On

Varruta

by

Sam'l G. White

a very excellent play in
many aspects, well written
and composed

[Signature]

[Handwritten notes and scribbles]
Small Pox is the product and is productive of a Prodigal Yea, or Orinda, which after a period, develops fever followed by an eruption on the surface of the body, passing through the Stages of Pinch, Pimple, Pustule, or Coal, with other concomitants or preceding affections: the disease running a determinate course, leaving marks on the Seals of Eruption, and running from the Constitution the Inseparability of an another attack. Leopold.

...Description, and course, with Carities, and Complications...

Pox manifests itself, in various forms, depending upon the Susceptibility, or Constitution of the individual infected, as also by the dose of the poison received into the system. When the eruption makes its appearance our attention is particularly attracted to it, as it interferes with the due function of an organ, with which the system, so fatally sympathizes, and by its characters we form our diagnosis, prognosis, and then, the proper line of conduct to be pursued in the management of the case.
Charsol may assume numerous varities of the actual, oedematous, confluent, with Reticular, and vesicular. Eruption: it may also be wholly confined to the integument; or it may attack the cellular tissue, and looseous membranes, from especially their outlets. With respect to the primary four, there seems to be a certain relation between it and the Eruption, yet we shall understand this more clearly, when we come to discuss more minutely the febrile stage. In whatever of the above causes and varieties, Charisol may present itself, or whatever complications, may occur, it always passes through certain stages, which characterize its course. To purpose dividing them into four, viz. First. The Prodromal Stage. Second. The Febrile Stage. Third. The Eruptive Stage. Fourth. The Resurging, or Suppurative Stage. Some authors only recognize three viz. First. Incubation Second. Hyperemia Third. Decline. Let us discuss each of these stages in their order.

I. The Stage of Incubation. Is the period which elapses, from the reception of the poison into the system, either by inoculation or Contagion.
until the appearance of the Primary Fever. 

There has been considerable difference of opinion as to the length of this period, but Dr. Dr. Gregory, who has devoted considerable time to this study, and from large experience gives the average period as twelve days, and the extreme at ten, and fifteen days, but with respect to the latter part of his statement most authors do not coincide. A concentrated state of the Affl. 
ation: a fever epidemic: great susceptibility of patient: term of the disease: a warm, moist, and close conducting (medium atmosphere) may shorten the period of incubation even to four or five days, while on the other hand, the very fever of these: air: a debilitated condition of the Affl. 
ation: a mild epidemic. Strong constitution and increased susceptibility of patient: a cold, dry, and invigorating atmosphere, may prolong it even to three weeks. Does the patient upon being infected with the poison show any symptoms of having contracted it? In some cases he does, but in others he does not sometimes he feels depressed in spirits, and if he have inhaled a very contaminated atmosphere, he may experience a peculiar odour, accompanied by
The febrile stage, immediately follows, upon the period of incubation, which we have fixed to be on an average twelve days. It is generally marked in
by rigors, accompanied or followed by severe febrile
symptoms; especially a hard and frequent pulse,
intense heat, and dryness of skin, acute headache,
pain in the back, loin, and limbs, nausea, or
soon vomiting, loss of appetite, and great thirst.
After a continuance of these symptoms from six
gor twelve or twenty-four hours, the skin becomes
hot, and all to dry, there is great thirst,
nausea, and more frequent vomiting, great epigastric
tenderness, increased pulse pressure, the face
becomes flushed, the eyes suffused, the nostrils
stuffed, and there is occasional emesis. During
the course of the second day, the skin becomes even
cherry, but, without diminution in the quickness of
the pulse, the heat, and the cutaneous transpiration,
are frequently noticed to have a peculiar odour, des-
cribed as somewhat musty, and the urine also
is scanty, and high colored, depositing an
addisht sediment. In some cases, the headaches
is accompanied, in adults, with fever or delirium, and in children, with fever, or convulsions. Occasionally instead of rigors, and Jieli symptoms, such prostration, a sensation of constriction across the chest, laboured respiration, frequent sighing, paleness of the extremities, weak pulse, aston in the Jieli stage, and preceded from a stroke snow attack of the disease. The most characteristic symptoms of Jaquila are vomiting and pains in the back. When these symptoms are violent, they generally occur in a more severe form of the disease, and if they continue after the Jaquila has appeared, our attention should be more particularly attracted to them. Asbesse observed that pain in the limbs was always followed by a spine disorder, that pain-rises up between the shoulders, was of extreme severity, and that it was to be looked in all cases as a first sign of the Jaquila. It was a pain in the back at all. (Walter) early delirium, fever, or convulsions announce viability in the subsequent course of the malady. As Walter always especially in children (Walter Vol. 4 p. 856) can we pronounce the case one of Jaquila, upon the
Validity of these symptoms, I think all: But if they be strengthened, by the presence of an epidermis of the patient, have been exposed to the contagion above, or thirteen days previous, if he have never been vaccinated or had the disease, be an cow furnished wit such means as to enable us to lay with tolerable accuracy that the disease is most probably Carriola.

III. The Eruption Stage.

The eruption generally makes its appearance on the third day of the fever, but in a debilitated constitution it may be prolonged to the fourth day, and three days may even lapse before it begins fully developed over the whole surface of the body. The earlier it comes out the more unfavourable is our prognosis. After the eruption comes out, the Constitutional symptoms are alleviated, the fever abates in the morning, especially if it always undergoes from on or las evacuation towards evening. If the eruption is long protracted, or confluent, or if there be some internal complication, the abatement of the fever in has exhausted. The pulse becomes weaker and non-compressible, and falls to twelve
What you must, the epileptic tenderness dimin- 
ishes, or altogether disappears, and the liberties 
subsides, and the pain in the head, lumbar 
region, and limbs become less intense or altogether 
ease, and the patient if interrogated as to how 
he feels, he will express himself as much better. The 
epileptic is, first, papular, then vesicular, after-
wards punctular, and lastly abscessative. The final-
papular & pustules are situated above the 
surface, rather hard, giving the thin a 
tough, mostly appearance, and feel; the exam-
ination they are found to be less mixed/ 
connected with the surface, but with the exit's 
area. They appear occasionally on the face, 
neck, and wrists, even especially on the sides 
of the nose, upper-lip, and chin; then, 
in the trunk and lastly on the lower 
estremities. If the epilepsy is eaten deeper, 
the patient upon its first appearance expe-
riences a sensation of tension, and itches 
more especially about the face. The severity 
of the attack varies according to the 
quantity of the fit, pain.
The Suppurative or Vegetative Stage

About the fifth of the eruption, it becomes particular, and on the eighth day the punctures have become fully matured. They then secrete and discharge a thin yellowish matter, after which, the punctures dry up, forming scabs, which fall off on the fourteenth or fifteenth day, leaving behind them, a purplish red stain, or a depressed scar. Nearly one-fifth of the number of the punctures appear on the face, and according to Sydenham, "the danger is in proportion to the number of punctures on the face; those on the other parts of the body hardly influencing the event." This however is not altogether the case, for the danger chiefly arises from the external effects of the poison, or those produced upon external or internal parts; the secondary effects being the internal. Sydenham observed, the spaces lying between the punctures are of a deep, damask red colour, and the higher they are on the face, the more favourable will be the prospect. During this stage many punctures are torment with itching of the surface, so that they are pressed to scratch the punctures off the heads of the punctures, and by so doing, they lessen the formation of pustules."
The itching of the surface is more frequently associated with the confluent variety than with the discrete. During the matutinal stage, the head of the face, especially the eye-lids swell, the latter of which is frequently so edematous as to prevent the patient from seeing, and the fever, which had permitted several and the secondary fever begins. This secondary fever or year of maturation consists of an increased heat of surface, greater frequency of pulse, and perhaps, slight delirium. About the eighth day of the eruption, the intercurrence of the fever, the secondary fever, and the edema of the intermaxillary spaces, having continued from the fifth day of the eruption. Inside, the description I have given is one of a typical case of acute Carlea, that is the Cuneus Membrani, was affected especially of the eyes, mouth, and throat, an affected, burning in the two latter; hoarseness, pain, difficulty of swallowing, and even slight salivation. For the first and second days of the eruption. The affection consists of setting an eruption of vesicles, of pusules about the base of the tongue, and throat, a redness, and swelling of the Cuneus Membrane of the
thread and form the Larynx. Having now discussed the different stages through which a typical case of variola passes, allow me to say before you close briefly the appearances and the various changes the active eruption undergoes in its development. The eruption runs its course in eleven, or twelve days, and in first papular, second vesicular, thirdly pustular, and lastly desiccative. The papular lasts two days, the vesicular four days, the pustular three days, and the desiccative three days. About the termination of the second day, or beginning of the third, a small pustule appears on the base of each papule which is depressed in the centre, or umbilicated, and contains a thin transparent, yellowish, colored fluid. About the fourth or fifth day of the eruption an inflamed arbole forms around the base of each vesicle. Shortly after, the filament of cellular tissue bounding down the center, and causing the central depression, or umbilication bursts, and the vesicle becomes pustular, tufted, and semi-elliptoidal. From the fifth to the eighth day of the eruption the pustules open, become yellow, and about the eighth day, a few black spots.
shows itself on the apex of each pusula, and the distended cavity giving way, affords escape to the put-up matter. From the eight to the eleventh day, a coat is being formed, which adheres and falls off about the fourteenth day, leaving a purplish red stain, which gradually disappears, but if the pusula have one to drop as to cause elevation of the true skin, scabbing is the result.

II. Carolo Esharum.

When the vesicles or pusulas adhere or stick together, but not so closely as to prevent each from being distinguished, they are said to be coalescent. This variety is intermediate between Carolo Divorta, and Carolo Confusum. The pusulas do not maturate so perfectly or easily, as in the distinct form, and they cause more swelling and pain, with more intense fever, and are more likely to produce scabbing. Salivation is more frequent in this variety than in the distinct, but not so frequent as in the confluent.
The eruptive or primary fever is much more severe, and
its duration than in the district of Ashant origin.
It is also accompanied with more delirium, and vomiting,
with more violent pains in the lumbar region, head, and
limbs. Delirium, much more frequent, attends this variety,
and children are often seized with convulsions, more especially
the evening previous to the manifestation of the eruption.
The earlier the eruption appears, the more unfavourable
is our prognosis. There is much less abatement of the
primary fever, upon the coming out of the eruption,
than in the district of Ashant origin: the pulse remaining
high, the skin dry; the tongue covered with a white fur, and delirium frequent, occurs in the
evening, as at this period of the day there is always
accrual of the fever. Salivation which is rare
in this district, usually attends this variety, at first:
it is puffy, and then salt, as the discharge becomes
less, disease advances towards the period of maturation,
the discharge becomes less, puffy, insalivated,
and it proves, is that the patient experiences considerable
difficulty in dislodging it. If the salivation, together
with the insalivation of the face suddenly subside,
their again a very unfavourable issue.
Salvation cannot generally occur in adults, while in children diarrhoea seems to take its place. The eruption comes out reddish, the papules being more irregularly distributed, more numerous, and crowded together in patches; it is often accompanied by a rash resembling that of measles or scarlet fever. So that it is with difficulty, and even uncertainty, our diagnosis can be made out, but when the eruption becomes vesicular, our doubt is at once dispelled. Dr. Watson mentions a case that came under his observation at the Middlesex Hospital, in which the papules were so intermingled with the appearances, and sensations of irritation that in doubt for twenty-four hours what the character of the eruption might be. This variety is called confluent, owing to the papules losing their outline, and flowing into each other, thus forming blisters, which stick in clusters, from the size of a fourpenny-piece or less, up to that of a half-crown or more. In particular, especially those on the face, it is not become so well developed as in the distinct variety: they are flatter, less plump, more irregularly depressed, and seen of a different colour, being first white.
and then of a brownish tint, and seldom of the yellow
precedent type, which is rare in thetyphus dis-
toxins. Sometimes they can even glued or purpurated.

"During the period of maturation there is developed
a pleural effusion, which the practitioners at once recog-
nized upon entering the sick chamber. The secondary
year, or year of maturation, which comes on during the
sixth day of the eruption, or seventh of the fever, chiefly
characterizes this variety, inasmuch as it mostly
increases the severity of the symptoms, and unless
the disease should soon fatal. Auric to this time
dead (early) occurs except from acute origin.

Suppression of urine, Blancheit in the 7th to
14th day in about 27 cases. In 16 of these 29 cases
in which death occurred during the
second day of the eruption, 32 died the first
day, 99 the second, and 21 the third. From
these observations, we learn, that there
was times as many deaths took place during
the second as well as the first. In any cases
Of this variety, serious complications
are apt to occur, even the
secondary year, or from advanced
stage of the malady, for in
Carbola, as in all other years, the complications are now to be dreaded, than the original disease. The nasora and pulmonary affections are most fatal. The lungs and trachea are found congested and engorged with blood. After death, the hæmorrhagic constitution thus may be extraneous into the pleura, and pericardium, and in the intestines the fluids of Bag. 9; may be affected. Extreme respiration inflammation, is apt to attack the subcutaneous cellular tissue in different parts of the body, giving rise to abscesses, and other sequelæ. Rhebiti, Rhusid, deposits in the joints, Suppression of urine, Hæmaturia, and Abortion, may occur. If there be an inter-
break of the face, if the pastiles have a small black spot on their summit, or an 
partially filled with dark ichroma mater, and if in addition the pastiles have a tendency 
to become gaseous, and putridal an étrophied through the interstices I believe in such 
cases there is little hope of recovery. But if 
prudence, the patient recover from either 
of these complication, by a prolonged and
and hard fought battle, he is likely to be affected for the remainder of his days, with Blindness, from elevation of the cornea or opthalmia simplex, with deafness, from otitis, with lassitude, from elevation of the parts, or, what is called the joint, and to have his features horribly disfigured from elevation of the cornea.

Inoculation

Is the insertion of a small quantity of carious matter beneath the cuticle. Voltaire writing on inoculation remarks that the females of Crete, and Georgia, were from times immemorial, in the habit of communicating the small-pox to their children, at an early age as six months, by making an incision in the arm and by inserting in this incision the contents of a pestilential tumor from another child. The Brahmins in India are also said to have practiced it at a very early period. Its practice was first communicated to the professor in England in 1713 by Emanuel Emanuel, in 1715 by Dr. Hunter.
and afterwards in 1716 by Dr. Pepper. But it received no attention until its introduction by Lady Mary Wortley Montagu in 1718. Her attention was directed to it as a prophylactic against smallpox. On account of her sister's death, and from the disasters and years, she appeared, while recovering from the same malady that had carried off her brother James, for a considerable time after its introduction into England by Lady Mary Wortley, was presented by all Annunciation, and the members of the Obedience for Franconia, who should have been the first to have given it a fair trial, rose up in arms against it, predicting its utter failure and evil consequences. The clergy also commented on it, that it was displacing the order of events, and foreseeing the designs of the Almighty, and we are told that even the common people hailed at her as being an unnatural mother for having asked the lives of her own children; notwithstanding inoculation day by day gained ground. For years, or five years, after its introduction, Lady Mary Wortley, literally intimated of her undertaking, owing to the scandal and approach, that even being continually pressed on her, writing from Adrian—

April 10, 1718: She says the smallpox so future
and to general amongst us in the latter times by the invention of vaccination, which is the term they give it. Every year thousands undergo the operation and the French Ambassador, says, pleasantly, that they take the smallpox for a way of diversion, as they take the water in other countries. This is an example of anyone who has died in it; and you may believe I am well satisfied of the safety of this experiment, since, I intend, to try it one day clear little bow, I am, patriot enough to take pains to bring this useful invention into fashion in England. The daughter was the first person that was inoculated in England in 1724, then a child of Dr. Salkeld, and afterwards, the condemned criminals in Newgate, who were placed on their pallets, and after-wards the Prince of Wales own daughters successfully underwent the same operation, but some time elapsed before it became at all general. Towards the middle of the last century, it was very successfully practised by the brothers Tatton. In the twenty-third of July 1840, the operation of inoculation, the introduction of which, has indeed illustrating the name of Lady Mary Wortley Montagu, was pronounced illegal by the English parliament.
The mortality from inoculation, as variously stated, by different authors, Lady Mary Wortley's grandson (William Stewart) had a report communicated by 2,000 persons inoculated and only three died; an infirm, unhealthy old woman, a man above eighty years old, and a child, who, fortunately, to it being vaccinated, contracted the disease. Dr. Gregory says the average number of deaths at the inoculation hospital was only 3 in 1,000. The natural became brand gives a somewhat lower rate of mortality 1 in 300. I have briefly noticed inoculation, referring to its practice as it, being illegal, yet there are certain circumstances, under which we are warranted and even right in giving recourse to the operation, as when the unprotected person is or has been recently exposed to the contagion of smallpox, and there is no vaccine virus at hand. Professor Gregory was wont to narrate a fact which very well illustrates its advantages in such cases. The small box was introduced among the crew of a man-of-war in a tropical climate, when no vaccine virus was to be procured, the crew were almost all unprotected, fifteen of them died to the disease in the natural way, nine or more than one-half died.
Of 363 who were inoculated under the disadvantages of a hot climate, and no preparation, not one finished

Vaccination

In the County of Gloucester and other Western English Counties, where there are extensive dairies. Frickener ascertained that persons affected with the cow pox were free from small pox. He next ascertained that some dairymen, who had cows in their hands, were not infected against the contagion of small pox, being chiefly in the country. It was led to the conclusion that the

operator and those of this latter variety of vaccination. Dr. Jenner in tracing the

origin of small pox found that it was peculiar to certain dairies and that in those dairies men were employed in milking. In further investigation he learned that those men, who were employed in milking, had also the charge of farm-horses. He next found that the vesicular eruption on the

udder, and taint of the cow appeared at the same period, that a species of suppurative inflammation called the pustule affected

the udder of the horses. He therefore concluded,
that the disease was communicated to the Cows
by the hands of the men engaged in dressing the bodies
of the horses. Mr. Watson, states that the disease, which
in the horse corresponds with, and produces the specific
Epidemy of the Cows, is a Gaseolar Infection, having no
necessary connection with the Pox, but spreading
sometimes all over the body. Some think that cattle
caught it from man, and man from cattle, but, the
majority of the physicians, are in favour of the latter
Cause. Dr. Jenner came to the conclusion that Variola,
Varicella Pustulosa, and Variola Fissuracea were modifications
of each other, and that, in being contracted to man, you
won giving him Small-Boy in its mildest form. On
the Fourteenth of May 1796 Matter was taken from
the body of Sarah Nelms, who had been infected
by her Master's cow, and inserted by two Superficial
incisions into the arm of James Phillips, a healthy boy
of eight years old. As went through the disease apparently
in a regular, and satisfying manner; but the most
appaling part of the trial still remained to be performed.
It was cruel to ascertain whether she was Lawsoned
from the Contagion of Small-Boy. This point is free
of Activity to Dr. Jenner, was fairly put to issue on
the first of the following July. Variolous Matter immediately
taken from the pastile, was carefully inserted by local means; but no disease followed.

As the protective power of vaccination permanent, or merely temporary.

In the majority of cases, its protective power is permanent; according to Dr. Barlow, it affords perfect and permanent security in two-thirds. In those cases in which persons are laid up with what is called varioloid disease, but not really Smallpox, the malady is in most cases deprived of its thieving by being converted by the double fever. I quote from theXLII. and XLIII. yearst of the Edinburgh Medical Journal" for 1857. In 1857 I noticed a short article by Professor Sayce in which he says "it is certain that vaccination affords an absolute, and only a temporary protection, which may be reckoned at an average of ten or twelve years for most. To me, it is folly into the subject of vaccination, would be out of place, as it affords sufficient material for a separate treatise. I have only taken up a few points, by way of introducing two cases of considerable interest, which I have been enabled to bring before you, through the kindness of Professor Laycock, under whose superintendence they were treated in the Royal Infirmary during the past winter season of 1857.
Alexander Galloway, of 25, a Gardener, unmarried, fromANovember. Admitted November 30th, having been ill four
days previously.

**History**

The patient has led a healthy life, with the exception
of an attack of Scurvy, when he was twelve years
of age, and he has been temperate in his habits.

On Monday, the 25th, the patient felt slightly unwell,
and complained of giddiness, but notwithstanding,
went through his day's work. On Saturday evening, the 25th,
he felt very ill with sudden alteration of heat and cold,
and a feeling of pain across his forehead. He felt no
better on Saturday, and could not keep his bed, from
feverishness. On Saturday night, he became a slight
eruption on his right arm, was unable to sleep, felt very
hot, and inclined to vomit. On Monday morning, the eruption
increased, as did the feverish symptoms, so that the patient
remained in bed all day. On Tuesday, he was seen by
a medical man, by whom he was recommended to this
hospital.

**Symptoms on Admission**

Patient feels very nervous. Marked papular eruption
appears over his whole upper torso, most abundant
on his face, head, and hands, and covered over with
Friday 2d. The partake have maturated, and on the forhead and temples, have become confluent. Ordered to leave 47, Professor Blatch, M.D.
First, 2nd, 3rd, 4th, 5th, 6th, 7th.
Two tablespoonfuls every third hour.
He is also ordered a Causing julep for his throat.

Saturday, 3d. The partakes have a depressed umbilicated centre. Some of them have discharged their punctate content, and their puncts are healing off.

Monday 5th. This is the Sixth year of the century, and Eleventh of the year. Patient feels much better.

Dismissed Convalescent. Dec. 5th.
Reported by Wm. Luke, M.D.
Ward No. 1 South Side.
Case No. 2. Charles Mr. Donald, Surgeon Dumon, a native of Dumfriesshire, residing at Lock's Lodge, admitted into the Receiving wards of the Royal Infirmary, Nov. 26th, 1857.

History

Stated he generally was enjoyed good health. He felt the little toe of his left foot bruised about two months ago, subsequently to which he proposed himself to General Carter. His little toe, not being healing, he entered the Surgical Hospital under Dr. Gillies in April last. His toe was amputated two days after he entered. After he had been in the hospital for about two weeks, he cut his a toe on the inside of his right thigh. He left the hospital at the end of two weeks, but before leaving he noticed a slight eruption on his face and back. The eruption was from the amputation of his toe, had not healed, at this time. He went home, took his bed in consequence of a feeling of uneasiness over his whole body, an increase in the eruption, and aliness of the joints. While at home he was under the care of Dr. Balfour, who pronounced his case one of smallpox. The eruption increased, and his left eye becoming cloudy he came again into the Infirmary under the care of Dr. Walker. He stayed there until his eye was healed. Was then admitted into
Dr. Gillsop's hands for an alarm on his foot and thigh.
He stayed there for about Sep weeks, then went home, the
swell on his thigh and foot still being unhealed, and the
Eruption still continuing. He caught cold in his right eye,
the one formerly affected, for which he was admitted into
the hospital under Mr. Walker for the second time. Yet
his eye swelled or shined. Again came under Dr. Gillsop,
and went home. Was admitted again into hospital under
Professor White on the 11th. Under whose care the Eruption,
in part, part disappeared. A fresh Eruption came on
the 12th. Past his the same day by Mr. Miller.

Symptoms on Admission:
As has come vomiting, accompanied by feverish, the first
of which he has had for four days before admission.

Eruption on Lower Extremity
His whole body is covered with a slight red, papular
Eruption, and there is, about his legs especially,
are small Gomphocarps. His face is of a Cord-like
colour, feels hard to the touch, and is thickly covered
with papules of the same colour, which are especially
prominent about his ears, on his chin, and about-
In eye-lids. The papules are all quite elevated, 2 or 3 is
the skin reddened between them over the chest. They are
comparatively thin, scattered over the abdomen, the skin
being of a nearly normal character. Round his shoulders
and down his legs their thickness. Some of them having scales
on their summit. Here and there, at some patches of
a bright red colour about the size of a forefinger-piec
which are slightly raised above the surrounding skin,
the papules partially disappearing on pressure
in the resulting from the amputation of his little
toe has an offensive odour. The arms have such
the same character as the legs, being thinly covered
with papules and the skin between them being of
a normal colour. His eyes are suffused, reddish.
the pupil of the right being much smaller than
the left. His face has a dull, expressionless look.

Respiratory System — normal

Circulatory System
Pulse rapid. Gal, galloping. Heart
his rhythm —
Dietetic Letter

Some food in small portions, which he had for four days before the above time.

Progress of the Case.

About eleven o'clock of the night of the 25th, he had a severe attack of vomiting accompanied with difficulty in breathing, and much prostration. Ordered by Dr. Stewart, a sedative powder to be taken immediately and an effort in stopping vomiting or looseness.

Ordered up.

Diet
tablespoonful to be taken when required.
Saw stopped both the vomiting and looseness.

Nov. 25, Saw by Dr. Laycock, and ordered by him to be wrapped up in a flannel wrapper.
Nov. 35th. At was very caddish during the night.
Heaving the bed clothes off, and sweating. His urine
in today is of a dark blood colour. There are a few
papules observed on his back mingled with papules
formed by redness. Yesterday I kept him a bed all day except for the
bedings and to take some. To take the following internally.

R. Lupra Cerace, 3fl.
He is in a very low state.

Dear Sir,

Has all been papped.infeld to take the
wine yesterday, and those brought to
sent of bed during the preceding night. Because
Comatose at ten o'clock a.m. tomorrow. Several
of the papules have not become papules. Has all
the natural character of a case of smallpox.
The fluid he has been treated is nearly pure blood.
Continued comatose till four o'clock p.m. and
thereafter after a slight convulsion.

Lupus. Cadaveric 45 years after birth.

External Appearance —

Face sunken, andstatamic, pretty thickly covered
with imperfectly natural papules of dura-
Local Jupina Spots on chest especially,
on the arms, in addition to anterior post-breast
erythema of the back, and chest. On removing the
internal organs of the chest, blood was found extravasated
into the substance of the left anterior's major muscle
in the situation of the second and thirteenth costal carti-
ages.

Thorax

Heart: moderately distended, with dark, grossly congested
blood. a few small petechial patches, left above the pericardium. The heart was normal in
situation. There were several less dense adhesions
of the left pleura; this lung was highly congested.
There were 2 adhesions of the left pleura, and
the left lung was natural, and the right congested.

Abdomen

Stomach, intestines, and liver, natural. Spleen, of
moderate size, firm in texture. In section, it was
found emphysematous, and puffy, thickly studded with
small blackish punctures in its surface, large size.

On intraperitoneal examination
nothing abnormal was detected. The urinary bladder
was moderately distended with fluid, which consisted
Of nearly pur blood, the common membrane as also the substance of the bladder, with the prostate, was quite healthy. On examining the surface of the kidney, a few small bluish spots were observed in the pelvis, and calixes of the organ were found filled with lately coagulated blood. This appeared to be an abrasion of the lining membrane of the pelvis and the substance of the gland. gums owing natural.

On microscopic examination blood was found in a few of the convoluted tubules of the central substance. But otherwise, the structure of the gland was natural. Some of the ducts seminal heads were enlarged and were cut into and found to contain yellowish matter.

Reported by Dr. Collier Brown Esq.

Ward 14, 2 West Side.

There is no casts taken in the aspect of the patient, having been vaccinated when a child. I remember actually examining him as to this being vaccinated or not, and the nurse also on being interrogated says that she remembers asking both himself and his friends, all of whom replied in the affirmative. This case is one of considerable interest owing to the fact that he had two attacks of variola within a
Period of seven months and three subsequent upon vaccination I called on Dr. Balfour who kindly gave me the following particulars of the first attack. He stated that the eruption came on very irregularly and that very few of the papules reached the papular stage — in fact the eruption became abortive.

Sincerely yours,

[Signature]

Samuel C. Blake