University of Maryland Theses

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

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

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

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# UNIVERSITY OF MARYLAND

## THESES

1887, 1888, 1889

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\(^1\) Title page behind thesis.
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SCHOOL OF MEDICINE

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Pharitis.

By

J. Samuel Offutt

University of Maryland

Baltimore, Md.

Session of 1886-87.
Pleuritis.

In the earlier case of our subject, the pathology was such as to indicate the term pleurisy and were to be understood as due from whatever cause it might have been produced. Provided of an evil in the nature and accompanied with gout or anasarca or other signs of inflammation, without having a local seat of what particular texture was laterly under the inflammation; the ignorance of which we derived led to many errors in the treatment of this disease.

By the term pleurisy we mean inflammation of the serous nature lining the cavity of the thorax, and covering the organs of respiration on either side. When continued, the inflammation of which is due to the same cause that causes the ascites, is termed pleuritic ascites.
The bearing out of one of our licks of blood is of the most frequent which is considered as probably inflammation. It frequently with which will occur, the mort has shown between the fluid surface more in accordance that no person or tissue can be more liable to inflammation than the brain. I shall have my share in this paper particularly to the results some of the lic-
enses, and it would be a difficult matter to embrace the whole in a precise and limited as the one before it. The pleasure with its nature
Condition presents a smooth and well-defined surface. Connected with a band of periwinkle, flat, non-tracked indefinite忠诚. The surface, an essentially being lubricated with a slight excess contained in the body of the bladder, which is the

...o'clock after the circulatory...
of illumination due to 2.6 hours of
radiation which, in this case, was
the direct source. Large, less direct
dependency which is due to indirect
rays of the radiating plate. It leaves
its glimmering appearance, and in the
concrete thickened, and was consequently
in consistency. From this information it
surfaces in the subsequent passage. The
plume prevalent in the affected areas.
After the stage of radiation, there is
an accumulation of fibrous debris. Probably from the
exposure to the smoke by the years.
concurrent process risks. Also, the degr
ing in quality and character and subseque
ally stratified. The irradiation is slow but the

Comparable in all stages to accumulation. In other cases there is a large amount which fails to divide and undergoes
ranging. Occasionally, however, the center
as to yield these are completely; never or near this
may be found or will be one or more as promi-
ably due to accumulation. The most likely
cells as the mature and new protoplasm is 10 times
and new cells are formed. In this matura-
tion and fluid. The epimere is absent at
of the deciduous laminar secondary, some
of the deciduous, remaining after thyroid
inadequate changes. In the rema-
der becomes organized and adhesive as
agglutination. Sometimes the serum. Agglutina-
tion is very abundant and rich in cells.
undergo a mucous and further hardening, and then an unhealthy condition of a communicative formation of all the diseases is not yet asserted, but remains and becomes worse or better. Knowledge of this becomes Cauterizes and leads to the formation of further in coagulation. When the accumulation of the matter in an excess form of the diseased tissue places on such a great force to fill the lateral cavity, helping it to proceed into a welle solid mass becoming completely converted to the quantity of various coagulation vessels according to the intensity of the most important, a first jet does not usually occur; a few minutes it increases gradually, swelling and may finally burst under the stress.
The effused fluid is not everywhere clear, like serum of the blood, or a purely serous effusion, the rubber not as long clear, but near the bottom it is more dirty, yellowish brown, and consists with flocculi in a thick flocculent precipitate; the appearance is as described when pleural pneumonia or catarrhal bronchitis is the cause indicated in the case under consideration. The serous fluid appears to be a clear translucent fluid. The pliable walls of the trachea and bronchi are moved by the smooth, clear fluid in the cavity of the lung, which is filled with the air. The red blood-carrying substance is the cause of the dark brown color observed.
To the left side the water is changed. From

The water is not in contact to the in the water and the

The brems of the water changed by change of the water in character. The degree with the

The degree of the water in dislocation and concentration and

Above the element of liquid, which is considerable, but to the outside of the tube a flattening of the curve more than the tube which decreases the upper and

Back down at the neck of the tube but latterly more frequently near with the water in motion. The presence of this last cause the air to be though

Compressed less. Contract and increase and
may be widely a measure of the intensity of the syphily. The least amount of infection will produce a remarkable effect in the skin, where it will be observed more in the person on the right side and the left, after which the force seems to be more applied against the sides of the body, having a change in the force on the side against which the force was first felt.

The second influence is ordinary; there has little or no odor in the case, and no manner of the long has taken place within the fluid, as well as the patient was more interested and occupied. The fluid is usual, yet in the circular motions, the next cut on the action with the movements of the hands.
The text is not legible due to the quality of the image. It appears to be handwritten and may contain a discussion on a technical or scientific topic. Without clearer visibility, it's challenging to transcribe accurately.
The official matter brings some new character of men I am now able to" beyond the power of the present to convey, I write to you as personal constitutions of the citizens and their relations to themselves, to their state, to their country in the place he has been, and now, has been, sufficient to give me to what degree signifies the presence of any evidence of such a government having been founded. I have, in no way or form, in any after a year, but all now and being abroad in other circumstances, to have seen in, for being that the organization in every respect was, I am before the objects of them which have enabled me.
The period at which the disease first appears and the manner of its progression are important factors in understanding the course of the illness. The duration of the symptoms and the intensity of the reactions provide valuable clues to the nature of the pathologic processes involved.

The symptoms and signs of the disease must be carefully observed and recorded, as they may offer significant insights into the underlying mechanisms. The progression of the disease can be classified into different stages, each characterized by distinct clinical features and pathologic changes.

The treatment of the disease should be tailored to the specific needs of the patient, taking into account the severity of the symptoms and the patient's overall health. Early intervention is crucial in managing the disease, as delays in treatment can lead to more severe complications.

In conclusion, a comprehensive understanding of the disease requires a multidisciplinary approach, involving experts from various fields such as medicine, pathology, and virology. This holistic approach is necessary to develop effective strategies for prevention and treatment.
prominent symptom is a chill in the back, which may often be very severe. In case of breathing, no or comparatively little air is drawn toward the abdomen, but is expelled at each expiration. A desire of some things being eaten will be felt with some difficulty, and the desire of others will be greater. An effort to sustain the body, and to walk, will lead to an almost sure collapse. These are signs of the disease known as smallpox. The disease is very infectious, and it is best to isolate the patient at once, if possible, and to be prepared for the consequences of the patient's disease.
of great uneasiness. Often, too, it increases by stage. On occasion, the chill is carried through a room, and before we can adjust ourselves to it, we are made aware of its intensity. It is equivalent to a continuous chill.

The breathing is usually deep and difficult and unctuous and Nasal, when the gait and the voice are slow, and the indications seem to be those of a secret internal destruction and feverish state. The voice is not loud, but it rises. On the whole, the respiration is rarely above from 30 to 35.

Water is without much effect. In general, it should be given with great care, and perhaps in its least possible amount and in smaller quantities. Of course we must...
forest though the forest line is close. It is characterized by scattered trees and underbrush. For some, the extra woodland area is essential. In a digital age, nature has taken on a new meaning. In contrast to the traditional notion of wilderness, nature is now defined not by its isolation from human activity, but by the interaction of technology and the environment. Nature is no longer a static entity but is now examined from the perspective of species among others. The study of the forest in the 21st century is broader in scope than ever before, encompassing not only the classical aspects of forest management but the complex interactions between the forest and the broader ecosystem.
in this place. The principle has been
inculcated, and the impression is
deeply impressed on my mind, in
compliance with the advice of the
people. This impression is
vividly marked on my mind, and
reinforces the conclusion of
the preceding remarks.

Typical council. The scenes in frequent visions
usually produce, to the observer, a very
tremendous but insufficient idea of
continuation. The inventors
rarely succeed in their
revelations. There is
less freedom in them than in
sacred books. The
proposition never is or
never is not. There is
nothing
sacred, pain in the head, and
tongue, vertigo, muscular
weakness, fever, feverish
symptoms, slight delirium is
still, all the symptoms of symptomat
earth, more or less. The
concluding of the

143
and of the constitutional disturbances are a
much in different cases. Hence it is
inflammations; in which the temperature rose
to 105° or higher, with a concurrent palsy of
other constitutional symptoms; a want of
these mediated the diarrhoea, the relapse
vague, which would be:

Of all the symptoms of palsy accompanying
there is none which more distinctly; but a
flaccid or almost flaccid body, the
intestines of a cat, or those of a
lamb; when all external signs of life are
lost, there is a degree of probability in these symptoms at
least equivalent to a certainty, there is
other degree which is more conclusive,
either by themselves or taken in connection
with those already mentioned, which
under the diseased and healthy skin, the pericardial effusion being ascertained to be most extensive in the right pleural cavity, and the lungs found to be adherent to the parietal lining. The heart was found to be displaced to the right, and the pericardium was found to be adherent to its surface. The lungs were found to be congested and the pleurae were found to be thickened.
...
A distinction of the same kind may be made with a little care, and, though it may not often be the case, this is a case of but little importance. It rarely occurs that the surface of the pith, a peculiar and characteristic sound, occurs particularly at the middle portion of the tube, which is at first, slight and forgotten, becoming much louder, only to have been desolated; the soft inner, inner orders relunctantly vell the side as it may be limited to a small area; this is the thinnest sound produced, probably by the rattle of the air passing through the surface.
The bladder surfaces are usually elevated by the surrounding fat and muscles, and the deep seated kidney frequently brings together opposite the renal colic. In many instances a disturbance may occur in the bowel sound and can be observed under the clavicle; sometimes percussion here elicits a sound of crack—but remember to note the abdominal sounds at different levels. The voice resonance at the mid-line is usually loud. There may be a thrill below and increased at the back.

Any abnormal sounds must suggest the nature of the complaint. It is often characterised by the presence of fever; this in future may be heard far off to the right side in cases of left pleurisy.
The diaphragm, like other muscles, are often strained in excess of their natural size or claimed to be a perfectly annulled muscle, or fat, forming as deficient as about being in excess above. As when obtained, it is a gradual habit of the same as above described, and thus relates to the normal, and in the case of the fricitive sounds, in the briefer sounds, and convers. To cease with the same, still the manner remains to cease and the manner of the fricative sounds.

The diaphragm is a foreign sound, and the manner of the true consonant and manner of the true consonant, and the manner of the true consonant.
mowable in the into a hole. The organs were not
exposed after the thin was first given
the side is removed. To make sure to
together, and it is removed. To the
formation of the organs are diminished.

Tie the organ. The organs are tied with
are tied over the side, namely. The con-
products are exposed. The other of the
physical body as shown. In these were
noted in the organ. The chair being
standing, is lifted considerably as we.

to the organs are removed quickly and
disposed. And in addition to the wrong of
the torso in a different type of tissue. They
in the different tissue while being removed
from another freckle. Old to more meaning
from previous attack, may influence the course of pleurisy considerably.

Such pleurisy may be produced by purulent exudation of the pleural or by an incursion of a foreign matter which has a more acute, acute, at the thoracic cavity, as pus, an umbilical, local, depends in the pleura, such as a near volatile spirit of some one; the fire is often by lumina; in certain cases this disease is attributed to the action of cold or other violent mechanical and chemical influences, though in many long may such mode of occurrence. In some cases it is described spontaneously, that is it is not

proceed from an unknown external cause.

If sin occurs, it becomes affected with

Bright’s disease, if it also occurs in con

nection with various acute febrile diseases,
of sudden death should never be neglected—
now, or if the heart is much engorged. 
Yet uncommonly, transition into Asphyxia
is observed— with Chonic Asthma, re-
traction of the side from extensive with-
draw, with permanent bending down of the
lung— these may be a source of danger to
change, either by an external obliquing;
through, the air passages, or in some unusual
direction, such as into the intestines. In
such a termination of Asphyxia, the patient
may ultimately either drift from quadric
asthma, or may become phthisical.
The diseases with which Asphyxiation is
liable to be confounded are Asphyxia praecip.
pericardial, and pulmonary. The diagnosis
of acute phthisia to have in the physical
signs, taken in connection with the symptoms,
In pleurodynia we the physical signs are: distention or want of breath, a sensation of diminished respiratory power, cough, if not the want of free expiration, to press in breathing. There is air in some cases an absence of sneeze, yet cough; the pain is also more distending than in pleurisy, and may be increased by twisting motions of the chest. Some of the history indicates uncertainty between pleurisy and pericarditis, the defined outline, and elevation of the dullness on percussion; by the restlessness with the position of the patient; by the elevation of the friction sounds, and by the absence of orgyphomy. The difference between the symptoms of pleurisy and pneumonia consists in the invasion of pleurisy being accompanied with several moderate figures.
plethoric, flabby, and pendulous in very
insidious. In pneumonia there is a general,
sluggish, prolonged rigor of the heart usually.
In pneumonia there is a sudden
puddling in the lungs. In pneumonia pain is
sometimes pressing, sometimes like a knife,
more dull and indefinite.
The cough in pneumonia is slight and
borborygmus is absent. The cough in pneumonia
is considerable and in pneumonia in catarhonial pneumonia it is short, hacking
and painful. Expectoration in pneumonia is
alveolar or very close to the end of mucus.
Characters in catarmanial pneumonia the ex-
pectoration is considerable, viscid, tenacious
and "rarey"; in catarhonial pneumonia it is
otherwise than before and "rarey". The
breathing in pneumonia is disturbed being
quick and short at first but leave little trace of pulse, respiration rapid at first; often later on there is more a test like dyspnoea. In certain instances the breathing is very rapid, and much perspiration of profuse perspiration ratio, but not proportionate feeling of dyspnoea: no cataractal function. The rapidity of breathing is increased with the complaint and more bronchitis and forcing of dyspnoea may be like. The clearing of expectorations in flushing is not very great, and there is no regularity in the course of the temperature, skin not acrified. In Croupous pneumonia the elevation of temperature considerable; usually high, running up to 105, 104, 103 or more, and reach a regular course; the skin is acrified and dry; no cataract has been

occurred. The temperature is high, but there
anything sometimes run his black out
of organz, finally, signs of absorption,
with redder, friction sounds or br...ca,
usually not did. As a consequence
would the physical defense ace first, the
crepitant note, followed by sign of con-
solidation, usually dulness or resonance
diminished, increased, increased vocal
fractures, bronchial or tubular breathing,
increased and metallic vocal resonance;
finally, signs of resolution; the side is
not notably enlarged, moves here any
displacement of organz. The course and
duration of pleurisy is very variable,
there is no crisis: in pronounced there
is often a marked crisis, and the bene
side within a certain periods. The friction
sound in pleurisy is heard during inspiri-
volumes as well as respiration: in pneumonia you may hear the crackling rale during inspiration. In cases of pleurisy, when expiration has taken place you have no resonance, but pleurisy on percussion; while in pneumo you have increased vocal resonance. In pleurisy you have pain in these points, viz.: at mid-dle of the sternum, on the chest above and one near the axilla.

The prognosis of acute pleurisy is grave, provided the disease is uncomplicated and the constitution of the patient is not feeble. If absorption of the exudate—multifocal or not take place, the pleurisy must become less acute, then instrumental interference should intervene. Acute pleurisy is more serious in proportion to the amount of pleurisy poured out, and to the time that it
The remainder in the bladder cavity must be removed to the bladder or become concreted: in miliary tuberculosis it is a dangerous symptom, and if it occurs in advanced cases of phthisic tuberculosis, unilateral or bilateral, it is a very serious and dangerous sign. When the phthisic fluid is discharged through the lung, it is regarded as a most worthless termination.

In the treatment of acute pleurisy, the first objects should be to subdue the inflammation and diminish the secretions. Leeches and fluid balsam are of value in this mode. The patient should rest and be carefully watched.

The treatment thus adopted in the management of pleurisy must differ greatly in different cases, and every practitioner should strongly
prohibited against our relative practice of moving blood, blistering, and administering purgative in this disease, which, on the contrary, is said to be of

The ultimate object of treatment is not merely to save the life of the patient, but to restore the body affected to a normal condition as possible.

The first thing to be done in the treatment of inflammation of the joint as well as of the skin and membranes, is to keep the structure affected in a complete state of rest as can be obtained. It appears that this is

the primary object to be kept in view in the management of phthisis.

The affected side should be kept horizontally fixed, and thus limit or prevent its
instruments; to procure the desired effect, strips of adhesive plaster should be cut off in sufficient length, and if necessary, to fit the affected side, from mid-spine to mid-shoulder, or a little beyond; it is best to apply the strips of plaster from below upwards, and to fix the strips more obliquely, leaving rather than rigorously. The dressing is directed to expire deeply; a strip is placed at mid-spine and drawn lightly, circularly, and from around the side in the direction of the ribs; then another strip is laid on across this, also extending from mid-spine to mid-shoulder, but in the opposite direction to the first. Measures, or even local bleeding, is scarcely ever required in pleurisy; and, in some cases, ecchymoses may be observed in
being allowed to dry up rapidly, accomplishing all the good to be effected in this way with the smallest amount of inconvenience both to the physician and patient. Depletion by perforations may be useful not only by lessening fever but by restricting the amount of effusions; diaphoresis are useful by contributing to the two most just stated. Poison is indicated in proportion to the pain and constitutional disturbance, and relative procedures addressed to the circulation may be employed. When there is much pressure from the effusion, or extreme hypopnoe or lessening should be treated to introduce the needle where there is much dulness. When doing this, you are safe from puncturing the lungs. I would advise between the
5 and 6 ribs, or oblique, about the ninth axillary line: this is the spot usually selected for making the opening in performing paracentesis thoracis.

Paracentesis is indicated when there is a large effusion, accompanied with danger and difficulty, usually, fever, dyspnoea, and especially orthopnoea, a tendency to cyanosis, or symptoms indicating serious interference with the function of the heart; in such cases delay is highly dangerous, as sudden death may occur at any moment, and the relief which follows the removal of the fluid is usually very much needed. The operation should also be performed when the fluid is known or suspected to be prevalent, in doubtful cases, in
exploratory puncture may be first made, and when a spontaneous opening has been formed at the upper part of the chest. The existence of pneumonia or some constitutional disease, such as tuberculosis, or of general debility, does not contraindicate paracentesis in pleurisy, and the removal of fluid offers marked improvement in the general symptoms. Often, drawing off the fluid, if the patient complains of a sense of constriction, that or pain and dyspnea, violent cough, or the escape of blood, you should stop at once. Occasionally, it is desirable in cases of purulent pleurisy to use stimulants or antiseptic injections, such as a solution of 2% vinegar, or a carbolic acid solution or diluted tincture of iodine. The formation of free
may be prevented by wearing an \textit{Hepa-
\textit{neural cavity with abscesses.}

The chief symptom likely to call for special
attention in cases of phrenic is pain in the side.
If not relieved by rest obtained by strapp-
ing, the best plan is to employ subcu-
taneous injection of Morphia, if the side
is not strappaged, the application of hot
fomentations, laisedeed four times, or
pinepine may be tried. Oxygen dep-
\textit{pression} called for personally usually.
Cough must be relieved, if tracheotomy
by redazine remedied. Patient is suf-
ferring from phrenic may not be kept
low as regards diet, but strong nour-
are now to be given at first. If
the strength fails, and especially in the
chronic forms of the disease, abundant
nutritious food is required, with wine or beer. Quinoa, iron, mineral acids, cod-liver oil, and other remedies of this kind are also very useful at this time. The treatment of secondary blackness must be guided by the condition with which it is associated. Excessive measures are especially to be avoided in this class of cases.

Respectfully,

J. Samuel Offutt.
Thesis on Antiseptic Surgery
by John B. Parker
Antiseptic Surgery

The adoption of antiseptics in surgery is now so important, that I think I am justified in mentioning it, as the title of my piece. This method was first introduced by Sir Joseph Lister, formerly of Edinburgh and now of King's College, London, and has brought about a revolution in the treatment of wounds. At the same time there are quite a number of distinguished surgeons, who have not adopted it, that I have equally a good result as those who have done it; but I do not think that these assertions are upheld by substantial evidence. If one not understanding
Clearly the principles of accuracy and the great advances made in perfecting and simplifying it practice, it may seem to complicated or expensive for every day use, but a little study into its methods and details will show you that it is not a mistake. Of course it is a little more trouble to observe all the strict rules that are necessary but having practiced them for a time, it becomes a matter of habit and you no longer give a thought to the trouble. The cost of the first dressing, it is true, is more than a single
man antiseptic dressing, but the
one antiseptic dressing in our
engin, in our cases, a beggars
of the bath, would be an error. It
is the same case with the amount
of labour expended, for instance,
itone antiseptic dressing covered
for two weeks, a complete sepsis
preventing medical intervention
every day, and finally but most
important of all, is the one of
more satisfactory result that
is obtained. The result which
we aim at in the treatment of
wounds is healing by first
intention. This we can generally
obtain, under the antiseptic
method in an attempt to shift all the air collections, but in no way exposed to the atmosphere, and open to a certain amount of evaporation, and under this, a certitude or abundance, generally does by evaporation, in which case we have to paper, through sandpapers, a compound for mark by reflection, and medicis. This is all because there is communication with the air. The causes of these ranges are almost entirely due to the growth of minute organisms in the slow changes from the ground. These organisms embody
The wound, from without they
obtained their ends, and you
by your observation see our
present in all else in
water, on the surface of the
body, and in the air of various
localities, in this way they
give rise to fermentation and
decomposition of organic
matter. The object of the
method is to exclude these
causes at what preceding
and feeder there is occasion
should they gain admission.
To effect this second, certain
substances are used to disrupt
at the right hand, as the patient's view, the acid and the water, the stomach and the lungs. The patient's condition is not favorable, and the patient is in a state of shock. The most important factor in this situation is the presence of carbon dioxide and the loss of carbonic acid. The loss of carbonic acid is called "gaseous cure." Carbonic acid is vitally important for the body's function. It is regulated by the kidneys and the liver, but carbonic acid has been almost entirely abandoned as a means of

Clouds some of the images after the sand which did and of the material which did any. If it would it on the office on the country part of the country. Times, a matter of sending destroying them in the order and lead to its. At the visit of the child went to last Thursday. Here comes to destroy the spores and weak nature was found, individual 1 by any of the. In the bloods of mercury, gone, all employed to the best Corrosive solutions to one thousand parts water.
becoming his guide in the work of removing the ulcer from the hand. It not only led to the excision of the surgeon's hand, but also injured the liver, and not a few were killed. It will doubtless aid in discovering the instrument used, which, so far, has been unsuccessful. The stronger, wiser, bold, and, in the final analysis, the most successful action of The Mercury. The mercury is open to none of these objections, it is inexpensively secured.
in a pure state, he supposes to
work, and hence is to be
considered a highly virulent
The virulence's action is only
certainly has a marked effect on the
serous which allows
hecorrhage from small vessels
and lessens the severity of the hage
following all wounds, another
great advantage is that it
remains in the dressings for
a indefinite period, Iodoform
is used a great deal in this
country to ponderous. The
closed wound, and to diminish
The dressings it also stimulate
The healing process and lessen,
critical care and also used to a slight extent in abdominal surgery. Carbonic acid might be used for the bolster in the wound in abdominal or in any abdominal case if there is much tension. The arteries should be ligated with a strong suture. The fluid used in the operation should be rendered useless to the patient (added to the antitoxic dressing). The drainage tubes should be constantly kept in a solution of one thirty carbolic acid, and if the contents of the drainage tubes are amnestic from
An odd hand, which I have
in half a bottle in an abort, the
advantage in using them is
that they are completely absorbed
by the tissue. They are currently
you recommend, you don't have
to use the dressings to harm
the wound. The best cleaning
is the trichloride, also bent
on a layer of cotton. And then on the layer
of iodol on gauze. Having
mentioned the most unnecessary
material to be used, I will
now enter into the details of an
antiseptic operation. It is
most essential that absolute
cleanliness should be observed.
Both in the part of patient and on the part of the surgeon and his assistants. The part to be operated upon should be thoroughly cleaned with a stiff brush and hot water, the hands should also be cleaned. Prof. Tiffany advises the use of turpentine or ether, in coating off the hand, to dissolve out the fat, if the latter is used it should be washed off as nearly as possible with hot water, if ether is used it will evaporate. Having done this, the heart should be washed well with the one to one thousand solution of tri-chloride of mercury. The
instrument, should be placed in trays containing a 1 to
30 per cent solution of carbolic acid, and after each instrument is
used it should be thoroughly washed off, with hot water, and kept
back in the tray containing the disinfectant. An intermittent
irrigation of the wound with a 1-2,000 solution of bi-chloride
of mercury, should be continued, kept up during the whole
operation. All the ligatures, sutures, drainage tubes, bandages,
and articles, used for dressing the wound, should be of the
antiseptic materials, previously
mentioned. The surgeon and the assistant should take off their coats, wipe up the blood of their shirts, and cover their forearms, hands, and nails, and then disinfect them, with the bi-chloride solution. Under ordinary circumstances and if the proper precautions have been mentioned to use, the dressing need not be removed until healing is complete, but the dressing should be removed immediately if the troublesome hemorrhage occurs. It may consist of cotton or bawal, then put in a known of pressure in some of the antiseptic.
colcally, or if a temperature of 107°. I shall, after the second day, in conclusion agree that I shall strongly insist upon the adoption of this method, even in the most difficult cases, that I may be called upon to treat, as soon as I am competent to enter the ranks of the noble profession which I have selected, believing that it will add greatly to my reputation, and be a source of comfort and safety to my patients, in voicing the tenacity of my learned and distinguished teachers as to any misstatement.
that I have been guilty of, but I have been endeavoring to give to give my own ideas on this subject without referring to the recognized authorities. I remain,

Very respectfully,

John B. Parker

70 Lombard St.
February 10th, 1887
Yehes

The mechanism is as follows.

January 29th, Y. + D.

20 P.
The auditory is hearing is situated almost entirely within the temporal bone, except the anna which is attached firmly around the external auditory meatus. This external auditory meatus is a canal leading from the exterior to the membranous tympanic which is a delicate membrane forming a partition between the external and middle ears. The middle ear contains the three ossicles, viz., malleus, incus, and stapes, which are connected by ligaments, and also have small muscles attached to them. This cavity also contains the mastoid cells or rather the openings of these cells, pyramid, canals for the entrance and exit of the chorda tympani nerve, the opening of the facial nerve, one for the tensor tympani muscle, two small foramina on the wall between the middle
and internal ear, one of the, the cranial wall, is
closed by the foot of the epiplae, the attic, the cranium
vestibule, by a very thin membrane. Situated inter-
temal to the middle is the internal ear, which is by
far more complex than either of the other two portions.
The first contains a veritable from which lead the
circumferential canals at right angles to each other;
also communicating with this is the so-called a spinal
canal which is divided into three portions. This in-
ternal ear is connected with the brain by the auditory
nerve through small foramina opening into the in-
ternal auditory meatus.

Having considered the gross anatomy of the organ
will attempt to give in a succinct way the mechanism of hearing.

Sound, which is a peculiar sensation transmitted
by the auditory nerve to a certain part of the brain
called the clavus or tuning, is caused by the vibrations of some elastic body, which vibrations cause immeasurable little waves of air to strike against the tympanum causing it to vibrate, which in turn transmits the motion to the little ripples which is only transmitted to the internal ear by virtue of the pressure of the stapes upon the liquid contained therein, but to which these points will be taken up separately hereafter.

The pitch of a note depends upon the number of vibrations caused in a given time. This we can see in any stringed instrument, the more tension the string has the greater the rate of its vibrations, and hence the higher the pitch, when the vibrations fall below thirty per second there is no sound audible. Vibrations upon different instruments having the same rate have the same
pitch.

The loudness of a sound depends upon the amplitude of the vibration. This can be seen by attempting a recording strong to a tuning fork. At the beginning of the string tension, the sound becomes fainter, the amount of expansion of the vibrating body is reduced the amplitude of the vibration.

The tone depends upon the regularity of the vibrating. Most sounds, however, that we hear are combinations of these tones with other tones. Thus, in striking a string on a guitar and then striking your finger upon it, the vibrations of the other strings which become in unison with the fundamental tone causing their level seems to be almost sympathetically.

The quality of a note depends upon the relative

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ten. Intensity, the variety of the overtones
cause sounds in reaching the eardrum to come
directly through the medium of the air, for bone can
transmit sound, and we know how all the organs
of the ear are inside the periphery portion of the body
alone. This transmission of sound has been accompli-
sed by means of the eardrum.

Having given a short description of sound itself and
the parts of it, we will proceed to take up the sounds
and trace it through its final vibration, the con-
nective center in the brain.

Three primary waves of air, which having been
by the vibration of some elastic body, strike the tym-
panum and also the opening of the external auditory
meatus, the tympanum merely to reflect the sound into the
external auditory meatus so as to concentrate it.
The muscles in the tympanum are so sensitive, so

3
I, Bill, am really disappointed.

The committee's decision is overwhelming.

Which is why, if you really want it badly, I have been experiencing the idea that I might have to change my mind. However, after much contemplation and careful thought, I have decided to proceed with the project.

The committee seems in agreement with my decision, and we believe it is the right course of action.
The first of these muscles, the muscle of the handle of the malleus, and the muscle of the little bone in the annular ligament, do not.

The muscle that is attached to the membrane, which when this muscle acts it tightens the membrane preparing it for sounds. This membrane has no contraction itself, to which it vibrates, its tension is not uniform, the point at which the malleus is attached is the highest, while as we radiate from this to the entire membrane is not so great, so that short in the membrane vibrates more readily from this when a bone in a certain circlet is encompassed with the parts of the membrane, or in other words, the parts of the membrane lie higher the bone. If it were not for this the membrane would have been abraded.
which would indicate some nervousness. This was a
cause since we have said varying influences at
different parts, and of course having a full, or
no one can have more conception than we have.
The continued vibration of the membrane is thus
resulted by the attachment to it of the handle of the
mallet. The suspension tube being connected with
the tympanic cavity equalizes the pressure on the
circumference of the membrane, this proportion to the scale.
This can be seen when we place a drum or a
mallet near the drum, the drum is proportionally
an utter, thus causing the air in the tympanic cavity to
no longer be in harmony with a mass of different
density therefore a difference is then on
both sides of the membrane.
Now this tympanic membrane having been
into vibration causes the handle of the mallet to
muscles, and the muscles lining it have to be so strong. The way to remove this lubrication is to remove the tissues covering the nerve plexus and the muscles. The plexus of the stomach is a network of nerve fibers in the inner wall of the stomach cavity. The stomach plexus, the plexus of the esophagus, which is in the wall of the stomach cavity, is covered by a delicate membrane covering a network of smooth muscle called the tonomus. When the stomach wall is stimulated, the smooth muscle in the stomach, is activated by the tonomus to cause the tissue to be contracted or relaxed. When contracted, the stomach wall is in a state of motion, and when relaxed, it is in a state of rest. Upon the stomach is the submucous coat, which contains the smooth muscle cells which control the transmission of food.
The best of the present system for giving sensory innervation is such in the case of the man and the higher animals.

The present system of the sensory nerves is that which is used in the laboratory. It serves as a rule to make sense according to the physiologists, but in the laboratory of the human

nervous system. He says that he finds it impossible for a sense to be propagated in a single loop. In short, he states that there are usually a nerve. Therefore, a nerve must be a whole nerve to be considered as a whole nerve. This seems hardly probable, for we know that the nerve must be traveled upon the whole nerve. It seems

on of a sense be propagated without a sense. Supporting a sense as a whole nerve could be turned into education.

The theory of the sense is, however, that the sense passes progressing as a logical sequence.
Aimed to be a simple view of the world in which we live, the one I was so familiar in its essence. The scene before me is a complete world, being made up of the forms of the shapes in the multitude of things making the universe though the continuous fleeting about the surface causes the observer to see it as in the surrounding world of things by altering it in the same time without changing position. Between these two, and the called the running and man of the earth, the world that the dogmatist. This earth is formed by no concentric acrostic running, nor plane being a part of its sphere, and also being themselves to be called of the world, painting in the spaces from the various dense time in any seats of the world only be determined upon. The nature within in a multitude are not possible description we can say.
the head. While the same terminals of the nerve-muscle are retained by the connection of the nerve and muscle, the nerve itself is the continuity of the nerve-muscle. The lower extremity of the nerve-muscle, in the continuation of the Renshaw, above the nerve is by a similar process, below it is the sympathetic, which makes communication with the lower part of the body and is the sensory nerve, so that the upper part of the above and their below the corresponding nerves which supply the muscles.

The the lower extremity of the nerve is the ex.
of the substance, it was observed, was deposited in the heavenly spheres. The fibers of the membrane were exposed to such as the glass in a severe, hot sun, and two rays of light were passed through it as if it had been estimated at about three thousand, five hundred. Nevertheless, they were separated at the center, while standing together at the side forming a Heller of the same kind. The membranes were separated in a similar way in a hot sun. The substance was cast as if it had been a mixture of blue and yellow. The fibers were separated at the side forming a Heller of the same kind. The substance was cast as if it had been a mixture of blue and yellow. The fibers were separated at the side forming a Heller of the same kind.
Yielding the nerves so much to its pressure, the tunica albuginea becomes the ordinary blood supply of the bed and surface, its surface being furnished with epispidic processes and lined within the tunica vasa vasorum. These are a chain of ganglionic cells in the long slender processes which is connected with the raphe and crosses the tunica vasa vasorum to the accessory veins near the base where nerve endings pass through vessels lying near to the root of the ureter.

Having thus reached nearly the middle of this portion of the organ, we pass on to the same above its continuation by the stipes. The stipes bore more the likeness in its structure to the bladder, being the membranous canal, not bladder, since the membranous canal, or bladder, by the lymphatic canal, was also the membranous canal. Its bearing was so the membran-
The outer row moving will move faster in the than the inner on account of the small distance of the bases of the inner rows to the movable spiral. There will also have some cause for the motion to be brought about in the vehicle where the rods come to enter. This motion is conveyed to the wind and current, which communicates it to the brain. The necessary process inner to the nerve terminals which transmit the impulse through the seventh nerve to the brain.

Taking these things as facts, and for such other things, let us consider the soundness of the quality of sound.
dem, that the pitch of a sound depends upon the amplitude of its vibration. Therefore if this be quadrupled, the sound will be heard twice as loud.

Now it is somewhat more difficult, every sound producing body has a proper tone, more or less. The tone in vibration by the voice, that is to say, a piano, the string corresponding to the number of vibrations made by the voice will be set in motion, and all the other strings bearing a certain ratio to the vibrating string will also vibrate. Those latter vibrations are called harmonics or overtones.

We can easily see that the pitch of a note depends upon the number of vibrations, so if we raise the pitch of a note, an instrument and air, it is so as to increase the number of vibrations in a given time. This can be seen in tuning a violin, in which these transverse fibres, if the violin membrane have different lengths, from the tone of the
or may be cochlear, being next to the airy. They are although they come on to each one of superimposed a
they might possibly be of the same tension. Upon the outside
the pitch, for a sound having a certain number of vibra-
ations will set into vibration the tube containing the
same number of vibrations, and also its waves. Three
different kinds of the brain or correspondence in
relation to different nerve fibres which convey the
impulses to cells in the brain, while cells correspond
to the different impulses transmitted from the brain,
producing a high or a low note.
Quality is the one which presents the most difficulty.
Anyone can distinguish between the note of a
more than a less, as we said before. But a
note is even over a great not only the string, for
responding to the number of vibrations such a
length, but more seeming a simple ratio to the wave.
but the result, not only the cause of the phenomenon, cannot but be necessarily different in each, and that is why we require a sensitive notion. The reality of a note depends upon the relative modulus one and arrangement of the harmonics, how in a note this and that note tone with all the harmonics are transmitted to the inner ear which gives rise to the impression of quality which can associate with hearing flute, piano, or voice, etc., according to the distance at which we are placed. Directing purely producing a sound, that was upon our judgment and experience. In maintaining the direction without generally not unlike what one is convinced with work this interiorly very distinctly are understood with the motion of the head or change of the position, State the conclusion of tones can also be understood with different motion their head by the material vibrations on.

January 29th, 1912

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Thesis by
W.D. Pemberton
Class of 1887

First Copy
38 pp.
The view has been lost in the
fog. We have been hiking all day,
and the scenery is now obscured.

I wonder if we can find a way
to return to the path. It would be
dangerous to continue off the
right path. We should be
cautious to avoid any hazards. So
let's continue careful.
I was out this morning, and a very cold day it was. The wind was blowing from the north, and I had to wrap up warmly. After a while, I decided to head back home, but I saw a group of people gathered at the park. They were playing music and dancing. It was quite a sight to see. I paused for a moment to watch, and then continued on my way. The sun was setting, and I could see the orange glow on the horizon. It was a beautiful evening. I hope to see you soon.
treatment. The fluid on examination was found to be of a deep straw color and contained a few flocculi of "cornflour" and albuminum, as shown by test. This seems to be permanent as at home there is no return of the fluid, while after the first tapping fluid began to reaccumulate almost immediately. I am not prepared to use Dr. of Joacaee as an injection but carbazole acid seems to act perfectly well and gives little or no pain but acting rather as an anæsthetic on the terminal nerve....
Chapter Three

A man and a woman

stood in the park

on a bright day.

He looked into her eyes

and smiled. She replied,

'Oh, Mr. John, it's a beautiful day.'

He commented, 'Yes, it is.

Let's take a walk and enjoy the

beauty of nature.'

She agreed, 'That sounds perfect.

Let's go.'

They strolled along, hand in hand,

enjoying the sights and sounds of

the park. The sun shone down on

their happy faces, creating a

memorable moment. As they

walked, she said, 'I love you.'

He smiled, 'I love you too.'

Their love grew stronger each day,

as they spent time together and

created lasting memories.
...
The stump and leg for some distance above the knee became very much swollen, presenting the mottled appearance of a deep phlebitis. The superficial veins were very prominent. The fractures were unroofed and stump freed up to the bone on Jan. 4th.
On 2nd day patient's morning temp. and pulse were 101.2 and 108 respectively. Evening temp. 101.8°, pulse 115. 6 4 5 8 A.M. temp. 98.8°, pulse 115. In the evening temp. 103.1°, pulse 115.
Patient was very weak and suffering a great deal of pain necessitating the free use of opium. On 2nd Cup morning temp. 101.8°, pulse 115. 61
The evening temp. rose to 10.8° on the 5th day, being only 17.8° in the morning while pulse was 120 and very feeble, hence for stimulation the leaf acid up in evening to 100, 5°-fold free to 110 and improved in tonicity. For the next three days leaf dropped from 100° to 10° and pulse from 100 to 110 temp. ring up to 10° and coming of 4th day and pulse 110. Pulse dropped to 77.8° on morning of 10th Jan. — 100. From this day on, leaf and pulse were very irregular, up in the morning & down in the evenings, pulse becoming below 100 in frequency. All this time patient...
Stump was kept in a bucket of hot water. End of stump looked white + swelling not very much.

Shred any bits of tissue came away. A red blush extended up the back side of the thigh nearly to groin. The thigh also been very much swollen. On twelfth day it was removed from the bucket of water given a dressing of sterile ointment and bandaged and patient first consented to bed with thigh elevated. It has decreased somewhat in size and now begun to lie charge went fairly a third, receding few a little occasionally, little blood. A change for
The better person to follow the removal of the water, and had begun to grow stronger and express himself as feeling better, due to the great benefit to the more comfortable position in bed. In this case, I think, the patient's life was saved or a portion of the tissue at least by being kept in hot water. This softened the tissue and allowed swelling to take place with less pressure on vessels and nerves and therefore less pain. It also kept up the level of the limb and thus permitted clotting of blood with obstruction to circu
lation and death of the horse. Care should be taken to revive the horse at the right time, viz. just as soon as the circulation of the food is sufficient to maintain their vitality. External external medication consisted mainly in stimulation; 2 of whiskey every three hours and milk as life-brine. Afterwards the t. of chloride of borax was also used. Opium was given whenever necessary to allay pain.

Robert's, if he formed frequently, marked by a rise of temperature in 24 hours. These were freely opened. The size of the abdomen decreased markedly, and tissue...
regained their normal appearance while father grew stronger every day. As a result, father will have a good and useful dump.
Lobar Pneumonia.

John Wilkes, while on a visit abroad, was admitted into University Hospital on evening of Dec. 21st 1886. I attended on the following history: pneumonia and somewhat notion to breath. He had been confined in prison for a time and about a week previously was taken with a severe chill. He remained in prison about a week and was confined to bed on straw floor with very little covering. After chill patient was very sick and suffered with dull pain on left side with cough and characteristic morning spuata.
It was learnt from patient's history that he had been suffering from an attack of pneumonia, which diagnosis was confirmed by an examination which yielded the following.

Inspection revealed only a limitation of the affected side or left. On palpation were firm lumps found to be markedly increased. percussion indicated a depression over lower two-thirds of left lung but not quite to discern in the base of the same.

On consultation we rendered...
2. The weather was fine in the evening. The wind blew strongly, and the skies were clear. The hills were covered in green grass and wildflowers. The trees had long branches that swayed in the wind. The river ran swiftly, carrying with it the sounds of the waterfall. The air was fresh, and the birds sang sweetly. It was a beautiful evening, and the sun set in a blaze of gold.
Come and to receive the
in the presence of Sions
or less. In animation,

Patient temperature with relie-

full of his \\

these was 12.5. The patient thirty

six (36). He was given 7 oz

of sulphur of Prussia 100. 8

of carbon of Prussia

with 30 oz of potassium thio

time in three weeks and libitin.

His temperature on the next

morning was 102°. 3 p.m. 108.

respiration 36. Expiration

too, lacking the breath of

peace and becoming cool.

red, mucous in lumbar but cool.
was abundant, and much cough present. The chest was enveloped in a mass of mucus. The temperature was high, and the respiration rapid, from theכמו. The subject's condition was such that his restlessness led to the constant movements of the lungs. The lower portion of the lungs were to be seen clearly, and the upper portion advanced more slowly, and the subject's respiration seemed to go still higher up the lungs. He ate fish and mackerel, and consumed a great deal of bread and butter. xxvii
Patient temperature remained nearly normal. His lungs cleared up to some extent, and broncho-sensory breathing was heard with diminished resonance for several days. One point especially, just at the angle of apex, was so much accentuated as to give an almost pure bronchophonic. Other points in the lung seemed to persist for some time. Dry resolution was aided by occasional blister and patent pilfer. Cold liver oil and tonic with good food. Under this treatment,
The affected being produced a
formed its morbid condition.
Though four weeks have elapsed
since patient was first taken
ill, he seems to have thoroughly
recovered.

The decided resolution in this case
was probably due to the patient's
body being strengthened and
condition progressing to his advant-
gage to the hospital and
the fact of his elevated habits.

For the fact that his careful
attention and the care of the
patient of the patient condition by
those in charge a much less
from his actual needs have been adopted.
Tuberculosis of Pharynx.

Charles Butler, colored man aged thirty-five, 5 years. Chief complaint in the Caroline coal, Euston. Face index of naso has shown no scar, nor is a goiter, and says he had a chancre which he castigated and cure, but his after history and present, the conclusion that this was a true chancre or they he ever would know. He is a man afflicted with acute arthritis, inattitude, several piles of nose. The onset of the past few weeks was as follows: On Sunday morning, a.m. 7 he woke up of.
half past three with what he
expressed was a "true friend".
He had his dinner from
us went back to bed, dwell-
ing till six, when he arose
and went about his work
with a pretty firm erection.
but no pain. It worried him
more or less during the day,
growing painful towards even-
ing. On retiring at night, being
a married man, though this
was no unusual desire connec-
ted with the erection, sometimes,
tried the effect of sexual con-
gress for about twenty minutes.
This gave him a great deal
of pain and no alleviation or satisfaction in excitement following his efforts he gave up in disgust. On the following morn-
ing he sent for a physician, and was treated with sedative
and various other remedies, such as leeches to bulgeous portion
of the penis &c. but no relief being obtained and pain
progressing worse more distant cause to necessitate hospitalization
where he was admitted on
Friday evening, the 14th of Jan.
On examination the penis was
found to be as follows:
The two perforated bodies, known
as the Corpora Cavernosa, were hard and congested. The corpus spongiosum was soft and also the glans became through this flaccid glans, or turned up edge of the spongiosum. The hard rounded end of the corpora cavernosa could be felt. It was not a true erection, then, as shown nor only by this sense of touch but also by the fact, that no trouble whatever was experienced in passing urine. It was turned to the left side and a slight constriction seemed to exist on the side near the
base. The pain was severe and lintz described it as being of a "gripping" character, because the more acute attitudes. He was given 7 to 9 pm. of chlori for one, at night but no good was obtained from it. He was kept on the course of opium and morphia, by means of the poisonous of morphia, with bromide, thionyl, lobac, atonement and other agents, but all proved useless. Patient was brought under the influence ofBrun to correct any malarial cachexia that might be present. He was also brought
under profound anaesthesia with Ether but this little thing else failed to reduce the size of the organ. Dry cups up the phren were also tried. As the literature on the subject showed that no good had resulted from operations, such as cutting into the surr or cava, vera, and to harm might result, the surgeon in charge, Dr. Michael, decided that as the patient was in good condition otherwise and relief of his pain by spine he would not operate in this case. The result justified the
Wisdom of his decision, for on
The 27th after a lapse of
eighteen days slight return
was noticed, but from this
on the organ began to relax.

Pain also gradually grew less.
Patient improved slowly untill
left hospital cured on the
6th of Feb. The erection lasted in re
twenty eight days. The case is
interesting from the fact that
being gone, only a few being
on record. And also as the
pathology so for is totally un
known. Treatment, so far as can
be is of no avail. It gets well
in its own way and time.
Year of the Solomon.

This is a description of a dedication...
found on the pink object. This is due to the wound some of the damage and so the blood is flowing when examined. One of the obstacles, more in size, grime, ends of a silk thread, to a knot, dotted, and looks as though the literature were presented on paper, presentation, referring to the presentation, giving weight to their particular appearance. As such, one is chains, a spine, chalice, pod, in loose division being on to move membrane and surrounding
Upon the lawn lay a pond

The flowers round it were gay.

Imagination and fancy joined

To each other in a lovely scene.

When the sun set and the stars shone

The pond was like a golden gleam.

The water, clear and pure,

Reflects the beauty of the world.

Imagination occurs in

About 12½ per cent of our lives.

It is necessary to channel

discourse in the direction of the wings.

The wind, actions of the world,

But above all,

Cauterize them not, nor

denial, though it seems
I am not in proportion to your measure, and to my mind it is impossible to imagine the existence of a mind capable of such perfection as yours, and capable of comprehending and appreciating what I can imagine. I am not in proportion to your measure, and to my mind it is impossible to imagine the existence of a mind capable of such perfection as yours, and capable of comprehending and appreciating what I can imagine.
From mid summer to the 20th
Common in the wood from
The mask is a common
summer aphid and is un
likely to be removed.
A large number of
many dollars and a commissi
and the landowner in turn for
will be located in a re
watered in the swamp near
Not far from the farm in
while after the long trai
good and the land of the
real up the trouble a mile
be relocated near the river
region, but of the four
on the hour or so. It
...other activities seem in progress to the left some and isolated in this part of the element. The piece is not persistent but continues until it and passing from the chamber into the chamber...
one is not to be too
so he has even once been
it has resulted in an ab-
dominal vision.

If the pain is less on
expanding a can by reconstit-
uting the mixture with water
the mixture would push the
food, recalled and does not give
as much pressure as a tenin part
of the stomach.

Nausea and vomiting is a con-
stant symptom and in time
of the occurrence of the

...
in a case that is apparent
of the same class, the united
matters consists partly in the food
taken into the stomach and
water of man be emulsed with
 bile and blood. It is
this. But less possible usually by
melting, a sense of in
the yet with us.

A common is not a
constant and usually or relief
in fact, a sense and by any
the rise nor important in
its actions, men be seen more
in amount. be due to cap
man cheerful, but none except
one, is from a
In case these, the patient is often left to care for the natural symptoms attending the development of an infant. In the acme, it appears to be the germinal process, which produces great and much trouble in the birth of the child. In the acme, it creates longer cases, and since the prominent symptoms are at an end in infancy, in reality surviving usually occurs in a suffering and chronic disease.
more much as would be struck
with blood, made in the
writing minutes previous to the
ical. A real consideration is the
t he element meet blood in the
large quantity.
Cancer in the stomach is not
to found bsters the middle period
of life, at birth, in work, before
and, in more common
males than females, whilst in
not particularly rare even in
females between the ages of forty
and sixty. In cancer resi-
ond is cancer, which is about
in ulcer. In cancer the pain is
continuing and continuous...
not exceed the point, and to
\[\text{(emphasis on taking it)}\]
\[\text{(Cicar the honesmage is) rem aphia}
\] is usually found in animal
\[\text{(coffee grounds) appearance,}
\] which is due to the action of
\[\text{(the nicotine of the stomach on the)}
\] bile or trinitrite.
\[\text{(as in man) is more or less with}
\] a brighter or more like an
\[\text{(bitter) blue.}
\]

**Prognosis.** It is very
\[\text{(good, except that the})
\] use of cause is no cure, cure is
\[\text{(of the mind to an extent in}
\] treatment, in variable and tem-
was a period of two or three or half a year. Such may even ostat
order from hemorrhage, protein in
hawbim or entoloides.
Treatmet. Thus is no tendency
tetry, hence. The important points
to be kept on mind during a
Course of treatment would be:
relief of pain, conservation of
hemorrhage, and the promotion of
Civitization.
In cases that the patient
should be kept in bed as long
will be less desirable. In the Cir-
Olation case he will require
less eliminative work, he will)
be restricted to a milk diet if
possible, solid and in on
building mix requires longer
by a. I planize soil to be one of
the best articles for and a
rapidly absorbed; but if we can
not be obtained then use lime, nails
and milk. Should give a small
amount at a time, tables some
full every half hour or hour an
gradually increase the amount
until the patient can take as
much as your needs every
hours. Avoid use articles that
some pain and if much cause
it, then administer an enema
of milk and keep in every third
hours. Bleef stomachs on a
liquid some may be given later. When improvement begins they let
be a kind of poultice be in place.

Pain is usually best controlled
by regulating the diet, however, if
a few saline or iron may be given
along with it a liquid form
Mr. or of the standard food
are every two to four hours ac-
Cording to the severity of the case.

If hemorrhage is very great
Crushed ice internally, also the
Ice ice bags to the epigastrium
If it is from vomiting and diar-
hea amount better to let it alone.
If it is very severe, then give
sixteen or twenty minutes if not.

I think it's most important to me from my point of view.

It is best given in powder form as soon as you have contact with the skin

To promote coagulation, the

Sublimate of Mercurius and the

Nitrate of Silver have been found to be the most useful.

Sublimate of Mercurius on

several or twenty new bay

nuts by forming a kind of

Coating over the ulcer, at

the same time it has an

antiseptic effect upon it.
Shuts the rich room up,

Electric are a few weeks,

I can fire one fourth from

the Mile of Silver and one

half from of the Calico of

Gentlemen in that home.

If Constipation is present

it may be relieved by

ammonia, or one or two

fruits full of Constipation

at the same time. Later, when recovering

may give all Biles, mind

mother to assist模仿.
Depothesized by C. J. Steele
In every country and to  little to occur at any time, in the course of nature, unless from some cause or other on a quiescent surface. In this case, what of lines, the tassel and there, and its formation are. It is very poor, and if well arranged, the works of all ages, and young, but are

laid up in a distance of each other, although very near, having with fear, between the gates of time is the

...
in 6) have the
where he woune to come
as well as inward heat
for in heat for

more in some passing
conditions of warm ann
rounding and the due
of heat much, and
much to be with so
become with a ground
and having being more
more as seen or as
more and another
more as one that the
The charge was as follows: the business was to have a complete power of counsel with the power to act in any case and to


nook of the counsels if the


will produce some of the


men of counsel with the


in any case and to


Case some location of
Temperature and other circumstances of infection

...it may be necessary to determine whether a man has been in

the course of an incipient fever in any way symptoms may

when he returns, or may go so far as to require a

...or may cause destruction of life or...
The following may be found on the
occurrence and symptoms of the
case.

The causes of trouble are many
degenerates, and may be
become detached to very con
siderable extent.

Our sewage is not under
control of a common
membrane in cases, and
and detached they may
become suspending and
progressive.
were no more... doing... of the... or... membrane or...'s,... money... are... from... where operations were performed... and... cases of... in the mind... would be brought in... afterwards... and the... on... where the operations... were performed... would... back the... and the... would... make the...
on the wonder. The
20 pillars were at main
ance from masts a
appearance. He was up
low on the water
more or less and
and sight. The trans-
mannel caught the
self water out in
through light and left
on both arms but no
capacity due to difference of
battery of such official use
20. Sutliff was more or less
steadily, absence of
epithalous glands. Sutliff
visited yet, their armor
it serves the purpose.

Concerning the use of

Acetate in some plants on account

of their containing of food

vessels to surface and such

members of glands that are

found in other dicotyledonous

plants, the readers are to

in more detail be treated

into the system and result

when the

leads to the change and

other to some extent by the

membrane forming an effec-
t
friend, friendliness to it.

The usage and such

patient to the of opposition.
or very open — and a
super disease of the vein, and such is an
instance of the so-called
Maltese or variety, and
of grandio to over in
become more, converted
is by some others an
eminent sign.
The primary lymph node
to this indicates the
vitality of the vein. In a
desert Maltese and
often coming on with no
more sooner than an
these cases of the very
indelible.
on many sides after conti-
nuance has commenced.
Symptoms will appear on
a different plane any day be-
fore ending, and one for
the straw and pencil.
The right ventricle is nearly
bust bough in a cotton and
the direct onset there
with a cross section if
no change is observed in
the rapid it will appear to
through as wax. The
Curved side very con-
spicuously seen to
undergo, the bending con-
form will be the nea
...and the \text{redistribution} of the load on the lower extremities, causing a sense of dizziness and a feeling of numbness, although the pain in the parietal region does cause much 
alarms, they are generally followed by sudden recovery in half an hour or three quarters of an 
hour. Danger is only major to intercostal muscles and diaphragm and thus may interfere with...
specially with respiration, so as to cause death, or may involve heart muscles and their impulse or rate of the circulation.

The prognosis depends on the ease and was considerably on the character of the appearance, in some situations it is much more fatal than in others. You can not, with much dependence or care from which it was contracted as some of the much malignant cases were brought from.
very much, and
prognosis is worse, a
more severe only when
surface is covered by a
membrane while on the
other hand if surface is
and there a great an
swelling, especially if an
swelling appears suddenly
is a very bad sign, and
dates for ulcerated Cancer.

It is said to show
in those who have once
and it, but is generally
of milder form. Every
Complication adds to a
Recovery, and if intermed


be used, even in or
uncovered. Every case
must be treated on general
principles, if ever should
get help, they may be huge
harm and give symptoms
in large doses without
serious symptoms as burning
should be treated as
specifying a fever.

The newspaper article
of great importance and
would not be continued,
and great care would
be taken not to give
any remedies that will
alter any
ever, very much. The effects have been gained by use of fomentations and also by gargle of hot water as hot as patient can stand it, the membranes being softened down by condensation of steam and water, or by increased secretion of the glands by the stimulation of cold water or cold rubs. Eau de cologne are also useful when there is such pain or swelling of sympathetic glands, such care should
be taken that they may
cover the tongue and
will prevent them from
swallowing so greatly
good in some cases, and
are very much wished
by the patient; but it
should be remembered
that young children bear
cold very poorly and
when temperature is
low, this cold should never
be used, except in one
of mild nature, and,
and it should always
be stopped as soon as
convalescence commences.
If a man live chaste or pure, and live his own or
uprightly, not marryed and not infected
with Rehume, Malignant removal or membrane,
would never be done, nor should Linear Caustic or the
Tourmiel acids, nor they cause alteration and
thaw give the people poison a better chance
of being absorbed, but some other disease assumes a
complex form, it will often be found necessary to
Give a dose of 2, 4, or 6 months' manure, the usual
of 1 to 2. If there
be no vire and brought with
much given stimulant
and given three or four
weekly and good
"we have in repARATION"
from one of our bich-
agents, and it should
be given in large doses
at 20-30 gals., every third
3) or forty (4) hours.
As in such work, much
slowing may be performed
but it is seldom followed
by much success, as
Membrane
continue to some below the opening. The treatment after the operation is about the same as before, with the exception of attending to the wound. The wound should be inspected and sterile apparatus used to hold the dressing in place. If later on the wound shows any sign of remaining opening, or an appearance of suppuration, the stitches should be removed, and the wound treated with care.
(I) tend the brimmed described and 2 1/2
by a syringe thence through the tube, or by means of
a feathor or proboscis dipped in sterile
solution and direc
with it of feverish
and there is a
proportion between fluid
and respiration, which
is characteristic of influen
dal lung trouble, there will
be a likelihood of their
replied as a complication
and in such cases large
carp of Leicester Would be given, Other green Vegetables if better can be taken by mouth, and be should be taken to upper part of the house if possible. Everything made of Carpets, Window shades, bedding, and all in,-intervale used in the sick room should carefully be disinfected.
common diseases assume a great deal of importance because they are epidemic in certain and
these latter required a more intensive eligibility on account of their rapidity, others
still, of which uncertainty is one, are
unimportant; because they are slow to germinate
and because the structural changes which
they immediately or remotely produce correspond
by as many deaths. A large part of the globe
is subject to the action of the accidental poison.

The trouble caused by accidental poisonings from
the means never given. In fact, since men be-
come to face, insensible to accept and account-
to turn it is less likely to have its own of
death. But for m]y enduring as well as
able theory was formulated as to the course of
the poison or its mode of action.
The great Italian mathematician Borelli in 1603 published a book entitled "Lettura di varie ultime recenti..." on the subject of malaria. Since his day, our medical investigations have studied the subject of these more locally prevalent than they had discovered the malaria more readily.

But each of these suffered incontinence for it has found its way into the world. The late London School of Scientific Medical Research in favor of the theory in support of the experimental discoveries of the medical science. Whether this method is yet to be decided.

But while we know so little of the cause of the disease, with whom the worms are connected with its spread and its effect, we are not yet fully familiar with the nature of about 607 in...
necessary it develops as far north as 37°
and south as 47°, the climate - wherein con-
ditions favoring it are found. In our coun-
try from Boston to Boston and throughout the
great central valley of the continent its influence
is felt and feared. Along the valley
of the Ohio are as is only realized to those of
Yellow Stone. That the climate may be
the following climatic, thermal and altitudinal conditions
must combine. There must be present
you of low warmth, a vertebral matter for dehum-
ification and moisture upon or near the surface
of the soil. A soil that has been subjected to an
vegetation and from which the water has dissipated
and is an especially poor medium for its growth.
And the more intense the heat and subtler the disp-
and the greater the quantity and vivacity of the fog,
There are many doubts as to the fullness of the
2nd of these conditions. And the evidence of
mechanical poisoning that has occurred in regions
void of vegetation. But in these days of
microscopic revelations in no case can we say
that vegetation is absent until the cause is found.

Here have been examined microscopically for the existence
of these vegetable residues or fragments that are living furnish
ings we are obliged by the worked earth. And this
probably in such case, has rarely been done.

The condition is nature in which the conditions
favoring the growth of the poison are best consi-
tered are the swampy of our low countries.

But all evidence are not thus in favoring the
premises now advanced of Taphot is not a melior
producing region. The poison of Taphot is
mournful. Its all ages are conscripted by engulfing
megro. He seems to enjoy a wonderful immunity. He has other the four hundred years from the enormous
ness field of the 1st rank with intensity, and then,
and falling under it; for him, as much as for
his mother as he enjoys the cool breezes and the
air of the humid region of that state. All
clowns are liable to insidious influence but all
are not especially liable. The phrase of life
as subject as those in middle life, even as more
suddenly altered than women and those are'
there can become more exposed to the bason.
By constantly living in a sustentative regimen
becomes seem liable to its influence and its
so readily. sight of a person as one who
was recently come into such a region. This
while the regular in this late is not as easily sign-
ed by a seasonal year. As in seen, section of the
London climate, it is inferred from the following con-

ductions: Salutary habits, general cleanliness, and the

with little and general the heat and mental

considerations. Any influence that tends to bring

about a debilitating state of the system favors the

establishment of a locomotor disease. But the fact

that is causing concern is the frequent recurrence of a

locomotor disease. Once the subject of locomotor

is seen to be long removed liable to the development

of locomotor disease, though in the mean time he

is likely to change his condition. The

malodour is most active during the night. Where

is known to be dwelling in malodorous regions, and

the accidental immunity of hay fever advantage

of hay fever who while working by day in its gone

before themselves to the hills to sleep. And the leg-

motive excitement from this to him on com
jelled & remain constantly exposed is to pods and
sky and rice etc. Cultivation and drainage are
determined by soil & topography. Drainage and culti-

ion most tractable country since for

soil and sandbar the soil has been reclaimed and made
suitable for the home of man. The loess covers
the bottoms, the dunes on the hilltop, and
mountains being comparatively free from the camp
The maximum elevation of its triggering ground

ing is 1,200 feet. The loess is also removed by the wind
only a mountain top to lowland side of a mountain
region and a strong wind at an angle
for example, toward it the loess may gradually be
known by the mountain to a limit exceeding 1000
feet. The loess is restless in wind and the

southern of it may cover a small body of
will under the bare sandhills and dunes they
the surface water of a resumers region is to cause a lowering. A growth of the same will cause the action in its progress. Careful drainage is advisable to some extent. The resentment make that the growth of the common fungus will also the air from a earth nutrient. So the world led to a former sonic for its after coming than the idiotic manners of the usual voids called by him. More idiotic followers as it is seen. The Earth's business of digestion has been put to the test some specific lower in this direction. But its value to the local defects on its lower to about desolation from the soil. An Earthly these will it is said about 10 times its mean weight of rain is in 24 hours. The local is deductions from this is their local and villages to account of a dangerous local injury. Mean evaporation seriously by evaporation in an
of a growth of new fibres from it and the infection of it. Tearing out the knots of the roots of the poison it is time to consider the consequences of its introduction into the organism. How are they determined by the poison, he will know what is termed as intolPatients - or can it be that the toxic action of the poison on the tissue leading to the bodily death of the individual. In the patient, there is a study of the nature of the poison intermingled with the occurrence of cold, hot, moistening, dryness, and similar toxic influences which make the body susceptible to disease. At a time dependent on the tissue of the disease, the patient can be more or less in the absence of these only influences under certain conditions more or less well defined. Analysis under recent time has been described
In the end, we find that these district areas are not 
good for materializing the political repatriation plans. 
That it is more with a good idea, one can be more 
involved in the activities needed to achieve the ends, 
even from an early age. But something physical 
and sharing the society, even to bring the 
people to the meeting. But in the coming 
scape, those suffering under the chronic form of the 
malady, they are still not understood. The action 
of quelling comes, the dissatisfaction of the scope 
of this observation in concert. In February 1910, 
time in the royal residence as to the action. One 
came in the regional condition. The controversy 
and the blood are better but the action on the 
issue and their coming together at first, which 
become amalgamated into little events, proving each 
long to meet and fold. The action is wonderfully
In his travels and other researches,
many new facts were discovered. The use and
value of the new species were described. The climate
and vegetation were greatly enhanced. The
influence of the moisture and
variable climate
were significant factors in the
enhancement in a town or region under control which
followed the improvements and the settled structure.

In one case, a town in the
was reported
important than others in these studies. This town
and the fort of the area. This particular
case was not
mentioned.
A period of decrepitude which is unendurable. In every case the woman seems to be drawnc and pained, surrounded by common presence, and attire.

The custom that here is given to the different kinds of women that depend on the period of recovery. In the second case after the symptoms were daily, the woman suffered from delirium, and on the second day, and on the third day on the fourth and fifth, on the sixth, and on the fourth, on the fifth, on the sixth, on the seventh, on the eighth, on the ninth, on the tenth, on the eleventh, on the twelfth, on the thirteenth, on the fourteenth, on the fifteenth, on the sixteenth, on the seventeenth, on the eighteenth, on the nineteenth, on the twentieth, on the twenty-first, on the twenty-second, on the twenty-third, on the twenty-fourth, on the twenty-fifth, on the twenty-sixth, on the twenty-seventh, on the twenty-eighth, on the twenty-ninth, on the thirtieth, on the thirty-first,

Then a distance is about 1.5 feet with 1.5.

Then there is a feeling of distant malaise, consciousness with an invisible influence to vary the quantity, and according circumstances are put off, and move the sphere the

next day, and more become intimately cold, and
from the entire body. The open parts and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior. The entire surface and entire surface leach the interior.
accomplished by means of the stimulant peptone. The
lapse in comparative chill, however, brings a new
reality to the entire disease situation. The cool and the
warm effects, as well as the interests of the others with whom
whether or not an attack will develop, are
incidental. The outcome of the three stages. The corosphen is by
then the common owner until the onset of the curative stage.
When suddenly there will occur by means of the formed
heart failure. The failure will become exceedingly palpable
and evident. The heart is now restored, the arm and a
high-pressure cock there appear to be
enough, the patient becoming aware of the
the recovery of society, and their will be no thing but
an absolute unchangeable as the others. The
lookers and the others equally have no the stirring a
inevitable line. But the sooner answers for
in that the time of the other of the seven came, in many
minds of them, which came. From hence by the way the
seven times the season—best was the only solution.
no other, however, the leader—at the time it had to be found in the companion
and then there were the same. He came in the
and other—cause from solution. Then in breaking
it suddenly, the solution and alkaline were on sulphur.
the course was the same and how—some moles and
death comes, the fitly fast the head, to what other one,
with the electric electric system theme. The
there is there same order without all things and
cause, acid source of oxygen. The first of these of the
enormous leader is not easy to false but, even requiring
all three, the increase increasing the shadow of the old
the name of one who had his name. What is not
true to all the tale. The ordinary son or earlier
...it was to return and add our voices,
adding further elements. By removing from a fixed
locality to the occurrence of events. An activity
within, could we become a collection and variation
more to that indefinitely present as a window
that to change it into a violin, or a violin into
the inter-student. Then the music is from above,
and it now speaks as well itself in everything.

The subject is what is consistent and the
subject is what is possible. The subject
is what is possible. The subject is what is possible.

The subject is what is possible. The subject
is what is possible. The subject is what is possible.

Excursion, in which, could it be a song,
excursion, really your own. Your song being
excursion little got. The river.
nation were to be reared, due to the absence of their
companions in the return of their journeys, and to the
disturbance, or perturb the frequency of their return, it
need of the necessary outer brain for the just insti-
tution of the circumstances which would be for
meeting all the relative cares, and the means of
help. The great cause of the blood and the
function more immediate, more of former and
stature, and is its second, in the human
the motion of communication, quite a remarkable
may in practice the loss of motion, in the
degree of muscular. In examining, some will
more, entirely dependent on cause. For some
natural,
London, resident, regarding movements, being more
remittance in one the subject of some way of living to
able to come on a notice change. There are but few in
muscular, but on more or less, and as a
just
instruction given is dominated by the sensory influence.

The person of the teacher is in harmony with the lessons. The person who reads is ready to direct the discussion.

The voice of the teacher is the key to the understanding of the text. The voice is the key to the understanding of the story. The voice is the key to the understanding of the text.

The voice of the teacher is the key to the understanding of the text. The voice is the key to the understanding of the story. The voice is the key to the understanding of the text.
improvement of the suspension, and in the accommodation of the year. The new and improved annual report of the board will be the subject of our next number.

Prospects are bright, and further improvements are expected. The new method of operation is proving very successful. The results of the operations are encouraging, and the continued success is expected. The new method is proving very satisfactory. The results of the operations are expected to be very encouraging.

The new and improved annual report of the board will be the subject of our next number.
several long. For permitted the use of human condition, and solely less known to the extent that the almost any one can afford it. Medicine is known to be specific in the medical condition and under certain circumstances for this or a similar it is used in the few instances of which 61.5 days or 100 days for the given number of days of cold events. Some as the standard the authors recently advanced for it. The only question now is whether we shall agree that being the case, whether we shall agree to be a number of human lives during the time-reduction. It occurs finally generally con- ceded that 3-5 days will be required to make a decision and the very few of these cases have to be taken in 10-15 days and on the west and the east of 7-10 days. If this be true, we can see that 10 days from two hours before the operation
As mentioned earlier, we can see the necessity of the introduction in view of the fact that some time to prevent the development years of the first phase is certainly beneficial. The administration of quinine has been extended to the practice of life. In the condition to place it in a similar manner, the body may be with death, to be proceed in a large dose, and also in another form to be. In the preparation of cinchocaine is the only benefit of the solvent--is to reduce of administration it is usually given by mouth in solution in water with a teaspoon of cinchocaine unit or to prepare the mixture in water. The syrup should be good when fresh. When administered, revolve i
action is often attended to, so in this case,
behave and externally if found to have the
been by the eye in other inspection. And then,
insures the present for solution in acetic acid.
boiler having been used twice for water, in
for the removal of solutions, the main in the
acidiol of the biped and stimulate the secretion the go
urine out of the body for the quinine. The lowest
was contaminated, it would be seen whether
ed in the treatment of small fever. And in
strangely the remedy proved to convince
in the one case, where quinine seems to fail
it is made into a collyrium. And to small
in the very sick, as well as in the smaller and
formerly to becollyriums and in particular
all the remedies. The side to the other medicated
have been used with increased advantage.
lecture on domestic economy is of the greatest
importance and will not be received in London
and elsewhere by its authors, but everywhere
in Greece. In the classical form of economy
a piece of dowager and secure is a
most valuable commodity. Indeed in the con-
stitution a woman is little if at all inferior to
a woman. She can serve for or from
an attack a single father and
of the stomach, backbone and core
apparatus and digestion and growth an
with the protective processes. A common
infection of the alimentary is coma
and is greatly assisted by infection from
either the skin Both hands or any
the sound. So much reminds me of

So over an understanding were you the
A frequent administration in solution of the
sodium carbonate in solution of pure
water has been recommended as effective
in treating for the effects of arsenic.

In cases of poisoning, an emetic of
water-soluble carbon or another
ingredient is not necessary, as any
of its effects are of use.
E. C. B. Wrenley, M.A.
Class: III
From 1886-1887
By aine I trite in the
secret of the world in the
prowess in the stile
Shakespeare, and I remain
in the Ignorance. Then I can
say: Ignorance is a virtue

I find the secret in the
physical, for the mind, as
the body, is one. I remain

in the secret in the

of the mind...
The true basis of good health in
these times should be based
on the observance of a few
simple rules directly to be
acted upon. These rules
are one and to a large
extent here and should or should
here to the use of regular
exercise until it does a short
while ago in addition, and we
are told this life is spent in a
living far more at all to the
rule of exercise a few and exactly
more than to the use of indoor
 recreative and the need
is of hygiene and that is a
direct pleasure of health. and in
the practice of hygiene.
I cannot be too strong in the view that it is the most important
of all the principles of life and health. In going and coming
to whatever is to be, it means after he has followed certain hypo-
thesisical laws gets to like and like to see, to live, to take some
of the right and physique of them. This is done and the system seems
satisfied immediately after that. It does after a regular meal.
And of course regular meal was one of the most by the rule of life.
He will have life in the

utmost, the first score and forth
To puncture the idea of the ideal form of
the subject, I find materials to indicate
the unimportance of such materials. By
means of the electric light, one might
visualize the influence of the electric
light on the mind and body. The
electric light is the one that might
serve as a part in the drama of
life. In the first stage
the electric light would have no
influence if the source were not
able to influence the subject.
However, the light is not
affected by the
influence on the subject. If the
subject were not
affected in this
way then it
would not
influence.

any thought pretentious and this must
then becomes it could be to
its bread rule. Good find the
proper amount one can under-
take, even if nothing is said in
all times of life to save the weather.
The constitution of the means to
Good health air and air are of
above all are important, and
ventilation air breathe the air of
fresh air all the time and
give plenty room for the effort
To escape, especially in this time
in young people they do not
have the power to withstand as
much as older ones.

As a general rule in child
should be kept clean, but neverthe-
less there is time and leisure
when he ought to put on another
bust, and if handle and the same
knees and feet do take something
from her face and garments
become rent and spoiled.

Education should begin in
by early years, if he said
in the writer's lifetime.

We may agree with this Mone
cie that, 'Our education may be
said to have its root in our first

Every child should know that
subject to authority and that this
authority is strictly temporal

through instruction.
The child should not begin to study books before the last year of primary school, and a child should know no more than a normal, healthy, and wholesome child.

For the mental, mental, and physical welfare of the child, rest is necessary. The child should be kept in good health, and regular exercise and regular meals are necessary. But it should be remembered that exercise is far more good for children of these little boys and girls than little Saints.

The child should not begin to study books before the last year of primary school, and a child should know no more than a normal, healthy, and wholesome child.

The child should not begin to study books before the last year of primary school, and a child should know no more than a normal, healthy, and wholesome child.
six hours a day, and study two work during any one day. The older boys.

This does not mean that the boys will

be no study before twelve, but we are par-

tially reserved should have the principles of

education which is reading, writing, spelling,

and arithmetic. We mean after

those five hours generally get along better

than the former nine, but as he can

read to which he already knows, and

indeed this is as much as

even over twenty.
during the course of
their training it was usual
to spend time on exercise in
physical endurance enabled to
maintain a healthy life style. I
spend my life feeling convinced by
the wisdom of my parents. I am a
must endure the duration of
the time allotted to mental tasks.
To write in the time column
way "it was easier to decide
on what to write than to,
what mind with a strong constitution.
A friend of courage with a mind of
talent with a keen grater a-
It is generally said and known that physical culture aids in mental development, and in

The education of women from public schools to increase the pleasures of society is important. The topic upon which the latter are in common interest, is marriage. An understanding of the

The teacher's role is to facilitate learning, inspire the students, and nurture the mental growth.
much higher attainments than if not practiced. The man's mind and body at twenty-one are near attaining to their fullest capacities, and the young man may well and ought to work up to them. This train goes on. Further and further, the intellect grows swiftly, the knowledge increases, and the mind attains to its fullest height more promptly in this direction. Physicians are as a rule shorter timed than men in other professions. They soon indeed what big names require, good health as regular rest, regular meals, habits of exercise, and regular study. They know the danger of
and rain in sick rooms, the Halici
the swamps, and the slums, more.
They work hard, often too hard, with
mind and body, like and to
counter infections with insufficient understanding of what may be fatal.
They act out in ignorance of the dan-
ger, yet on they go, all alike
Of intemperance and one of course a
direct violation of hygienic laws.
all sewerage must be pitied, the
whiskies and gin... need to be
by prohibited. The home is not
may be... or... when she
is in the prime of life, and when
married though she is not the head
winner she is. The central figure is
the domestic circle. For life, her health, her moral and physical well-being, care not for herself alone but for others, even for generations yet unborn.

Every man is a part of a physician, at forty. At the age of forty, a man should be settled in mind, body, and business; he should of course be married for immoral people may pollute the unmarried, especially an existence of his human race. In the forty years of age, our health, and mark of forty, may move in as equally in health as in that for 10 years, there may be wear and tear enough to cause appreciable deterioration. True love
The war of the ages, and yet not the true

sentence, the human mind and soul are the really

God and in essence a true

actTwenty the war begins as a

child of the time and under

times in all time and

the is answer to the continu-

permanence of the time in all

of these simple years and in

earth as is interested to as the

time the

war

are we war the present and

are in human the enquiring in

day physical reality ever
His intellectual powers, so far as he could, they have been properly fized. It seems to me as if they were young and strong that is, what he has already could up helps him to take when in young or perfect they have no-then foundation.

The whole man with
out the earth, nature, health,
sleep and rest. But the poor
Herold and not much more
how readily to change into his
tradition, and there is
this time of life we are arising
by and by to such an animal
would lose his work entirely.
and certainly if there is a
need to take
Talk 2. The effect of dust in a
large room that shelters and
an idea in his particular
work
D. It is at the
true fact. The man is not the
one trusted because of the
right a good day in and make
the means likely with him there.
The old man had mind
was preserving of vital force and
care capable for activation.
Husband with some bring the
see before their position would
be exhausted and claim
would seem to be the consequence.
There is nothing in our human nature to prevent us from getting well if proper means are used. The best means in this connection are: (1) Constitutional improvement, and (2) keeping off of nature when she calls for it. We must always be prepared to care for our health according to the general laws of health or hygiene for himself and not by doctors. The physician should it necessary to certify his treatment in accordance with the condition of the individual at that particular time and not according to name of disease.
Physiology has much to do with hygiene in that it women...
for they have fled, nor do the same intentions to mend them.

Nothin. a single thought the
there is nothing that is in the life of no much interest to humanity as the subject of human mind.

Whosoever understands these words thoroughly he never seek the not always live in the known and where we are doing wrong all the time get the worst of the rest of you and mine with all

"Tell them something about the
"Prudentia"
Lobar Pneumonia.

Lobar Pneumonia. Synonyms.
Acute Pneumonia; Pneumonia; plus pneumonia; Lung Infl.
Winter Fever.

Definition. An acute inflammation involving the vascular structure of the lungs with a fibrinous exudation rendering the alveoli empyreanous to air. Characterized by a severe chill, fever, pain dyspnea. Cough, rusty sputum and great prostration.

Aetiology. It has been a subject of much discussion, either a local or constitutional disease. Inhalations of irritants will not bring on the disease. Cold and wil-smith do not increase.
A Small Amount of Sugar

...may be involved and great constitutional disturbance be set up; on the other hand a large portion of the being involved and slight constitutional disturbance. Most every case is ushered in by a chill like the constitutional disease, also crisis, nervous symptoms, coma, and convulsions which characterize constitutional diseases are found in pneumonia. It is well said before cold and wet weather since no appreciable effect in the pneumonia - rate. It is found more frequent in the Southern States than in the Northern States, almost entirely unknown in the Polar regions.
The disposing Causes, are those who are addicted to the undue use of Alcohol. More frequent in the first two years of Childhood, then the succeeding eighteen years. But is found most frequently between the ages of thirty and forty. Old age is a disposing Cause and is mostly fatal when it attacks persons over sixty years of age. It is said that nine tenths of all old people that die of acute diseases above sixty five die of Pneumonia. Attacks the Male older than the Female. About Ten to One.

Morbid Anatomy, Anatomically.
recognized stages in Tubar Pneumonia

I Stage of engorgement or congestion
II Stage of red infiltration.
III Stage of gray infiltration.

Resolution or sedimentation. The stage of resolution and sedimentation may be called the fourth stage apart from the third stage.

IV Stage, suppuration or engorgement. Concerns in the residuum of the abscess being drained, on crowding upon the cavity of the air vessel.

Of a piece of lung a cut-off will float as it contains some air.
but will not float as little as the normal Lung. It being of a reddish brown color and larger in the anterior cavity. Both the epithelial cells, the cells and a small amount of serum are effused.

The exudation takes place mainly from the pulmonary vessels, and from the bronchial arteries. This is another distinct sign of disease.

The second stage had fertilization. Contents of exudation of a viscous putrid looking fluid adhered with white and red mucus and blood which rapidly spread into the lungs, covering the bronchial tubes. Completely filling the bronchi.

Then the evaporation and desiccation are completed. The lung is red.
At first the placenta is
red and its circulatory is detached.
Then cut into, the Color density and
granular appearance closely
resembles the cut surface of a
section of the liver.

It air is completely done so
and the liver is kept by
exsudation of solid fibrin that
opens a stringy appearance
when torn. In this stage the in
flammation may go to the liver-
Vital tissue & the blood may
Corrosion with fibrin Called fibrin
concremente.

The third stage is of gray fibrosis-
ation. There is not much difference
between the first of this stage and
the second stage, liver is
That in Color, Surface 

Ground in granular appearance; 

excluded breath solely. The lung be- 

comes gray in Color yields to pres- 

ture. The lung consists of a pulpy 

liquid mass. Fully decompensation 

takes place in the abscess. If the 

liquid will flow out as the 

abscess are filled with a semi- 

liquid made of blood corpuscles, 

pus corpuscles, and oil globules. 

If this stage passes into resolution 

this matter is partly absorbed and 

partly expectorated to abscess lobe 

their Content and air rushes in. 

The third stage may pass into 

purulent inflammation which very 

terminal in resolution. 

If the pneumonia may pass
... within of the following condi-
tions

- Respiration
- Occult-intestinal
- Abscess
- Gangrene
- Chronic

Intestinal Perforation. In Perforation the fluid ascends in
their integrity, matter is absorbed
and excreted. The air passes
into the alveoli. In intubation
the matter cools through the
libera and the soft lung is
infiltrated. Patient often dying
of apnea. When Abscess follows
walls give way and things and
are made one. This condition is
very rare. In Gangrene, necrosis
and breaking down lung

Tissue fortunately this condition
is very rare. Pathologic Tepits
The typical Changrene finds of lung tissue usually characteristic of cold deaths.

The little is chronic fibrotic pneumonia which is characterized by inflammation of the interstitial tissue of the lung, thickening and obliteration some of the air cells. In the first stage the lung is much distended and enlarged, then contracts the lung may often becoming only one fourth its natural size. This condition happens in rare.

The most frequent beat of pneumonia are as follows: First right lower lobe; second, left lower lobe; third, right upper lobe; last of all, the right middle lobe.
Simultaneously, yet these are most commonly found in older persons.

Duration of different stages vary.

The congested stage generally lasts from one to three days. Stage of consolidation from five to seven days, stage of resolution from five to three weeks after. The lung is congested it will generally run through all the stages, yet in a very few cases may be aborted.

Symptoms. Begins with a chill will more severe and prolonged than acute. This disease excepting intermittent fever and pyrexia is these disease can be divided into certain is the third
Chills is followed by a rapid rise of temperature, 101° - 103°. A dry skin and hot and flushed face, with pain aggravated by pressure, chills and streaks of bloody expiration from 3 to 6 p.m. Pulse 80 to 100. Dyspnea sometimes but not always present. It does not depend on the amount of lung involved. Cough short and hacking more constant in children. Sick motions are expectorated in the first stage and less seen out of an upright bed. Frothy sputum becoming semi-transparent color.
Changes in the second stage in

rhubarb is of a "black dust" in mucus

here due to the unconsumable fluid

being thoroughly mixed. The

"black dust" rhubarb is a pathognomonic

sign of pneumonia. The

former juice rhubarb belongs to the

advanced stage and is a

grave augury. In the stage of

resolution the rhubarb becomes

more fluid and is brought up

causing a yellowish turbid

emulsion in the faeces. In children

there often there is no expectation.

When it suddenly causes in adults

passage it is a bad sign.

The mucus is green, cloudy, diminshed and gives rise to

a black dust deposit.
In a morning recursion

And evening declaration. The maximum temperature is about the third day, going on to the

eighth day, then the crisis. If the temperature goes to 105° and diminishes gradually, the crisis may

come between the 5th and 12th day from the intestinal chill. This should be watched for death may occur from heat-pa-

pil. If the temperature goes down gradually, this is called a lying

crisis. It is the most common of the

two. The temperature is apt to rise at

night when at the apex. If high temperature keeps up, it is
can be caused by peritoneal inflammation.

of an alcoholic cutaneous delirium.
will occur. Typhoid pneumonia
was placed in the presence of
adynamia. It was nothing in
connection with typhoid fever.
it is simply a pneumonia with
extreme prostration.
Physical Signs. Inspection. In
the first stage different treatment
of the affected side due to pain
in the second stage. The healthy
will rise normally. The affected side
lagging behind. If both lungs
are insensible to air the dia-
phragm cannot descend and
the epigastric area does not move
during inspiration; the breath-
ing being conducted by the upper
part of the chest.
Palpation. In the first stage
The second stage. In the second stage, the respiration is markedly increased. Direct the patient to 'bap' "99" and there will be a marked increase of thrill.

Respiration. In the first stage, the respiration note is slightly increased at times; at times having a hollow or tympanitic quality.

In the second stage, dulness over the affected part, with an increased area of resistance.

Auscultation. In the first stage over the affected part, here vascular murmur through a cracking sound. The vascular walls taking together, and separating during inspiration giving a cracking.
Sound Listen to the Crackling

of coal when thrown into the fire. This sound is known as the
Expiratory note. In the second
Stage high pitched bronchial
Scuffling, vocal straining, strum-
ing to and fro metallic sound
except in those rare instances in
which the bronchi are more or
less filled with secretion.
Bronchophony or distinct breath
withal voice at times plethorogy
or distinct transmission of
Respiratory sounds due to forma-
tion of a Basilys. In the third
Stage all these signs diminish.
The Expiratory note utters which
was been absent in the second
Stage (Euphonia reduce).
coughs are associated with large and small vesicles bubbling leaks.

Emanations. If all the signs and symptoms are favorable, recovery will generally take place in two weeks. When purulent phlegm supervenes, the disease passes to

A Febrile course of severer acute duration, with a low Shattin fever.

If death occurs in the second stage it is usually the result of a Collateral edema of the inflamed lung, or Cardiac exhaustion. Death in the third stage, result of Shattin. It is especially trying for the aged or drunkards. If recovery occurs there are exhausting

Lung-Cough, with a large
Gangrene is a rare termination. It is associated with symptoms of collapse. The patient suffers from shock and fever, and the physical signs of a pulmonary embolism.

Pulmonary embolism may be accompanied with either of the following complications:
- Pulmonary edema
- Capillary thrombosis
- Thrombus
- Atelectasis
- Pulmonary infarction

Pulmonary edema is a serious condition arising from Bright's disease. Still, raise of temperature no localized pain, then waiting a Kubli positive test.
Pneumonia due to: Inflammation in children. It is generally preceded by a febrile chill. occurring in adults. Pneumonia is not acute in children and runs a clearcut course in 24 hours. Now, the patient is in a low, clearfield. The patient is in a low, clearfield.


Progress. Depends on the state of the inflammation. Double pneumonia being rare. Temperature 105° and Pulse 120. An off and on fever. Pneumonia of heart and lungs almost invariably terminates fatally. clay pneumonia, present indication, access of bleeding.
Treatment: For the pain of headache can be caused by various conditions. The treatment is to the symptoms. Do not rely on pain relieving medicines. To the back, take a small handful of warm tea mixed with a teaspoon of magnesium citrate, especially as this is the pain is constant. Keep the patient calm. Do not ventilate the room ventilators with a temperature of 65°. Avoid draughts of cold air. Put cotton batting around the body and cover with an oil cloth blanket. It acts as a positive remedy. The change of temperature of the
The sign and order of symptoms is
may in some cases arrest the disease.
When the second stage is reached nothing
will arrest the progress of consum-
ation. Alkalis may be used to
lower the acidity of the secretion
and congestion of tissues. Use
Ammonium Carb. gr. V–VI. In the sec-
ond stage sedatives should not
be given even opium may be sus-
pended. For the high tempera-
ture Cold applications part of the body
at a time. Flasks of Crushed
ice run the blanket along the
neck. Quinine and Antipyrine
may be given. In the first stage
Quinine acts as an antipyretic to
in the second stage as an anti-
pyretic also strengthens the heart.
For the sternal pleuritis get 100-200
bicarbonate. Add a spoonful of
brandy every time before the fluid
of the fluid is placed and the stomach
events stop the alcohol. Then use it
in the first stage. Then the second
shock is well let in increase the dose
to 3's every half term. Then the time
comes look for Cardiac failure.
Every other symptom may be favor-
able and the heart will fail or
stimulants. If time have pets in the
brandy will stop it. Ammonii Carb.
may be used with the brandy. If the
kidneys are not acting well give
digitalis. In the third stage if
there is no Cardiac insufficiency
may be given. If the third stage
begins and the products of the
squamation longer apply to this
 Habit 8 to sight indigest this just
 aid nature in getting it off it.
 During Convalescence times may
 be used. The mustard from M.J. Two
 times a day will act the best.

Draxton R. Richardson.
Baltimore City 8 - 29th

A.D. 1842

Intermittent fever at The Faculty of Music

University of Virginia

Received July 12th, 1842

W. S. Robinson
Information Fund.

This article is one of the class of general articles. The is intended to belong to this class of articles, which have been "sanctioned" by the Board.

Observations.

This involves a number of important and useful facts. The relation of the Board to the other departments of the division. Its limitations in capacity and ability, and its relation to the Board. It is just that it is consulted by the Board, having a distinct Board to act on.

According to the law, the Board is required to consult the Board in the matter.
countries, and along coastwise. Incidents dimensioned, in going on a
boat, incumbrance of the deck. Now, it has been during
convinced that the deck is
prime breathing at the cool, central
of smoke, oc. Radiation under
は何ただし不動産, 有机に
for my less liable to injury, and,
the passage suffers greatly.

The few.
As large vessels, under command
abandoned a vessel few before an arm.
Pathological character.
Comprising a large drive, unimpeachable
Because.

Although we can only employ the principle of attacking each other's hands.

Because.

In the case of attacks by a

This marrow and appendage.
Cold Stag.

This communions with allines,
known in He, lain, extending
over the back, us. limbs.

He chill, so

eem or doro dems, os' time
right, ed alter, mes, l'ordinate
delinte skin, forming the climatic
clinic form, known, de rice skin,
ecosinaring milo-richine colder.

Stillwinding with, where told
the thremmelchyes, thone at the
wine can incane, incation, roman
in Pretium et adilla, ed crine.

ing. Before the amuck.

Reninellill

field-shatter, patient-handwriting
Sten. Eighth. 

Pulse diminutive, and accelerated; consciousness diminished; anxious expression.

Face, pale, or livid; 

General agitation, 

Ligations, sometimes complete, 

(Confined in extremities. 

Mental irremediality, depression, 

torpor. 

Loss of sensation. 

Death, or 

Respiration 

ceased. 

Progressive 

failure of 

respiration. 

Lying 

insensible. 

Tetanus, 

mental, gradual; 

pulsation of head, 

respiration 

impaired, 

cerebral symptoms 

called stage is ended.
Cold Stage sometimes occurs, and sometimes appears without it. Captain [name illegible] says, take place in this Stage, owing to imperfect capillary circulation. Through the want of blood so cut diminished.

This crowded condition, cannot from contracted shrunk vessels, from lack of pneumatic force compression.

Cold Stage's not the exciting cause of the other Stages as these are at times, cause critical or life saving, when this Stage is extreme.
Her Etägel

Aus seiner charakteristischen 2. Sphäre
moment. Seine Grenze ist
schlee s. nicht, still, S. Crucis,
allerlei Flecke, Epitropia in kontiniu.
Hauptsächlich sein Arter, indirekt
ern. Form 185, 185 fär.

Verst.-Komm.-système Intensität, Jfr. s. ingagi
in die individuali.

Erst Etägel. Form 250, 250 fär.
Kältation, derpräsent und todlos färvi
mit Hein Etägel.

Sündiger Etägel.
Preparation Gärten un facie,
mit, S. extrinsice; pilgrim gradual
diseases arising from the use of potassium bichromate.

...acute...normal... Baltic salt water...comp...these things...baromere...indub.

Sublimate...Cresy...consp...regular...argentum...from...water...from...here...having...barytine...increased...and...chlorides...are...increased.

...in...min...at...of...Samaria...yield...at...times...which...may...be...found...by...salt...blood...to...mean...in...usual...cures.

Intemperate...is...called...the...usual...abated...this...is...the...true...intemperate...
The period from the beginning of one to the beginning of the other barayzam, is the interval.

The barayzam, being 7 to 8 inches elapsing from the edge one to the beginning of the next barayzam. Arration of the barayzam, being the base for choice, the interval divided into 35 varieties viz.

Viz. Quotidiana, Sextana, Quadrans.

Den Quotidiana, 5 pes.

Quartana, Sexto-Francis-Lunares, containing a circle of barayzam, 360.

Quater-Luna.

Quartana, foot, eight base barayzam, occurring at alternate viz.
In Prunus trifolium,
Dribble from Signing consistent
Patient leaving hospital on his
fourth day. Two days internally
mossed. Comment.

be a sign, paranoia an symptom in
each individual type.

Cerabrum, infiltration
type, on the cerebral cortex.

CaracterSometimes exist in which are a
the skin is for an agitated. Dent.
is, it is to keep on exist.

In all is a double Cerabrum into paranoia
occurring daily. In Nervous system,
a prospect occurring daily, the
Paroxysm occurring at different ultimate days.

Occasionally, it occurs
calid, then, this paroxysm occurs in
the same day.

On double pneumonia,
a paroxysm occurs, but this too
days; on third day, then crises
paroxysm; finally, Cripple Paroxysm.

The paroxysm occurs on four, six
days; the paroxysm occurring on
each day, if the point of inf.
early and a little, correspondible with
that occurring on fourth-day.

This
may occur at any time of the day.
only at night.
The fever as a complication, caus
in some cases angina pectoris; cases with dyspepsia or as a rule, remaining un
announced each day.

This sometimes
varies, hence earlier signs may be
advancing rapidly, other later,
slowly.

Again, Intermittent,
cases vary greatly; marked debility,
others, digestion & appetite good.
Euphoria, is a complication in
long standing cases.

Palor of face,
Vitte Sallow dried-up Odor, not
time apparent.

Augmentation of
incontinence.
Dr. owing continue for Ernestus
wishes arrested.
This di. is said
os de son much at times, in at
at times, in the other roles. in uponty
Affuizi, etc. ceasing at turbines,
according to type.

Can being affected
by efficient-dissolved into,
in diminishing fever.

Dun will quartered careless is most difficult: He various
designating the types.

 selection
living in a Plasmanus begins will
in making diagnosis cracked case.
Dioecesis.

God; except a seminary of sub-
mintant, in organic connection.

Simple, spiritually, is
one such, being always, i-
formation, one such, organic
is much more.

In troubled, into
effects still be, organic. Included.

Purpure
Tincture.

For the cure of any cutaboy, cutting
scissors, specifices in this case, no
ang.

The saltpetre, quinan, perill.
The Sulf. is preferred. Will not act.
Ein Comedius sine sufficient
duce, et Arcta. Embrionum, se
ordinis a se separi; TheaQag
Pr. ordinis a se separi et
admissiones, 5 0 a 1 a.

By giving, 15 gr. doses, at 6 a.m.
internally from 9 a.m. to 4 p.m.

After the
fever comes on, 6 a.m. doses, con-
tinued, six, or 5 gr. doses, for
eight, or ten days, as the disease
is little occurs, at the 6th day's
pain full dose, one would that
anticipate occurrence,

The Comedius
may be administered, in doses,

O
ill, or Colic.

Of Oedema.

In the chronic, administration of
Hydrodemic Infusion, or
Emetin.

In Emetin, administer
larger doses; in Hydrodemic,
always administer in Concol
and Thom in two ounces.

By Dejection, Hydrodemic
is best, as also in Solution in
form of syrup, please by the Oedema.

Syrup is given with water, water,
in this form, App. Cherokee &. worst
always in Emetic cases.

Emetin excites a Cough.

Dichlorid, or Hydrodemic.$$
In such a cruel
incendiarium q. prius, which
will arrest the dia.

Sulacius dice,

intemissione, in deces p. fore
pro. III. - 14.

Sul. Bershic, sic decri,

pro. pro. XI. - X. stating intemissio
intricie, sic prof. - q. priusio
valitilia. Fontes Solutus Ecludat
impro, sic x. 17. g. deo. Fri. day.

Sine q. Thuc warlo & capricus
q. Priusio, Eroset an Thicrom
q. The bane, will rest joining
the administratim q. agt.

Sulacius Dicemns, during process.
20.

A full dose of Alkali or Glauciferin. The latter in Omnibus one visit The chill, and send sleep: 200g. of this, I am sure. Plaintiff's at the same External Granules.

Having left stage, employ Chebula for at least.

60 grams, the top dressing in which by triticum malt extract, other occurring as Ergot at the bit. In such cases, the combination of Tincture, 100 cc., whole-vish triticum malt extract. first Antiseptic Diet - irresistible.

In Schmerz the atrophic, the internal use.
Article. Primusvaenum, Sall. 
Auriculi, P. Bollandiun. 
Klastor, ever effectis opra 
an officiis-Denudis.

W. F. F. [Signature]

Baltimore, C. 

1887.
On the 2nd of May 1856, I was called on to conduct the funeral of a child, for whose interment I was compelled to take the child from the grave. The child was born and died of cholera. The body was buried with much solemnity and ceremony. It was a sad event to the parents, and a warning of the sinfulness of sin.
That evening the party
was gathered in. The
mother on being told
the occurrence of the
incident, turned the
afair and

But I was nothing for
naive, I struggled
with fear and
left with the

II

as print
greatest accomplishment. If the same must be done in order to gain the children's confidence, I at least am ready in offering structures & applied *the* figures of eight of plants, in the Attic part of *ravelled* linen, but cotton being abstained from as a bad smell. As there was sufficient salt water drawn around the same thing went well after a while, not removing the skint & being used of course.
I am afraid to go much into detail although the results were astounding. It was not until six months later the first sample to which I was kept for six weeks, if still lump of white flour the same as it was on first examining it. In this case I was allowed a better result, and the

IV
very discouraging effect. She
blistered a very bad
inflammation of a little stomach.
The patient had just
been and found
this morning accounted for
to the call and was very
absorbed.

On the 13th July, 1876,
my father was sent
for to see a lady who
had been dejected from
a carriage & in bed
lying at home. On
arriving I found
the patient unwell.
by her family and
friends, not a word
without art and
that should become
in place of some
more experimental
finally. In some
interruption in
the other, the
interposition of
the fraction 8849
and
recognized not only
by the definiteness
but by the presence
which could be elicited
in moving the
form. But only

VI
the ligament was no longer obvious, & the patient
was a little anxious. I now wras
recided what kind of
an operation to use.
Considering that
the inter-clavicular
ligament acted as a
check, I thought
that by cutting it
out, I would reduce
deformity to a
minimum. The fact
was willing to try it,
and, in order that the
deformity should be
small, an avillary
But now let us look north and see the
lands beyond them. Cotton was abundant
on both sides and the land was rich in the
fields where it was grown. The land was
bountiful and the crops were plentiful.
Every thing was not kinder towards the
people who lived there.
not deformity can be
seen, but in examining
constantly, one
will of calling
can be felt on the
point of fracture.
The prognosis in
this case was that
there would be no
mortality, but the
extremity was
disabled from
thereon in no way.
Recent Varieties, \textit{in} \textit{the} \textit{same} \textit{hypothesis} of \textit{acute} \textit{and} \textit{chronic}. \textit{Sudden} \textit{attacks} \textit{of} \textit{rheumatic} \textit{congestion} \textit{are} \textit{acute} \textit{and} \textit{chronic}.

Historical Characteristics, \textit{acute} \textit{and} \textit{chronic} \textit{attacks} \textit{are} \textit{diffuse} \textit{and} \textit{circumscribed}. \textit{Acute} \textit{attacks} \textit{are} \textit{circumscribed} \textit{form}. \textit{The} \textit{attacks} \textit{of} \textit{congestion} \textit{are} \textit{generally} \textit{local} \textit{at} \textit{the} \textit{base} \textit{of} \textit{the} \textit{heart} \textit{and} \textit{near} \textit{the} \textit{roots} \textit{of} \textit{the} \textit{great} \textit{arteries}. \textit{Acute} \textit{attacks} \textit{are} \textit{circumscribed} \textit{form}. \textit{Examination} \textit{of} \textit{the} \textit{pericardial} \textit{dura} \textit{reveals} \textit{no} \textit{evidence} \textit{of} \textit{inflammation} \textit{of} \textit{these} \textit{pericardial} \textit{structures}. \textit{First} \textit{the} \textit{pericardium} \textit{becomes} \textit{tendined} \textit{owing} \textit{to} \textit{the} \textit{congestion} \textit{of}
The first and second notes are from
the Magazone.

The elevation contains principally
a large picture and text.

The large picture is of the
Cardiacum, and
may be described thus:
The Svarna Kwa is the tool
for Cardiacum and has a bluish
condition. The first
module should be present in such
numbers as to give a reddish or
brownish color to the elevation
in this condition. The orange
Cardiacum is the true form, it
is especially connected with inci-
dentals or Caucus occurring in the
Cardiacum. Where the two both are
present in very great numbers,
which is done. "Ancient and remarkable is
and to Electro-tome described
in Europe. It may be produced
by the evaporation of a diuretic
solution and other preparations.
The exfusio of fluid
or exudation in different
cause, it may be that said
free-running are extruded and in
other cases the exudation may be
about or more. It is yellowish
or colored fluid and can be
sucked about by it. Lecolic extract
of Fabric. If the case precede
favorable the human in approxi-
and after induction. The
library. It also needs great work-
... coincidently with the absorption of the inflammatory products.

Adhesions of pericardiac tissue may develop and sometimes such an extract as to stimulate the pericardial sac. But the more common form of adhesion is to form and thicken passing from the visceral to the parietal surface of the pericardium. Pericarditis pericarditis occurs in less favorable course, a large amount of the fluid accumulates in the sac and may escape clinically by perforation forming a fistula, or it may escape internally into the lungs.
I am, be it for the sake of convenience, not difficult to understand it is generally divided into three stages. First stage extending to that period of the disease at which the effusion is sufficient to be abounded by the physical signs.

Second stage, or the stage of effusion, extends until the fluid is absorbed. The third stage, or the stage of convalescence, ends with the absorption of the fluid until recovery.

Clinical History: Generally the symptoms are made up of co-existing pathological conditions such as acute articular rheumatism.
Burning, bright discoloration, and intense conditions are characteristic
of pericarditis. Pain usually attends the development
of the inflammation which is described as being acute and contemporating in character. Similar to
the pain experienced in pleurisy, this pain elicits it is always
considerably increased on forced inspiration, owing to the fact
pericarditis makes a contribution to pleurisy. Pain may or
may not be a prominent
symptom, as its intensity varies
considerably.
ation on the question of culture, culture.

In the meantime, it was noticed that the

characteristic act of the disease,

was to be noticed at first, namely,

involvement, more or less gradual or

unnoticed. Cases in described as

being accelerated and irritative.

Fulness, auricular weakness, etc.

and constitutional symptoms in the

second stage are extension and de

form as this, which shows the intem
dity of the local symptoms and also

side. But if this be rather sudden

and next in account, disturbing the

pericardial sac, etc.
...
Chorea and atonic convulsions have been known to occur, and it may elicit early enough much the same affection. (For Mont
Elasmobranchs frequent no anatom
ical sense of the nervous system
as these chinkston can generally consider it a functional ill
character. The former of this
disease is in direct relation to the
amount of effusion and the
intensity of the inflammation.
If the inflammation be not great
and the amount of effusion
small, all grave chinkston
may be absent and it may
ever be so slight as to make it

without attention being directed at the thoracic cavity at all.
Again, in some cases the symptoms may be traced to the existence
with absorption of the effusion.
It has very great in amount subsided, the symptoms of compres-
sion of the heart. This symptom differs in different cases,
disappearing rapidly in some and slow in others. During con-
sciousness, heart action is weak and
easily excited.
Pathological inflammation of the pericardium is
about the same as in inflammation of other serous membranes.
allowed for the exudation of fluid and of blood protuberance, fluid and exudation and bore at its histological appearance. Much do die the damage done to the epithelium and tissue on the surface. The tissue of greater or less extent removed if these become organized we may have formation of which is formed. The formation may ensue, producing subsequent pericarditis. The exudation of serum and fibrin litter matrix in different cases. There may be much effusion of fluid but a small amount of fibrin.
or third may be a large amount of fibrin and only a small quantity of fluid. Again this may be very slight.

Etiology. Exclusion of traumatic endocarditis is almost always secondary and in most cases connected with acute articular rheumatism. It may also occur in acute or chronic Bright's disease but in more the converse is with the latter form of renal trouble. It is supposed to be due to the accumulation of fluid in the blood which has been forced to occur in the course of the eruptive and continued fever. Severe scorbutic e
in these conditions it is extremely
worth in all probability to the
same as when it occurs in the
course of other conditions.

It sometimes happens in the course of some nervous and
blurred vision; that inflammation of
the cornea is due to an effusion or
inflammation from the fluid. This happens
most particularly when the left
wing or eye is affected
with cataract or trident or cataract.
This is a very rare disease. Almost
always it is found to exist in
connection with one or other
of the above mentioned conditions.
Diagnosis. Acute, Erysipelas, and pleureudria in diseases from which Pericarditis can not be diagnosed by its symptoms alone, it is elicited in connection with the first two of these diseases its bruit would not be able to establish unless the symptoms are very strong. Here physical signs must be brought to our aid and are very valuable. On auscultation sounds heard over the tracorcia which is synchronous with the action of the heart is proof of the existence of Pericarditis. This sign occurs very early and is known as the cardiac friction friction murmur.
heart. Produced by the contraction
of the cardiac valves of the heart and the
pump action of the heart muscle. It is heard in the
maximal intensity at the apex and is heard with
minimum intensity at the base. By palpation, a thrill is occasionally
heard. A Murmur, Clinical in
character, with that heard in tricuspid is sometimes observed in case of
pulmonary stenosis where the seat of inflamma-
tion is situated in the anterior part of the heart near the aortic valve. But if only extreme is the sound
of the heart, it varies in intensity.
more than the ordinary cardiac friction. Murmur and there would
be other symptoms. Clinically
it is usually more or
less affected by the movement of
percussion. Percussion in the
terminal stage of pericarditis
indicates the presence of liquid effusion.
The pericardial area of dullness is
increased in a greater or less extent
and it may even be that in character
when the pericardial sac is filled
with fluid it forms a continuous
area of dullness or flatness on
percussion. The upper left which is
near the sternal notch and the
fasciae pass on a point on the
right side between the right corner of the sternum and right cripole in a point on the left side without the cripole and a little below the level of the apical beat inwards. At the base of one partially filled with fluid Bundle will be more or less marked in proportion to its amount. If the extension is very great it may cause diminution of the apical ventricle, diminution of the entire disc and increase of the friction would occur from this so much extension. Occasionally it remains within the base is filled and even when it is dilated, if it have disappeared or diminished
During the second stage, it returns again after the absorption of the fluid. At this point, until agglutination takes place, at which point continues during and after. The third stage is a slight effect. When the accumulation of fluid is considerable, the abdomen is weakened and retires in position. Fever carried in some cases as far as the chest, as the middle line, and as high as the third intercostal space. The first sound of the heart becomes feeble and distant.

*Comment:* Acute pericarditis is occasionally a very dangerous
effective but in other cases it is comparatively a mild one. The gravity depends very much on the suddenness and intensity with which the disease manifests itself or the amount of inflammatory exudation and especially upon the quantity together with the opacity of the exudate.

Death may be caused, when the exudate coats the corneal surfaces rapidly and entirely so that the eye becomes opaque and blind. The exudate may be caused by compression. Generally however, when death occurs it is by slow atrophy of the disease lasting from one to two
The immediate cause of death in such cases is, in the first place, the long continued compression of the heart by the liquid and in the second place is destructive inflammation of the substance of the heart. Of the two causes one may be considered. Sudden death by compression may be caused by muscular exertion, especially by much exertion in cold water. Exception of complications and accidents, disease in the heart occurring in rheumatism and accompanied by pleurisy or pericardium it is seldom fatal. But when occurring in the course of Bright's disease,
it is followed by fatal results in a great proportion of cases. In some complicated idiopathic peri-carditis, the prognosis is grave.

Traumatic case-isolated the heart to best advantage. Adhesions of the pericardial surface in a greater or less extent in the usual result in a few cases. The adhesions are very small and limited to a few patches or there may be only a few patches of thickened tissue left as a result of the inflammatory treatment. Anti-chloragogue measure such as hot bath we can only be entertained at the first
Stages of an idiopathic traumatic pericarditis and would undoubtedly be mistaken for treatment. This affection is described in the course of any debilitating or chronic disease such as Bright's disease. Pericarditis is more often employed in idiopathic pericarditis or when it occurs in the course of such diseases as its onset of frequency to impair to any extent, the ability of the system in instance as extra disease. It is never indicated after effusion or a considerable extent has taken place in the first stage. Addition or

Mean of the saline suspension
or the crater dressing may be en-
closed. Ulcers in this stage
are more harmful than ben-
ficial, by adding to the pain and
discomform of the patient. The
amount of effusion to be greater
in enterable and confinement the part,
it is of the utmost importance that
its removal should be effected as
soon as possible. This must be done
by small ulcers debried off the
pericardia and then allowed to
dry rapidly. Urea or urea hydro-
chlorides or nitrites may be used
but as there are antiseptic agents
which care should be taken
used in their administration.
Wine need. Their depressing effects upon the heart and stomach should be cut by the inter-administration of alcoholic stimulants and nourishing diet. 

Elaterium is one of the best agents in this case, as it produces very exquisite and melts warmth. Its depressing effects must be put by proof stimulants. 

When the heart is liable and irregular within the first or second stage, digitalis is indicated. 

With the compression in very great and acute threatened, it may be necessary to draw off the fluid by aspiration. The best point is
insert the needle of the syringe so a little to the sternal side of a perpendicular line drawn midway between the left margin of the sternum and left nipple, and between the fifth and sixth ribs. As much of the fluid should not be drawn off at once or fatal syncope may follow. In the third stage of respiration, owing to the liability of fatal syncope from muscular exertion it is of great importance that the patient should be kept as quiet as possible. With the stomach erect the incision. The stomach should not be overstretched but easily distend.
The cause (Nutritional, etc.) given. Juice and good hygienic surroundings promote recovery. While pericarditis occurs in the course of Acute articular Thrombosis and being due to the same morbid element in the blood, this the common cause, should receive attention and treatment directed to its removal. The pericarditis subsides as the cause is removed. When edematous recovery without becoming chronic adhesions is a greater or the extent may be looked for. In some cases of pericarditis, where patients have died subsequently from some
This cause, on post mortem ex-
amination, the pericardial adhe-
rence are not infrequently found to
be adherent over its whole extent
and yet no symptoms referable
to the heart existed during the
mere adhesions do not as was
formerly supposed, lead to
progressive enlargement of
the heart. Valvular lesions. The
effect and this too is manifest
being considered a dangerous
disease from its remote effects.

Marshall G. Smith
Acute tubular separation

by

W. S. Stokes

of S.C.
The kidneys, lie somewhat slips to the organ situated below the diaphragm and weck of the peritoneal cavity, are the great power of the body. When we consider that most of the waste products of the body are eliminated by them it is not to be wondered at, that they are as often the seat of disease. As the kidneys are poisoned in any way, either by patholy ideal change in its own tissue or by poisons introduced from without, its influence is brought directly to bear on this organ. Among the diseases in which the kidneys are liable is a group differing more or less from each other but all having one symptom in common-albumen in the urine. This group is known by the name of Bright's disease, after Dr. Bright, because its urine was due the loss of fluid. Thoroughly investigating the
diseases and giving the result in definite shape. Of these, we have admitted for discussion Acute tubular nephritis or acute inflammation of the renal cortical tubules.

Pathological Anatomy. Not much is definitely known of the pathology of this disease. The following is generally accepted as proven: the disease is much enhanced if may in to double its normal size, the substance being in the cortical portion; it is engorged; the surface is smooth and the capsule adherent; the color of the cortex may vary from a whitish gray to a reddish gray; the pyramids are deeply congested. Microscopic examination shows the convoluted tubules to be the seat of trouble. The epithelium is much swollen from granulation formation as such that the lumen of the tubule may be nearly closed. Filtration may be less than cana
The walls of the tubes may be partly or
completely by the produce of reaction of granulation
matter to such an extent that the walls in
places give away. Such parts become the seat
of fatty degeneration. This may in conjunction
with the original reaction extend to many tubes.

Causation. The causes of this disease are varied.
The two principal modes in which the causes
act are by the acting increased work on the tubes
and by direct stimulation of the organ. Of the causes
acting by the first method cold is perhaps the
most common. It is probable, that pregnancy
acts in the same way. It is held by some that
scarlet fever acts in the same way but is not
likely in correct it-acting by the latter mode or by
direct stimulation by poison generated by the dis-
ease. Scarlet fever is probably the most frequent
cause. Lead, arsenic and other drugs of like action
serve to light-up the disease also. Again substances producing hyperemia of the organ may set up the liver as a causal nidus for pus. Typhoid fever, syphilis, and related maladies may, like scarlet fever, act by directly poisoning the organ. Alcohol is classed among the causes by some writers but it is just as likely that this is a secondary cause, the alcohol causing exposure to cold and the cold causing the disease symptoms. The mode of onset is various. In the beginning of the disease the kidney may not be at all suspected. When it arises during an attack of scarlet or typhoid fever, either else, as the onset will be variously modified. Then occurring as a primary malady out of this source in generally followed. It appears within suddenly with high fever, pain in loin, nausea, vomiting, and an emesis or it may be
in gradually with much less severe symptoms. This is the least common mode however. When the disease is gradually established it is very insidious the symptoms being very vague. Often the first symptoms pointing to the kidney are the seat of trouble is puffiness around eyes and edema of the arms. This symptom which is in 80% means a constant first symptom is very characteristic of this disease. The ordinary symptom leading to suspicion of the kidney is the change in the urine. The urine is decreased in amount or may be entirely suppressed. The R.P. is raised reaching perhaps 1030. The urine is much less than normal due to suppression of the urine constituents. The urine becomes dark and sometimes of a decided and dark urine.
Microscopic examination shows the presence of albumen in large amount. Blood clots are found either in lact or distillate. Typical irregular blood casts may be observed. Epithelial cells will also be found present. The quantity of these cells will serve as an index to approximate the severity of the attack. Later in the course of the disease, the polyhyaline casts are replaced by large casts of the same variety accompanied by an abundance of granular casts. The presence of albumen is the most significant symptom. This may indicate for either the heat or nitric acid but both should be used however, the absorbable content. Heat may give other precipitabos than albumen so may nitric acid but each will clear up all precipitabos except the albumen. The blood and vessel walls are as change in this dis-
which prevents the relinquiishing of food and to the loss of all revenue.

Course and duration. This depends much on whether primary or an accompaniment of other disease. When primary, the attack is more severe than when secondary. It is caused by another disease it modifies the course of that disease. The juvenile symptoms generally subside after a few days. The duration depends much on the prolongation or the duration of the suspension of menstruation. If the urine be much suppressed, vomit appears early if entirely suppressed it may appear in one week. The symptoms may be relieved temporarily by occasional discharge of the kidneys' functions by the chin and in the ears. This will be of little service, if, in the meantime, the function of the kidneys cannot increase.
These measures are too extensive to be consign
ed. If the activities of the blood and in
terstitial recovery may gradually, in 2 or 3
weeks to 3 or 4 months. Death may occur
from convulsions, coma, or emphysema into
the lungs. It still remains to speak of this
latter as an accompaniment of pregnancy.
It may occur as a complication of either
the first or last stage. The probable cause
is given above. Visual phenomena with
headache and vomiting are generally, the first
symptoms. But edema may in the first cause
of suspicion. Some of the first symptoms
may be overlooked when it occurs in the ear
ly stages of pregnancy. The symptoms of
the two conditions closely resemble. The
nenrous symptoms are much intensified in
pregnancy—violent convulsions and mania.
The excitement arising. The supervision of this disease frequently causes abortion or premature labor. After the abortion, symptoms resembling those of syphilis and rubricide may occur, running into the chronic form. The trouble may recur with subsequent pregnancies or may never appear again. Occasionally it is the immediate cause of death.

Treatment: The first indications in the treatment of this malady is relief of the spasm. One or two days may make a great difference. An immediate relief is required. Diaphoretics and hydrogen caustics are called for. To produce diaphoresis hot vapors first and faborandi or its principle rubricarpin are the best means at our command. In faborandi in drops. 
dose until profuse sweating is induced. wallpsorepic may be substitutied in slight cases of the mummy. It must be borne in mind that these drugs are cardiac sedatives. Under the administration of this drug one will in the heat in the sweat. The heat hydropogue carbonate is chloral. If this is not at hand castor oil or gamboge may be used. In administering chloralum it must be remembered that it is also a cardiac sedative. These being given to relieve the cholin temporarilby measures must now be taken to restore the function of the kidney. For this digitalis is in the best drug at our command. It acts sedatively and does not excite hydrenia of the kidney. The injection is the best preparation. Dr. Chase thinks it
ad van cagrous. To substitute spirits of mint
elk for the b. cinnamon on this prepar-
aration. This may be given in a dose of
in repetiti. Large draughts of water
will be found beneficial. If convulsive
agents are required, a cup will be found ben-
eficial. If the patient is weak, dry cup
should be applied; if strong 8 or 4 ounces
of blood may be drawn. Morphia is nec-
essary to control the nervous symptoms but
it must not be used if coma exist. Then
the nervous symptoms are restored un-
gut. Bromide of Potassium or Chloral
may be used.
The Dean's Office states that this man faileth to graduate from:
University of Maryland,
College of Physicians & Surgeons,
Baltimore Medical College.

Ruth Dug Bresee
LIBRARIAN
...
Through the usual

sorcerous initiations. Informa-
tion on my masonic devi-tilled
coat R.S. affectation on
especially La Salle's tentative
terrorism contract, i.e.,
Solitary handmanifet
incited-developments in
numb-and-conundrum.

Soyer's Patent domino maffia effect
bust-not to extract of Da Capo
clauso. They be accused and
beheaded in bandana-art
alteration, of devas cost-ing
enough. You can feel the
tumors from within of
these celluloids. Deluge of tron-
The page contains handwritten text. It appears to be a page from a diary or notebook, discussing daily activities and possibly health or medical notes. The handwriting is cursive, making it somewhat difficult to decipher. However, it seems to detail daily routines or observations.
If it could be determined in time, if it could be proven, the poor to join, it be due to the inability of conscience and should not be. Pain are generally inherent traits, and the cause of under-estimation, circumstance. There was a stone. Steadfastly, unwaveringly. Pervaded and clasped. The inscription directed, dealing with small or insufficient variety of life. Not only a few changes of the order of treated after death declaration.
On from the supposition of attack. Should any one
remove the digested food from the
intestines, the stomach
would be the first
dark brown conno-
and of long con-
and digestion in such
A reflex action in the
expected. It might
cause it to return of
admission, and if
you have not found that

Heaven

To accomplish that.
incurred. It is not

clarity, and the

of thought and to

be able to write

very similar with

the facts. One you

stole went quite
close to life, but

inattention to attend

large, the odor of

them as difficult.

months became

dry and tongue

wet at the lips.
locate. If the distance is not
accurate nor can
wet or very
wet and indefinately.
Implementation (and the)
dangerous in it
hinders than an
improvement of the
North and southerly.
Care of
 encrypted.

Programmed with
I hope and confidence
and common...
19c. Treatment

1st. in wine

3 parts

4 parts

3 parts

0.8 parts

1 part

0.4 parts

1 part

0.2 parts

If shadows

must

firm as

at the morn.

in the night.
too good food
retard it to the
breast or give some
of the food previously
mentioned, mixed
or raw fruit of the
food. On chronic
cases as common
affections
knew well and so it
should be
deliberately cooked.
Rare meat often
only kind digested.
If thin stomach is
very irritable found
what i run a toot
And now though it is now 7½ Fij
Some time a piece of raw meat to make
in good. Of flat
matter be found
since gone
improvement. Of food
in the recent use of
The Fij were best
and Paragon is not
the x c Battle Renni.
Fij 24. A tobacco plant
with known uses
Vegetable continuing
Thermometer the best
\[ \begin{align*}
&\text{B. direct opium} \\
&\text{Z. bowman} \\
&\text{P. arrow} \\
&\text{S. seed} \\
&\text{D. oat} \\
&\text{Sig. \& remedy} \\
&\text{B. bow} \\
&\text{P. panegyric} \\
&\text{R. rhubarb} \\
&\text{M. milk boiled} \\
&\text{Date: Jan. 4th} \\
&\text{4lb. & 3 1/2 qts.
\}
of the point being in
etween with the
and will continue
other will
not. Host of clear
Being efficient. Dropping
of the rest of the
inventions from the
between is in flame.
Beard of Sand, fox
in one excellent
require dry clothes
occupation. Beker
would resign of
state thing in the.
et. If this haemato-
meter is not properly
formed it should
be the blood specimen
for one half or less
a dram of a full
volume (i.e., a 1/3
hundredth) and
like the preceding
taken from the
nose none directly,
and
hold compress down
more 15 minutes sooner
in return better
than other
way."

(C.M. Storb SCALE)
The Physiology of the Stomach including its Anatomy, Physiology, and Pathology.

But looking over the broad field of Medical Science, for the purpose of choosing a subject upon which to write a Thesis, and is almostbewildered by the innumerable subjects which present themselves, all of which deserve a deeper consideration than the humble writer could presume to give at the present limited state of his knowledge of Medical subjects.

The subject I have chosen harnet been selected because I think it similar to deserve of less consideration, on the contrary...
it is one of prime importance. This has been discussed for centuries by the most eminent Physiologists; nor has yet all the facts been fully elucidated.

Probably as far as the functions of the stomach is concerned, that is well enough established, for all practical purposes: its function being to act as a receptacle for the food, to sacrate its juices but to insinuate their admixture.

The stomach is somewhat conical in shape, having a larger or cardine end, and a smaller, clysteric end; however, this end is not horizontal but curved, presenting a superior or lesser curve.
inferior or greater curve.
It lies immediately beneath the
diaphragm, its cardiac extremity
being in the left hypochondriac
region, while its pylorus is in
the right, to a slight extent; hence
for a great portion is in the epigas-
trium.
The stomach consists of three coats;
G a serous, G a muscular, G a cellular,
G a mucous
The serous or parietal coat is a
smooth glossy covering consisting
of a single layer of endothelial
cells.
The muscular coat has immedia-
ately beneath, serous and consists
of two circular layers of muscular
fibers of a third partial layer, that two form an oblong-rectangular partial layer. The latter partial layer is obliquely divided, if not principally confined to the cardiae canals. The longitudinal and circular are mostly of the most importance. The muscular coat is laid toward the food at the pylorus, and expels all trituration through the pylorus at the proper time. This muscular coat is of the palisade variety. Next in order we have the sub-mucous or cellular coat, into which the minute glands of the gastric glands dip, and lastly we have the mucous coat studded with the minute orifices of the blind tubes which secrete the gastric juices.
This mucous coat is made up of cylindrical epithelial cells which throw off a thick tenacious mucus, which acts no doubt as a protection to the delicate mucous membranes, against all kinds of irritating substances, such as strong alcoholic drinks, strong alkalis, nitric acids, etc.

Beginning at the cardiac of the Stomach, the mucous membrane is covered with a single layer of beautiful columnar epithelial cells, most of which are mucous-secreting goblet cells. On the surface of the mucous membrane span numerous fimbriae of glands, placed very closely.
sides by side. They extend more or less vertically, comminuted into the depth of the mucous membrane.

In the pyloric end of the stomach, where the mucous membrane presents a pale aspect, the glands are called the pyloric glands, in the rest of the stomach, whose mucous membrane presents a reddish or red-brown appearance, they are called the Paptic glands. Owing to the numerous ducts opening on the surface of the mucous membrane, a vertical section seems to be made up of thinner or thicker folds or villi, the Plicae villacea.
But they are not real villi.

The part of the mucous membrane containing the glands is called the mucosa; outside this is a loose connective tissue containing the larger vessels—this is the submucosa. Between the two, but belonging to the mucosa is the muscularis mucosae, a thick stratification of bundles of striated muscular tissue arranged in most parts of the stomach in an inner circular and an outer longitudinal layer.

The tissue of the mucosa is dense owing to its containing, placed closely side by side, the glandular, inherent tissue is a delicate connect.
ive tissue, in which minute capillary blood vessels pass in a direction vertical to the surface. Numerous small bundles of non-striated muscular fibers pass from the muscularis mucosae bands to the surface—forming longitudinal muscular sheathes, and were around the gland tubes. The pleats villosae of the superficial part of the mucosa contains fibrous connective tissue and numerous lymphoid cells.

The papillae glands are more or less nested tubas extending down to the muscularis mucosae. The deep part is broader than the
It is more or less curved, sometimes travelled; this being the funiculus of the gland, that portion nearest the mucosa, where it is thickest is called is called the neck.

Two or three glands may unite in a common duct, as before stated.

The duct is lined with columnar epithelial cells, continuous with and identical with those of the free surface of the mucous mem-

Next to this lamina is a continuous single layer of more or less trans-

parent, granular-looking epithelium cells, each with a reticulated proto-

plasm and spherical or oval

nucleus.
In the neck these cells are polyhedral but further down, instead of spherical in the fundus of the gland tubes they become columnar, these cells are called chief cells or central spheroidal cells. Outside these is the lining, mucous membrana propria of the gland tubes, but between the mucous membrana propria and the chief cells, are scattered here and there single oval, spheroidal or angular granular and opaque darkening cells. These cells are not found in all of the glands, but more especially in the glands nearer the cardia. They are much larger than the central (or chief) cells and stain much easier. On account of their position they have
been called parietal, marginal or border cells, and from their oval shape, oval cells.
These cells are very easily recognized by their large size, by their bulging the delicate membrane propria.
They were formerly thought to be the pepsin secreting cells, and were called the "peptic cells," but now this supposition has been thoroughly disproved. They are now supposed by some to be the hydrochloric acid secreting cells.
The absence of these cells in the pyloric end of the stomach gives this supposition some weight as that end of the stomach is nearly always neutral or alkaline.
There is another kind of glands do-
described by most histologists & physiologists, namely, the pyloric glands, their ducts are somewhat longer than those of the peptic glands, sometimes reaching half the depth of the mucosa, whereas the ducts of the peptic glands seldom exceed one quarter of the depth.

The epithelial lining of the ducts and the Glands as that lining the peptic glands.

The histology of the pyloric glands is so near that of the peptic glands that it is not necessary to give it; it suffices to say that the difference lies in the difference in the length of their ducts and the absence of the oval cells.

These glands being secretion of course cannot secrete mucus; they are supposed to secrete pepsin, by &c.
Meidauhain, but their views on this subject have not met with universal favor.

These cells lining the membrane propria are seen to undergo a change during secretion, so that after the digestion of a full meal, they become smaller and less transparent than during secretion; their protoplasm in the former state is a denser substance than in latter. The transparent interstitial substance, becoming increased in amount during secretion between the pyloric and peptic glands, there seems to be a zone of gradual transition one into the other; the peptic gland ducts gradually lightening as they approach the pyloric gland duct.
But the oval cells gradually become fewer and fewer.

The mucous membrane also contains isolated lymph follicles, glandulae lamellulares and also the glandulae agminatae that are found in the pyloric part of the stomach.

The submucosa is a very loose tissue thus enabling the mucous membrane to be folded in all directions, thus forming the rugae of the stomach.

We will now return to the gland tubes and say a word regarding the vessels surrounding them.

All of these tubes are richly supplied with capillary blood vessels derived from the arteries of the submucosa but we have corresponding veins.
The lymphatics form a network in the mucosa near the fundus of the glands. Into this plexus leads lymphatics running longitudinally between the glands freely anastomosing one with another and extending to near the surface. Another plexus belongs to the submucosa.

Between the circular and longitudinal stratum of the muscular coat are non-medullated nerve fibers, with a few ganglia in its nodes, corresponding to plexus of Auerbach of the intestines belonging to the outer muscular coat; there is also a plexus of the same kind of nerve branches in the submucosa, this is designed for the muscularis mucosae and the mucosa.
corresponds to the plaque of Massener of the intestine.
Rabi' says that in the gastric glands of the horse are surrounded by a rich plexus of nerve fibers terminating in fusiform cells. There could be a great deal more said about the Histology & Anatomy, but I must hurry on for fear of consuming too much of the reader's time; so now we begin with the Physiology.

Mode of secretion of Gastric Juice. This function seems to be under the control of the nervous system through the Pneumogastric & Splanchnics. The latter being the vasomotor nerves. The Pneumogastric probably the nerve connection and also trophic injection.
In all probability the secretion of gastric juice is under control of special nerve mechanism, notwithstanding the fact that all visible nerve connection between it and the central nervous system may be cut without any alteration in the secretion save that which would naturally follow the change in blood supply, which is profoundly altered by the covering of the stomach lining. Most believe that it is a simple reflex act, as may be shown by sudden emotion checking the secretion and the smell of a good meal exciting the secretion to commence. The secretion may be brought about by mechanical or chemical stimuli.
Thus by irritating the mucous membrane with a glass rod through a fistula it may be brought about or by the swallowing a small amount of alcohol or pungent condiments such as pepper cresses, or alkaline solutions also stimulate the secretion but more seem to act as well as the normal bolus of food well saturated with the alkaline saliva.

It is probable that the central are the chief secretory cells but not the large oval cells as was formerly supposed. For the latter are seen to undergo no changes while the former undergo a decided change as already partially explained therefore further into
The details of this change.
When the gastric mucous membrane is irritated through a fistula with a glass rod or other mechanical stimulus, it is seen to become red or pinkish, and numerous drops of secretion may be seen, like so many drops of perspiration. Thus gastric juices may be obtained for experimental purposes or artificial juices may be prepared by the maceration of finely divided pig's stomach, or any other animal's stomach, in Elysarius. Thus, by placing some of the thus prepared juices in a test tube with some protein material it is seen to undergo rapid digestion.
if kept at the body temperature (98.6°F)

The active principle of gastric juice is called pepsin which has never been isolated but is a purely theoretical substance formed as it were by the proteid substances of the digestive juice, converting them into peptic substances at the last step but they are first converted into para-peptones which are not capable of being absorbed. This digestion may be arrested at this point by various agents such as alcohol or strong alkalies.
Pepsin can only act in an acid medium; therefore, alkalies render it inert.
Pepsin has no action on fats, but digests out the framework of adipose tissue and thus by the heat of the body the fats are rendered fluid and more acceptable to the stomach (the fat digester) of the pancreatic juice. The gastric juice was for a long time supposed to be acidified by lactic acid but it is now pretty well established to be hydrochloric acid. Other acids may also be found in it, but they are supposed to be formed by the decomposition of substances.
in the stomach.

Too much acid causes too much stop the digestion. Too little sets in the same manner but if more acid be added the digestion proceeds. The action of gastric juice is not limited to the proteide of meat but also to that principle of grains (Gluten).

The formation of sugar from starch which commences in the mouth is supposed to be stopped in the stomach, by Delton and others but some Physiologists say that it is not. There would be fifty times as much said on this important subject but for time and space I will close.

Nos. 165 & 166, 26th St.,

Respectfully,

W. F. stout

New Hope, Pa.
Intemperate Temperate Zone is a term of Malayan flora, which is characterized by its prevalence in certain regions where the genus Malana is generally, but its florid and horticultural character are by the fact that the soil is not a xerostomous. Over many years, an irregular succession. The region of the development of the species may be said to be confined to 65° north and 57° south latitude; and within these boundaries it is decidedly the more prevalent more the
orator.

Etiology. The great cause of scurvy is the development of which blemishes is the subject to be discussed at length here. In brief it is to say that its development depends upon certain low conditions in which the presence of vegetable matter, moisture, and a certain narrow degree of temperature is necessary. This temperature must not be lower than 38° for 20 hours, and ordinarily it is most generated if it be in about 65°. The inward granular substance is the element, eighth through the lungs to the intestinal tract. Any thing whatever that tends to disturb an individual within mental or physically,
...tudent must make sure insensible that the mental process and since these depressing influences may be looked upon as predisposing causes. Among these are many emotional, mechanical, nervous, and especially action through air, great fatigue, bad hygiene conditions and almost manifest as the debilitating causes.

**Medical Anatomy.** The intestinal changes are thus. The only constant pathological lesion is the congestion of the internal organs. The liver is always somewhat enlarged, but this enlargement is due entirely to hyperemia. The structural changes in these organs do not occur until the...
Disease has worked to a low tonus.

The kidneys also are seen as low businesswise, and the mucous membrane of the intestines is affected in like manner, but it is not attended to in any signs of calamus, either gut or colonic.

Changes in the blood, such as hyperemia and great diminution of red corpuscles, which are found in the more common types of infectious diseases and in the serious kinds of the diseased, are not found here. The blood however alike in a certain extent and is dark in color. Of the gums continued for as long time the number of red globules could be diminished and the fibrin factors also.
Some changes are due in a part extent to the high haematoma which always attends this disease. Some yet has nor been able to attach highly explains why the fever is praerysional and not prasmus. There the existence of a paragony to while blood corpuscles are very quickly re-created on account.

Symptoms. This fever as has been before said, is praerysional in character, and its types are determined by the interval of time which elapses between each paragony. The first as the quotidieus type and in this the paragony occurs every day, the paragony occures every day, the paragony occurs every day.
in between both sides.

The second is the second case and with this combination the function occurs every third day. There being an interval of 48 hours between each paroxysm. The third is the quartan type, and in this the function occurs every fourth day. There being an interval of 72 hours between each paroxysm.

These are the regular types and others must commonly exist.

Other types however are not common but they are without doubt merely modifications of those already mentioned. Of these there is the double
quotidian, in which the paroxysms occur daily, the one was most in character occurring as a general one in the afternoon or evening I gain there is the double lucidian, in which a paroxysm occurs every day but it differs from the quotidian in that the paroxysms resemble each other in severity occur at intervals of 28 hours, those in intermittent being less severe in character. There is also a form of Intermittent Fever not with in which the paroxysm occurs on the 7th 14th 21st day but an interval of 7 days between each paroxysm. But of all the forms
The ones most frequently met with in the quotidian type of paroxysms are mostly occurring in the morning, in the tertian type at an early noon, and in the quartan in the afternoon or evening. The duration of these paroxysms depends upon the type of the fever. Those of the quotidian generally last from 6 to 8 hours, those of the tertian from 6:30, and those of the quartan from 12:30. Of course, there are many exceptions to the above, but of the disease, even at low levels it has its course without treatment, it is a question of
thirteenth hour by.

Paroxysm. This is accompanied by the stages viz. the cold, hot & sweating which as a general thing can be easily distinguished from each other. Thus in each lesion & cause usual by others in the cold stage,

old stage. When our passes into this stage the last sensation is that of coldness along back. From this leans & the shoulders and gradually an uncomfortable sensation of coldness steals over the whole body. The skin now becomes chameled and appearance the ends of fingers & the tints become blue; teeth begin to chatter, any attempt to do anything
is attended with breathing an acute and chill after another is as on the entire body. Shakings are the most distressing so that the nearest can be done for great distance. The blood seems to seep from the skin and its temperature on the surface is lowered, but if the thermometer is now placed under the tongue it will generally register 104.5° F. Respiration is quick as is also the voice but the patient always remains perfectly conscious. He will now require a frequent draught to empty the bladder for the urine in this stage is increased in amount and pale than is normally seen. The length of time their symptoms last
depends upon the severity of the case. This usual duration is from 12 to 18 hours. Chills are not as a rule, however, as pronounced in typhus. The patient may be flushed and) somewhat hot, generally, the shivering becoming less and less and painfulness with this diminution of chills. The patient may have flashes of heat in his extremities alternating with chilly sensations or instead of the flashes, a sense of coolness may gradually develop over the patient and thus establish the hot stage.

Hot stage. The body now feels hot, the skin becomes red, the blood vessels constrict, the central organs of the body
attempting to rise the ideas are not at altogether clear and the patient tossing from one side of bed to the other, mouth is dry. Constipation may exist and the urine is always diminished and somewhat acid. There are the principal symptoms. Though these have continued for a variable length of time usually from 2 to 3 hours. Though they may last as long as 10 the elevating stage is established. 

Elevating stage. The first indication of this is the appearance of moisture on face and body. It is frequent to a greater extent on scalp and extremities.
The and the first hours or seven are gradually diffused all over the body. The temperature must remain a little, the face is no longer fixed, but becomes natural in appearance; heart's action is known both in frequency and res force, and the patient's heart is said to stand out and fluctate. A general feeling of comfort is experienced and the patient passing from his high state of fever generally falls asleep and remains so for two hours and awaking with a sense of exhaustion.

Interval. During this time the patient if he has only had a light fever you will very well and will rest within
and if the disease continues and it is pronounced frequent hemorrhages may soon be well known to lose in vitality and all the symptoms of natural poisoning will be manifested. The bowels are firbly, the skin assumes a jaundiced appearance. The abdomen and veins become enlarged and the tissues pigmented. This condition may not be brought about for a long time, and yet in the interval no aid could say that the patient was perfectly well. Some or later however it is sure to be set up. In the quotidian type there is usually unnoticed by the patient at slight rise in temperature day to 101° F. before the development
of first perception. He will not complain of anything specially, but will have a warm and feeling and will not be disposed to make any
assertions of any kind either mentally or physically. The fever begins then
in the morning and by noon has reached its height. From this time it
gradually subsides by evening the temperature becomes constantly normal.
Next day there will be another
rise of temperature but now the fever
does not begin until late in the
day, not until after midday and for
helps not until evening. In 's

as early as day and a
of the General Order. For
the exercise of this right I
will always be ready to
render any service in the
cause of our country and the
principles on which it was
founded. I am the
commander of the forces
in the field, and I will
never yield up my
right to
the
General
Order.

I am the
commander of the
forces in the
field, and I will
never yield up my
right to
I wish to convey to you a desire to see you at some future time. I have a few matters to attend to at present. However, I am looking forward to our next meeting. Please let me know when you will be free to see me.
I must state what I know, for it seems to me so important that I feel bound to communicate it. I have had to deal with a case, and have accordingly had to make a study of the subject. I have no intention of entering into a discussion on the merits of the case, but I shall say that I think a loss of 10 per cent. is too great, and that the interest on the time to the moment of payment should be considered. Since no collection has been made, the cause of suit is remediable.
I have with great regret to inform you that I am unable to return as planned due to cold and inclement weather. That cold and wet environment certainly a debatable situation. Within your esteemed and upright character, a true stoic and patient one, a clock and unwavering one, be
I am writing to you again

as I cannot bear this any longer.

This is all I can say, but I must write.

I have been working very hard and

have not had much time for writing.

I will try to write more often

in the future.

The weather has been very nice and

I have been out walking every day.

I am looking forward to

seeing you soon.

Yours sincerely,
I had heard before the beginning of the season, that some species of the order, the Eucalyptus, and the Myrtaceae were of great utility in the cultivation of the cinnamon plant. It was observed that in the vicinity of these plants, the growth of the cinnamon was much improved, and that the leaves were thicker and more succulent. The best results were obtained when the cinnamon was planted in the vicinity of these species, and when the leaves were allowed to fall upon the ground. The leaves of the Myrtaceae were especially valuable, as they furnished a covering for the cinnamon, and protected it from the sun and wind. The Eucalyptus leaves were also valuable, as they served as a mulch, and helped to retain the moisture in the soil.
Mozart's last works in importance, the tempo is great. At this stage, the two hands of the two pianos are joined up. Until now, at this stage, I think that the manuscript might be a lighter one, but as I agree the independent work, it might be brought giving out the consequent. This is a very common way, too. He would not only jump too far, and would never take the same steps in evading, but.
preceded by any inflammatory symptoms. She was in the patient state of constipa-
cion which was not on the majority of cases. She is now a little more gaining the sight and it is a constant improvement expect to being here for some period. Numbness in the fingers is a common complaint the trouble. It is an inconvenience mostly affecting the fingers and thumb of the left hand especially. It is a pain a feeling in the fingers. The cause is not to be determined.
very characteristic but it becomes there in a man.

It was upon this day a

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By E. C. Taggart

[1887]

Tassah
Water. Aqua.

The use of water in the preservation of health and the treatment of disease is a subject of great importance to many practitioners. The value of pure drinking water is a matter which should never be disregarded either in public or in private. To obtain this indispensable element in a state of absolute purity is impossible, but to obtain it in a state of sufficient purity as not to introduce into the body such foreign sub stances in the way of soluble or insoluble organic matters, from which the greatest diseases are most liable to arise, is a subject that at present is receiving universal attention through our sanitary associations.
Water is the most essential element to life, for it not only regulates the body but a crisis of effete matters, but it is necessary that every part of the animal supply itself with a certain amount of it. Man has been known to live for several miles or more without food, but this when entirely deprived of it in several days. I have said that unpurified drinking water can cause the growth disease; and this is true, for to the educated mind these can assure no doubt of the frequent occurrence of typhoid fever which is propagated through the drinking water coming from a typhoid locality. If there are counties that the secretion of the saline contains the specific forces of typhoid fever.
is with the "place to watch, only
its admission with their view of the
the place of "place of some box
with a whistle in Spring, this goes on
in a running current in a epidermic
hybrid form. This fact is discussed
on exclusively, for whom pure water is vital
in its shape, that means of the pure are
virtually connected. For a fluid in
the of culture as in his admixture
rather goes on example of this.
A change was instituted with equal
pure in a more thin, dense layer in
and bringing with pure the same
will except one family: who mind
the pure a separate will this means
that the will in question continue
the pure games, which undoubtedly
was inspired from the neighboring
The Northern Indians as presents in action.
in some winter expeditions
of this more or less season I came
to visit your solicits and the represent
until some trip to the vicinity
to these he not too much
which your brother. I came
in with parents to more to critical
in this so called in condensation, many
of the inner parts of the interior, with
ery be termed as Carthage e Longeous
Relating: Sardinia Sulphurous. Of the
Sulphuric Springs of this country the next
in merit are the Thirty Springs Sulphuric Springs will rise these things
involving in. These are as useful
as purely medicinal purposes
of harm. Such near my medicinal
in Assarican, Assarican where, numerous
Assarican, Central Assarican, among


This selection depends much upon general consent. The more important facts which carry me to this conclusion are the following. California Sally in Piggy

Can this or that method be done? Can we control all outward as well as inward actions in this way? For instance, can we control our own conduct and the conduct of others in this way? For example, can we control the conduct of others? Can we influence their actions which lead to Randolph's

Can a poorly made building sometimes stand up during an emergency? Some nice in black are profound. The Sally

Sulphurous water is useful in syphilitic disorders. Sulphuric acid

This in itself is not as in some remedies the metals. A vast number are useful in chronic diseases.
The proposition is granted for

The old practitioner, for

In order to maintain a sense of its permanence, it is

On the contrary, the

In short, this is a certain amount of what is essential to health more is needed in which relations all the
day instead of with full belief of the physician who had such

In a correct manner if the

The physician was not such

In a correct manner if the

The physician was not such

The physician was not such

The physician was not such

The physician was not such

The physician was not such

The physician was not such

The physician was not such

The physician was not such
some possession of the present
top the end like that manner the
action guide to the manner in
meanwhile, after it is in
west which is incompatible with his
legitimate exercise upon them. his
joining mine is that of a distinct
appearance. yet while this mine when
I am inclined to your mind to thy
when he says, their time is more
drug - a time is entirely more
direction that time is entirely more
listening, in giving so little time
in giving no moment - as when - which
is dependent of his upstanding among
he becomes self-disciplined, knows
stays himself until early morning
or death and the time. there is
something of the old man that there
is drawn in what still rings around.
The condition should be also one efficient to some time explain to end. It may be applied in some cases of effusions, drains, etc., not seen to run as well. In Cold Affections it may need to induce some heat to continue lasting cold within one or two. The patient Dr. Indian is placed above a warm cloth. It should be fine applied on the ing parts downwards, as well as the arm, in detail. To continue to continue until the patient complains of cold or warm air. The main motor in the Indian denotes a call to renew it. Then, if it should be twice dry, placed on the arms and with blankets, a stream into room is in certain which to aid the membrane. Encourage persistence; the burns being generally the best lines on which.
The Cold Bath is employed more generally in healthy or fevered patients. In the main method of administering it, the patient is placed in a vaso on the back of the bed with gradually cooled water added. If the water is cold, 50° to 40° is usually practicable. On the assumption that kindly the blood of the patient, the birene under placed in the vaso, heating a vigorous warm current from the water is thrown over it, as shown in experience. The effects of Cold are slight. The manner with the skin produces is burning; the pulse sinks a manner felt a little possibility. This
more of reducing them to print
and to the accuracy in the time and
of the publication of the three
climatic, and in some one
considerate, in no Climatic
unless I am sure it.
and in making decisions a man of
just one part is made the impression
of the total of some as much
through the long periods of
in not time with the idea involved.
A point makes the idea of...
ome with cold as to fever getting to commence

affected was without small appearances of

the patient should not wish any, stand

in air a moment and breath. It is now

expected as stated in the cases of

mornings. If the cold were used

they should in such cases be more.

Physicians being a description that the

impending can a natural y in

this idea, have discarded them, whereas

they produced less effect than was

expected or desired. The usual indication

for one of coins was almost in teeth.

was an improvement from the real.

is seen it seems quite evident that

the congestion of the nasal mucous following
The application of cold to the mucous
membrane in cases of dilated vessels is in some instances beneficial, but in others it may cause injury. For this reason, the application of cold should be made with great care and attention to the patient's condition. In some cases, the application of cold may produce temporary relief, but in others it may be detrimental. The application should be made with a gentle, steady pressure, and the temperature of the cold object should be carefully regulated. The effects of the treatment should be observed closely, and any adverse reactions should be noted and treated accordingly.
I am afraid that this is not easy to
make to stick, but with liquid mixtures it is
possible to avoid this by using a suitable
gréning of the mix, and also by using a
suitable substrate for the mix. The use of
the mix in a suitable manner has shown to
cause complications occurring within during
the mixture. The mix should also be
ensured that this does not
warrant mixing and
should be employed this. The mix
should be enveloped in a shell after a
suit of 70°F. Some colds
insult mixture,
which is not maintained during the
infection. If one does not
whet in the air, he
should be within and, after dry, replanted
in
air. Some warming will be likely to
prevent this way a successful mix anyway. A dry or
induced, the same procedure seems to
work well. If the dry method seems to
lead.
method & should always demand

contact admission from his faculty to me

'morning can give a sense of

awakening ideas. Known only the

of his own with the one who

going to do, one of his time is it to

the conclusion either will number

is applied to the case which he

he used at the same time in April

him. When the current time has

some facility was added of knowl

and many prominent barrels near

here after in his influence, as long as

his his agitation instantly realized

in some a very new kind of mi

both in the excite much of the elements

of much agitation a distinct increase
everyhow in China. "Communication of

the dimenstion of being is no intelligent
mind that the symptoms of insomnia
are now great nuisances and of such
nature that one seeks for the time
of the sleep daily to have a rest put
which he所得 comes in most cases.
It is in this infection
helle an attack of acute naturally
symptoms that gradually and very
a round or coincidently in a state
of appetite and the parts muscles
the gland in chronic inflammation.
constipation the cases can be completed
while other small like some horses
in milk they may just in single channel
other in strength with saluting a come of
hull to some drinks this to remain
Cold which brought up this in sent
in the mixture of a paste which is
insane. The relative sighted this the fact.
The text is not legible and cannot be transcribed accurately.
will be found useful in demonstrating the
influence of the highly nervous mental state of
the individual. The case also shows a difficulty
with such methods in dealing with
the medium. Of ultimate importance
whether some trivial fact is
leadership, cold is the medium
some of us are cold with known
the theory are not everso"Wili"
mentioned for showing of possibilities
the medium. Such instances as were described
previously is found in the case of
phenomena, only those present in the
which should be explained are the
which the medium, are opposed to
subjectivity and not with common
sense as the medium of the potential
individual's manner small impact in
the case considered as one more of
Athinia, this morning, in writing, I heard
some pronounced conversation. We went to the Companions of Christ, Evangeli
some minutes of the sun, and the rain,
I see no earthquake. We walked to the main of
sufficiently, I think. In this manner of
Athens. Known which is my more醋
to a large room of dancing also.

Mr. Lewis Fryer, his name remained
in the room with moderation. The situation
of which is a general of a station,
which is part of the main
I stand at the same is - a house in
the room of 900. He has my seat and the
situation is more some scheme. more
with - can hardly see. I see only the
we can move away. Remain from the
.

On the 1st of January, I went to the theatre and was filled with the usual excitement. I was particular about the seat, insisting on a front view of the stage. The seats were very crowded, and I had to stand for a long time. I regretted that the application was refused. I asked the dresser to make accommodations, but he was highly accommodating. He said: "As an act of kindness, I will let you sit in the orchestra for one hour out of the evening performance."

He was most kind, and I sat in the orchestra for one hour. I was very pleased with the performance. I regretted that the application was refused. I regretted that the application was refused. I regretted that the application was refused. I regretted that the application was refused. I regretted that the application was refused. I regretted that the application was refused.
must consider, indeed, in his opinion, my own case, to contain a new and
interesting for the new case.
I have in mind a certain fact concerning
in the middle of the evening, on the
highlands of a certain town, near
spare of time to bring to the
impression there which is similar in
one class of diseases, one particular
only of which will not outlive the
sudden change in the circumstances of
momentous change.

—
Epilepsy

This is a subject which has for many years attracted the attention of the medical profession.
And although much has been learned of its nature and etiology, there still remains many of its phenomena veiled in obscurity and uncertainty. Epilepsy, although only a symptom of a morbid condition, must at present be considered as a disease, for the reason that we are unable to point with certainty to its exact seat or the nature of the lesion which exists. It is a subject full of interest and one that should be thoroughly studied by the profession. I believe if it were better
understood many a poor human
would be relieved if a heavy bur-
due both physically and mentally.
Epilepsy is a chronic paroxysmal
affection. The paroxysms are char-
acterized by loss of conscious-
ness and in the more severe cases
by various convulsive movements.
Epileptic attacks in which convul-
sive movements are slight or want-
ing are called "petit mal".
Those accompanied by general con-
vulsions constitute that form
known as "grand mal".
The essential element of an epi-
leptic attack is the loss of conscious-
ness. Without that, there is no
true, fully formed epileptic parox-
ysm.
Symptoms—Although in many cases there is no premonitory sign, it often happens that there is some indication of a coming attack. These warnings are called aura epileptica. They are peculiar to almost each individual. scarcely two persons being expected exactly alike.

Some describe it as a cold vapour emanating from some part of the body and passing up to the brain. In others it consists of color visions or hallucinations of light.

The onset of a paroxysm is often marked by a loud short-thrashing cry, which, from its intensity and unnatural character is truly terrifying. Mr. Cheyne says that upon
on occasion a parrot-himself no mean performer in discords, choir from his perch seemingly frightened to death by the appall- ing sound. The suddenness of the attack is remarkable in an instance: when the patient is in apparently good health the change takes place; and the unfortunate sufferer is stretched foaming, trembling and insensible on the earth. There are some paroxysms do not usually last more than a few seconds or minutes.

The aurae are not present in all means in all cases. Delirium in two hundred and one cases found the paroxymus wanting in one hundred. Between the two extremes, petit real
and grand mal there are many
links of gradation. If the patient
lie walking on the street, he may
for an instant lose himself but
continue to walk and does not
even stagger. Even in these mild
goms the patient is unconscious
for after recovery he has no re-
collection whatever of what has
occurred. The tongue is often lac-
erated and bloody froth escapes
from the mouth.

The pupils are almost invariably
dilated. The circulation is slow-
gish. The extremities are cold and
the capillaries inactive.

In the interval between the parox-
ysms epileptics often show certain
evidence of divided mental splen-
social and motor functions. There are many exceptions to this rule, for where there has been many attacks the patient retains its normal integrity. Reynolds remarks in regard to this point: a patient may be an epileptic and a drunkard, but there are epileptics whose minds are as sound as their lungs. Yet it is found that in the majority of cases the mind sooner or later becomes involved and it sometimes happens that one attacknote by deteriorates the intellect.

Prof. Hamnord insists on the value of the ophthalmoscope in obtaining valuable indications for treatment. By an examination of the fundus of the eye either cerebral congestion
or amnias can be observed. There is no law that governs the occurrence of the paroxysms. They may occur daily, monthly or even years may intervene between two attacks. Generally the intervals become progressively shorter. Mania is sometimes a concomitant of epilepsy. It may be of a violent character during which the patient often commits acts of violence either to himself or to those about him. The paroxysms seldom occur during the course of an acute disease. Thus, if an epileptic has a fit, should fever the paroxysms are suspended until the fever abates. There we see the conservative workings of nature, for it would
be truly distressing were he sub-
ject to both at the same time.

Etiology.—Among the predisposing
causes hereditary tendency stands
first. But in a large majority
of cases this is not present.

Reynolds says that in about one
third of his cases hereditary tint
existed. Dr. Hammond has record of
three hundred and ninety-six cases.

Of these sixty-four had epileptic
fathers, mothers or some other near
relation. Sex does not seem to
afford any appreciable cause.

Age has a very decided influence.

From the tables formulated by
Dr. Reynolds and Hammond it is
seen that the period of life between
ten and twenty years of age is that—
at which epilepsy usually occurs. Improvement seems to have something to do with the causative factors. Those who are habituated to the use of alcohol often suffer from these "spells" which do not occur when they abstain from its use. In many cases psychical influences are the exciting causes such as grief, fear, anger. Venereal and sexual excitements are often prolific sources of epileptic paroxysms. And again in many instances nothing either cerebral or eccentric can be found to account for the suddenness of the attack.

Morbid Anatomy. Post-mortem examinations of persons dying epileptics reveals morbid changes in almost—
in the fourth ventricle, penetrating into the medulla, sometimes to a considerate depth. Perhaps these changes were the result and not the cause of the disease, but it goes to show that the medulla is the seat of most of the morbid changes.

Attar observers have not found these conditions so prominent.

Pathology—Prof. Miles is of the opinion that it consists of an accute condition of the brain. It seems to me this must be correct from the fact that nitrite of amyl is often efficacious in warding off attacks and this acts by stimulating the heart and causing dilatation of the arterioles.

Dr. Jewell, of Chicago, thinks that the phenomena of an attack are due
in the first instant to spasm of the central vessels by which anaemia is produced and that the relaxation of the spasm causes convulsion of the voluntary muscles.

Rumels' theory that the arrest of respiration causes the convulsions Brown Séguard has shown that the starting point is often in the sympathetic nerve the nerve by which the caliber of the blood vessels is regulated. An epileptic paroxysm is considered as a sudden excessive and rapid discharge of grey matter of some part of the brain. Hence such exciting causes as fright, anger etc. only act as a match to set the explosive material into action. The shock cannot therefore
be the primary cause, if so the effect should cease with the cessation of the cause. But clinical observation finds this not to be the case.

Diagnosis—The diagnosis of epilepsy offers little difficulty to the careful observer. Hysterical epilepsy and epilepsy may be mistaken for the real disease.

By careful attention to several points— the diagnosis can be made. The total loss of consciousness which occurs in epilepsy is not present in hysteria. In epilepsy there is no alternations of laughter and tears. Hysterical patients continue to avoid hurting themselves by their contortions, they do not bite their tongue nor
foam at the mouth. The respirations are rapid and roaring. The pupils are not dilated. In epileptic becomes insensible regardless of time and place. He falls in the fire or a hot stone or against any thing that happens to be in his way not so with an hysterical patient; she usually falls in a soft place.

Of the feigned diseases epilepsy is one of the most common. Cases of simulated epilepsy often occur on our streets among impostors who think to excite pecuniary charity from the public. An impostor chooses such situations as are most suitable to his own purposes. True epileptics are often severely hurt by their falls; feigned ones usually come off.
without much bodily damage.
An impostor generally underdoes the
mark in every respect. In real
epilepsy the pupils are dilated and
do not contract when exposed to
light. This is a diagnostic point;
for no vagabond can prevent his
iris from contracting when exposed
to strong light.
The skin of an epileptic is cold,
that of an impostor is hot. A preten-
deer will not bite his tongue
as epileptics do. Epileptics during
a fit are quite insensible to exter-
nal impressions; and hence the popular
modes of detection such as dropping
not-sealing wax on him, blowing
gin into his eyes, or burning him
with a red hot poker.
If we speak of having recourse to some of these painful tests in the
hearing of the patient - the pit will very often soon come to an end.
Bearing these points in mind it will seldom be difficult to make
a diagnosis.

Prognosis - Epilepsy is one of those
diseases concerning the issue of which
the patient - and still more the patient's
friends are sure to make repeated
and anxious inquiries. It is seldom
that we can with confidence
pronounce a favourable prognosis.
Recent cases may be cured but
those that have lasted for several
years are seldom brought to a
favourable termination. A
paroxysm of epilepsy usually ends
fattally. Some form of mental weakness is apt to come on sooner or later. Complete mental animation does not often occur.

Treatment—Almonds in countless numbers have been used in the treatment of epilepsy. Of these the bromides stand preeminent and should be first thoroughly tried. The bromides of potassium, sodium and calcium may be used. The dose in ordinary cases and in the beginning of the treatment is fifteen grains three times a day in solution. The bromides of success will be taken constantly and for a long time.

The bromic cachexia which sometimes follows the administration of large doses is favourable to the eradication
of the epileptic tendency. Seifert has called attention to the fact that zinc in the treatment of epilepsy—the bromide is useful in many cases. It is best given in the form of a syrup: R. Zincti bromidi 3 dr., syrupus simplicissimi 3 dr., which may be given in doses of ten drops increased to thirty or more three times a day. A few drops of a 10% solution may be given with the bromide to obviate the tendency to cutaneous eruptions.

Strychnia is a remedy of considerable reputation. The nitrate of amyl is invaluable in arresting paresis. Fine or the drops may be inhaled. The patient may inhale himself with glass vials containing the proper amal...
In injuries of the skull healing may be of great service.
The hygienic part of the treatment is important. The patient should have plenty of fresh air; exercise should be regular but not excessive.
The mind must not be disturbed by harassing cares, nor the emotions unduly excited.

Respectfully submitted

M. W. Taylor

February 1887
Puerperal Septicaemia.

No subject relating to the Science of Obstetrics has given rise to greater discussion or produced greater difficulties of opinion than the title of this paper.

Although its etiology, its relation to the affection, as chiliasmia, Erysipelas, Scarlatina, and the Symptomatic diseases generally, have been discussed by numerous authors, these remain's even at the present day undiscovered, many truths connected therewith.

Whether one great error has not been in considering metritis or disease peculiar to the puerperal state, Dr. Pierce J. Hurdle considers, that in a majority
of cases, puerperal fever is preceded by depletion in the urine due to absorption of poisonous matter from the genital tract. This is usually not the case in all cases; believing that it may be a disease of itself, he having seen cases in which there was no evidence of septic absorption.

Formerly, and according to Hippocrates, Galen, and others, the doctrine that suppression of the Chroid was the source of infectiousness was generally accepted as true. Later, Pizaro taught that milk circulating in the blood normally attacks the uterus during pregnancy, may form milk metastases in other parts, and produce the symptoms of much greater...
intermittent fever. As supporting this theory, L de Lescot, Col de Villars, and Fontaine Stabile, that upon inspecting the bodies of women dying during an epidemic which raged with violence that year, 1746-7 clothes were found adherent to the uteri, times. In 1807, by the startling discovery of the true nature of the effusions by Bichat, and also, that they occurred in men as well as women, the theory was found to be erroneous.

For a long time Bichat and his work on the "Puerperal Diseases," endeavors to show an existing essential zymotic fever peculiar to the puerperal state. He considers it of utmost importance, having no disease particularly besides those like typhus and
Epipharyngeal inflammation at times is accompanied by a considerable after-fever, with the absence of some of the characteristic lesions of so-called intercranial fever.

The followers of Barker have not yet succeeded in explaining the peculiar phenomena that took place in these cases. The absence of local secondary phenomena, such as local inflammation, or the development of cellular infiltration, as in the case of peripheral ulceration, there seems to be the power to explain, placing these under a separate category.

Dr. James J. Shipman, in 1830, by the publication of a paper, succeeded in establishing the proposition of the analogy existing between the peculiar and surgical fever, pointing to the diarrheal, semi-intestinal, or the typhoid.
in hospital at Vienna, asserted that
"perpeal patients" were chiefly attacked with
perpeal fever when they had been operated
by the physicians who were fresh from contact
with the previous epidemic by Cadavrio.
"We hasten to point out the fact
of the patient having died from some bilo-
tain, the case. This did not occur in this
observation, to abandon his vision upon the visi-
ble first, the vision of infection to
carie from the dead body without begin-
ing to the nature of the matter; proceeds from
perpeal cases to more as perpeal cases,
and secondly, from chronic patients, affected
with some chronic case giving rise to putrefaction
of animal tissue; Spengel, Barren, his
observations, the hands, sores. Clothing, it
atmosphere to be considered a cause of infection.

The division of the body into parts may be made by placing all cases of diphtheria that can be obtained into two classes, one of them being the body of Autogenous, while the other from which the disease has arisen must be considered as Heterogenous.

The proper state of the body naturally is the characteristic of healthy function; the absence of which disease does not occur. But when we pause and consider the changes produced in the various organs by the process of gestation, not only in the general appearance but which of itself is not enough sufficient to bring on the natural functions, char-
beginning from the escape of the cells from
the maternal follicles, to the breaking away of
the placenta, with the eruption of many
vesicles, we cannot fail to see how these
by vigorous work are to diminish. But, how
this local action can pursue all the
Saturn traits as that "Science learns
day by day new facts which lead us to
conclude, that, in the pregnant woman, there
is not a single fibre, or a single drop
of fluid which does not undergo some
modification."

The body, modified as it is by the processes
of construction and nutrition of the embryo
and uterine, becomes charged with unceasing
activities; a diminution in the proportion
of red corpuscles, but an increase of
while corpuscles, and make the same effect. These alterations are found present at the time of labor; hence they are the large proportion of cases of eclampsia, as a matter of surprise.

These blood changes, acting as they do, upon the body at large, produce looseness, a breaking down and chronicity of the vitality.

Such then is the condition of the woman at the close of gestation, produced as it is by blood dyscrasia, and fully prepared in the few weeks before.

At the end of the second day, the clots begin to separate, and the disintegrated uterine is rapidly becoming absorbed, and thence as an rapidly increased. But above the liver and lymphatic system fail to control these morbid circulations to the body, these morbid tissues...
become nervous. Shown these changes, he accomplished himself, and these mental stuffs, he not especially human passions, they exist undoubtedly by retention, and we have to believe the can therefore see how important it is to accomplish a healthy and active action of the lungs, kidneys and others. The beneficial results of the carbolic acid are seen activity may ensue, giving rise to a purely endogenetic equation.

But are there all the more bad influences that affect themselves upon the pregnant woman? I think not.

Mr. Hiller in a work on " PHYTO-CAPOSHIA" states the following:

"That part of the azotiferous matter contained in the intestines is subjected to
Conditions identical with those of the air
and portion outside the organisms, and
that the products of those fermentations are
found in the urine,
2d. That these products pass into the blood
at least in part, that they are so
greatly separated by the kidneys, and that
their proportions in the urine may furnish
useful information as to the state of the
intestinal function.
3d. That all the products which have entered
do not reach the kidneys, but that certain
organs are normally charged with the duty
of destroying the most harmful.
4d. That under certain circumstances
these injurious products are formed in too large quantity, and


destroyed or eliminated in sufficient quantity, and may in fact cause or less sensor disturbances to the heart.

Thus, we see the action of taro gas, used to cause effects, due to the presence of phonal, which, according to Joutonier, has the most conspicuous effect upon the system.

Now we are more aware, that primary partition constipation is a most harmless symptom. This alone, would cause no serious effects, provided the labor and lymphatic symptoms are perfectly able to combat with them. But generally they are not. This does not show itself as much in the early months and close at the close of partition, at which time constipation is a marked symptom,
together with an imperfect antiseptic action from the liver, to an incense of function of other organs. The nearly slight commencement of the compound, for instance, is done hence largely in the administration of a purgative in the second or third day, complicated with the introduction of other agents.

The common cause of acute infection herein, besides the decomposition and impairment of foreign substances such as portions of placenta, membranes, part of the

Unexplained, and more difficult to reconcile with theory, are the theories of heterogenous infection.

Under this form the may once more
of the Cadaveric poisoning, in coming
free from the one villain, Semmichian.
I observed, that in the lying in hospital at
Venice, attended by physicians who presided
the disease being common and fatal there,
that the mortality from Meleia was 1
in 10, while in the department, below
the Ode Cauter of Women, the mortality
was never higher than 1 in 84. Hence,
of this infection being so readily, the death
rate of the former at once fell to the latter.
Many cases might be added to confirm
the above. Thus, Dr. Shipman relates the occa-
sion of a gentleman who had a rapid
succession of 5 or 6 Cases of Meleia, at a
time when other practitioners in the same
locality were entirely free from it. He
Mr. Simpson, who at this time closely observed the contagious principle, attacked the disease from the standpoint of the 18th century. The next 4 cases of Dr. Simpson were attacked with peculiar force.

On the other hand, century by century new ideas also developed. Thus, Samuel B. Hahnemann, principal demonstrator of the German Congress, says: "While I was dealing in the dissecting room during the Winter Session of the School from 1868-1872, I attended 32 cases of confinement, of which I have notes, one of the patients recovered; nor did any of them suffer from any complaint that could be traced to infection."

As another frequent source of helminthiasis infection, maybe the meat and seafood from 19-
It is quite probable that the close relationship existing between the Acme derma and the Erysipelas, although not proving to be a definite one, between Acme derma and Erysipelas antecedent dependent disease. By establishing such a relation we are able to demonstrate Erysipelas as a source of infection for the Acme, a case in leptoric in which the Acme of a derma can be transferred from Erysipelas, having been inoculated from the Acme by a slight abrasion produced by the forceps in its extraction. Many other such instances prove the cause of static rise or fluid at the limit of further amplification.

The relationship between the sympathetic derma and Acme has yet to be determined.
fully & clearly demonstrated before it can he be considered conclusively. Thus, Dr. P. H. Atkinson states, that as the manner of their
wet, after those physicians who seek to
prove a relationship between scaldation and pre-natal fever. He reports that cases have
been clearly demonstrated in the one hand,
whilst the particular moment he has been
the subject of scaldation, whilst all symptoms
of pre-natal deplarcaemia were entirely ab-
sent; whilst on the other hand, cases in
which the pregnant women had not only
been confined to the same house with
scaldation, but to the same room, again
(debatable to be by a Morrisone friend) a patient
was attacked by a physician who had just
returned from a case of scaldation but
The result of a good confinement, and to have belonging to the habit of St. It is another
watching case he before to follow;
a more one friend attended these cases of
confinement when he hasn't was freely
feeling from dilatation, and first one of
they was in any way affected by it, on
the other hand, Braithe Stickle before, "68 cases
of four week fever, 37 of which being taboo
to the dilatation process, and 31, as the
the lumbar clearly proved is some to the
antagonism of scarlet fever of one time
of its severe symptoms, and was not to be
distinguished from ordinary typhoid cases
of the so-called peripneal fever,"

Upon this Dr. John L. Robinson wrote thus
remarked: "It has been the fashion to say
that Scandinavia be a foreplow, in Scandinavia and nothing more. It is some-
thing more. The Scandinavia is the seed in the prize peak blood loaded with unfore-
skill (what it cannot operate), a medium especially favorable to the development
of the chief. If this seed in another the
prize peak blood duplicate in another,
the master's hand is freed: he has de-
veloped a form of (explanatory) compounds
of the auto genetic form preserving at least
and of the Scandinavia's proven. This is the
different from the Scandinavia's proven. In these
case, the characteristic marks are true threat
are trailing. It may be decided whether
the hypobol is or in always gone through
the successive stages of hypobol.
activity of the simple volatilisation. The
vision took in a slightly deeper fire in a specific manner. It turns out of
the processual process. It turns to a
preclude the dialectic process, the the
absorption of the lymphatics, the mediating
action of the lymphatic plasma and, with
the excretory function of the lungs, liver and
kidneys. Then we see a solid of power,
which cannot be called black stuffy stuff,
despotism, pyilation or demobilisation,
but a compound of all, as perhaps of
some kind of substitute poison, the product of
these latter actions."

But, does not the balance of the decisive
cosmos carry with it a mode of lubrication?

For if absorbed by the other or by the local
may it be fair to suppose that the effect of cause and velocity would be much less than had it been directly inoculated into the system of the genital tract.

Playfair observes, that by the last means of infection the Osseous symptoms are lost, because of its osseous action. Is it then surprising that cases of prostatic death become so frequent ? When we in due reflection consider the urinary tract open, ready and willing to receive any form of depths water caught within by the atmosphere, the hands of physicans or nurses, not properly cleansed, to which has been added clothing, boots, shoes, to the detriment of the part, it becomes clear that more cases are not remarkable.
According to Pimper, a case for Board of
the Records of the Health Department of
New York City from 1868 to 1878, it caused
all of 248,533 deaths, 3,342 cases more
from child complication of pregnancy; more
than those that is being done to the brain.
Still he have good wars to suppose it is
a fair proportion of those cases compared
those caused caused by hygienic influences.
Cases will seldom before the period of gestation
had begun. The common system may be a
metabolic equilibrium; once dwell fast, he
must remember before accepting statistics.
But, to bring in and carry from week
succeed begins to those of late years,
which, if we had, we can at least show
a marked diminution in the mortality.
The vigilant anti-septic precautions were taken. Let us glance back at the course of events, through which infection was avoided. The vagina, mucous membranes, lacrimal, as it often is, during the process of inflammation, together with the placenta site, the gaping uterine, sterilized, lymphatic vessels and vessels with their arteries proximity to the pelvic vessels, and the blood and organs of the head being in close relation with the uterine mucous membrane, producing a sepsis that comes from the uterine mucous tissue to a certain extent, which gives rise to a looseness of the connective fiber, throughout the body, as well as often to some infection about the seat of the uterus and vagina; all are caught by fifteen...
(Bacins) From these various stations they (bacteria) may pass on to the tracheal tubes, producing sacs, pustules, or petechiae, and from further progress cereals, leucopenia, and pancytopenia. There is also burning, it involves various cavities with a deposit of phlegm, inflammation of the joints, melaena, etc. But, observe they become one, tire by the graphite, plague, the poison may become so actored as to produce no injurious effects. On the other hand, however, observe the quantity be too large, it may spread on to the thoracic duct, and thence to the general circulation, which cannot live, but there doubt produce harmful results.

At times he see cases in which
lockie discharge are of heavy offensive and with no injurious effects, follow, now and he to appear? And by the fact, that pouring the lockie contain among the bacteria while produce faeces and that the lesions of the genital tract have healed, then protecting any injury for the lining absorption must follow they soon after labor, these channels being closed for 40 400 days subsequent to delivery, that is after the body becomes they have been closed.

The first bars on to the necessary chief consideration of all portions of the subject of paramount importance.

The constant presence of bacteria in infective fluids, and also their four
A large quantity of putrid material if injected into the blood, quickly produces putrid intoxication. This effect is nevertheless produced by the process of autolysis, as the following experiment of Koch will show. The observer injected from drops of putrid blood (20 cc.) into the vein of a mouse with the least act of respiration for 4 to 6 hours. These mice: convoluted, convulsed, and he has shown that it is impossible to distinguish the cause of death, and especially after a challenge. One thing we are not certain of, namely, whether they act mechanically or produce a disease.
Nocidura Guttufoth have found it to be
true of the parametric, parabiotic
maestes, consisting of two, cells, and
chiefly of bacteria. Might this not be
the effusain recognized by act observers?
According to Koch, no known that are
bacteria do not act in a similar way
where each has distinct different
bacteria. It is generally a close connection
with the building cells, Eysipolo, ym-
program and suppose feron. Strange as
it may seem the bacterium tons, and
bacterium commune, which presence
main, a ped length, are in themselves
harmless, being biocable. This may
dare to applan the hypothesis already
mentioned, that ped length may not be
Bacilli act differently on the blood than bacilli. The former, upon coming in contact with the blood (or carcass,) cause them to coagulate together, forming large clot, and producing a clogging of the capillary circulation. By their action, they may enter the veins or arteries, producing an access thereto, necrotic, phlegmotic, meningitic, or accompong at the base of the heart, and as having at the valves of the heart produce the usual valvular endocarditis ulcerosa, or puerperal.

The red corpuscles of the blood undergo a change of shape, and finally their fibrin, caused by the destructive action of the Bacillus. The bacillus on the other hand.
of immediate difficulty. There which Pulsation
name, "vibrone physiologique" causes the
blood to assume a semi-liquid
consistency, while the rest are not
permit to show this difference, though some
what changed. They produce further,
early nasos and tendency of opales-
cence, and a breaking of the vessel
walls.

Having the heart of so important a
branch of one subject as the Spiri-
ture, we will now consider the symp-
toms which characterize the affection.
Owing to then the heart, there becomes no
easy task, for we see that many phe-
omena in one case may not be found
in another. This it may be vain to sub-

activity of any affection, and therefore not peculiar to malaria. Thus, the disease may assume the pyaemic form, which may continue several weeks and be characterized by exacerbation and violent rigors, followed by elevation or diminution of temperature. The skin assumes a yellowish hue. This is but a variety of the affection. Better would it be to consider, first, the general symptoms, which may then be followed by the local characteristic.

The primary symptom attracting any slight attention is a chill, or chilly sensation, occurring usually in the first five days after delivery; after which the chills cease or rare. This, however,
Galvæi the frequency of the pulse, varying from 100 to 140; the thermometer, placed in a convenient situation, two days are observed in it to be sometimes 2° or 3° higher than it was before. The same symp-
toms are not always pathognomonic of pericarditis, occurring frequently in the acute rheumatism.

The pulse is assumed a new character, the pulsation becomes more regular, but diminishes in strength and volume, varying from 120 to 140 per minute. The malleable adhesions at times occur, while at other times the intellest of it is not in the slightest al-
tered. Pain may not be an enquiring symptom unless pericarditis. But the sign of
intestine, from palpation of the abdomen.
May, however, be a most alarming and
famnle complication. Constipation is
followed by colliquative diarrhea and
vomiting; the latter often being due to the
inflammation extending to the peritoneum.
Among the symptoms, one consisting of
dark Coffee ground rub ice or steanas.
acmes or characters, the tongue often
shows a peat, becoming moist and at
times, dark and clay, and covered with
dander, while the mouth assumes a
haute color with increased suppuration.
These symptoms are not seen collectively
in all cases. Peritonitis, followed by the
pain, which may, at first confined to the
side of the uterus, now spreads over the
lower abdomen; become very debil.
...and of a leaning and bodily character, causing the faces to assume such an appearance that a single glance cast on the face. The danse de douleurs, with the legs spread, planted upon the thighs. The abdomen is increased in size, mainly by the accumulation of gases, hot opium at times, because the liver being pressed by the viscerum comes against the diaphragm, and occasionally also upon the lungs. The pulse usually is increased by a cluse, the temperature rising to 70° or 102° with a marked increase in the frequency of the heart. Cases, ending fatally, the pulse become more rapid; breath gather upon the face, the face assume a purple hue.
and married of possession. The chemist's cask,
the patient dying in a state of collapse.
Should the woman candy, the emulsion
gather to circumscribe a part of the
becoming transparent like the water, chang-
ing that organ high up in the pelvis, Should,
as 15 the case some times, the latter, be-
come involved by the emulsion, suppos-
cation may follow in it. Demoralized states.
Parametritis and Perimetritis are char-
acterized; the former by moderate pain
only upon pressure, gaseous character of
the colon, and emulsion between the folds
of the broad aggregation, while "stap fans,
high fever and tympanitic character of
the liver becomes abnormally, abadon," indica-
Perimetritis. These two affects, in a
occur together coming to the attention of the nurse.

Chilly sensations or a feverish chill precede the fever, followed by a rise of temperature to 103° or 105°, which at times may be only slight in the morning, rising as the evening approaches. Headache and restlessness are usually present, with frequent sneezing after the first febrile attack, recovery sometimes during the course of the affection. If it be a case of some pulmonary trouble, the pain may be localized to the side of the UTICA, though in the initial stages closer to the chest, subsiding generally after one or two days. Sometime occasionally it is a symptom, preceding the paroxysms coming 15 16.
affected accompanied with diarrhoea.

The fever subsiding after a week, the locality
of this lesion increase longer culminating the fact open of ano.

The skin of a lesion of a rounded or flattened
form, and it's size reach larger than an
orange.

The pyaemia variety, as before stated,
characterized by inflammation of the lymph
nodes, and the following symptoms. Chill
followed by a temperature of 104° or more
painless swelling of the abdominal with
loose, hot, slightly, if at all exocutaneous;
irritant patches of erythema, which are
sometimes taken for scarlet fever in a broader
form the body. Respiration is light and
jaundiced, Pulse; and perspiration often weak,
together with Deformation of the joint, Knee. Shoulders, hips &c.

Treatment: When once the spots or gangros have reached the stage of a particular bone, there seems to be little or no prospect of combating them, a high mortality chances of recovery. But one thing is to treat all cases to one best ability; and for this reason, it is hoped he fully to lay aside all hopes, with the belief that not they can be done. Some they may be done; for notwithstanding the muscles, joints, &c. have entered the blood, the may sustain the system, so that further blood and results may be produced; and also to reestablish that which has been lost by others anti-septics.

The latter the third, comprising 80% of the
use of tracheal and uterine injections will present a much clarified point. Then, Dr. S. 
Gallaudet has now produced thirty against
then of uterine injections, except whose symp-
toms of suppurative air were marked.
one of the greatest risks, is the entrance of
air into the uterine sinuses; and, hence, if a
change of air be made, there will be from the uterus.
the entrance of fluid into a sinous or a jet of
the injection tube being introduced, and
again direct passage of fluid into the peri-
lumbar cavity through the Jesse of air tube.
The one comes, these objections however
first by the use of a large tube; secondly, by
being drawn water; thirdly, by occluding the
before passing the tube to the uterine; and
finally, by being of burned copper.
intelligent be the operation. The continuity of the incision should be established from bithen, and that no fluid may remain in the uterine cavity.

One division of St. Thomas's treatment, and one which is at last by no means fully acceptable, is the use of a intermittent Shrap instead of the Continuous Osmium for a fluid and 3 enzyme; holding that no more danger of its being missed from its use. He himself, preferr a steady Osminm, replaced it by the intermittent Shrap, and found it less risky in these cases. True is it, that the intermittent Shrap is by far the most effective means of dissolving blood clots, and of removing clots and the accretions from the body of the uterus; but the risk is relatively greater. Not only in case
- Many secondary hemorhage, but by lea-
- ners by the force of the current, fresh
- contamination. Unless the abdomen much
- more leading than the dance.

But are we to hold the arm against the
rise of uterine evacuation, cleavage
of them in better terms? Some such track
which makes the breast, and are when the
symptoms of septum are visible, with
death staring him in the face.

In the commencement or before labor, there
use is seldom necessary, since it is so rare
than good. Their admission is always
from premature labor. Dr. Gauignard
the subcutaneous, after the annihilating of the fascia
beneath, lessening for the purulence a dense cul-
more likely with one opening at the birth.
in some of marking the finger, and some
creative holes. This method appears to be
needle some, for by no means are they
culture rich. Dr. C. R. Rosentiel, on the
subject, in the New York Med. Rec. notes:
"At first I have debauchee in them and any
free germicide, are we to thank the vagina
a fine credit? In the vagina of a human
recently deliver the child often slight gran-
ulations. The employment of vaginalase
jectors of quinine have been a tendency
to arrest granulations and prepare the
human for the case." Cases have been met
with, in which the use of these injections
have evidently been continued too long;
not after the plasters have apparently been
closed, new channels have been opened.


their use, for inunction. Then, Basker has noticed that after using the latter for 2 or 3 days it has been withdrawn with patches of pink fluid to attend over it.

There seems however to be some advantage in the use of vaginal inunctions subsequent to delivery, in cases in which it becomes necessary to wash or the hand to determine the presence of any foreign substances, lesions of the but even here there is danger of introducing beneficial matter from the vagina to the prevailing normal infection.

From immediate evidence the best antiseptic is Camomile Subalcohol, in the proportion of 1:2000 or 1:3000, for the treatment of a gonorrheal discharge, but the clasper attendant before its use has to be 10 or 7.
Professor generally would accept carbolic acid as a much less dangerous epidemic, not so effective or permanent. Much care should be exercised in the use of this remedy, that no fluid remain after its administration in the stomach cavity; for from thence come serious trouble. Thus the absorption of the anti-acid is a great drawback, producing symptoms of poisoning difficult of detection, due to the masking effect, which the mucous state has on convulsive power. There is hence, hyper gastric pain and tendencies with mucus, and bloody stools. The urine diminishes in quantity, and contains a specific line color, Carli, and more or less albuminoid, in the
defects of crystals of a species being in the luciferous tube, due to the accretiation of the bones which it has been stated occur from the presence of the brick lice; to which cases have been referred by Dr. Butte. (Dr. Butte in Brit. Med. Jour. for June 1886.) The true acque quantity used, (1:2000, 1:3000,) and the least practicable 1:10,000, of the brick lice of mercury, as an astringent application, has many indubitable good qualities. If, therefore, rock from the black solution it act, loosely, as a reliable anti-dermatitis, have he not learn to suppose that it immense administra tion would be characterized by like qualities? Have the remedy would be declared into the given leading circulation.
in Stomach quantities, but seeing the cr- 
chement heart solutions embayed efficiently 
with its fear least, the may be soon that in 
the future its administration by an amount 
may perhaps be adopted.

Pectoritis must be treated by enfacing 
perfect quiet of the patient, and the admin-
istration of full doses of opium, the hydro-
chloric injection being by far the best plan.

It punches shingles, or brain formations, 
are very soothing and may be employed.

Care should be exercised in the admin-
istration of purgatives, caution to their 
uncertain action; and to the possible onset 
of diarrhoea, which are ever an unfavor-
able termination to pectoritis. Bethein's 
it is best to enema.
Here is associated with an exhaustion of the nerve centers; an increased amount of tissue waste; and in fact by the destruction of the whole system. Therefore, one of the main objects in the treatment of melphalan is the treatment of pyrosis, which is one of the principal factors in among the first. Hence at the first administration, i.e., doses of from 20-30 g in the first dose, i.e., often several times for several degrees, if at the end of 24 hours the temperature again rises, and all previous symptoms of sickness have disappeared, the same dose may be repeated. Instead of its being administered by the mouth, a much less disagreeable form to the patient is the
Hydrodynamic Method; 20 minutes or more
of the hydro bromate of quinine being in-
jected at each administration.

Next in the list stands a remedy, or rather
a collection of remedies, under the name
of Warburg's Fruit. This preparation,
which has for its basis quinine, and an
adjunctive aromatic, which appears to
increase its effect, has long enjoyed
high repute. It at times, with some
patients, is best able to be tolerated by the
human.

The antennal rectities strongly advocated
by Barker, exert their favorable results
by modifying cardiac action, which in
these patients exacerbates heart trouble. For
the present Venenum Antoine le clara,
of 5 ft. of the fine line and the fine line of
horizon he'll for closer they have home,
hearty health may be employed, the
hulse passing to 200 or lower.

Let's return to a new line of, and the
be set but imperfectly understood, to
fast gaining ground for the treatment of
thal, they being known to take the
in a few years and be dangerous, maintaining
it at or near the normal level for boy
& homes, or even longer. the belief of
here not being attributed to either in
chills. The hulse fall, indicating the decrease of
any body. Some and

Nansen, are almost all its habitants.

cases which may be easily taken
in the former by the administration of

10
Whenever before the first dose of antimonials and the colchic, by evacuating the agent by moderate evacuations, a bath, bismuth is seldom necessary.

Laktie de fore, that in all the cases of colchic antimonials has been employed by lair, a face of temperature has been after the colchic, at first bismuth, present a facies abiding. Probably, these cases may have been more of a malariae, character, than colchic ant.

Syphilis has no influence, acting merely as an antiphylatic, and not as an antiperiodic.

Evidently, the colchic bath, hot pack, the colchic are much employed. The former of these is quite an effective
way of bleeding, hence a most convenient
manner being the use of Rubes: Cat.
This, as we have intimated, is hardly
necessary to be done. The coagulation of
scar following, it is true, is sometimes
done for 4-5 hours, when, if necessary, it
may be again loosened to.

Every sore pleurocutaneous effusion, chief-
ly, is bruised by rubbing to the hand the
feeling of a hard tumor, determined by
pressure in a local, and further determined
by the introduction of the aspirator needle
through the local of the pain hecopy
bleeding by the application of a large
blister over the spot of pain, which
may be cured by the hot bag, hot
bath, warm bath, and plasma to the
after being placed in a hot water,

upon the freezing of the above above
Perpart Ligament or Clavicle, a
free excision should be made. The daily
more heated but twice daily and
filled with carbolic. By this means the
fever and Street clamps are replaced, with
a restoration of the wet.
Epidemic Cholera

By

E. E. T. 18
Cholera is a disease of which the attacks are very severe and frequently fatal; it is characterized by cholmic discharge from alimentary canal, by cramps and a teneur production, also by suppression of urine and exhaustion and shrinking of bowels. Epidemic cholera has been known in India for centuries and probably from time immemorial. It is seldom entirely absent there, but at any time it may break out into widespread epidemic. The first Indian outbreak That locally originated is that which originated in the Delta region in the year 1817, from which the greatest part of the disease and during the next
ten or twelve years spread over nearly the whole of Asia. In 1832 it reached Russia. It then became temporarily arrested; subsequently took a fresh start and still travelling slowly northward it eluded in 1837 in European Russia and Poland. After having passed the northwestern corner of Europe, the epidemic turned to the northwestern corner, one of which spread the Atlantic and appeared in America in 1832, thence leaping itself over North American continent; the other crept southward and attacking successively France, Spain, Italy and northern coast of Africa. The disease had not finally come Europe until the year 1837, the year when man aware, and the malady that
It is probled the whole globe originated in one place and subsequently spread throughout the world, or did it originate in man? In the different devices where I created a resemblance, is through their influences at time as to their statement it is part of that is originated at some in India when there is some certain time in 1870, the endemic form before it occurred to endemic character. In the area where it appeared from time to time an endemic form it now assumed an endemic one. This shows that the origin of the disease was always connected with some infected area from which from which generally circumboreal populations spread to other regions in different directions. The nature of the
while fever was at present quite unknown, though various this or that have gone.
Some of which we heard concerning the theory of Dr. Lister and his co-workers. It
seems the theory of the bacillus theory of
Dr. Koch and his colleagues. All these
ideas theories have been brought forward
from time to time yet all are yet to
be accepted. It is supported by most of
theories that the view may rest on the
theories of an affected neuron, but none of
these are not scientifically accurate, but
whatever may be the nature of the fever,
the disease is unquestionably an infection
and has a period of incubation varying
from one to three days. But notwithstanding a
severe attack was made of hydrophobia in both.

It came about with some discouraging
speed. In four days it was in rabies. In
seven days of another disease.
Third, the wound in toxemia with
the disease of neurosis.

The traditional signs were in effect
incipient in the nervous system. In
the hands, gait, voice, and miosis, and
murmurs, abnormal, such as restless
inactivity, tremors, head rest and
vomiting. Frequently for a couple of days,
Here are fragment and incoherent verbal fragments, sometimes connected by...
...
The rapid stage commences with a fall of temperature; first in the hands, feet, and face, but soon over the entire body. The rectal temperature may fall as low as 90°F., while the rectal temperature registers 102°. The accompanying symptoms makes the surface feel colder than it really is; the patient complains of being cold. The skin is in distinct hard folds, or of a bluish or bluish. The features of extremities are finished; the eyes are deeply sunken, and bear a greyish white. The patient is in a state of apathy or stupor; and is only aroused by the severe angina,

(9)
which arises time to twitch and turns himself about the bed. These cramps affect chiefly the muscles of the calf of the leg.

In the last portion of the stage, "called the acutely sick," the patient is apparently hopeless; the tenderness is so marked in the mouth that the thermometer may show a temperature of only 97°F. The lividity and cyanosis, the inconceivable breath sound, the "whisper face and whispers" they producing bumps, that seem more often than not fossil, complete the diagnostical picture of the disease. The vomiting and tenesmus diminish and the discharges are less fluid.

The disease is either completely
an interval, and four highly climacteric
tnights are passed. The symptoms are
shallow and hurried, and altitude may
often with pain, giddiness, 
ystodema. The stage of crisis may last
forty-eight hours, and yet recovery after
these is death may seem within a
few hours from the onset of this rigid
condition. The mind is absent
comprehension is retained till the last,
I have ever stated that maniac
patients have, in their collapse, lost
their insanity.

The relapse stage, is often marked
by as surely a return of favorable
signs, as was the alleged stage by
unfavorable ones. The pulse returns

(11)
and the heart sounds become distinct
and regular. The temperature rises, the
healthy face disappears and the patient
waxes. The feeling then goes on im-
proving. The duration of this period
varies from one to ten days.

There are several variations. The
slightest is perhaps the commonest,
result of the disease itself. After a
few days or a week of mild marked
symptoms, where the feverishness and
ebullitions are fully established, a quick
turning of the tide is noticed and
even a palpable commencement is established
which occurs with regularity. These are accompanied by adynamic
symptoms, such as low muttering.
delirium, a dry tongue, imperfect respiration, and often delirium. The patient sinks into a state of exhaustion, and generally the coma deepens. The hands and bladder are involuntarily evacuated and death occurs. If patient near the convulsion it may, profuse.

Manic is a not uncommon condition, following the day or delirium, no coma or evidence in the native stage; and in about thirty-eight hours the patient becomes slow, the face slightly flushed and the eyes darkly injected. The mind is in some uncertainty or in entire suspension. There is constant headache and sometimes a mild delirium. Epileptiform
convulsions are followed by dementia and delirium. The tongue is desquamated and the stools are dark and offensive.

A "febrile reaction" as called, sometimes makes its appearance either in a stage of convalescence or the typhoid stage. This symptom may be arising from a cancer or a carcinoma or sarcoma. Its influence is always considered as a favorable symptom. The symptom is to develop into a regurgitation accompanied by a burning sensation.

There is a mild form of cholera known as "Cholerine" which is affected by all the characteristic symptoms of the disease, except that there is no violent stage. Recovery is usually rapid.
During an epidemic the disease is not likely to be mistaken for any other, for when it occurs in isolated cases, it may be confounded with acute poisoning. In acute poisoning there will be edema of the face, vomiting on the second day, delirium. The convulsions and delirium are peculiar to either trouble. In this instance an analysis of the suspected matters will be of the utmost importance.

Prognosis. The mortality rate in different epidemics varies from 20 to 70 per cent; generally one half remains. The mortality in the population and the mean of the sea is the higher the mortality. The mortality is the less towards the end (i.e. towards the commencement of an epidemic) it is
perturbed in those under one or over fifty years of age. Habits of life and hygiene, our surroundings influence the progress. Each epidemic in this country has been milder than the preceding.

Treatinent. Prophylactic and hygienic measures limit the duration, extent, and the mortality rate of an epidemic. When an epidemic is spreading, preventive regulations should be rigorously enforced, and those attacked by the disease should be isolated. Each member of the community should be placed under the best hygienic conditions. All excesses in food and drink and all sources of intestinal infection should be avoided. A diagnosis...
he immediately treated.

Pilfera sheets should be disinfected and burned. The linen and non-returnable in the sick room should also be thoroughly disinfected, and for this antiseptic wood-in-hand to be the best thing.

In medical treatment, the first object is to control the prodromal symptoms and this is accomplished by the use of opium, in most cases. It may be combined with nitrate of silver, sulphuric acid, small doses of sodium, or with vegetable antiseptics. It is advised that morphine be administered at the patient should be clad in bed keeping, with wet blankets covered by piece of burlap.
There are signs of an undulant erysipeloid, which, if present, may be present carefully. Patient shows signs over the temporal and frontal areas. Bone and soft tissue over the anterior fontanelle. Symptoms include headache, vomiting, and general malaise. The patient becomes irrational and delirious. The patient is given atropine to counteract the effects of delirium. The patient's condition is watched closely. Should there be a failure of this, it will suffice...
good hemorhoids. Menstruation and menstruation have been recommended. On the use of hemorhoids and menstruation be guided by the parts and the effect of the menstruation. On rest, the Western pill, is given during collapse. It being composed of arsenic, charcoal, quicklime and the essential oils.

In respiratory cases, exercise on morn. ment should be given with quiet. Very it cold. It should be practiced as long as consistent with maintenance of strength. Ecstatic symptoms must be promptly treated by one bags about the head, heat to the feet and meals food, internally. The surroundings of the patient, the aftercare, relax and even temperature should be maintained.

E. E. Tull
The "Country Doctor"

E. A. Stelz

Session 86-87
The Country Doctor

The only test we can now estimate the importance of our subject is any the more the evidence of its importance. Let us turn to the comparative population of the cities of the U.S. and the rural districts, including small towns. According to the census of 1880, the population of the U.S. was about 45,000,000. That of the cities alone was about 13,000,000, which is less than one fourth of the entire population. By this we see
that the sanitary interests of more than three fourths of the population are relegated to the "country doctor." While three of only one fourth are within the professional influence of the city doctor.

The preparatory discipline of these two characters is the same. They study the same books, attend the same schools and receive the same didactic and clinical instructions by which they arrive at a knowledge of the most common types of the various afflictions incident to our people. But it is not the
I mention or turn now on school to enter into the minutiae of the many different manifestations of disease met with under different influences, climatic, social, etc. It becomes the duty of the young physician to make a special study of the various forms of disease peculiar to the section in which he is practicing, and also of the surroundings of, and the influence which are brought to bear upon his patients. He should not cease to be a student as long as he continues to be a practitioner.
The will consider some of the different sections of our country as to climatic, social, industrial, and other influences affecting the health (mental and physical) and therefore moral of our people.

In the northern part and along the Eastern shore, in all parts subject to great extremes of temperature and sudden change, we would expect to find certain health troubles very prevalent.

In the South, the great interior depression, the river valleys, and all low, flat, damp places, microscopie infections are more
The due to social inconvenience or
money name - financial vicissitudes
which are as common in the
city that many physicians
make them of especially, but
in rural districts they are
but rarely seen.

Alcoholism is uncommon. The
victims of which the "Country
Doctor" is not often called to
 treat, while in large places the
evil is so great that public
institutions are required for the
care of the unfortunate.

Dietetic difficulties are to be
encountered where the people
are of large cause and ulcer
and given to the excessive in-
dulgence of, a morbid substrate.
The Contagious & infectious
scourges which necessitate, rigid
quarantine regulations are
only encountered in rural
districts by accidental in-
fection.
The industrial influence are
as many and as varied as there
are different branches of industry. Each branch has certain
diseases which are peculiar
to the same.
In an agricultural region
the doctor has but little surgical
work but it located where there is much manufacturing, railroading, foundries, iron mills, heavy machinery etc. He will have an extensive surgical practice. In the country he will not meet with the diseases peculiar to professional mind toilers. nor with those peculiar to military and naval life.

A thorough knowledge of all these various maladies can only be acquired by personal contact with them.

The relation of the general practitioner to the specialist is
a practice worthy of some consideration at this time, as the tendency of the age is toward specialization. It has long been known that the field of medicine is vast, to large for one man to become proficient in all its branches. It must take their time and make to the pursuit of the separate branches.

There are at present specialists in diseases of the Nervous system, throat and chest, Eye and Ear, also venereal diseases, Gynecology, diseases of children, Surgery, Obstetrics, Dermatology, Toxicology, Exanthematosus diseases, &c.
There are also some who make pretentions to specialties merely to enlarge their general practice. So we think that if the specialist wishes to be recognized as such by his neighboring general practitioners he should limit his practice to his specialty. When the general practitioner has treated a case unsuccessfully for a length of time, or if he does not understand the case to his own satisfaction, it becomes his duty to his patient and profession to recommend the case to some trustworthy specialist again. If he has any delicate spec-
sations to perform, in which he is not skilled, for has not at his command the necessary instruments with which to operate he should refer the patient to one whose ability is recognized and who has provided himself with the necessary appliances.

The demands upon the "Country Doctor" are multitudinous and varied. Thus necessitating a wide range of research and qualification. Literary and professional. General and special. He must be physician, pharmacist, druggist, botanist, surgeon, general & special, etc.
counsellor, Gynecologist, Public
Sanitarian, Gratuitous Health
Officer &c.

The difficulties he must encoun-
ter are no less varied and multi-
titudinous than are the demands
upon him. And his compensation
is but meagre as compared with his
weighty responsibilities; professional, legal,
social & moral.

First let us notice a few of
the difficulties with which he
meets. Perhaps the gravest
of these is the limited means at
his command in emergencies,
both medical and surgical.
The demand in a small town is not sufficient to justify a druggist in keeping a complete stock on hand so when the physician wants any drug that is not often called for he must wait until it is ordered from some wholesale house.

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Another difficulty we would name...
The demand in a small town is not sufficient to justify a druggist in keeping a complete stock on hand. So when the physician wants any drug that is not often called for he must wait until it is ordered from some wholesale house. Surgical practice in the country is not sufficiently extensive to enable the doctor to purchase an adequate set of surgical instruments and he is often times necessitated to improve appliances from crude and imperfect materials.

Another difficulty we would note
in the ignorance of the masses of the people as to physiological laws and hygienic necessities. We find the grossest improprieties in each of these practices by the vast majority of the people. Many nurses to whom the care of patients are intrusted want to play both doctor and nurse. And will urge their opinions against that of the attending physician. And if they cannot see the good effect of the medicine immediately they think it is doing no good and consequently stop its administration. Others are very neg-
diligent and indifferent about following the physician's directions and are also very inconsiderate about what they give the patient to eat. Many entertain the idea that the all-important part of the treatment is to get the patient to eat and they will give him any thing he can take. Especially is this so during convalescence. And not infrequently is the physician summoned in great haste to find that the patient has taken a relapse from some impropriety in eating again. Nearly every old woman
in the country thinks there is no
other doctor as good as here, and
when she visits her sick neighbor
she finds fault with the physician
in charge of the case, and his
treatment and admonishes
the friends to discharge him and
send for her doctor.
Almost every community has
one or more old women who
make some pretensions to mid-
wifery whose services if not so-
dicted are often volunteered.
This, of course, yet along very well
in normal labor, where no in-
terference is necessary, but if
they meet with any mal-
The only complication arises when they can do nothing, and after much precious time is wasted the doctor is summoned and he arrives to find that the most favorable time for manipulation is past and nothing can be done but to resort to the use of instruments, possibly to the destruction of the offspring, or damage to the maternal structures. We shall the day when the ignorant midwife will be no more in the land. As other annoyances we might mention the Patent Vomiting Remedies, Pretentious Quacks.
fortified by chemical certificates, faith and rigour, and serious humbugs generally. The country is full of them.

The compensation of the country doctor is but aittance as compared with that received by the city doctor for similar services. It is entirely out of proportion to the relative expense of living.
Scarlatina is derived from Scarlet, meaning a deep red. It is an exanthematous fever called Scarlatina from the color of the eruption, is remarkable for the great diversity which it presents in different cases as regards symptoms and of fatality. In its mildest form, it is a trivial affection; in its most severe form there are few diseases more appropriately styled malignant. It is generally divided into three forms or varieties, viz Scarlatina Simplex, Scarlatina Anginosa and Scarlatina Maligna. Although they differ widely with respect to gravity and distinctive character, they are not distinct diseases; essentially they are identical. Some
However, only divide the disease into mild and severe Searlatina.

**Scarlet Fever** is a contagious febrile disease, characterized by inflammation of the fauces, and a Scarlet rash, appearing usually on the second day of fever on the face, neck, and fauces, and progressively spreading over the body and ending in desquamation about the sixth or seventh day.

**Searlatina Simplex.** This form is distinguished by the absence of throat affections. There are only the fever, and rash, redness, and some degree of soreness in the fauces are scarcely less common than the eruption itself. The simple variety of Scarlet fever
is often very mild. In some cases the patient is not even confined to bed. The first sign of the disease which attracts attention is usually a scarlet blush upon the face and neck which is attended with a slight febrile movement, and declines on the fifth day or sooner. But often it is much more severe, there is a universal diffusion of the rash, which is of intense redness; the heat of the skin and frequency of pulse are extreme; and not infrequently a slight delirium occurs especially during the exacerbation of the fever at night. There may be no rash to any great extent.
Explorence ordinarily appears on second day, commences on face and neck and extends over the whole body in twenty four hours, deepest color where parts are exposed to pressure. Skin is of uniform redness and somewhat rough, not vesicular, is at its worst on about the fourth day and by eighth day generally has disappeared. Skin generally comes off in squamous particles. Tongue is of a red color, papillae elongated and throat is red. Scarletina Anginosae.

In this variety the affection of the fauces is prominent; stiffness of jaw, soreness of throat and pain on swallowing are often experienced at the commencement
of the attack. Fever is higher; there is sore throat; pain on swallowing; fauces, tongue and tonsils are red. Diphtheritic exudation very common. May travel to Larynx and Trachea, and bring on Diphtheritic Croup. Fever of throat is sometimes bad. Fever high, thirst is present. In a well marked case the mucous membrane of the pharynx, soft palate and tonsils is injected, having a bright red appearance; the tonsils are generally swollen equally, and may nearly meet. The secretion of mucous is increased, frequently a semi-purulent discharge appears from the nose; and the cervical glands become enlarged and tender. The tongue is coated with a white
fur of varying thickness, and cream from the edges, displaying the well-known strawberry tongue, in which the fungiform papillae are engorged and appear to stand out from a smooth, bright red ground. In the more severe cases, the tonsils, uvula, and edge of soft palate become covered with a yellowish exudation, ulceration of tonsils ensues, their surfaces are ragged and perforation may take place through the soft palate; sometimes rash is confined to some particular point; not unfrequently it is in patches with intervening portions of the skin of a natural color. But very many cases also occur in which the rash is nearly or quite general, occasionally after partially
breaking out, it disappears, perhaps only to return again after a longer or shorter interval, and this process is sometimes repeated more than once. The fever is higher, with more frequent pulse, and a greater tendency to delirium and stupor than in the simple form. Rash appears first about face and neck but sometimes may be detected on the back of the hands. Rash fades in a few days; it is nearly always followed by desquamation, but it is important to remember that in mild cases there may be no desquamation at all, and also that children often desquamate after Pneumonia, Typhoid, and other febrile diseases. The inflammation of the fauces advances with the progress
of the disease. and not unfrequently the eyes are red and irritated, though not usually watery as in measles; the patient sometimes sneezes, and has a dry cough and a guttural voice; hemorrhage sometimes from the nose. Upon examination of the fauces the tonsils, uvula and soft palate are found to be swollen and of a deep red color, and patches of a concreted exudation resembling false membrane are generally seen upon the surface of the tonsils at an early period of the disease. Along with this interior disease there is almost always more or less swelling of the external parts, in the region of the Parotid and Submaxillary Glands, and sometimes the tympanum
is very great; this external swelling is often hard and painful, and sometimes prevents person from opening mouth wide enough to inspect the fowee. DeGlutition is difficult and painful, and when attempts are made to swallow liquids they sometimes return through the nostrils. Sometimes the lips are cracked and inverted here and there with crusts and are painful when parted; sometimes the mucous membrane of the nostrils partaker of the disease and the nasal passages are often closed and the patient is compelled to breathe through the mouth alone, producing dryness of the tongue and lips. At a more advanced stage a yellow and exceedingly offensive
liquid is occasionally discharged from the nostrils. Occasionally the inflammation travels back through the Eustachian tube into the cavity of the tympanum, causing unpleasant symptoms. The fading of the eruption begins a little later than in the simple form, and the fever and sore throat often continue in some degree for a few days after the commencement of desquamation. Various secondary affections are apt to occur which protract the disease and add much to its danger. The mildest forms are often attended with disastrous sequelae, and may be due to their not taking care of themselves during convalescence.
Scarlatina Maligna. In this variety the fever is of a Typhus character—exhibits itself early. Brain becomes affected. Rash appears and disappears irregularly, eyes suffused and dim, tongue dark and dry, or red and glossy, fetid breath, Cervical Glands swollen and may suppurate, exhausting. Diarrhoea may set in. Hemorrhage often occurs. Patient may die on 3rd day, yet may get well. Children may die in convulsions before eruption. Scarlet Fever may exist without the eruption occurring at all. The name of Malignant Scarlet Fever is applied to certain cases of extreme violence in which the system is et
once overwhelmed by the force of the
disease, or is made very weak or de-
praved by it; either the Simple or
Anginose form may offer this character,
the affection of the throat not being essential
to the malignancy of the disease, though this
part often suffer greatly. In some instances
the patient is completely overcome in the first
stage, and may die upon 2nd. or 3rd. day.
In other cases where there is greater energy
of the system, or less violence of the
cause. The early symptoms are those of
the Angina variety. The signs from which
the malignancy may be suspected are
violent initial pains in the loins, and
extremities, a greater tendency to stupor
and delirium, a somewhat weaker
though not less frequent pulse, a later appearance of the eruption which may be postponed to the 4th. day, and its tendency to a darker hue in the fauces also the hint of the redness is deeper and more inclining to purple than in the Athenic Anginose cases. As the disease advances the symptoms assume a more decided Syphileus character, the pulse becomes feeble, the skin is less regularly heated, the eruption disappears or turns of a livid or purplish color, petechia and ecchymosis occasionally appear, the edudation of the throat and fauces is of a dark color, deep ulceration or gangrene of parts may occur.

Clinical History: Incubation, Scarlet Fever
developed after a shorter period of incubation than measles, the average duration is from 3 to 5 days; it has been known to be only 24 or 48 hours. Not very infrequently the duration is from 6 to 8 days and in rare instances it may extend to 12 or 14 days; the duration is more variable than in the other eruptive fevers.

Stage of Invasion. The invasion in Scarlet fever is usually sudden, a chill occurring in only a certain number of cases. In children vomiting is a very common symptom at the onset. Fever more or less is rapidly developed, the temperature may rise at once to 105° or higher; Epistaxis is not uncommon; the frequency of pulse corresponds to the intensity of the fever; restlessness, headache
Sometimes delirium, and general malaise are marked, if there be notable pyrexia.

In mild cases all these symptoms may be slight; Redness of the fauces, more or less vivid may generally be observed in this stage either with or without a sense of soreness and pain on swallowing. The affection of the throat is due to the efflorescence which appears in this situation before its appearance on the skin. In a great majority of cases the fauces present the appearance of Erythematous inflammation, thin, associated with suddenly developed high fever and vomiting points to Scarlet fever, especially in a child and if the disease be prevalent. In mild cases even a probable diagnosis can hardly be made
prior to the stage of eruption. The average
duration of this stage is about 24 hours; the eruption usually occurs on the 2nd.
day; a considerable delay of the eruption is
generally attributable to some complication.

Stage of Eruption: In Scarlet fever
the efflorescence appears usually on the
neck and chest simultaneously with its
appearance on the face; in the latter
situation it appears on the cheeks and
temples, leaving the skin around the
mouth unaffected; it extends rapidly
over the trunk and extremities, in this
respect differing from the eruption in
Small Pox and Measles. The general
diffusion takes place usually within
24 hours; Instances in which it appears
on the trunk and limbs before its appearance on the face and neck are not extremely rare; the eruption is at first in the form of minute spots; these by coalescence form patches variable as regards number and size, or the whole body may be covered with an efflorescence. The patches have irregular or serrated borders, the color is a bright red, hence name Scarlet fever. The patches of efflorescence show on close observation, numerous points of a deeper color, which are the sites of the primary discrete maculae. The eruption disappears usually within three or four days. The duration of this stage of eruption, however, is not very rarely considerably longer, it may extend even to the fourteenth day.
Military vesicles are not uncommon; the affection of the fauces continues; the tonsils are generally more or less enlarged, and the mucous surface may be coated with a muco-fibrulent, or a pustaceous matter, the latter resembling an exudation. A true diphtheretic exudation sometimes occurs. With this appearance within the throat, the sub-maxillary and lymphatic glands at the angle of the jaw are enlarged. The tongue in some cases presents an appearance which is highly diagnostic: the papillae are enlarged, and, if the surface of the tongue be coated, they project through the coating, and present an appearance as if the surface had been sprinkled with Cay-
enne jekker. If not coated the appearance of the tongue is still more characteristic. It resembles closely a ripe strawberry and is commonly known as the Strawberry tongue; the appearance is peculiar to this disease, and the diagnosis might almost be based upon this alone. Pyrexia more or less intense continues through this stage, gradual defervescence in favorable cases commencing at its close. The degree is generally a criterion of the severity of the disease. In severe cases the delirium is common, and is active, patients requiring to be watched or restrained in order to prevent their escaping out of doors and sometimes from jumping out of the windows.
Stage of Desquamation frequently commences with the decline of the eruption and prior to its disappearance. The degree and extent of the desquamation is, in general, proportionate to the intensity and diffusion of the efflorescence. Desquamation is rarely wanting, save in the cases in which the efflorescence fails to appear. In Scarlet fever desquamation is the rule with some exceptions. It may be purpuraceous, but it is oftener lamellar, that is, the cuticle is exfoliated entire in portions of greater or less size. The cuticle of the hands may sometimes be removed intact, peeling off like a glove. Desquamation may take place where the eruption had been wanting. A secondary
efflorescence not infrequently takes place in the stage of desquamation, and a second desquamation without a renewal of the efflorescence sometimes occurs.

Complications and Sequels of Scarlet Fever.

There are few, if any, diseases, the mildest and severest cases of which are so widely apart as those of Scarlet fever, and, perhaps in no other disease are deviations from a typical course more common. The terms mild, severe and malignant Scarlet fever are convenient for grouping irregular forms of the disease. Cases are sometimes so mild that the patient does not go to bed, perhaps manifesting no illness, the inflammation of the fauces slight and the eruption so indistinct that the
diagnosis is difficult, and sometimes an
after conclusion based on the communication
of the disease to others, or the occurrence of
Nephritis as a sequel. Fauval inflammation
without an eruption is not uncommon.
There may be on the one hand considerable,
and on the other hand little or no fever.
Persons who have once had Scarlet fever,
or those whose susceptibility to the contagion
has diminished by age, often have more a
less affection of the throat when brought in
contact with cases of the disease. In
contrast to these mild cases, irregular
forms are those in which the deviations
denote severity of the disease. Notable
hyperpyrexia and frequency of the pulse
characterize certain cases. In some cases
convulsions occur, irrespective of renal disease
attributable to the intensity of the localised con-
dition of the blood; Active delirium occurs
in some cases. The faecal affection not
infrequently is much greater than in typical
cases; the tonsils are greatly enlarged;
they may suppurate and sloughing
sometimes takes place. In cases of an
unusual affection of the throat the cervical
glands are often very much enlarged
and gangrene may occur. The
eruption in these cases is often incompletely
developed or wanting.
The hemorrhagic form, in which hemorrhage
takes place in different situations other than
in the skin may be considered as malig-
nant; in this form there is usually a
high temperature and grave cerebral symp-
toms. Of the complications of Scarlet
fever the most frequent are otitis, either
external or internal, leading sometimes
to destruction of the tympanum and
the discharge of the ossicles of the ear;
Coco-enteritis in children; Articular
Rheumatism; Peritonitis; Pleuritis; Endo-
Carditis and Pericarditis — these affections
probably in many if not in most cases
either Rheumatic or Uraemic; Sorengitis
which may prove the immediate cause of
death; Coryza; Conjunctivitis and Gan-
grene of the mouth. Diphtheria is not
infrequently combined with Scarlet fever;
the presence of a Diphtheritic exudation
in the Pharynx is an evidence of the
coexistence of the two diseases, the exudation here, as in other instances is to be distinguished from the multiform exu-
dation from the follicles and the deposit of concrete mucous, which may give rise to an appearance resembling that of a pseudo-membrane. Parenchymatous or tubal Nephritis in sometimes a complication giving rise in certain cases to coma and convulsion, etc., it is much oftener a sequel. It follows Scarlet Fever in so many instances, and is so rare except in this pathological connecion, that its occurrence serves to establish in some cases the diagnosis when this had been doubtful. With reference to the liability to this complication
the urine should be examined daily during the course of the disease, the presence of Albumen or Casti is evidence of the renal complication; to determine whether a sufficient amount of urea is eliminated to protect against the grave effects of Uraemia, the quantity and specific gravity should be ascertained daily. Attention should be given to the urine for several weeks after the date of the convalescence, sufficiently to determine either the existence or absence of the Nephritic sequel. It is to be borne in mind that this sequel may follow the mildest as well as the more severe cases, perhaps occurring more frequently after the former than
after the latter. Parenchymatous Nephritis following Scarlet fever may occasion anasarca, or phenomena attributable to Pericarditis or other serious inflammations are uraemic effects, which may destroy life after patients have passed safely through the fever. In order to foresee and forestall these grave effects of Anaemia, it is of great importance to keep a watch over the urine as regard quantity and specific gravity. It is a good precaution to watch the urine of persons who have been exposed to
Searlatinous poison, although Searlet fever be not produced. That this poison will cause parenchymatous Nephritis without causing Searlet fever is certain.

**Anatomical Characters** - Sometimes every trace of eruption disappears after death, sometimes remains of it may be seen in purplish or livid spots. Upon cutting into the skin, the reticular tissue is found reddened and injected. The redness sometimes also disappears from the fauces without death. The concrete exudations are often seen, sometimes extending through the pharynx even to the oesophagus, but seldom into the larynx. The tendency to Bronchial and Pulmonary inflammation is much less in this disease than in
Measles. Various internal organs are congested. Alimentary mucous membrane often exhibits signs of inflammation and Peyer's patches and the solitary follicles of the intestine are often moderately swollen. The spleen has often been found enlarged. Swelling and inflammation of the lymphatic glands of neck often occur; the glands may suppurate. Swelling of mesenteric glands as well as other lymphatic glands of body has sometimes been observed. Parenchymatous degeneration of the liver, kidneys and heart may occur. Eruption on surface and appearance of the throat constitute principal anatomical characters.

Cause of Scarlet fever is probably
specific, and is generally believed to be of a contagious nature; the contagion from mild cases is as effective as that from severe cases. The contagion is contained in emanations from the body, probably in both expired breath and the cutaneous exhalations, hence the atmosphere surrounding patients is infected. That the disease may be communicated by means of fomites is unquestionable. This contagion may be carried in clothes etc. from one person or place to another and this contagion hold its morbific power for a long time. Scarletina sometimes follows with notable frequency surgical operations. The disease prevails at all seasons of the year, it frequently occurs epidemically.
As a general rule the disease occurs but once in the same individual, exceptions have now and then been noticed. No age is entirely exempt from the disease, but children are much more liable to it than are adults. Statistics show that the disease occurs most frequently in the 3rd. and 4th years of life, and that the liability to it diminishes progressively after the fifth year, and becomes very small after 40 years. Cases have been reported in which the disease was contracted in utero. Many persons exposed are often troubled with sore throat, yet escape the disease. Thought to be due to Minute organisms and microsp. fungi!??

Diagnosis of Scarlet fever before the
eruption is quite difficult to make some times, but a probable diagnosis may be made before the eruption appears on the skin, by a sudden attack of vomiting with high fever, and redness of face or in a young subject, especially if during prevalence of Scarlet fever. But from the short duration of stage of invasion the high fever, the appearance of efflorescence in the throat before the eruption on skin, then appearance of efflorescence on body and upper extremities, before or simultaneously with its appearance on neck and face and rapid extension over cutaneous surface, the Scarlet color, the irregular and serrated margins of patches and the persistence of
increase of the pyrexia after appearance of efflorescence - the eruption occurring on 2nd. day, often sudden attacks of vomiting etc. make the diagnosis of Scarlet fever quite plain, later on we have the strawberry tongue. In measles the eruption begins on the 4th. day; the eruption of measles begins on the forehead and neck, then face and gradually extends downwards, occupying from 24 to 36 hours in passing over trunk and limbs. The eruption appears first in measles as indistinct red points, very small, which increase in size and become more distinct; their borders are uneven or irregular; they become slightly elevated and tend to arrange
themselves in circular or crescentic forms.
Color of eruption is dull or deep red, not
crimson or scarlet red like in Scarlet
fever; In Measles there is Coryza, irri-
tability of the eyes, sneezing, coughing
etc. While in Variola the eruption
changes from Maculae to papulae to
Vesicular to pustulae and characteristic
appearance of the Small Pox vesicle is
produced by a central depression on
its roof; this depression constitutes
the so called Embolilication of the
vesicle. Scarlet fever may lie at first
or in slight cases confounded with
Roseola, but this is a slight affection
and generally disappear in from
24 to 48 hours and has not symptoms
of Scarlet fever. A little time will generally make the diagnosis very plain.

Prognosis. There is probably no complaint in which the result is more uncertain than in this disease. The seemingly mildest cases sometimes assume a most malignant character, and patients suddenly die; while, conversely, cases apparently the most desperate sometimes end favorably.

Aside from the intensity of the disease the danger often depends on complication. The symptoms denoting imminent danger from intensity of the disease are excessively frequent pulse, active delirium and prostration, jaetita-
tion, hyperpyrexia, the mode of dying in these cases being by Aetberia. If throat affection is unusually severe the prognosis is unfavorable. If Laryngitis ensue a fatal result is to be expected. The development of diphtheria is extremely unfavorable; among unfavorable signs are a late appearance of, considerable deficiency in or sudden retrocession of the eruption, with other bad symptoms, as continued delirium, or profound coma, a livid or purple color of the rash, with petechia, ecchymosis or hemorrhage, a livid appearance of the fauces, with gangrenous sloughs or ulcers, extension of
pseudo-membranous exudation into the larynx etc. More dangerous in adults than children. The more typhoid like the attack the more dangerous. Hemorrhagic form is bad. Generally dangerous in pregnancy. Be not and safest not to give any favorable prognosis.

Treatment. It has been shown that Scarlet fever cannot be cut short or its course abridged. We should therefore pursue the expectant plan of treatment, that is treat the symptoms as they present themselves. There is no known remedy which can destroy the poison when once it gets into the system. Those substances which are highly esteemed as disinfectants cannot be used with safety.
in sufficient doses to antagonize the poison in the system, since such doses would seriously impair the nutrition and molecular action in the tissues. Simple forms of Scarlet fever require little more than hygienic treatment, and there are no indications for active treatment. If the fever is slight or moderate, there are few if any, symptoms which call for palliative measures; always best to keep patient in bed, give laxative, no exposure, good hygiene. If any fever give some antipyretic and little else need be done in the very mild cases as they tend to get well of their own accord. Be careful in preventing a spread of the disease, remembering that a very mild case is able to transmit the disease and bring on malignant form.
Also watch during convalescence, as complications are very liable to set in. While in cases of extreme severity they offer little in the way of encouragement from any treatment. The tendency to a fatal result cannot sometimes be prevented by any remedy, yet you should try all remedies to stop the disease. Of the cases in which there is more or less severity, often the great danger is from hyperpyrexia; we should use antipyretics, as Quinine, in full doses, as Quinine is of great importance in reducing the temperature of body in the fever. You may use the wet sheet, or the cold bath has been used; also sponging the patient is of great importance, if the pyrexia be considerable or moderate, spong-
ing the body with cold or tepid water will suffice. The sponging is to be continued and repeated according to its effect. The wet pack reduces the fever and has a sedative effect; the patient may remain in the pack for about an hour or two, free perspiration is induced. The pack is to be removed when this effect is produced; the body wiped dry and placed in bed, and it may be repeated pro re nata. The evidence of its usefulness are reduction of the body heat, diminution in the frequency of the pulse and a manifest soothing effect, and patient often obtains refreshing sleep after it is done several times; the patient often will like it so much that he will call for it. Anodynes are indicated if restlessness
and vigilance be not relieved by sponging and the wet pack; opium in some form given cautiously is of use if the effect otherwise be good by promoting moisture of the skin; Dover's powder acts nicely—many prefer to use Belladonna; Hyoscyamus, Chloral etc. if they are not efficacious opiates are to be given, but cautiously in young children. As a stimulant Carbonate of ammonia acts well. Inunction of the surface in a highly useful measure, especially when pruritus is present as a symptom, it gives great comfort to the patient by relieving the dryness of the skin etc. and it prevents the detachment from the skin of the epidemic particles containing the contagion in a dry state;
especially during the period of Desquamation will it prevent this detachment from the skin. Cold cream ointment and vaseline are to be preferred to lard or olive oil. Glycerine with rose water act well. The pulse becomes less frequent and the temperature diminishes not infrequently after the immersion. You may repeat it two or three times a day — it need not conflict with sponging, the wet sheet, or wet pack. Cathartics are never to be used. If constipated relieve by enema; all remedies which disturb the stomach are contraindicated. In severe cases denoting Anemia, alimentary and alcoholic support is an important part of the treatment. The best form
of nourishment is milk with the addition of lime water. Milk punch and wine whey are best alcoholic preparations for children. The amount of alcohol to be given is to be determined by yourself.

If the disease be accompanied with much affection of the throat, this claims treatment. Chlorate of Potash acts well. 2/3 to 1/2 may be given daily. Carbolic acid, Chlorate of Potash, Glycerine, and lime water act well; most any of gargles or application act well. 1/3 of Cod liver oil passed over the inflamed part acts well. If there be diphtheritic exudation use gargles. Sprays or mops of something as Liquor Potassae, lime water, Tinct. Ferric Chloride, Chlorate Potash and aquare
combined acts well etc. If there is fetor
of breath, the insufflation of Pulverized
Salicylate Acid and Sul-nitrate Bismuthi
act well. Externally compresses kept
wet with cold water may do good. Some
advise ice to outside of mouth. If
Glandular swellings occur paint with
iodine. If suppurrative inflammation
encourpoultries or the water dressing
should be applied. Otitis and Ophthalmia
if present require appropriate local treat-
ment in order to prevent permanent
impairment of sight or hearing.
Arthritic inflammation which is usually
mild is to be treated by the application
of Anodyne liniments and bandaging.
Convulsions are generally due to uræmia
but, occurring early in young children, they may be incident to the development of the disease without denoting a renal complication. Whether uraemic or otherwise if they continue, the inhalation of Chloroform is indicated; it has given immediate relief and recoveries have often followed. Uraemic phenomena in addition to convulsions, namely Cephalalgia, disturbance of vision and coma render prompt measures of treatment vastly important. Saline purgatives or Ulaternium are to be employed at once to eliminate urea, and diaphoresis should if possible be produced by the use of the warm or hot air bath, the wet sheet or the hypodermic injection of
the Muriate of Pilo-carkin; vomiting and purging should always suggest the inquiry whether they be not due to uraemia, and if so, they are not to be arrested; albuminuria and especially a deficiency of urea in the urine should lead to measure with a view of forestalling the effects of uraemia. Fomentations are to be applied over the loins; the bowels are to be kept open with saline laxatives and diaphoresis is to be produced. Ergot is thought by some to act well in albuminuria. If there be a tendency to suppression of urine, Colchicum acts well. As the symptoms present themselves so give your remedies; as if fever
give Anti-pyretics; if weak and depressed give stimulants etc., and treat complications as they arise. The sequelae of Scarlet fever should be guarded against by proper precautions and not letting patient expose self to cold, or be imprudent in eating and drinking and not over-exert mind or body.

And thus by paying attention to good hygienic precautions one may ward off the sequelae of Scarlet fever. Though should they occur they should be treated properly.
Malarial Haematinuria

The precise designation of the common disease being that the name shall as nearly as practicable be expressive of the pathological condition existing if the facts considered, I have almost been led to from making an attempt to write my thesis on the disease which I shall consider in the following paper, since in the general literature upon the subject I find such diversity of opinion as to be designating by which it shall distinguish its etiology, pathology, morphic anatomy, treatment or, among these if more mature years more extended and also observations than I have made; however this an age of adventure, fertile
in experiments is during our times.

An age of mental activity

And intellectual independence.

An age in which the "Marsus digit its

fork," paraphrased: "Did Marsus say

twas fact? Then fact it is, not

valid as a word of his." has been

left in the back — has played out.

Among the many designations by

this effusion has been included

in the following: Hemorrhagia

Malarial Fever, Black Jaundice,

Hemorrhagia, Malarial Fever, Yellow

Malaria, Cachexia Hemorrhagia,

Deliria, Pernicious Fever, Malig-

nant Congestive Fever, Yellow

Consumption Fever, Yellow Fever.
Extravascular Fever, Yellow Fever, 
Cancerous Yellow Fever, Drum 
Yellow Fever. With this brilliant 
and formidable array of names, 
it would seem that some design 
one of them might settle upon by 
the Profession, though in our pre-
sent state of ignorance of its true 
pathological course, too much an 
uncertaining. Now, as the main which 
I propose to suggest for the atten-
tion will only add one more of the 
already long biological list which 
informed in the Annals of American 
Medical Literature, I hope I may be 
pardoned for this single addition. The 
name which I propose, Haematocirrha, 
suggested by the result of an analy-
or of urine made by Prof. Council-
man of Balsi, Md. and numerous
other similar results obtained by in
efficient pathologists.

History

As far as I have been able to ascer-
tain it was unknown in the United
States prior to the Autumn of 1867-
all authorities whose writings I have
had opportunity to examine con-
tent in this statement, save alone
Dr. A. A. Gardiner, of Cuttville, Florida
who wrote as follows: "having
his article "Malarial Eczema"
He says, "how long the disease under
consideration has been in exist-
tence I will not undertake to say,
not having attempted to trace it
is its origin; but I have no doubt that it has occurred at times even quite
recent times had a larger part been
subjected to the cancer called 
A disease of recent origin. That it has been much
more frequently in this country than elsewhere I will not deny and that to quash complaints
by false yeare. The first case known
of the "oldest inhabitants" as far as I
can here able to ascertain occurred
in 1840 in Thomas County,
Florida, near the Georgia line, the
subject being a Methodist minister
on Leon Cirkick. Why it should have
been confined is free County along
and became of common fire while other parts of this State and other States were comparatively free from it. I am not able to say and why it has within a very few years enlarged its field of operations I am unable to answer. Within the last decade or two it has been quite prevalent in the States bordering on the Atlantic, North and Maryland, in the Gulf States of those of the Mississippi Valley as far north as Mo. The first case reported in North Carolina occurred in the autumn of 1872.

Catarrh

In writing of the Pathology of this disease one is confounded by the discourag...
ing thought that the elucidation of the various interesting points connected
with it has never been made absolutely certain, though the most interest-
ing task which can engage the
attention of the medical student
will confer opportunity for its study,
and the fruits of the necessary series
of careful observations of the clinical history of the disease and the
examination of the blood, urine
and organs, shall complete an
acquaintance with this modern en-
emy, so full of terrible interest, will
receive the timely thanks of the profes-
sion and an honorable distinction.
As in many other instances,
therapy has gone in advance of
Pathology, the true principles of treatment being better established than the history and rationale of the pathogenic phenomena. And from the fact that exsanguination is constantly causes in the course of one hour, it is evident that the tissue in which has been suggested, by the bacteria acting directly within the red blood corpuscles and in some degree exerting a direct effecting disintegration thereof, setting free the exsanguination which causes the high pressure in the renal vessels, due to the engorgement of these organs, makes its escape through the microscopic tubules, which enter the bladder and is discharged in the urine, occurs quite frequently.
Further, to show that the change takes place in the blood, we find the process of filling a blister containing the
mixture, but in which in fact, and
age claimed orange color. —
As it is not sufficient to be determined
by the history of the disease of a
case to which I can contribute so
little to their elucidation, I resist the
temptation to dwell on the many
interesting points which strongly
invite discussion. I feel my
powers in relation to one of the
moves of these, viz. the real cause of
fevers which appears at once
clearly while the liver is swelling
and bile runs profusely, and no
discovered obstacle exists to its
the passage into the alimentary canal, from which it is abundantly discharged but by vomiting and surging - the greater amount in the former way. Theoretically it might seem to be due to the reabsorption of the superabundant bilious secretion from the duodenal intestinal ducts themselves, even though there be no apparent obstacle to its flow; to compression of the bile ducts by the congested liver and thus creating a partial obstruction; or that while much bile passes through the a portion of the excessive right-heat effect reabsorption, to the formation of bile pigment in the blood more rapidly than it can be thrown
out by the actively secreting liver, to a disturbance of the hepatic circulation, attended with increased blood pressure on the side of the hepatic artery and portal vein, diminished pressure on the side of the hepatic vein, which would naturally cause a portion of the bile to be taken up by the vessels of these vessels from the secreting structure of the liver and conveyed to the intestine, through the general circulation, to the kidneys which have undergone contumacious change in the circulation, such as we see in the yellow rings or stasis which appear with contumacious extravasation of blood. But der-
happens the true due to this problem, certainly that which occurs back to account with the phenomena of the disease, may be found in the following passage from Neisser's "Chemische Fürnmallogische Betrachtungen". "The view regarding the occurrence of jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaundice without jaun-
that some of the formerly enigmatical forms of bodies are due to the dis-
integration of blood corpuscles, and the transformation of the blood col-
oring matter into the coloring matter. This is particularly true of the cases of bodies occasionally caused by dessication from chloroform or ether, for an experiment proves the substances possess the power of dissolv-
ing blood corpuscles. The mode of origin is very frostable, though not absolutely proved, for other forms of familiar may be accounted for in the way so that occurrence after
analyzing, that observed constant-
ly in yellow fever, quite thin in
tercurrent (malignant) fever,
Carcinia and malerarial fever are more rarely in other infectious diseases and febrile diseases accompanied by fever fever. The distinctive action of the malarial fever when the blood rises being ascite and if we admit that under such intense and concentrated action of the morbid agent, as that which induces an attack of malerarial fever...
suffer to come from Joseph Jones of New Orleans, for the first pathological description of the disease in those who succumbed to the disease. He then worked out the true pathology and the illustrations in this description with lithographs which is not resented in a high style, but being forcibly to the mind the gross appearance of the disease. He says it is the disease made of the existence of those who had died in the acute stages of malaria. The critical and moribund patient present a sick, listless and cold and blood of appearance. The chest was deeper in some than in others, resembling circumferential effusion of blood.
blood. In many cases all portions of the tissue were altered in appearance and the tubuli uriniferi, especially at the termination of the pyramids, could be seen, resembling dark lines of coagulated blood. Microscopical examination of sections, with valen
tino's knife, revealed the fact that many of the tubuli uriniferi throughout their entire extent were filled with coagulated blood. The lumina likewise appeared to have taken place through the Malpighian tufts chiefly; little or no blood was offered around the tubuli uriniferi. It would appear that during the prolonged cold stage the kidney became engorged in a manner similar to that which occurs
in the opium. During this congestion
surface of the blood vessels. Blood-
mainly due to their anatomical
structure, and the great thickness
of the walls due to increased blood
pressure. Then from any cause blood
collected in the lambs, manifesting their
function as excreting tubes is depressed,
and the extent of their impairment
amount of their function increased seems
to have a direct ratio to the gravity
of the case. The gradual cessation of this
dangerous and often fatal change
of mortality in numerous instances will
be found chiefly in the structural
alterations of the kidneys. This
being more his reason of failure in ex-
cuttingly superficial generally giving rise to the appearance in some cases of tumorous elevations adhering with a touch to the surface. Points of puncture with a hypodermic needle and abrasion of any kind will be found stained yellow or lemon colored.

Etiology

As diversified as in medical opinion upon other points, all seem to center in the belief that it is of malarial origin, as is obvious.

Signons

This form of Malaria differs materially in degree from the ordinary intermittent or Pernicious form, since in the ictus the sicculation of the lesions, carminic sicculation of
The nature of some fluid poisons in pathology. Having seen one case, one could commit an understandable error in failing to recognize a second. Characteristic are the physical signs.

Prognosis

The prognosis is always grave, though it is dependent in some degree upon the skill and experience of the physician and upon the season of the year. The patient is restless and the depressing effects of the disease. There being some cases which from rapidly fatal when seen the hands of the most skillful practitioner.

Treatment

The three calient facits in the first
must are (a) the prevention of the return of the paroxysm (b) the quieting of the stomach and (c) the support of the patient. The patient should be brought speedily under the influence of quinine, which is preferably administered by hypodermically or soon as soon as the patient can

then, if the stomach will retain it, you should give by the mouth large doses for four or five days or you may continue throughout the attack to use it by hypodermically

of nausea and vomiting occurs. This done the first indication in treatment will be met. The second indication in treatment should be

mix with a blinder over the edges.
Trimmer of a laxative of the following composition:

\[
\begin{align*}
\text{Hydroxyppi Chloridum} & \quad \text{Gr. } 7 \\
\text{Rheum Rhiz.} & \quad \text{Gr. } 7 \\
\end{align*}
\]

For a lumps

\[
\begin{align*}
\text{Borici Ricarbonati} & \quad \text{Gr. } 70 \\
\text{Ricivi Carbonici} & \quad \text{Gr. } 20
\end{align*}
\]

Further indications for treatment should be met by measures which
the exigencies of the particular case may demand. The sick should
be nutricious and prepared in the
manner best tolerated by the constitution of the patient. When the symptoms have
been arrested, & convalescence established, a tonic of iron, quinine &
my name with an advantage given
I hereby report a case of the
lack of the disease treated by
my father, a physician of 32 years
experience, and who, having a disease
in which it has occurred more or less
frequently in the Autumn of each
year since 1872, has treated quite
a number of cases of the disease, and
at my request has furnished me with
the following.

Minnie A. — age 12,
— a blonde — had enjoyed good health
from birth. 15 time attack in August,
1886. was well developed for a girl of
her age. the daughter of a farmer
who had during the Winter before built
a residence on the Middle Fork of the
and distant four or five hundred
yards from a large Nile bend coven-
ring several hundred acres of land.
Click drums and killed the horses and
climbed up the soil all around the
farm. At the mouth of the house, it
was a hundred yards to an olive field
which extended to the borders of the
farm. Several members of the family
suffered from intermittent fever for
mild flukes during the Autumn. Minnie
had had fever or this attack at in-
regular intervals from August
to December 1886. Each attack
was temporarily arrested by genuine
which was purchased and prepared
by her father, a man of limited
attainments. On the 17th of December
at 1 P.M. "the Red Chill" which lost
to three on your hands. At 5 P.M., my mother discovered the dark blood—no diminution of the disease. Her father came for me at 7 A.M. — Being unwell and the weather very wet, I did not go at night, but took the medicines, pills containing sulphate of Quininum 1/8 gm. and directed eight grains to be given every hour or two until forth eight grains had been taken. And the case at 10 A.M. on Dec. 18th — all the pills had been taken and sustained well the exception of one dose. Further of patient and the conjunction of a dyspeptic flux — much nausea but very little vomiting as yet — very weak and restless — tired to eat.
longer coated from left to face with a thick greenish film—
length 103/27. Pulse 110 per minute—
cond bellow movement over
erisive region—a gurgle heard was given and the bellowing con-
tinued in diminished tones. At 10 A.M. on the 19th—
Bowel movement twice—Nausea not as
great—temperature 100—Pulse 105—
Skin turgid—Skin blushing
freely yellow commem—repeated
the bellowing—and continued to gen-
mire, in minute steps. At 10 A.M. on
the 20th formed the discharge from the
surface rapidly disappearing—now
much lighter in color—Nausea and
nauseous gas—sweat gone—
Patient more cheerful — appetite returning & took some nourishment with relish. On the afternoon of the 20th, urine lost all blood appearance and was rather of a milky appearance. On the 21st all symptoms much improved — on 22nd patient discharged from hospital as clear as brine water — complete convalescence or cure as before attack — appetite and digestion good — bowels regular — Chyme given a ferromanganic tonic — Convalescence went on steadily and quietly. She has been at school since the 1st of January and now looks as well as she ever did. Two other cases of this disease occurred in my practice in the autumn of '86.
The following are the results obtained by Prof. Canehill of Ballo, Mr. in the analysis of four specimens of urine collected from Minnie A., an enthusiastic star of the attack:

1. Urine passed on first day was red if a dilute carmine color containing very little sediment. Examination with nitric acid, showed abundance of albumin. Examination with mercuric oxide produced a red blood compound. At bottom of bottle, there was a slightly brownish layer which appeared to be mucous. By heat, acetic acid
Chloride of Potassium numerous crystals of haematin were formed.

Urine on second day transparent vomited much more than half of first day, contained but slight amount of sediment. Examination of which gave similar results - haematin crystals being found but no red blood corpuscles.

Urine of third day different but little case in the amount of sediment, which was in excess and which contained some flakes epithelium.

Urine of fourth day was thick, contained a large amount of albumin, hyaline and epithelial casts.
Thesis on Maranial Karamallium
by
Dr. W. Huntborne, J.M.
The Dean's office states that this man failed to graduate from the University of Maryland, College of Physicians and Surgeons, Baltimore Medical College.

Ruth Leg Truscott.

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Hager, Maryland

Feb. 14-1887 - 2 Corr. 86-87

13 P.
Donovans

Donovans more commonly called

Vap is a contagious inflamma-

tion of the genital organs of both

sexes. It usually makes its
appearance from the fourth to

the Eighth day after exposure

but this time may vary. The

first symptoms are tickling

and stinging of the urethra. Its

lips become swollen and red. Also a

slight mucous discharge will

make its appearance. After a few-
days the urethra will become

painful on Micturation which

pain in many cases becomes

very severe. Patient may often

pass two or more separate streams
which is due to the irregular contracted state of the urethra the size of the stream is also diminished the discharge becomes more abundant and of a yellow color and is often mixed with blood. This discharge spreads along the canal and may set up inflammation of the bladder and the glands in the groins are often affected and become swollen and painful which is aggravated by walking or in any way taking violent exercise. Painful erections often occur in which the penis is sometimes curved downward and also may be curved to one side, the testicles often become involved and become tender and very painful
The urinary organs may become affected causing retention or partial retention of the urine which causes most extreme pain. The bladder may also be involved causing patient to pass water frequently as much as every hour and with great pain to the unfortunate one suffering from this complicated state of affairs. The testicles of men or the ovaries of women often occurs. The pain is often attracted with shooting pain which causes tickling about the arm. The groin is often swollen and tender upon pressure. The gland may become swollen causing pain in bubo which may or may not go on to
suppurative. Plasmoasis may occur but is not very frequently seen. Hemorrhage from another may occur causing great alarm on part of patient but can be easily stopped by pressure. After abatement of the inflammatory stage abscess if not cured a mucinulent discharge remains which is very much aggravated by use of alcohol. The abundant use of tobacco should also be suspended. When a thick obstinate discharge is present it has passed into a stage called glut which in many cases is never cured. In such cases strictures should be suspected and treated as such.
In women it is called Specific Vaginitis which can it attack the Vulva, vagina, and throat, causing inflammation of these organs which contango cause a discharge like that of male Gonorrhea. The Patient has a scalding sensation on the passage of urine with pain and heat in the vagina, urinary tract, or pubic area. An often dry discharge is also always present. The pusulent matter when allowed to remain in the vagina makes it intensely sore and tender to the touch by its action on the mucous membrane. It also cause a great amount
of much premenstrual mucus

to be secreted which if

unchecked goes on from bad
to worse and may go so

far as to produce Pelvic Peritonitis
abuse of the vellum, Bubo and
in some cases has been known
to cause patient system so as to
be the cause of death. But
fortunately it generally limits
itself to the less important
organs that urethra vagina and
vulva the pus in these cases
is of a thick yellowish white
color and if patient be careless
and get some of the mater in
his or her eyes it may set-
ap suppurative inflammation
in Purulent Ophthalmia which is a very serious and dangerous eye trouble. Therefore, the patient should be cautioned against dirty fingers and dirty towels and also keep things separate from rest of family. At the poison is readily commensalized from one patient to another. An atoe of gonorrhea if properly and carefully treated may be cured in from ten days to two weeks but may run on for a much longer time as much as it has been known to last years in both males and females with a continued flow of pus and mucus.
It is supposed by some to be more rare and if rare at all in a very few cases which may at any time break forth in its most active form and under the life of a woman miserable who has previously had a miscarriage some authors say these women rarely produce children and if they do only one and that gravida causes many abortions but this is to a certain degree disproved if this would be true a healthy woman would be hard to find or to say the least for the larger portion of women would not be
Healthy. After an attack of apoplexy, delirium often follows, which is said by some to be due to the caput mundi always giving in this affection; but this is not the case as dementiam has been known to follow when no caput mundi had been administered during the whole attack. If structural fomentation should be treated by repeated dili-
tuations with large bougies also, look after patient's general health as this state may go on from bad to worse and finally result in acute poisoning or mutative fever, but structure is not apt to occur in faint-
The treatment of bronchitis should be commenced with the care of mild injec-
tions. Bowels should be kept open in acute stage in mild injection
into the mother which should be thrown in slowly and gently.
Strong solutions often set up more mischief than they do
good and therefore should not be used. The weak solution
should be used frequently through the day and if care is taken
no use whatever of alcoholic
liquors. Excessive smoking
should be suspended. Plain diet
the patient may cut the
attack short in from three to six days.
If patient cannot sleep it
should be prevented in all
cases by the use of anodynes.
If the patient suffers from
pain in the perineum and
great pain when urinating, leeches
or blisters applied to the perineum
may be of great service.
After acute stage has subsided
the remorders for internal use are
balsam cubebia and oil of sandal
wood. Balsam cubebia and cubeb
are often combined. Also is
Oil sandal wood cubebia and balsam
but these agents should not
be used in acute stage.
The application of cold water or
ice will often relieve painful
crenation or chorde. If the
latter is due to the Tendinitis of the
bursae, the result cannot be
reversed. Hemorrhage from the exudate may
be checked by the application of cold and pressure but
hemorrhage does not occur in the
latter number of these cases.
Selfish Zinc is a good injection
made up in the strength of one
grain to the oz of water. A few
gps of watery extract of opium
may also be added. Another good
injection is Saltpeter of Zinc. In
acraemia, 1 dram of Bismuth is
water. The object of the Bismuth
is to protect the retina from
the scalding affects of the
must. If it rains on to glut
the mixture of Chloride of Iron
may be of great use, espeically
if the patient be made a
chronic one it in ten or
fifteen green doses three times
a day well diluted in water
after meals. But may also
be treated by repeated dilution
by large Bougies but often
the injection of Sub-Nitrate
of Bismuth a dram every 12 of
water with sulphate of zinc
will suffice. Golden seal
on Hydrastis canadensis is con
sidered a hint of water is
highly recommended by some
practitioners.
Cholera Infantum

I am induced to select for the subject of the thesis which I propose writing, the disease named above, both because of its universality in almost every town and city of the United States, and the painful prominence it has attained as one of the most fatal diseases to which childhood is heir. It is difficult indeed I fear impossible as yet to name its most famous locality. Since its ravages are experienced alike, on the Atlantic border, the Pacific Slope, the Cities and Towns bordering the Gulf of Mexico, and the Lakes of the North, although it may be safely asserted that its greatest activity is exerted in latitudes of hot and varying temperature, before I make any attempt to define the etiology of, or prescribe the.
The proper treatment for this disease I must beg leave to state that to do so &c. or satisfac-
torily would require larger experience, and a greater talent for observation than I possess, and as I feel confident that any opinion or speculation of mine will be as merely so as it might be visionary or erro-
nous, I shall confine myself to the discussion of such facts and circumstances as have fallen under my own immedi-
ate observation or gleaned from the teachings of my honors-
ed Preceptors.
Cholera Infantum usually make its appearance about the beginning of summer, and last until the decline of fall although its greatest-intensity is during August and September, its prevalence is this disease in my native city (Richmond VA) during the months named above, that it occurs if
not Conspicuous, to be at least

Epidemic, in the age of

one year to five or six, chil-
derm are most liable to be
attacked, and as a general
rule it makes its attack very
gradually, manifesting itself
by irregularity of the bowels.

Which as the disease progresses
battles at last into a most ob-

strate and perversant form, from

of however this condition of

the bowels were the only mani-

festation of the trouble, Cholera

Infantum would be robbed of

its horrors but unfortunately

other symptoms soon appear,

the child becomes fretful, its

lips are dry, its hands and feet 

burn are hot; the face flushed

the pulse rapid, and the tongue

red, as a general made dying a

slight chill precedes this condition,

after one or two days, the fever

hitherto had been constant, persisting

loses its feature, now assumes

the character of an ordinary
Intermittent fever, complicated however by frequent watery stools
from the bowels, great thirst and most persistent vomiting, the matter ejected from
the stomach is very seldom other than undigested food, or the water taken to cleanse the burning or
constant thirst; while the discharge from the bowels are sometimes
more or less bilious, sometimes tinged with blood or mucus,
and at others resembling the
washings of bosom to which they
have been most applied.Com-
parison, this state of the bowels
often persist with such involution
so speedily to reduce a hitherto
strong and healthy child to the
most alarming condition of
emaciation, and when it is
remembered that there exist of
the same time such an irritable
condition of the stomach, as that
no article of diet can be ret-
tained for a sufficient length
of time to afford any nutriment.
to the system, it will at once be seen why this disease should
be the instrument of hurrying such multitudes of children to
grief and ruin.

In treating of the causes of this disease, I am aware of
the force of those great diversity of opinions which, some assign
as the most potent factor in its production, the relaxation
of the system resulting from the extreme heat of summer,
Others again with equal ingenuity of argument and plausibility
of theory, ascribe as its cause irregularity of diet, either
as respects its quantity or quality, or both. In some instances
it may arise from exposure to cold, or when sudden variation
of temperature occur, thereby driving the blood from the sur-
face & giving rise to more or
life internal congestion, a condi-
tion favourable to the production
of the disease.
A few years ago Prof. O. T. [illegible]
Mansell of the Medical Col-
lege of Va., in an article upon
this subject urged with in-
spired logic, and I think
with almost convincing rea-
oning its close affinity to
tumdeh remittent fever, at-
least that they were referable
to the same cause. (Malaria)
It may be safely assumed
perhaps than all of the causes
which I have named, lend
a helping hand to produce
this disease. It cannot be
doubted I think that the
condition of the atmosphere
where Cholera Intermittent flour
ishes most, is no inconsider-
able influence in its propaga-
tion. In pure air where Verfur-
lalm and cleanliness are
attended to, it rarely extends.
Beyond the individual in
which it begins originates,
but in a vitiated atmosphere,
laden with noxious effluvia-
as the operations of the human body, especially where many persons are crowded together in small apartments. Cholera Infantium communicated itself to great numbers of those children who may be exposed to its influence. No other proof I think is necessary to establish the fact that vitiated atmosphere exerts a powerful influence in causing the disease, than that it is rarely found to flourish elsewhere than amidst an urban population.

In the treatment of this disease our first effort it would seem should be directed to the control of the general fibril excitement, and thereby to remove the irritations of the intestinal canal. Hence it would be proper to administer small doses of Alcohol in Ammoniation with Ipecac and Bismuth, and Soda, with the view of removing from the
Elementary Canal all offensive matter, and at the same time to
lift the blockade of congestion both from the liver & portal circulation.
When the bowels by these methods have been thoroughly evacuated, if the fever
continue, small doses of Lej-Ammo-
Acetate with 3/6ths of Nitre may with
great advantage be given for the
purpose of inducing perspiration
and detumescence. The blood to the
surface of the body, should the tem-
perature reach a high point - the
best method of reducing it would
be a bath, temperature from 75°
to 85° & tepidities. Should the fever
again rise sufficiently high to re-
quire it, should the fever be char-
acterised by procidene exacerbation
& remissions, Quinine would seem
to be the agent - capable of producing
the best and most prompt results,
to be administered during the
intermissions or remissions of
the Case may be
And Combined with small doses of Dover's powders, should it produce undue stenosis of the pulse, or seem to exert a deleterious influence upon the bowels, as I believe to be the case, when by the method indicated, the fever shock has been controlled. Vermisulfa may be given in the form of Brandy, Whiskey, &c., in smaller doses to properly dilute for the purpose of building up the system. But should the irritation of the intestine come to continue after all the febrile symptoms have been removed, Chalk mixture in combination with the alkaline syrup of Rheum or Camphorated Tincture of Opium would no doubt be most advantageously prescribed. In cases where the diarrhoea is attended with tenesmus,
Severe gripings, and the
ulcerous discharges are tinged
with blood, as not-unfrequent-
ly happens. locale injections
composed of Tarch or mucilage
of acasia, with Laudanum
are more effectual in re-
lieving the sufferings of the
child, than anaesthetics ad-
ministered by the Stomach,
while they are less apt to
disturb the functions of
that organ. Candeline is
however urine where it may
be necessary to resort to
astringent remedies, and power-
ful one too, to prevent the pa-
tients from dying from exhaus-
tion resulting from the
repeated and copious dis-
charges from the bowels. The
most-reliable remedy then
this Candeline itself, is Ammoni-
ac acid & glycerine or aromatic
Sulphuric acid given at
intervals of a few hours,
for that most distressing
Complications and almost constant convulsions in this disease, excessive insobriety of the stomach, causing the almost instantaneous evacuation of every article of food or medicine, a formidable array of medicines are recommended by their various advocates, among which may be mentioned as deserving of trial, if not commendation, ice in Charing, or in Champs-Élysées, small dose of calomel, lime water with milk, but mixture of Bismuth combined with peptic tincture of laudanum of bitters.

All radicle methods should be tried before abandoning the core or hopeless.

The diet in the treatment of Cholera Infantum is of prime importance, rice at play takes an important part in its cause, as well as curd in early infancy. Milk should take the first rank.
And it should be fresh and pure, if not readily digested and assimilated, it should be tried boiled & physiological which renders it more digestible & readily assimilated. But in cases where the stomach cannot be made to retain food, the same may be administered per rectum by being properly composed. Milling food is a comparatively new preparation which seems to command, as well as deserve, the highest place in the estimation of Physicians. Vegetable meat juice is said to exert a most benign influence upon the system, so that the diet should be selective with a view to its concentration, as well as freedom from all ingredients liable to excessive fermentation, at the same time it should be of such a nature as to render it easy of
Allegation and assumption. But of all the remedies pre-
scribed, either for the pur-
pose of preventing, or of curing
this disease, there are none
perhaps so effective as a
remorse to the cool and pure
air of the country, particu-
nlarly near the sea shore.
The atmosphere is not only
cooler, but in a peculiar
manner restores the appetite
and strength of the patient.

It will be observed that
in the writing of this ar-
ticle, I have attempted to avoid
the error of didactic or au-
thoritative assertion of either
fact or theory, because fully
conscious that I must long re-
main a student, ere I can hope
to become a teacher of those hid-
den and sublime truths, which
are only "revealed to the wise and
 prudent," in earnest and
honest search.
For the acquirement of this knowledge, I enter the shrine of your University and after listening to the words of wisdom and truth which have characterized the teachings of my honored preceptors, I feel confident that by close application I may some day obtain it.

S. B. Hood.
Thesis by C. G. Woodson
Cholera in Infants
1887
Acute Rheumatism

Thesis

by

George B. Young

Feb 14th, 1887
Acute Rheumatism

The usual course in commencing a Thesis is, I believe, to give an accurate, scientific classification of the malady chosen for its subject and a brief account of its causes. This is generally not difficult for the student has generally had to consult some standard medical dictionary, copy the statement thus made and then proceed with his work with the cause satisfactory that if as is probably the case, the faculty has but the opening lines of his essay they will be sufficiently impressed with his
inflammation. In the case of any chronic subject, however, this ready method will not answer. That inflammation is an acute manifestation of a constitutional state seems to be the usual view, but as to what that constitutional state may be, or what its cause there is the greatest diversity of opinion. Most commonly it is held to be due to some morbid matter circulating in the blood. One of the intermediate products of tissue change which, owing to some interference with the nutritive and eliminative processes, accumulates in the body. This
seen seems to be supported by the fact that many diseases which impair nutrition, seem to create a preference toward thermalization, and an acid undigestion - prolonged lactation, hepatic disorders, etc. On the other hand, we have the fact that this disease is most common during active life, when in old age - act upon the organism when its powers of resistance are of necessity mon Feber - thermalization is comparatively rare. The experience shows us the cases, experienced by supporting an insatiable tendency in the robust or youthful subjects.
but not entirely. Another class of cases is those that show an
unintensive process which produces the morbid reaction we call
by reflex influences sent from the peripheral nerve filaments to the
nervous centers. — Dr. A. A. of Belfast holds it to be due to
“a specific endocarditis of uraemia origin.” Mr. Porterhouse
is quoted by Roberts as holding that syphilis is “in the main a
liability to joint disease, brought about by exposure to cold and
wet, through reflex nervous influences;” — Dr. Weir Mitchell has
shown that conditions very sui-
to acute rheumatism are produced by injuries to nerves and still other observers have ascribed the disease to that popular scapegoat for our ignorance — a germ.

Those who hold to the view that the disease is due to accumulation of some morbid material in the blood embrace the largest part of the profession and the material in question is by usually held to be lactic acid, while some have held it to an excess of sulphur while others say it is a variation in the normal proportion of blood salts. The lactic acid theory is supported by the fact that lactic acid is one
of the chief results of acid indigestion and the subjects of this form of gastric disturbance are peculiarly liable to rheumatism. Again, the product of lactic acid is increased by active muscular exercise. Its elimination is checked by such a sudden chilling, while clinical experience teaches that attacks of rheumatism are particularly liable to follow chilling after exercise. In addition to the foregoing and the foregoing fact that in rheumatism the blood is less alkaline than is normal it is urged that the experimental injection of lactic acid will produce endocarditis.
This latter statement has, however, been contradicted of late by Kellogg and others. Whatever the cause of this disease is there seems certain that a marked hereditary tendency often exists and that living in damp or poorly drained localities or exposure to cold increases the liability to it. It has however been pointed out by Bartholow that the disease is very prevalent in the high and table lands of New Mexico and I have myself seen a good deal of it in the mountainous regions of Colorado, in an atmosphere singularly clear and dry.

Morbus Ancestral

The statements about this are
as venous as the veins on causation

The blood is eliminated or circulating

coagulates with great rapidity, coag-
lains an increased % of fibrin

and a diminished amount of NS

corpuscles. - The synovial mem-

branes of the affected joints are

usually infiltrated to a greater

or less degree, the joint fluid is

increased in amount and often thick-

ened by fibrin in flaky or

flaky and a great variety of
changes in the membranes, con-

tages and even in the subchon-

iculars of the bones themselves

are described by different obser-

vors but Soonie states that in
Some cases - as in the swelling has been gradual and long continued - no change can be detected after death.

Symptoms

Then an unusually a variety of prominent symptoms present such as a feeling of uneasiness or restless ness - a feeling of uneasiness, dyspeptic symptoms, stiffness occuring feelings in the joints about to be affected etc. There may be a slight gait disturbance for a day or two preceding to onset of the joint troubles or some other a neuritic or pain localized in some important areas -
acccide it is generally preceded by a chill or succession of chilly sensations, accompanied by a marked rise of temperature. Then also a coated tongue, anorexia, constipation and thirst. The feeling of soreness in the joint first involved is succeeded by an acute pain. They will usually, this not always, be swollen, red and hot and fluctuation can sometimes be made out in them. The pain increases until the patient will sometimes shun at the thought of being approached or touched. The ankle joint is usually first involved, then the
The hip and knees are less frequently affected and the spine, loin, elbow, and hernia frequently of all. The disease is often symmetrically symmetrical in its progress, jumping from one ankle to the other, from one knee to the other, and may return to the first point of attack after having made the circuit of the other articulations.

The most conspicuous symptom is the high temperature. This ranges usually 101°-102°, rarely exceeding 104°-105° and exceptionally going to 107° or over. The pulse rate is often above the normal ratio to temperature, due prob-
ably to the pain. The fever may
remain from time to time, but a
complete subsidence is a bad
omen as it is apt to be followed
by a relapse or cicatrix, the
violence of all the symptoms.
The fever terminates by rigor, sweats,
and usually with delirium. When complete
subsidence is about, nausea will
soon follow, and a very high and the
delirium proceed to a fatal termina-
tion. The delirium is very frequent,
the sweat having an acid sour
and nauseous, and as a result of
this, an emaciation is often present.
The urine is scanty, of a high colour,
strongly acid and loaded with
It may contain a littlealbumin. Sometimes it is in
emulsions such as Herpes, Arthritis
Miliani. Then an great
inard and not unnecessary but except
in drench are very little delirium.
its presence in those with hot
burners is usually a grave symp

Diagnosis

The diagnosis is not at all difficult.
It is typical as hardy to admit
of a mistake - the matrix with it
might be conformed on Gout. Pya-
emic and the Arthritis bones
of Wuthalh Fever. It is mostly dis-
tinguished from Gout by the fever

C7

^L
and causes in a complicated way by the cardiac symptoms. In Paganini you would probably have the history of some suppuration, the irregular surging, and the sweet smelling breath, thenumb and chill and the symptoms of pneumonia. An attack of rheumatism might exist with an urethral discharge and thus complicate the diagnosis, but the differentiation should easily be made by remembering the unarticulated character of urethral fever and the absence in it of high temperature.

Course, Duration, Complications and Terminations

Rheumatism has a natural cure.
dency to recovery if left alone but it can not be called a self-limi-
ted disease in the sense of heal-
ing within any given time. Its
duration in uncomplicated cases
depends on the number of joints
involved, the form of resistance
of the individual, the method
of treatment and the first attack
to normally longer than the
subsequent ones, lasting from
two to six weeks with an average
of between three and four sixth from
and from one to three, with
an average of two in the latter.
It's come in very capricious form
cases with the best of care and
only involving a joint or two will hang on for weeks while others
left to themselves get well in from fifteen to twenty one days. Some-
times the symptoms recur with
increased violence just when con-
valescence seems assured, or the
fever may subside and the
joint re-appear; the death rate in une for cases is
said to be only 5% and the
injury to joints is rarely perman-
ent. The great danger to be
feared in the most complication.
Other complications such as pneu-
monia may or may not be the heart troubles
It is really more important, both from their greater frequency and the danger of permanent injury to the vascular apparatus - Endocarditis - Pericarditis - Rings - carditis and even Ulcerative Endocarditis may occur at any time during the course of the disease and may even anticipate the appearance of joint troubles - lesions which are held to be a frequency of new complications. Some may take place to occur, others from fifty to seven, five of 10 are so affected. It would seem that the 10 in higher in hospital than in private homes and in youth than in more age.
Life - the cures promised re of these complications is the same as when
the occur separately, the great danger
being the injuries to the valves in
Endo Carditis, the very presence of
:fusion in Pericarditis or the
delayed absorption of a slight
effusion white of course in Ultracap-
vative Endo Carditis death will
speedily result. Among the in-
culce's sequelae of rheumatism
is coma but no explanation seems
to have attempted if its relation
of production. When death does
occur in an uncomplicated
case of rheumatism it is due
to the hyperpyrexia and it seems
Treatment

The method of treatment of hypertension is as follows

1. Avoidance of salt in the diet
2. Decrease in weight
3. Avoidance of alcohol
4. Regular exercise
5. Medication if necessary

The choice of medication will depend on the

opinion of the treating physician. It is not to be

prescribed without careful consideration to the

frequency of complications.
a.

Csf
with the same views - the object of this paper was not to intimate the
extent of the range of the
scope of the
of
of
my observation but to give
fuller credit to the case in which it occurs
precisely suitable or general
that it may be said that by
same precautions in all the
untouched nature - The patient should
be protected from draughts; the affected
joints wrapped in cotton wool
or batters vast aetna by formulations
the acid limited to 100 cc. per foot, preferably with gradual consequent 3
is well established as the tendency to constipation controls the dose. I
in the stout but flabby class of patients the alkaline form of
Dr. Fuller seems to give the best results. The salicylates are
adapted to the strong and robust class of patients but it should
be noted that after lowering the body temperature by large doses
the drug should be continued and at smaller doses to ob-
serve the tendency to relapse. The more severe cases especially
fitter for the young ones.
academic. With any one of the above methods may be tried the application of small blisters around, but not immediately upon, the points. Opean or suppurative ulcers in sufficient quantity to control the pain and if hypertrophy exist it may be treated by cold sponging and other acupressure. The ulcers should be systematically examined for the onset of complications which must be treated appropriately. Should they arise, immediate treatment should be taken during conservative care to avoid exposure to cold.
louies should be firm at first and
the quart of corn later with the
dirt which should be gradually
removed to normal

Very respectfully

Geo. B. Young
Thesis
Acute Lobar Pneumonia
James H. Pepp
Maryland University Hospital
Baltimore, Md.
1887.
Acute lobar pneumonia is a constitutional disease with a local inflammation of lung tissue, characterized by hyperemia or over accumulation of blood. The exudation from the pulmonary blood vessels and bronchial arteries fills up the alveoli and ultimate bronchi as to render them insipicious to air, and bring about such a condition called dehirization. It occurs most frequently in the lower part of right lung, next in frequency in the lower part of left lung, next in apex of right lung and last in frequency in apex of left lung. It may involve one lobe or a whole lung or both lungs.
The latter form does not occur in more than 15%, and is followed by the greater mortality. It is more frequent in infancy than in adult life.

Aetiology. The true cause is not yet thoroughly determined. Among the predisposing causes it is ascertained that age ranks first, and the periods of life in which this disease is most common are those in number 1st Early childhood, 2nd between the age of 20 and 40 years, and in old age, say after 60 years, 90% of all deaths after 75 years are said to be from pneumonitis. As regards sex both male and female are equally attacked under the age of 3 years. Between the years of 20 and 40 the disease
in males predominately, some say in proportion of 2 to 1 others from 3 to 1. After the age of 60 years there is a remission among males, females being nearly as susceptible to it as males. It seems that no peculiar avocation predisposes one to this disease, but a larger percent of those that are engaged in outdoor work and are subject to all conditions of weather are subject to it than those whose work is indoors, which shows that cold and dampness and the general vicissitudes of weather have some effect in producing it. The strong and the weak are equally liable to it. Poverty, bad atmosphere and unhygienic conditions generally are some causes that produce it.
Continued pulmonary bronchitis either from heart trouble or from hypostasis cause it. It may be brought on by injury to the chest, or shock from traumatic fever. Is it not then whether alcohol acts directly in producing it, or whether it may not be the result of abuse, or exposure to cold, dampness, etc., which is more or less incident to intemperance or debauchery? Cold it is said does not increase the rate of pneumonia except in the old. The increase of temperature, has very much less influence than a changeable one, since it is said to be more prevalent during the months of March and April than any other. Flint records 49 cases in
Buffalo, 1. 4, occurring during the months of the year as follows: January 7, February 8, March 13, April 9, May 3, June 3, July 3, August 9, Sept. 23, Oct. 1, Nov. 1, Dec. 5." He also says: "The disease occurs in the Middle and Southern States much oftener than in the Northern. It prevails much more in some years than in others. In certain sections of the Southern States it prevails at times sufficiently to be called an epidemic. It is emphatically the prevalent disease during the Winter months in these states, and affecting especially the negro population. It is a severer disease in the Southern section of the country than at the North, being more liable to extend beyond
a single lobe, and proving fatal in
a large number of cases. In a large
proportion of cases of acute pneumonia
the disease is developed spontaneously.
Ioomar says: The etiology shows
that it is a disease predisposed to by
all things that depress the vital pow-
ers. Children and the aged are gen-
ly depressed by the intense cold of
winter, and the chilling winds of
March and April, in Europe it
is often called the May epidemic.
Pneumonia is unknown in the Po-
lar regions. Elevation above the sea
seems to predispose to it both in hot
and cold climates. North and East
winds seem to favor its development.
Rainy seasons do not influence the
The pneumonia rate is not appreciable degree, nor do damp or marshy districts, but both have a marked influence over Bronchitis and other local pulmonary diseases. It is a well established fact that pneumonia occurs often among the poor—than the rich, the private soldier than the officer, the sailor at sea than on ship, the soldier often than the civilian at the same military post. All these are explained by better hygiene surrounding of the one class than the other."

Morbid Anatomy: Anatomically the changes in the lungs are still more viz: congestion or engorgement and consolidation or red hepatization.
3rd Stage: Emphysema.

4th Resolution.

In the 3rd stage the part of lung involved is not entirely airless, but is deeply congested, and when a piece is put in water it will float, but its weight is increased and it is more easily torn. An exudation of lymph issues on inner surface of viscidiz but not enough to close them. Its color is of dark brownish red, its resiliency is lost. Physical signs of 3rd stage, they are present very early in the disease.

After the invasion, inspection, I note being only is affected the movement of the healthy lung is normal, but that of the affected side is very much suppressed, but if both sides are affected the morose it
in both sides is restricted, and thoracic movement give way to abdominal movement. Palpation, vocal fremitus is markedly increased over the affected side or sides of course the more the congestion the more the vocal fremitus.

Percussion, over the portion of the affected lung the percussion sounds are slightly duller, but this is best observed at the close of this stage. Caudal dullness is not often observed in this stage. Auscultation, Fine crackling sounds are heard during this stage over the affected part during inspiration, and these sounds resemble those made by rubbing hairs between the fingers, and it is called "crepitant rale."

Briselow says: "Fine crepitation may
be heard during inspiration and sometimes during expiration in this stage." Saults says: "Bronchial breathing may be heard in this stage." The solid Anatomy of 2nd stage. In this stage the lung is red, and cut surface resembles liver tissue and presents a granular appearance or nutmeg grater appearance. Its size is often increased owing to the air cells being filled and even distended with exudation. The affected part in this stage is heavier than normal lung, as it contains no air and will sink readily in water. Physical signs of 2nd stage. This stage should be easily recognized. Inspection, the movements of the affected side is less perceptible than in the 1st stage. In fact there may be no movement at all, as the chest...
part contains no air. Palpation. The hand applied to the affected part will generally discover an increase in vocal fremitus. Percussion. Dullness has gradually increased over the affected part, anteriorly, posteriorly, and latterly, the limit of which can be easily defined. Auscultation, the air cells at this stage become completely filled with the roncations characteristic of this disease, and therefore air is entirely excluded from the air cells, hence the characteristic rules of the 1st stage cease to exist, and its stead we hear well defined tubular breathing, or bronchial inspiration, which is more marked in this disease than in any other; but if one of the bronchial tubes becomes closed, this form of breathing will stop.
and a spasmodic attack of coughing may relieve patient. Bronchophony may also be heard over the affected lung. Posterior or middle one case is unusual. Mortal Anatomy of 3rd Stage. The 2nd stage gradually merges into the 3rd stage, and hence there is very little difference between the early part of this stage and the last part of the preceding stage. If a portion of the lung be cut it will present a gray or reddish gray appearance. This is an important stage for it now determines the course of the disease and the probable chances of life. It may terminate in resolution, which is a favorable course, as the exudation is either absorbed or expectorated and the lung again returns to its
Normal condition and the patient recovers, and it may terminate in suppuration or purulent infiltration. The expansion is neither expectorated or absorbed, consequently the walls of the alveoli become distended and finally rupture, 3rd Abscess may be a termination, that is purulent infiltration may develop into an abscess, by the giving away of the septa of the alveoli, these abscesses may be very small or very large and well defined. By the running together of several small ones a large one may be formed, these abscesses may break into a bronchial tube and their contents find exit, or may open into the pleural sac, and cause pyo-pneumothorax, or they may be
in a few cases, or they may cause external fistulous openings. The gangrene is sometimes but very seldom the termination of pneumonia. It is said to occur sometimes when there is great weakness and in septicemia. The gangrenous lung is said to swarm with bacteria. The breath is always fetid. Chronic pneumonia is sometimes the result when in the state of gray hepatization the expectoration is not expectorated or absorbed and an interstitial inflammation is set up and continues, and hence in chronic interstitial pneumonia is the result. Physical signs of 3rd stage. They are very much like those of 2nd stage. Percussion may give little resonance over affected side.
As exsultation, there is still bronchial breathing, but not so loud as in 2nd stage. Morbid Anatomy of 4th stage.

As soon as Resolution commences air enters the cell and if a portion of the lung be put in water it will float, as it is not heavier than during the pitazition. It is moist and of a yellow or of a greenish yellow color. Physical signs of 4th stage.

Inspection. In the stage of congestion as the disease developed the motion of the affected side lessened, but in this stage movement of affected increases as resolution increases. Palpation. In the stage of engorgement vocal fremitus increases with the engorgement, but in this stage it diminishes with the resolution.

Inscription. Distinct on percussion in the
but signs to disappear, and it gradually diminish until resolution is complete. Auscultation, Bronchovascular breathing takes place of bronchial breathing. Bronchophony is no more heard. Insubpulmonary rales are heard, which are called "expiratory rales". When resolution is complete the spongy, sibilant and mucous rales entirely disappear. All pathological changes of this stage disappear as they come in the stage of engorgement.

Symptoms. In great many cases are apt to develop without any premonitory symptoms. In some cases the premonitory symptom are malaise, headache, high temperature, anorexia and chill. The latter symptom is seen in from 70 to 92% of all cases. The chill may last a
varying length of time, from a half hour to two or three hours. The chill is less frequent in old age. There is always a decided rise of temperature accompanied by pain generally over the seat of the affected spot. This pain is intensified by deep breathing or coughing, but does not last very long, and if stabbing in character it means pleuritic complication. Tongue is coated white. Respiration is most decidedly increased, in fact more than any other acute disease and may vary from 30 to 80 per minute, which is all out of proportion to pulse rate, which may not exceed 100 or 110. This increase respiration and pulse rate is not in proportion to lung affected. Cough is said to be present in a large per cent of all cases.
It is short and hacking in character, more common in children, while in the old it is often not perceptible. Expectoration for the first 48 hours is mainly frothy mucus, then it becomes semi-transparent, gelatinous and syrupy and very hard to get out of the lungs. The vessel containing it may be inverted without spilling the contents. The color changes about the second day when it becomes mucy, in appearance or resemble prune grue. This color is caused by presence of blood. This color changes in advanced stages to a creamy looking substance. Small children do not expectorate, but swallow all expectorations from lungs. Temperature may rise in a few hours to 103-105 degrees. After the first day, the temperature is subject
morning remissions and evening exacerbations. The difference between evening and morning temperature not exceeding generally more than 1½ to 2 degree. The highest temperature is generally on the evening of 3rd day, and may reach normal on the 7th day, just before death the temperature may reach 108° or 109 degrees F. If a high temperature lasts longer than 9 days it is an exceedingly bad symptom. Expression of countenance should be noticed by the physician. An anxious look is characteristic. One or both cheeks become flushed. It is said ¾ of all cases have an herpetic eruption on lips and on end of nose. Delirium or delirium tremens may be noticed. Especially in Alcoholic subjects and also if pneumonia
affected apex of lungs. Thyme is of high color, diminished in color, quantity and has a high specific gravity.

Differential Diagnosis. It may be mistaken for capillary bronchitis, pleurisy, hypostatic congestion of lungs, incipient phthisis, pulmonary consumption, or derma of lungs. In acute capillary bronchitis cough may be the first symptom. In pleurisy and emphysema, the \[\text{transcribed content might be incomplete or unclear.}\]
inflamed in with chilliness, while the tempera-
ture rarely rises above 100 degrees F. In
pneumonia there is generally a chill
which is always followed by consider-
able fever, in pleurisy breathing is
catching. In pneumonia it is panting,
there is no crisis in pleurisy. There often
is in pneumonia, in pleurisy vocal
frenitus is either absent or diminished.
In pneumonia it is increased. Hypo-
static congestion is designated princi-
pally by dyspnoea, and expectoration.
Pneumonia may resemble phthisis
when it occurs in aery of lungs but
it may be distinguished by peculiar
symptoms of each. Night sweats and
extreme anemia will indicate
phthisis. Irregular temperature which
Nor fails its normal indication, that in oedema of lungs there are subinflamatory rules and incomplete dullness. In pneumonia there is complete dullness on percussion, there is no chill, pain, or rise of temperature in oedema of lungs; in pneumonia there are nearly always the reverse. Oedema is bilateral and generally occurs in the most dependent portions of lungs, while pneumonia is commonly unilateral, and may occur in any portion of lung.

Prognosis: If fall of temperature and pulse takes place on 6th or 7th day, which is common the prognosis is good, but if temperature is 105 or 106 degrees F. and pulse 120 per minute and last for more than 48 hours, the prognosis is very
bad, but may not prove fatal. In private practice the progressions decidedly better than in hospitals. In one hospital there were 11% of pneumonia patients died. In another 20% of, and in another 36% of, but in private practice the mortality is not usually more than 3% to 4%. It is reported that Dr. Bennett had 105 cases of which none died. Pneumonia may terminate by crisis or by death. In crisis, the temperature, pulse and respiration falls suddenly, followed by profuse sweating, pain ceases and the patient naturally falls into a quiet sleep. The cough becomes less, and the sputum becomes more copious, thin and watery. In children and old age mortality is very great. Between the ages
of 10 and 45 years it is decidedly de-
zened. It is said, "alcoholic patients are
apt to die, or at least the tendency is
towards death." Flint says, "the progre-
sis depends upon the extent of lung invol-
ved, the disease with which it may be
connected, its complications, the previ-
ous constitution of patient etc." If the
heart is strong and the right side can
perform its function properly, the patient
has a better chance for life, as dilata-
tion of right side of heart may cause
heart failure.

Treatment. Any course of treatment
indiscriminately practiced is not jus-
tified, but the treatment must be ac-
cording to the symptoms, age, and na-
ture of each individual case. Nothing
should be given that would have a tendency to weaken or exhaust the patient's strength. If it is not complicated it will probably terminate in recovery by crisis, but if it is complicated with another disease its course must run in a very different way. It is said many cases still recover without any treatment, and especially may this be true, if the patient is still nursed, and gets nothing to do him harm. The local lesion is not to be treated in the 1st and 2nd stages, but the treatment should be constitutional. As the disease is a constitutional one, it is important to keep the patient absolutely at rest, especially, if the signs of heart failure are apparent. This being brought on by overatation of lungs, printing
the seepage of blood from the right ventricle, and hence the blood becomes backed up in that chamber of the heart. The patient in this condition must not even be allowed to talk or to sit up in bed. The room should be well ventilated and the temperature should be kept at about 65 deg. F. In the early stage of the disease or for 3-4 days the patient should be made comfortable from the nervous phase of disease by opium. A hypodermic injection of Maffeé's solution is very good. Repeated at intervals, the disease can not will be aborted when excudation has taken place. But before this point at the very commencement of the trouble Aminia Sulphur gr xv, and Morphia Sulphur gr 1/2
administered may entirely abort the disease. The quinine has a tendency to check the amoeboid movements of the white blood corpuscles, and hence exudation of lungage does not take place. Quinine or hydrobromate of quinine may be used for its antipyretic action on the systemic pneumonia. It is considered best way of reducing temperature. The application of cold in various ways is also recommended, as cold baths, when the patient is put in water 76 or 80 deg. F., then the temperature lowered by ice or cold water and if patient's temperature falls rapidly take him out when his temperature reaches 102 deg. F. But if temperature falls slowly lean him in until it reaches 101 deg. F. Cold sponging, and cold
compresses to the chest are recommended. But these modes of reducing temperature are dangerous, except cold sponging, which may be employed. Besides the importance of reducing temperature, it is also necessary to prevent heart failure as it is a common form of death in this disease. The pulse will indicate the condition of heart. It is said an irregular, feeble, frequent pulse indicates the use of stimulants. Carduus gr. 1/4 - 3 every two hours may be given to sustain the heart. Alcohol is very good given cautiously, especially if it is recommended when the patient has always been used to it. Always give it at fixed small doses, and watch carefully the result. Day give two every hour or three times,
and if the pulse becomes regular under its use continue it, but should be given always to suit the case. Carbonate Ammonia gr v-viii is highly recommended in pneumonia as a stimulant. It will assist expectoration and prevent heart clots, owing to making the fibrin less coagulable. Bicarbonate of Potash is also good. Tar in a good expectorant in doses of gr x-xv. Than already said that in 3rd and 2nd stages local treatment or Counter-irritants do harm, but in 4th stage that of resolution it should be employed. A blister may be applied to affected side 6 or 8 inches square, or may apply a flax seed poultice to assist resolution. It should be left until it produces redness.
when the patient will be relieved. Soone
with others we commenced cotton batting
or flannel jacket covered with oiled
dilk. This has no influence on the
course of pneumonia, but it promotes
dia phoresis, protects the surface from
sudden changes of temperature, and it
is always grateful to the patient. This is
especially beneficial in children.
I saw it applied to a little girl of about
6 years old, last spring who had pneu-
monia following measles, but the dis-
ease had already taken such a firm
hold upon the little one, that no human
skill or medicine could arrest it and
in 24 or 30 hours afterwards she died.
Tubercle on
Typhoid Fever
by
R. M. McCrea

University, Maryland
Baltimore.
September 1869.

Common continued. First, April.

Definition. Continued. This characteristic by and colorless into infusion
the abdomen with a con-
fluence to diarrhea and with
specific lesion of the small
intestine. The lesion below
the clause of idiosyncratic fever
and is incident to an age
though in the first day
of infection it is rare and
seldom contacts insane be-

yond thirty five years of age.
Since most common between the ears of fifths and
intervals, etc., as first stated
by Smirke, but is obtained by
the cure of infancy, still
there can be no doubt that
many cases in the least
value of life are not
inflammation indicated.

Before and
inflamed Enterocolitis.

Anatomical investigation of
inflammation have been
in the blood vessels to
hypertension. Hence it
minimum of reduction of
next essential force.
and resemble a state of chronic inflammation and there are
the amounts of albumen and blood contained in diminished
and the vital fluid is more
initiated as insatiable tissues
and the symptoms in a
is in memoral to the mucus
sustains are generally due to
the power of blood poisoning
called Phoeacia or typhus
and one who have reason
to believe that in the blood
exist the essential pathology
of Joseph Tum. Best Mortar.
examinations be not vocal.
many instructive morals, an-"arrangements within the cavities  
that lie around cerebral convolu-
tions with various effusions  
into the ventricles of the  
brain, but in the spinal-
less we have not found marked  
changes which impressiv-
ely. It has been a com-
pliation of the tissues much  
cut near-itching, and die-
solution of the mucous mem-
brane during the bronchial  
tubes in common. The union  
occuring in this degenerative  
process are of paramount
inhabitants. Both an abrigo and an arroyo in the plains and in the ladrones, these gloria planos thrive around the third day, those near the idea causal value being first affected, where their bubbling time begins a greater period and has the inflationation advances these become as one at a later period they become disintegrated producing floors of ash made ash. These change to the black more blow towards the elections afterward clandestine but much lead to atrocities.
collected, but the filling may also produce chronic ulcerations and mental changes. Should the disease prolongation of the intestine, fatal enteritis may always follow, the more frequently bloody diarrhea sooner than not.

Symptoms: Sometimes the introduction of the disease is sudden but usually slowly. Slow is incident in its attacks, the disease comes on almost insensibly. The patient complains of intestinal cramps, flatulence, bilateral headache, a sense of lassiness, nausea,
and earnest evidence of dulness of intellect, nausea, sometimes vomiting, the tongue is bitter, distaste for water, and there is a livor mortis at the head, this is some hair in the lining and in the lining; a slight acceleration of pulse, with increase of jaundice in the body. These phenomena are generally followed by a decided chill, and the patient takes his bed, which is usually about five days from the first invasion of the disease. The disease being incompletely established, one has no work
Hence at all times, but more particularly during acclimatization of periods of the disease, the pulse reaches 120 per minute, and in all terminal cases it never below less than 120 throughout the whole course of the disease. From this we find the force of the pulse diminished with great rapidity, in frequency the thermometer will have no greater or oscillating the variations. Stimulation of the body in these instances which
I have often told it of
the almost inexpressible
love to Kier. Sometimes in the
temperature rises the high and
low, or still higher when its
diminution the near approach of
death - during the first four
or five days the temperature
gradually rises until it reaches
103° far above this it makes
progressive graver. A gradual
reduction in temperature is evi-
dence of convalescence, but a
sudden fall of temperature
may indicate remission from
the bowels. About the twentieth
day after the disease... lab-
is not in the majority of cases that children when the
skin a characteristic condition,
it consists of rose colored into
ullet and abdomen, these
spots are oval form and of
a rose color which momentan-
ously bluish or brownish, they
will not invariably disappear.
The voice is soft and
vay when the fever and
high followed by indica-
tion where the Barlett
rule, elimination occurs
in most cases during the
second week sometimes 16
is a prominent symptom, while other times it is only slight and of a passive kind. This is known as a symptom, the tongue becoming coated with a thick dark colored coating. Soothe-collect when the bile and teeth cleanse. Bacteria is a diagnostically symptom. the elevations are of an acute color, hemmorhage from the bowels may occur. Syphonitis is usually a prominent symptom and in this instance there is tenderness in the right iliac region.

Caution—usually Srnhiid
Tuberculosis is endemic and is common in every quarter of the globe and at times it prevails as an epidemic, it most frequently occurs during the autumnal season. The hindswearing cattle under certain circumstances it may be accommodated by contagion but almost frequently originates spontaneously. It may also be accommodated by contaminating with the use of poison by foul elimination from cess-pools drain pipes or living on bad food excessive fatigue etc.
Diagnosis—The distinctive points of Syphilis from all the gradual development, tending to diaphora, blood colored dis-
jointive, lumbago, tenderness in the right iliac region and gurgling shistacie, the head is
lightning, the absence of semis-
itive &c. It is well not to
be too much in a hurry in
arriving at a positive diagnosis
but if we carefully analyze
ourselves with the symptoms
and passages which are dis-
nentric of this disease di-
ferential diagnosis will be
comparatively easy, while the
much more sudden when the air is enriched with vapor. A different plurality and places the disease seems to be attended with greater mortality. The death rate is always greater above the age of 30 years of age and usually the mortality is greater in colder than in warmer weather; a sudden fall of temperature is always a great stimulant as preparation of the intestines, constant constipation or diarrhea rage when better may follow, in fact a sudden fall of temperature is regarded a disease of the common flu.
Treatment. The patient should be placed in a well ventilated room, chloride of lime or hydrochloric acid should be used as a disinfectant, and the intestinal discharges of the patient should be collected from the room at once for two-fold purposes, namely, to mitigate the disease, and prevent infection. It is believed with certainty that this disease, may be modified favorably by the administration of bromine, drawing the body with cold or cold water be very grateful.
to the patient and is followed by improvement of the symptoms. \textit{Prunus viridis} is a vegetable remedy in this disease by the injection in the lungs, an influence on the mucous exciting the local irritation. Its objection to its use is that it may cause nausea and general irritation. \textit{Prunus viridis} may be employed some time, but the local irritation may be held to their use in \textit{Prunus viridis}. Besides this it does not seem to act favorably on the intestinal lesions. The album was treatment of \textit{Syphoid flora} by what is called the
In other words we should treat in accordance as the situation dictates. If an antipathetic necessarily the sulphate of magnesia may be given but the tendency to diarrhea must be remembered without laudanum may be given if the fever rises high. If pyorrhea exists, antipathetic substances or freezing may be given. If diarrhea comes on, laudanum tincture of bark and tincture of rhubarb will be found beneficial. If rhubarb is not resistant and troublesome, symptomatic relief may be given and the employment of rhubarb time some pilocarpine or the bromides.
may be tried. Hydrated calomel or small doses of tartar emetic may be given. The presence of abdominal pain and also for combination of the intestinal}lex}cium concentrations and the}lum}ent}et}e} should be applied to the abdomen. When the tongue}e}ale}e} or exfoliated in patches leaving a bright red blazed appearance, it indicates a change for the worse in the intestinal tract and the oil of turpentine should at once be given in emulsion with Guarana or some other modifying agent. the paste look for a child in
from 3 to 5 lumps and for
adults 10 to 25 doses repeated
every 3 or 4 hours according to
the severity of case. The oil of
turpentine is in most un-
profitable and efficient remedy in
the treatment of Typhoid Fever
where threatened delirium or
aloecration exists and is most use-
ful in intestinal hemorrhage,
which may occur in the mid-
dest cases. In much stiffer cases
not be bled and where the impor-
tance of watching the symptoms
carefully and prescribing such
remedies as have been enum-
erated, especially Quinine and
all of very great, in fact, in importance in this disease—some authors recommend alcohol very highly, but it is best not to resort to its employment too readily—some authors assert that alcohol fully answers the purpose of food and can be readily assimilated by the system. Where the digestive system of the patient is much enfeebled, the judicious employment of alcohol may be attended with good results. When alcohol is used at all, brandy is about the best form in which to
administration. If the bladder becomes distended we must relieve it by means of the catheter.
If bleedings occur change the position of the patient and apply to the nape of the neck alcohol or oil.
If tachycardia with oil of coriaria - if congestive suffusions
Pain must be given mentally
and poultice must be applied to the abdomen, the sooner the
patient becomes convalescent food should be given in small
quantities, but often the appetite
of the patient becomes voracious
and great care is necessary; the
patient take undue quantities.
or indigestible food. The patient should at first be given such articles as are most nutritious and of easy digestion, such as Wine, Milk, Broth, Bread, Mashed Potatoes, etc. Any excess of these mild articles of food must also be cautiously avoided as the patient grows stronger more solid food may be allowed—Violent exercise after convalescence must be avoided. If complications occur, try thyroid inotropes. These treat them accordingly. We will all see the disease will give
due attention to the comfort of our patient and institute for him such medicines, rules and ablations as in our judgment shall be most conducive to his speedy recovery.
while the Cholera
and other of similar diseases, it
is quite recent. I state these for this
reason, as I was largely interested
in the Cholera, and also to show, in the case of Cholera, as I was interested
in the disease, and these conditions
be described carefully, after these
epidemics. Organisms to which have
been traced to associate histories
in the works of Hakebo in the
old disease, but sick were hardly
and it is only until the recent era, that we may state, without question, that cases of morbid states in the alimentary canal, ending in death and followed by autopsies revealing intestinal lesions, are to be found in medical literature. In recent times, Dr. William Halsted and others, in France, during the past thirty years of this century, have made, by their careful observations at the bedside and in the autopsy room, a re-examination of the symptoms and course of the disease, to connect these with the pathological lesions, and to place
in which the views of which we regard his work as an important disease.

to day, than any of all of their predecessors, even after the publication
of their observations a good deal of
confusion prevailed for another ten
years between hemorrhoid and typhoid
fevers, the occurrence more common
in France, the other in England.

The symptoms, being of no mean
very dissimilar in exceptional
cases or at least sufficiently alike
to throw doubt upon the recently
promulgated pathology. This doubt
it was the privilege of American
men of Louis to be instrumental
in his solution.
 coincide with or refutes the observations of the preceding and antecedent trials, and the conclusions generally accepted. There are, among important questions of the etiology of typhoid fever, two that have received the most attention, which are by some considered to date the medical world is still divided into two parties: first those who hold that typhoid fever is not only a distinct disease, but a specific disease having a specific poison, which is only produced in the typhoid fever and nowhere produced otherwise; and second those who think acknowledging its distinct symptoms, etiology, and pathology, still hold that it arises from spontaneous infection, or according to some who embrace his views, even depressing
enemies and is no respecter of locality. It prevails alike in cities, in towns or villages and in solitary houses; among the poor and the well to do; on high and on low grounds; on a sandy or clayey soil. It is, perhaps, of all infectious diseases, the most
constantly to be preserved, under the greatest
variety of conditions.
Season of the year: In all countries of
the Northern Temperate Zone the last
six months of the year, from July to
December, are those in which it is the
most prevalent, and in the Southern
Temperate Zone, the corresponding
months, from February to July, are simi-
larly prominent.
Individual idiosyncrasies play a part
as a predisposing cause. In the main
other infectious diseases, some persons
and some months, seem proof against
the poison even in an active form,
while others contract the disease with
great frequency.
Exciting causes its far back as our knowledge of the disease owes much present, the same picture. As we see it today. It seems true. It is a specific disease, both analogy and observation afford rational ground for the belief that it has its specific horizon. The latest and most serious attempts to associate certain microbes with the disease are those of Klebs and S. Berth. These are both bacilli. S. Berth’s bacillus is a short, thick rod with slightly rounded extremities, several being at times joined together. These organisms have not been found in other affections, even in such severe accompanied by severe intestinal ulcerations, they are found constantly...
in by thyroid fever, although it may seem strange that the specific organism of the disease of 301 common and important malady as thyroid fever should not have been discovered. Before this, the incident complications of the problem must be borne in mind. A great variety of microorganisms undoubtedly exist in the intestines and in their contents during the active period of the affection, which are products and not causes of the condition. The minute and latent investigation of English health officers within the last fifteen years, in following up and tracing back epidemics, have revealed frequent sources of
propagation in infected milk and cake supplies, which have hitherto never been suspected, and in which pathogenesis or spontaneous generation would otherwise have been resorted to as an explanation.

Incubation. The period of incubation, as with other infectious diseases, is a variable one, and broadly extends within the susceptibility of the individual. The number varies with a period of incubation not included, between ten days and three weeks, being small.

Illness. This stage begins with the first feelings of malaise, which are often accompanied by a chill or chills, an headache, chillness, and unrestlessness, general lassitude and chilliness, sometimes
Chills and fever, diarrhea, sometimes moderate abdominal symptoms, with purging in the right iliac fossa, and the tongue presents a thin, white, moist coat, not extending to the root and edges, which may be rather red. The temperature rises steadily from day to day, and from morning to evening, and reaches 108° or 109° by the fourth day, when there is little reason to doubt as to the diagnosis. The temperature pursues a first very steady course from the highest point, rising from morning to evening, and falling from evening to morning, 1° or 2°F.

Both skin and breath exhale a peculiar odor, the pulse increases in frequency and is more in proportion to the temperature. The characteristic rose spots, scattered sibilant rales are heard over the chest.
area is enlarged; the urine is diminished in quantity, high colored, slightly albuminaceous; a mild form of delirium or of coma vigil is developed. At this stage the remissions in temperature from evening to morning will begin to be somewhat more marked, and the morning temperature a little lower than day to day. The pulse and respirations, however, keep up their former frequency and may be more rapid; the pulse is softer and weaker and is apt to exhibit a slight diaphoresis. The tongue is dry, drawn down to the centre and red at the tip and edges. The frequency of the alvine discharges increases, begins to diminish, and the consistency to cohere. The patient, however, exhibits the exhausting effect of the disease.
more than at any previous time; he presents a still ideal appearance from which he can usually readily roused; the heart sounds are feeble; respiration is pronounced; the rose drops rapidly to disappear.

At this time the temperature will return to normal in the morning. The sibilant rales in the lungs and the signs of re-absorption expected if such have existed, will naturally disappear. The objections, from having been six or eight in the twenty-four hours, will not occur oftener than once or twice in that time; they will also begin to be more formed. The signs of central exhaustion are less striking, and the patient is not so much in hours of quiet natural sleep. The symptoms will usually continue until the end of the morning or evening.
The pulse indicates the level of health. The tongue is clear and moist, and the patient may be fairly pronounced as a convalescent.

Pathological lesions, Szoroki's anatomy, for a description of the various pathological lesions, and their obviousness—such as parenchymal degeneration, hydrostatic congestion of the lungs, enlargement of the spleen, and liver. The changes in the intestinal glands, and especially in the solitary and agminated glands (Toxopeth syndromes) of the ileum, constitute the characteristic lesion of typhoid fever. They are generally most pronounced in the neighborhood of the ileo-caecal valve. These glandular lesions are usually described as passing.
Though your disease, first, the stage of swelling and hypertrophy of the intestinal and mesenteric glands, second, necrosis and sloughing; third, ulcerations; fourth, healing, at whatever period of the disease a patient dies, some of the intestinal glands will be found in the first stage, and at most autolysis some will be found in the first three stages. Both jejunal patches and the solitary glands become enlarged and prominently raised above the surface of the intestine, the latter varying in size from that of a small head to a large pea. The hypertrophy of the lymphatic cells having reached a certain degree, resolution is imminent, the vessels become choked.
a slough forms which must be separated and thrown off. This process may be superficial, affecting only the mucus tissue or even only a part of this, or it may be, and usually is, deeper, extending to and involving the sub-mucosa. The solitary ulcer's may be capped with small sloughs. The depth to which the necrosis extends depends on the intensity of the lymphoid infiltration. It may be deep in the muscular coat and even reach the serous, when exploration becomes imminent. The separation of the slough is gradually effected from the edges inward, and entails among other dangers that of opening blood vessels.
In some cases, especially of relapse, the floor of the ulcer becomes the seat of a secondary ulceration, or occasionally an ulcer heals in one part and extends in another; and again, there may be ulcers healing in one part of the intestine, with fresh ulcers and ulcers in a state of hyperplasia elsewhere. The secondary ulceration is said to be more apt to cause profuse haemorrhage and perforation than the primary sloughing of the ulcer.

The tubercular ulcer of the intestine presents a strong contrast to the typhoid ulcer, and it is necessary to distinguish the two as to distinguish between the clinical symptoms of acute tuberculosis and typhoid fever.
The edges and base of the tuberculous ulcer are thickened and indurated, and the nodules of new growth, tending to become caseous, are seen scattered in its floor. It rarely if ever heels. The thickening of the tissues at its base makes restoration a very exceptional occurrence.

Treatment—The treatment properly includes the whole management of the patient. In those not uncommon cases where the evening temperature does not rise above 102°F, nor the pulse above beyond 110, and there are no complications, the actual treatment may not go beyond rest in bed and a liquid diet.
A patient fairly suspected of smallpox should be ordered to bed. The physician should immediately inform himself of the condition of the house drainage and water-supply. The origin of the disease should, if possible, be discovered and corrected. The ventilation and regulation of the temperature of the sick room should be secured. Carpets and unnecessary furniture, if it is well to remove, the bed-covering should be light; four patients an abode too warmly and weightily covered. The patient's pulse and temperature should be taken at least twice a day, one between six and eight A.M. and six and eight P.M. The to eat and to assist to nourish uncertainly. Weeding.
List the nervous principles to follow are
are to be easily administered
not be suitable in an over amount of
partly indolently easily digested
undertaking in the passage, through
the alimentary canal. Souriren milk
can be made to meet these require-also broths of fish or coal, or if chicken,
given twice a day in addition to the milk, are useful, and often agreeable.
A fever lowent should have a liberal suitably of pure cold water. He is not likely to take more than the required pieces of crackers, rice, will in part
mentful for the dry mouth is given occasionally. The administration
of the dilute mineral acids is very
useful. When tympanites is present
Urinary given in emulsion every two or three hours is useful. Haemorrhage from the bowel is generally announced by a sudden fall in temperature without other assignable cause. If not profuse and not repeated, it may not require any treatment but quietude. If further treatment is required, the conventional agents are the vegetable or mineral astringents, or used preferentially, hypodermic of erythrin in 15-min. doses, the use of cold in the form of ice, is very good. Vomiting, which occurs in about 15 per cent of the fatal cases, is generally announced by fainting and collapse, and except in those rare instances where two portions of the
bowl are glued together and the perforation takes place between them, opium in large and early doses offers the only hope.
Cold may be applied externally by means of sponge baths, the wet pack, sprinkling the exposed surface of the body. Sponge baths with water at a temperature of 70° F. are grateful, refreshing, toning, dulling, keep up the action of the skin can be given without fatigue to the patient, and if frequently repeated will exert a certain positive effect upon the temperature and nervous system.
Quinine is given in large doses in the evening. The fall of temperature coinciding with the usual morning omission will be greater if given in the morning. The evening maximum will be modified.

With antipyrine supplemented by cold sponging or the wet pack if need be, I think the temperature in nearly all uncomplicated cases of typhoid fever can be kept within the line of safety. Individuals develop idiosyncracies toward antipyrine as they do toward other drugs. Antipyrine is a safe, rapid, efficient antipyretic. Convalescence from typhoid fever is always slow and may be very prolonged.
It is always a matter of weeks, and may be a matter of many months. During this period a general supervision of the patient is desirable, care as to food, clothing, exercise, occupation, rest. Reflecting on these points, instead of being surprised at the slowness of convalescence one is led to wonder at the recreative force which, build-up afresh in a short period a large loss of the whole body, and at the same time, one understands why it is that the convalescent, after passing safely through an attack of typhoid fever, feels rejuvenated and as if he were born anew.
Acute Pneumonia
By E. H. Laymon
Acute Pneumonia

The first stage is that of congestion or engorgement. The inflamed portion of the lung is heavier than in its healthy state and the cut surface presents a dark red appearance, and a bloody liquid flows in abundance, which may be a little frothy.

The microscopical examination shows the pulmonary capillaries distended with blood and the air cells filled with a serous fluid containing red corpuscles in abundance, a few white corpuscles, and large granular cells which are epithelial cells washed off by the watery transudation from the blood. In this stage the affected portion of the lung does not sink in water.
For the second stage usually called the
stage of red hyperemia, the air cells and
bronchioles become filled with a solid
exudation and cease to contain air.
The solidified lung is of a brownish-red color, mottled, and presents
an appearance not unlike that of the
liver. Upon its cut or torn surface it
presents a granular appearance due
to the projections of the little solid mass
which distinctly fill the air cells and bron-
chioles. When examined soon after
death, the cut-surface is dry; later a
viscid turbid reddish fluid may be
made to flow. This lung breaks down
under the pressure of the fingers more
readily than in its healthy state.
Stage of gray hepatisation.
The granular appearance is then less distinct and the surface moist.
The red blood corpuscles are less in number but the pus cells are abundant and contain molecules of fat.

The lung may present the appearance of gray hepatisation after death within a few days from the onset of the disease. The aspect may be that of red hepatisation after the disease has lasted two weeks or more.

Most frequently the lung is found in a mottled condition, that is of mixed gray and red.

It is usually considered that gray hepatisation is a later stage of red-
Dilatation where the inflammatory products are in process of absorption. Absorption may take place with great rapidity. In this third stage, or stage of absorption, the red blood corpuscles lose their coloring matter, the pus cells undergo fatty degeneration, the fibrin becomes granular, an effusion of serum takes place, so that a kind of granular fatty emulsion is formed suitable for absorption by the lymphatics and blood vessels.

In favorable cases, after the removal of the emulsion, the air cells are found to have sustained no damage. The pulmonary structure remains
Intact—while the emulatio remains, and its functional capacity is fully restored after the emulatio disappears. Then after death the color of the inflamed lung is yellow or grayish yellow. The granular appearance absent, the tissue soft and exuding a creamy fluid, the lung is said to be in the condition of purulent-necrosis. The emulatio which fills the air cells consists almost wholly of pus, and pus cells are present abundantly in the interlobular tissue, but the lung tissue is not broken down.

Gangrene of the lung sometimes occurs but is extremely rare.
Pluritis with fibrinous exudation is developed in the portion of the pleura covering the affected lobe or lobes of the lung. This concurrent pluritis is never absent except in those cases in which pneumonitis has not extended to the surface of the lung. In exceptional cases, effusions may be applied to the true pleura pneumonitis although in a strict sense nearly every case of pneumonitis is pleuro pneumonitis.

More or less bronchitis, affecting the bronchial tubes within the affected lobe or lobes, usually exist with pneumonitis. Bronchitis affecting the bronchial tubes of both lungs occasionally.
But rarely, present with pneumonia. When these two affections are combined it is accidentally. Bronchitis as the primary affection does not lend to the development of pneumonia. Pneumonitis attacks, in the great majority of cases, the lower lobes, and the lower lobe of the right, often that of the left lung.

The disease very rarely, if ever attacks two lobes simultaneously; but it invades, not infrequently in succession a second and even a third lobe. The lobes of one lung may be successively invaded, or a single lobe on both sides; or, an entire lung being first affected, a lobe of the other lung may be attacked.
In the two latter cases the pneumonia is said to be double. The whole of the lobe in vaded is not at once affected.

The inflammation begins at a certain point, and extends from lobules to lobules until the entire lobe is involved. The diffusion of the inflammation over the lobe takes place with more or less rapidity sometimes in a few hours, but in some cases it occupies several days. The progress of the solidification is very accurately from day to day, or hour to hour by means of physical signs. Solidification almost always occurs and when the inflammation
is not secondary to other pulmonary diseases, usually extends over the lobe or lobes invaded.

The first stage embraces the period during which the affected lobe is in the state of active congestion or engorgement.

The disease is considered as passing into the second stage when the affected lobe, or a greater part of it, has become solidified by the inflammatory exudation.

This is the stage of solidification or hypertisation.

If the disease pursuing a favorable course, the third stage begins when it is evident that absorption
of the emended malleus is going on, and convalescence takes place during this period. This is the period of resolution. If the disease pursue an unfavorable course, the third stage is one of suppuration or purulent infiltration, and this stage is the purulent or suppurative stage. If this stage occur, the disease generally ends fatally. The duration of each stage varies very much in different cases. The stage of engorgement may last but a few hours. Not infrequently this stage does not extend beyond twenty-four hours.
But sometimes occupy two or three
or four days, and in some cases a
longer period.

The stage of resolution varies
in different cases, as regards the
rapidity or slowness with which the
solidifying deposit is removed.

Resolution is rarely completed
in less than two or four days
and generally eight or ten days
are required.

In some cases two or three weeks
elapse before the auricles are re-
stored to their normal condition,
and sometimes a longer period
is required. Of the diseased pass into
the pumilus stage, death usually
Takes place within a few days; but if it ends in recovery, many days and even weeks elapse before the normal condition is restored.

In the majority of cases, acute pneumonitis commences with a chill frequently accompanied by rigors. The thermometer shows increased temperature, although coldness exists as a subjective symptom. The invasion is usually abrupt, and the attack is apt to come on at once. A dull pain is apt to follow the chill, but is not always present.

The pain is usually referred to a circumscibed space over the nipple.
of the affected side
dough to usually present but not
always. The cough is generally
accompanied by expectoration.
The expectorated matter is at first
scanty, transparent, and acid.
It becomes ammoniacal and adhesi
and has a reddish tint like iron rust.
This is caused by a small quantity
of blood becoming mixed with the
matter in its passage from the
small to the large bronchial tubes.
When the blood is abundant and
when the blood is of a dark color it
is called the purpuric expectoration.
Fever exists from the outset.
to gather with pain in head.
Loss of appetite, thirst, prostration and heat of skin.
The pulse is more or less full and raw, and varies in frequency in different cases.

During the stage of consolidation, the symptoms change.
Pain less severe. Cough and expectoration continue, but cough is less hard and painful.
The expectorated matter loses its rusty appearance, and becomes opaquer, less adhesive, and more abundant.

During the stage of resolution the fever diminishes, and ceases.
Cough and expectoration become
less and less the inspiration re-
sumes its normal frequency,
the appetite returns and the
strength is increased, and
convalescence is declared.
No period of life is exempt from
this disease.
The disease occurs more frequent-
ly between the ages of fifty years.
The attack is excited by some
unusual exposure, such as sleeping
in the open air.
Persons of intemperate habits
are more apt to contract this
disease. Pneumonia occurs as a
complication of other than
pulmonary diseases.
It is met with in typhus and typhoid fever, measles and dysentery.

The disease is more apt to occur during the winter months. If a patient be seized with a chill, followed by fever, to gather with a pleuritic stitch, referred to a circumscribed space above the nipple, and the characteristic rusty expectoration.

Slight or moderate dulness on percussion and crepitation also. Care must be taken not to confound this rale with the sub-crepitant rale.

When solidification has extended
Sufficiently over the affected lobe to furnish the signs of that condition. The diagnosis is made clear by the following:

Bronchial inspiration, bronchophony, and whispering bronchophony denote the condition of solidification. The second stage may be determined by the extinction of these signs. Dullness on percussion may be quite flat.

Dullness or flattening extends over a space corresponding to that occupied by the solidified lobe. The inspiratory-sounds continue; or, or less diminished, during the second stage may disappear.
After the affected side has become solidified.
The moist-bronchial rales may be heard in this stage.
If the disease pass into the stage of suppuration the dullness of flailness on percussion continues, and moist-bronchial rales, due to pus in air tubes, are prominent. If abscess of lung takes place, and pus be discharged into the bronchial tubes, cavernous respiration may be well marked. If the disease be primary and uncomplicated, a favorable termination may be expected in a patient not enfeebled by old age.
or other causes.
The complications which are
apt to render it fatal are pneumonia,
with multiform fever, and delirium
lunatics.
The danger is great if the
disease in one or more than one
head clot may form in pneumonia.
The invasion of a second lung in
a feeble patient may be accompanied
by prostration, amounting to death.
Frequency and feebleness of the pulse—frequency and labours of
inspiration; lividity of face;
precipitous or enacre phlebitis; petechia,
bloody, dark coloured spots, known
as the purpura fulminans.
Violent delirium with prostration and subsultus tendinum, constituting the lymphoid stage. Death generally takes place by asphyxia in combination with apoplexy, but former predominating.
The early administration of a vigorous purgative as Epsom salts, or citrate of magnesia.

Tantal an emetic in the dose of one-eighth to one-fourth of a grain for adults, every two or three hours may be continued during the height of the febrile stage.

After the height of the attack, small doses of ipecacuanha may be substituted for the antimonials, or gos potassium carbonate every two hours. Veratrum viride is given in small doses, but must be withdrawn when the pulse has been sufficiently reduced.

Tincture ofaconite with rigoruous pain.
Acetals is also used by some.
The lung should be placed as near as possible by bandages around the body, just covering patient with cotton adhesive plaster may answer the same purpose.

Support may be required from the chest by bed, which would be given in milk.

Twenty grains of quinine given early may arrest the attack of puerperal. Some advise the continuous inhalation of cold air brought directly from windows or door. Give digitalis while kidneys are not acting freely.
The Physician or Practitioner of Medicine

In understanding to describe the Physician, to describe what I consider is the physician, indeed, or with all respect to quacks, I should say it is simply not of medicine, or that he happens to prescribe to one who happens along with a pain or fever he has gotten me. And, I say that he should never see a man in a case could make better and will more medicine (meaning the largest number) than any man in the country. Does this constitute the true physician? I think not. I think that it is by far is right that we should take many years of hard study before we pretend to practice medicine. After doing this we are far more likely to have their medicine.
This is a handwritten page from a document. The text is difficult to read due to the style of handwriting. It appears to discuss medical or philosophical ideas, possibly regarding the role of a physician or the nature of medicine.

The text is fragmented and difficult to transcribe accurately. It contains phrases such as:

- "This is not a suitable occasion for an elixir or medicine to be administered.
- "The physician should always be prepared to prescribe remedies for diseases.
- "Indeed, we should be prepared in every case to do what we can to help, even if it means taking extraordinary measures.
- "Preparation is the key to success in dealing with medical crises."

The text is not complete and contains gaps and unclear sections.
We should prepare our selves in many ways besides that of learning how to prescribe false medicines.

Preparing our selves for this work shall not claim that one should spend all one's time in simply reading over books. We should not only try to touch in this knowledge by hearing the lectures and reading the subject books, but spending one year at least in an hospital, watching every case that may come under one's eyes. I have known Mr. B. teach evening classes in a neighbouring school, who said they found nothing so good the practice of medicine: it would not have been done, how to act if they were called to see a case.

[...]

...
It has become important, for the
administration of the laws and the
practitioner of Medicine, to
continue that all medical schools
should have clinics.

After spending 2 or 3 years of hard work,
the time comes when the world as
we know it truly begins the "try" of our
beginning life as a Doctor.

The first thing a young Doctor
must do of them I appreciate it for a
lot of instruments are much more than
the money. He will also begin a trip with
people or buggy case to carry his long
store in which is the way whereby
things to many more use.
Thus prepared he tickets went to newspaper work, looking with burning eyes day in and day out for some case or some article to send this bill. As one of the most often says, "Your young friends" will demand and with such young people quantities of medicine, the older you get the less you will give, for as work wears on pain and weaker propor.

less power your prospects or your patients. I know of one old Dr. who has been very successful in his life in the practice of medicine; he was carried on one line 30 or 40 years. He was the one who had the old practice and was placed in your practice very some 35 years ago. From one to twenty or more, according to the time have yet about the neighborhood to begin with a.
of no actual matter, to the warmest
speaks, to give by the practice of reasoning.
We learn to combine with the old ways, to
will of the people. peace of evil, laughter, and our society; that perhaps, rest once
resisting or seeking to remember how they
were once younger in the cause of commerce and trade with the people
who will profit will rest in our own. A
heard nothing about our times in
you, may be called in to an emotion
of mediumship. You find the well of
the commerce, with knowing other
women who will come to discuss the
job for you and tell you of the things
do this or that. You can pay attention to
at least know of their way to a certain
frightened from the woman, who was
closest to bear the baby, each of those women
wished to give advice to me. Some day
to another great deal by telling me
could do anything should I be given it
was to hold the head back. Then all came
in the room except the nurse who,
I knew. I knew, I knew why,
they were left by their importance.
I've the rest of the time I had been
pallid to the case which I had been in
merely by circumstances of the case. For
considering the two could have con
stant: nor conduced to come to
in mind an active call merely to the
next forever. I was coming in telling me
accompany get the best of me. The whole
as great advantages come.

I believe, as you have been taught, that the common cough is treated, and I have heard afterwards that they were the least, which I consider one of the best accomplishments they could have brought to a certain extent of professional tools, i.e., in the women's capacity, as necessary as in every instance. As the physician or the patient knows, so we should also know that, by keeping their accounts, as sleeping over debts, paid or by paying on time for long things we are sending increases bills when these are required to be paid, by paying in a particular way that you wish to settle your own accounts, and remit, or give, others
to settle with you. I never to be a victim
with some people nor to pray or to fear
of praying has still the same meaning
people you have to be their with.

Attended as Callo.

How often do an inclination
to call when they know they can's
get every thing for its succeeded
so much because there good 6, for a big
life is a torment 6 it is harder with
on tie to know the people each other
on a cold night 6 to see someone
else when he gets nothing for it 6 is
in need 6 he has been riding
all day. Back still of unproper due
does occur when 6 it when classed
the life of retaining the deceiving
humans, the secrets of health and
recovered within a short time.
When the young man wishes to live a
healthy life, each time the
urine leaves the renal
medulla, or just the urine with the
uric acid, the mind should be
there when you can drink the
water and give them the same
alcohol
given those who can pay for you, they
are apt to employ your
own will power. Clear diseases that
are of patients who have been
helped by you, and their people will appreciate your work
more when the other only the
patient to pay you for it too.
the previous conditions exemplify this
because many of the classes were
As I believe, the battle was good
of the house was than any other
on their men in the world.
They have been quiet. I know them
many other same, still for all these they
were. I have heard labor.
Now down to those suits, one says will the
his suffering to the question
in answer. This is seen
from the case of his own, as most
or legend. But all day, but all night
it one need to read and enrich one's
words. Parallel to discover other
seen this. This can wonder. This can
of the numbers the will never
they never in collection in your day for
I am not
The Dr. should always be cheerful.

You securely better is it for the patient if the room is some with a bright cheerful face. To see the Dr. nothing to the patient & cheerful one is apt to do a great deal more good. When a patient that this kind of to his visits him, he is happy. To see him, it does him good. Not to see him;

I've heard it said, that chemical & medical science is, as we do any other. It is certainly with to be able to obtain the best from what have removed or discover one which does not to the life. This appearance would
language, politics, the news of China,

Course of events. Dr. Cowper giving,

their views, can easily understand the view.

Pacifism, with many little duties.

the work room during the

was of noticing brief teas, priest's portion

of the various times, you can

their better indubitably called in to

create a very favorable impression. Indeed it is to a great extent

bystander it to contribute much to

habitation of the work room judge.

the art of keeping hope a combina-

ition in the bosom of the universe.

Life of friends is a great source

A Quest, and the other source from
Sometimes there is no complaint.

Have no confidence.

As the amiable physician we know many recollections to rely upon. Do tell them so many deaths tell their stories, their secrets and deeds patient said to them. The young man will come to you with the young woman for advice and consultation.

Never be precise questions to your patient, nor in the patient's confidence, unless they are clearly evident. When these, require that all CBCs to learn the more explicit, all if they are of the opposite sex, before asking such questions.

Be doubly cautious in this respect when your patient is a peculiarity.
Questions refer to marriage, menstruation, pregnancy, lactation, uterin affections, or other delicate subjects, that she has not been exposed to or consulted about. She must be told at once of any known previous professional resort, or future details of her care or treatment must be told to her and her house is shown what they can do in their abdomen. Nothing more is to be expected than the prayers or requests of their nurses, that to hear their details of their cases are never whispered above a whispering from the physician himself.

Seek your hope as you go from hence to hence. Do not mislead the people of every body. Do not tell
those who have been used toask or their motions so that taken place or their minds and persons laced in deg in or liquor or their minds
absorbed to so or often manage other
man had one with even being man as all of their minds added to with
in enormities or less their head or the
other bad habits. If patterned with even
crimes the more that they tell them
worse.

**Sunday work**

To write work on Sunday

So you can your health will require
to this Sunday and of its company.
I knew that you were willing to
spend Sunday too, for a great many
people (especially in the country) will need for you on Sunday when they might have time to go a little extra. This day as you can see there are many except to go and attend church. It is, one of the quarter days of the people to gather, a great many hands are by their work there have to do on Sunday. I believe a "Sunday well spent" brings a "man of content." One should certainly be satisfied if he been 6 days or more, then one he should. I think is a blessing that come in this day.
Examinations of pencils

The cause of the disease of the brain is to be considered the physician; hence we must only consider the condition of the disease, not its cause. The best way is to examine the nervous system and the second, to examine it in presence, and see the mode good or wrong it may be. But by looking at it, give one to the nature passions of people, as all persons in the ages of the people of religion and the orthodox are more temperate, their people say, that they have or must be harder to stand. Many a woman, who should be pitied is to its age of the world, is a mere trial to her patientwise of
around me. The only safe boundary to our own comfort is the nearest sky, therefore he should strive to keep from all temptations. So often the wise and the good, who fell from grace, were hardened. This is no excuse for this Young man. Thank you.

Advice to You

I hope this will be to you. The wise old advice is just as good as old advice. But old advice can too much be given. There is no doubt in my opinion that some mistakes can be

wise.
But often a little medicine -- a good deal of good advice, not driven
will be your sure good dinner to fill
vices stomach with longitude.
I knew a physician once who gave
me a little medicine for every thing
I asked him why he did it, he said
that most of his cases were medicated
more than meditated the only wish
to give them something they could
always bring back to satisfy their
desires for medicines.
I believe that medicine or the game
which is played after the serious
should not be cure, very careful how
we use these medicines, though they
are very important medicinal
their place. I remember having of a
occasion in which they cured Meigs's
Barrooms & the druggist had the right
to sell medicine by the bottle, him by
prescribing it, or when a man would
got them the wrong go - the last
for a prescription & in this case got
air, which way. Do this the way a bit & the
a? in this the prescription of Medicine?
is the other vice physician? I think not,
which I consider an & disgrace to the profession,
the first, a grand & of the so & great
physician in to return his patient to health or
the dearth of linen with the correct & sound
of medicine. Then are a 'd of people who
will expect you to give them something,
you can give all such a "placei" usu
I will do just as well to enquire for a
stronger medicine, which may lessen
the digestion.

I am sure of other drugs in the prescence
of all things in this world I think it
the least debatable to see his vogue
proceeding; why should things become more
by happenance to such a little passage if the
other 6 days some thing has been
something gone to moreover, yet, however
it is related the other 6 or 7 since he
gets seven or perhaps nine in a place
of 63 in reckoning in the second place
not to half by any one, in the second
does not pay any attention excepted in this
about your, if you do, go to the 1st and
said it not while or against him ever

ticket above it. Remember when 
care is required of you whether you 
have the right to take it. In one case, you 
ought to see it as a rule of health if you are 
occupied, sleep on the right side.

I have seen that I have not room near 
from it with women very subjects. 
I have not to hope any others and 
be near on one occasion twice. This will 
not contradict any idea of the Thorough 
or the person of the design. Give me 
leave to form a few.

B. W. Smith

University Hospital

Dec. 28th, 1876.
A Thesis on

Pleuritis

Respectfully Submitted to the examination of the

Provost, Regent and Faculty

of the University of Maryland

For the degree of

Doctor of Medicine

By George W. Fruit

February, the 14th, 1867
Pneumonia

The respiratory system includes the lungs and portions of the body that may become inflamed by various causes which we will not enter into in this writing. Inflammation diseases of the respiratory tract are treated respectively in three important structures composed in the organs of the respiratory apparatus, namely, the mucous membrane lining the air passages, the bronchial membrane which invest the bronchi and the fat, mononuclear, lymphoid tissue. Stimulation affecting the structures just named gives rise to pneumonia or pleurisy.
pneumoniae or bronchitis and bronchitis. The first disease is to be considered as an acute and infectious affection. This inflammatory condition of the lung is usually difficult to diagnose as the affected bronchial and produces a pathological condition we propose to consider briefly. The two varieties of the disease would vary in property and deserve consideration, and it would be convenient to notice in connection with these varieties of pneumonitis the tropical affection known as
The walls of the uterus are muscular in character, and are composed of long, thick bundles of muscle arranged in various layers. The inner layer is smooth, and consists of the endometrium, which is a highly vascular tissue. The layer next to the endometrium is the myometrium, which is a layer of smooth muscle fibers arranged in a spiral fashion. The outer layer is the serosa, which is a layer of connective tissue. The myometrium is separated from the endometrium by a layer of connective tissue called the lamina propria. The endometrium is composed of three layers: the basalis, the functionalis, and the spongiosa. The basalis is the innermost layer and is continuous with the myometrium. The functionalis is the middle layer and is the site of the menstrual cycle. The spongiosa is the outermost layer and contains the blood vessels and nerves. The endometrium is shed during menstruation and is replaced by a new layer of endometrium during the menstrual cycle.
A network of capillary blood derived from the thoracic cavity and the abdomen can not have as present in the brain. The blood on both sides forms a single sac. The cavity needs to communicate with the superficial channels that are present in the pleural tissues.

Lacte Menitis

Anatomical character of both clinical condition during an adult pneumonia. This disease is an example of acute inflammation affecting the serous membranes and may be regarded as
a form of all acute tumors and inflammation. It sometimes occurs in other forms of disease as a complication of some other disease; thus, in the case of measles, the note is made of the eruption of the disease in the skin, with the observations that, as the eruption may be accompanied by an alteration in the skin, it may be said that after the commence of the inflammation for a brief period the membranes are abnormal, as from suppression of the respiration which exists in it in health, or as it may be the true condition of things. The
Tissue does in a distinct effusion and in reach are that another a a space for how infiltration into its substance. Small introdation of fluid and edematous are not immediately present in the pleural tissue. An illusion of inflammation comes to be. At first it constitutes a white to the granular but more of a brown. Celluloid the presence of which renders the serous surface obvious rough to the finger and distinctly it of its feel. A layer of fibrin begins to accumulate on the pleura either patches or
containing clotted blood from conglutination of the bruised vein. This type of plate increases in thickness and same time called coagulable. Dyspnea or false cough. The presence of the tumor is essential as a criterion of acute inflammation of the pleura. As these false tumors continue to form, they gradually increase in area and increase in thickness and usual becoming at the same time more and more evident and transient. The blood serum which it may attain varies roughly from that of a man.
fills up to half an inch and some times thicker. I find 
Pacific rims greatly to a certain 
reluctance to the ether by the 
of all in transparent faces. The 
amount of fluid of one expoda 
tion by the aural can it does not 
at first much exceed one or two and in some cases more passes 
and his makes it hard in 
other cases it probably and 
increases and is an amount 
to several parts. The fluid at 
first is transparent, with a 
greenish and / or blue 
shakes as much in it as in it. 
So many looks it retains this
...some becomes turbid or opaque and a deposit of a dark color is
made on the surface of the inflamed tissue. The
fibrous subserous layers of tissue and fibrous
axons of the surface. Part of the connective
tissue which was not converted into
plasma may or may not be affected by the inflammation.
Fibroblasts are produced from various regions with a reversion of
...
cells in the prone spine of
and also posterior. The lymphat-
ies of the spine are divided
and frequently contain fibrin,
plus cells of post-infarcted end-
thelium, this usually
formation of
capillaries in the derm- sorts of
the layers of fibrin and cells
covering the theca, this usually
takes 1 week from four to six
days after the infarction begins. More or less fibrin is also
present in the layers of granula-
tion tissue.

The termination of acute pneumonia,
Pneumonia terminates either in death,
in resolution, in chronic pneumonia
or in empyema, of resolution take place, the serous is absorbed the fibrin, pus cells and related carbonaceous debris are and are likewise absorbed and some are necrotic tissue is changed into fibrillated connective tissue. The connective tissue drops both in the form of diffuse fibrinous thickening of the pleura and thread-like or band-like adhesion between the two pleural surfaces. The band adhesions are produced by villous outgrowth of the granulation tissue into the fibrin and fluid which surrounds the inflammatory exudation separate the pleural surfaces from each other. It must be borne
in mind that after the most favorable termination of pleurisy the pleura does not return to its normal state but is left with a new growth of connective tissue which binds the pleural surfaces together as a greater or less extent. These adhesions are at first weak and may be removed by active exercise or by having the Jiff after the lapse of three or four weeks the inflammation continues to increase or remains stationary or diminish very slowly. The disease has passed into a chronic stage.

Diagnosis

There is seldom any perceptible alteration in the exterior of the
the chest. When effusion takes place to a great extent the signs are similar to those of chronic pleuritis. The motion of the affected side is diminished and the vibrations of the voice cannot be detected by the hand. There is now or there dullness of sound on percussion, the dulness diminishing or disappearing by change of position. On auscultation, the inspiration is feeble, distant or inaudible, but a change of position modifies it. Tympany is usually present, when the effusion is in moderate quantity, and is best heard over a portion of the thoracic parietes, represented by a broad
condition of the case must be ascertained. In many cases it may be sudden and without precipitation. It is often a mere process of adaptation, with rise and fall of temperature and slight delirium. In a few cases it is accompanied with rise and fall of blood pressure and sudden death. The acute phase is a serious one in a large majority of cases. It is usually short and fulminating. There is a fever, with or without constitutional character, coughing and dyspnoea, a sense of cold air in breathing, and in many cases delirium. There is a great deal of the case which remains uncertain.
The pulse is increased. A rapidly contious heart, and 100 per minute. The breath is hasty, and in the face, is painful. The chest is often in a less degree of pain, but often in the instants the fever is reduced the temperature arises to 105° and higher, with a considerable, a sensation of the other constituents of the more. In most of these cases, as the patient is of a constitutional variety or cough, a bronchitis is usually, therefore, and the times wanting. The breathing is more lesse than the manner of the bronchitis is no doubt due to the solution of the spilt by the liquid, but dolor.
is slight or very a pestilence
can exist if exposed to
exposure.

Acute pleuritis is commonly regarded as an affection of the pleura that is usually caused by an infection or irritation to the pleura itself. It can be caused by a variety of pathogens, including viruses, bacteria, and fungi. Acute pleuritis can be accompanied by a high fever, chills, cough, and chest pain. It is important to seek medical attention if you suspect you have pleuritis, as treatment can include antibiotics if there is a bacterial infection, pain relief, and other supportive care. If left untreated, pleuritis can lead to more serious complications. In some cases, pleuritis may resolve without treatment. It is important to consult with a healthcare provider for a proper diagnosis and treatment plan.
and adventitious causes. Effect of heat adjacent to the skin favors an important role in the causation of phlebitis. The most important of these local affections which cause secondary phlebitis are acute lymphan-
delis, pulmonary tuberculosis and abscesses. Pneumonia may be due to other diseases of the lung such as cancer, sarcoma, and tubercle.
In cases which seem to be bacterial phlebitis, careful wound care is
made to rule hidden cause.

Diagnosis

In cases of acute primary or idiopathic simple phlebitis, if it is not
complicated and constitution of the
patient be not to greatly perplexed. The
prognosis is almost always fatal, and
would in one or two instances
prove fatal if it did not alter
of any threatened cardiac interference, by
consequence of a rise of a Tension occurring very rapidly, and being
proof fatal. It did, taking place in
ahnoe, pronounced, probably in concert
of the lines on the unaffected side, in
addition to the function on the affected
side from compression by liquid.
Acute pericarditis sometimes develops
itself simultaneously, with, or during
the progress of pleuritis, and these asso-
ciated diseases are liable to prove fatal.
The intrinsic tendency of the above
is to recovery, a fatal termination
being due very rarely to the disease itself,
but affections with which it more or less
associated.

Treatment

In considering the treatment of pleurisy
it would be best to look upon the disease as
existing in three different successive stages. The first stage begins from the attack to the time when an appreciable quantity of liquid effusion takes place. The second stage will extend from the time when the liquid begins sensibly to diminish, and the third stage will comprise the period occupied in absorption of the liquid. When the pain is stabbing or lancinating,
in character in the beginning of the disease, anodynes should at once be sufficient anaesthetic to allow pain.

Opium, without a doubt, is the best anodyne to give. In many of the milder cases of acute pleurisy, the application of mustard or other counter-irritants and the binding of the chest with a broad flannel roller of the affected side with drooping to restrain its movements, clinical experience and some pathological views have led to the knowledge of the great value of opium in the treatment of inflammatory affections wherever situated. It is valuable not only as a palliative but as a curative
remedy. Its palliative efficacy is of
considerably visible and we can aid to
some extent, I understand its curative in-
fluence. By relieving pain it diminishes
the deterioration of the blood to the
inflamed parts. Quieting events act
as a curative influence by promoting or
diminishing the constitutional distur-
bance which in some instances are
apt to occasion. It places the situ-
aton in a condition to tolerate better
the local affection. Blood letting in
cases of acute pleuritis has by some
authors been considered and practiced
but to a certain extent has fallen into
disuse. Statistics show better results
where bloodletting has not been practiced.
although there are conditions or a circumstances in some cases when bleeding is not to be held in a considerable amount of blood, in the stage, when the patient begins to suffer from pleural effusion and a diminution of breath, the arrest of the effusion and the removal of the fluid which is already accumulated become the chief indication for treatment. For these purposes, diuretics, diaphoretics and purgatives have each been strongly recommended, and among the drugs, mercuric, antimonio, digitations and iodide of potassium. We believe that all such cases are practically useless for the purpose here indicated, and that
If we are to trust to drugs at all they
should be those which by aiding to im-
prove the one or all health of the sul-
ture and indirectly to promote return of
action at the seat of the disease. Vima-
tonics, especially iron and quinine,
counter irritants, and specially white
small blisters, have to be used to aid
absorption. It became necessary to a
certain number of cases to draw
off the pleural effusion by means of
an aspirator. When the effusion has
remained for a month without dimin-
ishing this should be sufficient to demand
of his an operation of paracentesis.
The operation of paracentesis should
be made a means of last resort to get
rid of the pleural effusion. When the pleural effusion demands of us the operation of paracentesis we may make use of the aspirator which is probably the best instrument to use. The operation of paracentesis if the air be excluded is a perfectly harmless operation so long as the discharge remains sweet. Every precaution should be used to exclude the air, but when the discharge becomes fetid little is to be gained by further exclusion of the air. It then becomes important to wash out the cavity daily either with pure water or water medicated with quinine or carbolic acid. In every case and under all circumstances when we do the operation of paracentesis we must observe
every antiseptic precaution which is known to medical profession. In certain number of cases when we do the operation of paracentesis it will not be necessary to draw off all the fluid, nature finding itself assisted will go on to complete the process of absorption, however there may be cases in which nature may not proceed to complete the process of absorption in these cases it may become necessary to operate a second time. It may become necessary to do it in a few cases to operate early when the accumulation of fluid is sufficient to involve danger or distressing dyspnea. The removal of the liquid should be drawn of slowly so that the collapse may not be to sudden or
great. In connection with our medical and surgical treatment the strict laws of hygiene and alimentation should receive due consideration. During the active stage of this disease the diet should be light and simple, such as soups, both free from salt and greasy substances and should be given at intervals of three or four hours. After the active stage of the disease the diet may be made to consist of something more substantial than that which has just been mentioned. Ventilation should also receive due consideration in our treatment.