On the Connection between
Meningitis and the Early
Stage of Pulmonary Phthisis

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On the connection between Hemoptysis and the early stage of Pulmonary Phthisis.

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My attention was first directed to this subject in the beginning of last autumn, by two or three cases of Hemoptysis in which I could trace no local cause, but in which there were present unmistakable signs of early phthisis. I was soon able to collect a sufficient number of cases to satisfy myself that such a connection did really exist, and was not among a coincidence.

The following quotations from the writings of Drs. Janet, Hewitt and Barnes fairly establish, I think, the correctness of my observations:—observations which, though they were quite new to me, have apparently been made before. Still I think the subject merits
more attention has less hitherto been directed to it, judging from the very scanty references that I have been able to find: and these, too, in works on Diseases of Women, and its mention is made of the subject—viz. the arthritis or Phthisis in the text books of Medicine, so far as I have been able to find.

Dr. Stanley Hewitt (Diseases of Women 2nd ed. p. 421.) says “according to my own experience, young women “in whom there are signs of a tendency to, or actual development of, tuberculosis, are very frequently the subjects of profuse menstruation, the cause being the “defective and excited state of the blood.”

Dr. Barnes (Clinical History of the Diseases of Women, p. 90) says “Day disease, especially those marked by “dysmenorrhea and hyperemia of the uterus, dispose to “uterine congestion and hemorrhage.”

and later “uterine hemorrhage is sometimes “observed in Phthisis, although more common in women “with no Amenorrhoea.”
It is a well established fact that the change in function that accompanies pneumonia is in the vast majority of cases amenable to treatment. This is not infrequently observed even in the earliest stages, sometimes before any physical signs of the disease can be discovered. In the second stage it is found in the majority of cases, and in the final stage it is almost invariable. Still, a very opposite condition also exists. There is a class of pathological cases in which pneumonia is corrected, and in which there is a real and close connection between the two diseases. The existence of pneumonia and pneumonia is of some moment, and is generally recognized. But the coexistence of pneumonia and pneumonia is not, I think, generally recognized, and is of great importance, because of the serious effect the pneumonia has in impairing the health and favoring the progress of the pneumonia, and so forth.
decide each upon and apprize the other.

I may, perhaps, best express my views upon this subject in a series of five propositions.

1. That menorrhagia is frequently met with in women who either already are, or who subsequently become phthisical.

2. That it may sometimes be looked upon as a symptom of a tendency to phthisis.

3. That it is not unfrequently the determining cause of phthisis.

4. That early menstruation, i.e. before the age of 14 years, is frequently met with in girls who subsequently become phthisical.

5. That in some of these cases it is the determining cause of phthisis.

Of these five propositions I think the case I shall quote at least the present will establish the truth of the first beyond all doubt. The other four are
less capable of dead-proof, but—I think a careful consideration of the cases detailed later, convincing me in giving her above four points as matters of opinion, which the observation of a larger number of cases than I have been able to collect in the last few months may some day establish on a firmer basis than that of mere opinion.

I may here take the opportunity of explaining what I mean by *menorrhagia*. I use the term in this paper in rather a broad and comprehensive sense, to include not only that which with the strictest accuracy he called *menorrhagia*, viz. "excessive flow of the uterine discharges" (Barnes, Diseases of Women, p. 87) but also *amenorrhoea* at other than menstrual (monthly) periods? For instance, the real common form that I have observed is as follows:—the patient states that she used to be *very regular*, i.e. menstruate for three or four days every month, but for her last six months she has been unable every month—"or three
weeks. She has had a hemorrhagic discharge, indistinguishable by her from ordinary menstruation, and recurring with fair regularity every fourteen or twenty-one days. She has little or no pain. Certainly no more than usual, and no tenderness in the internal. The majority of cases of which this is a type after they have been taking iron and other tonics soon become the monthly periodicity instead of the fortnightly. This cannot be considered to belong to that class of cases where menstruation is said to occur normally every fortnight or three weeks (see Playfair's Skin Practice of Medicine, 1876 ed., iii. p. 68) because both before and after many of the typical monthly periods were observed. I think I am justified in calling such a case one of hemorrhagia, or excessive menstruation, and not simply uterine hemorrhage. For it is difficult to believe that the changes in the mucous membrane of the uterus are different one fortnight from what they are the rest that one fortnight. The hemorrhage is accompanied by a
Incidental 'rexus' — congestion and swelling of the ovary with depletion of Graafian follicles — and the next fortnight — not a fortnight's discharge should be called a true menstruation and the rest a 'hemorhagic discharge occurring at other than menstrual periods'.

For convenience sake and without I think, any serious departure from accuracy I have included see these hemorhagics under the term 'Menstruation'.

It may be objected that these were ordinary cases of 'Menstruation' due to some local condition or Dr. Gully Hewitt says, due to some condition of the blood — a depauperated and vitiated state — quite independent of any pelvicical or tuberculous state. I will take each of these objections separately.

First that the hemorhagia was due to local cause alone. In one or two of her worst cases a vaginal examination was made and nothing abnormal could be detected. Afterwards I did not consider it advisable to make examinations in the other case
as they were all unmarried. Again it will be

assumed that it is almost all of them. The meningitis
clears after a shorter or longer course of general
local treatment without any local treatment whatever.

Further there were none of the usual symptoms
of uterine or ovarian disease. In particular

pain during menstruation, no

intermenstrual pain, no backache, or bearing
down pains, no urinary irritation. No interference
with defecation or urination. No fever.

Secondly, it was due to a
different and critical state of the blood.

Against this I can only say that such a condition
is widely spread and deals with in many diseases.

and, moreover, usually accompanied by meningitis.

If that condition of

the blood were alone able to account for the

meningitis, why is not meningitis much more
common in Chloasma which lead to a depressed and disturbed state of the blood? And why, when 
Phthisis has advanced to the second or third 
stage and the state of the blood must be far worse, 
for some degree of more intense—than 
in the very commencement of the disease— 
why have we invariably found the very opposite 
condition—namely burning or erosion of the 
Anus? Surely in Chloasma the blood 
is as poor as it well can be, but we do not 
find leucoplakia. In the cachexia of phthisis 
derive the blood is only poor (i.e. deficient in 
hemoglobin, red corpuscles etc.), but also deficient 
for general impairement and perverted nutrition, and 
intoxicated, frequently, by the absorption of products of 
the decayed and decaying: yet we do not find 
leucoplakia; rather the contrary.
In B the disease of Bright's disease of the Kidney, 
the blood is not only depressed, but vitiated, too, by the
deficient exercise of the products of the oxidation of the nitrogenous parts of the tissues. But
yet—demonstrably, though more frequently and with
them in most—decisions, perhaps, is yet the
great—example, rather than the rule.
I think the statement that—demonstrably, is
such cases as I have been describing, is due
5 to the state of the blood, in untenable.
3. Setting aside them, these two causes, we have
come to consider what the real cause of the
improvement is. In the present state of our
knowledge I do not think that the question
is capable of being decided with any degree of
certainty. There are however, a few hypotheses
which seem true worthy of consideration.

1. In many cases that are tubercular there
may be a tuberulosis of the uterus.
2. There may be a change in the walls of the
uterous. women, rendering them more liable to rupture.
3. The presence of a certain degree of physica in
dull cases, accompanied as it must be, by mental
excitement and increased tension in the blood vessels,
can lead to a hemorrhage from one of the free surfaces
of the body. Of these, the commonest occurrence of this type
is the most common in females.

4. In the female—may be chiefly with the ovaries,
and be due to a disturbance in the innervation
of the sexual apparatus.

5. Finally, it may be due to the spleen, both for
the general congestion of the body, and from the
interference with the venous circulation.

With regard to the first hypothesis, viz. that the
case may lie in a tuberculosic of the uterus,
I do not find that there is any sufficient
proof for considering all the cases to be examples
of primary tuberculous phthisis; quite the contrary:
their varying course, their slow advance, and occasional
attacks, would lead to the opposite opinion.
That being so, there would be no reason for supposing a tuberculosis of the uterus, the lungs being free. But that it may have been the cause in some of the cases is quite possible. D'Archi Armstrong (Diseases of Women, p. 547) admits the connection between tuberculosis and uterine hemorrhage, but attributes the hemorrhage to the state of the blood. He says: "Pathologically, that of the uterus has been usually supposed to be rare, but hemorrhage from the uterus in tuberculous women, dependent on the state of the blood rather than on organic local change, is not to be considered."

In speaking of tuberculosis of the uterus I refer to military tubercles scattered throughout the organ and not to the advanced stage of cancerous figures. S. Boas' Diseases of Women (1873 ed.) p. 808. 809, figure 156 shows impossible that such an advanced stage of the disease as is here represented would be present in any of the cases that I am relating. It is possible that military tubercles affecting the blood vessels in the deeper part of the uterine membrane may lead to hemorrhage: but the
usual course would be the obliteration of the blood vessels, rather than their rupture. This last theory, that the obliteration of a large number of vessels is best way ought to increase the blood pressure in the rest so as to cause them to fray away and so lead to hemorrhage. Just as J. C. J. B. Williams (Pulmonary Consumption 1871, p. 146) has described in the lungs.

In lungs extensively consolidated, the obliteration of many of the vessels causes an increase of pressure on those which remain open, thus facilitating the rupture.

So too, Engelstedt (Arthritis Leucia 1 Practice of Medicine, vol. II, p. 739.) gives as a cause of hæmoptysis an altered collateral circulation, surrounding tubercle gnaws, so that vessels remaining dilated lead to a burst, while others are compressed by the condensed “portions.”

The presence or absence of tubercles in the lesions at this stage of the disease never in a matter of conjecture, for patients do not usually die in. For a stage of phthisis is no opportunity of post mortem verification is afforded.
secondly. A change in the walls of the blood vessels. This I think, is very probably one of the commonest causes of hemorrhage from the uterine in the cases I am considering.

Heineyer (Practical Medicine vol. i. p. 141) speaking of hemorrhage says it "proceeds from infection of the capillaries, caused either by over distension, or else by a morbid delicacy of the walls, a result of forcing resolution." He adds an addendum.

Williams (p. 145) says a "her hemorrhage to the extent of more than a drachm, in a person, prepared for hemorrhagic death, is from cancer and disease of the lung, injury of the chest, disease of the heart, and from disorder of the uterine — is indicative of a fragile state of the nerves of the lungs, closely connected with, and generally arising out of, consumptive disease of those organs." He adds an addendum.

And a little later, "fatty degeneration has been demonstrated by Dr. Nadeleffe Hall, on the small intestine, from series of careful observations on the varieties and heteromorphs of tuberculous..."
“Of those records having detected fatty degeneration of the
blood vessels in phthisis in four instances.”

It is a matter for, of common observation that
young people, especially girls, of fair complexion, with
their clear, transparent, skin, and coming of susceptible
families suffer from bruises from the most trifling
causes, such as, for instance, grasping the arm firmly.

It is evident that the capillaries and small vessels—long
the blood in the skin & cutaneous cellular tissue—are
much more easily ruptured than in the majority of
healthy persons. It is not surprising that such persons
should suffer from severe hemorrhage or hemoptysis
from causes that would produce little or no result in
strong, healthy people.

There is also in phthisical patients a low state of vitality
of the blood generally, an ill-nourished, less condition of the
tissues. In this impregnated state the vascular centres
share. The impulses passing along the constriction across to
the muscular coats of the blood vessels are diminished —
intensity. The result, in consequence, do not preserve their proper degree of tone contraction. Their calibre is somewhat diluted and their walls thinned, partly from the dilatation of the pressure of the trachea.

The result of an increase of calibre is a diminution in the rapidity of the blood current, the amount of blood passing in a given time remaining the same. This is produced a congestion which may lead to haemorrhage.

Thirdly. 'Pyrexia as a cause of PHLEGMONA.' It will be observed that in these cases I have mentioned had temperatures distinctly above normal, and lastly, not in the evening when so many cases of phthisis have a rise of temperature, but at mid-day. The temperatures were taken under circumstances disadvantageous to the record of a high reading. They were during the winter half of the year, and after the patient had been waiting, often for a considerable time, in a room which is rather cold and draughty. The thermometers were carefully tested and different ones used for the same patient gave the same reading. The room in which the temperatures were taken was not cold.
and I think that in an ordinary warm room the temperatures would rise to slightly higher and that a larger proportion of the cases would have shown temperatures above 98.4°F. For if the surface gets chilled, a thermometer requires to be kept in the armpit a very long time (occasionally an hour or more) before it will record the true temperature of the body. All the temperatures were taken in the armpit. The thermometer was generally kept in for a quarter of an hour or thirty minutes.

I would observe that this peculiarity in the majority of cases certainly was not a mere passing condition due to a temporary chill or something similar, but remained for weeks and sometimes for a month or two. In some cases the temperature was taken more than four times at intervals of a fortnight and was always found to be above normal.

Such being the case, can the suppression be in any way attributed to the rise in temperature? I know that to some extent it can, especially in those cases where there exists in addition a decided debitage of the cells.
of the womb. Such rents might arise quite any
under the interior muscular tension which is caused by
the excitement of the circulation accompanying pregnancy.
And that such hemorrhage would later place from the
membrane of the uterus is very possible.

Dr. Barnes (Clinical Surgery of Women, 1873 to 86) says,
"During the period of sexual life the uterine mucous
membrane is in the outlet towards which any overflow is
"directed; during this period Schneiderian epoetic or other
"forms of hemorrhage are rare. The seat of election for
"critical and other disturbances is the uterus.

And a little later he calls the uterine mucous membrane
"the safety valve by which vascular eruption is relieved.

Dr. Snell in his book on Diseases of Women (1872, p. 3)
when speaking of the "irregular appearance of menstruation
from pyneal disorders" says: "Peroni (Gas and Leys, 1862)
"has shown that an occasional effusion of the usual size of the
"pyneal disorders is the appearance of the menstrual flow
"a few days before its usual time."
Fourth, the demonkey is bring her to a distinct
sensation of her sexual system.

I was very much struck while a student attending
the class of Physiology by a remark made by the
distinguished Professor about the frogs used for purpose
of demonstration. As these frogs used to be kept for
a considerable time and the art of feeding them is
as I believe, very perfect, they reach after a brief a stage
of semi-starvation. At the beginning of the Recession, when
they are fresh a limb may be separated the secretie
acme directed out and the leg will remain quite still
when hung up. But when the frog has reached the
stage of partial starvation (along with the English frog
I believe the flage, German frogs are more phlegmatic)
the nervous system and the muscular too, becomes so
vitale and excitale that the twitching caused by
separating the leg from the body, directs and the start here
results it set up such a series of contraction in the
muscles of the leg that it is a considerable time before
the twitchings cease and the leg hangs at rest.
It is a matter of observation that in persons that are enervated, whether from pulmonary phthisis or any other wasting disease, the very slight irritant will cause a muscular contraction, as is seen in the fibrillary twitches of the pectoral muscles caused by percussing the chest. The same amount of irritant will not cause the contraction of the fibrilla of a healthy muscle in a healthy person.

The object in making this observation has been to show the effect of impaired nutrition in increasing the irritability of the tissues.

Pulmonary phthisis is essentially a disease of deficient nutrition. Pulmonary patients are usually somnolent, acaceous. They are very still, are restless and joyless; must be occupied and often do not sleep well. Their nervous system is abnormally excited from its impaired nutrition — is in a disturbed condition.

So the ovaries is probably due the unsteady periodicity of the uterine hemorrhage. But the ovaries cannot have something to posit were determine regulate their action, and it is unstable that in a state of general hyperesthesia,
due to the definite rotation of placenta, but the ovaries may be forced to undergo and go through the changes observed at a menstrual epoch, including exciting uterine hemorrhage, more readily than in

such may be the explanation of at least some of the cases in which menstruation occurs more frequent than normal, as every four to six months, returning to her monthly periodicity as her rotation

fifthly, it may be due to tople, both by encroachment of the pelvic viscera, and by its interference with the venous circulation.

the effect of constipation on the pelvic viscera, especially the uterus, can be best appreciated by asking the patient to go to the water closet during a medical examination. the perineum is distended and the bladder is compressed (as is shown sometimes by the woman forceing out) and the uterus forced down in the pelvis to the extent of half an inch to one and a half or more.
This causes a certain amount of dragging upon the broad ligaments, and an irritation of the ovaries. It is also unreasonable to suppose that this shock to the uterus and irritation of the ovaries, if frequently repeated, as it is in Phthisis, may lead to a premature menstruation.

Coughing too, not infrequently leads to hemorrhage from its interference with the venous circulation.

A powerful expiration, caused by muscular exertion, especially if an obstacle be opposed to the exit of the air by closure of the slit due to coughing, changes the negative pressure in the thorax into a positive one, compressing the heart and vessels (especially the veins), and causes in the veins a serious stagnation, and in the arteries a less important increasing pressure. (Hippocratic Physiology by R. S. Hermannus, translated by A. H. S. S. J. J. S. T. 1875, p. 67.)

That this stagnation in the veins is really serious is seen by people becoming, as it is said, "blue in the face" from coughing: by the episcleritis that so often is caused by paroxysms of coughing in Whooping Cough: by the hemorrhage
Beneath there is a conjunction that is occasionally and with in the same affections and from the same cause; by the central hemorrhage that sometimes occurs during distent parts of coughing in old people.

I have already quoted from Dr. Barnes "that during the period of normal life the uterine venous accommodation in the outlet towards which every secretion is directed, during this period is susceptible of pressure on other forms of hemorrage, are rare; the seat of veneration for critical discharges is the uterus, which he later enunciates "the safety valve by which vascular reflection is relieved."

That being so, it is not at all improbable, that the hemorrhage and conjunction hemorrhage of children, and the central hemorrhage of the middle aged and old, may be replaced in the young adult female by uterine hemorrhage.

Finally, I think, the coincidence of hemoptysis with the uterine hemorrhage, especially in some of her more marked cases is not without its influence, and points to a similarity of cause for the two conditions.

A connexion seems to be recognised between "disorder of the uterus" and hemoptysis (see Williams 1855 quoted above).
Dr. Barnes (p. 168) also says "Hemophilia is, I believe, occasionally a manifestation of vicious menstruation."

The right appreciation of this condition is obviously of great importance, lest it be misinterpreted as a symptom of tubercular mischief.

Aitken (p. 194, Semi-Periodical Literature) says "When hemophilia is connected with Amenorrhea, preparations of iron often succeed when other remedies have failed."

The least two authorities speak of Amenorrhea when there is any other uterine disorder, but I think their statements serve to establish a connection between hemophilia from the lungs and its constitutional function.

I will now return to the first proposition with which I started and consider them separately.

First. Hemorrhages is frequently due either to

poliomyelitis, if already an, or this subsequently become poliomyelitis.

I mention these two cases, I shall relate at the end of this paper, speak for themselves, i.e., proof of this.
It must be remembered that I speak only of early disease in the early part of its first stage. The subsequent course of most of the cases, especially if the affection of the lungs is not arrested, is gradually increasing anaemia until the periods recur every four, six, eight or ten weeks or even longer. This is of his stage that I shall now deal with, and says in his chapter on "The Relations of Inflammation to Venous Changes"—the influence of resolution and "inflammation in certain acrodermatitis" (p. 274)—is true. He says, quoting from Dr. Chapelot: "Phthisis", he says, "in nearly every case stops inflammation: in the majority abruptly, but sometimes after gradual diminution."

The rationale of this connection between inflammation and phthisis I have already, somewhat prematurely, discussed in an earlier part of this paper.
Secondly, hemiplegia may sometimes be looked upon as a symptom of tendency to phthisis.

This opinion is gathered from an examination of the cases related at the end of the paper; for instance, such as the hemiplegia usually began before the evident symptoms of phthisis, the first part of each case may be looked upon as an illustration of this anaemia, and the second half as a proof of the truth of it. Many of the patients had a consumption family history, and the occurrence of the hemiplegia before any signs of phthisis only point to the hemiplegia as a warning signal of future chronic disease. I do not mean to say that the occurrence of hemiplegia should in every case be considered a symptom of phthisis; but I feel convinced that in a family coming of consumptive parents a girl, who at the age of four siden 15 to 20 as a child becomes subject to hemiplegia without apparent cause, is more likely to become phthisical
Mean the other female members of the same family
was menstruate regularly and normally.

Surely, that it is not infrequently he determining
cause of phthisis.

In persons predisposed, by heredity, or by living
under bad hygienic conditions, pulmonary
phthisis—a disease depending so much upon
bad food and bad air, and other conditions leading
to a diminished state of vitality in the organism—it
frequently requires but a slight additional depressing
condition to determine an attack of pulmonary disease.
And it cannot be supposed that a young girl can
bear the loss of two, four, six or more ounces of blood
every fortnight—or three weeks, without some suffering
itself.

In this manner a disease, as awaiting an opportunity
of attack, has the way paved for it and the
menstruation becomes the immediate determining cause
of the phthisis.
Fourthly, what early, precocious, or prevalent menstruation (i.e. before the age of 16 years) is frequently accompanied in girls who subsequently suffer from phthisis.

Of the twenty-one cases I have brought together, selected (except two) on account of the coincidence of hemorrhages and phthisis, nine commenced menstruation before the age of fourteen. Dr. Playfair in his "Science and Practice of Midwifery" 1876 edition, vol. i, p. 66 says of menstruation: "In temperate climates it generally commences between the fourteenth and sixteenth years. A large number of cases selected from the addition of numerous statistical tables, being well with in the fifteenth year."

The fact that many out of the twenty-one cases commenced to menstruate before the age which Dr. Playfair gives as the earliest of her two limits (between the 14th and 16th years) select which menstruation generally commences, is of vital significance. I think it gives ground for the following: If in a family coming of consumption, parents are daughters
commence to menstruate at the age of thirteen, and another at the age of fifteen, both being apparently in good health; her one had begun to menstruate at thirteen will be more likely to become consumptive than the other.

fifthly. Next, in a few cases it is the determining cause of phthisis.

This must be leave a matter of opinion; but menstruation is established at the age of thirteen or earlier, and is persistent and regular, in a patient coming of a consumptive family, especially if the patient feels weakened and depressed after each period and her general health suffer; then phthisis commencing shortly afterwards I think in many looks upon these two conditions as cause and effect.

In two patients A. B. (case 15) and S. K. (case 16) seem to me the case in point. I have not wished to indicate to mean that in memonic healthy subjects without hereditary taint, or other predisposing cause, the occurrence
of menstruation when unusually early age with a frequency of the flow would be a sufficient cause of phthisis. But to which had when these conditions are present, and the only thing required to bring on the disease is some impairment of the general health — such as is often sufficed by dyspepsia — or some strain on the powers of the constitution — such as a severe attack of typhoid fever — I do think that in such cases early and proper menstruation may supply the cause, and bring on phthisis in patients who might otherwise have escaped it.

The form of menstruation which I have been led to associate with early phthisis is used to reach periods of the discharge at the normal monthly periods, as a discharge, profuse or not, occurring every fortnight or three weeks.

If a patient comes to me stating that she used
to be regular, but that—now she is unwell every fortnight.
she has had no children or miscarriages and is
immunized. She has no backache, morning irritation,
leucorrhoeal discharge, no intermenstrual pain and hal-
titer during menstruation; in short no symptoms to
lead one to suspect—to find a local cause for the
menorrhagia. I began to suspect phthisis. I often
find the two have a slight cough to which she paid
no attention, and was overly assured that she tolerated
her friends, perhaps, as they told her herself.
She has been getting thinner; eating. She has loss of
appetite and complaints of a general feeling of
malaise; she can scarcely manage her work,
whereas before she found it no burden. On examining
the chest— I am not surprised to find slight physical
signs at once or other clavicular or subclavicular region,
or more frequently in the supraclavicular or interclavicular
regions, together with a rise of temperature. 99°-101°.
And thus. This is a typical imaginary case.
I now come to speak of the treatment of these cases: there is nothing special in it; it is based on general principles. The hemorrhage, if excessive, the hemorrhagic tendency 8-10 days is usually checked by ergot taken during the continuance of the discharge and omitted in the interval. In many cases the ergot may with advantage be combined with a tonic agent, as in the following formula:

P. Var. ergot liquid in x or in XXX
And Sulfur. h in x
And Sulfur q.s. in x
S/p Chloroform in x
Again ad Z
Or, let the surname.

In some, especially those in which the loss occurs every two or three weeks, Bismuth of Potassium in doses of q.s. x to qz. x or more here or four times a day (or bismuth of potassium, which is much less disagreeable to take and is equally efficacious in similar doses) either alone
or combined with the liquid extract of Cayo. When
given alone it should be given commenced a
week before the discharge begins and continued
until it ceases. If the periods recur every fortnight
or three weeks the brownish should be very continual.

Another remedy is digitalis; but I have only tried
it myself in cases of meningitis in connection with
irritation disease. Dr. Riiger (Handbook of Therapeutics,
4th edit., p. 471) says of it: “Digitalis controls spasmodic,
hemoptysis and meningitis. In cases of meningitis
unconnected with organic disease, this medicine,
independently of the state of the circulation, is said to
be more efficacious than any other remedy.”

A very important and is best of the menstrual
periods - best in the recumbent position. By this position
not only is more complete ease to the body as a whole assured
than by any other, but also the return of blood from the
pelvic viscera is favoured. The exhaustion of toxaemia
of the lower extremities diminishes the amount of
blood flowing to the pelvic viscera. The blood supply is largely determined by the activity of a part: the more the lower limbs are used, within moderate limits, the more blood flows to them: and also I do not doubt that the internal iliac arteries, from which the pelvic viscera obtain most of their blood supply, would take a share of the increased volume of blood passing through the common iliacs in response to the call from the lower limbs. And so the pelvic viscera would then a larger quantity of blood passing to them in consequence of the exercise of the lower extremities. Rest here, is an important part of the treatment of locomotoræ.

Warm clothing is also an essential. It is only by clothing warmly—by wearing some good insulator, such as flannel, or some material containing wool—that many people with a feeble circulation can keep a sufficient proportion of the blood in the skin and.
superficial parts of the body, and so avoid congestion of her internal organs. The patient said, “she was always ill when she was cold.” It was only by “keeping warm” that she avoided being almost always ill.

Another very important and is very frequently to be found is aperients, especially combined with tonics. Constipation is usually present, and besides spoiling his appetite it serves to increase the pelvic congestion. A tone of aperient such as he following will often speedily remove both the constipation and the hemorhagia.

14. Aperient at or a x
   Hymenoptera gr. x v a x z p
   Ferrum Sulfuratum gr. ii
   Op. Chlorophallum a x
   Dys. Calomelane a z

as soon as possible attention should be directed to the treatment of the chief affection, and that may often be commenced from the first; the improvement in the health
which generally follows being of itself sufficient to
check or arrest the h nerdling or in a short time.

I have already insisted on the necessity of some
clothing of wearing flannel or merino near the skin.
I have observed that a great number of the very people
who most require a good non-conductor near the skin
surface of the body are in the habit of never
wearing flannel on any wool containing material next
the skin and that not from mere change of opinion,
but from one of the two following reasons.
First, they very frequently have very sensitive irritable
skins; and, although the friction of a rough material
on the skin is said to increase the circulation throughout,
and so be conducive to health, yet the majority
of the class of patients I am describing the increasing
and fidgetiness to conceal becomes unbearable.
Such people would wear the finer kinds of flannels
or silk.
They complain that if they wear flannel they become too warm and perspire freely on the slightest exertion. In such patients the circulatory system is very easily tossed: hot-water exercise makes them warm. They soon feel the burden of clothing. It is more difficult for them to adjust the amount of their clothing to the state of the weather and to the exercise they intent to take, than for persons of more robust health, who often make but slight change all the year round, without suffering discomfort.

It should be impressed upon them, however, that as they easily get warm, so they as readily become cold. In the majority of cases it is advisable that the lower limbs should be clothed in flannel, or some wool containing Oatmeal, as well as her trunk. It is also important that her wooden undercrust should, though of a warmer kind, should be worn in summer as well as in winter. In winter it is generally from cold
Winds: in summer from the rapid cooling of the body by the evaporation of perspiration on the skin, after getting overheated. And this circumstance points to another requisite of the material that is worn next the surface of the body, viz., that it should be a good absorbent. However, a good conductor it may be; it will fail to prevent the wearer from "catching cold," unless it be capable of rapidly absorbing the perspiration which is poured out on the surface of the body during exertion. It may then be pointed out that it is just those people who require to take more care of themselves—those who are in unpaired health and whose, perhaps, are deficient with lung diseases, who prefer the most-ready or the slightest motion of the material worn next the surface of the body, though never so good a non-conductor of heat, fail to absorb the perspiration, that is a layer of
fluid on the skin, which, by its rapid evaporation easily causes a chill. Or if, again, the indenter of the skin is easily saturated with moisture, as an ordinary linen sheet, it comes to feel just as in the same way as a piece of lint dipped in an evaporating liquid does, when laid on an inflamed part, it very rapidly abstracts heat. It should be loosely woven for, so as to enable the moisture thus
through it, in a state of vapour, that this ready takes place in suitable clothing, may be easily removed by going a sharp walk in a shouldercoat tightly
buttoned, when the inside will be soon found to become quite wet from the condensation upon it of moisture derived from the skin, and which has passed through the clothing without making it more
the slightly damp. Another advantage of its the material being loosely woven is that it is so
united
to hold a large quantity of air in her cheeks, then which few things are better as non-conductors of heat. A small quantity of wool worn loosely, so as to hold a large amount of air in its meshes, retains the heat of the body much better than the same amount of wool worn tightly. And this it is warmer. For the same reason it should not fit the figure too tightly but should allow a good layer of air to remain between it and the skin.

After an experience of some fifteen hundred out-patients, seen by myself during being three years, I find that the great majority of the men wear wooden materials next the skin, but that only a very small minority of the women do. Also that in those cases of long diseases in which I have insisted on their ‘wearing pantaloons’, the deminution of pain in the chest and of cough, and the general increase of comfort last
been usually well marked.

It is reasonable to suppose that in cases of pulmonary eczema, especially those in which there are complaints of coldness of the limbs and extremities, and a general feeling of chilliness, the large increase in the capillary circulation through the skin, following the exposure of the whole body in some form of wooden framework, would gradually relieve the congestion of the internal organs of the lungs. For although the whole of the blood in the body cannot pass through the pulmonary circulation, yet changes in the general circulation influence both the capillarit and the tension of the pulmonary blood stream. Indeed, I may say, that far from looking upon the wearing of clothing as a means of avoiding "catching cold", I consider it an important part of the treatment of pulmonary eczema.

The hygienic surroundings of the patient should
so far as possible, he improved. In summer the patient should sleep with the bedroom window open.

In winter the coldness and dampness of the air is too great to render this advisable for patients with pulmonary

conditions, unless at the same time they have a fire in

the room.

Cough and sickness must so often be caused by the

cough, may be cleared and the appetite improved by

such a mixture as the following.

Ref. Aque Intus dil. m. x

Hydrocyan. di m. ii

Hydrocyan. hydr. ac. ii. to vi

Esper. ext. Z.

Inf. Secundar. ad Z.

m. Laxiti ferment.

With this eUsonic oil is usually, even taken in
doses of a teaspoonful, to a tablespoonful, two or three

times a day with, or immediately after, meals. The eUsonic

oil itself often seems to relieve cough. Some of the many

forms of this oil or emulsions may be used, but they are

expected...
If there is but little or no cough, quinine in one grain doses, or etrate of pure quinine in 20 grain doses, or the ammonio-bisulphate of soda in doses of from vi to x or xv grains, generally improves the appetite.

Ordinary cough mixtures and licorice are as a rule to be avoided.

For the relief of the pain in the chest, or below the shoulders, chloride of ammonium, or the application of the linimentum ricti of half the strength of the Pharmacopoeia, or of equal parts of linimentum ricti and linimentum belladonnae is very efficacious. It is necessarily applied to the seat of the pain, but to the affected area of the chest, and used at night so that some of the ointment of the potion may be diffused through the room and inhaled during the night. As a rule one or two applications to the same region every week are as many as can be borne. When there are several regions to
to be painted one may be done every night. I may here add that though pains in the chest form the burden of numerous complaints in pulmonary patients, the locality of the pain does not seem to have any constant relation to the seat of pulmonary disease. The most common seat of the pain I have observed are under the left breast, about the sixth interspace, at the angle of one or other scapula, over the middle of the sternum, and usually, and nearly so frequently, the 2d or 3d ribs on either side in the mamillary line, and the 6th or 7th in the axillary line; and this apparent independency of the actual seat of disease, the pain being sometimes complained of on one side, and the self supposed seats of disease on the other; or the lesion being evidently at one place and the pain complained of over the stomach.

Many of these pains may be due to the numerous limited flexures, evidence of which are so abundant—first, second, in the form of adhesions;
but which partake no physical signs during life. They cannot all, however, be due to this cause, I think. In many instances, metals may be the true cause: perhaps through the sympathetic fibres of the pulmonary pleuræ or the thoracic sympathetic ganglia and their communicating branches with the intercostal nerves.

For the distressing 'night sweats,' one of the simplest remedies is a pint of made tea guă taken every night. It has the advantage of allaying the thirst and preventing the appetite or causing the bowels to move. Still here is no doubt but the 'night sweats' frequently cease of themselves, after the ulcer is thoroughly healed, and the patient is in a quiet environment. By taking of an active medicine or of tea or of tea so soon a space of time as a week or a fortnight I have on several occasions congratulated myself on the marked quick effect of the order given.
fails, and told the patients that they must not take any more of the drug. The doctor had stopped only to receive the humiliating reply that "they had never had any. They were not aware that any were ordered and the dispensary had not given them any."

Still in spite of this order, zinc frequently has no decided effect; in such cases half a grain of the extract of Bactrocerana may be combined with it.

On the following pill

B. Achinie Sulphe p. i.

Puer. digit. $\frac{1}{4} 6 \frac{1}{2}$

Puer. spic. $\frac{1}{4}$

Conf. mora q. s. f. pel.

Primi J. W. T. Fernandes

In very delirious cases

B. Vig. sulphe m. i. $\frac{1}{2} n m a a u$. m.

Locria $\frac{1}{2}$

Glycine $g f$

$\alpha$ ad $3p$

m. O. K. S.
Chloral Hydrate—two doses of 1/2 to fifty grains or more at night relieve cough, enables the patient to have a good night's rest. If this relieves the night-cough...

Thus very serviceable remedies are—sponging with amijar, or vinegar and water, or with spirit, or with simple hot water, just before getting into bed.

The dyspepsia, which so often precedes, frequently requires our attention, for this is relieved by remedies more directly suited to the brainy disease—such as cod liver oil, quinine, &c. &c. Secondly, be tolerable.

Hemoptysis, if profuse, is best treated by rest, and small doses of morphine to relieve the cough, if that is distressing and seems to cause or to aggravate the hemoptysis. Also by saline aperients. If the hemoptysis is very profuse, the liquid extract of ergot in doses of 1/16 to 1/8 to be taken every hour or two hours or three, is very efficacious.

Gallus acid is doses of ten grains is often recommended
but it is very disagreeable to take and considerable quantities require to be taken to produce any genuine effect. The inhalation of torpentine has also been recommended. of large doses of spearmint tea has also been frequently employed. It is evidently grateful to such, but I cannot think that it has much effect in checking the hemoptysis. Applied to the cheek it would have rather the contrary effect. The application of hot-water bags to the spine in the cervical and upper dorsal regions, as advised by Dr. Chapman, is no doubt of some, though troublesome to carry out. I cannot keep thinking however, that they act in a good manner, like a hot flannel, by drawing blood to the surface; as well as, or more than, by increasing the action of the Respiration thus coming from the sympathetic nervous ganglion and passing to the
blood vessels of the lungs, and to contracting them.

Then complications such as oedema of the larynx, or of the intestines generally come later in the disease.

Antiseptic inhalations by means of respirator inhalers I do not consider suitable for the first stage of phthisis, or the early part of the first stage before there is much increased secretion of mucus, and when there is no fever.

I do not propose to say anything further about the treatment: there is nothing special in that. I would rather to draw attention to the Chief mischief in its earliest stage, when it might perhaps be overlooked. I think that there is reason for believing that in certain cases the presence of exacerbated gives ground for a suspicion of
tendency to phthisis and sometimes determines the course of the disease. And it is because I consider that it is much more important to recognize and treat the commencing phthisis than during the insanitary, that I so urge that when insanitary is persistently present, at without apparent cause, the signs of commencing phthisis should be looked for.

It is at this early stage that the pulmonary disease is most easily checked, and moreover, the tone, vitality, and especially the hygienic measures used for the treatment of the phthisis will not usually fail to arrest the insanitary.

It must be remembered that I do not assert that a majority, or even a large minority of the cases of early phthisis are associated with insanitary, but that a fairly definite class of cases exist in which an insanitary is found.
I think the connection between fever and paralysis is sufficiently
definite for it to be recognizable with such classes of cases as phthisic phthisis, typhoid fever, a
phthisic phthisis, suppression of the glands in the
neck, or phthisic commencing with pustule ulcers
and persistent dyspepsia.
It is with considerable hesitation that I submit the following case to inspection, on account of their many faults of omission and commission. They are largely made up of jottings on the out-patient papers, written during great pressing work, a thing to be a large number of patients in the short time allotted, and while subject to continual interruptions. I regret that I have had no opportunity of taking each case fully, and writing it all according to a definite method: the cases, however, were not out-patients and the necessary time was not at my disposal. In addition to, to the want of a graphic description, I feel that each case loses much from the impossibility of committing to words the "general impression" left on my mind from the inspection of each
patient. I give my weight to a 'general impression' so taught gained one may be accused of being unscientific and of jumping to conclusions. Without then, attaching too much importance 'general impression', 'constitution', 'temperament' and 'facies', I think that as a rule of inference, very often 'place of much value' indicating the class of diseases to which the patient is subject, and the type of disease and its various modifications that may be expected in the course of effect it will run. All the cases have been seen more than once: the great majority of them many times, and some there the under observation for many months. On this, perhaps, why I have had with so many cases a reparatory, short line of treatment. What he then offers a specially favorable field for observation. There are a very large numbers of females employed in the different branches of the lace trade. They commence to work at an early age, and are employed frequently in very hot rooms - a temperature of 85°F or 90°F or even higher is required at certain stages in preparation of the lace. A circumstance favorable both to production and remonstrances.
<table>
<thead>
<tr>
<th>Number</th>
<th>Name</th>
<th>Age</th>
<th>Temperature</th>
<th>Age at which last menstruation began</th>
<th>Convulsion &amp; its duration</th>
<th>Menstruation &amp; its duration</th>
<th>Cough &amp; its duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A.B.</td>
<td>15</td>
<td>99</td>
<td>11 6 months</td>
<td>12 years</td>
<td>4 months</td>
<td>1 year</td>
</tr>
<tr>
<td>2</td>
<td>E.B.</td>
<td>19</td>
<td>98.5</td>
<td>12 years</td>
<td>2 years</td>
<td>2 years</td>
<td>2 years</td>
</tr>
<tr>
<td>3</td>
<td>H.B.</td>
<td>17</td>
<td>98.4</td>
<td>15 years</td>
<td>3 months</td>
<td>1 year</td>
<td>1 year</td>
</tr>
<tr>
<td>4</td>
<td>J.W.</td>
<td>36</td>
<td>98.5</td>
<td>13 ½ years</td>
<td>4 years</td>
<td>4 years</td>
<td>2 years</td>
</tr>
<tr>
<td>5</td>
<td>S.B.</td>
<td>23</td>
<td>98.4</td>
<td>16 years</td>
<td>9 months</td>
<td>1 year</td>
<td>6 months</td>
</tr>
<tr>
<td>6</td>
<td>S.P.</td>
<td>16</td>
<td>98.4</td>
<td>12 years</td>
<td>1 year</td>
<td>4 months</td>
<td>6 months</td>
</tr>
<tr>
<td>7</td>
<td>A.B.</td>
<td>20</td>
<td>99.2</td>
<td>11 ½ years</td>
<td>4 months</td>
<td>1 year</td>
<td>6 months</td>
</tr>
<tr>
<td>8</td>
<td>F.S.</td>
<td>20</td>
<td>99</td>
<td>15 years</td>
<td>4 months</td>
<td>1 ½ years</td>
<td>1 ½ years</td>
</tr>
<tr>
<td>9</td>
<td>C.S.</td>
<td>28</td>
<td>99.4</td>
<td>14 ½ years</td>
<td>3 years</td>
<td>2 years</td>
<td>2 ½ years</td>
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<tr>
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<td>A.A.S.</td>
<td>18</td>
<td>98.4</td>
<td>14 years</td>
<td>5 years</td>
<td>1 year</td>
<td>6 months</td>
</tr>
<tr>
<td>11</td>
<td>A.C.</td>
<td>16</td>
<td>98.4</td>
<td>13 ½ years</td>
<td>6 months</td>
<td>3 months</td>
<td>6 months</td>
</tr>
<tr>
<td>12</td>
<td>K.O.</td>
<td>16</td>
<td>100.6</td>
<td>13 years</td>
<td>1 ½ years</td>
<td>1 year</td>
<td>1 year</td>
</tr>
<tr>
<td>13</td>
<td>O.A.</td>
<td>16</td>
<td>100.8</td>
<td>14 years</td>
<td>2 years</td>
<td>1 year</td>
<td>6 months</td>
</tr>
<tr>
<td>14</td>
<td>T.G.</td>
<td>31</td>
<td>98.4</td>
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<td>4 years</td>
<td>4 years</td>
<td>4 years</td>
</tr>
<tr>
<td>15</td>
<td>K.M.</td>
<td>24</td>
<td>98.4</td>
<td>12 ½ years</td>
<td>Premature menstruation</td>
<td>3 years</td>
<td>6 months</td>
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<tr>
<td>16</td>
<td>S.K.</td>
<td>20</td>
<td>98.8</td>
<td>13 years</td>
<td>5 years</td>
<td>6 months</td>
<td>6 months</td>
</tr>
<tr>
<td>17</td>
<td>S.S.</td>
<td>19</td>
<td>99.4</td>
<td>17 years</td>
<td>Menstruation @ 1 month</td>
<td>5 years</td>
<td>6 months</td>
</tr>
<tr>
<td>18</td>
<td>A.B.</td>
<td>8</td>
<td>98.5</td>
<td>15 years</td>
<td>2 years</td>
<td>1 year</td>
<td>5 months</td>
</tr>
<tr>
<td>19</td>
<td>J.F.</td>
<td>32</td>
<td>98.8</td>
<td>15 years</td>
<td>6 months</td>
<td>3 months</td>
<td>3 months</td>
</tr>
<tr>
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<td>16 years</td>
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<td>5 months</td>
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</tr>
<tr>
<td>21</td>
<td>O.J.</td>
<td>18</td>
<td>99</td>
<td>15 years</td>
<td>6 months</td>
<td>3 months</td>
<td>3 months</td>
</tr>
</tbody>
</table>
Case I. Aug 10, 1881.

A. E. age 13, commenced to menstruate about age 11 years.

Discharge last 6 days and occurred every 5 or 6

weeks. This continued for about 2 years. Skim partly

became regular, menstruating 4 days every month. For her

last four months she has been unwell 2 or 3 days every

ten days. At this time she began to suffer from cough

right-side, loss of appetite, nausea, constipation, headache

Physical exam: Slight improvement of percussion at

second left intercostal, left-whel aspiration, with slight

sub-costation. Right apex, vesicular but murmur poor.

Feb 10, 1882. has not menstruated ever for 2 months. Has had

thrombacytosis to the extent of a teaspoonful or more about a

month ago. Yellow stool. Bight area. Temperature

6 a.m. 99.6. 11 a.m. Respiration tabular 120

left-tercostal. Vesicular murmurs almost cleared, at

right- apex. Bilateral costation at both suprascapular regions.

Feb 27, 1882. Temperature at 12 noon 99.6. axilla.

Imaginative 2015 days ago 5 weeks. Cough much better.
Анализ гемоглобина. У больного 30-летний. Вес 60 кг, рост 173 см.

Предположительный диагноз: инфаркт миокарда.

Рекомендации:
1. Наблюдение за состоянием пациента.
2. Антикоагулянты.
3. Назначение глюкозы.
4. Обучение пациента о технике самоперевязки ангины.

Дополнительные замечания:
- Пациент испытывает боли в груди.
- Наблюдается резкое снижение артериального давления.
- Назначение антагонистов кальция.

Н.П.: гемоглобин 15 г/л, гематокрит 45%.

J. A., aged 19, insomniac. commenced to menstruate at the age of 12 years. discharge lasted 5 or 6 days and recurred every month; it soon increased to 6, 8, or 9 days every month. I saw her last patient papers last April 1881. She had suffered from cough for 12 months.

Physical Signs: Percussion impalpable at right apex; vocal resonance increased, and vesicular respiration difficult down to fourth intercostal space. Cough at the second left intercostal space and at the left supra-costal region. She suffers from night sweats.

Aug. 29th, 1881. Cough and expectoration ceased. Percussion improved on right apex. Poor at left: vesicular respiration almost gone at right apex. No accompaniments. Vocal resonance increased at right apex. Sub-epiphal at left supra-sternal region. Temperature 98.5.


Treatment: Ani loco, cordulac oil 8 roten on in bed.
H. R. age 47, commenced to menstruate at the age of 16; had her last 2 days every month, but occasionally she used to miss a month. For the last 3 months she has been unsure 1 day every fortnight.

She has had winter cough for years, one of her brothers. Respiration poor at both apices. Respiration tubular at both right intercavicular region. Stethoscope. Temperature 98.4.

Treatment: R. Acid salicylic acid X
Hydrazine salicylate 2 in 3
Green's ZP
Cup Sedentum am 3.

Rx 07 monther Zii

[Signature]
1st. April 36. ripe, commenced to menstruate at menage of 13½ years, discharges lasted 3 or 4 days and returned every month. Continued regular till 1½ years ago, when she began to be more 8 or 4 days every fortnight; soon the discharge lasted 8 or 10 days, and the intermenstrual period still continued to be a fortnight. I made a vaginal examination but could find no local cause for the menorrhagia. The cough began 6 months after the menorrhagia.


Nov 22nd 38.1. She menstruated 6 days a fortnight ago. She had previously sore a month, cough still troublesome; occasional slight hemoptysis. Temperature 98.5. Occasional expectation at left apex; expiration prolonged. Right apex expiration prolonged. Respiration deficient at both upper raphe regions. During the interval period she tore before the foulness.
Case 4. (continued)

Pulmonary: soft, dull to percussion.

Total: 3fl

1 fl. Epsom salt.

During the intervals 8 fl. were taken.

2 fl. of 10% perlimar.

On examination the fundus:

March 6th 1832. Expirations at both apices very poor.

Respiration very poor generally at both apices, but almost total at the bases. There is more or less wheezing and inspiratory rales, more especially over the left side of the right and second left spaces. Vesicular murmur almost absent at both apices; expiration prolongd at both. Accompanied by a low nasal respiration, deficient at both suprascapular regions.

Temperature 90.6. Skin was very dry. Tenderness of the scalp and temporomandibular joint. Two years ago the weight of 400 lbs and 7 ft 6 in. She is a tall woman.

She is now taking quinine and conium ole.

She is now taking quinine and conium ole.
Case 5.

Aug. 8th, 81.

A. B. aged 23, single, commenced to menstruate at age 16 and was irregular 3 or 4 days every month. At age 19 began to be irregular 4 or 5 weeks at a time, lasting slightly every day, and then not irregular again for 5 or 6 weeks. Had continued for about 2 years. In amenorrhea for 6 months. Afterwards became regular for about 1½ years. Then again irregular for 3 weeks without bleeding. Last time she has been irregular 4 or 5 days every 5 or 6 weeks till last month when she was again irregular for 3 weeks. I made a vaginal examination, but could discover no local cause. Cough commenced 2 years ago. She has night sweats but no lamelipiesis. The percussion note is impaired at the left apex and there is expulsion of both upper pulmonary regions. Temperature 98.4. O.D. 80°. O.U. homoeopathic fluid of left apex: expectoration of left apex and both upper pulmonary regions. Temperature 98°. After examining the patient, 21st of August, 81.

A younger brother and sister are both attending the present time. They are very delicate looking; fair complexion; hair, transparent, slender, and fine cheeks. They both suffer from cough and he girl has phthisial signs of consumption at the right apex.
Case 6.

December 10th, 1801.

S.P., aged 16, homelit account, commenced to menstruate at 12 years of age. Discharge lasted seven days and occurred every month. For the last ten months she has been amenorrheic seven days or longer, and will only a fortnight.

The tear had winter cough for six years. Head haemoptysis last winter for three weeks to the extent of a teaspoonful at a time. She suffers from night sweats. Her father died of pleurisy.

Percussion note distinctly impaired at the left apex and poor at the right. Respiration weak with inspiration and prolonged expiration at the left apex. Respiration deficient at the right.

At the left infraspinacular region, deficient respiratory movement with pleuritic cracking. At the right, impaired percussion, increased vocal resonance, and prolonged expiration. Temperature 98.4.

This patient been improved under air and food and will her oil and soon ceased to attend.
Case 7.

Dec. 10, 1881.

O. B. aged 26, commenced to menstruate at 11½ years of age. Discharge lasted 4 or 6 days and occurred every month. About 1 year ago she began to have menses for 6 days with an interval of only 16 days.

She complained of headaches, constipation, fainting. Her face was subject to cough for long time, but the last 2 years she has had a persistent cough. She began to spit blood about 4 months ago: in amount about one teaspoonful at a time, now strong effort spits. Her mother and one sister are subject to cough.

There was marked impairment of percussion at the left apex in front, with prolonged expiration.

Temperature 99.2 at 10.30 A.M.


Jan. 16th: Her hemoptysis for a fortnight. Percussion dull at left apex: a sound of resonance and flutters of percussion note at right apex. Respiration at the left apex are definite vesicular resonance at the right. At the left infraclavicular region definite vesicular resonance and expiration.
Case 7 (continued).

Temperature - axilla at 11 a.m. Q.2.

Treatment: acid tone with cod liver oil and the application of iodine to the chest. Deter as cough subsides.

R. Quinac Sulfur gvi.

Sulphur gvi.

Acid Sulphur acid. 4.

Aug. 1st. 1881.

Case 8

Aug. 1st. 1881.

F.G. aged 20, commenced to transactions at the age of 15; first lasted three days and recurred every month. About four months ago she began to take more steps every three weeks or ten.

She has had winter cough for ten to 607 years. Complain of pain under left clavicle. Expectoration difficult at the left apex. Respiration impaired at both apices but most at left. Respiration tubers at the left apex, harsh at night. Oral resonance increased at left. Left supra-scapular region.
Case 8 (continued).

Cricoid cartilage almost entirely absent; pleuritic earache. Right supra-escapular region in some condition for two weeks. Left inter-escapular region, respiration deficient.

Dec. 15. Respiration labored at 3rd left interspace. Presence of pain in right upper arm to 3rd rib. Auscultation and percussion of both supra-escapular regions.

Temperature 99.

Treatment.


A. Ferrum ammon. cit. gr. vi.
St. Chevignon m. 5.
Inf. Calomel. ace. zii.

Capit. 50. Dec. hemoptysis zii. tis. m.

Cinnamomeum coti. (½ strength) to be applied 3-M.

Chloroform acetate.
Case 9.

December 31st, 1881.

C. S. aged 20, commenced to menstruate at the age of 14½ years; this change lasted 6 days and recurred every month. Twice she has suffered from amenorrhea for 3 or 4 months, but since then she has been regular till about 3 years ago, since which time she has been irregular 10 or 12 days at a time and usually OFS or well a fortnight. Occasionally the interval would be 3 weeks to a month. No leukorrhea or intermenstrual pain, or other symptoms of local uterine affection.

Cough commenced 1½ years ago: the first began to spit blood about 3 months ago and used to spit about ⅓ a teaspoonful at a time once or twice a day, nearly every day for about a month. Inbight suction. She has lost one stone in weight during the last year. Temperature 99.4 at noon.

Physical signs. The tympanum firm on both sides; at first right intercostal percussion impaired, expiration puffed; expiration interrupted, crepitation with expiration. Second right intercostal respiratory sounds deficient. At left apex
March 4, 1882. Temperature 99.2 at noon. Percussion dull over right clavicle. Impaired over left. Percussion dulled over right apex down to fourth rib. Less so on the left. Vocal resonance much increased at right second interstice and at right supraclavicular region. Respiration difficult and respiration at first right interstice. Respiration difficult and expiration forced at 2nd and 3rd at left apex respiration very weak.

She occasionally suffers from night sweats. She menstruates 8 days and 5 days respectively on the last two occasions, her interval being about 3 weeks.

April 15, 1882. Menstruates 6 days every month. Cough very slight. No more hemoptysis or night sweats.

Physical 82 cm of chest. Tilt 50 degrees left.

Treatment. At first, hair dyes to be in x

Ceylon A borax 2 g in 48

Hydrocortisone in 32

Dig. form. hyd. in 32

Glycerine 20

Dig. tinct. am. Z. in 30

Hem. calomel in 25
Case 10
Jan 24, 1880.

R. A. S., age 18, commenced to menstruate at the age of 14; the discharge lasted 4 days and occurred every 22 4 days. This lasted for about 2½ years. Since then has only been worse once in four or five months.

Her mother died of phthisis; one brother and one sister are still with phthisis at this present time.

She has suffered from cough for two or three years. Has lost flesh but had no thermopyria. She has suffered from night sweats for a long time. Temperatures...

Physical signs. Expansion equal on both sides. Percussion note very poor at both (sound of resonance) at both apices. Vesicular resonance very faint at both apices. A few bibasal—rhubarb at right apex.

Treatment. R. O. Aspiration twice in:

Reid's

Every night till recovery occurs.
Case I.  February 16th 1802.

A.F. age 16 1/2. Inflammation commenced at the age of 16 1/2 years and the first attacks frequently for 6-9 days every month till last winter. Since then she has been only relieved for a day or two every six weeks. Her mother and another woman with whom she lives, both noticed that she used to have more flow than most girls of her age.

Cough commenced last winter. She has been bleeding hemoptysis. Percussion note is enjoyable at both apices.Expiration markedly prolonged at the right apex and all the right paravertebral and intercostal region.

Temperature 98.4.

Syrup Purgans in 25.
Ing. Quercus at Zr. 1 dram.

Prescribed by Dr. Becrhome 3d.
Case 12.

Feb. 20: 1882.

C. J., aged 16, began to menstruate at the age of 13 and continued regular till about 6 weeks ago when she was unaware a good deal for 14 days without coming. She has no pain; no lassitude. She has a fine complexion, and a thin, transparent skin. There is a hectic flush on her cheeks and she suffers from profuse night sweats. She has had a cough for the last 6 weeks: no sputum: no hemoptysis. Temperature 99.6. Thin legs. Much flesh in the last two months.

Physical Signs. Percussion: both lungs, equal; in right apex, expiration postured, cephalic. Vocal resonance increased. At the left apex percussion markedly impaired and the 2nd left interspace with breathing, almost a bronchial breathless character. At the right infra-supravicular region, inspiration is bronchial.

Treatment: Externally oil with an aperient tonic and astrigent. Tincture pills every eight for the night sweats.
Case 13  

February 28th, 1862

A.B. aged 16, commenced to menstruate at the age of 14½ years. She was now pregnant and had four days recurring every 5-6 weeks. No pain: no intermittent discharge. She has complained of cough for the last 3 months. Her father died of consumption.

Perinosis experienced on the left clavicle; soon after right. Spasms expiration persisted at apex (sub-clavicular region). Cough at the left pneumoperitoneal region. Temperature 102°.


Treatment:  
R. Ferrum cummum ad 92 x  
Sp. Thujae com. x  
Inf. Camphora ad Zi  
\[-\text{ts.}\]  
R. A. quinced zu fi die.
Case 14.

March 23, 1882

1. G. aged 31, unmarried, commenced to menstruate at the age of 14: her flow lasted 5-6 inches, the interstal being stop-up a few days, sometimes 2 or 3 months; so that altogether she was poorly three days in the year when she was well. No pain, no laceration discharge. This continued till she was about 17 when she had gradually become more regular, menstruating 30-4 days every month. The continued regular till she was 27. The menstruation was alone: kept in from 1 to 4 inches at a time, and the interval from a few days to 2 or 3 months. She first came to the hospital in May 1881, and was under treatment for thinker, and oestrogens. She soon became regular again, menstruating from 2 to 4 days every month.

Her father had a cough, and her sister has died of consumption. She has had no local treatment to utter and no vaginal examination has been done.

Her cough began in the winter 1880-1881. She had slight pneumothorax for a few days. She was asked 1½ stone
Case 46 (continued)

in weight—during the last year. She used to weigh 5, now she weighs 7. She suffers from right—
second—left—dyspnea. In May 1801 there was
long—short inspiration at the 2nd left—intercostal space in front,
and Crepitation at both apices.

In January 1802 her respiration rate was much impaired,
at the left—open and there was tubular breathing in
the second space. At the right—open expiration was
distinctly prolonged, both in front and in the supr
sternal region, and there was Crepitation. Temperature
98.4. Weight—7 lbs. She has been worse every
fortnight—

Treatment. Al Fruit

Calc. N. Quiniete gvi.
R. Sulfuris dris.

Ag. per ini. f. ini.

R. Amic. Int. dei 1 m x
Hydro argentei m x
Digest. Pasteur i rub. ini
Glycerin 8 x x x

Di./Sulinum ad 3 z.

Capriat Al fruitio 4 iub. ini.

Diam. nh lud. in situ

Viam lumn. dico (1/2 strength) to
The supplici. the third—fourth week.

Afterwards. R. Quiniete gvi.

Ferr. Sulph. gr in.

Amic. Sulph. dris.

Ag. per ini. f. ini.
March 3rd 1882

Case 15:

Pleurisy and Early Inanition.

A. B., aged 84, commenced to inanition when 12 ½ years old. The fever lasted 3 or 4 days and occurred every month. She has been regular ever since.

Her father, mother, and 2 brothers died of consumption. She has had a cough for 4 years and has spit blood to the extent of one teaspoonful at a time, about a year ago.

She has suffered from night sweats—now some weeks.

Dec. 19th, 1881. The percussion note is impaired at both spires but most at the left. Vascular resonance very deficient.

March 3rd, 1882. Temperature 99.4° at 11 a.m. Percussion over right clavicle dull; in first and second right spires flat—lack of resonance. The 2nd and 3rd left intercostal percussion censure pain and the note is high pitched. At the left apex i. e. front—expiration is faci tally, and there is an expiration. At the left—supra-scapular region respiratory resonance almost absent. At the right apex i. e. front there is respiratory resonance in deficient. The right hemiplegia and night sweats.

Treatment: hot lye oil in a weak tonic and drops of vine spirits for peristaltic.
Case 16

Phthisis and early tuberculosis.

March 30, 1882.

J. K., aged 20, commenced to complain of ill health at the age of 13. He first noticed it 5 days ago and it occurred regularly every month. She has lost one sister of consumption. She has been subject to cough almost all her life, but it has been worse the last 4 or 5 years, especially during the winter. She has spit blood occasionally to the extent of a teaspoonful at a time, and sometimes much more. For the last four or five months, she has suffered from night sweats. Temperature 98.8.

An inspection of the chest for right and left clavicular region is seen to be flattened, and the percussion resistance is diminished: the percussion note is dull, low pitched with great waste of resonance—muffled. Percussion over right clavicle is high pitched—wooden. Respiration bronchial with pleuritic crepitations at the right sub-clavicular region. Bronchophony.

The percussion resistance at the left sub-clavicular region is increased: the note high pitched, respiration deep and expiration prolonged. Vocal resonance increased.

March 24: Cough much better: led so much objec- tion.

Restored for 6 weeks.

Treatment: Cod liver oil in acid tonic with olive oil mixed, but the enema ceased.

Afluenza while not contact oil.
Case 17:

E.S. aged 19, commenced to menstruate at the age of 19. He had looked 4 or 5 days and remained every month. For the last 6 months he has been unwell 9 days at a time and will last him 3 weeks.

His last brother died from consumption at the age of 25. Mammastation said to have been premature in her case. He has had a cough every winter for the last 3 years, and has spit blood, but no large quantity.

Temperature 99.4 Respiration 28 per minute, pulse 90. Expansion fair on both sides. At the right after the percussion resistance is increased. He feels indigestion especially over his clavicle, and the respiration is interrupted (coughing). Full respiration at the right.

Sputum complains pain of joints between shoulders.

Treatment: hot linseed oil in a once tonic and the application of warmth to chest.
Case 18.  Fe 5° 1802.

A. M. aged 74, married 6 months, 5 children. Menses commenced before the age of 15, and lasted regularly for 4 days every month. At the age of 18 she began to become frequent, every fortnight, instead of every month. This continued till she was 23. She has no irregularity.

No consumption in family. She has had a cough for the past 3 years. For the last 8 months she has had haemoptysis almost daily to the extent of 1 tablespoonful at a time up to 2 tablespoonsful or more.

The percussion notes is improved at both spicies, expiration prolonged at the right upper, aspiration at the left.

March 11° 02. Percussion dull at the right upper, aspiration tubular.

Haemoptysis.

Treatment: for the haemoptysis. Rx. Acid Sulph. exit x

Rx. Acet. vitri. exit x

Hydrargyri auriexit

Glycerini 3 x

Lig. Seleni et Zin. secus remanerit.

Repris 20. September et tert. die.
Case 19. March 14th 02.

J.T. aged 32, unmarried, commenced to menstruate just before the age of 15; her flow lasted 3 days every month. Two years ago she began to lose blood 4 days every fourth week, and has continued to up to the present time. No pain. No leucorrhoea. Weakness. Has had a cough about a year. Has lost flesh. Used to weigh 94; now weighs 87.0.

Temperature 98.0: complains of pain under left clavicle. Expansions poor on both sides. Resistance increased. and percussion sub-infracostal left apex and expiration postural. Deformity respiratory movement at left superobapular region: depression at the right.

April 15th 02. Insoluble now, 4 days every month; temperature 98.7: very little cough.

Treatment. R. Aniscael 10 gr. t. &c.

Anaesthetic gas u. v.

A.P. age 17, commenced 6 months at the age of 16. Fever lasted 2 days and returned every 5 or 6 weeks. For the last 3 months has been in fever 2 days every fortnight. No temperature, no pain. No family history of consumption. The boy coughed for 3 years for several years. The boy complained of cough for the last 5 weeks and has had bright red blood for the last month. Has also spit blood to the extent of a tablespoon at a time 3 or 6 times. Temperature 99.2, pulse 104, respiration 28.

Respiratory test imperfect. At the right apex, respiration heard with cough. Tubular breathing at the right—superior regular respiration.

Treatment. Rx. Ante Staph. mit x Hylarganis + in iii Aliz liquore typhus en iii Glycerini 3 pp

[Prescriptions and notes continue]

A. J. aged 18, commenced to menstruate at the age of 16: flow lasted usually 4 or 5 days and ceased every month. For the last 6 weeks she has been much every fortnight. She has had a cough for the last 2 or 3 months and began to spit blood 6 weeks ago. She has spit as much as a teaspoonful of blood, a mare, once twice on 2 or 3 other occasions. Her sister died of consumption.

The chest is very flat, expansion poor but equal on both sides. Pericardium responds over left clavicle. Respiration increased, expiration prolonged and accompanied by expiration. Pulse 76, respiration 20, temperature 99.

The coincidence of the haemoptysis and the haemorrhagia in this case is very striking.

Treatment:

P. A. Ar. Sulfur. & H. x Hydrocyanic acid in 
Lig. Merc. sub. t. m. 
Dig. Sulf. ac. Fp. 
Dm. lot. 3.

Trichoderma (2 skil. to 3) to chest. The course of the fever needs to be raised 2 or 3 degree low.