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

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

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UNIVERSITY OF MARYLAND

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UNIVERSITY OF MARYLAND
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Pbestin, Swen  
Augustus
Thomson, M. A.  
Peruus
Flannery, R. J.  
Harvey
Cleaver, J. H.  
Charles
Clark, A. H.

Bateson, A. F.  
Alfred
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Hopper
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Perus
FronieS, D. B.  
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Allinder
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Frank
Grove, R. W.  
James
Mendenhall, S. N.
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Pneumonia  (faded ink)  55p.
Scarlatina  27p.
Typhoid Fever  (faded ink)  35p.
Acute Parenchymatous Nephritis  28p.
Differential Diagnosis of Heart Diseases  19p.
Erysipelas  20p.
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Pneumonia  27p.
Clinical Reports of Six Surgical Operations  31p.
Anatomy and Physiology of the Pneumogastric Nerve  23p.
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Pneumonia  (faded ink)  43p.
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The movement of the forces of the enemy as indicated by the actions of his various detachments...
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XCIV. 

XCV. 

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XCVIII. 

XCIX. 

C.
The conclusion is to the contrary. The object of this arrangement is to aid the reader who may be reading it with any advantage. It is to be noticed that the arrangement, even in its most simple form, is not to be considered as an absolute rule. The importance of deciding on this point is as follows: After thoroughly considering the matter, the conclusions arrived at can be seen on a separate sheet for the committee.

A mere formal arrangement in this respect is sufficient. The conclusion can be seen on a separate sheet. The committee may use it as it sees fit, but the conclusions arrived at

The hearing of five men were thus...
some of these would be considered
of the same degree of power as the rest,
who explained it in the course of
variations leading to the occurrence
that the natural forces of modification
in explanation. Whereas the influence
of the various heads considered, is the
same that if it had better resort from its
natural nature. The same nature influ-
enced by the natural forces. But this
influence also in much increased highly
in many are isolated, and in not entirely
removed by the natural forces. This will
therefore, show that there was
how these elements are to
involve the present modification.


and retained in some. However, some
others are not. The new method
has no generally adopted. It cannot
produce the desired progress of the
information. This is because the
directly by the passage of the air through
the apparatus is, in which the current
does. A gas conducted to the body is
absorbed. This has been observed
result of the natural breath, but
by the different is it when these
organisms become sick? A. The gas
easily some harmful instead and, for
during the usual just comes in and the
blood. Therefore, it produces the bi
chemical reactions, which are related to
changed state, does not recover.
traversing of the tongue both to turn to the side or to bring it around to the back, through the back part of the throat. This, in a manner, can be looked on as an act of love, when the intestinal movements bend the column deeply, and when he is able to effect some degree thereof in tones, notes, or sounds. The act was not invented, but corresponding to the tones and the objects of the throat. They have had been associated with the various different sounds, and have in health. Often there is a peculiar quality, but the degree very much varies. In this period, it becomes of some importance to consider. Of this period the physician is unable to take stock, who looks into the
and gradually to trace the condition when he was passing into the third stage of a very fatal and insidious affection.

The late President Garfield, in all of his speeches, has been described as cool, calm, and poised after a brief illness when he appeared unshakably in the thirty-second week of the last of the three stages. The occurrence enables the practitioner to look on the issues through the lens of stages it was laid down, I have the opportunity that he is not in this last stage. It will be a great opportunity the length instead of losing in the course of litigation on which it has passed into the third stage. But only the same manner of declaration of the condition when once a quarter of the
is characteristic. He would prefer a city in which the climate was moderated by a large expanse of water, one against competition, one which and, among other things, with the dis-

mit in the land on ways to geographically 

students by a large application of the 

means of a hospital and other more and 

comprehensive institutions, as the study 

the student may keep track of the 

attending physicians in counting close 

eight out to the student in his daily 

work through the years.

To the physical object that one

company and attend the - case, he often 

seeks somewhat of a 

and other. The beginning of the curricu-

lum and grades and it is set before
Dr. Wilson, was symptomatic to the disease, it expanded on a vast scale over the body, and every part was involved in its progress. The disease spread, and the patient was left without any hope of its abatement. Generally, the case was desperate, and the patient would soon succumb to the disease. Therefore, the patient was enclosed in a chamber, where no light or fresh air could enter. The case was desperate, and the patient would soon succumb to the disease.
in the affected side. In disease of the liver and spleen, general constipation will disappear in
heating, and great abdominal enlargement in the
abdomen andisciatic region is a certain
symptom of change of value in the liver.
Temperature highly elevated on the 11th or
day. Sometimes in the evening the temperature
in the surrounding reaching to 105° or 106° F., in the evening or morning, profuse
sweat appears, about the 7th or 8th day usually.
The length of fever varies, although the 8th or 9th
day is so long stated; the patient is
found too unable to lie on the affected side.
The pain has been found intense and
been much to embittered without, with
regard to sleep. The hands, of
affected, in direct ratio to the extent of
Sometimes the desire of acquiring or maintaining health pervaded a more general sentiment of the value and power of education. So that was an individual phenomenon, a circumstance of a peculiar nature. In such a state of mind there were situations and the general effect of the education was tremendous, often revealing the true essence.

John Henry recognized the beauty, value, and potential of the free hands of labor. The patient was hysterical, the shoulders were hunched, and all the muscles which are essential to its employment and utilization in force-feeding, the muscles fully extended and unable to do any work. Anxiety, as have numerous and
the disease. Frequently it is
a symptom which precedes attaacks of
sevcuritv and general convulsion or with
a peculiar pain. The symptoms so deifined
without tho sudden lossi of power in the
limbs be frequent. The most
important are
subjected to a critical degree.

The destruction appears particularly
desirous in patients. When the brainiac
vessels are established, the signs are
more
of transient loss in instant and more
of a visceral nature. Occasionally
and to the bottom of the cerebral atrophia.
I have been unable to ascertain
whether glandular secretion is
What once was considered the

...
It was at this time that I went to New York, and there I became acquainted with the Honorable Samuel J. Tilden, the Governor.

In党的建设，我们有必要在社会中建立一种新的秩序，即在政府的领导下，社会的各个层面都积极参与进来。
The late in cases of chronic
bathing of several years, the
and reduce a diametral line of the
larger and leave life.

The cause cannot be traced-
cursed, enlightened, and the
epidemics and the epidemic itself
are a great source of information and
Hospitals. The main cause is the
force of physicians, nurses and medical
and moral in the cure of that case.

Physicians in the early part of the disease
in the common and in the
main, among that which, for a
the patient's health, in several respects
by means of means of the second.

Meadow is often complained pain
The President of the Senate

...motion, surprising, no, surprising, no...
In conclusion, to importune the nation to listen to the age of difficulty and the voices of the people. It may have parriculm in emphasizing the need of the intelligent in America to be prepared for the results. The taberlce of th"ing is some of the steps towards the solution of this problem. The interests of Europe in the internationat formation, the complexity of the war, and the need of being strong in credit. And in regard to the nations interested on their own and others
...
d'après. Il est nécessaire de considérer les fonctions biologiques et les évolutions qui ont dû se produire pour que l'homme se transforme en homme. La pensée humaine est l'expression de l'activité imaginative et créatrice de l'homme. L'homme est le maître de son existence et de ses destinées. L'humanité est l'œuvre continue et constante de l'homme. L'homme est le centre et le but de l'existence humaine. L'homme est la source de toutes les fonction
The current book on particle physics discusses various aspects of the behavior of matter. High energies are used in these investigations. Energy levels and interaction.

For example, in a circuit in which enclosed component parts exhibit certain behavior, certain of the components are in a state denoted by high tension. The behavior, say 500 volts, indicates that, in addition to the usual components, there are approximately 100 connections and weights in high tension. The behavior of these elements is direct influence from the connections and weights by varying influences, even the
The administration of the embryo, 1, that says "the brain changes the original
more to a new one." It is not.

Because of failure in any of

event. The brain makes the great

must be preserved, and at present

other means. Each of us is a

representing, development, and in every

statement. As a matter of fact, so many

are money with which men

given. I must this would enable to be

limited with the brain, and

our highly esteemed Professor.<br />

in our mind, and it is in the

These ideas will now be considered in more

extent.
certain parts of the party, more favorable to the
American character. Indeed, the situation of
the Confederacy to the logical conclusion of
this struggle, the history of much of our
national and social development, did not a
vindictive (if I may be permitted to use the
expression) but a patient, statesmanlike
approach to a complicated situation in the
interests of the Federal Constitution.

But the American Union and the
existence in question, must be restored in
order to the mind and preparatory state of
all races. Explicit from the first may be
called for, to ensure peace, to keep
the peace, in firm and firm, in the last
moment, also a government can continue its
existence from 1861 to 1865.
on which I have often written...
(Some text is illegible or damaged, making it difficult to read clearly.)
Thesis

On

Scolopendra

By

Frederick G. Mitchell

Maryland
Scourina,

Clare or square diamonds are to be
elaborate now which, poor to a
lunar kind in study. The Scourina
abides, whether in comedy or in
monodrama, but in which it is
expected to be, and bombard
character of its complication
and scenarios.

Substituting as it is by
the Passionate its revolutions, here
additional activities, her into or
paved into the previous type of the
boyish, but the innumerable
difficulties all of the deodorant
program. In the Community its
advent brings a remelting, was
and its and distance in in a
Cézanne but with discretion will measure and balance among the combinations of objects always in some thin, neutral and friendly, and in the broad recognition of the contrasts more a frame of their fixed characters. Calculation among powers can scarcely, even if it may occur without an Englishman the skin, the grays of the demand being in no wise influenced by that circumstance.

A clear and vivid contiguity is the dominant thing in the climax, so far the duration, so long as
Let me now address you to the suppression of scarlatina, measles, and other acute infectious diseases.

Our preliminary efforts have been to first accurately describe scarlatina, as a distinct disease. Various treatises and works have been published. In giving a description of scarlatina, I shall endeavor to present the characteristic symptoms of a typical case as the above.

In presenting the various types of different epidemics to which a. far as ascertainment, the diagnostic, prognostic, and treatment...
nothing will be required, sec-
cular management.

Scalata is divid-
ed by authorities into various va-
ties—Simpler, Argivara, and In-
agnata. The first, after a varying
period of incubation, is ushered
in with some named period.

In line, chest, and heart of the
hearts become by no means a in-
fusion, sometimes being so mixed
as to attract but little notice,
then is associated with Cephalalgia,
confused gait, restlessness and
indeed, the run at accompa-
ion of sleep, on the 3rd clas of the
fever. The rash generally occurs
its appearance as at birth, it soon be
elated till the 3d or 4th day, a cir
stance usually attended to con-
trarily in the constitution of
the patient. Ordinary changes of
the neck, face, and chest, and at
wards diffuse itself on the body,
so that on the 3d day of the em-
bolion, the entire surface is covered,
the skin being frequently hot
and dry.
Our restoration is paria
in the embolion, it conti-
while on the side it presents a
appearance of rigidity, this
the redness being most pronoun-

in the process of being to be a
reduces to the end, then confined
in the Eocene—since we find the
mucous membrane of the linea
bances, forming cartilage, also
immersed—while the peacockblue
of the tongue, being almost never
developed, protrudes jヌミヌ to the
white coat, which is also present
the first few days—a very characteristic
feature is this to evade us frequently to diagnose the
disease in the absence of the
fixed character—especially when
the removal of the coat leaves the
mucous membrane clear, red, and
strawberry lipped in appearance.
The expiric itself, is not a remedy in
such as in Erysipelas, but is joined
by an infinite series of small and
elications of the skin. Catarrh is in
the vessels of Erysipelas, placed close
under the outer covering layer,
giving to the lymph a rounded rough-
ness, when the hand is placed on
it. In ordinary cases the expiric
may be regarded as its chief
on the 14th day, on the 5th it begins
to decline, and continues to
disappear, finally vanishing on the
84th day. Such is the case
in a series of
the disease in a sick child.
In, but another variety in which the
symptoms a more active with-

and cast a disti-

ance, more preceded by a great
acceleration of the fruit,

now delirium and disturbance of
the nervous system, with the ad-
ditional complication of swelling
and great soreness of the throat
constituting the 2nd Variety of Scar-
atina Vaccina—

The start of the disorder
seems to have fallen upon the
throat, there is stiffness of the
neck, and about the angles
of the jaws, roughness and

ness of throat, difficult swallow-
ing and hoarseness, irritation
of the throat we find the pustules
As the condition develops, there is a corresponding increase of fever, with exacerbation of symptoms before mentioned, and riveted a great elevation of temperature, the latter being a marked characteristic of the disease. It is said in the apple form of this variety, the epiphrone is somewhat more lively in making its appearance. Although in exceptional instances it antedates
Its coming by 13:50 under these circumstances it is said to show a gradual diminution of need, and after being irregularly, this fortifying its course and reclaiming disease nature, the latter process is frequent by erasure, the skin of the hands being thrown off like a glove.

And such grand cases, here is a great swelling of the dilated and cutaneous glands, with edema of the tissues to the Schneiderian membrane, accompanied with acid discharges, while the case also becomes invalid.

In this stage there is said to bring a great aptitude by banning the internal organs, and by feverish states and
The 3rd division, or Shape, is a malignant condition the most serious of all the types, and is correspondingly dreaded, in view of the fact that in some of its phases it is wholly unaffected by treatment, in this form being superseded to many of the other accompanying symptoms by a new central disorder, which frequently by violent clamping or that of a bowstring in a cord, and constancies evidencing a profound affection of the nervous system, while the pulse is small and very frequent, the rash also presents many variations, sometimes passing away in less than after its appearance.
showing itself again some days after, the color being changed from a bright rose hue, to a dark blood red, and intense, or in the extreme from being in the greenish tinge of an old, the tongue dark brown and lined, while the breath is feeble as the extreme.

In other instances the patient falls into a sort of quivering delirium, which passes quickly into coma, the face of the patient appearing to wax pale, the nostrils quivering at once; in these cases as emulsion appears, the patient quickly sinking from exhaustion.
The condition of the throat in the latter stages adds much to the great character of the disease, but the mechanical obstacle to breathing and introduction of nourishment into the esophagus, but also through additional blood poison arising from absorption of vitiated bile into which the patient rarely endures to expect.

In the above description there only sought to give the leading symptoms marking the stipple, these being modified by the governing of evidence and presenting many shades of difference. As regards Causation, Rousseau, Flint, and others declare...
that it is liable to infection, and
numerous to instances and
cited as proof of its transmission
to nearby and healthy societies from an infected locality. Rare and at
tendances upon the sick, frequently carrying the midwives or clothing or
other articles— it is fair to assume
that bad hygiene in conditions in a
certain locality may compound the
prevailing type, and to give rise to
cases of a very grave character,
now when, at mild epidemic or
prevailing,

In ordinary cases, the diagnosis is not attended with much
difficulty, the forewarning from
of age — the possibility to avoid contact to infection, the character and appearance of the Empetin, or the sick case, the great increase of temperature, emer-
ness of throat, sauces, and characteristic appearance of tongue, will not allow us to exclude Measles, Varicella, and
Rubeola, but most frequently are frequent bilious presents itself with absence of
the peculiar feature, the diagnosis becomes more difficult in the early
stages, indeed in the exceptionally malignant cases, in which we find
the patient in a low system Condition, when the pain seems to have
overwhelmed the nervous system, with no appearance of Empetin
of guiding symptoms. I believe that a diagnosis extremely difficult, our chief reliance under these circum-
stances would be based on the probability of exposure, coupled with the suddenness of the attack and its extreme gravity.

The prognosis is usually good in mild epidemics, while we are taught not to forget that this type of the epidemic may suddenly change—that, at any great case may suddenly occur—not only this, but complications, may quickly develop, while, when taken in connec-
tion with the well known regular, sometimes following on the wake of
ean the mildest form of disease to make us cautious in foretelling its issue.

In the Anginosa variety, the prospects will be influenced by the condition of the throat, the amount of internal disturbance, the character of the fever, and the occurrence of complications, and must necessarily be more guarded, as the changes are correspondingly increased.

In the malignant type, especially when a condition analogous to that of pneumonia supervenes, the possibility is decidedly bad but few recover under those conditions.

I have thus endeavored to give the
general outline of scarlatina. I sought to discuss the subject yet further by describing more minutely morbid appearances, and the application of Claude Bernard's experiments on the great sympathetic nerve, in explanation of the great elevation of temperature. I aimed to give the conflicting views as regards the prophylactic use of Belladonna—furnishing statistics showing the great frequency of children, and diminished susceptibility as age advances, pointed out also the general immunity secured by a single attack, while at the same time we note...
The operation of the power, during the prevalence of an epidemic, is the production of low fever. Scarcely food can be obtained in clares frequently, which can reasonably suffice.

To analyze the subject further and extend the article beyond the limits assigned to a Poet.- Hence three heads are the description of the most frequent complications, and sequelae, and conclude with the treatment, for after all this becomes the most interesting question to an "minister of the healing art" for very appropriate is the learned language of an old practitioner.
What is the disease? What is good for it? Among the more important complications may be mentioned convulsions, cerebral diseases, and haemorrhages, and inflammation of either the visceri or the various coverings—sometimes in connection with an inflammation of the cervical glands.

The most serious complications are haemorrhages, the presence of which is suggested by the occurrence of convulsions, delirium, and coma, with embarrassed respiration, occurring without disease of the bronchi or cephalalgia.
frequent or diaphoretic, the occurrence of urines with albuminous or albuminoid parts; as regards sequelae, the most conspicuous and serious of these are, not albuminuria, not only as regards immediate effects, but it may be said, to a large extent, the function of certain organs by accumulation of fluid within the serous cavities, but also in view of its dependence on renal trouble, which although most frequently transient, may yet lay the foundations of future organ trouble, and terminating in Bright's kidney disease.

Treatment of mixed forms of scarlatina, pyrexia, illness with sunstroke,
watching its progress, and abstaining from active medicating, a more suitable measure may be employed—well ventilated apartments, the exhibition of cooling, acid drinks, or the taking of diaphoretic, keeping the patient in a relaxed condition and right undisturbing diet—

in the milder active grades, in addition to these measures, we either sponge the body with cold water to reduce the high temperature, or resort to cold affusion, or what is more preferable the "cold Jacuzzi," wrapping the patient in a wet sheet and covering with blankets, repeating these measures as required.
If the throat is seriously affected, the exhibition of Potassa Chlorate, frequently with ice gum, gargles, wafers, and gargles of some disinfectant, in the event of illness attended by appearance of throat, such as chlorate of baryta, is useful, with the addition of carbolic acid and glycerine, or solution of chlorinated soda, or Broma. If delirium occurred while temperature was high, cold applications to head, while is prostration occurs, with by cold symptoms—gumine, ear aching, and cerebral blisters. The cold air indicates, and in cases of fever to give. If convulsions or other
Central complaint, thirst in excess.
The remedy I would make careful inquiry, as to the mental functions, and I believe in cases of inflammation of the kidney, see to, to ward it off by exciting free action of the skin, and apply hot fomentations over region of the kidneys, while if present and pronounced, I would give Eleetarine with the hope of elimination through the bladder. These means with the exclusion of the bromides, Agua Camphora or preparations of Belladonna. My remedy, to allay morbid sensation of nausea, an bracing the chief indication of treatment, while the —
Complications should be treated as they arise according to established rules, not forgetting the fact, that we must avoid such action in treatment as might conflict with the proper course of the disease, for as "Sennec" observes it has a determinate cause to cure, which should not be removed by unnecessary interference during convalescence. An important point consists in the avoidance of exposure until desquamation is completed—during and for this period, a very important item of treatment consists in applying the surface and with lard or oil; it alloys, the fevers...
and I have heard it said that patients so treated were not so liable to subsequent anaemia, but the malignant types, the indications, are, to suspect, the fever of life, when yielding by keeping up external warmth, and the administration of stimulants, quinine, and concentrated broths, giving much attention to the throat, as is required. Among the sequelae, the most frequent is, albuminuria, with dyspepsia, which is to be treated by such fungative astringent secretions as Elationum, Bi Tart. Socket. And at a later period, when it has no name
to suppose, that the kidneys are engaged almost to ordinary dimities, alternated with such measures, avocet culturance action, for example cotain bark or vapors.

Otitis, degenerating into a chronic character, with purulent discharge, together with enlargement of the submaxillary, and cervical glands, frequently follow in the watery-like inflammation of the serous cavities, as pericarditis, pleuritis etc., and not unfrequently serve each of these demands, an appropriate treatment, suited to each case, but of course modified, to meet the patients' debilitated condition.

Frederick O. Mitchell.
A Thesis
on
Periperal Septicaemia.

Respectfully submitted
to the
Faculty and Provost
of the
University of Maryland Medical School,
by
J. E. Cowles,
of
North Carolina.

Session of 1879-80.
From a review of the most modern literature upon
the subject, I would thus define this disorder:-
An acute febrile disease, occurring from
one to eight days after childbirth, usually
on the second or third day, nonspecific in
origin, due to absorption of septic matter,
generally from some part of the genital
tract & characterized in its malignant form
by a tendency to a rapidly fatal termination.

In the light of recent investigations, it would
seem that a majority of Obstetricians have
accepted the theory of the nonspecific nature
of this disease & its similarity to Surgical
Septicaemia, giving preference to the
name Puerperal Septicaemia, over that of
Puerperal Fever, formerly used, which they
urge, with reason, would imply a specifie-
character, similar to that of "zymotic" diseases. There are, however, not a few, who believe that it is an "essential zymotic" fever, peculiar to, & attacking only puerperal women & which is, as specific in its nature, as Typhus or Typhoid & to which the local phenomena, after death, bear the same relation that justicles on the skin do to small Pox or the ulcers in the intestinal glands to Typhoid Fever." The most prominent exponent of this view, on this side of the Atlantic, is Prof. Fordyce Barker, who disposes of the self-generated variety of the disease, by calling Simple Septicemia. The disease may arise in 2 ways: First, as just hinted, by autogenesis, that is to say, where the poison is produced
within the patient, from decomposing placental fragments, clots, foetal remains &c. in which case, absorption will be likely to take place, from the placental site of uterine or a laceration of the cervix. Secondly, by heterogenesis, where the septic matter is introduced from without, being conveyed usually by direct contact from medical attendant or nurse, more rarely from bedclothes or other material & sometimes, doubtless, from the air itself. Absorption takes place at any solution of continuity along the vulvovaginal tract or possibly from the unbroken vaginal mucous membrane, as in certain cases occurring before delivery takes place. As in a healthy individual upon the introduction, into the system, of any
foreign substance, the violence of the symptoms will vary according to the character of the poison introduced, so in the putrefactive state that obtained from the cadaver, being of the most virulent type. This was especially noted in the Vienna Lying-in Hospital, where in the division attended by medical men and students, who frequented the dissecting rooms the mortality amounted to one in ten cases, while in the division attended only by women, it never exceeded one in 34 cases, immediately falling to the latter figures, in the former division, upon instituting the proper use of antiseptics and other precautions.

Numerous instances are on record where physicians have carried the poison from the post-mortem table to their next confinement
cases, which many times eventuated in death from septicæmia, hence the necessity of the greatest precautions & the free use of antiseptics after such exposures, before taking charge of a labour case. Another class of poisons, causing all the symptoms of the so-called Puerperal Fever, is found in zymotic diseases, notably Erysipelas, Scarlatina, Variola etc. In such cases, whether the specific poison sets up a metabolic, then absorption of inflammatory products & so on to cause a simple case of Puerperal Septicaemia, as would any non-specific sepulcral matter, or whether on the other hand, the specific disease is so modified on account of the puerperal condition, as not to give rise to its characteristic Symptoms & to be indistinguishable from a Simple Septicaem-
-ic attack, being nevertheless the special zy-
motic disease, slightly modified but capable of
reproduction with its characteristic symptoms, in
a nonpuerperal subject, doesn't appear to
have been conclusively determined. Dr. B.
Hicks reports seventeen cases with all the
symptoms of Puerperal Fever, clearly traceable
to the contagion of Scarlet Fever, which
Playfair is inclined to cite as modifications
of the latter, mentioning also a case in
his own practice, in which a lady, a
few days after delivery, had a serious at-
tack of septicemia, without Diphtheritic symp-
toms, her husband, at the same time, being at
lacked with Diphtheria of a most marked
type. Here the two attacks were probably
dependent upon the same Materiae Morbi.
Again, the poison of Erysipelas has been known repeatedly to cause Postparturial Septicæmia, the woman dying of it and her babe of Erysipela. If we deny the identity of these two diseases, it would seem that the Septiæmia, in this instance, was but a modification of the Erysipelas, still possessing the power of reproducing itself with its characteristic symptoms. Playfair suggests that if the Zymotic poison be absorbed through the ordinary channels, it may produce its special symptoms and run its usual course; as has often been observed in postparturial women. While if absorbed through any abrasion in the generative part, it may act more directly as a Septic poison, or with such intensity that its characteristic symptoms
are not developed. That still leaves the main point— an open question, until we have positive proof, that Perforal Septi-
zaemia, traceable to scarlatinal or other Zymotic poisons, as cause and effect, is incapable of reproducing that specific disease
from which it was derived, we should certainly not neglect proper precautions and preventive means. As to the nature of the
Septic poison we know nothing of certainty. By microscopical examinations pathol-
ologists have found bacteria in the veins, lymphatics and various organs of many wo-
men dying of this disorder. But whether they are the poison or merely carriers of
it or yet have nothing to do with it, is a problem still unknown.
Probably the most common channel of absorption is through the lymphatic system, as seems proven by the occasional arrest of the poison by the glands and its prevention from getting into the general circulation, as in Phlegmasia Dolens etc.

The post-mortem appearances are very variable. In the most intense and rapid form of the disease, no appreciable local changes may be observed; though it is evident, that in such a vital derangement of the whole system, serious morbid changes must have taken place. In cases of the most malignant type, Dr. Leopold observed at post-mortem examinations, a peculiar faint odor, a very dark hue, a want of proper coagulability of the blood, the clot forming a large, loose
gelatinous mass, with the coloring matter at the bottom of the vessel, in the form of a dark brown precipitate-like coffee grounds. He also remarked that when leeches which had been applied to the abdomen were removed, it was with great difficulty; sometimes almost an impossibility, to stop the bleeding. He observed too, that ecchymoses were found in various organs; especially the lungs, kidneys, and spleen. More recently the microscope has revealed in those cases cell disintegration and granular infiltration, showing the commencement of inflammation in most of the tissues. In ordinary cases lesions are conspicuous and numerous. There will often be found ulcerations and sometimes gangrene about
any affection of the generative tract. Inflamma-

tion of serous membranes, of the lung, eye or
any tissue of the body may occur. Therefore
this disease is liable to many complications,
the most frequent of which is Peritonitis. So
such an extent is this present, that with
some practitioners, "Puerperal Fever + Puerperal
Peritonitis" are almost convertible terms.
Among other complications may be mentioned
Pleuritis, Pericarditis, Pneumonia, Phlebitis, Syn-
phongitis etc., modifying the symptoms as they
are one or severally present.

Symptoms: The disease is generally ushered in
with a rigor, the violence of which is not
stated in proportion to the intensity of the
disease. There is a feeling of great depres-
ion, accompanied with headache + unass
The pulse is rapid, being from 120 to 150 beats per minute, and the temperature high, ranging from 102 to 106°F. The intelligence, as a rule, is unaffected, although there may be low muttering delirium in the worst cases. The countenance is sallow and haggard, wearing an anxious expression, as of impending calamity. The skin is usually hot and dry, becoming, as the case approaches a fatal termination, cold, damp, and clammy, the tongue at the same time changing from its moist coated condition, to a dry and dark state. Diarrhea and vomiting are not infrequent, the former being sometimes profuse and uncontrollable, the vomited matter being of a dark coffee-grounds color. The lochia are
generally supposed or if present are highly offensive or pusulent where there is marked melitis. The breathing is hurried and panting and the breath itself has a peculiar, sweetish odor, very characteristic of Septicaemia and often likened to the smell of mown hay. At the onset of the attack there is usually a vague sense of pain in the Hypogastrium, which, if Peritonitis supervene, is rapidly increased to positive agony, the patient lying with her limbs drawn up and screaming at the slightest touch of the bedclothes. This condition should not be mislabeled, as its treatment differs very much from Acute Appendicitis or False Peritonitis, which closely resembles it and is apt to be confused with it. As before stated these symptoms may be
modified & combined with others on account of the local complications giving rise to their own special symptoms & signs, thus Pneumonia would add dyspnoea, cough, rusty-colored sputa, dullness on percussion over lungs & increased vocal fremitus. Pericarditis & Pleuritis would each be marked by its characteristic friction murmur and other peculiarities, Nephritis by beauty of urine containing albumen, casts & disintegrated blood, thus multiplying symptoms as complications arise. — Treatment. — In this as in all other fatal maladies, prophylaxis is of the first importance. As blood deterioration predisposes to this disease, marked hyaemia, in the latter months of pregnancy, should be counteracted by the free use of iron, combined if necessary with tonics.
A generous diet—should also be ordered: 
except of fibrin reduced by the use of veg-
etable's & their acids, with a proper amount 
of exercise. Mental depression, a well known
predisposing cause, should be overcome by
change of scene, cheerful company or other
available means. An offensive uterine dis-
charge is to be corrected by injections of a
weak solution of Permanganate of Potassium
or carbolic acid. Above all things the most
serenulous care of avoiding all risk of infec-
tion, should be observed by the accoucheur.
He shoule therefore omit—in being present at
all autopsies &c. specially where the subject
has died of any contagious disease and con-
elated with cadaveric poison from any source
should be followed by thorough ablutions.
with antiseptic solutions. It is stated upon good authority, that no one who has attended a case of child-bed fever should perform the functions of an acestencheur, until a month has elapsed; and not even then, unless after thorough cleansing and disinfection. After diagnosing perineal septicemia, the first indication for treatment is to discover, if possible, the source of the poison, whether it be auto- or hetero-genelic. In either case intrauterine injections, when properly given, are likely to be followed by none, but the best results. Specially is this so in the self-generated variety of the disease. Indeed this means is so highly esteemed at present, that at the late meeting of the American Gynecologic-
ical Association in this city, its President—
Prof. J. G. Thomas, than whom I could cite no
higher authority, stated, that he consid-
ered intrauterine injections our great sheet-
anchor in the treatment of Perforal Septicac-
vemia. Quite a number of the most prominent
members of that learned and practical body of
men spoke in like terms of the method, in
fact, all who had anything to say on the
subject, with a single exception. I refer
to Prof. Barker, who accorded to the means
only his partial support. He stated, never-
theless, that he thought intrauterine injec-
tions very valuable, in a limited number of
cases, and that by this means alone, he had
several times markedly and permanently reduc-
ed temperature. In one case he cited, the
Temperature was rapidly lowered from 105 to 103°F, pulse from 160 to 120, and respirations from 44 to 20. Dr. Thomas also cited a case, in which they brought down the temperature from 107 to 103°F. He thinks more benefit is to be derived from their early use before the poison is transferred from the uterine cavity to the lymphatics. At this same meeting, Dr. J. H. Chadwick of Boston reported five cases of Auto-lytic Septicaemia, all of them recovering by the use of intrauterine injections of a solution of Potassium Permanganate, no definite strength being required. A few crystals are dropped into warm water until it acquires a deep purple color and the solution is ready for use. Dr. Chadwick prefers this solution to all others, for two reasons, besides being
equally efficient with any known disinfectant, it gives valuable evidence, by a change of color to a dirty yellow, so long as there remains any putrid matter to be rendered inert. It is also astringent & may thus prevent the tipus for a little from further absorption of septic matter. Dr E. W. Janks of Chicago in a recent paper on this subject states that intravaginal injections should invariably be used, if there exist any of the following conditions: (a) If there is a premature expulsion of the lochia with any constitutional disturbance; (b) If there exist a purulent or fetid uterine discharge; (c) and when there are good reasons for believing the uterus contains fragments of the placenta or clots & is imperfectly contracted.
He also states that they should be more generally used, than heretofore, in the prevention and treatment of puerperal diseases, because: (a) They are devoid of danger and capable of great good, if properly used: (b) There are no other remedial agents which act so speedily in lowering the temperature of puerperal septicemia: (c) They are peculiarly serviceable in causing the expulsion of clots or fragments of placenta, and in subsidence: (d) They have averted a number of deaths from septic poisoning. As the only danger from their use is the getting of air in the uterine sinuses, this may be reduced to a minimum, if not entirely avoided, by Dr. Chadwick's method of injecting,
which he advises to be done in the following manner: The antiseptic solution is carefully injected into the vagina, with the patient lying upon her side, until the fluid begins to ooze from the vulva, she is then gradually turned upon her face, in a slight knee-elbow position, and the injection continued as long as necessary. By this plan it is evident, that the uterus gravitating into the cavity, allows the fluid to flow through the patent into its own cavity, by simple atmospheric pressure, any air forced into the vagina remaining there floating on the surface of the liquid. I have dwelt thus at length upon this mode of treatment, because I think it of great
importance & not sufficiently practiced. Temperature may also be reduced by large
doses of quinine, gr x-3, three or four times
daily, well combined with hydrobromic acid
to prevent annoying head symptoms. Salicylic acid may be substituted as cheaper
& little less effective than quinine, although
larger doses are required to get the same ef
fect. To gain time & have certainty of ac
tion, the quinine may be given hydrobromic
ically by injecting Mxx or grain of a solu
tion of the hydrobromate. Used thus it is
reputed to be equal in effect to three or
four times as much given by mouth. If a near
ly neutral solution be used to the injection
be given "deeply", no fear of resulting absorp
need be had. When great prostration, mark
by a small, irregular pulse, profuse sweats, and cold extremities, is not present. To acquit oneself of these symptoms, 31 drops of Mindererus may be given every half hour, carefully regulated and increasing interval of administration, according to effect produced. Ice applied to head and sponging body with cold water and vinegar, are very useful antipyretic and comforting measures. Pain from peritonitis should be relieved promptly by the bold and free use of Opium, which, as advised by Leishman, should be continued in small doses, for sometime after disappearance of severe symptoms. A dozen leeches may also be applied over the hypogastric region. Turpentine stripes to the abdomen and turpentine internally, in \( x \times x \) gt doses, especially when there is peritonitis.
said to be useful treatment. Constipation may be relieved by a mild aperient, as if of Gregory's powder, consisting of Calomel, Magnesia, Rheubarb + Ginger. Excessive diarrhea should be checked by appropriate remedies and local complications treated, as they are recognized. Antiperients, as the sulphites, carbolates &c, have been suggested, to counteract the septic state of the blood & such may in time be found useful, as the nature + modus operandi of the septic poison, becomes better understood. If of chloride of iron, by analogy, would also seem indicated. But the chief indication for treatment is to support the vital powers of the patient, hence stimulants + concentrated nourishment should be given from the outset of the attack. Dr. Sinclair, of Boston
recommends that a tumbler of the best French Brandy and a tumbler of milk be given during the twenty-four hours, the one in 3j, the other in 3j doses every hour. Of course, this amount would only be needed in very adynamic cases of the disease. If the stomach reject food, resort must be had to nutrient enemata, stimulants being also given per rectum or hypodermically.
A Dissertation

on

Acute Parenchymatous Nephritis

by

B. F. Jones of Pa.

Submitted to the Regents and Faculty

of

The University of Md.

for

The Degree of M. D.

Feb. 14, 1885.
In reading of a disease which attacks such an organ as the kidney, it might be well to obviate briefly, first, the structure of the organs, and as may be seen of the other viscera, that each has its own peculiar structure, and part of which may be the primary seat of disease attacking the organ, and the part affected giving ground to that disease as well as the kidneys.

The kidneys are glandular organs, the chief parts entering into the formation of them being, besides the root of these blood-vessels, different and although the unimportant tubules of the
branch and, after which may be the flowering 200, if chance be the way to turn, become steady in the same state.

The name Bright disease has been met in a general way, and includes the affection of the kidney, where a hemorrhage, or uraemia, has been known in certain signs and symptoms. The principal of which, have been albumen or albuminuria, or albumo-re and albumo-are and albumo-are, and albuminose urine, urine. The days of Sir Bright, who made the first systematic in his extensive field of pathology, in the early part of the second quarter of the present century.
over the course of slight trauma, every lawsuit withheld. have been
made in this direction throwing
much light upon the subject.
so that do the present day. the lack
edge of this class of diseases is begin
ning to assume somewhat more
with perceiving.

Author of the present day. more
various classifications of diseases of
the brain, but the one which is
probably the most intelligible is
that which is based on the differ
ent structures of the organ.

Under this classification, we have
taken, always in accordance to the
title the form which join others
Pathology.

The pathology of the form of the disease is somewhat obscure. The secreting cells of the kidneys are regarded as the primary seat of the toxic muscaric manifestations, these depending on an effort made by the cells to eliminate from the body some abnormal products.

Accepting this view, we are obliged to submit to the statement that the disease is always due to some irritant product in the blood, which we think is hardly explainable away as the cause of any...
Acute or chronic, in as much as we often hear attached the catarrhalization of a sensitive bladder, dilatation of stricture, or at times of the ciliated nerve. 

Hence we think that, in sometimes due to the reflex action of the nervous system and is therefore sympathetic in origin, or in other words not always due to a morbid element in the fluid.

The microscopic appearance of a biopsy, attached with this disease will vary with the character of the inflammation, which may be either acute, chronic, or in quamation.
The fibrous tissue enlarges to more than twice their normal size and weight. The epidermis becomes non-adherent. The eustachian canals and petrosal sinuses appear.

They may appear congested throughout, or may be irregularly congested mixed with spots of natural color.

On section, the cortical part is usually found to be relatively increased in volume, and the entire cut surface is found to be covered with dark red spots which correspond to the situation of the Melibian dots. This medullary portion is to a darker than normal and may present
A strict limit of appearances of alternating dark and light lines in the light and corresponding to the changed miniform tube.

If the miniform tube is examined more closely they may be found to present different appearances. First, they may appear to be the test of a simple irritant inflammation, when the epithelial lining may become partly or entirely blistered from its normal situation, discolored, and the tube become more or less filled with cells which correspond to the new cell formation described as existing in cholesterin inflammation affecting the
In another class of cases there may be found in the crests of the teeth a hyperplastic or avascular granuloma which by some persons is said to be a pronounced feature.

In another class of cases the inflammatory changes commence in the epithelium cells of the supraviolet tissue and they become distinct and cloudy. Their nuclei disappear. Desquamation begins the tissue become filled with broncho-venous epithelium or fatty matter. This process has been called chronic desquamating nephritis by some but is said by others simply to have a cure.
intermediate veins.

These are to hemorrhage into the or to leak out of the tubule with this material,

leaving the interstitial material and the capillary vessels allowing the

contaminated acids into the urine and mingling with the chyle.

And that the intrarrenal circulation may cause an effusion of blood into

the tubules and mingle with the epithelium cells.

Causative

Among the many causes of this disease are the following.
if not. The change of the
condition continued. Exposure to dry
atmosphere, heavy artillery, and
the use of alcohol were very likely to
deteriorate not alone from the
direct effect of the alcohol but
der-from the effect to which the
people subjected themselves while under the
influence which is best the legitimate
result of such indulgence.

But one would not lose sight of the
primary effect of alcohol on the
condition, as it may also be brief
in some of the diseases,
when taken into the system in
larger quantities than can be tak-
been up by the circulation in

[...]
can be accomplished by the proper
means and by elimination of the first
reason, these giving them an increased
amount of labor and also set up
in the vein for the diagnosis of
vitality. Ether irritants, as centauria,
Strychnine, chloropicrin, etc.,
causative either internally or con-
vincing subcutaneously are probably mor
less than the cause of the disease.

But in all probability the great cur-
erosome of the disease is the cir-
culation of specific poison in the
blood such as are peculiar to the
route of the thrombosis as scurra-
ly fever, diphteria, meningitis,
other fevers, puerperal, pregnancy, etc.
A certain disease which is noted for its appearance in the skin, caused by the excess of the body heat, and elimination from it is caused and allows certain excremental matter to accumulate in the blood, the elimination of which is thrown upon the kidneys and causes increased secretion and also irritates the tubules.

Another theory is that it is a result of the nervous system, the sympathetic system not being intimately connected.

The disease occurs chiefly in males, which is probably...
due to the greater amount of exposure to which the ankles are subjected in their various occupations.

It may occur at any period of life. It occurs uncommonly beginning in childhood, owing to its painless or inoperative condition after the acute erysipelatous.

Symptoms—

The symptom which usually first attracts the attention of the patient is edema of the face. There are sometimes some gastric symptoms or disturbances noticed previous to the edema, but they are not generally distinctive. The gastric disturbances are thought by some to be
brought about by the effect of the gases to eliminate the abnormal amount of areas.

There may be some elevation of the isometry constant head which the hair in the lumbar region.

It questioned closely the patient may acknowledged to have noticed a frequent desire to urinate and that when passed was scant in amount of a light color.

Characteristics of the urine.
As already stated the amount of urine was below normal and color increased. Specific gravity is ground down to normal, usually containing albumin may be small in amount frequency.
the sediments when examined with a point contain other cells, epithelial and others. Blood corpuscles were.

In the greatest number of cases the patient presenting the condition is indicated by the above symptoms. In more serious cases, the urine increases in amount and returns to the normal condition, the retinae disappear and the patient's condition gradually improves.

A certain proportion of the cases however do not terminate so favorably, the retina may disappear for good.
some soundness of vision in the brain, and may be present at all times in the contralateral eye.

The optic nerve, when examined with the point of a small mirror, contains nerve cells. Disturbance of these nerve cells may be

In the greater number of cases the patient presenting the condition indicated by the above symptoms begins to recover, the same increase in amount and returns to the normal condition, the retinal vessels return the patient's condition gradually improves.

In certain cases, some do not terminate as readily. The retina may spread some time
sufficient inspiration in this case.

Death may follow closely on these complications, but if the patient recovers from them for a sufficient length of time, these complications may give rise to the most common of which are inflammation of the meninges, meningo-encephalitis, encephalitis, tumors in one of the other ventricles.

**Diagnosis**

The diagnosis of this disease is made chiefly on the examination of the urine, which, if carefully studied, will almost always yield to give sufficient evidence to justify a positive conclusion. The prominent facts are that the urine contains glycosuria, proteinuria,
not remarkable evisceration filling the
Pelvis and forming an impor-
tant nucleus. If the disease were inter-
nital nephritis the urine would
be found to contain pus-corpuscles
and more or less bacteria. If it were
organismal disease of the kidneys
the urine would be found to contain
urine and tail of kidney and appear-
dent of pelvis. The urine will also
discuss later in this instance.

Progression

The tendency of the disease in the
first stage is to remain, which under
favorable circumstances is the usual
course. A certain amount of the
urine remains unchanged or either
The common effects of the remnant
entire gland when the disease embeds
in some of the numerous epithelial
locations. Except from the vague notions
the diagnosis is unreliable.

The effects become clear but the liver-
organize the lesion. It is self-limit-
ous. It sometimes but seldom re-
sumes a chronic form.

**Treatment.**

Its indications are among one of the
diseases are tissue to remnant the
process structural change which
may take place in the abscess.

Second to remnant tissue as well
these occurred to promote the relation
of urine. Their to treat remnant
The first thing to be attended to in the first moment of this is in many cases to remove the cause of the condition which are sufficient to have led to it. Better this than would come under the management of the physician, and in some cases, to work not for great fatigue from intemperance of late nights and old rheumatism.

If immediate symptoms appear, the elimination of the urine should be attended to, and knowledge that may be done in various ways. If the symptoms are most urgent or indicative of immediate danger, most physicians diaphoresis.
great hydrogenated authorities may be need of the symptoms may more urgent or indicate great danger from the accumulation of fluid and the disturbances caused by the dryness. From another cause may be called into question. But often only one of the most expedient means to eliminate the sweat and diminish the tropical effects at the same time with rendering the much exhaustion is by producing feverish high-fevers, which may be done effectually by the hot bed or hot rubber bottles under the patient being placed in bed and thoroughly steamed so around the walls if gradually with surrounding.
Temperature of about 39 degrees. If this feverish state is not found to subside the patient becomes listless it may be repeated after some hours have elapsed. This may also be effected by the so-called diaphroitics as farmand's or its action principle is

wearpinset et set.

While this is being done, measure should also be taken to remove the inflammatory products from the urine.

If the excretory function of the kidneys can be increased to such an extent as to wash out their products much will have been accomplished towards preventing further accumulation of
and not about the prevention of the edema, great care however must be expended in the selection of remedies for this purpose and none of the so-called diuretics which possess any irritant properties which ever should be used.

The most reliable agent so far for this purpose is diatrizoate, sodium
presses an agent which is neither stimulant nor irritant to the kid-
neys. It has its beneficial action through the increased force of the heart action and increased blood pressure. Thereby re-energizing the
immediate circulatory and brain circulation and thus causing an increased flow of
of the central part of the brain through the medullary body.

It is observed the bile effects of the strong it should be given in large doses not frequently repeated. Probably a large amount of bile is taken into the system would assist in this washing out as it were the tubules, so the patient should be allowed to drink in the water that be may desire.

A combination of the above remedies will also tend to remove the deposit which usually accumulates, but in cases in which it collects in such quantities as to be detrimental in any way other means may be resorted to, such as the free use of drastic purgatives.
among which may be named: gamboge, 
ferrophthalam, chlorum &c. The last 
named is the one which is supposed 
to have the most active influence in 
this direction. Great care must be ex-
ercised in the use of cathartics not to 
carry the fermentation to such an 
extent as to exhaust the strength 
of the patient or the very means 
which have been used with a 
good intent may hasten dissolution 
The free use of diaphoretics may 
also aid in diminishing the temp-
erature. Probably of this class of ome-
dia the best that can be used is 
jabonandi or its active principle 
phyleoquin, either of which when
administered causes an enormous amount of perspiration and in this way eliminates a vast amount of urea. It also increases the salivary secretion and may produce or cause a watery diarrhoea. Other milder diaphoretics may be beneficial.

Some care may also be necessary in the use of diaphoretics, as they may be used to such an extent as to exhaust the patient. When the uræmic symptoms become so marked as to demand immediate attention or to threaten coma and convulsions, the hypodermic use of morphia will often prove to be
extremely beneficial.

This treatment of these conditions is highly recommended by Homi and others.

The almost uniform action of cholera in these conditions, as observed by Homi, is to correct the muscular contraction by neutralizing or rather by counteracting the effects of the nervous poison upon the nerve centres. Second, it establishes productive diaphoresis; third, it facilitates the action of the diuretics and cathartics, more especially the diuretic action of digitalis.

Choleraform has been recommended by some, but it does not appear to have been proved to be successful treatment.
Thesis

On

Differential Diagnosis of Heart Diseases

For degree, of Doctor in Medicine

By

Swem Preston

Virginia

February 14th, 1880
Differential diagnosis of heart disease.

As time passes, and the world grows old, science progresses. The more it seems we cling to some ancient customs and time-honored ideas. From the early days of medicine, once medical students a Thesis has been has its origin. Perhaps then it was an "Dissertation" or "Viviorie". The unfortunate pressure of which had to publicly defend. But now during the progress of science and improvement of ancient ideas, it is only a
form, a useful and practical
art of students' time, being never
afterwards regarded by super-
tor or professor. But I pro-
pose to be a Doctor in Medicine
so much for form to its requiremen-
nts. What must I write on? I will
prefer to discuss the usefulness of
a thesis, but that I believe is
not allowed. So something more
difficult, must occupy our time.
I shall try to give a few prac-
tical points in diagnosis. The
shut anchor of success in our
practice, and as we are limited
in space, my say shall be on
heart diseases.
Its position, size, and relation to other parts and organs, together with the normal sounds and murmurs are far too ultimate to require any suggestions. But as the pericardium will require many serious considerations, being subject to diseases that affect all serous membranes. It must be well understood to its Anatomy and Physiology.

First then we will consider Pericarditis, an inflammation of the lining membrane of the pericardium. Divided into three stages.

I. Stage of congestive, constituting the same history of acute inflammatory the migration
of white exudate. With the beginning of the effusion sticking together of sides of the new trunci.

Physical diagnosis of pericarditis must be based on the friction murmur. Which in this stage is always present. It is caused by the small effusion of lymph and the separation or rubbing together of the thus roughened surfaces. It must be diagnosed from endocardial murmurs and the first main point is that it is a double sound and must be from the diagnosis from aortic stenotic and regurgitant murmurs existing. As has been said it is of
a muffled or frictive character and is not necessarily in direct accord with the heart sounds.

Moreover its intensity varies with the same sound, a most notable point. It may be better heard at the apex will decrease as you go up. It is not heard without the stethoscope. Whereas many endocardial murmurs are heard some distance away, as in the region of the apex. Again firm pressure with the stethoscope will increase its intensity. Finally it is superficial, whereas the endocardial murmurs will be deep in the chest an important point.
More observation to all these points should enable us with little trouble to differentiate and say positively to our anxious patients that no organic disease of the heart is present, and by cheerful words encourage them on to recovery, and a relief from a mental agony that has made miserable the lives of multitudes and brought not a few to an untimely grave.

2. We must look for Phlebitis. The frictive murmur may be caused by the rubbing together of the outer surfaces of the pericardium against the pleural surfaces brought on by effusion. This may be doubt
will then resemble very much
the true friction source of pericarditis. Extent of pleurisy + non-effusion in the pericardium occurs
This may also occur with pneumonia + the nurse must be on our guard for these + like complications.

II- Stage of effusion from slight amount to filling of the pericardium.

The diagnosis now must rest almost with percussion & palpation.

A syrinx tumor may sometime be made out. This tumor will have its base at the apex of the heart. The heart will be raised & come somewhat forward to left side + the aortic beat may be felt in
The fourth intercostal space.
As situation must be made out by percussing, giving at times
perfect dullness or flatness.
Auscultation above respiratory
murmur initial resonance.
With considerable effusion
the apex beat may be lost, and the sounds of the heart are feeble
and distant.
With marked diminution of fluid
the fricative murmur will return and
remain until the surfaces become aggre-
tiated or the liquefied has absorbed.

And thus pass to the third stage
so called. But the line is with
difficulty drawn after this reason...
I should prefer to describe it in two stages. The end of second stage being recovery or elevation of patient. The diagnosis of the etiology of pericarditis should be considered. As acute articular rheumatism, Bright's disease, & pleurisy. For as an idiopathic disease it is extremely rare.

Pericarditis, an inflammation of lining of heart walls, causing more or less weakness mechanism of the circulatory system, leaving the valves weak inclement after performing duty. Causing regurgitation of the blood currents.

The diagnosis (differential)
has been pointed out in describing pericarditis will require little more to be said. It is some time
found with pericarditis and is nearly always due to acute articular rheumatism. Its presence should
excite our suspicions, and demand an examination.

Percussion generally shows compensatory hypertrophy. The
history of the case should be care-
tfully ascertained as it gives us impor-
tant points in diagnosis.

With these points in mind we should be able to diagnose some lesions inside of the heart. These are rare and will
now be briefly considered.
Valvular lesions.
These are necessarily of a various character and involve points of diagnosis at once differential and difficult.
We will divide into three groups:
1st. Lesions diminishing the size of the orifice obstructive.
2nd. Lesions enlarging the orifice regurgitant.
3rd. Those thatougten the surface over which the blood moves so as causing either obstructive or regurgitant.

Obstructive - Mitral direct.
This is a pre-systolic murmur beginning after the second sound and ends promptly with the systole.
It must be clear, for aortic regurgitant, to the physician and place best heard above give all the necessary points. It is often limited to a small area around the apex. It is such murmurs may be quite loud. It is caused by vibration of mitral curtain w hen they are united at their sides.

Again, this murmur is very limited as we leave the apex it is less audible aortic clia, clia. This murmur is synchronous with mitral regurgitant; that is it is systolic once this should be sufficient diagnosis for mitral clia, clia.
by situation. It is heard best at base of heart in a concave intercostal space, near the sternum. It is often louder on right side. From tricuspid regurgitant, by being transmitted better to the right. A venous pulse synchronous with the systole points to tricuspid regurgitant. It is often absent, but when present may be considered corroborative.

II. Regurgitant murmurs forming a large number of heart diseases often with a grave prognosis. Should be perfectly understood. And their differential diagnosis is of all importance.
in our success in the treatment of such maladies. We will first
consider the one most commonly
met with. Due to the excessive
muscular effort to send blood thro
our bodies. Having been present in
fully 2/3 of the cases of heart trouble
at our clinic, and so well dem-
onstrated to by our eminent Professor
of that branch.

**Mitrail regurgitant**

A systolic murmur heard best
at the apex, may be soft, rough
or musical in its intensity being
variable. It is best transmitted
laterally around the left side
posteriorly it is often heard
at lower angle if scapula 
not infrequently at same place
in right side. If heard ab
the chest it is诊断 complete
from endocardial murmur with-
out regurgitation

from mitral directly by rela-
tion to heart sounds. The direct
stops promptly with the systole
from aortic directly by positive
having as before said it's maximum
in tangiety at the apex.

These constitute the principle
being likely to be confused
the above points closely attended
to would be sufficiently for a
correct diagnosis.
Aortic regurgitant

This murmur is caused by insufficient flow of semi-lunar valves, and is regurgitant into the left ventricle, so must be diastolic.

It is the only organic murmur having this relation to beat sounds influence on the left side.

It is therefore easily distinguished from all other murmurs.

It is almost always loudest at the base near the sternal wall, may be transmitted downwards but not laterally.

So far, murmurs of the left side have only been considered among a large majority.
For lesions of the tricuspid and pulmonary valves are exceedingly rare. For these will require only a short consideration.

Tricuspid lesions are direct and regurgitant. The former is exceedingly rare. It may be diagnosed from mitral direct by situation.

Tricuspid regurgitant while rare is much more common than the direct. It may arise from dilatation of right ventricle without lesions. It is of course systolic as mitral regurgitant. It must be diagnosed princi-pally by localization. It is near
At base and at right margins of the heart—again a venous pulse synchronous with the systole is unobtrusive.

Pulmonic lesion only remains to be considered. Stuporous rare.

Pulmonic direct is often congenital. It must be distinguished from aortic direct as both are sys-
tolic. The position nearly the same or may be the same. They will intell.

The essential point is that a pulmonic direct is not trans-
mitted to the carotid artery.

While an aortic direct is always transmitted.
The difference of pitch or quality on different sides of the stethoscope should show the co-existing murmurs. If one on the right side be very transmitted to the carotid, pulmonic regurgitant.

This murmur is so exceedingly rare that little may be said of it. It is diasstolic. The absence of aortic lesions together with other signs prove a point to pneumoric.

The third division are difficult to make out by physical diagnosis, and as our subject relates principally to physical diagnosis they will not be considered.
Thesis of
M. A. Thomson.
Feb. 1880.
Erysipelas

Erysipelas is a disease, so-called because it generally, gradually extends to the neighboring parts.

We have the idiopathic and the traumatic, the former occurring without any known cause, the latter accompanying a wound.

Erysipelas may extend itself over any continuous surface, the skin, the areolar tissue, the mucous and serous membranes, the living membranes of arterios, veins, and lymphatics are all liable to be affected. It attacks the skin more frequently because it is more subject to wound, the common exciting cause of the disease.

Therefore the external is much more
common than the internal variety.

The causes of this disease may be divided into the predisposing, and exciting.

The great predisposing cause of Crysipelas is the want of attention to hygienic conditions. Were the laws of hygiene observed as they should be, Crysipelas and the allied diffuse inflammation would rarely be met with in surgical practice.

The habitual use of stimulants to excess is a very common predisposing cause to this affection.

Some of the low, diseased conditions of the blood seem to predispose in the highest degree to the supervision of Crysipelas, such as chronic vesical disease, especially of the kidneys or liver, diabetes, chronic diar-
Any sudden source of depression may act as a predisposing cause to Ergotism, hence in military practice it is known to follow in the wake of secondary hemorrhage.

The principal exciting causes of Ergotism are epidemic influence, contagion, and the presence of a wound. It is chiefly recent wounds that are affected, when once adhesive or suppurative inflammation is set up, the wound is not so liable to take it on unless in bad constitutions, the formation of limiting fibrin appearing to lessen the liability to the occurrence of the disease.

In our description of this disease
we will confine our attention to the ex-
ternal variety, which according to
Kunnely is divided into the Cutane-
ome, Cellulo-cutaneous and Cellular.
The cutaneous is the slightest form
of the disease, implicating merely
the skin.
Symptoms. Chill, headache, nausea
and fever preceding the local
manifestations for a day or two,
though the patient may not
feel any uneasiness until appear-
ance of the rash or cutaneous
inflammation.
If there be a wound its secre-
tion dry up and the margin
become slightly swollen and
affected by the red blush.
If the disease appear at once
really, without a wound, it most com-
monly appears upon the face especially
about the nose, ears & eyelids, next upon
the lips and lastly upon the trunk.
The eruption appears as a red spot
rapidly spreading into a large
patch, with pretty well defined
margins somewhat elevated, of a
bright rose hue disappearing un-
der pressure, and attended with a
tingling burning sensation.
Except in the mildest cases vesicles
appear on the affected part, contain-
ing at first serum which at first
is clear but soon becomes turbid
and dries into fine branny scales.
The redness may spread rapidly
along the limb or if the face be
affected may travel quickly from
one side to the other causing such swelling of the eyelids, as to close them, and giving rise to swelling and much intense pain in the ear. The disease is almost invariably accompanied by some enlargement and tenderness of the lymphatic glands. The constitutional symptoms are rather aggravated than diminished by the appearance of the rash, the period of defervescence usually coinciding with the decline of the local phenomena.

**Dolicho-cutaneous.**

In this form of the affection both the local and general symptoms are more marked. The inflammation involves the
subcutaneous connective tissue as well as the skin, the swelling being greater, the color darker, vesications larger and the pain more intense than in the simple variety.

This condition usually continues up to the sixth or eighth day after the invasion of the disease, during the whole of which time the constitutional symptoms have presented the ordinary type of inflammatory fever, about this time however a change usually takes place either for better or for worse.

If under proper treatment, and in a tolerably healthy constitution the inflammatory subsides, resolution takes place with a gradual abatement of all the symptoms.
If however as usually happens the disease runs on to more or less sloughing or suppuration of the part, no increase of the swelling, pain or redness takes place, but on the contrary some diminution of these signs may occur, and thus give rise to deceptive appearance of amendment. The skin becomes darkly congested and the part instead of being tense and brawny has a somewhat loose, soft and boggy feel, communicating a semi fluctuating, toughly sensitive to the fingers. This indicates the formation of pus and slough beneath the integument, which can only be detected by careful palpation, hence the surgeon must daily examine with
his own fingers the state of the part
in order to know the condition of the
adjacent tissue.
While these changes are going on below
the surface, the skin at first congested,
becomes somewhat paler and
assumes a white appearance rapidly,
forming into black thighs and
being undermined to a large ex-
tent by large quantities of broken
up serolar tissue and ill-condi-
tioned, free without any tending
to joint, however extensive the
subcutaneous mischief may be.
These destructive changes affect mus-
cles, fasciae, blood vessels and may
induce necrosis or destroy the joint.
They are most apt to occur in those
parts of the body which have the
common in Cripsipes of the legs than in the same affection of the scalp. During the progress of their local changes the constitutional symptoms have assumed corresponding modifications. If the patient survive the sloughing and if the discharge continue abundant, hectic with diarrhoea gastro-intestinal irritation or pyaemia may carry him off.

This disease is most fatal in the old and infirm, or in young children.

Cellular:

This form of the disease always arises from a wound or injury, often of a trivial character, and most commonly affects the subcutaneou
common tissue. Though commonly
arising from ordinary injuries, it is ex-

pecially apt to follow those in which
there have been an inoculation of ani-
mal poisons, as from insectivorous
the stings of insects and bites of ven-

omous reptiles. In whatever way
arising it is characterized by the
rapidity and extent of the slough-
ing of the affected tissue, and great
depression of the powers of the con-
stitution. That the diffuse inflammation
of corneal tissue, whether it be limited
to a finger or implicate the corneal
tissue of half the body, is a vari-
ty of Erysipelae affecting the tis-

sue primarily and the skin secondan-
ly there can be no doubt.
Signs. There are great swelling
Tension and pain in the limb which feels branny in some parts, ecchymosis in others. The skin is slightly reddened in patches, has a motled appearance and speedily runs into blackish slough. The extent to which the disease may spread varies greatly, when once it has set in, it commonly runs rapidly up the whole of a limb, extending also to the sides of the trunk; in other cases its violence appears to be principally expended at a distance from the seat of injury. Thus in the case of a fractured bone of the finger the suffuse inflammation may take place in the plane of the vascular tissue of the axilla and chest.

Death may in this form of
The disease occur in two or three days or several weeks may elapse before a fatal result declares itself.

The constitutional symptoms are those of asthenia fever in the most marked degree; a quick and feeble pulse, brown tongue, and muttering delirium being early concomitants of this affection. Diagnosis of Erysipelas. Cutaneous Erysipelas may be distinguished from Erythema by the fact that the latter occurs in patches of various size which have no tendency to spread are not elevated and do not form vesicles. The marked constitutional disturbance is absent in erythema.

From scarlet fever the diagnosis may be made by observing the
Circumscribed character of the Erysipelas eruption, its well defined margin, the tense and glazed appearance of the surface, and the presence of vesicles.

Cellulo-cutaneous Erysipelae may be distinguished from ordinary inflammation, by the greater extent of surface involved, by the absence of any tendency to point, by the rapidity of its course, and by the typhoid type of the constitutional symptoms.

Cellular.

This form of the affection may be distinguished from common diffuse inflammation of the connective tissue, by the even greater rapidity of its course, and by the more asthenic type of its general symptoms.
Prognosis.

The prognosis in erysipelas is always grave.

The simple form is usually a mild affection, and in the large majority of terminates in recovery. If however it involve the scalp or abdominal wall there is danger of its being transfused to the pericardium or peritoneum, while if there be a visceral disease, such as Bright’s disease of the kidney, the slightest attack is likely to prove fatal.

The cellulocutaneous and cellular, are always very serious affection.

Danger in erysipelas greatly depends upon whether the disease is traumatic or idiopathic, the traumatic being decidedly more dangerous.

Erysipelas in any form is a very
Serious disease in young children.

Very old persons, and in women in the
infirmary state.

Treatment.

A great deal may be done to prevent
the development and spread of
Erysipelas. Hospital wards or
apartments occupied by the sick
or wounded should be well ven-
ilated, and scrupulously clean.

A want of these requisites may at
any time produce erysipelas,
whereas a careful regulation of
hygienic laws its occurrence
may most materially be lessened.

The curative treatment of
Erysipelas may divided into the
constitutional and local.

In cutaneous Erysipelas very
Little medication is as a rule required.

If the patient be debilitated with a furrowed tongue, a mercurial purge may be administered. If there be much heat of skin, neutral mixture may be given, combined with camphor water if the nervous symptoms are at all prominent.

The loss of appetite will usually indicate the propriety of abandoning solid food, for which milk with lime water, and essence of beef may be substituted in small quantities at frequent intervals.

In some cases alcoholic stimulants may be convivially directed but seldom is it necessary to give them in large quantities. Two or three ounces of Brandy in the course of the day...
being usually quite sufficient.

Most cases of cutaneous erysipelas will run a satisfactory course under the above simple mode of treatment. There can be no objection, however, to giving theunction of iron which is a remedy of undoubted value in all forms of the disease.

In the Cellulocutaneous and Cellular, the patient may be put at once after attention to the state of the bowels, upon the use of theunction of iron which exercises a controlling influence over this disease. This remedy may be given in large doses, as much as 20 or 30 minims every three or four hours. Deminie is another drug which may be usefully em-
employed especially in the latter stages of the disease. Frequent stimulation may be employed in these cases from the very start, and as the typhoid aspect becomes more developed, carbonate of ammonia and oil of turpentine may be properly added to the remedies previously employed.

The local treatment of erysipelas is almost as important as the constitutional. In slight cases, the part should be covered with rye flour or starch, should be kept at a uniform temperature, enveloped in carded cotton wool, being the most efficacious. Cold applications should never be employed.

The local abstraction of blood and serum from the inflamed part, by making a large number
of small punctures which lessen the tension and swelling, and consequently diminishes the inflammatory action. In the cellulocutaneous and cellular, more active measures are required. The punctures or incisions should be made in the early stages, and more freely. Warm fomentations should be constantly applied and antiseptics used not only in the dressing but injected among the tissues by syringing.

If the suppuration be very profuse the fomentations may be omitted, and the part being simply covered with cotton well carded. The now relaxed tissues being supported by the gentle pressure of a bandage.
A Thesis on
Typhoid Fever.
Dedicated
to
Provost, Regents and Faculty of Phsyic of University of Maryland,
for the
Degree of Doctor of Medicine,
by Francis J. Mannery of Md.
Sessions 1879 - '80.
Typhoid Fever

Typhoid, or, more appropriately called Enteric Fever, is a continued fever characterized by petechial rose-colored spots, accompanied by diarrhea and with specific lesions of the small intestines.

The onset of this fever is more gradual than that of any other fever. The patient complains of languor and weakness, loss of appetite and headache, more or less severe, for several days. Coughing, rigor, and epistaxis are likewise among the early symptoms. This gradual onset, before the true development of the disease, is known by some as the precursor, or prodromic period, by others as a distinct stage of the disease.
The latter view seems to be the one most generally accepted. The duration of this stage is about six or twelve days, the average being six. After this stage the patient is compelled to lie to his bed on account of the fever which is of more or less violence. The countenance presents no important change for the first few days. Afterwards the face is marked by a purplish discoloration, which is more or less prominent, according to the intensity of the involvements of the capillary circulation in that region. This condition of the countenance becomes more characteristic as the disease advances. Soon this discoloration begins to spread over the entire body, and, next to the face, is most noticeable on the hands and arms. The reduc...
disappears upon pressure, but soon returns.
The red or purplish hue is due to capillary congestion and is very similar to that produced by the action of cold. Frequently the conjunctiva, if inspected, will be observed to be congested to a moderate degree.

In order to describe the disease from this point, it will be more convenient to take the symptoms according to their anatomical system.

Symptoms afforded by the Nervous System—

The patient complains of cephalalgia during the first week. This pain in the head is not always a prominent symptom; neither is its character so intense as that present in the first stage of inflammation of the meninges, nor is it accompan-
ind by any intolerance of light or noise. Sometimes the patient complains of a pain in the back, but this is of very little diagnostic importance.

In a large majority of cases delirium is manifested in the second week, sometimes not until the third or fourth. In exceptional cases it may arise during the first week, and rarely when the patient first goes to bed. In different cases the delirium varies in degree, sometimes being slight, at others very prominent. As a general rule it is not of a violent character. The first evidence of the mental faculties being complicated is temporary confusion of ideas upon being aroused. The patient is unable
to recall his position, and asks questions incoherent in character. This delirium may increase; the patient talking incoherently and mumbling as if he were asleep and dreaming. Sometimes frequent attempts are made to get out of bed and dress. He tells the attendants, questioning him as to his desires, that he wishes to go home. The nurse can, in most cases, persuade him to lie down, but he soon makes another attempt to get up, and if not carefully watched will repeat it over and over. One characteristic mark of this delirium is that it is greater during the nocturnal hours and in some patients may be only
manifested during this period of the
twenty-four hours. Occasionally it,
instead of being of the low and mutter-
ing kind, may be characterized
by noise, activity and violence. The
patient shouts and struggles violent-
ly to arise; so violently sometimes
that the attendant is compelled
to resort to constant and deter-
mined efforts to quiet him.

Irrespective of delirium, during the progress
of the disease the patient's mental condition
is characterized by indolence, want of anima-
tion, and total indifference to his own con-
dition and necessities. He neither asks
for food, drink nor change of position. Very
that he void the urine, or feces, not because of a paralyzed condition of the sphincters which control these actions, but through indifference.

The sense of hearing, besides other special senses, is involved to a greater or less degree, according to the intensity of the disease itself.

Insomnia occurs, during the first few days; the sick person suffers great discomfort, if not danger, from the want of that sleep which is most important. If sleep should intervene, it is of such a nature that the least noise will wake him, but immediately relapses. This sort of half asleep and half-awake condition has been properly designated as the "Coma-Vigil State." It is the want of sleep which gives rise to this coma-vigil and delirium.
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the original document.)
The other gran symptoms and signs, referable to the nervous system, are attempts to grasp imaginary objects, or "carphologia", pulling at the bed coverlets or other linens, twitching of the various muscles and tendons, most notably those of the face and extremities. A very peculiar movement of the tendons of the wrists, perceptible to the touch, presents itself. This latter condition, or appearance, is called "Subcutanea Tendinum".

The symptoms furnished by the digestive system are, as a rule, the appetite is diminished or lost, but in exceptional cases, may be preserved during the entire course of the disease. The thirst is generally increased, and though the patient may not ask for drink, yet, if it be presented, will
accept with it with great avidity. The tongue is rough, and the teeth and gums covered with soreas. The color of the tongue coating varies, generally being of a yellowish, brownish, or even black hue. Expulsion of this coating and a clean, red and moist surface being left, is a sign of convalescence. Grimolences of this organ generally precede graver symptoms. The gums may be red, and, in mild as well as severe cases, tend to bleed upon pressure. Vomiting may occur, but most likely it is due to overfeeding. Diarrhea is present in nearly every case and from this fact it is one of the characteristics of the disease. The reaction of these liquid stools is alkaline. Some cases...
messen of presenting disease are marked,
by constipation. Occasionally hemorrhage
from the bowels occurs, and is due to
some of the blood vessels of the intestines
becoming involved in the ulcerations.
Among other symptoms, which are abdominal,
are spasm or colic, tenderness
on pressure, and gurgling in the right
illiac fossa. The abdominal walls are
very often distended and if percussed
will give a decided resonant sound.
This distension and its concomitant
resonance, are due to the gas which is
present in the colon or other parts of the
intestinal canal. Perforation of the
intestines and a resulting peritonitis occur
very often. The intensity of the disease.
does not foretell this complication, because peritonitis may, and often does, occur in cases characterized by mild symptoms; likewise it may occur in the period of convalescence.

The Skin: The most important of the symptoms furnished by this organ is the marked eruption. This eruption generally appears on, and in most cases is limited to, the abdomen. It consists of papuloe, icteric in character, and and have been designated rose-colored spots. It appears generally between the seventh and fourteenth day. They disappear on pressure.

Preparation in many cases can before its occurrence before death or during
convalescence. Though this symptom is present in some fatal cases, yet in the majority of cases it may be welcomed as a sign of improvement, though it is not absolutely determined whether it produces the amelioration, or is the result of it.

Respiratory system:—The cough which is almost invariably present, and which is not a prominent symptom, unless it be the result of a pulmonary complication, is slight, and moderate, and is generally due to congestion of the mucous membrane.

Pulse:—The heart's action is more or less accelerated. The gravity of the case is determined, to a certain degree, by this acceleration, the dan-
ger being considerable if the beats exceed 120 per minute. Sometimes the
pulse is below the normal, falling
to 60, or even 40. The force of the
pulse is diminished in proportion
to its frequency, this being due to
the increased action, and not increas-
ed power of the roots of the ventricle.

Hence if auscultation be resorted to
during the progress, the first sound
of the heart will be found to be dimin-
sished, sometimes almost inappreciable.
The temperature, to a general rule the
heat of the body is increased, the in-
crease being gradual for the first three
or four days. Of late years the temper-
ature in this disease has become a
A symptom of considerable importance in regard to diagnosis. Some practitioners claim that, if the thermometer shows a rise of 104° on the second day, it is not enteric fever; the same exclusion being applied if the temperature falls below 103° between the fourth and eleventh days. As a rule, after the fourth and towards the end of the second week the thermometer registers 103° in the morning and 104° in the evening. A sudden rise indicates the existence or commencement of a complication, usually pneumonia or peritonitis, thus rendering the prognosis more grave. If the temperature suddenly descends below normal, other signs of improve
ment or convulsion being absent, the prognosis is likewise of a grave character.

The urine. During the progress of the fever the urine is scanty, high colored, excessive in uric acid, with deficiency in the chlorides, and in severe attacks albumenous in character. This latter condition is unfavorable, though in the majority of cases depending upon no structural disease of the kidney, but merely upon congestion. Very often owing to the apathy or indifference on the part of the patient, the urine fails to be expelled and, hence, the physician should daily examine the abdomen by manual
palpation to ascertain the condition of the bladder and, if necessary, to interfere with the catheter.

The Pathology and Causeation.

The ultimate pathology of this disease is not clearly determined, though many erudite pathologists have advanced the theory that it is a general and systemic disorder, characterized by intestinal lesions these lesions being mostly in the glands of Peyer. The question whether this poisonous matter deposited in Peyer's glands before ulceration is of a specific or non-specific nature is still but judicious. Others suppose that many persons are predisposed to it by inheritance and that the disease is of a nature analogous to the tuberculous
gouty, or rheumatic. This latter proposition, though not absolutely established, seems to be very probable. The exciting causes are many numerous. Depriving causes of every kind, excite it; among them the most notables being foul air, mental and physical exertion, badly constructed traps, noxious gases from sinks, cesspools, or water-closets, and above all the introduction into the system of a portion of the excreta of other typhoid patients whether it be direct or indirect.

Anatomical Characters.

In this disease there are lesions which are especially characteristic and which serve to distinguish it from typhus fever. The gaminated, or Peyerian glands, the
Solitary glands, the mesenteric glands, and the spleen, and occasionally other organs or parts are affected.

The agminated and solitary glands are first enlarged by the presence of a material commonly called Typhlus, which is deposited in the glandular masses. The patches are elevated above the neighboring mucus membrane, which assumes a purplish or pinkish color. Besides being enlarged they are indurated.

The patches situated nearest the caecum are generally attacked first; then each successive patch above this portion of the intestinal canal. The next process is that which the mucus membrane, glands, and the Typhlus material, their contained are sloughed away.
This condition generally commences about the end of the second week and the last of the series of patches begin to ulcerate about the end of the third week. These ulcers are characterized by their edges not being elevated, but overlapped by the mucous membrane, which they undermine.

Should the patient be on the road to recovery, these ulcers begin to heal up, the healing process being accomplished by the formation of a thin membrane, firmware in character, at the bottom of the excavation. This membrane gradually becomes thick until cicatrization is completed. But should the ulcers fail to cicatrize they will perforate the wall of the intestine and thus
gin rise to a dangerous complication by the escape of fecal contents and intestinal gases into the abdominal cavity. This complication is obviously Peritonitis, which is diagnosed by the usual signs and symptoms peculiar to it.

There are several other anatomical lesions which are of importance, but not present in every case, such as softening of the walls of the heart, minute-getal inflammation (very rare), enlargement, and softening of the spleen, and in some cases the kidneys are congested in others unusually pale.

Diagnosis. The distinctive characters are now so well recognized that very little difficulty is encountered in diagnosis.
The only diseases from which it may be hard to discriminate, are Typhus and remittent fever. From remittent it is distinguished by the absence of vomiting; the fever on set, the mental condition and abdominal symptoms. From Typhus by the presence of epistaxis, bronchitis, leukocytosis, rose spots, lymphangitis, obscure origin and diarrhoea. In Typhus there is no epistaxis, no bronchitis; the bowels are constipated, abdomen tender, lymphangitis, miliary eruption lasting two or three days, and cedation very obvious.

Prognosis. The mortality in this disease differs greatly according to age, sex and complications.
in age of ten, than between ten and twenty. After thirty its fatality increases, and after fifty the death rate is nearly one half. Should peritonitis from perforation intervene the case becomes more grave. In every case there is a possibility of this latter complication; hence the practitioner must be guarded in his language, never expressing himself too strongly for it is known that this perforation often occurs during convalescence and thus causing a collapse which is generally fatal.

Treatment. It must be remembered that typhoid fever is a self-limiting disease and when once established there is no cutting short its progress. The
duty of the physician is to support the patient
and conduct him through the different
stages in such a manner as his skill
and knowledge will dictate. He should
always be on the watch for the various
symptoms of gravity or otherwise, in order
when they arise, to be more prepared to
alleviate or check them by the resources
at his command. This then is
the Expectant Treatment, and one
which has given the best results in
this disease. Of the bowels are con-
stipated during the first few days
a mild laxative may be given with great
care as it may intensify the diarrhoea
which generally follows. A draught of
caster oil will suffice and then no
mon means which lead to this effect should be resorted to. When there is diarrhea in the commencement it must be checked, not suddenly but gradually. A chalk mixture will in many cases be sufficient, if not, give subnitrate of bismuth or a pill composed of the following : 1/2 opium, cauchor and blue cross each 1/2 of a grain. When the skin is dry and hot sponge with tepid water and vinegar or whisky. Some practitioners recommend the use of the cold bath or wet pack. The patient in the former, is plunged into the water which is of a low temperature. But this method has great many disadvantages and among them
A better plan, if the cold bath is to be used, is to place the patient in a bath of the temperature of 80° and then gradually lower it by the addition of ice to the water, watching its effects upon the patient and acting in accordance. Diaphoretics may likewise be used with propriety if the skin is exceedingly hot. Among this class of remedies Spiritus Aetheremus is one of the best adapted for this state. It should be given in small doses, diluted every two or three hours until the required effect is attained. When the fever is low then stimulants must be used, there being none better than brandy wine or Apericane tincture.
must be exercised in the administration of the alcoholic stimulants. As a general rule, they should be administered when the sypholite of the heart is found upon examination to be diminished in force. If the alcoholic stimulants act well it will be indicated by the tongue regaining its natural appearance.

Abdominal pain may be overcome by the application of flannel wrung out in warm water and sprinkled with turpentine. Should the patient be able to sleep, hypnoles may be given. The following is very good, viz.: 12 Pils. opii gem. Pils Camph. go P. Rheum. grt. 1/12 Pils nos. 1 fig. 1 to be given at night. Turpentine is given internally to
counter act the ulceration of Peyer's patches.

The commencement of the ulcerative process is indicated by a dry and glazed tongue. It acts as a stimulant and alternative to the ulcerated surface.

Dose gtt. 5-8 in emulsion of Gum Acacia. As the case improves diminish the oil. Quinine may be given, but not as an antipyretic. For experience and observation has determined that it has no such effect in this particular form. Not withstanding this there are a great many able men who hold an opposite view in regard to the action of Quinine.

If the patient is not alive to his wants, you must wake him in order to
to make him take food and draw off his urine to prevent retention.

Bed uremia must be avoided by frequent change of position in bed.

Should Peritonitis occur from perforation two of the intestines by one of the ulcerous then the bowels must be kept in a constipated condition in order not to aggravate it. This can be accomplished by the administration of large and frequently repeated doses of opium. The other complications which may intervene must be met with the usual remedies.

During the various stages of the patient must be supported by suitable food. This food must be of a liquid
nature. Milk and lime water, wine
Whey, beef tea or other animal broths
must be given in small and repeated
amounts, watching the effect. Above all
give the patient plenty of fresh
air, taking care not to allow him
to be chilled.
The convalescence is long and tedious.
During it, the patient must carefully
avoid all excesses either in food,
drink, or exercise.

Francis J. Flannery
Baltimore Md.
This

J. Harvey Graves

Session 79-80.
Influences which modify the action of medicines
Influences which modify the action of medicine.

The influences above mentioned are in such a manner that they are as much to be considered as matters of natural knowledge. But it is most important that we should not be misled by this consideration of medicine, that the administration of medicines may not alter the symptoms they are intended to mitigate. The treatment of the physician, though it may be influenced by the condition of the patient, must be influenced by the surrounding circumstances. It is not known at the present time whether the administration of medicines is generally effective.
some droplets upon with when spray prepared and the case taken after they are prepared, as medicinal solutions change by exposure to atmosphere. Some lose their appetite, while others lose their especially by evaporation from stronger and in this way are rendered unfit for administration as the true dose. The form of a medicine when it acquires Pulverizing is solid substance made it more active by facilitating its solution in the stomachal fluid of consequently rendering it satisfactory action, on the same time its rate action or demanded, the solution in a
medicine is usually administered to the body, and the varied effect of the same medicine in different doses, and to a
at the treated remonstrant in the
enamor сделал of diseases. The medicines
iene as itubrás, acted as a stimulant to the brain, whilearger were administered,
small doses of hormones, such as opium,
sphicre, while longueurs, are作用 for
thing, and feverish, - ibicus, which as at
lose somnities, in another acts as in its
kebattering. - In fact the care of the dose
and time of its administration, affects the
application of a medicine as much as
its inherent qualities. Certain medicines
are prescribed for the purpose -
ensure a sustained action, often say
were given in small doses at regular intervals. A large dose of alcohol in one sitting, or even a small dose taken in one sitting, would act as a stimulant. Again, if a large dose of alcohol were given in small doses, as required when.

Thus, the results obtained with alcohol at the expense, the decided loss was

Valuable, produce the most remarkable
The oral actions of the medicines, for instance, digitalis, are furnished by the digester, and so forth; probably some here, the digestion of our comfort. There might be...
If I am correct in my former belief, may be it was not a clear direction, not a
reduced in power by such a means, I am, in one of the cases, if a little
practical importance to watch carefully
the effects of a certain condition and to see the
butterfly, and then the bees, we do know
the occurrence of sudden and frequent
Diseases produced by fatigue. It is dif-

cult to separate the influence of one
from that of climate. It is generally
found that the diseases who have a
more enlightened, and adapted them-
self peculiar to the nature of human
residence, acquire a familiarity, and
liability to the nature of medicines. As to
The different tendencies of the sexes, the female, and the male, require larger doses than women and girls. But it is only in rare cases that one, that distinction is of great value—she is age. It seems, but natural; that it should have a great influence over the intellect, and mind of infancy, and childhood, more especially in the female, on the mind. Powers of the mind, than the habits of mind, of all ages old, advise to the organisation are related.

As in one case, a unity — the other, one thing, a particular, while attending circumstances, are the constant theme in acute depression.
...
be evident, with much under its cures,

in a large dose I sometimes

home as a rule, and they should be

drawn from the previous states, at once

in others, and must be made with the

bitter balsamic alkaloids for the most

hard to be corrected, local observations

must be made with care, such as

slime, and make precedent reports the

unbarred vitality of the skin, and

in the same as they will conclude and let

destiny eligible in the locomotion. As for

set - Soothe the minor, cannot be

unbenor, then, making the natural

condition, are gradually from other,

more closely, those in states, if the

government, it is necessary to record - those
in smaller doses, of this vitiates method is wholly universally as there are, of
the early, "Masculine woman and feminine man" constitutionally we call at present
15. very clear from this, women can
induced by such & by active operations,
and surgical thrillings better than
men. They cannot stand suspended
abruptly, in doses at large it is to
tell of American, it is thought they
return larger doses. They require
masculine succor, like as they need
female Pregnancy, and usual
Active treatment of such berriers
will be avoided unless mediastinum, does
unless. This is essentially a very
through pregnancy, as abortive instances,
produced, during levitation, to see in
the air, with an eye according to
might, should be considered with, as the
one and the same monopolar of the body,
A influences of disease—certain diseases
have a great palatable and the return of
such man, it should be borne in mind
that, whenever the standing function
was and, from whatever cause thereof
true, also were nature, true nature,
In all form, and other is his most
memorials and memorial physical study
there the known is well phrased, their
 silent functions, only diminish the de-
struction of words and when the previous
theses are in his moment, selected
as possible; the other case,
way to understand that the main function of the affected organs, and that is, to avoid the action of the secretions, that is, to remove the waste products of the body. The functional disturbance is a loss of function, with more or less "fixation" of the nervous system, and even in the functional organisation of the brain, which marks some forms of insanity, the susceptibility of the affected parts is less, and similar hallucinations, etc., usually rise in unusual forms. While many remarkable is the susceptibility to insanity, in certain nervous affections, as tuberculosis, etc., is abnormal, what was considered regarding the nature of insanity may have been reached by other means.
upon the healthy or of general action in the sick, many new and more
familiar states and modes of this action, the
finding also certain peculiarities in the
latent contiguity, and the nature, stage
or complication of the disease.

Old symptoms - Many persons are ob-
served by certain medicinal or other ac-
ids to manifest quite peculiar symptoms,
and for a want of rational explanation
are dissected. Usually it is a known
peculiarity. In other cases, it exists dur-
ing menstruation, pregnancy, birth,
etc., or the existence of some unob-
erved disorder. We know of a gentleman who
must take iodide potassium, or remain
truly paralysed. In morbid

with cancers when it cannot become
leaves although it is the one he causeth in
here ownza and it sometimes proves
pernicious if discharged or are intimpl in
instance. These symptoms of cancer are
carried from the Wellington region
that indicating medicines like mercury
and carbolic acid. They produce the
came effects - an obvious instance, the
attempts are always made for, towards
by spru labels to induce a more mangled
underuy and tormenting. Drugs taken
in the smallest quantities cause
something heavy at any occasion
after vaccination or vaccination, at the
same time, should have caused sedation,
irritation and debility, or sometimes
Juno, has sent word to make her offering. Mercury, in the same day, said, salutations. Jupiter, violent and evil, we re. These, and sometimes handsome are not numerous, and he still begs a counselor, which are not so well marked as still that time from the ground rule. And, wrote one, remember that great the lesson was not confined to human lives, but that to animals, that they constituted. About I am more mindful of the times, sensations, altogether more results, there is surely a reason, and what have. Thus sensibly perceived, no matter in certain solution of duty, then made to more or less of the imagination.
I, and I say it is all of consequence, by which means the mighty are exalted, and weak are set to shame, that it is expected one day not so common, that none could and will discern the. And, because in order not to listen, that every great person is not jealous, must have that it is impossible to please the multitude, be they hard, Long and shall hence it is very evident, that the power of judgment is worth a sound of things.

We now come to consider not about direction, that is, the circumstances to know the action of audience. Under the influence from under clouds, Coloss. viii.
time if dry habit, and winter climate.

It is hardly necessary to state that climate, from season, we all for which we speak about climate. The action of poison of a thing, is none small in warm climate. There is a - arsable from insects, to the action of the temperature into which are able to reach. It is the way of proceeding, to burden constitutional objects, in an efficient way, and often by the route of its effects, upon the living, but because it is also a preservation of living and fertility. Here lies — — no

aware in their action on a microscope that cold and patients have aid and serious effects, from their situation.


...and how their...
of the earthquake, but which produced by destruction, caused a long and even induces drowsiness. Hence, all medicines intended to produce medicinal and curative effects, have -- efficiently rese in the occasion, when the natural time away of the upper cutaneous to prepare their action, the laws is also founded for the advantage of cathartic. If the and purge themselves, and on occasion of all medicines which are to be absorbed, and removing on the spot. On the other hand, the peculiar and thorough action of substances indurating with water, but produces a diuretic action, in most altitudes, caused in distant localisation in the summer, when
the parts of their functional activity as, and to first 1607 - the illness for which the human condition has been a subject of study to any observer and made to like in the body by the use of medicine alone. If they find usually have their winds off starting made on the system and therefore need not considered as remedying loco by the name before, which cannot prevent their habitually, in them who are used to them. Thus we at so well known, be abandoned for themselves at home as it is enough in itself, without the many future characteristic results. These latter have to seal ourselves grafted in.
to many other irritants, poisonous substan-
ces, and fumes, and to the industrial environ-
ment. It is difficult to account for this peculiar
reaction, or to understand why, in some cases,
it is not due to the saturation of the
epidermis, but it is more likely that
irritation to nervous centers, as we know
what causes irritation a function of
sensory nerves. The chief importance
in this latter view is the possibility
of a particular strain but also in
least a regime to normal veins.
Hence, it seems likely that other
factors may be involved in the reactions of
sensitiveness, which are so thoroughly studied.
we were not bound to neglect the
precaution and care of the various suggestions
that we have referred to. In the
reflection of the sun, that and other and
in those the increasing fame to remove
our sense effect, are to be found in
the future change for us. However,
now the situation has been brought to
the inferior, and small additional harm
will remain its material nature. The
medicine, he wished to tolerate the
annoyance, and remotion for it is done.
Time, and very addition to may
therefore be expected to produce it
perfection attains. Another struggle
is caused by the alteration of meals,
which in this moral civilization, an
rapidly increasing sense of the equal
impact may arise from degenerating
smaller hours and at last, from
idea of the situation, many trials cannot
thus be explained by the normal
mental state in persons whose
function of the stomach

We now come to consider the sublimation
which the mind works on the action of
the voice. The voice is the channel
in which we real, and at times, an
unusual voice takes off with the 
subjective, but they may, with
beads, in the patient rising
with no fine faults, in the sound of
prescribed remedy. The voice, then
hands in it, is the sound of the
process of many physicians, the
intimate
characteristics in which he knowledge of the
case, and the use of medical advice
are superior to them in their ability
to control the will of the patient as
nature can at times do. In the
remedies which they employ, the
judicious use of the patient's belief
that only the recognized medicines
become the means of action. The large
numbers which they are traditionally
considered to be effective, but which may
introduced with faith, may produce real
and lasting physical effects. Simple me-
ical measures, such as a tougue to
salt, may produce remarkable
results. Colored drafts, many reforms.
produced numerous invalid results, and the main feature, which, in the present state of our knowledge, it is unjustifiable to bring in the calculations, is the presence of some factors, such as the conditions of the effects, of a whole train, and the various manner, not only of the street, and their various terrors towards health, but also lately, when the issue of the disease,

the conclusion (but perhaps not of him), we must say—The successful biologist is not he, who, besides knowing every

to be associated with medical prescriptions, for all diseases. But he, who, in each particular case, knows not only what are the remedies which
not a moment. The President and Council met and ordered the plan of action to be made known to the subordinates. The arrangement was influenced very strongly, as in the manner in which the Board of Appeals through the design of the safety barriers.
A Thesis on The Physician, his Duties and Responsibilities submitted to the Faculty of Physicians of the University of Maryland for the Degree of Bachelor in Medicine by Charles Henry Black of Pennsylvania 1860
He and all that is in it will be to us a monotonous and endless task. Be it a book or fragment and among the calas and the men to remove them back to the Pyrgos, or a by my name, for the and responsibility we shall enjoy.

Yet no one can escape the bitter and happier. The noblest truth in the metaphysical, mechanical, moral, and philosophical has been that regular hours, and when they were accomplished what came to those a day must, they were at liberty to do and conceived it may be in the
three countries and nations I have been brought up in, and I
have been in various situations in all
which I am well acquainted. I have never had the
one not to keep my word with
than I thought, and was the worst
from your office. Other fugitive
have been under orders that you not to
ere than sister of the Lord's home,
and are of such a character that
they cannot be persuaded to wait for
me or my place. I am sure that the King
even their for his ladies the other
range of African, and a genuine
chemistry in the holding of that noble
life with its moral and material
state to meet. These are the ways and to
The duties are many, and we should try to mention one of them. It is the duty of the doctor to be the representative of the patient. The patient should be treated as an individual, with respect for his or her personal duties. The doctor should be scrupulous in his or her work, and the patient should be equally scrupulous in his or her care. The doctor should be guided by the patient's wishes, and the patient should be guided by the doctor's advice. The doctor should be careful not to cause unnecessary suffering, and the patient should be careful not to cause unnecessary pain. The doctor should be honest and truthful, and the patient should be honest and truthful. The doctor should be compassionate and understanding, and the patient should be compassionate and understanding. The doctor should be guided by the principles of medicine, and the patient should be guided by the principles of health.
must rather a man, have powers to be understood. The prudent man
will wait for the future. He must have no lean on forenoon in the
village and in city also. He must
delay to many very much such
as a little tender or built to fleships.
The mast also remember that the two
leaders in the prosecution and must
respectable night as he would have
them to respect this need of words
be with this house of another in
the kingdom to which in things, he
should understand to ask and some
no new quest or every day for to
be "the last Physician, we must
also be a Philosopher", is accorded
tory, the weight of the press of the
invasion and repair it to not
\textit{easily find and hope the right}
relation to the practical. It is a
most delicate relation. He may
the freedom of the house. He is
brought in contact with men
and women in their worst and
not seldom in their worst acts.
There are secrets of the sick room
that are painful, act of that it is
duty to conceal, and where it
is for the responsibilities of
and there are many more than
are only realized when actual
look could not attempt to face the emphasis, which the reader is impressed that is affected through every it member he accepts the idea and the friend's look upon him in the one who will give all the needed directions for the well of the sick. This is a great responsibility, and if the patient be a responsible man, what must many be? The Barker is too busy mind under the idea of light talk, and often in not a responsibility that should not be forgotten, but must needs to affect the most in the mind. Each individual has care requires thought and attention, and in not giving it the sec
I

It takes the life of another to consider murder. He is punished for it and restored and save a

Practitioner of medicine does not practice mercy to get a living or a name, but to benefit mankind and this is the goal.
Most of mankind is to be found in the middle state, but he ought not to be there. It is not his proper state. He should be in the higher or lower state. The middle state is the best state for him, but it is not his proper state.

The most important thing in life is to be patient and to bear the burden of what he has already arri

He must be patient, and to bear the burden of what he has already arri

The middle state is the best state for him, but it is not his proper state.
Above the false notion of an elevation over the common level of mediocrity, it is not for man to rise, or other men, but stand at this first, has the heart of battle and strive to aid his fellow men even though he lose his life in the struggle. He should be kind to the lost, and although his practice among them may not be of any consequence, yet it is his duty to relieve their afflictions if possible, and add to the good works which will be remembered to the "Great Physician." It is obliging upon him to be acquainted with the change in
In order to understand what he sees and understands, he should understand that he may treat circumstances under God foreordained as new and different. He should not forget that new circumstances in some way suggest and necessitate new means. He must keep up with these, see his work and his grief. He should not confine himself to one look only, but traverse many to many that he may touch different views, and then act accordingly.
must bear in mind, in respect to the duties of the opera; that duty to the higher power. In giving a task, one that you in him from, and yet the price to others is as nothing compared to that he is compelled to inflict upon others. If in the course of duty it is incumbent upon him to dash the cup of happiness from one soul in others' lips, should he do it quietly and invisibly. He will often stand by the dead and see humanity look to him for aid, which he is often unable to give. It is his duty, a duty he owes to himself, his profession, and the public.
and the manner. He must make
sure that he does not, as some
pleasure out of sight, and that his
duty is to the public interest in
some of these questions of truth
and as such he must judge in the
belief that the several operations
on the human body may be the
increase a degree of relief, or
at one time, and in fact, or in
doubt, producing slight, and at
other times a decided effect.
He should, if possible, in the
mind of the patient, as much
symptoms, and treat these: the
disease, or its effects, or its.

better, or in affirmation of
indirect cause of all diseases there is
the treatise of the cool, clean, dry
environment. All diseases and the
prevalence of the same are
largely due to this, more to the
atmosphere. Every cost of
medicine should cultivate this,
as it is a matter common to
and the combustible matter of
difficult individuals is decided
by their strength and activity.
are the earnest words to remember.

"The first step to excellence
the knowledge of faculties and
the care even due to the knowledge
of our ancestors." Ramblor.
and often a disease of the \textit{heart} when called to attend one
who suffering from some highly
contagious disease, and given to
his aid. He may not stay with
the patient.

"It is not really of the same result
That makes the life, becoming the disease stop

He who resists to go when there is done to
himself should be replaced where
there is no danger, and all who
act, will usually receive it as an
act so just to desire at the hands of
an outraged public. And the better
will look a fore bane as a disease.
of the deep and interior mists of which the sea of spirituality consis-
ter. Every one that desires an im-
portant in calling must remember
that while it is one of the noblest
professions it is the nearest to
troubles, of one into it with the idea
that it is the road to wealth. Such
a person enters the medium from
the lower idea of the workings
of his mind. The former
assumes and the second under-
stands that he has assisted in the
calling, the latter with far greater
it is true everyone is expected
to come this living from Dupont
and more firm proof to this
that he should be actuated by a
Shake your head, old man. Do not hesitate to tell me what you think about this matter. In my opinion, the best course is to prevent the rest of the procession and not allow any more doubt of justice to blot out the Pyx. Take us to the best of your ability for the sake of the God and the Church. "Let us do others as you would have them do such to you," and be that acts violates this rule, worthy of the Church and of God. Many times the best indications of the Physician are turned aside because of the ignorance of the ones attendant upon the sick man. This must be watched to, that at times he is not permitted to
but are the brutes subject to
prejudice and error. In the pro-
portion of mankind andociety to
individual were well governed in
Health Nature that are in need
the principal question seems to
be "The preference of mankind among
it and the common good of
the kind, among nothing of national or
military of political, things and of
sectarian divisions. Whether and
prove the sole condition of the min-
istry it is designed to manage
concerning the public and society
of its children, cause: but distorts
its former benefit without shall
or simple, losing every degree of


and, last and not least, we must be wise and religious at all times. The quantity of money which it is the favorite handmaid. It has been shown that, on a wise man’s head, and deliberate study is a
most valuable resource. The most impressive lesson. The idea is known in town nearly everywhere. Indeed, a vast majority of the whole, locally suffering, a lot of sickness are the natural fruit of one course of life. Some call it
by one’s forefathers, and others reason. It is so to the wise who have judged
harm, which were manifestly destined.
in the above saying, we are earnestly called to the solemn responsibility of not allowing the tendency to be absent-minded. Familiar with death in its various forms, we are reminded of the uncertainty of life. We are exhorted to be aware of the brevity and uncertainty of our existence, and our time, even in the longest is very short, if we should be at all moral worth, and not live in vain. Now when we sum up what it is that the Physician has to attend to, we find there is
And when the end does come such that we must be peace, and tend to all things and never despight such things, who has the most ordinances suitable at present of consideration: who does good and faithful...
Versatile By Day

Discipline that flows

marked by sound form and

content. The mind, con-

sidering various means of

self-expression, with care.

The same Christ is revealed

as our model of discipline. In

each, not the imposed but

the trained is the charm, and

in each case the rhythm

within the unorthodox. This

is what:

Virtuous forms

are not measured.

In conclusion, the ma
In the year of our Lord nineteen hundred and forty-one was the year of my birth, according to the Calendar of the French Revolution. In this year the French Revolution was in the ascendant, and the Directory was in the ascendant, and the Directory was in the ascendant, and the Directory was in the ascendant.
An illustration shows a simplified diagram of a "chamber" with various sections labeled "left," "right," "center," and "back." The text explains the placement and function of these sections, indicating that they are part of a "chamber" system. The text mentions the presence of "pipes" and "valves" within this system, which are crucial for the operation of the "chamber." The text also describes the interconnections between these components, highlighting the importance of proper alignment and flow for optimal performance. The overall purpose of this "chamber" is to facilitate a specific process or function, though the exact details are not specified in the visible portion of the text.
correct, decided by the Court, and now under this doctrine, as the
warrant was in the possession of the
Police, it is the conclusion of the
Attorney. Sucre's
views have been ably put to the
courts in this case. However, Dr.
Street, the coroner, in his
certificate, states that the
inflammation of the brain and the
bleeding of the corpus callosum
have been sufficient indications of
the
cause. How this event will
continue cannot be

The cause of the power of these states is that they have a large popu-
lation, a vast national force, and a powerful Navy. In each of these countries, there is a great extent of territory, and in all of them, the sectional lines are drawn on lines of great natural barriers, such as mountains, rivers, and other geographical features. The distribution of the population is such that the interests of the people are felt in every part of the country. As a result, the government is able to maintain the peace and security of the nation.
a\^e 
\[a \leq b\] 
\[\geq 1\] 
\[\leq \] 
\[\geq y\]
...
It is a wise course to be a part of the solution. The longer we wait, the greater the damage. Continuance without intervention is the greatest risk of all.

If there is no end to the problem of the devastation and losses, the occurrence of destruction or a cold winter spells the end. We must take action, and we must act now. We cannot afford to wait until the problem becomes even more severe.
in remainder about to the

found in another place. A
merely being seen in times
in which there used to be
point to which could not even

remnants of the future. The
and have been highly remin-

cent to the present. For
and they are the remembrance
of the time was, but because

because of the time was. Do
the cause which made them

been made after a period of

end which was so that

then one period of the time.
The tree stands so near us, in the sunlight, a picture of grace, with its leaves as a bower. It is now the sole feature of the central lawn. Nothing else is visible except the distant trees in the distance. To understand the

conditions, I believe we should go to

consider the effect of an object's

growth to influence the climate of the

surrounding area. As we see the

temperature and atmospheric

conditions, precipitation, and

temperature fluctuations.
A. F. Balton.
A Thesis on Pneumonia by Alfred G. Giles, M.D., for the Degree of M. D.
Pneumonia.

Definition. Inflammation of the substance of the lung.

Varieties.

Grouphous or Lobar.

Gastrale, or Lobular, and Interstitial.

Morbid Anatomy.

Grouphous or Lobar commences with hyperaemia of the small vessels, which are distributed in the walls of the air-cells, and bronchial passages, swelling and tendency to proliferation of the epithelial cells of these parts, and exudation of inflammatory lymph and of the corpuscular elements of the blood.
Consequently the air cells and passages become more or less filled with this exudated matter. the air which they contain being expelled, and, the lung tissue becoming solidified. Microscopical examination will show the blood vessels to be distended with corpuscular elements, and the alveoli full of epithelial or modified epithelial cells, which have probably undergone some fatty degeneration; and other cells of the character of leucocytes or hae corpuscles. As the disease progresses, these products hastake more and more of the character of tissue.
As the inflammation tends to spread, different portions of the lung present marked differences of condition, and consequently, the different portions may present different stages of the inflammation. Catarhal or Lobular.

In this form the lung is found to contain small red or yellowish circumscribed solid nodules, which do not inflate when the lung is inflated. If they are situated near the surface of the lung, they present small rounded elevations. These nodules will be found to consist each of one or more pulmonary..
lobules, circumscribed, by the inter-lobular septa, and separated from one another by a network of still crinkled and perhaps perfectly healthy lung tissue. By a further extension of the disease, neighboring patches may coalesce thus involving extensive tracts of lung tissue. Lobular and Lobar pneumonia thus pass into each other. True Lobular pneumonia is always secondary to the blocking up of the smaller air passages; it may be excited immediately by the gradual extension of the inflammatory process from the tubes, to the interlobular
or by irritation of the collapsed
by the entrance of these inflammatory
products during inspiration.
The microscopic appearances
are similar to those of lobar
pneumonia. The connection of
lobular pneumonia, with obstruc-
tion of the tubes, is shown by the
facts, that lobular collapse, is
often associated with it, and
that the collapsed and pneumatic
conditions are found to pass into
each other.

Interstitial.

This form is usually
considered chronic in character.
Aside from infiltrated tubercle
for tuberculosis pneumonia, the name is used to denote a morbid condition characterized by a morbid growth of the connective tissue of the lung. It differs from the forms already described in that the air-cells are found to contain no morbid products. It is denied by some that it is inflammatory in character. The pulmonary tissue is dense, tough, and resisting. The air is expelled from the vessels, by pressure of the morbid growth of inter-cellular tissue. Consequently, producing more or less contraction of the lung.
Pneumonia, like the other acute diseases of the respiratory organs, is due in the greater number of cases, to exposure of portions of the surface to a draught or by prolonged exposure of the whole surface to a low degree of cold. It is most common in those climates, and, at those seasons, in which the temperature is subject to sudden variations; as, for instance, in the temperate climates. Spring is the most common period. It occurs often in males than in females, and is far more common among the
working classes than others; fact which may be explained by the increased amount of exposure to the causes of pneumonia; of those who have to earn a livelihood by the "sweat of the brow." It may also be caused by the spread of inflammation from other parts, such as the inflammation of the bronchial tubes, in cases of bronchitis, diphtheria, whooping-cough, measles etc. Other causes which may be mentioned are the inhalation of irritating gases and the mechanical irritation caused by the inhalation of particles of dust or other such substances.
Various systemic conditions may act as exciting causes of the disease, such as pulmonary congestion, the existence of specific poisons in the blood, as in renal diseases, and the various exanthemata. And it is probably due to these causes that pneumonia so frequently occurs in the course of the various infectious fevers, erysipelas, rheumatism, kidney disease, heart disease, etc.

The disease may be traumatic in origin. Many cases of acute pneumonia occur when no cause can be assigned for its development.

The causes of interstitial or chronic pneumonia are obscure. In a very few
cases, it may have been preceded by acute pneumonia. In the majority of cases, the disease is secondary to some previous pulmonary affection; many of these conditions of the lung, which are embraced under the head of pulmonary phthisis, are succeeded by or connected with this form of pneumonia.

Symptoms.

Idiopathic pneumonia is generally preceded by a prodromal period of one or two days, which is indicated by a general feverishness or undefinable feeling of illness. This may be followed by a sudden
and severe rigor or alternation of rigors, and the usual symptoms, or more or less severe inflammatory fever. The respirations are usually hurried and shallow, and may vary in frequency from the normal, up to fifty or sixty in a minute; and they are usually attended with expansive movements of the alee nasa. Dyspnœa may be more or less severe. At first, there is more or less cough of a dry character, which is afterwards attended with the expectoration of a transparent and viscid mucus, tinged with blood, to which the usual name of brick-dust or rust is given. Later in the disease,
The sputa loses its sanguineous tint, and becomes somewhat opaque and greenish, or acquires a mucousulent character, and gradually diminishes in quantity. In some cases, the expectoration may become distinctly purulent and may be attended with great fetor, which usually indicates pulmonary gangrene. The quantity and quality of the expectoration may vary greatly, in different cases. It is characterized by an increased amount of sodium chloride, and contains considerable quantity of mucus, and albumen. Pain may vary in amount. In some cases, there is no pain whatever, and in
some, the patient has a severe stitch whenever he coughs or draws a deep breath, it is pleuritic in character and is probably due to existing pleurisy. The pulse is always increased in frequency, but rarely proportionately to the respiration, instead of being 80 to 100, it rises to 120 or 150 to 1. In adults it may range from 80 to 120, and in children it may rise to 200 per minute. The character of the pulse varies in different stages, being often full and strong in the beginning and becoming more or less feeble and thready. The tongue presents different appearances, sometimes,
thickly coated with fur, and in some cases it is dry and brown. Sordes may accumulate on the teeth, and there is also loss of appetite. 

The condition of the bowels may vary, sometimes not particularly affected during the disease, again they may be constipated, or diarrhoea may exist. The face may be flushed and somewhat livid. The skin is dry and hot but profuse perspiration may occur during the decline.

During the febrile stage of the disease the urine is scanty and high-colored and of high specific gravity. There is diminished quantity of sodium chloride, and an increased amount
of uric and uric acid, due to the increase of metamorphosis of tissue. During convalescence, the urine returns to its normal amount and constituents. The patient may become drowsy; though, he is apt to be restless, especially at night. Delirium may come on early, at first, being limited to the night, but afterwards may become more or less continuous. In fatal cases, delirium may pass into coma. Temperature usually rises rapidly from the time of invasion, so that perhaps within 24 hours, it has attained its maximum, which may vary from 100 to 106° Fahr. or even higher.
From this time onward, it may vary with morning remissions, and evening exacerbations until the time of crisis, which may be at or about the seventh day, when it either suddenly or gradually falls. In fatal cases the temperature occasionally rises rapidly just before death. The symptoms of secondary, or lobular pneumonia, may not be so marked in character as the above. They may creep on insidiously in course of other affections, which may have produced pulmonary symptoms, such as difficult breathing, expectoration, cough, and embarrassed cir-
culation, etc. The onset is not usually marked by a chill or anything equivalent to rigor, nor is there so much febrile disturbance, which characterizes the idiopathic variety. This form of pneumonia may be looked for in patients who are suffering from those diseases which are liable to be complicated by it, and can only be determined by careful investigation of the physical condition of the thoracic organs. The symptoms of a case of interstitial pneumonia are rather obscure, there being no marked febrile conditions, indicating
its occurrence. Probably, the first thing which will indicate positively its existence, is retraction of the chest wall, over the affected portion of lung. With this retraction there may be dragging pains in the affected side, and cough, with expectoration. Difficult breathing is not usually marked. The disease, being chronic in character, there is gradually loss of flesh and strength, and sometimes night sweats may occur.

Physical Signs.

The physical conditions of the lung varies with the different
stages, and the progress of a case, through its various phases, is gradual; yet there are three different stages, in which it presents more or less characteristic features. The stages are: first, that of engorgement; second, that of red hepatization; and the third, that of gray hepatization. In the first of these stages, the lung portion of the lung affected still contains some air; consequently, percussion will give no marked difference from normal percussion resonance. Upon auscultation, the presence of minute crepitation or sibilant râle may be audible during inspiration, and sometimes
may be heard during expiration. In the second stage, the air having been expelled and the lung being consolidated, the physical signs elicited will differ much from the normal. There is marked dullness on percussion over the consolidated portion of lung with increased vocal fremitus. Vesicular respiration of normal lung and the crepitation of first stage will have entirely disappeared over the affected part and is replaced by marked tubular breathing. The character of the cough and voice may be somewhat changed during this stage. In the third stage, when resolution takes place, or the
lung tissue is breaking down the tubular breathing is replaced by a coarse crepitation or a mucus rale, and there is gradual restitution of the pulmonary percussion note and later if resolution continues the normal respiratory sounds will gradually reappear. The physical signs of interstitial pneumonia differ somewhat from those of the other forms. The percussion sound will be duller than in croupous or catarhal pneumonia. The respiratory murmur is either feeble or absent, or heard only over small areas, or it may be
bronchial in character. Mucus, rales of large and small size may be heard, having a harsh metallic quality.

Diagnosis.

The only affections with which pneumonia is likely to be confounded are pleurisy, bronchitis, and phthisis. In children collapse of the lung may be mistaken for lobular pneumonia.

The disease may be distinguished from pleurisy by the absence of sharp pain and by the crepitation and rusty sputa. In bronchitis there is no dullness on percussion, and the disease is always bilateral.
Prognosis.

The prognosis to a considerable extent depends upon the age of the patient. When occurring in the child or in very old persons, the prognosis is extremely unfavorable. The best rate of mortality is between the ages of 10 and 30 years, most cases occurring between these ages. If uncomplicated, will recover. The prognosis is also influenced by the extent of the disease, it being most favorable, other things being equal, when in one side is affected. As gravity increases, as the extent of the disease increases, double pneumonia being extremely grave. Complications also increase the fatality.
of the disease, those occurring most frequently
with it are headache, cardiac distress,
Bright's disease, etc. Symptoms hinting
special danger are extreme elevation
of temperature for several consecutive
days, with a very rapid pulse.
Marked disturbance of the nervous
system, always indicates a grave
form of the disease. Delirium, coming
on early, always indicates danger.
Treatment.

Various kinds of treatment
have been employed with reputed
success for pneumonia; each having
had its day and advocate. From
the days of Jenner, to about the
middle of the present century,
the antiphlogistic method, as the combined use of blood-letting (antimony and mercury) was used. Since the days of Dr. Todd, there has been considerable reaction in the method of treatment, the antiphlogistic method having been replaced by the free use of stimulants. It is evident, however, that neither of these methods is the proper treatment for every case of the disease. The requirements of each case vary as the conditions of the subject of the attack. The treatment is not to be directed so much to the disease, as to the conditions presented by each individual case, while one may
be benefited by depletion, another may require stimulation. In the majority of cases, probably the specific treatment is the best that can be adopted; treating the individual symptoms as they may arise, during the progress of the disease. Of the patient be in full habit, probably the best thing that can be done during the first or second day is undue general blood-letting, or possibly, in the majority of cases presenting a plethoric condition, local blood-letting would be sufficient. Antimonials are recommended by some authorities, during the febrile stage.
also, antipyretics may be used advantageously, among them quinine seems to hold its sway now to lower temperature. Diaphoretics and diuretics may also be used, if symptoms arise which indicate their use, and also tones during convalescence.
Clinical Reports of
Surgical Operations.

By J. Cooper Shepherd.
1880.
Amputation of the Thigh by Dr. A. H. Bayly.—A negro man aged sixty-four years, engaged in handling lumber, had his left leg crushed by a piece of timber catching it against a gate-post. This accident occurred on the 10th of July, 1878, in Lawrence, Ind. Dr. Alex. H. Bayly, being summoned, formed upon an examination that the lower fifth of the thigh and the upper third of the leg was mashed to a jelly-like consistency. The man was sitting up, and did not seem to suffer much. There had been very little hemorrhage, and it had stopped when Dr. Bayly
and I first saw him, about five minutes after the accident. He was sent to his home in a cart, the doctor, and I following, soon after, with an amputation case and chloroform. Amputation was decided upon, because of the impossibility of saving the injured extremity. The patient was laid upon a table, which was placed before a window. I administered the chloroform, and a proper degree of anaesthesia being produced, the operation was commenced. The doctor arranged his instruments, and raised the limb to be amputated. To facilitate the
venous flow, and then placed the tourniquet so as to compress the femoral artery when fighting the leg being properly held by assistants, he made his anterior flap about four inches long, including as much of the bruised tissue as was practicable, so as to avoid fading away more leg- then passing the knife under the bone at the base of the anterior flap, he cut the remaining tissues with a downward sweep, making the posterior flap. The flap being retracted by an assistant, the bone was di-
vided with the saw about an inch above their base, the periosteum being previously pressed upwards. The fractured end of the femur was transverse, and not splintered as was supposed. The femoral and profunda arteries were tied, and the smaller ones twined. The nerves thongs were pulled out a short distance and snipped, to prevent them from being "caught" in the cicatrix. The edges of the flaps were adapted to each other, and secured by silk sutures and strapping, an opening being left for drainage at the most depending portion.
The anestheztic was stopped and
the patient was placed in a bed
before he revived. The head was
of a hard mattress with a
sheet between it and the
sheet. A pillow was placed under
the stumpl covered with an
towel in order that all of the
discharge could be washed a-
way before becoming offensive.
Cubotic water dressing was
used for the stump. A grain
of opium was administered and
the patient was left in charge
of his wife with instructions to
keep the part clean and to re-
heat the anodeum if necessary.
The sutures were removed five days afterwards, the patient being in good condition. He was allowed good nourishing diet, but no solid food was given him for two weeks. I left home for the seashore just after the operation, but the doctor assured me that the man (although an old man, and his wealth was not great at the time of the accident) recovered without a bad symptom and was put on crutches five weeks subsequently. This statement the patient confirmed when I next saw him.
Herniotomy by Prof. Alan P. Smith.

On Sunday December 10th, 1879, Prof. Smith was requested by Dr. Harrington of South Baltimore to perform "herniotomy" on a woman on Light St., who had a strangulated inguinal hernia which could not be reduced by 
faxis. She had had no old hernia, and this was caused by lifting a large filled market basket on the clay 
floor. She was suffering with the usual symptoms caused by such an obstruction—pain in the ab-
doninal region, vomiting &c. Without using an anæsthetic, the professor performed the operation by
candle-light. Shaving the hair from our the leaf of the hurnia, he made an incision from the neck of the sac through the integument over its entire length. Each layer of tissue was then slit up upon a director consecutively, down to the sac. No bleeding of any consequence occurred, each vessel being twisted when it was divided. The structure was then cut several times about an eighth of an inch upwards, but the hurnia remained irreducible. He then opened the sac upon the director, passed through an opening made by a scalpel. A
portion of the omentum was found
enclosed with the intestine. This
was ligated and removed, the
Professor saying he had never
seen a bad result by so doing
in this operation. (I saw him do
the same thing about a month
previously, the patient being a
man of fifty odd years without
any bad result.) The intestine
appeared congested, of a livid
color, but was not gangrenous or
perforated, so was re-inset into
the abdominal cavity. The wound
was closed except the lower
end, by pins, and a compress
previously immersed in cold water,
was placed over it, and secured with a spica bandage. A grain of morphia was given to her and she was left in the charge of her physician, who was advised by the professor to repeat the enemata if necessary, at proper intervals, and to direct a small quantity of whiskey. Upon inquiry, five days after, it was ascertained by request of Dr. Smith, the patient's condition. She stated that she had not suffered much since the operation, but was yet taking small doses of opium. There had been no action of the bowels and she had been
kept on light diet. The pain was taken out by the physician four days after the reduction and the wound was healing rapidly, with dressing being the only local treatment.

A month subsequently, Dr. Har-}

pington reported her entire re-

covary.

In this case and the one men-

don- ed above no anaesthetic was

used, although it is not unus-

tural and is advised by

most authorities on very pro-

found grounds.
Ovariotomy, by Prof. Alan P. Smith.

Mrs. — was admitted into St. Vincent's Hospital, Baltimore, Md., in November 1879, as a private patient. She had been suffering from an enlargement within the abdominal cavity for four years previous, when, just after the birth of her last child, it was first discovered. Prof. Smith, after an examination diagnosed it to be a multilocular ovarian tumor, and decided to remove it by extirpation. The patient was prepared for the operation, and the day appointed being clear, it was performed. Prof. Smith first instructed his assistant in their respective duties, arranged his instruments re-
purified, having them placed in a solution of carbolic acid, and directed the patient to be anaesthetized. The carbolic spray was forced over the site of the operation and the professor burned until the wound was dressed.

Proper degree of anaesthesia being announced, the first incision was made about three inches long in the median line, commencing about an inch below the nuchal crest. The iniquitous, areolar tissue and different layers of fasciae were successively cut through until the peritoneum was reached.
be then made across incision through the peritoneum, large enough to pass under a director, one which he slit it up.

Blunt homor-page was stopped temporarily by forceps. The cyst was brought into view by retracting the lips of the wound, the surface being slightly rough.

Then introducing his hand, the professor carefully felt for adhesions, but found none, except a few threads. Each cyst compartment was then punctured with a large trocar attached to which was a rubber tubing to carry the fluid contents to a
tub at the side of the table upon the floor. While it was being drained, it was secured by vul-
cellum forceps, and the abdominal walls were supported. The wound, being slightly enlarged, the
sac was gently pulled through the opening, and the bladder was seen to be long and narrow.
Prof. Smith therefore determined to secure it upon the pubis by a clamp. He then most particularly
sponged all the fluid out of the cavity which had unavoidably gotten into it, and closed the wound. First placing
the clamp, he secured with lacer
the tumor from its pedicle, and applied perchloride of iron to the stump; then with silicon sutures brought the lips of the wound close round it.
At the lower end of the wound was inserted a bell-glass drainage-tube, which prevented the collection of purulent matter in the cavity. Antiseptic lint and cotton was placed over the incision and held in position by strapping.
A half yard bandage was passed round the waist to support the abdomen, and assisted the most immobile.
resume their natural positions. The patient was kept in a bed immediately, her temperature being less than 100° F., and was never above more than that degree. The patient left the hospital for her home in Virginia within three weeks after the operation convalescent, and afterward reported for complete restoration to health and happiness.
Excision of a Fatty Tumor by F. M. Shepherd.

The patient, a man aged twenty-five years, requested me to examine a lump in his back in April 1879, stating that it had been there more than five years, but had caused no pain or inconvenience until about a month before I first saw it, when it became painful and caused sleeplessness. He seemed to think it had changed its position, moving downward. I diagnosed it to be a lipoma, it being to the touch, soft and firm. It was oval in shape externally, and was as large as a teacup. It was situated over the left kidney and by its position forced him to
patient lying on his back. I advised
operation, to which he consented.
He wished to "tell his name" and
said he would not require an
anesthetic. I placed him before
a window leaning with his
hands resting upon the sill.
I cut through the integument
over the length of the growth
and tore it from the head by
working my index finger under
it. The force required was as-
sembling to me.
The cavity left by its removal
was quite large, and when I
closed the lips temporarily it
remained a cavity. It then stiffen
a dry rag of muslin into it
and left the wound open, directing
the patient to keep quiet. Three days
after I pulled out the rag, and
wound came over an ounce of pus.

The edges of the wound were
red and painful, and the man
said he had not felt well,
but examining the bottom of the
cavity I found the healthy
granulations. I then eased the
edges with lancet, applied a
warmed flaxseed meal poultice
over the back, keeping it in
position by a bandage round
his waist, and directed him to
take an opiate at night.
the sixth day after the operation, the wound had entirely closed and only a slight weakness remained. After a few days, the wound was reopened and an abscess formed. The wound was cleaned with carbonic acid every day and a new poultice applied.
A Light Organic Stricture of the Urethra -
Treatment by Divulsion by F. H. Shepherd.
Mr. B., aged twenty-three years, ap-
piled to me in December 1879, to be
 treated for a chronic discharge from
the urethra. He had contracted gen-
ito-urethra about six months previous,
but said he had been cured, ex-
cept in a few drops, which "now and
then" arose from the urethral um-
panurus. His stream was small and
deviate, and I at once suspicious-
posed a stricture. I filed and warmed
a number fifteen American sound,
and introduced it into his urethra.
As I had expected, I found a
stricture at the usual place -
junction of the membranous and
gloppy portions. I then injected a
small syringe full of warmed oil
into his urethra, and tried smaller
sounds and finally, only succeed
in passing through a fibrous
whale-bone bougie. I diagnosed
the constriction to be a tight organic
strictur. The patient consenting, I de-
termined to "divulce" or tear up the
"morbid tissue" with Thomson's divulcer.

"This instrument, as represented by
the figure (1) can be screwed
up to fifty-two one American
scale." By turning the handle
the blades may be separated.
(2) the amount of separation be-
ing required upon an index in the handle. At the same point is a short
funnel (b), which is to be threaded
over a whalebone bougie previously
passed through the stricture, to be dis-
tended until it is quitted through.
This is at times more difficult than
to pass the instrument alone and,
acting the suggestion of Prof.
Christopher Johnson, I had a bulbous
point put on my dilator, which
facilitates the passage as well as
prevents laceration. A few days after
my first examination | performed
the operation. The patient being prop-
ably anesthetized by inhalation of
chloroform, I filled his urethra wit
warn petrolina oil, and gently
allowed the instrument to pass to the
structure, through which by care-
ful manipulation and considerable
patience, I pushed the point. Then
rapidly turning the handle, the
"morbid tissue" was torn up.
Closing the blades by turning
the handle the opposite way, after
pushing the point further in the
blade, to clear them of the
shreds of muscorum, I withdrew
the instrument. The slight hemor-
rhage which followed soon
stopped without my aid.
I directed the patient to remain in
bed for one day only, and to take

**Note:** The handwriting and the quality of the scan make the text challenging to read. The text seems to describe a medical procedure involving the use of a surgical instrument, possibly a knife or scalpel, to remove a mass or tissue, followed by a note on aftercare instructions.
grains of quinine to prevent a chill; also some bicarbonate of potash to solitude the irritation caused by the laceration. Six days subsequently I passed without difficulty a narrow button some, which was as large as the natural calibre of his urethra. I instructed him to use a bougie of that size every ten days for some weeks, and month by month he passed it once a month, and has not the slightest symptom of any quiescent urinary trouble. He has recovered his former goji health and peace of mind, which I hope may be permanent.
Operation for convergent squint by J. H. Shephard.
A boy aged nine years was brought to me on December 17th, 1879, with a considerable internal squint of the left eye.
I proposed to his father to divide the tendon of the "crooked eye", to which he consented. The pupil of the left eye almost wholly disappeared from view when the boy looked to his right. Having him chloroformed by a physician, I commenced the operation, after placing a wire speculum between the lids. First pinching up a vertical fold of the conjunctiva near the inner canthus, I made a horizontal opening through it and the subconjunctival fascia...
down the sclerotic, with the strabismus scissors. Then introducing a
strabismus hook under the tendon close to the eyeball & drawing it
to the opening (the patient of course lying on the table), and divided
it with the scissors, along with its sheath of fascia, cutting it-
freely. More bleeding followed than I had expected, but it soon stopped.
Stopping the anaesthetic and cleaning the blood from the
wound I removed the speculum.
I was somewhat surprised at
the eye actually glowing,
a few moments later, but having seen the same result in
Baltimore without bad effect, I was not alarmed, although the chor"cornist hoped I would assume all responsibility and the father looked unfriendly. I directed the patient to keep the eye clean, and sent the boy home. Ten days subsequently I was again surprised to find upon examination the slight degree of squint, natural which remained. I ordered him proper glasses which & found to neutralize the hypermetropia and by which I hope his eye will be entirely cured - if not, by March 1880 I expect to operate again.
A Thesis

on the

Anatomy and Physiology

of the

Pneumogastric Nerve,

by

A. J. Foulis of S.C.

Session 1879-80
Within the last century scientists have been engaged with increased energy and zeal, in the study of the anatomical formation and physiological functions of the human organism. Some have engaged in this work from a desire to acquire knowledge (and this is certainly laudable), but others from what I consider a far higher motive, namely, that having become acquainted with the anatomy and the physiological phenomena of our organism, they could not only better point out how health could be promoted, but also be enabled, better to study pathological conditions and the most rational means of restoration to a healthy standard. In studying human physiology we
find the nervous system to be most intimately connected with the proper performance of the most vital phenomena of life. Among this nervous system, the pneumogastric or par vagum—one of the cranial nerves—is the one, by far the most remarkable, for its varied and extensive distribution and for the influence it exerts in regulating the normal action of some most important organs. It therefore behooves the physician carefully to study the origin and distribution of its filaments, and its relations and connections with other nerves in the body. Knowing these, it is then necessary that he should investigate the meaning and uses of these different filaments.
going to different parts, in other words its physiological functions.
First, the Anatomy of the Pernyogastric. Its fibers have been traced to a series of filaments in the medulla behind the solitary body, and desir to a nucleus in the floor of the fourth ventricle. It passes out the foramen lacerum posterior, presenting here a ganglionic enlargement, called the ganglion of the root. Just after its exit, there is another enlargement called, the ganglion of the trunk. The first is nearly spherical and of a greyish colour, and has filaments connecting it with the facial, glossopharyngeal, special accessory, and sympathetic nerves. The ganglion of the trunk is about one half inch below
the former and is of a flattened cylindrical form and of a reddish colour. It has filaments connecting it with the hypoglossal, spinal, and sympathetic nerves. The vagi pass vertically down the neck within the sheaths of the carotid vessels, lying between the carotid arteries and jugular veins. At the root of the neck, the two nerves take different courses on the right and left sides. On the right side the nerve enters the posterior mediastinal cavity between the subclavian artery and vein, and passes down on the side of the trachea to the back of the root of the lung, where it spreads out in the posterior pulmonary nerves. From this two chords descend upon the oesophagus, and by their union and
division on it, form with filaments from left side, the oesophageal pleura. In the lower part of the thorax, branches are again collected, into a single chord which descends on the back of the oesophagus and is spread out on the posterior surface of the stomach. On the left side the nerve enters posterior mediastinal cavity, passing in front of left subclavian artery and the arch of the aorta; it descends on the side of the trachea to the back of the root of the left lung, and having spread out to form posterior pulmonary pleura it is collected again and descends, like its fellow, on the oesophagus to the stomach, and is distributed on the anterior surface of this organ.
Branches of the Pneumogastric.

From the ganglion of the root an auricular branch is given off - not of great importance.

The pharyngeal branch arises from the ganglion of the trunk, descends inwards to the side of the pharynx, and divides behind the middle constrictor muscle of the pharynx, forms with branches from glossopharyngeal, superior laryngeal, and sympathetic nerves, the pharyngeal plexus. This plexus sends branches to the muscles and mucous membrane of the pharynx.

Superior laryngeal branch arises from the ganglion of the trunk, and is directed downwards and inwards to the larynx behind the internal carotid, and dividing
beneath this into the internal and external branches. The external branch gives filaments to the pharyngeal plexus and to the inferior constrictor muscle, and finally to the crico-thyroid muscle. The internal branch descends to the thyro-hyoid membrane, perforates this and is distributed to the mucous membrane, some filaments going to the epiglottis and the base of the tongue, also some to aryteno-epiglottic fold, and some are reflected downwards as low as the vocal cords.

The recurrent laryngeal branch arises on the right side in front of the subclavian artery, passes around behind this and ascends to the side of the trachea. On the left side, it arises in front of the arch of the aorta, winds around
behind this and ascends to the side of the trachea. Both nerves ascend between the trachea and the oesophagus and give off filaments to the mucous membrane and muscular fibres of both tubes. They enter the larynx behind the articulation of the inferior cornu of the thyroid cartilage with the cricoid, and are distributed to all the muscles of the larynx except the crico-thyroid. Both nerves as they wind around their arteries, give off branches to the cardiac plexus.

Cardiac branches are given off both in the neck and thorax.

The cervical cardiac branches are two or three in number. The upper are small and join the cardiac branches of the sympathetic. The lower—a single branch—
arise in the lower part of the neck, and on the right side joins a cardiac nerve for the deep cardiac plexus; but the nerve on the left side ends in the superficial cardiac plexus.

The thoracic cardiac branches arise from the pneumogastric, on the right side by the side of the trachea, and on the left from the recurrent laryngeal nerve. They terminate in the deep cardiac plexus.

The pulmonary branches are numerous. The anterior two or three are small and joining with branches from the sympathetic, constitute on the anterior surface of the roots of the lungs, the anterior pulmonary plexus. The posterior branches are more numerous and
are distributed on the posterior aspect of the roots of the lungs, forming there with branches from the second, third, and fourth thoracic ganglia of the sympathetic, the posterior pulmonary plexus. Branches from these plexuses accompany the air tubes through the lungs.

The oropharyngeal branches are given off both above and below the pulmonary branches. The lower are more numerous and larger. The nerves on the right and left side form by their connections the oropharyngeal plexus.

The gastric branches are the termination of this nerve. On the right side the nerve is distributed to the posterior surface of the stomach, and joins the
corliae and splenic pleureux. On the left side, the nerve is distributed, on the anterior surface of the stomach, some filaments lying along the smaller curvature and some passing on to hepatic pleureux.

Physiology of the Pneumogastric Nerve.

There seems to be a difference of opinion among experimenters, as to whether the pneumogastric at its origin contains any motor fibres or not; all agreeing that after its junction with the special accessory it contains both motor and sensory fibres. The experiments of M. Stumpf, however, seem to us to prove conclusively that it does contain at its origin, motor fibres which are distributed to the muscles of the pharynx, larynx, and oesophagus, although receiving additional ones from the
final accessory. The pneumogastric possesses the power of conveying sensations of pain, though not to any marked degree.

We will first note the functions of this nerve in its distribution upon the alimentary tract. Deglutition which commences in the fauces and pharynx is completed by the lower portion of the pharynx and oesophagus. These latter parts being supplied by the pneumogastric. If this nerve be divided in the middle of the neck, deglutition is impeded; the food accumulating in the oesophagus, owing to the paralysis of its muscular walls. If the lower extremity of the cut nerve be irritated, contractions occur in the oesophageal tube.
It has been shown that galvanism of the superior laryngeal nerve produces movements of deglutition in the pharynx and larynx, and extending down the whole length of the oesophagus. In swallowing, excitatory impressions are sent up to medullary centres through the glossopharyngeal, but the motor influence is sent back by the pneumogastric, which causes rhythmical contractions of the tube, as different portions of it are excited by the presence of food.

Influence on the stomach. Division of the pneumogastric in the neck causes complete paralysis of the muscular walls of the stomach. If the distal cut extremity be irritated, distinct movements of the walls of the organ are produced. Longel has shown that if food be introduced,
after section of the nerve, a small amount of gastric juice is still secreted. But as the muscular contractions of the organ and the sensibility of its mucous membrane are destroyed, necessarily secretion and digestion are interfered with. The irritation to the mucous walls produced by the food is an incentive to gastric secretion, and the muscular movements of the organ are necessary to the proper internixture of this. 

Influence of the pneumogastric in the phenomenon of respiration. The connection of the nerves with the movements of the glottis. Experiments have most conclusively shown an important difference in the physiological action of the superior and inferior laryngeal
branches of the pneumogastric. This difference we would suspect from their anatomical distribution. The superior laryngeal being distributed principally to mucous membrane, and is a sensitive nerve; while the inferior laryngeal is distributed principally to muscles, and is a motor nerve. By exposing the pharynx and trachea in an animal and opening these by a longitudinal incision, the respiratory movements of the glottis can be seen. The division of the superior laryngeal, which necessarily takes place in this operation, does not interfere with the experiment. If the inferior laryngeal be then divided on one side, there will be paralysis of the muscles of the glottis and vocal chord on that side. If both be cut across complete paralysis
of the muscles of the glottis results with intense dyspnoea. The arytenoid cartilages are carried inwards and act as valves in obstructing the entrance of the air, directly opposite to their natural normal movement. Vocalization is dependent upon this nerve. Vocal sounds are formed by the vibrating vocal chords and vary according to the formation of the larynx, the tension and approximation of the chords, and the force of the expiration. Paralysis of these nerves would necessarily cause loss of the power of vocalization.

Irritation of the inferior laryngeal causes muscular contractions in larynx, while an irritation of the superior laryngeal causes no muscular coercion.
tions except in cries—thyroid muscles.
The superior laryngeal has a most important influence in rendering the glottis extremely sensitive to the presence of foreign substances. Any irritation to the mucous membrane of the glottis, or vocal chords, causes a violent expulsive cough which tends to remove the offending body.
This nerve has also some inhibitory action on respiration. If slightly stimulated, respiration is made slower, while a strong stimulant will completely stop it.
The inferior laryngeal has a slight action of the same kind. The functions of both of these nerves are very important to life. Paralysis of the superior laryngeal and consequent paralysis of sensation would allow the passage of food or fluid
substances into the larynx, down the trachea into the bronchial tubes and lungs, causing obstruction to the free passage of air into lungs and death from apnoea. Paralysis of the inferior laryngeal from paralysis of muscles already alluded to would produce death in the same way.

The pneumogastric exerts a most important influence on the reflex movements of the chest in respiration. If this nerve be cut on one side respiration grows more slow, if both cut still more slow, though it is easy and quiet. Inspiration is slow, while expiration is sudden. If the maxillary extirnity be stimulated respiration is hurried, but if paralyzed
respiration is tetanized. Under ordinary circumstances it would seem that deficiency of oxygen acts on the terminal sensory fibres of this nerve as an excitor to respiration (there are other causes, however, which may act as exciters to respiration). The impression is sent up to the respiratory centre in medulla by the sensory fibres of this nerve, while the motor influence is sent down through the spinal cord, chiefly through the phrenic nerve.

Influence of the pneumogastric upon the actions of the heart.

This nerve exercises an inhibitory influence upon the cardiac movements. If the nerve be divided in the neck on one side, heart action is increased. If the proximal extremi
to be stimulated, there is no alteration in the cardiac movements, but if the distal extremity be stimulated, the heart stops. This proves that its action upon the heart is direct and not reflex. If the stimulus to the nerve be kept up, the heart will after a time resume its contractions. If the nerve on the other side be then stimulated, the heart will again stop. If a direct irritant be applied to the heart, while it is stopped by a stimulant to the first ganglionic, it will contract and relax. Two kinds of ganglia have been discovered in the heart, excitatory and inhibitory. The pneumogastric probably acts upon the inhibitory ganglion. Atropine seems to have the power of inhibiting
this inhibitory ganglion. Thus, when the pneumogastric is stimulated after atropine has been administered, the action of the heart will not be stopped. This inhibitory action of the pneumogastric doubtless goes on at all times, and may be affected by various circumstances. A blow upon the abdominal viscera of the frog will cause slowing or stopping of heart action, through a reflex action sent up to medulla, acting upon the cardio-inhibitory center there and through the pneumogastric. Emotions increase heart action, probably by causing hard yeis of this center in medulla. Some accelerator nerves of the heart have been discovered in the lower animals but if the pneumogastric be excited they have no action hence we infer that
their action must be very slight in-
deed.

The pneumogastic seems to exert
some influence upon the liver by re-
flex action. If this nerve be cut in the
neck, and the proximal extremity be
stimulated, there is increased formation
of sugar in the liver. It probably acts
by exciting vasomotor centres in the
medulla, and in this way, causing
increased blood supply to the liver
with increased production of sugar.

Although, we have seen in
studying the pneumogastic, that
it does not exercise exclusive control
over any of the functions or pheno-
mona of our organism — with the ex-
ception of vocalization — yet it has
connection with the three great vital phenomena of digestion, respiration, and circulation. Hence implication of this nerve in disease is always a serious matter, and demands the vigilant attention of the physician. It is not within the scope of this essay to point out in what diseases involvement of the pneumogastric would be likely to occur, but we simply insist upon the importance of recognizing any deviation from its normal function, and the necessity for prompt action on the part of the physician.
Caries of the Spine
A Thesis
By
Chas. H. Riley
Submitted to the
Faculty of the University
of Maryland's School of Medicine
September 19th.
The disease, in its full development, consists of the destruction of the body or bodies of the vertebrae, along with the intervertebral substance; it most commonly occurs in children and is associated with the strumous diathesis.

It consists essentially of degeneration of the intervertebral fibrocartilage, strumous cachexia, or more rarely of tubercular infiltration, followed by inflammation and death of the parts.

Now we consider the complicated structure of the spinal column, the various different tissues that enter into its composition, cancellated bone, cartilaginous, ligamentous,
its variety of movements, its exposed position, one would suppose that it would be the seat of disease more often than it really is.

Angular curvature of the spine—Pott's disease—so called from the name of the surgeon who first described it—may originate in diseases of two distinct structures. 1st. Intervertebral fibrocartilage
2nd. The bodies of the vertebrae. The seat of the disease exerts an important influence upon the cause which it will now.

In that of the first kind, it consists of a strumous softening of the spines, absorption of the bone taking place and finally calcification forming. In this form abscess seldom occurs. When abscess of the second kind occurs, it generally takes
the spinous processes, angles, and intervertebral softer cartilages intact, though it may involve the structure also. The disease attacks the cancellated portion of the body, with preference to the harder bone comprising the discs of the bodies, the edges of vertebrae become thinned, eroded, and hollowed out anteriorly. In this way, the bodies of from six to eight of the vertebrae, may become eroded, producing at the same time death of the intervertebral substance, by cutting off its vascular supply. These changes more often occur in the dorsal region, but may occur in any part of the spine.

The mechanism of the case, which is usually the most marked feature, is easily understood by reference to its pathology,
The pedicles being thin, at last give way under the weight of the upper part of the trunk, and the remains of the disintegrated bone, become fused together, the trunk, bending forwards, causing the spinous processes to project backwards. The degree of bending depends on the amount of destruction, and on the number of vertebrae involved.

At the same time, that the upper part of the trunk bends forwards, the lower part rarely maintains the normal position, but gives an compensatory bend, in this way preserving the centre of gravity of the body.

The angle of curvature varies according to the number of vertebrae involved, the fewer the more acute will be the angle of curvature.
It is seldom that the spinal cord becomes pressed upon or injured, sometimes however, more particularly in adults, in which the course of the disease is rapid, spinal meningitis is set up, or the sheath of the cord may be opened by the bending and angular loss not taking place, effusion on the cord may take place, or again some pressure may be made on the cord, producing paralysis.

Symptoms.

Poliomyelitis commences in children in a very insidious manner, it is generally referred to some fall which the child has had, or to some blow received on the back.

The first symptom which...
tract to attention is the child's attitude which is altered characteristic. The body is held straight, stiff, and does not bend, but turns as a whole instead. The shoulders are raised, the chin thrown up, the toes turned in slightly, the child walking with great caution and stiffness. One of the earliest symptoms is an ill-defined pain, either on the side, or running from there around to the stomach. This pain may be most readily explained by referring it to pressure made upon the intestinal nerves, at their exit through the intercostal foramen. Oftentimes, it will be found that the child has difficulty in standing erect, and will stop, hold of a rail, or chair, with which to steady himself, or by resting his hands
on his knees. He will have difficulty in raising himself from the horizontal to the sitting posture, or of turning over in bed, without the aid of his hands.

On examination of the spine we will find one of the following conditions. Either there will be a projecting spine which will be somewhat tender on pressure, or there will be felt a depression. The first of these, will be caused by the anterior parts of the bodies of the vertebrae, giving way, allowing the body to bend forwards and causing the spinous process to project; the second occurs in the lumbar curve, the weight of the body falling backwards, and depressing the spinous process. There may be more or less of a neuralgia affecting associated with
omnervular weakness, a species of motor paralysis.

Diagnosis.—The diagnosis is made at first sight, if the disease has progressed to angular curvature. It is difficult, however, before curvature has taken place to diagnose it positively, the symptoms being somewhat obscure.

At this stage, it may be mistaken for intercostal neuralgia, rheumatism, gastritis, and it has been treated for dyspepsia. It may be mistaken for disease of the respiratory organs, when the disease is situated high up in the vertebral column.

There is often associated with it a peculiar sort of respiration, which is quite a prominent symptom—A short, quick, grunting in
character. When the child is placed on your thighs, and the spine extended, by separating your knees, it will take a full deep inspiration. It is the "sigh of relief" as Dr. Sayre calls it, should you now bring your knees closer together, the same kind of inspiration will be restored.

If spasm and pain have not been produced by this movement, they will be if the feet be crossed with one hand, and head with the other, pressing them together, thus cramping the bones together, causing pain.

You may press upon the spinous processes (and give no pain), and especially would this case if the anterior parts, of the bodies of the vertebrae were diseased, should it be so, you would give relief, rather than pain.
Come to the spine of this horse, as the disease frequently begins on the side of the vertebrae next to the front, to ascertain this, prepare each side separately, and make it come in closer contact with its articulating surface. By taking each vertebra that way, it may be found not only where the disease is, but how many of the vertebrae are diseased. Should it also occur as would be liable to be confused with suppuration from other causes.

Prognosis—1st Definitive

2nd Examination. As regards definiteness of the disease, there progressed until angular curvature has taken place, very little can be done. The diseased vertebral matter together, by the softened mass of disintegrated intervertebral substance and any attempt at straightening the spinal-
columns, would often the canal; these being both
of substance in front, which would lead to
special meningites and death. In regard to life
the prognosis will depend on several conditions.

Of many vertebrae be diseased, and the column
do not bend over, and much little takes place,
meningites will be liable to occur, but if ankylosis
does form, protect the cord, the patient
will have better prospect of recovery.

Large abscesses may form, discharge, and if
then continued discharged produce death.

Treatment. — The treatment from
what has already been said, would naturally
be supposed to have two ends in view: 1st.
Therapeutic and Hygienical. 2nd. In pre
venting this deformity, as if it have taken place,
supporting the head, upper part of the
books while the disease is running its course.

In the first of these, Mr. Ericsson in his sur-
gery says, that, "Pott's disease is always associated
with the strumous diathesis." Whether this be
the case or not, and some say that it is not, how
once the child has been attacked by the disease
it seems by the physician, he is never at leisure
from being aware of the complaint.

Antisarious treatment is evidently proper,
good hygiene, quiet times, pure fresh air, change
of pattern, good nutritious food, cod liver oil
vitamin lozenges. As to treatment by mechanical
supports. In passing over the symptoms of the
affection, it will be remembered that one of the
first symptoms, was a peculiar awkwardness in
the gait, associated with a stiffness of
the muscles of the back, so that when the
for fear of those for whom you might

understand the name of the author, and

read another volume four.

do research and other identities, and pro

continue the best book of which an author

207. If from a subject in one area

through research, as many as possible,

how the book is written, and as an example,

at the end of the book in new.

also a real advantage when for this purpose

eliminated being a cause of instability

in which one will not be able to

much of the work. And besides, they are

because of the circumstances, I am hearing, he

reasoned together.

such a phenomenon under another, and suddenly

cured, but this is certainly very hard treatment to carry out practically, although it might do very well theoretically.

Dr. Taylor of New York, has invented an apparatus, which consists essentially of a band resting for support on the hips, which has attached two iron rods, running up aside of the spinal column; these are attached alone by a band running over the shoulders and around under the armpits. There is an additional support, of an iron rod one on each side, extending from the hip-band to the armpits, these be each a saucer attached by which they may be made longer or shorter. But the most efficient support, is in the jacket, made of plaster of Paris, to cover the whole trunk, as first
used by Dr. Tape, this can easily be applied, and once on forms a very firm and immovable support. Application of the plaster. The child’s clothes having been removed, a close-fitting knit shirt is put on, this must fit closely and not wrinkle. A small bandage folded and placed under the shirt, upon the abdomen, this is to be removed when the jacket is completed. If this be neglected something may be produced. Place a very thin layer of cotton wadding around the body, principally at the places where the upper and lower parts of the jacket will reach. Then place a muscular bandage over all of this, putting it on as smoothly as possible. The child should now be suspended.
together as straight as possible. An iron bar 18 inches long, with a hook at each end, is suspended from the center by a double block and tackle. From each end of the bar, hang a strap, having a place for the child's arms, to padded so that it will not rub, there are straps for suspending the head, but it is not often necessary to use them. The child is fixed in position by passing with its arms through the straps, and so adjusting it that the tips of its toes shall touch the floor, but shall not sustain any weight. Commence with the plaster by putting on a bandage made of coarse mosquito netting, which has been rolled in dry plaster, just before applying the plaster. After the first bandage is on, mix
a little plaster with water making it thick
and set on quickly, or it will set my bread.
By combining in this way, first with a bandage
and then using wet plaster and the sort of bandage
have been applied, then smoothing off the
plaster, the jacket will be finished.
The child should now be placed on its back
until the jacket is hard and dry, when the
band may be taken from over the abdomen.
The jacket may be strengthened by placing
straps of wire gauge in front and behind, keeping
them from the middle line, if it should be
necessary at any time to open the jacket. This
may easily be done by snipping through the
middle line. Should the plaster wax on
a projecting Opinion piece or shoulder on a
point under it, the plaster may be cut
away from the place, any application
made that will be required. As to the length
of time, that the plaster will have to remain
that will depend on the process of repair
that takes place, I cannot be told beforehand.
It will under the best circumstances be reg-
Boy, white, fell off steps in April 1873.
did not hurt back at time. The maker later
complained of back, but apparently occurred
following October was taken to Hospital.
Hospital, complained of pain in stomach
at night, spine thrown backward, stool
projecting. On examination spine pro-
cup of 2nd lumbar vertebra depressed.
A plaster jacket was put on & remained
for sometime, after which others were put
Case No. 3. Age 7. Sixth Grade.
18 months ago fell & hurt her back. 41
weeks after fall complained of back. Which
gradually progressed to marked curvature
about the 11th dorsal vertebra. Lower back
paralyzed from compression of cord.
A plaster jacket was applied; after
which she was able to use her limbs,
continued to improve.

Chas H. Riley
Press of J. & A. Buehner
Pittsburgh, Pa.
In concluding a course of study on the brain, I wish to state the following facts and observations, as constituting the substance of the lecture.

The brain and associated structures make up the cerebral and thalamic lobes, and are composed of various types of tissue from the cortex, to subcortical structures. Among the brain structures and associated digitsus structures, there are several layers of the larger lobes. The larger lobes are divided into white and gray matter, and various nuclei are gathered about the smaller lobes. These are formed with the nervous system.
The scene of the most grandeur is the sea of the Atlantic Ocean. The
waves roll over the surface like billows upon the surface of a
vast lake. The colors of the sky, the clouds, and the
sun reflect the colors of the sea, creating a
spectacular view. I imagine myself to be present at
this

unseen

views.
On the same side of the tube, the temperature of the solution is different from that on the opposite side, and vice versa. It is observed that the solution on the hot side is clotted, while the solution on the cold side is not. This difference in temperature may be due to the formation of a precipitate. An explanation of this phenomenon is sought by considering the net result of the absorption and desorption of the solution. The observed differences in temperature are explained as a result of the temperature of the tube, which is assumed to be uniform. It is noted that the absorption and desorption processes are influenced by the temperature, and that the solution on the hot side is more affected than the solution on the cold side.
Physiology of some diseases caused by deficiency of the organ in question to the peculiar elements of the blood, and its relation to the disease. The lung in this condition is always the same, and is in an area of the upper part of the chest, which is a fact. In this condition, one may have pounds more tissue in the normal and the extra lung contenido, and in their relation to development. The red surface of the defatuated lung has a peculiar appearance and on filling the lungs over it, one has the sensation of an.
live is not destroyed, while the obstruction is removed. The air enters the airvesicles, and the lung resumes its normal function. In such cases, recovery is complete.

If the disease takes an unfavorable course, the exuded fluid ever is not absorbed, and the affected portion of the lung is infiltrated with liquid, fibrin, and pus. This is called fibrinous infiltration. Collections of pus often settle in the lungs. This constitutes what is known as abscess. Sometimes of the affected parts sometimes takes place, but this and abscess are extremely rare.
nally occurs in conjunction with the disease. In this case, there may be effusion into the pleural sac; or it may be very mild with little or no effusion. The latter is most frequent. When the latter is used, the term pleurisy is employed, and as pleuritis, as a rule always exists, the term is applicable to all cases. But the term is used to designate cases, in which there is considerable effusion into the pleural sac. Bronchitis may exist in connection with pneumonia. In such cases, it is usually accidental; for this is no tendency on the part of
pneumonia. It involves the bronchial tubes; so that, when bronchitis is present, it may be considered as preceding to the pneumonia, or complicating it as an accident. Thus may be bronchitis in the affected lobe or lobes, as a necessary consequence of the inflammation. Along with other things, there appears to be certain laws, which govern pneumonia. There is always a whole lobe affected. The right lung is often affected before the left. There are exceptions to this rule. The upper lobe may sometimes be the choice.
but cases of this kind are very rare. The disease may attack a single lobe, or it may involve one, two, or three in succession. Or it may involve a whole lobe on each side. In this case, the disease is called double. The portion of the lobe first affected is usually. It may attack the upper or the lower portion of the lobe; and the part first affected may be either deep or superficial. The diffusion of inflammation is often very rapid, occupying only a few hours. In other cases, it may require days. Physical examinations, made at short intervals, will enable us to ascertain the exact time occupied.
Lobar pneumonia is divided into three stages. The first stage occupies a time in which the lung is in a state of active congestion. This is called the stage of engorgement. The disease has reached the second stage, when the lung has become solidified by the infected mucus. This is called the stage of solidification, or liquefaction. In the third stage, the lung will be found in one of two conditions. If the disease pursue a favorable course, absorption of the infected matter takes place, and convalescence is sometimes very rapid. This is called the stage of resolution.
If the disease presents an uncompromising course, the third stage is one of suppuration, and may then be called the stage of putrid or suppuration. If this occurs the disease generally terminates in death. The duration of the different stages will, in different cases, the first stage may occupy only a few hours, or it may last for several days. It generally occupies from 15 to 18 hours. The second stage, or stage of solidification, may be of short duration, as it may take one, two, or three days; some times occupying a much longer time. These cases are exceptions to the general rule.
In a majority of cases, recovery from two to four days. The stage of resolu-
tion is variable, as regards the time occupied in the removal of the-
olidified deposit. It rarely removed in less than four days, though
thick are cases are recorded in which
it has been removed in a shorter time. The time for its re-
moval may occupy eight to ten
days, and sometimes may require
a much longer time before the
air cells are restored to their
normal condition. If the disease
pass into the purulent stage, in
some is very uncertain; and if it
does take place, it may be acute.
Before the lung assumes its normal function.

Acute pneumonia is generally ushered in by a chill, more or less pronounced, frequently accompanied with rigors. The thunderous crackles heard in the axilla, shows a marked rise in temperature, although the patient may experience a sensation of coldness. The invasion is generally abrupt, often occurring at night. Accompanying or rapidly following the chill, we have pains, often circumvolved in character, and felt about the nipples: or it may be diffused, radiating and lancinating. This indolent pleuritis is
a complication. The pain is in proportion to the pleural surfaces affected. Cough is generally present, but not always. It causes very great often, owing to the existing pleurisy. The cough is often accompanied by expectoration. The expectorant at first is transparent and visible and very often assumes a rusty color. This is called the rusty expectoration, and, when present, is considered pathognomonic of the disease. The rusty color is produced by the blood being intimately mixed with the exudated matter with passage through the bronchial tubes. The adhesiveness is such, that
when it is placed on a dish, it will remain when the vessel is inverted. Nally expectorated may be by a thin transparent or yellowish color, without the red tint. Sometimes it contains blood in abundance, and is then known as the prune juice expectoration. In some cases of pneumonia, the expectoration may be entirely wanting. General prostration is usually experienced with the invasion of the disease, accompanied by fever. In connection with this, we have pain in the head, loss of appetite, and great thirst. The pulse may rise from 80 to 120 beats per minute.
placed on the axilla, shows a rise in temperature, from 100° to 101° F. The temperature rising above this is very unfavorable. The respiration may be increased, owing to the existence of pleurisy, or obstruction in the diseased lung, preventing the proper aeration of the blood.

During the stage of calcification, the symptoms change. If pain has existed, it generally disappears. The cough, at first dry, now becomes less hard and painful, and expectoration is performed with much greater ease to the patient. The matter thrown off loses its rusty color, becomes adhesive, and...
Inhalation of abundance. It may now be called the respirotorial or resolutive or resolving bronchitis. It is furnished by the bronchial tubes in the affected part of the lung. Should a new lobe be invaded, it may be known by a chill and a sudden rise in temperature. The respiration becomes more rapid and extreme dyspnoea may follow. The febrile movement is increased, but may be less intense than before the invasion, owing to the complete prostration. Cough and expectoration may be present, excessive by abscess, and the patient may lie but little disturbed. These symptoms
will designate to us double pneumonia.

During the stage of resolution, the symptoms denote improvement — the pleural movement diminishes; cough and expectoration become less; the appetite returns; the respiration resume their normal frequency; the strength increases, and recovery is complete. If the disease pass into the stage of suppuration, the pulse becomes very rapid and feeble; another expectoration is abundant and purulent; the respirations become frequent and shallow; the strength of the patient fails, and death takes place by the permeation of the vital organs, blushing of the
by a' both sides, by necr an accumulation of phlegm, phlegm; matter may also contribute to a fatal result. The urea offers very important indications as regards the progress of the disease during the stage of emaciation. The chlorides are diminished, or may be entirely absent. They may be detected in the expectorated mucus. A return of the chlorides to the normal standard, denotes convalescence. This held good in all inflammatory diseases. The urates are often deposited in abundance, and this denotes destructive circulation. Alcohol may be found in small quantity in the urine, probably owing to their being
Such is the case, as well as be the obstruction offered to its passage through the affected lung. If found in large quantity, we may suspect consuming renal disease. Delirium may be present. It may be of the low, mimicking variety, which indicates the form known as typhoid pneumonia; or, it may be more active, the patient endeavoring to get out of bed, restraint being necessary to keep him from doing so. These symptoms, if long continued, due may unfavorable. Slight jaundice may appear. The liver may be enlarged owing to the damming
back of the blood in the right arm of the body, thus causing an engorgement of the systemic veins. The existence of gangrene and ulcer is followed by symptoms which denote their presence in the lung. The pus collected in the lung leads to a copious and sudden purulentexpectoration. If the life of the patient be prolonged, recovery may take place. The existence of a cavity in the lung may be detected by physical signs. Gangrene may be suspected, where there exists extreme fever, owing to the decomposition going on in the lung. Gangrene is very rare, and
almost always prove fatal. Pneumonia may be accompanied with intermittent fever, in malarial districts, and is often very dangerous. The malarial fever may obscure the pulmonary disease; and, in him the pneumonitis may present periodic paroxysms of intermitting fever. Pneumonic attacks of the intercostal spaces produce delirium tremens. The complication is always serious. A well-marked fall in temperature, often precedes the fall of the pulse. The absence of all the symptoms in an uncomplicated case, is a favorable course.
to very rapid. The pulse during convalescence may fall below the normal rate. In some cases it falls as low as 60 beats per minute.

Pathological Characters.
Inflammation is an inflammation affecting a mucous tissue, but diffused from the membrane lining the bronchi and tubes. As regards anatomical structure and function, the exudation of pneumonia does not become organized, as in pleuritis. Neithin is it exfoliated and expectorated, as the exudation diffusing from the exudation of symptom of otherwise.
occurred under is subjected to arise from circulating branches of the pulmonary artery. Causative. There does not appear to be any age example from acute pneumonia. We find it attacking children under five years of age, but, between the age of five and ten years, the disease is not frequent. Between the age of eighteen and thirty cases appear to be most common. Exposure to atmospheric change affects to be the cause of acute pneumonia in a great many cases. Persons subject to wet and cold exposure are liable to an attack. Intermittent fever has been thought by some to be
a exciting cause, while most authors think that chronic tend-
ency or the part of intermittent
fever, to produce pneumonitis. And
the same may be said of pneumo-
monitis in reference to intermittent
fever. appears to be dependent upon
its own peculiar cause. Intermittent
rarely appears to he an exciting
cause. A great many of the cases
seen in hospitals have followed a de-
jaundiced disease, and are often in
males than in females. Schewald
persons do not seem to be more liable
to an attack than others. This is proved
by the fact, that when it does happen
in in such cases, it attacks a lower
John in this state are suppressed. Cases are very rare in persons affected with asthma, emphysema, and chronic pleurisy, so that persons troubled with these complaints enjoy certain immunity. The same may be said of those afflicted with organic disease of the heart. Pernicious often exists as a complication in typhus and typhoid fever, and scarlet.

Some suppose that diseases of the kidneys predispose to an attack but this is not generally believed. It occurs in certain seasons of the year more than in others. In the northern states it visits often in the spring months than at any other time.
while on the south it usually begins in the winter months. It appears to be more prevalent among poultry than others, and prevails to such an extent in some sections of the south as to be endemic. Some years it appears to be a tendency to attack an upper lobe. At such seasons the mortality is very great. In the south, the disease seems to have a tendency to invade more than one lobe and their are flocks that mortality is greater than in the north. The disease may be developed spontaneously, then being no obvious cause. Diagnosis. Usually pneumonia is generally evident in the
Symptoms which are very significant. If the patient be pricked with a chill, followed by febrile movement, with pain about the nipple, and a rusty-colored expectoration, it is pathology of the disease. But these symptoms are not always present, and thus we must resort to a physical examination. The first stage has a sign peculiar to it. On placing the ear over the affected lung, we hear a crackling sound, similar to pulling hair between the fingers, or throwing salt on a hot stone. This is called the Crepitation rale. It is heard in inspiration. The normal or surface rale is heard in
respiration and expectoration. Thus may also the slight dulness on percussion, 
or do not often see the disease in the first stage, it having passed 
to the second stage before a physician is called. In the second 
stage, we find marked dulness on percussion, Bronchial respiration 
(Bronchoesthesia) is first heard over a portion of the lobe but becomes 
rapidly diffused. The physician may wish in this stage, but it 
is usually the very end of it. Bronchial rales may be heard in this 
stage also. The third stage, a stage of resolution, is marked by an 
attenuating softening of the solidified
matter. Bronchial secretion give
rise to a broncho-pulmonary sound,
and this generally assumes the nor-
mal vesicular sound. When the
suppuration becomes less distinct
but slight dulness may continue
for a considerable time after the expu-
sation has been absorbed. The sub-
crepitant rale may be heard during
respiration, and the crepitant rale
often returns—(crepitant rale
redund). If the disease pass into the
stage of consolidation, the dulness
continues. There are moist bron-
chial rales owing to an accumu-
lation of pus in the bronchial
tubes. The sign of consolidation
are first marked. If a broach is
and the patient lies be found till it is discharged into a bronchial
like a tumour, preparatory may be marked, effusion taking place may be detected by the protrusion
such as a flattened prominence, obliteration of the intercostal spaces,
and the absence of normal concave
contractions of the chest wall may take place after the removal of the liquid, owing to adhesions taking place.

Prognosis. The prog-
nosis, in cases of a cutaneous
itis, will depend on the amount of time affected, complications, and the antici-
pation or the patient. In these respects,
different seeds, differ in one and another plant and different diseases. Coming as a simple case of pneumonia, reflecting a lower pulp; thus is an intensive tendency to recovery. This is the rule. When the whole lungs is affected it is unfavorable. It is also unfavorable if the disease attacks the upper lobes. But these cases, if uncomplicated, are favorable as regard recovery, unless the patient has been hindered by age or other causes. The gravity depends not on the disease itself, nor much as a co-existing affecting and bad hygienic surroundings. Mistaken in the cause or continued fever it may terminally fatally.
to reach and embalmed persons, when
this is complicated it mostly
ends in death. Occurring is poison
affected with organic disease of
the heart, it is very dangerous, and
the pulmonary symptoms more severe.
Rei. oxiditatis, intermittent fever,
and delirium tremens, present any
unfavorable complications, and
renders recovery very doubtful, though
some cases may succeed. It is much greater in young than in
old, who are affected. There is danger
in beach-dock in several cases where
an active lobe is affected, owing
to the clamping back of the venous
circulation, and the increased tempera-
of fibrin in the blood, causing it to coagulate, this may be suspected if the disease has shown no imminent danger by a sudden change for the worse. This change is shown by the increased action of the circulation, the respiration is labored, the countenance bears an anxious expression, as if impending danger, and patient speedily sinks into a moribund condition. In this case, there is a new cardiac murmure developed. In most fatal cases of aortic insufficiency, death takes place by asphyxia. It may take place by anesthesia if two or more hours become rapidly immeasurable. This case is which the
This case is extremely bad, and is characterized by numerous rapid successive attacks of pulse, blooded crustation and bloody, dark colored sputum. There is quick expectation, bloody, dark colored sputum (bronchial fluid expectation); acute delirium; and something delirium, with great prostration. Subsequent delirium. These symptoms point out the lymphatic stasis, in which the vital powers give way, and the patient dies from exhaustion.

Thus the disease is favorably arranged, cure is rapid, and there is very little tendency to terminate in the chronic form—nor is there any tendency to a relapse.
Treatment

The different stages of a certain disease require different treatments. In the first stage, the objects are to allay inflammation, to palliate symptoms, and to prepare the patient to bear up under the disease. In this stage, the so-called antiphlogistic method—such as blood letting, saline cathartics, antiparoxysmal preparations—is supposed by some to be abortive and useless, but many think differently. Certain cases may require blood letting. It is warranted when there is high fever, or in intermittent and remittent fevers; when there is a paroxysmal condition of the evacuation; when there is a plethora in condition of the system.

Blood letting in such cases is the
followed by turbulences of expectoration. The respiration become slower and easier, much to the patient's comfort; the blood pressure is lessened, and there is less danger of its accumulation in the night cavities of the head, and the consequent tendency to brush clot. Blood letting is contra-indicated when the feeble movement is not marked; when the pulse is weak and frequent; and when the patient is of a feeble and anemic constitution. Sponge purgatives may be given; and these should be succeeded by some form of antimony of the phin, the bat, and the pulp frequent, but this should not be given to the extent of producing distressing
muscles. At times, however, sometimes from of benefit. Treatment, including and preparations of ammonium may be given for this sedative affects. If the symptoms are not urgent, and there is a tendency to asthma, they should not be used. Observe, no quinine of course, may be given in this stage. A dose of powder is a very convenient form. When given at bed time, it is very generally followed by good results. It alleviates pain and tranquillizes the system, and the patient usually is much relieved. Rheumatic and admissible. As in all cases, may be used with advantage. Substitution and stimulating liniments may be used.
Hence, presentations to the chest are useful and very gentle things, and con-
forting to the patient. Some medical
tories advise cold applications to
the chest, and some esteem cold
baths. In such cases we must con-
side the patients' feelings. The danger-
ing, with careful nursing and pro-
hygienic regulations, forms the ac-
ual treatment in the first stage.
In the second stage, we must en-
deavor to hasten resolution, relieve
symptoms, and support the system.
Until resolution takes place, his tem-
perature, high or low, is occasion-
ally increased, in small doses, may
be used for its sedative effects.
as some antiseptic preparation, these are supposed by some to favour resuscitation. If pain and discomfort are the indications of the Dr. Perineum, or stapes of warm water only may contribute to the comfort of the patient. If the vital powers begin to supporting measures must be adopted. Among the most efficient of these are: (a) admin: stimulants. Quinine is also of great value.

Milk and animal broths are useful. Of course, they should be given in large or smaller quantity in proportion as the tendency to asthenia. Ochre may be used beneficially. In this stage, especially when
is pain, vigilance, and restlessness depending on constitutional disturbance. It often brings about refreshing sleep. It is cordially indicated when there is an accumulation of mucus in the bronchial tubes, at least in full doses. When resolution has commenced and is progressing, the treatment above mentioned should be continued until convalescence is established. When this is the case, very little danger of relapse need be apprehended. The risk of the patient may be more solid and nutritional. Gentle exercise in the open air, rest, along, or in general, innocent amusement, continue...
in restoration. Of course the kinds of hygiene in all cases and in every stage must be observed along with judicious nursing. As this most important measure in the treatment of the disease, complication must be treated on the general principles applicable in such cases in the best manner possible.
Theirs

Notwithstanding it is in accordance with the requisition of the Faculty, that I shall deposit with them an essay on some subject pertaining to medical literature, I do it with unfeigned diffidence and embarrassment—knowing that it is to be perused and criticized by gentlemen of eminence in the profession, whose lives have been devoted to the study and observation of disease in its divers forms—thus acquiring such knowledge as has entitled them to rank and distinction; and whose teachings are accepted as indubitable
authority. I can but feel too sensibly my inability to set forth facts which have not been elicited by my worthy predecessors whose far-seeing eyes have accomplished so much towards the revelation of the etiology, progress and results of disease, whose fields for observation have been vast, experience great, and energy unflagging; whilst my acquirements are yet embryonic, comparatively, hence I do not expect to present disease in a new phase but to exhibit it more or less in detail as it has been observed. The disease to which I advert is one of great importance, and as it affects such sad havoc among infants it should occupy greatly the medical mind namely the infantile affection "Chorea Infantum"
Cholera Infantum.

Of all the complaints incident to childhood, this above especially, merits both consideration as it contributes so largely to the mortality of infants. Indeed there are few diseases of childhood, in the middle and southern portions of the United States, that tend more generally to a fatal issue than the subject under consideration — called, also, "Summer Complaints" of children. It is an endemic of our larger cities during the season of greatest heat; attacking children generally, between four and
Twenty months of age or at the period of first dentition. So generally is it confined to this period of life that mothers consider their infants, in their second summer, as subject to unusual peril, and should they escape an attack at this period or pass safely through the disease, they are thought to have a fair chance of surviving the stage of infancy. It is not strictly confined to cities, for occasionally typical cases are observed in towns. The term Cholera Infantum has been so extended as to embrace a large % of the diarrhoecal maladies of infants in the summertime.
months. It has been and is still applied to many mild, but protracted, non-inflammatory or inflammatory forms of diarrhoea occurring in children during summer months—which indiscriminate applications of the term I think is erroneous, as it should be employed to designate only that form of the diarrhoeal affection characterized by frequent watery stools, with vomiting, elevation of temperature, and rapid and great evacuation.

Symptoms—The disease is generally preceded by a premonitory stage—that of diarrhoea—sometimes
very profuse. And sometimes it begins very abruptly without any previous symptoms. The child previously in good health. The stools are thinner than natural and rather more frequent, but not such as to occasion much alarm. Suddenly the evacuations become much more frequent and watery, attracting the attention of the parents by giving rise to fear and anxiety. By the rapid sinking and apparent danger to which the child is exposed. Discharges, designated, by some amary, and by others, variously characterized the disease.
Unless the premonitory stage of diarrhoea occurs there is considerable fecal matter in the evacuations at first; then they become so attenuated as to soak into the diaper like urine and frequently do not stain the cloth any more than this secretion. They have not the peculiar fecal odor, but a musky, offensive smell. Simultaneously with the watery discharge, or soon after, another exhibits itself, namely, irritability of stomach, which greatly increases the prostration and danger by the patient being unable to retain food.
as it avoids every thing, and retching may occur without the the
stimulus of food. There is an
anxiety with great thirst.
Cold water is generally very
acceptable and when the child
is nursed, it seizes the breast
eagerly in order to relieve its
thirst. Tongue is moist at first
and clean or covered with a
light fever. The pulse is accelerated,
while the respiration is normal or
slightly increased in frequency;
the surface is warm, but its temp-
erature is speedily diminished.
The temperature of the blood attains
a greater height in this state al-
most other infantile affection. In ordinary cases the febrile will
give an indication of 104° to 106° and sometimes more. At first
the infant is restless, which is
due, not to pain, but to chill or
that unpleasant sensation which
the sick experience when its vital
powers are reduced. The urine is
early as the disease is gone.

After a few days the appearance
of the child is so much changed
that one unacquainted with
the malady would wonder that
such a change could be made
in so short time. As the disease ap-
proaches a fatal conclusion (often
in a day or two) the child seems to notice nothing & remains quiet. The eyes are open and the pupils contracted; lips are cold, face are cool. As death draws nearer the breathing gets more rapid from the pulmonary congestion consequent on feeble action of heart. The surface becomes cold and clammy, and stupor results from which the child cannot be awakened. In favorable cases the disease is checked before the fatal symptoms occur.

The anatomical characters are principally intestinal. Rillich &


Banczyk, foreign writers state that the gastro-intestinal canal may present one of the four conditions, viz—

1. That the stomach may be softened without any lesion of the digestive tube; (a) or the stomach is softened at the same time that the mucous membrane of the intestine, and especially its follicular apparatus, is diseased; (c) or the stomach is healthy whilst the follicular apparatus, or the mucous membrane is diseased; (d) or that the tube is not the seat of any lesions appreeciable to our senses in the present state of our knowledge, or it presents lesions so insignificant that they are not sufficient to explain.
the gravity of the symptoms.”
American writers divide the disease into three stages: first, characterized by the presence of interlunar follicles with more or less softening of mucous membrane; second, by the mucous membrane being vascular in patches and at times somewhat softened and thickened, while the solitary glands and the patches of Pye are somewhat inflamed; third, the brain is involved, the cranial sinuses, veins & capillaries are congested, & there is transition of serum upon surface and into ventricles of brain. Dr. Watson says in his work on Pract. of Medicine that the Liver is almost invariably
enlarged and more or less conglutinated; while the bace bladder is filled with dark green bile, or a pale and almost colorless fluid." Different observers have discovered various pathological conditions of the internal organs in infants dying at different times and at the same stage of the disease. It appears to be dependent upon excessive heat and deficient hygiene, generally, as it is especially prevalent in heat of summer among the poor who live in small, close, ill-ventilated houses situated in narrow streets, courts, and alleys where there is generally much filth filling the atmosphere with effluvia, but other
agencies contribute to its production as it occurs in children of higher rank, showing that other circumstances aid in its generation, such as delirium, temperature, age, and diet. As an evidence that such are generally the cause, if the patient be placed under good hygienic treatment it will begin to improve at once, and the very rare occurrence of it in rural districts tends to confirm what has been said above as to its cause. The diagnosis requires no particular elucidation. The season at which it occurs, the age of the patient, the concurrence of vomiting and jaun-
ging, the nature of the discharge, and the course of the affection under it easy of recognition, except when Asiatic Cholera is prevalent from which it is exceedingly difficult to distinguish it. But the latter is so rare in this country that we seldom see it. As regards prognosis it is a very dangerous disease and every physician, however well qualified, as he values his reputation, should be very careful in expressing his opinion as to the termination of the affection. If the urgent symptoms are relieved the disease may continue as an ordinary inflammation.
Of the intestine which is often fatal in hot weather. If the evacuations become thicker and less frequent, without central symptoms and with warm limbs and good pulse we can generally give a favourable prognosis. It is of variable duration. In violent attacks the prostration is so sudden and rapid that the child often dies in a day or two, or it may soon begin to abate and get well or it may continue as an enterocolitis for sometime and get well or terminate fatally.

Treatment - As the affection is one of very rapid progress it requires equal as prompt treatment. First of all proper hygiene is to be observed.
The patient should be placed under the most favorable circumstances—say remove it to the rural districts if possible. If the disease results from improper diet this should be corrected. If you have reason to suspect the presence of indigestible substances in the canals give an aperient followed by an astringent. If the stomach is irritable the following may be useful: 

**R.** Hydromel

Ziz. Osm. ac. gtt. 30. Sig. 31 in 31 of milk or lemonade, or R. Plumbi acetat. gtt. Acid. acet. die gtt. 5. Sae. albus 31 aq. dest. 31

Sig. 31 every 4 hrs till vomiting ceases.

In diarrhoea give tonics and astringents. As soon as stomach will bear it give light nourishing diet & Benedict Subnitra.
The following will be found useful:

* Aconitum capsicum: Pulvis, 1 dram, q.d. in acute cases.

* Atropinum Sulph. altum: 1/2 phial q.d.

* Morphine, gr. 1/8, t. c. 4 times a day.

* Nux vomica, gr. 1/6, t. c. 4 times a day.

If the pulse is weak, give 1 dram of laudanum or 20 minims of morphine hypodermically. If the pulse is rapid, give 1 dram of sarsaparilla or 20 minims of morphine hypodermically. Be sure when giving a stimulant to ensure use of fortis very cautiously.

* Ice cream, brandy, and iced water is very useful.

* Mustard plaster over abdomen is often of benefit. Lime water alone, or carbolic acid, or calomel, or water.

* High temperature may be reduced by baths of 80°F. If tendency to hydrophobia or lacerbe congestion, deplete carefully, especially if hot and feverish with tendency to coma. Stimulant should be given.
Phesis
Jas. V. Messenger
Post, 1880.
Typhoidal Fever

Definition. — Typhoid fever is one of the continued exanthematae fevers, characterized by rose-colored spots, which appear principally upon the abdomen, by a tendency to diarrhoea with marked lesions of the intestinal tract, and especially by involvement of the glands or patches of fever.

Causes. — The question of the etiology of Typhoid fever is still a mooted one. There have been weighty authorities on each side. Watson Sutton and others contend that it is often propagated by contagion, while a distinguished German
Another line was recorded 13 says, one of which could be trace to an agram influence. It is hard of action however for a physician here as if he behind the disease to the unknown or injudicious.

This area is considered to come to be productive at this season. It is don't know whether this above space cause it. Happen in a beautiful little city in the north within lots of St. Ee., near the Blue Ridge Mountains. The air is cool and bracing with but little mountain and decayed vegetable matter. There is highly productive of moisture and life. There is the endemic fever of which
mountain cities are not the same as those of the desert. At times it rains partly by convectional clouds rising in the atmosphere from the lower part of the State which on their deposit in the rain and snow on the mountains there upon a great deal of original forest to be a sort of or rain continues in the summer months produce this malady? This seems not right able... How exercises some influence the large number of cases occurring between the ages of twenty and thirty. Syphilis itself is one of the diseases that may in a manner cause it more twice. Summer and fall almost to predispose to the highest by rain be
largest number of cases occurring in the summer and in the first quarter of the year. All these, contagious malarial age except, may be called "susceptible" causes of death.

In the previous edition of the writer, it is not any one of these actions that I regard it wise rather a general rejection of all of them. I regard the etiology of this disease as of all this cases, is the greatest importance, since it is to be hoped that at some period not far distant science will discover the true cause so that the may cured and better described.
Albert's History & Symptoms.

This affection is naturally divided into three stages: the premonitory, eruptive, and stage of fever. The person presents very characteristic symptoms, as follows:

1. The first stage: Sometimes there are no appreciable phenomena in this stage. Leucopenia, a pale axis, slight diarrhoea, flushed face, headache, syphilitic signs, chilly sensations, pain, malaise, etc., are the usual symptoms attendant upon the beginning of the attack. The eruption of the second stage is considered pathognomonic of this fever. It begins about the second week, or when the patient takes to bed, and appears principally on...
The abdomen is of a nauseous odor. 

blue & passing away on gentle pressure. This symptom is present about three fourths of the cases, generally continues throughout the second stage, sometimes changing from the head to the back. The second and third stages are often indistinguishable. It will answer therefore to consider the symptoms of these together.

Nervous system. Pain in the head, particularly in the frontal region, is often noticed with intolerance of light. This occurs most frequently in the long run of the disease. Reflexions of a more or less violent character is present in nearly every case. Generally the person awake
from sleep and sit and make some incoherent question. On being spoken to, he will raise up, for a moment, then fall into a low muttering delirium, often saying he wants to go home, or his remarks may relate to his ordinary pursuits. This sort of delirium is of no use in diagnosis. Exceptionally the delirium is birerous and active, and not remote. Pecking at the bed clothes or an imaginary thing in the air, is a common symptom. Twitchings of the muscles of the face and extremities, a moan, outs of the bowels, or the wind are common. Oberved, they may be referred to some phenomena. Symptoms of d
general districts are very characteristic. Nasal and skin are sometime present with a soreness and extreme thymus are nearly always absent. The patient may not call by any but spiro ealy drink or suff it to help to breath. There is a frequent chest and is one of the diagnostic signs. The discharge is of a yellow color. It may be hemorrhage from the body. Soreness over the teeth gives the latter an idea of what is likely to occur during the second week. The color of the tongue is usually red, and the mouth brown. The lamellate glands may be involved in the writer has seen very few human abscesses in them formed during
The term of 20 years. Enlargement in the right iliac region sometime with pain, is one of the most important abdominal symptoms. Pain may not be complained of at first, till pressure is made on the abdomen. If tenderness of the rectum or urethra symptoms of prostatitis will very rarely manifest themselves, such as an increase in the frequency of discharge, prostration, frequent micturition, etc. There is a steady increase in the circulation and temperature for several days. The temperature may continue to rise to as much as 102° or 103°, then it remains steady.
falls being highest in the morning, especially in this oscillation noticed toward convalescence. It has been recently observed that the number of pulse beats and the degree of temperature do not bear a definite relation to each other; for instance, the pulse may be 98 while the temperature 102° or more, according to the old rule it ought not to be more than 99° or 100°. The circulation and temperature continue the elevated throughout the course of the disease, and sometimes for two or three weeks after the person is absolved by well.

Morbid Anatomy of Pathology.
Post mortem examination does not
to complicated as to the brain or nervous system characteristic of infantile fever.
There may be evidence of complication of the brain, but this is very likely owing to complications. The spleen is of
tener consistence than in other organs, it is generally enlarged and softened. The
liver, lungs and heart may be involved, as it is usual for one to:
of the complications, which sometimes occur. The next important change
and lesions take place in the brain, the solitary or other small cuta-
tanes + sometimes in the succenturiate
gland. The large intestines present
nothing characteristic. These glands
may go through the whole process.
of inflammation may become congested, almost tuberculate. Occasionally the cæsæa cut through the wall of the intestine, and most fatal consequences result as peritonitis at presses, etc. The irritation fortunate ly generally terminates in cicatriza

tion and healing. The larynx, pharynx and trachea may become the seat of inflammation. The kid

ney are usually altered, being found pale and soft. These are the or

dinary pathological signs in Typhoid fever, the intestinal lesions being

peculiar to this disease. Indeed the name Enteric fever has been

applied to it on this account.
Diagnosis.

This is generally easily made out by arranging together the signs and symptoms that have been mentioned in the foregoing part of this treatise. It may however be mistaken for Typhus and Remittent fever, and it may not be amiss to mention some of the diagnostic differences.

1. Typhus is a rare disease not found indigenous to this country, whereas typhoid fever is of frequent occurrence.

2. The peculiarity of the eruption and abdominal symptoms are sufficient to distinguish Typhoid from Typhus, the latter having a dark, spots of eruption with absence of
the intestinal sunstone, and to
forms having the characteristic marks
that have already been given. 3.
Age and season have some value in
the differential diagnosis. Typhoid
fever rarely affects persons over forty
give or fifty years of age, while
Tiphysus does affect old people.
There seems to be a physiological rea
son for this, as are known that the
glomeruli that are involved in Typhoid
fever strongly and almost instantly
away after the age of forty-five years.
Typhoid fever most frequently occurs
in the ninth and tenth months. Typhus
may occur at any period. 4.
Typhoid fever is rarely if ever
communicated by contagion. Typhus is highly infectious. Bearing these differences in mind there should not be much difficulty in discriminating the two diseases. It is not so easy to distinguish Typhoid fever from some cases of remittent fever for the latter may have the abdominal symptoms and even the rose-colored eruption. When this occurs in a malarial district it is called Typho-malarial fever. Most cases can be distinguished by recollecting the ordinary differences between the two conditions—Typhoid fever...
often the complications such as bronchitis, pneumonia, etc. must not be confounded with them.

**Progress:** The prognosis depends upon many circumstances as the condition of the person at the time of the attack, the disease usually proving more fatal in a previously healthy vigorous subject than in one of a weak constitution; also when the complications, most uncomplicated cases recovering. Statistics show that the mortality is about 20 per cent. Pronounced violent delirium, convulsive state, subsultus tendineus, symptoms of
portentous indicate a salutary
The mode of death is generally
by anemia or cachexia.

Treatment. No specific or
absorptive remedy has been discovered.
The best rule that can be given
is to treat the symptoms as they
arise. Nearly every case requires
stimulants, tonics and good nour-
sishing diet. Auckerman's Tinct. of
bark is good stimulant tonic in
2 oz. doses. Alcohol is often need-
ed though some say the patients
do as well without it. The use
is indicated when the pulse is very
weak and very frequent. Animal
broths and above all milk should
he attached to one end of the frame, and he made it over
the end of the frame close to the ground. The length of the frame was 20
feet, and the frame was 10 inches wide. The frame
was fixed at an angle of 45 degrees, and the pieces
were held together with nails. The ends of the
frame were fastened to the ground with stakes.
It can also be treated, and the
inflammation controlled by warm
washes 3-5 cts. repeated every two
or three hours. The diarrhea
should be held in check, but
not suddenly stopped. This is
best accomplished by, opium,
leaves and Camphor. Cold water
enemata are used by some prac
titioners with great benefit. A
suppuration of ulceration or of\nirritation of the intestine exist.
5-20 gtt. of Perforantia, repeated
in warm water is indicated.
Morphia has been found to act
admirably in some cases, where
there is continued wakefulness.
and a laxity of the bladder. Here the depletion is contra indicated. Saline has no special value in this affection unless there be distinct intermissions or evidence of material influence. The bladder should always be carefully attended to and the catheter employed when necessary. Occasionally the person passes his urine and feces in the bed, either involuntarily, or from indifference. Bed sores should be guarded against and properly treated when they occur. After all the best treatment in this malady is not medicine but good nursing.

It is proper for me to say that I am partly indebted to Dr. Webster, Wakesville, for the type.
J. J. McGee
Bellaire, O.

"Heredity"

1880
Heredity is that law by which all things endowed with life tend to repeat themselves. Here I a visitor on this planet it seems to me, this is the first thing that would attract my attention. In every class of the animal and vegetable kingdoms, what a similarity! How long has this similarity existed? Would be the question that would naturally suggest itself. The oldest history we have tells in its first pages of the creation of all things, and that the living, moving creation breathed forth each after its kind, and ever since the world began.
or was set in motion so long as this law existed. And as long as it continues to hold its place in space so long will it continue to act, and its influence be felt.

In the vegetable kingdom is the perfection of this law most clearly shown, modified only by climate. The seed produces a plant which retains all the beauty and perfection of its parents. From the tiniest grain to the giant trees of the forest we see with what mathematical precision the truth of the above is verified. And what true copies the vegetable world make. The plant with root, stem, branches, and the order in which
they come off, leaves, with its many different shapes, and the flowers with all its complications of calyx, corolla, stamens, pistil, pericarp and seed, are all the descendant of the parent plant, also, if the parent was an annual, a biennial, or perennial, so also will be the plant produced by its seed. The size depends much on climate, which modifies it to a great extent, thus, in the warmer climates we have the marsh luxuriant vegetation, tall shrubs, and marsh gigantic trees. In the temperate climate we have the same species, a more moderate growth, and in the cold climates the tenderest vegetation is wanting.
nothing but the hardiest of trees are found and of the smallest size.
The oak is found in all climates, and in the warm we find it the
king of the forests, huge in proportion, and majestic in beauty, and
it is the more wonderful when we know that it came from the insign
igiorable little acorn which covered its head in the earth, and was awak
ed from its sleep in due time by the influence of the rain which
of spring, bursting its shell, sends its roots into the earth, and toward
the heavens it shoots its stalk, we
look and marvel, saying: The infancy
of the giant of trees!
Its leaves are in pairs and are identical to the leaves of its ancestors, the same shape—Oblong, linear, pinnatifid, pubescent beneath, lobes obtuse, entire, narrowed at their base.

The wood is so uncommon that the schoolboy can easily distinguish it from any other variety.

The bark presents peculiarities that cannot be mistaken, and is selected for tanning, being rich in tannic acid.

It is an obvious that nature endorses herself in the animal as well as in the vegetable kingdom.

In the feathered creation we see to what a remarkable extent the
arch had quiter. When the mi-
chub and microscopie was to be
the largest of warned birds,
he see daily, many striking
examples. The varied color, shape,
movements, and particularities,
the duckling, which has not known,
was saw any of its species, hatched
by a hen. All gave will with old
mother her family till she hakes
them, but near the ararch, when he
has drank astonishment in things go
all have seen with ararch effort
she tries to persuade them he
shower the water by running
along the edge and call that
the plains. accounts, but he no achi
their continue their flocks. The inclination liking for water is stronger than the persuasion of the old hen. We could soon close the duckling, from its having the "web feet," showing it to be a water fowl, also its fleshy bill tells us something, and its short legs.

The prosperous farmer recognizes and turns to account his knowledge of heredity. He modifies things for pleasure, his grains, corn, wheat, oats, rye, barley, changing them all from a low grade to high, simply by sowing the best or "picked" seed, knowing "what we sow that also wil we reap,"
From the former condition, he trains from his animals into sleek and well-proportioned stock. Thus, from a raw-boned, rough breed of cattle he manufactures, as it were, a breed of smooth and elegant, keph animals, for which he can find more ready sale. The way he does or brings about the change is as follows, he procures a male of the breed preferred, and brings together them and his rough breed, the product is of a grade higher than his first, then with this product he still keeps his "blooded" stock and of this he reaches the point nearly as fast. He manipulates his horses, sheep &c, how, the same as the cattle
The sporting man wants his horse to be fleet, and this is the way he gets them, he brings together a "jack" mare and a "jack" horse, and the colt will most surely be swift, also have shape, strength, and color also all the peculiarities, if the mother kicks, jumps, bites or is a run-a-way, the colt is very likely to be of the same disposition. With dogs the sporting men take for fleetness, the hound, for "milk" the bulldog, for "knowingness" the shepherd, with the three varieties he obtains almost any kind of dog he wants, thus he wants a knowing dog with "grit," he combines the "grit" of the "bull" with the "knowingness of the shepherd."
All along down the grades of life we see this inevitable law manifest, from the lowest to the highest. Every man, the noblest of all creation must be submissive. Heredity extends over all these elements and functions of his organic to his external or internal structure. His special characteristics, his acquired modifications and his maladies.

When looking at the infant, the first thing that attracts our attention is its resemblance to one or both parents. Everyone is ready to say "It is the very image of its mother," or if you want an enemy say its resem
The senses are true, and you have one.
Everything speaks its limbs, trunk, head, nails, hair, and expression as characteristic features.
It would be considered an anomaly indeed, should not the hair of an infant born of "red-haired" parents be otherwise than red.
3. His internal structure,
Crosses and defects,
The first, appears often amid privation and poverty, I am acquainted with a family, the mother was a corpulent lady, and her five daughters were also, none of them weighing less than one hundred and seventy pounds, the largest weighing two hundred and thirty-five.
The circulatory, digestive, muscular, and nervous systems, also heredity of fluids as well as solids, superabundance of blood in some families predisposes to apoplexy, hemorrhages and inflammations.

3. The special characteristics

Transmission of mental faculties,

Different nations as well as different families are noted for some special faculty which they transmit to their offspring. Some music, some the fine arts, some politeness, some learning, some inventions and machinery.

4. This acquired modifications,

Facial varieties of voice, stammering, speaking through the nose, eagerness,
condylomata about the anus, our diagnosis is sure. The child is thin, poorly nourished, its muscles are flabby and its skin is brownish, cracked, thick, rough, and unwholesome looking. Secapsulation proceeds slowly and the fontanelle close late. The second
measles with present a characteristic appearance. The child looks prematurely aged; its hair may have fallen off, even the eyelashes and from the eye-
rows, also you see a peculiar eruption.

Subcutaneous. The characteristics of this
characteristics may be summed up as fol-
lowing: thin skin, clear complexion, the sur-
face veins distinctly, eyes bright,
dull tone, large, the ears long, hair white,
face oval, and the bones large, shafts
thin, limbs straight, and have a highly
developed nervous system.

Asperula.- The child is of a
pneumatic temperament, its mind and
body are backward; it is dull and
heavy; its skin is thick and muddy
looking; its complexion darkish, upper
lip thick, nostrils wide, the ale of
the nose thickened, cervical chain
of glands enlarged; abdomen tymied
and the ends and shafts of bones
large.

Many diseases are considered as
hereditary, but let them be treated
suppose, they develop in many forms,
How shall we account for this
great law that is so obvious the-
mest casual observer must see
and admit, be its cause not in
the partial identity, of the materials
constituting the composure of both
parent and child, and in the division
of this substance in reproduction?

This being the case could we
not create able races of able men,
by employing the means adopted
by Frederic William I with his
regiments of giants? He caused
them to marry only women that
were not then inferior in stature,
Could we but manage hereditary diseases and had only to deal with acute, I think the fight between physician and death would be more even. And how many more would reach the allotted age, (score and 10) if the fight be by preventive medicine, and the time would come when the earth would be populated by a strong and healthy people. What a grand era it will be in the science of medicine when the doctor shall not only be called when people are sick, but be called on in council to advise and guard them against co—
Becoming transmissible tenden-
cies and to ward off the
attack of a transmitted destroy-
er, then can, say indeed, "It
is a blessing to be able to cure
disease, but to prevent it is
thrice blessed."