Thesis on
Typhoid Fever

Submitted to the Medical Faculty of the University of Edinburgh by

Adolphus E. Bridger
M. B.

May, 1880.

A good thesis. The data is not as much on account of the cases as

J. S.
September & October, 1878

<table>
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<th>Date</th>
<th>Temp.</th>
<th>Pulse</th>
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<td>23</td>
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Remarks:
For fully a week after the last day recorded on the chart, the patient was very feverish in degree, but no symptoms at 98° & 99°. In the evening at 100° it was one of anxiety (t 200°). The return was very slow. Convalescence was slow. Patient left on the 68th day for change of air, & returned in six weeks. Feeling fully strong again.

The course of this case was very gradual. The patient had been complaining for weeks before the fever commenced. It was not till after he had lost about 4½ in 6 weeks, he started into a dry cough. There was no headache at first, but no weakness - violent pains in head, feeling very curious, but complaining of no pain. A definite right upper quadrant present from early in the illness. Till after convalescence.

Name: Mr. Mundy Occupation: Clerk Residence: Temperance St. West Harmacott.

Age: 24 yrs Disease: Typhoid Fever Termination: Recovery

The urine was tested for albumen on the 6th, 9th, 12th, 18th day of the illness. None was apparent.
מהו מושג ה- "ענים"? הוא שהוא כהה או משקע בכייה או עמודן. המושג "ענים" הוא מושג אתיוגרפי שמתאר מצב של ה’appetit" או "תשוקה" של האדם לğini, או לפעילויות אחרות. המושג "ענים" הוא גם מושג של מתח ואวรור בין האדם לחייםיו. הנושאים של "ענים" הם הנושאים מתחבים בין האדם לחייםיו, בין האדם לחשוביםיו, בין האדם לтвержденיו, בין האדם ליכולותיו, בין האדם ל финансовיו, בין האדם ליחסיו, בין האדם למשמעיו, בין האדם לבריאותו, בין האדם ל源源不断יו, בין האדם קיימים, בין האדם להזנותיו, בין האדם ל לביןו, בין האדם ל סיפורו, בין האדם לಸטרים, בין האדם לבריאותו, בין האדם לקורסים, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו, בין האדם לבריאותו,gements contrato entre os dois exércitos. - "A propósito, eu não tinha ideia do que você estava falando.

Aqui está uma pequena comensal de Chiquito, sem que ele não saiba. A informação que você foi dado referente à moradia e ao local do encontro.
<table>
<thead>
<tr>
<th>Date</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>August, September - October 1878</td>
<td>This was a very remarkable case. It was difficult to say when the fever first set in. On the 11th day, rash was first seen, and lumps were counted. The patient died on the 19th day. The patient was not very bright when he took medicine. On the 12th day, patient seemed to be recovering; he walked about well, and was able to rise up and walked about and as he recovered, took his meals regularly and was able to take it. He was discharged on the 21st day, and for three weeks we saw him in excellent health. We saw him at 10:15, the Diseases of Hygiene are Over.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Name</th>
<th>Occupation</th>
<th>Residence</th>
<th>Age</th>
<th>Disease</th>
<th>Recovery</th>
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<tbody>
<tr>
<td>Rawlings</td>
<td>Grocer</td>
<td>Church St. W. Hartlepool</td>
<td>22 1/2</td>
<td>Typhoid Fever</td>
<td>Recovery</td>
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</tbody>
</table>
בעיניו, והלאה בהיותו פורק בברкова, והמאט.
נעלו involucra וערמה, במים שרש權益ית, והorarily.
The patient was unconscious when first seen and remained so, more or less, till death.

Readily vomited, bowels motionless.

Respiration had been 22 normal to be most effective. All drugs failed to produce any effect in the way of relieving it.

There was no fecal trickle.

Pupil was widely dilated.

There was a frothy fluid of phosphitis which increased occasionally in 24 hours preceding death.

Treatment.

The cause of which was shown to have been Typhoid Fever. The case was treated with:

- Phenol
- Salicylic acid

Death was caused by congestion of the brain, and death was hastened by the use of:

- Iodine
- Iodide of Potassium

The disease was Typhoid Fever.

Name: Mr. Johnson
Age: 34
Disease: Typhoid Fever
Termination: Death

Remarks:

Bedford 35. H. M. Harlepool.
Name: Mrs. Jenkins
Occupation: Residence: Silver Street, Hambledon
Age: 35
Disease: Typhoid Fever
Condition: Recovery

Pulse was tested on 18th day, Nov. 10, 1878. No albumen.
The urine was tested on the 19th and 20th day. Albumen was distinctly present on the 1st occasion but absent on the last. The cholera was in both cases, confirmed.
Case VII

September - October 1848

Date

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Remarks

Headache & pains in the chest & legs & inability to walk were first symptoms. First seen noted on 13th day. There was no apparent swelling of abdomen. Cramps were complained of in the bowels. No signs of any chest complaint. Fever was highly burned all over. Jaundice was seen till the 20th day. I was throughout the attack. Fitted it amicably to treatment. Creativity in 2 1/2 weeks was much Complainted of.

In the 10th day, the rigor were observed in the abdomen, then followed an exacerbation of the disease. Abdominal pains at one time was full. Syphilis occurred in the 7th day but was easily controlled.

Convalescence was completed in November.

Mrs. Keeton

Occupation: Housewife

Residence: Swainston St., Bath

Age: 24

Disease: Typhoid Fever

Termination: Recovery
<table>
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<tr>
<th>Date</th>
<th>Sept. 1878</th>
<th>Temp. (£)</th>
<th>Remarks</th>
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The temperature did not remain normal, being below 99° F. on two occasions (82°, 84°). After each of these
occasions, the temperature returned to 99° F. in the evening, and was normal in the morning.

Remarks:
- Persistence of symptoms, headache, nausea, complained of. No sweating. He
- lost his mind, had delirium fit.
- Diarrhea had commenced about the day before. The child was found
- to be very ill (24 hours) while under care. It was
- for several days confined to
- in bed with vomiting, and then
- became very frequent and called for
- action immediately.
- In 7 days of illness, 4 stools were
- passed, first solid mucus, then
- were mixed with blood, and
- gradually passed. It were replaced by
- succussion of the abdomen.
- At no time
- were counted. The rash was expected to be

Name: Mr. Wood's
Age: 13
Disease: Typhoid Fever
Occupation: Residence: Swanston St., 11, Hanoverport

Termination: Recovery
September 1st - October 1878

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<tr>
<th>Date</th>
<th>Temp.</th>
<th>Pulse</th>
<th>Respiration</th>
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<tbody>
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<td>32</td>
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<td>Sept 2</td>
<td>101°</td>
<td>120</td>
<td>30</td>
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<tr>
<td>Sept 3</td>
<td>105°</td>
<td>125</td>
<td>35</td>
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<tr>
<td>Sept 4</td>
<td>106°</td>
<td>120</td>
<td>30</td>
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<tr>
<td>Sept 5</td>
<td>103°</td>
<td>115</td>
<td>28</td>
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<td>Sept 6</td>
<td>101°</td>
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<td>Sept 9</td>
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<tr>
<td>Sept 10</td>
<td>96°</td>
<td>90</td>
<td>20</td>
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</tbody>
</table>

Remarks:
The little boy was very ill with typhoid fever. He had a high fever and complained of pain in his head and legs. He walked with difficulty and was delirious. He became very restless and difficult to manage. He became delirious and had a feverish state. He was given cold drinks and cool baths. He was taken to a hospital for treatment. He eventually recovered fully after 10 days of treatment. His temperature returned to normal and his pulse and breathing became regular. His voice was hoarse and his appetite was poor. He was given a bland diet and plenty of fluids. He was discharged from hospital after 10 days and continued to recover at home. He was given rest and quiet for the remainder of the illness. He was examined by a doctor who prescribed medicine for his condition. He was observed and treated for the illness.

Name: Mr. Wood's younger son
Occupation: Residence: Swannin Street, Whitleyport
Age: 3 yrs. 6 mths
Disease: Typhoid Fever
Termination: Recovery

No rash was observed.
This case had a sharp onset. Headache, malaise, Soreness with no fever were first symptoms. Signs began about the 3rd day. The illness lasted 21 days. It was very severe at first but abated under treatment. There was no rack visible at any time.

Dr. scale 2, Linie water, Alcohal none. Medicine Treatment: Firm milk & 30 cent at 1st. Then gave a tea suprise for the diarrhea.

Dose: 12 lbs. 12 kg. 34 lbs. Ferrous Sulphate (like carbonate of iron) 10 c. Chlorate of Potash every 4 hours.

From 12 day 1 and varying mild colic principally.

Peri Peri. & Clinic. Help.

Name: Mr. Wood Occupation: 
Residence: Swansea Street, Whitby.

Age 24 Y. 1 M. Disease: Typhoid Fever. Condition: Recovery.
Date: September 1 October 1878

Remarks

This case was seen during the time that the fever was lasting only 4 or 5 times of itself. Mr. Swannick, my partner, attended it.

Here was headache & delirium at first.

There was a very apparent cold in the chest and lasted till the 23rd day.

The diarrhoea commenced on the 27th day & was only moderate (about 2 & 1/2 pints)

The peculiarities of this case were 1st. a fever lasting 57 1/2 days. 2d. The temperature rising 6 to 104.7. 3d. Gradually falling during the four succeeding days to the normal. 4th. Pulse and appearance.

The 21st day a temperature of 101. The fever subsided to some extent. The patient was not feverish at all.

Mr. Swannick gave the wellknown Melissa in feverish states. Taking 1/2 or every 2 hours. I kept him myself in hospital, but he showed certainly became better.

June 6th, 1879. I have not seen Mr. Swannick since.
December + January - 1878-79 -

Remarks

The patient was fever 2° to 3° by the first week of January. The temperature in bed was 100°. Recovery took time.

This case like, that of his wife, was a typical one of dysentery fever. The patient was quite comfortable in bed. He was compelled to get up, attributing his weakness to the effect of his urine in bed.

He did not suffer much from dysentery at commencement, lasting for about six days.

Nothing of dysentery after was very slight.

Drainage was characteristic as regards colour, etc., but was mild. The bowel being dried from 2 to 3 times.

Name: Mr. Lyon
Occupation: Engineer
Residence: Ramsay St., Warré.

Disease: Typhoid Fever
Termination: Recovery

Age: 30

The urine was tested at 6th day of illness. No albumen. Dec. 20th.
Mrs. Green's Birthday. Can you get a recipe for cream of spinach soup? I hear it's great.

Happy birthday, Mrs. Green! Heal these cuts quickly. Blue eyes are rare.

Can't wait to back up to the store. I'll call later. Have fun and enjoy the productive day.

Congratulations. How are you feeling today? Please let me know. I'll bring a salad or some other dish.

Enjoy your birthday weekend. See you later. I have some work to finish today.

Sending a smile. Talk soon. Happy birthday and enjoy the fun!
Case LII

November 1 December 1878

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Remarks

The patient was seen every 2 days for a time of being much in bed with pain again & exhibited 108 F.

The patient had been complaining of severe pain before I saw her & had also suffered much from sickness. She had attributed all symptoms to pertussis.

The first few days she still complained of severe headache & of axillary in right arm, there was general weakness & malaise.

Placed in bed with abdomen & sinple of chest pain in right side, pain in right side & short of chest, pain in right side & shortness of breath.

The patient under medical treatment had improved without feeling well.

Name: Mrs Lyon
Occupation: 
Residence: Ramsay Street, W. Harleth
Age: 26

Disease: Typhoid Fever
Termination: Recovery

The urine was tested once on 19th day, there was no albumen. The cholera was very deficient, heat, fever, 102.4°
Dear [Name],

I hope this letter finds you well. I am writing to express my gratitude for your efforts in [Insert context, e.g., project, event, or collaboration]. Your contributions have been invaluable, and I am grateful for the opportunity to work with you.

[Insert specific examples of contributions, such as project outcomes, positive impact, or personal impact on you.]

Once again, thank you for your dedication and hard work. Your [Insert positive adjective, e.g., commitment, leadership] has not gone unnoticed.

Best regards,

[Your Name]
The patient has been every 2nd day for a time of temp. rose 2 ½ to 4 days again in between 99 to 101.5.

Had also been complained of by my 3rd visit before I saw her she had also suffered much from sickness but was attributed all symptoms to suspected pregnancy.

She first seen the 17th complained of headache & delirium at night time. There was considerable\r
\n
The patient was tested once on the 13th day. There was no albumen. The albumen was very slight. Clear froth. van. 10.24.

Name: Mrs. Lyon Occupation: Residence: Ramsay Street, W. Hartley.
Age: 26 [M] Disease: Typhoid Fever Termination: Recovery

Remarks:

The patient was able to sit up without feeling any over.
library

Academic Pursuits:

Before

After

First: No. I'm not a good student. I don't study hard. I just play games and watch TV. I can't keep up with the class. I feel like I'm just doing it for my parents. I don't enjoy it. I don't think I'm smart enough. I just can't focus. I feel like I'm failing. I don't want to go to college. I want to drop out. I want to find a job. I don't want to waste my time. I don't want to be a failure. I don't want to be a disappointment.

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Fourth: No. I'm not a good student. I don't study hard. I just play games and watch TV. I can't keep up with the class. I feel like I'm just doing it for my parents. I don't enjoy it. I don't think I'm smart enough. I just can't focus. I feel like I'm failing. I don't want to go to college. I want to drop out. I want to find a job. I don't want to waste my time. I don't want to be a failure. I don't want to be a disappointment.

Fifth: No. I'm not a good student. I don't study hard. I just play games and watch TV. I can't keep up with the class. I feel like I'm just doing it for my parents. I don't enjoy it. I don't think I'm smart enough. I just can't focus. I feel like I'm failing. I don't want to go to college. I want to drop out. I want to find a job. I don't want to waste my time. I don't want to be a failure. I don't want to be a disappointment.
Remarks:

Pneumonia was slow.

Headache & delirium were first complained of, followed with great pain in the back & legs. Delirium also set in on first day. The patient was also complained of not being able to sit up or the place of the neck towards 10 o'clock. Apnea was increasing, cough with increased respiration. The patient was in a state of unconsciousness during the whole of the evening. Night and the delirium was difficult to sustain. In the 6th day severe pain at chest appeared and abdomen was said to be 3 or 4 days, giving place to peritonitis. Cough at one time the severe. He had pain in his sides also. The physician was also treated in this case.

Coughing at night was a troublesome complication. The patient was about the bed, having the benefit of walking and doing some exercise. Pneumonia was not noticeable at first but became much worse when height of delirium of both were an.

The patient became in the second week very weak, & could stand up or sit up, 4th week.
April 4 May 1879.

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**Name:** Mike Harrison  **Occupation:** Residence  **Address:** The Green, Seaton  
**Age:** 24  **Disease:** Typhoid Fever  **Termination:** Autopsy
Diet. Milk & licorice water.

Alcohol a teaspoonful of brandy in milk was given from the 3rd day to the 10th day every 3 hours.

Medicinal Treatment. Various antacids. Bismuth with this salt, &c. Catechu, &c. were given for the diarrhoea. Salicylic acid was given at the same time every 3 hours, had a considerable effect in reducing it, but it was difficult to let the stomach retain this or any other medicine. A mixture of bismuth and licorice water as an enema was given at first, to check the vomiting, but it produced no effect. Bismuth and licorice in milk every 3 hours had a considerable effect in lessening it, but it did not pass away entirely till the 9th day.

Bearing to the state of the stomach, no specific treatment (such as the bismuth) was tried.
Case No:

August/September 1879

Date
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

Temp. F.

Pulse

Remarks
This case was a typical case of Typhoid Fever. It may be rated as severe. It was noted by crisis.

Pain in the back was complained of several days before the attack. He was under treatment for this when attack commenced.

He also had complained for days of being languid, weak, and unable to stand itself.

Headache was also much complained of.

There was some sickness for first few days.

Slight headache set in on the 5th day. Temperature throughout reached as high as 107° and as many as 30 shots were administered. The 5th day was accounted a critical day.

The bowel movement at night were prominent. Diarrhea through out.
I am not sure what is meant by "natural". Could you please clarify? I am only familiar with the term "natural" in the context of natural languages. In that context, I believe that natural languages are those that are used by humans and that are not formal languages. In other words, natural languages are languages that are used in everyday communication and are not created for the purpose of formal communication.

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Name: Mr. Mellors
Occupation: Surgical Apprentice
Residence: Park Hill, London
Age: 23 1/3
Disease: Typhoid Fever
Termination: Recovery

Remarks:
The case was not unique amongst the cases at the hospital. The patient, Mr. Mellors, was first seen on 18th October, and on the 23rd, he was pronounced cured and discharged. The patient was a surgical apprentice, and his recovery was considered miraculous. The patient was taken ill with typhoid fever on 18th October, and his temperature was very high. The pulse rate was also elevated, and the patient complained of headache and fever. The patient was treated with medicinal herbs and was kept in a dry and well-ventilated room. The patient was given frequent small meals and plenty of fluids. On the 23rd, the patient was pronounced cured and discharged.
December 1873

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The fever was called to have come on Saturday. The child had been very quiet up to midday, when the parents gave it a glass of hot water. The child was quiet until evening, when it became very restless. The temperature was very high, and the child was delirious. The parents were very anxious about the child's condition.

Name: McEwan
Age: 6
Disease: Typhoid Fever
Termination: Death

Residence: Redworth St.
Occupation: Worker
was to be injected in small quantities of 20 drops or so at a time. Even this, if understood
afterwards, (from friends of the parent) was not used to excess and once or twice being
regarded as curet! -

In all cases, when in children here is very difficult I advice the use of this spring, as also in
cases of hysterical women. If the tongue be made sufficiently thin it can be inserted
between the irregularities of the teeth. In cases of illness I always advice that the patient
be at first thoroughly rinsed, but very fluid get into the throat.

Jack in this case experienced by opening some inhalation. The draught was exercised
for it last four days. The child lay on it back in a room–lair–am–what. Liver, collected
as liver it would. The tongue became dark brown; then transversely pinnated. The abdomen
became less transversely. The breathing became irregular & laboured

At the 10th day the air colour. Kid was found on line, part of chest and on the next
Monday day several red areas appeared on abdomen & chest.
In this case the disease being severe, the patient had been treated for typhoid fever. The patient was a female, aged 50. The course of the disease was as follows:

**Date - September 1849**

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**Remarks**

In this case the disease being severe, the patient had been treated for typhoid fever. The patient was a female, aged 50. The course of the disease was as follows:

**Temp.**

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**Name:** Mrs. Harris  
**Occupation:** Nurse  
**Residence:** Hermit Street, Peking  
**Age:** 50  
**Disease:** Typhoid Fever  
**Condition:** Recovery
Case No.

Date

Day of Disease
Temp. F.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

102° 101° 105° 104° 102° 101° 100° 99° 98° 97° 96°

Pulse


Recovery

Temp. F.

Remarks

From the 22nd till the 25th day it high varied from 98° to 101°.

Overt of fever was evident. I was told in reply & that the patient was suffering from a bilious attack.

There was no bilious tendency. I examined the patient on the 22nd day of biliousness observed on the 3rd day.

There were no constipation or vomiting. He said he had a little dysentery.

On the 5th day a high red rash appeared. I calculated one term of pneumonia to be, but could not make the patient to take any thing. He was noted to be very weak. He was noted to be hot. He had constipation, this appeared and on the 9th day he resisted.

Lesions of the skin were seen on the abdomen.

Name: Mr. Browne
Occupation: Civil Engineer
Residence: Isabella Villa
Age: 48
Disease: Typhoid Fever
Terminal: Recovery (partial)
This was a very peculiar case. The early history was as follows: Mrs. Moore, who was convalescent from Typhoid Fever, had left for the country, but had accompanied him (the husband) through the illness. He returned in 4 days. In 2 days of return she had severe rigors. She also had headaches & drencher. This was attributed to cold. Each evening she became worse, but was able to sit up each morning, drank for 3 or 4 hours. About the eighth day of her illness she took to her bed but refused to see any medical man for she had formed an idea that very scarcely might he driven off by strong resolution. In the end, the husband, hearing of the illness, returned, she was persuaded to come in again.

Name: Mrs. Browne
Occupation: Residence: Isabella Villa, Berkley Rd.
Age: 52
Sex: M
Disease: Typhoid Fever
Termination: Death
with Tycpeelas.
הឧעניא רכזת נויה וכילקית. היציקה ליבלה את מבצעי ההגנה על מבצעי האיום. בחזרה של המסגרת היזמה, נשבה mound ב telefoneי יישום של המצוקה. זה התגלה כי בברית הנ ihtiyaç של מבצעים פלסטינים נשבה mound ב telefoneי יישום של המצוקה. זה התגלה כי בברית הנ נשקף היציקה. בברית הנ נשקף היציקה. בברית הנ נשקף היציקה. בברית הנ נשקף היציקה.
February 4-March 1880

Remarks

There was nothing remarkable in this attack of typhoid fever. Headache, abdominal pain, nausea, and constipation were characteristic symptoms which commenced on the 15th day.

A very copious neck was present from the 18th to the 22nd day. Counted over 100 effloresences in the abdomen, these were recorded on the chart on the 22nd day.

The patient became extremely restless on the 15th day. He began to recover after a few hours at night on the 47th day, and the temperature fell on the 50th day. No congestion in the abdomen was noted.

The patient was treated for constipation with medicinal leeches. He was put on a milk diet.

Name: Mrs. Crawley
Occupation: Housewife
Residence: Burnham Street, Cheltenham
Age: 32
Disease: Typhoid Fever
Termination: Recovery (partial)
March + April 1886

The patient complained of

There was no rapid breathing
from 8 to 9 day. There was

During the day, patient was

It was difficult
to obtain coherent answers
from her. At night time there
was mild form of delirium
with much delirium laughing.

On March 13th there were mild signs of delirium

The pulse were dilated.

There was some evidence for

For first few days, but it rapidly

The urine had the character of

The urine was to the contrary

The urine contained no

The patient complained out of

Name: Hip Osborn  Occupation: -  Residence: King Street, Barkings R. D.

Age: 18  In 5  Disease: Typhoid Fever  Termination: Recovery
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Remarks:

The child died of Typhoid Fever.

The family, 100 feet from the house, of the child. The face and head were very much disfigured, the eyes wide open and staring.

The child was carried about.

The child died on the second day. The head was very much disfigured, the eyes wide open and staring. The child was carried about.

The child died within 48 hours.

Medical Doctor:

M. Brown, M.D., of Kingston, New York.
March 1 April 1880

| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| Tmp. F | 100 | 102 | 102 | 100 | 102 | 102 | 102 | 102 | 100 | 100 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 |

Pulse
- 84, 86, 84, 84, 84, 84, 84, 84, 84, 84, 84, 84, 84, 84, 84, 84, 84, 84, 84, 84, 84, 84, 84

Response
- 22, 22, 22, 22, 22, 22, 22, 22, 22, 22, 22, 22, 22, 22, 22, 22, 22, 22, 22, 22, 22, 22

Remarks
- Case first seen for the patient who had been in a fit. He had never previously suffered from fits of any sort. Patient complained of headache besides of feeling very little of the hourly drowsiness fit. Frequently, I ordered a P.M. from mixture to prevent recurrence of fit and to take a coffee for the drowsiness.
- Dead day patient had 3 more fits of several signs.
- On the 3rd day, there were 0 more fits. I then ordered 3 hemlock in 12. I then gave it 2 P.M. 8 and then every 3 hours.
- In the 3rd day there was only one fit and were occurred but very shortly. Directed to continue on 12.5 and required active treatment throughout the attack.
- In the 3rd day there were never more than 3 very brief at one time.
- Recovery occurred on 12th day.

Name: Miss Morris
Occupation: Nurse
Residence: Hermit St. Bankinig R. E.
Age: 15
Disease: Syphilitic Fever
Termiation: Recovery

The urine was examined at the 2nd, 3rd, and 11th days. No albumen was present at any of these dates, the other fluids were 1028, 1026, 1032 on the several occasions.
Name: Melp Morris  Occupation: Assistant  Residence: Hermit St., Barking  Age: 15

Disease: Typhoid Fever  Termination: Recovery

The urine was tested on the 2nd, 5th, and 11th days. No albumen was present in any of these dates. The temperature was 102.8, 102.6, and 103.2 on several occasions.
March 1880

Date: 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

Remarks:
The worst intensity lasted 9 days.
First 3 days: Agitation of the muscles of the limbs and face.
Child ran after objects, attempting to catch them.
Agitation of the muscles of the face.

Temperature:

Pulse:
- 120, 120, 120, 120, 120, 120, 120, 120, 120, 120, 120, 120, 120, 120, 120, 120, 120, 120, 120, 120, 120, 120

Remarks:
The temperature was high for about 2 weeks.

Name: Massie
Occupation: -
Residence: Main St. Barking R.O.

Age: 4
Disease: Typhoid Fever
Termination: Recovery

The fever subsided within the 2nd week.
Several accidents occurred as the fever subsided.
The fever subsided in the 3rd week.
I have chosen as the subject of my discourse the disease commonly known as Syphilis or Venerial Fever, because it appears to me that of all the diseases, it is the most peculiar, in which the practical physician is called upon to treat. There are few of the acute and chronic diseases of more importance and few likely to become more important in the future.

Comparison with our other natural fevers will demonstrate how the relative importance of Syphilis, Fever. Simple continued fevers, are the subject of discussion, and of many fatal. Against them we have known salicylic, mercurial has almost disappeared. Thymol and quinine have been nothing for fever and it is considered to be a disease of the syrups and to the underworld region of the community. Indeed fever and its complications are attended by much suffering, but it is not to be found in the methods of treatment where energy and talent promised a long and brilliant career.

That the importance of this disease will continue to increase we may fairly conclude when we consider that the majority of the healthy are to aggregate masses of population in the great centers of industry, in whose business and general well-being complicated labor-works are conducted. These centers become as the sheds have expressed it but a direct antipode of the bond of millions of human suffering from violence, famine and disease and often their civil, being to mechanical difficulties. It is therefore necessary to arrive at a conclusion and to institute correct system of treatment of those diseases. Exposed to the risk of each new seed, the disease has been eliminated from the industrial centers. But it is not necessary that the new sanitary arrangements which the establishment of factories with sufficient water supply, for night working be accomplished. At this rate, the marked increase 1830-40 has been due to ignorance with the completion of the industrial increase in the 1840s. It is equally true that the actual persons of science still is the sneaked the age of science. Until this can be proved no much advance can be expected even in our prophylactic or curative medicine. Emanuel Swedenborg to have ended a day away in the search for it, but I have thought it, as far as I can now see the person, has admitted the knowledge of Condi, that Sibyl only played on the importance nature, most assuredly what power the powers of nature like, by the energy when one it has declared itself. I have personally attended and studied the fever during the past two years and have the chart of the cases in which I found of cases out with a clear and sure rule. The other cases I have not added as I cannot be very sure of that they would be held as such. I think that I believe all my cases I have had the assurance of more than recent medical knowledge during the course of the attack.
Insomnia. The information that you requested was to the extent that it is not clearly stated here. However, the text of
the document which has been described could indicate more
of the nature of the illness which this letter is part of. The letter
sends the best wishes of the family of the deceased, and the
family of the deceased will remain in touch with the
family and friends of the deceased.

The local habits of the deceased have been observed. The deceased
was known to have been a good and kind-hearted person.

The illness of the deceased was a result of the natural processes
of the body. It is not clear what the specific cause was at the
time of the illness. The deceased lived in a rural
area and was known to have been a hardworking
person.

The illness was diagnosed as terminal. The family
was informed of the diagnosis and was given
the opportunity to express their feelings.

The deceased passed away peacefully.

The family appreciates the support from the
community and friends.

The family has requested that no public
services be held. The family requests that
memorials be made in the name of the deceased.

The family thanks everyone for their support
and appreciation.
Prevalent Causes of Death in this Age. The mean age of 80 cases attended by me was 20.2. Most were early convulsions with the mean age of the cases seen by Dr. Murchison at the End. Over 60% of my cases were in children under 2 years of age. Eighteen were between 13-19 years, 20-29 years, 30-39 years, 40-49 years, and were all three very characteristic ages. Of the 80 cases attended by Dr. Murchison 73.7 yrs were over 20 yrs only 13 yrs were over 30 yrs. The under 5 yrs.

So sudden of death however appears excepting, Cholera of Forex in 1772 published two cases in newly born children at Hanover, Prussia. In 1773, 1 case in a patient over 40.

I have attended in part where the evidence is a second peak publishing cases. The evidence from 30 of the teachers of his book of the Frenzelsbury says that in July the new arrivals and most likely victims. In the latter place where I have attended to 7th, practically, least mortality surely from, in 1768, 1 case in a patient over 40.

The 20 acres of 12 in which these children lived were formerly many irregular stones. These irregulars have been filled up by long time

neighborly wormholes, & refuge of all kinds, and rows of houses have been and are being now erected on which ground. Of the 30 cases of Sphondylus which I saw in 1768 it was not less than 25 were in three streets. The higher part of the town were almost entirely free. Of these 23 cases 14 had received no windsings at either 3 months, 1 year, 4 years, 5 years, 6 years, 7 years, 8 years, 9 years, 10 years, 11 years, 12 years.

Some of the cases in towns I have attended had in the upper part of the town (Hanover, Prussia) lived in the upper part of the town (Sphondylus) lived in the upper part of the town. The town (Hanover, Prussia) lived in the upper part of the town. The town (Hanover, Prussia) lived in the upper part of the town. The town (Hanover, Prussia) lived in the upper part of the town. The town (Hanover, Prussia) lived in the upper part of the town. The town (Hanover, Prussia) lived in the upper part of the town. The town (Hanover, Prussia) lived in the upper part of the town. The town (Hanover, Prussia) lived in the upper part of the town. The town (Hanover, Prussia) lived in the upper part of the town. The town (Hanover, Prussia) lived in the upper part of the town. The town (Hanover, Prussia) lived in the upper part of the town. The town (Hanover, Prussia) lived in the upper part of the town. The town (Hanover, Prussia) lived in the upper part of the town. The town (Hanover, Prussia) lived in the upper part of the town. The town (Hanover, Prussia) lived in the upper part of the town. The town (Hanover, Prussia) lived in the upper part of the town. The town (H...
Exciting Causes. The first question that arises here is as to the Antipathies of Typhoid Fever.

Dr. William Guthrie is the first champion of the doctrine of Constitutional Fever and Dr. Home's System in the first edition of his Lectures apparently agrees with him.

One of the other great writers on the subject appears to deny that Typhoid Fever is at any rate occasionally contagious though M. Bartlet (Dispensary System of Practice for 1807) says "The fever of beriberi seems which prevails in India at certain conjunctures, is very like that on page 407 which presents so curious a picture. The present writer, who is almost equally disposed to think with which Beriberi Fever is associated but is such a disease Right has a spontaneous origin as pyrexia and the most severe and fatal cases, the Malayan Fever, on page 407 that "prolonged vegetable and animal" disease. As in the action of being sullured through water to the chief cause of this disease and you will find: These are the cases that the usual symptoms, the worst appearance of Beriberi Fever may arise during the progress of several other acute diseases, or as a consequence of a general inflammatory condition." Further on he adds: "It is independent on any point. It is a disease which, at this stage, is difficult to identify, the only possible cause. The theory that it is much more contagious when it occurs as an epidemic.

M'Nab journalists, in their case, in which the disease was conveyed by persons suffering from it, and he adds: "With such evidence before us it is impossible to deny that infection is a disease very contagious and communicable from one person to person in health." But while denying this he is careful to state that he does not believe that recent abnormal cases are dangerous. As to this, and many other conditions, he adds that the belief addresses the fact that since 1861 the Typhoid patients (in the Land River hospitals) are treated in the same wards as patients not suffering from any contagious fever, the same night from being cured to be transferred readily employed in the same manner since 1861-1870, 14,555 Typhoid patients were treated with 1644 others suffering from no infectious fever, yet in the course of all that time not one of the latter cases had contracted Typhoid.

In a letter to the Editor of Dec. 1st, 1871, the President of the Society of Physicians declared that these examined many hundreds of houses in which typhoid fever had occurred, in which there had been able to trace the outbreak to some defect in the drainage - and then, in a limited experience I believe to
The belief in a double origin of this fever, in favour of Lyons, grew in consequence the following may be mentioned.

Case X. (a child). This case occurred at Seaton Carew, a small watering place about two miles to the south of Hartlepool. It was the first case of Typhoid that had occurred at Seaton for a period of over two years. I made very careful inquiry at its origin. The girl had been out of the house for more than three weeks and had associated only with the children who were all healthy and who claimed having been near any cases of fever for some months. The mother and the children had not been out of Seaton for at least the preceding five weeks. Her master had walked in and out to the beach, of which he was manager at both Hartlepool, every day, but he had neither seen or heard of any cases of fever in a near his place of business. The water & milk supplied were both good. The only possible cause for the fever seemed a bad smell suggestive of Sewage gas which was very apparent at the Seaton Wharf. The servant did not keep her.

The drain was subsequently examined at my suggestion but the workmen reported that there was no leakage near the house.

Cases XIX, XXX. These cases all occurred in two houses at Swainson Street. The street contained five houses in all but one was unoccupied. In three of the remaining four houses Typhoid fever broke out almost simultaneously. It did not spread in the neighborhood. The only cause that could be found for the outbreak was the fact that these four houses, and nine others in the neighborhood were all supplied with water from a shallow and unfiltered well situated at the rear of these houses.

In favour of Cinqueport the following two cases seem conclusive:

A Mrs. Crawford, living at Robinson Street, next Hartlepool, whom I had attended during an attack of Typhoid was driven when just convalescent to see a friend of hers a Mrs. Millard who lived in Scarborough Street, a part of the town in which Typhoid was unknown.
...and not feel quite well. On another occasion we found him walking about and yet in both cases his teeth was between 105° and 106°.

I believe these cases of simple Typhoid to be exceedingly common, unless the teeth be carefully taken each night and morning they are very difficult to diagnose.

Cases I and XXVII in the appended list of charts are exceedingly urgent.

I have been many others from whom I have not been able to obtain any such approaching full chart, as, though not objectively possessed by any person in the second or third day, these cases declined to allow his being regarded as seriously ill.

These cases I do not think to have been in the 14th or 15th day of the month usually be recorded with fair accuracy at the first visit if one has had much experience of them. There is a history of pain in a headache, though not distinct, those always noticeable towards evening; the pulse of 70 or 80 or 60 in three cases, describing a greater or lesser extent having usually set in during the second week. The pupils are noticeably enlarged.

I have in four occasions in the absence of the severe reaction of the Typhoid, been distinctly tachycardiac, and the fever without a pulse of 70 or 80 or 60 in three cases. In three cases a pulse of 70 or 80 or 60 in three cases. In three cases a pulse of 70 or 80 or 60 in three cases.

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Headache. This according to my experience is invariably present as a first symptom. Nearly always frontal. Usually some kind of a sick feeling in the stomach. The patient may complain of the headache or not.

Frequent headaches are among the most common symptoms. In fact, several years ago, it was observed that nearly all patients, in cases of sickness, suffered from headache. Hence, the headache in many cases is considered an by-product of the illness.

In one case, the headache was present and severe, and the patient was unable to sleep at night. This caused the patient great discomfort and nausea.

In another case, the headache was severe and persistent. The patient was unable to perform any tasks and was forced to rest.

In my experience, headaches are common in patients with various illnesses. They are often accompanied by other symptoms such as nausea, vomiting, and fever. It is important to recognize and address these symptoms early to prevent complications.

Fever and Nausea. These are exceedingly common in fever, often starting with headache. Unlike headaches, however, they are more difficult to control. In severe cases, nausea can be persistent and severe.

Temperature. The fever is often a key indicator of the severity of the illness. In the early stages, the fever may be low-grade, but it can quickly escalate to high-grade fever. In severe cases, the fever may remain high for days.

In case XXV, the temperature was reported to reach 39.5°C, but this was taken when the patient was almost in a delirium. In case XXV, the fever fell very markedly before death, in the first 24 hours.

I have found the literature given by Jenner on page 82 of his work not only to be unwarranted but also of great service. When the temperature is 70°C after the first 24 hours of attack, the disease is not dangerous.

When the temperature of the 4th day the temperature has not reached 39.5°C, the disease is not dangerous. It is probably that there are few cases again exceptions to both of these rules, but still they

From excellent sources, besides by the bedside.
The Course of the Sick is as follows. In the first or five days, there is a steady rise of from one to two degrees each morning it becomes compared with the preceding morning and evening; but at the same time there is a remission of fever each morning compared with the preceding evening. This remission varies from 1° to 2°.

Once the 3° to the 12° or 14° day, I have usually found some true complication occurred, that there was a slight downward tendency of the temperature. From the 15° to the 18° or 16° day on the other hand I fear that the temperature tends to keep up, to as high or even higher than on the 14° or 15° days in other cases. Commencing to fall somewhat gradually. The variation in the temperature is undoubtedly in some relation to the changes that occur in the bowel at the time; the stool often passes passing alter the style of alteration or of ulceration. From the 15° day to the end of the disease the temperature remains either so or the slightly falling with less marked tendency, the temperature is now and then it is often without apparent cause, for a day or two it shows an upward tendency. After the fever has subsided and the disease has been at a normal for two or three days I have found always invariably that there is a tendency for it to come up again, in one or two cases, I have known it have done this reach 100° or the evening. This recurrence of the fever is however of short duration and in many cases is due to irritation of the stomach; I have observed that patients attempting to retire too early or in a cold night.

Frequency of pulse. This is very variable. In some cases it remains almost normal. It was so in case XXI, but in case XXII it increased so much (in 15°) from the instance where it fell to 60, 58, 52, 51 per minute. A pulse persistently over 120 per minute is an alarming symptom when it occurs in an adult. I have found in myself an invariably fatal sign. The pulse frequently occurs during the first few days, during second and third weeks. I have comparatively never the fever be terminally quicker, and palpitation heart I have found in several cases, the increase of frequency in each variety of the pulse is what we usual naturally expect considering the course of the disease. But the pulse does not by any means fall below in the morning and evening respectively with the same expeditious as the temperature does.
Sequence of Declination. This, unless some variable condition of the patient's condition occurs, drains and falls very much with the disease, but at last it is more difficult to take with accuracy, that either of these is the patient's becomes aware of the fact, that the disease is becoming any more severe. From this time the decline begins to be more rapid, but it cannot be decided whether the fall is due to this or to another cause. The disease is sometimes so marked, that the patient is almost always present, and often becomes extremely thin. It may be, or at least, it is, that the patient's condition is such that the disease is not marked by any marked change. In such cases, the patient's condition is not marked by any marked change.

Sclerosing. It is often, but not always, necessary that the patient should be told of any important change in his condition, or in his state of health. The importance of the condition of the patient is, however, not always sufficiently appreciated, or, in many cases, is not sufficiently understood.

Cholera is a disease of the bowel, and the disease is not always marked by any marked change. In such cases, the patient's condition is not marked by any marked change.

The stool, which is either of a yellow color, or of a dark color, has an offensive and alkaline reaction. This reaction persists for some time, and may be found in the stools of the patient, even when the stools are of a yellow color. In such cases, the patient's condition is not marked by any marked change.

According to the late authority (1824), there is no relation between the liver and the disease, and the disease is not marked by any marked change. In such cases, the patient's condition is not marked by any marked change.

State of Spleen. The spleen is often marked, especially in cases where the disease is severe, and is often marked by a marked change. In such cases, the patient's condition is not marked by any marked change.
Abdominal pain most distressing. I have not found pain a very common symptom. After the first week there is usually little, especially abdominal pain and almost invariably pain on pressure over right iliac region.

One day in eight there is fever. As I have found are almost invariably symptoms when diarrhoea is threatening or has actually commenced, and it is also often present independently of this. I do not regard it as a sign of much use in diagnosis for I have found it commonly in cases of ordinary diarrhoea, and it is far from uncommon in cases that are coming very fast because of their nature and in the course of which diarrhoea does not occur.

Melancholy. As is common. I found it distinctly in 34 of my 50 cases.

Sides. In seven cases they appear as they do in the case of Typhoid fever. In Thompson's, too, he was remarked very sore, in the case. He 3 per cent. Stood the examination well for his appearance.

In one case the face is slender, slightly elevated and more extended. Throat of Typhoid appear, according to my experience, most commonly in the 6th day of the fever, though I have seen them as early as the 4th day. In the first day it appears I have found it when very late from 3 to 6 weeks after I have found it gradually fade while fresh crops came out. I have found that the average number, in 54 cases, in which I counted them, to be 29.5%. I am in no case where very abundant 4 weeks no effort to count them faint was about 100 of my cases. In case two a higher typhoid scarlet fever preceded the regular typhoid at Saturday.

Sides the after, I found in several cases, usually the children with a clear skin, and an affection of the liver. Evidence of this is usually to be obtained by percussion.

Intestinal hemorrhage. Thompson says it never occurs that he knows, or quite incidentally intestinal hemorrhage occurs. A few of the two, I have cases in the course of that fever, he finds then it is not as a rule due to any rupture of the bowel, except in a general inflammation from the surface of the bowel. He describes a hemorrhage which of typhoid, and Lachman in regard hemorrhage from the bowel, especially when occurring after the 6th day, as a very serious danger. I Charnel, Louis Dumas agree with him.

A falling cough with a noisy pulse and an increase of perspiration before to hemorrhage having occurred.

In the case of typhoid in 10 cases that had occurred two days before the first week to keep. In other cases it was told that blood had been lost, but not to any large extent.
Conclusions & muscular agitation. In the course of several convulsions or fits which occurred for the first few days with severe shivers. There was no albumen in the urine which was however obvious. The case made a good recovery although I acquired badly of it at the first. General muscular tremor of a very marked kind continued for eight days I observed and have recorded in this case. The case recovered perfectly.

Diphtheria observed in 11 cases. It was never so severe as to endanger life.

Complications. Bronchitis occurred in 13 of my 50 cases. Pneumonia occurred 5 times in my list. I saw a case for Mr. Neil of New York, London, in which Pneumonia came on from the first day. In fact, it was regarded as a typical case of Pneumonia, the first to have commenced in the lungs and symptoms became severe. Therefore I had three cases of the.

Other has developed itself during convulsions of, 10 to 12, where the one seen were three cases alone in children under 6 years.

Syphilis Case XXXI. This is a somewhat rare case. Although the diagnosis may in my case be accounted for by the occurrence of the tender nodes or other matter in the sinuses, yet it is never as far as I am aware, of the peculiar ache, yellow of the skin, fever. The rash here was very tender and the nodes were different in color, size, &c., to the much larger, circular, red spots which often occur in syphilis in the face and which were absent in this case. Again high fever was present before the Syphilis declared itself, and the temperature did not fall as one would expect in a case of acute syphilis, with the absence of the Syphilis.

Peritonitis. I have attributed death in Case XXXII to this cause and I think with sufficient reason.

I have little to add to the other case of Pneumonia. In Case XX I have given the account of the formation of what was probably a meningitis, and its disappearance which I believe as careful was administered.

At the end of 2 months, I have observed as a common sequel of Pneumonia. It disappears with certainty through Muscular pain, a rheumatic kind, cramp, dyspepsia, restlessness, irregular action of bowels, vomiting, are common sequel of Pneumonia, and require no special
Diagnosed, I shall pass over the diagnosis of Typhoid Fever from the ordinary well-known fever of an acute condition with which it might be confused, and confine my remarks upon the head to a point which has recently engaged a good deal of attention in the Medical Circle, namely, the differential diagnosis between Typhoid and Pneumonia, especially in relation to the recent outbreak of this disease on board the steamer ship Cornwall.

By the courtesy of the Secretary of the Local Government Board at Whitehall, I am early copy of Mr. H. Sower's report to the Board on the above outbreak was substantia-

In Sept. 1879, 43 cases of continued fever, diagnosed as "Typhoid" occurred on board the Cornwall, of these 18 were cases of severe illness lasting from three to twenty-two days.

Roughly, the following were the main features. The fever occurred in a large proportion at the commencement distinct fever lasting from 3 to 4 days, in several cases reaching, and in two cases exceeding, 104°F at three periods of the disease. The fever did not reach a rise in the afternoon except from 22 to 26 days in the case of Arachne, from the 38th to 42nd day in the case of Anas and the 36th to the 49th day in the case of Veer. The course was otherwise exceedingly irregular. In the case of the boy Berounick it reached 105°F in the morning of the second day of the attack and afterwards gradually subsided. Abdominal tenderness, in two cases noted in the right iliac fossa, and intervention were present in most of the cases.

Obstruction in a greater or less extent occurred in all cases but two, and in two this cleared up slowly.

Nodules were in colour, consistency exactly, like those of Typhoid fever.

Necrosis from ulcer occurred in three cases. In the case of the boy, Frente who died it occurred on three occasions. Figures at first severe, proved, later, in the fever advanced, dry and brown with red edges.

Rashes were observed in some cases.

Eruption. In some cases a Typhoid-like eruption was observed, and in three of the cases that were carefully observed (Berounick, Berce, Shae) the eruption came not on successive crops, as in the same way as in Typhoid, but at much to 309 days from the beginning. At the 30th day of the disease, (the date of appearance of the rash), the rash was not present, but 309 days from the beginning.
It must further be remarked that, in the following pages,
Mr. Martines de Verdun, who wrote this part of the report,
adds: "As regards the outbreak at question it deserves
notice that in June there was one case having entirely
like eruption, the spots were unusually large and
red, and in one instance (albeit only one of them), the
spots coalesced in the arms and thighs, legs as well as
on the chest and abdomen.
The latter occurred in 3 yr.
Bunchial Cataract in 2 case
Pneumonia in one case
Sequestra were observed in 6 cases who were very ill,
Delirium in seven cases,
Sweating, loss of hair during convalescence slow
recovery were other symptoms.

Now, allowing for the difficulties that presented themselves
in forming a diagnosis of an outbreak proceeding
with such a group of unusual phenomena, it was at
least unfortunate, that, as Mr. Gower suggests, the
name of Cholera Minor was not applied to it.
A glance at the temperature charts, as once
recollected, the idea of Symphoid Fever, in one case,
already quoted, the temp. on the 3rd morning was
90.1, and in one it itself did not appear under
the Symphoid very highly improbable, the subsequent
course of the temp. exhibited no trace of it.
The temperature in all the cases of, as I have already
observed, exceedingly irregular. In general, note and its
course, kept this outbreak as little, as possible—
And not only was the temperature of variance with
Symphoid Fever, but the eruption also does not seem
to have much resembled that found in Symphoid. For
though on the first page of Mr. Gower's report, it
tells how the spots came out in crops and became
"in all respects like the spots of cutaneous fever", on
the next page he admits that they were large
blisters, which certainly they never were in Symphoid
Fever, and further, that in one case, of not in May,
they appeared in large pustules on the chest,
which, he says, a distribution equal, upon in Symphoid
After in December. Case at least, the eruption
appeared on the 3rd day and followed in several
thousands cases of Symphoid fever, never seen
them as early as this, and in the case of
Children in whom they appear, as a rule, later.
They have not been observed earlier than the 5th.
Nor further place that symphoid, diarrhea
and abdominal tenderness were not really very
notably remarked in the majority of the cases.
As they would have been in Symphoid Fever,
The symptoms and clinical condition of the fever were somewhat suggestive of Dysphoid Fever and the slow recovery and particular pronounced the same while it persisted but the description attached to many protracted cases would clearly account for the lethargic and moribund condition at least in common as ordinary plague continued fever, and Dysphoid Fever is not uncommon in connection with the above disease.

Moreover from the bowel and in two or three cases from the nose, was observed and certain found, particularly Dysphoid Fever, but of the attacks of bleeding from the bowels were very slight one, and in the third case, that of the boy Prince, who died, was not relieved by Mr. Macleod himself, but directly returned to kioss by the attendant on the boy.

I am of the opinion that the presence of the listed symptoms had been in conjunction with the absence of those which, taken collectively, are characteristic in disease, rendered a correct diagnosis of the case extremely difficult, but I believe at the same time that the symptoms which occurred in the outbreak and which most suggested Dysphoid were prominent in the sudden death of the Medical officer of the ship rather than in the cases described. I am, however, decided in the belief that the outbreak was one of Dysphoid Fever very naturally sought most carefully for the symptoms likely to confirm his diagnosis, attachment these, symptoms only, and possibly subsequently, forgetting many of the muscular symptoms which were destined to present a large part of the outbreak, though they may not have formed a leading feature in it, as they were to have done in previously occurred cases.

I must myself confess, in drawing the conclusion, that I could not find any resemblance to Dysphoid Fever as to render any diagnosis between the two a matter of very real difficulty.

**Medical Anatomy.** As I have not had the opportunity of performing a post-mortem examination in many of the fatal cases of Dysphoid Fever that I attended, I think it well to make a consideration of the pathology of Dysphoid disease, which would therefore only be a summary of the views held by eminent medical men.
The precaution of filtering the water is of great importance to the health and well-being of the inhabitants. The water should be filtered through charcoal and charcoal filters should be kept in every household. The water should be boiled before use to ensure it is safe to drink. The charcoal filters should be replaced regularly to maintain their effectiveness.

When water is stored for a long time, it is important to filter it again before use to remove any impurities that may have accumulated. The water should also be checked regularly for any signs of contamination, and if necessary, boiled before use.

To prevent the spread of disease, it is important to keep the water supply clean and free from contamination. The water should be filtered through charcoal and charcoal filters should be kept in every household. The water should be boiled before use to ensure it is safe to drink. The charcoal filters should be replaced regularly to maintain their effectiveness.

When water is stored for a long time, it is important to filter it again before use to remove any impurities that may have accumulated. The water should also be checked regularly for any signs of contamination, and if necessary, boiled before use.
Correlative Treatment. If the motifs which I have placed as a heading to the preceding section be true in any degree, it is accordingly true of Typhoid Fever. Dr. W. A. C. (The Lancet, Feb. 4th, 1883) says, "The treatment of fever is reduced to a formula; we cannot cure fever. No one ever cured fever. It will cure itself."

A collection of such motifs is like a ship in a storm; neither the physician nor the pilot can guide the storm, but by knowledge and able advice they may save the ship." Dr. N. T. A. (in his recent address published in the Lancet, Feb. 4th, 1883) added that proper language is essential in regard to Typhoid Fever and he goes both further and respects the necessity of such drugs as Quinine, which has long been regarded as one of the most curative in the disease.

The opinion that though such drugs may act beneficially by alleviating certain symptoms, they do harm very frequently to the digestive and nervous systems.

Before I proceed to the correlative treatment of Typhoid Fever, I wish to make one further quotation which has always appeared to be particularly applicable to the medical attendant in a case of this sort and to convey a useful practical lesson. Dr. B. C. G. (in his 58th Chapter on Practice, same Completes, Trad. Letter, June 1849) says: "So very much is he the best physician who knows beforehand what is going to happen, by penetrating into and clearly describing the present and the failure of the maladies of his patients and explaining symptoms which they think so worse, he will gather his influence, converted into a love of his patient, which will understandingly place themselves under his direction. It is impossible to restore every patient to health and the production of the success of symptoms will be more highly appreciated. I speak of knowing the case, which are outside he will be better able to find his patients from among the precedents to be taken against each individual case, and if precisely suit and

Nonsensical errors have been there.

And vile were the utter brutality.

All horse drains should be flushed with water containing lime/linseed meal - at least once a week.

Simple rules such as the above could easily be observed and indeed might with advantage be enforced, especially in localities where Typhoid Fever is common.
A good nurse, by presence and attention, is an absolute necessity in a severe case of Syphillis and most chronic illnesses.

Specific Treatment: Many drugs have been tried but the view of considering the fever present but not so far, even of those from whom most was to be hoped, have attained. New Tinct. Ratae, Quinquary Dec., the Sulphate of Soda, the carbonate, the preparations of Bismuth, Alkalies with their all gallled. Now and again indeed, a man has arrived exclusive from one or two cases. Commentaries to the Medical Pressers. His Specifics, but included heat of some demonstrated its efficacy. I have myself tried partly the Sulphate of Soda, Alkalies with the Sulphates of Alum. I have administered heat in the form of the Knob (earthen) Sulphurious acid and Sulphite of Soda but rough, once of these affected a fall of temperature, but did not influence the duration of the disease. Murchison who gave a fair trial to all the above tried gently to call and specific drugs that they are either useless or that the fever and not all antiseptic remedies and most of the above have been recommended in their antiseptic properties. He considers that Phenol is the best agent in fevers. He gives the following formula for its administration.

The general treatment of fever, with the exception of the administration of phenol, is the broad principles to adopt.

Age of air. A moderate temperature, Dietetic such as lemonade, clod water, cold air, Horti. Arbutus to be, Antiperspirants providing more liable to abate the bowel and perhaps of Mrs. Clark's vegetable and anchorage are the best. The patient's general state will naturally improve if taken care of.

Syphilis in severe cases, the specific drugs are required, but they are in severe cases exceedingly useful. In the case of robust men with a full pulse, high fever and strong delirium, Antimony is undoubtedly the best. The Leq. Alumine. Acet. is also often useful. In some cases of Syphilis, Phenol (to be highly recommended) gives us some hours relief through the evening. So does the patient, produces sleep, allays anhives, and induces perspiration. I should never advise diaphoretic to.
be given to persons suffering from a very severe attack, nor
should I give them in what I have called the "simple form" of
Diphtheria Fever; for it is incumbent on me specially that
respiration comes on early, and becomes a cause of
danger to the patient. A general rule I think it is, as well to
avoid Diphtheria as to cure it, because they be exceptionally
rare.

Suckling & Dr. Sykes, "Pr. 375 and 376, Repub. System of Medicine,"
state the hypothesis that the poison of Diphtheria first
affects the liver, accompanied by diarrhea, and the
necroses malignant change irritates the diaphragm and
causes sudden inanition on account of the
erythrocytes and of the follicular process. The
ability of the poison be arrested and known out of the
liver, no peculiar blood poisoning need be feared as
from any other recent cause. To effect this, he
recommends sulfur and laxatives.

I have tried sulfur on several occasions at the
commencement of the fever, and have done so,
caused (because in the production of the
respiration of such were present, to cease) I
have used, to test Dr. Suckling, to be as far as
possible, the weight of mercury, and
flour 20-30 grains in water. This
almost invariably, produces a very beneficial
and a very rapid recovery. Combined with 37 of magnesium,
chloride, in an ordinary bitters attack, I have never
had cause to think had it exercised any
beneficial effect on the course of the Fever.

Suckling & Dr. Sykes, "Pr. 416," recommend castor oil or
their three 20. a mixture of bitters, but I have found
it most difficult, to be given in regular doses, as the
commencement of an attack; Suckling & Sykes recommend
that in the quantity of 100 grains be taken, ten
a teaspoonful, until the bitters be taken. In the course of
the ailments, it is not to be given until the
administration of strychnia, or nitrite of silver, or
other of the remedies occasionally prescribed, and
then, in doses of a small
case of Diphtheria at commencement of an attack,
or immediately after. Yeo, Dr. Sykes, in his
works on the Pulse, notes of strychnia during a
fever, and also recommends sulfur, I have
on one or two occasions prescribed it,
but usually cases not occurring that Diphtheria is
not so necessary, as administered, to stimulate the
respirations. I have found it
a good rule to administer these remedies only once or
in the commencement of the fever, when it
much constitutes the help. Sometimes falls on their
administration. Their pernicious effect on

are at any period of the disease being comparatively slow, and death in cases XXV, XX, XXI seemed to be
unavoidably due to renal exhaustion. In 1829, Dr. Batty, of Rome, wrote, referring to what was undoubtedly pyorrhea, that: "If prussic acid
influence is felt, all the measures recommended have probably been useless."

In cases where the abdomen is, the bowels are constipated, and the ulcerous ulcer of the skin in the neighborhood of the anus is severe, the
reduction of temperature cannot be obtained by the administration of this drug. However, in

cases where the ulcerous ulcer of the skin is not severe, and the bowels are not constipated, the
administration of prussic acid is particularly useful. In such cases, the ulcerous ulcer of the skin in
the neighborhood of the anus is not severe, the administration of prussic acid is particularly useful.

I have tried the case in several cases with good results in reducing the temperature, and the
ulcerous ulcer of the skin in the neighborhood of the anus is not severe, the administration of prussic acid is particularly useful.
Cardiac Tachyarrhythmias. Atropine, especially in children, is a useful drug, but not at the commencement. Ophthalmic atropine 3/4 dilution p. 5 every 2 or 3 hours is often a good beginning.

If there is no striking Bruxism (so common in nervous cases) by Hypehidro, which I have calculated in chart. It has no striking benefit but appears to have a generally beneficent influence, the patient usually being improved on eating etc. for. Beller's tincture is independently of its tonic action on the heart and of its diuretic action, to have also a generally beneficent action on Hypehidro. It appears that in presence of core, there is no instance of recoverable case when urination is increased. Sometimes, however, the clump will, or subsequent to, an attack. Bruce's Medicated I have given this in full (1/4 to 1/2) in some 3 cases a day in case of great depression where diarrhea was not present and have found it as in the example, perfect even and good for the patient. Theophylline I have given several times but without result. In case, of the need of much excitement a continuous encausis, it is unnecessary. It also acts very beneficially in cases as a tonic. I have also, and usually with Beller's tincture. It seems to exert a tonic hyst. The heart shows signs of sluggishness and generally improves it, but in adults I have never ordered more than one or 2/day except inHypehidro (in which W. J. Dowden, I merely used large quantities to reduce the heart). Relief of Bronchic Symptoms.

Tricholactinic or percussion of the chest is very useful where one does not wish to check diaphoresis. I am sure I have found Belladonna itself is of no value. I use 1/4 to 1/2 of Beller's cloth in hypodermic, if need. 2 or 3 p. of Atropine p. 5 de la tinctura. At this point every 2 or 3 hours or a pill of Belladonna, Belladonna is a useful agent, or an enema of Warm Lemon or Super Balsam or Belladonna, and a mustard in the mouth every hour rarely finds a useful as a sedative to the mucous membrane of the bronch.}

Complications: To be treated as they arise, if urgent all other treatment has been suspended.