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The Pyrexial State.

By
(Henry Frazer)

"It would have a formidable look if we began by requiring a definition of Fever. There are things which will not be defined, and Fever is one of them."

So wrote Dr. Latham, and it would be idle for me to attempt what so celebrated an author declined to undertake. In this paper, I shall therefore merely record what my reading and experience have taught me regarding what is known as Pyrexia or ^{the} Pyrexial State.

What are the physical and vital phenomena observed in Pyrexia?

1st and chiefly, an elevation of the temperature of the body. This is generally considered as the only Essential sign of Fever. It may be evident to the touch, the skin conveying to the Physician's hand a very hot feel or the patient may himself be sensible of it, although many patients have a sensation of cold; but the only reliable means of determining the existence of

abnormal heat is the Thermometer.

The temperature varies from slightly above normal to 104° or 106° and it is said even to 110° - 115° Fahr. I have never seen it rise above 107° in my practice.

In taking into account any rise of temperature, it must be borne in mind that even in perfect health, the temperature of the body has a daily range of about 2 degrees, rising in the early morning, and falling again towards midnight.

2nd The secretions and excretions are altered, being as a rule changed in quality and diminished in quantity.

This is evidenced often by dryness of the skin, although we have in some cases profuse perspiration. Then the mouth is usually clammy - the tongue furred, there is loss of appetite, or maybe even nausea and vomiting, with much thirst and perhaps constipation, due to deficiency in the salivary, gastric, and intestinal secretions. The urine again is, as a rule, high-coloured, diminished in quantity, and

of high specific gravity, containing an excess of Uric Acid and Urea, besides phosphates and other salts; whilst (Especially in the Pyrexia of Pneumonia) the chlorides are deficient or absent. Sometimes, there is slight albuminuria.

3rd The Circulatory System is deranged. The pulse is bounding or weak, irregular or intermittent, and always increased in frequency. The blood becomes altered - being less alkaline, and if the temperature rises very high, or the fever lasts long, other serious changes ensue to which I shall refer later on.

4th There is excessive waste of the tissues, in consequence of which feverish patients become emaciated and anaemic, and soon feel prostrate and depressed.

5th The Nervous System is also much disturbed. Chills or rigors, pains in the back and limbs, and general soreness throughout the body; a feeling of lassitude and weariness, and an incapacity to attend to ordinary business are usually complained of.

whilst headache and insomnia are frequent. There may be also delirium or stupor, and in bad cases subcillus tendinum, picking at the bed covering and convulsions.

The question may now be put - do these phenomena characterize one distinct and separate disease? No - They are observed in connexion with many different forms of disease, which however may be arranged into two great classes of cases.

1st Pyrexia may be the result of some local disease - Especially inflammation - and is then termed Secondary or Symptomatic. The fever of acute inflammation of the lung or of the peritoneum is an example of this group.

2^d The phenomena of Pyrexia may be independent of local lesion.

or at any rate may appear as the primary and principal deviation from the normal state, any morbid affection of organs or tissues occurring secondarily.

This form of Pyrexia is termed - primary, idiopathic, or specific, and has for examples, Typhus, Typhoid, Scarlet Fever etc

With regard to the pathology, ~~of~~ of the Pyrexial state, but little is known with certainty. Its origin and nature, and the explanation of the phenomena characterizing it, have given rise to much discussion, and very different views are held by pathologists.

That the febrile condition results from some disturbance in connexion with the nervous system is a theory which has many advocates. Others hold that it is caused by the excessive destruction of the tissues, and increased oxidation. The most probable explanation, I think,

is, that Pyrexia originates from some morbid poison which has gained an entrance into the system, or has been developed therein - and that the nervous disturbance is an immediate, and direct consequence of the changes in the blood and living tissues, produced by this poisonous element however introduced or generated.

The tissue changes that occur in diseases attended by a high temperature, bear a direct relation to the amount of the Pyrexia. The organs in which especially the alterations are marked are, the liver, kidneys, the heart and muscles, and the lungs. Generally the organs are swollen and opaque and their vascularity in some cases diminished, in others slightly increased. Under the microscope the cellular elements are seen to be increased in size and their protoplasm markedly granular, so that in some cases

The nucleus is obscured. This granular condition appears to be due to albuminous particles in some cases, in others the granules are larger, insoluble in acetic acid, and obviously fatty.

In the liver the change is usually marked. The organ is slightly enlarged, and abnormally soft and friable, whilst the cells are swollen and granular, and in many cases contain fatty particles.

In the kidneys, the cortex becomes swollen, opaque and friable and the Malpighian bodies and the ^{*}pyramids abnormally vascular.

In the heart, the muscular fibres are seen under the microscope to have lost their distinct striation and to be finely granular.

The lungs become enlarged, oedematous and abnormally friable. There is swelling of the alveolar epithelium, and the epithelial elements

are granular from the presence of albuminous and fatty particles, whilst they become loosened from the alveolar walls -

In the voluntary muscles, we find the same indistinctness of the primitive fibres that occurs in the heart, caused by granular masses consisting partly of fat, and often with it waxy degeneration, through which the muscular fibres are entirely destroyed.

The injurious influence which an abnormally high temperature thus exercises on all the organs of the body makes it all-important that in the treatment of fever our efforts should in large measure be directed to the keeping in check of this excessive heat. How to lower the temperature will be the question to which I shall devote myself in concluding this paper.

I have no hesitation in expressing my belief that by far the most reliable means

we possess for this purpose is the immersion of the patient's body in a cooling medium - I have no doubt that the cold bath treatment as carried out on the Continent by Prof. G. Leibermeister and others is well worth an extensive trial in this country - It has indeed been employed by Dr. Moxon and others with great success in the management of cases of what is called cerebral Rheumatism, but I have never employed in my own practice a bath at so low a temperature as 60° -

I find that a bath at a temperature of 90° to 95° (Fahr.) serves my purpose well, and patients and their friends will readily consent to use this, when they would be horrified at the proposal of cold immersion - I must confess that children have formed the majority of patients whom I have subjected to this treatment for excessively high temperature, but I have had most favorable results in adult cases also.

Once a patient's temperature rises to 104° degrees (in cases which I consider suitable)

I have him placed in the bath for a period varying from fifteen to thirty minutes. I do not confine this treatment to patients in whose axilla or rectum the thermometer registers 104° or a greater degree of heat, but often employ it in milder cases. The effect produced is measured by the thermometer two hours after the patient has returned to bed, and it is usual to find that the temperature has been reduced three or four degrees - I rarely have occasion to resort to the bath oftener than twice in the 24 hours, and often it is required only once daily, but of course I am guided by the temperature chart, upon which the thermometer records are carefully traced every six hours - Patients bear this plan of treatment well, and in children the effect is sometimes most marked.

The exhibition of Diaphoretic Medicines in cases of Pyrexia, when the skin is harsh and dry, is always called for, and does good. Quinine is a remedy for exalted temperature that I have frequently tried,

and with benefit. Although I believe the most favorable results are obtained by the administration of large doses (15 to 20 grains), I do not agree with some writers that Quinine has no decided anti-pyretic action in small doses. I have seen good results follow from doses of one grain repeated hourly - but it is better as a rule to give one full dose of 20 grains (to adults) - which will probably require to be repeated in from 48 to 60 hours.

Digitalis, alone or combined with Quinine, is said to be an useful anti-pyretic, but I have not had experience of its power in this way in my own practice.

Veratria is another remedy highly spoken of, but I have never tried it.

Cool drinks and ice are decidedly useful as aids in the reduction of the abnormal heat of fever.

As it is necessary in many cases to employ Alcoholic Stimulants it is pleasant to know that these do not increase fever, but tend

to diminish it.

As in Pyrexia there is increased combustion and waste therefore of the substance of the body an important element in treatment will be attention to diet. The administration of such nourishment as will promote the restoration of consumed material is indicated - starchy foods and milk being amongst the most reliable.

The necessity for pure air in ~~the~~ all febrile ailments need only be mentioned, as well as the importance of mental and bodily tranquillity.

Cases.

Oct. 7. 1876. Miss Susan P. et. 15 residing with her parents at The Seven Houses, Armagh was observed by her mother to be looking ill for last ten days, and to have lost appetite.

As she seemed to be getting weaker, I was sent for this day. She is a tall delicate-looking girl of rather sallow

Complexion - Complains of feeling
chilly and has slight headache and
nausea. Skin harsh and dry.

Temp. in axilla at P.M. 101.2. Pulse 96

Tongue furred, moist, red at tip - The
urine is reported to be natural as to
appearance and quantity - bowels confined -
Has slept badly for two or three nights

Ordered to stay in bed and to have
the following medicines -

Rx Pil. Hydrarg. gr. $\frac{ij}{ij}$
Pil. Rhei Comp. gr. $\frac{ij}{ij}$ $\frac{ss}{ss}$

fiat pilula, hora somni sumend
Habt. Pulo. Seidlitz.

Cras mane sumend.

To have some beef-tea for dinner and
some light milk food before night.

October 8. - 12 noon - Bowels acted on,
nicely, without pain - twice. (First
motion, consistent - second, watery).

Feels less nausea, but headache persists
and she complains of increasing weakness.
Temp. 100° - Pulse 98 - Skin dry - ordered

℞ Spi. Eth. Nitrosi ʒij
 ℞ Ammon. Acet. ʒij
 Syrupi ʒij
 Aqua Camph. ad ʒvj ~~℞~~ ʒij tertio horis.

8 P.M. Bowels have not been again moved.

No abdominal swelling or tenderness -

Skin a little softer. Temp 101.8. Pulse 110.

October 9th - Slept none in earlier part of night, but had disturbed snatches later on -

Tongue furred and moist - very red at edges and tip - Pulse 112. Temp. 102°

Headache worse - Five or six rose papules on chest and abdomen - Slight purgling on pressure over ilio-caecal region - One ~~very~~ loose and very fatid motion.

Continue milk and beef tea - Stop diaphoretic, and give following mixture -

℞ Soda Bicarb. gr 80
 Spi. Ammon. Ar. ʒij
 Aqua ʒvj ~~℞~~

Sumat semi-unciam quartis horis -

8 P.M. Temp. 104 - Pulse 116 - No other change.

October 10th. A few fresh lenticular spots

observed on abdomen - Had two light yellow watery stools - Tenderness over ilio-caecal region - Abdomen slightly distended -

Pulse 116 - Temp. 104° - Headache continues - intelligence clear.

Add two minims of Tinct. Opii to each dose of the alkaline mixture.

9 P.M. Temp. 105° - Pulse 118.

October 11th Slept some last night, and feels more comfortable - Bowels have not since been moved. Temp. 104° Pulse 118.

Headache not so severe. Several fresh spots -

Continue alkaline Sedative Mixture.

9 P.M. Temp. 106° - Pulse 120 - great headache, but intelligence undimmed.

Skin very dry, and burning hot to the touch. Tongue dry.

Immersed at 10 P.M. for 20 minutes in a bath at 94° . Immediately after, being put back to bed $\frac{1}{2}$ oz. Brandy in milk, was administered.

11 P.M. Feels much more comfortable.

Headache less - Temp. 102 - Pulse 112.

October 12th Temp. 103.8. Pulse 116 -

Slept at intervals during night. Tongue moist - Sordes about teeth and gums - Two loose motions -

9 P.M. Temp. 104 - Pulse 118.

Respirations 26. Moist rales heard at posterior aspect of chest. No dulness - Urine rather scanty and high-coloured - Non-albuminous - Sp. Gr. 1035.

October 13th Apparently better. Temp. 103.2 Pulse 114 - Respirations 28 - One loose motion during night - Urine as yesterday.

9 P.M. Temp. 103.5 Pulse 118. No other change. Took milk with a little lime-water, freely.

October 14th Slept badly. Breathing more laboured - Respirations 30 - Temp. 104.2 - Some dulness on percussion over base of left lung and crepitation. 1 P.M. Consultation with Dr. W. Soper of Loughgall. Stop Alkaline Sedative Mixture and give one grain of Sulphate of Quinine every hour.

Turpentine fomentation to chest, fore and aft.

9 P.M. Temp. $103^{\circ}9$ - Respirations 30 - Pulse 112.

One loose motion - Urine scanty - Sp. Gr. 1030 -
Chlorides diminished - No albumen -

15th October Temp. $103^{\circ}8$. Respirations 28 -
Pulse 110 - Continue Quinine -

9 P.M. Temp. 105° . Dulness increased - Pulse 120
Sponge body with tepid water - Continue Quinine.

To have two teaspoonfuls of Brandy every 4 hours -

16th October Raised at 2 a.m. as Miss P.

had troublesome diarrhoea. To take $\frac{1}{2}$ oz. of the
alkaline sedative mixture she formerly used, every hour.
Suspend the Quinine - Abdomen distended and
tympanitic - Apply turpentine fomentation -

9 P.M. Temp. $102^{\circ}2$ Pulse 110 - Diarrhoea ceased.
Respirations 28 - Less tympany - Stop alk. sed. mixture

17th October Temp. 102° Pulse 108 - weak and
fluttering - Muttering delirium - Tongue brown and dry.
Respirations 32. Dulness over base of both lungs,

and crepitation - Increase Brandy to " $3 \frac{1}{2}$ quarts horis".

18th October Respirations 36 Pulse 112 Temp. $101^{\circ}8$.

Crepitation heard over a large extent of left
chest, and dulness marked over bases of lungs -

To have $\frac{1}{2}$ oz. of Brandy Every four hours -

Apply a large linseed-meal and Mustard poultice over back of chest.

19 October Rather better - Respirations 30
Pulse 108 Temp. 101.5 - One stool. not liquid.

20th October No change

21st October Condition of lungs improving
Fever assuming an intermittent form with hot, sweating, and cold stages, the last occurring at night. To have two grains of Quinine every 3 hours.

22nd October 1 A.M. Raised from bed to see patient who is in a state of collapse and quite unconscious. Profuse cold perspiration - pulse scarcely perceptible.

Whole surface of body cold - No distension of abdomen - nor is there any fungling or apparent tenderness. The cold perspiration set in after the patient had been in a state of dry, burning heat.

With the aid of hot jars to feet and hot I.B. bags to body, and by diligent friction with hot dry towels, warmth was restored

in two hours - Patient lies very still -
unconscious, and scarcely breathing. Brandy
in Champagne was carefully administered
in large quantity by the trained night nurse
who gave me most valuable assistance

At 2 P.M. patient had much improved.
Still unconscious, but opening the mouth
for nourishment and stimulants. Can
swallow well -

11 P.M. Cold perspiration setting
in. Sponged rapidly with cold malt
vinegar, and friction vigorously kept up.
Collapse averted -

23rd October One loose motion passed
involuntarily - Abdomen tympanitic.
Pulse 140. Beef-tea, milk and brandy
were given alternately every five minutes.
A turpentine fomentation to abdomen, and
Quinine with Opium administered every
three hours.

24th October Much better. Pulse 118 -
Consciousness restored. Takes nourishment
greedily.

25th October Patient had steadily improved and from this date slowly but surely re-gained convalescence, and made a splendid recovery, although I was not able to cease my daily attendance till 27th November.

In the management of the case, I had much comfort and help in the assistance of two trained nurses from the Nurses' Home, Belfast. Dr. Leeper's counsel during the more critical periods, was invaluable.

II

^{no}
7 October 1879;

Mr. A. D. a tall healthy lad ^{at 17}, who has been studying closely for the Solicitors' Apprentice Examination took ill yesterday morning with shivering, vomiting, pain in the back and limbs, and sore throat. He lives in a healthy country house, two miles from Armagh, and was accustomed walking into town, to a tutor, every day. No history of exposure to contagion.

I find him covered with a bright scarlet rash. Throat very sore - tonsils large, inflamed and ulcerated.

Bowels moved yesterday after medicine. He is quite delirious - Pulse 140. Temp. 107°

Immersed for thirty minutes in a warm bath at a temperature of 96° Fahr. - then dried thoroughly with warm sheets and put back to bed. One hour after - Temp. 103° 6 Pulse 126 - Delirium ceased. Says he feels comfortable, except for his throat, which is extremely painful. Swallows with much difficulty.

Fauces swabbed with lotion composed of one part of Liquor Ferri Perchloridi Fort. and four parts of Glycerine. and the following mixture ordered -

℞ Potass. Chlorat. ʒiij
Liq. Ammon. Acet. ʒiij
Syrupi Simp. ʒiij
Spir. Eth. Nitrosi ʒiij
Aque ad ʒviiij

3 1/2 ʒs horis

October 8th Neck stiff and swollen -
Throat very painful - Great difficulty
in swallowing - Ear-ache - almost
complete deafness - Temp. 104.3
Pulse 128. Skin moist. No delirium.
Bowels moved once. Sponge with
tepid water - Continue diaphoretic -
Throat well swabbed with Perchloride
of Iron and Glycerine - The Scarlet
rash is still well marked.

October 9th Wandered during night.
Temp. 106°. Pulse 134 -
Immersed for 25 minutes in bath
at 95°. Had 1oz. of old whiskey in
milk. Temp. short time after 103.1
Pulse 120 - Throat not so angry-
looking. Breath fetid. Fauces
brushed with Carbolic Acid and
Glycerine (1 to 4). To use Gargle
of Permanganate of Potash every 2 hours.

October 10th Slept some last night
Had no wandering. Temp. 103.4. Pulse 120.
Purulent discharge from right ear.

Urine albuminous - Is able to swallow
with less difficulty. Tonsils ulcerated.

Apply again the lotion of Carbolic Acid and
Glycerine. Ear to be syringed with
tepid milk and water twice a day.

To take the following mixture.

℞ ^ʒJunct. ^ʒSemi Perchloridi m^{ss} 160
Potassæ Chloratis ʒ 120
Glycerini - - - - 3
Aque ad \mathbb{Z} $\sqrt{\text{vii}}$ ~~170~~

Sumat semi-unciam tertio horis.

October 11th Rash fading, and
desquamation of cuticle commenced.

Not quite so deaf. Purulent discharge
from right ear continues - Throat
much better - Slept well and took
plenty of nourishing food. Temp. 102. Pulse 110.

Pain across the loins - Urine scanty
and highly albuminous - Bowels not moved.

To get one drachm of Pulv. Jalapæ C.
now, and same again in six hours
if bowels not previously acted on. A

large hot linseed-meal poultice to be applied across the loins.

October 12th Bowels were freely moved after one dose of Pulo. Jalapa Co. yesterday. Perspiration occurred copiously when poultices were on. Throat nearly well. Temp. 100° Pulse 104 - Urine not so albuminous.

October 13th Slight general anasarca. Pulse 90. Temp. 99.1 - Slept well. Urine more plentiful and less albuminous. Desquamation of cuticle occurring freely and in large patches. Allen's portable hot-air bath used, and was followed by free perspiration.

October 15th Pulse 86. Temp. normal. From this time the patient speedily recovered. The discharge from the ear ceased and hearing became perfectly restored. Allen's hot-air bath, and the administration of hydragogue cathartics got rid of the Anasarca. The urine is now perfectly normal - To be allowed to sit up, warmly clad.

Case III

12 August 1871 Called to see Miss D.
at 32 who lives with her sister at the
Provincial Bank house - Armagh. Find
her suffering from headache, intolerance
of light, and general soreness - all of
which she attributes to having caught
cold from a draught in a crowded lecture-
room two nights ago. She has always
been tolerably healthy. Of a philanthropic
turn of mind, Miss Davis has ever shown
great interest in the condition of the poor,
visiting in the homes of the sick and destitute
and administering to their comfort. She
feels rather chilly, but has had no distinct
rigor. Pulse 100 - Temp. 102° Bowels confined.
No sore throat, nor rash.

To have Zips Mist. Senna Co. at once.

At 9 P.M. she feels less headache although
the conjunctivae are injected, and the temporal
arteries throbbing greatly. There is a
darkish mottling of the surface of the
body - Temp. 103 - Pulse 108 - Tongue
brown and dry

Cold affusion to head without benefit.

Ordered

℞ liq. Opii Sed. (Batley) ℥j
Antim. Tart. ꝑ ij
Mist. Camphore ʒvj M

A tablespoonful to be given every hour till sleep
is induced.

15th August Had some sleep after 3rd
dose of the mixture, and has been much
quieter since - Many purpuric spots now
to be seen - Passed no urine for 12
hours - As there was evidence of a
full bladder, I introduced a Gum-Elastic
Catheter and drew off about 15 ozs - of
dark-coloured urine - slightly albuminous -

To get beef-ten (beef-Essence),
and milk; and a dessert spoonful of
Brandy, in milk, every three hours -

20th August For the last five
days, there has been little change in
the patient, except increasing debility.

Delirium not so great - Urine
regularly drawn off by catheter, twice daily.

The temperature averaged about $103^{\circ} - 5$

Pulse 124 - 30 - Body Sponged twice a day with cold vinegar and water.

Brandy increased to 8 oz. in 24 hours - Nourishment has been taken pretty freely. Bowels gave no trouble.

23rd August - Temp. during last three days, averaged 103° - Pulse 140 -

10 oz. of Brandy in 24 hours - This morning had one loose motion.

9. P.M. Slept quietly for six hours today. Brandy and milk given every hour, hardly disturbed her, as she slept quietly after each administration - This evening, Consciousness quite restored - For first time aware of catheter being passed, and is rather disturbed about the necessity thereof.

Temp. 99 Pulse 118 - Purpura and petechial rash fading.

25th August - Has improved rapidly - Spots faded very much.

Perfectly Conscious - no delirium whatever. Still requires catheter. Ordered Cinchona Bark & Aniseed.

8 P.M. Slight cough - purplish tinge in cheeks - On percussion there is dullness over base of left lung - Crepitation.

Temp. 102° Pulse 120. Rash again dark. Respirations 24. To apply turpentine stripes over back and lower part of left chest.

26 August. Much worse - Delirium returned. Respirations, 36.

* Dullness over almost the whole of left lung, and also over base of right.

Temp. 103; Pulse 140. very weak - Give brandy in milk. 3p every hour.

27th August. Patient rapidly sinking - Spots numerous and dark - just as in worst part of her illness.

Both lungs largely hepatized. Respirations 42. Pulse 150. Tongue black and hard.

She died at 7 P.M. being 15 days from time I first saw her - and 17 days from the time she thought she caught cold, in a public meeting - I have no doubt this lady was exposed to contagion in some of the squalid and dirty hovels she visited.

Case IV.

17 Nov. 1873 -

Bobby Reid, at 9. took ill 2 days ago with shivering vomiting, headache and pain in the side - To-day I find him in bed, the face greatly flushed, of a cyanotic hue - tongue dry and brown - Respiration much hurried - Delirious - The bowels were freely moved yesterday after a dose of Senna tea - His pulse is now 126 - Temp. 105°. There is dulness on percussion over the greater part of right chest - increased vocal resonance, and crepitation. By my direction he was placed in a warm bath (95°) for 20 minutes, then put back to bed. A large linseed-meal and mustard poultice was applied over the affected side - To get the following mixture -

℞ Vin. Antim. Tart. ʒiij
 Liq. Ammon. Acet. ʒi
 Spi. Eth. Nitrosi ʒi
 Syrupi Simp. ʒiv
 Aqua ad ʒvi ~~℞~~ ʒp testis horis.

18 November . Dulness over a larger area.
 Respirations 40. Pulse 130. Temp. 103.5
 Some cough with rusty sputa. Not so much wandering to day - Continue poultice & mixture
 19th November. Much as yesterday, except

that the temp. has risen again to above 105°

Bath repeated as before - Continue medicine & poultices

20th November Dulness as before -

Respirations 40. Pulse 132. Temp. 103.2

Takes beef-tea and milk freely - Urine dark - non-albuminous - Chloride of Sodium almost absent. No respiratory murmur heard at base of lung. Bronchial breathing higher up.

22nd November Still takes nourishment freely, but is much weaker. Discontinue mixture. Temp. 104. Pulse 140 - Cough troublesome.

A small fly-blisters to be applied over lower and posterior part of right chest for four hours. To be followed by warm linseed-meal poultices

℞ Zinnia Sulph. ꝑi xij

Pulv. Specac. ꝑi vii ℥ss et

divide in pulveres vii i quartis horis

24 November

Much better - Respirations 30
Crepitation again heard at base of lung
Temp. has fallen to 101 - Pulse 130 - very weak -

Is perspiring freely. Expectoration increased -

Continue powders - So have a dessert
spoonful of port-wine every four hours.

26 November - Respirations 28. Pulse 114
Temp. 100 - Resolution taking place rapidly.

In a week from this date he
was moving about - Cough had ceased
Percussion and Auscultation sounds normal.