Practical Illustrations in Medicine

1851

T. Bee.

Cardiac compression, some symptoms of dead England depart de artihogously omitted.


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Practical Illustrations in Medicine:

A considered view of Disease particulars is imperfect, as it omits any fact or occurrence which may take place in a large average of cases. It is vain for one of little experience to attempt such. And as every disease is complex as occurring in a body where numerous actions are often independent of each other; yet each influenced by each, preserve health or life; the satisfactory elucidation of many would thus presuppose a full knowledge of Physiology, a yet but imperfect. This applies alike to a consideration of Cases: a comparison of which is highly valuable, since favourable or fatal changes follow symptoms, and may be much more nicely marked, which have not been seen to be the result of actions amenable or not to treatment.

The following is a very imperfect analysis of some Symptoms of Case of Abdominal Disease.

Eileen M. Preliminaries admitted. 1st Dec'50 complaining of pain at Epigastrium with flatulences. Doctor has been ill 5 days. On 29th had an acute attack of vomiting a greenish mucus, shining, attended with pain at Epigastrium. Has since been empirical to bed on account of the pain and the faintness of her spleen, in afternoons, and has had vomiting every day since; for some time
prior to attack she was in no advance in pregnancy she had experienced great constipation, general loss of health, and constipation; not in the former pregnancy. Before this, health was good. On admission she is much sunk, countenance depressed, eyes languid, skin cold and clammy; pulse rapid small and feeble. Tongue dry - brown in centre. Bowels slow. Great tenderness in epigastrium and at hypochondriac regions.

Order one grain of opium to be followed of castor oil. In evening face slightly flushed; pulse more full. Skin covered with perspiration; pain still abated. No convulsive chills; natural. Heart sounds natural.

Healed.

Ordered 10 dec. 1/2 part in pain; one grain of opium and to be repeated in morning.

Dec. 5 Deced did not bleed well, bowels moved; had little sleep; pain unaltered but more severe in epigastrium. Has great thirst; tongue raw and wetter. Pulse 120 small, with occasional intermissions; has done vomiting since pain of admission.

Ordered 12 dec. 1 part in pain; 1/2 grain of opium, every four hours. Effervescent mineral. Peristalsis enema & be taken.

6th Still complains of pain; great depression; misses carrying last night. Is glummed; pain has
returned in part which passed off during Labour. Convulsion more pale; still cold; a sweat on it; pulse soft and small.

Wrote 8.17 got 1 hour to part. To commence

The Opium —

with ordered Wing Stammes

The Blister has risen little; Pain is abated. Breathing easy. Pulse 112 still soft. Tongue pretty moist. had no vomiting. Brumel moved.

To Contents Wine and Opium

2. appeas more suppressed and weak. Pulse 112, feeble soft. Pain still abated. Recovery, no vomiting this and sleep well. Brumel moved this once today for enemesis Opium.

A. August 3p, Rhode 3j Ay Chnem 3 1 10 5
A. Calmell 3j Prui j viij 9up Rose 9 is the dose is
Prui j viij 14 new 8 hours.

In the evening breathing became slow and hurried. Pulse feeble. Brumels repeated & moved since Mettitude. Check eat 12 p.m. Died 3 a.m. on 10th Dec.

Post mortem appearances - Peritoneum off diuer and diaphragm generally adherent by soft Glymph. Liver soft broke down somewhat in removal. Weight 7 lbs. Sterna

-ly of deep purplish colour and many gone yellow

-ly fluctuating prominences having rounded outline.
and from 1 to 3 inches in diameter. Sometimes many
acorns; some vary, marble to orange - at places con-
spicuous - and containing slightly yellow viscid Pus.
The living membrane composed of soft克莱 and
ill-defined grooved membrane. The whole presents
a red colour from centre to circumference - and the
leaves numerous vessels with lacteals little visible in full
Middle. Kidney Pus clean healthy.
Alimentary canal clear and it without ulceration. There
walls thinnest possible covered at places with patches
of yellowish granular irregular plaque which in being
removed discovered punctate erosions spreading through half
the depth of the thinned membrane which only where
that lost its velvety appearance and was granular.
Occum was adherent by secretions to the surrounding
Peritoneum surfaces. No mucous membrane and
sub-mucous tissue was much thickened. From
the bordering the viscus equal value spreading downwards
were numerous and extensive ulcerations small hernia-
were quite through the mucous membrane, and
forming petroliferous epithelium in contact with the sub-
mucous tissue. Successing these and for some
inches the mucous coat was thick and granular,
with pimples on its surface covering Erosions as in
Occum. Many albumine cells present.333
Flatulent tones very much in diameter. They contained an opalescent yellowish matter covered by the mucous membrane - with no surrounding inflammatory relief. - The mesocolon on section came out several crops of mucus exuding from between the Peritoneal membrane.

Should this come from the kidneys? There was no purulent infiltration present with lies. - Blood contained a dark deposit.

The anterior kidney considerably loaded with blood, but posterior nothing abnormal. - Kidney No. 1 normal size. Blood in it no green y white spots.

Posterior kidney and arteries healthy.

The diagnosis was the most important in her admission. She was seized suddenly with pain, richness, pain, general reduction of power of system, confirming her to had from that moment. Her state during the six days prior to her attack was very similar to that when first seen. The pain was local, not extending beyond No. 1 hypochondrium. It had been without any intermission until the extreme character so often in these parts. The tenderness was great but pressure could be felt in the sympathetic or general abdominal tenderness.
The local symptoms were slight — the constitutional grave. They (the local) were constant. Taken alone, they might indicate nervous irritability in some subjects: — Acute hepatitis: — Peritonitis. If they could not depend on the former was known from the pain being constant, sudden in its onset, never before felt, steep in its character, etc.

The latter more referring merely to local organs the prospect was more favourable, since they were not severe. The latter: Peritonitis: in some cases: the principal symptom usually sudden, followed by vomiting and constipation; depression soon follows. The following was suddenly seized with vomiting, shining, attended with pain: the latter secondary to abrupt and intensity. Here is this fallacy in few cases. That in Peritonitis the pain at a very stage of all inflammatory Diseases of serous membranes may be abrupt, or of little intensity.

The following case illustrates this point:...

(Addenda) — Brandling's complaints of severe abdominal pain, which continued next day. The pain were well constant, they and did not occupy always the same point in abdomen; sometimes appearing the panic of it; sometimes appearing to one or the other.
chandrium, or in flanks, or appearing beneath and around the umbilical region." But in the majority of cases the pain is constant. The following is a characteristic picture of Peritonitis. May 15th (andul) 7 o'clock a attack in afternoon and after fell in. Flank a pain seated at 6 o'clock over my right side. Thought the pain extended to the hypochondrium and epigastrum and he began to write scripts. Three had symptoms continued during the two following days. This state was termed "face pulle." A presence of the most intense anxiety, dyspepsia, surrounded with bleaker circle, intellectual and senescent faculties, attack. Abdomen tense and resisting. The slightest pressure causing the most intolerable pain. No fluctuation, frequent vomiting of green bile, nausea, tongue white and moist. Despite moderate febrility, ordinary strength regular. Skin hot and dry. General and great local bluish employ. "Vomiting ceased, expressing face some natural, diminution of abdominal pains. Felt great improve." Dido after arrival of cold.

In these cases pain was the principal symptom: of the highest intensity - exquisite on pressure. In the lithotomy of the place and increased on pressure she was able to hear percussion on admission. The kind of pain would form an auxiliary means of diagnosis.
In 6 Cases of Jaundice (Caudal) there was pain in this region in all, but in none so intense as in those of Peritonitis; the local effect was indistinct and only present on pressure. This might indicate inflammatory affection of head in Peritonitis, suspected prior to examination. The following from Jaundice and Morgan's "Atlas of Disease". In these Dial was found recurring with jaundice and other symptoms. The general aspect and history would be inquiries these latter from Peritonitis. In many cases Jaundice continued for 10-12 days, and many recover. Jaundice is an uncertain symptom and supposed to occur much in Psacral disease. Other symptoms, as pain in Shoulder, Head, Arms, as found in Hepatitis, would leave little doubt of diagnosis. The history of cases of Hepatitis as below best illustrates the disease. "Man 22 (from Caudal) had general itching, pruritis, bile dulness, then a swelling which lasted about two hours, followed by intense heat which continued. No local symptoms until third day when had pain in liver and side of chest. In fourth to fifth day pain continued and extended to 1st 3 joints in hands and feet. Swelling appeared. On second and third days, tissues of
of 10% hypochlorite and seventy in pressure.
Tongue white, no odour, no thirst, no appetite.
Sputum soft and free from pain. Spleen
Oesous Local Bleeding
On 2nd or 3rd day all symptoms worse; eye dull
and denis of epistaxis (pect hyperpnea symptoms).
On 11th or 12th patient stable, pupils fixed dilated.
Hair bit, dry, yellow, breath very frequent, irregular
of strength. Tongue dry and red; died in 15th day.
These symptoms are very different from those of
Pneumonia. The absence of blue tongue, the
plutous end of a white gastric affection. The treatment
has no effect in relieving the symptoms as in Pneumonia.
Numerous small, rancid, sheep, formed in urine,
accompanied with an organized soft lymph.
Death resulted in 12 days. The appearance
in 12 days each were similar.
Pain dwelling. Jaundice and urine colored
leaving little doubt of nature of case; but greatly assisted
by the general aspect and history. This latter
is the more valuable, as all the former may occur
in other cases as may be observed in this.
In the case, this was observed. In every instance, the
hepatic affection was secondary to other & radiating.
It was secondary in one to dysentery, in another
blood stoo...
Vomiting and nausea. The hepatic affection became advanced after the use of arsenic to check the diarrhoea. The abdomen continued free, became painful, fever supervened, stools red, with blood. Pain passed off; stools became passed every few hours. Head and skin became hot. Symptoms soon appeared—an attack of churning—a pain more remarkable for its constant short than acute, was felt at lower end of muscle of chest. Anterior navel set on with mighty contractions.

Acute Local Bleeding

The pain and term continued day by day, cough not increased, no symptoms of fever or pulse. The skin free and tender. Rectum dilated. In a year of increase of intestinal affection.

Furthur Asplenia. (Local)

Death ensued in 7 days.

A large recent abscess formed after death.

Post Mortem

The liver was of a madder color, the lungs free from inflammation. The liver was flabby, the gastrum and mesentery were tender. The peritoneum was inflamed. The peritoneum of the liver was inflamed, and of the liver and of the muscles. No inflammation of the mesentery was found of an irregular form, the bottom of which was formed of thickened cellular tissue, the edges of mucous membrane. White in some, red in others. Cecum and ileum not involved, but no relief was
It has much resembled that of Dr. Galleway - the one might have been anticipated from the other. This was Chronic affection of bowels in both; in one actuates ascites as a means of carrying off the poison in its power. Dr. Galleggway's symptoms as suddenly followed in fever to the 2nd. The ascites in Dr. Galleway's case has from the character must have existed long - although not causing much distress. The old feverish symptoms under which she had suffered were Haemorrhage andRECTAL BLEEDING; but which might have arisen from Pregnancy. - Galleway certainly had been labour in the case. The principal circumstances of each leading to diagnosis would be the sudden bearing following manifest cause. Even without the latter, the mind of an affection more than inflammatory might have been suspected. The true expir'g established of typhoid type. Absence of acute treatment seen in earliest stage of Pneumonia. - From intensity of pain. For relief of treatment. The previous history. Inflammation of the different organs or structures in the body would appear to give a different aspect to general system; which in case of absence local signs may assist diagnosis.
The cough in Dr. Galleway's case had existed some time, in absence of these affection, was probably
influence of the Hepatitis. From its great bulk the liver may be supposed to have been chronically inflamed prior to acute attack. There was further a pain and sense of tenderness at heart with no corresponding lesion.

In another of the cases referred to "Pleuris Pneumoniae Extremae Gravis: in jaundice, or "pain unresponsive to relief of liver." The general symptoms which might have indicated inflammation of liver were masked by the chest affection. There were however some signs of systemic complication as such as red smooth dry tongue, great thirst, vomiting at onset of the disease. Pain in the abdomen from slight present. The rest of abdomen and particularly the right hypochondrium were soft and free from pain. The abdominal symptoms were thus slight; when compared with Peritonitis.

The small details - absence found in liver. No other lesion in abdomen. The case ran its course with great rapidity.

In another a chronic abscess of large size followed by standing inflammation and suppuration of the kidney. The pain was felt in the hypochondrium and to inflammation of Peritonitis it was occasional. Ate more - a shriveling of the whole right kidney. The liver part
It being influenza. - It is most interesting as a secondary affection.

In another, the spleen had existed with ulceration into stomach, and symptoms had been those of gastric inflammation. For a long time complaining of pain at the gastrium, anorexia, fever, vomiting, frequent accesses of fever, much diarrhœa. At last there had been jaundice and inflammatory symptoms. They had become great attacks that kept him as a child. She had more a complete organ, the membrane, and opened it very with disease.

In another jaundice had existed at the latter stage of the disease. There had been acute symptoms of jaundice, sickness, &c. but subsided followed by the jaundice - corresponding to the formation of a large spleen. The fatal result resulted from breaking of spleen in Peritoneal cavity, with the most acute symptoms of Peritonitis, lasting three days, and contrasting with those of acute Hepatitis in the same cases.

In all there is an uniformity in causes, course, symptoms, effects, treatment. The diagnosis most with inad. of jaundice Hepatitis, and Hepatitis with jaundice. The signs of hectic fever
in a little advanced stage may be said to be. In the form of the face is usually inflammatory.

The symptoms are: 1. Sudden sickness of the face.

2. Lassitude.

3. Loss of appetite.

4. Pulse rapid and small, weak pulse.

5. Tongue dry, brown, thirst.

6. Bowels slow.

These symptoms are usually present on the 5th day. They are those which occur in many and fatal cases, particularly those cases

which recover. (Collapse of the system is most marked in the fifth day.) In some cases they are almost always developed - in others, a period varying from a few hours to many days intervenes. There is a relation between the rate of development and fatality of the disease.

A somewhat analogous course of symptoms is seen in all communicable affections. A fever (true) always follows the symptoms.

The onset of the disease is indicated by a shivering,

a period of collapse, followed by the characteristic symptoms. The same is seen in the

Egyptian. This latter has a strong resemblance
to supplicative disease - indicating probably an allied cause. Both originate in a morbid

condition in the body. --- (Epidemic Full Development, a peculiar state of system in the External conditions which will be greatest, the Disease Overpartial.)
In the cases of Inflammation recorded I am told, generally following Rubbedulysis, the secondary symptoms developed themselves, death took place, at variable periods. In some instances occurred immediately, in within a day, and in such death resulted in from 4 to 10 days. In these there was either a definite state of the vessels, or constitutional disturbance; in one repeated injections had been performed. Usually the secondary symptoms appear, with Shivering, two days after the Wound. The Fever from the latter stage, being inflamed, had subsided — followed by a more deep and Sphygmic type — a collapse state of System — features quitted within but, repeated relapses: Pulsus rapidus, small, often 120 or 130. Tongue dry, brown, sticking and vomiting. General jitters and deep anxiety of consciousness; the manner quick — both wild.

A second series of symptoms follow usually about this week: renewed shivering, increase of Fever, with appearance of Local Swelling. The Heart active, confined, intercostal, short, often violent, delirium, and coma. — Death at end of 2nd week.

Not only do the symptoms of Inflammation Rubbedulysis accord with Erysipelias, but the swelling, death, and appearance of death.

So great a resemblance is proof of an allied cause. In the case a foreign matter is known to have entered
the Circulation — not the sole cause of the symptoms, but one of the first facts in a series of changes which constitute the disease. In the other case, a person is not known to enter the Circulation, — the subsequent changes however going on as much as in the former cases.

In another case, Secondary Abscess, death cannot come sooner.

As from the immediate inflammation to Endometrium, it usually lives very locally, and must so in that case the most rapid fatal.

B From the immediate inflammation it requires no particular history of case.

B From the immediate symptom the Secondary Symptoms come in in one or four hours after. It is a period only sufficient for any amount to form itself injurious. In many other specific 1 dispute a somewhat similar course of symptoms is seen. 2 The introduction of a specific a period of rest — development of other symptoms, and cure of a discharge, as Abscess, Suppuration etc.

Suppurative Abscess has an epidemic character being much more liable to recur at some seasons than at others.

The state of the system has an influence on its fatalist.

1 day, in an unconscious subject 7 days, repeated 15, by William G.
5 days, often complaint for old Disease 9 do, with a 1st or 2nd Suppuration.
14. - amputation after injury to foot.
19. wound of knee - aneurismal aneurysm.
21. t. s. after lymphoma.
22. t. s. for ophthalmia.
23. t. s. for brain.
26. Amputation and Dr. Sweeney Knee Tonic.
30. Wound, skin, & aneurysm.
49. Butch man for bed of ophthalmia.

These cases appear to indicate, generally, that were the brain's system were good the appetite was longer in its progress, and the converse.

Cases of secondary abscess following Ophthalmia, must be considered analogous to secondary abscess following laceration of internal parts, giving rise to severe condition of system. The first is inflammatory stage of Ophthalmia produces the matter causing the secondary symptoms. The ulceration in the following and other cases, has a similar relation. As Ophthalmia can be almost uniformly treated with the virus often through the whole course of the case, and was suggested by the presence of the first series of membranes, the latter is often found, improves - a small amount of the virus would have entered in one case, where large abscesses were found.
In nearly every the inflamed region was
Closed by lymph alone the wound --- 4
Open but with much lymph --- 9
Closed at some parts open at others --- 1
Uncertain --- 2
In appearance 2 or 3 cases
Further the inflammation spreading the vein with
effusion of lymph thus obstructing the passage of the
vein --- suppurating about the ulcer.
In some cases where patch closed death took place
in 30, 20, 17, 24 days after the V.S.
In the same death occurred in 90, 71, 30, 32, (14) approximately
27, 29 days.
There would thus appear no relation between the
appearance of pus entering and danger of disease.
From the action of the living body such would
rarely have been expected. The V.S. was one
complexing the whole constitution, the necessary
change in the system. The result of
the influence of, the laws of development and health.
In such a case as the Spleen the
situation of the spleen was dependent on the Pur pustules,
as much consisted in liver: these acting as injectio
Hemorrhage Cancer of other cells have been found also to
No, as the exciting cause of the disease. The
fomentation: the abscess was a general affection. They always tend to form in a previously weakened or diseased part. In the same manner suppurate diseases are most marked in parts injured to an altered state. If mercury is thus injected into such abscesses, the abscess are very small. Cancer cells increase when injected into a sound animal, very slowly; but when absorbed, or some fluid product of them, naturally in human system, their secondary development is much more rapid (Vogel) than in dogs (Vogel). The law of analogous fomentation is in action here. The rapidity of this fomentation is much greater than that of cancer, but probably both are results of some law. The formation of abscess is the precursor of disease in most tissues. Cancer is an advance in development which may perhaps explain the same rapid formation of cancer. Differences may be sought in the structure and content of the cell.

Of Secondary Abscess
In some cases there appears no evidence of the active movement of the calculation; the vessel remains intact or after a slow dr.; in Syzyphus:

Inflammation of pleurisy tends to the formation of abscess. The introduction of mercury causes the acceleration of blood.

It has been supposed that matters precocious to the system cannot be developed in vivo. Whilst it is the
Vessels, i.e. during the constitution of its vitals.--But
changes occur in the proportion of its elements, from defective or
perverted nutrition.--Changes also occur in the course
of many diseases, as diseases of skin, of common
salts, etc., a substance the least probable of the suppositions since
the result of chemical laws. Changes in the organic
constituents occur in their proportion and kind.
In the effective sense, a disease is due to injury
which still continues from whatever the influence, the
development of disease is seen. The same has been seen
in streams of blood. That this is an all-inclusive
may be formed in the blood would appear from the
following.

1. Thrombi are often increased in blood -- it is all
connected with inflammation. The early result of a
vital process of which the formation? This is a later.
The Vasa Situorum are often inflamed. Knowing
asymptomatic or the cellular deposit is discussed in the

2. Early fatal events in cases of this nature when
wounded were seen from Arnot's cases.

3. Poisonous substances are often developed in blood as
in Jefferson's case and of the same nature as the
introduced itself.

The absence of such a portal blood in the
collecting without another channel is being the
person in this case.

of considerable time has been seen to lapse between the entrance of the Mucin and the thickening with formation of Albumin. There is no doubt there are means, still yet known, capable of arresting the disease itself. It would be applicable to many of the most acute Diseases whose course, and manner of course, are allied as Epidemic Fever - Influenza - Pulmonary lead. The principle of cure or prevention in each would be the same - the means - agent - mode of applying.
Cases illustrating some Cultivations of Lung.

The cases here adduced are reported at full, since any omission must destroy the natural effect.

22nd Woman cut 34, suffering cough and dyspnoea. She cannot sit up, or lean with comfort to right side. Suppurative - Diffuse, violator - Movement of chest rapid.

Breathing apnoeamic - Dyspnoea very urgent. Cough frequent, with pains of short duration. At the lower regions, like saw water.

The chest is well formed. Resonance is increased throughout, most marked in mammary and infra mammary regions. The breast clavicular region is comparatively dull to left. Over left back, resonance is increased, most marked in infra scapular region.

At the infrascapular regions, decided dulness. Auscultation shows respiratory waves very rapid - the breath short and in most places marked by bronchus, bilious, and few musical notes. Vocal resonance is increased in the infrascapular and scapular regions; of the highest intensity at outer front of upper scapular region.

Heart action rapid - Sounds dull, indistinguishable from the clank of a spade.

Jugular venous, mouth, lumbar - Appetite poor. Bowels
of these breathing she worked as well as ever but needed attention when the forms required an angle to be made. Her breathing was not particularly affected during second attack. It now the cough has been gradually getting worse during past six weeks.

Many years of cough frequent lasting many hours without interruption suddenly brought on by exposure to cold little arms visitation.

Many of the circumstances may appear unnecessarily stated, they were intended to be compared with the attack described.

Brain:

Treatment by saline solution, ammoniated T-g Opiiwm and sppecie 1.4.0.

26 Miles over whole chest have altered in character are more loud (muscular rough) and blowing. Ammonia and quinine.

27. Oxacill acid ordered.

28. Severe: confusion much and answer. Twitching about of arm, breathing rapid short. Can all speak and little or utter. Breath sounds heard over back, cough almost ceased, expectoration greatly increased. Pulse weak hardly felt at wrist. Skin cool. Treatment increased.

31 Great depression - no cough or expectoration, much sweat covering patient - lips low - 6.8 rectal. Skin cold on face and patient. Pulse as yesterday.

Ordered on 14% Chloroform being four hours.
generally regular - Catamenia regular. Week passed with
cosily. Skin fair and moist.

that her present attack commenced a fortnight ago after
exposure to heat. since then she has suffered as at present. has
sleep little. Cough and other symptoms have continued
since the admittance. Twelve months ago had an attack
of chest & were maintain at present but not so severe.
In four years past has had occasional attacks of cough
and dyspnea.

Further History from Husband Upper Druck.

Her Health has been good up to five years ago when had an
attack of Paraly affecting left side. Her left arm and face
were affected. Speech thick. Left arm weak and tremulous.
Of these symptoms she gradually got better in two or three
months. Her left arm prior to attack had been paralysed, temper violent. No change in this respect took place.
Preserved perfect her mental powers. Four months
ago was suddenly seized with convulsions, sprang many feet
falling on the face; - it was found the had lost power
and sensibility of left side. was quite insensible and
remained so a fortnight. Power gradually never
perfectly restored. Intellectual ever after impaired.
Her Appetite changed, from activity and Chittamry of
purpose, to complete passiveness. There was loss of
recollection of things former known. In the absence

Breathing short, rapid, labored; moist rale in chest. Dyspnea, and cough of paroxysm at times. Little expectoration. Pulse: 75. Lumbar a little painful, marked at level. Almost Dr. dried. If much cough expectoration; from anus and abdomen, rides occasionally. More distinct breath sounds on right. Marked to a leg above than in left. Percussion is more dull on left than on right. The former gives the crackle. Not sounds in every part and eternally. At the lower part, there is greater area of resonance without percussion than formerly. On right there is comparative increase of resonance in infraclavicular and mammary region. Pulse fell at most small and thready. Patient continued.

Since yesterday altho' her stiff face, coldness, have been gradual increases. Dyspnea has been some worse. - no expectoration. Diet seemed often about as occur - the respiration ceasing from short breath efforts at cough relieved her. - dies.

Post Mortem:

Death - All parts of the organs of Circulation were infiltrated with
Blood by inhalation. They offered also decomposed, though patches in buccae-thins, which contained some blood, 3mm. Heart dilated especially of left ventricle, which was swollen and thinned, & its walls then natural. Big of heart 1/2 greater than normal. Actual opening admitted the thumb steel but not two fingers. Valves had no vegetation, but little thickening on left ventricle - the other valves and orifice normal. The left auricle had it walls thickened. Ascending artery small but healthy.

Lungs left lung collapsed. 

The left lung was where fully expired; with greater spent expiration was rather absent. It was firm, tough, and contained a considerable quantity of bloody brown fluid which poured out on section, and pressure. This was most marked at its lower and back part. Where also existed a hemorrhage of a diffused and nodular form, causing a condensation which gradually spread into the surrounding pulmonary tissue. The largest of these points was the size of a walnut. Other smaller and less diffused points existed. Similar to these, but less, existed in both lungs, at its middle and back part. The right lung was in a similar state of condensation but to less degree. Emphysemaous at its anterior part. The whole upper lobes was
Freedom, in consequence and hence. Mrs. F. was in a similar state: much more evidences than the clinical evidences that existed, and appeared as old a date. The constitution of pneumonia. Branches accepted from pneumonia.


This case is an example where a state compatible with tolerable health, may suddenly become dangerous to life. The History, Symptoms, No. 1. MostInflammation appearances accord easily with, and explain the true nature of the case. The immediate apparent cause of death was the rapid progressive, and alteration of function of lungs. The pathology of a case will be considered afterward. (Page 38) noticing here the progress of the individual case especially as influencing Treatment.

The state in admission was dangerous. There was much impairment to function of lungs: the system throughout was somewhat, though not greatly, affected. She had been ill a fortnight in this attack. Had for some years prior been similarly affected to a less degree.
The history thus indicates a tendency to chest affecting the symptoms under any circumstances, where they were thus doubly dangerous.

The functional symptoms might have been those of pneumonia, or the Atroscine Malignant affection, the alteration in Spreaktum, or Asthenic signs, were therefore quite clear and the existence of Universal Bronchitis. It was not uncommon Bronchitis, although it began as such, and passed through the acute stages, thus giving the tendency for the results of the Pneumonia tendency to develop themselves—perhaps the chief cause of the symptoms under which she laboured. So long were the rules on admission that the Pneumonia case could not be observed—The severity of the case in its subsequent progress could not be easily explained, considering the stage and character of the Bronchitis on admission; although Bronchitis alone in preserved constitution may result in obvious consolidation of the lungs.

The history of the progress of the case—especially its symptoms, the periods of changes in them, the character of these changes, if compared with the real alteration going on in the lungs in, as known after death.
The proper association of these must be of great
value as suggestive of treatment.
In addition there was a bacterial Bronchitis affecting
the latter as well as greater Bronchi. For example
Inflammatory Bronchitis is for a point of prognosis
and treatment it may be expected from Treatment
the two greatly differ. In the one inflammation occurs in a healthy organ (often) amenable to principles
of treatment; as it is reduced the lung returns almost
to its former condition. In the other, form of
Case 2, the amount of inflammatory action may produce
as great effect with the danger of exciting those organic
causes of disease, whose tendency is to produce them, and which
are almost beyond the power of remedication.

Lather and an effusion of the organ of lung excited, yet one
was heard entailing every joint of the chest, and with almost
entire absence of vesicular breathing. Here was an
clearness in percussion save at upper part of right
supposed tubercle. The symptom very obvious, like
a skin in ether and the usual hoarse, husky, continuous
character, which was important as indicating the nature of case.
An almost fluid resonant fluid rent as much the
result of a simple Coe of secretion of the Bronchial
Gland, as a forced secretion resulting the Ignarque
Lung. The same wind of phthisis was seen in some
relief

of symptoms or general droopery where one takes

place is this way: as then it quite habitually its

suppression as of other accoutrements evacuation being

unfavorable. In this view being treated

with his coat she remained in same state

for long - the gradual progress of change of

dying is marked by the alteration, yet slight, in the

physical signs.

25. "Niles case whole chest lately affected with

"In the same persons and breathing." - The

improvement was noticeable - the operating causes

were in action and being the result of mechanism

necessary to life must continue.

30. "Is today weaker, assistance required continues

noting about of arms. Breathing rapid short. On

the whole family chest little our enter. Vesicular

breathing heard over back. Cough almost ceased,

expectoration greatly lessened. Pulse weak hardly

felt at wrist. Skin cold do.

With the suppression of the expectoration no further

relief was afforded to the lungs: - all the parotidial

symptoms increased: - this increase of symptoms

and relapse on Necrosis might be due to the result

of Pneumonia supervening: the pathological

condition of Capillary Bronchitis: 

unfavorable
to that of Phæmonia, 
much the process causing the
consolidation is very different, and needs - whilst the
case admits of any - a different treatment.
The sudden suppression of the organic 
activity was
an effectual on the cessation of the cause producing
it but on the loss of power of the Bronchial Mem-
brane to power it off. Remaining in the Lungs it
equally as Lymph would evidence the tissue of dividing
the structure of Air cells. A sudden contraction
"admitting freely the fluid" could scarcely affect
much the circulation of the Lungs. The frequent
attacks of Bronchitis, and renewalability, were
probably the chief precipitate causes: home
and partly by there being an dilatation of Right Pulmon.

It will now place with remarkable accuracy, the
last four days of life presented that balancing
stage between death and life, within a slight cause
commonly decides. It was then
the Pulmonary Apoplectic came on, dependent probably
as the Collapse did, - in the Systemic effects of the
Bronchitis. Cardiac Lesions. The large Lymphage was
dismissed bloody in its centre, but gradually diffused
itself, into the state of Collapse and Engagement.
With the decreasing extent of acting Pulmonary tissue
the Blood becomes more imperfect oxygenated.
nervous functions be perfectly performed. The
sensibility thus impaired the lungs act with still
greater difficulty—lack at the same time the
general system from the impaired energy has lost
seed of good blood and a rapid circulation.
This may explain a part the dragging out of
the patient. The left upper lobe function being
sufficient to sustain the remaining vitality.

There would seem to be no mode of
Treatment in such cases having much prospect of
success. The production of the urine is constant in
action. There are no means surely capable of arresting its
Nature as a certain stage becomes chambered, and death
ensues; or the fluid drained in some other source
affects the lungs before such a result, and recovery
takes place. Persistence either at the latter
In the early stage, any larger Besicles on chest acting
as demulcent as well as counter irritant. Cathartic
for some object with perhaps small Bleeding
a digitalis is often tried, acting on
common principle that other channels would afford
the best promising of success.
I met the following case as being referred to subsequently. 

Allow F51, labourer admitted August 15th complaining of dyspnea, cough, and cough.

History: Was in good health up to three weeks ago, when slept in an open place three successive nights, from poverty, since had had cough, spit, difficult breathing. These all became worse last Saturday (a fortnight after the exposure) and have continued so since.

Respiratory: Breathing short and rapid, coughs frequently, and spits a considerable quantity of their frothy sputum. The chest must be reched and lightly removed. (mistaken). Loud rhonchi and rales are heard all over front and back.

Cardiac: Pulse 84 per minute

Inguinal glands: No many parts oozing with longitudinal streaks, loss of appetite for food, thirst, weakness, children sympathize. Has been very weak,acutely ill.

Bowel action: Seven to 10 per day.

Pausing (sheep) and dry.

75 Quinine. 25 Dram. 150 Quinine. 25 Dram. Sulfate 3 g.

Post Camp. 3 g. 2 T. Malt

3 g. every four hours

Blister to left arm. Influenza,

10 Pulse Meals - Ameliorate.

10 Quinine. 25 Dram. 100 Malt. 3 g. Post Camp. 3 g. 2 T. Malt

3 g. every four hours.
39. Unit mixture

29. Moist saps are heard on whole of chest behind
   over all front and part of back lobulant saps.
   Take 30 or some other.

30. Much purges

39. Lobulant saps are heard at every part except at lower part of right back where are moist saps.


13. Do not take much water. Dyspnea very urgent, half from not having done will cough much. He is delirious occasionally and does not understand what is said to him.

By afternoon 37.3; Paint chest 3 or 4 times.

31 long two times.

36.

Both lungs were at a few points adherent to the
central pleura. Both posteriorly of deep brght purple
colour, collapsed, and tough, yet sufficient to a slight degree
the collapsed appearance with the outline of the lobules.
The affected parts being mush below those adherent.
Section of these parts showed a red uniform, smooth surface, with no hardened points or indentation; whilst a purplish red liquid exuded.

The antemortem section was remarkable for health, the lungs containing dark blood. Pneumonitis organs were affected

The cases referred to in the following are detailed at pages 64 et seq.
Certain Cases of the Lungs Simulating Phthisis:

1. In its most early stage.
2. In stage of greater consolidation or softening.
3. In most advanced stage of scrofulosis.

Auscultatory signs being purely negative, any kind of process of changes occurring in the lungs giving rise to similar states, produce similar sounds. This is particularly applicable to auscultation of percussion.

These two modes of investigation may disclose any disease by means pathognomonic of it, but by a combination and therefore exclusion of the diseases mentioned. Diseases come most of the diseases amounting their evidence common to other and very different diseases. In some of the cases revealed this combination failed, not does it seem possible to have decided from the signs alone, whether it is from consolidation or some other form. Auscultation failed. An appeal in such cases to the judgment expect - eminence of by himself and history of patient must be of great value; yet even this cannot decide with the certainty desirable in Medicine Practice. The importance of distinguishing refers not only to delayed prognosis, but to results of immediate attack, and treatment necessary.

In the case of Mr. Whelan, Phthisis was expected at upper part of right lung, and in other cases a similar combi.

[Signature]
was presented at the public lecture. In Boston, 1859.

The signs were those of acute disease.

Whilst the principal truth of these states regarding
affections may be illustrated by the cases referred to, each showed some particular consideration.

In each, the condition was the result of a different
basis, needing a different treatment, and of differing
prognosis. They show the importance in
the management of its cases or the same kind, of
individualizing every case in its own particular
and peculiar relations, not merely by covering the
result of what has gone before, but by analyzing
every fact presented, both by state and history,
and by comparison, arrive at all probability of
the true pathological conditions.

The cases illustrating the difficulty of diagnosing
the acute stage of nephritis are McPherson. Ludes, Mc
in McPherson and I have noted that often examination
revealed the true lesion. From the strong resemblance
of the other two we may presume a similar condition
exists in them. If not, the difficulty will illustrate
the purpose.

In McPherson the signs were:

1. The right subclavicular region was tender.
2. A right subclavicular lesion is decided about,
Vocal resonance is increased in these regions - the
most perfect bronchopulmonary atelectasis: end of chest.

Rupture of "Pericardium-chiefly good respiration in
" every part, but in the infralaminar and
" Scapular regions, where it is divided thinly. Resonance
" is increased over left back. Every where smooth,
" dilatant, and moist rales. Vocal respiration increased
" in the infralaminar and Scapular regions.

In the Fle - Deep pneumonia natural, some in the
" infralaminar regions where inspiration is loud,
" and expiration prolonged. Vocal respiration increased.
" augmented rales on percussion. Other parts of
" chest healthy.

In each of these are the signs of commencing con-
" solidation of lung: taken alone, the probability is
" in favour of Pneumonia, but when considered in
" connection with the whole lung, and the Caudal lesions,
" simple collapse is probable the diseased state.

The mechanism of the loud tubular breathing
" of Pneumonia is the loss of the spongy power
" of lungs, and greater resistance to the "entry of air, which is thus compared to the Sputum.
" The same cause produces an increased activity and louder conducting
" medium. The same condition exists in Pneumonia.
in certain stages, and amount with difficulty the
distinction from Tubercular Disease, mere it was for circumstances beyond the mere signs. The
cases in question were the most suspicious as
occurring at upper part of Lung. They indicated
what class of cases these states tend to take.

In the Phrenic. The Lung at the part was non-
expansile, tough, of increased density, had no
marks of inflammation; but had all the marks
of the collapsed state occurring from old Bronchitis
or from Compression. The Bronchi covered are
not affected. The vascular structure tracheated; the
mechanical condition as regards Respiration is
the same as in Tubercular consolidation.
Enforcement of the Lung, with Blood in obstructive
Cardiomeum Disease, is so frequent that this whole group
of affections. The final view of the symptoms
thus determining the real architecture of the part.
In former whilst under observation, a considerable
portion of the right Lung, Jews, with certain of Impurpura,
tending to collapse, relieved by Lobotomy and Diuretics.
This kind of Phrenic consolidation constitutes, indeed.
The chief Affekt in Cardiomeum obstructive) Disease.
Illustrating the second stage of Tuberculosis.

Infection over right front all was dull, moist
marked at the lower part, where was large expectoration
and friction. These sounds heard also at lower part
behind. A large clavicular region there were tubular
breathing and loud moist rales almost amounting to
gurgling. Moist rales heard also over back. On left
side auricles. Inspiratory and expiratory sounds. Auscult
in Percussion.

In this case Tuberculosis, in its second stage, appeared to
cost. The rales were heard all over chest, most loud
below and infraclavicular region. No Inspiratory sounds
heard at any part of chest. As indicating the second
stage of Tuberculosis, it would seem to be supposed the
whole lung in this state—emi. When the upper part
is in a state of softening, the lower is in that of
simple consolidation. Besides the history and
other symptoms clearing indicated a recent attack of
Pneumonia. (5)

There had been pleurisy with gray membranes
covering the whole chest. There was little phthisic
pleurisy. Nature of tubercle is either dry.
The history of the attack, its course and
symptoms, were most important to the taking into
account in forming a diagnosis. — Recommended
one month before with fever. Mai, and he had been ill with some symptoms since. Since had elapsed for an acute attack to pass on into the Cheuric. The hepatic proteins as seen after death conformed to this, as also the pleuritic membranes, firm in texture yet easily separated. The other portions of the lung were mencephalitc, quite impermeable to air. The production of this state depended either on the exudation of the pleura - producing the second stage in the respiratory power of the pleura. The latter is improbable. both from the view of clinic, there being little tendency to fibrin exudate where much lymph is thrown out. Here also being found little after death, and the improbability of absorption has much been present in such membranes exists. The appearance in ascetic differs from that of second stage of inflammation. It was of reddish colour, smooth, small quantity of fluid, corpuscles, strands of lymph, granulations - its tissue and cell broken down. It had more

The characters of exsudation and was probably the result of the gradual exsudation of the pleuritic membranes. The Burschi leading to death it were large. These lining membranes injected and turned some purplish fluid. The difficulty
Indic. to say during life whether Mr. Wilson's chief seat was in the upper part. Most of the symptoms the result of pleurisy with anterior effusion. The heart sounds were soft, but might have resulted from bronchitis supervening, or in the transposition of these sides being at the base (from the back) the former is the more probable, as there near the clavicles more move than than there at the lower part of lung.

The following case shows more strikingly how this simply endemical or collapsed state of lung may resemble this:

Clifford was a very delicate looking child admitted with symptoms of Tachypnoea and Phthisis. The former was found at post mortem examination to have been a form of parapneumonic effusion, though local Colonic edges, especially at its lower part, were indurated, and joint attached to bony edge. - no ulceration.

There was cough frequent and slight, no marked dyspnoea. Chest well formed - vocal thrill; no appreciable aphonia in parietal of sides. Present the slight right chill in percussion sound marked in infraclavicular region. On right back the Scapular regions are dull, more marked than any other regions of chest, and the left extends over whole side.
On left vent and back the unnatural sound is elicited. Respiration is very labored. The right sounds loud, more hard, than natural, approaching the blowing. In right hypochondrium and scapular regions a loud respiratory murmur is heard. Suspicous resonance is shfd on increased in these regions. Must not be taken occasionally.

Trachea sounds very indistinct at some parts. 

Her cough continued, expectoration became affluous. 

Chest at its upper part fell in (owing to absorption of upper dorsal vertebra). 

Three months after the above report. "Breathing very quick, & short, tubular breathing (out of the highest intensity) is heard on both sides. 

Chest in front: no vesicular murmurs." The child soon after.

Intimate. Right lung adherent at many points generally over its surface to peri- & chest, within, through with comparative ease. Pleura yellow and thickened. Left lung was adherent - healthy lungs in other side. Lung exudation almost nowhere - no trace of tubercle in the absent. The edge of the right lung behind was by exudation stained green from there at other parts. 

At the margins of tubercles were exudated with exudation. The same cluse part contained no marked amount.
of fluid.

Left lung exhibited full goblet at some spots at the margins.

Bronchi engorged. Contained much mucous and bloody fluid.

The soft and bransy character of health
respiration depends on the yielding power of the
lungs to the atmospheric pressure. General
alveolar adhesions would prevent the
natural yielding of lung to its capacity, and to some
extent impede the entrance of air. The fullness
of the front of the chest and compression of lungs
would also have a similar effect. The partial
obstruction of the lungs also act in some way.
These causes acting to the scene and would thus
produce a condition capable of giving rise to
the harsh and tubular heaving. The ascension
of bronchi gave the symptoms of commencing softenings.
Suffocating the local respiration became very well marked.

The case in its signs much resembled typhus.
The pathological changes also very similar.
Pathology of the Simple Inflammation of Lungs

If an advanced state of the lungs occurs, the same signs and symptoms, may result from very different diseases. All the pathological and physical conditions, the mode of production are very different; but progress being sometimes rapid, and its results, often fatal, its treatment must depend on a knowledge of the causes leading to it in all cases. The probability of its returning to its healthy functional condition makes it the clipest class of cases according to the cause leading to it.

1. It may result from their affusion in chest
2. From the shedding of false membranes
3. From Bronchitis alone or more especially associated with Carcinoma Disease
4. In last stage of many diseases especially where nervous function is impaired.

It is the same state which constitutes the Tubercular Pneumonia of Infants; the expanded fetal lung. This very common in lung of child. The usual form of Bronchitis is in the obstruction of function of lung. The mechanism of the Lung is simple: many of the results of disease are purely mechanical.
sign of diffusion of thick fluid in the Bronchii, the prolonged spasm, indicating the difficulty air has in escaping, and an obstructed state of the tubes. From the same causes little air enters the lungs at these parts where their aspirating power is not called into action must from their natural elasticity collapse. The law of log of functional power with log of resistance holds true, so that absence of the conditions last long a permanent anæmical results. It has been further explained from the progressive increase of resistance air has in passing into the more dilated and smaller Bronchii, the air passing from large into smaller tubes, driving the coneous before it, and obliterating the Bronchii. In passing from smaller into larger Bronchii there is less resistance, and hence the constant tendency for part of the lungs to fill with air and in this way collapse. This result in the lungs is the more to be expected in certain forms of Bronchitis:—constitutinal powers of resistance, effects of former attacks etc.—Endolip'ic case illustrates this. In him both lungs at their back parts, for two thirds of their extent, were in this condition. His history previous to attack:—from the symptoms to closing his illness, and from
First surfaces appearances - a clearer knowledge of the importance of this pathological condition was obtained. He died 7 weeks from commencement of the attack. It originated in an inflammation of the chest. From having suffered much pressure and smart, a state of system arose, in which any disease would tend to assume a bronchial type; the change to the lungs would be a duration of powers of respiration. He died in a week from this time and during the following three weeks was exposed to those fiendish causes tending to accelerate its progress. To his admittance symptoms of acute pneumonia bronchitis existed; the condition of the lungs was slow. "The whole of both lungs were affected; subsidiary states were found over all of them and back, on auscultation: expectoration: expectoration frothy, mucous cough frequent. Breathing shallow and rapid. Pulse 120. Auscultation white lungs with bronchial cracks on the right. Throat irritation severe. Abdomen tympanitic. Fluid and dry.

The emuncta bronchi were very white. affected, and the system not a little involved. The abruptie respiration affecting primarily the Blood and then the nervous system, would produce a diminished amount of sensibility in the lungs further impeding respiration. Under these pre-
- its present cause the collapsed state came on and was the immediate cause of death. It was recent since bilateral rales had every where been heard a few days prior to death: one was the first belief not evident.

Pneumonia often supplants an acute Bronchitis, affecting the smaller tubes: which is the common cause of Collapse: the two diseases may thus be confounded. And thus the name reality, from the passing on of the Bronchitis to the immediate neighborhood of the collapsed portion, not that stage when their fluid is thrown out of the tube, a small crepitant rale will exist: the collapsed part giving rise to a condition equally incapable of respiration, the functional symptoms would be the same as also the physical signs arising from the fluid or consolidated air tubular breathing, etc. The absence of the stilled aeration. However valuable, in the diagnosis of the new presence of Pneumonia. In the case closely there was about a week before death a sudden increase of symptoms: then arose the question was it Pneumonia or simple Collapse? The general symptoms should be considered: in Pneumonia there would be probably an increase of the inflammatory signs, or an increase of the TYPHOID. Should this occur? The latter
was observed in loneliness... and it would perhaps be more likely produced by the collapse than the inflammation? Thus in this case the general symptoms would unfold much in accordance which of the two pathological states existed. — The local functional symptoms would afford little assistance. In another... The increase of dyspnea was sudden and extremely well marked and the skin showed extreme pallor, the back especially of the right side. Really the respiratory region when with the writing apparatus sufficient data for diagnosis... here.

Left: 'Dullness are less everywhere, same at lower fourth of right back while one auricular node

Left breathless, especially on left side, much cough and fine expectoration at lower right back.

Pneumonia more frequent with another poorly aligned... I then at the back where dulness and the signs of pneumonia existed. The auricular nodes preceding the development of this state were larger than in other parts (where dulness was less) of the chest.

This would oppose the theory of its production and assist when such a state is threatening in the diagnosis. The system throughout was characteristically Bubonic.

This same difficulty was seen in case of P. Brown.
The mechanism of its production has been explained. By Hales it is considered the common cause of
Emphysema — the other parts of the lung being forced
to expand to fill the cavity of chest.
Bronchitic subjects are rare without Emphysema —
the above condition is the most durable cause of
its production.
The same force which gives rise to Emphysema
can cause a condition simulating the third
stage of Bilhæus; viz. Distention of Bronchi.
Intense the plugging up of the Bronchi with mucous. Emphy-
sema is the common result. When however
the collapse does not occur close beneath the
surface of the lung, but at a greater depth, and
seems a large Bronchial tube, and where it
comprehends a larger tract of Pulmonary Lobes —
the result is Distention of Bronchi” (Hales).
Pneumonia Diseases show a greater tendency to it, A where the Pneumonia affection is primary.

McPherson: Pneumonic emphysema and dilated left ventricle.

(66) Atelectasis Pneumonic emphysema and Atelectasis.

(67) Atelectasis Pneumonic emphysema.

The course of these cases illustrate the liability of Pneumonic complication associated with Disease of left side. The mechanism of its origin is obstruction to the flow of Blood, and stagnation in the lung, - the result of which may be a mechanical asphyxia operation; but if long continued producing the states former described or act as producing a state peculiar to inflammation.

These two modes of production are often associated. The former gradually passing into the latter. Inflammation, often rather acute, being pitched up in a lung, whose state of congestion, is that most liable to produce it. A greater measure performing its function imperfectly. - the system being thus in a state of oscillation. - it is doubly dangerous and leads to fatal termination with sudden rapidity. The same is seen in Fever, where latent pneumonic occurs, and infrequently going to Sangrene - at least
The knowledge of the mode of production of this stagnation is most valuable in practice, since the causes tending to it can be avoided, and relief afforded by treatment, and the case of Men Despiris with their various effects from Cardiac lesion.

In Disease of Left Side of Heart

Hypertrophy complicating is rare absent: a constant

Bronchitis, and often accompanied are the same

acute affection as purulent Bronchitis, often

interrupper. The Hypertrophy vessels

constantly filled with an undue amount of Blood,

before the main capacity of the lungs hence

obstruction. Relief is afforded by the constant opes

turation, when this is checked danger results.

(see Mr. Thomson). It may further be relieved

by the flow backwards through the Right side

with its secondary consequences, and this seems

generally the case. The lungs being more in a state of

slight engorgement; but when an inflammatory attack

sufficient is on them then seems to be a tendency

for the Enlargement of these to influence the right

in a much greater degree—giving rise to

Apoplexy—Adenemic acute death...
Hardness of fluid accumulated in the lungs would be rather collected at inferior and back parts, since then the greatest vessels enter. Gravity would influence it but slightly. The entrance of air and expansion of lung would tend to force it into the lowest position. This is well seen in case of peculiarity. Percussion can be unnatural dulness except posterior, while at lower part of both sides, it is unchanged. Further, respiration breathing was heard at every part of chest same as those noted earlily. The effusion takes place into the cellular tissue; where the vessel ramify, itself become, then into the air vessels. If not emptied entirly into latter and coughed off it is absorbed. Its results if not removed, have been curialized. In accordance with the case quoted and the mechanism of its production, Wasse states. "Respiratory albumen which it becomes an independent life; is not always generated by the laws of gravitation. The air frequently formed into a far higher degree, in the upper lobes, and near the anterior surface of the lung, than at the posterior parts." What is most certainly noted in these cases is the frequent recurrence of inflammatory attacks of lungs. Depending mostly on the complicated state...
previously existing—the one passing into the other.

The characters of such differ from other inflammatory attacks of the same organ, arising in an healthy subject, from common dermal causes. In them the general symptoms of Acute Pneumonia are not well marked. The incubation is sudden and gradually increasing in intensity. If it lasts

enough a short time the functional symptoms are those of Dyspepsia, without the inflammatory Fever, and constitutional without complications. Absence of the retained gastric Respiration. In accordance with its dependence on a cause without itself, and capable of being easily influenced—the physical condition and hence signs vary. As with symptoms so with signs, there is not that gradual and uniform progress through specific stages seen in acute Pneumonia, but more that of Pneumonia a further, while contiguous parts one in different stages, and changing rapidly.

The physical Signs in Dickey were those of endocarditis at his admission. But it been been Pneumonia the second or third stage would have been reached (the Endocarditis had lasted 10 days). In June 1867 it was removed by process of "bacterial" process and this at
"lower part of both lungs,"

The difference is not in kind, but in degree. The
 lungs are obstructed and rendered stiffer in each;
 the degree of alteration of signs from health differs
 in the two cases, as lumps is affected in the - Lumen
 in the other - as well as in congestion too.
 In such cases the spread of the Constitutional cauli[for]
during the subsidence of the affection 1, 2 when
the fluid is clearing - is particularly marked, and
is a favourable sign. In reference to this
pipe - as the functional action and arrangement of
the lungs are few in fluid - as the Physical conditions
naturally fitting are simple, and capable of few
changes. The source Physical alterations and pipe
often or affluent states - needing affluent treatment.
The eruption in the cases indicated, and occurring
at the resolution of the affection, is an ground for
active treatment. It occurs at the most
early stage and should indicate rules for
avoiding the tension of abdomen - its occurrence
and tension as cutting stage of active Potential
has another explanation - that all febrile
Inflammation late at their limits simply
serious eruption.

The other Cardinal
and general symptoms, of course, assist the diagnosis.
as also the effect of Remedies.
Right side of Heart in relation to Pulmonary Complications.

The bend act either obstructing or by grief of action, on the Pulmonary circulation.

Affections of right side of Heart are often secondary to the case in the Lungs. In case of left side of Heart may act as cause of this case or vice versa. Its effect is this every in and great and so powerful as is case of the lungs themselves, especially Emphysema.

Left Ear the affections of the atmosphere in lungs, and reflect through the right side without calling forth much increase of muscular action on its part since the function of Respiration is impaired, and the demands of Oxygen are.

In Emphysema the body is usually not necessary in healthy state, the demand in lungs, and hence on right side, is much greater. The pathological change in these vessels de an Emphysema may also leave some influence. The case of Lutters (64) illustrates this. From Emphysema and Emphysema arc to judge from the form of chest, and the history, too excess during life, there was great hypotrophy of right side, all this the Pulmonary.
affecting had not been apparent, but as following
her a fair amount of health. The affection
in ten of the left side (amylo degeneration)
had not serious influence on this. It was
probably recent since it increased in intensity
during the two months under observation.
was there any decided hypertrophy of left
side still the same probable, since dilatation
there is still the same probable, since dilatation
more in the enlarged and narrowed chamber, in
her no affection of left side —
these two cases are further interesting as
showing the liability of pulmonary complications
to arise from the hypertrophy of right side.
In Mathisen "the 43 posterior of both lungs
were collapsed & one of one part out of this
line, slight edema more like than of Conviv."
Willing was very slight
an attack of pulmonary Brenchitis lasting which
has resulted in destruction of functions in half
of both lungs. In Lauging on one occasion rather suddenly the greatest part of the right lung became complaintful with absence of breath sounds—loud rough short anomalousCatalogs—with great increase of dyspnoea. Relief was immediately afforded by verat a large blister and bidentate ointment.
The relation of Pulmonary complications to nervous symptoms

This is most observed in those affected by the lung, whose course is rapid, or least prone, occurring quickly in a previously healthy constitution, and in all cases of very old (and often) standing. Whenever one part or function influences another there is a circle of action, and reaction between them. The functions of the nervous system depend on the lungs for the condition of their existence; the latter again directly dependent through the mechanism of its performance, on the integrity of the former. The danger or death results in each from the same cause, brought about by different means, and needing such and written as a different treatment.

Pulmonary affection may have another cause than the impaired sensibility, either - and most commonly in these diseases - when the whole nervous system is involved in which particular nerves supplying the part are, one affected. The nervous improvement may be altogether secondary - neither can exist long without influence of the other. The

[Handwritten notes and corrections]
it is secondary, there is acute danger; when pneumonia the lungs are the objects of treatment. The ultimate cause of such is the state of the Blood. The former is the more dangerous, and is the result of the commencement of a cause which will go on, if cause still existing, to an increase of the affection: the latter is often the termination of a disease whose action that the nervous system of the lungs is nowsubsidiary to. If the disease be unusually long and severe the pulmonary complication will come on before the crisis, reaching on the brain de as in the former class of cases. Thus perhaps illustrates this, and the latter stage of all serious affection of the lungs.

William Henry Reese
March 31st
1867
Hypertrophy of Lt Side - secondary to Damage of Aortic Aortie - Aortic regurgitation

Cases

Somatic - Woman 40 - had all through life hard habitual cough. For some years past has had slight dyspnoea on certain - for 12 months extreme difficulty of lying down - starting from sleep - cough and expectoration. Had Drippage for first time a month ago.

Cadic Pulse has been suddenly lost regular.

Heart impulses strong felt over all Epigastrium.

Dullness to 1st note right sterno. Apg heart sound between between 6th 7th ribs.

At base a soft Bruit with 1st sound. A murmur louder with 2nd - heard left back at apex.

Strong pulsation at upper part of sternum and uplift tenderness.

Palpation - Augment. expectoration copious.

Respirations rapid. Always come at infraclavicular and Scapular region. White Blood. Respirations increased more than usual. No rales heard over most of chest - with Sibilances and Rales at 2-3 few per cent. Vocal resonance comparatively increased at infraclavicular and Scapular region.

The symptoms were better and worse at times - the state of the RIGHT lung has been mentioned during one period.
Pneumonia affecting Lower Lobe - suspected during life. (Handwritten)

Lungs. - was in perfect health up to one month ago. When attacked with Pain in Right Cough and Dyspnoea. The Right was dull at every part especially at lower where there was a subcutaneous pleuritic. Here sounded both also at lower part behind. At upper part blue, respirations and large moist rales - almost surging in infraclavicular regions. Apleanitic fever and rash in left side. Died of severe pneumonia.

Lungs. The Right greatly retracted in chest, adherent to thora in many parts. At the lower covered with membrane 1/4 inch in thickness. Lip bluish at upper part. The left dull at every part. - Peripneic in degree, considerable quantity of fluid capable of being squeezed out at its lower part. At its bottom and back part a portion of grey depressive. In places contained a cavity as large as a walnut 1 lined with purple imperfect membrane: peas. Bronchi at this part filled with clot of blood. Bronchi at the part healthy contained thymus similar to that of a healthy lung.
Roman Cardiac Disease following Rheumatism.

Vulse 70 angular moist. Apex beats between 5th 6th ribs. Precordial dulness at ach. 10th sound at apex is loudest at base, feeble at base. 2nd sound has least loudest at base.

There is cough with copious expectorating tenacious white mucus. Occurring good morn where oes. Infrachlavicular and Pectoral regions white chalk. Each inspiration natural occurred chest, and N° except at infrachlavicular and Scapul regions where the inspiration is heard to prolonged. Vocal resonance increased.

Most troubled with exacerbates attacks of Bronchitis and Inflammation of the organs.

Matheson - man at about 30. Very acute spinal curvature the lumbar, and lower dorsal vertebrae being in level with upper part of Sternum. Chest very narrow. Sternum pretty projecting forward. He had been subject to attacks of Bronchitis this fatal event took place after a short and with very sudden recurrence.

The whole of of back of both lungs was found collapsed and pneumothorax cut out.

Bronchial inflammation.
Dickie at about 30 or so - had cough, difficulty of breathing and palpitation.

Asthma six years ago with cardiac symptoms. Two years ago commenced to suffer palpitation.

Cough has been much worse during past 12 months. The present attack has lasted 10 days with dyspnoea.

The complain of cough, oppression, palpitation, aggravated in cold damp weather. Return of both flank and emphysema.

Neck aching, string pulsatia, whispered. Aper near to heart below 5th rib. Remember abdomen much extended. Diaphoretic, absolute. Liver bellows summer with 1st sound as aper departs a ascending. Achis of heart regular.

Respiration difficult, short, no able to speak, except in last. Her last was at base of both lungs where it impeded the breathing much in their parts.

Dispassion and general condition improved slightly. She had slight relief that even in her general health in these weeks.