Observations on Clinical Medical Cases by John Wallace

2 cases

Suppressed appetite - loss of blood

Other signs - loss of hair - rapid respiration

Month
Case of Ingravescent Apoplexy

James Finn, aged 33, married, native of Hawick, was admitted into the Royal Infirmary, Edinburgh, on Monday, 2nd December 1861. His occupation consisted in arranging types for a printer in Edinburgh, in which department he was employed up to the time of his admission into the Infirmary (in) between 10 & 11 A.M. on Monday 2nd Dec. 1861. About 12 o'clock on the same day he was examined by Mr. Laycock when the following particulars were made out as to his case.

It appears that (both from the testimony of the patient and his wife), he (the patient) had enjoyed good
good health up till 10 Am: on Monday the 9th Dec 1861 when he was suddenly attacked with paroxysm of his left side. The Patient states that while placing his type, that morning about 10 Am: he all at once felt pain at the corner lost the power of his left side. Accordingly he was brought to the infirmary immediately.

Previous History.

He was never ill in his life before, was not much addicted to drink but one intoxicated on Saturday the 20th November 1861. Two days pre

ecessions to his admission into the Royal Infirmary. However had pneumonia or any feeling of insufficient power to perform his work. He had slept well enough on Sunday night, and had no dreams although a little restless.

He has had occasional headache but not touched an extent as to cause him to take any particular notice of it. He never spoke thick previous to the
The attack, and at present can appreciate his words tolerably well, although he has evidently some difficulty in pronouncing the "Lablads." He had no Convulsive, cerebral congestion, or running of the ears before 10 A.M. today. Even this morning while setting hisypress he was not able to place his eye nor did his lines join into each other. He never felt his hands break while doing anything.

The Nervous System were then examined.

The Nervous System

He has sensation entire. His left side is completely paralytic. He cannot voluntarily move his left arm or leg, only when grasping which he does any office he lifts his left arm and lays it on his breast. He does not bleed on hitting his nostrils, although on applying a quick pin to his left nostril he moves his left arm slightly. When asked to move his arm, he cannot do. When he protrudes his tongue, it
it is almost central, but slightly drawn to the left side at the hip.

The Circulatory System.

Pulse incompressible and full. Pulse 80 per minute. The heart beats in the normal position, but with a sort of throb. No cardiac murmur, although a sharp noise and roughness of tone is heard with the stethoscope.

The Integumentary System.

The left side of his face is not so well developed as the right, there being a slight flattening on the left forehead. The teeth in the upper jaw on the left side are somewhat decayed. The left angle of the mouth is drawn down.

The Digestive System.

Normal.

The Respiratory System.

Normal.
The Genito-Urinary System.
Inflammation of Urine, no albumen found in it. To specify feversity in 10 days.

After Examination, he was bled from a vein at the bend of his right elbow to the amount of 3/8ths of Blood. He was dry cupped between his shoulders and a mustard plister was applied to the back of his neck. Stimulant Emu was administered consisting of
Tarantunic, Fuel & Castor Oil. The Blood taken from his arm was very dark colored.

Dec. 2nd, 3 P.M.
The Patient before the close of the Examination was apparently becoming somewhat more conscious; his pulse is now 60 prominent, soft and weak; he has been trying to get out of Bed.

Dec. 2nd, 4 P.M.
Since last seen he has become Emaciated, his Pupils are moderately dilated, Pulse is now 35 per minute, very feeble.
His complexion is very pale, his left arm is somewhat rigid, his respiration is almost equal, short but deep, but not sighing. Rontel's have moved involuntarily, he was injected 3 1/2 oz Brandy in warm water and a tablespoonful to be taken every quarter of an hour. At this Rontel measure applied to his limbs.

Dec 8th 4:30 P.M.

Fate rather stronger, 4 to 5 per minute. The Brandy has been continued. Soon after this breathing became more rapid, very fast pulse and he died without convulsions at 6:30 P.M.

APPARENT at the post mortem ex
amination, 19 hours after death were
the following.

At post mortem rigidity muscular
marked, there were numerous hematomes
seen over the arms & legs.

HEAD

The veins of the inner cover were turgid
with blood, as well as the superficial
Superficial Scur of the Encephalon. There was a large extravasation of Blood into the right Orbital sinus. On cutting into the Left Ventricile, the Blood was visible on the right, shining through in the Septum Lucidum and on opening into the Right Ventricile there was found a small quantity of Blood. The Clot formed in the Intermixture of the Brain was about the size of a hen's Egg.

The clot was found in the Heart. The Valves were healthy. The Ventriciles were very much contracted. The lungs and all the other organs quite healthy.
Apoplexy is sudden loss of consciousness, often in rapid motion or elevation, the lesion taking its seat in the Brain, or in a state of coma occurring all at once from something pressing on the Brain. Persons seized with apoplexy are generally attacked on one of three ways according to Dr. Abercorn's nostrum. He groups under the first head all those who fall down suddenly deprived of sense, motion and apperception. Like people on a steep step or plane unexpectedly. Under the second head he ranges those whom the disease manifests itself in the sudden feeling of a sharp pain in the head succeeded by gradual loss of consciousness, or else the patient may become faint, sick, pale, vomit, and gradually recover from these except the pain which they feel on the head but sooner or later he sinks into coma from which he never ultimately recovers. Under the third head I include all those on whom the disease manifests itself first for
an attack of paralysis of one side of the body

1. With loss of speech but no loss of
2. Consciousness. The paralytic generally pains into apoplexy or occasionally it may pass
3. Away and the patient ultimately recovers.

In the first kind, the pulse is commonly
4. Full but varies in frequency, being
5. Sometimes above, the natural standard.
6. Sometimes below, sometimes there is rigidity of
7. Muscles. Sometimes convulsions and
8. Contractions of the muscles of the affected side.

In the second, the patient usually becomes conscious, from which he may
9. Recover for a few hours. While the patient
10. Remains in the first kind, regardless of
11. Any person and is in many cases as if what is said to him
12. At first his pulse may be somewhat
13. Full and incomplete. When he becomes
14. Unconscious, his breathing is very
15. shallow and the inspiration has a peculiar
16. Know as scrofulous character and his
17. Cheeks are pushing out. He has no power
18. Over his breathing; yet he continues to
to show so long an account on the TV. The Ventricles of the Brain. Sit in the Medulla Oblongata on the TV. The Ventricles that the
Cere
e Circulation of Respiration
is placed. (1.) Involuntary respiration.
For here the Vagi serve as the sensory
nerves of the lungs terminating at their
nerve Ac ce Ophs. Here
also you find the seat of the motor
nerves for the muscles of Respiration.
Braun. He lately supposed the
posterior half of the lateral columns
of the Spinal Cord were continued up
without any intermission in their course
to the Brain, others. They were con
sidered as direct continuations
of the Columnae Tensoris which run
along on the floor of the TV.
Ventricles on each side of the spine
line. But it is now ascertained
that this is not the case. Farther
there is a connection but not a
direct or an immediate one. They
are however connected immediately.
On tracing up the Posterior Part of the Lateral Columns of the Spinal Cord for some
time ending in Neurone Cells on the Floor of the 14th Ventricle. The so-called
Columnae Restes take their rise here from polyhormone Neurone Cells and
are conducted up to the Frani-
or Centre of Consolidation Consciousness.
They go along the Course of the Brain joining
their upper portions but primarily to their
arrival in the Cerebrum they decanae
in the Floor of the 14th Ventricle, where
the Columnae Restes arrive in the 14th
Ventricle. There are fibres which connect
them with the terminations of the
lateral Columns of the Spinal Cord.
In addition to the decanae of the Columnae
Restes, the fibres of the Posterior Part of
the Spinal Lateral Columns of the Spinal
Cord are connected across the Cranial
line of Transversal fibres at the lower
part of the Olivey Bodies, this being
one of the chief sources of the
Olivey Bodies, as they serve as Cellular
cellular Bonds of connection (18) masses of Polyhomic nerve cells which connect certain parts of the spinal marrow with the Brain. They also serve as a coordinating medium between the more important central Nervous system and the periphery. The columns descend on the basis of which the orders of all vital are conveyed to the point of union of the Respiratory Nerves. By them are furnished with the means of which we can question, modify and regulate, according to circumstances. It is by them that the requirements and conditions of the lungs, which the brain conveys to the medulla oblongata, are conveyed on to the Brain.

By the decussation of the Communion fibres the Posterior Part of the Cervical Columns of the Spinal Cord of one side is acted on by the motor of the opposite side. But it is from the Posterior half of the Lateral Column of the Spinal Cord that the motor for the Occipital of Respiration comes.
Come dying (10) as regards involuntary Respiration. But near and nearer with a power lies our Respiration which is the Conspicuous nerve, the Terminations of the Vagi on the Posterior Parts of the Spinal Cord are quite close to each other, with the reason many any stimuli appear on any thing affecting the points of terminations of the Vagi on the lungs, the lateral columns of the Spinal Cord must act. This a reflex action on them. Other than muscles of Respiration and brought into play, it is entirely independent of the Will and Mind, as is seen from the arrival of his Contraction. Having this PLEXUS of the Medulla Oblongata, the animals will continue to breathe notwithstanding, thus showing that the Seat of Respiration is in the Medulla Oblongata. Hence an effusion of Blood into the Corpus strange or Cerebral Manubium does not paralyse.
paralyse at least as soon the muscles of Respiration & Transpiration, the muscles of the Esophagus, Tongue & Face of the side opposite to which the Effusion is poured out. An Effusion of Blood or any injury in the 1st Ventricule affecting the cells of origin of the Stems of the Respiration Centers must lead to a complete stoppage of the Respiration. But if the Olfactory Nuclei, however that the two sides of the Brain are equally at the same time, both as regards Consciousness or Unconsciousness Breathing.

The Anterior Columns of the Spinal Cord are continued up to the Brain of the anterior Pyramids or the Medulla Oblongata, and as these guide the Movements of the Extremities, when an Effusion of Blood is poured out in the Central Orans or in the Ventricles have no effect. The Corpus Striatum or Putamen of that side, the Brains of the Extremities are paralysed. Hence in Hemiplegia when the lesion occurs on one side, the Muscles of
of sensation are unaffected while some of the
motor functions are paralyzed. The lateral
pyramidal tracts serve as a known factor in
the Cerebral Atrophy affecting the opposite
side. But here on this Case was the
half of the Tongue paralyzed. The Thalamus
IX Central Nerve supplies the
muscle of the Tongue. But it has
its proper in the TV - Ventricule who
be found near the mid - line of the Examination
after Death. The IX - Nerve has its
root of origin in the TV - Ventricule in
two cellular Nerves, one on each side
of the medial line, one for each Nerve.
But these Nerves are connected to
each other across the medial line
of tranverso Ribs, so that the tongue
turned equally. If the Olfactory Nerve
that they are connected to each other, but
from the Olfactory Nerve on this arm
which go up to the Brain, thus
an effusion on the side of the Brain
pathology; the opposite half of the
Tongue is most the whole of these half
weeks
Then had been effusion into the TV—

Ventricle, then the man could not

have protruded his tongue at all.

He would have been unable to make

his mouth narrow any strongly.

The diving bodies on the Cereas further

when he made to move our tongue

equal,ly forward, the mandibles of

our wish as conveyed to the Hypopharynx

Nuclei on the TV—Ventricle of means

of the fibers away from their masses.

But how was the Change on his

Vocal cord produced. He knew that

Vocalization kept on the Larynx

in the Vibrations there. The Vibrations

take their rise in the Larynx of

being reflected against the Epiglottis,

back of the Throat, up an Polaris

swung on the Tongue. The various

Vowels, Consonants are produced

according to the different Angles present

against the different Parts. Of that Ours

to normally examined if we can

place them on the anatomical position.
position for the pronunciation of the different vowels and consonants, then the proper sounds will be produced. But in this man the tongue was seized in its position thus producing a different angle of reflection for the vibrations, thus causing the change in his voice. The tongue was promoted with its tip to the paralypic side first then the muscles on the opposite oral and / side produced their sounds they were thus enunciated. Then they promoted the tongue, owing to the want of similar action of the left side of the tongue, the tip of the tongue was moved towards the paralypic side. His Connexion in Hampenegia kept one half of the body as paralysed. But this was not corrected as one.

His Extremities half (face, tongue) are paralyzed as a general Rule, provided they claim being on the Cerebral Germ, where it is generally is in Ordinary Hysteria. The Cerebellus acts on the Filaments of the Vagus on the tongue.
Smugs of them are conveyed to the Medulla, producing the impression made on their apparatus. This, the ejected of the Respiratory Muscles are brought into a peculiar condition, so the Respiratory act is acknowledged for to Clear Expansion in regain the Elasticity of the lungs on the occasion of this reflex act of the Vagi. While under the pit the Patient is generally said to forget, which is called the imperfect ejection of the Blood. Of the Visceral Shrapne and the Regulation of the Blood through the lungs.

Many go through an Apparatus like without leaving any trace of dizziness in the Brain. Others have said that soldiers on hot climates during a hard March march drop down and die of Apoplexy. For which the cause of pressure was to bleed with the ultimate Pellet of Death. Since this method has been abolished and an effect appears.
opposite one adopted (in) to stimulate.

Such case, they said Brandy instead of alcohol.

Blood and the reason of this is that many
of the men recovered. It's more than likely
that there was no apoplexy on such men
but the lesion began at the Throat and
the 2nd or 3rd down was there a 2nd time.

The case before me was a case
of "Bravest asphyxia" or apoplexy
coming on suddenly causing paralysis of
half the tongue, face, left arm & leg,
but absentes remaining in coma. He
came out from down at once &
was not deprived of his consciousness
by one but the last. The power of
his left arm they instantly. He
continued after hours on the plane
with no other symptom than an
Epinephrine in Blood into the Right
Carotid Artery. He gradually began to
feel delirious, some of which he never
ultimately recovered, indicating that
there was some Block of Vision going
Gangren affecting the extremities, the entrance of decomposition, gradually on the members, not causing instant death at the time but from the continued pressure to the blood already ceased, sooner or later causing death. According to one case at which the blood included in the rapidly increasing intensity of the hypostatic manifest that it was may be ranged either under the 2nd or 3rd head of St. Vswon Bovices. Sometimes the patient is feverish nothing more than the Paralytic shock. Suddenly a severe, but as such it is a case of Paralytic not predatory. Generally the lesion is only visible to the eye, but the Compa Cause an Erythema over a root of Blood. At this this man had only the symptoms of the lesion being confined to the Erythema without of the right side. He had no symptoms previous to the coming of the attack. If anything wrong with him. Though he could not have them in good health from the date of his.
his Blood which was shown of the Microscope to be loaded with white corpuscles. This disease condition of the Blood requires the Daily Pulse on this man for the Hemorrhagic beginning at no Oarain on the Heart, nor in the Thrombus was seen on the post mortem examination. Even one on close ground was to cause any mechanical obstacle to the Circulation. His occupation was not an overworking one and in any way round to Hemorrhage. Hardening is sometimes alleged as a Cause. This man was not addicted to drink however in the previous Saturday (two days before the attack) he was interviewed which might have originated the lesion in the Brain. He did not feel any the worse of the inoculation on Sunday nor on Monday till he dropped down at his work, which though not coming from exertion might have been sufficient with perhaps its lesson already commenced to cause a passive flow of Blood. Thus from...
produce the paralysis. He was restless on Sunday night in bed, showing that something was wrong. The weakness of his speech. The Boston of the tongue I explained already. Sometimes Aphasias or disturbed speech may gradually manifest or may without early symptoms or disturbances except for conduct abnormalities in the Nervous System. The Brain of a man of any age may manifest, may put up with it provided he manages the gradual to not very extensive it before great. Now this man had none of these symptoms. The condition of the Blood was a reason too. His not feeling the effects of Blood perhaps breast or much larger than an ordinary case, as the Nervous System are not supplied with large Blood. Thus preserved him from experiencing the effects of the shock accordingly.

He had no power over his arm, of asked to move it he could not, but when he grasped he moved his arm up on his breast. This was due to imperfect Flexion.
Expiration going on in the lungs, which properly action in the spinal cord. produces this amount of the paralysis of a limb, thus showing no lesion of the spinal cord. But from the Pratichia plan that the nerves for the muscles of the arm come as also from the cervical nerves but the cervical or Pratichia nerves are connected with the steers that properly the muscles of Respiration, and from here two nerves goes to some of the muscles and in Respiration, therefore anything affecting the Respiration in the lungs would the commence back to spinal cord. Otherwise if those nerves was to cause the arm to be moved. But what was the cause of his Gaining so much? It must have been owing to the presence of the clot on the Brain, pressing on the formation of the column of cerebel, which continue up the posterior parts of the lateral columns of the spinal cord, which are can supply the muscles of Respiration. By this means imperfect action on the muscles of Respiration would be affected.
affected. Thus the lungs would be prevented being well filled with oxygen or air. Hence the expansion was an automatic act or effort to fill the lungs with air. If the lungs had been closed, the respirations would have been shallow and often stopped.

But the Brachial nerves from its supplying the Latent (which are used in Respiration) times its size, come from anterior columns of the Spinal marrow which are seen as a continued use into the Corpora Masa. When the Clot was, must have had an effect in preventing the due amounts of diffusion of the thorax for the direct play of the lungs. Thus the Clot would act directly on some of the terminations of the nerves for Respiration, these being the intervention of nerve cells in the Medulla oblongata in the anterior columns as one can there move in the lateral columns. Though nerve cells do interrupt the anterior
Anterior Columns of the Spinal Marrow on the Corona Amara.

As there is always the same amount of fluid on the column, and as in this case there was a considerable part of a clot pressing on the Cerebral Substance, differing from it, it could not obtain room of pressing on the Cerebral matter or whatever was next it, and thus either directly or indirectly causing a certain amount of pressure on the Cerebral matter within the column. By this means an imperfect pressure of Blood must have consequently been transmitted through the column and therefore an imperfect Popping of Blood to the Nervous Centers of the Circulation of Respiration which are situated in the TV. Ventrie! The Blood too was various in Character, hence the state of the Blood together with the Blood aspiring from beneath the Cauda eventually forming the Flows of the Spinal gradually.
gradually as time went on, proving more and more evident. These two causes tend to produce the delirium that came before his death. He became gradually worse as the necessary processes closed, every moment making matters worse. Continuing the extravasation a further review in the circulation of various blood. So that means death ultimate was the result. The superficial veins of encephalon, veins of dura mater were exposed with blood coming to imperceptible action. Going on in this way, the reason of the paralysis left side of the face was that terminal parts of the spinal nerves, (ie. ramos division) are in the brain. Consequently were found on of the clot. Charge their muscles of origin near the TV, Russell, less had more leading from these muscles.
Just going up to the Corbundotzenergy of the 4th ventricle, for that orchard
an influence on these muscles from
this dilated pupil is accounted
for in the same way as the muscles
of the face. As the close was in the
right side the effect was seen on the
left.
William Buddo, aged 17, married, a labourer on Rosedale Park, that moved 17 years ago. He had been a very healthy man, when he had an attack of inflammation on his tonsils which attack he attributed to over-exertion while shearing corn. From this he recovered after some time but has never been so strong since. He has for several years been troubled with attacks of pain in his chest, accompanied at times with slight oppression. These attacks generally follow exposure to cold or wet.
He has had several attacks of fever, the last being five years ago, last winter he had a severe attack of Rheumatism in his left arm which prevented him from working these months, the pain standing from the shoulder all the way down the arm. He never had Rheumatism to any extent previous to this occasion, though he has frequently been troubled with weak legs. The first time heart seemed this swelling of his legs was three years prior after having been employed working in wet ditches since then they have been another several times but not so great an extent as they were first.

The storm damas began about 24 years ago, in red round spots round above the surface of the surrounding storm slightly. They were preceded by white scales. The new was troubled with this tide he began to work on ditches, which he considered as the breeding cause of this malady. Ever since
knew he was just broke out, it has
troubled him more when, coming and
Going alt the time, but never altogether
fugue it. About two years ago he
had come his whole body except
his face. It was also on his head but
did not cause his hair to come
out. Once or twice it almost lost him
but on getting rest or perspiring
much, the red patches appeared and
more proceeded if the scales across the
front occasion. He opened the isps
chiefly across the bones. He
for nothing for a externally or
internally came once "Atriax Oar
oment", which he says almost cured
it. It was sometimes itchy especially
after the scales came off.
This diet has been for the greater
period of his life oatmeal & milk
and latterly nothing but tea
and flour bread. Never eat much
Animal food or Vegetables. He never
also that after the severe attack
attack of Rheumatism. He never has been so bad.

Some of his relations, other sufferers of Children had this Disorder. Two Brothers and Father died of

Rheumatism.


When I first saw him he complained of pain in his two joints, said the Rheumatism was the chief malady he suffered from, and of which he was afraid to die.

On seeing his posture, I saw it was a case of Rheumatism. From his history, one of my oldstandings. I had all the characters of Rheumatism, but from his own account, it was not near so extensive as it had once or twice been. On his two knees there was more or less than his pain, the longest part being than a shilling on both elbows, and bending down
down his forearms a little diminished on theitudes respect a pretty thick round patch of bristles about three inches long and 1/2 at the widest part. Besides, there were several smaller ones near this large one. He had a good many on his head, but the scale, not so large as on the arms. I could not see any more over his body except one or two small ones about a doheny in ale.

A word about

He is often very low spirited, most squeak much at times, and feels languid. Temporily any exertion.

Respiratory system

Has an attack of Bronchitis just now, with expectoration, which he says always transfix him on exposure to cold or damp. Auscultation percussion on posterior normal, but on left auscultation, on inspiration slight Bronchism on inspiration.
Vascular System

Often troubled with precipitation of the Heart. His Pulse is 66 of ordinary strength and regularity.

Examining his Blood taken from his finger under the microscope of magnifying 450 diameters linear, observed the following.

No white corpuscles to be seen. The red corpuscles, one of the normal shape, only one or two in the field of the microscope being such. The rest were more or less ovoid at the anuclear, the corpuscles became less and less until they were over about 1/4 of the normal size and they became more and more ovoid the less they grew.

I could almost recognize except one or two partially so.

On amputation the cardiac veins

Come normals.
Integumentary System
He has a dark yellow brown complexion of the skin. His hair is very dark and thin. His muscular system is very flabby, notwithstanding his occupation. His eye is my droopy. His bones are large. His features are also large.

Digestive System
He always experiences great discomfort after taking his meals also pain in the region of the stomach and epigastrium. The pain sometimes will last half an hour. Feel distension of the bowels after taking his food, and come to this pain in the region of the right colon.

Genito-Urinary System
This examined before he began to take the acetate of soda.
Specific gravity = 1021. No albumen, no Rieke sugar. Chloride abundant.
November 27th, 1861

I ordered the following medicine from the Old Town Dispensary of which to take alternate mornings from this day.

Potassa Acetate 37
Iodine 37
Syrupi Salici 37
Aqua 37

Being anxious to whether the liver disease would go away without the external application of anything, I ordered him to practice part on one and use milk, prunes, and on his left arm to take off the scales.

I ordered him at the same time a medicine for his Cough of which above mentioned was to be taken three times a day.

Ry. Spiritus Etherii Chinici 37
Ammomum Aromaticum 37
Aqua ad 37
28th Nov 1861

Having purchased his left arm lacr-nymph, I ordered him to apply red ylode to this arm once a day for con time to take the matter.

Psoriasis, Prous Leprosa, Dry Letter
Dry Scar.

is generally included in the order of chronic diseases called "Lupus," "Wilmol and late Wilmol" include it under "Lupus," to do "Bois Hughes Bennett," "Blizz," and "Carena." "Eadward Wilson" considers it a Disease and includes it under that Class of Diseases, it being according to him a Chronic form of Eczema.

All psoriatic or Eczematous Disease, Wilson considers as characterized by an
Exusion of fluid on the surface of the derma beneath the Epidermis, the secretory which Exusion being to raise the latter into psoria
female vessels, some of the venous vessels nothing else is probable, but in some persons he considers there is an addition a buckling of the skin resulting from an Erythema, leading on a desquamation of the Epidermis or who become chronic. In the parts of the body, where the Epidermis is thin, the vessels are well defined and easily seen, but within some has been applied or where friction has been frequently applied, the vessels are not visible. The Elusion stands beneath the Epidermis tending to this the Epidermis comes away on scales or coarse flakes. He considers Epsis as a healing of the Epidermis resulting from an Erythema of the skin with an effusion of fluid in the first stage. And after this has ceased for some time, the Epidermis is thrown off on white scales, leaving a scar or cicatrix disquamation.
The majority of authors on this disease seem to include Skoraiis under the genus *Maraboo*, along with Physiatis, Lepra, and Leishmias. At all events this disease presents itself for the most part in the scaly condition, having all the true character of Scrofulous Disease. The diagnostic mark of this Order are dry, white, hard and thickened patches of the Epidermis free of a not inflamed and rapid eruption, and always preceded similar scales should they happen to be rubbed off in any way. There is generally little or no constitutional disturbance or itching during the day. When the surface of the body gets heated as in India, there is occasionally a considerable amount of ecchymosis, attended with more or less feeling of the heart. On enquiring into the conditions of the patient's previous mode of life, it is found sometimes that their Hygienic Conditions have been far from good and tending to cause a depraved
Improved state of the System. Although
their squamous affections are often
contagious, they are very obstinate
as regards their cure. For they may
often be caused to disappear from
the Body for a time by staunch local
and internal Remedies; with the
tendency however sooner or later
to return, they may be seen in all parts
of Society.

**Plorasis**

The disease with which this man is labouring
attacks, all ages, and sexes. It is not
confined to any particular Region of
the Body although the appearance of
the Eruption seems a good deal more
visible if the Retraction it attacks.
The patches are occasionally pretty even
and distinct but as a general Rule
they are of an irregular shape, which
seems to be the distinguishing mark between
it and lepra. Yet some Authors
consider Plorasis and lepra one.
over and the same distance, and apply the same treatment for both with the same result. Those who make a distinction between them say that Lepra is charactemized by round white patches raised above the surrounding skin on an inflamed base, but with a depression on the center of each face, and elevated margins. Often arsenic parts in the center being healthy skin. The desquamation of the center, while they consider the patches of Lepra as raised equally above the surrounding skin, and with no depression in the center. The form to which the name Plasias is usually given, is seen in round spots, thus simulating carbon-lepra. In the variety generally accepted, the mistake for it. Both diseases are larger very obscure as regards their origin, but they are however both very contagious, though equally difficult to cure.

Various forms have been given to Plasias, according to the permanence...
particular situation of the Body it attacks.
The four most common examples are

- Floriani Guttur...
- Vulgari...
- Inversa...
- Grata...

When the patches are circular then you have an example of Floriani Guttur. When
in large irregular patches, Floriani Vulgari.
When forming one continuous mass, Floriani Inversa. When occurring in
Euni Floriani Grata. It is sometimes
confluent exclusively to the Eyelids or angles
of the Eyes, to the Latium, to the Demon,
to the hands and nails, though not
occurring in other parts of the Body
at the same time. According as it
happens in any one of these situations,
so has it been named. Syphilis
Empiricus or occasionally liable to be
confounded with it especially Floriani
Guttur. In both the patches are
circular but the scales on Syphilis
Empiricus are of a dirty copper color.
Cause of Rhoditis

Little is known as to the originating cause. By some it is considered as hereditary, others say that it is owing to a depraved condition of the system. Others attribute it to having been subjected to abuses as regards food. It is also seen in the apparently healthy and strong animals in the feed. For some time back it has been thought to have some connection with Rheumatism or the Rheumatic Paralysis. Those who advocate this doctrine, consider it the result of a depraved condition of the blood. They consider that the peculiar condition of the blood which originates the inflammation of the joints or Rheumatism is the cause of the Erysipelas. In fact they consider Rheumatis a representation of the Rheumatic condition of the Blood. This doctrine is further supported by the fact that the same treatment can be both the Rheumatic and Erysipelas. The symptoms of the skin and the structures of the limb.
Issues involved in Rheumatism are far the
same as those questioned in the pains from
memory of parents, and in Rheumatism attacks
issues on the same community, their doctrine
were supported.

Being anxious to ascertain the point there
for some time paid particular attention to cases
of this disease who applied for relief.

At the beginning, the statements of the Patients
bore no favor of this doctrine and
rather against it. Some of them were had
symptoms of a Rheumatic Affection
over any of their forefathers. While on
the other hand other had both had Rheu-
matism in their coats, curves as their
forefathers. Having over this case
in the Dispensary Practice, I was anxious
to know whether local applications or
the Remedies made in Rheumatic affections
of the joints were the most powerful, with
this view I adopted the method I

shared before as regards this treatment
of the case. He has had the disease
long, which has cured almost the
he views of eternal remedies (a) citrine ointment. He is much troubled with rheumatism in the joints. Monopoly when he first pined was chiefly confined to his elbows and knee joints. Made the character of paroxysms. The patches on his arms were very few. He states himself that when the Euphron comes out then the rheumatic pains never found him in the comitie of the immediate vicinity of the Euphron. The Paris always have these pains; this 2024 pains in front of the rheumatic doctrine. In the mean time he complains of no rheumatic pains in his elbow joints where the Euphron never manifested while he experienced severe pain in the knee joints of calves of the legs where one evidence of the disease.

I will now give the result of the treatment adopted in this man's case from the time I was called to...
Dec. 3rd 1861

He pains across this have as much as he can bear. He seems much better and has much less pain. He feels no pain in the left arm. He still continues the same.

I examined his arm of the lower part and found it contained a small amount of albumen. There was a slight indication of the presence of bile. The Test Paper showed a slight reaction.

Dec. 5th 1861

He Epistles on the right arm which were once present on the arm of Mr. Cade are now quite prominent. He has no pain in the arm. The oil of Cade was applied some time ago. He told him to discontinue the use. The pain on the arm is no longer present. He was prescribed to:

[Handwritten notes continued]
and ordered him the following, of which arsenic ointment was to be taken three aday.

[Prescription handwritten:]

**Oleum Aconiti** 3 f
**Aqua** 3 f

Dec 7th 1861

His continuing to take the last medicine ordered him it is applying the oil of cade as formerly directed he does now feel his ankles softened it now are they commence to swollen.

Dec 14th 1861

On examining his feet, found the pustules or the other patches amongst the hair have almost disappeared. There is little improvement on the arms to which the oil of cade was not applied. slicing blade can this. While there is an evident change for the better.
better on the arm to which the oil of cade was applied. The laceration is much less. The surrounding tissue and the pustules were much less on the same side.

Dec 21st, 1861

Still continues the same as above, and the applications of the oil of cade, with an evident improvement on the arm to which it was applied. The right arm is slightly improved but not diminished in its firmness. The pustules and the surrounding tissue are not so distinctly marked or as firm. There is scarcely any feeling on the scalp of the pustules formerly seen. 5 feet.

March 22nd, 1862

In the month of January I ordered him to run his legs once with oil of cade, then being open, pustules of Veronica on both
Thus don't but not to repeat an event as on the arms. Up to the present date he has continued to take the misting containing Acetan of Boracic as well as to rub on the Oil of Cade on his left elbow and arms. But no application to his right side. The result of which has been that the patches from his left elbows and arms on which the Oil of Cade was applied have entirely disappeared, except on pointing up the thumb in these situations you do not feel the scarred parts on which scale, formerly more. In fact you can not distinguish the firm muscular skin from the Patches on which the patches were except of a slight discolouration. As to the Right side, on which no application of Oil of Cade was made, there is a slight improvement only. No doubt the scalded patches are slightly lemmid as regards thickness and consequently not quite so prominent as they are on others.
...if we see him but say are not improved to any appreciable extent and the scales continue on the face as before. Will you put the depurative well on pickling up the hair.

From the Results of the treatment shown put down and which has spent over several months. Ethnie is evident that external applications are necessary for the cure of this disease. Oil of lavender was the one I choose, though any preparation containing one a medicinal substance such as tar and pitch would answer equally well.

As some Right side towards an external application was made as on the left side I could hardly say that there was any improvement. For don't this was a very chronic case of Bovian's coma. If the same treatment had been applied to one that had not existed into a short time, then another
might have been a cure appeared if
the simple internal use of the decoction
of Potashes, as some say is the case.
On the Case being very Chronic
the Oil of Cade acted as an
external stimulus along with the
decocition Potashes internally on removing
the dermis.