Notes on Practice of Medicine, from Prof. Da Costa's Lectures, at The Jefferson Medical College, During Sessions of [18]84-85 and [18]85-86

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Recommended Citation

Wehner, William H.E., "Notes on Practice of Medicine, from Prof. Da Costa's Lectures, at The Jefferson Medical College, During Sessions of [18]84-85 and [18]85-86" (1886). Medical Student and Faculty Lecture Notes. 2.

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Diseases:

1. Disease is a deviation from the normal function or condition of an organ or tissue. Diseases terminate in four ways.
2. Syphilis is the gradual withdrawal of morbid action.
3. Crisis is the sudden, abrupt change of morbid action; it may occur by changes in temperature, respiration, etc., or by discharge of urine or other critical discharges.
4. Metastasis is the change of morbid action from one part to another.
5. The development of a new disease following the original one.

Sudden changes in disease, a sequel to a more condition.

Pathology is the science of disease in the living.

Pathological Anatomy is the effects or results of the disease, at whatever point of all acute diseases end by syphils. Ending by crisis is rare.

In nearly every disease, there are certain early beginnings or symptoms, which are called prodromes. There is still an earlier period which is called the period of incubation. This especially exists in all the Enzyme Pneumonia.

Death may occur in four ways: 1. Through the nervous system; 2. By the lungs; 3. By the heart; 4. By hemorrhage, which really belongs to the latter. Ex. = Shock for the 1st; Lack of oxygen for the 2nd; Rupture of vessels or lungs for the 3rd, and Hemorrhage from the Bowels, or bursting of an aneurism for the 4th.
Pain:

The due to persevered nervous influence, and may be either
dull or acute. Sticking is a form of pain.

A dull pain is a continuous one, and is mostly present in
Chronic Diseases, and in Diseases in deeply seated structures.
An acute pain is mostly intermittent, and is generally the pain
of the nerves themselves; generally present in Malignant Diseases,
Vividgia, Toothache, &c.

The character of a pain depends upon the structure or parts involved, and
not upon the disease.

Inflammation of Membranes is accompanied by acute Pain.

" Perceived "  " "  " "Dull "  "

Aspect of the Patient:

Should be studied well, and Position noticed.

Whenever there is great kindness to circulation, as in some respiratory or
cardiac troubles, there will be a red (somewhat blue), flushed face, or
localized flushings as in Pneumonia or in Apoplexy, &c.

or yellowish,
especially with a white Conjunctiva.
A pale, white face is a symptom of Malarias; and color of Face and
Conjunctiva, &c., of Bright's Disease.

In Cholera, Cirrhosis, and Wallowing Diseases, a pinched expression is
often seen.

Small epigastric, short white lips, sunken Face,
A rounded chin, swollen glands, pale face, belch drops, Serpulous Stool.
An arched back, with the head thrown back, spectacles, Body in a Torsion.
Great excitement shows high nervous irritation.
Chiling or pulling at the clothes is a bad sign.
A patient when perfectly quiet, especially in Fverages is in a bad condition.
Germantown, Pa.

Dr. Wehner:

I am sorry to say that I cannot do anything for you until about the first of April, and then I shall only be able to pay a little at a time. We are under very heavy expenses just now, my oldest daughter being in a hospital under treatment.

Very respectfully,

[Signature]

March 3, 1873.
The Tongue:

Shows its own diseases, and partly the condition of the System, as changes in Digestion, Absorption, Circulation, in fact, of the whole economy. A Healthy tongue is protruded slowly and easily. In diseases of lowered vitality, the tongue has a slow, nervous movement. In Chorea, the tongue is thrust out quickly. And when a tongue is protruded to one side, it is a symptom of paralysis affecting the opposite side. The tongue is pale in Anemia, and Red in Constitutional Fever and Heart troubles.

Coating of the Tongue, may be due to local or general causes. e.g. Induration caused by Phlegm rubbing it, or other irritants, such as rough teeth, and etc. May be due to poor digestion also.

A heavy, white tongue is observed in all catarrhal affections of the Stomach and Bowels. A light, white coat is generally due to general causes. A yellow coat is present in diseases of the liver, or may be due to some coloring matter swallowed. A want of coat or a diminished tongue is often seen in Fevers and in some cases of Gout.

A delayed tongue is due to low conditions and a sign that calls for prompt stimulation, is present in some Fevers and Blood poisoning. A Fused tongue is not normal unless inherited. It means lowered flows when present with the glazed tongue, means extreme defusion. Conformation and swelling of the tongue may be caused by Inflammation, Leprosy, Syphilis, Remedial Agents, Poisons, etc. A peculiar, shining, glazed, shriveld tongue, is frequent in slow and wasting diseases, Syphilis, General constitutional Affections, &c. great swallows.

5PM.

The Pulse:

It may be perceived in the Temporal Artery or in the Radial Artery. The average beat of the healthy adult is 70 per minute, and diminishes in frequency as age advances, and in old age goes up again. There are from 80 to 150 more beats in the erect posture, than in the recumbent. The Pulse is increased in all Fevers, by debility, emotion, rapid breathing, convulsions from Toxins, Poisons circulating in the Blood, Conversion of Brain or Animal Soul. Fatty degeneration of the Heart, Softening of nerve centers, &c. A healthy pulse gives a resistance to the finger.

Strong Pulse: - The strength of the Pulse, is increased in all acute inflammations, and when the left side of the Heart is contracting more forcibly than the Right. This is a tense Pulse except when increased.

Soft or Weak Pulse: - Shows a deficient propelling power, and is generally present in low Fevers, General Debility, and when the Blood is much disordered, as in Inflammations below the Diaphragm. This Pulse is Compressible, except in the latter Inflammations.
Sesious Pulse:— Directly observed after wasting diseases, and during increasing debility when present in disease.

Irregular Pulse:— Sometimes due to indigestion, Tobacco; All diseases of the Heart and Vessels System; Inflammations at the base of the Brain; Scabies will produce it; is observed in children, when cutting their teeth. When not due to the above, it is apt to take the fore-runner of Cardiac Organic Disease.

Certain diseases of the Brain, affecting the Hematopsia tract, and Sarcoma above the Pulse. A hard and fine pulse points to disease of the Blood Vessels.

When each bead of the Pulse is exactly like the predecessor, the state is one of perfect Health. For every rise of 1° in Temperature, the Pulse is increased 10 beats.

Adults' Pulse: 65–75 Beats per Minute.

Children (3 yrs): About 90.

Infants: From 110 to 130 Beats per Minute.

About the Age of Puberty, the Adult Pulse Begins.

The Temperature:— "Foot studied by Currie" of Scotland.

The average healthy temperature is 98.6° F.

It is modified by age, increased by certain foods, drink & exercise, and lowered by protracted stamin, hard study 

&c., climate etc. The Mouth, Anus, and Stomach, are good places for ascertaining the temperature, and when doing so, always let the bulb of the Thermometer remain in at least 3 minutes. It should be taken in the morning and in the evening.

If the temperature in the morning is the same as that of the evening before, the case is not doing well. Any abrupt change in Temperature is bad, while all gradnal changes are favorable. 100° to 103° a fairish condition; 103° to 106° a high fever, and above that (109°) a very dangerous Fever.

High Temperature:— is often a sign of Tubercular development.

As a rule, all fevers increase temperature. Recovery is doubtful when the temperature exceeds 103°. Highest occurs late in the afternoon, and the Malignant Disease, spreading thick and being then changes.

Low Temperature:— less marked in cancer than in the Elephant, but form 1° or 2° lower in convalescence than in health, or sometimes early in the mornings.

The variations within health are never below 97 or above 101.

The normal temperature of the Rectum is 1° above that of the Axilla. The temperature of the left Axilla is the one generally taken.

There is no material difference in the temperature during menstruation.

There are special Temperatures in Disease, as those of Typhoid Fever, Exanthmia, Consumption, Malignant Diseases, 

etc.
The temperature of acute tuberculous is very high. Over the seat of acute pleurisy, there is higher temperature, than over other parts of the lung. The same is the case in tumors of the brain, and Diseases of the Spinal Cord. A temperature above 106° as a rule is fatal, although recoveries have taken place after a temperature of 123°. All local temperatures are lower than general ones. The temperature over the seat of a disease is 1 or 2° higher than the corresponding healthy part.

**General Pathology of Fever:**
- A Fever is the result of certain morbid actions or actions of a nervous center, or centers.
- Elevation of Temperature.
- Diseased Changes of Blood.
- Sickness, weakness, general exhaustion.
- Temperature: Always keep the secretions free and the kidneys acting. Give appropriate, systolic nourishment, and allow as much fluid as the patient wants.
- Temperature and Circulation: For the first, giving saline in decided doses, at short intervals; laevic in doses of gr. x - xx; Antipyrin gr. v - xx.
- If necessary use cold bathing, keep up all the secretions and excretions for the second give Acetate, and to weak persons Digitalis.
- Sustain the heart's action, if necessary, with Stimulants.
Forms of Fever:

They are divided into 3 classes—Continued, Periodical, and Eruptive.

Continued Fever:

Simple Continued; Influenza or Catarhal; Typhoid; Typhus; The Black; Cholera; and Enteric Fever.

Periodical Fever:

Intermittent; Remittent; Congestive, and Yellow Fever.

Eruptive Fever:

Scarlet Fever; Measles; Rubella; Small Pox; Varicella; Malaria; Dengue, and Erysipelas.

The Continued Fevers are characterized by a steady progress of the febrile moment, without decided rising and falling in this rise and fall being slight, to modify the impression of a sustained action. The Periodical Fevers are characterized by intervals, during which the patient is wholly or nearly free from febrile disturbance.

The Eruptive Fevers or Exanthematous Fevers are characterized by a period of incubation; 2 by a fever of more or less intensity, and 3 by an eruption which presents a distinct aspect in each disease.

Simple Continued Fever:

Is very common in warm climates and is found in the United States during the warm months.

Causes: Exposure to heat; Mental worry; Extreme Fatigue; Injunctilations caused by worms; Errors in diet, etc.

Symptoms: Chill, followed by fever, which lasts about 5 days, when it ends in profuse perspiration. There is no eruption. Delirium is sometimes present. Prognosis favorable.

Treatment: Keep up the secretions and keep the bowels and kidneys acting. Sustain the force of heart's action if necessary, and see that the patient is well fed and supported.

If you wish to give Quinine, Dower's Powder is here the best way of giving it as this Powder is also a good Diaphoretic. Don't give Quinine early here; but when the patient gets better, it may be given in small doses as a tonic.

Neutral Mixture is one of the best Diaphoretics you can use in this Fever in Children.
Scurvy

Scurvy is a disease that results from a deficiency of vitamin C. Symptoms include weakness, fatigue, and sore muscles. It is particularly common in sailors and other people who have limited access to fresh fruits and vegetables. Vitamin C is found in citrus fruits, broccoli, and other vegetables. It is essential for the production of collagen, a protein that is needed for the formation of bone, skin, and connective tissue.

Plague

Plague is a bacterial disease that is transmitted by fleas. It is caused by the bacterium Yersinia pestis. Symptoms include fever, chills, headache, muscle pain, and swollen lymph nodes. Plague can be treated with antibiotics if caught early. Prophylaxis is recommended for people who are in areas where the disease is endemic or have been exposed to infected fleas. Lice

Lice are small, wingless insects that feed on human blood. They can be found in hair, clothing, and bedding. Lice can be treated with over-the-counter or prescription medications. Prevention includes regular clothing and hair hygiene. Typhoid Fever

Typhoid Fever, also known as enteric fever, is caused by Salmonella typhi bacteria. It is spread through contaminated food or water. Symptoms include fever, headache, muscle pain, and abdominal pain. Treatment includes antibiotics. Prevention includes vaccination and good hygiene practices.
Causes of Typhoid Fever:

It is a special, specific germ, which generates and reproduces itself, under favorable circumstances, with extreme rapidity. Decomposing stools, drain pipes, through which they have passed; fish, salts; water infected with foul matter, are conditions favoring the growth of the germ. The Disease may be spread by drinking infected water, or even by drinking milk, to which such water has been added.

Preventing causes:

It is a disease of young adults, between the ages of 15 and 28, very rarely found after 35, or in young children. Generally appears in autumn and early winter, and spring. A very dry season favors it. Some persons are more disposed to it, than others. Debility, worry, and poor feeding greatly favor it. The disease is not contagious by personal contact, but is by the stools. It has a period of incubation of 2 or 3 weeks after exposure, and lasts from 26 to 28 days. Worry and poor feeding will not produce it. Typhoid Fever may spread through the atmosphere, in which decomposition of Typhoid stools has occurred.

The Period of Incubation after exposure to Typhoid Fever is from two to three weeks.

Symptoms of Typhoid Fever:

It begins with lassitude, weakness, chilly sensations, coated tongue, slight diarrhea, headache, soft and frequent pulse, fever of continued type, perhaps slight mental delirium, pain in the spine and limbs, and epistaxis.

In the 2nd week, the symptoms increase, and an eruption on the chest and abdomen appears; it however is not always constant.

In the 3rd week, the delirium, diarrhea and weakness increase and the fever is still high until the end of the week. This week is the Critical period of the disease. The temperature becomes more irregular, and the heat fluctuates, from delirium, to extreme fevers, to delirium.

In the 4th week, sometimes earlier, the fever ends as does also the headache and delirium, although the diarrhea may continue for some time.

Fever Symptoms:

The temperature rises for the first 5 days, reaching 104°; it remains there, with the morning remissions, till the 12th day, and from that time on to the 20th day, there is a Zigzag temperature. Generally, by the 21st day, the temperature is normal, of the feverish kind, after the 24th week, it is a very low one and consequently a grave one, or it may be due to some intestinal complication. Sudden drops in temperature, during the third week, indicates almost always, intestinal hemorrhage. Elevation of temperature, especially that of the morning, shows a very bad case, after all that week,


Rules of Typhoid Fever:

- The pulse averages about 120, and keeps up during convalescence. It is soft and compressible.
- The Heart's impulse is soft and weak, and there will be heard, sometimes, a soft murmur instead of the first sound, and sometimes, no first sound or anything can be heard, which is a sign of great weakness.

Diarrhea of Typhoid Fever:

- It commences early and generally keeps up after the Fever has stopped. It may be from 2 to 20 stools a day, the average being about 3. They are very large and offensive, and look like the Soup, with a mellowish or bloody look.
- When blood is present, there is more or less pain in the right side.
- Feces. Constipation may exist in some cases, instead of Diarrhea. Symptoms may exist. Sympathy and Burgling are common.

Stomach and Spleen:

- The Stomach is very tolerant, and gives very little trouble as a rule.
- The Spleen is more or less enlarged in every case.

Eruption of Typhoid Fever:

- The Eruption appears mostly between the 3rd and 4th day. Of all the symptoms, it is the most characteristic, when present. About 85% of cases occur without it.
- The spots are rounded or slightly elliptical, generally present in groups of 3 and sometimes alone. They are red, and disappear soon after pressure. Each spot lasts 3 or 4 days, and then disappears being succeeded by a fresh one, at or near where it was. They appear upon Chest and Abdomen, sometimes on the back, but never upon the Face. The eruptions continued till the termination of the Fever, and if death occurs, they at once end with Life. In some cases, the spots may be found on the arms, if relapses of the fever occur, the spots return. The small sweat vesicles, that are occasionally present (Sudamina) have no significance. Blue Streaks throughout the skin, slowly disappearing upon pressure show a bad case.


Delirium:
Occurs sometimes when the patient is apparently doing well, generally during the second or third week. Abdomen becomes enlarged and very painful to the touch. There is great pain, and the case generally terminates in collapse. Usually due to perforation of the Bowels. It is preceded by a fall of temperature.

Intestinal Hemorrhages:
Are made manifest by bloody stools. The blood is black and offensive, and mixed with feces. It occurs abruptly, and is more apt to be present in those cases having much diarrhea. It is generally preceded by a fall of temperature. The hemorrhage may be slight or severe, or it may be frequent.

Relapses:
Are not uncommon, and may be developed without apparent cause. They are not as dangerous as some suppose, and when they occur, the same symptoms appear only coming on more quickly and not lasting so long; convalescence once more setting on the 12th or 13th day.

Typhoid Fever:
Does not always run the same course. It may end in the 2nd week. These are light, abortive cases; most apt to occur in children. Use of emetics and symptoms are not marked, but the others may be. It is mostly seen in Epidemic form, and may sometimes prove fatal. Wandering Cases are unfavorable ones.
Diagnosis of Typhoid Fever:

It may be confounded with Debility; Typhoid Conditions; Enteritis; Peritonitis; Acute Pulmonary Affections; and possibly Meningitis.

The latent cases are the ones generally mistaken for Debility, but in these the debility set in suddenly, there is no discomposure of mind and the abdominal symptoms are rare or wanting.

In Typhoid conditions: The diarrhoea; tympanites; Cæphalies; Epistaxis, etc., are wanting.

In Enteritis, the inflammation of the intestines is the disease, while in Typhoid Fever, the irritation of the intestines, and the morbid alteration of its glands are marked elements of the disease; further, in the former, the symptoms are referable to the confined intestines, and the disease is much shorter.

The same is true of Enteritis, the Abdominal tenderness, and epiphora of face, also being of great value.

The gradual development of Typhoid Fever, and other symptoms, will differentiate it from Meningitis.

The kindness of the pulse, with a cough disproportionate, slight; The Epistaxis, Epistaxis, and marked intestinal symptoms, will distinguish it from Acute Pulmonary Affections, as well as the peculiar Fever. Moreover fever generally above 103; Diaphoresis on chest & abdomen; Fever on face, seldom on extremities; Diarrhoea; Enlargement of Spine; Headache, will greatly assist diagnosis. Acute affections in women may be the same for Typhoid; but here look up history, also see that statistical symptoms are wanting, also Epistaxis, Epistaxis, etc.

The mortality in Hospitals is from 15 to 20%.

Favorable signs - The morbid features of the disease the better the case. When 1st sound of Heart is heard during the case, it is good. Fever 103 or under. When the forenoon starts slowly, & when intestinal hemorrhage is slight. Phlebitis is a good sign, and the prognosis is relatively favorable. Paralytic cases mostly recover.

Unfavorable Signs - Fever above 103; (over great danger) especially if in the morning. [missing text]

In the evening, feeling of Tendons, Early Delirium, Patient lying in center of bed and clutching the clothes; when fever keeps up into the 104.1, and intestinal hemorrhage (although recoveries are frequent), Hemorrhage or Congestion of Kidneys, made manifest by bloody urine, granular Swellings; Swellings of leg (not considered fatal), Inflammation of the Brain, is sometimes connected with the Fever. Swelling of Parotid gland is a grave but always fatal symptom. Lung Complications are bad, as are Ulcerations of Stomach, Heart, Clots & Phlebitis. In Pregnancy the danger is great. Absence of symptoms, the danger is not increased. The mortality of Typhoid Fever in private practice is about 10%.

The Skill in treating a Typhoid Fever case, is to gain times as the Fever is limited in time, and if the patient lives on this time, he will most likely recover. Systematic Feeding, the removal of certain symptoms and proper Stimulation are herein very important.
Treatment of Typhoid Fever:

Keep the room well ventilated, cool and quiet. Never allow more than one person in the room at a time. Live just enough for the patient, with a solution of Acida Carbolic 1:2 to 1:4 aqua or better, a 1:2 to 300 solution of Hydrochloric Acid. Give the patient plenty of fresh air, and sponge him with vinegar and water twice a day. Keep his clothes clean and neat.

Food and Drink:

The nourishment should be of the lightest sort, e.g., Bœuf or Mutton Broth, alternating with Milk. Give only a sufficient amount to replace the losses; give systematically in small quantities so that the patient may take food every two or three hours, beginning at 4 or 5 o'clock in the morning.

A pint of Milk and a pint of Bœuf or Mutton Broth will generally be sufficient in 24 hours. Some of the milk may be thickened with Corn Starch or Arrowroot, and if the milk is not well digested, the amount given may be modified by giving Bœuf tea or the above Broth. Give the patient food every two hours during the day, and every three hours at night, taking care to give him plenty in the early morning hours. When the diarrhea is prominent, the diet should consist of Milk and Mutton Broth, if the patient wants a more solid diet, Arrowroot and Milk; Corn Starch and Milk or perhaps a Soft Boiled Egg may be given him, but no other solid food at all, till after the fourth week at least.

Let the patient have water slightly acidulated: or with a little Ginger syrup added; or Ice, but water is better. Never allow him to have enough at one time to fill his stomach. Currant jelly or Clarat with water may be given him.

As a rule, stimulants are of no use till the second week, but may be given when needed, the administration of these being guided by the first sound of the heart. Dosage: 3 to 4 to 5 gr. of twenty-four hours to an Adult, will be enough in any case. He may know that the stimulants are doing good if the Pulse or Temperature goes up. If the Pulse or Temperature is stationary, the amount given may be increased; when, however, the above is reached, the amount should be diminished, and the cold given may be increased.

Food should be in low case begun two hours, especially early in the morning. If Patient is very weak, sponge with Cologne, Vinegar, Bay Rum, etc.

Wine and alcohol, or water containing some mild but positive disinfectant, washing one part at a time. Don't change his garments to much, and when you do it, stimulate him before and afterward. Have 2 rooms for the patient, if possible. As the Patient improves, after the 4th week, keep on a semi-solid diet, such as Milk, Toast, Bœuf-Broads, Oysters, etc.
6 P.M.

**Medical Treatment of Typhoid Fever**

The Quinine treatment is useless.

- **Colonial**
- **Argentii Nitrici** except for the Diarrhea.
- **Carbolic Acid** as a special one is not good except for the diarrhea.
- **Carbolic Acid** as a special one is not good except for the diarrhea.

The following is a good treatment:

- **Carbolic Acid 75**
- **Sulphuric Acid 75**
- **Water 8**
- **Water 8**

The treatment by the Mineral Acids is the best is as:

- **Aromatic Sulphuric Acid 75**
- **Water 8**

Dr. Big. 8t 1/2 occasionally.

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Abdominal Symptoms:

If the Diarrhea does not consist of more than 200 stools in the 24 hours, do nothing, but if they exceed that or are very large, give an Opium Suppository (Etego) at night or 7 P.M. anyone after each stool. Do not control it, but give vegetable retentives, but give Bismuth or Carbolic Acid, or combine them as. If Bismuth 2 or Carbolic Acid 2 per cent, or a

Plumbago Acai 1/2, Opium 1/2 Dr. Big. every two hours, till effect is produced; or Argento Nitrici 1/2, every two hours, till controlled; or

Kinesal Salts 4 to 5, where it does not medicate; or Bismutum Sulphuricum 1/2 to 1/2.

At symptoms the 1/2 to 1/2 in order to quench a Diarrhea 75 injected into Bowels or Sulfur 75 to 1/2 a solution with 1/2 Dr. Big. every two hours, till effect is produced; or 75 internally, and administered locally for retentives; or any stimulant to Bowels. Never use the Laxative or to introduce the Bowels.
Thomas's Symptoms:
The patient's position should be closely studied. Never allow him to remain all the time on his back.

If there is much congestion, the use of ammonia or the aromatic spirit of ammonia may be used as a preventive at night. If this is not effective, use in addition forty drops of tartar emetic and two ounces of water. If necessary, a cupping between the shoulders and at the back of chest, may be resorted to.

Heart Complications:
There are really none except the weak pulse, disturbed circulation, and feverish condition. Don't give digitalis but stimulate more with alcohol.

Small doses of strychnia go 1/4 oz. 5 grains and chloral go 1/6 oz. in broken doses will do much good. Whisky, coffee, and brandy are the very best stimulants. Cocaine and bi-tar chloride of mercuric, are also very good. Dose of 3 to 5 of the latter is used externally as a prompt stimulant in the Pennsylvania Hospital.

Obstinate Complications:
The best remedy is Chonium go 3/4 oz. a day with a suppository at night, or 1/2 oz. of Sandarac repeated during the night. Don't hesitate to inject it if necessary.

Potass. Iodid. in itself useless, but may be given with the Chonium to study and prolong its effect. Chloral go 1/6 oz. is very good when the heart is not so weak. When great delirium is present, the daily use, as well as at night, of the Chonium or Chloral, should be kept up, and in these cases never reduce the amount of stimulants.

Chromium combined with Camphor is of still greater value, in small frequent or repeated doses. Never allow a patient to be without more than three nights. When the headache is very marked, shaving of the hair, 1/30 of soaps applied may help. It is surprising, its effect, the dizziness, shortness of breath, and the blisters in the head, of these last give a hypodermic injection of morphia. The Variatio of amiomma or a cold bath is often well after the patient.

If there is extreme atony, cold stimulation with special attention to action of kidneys. Very strong coffee or Caffeine go 1/2 oz. of wood, or better, with cold water or a bluster in the head, of these last give a hypodermic injection of morphia. The Variatio of amonma or a cold bath is often well when the patient is better.

Swelling of Carotid Islands: Application of ice over them is good treatment. If there is much loss of power, give strychnia.
Further Notes regarding Typhoid Fever:

The Temperature of Typhoid Fever, rises for the first five days; from then on to the middle of the second week, it remains continuous, and then gradually declines, so that about the 21st or 25th day, it is normal, and in some cases below the normal. Exhaustive Sweats sometimes occur, near the time of Convalescence and keep up for a long time. They are probably due to Detoxication. Paralyses due most likely to ill nutrition of the Cord, sometimes occurs. The patient mostly recovers, though the paralyses may be slight. At the onset of Typhoid Fever, there is much coated tongue, with Marked Acidosis; begin the treatment with Colchicin.

Intestinal Hemorrhages:

Reduce the amount of food, and if possible, the Stimulants given. Keep the bowel at rest with Opium, and give Squirrel fluid Est. Epsom m. 8, or by stomach 3 or 4 times a day, every 4 hours or 3 hours. If all signs of blood has disappeared from the bowels, Morrels solution 1:20, well diluted every 12 or 24 hours as necessary is very good, as is also Permanente Salts, 5 gr. with Opium every hour. Or the following:

\[ \text{Kainic Acid} \times \text{gr.} \times \text{Turpentine} \times \text{gr.} \times \text{Mg.} \text{Sinister emulsion, every 2 or 3 hours.} \]

In these cases the tolerance to Opium is very great. Keep the patient under it, giving gr. 8 by mouth, and at the same time a suppository of 1.5 gr. Do this every 4 or 6 hours till relieved, all the time giving the patient as little food as possible. To increase, if necessary, the stimulants, and keep an Opium Emulsion up. This is a very dangerous, but not necessarily fatal Complication.
Typhoid Fever:-

It is found principally in girls, and along
the Sea Coast. It is very contagious and is probably due to a
specific poison, and there exists a great deal of truth in this disease,
and, if you stand right feet from the patient, the chances of
your being infected are diminished. It generally is found
where there are bad hygienic conditions, and may exist in the
village of a person for a long time. It attacks all ages and sexes.
It has indefinite anatomical lesion.

Symptoms:-

It begins abruptly with a severe chill, high fever,
prostration, headache and thirst, with a cold dry breathing.
It resembles smallpox, but may be known from it, by the
erysipelas not appearing on the face, in the Disease, while in Measles
it appears on the face, in the form of a rash, from an extravasated blood.

Eruption:-

Occurs over the body, except the face. It is large in
size, and does not disappear upon pressure or end with life.
It resembles the eruption of Measles, but may be known from it, by the
erysipelas not appearing on the face, in the Disease, while in Measles
it appears on the face, in the form of a rash, from an extravasated blood.

Characteristic Symptoms:-

Till the eruption appears, the
temperature rises, and from then on till the 10th day, when
in short cases it ends abruptly, it is continuous; in other
cases it goes down slightly, on the 10th day, and then up
again, and it continuous there till the 15th or 16th day, when if
the case gets well, a crisis occurs.

Diagnosis:-

Inflammation of the Bowels may be mistaken for Typhoid
Fever, but in this there is vomiting, while in Typhoid Fever there
is none; and further, the very high Temperature and Eruption
of the latter will assist in distinguishing them.

Measles may be mistaken for it, but in this the eruption
is well marked on the face, and is influenced by pressure.
There are also Catarhal symptoms here, which do not exist in
Typhoid Fever.

Relapsing Fever; might be mistaken for it, but in this
there is Jaundice, vomiting, nausea, violent pains in joints,
and gastro-intestinal symptoms which are not marked from the
onset. There is swelling of the spleen and the liver, relaxing
in character, will help to differentiate it from Typhoid Fever.
Dignosis of Typhus Fever.

It occurs at all ages, and the mortality rises with age. It is no more fatal than Typhoid Fever. The cases of this fever with Parotid Swelling generally prove fatal. A meningeal cry is often present and is unfavorable. The mora albumen, the grow the case.

Treatment of Typhus Fever.

Sponge the patient with a 1:500 Solution of the Bichloride, twice or as many times a day as necessary. Use disinfectants, and keep the bowels in a liquid state. Isolate and treat as in Typhoid Fever, all that comes from the patient. Stimulants. Brandy or Alternative in the third day. As regards Medicines give the Acids. Aminin is given to the in the 22 hours and an occasional laxative of a cooling saline.

Further Notes regarding Typhus Fever.

For Lung Complications, the best remedy is Turpentine. 1% or 1% every 3 or 4 hours internally, with turpentine drops externally. For the Neurotic Complications Chloral, Cold to the head, and Opinion in severe cases.

4 P.M.

Cerebro-Spinal Fever.

It may occur at the same time as Typhus Fever, but it is not contagious, though it spreads rapidly and exists very often in Epidemic form. It occurs in people who are fatigued, or poorly fed, most frequently during the winter and spring months. It is due to a specific cause, most likely a specific poison, which poisons may be dormant for years, and then break out again. It greatly resembles Typhus Fever. Cerebro-Spinal Fever was not known until the year 1882. When after a time it died out, only to appear again in 1886, since which time, it has become well known. As a rule, it occurs in cold and temperate climates, and is therefore seldom found in the Southern States. It mostly appears in Epidemic form, and then disappears, leaving a little poison lingering around for a year or so afterwards. It frequently is found at the breaking up of a season, or after a hard winter. It is a Fever, marked by its influence upon the blood, and in having the strongest tendency to inflammation of the Membranes of the Brain and Spinal cord, which lesions are always found, if the case lasts 8 days. It is a disease of young adults and children.
The Spinal Fever:

In Reference to Spinal Fever, consists in inflammation of the Membranes of the Spinal Cord. This is produced from the Subarachnoid Spaces; the Via Dolor is inflamed, and sometimes, successive layers of lymph are spread along the Spinal Cord, which inflammation takes place where the vessels are given off, and so affects them. Thickening with deposit of lymph may occur in the Via Dolor, Congestion of the Brain, expansion of Brain into the Ventricles, Spaces, and of the Spinal Cord occurs. The nervous structure is compressed, and later, the more superficial structures become involved. The Fabric of the Blood is just diminished, and afterwards diminished. The Blood corpuscles are brittle, and the Blood soon breaks down. The kidneys, liver, lungs are congested, heart becomes granular; spleen is enlarged; the brain undergoes the same changes as the cord, only in a less degree.

Clinical History of Cure of Spinal Fever:

It begins abruptly, with:

Chills, if there is a sense of weight at the back of the Head, Neck, and very soon slight rigidity of the Back, then nausea, vomiting, headache, with great intensity of Arching of the Body and Muscular Soreness. Pulse is irregular, and weak, the breath seems like that of disease, will be found on Body and Face. They symptoms continue till the 9th or 10th day, when the patient dies of exhaustion, or the symptoms lessen, and the patient recovers slowly. Delirium Sain in the Extremities: Disturbed Vision and Paralaxis, are marked symptoms. This Fever sometimes develops Hysterical Symptoms.

The Eruption:

Resembles that of Typhus Fever, it is absent in about 1/2 of the cases, and when present, is not always uniform, sometimes appearing as small red spots, at other times indefinite. The spots do not disappear, nor pressure. It sometimes occurs around the lips, face, it comes late, and is a good sign. Early and late eruptions of Purpura are bad signs.

Fever, Pulse & Circulation:

The fever is generally a very light one; in some cases, it is very little above the normal. It is very irregular, however, as are also, the Pulse and Circulation. The Fever generally last from 3 days to end of 1st week, sometimes they

Delirium:

It is very changeable, sometimes seeming like Hysteria, and at other times, being fierce and violent.

Certain Cases, may commence and end in death, in a few hours, while others may last for months, and in which Typhoid Symptoms may appear. Convulsions, Blindness, Deafness, Paralytic and sometimes Hemiplegia may follow this Fever, the symptoms existing for many years.
Abortive Cases:

These cases are generally as light that the patient does not go to bed. The headache and rigidity may last for months.

Fulminating Cases:

These cases are very dangerous. There is excessive headache and vertigo, much tossing of the night, vomiting, and a great deal of eruption.

Less Constant Symptoms:

The senses of sight and hearing are sometimes greatly affected, and hyperaesthesia exists. The urine is often retained and constipation generally exists.

Prognosis of Tuberculous Spinal Fever:

30 to 40% is about the average mortality of a good many Epidemics. The fulminating cases are fatal. Children bear it the best, and the first cases are the worse.

An early eruption is a bad sign, while a late one is favorable. Marked spinal symptoms are mostly bad. Scurves is looked upon as being favorable. Pregnancy is unfavourable as are marked nervous symptoms. Acro-sclerosis, Resistant headache, Epilepsy, Impaired hearing for Eysight may remain after recovery. The first two may be cured, the rest can not. Permanent deafness is the rule in this disease.

14-6-93

Diagnosis of Typhoid Spinal Fever:

Typhoid Fever might be mistaken for it but the time of the eruption. Shortness of the fever, arched back and Vomiting, Etc. would differentiate between them. Malarial Fever, may be confounded with it, but the jumping Fever, and the aches of Typhus, would distinguish it. Typhoid Fever, may be taken for it but the difference in character of the Fever and Eruption, Don't of enlargement of the spleen, and the constipation would assist in differentiating.

Pneumonia could not be mistaken for it, if you studied the violent headache, eruption, Fever, 40.8, 40.9, 41.0, 41.1, sometimes very difficult.

It differs from meningitis in Eruption, Spinal Symptoms, and from Tubercular Meningitis in Age of the patient, Eruption, etc.

Treatment of Typhoid Spinal Fever:

Cold Early apply to the head, quinine, henny, cold or hot to the back of the neck. For atonement of the body, continue it. In severe cases, use ropes or slacks for headache, neck, and systematic feeding. Don't use quinine, but Oil, always giving it, up to the point of tolerance. It is especially good in children, get go for every 12 hour making 900 - 300 in the 24 hours to children, combined every 3 or 4 hour with Otz's Boron gr. It produces a change to Oil, besides its own use. Chloral combined with Oil is good. Lithobrias (sodium in small doses) should be used. Don't give Stimulants unless necessary to sustain life.
Treatment of Scurvy begins:-

Make hot water applications to the head and spine; keep the patient well nourished, and if necessary give Digitalis and Stimulants, but don't give them except for special reasons. Adduce Caution with Nitrate of Silver etc.

In cases accompanied by confusions, give Quinine as a tonic and nourish carefully. Convalescence is tedious, after recovery allays stimulating. In fulminating cases, cold baths, and diaphoretics may be used, also stimulants: hydromyia of Brandy, Whiskey or Ammonia.

Further note regarding Chicka-Spinal Fever:
The best remedies are Quinine and Betasul: Brandy. These two abating from the very best treatment. The Dr. of Quinine is the best preparation for children. The earlier you give the Quinine the better. It should be given the contracted piles & diarrhoeas come on, and kept up.

Malarial Diseases:

Consist of a group of diseases, presenting certain symptoms, and due to a particular form of polluted air. These diseases are very common, in and are probably due to a microbe organism, the result of vegetable decomposition. When the person enters the system, it must likely, segregate itself rapidly, especially in the small intestine, which is most likely the cause of the enlargement of the spleen. It is a night and early morning fever, and when taken is hard to get rid of, as the least fatigue may occasion a new one. The malarial fever does not exist at any place as far as the sea levels; as it is a heavy fever, and is mostly found in low, damp sandy lands. Salt water, eucalyptus and other trees; Soil drainage, Sweating of the soil, etc. will in time destroy it. Cold & Dry Climate are its greatest enemies. The colored race are almost exempt from Malaria. This fever generally attacks those who are fatigued and weak, exposure to cold, dampness, etc. will often increase it especially in those prejudiced to it. The attacks may come on every 14 or 16 days, and are known as tertian, tertian, and quartan, respectively. A case having two attacks on the same day is known as a Duplicate Fever. Almost all periodical fevers have their attacks occurring a little earlier each day; the remaining attacks happen in the day time next at night. There is a strong desire in Malaria to return every 7 days, 9, 11, 14, 16, 18, 24, 30, 35, 42, etc. It is taken up by water, which if eaten will, most likely, reduce the disease. After taking it may be brought out from some time.
Intermittent Fever:

Also known as Ague, Chill, Fever, &c.

When a chill is present, there is always beginning high temperature. The fever next comes on, and lasts much longer, the temperature rising still higher. The sweating stage follows, and in this stage the fever goes down a great deal, sometimes even below the normal. During the sweating stage, the urine is alkaline or neutral. Yawning, lasitude, and much Sweating are signs of Malarial Infection in some persons. During the Cold间Stage, the Urine is Seedy and sometimes contains Alumen. The Breakdown Blood Pigment.

Symptoms of Intermittent Fever:

Great Fever; Severe chill; Blue lips and Veils; Much yawning; this may last from a few minutes to two hours or more, when the hot stage comes on; the fever increases, there is headache, Mental excitement, Delirium, throbbing pulse, Dry skin, Seedy urine; this may last from 3 to 6 hours or longer, when it is followed by the Sweating stage, which generally continues for 2 or 3 hours. In this Stage the Suctions are free and the Temperature falls to or below the Normal.

Diagnosis of Intermittent Fever:

It may be mistaken for a very latent case of Consumption, but in examining the chest well, the difference will be seen. It may be confounded with a fever caused by suppuration processes in Intestinal Organs, or placid collections in different parts of the body, or Malarial Fever, produced by the passage of a catheter, or with Hysterical outbreaks of Fever in women. A careful study of the case will differentiate it from the above, and also from Syphilitic Fever. Hysterical Temperatures, though high sometimes, are always more or less irregular.

Diagnosis of Intermittent Fever:

The Diagnosis is favorable. Long continued cases bring with them marked changes as, Anemic Enlargement of the liver or Spleen, &c. A case if not treated may go on for a long time, but usually disappears or changes into a Malarial Paroxysm, after 12 or 15 Paroxysms. The change is gradual.
Treatment of Intermittent Fevers:

If a chill comes on at 8, and it is now 10, and you wish to prevent it, inject 1/10 of a morphine; or Chloroform 1/2 dose intravenously, or give by inspiration; or Infused Fluid Extract, repeated in 1/2 or 1/3 hour if sweating is not produced.

If the patient has a chill already, keep him warm & quiet, and give hot drinks.

On the hot stage give cooling drinks, keep the patient quiet, and sponge him off with alcohol and water.

On the Sweating Stage keep the patient comfortable.

To prevent a recurrence, give Quinine 9 or 10, in 2 decided doses during the Fever Stage; but better, give comparatively small doses after the Chill, and then about 2 or 4 hours before the next Chill give a decided dose! Give the Quinine in solution when possible. If this is not possible, Chloroform and Ether of Taraxacum, added to the Quinine, make it better borne by the stomach, and makes it better to take. To dissolve Quinine, add 10% or a little less Sulfuric Acid to the 1/2 of Quinine.

If the Quinine does not have the desired effect, purge the patient before giving it up, with jalap or Borschelle salt.

The Fluid Extract of the bark may be tried if Quinine fails. If my preparation of Quinine succeeds, give Quinine if you have time, or Fowler's Solution 1/2 - 1/4, or by inhalation.

If that fails, the next best treatment, which is a very good one, is profuse sweating.

Boil one pint of daily (largely diluted) increasing till 2 pints is reached.

A good but slow treatment.

An emetic - Intermittent. Cuprum Sulfur. 1 drachm, is good treatment.

The Chronic Cases, are best managed with the Quinine treatment every morning on an empty stomach, or with the Lensini treatment: Peri Sulfur, combined with the Quinine or A.hyacinthum, is of very great benefit. In these cases keep up the strength of the patient, if necessary putting him on a course of Peri. For the enlargement of the liver & spleen, give Fluid Extract of Equus 2 or 3 times a day by mouth. For the liver give Dittrich's Acid, 1 drachm, to be largely diluted between meals, and a morning dose. Avoid all starchy foods.

Further Notes regarding Intermittent Fevers:

If you have time, always purge a case before treating. Papo and Turkish Baths, used occasionally, are of the greatest value.

Coffee, Sulphuric Acid, and Chocolate disguise the taste of Quinine.
Remittent Fever.

As a malarial fever of high grade, found in Malarial Districts, during hot seasons. The lesions found are very marked, e.g. Enlargement and softening of the Spleen, which assumes a chocolate color.

The fever has the same color and is well marked. The above are characteristic lesions. The Blood contains Pigmentary deposits and the Corpuscles are smaller. There is generally a catarrhal Inflammation of the Stomach, and sometimes of the Intestines. It is far more dangerous than Intermittent Fever. It is also known as the African, Bilious, 

Symptoms of Remittent Fever. It begins abruptly, with a chilly high Fever, 103°, 104°, pulse 120. A high and burning forehead, flushed face, sunken eyes, excessive sweating and hectic disorders. The patient will remain in this state from 6 to 10 hours. When he will begin to perspire, he now seems much better, the temperature probably being about 101°. This remission may last from a short to a long time, when the symptoms come on again. This state of things goes on until about the 9th day. A coated tongue, headache, great restlessness, being added to the symptoms, will become one of the forms, either terminating as a case of Intermittent Fever, or as a Fever of continued type, e.g. Typhoid Malarial.

Fever. The unfavorable cases are the ones terminating this way, and when they do so, it is made manifest, by a low continued fever, delirium, Dry tongue, frothing at mouth, hoarseness, profuse perspiration at feet, of stomach, yellow Conjunctiva, Inflammation of the liver, and black tarry stools. When the latter disappear, it points to recovery.

Malarial Remittent Fever.

Spleen will be enlarged, and of a slate color, as will also the Liver. = Characteristic of Malarial Remittent Fever.

The discolouration is from Pigmentary degeneration, which has accumulated in these organs, and also, sometimes, in the Blood. Stomach is red, inflamed, and greatly congested, as are the Intestines and Kidneys.

Diagnosis of Remittent Fever. Under ordinary circumstances it is easy. Inflammation of the Brain may be mistaken for it, but in this the nausea and vomiting are not so marked, and the coated tongue and yellowness of skin are absent, and again the symptoms are more steady in character, and do not change so often. Sphilitic Fever would be differentiated from it by considering the history. A fever in the Culprital State, and Yellow Fever might be confused with it, but their differential diagnosis will be discussed further on.
Regrecy of Remittent Fever:—
It is fatal if left alone, but favorable when properly attended to.

Treatment of Remittent Fever:—
If you see the patient during a paroxysm, don't wait for remission. Give Quinine at any time, only give it in a form so that it will be absorbed, give at least gr. 0 in 24 hours, and continue it for several days before reducing it. Give the Quinine in solution or in powder, and keep up small doses, for some time after patient is well. Urge the patient to drink a great deal of hot water. If the patient is having a marked attack, give Brand's Bitter, or a mixture of Bitter Spirits and other Salines, Rochelle Salt, &c.

When violent inflammatory states exist, or headache, delirium, &c., give Alomide every 3 hours, with your Diaphoretics. Ice to the head, mustard to back of neck, and in proper cases blood letting.

For most patients, give Colonol gr. 2, with sugar 1/2 gr. every 3 hours, or half a sugar loaf, every 3 hours. If fever full, or delirium vertigo, or Chlorosis, give a Colonol or other Bitters, or Veratrum 2 gr. every hour or two, is also good, and would be the better, even if it is not for the existing headache, but for the delirium. When these means fail, Diestend the Stomach, which will cause one or two things, either causing Patient to vomit, and thus getting rid of the nausea, or simply distending the stomach and thus overcoming its irritability.

In rare cases hemorhages from the Bowels and Kidney may occur, in which case, give small doses of Sulphuric Acid or Iodine. If Black Stools are discharged, a purgative should be given. If the Headache is a symptom, give Bromide, but if it will not be relieved, shaving of the head & shaving, or leeches may have to be resorted to, or better Blister to the back of neck, &c. &c.

Further notes regarding Remittent Fever:—
If after 10 or 12 days, the Fever is not broken, but still continues, reduce the Quinine to gr. 1/8 in 24 hours, keeping the purgatives and Tonic mixture up. Always put the Patient on a light, easily digested diet, nothing solid or heavy.
Malarial Cachexia:— Mostly found in persons living in a malarial district. The person is generally of a yellow complexion; anemia; short of breath; despondent; constipated; has torpor of the liver; dark colored, offensive stool; high colored and scanty urine; want of appetite; headache, etc.

Liver & Spleenic dullness will be increased, and the latter is often of a glistening color; dyspea is sometimes present; in some persons a certain periodicity arises; time occurs. The prognosis is good, if the patient is well treated.

Treatment:— Change his place of residence, send him to sea, if possible. Act upon the skin, especially by vapor steam baths. Give quinine or phosphorus, when awaking in the morning, let him take a daily hot bath & exercise, together with phlegmatics, will often cure.

Where quinine fails to act, iron combined with the above will often cure. For engraved spleen, give Vitrioli Lime. Intrinsically, apply Hydargyl (the ointment) well rubbed in, over spleen, but better is Fluid Extract of Gelsemium 30 to 1. It is more active if injected hypodermically. The earlier it is used the better.
Choleric Variety:

This form affects the Abdominal Viscera. There are profuse discharges of Blood, and fluid looking very much like the Watery discharges of Cholera.

Hematoid Variety:

Great debility; Cold sweats; Great Stupor; Hot Skin and Sublime Dilated Pupils, &c. These symptoms are followed by an intermission which is its self followed by another Paroxysm, the Patient being much worse, it being almost impossible to even arouse him.

Diagnosis:

This fever is fatal if left to itself. Mortality in treated cases is about 20%.

Treatment:

Give Quinine gr. 1/2 at least, in solution and as soon as possible. Give the Quinine hypodermically, if you think it will not be absorbed in time by the Stomach. e.g., Dissolve in a saturated solution of Tartaric Acid. The dose this way, is about 1/2 of the Internal one. The Hypodermic should be given at once, and if the Pulse is weak, give Atropine gr. 1/30, with it and also small doses of Morphine throughout the disease except in cases of Cerebral Constriction.

If the Skin is very hot, rub the Patient down with Ice Cold Water. Wash the Congested Organs, if the Fingers of Dry Cup, if proper. If the Bowels give Opium, &c., and in all cases take care of the Skin. If the Skin is cold & dry, rub it with hot turpentine or Opium, taking about Leon. If Heart is weak, give Stimulants, but as a rule, you had better not stimulate during Paroxysms.
Hemorrhagic Malarial Fever:—

As sometimes called Yellow Disease. It is remittent in character, and is found principally in Texas, Alabama, and Florida. If not treated prominetly, 60% of these cases die. It is a dangerous disease, and is extending in this country. Rub the under

Symptoms:—

Chills, Tremulations, and headache. Patient is nervous, vomiting, feverish, yellow of blood. A yellowish green, yellow, followed by a sleeping of the bowels. The jaundice continues, and the patient begins to pass black urine, usually at the end of the hot stages. The Black urine consists of black down blood. In the interval between the paroxysms, the jaundice and other symptoms nearly pass away, only to appear in the next Paroxysm. There is great congestion of the Kidney and Liver, the gall bladder, is much dilated. Hemorrhage may occur in other viscera, but is generally limited to the Kidney. The urine becomes more normal, and regains its color in the intermissions; thus the case goes on. The patient recovering slowly, yet, or he may die from debility due to loss of Blood, or 2nd from Dehydration due to Congestion of the Kidneys, with retention of Urea in the System.

Diagnosis:—

Easy, if you consider that it occurs in Epidemics, the bloody urine, with jaundice, high fever, and the fact that the symptoms nearly disappear, during the intermissions.
Further Notes regarding Hemorrhagic Malarial Fever:
The treatment does not differ materially from a bad case of
Malarial Fever. Give Quinine gr. 33 every day, at least. Tend to the
Fever, and Hemorrhages. In the latter give mix of 1/2 D.Sulphuric Acid
every hour, till the Hemorrhages cease, is the best treatment.
Keep the patient lying down, give occasional mucuous purgatives,
and after recovery give long courses of Mineral acids, Ferr. Salicylate.

Intermittent Jaundice, may be known Hemorrhagic Malarial Fever,
by its having no Fever, jaundice, &c. and being only occasional Renal
Blooding.

Yellow Fever may be mistaken for it, but here, Renal hemorrhage is rare,
and Malarial Paroxysms are absent.

11 A.M. Yellow Fever:
Belongs to hot climates and low
lands, near the sea coasts. It is seldom found inland,
and belongs principally in this country. It is due to a
Special Specific Poison, which will adhere to clothes and
other things. It cannot exist in cold, and generates itself only.
The length of the average case, is about 10 days, and consists
of one Paroxysm and three stages, viz. The 1st or Fever Stage, is
the main part of the disease, and lasts mostly from 2 to 5 days.
The 2nd is the Stage of Vomission, which lasts from 6 to 24 hours. Of
the 3rd Stage, is the one in which the symptoms come back, and
which generally end in Collapse after lasting, according to the
Strength of the Patient, for one or two days. The fever begins with
one marked Paroxysm, followed by a chill and then Collapse. The Majority of
cases end or the 5th or 6th day, and by that time, the Patient is either Dead or
Deadly Unconscious.

The Stomach is red, congested, engorged and
inflamed, and many of its vessels are ruptured.
There is a yellow Scurf, due to a fatty degeneration of an acute character.
The Heart undergoes a granular degeneration, and becomes softened.
The blood is in a state of dissolution and is found in the
Pericardium and other viscera. This is what is called the "Blood Constitution.)
Degeneration and engorgement of the Kidneys and shedding of their
Epithelium occurs. The Sclera becomes soft and Extremities
Symptoms of Yellow Fever.

It usually begins abruptly, with a chill, and a pain in the back at night, which is very severe, and soon extends to head and legs. Vomiting, nausea and vomiting, much gastric irritability, ejected eye, delirium and a fever of moderate degree. The patient remains stuporous. Characteristic Symptom. After 2 or 3 days the chill comes on, and the patient seems well, but very soon a yellowness of the skin comes on, which is followed by an outbreak of great violence. Very high fever, exhaustion & collapse or cerebral symptoms come on, the yellowness increases, and is followed by the Black Point, which is nothing more or less than death-doomed. During the Barometer, the patient's eye are watery and ejected, giving him a very fierce appearance. There is Albumen in the urine. In favorable cases the patient becomes yellow during the full, the conjunctivas only slightly discolored, and before 24 hours at most, the patient begins to recover. This occurs seldom the case; generally the yellowness increases; patient omits black fluid, followed by Black stool. He has a compressible pulse, great restlessness, scanty urine, Delirium, Convulsions and coma. All the symptoms of Brainy Poisoning may occur. The patient might possibly rally, but recovery is extremely rare.

In the inflammatory type of the disease, there is a tendency to locate in some special place, generally where the temperature is high. Malignant Bilious Fever is Yellow Fever, and is mostly called that when seen in the latent, or walking cases.

Yellowness of Skin.

Is not constant. It is not true Jaundice, but is due to the disturbed, inactive liver, and the unhealthy blood. It appears in the latter part of the first stage. The greater the yellowness, the worse the case. Toward the end it becomes more marked, showing signs of hemorrhage.

Black Point.

Belongs to the 3 stage or the stage of Collapse. Recovery from it is a rare exception. It does not occur in any other disease, although it may possibly be seen in Typhus Fever, in the Plague, or in Childbed Fever.

During the 1st stage, it is a moderate, continued one, eg. 19th, 20th, and so on. About the 30th day, or during the 2nd stage the Fever will go up to 102 or 103, and will continue there until the termination of the case. The Fever will go to the normal, if patient recovers right after the full, and will hardly go up at all.

Value of Yellow Fever.

Is moderately increased in the first stage, but in the last stage, it is the mark of a low-justifying disease.
Diagnosis of Yellow Fever;

It is generally an easy one, if you consider the symptoms. It might be mistaken for Hemorrhagic Malarial Fever but in this there are several Paroxysms, and Hemorrhage from the Kidneys is mostly present here, while it is the exception in Yellow Fever. It may be confounded with Bilious Hemorrhagic Fever, but the duration of the disease; The non-suppression of Urine; Dark Piles, throughout the disease; Dark coloured-urine, Albumina, Absent; and the facts there are several Paroxysms and that the Tongue is heavily coated will help differentiate it.

Causes and Contagiousness:

A Specific Specific, probably a fevem, which may lie dormant for years, and which produces its own Fever. It is favored by heat and bad hygiene and killed by cold and good hygiene. Though it, by themselves will not produce, they simply favor it. Yellow Fever is extremely contagious, but may be carried about in the clothing of dress without its becoming necessarily affected. The average length between Exposure and the breaking out of the disease is about 10 days.

Precautions of Yellow Fever:

Varieties in Epidemics, to between 10% and 75% Mortality. As a rule 60% of the patients die. Case having a good fever development, is better than the dull, congestive ones. Case having a long course, as well, as those Patients and Children that is, the latter two, fare better than Adults or Strangers. Black vomit is a bad sign, although persons have recovered after it has appeared. It is much less grave in Children than in Adults. Much Albumen indicates an extremely bad case.

Treatment of Yellow Fever:

Isolate Patient, and disinfect everything coming from any place where the patient is. All garments exposed to a steam heat of 150° will destroy the Fever. Keep to personal hygiene, avoid fatigue, diet well on good, solid food. Good nursing is of the greatest importance. Keep Patient quiet, and room well ventilated and cool. Give as little food as possible. A little milk and water, Barley water, weak Chicken broth, in the first stage; During the fall, the diet may be increased, but only with the blandest foods, and only enough to keep him alive. Rectal injections of Egg beaten up with Brandy if weakness continues.
exist, and other things, may assist in feeding the patient slight in this disease.

Diet: Rice water, fruit, weak sennaweed, orange juice, orange

lemon, without much sugar, may be taken hot or cold.

Carbolic water may be used, as may also ice, which latter may stop, nausea & vomiting. In the full and later stages, if necessary give stimulants, e.g., champagne; carbonic acid

carbonate; or saline water and brandy.

Medical Treatment:

Stimulants should be employed in the early stage of the fever, e.g., codlin oil, followed by a practical dose.

Cascarilla &c. The early treatment being to act upon the bowels.

Give quinine gr. x 1 in the 24 hours, and use diaphoretics.

As the case advances, quinine becomes especially good as a tonic.

A tea made of the leaves of the orange tree, and taken hot is a good diaphoretic as is also the following:

\[ \text{Potassium carbonate,} \quad \text{or this} \]

\[ \text{Paragonia} \quad \text{or this} \]

\[ \text{Ferruginous bichloride} \]

\[ \text{Aqua salis varia} \]

\[ \text{M. Sig.} \]

During the full grippe quinine and see that the secretions are kept free, especially that of the kidneys. When the temperature is very high, a cold bath may be very beneficial. Always use a thermometer; keep the temperature down,

and in the 3rd Stage, or Stage of Collapse, stimulants are of much value; champagne, at times, being especially good.

In this stage the quinine is continued; keep the skin and kidneys acting, and keep the latter well washed out.

Tincture is given to keep the hemorrhages in check. The cold water treatment should not be used, unless it is positively necessary, as regards fever and brain symptoms.

For the Inflamed Stomach:

Mustard at the tip of a spoon, and Belladonna. Carbonated water, and as special remedies.

Chloroform, q. t. or 1/4 p. in gum water well diluted. Of belladonna q. t., frequently repeated. Belladonna would be especially good, were it not for inflammation. If you see it at all, give chloroform with it, to prevent bad effects.
Further notes regarding Yellow Fever:

3 P.M. 11-20-86.

Eruptive Fever:— Scarlet Fever:

Are all contagious, and have a certain well defined course, and come to an end at a specified time. In 98 cases out of 100, all these fevers present a second attack. It is most likely due to a specific poison, apt to be present in a dirty, filthy place. The epithelial cells are contagious, and the disease may be carried around by persons, and will reside in wall-papers, bed clothes, carpet, &c., for a long time. It attacks everyone, especially children.

Scarlet Fever:

It is extremely common, and is the most fatal of all the Eruptive Fevers. It takes its name from the eruption, and is usually found in warm or hot climates. In this disease there is a strong tendency to Sore throat, and where this tendency, together with Fever & Eruption exists, it is called Scarletina Simplex. Where the above is more marked, Scarletina Anginosa, and where they are very much marked, Scarletina Maligment. There is also a latent variety. Scarlet Fever protects itself from a second attack, except in rare cases, where the susceptibility to it, is very great. It comes in Epidemics, but single cases may be found at all times.
Symptoms of Scarlet Fever:

High fever, high pulse, and vomiting without apparent cause, inflamed throat, dizziness and delirium, rigors, sickness. At the end of 3 or 4 days a rash appears beginning on face and neck, and spreading in a few hours, all over the body. The fever continues, the gastric irritation becomes, the throat symptoms become more marked, and the glands of the neck swell. The eruption remains at that height for 6 or 7 days, when it begins to fade, as it came on, so that by the beginning of the second week, nothing or little of it is seen. From this time on to the 12th day, the skin begins to feel off in little scales, at first but which may become larger. This feeling may go on for a long time, but when recovery takes place, the scales have disappeared. Sometimes a few little spots and scales. Great emaciation is present, and the throat symptoms continue throughout the disease, and sometimes into convalescence. The other types of Scarlet Fever are simply worse forms of the above.

Types of Scarlet Fever:

- Common Scarlet Fever, the tongue, is as a rule, slightly coated, although the papillae are red and prominent. There is at first swelling of the Throat, the epithelium being more closely adhered. There is some inflammation of the Throat and of the Islands of the neck is present, and may spread to the ear and to other parts of the body. There is a slight inflammation of the Skin due to some congestion filling of the Capillaries and presence of

- Variola, the eruption appears after 4 days, then begins to fade. Some evidence of it may be found in the 2nd week. It is a generalised rash, with points of ecchymosis and is influenced by pressure, except when the Fever is connected with other affections. The eruption is especially well marked around the joints. As the eruption disappears, desquamation commences and continues for a long time.
Diagnosis of Scarlet Fever:

Easily in most cases, if you consider the symptoms carefully, say, extremely rapid pulse, decreasing and following lassitude, high fever, early eruption, great restlessness, nocturnal delirium, &c. (more marked in males).

In cases of delayed eruption, are the ones that give trouble. Typhus Fever may be mistaken for it, especially, when purulent symptoms, and symptoms that bespeak inflammation of the Brain exist. There is only one way of differentiation, say, the very rapid pulse, Temperature about 106°, Vomiting, &c.

Measles may be mistaken for it, but in this there are intestinal symptoms, and the eruption appears on the 1st day. Pneumonia may be mistaken for it, but in this there are no throat symptoms, only a slight fever, and the eruption comes on later. Break Bone or Dandy Fever may be mistaken for it, but in this there is much pain on motion, associated with continued moment, and the eruption is irregular.

Prognosis of Scarlet Fever:

General average of mortality is about 10%. There is an inherent susceptibility to it in some People. In juvenile women it is extremely bad, as are also cases, showing a temperature above 108°, or where throat troubles and swelling of the glands of the neck, &c. exist to any great extent, or where grave cerebral symptoms exist, and in cases having a delayed eruption. Cases complicated with Diphtheria or Pneumonia, are not unfavorable, and recovery is likely in cases that run on smoothly, or in those that have a good general development.

Complications, likely to result:

Long-standing Oedema with enlarged glands, or discharge from inflammation of the Middle Ear, or from perforation of the tympanicum, or inflammation of the Eye, or insufficient diarrhoea, lasting for months, or o of Pneumonia associated with heart being. The most common complication, is that of Acute Bright’s Disease, and is the most dreaded, on account of its being apt to become complicated with Renal Disease, it generally appears during the stage of Desquamation, though it may be as late as the 6th week after the original attack. During the Disease, examine the urine often. Inflammation of urinary membrane may occur with the affection of the Kidney, as may also anyouble.

n.m.

Treatment of Scarlet Fever:

Isolate the patient. Allow no one to come near him unless necessary; disinfect everything that comes from him, and wash all dirty clothes separately. Disinfect all discharge, and sponge the patient off with disinfecting solutions. When the Desquamation begins, collect all the scales and burn them; the room should be fumigated with Sulphur or Coffee.
Paint washed with Carbolic Acid solutions, and every thing around should be thoroughly disinfected. Do, if possible, have the paper removed from the wall, and allow sulphur fumes to circulate in the room afterwards. Belladonna and Quinine do not prevent Scurvy. Treat the symptoms hardly; they are very prominent. Treat the case if possible, in one definite manner.

For the Fever:

Give Ammonium Acetate or Potassii Citratis with small doses of Morphine. Also apply cooling lotions to the skin if the Fever is still very high, (105 or 106), give decided doses of Quinine, or at the same time you are giving the Fever Mixture, some Digitalis may be given with it. Antipyrine may be given, but it is not as safe a remedy as the others. Sponge with Baked water if complicated with Bacterial symptoms, use the Cold Bath. Antipyrine given so every hour till sweating is produced is very good.

For the Delirium, Restlessness and Quiet Vitality.

Chloro from the beginning is here invaluable, five stimulants if it is in three cases that Alcohol is especially good.

When Desquamation is established, give small doses of Tinseth Ferreri, to improve the blood, and prevent Viral complications.

For the Throat Complications:

Enlarged glands, Tonsils, Tonsil, Fused, Sore, Swell, &c. Spray the throat with weak solutions of Potassii Permarangene or Stuti Balsam. Keep the parts clean, and use Muriatic Solution, 1/2 strength. For the enlarged glands apply ice, but not often or long enough to chill the parts.

If ice does not succeed, poultices to bring the parts to a state of resecution will act better. Foot and to the 1/3 of Hagedorn, Alcohol and Aqua or Acidi Boracic, Diglycerine, Alcohol and water (469,889,989 lbs 3.176), are great throat sprays, as are also Diglycerine, Sina Water, 1/3, and Boracic Acid.
Fevers:-

Solutions of Boracic Acid or better the powdered Acid Boracic, injected into the ear is the best treatment. Cleaning is very important.

Renal Complications:

Keep up the expectorations and see that the kidneys act freely. Some diuretics: the best is Digitalis, in the form of the tincture, as that form is best borne by the stomach. Perandini is invaluable when diuresis is present. As a rule, however, it is not usually employed owing to its depressing action.

When the more acute symptoms subside, and Fever & Diuresy remain, give Ferrum in combination with Ammonia Acetate or what is especially good here Basham's Pisture and Quinines.

Nourishment of Scarlet Fever Cases:

Do not give Animal food, and put on Milk diet if possible, and keep it up far into convalescence. Patient may have a soft boiled egg now and then, but the nourishment must be of the blandest kind. Furnish as in Typhoid Fever cases, e. Small quantities frequently given. Don't allow the patient to go out, till at least six weeks after Dissemination has ceased, as complications may thus be avoided.

Give, decor, and easily digested foods, of the blandest kind. Cooking Drinks may be allowed.

Conclusions:

Belong to extremely bad or Malignant Cases. In treating, give small doses of Chloral, and to keep the heart going stimulate with Alcohol. Put in a warm bath, and pour cold water or head. Late convulsions are generally curative ones, & are best treated by Chloral, Dry Cups, Milled Opiums.

Further Notes regarding Scarlet Fever:

For the Malignant Cases Early Cold Stimulatives, and when high temperature exists Cold Baths, is the best treatment. In the Acute or Variety First Ferri Chlor. get to work every hour without. or with Perandini Chloret, is the best treatment. If possible, keep a child from getting Scarlet Fever till it is 10 years old.
Measles:—more correctly, Parvula.

May happen at any age, but is most common between the ages of 5 and 15. It is found everywhere, though it is less common in hot climates, and when found there, is apt to be mild. It is very contagious, and may be conveyed by clothing and transmitted long distances. It is due to a germ, and is spread by inoculation, both by the secretions, and by the blood. It rarely happens twice, and when it attacks adults it is very severe, owing to complications. It is an effective means of eradicating an eruption about the 4th day, and having strong Catarhal Symptoms and Fever.

Symptoms:—

It begins somewhat abruptly, with a coated tongue and fever after one or two days. On the 4th day, the fever rises, and an eruption, of a coarser, purplish kind, now appears. Sneezing, Sore eyes and cough are present especially during the height of the Eruption; Dizziness and Vomiting sometimes exist. The Eruption is found on the Face and Neck, and spreads slowly, covering the body in about 48 hours. It remains at its height one or two days and then fades as it came. This all happens in about nine days.

Fever in Measles:—

It rises abruptly to 102° or so, and by next morning, there is a distinct remission, to very little above the normal; the fever remains this way for a day or two. Just preceding the eruption, the fever rises, and from this time on to the height of the eruption, there is a marked fever, which slowly lessens as the eruption disappears, and becomes normal, when it has wholly disappeared.

Eruption of Measles:—

The eruption appears about the morning of the 4th day. It is first seen around the lips and on the face. It consists of coarse, red spots, arranged in Crescentic form. It is not influenced much by fever, and the intervening skin is healthy. As the fever lessens, the eruption becomes less red, and very fine scales happen at the end of the disease.

The Eruption is sometimes delayed, and when it comes, it has a kind of red, it is then Black or Malignant Measles. There are cases in which the eruption returns. The last two are dangerous. The eruption is due to simple hyperemia of the skin. When the eruption appears, there is always high Fever.
Complications: — Bronchial Pneumonia and Bronchial Afections and Chest Complications generally, are apt to occur in Adults; Ear and Throat lesions and solidity of Tongue, may occur in Cachectic children. Pneumonia and Phlegm often happen.

Diagnosis: — Very favorable, especially in children. It is the complications that are dangerous. Black and Camp Measles are unfavorable.

Diagnosis of Measles: — Easy, if fever, catarhal symptoms, crescentic eruption, with intervening healthy skin, the time of the eruption, and its not being modified by pressure, and the course the fever pursue, are considered.

The period of incubation of Measles is in the second week. It is very contagious, and can be inoculated. It might be confounded with Typhus Fever, but in this the rash is never on the face.

Scarlet Fever may be mistaken for it, but here Catarhal symptoms are absent, and the Fever is greaver, Eruption different, and there is usually considerable Lymph.

Treatment of Measles: — Keep the patient warm and comfortable, and the skin acting; also the Bowels & Kidneys. Potassii Citratis Sol. or Ammonia Acratatis Sol.

For high fever arsenic added to the above is good, and in cases where the fever is irregular.

The irritating cough is best treated by Tinct. Chin. Dried. 6t to be given in the fever mixture.

For the itching, be the or sponge with warm water and vinegar two or three times a day. In Complications of Chest, &c. treat as separate diseases.

Black & Measles: —

Inunine with bold stimulation, is very important, to gain time and Tinct. Chin. Chlor. R. at intervals acting.

Further Notes regarding Measles: —

If catarhal symptoms are severe, use Expectorants, Laxatives, Ammonia Chlor. gr x to xx to an adult, every 3 hours, and at night. Rub. Ipecac. gr 1/4 of some other form of Opium.

An enforced or irregular Cough, frequent hot baths and if marked Carbolic symptoms exist, cold water to the head at the same time. Also, Fluid. Ext. Ipecac. 6t to xx every 2 or 3 hours, or Benton is good.
Rubeola.—It was first found in Europe, but is now becoming common in this country. It is a specific disease, and has nothing to do with either Scarlet Fever or Measles. It does not protect from either. Rubeola has very little fever, and what it has, is slight, and remains so throughout the disease. The eruption appears on the 3rd or 4th day of the disease, on the neck, chest, and back, it is not a uniform eruption, but one coming in patches, not crescentic in form, and being of a rose color, the eruption comes and goes, rarely remaining 12 hours in one spot. This goes on for a week or 10 days. There may be infratemporal symptoms of very slight character, or none at all. There is sore throat and swelling of the glands of the neck, but rarely of the glands of the face. It is not dangerous. Osteomyelitis or Spleen Disease may arise as complications. Rubeola is slightly contagious, and less contagious than Measles.

Treatment: 
Keep patient warm and in bed, and see that the disease pursues its natural course. Give a simple febrifuge and lessen fever by giving 1/2 of Aconite mixture every hour. Keep Organs acting. For enlarged glands rub with camphorated oil. Watch the kidneys and treat symptoms that arise if necessary. After the disease is over, tone with limon and beet water. Not has the Eruption of Measles, and the consequences of Scarlet Fever.

Small Pox:—It is a very old disease, and probably always existed in the East. It is extremely contagious in the full meaning of the word. It attacks all ages, and may be conveyed by everything. It is an eruptive disease having an acute beginning and is due to a specific poison. Known in China 2000 years before the Christian Era. It is contagious even before the eruption. Period of Incubation 10 to 14 days.

Symptoms:—It generally begins with a violent chill, and high fever, intense pain in the back, which may shoot down the legs. An unpleasant odor from the body; great headache, sick stomach. The fever markedly subsides about the 4th day, when a papular eruption will be found on the face; in about 24 hours it will be found all over the body, and in about a day afterwards they joint, and in from 24 to 48 hours, they become very much marked. About 2 days after the eruption appears, the furuncles will break, and then a very high fever comes on, which seems as though due to Blood Poisoning, and lasts till the furuncles cease breaking, which generally occurs between the 8th and 10th day of the eruption. Then the furuncles have a crust forming over them, which comes off about the 16 to the 25th day. A red rash very often begins with the Fever, and disappears about the 5th day, when the characteristic eruption of Small Pox appears.
Eruption of Small Pox:

Generally it appears at the end of 3rd day, but is clearer and more evident at 1st; but is about 5th day, the fourth day, or 2nd of 4th day. The vesicles become pointed, which becomes very distinct on the 11th day of the eruption. Each vesicle is surrounded by a slight red zone. From this to the 16th day the vesicles break and let loose still, which seems to go on for about 10 to 12 days. The vesicles are about 1/4 to 1/2 inch in diameter. About the 14th to 15th day the vesicles split open, forming red, thin, and flabby. All color fades from it, and the skin becomes hardened and leathery, forming the pitting, so commonly seen after this disease. The pitting may not come out till months afterwards. After the eruption is established, the fever drops greatly, the vesicles fill up for 5 or 6 days, face is timid and swollen and itching, as is the skin. Delirium occurs.

As regards life, the thing most to be feared is the secondary fever. It is in this stage that marked cerebral, symptoms, Delirium, and Thrombic symptoms occur, glandular affections often appear during this fever. Large sloughs of the skin, preceded by itching, is also sometimes present. Inflammation and elevation of the Cornea may occur, and often lead to very serious results. The Disease is due to two organisms, which alone can cause it. It regenerates itself, and spreads, by every means, even by the air around the patient. Sweat often occurs here, and in the 16th, 17th, the patient swells, a very rapid Convulsion sets in. Small Pox is divided into the Distinct: Confluent, Malignant, and the Small Pox without Eruption.

Diagnosis of Small Pox:

It may be mistaken for Measles, but in this, there is a distinct: remission in the fever, and petechial symptoms, but not the violent pain in the back or limbs. When the eruption becomes marked, there can be no doubt. It might be conjoined with Syphilis fever, but in this there is no severe pain in the back, the fever does not lessen, and is not modified by the eruption, and the eruption appears all over the body, but not on the face, where as in small Pox, it is seen first on the face. The Diagnosis of Small Pox is easy, if you consider, the Fever, Eruption, uncertain at first, but followed in days by the Characteristic appearance, Convulsion, and the Fever Pain in the Back and Joints.

Prognosis of Small Pox:

As Bad; Under 5 years, and over 50 the mortality is great; and as you go up above 40 years, the mortality is frightful. Confluent cases are six times graver than distinct cases. Mortality 50 to 60%, and 45 to 70% respectively. Mortality of Malignant Small Pox 70 to 90%.
For the Delirium, which is apt to show itself as the disease advances, give Chloral or every hour till it shows its power or if that fails give Perforphia gr. in Campher water, every hour for two or three doses, or Petrolatum & Alum.

For the Diarrhoea, gr. 1 of Opia and a half mixture of Phosphates of Cadmium, or every two hours, $\frac{1}{2}$ of a grain of Opia, and an alkali mixture, $\frac{1}{2}$ of a grain of Opia and a half mixture of Phosphates of Cadmium.

For eye complications, apply Argentum nitricum (solid) and stimulants, good food & stimulants.

For enlargement of Sarcoïd Islands, Borsacic Acid or Thymol in combination with some Alkaline as Soda, and use as a gargle.

When Pneumonia and Influenza are present, Digitalis is often beneficial. Plants to Chest and for Stimulants.

Enemacular Cases, are malignant ones. In treating give Luminine and turpentine and stimulate.

Local Treatment of Small Pox:

Exclude the light and keep the room dark. To prevent sticking, Mercurol Ointment or Plaster is good when applied to pustules, but better is to paint morning and evening with Spirit of Solon, and keep the parts clean and cool by washing with the following: Borsacic Acidum $\frac{1}{2}$ gr. (bathes daily), Elysina $\frac{1}{2}$ gr. or $\frac{1}{2}$ gr. (when the scales are very Lame), Aq. $\frac{1}{2}$ gr. (when the scales are very Lame, add a little of the Borsacic Acidum).
Keeping the patient in water, e.g. lining him 2 oz. baths a day after the crusts have formed, has been resorted to. As long as a scab remains the case is contagious.

Varioloid:

As a very mild form of Small Pox. The Eruption appears 1 day later, and there is no secondary fever, the eruption however is the same. The prognosis is good. It is very contagious, and unprotected persons may get Small Pox from it as the worst kind. The Treatment is the same as that of Small Pox.

Further notes regarding Small Pox and Varioloid.

If you see the case before the eruption comes out Vaccinate, and give Acid Carbolic 1/2 or Hyodolight 10 to 20 in boiled water, or Soda Sulphite gr 5x or Soda Sulphocarminat every 3 or 4 hours. At the time of the Secondary Fever, give decided doses of Quinine (gr 12 to 16 a day) as it modifies the fever and complications, Stimulate and feed well.

11 a.m. 12-4-'93.

Vaccination: - Discovered by Jenner in 1796. Protects in the best manner from both Varioloid, and the worse kind of Small Pox. Artificial inoculation makes the disease very light. Of a person does have Small Pox, after he has been vaccinated, it is a very light case, and a death from it after vaccination is extremely rare. Cow Pox is Small Pox in the cow, and Vaccination is but modified Small Pox. Every person should be vaccinated every 7 to 10 years. Puberty is especially the time to do it, and where Epidemics of Small Pox are frequent Vaccination should be common. Thorough vaccination is a sure prevention to Small Pox than a previous attack. When vaccination runs through its course quickly, it will not protect, it must run a regular course. Good Oils and plenty of it should be used, and 200 scar should be made if possible. Do not use a curt not that has been used more than 4 times.

Vaccination will not take in some persons, in these persons the best way is to continue vaccinating until it does take. A Vaccine must kept in glycerine, air perfectly excluded, will last 20 to 30 years. After Vaccination is performed, if it takes, a regular course is pursued, known as the vaccine disease. Don't vaccinate sickly persons, and children under 8 or 9 age, unless necessary. Vaccinate upon the arm as high above the insertion of the Deltoid Muscle as possible. Vaccination sometimes lead.
to skin diseases especially in scrofulous children. As if there is a tendency to such first build the child up. Vaccination from Cow Pox, takes a little longer, than the virus from one person inoculated into another, but is better.

Further notes regarding Vaccination:
Cow Pox is a very rare disease in the Cow, that is spontaneous case, it is better to vaccinate with the virus obtained directly from the Cow. Always take to that the Vaccine Disease runs through its usual course. C.S. On the 8th day little Papules form changing into Vesicles on the 5th day. These become Umbilicated and between the 8th and 11th days change into Pustules which are surrounded by a characteristic Cicatrice. On the 14th day, the Pustules become larger and Cicatrices begin to form. By the 20th day, the Cicatrices are completely and the Cicatrices are irregular. About the 20th day, the Cicatrices fall off leaving a little Cicatrice. The Vaccine Pox now sold furnish the finest Virus. To be successful, cover as large a surface as possible, with the Virus.

Varicella or Chicken Pox:
As a distinct affection, having an eruption and an eruptive fever. It does not protect against Small Pox, or Small Pox against it. It is a slight affection of Childhood, and rarely happens twice.

Symptoms:
After about one day of slight fever, an eruption appears upon the trunk, seldom on the face, but when it does, it is late, and the Pustules are very few. The eruption consists of Pustules, which look like large Vesicles. They contain a little pus. If a crust forms, it may come off leaving an irregular scar. There is no secondary fever.

Diagnosis between Variceloid and Varicella:
The eruption in Chicken Pox is a scanty one, and seldom appears on the face; there is little Fever and no secondary fever, while in Variceloid the above are reversed. The treatment consists of rest and Darkness, keeping eruptions dry. Locally treat as in Small Pox, although little local treatment is required.

In this disease, the temperature rises with each erup of Vesicle and fades as they fade.
Erysipelas:— Known also as the ‘Rat Bite’ Fever, or, 
breaking out spontaneously on face 
and neck, is known as Medical Erysipelas.

It rarely breaks out on other parts of the body, and is 
a disease having a distinct fever and course.

It prevails in the late winter and early spring, and 
is much more common in men than in women. It is 
feebly contagious. It is a general affection and has internal 
complications.

Symptoms:

It is generally preceded by a chill, high fever, 
coated tongue, nausea and vomiting; An Eruption of 
a red color appears at rim of ear, on the cheek or on the side 
of face, and then spreads, until the whole face is one 
mass of red swelling. After 3 or 4 days, this declines, and in 
about one week, after beginning of Disease, disappears; 
leaving a desquamating surface. There may be swelling 
of the glands, and redness of the throat, and in the height 
of the disease, Albumen in the urine. A large amount 
of Albumen, or when it appears early in the case denotes 
bad cases. Disease of the nervous system, headache and delirium 
are often present, which latter is very dangerous.

An effusion of serum or pus sometimes takes place beneath the 
is, this is called Phlegmonous Erysipelas. Then there is a 3rd 
form, which is extremely rare, called Dangerous Erysipelas.

Erysipelas sometimes spreads down the mouth and fauces, 
in which latter case, it is very dangerous. A rare form of 
the Disease is where it breaks out, and appears in different 
parts of the body, at different times. This is known as 
Wandering Erysipelas. Cerebral symptoms associated with 
high temperature are dangerous cases; Another complication, 
though a rarer one, is Endocarditis. Erysipelas tends to limit 
its self, almost by a line of Demarcation; Mortal Wandering is the rule.

Cause of Erysipelas:

It is a general specific cause, that acts in a specific way. The poison may give rise to child-bed fever.

Diagnosis:

The secret of the disease, redness, rapid swelling, and 
other symptoms, amounting to their height in a few days, are 
considered. Erysipella may be confounded with it, but as 
this, the botch remains and does not spread, and there is 
little or no fever. Again, there is generally some cause, as digestive 
disorder, &c. Dumps might be confounded with it, but the 
redness and constitutional symptoms would differentiate.

Prognosis:

Unfavorable except in Damkards; Influx Albumen shows 
a bad care; Dangerous Erysipelas is very dangerous.
Treatment of Erysipelas:

Isolate, and use disinfectants after disease is over; especially disinfect yourself. Put the patient to bed, and allow only a light diet. Here a saliee during the fever, and one of the following treatments.

1. Quinine, especially when there is high temperature, go 25 to 30 grains a day.
2. Tinct. Febr. Chloride, gtt. x 4, every 4 hours.
3. Sulfanil or Uricaridine, Uricate, go 1 hypodermically.

This latter treatment is Dr. Babcock, and is a very good one, in strong, active patients, where a spreading tendency of the disease is shown, and also where there is high temperature. The milder treatment by Quinine or Isoniazid is good in febrile patients.

The old treatment of Vomiting and keeping up the secretions of the body is a good one. Always keep the Bowels open and secretions free. Stimulate in Delirium cases, also in other cases of necessity.

Where Delirium exists, Quinine and Stimulants should be used, especially where these cases happen in drunkards.

In Central cases, Free Perfusion and sedatives should be employed, and the treatment for Inflammation of the Brain should be used.

Local Treatment:

Paint with Tinct. Isoniazid 1/2 strength, in cases where there is a tendency to spread. Its use is questionable. The principal treatment is to keep the part protected from the air, by wet applications as an Infusion of slippery Elm, or B Vinegar, or B dead water and a compound, D.S. Lead Paint, Ferric Salts, etc.;odylum & Hypodermically; Perfusion, percutaneous

Dry Local Treatment:

Dust surface with Phenol, Acetil, or fine Corn Starch. They probably act only by keeping the part from being exposed to the air. Both the wet and dry local treatments are better than Ointments.

Should pus form let it out, and if the disease spreads down the throat, try and limit it, by Dr. Babcock's Solution, or by a solid stick of Argentum Nitrate.

For Wandering Erysipelas, give Potassii Carbonicum in large doses, as it is the only good treatment for such cases.

In Dangerous Erysipelas, mimic freely and keep up active treatment, and sustain the patient.

Further notes regarding Erysipelas:

In threat cases the Tinct. Ferri Chloris is the best remedy.

In Cellular and Phlegmonous Erysipelas, let the secretions out by early and surface Perfusion, and sustain the patient with Quinine and Stimulants.
Acute Rheumatism or Rheumatic Fever, is a disease where there is fever and characteristic joint lesions. Acute Rheumatism occurs at all ages, especially in young adult life. It is found more often in men than in women. It is a disease of cold and damp climates, and is supposed to be caused by an excess of lactic acid in the blood. A predisposition to it exists in many persons, and certain habits of life and abuse of malt liquors favor it.

Symptoms of Acute Rheumatism:

Chill sensations, moderate fever, seldom above 100°, followed shortly by swelling, redness, effusion, stiffness, and pain, in one or more joints, generally the same joints of both sides are affected, though any joint or all may be involved. Acute Rheumatism is noted for its shifting character, e.g., arising from one joint to another. The swelling or other symptoms may be wanting, but pain upon motion is always present. Acute Rheumatism may affect other tissues than the joints, and is most painful, when it affects the tissues in and around the Spinal Cord. The urine is acid, high colored, and scanty, it will form deposits. Loss of Appetite, Constipation, and a coated tongue are common in Acute Rheumatism. This goes on for weeks or so, when it gradually disappears, leaving a little stiffness which soon goes away. The danger is from the insidious inflammation of both the Endo and Pericardium, the most serious being in the height of the disease, to examine the heart at each visit.

Complications of Acute Rheumatism:

The most frequent and serious is Endocarditis, the left side of the heart especially, being covered by little spots of inflammation, which are rough and thick. Next comes Pericarditis; it may exist at the same time with Endocarditis or with Articular. Eight cases out of every ten of Chronic Heart Disease, can be traced to Rheumatism, and are recognized by shortness of breath, and a nervous or roughened voice. A high fever is very bad, when complicated with Acute Rheumatism; as most of these cases have cerebral symptoms, cerebral symptoms may exist without high fever, but in both the mortality is over 60%.

Pathology:

The Endo and Pericardium are Inflamed; the blood contains an excess of lactic acid and Fibrin. Probably there may be Curvature Congestion; but never any inflammation.
Diagnosis of Acute Rheumatism:

Acute development. Moderate, Fever, rapid swelling of joints, passing from one joint to another. Pain in joints, high colored urine, etc. make it easy, also Acid Sweats. It might be mistaken for cerebro-spinal fever with swollen joints, but in this the spinal fluid is not increased and the position of the patient will differentiate. It may be taken for Acute Pyrexia but this is very seldom met with, and the history, exhausting sweats, and the fever of low type in this disease, are not met with in Rheumatism.

Gonorrhoeal Rheumatism may be confounded with it, but in this the smaller joints are usually affected, and the disease is not shifting but remains fixed at the joints first attacked. There is also a history of Gonorrhoea here.

Certain Spinal affections may be confounded with it, but here the absence of Fever, slow pulse, etc., would assist Diagnosis.

Diagnosis of Acute Rheumatism:

There is no danger, except when the nervous system is involved. It is a painful though favorable Disease, as to immediate recovery during the Cerebral Cases.

The risk is the brain complications that may be developed. Temperature above 106° denotes a bad case, and is unfavorable. As is active delirium.

Treatment of Acute Rheumatism:

There are various forms of treating Acute Rheumatism; the most prominent are the treatments by the Salicylates, by Alkalies, and by Wine.

At Salicylic Acid and the Salicylate treatment should be used in young adults of robust type, 10 to 12 grains must be given in the sp. hr. to cause a cure. Give go. every hour, for 2 days, and then at longer intervals, give three more doses of go. each, so that 30 grs. of the Acid may be taken in the 24 hours. If the Salicylates are used, give twice as much. Never give this treatment to weak persons, or where there is a tendency to Cardiac Complications. It is a remedy of great value in a great many cases, in strong people. If it acts at all, it will do so in 3 or 4 days, if it does not in that time, abandon it. The Acid is the best of the group, 2d. The Alkaline treatment consists in the rapid saturation of the system with Alkalies. Potassium Bicarbonate 3 g. is given, slowly diminished each day. It is best given inınınence. Potassium Bicarbonate has been given in dose of 3 g. to 3 g. a day.

Potassium Acetate is good 3 g. to 5 g. in the first 24 hours and diminished to half that amount the next day, and so continued. After the more acute symptoms have subsided, it is good practice to give go. to 1 g. of Acetate to sustain patients strength and act as a tonic. The Alkaline
Treatment lessens the tendency to Heart Complications. This treatment is the best for the fatal pleuronic patients.

3rd. The first Chloride treatment is used principally in treating recurring attacks of Ulcera Phlegmatism in weak, anaemic persons, or where the disease is dependent upon some pyogenic condition of the blood.

4th. The Blistering treatment is a good one, less heart complications occur under this treatment than any other. A sufficient number of blisters will cause an alkaline reaction of the secretions. In any case where the disease lingers around a joint, blister it, as it will do no harm.

5th. The Bismut treatment, keeps the heart from being complicated, and is on the whole, a good treatment. If heart disease arise treat as Endocardities or Eucardities.

In cerebal cases, apply cold, either use a bath or sponge wet with cold water, also stimulate greatly, if necessary.

Local Treatment:

First steeped in a solution of Potassic Nitrate and a little opii added, will greatly relieve the patient when wrapt around the joint. The following is a splendid liniment of Viinar, Opis, Lig. Hum. Sub. Slat. Dil. St. Rect., in. Taphonis... (Text continues)

Heart Complications:

Local bleeding, or the steady application of a Poultice over the cardiac region, is good in both Endocardities and Eucardities. Sine Opiis internally to allly pain, and keep the patient at rest. Digitalis is here a valuable remedy. If heart complications occur during treatment, use the alkaline treatment at once. Codii Acetatis is there especially of use. Suches, Poultices, etc., and Cuba are here of great value.

High Temperature:

Keep up the Rhenmatic treatment, but attend to the high temperature by giving Antipyrin gr. every hour till gr. x has been given or till an impression is produced. Cold applications over the chest and abdomen with sponging of the extremities, or a cold bath is good treatment in these cases. The fever when broken up by Antipyrin seldom goes as high again. If necessary stimulate. When the temperature does not exceed 100, large amounts of stimulants - Whiskey gr. jvj in 24 hours, also Opium will be the best treatment. In cerebal cases, vary the treatment according to the temperature. Stimulate freely, at the same time treating the temperature as above if necessary. Divine in large doses may be given in cases of high temperature. Be careful of the Patient, during Convalescence as Rheumas are the dreaded
Sub-Acute Rheumatism:

This generally muscular in character, and due to Cold or dampness in persons inducing a predisposition to Rheumatism.

Symptoms:

After exposure, fever develops, urine becomes high colored and pain attacks certain muscles of the body. The fever is slight and the joints are usually not affected. No danger to heart disease exists in these cases. A case of sub-acute rheumatism may last from a few days to a few weeks or longer. The most usual site is the sub-acute region. Motion causes pain, and some joints may be stiff.

Diagnosis:

Is very, if the little fever, rapid development of pain, and the great pain when motion are considered. Autonomic neuralgia is often developed acutely in women and might be mistaken for this form of rheumatism. But in this, motion influences only little. In women complaining of pain in the chest, look out for Scurvy Disease. Scirrhus sometimes resembles it, but here we have history, appearance of gums and usually pain in bones.

Treatment of Sub-Acute Rheumatism:

This form of Rheumatism is best treated by diaphoretics, a hot dry heat. In strong, robust patients, Ignatia 6 or Phosphorus 6 or Hyoscine 6 is good treatment, with or without the following: Hyoscine 6 or Belladonna 6 is good treatment, with or without the following: Hyoscine 10 to 20 every 4 hours is good, as is also the application of continuous heat. Hot alkaline baths and hot drinks are good, as is also the following:

Potash. Oxalic acid 6 g or 6
Pulv. Dosei — 6 g

A hot compress over the part is sometimes very beneficial. The following is an especially good treatment for standing cases:

Pulv. Sinaic acid 3 g
Pulv. Dosei — 6 g

Dr. Dosei to 20

Sig. One every three hours.

Keep the digestive fire and give an occasional saline laxative.

Hydropsy of Uterine 6 or 20 and Morphia 6 or 20 morning and night, or Potasii Oxalidi 6 with or without Colchicum is especially good treatment in lingering cases.
Chronic Rheumatism:

May be from a continuation of an acute attack or it may not. Both muscles and joints may be affected at once or not. If there has been no previous acute attack, the heart will not become affected. It comes on suddenly in winter and disappears in summer. It consists of variable pains and aches which are influenced by weather. Certain metallic poisons, such as copper, zinc, and lead will produce symptoms of Chronic Rheumatism, as will also some cases of Pott's case of Spinal scoliosis.

Prognosis:

Favorable as to life, unfavorable as to a cure unless a change of climate is made.

General Treatment of Chronic Rheumatism:

Warm flannel clothes, Silk underclothes, Soda, Sulphur and Alkaline baths are of great value. The Turkish bath is also valuable. Yet the patients go out in cold, dry weather, and at all other times except when it is wet and raw; or damp. Where the patient is weak and worn out, Cod Liver Oil and Tonics should be used.

Colchicum, Salicylates, Potassium Hydrode, Soda Salicylate, Ammonium Phosphate is decided dose, Quinine, and the Ammoniated tincture of Iodide, are the principal remedies. Ascorbic acid in doses is often very good. All acids should be excluded from the diet.

Further Notes regarding the three forms of Rheumatism:

See Stimulating, stimulants are of great value, Aconite or Ammonia stimulants; Cocaine, to phosphate or Chloral dissolved in warm stimulant are all valuable.
For Mrs. Katie Elliott

R

Acidi Carbolici, ½ tbs.
Sirott, Iodine, 1/2 tbs.

Add 3 drops, in a tablespoonful of water, every 3 hours.
2 - 22 - 89

W.H.W.
Rheumatoid Arthritis:— It is neither Rheumatism nor Gout, but an especial disease of its own. It is often hereditary, and generally attacks the weak. It begins like Chronic Rheumatism, there is very rarely any fever, but the joints, especially the small ones, show considerable signs of disease. The joints become hard and fixed, and the muscles become atrophied. The fixation of the joints is due to the altered state of the cartilages of the joints, from inflammation and thickening in and around the joints and various tissues, causing dislocations. Urine shows nothing. There are no other lesions except the above; if there are any, they are complications. The atrophied muscles and the dislocations produce great deformities. Prognosis: is favorable if recognized early, otherwise it is not favorable as to a cure. The joints become stiff, swollen, painful and useless and terminal subluxations of them from achromatous signs.

Treatment:— Change of scene and air, rest all remedies that invigorate the nervous system. Potassii iodide acts here as an alterative, but better are the following: Soda of Iron, Arsenic and Godfrey's Gif. They should be taken beginning with smaller doses, is good for legals. Put a sheet, reach the joint and wrap with solution of lead water and sandalwood when the case is seen early. Blisters should be used when the case is seen late. Blistering repeatedly at the Characteristic joint lesions exist. Etherize and break up the adhesions, then use Massage systematically. Electricity is of little use.

Acute Gout:— Comes on abruptly. It may be hereditary, or may be caused by high living. It is generally confined to a particular part of the body, usually the toes of one foot, especially the big toe. The joint attacked, becomes swollen, red and very painful, mind keeps clear and very little fever exists. In 2-3 days from its first appearance it disappears quickly, and after recovery, the patient is apt to be well for a long time. As the attacks continue, the joints may become affected and deformed, by deposits of chalk stones. There is much itching and pain during the attack. The attacks are apt to become more frequent as the person grows old. The chalk stones are due to uric acid, and may be deposited anywhere in the body.

Pathology:— Gout is largely due to uric acid in the blood and system, as the amount of it in the urine of these patients is greatly increased. Gout is largely hereditary, but is often produced by peculiarities of living, and is especially apt to occur in persons using much malt liquors. Rich living with little exercise will develop it.

Prognosis:— Gout is very rarely dangerous, unless it attacks some internal organ, as the heart, in which case, it is a very serious affection.
Treatment of Gout:

During the acute paroxysm, everything that acts by elimination is useful. Biphosphites, Diuretics, and Scurvatics. Potassii Acetate is especially good.

The nearest remedy to a specific is Colchicum 6th x of the wine every 20 or 30 hours in neutral mixture, with some salt, and at other times in syrup. Sometimes the tincture of the seeds will be better borne by the stomach. Give twice as much of the preparation of the seeds as of the root. Colchicum combined with launavine is the best treatment for gout.

To prevent the accumulation of uric acid in the blood, tend to the diet: Chronic gout has been destructive processes been tissues, and may lay the foundation of affections of the liver, kidney, and to other diseases, especially to Diabetes.

The patient should be put upon a diet of green vegetables, the nearer you get to the better. Milk and fish are good; allow no meats, and no drinks stronger than a good claret.

Allow Alkaline waters, be the little touched with food; see that the liver acts well, and make the patient take active exercise in the open air. Colchicums, 1c. of 30th x twice, combined with some Alkali is a good treatment.

If pain is very severe give hypodermics of Morph, fresh the feet at rest and apply soothing lotions.

12-18-76.

Chronic Gout:

Sometimes shows itself in the joints of the fingers, arms, and other parts of the body. There are chalk stones deposited in the joints, and sometimes even around the conjunctiva. In treating chronic gout, don't use colchicum; the best treatment is the persistent use of Alkalies or Alkaline waters. The best alkalis to be used are the preparations of Lithii, given in effervescent solution. Salicylates are also useful.

Feed on Vegetables, Fish, Milk, &c.; allow little meat, and keep as near as possible to a green vegetable diet. If necessary, allow good Brandy, Old Whiskey or a good sound claret, in moderation.

Active exercise is very important.

Lithaemia:

This form of gout may exist in many persons without their knowing it; it is really suppressed gout, and is made manifest, by high colored urine, leaving deposits; digestive disorders; peculiar pains in tendo-Achillis or in the joints of other parts; headache; Flatulence, acid stomach; numbness in left arm; depressed feelings; and sometimes marked vertigo and continuous headache. Sometimes the symptoms are increased by dryisation, or by drinking Acid Waters, &c. Palpitation, Siddences and Vertigo are marked symptoms.

Prognosis: Will depend upon the life the patient leads.
Treatment of Sifthaemia: Green vegetables, eggs, milk, no stimulants unless necessary, very little meat, mineral waters, good exercise, at fever time followed by rest. Alkaline mineral waters and laxatives is good treatment, ase are also the following:

1.Bruise in small doses, given steadily for months.
2. Ammonia boroide given in tea, with the administration of an occasional active purgative.

Further notes regarding the forms of Sifthaemia:
Coffee and tea may be allowed. A few grains of Blue Mass followed by a saline now and then is good treatment in this malady. A change of climate is also of great value.

Diphtheria or Malignant sore throat: As an old disease is found almost everywhere. It is a constitutional disease, which manifests itself locally, by inflammation and deposits in the throat. It is a malignant disease due to a special specific poison, added to the person of Scarlet Fever, but not like it. It is highly contagious, and will linger around for a long time. It is chiefly communicated by the breath.

Verthid Anatomy: The deposit lines the throat, and sometimes the nose and larynx. This false membrane is an accumulation of fibrin, destroyed epithelial cells, granular matter, pus, blood corpuscles and secretions. It is first deposited on the mucous membrane, but as the case goes on, it extends downwards, affecting the tissues beneath. The Bacteria form in this membrane, and multiply rapidly. The heart is granular and flabby. Spleen is enlarged, the liver engorged. Kidneys are swollen and cast off their epithelium, forming Albumin in the urine. Blood is easily broken down, and is said to become more alkaline.
S.F.M., 12-22-36.

Symptoms of Diphtheria:—It begins abruptly with vomiting, constitutional depression, or with a catarrhal sore throat, with the formation of a membrane, which is usually a soft, stuck or grayish-white one. It first lives a special part of the throat, and then extends all over the throat, the mucous membrane beneath becoming soft and infiltrated. The constitutional symptoms are out of proportion to the throat symptoms. There is difficulty in swallowing, enlargement of the glands of the neck, which is rarely absent in marked cases. Albumen in urine, the larger the amount, the worse the case, very offensive breath. Fever may be very light, the average being rarely over 103°. Weak pulse. When the membrane extends up the posterior pharynx, it is very dangerous, and is called nasal diphtheria.

Diphtheria is 5 times greater in this form, than where the membrane extends in other places.

When the membrane extends downwards into the larynx and trachea, and bronchial tubes, it is called laryngeal diphtheria. It is a bad form of diphtheria, but not as fatal as nasal rarity. This form of diphtheria may be mistaken for membranous croup, as the symptoms, with the exception of the blood poisoning are the same. A local paralysis of the throat may follow an attack of diphtheria. The heart becomes paralyzed in some cases. Recovery is very

protracted, and during it, the patient may have various paralysis which in the long run generally end in recovery. The disease usually terminates in from 10 to 20 days, but convalescence is slow.

Diagnosis of Diphtheria:—Follicular sore throat may be mistaken for it; but in this, there is no tendency to spread, little or no constitutional effects, and no enlargement of glands.

Scarlet Fever, Typhoid and Syphilitic sore throat have been mistaken for it.

Diagnosis of Diphtheria:—As favorable, where strength is preserved; also when the fever is slight, little enlargement of glands, and when an open superficial membrane is found. A rerew of the above is bad; as is also recurrent attacks. The younger the patient, the more dangerous is the case. A weak pulse denotes danger from paralysis of the heart. Diphtheria in suppurative cases is fatal. A large amount of albumen in the urine, and much swelling about the neck are bad signs.
Treatment of Diphtheria:

Isolate and keep isolated.

Remove all unnecessary articles and clothing from the room, and disinfect everything; all expectorations especially.

Faucal Chlor., Soda Chlor., Potassium bichromate, are good disinfectants. Don't allow any one in the room except the nurse.

The best general treatment is stimulation. Alcohol 3 or 4 hours for a child 3 years old, beginning first with smaller doses. The alcohol should be given well diluted. Give full nourishment, and commence both the stimulation and nutrition early.

Potassium Chlor. 3; to 5; in the 24 hours, well diluted, in the early stages for a child 3 years old; it removes much of the existing catarrh.

2. Potassium Chlor. combined with the above, or by itself in large doses, eg. 90 min. every hour to a child 10 years old, is good. It should be given well diluted. The French pour the DecaChlor of them.

3. Calomel 3; every hour for 2 doses, after which 3; every second hour, not minding the bowels, and in severe cases, in variegated diphtheria, as much as 3; may be given a day.

Salverodin may be combined with the other treatments when the patient is not too weak. The following is especially good treatment:

Potassium Chlor. 3; when the preceding is cold, strai

Phine Glabri 3; it and add Wallis 3; of

Aquae Bullientis 0; for 1/2 sg. a wine glassful every hour.

This is used with

Lympiis 3; the preceding gargle.

Aque

0; Kg. Two teaspoonfuls in 1/2 tablespoonful of water every three hours. 1/16.

Local Treatment for Diphtheria:

Use cleansing and disinfecting gargles. eg. Thymol grx at least to the 3; of Borax, Blyeine 4; and water. Potassium Chlor.

Potassium bichromate is good as is also salinae water and Blyeine 4; or if you wish lace of the latter.

Vineal solution and Blyeine 4; may be used where the throat is very red, but it has no effect upon the membrane.

Singe, Bormine, and Seife have been used as solvents of the Diphtheria membrane, the Seife when used as a gargle or through an atomizer, in 1/16 hottest water vapor inhaled all good.

In Nasal Diphtheria, stimulate and moisten as before; give iron in large doses or Calomel, and keep the posterior pharynx washed out with the following: 2.; Soda sulphur 4;.

Blyeine 4; Aquae 4; 9/16.

On variegated Diphtheria, treat as at first, use lime by inhalation,(closing line in some), and give an occasional emetic as, Epsom Sulph. or Potassium Sulph., and if necessary employ intubation, or if necessary Tracheotomy.
Paralysis due to Diphtheria:

As they are due to the anaemic state of the System, give nourishing foods, rice, &c. A change of air is beneficial. Also Trychnin gr. ½ or ½₀, hypodermically, every second day. An occasional use of the Maracali current is valuable.

Further notes regarding Diphtheria:

Treatment is expectoration, Restitution, blood stimulation, irritation, with either the Vitrioli Chlor. or Tinct. Sepli Chlor. or Calomel. Treatments combined or separately, and locally, cleansing and disinfecting gargles or inhalations.

The Mercury treatment is of very great value, especially in laryngeal Diphtheria. gr. x every hour, till a greenish discharge from the nose appears is the best; next, the administration of small doses q.₃, frequently repeated is of the most value. Contamination of the throat with Nitric Acid, Argentii Nitrici, Cuprum Salp., Monsell's Solution, &c. will not prevent the spread of the membrane. If you wish you may use the Cuprum Sulphate or Monsell's solution, where the membrane is not extensive.

After the disease is over, long courses of Trychnin and especially Trychnin, with good food are of great value.

Cholera:

As an old disease, it was introduced along the borders of the old world in 1677. It is a special specific fever, which multiplies rapidly in bad hygienic surroundings. It is extremely contagious through the excreta, but fairly otherwise. It may gain admission through drinking water, and may be carried around in clothes and merchandise. It was first seen here in 1832. Isolated cases now then found after an Epidemic.

Pathology:

The Intestines are pale and blanched, with patches swollen and enlarged with blood. The surrounding mucous membrane is dark. The blood barely congeals, it is liquid, dark, slightly acid, devoid of fibrin, and sometimes looks like molasses. It accumulates in the veins and in the right side of the heart. The stomach is sometimes red, and inflamed; the heart is flabby; often shrivelled; as is also the liver, kidneys, and the epithelium of the Medulla Oblongata are enlarged.
Symptoms of Cholera:

Seldom show themselves abruptly; in the majority of cases they are preceded by diarrhoea, [and sometimes] vomiting; at other times by a certain amount of nervousness. These may be called the early symptoms. During an epidemic, constituted persons sometimes have diarrhoea. The symptoms of a case are the following: marked diarrhoea, with thick, watery or turbid discharges known as the rice-water discharges of Cholera; vomiting, the material resembling that coming from the bowels. In some cases colicky pain may be present. Then cramps will appear, Cholera usually plate up.

The stage of collapse comes next, in it the eyes are sunken, the features drawn, surface cold, the temperature being far below the normal; Patient has an icy breath, the colorless of the surface is not the same all over the body. The vomiting and purging are apt to cease, there is fullness of the boney circulation; the veins being very prominent, the pulse is feeble, exhaustion sets in, and the patient passes away. Collapse is not necessarily fatal. The danger of Cholera is not over with the disease. The most common complication is a secondary recurrent fever; following are the symptoms: high temperature, great thirst, hurried breathing with signs of congestion of the lungs, scanty urine, irritable stomach, inanimate kidneys. This may go on for a week or two before recovery, or the fever may assume a typhoid state.

An other secondary result of cholera is convulsive, combined with scanty urine, be this is known as uremia, and indicates paralysis of the kidneys.

After a patient recovers, there is great irritability of the bowels, swelling of glands, and a tendency to boils.

Diagnosis:

Cholera Diarrhoea in isolated cases may be mistaken for it, but the great severity and more rapid progress of Cholera, the colour of the bowels, the stage of collapse, and the epidemic character, the absence of bile in the discharges, and this rice-water evacuations, will help to differentiate. Arsenical poisoning may be taken for it, but in this there is blood in the discharges and vomited matter. Poisoning from Cream Tuff, greatly resemble it.

Diagnosis:

Mortality, especially the first cases is very great. Mortality of early cases 25% and of cases run late 77%.
Treatment of Cholera:

Get rid of all kinds of filth; purify all dirty places, cess pools and drains; disinfect them all well. Dress all crevices from patients, never empty them into cess pools, see that the water supply is pure, and drink filtered water, or that which has been boiled. In burying persons dying from Cholera, encourage immediate interment and disinfect the coffin. Persons should live as they generally do; but should not eat any undigestible foods. As regards disinfectants, corrosive sublimate is the best, although Lysol, sulphur, camphor, potassium permanganate, and ferrous sulphate are good ones. Disinfect everything about the patient, and do thoroughly.

Medical Treatment:

Always check the succeeding diarrhea:

- Sulphuric Acid
- Opii dec.
- Rhumbi, Acta, qgp
- Opii Est
- Menthae aqua
- Menthae aqua
- Menthae aqua
- Menthae aqua

When the disease is developed, stop the amount of fluid given to the patient, and allow him to suck ice only, live as little food as possible and keep him at rest, in bed. Put a mustard plaster over abdomen, and give the following:

- Caffein
- Muriatic Acid
- Injection of Chloral
- Aqua Camphorae

If the diarrhoea is not arrested, by the astringents and Opii, give Calomel qgp, flushing it out to qgp every hour.

If the cold stage comes on, use friction and if patient is strong enough, put him in a hot bath as he can stand. Keep stimulants as long as there is any absorbing power left after which throw a sponge full under the skin.

If the case is still failing, blood letting should be resorted to, but more encouraging is the injection of fluid into the veins. E.g.:

- Sarpi Chloride
- Aquae, 

inject 1/3 every two minutes, at a temperature

- Solns. Carb. 

of 108°, till 

Further notes regarding Cholera:

In the Cold Stage injections of caffeine graft to qgp or more of Lacteum and solutions of acetylen gas are good. The diet must be of the lightest kind, such as milk, weak broths, etc. Don't give stimulants early, unless necessary, but resort to them. Mustard Plasters later.
Sore Throat or Tonsilitis

1-2-96.

Tonsillitis or Quinsy.

Occurs sometimes in epidemic form, and is a very common affection. It may affect one or both tonsils. It is generally attributed to exposure to cold.

Symptoms:
Marked swelling, difficult deglutition, sense of strain and tension, at the angle of the jaw, rarely hard breathing. This goes on for some days, and then a speedy sense of relief and ease follows; the disease is not a fatal one, though if the attacks are continued, it may become chronic. There is a moderate fever, a constant desire to relieve the throat, and a more or less muffled voice.

Treatment:
If administered at the onset, the inflammation may be arrested by the following: Quinine sulph. gr. \( \frac{1}{2} \) or Pulp. Quinica or Panehni. Nitro-hine sulph. gr. \( \frac{1}{4} \).

If the disease be progressed much, when you see it, give frequent garglings of hot water, or hot water and milk, with tinct. Quinine it.

If suffuration is eminent, promote it, and when the tonsil becomes a little soft, let out the pus with a bistoury. Keep up the refrigeration, and after an attack is over, see always, that the gland returns to its normal condition. Astringents should be used and kept up till the gland assumes its natural size.

The following gargle is highly spoken of:

\[
\begin{align*}
\text{Fussit. quinica tinct.} & \quad 2 \text{fl. oz.} \\
\text{Tinct. Cinchona comp.} & \quad 2 \text{fl. oz.} \\
\text{Mell. diphasmata} & \quad \text{3 fl. oz.}
\end{align*}
\]

Acid and shake till the sides of the containing vessel are well gauzed, then add 1/2 Potassii Chlorat. 3 fl. oz.

Aqua Vitae. 2 fl. oz.

The latter should first be 2/3 and then added gradually.

Sig. Gargle every half hour.

If suffuration is impending give Quinine gtt. f. every 3 or 4 hours.

The following gargle and accompanying prescription is an especially good treatment for Tonsillitis.

\[
\begin{align*}
\text{Potassii Chlorat.} & \quad \text{3 fl. oz.} \\
\text{When the preceding is cold, strain it.} \\
\text{Phus. Albi.} & \quad \text{3 fl. oz.} \text{ and add Mellis. 1 2} \\
\text{Aqua Vitae.} & \quad \text{1 fl. oz.} \text{ Sig. Gargle, a wine glassful every hour.}
\end{align*}
\]

**Slight Inflammation**

\[
\begin{align*}
\text{Tinct. Fuss. Chlor.} & \quad 1 \text{ fl. oz.} \\
\text{Potassii Chlorat.} & \quad 1 \text{ fl. oz.} \text{ (To be used with the preceding gargle.)} \\
\text{Syrupi Simp.} & \quad 1 \text{ fl. oz.} \\
\text{Aqua Vitae.} & \quad 2 \text{ fl. oz.}
\end{align*}
\]

\[
\begin{align*}
\text{Sig. two tablefspons of water added} \\
\text{to two teaspoonfuls every hour.}
\end{align*}
\]
Parotiditis - Mumps

As an acute, specific, infectious inflammation of one or both parotid glands. It has a strong tendency to migrate into the mamma or testes. It is characterized by pain, swelling, and disordered function of the gland. Males are more apt to be affected than females. It is due to a specific poison, and is not apt to occur twice in the same person. Sometimes the Maxillary, and all the glands of the Neck will be affected. Mumps is contagious and occurs generally in epidemic form, though isolated cases of it are seen. There is generally a fever connected with it, and often considerable redness of the skin. Mumps has a long period of incubation, and shows a tendency to migrate to the testes in young males, and to the ovaries in young females. The term is preceded by high temperature. There is often pain, and difficulty in moving the head, and in certain cases, there is stupor, sometimes convulsions.

Treatment of Parotiditis:

Keep up the secretions.

Diuretics give in children, gavy in adults per day.

Small doses of lobanum; give every 1 to 2 hours, at the same time giving a little quinine, often produces relief.

Locally:

Apply ice over the parts, if that does not succeed in reducing the swellings apply an ointment . Equal parts of Belladonnae and Mercurials. Should they still linger, small blisters may be of use.

When the testicles become involved, place a few bottles over the kidneys, and give Natrium Carbonate.

When secondary Parotiditis is present in low fevers and other affections, there is a strong tendency to suppuration. In these cases, the treatment is to sustain the patient's strength, by giving tonics, stimulants, and preparations of arsenic.

Prognosis:

It is generally favorable.
Acute Laryngitis:

May be caused by loud speaking in the open air; by the inhalation of irritating vapors, or from cold. Should oedema be present to any marked extent, it is called oedematous laryngitis. It is usually found in adults.

Symptoms:

A peculiar cough, which comes in a series of violent paroxysms, and with little expectoration, occurring principally at night; Vocal cords are enlarged; There is breath over the larynx, and the latter two are much inflamed. There is tenderness and difficulty in deglutition; hoarseness, and slight fever. This lasts for 3 or 4 days, and then subsides, the cough, however, will not disappear at night for one or two weeks. In the oedematous variety, there will be symptoms pointing to respiratory affection, ejected eyes, cold sweat, great swelling of the parts and symptoms of suffocation. In Bright's disease, the same swelling and symptoms occur, but can be recognized by Albumin in the urine.

Prognosis:

Cases of Acute Laryngitis are very favorable; but in the oedematous variety, the patients are apt to die from suffocation.

Treatment of Acute Laryngitis:

Keep the patient quiet, and in bed. Give diaphoretics, e.g., hot drinks; Puls. Digitalis; Quinine, and frequently repeated doses of forbicillin; Vitussi Hépati; Ammoniac Acetatic, &c. Vinegar fits to the G. H. Infusion of Hesper; ordered to be inhaled is good, as is also applications of Cocain, if the case gets worse, apply Monsel's solution, or full strength, or Tannin by the spray. The persistent use of small pieces of ice, slowly swallowed, with ice bag externally will be beneficial. If the phenomena of suffocation goes on, Tracheotomy must be performed. This when properly done will relieve the patient, and he will most likely recover. When there is chronic laryngitis suspect syphilis, if not that tuberculosis, and if it is not due to that, it is pathological.

Enhalations of Eau de Fontaine, Béziers (comp. 1/3 to Spirit water 2/3, &c.) and a low diet & easily swallowed, are of great value.
Croup:—

As an inflammation of the larynx, mostly seen in children. Membranous croup, is a more advanced stage of the disease, with exudation; while false croup is simply a mild case of croup, without exudation.

False or Membranous Croup:—

As caused by cold, or its most common feature, is obstruction to breathing. The symptoms are the following: Passing cough, loud, harsh, and distinct breathing, attacks of cough coming and departing during the night. On the morning the symptoms grow less; but at night will come back. The case generally ends here; but it may go on for a night or so longer. Upon examination, redness of the larynx and laryngeal structures will be found. These symptoms are sometimes preceded by gastric catarrh.

Diagnosis:

Sudden onset, occurring almost always, under 12 yrs. sometimes preceded by catarrhal symptoms, characteristic cough, or will make it easy. It may be confused with Sorectitis Glottidis, but this continues longer, and occurs more frequently.

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Prognosis of Membranous Croup:—

As favorable, except where there is oedema of the larynx. There is often a predisposition to Croup, but it generally disappears, before the 10th year.

Treatment of Membranous Croup:—

Put the child in a hot bath, and give an emetic, Alum mixed with syrup. If there is no very good Alum, Pepsin, sub-sulphur, gr. vij, dissolved in water is also very good. Antimonial Capsicum cal. ang. Then give small doses of Vin. Eriae, gr. vij, frequently.

If there is a return of the Croup, repeat the treatment, especially giving the emetic. If another paroxysm is forced, give small doses of Chloral, or Potassii Brom. Much Children digest their bowel regulated.

The inhalation of Air mixed with steam is good for Croup.

Between the Paroxysms, Equinell or Antimonial or in Antimonial or where a continuous treatment is necessary, small and frequent doses of Turpentine Mineral should be given, and at night, Opium should be given.

Dif Membranous Croup is threatened or where the case does not do well, Mercurials guarded with Opium, with a liberal daily digested and mild but it is of great value. Locally, five Exhalations every 1 or 2 hours or oftener, or solutions of Pepsin or Battery.

Always keep the Air moist and fresh.
True or Membranous Croup:

In this the larynx is, inflamed, red and swollen, and a membranous exudation is often present. This membrane consists of fibro and albumen, and is not adherent to the mucous membrane beneath; indeed, it may be easily scraped away.

Symptoms of Membranous Croup:

At first they are similar to Spasmodic Croup, but here the disease does not subside at once, the voice is harsh and indistinct, always shortness of breath, spasmodic seizures which will gradually be lost. Auscultation reveals nothing. If the patient is not treated, the symptoms become greater, cold sweats, injected eyes, blue lips, are being added. The membrane is sometimes expectorated, and in the majority of cases can be seen. Even if you do not see the membrane, you may be sure of your diagnosis, by the altered state of the voice, loss of breath over chest.

Diagnosis:

Sarngcal Diphtheria may be mistaken for it, but in this there is albumen in the sputum and it affects primarily the throat, whereas in True Croup, albumen in the urine is very rare, and the primary affection exists in the larynx.

Prognosis:


difficult, but not necessarily fatal.

Treatment:

Give emetics as long as there is strength, also remedies that will relieve the inflammation. Hydrocyanic Sublimate in broken doses, with an occasional full one is good as are also Potassii Citrata or Potassii Acetata in large doses. Antimonii sulphuret 60/10 or 12, with go to 1/2 Sulphur in every two hours is good.

Sustain patient's strength give stimulants and a good diet. Fine enemata are often of the greatest service. If the child seems to be going badly, and is losing ground, put it in a hot bath and hour cold water on its head. In cases where Medical treatment does not relieve, Tracheotomy should be performed; providing the child is over 3 years old, and no Pulmonary complication exists, the operation is more successful in True Croup, and less so in the secondary cases. It is a successful procedure, if performed early, intubation is of great value and should always be tried first, as Tracheotomy can be performed should this fail.
**Wheezy-Cough:**

As a disease of childhood, though it is apt to occur in old persons who have not had it before. It is a contagious affection, the susceptibility to it being lost after one attack. It is probably dependent upon a certain germ which irritates the nerve center of the superior laryngeal nerve.

**Symptoms of Wheezy-cough:**

It is divided into these stages:

1st or Catarhal, 2nd or the true Wheezy stage and 3rd the declining stage, in which the Wheezy disappears, the cough continuing. The first stage begins with a catarh, redness of the face, coryza, sneezing, especially in the morning, slight cough, this goes on till about the 10th day, when during an effort of coughing, a long drawn inspiration, followed by a series of short, noisy coughs occurs. This may happen very frequently, especially at night, and during digestion. At night violent hoarseness may occur. This may go on from 1 month to 2 months, then the attacks will grow less violent, and further apart, and at last disappear, leaving for a while a slight cough. If a catarh is present before complete convalescence, the disease may again be developed. A catarhal pneumonia, nervous phenomena, or a tendency to tuberculosis may be developed, as complications.

**Treatment of Wheezy-cough:**

Belladonna, giving to the point of tolerance, from the beginning of the disease, will generally lessen its duration. Giving iron up to the point of the disease is a very good treatment. The Choloral treatment is next best to theblers, giving to the point of tolerance, from the beginning of the disease, will generally lessen its duration. Giving iron up to the point of the disease is a very good treatment. The Choloral treatment is next best to the blisters. Taking a child through the gas works, allowing it to inhale the gas has been found to be of benefit. If the child is old enough, let it inhale the following: 1 oz. Boeke’s gr. 100. Fluid Extract Belladonna 1 oz. 1/2 oz. of water, to act short the paroxysms.

If catarhal bronchitis and other symptoms are present, treat them. The mutiution is greatly improved by wheezy-cough, and if possible, give patient a change of air, or put on a course of cold air. All occasionally giving laxatives and tonics. Sometimes when this disease is developed, other nervous symptoms cease; and often this disease is followed by other affections, so always pay great attention to the after-treatment, putting on twines, calicoes, &c., warm clothes, &c. Acidum Vitri 2 gr. 1/2 or Acidum Muraticum 2 gr. to 1 well diluted, every 4 hours, is often a good treatment for this disease.

Always pay attention to the Bronchial Complications. All Alkalies are more or less useful. Potassii Carbonate go. 1/2 in calomel or bismuth to relieve the bronchial catarrh & lessen the thickness of the muco-mucous. The paroxysms are best treated by perchloric at night, Potass. B. at night, and Choral which must be given very cautiously. Injections of freely air, or the following: Acidum Calcium gr. 1/2 or 2 gr. to 1 well diluted, every 4 hours, is often a good treatment for this disease.
Further Notes on Preceding Lecture.

6 P.M.

Diseases of the Chest.

First studying the different methods of Physical Diagnosis:

Inspection:

If the chest be examined with the eye, we obtain an idea of its form, size and movements; we see whether there is any swelling or not, and whether the respiratory movements are normal or not. Retraction denotes diminished size of the lung, and if one-sided is usually indicative either of chronic changes in the lung tissue particularly those of Tubercle, or of false membranes which bind the lung down. Expansion of the Chest is met with in Emphysema and Pleuritic effusion, as is also a local or partial expansion or bulging; but more frequently is dependent upon Thoracic tumors, Pericardial effusions, or hypertrophy of the heart.

Percussion:

As seldom resorted to. As a rule the right side of the chest is larger than the left; this should be borne in mind.

Palpation:

On the application of the hand, confirms the results obtained by inspection. It may be employed to determine density, or condition of Tumors, frequency of breathing, state of chest walls, or to detect fluid by the sense of fluctuation.
Percussion:

By striking bodies we elicit sounds, by which we judge of their composition. When percussing over the chest, it is important to compare the sounds of both sides.

The sounds we find are 1st, the clair or pulmonic resonance, heard over the healthy lung, the left apex being very distinct, and as you gradually go down it becomes less or till between the 5–6 ribs on the right side, and the 5–6 on the left side, dullness begins. Posterior resonance is less distinct than the anterior. A clear resonance denotes lung structure containing air.

2nd. A dull sound denotes the absence of air. They are best heard over the kidney, liver, or heart. When it takes the place of a pulmonic sound, it denotes consolidation or the presence of something that checks the normal vibrations of the lung tissue. Dullness is always associated with increased resistance to the percussing finger. Dull sounds are heard when percussing over accumulations of fluids.

3rd. A tympanitic sound is a non-vacuolar sound, having the character of that over the intestine. When heard it indicates the presence of air in walls which are yielding but not tense or thick. When elicited over the chest it may be only a transmitted sound of a distended colon or stomach; but generally a tympanitic sound over the lung tissue is expressive of emphysema or of pneumothorax, or sometimes of a cavity.

The amorphic or metallic sound, and the cracked or croaked metallic sound may be viewed as modifications of the tympanitic sound. The first is a resonated tympanitic sound of raised pitch, and denotes a large cavity with firm elastic walls; the second is often associated with it. It requires for its development, a strong, abrupt blow of the percussing finger, while the patient's mouth is open. The condition usually causing this sound is a cavity communicating with a bronchial tube. It is also met with without any disorder in which the chest walls remain not yielding and in which a certain amount of air, contained in the lung, and in uninterrupted connection with the external air, is, by sudden percussion, forced into a bronchial tube. (Will occasion this cracked metal sound.) The degree of these sounds should be studied as should also the pitch. Increased volume is linked to low pitch, diminished volume to high pitch.

Quality or Character of Sound:

Clair, Dull, Tympanitic, Croaked Metal sound

Degree of Intensity of sound:

Des the amount or quality of the sound.

Pitch
expansion of the Air-cells, will cause a feeble murmur.
Absent respiration may be produced in the same way, but
to a greater extent, also by compression of the lung by effusion,
in which case, there will be dullness upon percussion. Tubercular
or lymphatic deposits in the lung tissue.

Alteration in Rhythm  Alteration of length of expiration relatively
to inspiration.

The inspiration and expiration may be altered, regardless their
rhythm. It may become a little more or less regular respiration, but this
is present in to many affections, to have any special diagnostic. But,
if it is limited to the expiration, it may serve to suggest the presence
of tubercular deposit. A marked increase in the duration of the
respiratory murmur, while the patient is quietly breathing is of great
importance, it denotes that the air has difficulty in getting out of the
lung being retained either by loss elasticity of the cells, or by an
obstruction in the Bronchi. It may be occasioned by over distention
of the air sacs as in Emphysema, or by deposits which impair
their contractile power. In the first case, the prolonged expiration
is associated with augmented clearness upon percussion, and in the case
with impaired clearness. Where the prolonged expiration is met
with at the apex of the lung, in connection with dullness, it is for
the most part caused by a tubercular deposit, but a
prolonged expiration from tubercular or other deposits, is not simply
the pure, prolonged expiration, of deficient elasticity of the air-cell.
It is something more. The solid material conducts a portion of the sound of the Bronchial tubes to the ear, and Bronchial breathing, is nearly always best and earliest perceived in expiration. Thus prolonged expiration, when joined to dullness upon percussion, and to an inspiration, still vesicular, is a sound partly vesicular, partly bronchial, and may be interpreted as consolidation of the lung tissue; not sufficient to have obliterated all the airvessels, but sufficient to have obliterated some, and to have impaired the contractile power of others.

Attention in Character:

The distinctive character of the vesicular murmur, is its softness. That form of respiration, which is nothing in softness, is termed harsh or rude respiration. It is a mixture of the vesicular and Bronchial sounds. Any affection, which, without destroying the murmur of the vesicles, causes the sound in the Bronchial tubes to be produced with greater intensity, or to be better transmitted, will occasion harsh breathing. Thus it exists when Bronchitis is present, where it is due to the scrotal or Bronchial mucous membrane. It, however, exists more frequently, in diseases that are attended with compression of lung tissue, or with partial condensation, such as some stages of Tuberculosis of the Lungs.
Friction Sounds.-

Are present, when any abnormal change occurs in the Pleura. Friction Sounds, are largely modified by slight pressure, even by the ear or stethoscope.

Character of the voice as a means of detecting disease:-

When the ear is applied to the Thorax of a healthy person, a confused hum is heard, which is more marked on the right side. The sound is increased in consolidation and has a hollow sound, when there is a cavity. When no voice can be heard over one side of the chest, it denotes a dense growth, or an Effusion.

Expulsive Voice:-

Usually found above Effusion, and is suggestive of a thin layer of Fluid.
Bronchitis-

As sometimes called Bronchial Catarrh, and the symptoms will vary, according to the size of the bronchial tubes affected. Acute Bronchitis is Acute Bronchitis.

Symptoms: The bronchial tubes become red, swollen and full of blood, the bronchial secretion may be arrested, or it may become thickened. As the swelling and redness subsides, the mucus increases, and is finally expectorated. About 8 or 9 days is the average length of an acute attack of Bronchitis. It originates mostly from cold or damp, or from inhaling irritating vapors.

Symptoms: Moderate fever, pain in bones and across the sternum, sometimes tightness or oppression in breathing, an uncomfortable feeling. A dry hacking cough. Clearness when perspiration is as sale; generally Broncho-vascular breathing, and on account of the thick mucus, demonstrative sale, will be present, or in a more advanced stage, mucous sputum, which will last till recovery. Sometimes the secretion is so slight, that no sale will be heard.

Diagnosis:

Easy, by itself

Prognosis: Very favorable.

Treatment of Acute Bronchitis:

As soon as it commences, give

1. Quinine gr. 5, which will often break it up.

2. Opium gr. 1 followed in 6 hours by another grain, will often abort the affection.

Keep the patient well nourished, and give every hour or 6 hour, the following. 20 grain Atropine tinct. If much fever is present, combine it with Phrenicine tinct. and give lecithin gr. 10 in the 24 hours. At night Calii Doroart in small doses should be given, to allow thorough action after the secretions have become established, give the following:

Kamnniae Uricariae gr. every two or three hours. Two Carbonate may be used if preferred. Inhalations of steam are especially good.

Keep the patient in a warm, quiet room, and let him inhale from time to time some mild Vapor. The Petrol Bauglin gr. is the equal of

Mrs. Beakrabe, Flabrum, Fomenta Citrinis, Tartar Emptis, Alum. 6 gr. Kali Boroart in small doses especially at night to allay cough, and put a mustard plaster to chest from time to time. As secretions become established, favor. Expectoration by giving the muriatic or carbonatic

of ammonium all the time giving a little Opium. Patient must have light food at first and later a good & liberal diet. If

In the first stage the following is especially good 1/2 gr. morphinia sol.

Quinina Ammoniaci ad 1 gr., Potassii Nitrici ad 1 gr. Alumini Boroart. 1/2 gr. As 1 teaspoonful in a little water, every hour.
Capillary Bronchitis:

It is a dangerous disease. The tubes become inflamed, and contain pus; and air is unable to reach the lungs. It is a disease of children, or persons of advanced age.

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Symptoms:

It may commence as an ordinary Bronchitis, and pass downwards; or, it may occur in the smaller tubular ones, which is generally the case. There is oppression over chest, and difficult breathing; blue lips; cold skin; clammy perspiration; little cough; and the patient finishes in a state of asphyxia. There iscleanness when persiminating, with shots of pneumonia, as a rule. The recovery is not permanent. Auscultation reveals feeble respiration, and subspititus sounds.

Treatment of Capillary Bronchitis:

The old treatment by emetics, is the best. Zinc Sulph or Cobalt Sulph. are very good here. Potass. Oxalic 1/2 gr. every hour, to a child, is the next best treatment. Aluminum Carb. gr. 1/4 to a child, is also very good. Stimulate with Brandy, especially in old persons.

If there is much oppression, use a few dry rubs between the shoulders. In suitable cases, wet rubs may be applied to back of chest.
Treatment of Chronic Bronchitis:

In cases where there is little secretion, much coughing and good digestive given, Potassium Bromide or Ammonium Bromide in small doses four times a day. Let the patient inhale some ammoniacal spray, particularly in the evening. Potassium Bromide, Turpentine, Iodine 3 to 5 every 2 hours Change of Climate.

In cases in which there are more secretions, sales be given, Ammonium Chloride, go to bed for Top water, or if that cannot be had, carbolic acid, both internally and by inhalations. Turpentine, Iodine.

When there are profuse secretions give the following: Turpentine internally, and locally. Acids Carbolic spray 5 to 10. If the disease does not improve, give an alcohol, either, Anisic, or Carbolic Acid.

A change of Climate, to a mild dry one is the best thing for the patient. Counter-irritation, in the shape of small blisters, influences the secretion. Cold from old, Top Water, a Saline Bath, Wine; all of Bandol Work, in express every 3 or 4 hours; Acids Carbolic 3 to 5 to 10 therapeutical.

For Chronic Bronchitis, the inhalation of Ammonia, ammonia given to the eye, and the internal use of Ammonia, 1 gallon of every 3 times a day, is good treatment. During a violent out-break, and when oppression is present, give Emetics, and at the same time Carbonate of Ammoniac.

Narrowing of the Bronchial tubes is occasioned by pressure, as from a tumor, etc. Diseases of the Bronchial glands, met with in children, often, in the scrofulous, often give rise to Catarrh, Night sweats, and symptoms of Bronchitis, with declines upon pneumonia, between the Scrofulae.

In cases of Chronic Bronchitis, get along, if possible, without Opium; if impossible, give it in the form of Purgative, Balsam Tincture, or Iodine 5 to 10. Inhalations are of little value, though Acids Carbolic and Iodine by spray, are good. Blisters are good, where the Physical signs are localized.

Treatment of Plastic Bronchitis (Acute signs):

Emetics and all medicines that break down false membranous. Put under Alkali treatment quickly, Potassium Carbonate or Acetate, or Potassium Acetate, alternating with Ammonia Carb., and Potassium 1 grain every hour. Also give Quinine, sustaining Remedies and stimulants. To prevent recurrences, put on a course 8 Anisic or Carbolic or Iodine or Potassium Acetate.

For Bronchial dilatation give Potassium Bromide, and build the general health, as with nourishing food and hot drinks, also, exercise and local. Blister are of value.

Always think of the possibility of Chronic Bronchitis being the manifestation of some other illness, which you of course must treat.
TREATMENT OF ASTHMA:

A large amount of coffee may prevent an attack, as may also smoking strong tobacco. Stramonium mixed with the tobacco will abort the seizure, when it is thinhead. Caffeine Elixir, gr. 4, four times a day is very good. Cawa is a new but successful treatment.

When an attack has begun, to relax the spasm, and bring on expectoration, small and frequently repeated doses of Strychna is good. When there is much shortness of breath, use dry cup to the chest, and give small amounts of Chloroform, or Ipecac, by inhalation. In these cases, don't give Opium, as it increases expectoration.

Subacute Bronchitis is often mixed up with an attack of asthma. In such cases, treat the Bronchitis, after the more immediate symptoms of the attack of asthma are over.

In the great majority of cases, the attack of asthma will be preceded, attended to, followed by a diminution of urine. This occurs sometimes 2 or 3 days before the seizure.

To prevent the attacks, after it has once started, Asa, is the best treatment, for Organic Asthma, 1/2 to 1 gr. every 4 hours, 3 times a day. Also avoid all exciting causes.

Asthma or Bronchial Spasm:

May be due to direct or indirect irritation, as in cases, resulting from the passage of a ball, stone; in women at their periods, or from Organic disease; as Emphysema of the Lungs, which latter, is mostly found with its Asthma runs in families, which is a proof of its nervous origin.

Symptoms of Asthma:

A sense of great constricting in the chest, loud, laboured and wheezing breathing; want of air; fixed, tight, and bilious nails. Apparently quiet chest, walls. This exists for some time, when the attack, passes off, with profuse expectoration. The attack, usually, occurs at night, and last some hours; though it may go on for weeks. Organic Asthma occurs frequently. Virrect Asthma, happens seldom. There is impaired pressure sounds, and scarcely any natural breathing sounds, can be heard over the chest.

Diagnosis:

A tumor pressing when the bronchial tubes may be mistaken for it; but in this, there is a constant want of air.

Conclusions: Terrible as it is, Organic Asthma cannot be cured, but Virrect Asthma, can.
Organic Asthma is best treated by Potassii Solubilis grani 3 or three times a day, also giving Jtec. Ammonii Aromaticæ.

In cases associated with Heart symptoms, give, diebusque gtt. 5 to 15 of the Fluid. Part or Orange juice three times a day. A repetition of the dry coughing is good, as is also Potassii Solubilis. Asthmatics should live in a mild, warm Climate.

If Emeticis Solubilis Fluid. Ext. gtt. 15 to 30. Lift sit in a smaller room after the attack of Asthma is over. May cup to chest, moisten warm room, and a hypodermic injection. Aperientia Mixturae with Hoffmnae Aconitum and other suitable stimulants. If the case be acute, promote expiration with Ammoniæ nitri. Potassii Chlor., Salmiaca, Coffea, Caffeina, Coriacea are very good, the Salmiaca being burnt & fumes inhaled. To prevent future recurrence course of Potassii Solubilis grani 3 or 5 gtt. daily. Ammonii Solubilis grani 1 or 2 gtt. daily. Cough is usually of a very obstinate nature. The Sputum is thick, it is often bloody, and for a long time will not come up until the patient has been up for some hours. When the condition of the Bronchial Membrane is such that it will not allow of the secretion being expelled, a course of Potassii Solubilis grani 3 or 5 gtt. daily, may be used.

Diagnosis: Easy

Pulmonary Emphysema:—

It is strongly hereditary, and most frequent in the male sex. It seldom occurs in Childhood. Complication may produce it, as may also, long continued Bronchial Catarrh, this latter being present at the same time as may also, the source. In this disease, the air-vessels are enlarged and scattered over the lungs, they contain nothing but air. There is an increased amount of air in the lungs and in the chest, and the lungs are distended, and the heart is very full, and usually of the right ventricle occurs. The Sputum is thick, it is often bloody, and for a long time will not come up until the patient has been up for some hours. When the condition of the Bronchial Membrane is such that it will not allow of the secretion being expelled, a course of Potassii Solubilis grani 3 or 5 gtt. daily, may be used.

Symptoms:— Shortness of breath, difficulty to catch cold, Attacks of Asthma, palpitation, and sometimes dyspnea in advanced cases; Moreover, hollow look of Face, Distended Chest, with shallow inspiration; Increased percussion resonant; Auscultation reveals, gurgles, respiration, long expiratory sound, when there is little Bronchial catarrh, and harsh sounds, when there is much catarrh.

Diagnosis:— Easy

Prognosis:— Not very dangerous, but extremely troublesome.
Treatment of Pulmonary Empysema:

Potassii Acidi: in large doses, is the best treatment. Keep it up, till some disturbance in digestion occurs. Inhalation of compressed air or of Oxygen will benefit the patient. Always look after the Bronchial catarrh, and give plenty of expectorants. If possible, send the patient to a warmer climate. Don’t allow attacks of asthma to occur, if you can help it, and always bear in mind the complications that are likely to arise, e.g., Heart disease, Silver disturbances, kidney trouble, congested Venous system, etc.

Potassii Acidi: + small and frequent, repeated Blisters or Inhalations of Compressed Air are the best treatments. Act on the Congested Portal Circulation now and then, with a Blue Pill, followed by a salicylic, and pay great Attention to Heart and Kidneys. Digitalis being the remedy in most cases. Guard against Cold and Sweats, and keep patient from having future attacks of Bronchitis. Should an acute attack occur at any time, put to Bed, dry cup, and treat with Digitalis. If possible, send patient to a dry, mild climate of not too high Altitude.

Inc. Surgical Empysema, keep the Patient quiet, and allow cough with Phrenium. If necessary, let the Air out by puncturing.

3 P.M. Congestion of the lungs:

As not very common, but is sometimes applied to Phrenmonia, or to a severe case of Bronchial catarrh. It may arise from Congestion of the brain, Heart disease, etc.

Physical Signs: Observe slightly impaired Table Respiration, and a few Bire Sub-Anticipant Rates.

Treatment:

Give Salicylic Purges and stimulants. Dry cup over the Affected Parts, and look out for the condition of the Heart, and if weak, Digitalis. A Dry Cup, Purges, Injections, and control Heart Action with Ammonia or Digitalis as the Case may be. If Kidneys are at fault, give Drastics and Dry Cup over them.

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Hemorrhage from the Lungs:

Reported hemorrhage from the lungs in cases out of 10 is really from the smaller Bronchial Tubes.

It is very common, it may occur from active congestion of the lungs. Blows or injuries of the chest, Organic disease of the chest. It may be caused by certain idiosyncrasies, or it may be a symptom of Scurvy, or of changes in the blood.

Symptoms:—Are the same, no matter what the cause. The patient without much effort, spits up blood, which is red in color and does not coagulate; quick breathing cold clammy sweat, followed in a few hours, by more expectorations of blood. This goes on for some time, finally disappearing. There is very little coughing. Some persons will swallow the blood, and after wards spit it out again, in this case it will be black and clotted, and perhaps mixed with the contents of the Stomach.

After Pulmonary Hemorrhage, there is always a risk of an attack of Pneumonia. The blood might again be drawn down into the lung, and cause Apoplexy. Physical Signs are Absent.
Treatment of Pulmonary Hemorrhage:

Prescribe the patient, that he is all right, and keep him quiet. Give a little food at a time, not much liquid, allowing him to swallow juices and ice slowly.

Check the hemorrhage, by swallowing salt, with Acidi sulfurici, gtt. t. of well diluted, of slighly, if present, give, Eps. Epsom or Magnesium, or gtt. 2 or 3 by the mouth, every 2 or 4 hours, till the symptoms cease.

For prompt action, the following is the best treatment.

& Acidi sulfurici, gtt. in gum water, at short intervals, at the same time giving the Ergot. In severe cases, put ice over the heart and feet bags over the chest.

If these remedies do not stop the bleeding, give the fluid extract of Matto 3. to 3. every two hours.

The Tinct. Ferric Chloride or Muriatic acid solution, used by a spray, are very good; as is also Epsom Sulphur, gtt. 2, every 2 hours.

Keep the circulation quiet, by giving Aconiti, etc.

Tinct. Aconiti Radic. gtt. 2 to 3, if headache is present give Belladonnae, and if much cough, give gum at night will be of much benefit.

Pulmonary Apheria is associated with Cardiac Disease, in cases of every 10. Disease of the right Cardiac side, most frequently.

A Thrombosis forms on the right side, and a plug so is broken off, and washed through the Pulmonary Artery into the Lung, where it lodges, thus giving rise to Apheria of the Lung. In these cases, very little blood is ejected by the mouth, though it fills the Lung and diminishes the Air-space, causing great suffusion, and feeble respiration, with spots of dullness upon percussion.

This is a very grave disease, and the treatment is Respecting, Ergot and Digitalis.

Diagnosis of Hemorrhage from the Lungs:

Hemorrhage from the stomach is not caught up, but vomiting, it is acid, coagulated, black, thick and mixed with food, while that from the lungs, is caught up, is alkaline, not coagulated, red, frothy and not mixed with food. Sometimes the blood from a gastric ulcer, is red and not mixed with food, and is not acid, and sometimes an aneurism breaks in the Bronchial tubes, in which case, the blood comes in a jet, and may be mistaken for Pulmonary Hemorrhage.

Prognosis:

There is no immediate danger, in some cases slight hemorrhage may be beneficial.
Further remarks regarding a few preceding notes:

Pneumonia:

May be acute or chronic, the chronic variety being very uncommon. Acute pneumonia occurs frequently, but Acute Tubular Pneumonia most often. Bronchial Pneumonia is often called Bacterial Pneumonia. It seldom happens under 5 years, after that the tendency to it increases as the person grows old.

Acute Tubular Pneumonia:

Is very often the result of colds and exposure. When it assumes a low character it is called Typhoid Pneumonia; it is very dangerous, forming about 70% of the mortality from all diseases. It consists of an inflammation of the finest bronchial tubes, which after a while exclude the air and pour out Serous, filling the surrounding Bronchi and then forming a solid lung. In this state, the lung is heavy and will sink if put in water. Abscesses and gangrene in Pneumonia are extremely rare. The inflammation affects one side, mostly. The lower lobe of the lung is the one generally affected; the upper one being seldom affected. When it is, it is generally the one on the right side. Pleurisy is often complicated with Pneumonia. Alcohol and Malaria are not responsible for Pneumonia.

1. Physical Signs: (Stage of Irritability)
   Pericardium resonance is impaired, and upon inspiration auscultation reveals a soft, vesicular, sound, over the seat of the inflammation.

2. Stage of Inflammation: In this there is marked dullness upon percussion and upon auscultation, Bronchial Rales, Tubular breathing, and
Diagnosis of Pneumonia:

Pleura of the lungs might be mistaken for fluid, but in this there is a marked clearness upon percussion, and this is a double-sided affection. Pleurisy might be confounded with it, but in this the lung is not solid, but compressed and there are no breath sounds.

A pneumonia is often intercurrent with a pleurisy; but when it shows itself, it is mostly secondary. Eighmonth fever complicated with this disease is often very hard to diagnose; but in these cases the lung symptoms come later in the disease, which is the sooner in Pneumonia.

Symptoms of Pneumonia:

It generally begins with a chill and often vomiting, high temperature averaging 103, pursuing a steady course, with slight morning remissions, till resolution sets in, which mostly occurs on the 5th or 6th day, when the temperature will drop to normal or below it; in the latter case it will rise to the normal and then stay as a rule till recovery. Pulse, fair, short and frequent respiration, 36-40, and sometimes in the minutes. Pulse about 170, rarely above 200. Breath slight, and sometimes absent, often very marked. Offensive and putrid exhalation occur from the first, they are sometimes mixed with blood. Headache, sometimes Delirium; Paleness, scanty with small amounts of Chlorides, which will appear as the case gets well.
TREATMENT OF PNEUMONIA.

Do not bleed, as a rule, unless the patient is strong; be a rule, unless the patient is strong, has a flushed face, &c., although local bleeding may be used at a later stage.

Keep down the circulation with Kino or Quinine. Kino 1 drachm every two hours, or Quinine 1 drachm every two hours.

Use Vaseline, 1 drachm, in Ginger syrup, every three or four hours till some improvement is produced when the pulse. Give Quinine gr. ½ every hour.

As the case goes on, look up thequinine and give Digitalis instead of the Quinine.

To act on the skin, and quiet the nervous system, give a small amount of Sulf. Brevi at night.

Expectorants are only useful in the stage of resolution, when pneumonia is acute or especially the Carbonate of Potash. 1 drachm every two or three hours should be used.

Do not overfeed the patient, but give him mild and dry foods. Stimulate for the symptoms not for the disease. When Pneumonia and a pain are present, Boultier only, when the symptoms are present.

Catastrophic Pneumonia:

As very common in both children and old people. It is really a Bronchitis of the finer tubes, and the old name of Broncho-Pneumonia is better than its new one. There are spots. Conjunction scattered over the lung, which is due to inflammatory exudation. This disease is of longer duration than Pneumonia.

Symptoms of Pneumonia of this Variety:

It most always begins with signs of Catarh, then there are signs of depression, followed by a strongly remittent fever. The sputum is catarrhal, and streaked with Blood. If the patient coughs and expectorate, he will hear over the chest, and spots of dulness will be scattered around, which will shift their position often, owing to their being only partial spots due to Collapse, rather than to Inflammation.

Over these spots, the crises will be better transmitted.

Diagnosis: Depends upon the Physical Signs.

Prognosis: Is favorable, though it tends to ward a chronic course. When the symptoms linger, the disease sometimes furnishes a predisposition to Tuberculosis.
Treatment of Catarhal Pneumonia:

Treat mostly as a case of Bronchitis, e.g. give Ammonia Muriate or Carbonate and Dry cupping to the chest form the basis of the treatment. In cases of sweating give Digitales, with Quinine, this with expectorants will be the treatment.

Chronic Pneumonia:

As chronic consolidation of the lung is not common, the patients seldom recovering completely; they generally die of Pthisis in the long run. Chronic Pneumonia may last 5 or 10 years.

Treatment of Chronic Pneumonia:

Give Potassic Oxide and

Alum, Morrhuae, and if there is any fever, give Digitales, with or without Quinine. Repeated Blistering is of prime importance.
Pulmonary Consumption:

2-10-86

It is extremely frequent and exists almost everywhere. It always leads the Mortality lists, unless there has been a great epidemic of some disease. The age or condition of life are exempt from it. There are three views as to its cause: 1st. That it is the result of inflammation of the Lung, the structure of which breaks down and forms Tubercle. 2nd. That it is the result of Chesey formations, the result of inflammation, and 3rd. That it is the result of a Specific Poison. Juby da Costa thinks the latter is the true view, as tubercular deposits may be caused by inoculation, and in account of this reason. The Bacilla of Tubercle were discovered by Koch in 1882, thus settling the question. Tubercular deposits when first formed, are isolated and diffused in the lung tissue; these spots gradually grow together, the healthy interveining spots disappear, probably by staphylo. This diseased tissue breaks down and forms cavities, mostly in the upper part of the lungs. In advanced cases, other organs may become affected. The average length of this disease, is about two and 1/4 years, including the intervening periods of rest.

Symptoms of Pulmonary Consumption:

Isolated Stage:
- Poor health
- Digestive disorders
- Loss of flesh
- Hacking cough referred to the throat
- Sometimes: the cases begin with hemorhages, and have more marked symptoms.

Exudating Stage:
- Cough followed by thick expectoration, which is especially distressing at night; increased emaciation, various change of temperament, and as this stage enters the next; hectic fever, followed by night sweats, will come on, then the shortness of breath, increasing debility, and cough increase and run into a state of collapse, from which the patient does not rally. Swelling of the feet is common. Pulmonary hemorhage may happen throughout the Disease, becoming less as the disease draws near its end.

As a rule the temperature is elevated early in the disease, recurrent during the illness, when it is normal. Fever begins as the breaking down stage commences.

Chest Vains:
- Are present, as a rule, in Consumption. They are slight in extent, and when present have fragrant, slight Pulsations. Tubercle is usually present. Sometimes, there is a red and white line around the veins, and the nails are bluish and curved, and somewhat dulled. The disease is rarely deposited in the Apex of both lungs at once.
Physical Signs: First Stage.

Flattening at one apex, rarely at both occurs. There is some impairment of resonance, the respiratory percussion being of especial importance. There is rub sometimes heard inspiratory with prolonged expiration. Fine rales heard at the apex, associated with impaired resonance, are of great value in this stage.

Second Stage. Greater dullness at apex, extending downwards, voice well transmitted; Bronchial breathing; and more perfect signs of consolidation.

Breaking-down Stage. Auscultation reveals, moist rales, common respiration, and upon percussion metallic sounds will be heard.

Causes: A special infectious poison, favored by confinement, close quarters, want of air and soil drainage, hereditary influence especially from the mother’s side, although not always so, as it is not found in the sexes, and is most probably acquired in the great majority of cases. Contagion is often the cause. If it, as healthy person should not sleep in the same room as consumptives. The inhalation of fine particles of glass, dust, wool, etc., may predispose to it.

Diagnosis of Pulmonary Consumption.

2-11-05.

As very difficult in early cases, but very easy in late ones. In early cases, last the greatest possible stress upon the physical signs at the apex of the lung; the hacking cough; the impairment of strength, the prolonged expiration, especially on the left side, and the dry crackling sounds. In the late stages, the symptoms are increased, and the diagnosis becomes easy.

Bronchial Cataract may be mistaken for it, but in this the patient is not failing, and there is no dullness upon percussion.

Chronic Pneumonia might be confused with it; but in this the history, the almost invariable one-sided character, occurring mostly in the lower part of the lung, will help differentiate it.

Sometimes in the history of Pneumonia, a case turns into Tuberculosis; but in these cases, there is always a fever with marked morning rises, and morning remission, and the disease now becomes common to both sides.

At a still later period, it may be confounded with Bronchial irritation, but in this, there will be multiple cavities throughout the lung, with very little dullness; Chronic cataract will be present, and the sputum will not contain the Bacillus of Tuberculosis, among one of the lung may be taken for it; but in this the history is linked to some blood poisoning, and there is a very offensive death and septicemia.
Diagnosis of Pulmonary Consumption:

Sometimes tubercular deposits undergo calcareous degeneration, in which cases, the disease is arrested. No case is absolutely hopeless. There are cases that appear to get well, which break out after a time, sometimes after a lapse of years.

Cases in which fever is a marked symptom; having diarrhoea; or rapid pulse and throat symptoms, cases where the nails become blue and change rapidly and where a predisposition to the disease exists, do badly; while cases having good healthy digestion, unaltered pulse, lacking predisposition, and where the nails remain unchanged, do well.

Treatment of Pulmonary Consumption:

The treatment of this disease consists of hygienic means, Medical Agents, and rest. The treating of prominent individual symptoms.

1. Hygienic Means:

Open air exercise. Out of door life, warm clothing, good food, and proper climate.

Egypt is the best climate. Algeria comes next. New Mexico, Southern California, Colorado and Minnesota, have good climates. Those cases seen early do best in high, dry climates. Those cases having a tendency to Pulmonary hemorrhage, and the late ones, do well in mild climates. The cases in which mucous Bronchial secretion is present, the damp & dry climate of Florida is best.

If the patient will live an out of door life, send him to the climate of the Adirondack Mountains.

Food:

The best diet is a meat one. Alcohol in moderation is beneficial, especially if mixed with Alum. Horseradish, Whisky and Brandy are the best stimulants.
Treatment of Individual Symptoms:

It is best to let them alone, unless they interfere with the progress of the disease.

Coughs:

- Don’t give expectorants, give Opium instead.
- Morphia q.s. to 1/6. Codea sometimes acts well, as does also
  Phosphoric Acid given in the form of the Fluid Extract.
- Small doses of Sulphuric Acid, with Opium is good, as are also
  inhalations, of Tar, Carbolic Acid, or Alum, Eucalyptus, q.s.
  used through an atomizer.

Night Sweats:

The best remedy is Atropine q.s., at bed-time.

If the patient will not take it, a strong infusion of cold sage tea or
chamomile, boiled with water as hot as can be borne, may be
allowed to. Next to the Atropine is Emetic, of Fluid Extract 5 cc.
three times a day, the last dose to be taken at night.
- Sulphuric Acid, and Zinci Aceti q.s. four times a day are good,
Indigestion & Consumption:

Treat these cases as you would other cases of indigestion. Carbolie Acid gr. ½ - ⅘ four times a day.

Creosote has also a good influence.

Strychnia gr. ⅛ three times a day, is also good.

Diarrhoea:

It may depend upon altered secretions, superficial ulcers, or may be due to a catarrh.

Opium and Bismuth or Opii and Cupri Sulph are good.

State of the throat:

BRICK MOSS 3oz. to the OJ, sipped as often as possible, is good. Painting the parts with Iodoform or Cocaine is good. Allow the patient to eat immediately afterwards.

Purifying Ferri:

The following is very good.

Y. Opii — gr. ⅛
Digit. — gr. ⅛
Alum. — gr. ⅛

At. Sig. tid.

Contu Tuberculosis:

As a very bad affection, and occurs in two forms, one in which the tubercle is deposited in the lung tissue or other parts. The other is the chronic form, only much more rapid.

Symptoms: Fever with marked remission, usually followed by sweats, it is a high fever. Cough followed by expectoration which is sometimes mixed with blood. Diarrhoea, headache, delirium, difficult breathing. The physical signs are those of ordinary Bronchitis if the signs of the chronic malady, following each other in rapid succession.

The diagnosis is sometimes easy, and at times impossible.

Diagnosis: Unfavorable, but never give a case up till the last.
Plural

May be acute or chronic, circumscribed or general.

Acute Pleurisy:

Is very common, and occurs very often after a cold or injury. The vessels first become congested; then serum leaks out, and forms a plastic material which accumulates in layers, and is generally deposited upon the pleura. It may happen that both surfaces of the pleura becomes affected, the serum accumulating in the lower part of the sack - the stage of effusion. The Plastic stage lasts from 2 to 3 days, and then passes into the stage of effusion, which lasts from 15 to 14 days, after which, absorption takes place, and the roughened membranes come in contact. Adhesions of a permanent character, form finally.

Physical Signs - Plastic Stage.

Fricion sounds significant with this stage will be heard.

In the stage of effusion, the friction sound will disappear, the voice will be well transmitted in the upper part of the lung and sounds like the blowing of a boat. A sound will be heard in the lower part of the lung, there is feeble respiration, and marked

Bowelisch breathing in a limited space, and the chest wall on one side where the effusion is situated, will be distended. ASystolic sound may be heard under the diaphragm. At the end of the Pleurisy, a friction sound will be heard, which will continue till the adhesions form.

Symptoms:

In some cases, none may be present, except the Physical Signs, in others, a dry, irritating cough, little expectoration, some effusion, increased respiration; slight fever, rarely above 103°, and when above that, it is connected with some septic process or a pneumonia; acute pain in the side; increased by breathing, and all efforts of the patient. The pain is not always, referred to the spot, where it exists.

Diagnosis of Pleurisy:

In the dry stage, it may be confounded with Rheumatism of the Chest, but in this there are no friction sounds or fevers, and the pain is not to extend all over the chest.

In the stage of effusion, it may be confounded with Pneumonia, but in this, there is rusty spuitum, harsh breathing, rales, and well transmitted vocal sounds. Enlarged larynx may be mistaken for it, but this organ is below the Diaphragm.
Diagnosis of Acute Pleurisy:

The prognosis in these cases is very grave. Cases which spread to the lungs, or are complicated with pericardial inflammations are grave.

Treatment of Acute Pleurisy:

On the early or plastic stage, when the effusion is slight, wet caps applied over the seat of the inflammation is good practice; in young, robust persons, who can well spare the blood, from 1/8 to 1/4 withdrawing, will generally be sufficient. A large poultice containing sandalwood, should be used, and in cases where coughing is not performed, use some counter irritation, injections of morphia near the affected part, at the same time keeping the patient under Opium is good treatment; also give Aconite gig, in Sol. Potass. Nitric, every hour.

On the Effusive Stage: Don’t allow any coughing, or give Aconite; but give the following: Potassii Acetate 30s in the 24 hours, with Digitalis, Potassii Sodici, Jaborandi, and small, frequently repeated blisters, may be used in this stage.

In cases having great effusion, a gentle mercurial injection, will cause the Digitalis and the Potassii Acetate to act, in cases, where they have previously been tardy. Always sustain the patient’s strength, by giving stimulants, &c. In cases of extreme effusion, tapping should be performed, especially in double pleurisy and where the circulation is irregular. In 9 cases out of 10, patients having double pleurisy, have Tumors.

A slight mercurial injection may be obtained by giving small doses of Colonel and Opium.

Chronic Pleurisy:

May occur from an Acute or Sub-acute attack, which has not been perfectly cured; the heart and liver become displaced; the pleural membrane more and more thickened, the lung beneath becoming compressed and dwindled. The sack contains fluid, made up of serum, albumen and pus, which will become prevalent in four months in most cases, and much sooner in certain constitutions.

The symptoms vary, and point to other affections; Clubbed fingers, pale skin, poor health and a sense of depression, being the only symptoms outside of the Physical signs.

Physical Signs:

Are in some cases like those of Acute Pleurisy, Displaced Organs and increased dimensions of the Chest, in some cases compression of Chest. When the Voice and Resonance is absolutely absent, the cavity contains pus, and when the voice is heard, it contains serum. If it is important to know, whether the cavity
contains pus or abscess, use the hypodermic syringe. If blood is withdrawn, let the case alone, as it indicates a cancer of the pleura.

Errors in Diagnosis:

Fever should not be mistaken for chronic pleurisy, as there are generally no chest symptoms, and they mostly have a periodical fever, which pleurisy has not.

Pulmonary tuberculosis may be confounded with it, but in this, the voice is well transmitted, and it is generally double-sided at this stage.

Diagnosis of Chronic Pleurisy:

Not as favorable as the acute form, the time the disease has lasted should be considered. Cases having purulent fluids, are very grave.

Treatment of Chronic Pleurisy: (Medical)

Bichat's mixture for three times a day with gr. 1/4 oz. of strychnia, or the following:

Potassii iodidi, and when there is much froth, combine chlorine and digitate with it. The occasional use of small blisters is important.

Surgical Treatment of Chronic Pleurisy:

Don't tap the chest until medical means fail, unless there is pus present, in which case take it immediately. Always test the fluid with the hypodermic syringe, and in all doubtful cases, tap as soon as possible.

In cases of long standing, which are not benefited by long medical treatment, tap whether there is pus or not. As a rule, cases do better under frequent tapping, than those having drainage taken out. In cases having having a great deal of the pus forming again, a well diluted solution of the Bichloride or of Segal's solution of boric acid, should be injected.
Pneumothorax:

In this there will always be water and air in the lungs. The great majority of these cases originate in pleurisy, though they are caused sometimes, by Pneumonia, Stabs and injuries of the pleura, &c. It is usually a one-sided affection.

Symptoms:

Rapid pulse, slight fever, cough, pain, great oppression and distress of respiration.

When air gets into the pleural sac, it presses upon the diaphragm, and displaces it somewhat, and sometimes presses upon the other viscera. On left pneumothorax, the heart is especially displaced.

Pleural lymph is produced, especially at the point of puncture, if there is one, which spreads, and is followed by a hooping out of serum or pus.

It is impossible to recognize this disease without the Physical Signs:

1. Distension of chest, splashing sound upon striking the patient.
2. Syndromic percussion. If a high grade above where there is air and dullness below, and auscultation reveals either, nothing or a great hollow breathing.

Diagnosis:

The majority of cases prove fatal in a week or two, while some turn into a case of Chronic Pleurisy and so get well.

Treatment of Pneumothorax:

It is not good practice to withdraw the air, unless the patient is in such a position, that life is threatened. Keep the patient quiet, giving Aperient or Cenak Indica.

See that the kidneys act well, and trust to an inflammatory exudation closing up the Aperture.

Further Notes on Previous Lectures:

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