Thesis
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written by
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L.R.C.P., L.R.C.S. E. 1874

16 Eldon Square
Newcastle-upon-Tyne.

Late
Hawick Roxburghshire.
I hereby certify that this thesis has been composed by myself and that the numerous quotations are unavoidable in such a subject. Yet the subject matter is either the result of, or is confirmed by personal observation. Exact references cannot always be given, as some quotations are from works on Pericles which quote themselves without giving full references.

Signed: [Signature]

March 23rd
1868.
Scrofula
and its allied Diatheses.

With the hope of getting a more definite grasp of such an indefinite subject as Scrofula, I propose to gather from a busy practice, from study, what may serve this purpose: this, too, more from the point of usefulness, than with the idea of originality, which were hard indeed to accomplish in such a subject.

Scrofula has been not unjustly called the parent of disease, so various are its manifestations, so often is this diptheria the soil in which numerous complaints take root. However, to give a more general definition, Eberhard, in his "Description of the Scrophulous Diathesis," I will include Tuberculous and Peculiar, referring their distinctive study to further on. Indeed, it simply matters to regard these more as offshoots of Scrofula, than doubts they often are, or become, independent growths.

In England, this diathesis has been called "King's Evil." It dates back to the time of Edward the Confessor. The gift of healing has been attributed to the King! Such cures would probably consist in a change of circumstances connected with the King's touch.

The English word is derived from the
Latin Medicina adopted from a fancied resemblance to a disease found in Eve; - Beck Noires, Drak Thracian.

Parry and Ear, all accounting the disease similarly. Again Sowthea is the Russian term for Parotid Swelling, Sowthea being the Russian for Swine, thus following in the same direction, denoting what a widespread disease it is.

The Romans from the Roman

name of the Swelling, so common in Persia, applied the term to some to the whole diathesis, this more strictly applies to the Cervical Swelling and specially that of the Thyroid.

**Definition**

Sclerosis is a constitutional state, in which there is a strong tendency to certain forms of disease. There is an abnormal state of nutrition, generally a delicacy, a want of average vital strength with, at the same time, an irritability indicated by proneness to disease. All production is defective, this involving a lower type of organization and a con


duct of greater tendency to morbid states. These again are specially manifested in the Glandular System. Further details will come out as we go on.

I will now epitomize the history of Sclerosis, which will show how difficult a subject it has been to define, yet showing how nearly all writers link it with the Glandular System.
Long back as Hippocrates we find that he formed his pathology of derpla by associating it with the humours of the body. He speaks of a humour clinging to the lymphatic.

Hellen and Celsus also mention an elusion of a morbid humour from the blood as being the disease.

Avicenna here refers to an alteration of the lymph which becomes fatty or glairy. Wichtman speaks of a peculiar acidity in the blood.

Webet (a German) speaks of the Disease as an Frict of Nigra, which is abed on the face of it; Deedes of England again takes just the opposite view and pure show of truth.

White in 1744 speaks of an excess of lymph which gives rise to obstruction in the lymphatic system.

Cullen speaks of an increase of the fluids. Hufeland, one of the best authorities, says it arises from a profound atony of the lymphatic system with a specific irritation and a particular alteration of the lymph.

Some strange theories have been held as to derpla. One writer ascribes it to a irritation of the nervous fluid. Another to the consequences of putrid delirium thought it was charged fluid as a result of small talk which befits, and Drilich thing for a fact to prove that this is rather a reason.

They have considered the Bolus of
of the body are the seat of this peculiarity. Stammering, says the effect is due to a relaxation and dilatation of the absorbing vessels, whence stagnation and alteration of fluids, as a consequence.

Challier thinks an atony of the coactals and ganglion with an exaggeration of the lymphatic temperament is the basis of septicus.

Wittamer again lays most stress on a peculiar irritation of the lymphatic system - like one's instructors.

Brown another writer says septicus is a "local delirium," according to the seat of manifestation, which does not tell us much as to septicus itself.

**Cases.**

Before going further I will now give brief notes of a few cases (which could be greatly multiplied) to show some of the ravages of this constitutional type: only selecting a few salient points in each.

**Case I.** Miss P. at 35. In good circum.

Stones, Family history very good.

For years subject to hysterical typical irritations for which she lay much in a barrened room, the eyes being over-sensitizes. General health broke down.

The lymphatic glands of neck & chest enlarged, inflamed, & subfused, leaving large cicatrics. Frequent attacks of tonsillitis followed by a sluggish type.
General: Arrangement of disease:acute chronic. Retained inflammatory symptoms about left knee developing into "sclerous swelling". Edema, suppuration, and emesis.

General: Chronic: lymphadenitis. Face pale, no check conditions. often flushed, thick rose lips, hair dark. General exhaustion, the usual preceding this, is the frankness of limbs. Skin thin, pale, transparent, veins distinct. Rapid pulse, prone, emaiicient, in duration. Subject to emaciation, gastric enteritis, nausea, coated tongue, segment diarrhea. Probably composed: Hypertension, phlegm, and mental.


III. Richardson — mother: died of: rheumatism. Daughter: delicate, weak chest. Subject to peculiar eruptions. Brother has enlarged thyroid. A third has the general floridous appearance with numerous cicatrices on neck; chronic purulent affection at base of throat or posterior ear, tail covered with depressions.

IV. V. W. — at 44: weak face shows many cicatrices. Chronic leucorrhoea, right.

V. C. — constitutional state.
Case III. Otovera, deafness, caries of Wills, phalanges.

II. Porter. Father subject to glandular swellings of neck. Son, besides being of the general appearance of Otovera, has caries of spine and forelegs.

III. Allen. 14.08. Scarcely noticeable suppurating sore on neck, something attending from ear to ear. Alopecia.

VIII. Holliday. Eczema, Eczema, small chest. One chill of Eyes. Liver enlarge. The brother has numerous suppurating glands. Another brother's child has Morbus Coli.


Poison, etc. 7. General failure. Chronic
syphilitic condition. Transplanted skin
left hair blue. Etc. Enuresis
A Sister aid of Tubercular Patient.

**Etiology**

Pathology and Morbid Anatomy.

Avoid the chaos of theories about Scurvy.
We may grasp the two leading features in its production, viz. an organic predisposition and, secondly, disturbance of nutrition of a peculiar type, from various causes, producing the numerous manifestations of which we shall speak.

In Scrofula, Eisele says, there is
an abnormality of the entire vegetation, and argent stop that is strongly marked.

So, all the phases of a scrofulous person are abortive. Such statements give us an idea of what a deep, undermining shifting disease we have to deal with, only if at all to be arrested and removed in so many cases by the most deadly acting medicines. The Lancet patient.

Bacchus and a writer speaks of the
Stomach as having something in excess, "quelque chose a debarer." He says they are
either too tall or too small, too bright or too dull, too healthy or too thin. Too pink or the pale, either craving appetite or none at all, too anxious or too cool. This is certainly nasty.

Poisonful yet containing much truth. Aching to strike the straitlaced in the mind.

Aelleran again, compares the vital process of the Scrofulous with the rapid sprouting of plants deprived of light.
Professor Miller, in his work on Surgery, gives a graphic account of Peruvians in his two leading types, Clinical and Ethnological, and inclines to designate them as the two extremes. He will quote what he says, "In the Danumusco, named the Conchillo, is fair, frequently beautiful, as well as the features. She form the delicacy is often graceful. Her skin is thin, pale in texture, and sunken; her black eyes are numerous, shining here distinctly through the other most pearly white integument. The pubis are unusually spacious, and the eyelids are not only large but prominent; the sclerotic showing a lustrous white, the eyes long and graceful, diminutivum Tam Dios, as not infrequently is the case, that the eyelashes are wanting and their place is occupied by the swollen and pulsating margin of the lid. This now a day, perhaps, the result of Civilization, more specially as have been said above. The latter is to be mixed up with what is more particular and merely the Peloponese type. If this be far to say, the Conchillo is dark, the features disagreeable, the countenance respect altogether forbidding; the countenance large, the general frame contracted in growth, or otherwise deformed from its fair proportions. Her skin is thick and pallid. Her eyes are dull, the usual large and prominent. The general impression is heavy and listless.
Yet, not infrequently, the intellectual power are remarkably acute, as well as capable of much sustained devotion. The upper lip is usually thin, so are the columna of the nose. The general character of the face is flexible. The belly tends to protrusion, & the extremities of the fingers are flatly clubbed instead of presenting the ordinary tapering form.

Of this lucid description we need some more details as given by Kipling:

we will get every complete picture of our subject as a whole. We find as examples of deformity: towerings - broad jaws - forehead low - angular neck short - thick - head larger than stature - blindlets ridge under eyes. Vomiting occasionally melancholic secretion in speech. 2 teeth small - becoming nearly carious. 2 teeth broad - covered with a faw secration - irregular appetite - frequent nausea (well masked). In case of these details, breath foetid - water, acid brackish amount irregular leading to uncommon diarrhoea - muscles flatly - not awaking in no constant elements. Many of the details will vary according to the associated temperament, such as the phlegmatic (of which it is said to be an acute) the sanguine, nervous.

I have noticed hyperaesthesia in more than one case. Again we may add to the above description - gland "more perceptible" or prominent. Late dentition. Short closing fortunelles and late walking.
The skin too, is usually hard, dry, tho' in one well marked case I saw lately, one of the leading features was excessive perspiration (patient about 12 yrs. of age).

As to the pathology, it would appear which may be taken together there is not very much to say, as the same changes may be very suddenly produced apart from colds. There is a state of cellular products as I have already mentioned, less tendency to resolution of the inflammation products—a special tendency to attack the glandular system—and strong inclination to suppuration after inflammatory states, this again being often followed, more often by carcinous metastases than by absorption. This gives us the great link between pyogenic and tuberculosis proper, the latter arising out of the former by process of infection. Take any tuberculous inflammation. You will find it is very composed of large cells with phthisic protoplasm to nucleus with nucleoli. There is a tendency as may be gathered from above facts of a permanent infiltration of affected parts. There are principally the connective tissues. Here become dense, the vessels if they are blocked, if naturally necrotic processes ensue. Tertiary ulcerations of these densities may calcify, and these, more commonly, when they are apt to often thus infect the system as mentioned above.

An any Perforulceus inflammation
there is evidently a want of what may be called the healthy condition of tissues (so in the case of white swelling which is characterized by its pallor), round the inflamed part.

As to the fluids of the body: the changes are not very apparent: not much to be distinguished from those in any diseased state. The following has been substantiated more or less.

Blood, an increase of the acidity of the serum & diminution of blood globules.

Villi more pale, less prominent, less there

not resin & colouring matters, but specially deficient in fat which corresponds to the fatty liver so common in nephritis & affections, - (present in case II). (see affecting the tuberculous likewise.)

Lymph. Nothing special save what has already been said about the lymphatic stomach (section).

Acidity is much spoken of by Germans, & I have certainly noticed acid emanations especially in former prescribers of medicines. Helvetius says in his work on foodIVER VILLI that "the equilibrium of the digestion is destroyed; there is a thin-lipped activity in the small intestines, giving the stomach most of the work: this acidity is produced consequently a faulty proportion of lymph, leading to an unhealthy blood."

In fact, many of our cases of deep Kept depressions are thus accounted for by the presence of this deficient equilibrium at the bottom."
The above analysis are taken from
Flower's work on 'Ampulla Recka' (1772)
There seems to be also a disproportion
between the volume of blood and the weight
of the body, the blood being diminished in
quantity as well as failing in quality. This
affects a priori to treatment of the
volume composition of the blood.

Causes.
Ampulla, in general, may be called
a disease of the temperate zones. Prolonged
and the term zones being largely essential.
It is likewise more frequent in cold
than in any country, chiefly in Holland,
England, the Alps, Pyrenees, etc. The Batavia's castle,
So take an illustration from nature—just
as in cold, damp, cold, strongly, healthy
which are deprived of light hairs, the
skin's leaf enclosed, and the veins
spring up, so the Ampulineous body
with uncles which influences grows up link
wherein in numerous forms and degrees.
Fagot divides the causes into three
groups, with good reason.
1. Hereditary, which is the great pre
disposing cause.
2. Pathological—occurring from any
moral process going on, or that has
occurred in the system.
3. External—climate and other influences
such as food, clothing, etc.
The hereditary tendency is almost always present, thus from delicacy, it is not being ascertainment in certain cases. Because of the cases mentioned, prove this sufficiently. People may mark generations of one family, or may shift over one or differ in its form of manifestations in all.

In this relation early marriage may be considered a cause. Again, tobacco smoking on part of father may really be a cause from lowering character strength of life. The case I have noted where the father was an inebriate smoker. He child had a pale, puffy, very transfigured skin, slow dentition, irregular bowels, still dryness - dry blood. Conjunctivitis, avarice, light - light eye - there was suspicion of some leukemic disease for a time. Short stay smoking was the only cause.

Course & duration on the part of the matter may favor its production. As to age it is especially characteristic of childhood. Those from 1 to 7 yrs. and from 20 to 30 yrs. are the years most favorable to its production. 10-15 yrs. being more frequent. This is an opportunity for bringing the tendency where known.

As it is more common in females than males, it is said, this males are more exposed to the various causes; such makes it difficult. At the cause, some of the most important, may be tabulated.

1. Exposure to special injuries.
2. Enforced bad clothing.
3. Exposure to damp cold variable climate.
4. Want of cleanliness; a non-piturious diet, a want of protein substances in the form on meat.
Bad air from deficient ventilation is
numerous Errors.
Confine ment, it illustrated in animals
that have been domesticated, where
rattles are often seen.
A too-sclerotic vegetable diet has
received blame by Germans who
had mention overfeeding.
Transportation from a warm to a
cold climate favors its development.
Occupation is, or may be an autono-
ous cause. This by no means go after
with blamed. Anything lowering the
system may develop terrible in Short.
Again there may by no traceable
cause.

Illustrations
Case 1. Heart of light and small Diet-
covered various Types.
II. Marrying near Relation.
III. Necessary also VI, VIII, X, XI &
X. Brain, etc., etc., cause
In another case with predisposition of
Dilating ofscreen, bright appearance.
The closing of a tooth excited inflammation
suppression of neighboring gland. This
was followed by a large access to the
submucosal from Tissue.
In another Stomach with Weight inflam-
ation of tonsils, running down to Great
enlarged, inflamed, assuming a chronic form.
Dental infection, etc., with the great
history. Some in happy family had
plaintain swellings.
In many of our Depressus Cases from the
Cause of Court, the Causes are obvious.
A strong family likeness may often, alas, mean the same type of constitution in the members of it.

"Symptoms and Manifestations"

I would just state that almost all the various morbid processes to be mentioned have febrility as their basis. Yet all for any of them, might be in an otherwise healthy person from a distinct exciting cause. The right to be granted to this point, for, to tell the parents, say of a delicate child, right out, that it is controlling his often done, will only dishearten while other causes may be assignable, tell that is necessary may be done of such without using a name that is all, almost all insane. The name sthenia is useful in this, even least to be well known, nor so badly associated.

In every disease that affects the economy there is a parasitism. This tends, first, to putrefy according to normal attacks. Yet does it manifest itself in well held every organ of the body, thus showing essential tendacys to some regularity — that in the course of development. It has been.
been tried to make a division into local general according to the distribution of the special affections of the brain. It seems to me that the two can't be separated.

I have already said that the different phases of this disease, especially certain ones, are usually the most obvious and most frequently observed. In general, there is first of all:

1. Centralized disease in primary or secondary sense with final abnormalities.

Wanderlich especially brings this out and I will take this division as the accepted basis of my further remarks. He thus speaks of the different manifestations of Prof. Wanderlich's:

1. Primary manifestations themselves in the skin.
2. Visceral membranes (which are more or less an internal cathexis)
3. The glandular systems
4. Thyroid and joints
5. Nervous terminations in lungs or brain.

Clinically, as in some of the cases observed, you may get well with all those phases; sometimes these will be those lingering effects. We can only accept the above divisions very generally. A nodular arrangement here may be very useful in clearing the subject.
We can readily understand that the cutaneous system becomes an easy prey to this vital force. You will note that the primary manifestations of disease in the skin, both as to age and to the results in any individual case. Underlich, speaks of the skin as the most sensitive organ for constitutional disturbance in case of which does it remain entirely in fact. The cutaneous surface is the most exposed, of course, perhaps, the least attended to. If it were more looked at as a detailed organ of the body more carefully held clean, healthy, disease would less settle and it would there. The forces which the atmosphere may become here are something for often you cannot not feel the delightful basis lead to theaneous the phenomena; the canvassing with the changes in the cutaneous secretion have as direct relation to scabies. On the other hand, the cutaneous eruptions are especially associated with it. The least common form in which scabies is an element are eruptions and hoppers in a combination of the two; so well known in the form of Crustulactiae. Of course to give your diagnosis as to the constitutional type you must consider their vomiting, constitutional of state to. It seems in later life may be associated. Here we may mention affections of Epidermis, (Epidermatia elians) becomes tuberculosis skin affection - also as in case of Tuberculosis (Endemic allied as yesterday, covered with thin, epithelial scabs.
Perkins, again, the Perniculous ulcer. These latter forms however are
not so common.
In many of these cases, your...discovery...prescribed by doctors of phthisis who do
It work well.

Mucous Membranes.

To continue, we will find further manifest-
ations on the mucous surfaces. These are
specifically associated with the acute
flue. With such cases, you will nat-
urally find an eczema of neighboring skin.
From the acute reaction, with this skin,
Enlargement of the fluid is most common.
When linking the three divisions together,
the cases are thus really simple.
Phthisia may perhaps the most common.
from in which you can trace disease.
The dispensary doctor is too familiar
with this giving him many a tedious pill
as well. From the difficulties of such
practice as from the nature of the
infection. But to recur again. Recall
the leaves of permanent defects. These
very characters aid your diag-
nosis in themselves.

Other cases from Decubitis or chronic
inflammations of Ear passages are often
before us in similar cases. Painless
ear if pain may be mentioned.
If the nose also chronic Catarrh or
Bronchitis the latter belong to the bad company of air.
In the mouth, inflammations are more common in human children; nevertheless, if further back we get tonsillar incipient cases which are very common in the old age, more properly glandular.

As to the respiratory system, the more we approach to the side of nutrition, the more common is probably more common in this type of pathological erection, and pneumonias will be more more common.

Wundtliche mentions, besides, chronic catarrhal of stomach, intestines, as after associated with phlegma. Case 1 to an instance, a chronic phlegma, as you case to me another.

(He also speaks of the chronic mucous, muscular, mucous) liquefaction (clear) again in the labeled system are often connected with our subject as in any case mentioned.

**Glands**

We now come to the glandular system which is the great seat of phlegma, being affected sooner or later in almost every case. Often, indeed, it is the primary seat of what symptoms may develop, or again there may be secondary irritation of the glands as is often seen in the neighborhood of an organ in the stomach.

The glands most commonly affected are those below the ear, neck, axilla, more rarely the abdominal. Here, hysteric and phobic inflammations find their proper place. I mention a case of hysteric belonging to one belonging to strumous family to which the tonsillar affections are at times connected.
The inflammations, as usual, in these glands are sluggish and tend to suppurate and discharge. In time, chronic matter may be formed which may end in calcification.

On the other hand, the glands in different parts may be enlarged and remain so. All this, of course, you may have apart from pericardia, from simple inflammation or any debased state of the system.

Wunderlich also mentions a speculums hysterothecial. thickening, from infiltration of a single barrel or secretory gland. This on the ovaries, mamma, bladder, and a phimosis of function.

Also, inflammation is again an in-stance of the maximum of pericardia which will almost necessitate mean incalculous. This may be from secondary infection or not. These glandular affections are now recognized as thereat for of infec-tion from which a deposit of disease may arise. This again may take place in some cases without any cause so di-lately traceable.

**Bones and Joints.**

The bones and joints display to us some of the worst causes of the self-clinical diathesis. These manifestations, as we have said are usually later phases. If other organs are affected in the same case, or resulting from external causes, however there may really be the primary affection. Castle and Rechard are very especially noticeable here, of which the Moore's Case and White Swelling are fa-miliar examples of the former while...
While necrosis is just the question of a different seat.

To quote again from Winckler, the termination in tuberculosis depends on the intensity of decompensation. These are possible however even in a case of cells of lighter grade, while in higher grades it becomes a necessity, almost a rule. Of course we must admit again that there is the first, only of a final, because fatal, manifestation in this disease. They are more especially seen in the tubercular type. Such are deposits in brain, lungs (bronchial glands) or mesenteric (as already mentioned as to the glands) at the result of such deposits is usually death.

We have thus sought to follow the moraemia before us in its numerous epiphanies, hinting at least at most of these. How I propose to say a few words on the allied processes with the hope of getting at their distinctness and difference, as the case may be.

First of all let us take Tuberculosis as it has been already too often mentioned.

**Tuberculosis**.

And Dr. Jenner has done much to restart Tuberculosis as a distinct process, founding two divisions upon the histological peculiarities, secondary influence, and clinical history. These certainly do afford several differences. Prof. Hillman.
as it is pretty much what Dr. Bellian would

call "Tuberculoid." All to the hereditary

influence both are alike if you think of

them distinctly. The clinical history or mode

of action of Tuberculosis is characterized by

more excitation (fainting taking it's place

in Pneumonia) the mental state is more

irritable: more febrile action. The Tubercu-

loidos are marked more by irritation

than excitation, reaction as seen in Pneumonia.

Resolution and Repair is rapid, or retarded

by deficient power, not by locally recurrent

action. Then again Tuberculosis more often

attacks serous membranes, lungs Brains is

which is not so as we have been told

Pneumonia. The affecting mentioned being

really Tuberculous. In this latter, fatty

degeneration is observed especially, of liver

or kidneys, while Myeloid degeneration is

more desired in Pneumonia proper.

Most in this "Diseases of chronic"books

of the two thus: "Closely allied in their

pathological nature. Causes similar, acting

often the same." He also says that Pneumonia

is more limited to early life lesions

that there already stated.

With all this however a Tuberculosis

basis may almost always be traced be

in most cases of Tuberculous Disease.

In one case I have full notes of 1885

here was Tubercular disease in the

Mesotylen, running along course of con-

stant irritative Fever, with & distinct tumor

of right chest - also suffered slight Diphth-

in lung, all set off by scarlet Fever
as the peculiarity, severe symptoms present to. This seemed an instance of the same tuberculosis but the father had had "white swelling" and the condition improved quickly. It is described and often stated that the tuberculosis process appears where the conditions for tuberculosis have reached their highest degree. Tuberculosis itself is the greatest vitality. Certainly in many places is usually the result of tuberculosis and it is in the lymphatic glands that you will find the new growth developed in its fullest and clearest way. In both the products are essentially the same. e.g. There is the same absence of development, the same tendencies to cheesy degeneration. A similar permanent infiltrating character is there a bloodlessness in both. Thus as regard the world's products they came very closely together. At, as I have this tubercle usually springs out of small local deposit as shown does from the plant itself, yet the reverse is not the case. That a tubercular history in a family may present a well marked case of tuberculosis in another generation is well known. Though perhaps has been said to show that these two things often blend into one often arise out of each other, often in one case, may be alternately developed in same family if the true cause forms of tuberculosis, where no tuberculosis as a matter can be traced, are very few.
Rickets

Rickets or Rachitis is another closely allied dyscrasia which perhaps is more distinct from Periostitis than Subperiostitis. Here again however too the process is quite distinct there is much to connect the two. Let us note the most important differences. Rachitis is not due to general disease. I know a family where there was one well-marked case of Rickets, while five or six others in the family exhibited symptoms of Periostitis. It more often develops after some acute illness and is less hereditary while other causes are much the same. It is said however that insufficient food is a more common cause of Periostitis while Bed air more often causes Rachitis, but there is hardly a difference, though failing the air there is no doubt, Rachitis is more often developed on a recumbent basis it is associated in the same family in many cases. This Dravet is also more confined to children than that Periostitis as to its process the it will leave more permanent defects and prove more after fatal results at the hand.

However the great distinguishing feature of Rachitis consist in the process itself i.e. A distinct lesion of the Bones so that there are changed thus.

1. Irregularity in growth
2. Cartilage cells failing to mineralize
3. Resorption of internal layers leaving a large medullary cavity
4. Deformities from inelasticity and cause, other minor differences might be mentioned but those are enough.
I would finish this paragraph with a few notes of one case in illustrated history. At times, a healthy babe fell the victim of being Broughthirs. This was caught while living in a damp house, with damp and dirty clothes. From the time of this attack till death, the following symptoms were noticed: twitching delays; spinal curvature; symmetrical region; thickening of ends of long bones; fever, chills, enlargement tonsils, aphthous pustules. Marked languor with vertigo, hooping cough, convulsions, death. Might also mention the open fontanelles present on the broad face with pinched mandible depression.

**Syphilis**

Of another allied constitutional disease, Syphilis, must now be mentioned here. Pachyplasma has been considered a marked form of syphilis, but this is a mistake. Of course, Syphilis may, from its presence, develop to other chalcia. As is similarly true of both other of the skin, much is that some polymorph forms. There is an "occult" or "manifest" as Kipling speaks of, in both. Affections of glandular system are frequent in either. Syphilis in its parent may beget Syphilis. Chicham, the "more commonly the affection remain destructive. In no case however under observation now, there was marked pains at mouth, large flat blisters, I
almost certainly specific. While at
the same time there is declared certain

gale foetidum, larynx bello. Cervical
lumbar tendency to curials.

Recitation may be, very rarely, cause
infection. This, however, is used frequently
in both, the more especially in syphilis.
As to the different cases, these are well-
marked, thus: the organs of taste are more
affected in syphilis than sight or hearing,
which is the reverse in scrofula.

Malignant affections are more in the
skull, internal and swelling.

Sindingberg mentions that scrofula
exists several centuries before syphilis.
Certainly it is easier to go back to the
beginning of the latter than of the former.

The ulcers of scrofula can truly be
compared at all with the distinct primary
secondary, tertiary syphilides.

As to the pathological tendencies there are
mostly distinct, if suppurations or ulceration
in nose, mouth, throat, gum, gout, spitting of
sputum, spitting of

drops of mumps, omen.
The ulcers are peculiar, as being sym-
metrical with the ulcers.

The other affections are chiefly painful nodes
that
come nor recur.

Again, the skin affections are secondary, while
in syphilis they are mostly primary.
Again, the burning of the feet is peculiar.
The character of ulceration is differ-
genesis.

Of course, the way of scrofula is
produced is another distinction between
the two.
SEROPLA.

Diagnosis. This is naturally founded on the special manifestations with the personal family history and the cause.

Prognosis. Most of the forms of seropla are not necessarily fatal. The debilitating effect of such a Constitutional disease predisposes to attack. The frequent termination in tuberculosis, runx and activity makes the progress of many cases doubt. The any fatal issue may be along way in the future.

Treatment. With a brief outline of the treatment of this wide spread division, I will conclude this paper. This will often in itself confirm our diagnosis by removing more specially antisepsicous effects well in doubtfull cases.

Hygiene, that occupy a large place in our warfare against seropla. This is necessary, considering that the neglect of these two special tumps give us the wellbeing and frequent cause.

We may speak of Preventive and Curative treatment. The former consist greatly in recognizing the hereditary cause or tendency; and putting the individual treated in the best possible circumstances (locally, socially, medicinally) so as to maintain health at its proper standard. In this by the circumstances, body, childhood, climate, general habits, soil, climate & other things all come under our consideration.
When the tendency to Peripulpa is clearly recognized or seen, if the family history is of this type, much may be done to prevent its development. E.g. a good wet nurse is better than a regular mother. While if her health be well attended to she again is better than artificial rearing. By improving family nutrition - or again by substituting any alimentary action, as much as possible, the future development of Struma may be avoided. To know recognize that many causes well, to grasp what is the principle pathological state (i.e. hyperplasia) food, will be the best guide to treatment.

As to the curative management of this disease, and its fruits, we may classify it thus. (1) Food. (2) Air. (3) Clothing. (4) Medicine. Exercise again would form another division.

A full diet is essential. That of a mixed kind. Animal food must be a part of this as a 1 or vegetable diet is considered by some a cause. Of the given in their most available form are very important. Cod-liver oil is the most important of these, of the most digestible which Dr. Hawer Brinton says is from the amount of vitamin matter it contains. Practitioner [redacted]. He also shows that the more finely divided, that is, the shorter time it stays in the stomach, the more easily is it assimilated. There is little doubt this oil is given too rapidly.
both as to quantity, whereby much is
passed through the bowels (I again as
to cases where it is used). Professor
Julier's first type of the second or tubular
type is especially beneficial if a teaspoon
ful two or three times a day may be
that is needed). I am convinced the pres-
tence of Goting in it influences the respi-
ration a great deal as this is one of our
best remedies for fevers. *See air important
As to air this must be pure fresh
night and day, these regular Exercise,
(working, rising &c.) is important.
The best point in Clothing
is the wearing of Fannel over the body.
Fick only can come near lacking work as
a heat retainer, & being Defensive them
the latter the best, in its various forms.

Medicine.

Before giving a list of these I would just
mention Gotten & Gating (connected with
the) cleanliness * & all important. Since
Gotten & also some hyperbolic operations
are very useful.

List of medicines.

Mercury, Iodine, Iodide of Potassium,
Iron, Gold, lime, Arsenic, Baryta
embrace the most important of these.
Giving iron more as a food in the
form of Perlorid's Syrup or Syrup of the
drip &. I have found most useful
Iodine alone, as the iodide of mercury.
Again the lack of lime especially the lime
phosphate, carbonate & sulphide (as
officially recommended by Ringer.)
The syrup of the cerephosphate of lime is a useful preparation. Sulphur and arsenic have also their place in our treatment. Mineral waters containing many of these salts are useful. General tonics such as Cichorium to improve general state and Galbanum have often proved of service in special cases. In finishing this paper my one fear is that its length is a defect which however such a subject purely not yet exhausted makes unavoidable.

Finis