

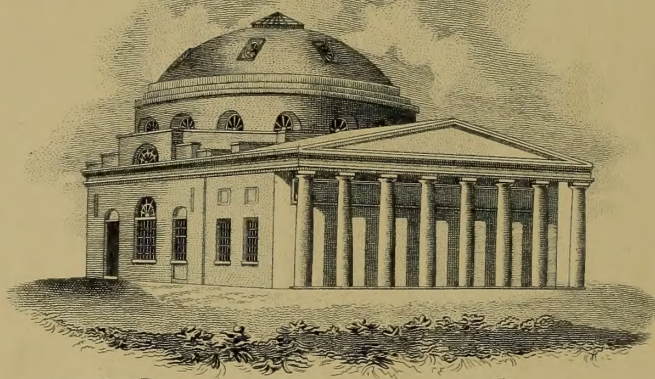
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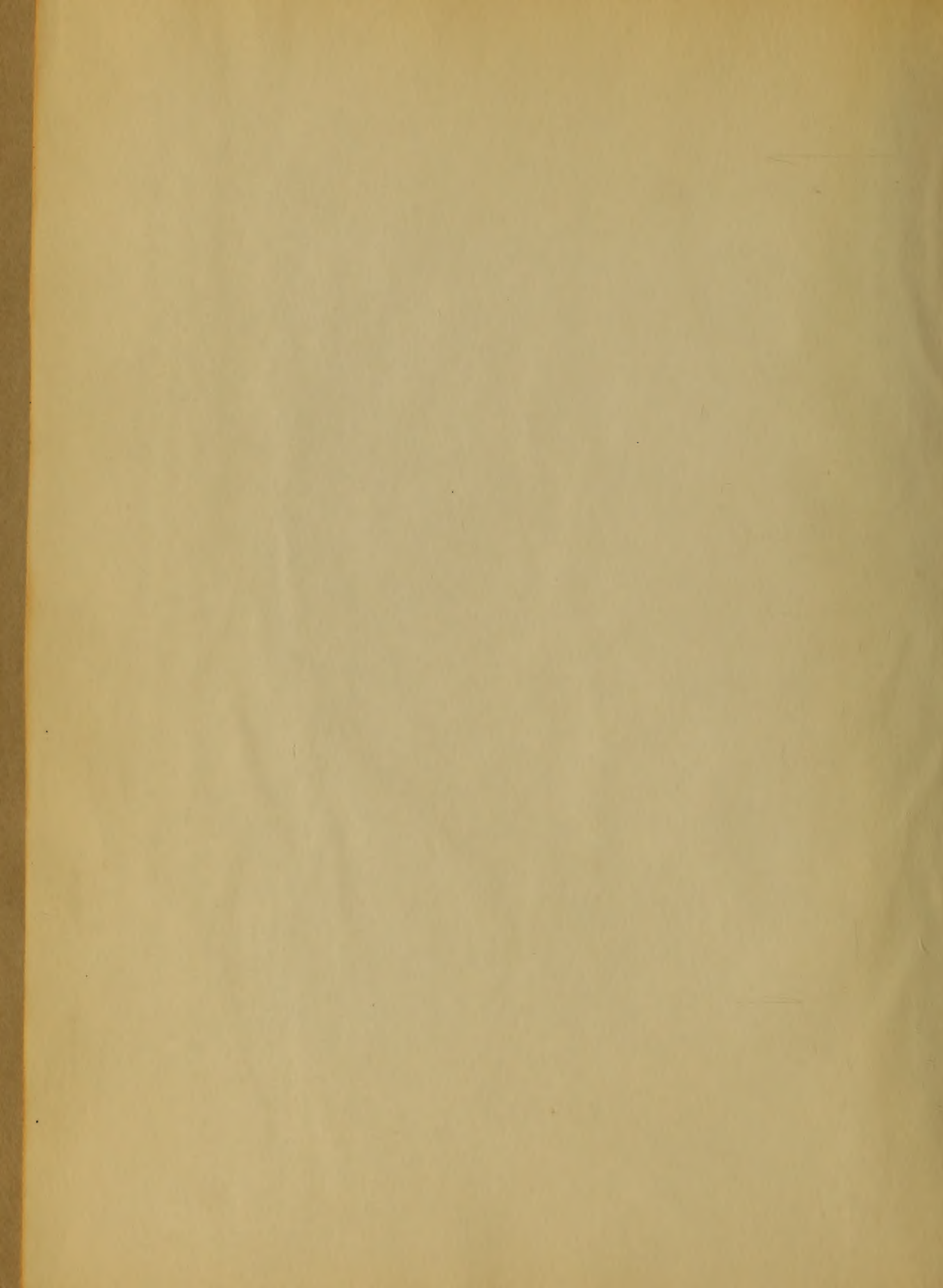
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Early Doctor of Medicine and Doctor of Physic Dissertations with Corrected Tables of Contents

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Forty Years of Practice and Teaching of Robert H. Taylor, M.D.
A Memorial Volume by His Colleagues

Robert H. Taylor, M.D., was born in ...
He graduated from the University of ...
in 1887. He spent his early years in ...
and returned to the University of ...
in 1892. He was a member of the ...
and served as its president in 1901.

Dr. Taylor was a distinguished ...
and a leader in the ...
of the ...
and a ...

Published by the American Medical Association

Chicago, Ill., 1927

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(CORRECTED TABLE OF CONTENTS)

UNIVERSITY OF MARYLAND

THESES

1886 (a)

Author	Title	Notes
Feeser, Hezron R.	Typhoid Fever	
Lewis, George William	Simple and Pernicious Intermittent Fevers	(no title page)
Korner, Alexander H.	Embryology	
Kirby, William A.	Digestion	(no title page)
Black, William C.	Pneumonia	(no title page)
Christian, Charles C.	Dysentery	(no title page)
Pfaltzgraff, Samuel K.	Cholera Asiatica	
Kloeber, John S.	Typhoid Fever	
Fishel, Henry Warren	Myopia of School Children	
Clymer, Frank L.	Bronchitis	(right margin bound)
Wyse, William P. E.	Acute Bronchitis	
Best, J. Janney	Scarlatina	
Harris, James Edwin	Diseases of the Maxillary Sinus	(noteworthy calligraphy on title page)
Braymer, Frank H.	Lobar Pneumonia	

Author	Title	Notes
Coulbourn, Joseph T.	Clinical Reports	(no title page)
Smith, Nathan R.	Malarial Fever	

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UNIVERSITY OF MARYLAND

THESES

1886 (a)

Hezron Feesser, H. R.	Typhoid Fever	40p. (partially faded ink)
George William Lewis, G. W.	Simple and Pernicious Intermittent Fevers ¹	29p.
Alexander Korner, A. H.	Embryology	30p. (partially faded ink)
William Kirby, W. A.	Digestion ²	28p. (partially faded ink)
William Black, W. C.	Pneumonia ³	28p. (partially faded ink)
Charles Christian, C. C.	Dysentery ⁴	23p.
Samuel Pfaltzgraff, S. K.	Cholera Asiatica	45p. (partially faded ink)
John Kloeber, J. S.	Typhoid Fever	40p. (partially faded ink)
Henry Warren Fishel, H. W.	Myopia of School Children	34p. (partially faded ink)
Frank Clymer, F. L.	Bronchitis ⁵	20p.
William Wyse, W. P. E.	Acute Bronchitis	17p.
Janney Best, J. J.	Scarlatina	34p.
James Harris, J. B. Edwin	Diseases of the Maxillary Sinus ⁶	20p.
Frank Braymer, F. H.	Lobar Pneumonia	56p. (partially faded ink)
Joseph T. Coulbourn, J. T.	Clinical Reports ⁷	21p. (partially faded ink)
Smith, Nathan R.	Malarial Fever	29p.

1, 2, 3, 4 - No title page

2

5 - Bound on right margin

6 - Noteworthy color title calligraphy.

7 - No title page

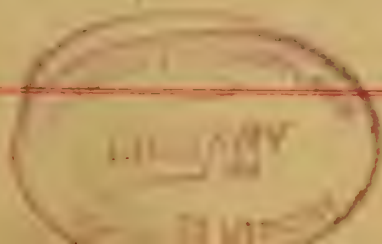
Supplemental Times

By H. R. Seiser

Baltimore Feb. 10. 1886

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Tubercular Per. r.

Mostly limited, acute, febrile disease, characterized by a peculiar eruption, by limbing and absorption of breast tissue, by enlarged lymphatic system, and softening of the associated mammary ducts, by swollen spleen, by a general anæmia and by stupor and delirium.

Causation: This disease is endemic to all portions of the globe, prevailing in local or circumscribed districts, in consequence of its being due to malarial fever, most frequent in temperate zones. Children as well as adults are liable to be attacked but it is supposed to be infrequent in infancy very rarely occurring. Thus in yea. of age it is comparatively

usually 50 years, cases however are reported even beyond sixty years.

It is most frequent between fifteen and thirty. Both sexes are about equally affected by this disease.

It is usually tubercular in character and best treated by means of a vegetable diet.

Typhoid is a miasmatic and contagious disease that is not always derived from some person previously affected but usually. The disease has however some changes in its nature and is not so fatal as it used to be. It is now considered to be a specific and is expelled from the body through the intestinal secretions after which they give rise to some form of typhoid.

water or through the air, most likely
by the former, as usual, and says
that the composition are in them-
selves not capable of producing it
but no doubt facilitate development
when the specific germ is present.
The poison of typhoid is extremely
viable and preserves its activity for
a long time, so that should ty-
phoid occur in a given locality
and then disappear for a long time
another epidemic may occur with-
out the introduction of a new case.
It does not originate in water but
there must be present some typhoid
matter furnishing the material for
new growth as long as this poi-
son is fresh it manifests no ac-
tivity but when exposed to favor

the number of the vessels of the
arterial system is sufficiently
depressed in the community.
The period of incubation is vari-
able, being from fourteen to twenty
one days, sometimes. I thought that
it may last twenty eight days.
Pathological anatomy. - The char-
acteristic inflammatory processes
which take place in the lymphatic
structures are in the lymphatics
of the intestines, the mesenteric
glands and in the spleen.
The first effect noticed in the in-
tine is in the mucous membrane
which becomes exceedingly vascular
and is the seat of an acute catarrhal
process, becoming soft swollen and
covered with mucus. At an early

... 24 hours
... the most important, the ...
... the first week ...
... the hyperemia of the ...
... decrease, except in the ...
... to the glands where
it becomes infiltrated ... the
glands.

There is ... effect the ...
portion of the large ...
... in some cases, but is ...
... limited to the ...
... These glands are ...
... affected ...
... of the process about the ...
... color. The enlargement
of the glands is due to hyperplasia.

of the cells in the brain. The first
to which it is not directly applied
but afterwards to form a crust in
some of the glands but it is
also a direct infiltration to a
certain extent. The cells are
to replace ordinary products.

The enlargement of the atrophicous
is then to stand out above the sur-
face of the testicles, at this stage
the glands are found to be of a gray
ish white or light red color and of
a soft brain like consistence, hence
the term medullary infiltration
which is often given to this stage
of the process.

This brings us to the second stage of
the disease known as death or dis-
integration of the newly formed tissue

This may terminate either in res-
olution or absorption, as we generally
note in the same subject some of
the glands undergo resolution while
others do not. In resolution the in-
flamed gland returns gradually
and without suppuration to its
healthy condition, some of the
cells undergo fatty degeneration and
are absorbed. This process is more
common in children than in
adults, which goes to explain the
fact that many children have in-
distinct perforation in children.
In some of the glands the indi-
vidual follicles rupture and dis-
charge their contents externally,
causing them to form a pustule or
reticulated or a like appearance.

The most characteristic feature
of the lymphatic process, is the
formation of a stroma, which is
then thrown off and the stroma
is broken by fibrous cells formed
there usually takes place in the
stomach.

The process of stretching and re-
solution may occupy the whole
part of the gland. The stroma
usually does not extend beyond the
border of the gland. The fibrous
stratum of the tissue is very much
resoluted. Some the form of the
cells will compare with that
of the original gland. These are
ejected from the gland being
ingest with their long diam-
eter in the direction of the gut

and the contents of the salivary glands will be somewhat spherical in shape.

When the degree of infiltration out side of the gland is great, the ulcer may extend slightly beyond the contour of the gland. The slough is usually of a greenish yellow color due to the presence of bilious products. They sometimes present a hemorrhagic appearance which results from the sloughing of small capillaries.

The sloughing and ulceration take place first at the inner curvature and from there extend to the outer. The progress of the process will be seen.

The floor of the ulcer is formed of the submucous or muscular coat of the intestines, but sometimes



is directed so that it may be
formed by the serous coat, when
there will be great danger of per-
foration and peritonitis. The film
is generally smooth and often
presents to view the transverse
fibres of the muscular coat. The
edge of the ulcer is generally thin
and undermined.

The patches of lam. coagulosa, at these
terminations of their long axis, par-
allel to the long axis of the inter-
lines, thus attaining an extra-
ordinary length.

These changes are usually followed
by that of cicatrization or repair
which takes place by the resolution
of the peripheral infiltration and
the appearance of the film.

of the ulcer of granular tissue covering the surface of the membrane is large with that of the floor, the former usually results in an epithelial covering. The proper structure of the gland can never be restored.

The resulting cicatrix is slightly depressed, but recedes from the surrounding tissue, of a whitish color and not infrequently pigmented. It crosses the intestine in the case of the gut, hence the danger of stenosis.

In some cases cicatrization fails to occur, and sometimes when true, is the result from which there is always greater danger of perforation than from the primary ulcer.
Cicatrization may also occur from

rupture of the thin film of the vesicle
from the subsidence of the gut by
and the contact of force or the pres-
sure of worms. It may occur from
one or more ulcers, and is the
most frequent form of the disease
in the fifth week.

The mesenteric glands especially,
those in association to the cæca
pylorica and hepatica become enlarged,
soft, and more vascular. This en-
largement is due to cellular infil-
tration. They usually undergo a
process of resolution. Sometimes
a purulent collection remains be-
hind, and a slow cheesy transforma-
tion is effected. This sometimes be-
comes infiltrated with a chalybeate
substance when this is found after

death from this disease, together
that the spleen was at some time
of its life attacked by typhoid
fever.

The spleen after attainment has at three
times the normal size, of a dark
red color, soft and succulent, many
of the new cells enter the blood con-
ting leucocytosis. As the fever
subsides the hyperaemia of this
organ diminishes, cases have
been reported where the capsule
of the spleen ruptured causing
sudden death or peritonitis.

Another result of typhoid is what is
known as paratyphoid or degeneration
of organs and perhaps degeneration
of muscle. This paratyphoidous de-
generation is a sort of fatty degeneration

the organ is the same as in the normal state
and it is not granular until the
nuclei disappear. By this process the
consistence of the gland is lost, its
color is somewhat changed to a
dusky red, and the blood in the small
vessels is diminished, generally the
right lobe is more affected than the
left. Sometimes this organ remains
perfectly normal.

In the kidneys a similar process
is displayed. The epithelium becomes
granular and cloudy. The nuclei
disappear, and at last the cells break
down into granular fragments. The
form and color is also effected
the kidneys generally participate in
the process in proportion to the
grade of high temperature, and



... frequently the ...
In the ... the ...
... the ...
... become soft and flabby. The granules
appear in layers ...
ultimately cause disappearance
of the muscular structure. In some
cases it may be the direct cause of
death by asphyxia.

The muscles most commonly affected are the abdominal, the
pectorals of the legs and the diaphragm. It affects only certain
fibres and not the whole muscle
uniformly. The muscle becomes
opaque of a brownish yellow color
and is extremely friable. The
contractile power of the muscle
is impaired and after ...

I suppose that the most common
cause of this change is the
change in the general
temperature of the body. The cause
is doubtless the reflex action
in the brain, and the result is
high febrile temperatures.

The mucous of the tongue also very
often undergoes this change, hence the
reddening of the tongue when
protruded.

In nearly every case of typhoid
fever the tongue is affected. In or-
dinary cases we have hypostatic
congestion while in severe cases we
may have hypostatic pneumonia.
Sometimes the tongue is attacked
with ulceration. But the most char-
acteristic change is that of a white

The lower extremities are numb and
which is swollen, soft, and flaccid,
supported by the most numerous
of the cellular tissue. - It is a
febrile process, but gradually
becomes a febrile process, period of several
days or more weeks, generally
one or two weeks, sometimes it comes
on very insidiously. During this pe-
riod the patient appears languid
and indisposed to activity, says he
feels tired or tired all over, has very lit-
tle appetite, symptoms of slight fever
when, usually, sensations are experimen-
tal, referred mainly to the spinal
region, sometimes followed by fever
spontaneous and sometimes not.
epistaxis occurs in a large number
of cases, from a rupture of the
arteries.

is a plural of one case case.
The pulse is of full, general
force, which will that of spirit
is of deep, active nature, the
pulse will be slightly accelerated.
The patient will tell you the cure
not up to the thought to anything
by which fever occurs, which you
usually carries the patient to take
to bed, from which time we will
consider the disease established.
The fever increases to some great
with more pronounced and does
not entirely cease in the morning
and has evening exacerbations.
The difference between the evening
and morning temperatures up
to the time of convalescence varies
from half a degree to a degree and

Temp. The daily average temperature increases for the first week, when in ordinary cases (uncomplicated) it reaches about 104 degrees.

Maximum reached between 4 and 6 P.M. and lowest between 8 and 9 in the morning.

A temperature of 105 indicates a malignant form of the disease, a grave complication, it seldom becomes higher than that of the 4th day. When it reaches 106° two out of three will die, and when it reaches 107° recovery is an exception.

The morning temperature reaches 106° death is near at hand. A sudden and considerable rise in temperature during the progress of the disease, generally indicates some inflammatory complica-

at first, which in the third week
and less, and considerable fall, rather
requiring a moderate amount of
a more unfavorable prognosis, often
indicating a less favorable
Convalescence is pronounced by a
gradual decline of the temperature.
Delirium is more frequently present
than absent, generally begins about
the second week, sometimes not till
the third or fourth week, it is al-
ways greater at night, some patients
are entirely free during the day,
suffering only during the night,
it is generally of a quiet nature
any kind, sometimes of the
active form. It is no evidence of
suppurative inflammation, since
examination after death seldom

shows my mind about this case - I
remember a case of acute delirium
apparently it results from weak-
ness of the nerves, the patient
being in a dreamy like state
In certain proportions of cases
convulsions develop, generally in the
later stages of the disease, and
from this a fatal result is to be
expected. The patient dying from
apnoea, it is often facilitated by
a jerking respiration.

Such sudden termination, as in some
phlogosis is exhibited by some show-
ing that there is pronounced dis-
turbance of the nervous system.
The special senses are sometimes
impaired especially that of hear-
ing, deafness being manifested in

in both ears? A disposition
to droopiness and sleep is very com-
mon, sometimes the general sensibili-
ty is so blunted that he will not
be inflamed upon his face.

Paralysis of the sphincter is more
often due to blunted perception
than to true paralysis.

The respirations during the
first week are slightly accelerated
but later when bronchitis is de-
veloped it becomes more frequent
but still not in a marked de-
gree, unless in exceptional cases
when there is an abundant mu-
cus collection in the smaller bron-
chial tubes. A dry hacking cough
is present in a large proportion of
cases but not as a permanent

symptoms, unless important
pulmonary complications exist.
The before mentioned pneumonia
of the lungs is a complication
and may be suspected, by an
accelerated breathing, and promi-
nent cough, but to prove its ex-
istence we resort to physical
signs, viz: dullness on percussion,
subcrepitant rales, and weak
respiratory murmur. This com-
plication always adds to the
danger of the disease, but by
no means precludes recovery.

I have already mentioned pleurisy
as occurring in the prodromic pe-
riod as a permanent diagnostic
symptom, it also not infrequently
occurs in the later stage, generally

The pulse is not so liable
to come danger, but I have myself
seen it require mechanical
means for its suspension.

The pulse always rises in the
arteries, and generally increases
in frequency with the severity of
the disease. The pulse is always
most frequent during an ex-
acerbation. The nature of the pulse
shows increased action, but not
increased power of the vascular
system, is soft, quick and
irregular.

The arterial pulse is often present
in typhoid fever, which may be
appreciated by the sphygmograph
and sometimes even by the hand.
Generally speaking, there is always

Large to be expected, if the
pulse ceases to 120 beats per minute
which is common during the
prodromic period and during the
first week, but usually ceases dur-
ing the second week.

The light exanthema generally suf-
fers greatly, and is not so common
as present in an early stage of
disease, in the early stage.

Amnesia is the general rule, but
sometimes cases occur in which
the patients retain their intellect
throughout the disease.

There is no prominent symptom
in all cases, and is manifested in
all the senses become benumbed, and
even there is taken with inability
to be provided.

The tongue is usually white, and
may be of a whitish brownish and
sometimes even black color. Swelling
of the middle part is simply
furred or frosted, when the coat
ing is thrown off the tongue
presents a red disk color in ap-
pearance, especially along the
border and tip, with enlarged
papillae. Sometimes it be-
comes dry and hard, this is
especially the case in coming up
the patient breathing through the
mouth.

Inflammation of the parotid
glands occurs in some few ex-
ceptional cases.

Quarrel of the already present
usually appears in the second week.

The stools are highly destructive of
this disease, of an alkaline reac-
tion, of a yellowish green color,
generally more or less fluid, some-
times of a coffee ground appearance
of an offensive odor, and if put
under the microscope shreds may
be discovered from the layers of the
The intestinal ulcers pave the way
for internal hemorrhages, and is
often preceded by sudden and
considerable fall of temperature,
it may be slight or profuse, of
very great it may be the most
direct cause of death. It occurs
about one case in twenty. The
stoppage of blood flowing externally
is not a true sign that the hem-
orrhage has ceased. Let any case.

with the present treatment. The worst
and longest more favorable from the last
than causes peritonitis from perfor-
ation being most always fatal.
Tympantites, iliac tenderness and
gurgling form a group of abdomi-
nal symptoms highly charac-
teristic of typhoid fever. The first is in-
variably present, and sometimes caus-
es great enlargement of the abdo-
men, is due to the presence of
intestinal gas.

Iliac tenderness, in the right iliac
region, above Poupart's ligaments,
pressure should always be made
easy and careful, when the cases
are very mild blunted, consider
the pressure may be required to el-
icit pain.

Bubbling or splashing is heard
due to the movement of fluid or
fluid and gas in the intestinal
canal, generally about the ileo-
caecal valve. This cannot be re-
garded as a diagnostic sign since
it often occurs in other diseases.

Rosoliform spots appear upon the
skin generally between the 6th and 12th
days. These eruptions are not always
present and may be either in-
fectious as well as in mild cases.

The eruption consists of isolated
papules, generally limited to the
back of a hand or oval form, fre-
quently two lines in diameter. They
tend to appear in crops. Their de-
viation can easily be perceived by
passing the hand over the surface.

They disappear momentarily by pressure, no symptoms are remarkable, in some cases they are sparse in others plentiful, a crop lasts about three days, they should be sought for on the surface of the abdomen breast and back, are not perceptible after death.

The duration of typhoid fever is variable, the termination is convalescence like the development is gradual. In most cases delirium becomes extremely ^{marked} after recovery. The patient ultimately gains greater weight than ever before. In some cases the mental faculties are enfeebled for a considerable time.

Diagnosis. At the beginning it is often difficult to say in what form of disease the patient is laboring.

The points mentioned in the clinical history that were distinctive of typhoid were, its gradual development, steady increase of temperature for the first week with evening exacerbations, diarrhoea with ochraceous stools, epistaxis, rose colored spots, and the abdominal symptoms; ilio-colic tenderness, typhoid nodules and gurgling.

From typhus, the prodromic period is more protracted in typhoid, diarrhoea is more pronounced in typhus, in typhoid we have no

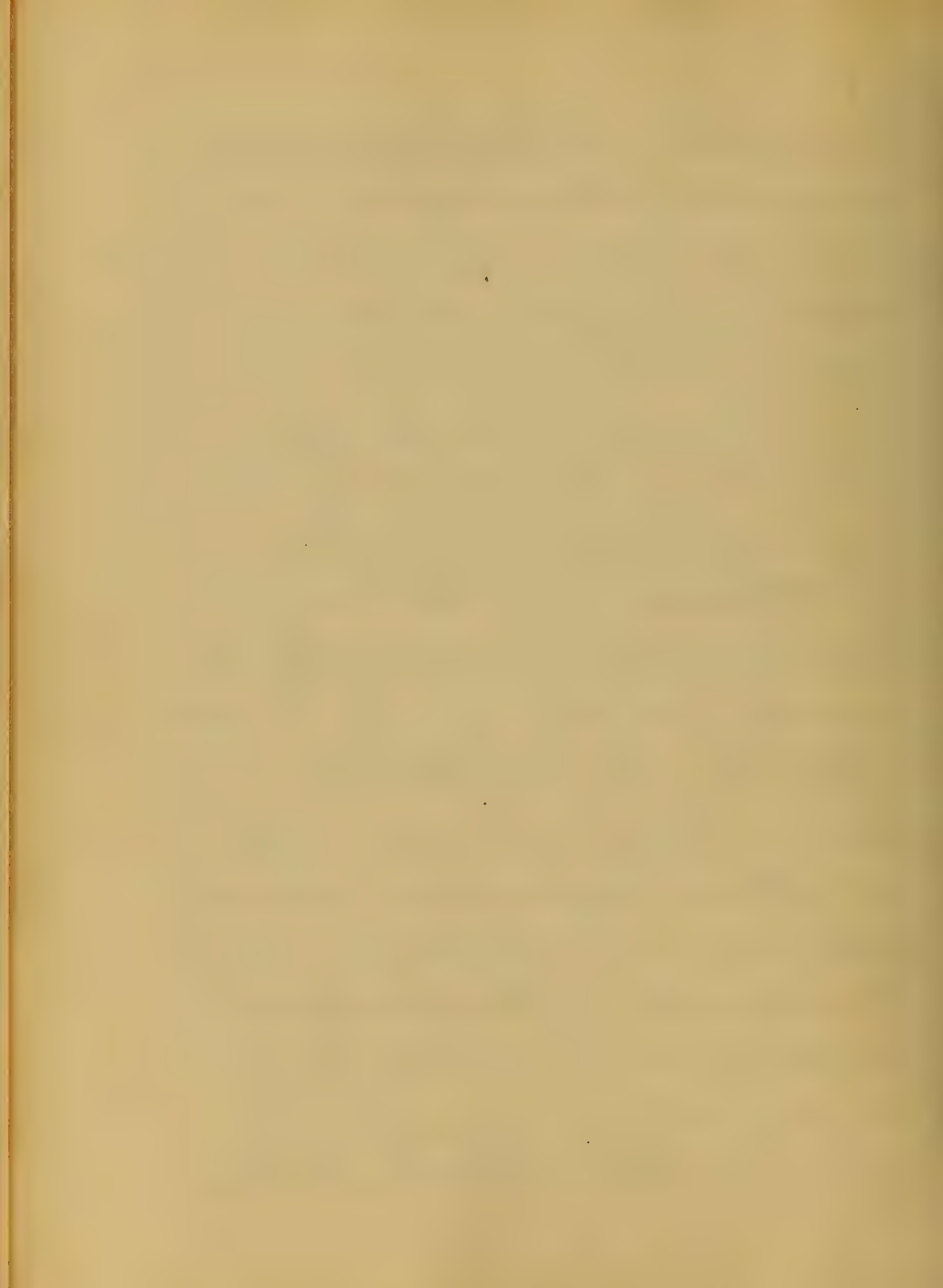
Some of the latter are absent in Typhoid
disease which are absent in Typhoid
generally the duration of Typhoid is longer
Typhoid is not directly contagious
while Typhus is commonly by vom-
iting and lastly the eruption
of the two diseases have each their
own peculiarities.

From acute miliary Tuberculosis,
in miliary Tuberculosis we have
fine subcrepitant rales in both
lungs in Typhoid when present
are of a coarse kind in tuber-
culosis you will have rapid de-
velopment of distress in the ra-
per of the lung in Typhoid when
pneumonia is present, the dull-
ness will be at the base of the
lung. In tubercular pneumonia you may

in the course of a few days
rapid development of fever to 104°
which in typhoid the temperature
is gradual. In typhoid you
will have some enlargement of
the spleen. In Tuberculosis we have
a tuberculous deposit in the choroid
of the eye which is not seen
in typhoid fever, and is manifested
by the ophthalmoscope.

In the early part of the disease it
may be confounded with, or be
confused with meningitis in children, and
pneumonia, but generally after the
disease is established there remains
no difficulty or at least should
not.

1)
Chorea: - The most frequent
and different epidemic form of
young women of about 20. A
collection of different epidemic
Chorea. In general is more
favorable in young life especially
below ten years, after forty the
mortality is always greater.
If at the outbreak the tempera-
ture does not rise over 104° the
prognosis is rather favorable, a rap-
idly rising temperature is an in-
dication of pneumonia, or rapid-
ly falling temperature indicates
perforation or hemorrhage. A slow
gradual course of the disease passed
out through the second month
is not so bad as a rapid one is
showing that the least form



relaxation of power. Apparently these
accidents to the membrane of the
colic do not bear this disease so
well. If a woman is attacked dur-
ing pregnancy it generally pro-
duces abortion, but is not necessar-
ily fatal to the mother
in general as favorable progno-
sis may be entertained in un-
complicated cases so long as the
temperature does not exceed 100
or 104. The pulse not very frequent
or feeble. The adynamia not
great and the uterine symptoms
not marked.

Treatment: — no disease for a
favorable issue depends so much
on judicious treatment as does
dysentery. It may be guard

The main point for the proper manage-
ment of this disease is to depress
the temperature to keep it well
under normal limits, for this pur-
pose we must resort to quinine, ice
bathes and aconite. The most
safe of antipyretics is aconite, and
sometimes we resort to certain temper-
atures. The most fatal result is the
abatement of heat by artificial re-
frigeration.

In general quinine is preferable to
lyttherapy, and the two should
not be administered together. In order to
get the antipyretic effects of quin-
ine it must be given in small
frequent doses. The hypodermic
method is also effective. The aconite

... after ...
... chloride, When diarrhoea calls for
... by ...
... sulphate of copper, Turpentine is
often useful especially if the tongue
presents a glazed appearance, best
given in the form of ...

... after embarras ...
... by diminishing the
lungs space, apply Turpentine
Drops, to be used ...

Delirium often calls for treatment
(want of true sleep), in some cases
... it admirably, but
use morphine in small doses, The
Bromides often act well.

... fulfils this purpose

Let some tendency to increase
the heart's action, hence should not
be used when the heart will be in
its action, chloral has a very strong
sleep producing power.

Intestinal spasm, where this vomit
opium will fulfill all purposes, both
to relieve pain, and quiet the bowels,
we generally bring about its anodyne
action as quick as possible.

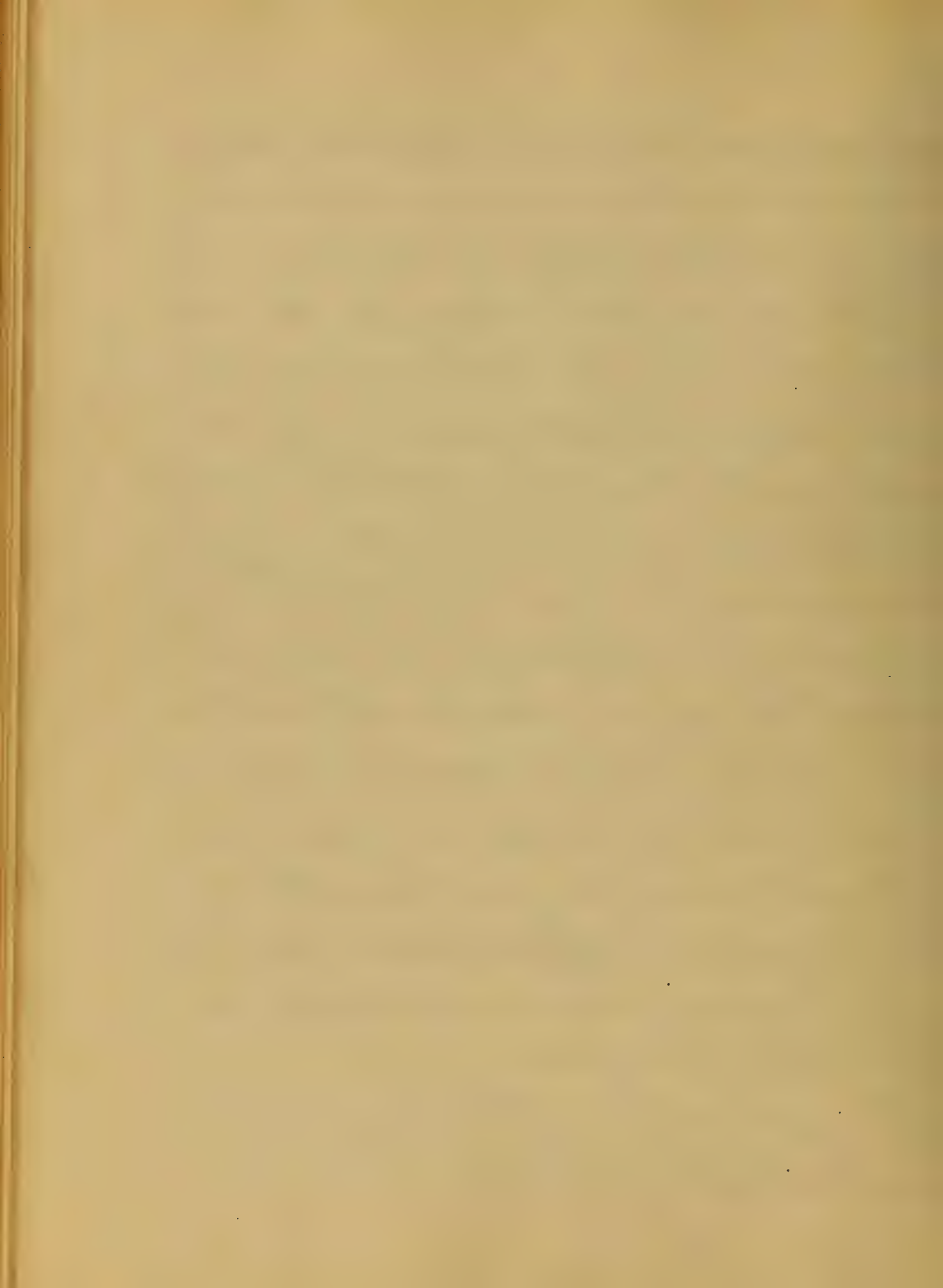
Spasms from the bowels, here tur-
pentine is of the greatest value, opium
with gallic or tannic acid is often
very effective. Application of cold
to the right iliac region, ergotine hy-
podermically often acts most effica-
ciously.

Stimulant failure of the heart
requires stimulants, but otherwise

should not be given, except to those
subjects who then are who require
a regulated daily amount.

Bed sores are apt to occur in this dis-
ease generally upon the nates, sacrum
and scapular first indicated by red-
ness of the part, here the part wash-
ed once per day with spirits of
camphor, and removed mechanical
pressure from the part, if ulceration
has taken place wash with solution
of carbolic acid, or dress with
equal parts of spermaceti and cast-
le oil as Surgeon's practice is
an excellent application especial-
ly if more or less weight is sup-
ported by the part.

Complications often require spe-
cial treatment.



Removal of the infection of the
excretions should be insured at
once. If constipation occurs, best
relief by an enema, if that
is a success to best use calomel.

Hygienic measures of the great-
est importance, temperature of room
about 55° or 60°, and especially
especially water should be taken
from room, room should be kept
very quiet. Diet should be plain, milk
is best, but must be given in
moderate quantity, and at suitable
intervals, may be given alter-
nately with weak mutton, beef, or
chicken broth. Air should always
be freely admitted into the room.

Simple and pernicious Intermittent fevers. I shall first consider the simple and subsequently the pernicious form of the disease.

Simple Intermittent fever is characterized by the occurrence of febrile paroxysms in regular succession, and the absence of febrile movement between the paroxysms.

The intermission is the distinctive feature of this form of fever.

This fever is popularly known as Chill and Fever. Bronzing of the Brain, Spleen and Liver with enlargement of the two latter organs are anatomical characters of this form of fever. I shall now

Consider the paroxysms and subsequently the intermissions. In the majority of cases the attack is sudden. However in a certain proportion of cases there are prodromata for a considerable period. They consist of pain in the head, yawning, indisposition to exertion, loss of appetite and general malaise. The paroxysms consist of three distinct stages, namely the cold the hot and the sweating stages. Cold stage - This stage commences with a feeling of chilliness beginning in the loins and thence extending over the back and limbs. The chill is more or less intense, in some cases consisting only of a slight sensation of coldness.

and in others it is extremely severe.

You may or may not have muscular tremor or rigor accompanying the chill. During the chill you will have bristling of the hairs over the body which gives the appearance of goose skin.

Notwithstanding the coldness which the patient experiences during the procyon the thermometer placed in the rectum will show a markedly increase in the temperature of the body. This increase of temperature begins prior to the rigor. During the rigor the teeth chatter and the movements of the body and limbs are sufficient to shake the bed with considerable violence. During this stage the patient sighs, the pulse is accelerated and full.

the countenance, has an anxious expression. In fact the general appearance is that of a person who has been exposed to intense cold. The circulation is some times suspended in the fingers for a time; they are waxy in appearance and devoid of sensibility and if wounded bleed less than usual. The patient has mental irritability and a sense of oppression referable to the precordial region, pain in the head and palpitation. The duration of this stage is from half to three quarters of an hour. The transition to the next stage is gradual. Flushing of heat are felt, the coldness as it were melts away, fibrile movement is developed and the cold stage is thus ended. The cold stage is not infreq-

mutely wanting. In some Cases intense
nervousness has been observed to take
the place of the Cold stage. Gastralgia or
gastric irritability, Brownness or Stupor
and a Condition resembling hysterical Coma
have also been observed by some writers
to take the place of this stage. In young
Children Convulsions are not infrequent
in this stage. In consequence of a diminis-
hed supply of blood to the periphery of the
organs we have Congestion of inter-
nal organs. The Congestion incident to this
stage does not stand in a Causal
relation to the other stages as is proven
by the fact that this stage is not irreg-
ularly wanting and in these Cases the other
stages are not less marked than when

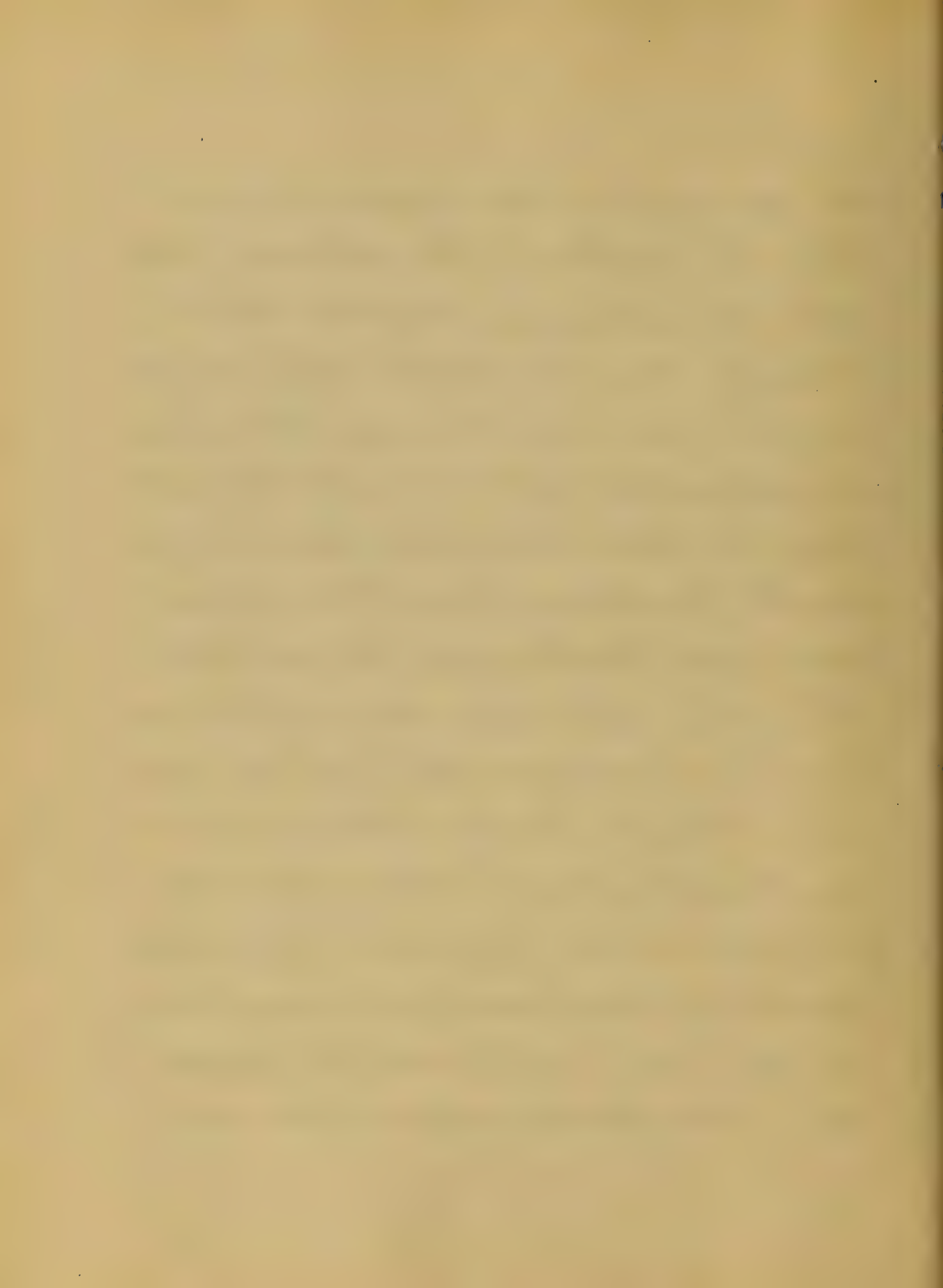
This stage occurs Hot stage - This stage is characterized by more or less pyrexia. The skin becomes hot, the pulse is accelerated and full or bounding, the face is flushed, the Apholgia continues, but the pain in the limbs and precordial oppression disappears. The temperature usually reaches 105 or 106 Fahn. Thirst is a prominent symptom. The duration of this stage is from three to eight hours. During this stage the spasm of the vessels that existed during the cold stage is relaxed and the vessels are filled with blood and abundantly dilated. Sweating stage - Perspiration first appears on the face and thence on the trunk and extremities. The pyrexia abates and at length

disappear. The heat of the surface, cephalalgia, thirst and other signs.

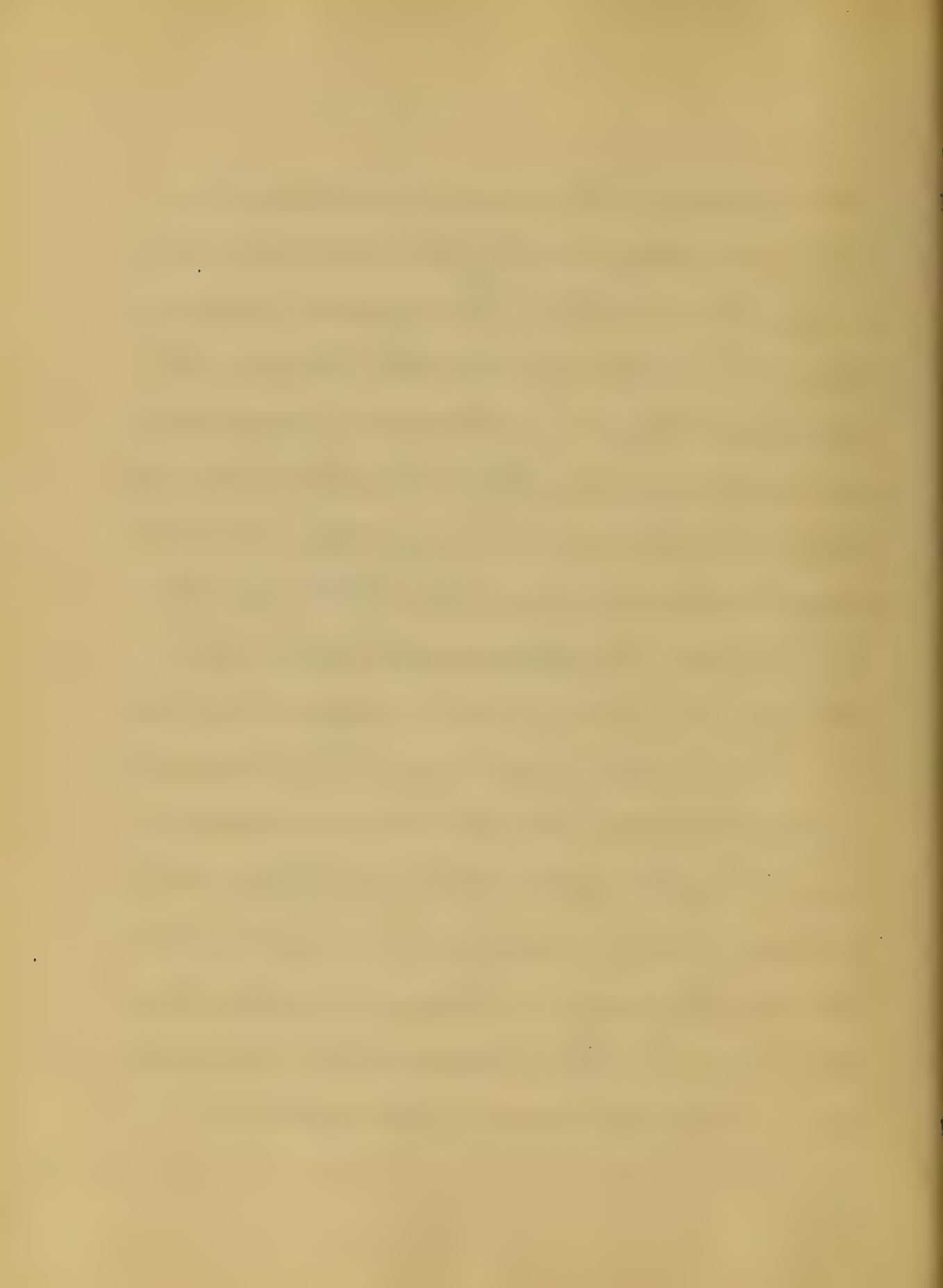
The thermometer shows a rapid fall of heat to the normal standard. In some cases the sweating is profuse and in others only slight. The average duration of this stage is three or four hours. This stage is evidence that the pyrexia is about to end. During and succeeding the proxyema, urea, uric acid and the chlorides in the urine are increased. The urine not infrequently being albuminous and occasionally there is haematuria. The interval is the space of time between two successive proxyema while the interval being the period from the beginning of

one proxym to the beginning of another. The duration of the interval is the basis of a division into varieties commonly known as the different types of the disease. There are three types of intermittent fever namely the quotidian the tertian and the quartan type. In the quotidian type the proxymes occur every twenty four hours. In the tertian the interval is about forty eight hours. In the quartan type the interval is about seventy two hours.

The quotidian and tertian types are by far the most frequent. The quartan type being comparatively rare. Cases are observed in which one of the simple types is duplicated; that is, two sets of

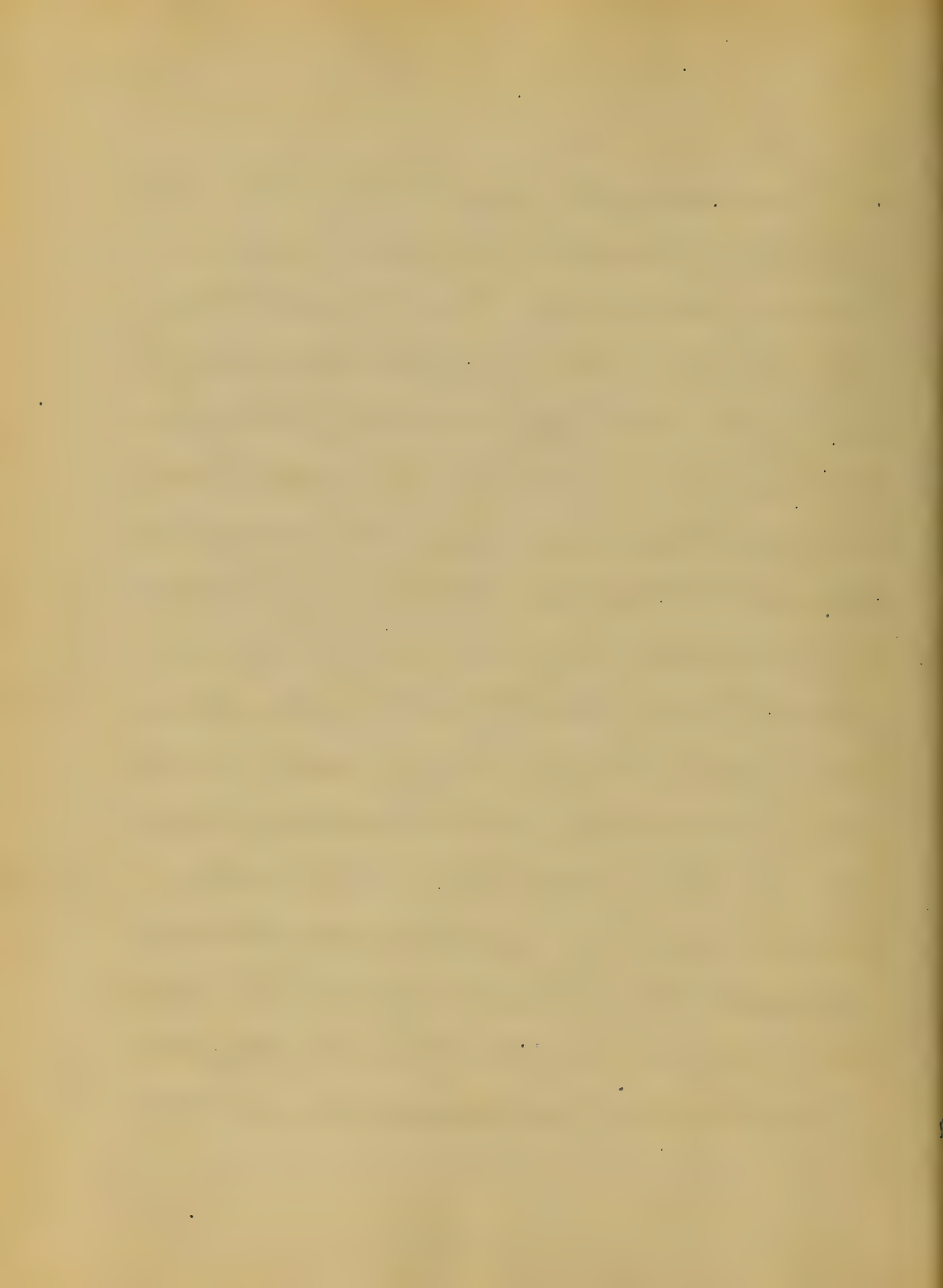


procyms of the same type co-exist.
Thus one compound type is called a double
quotidian, two procyms occurring
daily. The other is a double tertion. In
a double tertion a procyms occurs
and on successive days they take place at
different hours and may differ in various
ways; whereas on alternate days they
take place ~~they occur~~ at the same hour,
and correspond in other respects. We also
have a double quartan. These compound
types except the double tertion are extremely
rare. The procyms of the quotidian and
tertion types generally occur before noon
whereas the quartan type procyms occur
after noon. They are said to be retarding
when each successive procyms is in

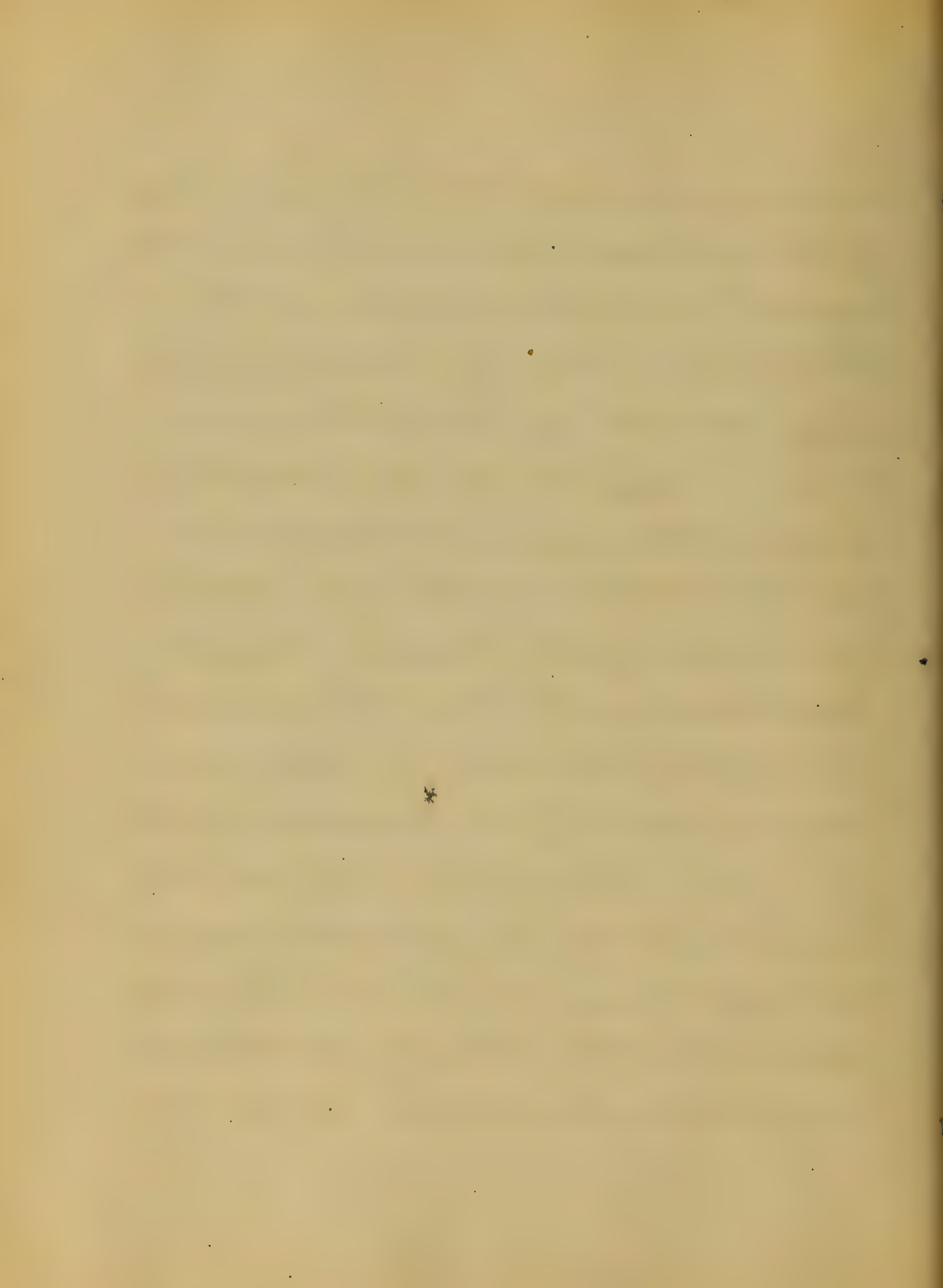


like manner delayed. This variation in the time of recurrence is evidence that the disease is about to end. During the intermission the patient complains of more or less debility; the appetite and digestion are good, and there is no apparent disorder of the functions. Whereas in other cases there is marked prostration. The enlargement of the spleen "Ague Cake" is very often a complication in districts where it is prevalent. It occurs in cases that have been of short duration, and by no means occurs in all cases in which the disease has been chronic or long standing. Anaemia is especially incident to this disease if it has been of considerable duration.

The pallor of the face in protracted cases of this disease is often associated with more or less anemia. These characters denote what is called malarial cachexia. Anasarca with effusion into the serous cavities, is some times incident to this disease, and does not necessarily denote either a renal or Cordiac, affection. The duration of the disease is indefinite. It not infrequently ends spontaneously after a few paroxysms; but in many cases it continues for weeks if not arrested by curative means. Its indefiniteness of duration is a striking point of difference as contrasted with the continued fevers. Its liability to relapses is an other striking point of difference. Subsequent attacks occur



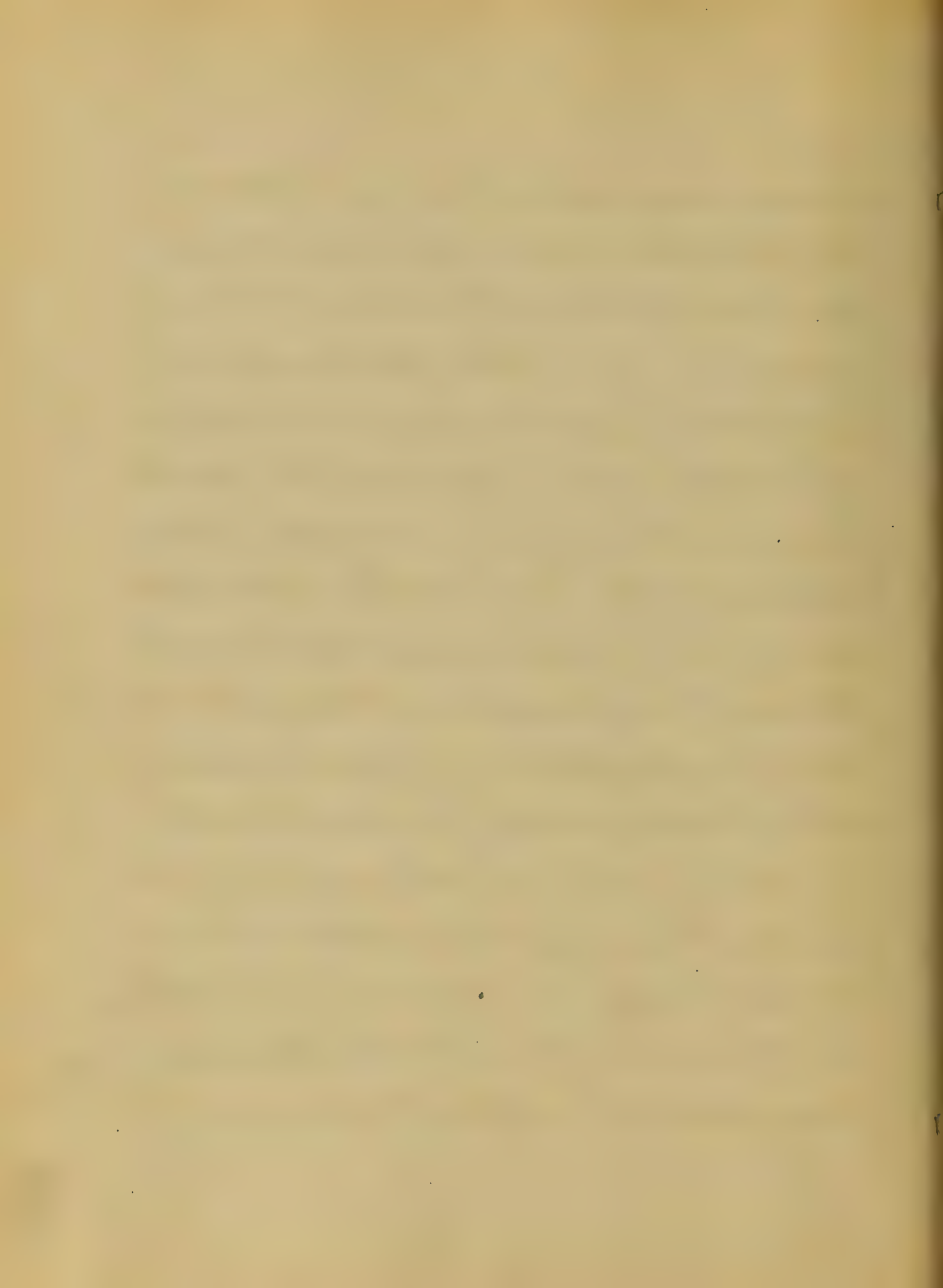
in a large majority of cases. In a certain proportion of cases successive attacks occur regularly after a certain period, showing that in these cases the relapses take place in accordance with an intrinsic tendency, irrespective of external causes. In tertian fever may exist in combination with bronchitis, pneumonia and dysentery. It is said to be masked when such is the case. The association may render the disease irregular, and interfere with the full development of the paroxysms. Causation - The cause of this disease is a special malarial agent, commonly known as "malaria". The production of the special cause was attributed to vegetable decomposition in marshy



localities and called Marsh Miasm in 1717
by Linnæus in Italian writing. This doc-
trine and the name has since been generally
accepted. It is fairly proved that some-
thing more than mere vegetable decomposi-
tion is requisite for its production by
the fact that in some localities where
this decomposition must and does take
place abundantly and the disease
never occurs. Observation shows that
it is produced especially in marshy
localities, but its production is not con-
fined to such situations. The product-
ion of the special cause requires a temp-
erature above 60° Fahr. It is more ab-
undant in malarial districts when a dry
follows a wet period. Its production



is increased after turning up the soil.
Highly malarial districts may become
free from it by cultivation of the soil
for several years. The specific gravity
of malaria keeps it near the surface
of the earth; as is proven by the fact that
persons sleeping in an upstony may
entirely escape it; while those who sleep
near the level of the earth contract the
disease. The special cause never invol-
ves a contagium, therefore it belongs
to those distinguished miasmatic. The
incubation period of this disease is va-
riable; it may be a few weeks or it may
be months or even years, before its mor-
bid effects are manifested. Auxiliary
causes such as exposure to cold air,



exertion, & ceases in eating and drinking
and the like seem to be necessary in
some cases to make the disease manifest
itself. It shows no preference to either
sex, and it affects all ages. Diagnosis—

The diagnosis is well marked cases of
fever no difficulty. To obtain the type
we must note the duration of the inter-
val and a comparison of the proxygms.

We have in Pulmonary Phthisis the oc-
currence of febrile proxygms resembling
those of Intermittent fever; this should
be remembered in making our diagnosis.

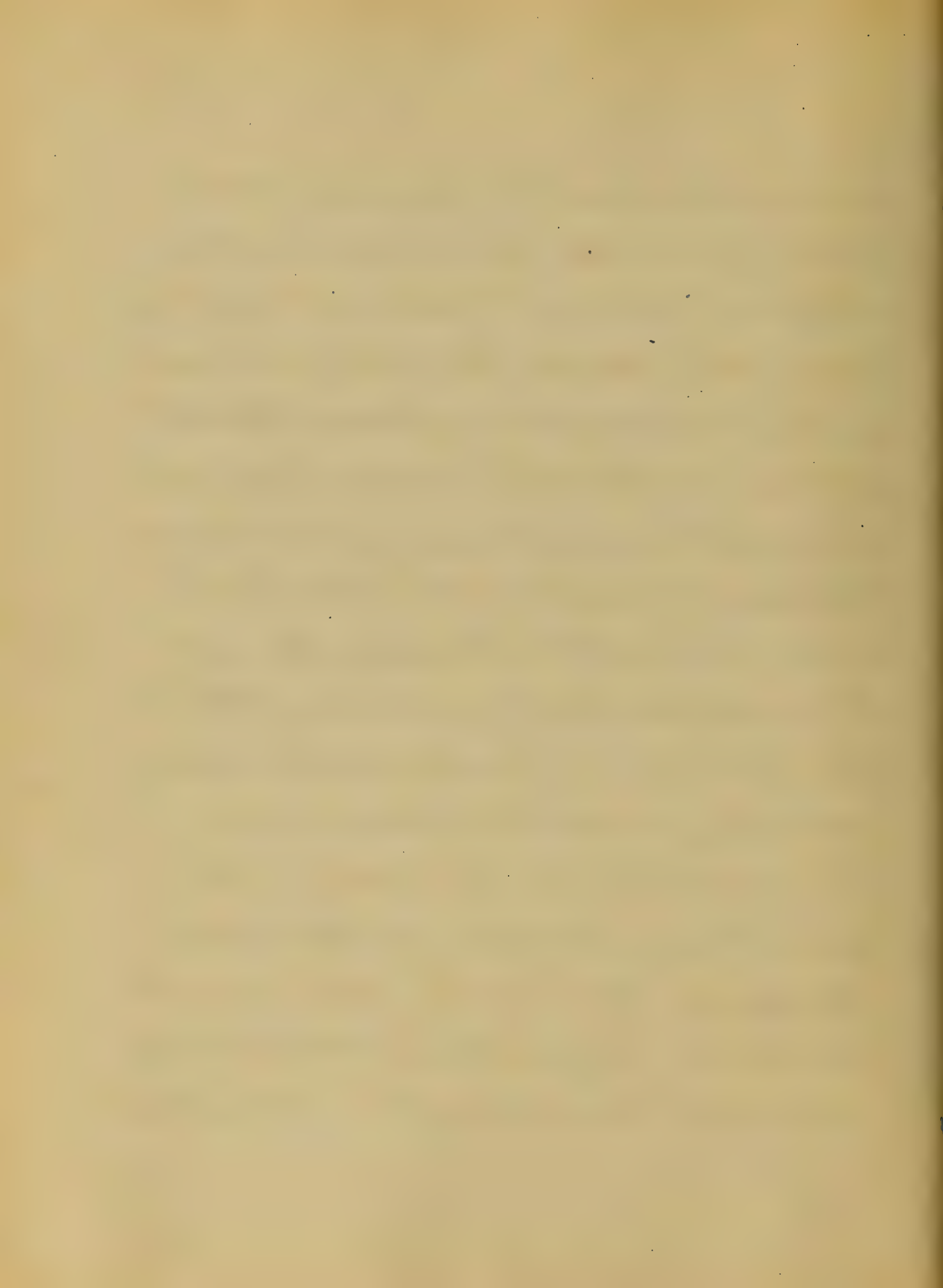
The treatment appropriate to intermit-
tent fever will some times arrest the
proxygms connected with Phthisis.

Prognosis—Simple Intermittent fever



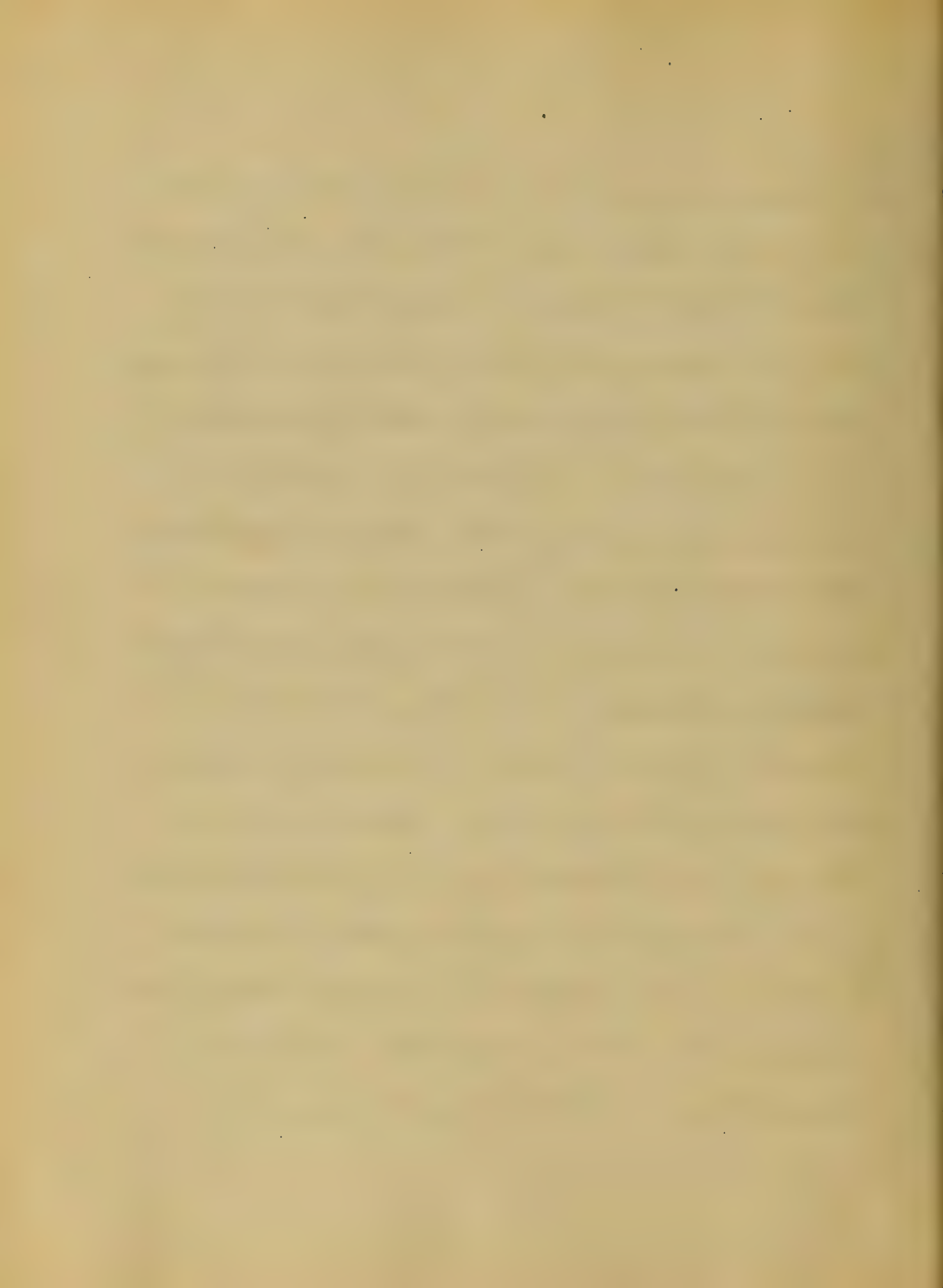
as regards immediate danger is not a
grave affection. An Intermittent fever
at first devoid of danger may be-
come pernicious. It has been claimed
or supposed by some writers that this
disease exerts a protective influence
against the development of pulmonary
Phthisis; whereas on the other hand
some claim that it rather favors
the development of pulmonary Phthisis
than protects against it. My teaching
and belief is with the latter class.

Treatment—For the cure of inter-
mittent fever, medicines possess
specifics. If any remedies be uti-
lized to this affection. This is applied
especially to the preparations of the above

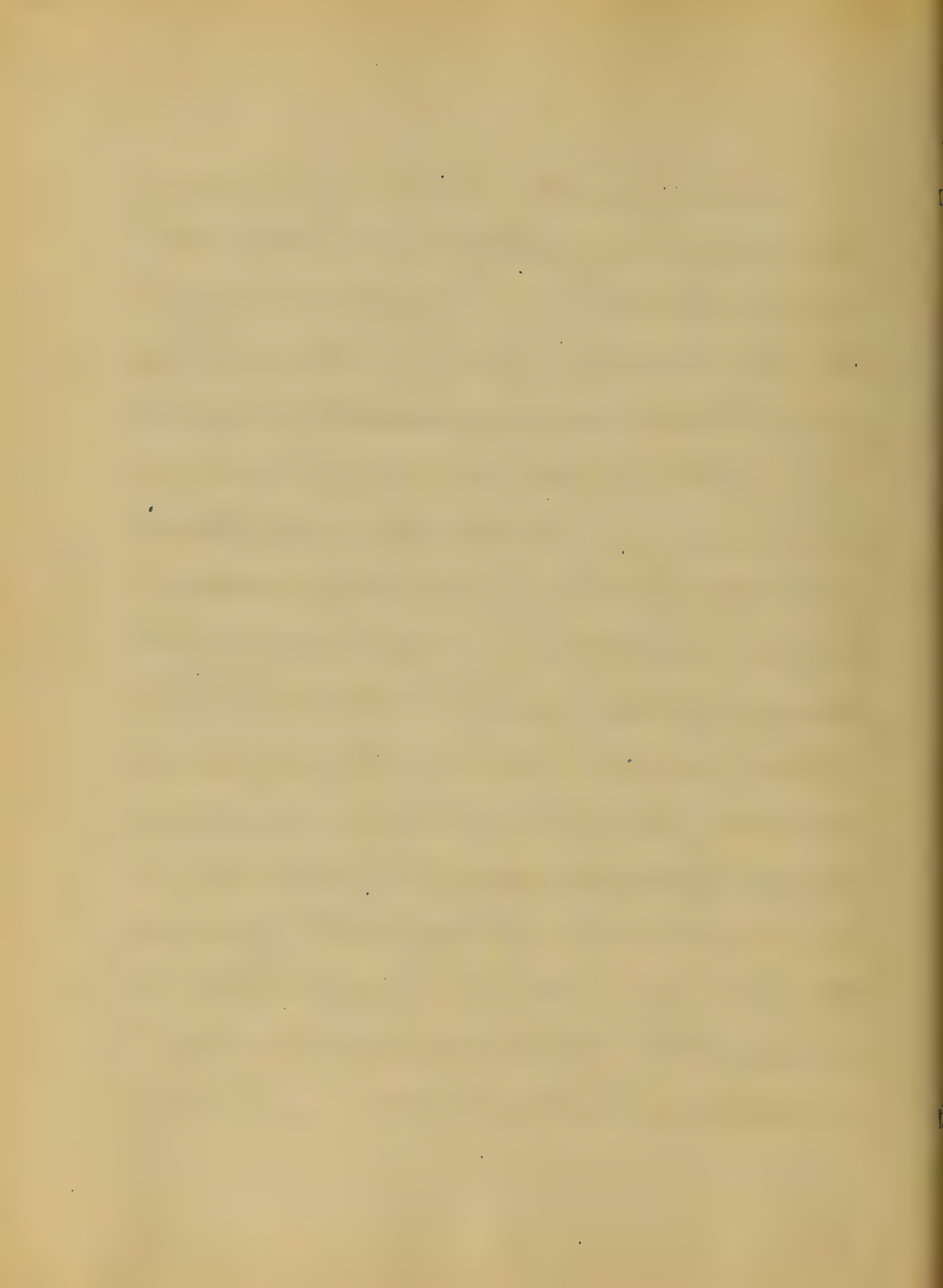


Bark of which the Decaphote of Givind
is the one most universally used in
this Country. It will promptly inter-
rupt the recurrence of the paroxysms
in the vast majority of Cases. It should
always be arrested as speedily as poss-
ible in each and every case. There is
no need of preparatory treatment in this
disease, and should never precede
the administration of some one of the
preparations of Cinchona Bark. As
regards the time that you should give
your remedy; it is probable that if
given in the sweating stage the Ch-
ances of preventing the next paroxysm
are greater than if it be delayed till
this stage has passed. The dose should

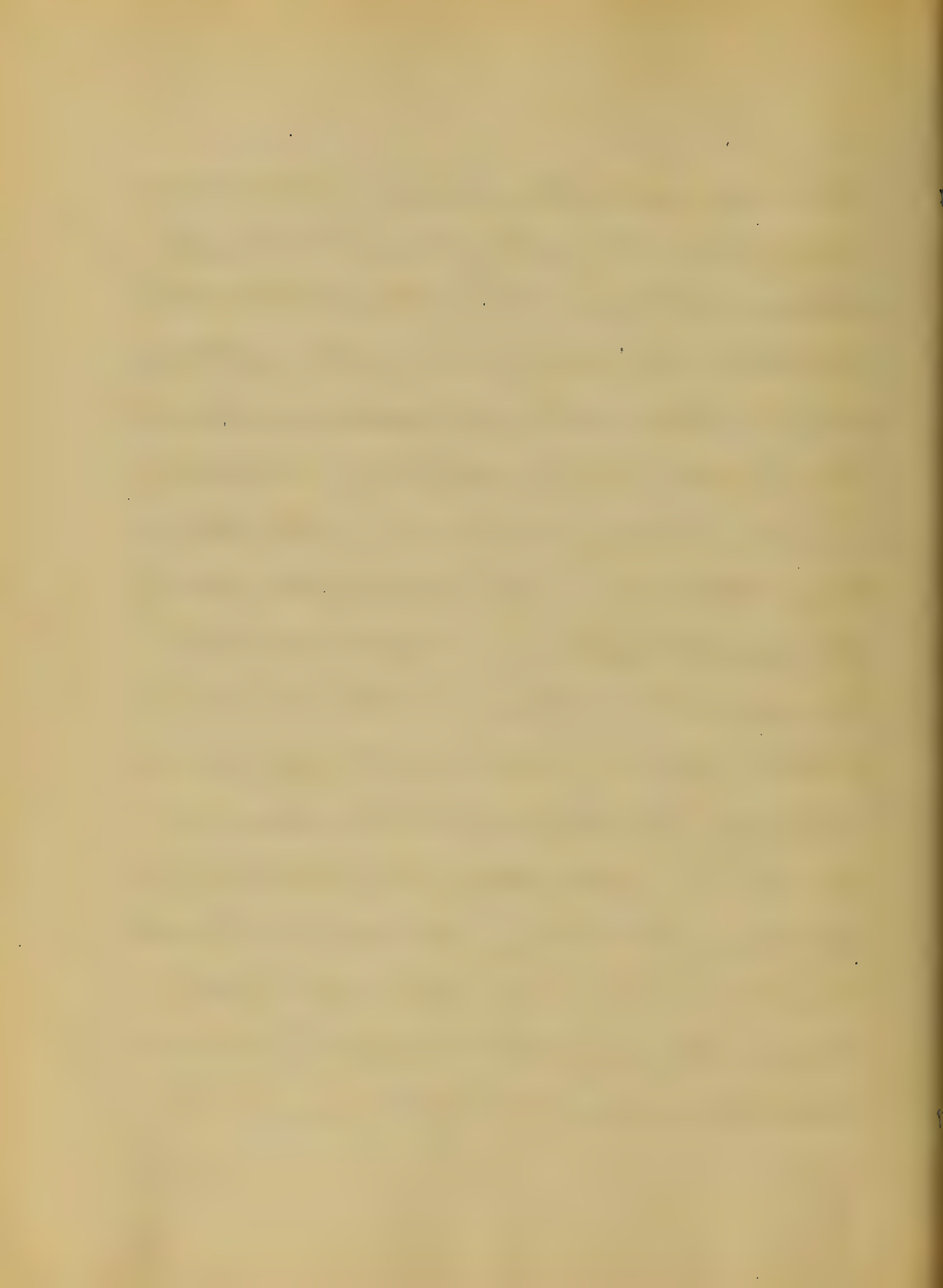
be large enough to induce the evidence
of Cinchonism as speedily as possible.
This object may be accomplished by
giving a single dose the quantity sup-
posed to be required; this quantity
for an adult is from ten to twenty
grains. A dose of this size is generally
tolerated by the stomach as well as
smaller doses. The symptom of the eff-
ect of Cinchonism is tinnitus aurium.
Another good way of giving the reme-
dy is to give a large dose (x-xxgr)
about five hours before the occurrence
of the next paroxysm. As regards
the form the sulphate may be administ-
ered, it is most effective when given
in solution, its solvency can be



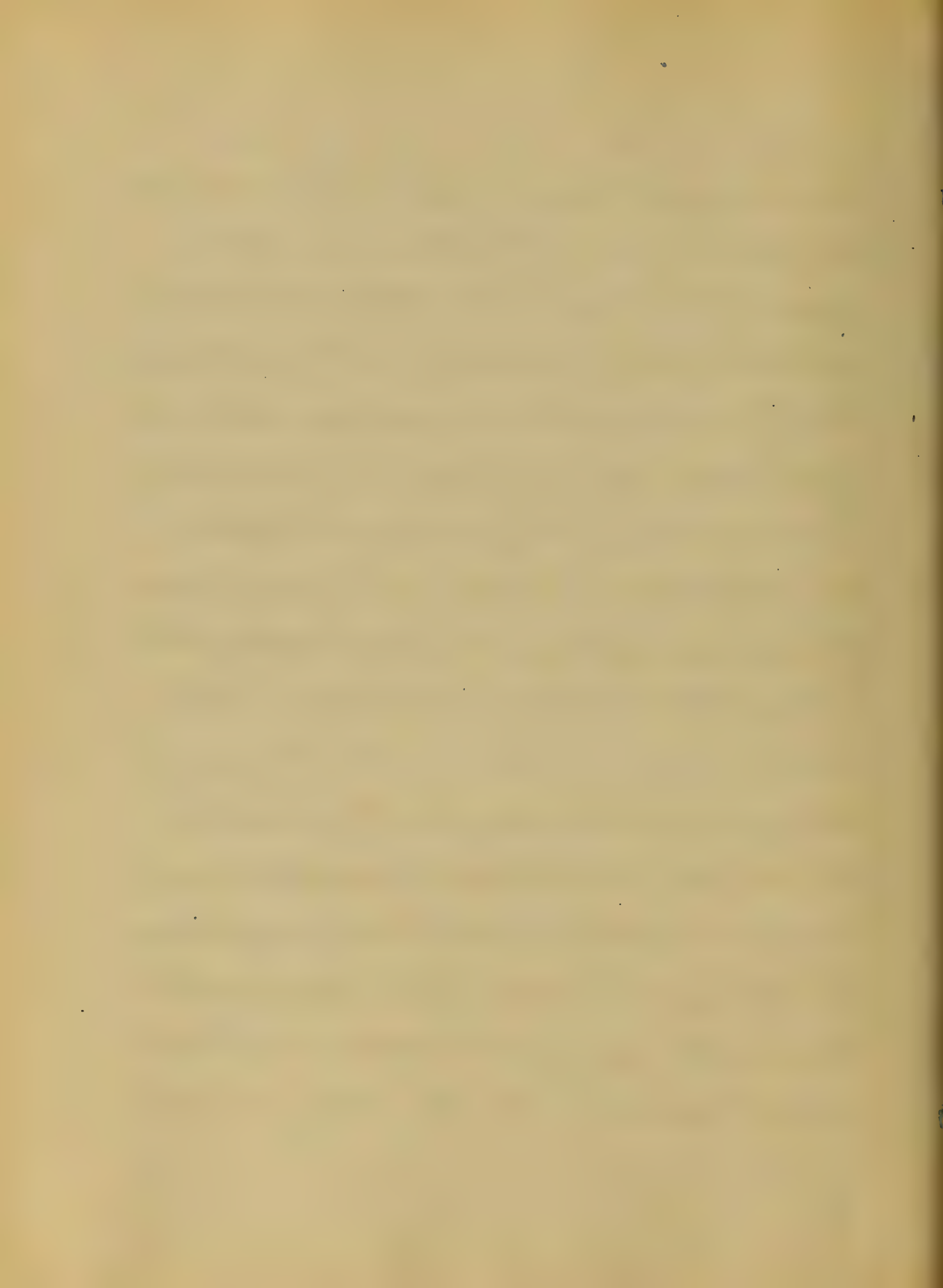
procured by the addition of an acid.
If owing to irritability of the stomach it
is not well borne, then you may give
it per lumen or hypodermically. If given
by the rectum the quantity should be
larger than if given by the stomach.
Cinchonism is the test that a sufficient
quantity has been given; this need not
be produced only in a slight degree. In
young children an dietment containing
quinia may be used with success in
a certain proportion of cases. In giving
quinia hypodermically the preparation
to be used is the hydrobromate of quinia
as it is less liable to bring about ab-
scesses. After the paroxysms have been
arrested the remedy should be continued



for a considerable period in small doses
from four to eight grains daily. If
Anemia exist a chalybeate should be
conjoined. The diet should be nutritious
and a little wine at meals is advisa-
ble. If there be constipation it should
be relieved by mild laxatives. The germ
theory affords a rational explanation of
the specific efficacy of quinine in this
disease as it is ^{is} proven that this remedy
is destructive of certain low organisms.
Salicin, Strychnia and Nuxvomica
seem to be successful in a certain pro-
portion of cases of arresting this dis-
ease. Arsenic ranks next to the
preparations of Cinchona the most
reliable. Eucalyptus Globulus and



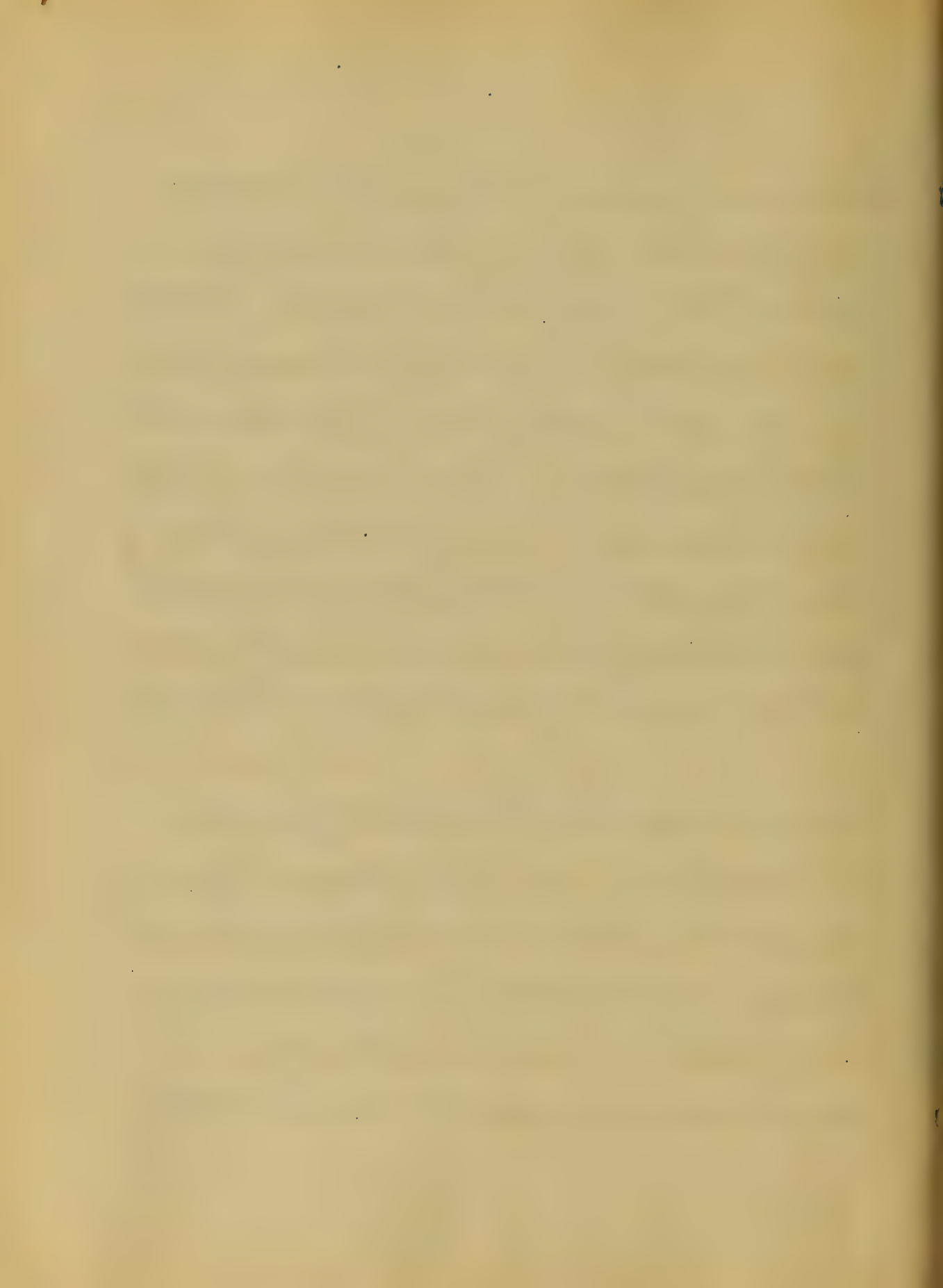
Iodide of potassium have proven successful in cases that seem to resist quinine. It has been observed by some writers that pilocarpine administered shortly before the commencement of the procygna will succeed in preventing the recurrence of the disease. It acts most certainly if given hypodermically. The preparation to be used should be the muriate. A full opiate given at the outset often succeeds in modifying the severity of the procygna; and it sometimes acts as an abortive. Stimulants should be given together with external warmth during the cold stage. During this stage sponging of the surface with cold water together with the internal admini-



istration of Crooked Ice or Ice water
may be taken freely. Anaemia and anas-
arcæ occurring as sequels claim tonic
remedies with a good wholesome diet.
The enlargement of the Spleen should be
treated with some local anodyne plaster
and internally the preparations of Cinchona.
As regards the prophylactic treatment the
preparations of Cinchona should be taken
before exposing oneself to the disease.

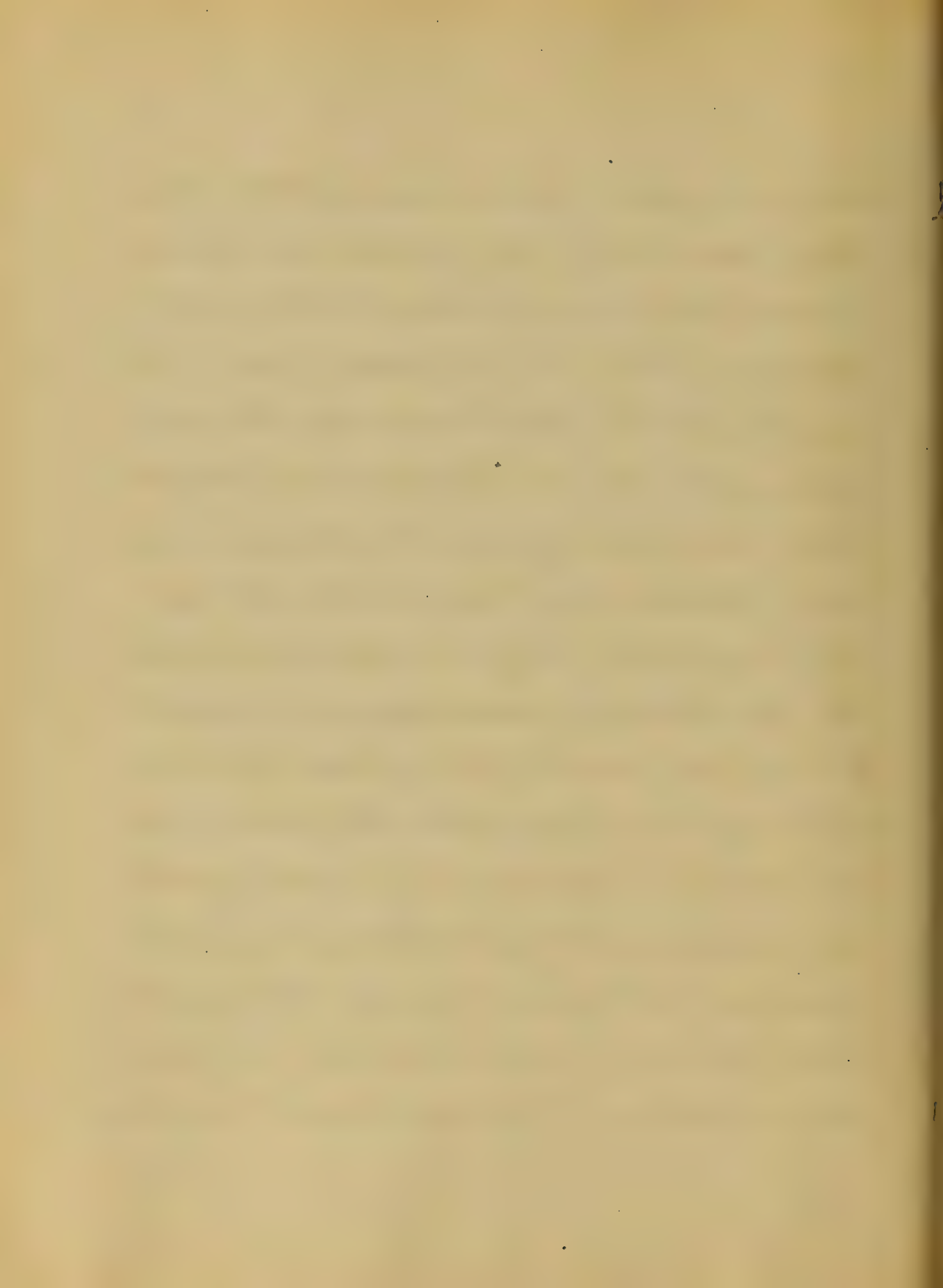
Pernicious Intermittent fever—

It occurs in isolated cases when
the simple intermittent fever preva-
ils; but fortunately such cases are rare.
In some seasons the fatality from this
disease is very great, and it constitutes

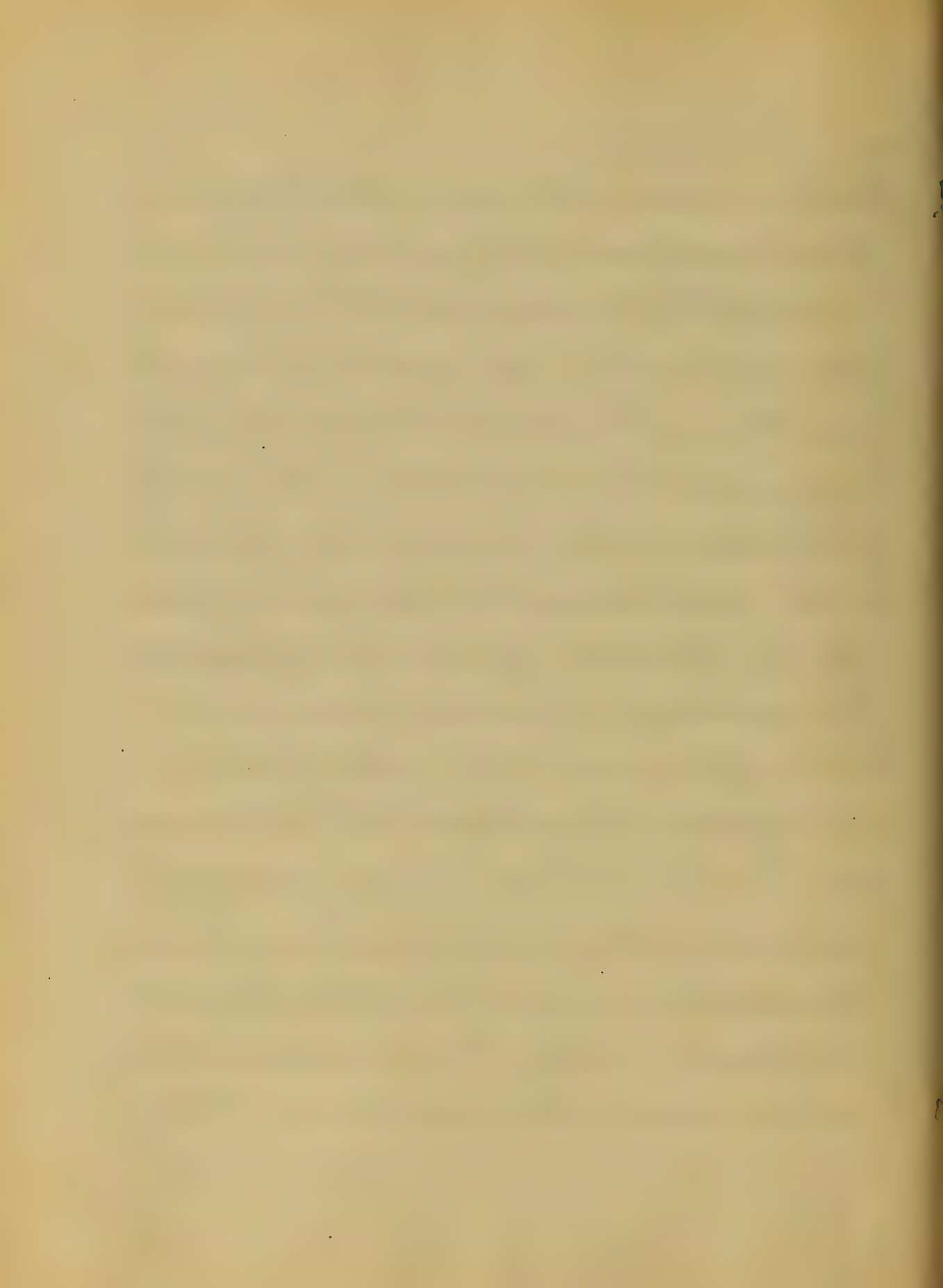


one of the most formidable of the malarial diseases which the physician has to encounter. In this Country it is chiefly in the Southern States, also to some degree in the Western States that it prevails. In view of the great danger attendant on this disease, and the efficient treatment necessary, renders it of great importance.

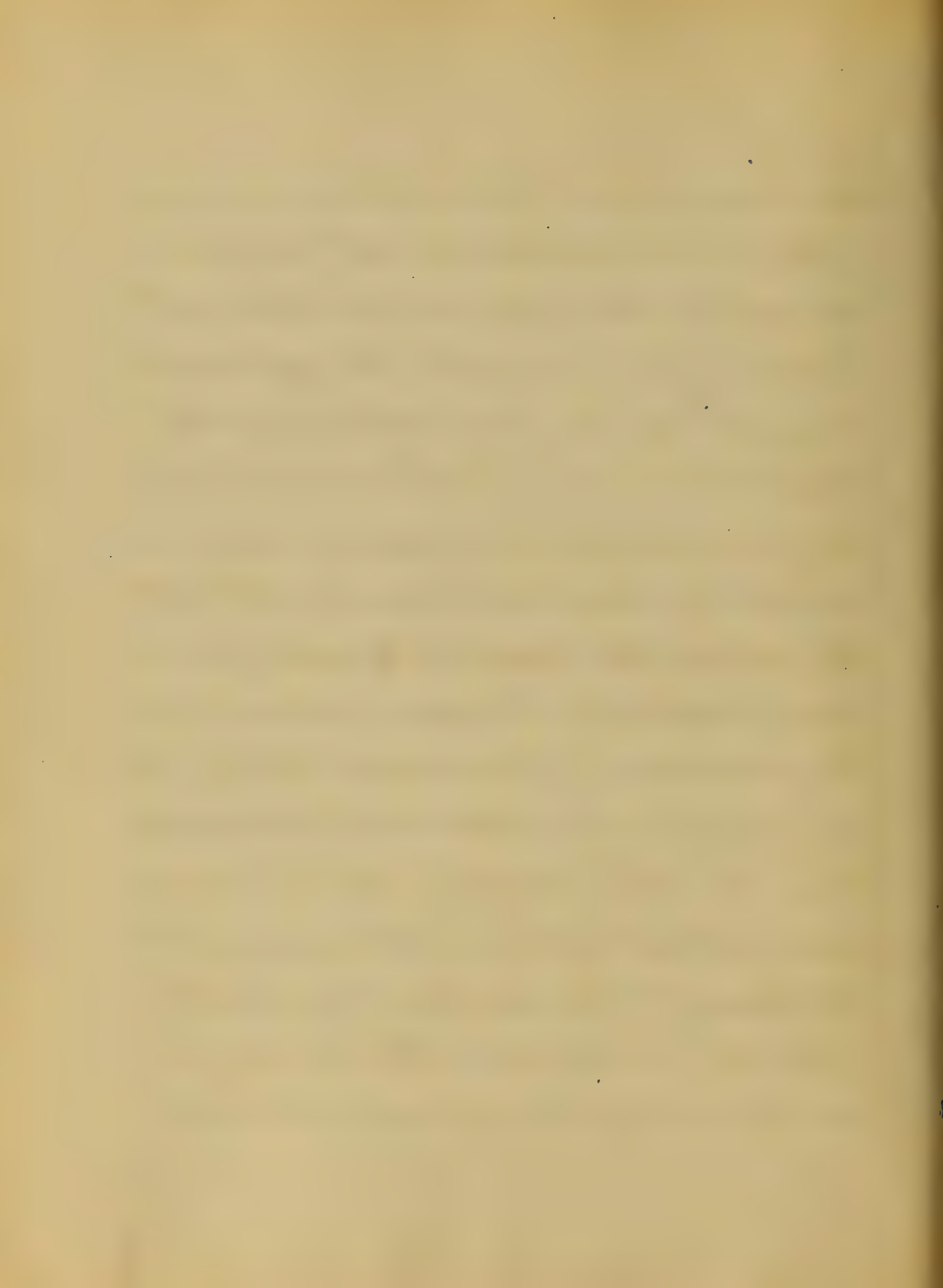
It is agreed by different observers that the pernicious prostration is preceded by one or more prostrations not indicative of gravity of the disease, hence the most importance of resorting at once to prompt and efficient means to arrest the prostration. The symptomatic features of pernicious prostration vary much in different cases. Moreover



Complete Coma is characteristic of some Cases,
these Cases are distinguished as Comatose
or a pophetic intermittents, Vomiting and
purging are not infrequently prominent
symptoms. The prostration in the inter-
mission is in proportion to the severity
of the paroxysm. A form has prevailed
in the Southern states for several years,
its distinctive feature being haematuria.
Hemorrhagic malarial fever is not to
be confounded with intermittent or
paroxysmal haematuria. At the commence-
ment of the hot stage urine is voided
containing ~~the~~ greater or less amount of
blood. Hemorrhage takes place from other
situations, namely stomach, bowels, uter-
us and nose. It is some times the case

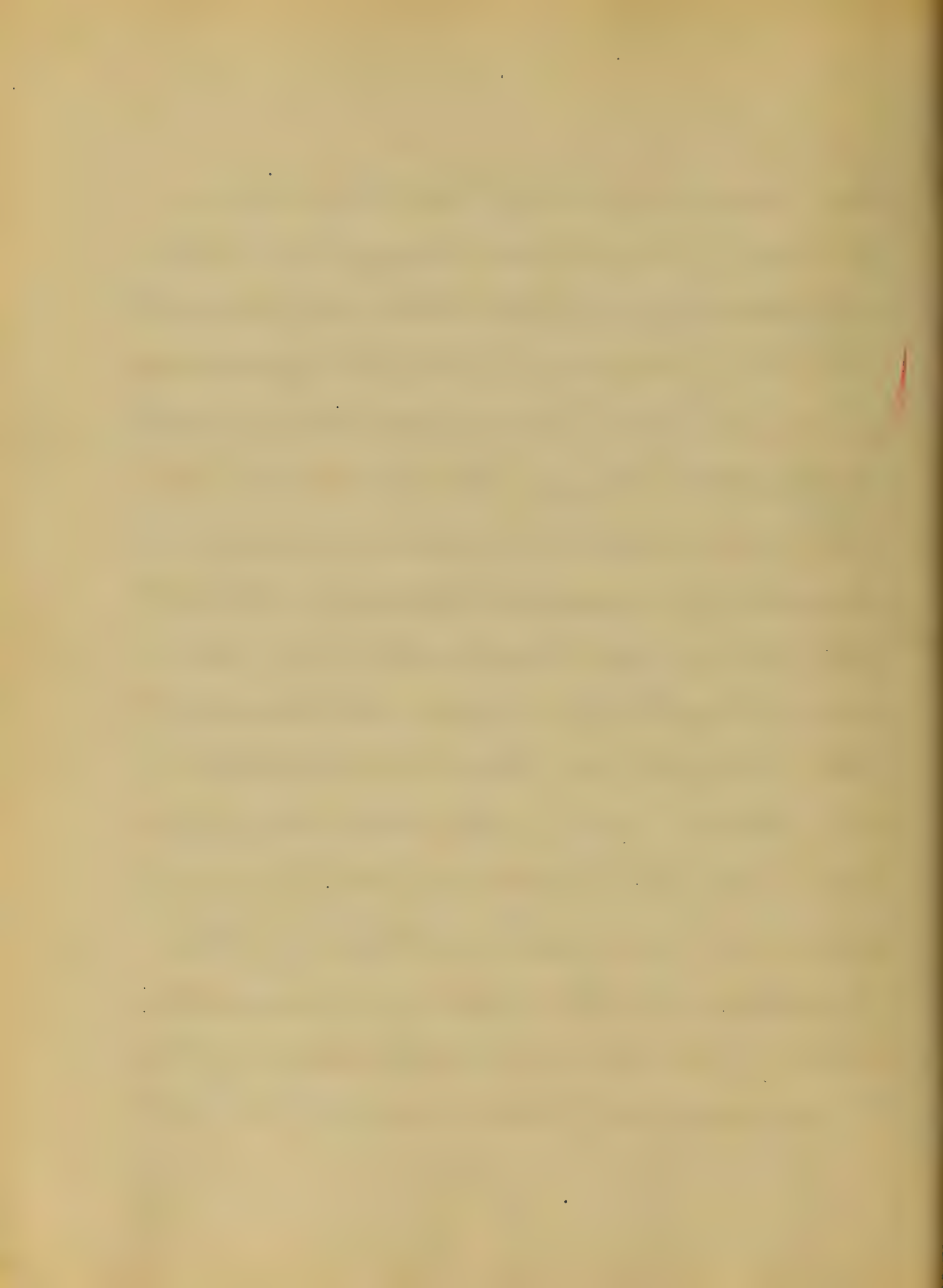


that hemorrhage takes place in some of the above situations without the existence of haematuria. The skin after hemorrhage assumes a bronzed yellow color. Some writers attribute this color to bile, while others say it is due to altered haemoglobin. Delirium and Coma are some times present but as a rule, the mental faculties are preserved. The disease is always to be considered as dangerous, and if the prostration be not at once interrupted, the danger is very great. Pernicious intermittent fever is often preventable, and many lives are saved by timely efficient treatment. When the disease has become pernicious, there are

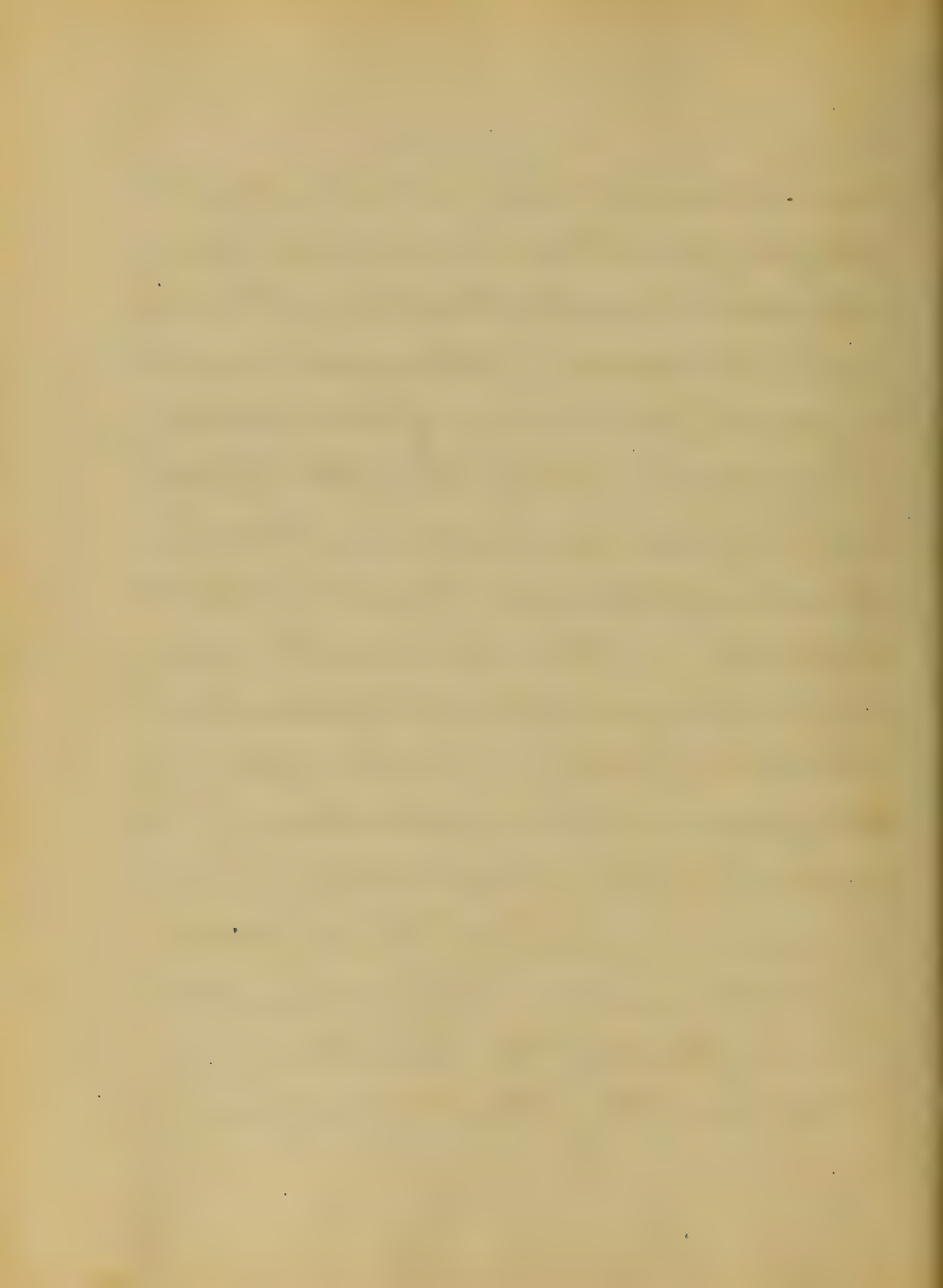


two great objects of treatment, one is to carry the patient through an existing procyon, the other is to prevent another procyon. With reference to the first of these objects, the indications differ according to the forms which the pernicious procyon assume.

In case of enfeebled action of the heart, stimulants are called into play. In a vast majority of cases the gravity of the disease is manifest chiefly by symptoms referable to the circulation. In these cases the chief importance is to strengthen the heart's action. Coldness of the surface is an indication for external application of heat, by means of blankets or other of hot water.



and stimulants externally. Vomiting and
purging are to be restrained by Opium.
It (Opium) is indicated by restlessness
and convulsions. Chloroform in drop-
m doses as a means of abridging
the cold stage, repeated till the hyp-
notic effects are produced. Diloco-
pine by hypodermic injection should be
tried also in this stage. With refer-
ence to the prevention of a recurrent
attack or procygma, nothing can take
the place of the preparations of Cin-
chona bark. The hydrobromate of quinine
should be given in large doses
hypodermically. After a reasonable
time it should be repeated, and
kept for some ^{time} after the procygma

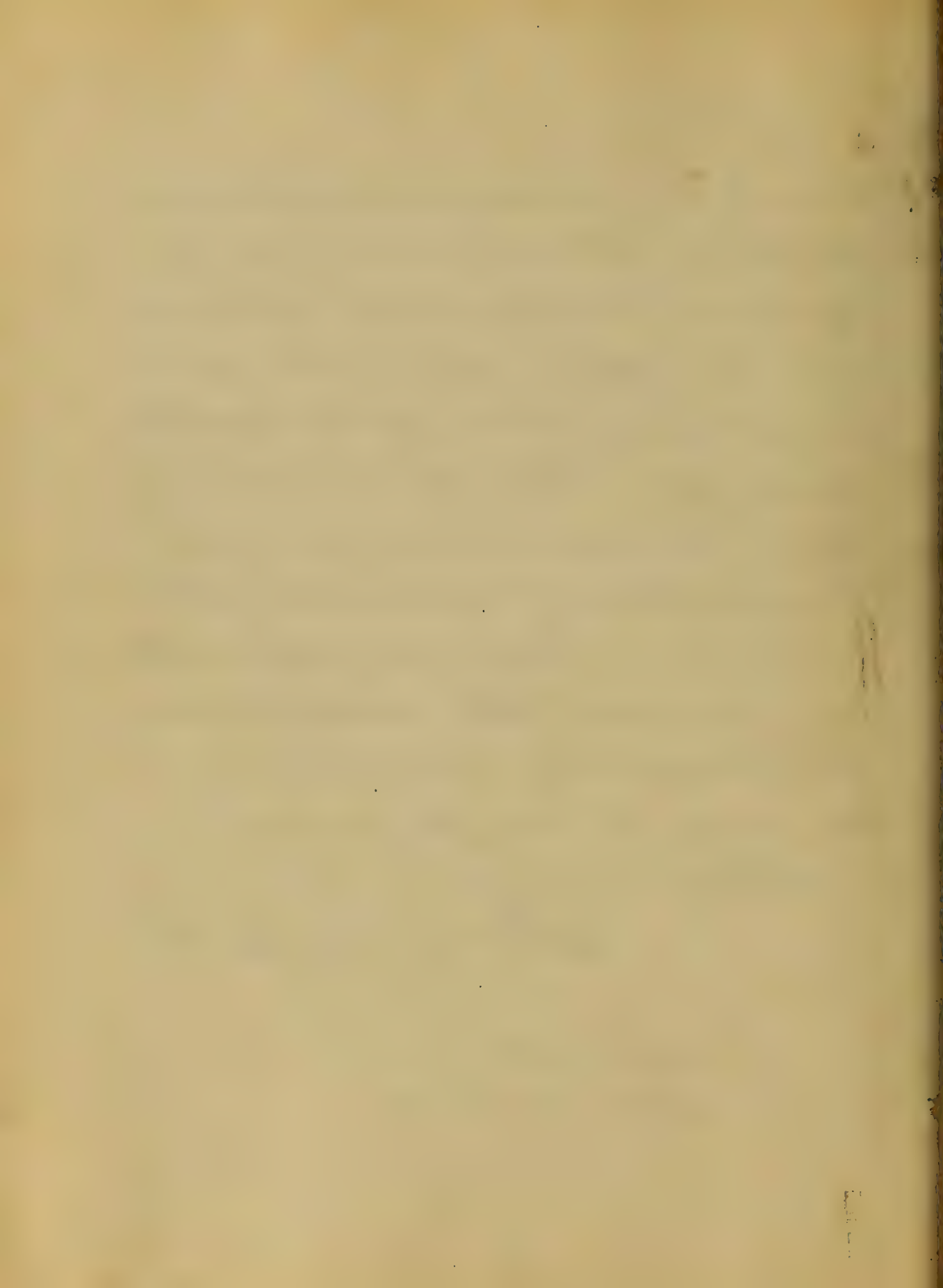


have been interrupted. Cinchonism
should be obtained and kept up
for some time during the intermiss-
ion. An opiate will render more
sure the prevention of the dreaded
prooxym. After the interruption
of the prooxym, some one of the
preparations of Cinchona should be
continued in tonic doses, with a nutri-
tious diet and other restorative means.
This closes what I have to say
about simple and pernicious
intermittent fevers.

G. M. Lewis Medical Studt.

Balto. Md.

Feb. 4th/886.



Miss E. C. ...
to
C. ...
1886

The minute granules seen in the
the secretion of a certain period, and
during which it increases in size and
in its dimensions, before its rupture
occurs in the eye. The vitellus at first trans-
parent and colorless, becomes granular, and
opaque simultaneously, its mass is enlarged
by the deposit of new elements. These mod-
ifications are the result of its spontaneous
growth, the materials for which are supplied
by the surrounding tissue. At the time it is
fully developed, when the eye is ready to be
discharged, the granules of the vitellus
consist of the complete formed vitellus
enclosed in a vitelline membrane, and
contained in a vessel, in its substance, the
arterial invasion within the optic nerve

in niches and at the same time the
 vitelline nucleus becomes contracted, and
 a hole is formed at the point where
 one of the nervous processes pierces
 each of these and immediately divided into
 two parts, a small one which
 makes the first incision in the vitellus
 and its contained nucleus in a transverse
 direction. Thus the vitellus is divided into
 two parts, the larger one which remains
 a mass similar to that which is
 recognized to be the unincubated vitellus.
 This is the first process of division is thus
 completed, and a second one
 follows, and the vitellus is divided into
 two spheres each of which contains a single
 cell. But the second process

The first thing I noticed when I
 stepped out of the plane was
 the fresh air. It felt like I
 had been in a cocoon for weeks.
 The sun was shining brightly,
 and the birds were chirping
 happily. It was a beautiful
 surprise. I had heard that the
 weather was terrible, but it
 was perfect. I had heard that
 the people were unfriendly, but
 they were so nice. I had heard
 that the food was terrible, but
 it was so good. I had heard
 that the language was hard to
 understand, but it was so easy.
 I had heard that the culture was
 strange, but it was so interesting.
 I had heard that the people were
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... of the ...
 ... the Blastoderm
 ... the Blastoderm is subsequently ...
 ... the Blastoderm ...
 ... the Blastoderm ...

Division of the Blastoderm.

1. ... the Blastoderm
 ... is ... it divides into two layers
 ... the Epiblast and
 ... the Hypoblast and an inter-
 ... called the Blast. From these
 ... the entire fetus is formed as
 ...
 ... the nervous system the ...
 ...
 ...

The cells of the embryo will be the
 dorsal part of the embryo and therefore are
 called the laminæ dorsales. As the dorsal
 plates approach each other they
 in the line enclose the medullary canal from
 which the cerebrospinal cord subsequently
 develops. The dorsal plates
 gradually extend downwards
 and backwards until they meet
 in the middle on the median line embrac-
 ing portions of the blastoderm which the
 serous membranes are developed and the
 neural tube which encloses is
 two layers of the vitellus and the
 chorionic cavity is formed in its center.
 The subumbilical vessels are formed
 with the serous cavity and a

the zygote is situated over its dorsal surface
and in the median line of the enclosing
membrane. After the folds have
folded they fuse together at the point of con-
tact so that the two cavities arising from first
to second are only separated by a single mem-
brane. This partition is afterwards ab-
sorbed and disappears and then the two
laminae become separated. The inner lam-
ina remains continuous with the foetal in-
tegument and thus enclosing it in a distinct
cavity. It is the amniotic cavity. The outer
laminae becomes incorporated with the vitelline
membrane with which it fuses and forms
continuous the chorion. Thus is the amnion
formed and is the most internal of the two
foetal membranes and enclosing the amniotic

cellular arrangement, occurs divided
with a lamina propria the liquor amnii.

The liquor amnii is most probably secreted by
the epithelial cells lining the inner surface
of the amnion.

The chorion is a spongy mass of
the placenta is also divided into two processes
of the chorion, the outer part is the
chorion frons, which is attached to the
uterus, and the inner part is the
chorion laeve, which is attached to the
placenta. As the chorion is in
contact with the uterine wall,
the chorion frons is covered with
and divided into two portions.

The chorion is a spongy mass of
intestinal canal, the other end the jejunum
is a sac like appendage to the abdomen
of the fetus and contains the largest portion

The testes receive their blood from the aorta
 and during its early ex-
 pansion and is known as the umbilical vein.
 It is connected with the placenta by
 the umbilical cord. The vitelline duct.
 The embryonic mesenteric artery and vein
 are on the right and duct. The
 vitelline duct is a duct which carries
 food from the yolk sac to the embryo
 and is found in the advancing development
 of the neighboring parts.

The Cauda:

The caudal and allantois are closely
 related to the physiological importance
 since the former is connected with the
 and the latter. It is a small vessel
 since as small vessel of the caudal extremity

preceded its occurrence as it is the first of the
 group that present soon reaching the most ad-
 vanced of the series, however. The division
 which the allantois comprises, it rapidly
 spreads over its entire inner surface. In the
 situation where the allantois first reaches
 the external opening where is situated
 the umbilical cord, it is subsequently divided.

The main function of the allantois
 is to serve as a reservoir for the
 excretory products of the embryo and
 to form the umbilical vein and which
 carries the blood from the placenta
 to the embryo. The allantois is
 a part of the extra-embryonic cavity
 and the main function of the allantois

is to cover the certain vessels of the inner
 surface of the vessel of the outer membrane
 of the brain. The anterior is some diameter with
 its own nature but lower as it is covered in
 adult life as an aliphid cord. The vessels

The Division. The division is the
 a part of the body of the brain
 a diameter of the brain. The division
 of the brain is a part of the brain
 and it is its individual parts and shi
 ing. As the vessels pass down the
 of the brain it is a part of the brain
 of the brain. The division of the
 of the brain. The division of the
 of the brain. The division of the
 of the brain. The division of the

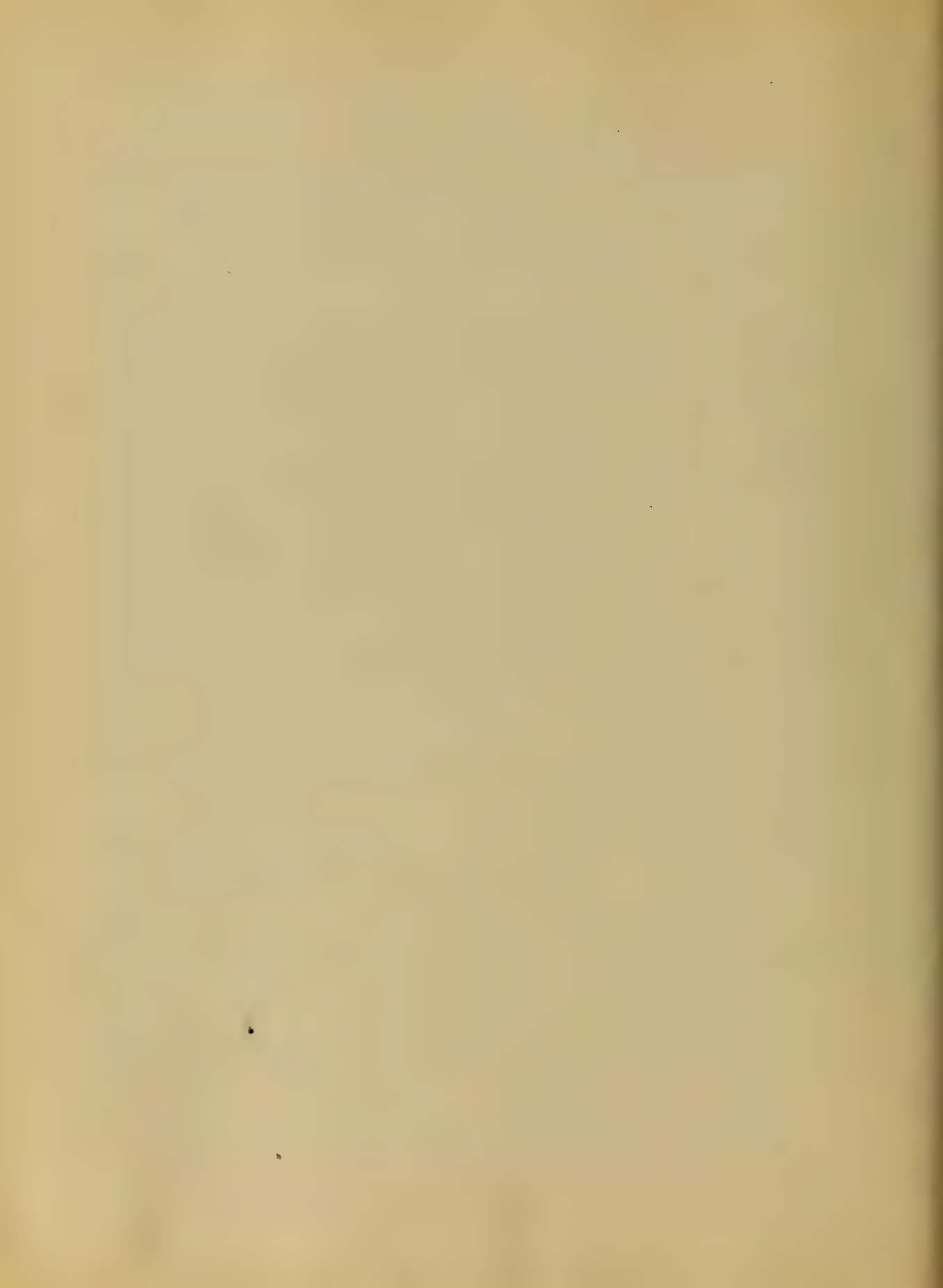
which become atrophied and disappear by
 the end of the second month as the
 ... required to ...
 ... The ...
 site hole from the incisions of the ...
 blood vessels and gradually advance
 over the surface of the ...
 ... it has become ... The ...
 ...
 ...
 ...
 eventually forms the ...
 ...

Since preceding to consider the further
 development of the ... it will be nec-
 essary first to speak of the changes which
 the stimulus of impregnation has set up

The numerous lining of the uterus for the
purpose of its maintenance.

The decidua capsula secundata
is a double membrane which is
formed below it reaches the uterus the
inner lining of that organ becomes
vascular and simplified so its opposing
surface completely fills the uterine cavity.

These changes are very similar in nature
although more extensive in degree than
those which take place in connection with
each menstrual period. The result of this
alteration is that the uterine cavity is
narrowed and the blood is
retained, affords an anchorage for the
embryo and by the process of imbedding



In some the decidua is the only membrane that the foetus is in contact with. In others it is the chorion that is in contact with the foetus. In the latter case the decidua is a secondary membrane and at the time of delivery it is entirely separated from the chorion and is called the decidua parietalis.

Divisions of the Decidua:

In early pregnancy the decidua consists of two layers separated from each other by an interspace. They are called the decidua vera and decidua falsa. The decidua vera is the mucous membrane of the uterus and is highly vascular. This part of the decidua is in contact with the wall of the uterus and the fundus uteri. The decidua falsa is the chorion and is in contact with the decidua vera. The mucous membrane

... cavity of the ovum ...
... decidua ...
... mucous ...
... uterus.

The Decidua Reflexa

As the ovum reaches the uterine cavity it
insinuates itself between the folds of the
already hyperplastic mucous membrane
or decidua vera and becomes lodged in
one of its depressions where it subsequently
becomes attached. The point of attachment
is ...
... the ...
...
... at a point near the internal os.

It is according to the most accurate

because continue their growth up
 to the end of the third month of gestation
 and then they are no longer
 with any longer, they have with the rapidly
 developing ovum and uterine struc-
 tures consequently it becomes thin and
 fibrous and subsequently rather degener-
 ation sets in with obliteration of its
 and glands so as to prepare it for separa-
 tion at the end of the period of gestation result-
 ing that portion which comes in im-
 mediate contact with the ovum.

This portion the whole of its activity is
 concentrated and is called the decidua
 serotina when the placenta is over de-
 veloped.

The activity of the epithelium is further increased by the chorion becoming vascular over the formation of blood vessels surrounding the embryo after the development of the allantois, penetrating the villousities with which it is covered.

Subsequently the decidua becomes avascular and eventually loses their activity as well as a great portion of their surface and becoming more vascular and highly developed at one ^{point} principal, the situation of the embryo. The decidua which covers the decidua and the bulb of the chorion continue to grow larger and more vascular while after the division becomes but a part of a body of its villi and comparative is destitute of blood vessels.

Formation of the Placenta.

When first formed the villi of the chorion resemble the follicles of the ovine ovum, and of the uterus which is already covered by the decidua vera and mucosa. The chorion is developed into numerous lobes which form a solid mass in proportion to great size, while at the same time the uterine follicles in their growth increase in size and the edges form a similar proportion corresponding in size with the ultimate ramifications of the villus. Thus the villi and follicles simultaneously keep pace with each other. The capillaries between the enlarged follicles also become unusually developed by increase and the chorion remains as a whole so that every follicle is completely covered

with a network of capillaries, derived from the vessels of the original decidua, which by their size and quantity becomes immensely dilated. The arrangement of the local blood vessels are the same throughout the formation of the placenta. In the manner previously described they continue to form capillary loops dilated with blood, in every ultimate dilatation of the chorion with branches penetrating deeply into the substance of the decidua, and communicating with the capillaries lying towards the umbilical structure. This arrangement is derived from the arteries only, the veins being situated some distance into intimate but not direct contact with the maternal blood. The maternal capillaries are on the outside of the villi dilate in every

direction towards the center of the
 spaces between them fuse successively and
 eventually become merged into sinuses
 which communicate freely with those in
 the walls of the uterus.

While the maternal sinuses are growing
 inward the vascular tufts of the chorion
 simultaneously grow outward so that the
 walls of the fetal blood vessels come into
 contact with those of the maternal
 sinuses. The two become adherent and
 unite. After this union has taken place
 the vessels are separated from one another
 but continue to be situated in the same
 the other. At this period of development
 the vessel is united to a vascular space in
 the structure that originally enters in vite

... the fetal and maternal blood vessels
 its structure. The maternal blood is every-
 where separated by a thin membranous
 ...
 is the result from the union of the follow-
 ing membranes first the membrane of the
 ...
 since for the ...
 vessel. Therefore it is seen that the vessels
 ...
 ...
 ...
 within the placental sinuses so as to
 facilitate the process of circulation and
 ...

Function of the placenta

The placenta acts as a double office, it takes the stomach and lungs to the foetus. The blood of the foetus is forced by the action of the heart into the umbilical vein, which carries it to the placenta. In the placenta it comes in contact with the maternal circulation, gives up its carbonic acid, absorbs oxygen and the nutritive materials for the nourishment of the foetus. The blood then returns to the mother in a CO_2 condition, ^{for the} maintenance of the foetus. It is supposed to serve as an excretory organ in the foetus, and that the lactone and lactic acid which have been found in the placenta than in other parts of the body.

Umbilical Cord. Its formation
 is described in connection with the
 placenta. It is the sole channel of commu-
 nication between the foetus and placenta
 being attached to the foetus at the
 umbilicus and to the placenta in the
 majority of cases near the centre sometimes
 at the edge. When fully formed it consists
 of the two maternal arteries and one
 umbilical vein enclosed by a membrane
 formed by the amnion. The arteries
 are twisted up by a transparent ovarian
 membrane. The umbilical vein
 is straight but soon become twisted.
 It is covered by a layer of the peritoneum
 which is twisted.



Highness.

At the onset of the study of a subject at once so grand & interesting, one is forever & forever impressed with the wisdom, so characteristic of its source, of the economy of the human system.

Like all other natural phenomena, as the infinite differs from the finite & the greater from the smaller, it presents to us problems that are involved in mystery & are as inscrutable to the finite mind as the origin of the deity himself, but thanks to the light of



very, according to the wisdom
of whose plan, it is so often
necessary that certain things,
concerning it should be com-
prehended by man, we are
able to penetrate the myste-
rious veil even with our finite
minds & appreciate certain
facts which so much contribute
to the happiness of the human race.

It is with these facts every
that one who occupies as yet
so humble a place in the
ranks of our great profession
can be expected to deal.

Intuitively our thoughts are
drawn in admiration of the
great councils of the universe.

We observed errors of the pro-
fession - the source of these
gracious facts, ^{and} we are led
to consider the relation which
the process of digestion bears
in general to the rest & particu-
larly less important functions
of the body.

While it is true that the re-
sult of process may be fitly
compared to an endless stream
the quantity of a single portion
of which renders it useless or
sustainable, all if it be possible
that one part be more indis-
pensable than another, we are
inclined to think that the process
of digestion may be seen in

Lead to that link.

It is an unmistakable fact that the maintenance of life depends upon the appropriate assimilation of suitable & sufficient food & that without food life cannot be sustained.

How is it that this food is to be obtained? By the sweat of thy face shall thou eat bread. It is to be obtained by the exercise of every physical function which every exercise is absolutely requisite to the physiological activity of the digestive apparatus. It may be readily seen that exercise is not only requisite for the mouth but the physical

most likely of man.

An imperfectly nourished body cannot stably of itself, or with the aid of all its parts. It is evident then that an ill-nourished brain is incapable of properly or profitably, or making the exercise of the reason however strong, or of appropriating proper aliment for the system; that an ill-nourished stomach is incapable of the effort necessary to the attainment of food for its supply; & that the physiological performance of the digestive function is impossible without the due access of both the necessary

It is a common opinion, that the
the exercise of the muscular
the nervous system maintains
its integrity & vice versa.

The nervous system by the
biological activity of which we
to a man is rendered capable of
self preservation & of directing for
himself such things as we would
perfectly adapted to that preserva-
tion, presiding as it does over
every function of the organism,
may be said to preside over a
twofold manner over the diges-
tive process. Externally by the
organs of sense & internally
through nerves which supply
the various parts of the

Digestion is a process - into
food, heat the tissues of the
body & the fluids, materials
of nature intended & requir-
ed for their nourishment.

The body in the study of whose
constitution we are able to re-
cognize in every fibre of its
tissues, the structure of the human
finger is so constructed as
to render the intervention of
such a medium necessary,
that the products of the external
world may be reduced to such
form as render them readily as-
similable by the tissues.

When labor is intensified,
the necessities of life are also

energy of an individual it would seem to follow. It according to that same law his physical constitution requires a variety of substances for its maintenance. Therefore the digestive apparatus is so constructed that each & every variety of food is provided for.

It is not for us to enter into the anatomy or histology of the apparatus or to specify the various varieties of food required by a well organized man for the support of the body, but to indicate the provisions made in each of the glandular apparatus for the different classes of food & to

change taking place in them
by the action of the mucus
secreted.

Practically it is the relation ex-
isting between the aliment
and the secretions of the in-
testinal tract, that constitutes
digestion. The changes taking
place by their contact is a
chemical & every muscular move-
ment associated with the process
has for its object to aid the
facilitation of this contact when
taking place imperfectly, makes
perfect digestion impossible. Hence
the importance of the muscular
force brought to bear by the organ
of mastication & by the per-

status of the entire alimentary
tract. Digestion then completed
to complete the process in
chemical & complementary but
mechanical composed of muscular
peristalsis

If any single substance of the
digestive fluid be destroyed or inter-
rupted the tissues of the body
suffer for want of certain ele-
ments of food that pass through
the tract unchanged & unappre-
ciated on account of the absence
of such substance, or if diges-
tion be imperfectly perform-
ed or peristalsis interfered with
so that the fluids cannot come in
contact with the food substance.

if not more is quite ad-aptor
able. It is rendered conclusive
then that the mechanism is far
by as important as the chemical
processes since without it through
admission of fluids & food would
be impossible. In the result would
be imperfect digestion with con-
sequent mal-nutrition, emacia-
tion and death either gradual or
by the invasion of disease.

Ornithation is strictly a pro-
longed process facilitating contact
of fluids & food. According
to the atmospheric condition
always exemplified in nature
so soon as that age is reached
at which the body requires it.

element. Now that from the
"mother's food" viz. the mother's milk,
we are provided with the mechanical
apparatus, actuated by the energy
of food, to see what the organs
of digestion are made. I shall
illustrate the use of the apparatus of
digestion - that are constantly present
and use from the cradle to the
grave. Since it is a fact that
digestion is quite a frequent
case in the contact of fluids with
food. If this contact could be
easily be thorough, in order to
be perfect digestion. The thoughtful
student will at once recognize
that thorough mastication is most
essential. It should be noted also

all, with whom he may have to deal.

There is no accounting for this wretched disease the ordinary, the disease that careful investigation might trace to lowered eating & improper ventilation as its cause. Remarkable unhappiness & distress, not to be saved to the poor unfortunate sufferers of indigestion, did they but possess a more perfect knowledge of their physical condition & especially of the process of digestion.

Man is essentially an omnivore & accordingly is endowed with a digesting apparatus, adapted to the reduction of all kinds of food. There is no animal

which governs all motions, or
is varied so as to produce so many
movements, of the organs, as those
of man.

Next in order for consideration is
the insalivation of food, which
is simultaneous with mastication.
It would seem to be a connecting
link between the chemical & mechanical
processes, since it not only
serves for facilitation of the pas-
sage of the food from the mouth
through the oesophagus into the sto-
mach, but acts chemically on each
element of it also. By its action
certain substances, articles of food
are converted into the soluble sugars.
The action of salivary on starch is

due to the presence of its active
digestive ferment, Amylase, con-
verting it into glucose by causing
each molecule of starch to take
up a molecule of water, which con-
stitutes the only difference between
the insoluble starch & the soluble
D-glucose, assimilable glucose.

Asylum like all other organs
performs its function the power of
acting on an indefinite amount
of stuff provided the product of
its action be constantly removed.
From the time the food enters the
mouth during mastication & stays
within the fermentative action is
setting from the creation of
food is going on, but immediately

when exposed to the acid of the
gastric juice it is checked, the
lytation only remaining, which in
an alkaline solution is found to be
in. Concerning the importance
of the action of saliva, although
doubt is widely held there can be but
little doubt that it is of great im-
portance. There can be no other
likely satisfactory explanation of
of the digestive action of ptyalin
as to its extent or the degree to
which the whole amount of starch
is changed, but it is probable
that but the ptyalin longer time
for its action before reaching the
stomach is more restricted (or even
through), there would be a corri-

plete transformation of blood
into sugar. It is ~~as~~ ~~is~~
being a very rare instance of
nature. In cases of imperfect
assimilation or malassimilation from
various causes, that also be in
the pancreatic secretion an ele-
ment which so readily & rapidly
transforms the starch remaining
unchanged.

Diabetes may be simply ac-
cided, or being a part of the
general fermentation of the blood
which has for its object the
removal of the food brought
the sugar into the stream
comprising the change from that
of glycogen.

The changes taking place in food
during the month of August, although
somewhat obscure, by the other
months, upon the whole, the
weather has been considerably
drier. It would not be
conclusive, however.

Although it would seem to be not
quite a new thing to be the
or of a great number, so great
It is important to be
made to our knowledge by the
experiments performed upon the
the most important
being these experiments to be
found by becoming a great
fact by facilitating the
of fact which have

which occur to the lactones of
the stomach
The secretion of the gastric juice
It consists of gastric juice
Stomach & intestinal digestion and
only for increasing an amount
compression of the scientific mat-
ter show this is intended to be.

In order to perfect stomach di-
gestion all the elements of the gastric
juice must be present to act in concert.
The secretion commences with the
reception of food depending upon
what in degree on the character of
the food received. It increases in
amount & activity upon the entrance
into the stomach.

Increased digestion continues for

of secretory tubules at an earlier
time in respect of certain elements
of food.

The watery character of the secretion
is present in greater amount
at the beginning of the process,
diminishing, as it advances, due
to condensing the fluid more
thick in the later than the earlier
stage of the process. While from
the beginning the acid secretion
is more regular and abundant the
secretion of pepsin is more scanty
until later. Here again more proteo-
lytic is provided for by the pres-
ence of hydrochloric acid, prior to
the full secretion of the active pe-
psin. By the action

of the acid the food is reduced
to a more minute subdivision
than was capable of being accom-
plished by mastication. The fact
is, with what the situation takes
place, depends upon the structure
of mastication. There is a wide
difference both in results and process
concerning the function of the hand,
but turning up all the facts
we are led to conclude that it
is directly preparatory to that of
papilion to be first seen in the
lay of the papyrus, which is
directed so as to prevent the
unpulsed nature of the papyrus in
the otherwise forbidden. The
of the papyrus being set of the

is fat emulsified by the action of the
stomach. Its suspension is emulsified
by its churning action.

The pepsinogenic action consists
in the conversion of proteids into
peptone & parapeptone.

Stomach digestion consists in the
transformation of food ^{into} chyme which
as it is formed is ejected into the
intestines through the pylorus.
Chyme is of acid reaction & consists
of peptone & parapeptone, four
grams of starch & fat, & a small
amount of unchanged proteids.

Perfect digestion of the entire amount
of any element of food does not take
place, would pass through all the
secretions, but almost digestion

of course, for the same reason, have
lessen the opportunity, so that it is
probable that absorption is retarded
by going on in the stomach, even
faster a very short time after the disap-
pearance of the food. Each secretion is
auxiliary, to the others.

Chyme is of acid reaction, but
is neutralized by the action of the
bile in the duodenum, which is de-
cidedly alkaline. The most nec-
essary substance also pancreatic
digestion would be materially inter-
fered with if not absolutely prevented
from taking place.

The properties of bile although not
very exactly comprehended, may be
supposed to consist in softening

Plasma for the fermentative action;
assisting in the reduction of fats
to emulsion. Its first history shows its
reception at the mouth of numerous
fishes. The action in the case
of fishes of fats is due to combina-
tion with the fatty acids set free
by a fermentative process, forming
soaps which facilitate the emulsi-
fication of fats. It has also been
found by the latter. Its power to assist in
emulsification is due to its soapy
properties. It is known to possess
but being referable to any special
element. The action is principally
sympatric. It is compared with
that of the fermentative process.

However, regarding the

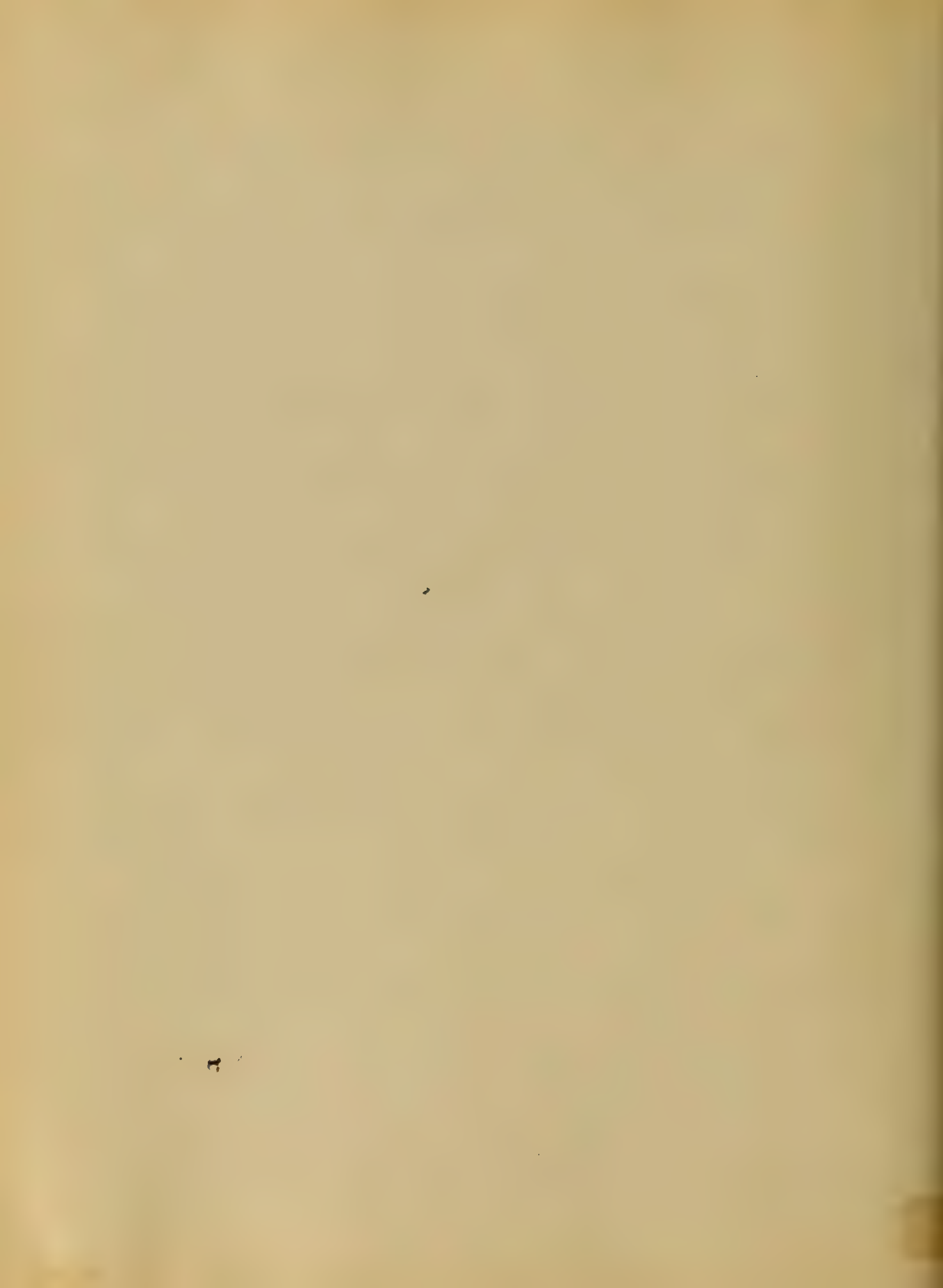
in the various parts through
performance of these functions
which occur in the process are
but partially or imperfectly he-
lped. The pancreatic juice
of mammals is a juice all classes
of food are provided for, for, starch,
ferruginous, & oleaginous. Sur-
rounding it to aid in the comple-
tion of the process are the bile, &
succus entericus. The pancreatic
are almost identical with the Pan-
creatic juice, & the bile.

The most important function
of the pancreatic-juice is the
emulsification of fat, & of an active
ferment which it is known to
possess, but which has never

yet been isolated. It is an
amorphous substance. Just as
the solution of the same after
its transformation into crystals,
remains still unknown, but the
action is characterized by the in-
creased ferment assisted by
the action of the bile. There seems
to be but little doubt.

Probably next in importance is
its action on starch depending
upon the presence of the diastatic
ferment - ptyaline. As has al-
ready been seen a considerable
portion of the starch passes into
the dextrin in a few minutes
in the state, not having been acted
on by the ptyalin of the saliva.





description of the human mind the sign of
the house of the Lord.

At length it is seen that the course of
the human mind is not a straight line, but a
series of curves, the progress
of the human mind is not a straight line, but
a series of curves, therefore unhandicled,
we, following the great principle,
which we are to follow, we
shall be able to see the day when all the
mysteries connected with it will
be explained, and the human mind will be
reduced to a perfect science.

Wm. L. G. 1886

1886

Pneumonia

Pneumonia or acute inflammation involving the substance of the lungs. It is designated by German writers "acute pneumonia" and by French writers "fibrous pneumonia". Catarrhal pneumonia differs from the fibrous or acute form in the seat and character of the inflammation. It attacks the capillary tubes immediately next the alveoli, and is a catarrhal

degrees in solidity, in
the very variety of climate,
and at the same time a
great number of the latter
are now subjected
by attached their specimens
to these various
stations which have a
tendency to produce it.
Everything which indu-
ces debility, as excessive
irregular indulgence and
oppressive influences force
attacks of pneumonia.

Autumn seasons seem to be
the most severe in the
year - these parts of the
year characterized by a
variety of temperature
and ^{irregular} changes of
weather - as cold, wet etc.
Autumn and spring are the
seasons of greatest prevalence
in this country, especially
the former. Autumnal fever
is caused by either
cold, dampness or
usually the droughts when
the body is warm and
saturated with perspiration,
but it is doubtful whether

analysis however as
has been said, unless there
is a disposition to it,
either of a voluntary or
involuntary or an inherited
tendency to pulmonary
disease.

A pulmonary tendency
may be the chief factor
in the causation of

Pneumonia
as it is divided into stages and
it differs in its character as
to its anatomical character
at different times from
that of the ordinary
disease as follows:

lybromia, and is pitagora,
and grey pitagora. The
one is a distant and up
side into in the stage of
engagement the inward
heart only and the form
ing out of an elevation
The appearance the thing
is of a wooden beam, as
seen when thrown in
water at first, but sinks
lower than usual in
time, it is in the stage of
soften, but when in
time it is made by the
finger it is retained.
Then out through it

It presents a tolerably
 uniform temperature and
 but small variation. The
 thermometer at various
 especially the least needs
 are found to be constant
 and the respiratory and
 work surrounding the
 subject is an extraordinary
 subject that it increases
 as in the above.

Second Stage not respiratory
 In this time is a
 very great and irregular
 of our circulation. The
 following is a
 kind of great vessel

ity, but in most cases
after and not blood fluid
is secreted which has been
derived from the vessels.

This secreted serous
fluid is then drawn out
into the branches and
branches of the inflamed
part. Sometimes the
surfaces come together and
hold ^{one} by this serous
fluid. The blood current
is finally stopped and
the surfaces are fixed
about together on the upper
lines of the inflamed part
area. The fluid circulation

remains closed for a short
 time, and then expands, &
 giving in the interior and
 extending outwards through
 the branches. When the
 process of expansion is
 completed the instrument part
 is held entirely without
 any aid of blood in the
 vessel of water with the
 instrument full to the bot-
 tom, it is also easily broken
 up between the fingers, and
 in certain cases, made
 it was with speed in
 years. The next surface is
 which grows, down

as a change in the tissue
by active and contraction
of the infundibular area (B)
the formation of fine cells
giving fully developed
in the infundibular area
then takes place but the fine
cells event as the initial for
formation of fine cells, the
tissue being changed in
color from the red to gray
infundibular. This tissue
being a grayed fine structure
and it is rarely broken
up into a little red and
white mass, the infundibular
of the infundibular area also

most advanced species, some
beats remaining marked
brown, with a yellow patch
on each side, while others
will be uniformly gray
with yellow and some ad-
vanced beyond this out-
er about different ones.
Sometimes a large one
is found by the presence
of some smaller ones,
and other comparatively
speaking, the nests become
bigger into an advanced
course. The night before
I started the nest of $\frac{1}{2}$
started more after the

the right; the lateralities were
 nearly equal as before. The
 superior form of the
 right lung was the seat of
 inflammation and of the
 "mass."

Signs of tubercles. It was
 seen in two stages: one
 that had been seen in
 'tubercles' of the
 outside, and another, slight
 tubercles in substance,
 seen as little as white and
 the dense tubercles. These
 were frequent, a sign of
 the initial symptoms, which
 is more common than in



The temperature was constant for
 an hour before sunrise. Temper-
 ature rises at once, and
 by evening of the first day
 reaches about 104°F. The rate
 stays at from fifteen minutes
 to three or four hours, but
 any further time there is
 slight elevation of temper-
 ature recorded, and in few
 hours the external temperature
 is high, and subjective
 sense of heat is great. There
 is flushed intense headache
 pains in back, muscles
 runners in limbs, joints
 loose in abdomen and strong

in disease generally, which is
caused by loss of appetite,
anorexia and there are attacks
of vomiting on the first day
~~the second and difficult~~
~~to breathe~~

Paleness of complexion indicates
about as end of disease by
end of first or beginning
of second day. There is no
difficulty of breathing and
cough more common than
no cough differs in severity,
indeed it may be absent
Coughing and breathing
are easier generally, however
as compared to the first, unless

nature more frequent, reaching
 my heart in forty five
 minutes. The circulation need
 be established slowly and not
 vigorously. At first there
 is frothy mucus, after
 wards becoming voluminous
 opaque mucus as thick and
 in color as a light milk
 and in a brownish black.
 Sputa expectorated is
 highly tinged with blood.
 Pulse for several days some-
 times at 105, 110 in a.s.;
 there being slight evening
 remissions and evening
 irritations. I have studied great

out in any way to being out
 or being out with
 some description. Each part
 of the account of captured
 being a certain. When being
 is calculated correctly as
 measured. These records may
 be different accounts
 which I have not seen at
 present. Showing the forms
 of circulation the former
 note was the captured one
 as flat. Payment was
 some amount and
 the. I will send the
 about notes are read. It is
 a circulation table. The

subject in ~~the~~ cases, but "must
in subject facts.

Chart under ~~the~~ name
be in volume 188, 189
188 has ~~been~~ ~~inserted~~. There is
inserted in quantity and
composition. The at least
in cases.

(Comparison of ~~the~~
is a ~~document~~ ~~of~~ ~~the~~ ~~same~~
Chasing ~~document~~, ~~could~~
some of these ~~not~~ ~~there~~ ~~are~~
to ~~some~~ ~~degrees~~ ~~of~~ ~~the~~
are in ~~the~~.)

Progressive ~~document~~
document is a ~~very~~ ~~long~~
and ~~there~~ ~~being~~ ~~the~~

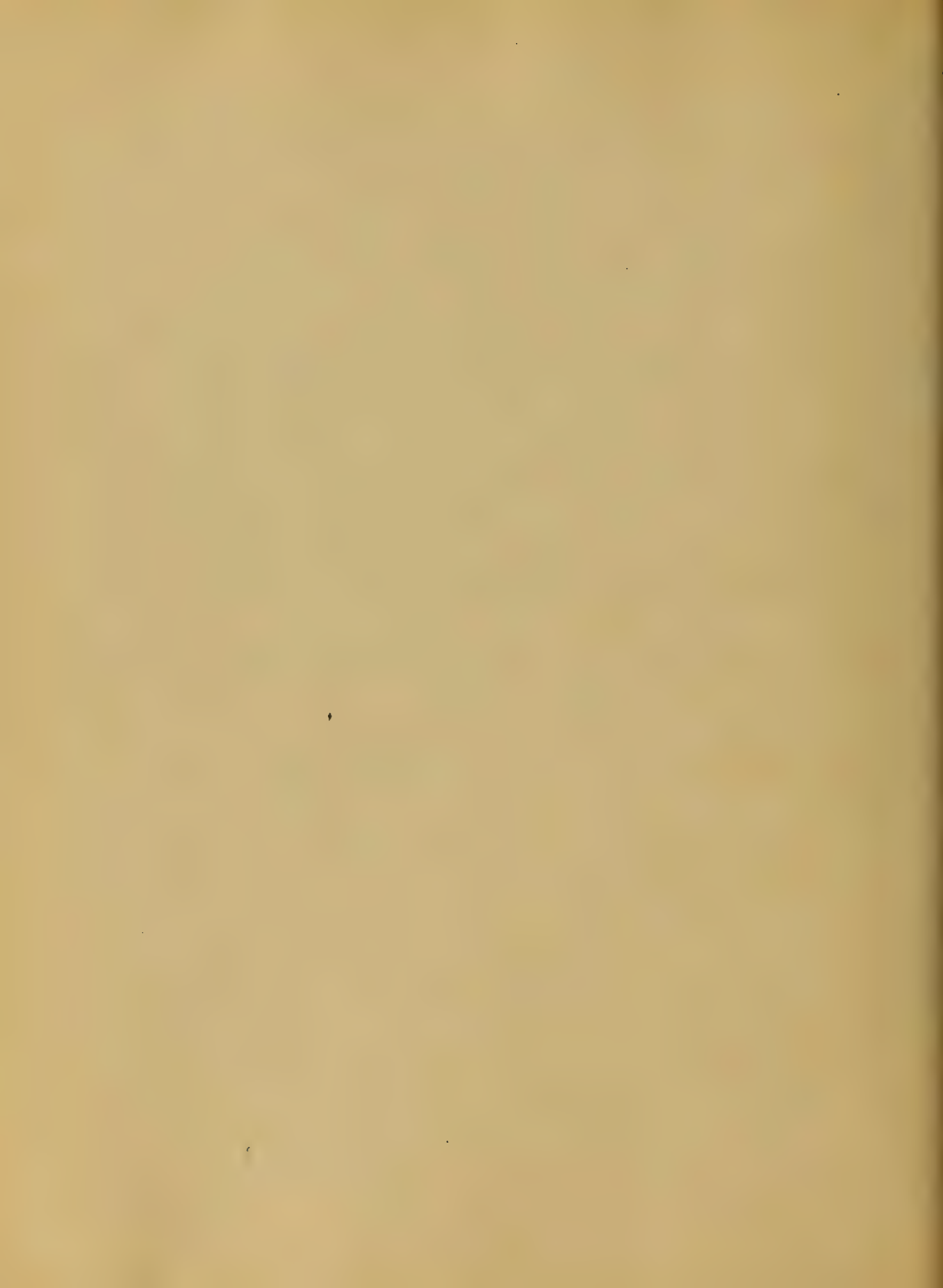
The report states that
with a family, the steps
of management are as follows
the first step is to get
out of the situation and then
from first steps to second
steps is a very important
and step. (The second
from 5th to the present
step, the steps of management
and from time to time
steps of management are
very much more than the
first step because of the
nature of the situation
and the nature of the
health of the person.

Dear Professor and returned
my copy of your excellent
Dissertation on the
L. 23.

Chicago, Ill.

It is a pleasure to
say frequently accompanied
with the same. The
beginning evidently by a
prolonged by high temper-
ature heavy signs
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for the first time and
of the first
but in the
leaving the
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along a great slope -
The given in steam
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elements are however
of entirely -
Substance extract must
offer heat elements must
be determined. Having
the stage of vegetation must vary
between the various vegetation
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vegetation winds, capital
as, but in some cases as
referring only to the
the number of the heat,
Proportions of the heat

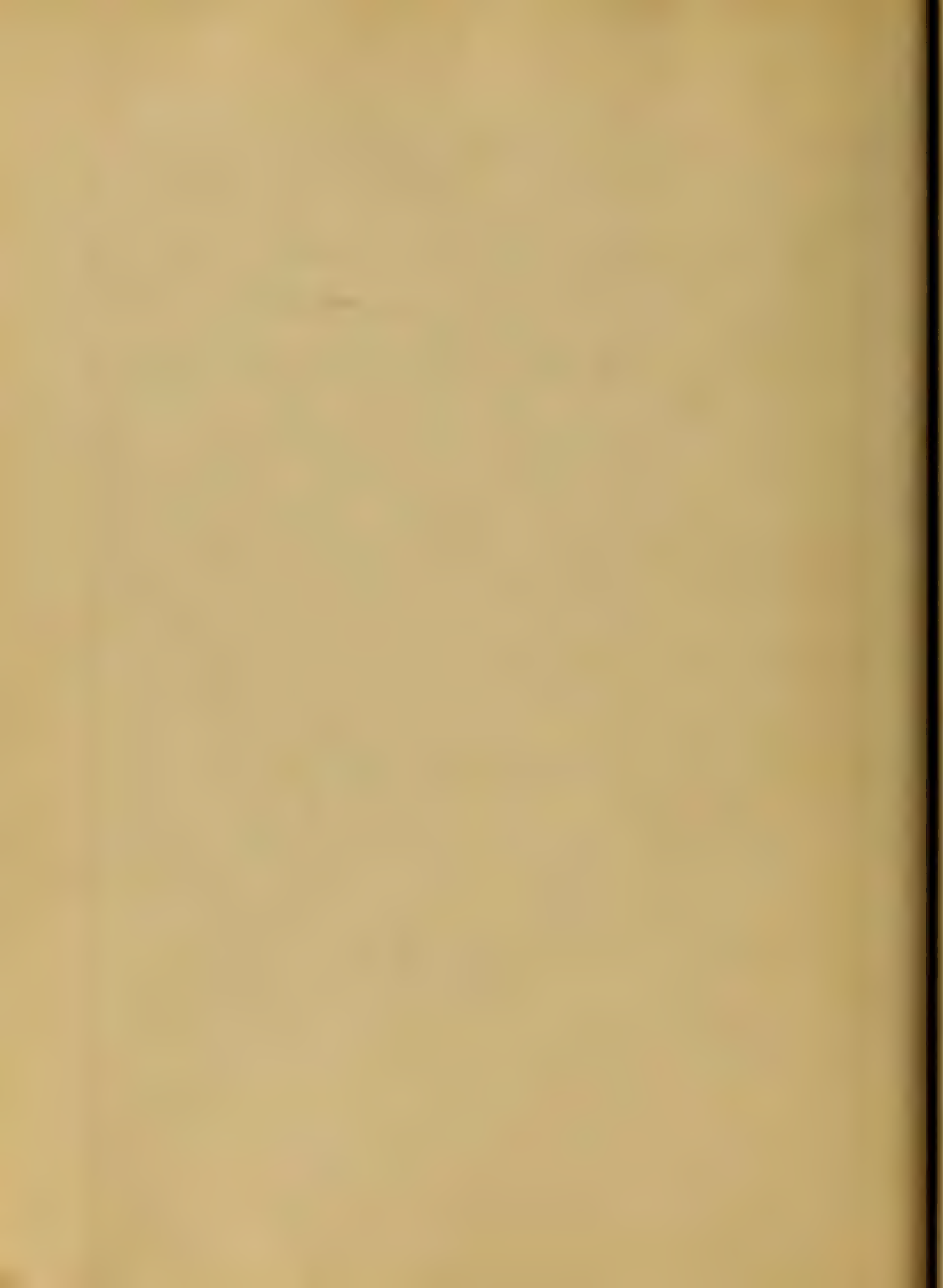


but it should be given
 any three or four hours
 The most subjects were kept
 during treatment & during
 the stage of suspension with
 low amounts of energy at least
 was a constant habit.

All studies are very much
 when more occurs. For
 some time studies of physical
 state are very much stud-
 ing the stage of and before
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 is high. When absorption
 is slow, circulation imper-
 fect and excretion changes
 may not the rate of

... may be desirable. ...
... may be facilitated by the
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The ... Faculty of
the University of ...
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W. C. ...



Dysentery

Dysentery is usually known as being
due to an acute inflammation of the large
intestine or the colon that is caused
in childhood. It is characterized by
frequent loose stools and frequent
tenesmus. In advanced cases the stools will
more or less involuntarily contain
Dysentery is a disease which is more
under the control of the physician than
any other affection of the intestines. It
is treated more and efficiently. It usually
occurs in two forms the epidemic and
of chronic the latter of which does not
propagated by a specific cause.

Cholera

It occurs in both acute and
chronic but the majority of cases occur

in adult life under 35 years of age.
The Spondic form is caused most commonly by atmospheric changes, the sudden arrest of perspiration by exposure to cold and dampness. Dysentery is generally a disease of hot climates and of those seasons of the year in which the change of temperature from night to day is greatest as in the latter Summer and Autumn. It frequently occurs in malarial regions, evidently showing that malaria has mark influence in producing dysentery, probably by causing congestion of the portal circulation induced by the protracted paroxysms of ague.
Agents whether of food or medicine producing irritation of the mucous membrane.

may cause a dysenteric attack. Epidemic dysentery prevails in armies, jails and wherever numbers of human beings are crowded together under unfavorable hygienic conditions, which case seems to indicate the existence of a specific infective material yet it is thought to be nothing more than the dysenteric discharges themselves acquiring increased virulence by the aggregation of numbers of sick under unfavorable hygienic conditions. It is not contagious and one attack of dysentery does not confer immunity. In fact it is said that the tendency is increased with the number of attacks.

Pathological Changes

Spontaneous dysentery is catarrh

shed in character. The majority of cases
are of the simple inflammatory variety,
generally of that part of the large intestine
where the contents remain longest in
contact with the mucous membrane,
often being attended by para-anal swelling
and oedema of the mucous membrane
and submucous tissue, with an over pro-
duction of mucus, which is found adherent
to the membrane. There is usually extra-
vasation of blood in the mucous & sub-
mucous tissues, and as the disease ad-
vances the follicles become enlarged,
from retention of their contents. The re-
sult of the swelling, the vessels become
enlarged and if a rupture softening
of the mucous membrane now begins, it

undergoes desintegration and gradual
detachment leaving here and there ulcers.
Recovery more frequently takes place in
the case of Catarrhal inflammation before
the softening begins, and very often after
softening if the destruction is not ex-
tensive Repair is effected by cicatrices,
which are devoid of gland structures
and marking the site by a much smoother
surface than the rest of the mucous mem-
brane. Epithemic dysentery is Crocopous
fibrinous or diphtheritic in character.
It begins generally as the sporadic var-
iety, but with increased violence of con-
gestion, swelling and extension of the mu-
cous and submucous tissues, not only of the
large intestines, but are extended to the

lower portion of the sigmoid and the whole
of the colon. There is an extensive exten-
sion of blood infiltrating the whole
tissue of the mucous membrane which
is covered with a firm fibrinous exu-
dation. The mucous membrane now
begins to soften and the whole proper
structure sloughs off, except remains of
the tubular glands. These changes result
in large ulcers and if death does not
take place when this point of the ul-
cerations of the mucous membrane
have been reached, gangrene oc-
curs. Repair is possible only when
a small extent of the mucous mem-
brane has been destroyed by gangrene
and when recovery occurs, the sloughs

Separate granulations spring from the
excavations are caused by tubercles
seriously narrow the caliber of the bow-
els. The extent to which the intestine is
involved varies greatly. The rectum, the
sigmoid flexure or the descending colon
may alone be involved or the whole
of the large intestine may be in-
vaded, the disease beginning below and
extending upward. The mesenteric
glands are enlarged, softened and often
broken down into abscesses. The liver
very commonly is the seat of small
abscesses, from embolic obstruction
of the radicles of the portal vein. The
heart is small, flabby and its muscles
more or less fatty.

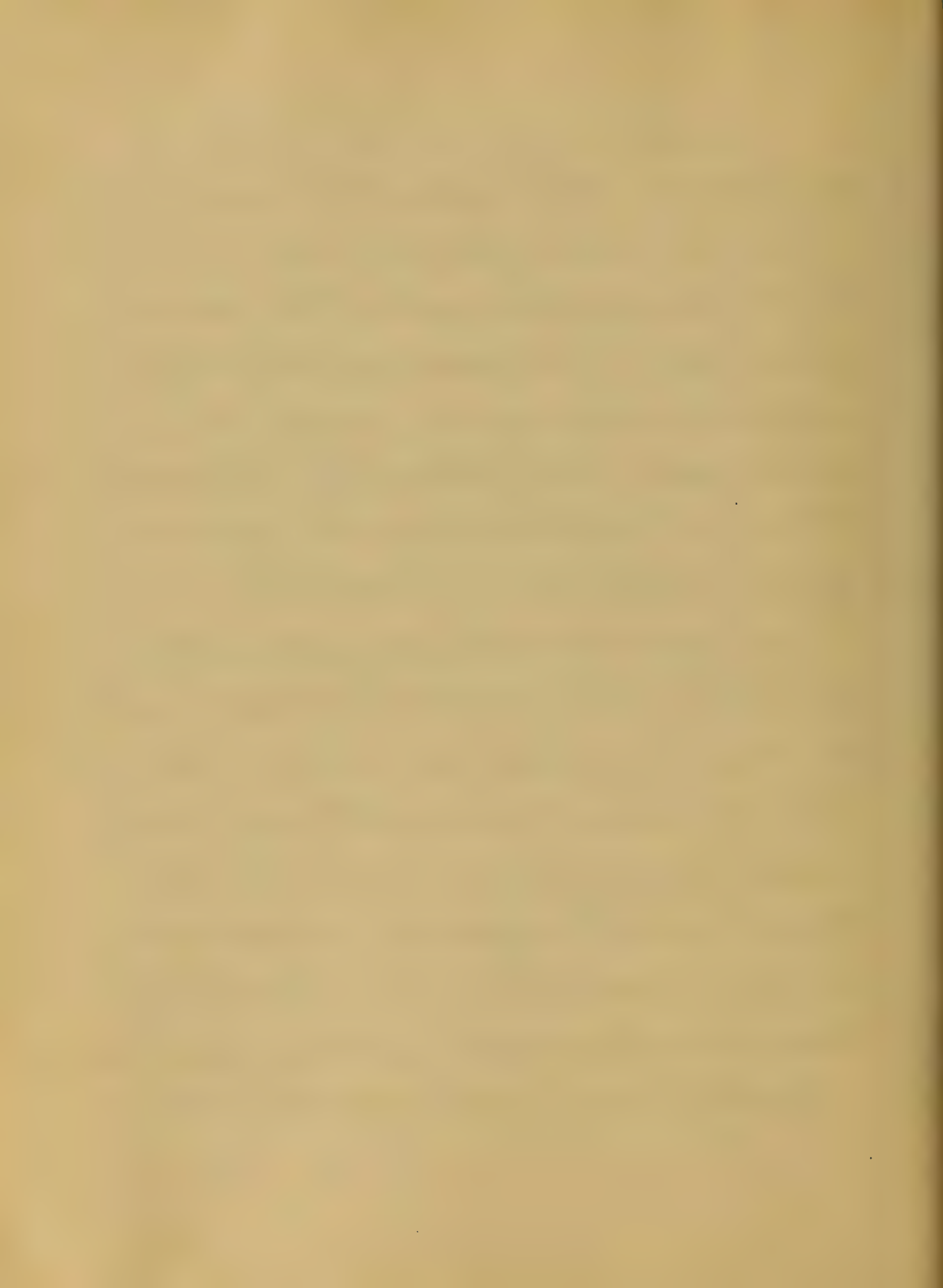
Symptoms.

In the epidemic form, dysentery may begin suddenly, without any preliminary symptoms, and with great violence. In the sporadic variety there is usually a prodromal stage which begins gradually with ordinary diarrhoea, followed by tenderness, loss of appetite and nausea, which continues for two or three days, when the actual dysenteric symptoms come on to wit, very decided abdominal pain is felt along the course of the descending colon and about the sigmoid flexure, and is increased by pressure at these points. Tenesmus or colicky pains just about the

ambitious. There is a burning pain
in the rectum, with the sense of the
presence of a foreign body, with a de-
sire to expel it or tenesmus, which
is almost constant. The patient re-
sorts again and again to the vase
stool, but makes strong efforts at
expulsion and for the first two days
discharges more or less fecal matter
but after that, the discharge consist
of a jelly like matter, grayish, tough,
and transparent mucus, containing
more or less blood and pus, and
occasionally a hard ball of feces, (scybala)
but without any relief. In the more
pronounced cases after three or four
days, fever symptoms make their

Appearance the amount of blood dis-
charged increases and not only
the *Aëres epithelium*, but the pellicular
membrane and increased part of the
mucous membrane make their
appearance in the stools. The stools now
become very fetid from the appearance
of grayish mucous membrane.

During the tormina nausea is often
felt, and vomiting occasionally occurs.
In the severe cases, vomiting is con-
stantly present and is dittributed
to the gravity of the case. The blad-
der is frequently affected by tenesmus
in severe cases. The urine is scanty high
colored, very acid and irritative. The tongue
is thickly furred with a white coating.



The frequency of the stools represent generally the gravity of the case. In severe cases they number forty or fifty daily and in fulminant they may reach a hundred or more. In the epidemic form of dysentery the symptoms sets in sometimes very suddenly, but most frequently it comes on as the other form, but with increased violence, the stools being more frequent, containing more blood and pus with patches of membrane and even casts of the bowels, together with more or less gangrenous mucous membrane; great nausea and vomiting prevails, extreme prostration and great emaciation



follows with cold skin and feeble
pulse; the patient's face wears an anx-
ious expression and is pinched. The
anus and neighboring parts become
excoriated and bed sores follow;
evacuations pass with^{out} the control of
the patient. With the most painless
ing care the person and bedding
of the patient will be fouled with
the discharges and emit a horrible
fetid odor. From this condition of
depression the case passes into the stage
of collapse when the heart beats very
feebly, the ultimate prostration comes on,
the skin is covered with a cold sweat,
the hands and feet are cold and livid,
the face shrunken, the eyes deeply sunk,

and the condition of the patient is
pitiful to behold until it is relieved
by that unconquerable monster

Death. Dysentery is sometimes com-
plicated with peritonitis, hepatic abs-
cesses, phlebitis of the intestinal veins
and intestinal perforation.

In mild cases of dysentery conva-
lescence is established about the eighth
day. The signs of improvement are a
diminution in the number and fre-
quency of the stools; the reappearance
of feces and the disappearance of
blood and mucus. In the more severe
cases the duration is more protracted,
which generally last for three or more
weeks. Some cases becomes chronic

and run on for months and even years.

Prognosis.

The majority of cases get well, but opinions must be expressed with caution in the early stages of dysentery, for it is not then possible to estimate the extent of the inflammation, nor its form. A favorable prognosis can be given in the catarrhal forms which continue mild, and even in severe cases if the signs of collapse are absent. In the cramp form the expression of opinion must be well guarded, as the prognosis is always grave, for if recovery does occur in these cases the bowel may be crippled from loss of structure, or from narrowing of its calibre from resulting cicatrices.

Diagnosis.

The symptoms are so characteristic in dysentery, that there is no difficulty in recognizing it. It is sometimes confounded with proctitis, enteritis, and peritonitis, but these all have their characteristic distinction. In proctitis the symptoms are much less severe and the discharges lack the foul odour. Enteritis lacks the tenesmus and characteristic stools. Peritonitis shows greater tenderness, constipation and higher fever.

Treatment.

As in this disease the nutrition of the body suffers severely, the proper use of aliment is important from the

beginning. If the stomach is irritable, milk with a small proportion of lime water is a very good food. And when there is very little nausea and the digestion remains ^{good}, the patient can take eggs, beef juice, mutton, chicken, beef-broth, ice cream and laced custard, and many other light and easily assimilated foods. When there is much depression of the powers of life, such stimulants, as egg nog, milk and brandy, and beef and brandy must be used freely. The medicinal treatment of dyspepsia is varied. The first and the most common medicinal treatment is to evacuate the bowels of any retained or irritating bodies, and the best means at

Our commonest for affording this object is by the administration of a saline laxative, or a laxative dose of Castor Oil. Of the Salines Sulphate of Magnesia in combination with Sulphuric acid in solution, given in laxative doses is the best. This must be given in the early stage of the disease before the mucous membrane has begun the process of disintegration. It serves to empty the canal of any retained faeces. It lessens by haememia by setting up an outward osmotic flow, and its after effect is astringent and sedative. Castor Oil must be given in doses large enough to thoroughly evacuate the bowels of any irritating matter. Opium is largely used

in the first stages of decomposition from
tendency to thereby produce those which the
characteristic species itself appears the
first loss is often rapidly reflected by
the stomach. When indigestion is estab-
lished and the considerable doses pre-
scribed are carried by the stomach but
act on the intestinal canal producing
the copious bilious evacuations. The
next and one of the most common are
but possibly is Opium combined with
one or more astringent or astringent
given alone. When the distention of
the numerous membranes is beginning
the most effective remedies are cop-
pise sublimata, sulphate of copper, cer-
ule, & Cast. bisulphate sulphate of zinc.

And many others, combined with Opium.
Sulphate of Copper must be given in
small doses, about ʒss or ʒij grains with
Sulphate of morphia about ʒss or ʒij grains
every three hours, Bismuth in large
doses every four hours as sometimes
beneficial. Numerous vegetable astrin-
gents, owing their therapeutical pow-
er to the tannic acid which they contain,
have been much employed with more
or less advantage, but they are said
not to be equal to the mineral astringents.
Prof Du Costa suggests the washing out
the rectum with either tepid, hot cold or
iced water, which adds greatly to the
patient's comfort and to the decrease of
the inflammatory process. Very great relief

is afforded by the injections of various
demulcent with opium, after an evac-
uation, or especially after irrigation and
washing out the bowels. The remedy
which possess the highest degree of util-
ity when efficiently employed, and
upon which much emphasis should
be put is the Nitrate of Silver emma.
A tube which is not acted on by the
silver salt should be passed carefully
up to the sigmoid flexure and
about eight ounces of a strong so-
lution of Silver nitrate (H_2O)
should be thrown up, after the
patient has become sufficiently
quiet by the use of morphia.
If for any reason the injection of

fluids are countervailing. Suppositories of cacao butter containing Opium and some astringents, such as opium and tannin, Opium and acetate of lead &c., can be used instead. Suppositories of the fluid extract of ergot and of ergotine has been recommended by some of the late writers of practice and seem to be with good result. External applications are sometimes used. The cold wet pack, the ice bag and other cold applications, are sometimes preferred but generally warm or hot application afford more relief. The Turpentine Stupor is generally more

scalded than other warm applications.
With the beginning of the symptoms
of collapse active stimulation may
be necessary and the best form of
stimulant is Cognac Brandy, as it
is at the same time astringent.
Good Brandy combined with
some good nutriment as hot por-
ridge and eggs, are useful stimulants
as well as restitutions. As already
indicated the strength of the
patient must be supported from
the beginning by suitable nu-
triment. It is extremely impor-
tant to keep the person of the pa-
tient and the attending nurse.
The discharges should be removed

from the apartment as soon as
passed, and should be thoroughly
disinfected before going into the
the common receptacle. A strong
solution of sulphate of iron is a
cheap and effective agent for
disinfecting. Tincture of iodine
exposed in a success is an ex-
cellent deodorizer for the apartment
of the patient. Proper ventilation
of the sick chamber must be
carefully attended to.





Chadon Asiatica.

Samuel Ke. Pfaltzgraff,

Baltimore, Md. Jan'y. 2nd 1886.



Cholera Asiatica.

Definition. Asiatic Cholera is an acute infectious, epidemic, epidemic disease, characterized by vomiting and purging of a peculiar rice-water like fluid; severe muscular cramps, suppression of secretions and a tendency to a condition of collapse and death, or a reaction from the collapse and the development of a cholera typhoid.

It is known as Asiatic, epidemic, malignant, spasmodic, and algid cholera.

History. It is known in India from a very remote period; the first accounts were not published until 1817 when many

descriptions of the disease appeared, stating its violence, and mortality.

Older writers as Hippocrates, described what they thought to be cholera occurring in various countries, but contrarily, they had been describing cholera morbus in identical terms.

They speak of bilious discharges, but never as a mortal or epidemic disease, such as Asiatic cholera is.

Cholera is endemic in India, it has occurred repeatedly, if not annually, in the same locality down to the present time; occurring elsewhere it has traveled from India. The invasion of India by the Portuguese, and later by the English, tended to spread the

disease, by commercial and military
travels, to various places. In the year
is of 1781 near Pondicherry, and
that of 1785 at the sacred city of
Meerut about 2000 persons died.
In later years it has been still more
fatal. In 1817, the disease again its
travels and in fifteen years nearly
all parts of the globe had been visit-
ed by it. Its commerce was extended,
and success advanced, between West
India, and various parts of Europe until
it cholera proceeded to advance committing
its ravages. In various places as Cal-
cutta, ^{Bombay} Bencoolen, Batavia Java,
China, East and West to Berlin in
1831 still continued advance, yet to

circumstances. In the same year it was taken from Arabia to Africa. It was carried from Mecca in the same way, always following commerce or some kind of business travels. Here as in other epidemics the spontaneity of the disease was again assumed, investigations disprove this, and show that it is propagated directly or indirectly by pre-existing cases of cholera. From Persia it moved North to the Caspian sea, and West to the Levant in 1823, as well as to Asia minor, and with great violence at Hindostan. In 1826 it being at Afghanistan. In 1827 at Ourebou, and from thence spreading to the

Russian empire in 1830. In 1831
prevailing among the Syrians
at Mecca here one half of them died
from its effects; they, returning
carried it to Alexandria and Con-
stantinople. From Hamburg it
was carried East to the coast of
England. In 1832 vessels carried it
to France, and in one year 120000
deaths occurred from it, of which
7000 were in Paris, and these latter
took place in eighteen days.

This was the first great prevalence
from which we gained much
knowledge. In the spring, and
summer of 1832 extending to
England, and Ireland; at the

some time five vessels sailed from
England to Quebec and Montreal,
America. About last 11/11 of these
passengers from abroad. From this
dates the disease in America.
Their ships were quarantined at
Cross Is. near Quebec. On June
10th some of the passengers were
conveyed to Montreal by the
St. Lawrence steamer Niagara.
The first attack occurred June
15th in some of their boarding houses
at Quebec. The route bet^{ween}
Quebec, and Montreal being quick
by settled, yet it made a leap with
but infectious between the two
places with few exceptions.

It was picked up one of their own
thrown mattresses, he and his wife
both died from cholera. Another
man carrying one of their over
thrown corpses died from cholera
with several others, etc.

The town of Three Rivers for a while
standing, when it escaped an attack
for a time. In Montreal 4000 per-
sons died from the disease and about
the same number in Quebec.

It spread West to Chicago, Detroit, and
various landing places of immigrants.
The fatality among the soldiers at
St. Charles, near Chicago, was great.
The disease now was as far West
as the great lakes, and the

Mississippi river. In the same way
vessels again brought the disease to
New-York, and up the Hudson
and Philadelphia, and Baltimore.
At the former place 3500 deaths
from the disease. In 1833 it occurred
in the West Indies, soon the sea
extending to the States bordering
the Gulf of Mexico as well as those
up the Mississippi river. In 1834
the disease again occurred at New-
York from emigrants, continuing to
spread the next year after which
it subsided for ten years.

In 1840 it occurred taking its
journey north. In 1848 it first reached
our English colonies in 1846.

sailed from Europe, Europe and land-
ed at New York, the other at New
Orleans. One of them lost fourteen
passengers in sixteen days.
The former arrived at Staten
Island Dec. 2nd 1848 and was rig-
idly quarantined. The other at
New Orleans avoided such meas-
ures; the passengers were taken
into the hospital where 2500 died
from the disease. In the spring
of 1849 the disease spread up the
Mississippi river, reaching St. Louis,
and Cincinnati. California
was also visited by the disease.
In the same year the disease
reappeared in New York with

5000 deaths. At this time a small
had been reported. In 1853 it again
started from the East, in Siberia,
a city of Russia, 11000 persons perished;
at Messina 12000; in France -
123000, and in England 16000.
In 1854 the mortality of New York
was 2000, at Philadelphia 500, at
Montreal 1500, and at Detroit 1000.
The disease prevailing again at
Mecca in Dec. 1864, at Alexandria
in May, 1865, as well in Europe
and America. In this latter place
during the civil war local cause,
as filth, etc. was very erroneously
assigned. In 1866 being in Europe
at the same time in various places

of America in 1817. The outbreak
in the states, and up the Miss-
issippi river repeating its self some-
what in the same places in 1867
The 1873 an immigrant vessel with
a healthy crew but carrying
some tightly packed baggage,
landed unpacking their lug-
gage in three different Western
towns where cholera broke out
in twenty-four hours. The cause the
mortality of the houses, and
the clothes. This ended the disease
in America. In 1881-82
the disease still prevailed in
Europe. In 1881 cholera was
brought from Hindostan to

Arabs by pilgrims on their way
to Mecca causing several deaths.

In 1852-3, at the time of war
between Europe, and Egypt, san-
itation and quarantine were
rigid then few cases of cholera
occurred. During the war
quarantine was relaxed, the re-
sult was 2000 deaths from the
disease hence the value of such
measures. In the last epidemic
in Europe the specific element
was carried in rags to Marseilles,
France; many other causes have
been assigned with but little
probability.

Etiology The essential cause is
unknown, but the cause is, more than
would be, the cause. The history is, however, of
great consideration in establishing the
cause, it tends to point to a portable
one, in all probability, to a germ of
some kind. Its secondary causes or
conditions of dissemination are better
understood. Its endemicity in India
is not to be disputed. The cause was
once supposed to be aerial-innate,
this is disproven, as for vessels sailing
against the winds, having on board
cholera patients give the disease at
the port as quick as if the winds
blew to shore. A high temperature
is known to exist with all epidemics,

At warm, and dry seasons, following a
wet one tends to assist the develop-
ment of the disease. When cold ap-
pears the disease tends to disappear.
High temperature alone can not
generate the disease, but this at the
same time furnishes a favourable
soil for it. Russians dispute this
point, as they have observed during
cold seasons. This is obvious when
we consider the construction of their
houses, which are built to prevent
the air from getting into them;
hence cold can have very little effect
on the disease. Fifth, faintness, drowsi-
ness, intermission, depressed spirits,
here, as in all infectious, and

... to assist
the propagation. Personal susceptibility
and fear have been noticed as prod-
uctive of cholera this, again can not
generate the disease, but it may favor
its progress when the putrefactive
cause is present. It is observed that
some of the higher classes of society,
of a drinking character may enjoy
some immunity because they drink
less of the supposed transmission
medicinal water. The spring water
is taken into the air, and is
by the drinking water this being in
some way contaminated by the air.
The probability is that the exciting
cholera particles have found their

away into such water. The following
facts tend to make water the trans-
mitting medium, theory plausible
viz: 1. Persons bathing in the Ganges,
drink the same water, where excreta
find their way, and many of these
persons suffer from the disease.
2. In London a single person had
cholera, whose excreta were found
into the sewer, which found its
way to the water supply of the city,
in three days 500 persons had the
disease. The attending physicians
of the epidemic of 1854 at Columbia,
Pa. were of the opinion that decay-
ing animal, and vegetable matter
was a proximate cause, as in that

epidemic many dead cattle were being
thrown into the Susquehanna river
which supplied many persons with
water; but this view must be relin-
quished to the more probable view,
that of the germ theory.

In localities where cholera prevailed
a different source of water has been
supplied upon which the disease was
cut short or abated. Water is not the
only medium of transmission of the
poison. It has been carried by cloth-
ing, furniture and mail. This can
be proved by various instances
occurring in the epidemic of 1832,
namely, a sailor who died of cholera
but his chest of clothes sent home

to Sars, and is also by the method.
This shows the ineffectiveness of
quarantine and sanitation.

Theoretically the disease is preven-
tative; practically, such is not the case.

The disease is epidemic in
India where it is endemic.

The essential cause is claimed to
be a microscopic organism
in India, which taken into the
stomach, produces the first
and symptoms characteristic of the
disease. The specific poison is a
species of bacteria, which can multi-
ply rapidly. Koch calls it the
Coccus bacillus. He found it in the
walls of the intestinal glands, behind

the *glottis* and often in the
concealed part of the lower.

It was claimed to show that
the virus infects and the starts
the attack the form of the virus
is found. They flourish best under
warm and ^{moist} conditions. It is claimed
that they die in these warm times
when kept in a dry state.

This statement has been disproven
by the fact that they are resistant
in clothes, and for a long
time. The virus enters the
entire canal, and not the
respiratory tract by ^{inhalation}.

The period of incubation
is about four days.

Symptoms. Certain like those of specific diseases, may be very insignificant or may be violent, and distressing so as to hurry the patient to inevitable death. Individual peculiarity may modify the disease.

The mildest case from the first may become the most violent in the fully formed stage.

A typical case presents three stages, viz. the first, or prodromal, second, or fully formed, and the third, or stage of reaction.

The prodromal may be of two forms either as a feeling of uneasiness, diarrhoea, which is the more frequent,

as the so called cholera which
simulates an attack of cholera
morbus. The attacks usually
come on after midnight in
either of the former and from
this soon passes into its various
stages. Often again a case sets
in as the second variety form, when
the person is struck
down with violent vomits, not
large and some times, can
be prostrated without any discharging
at what ever stage it be. In
an analysis of the intestinal, this
is known as cholera sicca, in
these cases you find the stomach
and intestines filled with

liquid, tinged with blood, which
fluid evidently drains the
system so that death occurs
in few hours. The stools are
marked for serosity, profuseness,
and frequency, being preceded
by vomiting, mixed with cat-
arrhal mucus as though they
were a mere overflow, and being
followed by a sense of exhaust-
ion and faintness. These are the
so called rice water stools they are
pinkish from the blood contain-
ed in them, flocculi are seen also.
The cases which set in as cholera
you have vomiting from
the first causing great debility.

with a tendency to collapse.
The first stools are undigested
food bilious like, later less so and
soon like the bowel discharges
when the second or fully formed
stage comes on. The discharges
are alkaline in reaction from
the phosphatic, magnesium, and
ammonium salts present.

The specific gravity of the stools
is 1.050; they contain a great deal
of chitin, and have an odor
of a faint ammoniacal, or sper-
matic like. When the evacua-
tions become frequent cramps
begin to appear. Hiccough is
one of the various spasms.

The abdominal muscles are hard
and painful. The Gastrocnemii
muscles are spasmed as cramps
usually commence in the
calves of the legs. The pains are
great at this stage of the disease.
Patients change their position to
avoid the suffering. There is an insin-
uerant thirst a white and
starry tongue; the voice hoarse
or hoarse features shrunk
sallow cheeks nose sharp and
beet like side, eyes ball like
contracted muscles stand out
like whip cords. The pulse is
quick and feeble with great de-
bility, and a sense of faintness.

The temperature falls as low as 92° F. and even lower. The skin is cool and covered with perspiration.

The pulse don't flow but in women the secretion of milk continues.

The urine contains albumen or sugar and may be suppressed.

Heardaches, confused, and irritable senses with a disinclination for sleep, which may be mistaken for unconsciousness, are present.

Patients give clear answers but resume their former condition soon. The limbs to the fluids decrease, the blood stagnates in the veins and give the body a cyanosed appearance.

The feet and hands are cold and
puckered like a washer woman's
hands. Persons look as though
macerated in water. The breath
is cold and the pulse is scarcely
or not at all perceptible. Respiration
and voice may fail from failure
of the muscles of the vocal cords,
or drying up of their secretions,
this signifies approaching death,
which may be sudden during
a muscular act or may be grad-
ual by asphyxia, because the blood
can not reach the lungs and
heart. When the symptoms of
collapse appear it is called rigid
cholera. Some instead of dying

enter the stage of reaction; when the pulse slowly gains in strength the skin becomes warmer, breathing more easy, the discharges cease and thus begins the so called cholera typhoid, which may terminate in recovery, death, and meseria.

The latter shows a retention of effete matter which may cause coma and death. The system is greatly shattered and convalescence slow. The nervous sensibilities are morbidly increased.

The appetite may be great and digestion feeble. The mouth is pasty, abdominal tympanitic and the bowels irregular.

The lungs may take on a low inflammation. The parotid gland may enlarge, a measles eruption, ulcers, abscesses, and lastly profuse sweats which carry off urea may occur.

Horrid Anatomy:- After death the appearance is very characteristic. The body has a shrunk or livid aspect. Its grayish or leaden pallor of some parts contrasts with livid hue of the abdomen and back. The nose is sharp and bent to one side; the temples hollow. The skin is dry, and clings tightly to the muscles, and connective tissue. The muscles stand

out like whip cords. The body weighs less than in health.

Decomposition takes place slowly. The cadaveric rigidity is very much marked, but before this various muscular contractions take place at times. Such movements as closing and opening the mouth, folding the arms across the chest, and may not the heart also contract and in recent cases of death again commence beating, and resurrection be established?

On opening the abdomen the peritoneum and bowels are dry, and sticky and tend

is subject to such than from the
ulcerivious matter present

The mucous membrane is
pale if they die in the red pit
stage but pinkish if they ^{die} in
the stage of resolution in these
cases spots bearing a healthy
appearance may be seen.
This has an important bearing
as it shows conclusively
that the excruciations have
no relation to inflammation
it is a mere intestinal
specimen, the nature of a sores
flour. The stomach contains
a thin fluid faintly trans-
parent or grayish in color

fatty globules, epithelium, fragments of gastric glands.

The follicles are enlarged and patches of abrasion can be seen.

The fluid in the intestines is of a thin turbid serum containing some contents of the bowel and epithelium.

The epithelial layer of the intestinal mucous membrane is for the most part either removed or detached; the villi are as well stripped of their covering. The amount of epithelium lost may determine the severity of the case as the more epithelium

lost the best can absorption
go on. In the small blood
vessels the corpuscles appear
to be destroyed and in their
clots containing blood color-
ing matter, granular masses
greenish in color.

The liver is pale, livid and
mottled. The gall bladder is
filled with a dark fluid.

The spleen is small, pale and
soft or firm. The kidneys are
pale and small. The tubules
are more or less fatty degener-
eration. When persons re-
cover from the atyid stage
and die in the stage of react-

ion it is from uremia or
the typhoid condition.

In persons dying in the
algid stage the lungs are
collapsed, and blood-less, the
right side of the heart is filled
with blood but the left side
is empty from the condition
of the lungs and the thick-
ened blood which cannot get
through to that side of the
heart. The thickened condition
of the blood is due to the drain-
age of its fluid elements, which
drainage may be caused by
the change of the sodium of
the plasma and the potassium

of the corpuscles and this way
the thick and tarry blood is
produced.

Diagnosis.—The disease
may be confounded with
cholera morbus, and acute
metallic poisoning, such as
of arsenic or tartar emetic.

The mortality is a great
distinguishing point which
is so much greater in cholera.

From cholera morbus by the
quick recovery after change
of weather, abundance of
fruits and indigestible food
which changes produce little
difference in cholera.

The cramps of cholera morbus
are milder the colicky and
abdominal pains are greater
which shows an irritation
of the intestinal mucous
membrane and not a
disturbance of it as in cholera,
again in the former the stools
are not so copious darker
fetid, and not so much of
a rice-water nature, voided
with tenesmus instead of a
mere overflow as in cholera.

In acute metallic poisoning
you often have the history
of some thing being swallow-
ed a metallic taste and

The non prevalence of cholera
The prevalence of the disease
leads to difficulty of diag-
nosis of any gastro-intestinal
discharge, as all forms of
diarrhoea tend to become
more violent.

Prognosis, - Other dis-
eases have slain their hun-
reds cholera its thousands.

The disease is more grave
for young, or old. The first
epidemic in a community
may carry off one-half of
the population. A great deal
depends on the measures
taken to suppress or stamp

out the disease. Hygiene, sanitation, and especially quarantine are very important factors of the mortality, not directly but as measures against the disease, as these measures may change the aspect of so grave a disease to a less frequent and more mild one. The average duration of the disease of those dying is from three to four days, of those recovering is about nine days. The mortality of all epidemics is from 10 to 70%. The average mortality is about 50%.

The mortality in Spain for the epidemic of 1845 - is estimated at from 75000 to 100000 deaths.

Treatment. - Prophylaxis such as hygiene, sanitation, and quarantine are important, but as before stated the disease is preventable only theoretically and not practically.

Vessels quarantined for one week, and no cases occurring may be considered safe, and cholera need not be feared as the period of incubation is about four days.

Of fourteen epidemics at New York, but four escaped

the bounds of quarantine.

Since the prevalence of the germ theory disinfection becomes an important consideration. Cleanliness, if it may be classed as a disinfectant, occupies an important position other means used, such as chlorinated soda, chlorine gas, sulphate of iron, carbolic acid, and the burning of sulphur. Excreta should be disinfected, and put under ground.

The rooms should be thoroughly ventilated, carpets raised, crowded rooms, as at funerals

prevented. All clothing worn by the patient should be destroyed by burning.

The dead should be buried soon, or cremated of which the latter is probably the better.

The water should be filtered and boiled before using, and pure and fresh supplies obtained if possible. Sewers should be properly conducted.

The diet must be fluid such as boiled milk, mutton and chicken broths, etc.

The healthy should take such diet as accustomed to use a change of diet here is bad.

The drugs that have been used in the treatment of cholera are very numerous.

The early treatment is of all the most important, and this should be directed against the preliminary diarrhoea as this is the time benefit can be derived if the proper means be employed. You should keep your patients quiet mentally as well as physically which can be done by hypodermic injections of Magen die's solution, ^{which} is very efficient, as well as for the diarrhoea.



The following is Magnesian solution same as last modified.

- ℞. Morph. Sulph. grs. xv.
- Acid. Citric " grs. i.
- Acid. Carb. Magn. grs. i.
- ℞. M. ℥ss.

℞. Eight ounces to be repeated by fides occasionally.

The following is very efficient for the diarrhoea given by the

- measles ℞. Acid. Sulphuric. M. grs. i.
- Tr. Opii odor. grs. xx.

M. Sig. - To be taken every three or four hours.

Chlorodyne a proprietary preparation says quite a reputation against the early diarrhoea.



The following is claimed to be the formula

R. Morph. Sulph. — gr. viij.
Ext. Cannabis Indic. — ℥. xvj.
Ole. Capsici — ℥. j.
" Mentha Pip. — m. viij.
Glycerinae — ℥. vj. M.
Alcohol. — ℥. vj.

Sig. Ten drops to be taken every two hours.

In the fully formed stage little value has as yet been derived from the use of drugs.

The loss of epithelium of the intestines prevents absorption of our remedies, still we should give them in the hope that some benefit may come.

The benefit from hypodermic injections is



prevented from the condition
of the circulation. For the
vomiting anti-emetics such as
crushed ice, iced champagne, one
half drop doses carbolic acid,
drop doses of dilute hydrocyanic
acid, Calomel in fractional
doses, mustard to the epigastri-
um. For the various cramps,
hydrate of chloral or chloroform
hypodermically, this besides
alleviating the cramps also lessens
the peristalsis and through
this the evacuations. For the
heart failure hypodermic injec-
tions of Sulph. of atropia in 12
yr. doses - Brandy and whisky also.



The last resort is intravenous in-
jections of which a solution of
three grains of chloride of sodium to
one ounce of milk or water, the temp-
erature of the body, three ounces to be
injected, and repeated. If the urine
fails to be passed after reaction has
set in six drop ^{doses} of tincture belladonna
should be given. All symptoms aris-
ing during convalescence should be
treated. Dr Farrar's inoculations
against cholera, by the cholera microbe,
is as yet in its infancy.

Samuel H. Potts, Jr.
Baltimore, Md.

Jan'y. 2nd 1886.





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Thesis,

Typhoid fever,

J. S. Kloeber, D.D.S.

University of Maryland

- 1885-6 -



Dysphoria of Fever

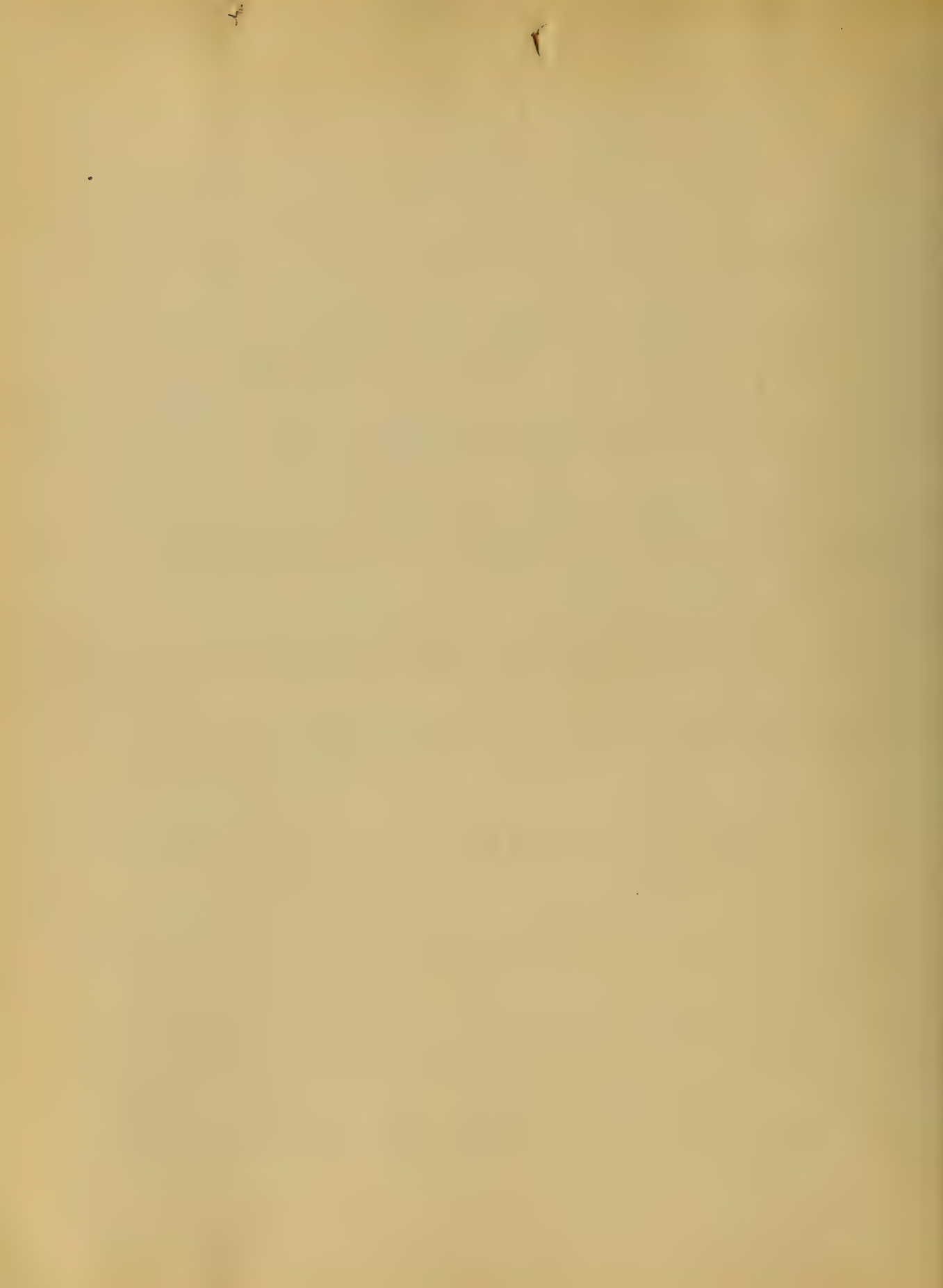
Definition. - A febrile disorder, often
preceded by an inflammation, affec-
tion of the epiglottis, and salivary
glands of the intestines, Gastro-
intestinal disturbance, and a pe-
culiar rash. - (Bristow)

It stands next to Malaria fever
in frequency, and appears to me
with certainty, more often met with
in temperate climates than in either
cold or hot regions. Though it does
often occur in both of these regions.
It begins in an insidious manner
then occurring a period of several
days or two weeks silent before dis-
ease shows itself. The patient has
a sensation of heaviness, loss of ap-
petite, and a chilly feeling occurs. -



he cannot use either mental or phy-
 sical power to advantage. About
 the end of this stage you have the sym-
 ptoms of disease, developed pulse be-
 comes accelerated, masser and fibrils
 disturbance gradually approaching
 between the 5th and 12th days fibrils
 disturbance becomes marked, Tongue
 presents a reddish appearance with
 edges furrowed, nose bleeding sometimes
 occurs and is an important diagno-
 sic sign, headache is at first seen
 in later stages not of this sort -

Bowels may be loose in 1st or 2nd week
 but always you then may expect an
 obstinate constipation during 1st week
 2^d week then is apt to be diarrhoea



There is also tenderness over right
ilio-caecal region, about the valve.
Rose spots appear on the abdomen
and sometimes extend to chest and
over the thighs. These are about the
size of a pinhead and are some-
what elevated. They disappear upon
pressure, returning in a few seconds.
Generally these appear in crops -
the number varying. In some cases
there may be only four while in others you
will see myriads of them. They gen-
erally appear in 6" to 12" after onset
time that fever appears on patient
leaves his bed. They may not at
times be present, but their absence
is most rare. Culy is about 1/6 -



of all cases: Pulse in 1st week -
generally about 100-110; during
the 2^d week - from 120-130; Temper-
ature much higher during the day
than morning; between the
hours of 6 and 9 P.M. is time of
highest temperature, lowest at some
hours in the morning. 39.0
apt to be a degree higher in each
24 hours, rising as compared
to that of day before on morning
temperature. If it remains the same
you can be doubtful as to your
diagnosis, at times after being well
but - Temperature has an impor-
tant bearing upon diagnosis.
Generally at 7th or 8th day maximum



is reached it not gets getting higher
than 100° - If there are ulcers is
going to terminate fatally the tem-
perature will remain high, when
there is a sudden fall of temperature
(Sepsis) you may suspect hemor-
rhage, Temperature remaining at
 101° is a severe case - Morning temper-
ature at 100° is most always fatal.
Delirium generally comes as about
of 3^d week - Always worse at night
may not be present during the
day, - Generally it is a quiet rest-
less delirium, though often it is
most violent as in 2^d form - A dispo-
sition to diarrhoea is always pre-
sent, In grave cases you have an



involuntary passage of Urine &
 hemorrhage - Appearance of stools is
 most characteristic. Hemorrhage
 generally begins at 2^o night and
 is of a peculiar color, having a
 effecting and secluding odor and
 when allowed to stand has a flat
 appearance, due to striae of mucous
 membrane and epithelium which
 it contains. These come from the
 inflamed patches of Peyer's Membr.
 Thrombosed bundles is a most common
 occurrence. Generally seen in about
 5% of all cases. Amount of blood
 lost varies. Sometimes the hemorrhage
 may be profuse the blood partly
 gushing forth against the amount



may be small, but the amount of blood seen is not always the whole amount lost by patient. It may come from the eroded capillaries and collect in the abdomen, - may be lost chiefly by coagulation of the blood. Sometimes the whole amount collected may be discharged externally.

Some change will occur if the patient has no reason to suspect it. In many cases, so a Physician should always be upon his guard and not tender a too favorable prognosis. A single eroded Peyer's Patch may cause fatal results, when hemorrhage is slight. You may assume that it is cap



illness, thus large it is generally
from an eroded vessel. - When a
fragment remains in effect, absorption
must always occur.

Morbid Anatomy. -

Changes in the Lymph glands of
Intestines and spleen. - Especially
solitary glands of small intestine
and Peyer's patches of Iliac caecal
region. Morbid anatomy latter that
the true lesions are found. - Changes
take place in the mucous mem-
brane and follicles of these patches
In upper regions of small intestine
you do not find them so markedly
affected, but just around the Iliac
caecal valve is where the ulcers



tion is the greatest. These lowest
 cells can just extend to a slight
 motion extends gradually upward.
 These changes laste place in 48
 hours after from begins, at the end
 of a week the patches are in a most
 pronounced state of disease, at
 the end of 2^d week the mucous
 membrane is generally eroded &
 is cast off as a slough. The ulcer
 whose changes may only extend
 thro' the mucous membrane, - thus
 at intervals further it goes to muscu-
 lar coat and last that bar. - Thus
 this goes through it reaches the
 Peritoneal coat, when, when it erodes
 leaves perforation of the bowels.



such as of its attending cause quiesces,
 Sometimes ~~and~~ adhesion of one intes-
 tine to another will occur when
 latent tends to recovery, and
 putrefaction occurs and the Patches &
 Peyer are swept away, never to return.
 Many cases of true Typhoid fever
 ulceration of these patches occur.
 The Solitary glands undergo simi-
 lar changes though not always
 to such an extent. Also have changes
 in the mesenteric glands - they are
 enlarged, those opposite to affected
 Patches & Peyer undergo the most
 decided change. Sometimes these
 glands will undergo a chronic
 change which is permanent and



in after years when it is seen you
 may always be certain of Typhoid
 Changes that take place in the
 Spleen are very noticeable, - at first
 it is congested and soft, - In
 more advanced stages it becomes
 purplish and fungus may go through
 it while it yet assumes the weight
 of 28 oz. It being its normal weight
 Liver is thus enlarged but not to
 such an extent. Blood presents
 nothing distinctive of disease, It
 clots more easily owing to dimin-
 ished amount of fibrin. The white
 corpuscles are largely increased in
 numbers - and red diminished.
 Tongue is red at the edges & pap



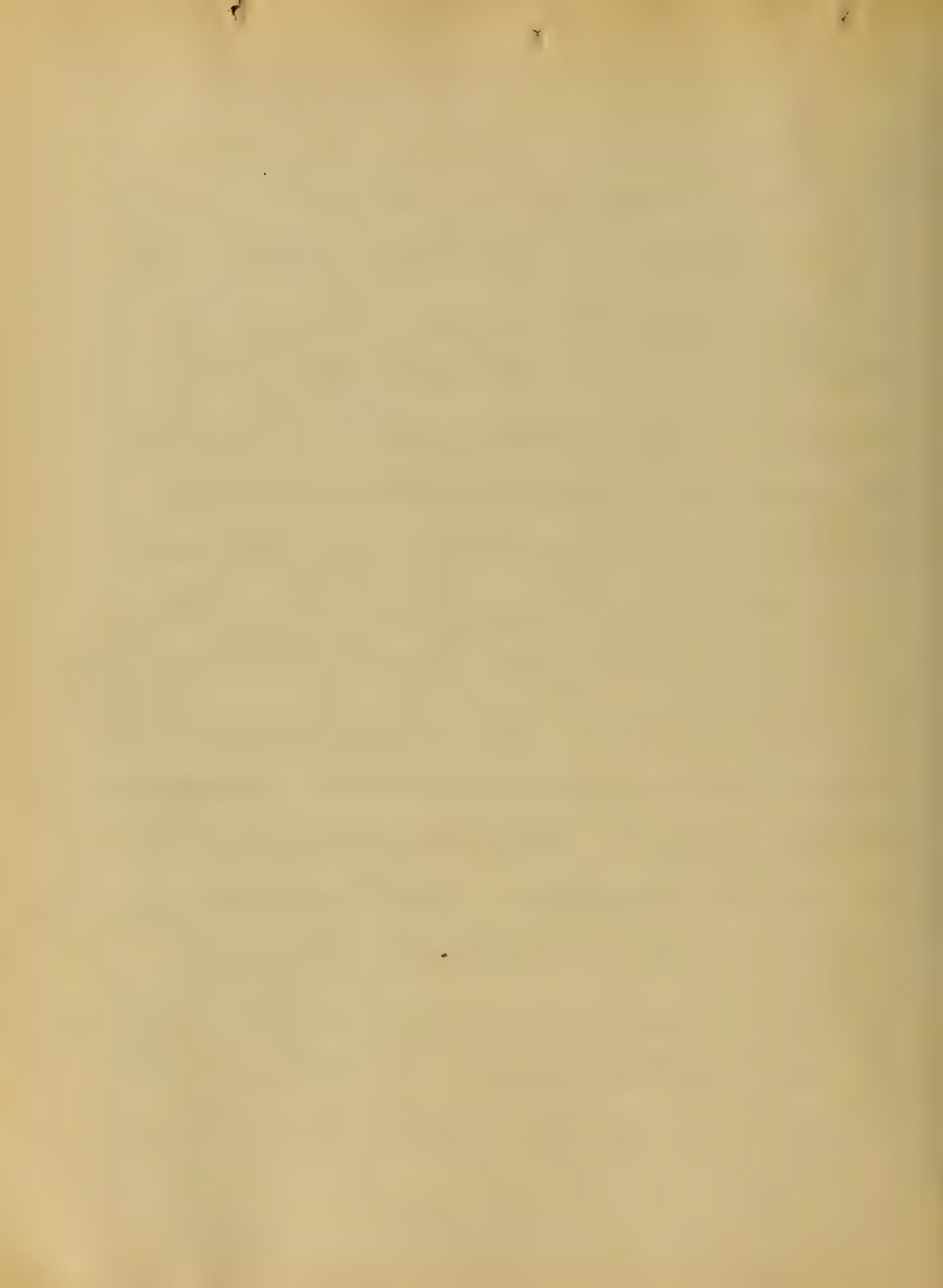
also are enlarged - When typhoid
 symptoms subside a brown
 streak (not a germ) - the cardiac
 system undergo a marked change,
 a fatty change takes place and
 muscle is impeded in its function
 especially abduction of thigh and
 muscles of tongue which accounts
 for its tumor especially in this dis-
 ease. Heart muscles also undergo
 similar change many patients
 who die of Typhoid, die of
 Cardiac failure, due to fatty degener-
 ation of heart muscle. This ac-
 counts for weakness first seen
 of heart in Typhoid.
 Pathology in Typhoid is such that



tology. It is not dependent upon
 vegetable decomposition, neither is
 it due to Animal decomposition
 alone. It depends upon a Specific
 Poison generated by Animal decom-
 position, and always originates from
 the excreta of some Patients who
 were affected with Typhoid. Just
 what this microorganism is, has
 not yet been accurately determi-
 ed. Bacillus Typhoidis was thought
 to be the cause. - Now the first
 case originates, like other dis-
 eases as Smallpox & Syphilis
 is not known. - In every case tho'
 the germs of disease have been
 found in excreta of a Typhoid Patient



It is not contagious, that is, it is
 more apt to be conveyed by contact
 but is dependent upon the number
 of this germ in the system, this
 is critical when exposed to soils that
 favor the reproduction of such
 spores, praeis &c. cannot produce
 the disease by simple inoculations
 from these places. Neither is defec-
 tion dangerous in itself & a disease
 unless the germ of disease themselves
 be brought by these excreta & when
 in direct contact with drinking
 water it is not apt to prevail -
 Ogle Spring and West water has
 been contaminated by these germs
 being carelessly exposed, to contact



with it by throwing & contact on
 the ground without disinfecting,
 it being felt that the soil lead
 ing to water supply. It is to be
 seen from the spread of the disease,
 cases which contained it having
 been washed in infected water. These
 germs unless destroyed will not
 pass year to year. The first changes
 are probably interference with
 the action of the Liver. Sores in
 first stages of incubation are of a
 yellowish color (Clay color) which
 almost proves that the liver is
 affected, it being one of functions
 of liver to arrest progress of
 infectious poison received in the



system, hence the congested state
 of liver almost explains the pres-
 ence of leucorrhoea. The office
 of bile being to arrest decompo-
 sition hence the want of it allows
 disease to have more rapid pro-
 gress. Urine is affected in various
 ways; when temperature is high it is
 generally scanty with high specific
 gravity. When patient tries to resist
 the urine is increased in amount
 and S. G. lowered. Albuminuria
 is found in about 33 1/3 % of all
 cases. The kidneys never being
 permanently affected by disease
 alone. The fact of urine dribbling
 over the glans shows that the bladder



is corrected so for us bladder
daily.

Predisposing Causes, -

Age is the important factor being
very rare after fifty years. - Average
age being about thirty one. Hardly
ever seen before age of age, and
most ran up to six years. - One six
is not more susceptible to disease
than the other. In horses & mules
but also cause of disease to be seen
more often in that sex. Certainly not
contagious though it may not be
pose you self too much.

The stone when first made is not
active but soon become so when not
properly destroyed. One method



and close attention cannot be paid
to their proper disposition. They
should never be thrown in drains
or sewers; just they should be well
disinfected with Chlorine & course
muriatic acid and then should
be properly buried by themselves
and far from the house if possible.
But always they should be put under
the earth. Always avoid bring-
ing them in proximity to the
source of drinking supply of family.
With these & other hygienic pre-
cautions a great deal can be accom-
plished in exterminating this dread-
ed disease from a neighborhood,
temporarily at any rate. For a few



you may contract the disease
from an unsuspected source, return-
ing to their home before the
period of incubation has expired,
setting off again the malady.

Diagnosis

At beginning of an attack it is
hard to accurately determine
what the malady is - in course of
four or five days you can generally
feel certain of your diagnosis -
Temperature, Tympanites, Vomiting
or prostration, Headache, sore spot
&c. when these are present there can
be no mistake. In first stages
difficult to distinguish from
Remittent fever. The thermometer



will soon clear the name.

May be mistaken for Bronchitis
with which it is often associated.

but this is not apt to occur in
early stages of Typhoid.

Differential between Acute Miliary
Tuberculosis and Typhoid fever is

very difficult - frequently baffling.

The most striking in Acute Tubercles

Subcrepitant rales are found most
commonly when - again you will have

dullness on percussion at apex of
both lungs. In Typhoid when ex-

pected with Bronchitis or Pneumonia

you have dullness at base of lungs.

In former you have a rapid rise
of temperature frequently reaching



106 - Iritis in Typhoid eyes seen
This temperature only in later stages
and most frequently not at all. -

Again the former is a most rare
disease. This has been reported
rarely sufficient - but to clear all
doubt which may exist in Typhoid
eyes often have an enlarged spleen.
never seen in Acute Prothiasis. - An
Ophthalmic inflammation in Malaria,
Tuberculosis shows a degeneration
in the choroid of the eye, which is
never seen in Typhoid.

Often associated with Pyemia, but
the history of the case need not
ever show its appearance.

Contagion or non-contagion of



middle points between Typhoid & Typhus
Typhus being secondary contagious
almost as much so as Small pox -

Prognosis

Mortality varies in different lo-
calities, averaging about 20% in
all sections. - Causes of death con-
sist of complications which may arise
as Pneumonia, Intestinal hemorrhage
Proctocolitis &c. - This must govern
your prognosis. After the very
intensity of the fever must destroy
your patient. If by the 5th or 7th day
the temperature does not exceed
104 or 105 your prognosis may be
favorable. - A sudden rise, even
from 103° to 105° is dangerous.



also a sudden drop to normal on
 about this being suggestive of Trenchard
 malis. Strong first sound of heart
 going through second meso is far
 orable. This is most important and
 heart should always be daily ex-
 amined. Mesos sound of heart is
 suggestive and suggests call for
 stimulents. Most favorable from
 Ten to twenty five years of age -
 After forty tendency to death is
 greater. Those who have been abdi-
 ed to use of atropal. The prognosis
 is very unfavorable. In all cases
 one should render a very guarded
 prognosis recognizing the compli-
 cations that may arise.



Treatment

Primary as we do not know the source
 whence the contagion of Typhoid enters
 the body - it becomes our duty to
 adopt suitable & customary meas-
 ures both against the contamination
 of water and atmosphere, and
 against the exposure of persons to
 the influence of miasma thus contam-
 inated. In mild cases when the
 temperature does not exceed $103^{\circ}F$
 little treatment is required except
 hygiene. These are of extreme im-
 portance. Keep the room at a low
 temperature, notwithstanding the
 complaints of the attending nurses -
 guarding closely against patient



being subjected to a draught.
 Have the Carpets removed, and also
 curtains drawn down - for they might
 become soiled and propagate the
 germ of disease. Patient should
 be kept quiet and allowed to see
 none but his attendants. Diet is
 of extreme importance, no one person
 hold such controlling influence for
 good or evil as the case may be
 as close attention to this. Only
 food of plain form should be
 permitted. Most strict forerunner
 in this regard. Cautiously all
 elements required for proper
 nutrition, and should be the only
 diet allowed unless the patient



6
kind of it, however good of fluid
form only. - Beef tea should be
used very sparingly. - You may
vary the form in which the milk
is given, may use butter-milk
or Sour-milk. This last is a most
valuable article of diet and should
always be employed, following
an directions for its preparation.
Use a Common beer bottle with
taper stopper, clean it perfectly
clear, - and nearly filled with pure
milk or sweet milk - add 1/2 of Sugar
and 1/8 of a Common yeast cake.
Cover and place in a warm spot
for 6 or 8 hours - Then place in
ice for a few hours in order for

it to cure. Give this to patient
as you would milk. As a rule
must give more satisfaction.

Or you may vary and give the
"White of Egg diet." Beat up the
white of an Egg with $\frac{1}{2}$ of water
Strain this well sweeten to taste
and add $\frac{1}{2}$ of Spiritus Vin Gallie.

This makes a most palatable diet
Typhoid fever cannot be aborted
so do not give an emetic in early
stages. It may run its course in
a few days though not very often
you are too apt to en diagnosis.
It may be quered but not aborted
When temperature shows a tendency
to become high you must desert

treatment to it, Some think it is
 caused by fatty degeneration of the
 heart, Turbine and acic spirities
 generally - Water is one of the best
 always denoting good treatment
 by use of the thermometer, if tem-
 perature be above 103° in second or
 third week you should use the
 cold bath of some kind - Place
 patient in a bath of from $70-75^{\circ}$
 F. and when temperature falls to
 below or to 103 in two or three
 minutes immediately remove the
 patient, dry feet and wrap in flannel
 but when it ceases to fall or
 slowly minutes to fall let the
 patient remain till temperature

number 101 then remove, this fall
may last for five or six hours
when it may be repeated, but
never for more than four times
if temperature still shows a dispo-
sition to keep up you may use
the sponge bath. If patient shows
a disposition to sleep better, then
and disposition shows a weak
course of heart remaining strong
you may beneficially repeat the
bath. Sponging is always a
measurable degree for the feet
down to feet, then cover warm-
ly and sponge the other side,
etc. etc. Sponging is
of best agents for the hands

high temperature. This agent and
 water act together admirably.
 Following the bath, with dose of
 the drug. Must use large doses
 to get good effects of this
 efficient remedy. Must use from
 gr xv-xx at a dose. This will sub-
 due for awhile, in a few hours
 follow by gr xv more. Antipneum-
 effect is more persistent when
 use use it hypodermically. The
 Hydrobromide is better for this
 one gram being equal to three
 grains by the mouth. Mineral
 acids are also good. Especially
 Dilute Hydrochloric. This
 one always be good, as it is



Some use Stannic acid, when the
lesion in the walls of the ear, but the
effect is efface.

When we find such increase of
acidity, tenderness on all
sides and Eruption of tongue
stripped of its covering a
glazed appearance, Tympanitis
is one of best remedies to use.

This condition shows danger of
Perforation, but to use in form
of an emulsion and in ex-
cess - V. Schenckii M 1884

J. K. Adams Ltd. 1885

M. Sig. Fr. 1885 - Oct. 1885

Tympanitis must always be
treated with Tympanitis

Stomach laid open for Abdomen -
Necessitates of Morphine
urgently needs treatment. - This
condition is admirably treated
- be given in small doses - admini-
ster $\frac{1}{32}$ gr of Morphine Sulph -
and repeat every fifteen minutes
but it is controlled or not more
than $\frac{1}{4}$ gr is given.

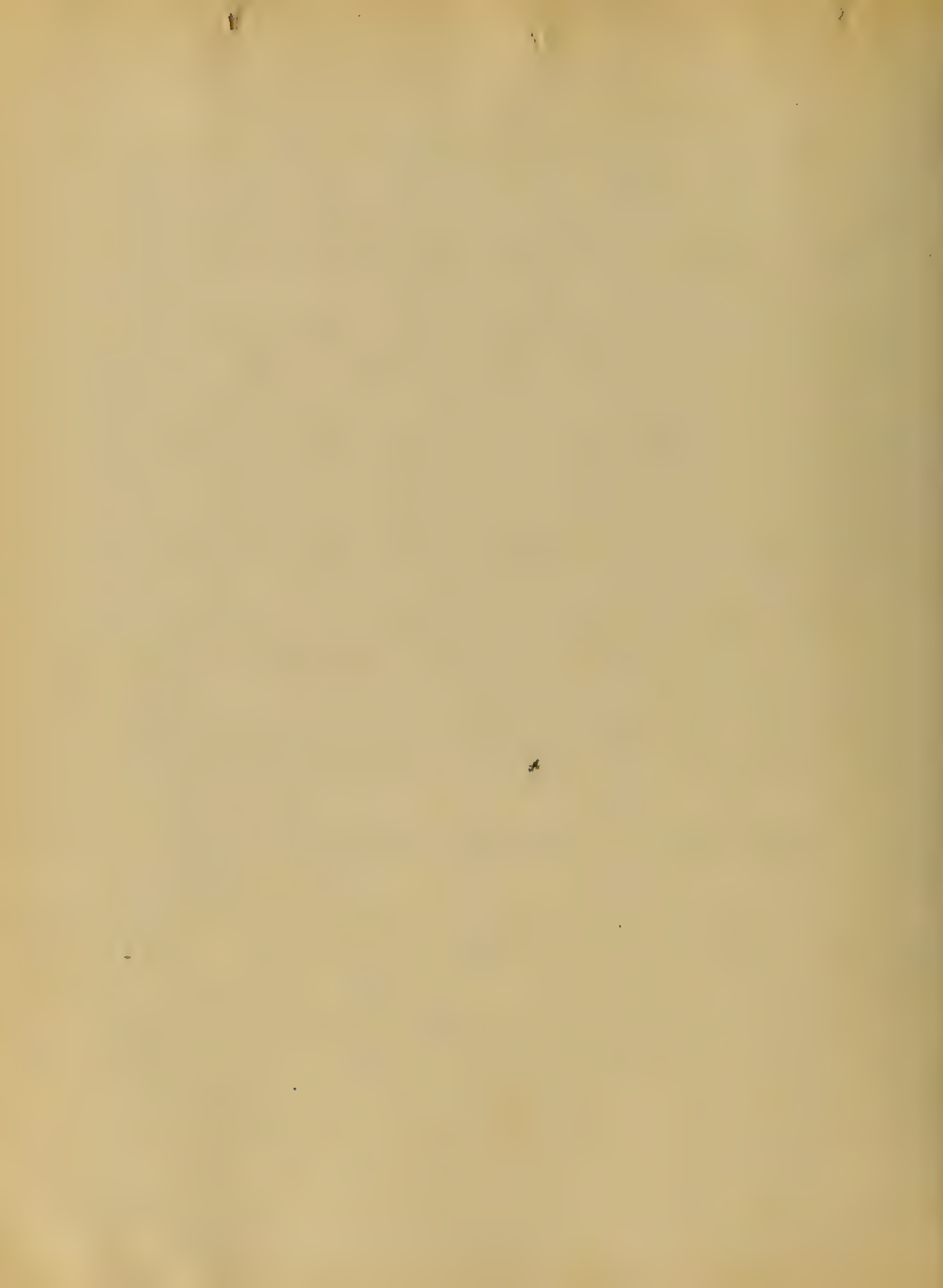
order R Morphine Sulph - gr i
Aq. rosea ℥iv

M. Sig. ℞ every 15 minutes. - If patient
becomes quiet before eight doses
have been administered, cease. -
When delirium is mild you get
good results from the use of
Potassii Bromidi gr xx doses.

Chloral hydrate is also good when
 there is but little restlessness, when
 patient is strong, not delirious, but
 restless it is a most valuable agent
 when congestion occurs, pain is in-
 tense, patient fairly screaming from
 its severity. Patient will get his head
 to relieve tension, prissum gives me
 pain, elevated pulse, a rise of
 just of internal temperature, this
 is not dangerous symptom of
 typhoid, the most strong the
 tension, kinetic action, and
 lessen the progress of the typhoid
 matter, it is here that the most
 treatment of cases can be ac-
 complished it is through the



medication of this agent. It is
by and best in form of morphia
hypodermically. Large doses are
required under pain in the
This is also good when
occurs - but one may get better
results by combining it with a
direct anesthetic, but it is in
England that you have best
results from the use of
any anesthetic. Royal Commission
seems to be your Applications
of cold and Right Lin-
regions is of importance. Small
amount of ice in a bladder
on India rubber bag and place
on patient - to be used when necessary.



- apply. There is an equal capacity
 of iron good when properly used
 in Typhoid than in Cholera. Certainly
 none are condensing of iron harm
 when abused. The indication for
 use of stimulents in Typhoid
 should be derived mostly from the
 heart. They should be directed
 especially to its weakness, and
 this is indicated by a feeble first
 sound of heart in connection with
 this there is tremulousness of muscles
 of tongue, enlarged with a moist sweat.
 You should watch your patient
 most closely for the effects of the
 stimulent may be had. This you
 can only tell by employing and



closely watching the effects, give
 by Brandenburg's charge and repeat
 in 2 hours if this procedure has
 effect best to rub around and give
 hand and yet may, and in ~~obstructions~~
 case. On the other hand if patient
 shows a disposition to improve
 heart's sound increases and pulse
 lower and stronger you may continue
 its use. Hygienic measures
 are of importance. Keep tempera-
 ture of room low. Food suitable
 food. Plaster of Paris foot and
 evacuation should be removed and
 disinfected at once. Constant care
 part to patient. Regimen food
 entirely as before described.

When Pimples are not numerous
in addition to usual treatment
you should change patients posi-
tion constantly to prevent im-
provement consequent upon excretion
of blood - After the second week
you should daily watch for Bui-
sors - They are most apt to ap-
pear over scapula, nates and
ellens - A slight blush must
first be absorbed. You must
be prompt in treatment - Wash
with Camphor water or Alcohol
and remove scum with Sissors
If Ulceration has taken place
first wash with Solution of Carb-
olic acid or - to F. Aquae

and hush over parts with Bee
some parts. Danger of Pleurisy
an my great in Typhoid the
slightest impudence in diet
on stomach. ~~is a~~ cause of it. There
is no time when appetite is more
savage than during Coma
and from Typhoid - but never
under any circumstances allow
other than ~~stagnant~~ food. Milk
is best - have your patient
avoid a warm room - and
only, rest, and in middle of day
fresh proper preservation, and
can you can easily avoid
this contingency. - When it does
occur it is apt to run the

course - as primary disease
though not so soon - but that
it is free from danger, on the
contrary it is very much depend-
ing on the patient's general con-
dition. - The treatment is about
the same.

Receipt
of
School Children.

H. W. Fishel, D.D.

Baltimore, Md. Jan'y 26, 1886.

Myopia in School Children.

It is a noticeable fact that as civilization advances disease increases. This is particularly noticeable in diseases affecting the nerve structures and their functions, the brain and the eye. Of the five senses, that of sight is the one most important in the acquisition of knowledge. For this reason, then, the teacher and parent should see to it, that this valuable organ - the eye - is not weakened or diseased by overexertion or injudicious

no. Some protection should be taken
to shield it from injury.

A healthy normal eye is not an ex-
act sphere - but a spheroid whose ante-
rior diameter is slightly longer than
the rest of the transverse. The diam-
eter is nearly one inch and varies very
very little in different persons. The
lens is a mass of a smaller
sphere than the eyeball proper, and
is set on the anterior part of the eye
like a watch crystal which accounts
for the increased diameter anteriorly.

When in eye receives parallel rays
of light and focuses them on the re-
tina spot of the retina without any

accommodation can be by the eye
eye muscle is change the convexity of
the lens so to make a distinct and
sharply defined image on the retina
if it normal or emmetropic.

The eye which can not form an
image on the retina without excessive
accommodation efforts on the part
of the ciliary muscle is without con-
form or correct glasses is a myopic.

Myopia - The eye is myopic or
near-sighted when the axial distance
distance is lengthened so much so
that the distance between the lens
and the retina is increased and the
image is formed in front of the
retina. Such image is not distinct

to be a cause of strain, or
is related to it by the relation of
force there is no vision or it is very
distinct, unless the light be focused by
crossing the convexity of the lens
by action of the ciliary muscle.

History - The history of
is coincident with the history of
many school children. The more
studious the child, the more likely
is he to be myopic especially if
he have an inherited tendency. The
myopia is in the case of an
study, it is not as it is necessary to
do with his classmates, he studies
at the periods of intense work, and
he should be exercising. Again he is



acted by the spirit of emulation to see
what others do in eyes, constantly
augmenting the terrible undiluted fact
he is obliged to say, not to set
his hours of study or abandon
them entirely.

Etiology.— The most potent
cause of myopia at present is no
doubt modern methods of educa-
tion. Just to this may be added
a hereditary predisposition. The
Germans have noticed the increase
of this defect in their schools
among whom it has reached the
enormous rate of sixty in a
hundred of those over twenty
one years of age. From that

There is no doubt concerning the fact
that the myopia is due to a
change in the refractive index of the
eye, for the fact that the refractive index
is determined by the amount of refraction
is well known. The fact that the
refractive index of the eye is
the internal structures of the eye
are often affected, which tend to
increase during a school life, and
have led in some cases to loss of
sight.

While the means by which
these changes are brought about,
is a disputed point, it has been
settled beyond a doubt that the
work at short distances
by children will cause myopia.

The head is somewhat forward as usual with the overexertion of the eye causes congestion. This is followed by some forms of inflammation and diminished resistance of tissues of the eyeball, allowing them to yield to pressure from without and more readily change their shape.

To the sclerotic coat of the eye are attached the four recti muscles and the superior and inferior oblique. They form a complete opening the sides of which is at the optic foramina and the base remains the eyeball. When the eye is at work as in reading it is turned constantly inward and out.

muscles press upon the occipital
sub-region and force it to bow
out in the direction of front &
sides which is posteriorly.

When born, it is soft and during
the years of greatest bodily de-
velopment, say from 10 to fifteen
years of age and finally the
fontanelles close, and become
permanent. There then is not
an excess of myopia.

Long continued use of the eyes
on near objects is the principal
cause of near sighted changes in
school children. Myopia is very
rare before the age of eight years.
Recent statistics show the following

result;— one percent of young school
 children of German parentage are
 myopic. The children from six
 to seven years of age in the pub-
 lic school of New York city are
 myopic to the extent of three and
 one-half per centum and as they
 become older and their tasks are
 multiplied and more severe,
 their myopia increases proportion-
 ately.

Percentage of Myopia in	Age	Age	Age
School children of	4 years	8 years	12 years
German parentage	11.	33.	67.
American "	3.5	10.	21.

Being better instructed than
 ever before in what the
 law and young men at all
 by than the table of Dr Col
 which is herewith appended.

Kind of Institution	No. of Males	Females
Country Schools	11	11
Primary "	61	23
Intermediate "	103	21
Polytechnic "	101	11
Larvis "	113	10
Universities	59	11

There is one very fortunate thing
 however and that is, that after the

age of twenty-one years, the eye is fixed and will not consent to any further elongation except the strabismic movement in either eye. Some cases increase or form binocular vision.

The fact is proved, that if myopia is not developed before the age of twenty-one years it is extremely unlikely to occur. There is an explanation of the fact that persons engaged at work requiring close and prolonged observation, as readers and persons employed at watch and other factories, do not become myopic. The reader learns his trade from his eighteenth to his twentieth year.

at which time the eye is fixed
firmly, no more liable to elongation.
The above too is a relief to the eye.

The sphenoid muscle which takes
copy during the day and transmits
the same at night is not subjected
to the decided muscular for the
reason just assigned.

The act of reading is performed
with so little effort that the
complexity is not appreciated.

Theiliary muscles within the eye
and external muscles without are
supplied by the third nerve. In
reading both are brought into play
simultaneously. The ciliary is the
muscle of accommodation the

lateral rectus is the muscle of conver-
gence while the other muscles of the
eye move it from side to side of
page so as to get the rays of light
from a particular part of it at
each instant of time. This com-
pensation is performed unconsciously
by an emmetropic eye for a reason-
able period of time. When however
continued without periods of rest
the child's eyes become strained and
not without mark the beginning of
future myopic changes. Thus the
boy is often seen head on hands
bending over his text or making
straining efforts to read small
or indistinct type with insufficient

light, both of which increase the
congestion of his already inflame-
d eyes. Thus he may continue
to do for a time with a little
of exercise to rest his eyes, gaining
a little in knowledge, it is true,
but losing much more in the
abuse of his eyes.

The popular idea that myopia
is stronger than emmetropic eyes
is fallacious. They may not
need glasses as soon as other
presbyopic eyes, but this is not a
proof of greater power. They see
small objects better because the
cause there are brought closer
to the eye and hence a better

image is obtained. Presbyopia
at its early stage corrects short-
sightedness. Crismann found
that in German pupils who stu-
die two hours daily, the percentage
four " " " " " "
six " " " " " "

This percentage is much higher
than it could be in children of
Germany or English parents,
because while children are not
born myopic they are born with
a predisposition to its develop-
ment. This accounts for the
fact that German-American
children show the highest per-
centage of myopia.

Dr. Sargent found the following result from an examination of the children in the public schools of New York city:-

Children of German parentage	22%
" " " " " "	10%
" " " Irish " " "	4%

Myopia in colored children does not often average 3% percentage and is frequently as low as 1% percentage depending on the amount of study.

The proper way to make the estimate of myopia, caused by study in schools and colleges, would be to examine the pupils where they enter and

make a record of the condition
of both eyes in such case, together
with any hereditary tendency, &c.

This should be followed annually
by a full examination and report
to be made. The management was
reported by Dr. Stanger on a
point. Both parents of the child
were married. At ten years of age
the child's right eye was noticed
and it showed only slight
obscure vision; two years later both eyes
and slight weakness; three years after
the myopia was increased
the child; at the age of ^{sixteen} it was
found to be ~~blind~~ ^{very near}
and was to be ~~blind~~ ^{very near}.

The light should be well diffused
and as far as possible the light should be
above the eye the left hand side of
the pupil. Should the light
come from that direction be a
mistake then it may come from the
right side or from behind but
never from the front. There is
quite as necessary as proper
illumination. The light should be
of such brilliancy as to enable
persons to read the finest type
of properly printed text books at
the darkest part of the room on
the most cloudy days without any
accommodation effort. The
lenses should be high enough so

that the rays of light coming
into the room from either side were
kept the light from one or other
side cut off.

The percentage of myopia is
less from nearly two to fifteen
percent in various primary
schools depending on the amount
of light admitted to the room.
The maximum percent is found
in school buildings located on the
darkest and narrowest streets. It
is claimed by some authorities
that the window surface should
represent one fifth as many square
feet as the floor of the school room
and that the windows should be

four feet from the floor. They should be of sufficient size, either to admit natural light. Partitions should be protected from the direct rays of the sun by having blinds to roll up and down at pleasure.

The color of the walls is important; probably a tint of blue or gray would be best for the walls. The ceiling should be white. When artificial light is used it should be reflected first to, and then from the ceiling equally to all parts of the room.

The seats should be at once comfortable and convenient.

They should be constructed with an adjustable foot rest and a seat just high enough to allow the pupil's feet to rest on the floor and wide enough to support the thighs throughout its entire length. The back should be adapted to the curvature of the spine. The top should slope slightly toward the pupil so as to be convenient for writing. The outer edge of the table should extend over the uncovered edge of the seat by several inches and should be several inches nearer the seat than the latter is to the floor. In a properly constructed desk the pupil will sit erect and leave his muscles

indifferent sort. The Germans
have more cause for complaint in
this respect than Americans. Their
books besides containing all the
faults mentioned have letters which
are any thing except clear, distinct and
easily distinguishable by the eye.

By the advice of educators and
physicians, publishers of text books
have made rapid strides in improv-
ing the size and clearness of the type
and the quality and beauty of the pa-
per. The paper now used is heavy,
well colored and pure white on
which the letters are printed of good
size with blank end and at regular
distances apart so we see the words

and contents. The books of the same
in paper's have especially large type. It
should be large enough to be not only
easily visible but distinctly legible
without any effort of the eye. Second
editions of books are not only to be
for children but for grown folks as
well and should be abolished by law.

White surfaces with black pencils
to write upon there would be a
great improvement on the black
boards now in use. Text books on
Geography could be much improved by
having less print and fewer un-
necessary names on the maps, both
of which are very trying to the eye.
To say nothing about the texture of the

paper. Drawing lessons and paper
work should not be continued for too
long a time because of the injury they
might do to the eyes. It has been as-
certained by careful observation that in
schools where least time is given for
exercise the percentage of myopia is
highest and vice versa. There is no
questioning the policy of brief sessions
of study alternating with short peri-
ods of play in primary and secondary
schools. These play periods may at
times be directed by the teacher and
may consist of gymnastic exercises
or calisthenic songs. Ambitious
pupils frequently do too much study
even at night. There should be a limit

find. A fully developed man may
study two three or even more hours
of an evening with impunity but
the growing pupil would by such
a course subject his eyes and
general health to some misadventure.

Pathology.— The pathology of
myopia is not confined to the altera-
tion of the eyeball or alteration in
the shape of the outer membrane
of the organ. The pathological con-
ditions are found at and around
the entrance of the optic nerve and
sometimes in the retina in which
case the power of accommodation is lost.

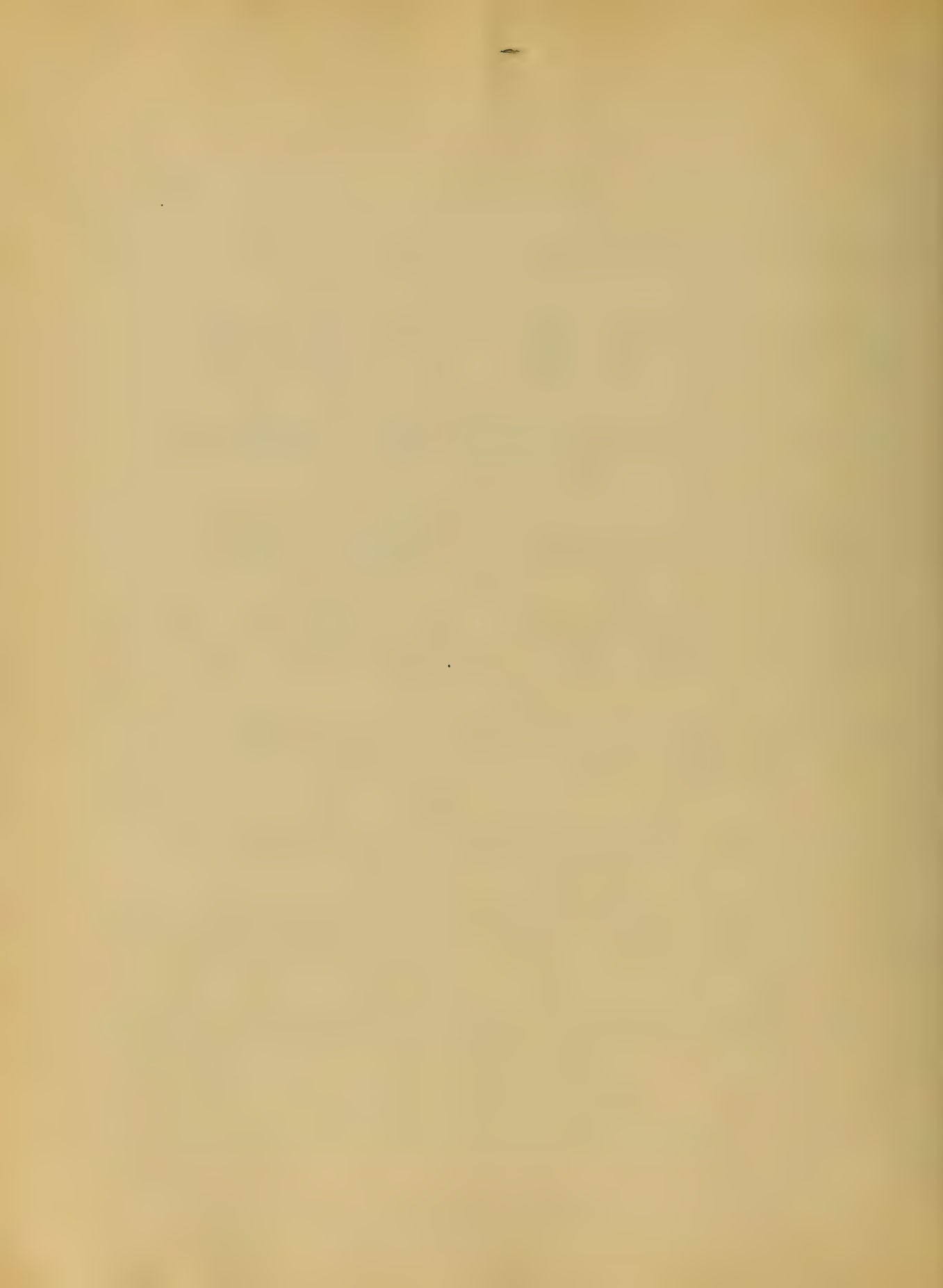
When a muscle draws the eye in a
certain direction the opposite muscle

is found in the same proportion as
the others combined. This prevents
injurious pressure on the eyeball.
Myopia, however, are not thus relieved
but are subjected to intraocular pres-
sure because of the excessive convexity
of their eyes to see near objects
clearly. This causes increased tension
of the globe and establishes various
congestion of the choroid which is fol-
lowed by softening and extension of the
tissues of the eyeball at the optic pu-
pilla the point of least resistance.
The choroid being stretched at this
point undergoes consecutive atrophy
and in many instances inflamma-
tory action is set up leading



hemorrhagic and exudative
involving the vitreous. There are
outward signs for these changes in
the interior of the eye. They creep
on insidiously and are seldom
recognized. They are not uncommon.
Steffan has shown that in over
five hundred cases of myopia 49.1
percent had changes about the
optic nerve and in nearly 11.5
percent the central portions of the
retina had undergone changes.

Separation of the retina is the cause
of nearly five percent of blindness
and central retinal changes result
ing from myopia causes 6.3 percent
of it.



Prognosis.— The prognosis is—"once myopic always myopic." Without spectacles or concave glasses it will eventually terminate in weakness of the eye or entire loss of sight.

Myopia sometimes causes divergent Strabismus.

Diagnosis.— Myopia is often overlooked in children. Eventually, however, by accident the pupil or even by his teacher makes the discovery.

In attempting to read characters on the blackboard surface at twenty or thirty feet distance the pupil finds it impossible, or the characters are hazy and ill-defined, while his associates read with ease and comfort.



The examination of the fundus will show a protruding eye, which means an elongated one. This gives a feeling of pain and fullness. Binocular glasses give relief and can be used to aid in making the diagnosis. Other aids to diagnosing are the test types, optometer and ophthalmoscope. The latter gives a knowledge of the condition of the tissues of the internal eye.

Treatment. - Prophylactic treatment is the most successful and useful, yet it will not cure the patient whose eyes are already myopic. So much has been said incidentally under the head of strabismus



That little more need be added.
Books with clear large type and a
good quality of white paper should
be studied in a good light. The
essence of intervals of rest for the eye
is to be strictly observed. When the dis-
ease has begun, or when under other
conditions the sight is impaired by
glasses, they should be worn. When
the ophthalmoscope reveals a shiny white
eccentric patch of the sclerotic which
is due to atrophy of the choroid at
that point, there may follow either no
further changes for years or over dur-
ing life - or active changes may at
any time begin giving the patient
pain over the brow and dazzling



2
the night or exposure to sunlight
or after severe exertion. While the
disease is stationary a pair of
convex or concave glasses good
and sufficient light and the
avoidance of a stooped attitude
while reading or writing is all
that is required. In the progress
form all that can should be done
to retard or entirely stop its progress.

Promote the general health by
such remedies as the patient's con-
dition requires. Observe strict obser-
vance of the laws of hygiene. If
the trouble be due and it found
by us to overwork enforce rest of
the eye. Leeches may be applied



to the temples, or what is better the
artificial tooth may be used to
withdraw the necessary amount
of blood - from $\text{ʒss} - \text{ʒij}$. Patient
should be kept in a dark room un-
til he can tolerate sunlight. Blue
glasses may be worn for ^{the} first
few days kept out of doors. *Hy-*
droquinæ obtundi corrosivum in *ʒij*
does *ter ter* may be continued for
some time to prevent progressive
inflammatory change in the choroid.
Concave glasses are essential to
correct the focusing and give good
vision. The patient should not rest
in the prone position or in any way
violate directions herein mentioned.



There are numerous other conditions
to which the eyes are subjected in
school and college, such as con-
junctivitis, strabismus, hyperme-
tropia and asthenopia.

H. Warren Fishel.

Baltimore, Md. January 25, 1886.



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Bronchitis,

1886,

T. L. Clymer.

(28)

But if not, till the patient is
 cyanosed, do not draw blood.
 You can give minute doses of
 Aconitine. Small doses of
 Calomel, is very good also.
 Give gr. $\frac{1}{4}$ ss every two or three
 hours. Inhalations of aqua
 Ammoniac, steam & numerous
 other remedies are used, but
 these are the best. If much
 obstruction give an emetic. In
 chronic cases, have the patients
 to change ~~to~~ better climate.

F. L. Plymmer
 1886

0881

The temperature is much higher & more dyspnoea than in the Chronic form. The smaller tubes are apt to be invaded. Physical Signs.

Rather dry, but ⁱⁿ ~~chronic~~ bronchitis if you can hear a flapping sound, it is diagnostic, with the membrane. - expectorated.

Prognosis, In acute form fifty percent die. They die quickly, but in chronic form it is more favorable. It is always a grave disease.

Treatment, As it is attended by high fever, as in Laryngitis, you will get good results by ^{etc} extracting blood, that is if you see the patients in the early stage.



24)
wet & soggy but dry). In old persons,
when dyspnoea is present, there is
profuse secretion of mucus, which
literally drowns him. Give
alcohol & Ammonia, & Hydrobrom-
of Quinina injected hypoderm-
ically.

The Croupous form. It
often occurs from an extension
of true croup, but is also begun
independently, & is in the tubes alone.
It is rather rare. Sometimes when
patient coughs, the cast of the tube
is thrown up. This is really the only
diagnostic sign. (You tell it by
placing the membrane in water.
Causes)- The cause are un-
known. It is found in delicate subjects.



23)

Treatment: Hygiene, Change of climate to one of a more even temperature. Wear flannels the year round. This secures an equal temperature. Avoid night air. All mechanical irritants must be removed. Tendencies to Gout & Rheumatism, must be combated. Steam inhalation, especially in the dry form. You use steam when the cough is out of proportion to the amount of expectoration. May add a little turpentine to the water or Comp. tinc. of Benzoin. In the phlegm use Iodide of Potassium. It will remove the thickening in the bronchial tubes. In spasmodic asthma, use hypodermic injections of morphia or keel or inhale a few drops Ether or Chloroform. Counterirritation, as a stamp of turpentine. Do not use

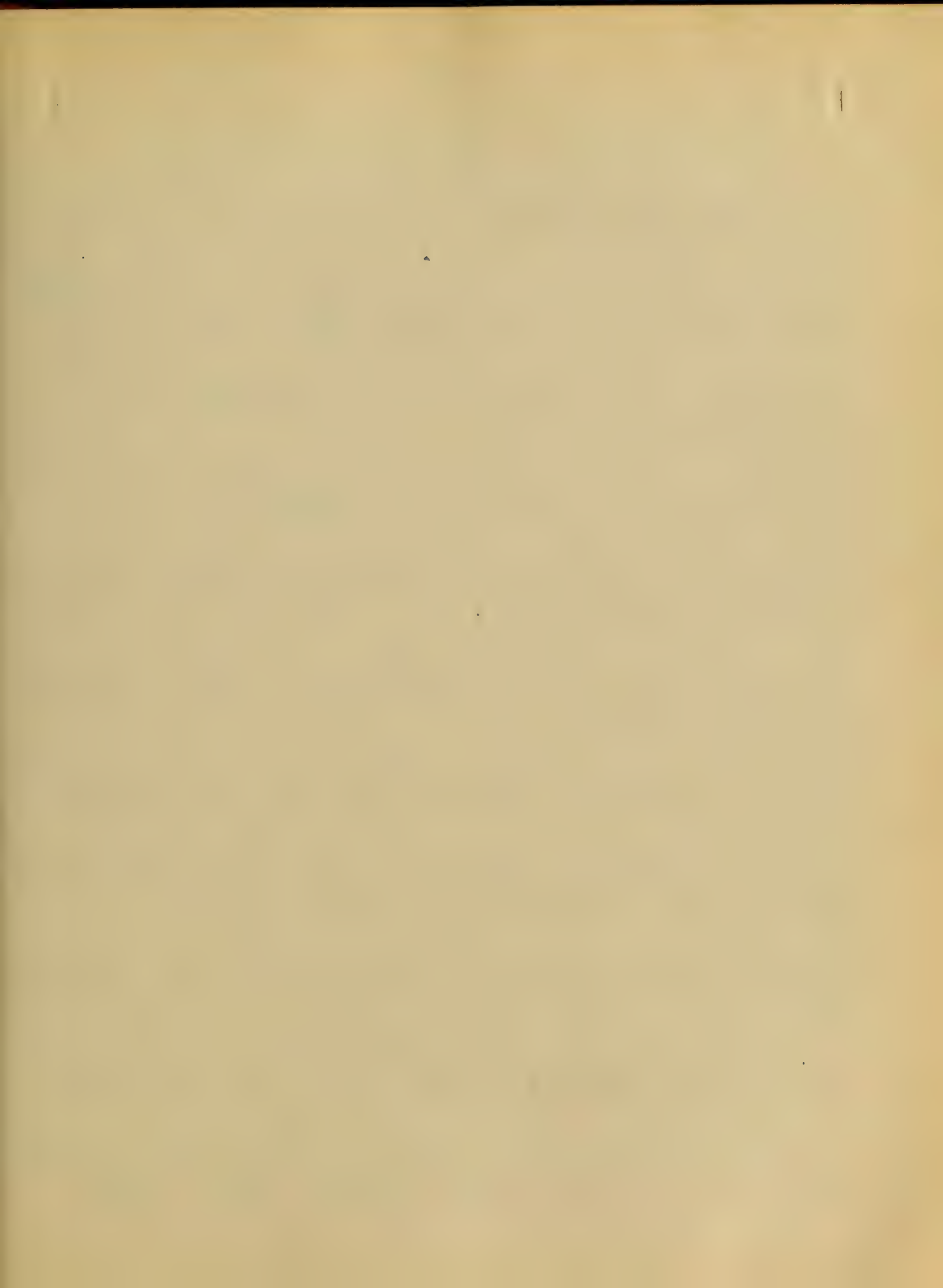


(22)

often hear all kinds of rales in the same case. One additional sign is a marked prolongation of the expiratory sound. In healthy health the inspiratory is as 2 to 1, but now it is often changed.

Diagnosis, Confounded with phthisis, from the prolonged cough, & the expectoration, hence we should be careful how we make a diagnosis. Rales are not heard on both sides, nor diffused as in consumption. Not a marked dulness in Bronchitis, & more emaciation in Phthisis.

Prognosis, - usually it is good. If he can secure hygienic measures, he will get well, while otherwise it will continue through life. In old people it is ^{favorable} not.



Symptoms, same as the acute form, except its chronicity. We do not see ^{Patients} ~~them~~ in the dry stage, but in the moist. The most characteristic signs, are persistent course & fine rales. In these you may have all kinds of noises, or even dry rales. Chronic Bronchitis is secondary to these diseases. It is exceedingly common in haemorrhoids & gonorrhoea, also in Psoriasis, Eczema, & in such cases you treat the skin disease. Chronic leukaemia is another very common cause. It causes a hyperaemia of the capillaries of the air passages. In the chronic form, we have no fever also the auscultation signs are much alike, but you



20)
venous blood, & pigmentary changes
Sometimes even ulceration. of the
The mucous follicles are hy-
pertrophied. There remains a
constant narrowing of the
bronchial tubes & dyspnoea, is
present. Patients usually die of
~~some~~ ^{some} intercurrent disease.
A frequent result is bronchial
dilatation.

Causes - Usually a vice of
constitution - most common is
Phthisis. Cold & ~~damp~~, are the
exciting causes. In old people
the cough is abated in summer
& comes on again in autumn.
In winter there is profuse expecto-
ration.



Chronic form of Bronchitis:
 This may begin so as first.
 In such cases you will find
 some ^{weak} part of the constitution,
 or some irritant - As constant
 exposure to irritating gases
 & dusts, as: Miners & kind grinders
 bronchitis is always chronic.
 Again this often accompanies
 obstructive disease of the heart
 (from clamping blood back on
 the lungs). In such case you
 will hear dry or moist rales,
 scattered all over the lungs.
Morbid Anatomy. Is like
 acute bronchitis, mucous
 membrane is hyperaemic,
 purplish, or slate color, from



going to bed; & he will often be
 well in a day or two. If not
 better next day, rub the chest
 with equal parts of turpentine
 & sweet oil. If this does not
 suffice, give some good expectorant
 as Wine of Ipecacuanha ℥℥x-xx
 or Wine of Cassia, or the
 Comp. Glycerhiza. If it
 still keeps up you use tonics, as
 Quinine grs. ℥℥-℥v ter die, also
 give little Wine of Chloride of Iron.
 If there is any history of Gout
 use gout treatment, as Wine of
 Colchicum rad. If Rheumatism
 mal law. Give Alkali's &
 Saly. of soda grs. x-xx. If
 other complications ^{as they arise} treat them.



rales; later, absence of respiratory murmur + flatness on percussion.

Prognosis - It is usually good. But in the very young or very old, it is a grave disease, because it becomes capillary bronchitis.

Again, there is a difficulty of expectoration. It may terminate in death. It may terminate in recovery, death, or chronic form.

Treatment - Many cases get well without treatment.

Hygienic regulations, shorten the attack. Have the patient stay in his room, breathe only air. It goes well to give the patient a Gower's powder & put the feet in hot water baths or

Sometimes when mucus has collected for a little time, you may have some dulness until coughing takes place.

Diagnosis. Is very easy, may apt to be confounded with pneumonia; In pneumonia the pain is unilateral & much more intense. In pneumonia much more fever, ^{pneumonia} & is ushered in by a chill, & in pneumonia you have rusty sputa. In bronchitis we have a glairy mucus. Again, the rules of bronchitis will enable you to tell the difference. Again from pleurisy, acute limited pain. In early stage friction

51
In the early stage there is a
preternatural dryness, & we al-
ways find sonorous rales in
the large tubes & sibilant in the
smaller tubes in this stage. But
later, when the secretion is present,
we have the coarse mucous
rales in the larger tubes &
finer mucous rales in the smaller
tubes. We may have these rales
in other diseases. Such as
pneumonia & phthisis, which
denote a complication with
bronchitis. Percussion, note is
not usually appreciated, except
when a complication exists.
We do not hear any dulness,
because there is no obstruction.

or 2nd in the chronic form, which may go on for years.

Physical Signs. - They vary as to the period of the disease.

Certain signs distinguish this disease. First in the dry stage we have a swelling of the bronchial tubes. This swelling narrows the tubes, & so ~~sonorous~~ rales are heard.

We will divide the rales according to whether they are in the dry or moist or first or second stage.

Rales.

1 st Stage	{	Dry	Sonorous (in the large tubes)
			Sibilant (in the smaller ")
2 nd Stage	{	Moist	Coarse mucous rales.
			Fine mucous rales.



not all over the chest, & lower part
of the trachea, but not usually
severe. The pain will be a diag-
nostic sign, between it & pneumonia
by the pain in pneumonia being
of a dull cardiac type & more or
less severe. From pleuritis, by its
pain being sharp & very severe.
It has a sensation of rawness in
throat & trachea. The cough is
very hacking & dry at first, then
a glairy mucus, & then mucopu-
sulent. It often keeps the
patient from sleep. Its duration
is from four to five days, to two
or three weeks. It has no definite
limit. It usually ends in two
ways viz: 1st In complete recovery,

12)
Following the exanthema in
'scapular' patients, the bronchial
glands participate in the in-
-flammation, become hyperaemic,
swollen, & filled with secretion,
& not infrequently the glandular
elements undergo a hyperplasia,
i.e. fibrosis; the cheesy metamorpho-
sis.

Symptoms. - The patient
will give a history of having
caught a cold, & then will
complain more or less of a
sore throat. He will have a sense
of chilliness, but no rigor, as he
would have if it were pneumonia
or scarlet fever. The temperature does
not exceed 100, or 101°. Has some
pain beneath the sternum but



11
Pathological anatomy, hyperaemia
of the mucous membrane of the
bronchial tubes, manifested by
a diffused redness, swelling
(oedema), & diminished secretion.
This is followed by an increased
secretion of thick mucus, and
degeneration of the epithelial
cells, together with a copious
generation of young cells, the
expectoration then being of a
yellowish color. As a result of
the hyperaemia, rupture of the
capillaries of the mucous mem-
brane frequently occurs, in which
case the slight expectoration of
the first stage is streaked with
blood. In cases of bronchitis

irritating vapors. Second or secondary as from pneumonia, phthisis, & Syphilis. Third, it is due to obstructive troubles of the right side of the heart.

When it is secondary to phthisis it is more or less limited, it is generally denoted more danger than if it were diffused all over the whole lung. In croupous bronchitis, the fibrin may go through the whole of the tubes, the small, as well as the large ones, but in the catarrhal form, it affects principally the pharynx, larynx, also the trachea & even the capillaries; or it may start from the capillaries ^{but is quite rare} & go upwards.

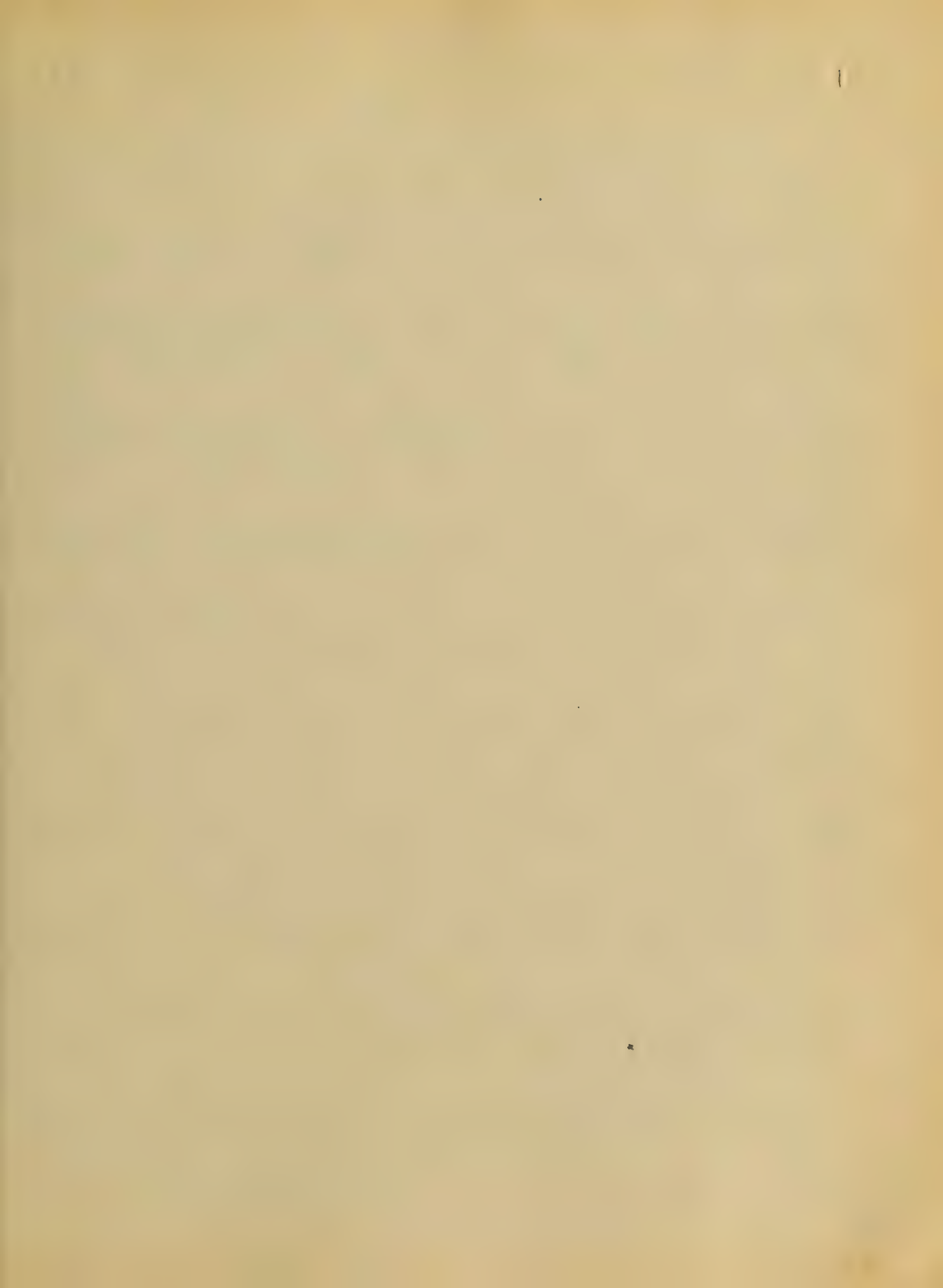
The acute catarrhal form of Bronchitis, is essentially an inflammation of the bronchial mucous membrane, & it may also extend to the submucous membrane. It will affect somewhat the upper part of the trachea & then will gradually extend downwards to the middle size & then to the capillaries. It generally comes from a cold in the head, nose, & throat. It usually affects the middle size tubes, but it may affect the finer, & when it does, it is called the capillary form.

Causes: They are divided into three classes. First, primary, that is due to exposure to cold or

81
to the house. The average duration of acute bronchitis is ten or twelve days. In severe cases, after five or six days patients are usually able to be out of doors.

The disease may be divided into two stages. The first stage embraces the period during which the expectoration is scanty, transparent, & viscid. The second stage extends from the time when the expectoration becomes abundant, opaque, and thick & then they will tend to go on to convalescence.

diminution of resolution of the inflammation. Respiration is not sensibly affected. No portion of the lung is withdrawn from the exercise of its function, as in pleurisy, & in pneumonia. Dyspnoea is not produced save in the exceptional cases, in which, from febrileness, or the want of voluntary efforts of coughing, the mucous secretions accumulate sufficiently to obstruct the bronchial tubes. The affection is not accompanied by much debility. Patients are generally not confined to the bed, & they may not confine themselves



61
loose, the acts of expectoration
being easier, unattended by
pain or soreness, & followed by
a sense of comfort. The mucous
secretion is rarely sufficient to
accumulate in the tubes &
occasion embarrassments of the
respiration. This may happen
in young children, & in the
aged, & in feeble persons.

The presence of a collection
of mucus in the large bronchi
or trachea is felt, & the patient
is led to make voluntary efforts
of coughing for its expulsion.

The decreased amount of the
inflammatory products & the
change in character, denote

efforts. If the paroxysms of cough-
 ing be frequent & severe, the traction
 of the diaphragm occasions
 pain & soreness, referred to the
 false ribs & the ensiform cartila-
 ge. The patient feels as if a
 more abundant expectoration
 would give relief, & desires to
 have the cough loosened.
 The expectoration is at first small,
 glary, frothy, & viscid, & occasional-
 ly is streaked with blood.
 In the progress of the disease
 after two, or three, or four days,
 the expectoration becomes more
 abundant, & consists of thick,
 yellowish or greenish sputa.
 The cough is then said to be

4)
but is not usually lost. Lassitude
is complained of, with a general
feeling of malaise. The pyrexia
is moderate. The pulse has not
the frequency & strength which
it has in pleuritis & pneumonitis.
The heat of the surface is not
notably raised. The cough is
at first painful, but not
sufficiently so to be suppressed.
It is at first dry, the secretion
of mucus being for a time
scanty. Deep inspiration,
breathing cold air, & the action
of the voice, excite acts of cough-
ing, which occur in paroxysms,
& consist of a deep inspiration
followed by a series of expiratory,

(3)

points of contrast, with acute
pleuritis & pneumonitis.

Pain is not a prominent symp-
-tom, but the patient has a
sense of constriction & of sore-
ness or rawness. These painful
sensations especially accompany
acts of coughing.

The pain is of an obtuse or
contusive character, & is situa-
-ted beneath the sternum.

The attack is rarely accompa-
-ined by a distinct chill, but
a chilly sensation, followed by
flashes of heat, are frequently
repeated during the course of
the disease. The appetite
may be more or less impaired.

2)

the pharynx & larynx in its passage to the bronchial tubes. The period occupied in the passage, varies from a few hours to one, two, or three days.

In a certain proportion of cases the bronchial tubes are attacked at once without any affection of the air passages above.

It is probably not correct to regard the affection successively of the nose, pharynx, larynx, trachea, & bronchi, as an extension of the inflammation from above downwards, but as separate invasions from a common intermittent determining cause.

The symptoms offer marked

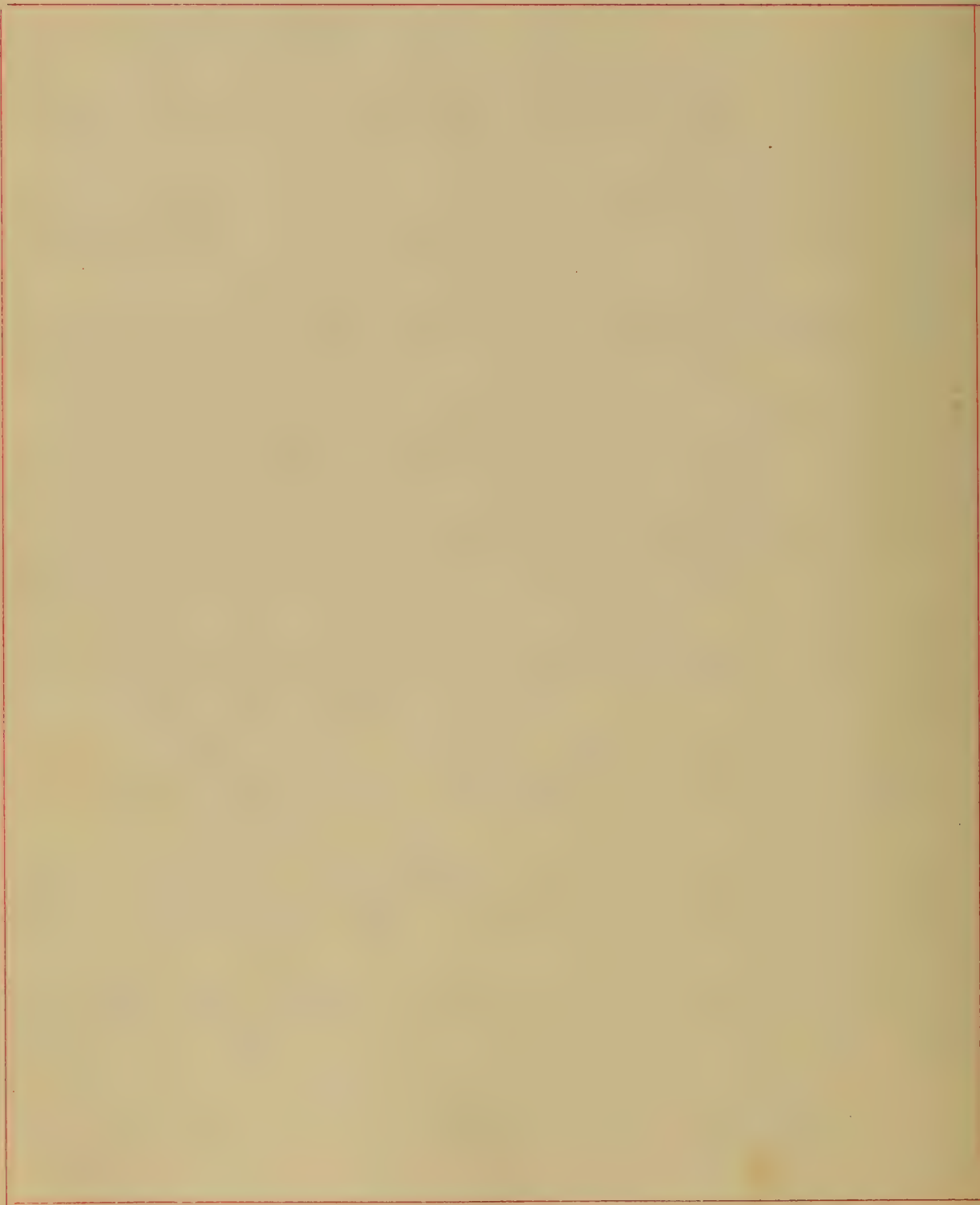
Bronchitis

In taking up this important disease, it is first necessary to classify it under various heads. It will therefore will divide it into, 1st Acute. 2nd Sub-acute. 3rd Chronic. It would be proper first, before taking up the different divisions, to give a short clinical history, in general of the disease as a whole. But, more especially the acute form. Acute Bronchitis is generally preceded by inflammation of the mucous membrane of the nasal passages, or coryza. The inflammation commences in the nostrils & travels downwards, either affecting, or passing by,

Clara Bronck

No. 10. E. C. C. C.

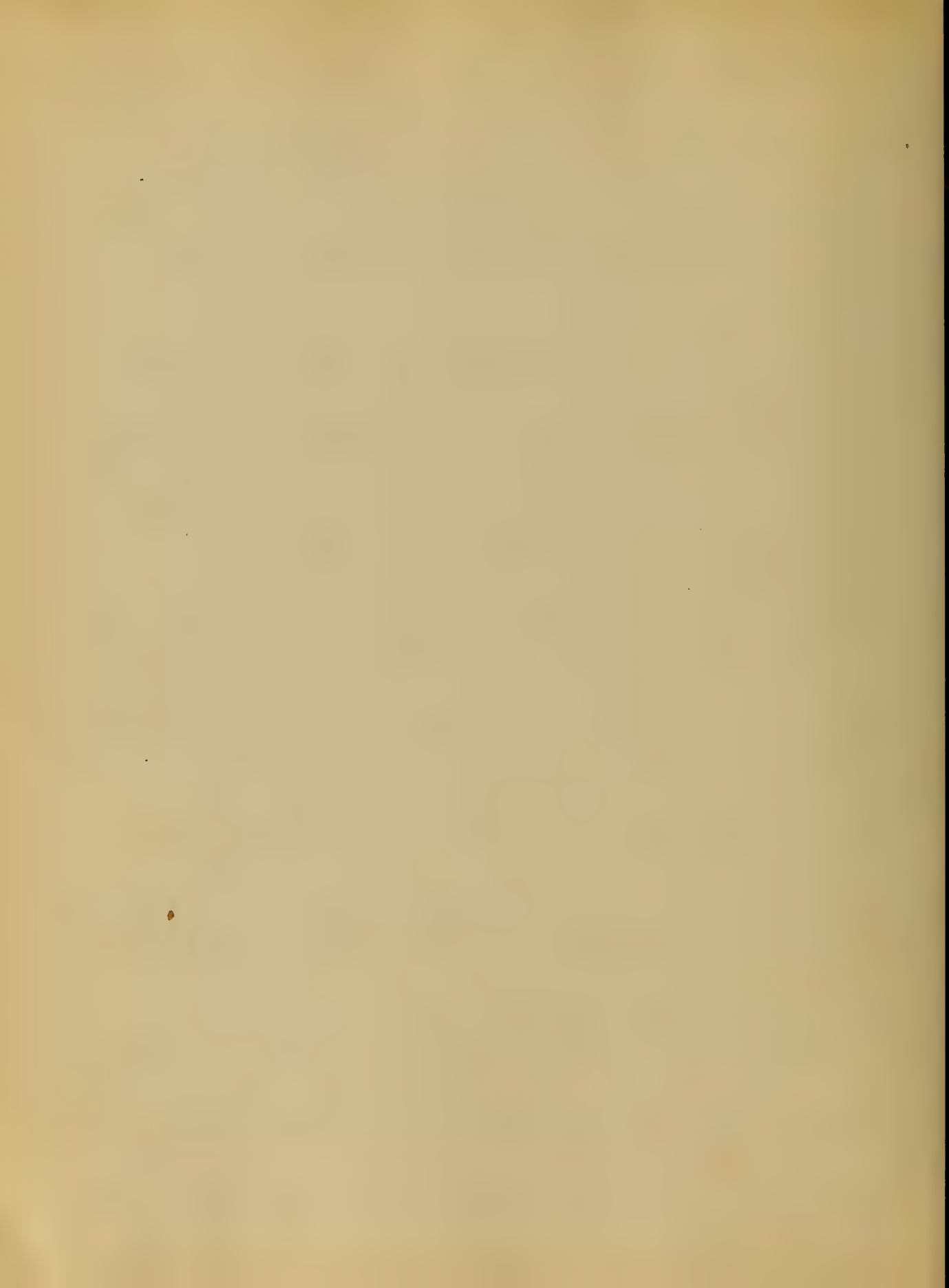
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Acute Bronchitis

Before treating of acute bronchitis it will be necessary to make a few remarks on regard to bronchitis in general.

Bronchitis means an inflammation of the lining membrane of the bronchial tubes. There have been many classifications of the different types of this disease but the one we

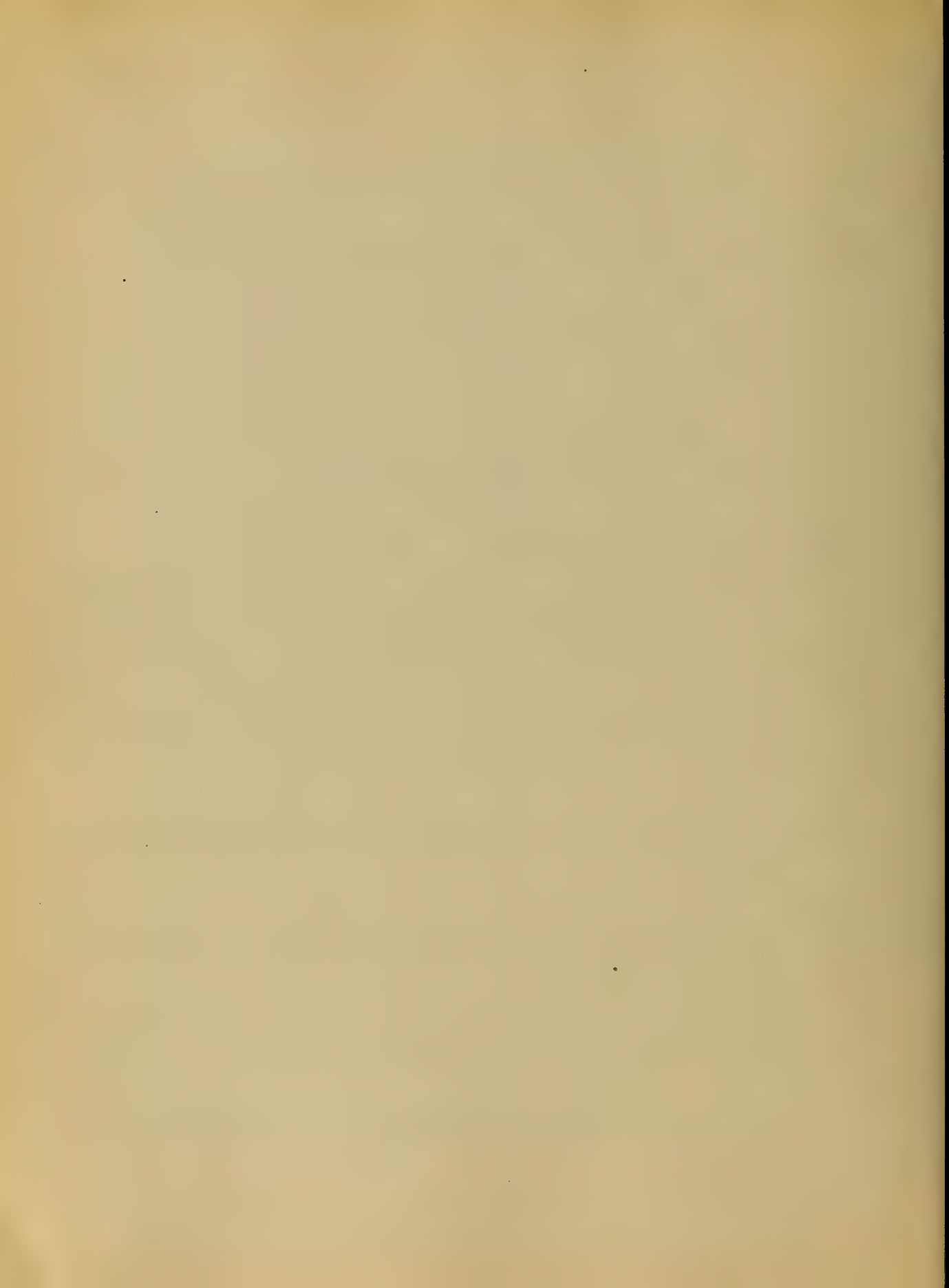


think the most simple
 is the one dividing it
 into four types viz:

Acute.
 Chronic
 Capillary and
 Grouped

That hardly comes within
 the scope of this work
 to describe each of these
 separately for their
 names indicate their char-
 acter

Whenever any one of the
 types appear. It is either
 primary or idiopathic or
 it is secondary or result



may be a complication of
some other disease
such as tubercle.

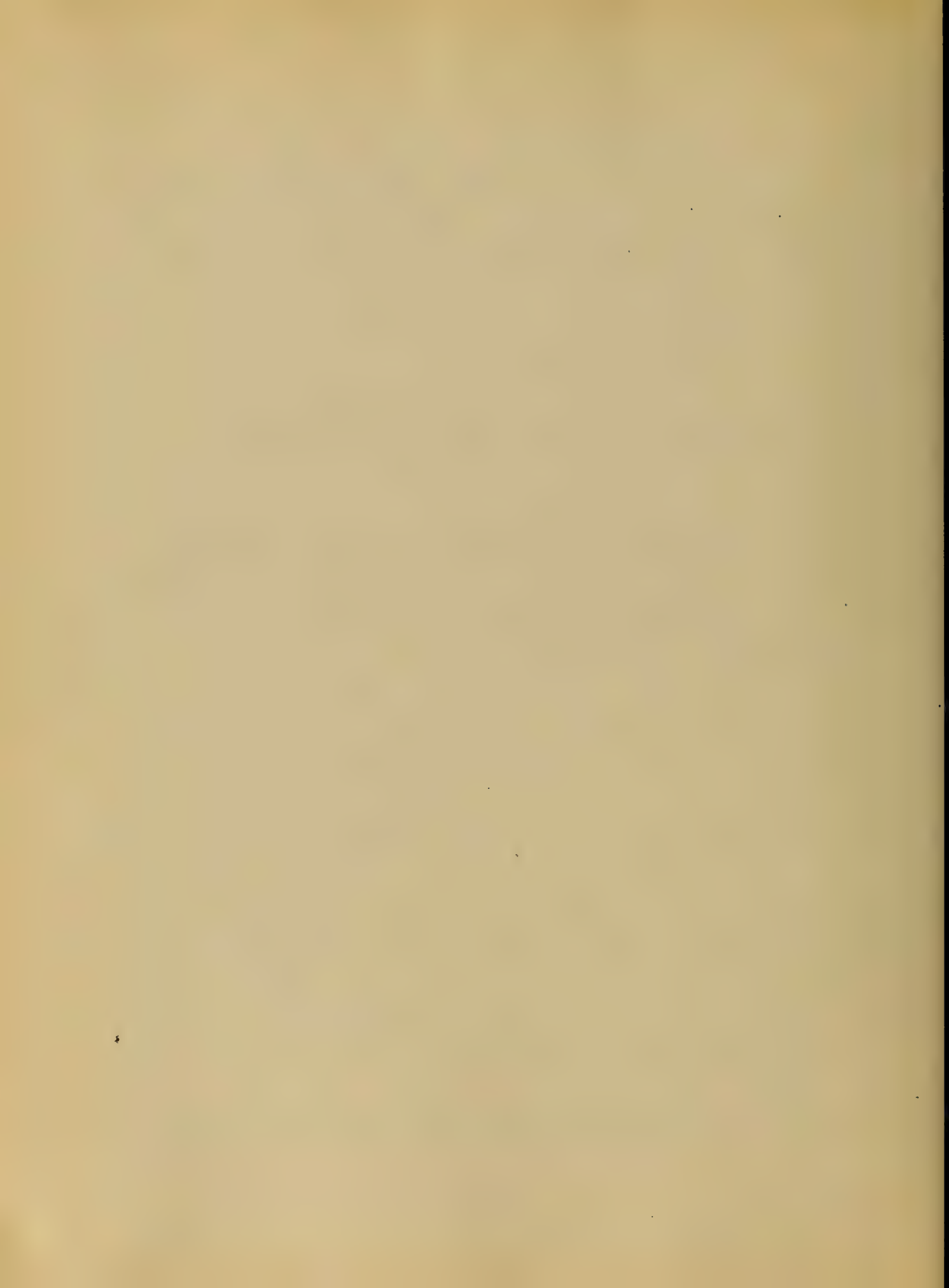
Acute Bronchitis

111

is usually only
an affecting of the large bron-
chial tubes.

Acute bronchitis begins as
does an inflammation
anywhere, that is by hy-
peræmia of the part af-
fected here it is the mu-
cous membrane lining
the bronchial tubes.

This hyperæmia is usually

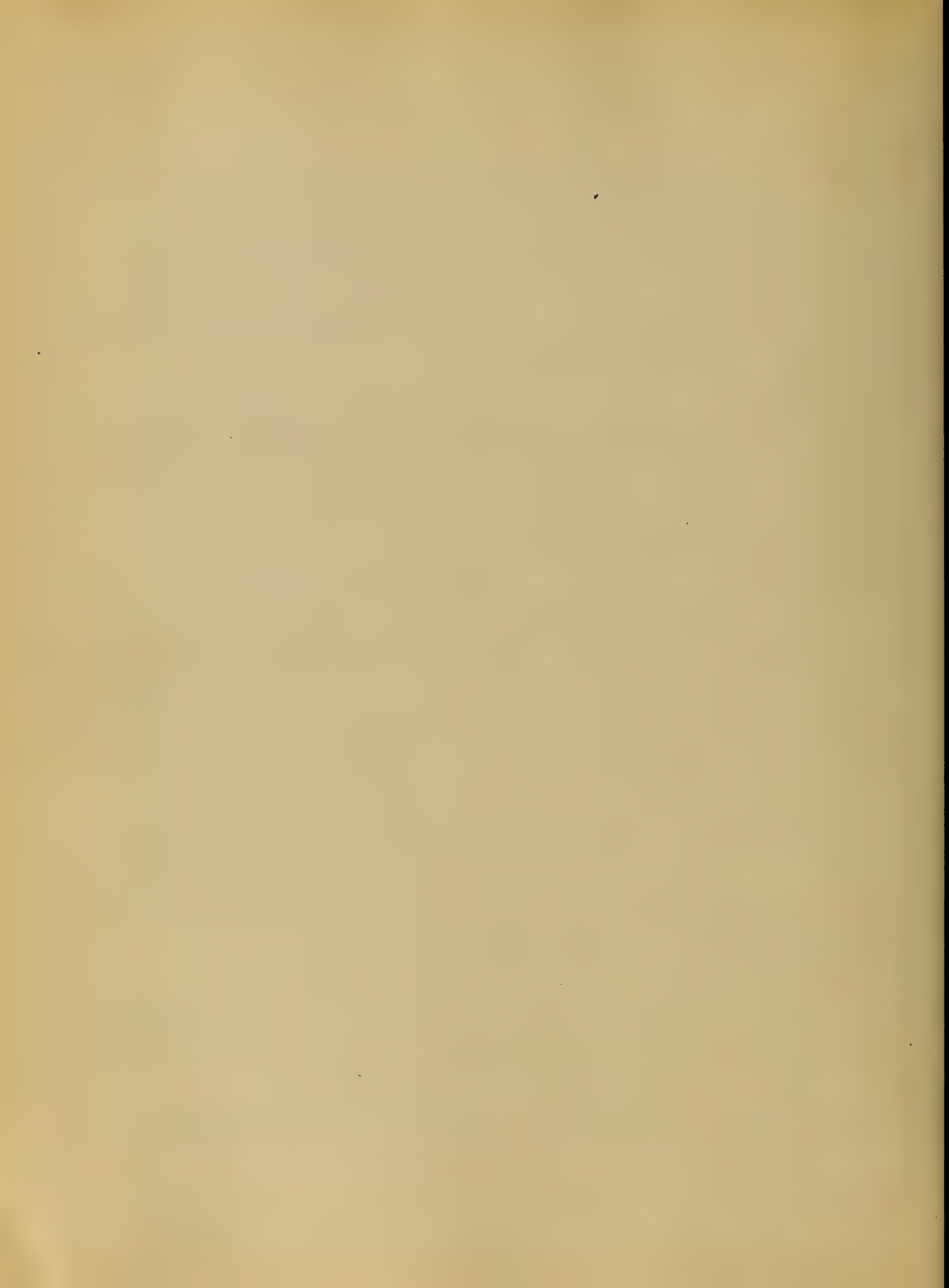


be uniform in all parts
of all the tubes affected or
it may be more marked
in patches.

The mucous membrane
becomes swollen and
softened.

Post mortem appear-
ances do not correspond
at all to the anti mortem
conditions, for the red-
ness seen during life
may entirely disappear
after death.

Exudata at first consist
of a viscid mucous
but later in the disease



it is yellow and somewhat opaque because of the presence of broken down blood corpuscles. After death a coating of mucus is found upon the inflamed mucous membrane. When the bronchitis is primary the tubes on each side are equally affected.

Technical History

The attack is generally preceded by a catarrh seated in the more superficial air



passages. This catarrh
 generally commences in
 the nasal mucous
 membrane and pass-
 ing downwards may
 or may not affect
 the pharynx and lar-
 ynx, but takes up its
 seat in the mucous
 membrane of the bron-
 chial tubes, thence it
 extends to the submucous
 tissue only very rarely.
 Duration - from
 one to two or three weeks.
 The period from appear-
 ance of the coryza

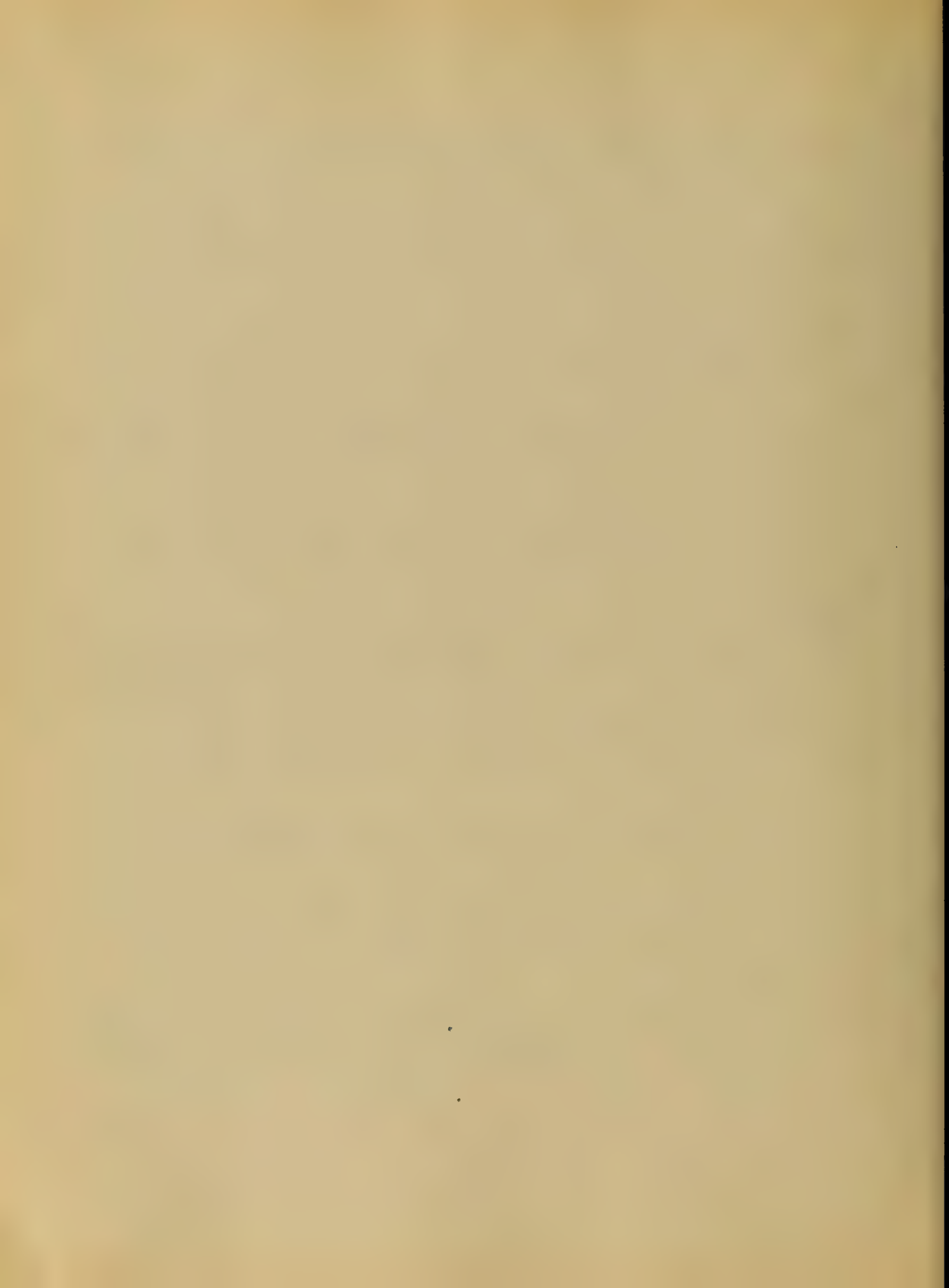


until the bronchitis is set
up varies from a few
hours until a few
days.

Patient will complain of
pain behind the sternum,
especially when she coughs.
Painful sensation is
that of soreness.

The patient does not always
perceive a marked chill
at the outset but there
are chilly sensations
alternated by exces-
sive heat of the body.

Appetite is not generally
lost although there are



8
must always occur or
be impaired, and the
frequent complaints of
being in a state of general
anæmia

Bough is at first dry,
but soon becomes
moist and afterwards
expectoration is abun-
dant.

Bronchitis is not often
accompanied by much
debility, and often the
patient does not take
to bed at all.

Causation

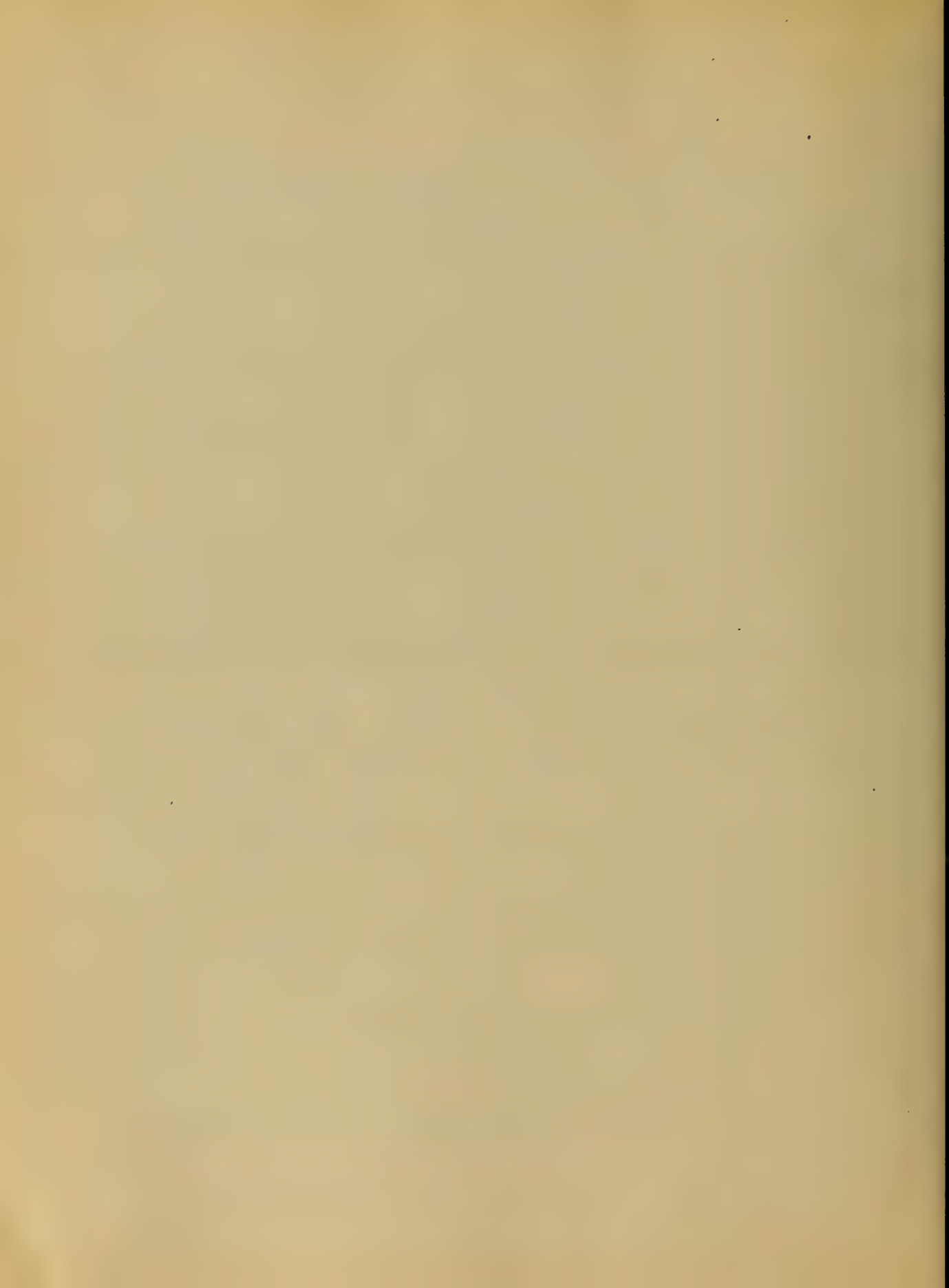
Bronchitis



is one of the most common
 ailments of the human
 body. It is a disease of the
 respiratory system, and is
 caused by a virus. The
 word "cold" is used to
 describe the condition, but
 it is not a true cold. It
 is a viral infection of the
 upper respiratory tract.
 The virus enters the body
 through the nose or mouth,
 and then travels to the
 throat. It then spreads
 to the sinuses and the
 lungs. The virus causes
 the cells of the respiratory
 tract to become inflamed,
 and this leads to the
 symptoms of a cold. These
 symptoms include a runny
 nose, a sore throat, and
 coughing. The virus is
 most active in the winter
 months, and is spread
 easily from person to
 person. It is a very
 common disease, and is
 usually not serious.



cold do not have bron-
 chitis and ^{those} who do have
 it have often not been
 exposed to any special
 cold at all. There are
 the evidence that can be
 brought to bear on this
 subject it seems that
 the most frequent cause
 is exposure of only a
 part of the body to change
 of temperature, such as
 sitting by a crack in a
 window which allows
 a draught to blow on
 one neck or any other
 part. It must be con-



Since that the cause
does not appear to be
well understood but
it may be said to be
due to some atmos-
pherical change.

Cold and temperate
climates are more in-
fected with bronchitis
than are the tropical
climates, and in the
former climates it is
seen more in the
Autumn and Spring
than in Summer and
and Winter.

Secondary bronchitis



may be caused by ra-
biosa and whether
caused if it almost
always the acute form
of the disease.

Diphtheria fever is often
complicated by chronic
bronchitis

Acute bronchitis may
have a traumatic or-
igin such as inhalation
of irritating gases as
for instance inhalation
of chlorine or the fumes
of sulphuric acid.

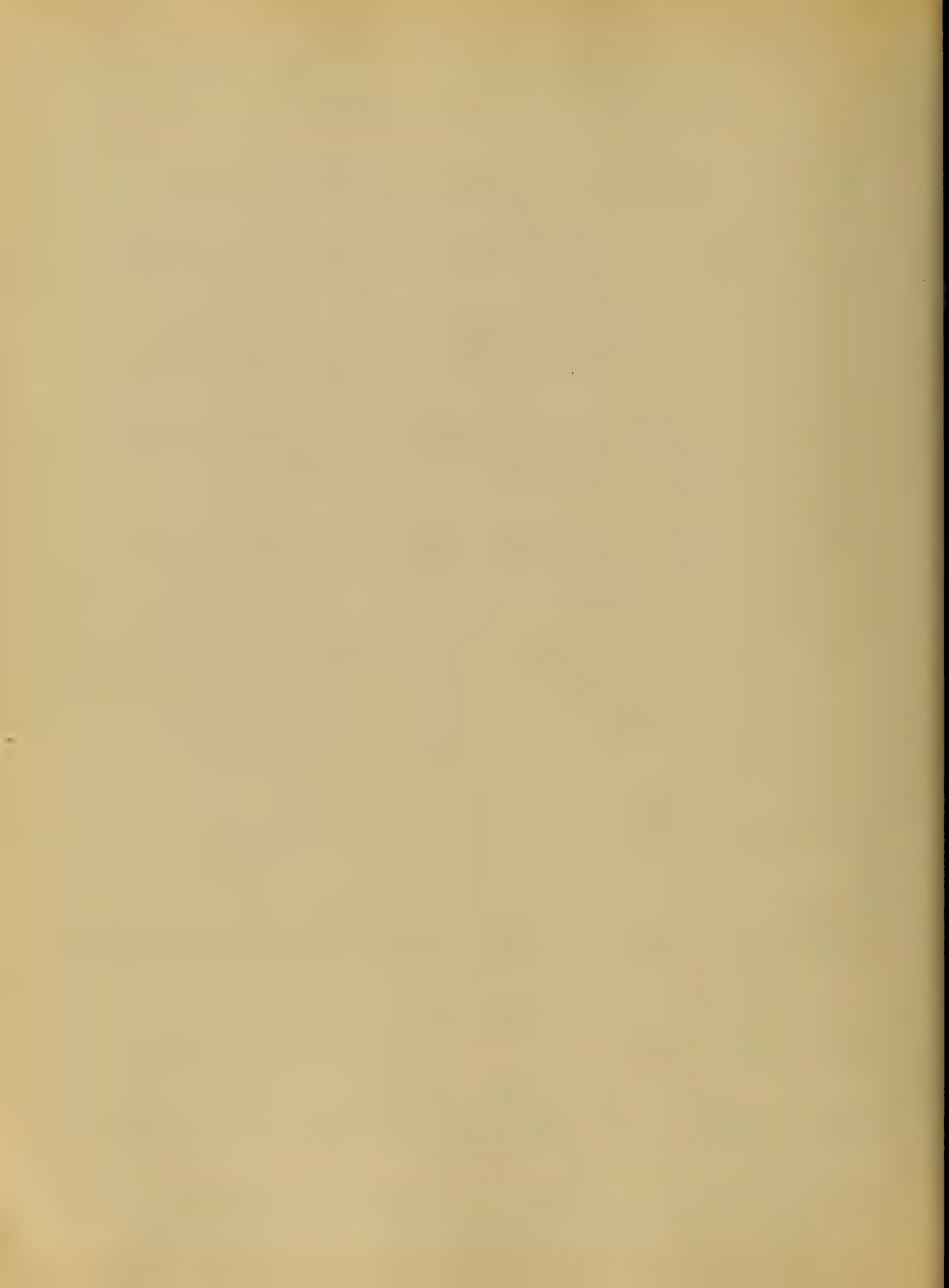
Persons who live much
in the open air are less



liable to attacks of this disease that they spend most of their time in warmhouses.

It is a noticeable fact that hunters, soldiers, surveyors &c who live in camps are particularly free from bronchitis but as soon as they resume their life in warmhouses again they are often attacked with bronchitis.

Diagnosis — The two most important diseases

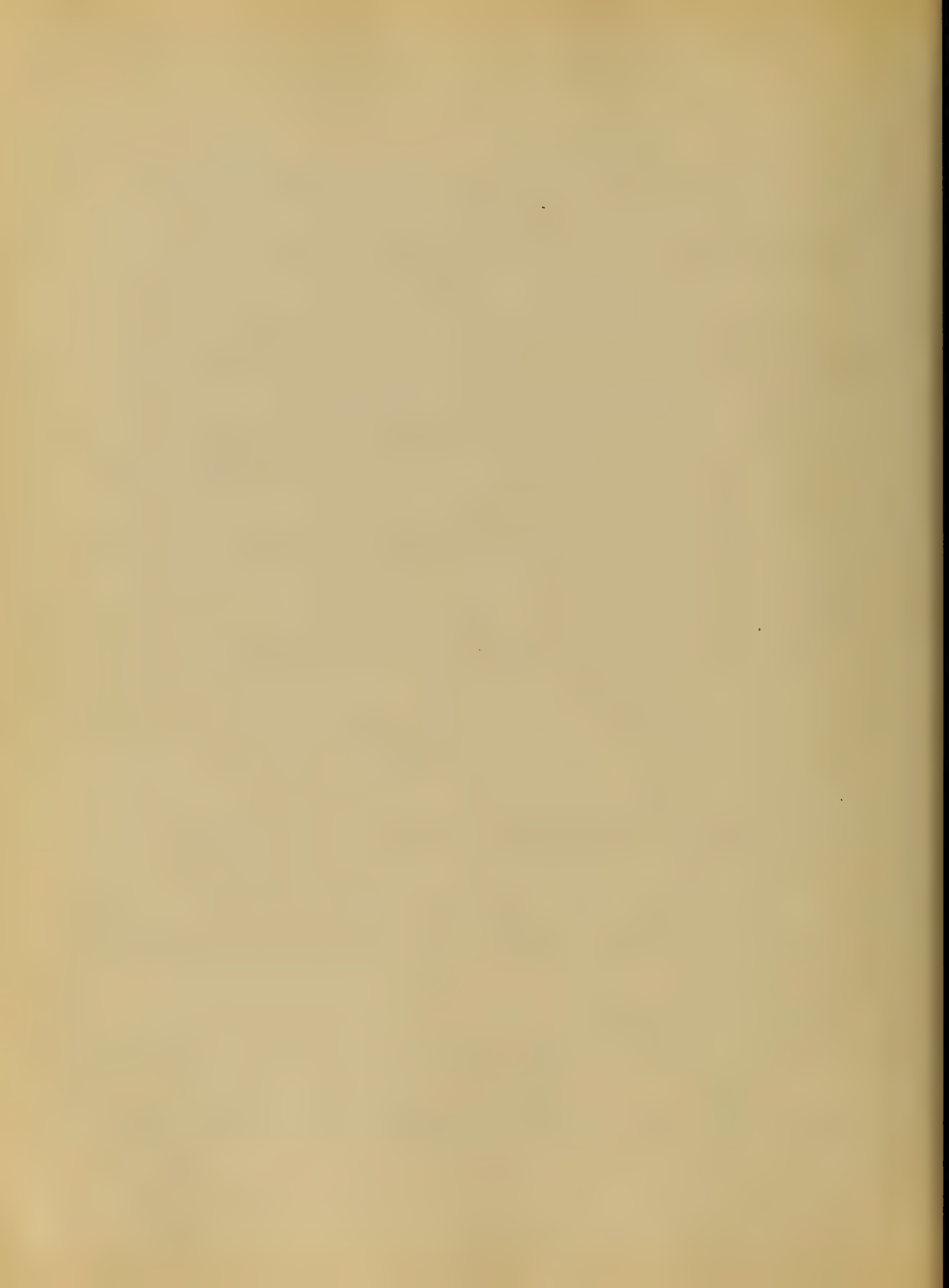


from which bronchitis
 must be diagnosed
 are acute lobar pneumonia
 and pleuritis
 The clinical history
 will have a good bearing
 to do with determining
 the diagnosis

The bronchitic pain
 is not lancinating and
 is sub-sternal.

Expectoration is not
 rusty and if bloody
 at all it is with streaks
 of blood

Breathery is not accel-
 erated and there any



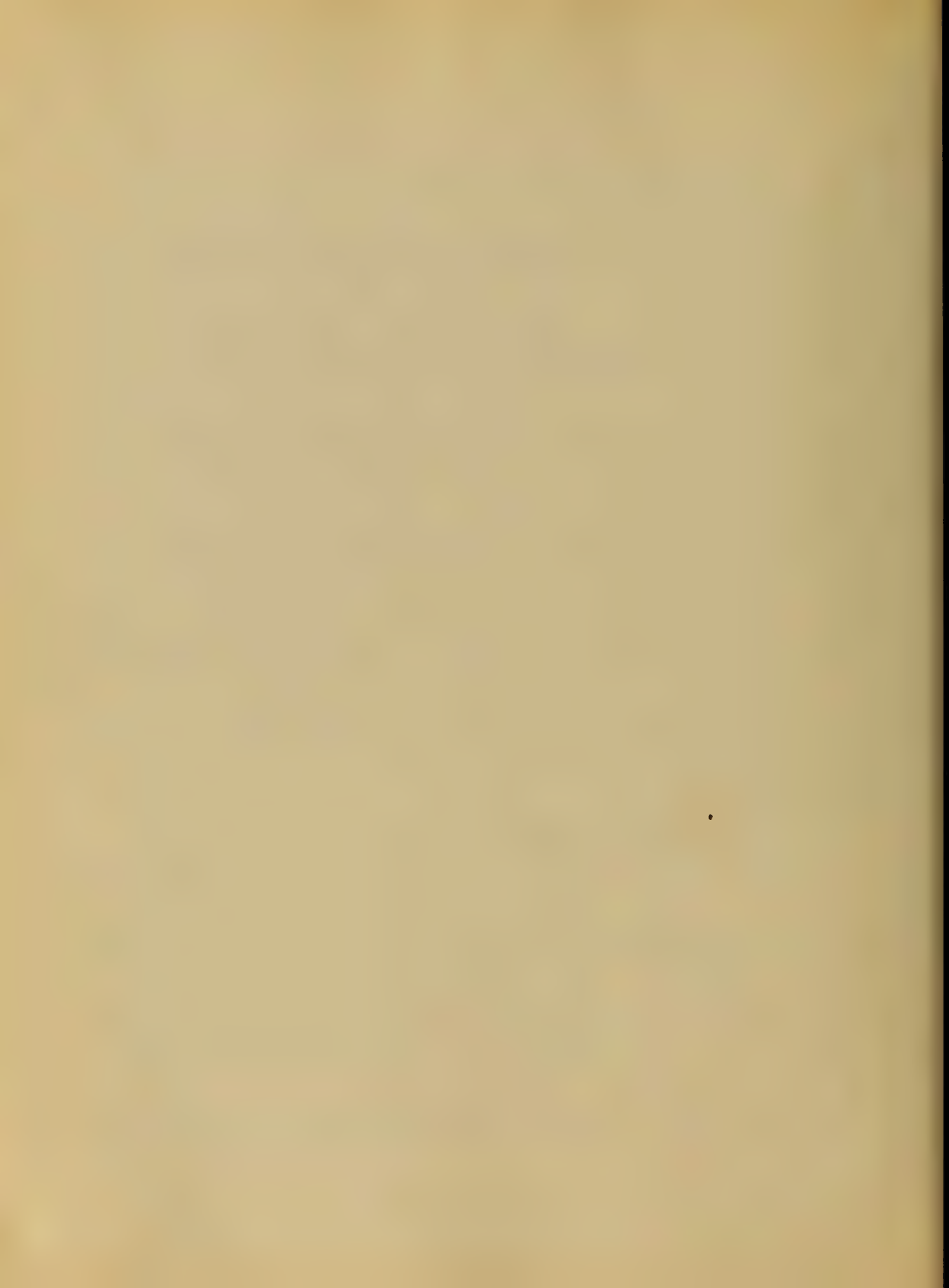
dyspnoea present.

The attack is generally preceded by coryza if it be bronchitis, not so if it is acute lobar pneumonia or pleurisy.

Recussion resonance is the same in this disease as in health, and vocal resonance is also unaffected.

Prognosis —

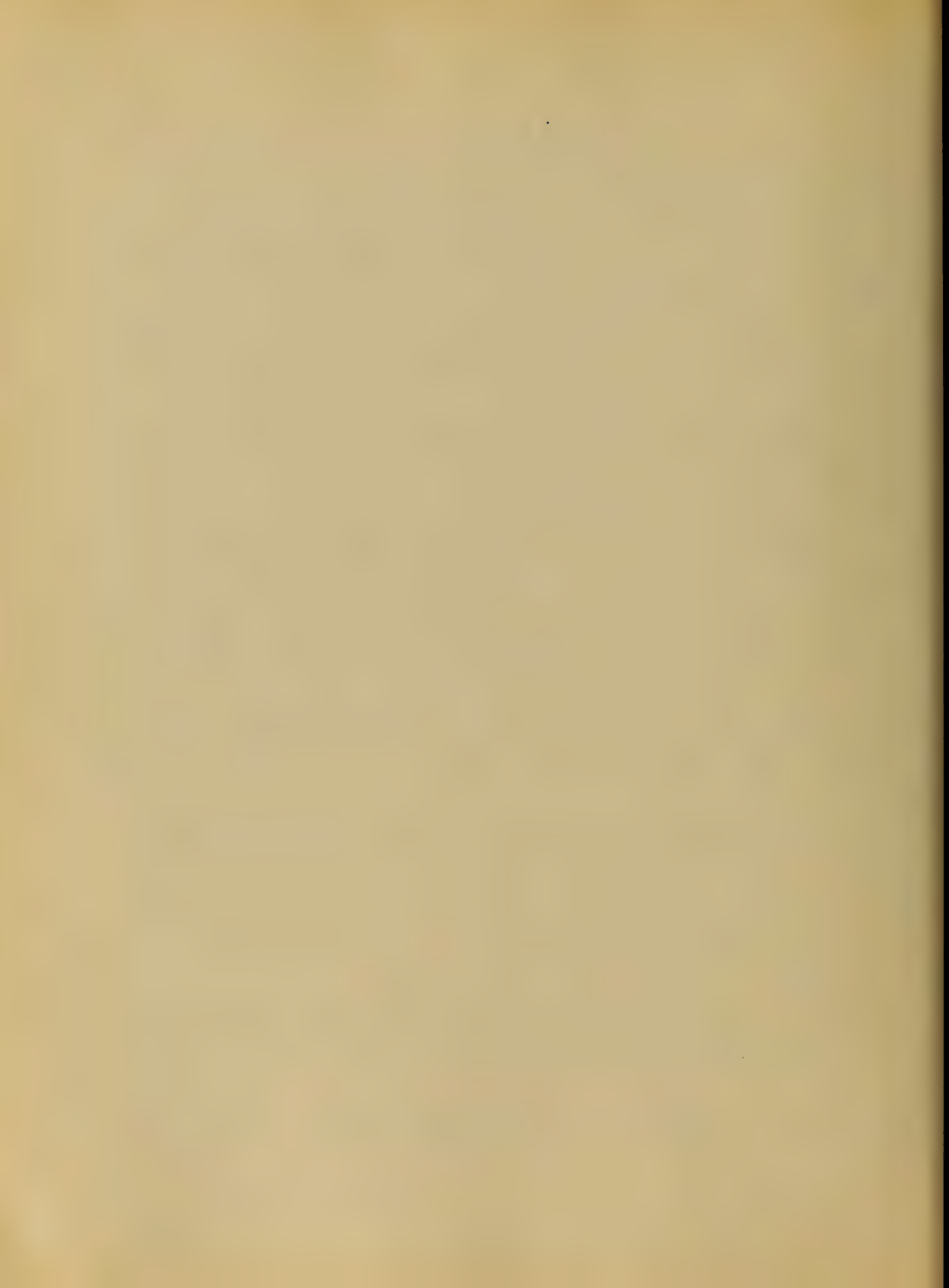
The middle life is very favourable, but in the very young and in the old it is more dangerous.



Treatment —

Hygienic treatment is all that will be necessary in many cases. When the case does not yield readily to hygienic measures the patient should be put to bed in a warm room in which steam is being constantly generated and kept there for a few days.

During this treatment the patient should have hot foot baths at night.

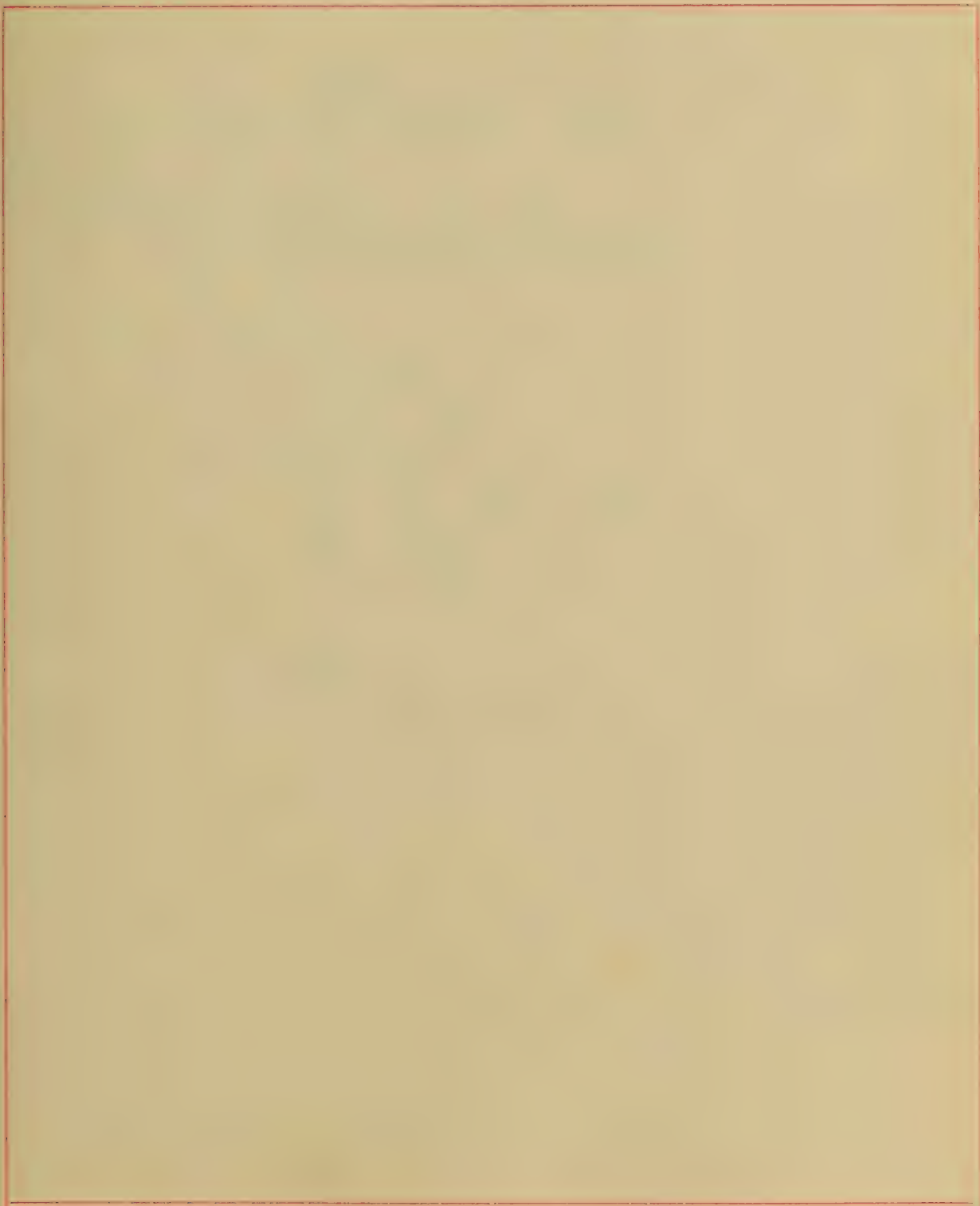


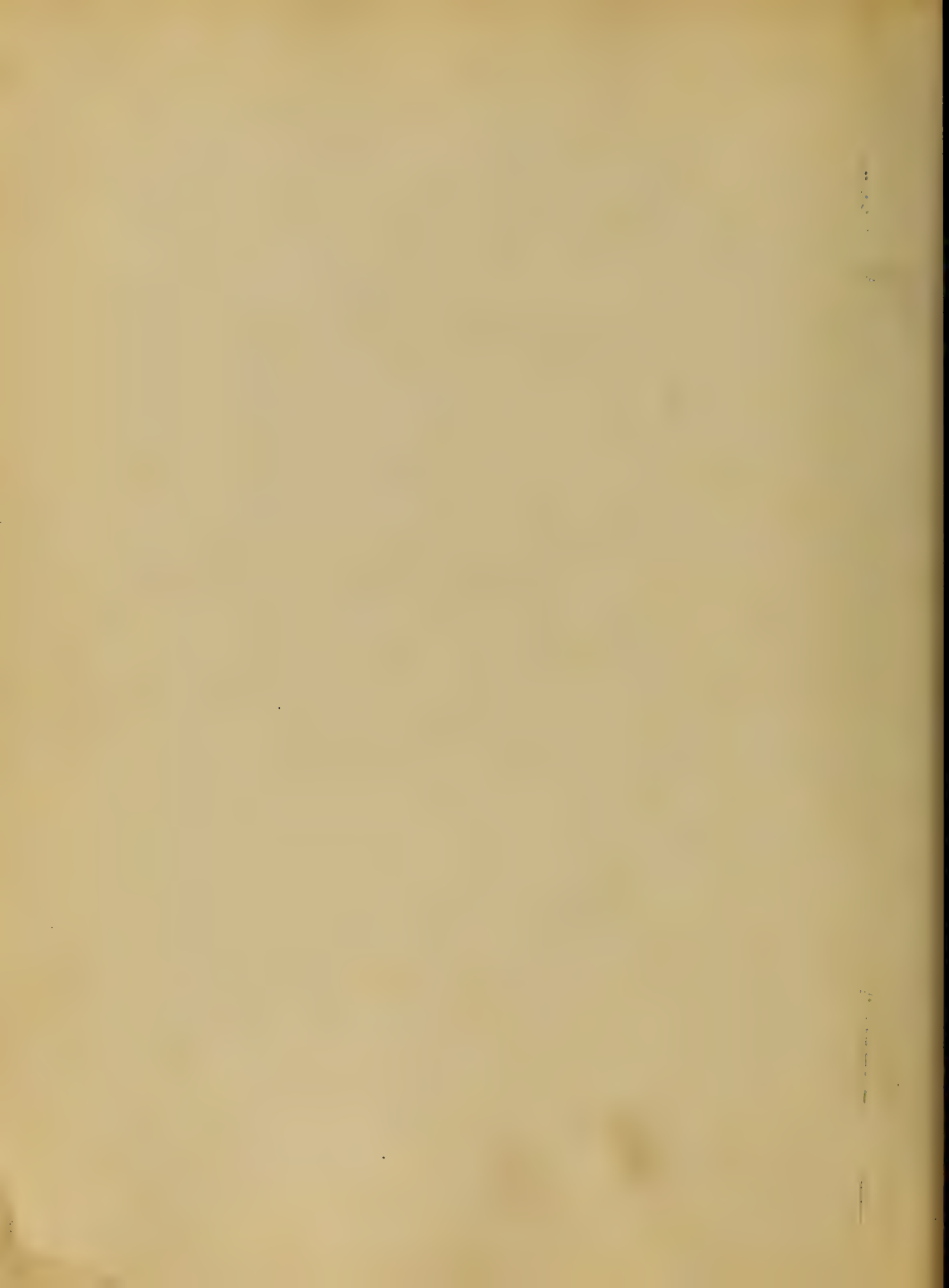
with a Dover's powder.
Inhalations of warm
vapors and sprays will
be found to be very ben-
eficial.

Counter irritation not
carried to blistering
will give relief when
there is much pain.

Expectorants are not indi-
cated in the first stage of
the disease. When the disease
is tending towards chronicity
tonics are necessary such
as genuine cod liver oil
iron and so forth



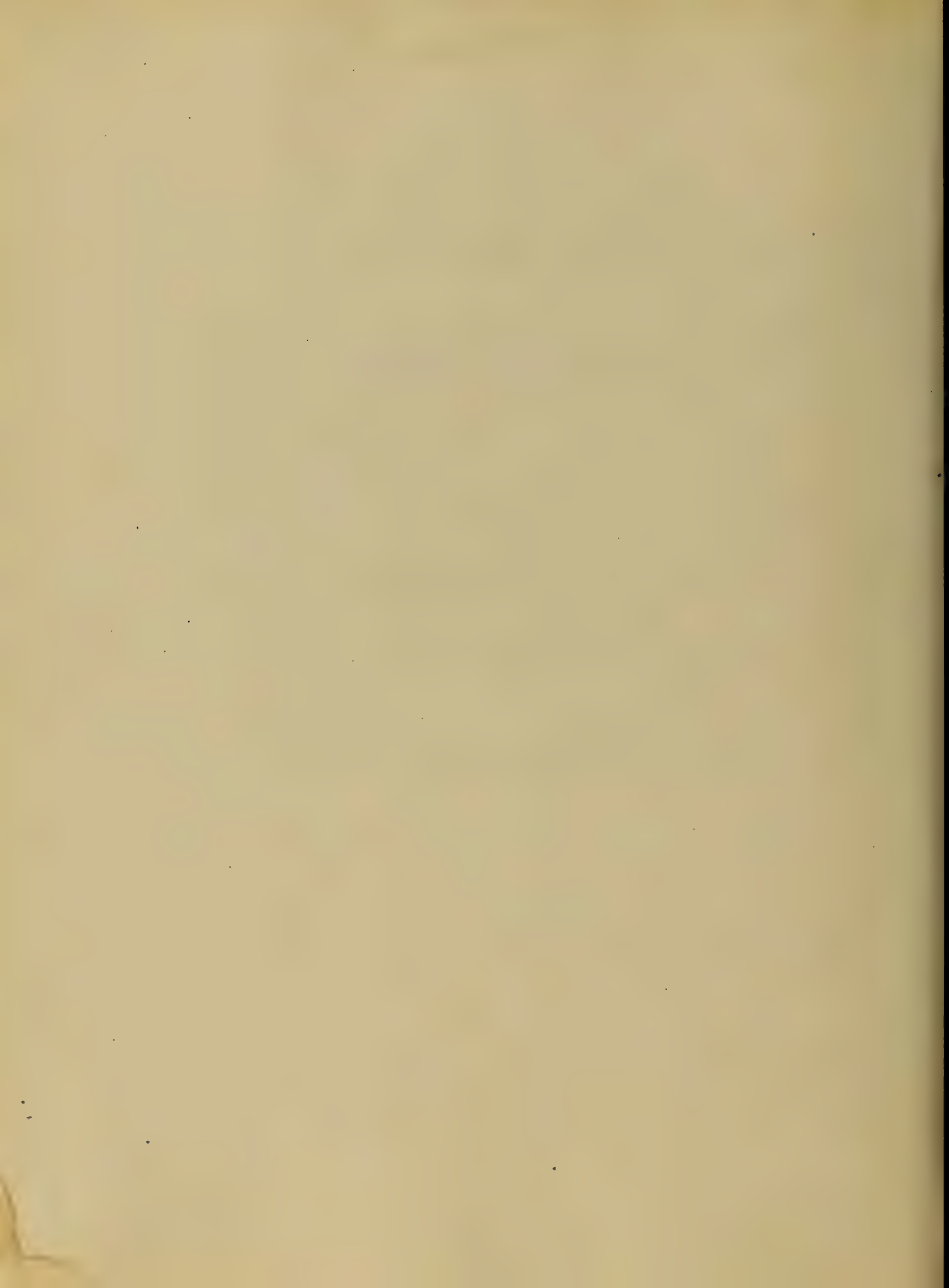




A Thesis on
Scarlatina

By
J. J. Best
Virginia.

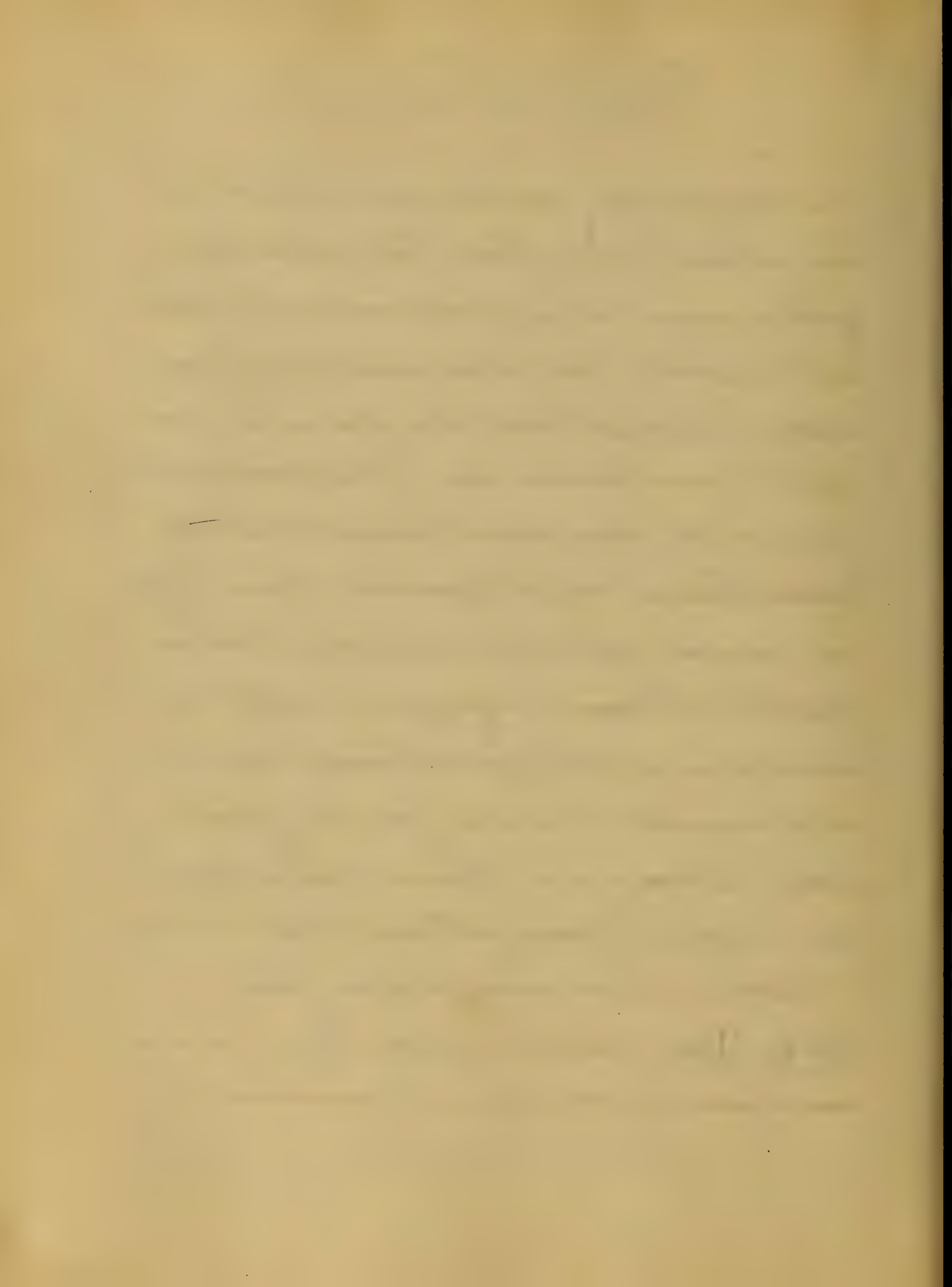
Feb. 15th 1886.



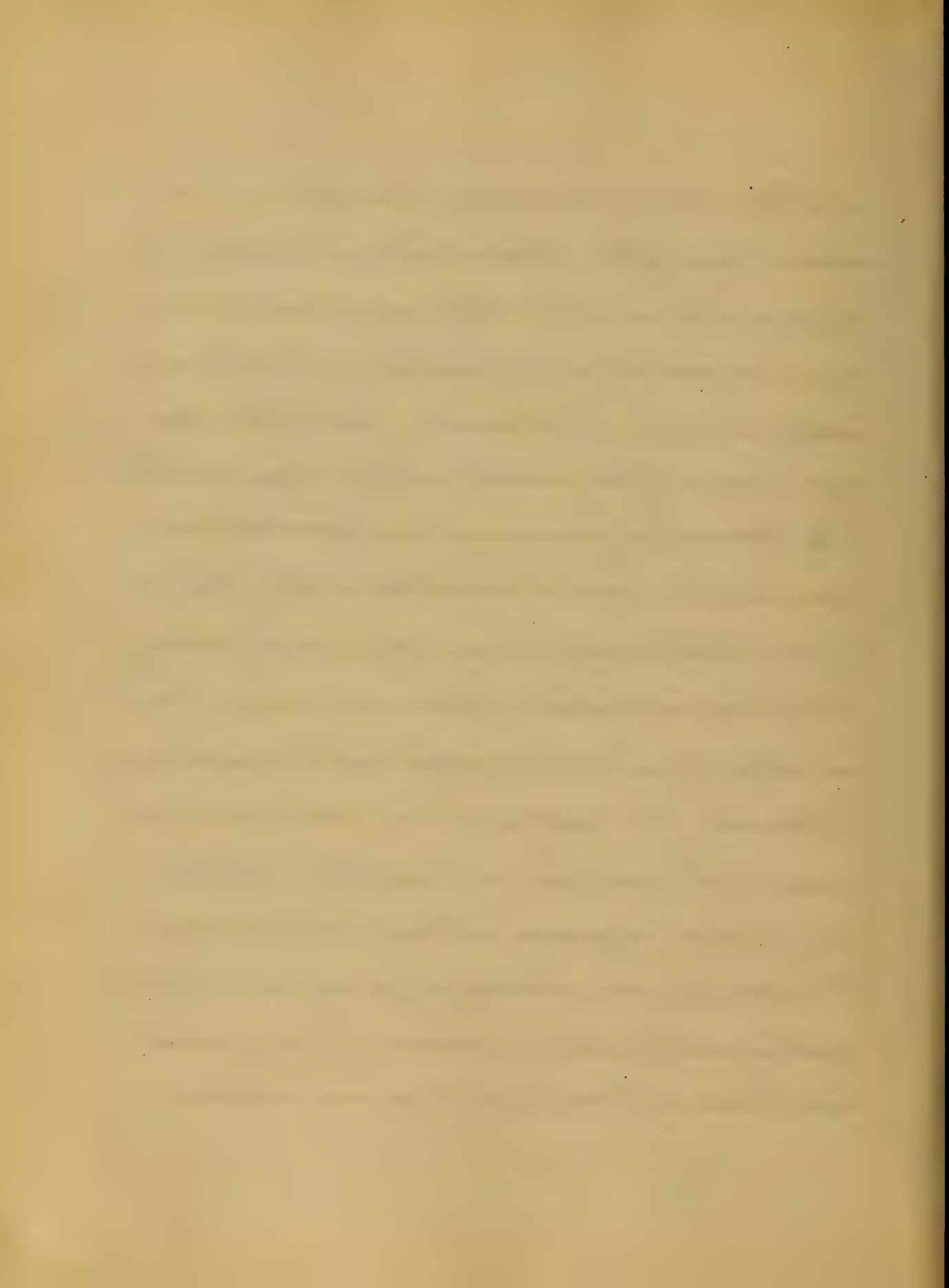
Scarlatina.

Being deeply sensible of the fact that this disease furnishes the caption for a goodly number of theses written by medical students: yet, also, am I deeply sensible of the fact that it is a common, and in its grave form - one of the most malignant and dangerous diseases that the practitioner has to encounter. Bearing this in memory then - it is essential that he should be thoroughly acquainted with the disease in all its stages and forms - so that at a moment's warning he may possibly, about its progress or alleviation - it to that degree that his patient may still live. For this reason I adopt it as the subject of my thesis.

Definition - Scarlatina is an epidemic and contagious eruptive fever, characterized by

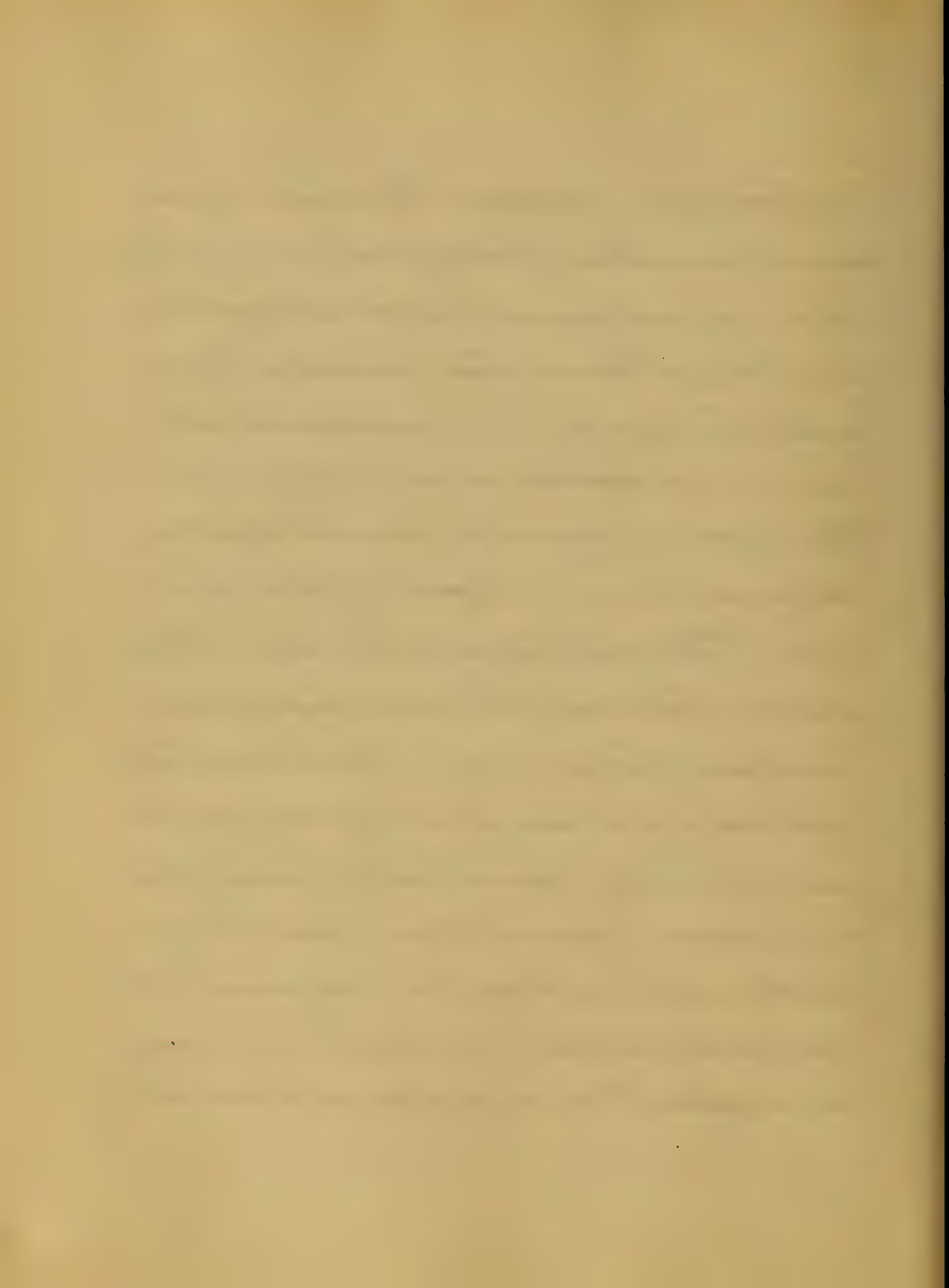


a scarlet rash, which appears on the first or second day of the disease and ends usually on the sixth or seventh day - or in some rare cases as late as the tenth; also by simultaneous inflammation of the tonsils - and of the mucous membrane of the mouth and pharynx, and which is followed by desquamation. Scarlatina is remarkable for the wide diversity which it presents as regards symptoms and fatality. It has been divided into several varieties based on differences in symptomatic characters and intensity. At the present time three varieties are recognized by writers, viz: Scarlatina Simplex - Scarlatina Anginosa and Scarlatina Maligna. These varieties are widely different in respect of gravity and distinctive characters: yet they are not distinct diseases: essentially they are identical.



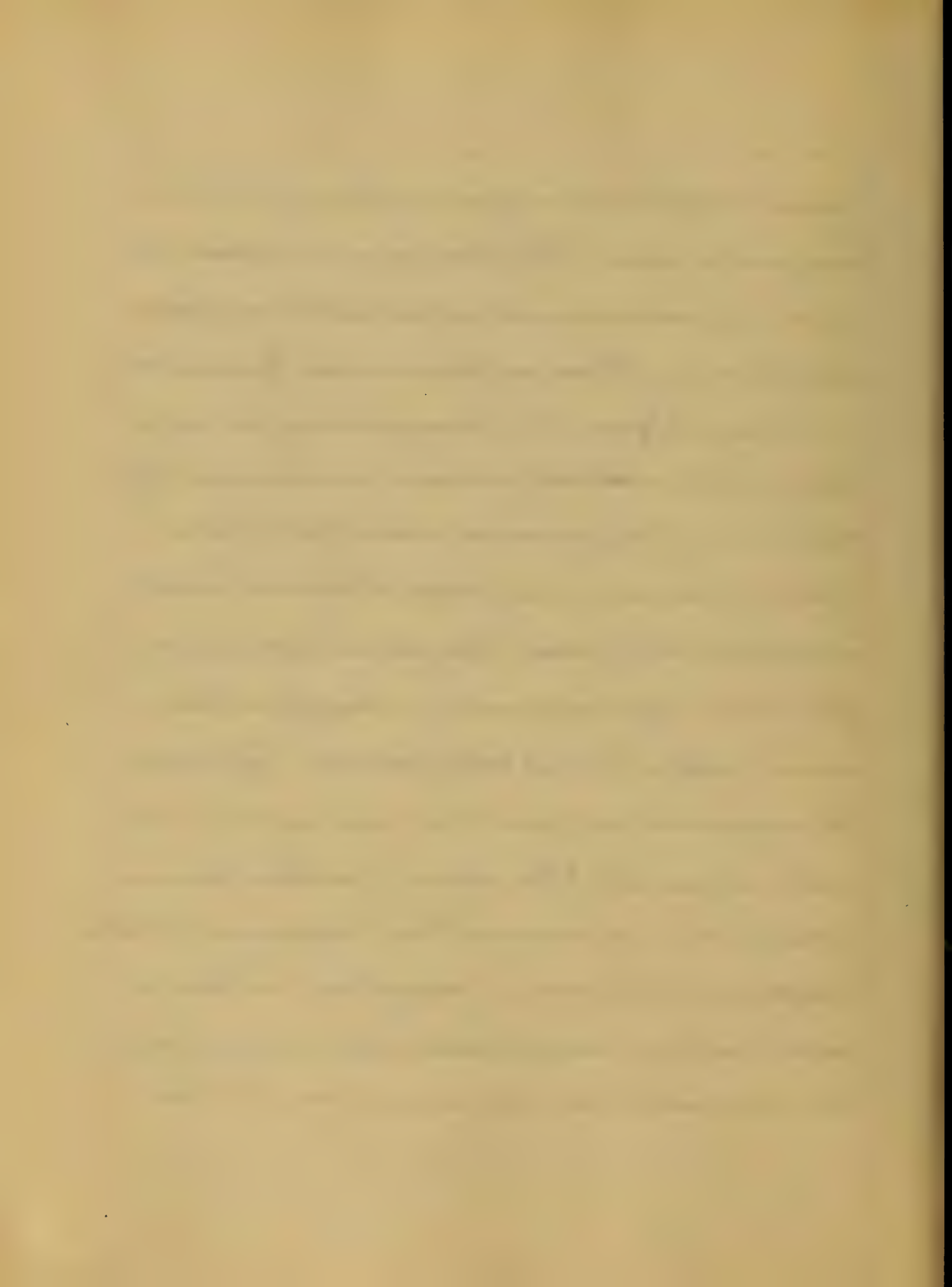
Anatomical Lesions - The leading anatomical characters of this affection are the eruption on the surface and the morbid appearance in the throat. The eruption sometimes disappears entirely after death: and occasionally assumes a deep livid or purple appearance.

The epidermis is generally loosened upon the integument, so as to be peeled off with great facility. The most important lesions, and those which seem to belong to the disease independent of all complications, are the altered condition of the blood - and congestion of the different parts of the body - particularly the brain - serous membranes - kidneys - spleen - glands of Peyer and the intestinal follicles. Hyperaemia, with more or less swelling of the cutis is the cause of the eruption. The respiratory organs are usually



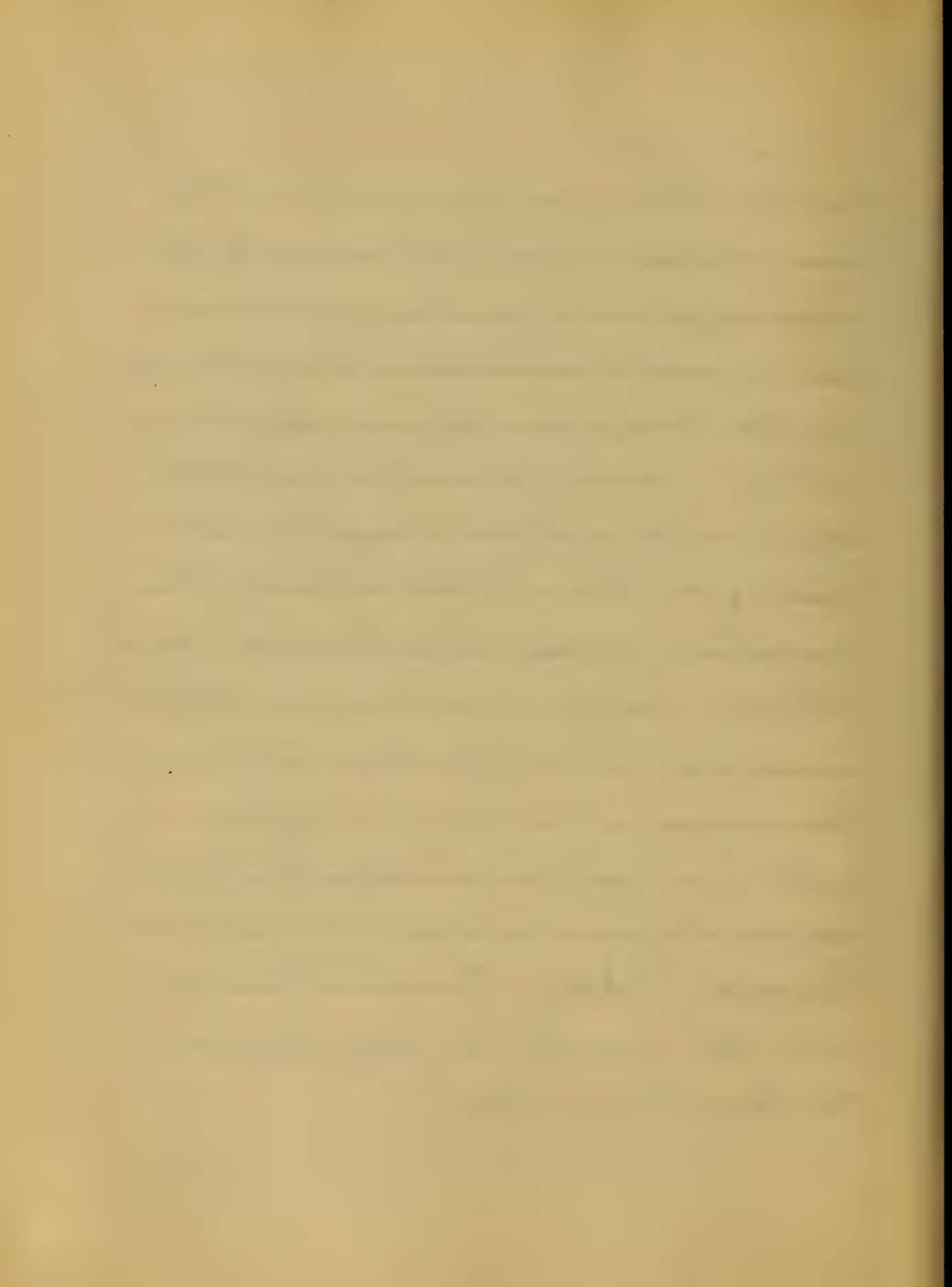
Healthy, with the exception of congestion and ^{some} engorgement. There is congestion of the subepithelial layers - with excessive formation and subsequent desquamation of the epithelium. According to some writers, the entire gastro-intestinal mucous membrane is affected in many cases of this disease. In the mildest form of scarlatinal sore throat, the mucous membrane covering the tonsils - soft palate and pharynx - is reddened and slightly swollen. The tonsils are frequently enlarged. Sometimes a phlegmonous inflammation of the tonsils - soft palate and pharynx - may occur in severe cases of this disease. The swelling in such cases is extreme. The mucous and sub-mucous layers become infiltrated with pus cells. In such cases abscesses generally form in the tonsils. In some epidemics of scarlet-

Fever, a diphtheritic inflammation of the throat frequently occurs. The fibrinous exudation begins on the tonsils and extends to the soft palate and pharynx. The inflammatory process may be propagated from the pharynx along the eustachian tubes to the mucous membrane of the middle ear. Suppuration, with perforation of the tympanum may occur which ultimately results in deafness. Peyer's and Brunner's glands are often moderately enlarged and sometimes reddened and softened. In a few cases the mesenteric glands are increased in size and inflamed. The spleen is redder than usual or softened and enlarged. The kidneys are healthy except a slight degree of congestion, unless the case has been complicated with dropsy. Under these circumstances they usually prevent the



Characteristic lesions of tubal nephritis. The heart occasionally presents the results of inflammation of its lining membranes: and in some cases its cavities contain firm white-audumolite clots. The blood shows different appearances in different cases. It is viscid or serous - dark colored or light, and fluid or coagulated - the clots being of variable and color and density. The proportion of its constituent elements is changed. The fibrin maintains its relation or is slightly increased whilst the globules are increased. This increase in the proportion of fibrin may be the cause of the fibrinous deposits - which are occasionally found in the cavities of the heart.

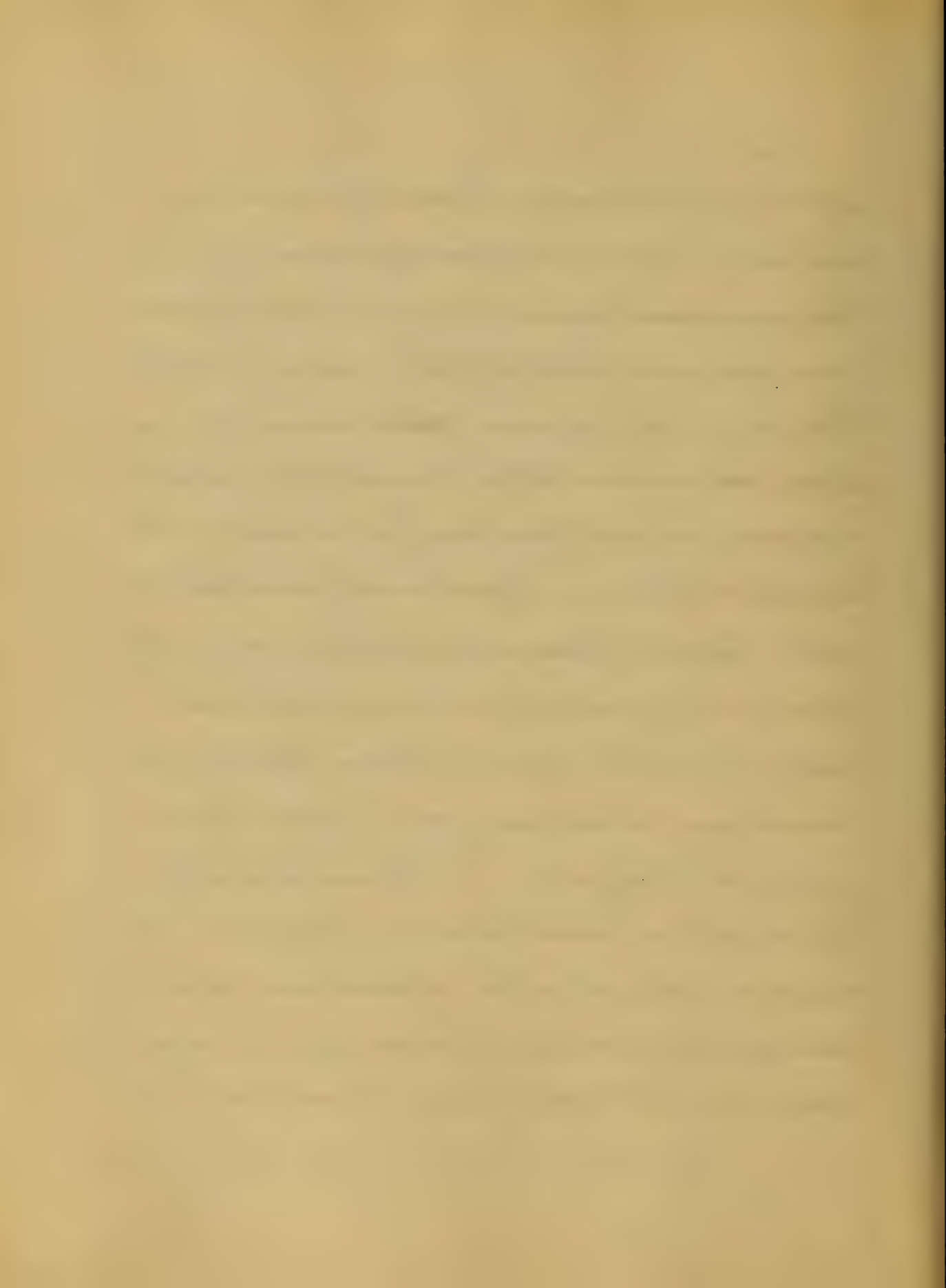
Clinical History - There are three stages, viz: I - stage of Invasion - II - stage of Eruption - III - stage of Desquamation.



I- Stage of Invasion-. The onset of mild cases of scarlatina is generally sudden. Occasionally a chill more or less pronounced, occurs in the attack. Vomiting is an early symptom, in a proportion of cases - all accompanied with diarrhoea. As a rule the fever is intense on the first day - and runs higher than in any of the eruptive fevers. There is complete anorexia: the thirst is acute: the bowels are usually in their natural condition or slightly constipated. The child is quiet and dull or else restless and irritable, and sometimes there is delirium: the face is generally flushed - and the eyes injected. In mild cases the symptoms are so slight that the patient does not take to bed. In grave cases of this disease the symptoms are of the most violent character. The onset is sudden. The child passes within a few hours from a state of apparent health into one

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Of the gravest danger. Most of the cases begin with violent fever and great depression of strength. The pulse soon becomes very rapid - rising to 140 or 180 or frequently so rapid that it cannot be counted. The skin is dry - in some parts burning hot - in others cool or even cold. Generally there is nausea and vomiting and there may be violent and constant. Delirium of fever exists from the first or else there is drowsiness or dullness of intelligence - arising gradually into coma. In the most violent cases, the stupor and coma alternate with convulsions - which may prove fatal in from eight to thirty-six hours. When a case of this kind lasts over two or three days - the violence of the nervous system subsides; the convulsions cease; the delirium is less violent; the coma gives away to drowsiness and the patient again becomes rational;

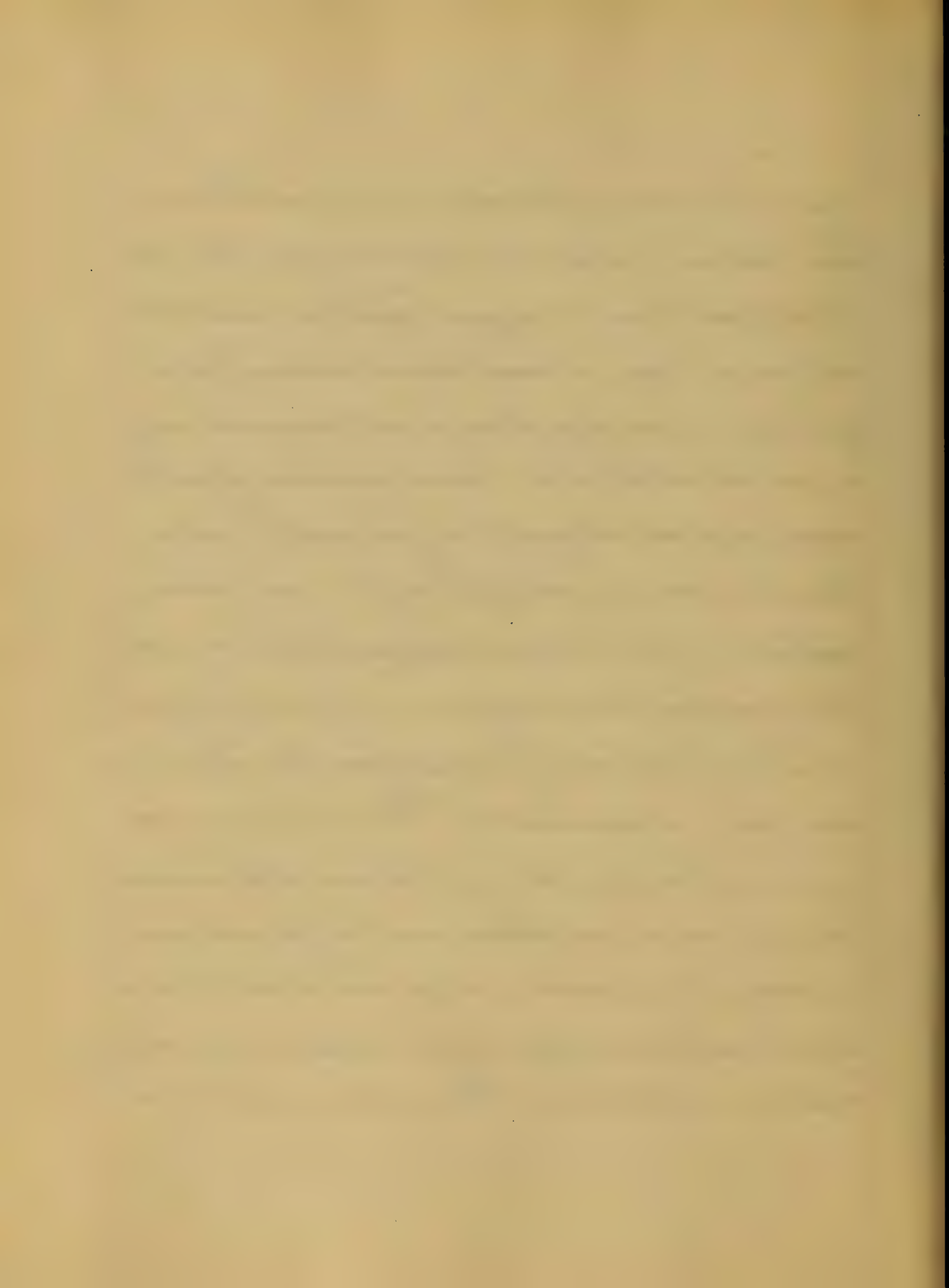


all the grave symptoms may subside and the stage of eruption assume a more favorable appearance. The period of incubation in scarlatina is shorter than in any other disease. The average duration of this stage is about twenty-four hours. Sometimes it is much shorter - occasionally longer. The eruption usually makes its appearance on the second day. In mild cases - so rapid is this stage and so mild the symptoms - that in a majority of the cases, the stage of eruption makes its appearance before the physician is consulted.

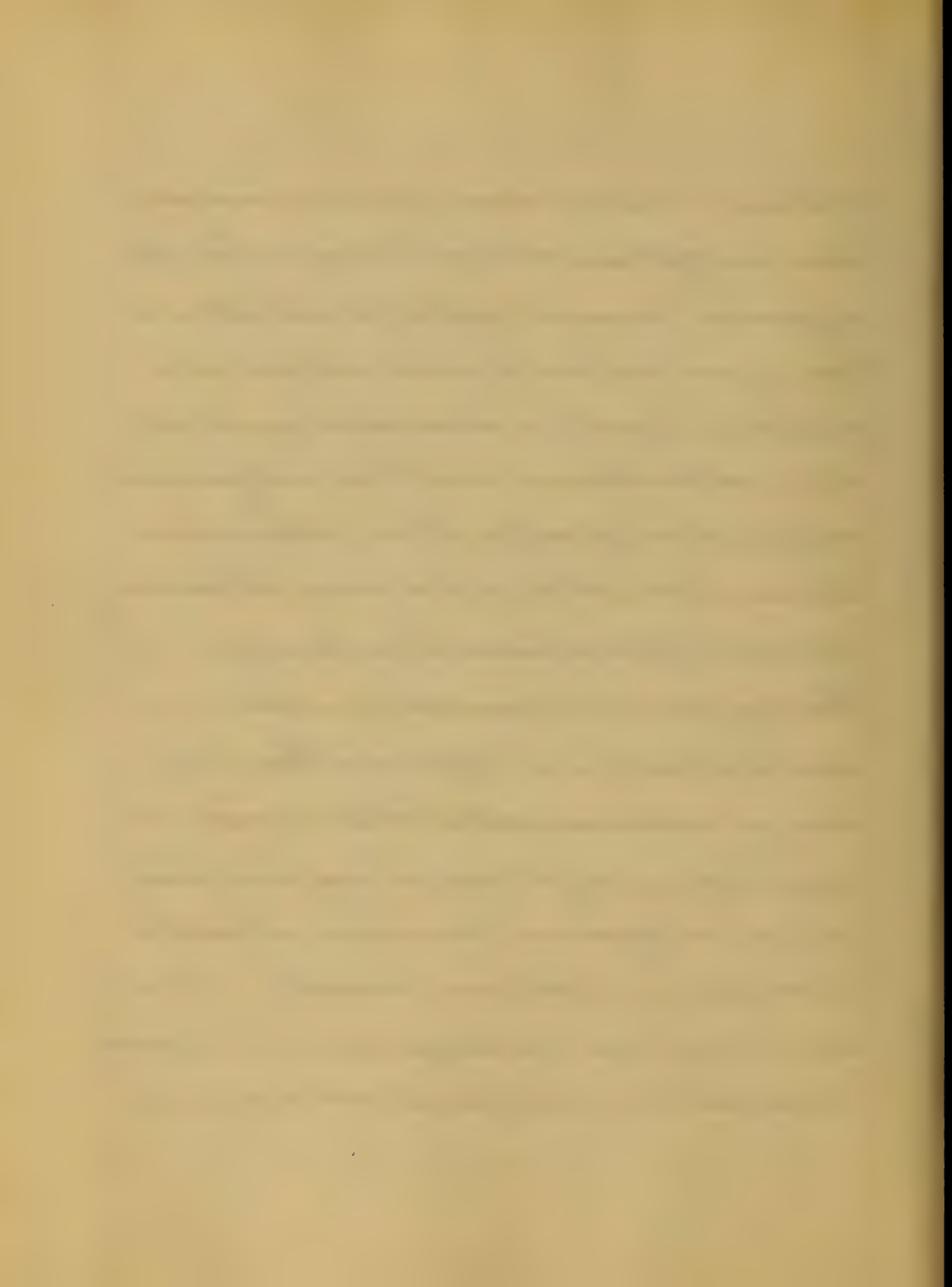
II - Stage of Eruption -

The eruption appears early in the attack and is deeper where the skin is finer. It generally appears first on the neck - then it extends rapidly over the entire surface. It is a very noticeable fact and a peculiarity - that no eruption appears around the mouth - the nose and the orbits of the

eyes - and but very little over the forehead. The eruption continues to grow in intensity and extent until the 3rd or 4th day. It appears first in minute dark red points upon a rose-colored surface, forming patches of irregular shape and considerable size - on a level with the skin - disappearing upon pressure: divided at first by portions of healthy skin - but running rapidly together - giving to large portions of the surface a uniform scarlet color. The eruption is not generally equally diffused over the whole body - but is more marked upon one portion than another. The redness is most vivid and remains longest where the skin is most delicate - as on the abdomen - thighs and inner surfaces of the arms - axilla and about the articulations. The surface of the eruption is smooth and even to the touch. The redness is of the even



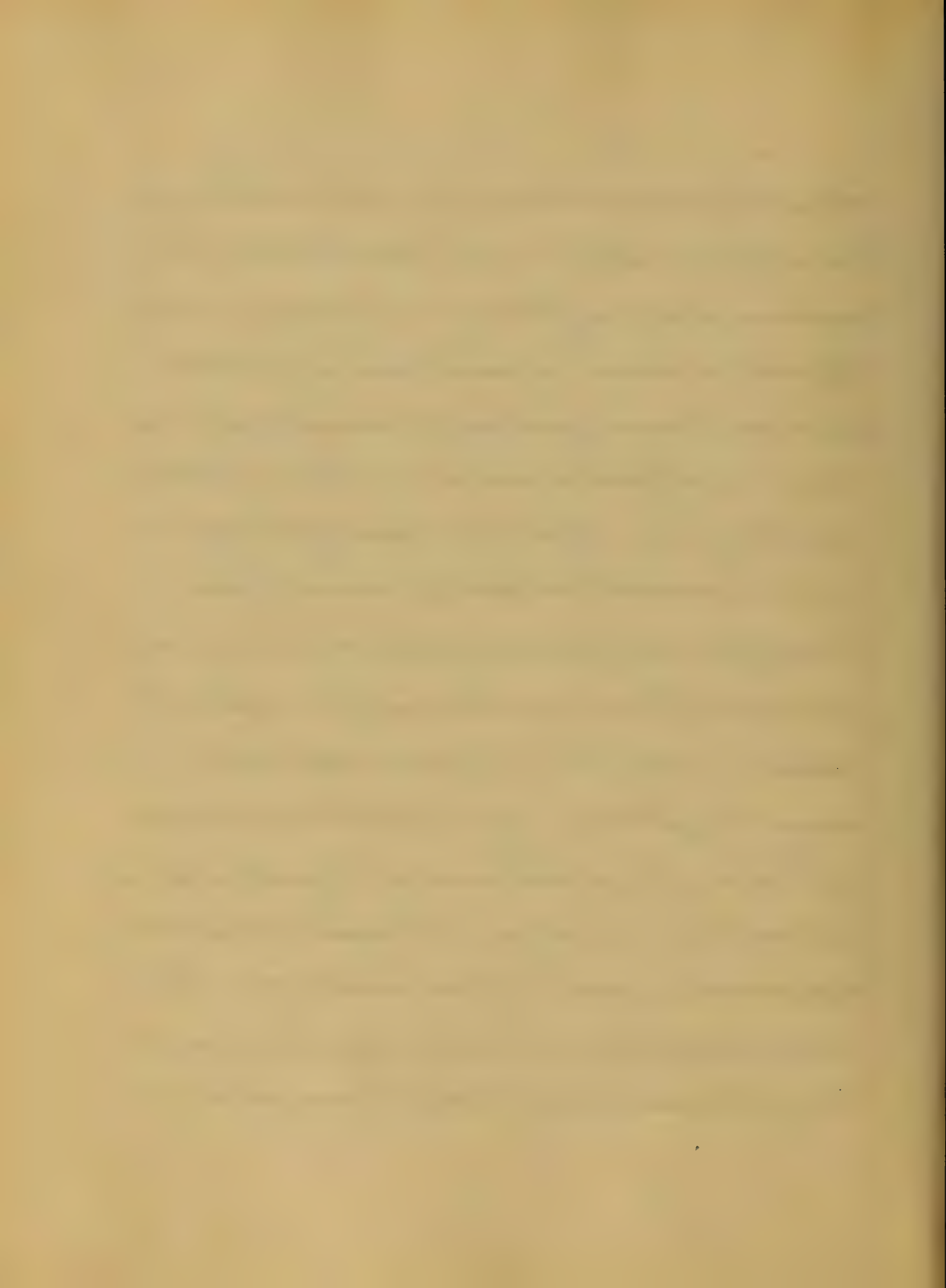
milium or scarlet color, and is not uniform like angipelous nodules. It momentarily disappears on pressure, and if the nail be drawn firmly over the skin when the eruption is a white line is produced, which lasts for a short time and then passes away. The eruption usually reaches its height on the 4th day and remains stationary for a while, and by the seventh day nearly all traces of the eruption will have disappeared. The symptoms which preceded the eruption do not usually subside on its appearance. The tongue early in the disease is coated. While the coating remains, frequently the papillae projecting through it have the appearance of numerous red points. In the progress of the disease this coating disappears, leaving the surface of the tongue clean and reddened; the papillae being enlarged, leaving the appearance



like that of a ripe strawberry. This Strawberrylike tongue is a pathognomonic symptom and is peculiar to the disease. It is not uniformly present. The febrile movement continues unabated, as a rule it increases after the appearance of the eruption. The pulse is full, strong, and frequent - running up very soon after the onset to 120 - 140 and often to 160. This frequency of the pulse is a most marked symptom of the disease. The frequent pulse and increased heat of the skin are more marked in this than in any other of the fevers. The skin is burning hot and dry and loses its usual softness and suppleness. The thermometer in the axilla shows a decided increase in temperature ranging from 103° to 105° Fah. and in grave cases often higher. The expression of the face is natural - the eye is often animated and the respiration is easy and natural, though sometimes

The text on this page is extremely faint and illegible. It appears to be a standard page of prose with multiple paragraphs, but the characters and words cannot be discerned. The page is otherwise blank with a light beige background.

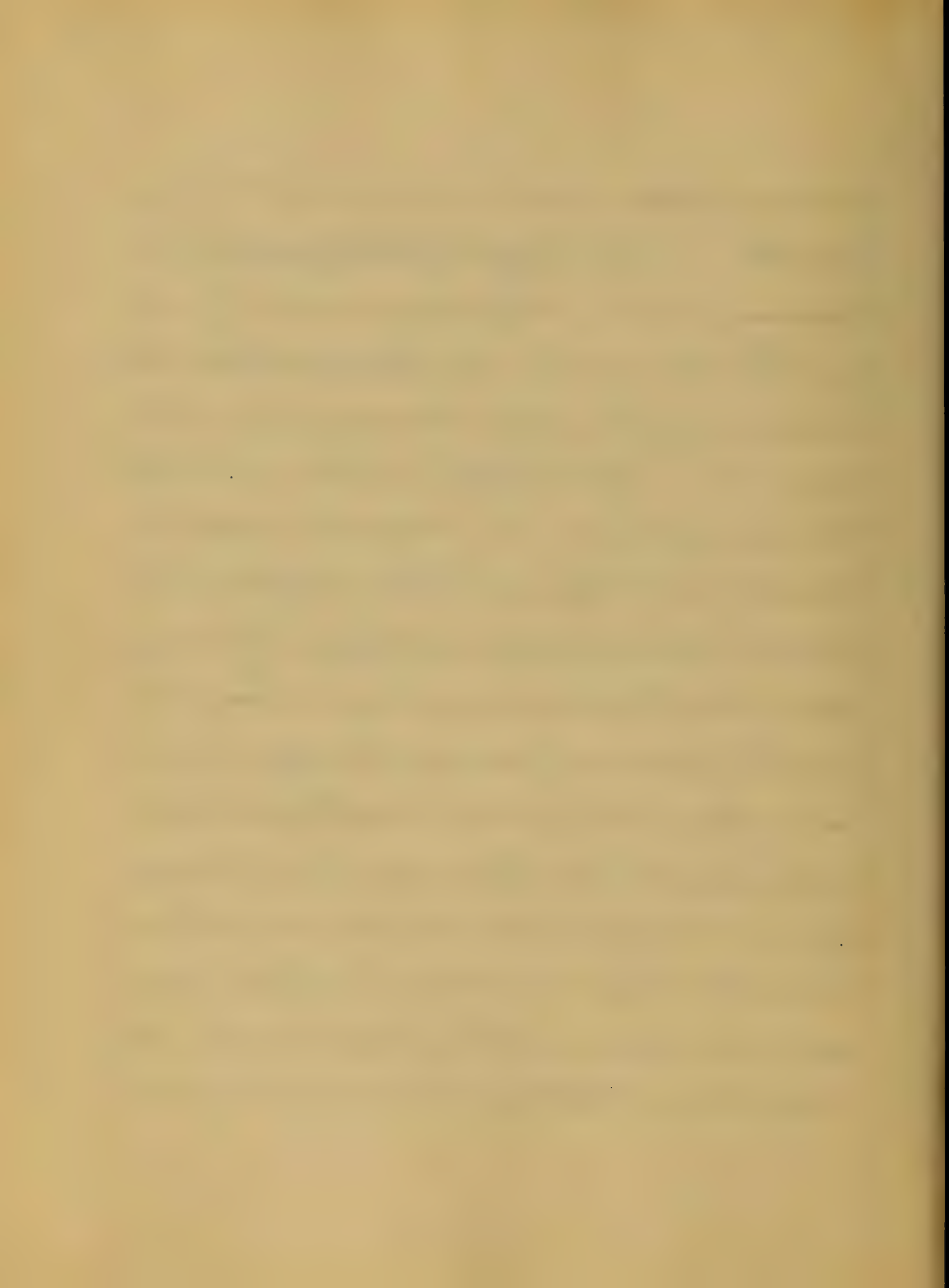
when the fever is violent - it is quickened. During the stage of eruption - anoxia continues and vomiting is rarely troublesome in mild cases: constipation is present in some cases and in others diarrhoea. During this stage the urine often presents the ordinary febrile character: it is diminished in quantity - often of high color, though the frequency is not increased. In about one-seventh of the cases during this stage, the urine will contain a certain amount of albuminuria. During the eruption the nostrils are either dry and incrustated or there is some coryza. The strength of the child is reduced for the time - but there ^{are} no signs of prostration and the decubitus is indifferent. There is almost always more or less disorder of the nervous system. The duration of this stage in the majority of cases is from 4 to 6 days: it is sometimes shorter. Frequently it is



prolonged to 8 or 10 days and occasionally for a longer period.

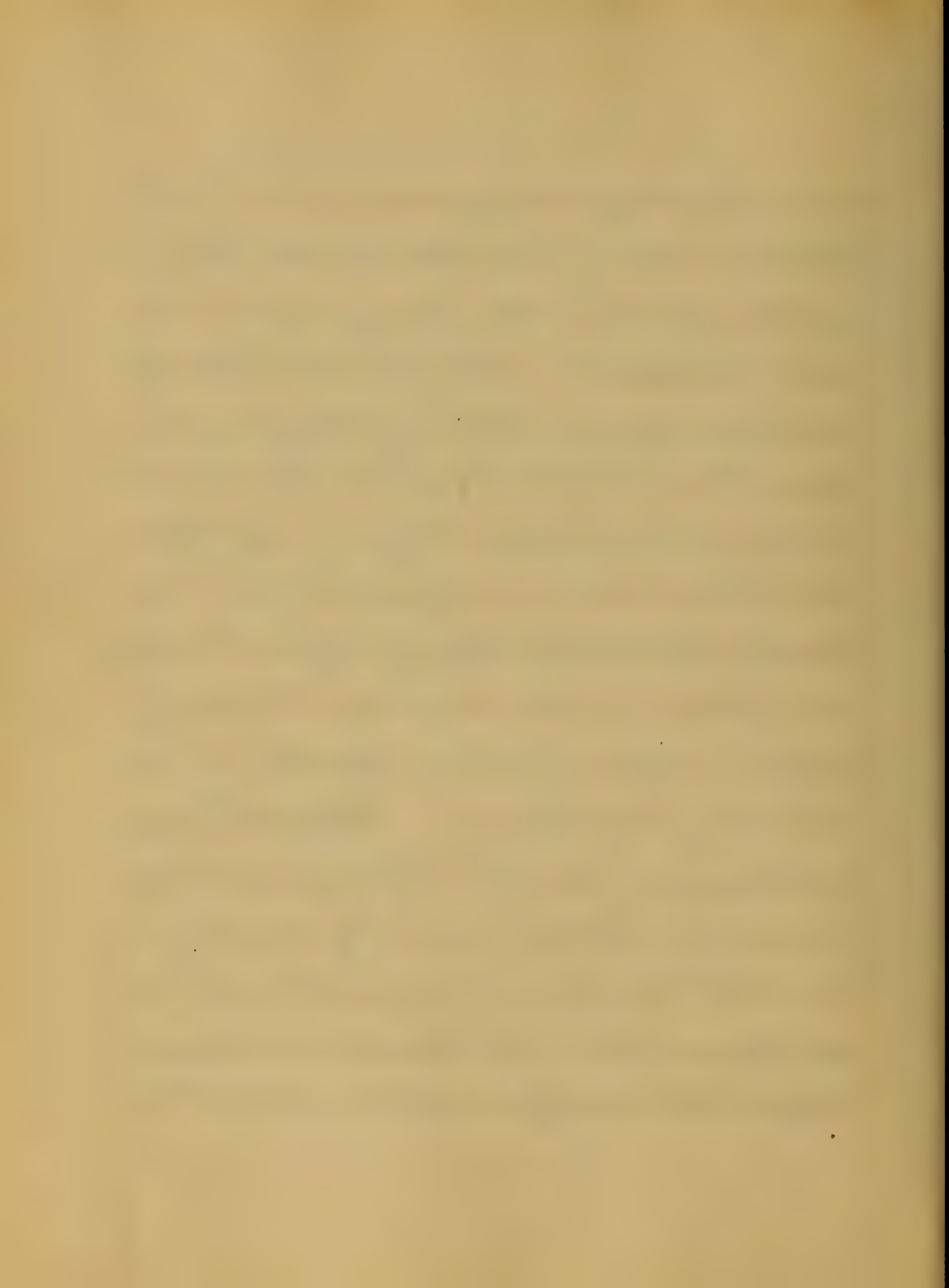
III- Stage of Desquamation.

Desquamation is one of the regular orders of reaction in favor. The commencement of desquamation marks the beginning of this stage. It usually begins with the disappearance of the eruption and sometimes before. The extent of desquamation is dependent upon the intensity and diffusion of the eruption. The cuticle is exfoliated either in the form of branny scales - called furfureous desquamation - or in pieces of epidermis of considerable size. Sometimes the epidermis of the hands and feet exfoliate in one mass - like a glove or shoe. In the majority of cases the desquamation commences on the face and neck. It then extends over the whole body and becomes general. The whole process generally occupies from 10 to 12 days - and in many cases it con-

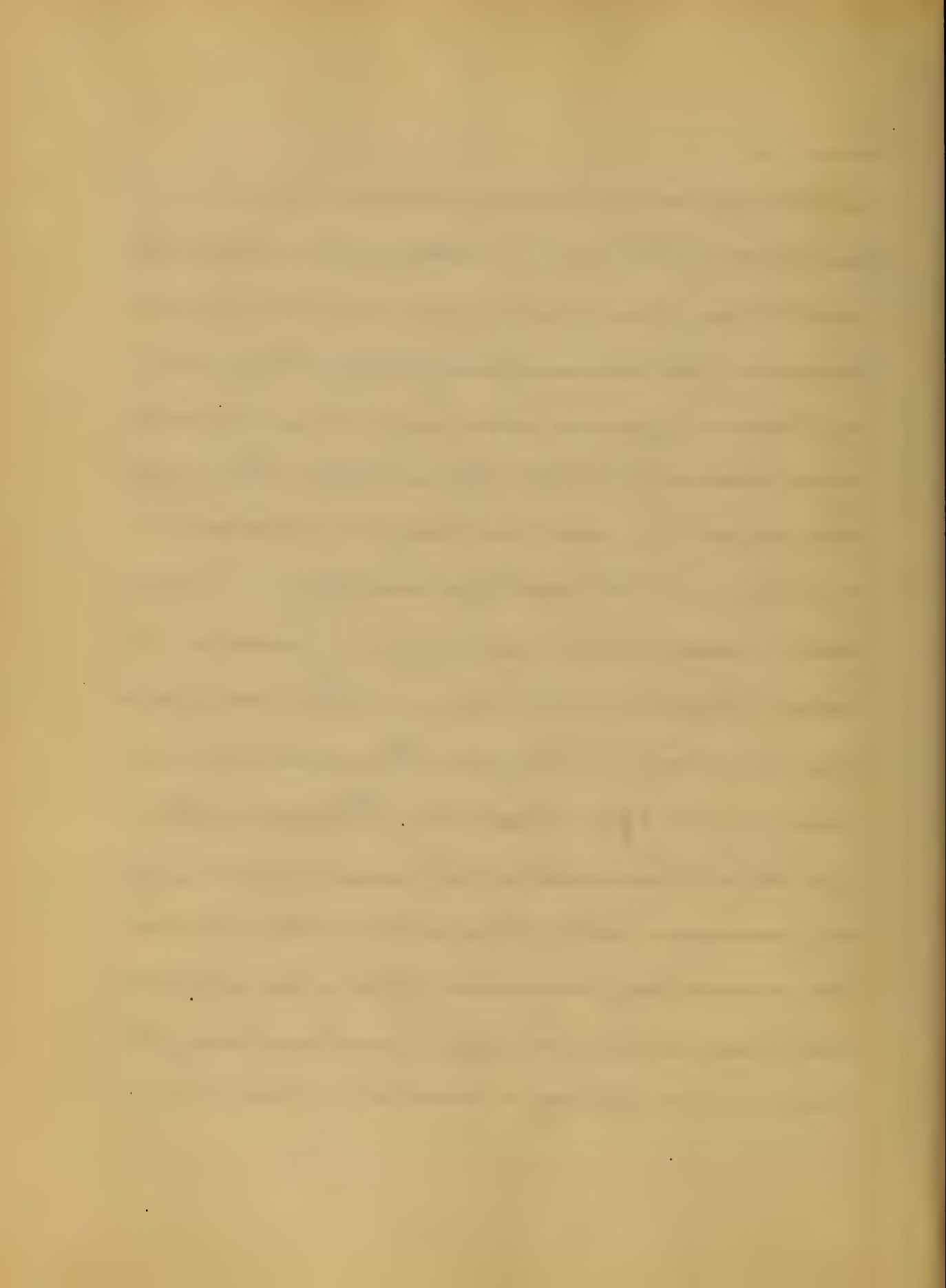


diarrhoea vomit sugar. It is generally accompanied by roughness and dryness, and considerable itching and irritation of the skin. Not infrequently the surface under the exfoliation is left tender and irritable for sometimes a few weeks. During this stage the urine becomes abundant, pale - faintly acid reaction - and in some cases deficient in phosphoric acid. Albuminuria is more frequently observed in this stage than during the stage of eruption. The presence of albumen in this stage - as in the stage of eruption, may or may not - be indicative of some important renal complication. Grave Cases.

In the foregoing description of this disease it applies to cases of a mild degree or not of extremely severe danger. In the grave form the general symptoms are more severe than in the mild cases. It occasionally happens that the case promises to be mild, but then

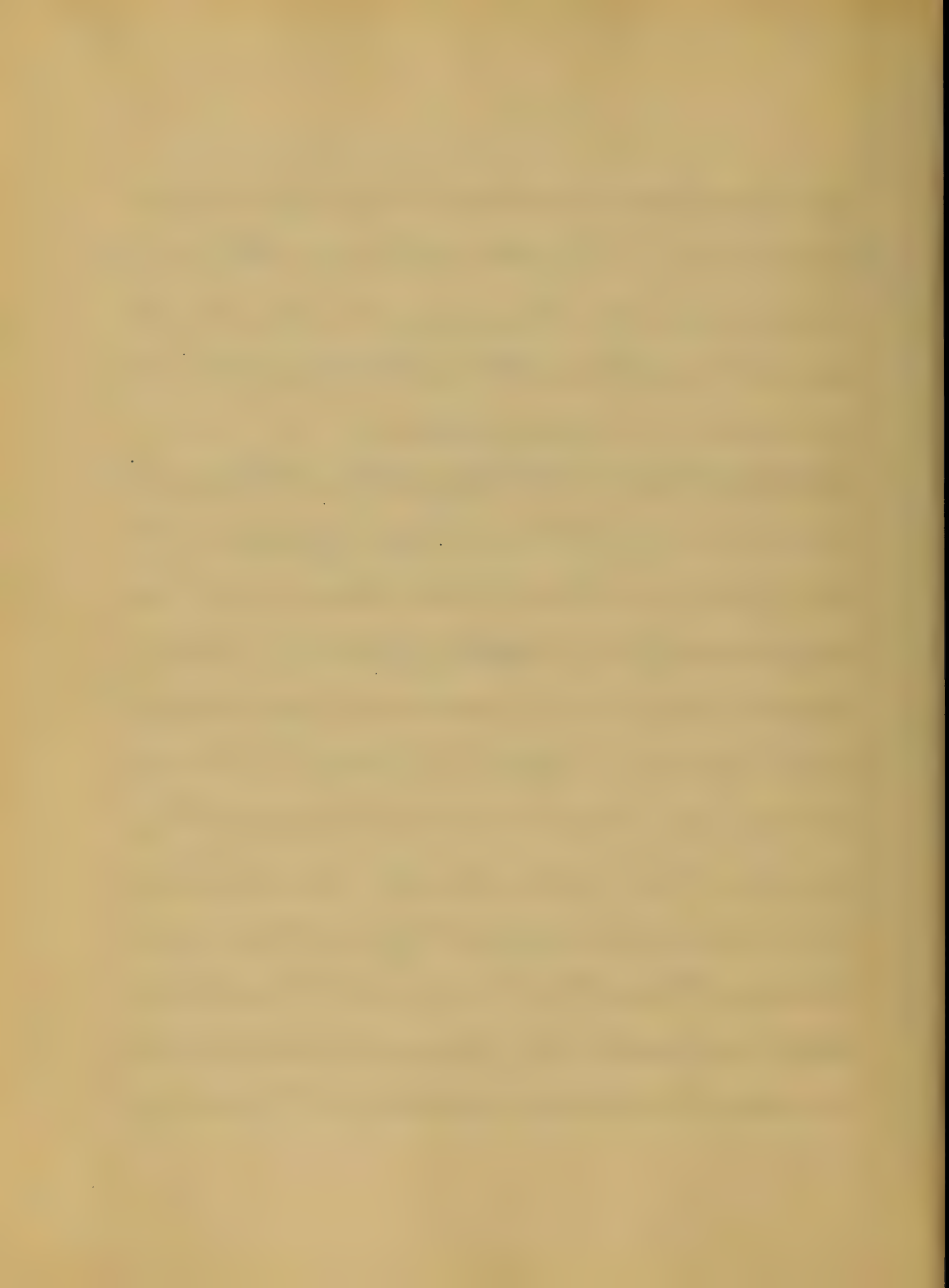


suddenly assumes the more threatening features of
grave form. The fever is usually intense - the pulse full
and strong - soon rising to 140 or even as high as 170
per minute: the skin is intensely hot and dry: great
restlessness, delirium coma and occasionally convul-
sions, denoting the severity of the disease. The eruptive
tion is quick and - and in many cases is laborious
and difficult - the result of throat affection. In some
cases - a loud - characteristic gurgling is heard in the
throat - while the child is sleeping. This is due to a tena-
cious secretion in the fauces. The voice is hoarse -
guttural and often whispering. The face is deeply
flushed at first, and the expression anxious. No
improvement takes place in several days - the case
assumes a more threatening aspect. In such cases
the disease is truly malignant and death may take
place in one or two days - or sometimes even within a

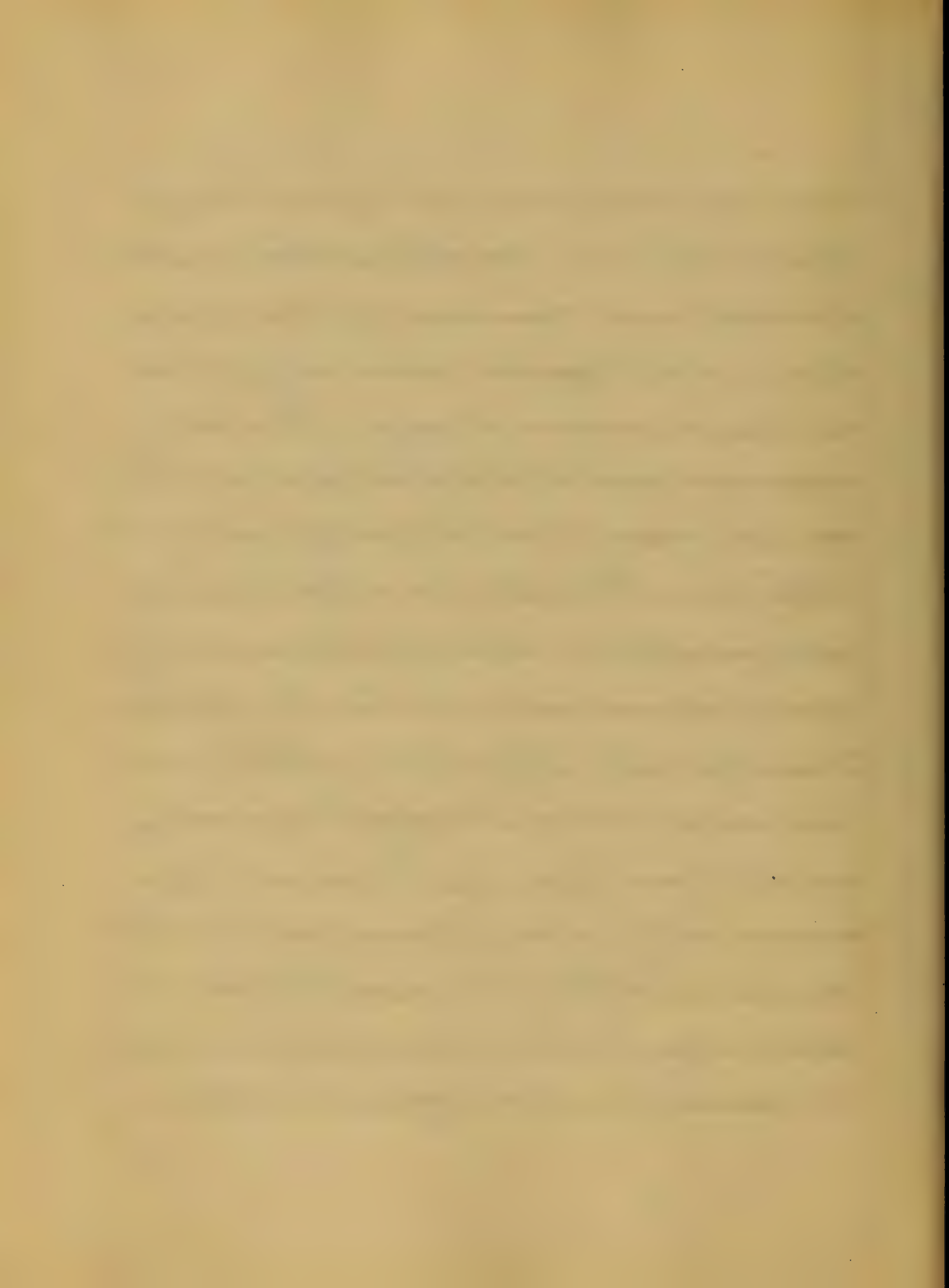


few hours from their attacks. Cases of this kind are liable to occur in certain epidemics. The gravity in such cases is due to an unusual intensity of the essential morbid conditions which constitute the disease and not to any complications.

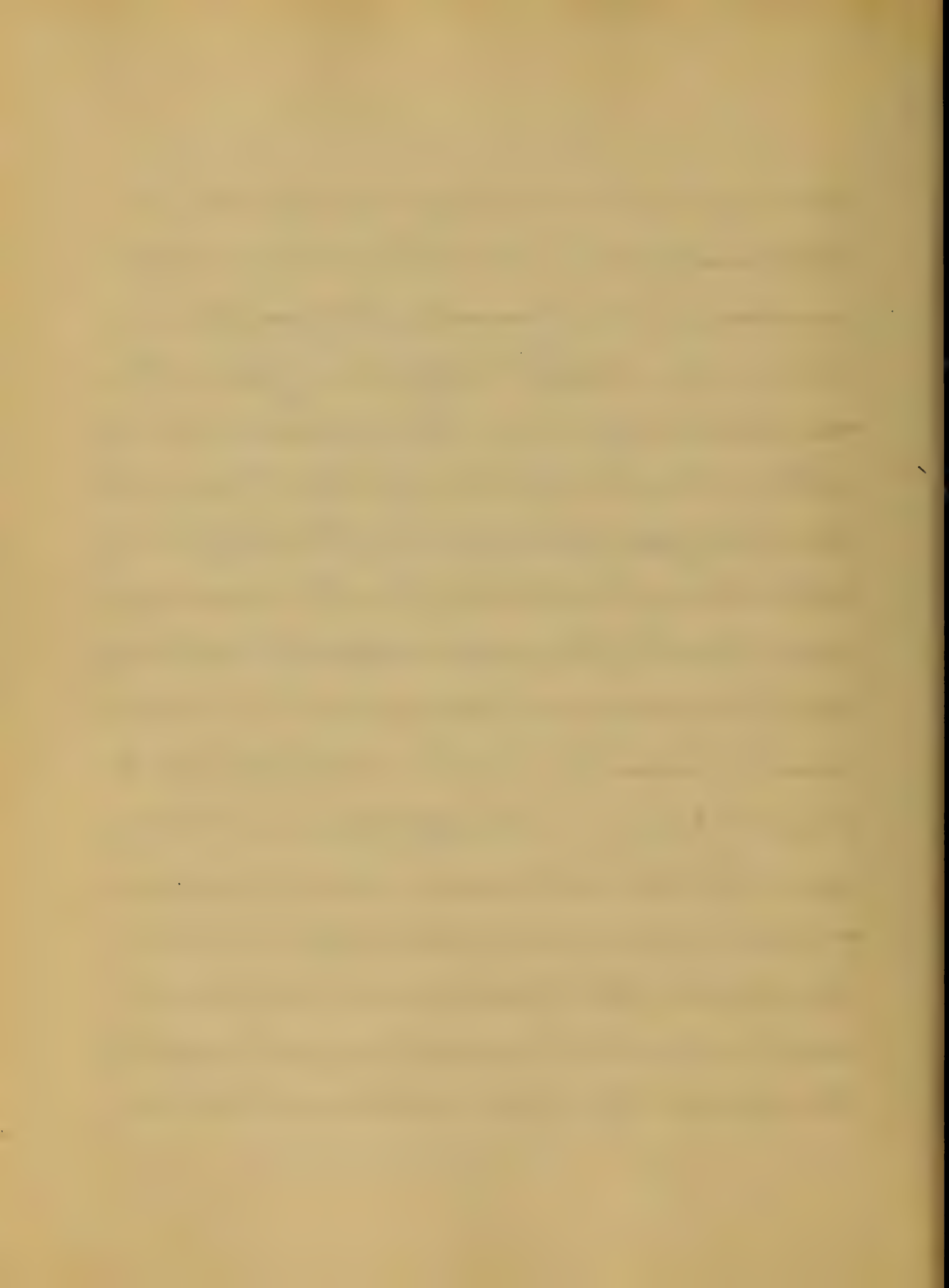
Complications and Sequelae—The complications and sequelae of scarlatina are many and some of them are of grave occurrence. Convulsions—coma and delirium may be developed as effects of uraemia. Kidney affections form an important complication of a certain proportion of cases of scarlet fever. Generally but not always the urine is highly albuminous. The presence of tube casts—with white or red corpuscles in the urine is more significant of renal disease than albumen. Clinical facts clearly show that scarlatina involves a special tendency to renal disease, not only as a sequel, but also as a concomitant. It is a suffi-



sition that the lining membrane of the secretory tubes of the kidney take on a morbid condition similar to that of the mucous membrane of the pharynx, constituting a local affection - serious in proportion as the vena is not secured properly. When dropsy appears as a sequel to scarlatina the vena will be found to present all the characters present in acute Bright's disease. The exciting cause of the dropsy is generally conceded to be cold - contracted usually by exposure to air or moisture at too early a period. During the month of April last - a little German child was admitted to the Maryland University Hospital from off one of the German immigrant vessels - with a history of having scarlatina. Upon examination by Prof. J. Edmonson Atkinson - the child was found to be in a convalescent state of the scarlatina - and was found to be suffering



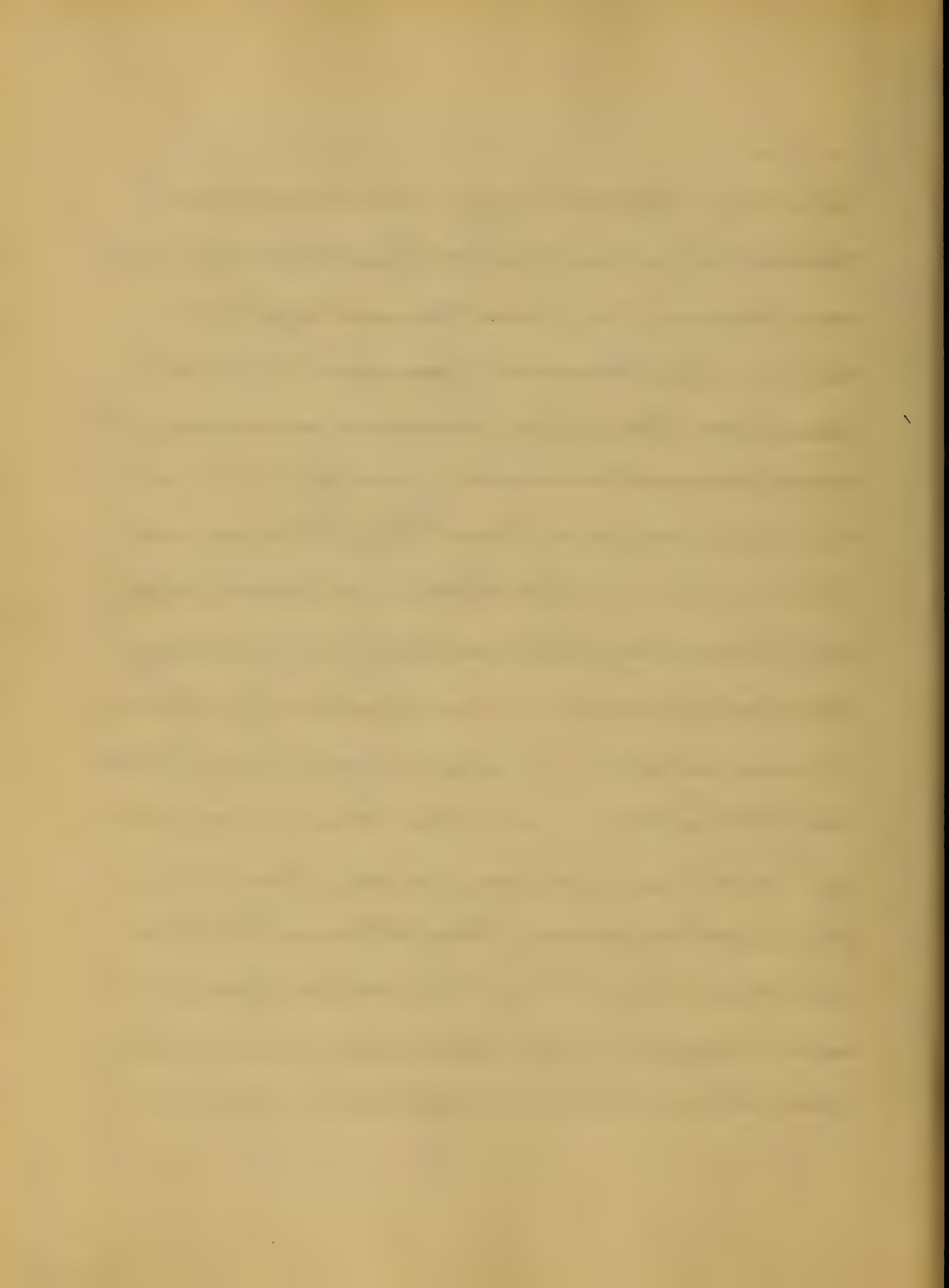
From general anasarca. In a few days the child died of Bright's disease as a sequel to the scarlatina. Being present at the post-mortem examination I noted the following points. There was double hydrothorax: the spleen was considerably enlarged: the kidneys violently congested so violently congested even that no parenchymatous changes had taken place. A microscopic examination of the urine revealed fibrin casts - numerous of blood cells and also uric acid cells. Diarrhoea is not an uncommon accident in this disease. It generally depends on simple functional derangement of the bowels. In some cases it is so severe or so long continued as to constitute a serious complication. Haemorrhoea is not an infrequent sequel, and when following angina and due to the extension of inflammation up the trachea



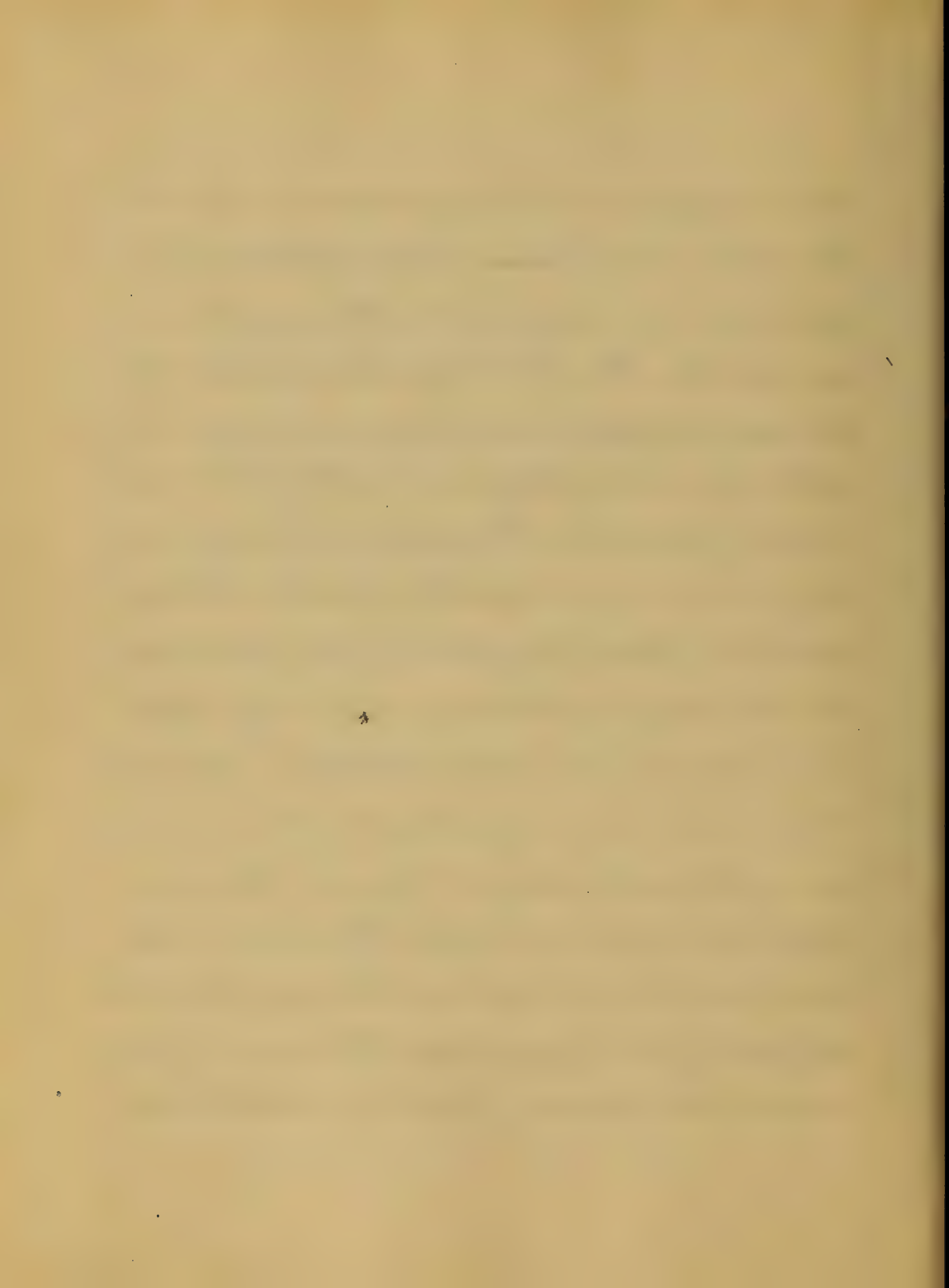
tube, may be followed by permanent deafness, necrosis of the temporal bone, facial paralysis and even abscess of the brain. Hemorrhages from various situations are of frequent occurrence in some cases. Haematuria occurs in connection with renal diseases. Sometimes it is very pronounced, at other times not so much so. Prof. Atkinson asserts that it is a singular fact that in scarlatina the only form of hemorrhage that occurs is from the kidneys.

Diphtheria is a common complication of scarlatina, as also, vesicles or bullae, and gangrenous of the skin.

Prof. Wm. S. Howard asserts that rheumatism is one of the most common complications of scarlatina. This is also the opinion of Prof. Atkinson. The latter gentleman states that a child who has had scarlatina is very apt to have acute rheumatism, and often when a child has had these two affections,

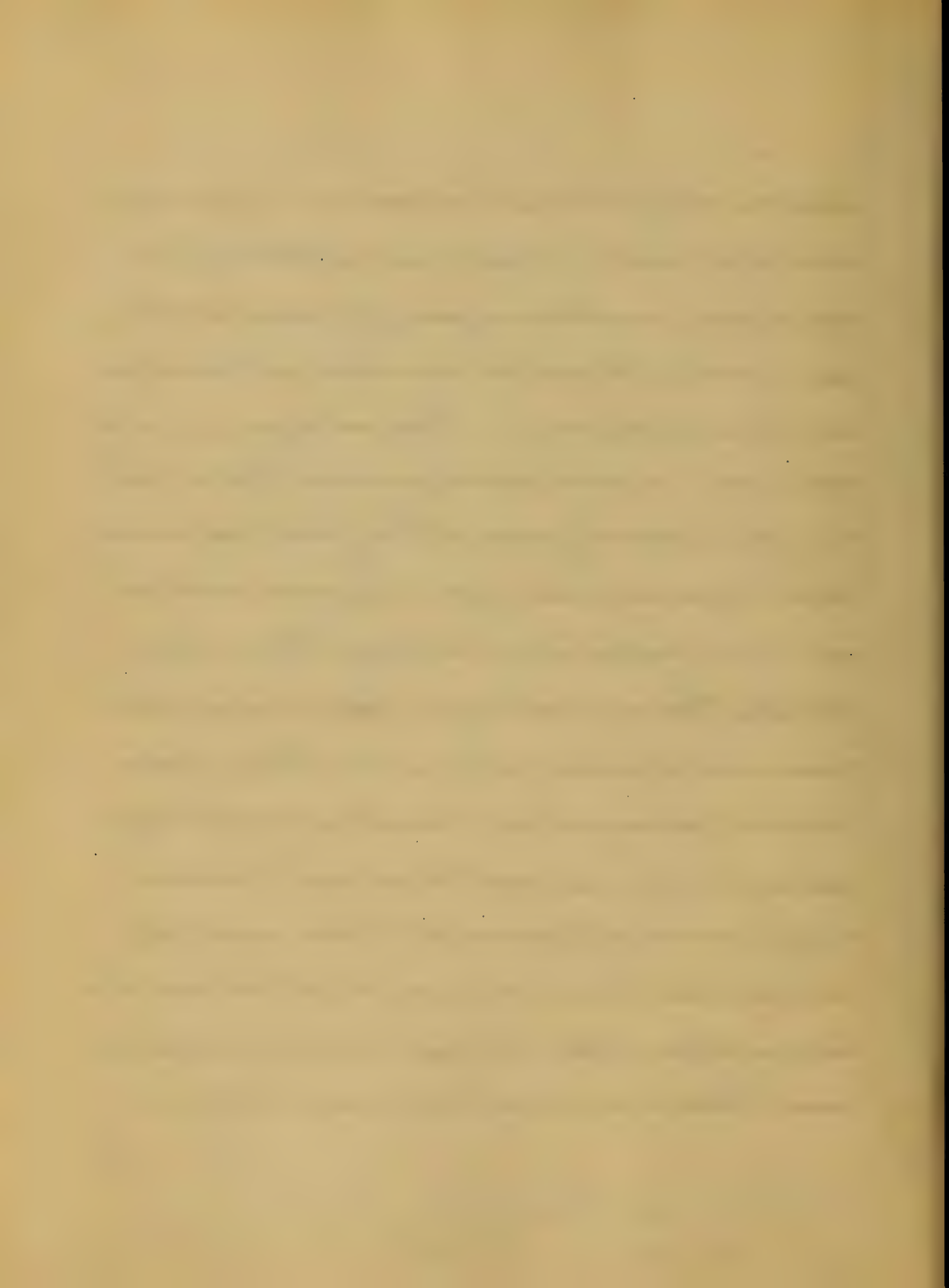


it is very apt to have chorea. He claims the cause of this is not exactly known. Bronchitis and Pneumonia are rare complications. Pleurisy is also a rare complication. Prof. Wm. D. Howard states that if albuminous nephritis occur at all as a sequelae - it will occur during the first six weeks after the subsidence of scarlatina. The most common symptom is general anasarca and albuminuria. It is Prof. Howard's belief that if the patient is properly cared for in the latter stages of the disease, and that if the patient be carefully guarded and protected from cold or moist air - or exposure of any kind during the convalescent period, that in the majority of cases albuminous nephritis will not occur at all. Tuberculosis is not nearly so apt to occur - after scarlatina as after rubola or typhoid fever. Causation - For a long time there existed quite a diversity of opinion as to the nature

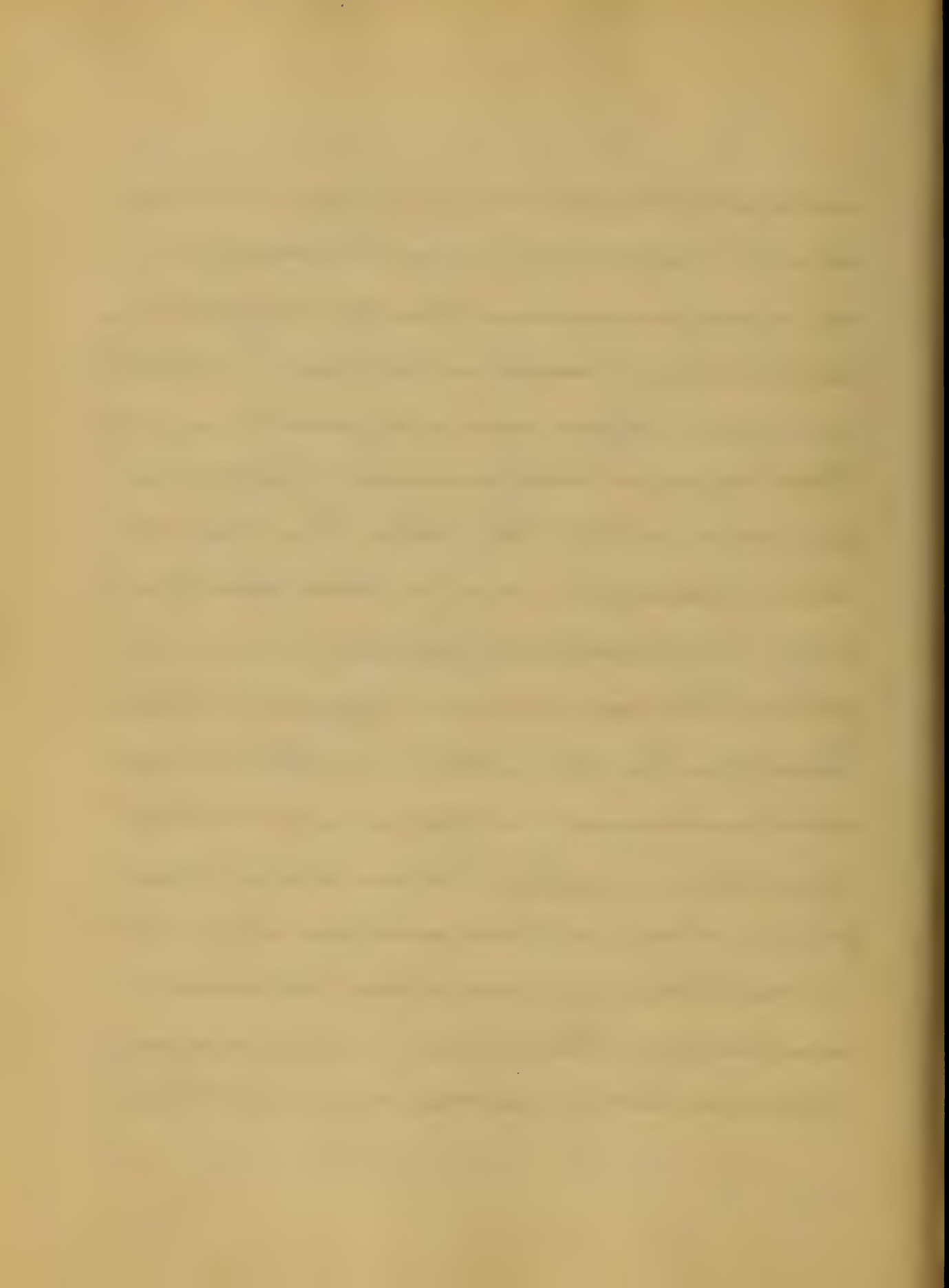


disea cause of scarlatina: but now - at the present day
nearly all diversities of opinion on the subject have
vanished - and the majority of writers now with-
out accord attribute the immediate and direct cause
to a special contagium. This contagium is as effi-
cient from mild as from grave cases. This is a shib-
bling block to many persons. They think that the mild
cases differ essentially from the grave - and hence
cannot be so serious in its effects. This is a grave
mistake. The same contagium that causes a mild
case will also cause a grave case - there is not a
special contagium for the mild cases and a special
contagium for grave cases. Hence then the disease
may be contracted from a mild case as well as from
a severe one. It is the common belief that scarlatina
refers to the mild case, and scarlet fever the grave
cases. This is an error - the two names apply equi-

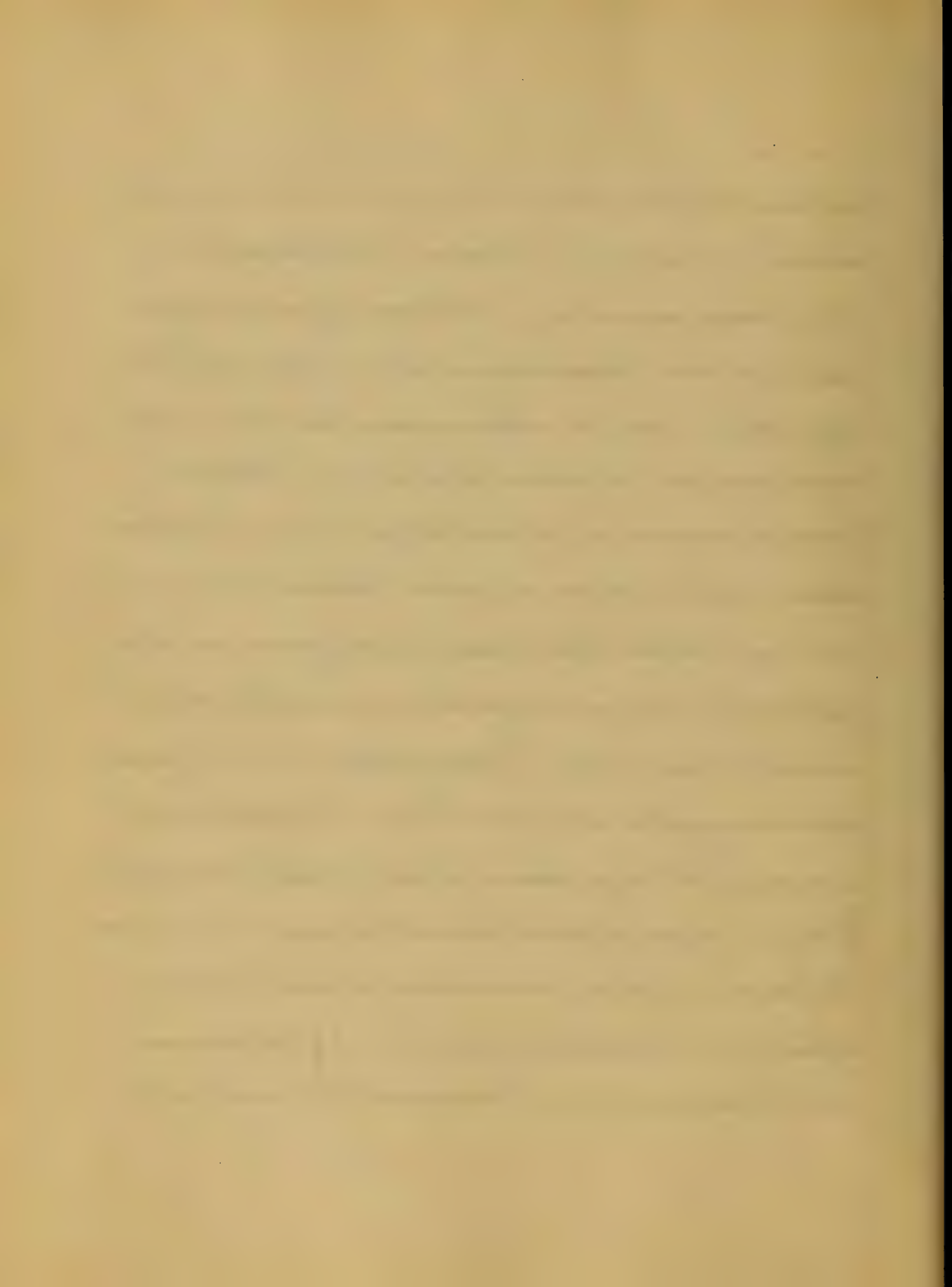
Sir Thomas Watson says you will often hear
mamma's exclaim "Oh, my children have not
got the scarlet - ~~fever~~ - but only the Scarlatina."



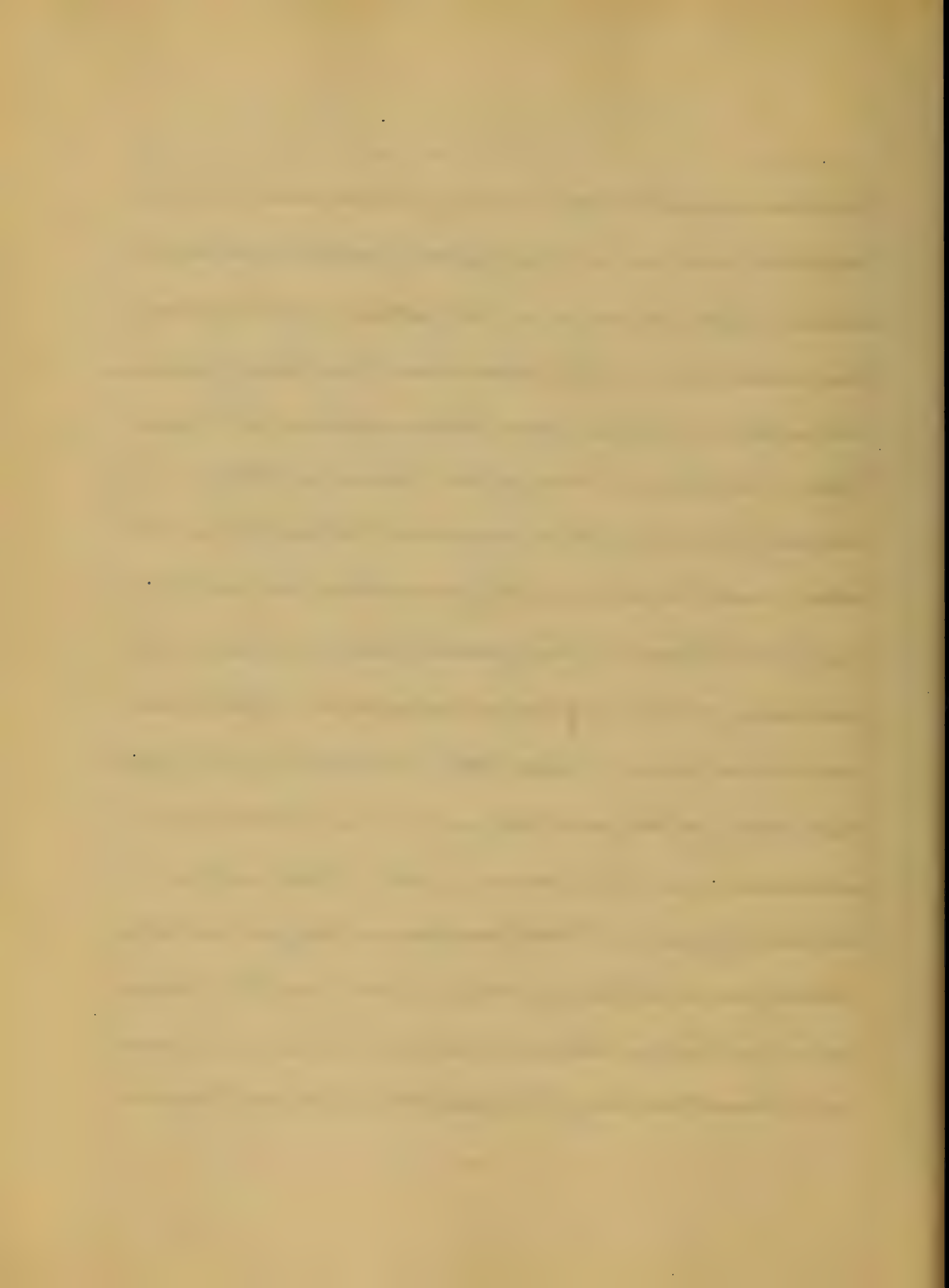
ially to the same disease, and physicians should
take pains to correct this error. The contagium is
contained in emanations from the body - probably in
both the expired breath and the cutaneous exhalations,
hence the atmosphere around the patient is infected
that the disease may be communicated by fomites -
cannot be doubted. Prof. Austin Flint asserts
that the contagium may be carried from place
to place in the clothes of physicians - nurses and
others. The disease is often diffused in this way.
Facts prove that the contagium adheres to ma-
terial substances and preserves its virulent
effects for a long time. The period of incubation
is shorter than in other contagious eruptive di-
seases. Its duration varies from 24 hours to six
or more days. The disease prevails at all seasons
of the year, but is most common in the spring



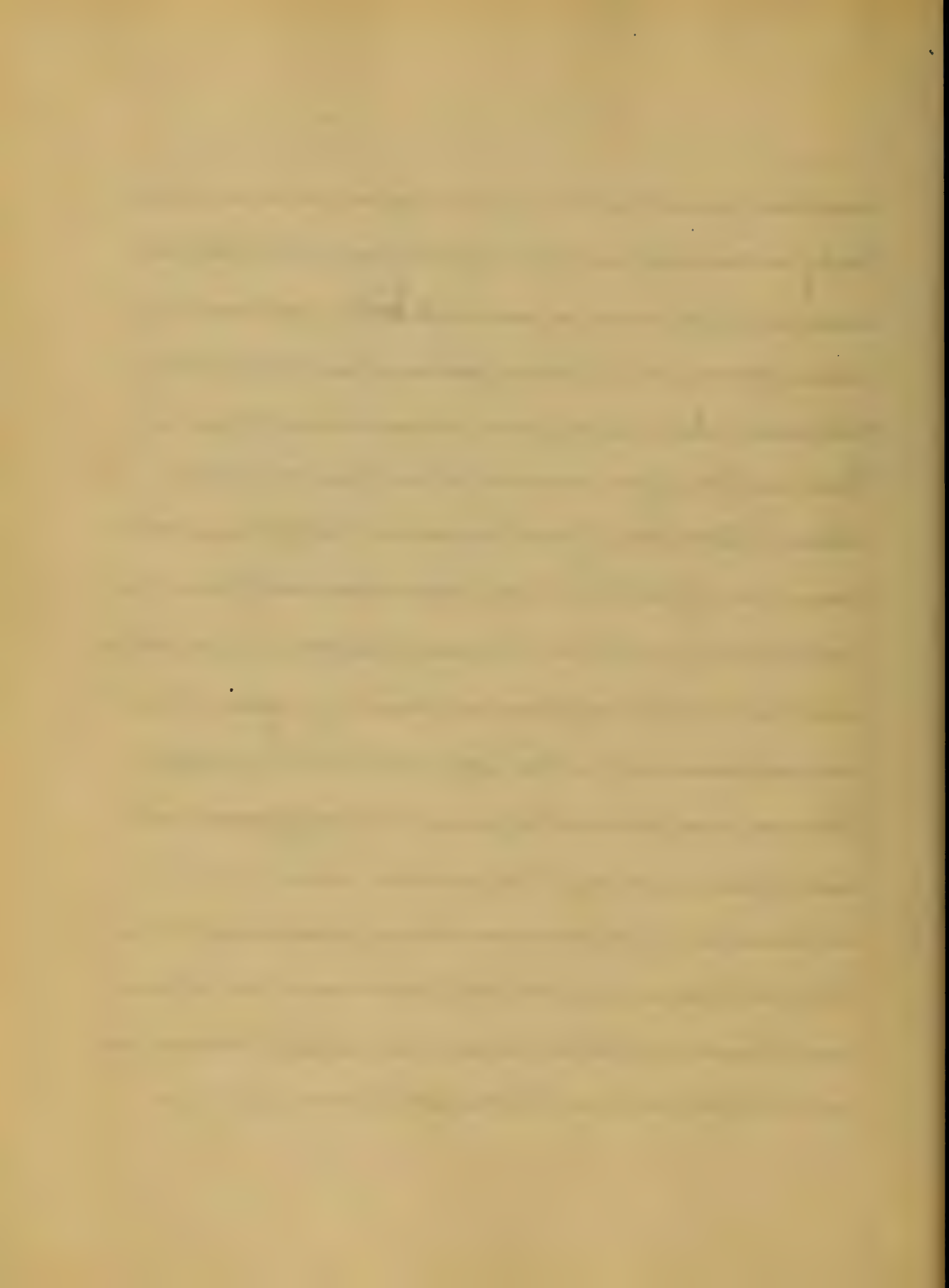
and summer, and next in the autumn. It rarely occurs but once in the same individual; but that it does sometimes, has been proven by several authors. Secondary attacks are rarely fatal. Age yields a decided influence in this disease. It is most common between the ages of 3 and 10 years. Persons under two and over forty are not exempt from it. Several cases are on record when it occurred during malarial life. Occasionally persons who have undergone surgical operations are attacked with a scarlatinous rash. Diagnosis - It is impossible to distinguish scarlatina from the other eruptive fevers by the symptoms which precede the eruption. The only signs upon which a diagnosis might possibly be made at that time are the great frequency of the pulse - which is characteristic of the disease - a little soreness of the throat, and the prevalence of



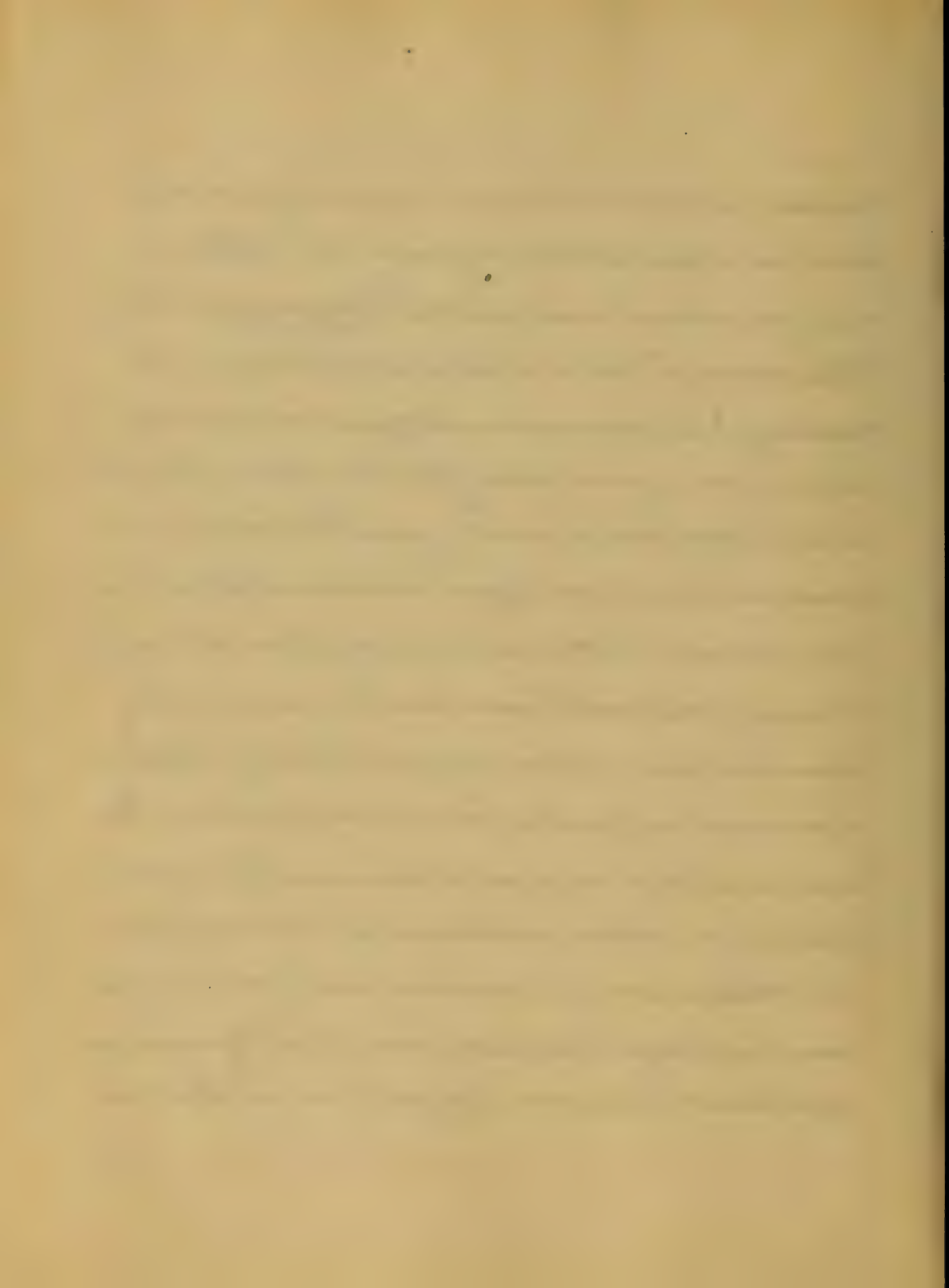
the disease in the community. But some there are doubtful and cannot be spoken of with absolute certainty. After the eruption the following are the chief diagnostic points: the shortness of the stage of invasion - the intensity of the fever - the eruption in the throat before the cutaneous eruption - the rapid disappearance of the eruption over the surface and its bright scarlet color - and the increase of fever where the eruption begins. These are diagnostic features which can be positively relied upon, as distinctive of the other eruptive fevers. Scarlatina is distinguished from measles - by the great differences in their stages of invasion - in their course, and in the eruption of the two affections. The prodromic stage in scarlatina rarely ever lasts longer than 24 hours, and in many cases much less whilst in measles it almost always lasts from 3 to 4 days. In scarlatina the rash appears



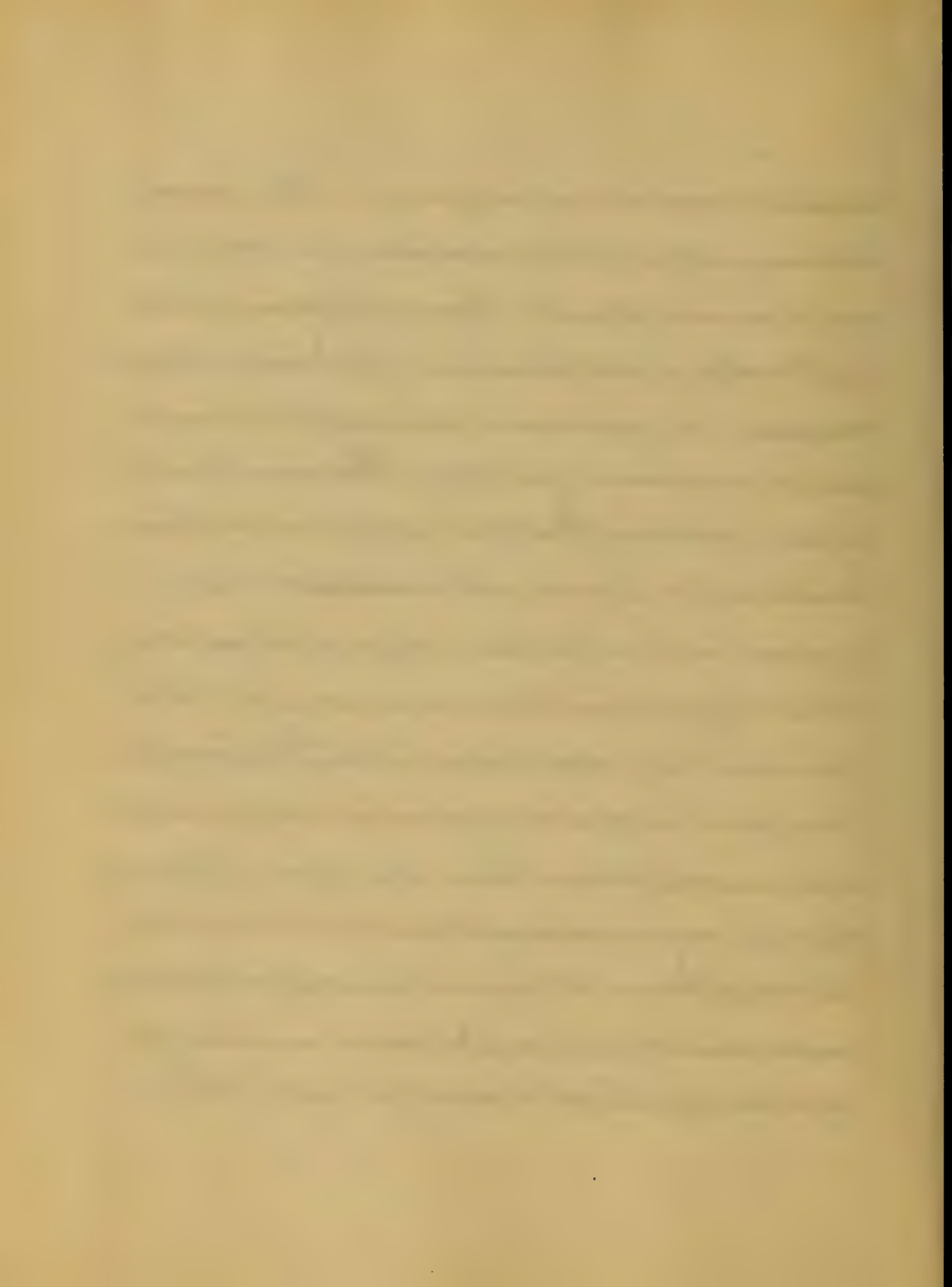
suddenly - and in many cases spreads over the entire
body in one day; in measles it begins on the face
and gradually extends over the body - not making
its appearance in some portions for several days.
The color of the this eruption is entirely different.
The eruption of measles is darker - of a raspberry
color, whilst that of scarlatina is a bright scarlet color.
Swonnes of the throat is not characteristic of measles -
whilst it is of scarlatina. In very mild cases of scarlatina
with but slight eruption and scarcely any sore throat
the diagnosis is then confounded with roseola.
The most important differential symptoms are the
tint of the eruption - the roseola being a rose color;
the characters of the eruption being more angular in
shape - but in smaller patches in roseola than in
scarlatina - and what is considered to be the most im-
portant of all - is a marked smaller degree of fever.



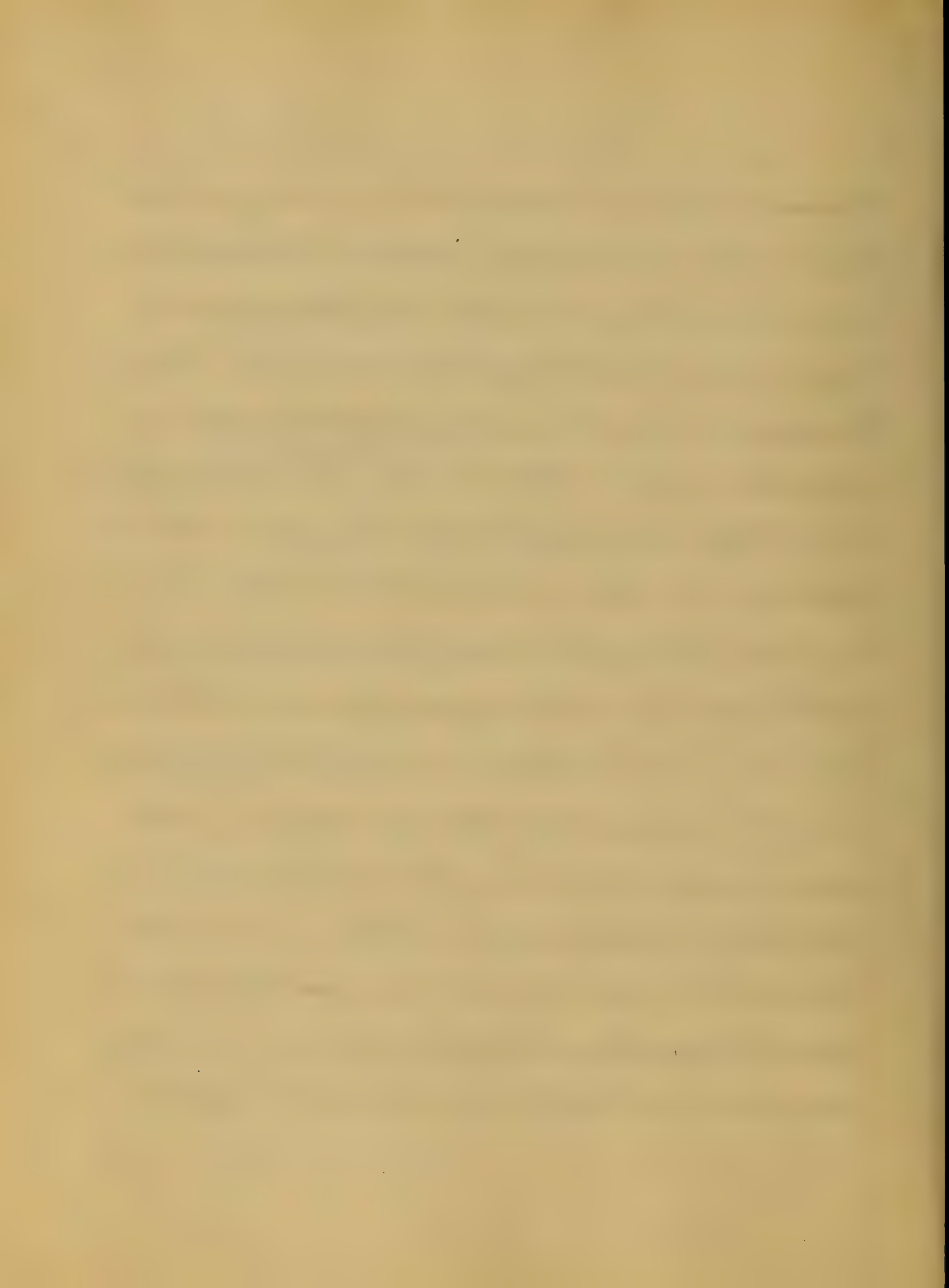
rosacea, in which the pulse is scarcely above its normal beat. Scarlatina anginosa and diphtheria may sometimes be confounded. Prognosis - Prof Flint Sr. says "there is, perhaps, no disease in the nosology which presents in different cases, wider extremes, as regards gravity, than scarlatina. In mild cases the prognosis is generally good. The ratio of fatal cases varies much at different times and places. In some seasons the disease is very mild - in others again it is very grave. Aside from cases of intense gravity from the outset, the next greatest danger depends upon some complication which is liable to occur. The prognosis depends upon the character of the epidemic prevailing at the time, and also upon the nature of the case. Mild and regular cases are rarely fatal - Sydenham says they are "fatal only through the officiousness of the doctor." Severe cases of scarlatina are always so



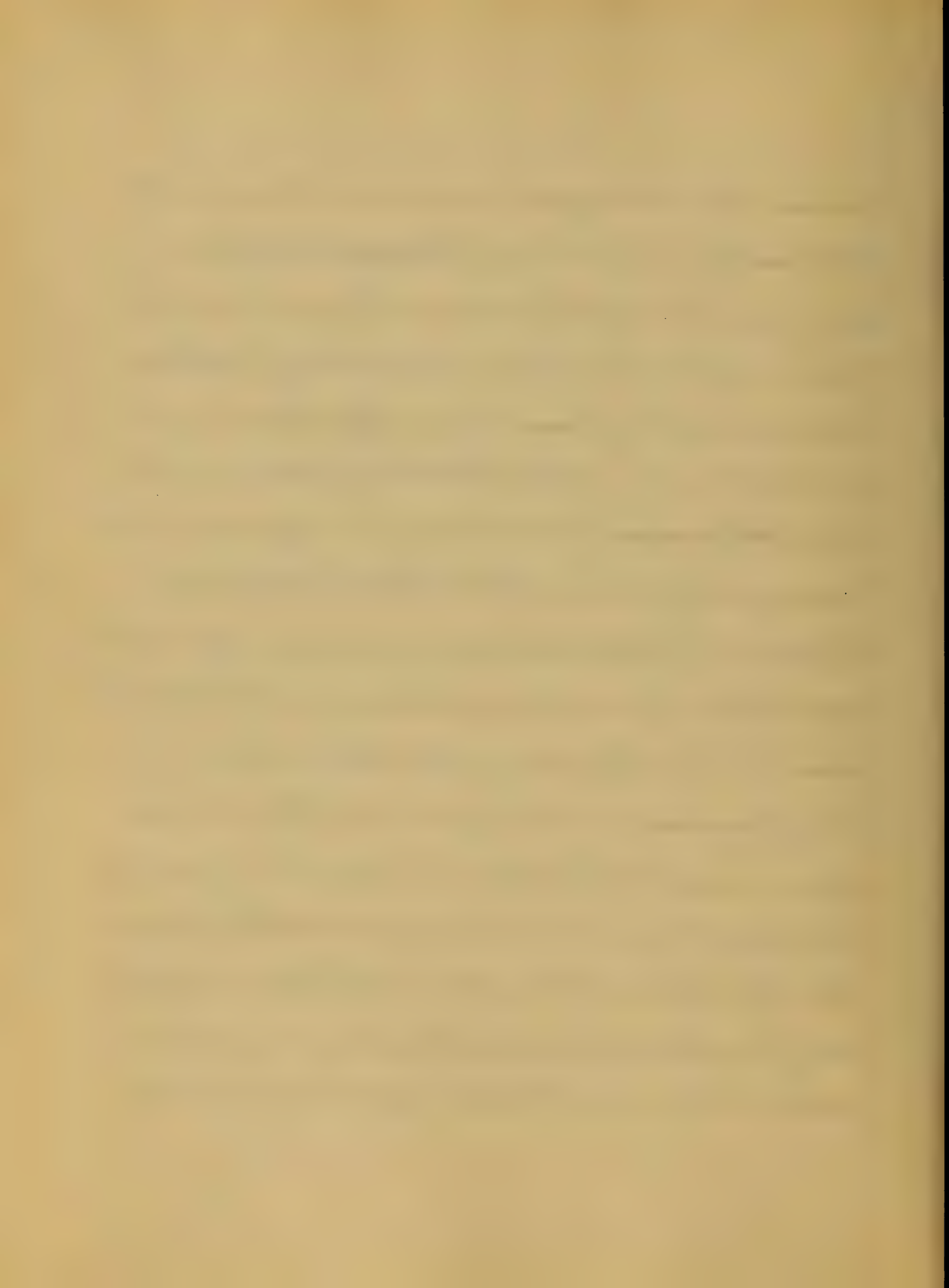
be looked upon as exceedingly dangerous. The prognosis is always unfavorable in cases where the throat is unusually severely affected. If Laryngitis follows - a fatal result is to be expected. Haemorrhage of the throat and mouth may occur - in such cases it is an exception. Convulsions involve great danger. The urine should be examined daily. The presence of fibrin casts or albumen should excite suspicion and be watched carefully. Age - sex - nor social position influence the prognosis, a child of feeble constitution is as prone apt to have a grave case than a stout, robust child. Treatment. Scarlatina simplex rarely requires anything more than confinement to the house; the careful observance of the antiphlogistic regimen in regard to diet; and the regulation of the bowels. When the physician first makes his diagnosis as scarlet fever, then he should immediately look for a prophylactic for the rest of the family. Prof. Wm.



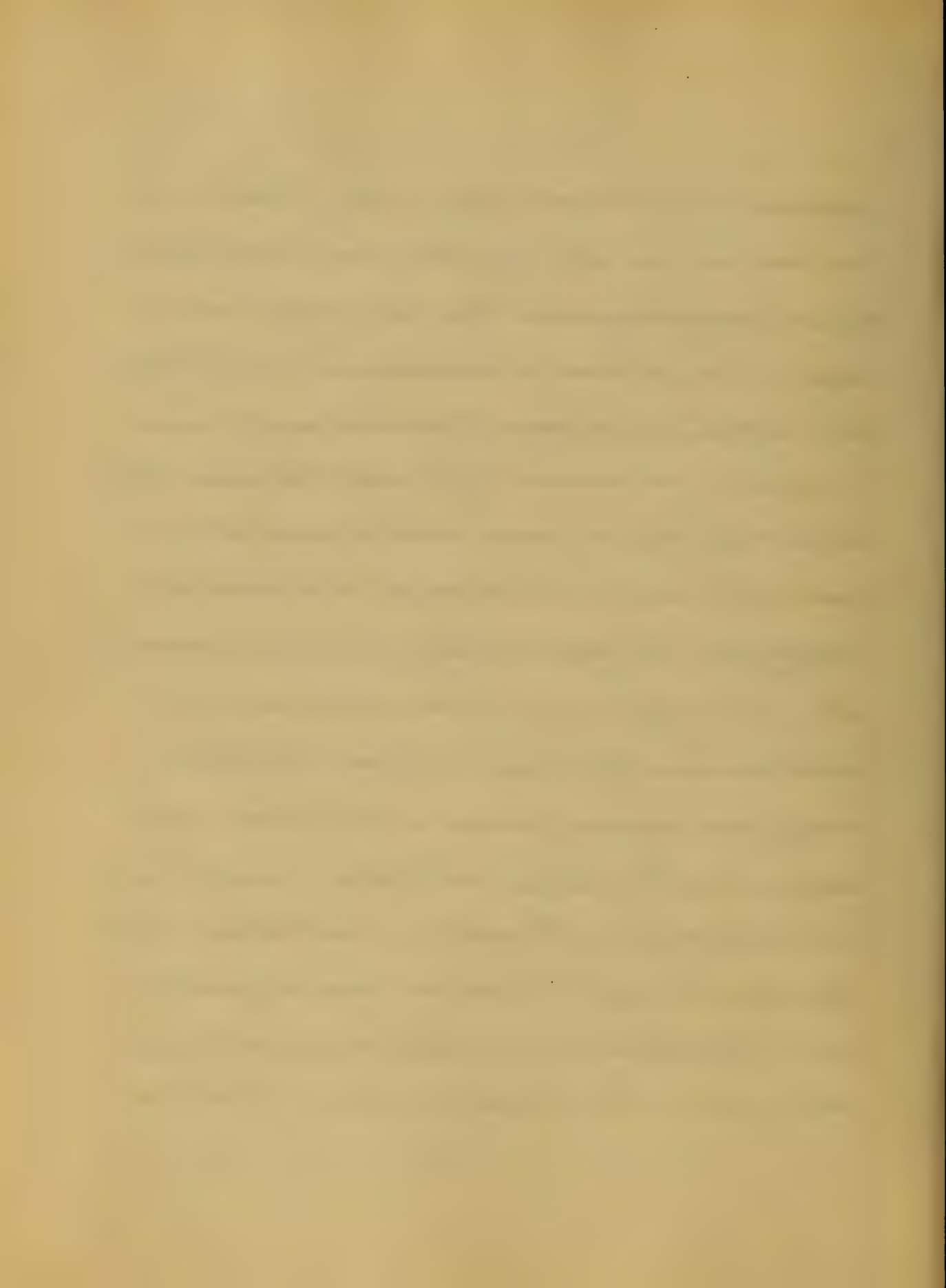
Dr. Howard claims isolation to be the only good prophylactic. In all cases of scarlet fever - whether mild or severe - the strictest attention should be paid to the hygienic condition of the patient and the surroundings. The room in which the child is placed should be large and well ventilated. The temperature ^{of the room} should range from 68° to 70° Fah. in the early stages of the disease, but should the fever become intense and the child complain of great heat, then the temperature may be lowered to 65° or even to 62° Fah. One of the most important points in the treatment of scarlatina, is undoubtedly the management of the patient during the convalescence, and especially during the desquamative stage. It is during this stage that the child is most likely to develop dropsies - which are the most dangerous accidents to which the child is exposed. Mild cases of scarlatina call for no special active treatment. Keep the room well ventilated - i.e. open, and draughts of



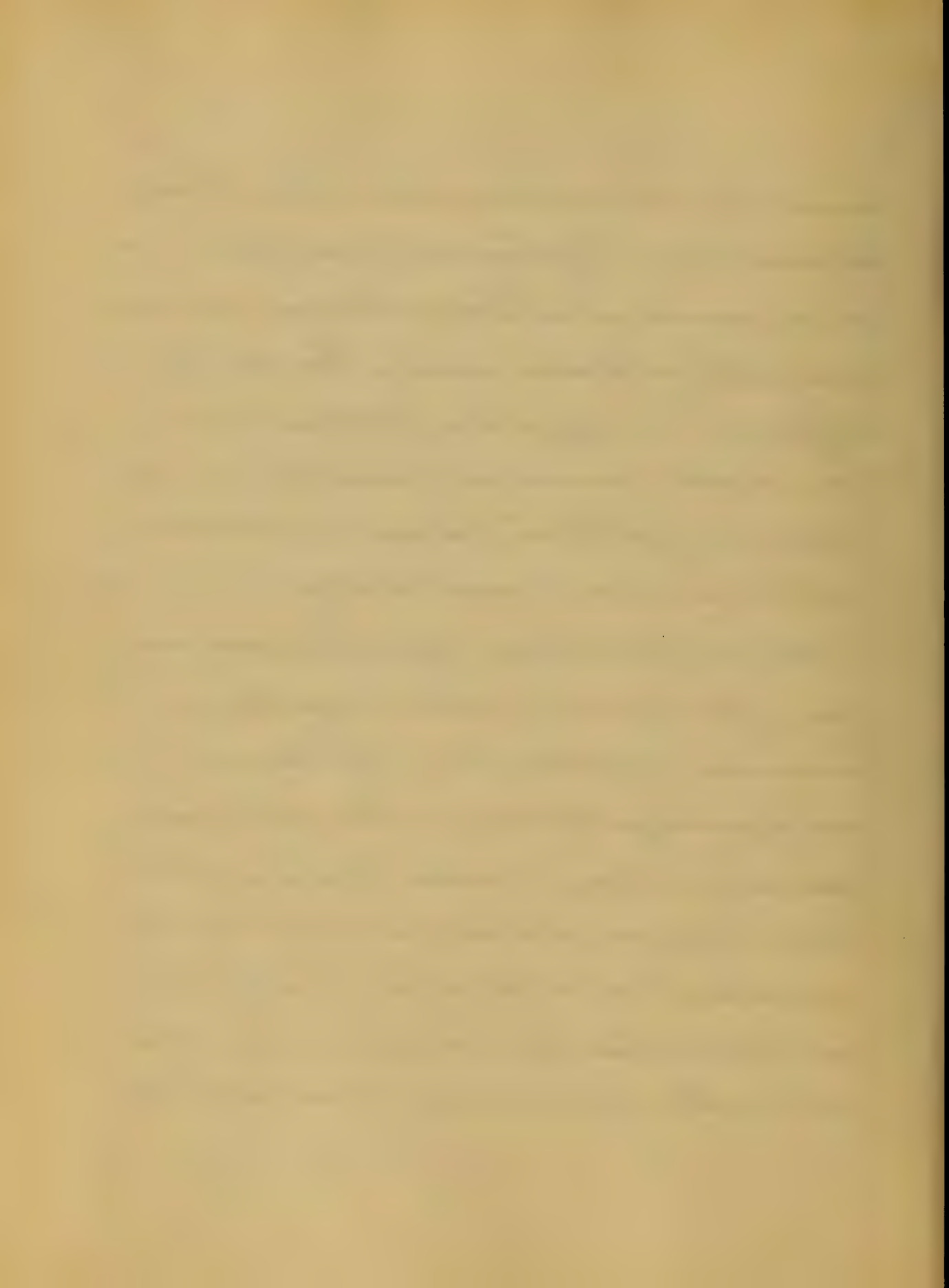
Lemonade - orangeade - and such things will
of the surface. If the skin is heated, and pulse
frequent, the patient should be confined to
bed and kept there for several days. Sir Thomas
Watson says "if the heat of the surface be very great
and distressing, I should certainly recommend
the cold affusion, but cold or tepid sponging will
be very refreshing and beneficial." According to
Prof. Howard when the temperature runs up to 104° Fah.
baths should be used, at a temperature of 94° to 98° Fah.
then rub the surface dry, after which rub over the
body glycerine, and then put to bed. If the temper-
ature runs to 105° Fah. Quinine should be given - in
five grain doses - 3 times daily to a child five years
old. If the pulse is strong - to a child the same age you
may give a drop - of Tinct. Aconit. radix. in an ounce of
water. Let them eat as much ice as they want - ice



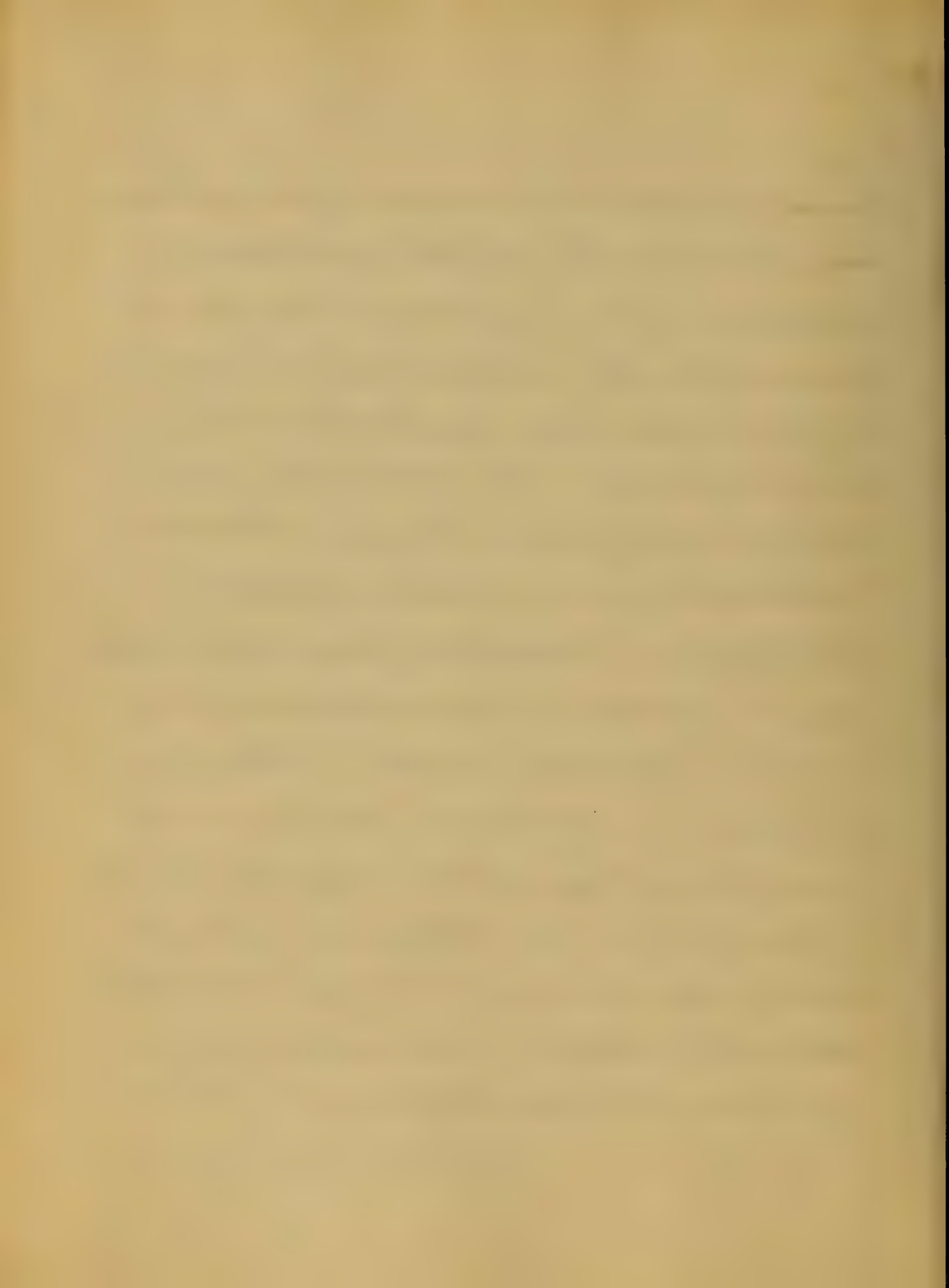
internally and moist externally. If the bowels are costive give a simple enema. Keep the patient on a strictly liquid diet for the first five or six days. In grave cases in which disorders of the nervous system in the form of convulsions, convulsions or rigidity, retraction of the head - delirium - stupor - coma may occur - more active treatment is required. In such cases as these - and more especially when they occur in young children - the mortality is very great indeed. In such cases, death usually carries off its victim in from 6 to 48 hours. In all these malignant cases in which there is a tendency to death by asphyxia - stimulating remedies must be the chief reliance. Alcohol is indicated when the pulse is feeble and frequent and when there is general prostration. In the forms of scarlatina angiosa - the stimulating remedies must be continued, and in addition



remedies must be addressed to the throat itself.
Of these Chlorate of Potassa is highly recommended.
In this connection Sir Thomas Watson recommends
very highly the chlorine mixture. The use of caustic
applications are of doubtful. Prof Howard says:-
"never put a stimulating blister or liniment on
the outside of the throat." No bleeding and no leeching
must be done in such cases. No cups should be used
in their place use the spray. If the patient is not too
young antiseptic applications by gargling are re-
commended. A diluted solution of chlorinated soda
may be used for this purpose. Permanganate of
potassa - tartaric acid - borate of soda - carbonic
acid and salicylic acid are also much used in this
connection. The child should be given plenty of cool
ice milk to drink, as this heads the list of all diet
for the sick. If there is much sickness at the sto-



much give calomel - as it is one of the best known
remedies for quieting the stomach. Under this
circumstance if there continues to be much rest
lessness - mild anodynes may be employed
if there be diarrhoea - the cause should be first
sought - and if found due to anaemia - it should
be left alone; if not due to anaemia - then it may
be checked by giving a mixture of deodorized
tinct of opium - subnitrate of Bismuth and chalk
mixture. If anaemia is present fomentations
are to be applied over the skin - the bowels are
to be kept open by mild saline laxatives - and also
a diaphoretic is found to be useful. It is claimed
by some writers that belladonna exerts a pro-
tecting influence upon the body against scarlatina.
Hahnemann - the father of Homoeopathy (and much
owing to mankind), was the first to make this asser-



tion. It is claimed that belladonna given in small doses of the causes a rash similar to that of scarlet fever rash. Many authors claim that there can be no harm in trying the belladonna treatment for a protective influence. We do not believe that belladonna exerts any such influence. We believe that isolation is the best prevention. Whether the belladonna treatment does exert any such influence and whether any real good is derived from it - the opinions of the great authors remain as full as so thought they were settled.

J. J. Beck
Winchester.
Virginia.

Dec. 30th 1885.



DISEASES ^{OF THE} MAXILLARY
SINUS.

BY

JAS. EDWIN HARRIS, D.D.S.

1886



Diseases of the Mucous Membranes

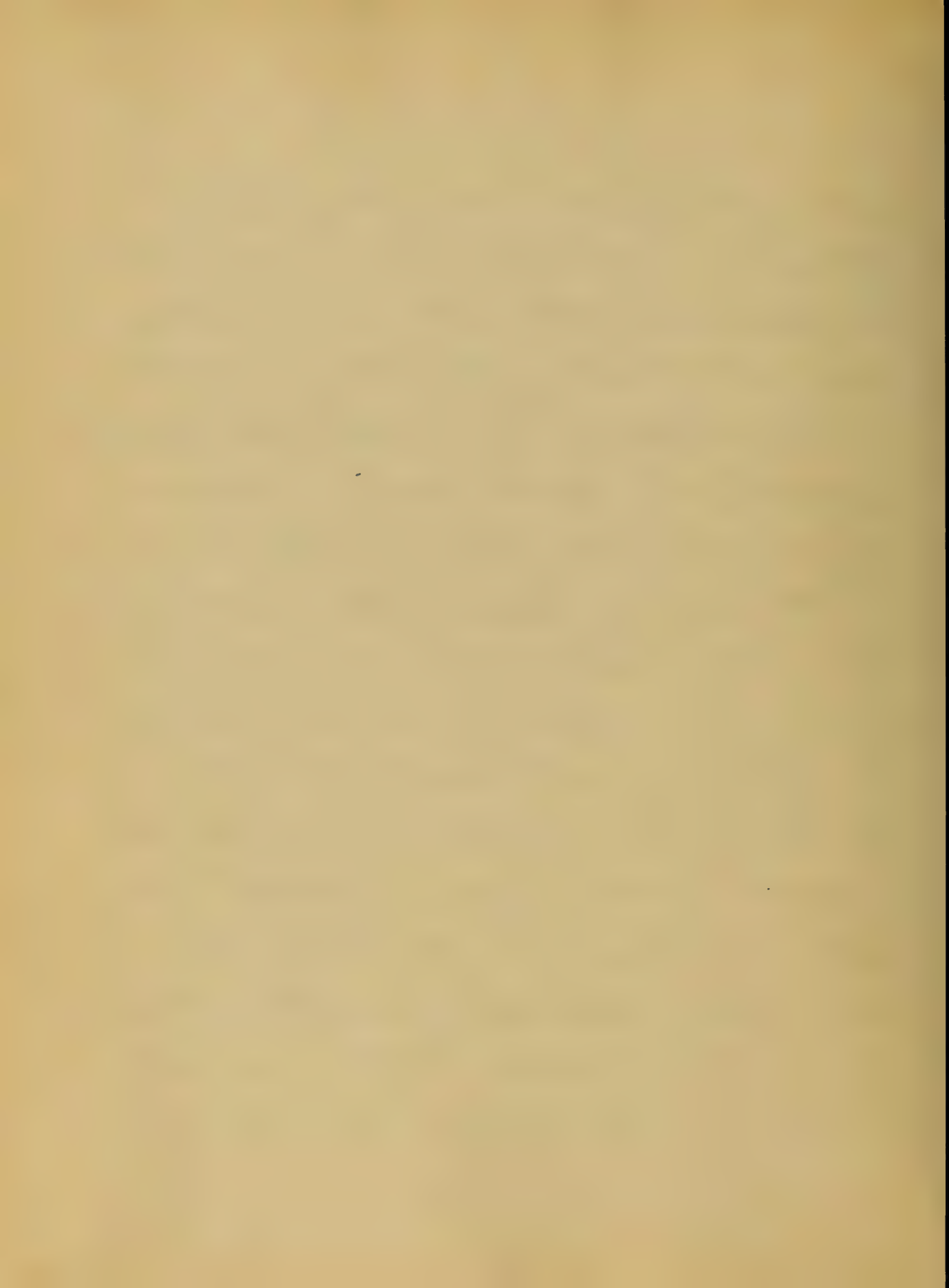
The mucous membrane, or lining of the ^{upper} ~~throat~~, is a cavity situated in the substance of the superior mucous body which communicates with the middle nostril of the nose and is lined by a continuation of the Schneiderian membrane. On it we may expect to find all the diseases which are common to the ^{and} mucous membrane in other parts of the body.

Diseases of this cavity are frequently found in connection



with irregular dentition ^{and} most
often in people who have lost
the middle tooth, for it is then
that we most commonly meet
with decayed ^{and} supernumerary teeth,
which are the most common
of troubles in the denture -

It is known that the most ad-
missible entrance to the au-
gument is through the socket
of the lower root of the 1st
or 2nd molar tooth - For the roots
of these teeth often project into
the cavity - ^{and} we can easily
see who disease of the feet
may be transmitted to the
interior lining - Among the



courses of autumn troubles, and
periodical, abnormal, abscess,
irritable spots of feet, being
about the face, normal, non-
atonic, or, or, such conditions
of troubles and, however, usually
referred to disease, but but
show themselves as a disease,
abscess, the tubercle may some-
times mark the appearance
in the autumn, the lesions of
the secondary form more parti-
cularly, but this is not true
year, even in the tertiary
stage, that not infrequently
parish is now directed, when,
from continuity of structure,



the disease is confined to these
parts. Mercurial has a re-
sultant pathological relation
to the disease.

In looking for the cause of
disease, we must re-
member the im-
portance of some careful exam-
ining the part of the mouth
to be treated, it would be
well to make an incision
at a point of being quite
certain that there is not an
impacted tooth or root, which
may produce irritation. Al-
most any tooth may be the
primary cause, as to an abscess

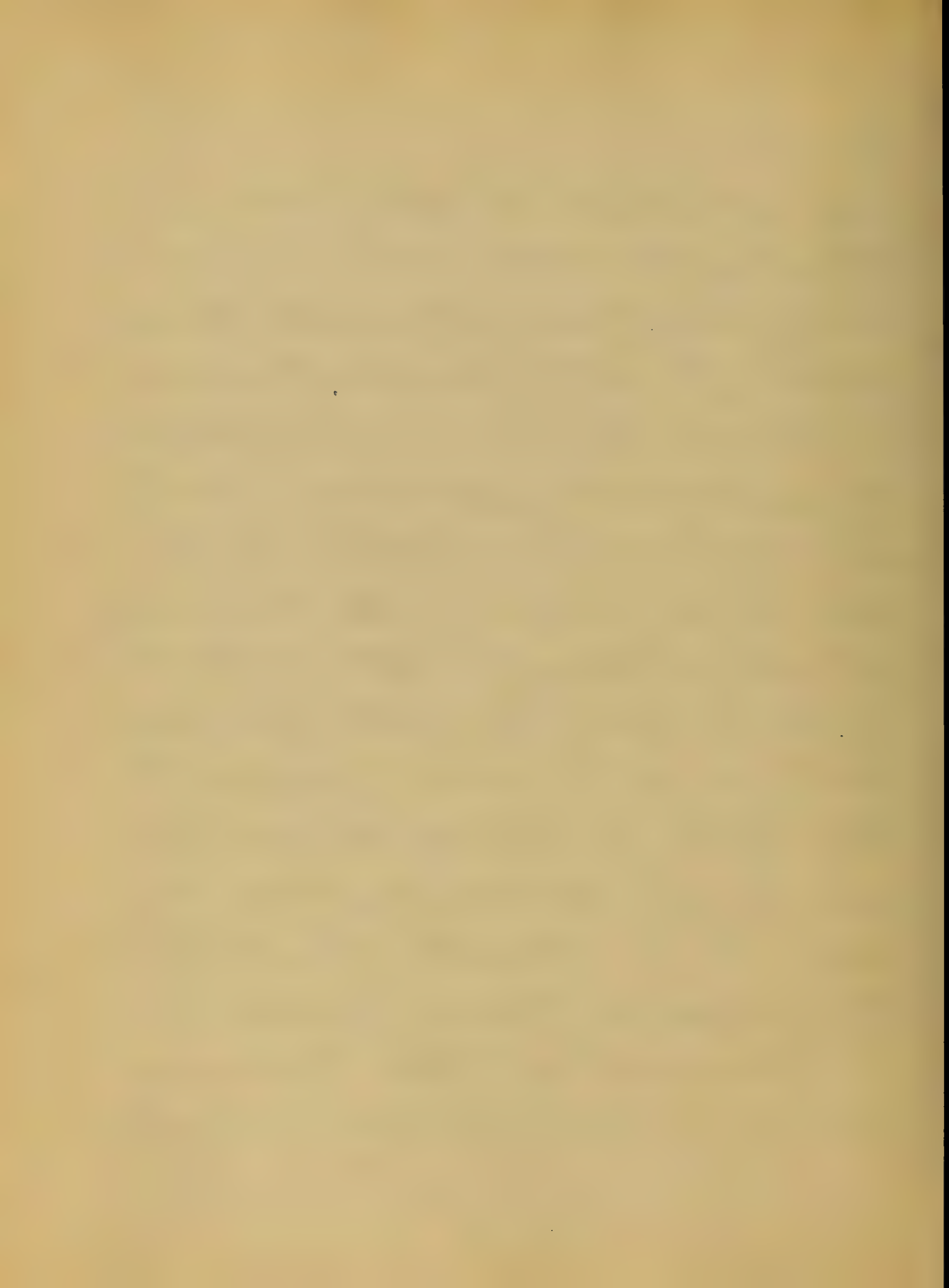


burning through the bone.
Should the alveolus have its
complement of alveolar bone
lost, make a thorough exam-
ination to ascertain the pos-
sibility of excluding the possibil-
ity of a dead tooth. This con-
dition may be diagnosed by
taking upon the tooth the dis-
fecting and removing or by re-
flecting light upon the tooth
to recognize any difference in
color or appearance of the
tooth itself. And tested
by brushing cold water from
at points to detect any bac-
terial persistence.



A condition of the uterine
proliferative mass with is mu-
lous enlargement, due to ca-
tarrh of the chorionic
membrane and is relieved
by increased secretion, but
is sufficient enlargement
leads to loss of natural
control leaving the varied
tissues and the the parts
fill with fluid, causing
the sac to become swollen,
which is accompanied by
pain and a sense of weight.
The diagnosis may result

Disease of the uterus
is, as a rule, easily diagnosed.



And often be a simple pneumonia -
which if not relieved all the
symptoms of the disease can
usually be mistaken - cer-
tainly not as to the seat of
disease - but to ascertain whether
it is the specific nature of
the trouble is often impossi-
ble - as to diagnosis between
mucous ^{and} serous humors,
cancer ^{and} abscess

Drainage is now recognized
as one of the most important
diseases of this kind ^{and} is
generally considered to be a non-
fatal inflammation - in cases
due to this cause we are likely



to find an inflammation con-
dition of the surrounding tis-
sues with more or less distur-
bance of the secretion. The
natural drainage of the cavity
may be obliterated by contrac-
tion thus preventing egress
of the fluid, which will col-
lect and soon distend the
parts to such an extent as
to materially interfere with
respiration and cause much dis-
figurement. The later form is
inflamed substance, which
is most fatal. The estimate
two - the relative value, owing
to organization of the fluid -



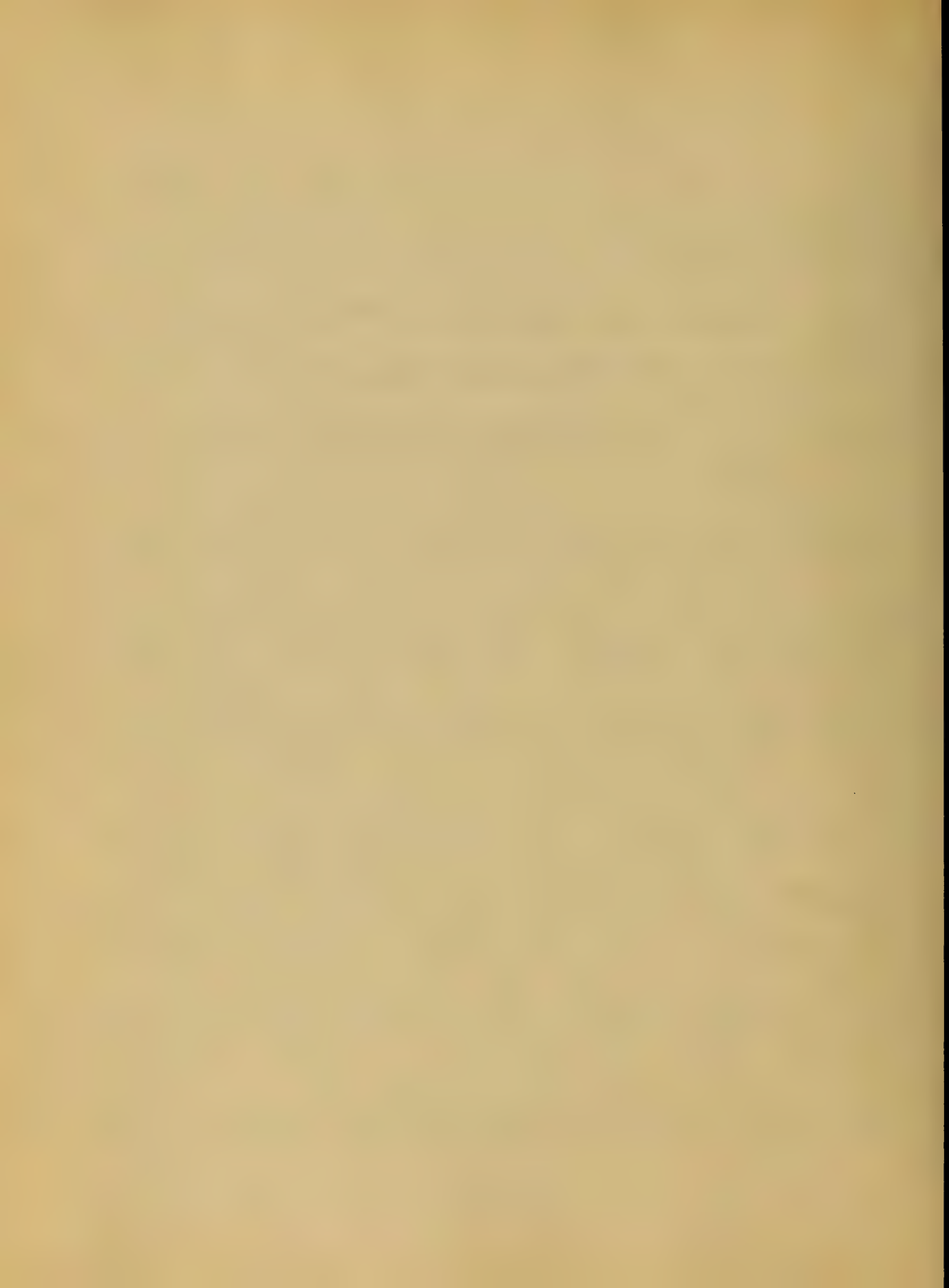
The most acute in the
walls of the uterus and
the middle part of the
wall, the floor of the
the hard part of the
cervix.

The disease, above mention-
ed, may be either termina-
ed by law or a lancet-
ing to death, but does not
character. The source of
pain, edema and tenderness
of the chest, the fever is
indicative of the formation
of pus and chronic
inflammation. When the per-
forations are present the



conditions in fact to be made -
and to that in the future, in
the best interests of the
altered position due to the
existing inflammation -

When an amount has been
firmly established, it will
of course, result in the
absence of the continued fluid,
which will relieve the pain
now and then. The pain
is not likely to be
less than that which has been
ejected, but, it will be
less, than the mind has
the amount now we feel
we have it under us. The

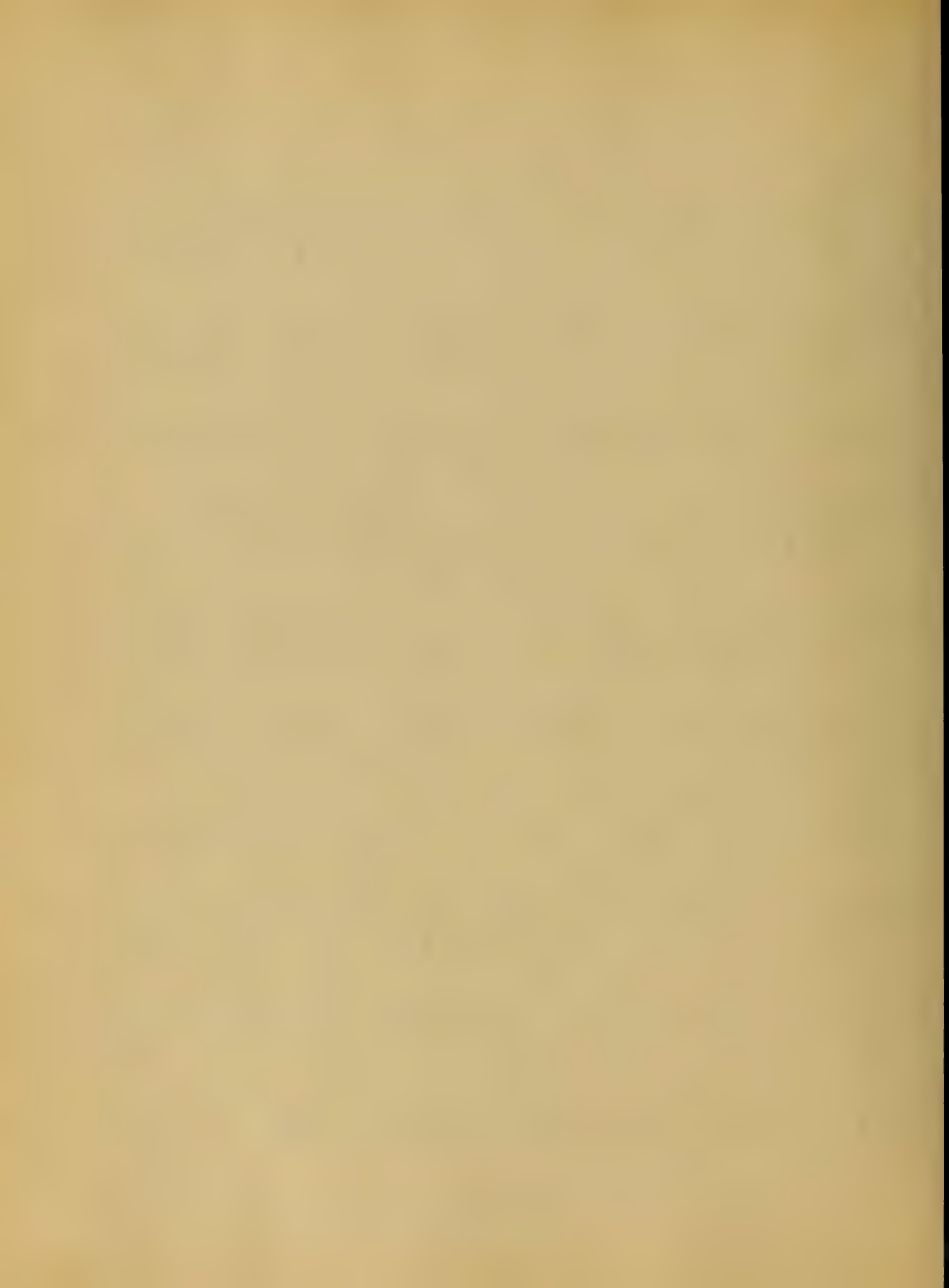


the same is again experienced
under the same conditions
In this time the disease
has become chronic. The
constant unhealed discharge
also discharged is unpleasant
to both the patient and those
around him. For, in this situ-
ation, abnormal reactions of
the skin under discharge
become more "stid." The
disease does not cure, but
it may now and then
be caused earlier of later.
But cancer has been known
to develop as a result
of it in the future.



20
The above is a summary of the
work done in the past few
years and is intended to give a
general character of the work
done during the past few
years of the present year.

The state of affairs in the
country is such that it is
an absolute necessity to
be carried through the year
but discharged under the
same and in some instances
not that account for
the present year and
through the natural course
of the condition should always
receive prompt attention.



this position ^{but} destructive force
will not produce an
impression which when in
the face leaves a more
immediate ^{but} more part to
what is most dangerous
the loss of an eye was to
be feared - The man-
liant ^{and} not malice
known and found in this
case ^{but} when they do
first should receive some
close attention, for the man-
liant another vehicle in-
volve the surrounding parts
^{and} the consequence was
not quite serious, leaving



much determined but sometimes
the patient is not so well
as the general condition
of the patient is not so good

Observations

When the patient is the
result of pleuritic exacer-
bation, the general condition
constitutional treatment
must be directed, with the
addition of local antiseptics.
The constitution of the pa-
tient must receive atten-
tion in every case with con-
siderable attention
as indicated.



Several local remedies have
been employed in dressing
wound that perforated, which
now has perforated to the
bone the natural dressing
is what is for better to
extract the pus or with
with water touch on the
affected side, it is more av-
ing reference to the hole
which now has in all
was diseased or decayed.
The part of the bone
root of the part in last
time the best adapted
for the escape of fluid
and application of remedies



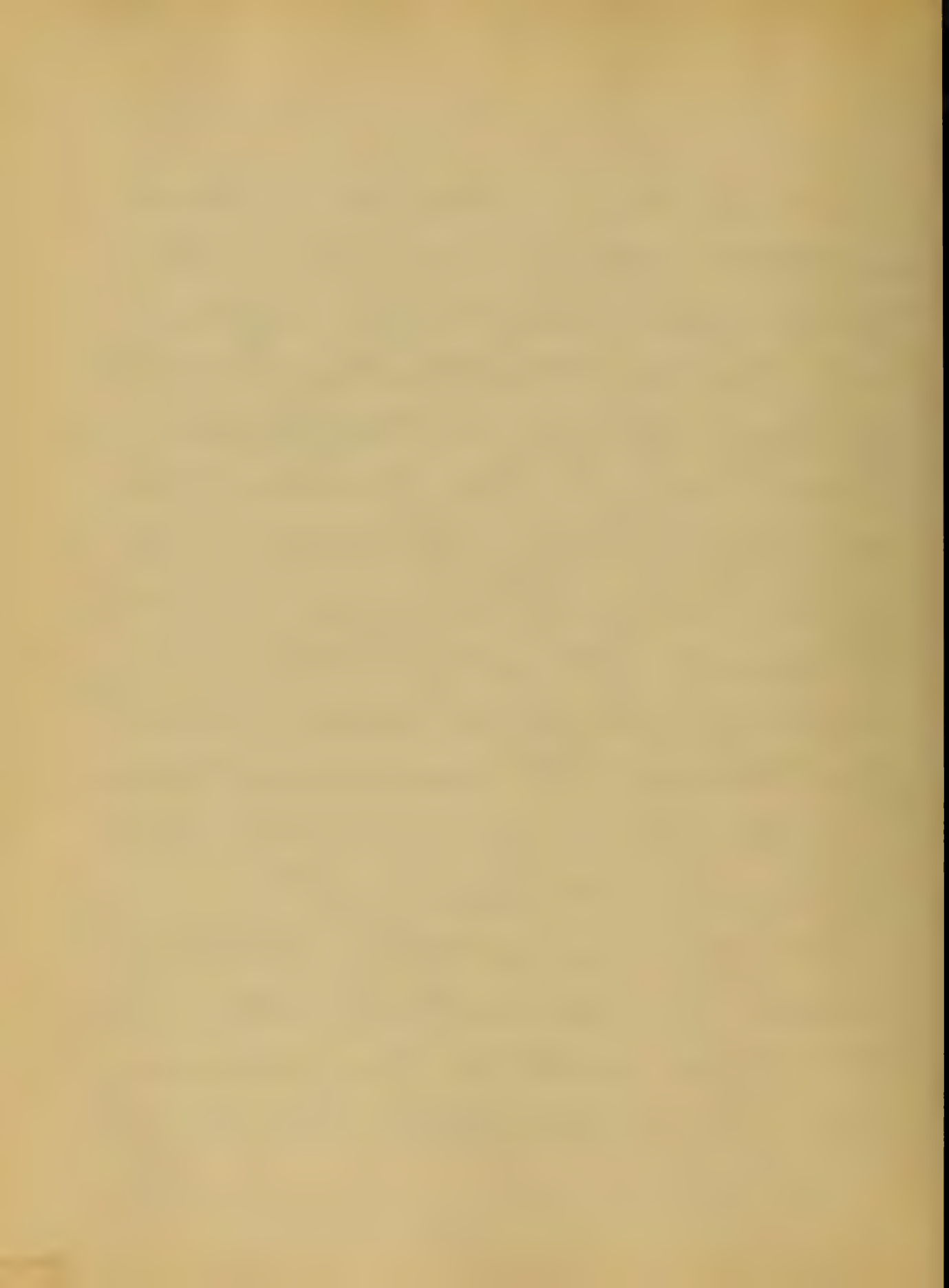
I, however enlarged the opening thus made ^{to} even sufficiently large to admit the introduction of the fingers. A lamp glass now ~~was~~ inserted through the opening to allow the continual escape of fluid and prevent the opening from closing. This sheet ~~is~~ made of gold, silver or platinum; the latter being preferable on account of its pliability and easy adaptation. This tube must be ligatured to an adjoining tract. An opening



Having been secured, the
most important phase be
made to thoroughly wash
the cavity before any further
treatment is attempted.

Great care must be taken to
prevent any particles of
food from getting into the
opening or any foreign
substances will excite
irritation and inflammation
and prove to counteract the
effects of treatment.

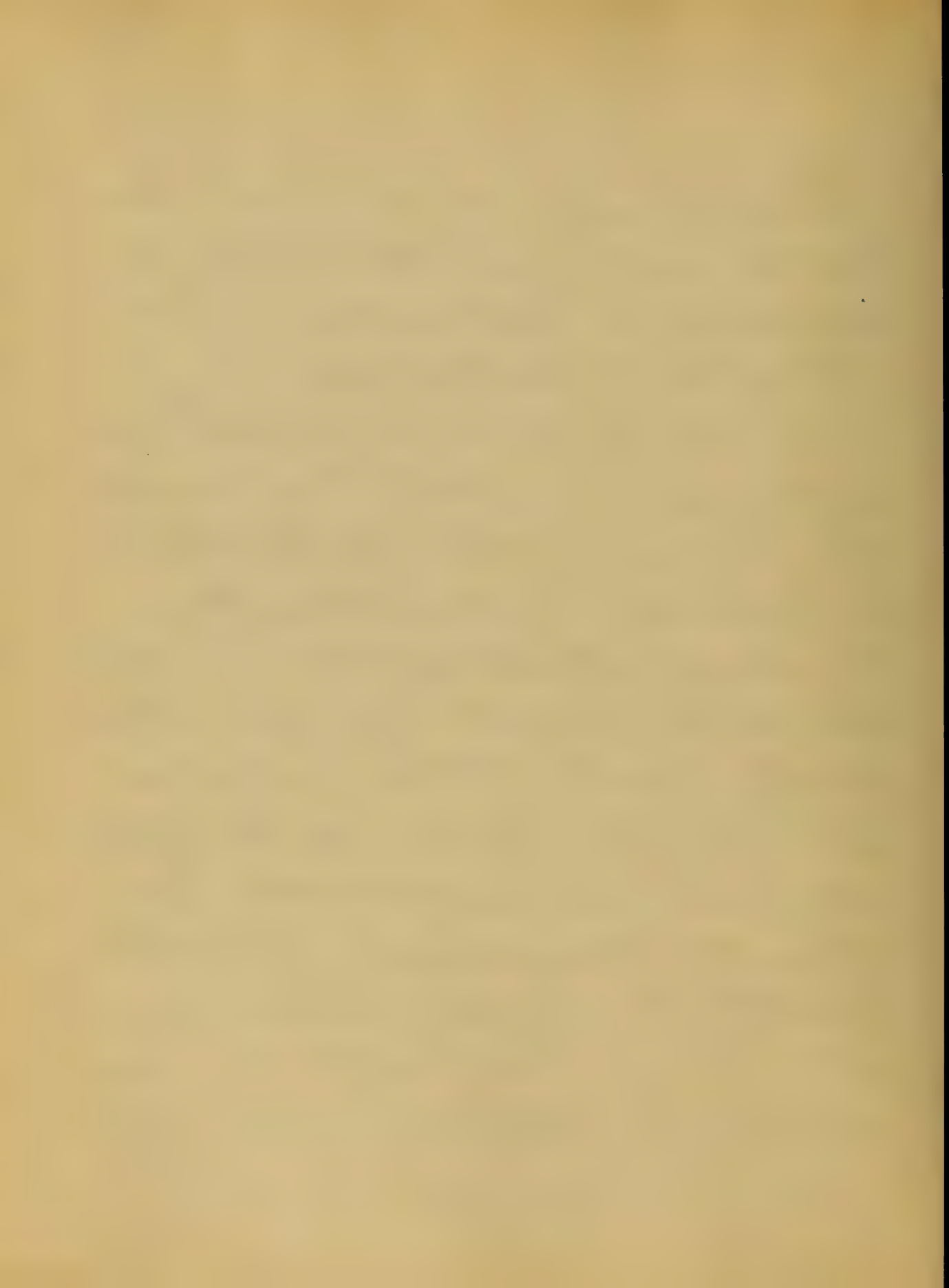
While antisepsis, stannous
iodine and astringent washes
are absolutely essential,
it should also be borne





Chloride of Zinc is most beneficial when degenerating ulcers are produced from retained secretions.

A solution of Chloride of Zinc is a very beneficial agent in all diseases of mucous membranes, being of itself without perceptible odor and at the same time both antiseptic and disinfectant, besides retaining an agreeable and soothing sensation to the patient. One grain of the Chloridehydrate to an ounce of water, as a



used in pulmonary strona
in most cases. This agent
has certainly a deserved
good reputation as an antiseptic
to directions of the
various passages.

Historically a prepara-
tion made by ^{W. H. W.} ~~W. H. W.~~
of St. Louis, is also an ex-
cellent antiseptic and stim-
ulating remedy. It can be
used as an injection either
full strength or diluted and
has been employed with
markedly good results.



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Letter to the President

I have the honor to acknowledge
 the receipt of your letter of the
 10th inst. and in reply to inform
 you that the same has been
 forwarded to the proper
 authorities for their consideration.
 I am, Sir, very respectfully,
 your obedient servant,
 J. M. [Name]

I am, Sir, very respectfully,
 your obedient servant,
 J. M. [Name]





The same is true of the child. There is
 a period of convalescence in children
 and adult and old people.
 Against the idea of being immune
to infection in the past that there
 is a period of convalescence
incubative stage.

I don't know, but it is a convalescence
period of convalescence and is
is influenced by every kind of
injury to the system and
is not the same in all cases
and is not the same in
all cases and is not the
same in all cases and is
not the same in all cases
and is not the same in
all cases and is not the
same in all cases and is
not the same in all cases



As has been stated, above, there is a
common belief, that pneumonia is
caused by exposure to cold air, and
more especially, to draughts when the
body is warm, and perspiring. But
it is not so simple a matter, and
it is not so simple a matter, but it is very
often the result of some other cause,
and is not a simple pneumonia, but
is a pneumonia, with a certain
inflammation, and is not a simple
disease. There is a certain condition
of the lungs, and it is not a simple
disease, but a pneumonia, and it is
not a simple pneumonia, but a pneumonia,
- as a result of inflammation, and it is
not a simple pneumonia, but a pneumonia,
and it is not a simple pneumonia, but a pneumonia.

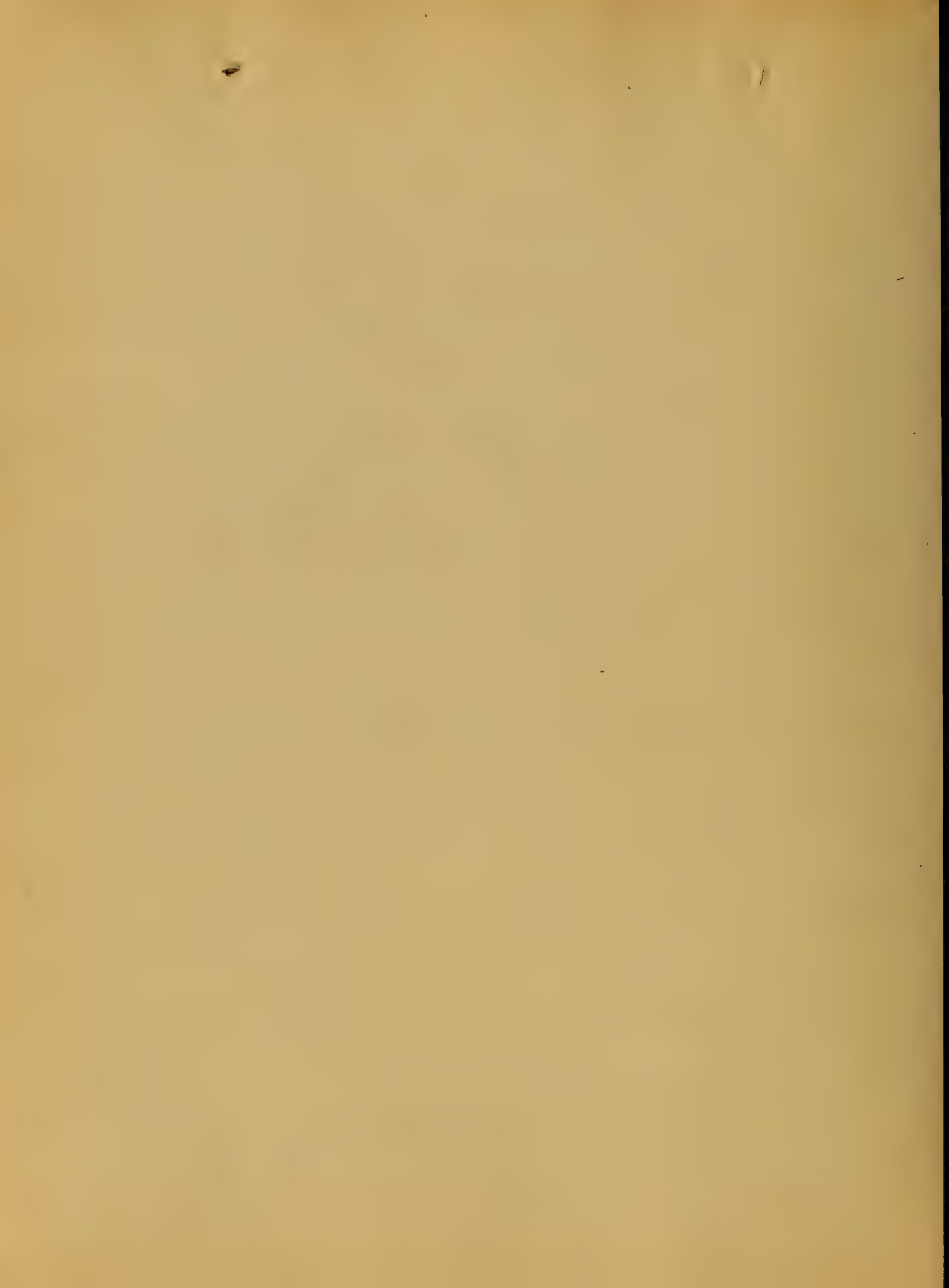


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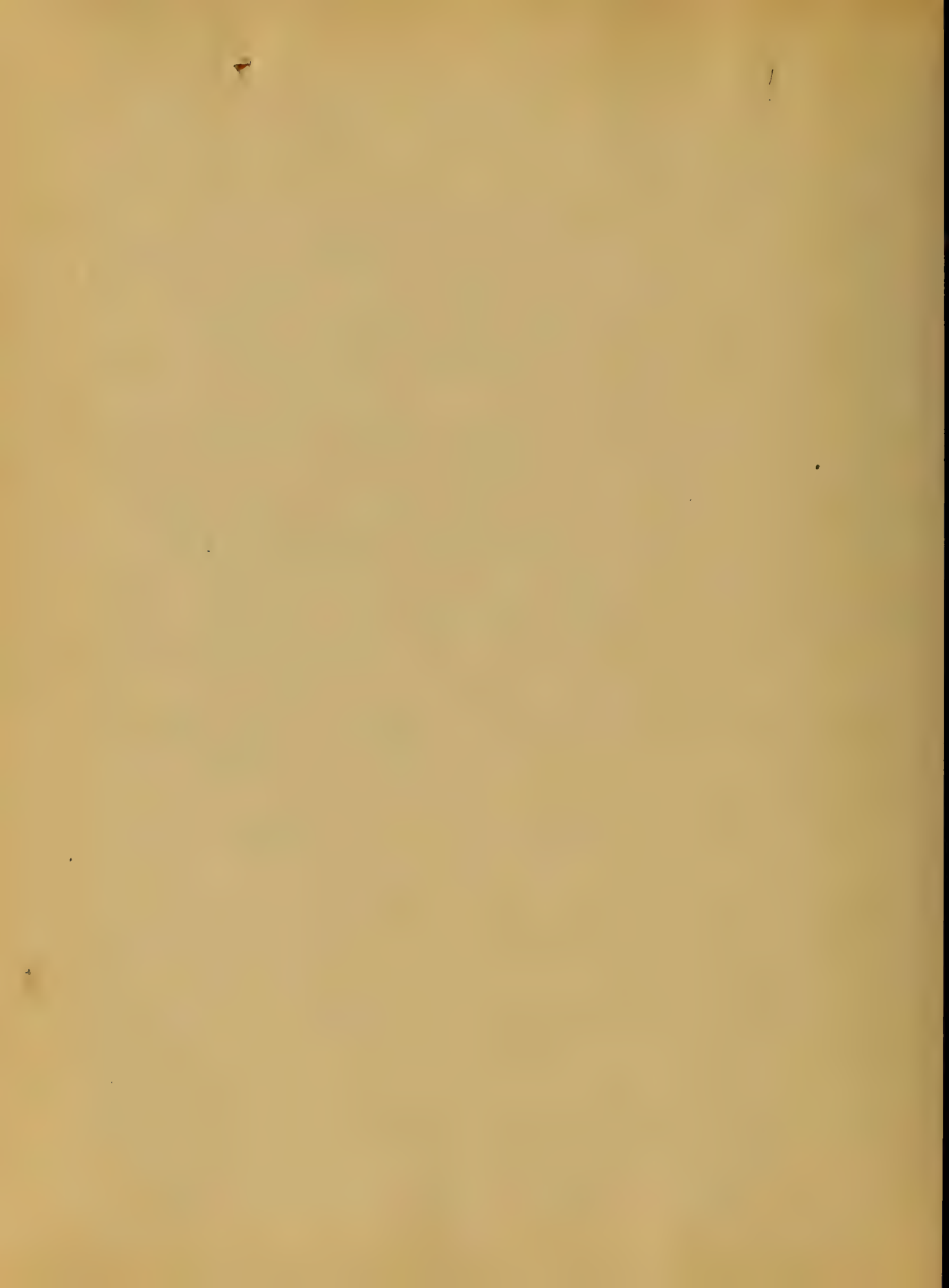
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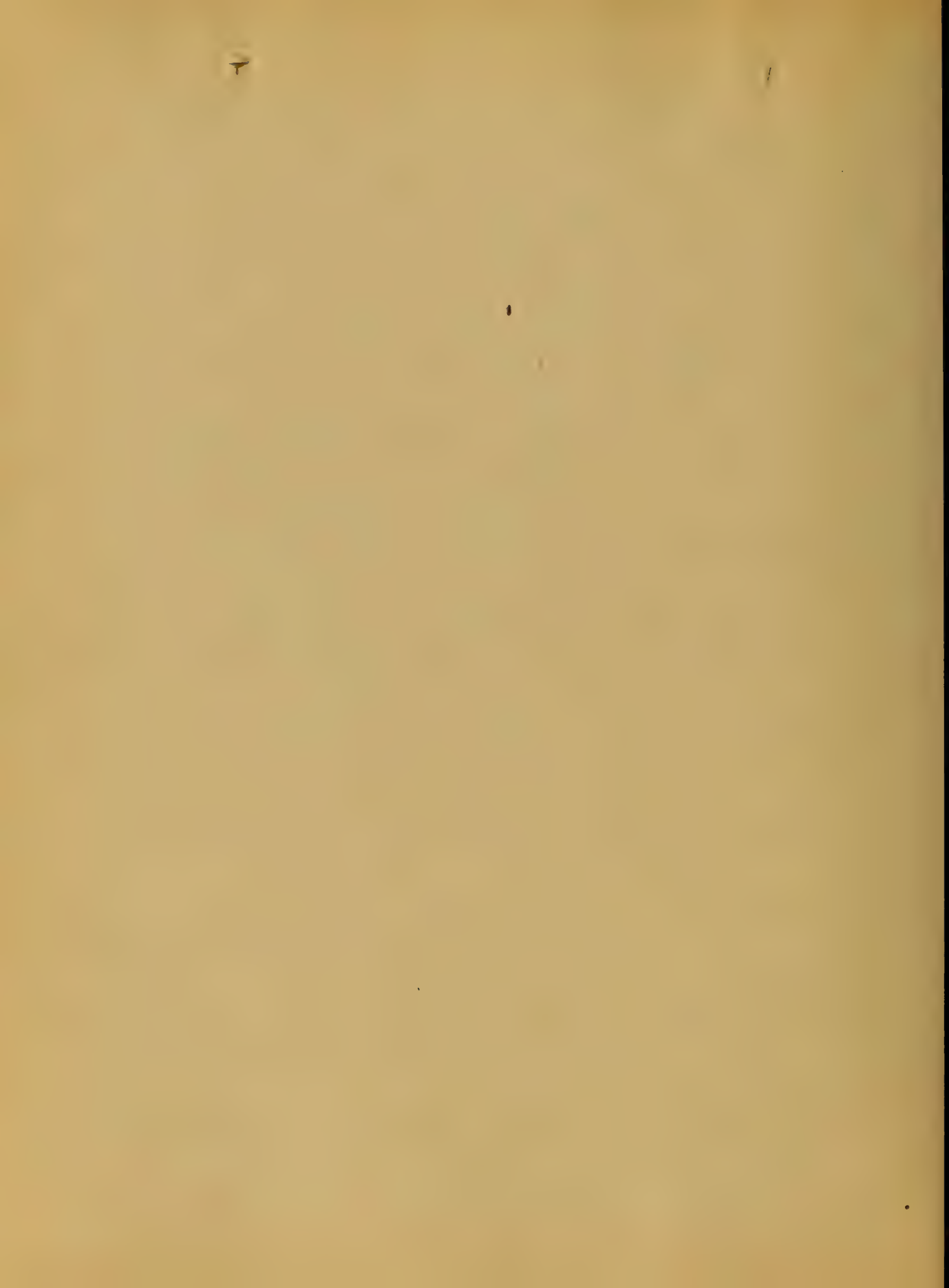
Pathological changes in
conditions of the affected tissue in
pneumonia is divided into four
stages, as follows: The stage of
hyperemia, or congestion; the
stage of consolidation, or suppuration;
the stage of resolution; and the stage of
residual transformation, or
organization.

In the inflammatory stage, or stage of
congestion; the portion of the lung
which is affected has a white firm
appearance, as heavier than normal
lung tissue. It is cut off from the
arteries, but circulates with normal
lung tissue. It is pressed between the
pleura & covered by the pleura.



Comparison of the chief. The lungs are not
inflated, and no impression made by
the fingers is retained. The lobes are
small. The lung roots present - a network
of small redish brown vessels, and a few
arteries with capill. On examination with
the microscope - In the alveoli the
epithelium cells will be seen, covering
and encroaching upon the lumina
of the cells. The alveoli, vessels are empty
and small. The capillaries
about the alveoli are enlarged and
filled with red cells. There will be
a slight amount of yellow exudate
in the alveoli and around the vessels.
The air can now be drawn in. In
dark red color - some the yellow color of blood vessels.

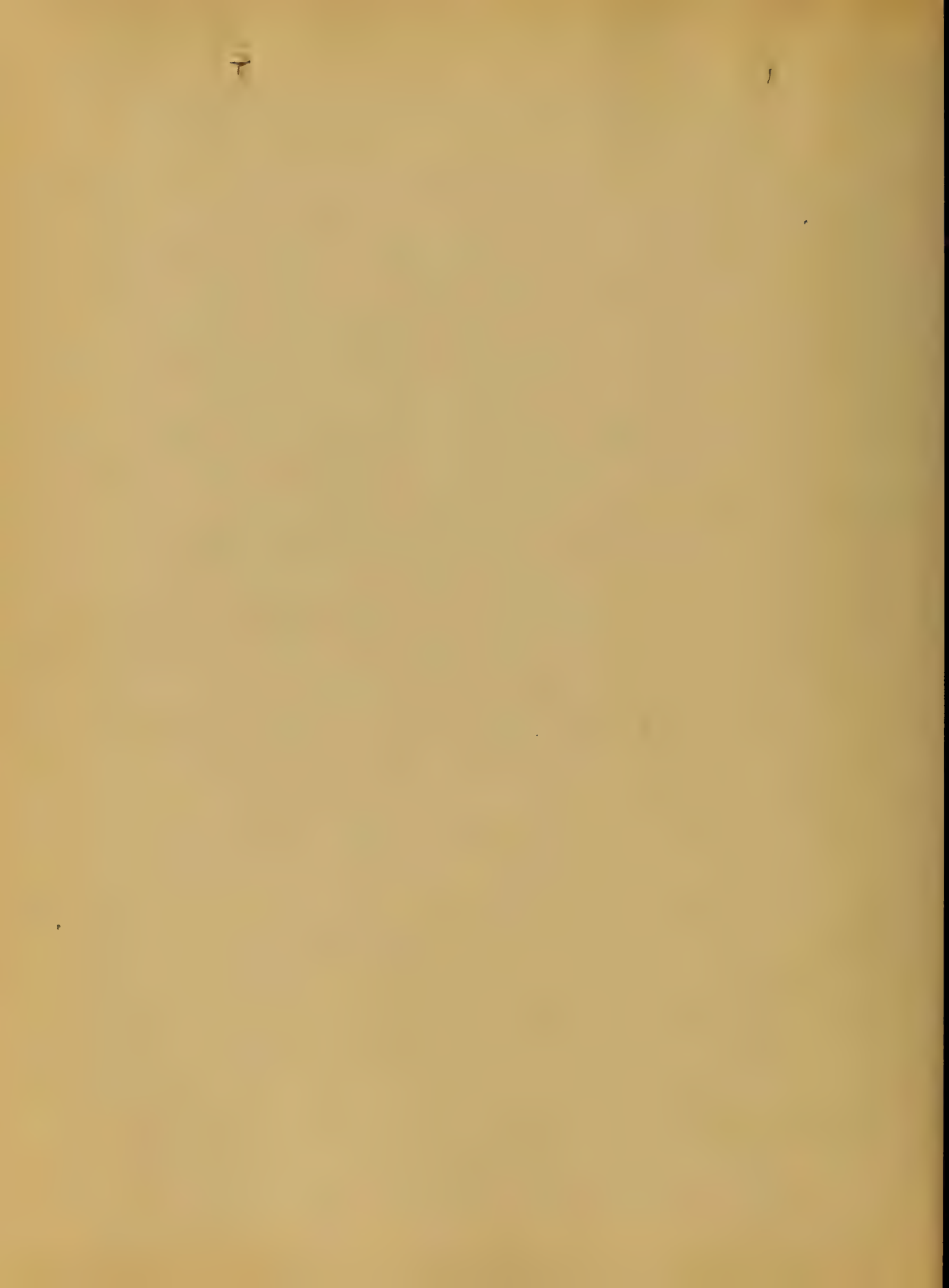




a dense deposit of fibrin in the
 water and will not crepitate when
 pressed between the fingers. The
 surface is deep red and
 granular. The granulation belongs
 to the little capillary vessels in the
 fibrin which is above the red surface.
 Under the microscope, the vessels are
 completely filled, the epithelium
 of the capillaries and their walls are
 engorged. Changes are very common in
 the fibrin and are in the cellular
 cellular connective tissue, and some exudation
 takes place into it.

Same secretion - The stage now to
 follow is the second stage of the process.



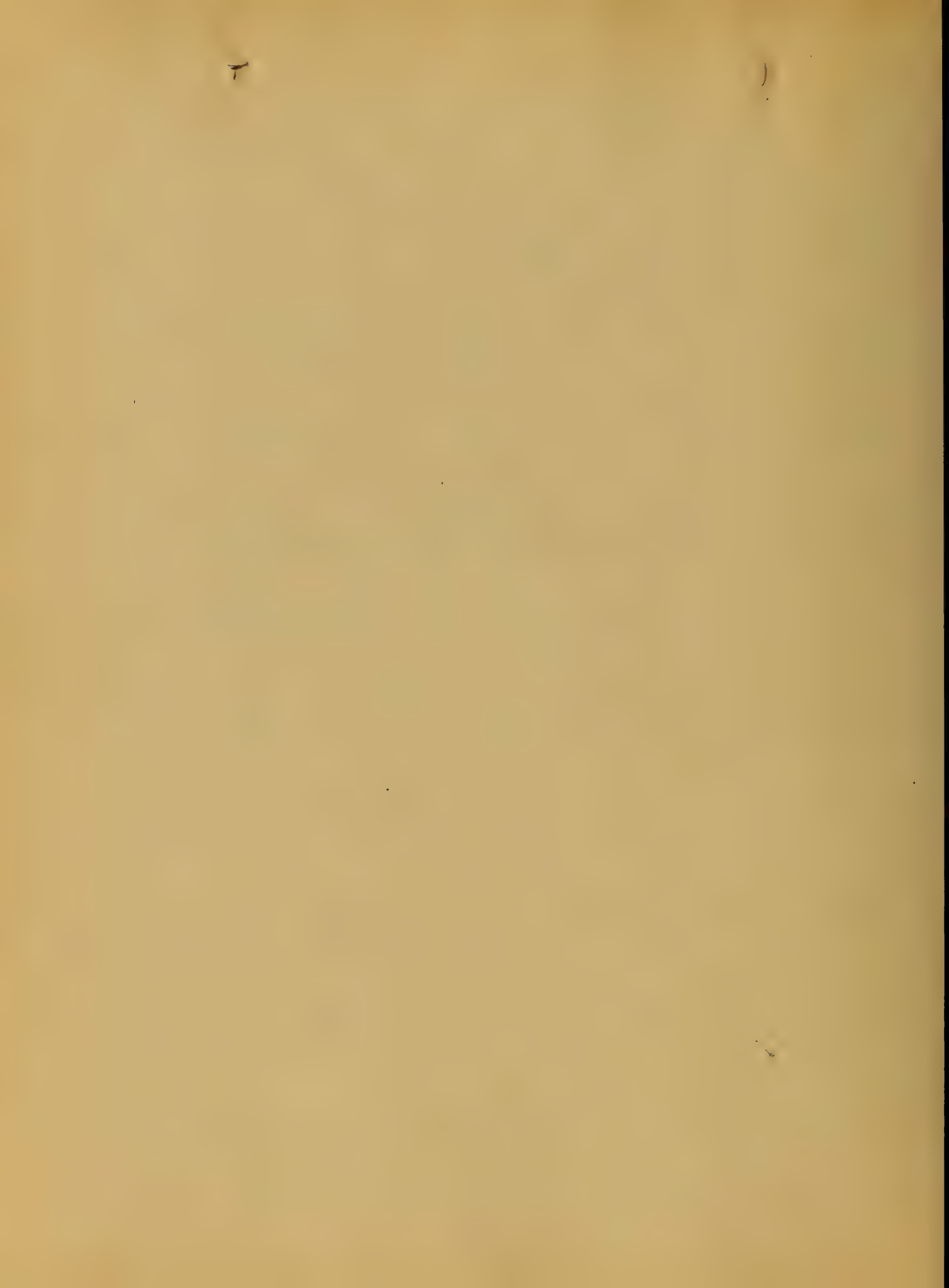


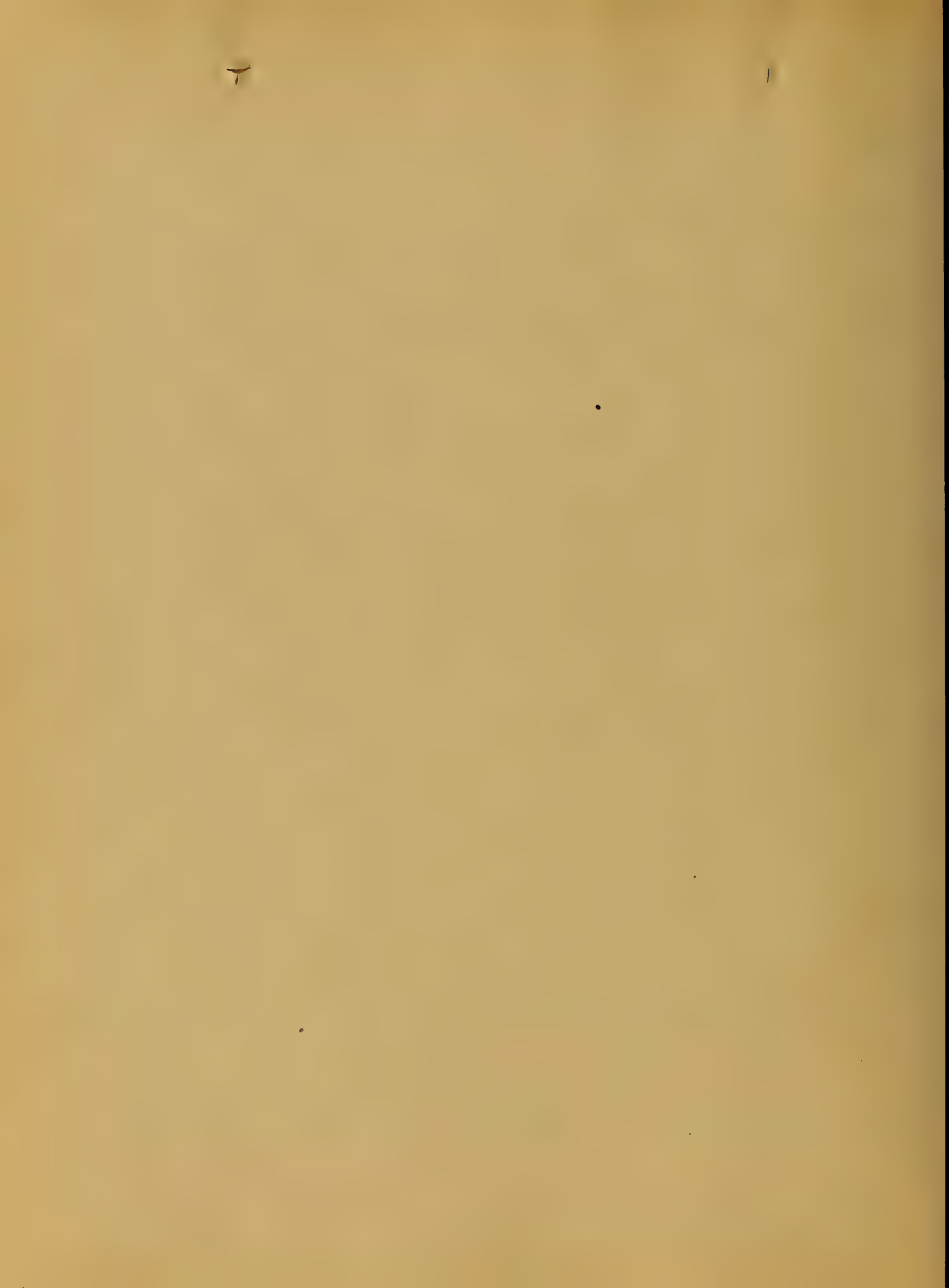
1. The stage of gray degeneration - This
stage, which it seems, follows a period of
of red degeneration and no trace of
inflammation is to be seen ^{and another begins,}
now the disease is in its
stage of resolution. The
tissue is becoming more dense. The
color, large numbers of pus cells are
present and the alveolar walls under
goes fatty degeneration. The
of the tissue is seen. The
has cells, and the
in inflamed lung will be found invaded
by the microorganisms, but the
be found also in the



color with palatine, and the scattered
and other. The staining of the tissue
will be found to be of the same
kind the process of staining of the
cells. The tissue may be examined
in a number of different ways. The
resolutions, permanent imbeddation,
stains, and other in various
ways.

It is also to be noted in the study
of the tissue and the place of the
study, with the present appearance.
The resolution of the cells and the
their general size and the general
nature of their internal positions.
Although the expected matter is
considerable in a case, it is not





with four, five, six, seven or
eight, and two or three burrows together.
The burrows have the third
termination, or the breaking
down into a cavity, and a
cavity be formed.

The soil is very loose and sandy
but contains many pebbles of various
sizes, and the burrows are
very irregular and deep.

The process of the sand is the
formation of the burrows, and the
pleural cavity and pleura occur, or
may be formed from the
pleura, or from the
Gangrene - This is very rare, and
never seen in the
burrows.

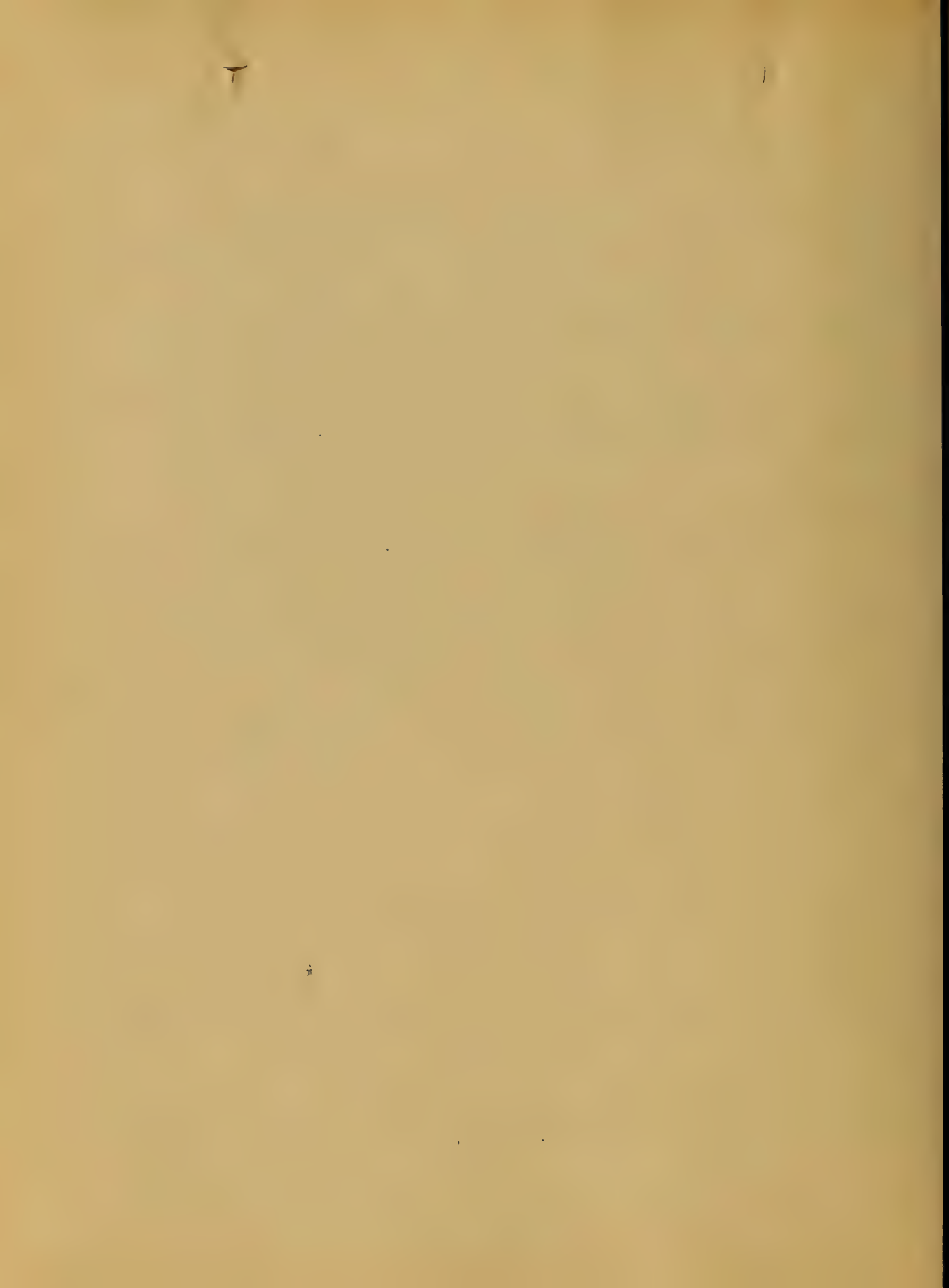






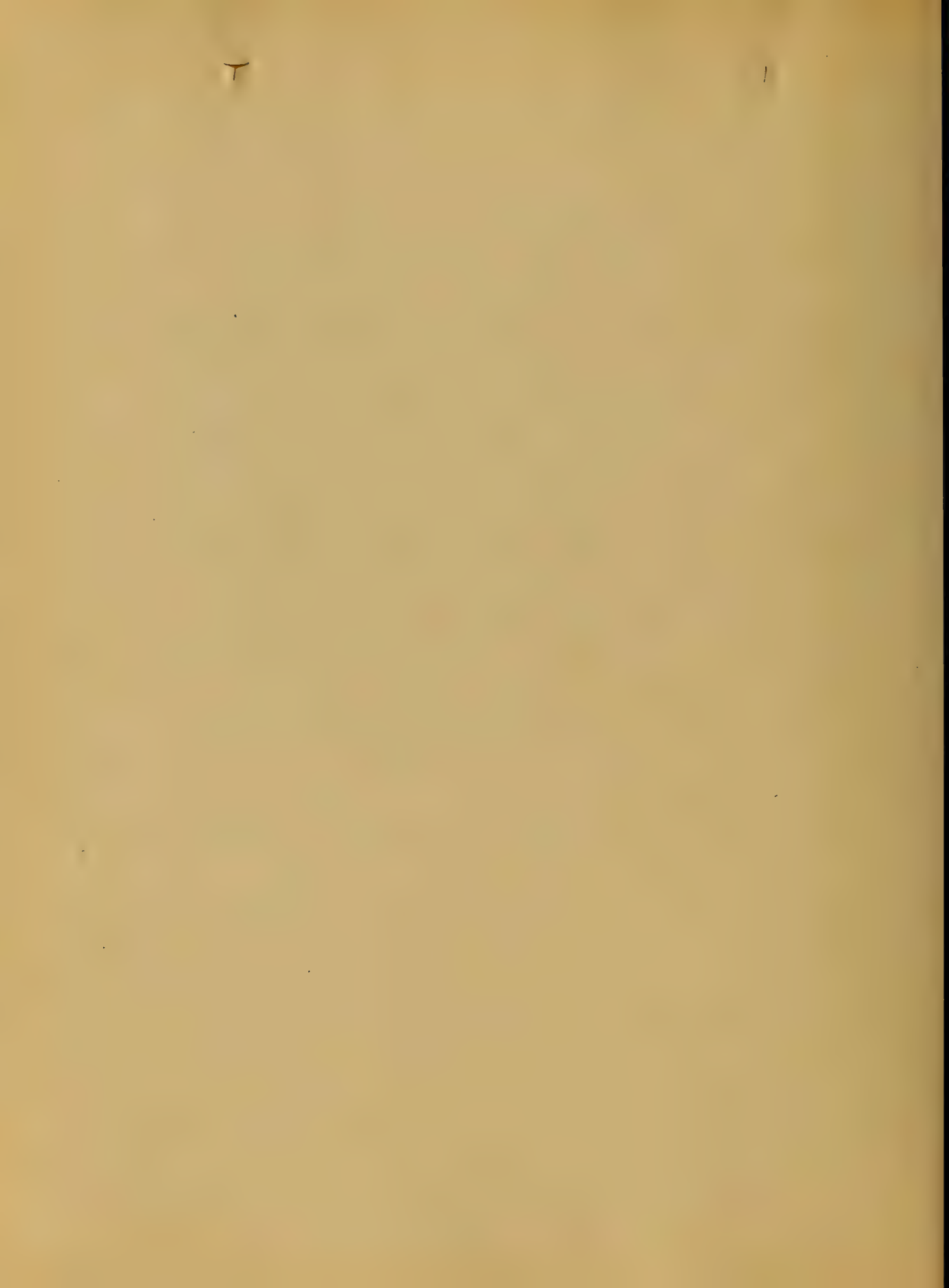
is used for the purpose of becoming
fatty, and is the enormous matter is
mixed up with the fat, the product
being a soft solid mass, and
through the consistency of cheese.

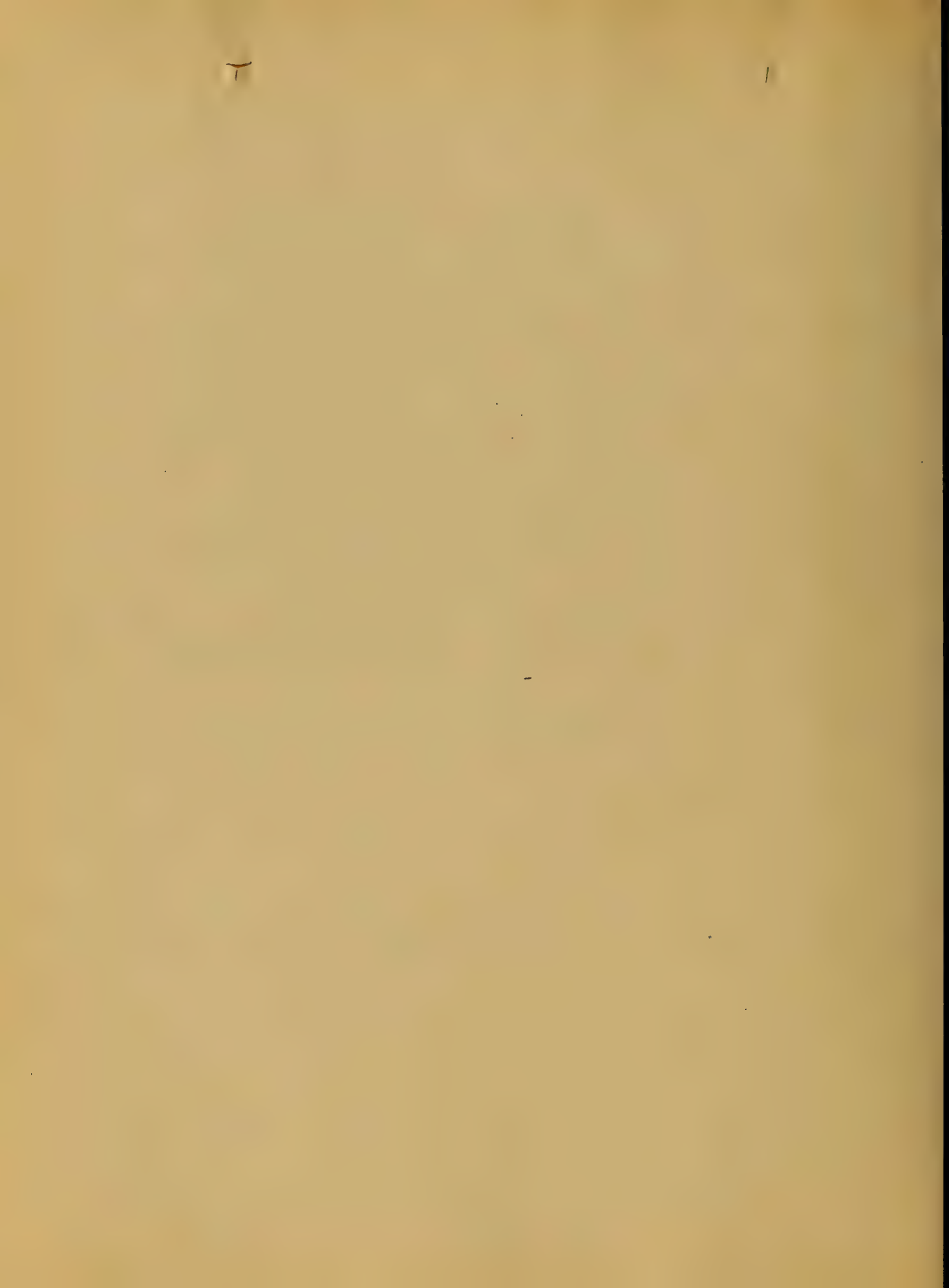
History - All portions of
the body are not equally liable to be
stricken by the disease. Statistics show
that the lungs are most affected in
the early stage, and in a later
stage the heart is the most, according to
the statistics of Jürgensen, the
right lung is affected in 53.7 percent,
the left in 5.15 percent and both lungs
in 8.7 percent. The relative extent
of the disease in the lungs is



take in evidence in the following.
The lower lobe of right lung is more
oblong shaped, and is frequently the
lower lobe of left, the upper lobe of
the right is not the upper lobe of
left, and is the middle lobe of
right. The middle lobe of right is not
of ^{common} occurrence, being present in
about 10% of all cases. The
middle lobe is generally present in
the young, and is
middle lobe. The absence of this lobe
is more common in the old than in
the young. They of course differ
in length in different cases.

The shape of the middle lobe is
usually that of the lower lobe,





favorable cases may terminate in
two weeks. The whole case is, usually
more frequent than all of them
in the population, and is
reported like the one. The disease is most
commonly between the ages of twenty
and thirty years. It requires three or four
weeks for its complete recovery, but
some persons recover in a few days. After
the recovery, the patient is liable to
relapse. It is the only one of the
diseases which is liable to relapse.

Symptoms - The disease
is liable to come on without any
premonitory symptoms, and the



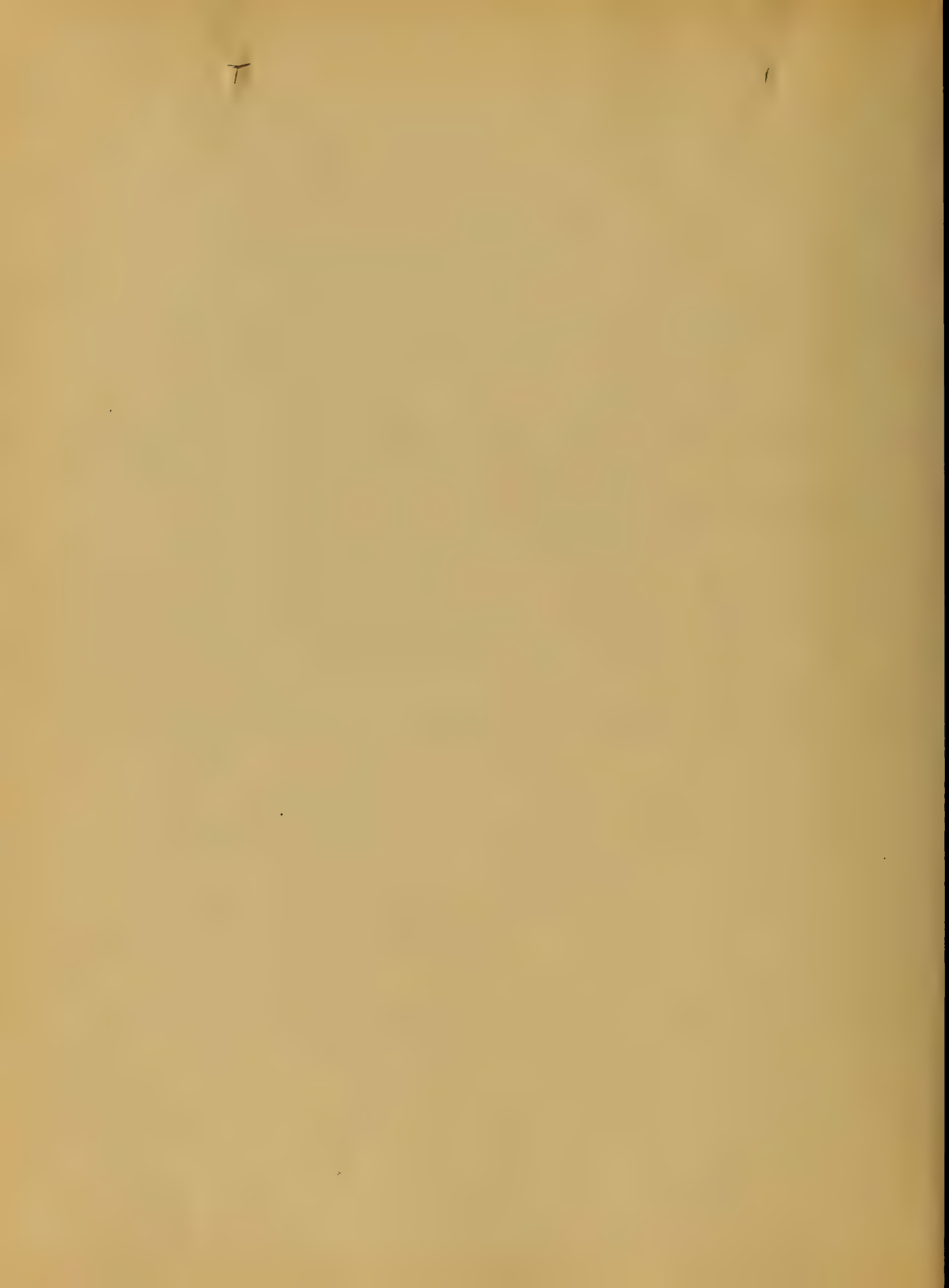
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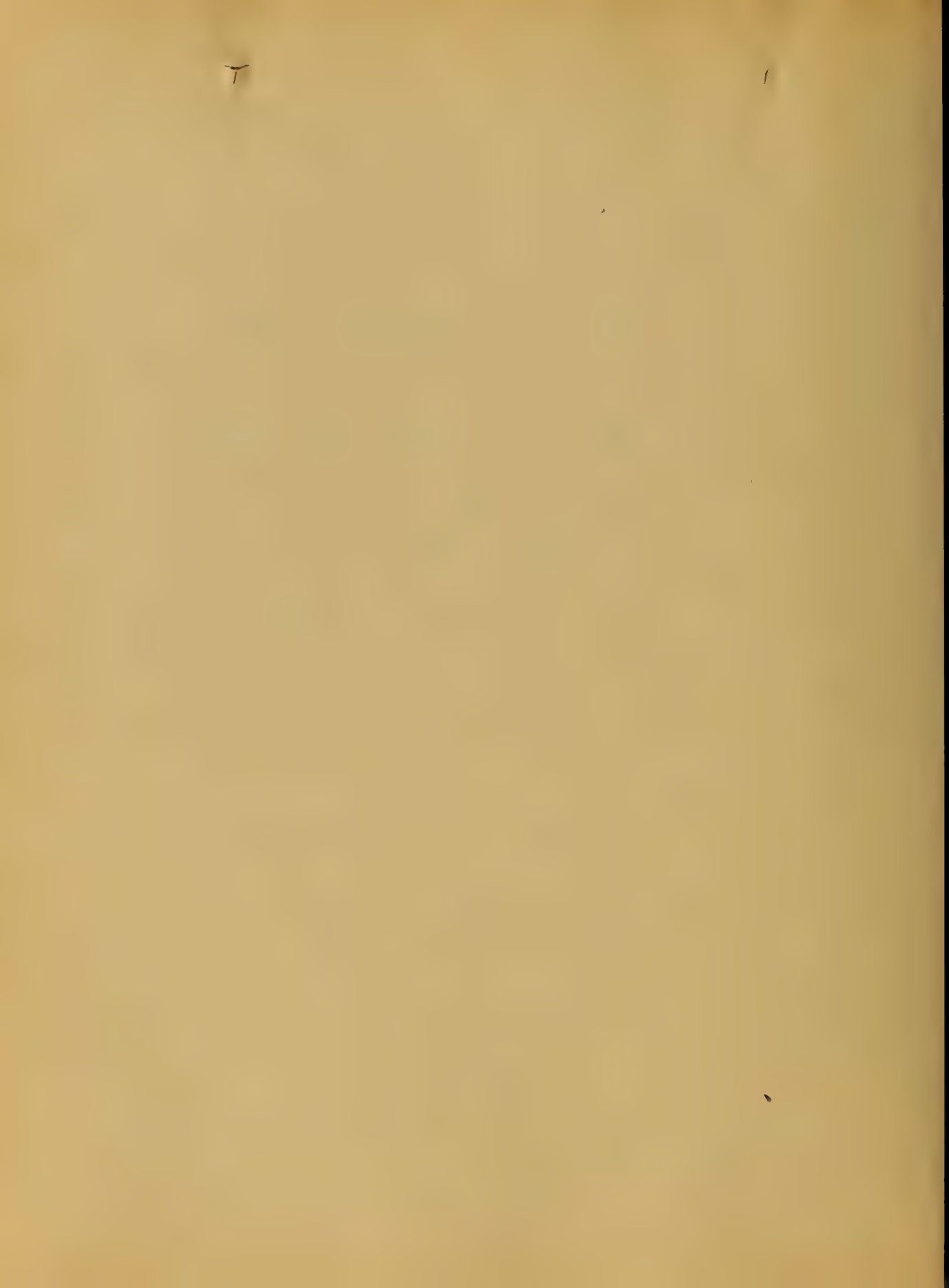
The disease is usually
preceded by first such symptoms
as cold, fever, headache, etc.
The disease, which is usually
in by a certain amount of
the occurrence of the ^{apex of the} disease. In all such cases
the chill is usually followed by
and occurs with a certain amount
and is usually followed by
a certain amount of fever, it is
sure sign of the disease. The
at symptoms, are, after chill, a
rapid rise of temperature, which
usually last from 24 to 48
is increased by deep inspiration,
but may occur with a certain amount

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of 80 or 85 per minute; this, of course,
is not necessarily what has occurred.
Lungs are very supple, and may
be ~~affected~~ ^{affected} in ~~various~~ ^{various} ~~ways~~ ^{ways}
and ~~degrees~~ ^{degrees} ~~of~~ ^{of} ~~injury~~ ^{injury}
are above when only a few ~~of~~ ^{of} ~~them~~ ^{them}
are affected, than where the
whole or more or a portion of both are
affected. Where a part of the lung is
affected the ~~circulation~~ ^{circulation} ~~is~~ ^{is} ~~not~~ ^{not}
to be ~~impair~~ ^{impair} ~~ed~~ ^{ed}, and the
lungs are ~~to~~ ^{to} ~~be~~ ^{be} ~~regard~~ ^{regard} ~~ed~~ ^{ed}
as ~~one~~ ^{one} ~~unit~~ ^{unit}, the lungs have become
accustomed to its work. If it is not
only ~~one~~ ^{one} ~~of~~ ^{of} ~~the~~ ^{the} ~~lungs~~ ^{lungs}
that are ~~affected~~ ^{affected} ~~the~~ ^{the} ~~circulation~~ ^{circulation}
will be ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~direction~~ ^{direction} ~~of~~ ^{of} ~~the~~ ^{the}





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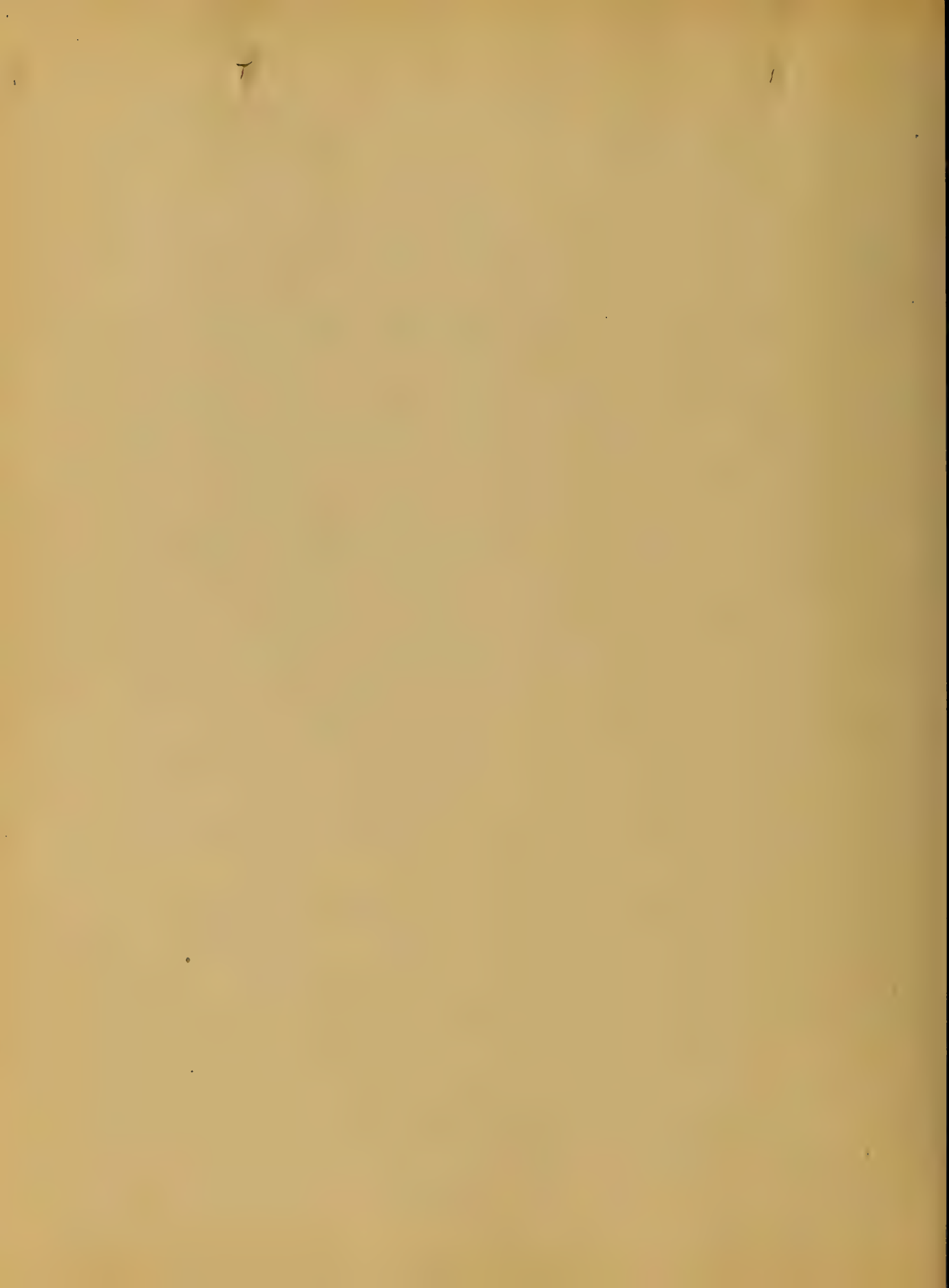
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The children the spots is not so much
thinner. This is probably a pointer
to the fact that they do not have
much of a respiratory system. The
lungs are quite a small mass. It
does not appear to have any
of the signs of a respiratory system.
The lungs are very small and
show a change of color and
shape. The lungs are very
small and show a change of
color and shape. The lungs are
very small and show a change
of color and shape. The lungs
are very small and show a
change of color and shape.

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more vivid in proportion to the severity
of the disease, and amount of lung
involvement. The fever is not always
in the evening, and is often
intermittent, and is usually
accompanied by a cough, and
the secretion is thin. The
sputum is usually white,
or yellow, and is often
significantly increased in
amount, and is often
marked by the presence
of blood. It is usually most
marked in the evening. This
may appear only
in the evening, and is
usually most marked
about the time of
the evening. One of the
most characteristic signs





The air may be a cold, getting
longer, and the rain may take
place on the fifth, sixth, or seventh day;
most often on the 11th. It may
also occur on an odd day. The
temperature may have been 113° or 114° and
suddenly fall to 100° or 101° in the
morning, or in the afternoon, it may be 110°
but occur on a cold day, and it may be 110°
as more gradual, and prolonged, and it
then called the 11th. When the rain
terminates on this day it indicates a
greatly debilitated condition. If the
temperature continues to fall, or
on the day indicates a new transformation. If the temperature is
intermittent, it is an unfavorable

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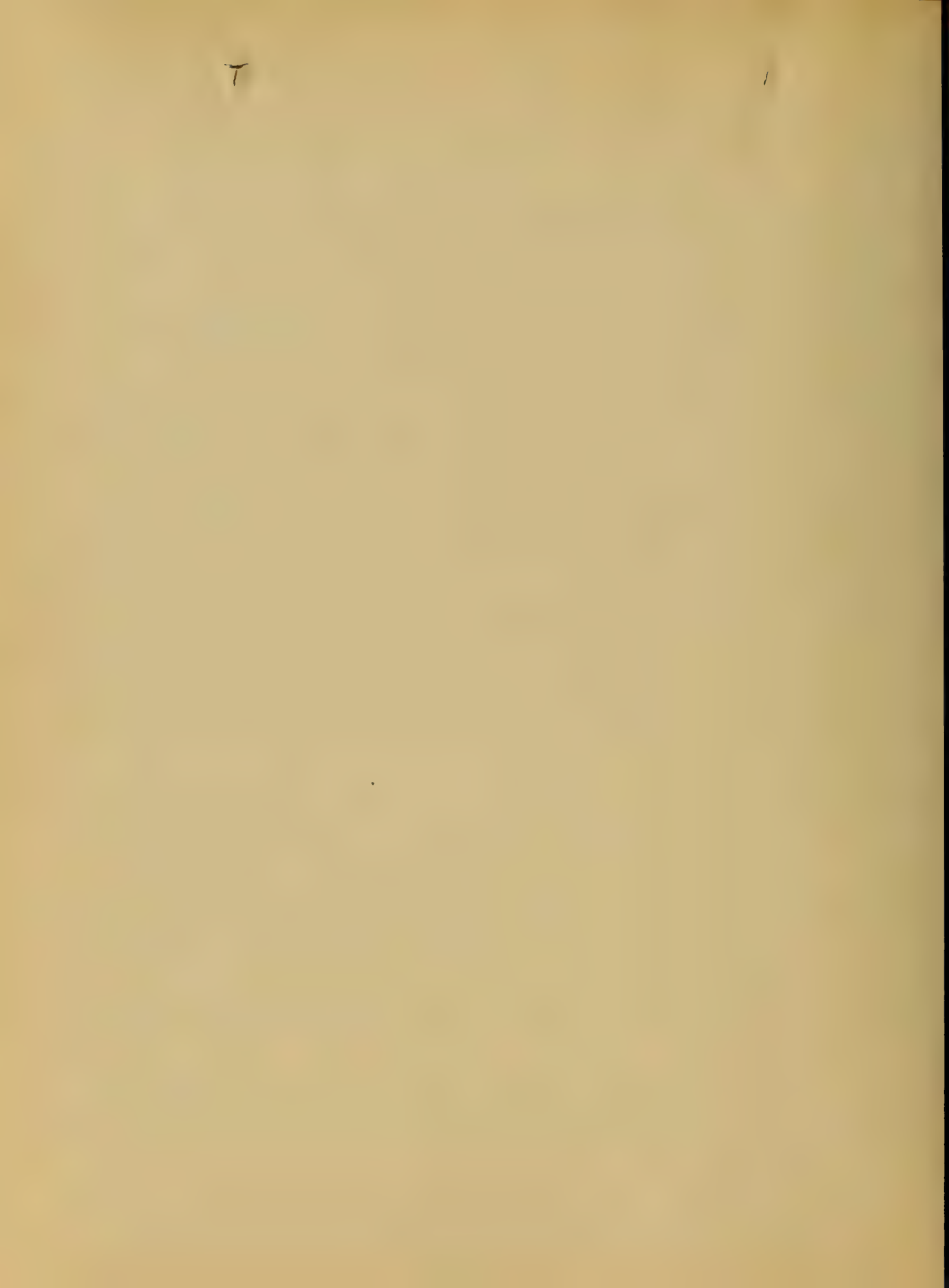
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it is an unusual symptom as it is a
feature of the heart, which is the vessel
in which it is seen. It is
often seen in patients with
hypertension, myocardial infarction,
and aortic aneurysm. It is
tenderness, are not usual, except in patients
who have been previously subjected to
the use of digitalis glycoside, and in
these cases, may simulate a tubercular
lesion. It is most frequently
seen when the heart is permanently
enlarged. The report of the
Council of Physicians concerning the
transmission of the disease, and
the fact that the disease is
not seen in any other part of the body
is the only evidence in favor of the
theory.



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... does not take place at the end of the
stage of ... there will be
... transformation, continued
... dynamic pulse,
... breathing. The
... will
... produced by
... the exhalation in
... there
... cavernous voice,
... and at the same
... will cause
... of the health.

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Diagnosis - The disease,
in all degrees, is recognized
without difficulty. Some symptoms
are however at times required
to differentiate. The following however
may be confounded with pneumonia.
Pleurisy, Angina² & Oedema are
most common. Some authors, even
renal disease. There is usually
in the former cases, a temperature
and an absence of pleuritic chest.
The sputa is watery and blood, but
less of it than in the latter. The
The sputa is thick and purulent
and is not so profuse.
Pneumonia is distinguished by
the late formation of consolidation

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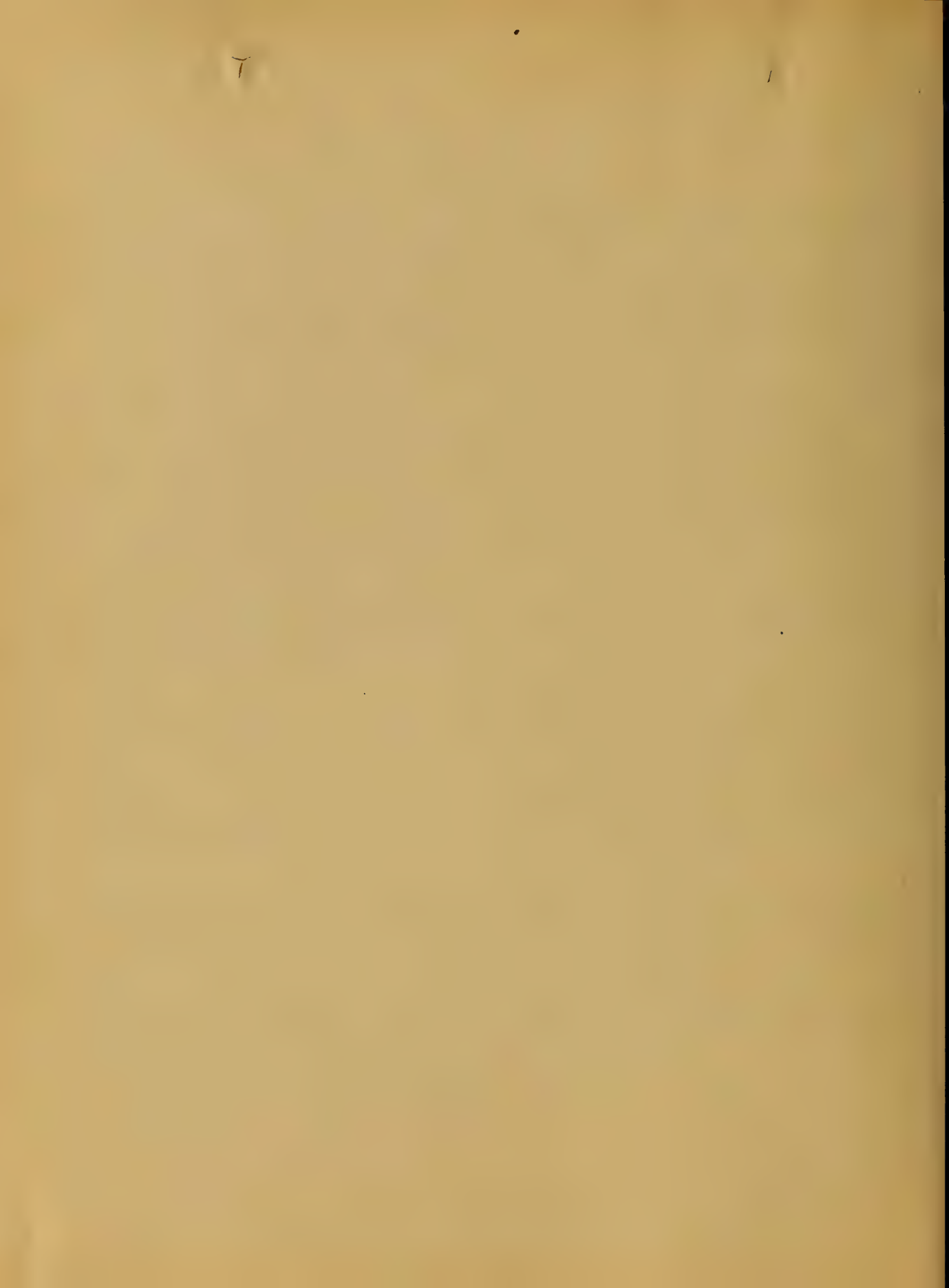
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In the vocal tract, especially in the
larynx and pharynx, there is a
vibration, and expiration. It is in
the second or vocalization stage, that the
most difficulty arises, as you have
dullness or percussion in both, but in
percussion there is no vibration
in the vocal tract. In percussion
there is diminution or loss
of vocal permeability, and resonance. In
percussion there is no vibration in the
vocal tract. In percussion (I think
it is usually found) It is not digress
in a sense that is to be had. The
same is true of the vocal tract, and
can be distinguished by means of the
vocal tract.



Meningitis - In children pneumonia often begins with cerebral symptoms, convulsions &c., but with slight fever & rapid pulse. Meningitis begins with slow pulse, and the physical signs of consolidation and other signs will be absent.

Typhoid Fever - In advanced cases pneumonia may become advanced and the physical signs of consolidation will be present. In typhoid fever the physical signs of pneumonia are usually absent, but the temperature is high and the pulse is rapid. In typhoid fever the physical signs of pneumonia are usually absent, but the temperature is high and the pulse is rapid.

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Statistics regarding mortality are
uncertain. Physicians may be called
to cases very late, where no good can
be done, and the account given
may be the mortality. In the
Stockholm Hospital, for a series of
years, eleven percent of all cases died.
In the large hospitals in London,
twenty four percent died. Out of
cases treated in the Bellevue Hospital
twenty four percent died. It is hardly
possible to arrive at any definite
conclusion from such statistics. I
think that in the United States
the mortality is much less.

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It is stated in your history, that
nine-tenths of all deaths after several
years are from pneumonia.

Treatment - The course
of pneumonia is so variable, and so
difficult to manage, that it is
no one subject in medicine which
has undergone a more thorough change
in the last few years than any other
disease. Formerly, it was treated
as a simple fever, and the only
means employed, was "cupping", and tartar
emetic was used, until considerable
symptoms occurred. The patients
were put on calomel and opium, or



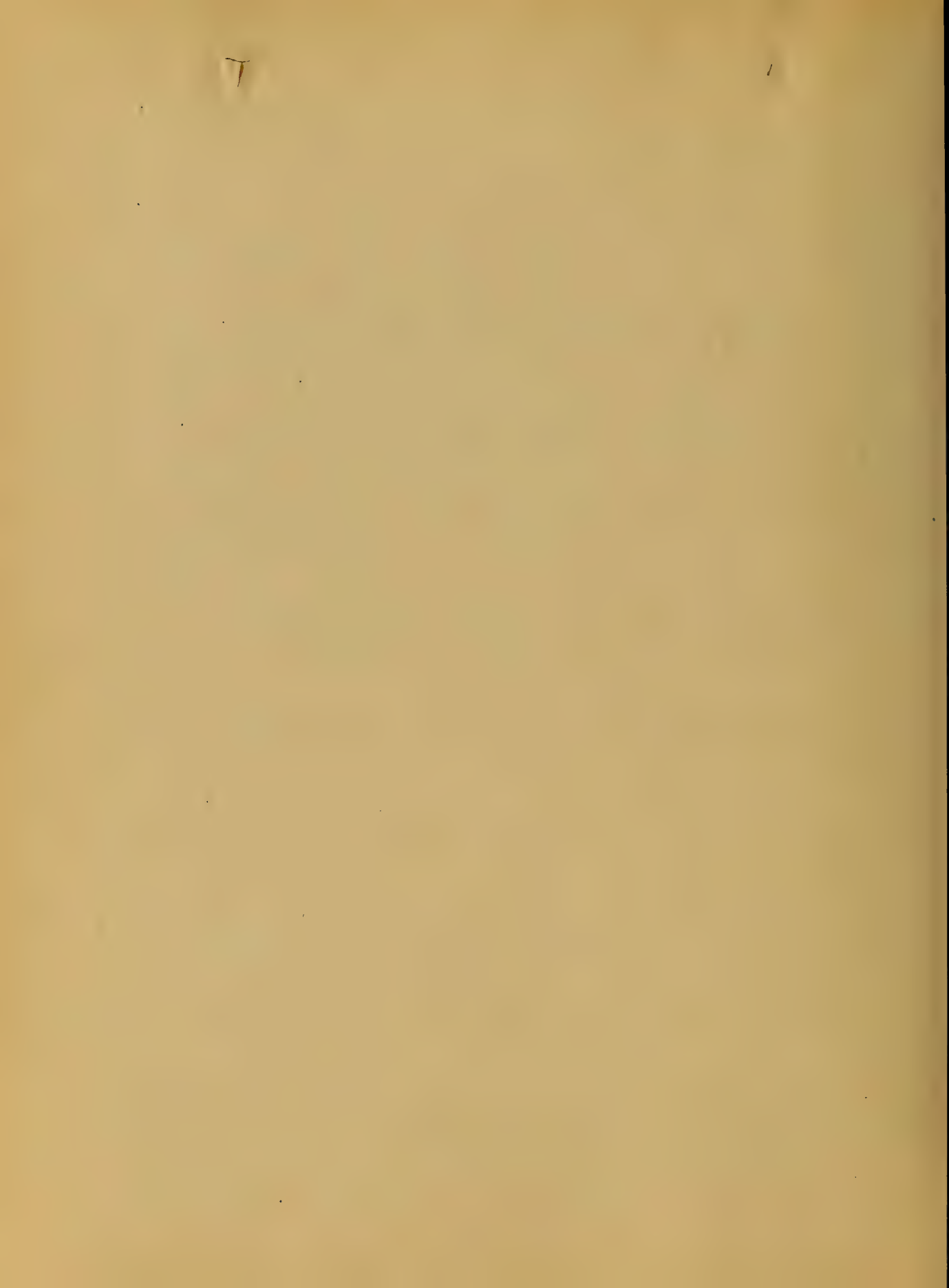
There are not a few, who are
relieved before the mercury was
continued. Possibly the patients may
recover, but in a majority of cases the
result is fatal.

Prophylactic treatment—As the disease
is self-limiting, the treatment is
aimed between the fifth and eighth
days, and is to be continued in all cases
until the fever has subsided, it is
desirable to continue to interfere, con-
sistently with the natural tendency
of the disease, and prevent, by our
improvised treatment, a further
temperature. The clinical course
should be rigidly watched, and when
the danger is past, the mercury

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called to greater exertion and requires
more strength. In the first stage
after the chill, the symptoms are
remissive, and a high fever is
seen of 101 to 102. The temperature
is raised is excellent, especially if
it be accompanied by a
resonance, and pain, and gives
a good prognosis. In the second stage
the fever is remissive, and the
pulse is slow, and the
of the skin is dry, and the
of the tongue is dry. In the third stage, it
seen early, in some cases at least,
it can be removed, and in some
it is found the patient is in a
condition, and the pulse is
and the patient is in a





circumstances, as there is danger of
killing the patient by paralysis of the
heart. In this stage, there are two
indications that must be observed, the
subsidence of high temperature, and subsiding
of the heart's power. For
the first, the sulphate of quinine in
full doses should be used, or if the
stomach is irritable the hydrobromate
of quinine may be used in full doses.
The temperature should be maintained
at 101° or 102° just as usual.
The high temperature may be met by
the heart a little stimulus may
be given. Quinine does not affect
the tendency to a critical fall, it
is not a febrifuge.

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... is not high, it may...
... as a tonic; it acts as a stimu-
... on the heart, and that is point
... failure of heart action.
... employed...
... it is...
...
... and weakness. To meet...
...
... cases it is absolutely necessa-
... particularly in old patients, and
... have been... to the



use of alcohol. In these latter, it is
 indicated throughout nearly the
 whole of the disease. For granted to
 the kind of disease, and the
 progress of the disease, and the
 the amount of the disease. Certain
 watchfulness should be kept at
 this time of course, as there is a
 on the time to become most dangerous
 due to the temperature falling, and
 stimulents should be given. Careful
 of stimulents, and as a stimulant
 it would be useful in the
 this matter, and in case of
 and in case of disease, and in
 in case of the disease, and in
 the disease, and in case of
 the disease, and in case of

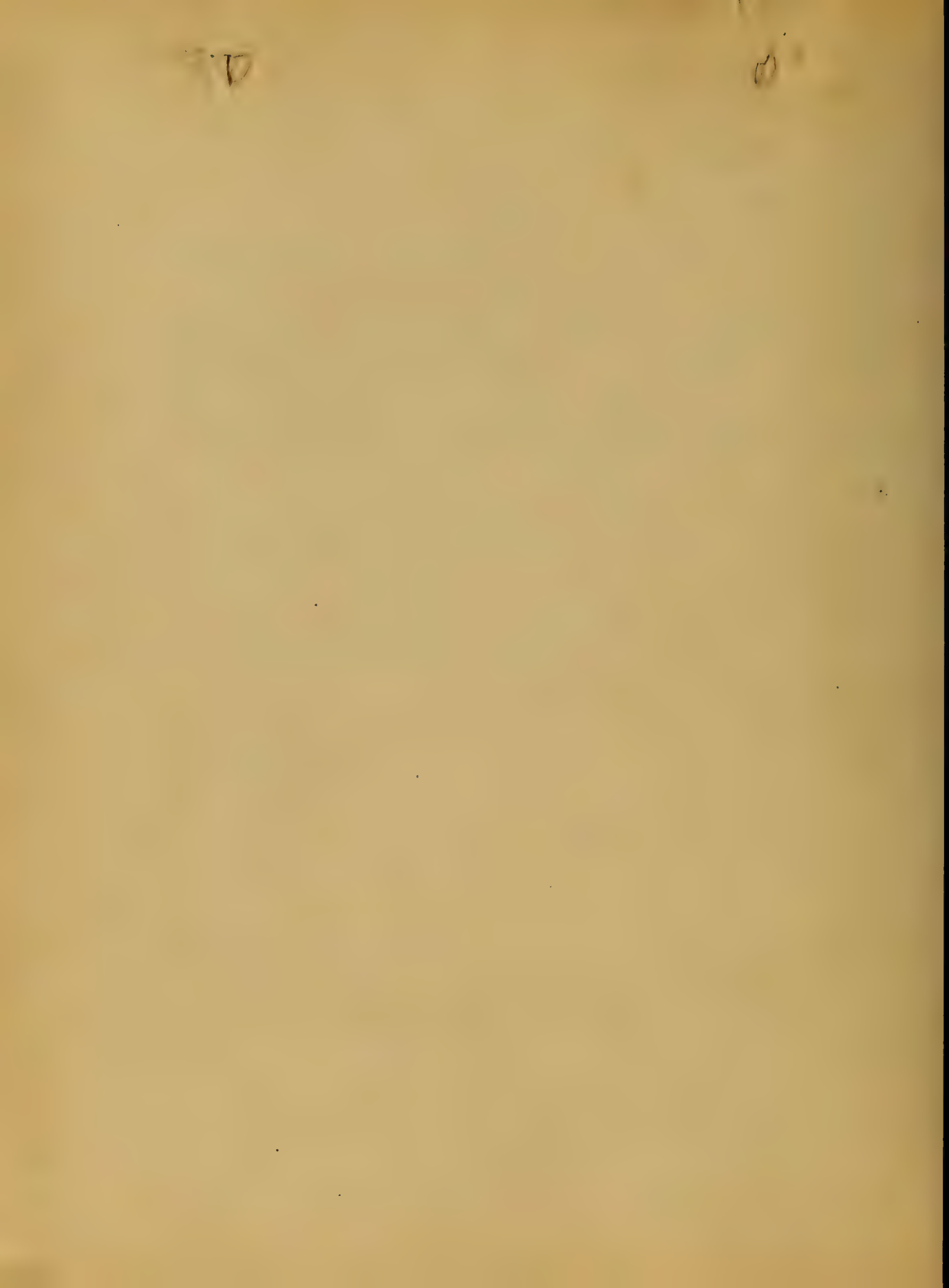
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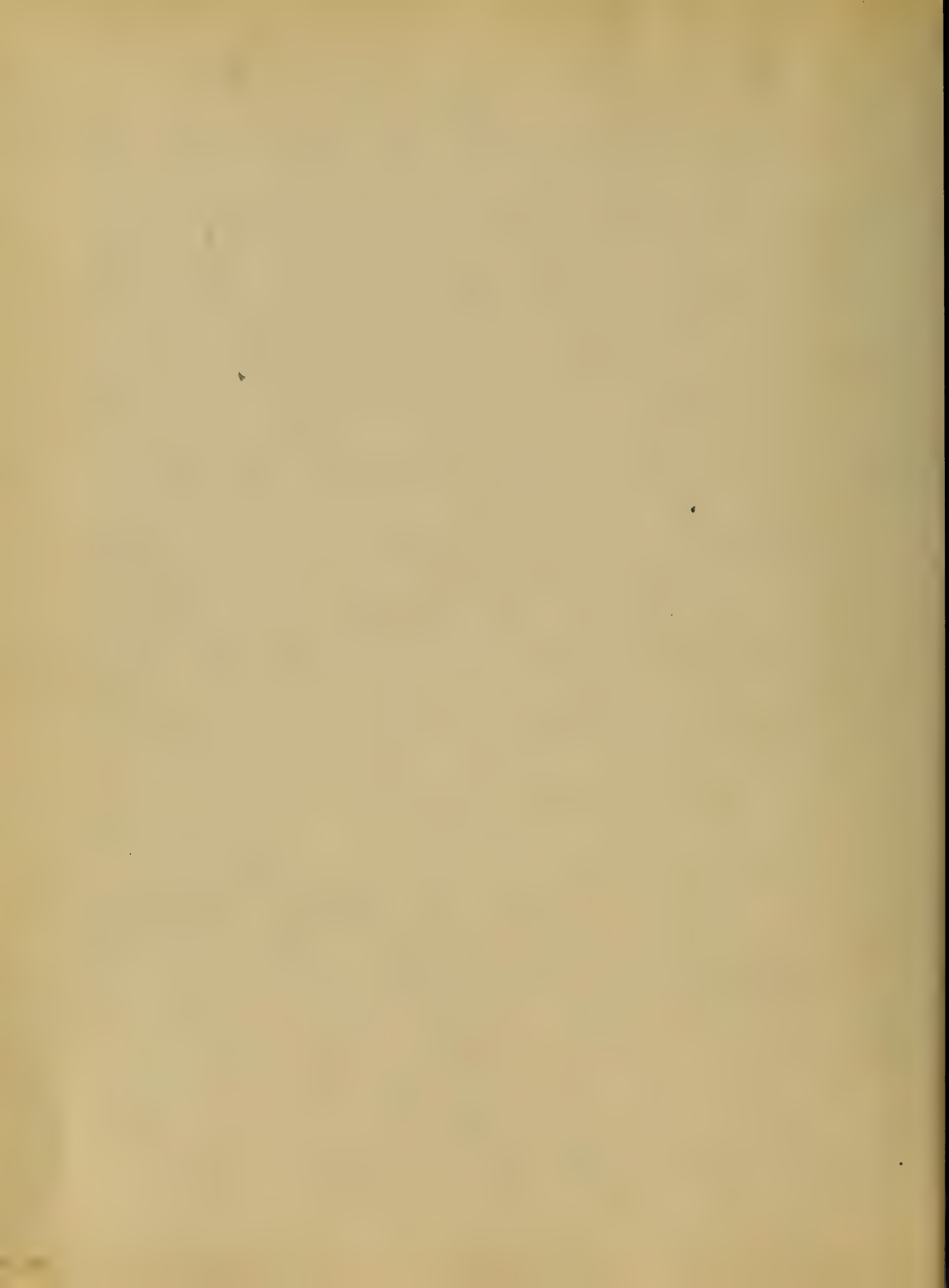


used in old people, as it is not cedate
in its action. If in children does
not take place as a matter of course,
it is generally due to an injury
in the lungs more especially. It is
best to apply the blister to the
region as in then does not interfere
with the lungs on the back with the
contents of the intestines. It is generally
just as well to put the blister on
until the skin is raised and then
put on a flaxseed meal poultice.
to complete the cure in cases of
eczema. This does agree with the
usage of any of the cathartics
In the convalescent stage, tonics should
be given, iron, Strychnine Quinine &c.





Frank's party, admitted into the
Hospital in the year 1850, at the
age 22, white, born in Baltimore, when
his mother was residing with his father
at the North St. Subsequently com-
posed several volumes, which were ex-
ceedingly well received, Frank was a
man of liberal mind, and of a
gentle disposition, in 1850 he
note with a black hair, has ever
been in the city of Baltimore, and
was of a fine complexion, and
been engaged with an average
of 1000 dollars annually, he died
of pulmonary consumption, at the age of 37
Duration of his disease two years,
throughout his life he was afflicted
in a child with the whooping cough.

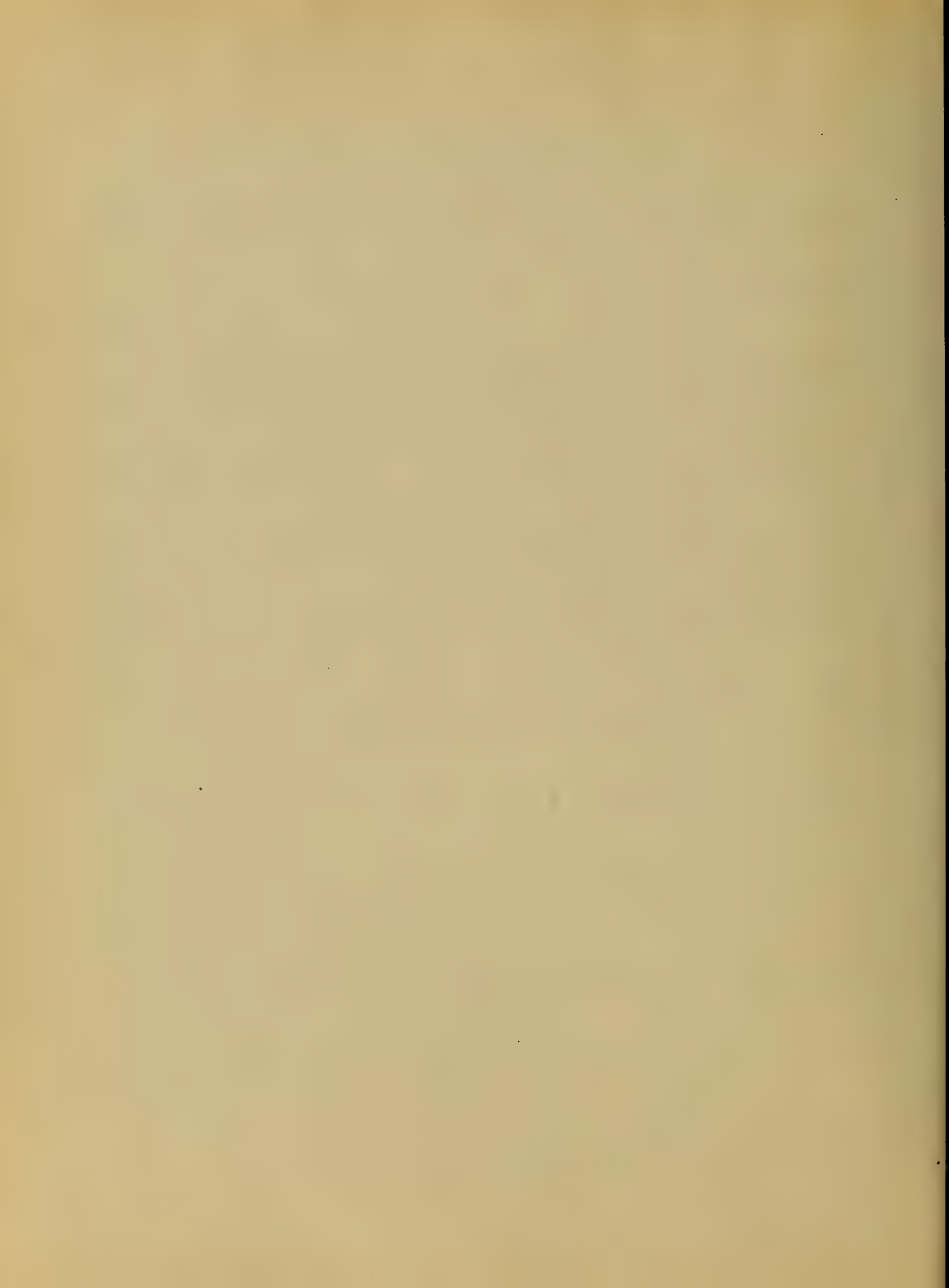


Parents with a few days before
she was in great trouble, and
she from which she never recovered.
She died from a fever on mother's side &
paralytic & last more of this was
she with some pain in head and
high fever, and rapid delirium. In
some diagnosed typhoid and treated
accordingly by bleeding, much relief
in families with, who several
times a summer trouble. The patient
died in an hour afterwards in a
fit of delirium & no more recovered.
In a case of Cerebral Rheumatism the
father of the patient is a similar disease
and he was up all night in
the month previous to the patient's sick-
ness. He was taken with violent pain

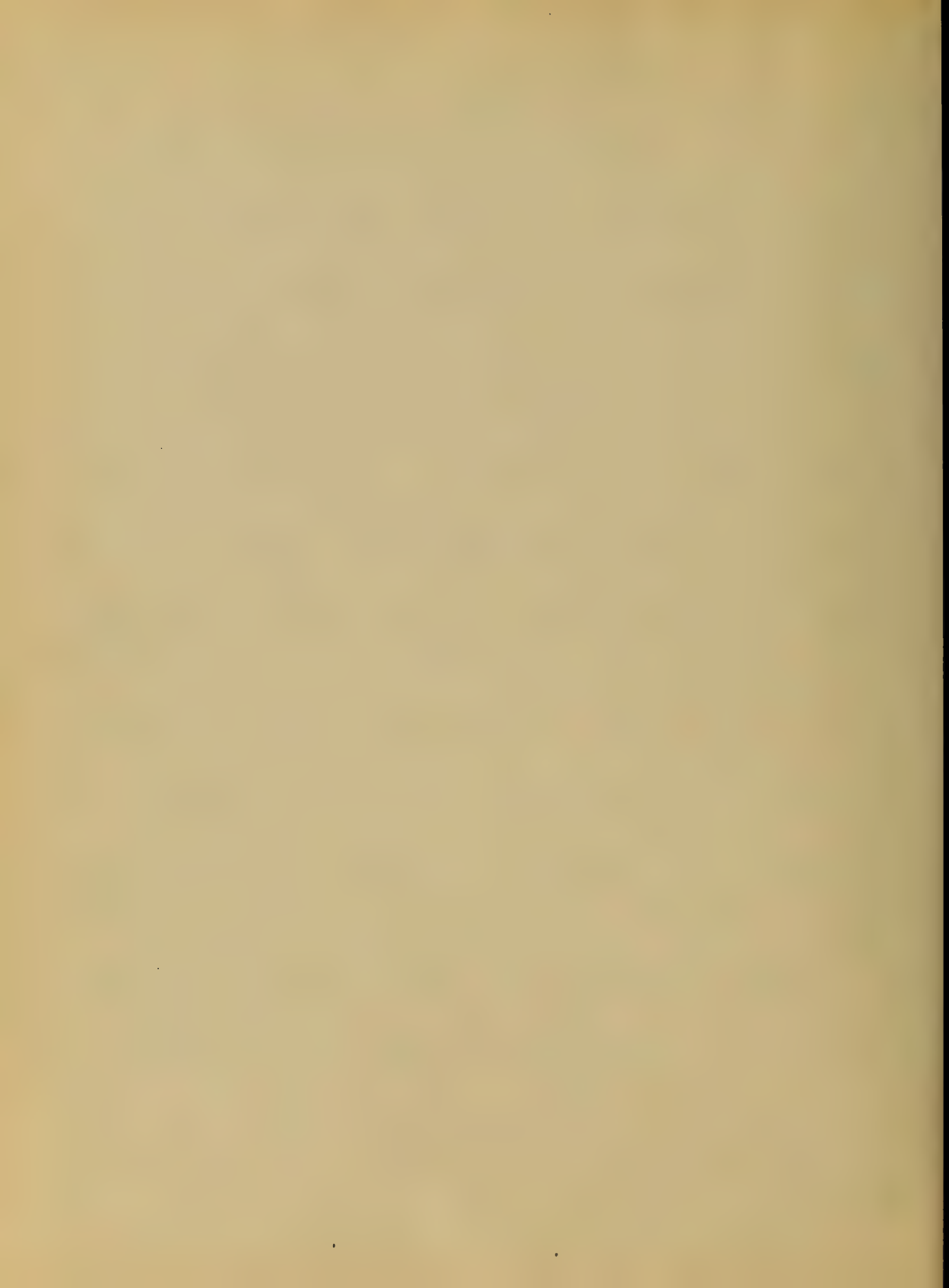


in the ...
... hotel ...
... down-cast ...
... tenance,

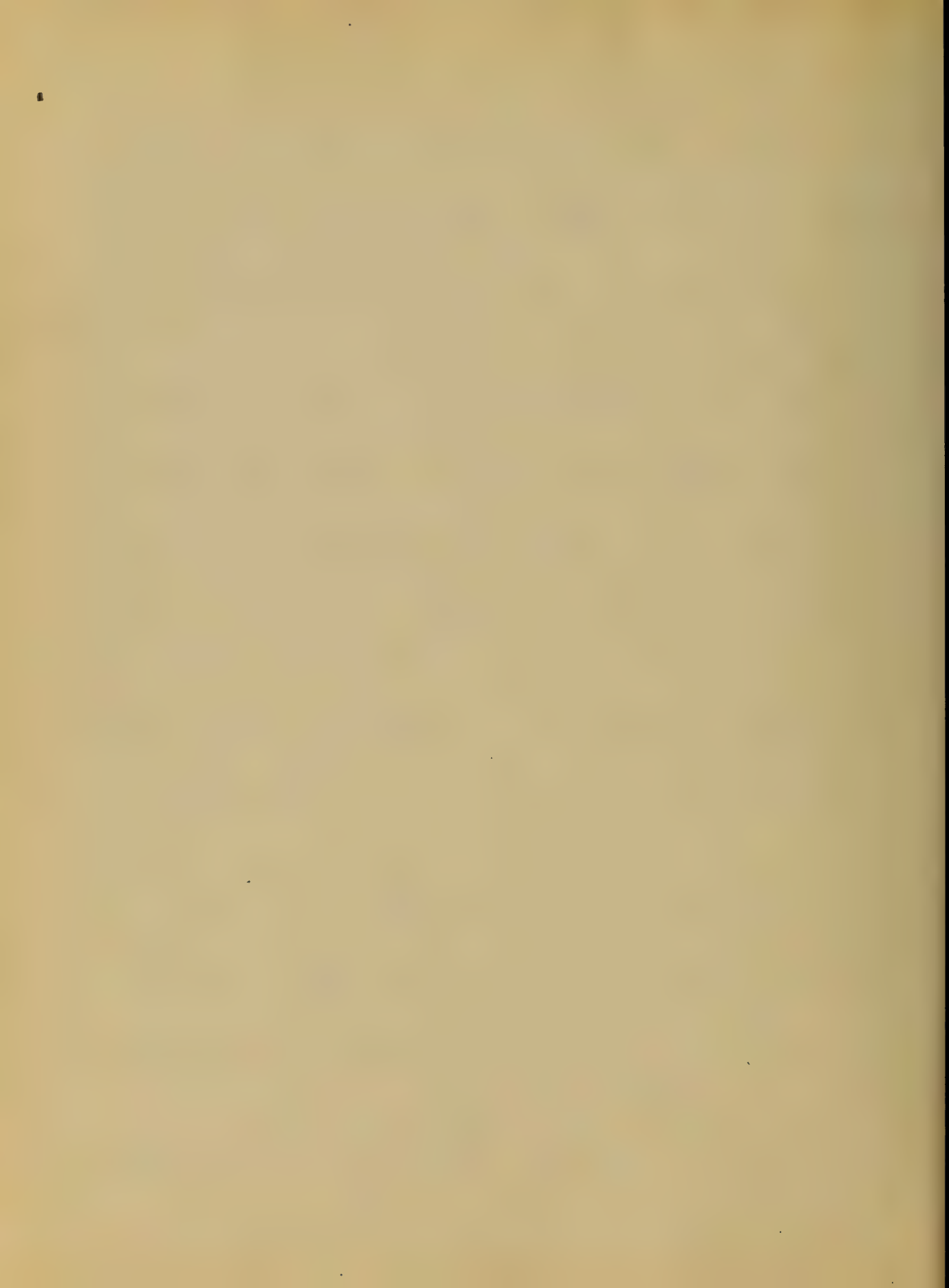
The patient is a ...
habits ... industrious, and punctual at
his place of business. The hygiene influ-
ence ... The house ...
... but ...
... hygiene is poor, very often ...
... to ...
... in ...
... down ...
... to ...
... in ...
... and many
... side. Four days ...
... with about ...

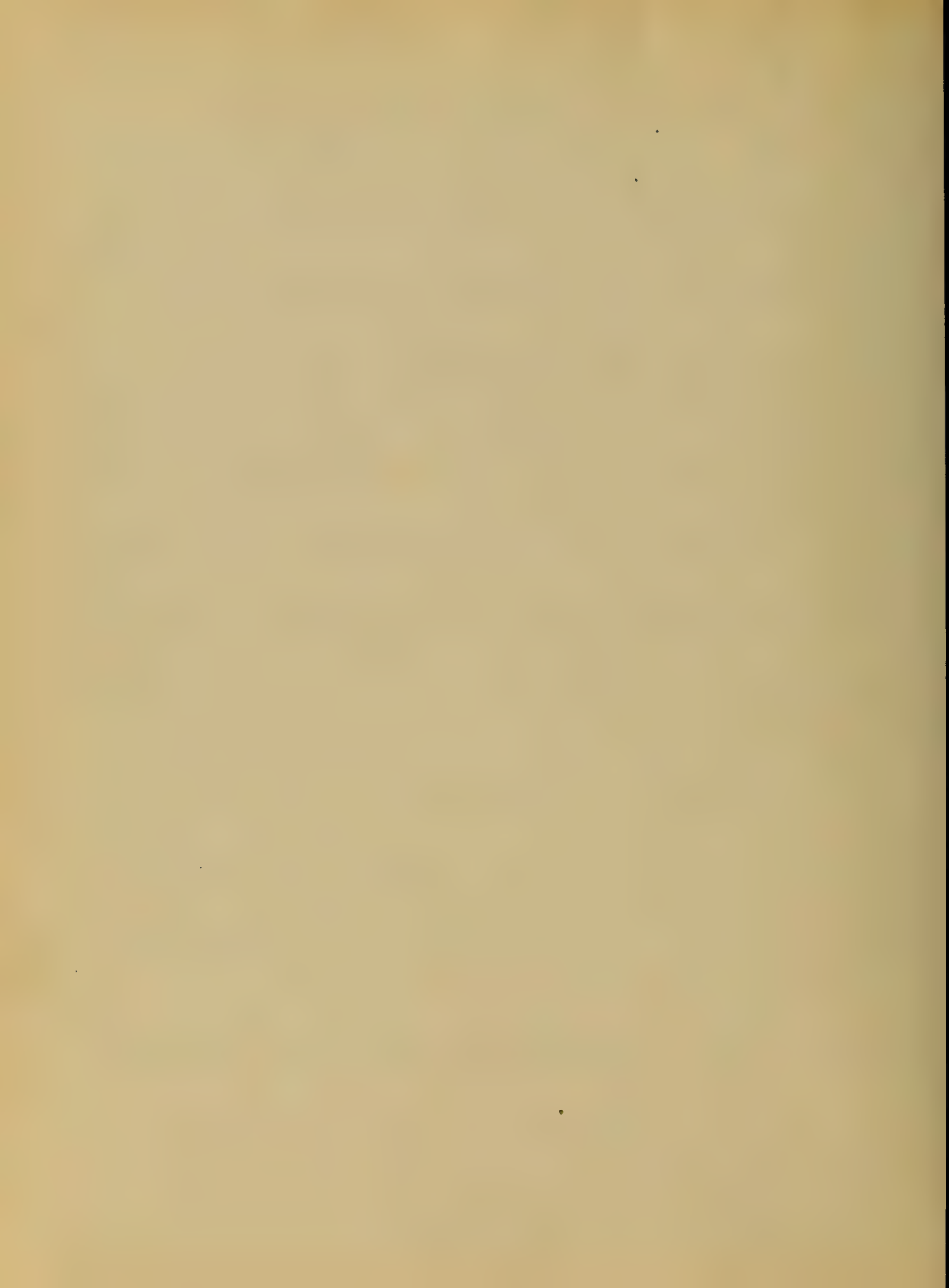


and also had a certain degree of
power and with other sensations, and de-
cision of mind. He took no medicine with
the exception of a purgative before he came
here from Scotland, he was perfectly
unconscious, talked incoherently, and
did not know any thing of his
condition. Found "antidote" June 18th
Dec 172 Pulse 108. tongue coated and red
on borders, he also had some cough, but
no pulmonary complication, he was placed
upon a lactated diet. Dr. Ross gave
Alumina + Mucilage, with milk + fruit
tea as diet which he took with frequent
a little purgative, On second day he
was able to move freely, fol-
lowed by a second dose before he re-
covered. Found gas accumulated in the



which were of a grain over with a dis-
tinctly ^{marked} quite soft but not sticky
also a few quills of indurated milk, no
new made as yet, i.e., up to the time the
specimen was prepared, several of the small
spots, no tenderness on pressure over the
region. The new milk from the mother
in this case was in a cold state & the
were referred to. Stimulants were given freely
with milk. Quinine was also given in
antipyretic doses. Delirium was not
Patient had to be tied in bed. There
occurred a heat like appearance with
tympanitic. Bowels rather free than
than with catarrh. Copiousness slightly
increased. The patient continued lying in
his bed. When turned in bed some
times arose and a from pain. Some became

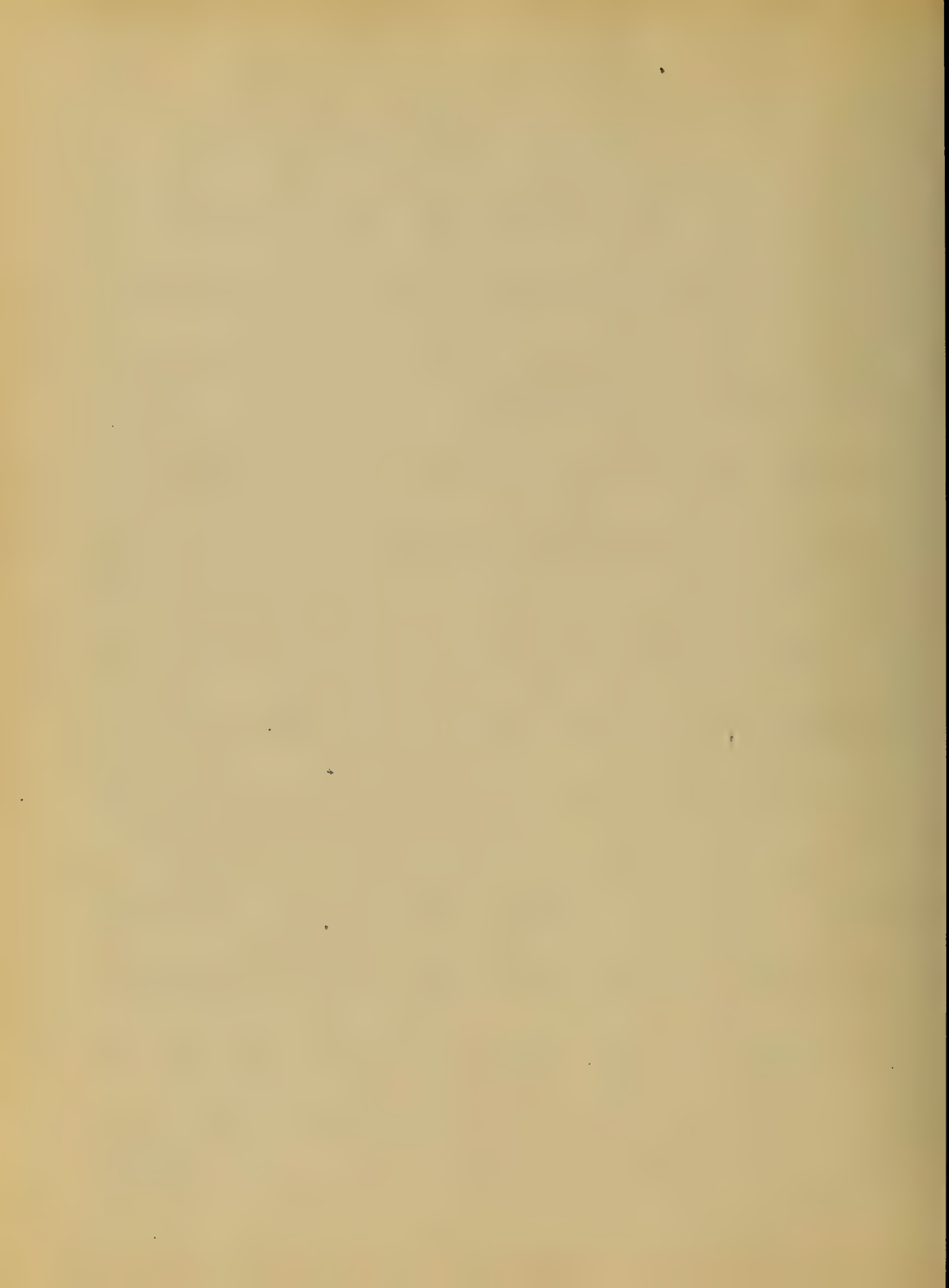




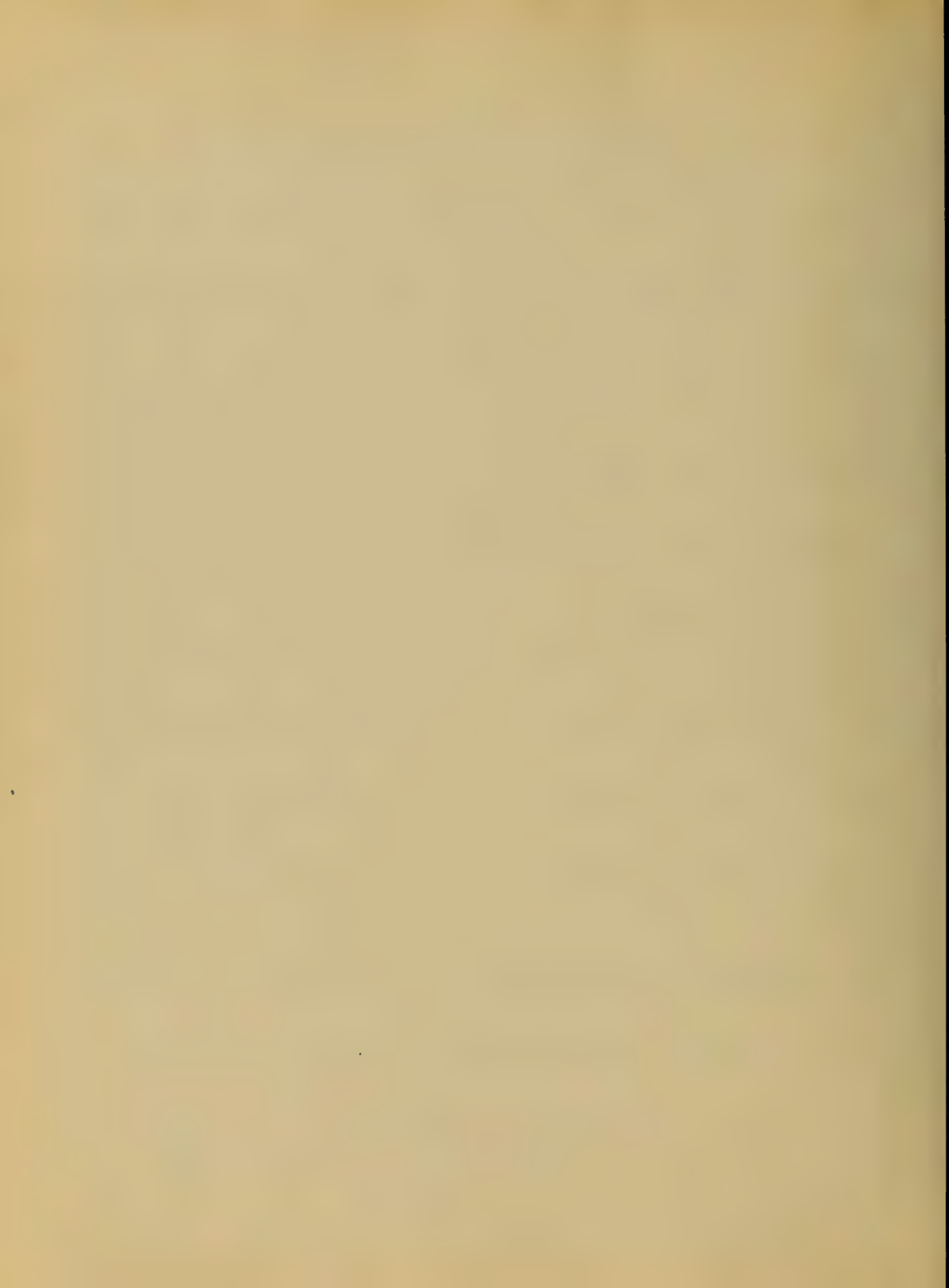


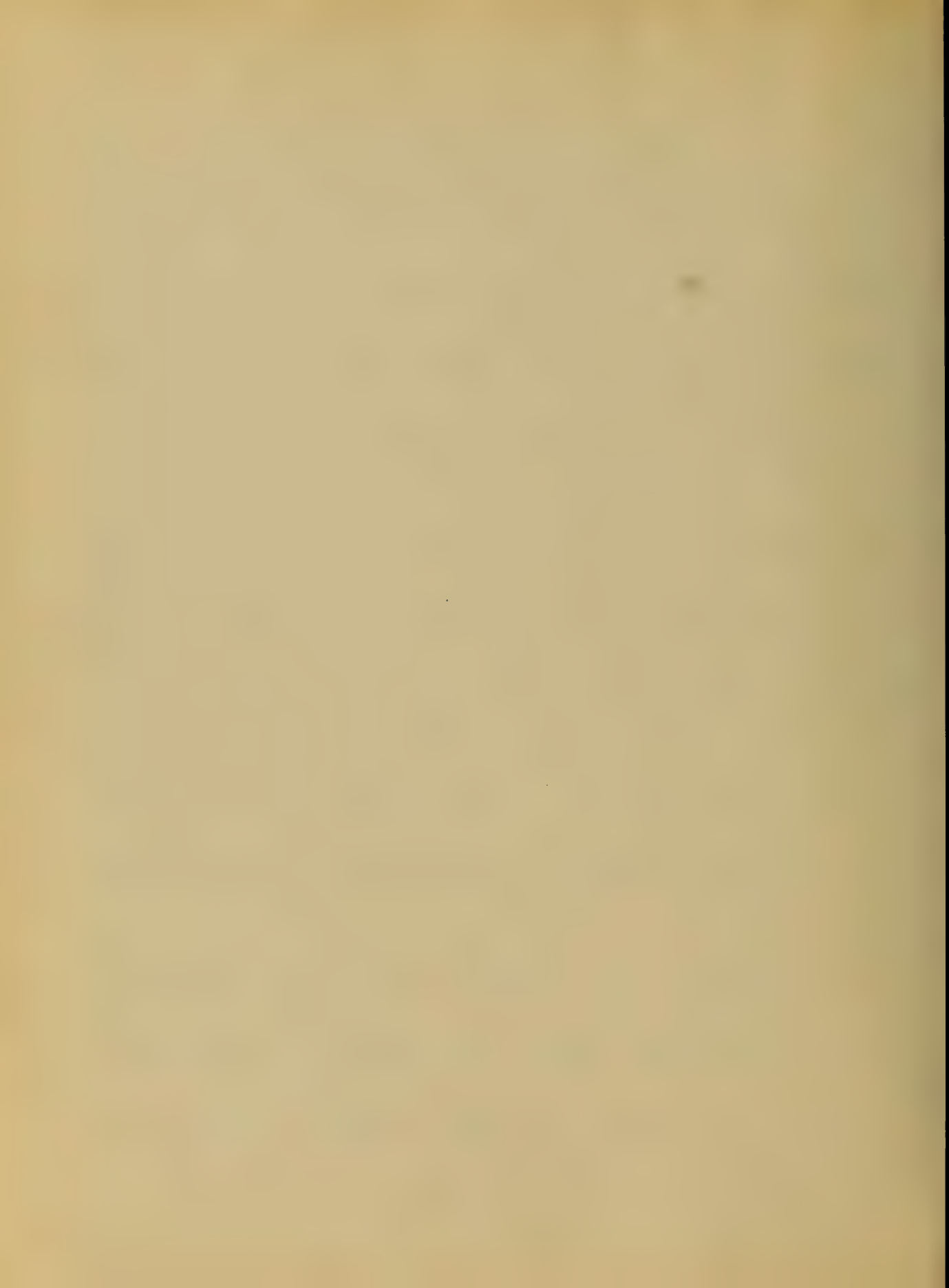


... of ...
Potentilla, Scrophularia, + Erythraea ...
said water later alternately no perceptible im-
provement, after this was persisted on for some
time without any good effects, he was placed
on electricity, the galvanic current, and com-
menced to improve at once could work Lin-
gow and raise hand a little. By the first
of January could stand and in the 20th
of Feb began to walk by means of the
patient says, that during his stay at the
Phil hospital he was totally blind for two weeks,
+ a shorter time the latter part of Feb 30-
and remained without treatment until he
was on the 30th Nov, at this time he could
walk about by means of crutches + could see
much improved. He has persisted in walking
but he never in time and no ^{anxiety} ~~...~~

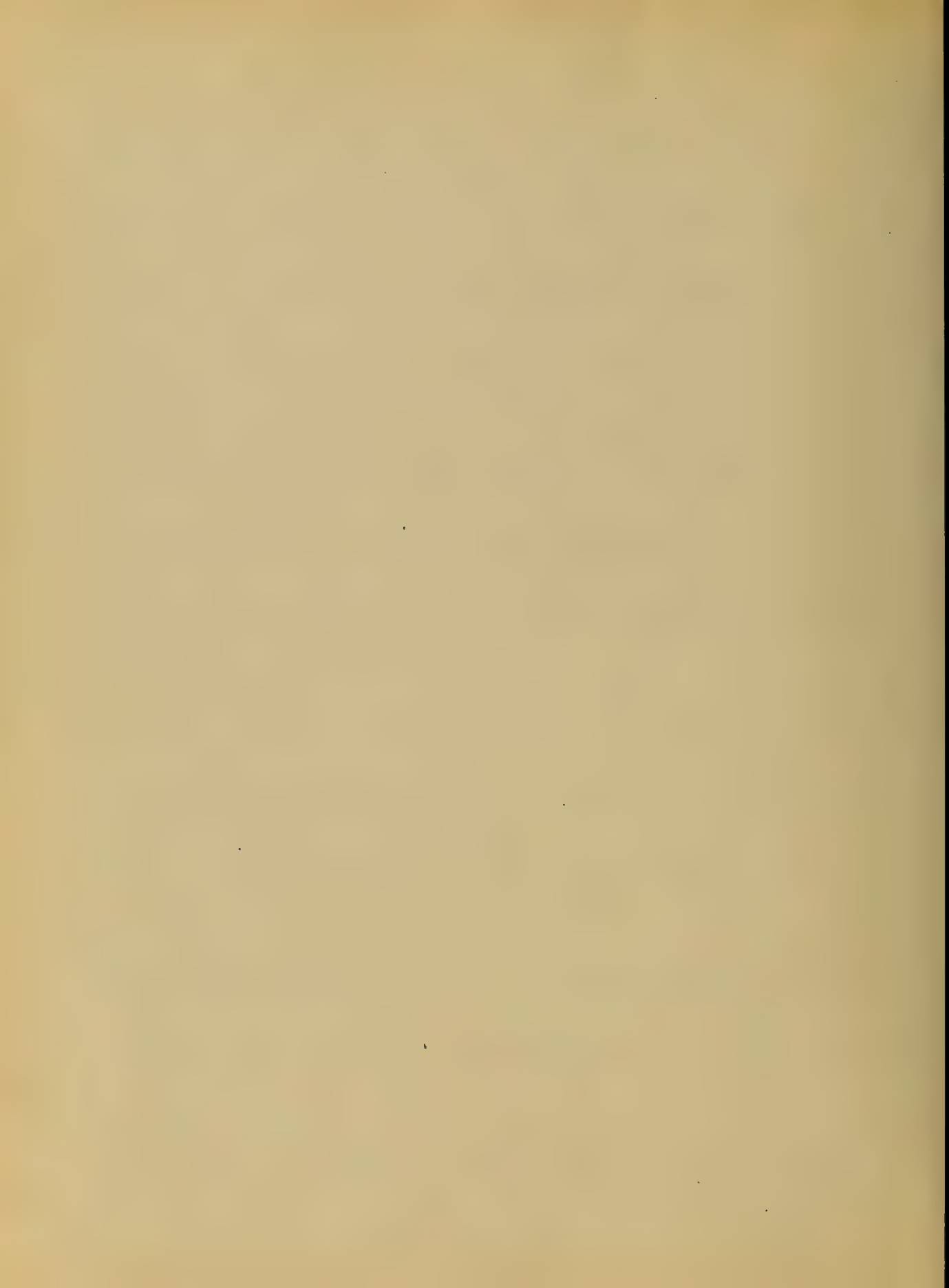


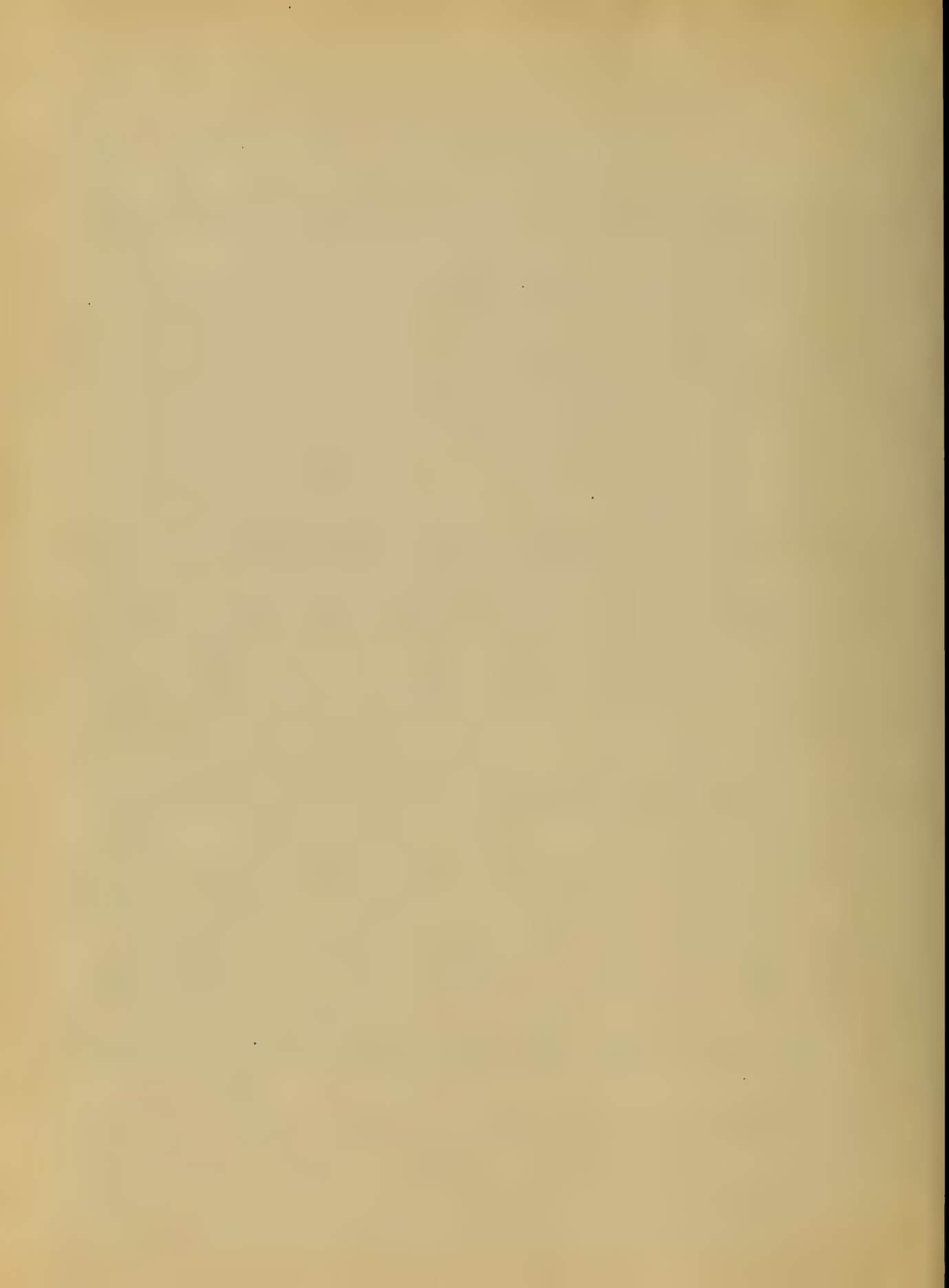
... the right side ...
... straight legs ...
... and health is excellent ...
... and it is very much ...
... ing. There was ...
... the tongue ...
... were ...
... parts ...
... place ...
... and ...
... the ...
... food ...
... much better ...
... and ...
... - ...
... the ...
... head ...



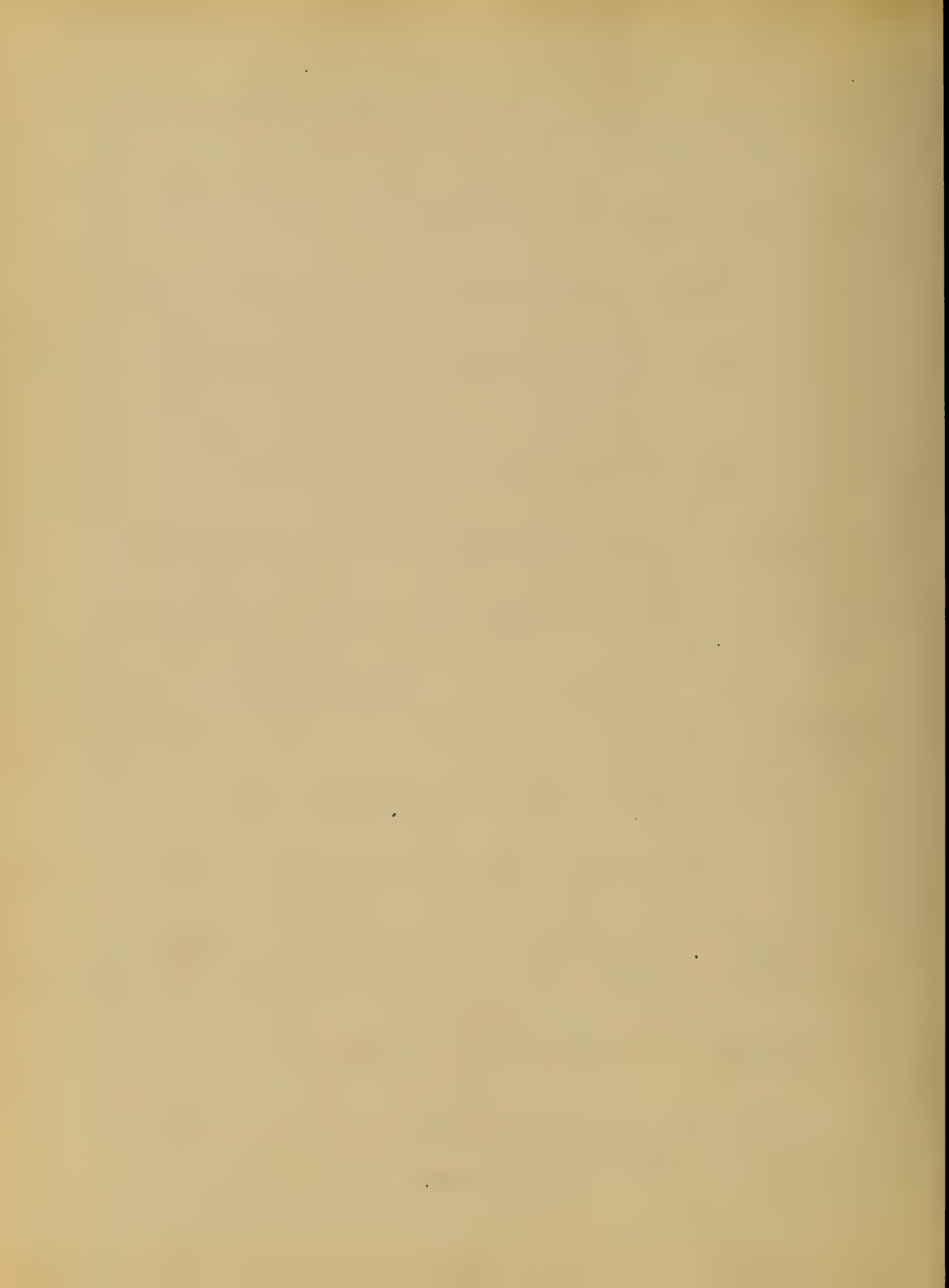


shows her iron pain, paid no attention to
it until three or four weeks later when
doctor Dr. Robinson also expressed it as a
malignant growth. It healed very quick-
ly and some entirely well. Eighteen months
later it returned in situ, and was very
pain without fever. Six or seven days of
fever and chill were seen. Still more
of breast a little, but without fever
and from any exposure to her. But on
fever of chill, and chill were seen for
years ago. Under good very rapidly
till two years ago without any pain or in-
convenience. Then it became very pain-
ful and required support + treatment
of itself a warm water for some
with food. Since then it has remained
very much the same as now. At present





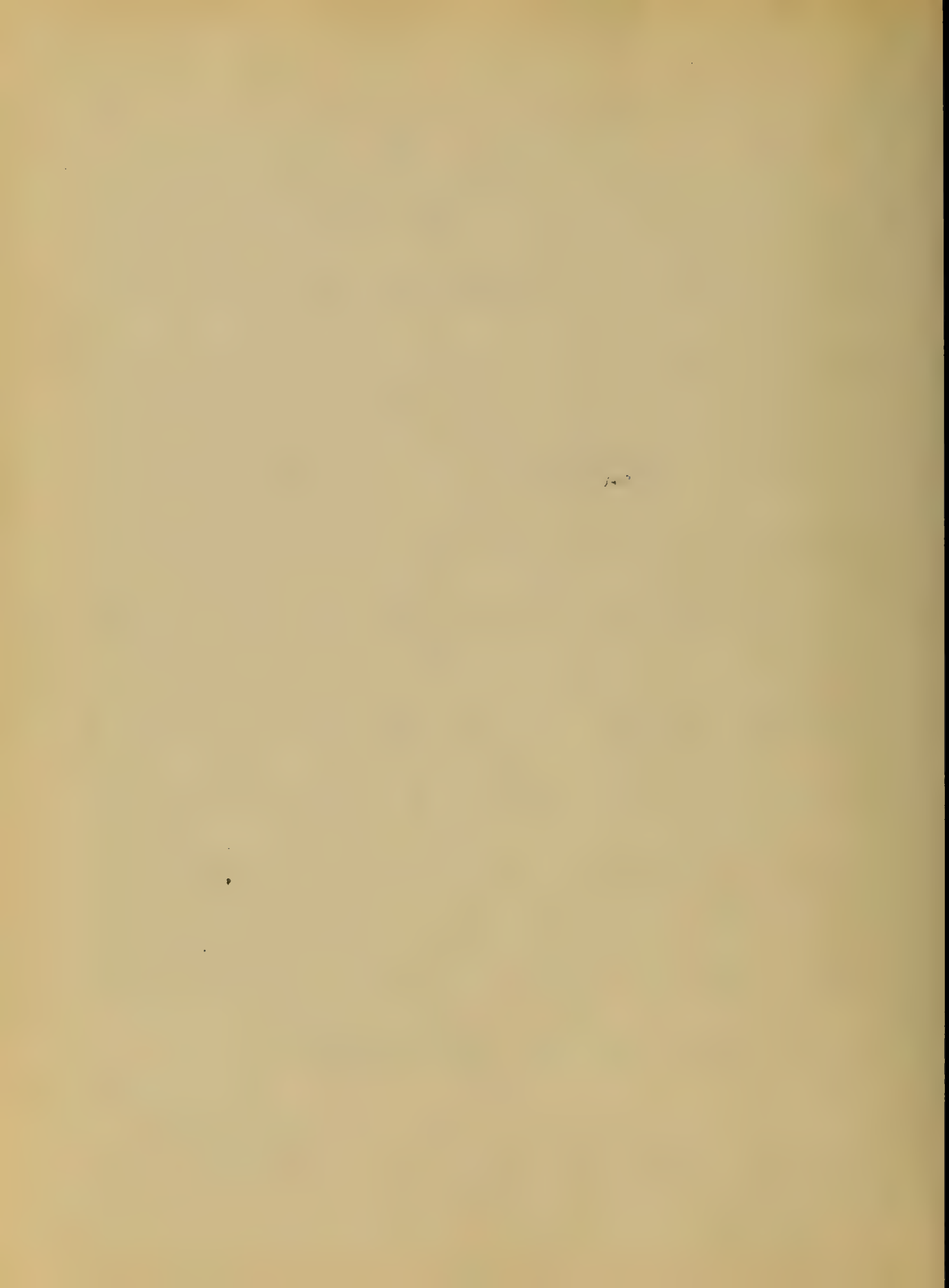
wound was dressed together and retained
by sutures & plaster. The wound was dressed
with Salomon & cream, and patient
put to bed. Her pulse was exceedingly
weak necessitating several applications of
whiskey. The patient progressed rapidly
temp. never exceeded 99°. The hemorrhage
removed on fourth day. Two thirds of the
wound having healed by first intention,
she was very little discharged. The
patient was discharged at one week after
the operation. The wound per, was
spherical. She was directed to dress with
Salomon and keep clean. It did not do
so well after she left but four months
afterwards I saw her and then it was
nearly well, exhibiting small spots in
center. The cicatrix was very tender



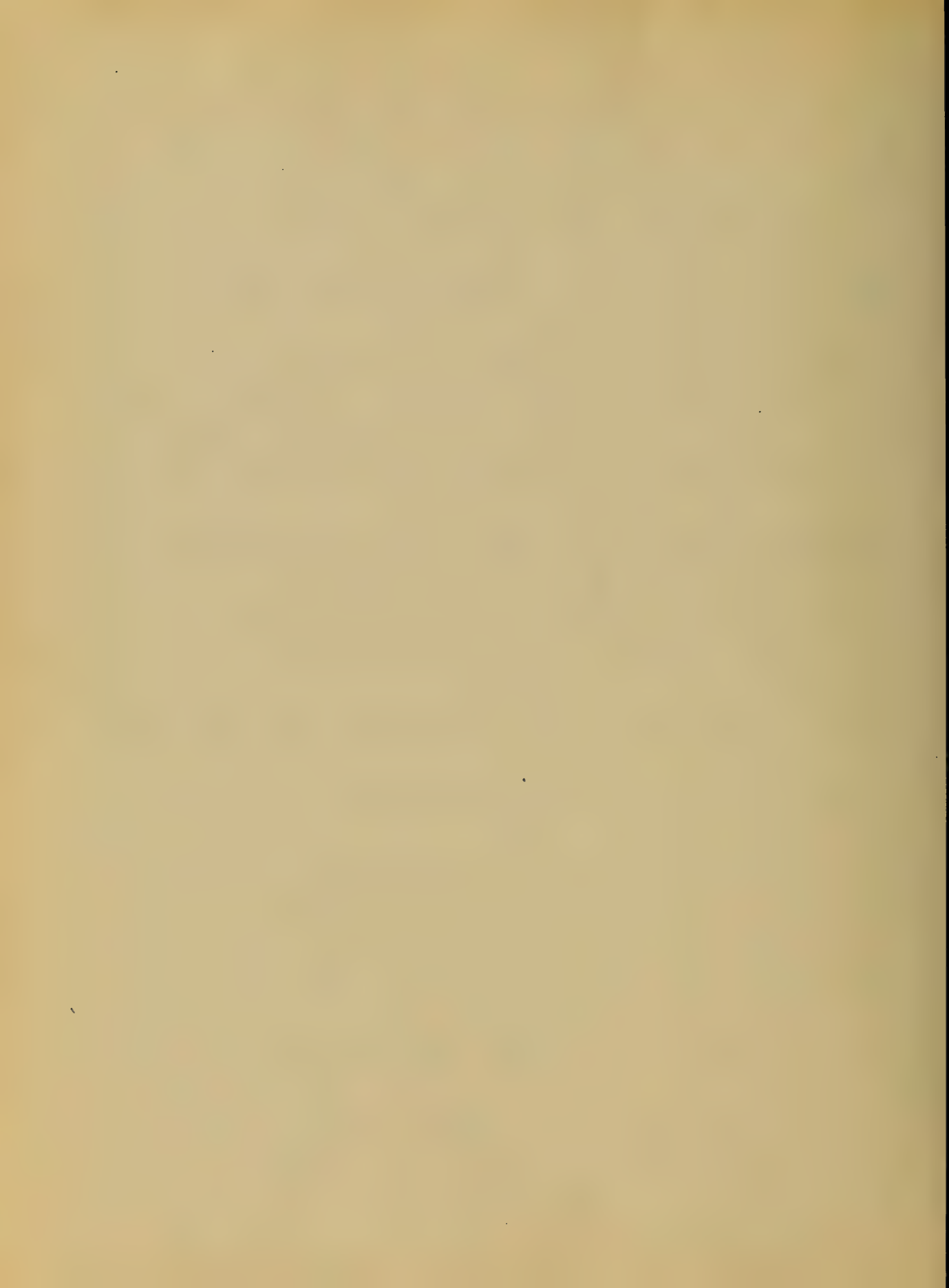
and slightly emaciated. Her hair parted
a slender appearance. The glands in axil-
lar and lymphatic. The nervous condition
was good, had gained several pounds
since operation.

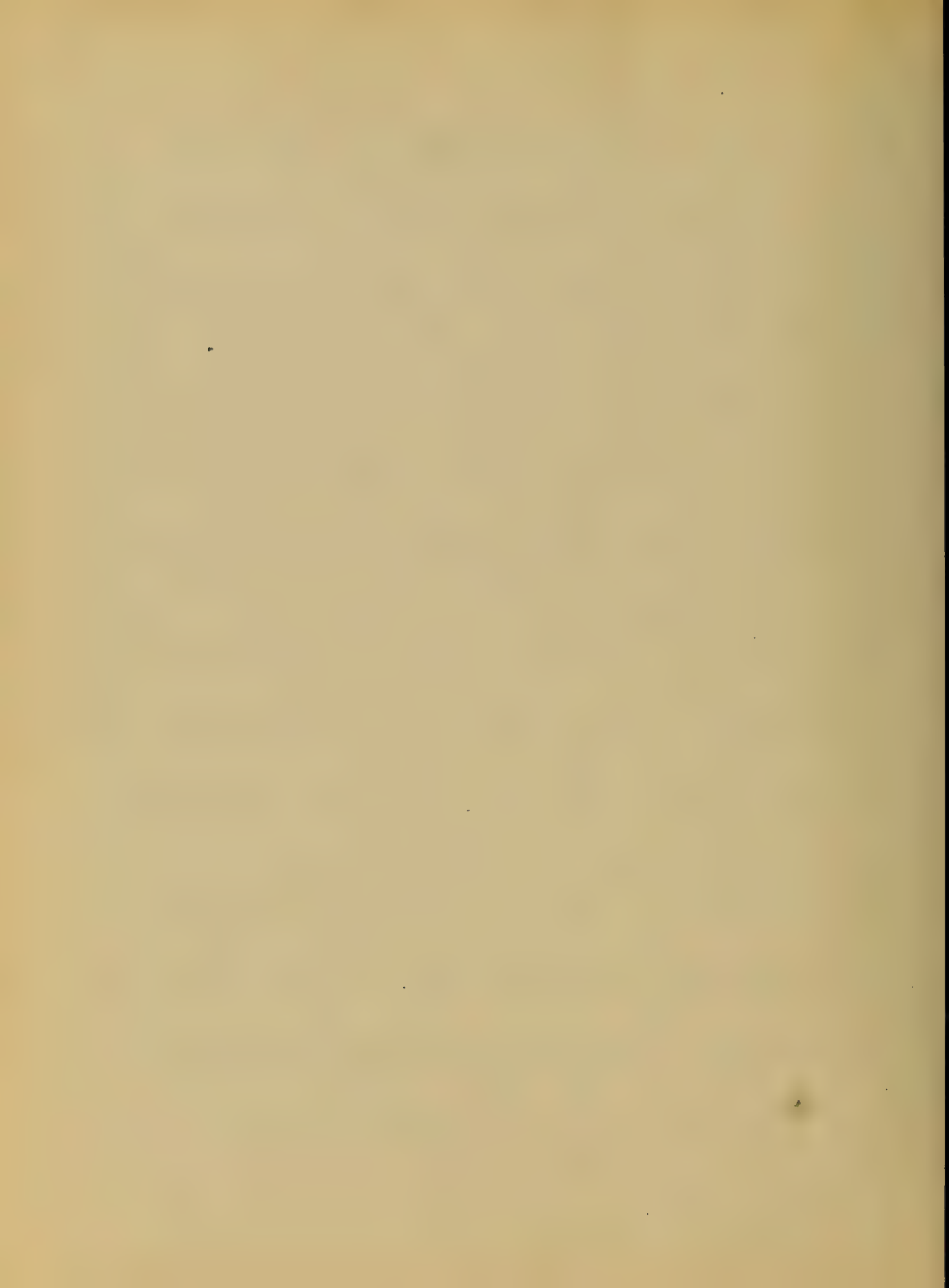
Dr. the doctor admitted Apr 24th 80-
Age 20 White, born in Accra
in the present state. Occupation
a seamstress. Her mother
living in Accra. I married her
but she child is very ill has a widow,
Parents healthy. She is a very small wo-
man, at present very anaemic. Health
completely broken down. Habits very reg-
ular, but has been exposed to malaria,
very frequent in that locality.

Her first ^{en} trouble followed a severe attack of malaria



and a few inches diameter. The left
pain in back end in right side. The
of duration, has continued to be nearly all
the time. Suffered "nausea" with headache and
continued sick stomach. There is no vomiting
or diarrhoea or too much of anything. Both
the small and large intestine are normal. The
enlarged area of the tumor in right side is
now border of tenth rib, the tumor is con-
sistent to touch, has no definite shape
and is tender, rest of sounds normal. No
tenderness in right side, Superior line of the
diaphragm begins at the umbilicus border of
it and extends just below the line of
the small intestine again + right of the
line again a rather circumscribed, fluctu-
ant enlargement, reaching within two in-
ches breadth of the median border, at which



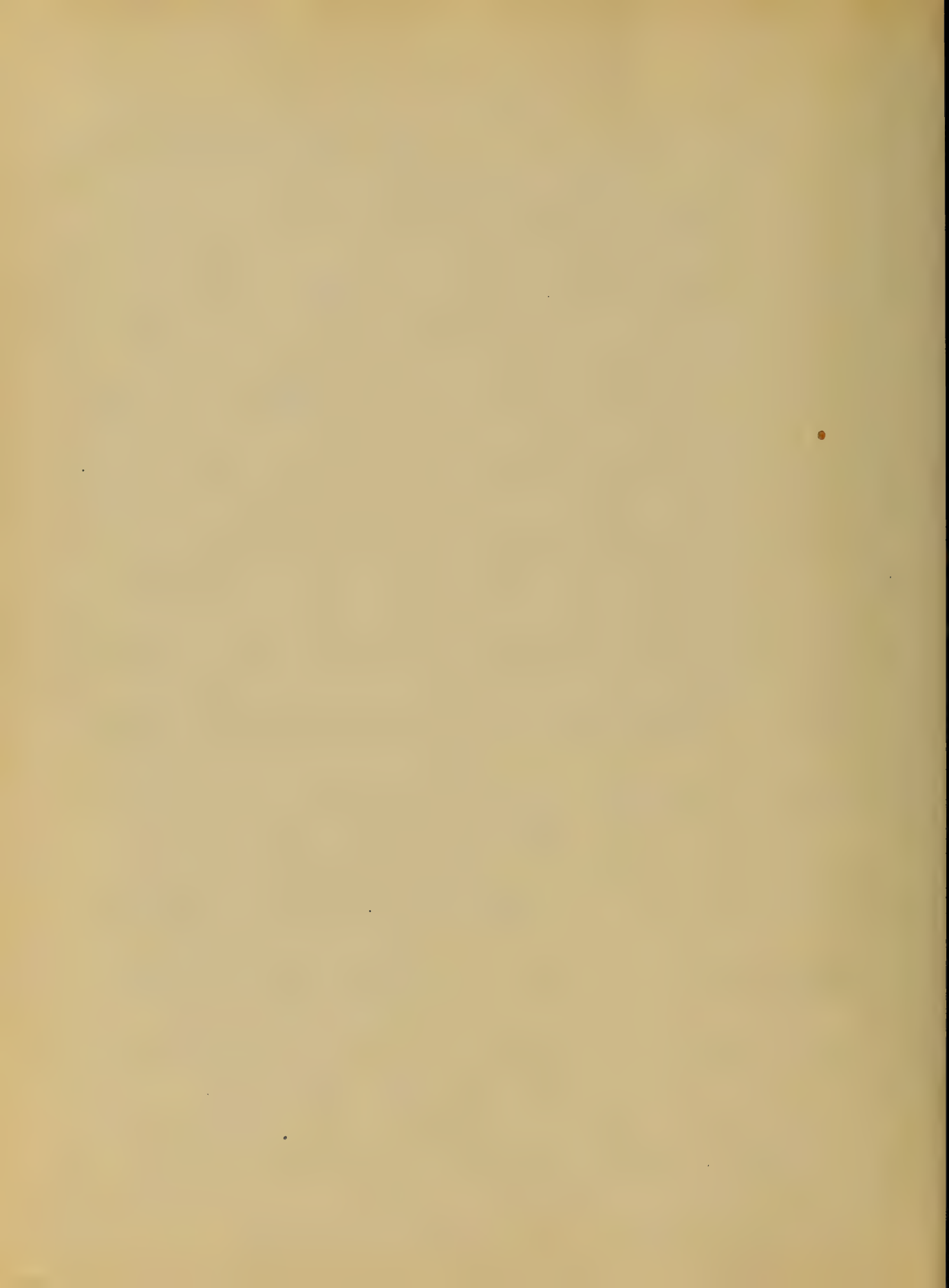


at 10 o'clock + after 11:30
am. She is so little she is
hardly the night. Which are some about
in small doses temp 97° P. 12:15, 4 PM
temp 97° P. 12:20, 4 PM 98° + then
operated removed 143 pus + pus mixed
with blood, much more was present, but
could not be drawn off owing to the
collapsing of walls, abscess could be
made of aspirator the patient bore the
operation very well very little change in her
pulse + temp At 7:30 P.M. temp 98° P 11:12 16.
The abscess after operation was at first a thin
plate was covered by a thin membrane
containing blood + pus in parts April 26 temp
98° P 11:10, 12:10, took consistency of + milk of
interior during night, no tobacco + milk
boiled, a small piece of bread the morning





...
the rest of the summer made her sick.
sick on the 17th July, complained of pain in
head + stomach some nausea, attended
by fever some a little reduced appetite
prior to this time he complained of
giddiness + stupor gradually was
Came in here one week afterwards with
marked symptoms of typhoid face flushed
stiff fever countenance dim, skin
when questioned tongue furred with inflammation
bordered brown in hue + a yellow color skin
moist dry, few little perspiration spots
slight enlarged, tenderness over right iliac
~~area~~ region with a grayish small rose
spot over prominent but not more than
8 or 10 in no Dr Mitchell diagnosed typhoid
and placed the patient on Quinine, Opium



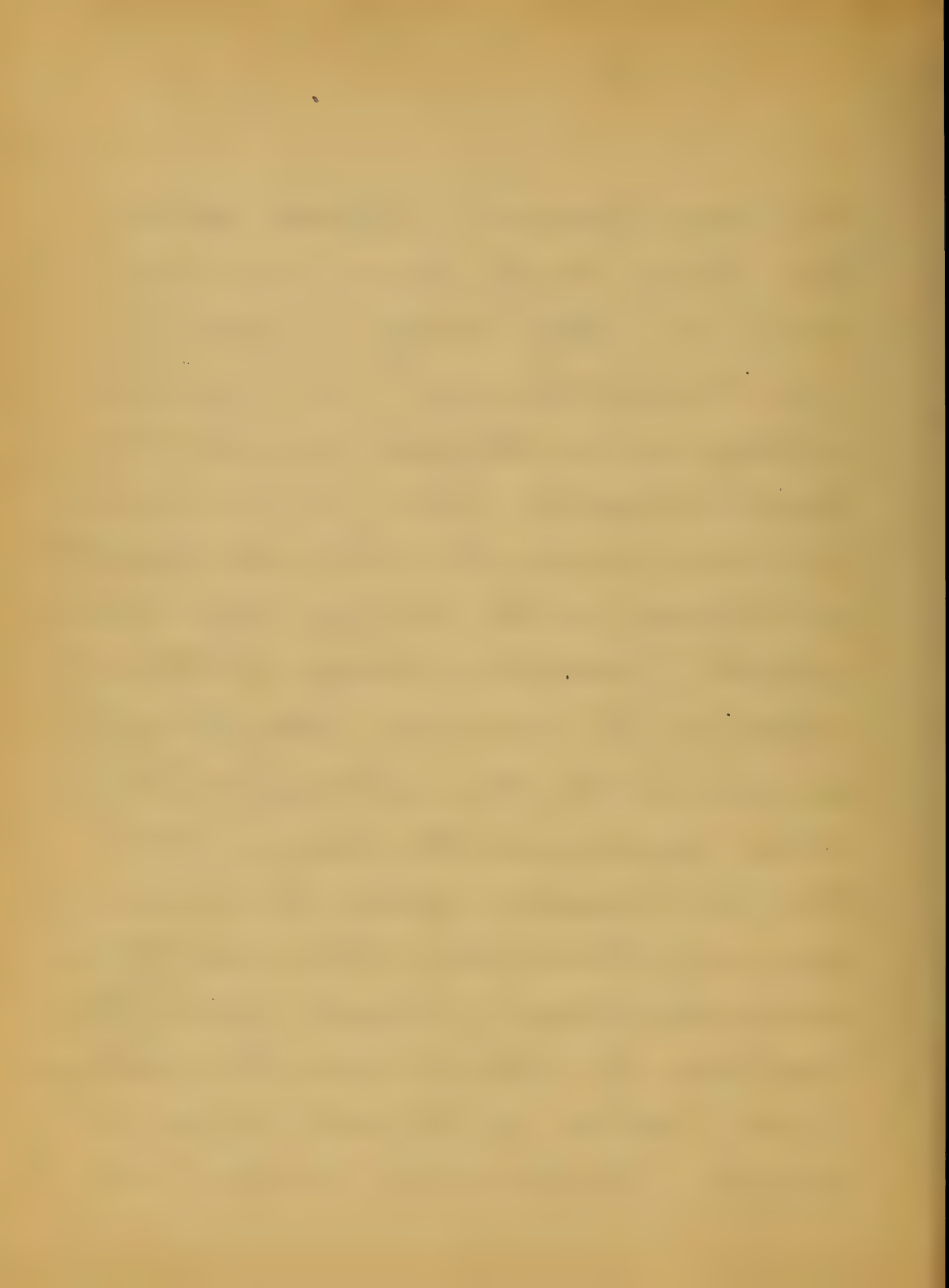
John F. Caldwell
1886

Malaria. Fev.

Nathan R. Smith
Fev 14. 1886.



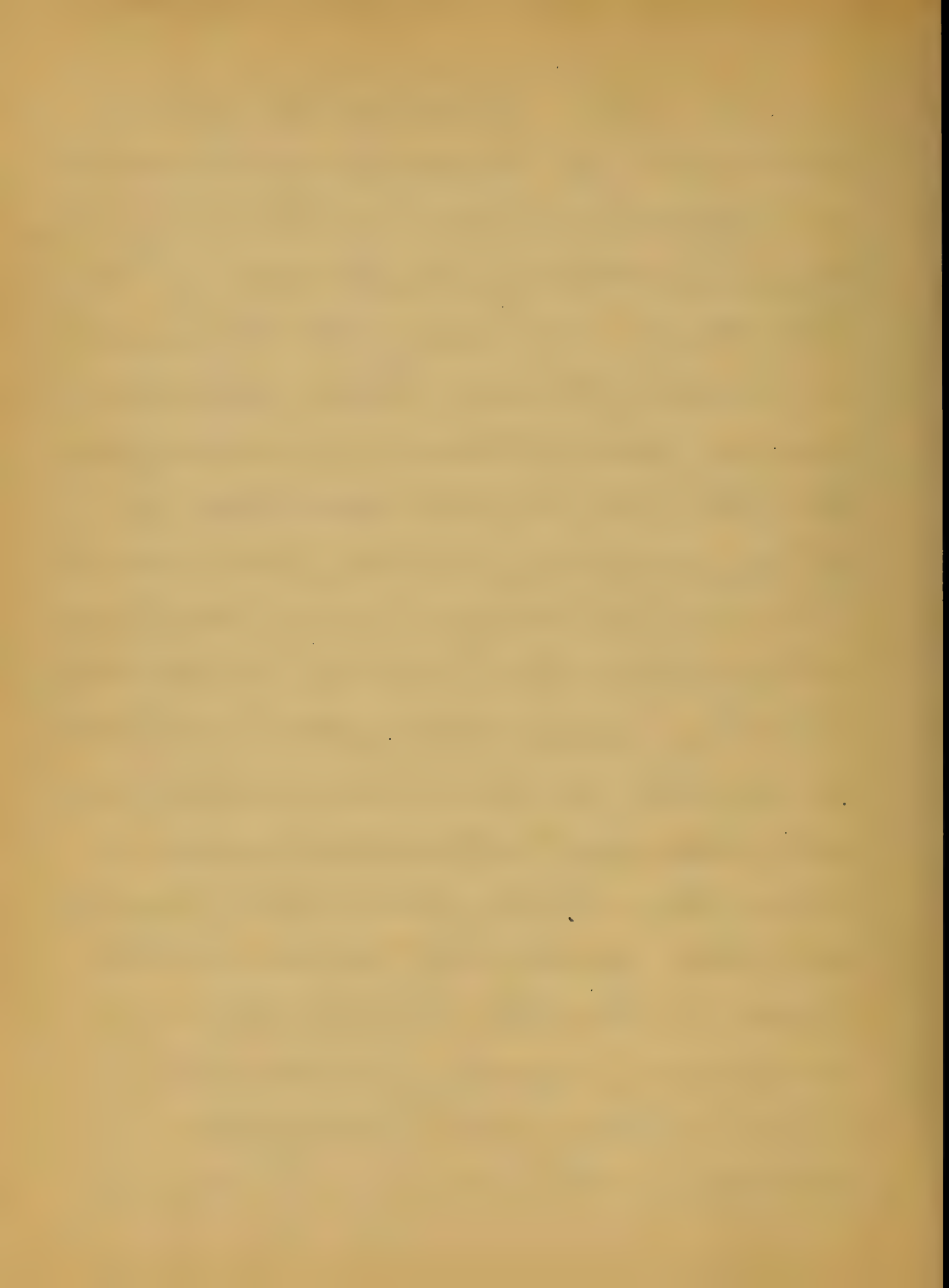
The word "Malaria" is derived from
The Italian mala bad, aria air
, being in itself merely a synonym
for Marsh-miasmata; or infectious
effluvia from decayed animal, or
vegetable matter. This disease under
different names has had its reputation
established, as far back, as the earliest
period of medical science. Protagoras
describes the drowsiness accompanying
a form, called the intermittent. Many
others recognized the disease, and
now that Medical Science has attained
such a foothold, and that each year,
some new light is thrown upon the
Malaria to which is heir; this particular
trouble which up to 1840 had no
specific treatment, has at last been



recognized, and understood. Not until the drug Cinchona bark was introduced into Spain from Peru, was much attention paid to "Malarial Fever". The reputation of the bark in its own country, for such cases as Malaria; was thought much of, and hence, on its introduction into another part of the world, the study of this disease was stimulated; in part by the conflicting results following the use of the drug, and in part, by the obstinate manner in which the physicians cling to the old theories of Galen. No good results were reached, until Robert Tabor had used the drug in large doses, and until Sydenham conceived the idea, of giving the Cinchona immediately



After the first attack; or during an
intermission, for the purpose of forestalling
a subsequent attack or rather paroxysm.
This fever, comes under the head of the
"Periodical", and also, of the "Idiopathic"
or essential forms. By a periodical
form, a fever or disease is recognized,
in that it has the occurrence of
febrile paroxysms, or marked exacer-
bations, in a regular order of succession;
thereby demonstrating a law of periodicity.
The form called "idiopathic" or "essential"
is applied to those fevers, which are
not necessarily dependent upon
some other disease for their origin;
in other words the fever is the
primary trouble. In the study of
a disease a number of phenomena
must be taken into consideration
"Aetiology", or The cause of The Malady.



Whether it be due to some other disease,
or to certain abnormal constituents of the
atmosphere. In which case, "Prophylaxis"
or the prevention of the disease, by
removing the cause must be practiced.

There is hardly any disease which so
readily calls into use Hygienic meas-
ures, as Malaria fever. The cause
of the disease, as its name explains
depends upon vegetable decomposition;
but it has been observed, that in
many localities, where decomposition
is taking place all the time no
such thing as Malaria fever has
been known. Hence it has been
deduced, that vegetable decomposition
must be assisted by certain condi-
tions, such as soil, climate, Temp-
erature &c. The principal conditions are
as follows 1st Moist, or low localities



1. *Ammonia* is: 1st It is found in
abundance below a temperature of 60° Fahrenheit
heat, and its active mass is increased
at 32° : 2nd The place where it is most
abundant, and excellent, is near the
equator and sea coast: 3rd It has
an affinity for dense fogs, which
seem to have the power of accumulating
it, when arising in the course of winds
blowing from Maritime districts, and
also forests and even woods have the
power of obstructing its transmission
under these circumstances: 4th It
can be carried as far as five miles
by Atmospheric currents: 5th Its de-
velopment may take place in pre-
specially healthy districts, by the
turning of the soil, for gas pipes,
car tracks, or for the foundations of
houses. 6th Bodies of water exposed in



The course of miasmas, which reach the
Malaria from the marshy districts seem
to have a power of absorbing, and thus
metting it. When called upon to pro-
nounce a district free from malaria,
it is an impossible thing to do, unless
experience has taught you such to be
the case. Statistics seem to show, that
the specific gravity of the bad air
keeps it near the ground, and a
good many cases are on record, where
persons sleeping on the ground floor
have been taken with the fever; whereas
persons on the second and third
stories of the same house, have never
been troubled with the disease. It
is more abundant, between sunset and
sunrise, and therefore can be avoided
to a great extent, by preventing exposure
to the night, or early morning atmosphere;



This is practiced to a great extent, in those countries, where the disease appears in its most active and violent form. Under the title of "Malarial Fever," four forms are recognized: Having the same cause for their origin, and with a few exceptions, acting in a like manner. The difference being, in the intensity of their attack. Intermitent and Perneous Intermitent; also Remittent and Perneous Remittent, are the four, which up to the present time, have been classed under one name, and having for their origin a common cause, called Malaria. Intermitent Malarial Fever the first, and mildest form of the disease is characterized by a regular order of paroxysms in succession, but with a total absence of febrile moments between the paroxysms.



Here we see, that the name to a certain extent, explains the Malady. A number of names have been given to the Disease, such as "Fever and Ague", "The Shakes", "Chill Fever", and many others.

Intermittent Fever is rarely fatal. There are a number of forms, in which Malarial Fever may be seen to appear. It may occur in the Quotidian, or every day attack; the Tertian, or the attack appearing every third day; and Quartan the attack being present every fourth day. There also may be, any of these forms doublet, or combined. There are no known lesions characteristic of Intermittent Fever. The Spleen and Liver, may be enlarged and softened, but these changes also occur, in other febrile conditions. The clinical history embraces, first the



paroxysm, besides which head comes the
chill, fever, and sweating; second of
the intermission, or the time elapsing
from the ending of one paroxysm to
the beginning of another. In some
cases, but not in by any means
the majority of them, the attack is
preceded by a prodromic stage, of
pain in the head, yawning, inclina-
tion to exertion, loss of appetite, and
general malaise. In persons subject
to the trouble, this prodromic stage
is often taken as a warning, of
the approaching attack, and by prompt
treatment is very often aborted entirely.
The cold stage, generally begins in
the paroxysm; but in some a state
of intense nervousness takes the place
of the chill: while others are
affected with gasteralgia, and

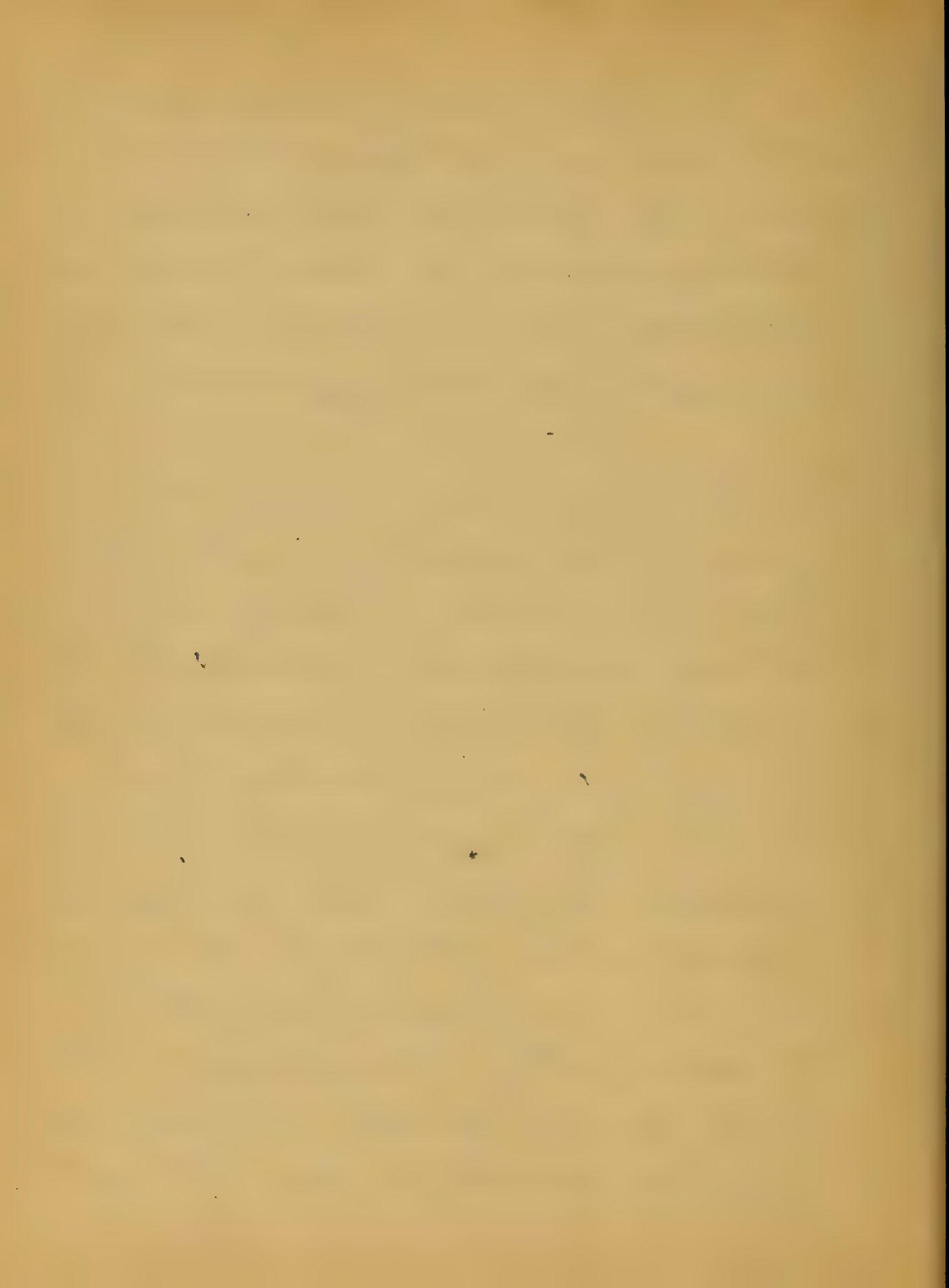


Great irritability indicated by vomiting.
The chill however is the most-common:
A feeling of chilliness about-face
and loins, which gradually extends
over whole body, is the first-symptom.
In some it is very decidedly marked,
causing the teeth to chatter, and
that appearance of the skin known
as goose flesh is extremely common.
The thermometer, when placed in axilla
shows an increase of temperature, but
when applied to extremities a marked
decrease, owing to internal congestion.
The pulse, which is usually accelerated,
is small and feeble. The face is pale
; sometimes, and indeed not infrequently,
both face and roots of nails, present
a livid hue. The accompanying symptoms,
are a sense of oppression referred to
the pæcordia, pain in head and limbs

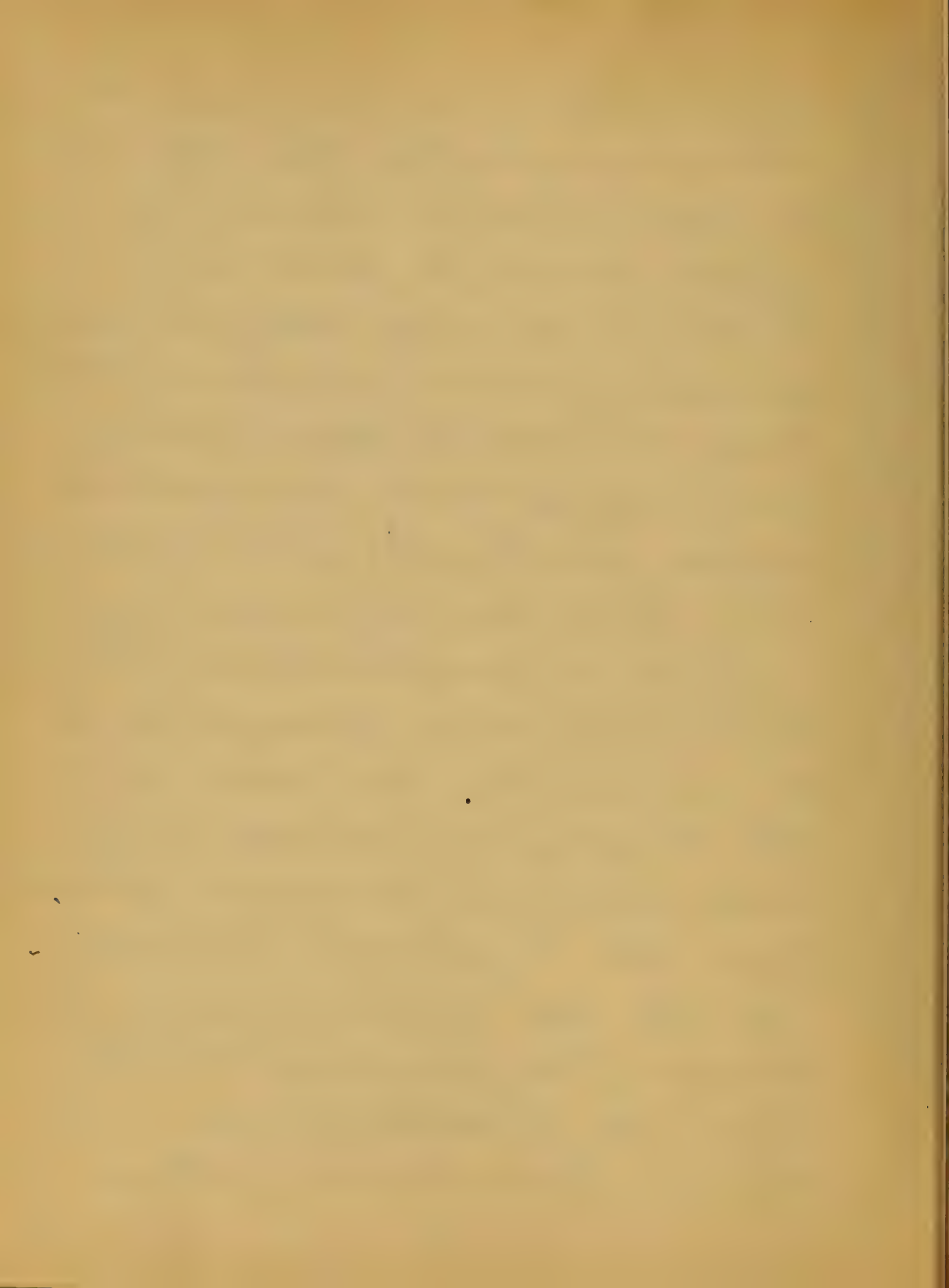


and irritation. This first-stage may last from a few moments, to several hours. In infants, for this malady attacks the Lungs as well in more advanced in years, convulsions are not an uncommon occurrence in this stage.

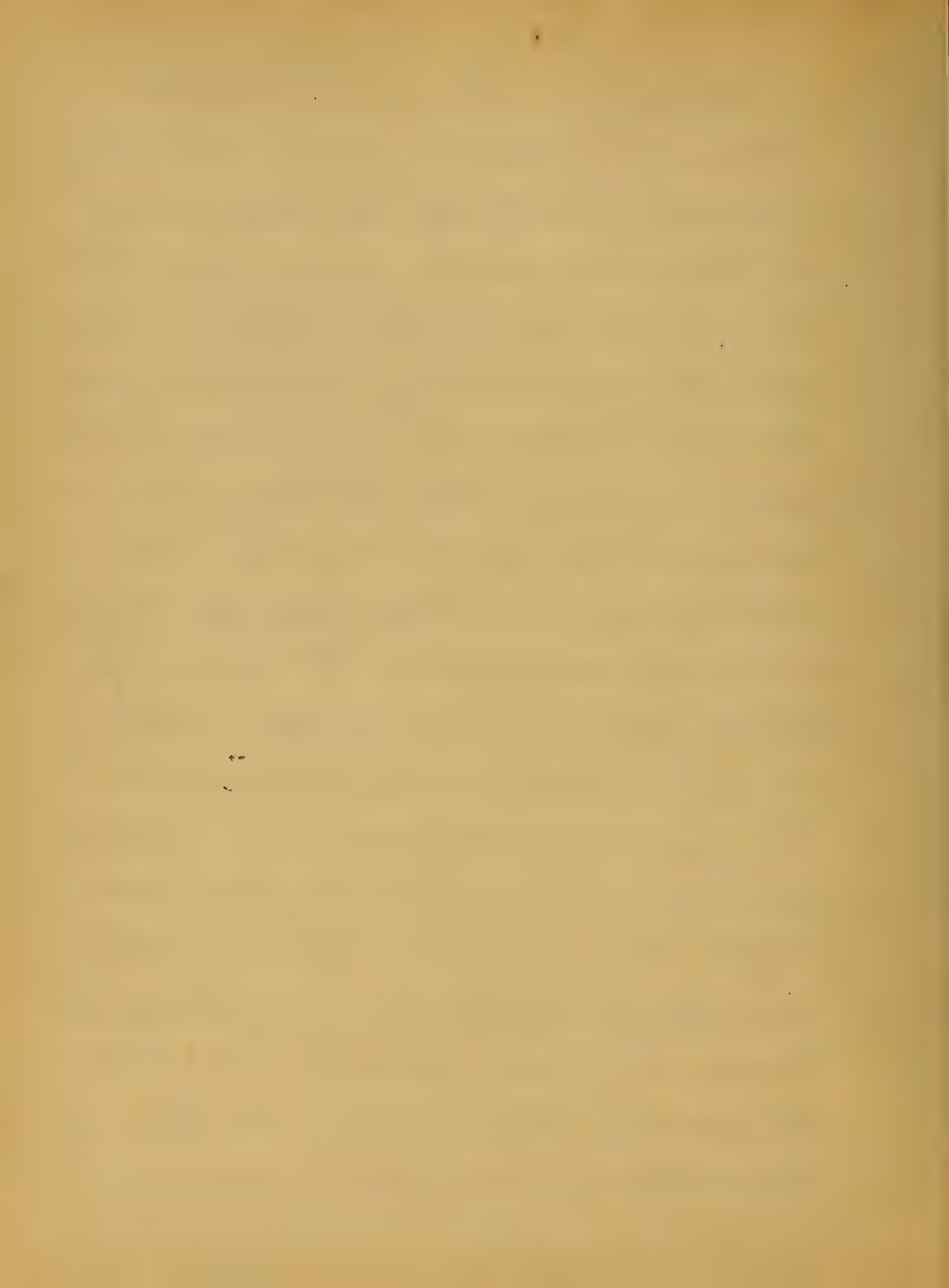
The hot-stage, might be said to be the opposite, of the preceding, or cold stage. There is an intensity of febrile movement: The skin becomes hot, pulse full and bounding: The face is flushed, and the hair in the neck continues, but the hair of the limbs, and precordial oppression disappear. The thermometer, indicates a rise of temperature to 104 or 100. This is a constant symptom of the second stage. The intensity of the febrile movement, varies as to degree, and the duration, is from three to



eight hours. The sweating stage follows, and is an indication, that the febrile movement is about to cease. Perspiration appears, first on the face, and soon afterwards over whole body. The febrile movements gradually disappear entirely, and all symptoms seem to abate, and with the febrile movements disappear. The temperature drops to normal, and the patient falls his various tortures in peaceful sleep. This third stage, lasts from three to four hours. Urea, lactic acid, and the chlorides, are increased in the urine, during a paroxysm: Albumen may also be present. The intermission, or the lull lapsing, from the ending of one paroxysm to the beginning of another, serves to give us a particular name to the paroxysm.



13
An attack by. That is Quotidian,
Tertian, and Quartan, which have been
previously mentioned. The intermission
is marked in some cases by a total
absence of all trouble, while in others
debility, impairment of digestion, and
various disturbances are present. The
enlargement of the spleen occurs
in about 50% of cases, but its
pathologic connection with the trouble
is hardly understood. It may be
readily felt in some persons, and is
known as ague cake. Anaemia is
a frequent accompaniment, and is
often seen as a yellow tint over face and
body, known as Malaria cachexia.
 Drops, particularly Effusion into serous
cavities, is often present, but this
is not an indication of cardiac or
renal trouble. An herpetic eruption about



the Mouth is almost always present.

The length of the disease is indefinite:

It may continue for weeks, and even
merge into months, if curative treatment
is not granted. The patient may
be entirely cured, and all appearance
of the disease may have vanished, but
still a relapse is not uncommon, and
may occur many years after. The poison
seems to lie latent in the system,
and does not in some cases accumulate so

to again attack for years. A person
who has had one attack, need never be
surprised at having another. There
is a form of intermittent fever
called "latent" in which the symptoms
are not well defined: The patient
complains of certain troubles, such as
headache, impairment of appetite, nausea
and indisposition to exertion. On close



Observation, a case of severity of the
menstrual pain - can be regarded.
Material treatment, if it affects the
source, will be an evidence of the
correctness of the diagnosis. Marked
intermittent fever, as it is mentioned
here also: The diagnosis in well marked
cases presents no difficulty. Of course
the first thing is to determine, by
questioning the patient, or nurse as
to the occurrence, site, frequency, and
their duration. The "Lancet" and "Medical"
forms may present trouble, but the
effect of prompt treatment will soon
show us, if we are on the proper
track. In pulmonary tuberculosis, there
is a form of severe paroxysmal, usually
intermittent fever, but this occurs
more often in the morning, which is
the reverse in intercurrent fever.

Of course the consideration, as to whether
the person has been exposed, or is
subject to malaria, or tuberculosis
must be taken into consideration.

Persons suffering from abscesses,
internal, or external, are apt to have
chills, and also those who have
undergone a surgical operation:

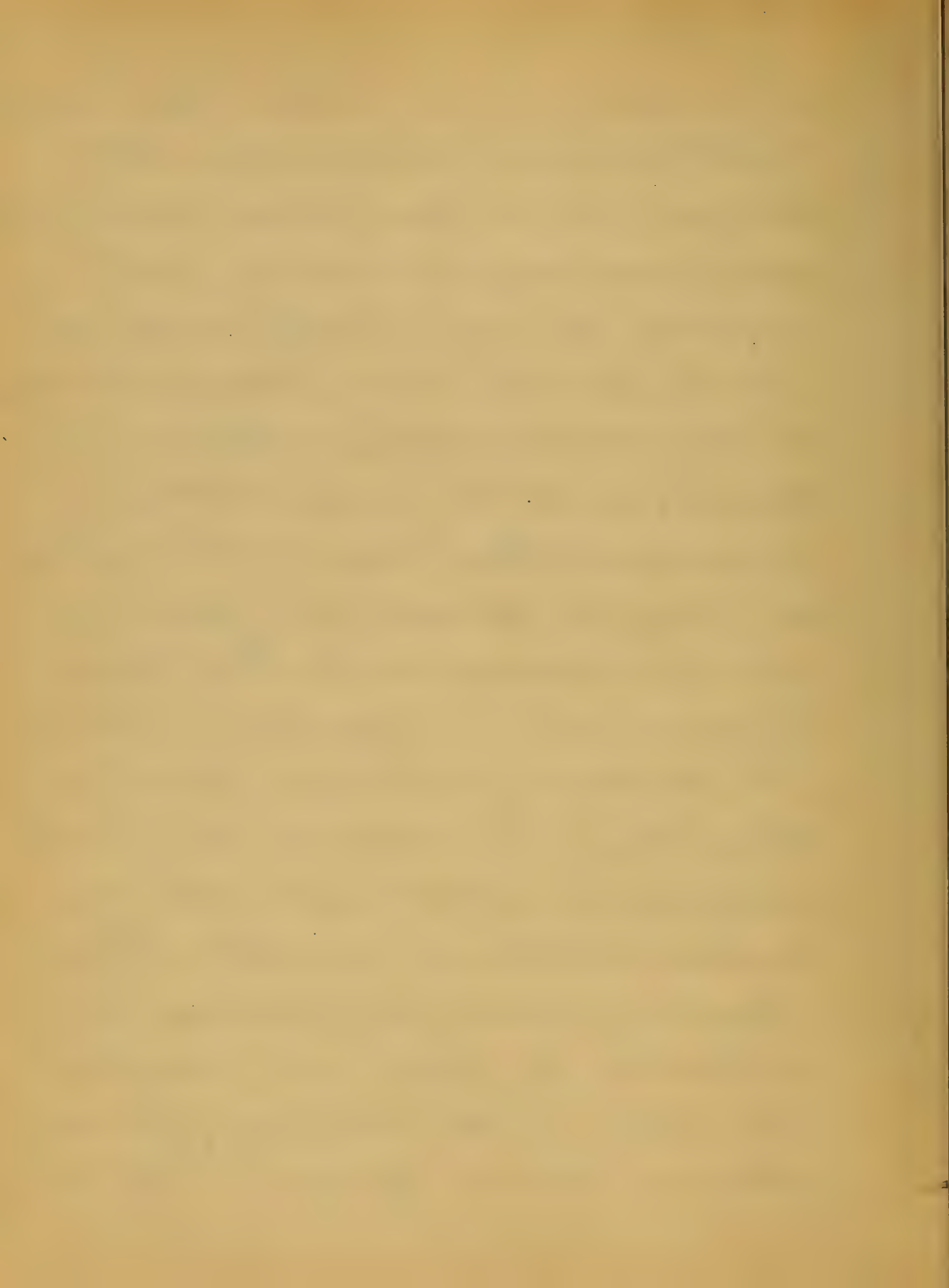
Nevertheless by enumeration, we can
pretty readily, get to a proper diagnosis.

As to the Prognosis, the intermittent
form may be considered or not at all
grave: If the disease from the heart
be very grave then we call it the
Fermicious form, which is nothing
more, than the same fever in a greater
degree. Of course death may result
from simple intermittent fever, but
in such cases, another disease will
have done it, there in breaking down



the system. Intermittent fever in a
number of cases, has been ^{known} to break down
the health, whence another trouble,
would step in, and complete that
which was started, by the former.
The great calamity in, jelling a
poison like Malaria into your
system, is that it may appear
like a thief in the night, and
when you least expect it, the
person never being free from the
danger of a recurrence. If to any
of all the list of drugs, compound
or simple, the name of Specific can
be applied, for the treatment of
a disease; the Salts of Quina,
particularly the Sulphate, should
stand at the top of the list, for
their action, on Malarial fever.
When the disease is promptly treated,

its arrest may be entirely accomplished
As to the Cause for Admiration the
Lunatic, it has been proven after many
experiments, that it is best, as the
Sweating sleep is passing away, or
during the intermission. When a person
is subject to malice attacks, and
recognized by the general feeling of
Discomfort; that one is coming on,
it may be prevented, or appear only
in a very mild form, by the timely
Administration, of a large dose of
The majority of authorities, advise a
Large dose of Crotona or one of its
alkaloids at first, and then a
gradual decrease in quantity. The
object in view is to produce Con-
vulsion, as soon as possible.
The form of the Sulphate of Ipecac
which is most affected, is the solution



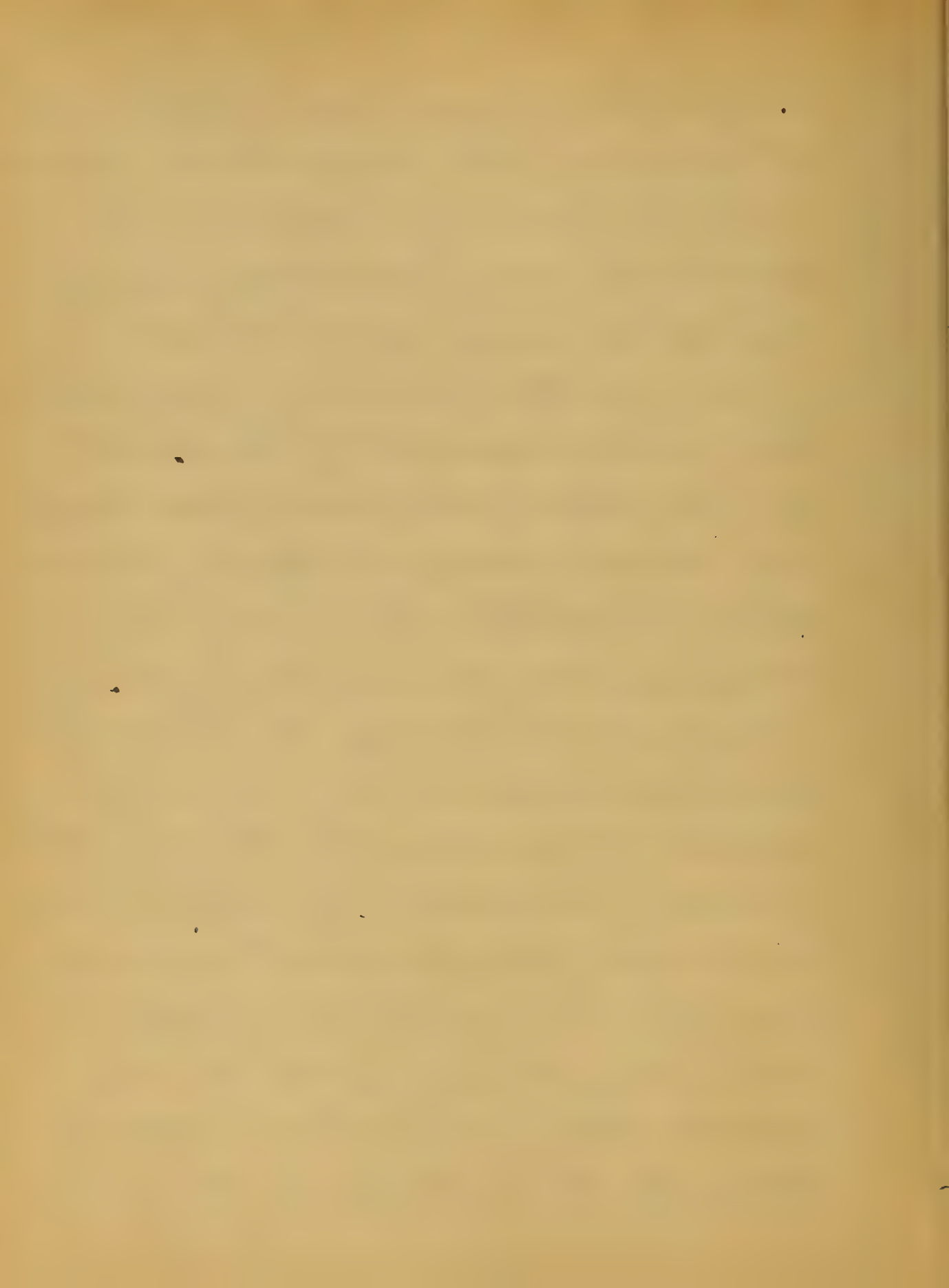
19
it's solubility being secured, by a mixture
of the aromatic sulphuric acid for
each grain of the salt. The form of
pills and lozenges however are much
preferred by patients. If patient is
constipated give gentle laxative: when
the cold stage is very severe give
stimulants, brandy, carbonic of ammonia
and hot applications to extremities. The
inhalation of a few drops of nitrate of
Amyl, may also do good. The solution
of morphia, six to eight minims,
administered hypodermically, may tend
to relieve the nervousness in the cold
stage. There are times, when the stomach
rejects the drug, as soon as it is
taken, such cases are overcome, by
the administration of it hypodermically.
The best form is the hydrosulphate
of Quina twenty minims given



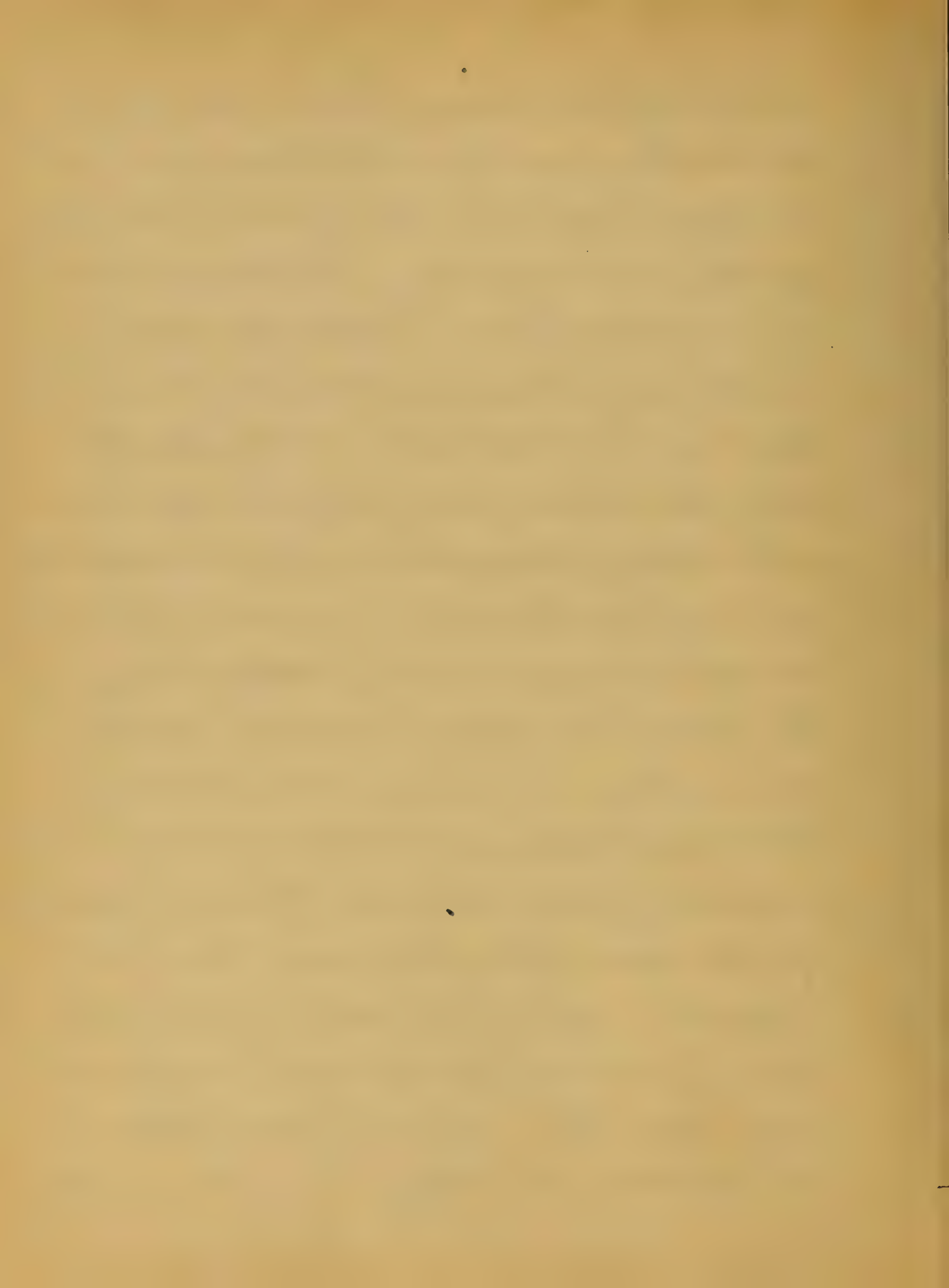
This may be repeated, to prevent
green from by mouth. When the
attack is about coming on, this
method is also good. When dyspepsia
trouble is apparent, and jaundice
is present, a few grains dose of
Colonic should be given, and followed
up by Senna. In some cases where
the patient on account of some
illness cannot take the
Senna, or where it seems to do
no apparent good; the fluid extract
of Eucalyptus Globulus may be
substituted, in doses of a teaspoonful
with some aromatic water. In some
cases, or I might say in all cases,
one of the iron preparations or a tonic
should be substituted with the
Senna. In chronic cases of Malaise
and indigestion, other Senna for some



Reason does not act well particularly
in children, the *Liquor Polveri-Cerevialis*
in doses from one to six minims,
will be found of great value. There
are certain cases which present
all the symptoms of Intermittent
and which on account of the severity
of the attack may die, such cases
are classed under the head of Perni-
cious Intermittent. This trouble may
not appear at all from at first, and both
patient and doctor may be in error of
their mind hence in every case prompt
treatment is necessary. In the majority
of cases of Pernicious Intermittent fever
however the gran character is apparent
from first. The symptomatic features
differ in various cases; more or less
complete coma is present in some;
Others are characterized by delirium



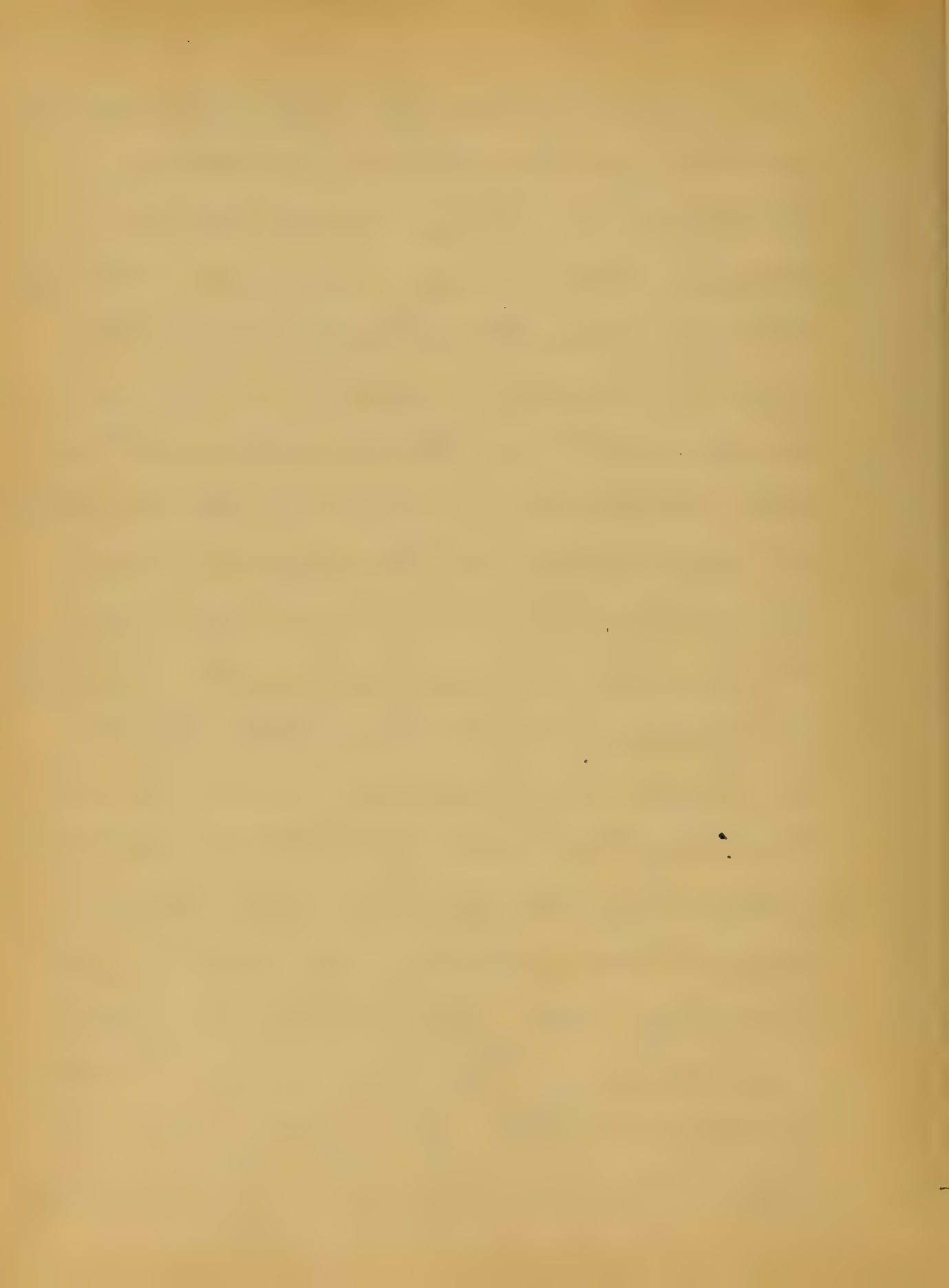
Preceding the coma; Embarrassment of
respiration and great restlessness are
marked symptoms. The pulse is small,
feeble, and irregular. The disease to be
apprehended from another paroxysm,
is ~~is~~ proportionate to that from which
the patient emerges in safety. If
the first has been great, the second
will likely prove fatal. The prognosis
on the intermission is in proportion
to the severity of the paroxysm.
The morbid anatomy of the ferocious
form, does not differ from that of
the mild form, except in the
intensity of the lesions. In the treatment
of this form the physician has two
objects in view: The one being to carry
the patient safely through one paroxysm,
and the other, equally important is
to prevent another, as regards the



8.
List of these forms, the treatment differs,
according to the symptoms produced.

If the heat is weak, give Stimulents
Alcoholic, Etheric and Aromatic: Vomiting,
and passing are to be treated by Opium,
given by mouth, or rectum; they are
also to be given in Delirium, convulsions,
and restlessness. Chloroform administered
in cold stage, in one half to one
teaspoonful, has a very good effect.

The second object, the prevention of another
paroxysm, should be started before
the first one is ended. Camphora is
invaluable here, and should be administered
in very large doses. The hypodermic
Method shines forth in its best light;
in treating this type. When the danger
of paroxysm is over, the Quina should
be administered in large doses
with one of the Tonic preparations



The form known as Remittent, differs from that of Intermittent, in that it has remissions, instead of intermissions. Between these two forms, there is a close relationship and one may be converted into the other. Some of the older authors claim no difference. Remittent and Typhoid are associated together, by a good many authorities, under the head of Typho Malaric. The pathological anatomy of Remittent fever is found principally, in the liver, and spleen. The former being enlarged, and presenting a bronze, or chocolate hue: Another name for it being segment-fever. The blood contains black granules and dark colored cells. The spleen is more or less enlarged, and is also rendered dark by pigmentary deposits. The clinical history of the disease, presents usually

a prodromic period, but not in all cases.
The prodromes are essentially the same,
as those of Intermittent fever: The har-
ness is ushered in with a chill, more
or less marked. The temperature is acutely
raised. The appearance of the attack is
more frequently before mid-day, than after.
Fever follows this stage, accompanied
with pain in the head, and about neck
and loins. The febrile movement, may
last, from two hours to forty-eight, if
not longer, and then gradually sub-
sides. The pulse falls in frequency,
the skin becomes moist, and the
patient seems comfortable: Still the
febrile movement does not entirely
disappear, there being a remission
not an intermission. This remission
varies, from one to two hours, at
the end of each time, another chill

May come on. There may be only one remission, or many recurring in regular succession, and they may correspond, to the Icteric, Tertian or Quartan forms singly, or collectively. The febrile career ends during the second, or third week. Early in the fever nausea, and vomiting may occur, and tenderness over the epigastric region, is not uncommon. The urine is scanty, and high colored; and the specific gravity is increased. Jaundice is a very common symptom. Intermittent, like Remittent, is due to a special poison, known as malaria. The diagnosis between Simple Remittent and Intermittent is readily made, by observing if there be remissions, or intermissions and Remittent finally becomes continuous.

Remittent may be distinguished from
Typhoid, by the absence of eruption, by
the characteristic rise and fall in temp.
return, so common in Typhoid, and by
the absence of tenderness on the ^{abdominal} region,
; also having no intestinal fermentation.

Remittent fever or it is leaving
the system, may merge into Intermittent.

The prognosis of simple Remittent
as a general rule, is favorable:

Nevertheless the disease leaves the
system, prone to another attack,
and also generally leaves behind,
a disposition, in the form of ^{anemia}
enlarged spleen or general atrophy.

The severity of the disease differs
as regards time of year, climate &c;
being more severe in tropical countries.

The treatment of the disease, is
directed first towards the ^{liver} system



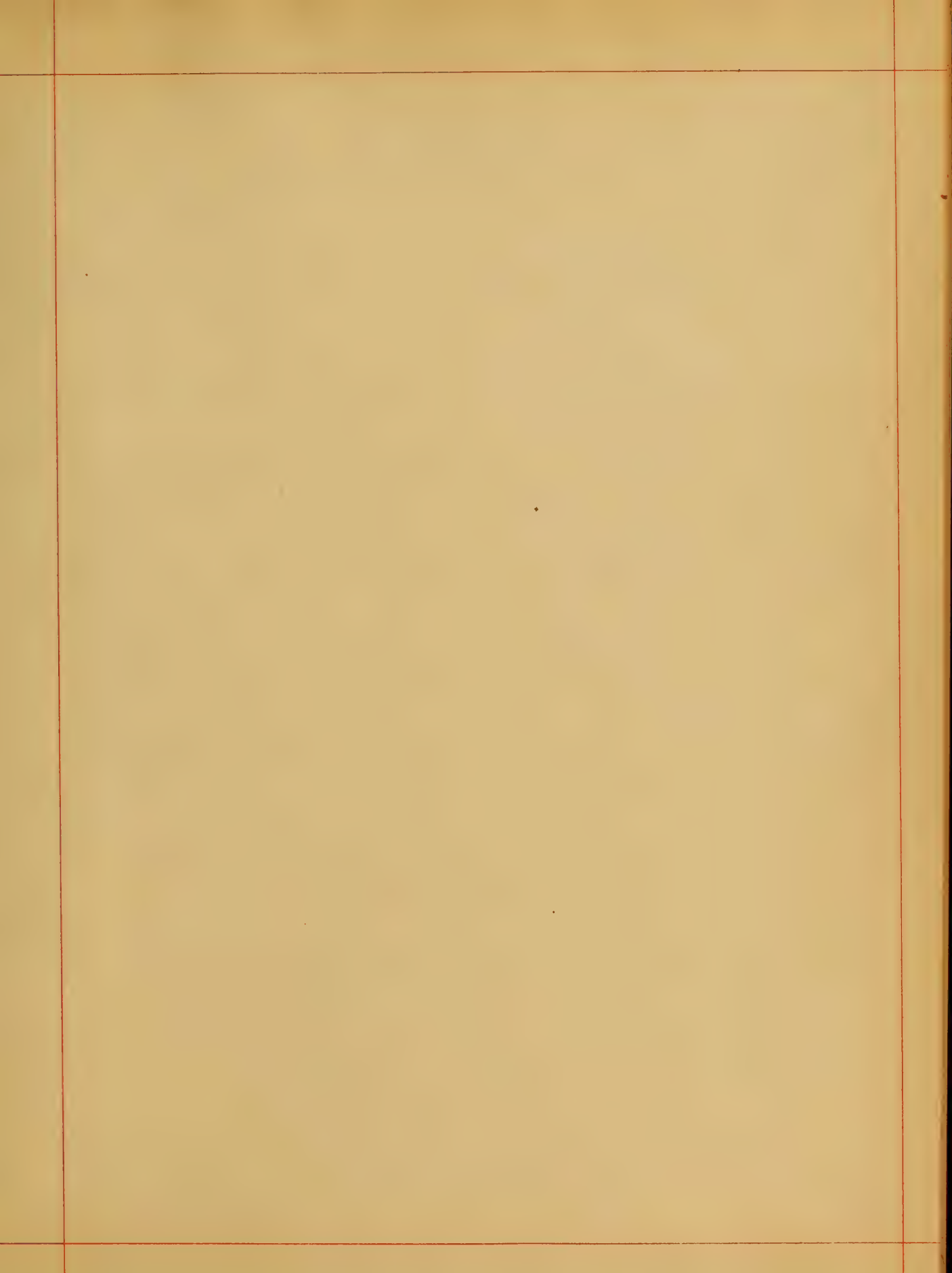
and then to relieving such symptoms,
as nausea, headache, vomiting &c.

Cinchona and its alkaloids are the best
to be employed, given at first in
15 to 20 grain doses, and then in

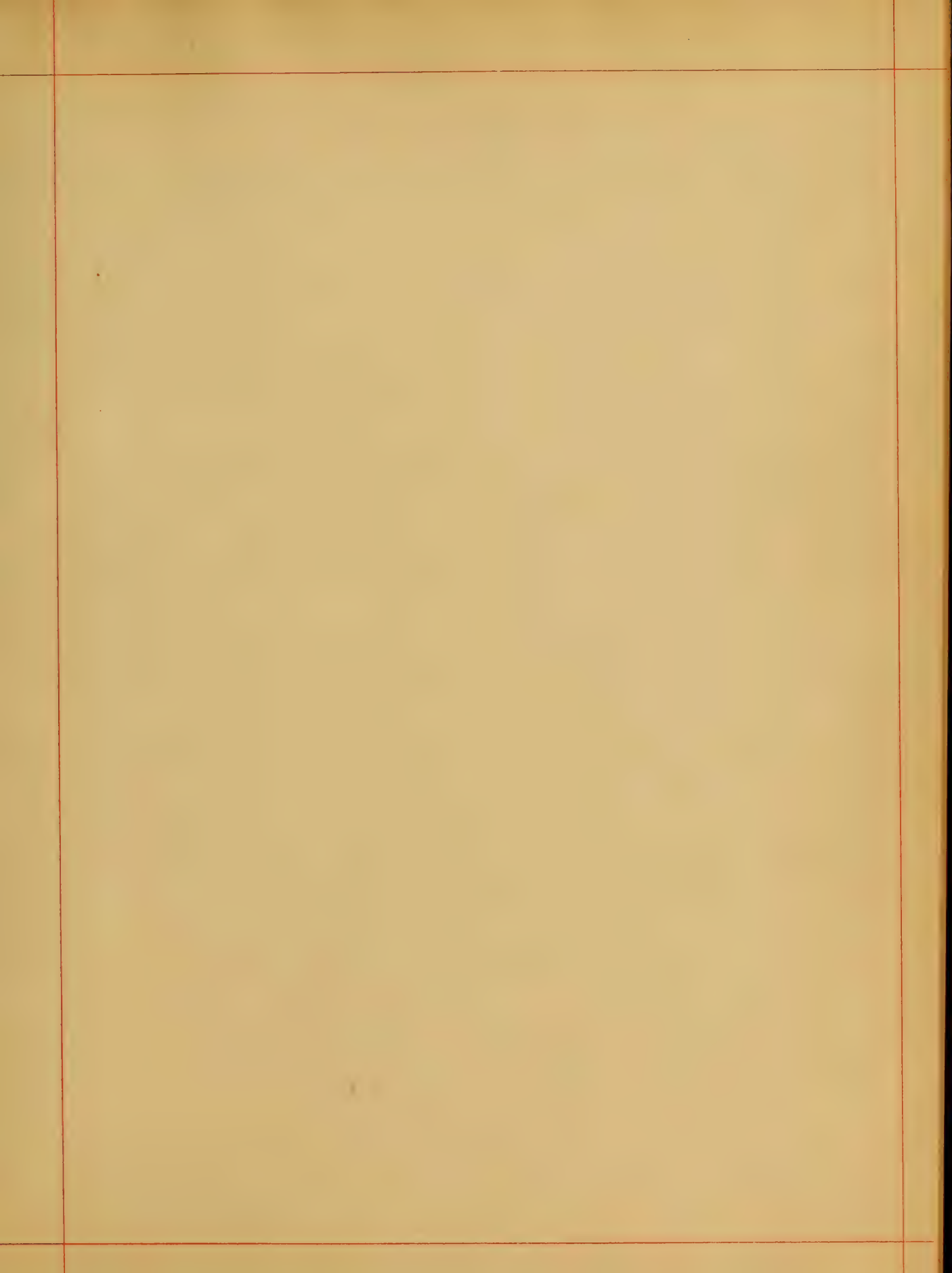
smaller doses. If the patient cannot
take it, or rejects it from stomach,
give hypodermically, or per rectum.

The treatment is essentially the same
as in Intermittent Fever. Pernicious
Remittent Fever is a form of
the Pernicious Intermittent form
and the same objects are aimed
at. This is more severe however
than the latter, and its course might
readily be measured, in respect to its length.
The treatment is the same as in the Intermittent
variety. A number of names have been
given to it such as African Fever, "Jungle
Fever" Hungarian Fever and many others.

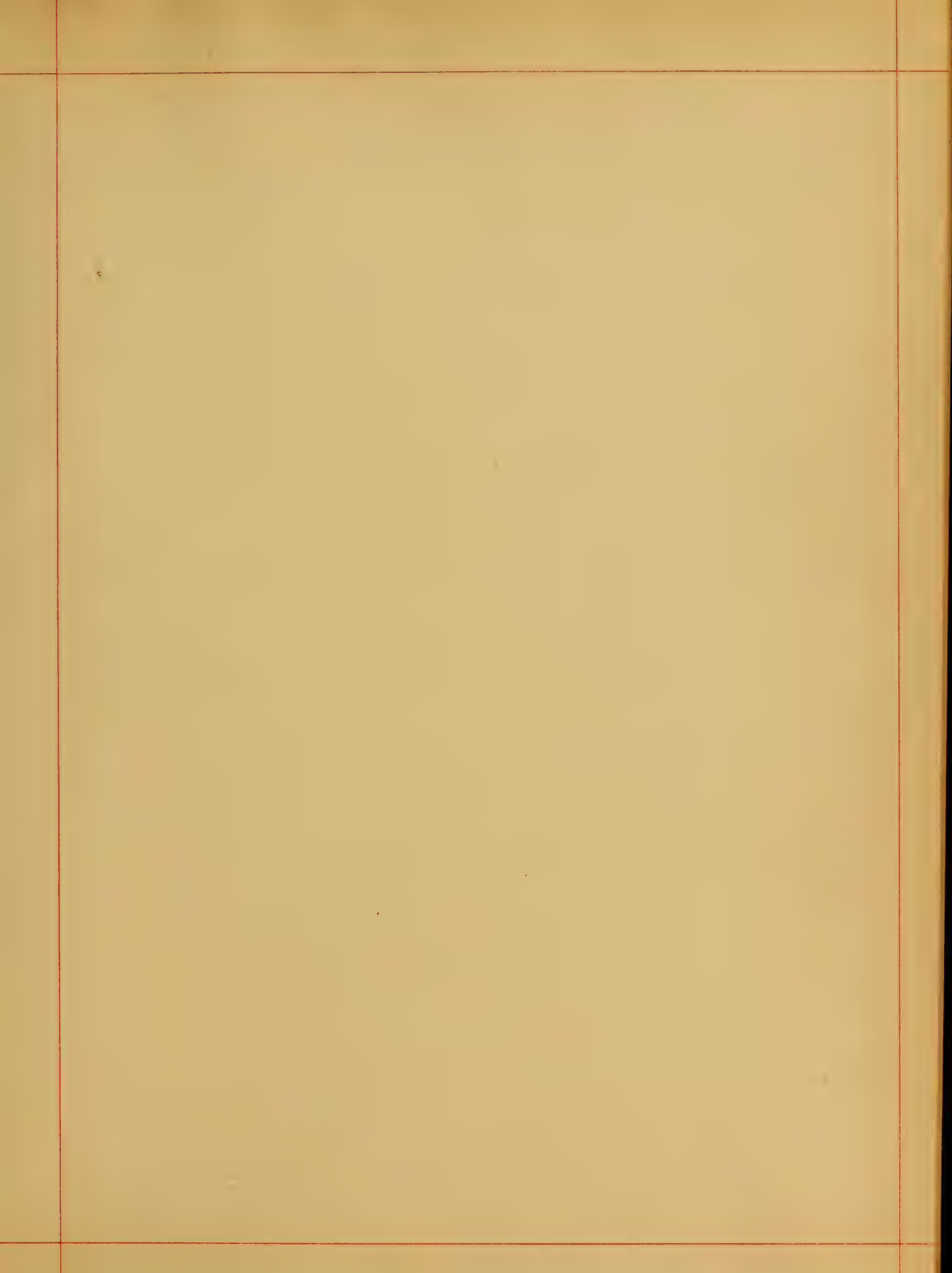




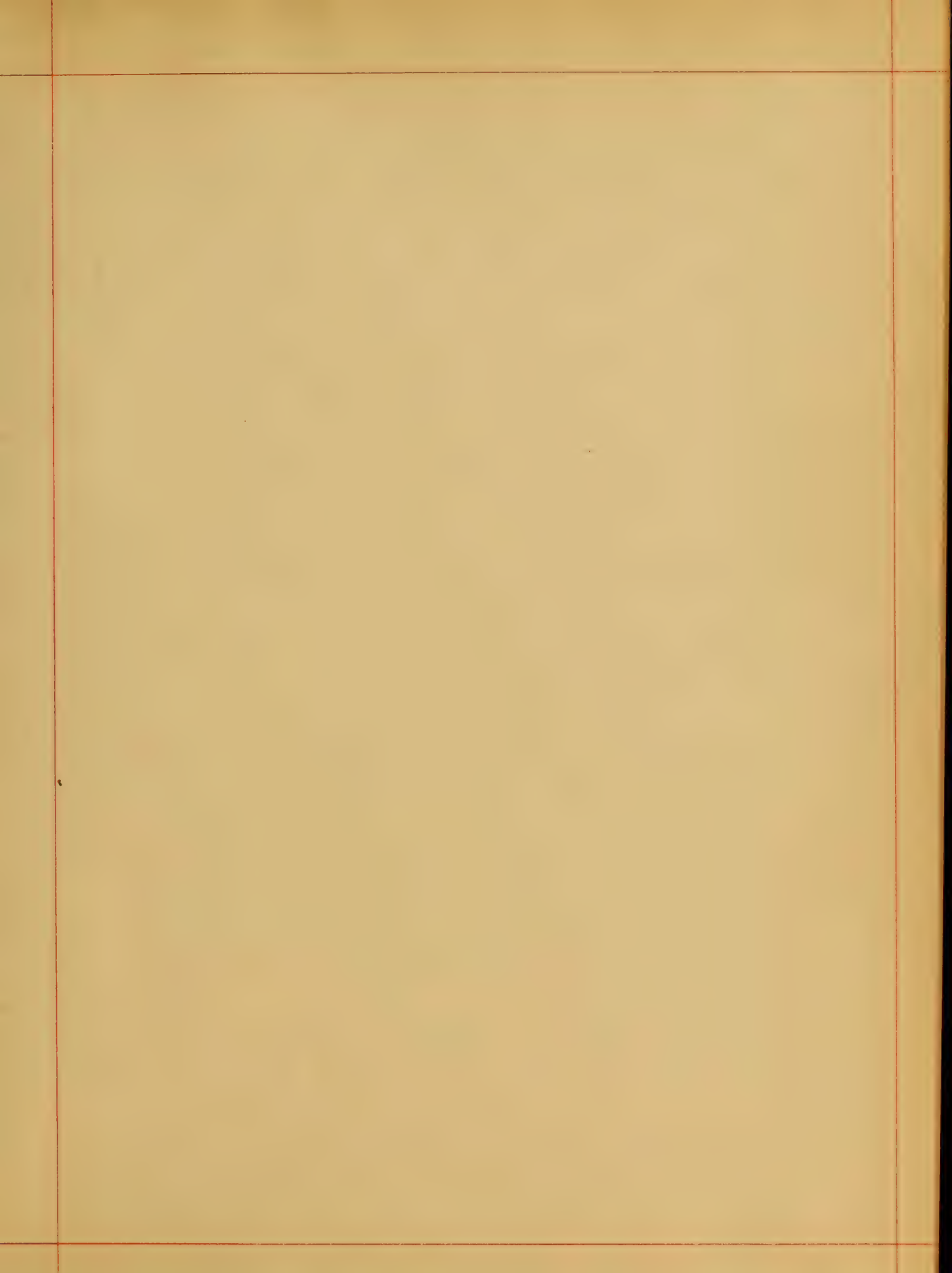


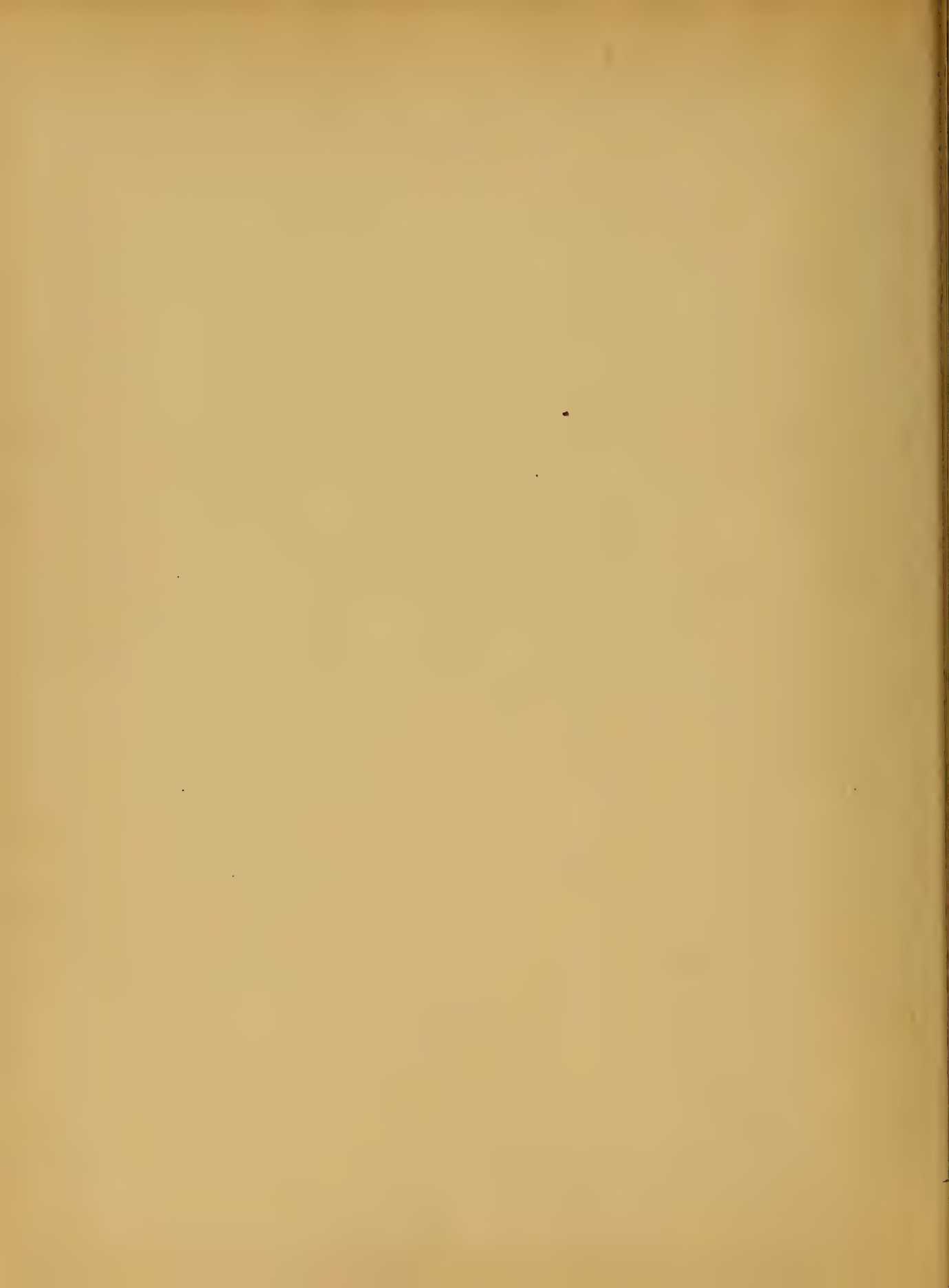


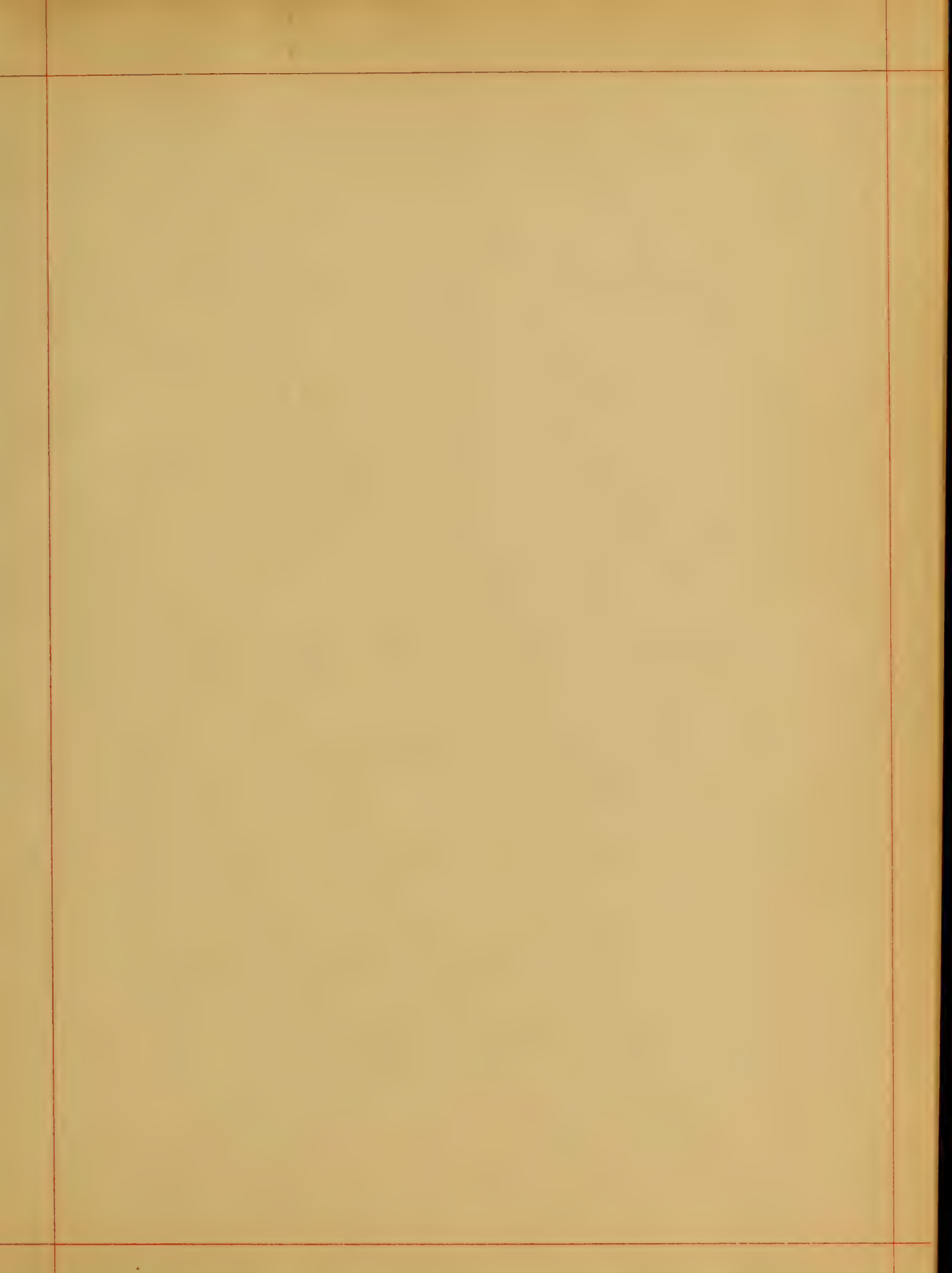




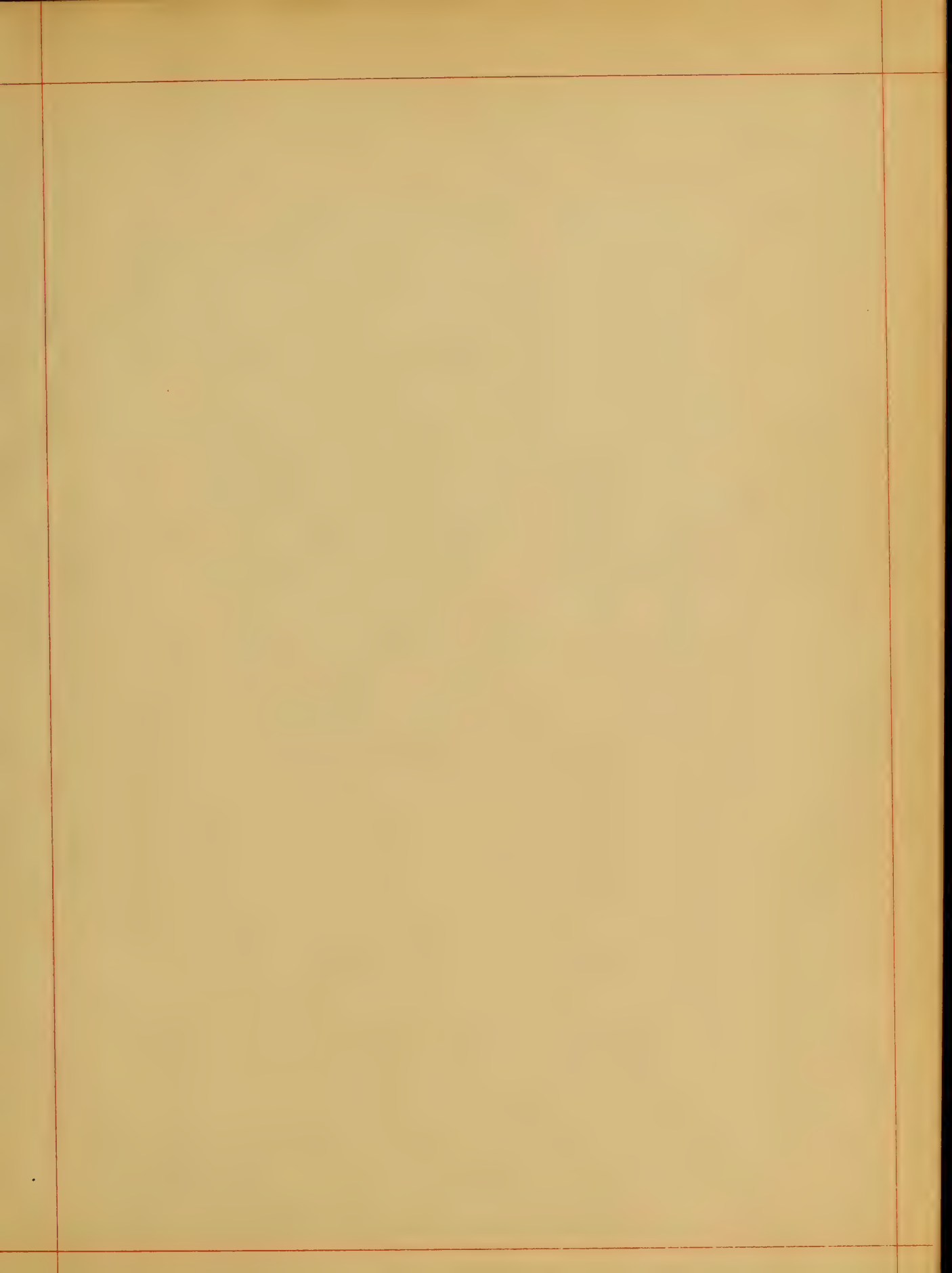












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