(1)

~~A.S. 1.~~

~~Osler 9~~

W.G. 7.

7661. [MSS. of published papers. 5 vols.]
The early papers preserved are, in vol. 1, parts of the important contribution on the Blood-platelets, 1873, and of ' Miner's lung ', and clinical notes of Smallpox ; and, in vol. v, the ' Canadian Diatomaceae ' (cf. arts. *3*, *7–10*, and *1* in Collected Reprints, no. 3576). The rest is MS. material of 32 later papers, mostly written after 1904, and the unpublished ' Andreas Vesal and Michel Servet—an imaginary conversation, Vienne, 1542 ' (in vol. iv).

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7661

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Blood-platelets MS.

MS

Part of the article entitled "On Account of Certain Organisms occuring in the Liquor Sanguinis" [Rep. by J. B. Sanderson] Proc. Roy. Soc. Lond. 1873-74, xxii, pp. 391-98 also Physiol. Lab. Univ. Coll. Lond. Collected Papers, 1874-75, art. no. (v.) iii.

19 2 6

be seen not only at the lateral
borders but also by altering the

Platelet article

[Part of paper ~~on~~ "An Account of Certain Organisms occurring in the Liquor Sanguinis" Proc. of the Roy. Soc, no 153, 1874 pp 391-398 with 1 pl.]

be seen not only at the lateral
borders but also, by altering the
focus, on the surface of the mass
as dark, sharply defined objects
The detachment of the filaments ~~meanwhile~~ ~~now~~
proceeds rapidly and soon ~~the~~
the whole area for some distance
from the margins is alive with
moving forms, Figs 2. c & Fig 3 which spread
themselves more & more peripherally
as the development continues
in the centre. In addition to the
various filaments, swarming
granules are present in abundance,
and give to the ~~the~~ circumference
a cloudy aspect ~~and~~ making

or spindle shaped were ~~the most~~
exclusively ~~common~~ to be seen, later ~~more~~

more irregular forms appear, possessing

it somewhat difficult to define the individual forms. ~~Meanwhile~~ The mass has now become perceptibly smaller, more granular, its borders indistinct, and merged in the surrounding cloud about them, but corpuscles are still to be seen in it as well as free in the field. A variable time is taken, to arrive at this stage, usually however it takes place within an hour and a half or even much less. The variety of the forms increases as the development ~~proceeds~~ goes on, and whereas, at first, spermatazoa-like or spindle shaped were ~~the most~~ almost exclusively ~~common~~ to be seen, later ~~more~~

more singular forms appear, possessing
two, three, or even more tail like
processes* of extreme delicacy
The most active ones wander towards
the periphery, pass out of the
field and become lost among
the blood corpuscles. The process
reaches its height within 2½ hours
and from this time begins almost im-
perceptibly to decline; the area about
the mass is less densely occupied by
by the moving forms, and by degrees they
becomes clearer, till at last after
six or seven hours, often much less,
scarcely an element is to be seen
in the field; and a granular body
in which a few corpuscles yet

Not unfrequently some of these are

seen with a larger or smaller

exist;
is all that remains of the mass
The above represents a typical de-
velopment from a large mass
in serum, such as that figured at
fig 3 *
We have next to study more in
detail the process of development
and the resulting forms
Commonly the first appearance of
activity is displayed by the small
free corpuscles at the margins, which,
previously quiescent begin a species
of jerky, irregular movement, at one
time with their pale disk surfaces
uppermost at an other presenting
their dark, linear profiles (see fig 5. a.b.
Not unfrequently some of these are

This mass ~~from which~~ this sketch was taken was seen by several of the foreign nature ~~to~~ the British Med Assoc last year, among whom I my member Dr Chauveau

seen with a larger or smaller segment of their ~~periphery~~ circumference thicker and darker than the other (see fig 5. c) Earliest and perhaps the most plentiful of the forms are those of a spermatozoa-like shape, attached to the mass either by the head or tail; (fig 5. d.) while, simultaneously long bow shaped filaments appear having ~~with~~ an enlargement in the centre, and straight hair-like ones (fig 5) are also visible ~~appear~~ The time which elapses before they begin their wavy movements is very variable, as is also the time when they break away after once beginning ~~it~~ them, Filaments may be seen perfectly quiescent for

an, far the longest of the forms

some measuring as much as 1:900

more than half an hour before they move, and others may be observed quite as long in motion before they break away from the mass, Commonly it is in the smaller masses & when the development is feeble that filaments remain for any time adherent ~~to~~ The spermatozoa-like forms ~~are~~ appear, at the head in one view flattened and pale, on the other dark and liner; consequently the head is discoid not spheroidal (see pgs 5.) The bow-shaped filaments also present a straight dark aspect when they turn over, and are, by far the longest of the forms

some measuring as much as 1/900 of an inch. The fine hair like filaments are not very common (fig)

Many intermediate forms between the round discord corpuscles and fully tailed ones are met with in the field and are figured at fig 5. ... Small rod shaped forms are very numerous, most of which however on one aspect look corpuscular, but in others this cannot be detected or only with the greatest difficulty (fig 5) Slight enlargements ~~may~~ at each end may also be seen occasionally in these forms (fig 5)

Usually late to appear and more often seen from in the profuse secutive hours without noticing any material alteration in them

The one represented at pg 6 was that

developments from large masses are the forms with them or more tail like processes attached to a small central body (fig 5) Among the granules it is extremely difficult to determine accurately the number of these processes, the apparent number of which may also vary in the different positions assumed by the element. ~~Curious forms seen only occasionally are figured at~~ as to the ultimate destiny of these individual forms I have not much to offer. I have watched single ones with this view for several consecutive hours without noticing any material alteration in them

The one represented at fig 6 was watched for four hours, that the one at fig 7 for five & the changes ~~under~~ ~~gone~~ sketched. The difficulty of following up individual ~~elements~~ filaments ~~like this~~ in this way is very great, not only from the ensuing weariness, but from the obstacles the red corpuscles offer to it. With regard to the movement of the filaments, this at first sight bears some resemblance to that known as the Brownian, exhibited by the granules in the field or by the red corpuscles, but an evident difference is soon noticed in the fact that while the former — also the small corpuscles — undergo a change of place, the latter remain constant in the one position or vary but little

offered

12 15 17

~~With reference to the corpuscles while still within the vessel~~

Fig 8 represents the corpuscles while among the red one

28 11

Movements like those of the ordinary rod-shaped Bacteria are not ~~never to be seen~~ exhibited by them

Circumstances which influence the development: In blood without the addition of saline solution or serum no change takes place in the masses, even after prolonged warming. A temperature of about 37° C is necessary for the process. No development occurs ~~takes~~ at the ordinary temperature, with or without addition of fluid. Fresh serum is the medium most favourable to the ~~development~~ process, added in quantity equal to the amount of blood.

Not every mass developes when placed under conditions apparently favourable, but for ~~for~~ this ~~can offer~~ no good reason can be at present offered

~~With reference to the corpuscles while still within the vessel~~

Figs 8 represents the corpuscles among the red one while in the vessel ~~and among the red corpuscles~~; and as is there seen they appear somewhat ~~a little~~ more elliptical in the profile view, and more elongated than in blood after withdrawal, but present the same pale disk like surfaces when they roll ~~turning~~ over. On adding saline solution or serum and warming it, development proceeds ~~to a slight degree~~ but not to such an extent as from the masses. The individual corpuscles become elongated ~~many are~~ some tailed and they move about in the vessel. At Fig 9. the developing ~~represents~~ corpus are seen in the vessel after 3 hours on the warm stage (a) was a remarkably large form — 1:1300 of an inch in length — and had moved up from the opposite end of the vessel. On its profile view it was ~~rep~~ a straight dark filament form or possess the power of reproduction nothing can at present be said

either as to their nature, or their

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It must still be confessed with Max Schultze that we know nothing of the origin or destiny of these corpuscles. And. (2.) His supposition and Ries' assertion that they arise from the disintegration of white corpuscles are quite untenable. Once admit the existence of these as individual elements — like the blood-corpuscles — circulating with the blood

We must confess also the same ignorance of the reasons why they increase in number and of their influence in disease.

Finally as no evidence can be had that these bodies are in organic continuity with any other recognized animal or vegetable form or possess the power of reproduction nothing can at present be said

either as to their nature, or their
relation to Bacteria

These observations were carried on
the Physiologic Lab of Univ Coll
and my thanks are due to Prof.
Sanderson & Mr Schäfer for advice &
valuable assistance

Explanation of the Figures

Fig I. Common forms of the masses from healthy blood. (Ocular 3. objective 5

Fig II a mass from healthy blood in ~~serum~~ Saline solution showing stages of development
(a) at 11. a m. (b) at 11.30 & (c) at 12.
(ocular 3. objt. 7.

Fig 3. Mass from blood of young rat (in serum) in full development after two hours warming
Ocular 3. objt. 7.

Fig 4. Mass (young rat) with blood corpus about it showing the relative sizes of No 5 & 3
(ocular 3. obj. 5)

Fig 5. Some of the developed forms as seen with No 11. Hartnack

a

Figures to do.

Letter to Ed. Hick. Stand & Schaffe

Fig. 6 Form watched per four hours (No 9)

Fig. 7 Form watched per five hours (No 9 & 3)

Fig. 8 Corpuscles in a small vein from young rat

Part of the paper entitled "On the Pathology of Miner's Lung". Canada Med. and Surg. Jour. Montreal, 1875-76, IV. pp. 145-68.

is from a man 65 years of age.

The fourth specimen, who died of Bright's disease in the General Hospital under Dr Ross, to whom I am indebted for the portions of lung. As far as could be ascertained this man had never been employed in mines, nor in situations where he would have been exposed to a sooty atmosphere. An interesting point in connection with this case is, that the pigmentation of the skin was deranged: he presented several large patches of Leucoris.

In the portions of lung given to me for examination, the pleura certainly is abnormally pigmented for a man of his age. In parts the dark colour is almost uniform, but the general arrangement is in round, often irregular shaped spots, which are tolerably closely set over the surface, (and do not correspond to the interlobular septa) In section they are seen to be quite superficial, in most instances confined to the pleura, though sometimes dipping into the lung substance in the form of bands, or else involving the air cells immediately

elements. Sections made parallel to the pleura show the alveolar septa (in these situations very well seen) are covered with pigment, partly free & partly intra-cellular, while the air cells (vesicles) are filled with a fine granular substance

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and cells, many of which contain carbon and are identical with those in the alveolar septa. Small angular particles of carbon are common

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beneath, in which case, they are invariably emphysematous. The lung substance itself, is but little affected, only here and there presenting a dark appearance, due to the accumulation of pigment about the vessels & in the interlobular connective tissue. The dark, sub-pleural areas contain a tolerable number of the large cellular elements, but most of the pigment is free among the fibrous tissue. Where the pigmentation extends into the subjacent air cells, the septa are dark in color and occasionally the alveolar wall was observed to have irregular patches of pigment upon it. Cells containing carbon are also very common in the alveoli, which have been involved in a pneumonic process and are filled with cellular elements. Sections made parallel to the pleura in these situations very well show the alveolar septa are covered with pigment, partly free & partly intra-cellular, while the air vesicles are filled with a fine granular substance

and cells, many of which contain carbon and are identical with those in the alveolar septa. Small angular particles of carbon are common in the field, but no coarse ones like those in cases 1 and 2 were met with. An interesting fact, which will be referred to hereafter with reference to the probable origin of the pigment in this case, is that extravasations of blood were ~~not easily~~ seen in the subpleural region, and usually in the vicinity of the dark areas. On several occasions I saw at the edges of small ~~a~~ teased portions of an intensely black colour the reddish brown remains of an extravasation. The small pigmented areas in the lungs presented nothing remarkable; they were chiefly in connection with blood vessels.

[illegible] were but slightly affected. Predisposition to lung disease is an important factor here, & it has been found that where this exists they die at a much earlier age than those without ~~this~~ hereditary

40

progress towards the interior. In their further distribution they follow exactly the course of the lymphatics, and the tissues in their immediate

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the lungs of
In all individuals who die of this disease these
which are no doubt often bronchiectatic surrounded.
cavities are described, situated in by indurated
areas, while the comparatively healthy sections
are intensely black, & emphysematous. Several
cases I find recorded of miners having died of
intercurrent affections in whom the lungs pre-
sented an appearance similar to what had
been described, viz, uniformly dark in colour,
but with patches of variable size of a much more
intense hue, while the lung texture itself being healthy
or slightly emphysematous. In some instances, the
continual inhalation of the dust in mines would
appear to produce very little effect, for cases are men-
tioned where miners exposed for years to the
same influences to which others succumb & yet-
who
were but slightly affected. Predisposition to lung
disease is an important factor here, & it has been
found that where this exists they die at a much
earlier age than those without this hereditary

progress towards the interior. In their further distribution they follow exactly the course of the lymphatics, and the tissues in their immediate vicinity; where there are most abundant there the pigment is in the greatest quantity, as about the connective tissue of the vessels & bronchi, the interlobular septa, and, above all, just beneath the pleura. Once inside the lymphatic vessels a large proportion of the granules ~~are~~ is carried on to the glands at the root of the lung, and ~~are~~ is there permanently fixed in the cellular elements, hence the intensely dark colour of these in most persons over fifty. This fixation of the carbon granules in cellular bodies is very remarkable and must be regarded as an effort of the economy to render harmless what might otherwise be very irritating substances. In the greater part of the lungs in the first case the pigment was contained within large cellular elements, belonging to the amœboid

demonstrate them to be plentiful. To show the remarkable aptitude of cells to take up granules of various sorts and also to demonstrate the rapidity with which the lymphatic glands are affected I performed several simple experiments. Of which I shall mention two: —

Experiment I — Into the axilla of a 2 days old kitten M III of a strong solution of Indian ink ~~were~~ injected, and into the right lung of the same

class of connective tissue corpuscles, and in the other cases they were by no means uncommon These were unusually large, twice or three times the size of ~~the~~ colourless blood corpuscle, and very abundant, as if the supply ~~was~~ had been equal to the demand This pathological infiltration of corpuscles with carbon appears to interfere just as little with the~~ir~~ performance of their functions, as does the physiological, so common to many connective tissue corpuscles of man and the lower animals; for in the air cells which had been involved in a pneumonic process & ~~were filled with~~ among the epithelial elements with which they were filled these same large corpuscles occurred, evidently having migrated from the surrounding tissues, in which sections demonstrate them to be plentiful. To show the remarkable aptitude of cells to take up granules of various sorts and also ~~to~~ to demonstrate the rapidity with which the lymphatic glands are affected I performed several simple experiments of which I shall mention two: —

Experiment I — Into the axilla of a 2 days old kitten mIII of a strong solution of Indian ink were injected, and into the right lung of the same animal a similar quantity was injected through the pleura. The kitten was killed and examined twenty hours after and the parts carefully examined. In the axilla there was a spot the size of a marble of a dark, black colour, composed chiefly of connective tissue and fat. On examination of teased portions, it was seen that the particles of Indian ink were either [illegible] in the interstices of the tissue or else contained within the numerous leucocytes - white blood corpuscles - with which the tissue was inundated. They were specially abundant along the course of the puncture, and in this situation all the leucocytes were loaded with the dark granules [illegible]. The spindle shaped connective tissue corpuscles did not contain any

At the bifurcation of the trachea were dark superficially. Examination of the dark mass in the lung showed the air cells in a condition of inflammation and everywhere crowded with leucocytes, inside which abund-

in large numbers in the early stage of inflammation. Among these, some were sparsely, others densely, crowded with dark granules. The larger corpuscles were more than twice the size of the ones just described, and belong to the group of connective tissue corpuscles. Many were rounded or oval in outline, and these contained the greatest number of granules, while elongated, spindle shaped ones rarely contained any. Changes in outline - amœboid movements - were seen in most of these corpuscles. In a portion of the pulmonary pleura which was under the microscope a small network of lymphatic vessels was rendered beautifully clear by the number of dark granules inside them. Unfortunately I was unable to sketch it, as in changing the object-glass, for the purpose I accidently let it fall upon the slide & damaged it for any further use. The curious phenomena was seen in certain portions of the inflammed lung

at the bifurcation of the trachea were dark superficially. Examination of the dark mass in the lung showed the air cells in a condition of inflammation and everywhere crowded with leucocytes, inside which almost

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In

Cases three and four the pigmentation is not so extensive, and there is not the same certainty as to the its

45

of cells containing red blood corpuscles. A considerable number of these were met with having from six to ten corpuscles in their interior, others presented only a diffuse coloration.

Experiment V — Into the right thoracic cavity of a four weeks old kitten m x of a solution of Indian ink were injected, and the animal killed thirty six hours after. A dark spot on the costal pleura corresponded to the point of entrance of the needle, but the layers of the pleura were not adherent. The lower lobe of the right lung presented a dark firm mass, about the size of a walnut, occupying its interior, and scattered around it were several other small dark spots involving both pleura and lung substance. The sub-sternal glands were slightly coloured and those at the bifurcation of the trachea were dark superficially. Examination of the dark mass in the lung showed the air cells in a condition of inflammation and everywhere crowded with leucocytes, inside which abund-

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In Cases three and four the pigmentation is not so extensive, and there is not the same certainty as to its source. In the absence of any history it is hard to say

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all the Indian ink granules were contained. So numerous were these cells that even in very thin sections hardly anything else could be seen. At the margins of the healthy and inflamed portions larger corpuscles occurred, which were also filled with the dark granules, and a few were noted containing red blood corpuscles.

The lymph corpuscles of the glands, sub-sternal & bronchial, especially in the superficial region, contained numerous pigment granules. These experiments serve to show how quickly irritating materials are taken up by cellular elements, and it is in nearly the same way that the carbon granules which reach the parenchyma of the lungs are fixed in the connective tissue corpuscles and so rendered harmless. In experiments 2. 3 and 4 the sub-sternal glands were also more affected than the bronchial, as in these cases the pigment was chiefly about the pleura, and adhesions having taken place between the layers, the lymph bearing the Indian ink granules was conveyed in the vessels of the parietal layer to the glands under the sternum

In Cases three and four the pigmentation is not so extensive, and there is not the same certainty as to its source. In the absence of any history it is hard to say whether in the former case we have to deal with a condition produced by the inhalation of dust, or whether it is an excessively pigmented piece from an old man with chronic lung affection. The general firmness of the piece, the thickened pleura, the existence of caseous masses, and the absence on microscopical examination of large particles of carbon favour the latter view, & if so the pigment is to a large extent melanotic, i.e. proceeds from the haematin of the blood. Of course in all these cases a double origin may usually be attributed, for the process of physiological Anthracosis goes on constantly, whether there is disease in the lungs or not; but we have learnt to regard the pigmentations occurring in the indurated areas about cavities or caseous masses as specially of blood origin, in as much as they are

Balanus as it ordinarily occurs, is a very different thing from the physiological process of pigmentation. For the former to take place, there must be either long continued congestion, amounting almost to stagnation,

-else extravasation, under which circumstances the colouring matter of the corpuscles infiltrates the tissues, and there gradually undergoes a gran-

met with in young children, in whom an anthrakosis is out of the question, and, also, because ~~the gradations~~ the extravasations are found in all stages of transformation from yellow up to a jet black. In the last case I think there is still less room for doubt. Here the irregular distribution of the pigment ~~often~~ in circular patches, not following the interlobular septa beneath ~~of~~ the pleura, to which situation it was in great part confined, a situation, moreover, shown by Virchow to be specially prone to extravasations, but above all the detection of ~~these~~ extravasations in and about some of the pigmented areas, makes it tolerably certain that this is a melanotic process. Whether this had any connection or not with the derangement of pigmentation in the skin, as was suggested, may be questioned. Melanosis as it ordinarily occurs, is a very different thing from the physiological process of pigmentation. For the former to take place, there must be either long continued congestion, amounting almost to stagnation,

or else extravasation, under which circumstances the colouring matter of the corpuscles infiltrates the tissues, and there gradually undergoes a granular precipitation, forming the little particles known as melanin. If in a tissue containing cellular elements the bulk of the hæmatin finds its way into them, and it may occur in them only; but if the extravasation take place in the region of a fibrous tissue-like there indurated areas in the lungs – the colouring matter passes by imbibition among the various elements and we find it there as a granular precipitate.

In the normal process, as it goes on simply in the rete mucosum, the cells obtain colouring matter from the nutritive plasma, without any stagnation or rupture of vessels. One pathological condition met with in the pigmented sarcomas adheres to the physiological method, for the cells of these derive their pigment in great part from the plasma irrigating the tissue, but according to some observers also from small

I have sketches in my possession of amœboid cells from newts blood crowded with human blood corpuscles, of the guinea-pig which were abundant in the serum in which the newts blood was mixed for examination,

5-1

ud it is not at all unlikely that other amœboid
ills, even when in the tissues, should do the same
ting. This is not a common way for cells to become

5-0

capillary hæmorrhages.

It is interesting in this connection to refer to the corpuscles containing red blood corpuscles which were found in the lungs of several of the kittens experimented upon. Here we have to do with an intravasation, or rather an ingestion of the coloured corpuscles within others. Many deny this but to me in my mind there can be no doubt of the fact. In these corpuscles as many as six to ten were seen, in others again the contents of the red corpuscles could not be detected, as if the cells had absorbed only the colouring matter, & Nucleus and granular protoplasm were also seen, strange constituents, if as some suppose the appearance of a cell is caused by the separation of the fibrin round a group of red corpuscles. I have sketches in my possession of amœboid cells from newts blood crowded with human blood corpuscles, of the guinea-pig which were abundant in the serum in which the newts blood was mixed for examination,

and it is not at all unlikely that other amaboid cells, even when in the tissues, should do the same thing. This is not a common way for cells to become pigmented, but there can be no doubt that these would rapidly have become so, and would then have been undistinguishable from many of the larger corpuscles containing Indian ink granules.

To sum up —

I. The histological examination of these two specimens of Miners lung favours the [illegible] that in the early stage the process is confined to an increase in the fibrous elements about the bronchioles and vessels, and in certain emphysematous areas — a genuine Cirrhosis or as some would prefer to call it an interstitial Pneumonia

II A ~~large~~ considerable proportion of the carbon is contained in large cellular elements, which are specially abundant in the less pigmented, healthy portions and in these it probably remains without

Clinical notes of a series of cases of small-pox some of which were published in the paper entitled

Clinical Notes on Small-pox -- Montreal, 1876

Gazette Printing House, 35 pp. 8°.

Case IV James Campbell. aged 23. V. one good mark. admitted December 15th. Initial symptoms moderately severe. Diffuse Erythema before the appearance of the papules. On admittance, tolerably high fever but general symptoms good. Breathing not accelerated: pulse firm and ~~good~~ strong. A diffuse thin, superficial purpura extended over

Case II David Ross aged. admitted Nov. 28th. V. one good mark. Revaccinated by Dr. Bell days before admittance. The spots (3) had apparently taken, as there was redness about each and a crust upon them. Fever tolerably high. slight delirium. Seen first by me on the second day. a general diffused redness over the whole surface, purpuric spots on groins and sides, scattered but of considerable size: a few only on the legs. Eruption confluent on face, hands & feet more discrete on the legs arms & trunk. ~~Pustules~~ Ran a tolerably normal course till the ~~termination~~ commencement of the pustular stage when instead of proceeding to maturation the pustules seemed to abort, dry up, and desquamation began about the 11th day. Purpura did not increase, no fresh spots occurred after the third day. Recovery rapid, but stay in the Hospital

Lond.

end.

prolonged by the irritation kept up in
the face about the sebaceous follicles which
were mostly plugged by comedones
Boils on feet. Discharged on January 14th/75.

Case IV James Campbell. aged 23. V. one good mark. admitted December 15th Initial symptoms moderately severe, diffuse Erythema before the appearance of the papules. On admittance, tolerably high fever but general symptoms good. Breathing not accelerated; pulse firm and ~~hard~~ strong a diffuse thin, superficial purpura extended over the anterior surface of both shoulder joints & was prolonged into the axilla of the left side Purpuric spots numerous on the groins & sides, some of considerable size. None on the extremities or face. Eruption came out well, discrete but in considerable numbers. Purpura did not increase, no more spots appeared after the 2nd day in hospital The large ones quickly disappeared from the shoulders leaving a dark brown discolouration for some time. Papules proceeded regularly to pustulation but did not mat-

Lond.

end.

erythema accompanied the eruption in this case. Pustules did not maturate fully but aborted and dried up quickly. General symptoms very moderate. Temperature never above 100°

maturate normally, commencing to drying up about the 10th day. Recovery rapid. no complications The irritation kept up for a long time in the face about the sebaceous follicles, and delayed his discharge for fully two weeks

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Case VIII. Joseph Seale æt 20. V. one good mark; a convalescent from severe Typhoid. Very weak and low on admittance but in good spirits. Fever high 103°. Rotters Diffuse redness over whole surface as the papules developed. Purpuric spots on groin and arms; small, but in consid-

Lond.

end.

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Case VI Walter Roffey æt. 20. V, one indifferent mark. Initial symptoms mild. Eruption plentiful on face, buttocks, back and posterior surface of arms and thighs. In these latter situations the pustules were collected in groups. Purpuric spots numerous on sides groins, back and a few on the back of the thighs. They occupied positions between the groups of pustules. A good deal of erythema accompanied the eruption in this case. Pustules did not maturate fully but aborted and dried up quickly. General symptoms very moderate. Temperature never above 100°

maturate normally, commencing to drying up about the 10
day. Recovery rapid. no complications
The irritation kept up for a long time in
the face about the sebaceous follicles, and
delayed his discharge for fully two weeks

Case VIII. Joseph Seale at 20. V. one good mark; a convalescent from severe Typhoid. Very weak and low on admittance but in good spirits. Fever high 103°. restless Diffuse redness over whole surface as the papules developed. Purpuric spots on groin and arms; small, but in considerable numbers. Eruption ran a normal course, confluent on face, scattered but thickly set on trunk and extremities Temperature ranging about 100°. pulse rapid & feeble. Extravasation took place into some of the pustules on face and legs. a few days before death. Patient got weaker and weaker; haemorrhages into the pustules extended and death took place ~~about~~ on the eighth day of residence

Lond.

end.

[illegible]

legs, which had now begun to vesiculate, were surrounded by rings of purpura. These were very general over the legs, but only an isolated one here & there discovered on other parts. A few of the purpuric spots on the legs were in healthy skin and unconnected with papules. The appearance produced by these extravasations was very striking, each little vesicle being

in Hospital and tenth day of the disease.
Laryngeal symptoms moderate. No delir-
ium.

Case X. John Murphy. V. one good mark admitted Jan 28th. Initial symptoms not very severe. Eruption came out well on the face, body & limbs, accompanied with a good deal of Hyperæmia of the skin. Papules scattered but at certain parts [illegible]

Case IX. Mary Casey æt 15. V. one good mark, was admitted Jan 18th. Initial symptoms tolerably severe. ~~On~~ admittance P. 102. & full. T. 102.2. R. 24. Numerous purpurine spots on back, nates & groins, a few on the legs. Those on the body were large & very thickly set. Only a few papules visible about the face & wrists. During the 19th & 20th many more papules appeared, all very minute and in groups upon the eyelids and face. General symptoms moderate Temp. not above 102°. & Respiration not accelerated. On the 21st the papules on the legs, which had now begun to vesiculate, were surrounded by rings of purpura. There were very few on the legs, but only an isolated one here & there discovered on other parts. A few of the purpuric spots on the legs were on healthy skin and unconnected with papules. The appearance produced by these extravasations was very striking, each little vesicle being

Lond.

end.

in Hospital and tenth day of the disease

Laryngeal symptoms moderate. No delir-
ium

situated upon a purpuric pace, which
extending beyond ~~the~~ its limits ~~of the~~ formed a
dark red areola. No aggravation of the gen-
eral symptoms accompanied this fresh
outbreak of purpura. By this time the other
spots on the body - first outbreak - had al-
most faded. Very few of the vesicles proceeded
to pustulation, & by the 24th most of them
had desiccated, forming small dark scabs, which
quickly came off. ~~Recov~~ on the legs dried up
sooner than in other parts. Recovery very rap-
id, face & limbs being perfectly clear within
15 days

Case X. John Murphy. V. one good mark admitted Jan 28th. Initial symptoms not very severe. Eruption came out well on the face, body & limbs, accompanied with a good deal of Hyperæmia of the skin. Papules scattered, but at certain localities, inner surfaces of the thighs, & popliteal regions in thickly set clusters. As the papules on the legs vesiculating about 4th day of eruption – extravasations took place about the bases of many, and remained on the feet & ankles, till fully 2/3 of those papules of the legs were surrounded by rings of purpura. In the smaller spots papules the haemorrhage completely obliterated the papules and there looked like the ordinary purpuric spots; but on passing the finger over them a slight papular elevation could be detected

Lond.

end.

in the centre. Only two or three ordinary purpuric spots were found, i.e. those unconnected with a papule. Groups of papules situated on a common purpuric base were seen here & there over the thighs. The effect of the purpura upon the smaller papules was to cause a complete atrophy — no further development took place in them, and in from four to five they had entirely disappeared with the absorption of the extravasation. The larger papules proceeded to develop and a few maturated, but the majority gradually dried up, and by the eighth day had advanced to desquamation. The papules on the face arm & body, ran a short course, but developed more than those on the legs.

ed, face & limbs being perfectly clear within 15 days

Page XIV

Samuel Wyatt at 21. V two indifferent marks. admitted April 4th. Initial symptoms had been moderately severe. a very fine papular eruption covered the whole face and considerable hyperaemia existed in the skin of this part and the thorax. General symptoms favourable. A plentiful crop of papules came out over the trunk and extremities

Lond.

Case XIII Thomas Collier at. 20

V. - admitted April 16th with a disseminated papular eruption Purpuric spots on the lower abdominal region, groins and lateral thoracic parts. General symptoms mild. Variola progressed normally. Purpura faded in a few days and no fresh outbreak occurred

end.

on the scalp. Only two or three ordinary purpuric spots were found, each one connected with a papule. Groups of papules situated on a common purpuric base were seen on either over the thighs. The effect of the purpura upon the smaller papules was to cause a complete atrophy — no further development took place in them, and in from four to five they had entirely disappeared

Case XIV

Samuel Wyatt aet 21. V two indiffer-
marks. admitted April 4th. Initial symp-
toms had been moderately severe. A very fine
papular eruption covered the ~~whole~~ face
and considerable hyperaemia existed in the
skin of this part and the thorax. General
symptoms favourable. A plentiful cross of pap-
ules came out over the trunk and extremities
and developed normally to vesiculation
Those upon the face were as closely set together
~~that~~ as in a case that would become confluent
The vesicles were as a rule small, some
remarkably so, looking like ~~pseud~~ amnia
and around, there was
~~but~~ each ~~had~~ a distinct areola of hyperaemia
This was most evident on the limbs & trunk
on the face, where the eruption was thicker the
skin was uniformly injected. Between the
5th & 6th day of the disease the areola of hyper-
aemia about some of the vesicles in the lower limbs ~~legs~~ were
noticed to be purpuric - did not disappear on pressure
and shortly almost all the spots ~~upon~~ in this
~~the leg~~ situation were surrounded by

Lond.

end.

ood. Pustules large & developed well
Purpuric spots did not increase in
number, and within four days had
almost completely faded away, leaving
light brown discolourations, to mark the localities
where they had existed

broad dark red areola of extravasation
This took place especially on the legs &
along the inner surface of the tibiae
Upon the thighs the extravasation about
the papules was not so general. On
the trunk & face these appearances were
met with only here & there. Upon the arm
a few of the papules were seen surrounded
by an extravasation. Altogether the
case looked a tolerably severe one. ~~Believe~~
Instead, however, of the vesicles proceeding
normally to pustulation, the great major-
ity of them began to dry up - to desiccate
This was best seen upon the face, when the erup-
tion was most profuse; the spots gradually
~~Decame~~ became firmer, hard and had a yellow
ish somewhat translucent appearance
No scabbing occurred, but the ~~solid~~ small hard
nodules into which the vesicle has been convert
were gradually absorbed. On the legs the
pustules aborted much in the same way
a few scattered ones only proceeding to Mat-
uration. The patient was up on the 11th day
& made a rapid recovery

42

Case XV. Octave Gambette at 36

V. one indifferent mark. Admitted from the Gen. ward on the evening of May 22nd a plentiful papular eruption over the whole body, very thick over the trunk & face. Papules large and of a dark purplish red colour. Here & there larger raised patches the size of a sixpence were seen not unlike the wheals of Urticaria

Lond.

end.

43

Case XV. Henry Annerley at

V. 5 marks. admitted April 3rd

Initial symptoms had been tolerably severe. A scattered papular eruption present, when admitted. Purpuric spots noticed the following morning in the lateral thoracic regions, about the groins & lower portion of the abdomen They were numerous and in the groins of considerable size. General symptoms good. Pustules large & developed well Purpuric spots did not increase in number, and within four days had almost completely faded away, leaving light brown discolourations, to mark the localities where they had existed

Case XVII. William Graham
æt 34. V. 2 good marks, admitted
Feb. 22nd. When first seen skin
very hyperæmic and a plentiful papul-
or eruption covered the whole body
Maturation of the pustules proceeded
normally, accompanied, however
by severe and prolonged secondary
fever. The eruption was confluent upon
the face and extremities, and the pustules
very large and thickly studded over
the remainder of the body. About the
10th day of the eruption extravasation
of blood took place in some of the pus-
tules on the legs. About 18-20 were so
affected, presenting a dark reddish yellow
appearance. For several days he lay
very much prostrated by the fever,

areole, surrounding each spot. Each
vesicle was situated upon a dark red
purpuric base, the circumference of which
was from two to four lines from the margin
On running the forefinger firmly up the
anterior surface of the tibia, no difference
whatever was perceptible in the appearance
of the spots; the dark borders were
persistent. This condition was confined

Lond.

end.

which though not high was long continued. Throat & Larynx not much affected and was able to take nourishment very well. At no period of the illness was her delirious. Finally about the 17th day he took a turn for the better and left the Hospital, after more than six weeks residence, intolerable health being the worst case, that had terminated favorably, during my attendance

Case XX Josephine Durrche at
V. admitted

Lond.

end.

Case XVIII. James Carrnglin
at. admitted April 7th Vac.
1 bad mark. Severe premonitory
symptoms, Epistaxis. A very plentiful
emption of papules came out and
proceeded normally to develop. About
the fifth day, when the vesicle were
fully formed on the legs Extravasation
of blood took place about most of them
in the form of distinct sharply marked
areole, surrounding each spot. Each
vesicle was situated upon a darkened
purpuric base, the circumference of which
was from two to four lines from the margin
On running the fore finger firmly up the
inner surface of the tibia, no difference
whatever was perceptible in the appearance
of the spots; the dark borders were
persistent. This condition was confined

which though not high was long continued. Throat & Larynx not much affected and was able to take nourishment very well. At no period of the illness was her delirium. Finally about the 17th day she took a turn for the better and left the Hospital, after more than six weeks residence, intolerable health

almost entirely to the legs a few only upon the thighs and lower abdominal regions being affected in the same way. Around the rest the normal tone of hyperæmia very like, indeed, not to be distinguished from, the purpuric ring until the test of pressure was applied existed. The eruption was confined upon the face & hands and ran the usual course. I did not see the patient after the sixth day but learnt from the attendant, that the spots upon the legs also proceeded to pustulation, and filled up slowly

Convalescence slow, & retarded by a

numerous eruption of boils

Case XX Josephine Duroche at
V. admitted

...emi-lunar form, and about half the
...up of a man's hand, existed, which
...rth the purpuric spots faded away
...n a few days

Lond.

end.

[illegible]

Convalescence & low, & retarded by a numerous eruption of boils

Cases XXII John McGee 19. Vac.
two indifferent marks: admitted
June with a profuse papular erup-
tion over the whole body, in places
becoming vesiculated. On the fourth
day of the eruption a few of the varioles

Case XXI Walter Arnold at 17 Vac:
admitted June Varioloid
Eruption scattered and pustules
few in number. On admittance
purpuric spots visible over the abdomen
lateral thoracic regions and upper
part of the thighs. Between the navel
and pubis a large superficial ecchy-
mois extending in a somewhat
semi-lunar form, and about half the
size of a man's hand, existed, which
with the purpuric spots faded away
in a few days

Lond.

end.

Cases XXII John McGee 19. Vac.
two indifferent marks: admitted
June with a profuse papular erup-
tion over the whole body, in places
becoming vesiculated. On the fourth
day of the eruption a few of the varioles
upon the legs presented hæmorrhages
around their bases. In the healthy inter-
veening skin of the thighs and groins
purpuric spots made their appearance
at the same time. Disease progressed
unfavourably, eruption quite confluent
upon the face & extremities. Pustules filled
slowly upon the legs and no appearance
of extravasation could be detected
about them after the sixth day. Pale
weak throughout. secondary fever

[illegible]
[illegible]teries. Heart ℥vii p. small & flabby, vale
[illegible]ule healthy, Semi-fluid blood filled the ch-
[illegible]mbers. Spleen ℥XIV very firm of a dark
[illegible]ed colour, the cut surface looking more like
[illegible] beefsteak than anything, Capsule very
[illegible]much thickened and several old cicatrices
[illegible]xisted. At the hilus a thickened firm
[illegible]ilrous mass bound together the cardiac
[illegible]nd of the stomach, part of the pancreas and
the upper portion of the left Kidney. Where this

Lond.

end.

severe. great prostration and occa-
sionally low delirium. Death took
place on the 9th day of Eruption

Case XXIII James Gilbert æt 50 Emigrant from Ireland

27. V. one indifferent mark admitted June 8th Eruption appeared first on the 5th and tolerably plentiful

Manuscript records from which Osler compiled his Clinical Notes on Small-pox. Montreal, 1876. This is a brochure made up of three papers; two of them had already appeared in the Canada Medical and Surgical Journal.

Case XXII proved fatal, death occurring on the ninth day of eruption.

escaped section. Portions of collapse were scattered over the surface. Cicatrices at the apex. Left. Much smaller than the right upper lobe sodden and adematous, Lower lobe much shrunken, firm and indurated and airless, sinking in water. Bronchial tubes in it dilated and close together. A small portion had not undergone pneumonic change. No traces of tubercle could be discovered. Clots filled up the pulmonary arteries. Heart 3 VII p. small flabby, valves quite healthy. Semi-fluid blood filled the chambers. Spleen 3 XIV very firm of a dark red colour, the cut surface looking more like a beefsteak than anything. Capsule very much thickened and several old cicatrices existed. At the hilus a thickened firm adhesions mass bound together the cardiac end of the stomach, part of the pancreas and the upper portion of the left Kidney. Where this

severe. Great prostration and occa-
sionally low delirium. Death took
place on the 9th day of Eruption

Case XXIII (1) James Gilbert at 27. V. one indifferent mark admitted June 8th. Eruption appeared first on the 5th and a tolerably plentiful crop exists over the face; more scattered upon the trunk and limbs. Purpuric [illegible] in the groins and about

Bringnart form 50

Lond.

end.

? with small pox 49

Case XXII Sectio Cadaveris

Lungs Right crepitant throughout, very anaemic. Slight hypostatic congestion in the posterior portions. A good deal of frothy serum escaped on section. Portions of collapse were scattered over the surface. A cavity at the apex. Left Much smaller than the right. Upper lobe sodden and oedematous, Lower lobe much shrunken, firm ~~and~~ indurated and airless, sinking in water. Bronchial tubes in it dilated and close together. A small portion had broken down forming an irregular cavity. No traces of tubercle could be discovered. Clots filled up the pulmonary arteries. Heart ℥VII p. small & flabby, valves quite healthy. Semi-fluid blood filled the chambers. Spleen ℥XIV very firm of a dark red colour, the cut surface looking more like a beefsteak than anything. Capsule very much thickened and several old cicatrices existed. At the hilus a thickened firm fibrous mass bound together the cardiac end of the stomach, part of the pancreas and the upper portion of the left Kidney. Where this

severe. 9 not prostration and occasionally low delirium. Death took place on the 9th day of Eruption

mass was adherent to the spleen the capsule was nearly a 1/4 of an inch in thickness and from one margin of the hilus a thin irregular portion of disease spread over the cortex of the organ but not involving the parenchyma. This firm indurated mass which connected these viscera appears to be chiefly thickened peritoneum and mesenty

Kidneys R ℥viii L ℥viip. Capsule adherent in spots & when removed showing the surface very coarsely granular. Cortical portion very anaemic, not apparently much increased. Medullary of a pale red colour. The organs had a peculiar leathery feel & consistence wh rendered the process of cutting sections very difficult. Liver 3 lbs 14 oz. Very firm, pale of section attached to the diaphragm. Gall bladder populed 3 inches below the margin

Stomach. adherent firmly by thickened peritoneum to the pancreas spleen and transverse colon. Mucous coat much degenerated. thick end & soft in some spots in others especially at cardiac end wasted and almost gone

Case XXIII (1) James Gilbert Benignant form 50 at

27. V. one indifferent mark ad-
mitted June 8th. Eruption appeared first
on the 5th and a tolerably plentiful
crop exists over the face; more scattered
upon the trunk and limbs. Purpuric
spots noticed in the groins and about
a few of the papules in this situation
symetrical clusters of papules existed on
the inner surfaces of the tibiae about the
middle, upon the internal malleoli &
also on the inner edge of the soles of the
feet. General symptoms good. pulse full
& firm. Vesiculation proceeding normally
in the papules on the face, which was now
becoming much swollen; the neck also
was very large, almost obliterating the
angle of the chin. Hemorrhages had taken
place around many of the papules on the
legs & thighs, and on pressing some of
[illegible]
trial pustules occurred, but they are
small and have not hypercemic
bases. The symetrical clusters mentioned
as situated on the legs, are elevated
into bullae filled with a sero-sanguineous
fluid, which gives to them a bluish look
upon the walls of the bullae the remains
of the septae of the original vesicles are
distinctly seen. The separate vesicles of the aggregations in

Lond.

end.

those on the arm they were also found to have haemorrhagic bases. General symptoms continue favourable. Pulse 96 full & firm. According to the N. Wanders a little at times and one night walked out through the windows on the ground floor and went round to the Gen. Hospital, but was none the worse the following morning for his midnight ramble. On the 11th almost all the varioles upon the limbs and abdomen were purpuric, those upon the face, which were thickly set together, showed very little appearance of pustulation but were firm and hard. On the evening 12th. i.e. the 8th day of the eruption the appearance was as follows: Face and neck much swollen: eyes almost closed. Varioles, ~~which were very numerous in these situations~~, isolated yet almost in contact, ~~and~~ of a firm, hard feel and of a semi-opaque somewhat translucent aspect. No true pustule existed with the exception of a few about the roots of the hair but the whole face presented a rough nodular appearance. Over the legs arms and to a less extent the trunk there were numerous small dark red spots about

ault. Liver 3 lbs 14 oz. Very firm, pale of section attached to the diaphragm. Gall bladder popsited 3 inches below the margin.

Stomach. adherent firmly by thick end peritoneum to the pancreas spleen and transverse colon. Mucous coat much degenerated. thick end & soft in some spots in others especially at cardiac end wasted and almost gone

Case XXIII (continued) (3)

swollen, rough and uneven from the dry, hard varioles. Temperature normal. Got up for a short time 11th & 12th. Eruption drying up rapidly forming dark brown smooth scabs, round wh. especially upon the legs the rapidly fading

Case XXIII (continued) (2)

about the size of a pins head, which on superficial examination looked like purpura, but when more closely inspected proved to be small papules into which extravasation had taken place. On passing the finger over them, a slight hard elevation could be felt; and on some a small semi-~~tofungae~~ vesicular top was observable. Other larger ones - the size of a split pea - situated upon hæmorrhagic base flat and with the same ~~[illegible]~~ vesicular apices were common on the legs. Here and there over the trunk and arms trial pustules occurred, but they are small and have not hyperæmic bases. The symetrical clusters mentioned as situated on the legs, are elevated into bullæ filled with a sero-sanguineous fluid, which gives to them a bluish look upon the walls of the bullæ the remains of the septæ of the original vesicles are distinctly seen. The separate varioles of the aggregations on

Lond.

end.

there in the arm they were also formed
to have hemorrhagic bases. General symptoms continue favourable. Pulse 96 full
form. Wanders a little at times and on
night walked out through the windows on
the ground floor and went round to the Gen.
Hospital, but was none the worse the following
morning for his midnight ramble. On the
11th almost all the vesicles upon the limbs
and abdomen were purpuric, those upon

tibiæ have not coalesced, but are filled
with fluid of the same character. Another large
bulla exists on the radial side of the ball
of the left thumb. The clusters upon the legs
have areolæ of extravasation about them
Examination of the contents of the bullæ
and of the larger vesicles on the legs, shows
a large number of normal looking red
blood corpuscles, and a number of granular leucocytes, many of which were
grouped together. The sharply defined dark
red spots scattered over the white skin
and many of them capped with blank
vesicles gave a remarkable appearance
to the eruption. General symptoms good
pulse 86. Temperature normal
9 & 10th days of the eruption. Desquamation prevailing in most of the vesicles and those of a hæmorrhagic character all present a small
dark brown scab situated upon a base of
indurated extravasation. Some pustules exist
upon the chest and abdomen, but they are
small and not surrounded by any
hyperæmia. Face not so much swollen

Case XXXVI (continued) (3)

swollen, moist and uneven from the dry, hard vesicles. Temperature normal. Got up for a short time 11th to 12th. Eruption drying up rapidly forming dark brown smooth scabs, round which especially upon the legs the rapidly fading purpura was still visible. On the morning of the 12th day the temperature rose to 101°, due apparently to inflammatory action in the submaxillary region of the left side, but subsided towards evening

13th day. Up most of the morning & has had a bath. Bullæ on legs & feet dried up to large dark scabs

Convalescence from this point rapid, though the hard nodules upon the face took a considerable time to absorb.

the hæmorrhage occurred while the pustules were yet umbilicated. The extravasations are not extensive, only eight or ten patches evolving in each patch four or five pustules are met with in the legs, and about double that number in the body

61

Lond.

end.

to the eruption. General symptoms good
pulse 86. Temperature normal
9 & 10th days of the eruption. Desiccation proce
ing in most of the varioles and those of a ha
morrhagic character all present a small
dark brown scab representing the contents of the vesicle situated upon a base of
fading extravasation. Some pustules exist
upon the chest and abdomen, but they ar
small and not surrounded by circle
of hyperaemia. Face not so much swolle

Benignant form

Case XXV Joseph White at 12

V in infancy 1 indef. mark admitted on evening of July 7th 10th Eruption copious on face and already becoming vesicular, but very small tolerably plentiful on arms and legs, very few on the trunk. The varioles in the different parts were very unequally developed here and there on the arm large clear vesicular pocks. Lond.

Case XXIV Catherine Kennedy at 3½ unvaccinated, admitted June 2 with confluent small-pox. Vesicles just becoming pustules upon the face and arms. General symptoms bad. great restlessness, rapid pulse, and slight delirium. The day after admittance & travasation took place into many of the pustules on the body, especially, in the region of the groin; and also into some groups of pustules on the legs. In the latter situation the haemorrhage occurred while the pustules were yet umbilicated. The & travasations were not extensive, only eight or ten patches involving in each patch four or five pustules were met with in the legs; and about double that number on the body

end.

Benignant form

Case XXV Joseph White at 12

V in infancy 1 indef. mark admitted on evening of July 7th. 10th Eruption copious on face and already becoming vesicular, but very small. Tolerably plentiful on arms and legs, very few on the trunk. The varioles in the different parts were very unequally developed here and there on the arm large clear vesicular pocks. Lond. Quite full and tense were evident, while about them the majority of the varioles were still papules. The same observed on the legs, where nearly all were papular, with the exception of a few in the popliteal region & on the dorsum of the feet. P. 96 T 101. Tongue coated. Has been wandering a little, & was with difficulty kept in bed

end.

1th. P 96. T 99. Purpuric spots noticed on the flexor surface of the arms especially on the right. They are mostly small, & punctiform and occupy the portions of healthy skin in this region. Round some of the varioles also

the feet. General symptoms good, sleeps & eats well. Throat not sore. Tongue dark red at tip & edges, slightly coated in centre. No pustules on it. E T 100

15th P 116. T 99. Some of the pustules on the legs and arms also beginning to desiccate. The smaller ones, with purpuric bases and vesicular caps have dried up & now a tiny black scab, surrounded by a dark red ring is seen. Only about 1/4 of the varioles on the body have proceeded to maturation and of these many are filled with a sero-

extravasation has taken place. E. T99.2

12th P108. T98.3. Purpura has extended and a few may be seen now on the thighs & legs. Varioles ~~small~~, in the stage of umbilication, very unequal in size, some the size of a pins head, others large as a pea. On carefully pressing some of these on the legs & lumber regions, the zone of redness is found to be persistent - extravasation having taken place. This condition however is limited.

13th P120. T102. Almost all the small ~~pa~~ varioles, which are scattered among large ones just becoming pustular, ~~have~~ are now ~~pus~~ haemorrhagic ~~pure~~. They exist in greatest numbers on the anterior and outer regions of the thighs, the flexor surface of the forearms and on the chest; on some a small white cap - representing the pustule may be seen; but the majority are of a ~~bright~~ dark red colour and it is only on passing the finger over them that a slight elevation is detected, which serves as a distinction between these and a few spots of ~~true~~ ordinary purpura. E. T103

Case XXVII IX James Matheuson at 35. Unvac. admitted July 15th Had been ill since the evening of 12th, & initial symptoms seemed to have been tolerably severe. A fine papular eruption is out over the face & wrists and just appearing in other parts of the body half a dozen bright red purpuric spots are present on the chest. E. T 102.3. P. 100

16th 9.35 A.M. T 102.4. P. 100. Eruption appears [illegible] and becomes more developed Lond.

Case XXV (continued) end.

14th M. T 100. P 96. Beginning to dry on the face. Many more of the varioles ~~upon the~~ present hæmorrhagic bases. Nearly all of these upon the thighs and legs are not affected by pressure but retain the dark red areola. The contents of the larger pocks in this situation - and also on the arms - look, clear & more fluid, not opaque & pustular as on the face, and have a somewhat bluish colour. On examination with microscope shows numbers of red blood corpuscles in a normal condition and abundant leucocytes - the two elements only, in about equal numbers. Many pocks of this character exist upon the feet. General symptoms good. sleeps & eats well. Throat not sore. Tongue dark red at tip & edges, slightly coated in centre no pustules on it. E T 100

15th P 116. T 99. Some of the pustules on the legs and arms also beginning to desiccate. The smaller ones, with purpuric bases and vesicular caps have dried up & now a tiny black scab surrounded by a dark red ring is seen only about 1/4 of the varioles on the body have proceeded to maturation and of these many are filled with a sero-

extravasation has taken place. E. T 99.2

12th P 108. T 98.3. Purpura has extended and a few may be seen now on the thighs & legs. Varioles ~~small~~, in the stage of umbilication, very unequal in size, some the size of a pins head, others large as a pea. On carefully pressing some of these on the legs & lumber regions, the zone of redness is found to be persistent - [illegible]

sanguineous fluid, others with creamy pus. Nearly all of them are hæmispherical, very full of contents & those not seated on hæmorrhagic bases, have but a small ring of hyperæmia about them. E. T 98.3. P. 96

16th M. P. 96; T 98.2. Purpura about the pustules beginning to fade; not of such a bright colour. Face becoming clean, & desiccation proceeding in most of the pocks. A darkish colour is still observable in many of them. E P 100. T 99.1

17th P. 84. T 98. Varioles drying up rapidly face nearly clear and beginning to scale off the thighs. The contents of the pustules about the feet & hands, which consisted of a serum-sanguineous fluid, have inspissated, and most of them are now on a level with the skin and of a dark reddish brown colour. The soles of the feet are studded with pocks like this looking exactly like drying blood-blisters. Under the heels many of these have coal-excal and large blue black bullæ formed. Extravasation about pocks on the legs is fading

19th Pulse & temperature normal. Face quite clean & other parts of body rapidly becoming so

Case XXVII IX James Matheson at 35. Unvac. admitted July 15th Had been ill since the evening of 12th, & initial symptoms seemed to have been tolerably severe. A fine papular eruption is out over the face & wrists and just appearing in other parts of the body half a dozen bright red purpuric spots are present on the chest. E. T 102.3. P. 100

16th 9.35 A.M. T 102.4. P. 100. Eruption appearing on legs, and becoming more developed in other situations. A few of the papules on the lateral thoracic regions are haemorrhagic. E. P 132. T 103.4. Says he feels better: is quiet and sleepy

17th Had a good night. M. P 120. T 103.3 Eruption had extended and papules have developed. All spots except a few about the groin disappear on pressure. E. P 124. T 104

18th M. P. 108. very weak & thready. T 102.3 Has been wandering all night, delirium quiet. Tongue very dry, dark brown colour on dorsum and cracked. Complains of his throat but swallows very well. Face flushed of a dark

Lond.

end.

traces could be detected on the legs. Had been troubled for days with ~~and~~ profuse diarrhoea: stools very liquid and of a greenish hue. Tongue dry. Sordes on lips and teeth. Evening. P 152; T 101.3. Numerous small petechiae on the flexor surface of wrist and arm of right side. A few spots of purpura in the groins and about the papules on the chest. Diarrhoea continues.

red hue. Some of the papules, which are very thickly set in this locality are becoming vesicular. Varioles over the trunk dark red in colour, many vesicular. Almost all of those in the region of the belly and as low down as the middle of the thighs are hæmorrhagic. They are particularly marked round the genitals. Those on the legs are still only hyperæmic

No hæmorrhages from the mucous membranes

E. 6 P.M. P 140 very weak; T 103.4. R 36

Quite delirious

19th Pulse at wrist almost imperceptible only a slight fluttering to be felt. T. 101.2 R. 48: Restless and delirious all night

No hæmorrhages from the mucous membranes

Urine scanty & dark coloured. Tongue dry & cracked. A few vesicles with cloudy contents are visible on the face, the skin of which is for the most part of a livid red, thick & firm, upon which definite pocks cannot be seen, except about the forehead. On other parts of the

and of a dark brown colour. The soles of the feet are studded with pocks like this looking exactly like drying blood-blisters. Under the heels many of these have coal-excal and large blue black bullæ formed. Extravasation about pocks on the legs is fading

19th Pulse & temperature normal. Face quite clean & other parts of body rapidly becoming so

~~Hand~~ vesicles may be seen seated on a hyper-
aemic or purpuric base. The great maj-
ority of the varioles in the lower half of
the body are haemorrhagic, and about
chest & neck many were also in this condi-
tion. From Others on pressure the hyperaemia
would almost entirely disappear, leaving
only a few punctiform ecchymoses
5. PM. Pulse cannot be counted at the wrist
T 102.1. R 60. Extremities cold. Faces
of a livid colour: the skin of it very firm
& hard. Eruption very dark looking, and
the haemorrhages about the groins appear
to have deepened. Many varioles upon the
arms and legs are not purpuric. Urine dark
20th Nearly all the varioles in the posterior
region of the body are haemorrhagic
No haemorrhages from the Mucous Membrane
Has been sinking all night & died at
8. A M. this morning
Sectio Cadaveris: performed three
hours after death. Rigor mortis

...ul well built French
...ted to the Civic Hospi-
...the 10th of Jan. 1876.
...of haemorrhagic Small-
...use the Friday previous
...neys. stomach & nose;
...d on Thursday morning Lond.

Tartinger Aet 46th

...mitted July 21st
...hen he had been
...onic affection of the
...ding and for which
...gh had been perform-
...admittance he was
...maciated. Pulse
...papular eruption
...and arms, and
traces could be detected on the legs. Had
been troubled for days with ~~and~~ pro-
fuse diarrhoea: stools very liquid and
of a greenish hue. Tongue dry. Sordes on lips
and teeth. Evening. P, 152; T, 101.3. Numerous
small petechiae on the flexor surface of wrist
and arm of right side. A few spots of purpura
in the groins and about the papules on the chest.
Diarrhoea continues.

end.

had not come on. Body covered over, especially on the posterior regions, with small ecchymoses

On cutting into the scalp large quantities of dark fluid blood escaped. A few small extravasations existed in the sub-cutaneous tissue. Calvarium thick; diploe dark in colour. Dura mater contained a few small ecchymoses on its upper surface; was adherent to the skull along the longitudinal fissure, where the Pacchionian bodies were much developed. Venous sinuses gorged with blood which on removing this membrane flowed out, and coagulated in the vessel a short time after. Pia mater Vessels, large and small very full. A thin coagulum existed upon ~~between~~ this membrane ~~& the dura mater~~ at the superior part of posterior lobe on left side Membrane a little cloudy and infiltrated over the sulci. Brain substance firm, healthy looking, puncta vasculosa well marked In the left ventricle about ℥iv of fluid - clear, of a yellowish colour, in the right a tolerably firm clot lay upon the Thalamus and extended into the posterior horn

and of a dark brown colour. The soles of the feet are studded with pocks like this looking exactly like drying blood-blisters Under the heels many of these have coal-excal and large blue black bullae formed Extravasation about pocks on the legs is fading

19th Pulse & temperature normal. Face quite clean & other parts of body rapidly becoming so

Case XXIX XI

S— R— a powerful well built French Canadian was admitted to the Civic Hospital on the morning of the 10th of Jan. 1876, with all the symptoms of hæmorrhagic Small-pox. Had been ailing since the Friday previous hæmorrhages from kidneys, stomach & nose; [illegible] from the bowels. Died on Thursday morning Lond.

end.

X

Case XXVIII [illegible] Farlinger at 16th

admitted July 21st from the General Wards, where he had been under treatment for a chronic affection of the knee of years standing, and for which amputation at the thigh had been performed on the . On admittance he was extremely weak and emaciated. Pulse 144. T101. A scattered papular eruption covered the face, chest and arms, and traces could be detected on the legs. Had been troubled for days with ~~and~~ profuse diarrhœa: stools very liquid and of a greenish hue. Tongue dry. Sordes on lips and teeth. Evening. P,152; T,101.3. Numerous small petechiæ on the flexor surface of wrist and arm of right side. A few spots of purpura in the groins and about the papules on the chest. Diarrhœa continues.

had not come on, Body covered over, especially on the posterior regions, with small ecchymoses

On cutting into the scalp large quantities of dark fluid blood escaped: a few small extravasations existed in the sub-cutaneous tissue. Calvarium thick: diploe dark in colour. Dura mater contained a few small ecchymoses on its upper surface; was adherent to the skull along the longitudinal fissure

Very quiet all night: but restless now and throws the bed clothes off. Diarrhœa not quite so bad. P. over 150 almost too fast and weak to be counted. T. 100.2. General symptoms worse. Will not take anything Purpura has extended greatly: a patch exists over the sternum, and several others along the ribs in the lateral region of the chest. Many more of the varioles (now becoming vesiculated) are hæmorrhagic and the extravasations have deepened in the arms. On the buttocks and thighs the condition is very similar. Urine, which has been scanty & moderately high coloured, is now passed involuntarily

Evening. 6 P.M Pulse almost imperceptible at the wrist: evidently going fast. Diarrhœa has not been quite so profuse. Purpura has extended. On rousing him he appeared sensible. Died at 2 A.M

Case XXIX XI

J— R— a powerful well built French Canadian was admitted to the Civic Hospital on the morning of the 10th of Jan. 1876 with all the symptoms of hæmorrhagic small-pox. Had been ailing since the Friday previous. Hæmorrhages from kidneys, stomach & rectum from the bowels. Died on Thursday morning. Lond.

Sectio Cadaveris. 20 hours after death. end.

Body well nourished, very muscular; slight rigor mortis. In the skin over the whole body were numerous extravasations, ranging in size from a pin-point to a three penny piece. They were most abundant about the groin and abdomen, in which situations also there was a diffuse hæmorrhagic condition of the skin, giving to it a dark purple colour.

Brain. Skin of scalp moderately bloodless. Bones of skull thick. Diploe congested. Dura mater slightly adherent, and bled freely.

[illegible] congested. & extravasations along the course of the veins, and also along the aorta and iliac arteries and about the connective tissue over the Psoas muscles.

Bladder. filled with clots and blood; a few ecchymoses in the mucous membrane.

has been scanty & moderately high coloured is now passed involuntarily

Evening. 6 P.M Pulse almost imperceptible at the wrist: evidently going fast. Diarrhoea has not been quite so profuse, Purpura has extended. On rising him he appears sensible. Died at 2. A M

"Case of Obliteration of the Portal Vein (Pyofflebitis Adhesiva)", Jour. Anat. & Physiol. Lond.

(4) 60

of normal size. On section large vessels full lobules somewhat anaemic: tissue looks natural. Extravasations along the gall-bladder, and down the course of the common bile duct

Spleen, of natural size, dark red in colour and apparently healthy

Kidneys; ecchymoses over the capsules, and a few in the cortical portion. Both organs deeply engorged. Pelves and calyces filled with dark grumous ~~blood~~ fluid, and many of the apices of the pyramids were quite disorganized. Extravasations along the course of the ureters, and also along the aorta and iliac arteries and about the connective tissue over the Psoas muscles

Bladder. filled with clots and blood; a few ecchymoses in the mucous membrane

end.

"Case of Obliteration of the Portal Vein (Pylophlebitis Adhesiva)", Jour. Anat. & Physiol. Lond. 1881-1882, XVI, 11: 208-16.

Imperfect at end.

Proof in slip Tomorrow Small press

62

Case of Obliteration of the Portal Vein (Pylephlebitis adhesiva).

McGregor

by

William Osler M.D. M.R.C.P. Lond. Professor of the Institutes of Medicine. McGill University. Montreal.

Thrombosis and suppurative pylephlebis are the affections most commonly met with in the portal vein. A few instances of calcification and extreme fibroid thickening of the walls are reported. Organic occlusion by conversion of the vein into a fibrous cord, or mass of connective tissue, is a very rare lesion, as in cases of thrombosis life is usually terminated long before organization of the clot can take place. The following instance of it presents many interesting features, anatomical & clinical:-

I. C. aged 28, admitted into the General Hospital under my care, June 17th 1881, in a condition of extreme exhaustion, consequent upon loss of blood by vomiting. My house-pysician, Dr Andrew Henderson, obtained from him the following history: Has always been strong & healthy, somewhat intemperate, but a steady worker.

Has never had syphilis. No constitutional disease in his family. Last September, when engaged in some very hard work, was obliged to give up on account of weakness and dull heavy pain in the upper region of the belly. It was never very localized and was not aggravated by eating. Patient had to be in bed most of the time, and about the end of a month had an attack of haematemesis, vomiting more than two quarts. Did not leave his bed for some weeks; does not remember whether his legs or abdomen were swollen. Did not go to work until about April, when he got employment in a manufactory, as foreman. Latterly, he was put to heavy work, piling bags of sugar, and yesterday (16th) he had to give up owing to pulings of great weakness. This morning he vomited a large quantity of blood, partly fluid but mixed with clots. When admitted in the evening he was in a state of great exhaustion; surface blanched; pulse very small, 135; temperature 100°. Respirations. 20. Shortly after getting to bed he vomited about four ounces of dark altered blood. A peculiar cadaveric odour was noticed in the breath.

June 18th. At the morning visit patient was examined and the following condition noted:- He is a large, well made, muscular man; lies on his left side in a drowsy - semi-unconscious state, but can be roused.

Face and general surface blanched; no distension of abdomen; superficial veins not visible; no œdema of the feet. Examination of chest, negative. Abdomen flattened; skin of marble whiteness; visible epigastric pulsation; On palpation, marked pulsation in umbilical region, forcible, vertical in direction; no tumour to be felt. On auscultation a remarkable double murmur was heard midway between the navel & tip of ensiform cartilage; ~~it could~~ to be heard also a little to the right of the middle line but was very feeble to the left ~~of it~~. There was not a cardiac murmur. Liver; edge could not be felt; area of dulness much diminished; could scarcely be detected in sternal line; was 3 cm. in mammary, and 4 cm. in axillary lines. Spleen not to be felt below costal border; area of dulness increased, 11 cm in vertical, 13 cm in transverse directions. Patient did not complain of pain during the examination. Bowels have not been moved; a large external pile, filled with coagula, was found on the right margin of anus. Urine clear, & normal. ~~No albumen~~.

19th. During the night patient vomited a large quantity of bright, liquid blood, soaking the bed & covering the floor in the neighbourhood. He was found in an apparently dying state, but rallied on the administration of stimulants. The examination at the visit did not elicit any new facts; the epigastric murmur was not so distinct.

20th. No further hæmorrhage, debility extreme, & a tendency to delirium. Slight ædema of feet. The cadaveric odour was very perceptible

On the 21st & 22nd patient remained in a state of profound exhaustion & there were no additional abdominal symptoms. On the 23rd there were repeated syncopal attacks during one of which he died

Autopsy. Body well nourished; skin blanched; no distension of abdomen; cutaneous veins not visible; slight ædema of feet.

On abdomen the coils of small intestines were of a very dark slate colour; peritoneum smooth; colon distended; no exudation; liver & spleen did not appear below the costal border. In thorax a few ounces of serous fluid in each pleura. Heart was flabby & pale; chambers contained small clots; valves were healthy. Aorta normal. Lungs pale, ædematous at bases.

Spleen greatly enlarged; weighed 675 grms. was intimately adherent to the diaphragm & stomach. Capsule was very thick, in places wrinkled ~~in places, & crumpled~~ & a firm, semi-cartilaginous plate existed at its convex border. On section organ cut with great resistance, creaking under the knife; the trabeculæ thickened, rough & in spots gritty. Some of the veins were dilated and contained thrombi. Near the hilus was a wedge-shaped calcified mass, the

size of a walnut. The artery was very tortuous and at the hilus presented a group of small saccular aneurisms, the size of large peas; the coats thickened partly calcified and one of them contained an old thrombus which had softened in the centre

Liver small, & closely united to the diaphragm and to the abdominal wall on the right side. It measured 25 Cm. in breadth and 16 Cm. from front to back. The shape was retained, but the left lobe was almost completely atrophied, only a small, thin tongulet remaining. ~~which was fibroid and~~. The surface was smooth, but towards the right border & behind many fibrous bands, part between the capsule and the diaphragm. The capsule on the under surface was opaque but smooth. On section tissue uniform, pale reddish-brown colour. acini distinct, but no perceptible increase in the interlobular tissue. The anterior border and the remnant of the left lobe were firmer and the connective tissue strands between the lobules could be seen. The hepatic veins were of full size. Portal canals not numerous, small; artery and duct distinct. (Condition of portal vein will be described under venous system)

Microscopic examination showed the liver cells to be somewhat fatty; the connective tissue in the greater portion of the right lobe was not specially increased, but at the anterior border and in the small portion of the

left lobe the secreting substance was a good deal atrophied. Gall-bladder contained a quantity of yellow bile. Gall duct normal. Hepatic artery almost double the usual size.
Stomach was capacious and contained a quantity of dark liquid mixed with food. Veins beneath the muscular coat ~~of~~ could be seen dilated & tortuous. The mucosa was pale, here & there marked with spots of capillary injection. There were two small superficial loses of substance near the cardiac end; the tissue about them was not injected and their bases were scarcely as deep as the submucosa. About the pylorus the membrane was mammillated and in section very tough.
Intestines contained dark tarry faces; mucosa pale throughout; Rectum presented a number of enlarged veins just within the sphincter and the external tumour was found to be a collection of enlarged & thrombosed veins.
Kidneys of normal size, pale, a little firm. On section a large quantity of thin watery fluid oozed from the surface. Ureter & bladder normal.
Venous System. On dissecting ~~tissues in~~ the gastro-hepatic mesentery, the portal vein was found to be obliterated, from a point ~~about~~ 2. Cm beyond its origin, and converted into an irregular, fibrous cord, with ill-defined margins, being matted with the surrounding

tissues. In this state it entered the hilus of the organ and penetrated the main divisions of the portal canals; no trace of the natural appearance of a vessel could be seen. On section, the tissue was spongy, not indurated & somewhat reddish in colour. There were no remnants of a thrombus or any cretaceous or calcified patches. The main branches within the organ were also occluded; the connective tissue of Glisson's sheath was abundant & firmer than normal. Both artery and duct in these parts could be slit open readily. There was not any special contraction about the hilus and the liver substance in immediate neighbourhood of the portal canals looked normal. The remaining portion of the Portal vein & its branches were in the following condition. Just beyond the junction of the Splenic and superior mesenteric was a large saccular dilatation, the size of a walnut, with thickened walls here & there a calcified plate beneath the intima. It was in contact with the under surface of the right lobe close to the hilus. Superior mesenteric was much dilated, the terminal part, just behind the pancreas, presented several small sacculi, the intima of which contained atheromatous plates. The mesenteric branches were moderately enlarged. Splenic vein admitted the index finger freely and all it branches were dilated. Several of those in the anterior margin of the spleen were full of firm thrombi. The vasa brevia from the fundus of stomach were dilated and some of the larger branches

contained thrombi. The left gastro-epiploic was almost as large as the splenic and at the curvature presented several large dilatations, one of which admitted the top of the thumb. The gastric vein emptied into the dilatation just beyond the junction of the sup. mesenteric & splenic, and was also enlarged. The walls of all of these vessels were thickened, the intima a little roughened and in spots calcified. The inferior mesenteric was moderately enlarged, the hemorrhoidal branches were distended. Inferior cava normal, openings of hepatic veins presented nothing ~~abnormal~~ unusual. Among its branches the lumbars appeared large, particularly one passing by the side of the 3rd lumbar vertebra. To the left of the aorta was a large vein nearly equal in size to the inf. cava; it ~~passed down and~~ terminated below by two branches one of which passed over & joined the junction of the external & internal iliacs on the right side, the other joined the common iliac of the left side. The appearance of the parts after dissection suggested a double inf. cava Unfortunately, the liver, together with stomach, pancreas & spleen had been removed before this condition was detected so that the upper termination of this vessel could not be made out. Two large branches joined it above, but their connection could not be traced. The iliacs were large. Many of the branches of the internal divisions were thrombosed. ~~The ascending~~. The diaphragmatic veins formed

a close plexus, particularly in the œsophageal region, which ~~a [illegible]~~ united with the veins of the coronary and lateral ligaments of the liver. The œsophageal veins were numerous and large and formed a rich net work about the cardia. The veins in the ~~cor~~ suspensory or round ligaments were not dilated. In the thorax the lower intercostal veins were very large, particularly one running along the lower margin of 10th rib. The vena azygos major almost equalled the inf. cava in width & admitted the index finger easily; the azygos minor was also of large size.

Remarks. Such a case as the above presents many points of interest. Sudden and violent hæmatemesis in a young man; no ascites, no enlarged abdominal veins, small liver, large spleen and a localized murmur in the epigastric region – the diagnosis was not easy, but it lay, I thought, between cirrhosis of the liver, splenic anæmia and an aneurism. For cirrhosis as a cause of the hæmatemesis were – history of spirit-drinking, diminished volume of liver, increase in size of spleen and the existence of piles; against were – the age of patient, & the absence of many important signs as gastric or intestinal catarrh, ascites & enlarged veins. The well nourished state of the man, the moderate enlargement of the spleen, and normal aspect of the blood ~~corpuscles~~ were opposed to the idea that the primary trouble was splenic. The suddenness of the attack, the brightness of the vomited blood

together with the existence of a localized murmur in the epigastric region – the origin of which remains obscure – suggested the occurrence of a small aneurism, either of the ~~coeliac axis~~ aorta or one of the branches of the coeliac axis, but the haemorrhage in September, the absence of any pulsating tumour and the state of the liver & spleen seemed fatal to this view. Altogether, in spite of the absence of many of the important symptoms usually present, the most satisfactory diagnosis appeared to be ~~cirrhosis~~ portal obstruction from cirrhosis. The evident reduction in the volume of the liver was strongly in favour of this view and as I had also met with several instances in which severe haemorrhage had been the initial symptom I was the more inclined to regard it as an anomalous case of this nature. The history of an haemorrhage in September, followed by an obscure illness of some months duration pointed to a chronic malady.

The history of the case offers no clue to the cause of the obliteration of the vein, but we may suppose it to have taken place in the way in which veins usually become occluded, viz: by the formation of a thrombus which organized and was ultimately converted into a fibroid cord. Apart from pharasmatic conditions, in which portal thrombosis occasionally occurs, coagulation of blood ~~may occ~~ in the portal

vein is met with, viz; as an effect of compression, as in Cirrhosis, in which the pressure is exercised within the liver, or in tumours in the neighbourhood of the hilus which compress the main trunk in the gastro-hepatic omentum; 2nd, by extension of inflammation from the bile passages as in cholangitis from obstruction by gall-stones, and 3rd, by the extension of inflammation or transference of emboli from suppurating or ulcerative foci in the territory of the portal vessels, but in these instances the thrombi which form rapidly soften and suppurative Pylephlebitis is the result. I have met with cases of pylethrombosis from the above causes but, so far as can be ascertained, none of them have prevailed in this case. The only possible source which is suggested by the post-mortem is the cribiform area in the spleen, ~~which doubtless~~ representing the final stage of a small abscess or infarct which, when in an active state, might have induced, by direct extension or embolism, the pylethrombosis

Kelly
Henderson

The state of the liver is worthy of note. Though shrunken, particularly in left lobe, the greater part of the organ was smooth and not in the least cirrhotic. In the peri

instances of chronic occlusion which have been reported, the condition has been variable. In Cruveilhiers case* in which the obstruction must have lasted for years, the organ is ~~stated to have~~ described as smooth and healthy. In others it has been cirrhotic. Solowieff‡ has produced a fibroid condition of the liver by ~~ligation of portal~~ inducing occlusion of portal branches in the dog, but that this is not an invariable sequence, in man, at any rate, is shown by this, as well as other, cases. Nor is there any good anatomical reason why it should occur. After complete exclusion of portal blood from the organ the lobular capillary plexus continues filled, as the venules which collect the blood from the capillaries of the hepatic artery empty directly into the portal interlobular vessels and the blood supply is in this way maintained. Hence, the function of the gland is not materially interfered with, ~~and~~ bile continues to be ~~secreted~~ formed from the ~~arterial~~ blood furnished by the hepatic artery, which may, as in this case, ~~may~~ undergo a compensatory enlargement. That the arterial blood can in this way act as substitute for the portal supply is well shown by such a case as the one under consideration which forms an interesting counterpart to the ~~case~~ one of aneurism of the ~~hepatic artery~~ ~~which supported the views of Cohnheim, based~~

* atlas d'anat. path. livr 16. Pl. 6

‡ Virchows archiv LXII

~~Canada Med & Surgical Journal 1877 Dr Ross & Oster.~~

74 92

Notes used in prefaring his Canadian Medical Association Address, Montreal 1902.

"Chauvinism in Medicine", Montreal Med. Jour. 1902, xxxi, pp. 684-99. Also published in several other medical periodicals

and in Aequanimitas with Other Addresses

Phila. 1904.

I Some exceptional characteristics of the medical prog

~~The remarkable~~

a) universality - (2) progressive character, (3) composite scientific practice - (4) The narrowing influence of family practice

II

Chauvinism in general -

a human trait -

The carrier of each genus is doubtless little a paroxysm of fever

The [illegible]

III

National chauvinism in medicine -

Parochialism - a - a [illegible]
b [illegible]
3 [illegible]

In these words of the son of Sirach. From him is peace over all the Earth

There may be diversities of
1 College
2 Labor
3 Non Practice

4

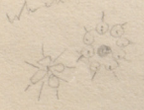
a business some say & but what a name to give an occupation one fourth or one third of the work is unproductive, unremunerative

For The best work we do is without money & without price, given freely, received as freely

Solidarity

unity among the units

which the Hell no [illegible]



See Allensides life.

Amb. reale / From the neutral attitude of wonder to the calm dign of thinks

methodes perfect

work / accomplish

Out work.

People [illegible] many [illegible]

There are [illegible]

I

one [illegible] one faith one [illegible]

we have [illegible]

[illegible]

ness

913

5-55.

Freedom from rancour — brooks no opposition [illegible]

Openness — self-control

1 chauvinism at large in the general practitioner

1 conditions under which the g. p. lives
2 His life & petrole paroxysm.
3 The ~~narrowing~~ two influences — narrow [illegible] — a wide humanizing
4 Sac of his independence

Tradition, race dislike

ideals of another atmosphere to other regions of thought

depends upon how a man reacts

Sense of tears & sorrow overflow the event at the tragedy

When I labor for peace they make ready for battle

The most serious form of parochialism which infects the units of the profession & is displayed in many ways

3 narrowing influ

1 a primary misconception of the profession what sort of ideas can a man have whose [illegible]

2 The business aspects — too [illegible]

3 mental & [illegible] isolation

belittle

The greatest of ignorance, the ignorance which is against which the life [illegible] the conceit that a man knows what he does not know" (apology).

unity of the [illegible] in the bond of peace

"Specialism in the General Hospital". Address delivered at the Opening Exercises of the Henry Phipps Psychiatric Clinic, J. H. Hosp. April 16, 1913 Am. Jour of Insanity, Balt, 1912-13, LXIX, pp: 545-555. also published in two other journals.

Imperfect at end.

Specialism in the General Hospital
Remarks made at the opening
of the Phippes Psychopathic Institute of the
Johns Hopkins Hospital
by
Sir William Osler
Regius Professor of Medicine Oxford. Honorary
Professor of Medicine Johns Hopkins University

It is not easy to put in words my appreciation
of the honor of delivering one of the formal addresses
at the opening of this Institute and of ~~[illegible]~~ gratification at
~~in~~ the inauguration of this new development
in the work of the Johns Hopkins medical

Specialism in the General Hospital

It is not easy to put in words my appreciation
of the honor ~~done me~~ of delivering the formal
address at the opening of the ~~new building~~ Institute &
of taking part in this new step in the develop-
ment of the Johns Hopkins medical school. ~~Beg~~ (over)
~~always bees~~ temperament a dreamer, ~~a man whose~~ where
ever I have worked visions of the future, at
times a comfort sometimes a ~~despair~~ have ~~always~~
haunted my path. In desolate days I have
wandered with Don Quixote

and like him I have sometimes found
the reward of the dreamer, the
But everywhere I have had the singular good fortune to dream dreams
to see them realized, to see other do what
I should have liked to do myself, & to have
had the rare privelege both of the vision from
Pisgah and the walk the promised land (over)
Nor is this all. as I look back
I am sorry for you younger men lest the
sensations which we have had can never
who dare predict in these days the victories of a generation. Doubtless
be yours. You will see great changes but
are not likely to live through a revolution
such as we have seen – a new birth of
science, a new dispensation of health,
reorganized medical schools, remodeled
Hospitals, a new outlook on life, a silent
revolution that has
~~And it has all come~~ So gradually & so quietly
has it come that it is difficult to realize. Only
no need to force ~~then~~ the memory ~~a~~ forced back to particular
scenes graven deep in the tablets, ~~that there comes~~
~~a shock of the contrast~~ to live again a dresser
in the preliseerian days in an old Hospital, with
all the bad accident fo
most of the cases septic, to work again in a Diphtheria
ward with most of the children strangling or wheezing
with [illegible]

1 Introduction The Celebrated with the invertebrate model

2 The general Hospital – its threefold function

1 The interests of the public

(a) a place for the skilled treatment of the ordinary ills

(b) a place to teach men the art of medicine

(c) a place for the study of disease

Incompleness of life & To be happy man must be dissatisfied
To rest content is – (Bulwer Lytton – & they heart will not
at their enclose content

– The pleasure is heighted by the thought that ~~this~~ by the
generosity of an old & valued friend has made today possible
~~It~~ We have already benefited by the princely liberality of Mr
Henry Phipps, one of whose tuberculosis foundations, in connection
with this Hospital is one of the model institution of its kind

Wisdom into the hearts of all that are wishearted
(Numbers 3)

I have seen the school at which I started to write in an old
building duty beyond belief transformed into one of the most
flourishing on the continent and a staff of 8 or 9 teachers
grown to, The school at which I finished, McGill, prosperous
even there in rich ~~and~~ in men of fine metal but housed
in miserable quarters in Cote street – I have seen
flourish beyond my wildest dreams, a staff grown
from to & housed in a palatial building &
in close affiliation two magnificent hospitals. Nearly
30 years have passed since I joined the University
of Pennsylvania, the premier school of medicine of
the continent – there were new buildings & a new
Hospital, roofed about a single arts building
what a transformation! magnificent new laboratories
whole squares of every while transformed, & largely
through the magic energy of a prince of dreamers Dr Pat

Specialism in the General Hospital

Remarks made at the Opening
of the Phipps Psychopathic Institute of the
Johns Hopkins Hospital

by

Sir William Osler

Regius Professor of Medicine Oxford. Honorary
Professor of Medicine Johns Hopkins University

It is not easy to put in words my appreciation of the honour of delivering one of the formal addresses at the Opening of this Institute and of ~~[illegible]~~ and my gratification at the inauguration of this new development in the work of the Johns Hopkins medical School. The pleasure is heightened by the thought that the generosity of an old and valued friend has made today possible. This Hospital has already experienced the wise liberality of Mrs Henry Phipps, one of whose tuberculosis foundations ~~[illegible]~~ under its management ~~[illegible]~~ vaults as a model of its kind. Nearly a quarter of a century has passed since the opening of this Hospital. That all of those ~~who were professionally~~ concerned in its early working are here to take part in this ceremony is for us at least a happy circumstance. One man, I should like to have seen with us today — Francis T. King ~~of this~~ the first President, of the Hospital, whose devotion to its interest and whose faith in its future were the stay & support of his declining years. Two others closely connected with the early organization have passed away. Dr John S. Billings was from the first the adviser of the board of Trustees, the real designer of

was something to be lived up to, something in which our dreams could be realized. Only when in working order did we feel its incompleteness. We had no medical School, a big gap quickly filled by the generosity of Miss Garrett & her friends. Year by year saw new departments added — new lecture rooms, Operating rooms, Laboratories, additions to the outpatient departments & to the Nurses Home. And hand in hand are internal growth, an efficiency & an ever widening sphere of influence Educational & philanthropic. Our ambition was to do for medicine what Mr Gilman & his faculties were doing in arts & Science

I have seen the school at which I started Toronto in an old
building duty beyond belief, transformed into one of the most
flourishing on the continent and a staff of 8 or 9 teach
grown to. The school at which I finished, McGill, prospe
even there in rich ~~and~~ in men of fine metal but hous
in miserable quarters in Cote street – I have seen
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30 years have passed since I joined the University
of Pennsylvania, the premier school of medicine of
the continent – there were new buildings & a new
Hospital, roofed about a single arts building
what a transformation! magnificent new labor
whole squares of every white transformed, & large
through the magic energy of a prince of dreamers. W

in the University, at a pace hard to follow
the race was not an easy one, but fortunately
there were close bonds between the two training
stables and we had the advantage of the prestige of their
thirteen years of brilliant success
Only a few impressions in life Endure. We use
the same cylinders over & over again, ~~and~~ the dots
& markings become confused, and when we call for
the record ~~this~~ a jumbled medley is poured out,
a ~~[illegible]~~ confused message from the past.
But certain records are ~~[illegible]~~ time fast & bite in
such a way that no subsequent impressions can
blur the ~~[illegible]~~ clearness, and the story comes
out fresh & sharp. So is it when I call up the
record of those early years, so full of happiness so
full of hope. And to have seen in so many ways the fulfillment
[illegible] is more than we could

of the Hospital and the friend to whom we
all turned for advice in times of trouble. I know
with what satisfaction he looked back on this part
of ~~the~~ life-work great in achievements for
the public & the profession. But no one of all
that fine band of men with whom we were
associated, Dr Carey Thomas, Judge Dobbin, Francis
White, Mr Comer, — no one would have
appreciated to day more keenly than Daniel
C Gilman whose ~~early~~ work in connection
with the opening of the Hospital must never
be forgotten. He was a rare man ~~[illegible]~~ ~~He had~~ one who had vision ~~[illegible]~~ and who could also
~~He~~ drove a straight furrow, as the people
of this ~~city~~ & State — of the county at large
well know.
In 1889 this ~~Johns Hopkins Hospital~~ institution seemed
to many the last word in Hospital con-
struction ~~and arrangement~~, and those of
us who were fortunate enough to take
charge of the departments felt that here
was something to be lived up to, something
in which our dreams could be realized
Only when in working order did we
feel its incompleteness. We had no medical
school, a big gap quickly filled by the
generosity of Miss Garrett & her friends.
Year by year saw new departments
added — new lecture rooms, operating
rooms, laboratories, additions to the
outpatient departments & to the Nurses Home
And hand in hand an internal growth, in
efficiency & an ever widening sphere of influence
educational & philanthropic. Our ambition
was to do for medicine what Mr Gilman
& his faculties were doing in arts & science

in the University, at a pace hard to follow
the race was not an easy one, but fortunately
there were close bonds between the two training
stables and we had the advantage of the prestige of their
thirteen years of brilliant success
Only a few impressions in life Endure. We use
the same cylinders over & over again, ~~and~~ the dots
& markings become confused, and when we call for
the record ~~this~~ a jumbled medley is poured out,
a ~~[illegible]~~ confused message from the past.
But certain records are ~~[illegible]~~ time fast & bite in
such a way that no subsequent impressions can
blur the ~~[illegible]~~ clearness, and the story comes
out fresh & sharp. So is it when I call up the
record of those early years, so full of happiness so
full of hope. And to have seen in so many ways the fulfillment
of our hearts desire is more than we could
have expected, more indeed than we deserved.
I am sorry for you young men of this generation
you will do great things, you will have great
victories and standing on our shoulders you will see
far ~~[illegible]~~ – but you never can have our sensation
To have lived through a revolution, ~~such as~~ to have seen a new
birth of science, a ~~new~~ dispensation of health,
reorganized medical schools, remodelled
hospitals, a new outlook for humanity – is
not given to ~~many~~ every generations. ~~I have~~ By
temperament a dreamer wherever I have
worked visions of the future have beset me
sometimes to my comfort more often to my
despair. In desolate days I have wander-
ed with Don Quixote, tilting at windmills, in happier ones I
have had the rare good fortune to dream
dreams through the ivory gate & to see their
realization, to have had both the vision from Pisgah
and the glory of the promised land. I have
seen the school at which I started in Toronto, in
an old building, dirty beyond belief, trans-
formation, whole squares of
unexcited & covered with ~~new~~ laboratories, dormitories
and lecture Halls – and largely due to the
magic energy of a prince of dreamers, William
Pepper
It has ~~[illegible]~~ often been my lot to see others
do what I should have liked to do myself,
and to feel that ~~better~~ it has been better done!
Looking back over ~~my~~ a somewhat vagrant career
my fission from an academic body has always
been a stimulus, and has invariably quickened the pace of progress ~~has~~
~~quickened~~. And this thought was a consolation
when I left this comfortable billet a few years
ago. Among the many truthful ~~[illegible]~~ scattered
in ~~my~~ peaceful valedictory, only those in which
I ventured into the dangerous regions of prophecy

appear to have fallen on good ground. I spoke of the need of special departments saying — (leave three lines) Two of these are accomplished facts — the Harriet Lane Johnston Childrens Department has been opened, to day we open the Phipps Psychopathic Institution & for the new genito-urinary clinic with money has been furnished thro the liberality of Mr Others will follow rapidly — and it is safe to say that within a dozen years there will be as many special Departments in connection this Hospital, semi-independent units on a great organization The occasion seems fitted for the expression of a few thoughts on Specialism in the general

formed into one of the most flourishing 4 in the continent, a staff of seven teachers increased seven fold; my alma mater, McGill, prosperous even then in men of mettle, but housed in coretched quarters, now in palatial buildings & in affiliation with two of the best equipped of modern hospitals. ~~Nearly thirty years have passed since I joined~~ How paltry were my aspirations of those days! how insignificant do they seem today. My ~~well remembered~~ feelings when Sir Donald Smith now Lord Strathcona gave us the first endowment of $50000 could not be ~~approached equalled today~~ by stirred to the same intensity today by less than a million! Nearly 30 years have passed since I joined the University of Pennsylvania the premier school of the country. There were new buildings & a new Hospital grouped about a single arts building. What a transformation! — whole squares of West Phila. annexed & covered with ~~new~~ laboratories, dormitories and lecture Halls — and largely due to the magic energy of a prince of dreamers, William Pepper

It has ~~nearly~~ often been my lot to see others do what I should have liked to do myself, and to feel that ~~better~~ it has been better done! Looking back over ~~my~~ a somewhat vagrant career my fission from an academic body has always been a stimulus, and has invariably quickened the pace of progress ~~has quickened~~. And this thought was a consolation when I left this comfortable billet a few years ago. Among the many truthful ~~sects~~ scattered in ~~my~~ peaceful valedictory, only those in which I ventured into the dangerous regions of prophecy

As Pascal says "he who tries to become an
angel becomes a beast"

appear to have fallen on good ground. I spoke of the need of special departments saying — (leave three lines) Two of these are accomplished facts — the Harriet Lane Johnston Childrens Department has been opened, to day we open the Phipps Psychopathic Institution & for the new genito-urinary clinic ~~that~~ money has been furnished thro the liberality of Mr Others will follow rapidly — and it is safe to say that within a dozen years there will be as many special Departments in connection this Hospital, semi-independent units on a great organization The occasion seems fitted for the expression of a few thoughts on Specialism in the general Hospital.

The work of the units is identical — each a place where rich & poor can get the very best skilled help that the professional command, each a place where students ~~will be~~ are taught, each a centre for study & research, ~~Similarity in~~ alike in their diversity

over each unity is in organization, in aims & in methods a replica of the other. ~~They~~ Each represents a technical school linked to the university by the medical Faculty of which by Mr Hopkins will the Hospital was to form a part. They differ from the other ~~units~~ departments of the medical school in an important extension of work, — the Hospital units mint for current use in the community the gold ~~of science~~ wrought

over by the miners of science, a ~~child~~ mother to day brings her child to Dr Harry Thomas at Neurological department — a poor dwarfed idiotic ~~cretin~~ cretin, but all the same very dear to her heart. It it is a far cry from the little laboratory in — where Schiff made his immortal experiments

lain death thousands of their sons & daughters We sit over the fire in the evening & pile on the coal without a thought of the dark ~~lives~~ and dangerous lives of the poor ~~fellows~~ miners who risk so much for so little; ~~and~~ The two incidents I have mentioned illustrate what is going on in every unit of a Hospital today

e another That street brawl last night — "yes he was shot through the abdomen" a dozen wounds in the bowel you say! Hum! what a job! Must have taken you a long time — doing well of course. Oh yes we got him early — they all do well! ~~Such a story~~!

Let us consider briefly these three functions

This is the first function of the unit

who would have believed such a story in 7 84
my student days. Again the pure gold ~~dug~~
with by the Elder Gross, Lister, Halsted & thousands of
miners, minted in the laboratories and ~~handed~~ dispersed
~~out~~ Mr President to the public last night by
your surgeons. But what distresses my
soul is that we do not think enough of the
miners. And it does not lessen my distress
to know that very often they do not give a
thought to us. That coal ~~you~~ put on the grate
last evening – do you think the Hungarian
in West Virginia ~~thought~~ how comfortable
you would be over the fire, no! nor did
Schiff realize that his work would be
[illegible] the lives of thousands

and literally thousands of ~~silent, of~~ workers in 6 83
~~many parts of the world~~ the mines of science
slaved years to ~~make~~ find ~~possible~~ the pure
gold handed out freely from this Hospital to
that poor woman with which salvation was
wrought for her child. It seems so easy now.
ah! a cretin, how interesting – how old do you
say? eight? why she looks three. All right
do not worry – the child will get quite well.
~~Get~~ these powders – yes three times a day!
~~An~~ anxious mother ~~brings her~~ whose son goes to Manilla next week ~~son to the private~~
brings ~~ward~~ him to Dr Barker in the private ward for
an antityphoid inoculation. Again a far cry
from Zurich where Klebs – so often a pioneer –
first saw the typhoid bacillus in . Again
a host of miners and a vast store of gold –
golden knowledge – with which if people
would but use it they could redeem from cer-
tain death thousands of their sons & daughters
We sit over the fire in the evening & pile on the
coal without a thought of the dark ~~lives~~ and
dangerous lives of the poor ~~fellows~~ miners who risk
so much for so little; ~~and~~ The two incidents
I have mentioned illustrate what is
going on in every unit of a Hospital today
Take another That street brawl last night – "yes he
was shot through the abdomen" a dozen
wounds in the bowel you say! Hum! what
a job! Must have taken you a long time –
doing well of course. Oh yes we got him
early – they all do well! ~~Such a story~~!

who would have believed such a story in my student days. Again the pure gold ~~dug~~ out by the Elder Gross, Lister, Halsted & thousands of miners, minted in the laboratories and ~~handed~~ dispersed ~~out~~ Mr President to the public last night by your surgeons. But what distresses my soul is that we do not think enough of the miners, and it does not lessen my distress to know that very often they do not give a thought to us. That coal ~~you~~ put on the grate last evening — do you think the Hungarian in West Virginia ~~thought~~ how comfortable you would be over the fire, no! nor did Schiff realize that his work would be utilized to brighten the ~~lives~~ of thousands of mothers on that ~~the lode~~ he was following ~~would prove~~ a lode richer for humanity than the Golden Fleece. ~~We are~~ Only a cold hearted apathetic, phlegmatic batrachian, white-livered generation with blood congested in the cold storage of commercialism ~~that~~ could ~~does~~ not recognize the enormous debt — ~~debt~~ which ~~the world~~ we owes to their self-~~sub~~ sacrificing miners of science. And ~~yet~~ And yet ~~today~~ there are today sons of Belial, brothers of Schinen, daughters of Jezebel, direct descendants of ~~who would do like to them what they of Capuchins did~~ the scribes, Pharisees & hypocrites in the time of Christ ~~rallied the~~ who malign these ~~old stone the prophets and~~ ~~d & d to the~~ prophets & wise men, ~~who all over the~~ winners in a fight ~~world are doing a work~~ for humanity ~~a~~ ~~victory~~ unparalleled in the annals of the race

open the pri[illegible] clerks & surgical dressers. So that [illegible] see the vagaries of sick life in all classes of society. ~~In~~ In the palmy days of Rome the physician was followed to the houses of the wealthy by his pupils — a practice we could emulate in our private wards, limiting of course the numbers & selecting the cases. But there is a ~~The~~ real difficulty ~~was~~ expressed 25 centuries ago by the Father of Medicine in the famous aphorism Life is short & the art is long; ~~and~~ the stay of the medical student in the Hospital is the amount to be learned so fast ~~only to~~ so brief that we can only hope

to give him two things – method (& technique) & ~~certain~~ and such elementary knowledge as ~~to~~ ~~must have thoroughly~~ how to examine patients, ~~what~~ the life history of a few great diseases the great principles of surgical practice ~~practice~~ ~~technique~~, ~~but you~~ the cannot be expected in the short period of the curriculum to go the circle of the units, spending time enough in each to master the chief details of a dozen specialities. In most schools ~~now~~ ~~there is~~ a system of elective studies ~~whereby~~ ~~a man sees~~ has been arranged to meet this ~~case~~ really pressing & serious con- [illegible] has [illegible] in aculeers with

~~The recognition~~ That of the medical student ~~is~~ is an essential factor in the life of a great General Hospital has been of slow recognition in this country. Admitted to the Dispensaries welcomed in the amphitheatre he has been until recently rigidly excluded from the wards, except as ~~a~~ casual attendant on ward classes. I am glad to say that from the day he leaves the medical school laboratories he is in this Hospital ~~should be~~ a co-worker with Doctors & nurses in every ~~single~~ one of its activities ~~of the Hospital~~, and as his right not as a priveledge grudgingly granted by the Trustees. and so it should be ~~[illegible]~~ Every unit General Hospital ~~should~~ must be so organized as to make him fit in as part of its machinery. It is his business ~~to~~ to see disease, to know disease, to cure disease, and for the sake of the public to learn how to every possible ~~priveledge~~ opportunity should be given to him. I would even throw open the private wards that to the clinical clerks & surgical dressers ~~so that~~ & might see the vagaries of sick life in all classes of society. ~~In~~ In the palmy days of Rome the physician was followed to the houses of the wealthy by his pupils – a practice we could emulate in our private wards, limiting of course the numbers & selecting the cases. But there is a ~~the~~ real difficulty ~~was~~ expressed 25 centuries ago by the Father of Medicine in the famous Aphorism Life is short & the art is long; ~~and~~ the stay of the medical student in the Hospital is the amount to be learned so fast ~~only to~~ so brief that we can only hope

to give him two things – method (& technique) & ~~certain~~ and such elementary knowledge as ~~must have thoroughly~~ how to examine patients, ~~what~~ the life history of a few great diseases the great principles of surgical practice ~~practice~~ ~~technique, but you~~ He cannot be expected in the short period of the curriculum to go the circle of the units, spending time enough in each to master the chief details of a dozen specialities. In most schools ~~now~~ ~~there is~~ a system of elective studies ~~whereby~~ ~~a man sees~~ has been arranged to meet this ~~case~~ really pressing & serious condition which has grown in acuteness with the multiplication of the specialities. How can any ~~great~~ institute like this touch ~~in~~ the medical curriculum? At many points directly & indirectly. The very existence ~~as part of~~ in a General Hospital indicates the recognition of Psychiatry as part of its legitimate work. ~~It has been~~ One of the tragedies of the subject has been its dissociation from centres of active professional & University life. A department of medicine with the closest affiliation with the life of the community has been segregated in institutions and stamped with a taboo of a peculiarly offensive character. Here it will take its proper place – a unit in the work of the medical school of a University. This in itself will be a lesson to the student. A new atmosphere will be diffused, a new group of energies and activities will come

[illegible] point of the specialist. No a large outside body this institute should cater with extraordinary benefit. There must a thousand or more assistants in the asylums of the country whose pineal glands are not yet crystallized and who should find here inspiration & help. These men ~~have done~~ do yeoman work in the profession. In isolated and depressing surroundings ~~I know they will find in~~ From the Director & his staff ~~they~~ they will receive ~~men who will meet~~ ~~them with~~ that warm and encouraging sympathy, ~~the very~~ even of life a quality ~~that the Founder of the Institute~~ with which the benefactions of our Founder has always been generously mixed

and I hope room & plenty of it will be found #88
for the general practitioner, through whom more
than any other group the benefits of this Institute
may be distributed. He needs enlightenment
instruction & encouragement — Enlightenment
as to the vast importance of early deviations
from the normal mental states, instruction
in new methods of diagnosis and treatment
and encouragement to feel that in a great
fight for sanity in the community he
is the man behind the guns
~~The old Greek~~ But there is a larger outlook
connected with the third function of
a Hospital Unit. The old Greek with his
quick sense of helpfulness (~ 2 C)

into the Hospital which cannot but be helpful. #10 The 87
Director, his staff, & the nurses will play a new
rôle which ~~cannot but~~ will greatly enhance the reputation
of the old company. Living as he does in such
close fellowship with the staff of the Hospital
the medical student will be influenced in
this way by the very presence of the Institute. It
is to be hoped too time may be found for general
instruction of the senior class in the elements
of neuro-psychology ~~but~~ and ~~there is no~~
~~reason why~~ with the elective system an
active group of students should be found
to whom this study would appeal strongly
But after all as practical men we have to face
the Hippocratic apporism — the art is getting
longer & longer, the brain of medical student
has its limits, and though he is keener &
more industrious than ever in his his-
tory, the time is too short ~~and he~~ for a man
already burdened to the breaking point,
to study any speciality from the stand-
point of the specialist. To a large outside
body this Institute should cater with extra-
ordinary benefit. There must a thous-
and or more assistants in the Asylums
of the country whose pineal glands are
not yet crystallized and who should
find here inspiration & help. These
men ~~have done~~ do yeoman work in the
profession. In isolated and depressing
surroundings, ~~I know they will find in~~
From the Director & his staff ~~they~~ they will receive ~~men who will meet~~
~~them with~~ that warm and encouraging
sympathy, ~~the very~~ leven of life a quality
with which the benefactions of our
Founder has always been generously mixed

And I hope room & plenty of it will be found # 88
for the general practitioner, through whom more
than any other group the benefits of this Institute
may be distributed. He needs enlightenment
instruction & encouragement — Enlightenment
as to the vast importance of early deviations
from the normal mental states, instruction
in new methods of diagnosis and treatment
and encouragement to feel that in a great
fight for sanity in the community he
is the man behind the guns
~~The old Greek~~ But there is a larger outlook
connected with the third function of
a Hospital Unit. The old Greek with his
quick sense of helpfulness (~ 2 C)

The american, & the modern Greek, mentally
if not orally asks the same practical
question. In the case of pure science such a
question is both foolish & fruitless, though often
asked... But he may ask legitimately
how ~~may~~ such an Institute as this may be help-
ful in studying the human mind in
its lapses and I cannot give an answer.
"it is not in the book I learned out of" as the
children say. I can tell you in internal
medicine and can refer you to the long list
of studies in dysentery, malaria, typhoid fever, pneu-
monia, heart diseases, blood diseases
that have come from the medical Unit
But a psycopathic unit is a novelty in
a general Hospital, designed for the
study as well as for the cure of mental
aberrations. We talk a great deal about
the human mind and quote Hamlet
[illegible]
house for fools & mad he could
not forgo the pleasure of adding the satiric
touch — ~~that~~ no nation needed it so
much. This idea was not I am
sure in the large heart of Mr Phipps
but ~~there is~~ a wide spread feeling has ~~abroad~~
arisen in this country that the hygiene of the
mind is just as important as the
hygiene of the body — that we must
return to the Greek ideal of the fair
mind in the fair body. How beautifully
Plato expresses it in a passage I
am never tired of quoting

(over)

What a revelation of an awakening in the community that it was possible to organize such a Congress of Mental Hygiene as was held here under the auspices of the Medico-chirurgical Faculty? The programme itself is an inspiration. To recognize ~~the need of~~ a wide spread need is in this country to meet it, and such gatherings held ~~through~~ under auspices of the National Committee will go far to lessen the ~~wide~~ sad ~~spread~~ prevalence of early nervous [illegible] down. What Demodocus said of

when we get cornered and wish to cover ~~the~~ unpleasant truth that we really know very little about it. The modern student may take the ancient with table his stand with Plato or Lucretius & regard the mind and brain as a musical instrument & player or as a musical box wound up for so many years to play so many ~~lunes~~. ~~Distinguished~~ Authorities lean to one or other of these views & I have a shrewd suspicion that our two distinguished visitors ~~from~~ Englands best representatives in this speciality may not see eye to eye in this matter. ~~Those~~ things we ~~are~~ do know - ~~mental~~ departures from normal mental states are extraordinarily common, they are the most distressing of all human ills, they should be studied systematically by ~~men~~ experts with a view to their prevention and cure. When Dean Swift left the little wealth he had to found a house for fools & mad he could not forgo the pleasure of adding the satiric touch - ~~that~~ no nation needed it so much. This idea was not I am sure in the large heart of Mr Phipps but ~~there is~~ a wide spread feeling ~~abroad~~ pay arisen in this country that the hygiene of the mind is just as important as the hygiene of the body - that we must return to the Greek ideal of the fair mind in the fair body. How beautifully Plato expresses it in a passage I am never tired of quoting

(over)

What a revelation of an awakening in the community that it was possible to organize such a Congress of Mental Hygiene as was held here under the auspices of the Medico-chirurgical Faculty? The programme itself is an inspiration. To recognize ~~the need of~~ a wide spread need is in this country to meet it, and such gatherings held ~~through~~ under auspices of the National Committee will go far to lessen the ~~wide~~ sad ~~spread~~ prevalence of early nervous break down. What Demodocus said of the ~~Athen~~ Melissians may be said of many people — they are not fools but they do just the things that fools do particularly with reference to the training of the young. We cannot pick our parents unfortunately, and ~~the~~ still, as of old, our hearts give our hands, regardless of our heads. Dr Mott will tell a tragic tale of heredity in relation to insanity and I am afraid several generations must pass before we any practical results of the present active Eugenic crusade, but there is an immense & hopeful work to be done ~~in preventing~~ educating parents in training stable methods. ~~An~~ Ethiopian cannot change his skin but a ~~you can grow a~~ Queen bee is a result of change of diet. This Institute I am sure will play its part in this great campaign of prevention through

Education.

It will be helpful too to study in a sane & sober, ~~way~~ and sympathetic way the epidemics of mental ~~folly~~ illness that sweep over the country. ~~In the present~~ The present is a great opportunity, ~~and should~~ not be missed. They have their causes just as much as small-pox & yellow fever. They are never likely to occur again ~~in a great democracy~~ under exactly the same conditions. So wide and interesting an outbreak has not been seen since the capture of the Roman world by oriental cults.

93 (ult.)

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