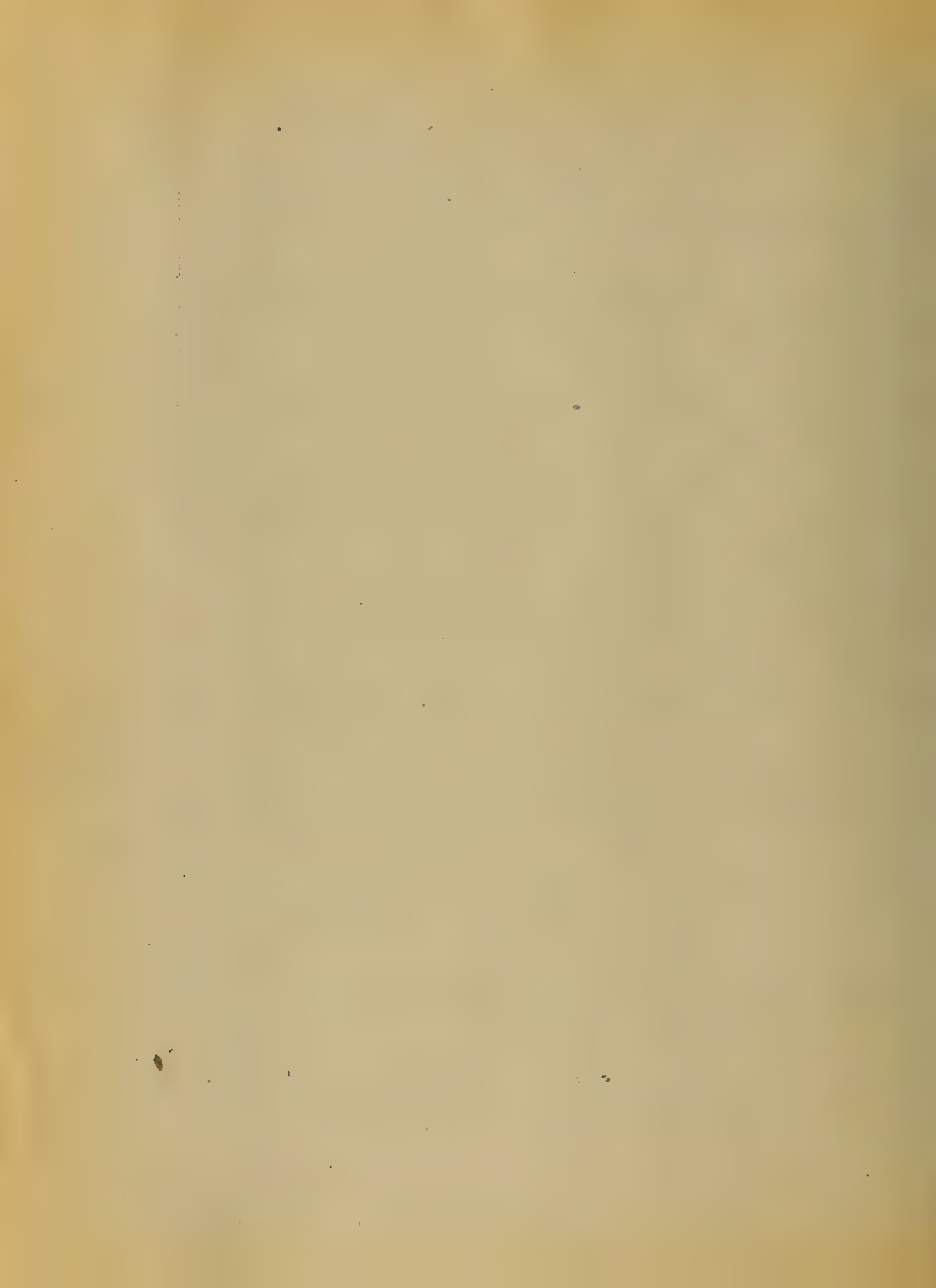


Thesis
on
Diphtheria
by
Wm. W. Watkins
1883.

Diphtheria

Diphtheria is a disease characterized by a tendency to the formation of false membrane; and which affects the dermoid tissues; as the mucous membrane, and even the skin.

History - It is a disease of antiquity, and has dated back for centuries, and has often been described by ancient writers, but it was only about 50 years ago that it received its now existing name, which was given it by W.



2

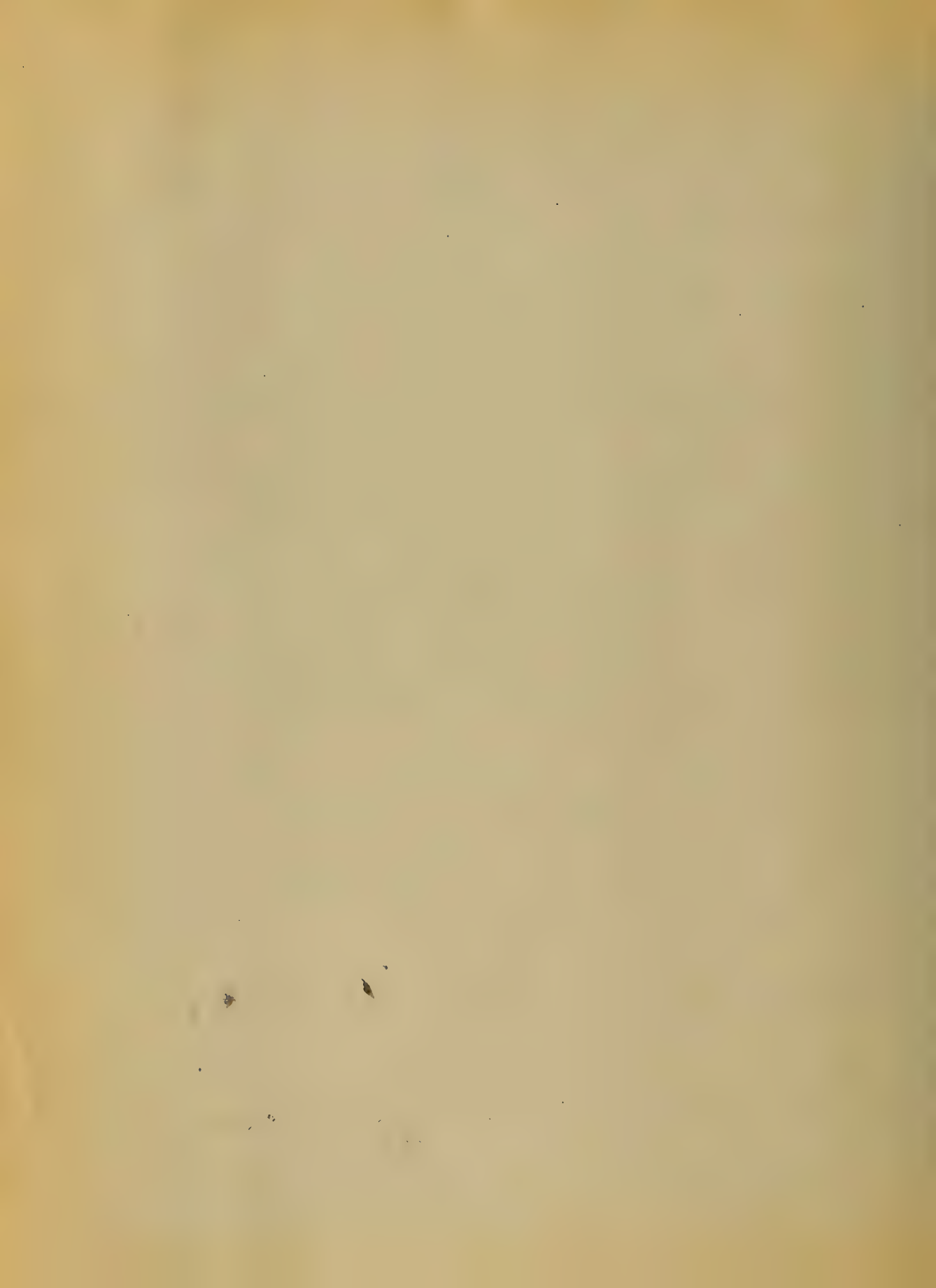
Bretounean of Tours in France. Since the commencement of the 16th Century numerous epidemics have occurred in America and also in Europe, and at the present time is one of the most common and fatal disease in both continents, which in many localities, especially in large cities it is established as an endemic.

Age - It is pre-eminently a disease of childhood most of the cases occurring between the age of one

3
and ten years under the
age of one year the younger
the child is less liable
it is to the disease, and
it rarely occurs prior to
the 4th month. It may oc-
cur in adult age, and
often does.

Incubation - It is only
in exceptional cases that
we are enabled to ascertain
the incubative period of
the disease. The incuba-
tion varies in different
cases. It is from 2 to 8 days,
with perhaps an occasion-
al case outside these limits.

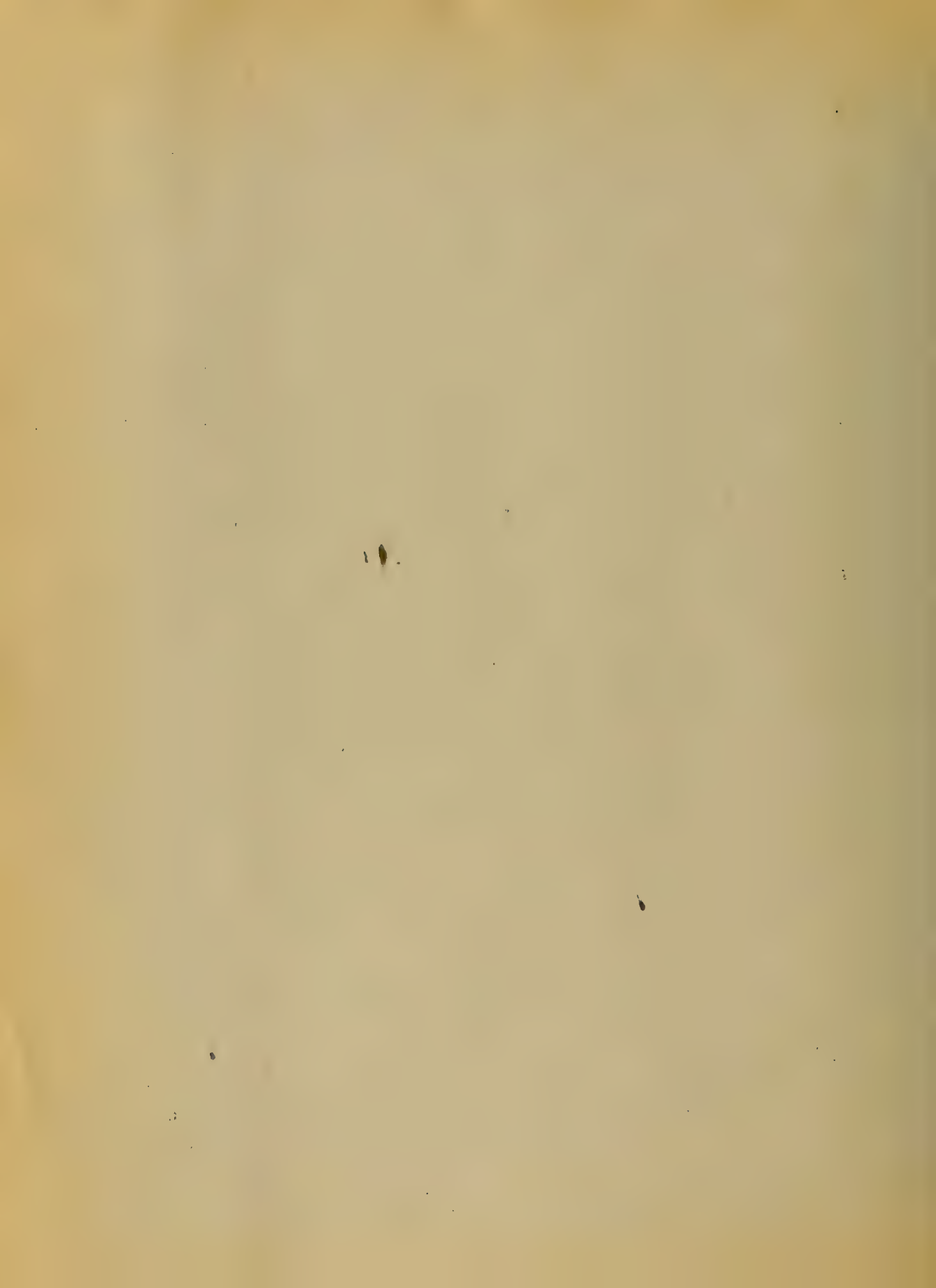
Etiology. It is an independent acute specific disease, being ordinarily produced by a specific poison and is of a highly infectious nature. It is a disease communicable both through the atmosphere, and by contact. One attack does not protect the system from another. It is not only communicable from person to person, but is produced by foul exhalations, as sewer gases. Those infectious maladies which are accompanied by



inflammation of the fauces and air passages, are most liable to this complication, if they occur in any locality where diphtheria prevails. The inflammation of the mucous surfaces accompanying them.

Anatomical Characters -

The exudation of diphtheria is found to consist of fibrin, a delicate interlacing network, epithelium cells more or less altered by the inflammatory process, leucocytes, nuclei, mucous and amorphous matter



This generally penetrates the entire mucous membrane, so that no line of demarcation exists between. At first there is redness which may begin in any part of the throat, being accompanied with swelling, and increased secretion of viscid mucus. The redness spreads over the entire faucial mucous surface in a few hours, and then except the mildest cases the exudation makes its appearance, generally within a few hours from the commencement of the disease

and the deposit may com-
mence at any spot such as
on one of the tonsils, or
the soft palate, or at the
back of the fauces. At first
only small specks being ob-
served, which however speed-
ily extend, and coalesce, soon
often to form extensive patch-
es, or even to cover uniformly
the entire faucial surface.
The patches vary in thick-
ness, and they become thicker
by successive layers being
formed underneath. It is ob-
served first as a grayish-white
slightly elevated patch,

which cannot be detached from the mucous membrane without leaving a bleeding surface. As the pellicular deposit increases in thickness it requires a yellowish or dirty gray color.

Symptoms—The attack is sometimes abrupt commencing with a chill, more or less marked, followed by considerable pyrexia; or the disease may begin with symptoms denoting great prostration, but not infrequently the development is gradual, the patient complaining of various ailments,

and the characteristic effec-
tion of the throat being discov-
ered only on inspection. After
the development of the disease
the symptoms are divided
into general and local, the
latter being referred to the
point effected with the
exudation. Local - The effec-
of the fauces is rarely accom-
panied by notable pain, and
hence a liability to overlook
its existence. The extention of
the false membrane over more
or less of the buccal mucous
membrane, tongue coated, Cervical
glands, tonsils and fauces swollen,

epistaxis and vomiting, desire for food diminished, or lost, albuminuria is not infrequent, diarrhea is a bad sign. In the majority of cases the mind is unaffected. The disease may extend to the larynx, and lips and nails become blue from impaired circulation and deficient aeration. Diagnosis - It consists of the formation of a pseudo-membranous deposit, which is pathognomonic. From scarlet fever, diphtheria is distinguished by the absence of the eruption, and of the peculiar punctated

or brick-dust like flush of
the throat and strawberry
tongue. That scarlet fever pre-
disposes to diphtheria as a
subsequent attack is a well es-
tablished fact. From membranous
croup, though possible in typical
cases in localities where diphther-
ia is not endemic, or epidemic is
difficult if not impossible at
the bed-side, in places where
diphtheria prevails especially
when there is little or no exuda-
tion upon the fauces. Some writers
say that the commencement
of the pseudo-membranous de-
posit in diphtheria is about



12
the tonsils, and pharynx while
in croup it is in the trachea
or larynx while that of diph-
theria rarely extends, in any case
below the larynx. There is no
albumen in croup, and the se-
quelae of paralysis never at-
tends recovery from it. The
general symp. of croup are as
much as in any other inflam-
mation dependent upon the
local infection, while in
diphtheria the local symp-
toms are secondary.

Prognosis - The disease is
always dangerous. It is much
worse in children than in adults.

The chief signs of danger are
implication of the air pas-
sages with consequent in-
terference with respiration as
well as the development of pul-
monary complications, septic
blood-poisoning produced
by absorption from the under-
surface of the decomposing
pseudo-membrane, but general-
ly more frequent from diplo-
theritic blood-poisoning.

Great discharge from nose,
epistaxis, repeated vomiting
and diarrhoea, very rapid and
feeble pulse, presence of
albumen in urine particularly

12
if it is abundant, and a sudden rise of temp. are bad signs.

Treatment Although diphtheria has been one of the most common of the severe infectious maladies in this country during the last 25 yrs. physicians are far from agreeing in reference to the mode of treatment. Scarcely any other disease presents such a diversities in type as this disease, from cases so mild that nearly all recover whatever measures be employed, to those so severe

That a large proportion die
 under the best possible treat-
 ment. Acceptance of the
 germ theory does not require
 us to believe that diphtheria
 is primary local for these
 organisms may enter and in-
 feet the blood through the
 lungs before any symptoms
 occur, but we are taught by
 writers that these organisms
 alight upon one of the expos-
 ed surfaces usually the fau-
 ces, and excite local inflam-
 mation, and if not promptly
 destroyed are apt to penetrate
 the tissue enter the blood and



established constitutional
 diseases. Acceptance of this
 theory evidently leads to the
 employment of germinal
 medicines, the so called
 antiseptics, or anti-fer-
 ments, externally and inter-
 nally the remedies to arrest
 and destroy the vegetable
 growths. Hence we use such
 antiseptics as salicylic
 acid, carbolic acid, chloro-
 form, preparations of bromides, lime
 water &c. The general treat-
 ment should be light nu-
 tritious and stimulant food
 in sufficient quantity,

17
Tonics &c. If there is consti-
pation give a mild Cathar-
tic. If there is fever with
hot skin give quinine gr. v
every 4 or 5 ho. and cold drinks
of ice water, or small lumps
of ice. Give Pr. Chloride ferri
to keep up strength. If there
be a tendency to diarrhoea stop
it at once. If albuminuria
occurs give diluent drinks,
and tannic acid are espe-
cially recommended. Moist inhibi-
tions are beneficial. as a
spray you may use
glycerine ℥i Carbolic
acid gr. v and lime-

water 3xvi. Bichloride of
mercury is said to be good,
as it is thought to kill
the bacteria in the
blood.

"Respiration"

Bedwin Jan
Virginia

Why does Man
Breathe?

To obtain a clear answer
to this subject we must
examine the function

of respiration closely.

The oxygen which enters
into the circulation of the
body through the lung-
surface is equal in
weight to one-fourth
of all the solids and
liquids introduced in-
to the stomach. It con-
siderably exceeds in
weight that of the dis-
gested food. This oxy-

2
air is the main source
of the good which man
desires from breathing.
This good is partly direct
and chemical, and partly
indirect and physiological.
If we follow the oxygen
in its course through the
body we shall see how
it benefits the breather both
chemically and physiologically.
The direct & chemical
good includes several
different operations, viz:—
First. The oxygen enters the
cells of the lungs and is
absorbed by the minute

vessels which spread over
 the cell walls, within the
 vessels it contains directly
 with certain constituents of
 the flavous blood & pro-
 ceeds with it in its con-
 tinuous current through the
 arteries & veins. The great
 purpose or duty of
 the blood is to build up
 the substance of the body
 to form or enlarge the
 muscles skin cartilages &c.
 We have seen in our
 course that the nature
 of the venous blood is
 very similar in properties

and composition to the fibre
of the animal muscle
& to the skin of the body.
Still chemical investiga-
tion has shown that
it requires to be com-
bined with a certain
amount of oxygen, be-
fore it can actually
be, or is fitted to be thrust
into the substance of the
body - This oxygen is
supplied by the lungs -
The first good function
therefore which the ox-
ygen abstracted from the
air discharges within the

breathing animal is. And
 it helps to build up the
 solid substance of the
 tissues. carbonation -
 It forms part of the
 material of which they
 are necessarily com-
 posed, & it is in this
 sense that snow is
 a real food, & we
 actually live to a certain
 extent upon it: we live
 by the air which surrounds
 us. But only part of the
 snow taken in is used
 thus directly & for restor-
 ative purposes. The water

6
proportion of it is employed
for very opposite, though equal-
ly necessary & useful ends
thus. Tissue. The body thus
built up is not a permanent
structure. It is constantly
undergoing repair & renewal
The functions which the
several parts of the body
perform, wear it away.
The muscles, liver, brain &
lungs, all excrete and the
substance rubbed off so to
speak is removed from
the body & replaced by new
matter from the food -
But before it can be re-

When the water must again be combined with oxygen when united with the water the oxygen of the water is changed into water compounds which are soluble in water & are carried by the excretions through the kidneys & skin. Such are Urea and uric acid. In the tissues also Sulphur and Phosphorus exist as necessary constituents. These are not contained in Urea and uric acid, but they combine with oxygen

8
separately - form in solution
and those acids which
readily decrease & separate
with the other oxidized
forms of waste matter
which are excreted by the
body - Thus the second
good course which the
nature takes in by the lungs
renders to the living ani-
mal is to combine with
the waste matter of its
excreted parts. In excre-
tions the oxygen renders
soluble & therefore easy to
be removed, what would
injure the animal's health

if allowed time to remain
within it -

Third - A more chemical
course would be the
one as not least im-
portant, - I think the
following a very illus-
trative example under
this head - If a fat an-
imal be started in its
work or be wholly de-
prived of nourishment
for some days its weight
will rapidly diminish. It
continues to breathe and
so its breath to throw
off Carbon dioxide and

system & so on. Water comes
through the kidneys & so on
& so on at other places ex-
-haustion of the blood
in various ways & so on. The
animal in giving off the
materials of its solid sub-
stance & at the same time
taking little food to re-
-place them, must neces-
-sarily lose in weight.
If we examine the animal
after this period of star-
-vation we find that the
loss of weight & substance
is most remarkable in
the fat of the body. This



has diminished in por-
osity & contraction than
any of its other constituent
parts. Of course we
cannot see what has be-
come of this part, we
find scarcely a trace
of it in the solid or liquid
excretions. It has been
beaten away through
the lungs and skin. Treat-
ment was necessary to the
continuance of life and
Carbon dioxide & water wa-
ter were given at night
to breathe necessary
while the usual exercises



of food were with held
 therefore the ingredients of
 this gas vapor were nec-
 essarily taken from the
 substance of the animal.
 It led us to seek within
 itself for the time, the
 part which had disappeared
 had been used up for
 this purpose —
 The three immediate and
 direct chemical substances
 therefore for which the
 breathing animal takes
 in oxygen, through its
 lungs, & skin, are to pro-
 duce the substance of



The solid tissues of the
body from the system
of the blood to convert
the waste substance of the
tissues into new classes
of acids &c that they may
be more easily removed,
& to change the starch &
sugar of the food into
the carbon dioxide & water
which escape from the
lungs & skin —

II. The indirect and physio-
logical part: — But these
chemical operations are
attended by indirect physio-
logical effects which

is essential to the existence
of life. From what was
just said it does not
appear that any such pro-
cess is caused by the
constant excretion in
the blood vessels & discharge
from the lungs of carbon
dioxide & water vapor. We
can see the point which
the reason does to the
animal in forming the
material of its tissues,
- in subsequently eliminating
the waste material of these
tissues as the water vapor
but in the simple formation

of matter and I have shown
you we see none. The
road in this case seems
not to show the mere chem-
ical changes itself, but
to show a certain physical
circumstance that accom-
panies it. It is known
that animals differ in
the amount of surface
heat they naturally exhibit.
The external heat of a
healthy man in temperate
climate is for example
 $98^{\circ}5'$. But an animal
in the state of disease is
never warmer than in





all kinds of things are returned
to the elements in consequence
of which the nature of things
is not the same as it was
before. In fact, the nature of
things is not the same as it
was before either of these
substances in the air or
in the water as the
dissolved and are entirely
transformed into carbon diox-
ide and water. This is
what takes place also
within the body. But in
the air this change is oc-
casioned by a change
in the light, heat & light in

if it had been very slowly
 of heat alone sufficient to
 produce heat. But in the
 body it must be the
 same. Heat must be
 given off continuously
 in sweat, exhalation & fat
 of the foot are changed
 within the body into car-
 bon dioxide & water. In
 this case loss of continuous
 material source of heat would
 cut the supply of heat in
 body would soon become
 cold & stop. The formation
 of carbon dioxide & water
 even in continuous processes

21
and when the ground
ceases to swell in sea-
terral the body of the au-
gment is about the same
as the shell, that
the heat may still be
lost as the road has
been covered by the pro-
duction of CO_2 water
in the body is from
a great distance the body
is now put in a state
of tension. The amount of expansion
in the position of the
all also minor sources
of heat. It is stated now
that however a body makes



cannot be done as the
 same time for a limited
 time the blood is not
 removed in accordance to the
 process, but still the
 for a couple minutes
 the heat causes the heat -
 By this consent necessary
 for the reactions of the
 tissue of CO_2 and water inter-
 so to body of the tissues an-
 imal the heat is necessary
 for the two important
 circumstances, ~~in~~

The heat is the main
 factor in the process of
 the body within the animal



During the process of blood
 in the capillaries, oxygen
 is taken up from the lungs
 and is carried to the tissues
 where it is used in the
 process of oxidation. The
 carbon dioxide which is
 produced in the tissues
 is carried back to the lungs
 where it is exhaled. The
 blood is thus purified
 and is ready to be
 pumped out to the rest
 of the body. The heart
 acts as a pump for the
 blood. It consists of four
 chambers, two on each
 side. The right heart
 receives the blood from
 the body and pumps it
 to the lungs. The left
 heart receives the blood
 from the lungs and pumps
 it to the rest of the body.



which exists in many of
 the varieties of vegetable food
 in which we live. These
 are especially to be found in
 the sugar and root vegetables
 so common in domestic use.
 Could not the substance of
 the body be thus con-
 verted into O_2 & water in
 order that the heat of
 the animal may be kept up -
 If it is carefully provided
 that oxygen shall never be
 wanting in the blood, equal
 care has been taken, that
 in vegetable feeders shall
 always contain into it



Starches, oils, and other
 which which blood can
 not use, caution—
 though starch sugar, and
 fat are the substances which
 are generally converted in-
 to the Carbon Dioxide we
 see all from all things
 that we can live
 and breathe, though with
 less success, for all
 will have to find contact
 with it. It is further pro-
 vided for the maintenance
 of human life that in
 case of emergency the
 body is able to draw in



1875
1875

1876
1876

The following copy is
a copy of the records to
be used by the
of the Department of
of the

1875-8

propagated in some such
circumstances but in some
respects it is entirely different
from all the other cases
known, that is to say that it
is a disease to which
the power of affecting the
subcutaneous tissue is
very limited and the
disease is the result
of an infection with the
systemic virus which
is by far the most
effective in all
other cases and is
different from all
the other viruses.

These various states are
described in a regular
order of a continuous
and in other directions
of history life, showing
their work and how they
appear they have to be
in a regular form and
in a regular form, which
then the process will
introduce into the system
either as a continuation or
as a new concept to be
seen in the same form
in any form, by the
appearance of a new state
in a state of operation

one has a patient that is
difficult, the fact when the
disease comes in contact, as
it be from what source
it will, may be traced
to the or she or the same way
to, will have difficulty in
some of its forms.

The variety, according to
our authors, in Local Diffi-
ties are three, 1st, the com-
mon cold, which is accom-
panied by heat, in this
the cold begins, or appears,
in four or five days after
exposure, and begins to ap-
pear at once. It looks

as if a piece of iron
chipped out of the heart its
orders are undermined and
will slip out, and will be
gone to hell in less than
in three or four weeks;
leaving no remaining in-
struction behind. In this case
we will find a man that
is more than intent of re-
sist without any particular
affection. Let us see,
Love with superstitious sub-
stance as we discuss by
the way, under the name
of Whitaker's Explicit Order
and Instructions. They speak the in-

genuine blunts, & we know
to enlarge and separate
without any breach of the
surface on the genital.
The abscesses are effected as
well as the glands, and
specific Abscesses are some-
times, though rarely met
in the course of the ab-
sorbent vessels, & is not
by some that have taken
from any of these vessels
at the glands, we involu-
tate the same of part in
it at any other place; and
at the same time the con-
tigion is destroyed at the

heart so that no other part
of the body is affected
by its report the glomus
and the liver to be free or
our continuation, it is
then well known in
it from any cause they
may be propagated to the
prepuce, causing Syphilitic
Phymosis, when this does
occur, it is very hard for
the surgeon to determine,
whether it is calcareo soft
and we must be free from
the fact, that heart was
when separated, will
operate freely. It is 85 1/2

be true, I also believe it to
be among a better class of
men in the country than
in the city, because their
men come from all
parts of the country to the
city, and after attending to
their business, they go on their
evening train. Let's go and
see the women, and by
sawing, many of them
return to their homes with
a companion to assist,
This form is often im-
planted from one labium
to the other, and from
the plants to the people

This does not affect the
absorbents though it may
attack a sub- and some-
times spreads to such an
extent as to cause death
either by exhaustion or hem-
orrhage from the abra-
sion of the alveoles,
constituted by white
This is the form that
is infecting, not found
in the central organs or
other parts primarily affected
of the heart and sometimes
abscess which is charac-
terized by adhesive infla-
mation in the neigh-

heat of the skin, producing
a peculiar induration and
a chronic enlargement
of the Lymphatic Glands
which are very slow to con-
valesce, even on incision
and under ordinary cir-
cumstances remaining for
months for an indefinite
time forming a bunch
of hard knots under the
skin, a Scarre may be
given in a but three days
or not until the lapse
of many weeks. The
— — — — —
part — — — — —

Very remarkable was the firm
nature, while the other
scarcely more the features
of information equal as
an education course this
form of it should be
formation was sent to the
body in the house, being
how large and some
more years than sent to
the house and, there seems
to be no part of the body
which may not be, and
is not constantly affected
in constitutional syphilis
Syphilis of the Brain,
The name of this form of

spindle and flattened cells
distributed through the trunk
of the heart. The main trunk
contains a column of blood on
one side and a column of
arterial blood by the
opposite. The cells pass out
into the surrounding tissue
and cause the heart to rise,
The other form of gummata
is not so soft and tender -
and is not so yellowish,
and is not so much
to be felt. They are in size,
more or less, than if a few
years ago, and are generally

to the eyes and the
by the vocal words partially
or completely, and the
words are not then
the words that are
written but are left to
be read by the
eye - by this we
are able to get the
meaning which would
be lost if the words
were written in
the same way as
the words in the
written words of
the words in the
written words of
the words in the
written words of

We have tried to speak
of Syphilis in those parts
that are most visible
to the naked eye, but
will conclude by saying
that it is visible some
times in all parts of
the body and is found
in all grades of society,
the rich over the poor
the high over the low
and in the language
of another I believe
the King over the
Prognosis. — I think with
out one doubt, that of
the patient we speak

and hearty, and lives
where he can enjoy
pure air and good water
and good food, and the
use of antisyphilitic rem-
edies for at least two
yrs, he will undoubtedly
get well, and will say,
those who do not enjoy
the same advantages
hygienically may get
well. Diagnosis,
sufficient has already
been said to convince
me whether he has
syphilis or not, but will
depend, on the history

in form of a sore, on
large glands, falling
of hair, eruptions on
the skin, over the
joints in bones, &c. &c.

We must be convinced
that it is syphilis.

Treatment, -

iodide of Pot. and
Mercury are the remedies,
one to eliminate the
sine and the other
to hold it in check,
We may give iodide
Pot. as high as ʒss
ʒi, when the nerves are
affected, but we may

expect iodism, then we
should stop and give
inside of iodine, salu-
rine or ammonium. We
should commence with
a small dose and go
up until he could take
no more, and then stop,
when we find the disease
is on the decline we
might diminish the
dose. Treatment for
Chancres, keep the parts
clean and then dress
with Codiform and
salverol or use the
santory. Treatment for

children, use external
applications, and let it
nurture the mother, we
must not apply it to the
parts more than once
First say, under the arm,
then on abdomen, and so
on, at one place then the
other, Treat for constipa-
tion, If the pt. requires
it, give him tonics, but
of all, Mercury and Colic
of Plaster. We may use them
togeth. - throw out the whole
period, begin with a
dose and increase until
we can take no more.

