Thesis.

On Acute Dysentery and Hepatitis

by

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Acute Dysentery when taken by itself is generally speaking a tractable disease, but when it becomes chronic, or is complicated with other diseases then it must be allowed to be very fatal. It may attack at any time the strongest or weakest person, making no distinction between old and young; it may terminate fatally within a longer or shorter period. It differs in intensity in different countries and should also seem to vary according to the exciting cause, for the Dysentery
which occurs in India and other localities where the temperature is high, is more severe than the Dysentery which occurs in this and other temperate regions, and when it occurs sporadically it is less fatal than when occurring epidemically. This disease may be present at any time of the year, but it is more common during the heavy rains in the East, or during Autumn in this country. With us Dysentery is not a very fatal disease but three fourths or even perhaps more of all the deaths that happen in India are attributable to this cause.

By Dysentery is meant inflammation of the mucous membrane that mucous cellular tissue of the large intestine going on to suppuration and particularly affecting the glands of the large intestine. In fact it is the glands of the large intestine that are chiefly affected and
is in them that the first mobid change take place. There is a peculiarity about this inflammation, and that is the rapidity with which it proceeds to ulceration, even although the inflammatory action is not severe; for in dysentery however slight the inflammation may be, ulceration is sure to follow. Another peculiarity is that so little pyrexia sometimes is present even in severe cases of dysentery, while if there was the same amount of ulcerating surface externally as there is internally, there would be a certain amount of constitutional disturbance. In dysentery there is a great deal of variance in tone of the symptoms in tone from the very commencement of the disease. The pulse is little changed, or there is no great increase of the heat of the skin, while in others affected with the disease of equal validity
and duration, the pulse will be found full and bounding, the heat of the skin greatest and all the signs of inflammatory fever are present. As regards this difference in the pulse we often find the same phenomenon in other acute diseases, and Dr. Aikenby says 'Extensive and general inflammation may be going on with every variety of pulse.' I do not mean to say that in the case of Dysentery progressing towards a fatal termination, that the pulse will remain the same throughout but that it may differ in different individuals. I shall now describe the symptoms of Dysentery not as it occurs in this country but as a tropical disease. Dysentery may either come on suddenly, or as is more frequently the case commencing with slight diarrhoea the stools are increased in frequency an
slime, but have no particular odour, or
they may become a greenish yellow,
though this is rare. Soon the stools
become slimy and gelatinous and streaked
with blood, and this is attended by a just
inclineation to straining. There is pain
upon pressure and particularly over the
rectum and sigmoid flexure. When
the stools have begun to get gelatinous
and streaked with blood, it is a sign
that ulceration has commenced, and when
ulceration has progressed a little further
the stools begin to change their char-
acter and become more mixed with
blood, and their quantity altho' frequent, muddy and mixed with
threads, and have been described as look-
ing like the washings of raw beef. At
this stage there is generally pain upon
pressure, the skin is dry and hot
albeit sometimes covered with a thick
purpura.
perpiration, and then may be nausea and vomiting of dark matter like coffee grounds or even of feces. The tongue is covered with a white film and is red at the edges and tip, or it may have a greasy and smooth appearance, and when protruded has a tremulous motion. Toward the end of the disease it is generally covered with a brown fur and is dry and glazed. Thirst is intense and the patient has a great desire for fluids and especially those which are cold which he swallow greedily. If the dysentery is only partial, thirst is sometimes not present. There is great tenesmus generally, but it is sometimes entirely absent even in some cases of dysentery. It is particularly painful in a certain form of this disease when the rectum is principally affected. The urine is high colored and
the area easily decomposed, and there is great heat and pain in making with.
During the whole course of Dysentery, the majority of cases, the fever accompanying
this disease is very slight, although it may be present in a greater degree in some cases. And the pulse too is gen-
erally unaffected during a case of uncomplicated Dysentery. In the worst
forms of this disease it is usually slow and feeble. In these cases of Dysen-
tery in which the cecum is principally affected the tenesmy is generally slight
or altogether wanting, but there is great
pain upon pressure over it, and the
poles are somewhat lancinating. In the
case when the inflammatory action has
been very severe, ulceration of the ile-
cecal valve has taken place and
intussusception of the cecum into the
colon, and followed, and in that
of dysentery in which the rectum pain wholly suffers the mucous membrane seems to slough at once and is jetted at the anus, time an unusually large quantity of blood is mixed with the feces, in fact the stool, an almost entirely blood and the tenesmus is excessive. When this case is proceeding to a fatal termination, the pulse becomes quick and feeble, pain ceses, there is great delirium and lassitude and indeed this exists since  as long during the whole course of the disease. The patient has the feeling of hyposthenia and has great fear of death. Screams and delirium come on. Quantities of blood accumulate about the mouth and teeth, the sphincter are relaxed, and at length death releases the patient from pain and suffering. Just before death a peculiar odor
odour emanates from the body of the pa-
tient and myriads of flies buzz about him. When recovery takes place the stools become less mixed with blood from in number, and acquire a healthy colour, but the patient is left weakened and very liable to a re-
currence of the disease for some time.

Acute Dyentery may become chronic or chronic and complicated with the patient. Duration of the illness often results from chronic Dyentery.

In recovering from Dyentery, the ulcerating in the intestines heal up and the process is peculiar. According to Mr. Parke's in his remarks on the Dy-
entery and the Pathy of Scurvay it is as follows—In dyentery when inflammation has diminished lymph begins to be effused over the surface of the skin between the muscular fibres.
files, if they form its floor. In an ulcer disposed to heal, the lymph is regularly diffused over the surface, forming a gelatinous looking coating which becomes gradually darker in colour, rises to a level with the edge of the ulcer and the surrounding membrane and then closely contracts, puncturing to a greater or lesser extent the adjacent mucous membrane. After an uncertain length of time varying from one to four months, the only mark by which it can be distinguished from normal mucous membrane are by its greater and thicker vascularity, its greater smoothness and peculiar slightly pitting appearance, and by the slight contraction round it. After a longer period the cicatrix becomes absolutely indistinguishable by the eye from the adjoining membrane.
In the majority of instances, however, the process is less regular than this. We shall now come to the causes of dysentery. There are many, but the abuse of alcoholic spirits for instance. The holding in India are said to suffer more from dysentery after their pay day than at any other time. This is supposed to the spending money on spirits. Errors in diet such as eating food of too stimulating a nature or even eating too much at a time. Long exposure to a high temperature or what is more likely to an alternately hot and cold temperature, thus causing rapid depression of secretion. Besides these there are other causes such as fatigue —common evacuation from decaying animal matter. It has been said these arising from the discharge of a patient who has been lowering under dysentery. Then are certain
certain epidemic states of the atmosphere which seem capable of producing dysentery. Some believe that dysentery depends upon a contagious principle, but this is by no means certain and is disbelieved by many. The reason for supposing it to be contagious, was that a great many persons were afflicted with dysentery in the same place and at the same time, but as Graeae in his practice of physics when speaking of this says: "It must be concluded not decided that the epidemic prevalence of dysentery depends on the simultaneous local operation of certain general causes on numerous bodies of human beings who are placed in similar circumstances. And if it can be communicated by contagious propagation, it appears to be only when complicated with contagious fever."
The nature of India, however firmly believe in dysentery being contagious, so that he one is allowed to use the same vessel which the patient labouring under this disease has been using and the defecating are always carefully covered away at night, and burned in the ground some distance from any habitation. It is impossible to account for its being contagious only because we find it occurring in many persons at the same time and place for instance among sailors on shipboard or soldiers in barracks. These men are living on the same diet and under the same circumstances. As it is not to be wondered at that under a certain peculiarity of atmosphere that they should all be affected with the same disease whether that disease is dysentery or not, and remove change of air has been found to have
have exerted the most beneficial influence on those suffering from this disease.
Perhaps the most frequent cause of dysentery is alteration in temperature,
because we find it most frequently after the heats of summer and if a per-
son has been much worked with exertion during a hot day, lie down
and sleep exposed to the cold
night, he is subject to be seized with
dysentery - but this may be owing to
the influence of malaria because we
know that under the same circumstances a person might be seized with
ague.
Pathology - It has proved difficult to arrive at the con-
vincing change which the fowl of the
large intestine undergo during dysentery.
This is owing to the difficulty of obtain-
ing bodies for dissection during the
colitis.
earlier stage stages of this disease as none die from it at this period, so that it has only been possible to examine the bodies of those who have died from disease, but in whom the disease had just made its appearance previous to death. It would seem that the first marked change takes place in the large gland of the large intestine, and that for some reason or another the glands of the lymphoid tissue are most commonly involved.

The first change that should occur in these glands is that they become fuller and larger and seem to contain a white, a nearly so, starchy fluid, and there is a slight degree of inflammation redness surrounding the glands. These glands may continue for some time in this condition, and
It is this state of the intestines that has been compared to a varicose eruption. After this eruption takes in the gland, which is probably caused by the passage of the fluid within them, thus producing ulcerative eruption. The gland may either be uniformly destroyed or else given away at one point, other times an ulcerating surface left, and this ulcerating surface spreads along the mucous membrane. Sometimes the muscular or peritoneal coat of the bowel suffers so that an abdominal matter may escape into the peritoneal cavity. The ileum is very rarely found to participate in this disease. As regards the appearance of the other organs of the body after death from typhoid acute dysentery, it may be stated that the intestine...
cerebral or thoracic organs are ever implicated. As regard the abdominal organs, the pancreas and kidneys do not seem to participate in any well marked degree, and the same may be said of the spleen. Swollen intestines, the only changes in them being a slight increase or decrease of color. The liver almost seems to be more or less affected.

Having now spoken of the symptoms causes, and post mortem appearance of dysentery, these still remaining, the treatment to be considered—treatment. Many remedies have been tried to combat this disease but the most important one of them all is bleeding. The indication for bleeding will be found from inspecting the deposit of the appearance of blood will give to for more than the various constant symptoms.
Symptoms, such as hematochromatosis, frequent heat in the course of the stool, tenderness of the abdomen, are valuable phenomena when taken in connection with the state of the stools. As long as the stool is thin, weak, and much mingled with blood, and when they are a mixture of flatus and blood and like the workings of beef, the symptoms of bleeding is indicated, although, according to some, when they are like the workings of beef, the stools of the patient require to be kept up, as it is an indication of bleeding having commenced, but even in this case the frequency of bleeding is generally admitted. Of course, if there is tenderness, or heat and pain in the course of the stool, the necessity of bleeding will be the greater. The bleeding may be from the system generally, or may be local or both. If, in addition to the appearance
appearance of the stools which indicate bleeding, then is first pain. Third in the course of the colic, then the application of leeches over the abdomen in the course of the colon will be found necessary. Of course the bleeding must be conducted according to the effect produced and not to any given number of occurrences. A second leeching may sometimes be required, and if so it ought to done without hesitation, as the sooner energetic the treatment at the outset of the disease is, the better chance the patient has. In almost all cases of acute dysenteries, especially when occurring in Europeans who have gone to India, it will be found indi-

penedible to bleed, whether there be symp-
tom or not, to save the patient a chance for life. In a few hours after the general bleeding, the application of leeches over the course of the colon become necessary.
If the tertian malaria is very severe, leeches to the arms will be found to give great relief. Leeching will have to be carried on according to circumstances for a longer or shorter period, until the stools begin to change their character, and this is known by their losing their thin yellow appearance, the amount of blood becoming less, and their gradually acquiring a more or less feculence. Of course it must be understood that bleeding is contraindicated when the patient is much debilitated and has all the appearance of anemia. After the bleeding precautions come into use to remove the malarial deposits, but we must be careful within selection, seeing that the mucous membrane of the large intestine is inflamed and ulcerating, and as precautions are more or less stimuli of the mucous membranes, we must select
as gentle and mild purgatives as possible, and for this purpose some is to well suited as castor oil, because it not only acts as a purgative, but also seems to lubricate the intestinal canal. Some practitioners are in the habit of giving saline purgatives, but they are inferior to castor oil. Another important remedy is opium, and this drug contributes greatly to the comfort of the patient, allaying distressing terminal and altogether quieting the patient. Digitalis have been used in this disease as well as in intestinal complaints generally. Opium, however, was at one time reckoned almost a specific, but is hardly that, yet it is a very useful drug in hastening the recovery of five grains every two hours or less. Some prize it in much larger doses and declare that in small doses it
it useless. But the best method of adminis-
terising Specacan, which is so scarce, pow-
der, for it seems in this form to trans-
form in its action. Antimony is some-
times used in the place of arrow powder,
but is not so readily efficacious, unless
perhaps when there is much fever pre-
rent. The warm bath or fomentation is a
useful adjunct to the
other remedies, being serviceable in
allaying pain or suppressing or irritability
of the bladder when that is great.

Among other medicines employed in the
treatment of Syphilitis is Mercury.
That has been given either as the pil-
a or by immersion, the mixture of
Mercurial ointment until baking
then was produced, or in the form of
Calomel in large doses internally, in
what is called the staple dose prac-
tice, in which case instead of in
creasing the irritability of the intestinal canal it has a sedative or antiphlogistic effect. As small doses of mercury are apt to produce painful griping and irritate the mucous membrane too much, mercury seems better of most avail when acute dysentery is passing into the chronic state. Also mercury relieves much in many cases of acute dysentery to follow upon salmonella, yet on a great number no relief at all is observable, and in those cases when mercury has been used to defervescence, the exacerbation has always been postponed. Injections as well as suppositories from better a useful class of remedies. When there is much griping and tenesmy supportive of Opium and Quassia have great relief, a injection of Opium in the form of lead, Lysich cort, decortication of Bock and even cats water may be tried.
tired for the same purpose. Nitric and
Obiuretic acid have been used
internally, and cases of slight dyspep-
ty may be cured by the use of these
acids alone along with purgatives.
This mode of treatment is more success-
ful with the natives of India than
with Europeans. In addition to all
these remedies, the clothing and diet
of the patient should be looked after,
he should wear a flannel roller round
the belly, and the greatest care should
be taken that uniform warmth be
kept up, his diet should consist
of the best bland materials, and
at the same time as avoiding as
possible such as arrow-root, figs,
rapeseed oil, &c. And this kind of
diet must be continued until the
stool becomes less frequent, and cease
to be mingled with blood, and the
pupping abated, because the least in- 
direction in eating. When the Patient is convalescent, well instantly induce 
the mealy to return. She must be very 
careful about the return to animal food 
and be guided by circumstances. 
When acute Denguing is advancing 
towards termination and then 
all the symptoms he becoming subsided 
and it has become chronic, 
seeing that on the whole are healing, and 
that large quantities of lymph are be- 
ing expelled, there is great danger of the 
relapse due to becoming removed from 
this cause, the indication in this stage 
of the disease is to prevent the deposit 
of a superabundance of lymph - 
To this purpose, the Constitution of 
Phreny in dose of one eighth 
of a grain will be found a most val- 
uable medicine. If the pain
merely to touch the Funds, and along with this moderate leaching on the abdomen in the course of the colon, Blistering and Peruvian and Iodine immersion on the abdomen as well as the internal use of Nitrate of Silver or Solutions of Nitrate of Silver have been also tried but with varying success.

After the use of the Blistering the Nitric or Perlucreomic acid may be advantageously given.

Before going to speak of Hepatity I shall just say a few words about Complicated Dysenteries and especially the complication of Hepatity with this disease. Suppurative Hepatity is perhaps the most common of all the concurrent complications of Dysenteries, and it may either precede the Dysentery or the omen during its course. When Hepatity precedes Dysentery it
a difficult matter to account for the way in which the dysentery is produced and in fact it has not as yet been satisfactorily explained. Many writers on the subject say that it is owing to deranged secretion, but if this were the case there should only be coloring diarrhoea and moreover the small intestines should suffer as well as the large, and lastly dysentery should be present during the whole course of the disease. Mr. Parkes thinks that dysentery only happens when the secretion of bile is completely stopped either from extent or peculiar irritation of the biliary, and that as long as the secretion of bile is going on, although it be altered in quality, dysentery does not occur. Mr. Parkes supports this statement by one case in his book on Dysentery and Dyspepsia, but further investigation will be
necessary before this can be maintained. Leaving this in such a state of uncertainty, we will go on to suppose, not that the patient following on typhus fever. The typhus fever may be apparently cured before there are any hepatic symptoms. on the hepatic symptoms may make their appearance in the course of the disease. Some authors think that in this case, also, the hepatic is the primary disease, and is the cause of the typhus fever symptoms which first attract attention. In some patients, the symptoms of hepatic are hardly to be looked for, and they have been sometimes been completely overlooked by the medical men, and not discovered till after death. When this is the case, the hepatic is said to be latent. In the patient, the symptoms of hepatic are sufficiently evident and easily observed.
diagnosed. The cause of the hepatic abscess in this case according to some (i.e., when the dysentery precedes the hepatic abscess) according to some is owing to the absorption of pus from the ulcerating surface of the intestines, and this pus is conveyed from the intestines to the liver and deposited there, the inflammation is heightened up and always forms. It is generally understood that pur pustules are not absorbable through the vascular walls, but when there is an ulcerating surface there may be the venous surface on which the pus accumulates and is taken up and conveyed by these being and conveyed to the liver. The pus corpuscles then become detached in the capillary vessels, and rest as the exciting cause of inflammation. Why should this not happen after dysentery as well as after

Phlebitis
When then very often are formed abscesses in the liver and lungs? Another accounts for the liver by stating that inflammation spreads by contact from the colon to the liver, but if this were the case, the surface of the liver nearest the colon should always be the part affected. Felippo Land says that the hepatic abscess does not appear until the decline of dysentery; and seems to think that the dysentery is caused by metastases, because (in the article on dysentery in the eligible dictionary) he says speaking of the hepatic complications, "this form of complication is evidently caused by the sudden cessation of the dysenteric affection, which is very intimately dependent upon the execution of morbid matter from the circulation and the economy in general, cannot be very abruptly..."
alkyly suppressed without inducing continuance or remission fever, or inflammation, congestion, or enlargement of the biliary. The cause of the pain in the cause of the biliary, there can be no doubt but that there is a strong connection between the large intestine and the liver through the blood, and we can say the amount that when the large intestine is involved in disease, that the liver should be impatience. The symptoms of impatience occurring during the progress of impatience when well marked are, dyspnea, pain in the right shoulder, shooting pains with chest and side, there may be dry cough and pleurisy to simulate when the ulcer is near the lungs, or impatience may be simulated and something produced when the underlying of the lung is affected. The urine is either pale.
pale and crisp in texture and red. The stools are greasy or beaten up and are some yellowish, sometimes devoid of odor at other times having a very disagreeable odor. If along with these symptoms the patient be languid with a succession of dyspepsia, begyn to be emaciated and has a hectic appearance, then Hepatic disease may be diagnosed. But when the Hepaticity is latent all these symptoms are very obscure, the patient feels no pain in her shoulders in the generality of cases, there is no pain upon pressure on these limbs so that it is impossible to be guided by any of these circumstances in the deep diagnosis. But when we find a patient who has been suffering under Dyspepsia and who has been treated for some time for this disease, but dies, but seem to be getting as well as he should, being comparatively well.
well for a day or two and then breaking. The stools may be frequent, but are very
not numerous & they may be yellowish or putty. After this, the stools get a
better color and greater consistency and the patient is well enough to be consid-
mered convalescent, and dismissed from
the care of the medical man. But in
a longer period he returns suffering from
looseness of the bowels, these may
soon become a thrice. Unless the pa-
tient has a dejected appearance the
appetite is gone, has headache, the
skin is alternately hot and dry, he
gradually gets thinner and thinner and
suffers under an irregular hiccough. The
stools are irregular in number being more
one day, less another, and one putty
as if beaten up, and are greasy and yel-
low, and then perhaps one may be
able to feel the bulging of the abdomen
after
It has grown to some size.

The principal diagnostic signs of the presence of Hepatie disease are, the general examination and appearance of the patient, the irregular heate and the character of the stools which are yellow, greasy and frothy and have a beaten up appearance. Of course if the pain in the shoulder and side it will serve to judge us in the diagnosis.

Treatment. In the case of the Hepatic disease preceding the Hy Centy, we shall speak of its treatment when speaking of the pathy as the treatment for both is the same. When the Hepatic disease follows in the course of Syringy, in addition to the treatment for Syuringy, the hepatic has become chronic which I have spoke of, Leeches are to be applied with the treatment of the irritation of the liver, and the use of

Thy Cury
Meningitis must be very cautiously, with the
hope, carrying it even to salvation, because under its like shrapnell already
has been found to enlarge very rapidly.
Let me pass on to another complication
by Delebril. Sydenny. This form of
Sydenny if at all severe is generally
fatal and it commonly precedes in
then has been a want of fresh vegetable or fresh meat for any length
of time - hence not uncommon in
sail ships when the vessel has been
at sea for a long time. In addition
to the Delebril. sympotae, there
are various signs of heavy present
such as, bleeding from the gums which
are soppy and swelling, will heavy
pains in the limbs, and petechiae are
observable in various parts of the body.
Meningism is not confined to the large
intestines, but is pretty often met with.
in the small intestines and perforating are not uncommon. In common dysentery both perforation and ulceration extend-

my beyond the ulcerative ulcer are rare.
The stools are dark in colour and offensive
but not necrotic. The tenes-

mus and pain upon presence during
night. In the worst cases the stools have
almost offensive odor and seem to be
dark blood mixed with altered feces.
In the treatmen of this form of dysentery
healing can be much practiced. The healing must
be topical and caustic, and the admin-
istration of mercuric boric acid is
necessary. A purgative must be given to alleviate the tenesmus when

present, which is rarely the case. Of course
the diet must be particularly attended to, plenty of pork vegetables and lemon

juice,
juice. Nitric acid has been found to be of some service, but Drenchanka is utterly useless. If, however, the patient must be removed to a change of air.

Having now said all I intend to say on dysentery I shall now proceed to the consideration of hepatitis. In the majority of cases hepatitis occurs as a secondary disease complicating some other disease such as dysentery. Such cases already spoken of, and stools frequently follow on remittent and intermittent fever as well as upon gouty or duodenal disease. As a primary disease it is almost always of a chronic nature, the symptoms being sometimes so vague that the hepatic disease has been entirely overlooked during life and after death the liver has been found completely

kiddled
riddled with diseases. But inflammation of the liver as a primary disease may be acute and come on suddenly like any other disease, but this is comparatively seldom the case, and generally occurs in those persons who have just arrived in India from Europe and is owing in a great measure to excessive reaction of the liver. This form of hepatitis does not seem to have so great a tendency to recur on to keep pressure as the chronic form.

Because of hepatitis, hepatitis is more common in hot than in temperate climates, owing to the diet being too rich and stimulating such as the constant feeding on hot curries as well as constant indulgence in alcoholic or spirituous drinks. As regards the influence of great heat alone in producing this disease all are not agreed. Many
good authorities, as Mr. Lamarck and they
declare that a slight range of temperature
and the influence of the direct
rays of the sun as a sufficient cause,
but it seems that primary depilation
is as common in various parts of India
when the range of temperature is
comparatively as in the hot climates,
and some even state that depilation
is least common at hot stations.
At the probability of high temperature and
alone is insufficient to produce
depilation, in all probability a change
from hot to cold will cause it, causing
an encroachment of the secretion of the skin;
during the summer months, the
skin has been constantly secreting a
large quantity of matter, and when the
heavy rains come on, the secretion of the
skin is suddenly stopped and thus the
wax of the skin is thrown upon another
organ.
organ, it may be the liver.
Hepatitis has been divided into acute and chronic. In the acute form, all the symptoms are well marked and it usually runs its course, while the chronic form is very insidious in its progress, attack another acute tendency to run on to suppuration and formation of abscesses and generally terminates fatally. I will not treat of acute hepatitis here, but will merely say a few words about the chronic form.

Symptoms. Sometimes there may be dry intermittent symptoms for a day or two, and this need not always help. Even although it frequently does. The patient seems dejected, hypochondriacal, and languid, and yet does not complain of any painful sensation. Often a tension of the spinal pain is felt now and again in the side and back, and this is generally
generally felt after exercise. This bow-
le is not thought any thing of. The
Appetite remaining good, but in a short
time varying from four to eight weeks
Sydeney supervenes. And it is owing
to this circumstane by the superven-
tion Sydeney and the scarcity of the
scatic symptoms that death resulting
from chronic hepatitis is often given
in as resulting from Sydeney. Pain
in the side is sometimes never felt at
all, or it may be felt only at the begin-
ing of the disease for a short time
or it may be perceived only two or three
days before death. In the Sydeney
that supervenes, the stools are yellow
yet they tend lighten up. The bowels may
continue loose for a day or two or three
become more regular, but soon return
to their former condition, and the Sy-
deney continues till the end of the
disease.
disease. At first there is no enlargement of the lien, but toward the end of the disease, the bulging caused by the abscess may be perceived. Sometimes a succession of dijzy occurs. Diabul, vomiting and cough also. Sometimes present are very often absent and hence are of doubtful value as signs of this disease. The tongue is dry and white, and the papillae enlarged. Sometimes when the abscess is large, the patient reclines generally on the back, or half way between the back and side, and constantly main- taining this position. The urine is sometimes copious and pale colored. Sometimes scanty, thin and red. But seldom observe the symptoms may be, there is generally a definite accession at night, the skin becomes hot, the mouth dry and parched and the patient trembles about.
about in bed and enjoys a very broken and disturbed sleep. But toward morning the patient becomes quieter, a slight sweat breaks out, and artificially refreshing sleep is obtained. Towards the end of the disease the patient gets to sleep at all at night, suffering under some slight disturbance which does not abate toward morning, and the little sleep that is then obtained is ten-derer. There is constant and feverish respiration, and the pulse is labile, and hard to be determined.

Afterwards the patient begins to put on an emaciated and has a hectic appearance, and succumbing to the disease begins. Sometimes the newly recovering relapses, either by its absence remaining, or by some other complication. But it is seldom that there is one large abscess, generally there are several small ones. The abscess seldom points externally, and
equally seldom into the peritoneal cavity, and when this does take place peritoneal inflammation is at once set up, and generally terminates fatally. When it bursts into the air cells of the lungs, the matter is expectorated, but the patient generally dies in a short time after being worn out by constant coughing and expectoration. Very often pulmonary consumption sets in. If the abscess burst into the stomach, the pus will be vomited, or if it burst into the intestines the pus will be discharged along with the feces.

Post-mortem appearance of the lungs.

On examining the lungs after death, local abscesses will be found lying in sago from a pea or even smaller to the size of an orange. It is seldom that one abscess alone is formed; they are generally numerous, but they are occasionally...
occasionally found containing a large quantity of pus. The whole mass of
the lining is generally attuned in color
sometimes a series of abscesses communi-
icate with each other through the
substance of the lining, giving it a
spongy appearance; and in other
cases they are single and numerous.
Sometimes the abscesses are so small
as to appear like small spots of

Treatment. The time is difficult in
other symptoms being to indurate.
Bloodletting is decidedly indicated
but it would be hardly pain to pro-
ceed at once to bloodletting, as soon as
there was slight pain in the right hyp-
ochondrium. It's another thing when
the pain is great in the side and should-

which is impossible both to pleurisy or
muscular pain. Then complaint bleeding
must
As we have learned, the effect of the sun on the human body is to make us feel better. The sun's rays have been shown to increase the production of vitamin D, which is essential for bone health. However, too much sun exposure can lead to skin damage and an increased risk of skin cancer.

In conclusion, it is important to balance the benefits of sunlight with the risks. The key is to find the right balance for each individual. It is recommended to spend time outdoors in the morning or late afternoon when the sun is not as strong. Additionally, wearing sunscreen and protective clothing can help reduce the risk of skin damage. By taking these steps, we can enjoy the benefits of sunlight while minimizing the risks.
acid, but this only holds a secondary place in improving the appetite and invigorating the patient, but it does not seem to stop the progress of the disease.

The vitreous succinate and bath has been tried but does not seem to the as efficient as that of Bombay declared. Lastly does that cure has sometimes followed upon the use of the disease in the practice of succinate was introduced to succinate nature. But this will always be an operation of great care. Certainty, seeing that one can hardly with confidence say exactly where the disease is, and besides this it is comparatively seldom the case that there is only one disease. So that if we did succinate one or two diseases, it would be no use, as the thing would only increase in size and ultimately kill the patient. But of 54 cases of presumed hepatic
Hepatic abscesses reported in the Medical Journal for 1844 and in which the operation of puncture was tried. 40 died, in 4 cases no abscess was found and in the majority of the remainder abscesses were numerous.