Catarrh, Pneumonia and Pleurisy.
with special reference to their speedy successful treatment by mixture of a emetic + oil of turpentine.

S-
Introductory

General Remarks
In writing this short paper, let us first
prepare it by an apology for its simplicity
in its that coming. I would have wished
to have written something better, but the
urgencies of wide practical country
practice have utterly prevented me,
though I have been in my mind the
ideas of several other subjects which
might have proved more attractive and
interesting, yet I hope that while I
have finally chosen may not be
wanting in importance.
Every practitioner has met with the
case of cataract and pneumonia.
The term "catarrh", or inflammation of a
mucous membrane, may apply to var-
tious disorders, according to the seat of
disease or particular portion of the mu-
cous sheet affected. Thus, we speak of
nasal, bronchial or large scale cataract,
coryza or cataract of the frontal sinuses,
gastric or intestinal cataract and so on.
The forms of cataract: epidemicic ti,
called influenza. Common theory is that commonly designated "cold" or fever in cold. It consists of a general febrile state, with or without distinct local affection of the mucous membrane, the result of a chill. Simple (essential) fever or typhoid is different, the same thing. It resembles also the fever caused by consuming from overeating in the sun or sunburn, in there being no distinct local disease. It is of this form that I wish to speak. I regard it as the initiating stage of pneumonia.

As stated, there is no acute, no distinct location of the disease. The whole system is affected. No organ can be pointed to as the seat of disease. Nor is the febrile state symptomatic of an inflamed organ. It is pneumonia. Divested of the symptoms consequent on an inflamed lung, so that it resembles the disease in part. Its causation is also similar.
to that of pneumonia as I shall point out be and by.

A feverish cold then is in the incipient stage of a pneumonia, and is characterized by symptoms in common with it, pre

vious to the localization of the disease in the lung. The lung in pneumonia is the "part of least resistance" there

the disease, from being general, becomes local. Cold represents the patient in

virus. "Taking cold" results in a disorder

ed "balance of the circulatory." This

may or may not result in local
disease, according to the constitution
of the patient or other circumstances
surrounding him. With these introduct

my remarks, let me proceed to cons

ider the causative, symptoms, treat

ment of "cold" with cases illustrative.

"Cold" or "feverish cold" may prevail at

any season, during various meteor-

ological states. Spring seems however,

to be the period of their greatest
North of East Winds.
frequency and the complaint there is partly evidenee, on a account of the
cold, dry, North or East winds, of that season.
Sporadic cases, occur however at any time
and season from various other causes.
For instance, even in the hottest months,
I have seen cases, severe enough, caused
by stripping heavier, clothing for lighter.
Heat & cool, at work, draughts from open
doors & windows, and chill consequent
in leaving heated & crowded rooms, are
also productive agents. Like other forms
of disease, some cases, or slight enough,
while others, are much more severe.
The cause of the slighter forms may
be trivial. The most severe forms are
those caused by the North or East winds
of Spring; of these, I shall now speak.
Every one knows, how dry, drying, cold
are the North or East winds; they are cold,
coming from the Polar Regions, over moun-
tains of snow and seas of ice, and over
the cold, frozen, frozen plains of the North of Europe.
Results of North-East wind
They are dry, being charged with no moisture in their transit, crossing over vast continents, very little ocean except what is frozen. They greedily imbibe moisture in our climate and promote rapid evaporation from the thin frictional membrane. They are the cause of the chill, which result in the Catarrhal Case of pneumonic influenza of which I speak. Dry, frosty air and cold eastern winds differ very much in their affinity for moisture. The former, by reason of its low temperature, cannot hold it in a liquid form and does not displace bodies of their humidity.

How then does this rapid evaporation from the thin frictional membrane exercise its mortisfic action? In other words, how do we take cold? That is the result of a "chill"? Prof. Flinit, in his Practice of Medicine, says, at page 182, when treating of pneumonia, the adequate, internal cause always
"exists, but its nature and source are " "not understood. It is probable that "exposure to cold acts only as an exciting "agent, cooperating with a diet that "is conducive to predisposition." And refer "ing to the action of cold in the "production of bronchitis, at page 20, he says, "exposure to cold is supposed to "produce this disease by interrupting "the eliminative functions of the skin." "Whereby an increased duty is thrown "upon the pulmonary mucous membrane "and thereby inducing congestion. In "general, it is reasonable to conclude, "that the disease is due to a non-biotic agent in the atmosphere or "some special atmospheric change. "It would, however, be use less to offer any "theories, as to the particular at "hepatic condition, which would "stand in a special causative re "lation to the disease." And, in Vie - meyer, Practical Medicine, speaking..."
of hyperaemia and catarra of the lungs, as the result of chilling of the feet and neck, he is said at page 7 Vol. I. "difficult" as it may be to give a physiological explanation of the occurrence, a genetic connection between the two events is not to be denied. And at page 608 of same volume, he remarks, in simple fever, catarhal fever or typhus, as follows: "I doubt the propriety of believing that fever can occur as the sole effect of the action of any infectious fluid once on the body. It seems much more probable that even in such a case, there is structural change which we cannot at present discover in some organ or other." He instances case of pneumonia, erysipela, and nasal and tracheal catarra, in which the fever is great general disturbance af-
Regarding these cases he says: "It is very difficult for me to believe that there also there is at first an epidemic fever to which a local affection is added, as after this occurs, the fever and local disease keep their former appearance when the latter has run its course. Now, if the delicate organic disease does not reach so high a grade as to cause evident functional disturbance, according to my hypothesis, we have a state usually called "epidemic (simple) fever." And then is the exciting cause cooperating with an external cause or the disposition. When we consider the vastness of the respiratory apparatus, thereby the system is relieved of various effects matter, the eucneceral power of the skin must keep all aspirations. The water flows off from..."
The surface by the secretory function of the subcutaneous glands, is calculated by Valentine to amount to an average daily of 2½ dr., not to speak of the oily fluids derived by the sebaceous follicles. The excretion contains all kinds of ingredients, animal matters, gases, acids (lactic 29 per cent. of the whole fluid) salts of soda, potash thence, with a trace of oxide of iron. Considering the immense amount of substance coming under these heads, it must be clear that, during a state of relief, these matters must fall back upon, pervade, and digest the system. Cold suspends the action of the skin; then lactic acid to pervade the system is essential, as in the case of Rheumatism. Knowing, as we do, the sympathy or reciprocity which exists between the skin and mucous membrane, these distasteful sausages of one sheet or membrane is taken
How do these results affect disease?
up by its presence, we should expect that the stoppage of the cutaneous drain would be followed by a rush of purulent matter being determined to the mucous membrane. And further, that such matter would be discharged on the mucous surface or in excess; also that the facts of that mucous sheet than these accustoms, during health, to such elaborating duties, would take on the secretory process to give rise to the transpiration of these particular materials. Also that the presence of irritating fluids or such facts as were unaccustomed to them, would affect the welfare & comfort of the mucous membrane & materially derange its natural function. Such then are the practical results of the heat & East winds acting on the cutaneous surface.

How does a catarrahe or afflammation...
state or pneumonia follow? Through what channel are the functional
disturbances, or an organic disease
induced? How does the whole sys-
tem suffer? It is by an excite-
ment of the sensory
nerve, through the sensory
nerve, of the skin, or the
vaso-motor or sympathetic system of
nerves.

It can be demonstrated that there
are, obviously distributed in the
sensative structure of the skin, ner-
rvous fibrillae, endowed not only with
the faculty of sensation, but with
a power of exciting peculiar motor
centric terms, reflex or diastatic.
What more likely to add to the
cutaneous excitement than an ac-
cumulation of nervous matter, dam-
aged up in the depurating channel?
The nervous system is involved
from the outset, even before there
is increased cardiac action.
The skin turgor are cooling surfaces. Drench or cold, dry winds hasten the evaporation and cause rigors or that, Cally, painful contractions, due to the absence of warmth from the body. The skin during rigor is characterized by the peculiar "goose skin" appearance, due to the contraction of the muscles of the hairs, or by a feeling of "creeping of the flesh" along with rigor. There are congestion of internal surface, and an increase of temperature of the body with increased heart action. This increase in temperature of action of the heart is called "reaction" and quickly follows a "chill." Reaction is characterized by increased circulation, dilated blood vessels, inflammation, congestive or exudative. The special effects of cold may be summed up as follows: Ischememia of the nerve center, take place by a diastolic action from the skin through the afferent thermal nerves.
Symptoms of disease.
afferent spinal nerves and efferent trophic nerves. The cyclical motory action which takes place in the spinal motor, trophic or sympathetic system, while the pneumogastric or vagus becomes paralysed, thus the temperature of the body is increased. Pneumonia of congestive cause. This is in accord with the teaching of the late Professor Laycock. He also taught that "anything which exhausts the nervous system, takes that from the heart which would be expended in producing heat, leaving it with less supply of oxidizable material and therefore less work for the lungs. Heat. The nervous system influences temperature through the nervous system."

Having enquired into the exciting cause of cataract pneumonia, let us now to the symptoms they have in common. They are the symptoms of fever. So soon as the matter merits. (Whether it be cold draughts, chilling of
The surface from damp, or the cold, dry, north-east wind, has excited the sensory nerves of the skin, a paraesthesic action takes place to which the sympathetic responds, through its vasomotor or trophic branches, and there is a feeling of malaise. Already the body is raised in temperature, though subjectively there is a feeling of cold (probably due to hyperaesthesia) and there is a rigor. Rigers then are looked on as the starting point of the febrile state. Reaction follows. Temperature increase, to 100°, 102° or even 105°. Cardiac action becomes more frequent. The pulse rate, too 100 or 120 in the minute. There is a general bruised feeling, with pains in the back, limbs, prostration, muscular debility. The face is flushed. Headache, more or less severe, is complained of and the patient is sleepless, or sleep is short and disturbed by dreams. There is thirst, with a bad breath, sliving, bitter taste in the mouth.
and the tongue is coarse or mostly moist. The appetite is very poor or altogether gone. There may be vomiting, with a feeling of fulness over the epigastric region, a contraction of gas, from the stomach. The secretions are diminished. Skin dry, bowels mostly constipated, though sometimes there may be diarrhoea, urine very yellow or coloured. In short, there is thorough derangement of the "balance of the circulation" of the internal congestion, the result of the fever. May terminate in inflammation. The least easily resisting is most likely to be the brain. The pneumogastric being paralyzed, the whole tract of the gastro-submaxillary membranes expresses itself by disorder. The mucous membrane of the skin being arrested, by recipro-
city, the presence of irritating fluids in such part of the mucous tract as were unaccustomed to them, affects the welfare & comfort of the organs supplied by this move materially derange their
Supposing then that inflammation has resulted, that most likely is Pneumonia, another train of symptoms of local character fail to be enumerated. These are due to the altered state of nutrition of the part inflamed. I do not mean to enter into a description of the minute changes which take place in the blood vessels, leading to stagnation, except that the capillaries first contract, then dilate. Such brood of the brood of exudation, or the deposit of the white corpuscles of the blood through the walls of the capillaries, so the part inflamed there is a "determination of blood." In other words, the tissues now become mortified have an increased attraction but a diminished selection of material from the blood. This is called the agent as distinguished from the other disordered force, the re-
actin, or vis a tergo. I shall afterward speak of these two factors when referring to treatment. All that I shall now say is that after consideration of these will lead to much better success in the treatment of pneumonia.

What are the symptoms of the disease? The result of a chill locally expressed? I shall divide them according to the three stages of the text-book, viz., 1st. Active congestion or stage of engorgement, 2nd. Stage of solidification or hardening from exudation, 3rd. Stage of resturation or fulmination according as the case recovers or ends fatally.

The chief symptoms unique of these three stages are as follows. The first stage, which may last from a few hours to three or four days, though often only one day, begins with pretty severe pain coincident with or quickly following the chill. There is tenderness between the ribs, if the case be a severe one, showing the extension of the disease to the
pleural membrane. Rheumatic fever occurs indifferently of pneumonia from the same cause viz., cold and damp, where a serous, not a mucous, membrane is involved. Therefore a rheumatic disease in this respect) Couple is usually present soon after the cimrexia. It is short and harmless and attended by scanty, thick, transparent expectoration, which becomes reddish or rusty. Besides, the feeble movement, the pulse ranging from 80 to 120 full and hard. The tongue mostly parched in the centre, the thermometer in the axilla indicates more or less heat, seldom over 104°F. Respiration are frequent, short, shallow. Percussion is slightly or moderately dull over the affected lung, the crepitant rale is heard on auscultation. This is a frothy, dry sound heard only on inspiration, and when absent the stage may be distinguished by a concave-convex cardiac movements. 

The second stage may be short, but
its commencement may not be evident for three or four days or even longer. During this stage pain diminishes or even disappears, cough less frequent, sometimes being entirely suppressed. The child may seem to be improved, appetite is increased, and the pulse is rapid and small. Respiration is still rapid, and its character is essentially increased, because the exudation in the air passages is bronchial or tubular, with thickening of broncho-phlegm. The rattle in the lungs is lost, distinct or disappeared, and moist rale may be heard.

The symptoms, during respiration, indicate progressive improvement. Fever, cough, expectoration cease, Respiration resume their normal frequency. The tubular respiration, now more distinct, is replaced by a broncho-vascular one, which gradually shades off to the normal vesicular. Broncho-phlegm is lost as dulness re-appeared.
Treatment of Disease
become less relief by the removal of the solidified exudation. The pressure, borne of the subcutaneous part, declares the advance of convalescence.

There is a symptom relating to the urine, of which I have already mentioned. That is, the disappearance of the chloride from the urine during the process of exudation calibration of their return with resolution as secretes by a solution of urate of silver. It is said they are formed in the matter expectorated instead. Remembering these stage, symptoms, as we proceed to treatment, I shall first allude to the treatment of cachexia.

In treating "febrile cachexia", mild cases, require housing a little more. A warm mustard foot-bath, at night, with a draught of hot gruel or other stimulative liquid, if there be chilliness, with a dose of sugar

of magnesium in the morning, will often
...sweet spirits of nitre may be added to the night draught if the skin be dry or the urine scanty. In directing the taking a foot-bath, always urge the necessity of using it as hot as the patient can, sipping the hot drink meanwhile in front of a clear fire. The bath may be too hot to be borne by plunging the feet in night aways. By merely touching the water with the feet, first one then the other successively, they get accustomed to the heat. One can, by a little more experimenting, very soon be plunged in and held in the bath with great benefit. In severe cases, this bath of the treatment always suffices. Mustard may be used in the bath of brasa, and be severe, which it sometimes is. Under 10, 12, or 15 grains of poison powder or 40 drops of Laudanum, if the fever be at all high, after the bath or going to bed, some patients of course must not then be dragged. A cup of well made tea in the morning...
on awaking & drunk before the patient
make much movement, will keep down
in some measure the headache & other
disagreeable effects of the narcotic.
By midday seldom before, the patient
may incline to get out of bed. He
should be careful of cold for some
little time, as sweating may last for
2 or 3 days after this. In other cases,
even more severe, where the fever seems
likely to last, I have done great good
in addition to the above, by prescribing
the following receipt, viz.

Rx. quiet; acridite E. P. 37;
leg: am: acerat: 3
lit: ephi: rubi: 2
quiet: Columbus: 3
agiasm: 2

Vig. a tablespoonsful every 6 or 8 hours
in water.

This would be the dose for an adult.
The acridite has a great effect on the
exhaled vis a tergo. The next two ingred-
ients restore in great measure the
altered secretions of the skin & kidneys.
and afraid of cooling the body. The bitter improves the stomach, acting as an astringent. The tongue becomes an appearance of the fulness, or the epigastrium caused by increase of mucus from the gastric membrane, leaves of the patient in the confined, shrivelled, diminished appetite return. The stiffness, taching in the limbs is relieved, and rest lift, malaise is gone. For drink in these cases, alkalies do best. Generally I would recommend a teaspoonful of nitrate of potash in a tumbler of cold water to be used in twenty-four hours. This dissolves, partly the slurry mucus from the tongue and throat, as a refrigerant. In the more severe case, the patient must be kept in bed for a few days. There is no hurry; eye, many cases treated after this fashion, who were, as a rule, very quickly restored to health.

In the treatment of pneumonia,
I have partly to the treatment above mentioned. Since I began using acenite, I can certainly that the patients recovered much more quickly than they would have otherwise done without it. I attribute this also to the use of another drug - ool of turpentine which bases in conjunction. But of this shortly.

During the winter months of 1874 and 1875 there was very severe weather here. The prevailing wind was from the North East. In a short time, there were many cases of pneumonia, in fact, it was more or less epidemic. At that time, I did not begin to use acenite and turpentine in the treatment of this disease. The treatment I then followed may be summed up shortly. Rest in bed, localising or wet cupping, when necessary or restriction much embarrassment added. Ointment powders, jacket bolus,
well applied. Plenty of beef tea, a short
wine, cream & tarter of nitrate of potash
drunk, with genuine strong & hot tea.
In short, the expectorant, restorative
methods, with occasionally blistering.
All my cases at that time recovered
except one - an aged woman who was
almost moribund before I saw her.
So far for success. The term of the dis-
ease was not shortened. Resolution
in a few days took place about
the 8th day - none before. In more than
half the cases, it was prolonged into
the second week. Some lingered. Never
the least, as I said, all ended in re-
covery but me. I may say, relieved
them through their recovery, illness,
without attempting to check their
disease, and this only by strict or-
der as to careful nursing.
Very frequent visits to my patients.
I well remember how much anxiety
the most of the cases cost me; but
Cases illustrating special treatment. Case I.
I was, however, they recovered.

Comparing this treatment with that which I shall now proceed to illustrate by cases, I say, confidently, that the one was 100-200% more efficacious when compared with the treatment in Winter 1874. The following are some of these cases.

J. M. 30, a strong, florid, fair, anxious fellow, was seized, on a hot June day, with severe pain in his right side after quenching his thirst at a spring. He was brought with much uneasiness till midday meal, but was unable to leave his house in the afternoon. I was called to see him that evening. On asking the history in the bed, I found that he had had a severe headache, between the ears, short quick breathing, flushing, fever, the pulse being 115, the temperature 101.5°F. No dulness was detectable. Respiratory murmur was weak, accompanied by faint crepitant rales on inspiration. He had
had inflammation of the lungs ten days previously. I advised the lung to be carefully enveloped in poultice containing a fair amount of mustard, to drink dressy mixture of arsenic B.P. every 6 hours in water. Next, proceeding to see him as soon as possible next day, as he had been previously used to the arsenic. I gave him mustard to expectorate. He was improving. He had nearly gone, as the fever had subsided. Pulse and temperature had come very well down. Respiration was easy, as for the temperature it was almost normal. There was no evidence of pertussis or consumption. The mucus had been checked at the very onset. He was attacked on a Wednesday the Saturday of the same week, he was brought to this with half the day. Beef tea + mild broths his diet while ill. J. F. 18. farm servant, was seized the day before I saw him (26th June) with rigors
after getting his clothes wet through the glistening to change them. I saw him the day after this, of much illness caused in a stable left, with plenty of ventilation.

He was very disturbed in appearance, was highly flushed, tongue was parched & brown, cough was frequent & shot with bloody spittle. Respiration panting. Pulse hard, 120. Temperature 102.5.

There was a swelling on the most of the right cheek, posteriorly, below the upper at the base. Tubular or tremulous breathing with occasional fine exhilaration over some part of the diseased lung. The case had entered the second stage of the disease. At the time was very dry. Ordered urine to be taken to a comfortable bed in the farmhouse, gave a cover; powder three ounces 5 drops doses of the pharmacopeic mixture of acerulae, with 10 drops dose of one of the tincture well shaken to get a mixture every 6 hours, tasted the attendant to have poultry well applied to the chest for nourishment.
beef tea & milk diet. With 2 oz. port wine a day in small doses. The day following saw little change; he was, however, no worse. Next day there was considerable change. The vomiting had ceased, the war breathing numerone easily. This was lifted, only to be with the other favorable symptoms, had all abated more or less. There was still no change in the pulse, but on auscultation, deep inspiration was detected. He began to rest well at night & took nourishment as prescribed & ate freely. Some bitter tonic was added to his doses of the medicine. That's him on my last visit on the fifth day from my first seeing him at which date the lung was rapidly recovering.

Dr. 17. a strong form. was laid off about the same date as the last patient recorded. The symptoms were those of pneumonemia, but not
quite as severe as the last case. I saw him the day after the tooth
ill, on inquiring however I found that he had not been quite well for a
few days previously. He had been languid, but was tired to dull it
had slight pain in the side, but
very little cough. At my visit I learned
that the fever had taken place the
day before. He was flushed, had
pain in the side, a tough, crusty
spot it was breathless. Pulses were
applied to acetic acid. Turpentine given
as in the last case with bulbs
nourishment but no last wine. The
resolution took place on the 2nd
day from taking the medicine.
In fact I was surprised to find him
on that day, with a pulse under
80° and normal temperature. The
lung rapidly got well the was soon
at work.

Ed. 44, a dairy man tall fair
and then was seized a few hours before I saw him with rigors. He had not been feeling well for a few days, but got through his work. Soon after leaving the rigors, he began to complain of pain in the side that caught his breath. He was feverish, flushed, had severe headache. Pulse 110; temperature 101°F. There was hurried breathing and short cough with a vivid expectoration, very slightly rusty. The left lung was inflamed at its base. I did not however consider the case a severe one. The patient, I thought, was not very robust. I prescribed rest, hot wine in regulated doses, the aminta turpentine as before. Resolution took place on the 7th day of the fever never got any higher all through. It fluctuated somewhat on the day on which it was not so high he expressed himself as "feeling fresher." He recovered well
Case V.
though a little more severely than the last two cases.

Mrs B. 57. Gamekeeper's wife, on July 23rd 1876, was seized, through the night, very suddenly, with shivering chill in the side, so fast that she could scarcely breathe. I was called to see her at once, being only a mile distant, was soon at the bedside. She was really very ill and could hardly allow the bedclothes to be thrown off her for examination. The pain of urethra was in the left infra-axillary region, very sharp. I could detect no and no tender and no weal, no crepitant voice, nor any ascites. Found, however, on carefully auscultating at the back of the greatest pain, the friction sounds of pleurisy. She was suffering so flatly that I gave her a course of Laudanum, to a mustard poultice applied to the side affected. Ordered friction
of acomite. Dr. Sturtevant ordered it in dose
similar to those used in the Case
of pneumonia, I asked her husband to come with me to my house
to get the medicine at once. This
was about 10 o'clock in the morning.
I left promising to see her the
first after breakfast. On my visit
at 9 am I found her so much differen that the change was in
Indeed pleasing. She was still fevers
ister flushed still had been in
the side the picturesque pump, but
altogether was very much better.
I saw her every day for three days, and
each day finding her advancing
to convalescence of the had no
pain after the second day.

Mrs. W. 36. Floughman, wife, was
taken on Friday 28th February, 1847, with
shivering, after being heated by carry-
ing a big load of sticks, for fire-
wood. On a hill. I was not sure
for the Sunday 25th. On my visiting her on that day, I found great flushing in her face and a short, flushy woman; very great difficulty in respiration which would hardly allow of her that frequent cough. She had a tough, yellowy, Pulse 130, Temperature 105° F. Larched brown tongue. There had been delirium the night previously. She did not suffer so much pain as would have been expected, but there was tenderness between the ribs. The great difficulty in breathing seemed to cause the most distress. She could scarcely lie up or turn on her side, for examining at all, as the least exertion brought on aphonia. She would hardly believe me when I told her that she had one inflamed lung that I should have seen her soon to give directions as to the nature of hot and cold treatments.
of beeftea suicide in plenty, but no
pot-wine or stimulant. I spoke con
fidently to her of some medicine
which I asked her husband to
come for at once and give back
promised to return in the Vick
day — 2 day, later. That same night
her husband returned, after hearing
her the recite of the potion mix-
ture, to tell me that she
had been taken much worse
with her voice from her. Attributing
this probably to the efforts, on my
examining her, I gave her some
large an unin for her I asked him to
get 6 or 8 leeches, to bleed the side
over the seat of pain, if not relieved.
On my visiting her on the Tuesday, I
found improvement. This was especially
to be remarked in respiration, the
least exertion still increased her
effort however, the female symptoms
had abated considerably. The pain
had been cases by learning. On examining
the chest behind I found the
right lung over the diseased portion
in the stage of solidification some
adamsite that in the left, traces of
true emphysema. The partly explains
the great dyspnoea that occurred in
pain after my visit in the Sun-
day. There had been double fever-
lessness, which I had failed to
detect, saw her in the Thursday
following affirmative her convalesc-
cent with hardly any trace of fever.
The subcutaneous area was present
that ordered that urine. She was
firm for my next visit during
week after first seeing her. Found
she had been able to rise to
have her bed made. She made
a good recovery.

Mr. Grover, went for me to see him
on March 8th. Found him suffer-
ing from a severe attack of been-
The second of the right lung. He was the first
affected on Wednesday night the 7th. This
was the second attack of the disease,
the left lung having been inflamed six
years previously, when he had been sick
with fever. Naturally, I mean usually,
he had had occasionally some difficulty
in keeping warm, and had been much
disturbed with strangles, when last
sickened six years ago. Ordered him the
usual dose of acridine, but found him in
worse of other signs of treatment
similar to what I have recorded.
Two hot tonic, but he often troubled in
coldness of hands, and water for drinks.
I sent him next day ordered him left
flannel as indicated by the radial
pulse of thermometer. He had been
very restless that night. He came in
the morning had not improved. I
poured an indiarubber catheter, which
relieved him as it was easily passed.
I left him the table to see himself if
necessary. I asked him to take twice the medicine, but in smaller doses. The day following he passed urine after 24 hours, during the night part of which he was very restless. The fever was still high, considerably. The disease had not extended, in that there was a state of the disorder, but there was no improvement. He had never slept, the constant measuring in the bed, desisting from sleep. I stopped the medicine, gave 6 p.m. of urial six of a tonic of urine and calomel with 5 drops of it to calm it by day. The beef tea was freely administered to a little past nine; all this time there had been no signs of delirium at night. After this date the pneumonia spread over a large portion of the lungs; the enervation symptoms were aggravated. I continued to see him every day. He looked worse, but it was not till after
Rationale of special medication.
- day the 17th that resolution took place. On that day recent excitement was balled she had a sleep. He goes on with his wine, takes food better, besides, feels, gets out of bed to get it shaken up. On the 22nd, it gradually improves, though very slowly compared with the other case. I still go to see him to-day - April 4th 1871 - was the first in which he has been able to be out of doors. He has not yet gone to work. Had he been able to have gone on stead-

ily with amenity, it is certain without its disagreeing by serious retention of urine. One sure he would have been quite able for work after an interval twice.

What is the rationale of the good effect of this method of resolution? Have already spoken of the two factors in inflammation. 

The

vin a large and
The vir a frusta. She increased temperature increase, the cardiac action already less worse, from its inhibitory nerve being paralyzed. The tigres are con-

gested, with dilated Capillaries, their hearts.

There is diminished selective but increased attractive, in short, disorders nutritive. Here then is an excited heart pumping heated blood into this disease, already full to overflow -ing, relieving themselves, so far as they can, by evacuation. If one could command or inhibit this run away heart, if one could as:

string these dilated Capillaries, would there not be that in force a counterforce which would reverse the tide of disease?

I confidently affirm that despite of torment we will achieve this. 

times, the vir a frusta will be lessened, as also the vir a frusta, and the inflamed tigres will better recover.
at once, or, if the disease be somewhat advanced, at least more quickly. The cases in which the administration of these drugs has to be suspended are few. In any case in which I examined the urine for chloride, I found them present after taking the medicines for two days, even before resolution had taken place, because expectoration had ceased the disease had been stayed.

James Barbour
Beechfield, Ewaste, Bridge.
Locke's, April 4, 1771.