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1858.

On Carriaco Lepra.
The class of squamous diseases excellently illustrates the difficulties of failure as well as of diagnosis as of classification of skin diseases. Sufficiently precise as is the character which constitutes them as far as a Natural Family, viz. their scaly appearance, their constant shedding of scales, it is only lately (I not yet completely) that Pityriasis, which is by no means a squamous disease, has been removed from the group. Again an order has been made for diseases the result of Oedipheidus, yet Pityriasis retains its place as a squamous disease, while on the other hand, sufficiently distinct examples of this affection are described as Chloroma or Melasma. This is never must be the result of a system which takes physical characters as its basis, which thus gives results a higher value than their causes, which by finding external readily appreciable signs sufficient tends rather to discourage investigation than to promote inquiry, which, often without result, is often of value on that very ground.

Botanical writers, with the exception of Delphian, enumerate among squamous diseases Lepora & Poliosis. Of more recent writers, opinions that this after all is a distinction without a difference, plead for the retention of both these terms on grounds ingenious it is.
true, but fatal to progress if carried out, which happily they are not. Thus it is urged that it has been so long in existence, the terms are so well understood that there is no use in altering them. This seems an admission of the inability of the nomenclature, Even application of conservation to medicine, which, if carried out, would render Galen & Hippocrates no longer the fathers of medicine but the rulers & guides of modern practice. Another reason urged is that there are certain differences in severity, extent & duration which are admitted. Third, the same time allowed that in essential characters the two diseases are identical. This last admission being now no longer a point of dispute, let us see how far the first statement as to difference in severity extent & duration is accurate.

We shall first give a summary of the characters of the two diseases as stated by authors. Leprosy is a disease characterized by the production of a plaques or flattened masses of altered epithelium, situated on inflamed derma at its dissepiment, the enclosed space being thus depressed & healthy, that is the seat of no eruption. While Lazaretto seems to consider as part of the body at its origin site. Wilson & Wood speak of its first appearance on the limbs, of its predilection for the neighborhood of
pink, & for these parts of the limbs where the bone is
least covered by soft parts.

Pseudos is also a disease in which & gums are
produced, but the ulcers are thicker, scarcer & the
hypertrophy of the gums less marked than in lepra.
It is also said to be characterized by less regularity of
form, by greater tendency to indurated chronicity.
Partially like lepra is the neighborhood of joints: it is
more frequently found on the soft or muscular parts of
limbs. The microscopic characters of the two diseases
are identical. viz. Epithelium variously altered, very
few of the cells being nucleated, but for the most part
granular.

Now before proceed to the varieties of these two
diseases, it is worthy of note that the distinctions here
stated are trivial, & admit of an easy explanation, as will
themselves be seen. The term lepra was used by Hippocrates
to designate the class of chronicous diseases: & the other
author followed his example. Later however it became
confounded with Elephantiasis of both the Greeks & Arabs,
& some other affections, so that the observations of many
authors before William are worthless with respect to
this disease. e.g. many maintaining the etiologies of this malady.
& public opinion at the
present day imagines it to be a frightful malady. Wellan however in his book restored the word to nearly its former meaning, if this is the one now generally adopted by the medical profession.

The varieties of lepra as mentioned by Wellan are: lepra vulgaris, L. guttata, L. migrans, L. syphilitica, P. psoriasis, P. vulgaris, P. gyrate, P. involutata. By Lagenave lepra is described only under one form: L. vulgaris. Psoriasis and P. guttata, P. diffusa, P. involutata, P. gyrate. By Craigie lepra or death leprosy, L. vulgaris, L. alpheid, L. migrans, P. psoriasis, or death letter as O. guttata, P. diffusa, P. gyrate, P. involutata. By Ward lepra is described, the varieties being merely mentioned incidentally and not placed so prominently. Psoriasis as O. guttata, P. diffusa, P. gyrate, P. involutata. Wellan includes both lepra and psoriasis under one head of the name of P. guttata, P. aggregata, P. leperiformis.

D. Alison seems to use lepra & psoriasis as synonymous terms; describes no varieties, being singular in speaking of the only appearance as a form assumed by the eruption. To these many varieties may be added: the local forms as facialis, ophthalmica, labialis, pretorialis, scrotalis, palmata (psoriasis palmatise) - dorsalis (dorsal aspect of the hands & fingers) - aneurinum.
In examining these diseases or this disease, we must bear in mind that words in speaking of the varieties may they are only different stages of the same affection. Let us see if the progress of the disease is such as to bear this statement out. The first appearance of the disease is in the form of a small red spot which becomes papular. The papule in a short time (about 24 hours) desquamates; at the same time extending in all directions, by the subsequent formation of papules around the primary one. This is Lepra or Lepraeque Bullata. From a centrifugal development it is to be observed at a fact where upon a classification is to be judged, we should be able to note in this early stage indications of the future disease — we should expect to find a fading of the central papule during the development of the limbar zones. But such we do not find to be the case. The gastric form which is simply the first stage of either disease shows no depression in the centre, or if it does it is merely accidental.

The next stage occurs in one of two forms —
1. The patch as above described extends still further centrifugally. In the centre of the patch desquamation takes place: the mortified papule is shed either not re-produced. By this the patch will gradually increase in size by the margin. This is what constitutes the Lepra
or Psoriasis lepraformis, as described in books.

2nd - The gathere patches or spots are thickly scattered.

By in close proximity, I submit to pressure or other cause of irritation they adhere - we owe the term choleur since Religan offers as the proof confirming the objection that it implies the idea of fluid. This is the Pseudourous Aggregata, Confluent or Involution of authors. Now it is worthy of remark that this form of the disease is described as occurring as well on the body as on the limbs, and the examples selected for illustration are always situated on the limbs. If on those parts of them which are most exposed to pressure or other irritation, as chiefly the extensor surfaces of the arms, and the anterior surfaces of the stifle. The hypertrophy of the derma is here greatest, the inflammation, contraction of a more chronic character, much less amenable to treatment, if care longest delayed even after being partly established, was to the inevitable tendency to the throwing off of scales. All point to the cause I have assigned - viz. external irritation. The thickness of the crusts, the cracking of the coat of mail, sometimes so bad that when situated about the joints the least movement of them produces deep painful (frog) pressure or intermittent ease with consequent on its possible removal admit in fact of no other explanation. A late in the Clinical Ward No 15 during the Spring session remarkably illustrated this. A woman aged 46 had Psoriasis
Upbake on the arm of Mr. P. The left wrist, which was at the time not the seat of eruption, became affected by rheumatic inflammation, followed by some degree of effusion. Tincture of iodine was painted over the joint. In a week an eruption appeared over the surface to which the iodine had been applied. After a few days it became continuous mass of pustules. Again in a boy in Ward II appeared all the signs of Psoriatic Tetra at once. But the sebaceous rings which were truly Lepros verrues to the thicken had, for the most part, after some time a pustule developed within them, became in fact a Lepros verruca verrucosa, Psoriatic or Lepros verrucula; hence the clearness of the included space is not an essential but merely an accidental character. The irregularity of form, which has been insisted on in the diagnosis of Psoriatic is evidently but a result of the processes in fact of the causes above mentioned. Originally it appears as definite a form as Lepros, viz. circular, but afterwards the surface exposed to pressure is not so regular, that if many circles are coherent then also regularity is apparently destroyed.

If the principle here stated be correct, a remarkable incongruity exists in the systematic descriptions generally. In speaking of Lepros it is stated that the hypertrophy of the dermis is greatest, while the scales are the finest. Hence statements which are seemingly contradictory.
Again third. The goutlike patch or spot whose capability of development is either annular or as a continuous mass, having the form or annular form may undergo still further changes in appearance. Thus closely approximated patches may enlarge their margin, come in contact. The opposite portions of two rings thus brought together coalesce, forming a subdivision of a large patch, whose outline is everywhere formed by arcs of circles, which may have ratios of very varying length, thus giving sometimes an exact spiral appearance. Or, the enclosed margins fade still appearing low only one large patch, which may or may not be easily cognizable as being composed of segments of circles. Dermatologists say that confusiveness defera it to be distinguished from the corresponding form of leucoderma by the margins being thus portions of circles; but this is not the only distinction, for were it so, they could not have been separated, for in case of leucoderma presents more or less of this character. Another distinction attached is the clearness of the enclosed area. But now, if the view taken of the development of the disease in the last paragraph be correct, we have this trivial variation only present in consequence of a minor amount of friction or irritation of any kind. The circular patches may also become incomplete by the fading of a portion of the ring; other patches in the neighborhood
may have a similar character, the twisted outlines thus assumed advances by its external margins by its extremities, these so-called suspicious lines approach one another & unite in various ways, constituting the lepra or Borreia Lignea, as described in books, but not as figured, for with all deference to the accuracy of the artists, the occurrence of the extraordinary forms usually delineated is so rare, that, though interesting, they are not the examples best suited for instruction, their peculiarity conveying an erroneous idea of the disease.

The disease when affecting the nails or rather the matrix of the nail (Psoriasis Pungentem or Lignea) is somewhat peculiar. The portion of nail proximate when the matrix is affected is rough, uneven, laminated & bruised beneath, becomes of a yellow colour, is often shed & replaced by another Districted nail. Cupane however says that this is not peculiar to Psoriasis but is also found with Leprosy, when it is seated on the fingers.

It is to be remarked with respect to other local varieties, that those which occur on the hands, or when the disease occurs on the hairy scalp, the scales are hard by & large; in the case of the hand, it is often exceedingly painful owing to the cracks or fissures which occur, caused by frequent use of a great mobility of the hand, about the
The Porriasis Domatia has also been called: 'where is green itch', but it is found also among other trades that have to do with irritability matters. Moreover it has been found amongst the better classes of society (in young females of good repute) where we would expect that cleanliness had been attended to. Some irritant substance could be ascertained to have been applied. Porriasis ophthalmica when very obstinate is said to have spread to the conjunctivae. One doubt irritation would be propagated to them by the inhaled movement of the lid. When the prepuce was the seat of the disease, it has sometimes given rise to phymosis.

What then is the cause or are the causes of this disease? The phrase 'constitutional disease' seems with some authors a satisfactory summary of the etiology. Local irritants are habitual, added by others. The reasons at which its occurrence is most frequent are mentioned by others. Davy on particular articles of diet, under this head many substances have been enumerated. Fish, especially shell-fish have been blamed. It is however more frequent in the interior of countries than on the seacoast. The use of game, the abuse of spiced, spiced food, vinegar, accoutrements, spirits of vegetables, spiritsuous liquors, &c. These, we may remark would all be liable to alter the digestive functions. Sudden alter-
actions of heat or cold, the drinking of cold water by persons greatly overheated, protracted violent exercise have all been pointed out as causes. Formerly, contagion was added to the list of causes, but now, the disease has been properly defined by distinguishing it from other diseases, no author supporting the view. Hereditary transmission is supported by many, if not all, the ancient writers. Religion however think it is not as frequently transmitted directly from parent to child, but more generally from kindred relatives.

First then, it is worthy of remark, that is very rarely, if ever, seen in those who are marked by a luxurious habit, but in the contrary, almost wholly limited to persons of the so-called arthritic diathesis, that is, persons who have had or are liable to have gout or rheumatism, who have a well-developed muscular system; therefore a good venous system, whose blood is slow and sluggish, and who generally lead a sedentary life, and are fond of outdoor exercise. Amusements of several kinds (peculiarly wholesome) mention that they have seen either coincident with, or following, or preceding, or attacks of Gout, Rheumatism, &c. Moreover, the importance given to exercise in the treatment of these remedies, which are known to be of value in the treatment of these diseases, and strongly
to confirm this observation.

Secondly, it is very frequently associated with disorder of the digestion, in its alliance with yeast gives an expectation, which is confirmed by observation, that the liver is the organ most likely to be chiefly at fault. Wilson remarks its greater frequency among those persons who are remarkable for a dryness of the skin. Religion criticizes this statement, saying it is a confusion of effect with cause. Possibly both may be in the wrong. The critic however seems to be in the greater error, for he says it would be dangerous to predicate the likelihood of Porphyria occurring in a person because his skin happened to be unusually dry or harsh.

If this statement stands, it is a truism. Had he said greater likelihood, he may perhaps mean, it would be an error, for it is more likely to occur in such a state of the skin than when it is soft and fine. But these two things are due to a pre-existing cause or condition, viz. disordered digestion in which impaired hepatic function plays a prominent part. The intimate connection between hepatic function and cutaneous disease is too well known to require that I should here again insist upon it.

The more important that I should endeavour to
point out the idea of expansive structures of disease with which the relation is more intimate. Asthenia of the Erythema Angioloides of young females are perhaps the best examples of the latter; & both point by the firm portion of the integument as being the part chiefly affected. Both of these diseases are effective; but in Pernicius the effusion is the result of the irritation of the derma which, by extending outwards causes the excessive particular formation. Now while the former diseases are not necessarily attended by any marked dryness of the skin: Pernicius always is: the discrepancy being probably due to this, namely that the former is connected with transient hepatic disarrangements, while the latter is associated with a chronic diseased state or condition of the liver. Whether or not this may depend upon quantitative alterations in the blood sulphur of the liver, we cannot here stop to inquire but would rather seek to ascertain the probable cause of the disease. The connection above noted with the gouty constitution seems to afford a clue to it, namely that it is some modification of the same Materies Morbi, which has been now satisfactorily ascertained to be the cause of the Gout.
That this agent, whatever it may be, may be destructive upon the tissues of the integument, chiefly if not entirely on the derma, we have abundant evidence. Thus the tuberculous condition of the nose and the pinna of the ear is due to inflammation excited by the deposit of urates of soda in the fibrous tissue of the skin. In the latter situation it may often be detected by introducing the finger into the ear in gouty old gentlemen.

Again, in acute Rheumatism a depressive inflammation of the derma sometimes occurs giving rise to an eruption distinctly papular in character, like the Pustulose, found most frequently on the inferior extremities. In the derma. Strictly analogous to that form of Pustulose (the variety designated Migrans) is which is distinguished from the ordinary disease only by its darkness of colour in the eruption occurs in the tertiary stage, or among the tertiary symptoms as they are called of Syphilis. This analogous in that the constitutional stain, the poison acts upon the same class of structures as the gouty does, namely, on the fibrous tissues, giving rise to periarticular inflammations. Pustulations, constitutional modes, to tuberculous diseases of the skin & to this scaly disease. The influence of disorderly digestion on the development
of the disease is probably only precocious, the theory advanced of the connection of hepatic disorder with the hardness of the skin may be supposed to be correct. If then we have a person of the so-called arthritic diathesis with the membranes morti of gout or rheumatism stuck in the system, & in addition to this have also chronic hepatic disorder, such a person, on an exactly same coming into operation, would be much more liable to an attack of psoriasis than any other. It may be said in objection to this that we have many persons of the arthritic diathesis in warm climates with chronic hepatic disorder, & that such persons are not apparently particularly liable to be affected with psoriasis. And this is no doubt the case; but then we know that gout & rheumatism are very much less frequently developed in warm countries than in temperate climates, therefore we conclude that the membranes morti of these two diseases is less liable developed, if it developed, that it is more easily & quickly exerted, & maintained in the system in warm climates. Thus therefore one of the conditions wanted for the appearance of psoriasis is not present, & this would explain the comparative rarity of the disease appearing in Europeans residing in the tropics.
But it often occurs that the appearance of the disease does not admit of reference to this cause. We must then look for some external cause. Langenbeck and some other microscopists have observed a parasitic fungus in the scales of leprosy. The same observation was repeated in a case in the Royal Infirmary last autumn. That such a fungus had been so seldom found may be due to either it not having been looked for, or not looked for properly. Besides in the case of leprosy, which we now know is dependent on the presence of an acarus, the said fungus can only perhaps be found in 99 cases in a 100. And in a case at present in Leopold, where psoriasis is universal except on the face, but in which careful examination failed to detect any parasite, after the patient had been for some time under observation an eruption appeared on the scalp, which like the eruption present on the rest of his body presented a figure character, in which a parasitic identical in appearance with the Behringian Schonlein's Tawas was detected. This eruption however had all the appearance of psoriasis, the thick scales being circular, smith, no Bacteriian or murine odour, but a grey not a yellow color. This case would go far to prove that a parasitic fungus
may in certain constitutional states develop psoriasis. For this same fungus would probably, had it come in contact or lodged in the scalp of a person otherwise predisposed, have produced pustules, while in this case psoriasis was the result. Some also support the fungoid theory of the origin of psoriasis, on account of the margination or circular character as often seen in this disease, pointing out a similarity in this respect between this disease and the fairy rings seen in old pasturage, also the circular and modified circular lesions affecting cow's udder or on stones. Moreover, in support of this theory they adduce some of the many remedies said to be helpful in the treatment of this disease, pointing to them as being substances (of preparations) which destroy or are opposed both animal and vegetable life. Again a third case was illustrated in the case of the woman previously alluded to, where a manifest predisposition already existed. The application of tuberculin set up an irritation which was soon followed by the development of psoriasis. Here also we ought to advert to the effect of certain trades in exposing the skin to irritation from dry & powdery substances &c., even the frequent contact of cold metal had been pointed to as an exciting cause in workers.
amongst males.

Dermatologists speak of the difference of the scales as a ground of distinction in classification. Upon what does this depend? We should, ceteris paribus, expect finer scales when the disease attacks a delicate skin; & such we find it the case. Thus, the coarse skin of the arm yields a much thicker, coarser, & more coherent, scale than that of the lumbar region. Also in men the scales are generally thinner & more found upon the opposite sex.

Thus we have shown that the effects of poisonous diffusions are to render the disease more obstinate, the dermal hypertrrophy greater & the scales in every way coarser.

The Diagnosis of Psoriasis need not detain us, as it is already easy. It has been mistaken with Scurvy but in this latter pimple will always be found if carefully looked for. In Psoriasis the desquamation is lamelliform, there may be said to be almost no elevation above the un-affected skin. From Chronic Eczema it may be distinctly distin-

guished by the character of the patch, the presence of vesicles, the moist state of the surface on removal of the scale.

With regard to Prognosis it is generally stated that Psoriasis is not a dangerous disease, but that it is often very obstinate & rebellious to treatment. That it is very difficult of cure in especially cases with respect to chronic cases of the variety.
incurable, as called on this account, especially when it occurs in old people or persons with a debilitated or broken down con-
titution, so much is this case that Wilson & some others say that it may be almost termed incurable, he however after-
wards mentions a case which recovered under his treatment. The other authors thought this disease the result of old age by getting rid of the bad humors, but we now think that it interferes with this process, owing to its interrupting the full ex-
cretory functions of the skin. Bayes says that when the disease is at all extensive the pulmonar perspiration & the urinary secretion are increased. Short then will this we would say that it would render those organs (the lungs & kidney) more liable to disease owing to a greater amount of functional activity being called for than is necessary in the healthy stan-
dard. Moreover disease arising in a already precarious in these organs will be rendered more serious for then the superabundant secretion not get access by these channels, may, unless get rid of by some other outlet (other perhaps more evil), be retained in the blood. Often serious results are almost certain to accrue. Also the skin being one of the glands, is a very important one, by which many poisons (such as fever poisons & also bile) are eliminated from the body or that its function in this respect being interfered with, these poisons become more dangerous in their action on the economy.
Purulencia is also a very disagreeable affection to have, not only on account of the discomfort, but also on account of the absolute pain which is often produced by deep ulceration which sometimes occur. These ulcerations may be attended by a considerable amount of discharge. This, acting continuously for a length of time, may like hemorrhoids weaken the patient much. Also there is the feeling of discomfort itching so often caused by the elevation of the temperature, as when the patient goes to bed. The patient has may be confined to bed or in the recumbent posture or from following this employment owing to the stiffness of small amount of motion allowed by the joints, by the disease having attacked the skin about these structures. The disease may remain confined to the portion of the body it first attacked, or it may disappear from that part & appear in some other, or it may go on continually spreading.

The condition may, of itself disappear & after that it may or may not reappear. The law also applies to it when broken, and it shows a greater liability to recur even when broken. Recovery commences in the centre advancing to the periphery, the margin slowly fading generally being broken through at several parts first. The squames ready to be shed & the skin returns to its normal level with the surrounding integument, often a yellowish-brown stain is left for some time at the former site of the disease.
Treatment. Mr. Wilson says the first indication in the treatment of leprosy is, speaking theoretically, the restoration of the balance of the functions. Mr. Wilson's theories however seem to stop here, seeing that the next paragraph contains the statement of the patient's strength will permit it benefit will be derived from repeated abstraction of blood in small quantities. At all events, if his hard theory is not attested to, a previous paragraph speaks of the rarity of constitutional symptoms with the eruption. The balance to be restored seems obscure. Religan draws an elaborate analogy between Saragala & Romans, Senator. Treatment he too speaks of bleeding as a commendable practice. He seems to think that the number of remedies & plans of treatment that have been described or proposed is owing to the chronicity & intractability of the disease; whereas it more probably indicates the number of causes in operation. This method of treatment has now happily gone out with leaving blood & needle work. The question of treatment now is whether local or internal medication is alone sufficient for the exclusive use of one or other of these methods in regard upon by different practitioners. And Mr. Wilson extended his theory beyond the introduction of trisodium & posted his variety of the empirical treatments which have been successful would have suggested to him the possibility of something more than mere chance
having to do with the roots. For in the treatment of Psoriasis, diet is of great importance. When acknowledged that digestive derangement has largely to do with its development, it seems strange that methods of internal medication should be sought when whose effect is the production in health of serious gastro-intestinal disorder.

To enumerate the different remedies which have been proposed would be to recapitulate the Psoriasis. To classify them in a more important, if we shall attempt it, it is our object to give an outline for their classification by.

While the most elaborate plans of treatment are wholly unagreed upon in some cases, the simplest application or even none at all, is sufficient in others. True in those local forms where the eruption is evidently connected with some slight gastric disorder, the disappearance of the scale formation is easily effected by some simple expedient of dors. They fade if disappear spontaneously. Examples of this are comparatively rare.

In deciding upon the therapeutics of a case, we must consider upon what the duration of the disease depends — whether on an induced chronic state of the integuments, or on an exergetic state of the system, or on the continued application of the external irritants. The first of these is the usual case in those cases of years standing.
any considerable extent of surface is attacked may undoubtedly produce the second cause of prostration.

In those cases evidently associated with the genitourinary constitution is attended with the genitourinary constitution of the uterine uterine of acute gland, the especial remedies for that disease are available. It may be well to bear in mind that hepatic disorder may be rights by colchicum without the specific effects of the remedy being necessarily produced. Alkalis are perhaps more generally beneficial than colchicum, the urine being generally very acid. This in the chronic form that Arsenic is best; the effects of its use vary the production of a certain amount of inflammation in the inflamed surface, in fact a stimulant, or as it may be termed, an alterative action. Perhaps the local use of Arsenic is also beneficial only in similar cases, since the constitutional action, always somewhat injurious to health is less, while the local alteration of effect is quite as speedy. The use of Arsenic is however always contraindicated where the gastric insusceptibility or hepatic disorder are considerable; since the liver should always be heaped at its breast, while Arsenic tends to

When the case is of some standing, if when the consequent chronic hyperesthesia is great, internal remedies of the kind have little effect. Benefit more generally following
The use of mercury in some of its forms not further to
its action, but merely to touch the gums. The combination
of Arsenic, Mercury, and Potassium known as Donovan's solution
seems too apt to cause Gastric and Intestinal disorder; it acts
in which it does not do so very few.

When a dyspeptic state is evident as well from the history
as from other symptoms, the value of Potassium exercises
the most beneficial influence. It must however be given
in comparatively large doses three to five grains three
daily, for the dose cannot be long continued without
losing its special physiological effects, it more speedily
forbids its effect.

Where a chronic state has persisted for some time, or
where the epidermal production is greater than the epi-
dermal influence, the local application of the salt has
peculiar virtues as a local stimulant. It has been for some
years in use, especially in the form of Naphtha, or water theseo diluted
with linseed, but the substance itself seems better if we are
then sure of having it, which otherwise we are not sure.

The internal administration is more doubtful in its results
requires longer time to, but as an adjuvant to the external
application it may have some virtue.

Along with all these remedies frequent may daily bathing
would be diligently practiced. And perhaps the most
Applications to the Sulphur Bath, a quantity of boiled sulphur
be suspended in the bath. The sulphur vapour bath is also of
service, but is liable to the objection of there being more risk of
cold than the warm water.

Other methods of treatment are recommended in the young
of phthisic. Resection, that this can only reduce the strength
induce greater liability to chronic action; nor can any
advantage be stated even theoretically, since, except in the
most acute attacks, the constitutional symptoms are
comparatively slight.

When external irritants are at work, their removal is
essential. That the chronicity of special occupations
demands the suspension of that occupation for a time
immediately.

I will here rest satisfied with the sketch I have given of
the treatment. I need not go on filling many more pages
with the preceding numerous remedies that have been
proposed, referring for them to William D. Wilson.