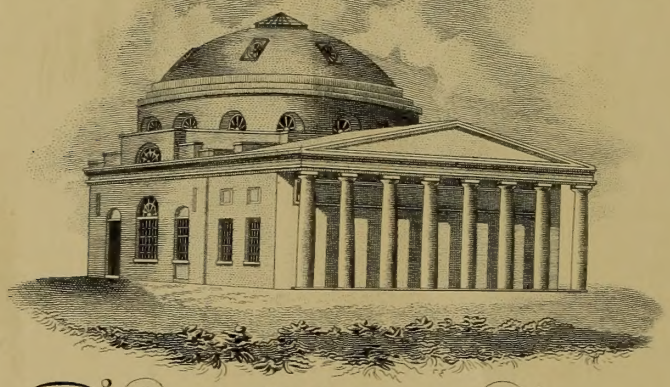


University of Maryland Theses

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).

(CORRECTED TABLE OF CONTENTS)

UNIVERSITY OF MARYLAND

THESES

1885 (c)

Author	Title	Notes
Todd, George W.	Metritis	(noteworthy calligraphy on title page)
Warder, Abraham S., Jr.	Dyspepsia	
Hyslop, John T. B.	Diphtheria	
Jamesson, Harper C.	Opium	
Everhart, George Y.	Scarlet Fever	
Barker, Charles W.	Cholera Infantum	
Spruill, W. T.	Intermittent Fever	(no title page, right margin bound)
Dew, Samuel B.	Epilepsy	(no title page)
Julian, H. M.	Inflammation	(no title page)
Boucsein, Gustave F.	Food and Its Digestion	
Somers, J. Fletcher	Cocaine	
Daniels, Thomas Lee	Sporadic Dysentery	(no title page)
Lemmer, Conrad	Post-Partum Hemorrhage	(noteworthy calligraphy on title page)
Plecker, Walter Ashby	Lawful Induction of Abortion and Premature Delivery	

HSHSL 2012 for the UM Digital Archive. Sources consulted for corrections: Original Dissertation; University of Maryland Medical Faculty, Matriculation List, 1851-1892; Cordell, Eugene F. "University of Maryland, 1807-1907" (New York : The Lewis Publishing Company, 1907), Volume 2.

Author	Title	Notes
Schwalbe, Samuel George	Circles of Diseases	(no title page)
Campbell, George	Infantile Paralysis	
Dill, Ph. Gustav	Pulmonary Tuberculosis	(no title page)

HSHSL 2012 for the UM Digital Archive. Sources consulted for corrections: Original Dissertation; University of Maryland Medical Faculty, Matriculation List, 1851-1892; Cordell, Eugene F. "University of Maryland, 1807-1907" (New York : The Lewis Publishing Company, 1907), Volume 2.

UNIVERSITY OF MARYLAND

THESES

1885 (d)

Todd, ~~G.~~ George W.	Metritis[1]	38p.
Warder, ~~A.~~ Abraham S., Jr.	Dyspepsia	22p.
Hyslop, ~~J.~~ John T. B.	Diphtheria	36p.
Jamesson, ~~H.~~ Harper C.	Opium	27p.
Everhart, ~~G.~~ George Y.	Scarlet Fever	23p.
Barker, ~~C.~~ Charles W.	Cholera Infantum[2]	12p.
Spruill, W. T.	Intermittent Fever[3]	23p.
Dew, ~~S.~~ Samuel B.	Epilepsy[4]	27p.
Julian, H. M.	Inflammation[5]	20p.
Boucsein, ~~G.~~ Gustave F.	Food and Its Digestion	25p.
Sowers, J. ~~F.~~ Fletcher	Cocaine	13p.
Daniels, ~~T. L.~~ Thomas Lee	Sporadic Dysentery[6]	12p.
Lemmer, Conrad	Post-Partum Hemorrhage[7]	32p.
Plecker, W. A.	Lawful Induction of Abortion and Premature Delivery	51p.
Schwalbe, Samuel George	Circles of Diseases[8]	13p.
Campbell, Geo.	Infantile Paralysis[9]	10p.
Dill, ~~P.~~ Ph. Gustav ~~S.~~	Pulmonary Tuberculosis[10]	22p.

1 Noteworthy title page calligraphy

2 Title and entire thesis are extremely faded

3 No title page. Bound on right margin.

4, 5, 6 No title page.

7 Noteworthy color title calligraphy

8 No title page. Legal-size pages, folded. Torn at fold.

9 Legal-size pages, folded. Small tears at fold.

10 No title page. Legal-size pages, folded. Small tears at fold.

"Actitis"

by

"Geo. W. Todd"

"1855"

Ladies, listened with interest to the lecture of our worthy Professor on the Diseases of Women, and feeling my incompetency to do this subject justice, it is therefore with great hesitancy I presume to offer a few brief remarks before a Faculty, to whose grand attainments in one of the greatest sciences I can but humbly attain.

The theory of medicine is speculative and unlimited; but the beautiful science leads on through fields, where on some still more

by finding new treasures, that the direction we [illegible], and diseases of the uterus will (in a much more [illegible] now) be under our control.

In a short time back inflammation of the uterus was classed under the two heads of acute and chronic; but the better knowledge of the subject, gained by recent investigations, now shows the former to be so rare, that the most [illegible] gynecologists speak only of the latter under the synonym of Areolar Hyperplasia or Chronic Parenchymatous Metritis, which they divide into corporeal and cervical varieties.

Still admitting the rarity of Acute Metritis, it is important to make ourselves familiar with it. So I Submit this to the faculty as a thesis, conscious of some things, that might have been said which are omitted; and equally sure we should have left out others mentioned.

To your criticism I then submit this composition hoping you will be as lenient, as it is imperfect.

Acute Metritis —

is an acute inflammation of the parenchyma or connective tissue of the uterus.

Causes — No doubt, acute inflammation of the uterus follows operations upon that organ, when they are performed without sufficient disinfection or antiseptic pre-

cautions; and it may come from the use of unclean instruments in sounding.

Sponge tents, ilifitting vaginal pessaries are causes, and also cauterization of the uterus; sometimes too gonorrhoea. So there may exist along with the metritis inflammation of other parts.

Age has great influence over its cause. It is seldom found in young girls, as the womb is in a kind of atrophy and inactivity. Yet it is sometimes found in girls of early age. Acute inflam-

menition is also sure in those, who have passed the menstrual period.

Pregnancy seems to have occasiondly produced it.

The causes of acute metritis are numerous.

Some of the exciting ones are as follows: too early suppression of the menses, too frequent coition, unsatisfied desires, leucorrhoea, drugs used to produce an abortion or bring on the menses, cold to the limbs or about the genitals, wounds of the parts, dancing and its like,

stimulating drink and food, anything that will suppress the flow, fatigue from whatever cause.

Metritis is often brought on in the lying-in hospital by some physician's unskillful management of the forceps, or by a rude manipulation with his hands, by a prolonged labor or lacerated uterus.

Churchill, considers contusion to be the most frequent cause, as all agree in saying, that the time soon after marriage is favorable to the production of it. Other causes might

must still be removed.

"As the successful management of so many diseases depends on the removal or treatment of the cause instead of the effect, therefore we should acquaint ourselves as perfect as possible with the causes of all disorders, remembering what may set up Arthritis in one case might affect another differently."

Symptoms

Fever is a marked symptom of acute Arthritis.

The working of the organs sometimes very great, and the

be much softened. High temperature and rigors are signs too.

Generally there is pain on pressure similar to that of peritonitis. The uterus being enlarged, nausea and vomiting are often present.

Women speak of a burning down feeling. A chill with some fever may usher in an attack of acute Metritis. Sharp pains run down the back now and then. The pain in pelvis will be augmented by any exertion of the muscles about that region. Pressure on the abdomen over the organ may

cause much suffering.
Physical examination will
show the derangement with
the other changes in the uterus,
as tenderness, inflammation,
and the discharge.
Of course, in case of acute
inflammation, menstruation
is painful, more troublesome than
when the parts are in their
natural condition; and in
some it causes this function
to cease. It will sometimes
affect the head by disturbing
the nervous system, thus causing
headache, which at times is
literally piercing the fainting

shells. The health of the patient may be much impoverished, as shown above, and also in that the mamma are sometimes swollen, and painful, and constitution is present.

Dr. Charles D. Meigs divides the symptoms into idiopathic and metastatic; but without considering his two classifications, I will close my remarks under this heading with the same opinion as that of Dr Tiffany; we must use our common sense in the investigations of all branches of medicine and surgery; for there are yet,

no doubt, many modifications of which nothing has been said.

Diagnosis

Some look upon the diagnosis of acute metritis as an easy task. This may be so for a specialist, but when we so often see the general practitioner baffled by things ahnormally more simple than metritis, it should be a lesson particularly for a beginner to be always guarded in all his conversation with, and treatment for his patient.

It is a very frequent thing for a country Doctor to be compelled to make his diagnosis entirely from the talk of the woman, and no physical examination be allowed under any condition.
This last drawback and his comparatively few cases of the womb may account to a considerable extent for his ignorance on this subject.
In making our diagnosis we are to do so from the history, the pressure, the discharge and size of the uterus etc. Each Doctor has to think and do for himself

self in medicine, as in all other branches of knowledge, for while some authorities the diagnosis is simple, Dr Charles Meigs says,

"The diagnosis of acute inflammation of the uterus is often rather obscure because the disorder presents symptoms having some analogy to those of peritonitis, hysteria, uterine catarrh and acute cystitis."

"We are to remember, that other troubles often accompany metritis. The phenomena may remind you of the beginning of labor.

According to Dr Meigs' words, acute metritis must be distinguished from hysteria, acute cystitis, peritonitis, and uterine catarrh.

Pressure upon womb does not give pain in hysteria, and it may be enough to only bear in mind what is hysteria.
One might tell it from uterine catarrh by the manner in which the attack comes on and the cause of the same.

The diagnosis between it and cystitis must be made by knowing the symp-

tions of cystitis, and especially taking into account the more frequent desire to urinate and that the pain is greater in this disorder.

In peritonitis the pain is more diffused and not so circumscribed as in metritis. Even the weight of clothing may give suffering in peritonitis. Finally, if the diagnosis of acute metritis is not plain, I hardly see how one could have an excuse for making many mistakes, should a thorough examination be allowed.

Prognosis—

Like that of all other diseases, the prognosis depends upon the circumstances. But to say the least, it is a grave disorder under the best conditions. What I have seen of the practice of medicine in the last eight years has influenced me to the belief, that nursing is two thirds of the battle in any affection; therefore, a woman blessed with a good faithful nurse has a much better chance of recovery than she has without her.

One thing, that makes it so much feared, is not only because it is so often fatal in itself, but for the reason that acute metritis ends frequently in some other serious trouble.

Should acute inflammation of the uterus set in during gestation, we should then particularly regard it dangerous.

Some cases are more severe than others. We are to take into account any accompanying disease; how long it has existed; the age of patient and her surround-

ings. It is probably best not to predict too much.

Treatment

As before said, good hygiene and nursing are more important than medicine. If this is so, how much will they assist the remedies employed.

But the patient must act the nurse for herself in the most important part of the treatment of any inflammation by seeking quiet. If rest is essential for an inflamed finger, much more is it the case

for an inflamed uterus, that has so much to do with the welfare of a woman's being. Perfect quietness should be the starting point. This is to be done by placing her in a nicely arranged room with proper temperature and ventilation, but no draught is to be allowed over the patient. The bed should be neither too soft nor hard. We know the genital organs of a woman may be affected in many ways. For instance the uterus can be disturbed by the talk of another person through

the thoughts of the woman. The same may be said of the sight. Allow no improper object near her; and a strict sentence should be passed against such nonsensical ones, as know not how to guard their conversation, from entering the chamber. The friction from the clothing might augment the trouble, so it is well enough to keep them raised from the body.

Dr Meigs adds: To diminish the pain by keeping the abdominal muscles as much relaxed as possible,

the patient should lie upon her back, the head raised and flexed by means of pillows, the legs separated and flexed with the aid of cushions.

We are to use our judgment according to the special case in hand, where and how much blood is to be taken. Leeches may be applied to the os uteri through the speculum, or it can be cut instead. Some advise bleeding from the arm, others from the lower extremities; and while the former may do so only when there is

fever, the latter will draw blood no matter what the state of the pulse.

For instance, Dr Meigs advises, after general bleeding, which we should not fear to repeat, though the pulse is small and frequent, capillary and local bleeding, by means of leeches applied to the vulva, to the inguinal and hypogastric regions, to the anus, and, even over the whole abdomen, if the metritis were complicated with peritonitis, which often happens.

Next in importance to the antiphlogistic

treatment, comes probably counter-irritation. A hip bath, occasionally, say twice a day, is proper; but care is needed in the use of blisters applied to the sacrum.

Dr Churchill highly recommends cooling and anodyne enemata, and thinks Calomel and Opium, are the only medicines needed, internally. If the abdomen is tender, it should be kept warm in some way. The vagina should be washed out with warm water at least once a day. I can not lay down any definite

rule for the employment of the above means. Every case must have its own treatment, as every disease has.

Morphine is the best form of Opium to relieve the pain.

Calomel may produce its own peculiar effect; or as it is important to keep the bowels clean, it will answer the same end; but one should avoid salivation or too great a purgation. After the subsidence of the acute inflammation, some astringent may be necessary to carry the uterus back to its original size.

Chronic Metritis

is a chronic inflammation of the parenchyma or connective tissue of the uterus.

Causes

The most frequent cause is either parturition or abortion. Chronic Metritis not unfrequently follows sub-

involution. So you will seldom see virgins thus affected, while it is not such a rare disorder among women, that have born children.

Some of the other causes are suppressed menstruation, sexual excesses, incomplete coition; and then it is sometimes caused by injuries from pessaries not fitted to the parts, or by lacerations.

Whatever hinders in any way the circulation in the organ may cause inflammation, such as cold during menstruation, growths in the region and displacement of the uterus.

Chronic Metritis may set in
abruptly from no cause;
but when it follows the acute
form, the causes may be said
to be the same. Still, if it
be primitive, there are causes
peculiar to it. Some of these
are immoral thoughts,
syphilis, intemperance and
want of food and
place & abode, tight clothing,
cold about the genitals and
masturbation.

Symptoms

I hardly see how
any one, and especially an
undergraduate, could point

out with precision the symptoms of this affection in its chronic stage; for a woman thus suffering will relate to you all the feelings, which she possibly can name, and tell you of all kinds of pains that ever harassed the human body.

Her description would be something similar to the following: "I am troubled with bearing down pains while walking about or standing, and have always the annoying feeling of pressure in my pelvis (and she will also add

symptoms of prolapsus). I am bothered by vomiting and constipation. My appetite has failed. I can not pass water easily, although there is frequent desire. Pains are all over me, in my chest, through my abdomen, and all along my back. I have a dull feeling." (All these things commonly bring on hysteria). Coition or menstruation will augment the disorder. These remarks show how important it is to make a physical examination, which is so of-

ten neglected. Then you can see, that the organ is enlarged, and its walls are thickened. Pressure with the probe will give pain.

Frequent abortion is a symptom of chronic metritis. The symptoms then are much the same as those of the acute form only in a milder degree.

The time of its duration varies much. It may last for a long time and cause a suppression of the menses.

Diagnosis

Chronic metritis is almost always accompanied by other alterations. It is natural for the organs, being diseased, to sympathize for a longer or shorter time, to exert an influence upon the system. Unaccompanied cases of chronic inflammation of the uterus are therefore very rare. This chronic form has to be distinguished from nearly all other troubles of the uterus.

Cancers produce enlargement; so also does displacement. I suppose it

is hardest diagnosed from peritonitis, which extends over much surface.
It might be easily mistaken for an early pregnancy. We must be careful with whom our dealings are, so as to prevent any mistake.

When a physical examination is not made, it may take a long time to settle the question.
To diagnose a case the hypertrophy and sensitiveness with the discharges are to be noted.

Prognosis

As in the acute so in this; circumstances often determine the end. A patient with a mind strong enough to keep in spirits has a much better chance to shun the many evils to which chronic metritis is apt to lead. A weak constitution, by the thoughts of its illness, instead of becoming stronger will grow more feeble and sickly. Although the prognosis is so unfavorable, if the patient is trustworthy and

will keep up a long treatment and no complications interfere, chronic metritis may be cured.

If the cause can not be removed the inflammation is incurable. Should the trouble ameliorate, it can be easily renewed by injuries or the unthoughtfulness on the part of the woman, and in this way her life can almost be made void. A pregnant uterus gives the worst prognosis, which is favorable however, if the menopause is near.

Treatment

It may or bret

that will excite the genitals.
She should seek solace
from her husband. The various
exercises are to be abandoned,
and also such coitus
whereby life is not broken.
Cleanliness is, to be, insisted
upon. General and local
means are to be employed, to
reduce any hyperæsthesia.
First relieving the vulvar
by Iodine, where the cervix
is enlarged. The application
of Glycerine may assist much
by its absorbing power.
After painting with Iodine,
some recommend a hypoder-
mic injection of Ergotine, and

no doubt, it may be benefit
in some instances.

The bowels are to be kept reg-
ular by Aloes combined with
some tonic, as Iron.

But, if she become tired of them,
some other tonic and a differ-
ent laxative may be used.

By keeping the bowels
regular, and by assisted
by time, our means may
bring about the desired effect.

No treatment will be
given for the many compli-
cations of Chronic Metritis.

Dyspepsia.

To the Honorable Faculty of
the University of Maryland.

March 3d. 1883.

A. S. Harder, M.D.

Lect 24

Dyspepsia.

Definition. A state of the stomach in which its functions are disturbed, without the presence of other diseases, or when if other diseases be present, they are but of minor importance. The numerous forms of disorder of the digestive organs have occasionally been termed the indigestions. (Dunglison's)

Causation. The causes of dyspepsia may be conveniently divided into three groups: namely, those connected with the ingestion of food; those connected with morbid conditions of the stomach; and those

connected with derangements or diseases of other organs or of the general system. In the first group are comprised many causes of indigestion. Among them may be included the following:- Imperfect mastication, usually arising from undue haste in eating, or from defect or absence of teeth, or from soreness of paralytic conditions of the mouth; active bodily or mental exertion immediately before or after a meal; Over-eating, whether this consist in a single surfeit, or in that

habitual indulgence to excess
of which so many of us are
guilty, and which is especial-
ly injurious if it go along
with sluggish sedentary
habits; Insufficiency of food;
Improper arrangements of
meals, such for example, as
the taking of one meal only
during the twenty-four hours,
or the crowding of all one's
meals within a period of
eight or ten hours, leaving
the remainder of the four-
and-twenty without any, or
the practice of eating meals
between the more important

meals, and thus refilling the stomach ere it has had time to rid itself of its previous load; It is difficult, however, to lay down any exact rule in regard to this matter, for within limits of moderation, variety is conducive to health, and the too strict limit to one or two kinds of food more frequently proves as detrimental as excessive indulgence; Thus a mutton, pork, veal and game diet agrees sometimes pastry, milk or eggs, sometimes different kinds of vegetables; or

Smith, sometimes tea or coffee, and to these causes may be added the abuse of alcoholic stimulants or tobacco and the excessive indulgence in condiments, and abstention from certain kinds of food which are essential to the due maintenance of the integrity of the organism.

The second group of causes. It includes all those morbid conditions which have already been described. The following is a list of the more obvious of the conditions here adverted to:- Catarrhal inflammation

and congestion of the mucous membrane, Gastric ulcer: Carcinomatous and other morbid growths: abnormal dilatation of the stomach: and, lastly, functional derangements, including irritability, and excess, diminution, or derangement of the gastric secretion.

The third group of causes again is one of very great extent. It includes all those conditions of the alimentary canal, constipation and the like which react on the functions of the stomach all

those lesions of the portal system, lungs, heart, and kidneys, which by impeding the circulation, induce congestion or other abnormal conditions of the stomach: and all those general diseases namely anaemia, pulmonary phthisis, fevers and innumerable others of which difficult, painful, or faulty digestion forms an appreciable if not a prominent symptomatic feature.

Symptoms. First symptoms denoting slow or difficult digestion: and second, symptoms proceeding from

imperfect or disturbed digestion. In certain cases of dyspepsia, the processes of digestion appear to be fully accomplished, but they are accompanied with uncomfortable sensations, In healthy persons as is well known, a good digestion is production of a sense of comfort. It is quite the reverse in some dyspepsies. They are often uneasy or miserable while the digestive processes are going on, they complain of uneasiness in the stomach or intestines, of a sense of distension, and of a

general sense of discomfort.
and these symptoms may
afford the only evidence of
disorder. Some cases are char-
acterized by regurgitation
from the stomach. The liquid
regurgitated is sometimes
intensely sour, from the
presence of either the Lactic,
Hydrochloric, or Acetic acid.
If the regurgitations occur, as
is usual, during the progress
of stomach-digestion, the acid-
ity is probably due to chemical
changes in the ingesta but
occurs sometimes after long
fasting, when the stomach

contains no food it must come from the gastric glands. The regurgitated liquid is sometimes acrid, appearing to scald the throat: it may be greasy or nauseous, having the odor and taste of rotten-eggs. The regurgitation of a considerable quantity of a liquid which is either insipid, or saltish or brackish, and sometimes acid, when the stomach is empty of food, is called pyrosis or water-brash Cardialgia characterizes certain cases of dyspepsia, and is evidently dependent on the presence

of an acid in the stomach, as it is quickly and completely relieved, for a time, by an alkali remedy. A painful sense of fulness after eating is common in dyspepsia. Vomiting is not common in cases of habitual dyspepsia. The vomiting occurs directly or soon after food is taken, and, in some cases, it is surprising that there is not more evidence of inanition, since everything taken into the stomach appears to be ejected; yet, the disorder may continue for a long time, the patient does not become greatly

emaciated nor notably enfeebled. The disorder is apt to resist all the usual remedies to relieve irritability of the stomach, such as Bismuth, Creasote Opiates &c.

Prognosis. As a general thing is favorable, but constipation has been known frequently to cause death.

Treatment. In the management of dyspepsia, as of other affections the first point is to remove the cause, in so far as it is practicable. The practitioner may be able to controll causes relating to

dietetic errors, but he may not be able to reach those connected with the mind and hence a difficulty in effecting a cure. The treatment may be arranged in three divisions. Viz; 1st those relating to the diet; 2nd measures addressed to the mind; 3d medical remedies. 1st diet the patient carefully, only allowing easily digestible substances, and in very moderate quantity, as I have stated before there are no rules that can be situated to all cases. Individual experience, in each

cases, is to be the guide, but
there is a liability to error
in regard to this experience.
Difficulty or disturbance of
digestion after a meal is
often thought by the patient
to be due to certain articles
of food, when it was due
to some other incidental
circumstance. In general,
articles which are wholesome
to most persons are not
unwholesome to all. It is
rarely true that "What is one
man's meat is another's
poison." As a rule, when a
patient says: "That he cannot

take such and such articles", which general experience shows to be digestible and nutritious, it is fair to presume that he is deceived, and of this the patient may generally be convinced if he be persuaded to persist in their use. The expectation or thought of the patient that an article of food will prove hurtful contributes to render it so: but after a time, the idea may be overcome. It is often an object in the treatment to remove such ideas from the mind of the patient if

possible. In most cases of dyspepsia animal food is best digested, especially cold and tender meats, plainly but well cooked: but in some cases, a milk and farinaceous diet is found to agree best. Well-boiled rice and corn-meal mush are easy of digestion. Ripe fruits in moderation are useful. Pastries, rich puddings, and sweet meats are to be used sparingly or discarded. Regularity in meals is a point of importance. Food should be eaten slowly. Tea and coffee are sometimes

hurtful, the latter especially. Tobacco is often injurious, from the waste of saliva, and the depressing effect on the nervous system. Exercise is of great importance. Alcohol is important in assisting digestion, but from the great danger of learning to crave an appetite from its happy effects, I would not advise its use. 2nd In regard to measures addressed to the mind. When the patient is sad and melancholy, a change of society, scenery, diet &c is of great impor-

-lance and frequently assists greatly in a cure.

3rd and last Medical remedies.

After the patient goes on, and tells you his long list of symptoms, and tells you that he really feels very ill indeed, But a few inquiries and a little consideration on your part enable you to afford speedy relief. A mercurial purge, followed by a few doses of some gentle laxative, will soon cause all the more serious symptoms to disappear and then you must attend to the digestive process.

Diet the patient carefully,
only allowing easily digestible
substances, and in very mod-
erate quantity for a week.
A single purgative dose may
not suffice. Castor oil,
Rhubarb, in powder or in
pills, Colocynth, Podophyllin,
are often of great use in
some of these cases. Small
doses of Dilute Hydrochloric
acid (fifteen or twenty drops
in two table-spoonfuls of water)
half an hour before food, and
the digestion will soon be re-
stored. Hydrochloric acid is,
the natural acid of the gastric

Juice, and if you continue to
give it for some time, there
will no doubt be a great im-
provement, not only in the
digestive power of the stomach,
but in the performance of other
parts of the alimentary canal.
and Acids of various kinds, are
valuable in many forms of
dyspepsia, but the one
mentioned is considered
the best to assist digestion.
Lemon juice, citric acid, the
tartrate of potash are among
the best. In an obstinate case
the plan of giving Hydrochloric
acid before meals, and

Carbonate of Soda, or Potash
or Liquor Ammonia after meals,
has succeeded after many
other modes of treatment had
completely failed.
Preparations of Bismuth, two,
are often very useful. In doses
of from five to twenty grains.
Preparations of Iron, Arsenic,
and Zinc in small doses are
of value in some cases. I
might go on and mention al-
most half the medicines in
Materia Medica that have been
used and prescribed in this
trouble, but think I have
mentioned the most

imbortant, and the medicines
most adapted to use. But in
our practice we will have to
Judge for ourselves what
treatment we think best, as
all people are not alike,
and will require different
treatment, we will have to
Judge for ourselves what
we think best and give them.

Very Respectfully
A. S. Warder, M.D.

- A Thesis -

On -

Diphtheria

By -

Geo. T. B. Hyslop.

M.D.

Allegheny

I submit to the Faculty of the University of Md. a Thesis for the "Diphtheria"

Definition — A contagious disease of which the most characteristic phenomena consists in the formation of whitish membranous patches on external and internal surfaces, more frequently those of the fauces, throat, larynx, and trachea, and the accompanied by alterations of the blood, the rapid development of exudation, and extreme debility, and the formation, during convalescence, of

Malignant, of Contagious, Endemic,
Epidemic, and Hospital.

Attention must be directed
first to the cause of a disease
the knowledge of the affecting
the subject in the diseases
as they get known by different
names, until the publication
from of Bretonneau's doctrine in
the year 1826 Dr. which he des-
ignated it Diphtherite (Diphthe-
ritic Sore throat)
Diphtheria is a disease not
limited by climatic influ-
ences; it prays its malignant
forms from the boiling regions
of the equatorial climes to the

Find if the the brain that
is infected with this ... the
It is a disease not limited to
one age or race attacking the
brain and but as well as the
old man or whose hair has
grown gray by the frost of
many Winters. It seems re-
cently most frequent among
young children especially between
the ages of three and Six thou
in a region of more mature age
and is more fatal with them
Bacteriologists not unanimously
accepted Pasteur's and the
Koch's theories to the cause
of this disease Staphylococcus the

beautiful queen of Portugal and the Princess Alice of Hesse were victims of this disease.

There is much reason to believe that the hygienic surroundings of houses or localities and the physical condition of the ground to its drainage have much to do with its development. It has not been made clear as yet, as to what constitutional conditions are most favorable to the propagation of this disease. It has been known that it attacks the weak as well as the strong, the robust, the wealthy and clean as well as the poor and the

filthy. Diphtheria is communicable
a contagious disease. At first
it was supposed that
child of a large household was
brought down; the nurse contracted
it from the child, the doctor
from his patient and the Mother
from her babe. The contagion is
doubtless carried by the atmosphere
but it may be communicated in
private and this present the disease
materially. M. H. Power traced the con-
veyance of diphtheria by milk
to an epidemic in North
London. Some writers have
advanced a theory that there is

a disease of the cow called "gaget"
to which is possibly due the origin
of this disease; but this to be prov-
ing requires further investigation.
Symptoms and progress
The period of incubation is not
yet definately known; Some investi-
gators appear to have had the
first symptoms of dissolution a
few hours after exposure & it
seemed in others the disease had
not manifested itself for eight
days. From this we would
infer that the period of incu-
bation would vary between these
extremes. The initial symptoms
are sometimes mild, such as

Slight thickening of the mucous membrane
[illegible] in the throat.
2. The most predominant symptom
that occurs the affection of the
air passages & the glands
of the throat. The first symptoms
are in the throat about the
second or third day. Thus the
glands become [illegible] enlarged
there may be but little or no
elevation of temperature. After
several days that the throat
the skin becomes hot & dry
there are both [illegible] symptoms
such as nephritis. The tongue
is usually moist and furred.
3. The [illegible] [illegible] the

Commencement of the cancer is seldom known it is not painful. The adjacent glands usually are normal. The respiratory apparatus is not usually involved in benign cases in which only the tissues are involved. The Secondary Growths in pregnancy affected and where there is inflammation of the nose there is sometimes Mucous discharge which may excoriate the upper lip and cause inflammation and the existence of the growth, thus rendering respiration difficult through the nostrils.

In cases of this variety we usually have considerable febrile disturbance which causes gastro-intestinal irritation, vomiting & diarrhoea. Diphtheritic inflammation may be primary or secondary occurring secondarily most frequently as a complication of measles. In addition to the accelerated pulse during the febrile stage and the slow and compressed pulse during the stage of profound blood poisoning; the chief symptoms pertaining to the circulatory apparatus are those of the heart and the changes in the blood which

give rise to hæmorrhage. Up to the time that Mr. Wade of Birmingham discovered albuminuria but little attention had been paid to the state of the kidneys since that time observations have proven the fact that albuminuria occurs in a majority of cases of a severe type, and in almost all cases of diphtheritic (congestive) where the type is not severe.

There are two conditions of the kidneys in which albumen is found in the urine, namely, diphtheritic which is the most common and in acute congestion. In nearly all the cases of albumi-

Albumin are found constantly
present, sometimes hyaline,
granular, sometimes epithelial
casts. Smith has
shown that in cases of albumi-
nuria where the patient recov-
ers the casts are usually absent
If the albumen and abundant
casts persist the case
is fatal. The albuminuria of
diphtheria though frequent is less
fatal than that of scarlet fever
but it is often complicated
with paralysis or
atrophy. The urine usually retains
its normal appearance in diphtheria
scarlet fever. In some cases

of diphtheria. It has a peculiar eruption of pinhead spots on the sixth or seventh day on the face of spots or red points not more than a line in diameter; like that of measles. It is elevated and disappears on pressure. Occasionally extravasation of blood occurs in some parts of the skin. The diphtheritic form of the skin which diphtheritic toxaemia produces in the second week and even later is known to all who have been in attendance with these diseases. I have closely observed them on the face and that I have seen in the University Hospital

Some [illegible] disease affecting
principally the [illegible] of the
[illegible] eye in [illegible] occurs almost
always during convalescence I think
it [illegible] beyond [illegible] 2 months
from the time it may occur at any [illegible]
period when it [illegible] before
convalescence I may add that
[illegible] capsular [illegible] that at-
tack. The muscles [illegible] frequently
become [illegible] attached
[illegible] of the pharynx and
upper part of the [illegible] The mus-
cles of [illegible] articulation [illegible] sometimes
involved so as to prevent deal-
[illegible] & general [illegible]; [illegible]
the food may be [illegible] through
the nostrils. A portion of the food

sometimes induce the laryngeal, and thereby produce artificial coughing. The velum palati, hanging flaccid and motionless like a curtain; and the colourless state of the muscles at the entrance of the larynx often cause gutteral expiration sounds. Another symptom of paralysis of the levator palati muscle is the difficulty of pronouncing gutteral consonants from the lodgment of food in the larynx. Aphthetic paralysis may affect the motor muscles of the eye; thereby producing strabismus; the muscles of the face causing hemiplegia of the legs

Causing hemiplegia of one side
one side and the leg ~~on the other~~ on the other (I have seen one case
of diphtheritic paralysis) 2. The mus-
cles that are usually affected
first are those of the pharynx.
2. The muscles of the bladder are
sometimes paralyzed. Paralysis in
a limb is usually preceded by tin-
gling or a sense of formication. A ma-
jority of those affected with paral-
ysis recover, although but few regain
the complete use of their muscles
in less than one month, and
many do not till the second
or third month. Defective vision
is an occasional result of diph-

over a large area, it is usually of a
[illegible]
time through existing tissues, as a
soft fluctuating tumor. Sometimes deeply blood stained. It is
quite great — or had difficulty
separating from the subjacent
[illegible]
its removal is found to have
[illegible]
[illegible]
[illegible]
and diphtheritic have caused
much confusion and are now
[illegible]
but we may speak of a mem-

brane as compared with that of the epithelium of a mucous membrane is therefore one reason why the mucous is therefore. The difference in the depth of the tubes therefore is probably due to variation in the extremity of the process. Thus according to whether the process is more like that of the superficial or deep tissue in a distinct basement membrane, as in the pharynx and respiratory tract, than in those where there is not the case as in the connective. A false membrane upon a basement is much

Mucous casts extracted from the ear in which the whole structure is distinctly seen. One case of the disappearance of portions of epithelium and mucous cells of the membrana tympani is likely to give rise to false membranes that is formed, it is hoping to blame by another condition of conjunctival fibrin. It is very probable that mucous membranes the formation of false membranes obviously from hyperemia caused by vaccination on the mucous which forms on the tonsils and larynx in diphtheria from dead to and

the application of chemicals, and in the most acute cystitis, false membranes sometimes form upon granulating surfaces. In some instances the membranous characteristics of this disease are found wanting & micrococci and other organisms, & these cases have also been found in the tissue upon which the membranous exudation has been found, thereby altering the lymphatics to the neighboring glands. Minute deposits of tubercle have been found in several organs of the body, as for instance in the heart, liver and kidneys resembling those of pyaemia

The occurrence of these explain the complications, most- usually by that of albuminuria. This disease is probably spreading locally, at least being more commonly the case. The skin rash is comparable to the spreading sore, and to the sore throat of syphilis.

Morbid Anatomy:- The characteristic pathological lesion of scarlatina is inflammation of mucous surfaces, the most usual route of which are the mucous lining of throat, tonsils, mucous membranes, nasal passages, lining the

the tonsil from entering the pharynx the diphtheritic process may extend upwards into the posterior nares & the anterior ones, & pass down the larynx, larger bronchi, bronchioles and even into the air cells. From the pharynx it may pass down the oesophagus, it may first appear in the larynx and by some means pass into the pharynx; the latter is rare. Occasionally the mucous membrane of the mouth, stomach vagina, rectum nose, biliary passages are the seats of the diphtheritic process. If there is considera-

skin upon the skin becoming
becomes covered with the epithelial
cells. The first change
noticed in the part which is
to be the seat of the inflammation
is the passive hyperaemia. The
capillary vessels become engorged
and the tissues thickened as-
suming a dark purplish colour
2. The amount of serous infiltra-
tion of the subjacent tissue determines
in each case the amount of tume-
faction. On the surface of the
affected part where there is an
abnormal amount of secretion,
the epithelial cells covering it
become cloudy and enlarged

from the circulation and thence in a short space of time they enter the tissues and become transformed into a homogeneous mass, the constituents of the subcutaneous membrane, following the diphtheritic exudation is into the epithelium, decreasing the cells are involved

2) The deeper exudation becomes thicker and of a denser color as the sub-epithelial and sub-mucous coats become involved. In mild cases the membrane first assumes a gauzy film, then it becomes a light-yellow color. In severe cases a leathery, gray exudation from one eighth to one fourth of an inch thick will

from the fauces or diphtheritic which can be removed, and after removal leaves a new bleeding surface, upon which a new membrane is formed almost immediately. When the mucous or sub-mucous tissue is involved the diphtheritic exudation can only be removed by suppuration or gangrene proceed. As this process is taking place micrococci or spherical bacteria are found. Some regard these as the cause of the diphtheritic exudation rather than as the cause. Whether this exudation, there may be a specific process established, which separates the layer of exudation from the

tissues which it invades. In such a case the inoculation becomes sharply defined at its boundary by the transformation of the surrounding mucous membrane outside, and finally the whole mass is thrown off spontaneously, the ulceration of which varies from two to five days. In some cases (as in suppurative fevers) even the membrane is thrown off with the pus. When the slight thickening forces terminates in suppuration large quantities of protoplasm can then develop in the mucous and in the tissue underneath

which lack tissue such as Zenifluence
Each man which has the Augmentation
of gangrene. The color of the
membrane is a black grayish brown
with streaks of capillary hemorrhages
throughout its entire extent.
A piece of membrane measuring
ten millimetres in diameter
stained, looking from this on
showed Zenifluence with leuco-
cytes. The heart is pale, flabby,
friable, presenting changes somewhat
similar to those in typhoid fever,
endocarditis being but an infre-
quent complication. In melancholia
the blood is but slightly changed
in some cases it is thick of acidity

brown color coagulable free from
The albumen is usually increased
in the nephritic form, the urine
is less. The hypochondriac glands
become swollen and inflammation
on account of their communi-
cation with the intestines.
The kidneys are congested, in
some cases and may be the
seat of purulent matter resulting
from abscess of the migration of
bacteria, if the patient dies sud-
denly from suffocation there
does not occur
In some cases there
are found numerous small

2 kinds of capillary hemorrhage
2 natures throughout the membranes of bits of dentin cells
cells.

Diagnosis— From scarlatina diphtheria is distinguishable by the absence of the eruption and of the preceding prostration on both about the fauces of the throat and "strawberry" tongue. From membranous croup— the disease is diphtheria, while all diphtheria is infectious not true much the membrane— and deposit, the diphtheria about the fauces and tonsils.

in croup in the trachea or
larynx. That of diphtheria
rarely extends to any considerable
distance, that of croup diffuses
itself frequently even into
the bronchial tubes. Finally in the
beginning there is hardly a deposit
on the fauces or mucous
of diphtheria, on the larynx croup
hardly ever has albuminuria
as a concomitant of croup.
From these and other
diphtheria is known by the
deposit being much larger
and thicker, and mostly dull
in color, and attended with
more severe constitutional

Egyptian French legion die the
Mouth and is never opened
The corpedrik generic of spine
when removing upper the pinna
is sometimes taken for Aspha
tania This specimen preserved
had but little cuticle over
otherwise here it is readily
detached without injury
& the succeeding segments
in its order
Polygnosia Simple epithelium
is not very characteristic the
mouth under. The antennae
form is decidedly characteristic
and the segment above
described like in by five the

greater majority of cases
of treatment—No specific remedy
has as yet been discovered—
for the cure of this disease
Nothing is truly certain
in the management of
bad cases. It being an asthenic
disease, depletion is not to be
thought of, but its very opposite
viz. Stimulants, Quinine Sulphate
with citrate of magnesium
or Rochelle salts (very large)
sufficient to keep the fever down
high, give Quinine Sulphate in
five grain capsules every until
the temperature comes down
Soon as the physician notices

that the use of these injections
should not be carried to excess
especially in young children
should at first begin with the
administration of one grain to
children of six years and in-
crease gradually one grain
every other day until the
quantity of ten grains is
reached. At which it will be
well to continue for a time.
Should the following symp-
toms appear, viz. Nausea
Vomiting, Pain, Tenderness
Distension of the Abdomen
& a chill, then cease the use of
the Injections, & active
Local treatment is absolutely
necessary. Such as Opium &
the following must be given

[illegible] R. Acid carbolici
Glycerine ʒii Aquae calcis ʒii
M. Sig. Spray every hour

In this the carbolic acid has a tendency to destroy the micro organisms and the lime water has a special influence in dissolving the false membrane. Lactic acid is preferable of [illegible] only to be used. The patients diet should be milk, and good old whiskey not less than four years of age, if stimulation is necessary. There is still another plan the last resort is the operation of Tracheotomy, which

is not to be seen if the practi-
cal keeping of accounts

Opium: The word Opium is derived from
the Greek word Opos (ὀπός) juice, it is
[illegible] juice of the poppy, and is
[illegible] [illegible] [illegible] [illegible]
from the superiority it held over all
the [illegible], the seeds & capsules
are called head from its supposed [illegible]
to other [illegible].

The first [illegible] [illegible] [illegible]
was [illegible] [illegible] [illegible] on the
[illegible] [illegible] of the last century, and
at [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
of the Greeks which [illegible] [illegible]
[illegible] [illegible]. On the [illegible]
of [illegible] [illegible] [illegible] at the

[illegible] century, the medical [illegible] comprised nearly all the [illegible] in which it is used at the [illegible] day, he particularly speaks of it as [illegible] the mind & digestive [illegible]. Under the influence of the Galenical doctrine it fell into disuse, because of its supposed power of being cold & was not again used by the European practitioners until the sixteenth century, when Paracelsus & his followers again brought it into favor. During this & the following age its reputation increased so much that the practitioners said they could not be able to practice the healing art without it. They are also of opinion

extracted from the crude drug
most important of which are the
cotinine discovered by Hesse in 1865
and the same year found in the
leaves by Bull that the plant
also contained the narcotic principle
in the drug Skimmia the chief
narcotic element of the drug was
first discovered by Segnini in 1878
but more imperfectly by Setunne
in 1812, Codeia was isolated
by Pelletier in 1832 in the
same year Narcia by Pelletier
who also isolated Meline and
Paramorphia, about the same
time Pyramine was discovered

... bromide. [illegible] in 1867
... Smith & Fleming.
Action = On animals.
Its action on animals is not
very marked unless given in
very large doses.
On Man = There is very little
difference between the action
of Opium and its salts upon
the human system, but one
individual may be differently
affected by the use of Opium
and its salts and another
person may be affected in a
directly opposite manner, so
that no general rule can be

laid over in what is the other shall be used in a similar case. Two small doses from a quarter to a half grain will produce a soothing, indolent condition of the mind & body, followed in a short time by a disposition to sleep. the dose in which more of first quickly, heaviness, slower, & warmth and if you are rather free and often perspiration breaks out on the skin. If such a dose be taken at bed time the sleep produced by it may gradually submerge into the natural sleep, but during the day it will hardly exceed two or

three hours in duration
Large doses act from one to three
grains the stage of excitement is
much more strongly marked the
head feels full, hot and somet-
imes light with bubbling move-
ments contracted the ideas are
confused and sometimes there
is delirium, the tongue is furred
and moist, there is thirst with
and fauces dry, nearly there is
nausea and in some cases vom-
iting after these symptoms there
is a stage of depression, the pulse
beats more slowly and often irre-
gularly, head feels dull, the senses

[illegible] there was an inability to make any exertion
[illegible] to shake and [illegible] the muscles
[illegible] the hands were [illegible]
[illegible] spasmodic movements and of
the attempts to walk he felt
giddy and [illegible] and [illegible]
like a drunken man. The urine
[illegible] [illegible] [illegible]
these symptoms and in the yielded
to the breathing became laborious
and [illegible] stertorous, [illegible]
surface of the body grew hot
deep and the hands and [illegible]

the breathing becomes stertorous, the pupils are insensible to the application of light, countenance pale and limbs in a state of relaxation. Recovery sometimes supervenes and there is some signs of returning consciousness but the comatose state soon returns and death occurs, sometimes preceded by convulsions.

The quantity of Opium or its preparations to cause this cannot be stated with any degree of accuracy because of the various modifying conditions.

Mode of Action: It is believed that

... on the habit of using it.
... when stopped for a short time
... there is a sensation in the stom-
... ach resembling that of nausea
... animals knowing the stomach
... not been used for a few days
... have the power to suffer the
... agony for the time it may be, but
... to break away from the drug.
... Action upon particular organs:
... On the Pulse: It increases the
... tension of the pulse due to the
... sedative action it has upon the
... sympathetic system and during
... its action the capillaries are dil-
... ated, the circulation is

and the tubal contracts.
In this region it begins
however it is continued that
hunger effects in the peristal-
tic action of the stomach
empty sinus with [illegible] the
living membrane. When the
contraction ceases the
nerves and all the sen-
sations terminate the sensibility
of the entire nerves
It increases thirst it seems
to be excited by hunger to
increase in contraction of the stomach
and diminishes the natural
secretions - Hunger not only des-

the digestive process, the food taken into the system is under the influence of the digestive juices digested in the stomach is driven by peristaltic contractions repeated without having undergone any change.

On the circulatory system

[illegible] the heart to [illegible] and more frequent [illegible] it reduces the frequency of the pulse, if the person is made to vomit, the pulse will be found

irregular and full and may be small, but is more likely to be taken after stimulating influences. If only slightly excited or not at all its depressing influence will be more likely shown in other forms of circulatory disturbance. It will be found small, weak & irregular.

On Respiration. When a small dose is taken the breathing becomes increased but after a medium dose is taken it becomes very slow and stertorous.

On the Urinary Organs.

Diuresis ensues diminished secretion

its petite are taken it has a

an unsuitable clothing; the skin which does not resemble that of any other disease. It may also cause derangement & destruction of the skin in some individuals. Children are more susceptible to the action of poisons than adults; because, we do not like to kill an infant, it should therefore be used with great caution. Persons out of doors are

The influence of tonics is more uniform and favorable when persons of a sanguine temperament are provided they are not suffering from

disease in which the mental is full and excited, if there are in addition cerebral effects. If the melancholic are not easily affected in general, they usually have a calm and stupid countenance, but in which the mind is more deeply excited in this state [illegible] seen in the insane, large doses of Opium may be safely given.

4 Physician in prescribing this remedy may ascertain if the patient has been accustomed to its use, for without that knowledge he cannot get the desired effects [illegible] It may be employed

with nearly all the Medicinal agents.

Remedial Employment:

Fevers: Quinine should not be prescribed at the onset of a fever but during its progress to assuage its violence, arrest its decline, to support the strength and to calm the nervous symptoms which are thereby to arise.

Given in the declining stage with these objects and directions, to preserve those symptoms which are sometimes dangerous themselves, but instead of the patient's recovery more tedious

he talks quickly and his eyes
grow bright. Opium is clearly
contraindicated.
In Typhoid Fever and
for the same purpose, to quiet
delirium and produce sleep and to
quiet any pain which may be at
the body especially in the upper
abdominal area in Typhoid,
Dr. Dunton will have nothing to
Opium gives hope & Laudanum will
ward off the steel for a time and
thus give Quinia a better chance
to act.
Inflammation of chest, pain
and nervousness which are very not-

[illegible] symptoms and [illegible]
the repeating [illegible]
Pain used in pain of [illegible]
character how any pain to the
with remedies [illegible] dose
ted to the cause.
Each acts on the nerve
ators of the mind from strength
and that excites [illegible] pain
low fevers [illegible] Tension of
nerves except is urgently called for
this is one of the best remedies to be
confined given in small doses
until the patient sleeps, the skin
on a delicate [illegible] and [illegible]
the patient with the [illegible]

menorrhagia and in a few
days afterwards.
Tetanus: Opium should be
administered as near the com-
mencement of an attack as possible
and after the parts have been
thoroughly excavated. Quick the
menorrhagia and tetanic spasms
if possible by the use of the knife.
In Pneumonia if in the early
stage of the disease when the pa-
tient feels a great heaviness and
pain in the chest with dimness
of vision may often abort the disease
by preventing the congestion

reducing the pain.

form may be removed by thick
clear water, the cattle may be
an evacuation of the intestines before
the water is given.

Dysentery: Given in the first
stage of this disease is very impor-
tant together with the use of
diluent drinks such as oat and
gum the bowels being previously
cleansed by a laxative

In the latter stages of
obstruction or mortification sets in, Stercora-
ceous purgatives, to the passage of gas
etc. and also in bowel pain, In
such cases you should give a laxative
before the Opium and in painful colic

Scarlet Fever.

by.

George Y. Courtenay.

M.D.

Maryland.

1885.

Scarlet fever or Scarlatina is derived from the word Scarlatto meaning a deep red and is a contagious febrile disease characterised by inflammation of the fauces and a scarlet rash appearing on usually the second day of the fever on the face, neck and fauces, and progressively spreading over the rest of the body. and it ends in desquamation about the sixth or seventh day. Scarlet fever is very remarkable for its wide diversity as regards mortality in its different forms, as in the simple uncomplicated forms, the disease is of little or no importance while in the severe forms there are few diseases that are more fatal. and the

Mild cases may at any moment
develope into severe cases, also the
mild cases may produce Serious Sequelæ
For the sake of Simplicity and clearness
I will divide the subject up into the
following parts, and will discuss each of
the divisions in their own proper order, Viz.

Scarlet Fever or Scarlatina.

Three Kinds { Scarlatina Simplex.
" Anginosa.
" Maligna.

Clinical History.

Complications and Sequelæ.

Anatomical Characters.

Cause.

Diagnosis.

Prognosis.

Treatment.

Prophylaxis.

Scarlatina Simplex. This form is distinguished by there being no throat symptoms, there being only a sore throat and a rash over the body, the throat does not get sore like in the other forms, but almost always there is a redness of the fauces and throat. The patient very often does not go to bed the attack being so very slight. The first signs that call attention to the disease is the scarlet flush upon the face and neck and some febrile movement, which generally declines on the fifth day or sooner. The efflorescence usually begins on the second day, begins on the neck and face and extends over the whole body in twenty four hours

the deepest color from the parts exposed to pressure. The skin is of a uniform color and somewhat rough, not vesicular, is at worst about the fourth day and by eighth generally has disappeared. Tongue is red, throat also, papillae elongated. Skin generally covers it in squamous particles. This is a mild attack, but may have a severe attack when everything is exaggerated.

Scarlatina Anginosa. In this form the affection of the fauces is prominent. The throat is sore and pain makes it difficult to swallow. The fever is higher, all parts of throat are very much reddened and sore, and often there is seen a diphtheritic exudation.

which might set up croup. Sometimes the fetor of throat is bad. The tonsils are red and often swollen, also the glands of neck and salivary glands are swollen, mucous is secreted in large amount. The tongue is coated with a white fur, red clean from edges, thus then showing the Strawberry tongue. In more severe cases the uvula, tonsils and edges of soft palate often are covered with a yellow exudation. The tonsils sometimes ulcerate and get very bad, and perforation of the soft palate may occur. Sometimes the rash breaks out then disappears then appears again after sometime. Patient often has a tendency to delerium and stupor.

The rash appears on face and neck first, but may be seen on the backs of hands, it fades in a few days, and desquamation follows. It may not occur in mild cases. Also children often desquamate after pneumonia, typhoid and other fevers. As the disease advances so does the throat symptoms. The patient sometimes has cough, sneezes, Epistaxis and often vomiting. The lips often become cracked and painful. Sometimes the mucous membrane of the nostrils, portals of the disease, and nasal passages may become closed for awhile. Occasionly the Eustachian tubes are attacked. In more severe cases there is often yellow and

of tenacious liquid discharged from the nostrils. The fading of the eruption begins a little later than the simple form, and the fever and sore throat may continue slightly for a few days after the desquamation has commenced. Various secondary affections are apt to occur, which protract and add danger to the disease. The mildest forms are often attended with desquamations regular, and may be due to not taking care of patients left during convalescence.

Scarlatina Maligna. In this stage the fever is of a typhus character, it exhibits itself early. Brain becomes affected. Rash appears and disappears irregularly.

stomach often severe. Exhausting diarrhea may set in. Tongue is dark and dry, or red and glossy, glands of neck and axilla glands swollen and may suppurate. Patient may die on third day, yet may get well. Scarlet fever may exist without eruption occurring and child may die in convulsions from eruption. The name malignant is applied to extreme cases in which the system is made very weak and debased by the disease, and patient may sink in the first stages of the disease. The signs from which the malignancy may be suspected are violent initial pains in the loins and extremities. Eruption generally appears late, a tendency to

delerium and stupor, pulse [illegible] though not less frequent. The color of the fauces and throat is darker red and more inclining to purple color than in the other forms. The symptoms assume a more typhus character as the disease advances, the pulse gets very feeble, the eruption disappears or turns to a livid purplish color. petechia and ecchymosis may appear. The expectation of fauces and throat is of a dark color, [illegible] or gangrene may occur.

Clinical History Stage of Incubation.

The average period of incubation in scarlet fever is from three to five days, may be longer or shorter. Is shorter than that of measles. It has been known in

scarlet fever may be as early as twenty four to forty eight hours, or may be from six to eight days, or even as long as twelve or fourteen days, it is more variable than that of other eruptive fevers.

Stage of Invasion. The invasion of scarlet fever is usually sudden, often a chill and vomiting ushers in the attack with fever more or less rapidly developed. The temperature may at once rise to 105°. Epistaxis is not uncommon. Frequent pulse, headache, sometimes delerium and general malaise if there be notable pyrexia. The throat is red and may be sore. The fauces present the appearances of erythematous inflammation. This associated with high fever and vomiting

[illegible] to scarlet fever, especially in a child and if the disease be prevalent. Often in mild cases, diagnosis cannot be made till eruption. The average duration of this stage is twenty four hours. The eruption usually occurs on the second day, a considerable delay of eruption is generally attributable to some complication.

Stage of Eruption. In Scarlet fever the efflorescence appears usually on neck and chest simultaneously with its appearance on the face, not around the mouth. It extends rapidly over the trunk and extremities, thus differing from Variola and Measles. The diffusion takes place generally within twenty four

hours. It may appear on the trunk and limbs before on face and neck. It is first in the form of minute spots, these run together and form patches variable in size and number, or the whole body may be covered with efflorescence. The patches have irregular or serrated borders. The color of the eruption is a bright red, hence name Scarlatina. The eruption disappears usually within three or four days, yet may be considerable longer in so doing, soon may extend to the fourteenth day. Miliary vesicles are not uncommon. The affection of the fauces continues, the tonsils are more or less enlarged, may be purulent or muco purulent

Exudation, or even a true diphtheritic exudation may occur, the glands of neck and jaws are enlarged. The tongue in some cases presents an appearance highly diagnostic and resembles a ripe strawberry, hence called strawberry tongue, this is very characteristic and peculiar to the disease, and a diagnosis might almost be based upon this alone. Pyrexia more or less continues throughout this stage, gradually defervescencing if the case is favorable. The degree of fever generally is the criterion of the severity of the attack. In severe cases the delerium is common and active. Patients often have to watched on account of it.

Stage of Desquamation. Scarlet fever desquamation is the rule with some few exceptions may be furfuraceous but it is fine lamellar. It frequently commences with the decline of the eruption and prior to its disappearance. The degree and extent of the desquamation depends upon the intensity and diffusion of the eruption. Desquamation is rarely wanting save in the case in which the eruption fails to appear. Yet may take place when the eruption did not occur. Large ends of the body may be stripped of its cuticle in large pieces, yet the pieces may be small. A second eruption and a second desquamation both may occur in this stage

Complication and Forms of Scarlet Fever.

This disease often deviates from a typical course. Some cases are very mild while others are very severe. There may be faucial inflammation without eruption. There may be on the one hand considerable fever, on the other hand little or no fever. Persons who have had scarlet fever, or those whose susceptibility to the contagion has diminished by age, often have more or less sore throat when brought in contact with a case of scarlet fever. Irregular forms are those in which the deviations denote the severity of the disease. Notable fever and rapid pulse characterize certain cases. In some cases convulsions occur, attributable to the

intensity of the typical condition of the blood irrespective of the visceral lesions. Active delerium occurs in some cases. The faucial affection is much greater in some cases, also the tonsils in some cases are greatly enlarged, and they may suppurate and slough, gangrene may occur. The eruption in these cases is often incomplete or wanting. The hemorrhagic form may be considered as malignant. In this form usually there are high fever and severe cerebral symptoms. Of the complications of scarlet fever the most frequent are otitis, either external or internal, Colo enteritis, in children articular rheumatism, peritonitis, pleurisy,

endocarditis and pericarditis, these affections are in many cases either rheumatic or uræmic, lung affection which may prove cause of death. conjunctivitis, ophthalmia, and ulceration of the mouth and throat. Diphtheria is often combined with scarlet fever. The presence of a diphtheritic exudation in the pharynx is evidence of the coexistence of the two diseases, the exudation is to be distinguished from the other lesions which may be present. Parenchymatous or tubal nephritis is sometimes a complication giving rise in some cases to coma and convulsions, it is much often a sequel, it follows in very many cases

of scarlet fever. With reference to the liability of this complication, the urine should be examined daily during the course of the disease. The presence of albumen or casts is evidence of the renal complication. The specific gravity and the quantity of urine should be ascertained daily and examined. Renal work also. Convalescence to determine whether or not renal complications exist. This regard may follow the mild as well as the severe cases. Therefore it follows the mild rather than the severe cases. It may give rise to recurrence or general dropsy. Convulsions result. Pulmonary edema,

oedema of the glottis, pericarditis or other serious inflammations or uraemic effects which may destroy the life of the patient after patient has passed safely through the fever. It is a good precaution to watch the urine of persons who have been exposed to the scarlatinous poison, although scarlet fever is not produced; that this poison will cause parenchymatous or tubal nephritis without causing scarlet fever is known.

Anatomical Characters. Sometimes remains of the eruption may be seen as purplish or livid spots, or may have disappeared entirely. The reticular tissue in cutting into the skin is found red and

The acute exudations on the serous membranes, in pharynx, the tendency to bronchial and pulmonary affections are more frequent in this disease than measles. Various internal organs are congested. The mucous membrane of alimentary canal may show signs of inflammation, and Peyer's patches and solitary follicles of the intestines, are often moderately swollen. The spleen has often been found enlarged also mesenteric glands and glands of neck and salivary glands. Parenchymatous degeneration of the liver, kidneys and heart may occur. The eruption on the surface and the appearance of the throat and fauces constitute the principle anatomical characters.

Cause. - A specific, infectious, specific, and contagious. The contagion from mild cases is as efficient as that from severe cases. The contagium is contained in emanations from the body, probably in both the expired breath and the cutaneous exhalations, hence, the atmosphere surrounding patients is affected. Scarlet fever sometimes follows surgical operations. Contagium may be carried in clothes etc from one person or place to another, and this contagium holds its morbific powers for a long time. The disease prevails at all seasons, and frequently occurs as an epidemic. Statistics show that the disease occurs most frequently in the third and fourth

years of life, and the liability diminishes progressively after the fifth year, and becomes very small after forty years. Has been found to be contracted in utero. As a general rule it only affects the same person once, yet there are exceptions. The disease may be transmitted by means of fomites. Many persons exposed or often troubled with sore throat, yet escape the disease.

Diagnosis of scarlet fever before the eruption sometimes is difficult to make, but a probable diagnosis may be made before the eruption, by a sudden attack of vomiting, with high fever, and redness of fauces, in a young subject, especially if during prevalence of scarlet

But from the short, mild of invasion, high fever, appearance of efflorescence on the throat before on skin, then its appearance on face and neck and rapid extension over the body, the scarlet color, the irregular and serrated margins of patches, the continuance of high fever, the occurrence of eruption on second day and often attacks of vomiting make the diagnosis of Scarlet fever quite plain, later on we have the strawberry tongue, In measles the eruption begins on the fourth day, begins on forehead and neck, then face not markedly extending over body taking from twenty four to thirty six hours. the eyes water and mucous membrane of nose secretes very freely,

The eruption of measles appears first as small indistinct red spots, which gradually become more distinct, their borders are irregular, they become slightly elevated, and tend to arrange themselves in circular or crescentic forms, the color of the eruption is dull or deep red crimson or scarlet red like in scarlet fever. In measles there is coryza, irritability of the eyes, sneezing, coughing etc. While in Variola the eruption changes from macule to papulae, to vesiculae, to pustulae, and the characteristic appearance of the small pox vesicle is produced by a central depression in its roof, this depression constitutes the so called umbilicated depression of the vesicle. Scarlet fever

may be at first or in slight cases to
confounded with the Bowels, but there is a
slight affection and pain also headache
in from Irregularity from to [illegible] in stools
and less not the symptoms of a cold
fever, a little time will clear up the diagnosis
of cases. There is probably no complaint
in which the result is more uncertain
than in this disease, the
mildest cases sometimes assume a
most malignant character and fatal
may suddenly die while cases of apparently
very dangerous, sometimes end favorably
Aside from the intensity of the disease, the
danger then depends on complications,
The complications denote imminent danger
from intensity of the disease.

especially frequency of the feeble pulse, delirium and prostration, jactitation, hyperpyrexia, the mode of termination in these cases being by extension of the same affections as usually occur the symptoms are unfavorable of long continuance a fatal result is to be expected, the development of petechiæ is extremely unfavorable, denoting unfavorable crisis or a late appearance, of considerable duration or sudden recurrence of the eruption, continued delirium of dusky color, a livid or purple color of rash, with petechiæ, ecchymosis, or hemorrhage, a livid appearance of the face, with prostration, stupor, or coma and epistaxis, or involuntary evacuation of feces or urine during the course

More dangerous in adults than children.
The more typhoid like the attack the more
dangerous the subsequent form of Fever.
Generally dangerous in proportion. Best
and safest not to run a good prognosis.
Treatment, It has been shown that
scarlet fever cannot be entirely averted
course abridged. We should therefore
pursue the expectant treatment that is
treat the symptoms as they present themselves.
Simple forms of scarlet fever require
little more than hygienic treatment, and
there are no indications for active
treatment, as keep in bed, give laxative,
no exposure, good hygiene, antiseptic
if fever, and little else need be done in
mild cases, as they tend to get well themselves.

Prevent spread of disease, and remember that a mild case is able to transmit the disease and bring on malignant cases, watch during complications and convalescence. The cases of typhoid severity offer little in the way of encouragement from any treatment yet but all remedies to stop the disease. In severe case when the fever is very high, give full doses of Quinine, as Quinine is a good antipyretic, the wet sheet or the cold bath, both acceptable. If the fever be moderate, sponging the patient with cold or tepid water will suffice. Continue and repeat as the fever increases. The wet pack has the power of reducing fever and has a

sedation effects repeat when the fever rises. The cold bath is of very great importance in lowering temperature and reducing the frequency of the pulse and a manifest soothing effect should be repeated when pulse is rapid and temperature of body is high. Anodynes are indicated if restlessness and vigilance must be relieved by these measures. Opium in some form given cautiously is of use by promoting moisture of the skin along with its anodyne effects. Dovers powder acts nicely, many prefer to use Belladonna, hyoscyamus, chloral, etc. of these are most efficacious when given cautiously especially in young children. As a stimulant Carbonate Ammonia

acts also as a demulcent. Inunction of the surface of the skin is highly useful especially when pruritus is present, it gives great comfort to patient by relieving the dryness of the skin, and it prevents the detachment from the skin of the epidermic particles containing the contagium. Cold cream ointment and vaseline are to be preferable to lard or olive oil, and do not conflict with baths, sponging etc. Cathartics are not to be used. If constipated relieve by enema. In severe cases denoting asthenia, alimentary and alcoholic support is important. Milk with lime water acts well. Milk punch and whine whey are best alcoholic preparations for children. If the throat

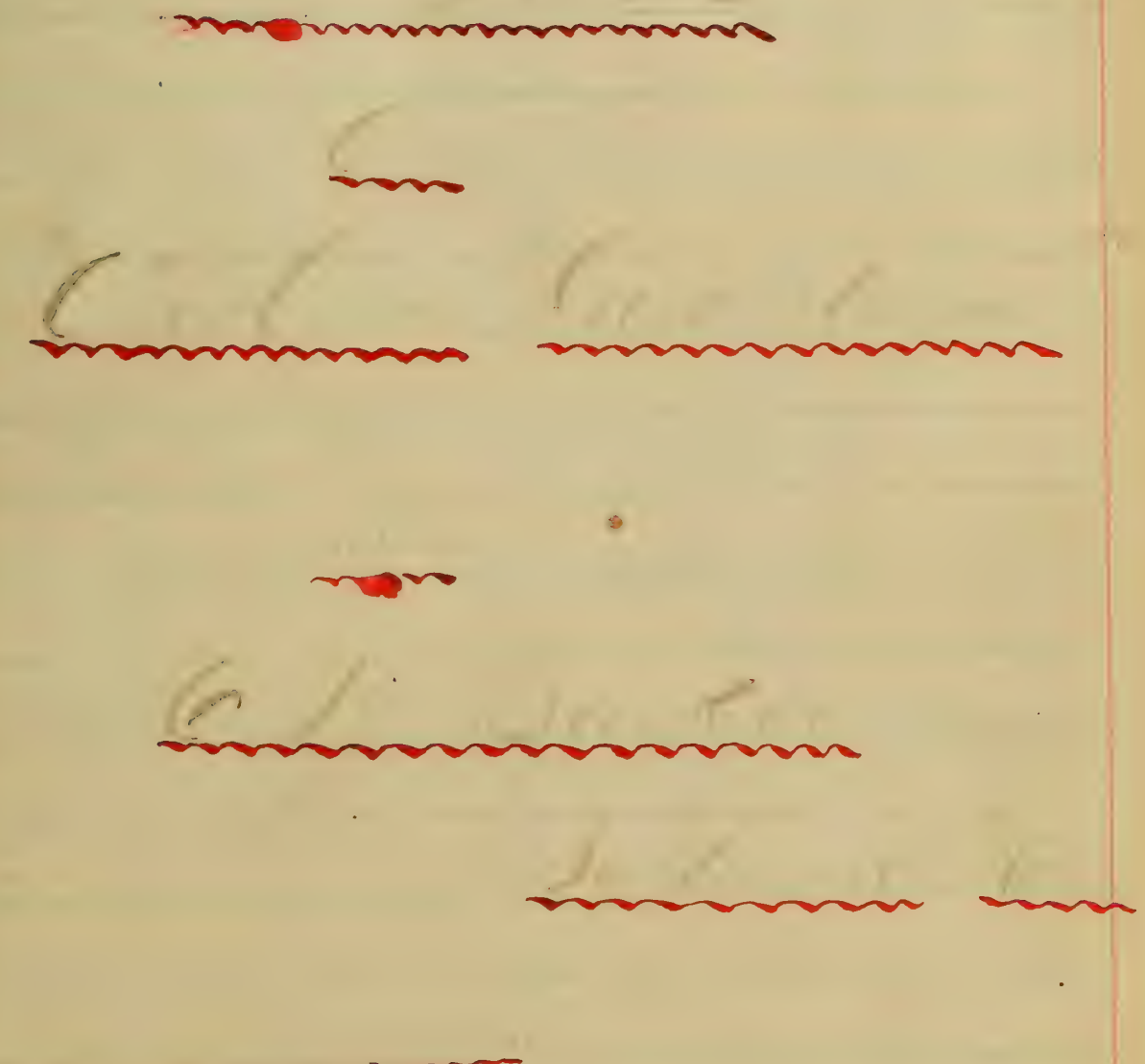
is bad then treat it also, one to two drachms of chlorate of potash a day acts good. Carbolic acid, chlorate potash, Glycerine and Aquae Rosæ well combined, most any of gargles will act good. Cod liver oil acts well when passed over inflamed parts. If diphtheritic exudation exists then use chlorine gargles or mouth. If there is fever, then insufflation of pulverized Salicylic acid and bismuth act well. Cold externally has been used in throat affections. If glands or swellings, paint with Tr Iodine. If otitis and Opthalmia are present treat them. Catharrhal inflammation which is usually mild is to be treated with anodyne liniments and bandaging.

If convulsions are present and continue
give inhalations of chloroform or Ether,
If uraemic poisoning give cathartics,
diaphoretics etc. If albuminuria treat
it. Ergot is thought to act well in albuminuria,
If tendency to suppression of urine then
colchicum acts well. as the symptoms
present themselves so treat them, as
if fever give antipyretics, if weak and
depressed used stimulants etc, and
treat complications as they arise.
The sequels should be guarded against
by proper management of patient. As to
Prophylaxis Belladonna has been
used by many some say successfully
others say not so. Isolation is the most
efficient prophylactic. Use clean bedsteads

about the sick room, and patient, all the secretions and excretions from the patient should be thoroughly disinfected by some disinfectant as Bichloride of Mercury. Carbolic acid &c. Also disinfect the Room, furniture &c thoroughly, as many persons have taken Scarlet fever by exposure to the poison in this and various other ways. Exclude persons from the room and dont let the patient when well mingle with persons for as long a time as thought proper.

The End.

Written by.
George Y. Everhart.
Westminster,
Carroll Co. Maryland.



There

"Intermittent Fever"

Definition — A specific, non-contagious fever produced by malaria characterized by enlargement of liver and spleen, and recurring attacks of fever attended each with a cold, hot and sweating stage and having an indefinite duration and a tendency to recur which may last for months, or years.

Varieties — When the paroxysms occur every day it is called quotidian, when every other day, tertian, when every fourth day quartian, Sometimes

two distinct paroxysms
occur to which we give
the name double tertian
& double quartian etc.
according to the order of
the days on which it
takes place. The quotidi-
an & tertian are very com-
mon in malarious dis-
tricts. The time between
the paroxysms is called
the intermissions. The time
intervening from the begin-
ning of one chill to that of
the next is called the
interval.

Causes:- The cause of this

disease is a specific
agent known as Malaria.
The existance of this agen
cy is local. We infer from
the peculiar character of
this disease. It prevails
only in certain local-
ities. It is called "marsh-
miasm". It is more than
ordinary vegetable de-
composition. Some claim
to have found a para-
site by examination of
the soil, water & atmosphere
in Malarial districts
near Rome. They found in
the soil many spermeans.

mobile, have oval spores, which
when cultivated, or injected
into an animals blood
grow into rods. They are
homogeneous at first, but
later divide transverse-
ly. They affect at first the pa-
rietes of the section, after-
ward fill the whole interi-
or. They are aërobious,
will grow in albumen
fluids of the body, but not
in stagnant water. Some
observers have denied this
theory, Brune said there
was a germ, but that it
had never been isolated.

It seems that this germ requires vegetable decomposition, this has been sufficiently proven by the disease being endemic. There are places where there is much decomposition in which this disease does not prevail. Observations show that this disease takes place in Malarial districts with the introduction of the germ. The temperature must be 60° F. In Malarious districts it seems to be more abundant during a dry season succeeding a wet one.

The turning up of the soil appears to increase the production of the Bacteria, whereas cultivation of the soil decreases their production. The poison appears to be more prevalent near the earth. Sometimes persons on the first floor will be affected by it, while those in an upper story may escape. The atmosphere contains more poison during the night than during the day. The disease may be kept down not exposing the patient to the evening air, & the

and salivation following.

Symptoms:— The disease may be sudden in its attack, without previous illness, but more commonly it is preceded by general indisposition, headache, weariness, pain in the limbs, thirst, loss of appetite, white coated tongue, frequent pulse, high colored urine, & dark colored alvine discharges. The invasion of the paroxysm like the disease may be sudden. The patient may be in good health up to the time of the

attack, or it may be preceded by a chill. Frequent yawning, inviting to make one sensible of approaching Stage. - The cold stage begins with a chilliness commencing in the loins, running to the back & over the entire body. The chill is more or less intense, with a creeping sensation over the body attended with coldness & shivering. In some cases the attack is extremely severe, the muscles are contracted. Tremor, known as "rigor" "may, or may not accompany the

/

the face, the eyes & lips & tips of the fingers become livid & cyanotic. The skin does not manifest a sense of fever, but the introduction of the thermometer into the rectum will show an increase of temperature. There is present thirst with loss of appetite, with nausea & vomiting, headache & delirium & coma. The urine is plentiful, nearly colorless, with low specific gravity. The duration of the chill is from a few minutes to several hours. The average duration is about thirty (30) minutes.

Hot stage comes on gradually. As the cold stage decreases the hot stage increases. The heat of the face succeeds the pallor. Temperature ranges from 105°–108° F. The mouth is dry, the tongue is furred, vomiting is common, sometimes attended by severe headache, delirium, pulse accelerated, strong & full. The bowels are constipated. The urine is scanty & high-colored, & the skin is dry. This stage may last for several hours, & is succeeded by the "sweating stage."

The sweating stage comes on also

gradually. The face becomes moist. The entire surface soon becomes bathed in perspiration. The pulse decreases & finally disappears. The thermometer shows a rapid diminution in temperature. The functions of the heart fall to the normal standard. The patients soon fall asleep to awake with restored health. With this stage the symptoms end. In some cases the duration of this stage is longer than in others. Some patients sweat more than others. The general duration is for a few minutes to several hours. The sweating

fibrous that the fever is about to terminate. The urine contains an increase in uric acid & phosphates & may contain albumen. Hæmaturia may be present.

Sequelæ. - Retarded cases of intermittent fever are often followed by anæmia & a marked character & enlargement of the spleen & liver, & dysentery & the typhoid form of dropsy frequently accompanies anæmia.

Nephritis is sometimes a sequela & so is **Sclerosis** of the liver, neuralgia, tuberculosis, epilepsy & mania with suicidal intentions.

Pathology.— The changes caused by malarial poison are the enlargement of the spleen. increased quantity of splenic pulp & sometimes an infarction is present in the spleen. In some cases the spleen undergoes an enormous enlargement, & the texture is found to be tough & smooth on section, & has a grayish slate color. These changes are produced by hyperplasia of the trabeculae with hypertrophy of the capsule. The enlargement is sometimes due to amyloid degeneration.

Often the spleen is very much enlarged it is called "ague cake" The yellowish or pale color is due to pigmentary deposits which are found in the greatest abundance in the walls of the blood vessels & are caused by the disintegration of the red globules. During an attack of "Intermittent Fever" the liver becomes very much hyperaemia & swollen & if jaundice is present, it is much stained with pigment. The portal capillaries are distended with blood. In

thermia again the gall-bladder is filled with bile. The liver has a yellowish tint due to the deposits of pigment around the vessels. The cells are pale & filled with fatty globules.

The intestines in acute attacks are hyperæmic with their mucous membrane more or less thickened. The agminated & solitary glands are enlarged, due to their contents & hyperæmia. The mucous membrane of the intestines is pale colored, due to

pigmentary deposits. The Kidneys are also hyperaemic during acute attacks & the basement membrane is thickened. The tubules are filled with casts of hyaline. The brain & spinal cord do not escape during an acute attack & are hyperaemic or less hyperaemic.

Diagnosis — A case of intermittent fever complicated at all points, can hardly be confounded with any other disease, sometimes, though it is, remittent or typhoid with is also.

intermediate or second
or alternating stage. Pyæ-
mia is the result of a
wound. Intermittent Fever
is the result from exposure
to miasmal influences.
The latter is very regular
in its course, the former is
very irregular. Intermittent
Fever is a benign disease,
& is completely cured by qui-
nine. Pyæmia is a fatal
disease, over which quinine
has no influence.
(Prognosis) — Before the discovery
of the Peruvian Bark or Qui-
nine, the prognosis was

[illegible] Sometimes, without treatment it will disappear about the ninth paroxysm, but more often it continues. By treatment it is almost possible to break it up, but it has a tendency to recur every seventh, fourteenth & twenty-first days. The tertian form appears the most easy to cure, while the quartian, the most difficult

Prophylaxis.— Those living in malarious districts, must avoid exposure, fatigue to heat, & the rapid alteration of temperature, exposure to the

night or morning air. Before leaving the house in the morning a substantial breakfast should be eaten, & a small dose of quinine & combination with dilute sulphuric acid & diluted if it has been taken during the malarial season. During the late war quinine & whiskey were given, but, from closing it did not produce the desired effect. Sometimes chloroform will effect it if administered immediately before the paroxysm

Solution of nitrate of morphia, or a hypodermic injection of morphia or atropia.

Treatment.— For the cure of Intermittent Fever, we must use such remedies as have a specific influence over the disease. The most important is the cinchona & its preparations. We should always endeavor to arrest the disease as soon as possible. We should not wait for the preparatory treatment, but should commence the administration of Quinine as soon as possible

with the patient in its
bed, until the paroxysms
are broken up. If this treat-
ment fails give the patient
a mercurial purge, followed
by a saline cathartic. When
the stomach will not tole-
rate the quinine, resort to
hypodermic injection. Salicine
has been used by Dr. Z.
Bromide of Potassium has
been claimed to do good
at Cook's hospital. Fowler's
solution appears to have
better effects in chronic
cases than in acute. If
Fowler's salt disagrees,

Fowler's, Liq. Arsenic
& its preparations has been
used to a great extent, Iodide
& potassium has been em-
ployed in Chronic cases,
If anaemia is present, iron
in combination with anti-
periodics is attended
with a good effect
In the cold stage, stimu-
lant applied to the spine
In the hot stage administer
refrigerating drinks &
ices & also spirits & minder-
er, lemonade & cold sponging
In the sweating stage,
wipe the patient off

with flannel. The patient should be excluded from the currents of air.

D. F. Sherrill

December 30th, 1914.

Much attention has been devoted to the study of diseases of the nervous system, but none perhaps has given rise to so much discussion, and investigation as that of which I am now to treat.

Yet with all the investigations and attention there still remains much to be learned, and much, very much of which we are ignorant of, still it is well the investigations have been made; for it is one of the most formidable diseases with which

man is applicable, and much good has followed to mankind by the use of the suffering.

And I enter this subject with a small degree of mortification and humiliation and wondering at the that those who profess and will bear with me, and not be so hypocritical.

Epilepsy, falling sickness, Periodical convulsions, with unconsciousness during the attack.

The first specimens which opened the way for the study of epilepsy were those

[illegible] by the killing of [illegible]
he demanded upon which
Lord Shaw that nature of
both cardinal and compul-
sion by the rubber can
not be [illegible] concentration.
suspension of the respira-
tory movements and
convulsive action." If
the consciousness of the
subject was stopped the ar-
tificial respiration to pre-
vent; when the compres-
sion was [illegible] upon
the nerve centers
were reproduced.
Since that time many

and expenditure may be classified under the following circumstances: "Compression of the brain may occur from the bones; accidental wounds of the brain; hydrocephalus; and as a consequence of this pressure on the brain; general convulsions produced by disease of the encephalon; finally, irritation of the cord from traumatic, electrical, or poisonous substances, rendering the animal irritable".

The autopsy of my case

accidental, but are characteristic
changes especially in the
pancreas, and exhibit obliteration,
dilatation, of the blood vessels
and extravasation of blood
being frequent.
Quite a number of the cases
have been reported, but to the
best of my knowledge, with
the exception of the one
recorded by Addison, that have
so extensively and
thoroughly, of the result of
the examination in
this instance. And
investigations of Lodge,
Nothnagel and others have
shown that irritation

of a perpetual mad, and in the same manner upon Mahomet's death. But in the true nature of epilepsy I believe not yet, nor ever important.

Gradually in most cases the mental faculties are impaired, yet some few of the greatest capacity and intellect have been epileptic. Julius Caesar, Mahomet, Petrarch, Newton, Peter the Great, Napoleon, Byron, (and sudden murderous the probability that the Apostle Paul was subject to epilepsy

attacks. Saul does not signal
disfavor as a distinct divine,
as they say it may occasion
the casualty of sundown,
yet I can indirectly blame
it as distinct divine with
casualty of causes.
And the question which does
actually spell so much
out and interesting,
for me if which will be
answered.
First, that which marks the
attacks of insanity, demoniacal,
if it is called, which is a
feeling of anguish, illu-

sense of the words in
parenthesis and dashes. The
whole intervening sentence
understanding, can be.
A typical case of hysteria
with the intelligence, sensa-
tion, and motion, all
the nervous elements
united.
This work is to contain,
in some if not most,
that is given there, how
to set down, and some
where to stop, and
when take precautions, and
when to avoid the two
attacks, such as Hysteria

the symptoms are tabulated
of Hysteria or Coma:
When the attack first begins
the patient falls unconscious
giving utterance to a sharp
cry, the face pales, tonic
spasm of the abdominal and
respiratory muscles which
last for a few seconds to a
minute; and then this is
replaced by convulsions in
involving the limbs and trunk.
With the first tonic spasm
to be fixed, forth appear
at the mouth, the teeth
are ground together, and
the tongue bitten.

Small blood-vessels ruptured, exudations, or deposits take place, and respiration may be laborious, the thumb is flexed strongly upon the palmar surface of the hand, the pulse is small, and convulsions and deglutition are lost.

Besides it shows itself in various ways, for instance, you may have slight twitching of the muscles around the mouth, again they may begin to spit, and suddenly stop in the middle of a sentence, and the vessels

without being aware of the stoppage. The old familiar tale of a distinguished judge who left his seat to attend to the call of nature and did not go to a private place, but walked up and down the Court room

Epilepsy the most terrible form of which is undoubtedly petit mal (hurt or grand mal) unbounded delirium variable, which are distinguished by the intensity, duration, and number of paroxysms.

The characteristic of this disease is that it only lasts

pain in the mouth, and the carpus and wrist, and extends to the mouth, the two last of which distinguished from the intercostal muscles.

And the difference is that the first only has pulsation the sixth and continues so long as the power and quality can.

They carpus the same and same spasm all, but usually they cannot dilate the pupils, and always the heart is not continued

by the well number can they re-
-ce the caliber of the artillery
or diminish the number
of pieces in use.
In slight forms the patients
have attacks of melancholia;
they are morose, dispirited,
associate ideas with difficulty,
wander around without any
difficult aim, and mani-
-fest a tendency (in the most
violent forms) to kill, dis-
-tinction, arson, robbery,
incendiarism, and murder.
After they have reached
their culminating point
rest, they manifest nothing

of past words. And in
still more severe paroxysms
they suffer paroxysms of
delirium with maniacal
paroxysms, hallucinations, and de-
liriums.
Epileptic insanity may last
from several hours to two
days, and even longer.
Epileptic attacks usually occur
at uniform regularity; it
usually recurs, and takes many
forms, that they assume a
determinate type. The attacks
first present a more slight
frequency in childhood and

young subject than that
of more advanced age.
The symptoms vary with
the forward attacks, but
in almost every case be of
but so slight, that we not
often, obtain much
intelligible symptoms.
We cannot help while we
give up the subject, but
sympathize, and be startled
with the amount of cerebral
phenomena.
There is modification of
pulse and respiration, and
especially a marked elevation
of temperature.

After death there may be
found, unilateral cerebral
atrophy and hæmorrhagic
extravasation of blood into
the pia mater, thus explain-
ing the paralysis sometimes
present on the opposite side
of the body.

As to the causes of epilepsy
it is said there is an
individual predisposition
of the brain exciting
causes.

Hereditary is one of the chief
predisposing agencies.

The fœtal process, passing
in the womb must suffer

to the mental inability which exist in certain families. A band and shall cover all the bodily peculiarities. Much more frequent in the young, the means of cure at all ages, and in both sex, than the more advanced periods of life, in the young, in childhood, and up to the age of thirty years. When completed, and established, may commence the cause of the first menses.

The female sex are more subject to epilepsy than the male, on account of the greater impressionability of woman and the clearly demonstrated influence of menstruation.

Certain diseases of nutrition produce an abnormal irritability of the nervous system, and predispose to epilepsy under the influence of very slight exciting causes. The constitutional diseases include anæmia, chlorosis, scrofula, and rickets.

In certain cases the blood

must be affected only
indirectly after epilepsy has
persisted for a long time.
(Marie Aberhalden and Cam
of epilepsy in drunkards,
and Lancereaux said that
one third of the patients
suffering from chronic
alcoholism were already
suffered, or later affected with
epilepsy.
Among the exciting causes,
the most important
are those which
act suddenly,
as fright, anger, surprise, or

there which Hardly under
mind the exist ence of the
nervous system, as rarely,
if ever, calls, unless, in paralysis.
Inflammation of the brain
and its membranes, which
give rise to epilepsy con
sist of hypertrophy or loose
of the dura mata, and
cranial tumors, syphilis
parasites of the brain,
foreign substances, and
insanity.
Sanguineous of the
genital organs, membra
nous, the first act of
coition has brought it

1 . And [illegible] when
what the brutality of a man
to his wife, especially when
under the influence of liquor,
that at last when he was
[illegible] to approach her;
she through fright and
fear went off into spells
[illegible] when she would.
And again gentleman-
ly fair and tenderhearted
girls who have cultiva-
ted all their all their
higher powers and of the
opposite sex (and when such
is the case we know they

land with all their heart
soul and mind) to have
them suddenly blighted by
the approach of a death
warrant, or any obstacle
may cause such a derangement
of the mind (especially if
there be a predisposition
to cerebral excitability of the
nervous system) should
undoubtedly be the
nervous system—and to
individuals who are of
skilful, it may be followed
by that awful, unnatural
overwhelming mania."

The sympathies are mutual and unmistakable, but not so with the desires. After all the beautiful and heard sought thereof, that has been produced, there is many perhaps painful reasons, and we are still in utter darkness.

But this distance is pardonable, and the progression is good, (as they write out) that we cannot give too much thought and care to a cause in order to know and for a palpable all impending cause and by that cause

good may be done. And when
an attack begins in a child
it should be examined
in bathing so far as
possible to ascertain
the state of the muscular
and nervous excitability of re-
flex, before the functional
disorder has occurred, as
a chance for amelioration.
At the outset of the trial
it is necessary to examine
to favor favorable the
various internal organs,
as carefully as can be done,
foreign bodies, tumors &c
and various other things

which may be appending of study. During sleep, the heart is increased the vigor of the nervous system, by relaxing the abnormal excitability, and developing the power of restraint.

Quite a number of things should be remembered as a holiday trip to the country, should only have what they need and especially, bathing, and may cause them to be attended to, this is often done and must with good result.

With regard to medical treatment, the remedies we employ, such as the sulphate of iron, sulphate of copper, nitrate of silver, Fowler's solution of arsenic, Velpeau's and &c. &c. — there has been no better result obtained from the use of any one medicine than that of Brandy & Potash.

But I must leave this subject for others better than myself, sufficient to say, that we have read the history of Syphilis, noted the symptoms, and taken

understanding, pronounced without a blemish, startled at the poverty of the intellect, surrounded by millions of idiots, and the vanity for natural, for if left to nature she will take them into the grave yard, and up to heaven and to their God.

Respectfully

S. B. Cue

Baltimore Md.
June 4th 48

Inflammation.

Definition.

It is a succession of changes in living tissue which results from an injury, provided that the injury be insufficient immediately to destroy its vitality; or it may result from a constitutional debility as scrofula or syphilis. The phenomena of inflammation are heat redness, swelling and pain. The constitutional are fever preceded generally by a chill, bright eyes, and scanty secretions.

Pain very severe throbbing in character. The heat and redness are due to the flow of blood to the part and the rapid degeneration of tissue. The swelling is caused by the exudation of fluid and corpuscles into the tissues. Pain is the result of tension and pressure on the nerve endings.

Pathology.

The process of inflammation has been thoroughly studied by Cohnheim and other

consist of the original and
are described as consisting of
first changes in the blood-
vessels and circulation,
secondly exudation of fluid
and of corpuscles from
the vessels, thirdly changes
in the tissues involved.
A change in the blood-
vessels and circulation
is essential to the existence
of inflammation.
The irritating cause will
at first produce constriction
of the vessels, followed
very soon by dilatation,
first the arteries and

then extends to the veins and capillaries.
The vessels also become long-thened and tortuous.
The dilatation of the vessels is associated at the beginning with an acceleration in the flow of the blood;
This acceleration is however very transient, as it only lasts one hour or two.
It is then followed by a retardation in the flow of blood, the vessels still remaining dilated.
Pulsation is at this time perceptible in the vessels

vessels; and the flow is slow enough to distinguish individual corpuscles in the veins and capillaries. As the stream of blood becomes slower, white corpuscles are seen to travel along the walls of the vessels until at length the walls are found to be lined with the white cells and during this stage, fluid escapes into the surrounding tissue and so soon as the lymphatics are unable to carry it off it accumulates and causes swelling.

If the veins are carefully watched at this time, the leucocytes are seen to sink into the vessel walls and to gradually pass through, seen at first on the out side of the wall, as a small button shaped process; The process gradually advances and then are observed to have formed a little pedicle which ultimately gives way and the escape of the leucocytes is complete Then by the washing away

of the exuded fluid. ——
and their own power of
movement, pass into the
surrounding connective tissue.
In the severer forms of
inflammation the red cells
are seen to pass through
the vessel walls and may
even be in excess of that
of the white.
Change in the tissue
destroys the function
of the part involved
and its vitality impaired.
The exudation after coagulation
may soften and break down
and pus be formed.

I will however not go into the different varieties of inflammation, as it is [illegible] my purpose to describe the most common form of an inflamatory process and not to go into the different phases with their characteristic pathological differences. Hence I will now take up the terminations of the process. Resolution is by far the most common and most favorable termination of all processes of inflammation.

For resolution to take place it is necessary that the exciting cause be removed; & next that the circulation of the blood-vessels be restored to their normal condition in order that the abnormal transudation may be arrested; and lastly that the exudation be removed, and the damaged tissue elements regenerated.

The exudation is carried off by the lymphatics and the blood vessels are gradually restored to a healthy condition and

functions of the part are
restored and go on to do its
work. Necrosis is sometimes
the termination of an in-
flammation. This may occur
from a severe injury and
where the stimulus is
protracted for a long
time and the tissues
are incapable of an
sufficient amount of
resistance. As for example,
by a severe injury acting
on a part, not killing
it at once but by continued
action producing a nu-
tory disturbance

of the circulation ending in thrombosis. The tissues are affected by the injury equally with the vessels, and suffer also from the circulatory disturbances, or by an irritant such as an embolus conveyed to the part by the blood-vessels, affecting them primarily, and inducing the adverse changes in parts. The tissues are affected secondarily, both by the irritant and by the circulatory disturbance. Another fruitful cause

of necrosis, as pressure.
It may be pressure by
the exudations or a tumor
It is really caused by
any impediment to
the free circulation which
would prevent the required
supply of nutrition from
being conveyed to a
part.

It may very readily
be caused by some de-
-generations, for example
calcarious or athero-
-matous change in the
walls of the vessels,
which lessen their caliber

of the vessels and destroys
its contractile power, and
the tissues may die from
want of nourishment.
The supply becomes insufficient
for the requirements.
This may occur in bone
and soft parts alike,
in frequency and
severity. The parts may
ulcerate or slough
according to the amount
of fluid being present.
Ulceration is the liquefying of the tissues
on a free surface & casting
it off. If however this

process is arrested, attempts
at repair are made
and when recovery sets
in, then granulation begins.
Healthy pus is secreted
and the capillaries are
caused to loop through
the granulations, and
new tissue is being
formed, and in this
way recovery may take
place, with only the
mark of a cicatrix left
behind. There may
occur in the healing
process the formation
of new growths and

this is called productive inflammation.
It may be the formation of proud flesh or venereal warts, ect.
The diagnosis is very easy as the symptoms as enumerated are always present.

Treatment.

The removal of the cause is the first to be done and then put the part at rest.
If there be a foreign body present it must be removed.

If the patient be syphilitic and is syphilitic remedies should be used, the best of which are mercury and potassium iodide. The inflamed part should be treated locally according to the stage of the process.

If the patient be strumous you should look after and regulate the patients habits of life. Good air and is to be observed above all things. The patient should take open air exercise, he should

be led on a nourishing diet. Should be well clothed and wear flannel next to the person, and must be well lodged. The Medicinal treatment should be tonics of which Iron is the best, or Iron and Iodine in combination.
A very good preparation is the Syrup of Iodide of Iron. Cod liver oil is an excellent remedy both as an alterative and a food. The cause should always be removed

The stage of the process should always govern the treatment.

In commencing inflammation an attempt may be made to abort it by the use of cold either wet or dry. Opium is the sheet anchor in the treatment of inflammation as an anodyne and in hindering the movements of the white corpuscles, &c.

Stimulants after coma sets in are of service when the vital

powers are lowered.

Alcohol in some form is the best.

It not only acts as a stimulant but also as food. When pus is forming, warm applications should be used; It hastens the formation of the pus and is also soothing to the affected part.

When pus has formed and you can get fluctuation, the knife comes into use. The part is to be laid well

open and the pus
allowed to escape and
care should be taken
to allow of good drainage.
The parts should be
kept clean and allowed
to granulate which
process will go on to
repair. If any new
growths occur they should
be treated with caustics
or by cutting them off.

Respectfully submitted.

H. M. Julian

Thesis

by F. Bracciolini

to

the honorable faculty

of the

University of Maryland

Feb 14th 1885

Food and its Digestion.

The necessity for food in the animal is to supply material for the growth of the Body, or for the replacement of matter which is continually being removed from it.—

Since upon chemical analysis the tissues of the Body yield mainly Carbon, Hydrogen, Oxygen, Nitrogen in various chemical combinations, and inorganic salts and water, it would seem that a diet of these elements would be all that were necessary to supply the Body with fuel.—

This however is not the case, the organism can not build up the complex chemical substances and in it can not be substances, but it can convert one complex substance into another, or break down complex substances into simpler ones.

The complex chemical substances which persist in the Body and which can be obtained from it without chemical alteration are called the "Proximate Principles of the Body"; and the Body must be fed with substances chemically similar to these in order that it may

[illegible] to the nutriment used for its growth and replace the elements of its excretory products.—

The Proximate Principles of the Body are of two classes of chemical substances; Organic and Inorganic.—

The Inorganic Proximate Principles are the salts of the Body, i.e. Sodium Chloride, Pot. Chloride, Calcium Phosphate, etc., Water, Carbon Dioxide and Oxygen.

These substances are all taken into the body as such, being contained in almost all foodstuffs.—

The [illegible] found in Milk, [illegible], the vegetables and in Meats.

The [illegible] are [illegible] taken into the organism by means of the Respiratory Apparatus.

The inorganic Proximate Principles are of two classes: the nitrogenized and the non-nitrogenized.

The non-nitrogenized principles are the Fats and Oils, and the Sugars of the Body: the nitrogenized principles are the proteids and the albuminoids.

These substances or substances chemically similar are taken into the body by means of the various foods, as follows:

Milk, containing water, albumen in solution, the proteid curd, salts, fat globules and sugar of milk.

Eggs, containing water, albumen, salts, etc.,

The cereals, containing the proteid gluten, the non nitrogenous starch which is chemically similar to the sugars; the latter contain grape sugar, Dextrin, fat, cellulose, water and salts.

The [illegible] Tissues are
mainly [illegible] and the
their Contains. —
The Nitrogenous Constituents
Proteins such as Albumin, Casein,
Fats, Starch, Glycogen, Grape
Sugar, Inosite or muscle sugar,
and water. —

Digestion is the process
by which substances
when introduced into the
digestive canal are so
changed that they or the
products resulting from these
changes may be absorbed
into the Blood and serve

as food to it.—

The cavities must not be looked upon as a continuation of Mucous Membrane and Epithelium, dipping in different parts of the tube; and surrounded by muscular fibre.—

The various secretory glands must be looked upon as extensions of the Epithelium of this tube.—

The function, primarily, of the Mucous Membrane is to keep substances introduced into the animal outside of the Body.—

On the mouth it is smooth

and contains the labial and
Buccal glands, on the under
surface of the Tongue it is
thin smooth, but on the upper
surface it is rough, the rough
ness is due to its elevation
the numerous taste papillæ,
it also contains the lingual
glands.

In the Pharynx and Oesophagus
it is smooth and in the latter
it is thrown into longitudinal
folds to allow for the distension
of that organ.

In the Stomach, when that
organ is empty it is thrown
into folds to allow distension,

and when closely examined with a lens it will be found to contain innumerable small pockets, the peptic glands.-

In the small intestine it is thrown into transverse folds, but is in the duodenum and upper greater extent of surface, these folds are called the valvulae conniventes, and if these be examined with a lens, they will be found to be covered with finger like projections, the villi, and at the base of each villus will be seen a pocket, the gland of Lieberkühn, further down the small intestine

will be found the glands of Brunner and the villi proper.

In the large intestine the mucous membrane is smooth, and in it will be found glands of Lieberkuehn and Solitary glands.-

The epithelium lining the mucous membrane of the digestive canal from the mouth down to the cardiac orifice of the stomach is squamous, its function is chiefly mechanical. The epithelium of the Solitary glands is spheroidal in the secretory portion and columnar in the ducts.-

The epithelium of the mucous membrane of the digestive canal, from the cardiac orifice of the stomach down to the anus is columnar, and its function is secretion and absorption, while the epithelium of the ducts of special secretion is glandular.

The function of the muscular fibre surrounding the tube is to keep it in constant motion, so as to press out the contents through it, while at the same time it produces a churning movement, called the peristaltic motion of the tube.

In man the function of digestion is carried on by a series of eight or nine actions, viz:

1. Prehension of food.-
2. Mastication.
3. Insalivation.-
4. Deglutition.-
5. Action of the stomach.-
6. Action of the small intestine.
7. Action of the large intestine.-
8. Expulsion of faeces.-

Prehension of food is the act of seizing it and carrying it to the mouth, and introducing it into that

cavity. —

Mastication is the action of bruising the food in the mouth to prepare it for the digestion it has to undergo in the stomach. This is executed by the joint action of the two cheeks and lips which push the alimentary substance between the teeth; and by the motions of the lower jaw it is cut and bruised. —

Insalivation is the mixture of the food with the saliva, and the other secretions of the mouth. — The saliva consists of a mixture of the secretion

of the Parotid, Submaxillary and Sublingual glands, and is an inodorous, transparent and slightly acid fluid.

Besides its mechanical action of moistening the food, it serves as a solvent for such substances as salt and sugar; it also contains a peculiar element, Ptyalin, which has the power of converting starch into soluble and digestible grape sugar.

Deglutition is the act by which substances are passed from the mouth into the stomach, through the pharynx and oesophagus. This act occurs in three

Stages: the root, elevation, to
head on the food on the tongue,
down the throat against the front
of the hard palate and then
raising the tongue moves before
back, so as to press the food be-
tween it and the palate and
force it into the pharynx;
the second stage is its passage
through the pharynx, this act is
involuntary and very rapid.
The food in passing back over
the root of the tongue pushes
down the epiglottis at the same
the larynx is raised and meet-
ing the epiglottis the passage
to the lungs is closed. The act

palate is raised and, stretching across the pharynx, cuts off its upper respiratory portion from the nostrils and Eustachian tubes. As soon as the food has passed through, the isthmus of the fauces is closed by the contraction of the muscles on its sides and the elevation of the root of the tongue. The pharyngeal muscles contract upon the food and force it into the œsophagus; the third stage is the passage of the food through the œsophagus, this is controlled by the contraction of its muscular coats which by successive per-

tions swallowed and pass them on to the stomach.-

Action of the Stomach: The food remains in the stomach for some time and is mixed about by the action of its muscular coat so as to bring every part of the food into contact with its mucous membrane and thoroughly it with the Gastric juice. The Gastric juice is the fluid secreted from the mucous membrane of the stomach, it is a thin watery acid fluid. It contains free hydrochloric acid, which causes the albuminous matter of the food

[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
power of converting the nu-
tritive parts of the food
[illegible] [illegible] true:- it also contains
a ferment which has the power
of coagulating the casein of the
milk.- The chyme or the food
under goes in the stomach are as
follows: The albuminous tissue of
meats is dissolved into and the
fatty contents, fibres, & bones,
are dissolved and converted into
peptone and propeptone; the
walls of the fat cells are dissol-
ved and their oily contents are set
free but are not acted on;

certain mineral salts, soluble in dilute acids are also dissolved [illegible] the [illegible] and [illegible] the [illegible] and [illegible] the mucous membrane.

The food mixed with the gastric juice becomes a thick homogeneous pulp, termed chyme, which remaining in the stomach the chyme passes into the small intestine, the pyloric sphincter relaxing at intervals, while the walls of the stomach contract, squeezing it into the duodenum.

Leaving it small intestine:
In the small intestine the food comes into contact with the Bile, Pancreatic juice and the Succus Entericus. All the secretions are alkaline and convert the acid chyme into alkaline chyme.

The Pancreatic juice, secreted by the Pancreas entering the duodenum by the ductus communis choledochus, is a clear, watery, alkaline liquid containing a ferment, trypsin, which like pepsin has the power to convert proteids into peptones, but unlike pepsin acts only in an alkaline medium. It converts the coagulated proteids into peptone. In

acts the same as has a double action, as it breaks them up into fatty acids and glycerine, the former is soluble and digestible, while the fatty acids combine with part of the alkali present in the intestinal juice forming soap, which is also soluble; the greater part of the oil of the oats is emulsified. The pancreatic juice also converts starch into sugar. The bile, on the return of the food into the duodenum through the ductus communis choledochus, when fresh it is a golden brown liquid, which

[illegible] the [illegible] and also consists in the emulsification of fats.- Bile precipitates pepsine, prevents the decomposition of pepsine and stimulates the intestine keeps up the peristaltic action.

The Succus entericus in the secretion from the small intestine, it is alkaline in reaction. Its action on proteids is not known; it has the power of converting cane sugar into [illegible]

It acts on the alimentary substances which have been rendered soluble by the action of the Gastric juice, the Pancreatic juice, the Bile and the succus entericus and which have passed chiefly in the stomach and duodenum by the lymphatics and blood vessels of the small intestine — The emulsified fats are also taken up absorbed.

The food mass, which becomes more fluid as it approaches the large intestine, by reason of the absorption of liquids from it, is driven onward by the contractions of the muscular coats

of the small intestine, through the ileo-cæcal valve into the colon. (Action of the large intestine.) The chief work done in the colon is absorption. The cellulose of vegetable tissue is rejected; the digestion of starch and the absorption of sugars into the blood.

The residue of the food stuffs with some excretory matter added to it in the large intestine, forms a dark brown mass in the sigmoid flexure of the colon and in the rectum, and is called faeces.

Expulsion of faeces.

The expulsion of faeces is a

Mind not being [illegible]
the result of an effort of the
will, but carried out by
means of an involuntary nervous
force —

Newton & Keynes

Thesis.

"Cocaine"

J. F. Spaun

Dec. 24th 1884

University of Md

Department of

Medicine

Spain itself; but it was the great activity of Gonsalvo in the art of peace as the art of war, which promised to prove a special boon to mankind. Many his discovery of that truly wonderful drug, Cocaine, as a remarkably efficacious tonic.

Cocaine is obtained from Erythroxylon Coca, a plant of the Linnæan family, which grows along with those other wonderful remedies Cinchona and Calaturpam, in the mountain region of Peru, Ecuador and Bolivia the native

[illegible]

[illegible] barley and ovoidal beans

[illegible]

[illegible] pulse of, containing [illegible]

[illegible] patulum. It has been cultivated in the valleys of Peru and Bolivia and about Lake Titicaca [illegible] in Europe and America, but so far with little success.

Dioscorea. To the Spanish [illegible] the ancient Peruvians, and in the days of the Incas was [illegible]

in Erythroxylon Coca, [illegible] before the discovery of the alkaloid, was demonstrated by Niemann, who said, "This substance will probably hold an important position in therapeutics," and time has fully justified this prophecy.

The most important alkaloid of Coca is Cocaine ($C_{32}H_{40}N_2O_8$), first obtained by Dr. Niemann of Göttingen. He macerated the leaves in 85% alcohol and 2% Acid Sulphuric. The tincture thus obtained was treated with milk of lime and filtered; a little more acid and lime added and the alcohol distilled off. The syrupy residue was washed with water to remove the resin, and [illegible]

cinchonidine hydrochloride, dissolve the residue in ether and the solution evaporated, leaving cinchonine as the residue. This is treated with alcohol and crystallized. It is intensely bitter and forms salts with various acids, which are more soluble than the alkaloid itself. It is very soluble in water or alcohol. The crystals effloresce, become opaque and burn with a bright flame. It has been known to the profession for some time, but has not been much used until Hoffmann, 1844, showed its quinine and its antiperiodic virtues were first fully demonstrated, by experimental

anaesthetic, knowing that it
[illegible] numbing
the tongue, & conceived the idea
that with that numbness there must
be an unconsciousness. It acts
chiefly upon the sensory fibres
of the nerve ganglia, & the
centres. It has no action on the opti-
-c & auditory individually, if at all. The
anaesthesia is merely local and
seems to have no effect upon the
nervous centres. The sense of feeling
is not entirely lost, though
it is [illegible] Slight sensation
of pain. When under its influence
you can [illegible]

[illegible] sliding among the nerve
and [illegible] causing [illegible] with
[illegible] [illegible] [illegible] [illegible] of
our feeds when a piece of velvet
is drawn over the skin, is said
[illegible] to be its most beautiful [illegible]
Splits it along [illegible]
Astringency, contracts, thus pulls
and prevents expansion
[illegible] makes the working process
[illegible] inflammation. Plunge
into the eye, the [illegible] is dilated,
followed by [illegible] contraction
of the conjunctiva and the iris
is immediately [illegible]
Splits its influence does not
[illegible] [illegible] [illegible]

for all Spasmodic, Hysterical, Neuralgic and Rheumatic affections, it is unequalled. In Sores or Ulcers, it is used with the most astonishing success, in all forms of Canker of the mouth, throat, and stomach, with marked benefit in Gonorrhoea and irritable state of the urinary organs. In the Early stages of Laryngeal Phthisis, the patient is unable to take food, and all other means have failed, a weak solution of Bicarbonate of Soda upon the gland and surrounding parts, will cause immediate relief. About a teaspoonful in half a tumbler of water, three times a day.

from the continued use of cocaine
it contracts the capillaries and drives
back the venous blood, its action
is so transient as not to impair
nutrition of the parts treated with
it. It has created a furore in
the medical world, and opens up
to our clouded vision a dim vision
of the world in the ages to come
when among the wonders of yet
unfolded science, the edicts
of the Great Creator shall be
fully and universally established —
"There shall be no more pain."
God has packed the Universe with blessings —
man's duty is discover and enjoy them.
Rien ne disputar plus, Chacun a sa
pensée.

The End

Or in inflammation of [illegible] [illegible] high-
be used with [illegible] [illegible] indigestion

Rx

Pepsinae Sach. — ʒ i
Cocaine Muriat. gr iv
Acid Muriat. Dilut. gtt xxx
Aquae dist. — ad ℥ iv
M. ft.

Sig.
Teaspoonful after each meal in irritability of the Stomach — J. F. [illegible]

Rx

Chloroformi
Ol. Caryophyl. āā ʒ i
Cocaine Muriat. — gr i M.

Sig.
Apply on cotton into the cavity of an aching tooth. J. F. [illegible]

"Specific Meaning"

Definition is a concise statement of the exact meaning of a word, phrase, or other set of symbols. It may be prescriptive (as in a dictionary) or descriptive (as in an ostensive definition). Definitions may be classified by the type of information they convey, their form, or their function. In one categorization scheme, seven categories are distinguished: lexical definitions, precising definitions, stipulative definitions, theoretical definitions, persuasive definitions, ostensive definitions, and definitions by example. Definitions may also be regarded as analytic or synthetic, connotative or denotative, essential or accidental, and circular or non-circular.

"Specific Meaning" is meaning

the anacute and subacute of Rheumatism, both the local and general symptoms, pyrexia, anorexia, constipation, the urine, sweating, &c., being the same as in acute rheumatism, only in a much milder form. In some cases it comes with varying grades of intensity in the "acute" form, and the "chronic" form, sometimes one and sometimes the other. The anatomical characteristics of the acute and mild cases, is that the inflammation is also much milder in intensity, and may be limited in extent, being confined principally to the "rectum". Hence in these cases the symptoms are not very alarming, at least they involve little if any danger. In "acute" or chronic cases, the inflamation is not only more intense, but more extensive, involving the "rectum" and perhaps the greater part of the "Colon". These cases, however, are liable to end fatally, in these cases there may be scattered over the "intestinal" glands

ans "Colitis." The colon and rectum are a seat of chronic thickening, not uniform over the intestines affected, but more marked in certain portions of the membrane. The mucous membrane and also the sub-cutaneous tissue may thus be called "Elephantine" enlarged, which may extend in varying degrees the mucous membrane, or may affect the sub mucous tissue, and even the "muscular coat" of the "Intestine" The intestine may present a dark and almost black appearance, from ulceration, or a mixture of appearances due to progressively a great amount of disease passing from the upper part of the large intestine downward to the "Rectum"

"Clinical History"

Dr Hunt says, "The disease is usually preceded by simple "diarhoea" that is more or less severe, dysentinus or catarrhal character, of some twenty-five or thirty recorded cases, which I have analyzed

with reference to the point, time &c which was found
the characteristic characters in cases in com-
mencing with the kind of diarrhoea known
as the pain-apple like injected, and a general
feeling of "malaise" The development of the disease
is marked by the characteristic vacuolation, com-
mencing chiefly of mucous, with which more or less
blood is commingled. The quantity passed at one
time is usually small, but repeated frequently throughout
the quantity in some cases is abundant, and
forms a pulpy like mass, resembling like the pulp
Spuda" of Pneumonia. The dejections are known
by the people as Sime. Most of the vacuolations
are exclusively characteristic, frequently by agglutination
& the characteristic dejections be found, the
liquid which is obtained, is found to be notably
rich in albuminous matter, the greater part solid
being on the addition of Nitric acid ——

The Symptoms are "Cold Stage" (Rigor) and the Inflammation & the Relief, the other Effects Caused by the Disease although the Symptoms and the Prolapsus & the Intestines & sensations & during the existing Epoch. The Evacuations are frequently bloody Diarrhoea, Tenesmus or less marked on the descending Colon Vomiting occasionally occurs, and Epistaxis says It may be frequent as a symptom" the Abdomen usually distended, Kidneys around the "Anus" is often to be produced by the irritation & the Rectum The Temperature but moderately increased the Thermometer marks as in increase of 103° or 104°. Sloughs in more or less scaled, Prolapsus Ani, which may occur in Grave Dysentery, in cases which end in Recovery. occurring also in Cases which prove fatal, towards the Close of Life. The Tongue Symptoms Greatly in different Cases, but the symptoms

an Ground to be more alarming, than the fever
in addition, since, as the duration of the disease
is rare, though from five to twenty days, may
be its duration

"Pathological Character"

"Erysipelas is a spontaneous inflammation of the
large "infectious" zymotic kinds have been described
viz: Erysipelas, Phlegmon, Intermittent, Remittent
Rheumatic, Febrile and non Febrile: but the more
minute other variations in the phenomena of the
disease, or the Constitution of other diseases, have
not been observed to occur in the lower limbs.
Surgeons, therefore, have been proposed to attain
the Pathological Connection between the primary
and Secondary affections, but the most eminent, as
in cases, Syphilis and inoculation) evidence of all
cases, it does not occur often enough to be
an infectious tendency, therefore, in "Erysipelas

(7)

Causation.

No one is exempt from this disease, all persons with the will nourished, nor the severity abridged. Any chief cause is relaxation from heat, with sudden exposure to cold and wet. So often, will indigestible food & unripe fruit also bad water will produce it. In certain regions it becomes epidemic. It is more frequent in the Tropical, than in the Frigid and Temperate Climates, & "Ibid says" "In July 1st case, 2 recorded during 14 years, all came on & occurred in July, Aug, and Sept. Oct" & fully confirms to "Dr. Curling" is preceded by the continued influence of heat, thus rendering the exhalable of the "Alimentary Canal" & mucous membrane of same, dissolving the "Epithelic function", and relaxing the surface of the body, so to render it more susceptible to the influences of cold. One of the most common of the exciting causes is cold, especially when applied

with moist substances, directly irritating in their action upon the mucous membrane, among other causes, that may be mentioned are intemperate use of alcoholic drinks, such as "cider", "wine", and "malt liquors". Much importance has been attached to the collection of hard "faeces", as the cause of "Dysentery", and undoubtedly they occasionally produce and aggravate the complaint. There is no ground for considering "Sporadic Dysentery" contagious.

Diagnosis

The diagnosis of "Sporadic Dysentery" involves little if any difficulty. It is to be discriminated from cases of bloody evacuations, and irritations of the Rectum incidental to "hemorrhoids" & internal hemorrhages, and of the discharge of pus from an abscess opening into the intestines. "Flint" thus points out correctly the sufficient for the diagnosis of the disease.

(

Cholera

Either form of Cholera may be fatal, but the sporadic is much more frequent than the epidemic. It is a sudden disease, attended with very little danger, but the type of the malignant Cholera in Tropical Climates is more alarming. The recovery from the disease in Temperate Climates is more favourable. If the disease continues long, greater is the danger. If there is a sudden cessation of vomiting and looseness, the occurrence of hiccup, a cold, clammy state of the skin, and in general a wild or perturbed look, all the symptoms become more alarming.

Malignant

"Sporadic Dysentery" is a very limited disease, as a fatal variety of jaundice has been unfrequent and very dysterous fevers have been known even

under the name "Sporadic Cretinism" in the
mildest cases. Sporadic Cretinism is a disease
and in recent published medical treatises, but
there is no doubt that the disease is stationary or
retarded. The first thing in entering on the treat-
ment of the case is to ascertain if the bowels
are confined. This can be ascertained by ques-
tion and the size and character of the stools ex-
amined. If confined the bowels must be opened
by giving a purgative. Castor
oil" has been much used. "Soda" "Magnesia" "Rochelle
Salts" may be substituted for the "Castor oil" after
a few purgations. "Calomel" should never
should be administered. A full dose of "Calomel"
sometimes arrests the disease and gives marvelous
relief. Small doses in frequent doses. Repeated
purgatives, or in smaller doses, given at shorter
intervals. The "Sub Carbonate" or Sub-Nitrate

of Cannabis Indica highly recommended.

Ipecacuanha. Has also been used with
success attributed to a special virtue in
the root, but has not established its claim to
a large share of confidence.

Ipecacuanha. Should be given with care,
and abstain from it, for it is a
poison. Sometimes the natural Fluid is
Coloured yellow, Green, Purple, Grey
Green in Animated Cases, with internal use
Cinchona to allow mild anisteum to be taken.

Mercury has been highly recommended by
some, not only in the Commencement, but al-
during the Disease. The Preparation
with "Calomel", is by some, no doubt, its value
in any disease, like "Sporadic Dysentery". Some-
the effects of it are bad for its reaction by some

practitioners in this Country, as a remedy for "Cholera". During the early part of the disease in which stimulants be required to the amount of ½ pint of food, as thick as family nutritious as possible. Tonic medicines may be given with advantage during convalescence. When symptoms of weak failure of the vital powers, alcoholic stimulants are to be given freely. The patient should be instructed to refrain as much as possible from irritating acts of digestion, and strains of all sorts. As for the stomach and abdominal ailments, fomentations, and mild counter applications on the abdomen are useful

Thomas Lee M Auliffe.

Post-partum Hemorrhage

By.

Conrad Lemmer.

—1885—

Post partum Hæmorrhage.

Definition — Excessive [illegible]

[illegible]

after the expulsion of the child, or the placenta, and non-contraction of the uterine sinuses of the placental site, and not the hemorrhage that occurs during cessation.

Anatomical classification — The uterus is a muscular [illegible] of the uterus that is subject to changes in post-partum hemorrhage. — The uterus is composed of muscular fibres of the unstriped variety, arranged in bundles and united together by fine areolar tissue of connective tissue. The arrangement of the fibres [illegible]

an advanced state of [illegible]

[illegible] few [illegible] separate layers may easily [illegible]

[illegible] the [illegible] and connecting [illegible] with [illegible] on the Fallopian tubes.

The middle layer which constitutes the bulk of the uterine walls consists mainly of [illegible] and fibrous [illegible]

iliac, and the ovarian from the

The nervous supply is derived from

the [illegible] plexus. From which connections are made with the abdominal aorta and receives fibres from the spinal nerves [illegible] exist in the medulla oblongata, this [illegible] anaemic conditions, and the amount of carbonic acid in the blood governs it

III. — The vaso-motor nerves of the

Contractions may [illegible]

the last that once attachment of placenta is forced into the cavity of the contraction of the cancerous tissue, so as to bring it in the shape of a conical tumor, and a sense of resistance is noticed at the corresponding point of the external uterine surface, the close resemblance of the paralysed portion to a fibrous polypus may easily

[illegible] and bring fatal [illegible]

[illegible] and the [illegible], and the [illegible]
[illegible] resolution may [illegible] labour, the
[illegible] women have [illegible] pains, with long
intervals, the effusion of [illegible] blood
[illegible]
the child is born, being evident, the uterus
hemorrhage taking place in the interval
between the pains, yet retained [illegible],
[illegible]
[illegible]
may go on rapidly as soon as the child is
expelled, for the womb in some instances
[illegible]
with the [illegible]
and the [illegible]

suddenly fills and distends the cavity. The woman faints, dies without any [illegible] at all. This blood would always flow out of the vagina [illegible] os uteri, or vagina like a tampon, [illegible] into the cavity which sealed up by coagulum at the os uteri and in the vagina must fill up more and more and [illegible]

There are also remote causes of Pre-

[illegible]

[illegible] That each and every [illegible] should fail to [illegible] out [illegible] [illegible] finding may be discovered in a little [illegible] time from the system, [illegible] such, if they are carried [illegible] may [illegible]

[illegible]

confirmation that finding and [illegible] [illegible] (as rarely the case), if the [illegible] [illegible]

dear one to the grave, whom he might have saved
and was his duty to do so, but for a few min-
utes of time and the want of a little
attention and skill, was left to die,
taken care of by ignorant attendants.

Post-Mortem Memoranda is not an

[illegible] of Gallic acid some time before it
birth of the child, or give it along
[illegible]

However before leaving Calcutta it
is known to be subject to flooding, some
[illegible]
be neglected, as it is a great support to the
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

[illegible]

mode is to have a circular tube covered with brown cardboard flannel, but can be filled with cold water when required. This is to be said never omit such precautions as these the

Treatment == Here again in the treatment of fistulas is the action of the accoucheur followed by almost certain success [illegible] will or several of the young [illegible] must be directly interested [illegible]

In that school to be made in which the fractures must have a thorough familiarity with all the means of investigation, and application, which will be [illegible] let him not neglect them, one at the other until life is ended.

In a case of labor the midwife should see that such assistance was at hand that was needed in case of flooding, hot water, small pieces of ice, tincture of iron, carbolic acid, ergot, brandy, and a solution of morphia, also a Davidson syringe which is used in injecting hot or cold water

In hemorrhage [illegible] after having tried to guard against it as much as [illegible]

[illegible] once, then continue it a little
[illegible] because, it stimulates the [illegible]
[illegible] tract if it is filled with [illegible]
[illegible] it should all be removed, if the pla-
centa is adherent, it should be separated
care should be taken to see that the
hand is not [illegible] with
removed previously, if it is to be used
for [illegible] it should be withdrawn
slowly, taking care to examine the pla-
centa, cord & the membranes to see
that none [illegible] if it is advisable to [illegible]
the uterus, once one knows that nothing
has been left behind to create [illegible]

D. [illegible] has had two cases of [illegible]
this summer (1884) from [illegible]
[illegible], from one patient [illegible]

importance, when combined with external pressure, it stimulates the uterus to contract, if it is filled with clots or pieces of blood it should all be removed, if the placenta be adherent, it should be separated with care should be taken. [illegible] hand and fingernails should be thoroughly cleaned previously, If it is to enter within the uterine cavity it should be withdrawn slowly, taking care to remove the membranes entire, even if the placenta and membranes have been extracted apparently entire, it is advisable to pass the hand up to the uterus, and make sure that nothing has been left behind to create septicemia

I have seen two cases of septicemia this summer (1884) from retained placenta, From one patient left the

placenta was taken from bed two days
after birth, the other on the third.

As soon as the uterus has been
cleared of the water that
surrounds it, & the hand be withdrawn
into the vagina, and with the other
still fixed in the abdomen, the uterus
is seized between the two hands
& the hand in the vagina pressed
through the abdominal walls externally
then pressed downwards until it
reaches the pubic bone. This is
a double manoeuvre by which the uterus
is made to contract well & firmly, but by
the separation of the walls of the vagina
being brought together, and of course
a great advance for the [illegible]
The fourth,

[illegible] [illegible] [illegible] [illegible] uterine [illegible] used [illegible] in the [illegible] in small doses of [illegible] [illegible] upon the uterus, These two with [illegible] exceptions are instantaneous effect upon the uterus causing contractions. The injection of hot water 120°F is recommended but there is danger connected with it, water may pass into the Fallopian tubes resulting in salpingitis, or peritonitis, care should be taken to allow it to escape as fast as it enters.

Cases that do not yield to the foregoing treatment are doubtful ones, and then are other applications to be resorted to, vinegar is praised highly as a safe remedy in post-partum hemorrhage, a cupful of vinegar to a pt of

[illegible]
now as Dark Column reading, at
a Decided rate [illegible]
the most Prominent of the Pair,
- and the Leading [illegible]
in the Centre of the Crown, [illegible]
Four - is not as great. Three square
of Lines will then be used, [illegible]
Pair in Particular to mark the
distance of width, The Prominence of
the (Nasal Ridge) for which the
Pair - stands if Long, The Letters are
in Position for Proofs, and Numbers
should not introduced, and with Words
of explanation with the Card to
Inspector of Pairs, The Lines of Letters
Numbered in the Position for the Eyes
should not be quite as large as

wall main with a long Aneurism Forceps
a ball of cotton is seized, and with it
the uterus is swabbed out. This may be
continued until bleeding ceases.

The remedy that I have
to which we look is the Ergotic Prepa=
ration to be used locally & the
[illegible] of the abdominal [illegible]
[illegible] to be taken after the [illegible]
is [illegible], the [illegible] the [illegible]
[illegible] of the [illegible], I [illegible]
[illegible] feel that [illegible] is [illegible]
[illegible], especially [illegible] by [illegible].

Compression of the Aorta is de=
=pendent [illegible] [illegible] [illegible],
[illegible] the [illegible] [illegible] [illegible]
the [illegible] of [illegible] [illegible], the
[illegible] [illegible] [illegible] [illegible]

as well as the dorsal, it is nevertheless true that concussion causes a loss of blood, and thereby partial paralysis of motion and sensation.

I have on a previous page [illegible] the [illegible] of the [illegible] with the [illegible] of the [illegible] shall conclude with a few [illegible] of [illegible] exercise [illegible] of [illegible]

The surface of the body becomes flushed, and, to [illegible] of perspiration, a feeling of extreme weakness is felt, and pain in the [illegible] and legs is felt, the pulse is hardly [illegible] [illegible] becomes [illegible]

to dimness of vision, Nausea, loss of
consciousness, and Convulsions, the
treatment should be directed for the
cerebral congestion of the above kind,
or immediately after the treatment for
controlling the bleeding, if the symp-
toms demonstrate the presence of
solution of continuity in the
stomach & bowels, some cathartic
Pills or drench of Tea by the mouth
immediately after the bleeding
is controlled by ligature and retention of the
ligature in the vein, then open
the injection be examined, if the in-
testines & stomach has been found
unnecessary, then the knife had better
with heat for the last time.

The transfusion of blood is

absence of any animal from which
food could be taken, is one which
is unfavourable, and that may be
observed when the Country is
destitute, for instance, in the
Country, I would be very glad
to know the difference between
which, I would observe that
healthy with in four hours
of its removal from the animal, not
more than eight ounces should be taken
at the time.

After the determination of the
existing Extraction, Heat would
should be taken

precautions so that something may not be lost.

Begin by giving a thorough [illegible]

[illegible] Then [illegible] [illegible]

[illegible], carefully taking the stem and

with the chisel to [illegible] the [illegible]

Tenons, cutting [illegible] and [illegible]

[illegible] to [illegible] the [illegible]

For the successful [illegible]

[illegible] there [illegible] is no necessity

for the [illegible] to [illegible] entire

[illegible], but [illegible] [illegible]

[illegible] [illegible] [illegible]

time require modification,

In case of excessive

use of [illegible] a [illegible] handle

applied to the lower extremities

may be for a short time [illegible]

more important organs of the trunk,
and for the nerve centers.

Care should be taken in
administering opiates or depressing
[illegible] cases, [illegible]
ance" is removed, in such a case
[illegible] little medicine [illegible]
[illegible] will [illegible]

1885

To the Faculty of Physic
University of Maryland.

The Lawful Induction of Abortion and Premature Delivery.

By
Walter Ashby Plecker of Va.

The Lawful Induction of Abortion and Premature Delivery.

The induction of abortion or premature delivery, is the artificial delivery of the embryo or foetus, by means of instruments or drugs, or otherwise, before the natural and regular term of pregnancy has expired.

The terms Abortion and Premature Delivery are applied to the operation when it is performed respectively before or after the time at which the child is prepared for extrauterine existence.

The motive prompting to the operation may be lawful, just and proper, and the operation itself, one

of the most brilliant in the art of obstetrics. They may likewise be unlawful, unjust, and criminal, intended to conceal an unlawful pregnancy, to rid those concerned, of the care entailed by the birth of a living child, or for any unworthy purpose whatever.

The act thus performed, merits only the severest condemnation, and should never fail to bring upon its perpetrators, the fullest punishment which the law of the land allows.

The operation was introduced by the English, about the middle of the last century, and at once called forth earnest advocates and bitter opponents.

In France, so violent was the opposition to the operation, that it was not performed till seventy-five years after its advisability was practically demonstrated by Macaulay.

At present, the opposition to it is being narrowed down, and it now occupies its proper place among the resources of the obstetrical art.

That it is an operation that may be very greatly abused, by well-meaning practitioners, no one will deny. Neither will anyone dispute the point that many therapeutical measures pushed to the extreme may be injurious.

We would not withhold mercury from the syphilitic because the health of many may have been ruined by its excessive use, nor would we hesitate to bleed the eclamptic woman when indicated, because lives may have been sacrificed by indiscriminate venesection. Neither would we consider ourselves as having performed our full duty, if we stood inactively by, and saw our patient die with symptoms which reason, and the past experience of the profession, have shown as calling for the operation under discussion.

We do not think that any unprejudiced mind, acquainted with

the emergencies of obstetrics, can say, that occasions may not, and do not occur, in which its performance is not only perfectly legitimate, in the eyes of the profession and the law, but in which its non-performance, might justly hold up the timid observer to the severest criticism,

The morality of the operation was for a long time, and is still to some minds a disputed point.

But this ought not to be a question of doubt, when we remember that the physician's sphere and duty is to relieve suffering and not save life.

When the occasion occurs, he

should not hesitate to employ any means, which have been proved, or which reason shows, to be useful for accomplishing those ends, even though they may not correspond with his aesthetic fancy.

Past experience in the induction of abortion and premature delivery, shows them to be useful and legitimate operations in certain cases, and worthy the careful attention of the profession.

Suppose we do, in the early months of pregnancy, absolutely destroy the life of the embryo: do we not, do it, with the prospect of saving the much more valuable life of the mother, and with the chances of losing both

by non-interference?

If we detect an embryo in the act of destroying the life of its mother, and through her, its own also, we would destroy it for her sake, just as the sailors cast Jonah overboard to insure the safety of the remainder.

In Premature Delivery, there is the chance of saving the lives of two individuals, as opposed to the risk of losing both, or one, by waiting.

With this introduction, we will proceed with the main object of this paper, which is to give some of the principle emergencies calling for the operation in question, with the most suitable time for

interference in such case, and the best means for accomplishing the desired result.

When contemplating this operation, it is obvious, that one of the most important things to be considered, is, the proper time, as regards the advancement of pregnancy, at which it should be performed.

With reference to this point, we will here lay down a general principle greatly influencing, or governing us in our conclusions.

"Our decision must depend upon, whether it is the individual welfare of either mother or child which is at stake, or whether the safety of both is equally concerned.

If it is the mother's safety, mainly which is involved, as in the vomiting of early pregnancy, then the operation should be performed as soon as possible after it is decided to be necessary.

If it is alone for the sake of the child alone, which is very rare, it should be postponed as long as is consistent with its healthy intra-uterine existence and safe delivery.

But when, as in moderately contracted pelvis, it is the safety of both mother and child that is concerned, we must consider carefully and accurately the fullest physical capacity of the mother, and allow it to be approached but not surpassed

by the fetal development.

Contracted or Deformed Pelvis

This is one of the most important and undisputed of the indications calling for premature delivery.

The object sought here, is to save the lives of both mother and child.

There are three principle points to be considered in connection with it.

First —— The degree of narrowing beyond which the birth of a living child at full term is impracticable. This question is decided by the bi-parietal diameter of the foetus, as it is this diameter which usually engages in the pelvis at its narrowest point.

the average of cranial measurements places it at about 3 3/4 inches.

About 1/4 inch diminution may be counted on by compression during delivery; therefore we might fix 3 1/2 inches as the limit of extraction consistent with safe delivery at term. If the shortest diameter of the pelvis, is not below this limit, we would not interfere, but leave the delivery to nature, trusting that at the natural termination of pregnancy, with reasonable hope of being able to deliver a living child with safety to the mother.

Second —— The Time at which the foetus is viable.

This is usually placed at the twenty-ninth week, but the chances of the child's permanent existence this early are very small.

These chances increase rapidly, however, with each additional week of intra-uterine life, and when we arrive at eight and a half months, the probabilities are very much greater, than to wait till full term, with a pelvic diameter of as much as 3¼ inches.

Since each week may add very greatly to the child's safety or the mother's danger, it is very important that we use the greatest diligence in finding out as accurately as possible, the exact time of

the beginning of pregnancy, and employ the utmost care in accurately diagnosing the mother's condition.

This rule holds equally good in all cases of premature delivery.

Third —— The size of the fetal head at the twenty-ninth or thirtieth week.

The bi-parietal diameter at this age, is usually placed at about 3 inches.

Therefore, allowing for the usual diminution in the size of the head, we would fix the lowest pelvic diameter at which premature delivery is allowable, at 2 3/4 inches.

If the contraction exceeds this limit, we may have no hope of delivering a living child, without allowing the woman to go to full

term, and resorting to the Caesarean section.

We have now given the cases and limits controlling us in the operation of premature delivery in contracted pelves, by the performance of which we may reasonably expect to save the life of the mother and perhaps that of the child also.

But what is to be done when we ascertain early in pregnancy, that the pelvic diameter is less than 2¾ inches? Shall we resort to abortion in the early months, or allow the pregnancy to advance, and perform abdominal section at term?

To the conscientious physician, who

sincerely wishes to do his duty, this is a question which may be very worrying and perplexing.

Statistics show that about half the women, and two thirds of the children survive the Caesarean section.

On the other hand, the induction of abortion, when properly performed, is attended with comparatively little danger to the mother.

When we consider the great number of the children that die in early infancy, after the cutting operation, the whole number of lives permanently saved after its performance, is really below that from abortion.

In the full term operation the majority, or at least a large proportion,

of those who perish are the mothers, yet in the prime of their lives, with all the duties of society devolving upon them, and their places in the home circle to fill.

Their places are but poorly supplied by the weak and helpless babes which they may leave behind, whose very existence beyond early infancy, without the mother's watchful care, is yet an unsolved problem

But in abortion, it is only the undeveloped embryo which is sacrificed, and it is the woman with all her duties and responsibilities, who is saved.

But happily for the physician, it need not fall to his lot, to decide

this question for he has performed his duty, when he presents the case and his opinion, fully to the woman and her friends, and it is to them that the decision is left.

No one can blame the woman, if she decides the question in her own behalf, for self-preservation is the first law of nature, implanted by the Creator in the breast of all his creatures.

But as on the physician after all, devolves the responsibility of advising and acting, he should be clear and positive in his convictions as to his duty.

The justness and advisability of the production of abortion in such

case, we think is beyond dispute, but more especially so, if there is the likelihood of the heroic operation, being performed by one who has had no experience in that department of surgery; and under any but the best hygienic regulations.

As to the time at which abortion is preferably performed, there is a difference of opinion amongst members of the profession, some preferring the first two months, on account of the small development of the ovum, whilst others wait till pregnancy has advanced to the third or fourth month.

We think that when there is full choice of time, the latter should be

hesitated, unless the narrowing is extreme.

At that time, the diagnosis of pregnancy can be made with more certainty, and the detachment and expulsion take place with more ease and completeness.

Prof. Smith places the latest period at which it may be undertaken, as follows,

"Ant. Post. diameter. Latest period for inducing labor-tion

1½ inches. Beginning of 6th month

1¼ " " " 5th "

1 " Four & a half months."

Under one inch ant-post. diameter, the dangers to the mother, and the difficulties of operating, become so great, as to make it advisable to abstain from interference.

Vomiting of Pregnancy.

This is a complication which may accompany gestation, at any time from its beginning to its close, and often, most urgently calls for relief.

Moderate vomiting is very common with pregnant women; so much so, that we rather expect it in the majority of cases, than are surprised at its appearance.

It is usually self-limiting, and in the course of six or eight weeks, ceases of its own accord, or is checked by appropriate medication.

But in exceptional instances, the acts of vomiting are so frequent and severe, as to deny the digestive organs of the woman, sufficient time and rest,

to perform their functions aright.

The mother, to whom strength is intrusted the additional duty of sustaining the life and health of the foetus, soon grows weak and emaciated, and has a haggard, wan, and careworn expression.

The drought upon her scanty store of strength and flesh is rapid and constant.

If she be a woman of considerable strength and stoutness, the scanty meal may be sufficient to bridge over the critical period, the digestive tract may regain its tone and functional activity and the pregnancy proceed safely to the end.

But if on the other hand, she be in

the beginning weak, and with slight powers of resistance, the result is apt to be for otherwise: her reserve store is quickly exhausted, and failing to assimilate food from without, either by mouth or rectum, her decline is rapid and sure.

The bile is regurgitated into the stomach, and the vomiting becomes bilious and sometimes bloody, the tongue dry and coated, the epigastrium tender on pressure, and the breath acrid and fetid.

Nervous symptoms supervene, and to the exhaustion from starvation, is added that from loss of sleep and general depression.

The fever is high, the pulse small

and weak, and we have then delirium, coma, and finally death.

What then is to be done, when all means of checking the vomiting have failed, and both stomach and rectum cease to take in food? Shall the physician stand helpless by her, and tell the friends of the unfortunate woman, that the resources of medical science have been exhausted, and that art offers nothing for her relief?

Many accoucheurs, amongst whom Cazeaux stood prominent, have declared with decision, yes, if gestation be not advanced to the seventh month, when there is a chance of saving the child as well

as the mother; by the production of premature labor.

Many equally as eminent in the profession, have advised abortion in the early months in cases in which all other modes of treatment have failed.

The arguments and authority on either side, are so strong, that the decision as to its propriety is one of the most difficult, with which we have to deal.

Nor do statistics aid us much in forming a positive conclusion, as may be seen by a careful examination of the report of one hundred and nineteen cases of severe vomiting in pregnancy, com-

-fied by M. Lucmiot as follows:

	Recoveries	Deaths
Without abortion	31	28
After Spontaneous "	20	7
" procured "	22	11 "

These figures might be used as an argument on either side, according to the comparative value attached to the life of the mother, and that of the foetus.

If we infer that all the cases of recovery reported without abortion, mean the final safe delivery at term of living children, the recoveries instead of being 31 would be 62, with 56 deaths, considering the foetus as an individual being.

On the other hand, the 22 mothers saved by procured abortion, were at the expense of 11 mothers and 33 foetuses - or a total of 44 beings, or more, as one case at least was mentioned as being twins.

But if we attach much more importance to the life of the mother than to that of the foetus, the indications are for procured abortion.

Likewise the cases of spontaneous abortion might be used as an argument either pro or con.

It might be said by those favoring the operation, that it is nature's indication, as to our mode of treatment, and that since she is the wisest of all physicians, we

can do no better than to follow her as our guide.

Those opposed might say, that because, nature when she operates is so much more successful than man, we ought therefore to leave all cases to her charge.

The force of the latter conclusion, to leave all care to nature, may be more apparent, if we add the proportion of lives saved, after spontaneous abortion, to that of those saved without it, and compare the total with that of the cases of procured abortion as analysed above.

After doing this, these comparative results may be tabulated as follows;

All cases left to Nature		Cases after procured Abortion	
Recoveries —	Deaths	Recoveries	Deaths
Mothers 51	Mothers 35	Mothers 22,	Mothers 11
Children 31	Foetuses 55		Foetuses 33.

We see from this that when all cases are left to nature the recoveries are nearly one half of the whole, whereas after procured abortion they constitute only one third of the total.

But we must not forget that all of those saved after operating, are the mothers, whose lives are entitled to very much greater consideration than are those of the undeveloped and hurtful Embryo.

It is not safe however to place too implicit reliance in statistics, as we are not acquainted with the cir-

circumstances which may have modified any or every individual case; yet in the main, we think that conclusions may safely be drawn from them.

The conclusions which we deduce are, that the indications for and against operating, are about equally divided, and that no rule can be laid down governing us, in any individual case.

We would, however, favor the operation, in cases in which food is persistently rejected when administered by mouth and rectum, with other symptoms, as laid down, pointing conclusively to it.

The time for operating is a

point requiring great care and discrimination, for if improperly selected, we are as likely to do harm as good.

It should not be undertaken in the first stage of vomiting, when it is not yet known that the affection may not be controlled, for this might unnecessarily sacrifice the child, without greatly adding to the mother's safety.

Nor should it be entered upon after the approach of the third or last stage, which is characterized by cessation of the vomiting, followed by cerebral symptoms, such as neuralgia and disorders of the special senses, with hallucina-

-tion, delirium and coma.

These symptoms, together with the continuance of high fever and rapid pulse, denote approaching death, when any active interference would but hasten the end.

The proper time is during the second or intermediate stage, when the symptoms have grown continually worse, and fail to be controlled by any ordinary means.

This period is marked especially by high fever, rapid pulse, dryness of the mouth, intense thirst, and often great fetor and acidity of the breath.

We are convinced, that if the indications as to time, and the woman's condition are rightly considered, and

the operation skillfully performed, its success will entitle it to an unquestioned position amongst the valued resources of the obstetrical art, as the final resort against the distressing and dangerous condition under consideration.

Hemorrhage

This is one of the most dangerous accidents, which may happen to the puerperal woman, and calls for the most prompt and efficient treatment.

It may result from placenta previa, when it is called 'unavoidable' or from placental detachment, when it is 'accidental,' but the gravity of the prognosis is the same in

either case, if left alone.

As to the treatment, there is one unanimously accepted mode, which is to empty the uterus, as soon as possible.

It might, however, be advisable, in case of placenta praevia before the seventh month, to attempt to postpone the operation, by temporizing, till that time has arrived, when there may be some hope of preserving the life of the child.

Postponement, however, is very dangerous, and we would be loth to attempt it.

Considering the unanimity of opinion as to the hurtfulness of abortion in puerperal hemorrhage, we will

devote no further space to its discussion.

Puerperal Convulsions

This dreadful disease, which in the gravity of its effects and end, is scarcely second to any of the affections incident to childbearing, next engages our attention.

The investigations as to its pathology have been carefully and patiently pursued, and seem to settle beyond dispute its connection with renal affections.

But whatever be its pathology, there can be no doubt as to the gravity of its prognosis, unless it can be checked by some means or other.

The treatment must be vigorous, and bear no delay.

Very often medical treatment seems to have little or no effect over the disease, and as a final remedy, abortion has been used by many against the affection when occurring during pregnancy.

By some, this has been praised, by others denounced.

Those opposing it, say, that the disease runs its course so rapidly, that there is no time to dilate the os, and bring on delivery, and that if there were time, the irritation necessarily caused the uterus but adds to the trouble, without the certainty of relief, should the operation

in itself, be successfully performed.

On the other hand, death almost invariably follows non-action, and the woman's prospects for recovery are at least not lessened by the operation.

Prof Lusk says "So far as my own experience goes, however, the practice of waiting upon nature has been uniformly disastrous, while the induction of labor has furnished me with a certain proportion of recoveries."

Another eminent accoucheur says he has known but one patient to recover between the fourth and sixth month, except where abortion had taken place.

In summing up the knowledge on the subject, we would have no preconceived and absolute opinion, but, as in the warning of Jurgensen, leave the decision of the question to the judgement of the practitioner in the presence of the individual case.

We think, however, that the obstruction is called for, when the disease continues to advance, in spite of all medical treatment, including bleeding.

There is another class of cases, in which the attacks occur at intervals of a week or two, and become more severe each time, with imminent danger of death soon, to both mother and child.

If abortion is cautiously induced during one of the intervals, a subsequent attack may be prevented and the mother saved.

But even here, owing to the firmness and resistance of the inhaled or, the force necessary to dilate it, is very apt to bring on general convulsions, before the regular time for their recurrence.

In the category with vomiting, hemorrhage, and convulsions, we might consider many other diseases which rarely, but occasionally affect the pregnant woman and call for the induction of abortion or premature delivery.

The length of this paper will not

permit a full discussion of each one, and we will have to be content merely to mention some cases in which the judgement of the accoucheur may find the operation advisable.

Albuminuria occurring in the latter months of pregnancy, and progressively increasing in the development of cerebral symptoms, may undoubtedly call for the induction of premature delivery, to prevent convulsions, or chronic Bright's disease

Diseases causing great dyspnoea, such as excessive amounts of ascites, hydramnios, tumors, or multiple pregnancy, may call for operative

interference.

The operation may also be beneficial in some general diseases, such as Chorea, pernicious anaemia, Chronic affections of the heart and lungs &c.

When the fetal head has been in previous pregnancies, habitually over-large or excessively ossified, rendering delivery exceedingly difficult or dangerous, premature delivery may be safely and beneficially resorted to one or two weeks before the regular term.

The indications for operation are the same, when the foetus has previously on such occasion died from inanition during the latter weeks of pregnancy.

The decision as to the time of operating in cases of this kind, require very nice and discriminating judgement, for the pregnancy must be allowed to progress as far as possible, without endangering the life of the foetus by waiting too long.

Tumors of any kind in the pelvis, which cannot be removed, pushed above the superior strait, or pulled beyond the vulva, affect the progress of labor as do contracted pelves, and the indications for treatment are much the same, and have been discussed in the early part of this paper.

Cazeaux mentions smallness of the abdominal cavity on account of

low stature of the individual, and says, that the normal development of the uterus in pregnancy may cause serious impairment of the great functions of life, by its pressure upon the organs.

"It is evident," he says, "that under such circumstances, premature delivery might and ought to be thought of."

We think, however, that cases of this kind, in which therapeutic procedures are necessary, are certainly very rare, as the abdominal walls, by their great power of extension, can accommodate themselves to the increased demand, and save the important organs, by allowing

the uterus to grow out, instead of up and around. But if the walls are more resisting, the irritation is exceedingly apt to cause reflex contraction, which will be transmitted to the uterus, thus expelling the foetus.

In cases of death of the foetus or when pregnancy has overrun the regular time, nature is usually found able to free herself, without assistance, but it may occasionally be found advantageous to incite her to effort by artificial means.

Finally, some have proposed the operation for the sake of the child, when the mother is suffering with a fatal disease.

This is only a modern modification of the old law, established, either by one of the Kings or the Church of Rome, requiring the physician to perform the Cæsarean section upon the woman dying in pregnancy.

The moral effects of the embryotomy operation are so repulsive, and the chances of saving the life of the child already, weakened by its mother's prostration, are so little greater than that our prognosis of her condition is incorrect, that we would ordinarily be very loth to perform it, unless she were near the end of term, and the fetal heart beat firm and strong.

We would in a case of this kind,

however, as in all similar ones, require our own personal feeling, when not opposed to our judgement directly, if practicing in the family of those who believe that the innocent child, must receive friendly warning to save its soul from perdition.

Operation.

There have been many methods of producing abortion and premature delivery, proposed, and tried, with more or less success, but the profession has settled upon a few as giving the most general satisfaction.

We do not consider it necessary to mention, except to disapprove, the use of ergot and other drugs, electricity, irritation of the breasts and like

means, but will speak briefly of several of the most generally adopted methods.

Catheterization of the uterus is the method at present most preferred, and recommends itself for its general success and comparative freedom from danger.

It consists in the insertion of a catheter or elastic bougie, between the membranes and walls of the uterus, leaving it in till uterine contractions are induced.

This result usually follows in a few hours, but some few cases are prolonged for two days or more and require the aid of additional means. It is always well to employ

this method in conjunction with some other, such as tents, or the vaginal douche, which serve for the preliminary dilatation of the cervix, thus aiding very materially in accomplishing the desired end.

Injection of Water between the ovum and uterus has been frequently employed with success, but caution is necessary in its performance, lest air be introduced into the uterine sinuses and thus be carried to the heart. Care must also be used to avoid overdistension of the uterus.

Rupture of the Membranes.

This is the method that was em-

plagued by Macaulay in 1756, in his first case of premature delivery, & is that which has been most generally used since.

It is certain, but often slow in its action, and is attended with pain to the child, by the pressure which necessarily accompanies the contraction after the discharge of the waters.

It is however, now more universally adopted by rupturing the membranes high up, thus allowing only a gradual discharge.

It may be used with great advantage in the early months of pregnancy, when the life of the child does not enter as a factor into the operation.

Mechanical Dilatation of the cervix by sponge tents or the Barnes dilator, is very useful as a preliminary step to some other method, but is seldom relied upon alone.

Vaginal injections of warm water frequently repeated, and the vaginal tampon were means used some years ago, but are now mostly discarded, except as adjuncts to other means.

The above enumerated methods judiciously and carefully employed will be found sufficient.

It is not advisable however to rely upon any one of them alone, but to combine several.

A good mode of procedure, recommended by Lusk, is to begin in the afternoon with the vaginal douche, followed by the introduction of a bougie to be left in over night. In the morning if the process is delayed, he uses the douche again, followed by the dilator.

Nature can then usually finish the process, but may be assisted by version or the forceps.

In the early months, before the viability of the foetus, the methods most used are rupturing the membranes and cervical dilatation.

When however we are dealing with the hemorrhage of placenta

praevia, we would lose no time by temporizing, but following the teachings of the Prof. of Obstetrics in the University of Maryland, we would if the os be dilated or dilatable, separate the edge of the placenta, and perform version by the combined method of Braxton Hicks.

If the os be not dilatable, we would tampon the vagina and remain by till labor is completed.

To conclude — The operation of Abortion or Premature delivery, is one of vital & grave responsibility, and no one should undertake it, except under urgent circumstances, without first duly counciling with one or more competent practitioners.

Circles of Diseases.

Etsi multae sunt, et multum inter se diversae, quarum materies homo est, artes atque scientiae; prout in alia atque alia hominis parte aut in eadem diverso modo ac fine versantur: Habent tamen omnes et singulae commune quoddam vinculum et quasi cognatione quadam inter se continentur.

From the foregoing it is evident, that the intimate connection between the vital organs was recognized at a very early period, at a time when medical knowledge was yet in its embryonic state.

In the following pages I propose to discuss briefly, how all or most of the vital organs are inseparably linked together in disease, and form, so to speak circles of Diseases, whence this discussion is headed by this novel name.

Every disease has a tendency, if the cause persists, to travel and affect neighbouring organs, and make them their habitat for some time, and the cause continuing progress still further until every vital organ is invaded.

When we are confronted with a patient thus affected, we are at a loss to point out, which organ was primarily affected and which secondarily.

And even were we able to do so, it would be useless to distinguish between cause and effect. For we have to treat the complication before us, and the organs secondarily affected demand as much our attention as those in which the Disease first lighted up. And complicated diseases are not by any means anomalies in medicine, but, as every practitioner will candidly confess, are of the most common daily occurrences, and I think, I am justified in stating, that diseases confined to single organisms, which are described, and properly christened by medical authors as such, are the rarities of Medicine. Diseases affecting single organisms, appear to my mind, to bear such a relation to complicated diseases or to Circles of Diseases, as I chose to designate it, as do mathematical points to mathematical figures: straight lines to curved lines, circles etc.; or as the four fundamental calculations to higher equations; or, to illustrate it still more strikingly, as the properties and reactions of single elements relate to those of chemical compounds.

As in the case of the point and the circle: the point is contained in the circle, and the circles consists of nothing else, but mathematical points, and still a simple accumulation of points will not define a circle, or aught else in the shape of a figure, but for the definition of a circle

it is necessary a certain modification of the juxta position of the points, so as to be equidistance from a central point; or in the second illustration: the four fundamental principles, and only they are used in higher mathematics, whether in the celebrated Sturm's theorem or in determining the forces of gravity on inclined planes, but they are required to be used in certain sequence; or in the third illustration: the elements are contained in the compounds, and the compounds consist of the elements only, but we have to study the properties and reactions of the compounds, besides those of the single elements in order to derive any benefit from our knowledge of them, for with compounds we have to deal mostly and not with freer elements.

So it is with our subject under consideration. We have to study Diseases as they affect single organisms, it is true, but our exclusive confinement to them alone, would be as inefficient, as would be in the examples above cited, our confinement to the study of the point alone, to the study of addition subfraction etc alone, or to the study of the reactions of the elements alone.

And it is of vital importance to study diseases as they are affecting the vital organs around the entire circle and accordingly modify our prognosis, treatment, in fact our entire view of the malady.

It is very nice to study typical cases of disease as the systematic writers on medicine call them; it is very interesting to read the nature and course of diseases, as they are outlined by authors, as if they were mechanisms constructed on a definite plan, which have to do the work allotted to them with unerring punctuality; It is seemingly an easy matter to reach the Aesculapian wisdom, and to acquire skill in the recognition and treatment of diseases, as one reads of Diseases in books, their: Definition, Etiology, Morbid anatomy Prodromes Stage of invasion, First stage etc. course and treatment following in rotation, as if diseases had an exact and prescribed course, deviations of which were only exceptional and anomalous.

But the student, who indulges in these illusory visions, and who expects to find at the bedside the personifications of the photographics of typical Diseases, he has seen in his books, I say that student will be greatly disappointed. For the nature and course of diseases he has studied in his books as typical are really atypical and, I dare say, diseases without complications do hardly ever present themselves before our observation at least.

For the sake of illustration, I will cite a clinical case, which came to my own observation:
M.D. white, act. 78. emaciated, skin of a yellowish discoloration, conjunctiva yellowish, incessant cough with mucous, expectoration, dyspnoea distressing, calling all ~~(sub)~~ auxiliary muscles into action; on percussion: dullness all over the chest was elicited; on auscultation: bronchial voice and respiration, also paroxysmal pains were complained of in the thoracic region, abdomen was swollen and fluctuation showed unmistakably that ascites was present, there was also oedema of the legs and pitting on pressure, the urine gave reaction of albumen. In addition to this host of symptoms already enumerated, the patient complained of (a) whole series of symptoms, which pointed to cerebral disturbances, as headache vertigo etc; of gastric disorders, too numerous to mention. The physical and rational signs thus revealed unmistakably: interstitial nephritis, ~~(cirrosis)~~ cirrhosis of the liver, consolidation of the lungs, valvular lesions of the heart.
Now what mortal could say, with any degree of positiveness, what organs were secondarily affected and what organs primarily? Did the heart lesion primarily intrude, and, it continuing,

caused subsequently stasis, infarction and thus caused all the other lesions secondarily, which explanation would indeed be a very plausible one; or was it the Kidney, which first rebelled, and by its obstruction caused more work to the heart, than was normally allotted to it by nature. Under this burden it became finally exhausted, it dilated and thus insufficiency was produced, congestion of the lungs ensued, followed by infarctions, this condition still continuing congestion of the liver followed with hypertrophy of its connective tissue at the expense of its cellular elements, by this also all the symptoms would be perfectly well explained; or was it the liver, the largest glandular organ of the body, which has caused all this mischief? Having been impaired from malarial virus or excessive abuse of alcoholic beverages etc. has caused stasis of the venous system and in this manner reacted on all the organs around the periphery of the wholecircle and so caused the circle of diseases.

You may perhaps think, that the patients history will lead you out from this labyrinth to a correct differentiation between cause and effect.

But even the merest tyro in Medicine knows, how little information, I mean reliable information, we can obtain from patients, even from those suffering from acute diseases, and still less from those affected with chronic diseases of years standing. The subjective symptoms in these cases are merely reflections of the most recent impression But, even could we penetrate the mysteries of nature; even could we trace the origin of the most complicated diseases: It would be of no avail in our final object, in our treatment of most of the complicated diseases.
For we must treat and help nature to repair every diseased organ as we find it impaired. For clearness sake I will compare it to a ceiling that gave way and yielded to the force of gravity, by which the whole furniture of the room was crushed and broken into small fragments, and all sorts of fractures were produced, nay fractures, that even surgical books have no names for, the repair or replacement of the ceiling alone, which was the cause of the disorder, would not by any means suffice to restore the room to its former condition and make it inhabitable and comfortable as it was previously.

But the (free) repair of the furniture must equally be attended to.
Precisely so is it in regard to treatment of complicated diseases.
The organs secondarily affected cause as much discomfort and deterioration of the health of the patient, or even imperilment of his life, as do the primary affections or even more.
And accordingly they demand equally our attention as, or to a greater degree than, the primary affection.
But I will go still further and state, that our treatment of complicated diseases is not merely a summary of those of simple, uncomplicated diseases, and our parabulae, quoted above, to which it is (none) unnecessary to refer again, hold out very accurately, t, i.: our treatment of complicated diseases is most decidedly a modification of the treatment of simple diseases.
As we advance from the treatment of simple affections, to the treatment of complicated diseases we rise at once from the profession of a mere prize-fighter, who is confronted by, and has to combat with, only one enemy at a time, to the dignified rank of a general, who is surrounded by

hosts of enemies, and who needs the utmost circumspection and decidedly modified tactics, to effect the same object, to overcome his opponents.

To revert to our clinical case again: our line of treatment would thus be indicated: "Treat the symptoms as you find them and remove the cause if possible". Digitalis is indicated to compensate for the dilation of the left cavities.

This drug has in this case a threefold action:

1st It stimulates the heart to a healthier contraction and gives the auricles and ventricles increased power to empty their respective cavities, and by prolonging the intervals between the pulsations, it enables the auricles to discharge more perfectly their contents into the ventricles. By its action on the heart, it assists in the compensation; restores the mechanical balance of the circulation, deranged by the cardiac lesions; and removes the congestion of lung liver, kidneys and stomach etc, which materially interfere with their functions.

2nd It acts as a mild and safe ~~diuretic~~ diuretic on the kidneys, from which not only the depressing effect on the heart of other evacuants is eliminated,

the danger we most dread, but by its very stimulating effect it diverts a more vigorous blood current through the kidneys and in this manner stimulates to a healthier action.

By some authors it is maintained, that it also (contracts) causes a tonic contraction of the arterioles and acts thus directly as a diuretic, by its action on the glomerules of the kidney.

3d By its diuretic action it causes the efflux of the accumulated dropsical fluid, which interferes mechanically with the blood current, diminishes the nutrition of surrounding parts and impedes their function.

At the same time we have to use our ~~of~~ digitalis very cautiously, because it is a drug badly borne by the stomach, which organ in this case is also out of order.

But as proper as the treatment so far outlined would seem to be, it is by no means sufficient by itself. For we can stimulate effectually the heart for a very brief period only, the oxygenation of the blood being interfered with by infactions and exudations in the lungs.

Hence we have equally to treat directly the affected lungs. Agents causing the liquifaction and subsequent absorbtion of plastic exudations

are naturally the alkalies. But we can not choose our agent with indifference.
We have to keep the heart complication in our mind, and thus avoid the potash salts, which have a depressing effect on the heart.
We select in this case agents, which combine with their alkaline property the stimulating quality on both heart and expectoration, namely the Ammonia salts
Small doses of calomel are indicated, as sedative to the stomach, promoting also peristalsis at the upper portion of the intestinal canal, thus removing the stagnant bile and favoring an increased action of the hepatic cells by causing negative pressure in the bile ducts.
And if the absorbing power, ascribed to calomel by older writers, should be possessed by this agent, which however is emphatically denied by the most recent authors, why, then it is at perfect random to do its utmost in that direction and is welcome to absorb all exudations existing in the lungs or at any other place.

The cerebral complications, probably due to anaemia of the brain, caused by the heart's feeble contractions, and certainly also due to the reflex action from the deranged abdominal viscera through the pneumogastric nerve, are necessarily

ameliorated by the treatment privously out-
lined.
Should however the cerebral symptoms
persist and active treatment be demanded,
we should resort to opiates and (to) Chloral
as little as possible, on account of the former's
depressing effect on the respiratory organs
and the latter's on the heart. Opium combined
with belladonna may however be used in small
doses, or morphia with atropia hypodermatically.
I selected a few only from the great bulk of
medicines available in this case, merely to illustrate
the indications and principles of treatment.
Should I attempt to describe the details of treatment
regarding medicinal agents, hygiene and proper
alimentation, I should excede the limits intended
to this paper.
One thing (however) I left out of consideration,
for which however I beg no excuse, is the premonitory
cry against bleeding, so much indulged in by
recent authors.
I think there is no danger threatening from that
quarter, and authors devoting pages of wernings
against bleeding are warring against imaginary
enemies á la Don Qixote.
The barbarian costume of bleeding „ad deliquum
animi"

though it existed at a ~~by~~ time yet not for back in the past, still it has so totally been demolished, and with just disgust by every body deserted, that had not the wave cry against it been persisted upon by recent authors, the younger students of Medicine would not have been aware of it even having ever existed.

Epiloge I feel, that I ought not submit this paper before my most esteemed teachers, members of the Faculty, without saying a word of excuse (of excuse) for its very existence.

(1) The pressure of time before examination did not permit me to search carefully for the opinions of various authors on any subject of Medicine

(2) It was against my own (~~correctness~~) conscience to pile up a lot of undigested material and call it my „Thesis"

So the contents of this paper are ebullitions of my own mind, and a feeble effort at that.

I will finish by stating, that if I have committed any mistakes, I will cheerfully submit to corrections and earnestly say: Pater Peccavi.

Samuel Schwalbe

University of Maryland, School of Medicine

Infantile Paralysis.

Geo. Compton

Infantile Paralysis.

Infantile Paralysis is an acute disease affecting the centers of the anterior horns of the gray matter of the spinal cord. This is an atrophic change and the best definition would probably be acute anterior poliomyelitis, or acute anterior atrophic spinal paralysis. Infantile Paralysis is a misnomer as it occurs in adults also.

Injury is a predisposing cause, but the exciting causes are obscure. Infantile Paralysis, as the name implies, is a disease of early life, and occurs most frequently from six months to four years of age, but precisely the same type of disease is occasionally met with up to sixty years of age.

Besides age little is known as to the causes producing this disease, it is said to be caused by sunstroke, but does occur frequently during the convalescence from the exanthemata and other acute febrile affections, a relation

It is supposed to exist by some
these, a hereditary tendency
cannot be traced.
The disease may be caused
by certain changes in the
blood induced by zymotic
causes, such as diphtheria, typhoid
fever. The paralysis may
occur at a distance from the
cause, and may disappear
when the cause is removed.

Morbid Anatomy.

The inflammation furnishes to
the naked eye no definite negative.
On microscopic examination
are found important changes
of the cells of grey matter of
the anterior horns. The change
consists in an inflammatory
softening. The nerve elements
are disassociated by an exuda-
tion containing numerous
granulated corpuscles, and
free nuclei. There may be chang-
es in the neuroglia and it
does undergo hyperplasia, and
the blood-vessels are at first
A by distended. The multiplica-

ganglion cells waste and some of
many of them entirely disappear
while these remaining are in
various stages of atrophic degen-
eration. The softening may
occur on one or both sides and
at certain areas of the cord
but are rarely symmetrically
disposed on the two sides of the
body. The softening generally
extends a little beyond the
patch in the advanced cases
lateral columns thus may be
secondarily degenerated. Such
changes take place in the
anterior root after some years
of atrophic degeneration. Sclerosis
and atrophy may occur in all
cases. There may be more or
less degeneration of the posterior
of the peripheral nerves and
the muscles are more or less
hypertrophied. There are also
the muscles to which the
are distributed undergo fatty de-
-tous alterations, which consist
in the increase of connective
tissue. The formation of

nervous system and does
appearance of muscular fibers.
The bones of the paralyzed mem-
bers cease to develop, as a result
of this paralysis. The bones do not
receive their proper exercise and
growth. Changes occur about the
joints, the articular surfaces
undergo atrophy and the ligaments
become thin and relaxed for
want of exercise and nutrition.
As a result the most important
change is club-foot.
The previous health of the pa-
tient is usually good. The paral-
ysis does always begin in the
same manner there are several
modes of onset.
The child may go to bed apparent-
ly well and awake up unable
to move head, hand or foot
There is usually fever at the
onset from one to two other
days. In recovery from the first
paralysis may occur or and it
may begin abruptly after a normal
sleep. The fever may be accompa-

-ted by severe distress, and pains in the limbs and back. There may be convulsions in some cases. What symptoms soon may precede paralysis usually subside, in from one to three days, but one limb or more may be found paralyzed. One leg may be found useless, and whereas of a heaviness the other may be observed not to be in the same condition. Still later the arms may also be found motionless, and without muscular contractility. The bladder and lower bowels may participate in the paralysis the urine may be retained or there may be incontinence of the urine and faeces. The bladder is not permanently affected, and in the course of a few days or weeks the bowels generally disappears. Sensibility is not usually affected. The paralysis is generally complete at once, some restoration of power taking place in from

On the third month the patient begins to exercise. In this most gradually goes on until the affected parts are completely restored. In the course of a few months generally. In those cases in which paralysis takes place in two or three months or a month the muscles soon waste away. though they are soft and flabby. Most cases are different, improvements begin but it proceeds to a certain point only. There is complete recovery of some of the members having one or more or a single group of muscles affected. for instance the lower limbs may remain affected. and the upper may be restored. or one arm and one leg may be disabled. When the lower limbs are involved the distinctly is in the extensors of the thigh. or the muscles supplied by the femoral nerve. When one arm alone is affected on the

extremities of the arm and fingers affected atrophy rapidly progresses in the muscles that are permanently paralyzed. The reflex and excitability to the galvanic current are abolished & the temperature is lower in the affected parts by several degrees. They feel cool to the touch then is a blue appearance of the skin present, the muscles waste rapidly there is nothing but fat and connective tissue left. The joints undergo structural change, and in severe cases growth of the limb or limbs are arrested and the bone [illegible] sometimes deformed, often taking on one of the forms of club foot. Paralysis and anaesthesia are rarely seen in the throat, face and tongue and eyes and are never seen in the muscles of respiration.

2 The attack usually comes on suddenly, the child may go to bed apparently in good health & wakes up unable to move hand or foot, loss of motion

without loss of sensation
there is not much difficulty
in diagnosing paralysis.
As soon as the attention of the
physician is directed to the
the paralyzed limb a careful
and recollection of infantile
paralysis should lead the physician
to examine the state of the
limb. Infantile paralysis
in young children when it occurs
without any apparent cause.
This disease is very uniform
the condition of the paralyzed
muscle should be ascertained
the should be tested by electric
tests if the muscles contract
it is proof of the presence of mus-
cular elements.
This disease is not dangerous
to life. but unfavorable as to
recovery. If the child is seen
early and cautiously and pro-
perly treated it may recover
in the course of a few months
or the paralysis will at least be
diminished to a considerable ex-
tent. though accomplete cure

cannot be affected the mother will often come to your office & press her belief that the child is going to die you may safely tell her that the child will in all probability get a great deal better, but never entirely recover.

If the disease has continued for a long time and there is no electro contractility of the muscles the prospect of recovery or improvement are by no means favorable. If the case is seen soon after the paralysis comes on and before atrophy commences the prognosis will be more favorable. In most instances where the paralysis has been mild and the duration comparatively short, the limb although its motion is almost restored, may be for a considerable time unable to perform the same office as the one on the opposite side.

The treatment is very simple in this disease. Electricity, kneading and rubbing (massage) the limb.

Name all the conditions, use the faradic current if the paralyzed muscles respond to it. If not, the galvanic current should be used. If there is no response to either the electricity should be continued for the patient will get better. In the beginning during the stage of fever the treatment should be symptomatic. When paralysis has occured the damage to the cord is complete. In the stage of fever there should be rest. In the latter stages small doses of Strychnia may be used with advantage.

Respectfully Submitted,
Geo. Campbell.

Pulmonary Tuberculosis

[illegible] Tubercles, [illegible]
in the Lungs, [illegible]
disease, because in this [illegible]
here it is only a Sign that the
whole System is subject to
tuberculous formations and
Cachexia. The Disease which we
shall be most [illegible] is
one familiar to [illegible] as
Simple Pulmonary
Phthisis. Because this is the
Disease and Phase of
Consumption in both [illegible]
Lungs, and the Left Lung
heard. There may be and is
a Simple Inflammatory Action
and Cure without Tubercles
to the formation of Tubercle in
the Lungs. Some Authorities
use Affection of the Lungs under
this Head, which are attended
by accumulation within it
then follows by Softening.
It is in my case should necessarily
Expect on Tubercles, But may
[illegible] explain
cases of Pulmonary Phthisis -

which do not owe their existence to tubercular infection? I think there are such cases. I see among the [illegible] examined Post Mortem, that in certain [illegible] the Tubercle or the Bacillus of Tuberculosis could not be found.

Pulmonary Tuberculosis may be found in all climates and at all ages - but it seems as if it reached its highest frequency in the temperate climates, and as to age it may be said to occur mostly from the age of 15-35 yrs. although it is often seen in children and may also attack the old people.

It is said to occur mostly in the temperate climates probably due to the frequent changes in atmosphere, moisture, to which such habitations of these climates are exposed. Although less and less every year these places are [illegible] more

That it should

The Ages before mentioned is
probably due to the Gip
[illegible]
Make themselves Subject to.
In considering the Causes of Pulmon
ary Tuberculosis, the same Question is
presented to us, as when consid-
ering the Causes of any of the
Diseases viz. Is it an Infect-
ious or a contagious Disease
or is it not so. As to Contagion
it can be said that it is not
contagious. But as to its Power
of Infection, it must be admitted
that it may possibly and probably
be Infectious. If [illegible]
is due to, or whether it produces
the Bacillus Tuberculosis
discovered by Koch. It is easily
seen that if the Bacillus be
contained in the Sputa of
Phthisis [illegible] the
Disease, any attendant may
inhale the Bacillus and so
may take Tuberculosis produced on
his System by the Inhalation

of the Parents. But what may
be said to be the most common
cause is Inheritance,
It is not with Inheritance of Tu-
berculosis as it is in Hereditary
Syphilis, that is, A Child born
of Tuberculous Parents does not
have the Bacilli in the System
as the child born of Syphilitic
Parents has the Virus of Sy-
philis already when born
but such a child inherits a Consti-
tution which is more liable to
take on Disease than a child
born of healthy Parents, would
be liable to take on, Then
amount of tendency present in such
a child depends upon
the degree of Tuberculosis
in the Parents, If only one
Parent be subject to Tubercle
the tendency in the Child will
not be as great, as if both the
Parents are Tuberculous.
Klimdle, as seen on a previous
page also has much to do in
causing Tubercle

Locality also has some influence on this Disease. It is more easily generated in a low Marshy or Malarious District, that it would be in a Place That lies highe, Hygienic. Where not regarded with the proper care. This is shown mostly in the Vaccine lake work, a little care is taken to enforce the Laws of Hygiene;

Bad [illegible] ated Location with the exception of Inheritance May be classed under One head, viz. Anything which tends to bring down the Patients health. as exposure to Cold & Wet Improper or Insufficient food. Hard Labor, &c. will make him liable to take on Disease and if the Patient with tendency to Tuberculosis has these Influences to Act on him he will surely develop be a Tuberculosis. If he be subject to long and [illegible]

Some difficulty exist that the
Tuberculous deposit may be
may be the cause of disease in
the System. But I think that when
tuberculous found in connection
with Caseation, The Deposition are
[illegible]

Now we come to speak of the
Cause of the Tubercles
[illegible]

There are the Tubercles, or
whether the Tubercles are deposit
[illegible] in question but
I think there are new formations
[illegible]
That Authorities state - that they
certainly are new formation
viz. that the Bacillus arrests
Irritation wherever it comes
in contact with the tissues, and
so it may be explained how
Tubercle are produced at differ
ent part of the body the main
Channel for transmission is
the Circulation of the Lymph which
is taken into connection [illegible]

Lanyed Bronchial G

Nevertheless, when

the Gray Miliary and the Yellow

Stone

because the Yellow tubercle
and also its early breaking
down as it undergoes Softening
into much cavities and ca-
than the Gray Miliary tubercle,
the Gray tubercle contains more
of the essential tissue than the
Yellow tubercle, and to this is
due probably the firmness, elasti-
city and transparency which
characterize the Gray tubercle
as regards the light which

If must be said that the tissues are their usual Sight. But of course they are also Tissues of some form of Disease such as Phthisis the whole lung and through out the whole body. But in these there are [illegible] the Tubercular formations. They may be found scattered along the [illegible] or if the Alveoli contain any Products. These Products will also form a seat for tubercular Deposit. The Fungus and the [illegible] may extend to the Pleura of the Lung. But may even be found together in the same Patch of Tubercular Infiltration.

Next must be considered what effect these tubercular formations have on the Pulmonary and what their effect

As regards the local Effect of tu-
bercle, It can easily be the-
orized that if tubercle are new
formations and are not de-
posited, the new formation must
be [illegible] Excretions
tissues, In other words the
tubercle in the Lung, form at
the expense of the Lung tissue
and so must injure this organ
that it can not perform
the Normal Amount of function
But further on when the tu-
bercles Soften and Break
down. the function of the
Lungs is [illegible] affected [illegible]
[illegible] perodicals
[illegible] Phthi-
sis therefore in the Lung
is caused by the breaking
down of [illegible] tissue.
The Constitutional Effect is no-
ticed in the [illegible]
Case, of course, not all be
attributed to the Poisonous of
Effection, But are due to
the Effect of tubercle on the

whole System, although in some cases. It may be said that the Processes in the Lungs [illegible] Tuberculous, [illegible] of the Body are those Organs in those in the Lungs, as being [illegible] the Tuberculosis, [illegible] with one or all the functions of the Lungs [illegible] Tuberculous Symptoms.

The [illegible] Tubercles depend on accompanying [illegible], they may be absorbed and so leave a scar at their former sight. Or they may [illegible] they leave are a scar at their former

Right absence of the Walls of
tubercles, But when a whole plate
of tubercles undergo Caseation
& softening by a Cavity
is formed. Besides absorbtion
and Expectoration
patch of tubercles may also be
encysted and so undergo
Calcification by having the
Tuffly Substance withdrawn
by the Power of the Cyst. (See
Probably the constant Expectoration
of Mucus in Bronchitis, may
assist in Coughs, especially so
if tubercles have not formed in
the lungs, the mucus is expelled
without much irritation
in the Larynx & Fauces to produce
their Expectoration. But even when
pulmonary tubercles have occurred with
Excessive irritation of the
Larynx & Fauces, the Pain
& irritation sometimes
seem to arise from
Irritation of the Sensory Nerves of
the Thorax as the Pneumogas
tric &c and so by this Irrit-
ation produce the Cough. —

In later Stages the Cough is found
able due to the Irritation of the Mu-
cous membrane caused by the Secretions
from the Ulcerations of the
Tubes, and later still the Sup-
puration of the Cavities. The pro-
duct of this Ulceration produces
the Irritation which is then got
rid of by Expectoration and
Cough. The Severeness or Frequen-
cy of the Cough is dependent upon
the Stage of the Disease, as when
in the early Stages there is
yet but little Secretion because the
Tubercles are perfect, or by reason
of Enlarged Glands, The Glands
are not yet very large; there is
less Cough than in the later
Stages, when a larger amount
of Secretion has to be expectorated
or when the Bronchial Glands
have so much Enlarged as to
exert Considerable Pressure
on the Pneumogastric Nerves.

Prognosis

is so surrounded. It is easy to see that Emaciation cannot progress as rapidly in a Patient who is feeding on nutritious food — and good Medicine — and paying attention to the Rules of Hygiene — than it can progress in One living in a Unhealthy District or one that does not get sufficient supply of Nourishment &c. It is possible in the first place both the Tubercular poison produces on the other Organs, especially in the Lungs — but can doubt Tuberculosis Consolidation is always rapid whether the Patient is in favorable circumstances or Not. &c.

Beginning with the Emaciation which proceeding with it. These-

in Diseases and Loss of Blood
which is usually caused by the Rupture
of [illegible] Difficulty
in Breathing or Dyspnoea. This
may be produced by Congestion
of Part of the Lung or by the
breaking down of the [illegible]
as in both Cases the Remaining
[illegible]
the [illegible] of the [illegible]
the Arteries, [illegible]
the Lungs Lungs, and usually
terminates in Putrefaction. It is
[illegible] to take place at
[illegible] Stage of the Disease that
it, when the Inflammatory Process
has gone so far as to cause an
ulceration of some Vessel or Cells.
The Amount of Blood lost depends
on the Number and Size of
the Vessels which are opened
by the Ulceration or Softening.
Colour of the Sputa [illegible]
also very much [illegible] itself in Severe
cases. When so it is most
frequently [illegible] by the ——

impeded Circulation. which causes
Stagnation of the Blood in the
lower Extremities and then
Congestion of the Pulmonary parts
takes place. Diarrhoea is
usually met with, and is generally
in the latter Stages, and it may
be so severe as to carry the Patient
off. [illegible] depends
on the Effusion. on the [illegible]
of the Intestinal Canal.
Inflammation is one of the [illegible]
[illegible] Pulmonary Tubercular
[illegible] Stage of the
Disease. when the Tubercles are
[illegible] and [illegible]. Expectoration
[illegible] and yellow with [illegible]
ation, but later on the Consol-
idation produced by the tuber-
cular Infiltration may [illegible]
be detected by Percussion and
Auscultation. If a Bronchi
be involved in the Consolidation
[illegible] by Percussion
the presence of tine [illegible]

[illegible] fever which has its regular
Morning & Evening Exacerba-
tions in Most Cases. In Some Cases
[illegible] the whole Disease while in other
Cases the fever is very marked

Irritation as shown by Mucus
Crackle in the Bronchial tubes
and in the Alveoli is easily
detected by the Stethoscope and
Dull Sound on Percussion can be heard on Auscultation
in this Stage. In the Later
Stage when Softening has taken
place, and Cavities are formed
these may be also diagnosed
on Percussion, which gives
the Cracked Jar Sound and by
Auscultation which gives Cavernous
Breathing &c. When the destructive process has progressed
[illegible] pus
[illegible] into the Alveoli
Cavity, the distinctive Sign
of Pneumo-Thorax will also
[illegible]
[illegible] no difficulty in
[illegible] Diagnosis if the typical Signs and the Symptoms
as above Enumerated are duly
considered together, It may
be remembered however in the
early Stage, before much softening

The Prognosis depends partly on the knowledge of the Acute Malady or Chronic, and partly on Circumstances with which the Patient is placed, & if it is the Cause effecting from the Prognosis of Cancer all Cases, therefore if it is incurable once the Patient enters a Cancerous Condition then there may be drawn Inferences of Necessity. But as here in the United States Consideration of the Deaths proceed from Cancerous Condition, It must be seen, that this Science is fatal in the Inception of Cancer.

The Treatment of Cancer is internal and may proceed by of Stages and these must be installed according to Stage of Disease, viz. Prophylactic, Palliative Curative. The Prophylactic & Palliative usually the Patient may have a tendency to develope this Disease.

I should also pay attention to
Cleanliness and if
in a crowded Place should re-
move to healthy place in the Country.
It may also become necessary
to give [illegible] in some cases. Sometimes
to [illegible] to the
Solid System. may overcome the
Tubercular Tendency.
The same thing could regard
used in Regard to treatment
of this Disease in the Adult
in whom it is mostly met with

everything else included, that is
used directly or indirectly to
to purify the blood — is worthless.
For after all, there is one specific
known to us that will check the
Destruction caused by the Bacilli
or tubercles, and so the only
hope for recovery is centered in
this one object of Destroying the
Germs of a Patient that is
Consumptive or Pulmonary in its
Treatment. The ingenious
Making of Medicines, Scientific
Experiments and Recommendations
of all the earlier discoveries, we
seek of course for an Article
which would be suitable for
the Diminished Nutrition, and
Liver Vol. as this contains
many Nutritious Principles,
and is more easily assimilated
than any other Article which
Could be substituted for it;
But this is not the only Drug
or Article which may be em-

as Milk. Butter Creamy etc.
Sometimes the Loss of appetite
is restored to health [illegible]
the Abdomen [illegible]. Many
other [illegible] may
sometimes bring about a
better condition of Digestion
in the [illegible] and Bowels
which is sometimes present.— Turpen-
tine Stupes, Warm fomentations
should be employed. Many also
recommend Pitch plasters etc.
The Diarrhoea when moderate
need not be [illegible] but when
it becomes Severe, Astringents
must be employed such as
Bismuth, Kino and Kathe
Salts of Lime, etc. may also employ
Elixir of Vitriol. But, some cases
can not be checked by the Astringents
Astringents when there is much
Tuberculous ulceration in the bowels
the Cough and Expectoration
expectorant may be employed
to make Expectoration easier for
the patient, as Squill, Senega etc
In giving medicines for the

Cough and Expectoration, [illegible]
he taken with to irritate the Stomach,
such as Nux vomica, Ipecac. Hyoscyamus
ion as. Ergot. Specac. should be giv-
en. [illegible] and Tannic
Acid [illegible] The cough
the tongue is kept Moist and
be left to itself. Counter Irritants
such as Mustard Poultices may also
Given to [illegible] with good effect.
The Bowels should be kept in
a Normal condition by Laxatives
such as. The Bitter Tonics. Here
the Herbalist Stands as he is a
good effect.
In the Fever [illegible] is to be
[illegible] Diet is to be
[illegible] that is given will
[illegible] and [illegible]
Drinks, and May also give
Water. Water [illegible] Should
Attends throughout the Disease.

All Measures above enum-
erated are very Good and
Should all Have their [illegible]

trial. Nothing. The first two cases are allowed to exist until the treatment they all fail to bring about. Recovery. If a patient live in a district which [illegible] the [illegible] of the [illegible]. He is likely to succumb to the disease in spite of all treatment. If [illegible] he can afford it, remove to some warm climate, where the [illegible] He should also wear flannel on [illegible] for sudden changes in the weather. Death may occur from Bronchitis or from the Pneumonia but also from want of oxygen caused by the suspended respiration in the Lungs. It may also come from failing Heart Power, caused by the Devil itis and Nervous Prostration.

Yours &c

Ph. Gustav Lee
Palo. Md