Title: Acute pneumonia: a general view of the teaching on the subject with observations on the use of inhalations of oxygen and the hypodermic injections of strychnine in the treatment of the disease

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Acute Pneumonia:—
A few of the subjects on the
subject with observations on the use
of inhalations of oxygen and the
hypodermic injections of strychnine in
the treatment of the disease.

In the following pages I am sorry that
nothing very original to tell as the lines
have not fallen to me to be a House-Surgeon
— or Surgeon, for has opportunity being given
one for original research; but what has
been written was done after a hard day's
work as an assistant in a large
hospital. For practice.

Acute Pneumonia is a disease marked
by very characteristic symptoms, and peculiar
peculiarities which invest it with considerable
interest. It is not one of those affections
of rare occurrence which, however important
they may be from a purely scientific
point of view, are out of much account
when considered from a practical stand-
point. About 8 per cent. of deaths
from all causes are owing to this disease.
Henderson Terrace
Edinburgh
April 25/93

I have the honor to state Dr.
G. S. Miller has been
known to me as a friend
frequently of medicine for
more

Warmly

A. A. Macdonald
The doctrine on this subject may be said to be in a transitional state at the present time; and during the last few years it has attracted more attention than ever before. The disease is found among all races of men and in all climates. Men are often attacked by it than women. While children under three years are not so often affected, although only scattered cases of it occur, yet in the past there have been outbreaks of it, just as of an epidemic disease, such as typhus or measles. Epidemics of pneumonia have been recorded as occurring in France in 1557, in Iceland in 1822, as well as in the British army and fleet. It was very prevalent in the American armies of both sides during the Civil War between the North and South. In the Northern army, the ratio of death was 1 in 6.8 in the Atlantic region, and 1 in 3.8 in the inland region (Adler, Medicine). The disease is found to be more severe in military than in civil life. Pneumonia is not infectious, but its occurrence in epidemics form goes
got far to show that it may become so: besides an instance is recorded where five persons living together all took the disease one after the other (Page). In 1888 a red-spread and fatal epidemic occurred at Middlesborough, which was investigated by Ballard. In that report it was stated that out of a population of 97,000, 1,633 cases of the disease occurred. Of the 1,633 cases 310 died fatally. The case mortality was at the rate of 21 per cent. It was noticed that the poorer classes suffered more than the wealthy and especially where the drainage was defective. Klebs found neither the Freudlands nor Frankel's Pneumo coccal, but large numbers of the Bacillus which he called Bacillus Pneumoniae. Cultivations of the Bacillus infected the mice gave rise to a acute disease the constant lesion of which was Pneumonia. In the form of Pleuro-Pneumonia it is very infectious to horses and cattle and often produce destruction amongst those animals. The name Pneumonia or rattle, Pneumonia, has been familiar to medicine long since the time of Paus; although no doubt the time...
had a wide definition in former times, and covered a number of chest diseases, which since the discovery of hysteroscopy have been differentiated. The terms pleurisy, pneumonia, dyspnea, bronchitis, and et cetera, pneumonia are those most known prominent features of the disease.

Pneumonia may be defined as a lesion in which amongst other things the lungs is severely affected, involving the characteristic of a fever inflammation, in which pneumonia is almost invariably found. In the acute form it is often fatal, and in which a rapid succession of cases are seen, and as abrupt passage of life is an interval of from three to fourteen days, and under favorable conditions the lung tissue, returning to its normal state again.

Portions of the inflammation in the lungs,
there is a remarkable amount of deadness in the locality where the morbid process commenced, occupying the base of right lung, more often than any other part. The base of both lungs may be affected in succession or together.
From rare it may first seat itself at the upper part of the lower lobe, spreading downwards or in the middle of the lobe extending upwards and downwards. When it gains upon the upper lobe it may spread from the apex downwards or from its lower portion upwards. Commonly the apex of the lobe bounds the region of the disease, but it may spread upwards as a horizontal line passing from one lobe to another.

Here is a table of data from the last three years. 80 cases of pneumonia. The position of inflammation.

<table>
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<th>Type</th>
<th>Number</th>
</tr>
</thead>
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<tr>
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</tr>
<tr>
<td>Apex of right</td>
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</tr>
<tr>
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<td>5</td>
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<td>Base of left</td>
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<tr>
<td>Both bases</td>
<td>7</td>
</tr>
<tr>
<td>Indefinite</td>
<td>6</td>
</tr>
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</table>

The apical case found during an epidemic of influenza. The indefinite case was when the physical signs were indefinite or where the whole lung was involved before being called to attend the case. There often been trouble in looking over any cases how many of the apical cases were during

Mortal Anatomy

It has become classic to describe these stages in the degeneration of lung substances

1. Stage of Infection
2. Red Infiltration
3. Gray Infiltration

It is astonishing to ponder over the subject, how some with delirium declare that some cases, for instance, than the congested type, while others with equal force say that it being a specific disease must necessarily go through the three stages unless death intervenes.

Concomitantly, with the marked appearances in the lung, these changes can be found frequently in other organs of the body. The first of these are changes in the kidneys. These are described a cloudy distilling of the epithelium of the kidney and probably some organic change to sometimes set up in that organ. The so-called Spalding Street attention to the presence or absence of albumen also...
In the year of Our Lord 1776, in the month of May, the 4th day, I, John Adams, did visit the Queen's River on the island of Rhode Island, and did there cast off the fleet and its...
The peculiarity in the case resided principally in the surrounding of the patient. He resided in one of these back to back houses which are abundantly abound in Liverpool, especially in the old parts of the city. The house was situated in a narrow court, the entrance was entered by a lane or alley opening from the street into the court. Beneath the house was a cellar once used as an habitation but just answering to the requirement of the Public Health Act was barricaded up. The cellar was used by the householder as a receptacle for rubbish. The flooring separating the cellar from the room bred there so that the air from the cellar entered the warm room readily. On inspecting the water supply I found that they were supplied from a cistern. I got the cistern examined and it was found right once in a state of advanced decomposition. The man was an alcoholic and no doubt the often the early morning quenched his thirst from that supply. I looked upon the case as one of Septic Pericardia complicated with some Septic Inflammation of the Kidney, just necessary attending upon the long consumption.
With respect to the absence of chlorides in the urine in pneumonia I repeatedly examined the urine of the 80 cases but only in four could I satisfy myself of their entire absence. The absence of chlorides and presence of albumen in my cases were of practical importance as they all got well, fever to seldom alient generally without inflammation, sometimes with it. Drummond of Newcastle, or Lyon thinks that the Pneumonia is secondary to the rubbing in most cases if not all. In the 80 cases I often found fever to occur of any serious consequence except in clearing the inflammation. Dr. P. Lawrence thinks that if the fever is delayed longer than six days clearing is present. I cannot tell whether I have found that by course of time might have been present. Each case, the majority of my 80 cases, occurred on the 7th day. Inflammation of the connective tissue over the lung.

Pneumonia.
In the mediastinum, as the root of the neck in the foramen ovale, between the esophagus and the vertebral column, between the oesophagus, and the cervical spine, as between the oesophagus, thorax. It is often in a state of acute acidity, being infiltrated with thin yellow, green, yellowish, or sometimes red materia. The submucous tissue of the palatine arch, the neighborhood of the tonsils, the root of the tongue, the soft palate, and the pharynx are often found infiltrated in the manner. This putridous state has been traced from the lung to the pharynx. The nasal canals have been found swollen and inflamed. And since there was also pneumonia present, it is possible that this was connected with the state of the lungs and pharynx (D. A. McCallum as Pneumonia). I will remember Lieben Adrъ up the subject of fevers in large social gatherings. By working in some of the cases, I attended a case lately where there was great swelling of the tonsils, scattered injection all over the soft palate, studded with small solid points of red, projections, smelly, putridulent, bands there could be no means to suspect had ventilation or drainage in the case as they had been.
been but a through asper before his illness. In many cases this
is easy, but in others it is very difficult indeed.

From posthumous pneumonia it is often very difficult to decide. The pneumonia has
very distinctive symptoms and the character of its marked anatomy peculiar to itself; yet
it is found to be the case here as in nature.

generally, there is no sharp dividing line: Boupou pneumonia may shade into lobular
pneumonia. The pneumonia may be concomitant in one lobe and lobular in the other. The
marked anatomy may not appear in intermediate, between Boupou and lobular. In
some cases of lobar pneumonia it is found for most that the lobe might be easily
distinguished, yet on microscopic examination showed effused foci as well
as leucocytes epithelioid cells in the alveolar
Clinically Boupou, pneumonia may be distinguished
by its sudden onset, continuous, feverish

Sudden, or it is none! As well as a sign of
lung consolidation: Which consolidates
Pertussal pneumonia by an incalculous order: intermittent or relics of faint temperature usually urticaria with the signs of Bronchitis or patchy pneumonia. (Killy: Disease of children). Symptoms present in pneumonia. In the great majority of cases the onset of an attack is marked by signs more or less well pronounced, sometimes no more than a sense of chilliness may be felt. In the 30 cases under my own observation 30 were only able to give an answer to the question as to the age were young children under seven years of age. Out of the 30 only three were able to give a history of a distinct fever. Others felt a little chills of these 10 cases the pneumonia in these have a very severe course indeed. In children, this affection may be indicated by vomiting or convulsion or purging. Out of 10 cases of pneumonia in children under 30 cases under my own observation 15 were there a clear history of either vomiting or purging or both. From the great frequency of that symptom I may wish attention to it as a valuable sign of the presence of pneumonia. Still remember treating
treated a boy for diphtheria, for four days before any typical signs of pneumonia showed itself. The family were very liable to pneumonia in childhhood and if a boy began to cough or sneeze, or become a feverish or bothe, on examining the parents that the child had some inflammatory bronchitis and the lungs in a mill be infected. The remark of that the boy who died had the same symptoms and the lung trouble was only found out on the sixth day—day before he died by a consultant.

As soon as the fever has passed off the temperature suddenly rises sometimes as high as 104° F. within four hours of the illness. A crimson flush often appears on the cheeks which is late found with people.

The pulse is accelerated and runs between 120 to 120 beats per minute. What has been noted as pathognomonic is a perfect feeling of heat in the skin, along with a very alteration in the ratio of pulse beats to respiration, instead of there being four and a half beats to each respiration, there will be found only three and the
treats of the pulse and the respiration may even be equal in number. Along with the pyrexia there is the usual malaise, pains in the limbs and loss of appetite. The pyrexia, as has been observed, is sudden in its rise. It reaches its greatest intensity as a rule on the fourth day. Then it relapses somewhat on the 7th, when ordinary depression may be expected. It seems to precede, if pneumonia that the times of daily maximum and minimum pyrexia vary considerably. Usually beginning about 10 a.m. and the maximum in the afternoon, there is a point with regard to which I was often struck by. Generally found that my thermometer often gave a little higher reading on the affected side than the other. I put that down to the patient preferring the thermometer better on the affected side than the other. So that in another medicine that fact has been noted after careful inquiry.

Maddox is one of the symptoms especially
In children, lgs. struck with the frequency
with which they complained of that symptom,
the headache is usually present, it may be
acute, circumstantial, or constructive in character.
The headache is found to be in the least
relieved by forgery.

Pain near the temple and also under the
anilla, the "point de 10" of the French is often
the first warning to the person that he is
ill; this is the ordinary pleuritic
pain; pleurisy either with or without
inflammation being a constant coexistent
of pneumonia.

Cough is a point of great diagnostic
importance, especially in children. It is
at first of a very ineffective nature. There
is a feeling of something to come up, but
yet nothing comes. After two or three
days, the cough is attended with a thick
rusty mucous expectoration. When the expectoration
is advanced, it may change in color
to bright orange or more commonly sepia-
brown. It is usually caused by small
quantities of extravasated blood. The
volume of the sputum is adjunct to convulsions
a bad autopsy. If the thorax were the
inspectable, white musculature on heads
this is an indication of paralysis of the trachea
rise of fatal import. (Aidens Practice of Medicine)
Diagnosis from physical examination.
It has been observed that the respiratory murmur
undergoes a change as the air commences
it becomes harsh, while at other points the
breathing may be softer than normal. (Taffa)
this soon changes to the tiercitations. This
is only heard during the phase of inspiration.
As the palpitations proceed, there is dulness on
percussion or breathing now becomes bronchial
in character. Taller but less resonance on
percussion indicates a solidified pocket at some
distance from the surface of the lungs. When the
hepatisation is all the time, or when the lung
touched the diaphragm percussion will give
no indication. In the right only the high
dulness will be perceived. Sometimes a crackling
sound has been heard. This has been accounted
for by sucking portions of sound lung other
embedded in the hepatisation portion. There are
the other steps of Bronchophony, Local percussion.
There is a path of great interest as recorded.
by "Sults" that when acute Rheumatism accompanies pneumonia there is no expectation. In practice, especially at the commencement after the peculiar symptoms of pneumonia were no physical signs could be detected in the chest. Cases which I have treated as meningitis were read over my little atlas must have been cases of pneumonia owing to the sudden drop of temperature and sudden amelioration of the symptoms. The following cases show in a marked degree the absence of physical signs.

I was called to see a child about two hours ill for some days and was fidgety cold as the mother described it. There was an amelioration to take food but no vomiting or purging. Family history—two children died young ages ranging from three to ten years with the same initial symptoms. On examining he child the skin was hot and dry long nor dry and slightly furnished. Symptoms:

General:

Temperature 98.7 Pulse 120 Respiration 30
No fever. Symptom except mildness the head from side to side. Child lies otherwise quite
on the back examination revealed nothing on
the chest.

14th day. Received 40 pds. 120 Temp. 100.

35th day. 35 120 Temp. 103.

On this day comity set in and also noticed pulmonary
slight squint of right eye. 24th instant. Reduced
head. Right ear hole is taken to trouble.

On the evening of this day they called in another
doctor unknown to me.

6th day. Temp. 100 Pulse 120 Receipt 80. Sore
and sounding slightly better but not gone.

On examination the chest I detected for the
first time a few coarse inspirations over
the right lung near the right of scapula.
but no dulness on percussion. After examining
the chest they handed me a note left
by the doctor saying that he thought it
was In a Case of pneumonia but being too soon
for that opinion. Needless to say chest felt
of the child. I afterwards learnt
from the doctor that attended that on the
Fifteenth day Temp dropped to normal.

The physical signs in this chest were
more than a few coarsities over the chest
which rapidly cleared up.
An anecdote to me that when he was at the Children Hospital he had seen many of cases similar when the physical signs were not fully marked at all.

A year or so after I saw a paper in the New England Journal of Medicine giving a very interesting history of a number of cases under his care in the Children Hospital when the signs of pneumonia were very evident. The two cases could not be explained on the hypothesis that the lesion was the lung, but always elsewhere, elsewhere of pneumonia.

According to the traditional view of the Cellular State in pneumonia, it is an ordinary inflammation, localized in the lung, having its course and products modified by the nature of the structure when it occurs. The exact cause of this inflammation is obscure, as it is also in many other cases where there is no doubt as to the nature of the whole process. Moreover, when an ordinary inflammation extends it is difficult to suppose that this extension is originated by a reaction of the living tissue against injury; but it must be owing to some occult exciting cause, or else
is no less the case in the pulmonary inflammation.
The pyrexia again is sympathetic and is proportioned
to the extent of the lung lesion. The fact that the
period of greatest intensity in the pyrexia proceeds
that of the maximum hepatization, it is contem-
porary with it is explained on the grounds
that the excessive hyperemia of the organs,
or blockage of its vessels, constitute the
essentials of the disease and not the hepatization.
The improvement of the disease may be relied on the
subsequent hepatization, it is to be expected
that when the hepatized state is fully developed
the pyrexia would be reduced. The inflammatory
process coming abruptly to an end, the pyrexia
is as suddenly mitigated. It is the inflamed
state of the lung which produces the fibrin clot
found in fresh losses in the blood in the affection
which is forced into the blood by the lymphatic,
it afterwards landed into the vessels (Althus).

This view is supposed to be countenanced
by the tendency of the morbid action to spread to
the pleura and pericardium of a morbid product
produced from the fibrinous inflammation; it
by symptoms of lesions in the lung such as pain in
the side though often may be manifest before any refer
is imposed.
Their opinions of the nature of the disease are not to be indelibly held as they were. The healing of the action of innate organs to produce disease has turned research on this subject into a new channel, as has also been the case in many other departments of medical science. It has come to be doubted whether pneumonitis is an inflammatory process at all; it is an opinion to every ground that it is a disease affecting the lung system, so that the lesions in the lung are pleura from the same relation to the specific blood function as the interstitial ulcers to the entire tissue.

There are many weighty considerations tending to show that the traditional views regarding pneumonia are not in harmony with the facts of the case. This peculiar, ominous incubation, leading up to the acute, original injury, they recovered into the blood: the cause of events to be presented by an inflammation set up in the lung by some injury or by the irritation caused by the introduction of foreign bodies into the bronchi. In the latter case, we have a fibrous interstitial inflammation, or a cancerous process destroying the lung substance, but not by necrobiosis. The cancer of fibri in the blood has been shown by Professor Cattan of Rome.
to precede the pneumonia so that it cannot be produced by it; as the fact of diffusing or disseminating between
the symptoms of pneumonia and those of specific poisons is an
additional reason for holding it to be a specific in nature.
Surgery of the chest has been made to the effect
that pneumonia was more than a merely local disease.
Mead had previously taught that it was probably
pneumococci in origin. When these ideas were spread
search was made for bacteria in pneumonia, inflammation
then was found of staphylococcus. The
first decided advance in our knowledge in this direction
was made by Freudhende in the last of 1883. She found
a staphylococci, or elliptical cocci in cases of pneumonia
present in the sputum. She cultivated the organisms
in culture and found a nail-like form was produced, the
heart beating above the sputum. The cocci was
injected by Dr. Corner. In the culture the capsule
was not produced. This organism in rabbits was injected
into the pleural cavity of various animals—horses
rabbits, guinea pigs, sheep. Rabbits were not affected
by it. Horses died in two days. On examination
it was found that they had died of pleurisy pneumonia
with inflammation of the spleen. While the cocci
was found in the pleurisy.
At the Medical Congress of 1884 a paper by
Sperzel and Frankel were asked when it was first stated that spindle-shaped cocci had been found in a case of pneumonia, and unlike the Friedländer cocci, took effect on develop. This cocci is known as the diplococcus.

Professor Michaelis of Vienna has investigated this subject very systematically. He examined all 129 cases of pneumonia of various kinds, as being weapons, especially for bacteria, and in many instances the presence was ascertained. They were found to be of four species: 1. The spindle-shaped organism called the diplococcus, identical with that of Frankel. 2. A filiform, or elliptical, cocci found commonly found in chains forming the Streptococcus pneumonia. It was found by Michaelis, four times more rare than the first mentioned species. 3. The Staphylococcus aureus. It was found five times almost always in secondary pneumonia. 4. Bacillus pneumoee — identical with the bacilli found originally by Friedländer. It was met with in 9 cases.

According to Michaelis it is to be held as proved that pneumonia, worms or air-borne to Canada by the action of pneumophils. The bacteria are to be found in greatest abundance.
in the early stage of the disease, but in the fulminating part, but as the region brooding upon this where it is in process of extending in both the red and grey stage of septicization, the bacteria are found greater in number and weaker in vitality. The weakening of their power to produce disease in succeeding generations affords some explanation why the morbid process in the lungs comes to an end.

There has been in the past very great difference of opinion as to the proper treatment of this ailment. Great change, we might say almost revolutions, have taken place on this point since the commencement of the present century. Up to the middle of the century, purgative bleeding was considered the proper remedy. Colonel 5 opium was thought to be useful adjunct to the bleeding process, in accordance with the idea of the period, that it was an inflammatory process, that was to be dealt with and an antiphlogistic treatment was to be adopted as in all similar cases. In 1848, Pasteur inaugurated a change employing large doses of mercury. First, as a mild of the treatment, followed what may be the “corroborant” treatment, the direct opposite of the antiphlogistic. After the stimulant was occasionally administered.
But Physicians were now becoming less and less prone to "treat by the odds of a hand," and began to trust more in their own individual observations. It was seen that in Young Patients of Modestly Good Constitutions, pneumonia was not such a dangerous disease; that it naturally tended to cure without active treatment of any kind. Professor Hulke Bennett was amongst the first to be impressed with the view, and from this time the treatment of pneumonia has been chiefly expectant & symptomatic. Dr. Hulme has recorded a number of cases in which he treated an expectant line of treatment and also treatment by alumina. He got on well, results from the alumina than from the expectant treatment. Then, as the symptoms of great importance in the disease which must be carefully watched—temp, the appearance of accompanying anasarca and failure of heart.

Opium is not to be regarded as an unmitigated evil; it is the reaction of the organism against the disease. It may be excessive and lead to dangerous central complications (Samuel Pack) Antipyrines have been used to moderate the fever, but there is no general appearance of opinion against their use. Alumina seems to be one of the safest of them. Simpson at Bath.
has and told Facts. When the Temp rose to 104° F.
the after five or six days. Perhaps means a good
degree of success. Do be careful not to burn.
A step forward will have recommended by Dr. Web. The patient
has either the clothes or my right corner or a kind of cape
to place on his head covered with a sheet. This allows the
neck of the body to be freely conducted.

The dyspnea may arise from distention of the right side of the
heart produced by the atonic adhesion of the lungs checking
the flow of blood through them to lungs, or from deficient
eration of the lungs from the same cause or from failure
in function of the muscular substance of the heart from the
action or of the specific blood pressure.

When distention of the right side of heart occurs,
it is indicated by the small quick pulse, pulsations
in the epigastrium full and pulsating jugular veins
frenation to the arms. End of my 60 cases
time. I performed the operation and in all
the case with marked benefit and immediate
remission runs a definite course, and the patient
can be treated over the right in ten days till the case has
life may be saved. In case of feeble dyspnea it is
possible that an increased oxygenating power of
the inspired air for even a few hours may some-
times turn the scale.
is great the blood is insufficiently oxygenised & this causes the laboured breathing & cyanosis.

The inhalation of oxygen gas is of great benefit in these circumstances. An instance where this
was tried is recorded by Brunton in Britain
1872. Although some benefit was derived
from its use, yet the patient ultimately died.

I have used the inhalation of oxygen in three
cases of pneumonia and in two of them with
success. The two cases where the use was of beneficial
use was oflobar pneumonia. While the unsuccessful
five cases was one of lobule pneumonia.

The first case was in 1890. When I was unaware of
the time of its use in pneumonia but I had
read of its use in some cases of apoplexy. I will
give a brief account of these cases as showing
the utility of oxygen in this disease.

1st Case. In May 1890 I was called to attend
a case of influenza. After two days the influenza
symptoms subsided & the temp became normal.

1st day On the following day however the temp rose to 103.5

2nd day. Symptoms of pneumonia presented themselves, the
respirations were increased, the pulse was quickened to 100 and respiration
increased. Still no physical signs were apparent.
3rd day. Physical signs now appeared on the affected side of the right leg. The rapidly advancing case greatly increased 40 ft. for nurse.

4th day. Great difficulty. Breathing very rapid and labored. Tongue - great induration of the abdomen. Temp 100°, pulse 120. Respiration 50.

5th day was worse. Patient was examined. While in discussion with the patient found the pain of the abdomen as a result of the effusion from the blood, covering to the extent of the surface involved. The inflammation, one of the glands, a chronic, I put my hand down and the affection into the effusion. That was before the use of oxygen as an reflex.

But the circumstances were after possibly the matter. We decided to apply it.

6th day. On this day for the supply of oxygen from an anesthetic, along with a kind of oxygen for its application. Before applying the oxygen the condition of patient was as follows -.

Pulse 128. Temp 102. Respiration 50. Breathing very rapid. Great cyanosis. Heart failure at the back of lungs very prominent. Slight fever found the next day. Now applied the
oxygen by means of mask and patent tube. After fifteen minutes after breathing the oxygen there was a slight improvement in the facial color. The colour gradually gave place to a healthy pink hue as in three quarters of an hour the colour was nearly natural. During the time of inhalation of oxygen I often stopped and put it on for a time. She was rather frightened at the idea and wondered exactly when to stop. I was afraid that she might die, but I thought that the lungs of the vessel did not take up more than a certain amount. I was therefore told at command often than was most acquired. After stopping the oxygen inhalation the colour lasted about eight hours more or less. Instead that the inhalation of oxygen had no effect on the pulse it remained as the same as before the application of it. Pulse and respiration was affected by it so a marked degree; the former fell from 125 to 115 and the latter from 35 to 46. After the end of nine hours I again had to apply the oxygen. The patient expressed himself as much better always after the use of oxygen.
7th day. The day I frequently applied the oxygen
along with the same good result.
8th day. Again had recourse to the inhalation of
oxygen and at midnight crisis occurred.
After breathing the gas the patient gradually
improved and expressed himself as
much better. He had been asthmatic for
many years, yet a very good recovery was
made which I attribute in a great measure
to the beneficial effect of the oxygen gas.
No special treatment except good nutrition,
good rest and ice application to head + side
of chest.

The next case was that of a young
man, aged 18 years of good family and personal
history. He was attacked by a double basal
pneumonia. On the fourth day his breathing
became so embarrassed. The pneumonia was so
marked that I decided to use the inhalation
of oxygen. I used it first in this case having
the practice of experience of the former one.
I can record the same beneficial result as
in the first case. His crisis occurred on the
fourth day. The temp rose slightly during a
few days after the crisis, but from there
often found to occur.
The first case in which I had recourse to inhalation of oxygen was that of a boy aged 10 years. Family history very good. He was a Case of Intermittent Tubular Pneumonia. I applied the oxygen without slight good effect at first but latter it seemed odd to return him. He gradually got bettered and died on the 10th day of illness. I have no doubt that if the had been a Case of Tubar Pneumonia the crisis would have itself have occurred and he would have been saved. The only sad recollection I have of this case besides the boy's death was that the people blamed the one for his death because buried a poison.

SUCH ALSO IS THE REWARD ONE SOMETIMES GET

Syphillis + failure of the heart action have also been combated by the Subcutaneous injection of Nitroglycerine. This thing to sake + to stimulate the hypogastric + Carotid centres.

One came under observation + friend of my own. When the was of very great benefit. The patient was kindly attended by Dr. Philip of Edinburgh.
The patient is five of 15 years of age, an only child. Family history was unsatisfactory. Her uncle had died of Phthisis, and her father, Col. Lott, had a history of break check but was drowned when young. Dependent in the

case was that one lung was affected by apical pneumonia and the other by mucus. On the 1st day of illness the temp rose to 106.7 and continued about the same varying only a little
degree during the rest of illness which lasted till the 16th day. Movements too slow dyspnea owing to pleurisy which had

liminated.

On the 7th day the pulse was 150 a slightly

irregular and a very unisistent.

Patient became unconscious towards night. After

unconsciousness persisted against chest wall, patient

laboratory and a more ominous rise heard

slowly in the throat. Injection of styphnicie

was commenced on the day to be given every

eight hours. After the second injection there

was a slight improvement in the pulse—fell

till at the much and rapidly intermittent.

Unconsciousness still continued and the

breathing shallow and rapid.
8th day. Temp 106. Pulse 140. Breathing intermittent but fell at the last. Respiration 80 very shallow. Injection of chloroform continued. Patient still unconscious.

9th day. Temp 106.5 in the morning and 107 in the evening. Pulse hardly perceptible at the end. Could only feel the pulse. Well up the arm. Breathing lightly in the throat. Swallowing very difficult. Oxygen inhaled could hardly last till morning. The injection of chloroform was increased to 80 every five hours. Very restless every night. Passed the night about 10 to 5.

On the morning of the 10th day she showed signs of more vitality, the temp began to fall and the pulse returned again. Her mouth which had been stopped came the 8th day. At midnight the temp was 100.7. In the evening consciousness returned. In drug treatment in this case except chloroform & astringent. Can be one doubt and it had a marked beneficial effect on failure to cough. By respirations also. As I saw in the last morning signs of returning vitality. Thought of Professor Jones. Stewart's words.
Here is one of the patients the dead so
I would say the cause of pneumonia.
Particular in this case was the utter uselessness
of antipyretics and other inc to reduce temp.
But the least effect. The fever given up as an
end of its time of the illness. Cold was not tried
as to whether thought the shock might be
too much for her. The only treatment was
good nutrition, food most cleanly beginning on
the 8th day of illness, and hypodermic injection
of strychnine. Cannot recall the mind of a
year of pneumonia with death by Typhus
lasting for three days, first recovery.
Recent investigator on the subject,
have thought that immunity could be get
from pneumonia by injection of blood drawn from
Animals suffering from the disease or
from pure cultures of the organism. Some
Authorities, seem to think that as in Syphilis
the allied disease, the day will come when
both pure cultures of the microorganisms of the
disease, injection can be made which will
effectively check the progress of, or convey
immunity from, the disease.