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

Sudden changes in Disease, as a rule, point to a worse condition.

Pathology is the science of Disease in the living.
Pathological Anatomy is the effects or results of the Disease, at death.
Most of acute Diseases end by Lyissis. Ending by Crisis is rare.

In nearly every diseased action, there are certain early beginings or Symptoms, which are called Virology. There is still an earlier period which is called the Period of Incubation. This especially exists in all the Enveloping Fevers.

Death may occur in four ways, etc.: Through the Nervous System; 2. By the Fungi; 3. By the Heart; or 4. By Hemorrhage, which really belongs to the latter. Ex. = Shock for the 1st; Lack of Oxygen for the 2nd; Rupture of the Vessels for the 3rd; and Hemorrhage from the Bowels, or Bursting of an Anemic, for the 4th.
Pain:

The due to persisted 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, Pneumonia, Toothache, &c.

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

Inflammation of Serous Membranes is accompanied by acute Pain.

" Acute "

" Dull "

Aspect of the Patient:

Should be studied well, and position noticed. Whenever there is great lindness to circulation, as in some respiratory or cardiac trouble, there will be a red (somewhat blue), flushed face, or localized flushings as in Pneumonias or in Apoplexy, &c., or yellowish, especially with a white conjunctiva. A pale, white face is a symptom of Malaria; and color of Face and Conjunctiva. A puffy face is often a symptom of Bright's Disease.

In Cholera, Cholinitis, and Wasting Diseases, a pinched expression is often seen.

Small Syphilis, Short after Life, Furring Face.

A rounded chin, swollen glands, pale face, &c. belong to Scrophulous Fevers.

An arched back, with the head thrown back, Gesäck, &c. Belong to Spinal Fever.

Great excitement shows high nervous irritation. Clutching or pulling at bed clothes is a bad sign.

A patient, when perfectly quiet, especially in Fevers is in a bad condition.
Germantown, Pa.

Dr. W. H. 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 lay a little at a time. We are under very heavy expenses just now, my eldest daughter being in a hospital under treatment.

Very respectfully,

[Signature]

March 3, 1893.
The Tongue:—

Shows its own diseases, and partly the condition of the system. So 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 progressive 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 in Hake, in Anaemia, and Red in Constitutional Fever and Heart troubles.

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

A heavy, white tongue is observed in all catarrhal affections of the Stomach and Bowels. A slight, 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 Heart Fever, in some cases of Fever.

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 fissured tongue is not normal unless inherited. It means lowered powers; when present with the glazed tongue, means extreme debility. inflammation and swelling of the tongue may be caused by Tumors, Inflammation, Syphilis, Remedial Agents, Poisons, etc. A peculiar, shining, delayed, dulling and fissured tongue is frequent in slow and wasting diseases, Syphilis, General constitutional Affections, fair great swells.

The continual use of Tea, causes a yellowness of the tongue.

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 10 to 15 more beats in the erect posture, than in the recumbent. The Pulse is increased in all Fevers, by debility, Emotion, Rapid breathing, contraction from Fever, Poisons circulating in the blood, Convulsion of Brain or Animal Lungs, Viscous degeneration of the Heart, Softening of nerve centres, etc. A healthy pulse gives a resistance to the fingers.

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, purgulating 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.
Gastric Pulse:—Directly observed after wasting diseases, and during increasing debility when present in disease.

Irregular Pulse:—The sometimes due to indigestion, Tobacco; All diseases of the Heart and Vascular System; Inflammations at the base of the Brain; Pernicious will produce it; is observed in children, when cutting their teeth. When not due to the above, it is apt to be the forerunner of Cardiac Organic Disease.

Certain diseases of the Brain, affecting the Sympathetic nerve, and Jaundice slow the Pulse. A hard and thick Pulse points to disease of the Blood Vessels.

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

Adults’ Pulse = 60-75 Beats per Minute.

Children (3 yrs.) About 90

(Infant) 80

Infants from 110 to 130 beats per Minute.

About the Age of puberty, the Adult Pulse Begins.

O.R.M.

The Temperature:—“Foot studied by Currie of Scotland.”

The average healthy temperature is 98.6° Feb.

It is modified by age, increased by certain foods, drink, and exercise, and lowered by protracted illness, hard study &c. It is influenced by the climate, the Month, Adulla, and8 Xuet, are good places for ascertaining the temperature, and when doing so, always let the bulb of the Thermometer remain in at least 6 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 gradual changes are favorable.

100° to 103° a fairish condition; 103° to 106° a high fever, and above 106° 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 106°. Highest occurs late in the afternoon, and the Malignant Disease, sudden shock, and all acute changes.

Low Temperature—is marked in cancer of the Basins, it is from 100° to 102° lower in convalescence than in health. Lowest 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, Exanthemia, Consumption, Malignant Diseases, &c.
The Temperature of acute tuberculous is very high. Over the seat of acute pleurisy, there is higher temperature than over other parts of the lungs. The same is the case in Iayers of the brain, and Diseases of the Spinal Cord. A temperature above 105° 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, blood changes, altered circulation.)

Symptoms of Fever: - (Secretions and thickened circulation.)

Elevation of Temperature (over 101°), Urine scanty and of high Sp. gr, and containing from 2 to 6 times as much Viscum as in health; Altered circulation; Secretion and Intoxication; Great thirst, with retention of water in the system; Dehydration; Exudation; Debility. Many fevers are preceded by a chill, during which, roughened or what is known as Fever Skin, is present. The secondary symptoms consist of increased tissue change and changes in the tissues and blood, the red corpuscles of the latter being destroyed and its Salts altered. Potassium Salts are increased 8 times, in amount, and Urine 4 times. Fever attacks the Kidneys first among others.

**General Pathology of Malaria:**

Malarial Fevers are rare in the colored race, while such fevers are greatly prevalent. A local affection is not necessary to a Fever, except in cerebro-spinal meningitis, small pox and typhoid Fever.

**General Treatment of Fever:**

Always keep the secretions free and the kidneys acting. Give appropriate systemic nourishment and allow as much fluid as the patient wants. Keep down the temperature and circulation; for the first, giving quinine in decided doses, at short intervals; laevn in doses of gr x to gr xv; antipyrin gr 3 to gr 8.

If necessary use cold baths. Keep up all the secretions and secretions for the second give ammonium, and to weak persons digitalis. Sustain the heart's action, if necessary, with stimulants.
11 a.m. 18-18-36.

Forms of Fever:

They are divided into 3 classes—Continued;

Periodical, and Eruptive—Continued.

Periodical Fever:

Simple Continued: Influenza, Cataract,
Typhoid, Typhus; The Plague; Cholera.,&
Relapsing Fevers.

Intermittent; Remittent; Congestive;

Yellow Fever.

Eruptive Fevers:

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

The Simple Continued Fevers are characterized by a steady progress of the febrile momentos without decided rising and falling this side 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, & by a fever of more or less intensity, and by an Eruption which presents a distinct aspect in each disease.

6 P.M. 18-18-36.

Simple Continued Fevers:

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

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

Symptoms: Chill, followed by fever which lasts about 4 days,
when it ends in profuse perspiration. There is no eruption.

Delirium is sometimes present,

Progressive favorable.

Treatment:- Keep up the Secretions, and keep the bowels
and kidneys acting. lessen the force of Weiss's action if necessary,
and see that the patient is well fed and supported.

If you wish to give Opium, Dover'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.
Catarhal Fever or Influenza:

- Described in the 18th Century.
- Generally present in an epidemic form.
- May occur at any time of the year.
- It is probable that it is due to minute germs, but it is not contagious, though the persons in the house where it occurs may get it.
- When prevalent, it has no effect upon healthy persons, but in the aged, feeble, and sickly, it is most fatal.
- Mortality: 5%

Symptoms:
- Fits of shivering;
- Pain in joints;
- Delirium;
- Cough;
- Headache;
- Acrid, greenish, or yellowish 
- Small Pox,
- Difficult breathing;
- Stiffness of skin;
- Pain about chest;
- A marked case is sometimes accompanied by Delirium; Nausea; Vomiting; Diarrhoea.
- There is severe fever at short intervals that lasts the same symptoms change;

Treatment:
- Quinine gr x 1/2 to Adults, and at night the following diaphoretics:
  - 1/2 Decoction of 1/2 infused with 1/2 Decoction of 1/2 infused with 1/2 Decoction of 1/2 infused with 1/2 Decoction of 1/2 infused with 1/2 Decoction of 1/2 infused with
- For the Catarhal symptoms give Opium in the shape of
  - 1/2 Decoction of 1/2 infused with
  - 1/2 Decoction of 1/2 infused with
  - 1/2 Decoction of 1/2 infused with
- Avoid strong aromatic or stimulating drinks.

Intestinal Lesions:

There is inflammation and swelling to the 12th day, followed by softening of the bowels by the 14th day, and from the 15th to the 18th, more likely between the 10th day and the 30th week. Perforation may take place the ulceration having been going on since the 10th or 12th day. If perforation does not occur, the ulcer may cicatrize rapidly, or may remain open for a good while, but if a rule, they will be healed by weeks from the original attack. The intestine becomes red, swollen, and pustulent. The Spleen is affected, but the liver is not necessary.

Spleen is congested at their lower part. Heart soft and flabby, and in bad cases it undergoes granular degeneration, as do also the muscles. The Brain and Nerves are not affected. The Blood is poor in Febris; the white corpuscles are increased and the red ones diminished, and defective in quality, the blood being of a dark color, it clot easily bleeding.
Cause of Typhoid Fever:

It is a special, specific germ, which generates and regenerates itself, under favorable circumstances, with extreme rapidity. Decomposing stools, drain pipes through which they have passed, decaying food, 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.

Peridurative causes:

It is a disease of young adults, between the ages of 10 and 20, very rarely found after 20, 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 it 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 Satiety, 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. If untreated the delirium is very severe, and the patient becomes delirious, or coma. Death occurs, despite the improvement of the affection.

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

The Fever Symptoms:

The temperature rises for the first 5 days, reaching 104°, it remains there, with the morning remissions, till the 10th day, and from that time on to the 20th day, there is a Zigzag temperature. Generally, by the 20th day, the temperature is normal, of the fever subsides after the 24th week, it is a very long case and consequently a grave one, or it may be due to some intestinal inflammatory State. sudden drops in temperature, during the third week, indicates most always, intestinal Hemorrhage. Elevation of temperatures, especially that of the morning, shows a very bad case, after the 1st week.
Rule of Typhoid Fever:—

The pulse averages about 122, 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.

Diagnosis of Typhoid Fever:—

It commences early, and generally keeps up after the Fever has stopped. There may be from 2 to 20 stools a day, the average being about 5. They are very large and offensive, and look like in Soup; with a yellowish or bloody look. When Blood is present, there is more or less pain in the right Culcarea. Constipation may exist in some cases, instead of Diarrhoea. Symptoms may exist. Tympany and Turgency are common.

 Tongue of Typhoid Fever:—

In this disease, the tongue means a good deal. At the commencement of the Attack, it is coated with a white Coating, which soon gives away to the Red, Dry, Cloyed and Cracked Tongue of Typhoid Fever. A coated tongue in this Disease, generally is a sign of Recovery.

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 7th day. Of all the Symptoms, it is the most characteristic, when present. About 15% of cases occur without it. The spots are round or slightly elliptical, generally present in groups of Sand & sometimes alone. They are red, and disappear under pressure. Each spot lasts for 5 or 6 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 continue 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 vessels that are occasionally present (=Sudamina) have no significance. Blue Streaks throughout the skin, slowly disappearing upon pressure show a bad case.
SPECIAL.

Therapeutic Symptoms of Typhoid Fever:-

There is more or less accelerated breathing and generally loud and resonant coarse dry Rales, especially during the 2nd and 3rd weeks. Chills and Diarrhoea are seldom found.

Venous Phlebitis:-

Headache is almost always present in the first and second weeks of the disease. When it is severe, it is apt to be accompanied by Delirium of a low muttering character and delirious kind. The above generally subsides in the morning, getting worse again at night, the patient lying in a state of stupor. Jerking of Tendons, shows a very pernicious case. Of the patient rises the centre of the bed and remains there without motion, it is a very bad sign. Epistaxis is almost present in grave cases though it may be absent in light ones. It is an early symptom and one of much importance as regards Diagnosis.

The persistence of Typhoid Fever becomes at times very great, and the more marked it is, the graver the case. After an attack of Typhoid Fever, a ridge is found upon the nails, due to the effusion in the growth at that time. Additional marks, point to relapse.

Convulsion is one of the worst symptoms, as it also much Stupor.

Diabetes:-

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. Generally 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 diarrhoea. It is generally preceded by a fall of temperature. The hemorrhage may be slight or severe, or it may be frequent.

Relapse:-

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 as long; convalescence once more setting on the 15th or 16th day.

Typhoid Fever:-

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

It may be confounded with Debility, Typhoid Condition, Enteritis, Peritonitis, Acute Pulmonary Affection, and possibly Meningitis.

The latent cases are the ones generally mistaken for Debility, but in these the debility sets in suddenly, there is more or less confusion of mind and the Abdominal symptoms are rarely wanting. In Typhoid condition: The diarrhoea, tycmanites, Eruption, Epistaxis, &c. 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 merely elements of the disease; further in the former, the symptoms are referable to the affected intestine, and the disease is much shorter. The same is true of Peritonitis, the Abdominal tenderness, and effusion of fluid, also being of great value. The gradual development of Typhoid Fever, and other symptoms, will differentiate it from Meningitis.

The looseness of the stools, with a cough closely resembling, slight. The Eruption, Epistaxis, and marked interie symptoms, will distinguish it from Acute Pulmonary Affection as will also the peculiar Fever. Moreover, fever generally above 103°; eruption on Chest & Abdomen; Macaron face, seldom on extremities; Diarrhoea; Enlargement of Splenic Headache, will greatly assist the diagnosis. Acute affection in women may be mistaken for Typhoid, but here look up history also see that intestinal symptoms are wanting. also Eruption, Epistaxis &c.

The mortality in Hospitals is from 18 to 20%. The earlier the patient is sent to bed the better.

Favorable Signs: The more typical, before the disease the fever the case. When first sound of Heart is heard during the case, it is good. Fever 108° or under. When the fever has its course slowly, & when intestinal hemorrhage is slight. Phlebitis is not a bad sign, and the prognosis of a relapse is favorable. Paralytic cases mostly recover.

Unfavorable Signs: Fever above 103°, (105° great danger), especially if in the morning; looking of Tendons, Early Delirium, Patient lying in centre of bed and clutching the clothes; when fever keeps up into the 2nd or 3rd day; Intestinal Hemorrhage although recovered are frequent; Hemorrhage or Congestion of Kidneys, made manifest by bloody urine, Granular Swellings; Swellings of legs (not considered fatal); Inflammation of the Brain, is sometimes connected with the Fever. Swelling of Portal Blood is a grave, but pulmonary fatal symptoms. Unusual Complications are bad, as are Uleerations of Gastro Intestinal Cuts, & Phlebitis. In Pregnancy the danger is from Abortion, otherwise the danger is not increased. The mortality of Typhoid Fever in private practice is about 10 or 12% although steady and watchful. 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 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. Let just every thing that comes from the patient, with a solution of Acid Carbolic 1/5 to 2/100, be washed or boiled, a 1% to 2% solution of Hydroxyde Bichloride. Give the patient plenty of fresh air, and sponge him with vinegar and water three a day. Keep his clothes clean and neat.

Food and Drink:

The nourishment should be of the lightest sort, eg. Boil or Matter 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 boiled or Matter Broth will generally be sufficient in 24 hours. Some of the milk may be thickened with Corn Starch or Broweroot, and if the milk is not well digested, the amount given may be modified by giving Beef 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 identity in the early morning hours. Then the diarrhoea is prominent, the diet should consist of Milk and Matter Broth, if the patient wants a more solid diet, Borsenoot 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, 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 they, being guided by the first sound of the heart. From 3 to 5 tablespoons of a twenty-four hour dose to an Adult, will be enough in any case. It may be that the stimulants are doing good if the Pulse or Temperature goes. If the Pulse or Temperature is stationary the amount given may be increased; when, however, the above is reversed, the amount should be diminished and the heat given may be increased.

For a should be given every hour before and after meals, especially early in the morning. The patient is very weak, sponge with Cologne, Beger, and a pint of water containing some mild but positive disinfectant, washing one part at a time. Don't change his garments too 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, Sweet Breads, Oysters, &c.
6 P.M.

Medical Treatment of Typhoid Fever.

Temperature is still very high. Bed rest necessary. Keep the patient cool and sponge off, and the

if the

with

Sponges, if

frequent

Porcelain. When

the

skin

of

when

Abdominal Symptoms:

If the Diarrhea does not consist of more

than 200 stools in the 24 hours, do nothing, but if they exceed that

in the Pennsylvania Hospital.

Never treat complications, unless it is necessary to do so.

The treatment by Tartrate except in cases of Syphilis (9th to 11th dose) should not be used. The Cold Water treatment is not practical;厉害

from Bowels and Pneumonia are the result in many cases. Never over medicate your patient. Put him upon the Mineral Acid or

Boric acid and Carbolic acid treatment; control Diarrhea, and feed and

stimulate systematically. Don’t treat the symptoms, unless they

interfere with the patient’s progress, then treat promptly.

Tears Symptoms:

Keep the Patient cool and Sponged off, and if the

Temperature is still very high, Better remove patient in the water and

sponge on Abdomen and Chest, or the cold bath must be resorted to.

When the skin is dry, Sweet Spirits of Vitriol may be given, or a

decided dose of Quinine gr. 2, or Antipyrin gr. 3 to 5. By stimulants

have been given, diminish them unless the heat is Valerie any way.

Always see that the skin and Kidneys are acting properly.
Heart Complications:

There are really none except the weak pulse, disturbed circulation, deaf and tight sound. Don't give Digitalis, but stimulate more with alcohol. Small doses of Strophanthin go for 10, Quinine go 8 to 8, in broken doses will do much good. Whiskey, Coffee, and Brandy, are the very best stimulants. Caffeine, and Strychnin Comp. are also very good. Dose 2 to 3 of the latter is used extemely as a prompt stimulant in the Pennsylvania Hospital.

Phrenic 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 fust of Ammonia, or the Aromatic spirit of Ammonia, may be used as expectorant mixture by wet baths associated with treptamine and hain on chest. If necessary, dry cupping between the shoulders and at back of chest may be resorted to.
Further Notes regarding Typhoid Fever.

The Temperature of Typhoid Fever rises for the first five days; from then on to the middle of the 3d week, it remains continuous, and then gradually declines, so that about the 21st or 25th day, it normalizes, 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 Drabili, Paralysis, due most likely to ill nutrition of the Cord; sometimes occurs. The patients mostly recover, though the paralysis may be slight. Of all the onset of Typhoid Fever, there is much coated tongue, with marked Gastric Disorders, begin the treatment with Colonel X, with or without an Emetic.

Intestinal Remoraiges:

Reduce the amount of food, and if possible, the stimulants given. Keep the bowels at rest with Opium, and give Sparible fluid Est. 1/20 or 1/30, or by stomach 3 times a day, every ½ hour, or every hour, till all signs of blood have disappeared from the bowels. Perls solution at 1/10, well diluted every 12 or 24 hours as necessary is very good, as is also Perls’ Nitrate of Silver, every hour, or the Following:

Kainic Acid 1 grain, Turpentine ½ grain, Jig in emulsion, every 2 or 3 hours.

Vomiting:

In these cases, the administration of Opium is very great. Keep the patient under it, giving gr. x by mouth, and at the same time a suppository of 1/10 or 1/5 gr. Do this every 4 or 6 hours till relieved, all the time giving the patient as little food as possible. Increase, if necessary, the stimulants, and keep an Opium Emulsion up.

This is a very dangerous, but not necessarily fatal Complication.
Typhus Fever:

Found principally in gdes, and along the Sea Coast. It is very contagious and is probably due to a specific virus and this exists a great odor fasting in this disease, and if you stand eight feet from the patient, the chances of your taking the disease are diminished. It generally is found where there are bad hygienic conditions, and may exist in the clothes of a person for a long time. It attacks all ages and sexes.

It has no definite anatomical lesion.

Symptoms:

It begins abruptly with a severe chill, high fever, headache, constipation, discolored face, and weakness. In 4 or 5 days, the patient is obliged to go to bed, when a dark eruption will appear over the body. Short cases and abruptly about the 10th day generally those symptoms go on till the 3rd week and then subside. The bowels are most always constipated in this disease, and the patient has all the symptoms of Typhoid Fever except the intestinal lesions. The pulse is very feeble, and the sound of heart very weak. The urine is scanty, high colored, and contains Albumen.

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 eruption not appearing on the face, in this disease, while in Measles does. The spots may become purple or black from 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 is continuous there till the 15th or 16th day, when if the case gets well, a crisis occurs.

Diagnosis:

Inflammation of the Brain may be mistaken for Typhus Fever, but in this there is vomiting, while in Typhus 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 Typhus Fever.

Relapsing Fever might be mistaken for it, but in this there is jaundice, vomiting, nausea, violent pains in joints, and gastro-hepatic symptoms which are well marked from the onset. There is swelling of the spleen and the fever, relapsing in character, will help to differentiate it from Typhus Fever.
Diagnosis of Typhus Fever:

It occurs at all ages, and the mortality rises with age. It is far more fatal than Typhoid Fever. Cases of this fever with Parotid Swelling generally prove fatal. As a general rule, the course is acute, and recovery is slow.

Treatment of Typhus Fever:

Drench the patient with a 1:1000 Solution of the Bichloride, two 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 alcohol in the Red Cross. As regards Medicine give the Principal Acids, Turpentine every hour, for the 24 hours, and an occasional laxative of a cooling salicylic acid.

Further Notes regarding Typhus Fever:

For Severe Complications the great remedy is Turpentine. Use it to 70 every three hours internally, with turpentine fomentations externally.

For the Various Complications Chloral, Cold to the head; and Opium in severe cases.

SPO.

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 special 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 1884. When after a time it died out, only to reappear about 1890, 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 occurs in Epidemic Forms, and then disappears, leaving a little poison lingering around for a year or so afterwards. It frequently is found at the breaking 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 3 days. It is a disease of young Adults and Children.
The Spinal Cord:─

In Rheumatic Spinal Fever, consists in inflammation of the Membranes of the Spinal and Vertebral Cord. This is pressed from the Suboccipital Spaces; the Viscera is inflamed, and sometimes, successive layers of lymph, are spread along the Spinal Cord, which emaciation, takes place where the stapes are given off, and so affects them. Thickening with deposits of lymph, may occur in the Viscera, congestion of the Brain, by diffusion of Brain into the Viscera & Spaces, and

The Viscera of the Cord consist of the Brain, by diffusion of Brain into the Viscera & Spaces, and of the Spinal Cord occur. The Spinal Cord is compressed and later, the more superficial Structures become involved. The Brain of the Blood is first invased, and afterwards diminished. The Blood corpuscles are atonic, and the Blood soon breaks down. The kidneys, liver, and lungs are congested, heart becomes granular; spleen is enlarged. The Brain undergoes the same changes as the Cord, only to a less degree.

Clinical History of Rheumatic Spinal Fever:—

It begins abruptly with a Chill. There is a sense of weight at the base of the Head, Back, and very soon slight rigidity of the neck. Then nausea; vomiting; headache; with great rigidity of the neck, arching of the body and muscular pains. Vomiting is irregular, and voigt; the patient looks like that of Pertussis, will be found on Body and Face. Then symptoms continue till the 9th or 10th day, when the patient dies of exhaustion, or the symptoms lessen, and the patient recovers slowly. Delirium Pain in the extremities; Disturbed Vision and Paralyses, are marked symptoms. This Fever sometimes develops Hysterical Symptoms.

The Complaint:—

Resembles that of Typhus Fever, it is absent in about 1/4 of the Cases, and when present, it is not always uniform, sometimes appearing as small red spots, at others as sinple red dots, the spots do not disappear under pressure. They sometimes occur around the lips & Face; at emolting, and is a good sign. Early & late eruptions of Pertussis 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 2nd.

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; Paraplegia and sometimes Hemiplegia may follow this Fever, the symptoms existing for many years.
Abortive Cases:

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

Culminating Cases:

These cases are very dangerous; there is excessive headache and vertigo, much tossing, restlessness, vomiting, and a great deal of Eruption.

Less Constant Symptoms:

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

Prognosis of Spinal Typhus Fever:

30 to 40 to 50% is about the average mortality of a good many Epidemics. The culminating cases are fatal. Children bear it the best, and the first cases are the worst.

An early eruption is a bad sign, while a late one is favorable.

Marked spinal symptoms are mostly bad. The fever is looked upon as being favorable. Pregnancy is uniformly as severe marked nervous symptoms.

Acrocyanosis: Persistent headache, Epilepsy, Impaired Hearing, or Epsidora may remain after recovery. The first two may be cured, the rest can not. Permanent deafness is the rule in this disease.

Diagnosis of Typhus Spinal Fever:

Syphoid Fever might be mistaken for it; but the time of the Eruption, shortness of the bowels, Arching back and Vomiting, etc., would distinguish between them. Malarial Fever may be confounded with it, but the jumping Fever, and the absence of Diarrhea, would distinguish it. Syphoid Fever may be taken for it, but the difference in character of the Fever and Eruption, want of enlargement of the spleen, and the constipation would assist in distinguishing.

Pneumonia could not be mistaken for it, if you studied the violent headache, Eruption, Fever, which are sometimes very difficult. It differs from meningitis in Eruption, Spinal Symptom, &c., and from Tuberculosis meningitis in Age of the patient, Eruption, &c.

Treatment of Spinal Typhus Fever:

Cold Early, apply to the head, girdle, blisters, cold or hot, or both, to the back of this night; for attention to the bowels, continue it; in severe cases, use cups or douches for headache, neck, or nervous symptoms. Don't use guinnea, but Chinn, always giving it, stop to the point of tolerance. It is especially good in children, go for to every 12 hours, making 9/2 to 3 in the 24 hours to children, combined every 3 or 4 hours with Parth. Sekos, 1/2 oz. It produces a throma to Chinn, besides its own use. Chloral combined with Chinn is good. Diaphoretics (gallamani in small doses) should be used. Don't give Stimulants unless necessary to sustain life.
TREATMENT AFTER INFECTION BEGINS.

Make hot water applications to the head and spine; keep the patient well nourished, and if necessary give Digita! and Stimulants, but don't give them except for special reasons. Add to this consultation with Digitalis and Stimulants. In cases accompanied by convulsions, give quinine as a tincture and nourish carefully. Convulsions in children after recovery allow stimulants. In fulminating cases, cold baths, and diaphoretics may be used, also stimulants: hydromyia of Brande, Whistley or ammonia.

FURTHER NOTES REGARDING CICERO SPINAL THER.
The two best remedies are Quinine and Potass: Brandy. These two... from the very best treatment. The Dose: Tincture of Quinine is the best preparation for children. The earlier you give the Quinine, the better. It should be given the contracted body, the disease comes on, and kept up.

MALARIAN DISEASES.

Consist of a group of diseases, presenting certain symptoms, and due to a particular form of polluted air. These diseases are very common, and are probably due to a micro-organism, the result of vegetable decomposition. When this person enters the system, it most likely, generates 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 disease, and when taken, is hard to get rid of, as the least fatigue may occasion a recurrence. The malariac poison does not exist at any age, but, as the sea level, as it is a heavy poison, and is mostly found in low, damp, marshy lands. Salt water, Eucalyptus, and other trees, Soil drainage, Blowing of the soil, etc., will in time destroy it. Cold and dry climates are its greatest enemies. The colored races are almost exempt from malaria. This poison generally attacks those who are fatigued and weak. Exposures to cold, dampness, etc., will often reproduce it especially in those predisposed to it. The attacks may come on every 1, 3, or 6th day, and are known as Quinidin, Tertian, and Quarten, respectively. Each 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 remittent attacks happen in the day time, not at night. There is a strong desire in Malariacs to remain in bed 7 days. 99, 7-14 - 21 - 28 - 35 - 42, etc. It is taken up by water, which if swallowed will most likely reduce the disease. After several it may break out again.
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.
On the sweating stage, the urine is alkaline or neutral.
Yawning, lassitude, and much Sweating are signs of Malarial
infection in some fevers. During the Cold Hot Stage, the Urine
is Scanty, and sometimes contains Albumen broken down Blood Pigments.

Symptoms of Intermittent Fever:
Great Fever, Severe chill, Blue lips and Veins;
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, Scanty
urine; this may last from 4 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 Sweatsions 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 on examining the chest well, the difference
will be seen. It may be confounded with a fever caused by
suppurative processes in Intestinal Organs, orulent collections
in different parts of the body, or Miliary Fever, produced by the
passage of a catheter, or with Pyrexial outbreaks of Fever in women.
A careful study of the case will differentiate it from the above, and
also from Syphilitic Fever. Pyrexial 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 Splen, &c. A case if not treated may
go on for a long time, but usually disappears or changes into a
Malarial Cache, after 12 or 15 Paroxysms. The change is gradual.
Treatment of Intermittent Fever:

If a chill comes on at 6 and it is now 10, and you wish to prevent it, inject 90% 1% of Morphia; or Chloroform gas doses intravenously, or give by inhalation; or Jakob Schild Fluid Extract 1/10, repeated in 1/4 or 1/2 hour if sweating is not produced.

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

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

In the Sweating Stage keep the patient comfortable.

To prevent a recurrence, give Quinine 90x to 100x, in 2 divided doses during the Fever Stage, but better, by far 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. Add Ether Water, Chloroform and Chlor of Jarsacog, added to the Quinine, make it better bore by the Stomach, and makes it better to take. To dissolve Quinine, add 1/10 or a little more of Sulphuric Acid to the qf of Quinine.

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

The Fluid Extract of the bark may be tried if Quinine fails. In case a preparation of Quinine succeeds, give Quinine if you have time, 9/16 Fowler’s Solution 1/10 or 1/5, gradually increased.

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

Give 1/10 daily (largely diluted) increasing till 1/2 or 1 is reached, is a good but slow treatment.

An emetic followed by Chloroform gas is good treatment.

The Chronic Cases are best managed with the Quinine treatment evq, qf every morning on an empty stomach or with the above treatment. Ferrum Sulph., combined with the Quinine or Aromatic Treatment, is often very beneficial. In these cases keep up the strength of the patient, if necessary putting him on a course of Farina.

For the enlargement of the Liver & Spleen, give Fluid Extract of Ephedra three times a day by mouth. For the Liver give Dilute Murdoc Acid qf qf; to a largely diluted between meals, and in morning. Avoid all stomach foods.

Further Notes regarding Intermittent Fever:

If you have time, always purge a case before treating. Opium and Turkish Bath are of the greatest value.

Elixir of Sarsaparilla Acid, and Chocolate disguise the taste of Quinine.
Remittent Fever.

A malarial fever of high grade, found in Malarial Districts, during hot seasons.

The lesions found are very marked, eg. 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 & Bilharz Remittent Fevers.

Symptoms of Remittent Fever:

It begins abruptly, with a chilly, high Fever, 103° or 104°; the patient is restless, irritable, and has a desire to lie down and rest. In a few hours, the patient begins 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 above mentioned, one or two fevers, either terminating as a case of intermittent Fever, or as a fever of continued type, eg. Typho-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, sickness at bedclothes, etc., also tenderness at pit of stomach, yellow Conjunctiva, Congestion of the face, and black-tarry stools. When the latter disappear, it points to recovery.

Morbid Anatomy:

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

The disease is from Pigmentary degenerations, which has accumulated in those organs, and also, sometimes, in the Blood. Stomach is red, inflamed and greatly congested, and on 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 mania and vomiting are not remarked, 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 Subfebrile State, and Yellow Fever might be involved with it, but their differential diagnosis will be discussed further on.
Regurgitation of Vomitted Fever: It is fatal if left alone, but favorable when properly attended to.

Treatment of Vomitted 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 90 grms. in the 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. Purge the patient giving an early case, Colonel gvs., and in a later case, Bismuth Pastilles and other Salines, Rochelle salt, &c.

When violent inflammatory states exist, or headache, delirium, &c., give Acetate gtt. every hour or two, with your Diaphoretics, Ice to the head, Mustard to back of neck, and in proper cases Bloodletting.

Further notes regarding Vomitted Fever: In rare cases hemorrhages from the Bowels and Kidney may occur, in which case, give small doses of Sulphuric Acid or Perchloride. If Black Stools are discharged, a cathartic should be given. If the Headache is a symptom, give Bromide, but if it will not be relieved, shaving of the head & foot-baths, or leeches may have to be resorted to, or better Blister to the back of head & Soul Blood-pitting in proper subjects.

Further notes regarding Vomitted Fever: After 7 or 9 days, the Fever is not Broken, but still continues, reduce the Quinine to gvs. in the 24 hours, keeping the laxatives and Eau Violette up. Always put the patient on a light, easily digested diet, nothing solid or heavy.
Malarial Cachexy:— Mostly found in persons living in a malarial district. The person is generally of a yellow complexion, anaemia, Short of breath, Despondent, Constipated, Has to bear of the fever, Dark colored, offensive stool, High colored and scanty urine, Want of Appetite, Head aches, etc.

Liver & Spleenic dullness will be increased, and the latter is often of a glistening color, Dyspepsia is sometimes present. For 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 more, when awaking in the morning. Let him take a daily hot bath & Epsom, together with gargling, will often cure.
- Where Quinine fails to act, iron combined with the above will often cure. For Enlarged Spleen, give Vitellii Locoem. Internally, apply Hydrazic iodidos in the ointment, well rubbed in, over spleen, but better is Fluid Extract of Sago 3 to 4 tdd. 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 enteric discharges of Cholera.

Hematoic Variety:—

Great debility; Cold sweats; Great Stupor; Hot Skin and Relaxed Joints; 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.

Vignosis:—

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

Treatment:—

Give Quinine gr. xx 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., Dissolved 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 feebly, give Atropine gr. m, with it and also small doses of Morphia throughout the disease except in cases of Cerebral Constriction.

If the Skin is very hot, rub the Patient down with Ice Cold water. Watch the Constricted Organs, if the Jungs or Dry Cup is 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 to bring about Action. 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. Not treated promptly, 60% of these cases die; it is a dangerous disease, and is extending in this country. Auspicious

Symptoms:

Chills, Shivering, and headache. 1st Stage; Patient is very ill; vomiting, copious times of blood, Vomiting green-yellow, followed by a stoppage of the bowels. Jaundice continues, and the patient begins to pass black urine, usually at the end of the hot stages. The Black urine consists of broken-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 kidneys and liver, the gall bladder is much distended. Hemorrhages may occur in other viscera, but is generally limited to the kidneys. The urine becomes more normal, and regains its color in the intermissions; thus the case goes on, the patient recovering slowly, and he may die of Thrombosis due to loss of Blood, or 2nd from Phthisis due to Congestion of the Kidneys, with retention of Urea in the System.

Diagnosis:

Easy, if you consider that it occurs in Epidemics, bloody urine, jaundice, high fever, and the fact that the symptoms nearly disappear during the intermissions.

Treatment of Hemorrhagic Malarial Fever:

Quinine in decided doses, as in the Congestive form. Give Opium in small doses, when not contra-indicated. Bend to action of skin, and treat the symptoms in the following way:

Jaundice, act upon the upper bowel. Carbonate of Soda, followed by a saline.

Hemorrhages. Tincture of Green Salts, but if that causes gastric irritability, give 1/2 to 1/4 of a grain of the cream of Tartar every four hours after the hemorrhages appear, keeping it up till all blood disappears from the Urine. Sal. Sulphur. Acid 1/10 of a grain every hour, the beginning early in the case, has a marked influence on the Blood, is soothing to the Stomach, and will stop the hemorrhage. The Sulphuric Acid and Ergot may be combined if you wish, keep the Patient on a milk diet, give dilute drinks, and keep the kidneys acting, all the time. Sulphuric Acid is the best treatment for the Hemorrhage. First Ferric Chloride; Sulphuric Acid, Gallipiper gtt. 1 to 3 repeated at short intervals are also good.

After the Patient recovers from the acute Malady, give him long courses of Mineral Acids, Ferric &c., with the steady use of small doses of quinine, keep the kidneys acting by water &c. (even soft) Mineral Waters &c.

Typhoid Malarial Fever:

As Typhoid Fever occurring in a case of Malarial Fever, with some of the Malarial symptoms added.
Further Notes regarding Hemorrhagic Malarial Fever:
The treatment does not differ materially from a bad case of Malarial Fever,owing to its great severity at least. Tend to the Fever, and Hemorrhages. In the latter give 1/8 of a teaspoon of 1:1 Sulphuric Acid every hour, till the Hemorrhages cease, is the best treatment. Keep the kidneys likewise and give occasional mucurial purifications, and after recovery give long course of Muriatic Acids. Fever, jaundice.

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

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

- 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 cannot last long. The length of the average case, is about 5 days, and consists of 3 stages, viz., 1st or First Stage, is the main part of the disease, and lasts mostly from 2 to 3 days. The 2nd is the Stage of Prostration, which lasts from 6 to 10 hours. Of the 3rd. Stage, is the one in which the symptoms come back, and which generally ends in Convulsion, after lasting, according to the strength of the patient, for one or two days. The fever begins with oncoming Paroxysm, followed by a chill and then beberapa. The majority of cases end on the 5th or 6th day, and by that time, the patient is either Well or Dead.

- Wound Anatomy:
- The Stomach is red, congested, engorged and inflamed, and many of its vessels are ruptured.
- There is a yellow fluid, 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 Black Comité.
- Degeneration and engorgement of the Kidneys and shedding of their Epithelium occurs. The small intestine becomes soft and Excremenated.
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 eyes, irritability and a fever of moderate degree. The patient remains stiff. Characteristic symptom. After 2 or 3 days the bull comes on, and the patient seems well; but very soon a yellowness of the skin comes on, which is followed by an outburst 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 a black spot. During the evening, 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 conjunctiva only slightly discolored, and before 24 hours at most the patient begins to recover. This recovery is seldom the case; generally the yellowness increases, patient vomits black fluid, followed by black vomit, he has a compressible pulse, heat, restless, scanty urine, delirium convulsions and coma. All the symptoms of brain fever may occur. The patient might be dead, but recovery is extremely rare.

The inflammatory type of this 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.

Yellow fever.

During the first stage, it is a moderate, continued one, eg. 28, 29, 30, and so on. About the 30th day, or during the second 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 bull, and will hardly go up at all.

Yellowness of Skin:

Is moderately increased in the first stage, but in the last stage, it is the mark of a low irritating disease.

Yellow fever.

Belongs to the 3rd 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, the Plague, or in Childbed Fever.
Diagnosis of Yellow Fever

A 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 this disease, the suppression of Urine, quick Pulse, throughout the disease, Restlessness-Irritability, Albuminuria, Absence; and the facts there are several Paroxysms and that the Tongue is heavily coated will help differentiate it.

Causes and Contagiousness:

A Special Specific, probably a gum, which may lie dormant for years, and which produces in our Fever, it is favored by heat and bad hygiene and killed by cold and pure air. If the air by itself will not produce, they simply favor it.

Yellow Fever is extremely contagious, but may be carried about in the clothing of the patient without their becoming necessarily affected. The average length between Exposure and the breaking out of the disease is about 10 days.

Treatment of Yellow Fever:

Isolate Patient, and disinfect every thing coming from any place where the person is. All letters addressed to a steam bath of 250 will destroy the Fever. Set up personal hygiene, avoid fatigue; diet well on good, solid food. Good nursing is of the greatest importance; keep Patient quiet, and keep 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 OF WEAKNESS.
exist, and other things, may assist in feeding the patient slight in this disease.

Drinks: Fine water, juleps, weak camomile; Orange juice; Orange

juice, &c., without much sugar, may be taken hot or cold.

Carbonated water may be used, as may also ice, which latter

may stop. Biskia & Calomel, in the full and later stages,

if necessary, give Stimulants, e.g., champagne; Carbonic Acid

cold water; or fine water and Brandy.

Medically Treatment:

Syrupies should be employed in the early

stage of the Fever, e.g., Cola or follow by a Prontal dose:

Easter Oil, &c. The early treatment being to act upon the Bowels.

Give Bismuth gr. 7 in the 24 hours, and use Diaphoretics.

As the case advances, Bismuth 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.

\[
\begin{align*}
4 \text{ Pottas' Carb.} & \quad \text{gr.}\quad 1 \\
2 \text{ Proph: Sulph.} & \quad \text{gr.}\quad 1 \\
2 \text{ Aqvit.} & \quad 1 \\
2 \text{ Aqvit. carbox.} & \\
2 \text{ H. Sip.} &
\end{align*}
\]

During the full give Bismuth, 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 Bismuth is continued; keep the Skin

and Kidneys acting, and keep the latter well washed out.

Turpentine is given to keep the hemorrhages in check. The

Cold water treatment should not be used, unless it is

necessarily necessary, as regard Fever and Brain Symptoms.

For the Inflamed Stomach:

Mix turp. at the Sip of Stomach, and

Billets of ice. Carbonated water, and as special remedies,

Chloroform q.t. v.t. x, in warm water well diluted. or Camphorate

q.t. x, frequently repeated. Jabborandi would be especially

good, were it not for Inflammation. If you see it at all, give

chloroform with it, to prevent bad effects.
S.P.M.

CROUP:•TEVER.- Scarlet Fever.-

Are all contagious, and have a
certain well defined course, and come to an end at a special
time. In 98 cases out of 100, all these fever present a second
attack, it is most likely due to a special 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, cloths,
be. eg. a long time. It attacks every one, especially children.

SCARLET FEVER.-

Is extremely common, and is the most
fatal of the Croupous Fevers. It takes its name from the
eruption, and is rarely found in warm or hot climates.
In this disease there is a strong tendency to sore throat, and
where this tendency together with Fever & Croupous exists, it is
called Scarletina Simplex, Where the above is more marked
Scarletina Anginosa, and where they are very much marked.
Scarletina Malignant. 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. An inflamed throat, dizziness, and delirium. At the end of two days, a rash appears, beginning on the face and neck, and spreading in a few hours over the body. The fever continues, the gastric irritability becomes, the throat symptoms become, more marked, and the glands of the neck swell. The eruption remains at its height from 4 to 6 days, when it begins to fade as it came on, so that by the beginning of the 10th day, 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 febrile remission,죠. G. 7.

Scales of Scarlet Fever:
The tongue is as red, slightly coated, although the papillae are red and prominent. There is at first swelling of the tonsils, the epithelium being more closely and darker. There or less inflammation of the tonsils and of the glands, 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 eruption following of the Calcutta or Siberia of the skin, from the glands of which there are slight hemorrhages.
The epithelium of the glands, skin, and other parts of the body is extremely granular. Granular epithelium is also found in the kidneys, and sometimes in Purts’ patches. This is often present gradually due to exposure to severe heat. It is associated with Bright’s disease. In the 10th case, not being due to Bright’s disease, when albumen is not in the urine.

Neb and Temperature:
The pulse is of extraordinary rapidity, ranging between 120 and 160 beats per minute. It commences early, and lasts throughout the disease, and even into convalescence. The fever is very high, and diminishes when the eruption appears to go away. It still exists during the and week in the average case, being more marked in the after-note exacerbation. High temperature is an early symptom, and outlasts the eruption.

The Eruption of Scarlet Fever:
Commences early (4th or 5th hour). Appears first on the neck and face, and then spreading over body and limbs, taking from 24 to 36 hours to spread. It remains at its height for 9 or 10 days, and then begins to fade. Some evidence of it may be found in the 2nd week. It is a general red rash, with points of elevation 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:-

Easy in most cases. If you consider the symptoms carefully, e.g., extremely rapid pulse, preceding and following eruption, high fever, early eruption, great restlessness, nocturnal delirium, etc., are marked indications. The cases of delayed eruption are the ones that give trouble.

Typhus Fever may be mistaken for it, especially, when febrile symptoms, and symptoms that bespeak inflammation of the Brain exist. There is only one way of differentiation. e.g., The very rapid pulse, Temperature about 101°, vomiting etc.

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 and goes.

Break Bone or Dandy Fever may be mistaken for it, but in this there is much pain on motion, associated with continued momentary 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 juvenilia woman it is extremely bad, as are also cases, showing a temperature above 103°, or where throat troubles and swelling of the glands of the neck, is extensive to any great extent, or where grave febrile symptoms exist, and in cases having a delayed eruption. Cases complicated with Droisy or Rheumatic, are not unfavorable, and recovery is likely if the case run on smoothly, or in those that have a good constitutional development.

Complications, likely to result.

Long-standing Anaemia with enlarged glands, or Disseased from inflammation of the Middle Ear, or from Perforation of the Eardrum, or inflammation of the Eye, or acute diarrhoea, lasting for months, or of Rheumatism associated with heart disease. 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 Droisy. 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 serous membranes may occur with the affection of the Kidney, as may also any troubles.

11.25 A.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 discharges, 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. If possible have the proper removed from the wall, and allow sulphur fumes to circulate in the room afterwards. Belladonna and Quinine do not prevent; Scurd Tourn. later treat the symptoms, but they are very prominent. Treat the case if possible, in one definite manner.

[Note: the rest of the text is not legible, likely due to a smudge or similar issue, making it impossible to transcribe accurately.]

For the Fever:

Give Ammonii Acetate or Potassii Citratis with small doses of Muriatic Acid. Also apply cooling lotions to the skin. If the Fever is still very high, (104° or 105°), 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 is not as safe a remedy as the others. Use with Boiled water if complicated with Cachexia symptoms, use the Cold Bath. Antipyrine given for every hour will sweating is produced is very good.

For the Delirium Mortality & Severe Vapour.

Chloride from the beginning ishere invaluable, five stimulants. If it is in three cases that Alcohol is especially good. When Dyspepsia is established, give small doses of Tinot. Ferri, so as to improve the blood, and prevent Seeral complications.

For the Throat Complications:

Enlarged glands, Sour taste, Foul breath, &c. spray the throat with weak solutions of Potassii Bichromate or Soda Bicarb. Keep the parts clean, and use Mersalyl 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 scarification will act better. Then add 1x to the 30 of Glycine, Alcohol and Aq. or Acid Boracii, Glycine, Alcohol and water (469.880.900). Use saltly, are good throat sprays as are also Glycine, Zinc Water, Ice, and Boro Acid.
Diphtheria:

Solutions or Bovine Acid or better the powdered Acid Bovis, injected into the ear is the best treatment. Cleansing is very important.

Renal Complications:

Keep up the secretions and see that the kidneys act freely. Give diuretics; the best is Digitalis, in the form of the infusion, as that form is best borne by the stomach. Amodand 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 Fear & Dis痰 remain, give Fever in combination with Ammonii Acetate or what is especially good here Basham's mixture 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. Nourish as in Typhoid Fever cases, etc. Small quantities frequently given. Don't allow the patient to go out, till at least 6 weeks after Desquamation has ceased, as complications may thus be avoided.

Give broths, and easily digested foods, of the blandest kind. Cooling Drinks may be allowed.

Conclusions:

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

Further Notes regarding Scarlet Fever:

Don't the Malignant Cases. Early & Bold Stimulants and when high temperature exists Cold Baths is the best treatment. In the Anginosse Variety, First Febrile Chloroform to try every Hour without or with Purgatives. China is the best treatment. If possible, keep a Child from getting Scarlet Fever till it is 10 years.
Measles:—more correctly Parboil.

It 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 be spread by inoculation, both by the secretions, and by the blood. It rarely happens twice, and when it attacks adults it is very rare, owing to complications. It is an affection having an eruption about the 3rd 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, papular kind, now appears: Swelling, Gleet, Cysts and caugh are present especially during the height of the Eruption. Deaesa and Vomiting sometimes exists. 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 burning, 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 grayish, 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:—

Beccheial Pneumonia and Beccheial Affections, and Chest Complications generally, are apt to occur in Adults. Ear and Throat lesions and solidity of Semp, may occur in Cachexic children. Pneumonia and Pectoris 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 pursues, 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 graver, Eruption different, and there is usually considerable Angina.

Treatment of Measles:—

Keep the patient warm and comfortable, and the skin active; also the Bowels and Kidneys.

2 Potassii Citriici Sol. or Ammonia Acetati Sol. For high fever Aconite added to the above is good, and in cases where the fever is irregular.

The irritating cough is best treated by 2 Tinact Chi. Deed. 3th given in the fever mixture. For the itching, bathe or sponge with warm water and vinegar two or three times a day. In Complications of Chest, etc., treat as separate diseases.

Black Measles:—

Luminous with bold stimulation, is very important to gain time and Tinid Tert. Chlor. Keep intestines active.

Further Notes regarding Measles:—

If Catarhal Symptoms are severe, use Expectorants, Bismuth, Ammonia Chlor. gr x to xx to an adult, every 3 hours, and at night. Rub Dorei gr 1/3 or some other form of Opiol.

For excruciating or irregular muscles, frequent hot baths and if marked, Cardial Symptoms exist, Cold water to the head at the same time. Also Fluid Ext. Jaborandi gr x to xx every 2 or 3 hours or Potasii Salicyl. are very good.
Pox. 12 - 1 - '85.

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 every thing. 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 6 days after the eruption appears, the particles will break, and then a very high fever comes on, which seems as though due to blood poisoning, and lasts till the pustules cease breaking. Which generally occurs between the 8th and 11th day of the eruption. Then the pustules have a crust forming over them which comes off about the 16th to 23rd day. A red rash very often begins with the fever and disappears about the 8th day, when the characteristic eruption of Small Pox appears.

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, but does 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 1st or 2nd 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 intestinal 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. Pneumonia or kidney Disease may arise as complications. Rubeola is slightly contagious, and less favorable than Measles.

Treatment:— Keep patient warm and in bed, and see that the disease pursues its natural course. Give a simple febrifuge and dissen fever by giving 1/4 of a teaspoon mixture every half 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 grains and beer & watch not has the Eruption of Measles, and the consequences of Scarlet Fever.
Eruption of Small Pox:

Generally it appears at the end of 3rd day, it is quiescent, and blisters at first, but in about 24 hours, is reduced to minute punctures, the punctures become pointed, which becomes very distinct on the 4th day of the eruption. Each puncture is surrounded by a little red zone. From this to the 5th day the punctures break and let flux out, which ceases begin to form, and then fall off, leaving a red surface, shiny and gland. All color fades from it, and the cicatrix becomes hard, and harder, forming the scabbing, so commonly seen after this disease. The scabbling will not come out till months afterwards. After the scabbling is established, the fever drops greatly, the punctures fill up for 3 or 4 days, face is taut and swollen and itchy, 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. Severe affections often appear during this fever. Large sloughs of the skin, preceded by itching, is also sometimes present. Inflammation and ulceration of the conjunctiva may occur, and often lead to very serious results. The disease is due to low organisms, which alone can cause it. It regenerates itself, and spreads, by every means, even by the air around the patient. Severe cases occur here, and in the 10th of the patient's course, a very rapid convalescence sets in. Small Pox is divided into the Distinct, Confluent, Delirious 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 Catarhal symptoms, but not the violent pain in the back or limbs. When the eruption becomes marked, there can be no doubt. It might be confounded with Typhus 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 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, Confluent and the Fever Pains in the Back and Shoulders.

Prognosis of Small Pox:

As Bad. Under 5 years, and over 30 the mortality is great, and as you go up above 40 years, the mortality is frightful. Confluent cases are six times greater than distinct cases. Mortality of Measles is 20%, and 40% of speaking. Mortality of Malignant Small Pox 70% to 90%. High Fever, Delirium, and where they are very marked during the Secondary Fever, are bad signs. It is very dangerous in Pregnancy.
For the Delirium, which is apt to show itself as the disease advances, give 2 Chlorel gox every 9 hours till it shows its power or if that fails give 15a Green 1/2 in Camphor water every hour for two or three doses, or Tincture of Opium.

For the Digestive and Vomiting, half mixture of Chloral or Caffeine, and Albumen, or one or two doses of Tonic Laxative or:* Bara de Chucal (insulato). For eye complications, apply Argentum nitricus (solid) and stimulants, good food and tumescence.

For Enlargement of Pericardial Islands, Borse Acid or Thymol in combination with some Alkaline as Soli Carb., and use as a gargle.

When Pleurisy and Pneumonia are present, Digitalis is often beneficial. Balloons to Chest and use stimulation. Hemorrhagic Cases, are malignant ones. In treating give Lumine and balsam and stimulate.

Local Treatment of Small Pox:-

Exclude the light and keep the room dark. To prevent itching, Mercurial Ointment or Plaster is good when applied to pustules, but better is to paint morning and evening with Spirit of Iodoform, and keep the parts clean and cool by washing with the following:-- Borse Acidum 1/2, Hydropyr. Bichlor. 9/10, Alcyon. 1/2, Aq. 1/2.

General treatment of Small Pox:--- Bein plenty of Cooling drinks, sweating, and warm water. In a case of chocolate Patient, after first removing all unnecessary articles from the room, allow one to come near the patient, but the nurse. Keep the room about 60° and disinfect every thing that comes from the patient; pour the wash water, urine, &c., must be disinfected, before thrown away. Give light foods, and from time the first fever stops, nourish the patient well, giving stimulants at short intervals. Give one of the following remedies also.

X. Regular gox to 50 in sweetened water every 3 hours, or 1/2 Acid Carbol. gy. in sweetened water twice, and kidney, the first from the diureties, &c., to keep the skin acting. If the patient is strong, Sokran's is good.

After the eruption comes on fairly, give Lumine gox to 5 a day, and when the secondary fissures appear give larger doses and iron. Keep the patient clean & disinfect, and when the slabs begin to break off give the patient warm beds.
Keeping the patient in water, etc., lining him 2 or 3 baths a day after the crusts have formed, has been resorted to. As long as a scab remains the case is contagious.

Variasoid:

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 of the very worst kind. The treatment is the same as that of Small Pox.

Further notes regarding Small Pox and Variasoid:
- If you see the case before the eruption comes out, Vaccinate, and give Acid Carbolic 10 g. or Hydrolight 30 tuss in sweetened water, or Soda Sulph. gr. 10 or Soda Sulphcarb. every 3 or 4 hours. At the time of the Secondary Fever give decided doses of Quinine (gr. 12 to 14 a day), as it modifies the fever and complications. Stimulate and feed well.

11 a.m. 12-4-83.

Vaccination: — Discovered by Jenner in 1796. Protects in the best manner from both Variasoid, and the worse kind of Small Pox. Artificial inoculation makes the disease very light. If 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. Infancy 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 Sirs and plenty if it should be used, and 2 or 3 scars should be made if possible. Never use a crust 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 crust kept in glycerine, air perfectly excluded, will last 2 or 3 years. After Vaccination is performed, if it takes, a regular course is pursued, known as the vaccine disease. Do not vaccinate sickly persons, and children under 3 or 4 years 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. 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 a spontaneous case. It is better to vaccinate with the virus obtained directly from the Cow. Always see that the Vaccine Disease runs through its proper course, C.S. On the 3rd day little Pustules form changing into Vesicles on the 5th day. These become Umbilicated and between the 8th and 11th days, change into Vesicles, which are surrounded by a characteristic Acetabex. On the 14th day, the Pustules become larger and Acetabex begin to form. By the 20th day, the Acetabex are complete, and the Acetabex are irregular. About the 20th day, the Acetabex fall off leaving a little Cervix. The Vaccine Pustules now sold furnish the purest 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 above 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 Varioloid and Varicella:-
The eruption in Chicken Pox is scanty one, and seldom appears on the face, there is little Fever and no secondary fever, while in Varioloid the above are reversed. The treatment consists of rest and Darkness; keeping eruptions active locally treat as in Small Pox, although little local treatment is required.

In this disease, the temperature rises with each crop of Vesicles and fades as they fade.
Erysipelas:—Known also as the Red Sturt's Fire, a disease having a distinct fever and course. It rarely breaks out on other parts of the body, and is a disease of the face and neck, is known as Medical Erysipelas.

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 nose, and then spreads until the whole face is one mass of red swelling. After about 4 days, disease declines, and in about one week, after beginning of the 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 skin, 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 pharynx, 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 itself, almost by a line of demarcation. Postural Wandering is the rule.

Causes of Erysipelas:

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

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 nose, and then spreads, until the whole face is one mass of red swelling. After about 4 days, disease declines, and in about one week, after beginning of the 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.

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

Diagnosis:

Aches of the joints, redness, rapid swelling, and other symptoms, growing to their height in a few days, are considered. Erysipelas may be confounded with it, but in this, the blotch remains and does not spread, and there is little or no fever. Again, there is generally some cause, as digestive disorder, etc. Mumps might be confounded with it, but the redness and constitutional symptoms would differentiate.

Prognosis:

Inflamable except in Daunards; much 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, give a sedative for the fever, and one of the following treatments.

1. Quinine, especially where there is high temperature, go off to 5 g. a day.
2. Tinct. Tere Chloride q.t. every 4 hours.
3. Bismuth o. SulfurcarbumpMuriate go. % hypodermically. This latter treatment is best, Dakostai, 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 Strychnin is good in feeble patients. The old treatment of purging and keeping up the secretions of the body is a good one. Always keep the Bowels and Secretions free. Stimulate in Delirious cases, also in other cases of necessity. Where Delirium exists, Quinine and Stimulants should be used, especially where these cases happen in drunkards.

On Central Cases, Febrifuge and sedatives should be employed, and the treatment for Inflammation of the Brain should be used.

Local Treatment:

Paint with Tinct. Strychnine ½ 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 14 Bottled or 1 Lead water and Sandarum; &c. Lead Paint; Ferris Sulphate; Iodine & Ipecac; &c. &c. and Estimation.

Dry local Treatment:

Dust surface with Chlorhid Acid: Biwich, or fine Corn Starch. They probably act only by keeping the part from being exposed to the air. Both the wet and the dry local treatments are better than Ointments. Should prod form let it out, and if the disease spreads down the throat, try and limit it, by Mendel's Solution, or by a solid stock of Argentum Nitrate, and Quinine. For Wandering Erysipelas, give Potasii Bordo in large doses, as it is the only good treatment for such cases.

Further notes regarding Erysipelas:

In threat cases the Tinct. Ferri Chlor. is the best remedy. On Cellular and Phlegmonous Erysipelas, let the secretions out by early and frequent punctures, and sustain the Patient with Quinine & 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 uric acid in the blood. A predisposition to it exists in many persons, and certain habits of life and Abuse of Malt Liquors favor it.

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 arthritis. Eight cases out of every ten of Chronic Heart Disease, can be traced to Rheumatism, and are recognized by shortness of breath and a murmur or roughening.

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 50%.

Pathology:

The Endo and Peri Cardium are Inflamed; the Blood contains an excess of Uric Acid and Fibrin. Probably there may be Cerebral 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, &c., make it easy, also Acid Sweats. It might be mistaken for Spinal or spinal fever, with swollen joints, but in this the contracted head, and the position of the patient will distinguish. It may be taken for Acute Pyaemia, 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, &c., would assist Diagnosis.

Treatment of Acute Rheumatism:—

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

Salicylic Acid and the Salicylate treatment should be used in young adults of robust type, 90 gr. to 12 gr. must be given in these cases to cause a cure. Give 90 gr. every hour, for 2 days, and then at longer intervals, give these more doses of 90 gr. each, so that 12 gr. 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 Complication. It is a remedy of great value in faint, open cases, in strong persons.

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 agent for giving it.

The Alkaline treatment consists in the rapid saturation of the system with Alkalis. Potasii Bicarbid. Grs. 6 is given, or slowly diminished each day. It is best given in uncertainty. Potasii Bicarbid. has been given in doses of 3 grs. to 6 grs. a day.

Potasii Acetate is good. 6 grs. to 12 grs. in the first 24 hours, and diminished to half that amount the next day, and so continued. After the ure and acute symptoms have subsided, it is good practice to give grs. to oz. of chlorine to sustain patient's strength and act as a tonic. The Alkaline
Treatment lessens the tendency to Heart Complications. This treatment is the best for the fat, plethoric patient.

3rd. The Mercurious Chloride treatment is used principally in treating recurring attacks of Acute Rheumatism in weak, anaemic persons, or where the disease is dependent upon a hyperic condition of the blood.

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

5th. The Bismuth treatment, keeps the heart from being complicated, and is on the whole, a good treatment. If heart beaks arise, treat as Endocarditis or Pericarditis.

In cerebral cases, apply cold, either in a bath or sponge with warm water, also stimulate greatly, if necessary.

Local Treatment:

First steeped in a solution of Potassii Nitri and a little opii added, will greatly relieve the patient, when wrapped around the joint. The following is a splendid liniment of: Opium. 36 g. Lig. Thymi subacutae 0.5 g. St. Jecoris 0.5 g. Cin. Saponis 0.5 g. Lig. Aff. as directed. A Dry treatment: Rub. Opii sprinkled in Cotton and wrapped around the joint is much better than Cotton by itself.

Heart Complications:

Local bleeding, or the steady application of a Poultice over the Cardiac region, is good in both Endocarditis and Pericarditis. One Opium internally to allay pain, and keep the patient at rest. Digitalis is here a valuable remedy. If heart complications occur during treatment, use the Upright treatment at once.

Codii Acetatis is here especially of use. Suches, Poultices, etc., and Cups are here of great value.

High Temperature:

Keep up the Rheumatic treatment, but attend to the high temperature by giving Antipyris, every hour till go, if has been given, 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 Antipyris seldom goes as high again. If necessary stimulate. When the temperature does not exceed 100, large amounts of stimulants: Whiskey 1 oz. in 24 hours, also Opium will be the best treatment. In cerebral cases, vary the treatment according to the temperature. Stimulate freely, at the same time treating the temperature as above if necessary. Digitalis in large doses, may be given in cases of high temperature.

Be careful of the patient during Convolusions as Vomiting are the dread
Sub-Acute Rheumatism:

This generally muscular in character, and due to Cold or dampness in persons inclining 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 lumber region. Motion causes pain, and some joints may be stiff.

Diagnosis:

Is easily, if the little fever, rapid development of pain, and the great pain when motion are considered. Subcostal Neuralgia is often developed acutely in women and might be mistaken for this form of rheumatism. But in this, motion influences very little. For women complaining of pain in the chest, look out for Asthma Disease. Asthma sometimes resembles it, but here we have history, appearance of gams and usually pain in bones.

Treatment of Sub-Acute Rheumatism:

This form of Rheumatism is best treated by diaphories, 30th, dry heat. In strong, robust patients 20 grains of Pilocarpine Nitrate 5% hypodermically is good treatment, with or without the following: Ammonia Muriate gr x to xx 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:

1/2 Potasii Nitratii = gr v. x
Pulv. Doveri = gr ii. jv.
A hot compress over the part is sometimes very beneficial. The following is an especially good treatment for standing cases.

Pulv. Guaiacum jv.
Pulv. Doveri 2x
Dr. ful Pulv. 3x
Seq. One every three hours.

Keep the bowels free and give an occasional saline laxative. Hydromyelia of Uterus 10% and Morphine 9% morning and night, or Potassii Iodidi with or without Celsiuicum 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 Posterior Spinal sclerosis.

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. Let 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, Potassiumiodide, Soda Salicylate, Amonium Bichromate in decided doses, Aquavitum and the Amoniacated tincture of Kino are the principal remedies. Cocainc when injected is often very good. All acids should be excluded from the diet.

Further Notes regarding the three forms of Rheumatism:

Locally Stimulating Liniments are of great value, Aconiti or Amoniaci Liniments; Cocainc 3/ to 4 parts of Chloral dissolved in 80 parts Liniment are all valuable.
For Miss Katie Elliott

For Acidi Carbolici, 1/3

Syrup, Iodine, 1/3

3 drops in a tablespoonful of water, every 3 hours.

2 - 22 - 69.

W. W.
Rheumatoid Arthritis:—

For neither Rheumatoid nor Gout, but is a special 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 fibrous 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 surgical subluxations of them from chronic arthritis may occur.

Treatment:

Change of scene and air are all remedies that in some cases act beneficially. Potassium iodide acts here as an astringent, but better are the following: Soda of Bismut, Arsenic and Cod Liver Oil. The last is added, beginning with smaller doses and gradually increasing them, as the patient appears to require it. The patient should be kept in bed until he is able to walk and then exercise after meals in the open air.

Acute Gout:

Comes on abruptly. It may be hereditary, or may be caused by high living. It is generally confined to a particular joint of the body usually in the toes of one foot, especially the big toe. The part attacked, becomes swollen red and very painful, mind keeps clear and very little fever exists. In 3-5 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. Diaphoretics, Diuretics, and Suggestives. Potassii Acetate is especially good. The nearest remedy to a specific is Colchicum, half of the wine every four hours, in neutral mixture where fever exists, 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 laxatives 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 powers over tissues, and may lay the foundation of affections of the Eye, Kidney, and 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, skin little sugarated food; see that the liver acts well, and make the patient take active exercise in the open air. Colchicum, half of root, or tinct. combined with some Alkali is a good treatment.

Of Pain is very severe give hypodermics of Morph, Keep the foot at rest and apply soothing lotions.

Chronic Gout:

Sometimes shows its self, 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 Alkalis or Alkaline waters. The best alkalis to be used, are the preparations of Sodi, given in effervescing solution. Salicylates are also useful.

Feed on Grating Fish, Milk, no 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 desiccation, or by drinking Acid Waters, &c. Palpitation, Siddiness and Vertigo are marked symptoms.

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

1. Aloe vera in small doses, given steadily for months.
2. Ammonia hydroxide given to satiety, with the administeration of occasional active purgatives.

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

Diphtheria or Malignant sore throat.

As an old disease 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, allied to the poison 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 hands.

Oesophagus 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 Albumen in the urine, Blood is easily broken down, and is said to become more Alkaline.
5 P.M. 12-22-36.

Symptoms of Diphtheria:—It begins abruptly with vomiting, constitutional depression, or with a catarhal sore throat, with the formation of a membrane, which is usually a soft, thick or grayish-white one. It first lies 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 nares, it is very dangerous, and is called Nasal Diphtheria. Blood infection 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. As a bad form of Diphtheria, and one of fatal death is Nasal Diphtheria. This form of Diphtheria may be mistaken for laryngeal cough, as the symptoms with the exception of the blood poisonings are the same. A local palsy 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 convulsions in the

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 fever is slight, little enlargement of glands, and when an open superficial membrane is found. A reverse 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 puerperal women 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 every thing, all expectations especially.

Fuscin Chlor., Soda Ash., Potassii Chlorat. are good disinfectants. Don't allow any one in the room except the nurse.

The best general treatment is stimulation. Alcohol 2# every hour for a child 5 years old, beginning first with smaller doses.

The alcohol should be given well diluted. Give full nourishment and commence both the stimulation and mitigation early.

Potassii Chlor. 3# to 5# in the 24 hours, well diluted, in the early stages for a child 10 years old, but removes much of the existing catarrh.

2. Fuscin Chlor. combined with the above, or by itself in large doses, 2# every hour for a child 10 years old is good. It should be given well diluted. The French putox the Belgium of iron.

3. Calomel 2# every hour for 12 doses, after which go 1# every second hour, not minding the bowels, and in severe cases, in laryngeal diphtheria, as much as 3# may be given a day.

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

- Potassii Chlorat. 3# When the preceding is cold, stearin
- Rhoeis Globul. 3# it and add willis 2#
- Aquae Bullant. 1# Water, gargle a wine glassful every hour.
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 Strychnia gr. 1/60 or .5, hypodermically, every second day. An occasional use of the Faradic current is valuable.

Further notes regarding Diphtheria:-

Treatment is isolation, disinfection, bold elimination, dietition, with either the Vitriol Chlor, or Tinct. Ferri Chlor, or Colored Treatments, combined or separately; and locally, cleansing & disinfecting gargles or inhalations. The Mercury Treatment is of very great value, especially in laryngeal Diphtheria, q. r. every hour, till a greenish discharge from bowels appears is the best; next the administration of one or two doses of Chlor, frequently repeated is of the most value. Contagion of the throat with Vitriol Acid, Argent. Nitriatus, Cuprum Sulph., Mennella Solution, &c. will not prevent the spread of the membrane. If you wish you may use the Cuprum Sulphate or Mennella solution, where the membrane is not extensive.

After the Disease is over, long courses of Strychnia and especially Strychnia, 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 poison, which multiplies rapidly in bad hygienic surroundings. It is extremely contagious through the respiratory or fecal passages. It may gain admittance through drinking water, air, and may be carried around in clothing and merchandise. It was first seen here in 1832. Isolations are now still found after an Epidemic.

Pathology:

The Intestines are pale and blanched, with patches swollen and enlarged with blood. The surrounding muscles become edematous. The blood barely coagulates, 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, heart is flabby; often shrunken; as is also the liver, kidneys, and the vessels 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 thin, watery or turbid discharges, known as the free-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 plateaud.

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 perspiring are apt to cease, there is fullness in the venous 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 peritonitis; fever following are the symptoms: high temperature, great thirst, hurried breathing with signs of congestion of the lungs, scanty urine, irritable stomach, irritable 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 Convulsions, combined with scanty urine, &c. 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 Diarrhea in isolated cases may be mistaken for its but the great severity, and more rapid progress of Cholera, the bluish color in the stage of collapse, and the epidemic character, the absence of bile in the discharges and the free-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 is 83%, and of cases run late 77%.
Treatment of Cholera:

Get rid of all kinds of filth; purify all dirty places, cesspools and drains. Disinfect them all well. Every all excretions from patients, never permit them into cesspools; 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 lie as they generally do; but should not eat any undigestible foods. As regards disinfectants, borax, saltpeter is the best, although copper sulphate, camphor, potash permanganate and ferric sulphate are good ones. Disinfect everything about the patient, and do it thoroughly.

Medical Treatment:

Always check the preceding diarrhoea:

- Sulphuric Acid 1 drachm
- Tannic Acid 1/4 drachm
- Epsom Salts 1/2 drachm
- Quinine
- Menthol
- Aqua

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

- Quinine 1/4 gr
- Tinct Quinine 1/4 drachm
- Injection of Chloral 1/2 drachm
- Aqua Camphorae 1/2 t

(When the vomiting has set up a little, allow plenty of fluid.)

If the diarrhoea is not arrested, by the astringents and quinines, give Calomel 1/2 gr, purging it out of the body every hour.

When the cold stage comes on, use friction and if patient is strong enough, put him in as hot a bath as he can stand, giving 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.,

- Sodium Chloride 1/4 drachm
- Inj. 1/2 every two minutes, at a temperature
- Aqua Carb. 1/4 drachm of 108; till symptoms have been injected.

Further notes regarding Cholera:

- In the Cold Stage injections of coffee are good, also the sublimates of arsenic 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 and mustards later.
Sore Throat or Tonsillitis:

1-2-96.

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:

Soreness, swelling, difficult deglutition, sense of pain and tension at the angle of the jaw, soreness and heat at the back of the tongue. This goes on for 3 or 4 days, and then a steady 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. 2 or 3, or Paris green 1/2 grain. The disease is also good. Morphia 1/10 grain.

If the disease had progressed much, when seen, give frequent garglings of hot water, or hot water and milk, with tinctor Quinine. If suffusion is eminent, promote it, and when the tonsil becomes a little soft, let out the pus with a forcing-spoon. Keep up the secretions, 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:

Tinct. quinina am. t. 1/2 gr. Tinct. cinchona comp. t. 1/2 gr. Malt. digest. t. 1/2 gr. and shake well. Then add 1/2 Potassic Chlor. 1/2 gr. Aguae Dist. 3/2 gr. The latter should first be heated, and then added gradually.

Sig. Gargle every half hour.

If suffusion is intense, give quinine gr. 1/2, 3 or 4 times every 3 or 4 hours.

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

Votassii Chloratii 1/2 gr. When the preceding is cold, strain it. Thymus chlor. 3/2 gr. and add Maltis 1/2 gr. Aguae Ballintis 1/2 gr. Sig. Gargle, a wineglassful every hour.

Measles:

Tinct. Tinnii Chlor. 1/2 gr. Votassii Chloratii 1/2 gr. (To be used with the preceding gargle.)

Syphilis Simp. t. 1/2 gr. Aguae 1/2 gr. Sig. Two tablets of soda and water added to two wineglasses every hour.

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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 virus, 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 in women to the ovaries, forming tumor formation of them. The fevers is preceded by high temperature. There is often pain and difficulty in moving the head, and in certain cases, there is stupor, sometimes convulsions.

Treatmen of Parotiditis

Keep up the secretions.

Diuretics in children; gos in adults per day.

Small doses of Epsom salts every 1 or 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 Mercuriales. Should they still linger, small blisters may be of use.

When the testicles become involved, place a few clove of the brain, and give Potasii lodidi.

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 base.

Prognosis

As 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 stiffness over the larynx, and the latter two are much inflamed. There is tenderness and difficulty in deglutition; hoarseness, and slight fever. This lasts for some 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 affections, e.g., edema, cold sweats, great swelling of the parts and symptoms of suffocation. In Bright's disease, the same swelling and symptoms occur, but can be recognized by albumen 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. Use diaphoretics, e.g., hot drinks; Pulv. Digitalis; Sarsaparilla, and frequently repeated doses of jaborandi, vitrioli album; ammoniac acetate, &c. Vinegar fits to the Gij. Infusion of Nepeta ordered to be inhaled; is good, as is also applications of cocaine.

If the case gets worse, apply morse's solution 5 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 go on, tracheotomy must be performed. This when properly done will relieve the patient, and he will most likely recover. When there is chronic laryngitis, suppurating syphilitic, if not that tuberculosos, and if it is not due to that, it is pathologic.

Enthalations of Tinct. Benzoæ long, ½ to lime water & (hot) and a low diet, easily swallowed, are of great value.
Grouse:

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

False or Spasmodic Cough:

Is caused by colds, etc. 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, and reducible of the larynx and laryngeal structures will be found. These symptoms are sometimes succeeded by gastric catarrh.

Diagnosis:

Sudden onset, occurring almost always, under 10 years, sometimes preceded by cutaneous symptoms, characteristic cough, but will make it easy. It may be confounded with Laryngitis Medialis, but this continues longer, and occurs more frequently.

5:30 PM.

Prognosis of Spasmodic Cough:

Is favorable, except where there is edema of the bladder. There is often a predisposition to Grouse, but it generally disappears, before the 18th year.

Treatment of Spasmodic Cough:

Put the child in a hot bath, and give an emetic. Alum mixed with syrup. If there is very good; Aperosmophila 9/10, Hydrogen bicarbonate 1/10, dissolved in water is also very good. Antimonii Cuprum albus, ang. Then give small doses of Vini Erii. every 9th 7-9th frequently.

If there is a return of the cough, repeat the treatment, especially giving the emetic. If another paroxysm is formed, give small doses of Chloral, or Potassii Brom. Muc. Child's digitation bowel regulated. The evacuation of air mixed with steam is good for cough.

Between the Paroxysms, Equinum, Veratrum, or Antimonii or where a continuous treatment is necessary, small and frequent doses of Tartar Emetic should be given, and at night, Opii should be given.

Can be Membranous Cough in the throat, or where the case does not do well, Mercury guarded with Opii with a liberal use of digitalis, and mild. But it is of great value. Locally, Cinerio Cotyledon, every 10-12 hours, or lotions of Peptin or Iceland.

Always keep the air moist and fresh.
True or Membranous Gripe:

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

Symptoms of Membranous Gripe:

At first they are similar to Spasmodic Gripe, 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, ejected eyes, blue lips, 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 breathing over chest.

Diagnosis:

Sarngcal diphteria may be mistaken for it, but in this there is albumen in the sputum and it affects primarily the throat, whereas in True Gripe, albumen in the sputum is very rare, and the primarily affection exists in the windpipe.

Prognosis:

As bad, but not necessarily fatal.

Treatment:

Give emetics as long as there is strength, also remedies that will influence the inflammation. Hydrocuret sulphuret, in broken doses, with an occasional full one is good; acet, also Potassii Citriti or Potassii Acetatis in large doses. 4th Antimonii sulphurat. 2g-7g with go to 13 Sul-Doxy every two hours is good.

Stimulating patience strength give stimulants and a good diet. No emulsions are often of the greatest service. If the child seems to be doing 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, Intubation should be performed; providing the child is over 3 years old, and no Pulmonary complication exists, the operation is more successful in True Gripe than 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.
Treatment of Whooping-cough—

Belladonna, given to the point of
tolerance, from the beginning of the disease, will generally lessen its duration.

Whooping-cough in the infantile age is a very good treatment.
The chloral treatment is next best to the saline treatment.

Taking a child through the goitrous, allowing it to inhale the gas, has been found to be of benefit. If the child is old enough, let it inhale the following: $\frac{1}{4}$ fluid oz. of 3 per cent. Belladonna, 37

to $\frac{1}{2}$ oz. of water, to act short the paroxysms.

If catarh, bronchitis, and other symptoms are present, treat them.

The munition is greatly improved by whooping-cough, and if possible, give patient a change of air, or put on a course of bed rest

All, occasionally giving lactations and alterations. 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 tinctures of colic, williams, etc.

Acidum Vitrii glnt $\frac{1}{2}$ or Acidum Mur-cam. glut $\frac{1}{2}$ to well diluted, every 4 hours, is often a good treatment for this disease.

Always pay attention to the Bronchial Complications. All Alkalis are more or less useful. Potassii Carbonate grnt $\frac{1}{2}$ in warm or large syrups, to relieve the bronchial cataract and lessen the thickness of the mucus. The paroxysms are best treated by Permandr. at night, Potass. Brom. at night, and Chloral which must be given very cautiously. Inhalations of fresh air or the

following: Acid. Calomel. 37

are favorable. For the acute Bronchial Cataract,

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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 to 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.

Inspection:

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:

At the application of the hand, confirms the results obtained by inspection. It may be employed to determine soreness, tenderness, position 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 clavicular resonance, heard over the healthy lung, the left apex being very distinct, and as you gradually go down it becomes less so 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 & heart. When it takes the place of clavicular sound, it is a partial 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-vascular sound, having the character of that over the intestine. Whenever 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 amorphous or metallic sound and the cracked jet or cracked metal sound may be viewed as modifications of the tympanitic sound. The first is a concentrated 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 in any disorder in which the chest walls remain very 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:

Crisp, Dull, Tympanitic, Cracked Metal Sound

Degree or Intensity of Sound:

As the amount or quantity of the sound.
expansion of the Air-cells, will cause a feble murmur.
Absence of 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 lymphous 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 short, puff, jerking respiration, but this
is present in too many affections, to have any special diagnostic significance.
But, if it is limited to the expiration, it may serve to indicate a suspicion of
tubercular deposit. A marked increase in the duration of the
respiratory murmur, while the patient is quickly breathing is of great
importance, it denotes that the air has difficulty in getting out of
the lung, being retained either bywant of elasticity of the celi, or by an
obstruction in the Bronchi. It may be occasioned by over distension
of the air vesicles as in Empyema, or by deposits which impair
their contractile power. In the first case, the prolonged respiration is
associated with augmented clearness upon percussion, and in the end
with impaired clearness. Where the prolonged respiration 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 respiration from tubercular or other deposits, is not simply
the pure, prolonged respiration; deficiency of elasticity of the air-cells.
It is something more. The solid material conducts a portion of the sound of the Bronchial tube, to the ear, and Bronchial breathing, is nearly always best and earliest perceived in inspiration. Thus prolonged inspiration, 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 airholes, 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 wanting in softness is termed harsh or rude respiration. It is a union 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 scarring 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 Pulmonary Tuberculosis.
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.

Refracting Sounds: Usually found above Effusion, and is suggestive of a thin layer of Fluid.

Scales: Are always Abnormal Sounds.

The sounds produced in the air tubes, by air passing through an accumulation of secretions of the Bronchi.

1. Dry or Vibrating (Campbell's sound)
   a. High pitched (harmonious)
   b. Low pitched (semitone)

2. Bronchial rales
   a. Dry (Bronchial Noise)
   b. Moist (Bronchial Rumble, Buzzing)
   c. Small or Bubbling (Subcostal Rumble)

A dry rale is the result of a thick fluid, put into vibration in a Bronchial tube.

A moist rale is the result of fluid, put into vibration in the larger bronchial tubes.

Acicular Rales

Crackling

Crackling is heard only upon inspiration, and is similar to a sound produced by throwing salt on a hot stove. It is heard in the beginning of Pneumonia.

Crackling sounds are similar to the Capitant, but shorter and quicker.

The scales of caviaries are hollow bubbling or gurgling.
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 increased, or it may become thickened. As the swelling and redness subsides, the mucus increases, and is finally expectorated. A week or 10 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 recession as a rule; generally Broncho-vascular breathing, and on account of the thick mucus, spontaneous salivation will be present, or on a more advanced case, mucous sputum, which will last till recovery. Sometimes the secretion is so slight, that no sputum will be heard.

Diagnosis:

Easy, by its self

Prognosis: Very favorable.

Treatment of Acute Bronchitis—

As soon as it commences, give

1. Quinine græ., which will often break it up.

2. Opium græ. followed in 4 hours by another grain, will often about the affects.

Keep the patient well nourished, and give every hour or 2 hours the following: 2 Ammoniae Muricae græ., every 2 or 3 hours. At night, Cali. Doloris in small doses should be given to deluge the system.

After the secretion has become established give the following: 3. Ammoniae Muricae græ. every two or three hours. The Carbonate may be used if preferred. inhalations of steam are especially good.

1. Keep the patient in a warm room, moist room, and let him inhale from time to time some mild flavor. 2. Frequent use of a hot aqueous

Vines, Aperientia, Jaborandi, Potassii Citratis, Tartari Cineris, Aspera, &c. Dr.: Cali. Doloris in small doses especially at night to allay cough, and put a mustard plaster to chest from time to time. A secretion becomes accelerated, favor, expectoration by giving the muricate or carbonate of ammonia all the time giving a little quinine. Patient must have light food at first and later a good and liberal diet.

When the cat stages the following is especially good: 1. Eps. Ipecac. Sol. 2. Ammoniae Muricae græ., Amygdali Liniæ, græ., &c. 3. Quininae, græ, &c. A teaspoonful in a little water, every hours.
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.

1-23-08.

Symptoms:

It may commence as an ordinary Bronchitis, and pass downward; 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 perishes in a state of asphyxia. There is clearness in the sputum, with spots of renaissance, as a rule. The renaissance is not permanent. Auscultation reveals feeble respirations, and subcutaneous sounds.

Treatment of Capillary Bronchitis:

The old treatment by emetics, is the best. Zinc Sulpho, or baryt sulph, are very good here.

Potass. Carbon. gr. ½, every hour, to a child, is the next best treatment. Hemorrhage Carb. gr. ½. to a child, is also very good here.

Stimulate with Brandy, especially, in old persons.

If there is much oppression, use a few dry rasps, between the shoulders. In suitable cases, wet cups may be applied to back of chest.

5 P.M.

Chronic Bronchitis:

Always occurs in the larger bronchial tubes, which may become dilated, the intervening lung becoming dense. The Bronchial mucous membrane will be swollen, secretions sometimes slight, and at other times pensive. As a rule, profuse expectoration is met with.

Symptoms:

Cough, especially during the winter and damp months. General health, excepting gastric catarrh, mostly good. The lung texture is not involved, so there will be clearness when percussed. Auscultation reveals certain rales, and sometimes a cavity sound, from a dilatation, will be heard.

Diagnosis: Favourable as to life; but, the patient has a poor chance of getting rid of the disease.
Treatment of Chronic Bronchitis:

In cases where there is little secretion, much coughing and good digestion give:
Potassium Bichromate or Acetone Bichromate in small doses, four times a day.

Let the patient inhale some anodyne spray, particularly in the evening. M. Potassei Bichromati. Turpentine, Turbene given to 3 or 4 lbs. Change of Climate.

In cases in which there are more secretions, sales &c., give:
Acetone Bichromate, given to 2 lbs. or more. Every 4 hours. Stay up to the eyes. If the disease does not improve, give an alterative, either, arsenic or Codlin’s AP.

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 secretions. M. Cod. 5th, 4th, 3rd, 2nd, 1st, 1/4 to 1/5 of a brand. 3d, 2d, 1st in expulsive every 3 or 4 hours; Acid Carbonic 1/5 to 1/3 of a tablespoon.

For Chronic Bronchitis, the inhalation of Ammonia carbonate given to the eyes, and the internal use of Ammonia Bichromate, given in four times a day, is good treatment. During a violent out-break, and when oppression is present, give Lenticis, and at the same time Carbonate of Ammonia.

Narrowing of the Bronchial tubes, is occasioned by pressure, as from a tumor, &c. Diseases of the Bronchial glands, met with in children, often, in the scarlet fever, often give rise to Cataract, Night sweats, and symptoms of Bronchitis, with decline after perspiration between the Scrofulae.

Now Chronic Bronchitis get along, if possible, without opium; if impossible, give it in the form of Paracetamol, Balsam; or Coding AP.

Inhalations are of little value though Acid Carbonic & Alum by spraying good. Blistering on good, where the Physical signs are localized. 1

Treatment of Pneumonia (Acute signs)

Strychnine and all remedies that break down false membranes. Put under Alkali treatment quickly. Potassium Carbonate or Acetate, or Potassium Acetate, alternating with Ammonia Carb. Big Potassium Nitrate every hour. Also give Quinine, sustaining remedies and stimulants. To prevent recurrence, put on a course of Arsenic or Sod. or Potassium Bichromate.

For Bronchial dilatation give Potassium Bichromate & build the general health up, with nourishing food and hot beverages, also stimulating and local. Blistering is of value.

Always think of the possibility of Chronic Bronchitis being the manifestation of some other disease 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 threatened. Caffeine Elixir, four times a day is very good. Cocaine is a new but successful treatment.

When an attack has begun, to soften the phlegm, and bring on expectoration, small & frequently repeated doses of Saltpeter is good. When there is much shortness of breath, use dry cups to the chest, and give small amounts of Chloroform or Diphtheria by inhalations. In these cases, don't give Opium, as it prevents respiration.

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 a fair proportion 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, Arsenic is the best treatment, for Morbus Asthma, 20 Dr. arsenic gr. 4 times a day. Also avoid all exciting causes.

Asthma or Bronchial Disease:

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 Empyema 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 constriction in the chest, loud, labored and wheezing breathing, want of air, blind life, and bluish nails, apparently quiet chest walls. This exists for some time, when the attack passes off with perfect expectoration. The attack, usually occur at night, and last some hours, though it may go on for weeks. Organic Asthma occurs frequently. Ver Sacrum Asthma has few sufferers. There is impaired percussion sounds, and scarcely any natural breathing sounds, can be heard over the chest.

Diagnosis:

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

Consequences: Terrible as to life. Organic Asthma cannot be cured, but Ver Sacrum Asthma can.
Organic Asthma is best treated by Potassii Solidii gr. mor tab. three times a day, also giving, Ipecacuanha Aromaticum.

In cases associated with Heart symptoms, give Dulc. orq. orque. of the Fluid Extract Orange Juice three times a day.

A repetition of the dry coughing is good, as is also Potassii Solidii.

Asthmaticus should live in a mild, warm Climate.

Emetics: Ipecac or Fluid Extract, gtt. 15 to 30._descr. in smaller doses, after the attack of vomiting is over. May cease to cheat, moist or warm room, and a hyposmic injection. Phrenicinie Virilis gr. 1/4, with Haffniasin Virginikin and other diffusible stimulants. If the case be acute, poultice escharification with Arsenici mercur., Pottasii Chlor. 1/2. Arioacetic acid and Uric Acid are very good, the Arsenicum being burnt & fumes inhaled. To prevent future recurrence, a course of Potassii lodid. gr. 2 to 3 x. or better Ammoniaci lodid. gr. 6 to 8, steady use of Belladonna or a Qu Ungul. Anisi. with Change of Climate to high altitudes or the inhalation of Compressed Air, may be used.

If urine is scanty, dry up over the Kidneys. Always pay attention to the condition of the Bronchial Membranes.

Pulmonary Emphysema:

Astringently hereditary, and most frequent in the male sex. It seldom occurs in childhood.

Compression may produce it, as may also, long continued Bronchial Catarrh; this latter may be 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 shortly dilatation of the heart as a rule, without accompanying pyæmia, and usually of the right ventricle occurs. The liver is enlarged, kidneys are affected, and albumin appears in the urine. The preceding occurs in very bad cases. Heart lesions often occur in advanced cases.

Symptoms:—Shortness of breath; inability to catch cold; Attacks of Asthma, palpitation, and sometimes death in advanced cases; Melaena; Yellow look of Face; Distant chest, with shallow respiration; Increased percussion resonant, auscultation reso, faded, respirations. Inexplicable 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 Emphysema:

Potassium iodide in large doses, in the best treatment, keep it up, till some disturbances in digestion occur. Inhalation of compressed air or bottled 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 lesions, liver disturbances, kidney trouble, congested sinus, etc.

Potassium iodide, small and frequently repeated. Inhalations of compressed air are the best treatments. Act on the congested portal circulation now and then, with a Blue Pill, followed by a salina, and pay great attention to heat and kidneys. Digitalis being the remedy in most cases. Guard against cold and dampness, and keep patient from having future attacks of Bronchitis, etc. Should an acute attack occur at any time, put to bed, dry cup and treatment actively. If possible send patient to a dry, mild climate of not too high altitude.

Surgical Emphysema, keep the patient quiet and sit him up, with Afrin. If necessary let air out by puncturing.

3 P.M. Congestion of the lungs.

Not very common, but is sometimes applied to Pneumonia, or to a severe case of Bronchial catarrh. It may arise from congestion of the brain, heart lesions, etc. Steam in sitting baths, and may be active or passive.

Physical Signs: 2 Obese slightly inflated, pulse regular, and a few Brum Sub-Comitant Rales.

Treatment:

Give Saline Purges and stimulants. One day cups over the affected parts, and look out for the condition of the heart, which if strong should be controlled by Aconite, and if weak by Digitalis.

1 Dry Cups. Purges Diaphoretics and control Heart Action with Aconite or Digitalis as the case may be. If Kidneys are at fault, give Diuretics and Dry Cup over them.
Cedema of the Lung:-
As an extravasation of serum into the structure of the lungs, it may follow Pneumonia, or the various congestions of the lungs, or from lesions. It may be due to Bright’s disease, in which case it is usually chronic.
If the Cedema is at all extensive, it is a very serious malady.

Symptoms:- Swelling, expectoration, shortness of breath, quick pulse, blue lips and nails. The expectorations sometimes contain blood. Circulation reveals, plenty of sale, of the fine, bubbling variety, heard all over the lung, respiration labile, when the pulmonary congestion is extensive. Respiration not comparatively unchanged.

Diagnosis: Serious.

Treatment:
When it follows congestion, treat as such, stimulate respiration, live active posture, and in the more chronic state, use diaphoretics. Depress, fever, expect, inhale ammonium, and give salt. Ammonia’sArsonication, Inhilation of Oxygen is good.

When the circulation is tardy, stimulate.

Hemorrhage from the Lung:-
Reported hemorrhage from the lungs in cases out of 10, is really from the smaller Bronchial Tubes. It is very common, but may occur from acute congestion of the lungs, Blows or injuries of the chest, Organic disease of the chest. It may be caused by certain idiosyncrasy, or it may be a symptom of Scoury, 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 congeal; quick breathing, cold clammy sweat, followed in a few hours, by more expectoration 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 Acroplesy. Physical Signs are Absent.

1-20-98.
Treatment of Pulmonary Hemorrhage—

Provide 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 slowly.

Check the hemorrhage by swallowing salt, with acrid sulphanilic acid, and well diluted female urine.

For prompt action, the following is the best treatment:

A. Acidum carbonicum 1/2 min. in water, at short intervals, at the same time giving the Egypt. In severe cases, put ice over the breast and bee bags over the chest.

B. If these remedies do not stop the bleeding, give the fluid extract of M. Salis 1/2, every two hours.

The Egypt, Chloride of Mere, or a salicylate solution, used by a spray, are very good, as is also Sulfur Sulphyr, every 2 hours.

Keep the circulation quiet, by giving Crescinit, 24.

Tinct. Aescinii radix, 1/2 drach, 1/2 dose when no fever is present, in Belladonnae, and if much caughc, give juis at night will be of much benefit.

Pulmonary Atelectasis is associated with Cardiac Disease in almost 1/2 of the cases. Disease of the right Cardiac side, most frequently. A thrombosis forms on the right side, and a plug so as is broken off, and washed through the Pulmonary Artery into the Lung, where it lodges, thus giving rise to Atelectasis 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 dulness upon percussion.

This is a very grave disease, and the treatment is: Depeding Egest and Digitate.

Diagnosis of Hemorrhage from the Lung:

Hemorrhage from the lungs is not caughc up, but vomited, it is acid, coagulated, black, thick, and mixed with food, while that from the lungs, is caughc up, is alkaline, not coagulated, red, frothy, and not mixed with food. Sometimes the blood from a Carcin or ulcer, is red and not mixed with food, and is not acid, and sometimes an ascension breaks in the Branchial 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.
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 Phthisical 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 cold and exposure. When it assumes a low character, it is called Typhoid Pneumonia; it is very dangerous, forming about 30% 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 thus forming a solid lump. 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.

Physical Signs:

1. Stage of Engagement:
   - Percussion resonance is impaired, and upon inspiration auscultation reveals resonant rales over the seat of the inflammation.
2. Stage of Deterioration:
   - In this there is marked dullness upon percussion and upon auscultation, Bronchial Rales, Tubular breathing, and
Diagnosis of Pneumonia:

Pneumonia is often extremely difficult to diagnose, but in those cases the lung symptoms are often very useful. In cases of the disease, which is the scarlet fever of pneumonia.

Prognosis of Pneumonia:

The mortality in private practice is about 12%, and about 20% in hospital practice. High temperature, pleurisy, dyspnea, delirium, and loss of voice are not good signs. Early delirium is almost always fatal.
Treatment of Pneumonia:—(Early in the Case)

Do not bleed, as 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 Rhiost. Acet., .deep 6, every two
hours; or Ber. Tinct. 20 drops in 1 oz., every two or three hours;
till some impression is produced upon the lungs. Give 1. 3 grains of cr.
till the rest of the dose is given. As the case goes on, stop up the
bronchus and give Digitalis instead of
the Ber. Tinct.

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

Expectorants are only useful in the stage of respiration, when pneumonia
muriates or especially the Carbonate in gr. iv. does every two or three
hours should be used.

Do not nourish the patient, but give hard and soft foods; stimulate
for the symptoms not for the disease. When pleurisy and a pain are present,
Prune juice only, when the symptoms are present.

11 a.m. 2-6-86.

Cataarhal Pneumonia:—

Is 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 of
consolidation scattered over the lungs, 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 spateus is catarhal, and streaked with blood.
Nose mostly clear and moist, will be heard 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 Inflammatory
Nature. Over these spots, the sputum 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., with Ammoniae Muriate or Carbonate, and Dry-cupping to the chest form the basis of the treatment. In cases of sweating give Digitalis, with Quinine; this with expectorants will be the treatment.

Chronic Pneumonia:

As chronic consolidation of the lung is not common. The patients seldom recover completely; they generally die of Pthisis in the long run. Chronic Pneumonia may last a year or two years.

Treatment of Chronic Pneumonia:

Give Potassii Godeci and Alun Morhuce, and if there is any fever, give Digitalis, with or without Quinine. Repeated Blistering is of prime importance.
2-10-88

**Pulmonary Consumption**

This extremely frequent and exists almost everywhere. It always heads the mortality lists, unless there has been a great epidemic of some disease.

Vegetation or condition of life are exempt from it. There are three names as to its cause—1st. That it is the result of inflammation of the lungs; the structure of which breaks down and forms Tubercle. 2nd. That it is the result of Chese formations, the result of inflammation, and 3rd. That it is the result of a specific poison. Daly Da Costa thinks the latter is the true view, as tubercular deposits may be caused by inoculation, and on 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 intermingling spots disappearing, probably by scabbing. 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 one-half years, including the intervening periods of rest.

**Symptoms of Pulmonary Consumption:**

**Isolated Stage**
- Poor health
- Digestive disorders
- Loss of flesh
- Coughing referred to the throat
- Sometimes the cases begin with hemorrhages, and have more marked symptoms.

**Infecting Stage**

Cough followed by thick expectoration, which is especially distressing at night; increased emaciation, curious change of temperament, and at this stage into 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 hemorrhage 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, except during the hills, 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 formed have frequent slight pleurisy. Tuberculosis is usually present. Sometimes, there is a red and white line around the veins, and the nails are bluish and curved, and somewhat clubbed. 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 feebler sometimes harsh inspiration, 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 infective poison, favored by confinement; close quarters, want of sub-soil drainage, hereditary influence especially from the mother's side, although not always so, as it is not found in the father, and is most probably acquired; in the great majority of cases. Contagion is often the cause. If it, so healthy person should not sleep in the same room as consumptives. The inhalation of fine particles of glass, dust, wool, &c., may predispose to it.

Diagnosis of Pulmonary Consumption:

2-11-95.

As very difficult in early cases, but very easy in late ones. In early cases, lay 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 cracking sounds. In the later stages, the symptoms are increased, and the diagnosis becomes easy.

Bronchial Cataract may be mistaken for it, but in this there is no delusse upon percussion.

Chronic Pneumonia might be confounded 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 Phthisis, but in these cases, there is always a fever, with marked evening rise, 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 dulness; Chronic cataract will be present, and the spitting will not contain the Bacillus of Tuberculosis.

In some 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 mortality.
Treatment of Pulmonary Consumption:

The treatment of this disease consists of hygienic means, medicinal agents, and rest. The treatment of prominent individual symptoms.

1. Hygienic Means:
   - Open air exercises; outdoor 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.
   - Throat cases seen early do best in high, dry climates.
   - Those cases having a tendency to Pulmonary hemorrhage and the late one, do well in mild climates. The cases in which much Bronchial secretion is present, the damp and dry climate of Florida is best.
   - If the patient will live an outdoor 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 Aleum Ipecacuan, Whisky and Brandy are the best stimulants.
Medicinal Treatment:

Cod liver oil 3gr three times a day, given one hour after meals. 2cc to 8cc. Ether will make it easier to take and assist its digestion. Malt extract, or Carbinic Acid water may be mixed with it. When the oil becomes too thick, stop it for a while, and during the hot months stop it altogether.

Arsenic is not best. Cod liver oil, Chloroform Acid gr 1/2, or Fowler's solution gr 1/2 tid. Comp. Sol. Iodine gr 1/2 is good. When the above does not agree, give Potassium Iodide.

Sodium Iodide is very good in cases where there is not much fever. When giving it, push it to the point of tolerance. Inhalations of Tar, Carbollic Acid, or Iodine are beneficial.

Treatment of Individual Symptoms:

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

Cough:

Don't give expectorants, give Opium instead.

Peroxide 9gr to 1/2, Codea sometimes acts well, as does also

Boric Acid given in the form of the Fluid Extract, b.d., cheap.

Small doses of Sulphuric Acid with Opium is good, as are also

Inhalations of Tar, Carbollic Acid, or Album Eucalyptus gr 1/2 used through an atomizer.

Night Sweats:

The best remedy is Atropine gr 1/2 at bedtime.

If the patient will not take it, a strong infusion of cold sage tea or

Charging the body with water as hot as can be borne, may be

Adapted to. Next to the Atropine is Epsom Salt gr 1/2 to 1/2

Three times a day, the last dose to be taken at night.

Sulphuric Acid; and Zinci Acidi gr 1/2, four times a day are good.
Indigestion & C0ns0mpu-7ion:

Treat these cases as you would other cases of indigestion. Carbo-1c Acid gr. 1/4-1/2 four times a day,
Glycerine has also a good influence.
Pragnum gr. 1/50, three times a day is also good.

Diarrhoea:

It may depend upon altered secretions, superficial ulcer, or may be due to a catarrh.
Opium and Biimnethi or Opie and Cupre Sulph. are good.

State of the throat:

Brisk more gr. to the Op, sipped as often as possible, is good. Painting the parts with Biodefine or Cocaine is good. Allow the patient to eat immediately afterwards.

Infective Fever:

The following is very good,

\[ \text{Opie} \quad 90 \% \]
\[ \text{Digitalis} \quad 90 \% \]
\[ \text{Cupre} \quad 90 \% \]
\[ \text{Sig. bid.} \]

C0nti. 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 like the chronic form, only much more rapid.

Symptoms: Fever with marked remissions, usually followed by sweat, 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 & the fever with the signs of the chronic malady, following each other in rapid succession.

The diagnosis, is sometimes easy, and at times impossible.

Prognosis: Unfavorable, but never give a case up till the last.
2-24-56.

Acute Pleurisy:

May be acute or Chronic. Circumscribed or General.

Acute Pleurisy:

As 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 effusion. The Plastic stage lasts from 24 to 48 hours, and then passes into the stage of effusion, which lasts from 6 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.

Frication 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 bleating of a goat. Reround will be heard in the lower part of the lung, there is feeble respiration, and marked

Pneumonic breathing in a limited space, and the chest will on one side where the effusion is situated, will be distended. A Sympathetic sound may be heard under the clanicle. 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 feverous 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 confused with Pneumonia of the Chest, but in this there are no friction sounds or fever, and the pain, is apt to extend all over the chest. In the stage of effusion, it may be confounded with Pneumonia, but in this, there is rusty spitting, harsh breathing, rales, and well transmitted vocal sounds. Enlarged lins may be mistaken for it, but this organ is below the Diaphragm.


Diagnosis of Acute Pleurisy:

If favorable; when it comes on in the course of fever, 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 packs applied over the seat of the inflammation is good practice; in young, robust persons, who can well spare the blood, from 1/2 to 1/4 withdrawal will generally be sufficient. A large boultice containing bandannam 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 1/2 g in Sol. Potassii Chloridi, every hour.

On the Effusive Stage: Don’t allow any coughing, or give Aconite; but give the following Potassii Chloridi 5 grs in 24 hours, with Digitalis, Potassii Bichloridi, Jaborandi, and small, frequently repeated blisters, may be used in this stage.

On cases having great effusion, a gentle mercurial injection, will cause the Digitalis and the Potassii Chloridi 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 Tbcercals.

A slight mercurial injection may be obtained by giving small doses of Colonid, 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 insulent in four months in most cases, and much sooner in certain constitutions. The symptoms vary, and point to other affections; Clubbed fingers, nails, 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 oppression of Chest. When the voice and Respiration 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 serum, 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 distresses, and they mostly have a
periodical fever, which Pleurisy has not.

Pulmonary Phthisis 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)

Basham's mixture for three
times a day with 1/2 1/2 1/2 of Strypnum. or the following,
Potassii Sodici and when there is much fever, combine quinine and
digitoxin with it. The occasional use of small bistoury is important.

Surgical Treatment of Chronic Pleurisy:

Don't tap the chest until medical means fail, unless there is pus present, in which case, tap
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 tubes inserted. In cases having having a great deal of
the pus forming again, a well diluted solution of the Bichloride or
of Sagol's solution of bichlorine, 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, Staph and injuries of the pleura, &c. It is usually a one-sided affection.

Symptoms:

Rapid pulse, slight fever, cough, pain, great oppression and anxiety of expression.

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

Pneumothorax is produced, especially at the point of puncture, if there is one, which spreads, and is followed by a pouring out of serum or pus. It is impossible to recognize this disease without the physical signs:

Distension of chest, splashing sound upon shaking the patient. Sympathetic pneumothorax (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 are 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 Opium or Camphor Indica.

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

Further Notes on Pneumothorax:

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