


1886

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

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Da Costa, Jacob.

VERTICAL FILE

Sessions '84-'85 also '85-'86.

W. H. Wehner,

156 Miller Street,

Bermantown.

The notes on Prof. Da Costa's
lectures taken down by
Dr W. H. Wehner who
graduated Jefferson Medical
College in 1887.

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Jefferson Medical College

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Notes on Practice of Medicine, from Prof. De Costas Lectures, at
The Jefferson Medical College, during sessions of '84-'85 and '85-'86.
5 P.M. 10-1-84.

Disease:-

Disease is a deviation from the normal Function or Condition,
of an organ or tissue. Diseases terminate in Four Ways.

- 1 Lysis is the gradual withdrawal of morbid action.
- 2 Crisis is the sudden, abrupt change of morbid action; It may occur by changes in Temperature, Secretions, &c., or by Sleep, discharges of urine or other critical discharges.
- 3 Metastasis is the change of morbid action, from one part to another.
- 4 The development of a new Disease following the original one.

Sudden changes in Disease, as a rule, point to a worse condition.
Pathology is the process of Disease in the living.

Pathological Anatomy is the effects or results of the Disease, at Post mortem.
8/10 of all acute Diseases end by Lysis. Ending by Crisis is rare.

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

Death may occur in four ways, e.g. 1. Through the Nervous System; 2. By the Lungs; 3. By the Heart; or 4. By Hemorrhage, which really belongs to the latter. Ex. = Shock for the 1st.; Lack of Oxygen for the 2nd.; Rupture, Palsy or Asthenia for the 3rd.; and Hemorrhage from the Bowels, or Bursting of an Aneurism for the 4th.

Pain:-

Is due to perverted nervous influence, and may be either dull or acute. Itching is a form of Pain.

A dull pain is a continuous one, and is mostly present in Chronic Diseases, and in Diseases in deeply seated structures.

An acute pain is mostly intermittent, and is generally the pain of the Nerves themselves; Generally present in Malignant Diseases, Neuralgia, Toothache, &c.

The character of a pain depends upon the Structures or parts involved, and not upon the Disease.

Inflammation of Serous Membranes is accompanied by Acute Pain.

" " Mucous " " " " Dull " .

Aspect of the Patient:-

Should be studied well, and Position noticed.

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

A pale, white, ^{or yellowish} face is a symptom of Malaria; ^{especially with a white Conjunctiva.} and palor of Face and Conjunctiva & Puffy Face is often a symptom of Bright's Disease.

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

A rounded chin, ^{Small Eyelashes, short upper lip, waxy face} swollen glands, pale face, &c. belong to Scrofulous people.

An arched back, with the head thrown back, bespeaks Cerebro Spinal Fever.

Great excitement shows high nervous irritation.

Clutching or pulling at bed clothes is a bad sign.

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

Germantown, Pa.

Dr. Kehner:-

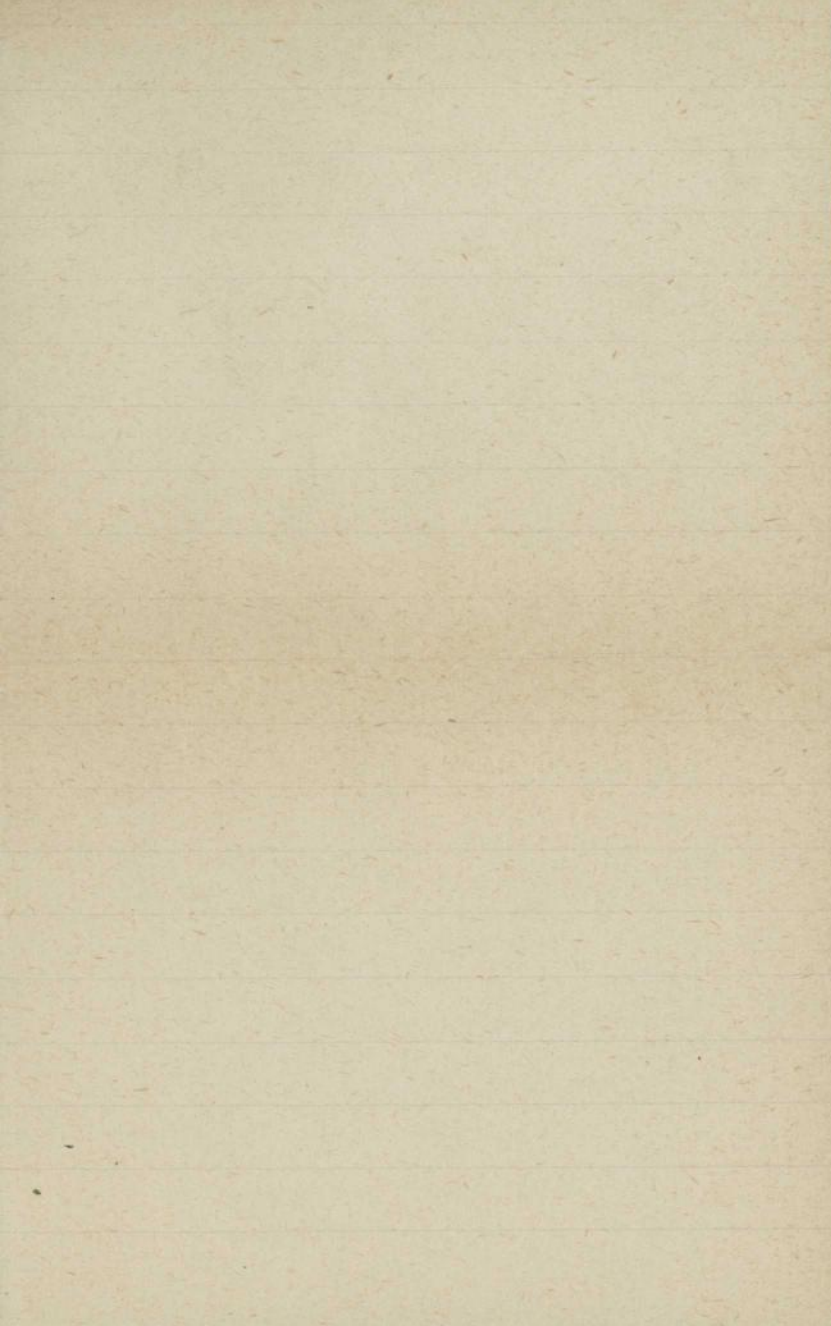
I am sorry to say
that I cannot do anything
for you until about the first of
April, and then I shall only be
able to pay a little at a time.

We are under very heavy expenses
just now, my eldest daughter being
in a hospital under treatment

Very respectfully,

(Mrs) C. Pritchard.

March 3, 1893.



The Tongue:-

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

Coating of the Tongue, may be due to local or general causes. e.g. 1 Irritation caused by Uvula, rubbing it, or other irritants, such as rough teeth, and etc. 2 May be due to poor digestion & etc.

A heavy, white tongue is observed, in all catarrhal affections of the Stomach and Bowels. A light, white coat is generally due to general causes. A Yellow coat is present in diseases of the Liver, or may be due to some coloring matter swallowed. A want of coat or a denuded tongue is often seen in Scarlet Fever & in some cases of Poisoning.

A Glazed tongue is due to low conditions & is a sign that calls for prompt stimulation, is present in some Fevers and Blood poisoning.

A Fissured tongue is not normal unless inherited, It means lowered power, & when present with the glazed tongue, means extreme depression.

Inflammation and swelling of the tongue may be caused by Tumors, Deposits, Syphilis, Remedial Agents, Poisons & etc. A peculiar, shining, glazed looking and fissured tongue, is present in slow and wasting diseases, Syphilis, General constitutional Affections, & in great smokers.

The continual use of Tea, causes a Yellowness of the tongue

5 P.M.

10-7-84.

The Pulse:-

It may be perceived in the Temporal Artery or in the Radial Artery. The average beat of the healthy adult, is 70 per minute, and diminishes in frequency, as age advances, and in old age, goes up again. There are from 10 to 15 more beats in the erect posture, than in the recumbent. The pulse is increased in all Fevers, by debility, Emotion, Rapid breathing, Convalescence from Fevers, Poisons circulating in the blood, Concussion of Brain or Spinal Cord, Fatty degeneration of the Heart, Softening of nerve centres, &c. A healthy pulse gives a resistance to the finger.

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

Soft or Weak Pulse:- Shows a deficient propelling power, and is generally present in Low Fevers, General Debility, and when the blood is much disordered, as in Inflammations below the Diaphragm. This Pulse is Compressible, except in the latter Inflammations.

Gaseous Pulse:- Mostly observed after wasting diseases, and denotes increasing debility when present in disease.

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

Certain diseases of the Brain, affecting the Pneumogastric nerve, and Jaundice slows the Pulse. A hard & tense pulse points to disease of the Blood Vessels.

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

Adult's Pulse = 65-75 Beats per Minute.

Childrens " (3 yrs) = About 90 " " "

" " (8 or 10 yrs) " 80 " " "

Infants " from " 110 to 130 beats per Minute.

About the Age of Puberty the Adult Pulse begins.

5 P.M.

10-5-'84.

The Temperature:- "First studied by Currie" of Scotland."

The average healthy temperature is 98.6° Fah. It is modified by age, increased by certain foods, drink & exercise, and lowered by protracted strain, hard study & etc. Climate slightly. The Mouth, Axilla, and Rectum, are good places for ascertaining the Temperature, and when doing so, always let the bulb of the Thermometer, remain in at least 6 minutes. It should be taken in the morning and in the evening.

If the temperature in the morning is the same, as that of the evening before, the case is not doing well. Any abrupt change in Temperature is bad, while all gradual changes are favorable. 100° to 103° = a feverish condition; ^{or marked fever,} 103° to 105° a high fever. and above that (105°) a very dangerous Fever.

High Temperature:- is often a sign of Tubercular developments. As a rule all fevers increase temperature, Recovery is doubtful when the temperature exceeds 103° . Highest occurs late in the afternoon. Low Temperature:- ^{and other Malignant Diseases, sudden shock and slow tissue changes} is marked in Cancer, & in the insane. It is from 1° to 2° lower in convalescence than in health. Lowest early in the morning. The variations within health are never below 97° or above 100° .

The normal temperature of the Rectum is 1° above that of the Axilla. The temperature of the left Axilla, is the one generally taken. There is no material difference in the temperature during Menstruation. There are special Temperatures in Disease, as those of Typhoid Fever, Exanthemina, Consumption, Malignant Diseases, &c.

10-10-84.

11 a.m.
The Temperature of acute tuberculosis is very high. Over the seat of Acute Pleurisy, there is higher temperature, than over other parts of the Lung. The same is the case in Tumors of the Brain, and Diseases of the Spinal Cord. A temperature above 106° as a rule is fatal, although recoveries have taken place after a temperature of 123° . All local temperatures are lower than general ones. The temperature over the seat of a Disease is 1 or 2 higher than the corresponding healthy part.

General Pathology of Fevers:-

A Fever is the result, of certain morbid action or actions of a nervous centre, or centres. } Elevation of temperature, Tissue changes, Altered }
Symptoms of Fever:- } Secretions and Quickened Circulation.

Elevation of Temperature (over 100°); Urine scanty and of high Sp. Gr., and containing from 5 to 6 times, as much Urea as in health; Altered circulation, Secretion and Nutrition; Great thirst, with retention of water in the system; Weakness; Exhaustion; Debility. Many fevers are preceded by a chill, during which, roughened or what is known as "Goose Skin", is present. The secondary Symptoms consist of increased tissue change and changes in the tissues and blood, the red corpuscles of the latter, being destroyed and its Salts altered. Potassii Salts are increased 8 times, in amount, and Urea 4 times. Fevers attack the Fats first causing Emaciation.

Fevers:- may exist without any certain specific lesion belonging to them. All fevers are self limiting, so if we gain time, we can preserve life. Certain lesions are liable to arise from contamination of the blood. Two diseases of different kinds, or two fevers may exist at the same time, but a fever never begins in one type and ends in another. Race is a strong determining element in Fevers. Malarial Fevers are rare in the colored race, while eruptive fevers are greatly prevalent. A Local Affection is not necessary to a Fever, except in Cerebro-Spinal Meningitis, Small Pox and Typhoid Fever.

5 P.M.

10-14-84.

General treatment of Fevers:-

Always keep the secretions free and the kidneys acting. Give appropriate, systemic nourishment, and allow as much fluid, as the patient wants. Keep down the Temperature and Circulation; for the first, giving Quinine in decided doses, at short intervals; Caffeine in doses of gr \bar{x} - \bar{xv} ; Antipyrin gr \bar{v} - \bar{xv} , & if necessary use cold baths. Keep up all the Secretions and Excretions for the second give Aconite, and to weak persons Digitalis. Sustain the Heart's Action, if necessary, with Stimulants.

11 A.M.

10-15-86.

Forms of Fevers:-

They are divided into 3 classes = Continued;

Periodical; and Eruptive:-

Continued Fevers:-

Simple Continued; Influenza or Catarrhal;

Typhoid; Typhus; The Plague; Cerebro Spinal and Relapsing Fevers.

Periodical Fevers:-

Intermittent; Remittent; Congestive;

and Yellow fevers.

Eruptive Fevers:-

Scarlet Fever; Measles; Rubella;

Small Pox; Varicella; Miliaria; Dengul and Erysipelas.

The Continued Fevers, are characterized by a steady progress of the Febrile movement, without decided rising and falling, the rise and fall being to slight, to modify the impression of a sustained action.

The Periodical Fevers, are characterized, by intervals, during which the Patient is wholly or nearly free from Febrile Disturbance.

The Eruptive Fevers or Exanthematous Fevers, are characterized 1 by a Period of Incubation; 2 by a Fever of more or less Intensity and 3 By An Eruption, which presents a distinct aspect in each Disease.

5 P.M.

10-15-84.

Simple Continued Fever:-

Is very common in warm climates,

and is found in the United States during the warm months.

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

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

Prognosis:- is favorable.

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

If you wish to give Opium, Dover's Powder, is here the best way of giving it, as this Powder is also a good Diaphoretic.

Don't give Quinine early here; but when the Patient gets better, it may be given in small doses as a tonic.

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

Catarrhal Fever or Influenza:-(Described in the 18th Century)

Is generally present in Epidemic

Form, and may occur at any time of the year. It is probable that it is due to minute germs. It is not contagious, though the persons, in the house where it occurs may get it. When prevalent, it has no effect upon healthy persons, but in the aged, infirm and sickly it is mostly fatal. Mortality 2%.

Symptoms:- Fits of shivering; Pain in bones; Debility; Cough; ^{or best tendency to, dysent. Fever rarely above 102 1/2; Small Pulse;} Headache; depressed spirits; Watery eyes & running nose; Sensitiveness of skin; Pains about Chest; A marked case is sometimes accompanied by Delirium; Nausea; Vomiting & Dysentery. There is no fever as short in duration, that has the same symptoms. Laryngeal Cough?

Treatment:- Quinine gr x-xij to Adults, and at night the following diaphoretic: ℞. Dover's Powder gr ij-ij, with Potassii Nitras gr v. For the Catarrhal symptoms give Opium in the shape of Dover's powder or Tinct. Benz Comp. and allow the patient to inhale. Bismuth with Dover's Powder acts well. Blisters are sometimes of use. If there is great pain, give a hypodermatic injection of Morphine.

Where the Catarrh is much marked, give Ammoniac Muriate gr v-xv or Tinct. Sanguisina gr x. Tinct. Benzoin Comp. ℥i-ij put in a cup of water & inhaled. If much Mucous is present snuff Pulv. Culecks or Tinct. Camph. or Gum Camph. ^{or better} { ℞. Sodii Phosphate ℥i. } Feed & stimulate well, ^{glycerine} ^{alginate} ^{M. sig. Snuff up nostril} Allay Nervous Irritability and Cough by giving especially in old persons gr ij-v of Dover's Powder or Morphine gr 1/2 or Codeine gr 1/2. In the after Complications, never use depressing remedies. Tonic up after the disease is over, with Quinine, Ferri, &c.

Typhoid Fever:-

The lesion of Typhoid Fever, consists of Infiltration and Ulceration. The Infiltration continuing until the 11 or 12 day, when the Ulceration sets in, and continues to the end of the 3rd week. Typhoid Fever is a special specific disease; and is found almost everywhere, except perhaps, in very warm Climates.

Intestinal Lesions:-

There is inflammation and swelling to the 12th day, followed by softening of Peyer's Patches and the Solitary Glands, and from the 12 to the 16 day, more likely, between the 18th day and the 3rd week, Perforation may take place, the ulceration having been going on since the 11th or 12th day. If Perforation does not occur, the Ulcers may Cicatrize rapidly, or may remain open for a good while; but as a rule, they will be healed, by 6 weeks from the original attack. The Mesenteric Glands become red, swollen and prominent. The Spleen is affected, but the Liver is not, necessarily. Lungs are congested at their lower part. Heart soft and flabby, and in bad cases it undergoes granular degeneration, as do also the Muscles. The Brain and Nerves are not affected. The Blood is poor in Fibrin; the white corpuscles are increased and the red ones diminished, and defective in quality, the blood being of a dark color, its clots easily breaking down.

Cause of Typhoid Fever:-

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

Predisposing causes:-

It is a disease of young adults, between the ages of 18 and 25; very rarely found after 35, or in young children. Generally appears in Autumn and Early winter, and Spring. A very dry season favors it. Some persons are more disposed to it, than others. Debility, Worry; and Poor Feeding greatly favor it. The disease is not contagious by personal contact, but it is by the stools. It has a period of incubation of 2 or 3 weeks after exposure, and lasts from 24 to 28 days. Worry and poor feeding will not produce it. Typhoid Fever may spread through the Atmosphere, in which decomposition of Typhoid stools has occurred.

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

5 P.M.

10-21-'84.

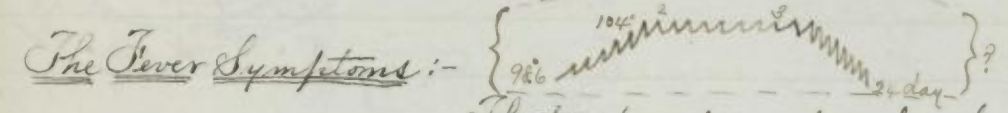
Symptoms of Typhoid Fever:-

It begins with lassitude, weariness, Chilly sensations, coated tongue, slight diarrhoea, headache, soft and frequent pulse, fever of continued type, perhaps slight nocturnal delirium, Pain in the Loins and Limbs, and Epistaxis.

On the 2nd week, the symptoms increase, and an Eruption on the Chest and Abdomen appears; it however, is not always constant.

On the 3rd week, the delirium, diarrhoea and weakness increase and the Fever is still high until the end of the week. This week is the Critical period of the disease. If Unfavorable the Diarrhoea + Fever increase, and the patient dies from Exhaustion, or from Peritonitis, due to perforation of the Intestine.

On the 4th week, sometimes earlier, the Fever ends, as do also the Headache and Delirium, although the diarrhoea may continue for some time.



The Fever Symptoms:- The temperature rises for the first 6 days, reaching 104°; it remains there, with the morning remissions, till the 12th day, and from that time on to the 20th day, there is a Zigzag temperature. Generally, by the 24 day, the temperature is normal. If the fever keeps up after the 3rd week, it is a very long case and consequently a grave one, or it may be due to some Internal Inflammatory State. Sudden drops in temperature, during the third week, indicates most always, Intestinal Hemorrhage. Elevation of temperature, especially that of the morning, shows a very bad case, after end of 1st week.

Pulse of Typhoid Fever:-

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

Diarrhoea of Typhoid Fever:-

It commences early and generally keeps up after the Fever has stopped. There may be from 2 to 20 stools a day, the average being about 3. They are very large and offensive, and look like Pea Soup; with a yellowish or bloody look. When blood is present, there is more or less pain in the right Iliac Fossa. Constipation may exist in rare cases, instead of Diarrhoea. Tympanites may exist. Tympany and Gurgling are common.

Tongue of Typhoid Fever:-

In this disease, the tongue means a good deal. At the commencement of the attack, it is coated with a white coating, ^{especially in malarial districts} which soon gives way to the Red, Dry, Glazed and Cracked Tongue of Typhoid Fever. A coated tongue in this disease, generally is a sign of recovery

Stomach and Spleen:-

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

Eruption of Typhoid Fever:-

The Eruption appears mostly between or on the 7th and 9th day. Of all the symptoms, it is the most characteristic, when present. About 15% of cases occur without it. The spots are rounded or slightly elliptical, generally present in groups of 5 and 6 sometimes alone. They are red, and disappear upon pressure. Each spot lasts for 3 or 4 days, and then disappears, being succeeded by a fresh one, at or near where it was. They appear upon Chest and Abdomen, sometimes on the back, but never upon the Face. The eruptions continue till the termination of the Fever, and if Death occurs, they at once end with life. In rare cases the spots may be found on the Arm. If relapses of the fever occur, the Spots return. The small sweat vesicles that are occasionally present = (Sudamina) have no significance. Blue Streaks throughout the skin, slowly disappearing upon pressure show a bad case.

Thoracic Symptoms of Typhoid Fever:-

There is more or less accelerated breathing and generally loud and sonorous dry Rales, especially during the 2nd and 3rd weeks. Pleurisy and Dullness are seldom found.

Nervous Phenomena:-

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

The restlessness of Typhoid Fever becomes at times, very great, and the more marked it is the graver the case. After an attack of Typhoid Fever, a ridge is found upon the nails, due to the stoppage in the growth at that time; Additional marks, point to relapses. Coma Vigil is one of the worst symptoms, as is also much Stupor.

Peritonitis:-

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

Intestinal Hemorrhages:-

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

Relapses:-

Are not uncommon, and may be developed without apparent cause. They are not as dangerous as some suppose, and when they occur, the same symptoms appear only coming on more quickly and not lasting so long; convalescence once more setting on the 10th or 12th day.

Typhoid Fever:-

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

Diagnosis of Typhoid Fever:-

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

The latent cases are the ones, generally mistaken for Debility; but in these the debility sets in suddenly, there is more or less confusion of mind and the Abdominal symptoms are rarely wanting.

In Typhoid conditions: The diarrhoea; tympanites; Eruption; Epistaxis, &c. are wanting.

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

The same is true of Peritonitis, the Abdominal tenderness, and expression of face, also being of great value,

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

The loudness of the Rales, with a cough disproportionately slight; The Eruption, Epistaxis, and marked interic symptoms, will distinguish it from Acute Pulmonary Affections. as will also the peculiar Fever.

Moreover fever generally above 103° ; Eruption on Chest & Abdomen, never on face, seldom on extremities; Diarrhoea; Enlargement of Spleen; Headache, ^{great debility} will greatly assist diagnosis. venereal affections in women may be mistaken for Typhoid: but here look up history, also see that Intestinal Symptoms are wanting, also Eruption, Epistaxis; Temperature, &c.

11 a.m.

10-23-84.

Prognosis of Typhoid Fever:-

The mortality in Hospitals is from 15 to 20%. The earlier the patient is put to bed the better.

Favorable signs = The more typical & even the disease the better the case. When 1st sound of Heart is heard during the case, it is good. Fever 103° or under. When the fever runs its course slowly, & when Intestinal hemorrhage is slight. Phlebitis is not a bad sign, and the prognosis of a relapse is favorable; Paralytic cases mostly recover.

Unfavorable Signs = Fever above 103° ; (105° = great danger) especially if in the morning. Jerking of Tendons, Early Delirium, Patient lying in centre of bed and clutching the clothes; When fever keeps up into the 4th week; Intestinal Hemorrhages, (although Recoveries are frequent); Hemorrhage or Congestion of Kidneys, made manifest by bloody urine; Granular Swellings; Swellings of legs (not considered fatal); Inflammation of the Brain, is sometimes connected with the Fever. Swelling of Parotid gland is a grave but ^X always a fatal symptom. Lung Complications are bad, as are Ulcerations of Larynx; Heart Clots, & Phlebitis. In Pregnancy the danger is from Abortion, otherwise the danger is not increased. The mortality of Typhoid Fever in private practice is about 10 or 12% ^{and to be steady and watchfull.} The Skill in treating a Typhoid Fever Case, is to gain time = as the Fever is limited in time, and if the patient lives over this time, he will most likely recover. Systematic Feeding, the removal of certain symptoms and proper Stimulation are here ~~very~~ important.

Treatment of Typhoid Fever:-

Keep the room well ventilated, cool and quiet. Never allow more than one person in the room at a time. Disinfect every thing that comes from the patient, with a solution of ^{Chlorides; Potassii Permanganate;} Acidi Carbolici 1 pt to 20 ℥ aquae; or better, a 1 pt to 3000 solution of Hydrargyri Bichloride. Give the patient plenty of fresh air, and sponge him with vinegar and water twice a day. Keep his clothes clean and neat.

Food and Drink:-

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

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

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

As a rule, stimulants are of no use till the second week, but may be given when needed, the administration of them being guided by the first sound of the Heart. From $\frac{ʒij}$ to $\frac{ʒij}{\text{never over } \frac{ʒij}{\text{of Brandy or Whiskey}}}$ in twenty-four hours, to an Adult, will be enough in any case. We may know that the stimulants are doing good if the Pulse or Temperature falls. If the Pulse or Temperature is stationary the amount given may be increased; when, however, the above is reversed, the amount should be diminished. ^{when the amt. given, may be increased.} ʒss or so should in low cases be given every 2 hours, especially early in the morning.

If Patient is very weak, sponge with Cologne & aqua, Vinegar and aquae, ^{Bay Rum and aquae,} or water containing some mild but positive disinfectant, washing one part at a time. Don't change his garments too much, and when you do it, stimulate him before and afterward. Have 2 rooms for the patient, if possible. As the Patient improves, after the 4th week, keep on a semi-solid diet, such as Milk Toast, Sweet-Breads, Oysters, &c.

5 P.M.

10-27-'84.

Medical Treatment of Typhoid Fever:-

The Quinine treatment is useless
 " Calomel " " " P
 " Argenti Nitras " " " except for the Diarrhoea.
 " Carbolic Acid " as a special one, is no good, except for the diarrhoea. \mathcal{R} Carbolic Acid gtt ij in Boiled Aquae q.s. given every two or three hours; it has sometimes acted well. The following is a good treatment \mathcal{R} Carbolic Acid zj , with Tinct. Iodine zj . M. Sig. 3 to 5 drops every three hours.

The treatment by the Mineral Acids is the best: e.g.
 \mathcal{R} Aromatic Sulphuric Acid gtt. xx , suspended and given every four hours, ^{or Phosphoric acid gtt. xx every 3 or 4 hours,} or Dilute Sulphuric Acid gtt. x , given in the same way, or Dilute Nitro-Muriatic Acid gtt. xx , in syrup and aquae every 4 hours, which latter is the treatment in the Pennsylvania Hospital.

Never treat complications, unless it is necessary to do so. The treatment by Turpentine except in cases of Tympany (gtt x in Emulsion) should not be used. The Cold Water Treatment is not practical; hemorrhage from Bowels and Pneumonias, are the result in many cases. Never over medicate your Patient. Put him upon the Mineral Acid or Iodine and Carbolic acid treatment; control Diarrhoea, & feed and Stimulate systematically. Don't treat the symptoms, unless they interfere with the patients progress, then treat promptly.

Fever Symptoms:-

Keep the Patient cool and Sponged off, ^{with Vinegar} and if the temperature is still very high, ^{over $103\frac{1}{2}$ and keeps so,} cloths wrung out in Ice water and ^{and repeated in 4 hours, if necessary.} lain on Abdomen and Chest, or the Cold Bath must be resorted to. When the skin is dry, Sweet Spirits of Nitre may be given, or a decided dose of Quinine gr xx ; or Antipyren gr vij-x . If stimulants have been given diminish them unless the Heart & Pulse are very weak. Always see that the skin and Kidneys are acting properly.

Abdominal Symptoms:-

If the Diarrhoea does not consist of more than 2 or 3 stools in the 24 hours, do nothing, but if they exceed that or are very large, give an Opium Suppository (Cat. grj) at night or zj of Purgoric after each stool. If that will not control it, don't give vegetable astringents, but give Bismuth or Carbolic Acid, or combine them e.g. \mathcal{R} Bismuthi gr x , Carbolic Acid gtt j , ^{Opii $\text{gr}\frac{1}{4}$} in Emulsion, or \mathcal{R} Plumbi Acetas gr ij , Opii gr $\frac{1}{2}$. M. Sig. every two hours, 'till effect is produced; or, ^{with Opii $\text{gr}\frac{1}{4}$ M. Sig.} Argenti Nitras gr $\frac{1}{4}$ every two hours 'till controlled; or, \mathcal{R} Zinci Sulph gr $\frac{1}{2}$ - j where it does not nauseate; or, Cuprum Sulph gr ss with Opii gr $\frac{1}{3}$ - $\frac{1}{2}$.

For tympanites zj of vinegar to Aquae zjij injected into Bowels or Turpentine zj - ij beaten up with white of Egg & water thrown into bowels, ^{suspending all other remedies,} or gtt x internally, and assisted locally by turpentine stupes. ^{or Cold cloths to abdomen or small doses of strychnia or pass a rectal tube high up in the bowels. or Never use the Asperator to Asperate the Bowels. ^{in very severe cases injections of Anacardiacae}}

5 P.M.

10-28-'86.

Thoracic Symptoms:-

The patients position should be closely studied. Never allow him to remain all the time, on his back.

If there is much congestion, the Carb. of Ammonia or the Aromatic spirit of Ammoniac may be used ^{with Turpentine internally.} as expectorants. ^{Assisted by} wet cloths sprinkled with turpentine and laid on chest. If necessary Dry cupping between the shoulders and at back of Chest, may be resorted to.

Heart Complications:-

There are really none except the weak Pulse, Disturbed Circulation & weak first sound.

Don't give Digitalis, but stimulate more with Alcohol. Small doses of Strychnia gr $\frac{1}{100}$, & Quinine gr viij - x in broken doses will do much good. Whiskey, Coffee & Pure Brandy are the very best stimulants. Cocaine, and Spts. Chloroformi Comp. are also very good. Doses of $\frac{1}{2}$ to $\frac{1}{j}$ of the latter is used extensively as a prompt stimulant in the Pennsylvania Hospital,

Nervous Complications:-

The best remedy is Opium gr $\frac{1}{j}$ of the Ext. in a suppository at night, or gr $\frac{1}{xx}$ of Sandalum repeated during the night. Don't hesitate to inject it if necessary.

Potassii Brom. is by itself useless, but may be given with the Opium to steady and prolong its effect. Chloral gr $\frac{1}{x}$ - $\frac{1}{xx}$, is very good when the heart is not too weak. When great Delirium is present, the daily use, as well as at night, of the Opium or Chloral, should be kept up, and in these cases never reduce the amt. of stimulants. Opium combined with Camphor ^{or Musk} is often of great value, in small, frequently repeated doses. ^{Never} allow a patient, to be Sleepless more than 2 nights.

When the Headache is very marked, shaving of the hair, & Ice bags applied may relieve it. ^{or better cold to head, with Sinapiens or Blisters to back of neck, or Chloral gr $\frac{1}{x}$ repeated 2 or 3 times.} If however it does not, apply hot water or a blister on the head; if these fail give a hypodermic injection of Crophnia. The Muriate of Ammonia or a cold bath 68° or 72° will often relieve the patient.

If there is Extreme stupor:- Bold stimulation, with positive attention to Action of Kidneys. Very strong Coffee or Caffeine gr $\frac{1}{j}$ does fulfill both indications, ^{with} High Temperature (105° or above) with Delirium, when other means fail, resort to the cold bath, repeating it if necessary in 4 hours.

Swelling of Parotid Glands:- Application of Ice over them is good treatment. If there is much loss of Power, give Strychnia.

Other Complications:-

Intestinal Hemorrhages:-

Reduce the amount of food, and if possible the Stimulants given. Keep the bowels at rest with Opium, and give Squirrels fluid Ext. of Ergot m xv - xx, or by stomach ^{or Ergotine gr $\frac{1}{4}$ - $\frac{1}{2}$} repeated every 1/2 hour or hour till all signs of blood has disappeared from the bowels. Mousell's solution gr $\frac{1}{4}$ - $\frac{1}{2}$ well diluted every 1, 2 or 3 hours as necessary is very good, as is also Plumbi Acetas gr $\frac{1}{2}$ with Opium ^{gr $\frac{1}{2}$} every hour. or the Following
℞ Tannic Acid gr x; Turpentine gr $\frac{1}{2}$ - x, M. Sig. in emulsion, every 2 or 3 hours.

Peritonitis:-

In these cases the toleration to Opium is very great. Keep the patient under it, giving gr x by mouth, and at the same time a suppository of $\frac{1}{2}$ or $\frac{1}{4}$ gr. Do this every 4 or 6 hours till relieved, all the time giving the patient as little food as possible. Increase, if necessary, the stimulants, and keep an Opium Impression up. This is a very dangerous, but not necessarily fatal Complication.

Further Notes regarding Typhoid Fever:-

The Temperature of Typhoid Fever, rises for the 1st five days; From then, on to the middle of the 3 week, it remains continuous, and then gradually declines, so that about the 21 or 25 day, it is normal, and in some cases below the normal. Exhaustive Sweats, sometimes occur, near the time of Convalescence and keep up for a long time. They are probably due to Debility. Paralysis, due most likely to ill nutrition of the Cord; sometimes occurs. The patients mostly recover, though the paralysis may be absolute. If at the onset of Typhoid Fever, there is a much coated Tongue, with Marked Gastric Disorders; begin the treatment with Calomel gr $\frac{1}{2}$ - x; with or without an Emetic.

1127n.

10-30-85.

Typhus Fever:-

Is found principally in galls, and along the Sea Coast. It is very contagious and is probably due to a Specific Poison, and there exists a great ^{nausea and ammonia} odor of skin in this disease, and if you stand eight feet from the patient, the chances of your taking the disease are diminished. It generally is found where there are bad Hygienic conditions, and may exist in the clothes of a person for a long time. It attacks all ages and sexes. It has no definite Anatomical lesion.

Symptoms:-

It begins abruptly with a severe chill, high fever, ^{delirium, stupor, & perhaps Coma;} Headache, ^{erected,} Constipation, ^{and eye, looking like a hard spun drinker,} Marked face, and weakness. In 4 or 5 days, the patient is obliged to go to bed, when a dark eruption will appear over the body. Short cases end abruptly about the 10th day. generally these symptoms go on till the 3rd week, and then end abruptly. The Bowels are most always constipated in this disease, and the patient has all the symptoms of Typhoid Fever except the Intestinal lesions. The pulse is very feeble, and the 1st sound of Heart very weak. The Urine is scanty, high colored, and contains Albumen.

Eruption:-

Occurs over the body except the face. It is large in ^{stationary course and plentiful,} size, and does not disappear upon pressure or end with life. It resembles the eruption of Measles, but may be known from it, by the eruption not appearing on the face, in this disease while in Measles it does. The spots may become purple or black, from extravasated blood.

Characteristic Symptom:-

Till the eruption appears, the temperature rises, and from then on till the 10th day, when in short cases it ends abruptly, it is continuous; in other cases it goes down slightly on the 10th day, and then up again, and is continuous there till the 15 or 16 day, when if the case gets well, a Crisis occurs. ⁴³ ^{the eruption} ⁱⁿ ^{Bad case} ^{Favorable crisis.}

Diagnosis:-

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

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

Relapsing Fever: might be mistaken for it, but in this there is Jaundice, Vomiting, Nausea, Violent pains in joints, and Gastro-hepatic symptoms which are well marked from the onset. There is swelling of the spleen and the fever, relapsing in character, will help to differentiate it from Typhus Fever.

Prognosis of Typhus Fever:-

It occurs at all ages, and the mortality rises with age. It is 5% more fatal than Typhoid? Cases of this fever with Parotid Swelling generally prove fatal? A vesicular eruption often appears and is unfavorable. The more albumen, the graver the case.

Treatment of Typhus Fever:-

Sponge the patient with a 1-1000 Solution of the Bichloride, two or as many times a day as necessary. Use disinfectants, and keep the bowels in a liquid state. Isolate and treat as in Typhoid Fever, all that comes from the patient. Stimulate (Brandy or etc. $\frac{z}{8}$ or less in the 24 hrs) As regards Medicines give the Mineral Acids; Quinine $gr\ 8$ to \bar{x} in the 24 hours, ^{especially toward the end of the disease} and an occasional? laxative & a cooling saline

Further Notes regarding Typhus Fever:-

For Lung Complications the great remedy is Turpentine. $M\ \bar{x}$ to xv every 3 hrs internally, with turpentine stoups externally. For the Nervous Complications Chloral; Cold to the head; and Opium in severe cases.

5 P.M.

11-3-85.

Cerebro-Spinal Fever:-

It may occur at the same time as Typhus Fever; but it is not contagious, though it spreads rapidly and exists very often in Epidemic form. It occurs in people who are fatigued, or poorly fed; most frequently during, the winter and spring months. It is due to a special cause, most likely a specific poison; which poison, may lie dormant for years, and then break out afresh. It greatly resembles Typhus Fever. Cerebro-Spinal Fever was not known until the year 1802. When after a time it died out, only to appear about 1860, since which time, it has become well known. As a rule, it occurs in Cold and Temperate Climates, and is therefore, seldom found in the Southern States. It mostly appears in Epidemic Form, and then disappears, leaving a little poison lingering around, for a year or so afterwards. It frequently is found at the breaking up of Seasons, or after a hard winter. It is a Fever, marked by its influence upon the blood, and in having the strongest tendency to Inflammation, of the Membranes of the Brain and Spinal Cord, which lesions are always found, if the case lasts 3 days. It is a disease of young Adults and Children.

The Morbid Anatomy :-

In Cerebro-Spinal Fever, consists in Inflammation of the Membranes of the Brain and Spinal Cord. Pus is poured from the Subarachnoid Spaces; the Pia Mater is inflamed, and sometimes, successive layers of lymph, are spread along the Spinal Cord, ^{and around it,} which exudation, takes place where the Nerves are given off, ^{aided along the Cord,} and so affects them. Thickening with deposits of Lymph, may occur in the Pia Mater. Congestion of the Brain, by infusion of Serum into the Ventricles & Spaces, and ^{with hemorrhages due to ruptured vessels} of the Spinal Cord occur. The Nervous Structure is compressed, and later, the more Superficial Structures become involved.

The Fibrin of the Blood is first increased, and afterwards diminished. The Blood Corpuscles are brittle, and the blood soon breaks down. The Kidneys, Liver, and Lungs are congested; Heart becomes granular; Spleen is enlarged; The Brain undergoes the same changes as the Cord, only to a less degree.

Clinical History of Cerebro-Spinal Fever :-

It begins abruptly with a ^{Fever & violent pain in head;} Chill; There is a sense of weight, at the back of the Head & Neck, and very soon slight rigidity of the Neck. Then Nausea; Vomiting; Headache, with great rigidity of Neck; arching of the body and Muscular Spasms. Pulse is irregular, and weak; ^{as are also Respiration, and temperature} the eruption, like that of Purpura, will be found on Body and Face. These symptoms continue, till the 9th or 10th day, when the patient dies of Exhaustion, or the symptoms lessen, and the Patient recovers slowly. Delirium, Pain in the Extremities; Disturbed Vision and Restlessness, are marked symptoms. This Fever sometimes develops Hysterical Symptoms.

The Eruption :-

Resembles that of Typhoid Fever, It is absent in about $\frac{1}{2}$ of the Cases, and when present, is not always uniform, sometimes appearing as small red spots, at others as simple redness, the spots do not disappear upon pressure. Herpes sometimes occurs around the lips & Face; It comes late, and is a good sign. Early & late eruptions of Purpura are bad signs

Fever, Pulse & Circulation :-

The fever is generally a very light one; in some cases, it is very little above the normal. It is very irregular however, as are also, the Pulse and Circulation. The Fever generally last from 5 days to end of 1st week, sometimes the 2nd.

Delirium :-

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

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

Abortive Cases:-

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

Fulminating Cases:-

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

Less Constant Symptoms:-

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

Prognosis of Cerebro-Spinal Fever:-

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

An early eruption is a bad sign, while a late one is favorable? Marked spinal symptoms are mostly bad; Herpes is looked upon as being favorable. Pregnancy is unfavorable as are marked nervous symptoms.

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

5 P.M.

11-6-85.

Diagnosis of Cerebro Spinal Fever:-

Typhus Fever: might be mistaken for it; but the time of the Eruption, Shortness of the Fever, Arched back and Neck, Vomiting, &c. would differentiate between them.

Malarial Fevers: may be confounded with it, but the jumping Fever, and the useless of Quinine, would distinguish it.

Typhoid Fever:- may be taken for it, but the difference in character of the Fever and Eruption, Want of enlargement of the Spleen, and the Constipation would assist in differentiating.

Pneumonia: could not be mistaken for it, if you studied the violent headache, Eruption, Fever, &c. Diag. here is sometimes very difficult.

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

Treatment of Cerebro Spinal Fever:-

Cold Early, apply to the head and ^{or bitter, steady Cold or Blister to the back of the neck;} continue it; ^{Pay attention to the bowels,} In proper cases, use cups or leeches for headache. Keep up systematic feeding. Don't use quinine, but Opium, always giving it, up to the point of tolerance. It is especially good in Children. give gr i or ʒ every 1/2 hour, making gr ʒij - xxjʒ in the 24 hrs to children, combined every 3 or 4 hour with Potassii Brom gr xx; it produces a tolerance to Opium, besides its own use. Chloral combined with Opium is good. Diaphoretics (Gaborandi in small doses) should be used. Don't give Stimulants unless necessary to sustain life.

Treatment after Eruption begins:-

Make hot water applications to the head and spine; keep the patient well nourished, and if necessary give Digitalis and Stimulants, but don't use them except for especial reasons. ^{Hydrag. Bichlor. is good, but slow,} Assist Eruption with Potassii Iodidi, &c. In cases accompanied by convulsions, give Quinine as a tonic and nourish carefully. Convalescence is tedious, & after recovery allow no straining, &c. In fulminating cases, cold baths, and diaphoretics, may be used. also stimulation = hypodermics of Brandy, Whiskey or Ammonia.

Further notes regarding Cerebro-Spinal Fever:-

The two best remedies are Opium and Potassii Bromide, These two alternating form the very best treatment. The Deod. Tinct of Opium is the best preparation for children. The earlier you give the Opium the better. It should be given till contracted Pupils & drowsiness come on, and kept up.

S.P.M.

Malarial Diseases:-

11-7-'86.

Consist of a group of diseases, presenting certain symptoms, and due to a particular form of polluted air. These diseases are very common, and are probably due to a micro-organism, the result of Vegetable decomposition. When this poison enters the System, it most likely, regenerates its self rapidly, especially in the small intestine, which is most likely the cause of the enlargement of the Spleen. It is a night and early morning poison, and when taken, is hard to get rid of, as the least fatigue may occasion a recurrence. The malarial poison does not exist at any 1500 ft. above the sea level, as it is a heavy poison, and is mostly found in low, damp & marshy places. Salt water, Eucalyptus & other trees; Soil drainage, Plowing of the Soil, &c. will in time destroy it. Cold & Dry Climates are its greatest enemies. The colored race are almost exempt from Malaria. This poison generally attacks those who are fatigued and weak. Exposure to cold, dampness, &c, will often produce it especially in those predisposed to it. The attacks may come on every 1, 2, 3 or 4th day, and are known as Quotidian, Tertian, and Quartan, respectively. A case having two attacks on the same day is known as a Duplicate Fever. Almost all periodical fevers, have their attacks occurring a little earlier each day; the recurring attacks happen in the day time not at night. There is a strong desire in Malaria to return every 7 days. 49, 7-14-21-28-35-42, &c. It is taken up by water, which if swallowed will, most likely, produce the disease. After Exposure, it may break out at any time

Intermittent Fever:-

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

When a chill is present, there is always beginning high temperature. The fever next comes on, and lasts much longer, the temperature rising still higher. The sweating stage follows, and in this stage the fever goes down a great deal, sometimes even below the normal. In the sweating stage, the urine is Alkaline or Neutral.

Yawning, lassitude, and much sneezing are signs of Malarial infection in some persons. During the Cold & Hot Stage, the Urine is scanty and sometimes contains Albumen & broken down Blood Pigment.

Symptoms of Intermittent Fever:-

Great Fever; Severe chill; Blue lips and Nails;

Much yawning: this may last from a few minutes to two hours or more, when the hot stage comes on: the fever increases, there is headache, Mental excitement, Delirium, throbbing pulse, Dry skin, Scanty urine; this may last from 4 to 6 hours or longer, when it is followed by the Sweating stage, which generally continues for 2 or 3 hours. In this Stage the Secretions are free and the Temperature falls to or below the Normal.

Diagnosis of Intermittent Fever:-

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

Prognosis of Intermittent Fever:-

The Prognosis is favorable. Long continued cases bring with them marked changes, as, Anaemia, Enlargement of the Liver or Spleen, &c. A case if not treated, may go on for a long time; but usually disappears or changes into a Malarial Cachexy, after 12 or 15 Paroxysms. The change is gradual.

Treatment of Intermittent Fever:-

If a chill comes on at 11, and it is now 10, and you wish to prevent it, inject gr $\frac{1}{6}$ - $\frac{1}{4}$ of Morphia; or Chloroform \mathfrak{z} ss doses internally, or give by inhalation, or Jaborandi; Fluid Extract \mathfrak{z} ss, repeated in $\frac{1}{4}$ or $\frac{1}{2}$ hour if sweating is not produced.

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

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

In the Sweating Stage keep the patient comfortable.

To prevent a recurrence, give Quinine gr xx to xxv , in 2 decided doses during the Fever Stage; but better, give comparatively small doses after the Chill, and then about 2 or 4 hours, before the next Chill give a decided dose. Give the Quinine in solution when possible. Spts. Etheris Nitrosi, Chloroform and Elixir of Taraxaci, added to the Quinine, make it better borne by the Stomach, and makes it better to take. To dissolve Quinine, add \mathfrak{gtt} \mathfrak{z} or a little less, of Sulphuric Acid to the gr \mathfrak{j} of Quinine.

If the Quinine does not have the desired effect, purge the patient before giving it up, with Jalap or Rouchelle salt. The Fluid Extract of the bark, may be tried if Quinine fails. If no preparation of Quinine succeeds, give Arsenic if you have time, \mathfrak{R} Fowler's Solution \mathfrak{ij} - \mathfrak{v} , gradually increased.

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

\mathfrak{R} Iodine \mathfrak{gtt} \mathfrak{ij} daily (largely diluted) increasing till \mathfrak{gtt} \mathfrak{x} is reached, is a good but slow treatment.

In chronic Intermittent \mathfrak{C} uprum Sulph gr $\frac{1}{2}$ tid, is good treatment. The Chronic Cases, are best managed with the Quinine treatment \mathfrak{eq} . gr \mathfrak{iv} every morning on an empty stomach or with the Arsenic treatment; Ferri Sulph. combined with the Quinine or Arsenic treatment, is often very beneficial. In these cases keep up the strength of the Patient, if necessary putting him on a course of Ferri. For the Enlargement of the Liver & Spleen, give Fluid Ext. of Ergot \mathfrak{z} ss - \mathfrak{j} three times a day by mouth. For the Liver give Nitro-Muriatic Acid \mathfrak{gtt} \mathfrak{ij} to \mathfrak{v} largely diluted, between meals, and a morning laxative. Avoid all starchy foods.

Further Notes regarding Intermittent Fever:-

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

Liquorice, Salicylic Acid, and Chocolate disguise the taste of Quinine.

11 a.m.

11-10-'85.

Remittent Fever:-

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

The lesions found are very marked, eg. Enlargement and softening of the Spleen, which assumes a Chocolate color. The Liver has the same color and is well marked. The above are Characteristic Lesions. The Blood contains Pigmentary deposits and the Corpuscles are smaller. There is generally a catarrhal inflammation of the Stomach, and sometimes of the Intestines. It is far more dangerous than Intermittent Fever. It is also known as the African, Bilious + Biliary Remittent Fevers.

Symptoms of Remittent Fever:-

It begins abruptly, with a chilly-high Fever, 104°, 105°, possibly 106°, A high and bounding pulse, congested eyes, Nausea Vomiting and gastric disorders. The patient will remain in this state from 6 to 12 hours. When he will begin to perspire; he now seems much better, the temperature probably being about 101°. This remission may last from a short to a long time, when the Symptoms come on again. This state of things goes on until about the 9th day, A Coated tongue, headache, great restlessness, being added to the symptoms, when ^{the fever} assumes one of two forms, either terminating as a case of Intermittent Fever, or in a fever of continued type, eg. Typho-Malarial

Fever. The unfavorable cases are the ones terminating this way, and when they do so, it is made manifest, by a low continued fever, delirium, Dry tongue, picking at bed-clothes, &c. also tenderness at pit of Stomach, yellow Conjunctiva, Congestion of the Liver, and black-tary stools. When the latter disappear, it points to recovery.

Morbid Anatomy:-

Spleen will be enlarged, and of a slate color, as will also the Liver. = characteristic of Malarial Remittent Fever. The discoloration is from Pigmentary degeneration, which has accumulated in those organs, and also, sometimes, in the Blood. Stomach is red, inflamed and greatly congested, as are the Intestines and Kidneys.

Diagnosis of Remittent Fever:-

Under ordinary circumstances it is easy. Inflammation of the Brain may be mistaken for it, but in this, the nausea and vomiting are not so marked, and the coated tongue & yellowness of skin are absent, and again the symptoms are more steady in character, and do not change so often. Syphilitic Fever would be differentiated from it, by considering the history. A fever in the Puerperal State, and Yellow Fever might be confounded with it, but their differential diagnosis will be discussed further on.

Prognosis of Remittent Fever:-

It is fatal if left alone, but favorable when properly attended to.

Treatment of Remittent Fever:-

If you see the patient during a Paroxysm, dont wait for remission; Give Quinine at any time, only give it in a form so that it will be absorbed. give at least gr xxx in the 24 hours, and continue it for several days, before reducing it. Give the Quinine in solution or in powder, and keep up small doses, for some time after patient is well.

Purge the patient giving in an early case \mathcal{R} Calomel grv, and in a later case \mathcal{R} Potassii Tartras and other Salines, Rochelle salt, &c.

When violent inflammatory states exist, or headache, delirium, &c., give \mathcal{R} Aconite gttj every hour or two, with your Diaphoretics, Ice to the head, Mustard to back of neck, and in proper cases bloodletting.

\mathcal{F} iv - \mathcal{v} j from Neck or Temple.

For sick stomach, give Calomel gr $\frac{1}{2}$ with sugar of milk every 1 or 2 hours, or gtt doses of Hydrocyanic Acid or small pieces of Ice or Effervescing waters or a Blister to Epigastrium. or Minute doses of Morphia gr $\frac{1}{32}$ every hour or two. is also good, and would be the better, were it not for the existing headache, Constipation, &c.

Where these means fail, Distend the Stomach, which will cause one of two things, either causing Patient to vomit, and thus getting rid of the mucous, or in simply distending the stomach and thus overcoming its irritability.

In rare cases hemorrhages from the Bowels and Kidney may occur, in which case, give small doses of Sulphuric Acid or Turpentine.

If Black Stools are discharged, a Laxative should be given. If the Headache is a symptom, give Bromide, but if it will not be relieved, shaving of the head & Ice-bags, or leeches may have to be resorted to, or better Blisters to the back of Neck & Local Blood-Letting in proper subjects.

Further notes regarding Remittent Fever:-

If after 7 or 9 days, the Fever, is not Broken, but still continues, reduce the Quinine to gr viij in the 24 hours; keeping the Laxatives and Fever Mixture up. Always put the Patient on a light, easily digested diet; nothing solid or heavy.

5 P.M.

11-11-'86.

Malarial Cachexy:-

Mostly found in persons living in a malarial district. The Person is generally of a sallow complexion; Anaemic; Short of breath; Despondent; Constipated; Has torpor of the Liver; Dark colored, offensive stools; High colored and scanty urine; Want of Appetite; Hemorrhoids, &c.

Liver & Splenic dullness will be increased, and the latter is often of a glistening color; Dropsy is sometimes present. In some persons a certain periodicity as regards "Time" occurs. The prognosis is good, if the patient is well treated.

Treatment:-

Change his place of residence, send him to Sea, if possible. Act upon the skin especially by Vapor & Steam Baths. Give Quinine gr *ij* or less, upon awaking in the morning; Let him take a daily hot bath & Exercise, together with purgatives, will often cure.

Where Quinine fails to act, Iron combined with the above will often cure. For Enlarged Spleen, give Potassü Brom. Internally, apply Hydrarg. Iodidi (The ointment) well rubbed in, over Spleen. but better, is Fluid Ext of Ergot *zss* tid. It is more active if injected hypodermically. The earlier it is used the better.

5 P.M.

11-13-'86

Irregular Malarial Manifestations:-Pernicious or Congestive Fevers:-

As a highly malarial fever, occurring mostly in debilitated persons, especially during a long, continued, heated Spell. About 2% of all malarial fevers become Congestive. The mortality is about 20%. It is found where ever Malarial fevers of high character exist, especially in hot climates, and exists in various, according as to what Organs are affected.

Head Cases: Congestion of the Brain:-

It is not apt to start as such; but generally comes on after a few Paroxysms of an ordinary Intermittent fever. Violent delirium; Rapid pulse; Cool Skin; Intense excitement, &c. These symptoms may last for several hours, when a remission may occur, which again, will be followed by a Paroxysm, the Patient now being much worse. A more common form:- is the Thoracic Variety, in this form, the Internal Organs are much Congested, although the Skin, will feel cool to the touch. These cases may also last several hours, when an intermission occurs, which is followed, as in the above form, by a more intense Paroxysm. Very few persons recover, after more than two paroxysms, in either variety.

Choleric Variety:-

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

Comatosed Variety:-

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

Prognosis:-

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

Treatment:-

Give Quinine gr $\times L$ at least, in solution and as soon as possible, Give the Quinine hypodermically, if you think it will not be absorbed in time by the Stomach. e.g. Dissolved in a saturated solution of Tartaric Acid. The dose this way, is about $\frac{1}{2}$ of the Internal one. The Hypodermic should be given at once, and if the Pulse is feeble, give Atropine gr $\frac{1}{80}$ with it, and also small doses of Morphia throughout the disease, except in cases of Cerebral Congestion.

If the Skin is very hot, rub the Patient down, with Ice & Cold water. Watch the Congested Organs, if the Lungs; Dry Cup if proper. if the Bowels; give Opium, &c. and in all cases take care of the Skin. If the Skin is cold & dry, rub it with hot turpentine or Capsicum to bring about Action. If Heart is weak, give Stimulants, but as a rule, you had better not stimulate during Paroxysms.

Hemorrhagic Malarial Fever:-

As sometimes called Yellow Disease. It is remittent in character, and is found principally in Texas, Alabama, and Florida. If not treated promptly, 66% of these cases die. It is a dangerous disease, and is extending in this Country. Autopsy reveals

(Diffuse Congestion Enlarged Liver, Spleen & Kidneys which latter are full of Bristledown Clots)

Symptoms:-

Chill, Temperature perhaps 105°. Patient is very ill; Vomiting (sometimes of blood), A sudden turning yellow, followed by a stopping of the vomiting. The jaundice continues, and the patient begins to pass black urine, usually at the end of the hot stages. The Black urine consists of broken down blood. In the interval between the Paroxysms, the jaundice and other symptoms, nearly pass away, only to appear in the next Paroxysm. There is great congestion of the Kidneys and Liver, the Gall bladder, is much distended. Hemorrhages may occur in other viscera, but as is generally limited to the Kidneys.

The Urine becomes more normal, and regains its color, in the intermissions; thus the case goes on, the patient recovering slowly, if at all. Or he may die 1st From debility due to loss of Blood, &c.; or 2nd From Uræmia due to Congestion of the Kidneys, with retention of Urea in the System.

Diagnosis:-

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

Treatment of Hemorrhagic Malarial Fever:-

Quinine in decided doses, as in the Congestive form. Give Opium in small doses, when not contra-indicated, Tend to action of Skin, and treat the symptoms in the following way: jaundice, act upon the upper bowels, \mathcal{R} Calomel gr v - \times followed by a saline

Hemorrhage, (Turpentine but if that causes Gastric irritability), give \mathcal{R} Ext. Ergotæ Fluidum. \mathcal{z} ss every hour, after the hemorrhage appears, keeping it up 'till all blood disappears from the Urine. Dil. Sulphuric Acid gtt \mathcal{v} - \times every hour, is the best treatment beginning early in the case, has a marked influence on the Blood, is soothing to the Stomach, and will stop the hemorrhage. The Sulphuric Acid and Ergot may be combined if you wish it. Keep the patient on a milk diet, give diluent drinks, and keep the Kidneys acting, all the time. Dil. Sulphuric Acid is the best treatment for the Hemorrhage. Tinct Ferri Chlor; Turpentine; Acid Gallici gr x to xxx repeated at short intervals are also good.

After the Patient recovers from the Acute Malady, give him long courses of Mineral Acids, Ferri, &c. with the steady use of small doses of Quinine. Keep the Kidneys acting, by water + Spt. (Mitre sweet) Mineral waters, &c.

Typho-Malarial Fever:-

As Typhoid Fever occurring in a case of Malarial Fever, with some of the Malarial symptoms added.

Further Notes regarding Hemorrhagic Malarial Fever:

The treatment does not differ materially from a bad case of Remittent Fever. Give Quinine gr xxx a day, at least. Tend to the Fever, and Hemorrhages. In the latter ~~gt~~ ^{gt} ~~to~~ ^{to} x of Dil. Sulphuric Acid every hour, till the Hemorrhage ceases, is the best treatment. Keep the Kidneys acting + give occasional mercurial Purgatives, and after recovery give long courses of Mineral Acids, Ferri, & Quinine.

Intermittent Haematuria, may be known ^{as} Hemorrhagic Malarial Fever, by its having no Fever, Jaundice, &c. and being only occasional Renal Bleeding.

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

11 A.M.

11-15-'55.

Yellow Fever:

Belongs to hot climates and low lands, near the sea coasts. It is seldom found inland, and belongs principally in this country. It is due to a Special Specific Poison, which will adhere to clothes and other things. It cannot exist in cold, and generates its self only. The length of the average case, is about 6 days, and consists of one Paroxysm and three stages, e.g. The 1st or Fever Stage, is the main part of the disease, and lasts mostly from 2 to 3 days. The 2nd is the Stage of Remission, which lasts from 8-24 hours. & the 3rd. Stage, is the one in which the Symptoms come back, and which generally ends in Collapse, after lasting, according to the strength of the Patient, for one or two days. The fever begins with one marked Paroxysm, followed by a chill and then collapse. The Majority of cases end on the 5, 7 or 9 day, and by that time, the Patient is either Well or Dead.

Morbid Anatomy:

The Stomach is red, congested, engorged and inflamed, and many of its vessels are ruptured. There is a Yellow Liver, due to a fatty degeneration of an acute character. The Heart undergoes a granular degeneration, and becomes softened. The blood is in a state of dissolution and is found in the Pericardium and other viscera. This is what is called the "Black vomit". Degeneration and engorgement of the Kidneys and shedding of their Epithelium occurs. The Small Intestine becomes soft and Extravasated.

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Symptoms of Yellow Fever:-

It usually begins abruptly with a chill, and a pain in the back at night, which is very severe, and soon extends to head and legs. Persistent Nausea and vomiting, Much gastric irritability, ejected eye, Restlessness and a fever of moderate degree. The Patient remains strong = Characteristic Symptom. After 2 or 3 days the lull comes on, and the patient seems well, but very soon a Yellowness of the Skin comes on, which is followed by an outbreak of great violence, Very high fever, Exhaustion & Collapse or Cerebral Symptoms come on, the Yellowness increases, and is followed by the Black Vomit, which is nothing more or less, than Broken down blood. During the Paroxysm, the patient's eyes are watery and ejected, giving him a very fierce appearance. There is Albumen in the urine. In favorable cases the patient becomes yellow during the lull, the Conjunctiva only slightly discolored, and before 24 hours at most the Patient begins to recover. This however is seldom the case; generally the Yellowness increases, Patient vomits black fluid, followed by Blackened Vomit, he has a compressible pulse, great restlessness, Scanty urine, Delirium Convulsions and Coma. All the symptoms of Arsenic Poisoning may occur. The Patient might possibly Rally, but recovery is extremely rare. In the Inflammatory type of this disease, there is a tendency to locate in some special place, generally where the temperature is high. Malignant Bilious Fever is Yellow Fever, and is mostly called that when seen in the latent, or walking cases.

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Fever of Yellow Fever:-

During the 1st. stage, it is a moderate, continued one, eq. 98.5 ¹⁰²/₁₀₀ and soon. About the 3 or 4 day, or during the 3rd stage the Fever will go up to 104° or 105°, and will continue there until the termination of the case. The fever will go to the normal, if patient recovers right after the lull, and will hardly go up at all.

Pulse of Yellow Fever:-

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

Yellowness of Skin:-

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

Black Vomit:-

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

Diagnosis of Yellow Fever:-

Is generally an easy one, if you consider the symptoms.

It might be mistaken for Hemorrhagic Malarial Fever; but in this there are several Paroxysms, and Hemorrhage from the kidneys is mostly present here, while it is the exception in Yellow Fever.

It may be confounded with Bilious Remittent Fever, but the duration of this disease; The non-suppression of Urine; Quick Pulse, throughout the disease; Great Muscular prostration, Albuminuria, Absent; And the facts there are several Paroxysms, and that the Tongue is heavily coated will help differentiate it.

Causes and Contagiousness:-

A Special Specific, probably a Germ, which may lie dormant for years, and which produces its own Fever. It is favored by heat and bad hygiene, and killed by cold and great heat. Filth, &c, by themselves will not produce; they simply favor it.

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

Prognosis of Yellow Fever:-

Varies in Epidemics, to between 10% and 75% Mortality. As a rule; 85% of the patients die. Cases having a good open development, do better than the dull, congestive ones. Cases having a long lull, do well, as do also Natives and Children that is, the latter two, fare better than Adults or Strangers. Black vomit is a bad sign, although persons have recovered after it has appeared; It is much less grave in Children, than in Adults. Much Albumen indicates an extremely bad case.

Treatment of Yellow Fever:-

Isolate Patient, and disinfect every thing coming from any place where the poison is. All Cargoes exposed to a steam heat of 250° will destroy the Poison. Look to personal hygiene, avoid fatigue; diet well on good, solid food. Good nursing is of the greatest importance; keep Patient quiet, and room well ventilated and cool. Give as little food as possible. A little Milk and water, Barley water, weak Chicken Broth, in the first stage; During the fall, the diet may be increased, but only with the blandest foods, and only enough to keep him alive. Rectal injections of Egg beaten up with Brandy if weakness

exist, and other things, may assist in feeding the Patient slight in this disease.

Drinks: - Lime water, (juice); weak Lemonade; Orange Juice; Orange Acid, &c., without much sugar, may be taken hot or cold.

Carbolized water may be used, as may also Ice, which latter may stop, Nausea & Vomiting. In the full and later stages, if necessary give Stimulants, eg, Champagne; Carbonic Acid water; or Lime water and Brandy.

Medical Treatment:

Laxatives should be employed in the early stage of the Fever, eg, Calomel gr̄x, followed by a fractional dose, Castor Oil, &c.; the early treatment being to act upon the Bowels.

Give Quinine gr̄x to xij in the 24 hours, and use Diaphoretics.

As the case advances, Quinine becomes especially good as a tonic. A tea made of the leaves of the Orange tree, and taken hot is a good diaphoretic as is also the following.

℞ Potassii Carb. gr̄	} or this	℞ Sodii Carb.	}
Paregoric ℥m̄xx		Morphiae Sulph.	
Aquae ℥i		Aquae Suroceasi	
M. Sig.		M. Sig.	

During the lull give Quinine and see that the Secretions are kept free, especially that of the Kidneys. When the temperature is very high, a Cold bath may be very beneficial. Always use a Thermometer; keep the temperature down,

and in the 3rd Stage, or Stage of Collapse, stimulants are of much value; Champagne, at times, being especially good. In this stage the Quinine is continued; keep the Skin and Kidneys acting, and keep the latter well washed out. Turpentine is given to keep the hemorrhages in check. The Cold water treatment should not be used, unless it is positively necessary, as regards Fever and Brain Symptoms.

For the Inflamed Stomach:

Mustard at pit of Stomach, and Pellets of Ice, Carbonated waters, and as especial remedies, ℞ Chloroform gtt̄viij - x, in gum water well diluted. or Plumbi Acetas gr̄ij, frequently repeated. Jaborandi would be especially good, were it not for inflammation. If you use it at all, give chloroform with it, to prevent bad effects.

Further Notes regarding Yellow Fever:-

5 P.M.

11-20-85.

Eruptive Fevers:- Scarlet Fever:-

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

Scarlet Fever:-

Is extremely common, and is the most fatal of the Eruptive Fevers. It takes its name from the Eruption, and is rarely found in warm or hot climates. In this disease there is a strong tendency to Sore throat, and where this tendency, together with Fever & Eruption exists, it is called Scarlatina Simplex. Where the above is more marked Scarlatina Anginose, and where they are very much marked, Scarlatina Malignant. There is also a latent Variety.

Scarlet Fever protects its self from a second attack, except in rare cases, where the susceptibility to it, is very great. It comes in Epidemics, but single cases may be found at all times.

Symptoms of Scarlet Fever:-

High fever, high pulse, and vomiting without apparent cause, Inflamed throat, dullness and restlessness, Sick stomach. At the end of 24 hrs. a rash appears, beginning on face and neck, and spreading in a few hours, all over the body. The fever continues, the gastric irritability lessens, the throat symptoms become more marked, and the glands of the neck swell. The Eruption remains at its height (from 24 to 48 hours), ^{for 3 days} when it begins to fade as it came on, so that by the beginning of the 2nd week, nothing or little of it is seen. From this time on to the 10th day, the skin begins to peel off in little scales, at first but which may become larger. This peeling may go on for a long time; but when recovery takes place, the scales have disappeared. Sometimes a fresh Cuticle forms and scales. Great emaciation is present, and the throat symptoms continue throughout the Disease, and sometimes into convalescence. The other types of Scarlet Fever are simply worse forms of the above.

Lesions of Scarlet Fever:-

In Scarlet Fever, the tongue, is as a rule, lightly coated, although the Papillae are red and prominent. There is at first swelling of the Tonsils, the epithelium being more cloudy and darker. More or less inflammation of the Tonsils and of the Glands, of the neck is present, and may spread to the ear and to other parts of the body. There is a light inflammation of the skin due to severe congestion & filling of the Capillaries & spaces of

the skin, from the glands of which there are slight hemorrhages. The epithelium of the Glands, Skin and other parts of the body is extremely granular. Granular epithelium is also found in the Kidneys, and sometimes in Peyer's Patches. Dropsy is often present generally due to exposure. In 9 cases out of 10, it is associated with Acute Bright's Disease, the 10th case, not being due to Bright's Disease, when Albumen is not in the Urine.

Pulse and Temperature:-

The pulse is of extraordinary rapidity, ranging between 120 and 160 beats per minute. It commences early, and lasts throughout the disease, and even into Convalescence. The Pulse rises very high, and diminishes when the Eruption appears to go away. It still exists during the end week in the average case, being more marked in the afternoon exacerbation. High Temperature is an early symptom, and outlasts the Eruption.

The Eruption of Scarlet Fever:-

Comes on early (1st 24 hours.) Appearing first on the Neck and Face, and then spreading over body and limbs, taking from 24 to 36 hours to spread. It remains at its height for (2 or) 3 days, and then begins to fade. Some evidence of it may be found in the 2nd week. It is a general red rash, with points of coloring and is influenced by pressure, except when the Fever is connected with other affections. The eruption is especially well marked around the joints. As the Eruption disappears, desquamation commences and continues for a long time.

Diagnosis of Scarlet Fever:-

Easy in most cases, if you consider the symptoms carefully, eg. Extremely rapid pulse, ^{causeless Vomiting} preceding and following Eruption, high fever, ^{104 to 105°} early eruption, great restlessness, nocturnal delirium, &c. = (more marked in brain cases)

The cases of delayed eruption, are the ones that give trouble. Typhus Fever may be mistaken for it, especially, when Cerebral symptoms, and symptoms that bespeak inflammation of the Brain exist. There is only one way of differentiation, eg. The very rapid pulse, Temperature about 105°, Vomiting, &c.

Measels may be mistaken for it, but in this there are Catarrhal symptoms, and the eruption appears on the 3rd day.

Roseola may be mistaken for it; but in this there are no throat symptoms, only a light fever, and the eruption comes and goes.

Break Bone or Dandy Fever may be mistaken for it, but in this there is much pain on motion, associated with constrained movements, and the Eruption is irregular.

Prognosis of Scarlet Fever:-

General average of Mortality is about ^{to 30%} 10%. There is an inherent susceptibility to it in some People. In puerperal woman it is extremely bad, as are also cases, having a temperature above 105°, or where throat troubles and swelling of the glands of the neck, &c. exist to any great extent; or where grave Cerebral Symptoms exist, and in cases having a delayed eruption. Cases complicated with Dropsy or

Rheumatism, are not unfavorable, and recovery is likely in cases that run on smoothly, or in those that have a good open development.

Complications, likely to result.

Long standing Anaemia with enlarged glands, or Deafness from inflammation of the Middle Ear, or from perforation of the Tympanum, or Inflammation of the Eye, or persistent diarrhoea, lasting for months, or Rheumatism associated with heart lesions. The most common complication, is that of Acute Bright's Disease, and is the most dreaded, on account of its being apt to become complicated with Renal Dropsy. It generally appears during the stage of Desquamation, though it may be as late as the 6th week after the original attack. During the Disease, examine the urine often. Inflammation of serous membranes may occur with the affection of the Kidney, as may also Lung Troubles.

11 a.m.

11-25-85.

Treatment of Scarlet Fever:-

Isolate the patient; Allow no one to come near him unless necessary; disinfect everything, every thing that comes from him, and wash all dirty clothes separately. Disinfect all discharges, and sponge the patient off with disinfecting solutions. When the Desquamation begins, collect all the scales and burn them. The room should be fumigated with Sulphur or Coffee,

Paint washed with Carbolic Acid solutions, and every thing around should be thoroughly disinfected.

If possible have the paper removed from the wall, and allow sulphur fumes to circulate in the room afterwards.

Belladonna and Quinine, do not prevent Scarlet Fever. Never treat the symptoms, unless they are very prominent. Treat the case if possible, in one definite manner.

℞ Ammonii Carb. gr.ij every 3 or 4 hours for a child 10 years old.

or ℞ Potassii Chlor. ℥i - ℥jss, dissolved in Barley water and given in the 24 hours. is good treatment.

or ℞ Tinct. Ferri Chlor. in small doses frequently repeated,

or ℞ Acidi Carbolicum gr.ss, well diluted every two hours, to a child 8 to 10 years old, is good treatment. Small doses of Chloral from the beginning of disease is very good.

Keep up the secretions, and if the pulse is very high, give Digitalis, if full, Aconite. Baths or Sponging off with warm water is good. If the temperature is very high, use cold water, even constant bathing with Iced water may be resorted to in cases having high temperature complicated with high nervous symptoms, &c.

|| Fatty injections are good, eg. Goose Grease, Bacon Fat, or Glycerine combined with Cologne and water aa. Vaseline is also good.

Glycerine with Rose Water is very good especially if Acid Carbolic is added, The above are also the best applications for the itching.

For the Fever:-

Give Ammonii Acetate or Potassii Citratis with small doses of Morphia. Also apply cooling lotions to the skin. If the Fever is still very high, (104° or 105°), give decided doses of Quinine, or at the same time you are giving the Fever Mixture, some Digitalis may be given with it. Antipyrine may be given, but is not as safe a remedy as the others. or Sponge with Iced water & if complicated with Cerebral symptoms, use the Cold Bath. Antipyrin gr.ijss ^{for a child 15 yrs. old.} every hour till sweating is produced is very good.

For the Delirium Restlessness & Quick Pulse.

Chloral from the beginning is here invaluable. Give stimulants but it is in these cases that Alcohol is especially good.

When Desquamation is established, give small doses of Tinct. Ferri, so as to improve the blood, and prevent Renal complications.

For the Throat Complications:-

Enlarged Glands, Tonsils, Foetid breath, &c. spray the throat with weak solutions of Potassii Permanganate or Sodii Bicarb. Keep the parts clean, and use Monsel's Solution, 1/2 strength. For the enlarged Glands apply Ice, but not often or long enough to chill the parts.

If Ice does not succeed, poultices to bring the parts to a state of resolution will act better. "Phymol gr x to the ℥j of Glycerine, Alcohol and Aqua" or "Acidi Boracis, Glycerine, Alcohol and water (1,49, 50, & 900 pts Respectfully)," are good throat sprays. as are also Glycerine & Sims Water ʒpts. and Borac Acid.

Deafness:-

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

Renal Complications:-

Keep up the secretions and see that the Kidneys act freely. Give diuretics; the best is Digitalis, in the form of the infusion, as that form is best borne by the stomach. Jaborandi is invaluable when dropsy is present. As a rule however, it is not usually employed owing to its depressing action.

When the more Acute Symptoms subside, and Pain & Dropsy remain, give Ferri in combination with Ammonii Acetatis or what is especially good here Basham's Mixture and Quinine.

Nourishment of Scarlet Fever Cases:-

Do not give Animal food, and put on Milk diet if possible, and keep it up far into convalescence, Patient may have a soft boiled egg now and then, but the nourishment must be of the blandest kind. Nourish as in Typhoid Fever cases, &c. Small quantities frequently given. Don't allow the patient to go out, till at least 5 weeks after Desquamation has ceased, as complications may thus be avoided.

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

Convulsions:-

Belong to extremely bad or Malignant Cases. In treating, give small doses of Chloral, ^{Potassij Brom. Purgativus.} and to keep the heart going stimulate with Alcohol. Put in a warm bath, and pour cold water on head. Late convulsions are generally uraemic ones, & are best treated by Chloral, Dry Cups, Mild Diuretics

Further Notes regarding Scarlet Fever:-

In the Malignant Cases Early + Bold Stimulation and where high temperature exists Cold Baths, is the best treatment

In the Anginose Variety Tinct Ferri Chlor gtt v to viij every 3 hours without or with Potassii Chlor. is the best treatment.

If possible, keep a Child from getting Scarlet Fever, till it is 10 yrs old.

5 P.M.

11-27-'85.

Measles:- more correctly Morbilli:-

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

Symptoms:-

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

Fever in Measles:-

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

Eruption of Measles:-

The eruption appears about the morning of the 4th day. It is first seen around the lips and on the face. It consists of coarse, red spots, arranged in Crescentic form, It is not influenced much by pressure, and the intervening skin is healthy. As the fever lessens, the eruption becomes less red, and very fine scales happen at the end of the disease. The Eruption is sometimes delayed, and when it comes it has a livid hue; It is then Black or Malignant Measles. There are cases in which the eruption returns, The last two are dangerous. The eruption is due to simple hyperaemia of the skin. When the Eruption appears, there is always high Fever.

Complications:-

Bronchial Pneumonia and Bronchial Affections, and Chest Complications generally, are apt to occur in Adults; Ear and Throat lesions, and solidity of Lung, may occur in Cachectic children. Pneumonia and Pleurisy often happen.

Prognosis:-

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

Diagnosis of Measles:-

Easy, if fever, catarrhal symptoms, crescentic eruption, with intervening healthy skin, the time of the eruption, and its not being modified by pressure, and the course the fever pursues, are considered.

The period of incubation of Measles, is in the second week. It is very contagious, and can be inoculated.

It might be confounded with Typhus Fever, but in this the rash is never on the face.

Scarlet Fever may be mistaken for it, but here Catarrhal Symptoms are absent, and the Fever is graver, Eruption different, and there is usually considerable Angina.

Treatment of Measles:-

Keep the patient warm and comfortable, and the skin acting; also the Bowels & Kidneys.
 ℞ Potassii Citratis Sol. or Ammoniac Acetatis Sol.
 For high fever Acornite added to the above is good, and in cases where the fever is irregular.

The irritating cough is best treated by
 ℞ Tinct Opii Deod. gtt iij. given in the fever mixture.
 For the itching, bathe or sponge with warm water and vinegar two or three times a day. In Complications of Chest, &c., treat as separate diseases.

Black Measles:-

Quinine with bold stimulation, is very important to gain time and Tinct Ferri Chlor. Keep secretions acting.

Further Notes regarding Measles:-

If Catarrhal Symptoms are severe, use Expectorants, Diuretics, Ammoniac Chlor. gr x to xx to an adult, every 3 hours, and at night Pulv. Doveri gr iij or some other form of Opii.

In succeeding or irregular measles, frequent hot baths and if marked Cerebral Symptoms exist, Cold water to the head at the same time.

Also Fluid Ext. Jaborandi gtt x to xx every 2 or 3 hours or Potassii Boracis are very good.

Rubeola:-

Was first found in Europe, but is now becoming common in this country. It is a specific disease, and has nothing to do with either Scarlet Fever or Measles. It does not protect from either. Rubeola has very little fever, and what it has, is slight, and remains so throughout the disease. The eruption appears on the 1st or 2nd day of the disease, on the neck, chest and back. It is not a uniform eruption, but one coming in patches, not crescentic in form, and being of a rose color, the eruption comes and goes, rarely remaining 12 hours in one spot. This goes on for a week or 10 days. There may be Catarrhal symptoms of very slight character, or none at all. There is sore throat, and swelling of the glands of the neck, but rarely of the glands of the jaw. It is not dangerous. Pneumonia or Kidney Disease may arise as complications. Rubeola is slightly contagious, and less favorable than Measles.

Treatment:-

Keep patient warm and in bed, and see that the disease pursues its natural course. Give a simple febrifuge and lessen fever by giving gr^j of Aconite in mixture every 4 hrs. Keep Organs acting, For enlarged glands rub with Camphorated Oil. Watch the kidneys and treat symptoms that arise if necessary. After the disease is over, tonic with Quinine and Iron & watch. It has the Eruption of Measles, and the consequences of Scarlet Fever.

5 P.M.

12-1-'85.

Small Pox:-

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

Symptoms:-

It generally begins with a violent chill, and high fever, intense pain in the back, ^{and loins} which may shoot down the legs, An unpleasant ^{with vomiting} odor from the body, great headache, sick stomach. The fever markedly subsides about the 4th day, when a papular eruption will be found on the face; in about 24 hours, it will be found all over the body, and in about a day afterwards they point, and in from 24 to 48 hours, they become very much marked. About 4 days after the eruption appears, the pustules will break, and then a very high fever comes on, which seems as though due to Blood Poisoning, and lasts till the pustules cease breaking. which generally occurs between the 8th and 10th day of the eruption; Then the pustules have a crust forming over them, which comes off about the 16 to the 25th day. A red rash, very often begins with the Fever, and disappears about the 3 day, when the characteristic eruption of Small Pox appears.

Eruption of Small Pox:-

Generally it appears at the end of 3rd day,

It is coarse and blotchy at first; but in about 24 hours the eruption changes into little vesicles and in 24 hours more into Pustules; the pustules become pointed, which becomes very distinct on the 4th day of the eruption. Each pustule is surrounded by a little red zone. ^{and some of the Pustules are seen to be umbilicated.} From the 8th to the 11th day, the pustules ^{become yellow} break and let pus out, after which crusts begin to form, ^{about the 15th to 24th day Black Crusts appear over body} and then fall off, leaving a red surface, shiny and glazed. All color fades from it, and the cicatrix becomes harder and harder, forming the pitting, so commonly seen after this disease. The pitting may not come out till months afterwards. After the Eruption is established, the Fever drops greatly, the Pustules fill up for 3 or 4 days, face is tumid & swollen and itchy, as is the skin, Salivation occurs.

As regards life, the thing most to be feared is the secondary fever. It is in this stage that marked Cerebral, symptoms, Delirium, and Thoracic symptoms occur. Glandular affections often appear during this fever. Large sloughs of the skin, preceded by itching, is also sometimes present.

Inflammation and ulceration of the Cornea may occur, and often lead to very serious results. The Disease is due to low organisms, which alone can cause it. It regenerates its self, and spreads, by every means, even by the air around the patient. Diarrhoea often occurs here, and on the 15th ^{if} the patient survive, a very rapid Convalescence sets in. Small Pox is divided into the Distinct, Confluent, Malignant and the Small Pox without Eruption types.

Diagnosis of Small Pox:-

It may be mistaken for Measles, but in this, there is a distinct remission in the Fever, and Catarrhal symptoms; but not the violent pain in the back or limbs. When the eruption becomes marked, there can be no doubt. It might be confounded with Typhus Fever, but in this there is no severe pain in the back, the fever does not lessen, and is not modified by the eruption, and the eruption appears all over the body but not on the face, where as in small pox, it is seen first on the face, The Diagnosis of Small Pox is easy, if you consider, the Fever, Eruption, uncertain at first, but followed in 3 days by the Characteristic appearance, Vomiting and the Severe Pain in the Back and Loins.

Prognosis of Small Pox:-

As Bad; Under 5 years, and over 30 the mortality is great, and as you go up above 40 years, the mortality is frightful. Confluent cases are six times graver than distinct cases. = Mortality 50 to 60% and 4 to 10% respectively. Mortality of Malignant Small Pox 70 to 90% High Fever & Delirium and where they are very marked during the Secondary Fever, are bad signs. It is very dangerous in Pregnancy.

Morbid Anatomy of Small Pox:-

Pustules are often found in the Trachea. They are, ~~rarely~~ ^{rarely} found in the stomach or the Intestine. The pus under the highest the highest power of the Microscope looks like ordinary pus, The Pustules destroy the Skin, and may, if present, destroy structures upon which the rest, as the Cornea, Trachea, Pleurae, Lungs, &c.

General treatment of Small Pox:- Give plenty of Cooling drinks, Lemonade, acid waters, small pieces of Ice, isolate Patient, after first removing all unnecessary articles from the room. Allow no one to come near the patient, but the nurse. Keep the room about 60°; and disinfect every thing that comes from the patient; even the wash water, urine, &c, must be disinfected, before thrown away. Give light foods, and from the time the first fever stops, nourish the patient well, giving stimulants at short intervals. Give one of the following remedies also.

℞ Nylol gr̄ss to xx in sweetened water every 3 hours
or ℞ Acidi Carbolici gr̄ss in sweetened water tid.
On the first fever ^{diaphoretic} give diuretics, &c., to keep the skin ^{and kidneys} acting. If patient is strong, Jaborandi is good.

After the eruption comes on fairly, give Quinine gr̄ss to 8 a day, and when the secondary fever appears give larger doses and iron. Keep the patient clean & disinfected, and when the Scabs begin to drop off Give the Patient warm Sodii Baths.

For the Delirium, which is apt to show its self as the disease advances, give ℞ Chloral gr̄ss every hour till it shows its power or if that fails give ℞ Morphia gr̄ss in Camphor water every 2 hours for two or three doses. or Tartar Emetic & Opii.

For the Diarrhoea, give ℞ Opii and Chalk mixture or ℞ Plumbi Acetas or bitter acid Sulphuric gr̄ss to xx with Myoflora gr̄ss 1/2 t. 1/2 every 3 or 4 hours.

For Eye Complications. Apply ℞ Argentum Nitratiss (solid) and stimulants, Good food & Quinine

For Enlargement of Parotid Glands, ℞ Boracic Acid or Thymol in combination with some Alkalie as Sodii Carb. and use as a gargle.

When Pleurisy and Pneumonia are present, Digitalis is often beneficial. Blisters to Chest and free Stimulation. Hemorrhagic Cases, are malignant ones. In treating give Quinine and turpentine and stimulate.

Local Treatment of Small Pox:-

Exclude the light, and keep the room dark! To prevent pitting, Mercurial Ointment or Plaster is good when applied to pustules, but better is to paint morning and evening with Tinct. of Iodine, and keep the parts clean and cool by washing with the following:-

Sodii baths daily when the scabs begin to fall off (Sodii Carb. added to bath)	℞ Boracic Acidum ℥i	} or {	℞ Hydrarg. Bichlor gr̄ss
	Glycerini ℥i		Aquae — ℥i
	Aquae — ℥i	or {	℞ Acid Carbolici ℥i
			Glycerini ℥i
			Aquae qss. ℥i

Keeping the patient in water, e.g. giving him 2 or 3 baths a day after the crusts have formed, has been resorted to. As long as a scab remains the case is contagious.

Varioloid:-

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

Further notes regarding Small Pox and Varioloid.

If you see the case before the eruption comes out, Vaccinate, and give Acid Carbolic gr $\frac{1}{4}$ or Xylol gr xx to xxx in sweetened water, or Sodii Sulphite gr xx or Sodii Sulphocarbonate every 3 or 4 hours. At the time of the Secondary Fever, give decided doses of Quinine (gr 12 to 16 a day,) as it modifies the fever and complications, Stimulate and feed well.

11 a.m.

12-4-'85.

Vaccination:- Discovered by Jenner in 1796
Protects in the best manner from both Varioloid, and the worse kind of Small Pox. Artificial inoculation makes the disease very light. If a person does have Small Pox, after he has been vaccinated, it is a very light case, and a death from it after vaccination is extremely rare. Cow Pox is Small Pox in the cow, and Vaccination is but modified Small Pox. Every person should be revaccinated every 7 to 14 years. Puberty is especially the time to do it, and where Epidemics of Small Pox are frequent vaccination should be common. Thorough vaccination is a surer preventive to Small Pox than a previous attack. When vaccination runs through its course quickly, it will not protect, it must run a regular course. Good Virus and plenty of it should be used, and 2 or 3 scars should be made if possible. Never use a crust that has been used more than 4 times.

Vaccination will not take in some persons, in these persons the best way, is to continue vaccinating until it does take. A Vaccine Crust kept in glycerine, air perfectly excluded, will last 2 or 3 years. After Vaccination is performed, if it takes, a regular course is pursued, known as the vaccine disease. Don't vaccinate sickly persons, and children under 5 mo of age, unless necessary Vaccinate upon the arm as high above the insertion of the Deltoid Muscle as possible. Vaccination sometimes leads

to skin diseases especially in scrofulous children. If there is a tendency to such first build the child up. Vaccination from Cow Pox, takes a little longer, than the Virus from one person inoculated into another, but is better.

Further notes regarding Vaccination:-

Cow Pox is a very rare disease in the Cow, that is, a Spontaneous case. It is better to vaccinate with the Virus obtained directly from the Cow. Always see that the Vaccine Disease runs through its proper course. i.e. On the 3 day little Papules form changing into Vesicles on the 5th day. These become Umbilicated and between the 8 and 11 days change into Pustules, which are surrounded by a characteristic Areolae. On the 14th day, the Pustules become larger and Crusts begin to form. By the 20th day, the Crusts are complete, and the Areolae irregular. About the 24th day, the Crusts fall off leaving a little Cicatrix. The Vaccine Points now sold furnish the purest Virus. To be successful, cover as large a surface as possible, with the Virus, = ~~##~~ ^{or} ~~###~~ = Mode of Operating

Varicella or Chicken-Pox:-

Is a distinct affection, having an eruption and an eruptive fever. It does not protect against Small Pox, or Small Pox against it. It is a light affection of Childhood, and rarely happens twice.

Symptoms:-

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

Diagnosis between Varioloid and Varicella:-

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

In this disease, the temperature rises with each crop of Vesicles and fades as they fade.

5 P.M.

12-9-'85.

Erysipelas:- Known also as the Rose; Stillington's Fire, &c.

Breaking out spontaneously on face and neck, is known as Medical Erysipelas.

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

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

Symptoms:-

It is generally preceded by a Chill, high fever, ^{102 to 113°} coated tongue, nausea and vomiting; An Eruption of a red color, appears at rim of Ear, on the cheek or on the Ala of Nose, and then spreads, until the whole face is one mass of red swelling. After 3 or 4 days, this declines, and in about one week, after beginning of the Disease, disappears; leaving a desquamating surface. There may be swelling of the glands, and redness of the throat and in the height of the disease, Albumen in the urine. A large amount of Albumen, or when it appears early in the case denotes bad cases. Disease of the nervous system; headache and delirium are often present; which latter is very dangerous.

An effusion of serum or Pus sometimes takes place beneath the skin, this is called Phlegmonous Erysipelas, Then there is a 3rd

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

Cause of Erysipelas:-

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

Diagnosis:-

Albumen in Urine ^{as easy if the fever} and ^{but self-limiting} redness, rapid swelling, and other symptoms, coming to their height in a few days, are considered. Erythema, may be confounded with it, but in this, the patch remains and does not spread, and there is little or no fever. Again, there is generally some cause as digestive disorders, &c. Mumps might be confounded with it, but the redness and constitutional symptoms would differentiate.

Prognosis:-

As favorable except in Drunkards; Much Albumen shows a bad case, Gangrenous Erysipelas is very dangerous.

Treatment of Erysipelas:-

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

1. Quinine, especially where there is high temperature; gr xij to xvj a day.

2. Tinct. Ferri Chloride gtt xxx every 4 hours.

3. Jaborandi or Pilocarpine Muriate gr 1/2 hypodermically.

This latter treatment is Prof. Dacosta's, and is a very good one, in strong, active patients, where a spreading tendency of the disease is shown, and also where there is high temperature.

The milder treatment by Quinine or Iron is good in feeble patients.

The old treatment of Purging and keeping up the secretions of the body is a good one. Always keep the Bowels + Secretions free.

Stimulate in Delirious cases, also in other cases if necessary.

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

In Cerebral Cases, Free purgation and sedatives should be employed, and the treatment for Inflammation of the Brain should be used.

Local Treatment:-

Paint with Tinct. Iodine 1/2 strength, in cases where there is a tendency to spread. Its use is questionable.

The principal treatment is to keep the part protected from

the air, by wet applications as an Infusion of slippery Elm, or of Poppies or of Lead water and Sandalwood, &c. Lead Paint; Ferri Sulph. Pulv.; Glycerine + Aqua; Iodoform Collodion

Dry Local Treatment:-

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

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

For Wandering Erysipelas, give Potassii Iodidi in large doses, ^{and Quinine} as it is the only good treatment for such cases.

In Gangrenous Erysipelas, incise freely and keep up active treatment, and sustain the Patient.

Further notes regarding Erysipelas:-

In throat cases the Tinct Ferri Chlor. is the best remedy.

In Cellular and Phlegmonous Erysipelas, let the secretions out by early + profuse punctures, and sustain the Patient with Quinine + Stimulants.

5 P.M.

12-11-85.

Rheumatism:-

Acute rheumatism or rheumatic fever, is a disease where there is fever and characteristic joint lesions. Acute rheumatism occurs at all ages, especially in young adult life; It is found more often in men than in women. It is a disease of cold and damp climates, and is supposed to be caused by an excess of Lactic Acid in the blood. A predisposition to it exists in many persons, and certain habits of life and Abuse of Malt Liquors favor it.

Symptoms of Acute Rheumatism:-

Chilly sensations; Moderate fever, seldom above 103°, followed shortly by swelling, redness, effusion, stiffness, and pain, in one or more joints, generally the same joints of both sides are affected, though any joint or all, may be involved. ^{Coated tongue, Acid respiration} Acute rheumatism is noted for its shifting character, eg. Going from one joint to another. The swelling or other symptoms may be wanting, but pain upon motion is always present. Acute rheumatism may affect other tissues than the joints, and is most painful, when it affects the tissues, in and around the Spinal Cord. The urine is acid, high colored, and scanty, it will form deposits; Loss of Appetite, Constipation, and a coated tongue

are common in Acute rheumatism. This goes on for 3 weeks or so, when it gradually disappears, leaving a little stiffness which soon goes away. The danger is from the Insidious Inflammation of both the Endo- and Pericardium; the most risk being in the height of the disease, so examine the heart at each visit

Complications of Acute rheumatism:-

The most frequent and serious is Endocarditis, the left side of the heart especially, being covered by little spots of inflammation, which are rough and thick. Next comes Pericarditis; it may exist at the same time with Endocarditis or with Pleurisy. Eight cases out of every ten of Chronic Heart Disease, can be traced to Rheumatism, and are recognized by shortness of breath, and a murmur or roughening.

A high fever is very bad, when complicated with Acute Rheumatism; as most of these cases have Cerebral symptoms. Cerebral symptoms may exist without high fever; but in both the Mortality is over 50%.

Pathology:

The Endo and Peri Cardium are Inflamed; the Blood contains an excess of Lactic Acid and Fibrin. Probably, there may be Cerebral Congestion; but never any Inflammation.

Diagnosis of Acute Rheumatism:-

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

Gonorrhoeal Rheumatism may be confounded with it; but in this the smaller joints are usually affected, and the disease is not shifting, but remains fixed at the joints first attacked. There is also a history of Gonorrhoea here. Certain Spinal affections may be confounded with it; but here the absence of Fever, slow pulse, &c, would assist Diagnosis.

Prognosis of Acute Rheumatism:-

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

The risk is the Heart Complications that may be developed. Temperature above 103° denotes a bad case, and is unfavorable.

As is active delirium.

5 P.M.

12-15-'85.

Treatment of Acute Rheumatism:-

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

1st. Salicylic Acid and the Salicylate treatment should be used in young adults of robust type, gr xx to xc must be given in the 24 hrs to cause a cure. Give gr x every hour, for 6 doses, and then at longer intervals, give three more doses of gr x each, so that xc grs of the Acid, may be taken in the 24 hours. If the Salicylates are used, give twice as much. Never give this treatment to weak persons, or where there is a tendency to Cardiac Complications. It is a remedy of great value in frank, open cases, in strong people. If it acts at all, it will do so in 3 or 4 days, if it does not in that time, abandon it. The Acid is the best way of giving it, it may be given on capsules, or Ammoniac acetate &c. Ammoniac or sodii Salicylates are the best Salicylates

2nd. The Alkaline treatment consists in the rapid saturation neutral mixture, of the system with Alkalies. R Potassii Bicarb. ʒss to ʒij , in slowly diminished each day. It is best given in effervescence. Potassii Nitrat's has been given in doses of ʒss to ʒi a day. Potassii Acetatis is good ʒss to ʒiiss in the first 24 hours, and diminished to half that amount the next day, and so continued. After the more acute symptoms have subsided, it is good practice to give gr x to xxij of Quinine to sustain patient's strength and act as a tonic. The Alkaline

Treatment lessens the tendency to Heart Complications. This treatment is the best for the fat, plethoric patients. 3rd. The Tinct. Ferri Chloride treatment is used principally in treating recurring attacks of Acute Rheumatism in weak, anaemic persons, or where the disease is dependent upon some pyaemic condition of the blood.

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

5th. The Bromide treatment, keeps the heart from being complicated, and is on the whole, a good treatment.

If heart lesions arise treat as Endocarditis or Pericarditis. In Cerebral Cases, apply cold, either use a bath or sponge with acid water; also stimulate greatly, if necessary.

Local Treatment :-

Lint steeped in a solution of Potassii Nitratii and a little opii added, will greatly relieve the patient when wrapt around the joint. The following is a splendid linament

℞ Tinct. Opii	} aa	℥i	} A Dry treatment: ℞ Pulv. Opii	
Liq. Plumbi Subacetatis Dil.				} sprinkled in Cotton and
℞pt. Recti.				
Liq. Saponis	} is much better than			
M. Sig. Apply as directed		} Cotton by its self.		
			} J.H.W.	

Heart Complications :-

Local bleeding, or the steady application of a Poultrice over the Cardiac region, is good in both Endocarditis and Pericarditis. Give Opium internally to allay pain, and keep the patient at rest. Digitalis is here a valuable remedy. If heart complications occur during treatment, use the Alkaline treatment at once. Sodii Acetatis, ^{or Potassii Acetate} is here especially of use. Leeches, Poultrices, Bee, and Cups are here of great value.

High Temperature :-

Keep up the Rheumatic treatment, but attend to the high temperature by giving Antipyrin grvij every hour till gr xxv has been given or till an impression is produced. Cold applications over the Chest and Abdomen with sponging of the extremities, ^{or every 1/2 hour} or a cold bath is good treatment in these cases. The fever when broken up by Antipyrin seldom goes as high again. If necessary Stimulate. When the temperature does not exceed 103°, large amounts of stimulants = Whiskey ℥viij in 24 hours, also Opium will be the best treatment. In Cerebral cases, vary the treatment according to the temperature. Stimulate freely, at the same time treating the temperature as above if necessary. Quinine in large doses, may be given in cases of high temperature. Be careful of the Patient during Convalescence as Relapses are to be dreaded.

Sub-Acute Rheumatism:-

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

Symptoms:-

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

Diagnosis:-

Is easy, if the little fever, rapid development of pain, and the great pain upon motion are considered. Intercostal Neuralgia is often developed acutely in women and might be mistaken for this form of rheumatism, but in this, motion influences very little. In women complaining of pain in the Chest, look out for Uterine Disease. Scurvy sometimes resembles it, but here we have history, appearance of gums and usually pain in bones.

Treatment of Sub-Acute Rheumatism:-

This form of Rheumatism is best treated by diaphoretics, & steady dry heat. In strong, robust patients \mathcal{R} *Jaborandi* or *Pilocarpine Muriate* gr $\frac{1}{10}$ hypodermically is good treatment, with or without the following:
 \mathcal{R} *Ammoniae Muriate* gr \bar{x} to \bar{xv} every 4 hours is good, as is also the application of continuous heat. Hot alkaline baths and hot drinks are good, as is also the following:

\mathcal{R} *Potassii Nitrat* — gr \bar{v} — \bar{x} } every two or three hours.
Pulv. Doveri — gr \bar{ij} — \bar{iv} }

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

\mathcal{R} *Pulv. Guaiac Gum* $\mathcal{F}\bar{ij}$
Pulv. Doveri ————— $\mathcal{F}\bar{ij}$

\mathcal{R} . *ft. Pulv. No. xx*

Sig. One every three hours $\mathcal{J.H.W.}$

Keep the secretions free and give an occasional saline laxative. Hypodermics of *Atropine* gr $\frac{1}{10}$ and *Morphine* gr $\frac{1}{10}$ morning and night, or *Potassii Iodidi* with or without *Cobaltum* is especially good treatment in lingering cases.

11 A.M.

12-16-85.

Chronic Rheumatism:-

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

Prognosis:-

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

General Treatment of Chronic Rheumatism:-

Warm flannel clothes, Silk underclothes, Soda, Sulphur and Alkaline baths are of great value. The Turkish bath is also valuable. Let the patients go out in cold, dry weather, and at all other times except when it is wet and raw, or damp. Where the patient is weak and worn out, Cod Liver Oil and Tonics should be used. Colchicum, Salicylates, Potassii Iodide, Sodii Salicylate, Ammoniac Muriate in decided doses, Guaiacum and the Ammoniated tincture of Guaiac are the principal remedies. Arsenic when pushed is often very good. All acids should be excluded from the diet.

Further Notes regarding the three forms of Rheumatism:-

Locally Stimulating Liniments are of great value, Aconite or Ammonii Liniments; Cocaine \mathfrak{z} to Lanoline \mathfrak{z} or Chloral dissolved in Soap Liniment are all valuable.

DR. WILLIAM H. WEHNER,

No. 156 Wister St., Germantown.

OFFICE HOURS: { Before 10, A. M.
 { 2 to 3, P. M.
 { 7 to 8, P. M.

For Miss Katie Elliott

R

Acidi Carbolici, — ℥i
Tinct: Iodine, — ℥ij

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

2 - 22 - 89.

W. H. W.

Rheumatoid Arthritis:-

Is neither Rheumatism nor Gout, but is a special disease of its own. It is often hereditary, and generally attacks the weak. It begins like Chronic Rheumatism, there is very rarely any fever, but the joints, especially the small ones, show considerable signs of disease. The joints become hard and fixed, and the muscles become atrophied. The fixation of the joints is due to the altered state of the cartilages of the joints, from inflammation and thickening in and around the joints and fibrous tissues, causing dislocations. Urine shows nothing. There are no other lesions except the above; if there are any, they are complications. The atrophied muscles and the dislocations, produce great deformities.

Prognosis: is favorable if recognized early, otherwise it is not favorable as to a cure.
 {The joints become stiff, swollen, painful and useless and lateral sub-luxations of them form a characteristic sign}

Treatment:-

Change of scene and air, give all remedies that invigorate the Nervous system. Potassii Iodide acts here as an Alterative, but better are the following = Iodide of Iron, Arsenic and Cod Liver Oil. Ferri Iodidi ʒi t̄id, beginning with smaller doses is good; Argent. preparations and Sassafras Wood in ʒ in capsules every 4 hours are the latest & very promising remedies.
Locally: - Put at rest, leech the joint and wrap with solution of Lead water + Sandalwood when the case is seen early. Blisters should be used when the case is seen late. Blister Repeatedly. If the characteristic joint lesions exist, Etherize + break up the adhesions. then use Massage systemically. Electricity is of little use.

Acute Gout:-

Comes on abruptly. It may be hereditary, or may be caused by high living. It is generally confined to a particular part of the body usually in the toes of one foot, especially the big toe. The part attacked, becomes swollen, red and very painful, mind keeps clear and very little fever exists. In ^(5 to 10) (2 or 3) days from its first appearance it disappears quickly, and after recovery, the patient is apt to be well for a long time. As the attacks continue, the joints may become affected and deformed, by deposits of Chalk stones. There is much itching + pain during the attack. The attacks are apt to become more frequent, as the person grows old. The Chalk stones are due to Uric Acid, and may be deposited any where in the body.

Pathology

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

Prognosis:-

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

5 P.M.

12-18-'85.

Treatment of Gout:

During the acute paroxysm, Everything that acts by elimination, is useful, Diaphoretics, Diuretics, and Purgatives. Potassii Acetate is especially good.

The nearest remedy to a specific is Colchicum gr^{ss} x of the wine every 1 or 2 hours, in neutral mixture where fever exists, and at other times in syrup. Sometimes the tincture of the seeds will be better borne by the stomach. Give twice as much of the preparation of the seeds, as of the root. Colchicum combined with laxatives, is the best treatment for Gout.

To prevent the accumulation of uric acid in the blood, tend to the diet; Chronic Gout has great destructive powers over tissues, and may lay the foundation of Affections of the Liver, Kidney, and to other diseases, especially to Diabetes.

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

Allow Alkaline waters, Give little saccharated food; see that the liver acts well, and make the patient take active exercise in the open air. Colchicum, Tinct. of Root gr^{ss} x to xv, combined with some Alkali is a good treatment.

If Pain is very severe give hypodermics of Apii, Keep the part at rest and apply soothing lotions.

Chronic Gout:

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

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

Lithaemia:

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

Prognosis: - Will depend upon the life the patient leads.

Treatment of Sithaemia:-

Green vegetables, Eggs, Milk, No stimulants unless necessary, very little meat, Mineral waters, good exercise, at proper time, followed by rest. Alkaline mineral waters and laxatives is good treatment, as are also the following:-

℞ Arsenic in small doses, given steadily for months.

℞ Ammoniac Sodide gr iij to v tid, with the administration of an occasional active purgative.

Further notes regarding the forms of Gout:-

Coffee and tea may be allowed. A few grains of Blue Mass, followed by a saline now, and then is good treatment in Sithaemia. A change of Climate is also of great value.

5 P.M.

12-19-'85.

Diphtheria or Malignant Sore Throat:-

Is an old disease found almost every where; It is a constitutional disease, which manifests its self locally, by inflammation and deposits in the throat. It is a malignant disease due to a special specific poison, allied to the poison of Scarlet Fever, but not like it. It is highly contagious, and will linger around for a long time. It is chiefly communicated by the breath.

Morbid Anatomy:-

The deposit lines the throat, and sometimes the Nose and larynx. This false membrane is an accumulation of fibrin, destroyed epithelial cells, granular matter, pus, Blood corpuscles and secretions. It is first deposited on the mucous membrane; but as the case goes on, it extends downwards, effecting the tissues beneath. The Bacteria form in this membrane, and multiply rapidly. The heart is granular and flabby, Spleen is enlarged, the Liver engorged, Kidneys are swollen and cast off their epithelium, forming Albumen in the urine, Blood is easily broken down, and is said to become more Alkaline.

5 P.M.

12-22-'85.

Symptoms of Diphtheria:-

It begins abruptly with vomiting, constitutional depression, or with a catarrhal sore throat, with the formation of a membrane, which is usually a soft ~~pinkish~~ or greyish-white one. It first lines a special part of the throat, and then extends all over the throat, the mucous membrane beneath becoming soft and infiltrated. The constitutional symptoms, are out of proportion to the throat symptoms. There is ^{no} difficulty in swallowing, enlargement of the glands of the neck, which is rarely absent in marked cases, Albumen in urine, the larger the amount, the worse the case, Very offensive breath, Fever may be very light, the average being rarely over 103°; weak pulse; When the membrane extends up the posterior nares, it is very dangerous, and is called Nasal Diphtheria. Blood affection is 5 times greater in this form, than where the Membrane extends in other places.

When the membrane extends downwards into the Larynx and Trachea, and bronchial tubes, it is called Laryngeal Diphtheria. It is a bad form of Diphtheria, but not as fatal as the Nasal variety. This form of Diphtheria may be mistaken for Membranous Croup, as the symptoms, with the exception of the Blood Poisoning are the same. A local palsy of the throat may follow an attack of Diphtheria. The heart becomes paralyzed in some cases. Recovery is very

protracted, and during it, the patient may have various paralysis which in the long run, generally end in recovery. The Disease usually terminates in from 8 to 10 days, but convalescence is slow.

Diagnosis of Diphtheria:-

Follicular sore throat may be mistaken for it; but in this, there is no tendency to spread, little or no constitutional effects, and no enlargement of glands. Scarlet Fever, Thrush and Syphilitic sore throat have been mistaken for it.

Prognosis of Diphtheria:-

As favorable, where strength is preserved; Also when the fever is slight, little enlargement of glands, and when an open + superficial membrane is found. A reverse of the above is bad; As is also recurrent attacks. The younger the patient the more dangerous is the case. A weak pulse denotes danger from paralysis of the heart. Diphtheria in pueral women is fatal. A large amount of Albumen in the urine, and much swelling about the neck are bad signs.

112.M.

12-23-'85.

Treatment of Diphtheria:-

Isolate and keep isolated.

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

Zinci Chlor.; Sodii Chlor.; Potassii Permang., are good disinfectants. Don't allow any one in the room except the nurse.

The best general treatment is stimulation. Alcohol $\mathfrak{z}\mathfrak{i}$ every hour for a child 3 years old, beginning first, with smaller doses. The alcohol should be given well diluted. Give full nourishment, and commence both the stimulation and nutrition early.

1. Potassii Chlor. $\mathfrak{z}\mathfrak{i}$ to $\mathfrak{z}\mathfrak{i}\mathfrak{ss}$ in the 24 hours, well diluted, in the early stages for a child 10 years old; it removes much of the existing catarrh.

2. Tinct Ferri Chlor. combined with the above, or by its self in large doses, $\mathfrak{g}\mathfrak{ss}$ every hour, to a child 10 years old, is good. It should be given well diluted. The French favor the Perchloride of Iron.

3. Calomel $\mathfrak{gr}\mathfrak{j}$ every hour for 12 doses, after which $\mathfrak{gr}\mathfrak{j}$ every second hour, not minding the bowels, and in severe cases, in laryngeal diphtheria, as much as $\mathfrak{z}\mathfrak{i}$ may be given a day.

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

\mathfrak{R} Potassii Chloratis	$\mathfrak{z}\mathfrak{i}\mathfrak{v}$	} When the preceding is cold, strain it and add Mellis $\mathfrak{z}\mathfrak{i}\mathfrak{v}$
\mathfrak{R} hus Glabri	$\mathfrak{z}\mathfrak{i}$	
Aquae Bullientis	$\mathfrak{O}\mathfrak{j}$	

$\mathfrak{M}\mathfrak{d}\mathfrak{d}$. Sig. Gargle a wine glass full every hour. J.H.W.

\mathfrak{R} Tinct Ferri Chlor.	$\mathfrak{z}\mathfrak{i}\mathfrak{v}$	} This is used with the preceding gargle.
Potassii Chloratis	$\mathfrak{z}\mathfrak{i}$	
Syrupi Simp.	$\mathfrak{z}\mathfrak{i}\mathfrak{v}$	
Aquae	$\mathfrak{z}\mathfrak{i}\mathfrak{v}$	

$\mathfrak{M}\mathfrak{d}\mathfrak{d}$. Sig. Two teaspoonfuls in $1\frac{1}{2}$ table spoonful of water every three hours. J.H.W.

Local Treatment for Diphtheria:-

Use cleansing and disinfecting gargles. e.g. \mathfrak{R} Thymol $\mathfrak{gr}\mathfrak{xx}$ at least, to the $\mathfrak{z}\mathfrak{i}$ of Borax, Glycerine \mathfrak{aa} and water. Potassii Chlorate. Potassii Permanganate is good as is also, Lime water and Glycerine \mathfrak{aa} , or if you wish less of the latter.

Monsel's solution and Glycerine \mathfrak{aa} may be used where the throat is very red, but it has no effect upon the membrane. Lime, Bromine, ^{Trypsin} and Pepsin have been used as solvents of the Diphtheric membrane; the Pepsin, when used as a gargle or through an atomizer. ^{& Sympington's $\mathfrak{z}\mathfrak{i}$} Lime & Hot water vapors inhaled are good.

In Nasal Diphtheria, stimulate and nourish as before; give Iron in large doses or Calomel, and keep the posterior Nares washed out with the following: \mathfrak{R} Sodii sulphit $\mathfrak{z}\mathfrak{i}\mathfrak{v}$, Glycerina $\mathfrak{z}\mathfrak{i}\mathfrak{v}$, Aquae (q.s) $\mathfrak{z}\mathfrak{i}\mathfrak{v}$

In Laryngeal Diphtheria, treat as at first, use lime by inhalation, (=slaking lime in room), and give an occasional emetic as, Cuprum Sulph. or Zinci Sulph., and if necessary employ intubation, or if necessary Tracheotomy.

Paralysis due to Diphtheria:-

As they are due to the anaemic state of the System, give nourishing foods, iron &c., a change of air is beneficial. also Strychnia gr $\frac{1}{50}$ or $\frac{1}{60}$ hypodermically, every second day. An occasional use of the Faradic current is valuable.

Further notes regarding Diphtheria:-

Treatment is Isolation, Disinfection, Bold Stimulation + Nutrition, with either the Potassii Chlor. or Finst Fini Chlor. or Calomel Treatments, combined or separately; and locally, Cleansing + Disinfecting gargles or Inhalations.

The Mercurial Treatment is of very great value, especially in Saryngeal Diphtheria. gr x every hour, till a greenish discharge from bowels appears is the best; next the administration of small doses gr $\frac{1}{4}$; frequently repeated is of the most value. Cauterization of the throat with Nitric Acid, Argenti Nitrat's, Cuprum Sulph., Monsell's Solution, &c. will not prevent the spread of the membrane. If you wish you may use the Cuprum Sulphate or Monsell's solution, where the membrane is not extensive.

After the Disease is over, long courses of Iron + Quinine and especially Strychnia, with good food are of great value.

S.P.M.

12-23-'84.

Cholera:-

As an old disease; It was introduced along the borders of the old world in 1817. It is a special specific poison, which multiplies rapidly in bad hygienic surroundings. It is extremely contagious through the excretions; but feebly otherwise. It may gain admission through drinking water, air, and may be carried around in clothes and merchandise. It was first seen here in 1832. Isolated ^{cases} are now & then found, after an Epidemic.

Pathology:-

The Intestines are pale and blanched, with patches swollen and enlarged with blood. the surrounding mucous membrane is also. The blood barely coagulates, it is liquid, ^{thick, ~~con~~} dark, slightly acid, devoid of fibrin, and sometimes looks like molasses. It accumulates in the veins and in the right side of the heart. The stomach is sometimes red, and inflamed; heart is flabby; Spleen shrunken; as is also the Liver; Kidneys shed their epithelium, and the vessels of the Medulla Oblongata are enlarged.

Symptoms of Cholera:-

Seldom show themselves abruptly; in the majority of cases they are preceded by diarrhoea, and (sometimes) vomiting; at other times by a certain amount of nervousness. These may be called the early symptoms.

During an epidemic, constipated persons sometimes have diarrhoea. The symptoms of a case are the following: Marked Diarrhoea, with thin, watery or turbid discharges, known as the Rice-water discharges of Cholera; Vomiting, the material resembling that coming from the bowels; ^{in legs, epigastrium + arms} on some cases colic pains may be present; Then cramps will appear. Cholera usually lasts several days.

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

Another secondary result of Cholera is Convulsions, combined with scanty urine, &c. this is known as Uraemia, and indicates paralysis of the kidneys.

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

Diagnosis:-

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

Prognosis:-

Mortality, especially of the first cases is very great. Never let it depress the nervous system, and keep persons from degrading it. Intemperate persons are attacked. Mortality of early cases 45% and of cases seen late 77%.

Treatment of Cholera:-

Get rid of all kinds of filth; purify all dirty places, cess pools and drains; Disinfect them all well. Bury all excretions from patients, never empty them into cess pools. see that the water supply is pure, and drink filtered water, or that which has been boiled. In burying persons dying from Cholera, encourage immediate interment and disinfect the coffin. Persons should live as they generally do; but should not eat any undigestible foods. As regards disinfectants, Corrosive Sublimate is the best, although Cupri sulph; Camphor; Potassii Permang. and Ferri sulph. are good ones. Disinfect every thing about the patient, and do it thoroughly.

Medical Treatment:-

Always check the preceding diarrhoea:

R Sulphuric Acid }
Opii deod. } or { ℞ Opii — grj }
Menthae. aqua } } ℞ Plumbi Acetas grjv }
℞. Sig. every 3hrs or often in water } } ℞ Camphorae.

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

℞ Capsici ——— gtt ʒ }
Tinct Opii Deod. — gtt x } For the cramps give a hypodermic
Aquae Camphorae — ʒi } injection of Chloral gr xv-xx
℞. Sig. Every three hours. } (When the vomiting has let up, a little, allow plenty of fluid.)

If the diarrhoea is not arrested, by the Astringents and Opium give Calomel gr ʒ10, pushing it up to gr ʒ12 every hour.

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

If the case is still failing, Blood letting should be resorted to, but more encouraging is the injection of fluid into the veins, eg.
℞ Sodii Chloride ʒi } inject ʒ every two minutes, at a temperature
Sodii Carb ʒiij } of 108°, till 4 ounces have been injected.
Aquae ℥vj }

Further notes regarding Cholera:-

In the Cold Stage injections of Caffeine goes to ʒi or more of Ether & inhalations of Oxygen are good. The diet must be of the lightest kind such as milk, weak broths &c. Don't give Stimulants early, unless necessary; but resort to them + Mustard Plasters later.

11 a.m.

1-2-'85.

Tonsillitis or Quinsy:-

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

Symptoms:-

Marked swelling, difficult deglutition, sense of pain and tension, at the angle of the jaw, rarely hard breathing. This goes on for 3 or 4 days, and then a speedy sense of relief and cure follows; the disease is not a fatal one, though if the attacks are continued, it may become chronic. There is a moderate fever, a constant desire to relieve the throat, and a more or less muffled voice:

Treatment:-

If administered at the onset, the inflammation, may be aborted by the following
 Quinaeae sulph. gr \bar{x} - \bar{xx} } or Pulv Guaiac or
 Free emesis is also good. { Morphiae sulph gr $\frac{1}{6}$ - $\frac{1}{4}$ } Pilocarpine

If the disease has progressed much, when you see it, give frequent garglings of hot water, or hot water and milk, with tinct Opii in it. If suppuration is eminent, promote it, and when the tonsil becomes a little soft, let out the pus with a bistoury. Keep up the secretions, and after an attack is over, see always, that the gland returns to its normal condition. Astringents should be used

and kept up 'till the gland assumes its natural size.

The following gargle is highly spoken of:-

℞ Tinct. guaiaci ammon. } \bar{aa} ℥ij
 Tinct. Cinchona comp. }
 Mel. despumati ————— ℥ij

M. and shake 'till the sides of the containing vessel are well greased, then add ℞ Potassii Chlorat. ℥iv

Aquae Dest. ℥iv

The latter should first be M. and then added gradually.

Sig. Gargle every half hour.

If suppuration is impending give Quinine gr \bar{ij} - \bar{v} every 3 or 4 hours. The follow gargle and accompanying prescription is an especially good treatment for Tonsillitis.

℞ Potassii Chloratis - ℥iv } When the preceding is cold, strain it.
 Rhus Glabri - ℥ij } and add Mellis ℥ij
 Aquae Bullientis - ℥j } M. Sig. Gargle, a wine glassful every hour.

Mft. Infusum

℞ Tinct Tenu Chlor. ℥ij }
 Potassii Chloratis ℥ij } To be used with the preceding gargle.
 Syrupi Simp. } \bar{aa} ℥ij
 Aquae — } ℥ij

M. Sig. two tablespoons of water added to two teaspsonsful every hour J.H.W.

Parotiditis, or Mumps:-

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

Prognosis:-

Is generally favorable.

Treatment of Parotiditis:-

Keep up the secretions.

Quinine grs in children; grs \times ij in adults per day.

Small doses of Jaborandi grt \times every 1 or 2 hours, at the same time giving a little quinine, often produces relief.

Locally:-

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

When the testicles become involved, place a few leeches over the groin, and give Potassii Iodidi.

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

5 P.M.

1-6-'85.

Acute Laryngitis:-

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

Symptoms:-

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

Prognosis:-

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

Treatment of Acute Laryngitis:-

Keep the patient quiet, and in bed. Give diaphoretics, eq. hot drinks, Pulv. Doveri; Small and frequently repeated doses of Jaborandi; ^{or give gr. 27 or Pulv. Capsici Hydrochlor gr 1/2}; Potassii Nitrat; Ammoniac Acetatis, &c. Vinegar $\mathfrak{z}\text{iv}$ to the $\mathfrak{q}\text{ij}$ of Infusum of Hops; ordered to be inhaled is good, as is also applications of Cocaine. If the case gets worse, apply Monsel's solution $\frac{1}{2}$ or full strength, or Tannin by the spray. The persistent use of small pieces of Ice slowly swallowed, with Ice bags externally will be beneficial. If the phenomena of suffocation goes on, ^{tracheotomy} Tracheotomy must be performed; This when properly done will relieve the patient, and he will most likely recover. When there is chronic laryngitis, suspect syphilis; if not that tuberculosis, and if it is not due to that, it is pathological.

Inhalations of Tinct. Benzoin Comp. $\mathfrak{z}\text{ij}$ to Lime water $\mathfrak{q}\text{ij}$ (hot) and a low diet + easily swallowed, are of great value.

Croup:-

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

False or Spasmodic Croup:-

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

Diagnosis:-

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

5 P.M.

1-7-'88.

Prognosis of Spasmodic Croup:-

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

Treatment of Spasmodic Croup:-

Put the child in a hot bath, and give an emetic, Alum mixed with syrup of Epicac is very good; Apomorphiae gr 1/10; or Hydrargyri subsulph gr j-ij, dissolved in water is also very good. Antimonii + Cuprum Sulph. are good. Then give small doses of Vinii Epicac gr j-ij frequently; If there is a return of the Croup, repeat the treatment, especially giving the emetic. If another paroxysm is feared, give small doses of Chloral, or Potassii Brom. Keep Child's digestion + bowels regulated. The inhalation of Air mixed with steam is good for Croup.

Between the Paroxysms, Squills + Purgative or Antimonii or where a continuous treatment is necessary, small + frequent doses of Turpeth Mineral should be given, and at night, Opii should be given. If Membranous Croup is threatened or where the case does not do well, Mercurials guarded with Opii, with a liberal, easily digested and mild Diet is of great value. Locally, Sine Inhalations every 1 or 2 hours or oftener, or solutions of Pepsin or better { $\frac{1}{2}$ Sodii Carb $\frac{3}{4}$ } used by Atomizer
Aqua $\frac{3}{4}$
Trypsin as much as will dissolve in this

Always keep the Air moist and fresh.

True or Membranous Croup:-

In this the Larynx is, Inflamed, red and swollen, and a membranous exudation is often present; This membrane consist of fibrin and Albumen, and is not adherent to the mucous membrane beneath, indeed, it may be easily scraped away.

Symptoms of Membranous Croup:-

At first they are similar to Spasmodic Croup, but here the disease does not subside at once, the voice is husky and indistinct; always shortness of breath; spasmodic seizures which will gradually be lost.

Auscultation reveals nothing. If the patient is not treated, the symptoms become greater, cold sweats, ejected eyes, blue lips, &c. being added. The membrane is sometimes expectorated, and in the majority of cases can be seen. Even if you do not see the membrane, you may be sure of your diagnosis, by the altered state of the voice, loss of breathing over chest.

Diagnosis:-

Laryngeal Diphtheria may be mistaken for it, but in this there is Albumen in the urine and it affects primarily the throat, whereas in True Croup, Albumen in the urine is very rare, and the primarily affection exists in the Windpipe.

Prognosis:-

As bad, but ^{by no means} necessarily fatal.

Treatment:-

Give emetics as long as there is strength, also remedies that will influence the inflammation.

Hydrargyri Sub-sulph in broken doses, with an occasional full one is good as are also Potassii Citratis or Potassii Acetatas in large doses. ℞ Antimonii sulphuret. gr 1/8 - 1/4 with gr 5 of Pulv Doveri every two hours is good.

Sustain patient's strength give stimulants and a good diet. Line inhalations are often of the greatest service.

If the child seems to be doing badly, and is losing ground, put it in a hot bath and pour cold water on its head. In cases where Medical treatment does not relieve, ^{Intubation} tracheotomy should be performed, providing the child is over 3 years old, and no Pulmonary complication exists; the operation is more successful in True Croup, and less so in the secondary cases. It is a successful procedure, if performed early. Intubation is of great value and should always be tried first, as Tracheotomy can be performed should this fail.

112711.

1-9-'85.

Whooping-Cough:-

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

Symptoms of Whooping-cough:-

It is divided into three stages 1st or Catarrhal, 2nd or the true Whooping stage and 3rd the declining stage, in which the Whoop disappears, the cough continuing. The first stage, begins with a catarrh, redness of the face, causeless vomiting, especially in the morning, slight cough, this goes on till about the 10th day, when during an effort of coughing, a long drawn inspiration, followed by a series of short, noisy coughs, occurs. This may happen very frequently, especially at night, and during deglutition. At night violent paroxysms may occur. This may go on from 1 month to 2 months, when the attacks will grow less violent, and further apart; and at last depart, leaving for a while a slight cough. If a catarrh is present before complete convalescence, the disease may again be developed. A catarrhal pneumonia, nervous phenomena or a tendency to tuberculosis, may be developed, as complications.

Treatment of Whooping-cough:-

Belladonnae, ^{opti of the tinct tct.} given to the point of tolerance, from the beginning of the disease, will generally lessen its duration. Quinine given up to the point of tolerance, is a very good treatment. ^{beginning early + continuing throughout the affection} The Chloral treatment is next best to the Quinine treatment. Taking a child through the gas works, allowing it to inhale the gas has been found to be of benefit. If the child is old enough, let it inhale the following ℞ Lodii Brom grxx, Fluid Ext. Belladonnae ^{gttij} to ℥j of water, to cut short the paroxysms. If Catarrhal Bronchitis and other symptoms, are present, treat them. The nutrition is greatly impaired by whooping cough, and if possible, give patient a change of air, or put on a course of Cod Liver Oil, occasionally giving laxatives and alteratives. Sometimes when this disease is developed, other nervous symptoms cease; and often this disease is followed by other affections, so always pay great attention to the after treatment, putting on tonics Cod liver Oil, warm cloths & etc. Acidum Nitric gttij or Acidum Muriaicum gttij to iv well diluted, every 4 hours, is often a good treatment for this disease.

Always pay attentions to the Bronchial Complications. All Alkalies are more or less useful. Potassii Carbonate gr v to x in Cochineal or Singer Syrup tct. relieves the bronchial Catarrh + lessens the thickness of the Mucous. The paroxysms are best treated by 1 Paregoric at night; 2 Potas. Brom. at night, and 3 Chloral which must be given very carefully. Inhalations of Sassy Air or the following spray ℞ Ammoniac muriate gr. ^{gttij to v} Acid Carbonic ^{gttij to v} ^{℥i} } For the After Bronchial Catarrh, give the muriate of Ammoniac with or without morphiac?
 ℞. sig. Spray every 3 hrs.

Further Notes on preceding Lectures.

5 P.M.

1-13-'85.

Diseases of the Chest:-

First studying the different methods of Physical Diagnosis:-

Inspection:-

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

Mensuration:-

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

Palpation:-

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

Percussion:

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

The sounds we find are 1st, the clear or Pulmonary resonance, heard over the healthy lung, the left apex being very distinct, and as you gradually go down it becomes less so till between the 5-6 ribs on the right side, and the 3-6 on the left side, dullness begins. Posterior resonance is less distinct than the anterior. A clear resonance denotes lung structure containing air.

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

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

The Amorphic or Metallic sound and the cracked-pot or Cracked-Metal sound may be viewed as modifications of the tympanitic sound. The first is a concentrated tympanitic sound of raised pitch, and denotes a large cavity with firm, elastic walls; the second is often associated with it. It requires for its development, a strong, abrupt blow of the percussing finger, while the patient's mouth is open. The condition usually causing this sound is a cavity communicating with a Bronchial tube. It is also met with (with) in any disorder in which the chest walls remain very yielding and in which a certain amount of air, contained in the lung, and, in uninterrupted connection with the external air, is, by sudden percussion, forced into a bronchial tube, (will occasion this cracked metal sound.) The degree of these sounds should be studied, as should also the pitch. Increased volume is linked to low pitch, diminished volume to high pitch.

Quality or Character of Sounds

Clear, Dull, Tympanitic { Metallic Sound
Cracked Metal Sound

Degree or Intensity of sound:

As the amount or quality of the sound,

Pitch

5 P.M.

1-14-85.

Auscultation:-

Or listening to sounds, indicates the play of Organs, and furnishes us the best means of studying their action. Auscultation is of the greatest service in all diseases of the Chest. The mediate method is by the Stethoscope, and the immediate, by placing the ear directly to the chest. The chest may be divided into two parts on both sides, the upper part extending to the 4th rib.

The pure type of the Vesicular Murmur is found in the upper part of the chest. A Bronchial sound is harsh, and similar to the sound caused by blowing through a tube. It is seldom met with in health, except in some posterior part of the Chest.

The Vesicular Murmur and its Varieties:-

Alteration in Intensity { Increased or Puerile breathing;
Diminished or feeble respiration;
Absent respiration;

An increased or Puerile breathing, also called supplementary respiration, denotes that the part is doing a greater amt. of work, and that some other part is not doing its share.

A feeble or diminished respiration, denotes the presence of deposits, Foreign bodies lodged in the Trachea or Bronchi, Thickening of the Bronchial Mucous, accumulation of secretions, affections of the Larynx, impairment of nervous force, intermingling fluids or anything which interferes mechanically with the free

expansion of the Air-cells, will cause a feeble murmur.

Absent respiration may be produced in the same way, but to a greater extent, also by compression of the lung by effusions in which case, there will be dullness upon percussion. Tubercular or lymphous deposits in the Lung tissue.

Alteration in Rhythm { Divided and jerking respiration?
Alteration of length of expiration relatively to inspiration

The inspiration and expiration may be altered, as regards their rhythm. It may be broken into little puffs = jerking respiration, but this is present in too many affections, to have any special diagnostic significance. But, if it is limited to the apex, it may serve to excite a suspicion of tubercular deposit. A marked increase in the duration of the expiratory murmur, while the patient is quietly breathing, is of great importance, it denotes that the air has difficulty in getting out of the lung, being retained, either by lost elasticity of the cells, or by an obstruction in the Bronchi. It may be occasioned by over distension of the air vesicles as in Emphysema, or by deposits which impair their contractile power. In the first case, the prolonged expiration is associated with augmented clearness upon percussion, and in the 2nd with impaired clearness. Where the prolonged expiration is met with, at the apex of the lung, in connection with dullness, it is for the most part caused by a tubercular deposit; but a prolonged expiration, from tubercular or other deposits, is not simply, the pure, prolonged expiration, of deficient elasticity of the air-cells.

It is something more. The solid material conducts a portion of the sound of the Bronchial tubes, to the ear, and Bronchial breathing, is nearly always best and earliest perceived in expiration. Thus prolonged expiration, when joined to dullness upon percussion, and to an inspiration, still vesicular, is a sound partly vesicular, partly bronchial, and may be interpreted as consolidation of the lung tissue; not sufficient to have obliterated all the air cells, but sufficient to have obliterated some, and to have impaired the contractile power of others.

Alteration in character:

The distinctive character of the vesicular murmur, is its softness. That form of respiration which is wanting in softness, is termed harsh or rude respiration. It is a union of the vesicular and Bronchial sounds. Any affection, which, without destroying the murmur of the vesicles, causes the sound in the Bronchial tubes, to be produced with greater intensity, or to be better transmitted, will occasion harsh breathing. Thus it exists, when Bronchitis is present, where it is due, to the swollen bronchial mucous membrane. It, however, exists more frequently, in diseases that are attended with compression of lung tissue, or with partial condensation, such as some stages of Phthisis or Pneumonia.

11 a.m.

1-16-'85.

Bronchial Sounds :- It always exists with dullness upon percussion, & feeble respiration. If the Bronchial sounds, are well heard, it means complete solidification of the lung tissue. Its parent type. Metallic sounds, are present, when there is a large artificial cavity present. It denotes a large cavity with Firm Walls. It is found in Tubercular Destruction of the Lung, Pneumothorax, &c. and may be produced artificially by blowing in a Jug.

Carernous Respiration is a hollow, blowing sound, and denotes a Cavity of considerable size communicating with a Bronchial Tube. The sound is lower, ^{in pitch} than a Bronchial Sound and is limited to the cavity.

Rales:- Are always Abnormal Sounds.

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

Bronchial rales { Dry or Vibrating { Low pitch (sonorous)
 { High pitch (sibilant)
 { Moist or Bubbling { Large Bubbling (Mucous)
 { Small Bubbling (Subcrepitant)

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

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

Vesicular Rales { Crepitation
 { Crackling

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

Crackling sounds are similar to the Crepitant, but shorter and quicker

The rales of cavities are hollow bubbling, or gurgling.

Friction Sounds:-

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

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

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

Wheezing Voice:

Usually found above Effusions, and is suggestive of a thin layer of Fluid.

Bronchitis:-

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

Symptoms:-

The bronchial tubes become red, swollen and full of blood, the bronchial secretion may be arrested, or it may become thickened. As the swelling and redness subsides, the mucus increases, and is finally expectorated. A week or 10 days is the average length of an acute attack of Bronchitis. It originates mostly from cold or damp, or from exhaling irritating vapors.

Symptoms:- Moderate fever, pain in bones and across the sternum, sometimes tightness or oppression in breathing, an uncomfortable feeling. A dry hacking cough. Clearness upon percussion as a rule; generally Broncho-vesicular breathing; and on account of the thick mucus, sonorous rales, will be present, or in a more advanced case, Mucous rales, which will last till recovery. Sometimes the secretion is so slight, that no rales will be heard.

Diagnosis:

Easy, by its self

Prognosis: Very favorable.

Treatment of Acute Bronchitis:-

As soon as it commences, give

- 1 Quinine gr xx, which will often break it up.
- 2 Opium gr j followed in 4 hours by another grain, will often abort the affection.

Keep the patient well nourished, and give every hour or 1/2 hour, the following \mathcal{R} Vinii Epicac gtt j. If much fever is present, combine it with Potassii Citrate and give Aconiti gtt j or $\frac{1}{2}$ in the 24 hours.

At night Pulv. Doveri, in small doses should be given, to allay the cough. After the secretions have become established, give the following:-
 \mathcal{R} Ammoniac Muriate gr x every two or three hours. The Carbonate may be used if preferred. Inhalations of steam are especially good.

Keep the patient in a warm, but moist room, and let him inhale from time to time some mild Vapor. \mathcal{R} Tinct. Benzoin zi to hot Aquae \mathcal{O} j.

Use Diaphoretics Jabourandi, Potassii Citratis, Tartar Emetic, Spicac, &c. Use Pulv. Doveri in small doses especially at night to allay cough, and put a mustard plaster to chest from time to time. As secretions become re-established, favor Expectoration by giving the muriate or carbonate of Ammonii all the time giving a little opium. Patient must have light food at first and later a good & liberal diet. ||

In the 1st stages the following is especially good \mathcal{R} Sig. Morphiac Sulph. Vinii Antimonii aa $\frac{1}{2}$ ziv. Potassii Nitrat's zi, Syrupi Simp. $\frac{1}{2}$ zi, \mathcal{M} . Sig. A teaspoonful in a little water, every 3 hours. \mathcal{J} H. ||

Capillary Bronchitis:-

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

5 P.M.

1-20-'88.

Symptoms:-

It may commence as an ordinary Bronchitis, and pass downwards; or, it may occur in the smaller tubes at once, which is generally the case. There is oppression over chest, and difficult breathing; blue lips; cold skin; clammy perspiration; little cough; and the patient perishes in a state of asphyxia. There is clearness upon percussion, with spots of resonance, as a rule. The resonance is not permanent. Auscultation reveals feeble respiration, and subcrepitant sounds.

Treatment of Capillary Bronchitis:-

|| The old treatment by emetics, is the best. || Zinc Sulph. or Cupri Sulph. are very good here. Potassii Iodidi grj or ij, every hour, to a child, is the next best treatment. Ammoniac Carb. grj to ij, to a child, is also very good. || Stimulate with Brandy, especially, in old persons. || If there is much oppression, use a few dry cups, between the shoulders. On suitable cases, wet cups, may be applied to back of Chest ||

5 P.M.

1-21-'88.

Chronic Bronchitis:-

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

Symptoms:-

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

Prognosis: Favorable as to life; but, the patient has a poor chance of getting rid of the disease.

Treatment of Chronic Bronchitis:

In cases where there is little secretion, much coughing and good digestion, give; Potassii Iodidi or Ammoniac Iodidi, in small doses, four times a day. Let the patient inhale some anodyne spray, particularly, in the evening. // Potassii Iodidi; Turpentine; Terabene gr̄ v̄ to x̄ every 2 hrs Change of Climate //

Cases in which there are more secretions, rales, &c, give, Ammoniac Muriate, gr̄ xv̄ tid, ^{or every 3 or 4 hours} for Tar water, or, if that can't be had, carbolic Acid, both internally and by inhalations. // Terabene; Senega; //

When there are profuse secretions, give the following:

Turpentine internally, and locally, Acidi Carbolicci spray, gr̄ v̄-x̄ to the ℥j. If the disease does not improve, give an alterative; either, Arsenic, or Cod Liver Oil.

A change of Climate, to a mild dry one, is the best thing for the patient. Counter-irritation, in the shape of small blisters, influences the secretions. // Cod Liver Oil; Tar Water, or Fluid Ext. or Wine; Oil of Sandal Wood - ℞v̄ in capsules every 3 or 4 hours; Acidi Carbolicci gr̄ 1/4 to 1/3 tid or oftener //

In Plastic Bronchitis, the inhalation of Ammoniac muriate gr̄ xx to the ℥j. and the internal use of Ammoniac Iodidi gr̄ iij-v̄ four times a day, is good treatment. During a violent out-break, and when oppression is present, give Emetics, and at the same time Carbonate of Ammoniac.

Narrowing of the Bronchial tubes, is occasioned by pressure, as from a tumor, &c. Diseases of the Bronchial Glands, met with in Children, often, in the scrofulous, often give rise to Catarrh, Night-sweats, and symptoms of Bronchitis, with dullness upon percussion, between the Scapulae.

// In Chronic Bronchitis, get along, if possible, without Opium; if impossible, give it in the form of Purgative; Dead Tinct., or Codea gr̄ 1/2.

Inhalations are of little value though Acidi Carbolicci + Alum by spray, are good. Blisters are good, where the Physical signs are localized. /

Treatment of Plastic Bronchitis: - (Acute signs)

// Emetics and all remedies that break down false Membranes. - Put under Alkaline treatment quickly Potassii - Carbonate or Acetate or Potassii Acetate alternating with Ammonii Carb. Sig Potassii ℞v̄ every hour also give Quinine, sustaining remedies and stimulants. To prevent recurrence, put on a course of Arsenic or Iodine or Potassii Iodidi //

// For Bronchial dilatation give Potassii Iodidi & build the general health up with nourishing food and Cod liver Oil, also Strychnia and local Blisters are of value

Always think of the possibility of Chronic Bronchitis being the manifestation of some Diathesis // which you of course must treat. /

1144
11 a.m.

1-23-'85.

Asthma or Bronchial Spasm:-

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

Symptoms of Asthma:-

A sense of great constriction in the chest, loud, laborous and wheezing breathing; want of air; livid lips, and bluish nails; Apparently quiet chest walls. This exists for some time, when the attack, passes off with profuse expectoration. The attack, usually, occur at night, and last some hours; though it may go on for weeks. Organic Asthma occurs frequently. Nervous Asthma happens seldom. There is impaired percussion sounds, and scarcely any natural breathing sounds, can be heard over the Chest.

Diagnosis:-

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

Prognosis:- Favorable as to life. Organic Asthma can not be cured, but Nervous Asthma can.

1145.

Treatment of Asthma:-

A large amount of Coffee may prevent an Attack, as may also smoking strong tobacco. Stramonium mixed with the Tobacco, will abort the seizure, when it is threatened. Caffeine Citrat. gr \bar{i} four times a day is very good. Cocaine is a new but successful treatment.

When an attack has begun, to relax the spasm, and bring on expectoration, small & frequently repeated doses of Lobelia is good. When there is much shortness of breath, use dry cups to the chest, and give small amounts of Chloroform or Amyl Nitrate, by inhalation. In these cases, don't give Opium, as it prevents secretions. Sub-acute Bronchitis, is often mixed up with an attack of Asthma. In such cases, treat the Bronchitis, after the more immediate symptoms of the attack of Asthma are over.

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

To prevent the attacks, after it has once started, Arsenic, is the best treatment, for Nervous Asthma, eq. Sodii Arseniate gr $\frac{1}{4}$ three times a day. Also avoid all exciting causes.

Organic Asthma is best treated by Potassii Iodidi gr \bar{ij} to \bar{v} three times a day, also giving, Spts. Ammoniac Aromaticum.

In cases associated with Heart symptoms, give, Quercus gtt \bar{xx} of the Fluid Ext. in Orange Juice three times a day. A repetition of the dry-cupping is good. as is also Potassii Iodidi. Asthmatics should live in a mild, warm Climate.

|| Emetics = Lobelia Fluid Ext. gtt \bar{xv} to \bar{xx} kept up in smaller doses, after the attack of vomiting is over. Dry cups to chest, moist & warm room, and a hypodermic injection Pilocarpini Muriate gr \bar{ij} with Hoffman's Anodyne and other diffusible stimulants. If the case lasts, promote expectoration with Ammoniac Muriate Potassii Chlor. Ca. Stramonium, Coffee, Caffeine Cocaine are very good, the Stramonium being burnt & fumes inhaled. To prevent future occurrence courses of Potassii Iodidi gr \bar{xv} to \bar{xx} td. or better Ammoniac Iodidi gr \bar{v} to \bar{x} ; steady use of Belladonna or a course of Arsenic with change of Climate to high altitudes on the inhalation of Compressed Air, may be used.

If urine is scanty, dry cup over the Kidneys. Always pay attention to the condition of the Bronchial Mucous Membrane. ||

5 PM

1-27-'88.

Pulmonary Emphysema:-

Is strongly hereditary, and most frequent in the male sex. It seldom occurs in Childhood. Occupation may produce it, as may also, long continued Bronchial Catarrh, this latter, may be present at the same time, as may also, the reverse. In this disease the Air-vesicles, are enlarged and scattered over the lung, they contain nothing but air. There is an increased amount of air in the Lung, and shortly, dilatation of the Heart, as a rule, without accompanying hypertrophy, and usually, of the right ventricle occurs. The Liver is enlarged, Kidneys are affected, and Albumen exists in the urine. The preceding occur in very bad cases. Heart lesions often occur in advanced cases.

Symptoms:- Shortness of breath; Liability to catch cold; Attacks of Asthma, palpitation, and sometimes dropsy, in advanced cases; Melancholy; Sallow look of Face; Distended Chest with shallow respiration; Increased Percussion resonous; Auscultation reveals, feeble respiration; Long expiratory sound, when there is little Bronchial catarrh, and harsh sounds, when there is much catarrh.

Diagnosis:- Easy

Prognosis:- Not very dangerous, but extremely troublesome.

Treatment of Pulmonary Emphysema:-

Potassii Iodidi in large doses, is the best treatment. Keep it up, till some disturbances in digestion occur. Inhalation of compressed air or of Oxygen will benefit the patient. Always look after the Bronchial catarrh, and give plenty of expectorants. If possible, send the patient to a warmer climate. Don't allow attacks of asthma to occur, if you can help it, and always bear in mind the complications, that are likely to arise, e.g. Heart lesions, Liver disturbances, Kidney trouble, Congested Venous system, &c.

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

In Surgical Emphysema, keep the Patient quiet and relieve Cough with Opium. If necessary let the Air out by puncturing.

5 P.M.

1-28-85.

Congestion of the Lungs:-

Is not very common, but is sometimes applied to Pneumonia, or to a severe case of Bronchial catarrh. It may arise from Concussion of the brain, Heart lesions, &c. Straining in singing &c. and may be Active or Passive.

Physical Signs:- Cheamus slightly impaired; Feeble Respiration; and a few Fine Sub-Crepitant Rales.

Treatment:-

Give Saline Purgatives and stimulants; Use dry cups over the Affected Parts, and look out for the condition of the heart, which if strong should be controlled by Aconite and if weak by Digitalis. // Dry Cups, Purgatives Diaphoretics and control Heart's Action with Aconite or Digitalis as the Case may be. // If Kidneys are at fault, give Diuretics and Dry Cup over them //

Oedema of the Lungs:-

As an extravasation of serum into the structure of the Lungs. It may follow Pneumonia, or the various congestions of the lungs, or heart lesions. It may be due to Bright's disease, in which case, it is usually chronic. If the Oedema is at all extensive, it is a very serious malady.

Symptoms:- serous, ^{and frothy} expectoration, shortness of breath, quick pulse, blue lips and nails, The expectorations sometimes contains blood. Auscultation reveals, plenty of rales, of the fine bubbling variety, heard all over the lung, respiration feeble, when the pulmonary congestion is extensive; Percussion, not comparatively unchanged.

Prognosis:- Serious.

Treatment:-

When it follows congestion, treat as such. stimulate secretions, Give active purgatives, and in the more chronic state, use diaphoretics. Drycup over chest, Inhale Ammoniac and give Spts. Ammoniac Aromaticum, ^{or Ammoniac Muriatic internally.} Inhalation of Oxygen is good. When the circulation is tardy, stimulate.

Hemorrhage from the Lungs:-

Reported hemorrhage from the lungs in 9 cases out of 10, is really from the smaller Bronchial Tubes. It is very common, It may occur from active congestion of the lungs, Blows or injuries of the chest, Organic disease of the chest. It may be caused by certain idiosyncrasy, or it may be a symptom of Scurvy, or of changes in the blood.

11 am.

1-30-'85.

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

After Pulmonary hemorrhage, there is always a risk of an attack of Pneumonia. The blood might again, be drawn down into the lung, and cause Apoplexy. Physical signs are absent.

Treatment of Pulmonary Hemorrhage:-

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

Check the hemorrhage, by swallowing Salt, with Acidi sulphuric $\text{gtt } \text{ij}$ to vi well diluted; if slight; if profuse give,

Ext. Ergotae Fluidum $\text{M } \times$ hypodermically or zss by the mouth give the above every $\frac{1}{2}$ hour, till the symptoms cease.

For Prompt Action, the following is the best treatment.

R Acidum Gallici $\text{gr } \text{xx}$ in gum water, at short intervals, at the same time giving the Ergot. In severe cases, put Ice over the heart and Ice bags over the chest.

If these remedies do not stop the bleeding, give the Fluid extract of Matico zss - zj every two hours.

The Tinct. Ferri Chloride or Monsel's solution, used by a spray are very good; as is also Cuprum Sulph. $\text{gr } \frac{1}{2}$ every 2 hours.

Keep the circulation quiet, by giving Aconiti, $\text{gr } \text{ss}$.

Tinct Aconiti Radix $\text{gtt } \text{ij}$ tid . If feebleness is present give Belladonnae, and if much caught Opii given at night will be of much benefit.

Pulmonary Apoplexia is associated with Cardiac Disease in 9 cases of every 10. Disease of the right Cardiac side, most frequently a Thrombosis forms on the right side, and a plug or so is broken off,

and washed through the Pulmonary Artery into the Lung, where it lodges, thus giving rise to Apoplexia of the Lung. In these cases, very little blood is ejected by the Mouth, though it fills the Lung, and diminishes the Air-space, causing great suffusion, and feeble respiration, with spots of dullness upon Percussion. This is a very grave disease, and the treatment is Drycupping, Ergot and Digitalis.

Diagnosis of Hemorrhage from the Lungs:-

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

Prognosis:-

There is no immediate danger; in some cases slight hemorrhage may be beneficial.

Further remarks regarding a few preceding Notes:-

S.P.M.

2-3-'85.

Pneumonia:-

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

Acute Lobular Pneumonia:-

Is very often the result of cold and exposure. When it assumes a low character, it is called Typhoid Pneumonia; It is very dangerous, forming about 10% of the Mortality from all diseases. It consists of an inflammation of the finest bronchial tubes, which after a while exclude the air, and pour out Serum, filling the surrounding Bronchi and thus forming a solid lung. In this state the lung is heavy and will sink if put in water. Abscesses and Gangrene in Pneumonia are extremely rare. The inflammation affects one side, mostly. The lower lobe of the Lung is the one generally attacked; the upper one being seldom affected. When it is, it is generally the one on the right side. Pleurisy is often complicated with Pneumonia. Alcohol and Malaria are not responsible for Pneumonia.

Physical Signs:- 1. Stage of Engorgement:-

Percussion resonance is impaired, and upon inspiration Auscultation reveals, Crepitant rales, over the seat of the inflammation. 2. Stage of Hepatisation:- In this there is marked dullness upon percussion and upon Auscultation, Bronchial Rales, Tubular breathing, and

transmitted voice will be heard.

3 Stage of Resolution:- In this stage the dullness lessens, Breathing becomes softer, sales coarser, and the voice loses its distinctiveness over the walls of the Chest.

Symptoms of Pneumonia:-

It generally begins with a chill and often vomiting, high temperature averaging 103° , pursuing a steady course, with slight morning remissions, till resolution sets in, which mostly occurs on the 5, 7 or 9 day, when the temperature will drop to normal or below it; in the latter case it will rise to the normal and then stay as a rule till recovery; Flushed face, Short and frequent respirations, 30, 40, 50 or 60 respirations in the minute. Pulse about 100, rarely above 120. Cough slight, and sometimes absent, often very marked, Offensive and putrid expectorations occur from the first; they are sometimes mixed with blood. Headache, sometimes Delirium; Urine scanty with small amounts of Chlorides, which will appear as the case gets well,

Diagnosis of Pneumonia:-

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

A Pneumonia is often intercurrent with a pleurisy; but when it shows it self, it is mostly secondary. Typhoid Fever complicated with this Disease is often very hard to diagnose; but in these cases the lung symptoms come late in the disease, which is the reverse in Pneumonia.

Prognosis of Pneumonia:-

The mortality in private practice is about 12%, and about 20% in hospital practice. High temperature Pleurisy Catarrhal Bronchitis, and cases in which secondary Pneumonia occurs have a mortality of 50%. Low temperatures with increased respirations are not good signs. Late Delirium, and Blood-spitting, throughout the disease are bad signs. Early Delirium is almost always fatal.

Treatment of Pneumonia:- (Early in the case.)

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

Keep down the circulation with \mathcal{R} Tinct. Aconiti Radix $\text{gtt} \text{ij}$ every two hours, or \mathcal{R} Veratrum Viride $\text{gtt} \text{ij}$ to v , in Ginger-syrup, every three or four hours till some impression is produced upon the pulse. Give Quinine $\text{gr} \text{vij}$ to xij tid.

As the case goes on, keep up the Quinine and give Digitalis instead of the Veratrum.

To act on the skin, and quiet the Nervous System, give a small amount of Pulv. Doveri at night.

Expectorants are only useful in the stage of resolution, when Ammoniac muriate or especially the Carbonate in $\text{gr} \text{v}$ - vij doses every two or three hours should be used.

Do not overfeed the patient; but give him mild and soft foods; Stimulate for the symptoms not for the disease. When pleurisy and pain are present, Poultice only, when the symptoms are present.

112.M.

2-6-'86.

Catarrhal Pneumonia:-

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

Symptoms of Pneumonia of this Variety:-

It most always begins with signs of Catarrh; then there are signs of depression, followed by a strongly remittent fever. The sputum is catarrhal, and streaked with Blood. Rales mostly fine and moist, will be heard over the chest, and spots of dullness will be scattered around, which will shift their position often, owing to their being only partial spots, due to Collapse, rather than to Inflammation. Over these spots, the voice will be better transmitted.

Diagnosis:- Depends upon the Physical Signs.

Prognosis:- Is favorable, though it tends to ward a chronic course. When the symptoms linger, the disease sometimes furnishes a predisposition to Tubercle.

Treatment of Catarrhal Pneumonia:-

Treat mostly as a case of Bronchitis, eg. Give Ammoniae Muriate or Carbonate and Dry-cupping to the chest form the basis of the treatment. In cases of sweating give Digitalis, with Quinine; this with expectorants will be the treatment.

Chronic Pneumonia:-

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

Treatment of Chronic Pneumonia:-

Give Potassii Iodidi and Mucum Morhuæ, and if there is any fever, give Digitalis, with or without Quinine. Repeated Blistering is of prime importance.

5 P.M.

2-10-'88

Pulmonary Consumption:-

Is extremely frequent and exists almost everywhere. It always heads the Mortality lists, unless there has been a great epidemic of some disease. No age or condition of life are exempt from it. There are three views as to its cause e.g. 1st. That it is the result of Inflammation of the Lung; the structure of which breaks down and forms Tubercle. 2nd. That it is the result of Cheesy formations, the result of inflammation, and 3rd. That it is the result of a Specific Poison. Prof. Da'costa, thinks the latter is the true view, as tubercular deposits may be caused by inoculation, and on account of other reasons. The Bacilla of Tubercle, were discovered by Koch in 1882, thus settling the question. Tubercular deposits when first formed, are isolated and diffused in the lung tissues; these spots gradually grow together, the healthy intervening spots disappearing, probably by atrophying. This diseased tissue breaks down and forms cavities, mostly in the upper part of the lungs. In advanced cases, other organs may become affected. The average length of this disease, is about two and 1/2 years, including the intervening periods of rest.

Symptoms of Pulmonary Consumption: Isolated Stage:

Poor health; Digestive disorders, loss of flesh; hacking cough referred to the throat; sometimes the cases begin with hemorrhages, and have more marked symptoms.

Infiltrating Stage:-

Cough followed by thick expectoration, which is especially distressing at night; increased emaciation, Curious change of temperament, and as this stage ^{runs} into the next, Hectic fever, followed by night sweats, will come on, then the shortness of breath, increasing debility, and cough increase and run into a state of collapse, from which the patient does not rally. Swelling of the feet is common. Pulmonary hemorrhage may happen throughout the Disease, becoming less, as the disease draws near its end. As a rule the temperature is elevated early in the disease, except during the lulls, when it is normal. Fever begins as the breaking down stages commence.

Chest Pains:-

Are present, as a rule, in Consumption. They are slight in extent, and when persons have frequent, slight Pleurisys, Tubercle is usually present. Sometimes, there is a red and white line around the gums, and the nails are bluish and curved, and somewhat clubbed. The disease is rarely deposited in the Apex of both lungs at once.

Physical Signs: First Stage:-

Flattening at one apex, rarely at both occurs. There is some impairment of resonance, the respiratory percussion being of especial importance.

There is feeble sometimes harsh inspiration, with prolonged expiration. Fine rales heard at the apex, associated with impaired resonance, are of great value in this stage.

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

Breaking-down Stage:- Auscultation reveals, Moist rales, cavernous respiration, and upon percussing Metallic sounds will be heard.

Causes:- A special specific poison, favored by confinement; close quarters, want of sub-soil drainage. Hereditary influence especially from the mother's side, although not always so, as it is not found in the foetus, and is most probably acquired, in the great majority of cases. Contagion is often the cause of it, so healthy persons should not sleep in the same room as consumptives.

The inhalation of fine particles of glass, dust, wool, &c., may predispose to it.

5 P.M.

2-11-'85.

Diagnosis of Pulmonary Consumption:-

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

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

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

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

At a still later period, it may be confounded with Bronchial Irritation, but in this, there will be multiple cavities, throughout the lung, with very little dullness, Chronic catarrh will be present, and the sputum will not contain the Bacillae of Tubercle.

GANGRENE of the lung may be taken for it, but in this, the history is linked to some Blood-poisoning, and there is a very offensive breath and sputum.

11 a.m.

2-13-'85.

Prognosis of Pulmonary Consumption:-

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

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

Treatment of Pulmonary Consumption:-

The treatment of this disease consists of, 1st, Hygienic means, 2nd, Medicinal Agents, and 3rd, The treating of prominent individual symptoms.

1, Hygienic Means:-

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

Egypt is the best climate, Algeria comes next. New Mexico, Southern California, Colorado and Minnesota, have good climates

Those cases seen early do best in high, dry climates. Those cases having a tendency to Pulmonary hemorrhage, and the late ones, do well in mild climates. The cases in which much Bronchial secretion is present, the damp & dry climate of Florida is best. If the patient will live an out of door life, send him to the climate of the Adirondack Mountains.

Food:-

The best diet is a meat one, Alcohol in moderation is beneficial, especially if mixed with *Plum Morschuel*. Whiskey and Brandy are the best stimulants.

2^o Medicinal Treatment:-

Cod liver Oil $\mathfrak{z}\text{ij}$ three times a day, given one hour after meals. $\mathfrak{gtt}\text{x}$ to xv of Ether, will make it easier to take and assist its digestion. Whiskey, Malt extract, or Carbonic Acid water may be mixed with it. When the oil becomes tiresome, stop it for a while, and during the hot month stop it altogether.

Arsenic is next best of Cod liver Oil, Arsenious Acid $\text{gr } \frac{1}{40}$ or Fowler's solution $\mathfrak{gtt}\text{ij}$ tid. Comp. Sol. Iodine $\mathfrak{gtt}\text{j}$ - ij is good.

When the above does not agree, give Potassii Iodidi.

Ferri Iodidi is very good in cases where there is not much fever. When giving it, push it to the point of tolerance.

Inhalations of Tar, Carbolic Acid, or Iodine are beneficial.

Treatment of Individual Symptoms:-

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

Cough:-

Don't give expectorants, give Opium instead.

Morphiae $\text{gr } \frac{1}{24}$ to $\frac{1}{6}$. Codea sometimes acts well, as does also Prussic Acid given in the form of the Fluid Ext. of Wild cherry. Small doses of Sulphuric Acid with Opium is good. as are also, inhalations, of Tar, Carbolic Acid, or Oleum Eucalyptus $\mathfrak{gtt}\text{x}$ to $\mathfrak{z}\text{j}$ used through an atomizer.

Night Sweats:-

The best remedy is Atropiae $\text{gr } \frac{1}{80}$ at bed-time.

If the patient will not take it, a strong infusion of cold sage tea, or sponging the body with water as hot, as can be borne, may be resorted to. Next to the Atropine is Ergotina, of Fluid Ext. of Ergot $\mathfrak{z}\text{ss}$ three times a day, the last dose to be taken at night.

Sulphuric Acid; and Zinci Oxidi grij , four times a day are good.

Indigestion of Consumption:-

Treat these cases as you would other cases of indigestion. Carbolic Acid gr $\frac{1}{4}$ - $\frac{1}{2}$ four times a day, Creosote has also a good influence.

strychnia gr $\frac{1}{50}$ three times a day is also good.

Diarrhoea:-

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

Opium and Bismuthi or Opii and Cupri Sulph. are good.

State of the throat:-

Irish moss \mathfrak{z} to the \mathcal{O} j, sipped as often as possible is good. Painting the parts with Iodoform or Cocaine is good. Allow the patient to eat immediately afterwards.

Antitoxic Fever:

The following is very good,

\mathcal{R} Opii — gr $\frac{1}{4}$
 Digitalis — gr ss
 Quinine — gr jss
 ℞. Sig. tid.

Acute Tuberculosis:-

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

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

The diagnosis, is sometimes easy, and at times impossible

Prognosis:- Unfavorable; but never give a case up till the last.

5 P.M.

2-24-'86.

Pleurisy:-

May be acute or Chronic, Circumscribed or General.

Acute Pleurisy:-

Is very common, and occurs very often after a cold or injury. The vessels first become congested; then serum leaks out, and forms a plastic material which accumulates in layers, and is generally deposited upon the Pleura. It may happen that both surfaces of the Pleura becomes affected, the serum accumulating in the lower part of the sack = the stage of effusion.

The Plastic stage lasts from 24 to 48 hours, and then passes into the stage of effusion, which lasts from 10 to 14 days, after which, absorption takes place, and the roughened membranes come in contact. Adhesions of a permanent character, form finally.

Physical Signs:- Plastic Stage.

Friction sounds significant with this stage will be heard.

In the stage of Effusion, the friction sound will disappear, the voice will be well transmitted in the upper part of the lung and sounds like the bleating of a Goat. No sound will be heard in the lower part of the lung. there is feeble respiration, and marked

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

Symptoms:-

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

Diagnosis of Pleurisy:-

In the dry stage, it may be confounded with Rheumatism of the Chest; but in this there are no friction sounds or fever, and the pain, is apt to extend all over the Chest. In the stage of effusion, it may be confounded with Pneumonia, but in this, there is rusty sputum, harsh breathing, rales, and well transmitted vocal sounds.

Enlarged liver may be mistaken for it, but this organ is below the Diaphragm.

5²m.

2-25-'85

Prognosis of Acute Pleurisy:-

As favorable; when it comes on in the course of fevers, the prognosis in these cases is very grave. Cases which spread to the Lungs, or are complicated with pericardial inflammations are grave.

Treatment of Acute Pleurisy:-

In the early or plastic stage, when the effusion is slight, wet cups applied over the seat of the inflammation is good practice, in young, robust persons, who can well spare the blood. From viij to xij withdrawn, will generally be sufficient.

A large poultice containing Sandalium, should be used, and in cases where cupping is not performed, use some counter irritation.

Injections of Morphia, near the affected part, at the same time keeping the patient under Opium is good treatment; also give \mathcal{R} Aconite $\mathcal{gt}\mathcal{j}$ in Sol. Potassii Citratis, every hour.

In the Effusive Stage:- Don't allow any cupping, or give Aconite; but give the following \mathcal{R} Potassii Acetate $\mathcal{z}\mathcal{ss}$ in the 24 hours, with Digitalis.

Potassii Iodidi, Jaborandi, and small, frequently repeated blisters, may be used in this stage.

In cases having great effusion, a gentle mercurial impression, will cause the Digitalis and the Potassii Acetate to act, in cases, where they have previously been tardy. Always sustain the patients

strength, by giving stimulants, &c. In cases of extreme effusion, tapping should be performed, especially in double pleurisy and where the circulation is irregular. In 9 cases out of 10, patients having double pleurisy, have Tubercle.

A slight mercurial impression may be obtained by giving small doses of Calomel and Opium.

Chronic Pleurisy:-

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

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

Physical Signs:-

Are in some cases like those of Acute Pleurisy. Displaced Organs and increased dimensions of the Chest, in some cases compression of Chest. When the Voice and Tremitus is absolutely absent, the cavity contains pus, and when the voice is heard, it contains serum. It is important to know, whether the cavity

contains Pus or Serum, use the hypodermic syringe. If blood is withdrawn, let the case alone, as it indicates a Cancer of the Pleura.

Errors in Diagnosis:

Ferers should not be mistaken for Chronic Pleurisy, as there are generally no chest dullnesses, and they mostly have a periodical fever, which Pleurisy has not.

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

Prognosis of Chronic Pleurisy:

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

Treatment of Chronic Pleurisy: (Medical)

Basham's Mixture \overline{zss} , three times a day with gr $\frac{1}{100}$ - $\frac{1}{80}$ of Strychnia. or the following.
Potassii Iodidi and when there is much fever combine Quinia and digitatis with it. The occasional use of small blisters is important.

Surgical Treatment of Chronic Pleurisy:

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

In cases of long standing, which are not benefited by long medical treatment, tap whether there is pus or not.

As a rule, cases do better under frequent tapping, than those having drainage tubes inserted. In cases having a great likelihood of the pus forming again, a well diluted solution of the Bichloride or of Lugol's solution of Iodine, should be injected.

5 P.M.

3-3-'85.

Pneumothorax:-

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

Symptoms:-

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

When air gets into the pleural sack, it presses upon the lung, and displaces it somewhat; and sometimes presses upon the other viscera. In left Pneumothorax, the heart is especially displaced.

Plastic lymph is produced, especially at the point of puncture if there is one, which spreads, and is followed by a pouring out of Serum or Pus. It is impossible to recognize this disease without the

Physical Signs:-

Distension of Chest, splashing sound upon shaking the Patient, Tympanitic percussion of a high grade above, where there is air, and dullness below; and Auscultation reveals either, nothing or a great hollow breathing.

Prognosis:

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

Treatment of Pneumothorax.

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

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

Further Notes on previous Lectures:-

