Diphtheria

(With account of 5 cases)

This also a remarkable thing for which I have charge of several medical Observers to make.
In entering upon such a difficult and important subject as I have chosen for my Graduation Paper, I must express the feeling of diffidence which I naturally have in treating of this singular and interesting disease; and the more so, that men, who are quoted as authorities on the point, profess each a different theory, each having a rational, if its nature, of a distinct or often opposite plan of treatment; and that all confine themselves incapable of thoroughly explaining or of acting effectively with the affection.

I hence am inclined to select this topic for several reasons. I have, a long residence in these districts of England in which it has been most prevalent and have also presented the most virulent forms; and a special interest in those cases with which I have been brought into contact, with which I was intimately
At the same time, I trust my maiden essay will be looked upon as sincerely acceptable, when it is remembered how difficult it is for a young man to make original researches on an abstract subject such as this. During a regular attendance upon the ordinary duties of a University Student - and add what a larger disadvantage I labor under, in not having the benefit of observing Case, actually occurring in Edinburgh, it consequently the opinion of an efficient Professor on the point -
I propose in speaking of this disease to proceed systematically and to give:

1. A brief historical outline of it
2. Its symptomatology
3. Its etiology
4. Its diagnosis
5. Prognosis and its sequelae
6. Pathology
7. Treatment
8. Some of the most marked and varied cases which have come into my own notice. Methodically reported
My Dephtheria then, or Diphtheria as it was first appropriately termed by Mr. M'Leane of Stone in 1818 - let us understand assume affection of the mucous pharyngeal laryngeal mucous membrane, usually occurring epidemically. It accompanied by fever & excessive muscular contraction - and especially characterized by the formation of helical or false membranes about the soft palate, tonsil, air passages, skin, and mucous surfaces generally - or rather perhaps, it would be more correctly defined as a so-called blood disease, of which the above mentioned throat affection is merely a local manifestation.

Various Synonyms have been used by different authors on the subject, e.g. Cynanche maligna, Angina maligna, Angina benigne, Scarlataline Angina etc. - but the term Diphtheria (Angiema Tonicum of M'Leane) has now become the sanction of popular usage -
I doubt if the the cramp to have been in the
human cases in that occasioned the feeling
of its antiquity. The imperfections or errors, of
most of the earlier descriptions of the disease,
may have just led to some doubt.
At the same time whilst speaking of Roman
Catholicism I may allude to the unfortunate cir-
cumstance of its derivation. Siposma a
skin, pellicle—being made a convenient back-
ground, such as in all obscure cases, when a membrane
appears in the throat when very large,
and successively the integument, they are all in-
discriminately described as “Diphtheria”—
This, of course, creates great emulation and
great misunderstanding for the affection has in-
epitome to the real homoeopathy.

It has been contended by some
Stoics for novelty—because the notion
coming to be relied, that we have smooth
mucous membrane is not
inflammation. Ancestrally afflicted with
Neck disorders—that Diphtheria was totally
unknown to our forefathers.

But this is indeed highly improbable; if it
is not altogether dispersed, by the teachings of
the old Indian Mystics, others, who have
described certain states of being which at any
rate closely resemble what occurs in this Con-
stancy, as we have seen it—
It is quite possible that, like many other diseases, it has become modified very much by time and collateral circumstances.

In tracing the first evidence of the existence of Diphtheria, we may help over the supposed allusions by Hippocrates, which are at best problematical and too remote for our purpose — as well as perhaps a more definite division of the throat mentioned by Aristoxenus in the fifth century, as the Sycia or throat. The first reliable records of Diphtheria have been handed down from the 16th century — when it is probable, or in rather an uncertain fact that it prevailed in an epidemic form in Spain for a series of years. It is also fact, as fully proved by the Spanish account, to have visited Italy and蔓延 throughout the country, appearing in Naples and Catania, then as now. Great havoc amongst the Jewish portion of the population. Bollens had taken considerable pains in collecting evidence since that period of analogous affection. Mention an epidemic at Colonia in 1747 — at Orleans in 1748 — and a gangrene
condition of the throat: within of thirty clearly
by Grandinetti - He then states that from
that date until the end of the century,
multitudes of treatises were written upon it
each of them taking different views of the
matter, and regarding it either as a complication
of cough, or as having a great affinity to it.
His own observation in the matter commenced at
Tome in 1818 with the arrival of the La Verdi
legion from Menton, driven to which he
had learned from Captain Malagna, and
some convulsions only but with time -
a headache in inflammation of the gums, or a
Diphtheria phlegmonous made its appearance
in the fauces, larynx, and pharynx, gaining
of the month, which he attributes to a commingling
of rebels - the Eompana, mixed with the
inhabitants. Very close to their more clearly
habit - Altogether the number of deaths from
the disease, during the three years 1818-20
amounted to 130, of whom not more than 20
were adults -
Another outbreak took place at La Fieschi,
Nei Tones -
These outbreaks led to the mention of a
A collateral a forensics phrase
Commission of inquiry into the matter, which
reported that the complication of gangrene
or aphthous angina with Coma hindered the
distinction of the two affections almost out
of the question—

Pouilhac, who was a pupil of Mistoulain,
and had opportunities of observing the
epidemic, published an account of it in the

Dictionnaire des Médecines. In 1835—

In 1856 the French and English news-
papers issued with accounts of a violent
tum of sore throat which broke out at Bordeaux and
threatened the wealthy portion of the inhabitants
in Ashm. During the year also it
appeared in Great Britain—here, we have suffered
from it more often times—long heart again it
assumes a epidemic or endemic form—

Unfortunately to me wishing to make remarks on
the subject, the disease is little known in Edentri.

Thomson in 1826 mentions an epidemic
which occurred at that time, and distinguished
it from bronch—Lo & Alison in 1830—

Professor Raye cut in 1871 & 1877 about clinical
lectures on the subject. It was the first to this
Cor. The almost constant occurrence of tum
Symptoms

These are not at first alarming, but in most cases advance with great rapidity. In the outset the patient, in the case of an adult, complains after some manifest cold in the muscles of the neck orDYTHYXIS, of sore throat, slight stiffness, and coughing of the throat; difficulty in swallowing; has more or less churning, lassitude, and aching of the limbs; with swelling of the lymphatic glands near the jaw and the ordinary symptoms of pharyngitis. On examining the throat—by shining the light or taking a tube or paper—you will observe the tonsils and soft palate present an inflamed and swollen appearance.
and generally exhibit small patches of breast tumour, or swelling and redness.

The Pulse of the case he seen early is too, at normal, increasing, however, in caudal as the disease proceeds, becoming weak and more pulse, sometimes standing, till at the time more gradually.

The severity of the attack - or threatened attack - must not be measured by the mere condition of the throat.

The symptoms become especially apparent, the facie redness increasing at the hyoid area. The patient becomes thick and frowning, the skin, especially the face, becomes dry, and now assumes its characteristic appearance, which is variously described as ash-gray, greenish-gray, or perhaps best of all - as resembling twisted chamois leather. The patches being apparently sunk below the level of the surrounding skin, its texture - the tonsils, especially, further to project forward the measure line.

Generally about this time, we begin to observe a peculiar, fetid, indescribable odour - by some said to be gangrene - in the breath, due to the
Membranosis of detached or detaching portions of membrane. This odor is almost pathognomonic. The voice also acquires a peculiar base which trembles and quakes when nearly silent. It almost completely often occurs now and if the membrane pene- 
trate into the air passages, dysphonia is before 
treated, if it be heard, there is a yellowish pale 
face, orthoptia, epistaxis. Tolbath has been seen.

Accompanying these physical signs, there is a remarkable depression of spirit and an excessive muscular asthenia. So that acting man may not be able to sit 
or in bed after a few hours illness. As the case proceeds, the disease may or may 
not return to the larynx—when it is implicated.
The patient generally make a short lapse, 
periods, remaining exceedingly restless and 
thirsty. Often suffering from delirium which 
I have mentioned elsewhere. Though the false 
membrane, however, return to the larynx, we have 
increasing dysphonia. Comp. followed sometimes 
by the desirous of rest—and binding of the 
face from imperfect oxygenation of the blood—
If I understand the question here, the word is used incorrectly. Do you mean by defensive origin—an organism independent of contagion or the regular person? If so, an odd. troop means in dependence on another tissue, in fact. troops to strengthen.
About this being or perhaps longer than may be noticed abnormalia, especially in late cases.

Should the patient not recover, he dies either of atrophy from the large-vein compaction, or as the stimulation increases, the fatal issue occurs by asthma.

III.

Etiology.

The question as to the immediate causes of death, there is a much need one, as it is of all obscure disorder, which are manifestly dependent on some so-called blood poison.

And first, may it be cholera morbous, infernating upon an ordinary cymenbe, as a result of want of attention to the ordinary rules of hygiene — such as, e.g., ochlatic cause incense, and body served food. Impurities passing from means of water-cloth, or faucial emanations — in fact, may it not be morpaxing sometimes, just as the continued stwe and the
 scanfthemata. We are usually contracted by casual or infection, but which have no such assignable cause or course, in other instances, and which we therefore in our ignorance attribute to the name spontaneous?

As much indeed from this, as how should we account for cases which occur suddenly in many of these latter cases. We learn in vain to any place in drainage, the quality of the food or water, the ventilation of the house, and so on, from its development, the victim being very often of the better class living in strong houses, and seeming in all circumstances to have a hereditary liability to health. Therefore, it is very limited indeed. Showing of course that it does not especially predominate among the poor. The case we must be content to pass over, excepting them to causes similar to those of other widespread examples of undoubted infectious diseases.

As to the contagious properties of diphtheria, though some used to argue that it is not communicable by contact, there can be no doubt of the fact, if at any rate multitude of such ascendant instances can prove it — for example in the first case etc.
which I have recorded, the patient immediately caught the affection from his brother, when there had not been to my knowledge, a single case in the neighborhood. Metoncau gives several clear proofs of the same, quite having been produced by contact. So also do the trades. Iron, Tannin, Embrocation, etc. The house physician of St. Lazare was unfortunate enough to contract it, immediately after having received some opium into his mouth. Whilst making some local application to the throat of a patient in the infirmary — this, by the way, I may just mention here, important, is very likely to happen, unless experience has taught the operator to watch for it, and avoid sudden respiratory efforts on the part of the patient. Tannin, said to be a good remedy, by means of his tonsils, balanced to arms with the deficit from a phthisic throat, and found that with the exception of a small vesicle on the arm, there was no result — proving, as he suggests, not that the disease is incapable of transmission, but only that the mucous membrane is not the medium of its transmission. The paper

Operculi of the Nervus — Besides the more obvious and important leading causes, there are other accessory circumstances,
Why are the signatures differential here? *Syrup* is derived from a Greek word meaning to go beyond a distinction or distinction.
Diagnosis

Many observers seem to agree that since the first appearance of diphtheria in this country, the most ordinary attacks of Cynanche Tinei to assume the diphtheritic character — and also that the local manifestation of the affection is often totally disharmonious to its gravity. Sometimes the throat being to all appearance intact, whilst the constitutional symptoms are very severe, the reverse also holding good — since many throat affections simulate so closely this painful disorder, we must be careful lest we make some error, which might lead to serious results, either by hasty activity on the one hand, or by still more injurious neglect on the other. Unless the case happen to occur during an epidemic we very rarely are called to treat the disorder, until it has made some progress. In isolated cases, the poison has usually begun to produce some effect on the system, as may be judged by the dull, heavy, ache of the face, by the discoloration to be seen, and by the general appearance of depression. These points being all of consequence in the differential diagnosis of the disease in young children — in whom the
the mere local appearance might be due to some
aphonic condition of the mouth, or to sickness. In
these latter cases the child generally takes its food
quite readily.

Under these circumstances, if we find a
child or pharynx, we had better withhold a
dose of medicine as to its nature. Should the
child - with take its case - he found to have been
attacked suffering during the night - we should care
fully watch for anything resembling the changing
cough of cough -

in neighborhood, where diet should always be prevented.
and especially when it has already
attacked some of the animals of the house, we must
look upon ordinary Cynanche or Pharyngeal Infect
with suspicion - it is likely to assume the
aphonic character, though there may be nothing
special present, especially when the throat is beginning to swell, the
pharyngeal passes quickly running into
one another, if in connection with these local signs.
we find the patient's breath, muscular adhility, de-
pression of spirits, and asthmic type of fever -
that, thus only, can we speak confidently of
its exact nature.
Drawn to this, we may have to deal with an ordinary sore throat, or gumacy, or scarlatina, or alpha or some crystalline affluence of the throat.

Third the scarlatina exist in the locality. We may consider the probability of scarlatina anymza. The similarity between the two is such that many have supposed that it may be merely a modification of scarlatina.

One tropism - the analogy is certainly right upon the resemblance generally of the two, locas in the same neighborhood, or in the same house. They may co-exist in the same individual.

There are several clear marked points of distinction. E.g., the scarlatina generally grants an immunity from a second attack; whilst diphtheria is essentially liable to relapse as serious as the first attack. This I saw exemplified in a man in England, who had an acute diphtheria attack in 1858 and another in the spring of 59 the carried him off.

The albuminuria occurs during the diphtheritic lesion. But as a sequel during convalescence from
Search for - Whilst the sequelae of the two
are totally different - In depth we may
see here the suppuration of certain glands
as in Tonsillitis, though this usually begins
without it - we find the permanent tonsillar
enlargement so common in children with
Tonsillitis. Then again the tendency of in-
flammation of mucus membranes, leading
often to desquamative rhinitis, is diagnosis
pathognomonic of Tonsillitis - Whilst some
local distinctions are thus stated by Buttsman
the Tonsillitis argues the suppurative ulcer-
ation of the Tonsil, is rather caught with an in-
termittent adjunct membranous exudation, than
covered with membraniform pustules - and through
a white opaque Caspian dense thick albumen
to form the bright redness of the velumpalatii
and pharyngeal wall - it sometimes
poured and assume. Within the latched
appearance of a false membrane hori. Other
the whole of the back of the fauces has
been bıraked camouflaged by: acute inflam-
"ation" - And lastly it does here tend to be
"rapped" itself to the air holes ago -
Diphtheria is in every instance a very serious disorder; we must, therefore, prognosticate the course and results of our cases.

The disease is especially afflicting young children only showing a gentlemorning, very slight, and gentle change after the attack. Thus the mortality has been calculated to be in direct ratio to the youth of the patient. Who habitually, as it were suggestively, join in fifty of them with ten dying each, and only half three or four deaths.

The inauguration of slow insidious delirium, in this as in all other febrile affections, is marked when every glowing symptom - acenal, torpor, delirium, sudden variation, in the frequency and strength of the pulse, frequent vomiting, headache, delirium tremens, delirium, lability of the face and membranes -

The importance of aluminium is very convincingly taken - none omitting it unimportant, and readily freed from a temporary state of infection of kidney.
Whilst others — amongst whom are J. P. Morgan, J. P. Morgan, James J. Hill — both before its occurrence with the greatest dread — regard some time of allusion to informable of an abundance of it as an almost certain for many of death.

These abnormal conditions of the urine of the patient are notably of such nature as cause great impairment and funeral state of the blood.

In case of a favourable issue, we may expect in many instances some difficulty in definition; for along time — amounting almost to amputation of the constriotor, and causing remission of the head through the socket — together with abnormal heart's heavy in the urine, resulting from haemorrhage of the cerebral system. Sometimes again deposition in the cavity may be looked to. In other more remote parts of the body — e. g. orbital muscles — similar ameboid haemorrhage of tongue, hands, feet, calves of the legs — behaviour of the teeth — other similar tissues.

This "Paralysis Sphincterii" as Tremeneau term, it is usually found to be tingling and slight.
loss of sensibility - and pains in degree, from some disagreeable sensation of numbness, to a total paralysis of the organ. The patient during a technical inquiry, usually discovers that he is obliged to hold his food firmly, as the power of application is almost lost to the muscles of deglutition - Or taking a deep inspiration during an exhalation of his former. the soft palate, which should normally be raised at times, is otherwise quite placed - The voice assumes the nasal timber of sphenoid & nasal palate - She may suddenly observe that she cannot read as usual, or attempt to walk, there is often noticed an inclination in his gait. The may gradually increase to a complete inability for locomotion - Another cause again the hemiplegia may be confined to some muscle or small part of muscle as those of the eye, tongue, etc. on asymmetry to the bladder - Some fatal cases are recorded by London practitioners, in which death resulted after some weeks, apparently from the affection of the hemiplegia to the heart - From the simplest remedy which uninvoluntary Dephthenia - and it does to in the great major
So, known sense, they may have been affected, it is evident that the aphasia lesion occurs in the centro-spinal center, and this is more confirmed by the absence of all bilateral symptoms. They just mention research - Hemiplegia has been frequently both with in connexion to Aph.

The only explanation which is at present offered of its origin, is that it is in some way not instantly understood. Due to the less severe condition of the blood. Caused by the absorption of such the matter - as in the various analyses - of at least this is the old solution which in default of a better one, presently obtains here.
Pathology

The mode of termination in unfavorable cases varies, according to the age of the patient - and according to the form assumed by the particular epidemic during which the disease is usually spreading. Young children, which are asphyxiated from the exudation into the lungs - together with which they may become turgidity and toxaemia. In adults, far after children whose air passages are become more developed and life yielding, the fatal issue is in most cases, by alternation of dry to wet - leading from exhaustion to strangury. Usually, prostrated, death occurs. In rare cases, death takes place suddenly and quite unexpectedly, as if the vital powers were extinguished by some deadly poison.

The Post-Mortem appearances, in my opinion according to the Mode of Death, at the time which has elapsed since the fatal event has taken place. On examining the throat, we find that the Syphilitic Phlegmonous has left behind its
remains...
From on the part affected, covered by lymph of different hues of consistency - from blue to a
slightly white - these changes sometimes extend
down the pharynx - in detaching the laryn-
geom - whether been shown by great part to be
under the epithelial lining of the mucous
membrane - minute red points or ecchymosis
are seen between the mucous and submucous
tissues - thinning the esophagus. The mucous
membrane is normally of a dark red Engels'
appearance. If they are hemorrhagic by a
thickened ring of pithich - trachea are
generally observed about the tonsil's islets;
and the submucous tissue is thinned. Stone-
pid - the condition in some cases may
only be found about the pharynx otherwise;
and it may be present in various degrees.
From their front there is the minute trachea:
Columns of the bronchi, it is the stone acid -
Microscopic examination of the pithich shows
it to cystotic, according to Anderson.
Specificity of antibiotics is leukocytic. To rise
Epithelial Scales, pus. From acute suppursed.
I sometimes though not increasing the Spongy
fatty tissue of old voice alternates, epithelia
Incessis 1e - These puerile virtues are found
more certain in infancy, and are supposed
to be occasionally necessary to their
recovery in the child, but various minor
conditions, due to the laryngeal mischief
- as for example, nasolacrymal empjema - exhibit a
long term - primary or secondary pneumonia
and depending indirectly on these symptoms
charge. In cases of thepthis, the
lungs lysis - then the lymphatic glands
in the neighborhood of the throat are always
more or less enlarged and these glands, but
infected though -
Treatment.

It was forming the custom to use antiphlogistic
means, at least in the outset of the disease. The plan is known comparatively discarded from what has been said of the nature of death. One may see at a glance that its pro-
tracted character chiefly indicates the same tone of treatment. Accordingly, however
increasing diffuseness as to the employment of local means, allure again on one point, viz., that the
habitual strength should be upheld from the first.
-- to support nature in the recovery of the
patient and the more enduring nature is only to
be upheld and guided to a permanent issue in
this as in many febrile affections which have
attended to a certain course. One
object being as we proceed without the specific
treatment, the prevention says of from, to treat
the particular tendency of death--to support the
first power, instead of limiting them by anti-
phlogistic means, it to act in the secret of
effects produced.

In the first place, the food which is habit,
the most natural agent time since the potage, must-
12. Nourishing and easily digestible - Adults are
unarmable though when the matter is explained
to them, and further our inducement to keep
up their examination. It is not so however with
children - here you must be especially careful
that the nurse be instructed to continue the
systematic supply of food &c. in small but
gradually increasing quantities - for the little
patient, very slightly nourished from the
abuse of the stomach, have caused by the
effort, and partly from abdominal looking to
food - convulsive forms of easy assimilated
remission, furnished by but tea, butter
and chicken broth, eggs, arrowroot and
boiled with it - by way of stimulant
levatory borne in - littleness - short born or
grapely to an almost unstimulated latent-patient.
Being very tolerant of these violent Spirit.

As to the brief medical treatment - some
there strongly advocated the injection of an
injurer of P0. or leeches in the ventricle
for Dr. - Influe - having the cases when the
plan has been of benefit were not numerous
examples of Mpethuine - when the constitutional
symptoms have fairly set in. Thus can be
no hesitation in administering tonics—ton \textit{in}, especially in tannins, from bark, the ground root, and the fruit. Tannin, 

\textit{Fruct.} 

is diy mcal fluid. In fact it has been regarded almost as a specific though not empirically it is acting difficult to explain. Descriptively as the 

\textit{Bouman} suggests it acts as a "arbitrary stop" in the local affluction. A common mode of administration is to combine it with some skilfully stimulant thus:—Kg. \textit{Fr.} Mm. \textit{Fruc.} 34. 

\textit{Osthen. Chloric.} 34. \textit{Syrup.} 34. \textit{Agua de Fruc.} 34. 

\textit{Fruc.} \textit{Syrup.} 34. \textit{Fruc.} 34. \textit{Agua de Fruc.} 34. 

This infiltration of skin has seemed little in the analogy. Realisable engine. In explication affluction of the throat from the deep habit of the disease. Chlorine would seem to be indicated in according. Chlorine of Potash is poor in frequently repeated dose of \textit{Siv. X}.

Bottomeen at one time strongly advocated the use of mercury; the second course cases, where the plan was eminently successful. It subjected formaldehyde, \textit{Children} to the mercuric brunt, bringing them as quickly as possible under its hypodermic action by very intravenous in conjunction with the internal  \textit{Children}—The bottle.
Says mostly heard, together with alternate
prostration of the children — though he allows
that the most dreadful consequences followed
its accumulation when the state was acute.
Local means are now generally looked upon as
only palliative at best — though Jenner thinks
that by emulating the first manifestation of the
most external — we may arrest its progress
altogether — the good effect of which affilia-
tions being due to the prevention of the absorption
of putrid exhalation — In some instances, as
in the case of dyspepsia, the only result found
is that of obtaining the natural appearance of
the hair, and thus cutting off one means of
cholera, or of postponing the progress of the
disease —

Posthumous blood may produce in paralyzing
surf with hydrochloric acid — I understand this
may prevent the accumulation of chloret in
the pharynx — I have recommenced the hypotaph-
of soda in aphraxis while the same vapor for the
eye opened — Why then should not hot be subjunctive
here? the fog liberated by the acid tension of
the mouth, being well known as abnormalita-

Inhalation of steam of hot water seems to be
useful in cases of laryngitis in the tonsils—
Brettman observed pharyngeal congestion in cats
while hydrochloric acid gas had been inhaled—
Bretanak, highly of the manipulation of
alum, tannin & other astringent agents, by
means of active or gaseous tubes—
Again, solutions of permanganate of Potash
as Condi, fluid—and Chlorate of potash have
been much used as antiseptic, and disinfectants.
The hygienic condition of the room should be
cautiously allowed to, keeping that manuscript
in infection to over-crowding among the poor
are avoided.— if possible, accosting the
young members of the family from entering
the patient's room—this, together with some
from the neighborhood where the epidemic is,
being the only reason prophylactic means
Does the appearance admit of
biectomy—?—Mr. Homean & Bretanak both
recommend the operation if the latter advises
its early performance. — This, however, to obvious
reasons. Being almost always inadequate with
such a dangerous experiment never being had
Morse to, except as an abscess present.
Greece an hown advet that he has said
dveral children in imminent and imminent
danger - and again a two ago, another
medical man was matched from the vry
laws of death by laryngotomy - his
case being accompanied by two of a
stenic type.
One would naturally argue however that if
it be not readily admitted by Corp which
is brief about ilness, it owes its destruction
and may partially to the spontaneous action of
the muscles about the frame - how much more
objectionable, a fortiue, must it he in Deph.
When the laryngal complication is only one
local symptom of asural disease ?
All that we can expect usually would he to
temporarily avoid death by ahero, i substitute
aphrodisia preparata terminatioh by asthma.
The paralytic Segnale, have been hitheh
incapably broken by London Finn, with
minute doses of stupharia or iunicm
neer somme - with Change of air, anam-
pray patient -
In making a trip that of a poor sample of diphtheria, I have begun that I did not perceive any precise words of date, but the knowledge this should at any time commit them to paper. The first genuine case I met with him here as a type.

Mrs O. at 13

In her story girl - the only daughter of a gentleman of considerable means in the shape of Lincoln; a healthy district - and one where very little attention was paid to hygiene. Her mother came home from a boarding-school in Kotts where things was wanting, after a mild attack, of the complaint -

- His voice was husky, his throat my head as if by an easy coating of diphtheria - his rapid convalescence was an instance of the marked effect of removal from the vital atmosphere.

Mrs O. (brought home from this depression)
was seized on the 24th of July 1858 with the symptoms of ordinary sore throat, cough, anorexia, burning pains in the head, back and limbs, dysphagia, thirst, glandular swelling, cough, and other febrile symptoms — her skin hot and shaggy, pulse rapid and forcible. Strength — On examining the throat the following day, the tongue was as in most cases, threatening the larynx, coated with a greenish white fur, and the tonsils were covered with patches of dark-blotching debility. On the third day the breath became exceedingly offensive, the odor being benficult on entering the room — the muscular contraction was laxative, the naturally hard pulse was foetal and in low spirit. From day to day the examination of the throat showed that the phlegm was tending to the posterior naso-pharynx and lastly to the larynx.

She had papirine ulcers and hemorrhage from the pharynx — she also showed symptoms, simulating cramp — the phlegmic cough and throwing back the head and neck. She had at last the members of collapse — in spite of all
treatment of care. She sank on the 7th of July, after taking from the first regimen, from asthma, caused by the poisonous atmosphere. She remained perfectly clear, collected to the bed.

The treatment of the patient was, at first, totally opposed to our more recently acquired notions on the point.

The head symptoms and antiphlogistic treatment generally - fevers, and the headache, which, by the way, showed the diphtheritic bullae - steam inhalations and Caustics locally applied.

After two or three days of this plan of treatment, she was put upon resting diet, and had kept tone and vim ad libitum.

- Kopel motion was allowed.

Case II

The Cook, in the family of the above-mentioned young lady. She was seized a day or two before this 0's death, and suffered severely in the same way. But in a minor degree. She was ill for three
('break' - disordered and the debilitated nature of the disease, reducing her to an extreme degree of debility.

By dint of very strenuous efforts, which she was more eager persuaded to take than the poor lady, she rallied - her convalescence taking place however, very slowly and drily if she had been diffusely in squadron, liquid returning by the stomach. Her face was fat, long time marked by a dis- agnoma, now changed.

Case III

was a footboy in the same establishment. with - he was seen early, just after some slight signs; the Leadersh air was hastened. The timely administration of an emetic seemed to help the attack in the end. 

(These three cases prove satis- factorily enough, the contagious character of the disease - they also present the varieties of the disease often but with as regards their severity, duration, and results)
was a farm labourer, aged 26—was one of the men who suffered more or less in one house, one of them dying. This man slept with four others in an already infested room overlooking the cattle yard. He recovered from his diphtheritic attack, but on going out for exercise during his convalescence, he caught cold, became typhoid, and died.

Here is another case under the same diphtheritic influence—a housewife—while caused as far as could be for by her child’s diphtheritic attack, also accounted for her four children at August 30th accessory to it.
Since completing the foregoing imperfect sketch of nephritis - a case of the disease has occurred in the Infirmary, Edinburgh, under Professor Tay. Copi case in Ward XI, and as I have had an opportunity of observing the case and profiting by Professor Taylor's remarks on the subject, I may add it to my hist.)

Margaret Payner -

31st October, admitted Ward XI - Feb 18th, 1863 - the third girl of Joseph. Habit, but had hitherto enjoyed my good health - up to within 10 days before this date, when she had a fit attack of cholera with sore throat - This symptom was much aggravated by sitting in a draught 5 days before admission -

Admission - pulse of good strength 120 - acrid, but she had suffered from this to admission, was almost entirely free - much sleepless, some hectic neuralgia. The face a pale, sickly countenance. Pain in foot of this & preceding days caligu - tongue covered with white film - a lean, throat - the tongue was found abnormal, red, papillary and
Feb. 20th
Symptoms 14th week and 
more slighty apparent. Patient complained
of the difficulty of breath.
The pulse of tolerance for strength still 120.
Still able to take half tea, milk &c.

Feb. 21st
Throat rather more extensive im-
pleased. Pulse 110 of moderate strength.
Tongue clean, of impish colour. Stomach
rather full of several shreds of Digestive, and found
the part free to the Chylura. Patient bitter.

Past. was added 3ij Tinct. Typhus
cloud &c. Ordered to make him breast milk
as well as to take half an ounce of
Castor oil &c. the bowel were hastened.

Wine Cloudy & corked, amber-coloured
Feb. 22 - First time Alumina in small quantity was observed.

Feb. 22 - Patient much the same -rouch

Feb. 22 - Pulse 108 weak - False membrane in lungs, tongue thick and whitish

Feb. 23 - Make today - Pulse 108 weak

Feb. 23 - Blood red behind - Throat loose

Feb. 23 - Alumina excess in quantity - Granular casts

Feb. 23 - Still forms - ordered by Dr. as follows

Feb. 23 - Acid hydrochloric 3 fl. 3 min. 3 pr. To:

Feb. 23 - Tinct. with pot. wine

Feb. 23 - 3 fl. 3 min. 3 pr.

Feb. 24, the Patient rather better - Pulse 128

Feb. 24, the Patient rather better - Pulse 128

Feb. 24 - Throat much the same as before - the false

Feb. 24 - Alumina tinct. to mouth, staph. 1025 - Alumina

Feb. 24 - Large present - takes boy next time

Feb. 24 - St. Rumi repeated.
Feb 25. - Bowels reformed in the morning. Pulse 120 of good length. Throat was pain.

Feb 26. - Same, but made with same amount of difficulty. Throat was so much more easily performed that she was ordered to take it this time.

Feb 27. - Allomen abundant in urine. So, ordered -


Feb 29.5. - Patient feels much better. An intense red spot on middle finger an angry looking lump made its appearance surmounted by cyanosis. This is the increased in size. For some days inflamed. Now much pain. I having tension evacuated by perianal discharge. Next might it have been caused in some way by the chest thistle poison? -

March 2. - Patient greatly improved. Typhoid fever intermittent. Allomen diminished. Convalescence rapid. Went on from this date

- - 10th was 55. Oberved the Pernicid Stage.
in the voice - This she retained in much
manner from up to the present date (25th)
the rhubarb juice fault not only
neutralized - speech is exceedingly indistinct
and nasal - the albumen apparently altogether
from the urine on the 12th inst.