

Fever hospital report, [Barbados].

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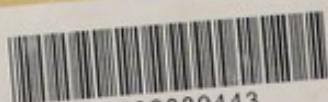
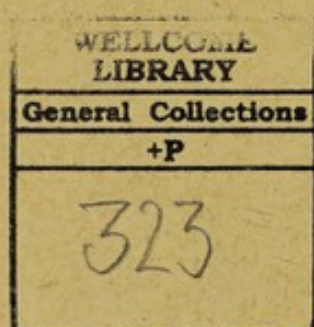
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Barbados

Fever



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Fever Hospital Report.

In compliance with the request of His Excellency the Governor, I have made a report of the cases that were admitted into the Fever Hospital. The report is, by no means, one on Yellow Fever, but is a clinical history of the cases that were admitted to Hospital.

By the number of cures from yellow fever obtained in this Hospital, I hope I have proved that the treatment employed is one of great value, as it must be remembered that nearly all of the severe cases of yellow fever came late under treatment.

Much better results, I am certain, would have been obtained could the patients have been sent in Hospital earlier than they were. On September 17th 1881, the Fever Hospital was opened for the reception of yellow fever patients, and the Governor was pleased to do me the honour of appointing me to the post as physician in charge of the hospital.

2. The building was a wooden one, hastily erected, and placed on the most suitable site that could have been obtained, namely, on Codrington Hill, in the Parish of St. Michael.

3. It consisted of one long ward about seventy feet long and twenty-five feet broad and had a height of about thirty feet.

4. The ventilation was very free, being conducted by means of two large cow-mouths placed in the roof along the whole length of it, by openings along the floor at the sides of the building, and by the boards in the centre of the flooring in the building, being separate from each other by two inches. Besides these means of ventilation there were four large doors, one at either end of the building and one on either side. There were also eight windows placed about seven feet from the floor. The whole building rested on large blocks of sawed stone.

5. Attached to this main building were four out-buildings for nurses rooms, one at either end of the building, and two on one side of the building.

6. Near to the Hospital, and to the leeward of it, was a small building which was used as the Head Nurse's room, and store room. To the leeward of the Hospital was the Mortuary, a neat little building and furnished with a very good post-mortem table.

7. The Hospital was hurriedly but efficiently furnished for the accommodation of ten patients to begin with, although the building was capable of containing twenty or more. Two Nurses, afterwards increased to four, were employed, and a scrubber, a messenger boy, and a watchman completed the staff.

8. Immediately a patient was admitted I was sent for, and the Nurse was instructed in giving medicines which were kept in the Hospital.

9. I visited the Hospital twice a-day as a rule, and often when occasion required, three or four times a day, and a daily report was made of the Hospital.

10. The patients were found in clothing during their stay in Hospital. The clothes that came in on them were either taken away or washed at the Hospital.

11. A small amount of Stores were kept in the Store-room, such as oil, candles, soap, brandy, &c.

12. The patients were fed on milk and beef tea with bread. The former was easily obtained around the Hospital and the beef was obtained from the market as wanted.

13. Ice was allowed freely.

14. The sewage was deposited in pits dug to the leeward of the Hospital and carefully covered with earth.

15. A kerosene stove was used for scalding the milk, and cooking the Nurse's food, and for boiling beef-tea.

16. Bread was supplied from Glendairy Gaol. The water supply was obtained from a well to the leeward of Hospital. A coffin and a tarred sheet were kept in the Mortuary, and the patients that died were buried as soon after death as possible.

17. The number of patients admitted was forty-five, one of whom had nothing wrong with him but was suffering from the after effects of an epileptic fit.

18. There would have been a larger number of admissions, I am certain, if the people from the outlying districts had the means of getting to the Hospital. Those that came in from far stated that in their district there were many other cases of fever, but they had no means of getting to the Hospital.

19. Of the forty-five cases admitted, six died. Of these six fatal cases, four died of yellow fever, one of these four dying suddenly during convalescence.

20. Of the other two fatal cases, one died of "Typhoid Fever," and the other of "Pneumonia" of the left lung after fourteen days stay in Hospital. This last case had yellow fever also, but all symptoms of that disease had gone before his death, and I think there can be little doubt, on studying his table, that he died from rapid breaking down of the lung following the pneumonia.

21. Of the four fatal cases of yellow fever, one died on his sixth day of the disease, one on his twenty-second day, one on his seventh day, and one on his ninth day of the disease.

22. I cannot do better than put in here a table which was made by Dr. Hutson, showing an analysis of the cases treated in Hospital.

ANALYSIS OF CASES.

Number.	Age.	Colour.	Stay in Hospital.	Duration before Admission.	Highest recorded temperature.	Albumen or none.	Result.	Disease.
1	40	W	2 days ...	4 days ...	99.4	Abundant ...	Death...	Yellow Fever
2	40	C	3 days ...	4 days ...	103	Albumen ...	do	Typhoid "
3	38	W	11 days ...	9 days ...	99	Albumen ...	"	Yellow "
4	33	W	7 days ...	4 days ...	100	Abundant ...	Cured...	Yellow "
5	22	W	11 days ...	3 days ...	103	Albumen ...	do	Yellow "
6	16	B	7 days ...	4 days ...	101	Albumen ...	"	Yellow "
7	24	B	2 days ...	3 days ...	102	None ...	"	Febricula
8	18	C	11 days ...	7 days ...	101	Abundant ...	"	Yellow
9	40	W	7 days ...	21 days ...	...	Albumen ...	"	Yellow
10	20	W	3 days ...	3 days ...	105	Abundant ...	Death	Yellow
11	20	W	5 days ...	3 days ...	105	Albumen ...	do	Yellow
12	20	C	14 days ...	2 days ...	104.4	Albumen ...	"	Pneumonia
13	42	W	10 days ...	12 hours ...	103	None ...	Cured.	Febricula
14	16	W	7 days ...	12 hours ...	103.4	None ...	do	Febricula
15	12	B	10 days ...	5 days ...	102	Albumen ...	"	Yellow
16	18	B	9 days ...	7 days ...	101	Albumen ...	"	Yellow
17	28	B	12 days ...	7 days ...	102	Albumen ...	"	Yellow
18	20	B	4 days ...	1 day ...	101.6	Albumen ...	"	Yellow
19	19	C	8 days ...	5 days ...	101.6	Albumen ...	"	Yellow

ANALYSIS of CASES—Continued.

Number.	Age.	Colour.	Stay in Hospital.	Duration before Admission.	Highest recorded temperature.	Albumen or None.	Result.	Disease.
20	28	W	4 days ..	3 days ...	100	Albumen ...	Cured.	Yellow Fever
21	40	W	3 days ...	6 hours ...	100	None ...	do	Febricula
22	31	B	12 days ...	Not known ...	100	Albumen ...	"	Yellow
23	45	B	18 days ...	4 days ...	101·2	Albumen ...	"	Yellow
24	70	B	11 days ...	3 days ...	101·2	Albumen ..	"	Yellow
25	4	B	4 days ...	3 days ...	101·6	None ...	"	Febricula
26	45	B	10 days ...	5 days ...	98·4	Albumen ..	"	Yellow
27	23	B	7 days ...	8 days ...	98·4	Albumen ...	"	Yellow
28	15	B	28 days ...	8 days ...	101·2	Albumen ...	"	Yellow
29	40	B	5 days ...	10 days ...	99·6	None ...	"	Yellow
30	30	B	14 days ...	10 days ..	101	Albumen ...	"	Yellow
31	25	C	25 days ...	6 days ...	101·6	Albumen ...	"	Yellow
32	8	B	14 days ...	2 days ...	100	Albumen ...	"	Yellow
33	30	B	12 days ...	2 days ..	103·4	Albumen ...	"	Yellow
34	25	C	23 days ...	6 days ...	103	Albumen ..	"	Yellow
35	30	B	24 days ...	4 days ...	104	Albumen ...	"	Yellow
36	19	B	14 days ...	2 days ...	100	Albumen ..	"	Yellow
37	38	B	18 days ...	4 days ...	103·6	None ...	"	Yellow
38	18	B	9 days ...	6 days ...	101·6	Albumen ...	"	Yellow
39	24	C	6 days ...	3 days ...	99	Albumen ...	"	Yellow
40	16	C	10 days ...	5 days ...	100	Albumen ...	"	Yellow
41	20	W	11 days ...	6 days ...	100·6	Albumen ...	"	Yellow
42	20	B	4 days ...	4 days ...	99	None ...	"	Febricula
43	29	C	8 days ...	4 days ...	102·8	Albumen ...	"	Yellow
44	30	B	6 days ...	4 days ...	103	Albumen ...	"	Yellow

23. Of the above table it will be seen that thirty-six had yellow fever (confirmed) three were doubtful, (all of those three were white, and two were English sailors lately arrived here), three had so called "febricula," and two had, one typhoid fever, and the other inflammation of the lung with yellow fever as well.

24. Of the thirty-six cases of confirmed yellow fever, eleven were white, and of these eleven, three were Europeans. Of the three doubtful cases all were white and two were Europeans. The three "febricula" cases were all black. The cases of typhoid fever and pneumonia occurred in blacks. Seven of the thirty-six cases were coloured, and the remaining eighteen were black.

25. That the yellow fever Hospital was a great success, there is little doubt, but it would not be just of me to take all the credit of its success to myself.

26. Firstly, I must acknowledge that the carbolic acid treatment of yellow fever, and the method of using it, was obtained from Dr. Hutson, who got it from Dr. Branch of St. Kitts. This last gentleman, I am informed, was the first who used carbolic acid in the

treatment of yellow fever, and I am also informed that he had no success until he did use this treatment. In his discovery of this treatment of yellow fever he has made a valuable acquisition to the therapeutics used to combat this disease, and has placed in the hands of Medical men practising in the tropics, a remedy, the success of which cannot be doubted. I have no doubt he will be much gratified to hear the success his method of treatment has met with as used in the Fever Hospital here.

27. The site of the building and the very free ventilation was also a most important factor in aiding recovery. Also I consider that the removal of patients from the locality in which they were taken ill to another place, is a most important matter to be attended to. This I consider also aided in the success obtained.

28. Most important was the good nursing my patients received. I was fortunate to obtain the services as head nurse of a woman who had been a nurse in the General Hospital for seven years, and who had been well trained. She certainly performed her duties well, and was most attentive to the sick and regular in the administration of the medicines. The under nurses also did their work well and were also most devoted to their duties. I never at any time found them to shrink from their duties which were sometimes very trying. It is of some value to note the fact here, that no fever occurred in the vicinity of the Fever Hospital.

29. I may here state my opinion that yellow fever is not an infectious disease, at least I mean that infection cannot be taken from *an individual* suffering from yellow fever. On the other hand, a person going into a locality where yellow fever has originated is quite liable to take yellow fever.

Also when a person who has yellow fever in a locality where yellow fever is prevalent, is removed to a locality where yellow fever does not exist, that person will not spread yellow fever.

I have thought it advisable to record the cases in a tabular form, so that the principal symptoms of the disease may be seen at a glance, and the alterations from day to day together with the general progress of the case, be noted and compared the more easily.

[illegible]

Day of Disease after admission.	Case 5.		Date of admission	Age	Colour	Duration before admission	Temperature		Tongue	Pulse and Res- piration	Skin.	Complaints	Dejections	Urine	State of mind	Vomiting	Tenderness over Epigastrium	Hæmorrhage	Jaundice	Stool	Result	
	Name.																					
1	Rogers, Frank ...	Sept. 22	22	W	3 days		103		Moist, red, clean	100	Hot and dry	Pains all over body esp. legs	...	½ pint bilious albumen	Very nervous	...	...	None	Marked	Cured, left Hospital Oct. 3rd. Diagnosis Yellow Fever.
2	99.2	101.6		Red white over back	80	Moist	Pain in back	4 loose bilious	1½ pint bilious albumen	Calm, hopeful	...	Marked	Eyes yellow	...			
3	98	98.4		Cleaning	70	Cold	Pain across chest	4 loose bilious	2 pints dark urine albumen	Calm, hopeful	...	Absent	Marked	...			
4	98.4	98		...	60	...	None	2 white	1½ pints dark albumen	Feels well	...	...	Marked	...			
5	98.4			Natural	60	...	None	1 white 2 yellow	2 pints yellow albumen	...	...	...	...	...
6	97			...	70	...	None	Formed yellow	Albumen	...	...	...	Marked	...			
7	98.4			...	72	...	...	Formed yellow	copious, slightly albuminous	...	...	...	Feeding	...			
8	98.6			...	80	...	...	...	Albumen	Walking about	...	...	...	...
9	98.4			...	72	...	...	...	Albumen	...	...	...	Gone	...			
(Case 6)																						
1	Green, Herbert...	Sept. 27	16	B	4 days		101		...	80	Dry	Pain in head side and legs	1 loose yellow	3 gills bilious albumen	Marked	...	Eyes yellow	Marked	Cured left Hospital Oct. 4th. Diagnosis Yellow Fever	
2	99	69		Red slight with white fur	80	Moist	Pain in legs & side	...	1½ pint bilious albumen	Calm	...	Absent	...	...	...
3	98.4	101		...	90	...	Slight pain in legs	Natural	1 pint albumen	Slept well	...	...	...	...	...
4	98.4	98		Clean	70	...	...	...	1½ pint slight albumen	...	...	...	None	...	...
5	98.4			...	64	...	None	...	Copious, no albumen	...	...	...	...	...	...
6	98.4			Natural	...	...	None	...	No albumen	...	...	...	...	...	...
7	98.4			...	...	...	None	...	Do do	...	...	...	...	...	...
(Case 7.)																						
1	Johnson, Thomas.	Sept. 28	24	B	3 days		102		Dry	70	Dry	Pain in head & Epigastrium	...	Natural, no albumen	Cured left Hospital Sept. 30th. Diagnosis Falciparæ	
2	98.4			...	...	...	...	1 natural	No albumen	...	...	...	...	...	...
3	98.4			...	...	...	...	...	do	...	...	...	...	...	...
(Case 8.)																						
1	Batson, Frances .	Sept. 29	18	B	7 days		101		Red	120	24	Dry	Pain in head, joints & epigas- trium	...	Bilious, densely albuminous	Excited Restless	Once brown Mild, only hiccough	...	From geni- tals for 4 days	Eyes yellow	Marked	Cured left Hospital Oct. 14th Diagnosis Yellow Fever
2	98.4			Moist, red	90	Moist	Pain in abdomen	2 bilious & loose	Plenty, bilious albuminous	Restless	...	...	...	Eyes yellow	...		
3	98.4			Moist, clean	80	Moist	do	do	Plenty, bilious no albumen	Restless	None	...	Cesssed	Eyes yellow	...		

Day of Disease after admission.	Case 8—Contd.		Date of admission.	Age.	Colour.	Duration before admission.	Temperature.		Tongue.	Pulse and Respiration.	Skin.	Complaints.	Dejections.	Urine.	State of mind.	Vomiting.	Tenderness over Epigastrium.	Hemorrhage.	Jaundice.	Sneel.	Remarks.
	Name.						M	E		P	R										
4	Batson, Frances	Sept 29	18	B	7 days	98.				76		Slight pain in abdomen.	...	Plenty no albumen	Calm	...	...	...	...	...
5	97.				72		...	...	Bilious no albumen	...	...	...	...	...	...
6	98.4				72		...	Formed	Bilious no albumen	...	...	...	...	Eyes yellow	...	
7	98.4				72		...	...	Green discoloration on adding nitric acid	...	...	...	...	...	...
8	98.4				74		...	...	...	...	...	...	...	...	...
9	98.4				70		...	...	Not so bilious	...	...	...	...	...	...
10	98.4				80		...	...	Natural	...	...	...	...	...	...
1	(Case 9.) Briggs, Thomas	Sept. 30	40	W	3 weeks	97			Normal	60		Great weakness	...	Bilious albumen	...	...	...	...	Eyes yellow	...	
2	97			...	70		...	Normal	Bilious albumen	...	...	...	...	...	...
3	88			...	72		...	...	No albumen	Feels stronger	...	...	...	...	...
4	98.4			...	...		...	...	Slight albumen	...	...	...	...	Eyes clear	...	
5	No albumen	...	...	...	...	...	...
6	No albumen	...	...	...	...	...	...
7	No albumen	...	...	...	...	...	...
1	(Case 10.) Watson, H. F. ...	Oct. 1	20	W	3 days	105	White with red edges		Cough	100	24	Nausea, violent pain in head and eyes.	...	1 gill yellow densely albumen	Hopeful, calm	...	...	...	...	Marked	
2	102.4	103		...	100	25	Pain in head, caries, pain in abdomen	Once loose bilious	1 1/2 pint albumen less	Sleep well	...	...	...	...	...
3	102	102	Cleaning	80	20	Moist	...	2 loose bilious	1 1/2 pint very albuminous	Wandering	Dark fluid	Marked	...	...	...
4	100	99	...	76	22	Yellow	Feels badly	4 white under him	Not got passed in bed	Restless, drowsy, wandering	...	...	...	Eyes yellow	...	
5	100	...	...	Constant cough	100	30	Great weakness and uneasiness	Very loose quite black (in bed)	Passed in bed	Restless, delirious off and on	Once (beef-tea) Retching	Very tender	...	...	Marked	
1	(Case 11) Weekes, John T.	Oct. 6th.	20	W	3 days	105	105	White with red edges	100	24	Dry	Pain in head	...	1 pint albuminous	Incessant talking, no sleep.	1 pint black vomit	Marked	Vomiting blood	...	Marked	
2	104	103	...	Weak 100	24	Moist	...	...	Plenty, more albumen	Fighting to out	1 gill black vomit	Very	...	...	...
3	101	102	...	Weak 80	24	No sweating, dry, yellow	...	1 white, 1 black	Plenty, albumen less	Violent, incessant talking rolling about, exhaustion	3 black vomits	Very	nose	Marked	...	
4	101.4	102.4	Brown and dry	Weak 100	100	Yellow	...	1 white, 1 black	Very albuminous	Passed in bed	One large black vomit	Very	...	Marked	...	
5	102	...	...	Weak 100	100	Yellow	...	Passed in bed	Passed in bed	One black vomit	...	...	Marked	...	...

Cured left Hospital Oct. 10th.

Diagnosis, Yellow Fever.

Cured left Hospital Oct. 7th.

Diagnosis, Typhoid.

Died October 5th.

Diagnosis, Yellow Fever.

Died Oct. 10th.

Diagnosis, Yellow Fever.

[illegible]

Day of Disease after admission.	Case 14.		Date of admission	Age	Colour	Duration before admission	Temperature		Tongue	Pulse and Res- piration		Skin.	Complaints	Dejections	Urine	State of mind	Vomiting	Tenderness over Epigastrium	Hæmorrhage	Jaundice	Stool	Result
	Name.						M.	E.														
1	Graves, Chas. ...	Oct. 8	16	W	12 hrs.	102.4	103.4	White red edges	130	24	Dry Sweating	Pain in head, limb, back	...	Plenty, no albumen	Restless	Marked	Cured, left Hospital Oct. 15th. Diagnosis Yellow Fever.	
2	100	100	...	100	20	freely	None	Several loose	Plenty, no albumen	Cheerful	...	...	...	...	...
3	100	99	Clean	90	20	Sweating	...	...	Plenty, no albumen	...	...	...	...	Marked			
4	98.4	98	...	80	18	...	...	Natural	No albumen	...	...	...	...	...
5	97	98	...	70	...	...	...	...	No albumen	Bright	...	...	...	...
6	96	98.4	...	64	...	...	...	...	...	...	...	...	...	...
7	98.4	...	...	...	...	...	...	...	...	Well	...	...	...	...
8			
1	(Case 15) Holder, Joseph ...	Oct. 11	8	B	5 days	102	...	White red edges	100	20	Dry	Pain in abdomen	Once loose and large	Plenty, very albuminous	Calm	Marked	Cured left Hospital Oct. 20th. Diagnosis Yellow Fever.	
2	102	99	...	100	18	Sweating	...	...	Slight albumen	...	...	...	...	...	...
3	98	98.4	Clean	72	20	...	...	...	Trace of albu- men	...	...	...	...	...	...
4	97.4	98	...	...	...	...	...	Natural	Trace of albu- men	...	...	...	...	...	...
5	98	98.4	...	...	...	...	...	...	Trace of albu- men	...	...	...	...	...	...
6	98.4	...	...	...	...	...	...	...	No albumen	...	...	...	...	...	...
7	98.4	...	...	...	...	...	...	...	Trace of albu- men	...	...	...	...	...	...
8	98.4	...	...	...	...	...	...	...	...	Well	...	...	...	...	...
9		
1	(Case 16.) Jordan, Joseph ...	Oct. 12	18	B	7 days	101	...	Coated	100	26	Dry	Pain in epiga- strum	...	Plenty albumen	Drowsy	Eyes yellow	Marked	Cured, left Hospital Oct. 21st. Diagnosis, Yellow Fever.	
2	99.4	98.4	...	90	20	Sweating	None	...	Albumen	...	...	...	...	...	...
3	98	98	Cleaning	74	18	...	...	Natural	Trace of albu- men	Cheerful	...	...	...	...	...
4	98.4	98	...	72	...	...	...	...	Trace of albu- men	...	...	...	...	...	...
5	98.4	...	Clean	...	...	...	...	...	No albumen	...	...	...	...	...	...
6	98.4	...	...	...	...	...	...	...	Trace of albu- men	...	...	...	...	...	...
7	97	...	...	...	...	...	...	...	No albumen	...	...	...	...	Eyes clear	...		
8		
9	No albumen	...	...	...	...	...	...

Day of Disease after admission.	Case 17		Date of admission	Age	Colour	Duration before admission	Temperature		Tongue	Pulse and Respiration		Skin	Complaints	Dejections	Urine	State of mind	Vomiting	Tenderness over Epigastrium	Hæmorrhage	Jaundice	Stool	Result	
	Name						M	E		P	R												
1	Bromley, James...	Oct. 16	28	B	7 days		M	E	Moist black coated	100	40	Dry ...	Pains in epigastrium and limbs	Black, several...	Bilious, slightly albuminous	Drowsy wandering	...	Very marked	Nose ...	deeply ...	Marked ...	Cured, left Hospital October 28th Diagnosis, Yellow Fever	
2	101	102	...	80	30	Moist ...	...	...	Bilious, slightly albuminous	Sleeps	...	...	...	...	...	...
3	101	102	Cleaning ...	80	24	do	...	...	Slightly albuminous	Delirious	...	Absent ..	...	...	...	...
4	101	102	...	80	24	do	None	...	Albumen ..	Delirious off & on	...	...	...	...	...	...
5	100	101·2	...	80	22	...	...	2 bilious ..	Albumen less	...	...	...	...	clearing ...	...	...
6	100	98·4	Clean ...	76	20	...	...	2 Natural	No albumen ..	Rational	...	...	...	...	...	...
7	98·4	100	...	72	18	...	Pain in head...	...	do	Cheerful	...	...	...	...	...	...
8	101·2	100	...	70	...	...	...	...	do	...	...	...	...	...	...	...
9	98·4	99	...	64	...	...	...	...	...	...	...	...	...	...	...	...
10	99	98·4	...	72	...	...	...	...	...	...	...	...	...	Gone ...	...	...
11	98·4	98·4	...	72	...	...	...	...	...	...	...	...	...	...	...	...
12	98	...	...	72	...	...	...	...	...	Well	...	...	...	...	...	...
13		
1	(Case 18) Ward, Joseph ...	Oct. 17	20	B	30 hrs.				White red edges	100	24	Dry ...	Pain in head and back	...	Albumen ...	Restless	Marked	Cured left Hospital October 21st. Diagnosis, Yellow Fever	
2	98·4	100	...	96	20	Sweating...	None	...	Plenty no albumen	...	...	...	...	...	...	...
3	98·4	98·4	...	76	18	...	...	Several loose ..	No albumen ..	...	...	...	...	...	...	...
4	97	98	...	66	...	...	...	Natural	do	Well	...	...	...	...	...	...
5	98·4	...	...	72	...	...	...	...	do	...	...	...	...	...	...	...
1	(Case 19) Grant, Josephine	Oct. 18	19	B	5 days				White coated red edges	Cough 100	24	Dry ...	Pain all over in epigastrium & on movement	...	Bilious albuminous	Restless, sighing	...	Marked	Marked ...	Marked ...	Cured, left Hospital Oct. 26th Diagnosis, Yellow Fever.
2	100	101·6	...	80	26	Moist ...	Same	2 white ..	Bilious, slightly albuminous	Restless	Once	Present	...	...	...	...
3	100	101·6	...	80	24	do	Absent	White	Bilious, trace of albumen	...	None	Absent	...	...	Clearing	...		
4	98·4	99	Cleaning ...	76	20	...	...	...	No albumen bilious	Calm	...	...	...	...	...	...
5	98·4	98·4	...	72	18	...	...	White	Very bilious	...	...	...	...	almost gone	...	...
6	98	98·4	...	...	...	...	...	...	Bilious no albumen	...	...	...	...	...	...	...
7	98·4	98·4	Clean ...	...	...	...	...	...	Bilious	...	...	...	...	...	...	...
8	98	98·4	...	...	...	...	...	...	Natural	Clear	...	...	...	...	gone	...		
9	98·4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Day of Disease after admission	Case 20.		Date of admission.	Age.	Colour.	Duration before admission.	Temperature.	Tongue.	Pulse and Respiration.	Skin.	Complaints.	Dejections.	Urine.	State of mind	Vomiting.	Tenderness over Epigastrium	Hemorrhage.	Jaundice	Smell.	Remarks.
	Name.																			
1	Stokes, Allan	...	Oct. 18	28	W	3 days	100	White with red edges	100	20	Dry	2 loose	Slightly albu- minous	Delusions, talk- ative	...	Marked	...	Marked	Marked	Cured left Hospital October 22. Diagnosis, Yellow Fever.
2	100 99	...	...	92	18	Sweating...	Natural	do	Tricks to get out of bed	...	Absent	...	...	...
3	98.4 98.4	Clean	...	70	18	...	...	Trace of albumen	Delusions, rational, calm	...	...	...	Gone	...	
4	98.4 98.4	...	...	72	...	...	...	No albumen	Well, sensible	...	...	...	...	...
5	98.4	...	...	72	...	...	...	No albumen	Well	...	...	...	...	...
1	(Case 21.) Leach, George	...	Oct. 19	42	W	4 hrs.	98.4	Tremulous, natural	72	...	Dry	4 loose	No albumen	Nervous trem- bling	Slight	Marked	Cured left Hospital October 22. Diagnosis, Yellow Fever.
2	99 100	...	...	...	...	...	...	No albumen	..	...	Marked	...	...	...
3	98.4 98.4	Steady	...	...	...	...	...	No albumen	Calm, cool	...	...	...	...	...
4	98	..	...	...	...	...	...	...	...	...	...	...	...	...
1	(Case 22.) Griffith, Jane	...	Oct. 19	30	B	not known	100	Natural	90	24	Dry	2 loose	...	Delirious, will answer no ques- tions, drowsy	Paint	Cured left Hospital October 22. Diagnosis, Yellow Fever.
2	100 100	...	...	80	Sweating...	...	..	1 pint albumen dense	Delirious, takes nourishment	...	...	...	Marked		
3	98.4 98.4	...	...	70	Moist	...	..	Loaded with albumen	Stupid	...	...	...	...
4	97.4 98	Coated	...	..	...	Natural	...	do	do	..	..	Marked	...		
5	97 98	..	...	...	...	...	...	Albumen less	do	..	...	...	...
6	98.4	Clean	...	...	...	...	..	Albumen	Restless	..	...	...	...
7	98	..	...	...	...	...	...	do	Singing, shout- ing & talking	...	...	...	...
8	97.6	..	...	...	...	...	...	Passed in bed	Very disorderly, cursing, swearing	...	...	...	...
9	98	..	...	...	...	...	...	Albumen	Rational	..	...	Clearing	...		
10	98.4	...	...	...	...	...	..	Slight albumen	Wants to go out	..	...	...	...
11	98.4	...	...	...	...	...	..	Trace of albumen	...	...	...	...	Gone	...	
12	do	...	...	...	...	...	...

[illegible]

[illegible]

Day of Disease after admission.	Case 29.		Date of admission	Age	Colour	Duration before admission	Temperature		Tongue	Pulse and Respiration	Skin.	Complaints	Dejections	Urine	State of mind	Vomiting	Tenderness over Epigastrium	Hemorrhage	Jaundice	Stool	Result
	Name.						M.	E.													
1	Blackman, Peter.	Oct. 26	40	B	10 days	99.6	White red edges	65	Pain in head and great weakness	...	No albumen	Cured, left Hospital Oct. 21st. Diagnosis Yellow Fever.
2	97	98.4	70	...	...	Weakness	...	No albumen	...	...	...	...	...	...	...
3	98	98.4	76	...	...	...	Black	No albumen	...	...	...	...	...	...	...
4	98.4	...	...	...	...	...	Natural	...	...	...	...	...	...	...	...
1	(Case 30) Squires, Louisa...	Oct. 28	25	C	6 days	101	99	96	24	Dry	Pain in epigastrium and limbs	Natural	Densely albuminous	Depressed Moaning	Greenish fluid	Very marked	From genitals	Marked	Marked	...	Cured left Hospital Nov. 21st. Diagnosis Yellow Fever.
2	100.8	101.6	96	24	Moist	Pain in abdomen	...	Densely albuminous	Restless	None	Marked	...	...	...	...
3	100	101	96	24	...	Pain abdomen gone	...	Densely albuminous	Restless	...	Absent	Ceased Spitting blood	...	...	...
4	8	...	...	101	101	98	26	...	Pain in epigastrium & abdomen	...	Densely albuminous	Restless	...	...	From genitals off & on	...	...	...
5	99	98.4	76	20	...	Pain in abdomen	...	Less albuminous	...	...	Very tender	...	...	...	...
6	97.6	99.6	66	18	...	...	...	Albumen	Calm	...	Tender	Ceased	...	...	...
7	97	97	66	18	...	...	...	Trace of albumen	...	...	Not tender	...	...	...	...
8	97	97	60	...	...	None	...	...	...	...	...	...	...	...	...
9	97	98	...	...	...	...	...	No albumen	...	...	...	...	...	...	...
10	98.4	...	...	...	...	...	...	No albumen	...	...	...	...	...	...	...
1	(Case 31.) Barnett, Cornelia.	Oct. 29	30	B	10 days	99.4	White red edges	Pain in head and weakness	Natural	Bilious albumen	Marked	Marked	...	Cured, left Hospital Nov. 12th. Diagnosis, Yellow Fever.
2	97	99	...	...	...	...	...	Less albumen	...	...	...	...	...	...	...
3	101	101	...	...	...	...	...	Bilious, no albumen	...	...	...	...	...	...	...
4	101	99	...	...	...	...	...	Albumen	Drowsy	...	Marked	...	...	...	...
5	97	...	...	...	...	...	...	Albumen	...	...	Absent	...	...	...	...
6	97	...	...	...	...	...	...	Albumen	...	...	...	...	...	...	...
7	97	...	...	...	...	...	...	Trace of albumen	...	...	...	...	...	...	...
8	98.4	...	...	...	...	...	...	No albumen	...	...	...	...	...	...	...

Day of Disease after admission	Case 32		Date of admission	Age	Colour	Duration before admission	Temperature		Tongue	Pulse and Respiration		Skin	Complaints	Dejections	Urine	State of mind	Vomiting	Tenderness over Epigastrium	Hemorrhage	Jaundice	Stool	Result
	Name						M	E		P	R											
1	Barnett, Hellen...	Oct. 29th	8	B	3 days		98.4	98.4	White, red edges	100		Dry	...	Black	No albumen	Marked	Cured, left Hospital Nov. 12th. Diagnosis Yellow Fever.
2		98.4	98.4	...	...		Sweating	...	...	No albumen	...	...	...	...	...	..
3		98.4	98.4	...	...		...	...	Natural	No albumen	...	...	...	...	...	..
4		98.4	98.4	...	...		...	...	...	No albumen	...	...	...	...	...	..
5		98	98	...	...		...	...	...	Albumen marked	...	...	...	...	...	..
6		96	97	...	...		...	...	...	Trace of albumen	...	...	...	...	...	...
7		97		...	...		...	...	...	do	...	...	...	...	...	...
8		98.4		...	...		...	...	...	do	...	...	...	...	...	...
1	(Case 33) Moore, Mary	Oct. 31st	30	B	2 days		103.4		White, red edges	100		Dry	Severe pain in head and back	Restless	...	Marked	Marked	Cured, left Hospital November 12th. Diagnosis Yellow Fever
2		100	100	...	96		Moist	None	5 watery	Albumen	...	...	Absent	...	...	..
3		98.4	98.6	Clean	80		...	...	White, loose	Albumen	Calm	...	...	...	...	..
4		97	97	...	...		...	...	...	No albumen	...	...	...	...	...	...
5		96	98.4	...	...		...	...	...	Trace of albumen	...	...	...	...	...	...
6		98.4		...	...		...	...	...	No albumen	...	...	...	...	...	..
1	(Case 34.) Walcott, Elizabeth	Oct. 31st	25	C	6 days		99.4	95	Red, tremu- lous	66		...	Weakness, pro- stration, pain in epigastrium	...	Clear, densely albuminous	Restless, expects to die	...	Very marked	Gums and genitals	...	Marked	Cured, left Hospital November 12th. Diagnosis Yellow Fever
2		97	97	...	60		Cold	do	Natural	do	Quiet	...	do	do genitals ceased Spitting blood	...	..
3		97	97	...	80		do	do	...	Less albumen	Feels better	Blood, once	do	...	...	...
4		97	97	Natural	60		do	do	...	Albumen	...	...	do	...	...	...
5		96	97	...	60		do	...	Natural	Albumen Solid with albumen	...	...	do	do	...	...
6		103	100	Dry	80		...	Severe pain in epigastrium Pain in chest, epigastrium and albumen	...	...	Restless	$\frac{1}{2}$ gill blood	do	do	...	Marked	
7		98	98	Moist	76		...	...	...	do	Quiet	...	do	do	...	...

Day of Disease after admission.	Case 34—Cont'd.		Date of admission.	Age.	Colour.	Duration before admission.	Temperature.		Tongue.	Pulse and Respiration.		Skin.	Complaints.	Dejections.	Urine.	State of mind.	Ventilating.	Tenderness over Epigastrium.	Hemorrhage.	Jaundice.	Snell.	Remarks.
	Name.						M	E		P	R											
8	Walcott, A. Eliz.	Oct. 31	25	C	6 days	99	98	...	74	Painless	Spitting blood	Cured left Hospital November 23. Diagnosis, Yellow Fever.
9	97	97	...	70	...	...	...	...	...	albumen di- minished	..	...	...	do	...	...
10	97	97	...	70	...	...	...	Pain in epigas- trium, very slight	...	Albumen	...	...	...	do	..	...
11	98	98	...	72	...	...	...	...	...	Slight albumen	...	...	...	do	...	...
12	98	...	...	72	...	...	...	None	...	Trace of albumen	...	...	...	Spitting blood still	...	...
13	98.4	...	...	...	...	...	...	...	...	No albumen	...	...	...	...	...	...
14	98.4	...	...	...	...	...	...	Very weak	...	No albumen	...	...	...	Absent	...	...
1	(Case 35.) Small, Elizabeth.	Nov. 1	30	B	not known	104	White red edges	Pain in head and epigastrium	...	Albumen	Restless	...	Marked	Marked	Cured left Hospital November 24. Diagnosis, Yellow Fever.
2	101.8	101	do	...	...	...	...	None	...	Albumen	Quiet	...	do	...	...	...
3	100.4	104	do	...	...	...	...	do	...	Albumen	...	...	Absent.	...	...	...
4	103.6	104.8	do	...	...	...	...	do	..	No albumen	Restless	...	...	...	...	..
5	103	101.6	do	...	...	...	...	do	..	Trace of albumen	Drowsy	...	...	..	...	...
6	10.4	100	Clean	...	...	...	...	do	None since dmission	No albumen	...	..	...	...	...	...
7	99.4	98	...	...	...	...	...	...	Four	No albumen	...	...	...	From genitals	...	...
8	98	..	..	...	...	...	...	...	4 mucous	do	...	...	...	do	...	...
9	98.4	..	...	...	...	...	...	...	None	do	Well	...	...	Ceased	...	...
10	98.4	..	...	...	...	...	...	..	..	...	...	...	...	...	...	...
1	(Case 36.) Blackman, Martha	Nov. 4	19	B	2 days	100	White red edges	80	Dry	Pain in epigas- trium	..	Densely albu- minous	Restless	...	Marked	From gums	Marked	Marked	
2	99	100	...	80	Moist	...	...	severe pain in abdomen and epigastrium	...	Solid with al- bumen	Very restless	..	Marked	do	...	...
3	98.4	99	...	76	...	...	...	Painless	...	do	Sleeps quiet	..	Absent	do	...	...
4	98.4	98.4	...	72	...	...	...	None	...	Less albumen	...	...	...	Spitting blood	Gone	...	
5	98.4	98.4	...	70	...	...	...	...	...	Densely albu- men	...	...	...	do	...	...

Day of Disease after admission.	Case 36—Cont'd.		Date of admission	Age	Colour	Duration before admission	Temperature		Tongue	Pulse and Respiration		Skin	Complaints	Dejections	Urine	State of mind	Vomiting	Tenderness over Epigastrium	Hæmorrhage	Jaundice	Swell	Result	
	Name						M	E		P	R												
6	Blackman, Martha.	Nov. 4	19	B	2 days	97			...	66		Albumen	Ceased Menses appeared	Cured, left Hospital November 18. Diagnosis, Yellow Fever	
7	97			...	66		...	...	...	Slight albumen	...	..	...	...	...	...
8	98			...	70		...	...	...	do	..	...	...	...	...	...
9	98.4			...	72		...	...	...	No albumen ...	..	...	...	...	...	...
10	98.4			...	...		...	...	...	No albumen ...	...	...	...	...	...	...
1	(Case 37) Farnum, Rebecca.	Nov. 6	38	B	4 days	100.4	White red edges	86		86	Dry	...	Great weakness and pain in epigastrium	...	No albumen ..	Restless	...	Marked	Gums and Genitals	Marked	...	Marked	Cured, left Hospital November 23d Diagnosis, Yellow Fever
2	99	103.6	...	96	Moist	...	Pain in wrist from rheumatism	Natural	...	No albumen ...	Quiet	...	Absent	do	do	...		
3	98.4	98.4	Clean	...	72	...	...	...	...	do	...	...	Absent	Absent	...	...
4	97	97	...	66	...	...	...	...	...	do	...	...	...	...	...	...
5	97	98	...	68	...	...	...	White	...	do	...	...	...	...	...	...
6	98.4	...	...	72	...	...	...	Natural	...	do	...	...	...	...	...	...
7	98.4	...	...	73	...	...	...	...	...	do	...	...	...	...	...	...
1	(Case 38) Lowe, Frederick.	Nov. 7	18	B	6 days	101.6	White red edges	100		100	Dry	...	Pain in head and back	...	Bilious, no albumen	Restless	Marked	Cured, left Hospital November 16 Diagnosis, Yellow Fever.	
2	100.6	100	...	90	Sweating	...	do	...	...	No albumen ...	...	...	...	...	...	...
3	97	98	Clean	...	66	...	None	Several	...	No albumen ...	Quiet	...	...	...	...	...
4	98	98	...	60	...	...	Great weakness Severe pain in eyes	Natural	...	Trace of albumen Albumen increased	...	...	...	...	...	...
5	97	98	...	66	...	...	...	...	...	No albumen ...	...	...	...	...	...	...
6	98	...	...	70	...	...	Absent	...	...	No albumen ...	...	...	...	...	...	...
7	98.4	...	...	74	...	...	...	...	...	No albumen ...	...	...	...	...	...	...

[illegible]

Day of Disease after admission.	Case 42.		Date of admission.	Age.	Colour.	Duration before admission.	Temperature.		Tongue.	Pulse and Respiration.	Skin.	Complaints	Dejections	Urine	State of mind	Vomiting	Tenderness over Epigastrium	Hæmorrhage	Jaundice	Smell	Result	
	Name.						M	E														P	R
1	Murrell, Robert.	Nov. 17	20	B	4 days		99	White red edges	80		Dry	Pain in head and back	...	No albumen	Restless	...	Marked	...	...	Faint	Cured, left Hos- pital, Nov. 21st. Diagnosis, Yellow Fever.
2	98	98.4	Clean	70		Moist	None	Natural	No albumen	Quiet	...	Absent		
3	98.4		...	72		No albumen		
1	(Case 43.) Sealy, Edward	Nov. 24	29	O	4 days	100	102.8	White red edges	100	Feeble	Dry	Pain in head	...	Bilious, densely albuminous	Wandering delirium	...	...	...	...	Marked	Cured, left Hospital Dec. 2nd. Diagnosis, Yellow Fever.
2	100.2	102.8	Cleaning	88	Stronger	Moist	None	1 large natural	Bilious, albumen less	Rational Wandering, no sleep	...	...	...	...	...
3	102.4	102	loaded	90		...	..	2 loose, white	Trace of albumen	...	...	...	Marked	...			
4	100.8	101.6	Cleaning	90		Sweating	...	1 loose, white	No albumen	Quiet	...	...	Less	...			
5	100.6	101.6	...	86		...	Very weak	3 loose, white	Bilious, no albumen	Feels better	...	...	...	...
6	99	99	...	80		...	...	3 white	do	Cheerful	...	...	...	...
7	100	99	Clean	80		...	...	2 white	do	...	...	...	Marked	...			
8	98.6	...	...	76		...	...	3 loose, yellow	do	...	...	...	...	...
9	98	...	...	74		...	Very weak	...	do	...	...	...	Marked	...			
1	(Case 44.) Seales, Louisa	Nov. 29	30	B	4 days		103	White red edges	100		Dry	Pain in head and weariness	...	Albumen	Restless	...	...	...	Marked	Cured left Hospital December 5. Diagnosis, Yellow Fever.	
2	100	99	...	96		Moist	...	2 loose	do	...	Once (milk)	Marked	...	...		...
3	98.4	98.4	Cleaning	80		...	Weakness	3 loose	Albumen increased	Quiet	...	Absent	From genitals	...		...
4	96	97	...	66		...	...	..	Albumen	...	...	...	Nearly ceased	...		...
5	98.4	98.4	Clean	70		...	...	Natural	Less albumen	...	...	...	Present	...		...
6	98.4	...	...	72		...	...	...	Trace of albumen	...	...	...	Ceased	...		...
7	98.4	...	...	...		...	...	...	No albumen	...	...	...	...	...		...

The treatment of the cases I have now to add together with any additional or explanatory remarks that may be necessary.

Case 1 was a very illustrative case of yellow fever as it occurs in the recently imported European. It was only on the fifth day of his disease that he came under treatment, added to which he was the subject of chronic kidney disease. He had all the symptoms of yellow fever. From admission he was given the carbolic acid in three minim doses every 3 hours and kept carefully under blankets. An enema of glauber salts, $\frac{1}{2}$ oz. to a pint of warm water, was given on the evening of admission, and the dejections which followed were of a white colour. On the second day of admission the phosphoric acid was given in 20 minim doses every 2 hours, but no improvement followed and he died comatose early next morning. Although he came late under my treatment he would any how have been, I think, a fatal case from his suffering from the kidney affection. No warm baths were used with him. I regret also that from the Mortuary not being finished I was unable to make a post-mortem examination of this case. He was admitted in fact before the main building was finished. After death he was perfectly yellow, and soon was mottled over the skin by dark spots, due to the blood escaping from the small blood vessels and running into the loose cellular tissue under the skin.

Case 2 was admitted as one of yellow fever, but at the end of the second day after admission the case could plainly be diagnosed as one of typhoid fever, and the further history of the case as put forth in her table showed this diagnosis to be correct. The only symptom that she had of yellow fever was the albumen in the urine, but this symptom is sometimes met with in typhoid fever, and it is possible further that she may have suffered from kidney disease. She was given on the evening of admission 5 grains of Calomel with one drachm of the compound Jalap powder and was ordered to take the following mixture every 3 hours
acid. carbolic min. xxiv Tinct. aconiti min. xxiv Tinct. Lavand. $\frac{1}{2}$ oz. mist. acac. ad. 8 oz.
1 oz. every three hours.

On the evening of the second day she was ordered salicin in 15 grain doses every three hours. She was liberally supplied with brandy from the second day of admission. She however became gradually weaker while her temperature rose, and she died on the evening of her fourth day in Hospital.

Owing to press of work I regret no post-mortem examination was made, but I think there can be little doubt on studying her table that this was a case of typhoid fever.

Case 3 was a discharged English sailor who had been for several weeks roving about town drinking hard, and leading an irregular and dissolute life. He was admitted on the ninth day of disease. He was a bad case of yellow fever. He however made a good recovery and was walking about the Hospital and feeling quite well, when he suddenly became weak with great shortness of breath, his jaundice that was nearly gone returned, diarrhoea came on, his temperature fell to 96° and he died on the second day after the accession of these symptoms. This rapid mode of dying during convalescence I have only seen illustrated in this case, but I am informed that several of the soldiers in the Garrison died in this manner. It was indeed very disappointing to me to see my patient slip away in this manner, when I had thought him convalescent.

Through his illness he suffered from dysentery also to a certain extent, a disease that was almost chronic to him. He was a remarkably cool and plucky patient, and maintained even when dying that he would soon be better.

I may mention however that few patients who die of yellow fever ever think that they are going to die, but generally remain hopeful to the last.

He was ordered the following mixture which was known in the Hospital as the "Carbolic mixture" :—

Ex. — Acid. carbolic min. 96
Tinct. Lavandulæ 2 oz.
Mist. acac. ad. 32 oz.
S 1 oz. every three hours.

The dose of carbolic acid being three minims every 3 hours.

He took this mixture for six days and was then ordered a mixture containing nitro-hydrochloric acid taraxacum and hydrochlorate of ammonium.

The last two days the carbolic acid was given again. A post-mortem examination was made by myself six hours after death. The body was very yellow. The post-mortem rigidity of the limbs was very marked. The posterior surface of the trunk and limbs were of a livid colour, due to the post-mortem hypostasis. On cutting the body no blood flowed.

The omentum was very yellow and loaded with fat, and around the kidneys was an un-

usual amount of fat. The liver was much enlarged, pale and hard but congested, and on cutting into it thin watery reddish blood poured out.

The spleen was very much enlarged and congested and full of the same thin watery blood. It was hard and friable. The stomach was healthy and empty and also the intestines. The kidneys were diseased being in the second stage of "Granular Brights" the cortical portion being much thickened, and the surface of the kidney was irregular and notched with several depressions, evidently the remains of cysts. They were congested and enlarged. The veins in the abdomen were all distended with the same thin "currant juice" like blood with not a sign of coagulation. The bladder was distended with urine. Thorax and head not opened.

Case 4 was admitted on the fourth day of her disease. She was a case of yellow fever but not a severe one as regards the disease itself, but she was a very weak woman and nearly sunk on several occasions from debility. The cause of this debility is shown in the table, viz., by hæmorrhage from the genitals which continued on her for six days. This is a symptom that few women escape from in yellow fever. She was also very jaundiced and her urine was very bilious and contained a fair amount of albumen. Her temperature also in convalescence fell to 96 as shown in table; nearly all cases of yellow fever when convalescing have a low temperature for a day or two.

She was ordered on admission phosphoric acid in twenty minim doses every hour. Brandy was liberally supplied and an enema of glauher's salt $\frac{1}{2}$ oz. to a pint of warm water was given; on the second day in Hospital the carbolic mixture was given until her temperature was normal and then no medicine was given. She was kept carefully covered with blankets, (which was the rule in the Hospital,) so long as she had any fever.

She left the Hospital on her eighth day.

Case 5 was that of a Dutch seaman. He had been ill three days. He was a case of yellow fever. He presented the usual early symptoms of yellow fever, such as the pains all over the body and legs, the pain in the head and temples, and the red eyes. He was very nervous about himself at first. He had most of the symptoms of developed yellow fever, such as the white stools, jaundice, tenderness on pressure over the stomach, and the characteristic smell of yellow fever together with albumen and bile in the urine. He improved from the time he came in and was convalescent on the sixth day although his urine still contained some albumen. Until this symptom disappeared I never allowed them to walk about but kept them carefully in bed. However this patient did not do so, for I found him walking about the Hospital while there was still a trace of albumen in the urine. On admission he was given 5 grains of calomel and 1 drachm of Compound Jalap powder. He was given the carbolic mixture every 3 hours. He was also ordered the "Fever mixture" of the Hospital which is composed of the following:—

Ex. Liq. ammonia acetat. iv oz. Tinct. aconiti 48 min. Spt. Ether. nitrosi $\frac{1}{2}$ oz. Aq. camph. ad. xvi oz. S. $\frac{1}{2}$ oz. every 4 hours.

His bowels did not act after the powder, he was therefore given an enema of glauher salts which acted freely.

The carbolic mixture was stopped on the fourth day after admission and the fever mixture at the end of the second day. No medicine was given afterwards. He steadily convalesced and went out on his eleventh day after admission.

Case 6 came from Cheapside, near the Market. He was a decided case of yellow fever. He was given the carbolic mixture every 3 hours, and the fever mixture every 4 hours.

He was also given a warm bath and covered carefully with blankets. Profuse sweating followed this treatment and next morning his temperature was 99° when on admission it was 101°. The fever mixture was stopped on the second day and only the carbolic acid given. On the morning of his third day in Hospital his temperature was normal but towards evening he became very drowsy and his urine which contained less albumen than on admission became more albuminous and his temperature rose to 101°. He was given the fever mixture again and a warm bath, and next morning his temperature was normal and his urine slightly albuminous while he had slept well during the night. The following day there was no albumen in his urine and he was well.

He left the Hospital on his seventh day. The carbolic acid was stopped two days before he left.

Case 7 came from a place somewhere above Glendairy Prison. He turned out to be what has been known among the practitioners (qualified) of this town as "Febriola" A great misnomer in my opinion. It is a disease of which nothing was heard until the late yellow fever epidemic. I have not the slightest doubt, and believe it is the opinion generally held by the medical men of this island, that it is the result of the same cause that produces

yellow fever. In fact that the same poison that causes the disease yellow fever causes the disease known as "febricula." The premonitory symptoms are the same as those of yellow fever only not usually so severe, and it is often impossible to state positively whether the case is going on to pronounced yellow fever or whether it will remain as "febricula" until two or three days have elapsed from the accession of the symptoms. It is in my humble opinion an exceedingly mild form of yellow fever and very amenable to treatment.

The fever mixture was ordered to be given every four hours together with the carbolic mixture every three hours. His temperature on admission was 102, but by next morning it was 98.4 and never rose again. He left quite well on the third day of his stay in Hospital. He had been ill four days before admission.

Case 8 was a case of yellow fever. She came in on her seventh day of the disease. Soon after admission she vomited suspicious brown looking fluid. She was exceedingly weak. She had been bleeding from her genitals for four days before admission and her urine was very bilious and densely albuminous. She suffered much from hiccough during her first night in Hospital. On admission she was ordered the "fever mixture" to be taken every four hours and the carbolic mixture every three hours, an enema of glauber's salts (half an ounce to pint of warm water was also given). Her temperature which was 101 on admission, fell to 98.4 next morning and never rose again. She complained much for pain in the bowels for three days after admission, a symptom often met with in women who have yellow fever but seldom noticed among males.

On her second day in Hospital the phosphoric acid was given in twenty minim doses every two hours. On her third day in Hospital the albumen was absent from her urine.

The phosphoric acid is believed to have the power of diminishing the albumen in the urine and in this case certainly the albumen disappeared the day after its use, but I think the acid had little to do with causing its disappearance as it must be remembered that it ceased on the tenth day of her illness, which was quite time for that symptom to go. No more albumen made its appearance in the urine which however still continued very bilious and on addition of nitric acid it became quite green.

Her temperature as usual fell to 97° for a day or two and then rose to normal. After the albumen appeared no medicine was given and she convalesced well and went out on her eleventh day in Hospital.

Case 9 was a case of yellow fever that was nearly well on admission but who was very weak. He had albumen and bile in his urine for two days after admission which disappeared then and returned the next day for one day only. He had also the low temperature during convalescence, his temperature being 97 on admission remaining so for two days. He was given the carbolic mixture for a few days for fear of a relapse as happened with case 3.

Case 10 and the next case to follow were the two worst cases of yellow fever that were admitted. He was a book-keeper from *Carmichael's*, in St. George's. He was sent in by Dr. Piggott on the third day of his disease.

On admission his temperature was 105. He complained of violent pain in his head and eyes. He complained also of nausea and a cough. He had the characteristic tongue that is seen in yellow fever, namely the white tongue with red edges. His eyes were red and slightly yellow. His urine was densely albuminous and he had the smell of yellow fever.

He was ordered the carbolic mixture and the fever mixture as generally given, and was kept under his blankets.

He slept well during the night and perspired freely. His bowels moved loose and bilious and he took his nourishment well.

Next morning (his second day in Hospital) his temperature had fallen to 102.4, and he stated that he felt much better. He then showed a characteristic symptom, viz. the tenderness on pressure over the pit of the stomach.

At 3 p.m. when I saw him again his temperature was 103 and he had vomited dark fluid (not a characteristic "black vomit" however). He also complained of pain all over his bowels, a bad symptom generally. At 7.30 that night when I saw him again his temperature was still 103, and he was easier. Pills containing $\frac{1}{2}$ of a grain of opium and $\frac{1}{2}$ of a grain of nitrate of silver were ordered from 3 p.m., one to be given every hour. He slept well this night. A glauber salt enema was given. Next morning (his third day in Hospital) his temperature was 102°, and he took his nourishment well. His bowels moved loose and bilious twice during the night. He was hopeful. The albumen in his urine was increased to-day. About 4 p.m. I saw him again when he told me he felt badly and was constantly sighing and throwing himself about. Before I left he was drowsy and passed white motions under him in bed. He was then very tender over the epigastrium. The phosphoric acid was then ordered for him but it did him no good. He became quite stupid

and comatose and lay so all the night in that state passing loose motions under him, the last of which was quite black.

His skin was now quite yellow. He got gradually worse and died about 12 p.m. of his fourth day in Hospital.

Before death his skin was quite yellow and mottled here and there. His face was livid before death and he bled from his nose. For the last few hours before death he was incessantly retching.

On his third day in Hospital he saw Wells (case 3) dying, and I cannot help thinking that this circumstance had a good deal to do with the fatal termination of his case. After that I had screens made to place around a dying patient.

Case 11 was another bad case of yellow fever. He was sent in by Dr. Piggott from *The Collage*, St. George's. He was also a book-keeper, he had been ill three days. His temperature on admission was 105°, he complained of great weakness and a weary sensation. His eyes were red, his skin moist and perspiring, he was very restless, he was very tender on pressure over the epigastrium, and had the characteristic smell of yellow fever which is much like the smell of a newly painted house. His tongue was white with red edges, his urine was albuminous. He was ordered on admission to take the "fever mixture" every four hours and the "carbolic mixture" every three hours, in addition he was given the following pill every 6 hours:—

Ex—Podophyllin $\frac{1}{4}$ grain
Pil. Coloc. co. gr. 4

At 7 p.m. that evening when I saw him again he vomited about a pint of the characteristic "black vomit" which is well known now to be only blood altered by the digestive fluid in the stomach into which it has oozed.

His temperature was then 105°. He then soon after vomited blood and some more "black vomit". He then became very restless and commenced to drag the bed clothes off him.

At 9.30 p.m. when I saw him again he was drowsy and did not answer questions correctly. He had ordered for him the opium and nitrate of silver pills, as mentioned in case 10, from the forenoon. His temperature at this time was 105, and his skin dry. He spent a very restless night with no sleep, and incessant delirium. His urine next morning was much more albuminous than on admission, and he had about 8 a.m. a "black vomit." He was at times rational, and then complained of severe pain in the head. He was still delirious at times. His temperature was 104° and his pulse 100 and very weak. He now refused all nourishment so that we had recourse to giving brandy and beef tea injections per rectum. He took the pills of opium and silver however. He was now very tender on pressure over the epigastrium. He however lay quiet with a vacant and expressionless countenance.

At 7.30 p.m. he became violent and delirious but took some nourishment. He was delirious through this night and vomited "black vomit" twice during the night. His bowels also for the first time since admission moved twice, one motion was white and loose and the other was quite black and loose. He also bled from his nose during the night.

Next morning (his third day in Hospital) he became quiet and quite reasonable. Jaundice over his whole body was now marked, and he took his nourishment. His temperature was now 101° but his skin was not acting. His kidneys were acting well, his urine also was not so albuminous as it had been the day previous. About 9 a.m. he had a "black vomit." At 1.30 p.m. his temperature was 103° and he was delirious off and on. At 7.30 p.m. he was still delirious but could answer questions when asked. All this night he did not sleep, but incessantly sung, shouted and talked and would not remain in bed or allow the bed clothes on him. He used the nurses very roughly and gave them many blows. He however took Champagne during this night and the beef tea and brandy enemata were still continued. Towards morning he had a large "black vomit." During the night his bowels moved twice, once black and once white.

His temperature next morning (fourth day in Hospital) was 101.4. His urine was still plentiful but very albuminous, his eyes and skin were quite yellow now. He would not take any nourishment and was incessantly talking. His tongue was now dry. At 1.30 p.m. he was passing his urine and dejections under him. At 9.30 p.m. he was furious, would not stay in bed but was continually fighting the nurses to get out of bed. All this night he was incessantly talking and rolling about the beds (for we had to put two together) and altogether was very violent.

Next morning (his fifth day in Hospital) he had a large black vomit. He then had intervals of quietness alternating with violent delirium. He would take nothing so the brandy and beef tea injections were still given.

His temperature now was 102, his pulse 100 and very weak. About 4 p.m. he rapidly got worse and died gradually and quietly about 8 p.m. apparently from exhaustion. It was wonderful how he managed to live so long considering the exertion that he went through and with a high temperature all the time.

Twelve hours after death Dr. Piggott and myself made a post-mortem examination of the body. The body was quite fresh. Under the skin of the chest there were several branching cutaneous extravasations of blood. The body was of a yellow colour more marked over the neck. The eyes were quite yellow. Post-mortem rigidity of the limbs was well marked. The skin was mottled over the posterior surfaces of the limbs and trunk. On cutting the body it was remarkably bloodless, and the flesh was of a dark colour. The abdomen was first opened. The stomach was found to be filled with a black grumous substance, "the black vomit." The mucous membrane of the stomach was congested, and stained brownish by the "black vomit" the stomach contained. On carefully examining the surface of the mucous membrane, numerous small punctiform extravasations were noticed just like so many flea bites. The veins of the stomach were gorged, and stood out plainly. The substance of the stomach was quite firm. The intestines were filled throughout with black substance the same as in the stomach. The liver was of a pale yellowish colour. It was firm and bloodless to look at, but on making an incision into its substance, thin red blood poured out in torrents. It was congested and enlarged. The gall bladder contained a little ordinary bile. The spleen was normal. The kidneys were congested and presented the appearance seen in a kidney of a subject who had died from "acute nephritis." The bladder was full of urine. All the abdominal veins were distended with blood. The heart had both ventricles filled with thin red fluid blood, with no coagulum whatever, but thin as water.

I have quoted these two cases in full as they are typical cases of real severe yellow fever, which are not, I do believe, amenable to any treatment, at least when they have reached the stage of the disease at which they came under my treatment. Had I received these cases into Hospital within twelve or twenty hours from the onset of the disease the result may have been very different.

Had I been able to control the delirium in case II. I am certain he would have recovered, as I firmly believe that he died from sheer exhaustion. He was a young strong fellow, just 20 years of age, and must have had a fine constitution to last as long as he did. It is strange that the day previous to his death, he stated he would die the following evening at 8 p.m., the hour at which he did die.

Case 12 was a case of Pneumonia of the left lung, but which also had yellow fever. The symptoms of yellow fever were marked, but were at no time so severe as to endanger the patient's life. It was not unusual, during the epidemic of yellow fever, to find yellow fever occurring subsequent or along with ordinary inflammation, so that it would appear that when the fever was prevalent, instead of one having an ordinary inflammation he had yellow fever instead, or, if an inflammation occurred yellow fever accompanied it. The albumenuria which is usually present in yellow fever, in this case had almost disappeared before the death of the patient.

He never mended from the time he came in, and died on the twelfth day after admission. He took the carbolic mixture from the time he came in, and had poultices applied to his chest for several days. His lungs had a tendency to gangrene once, and then Nitric Acid was given in ten-drop doses every 2 hours. It however passed off, and he continued to spit up a quantity of purulent sputa, while his temperature kept high, and his body wasted. A form of rapid consumption of the lungs, and he died. No post-mortem was made.

Case 13 was admitted into Hospital about twelve hours from the onset of his illness, which was marked by the occurrence of an ague. He was a Scotch seaman who had recently arrived in this port. On admission his temperature was 102°. He was very restless and excited. He complained of pain in his head, back, and limbs. His tongue was white with red edges. There was no albumen in his urine; this last symptom, it may be here mentioned, does not usually occur until the end of the second, or the beginning of the third day of illness, or even sometimes later. In bad cases I have seen it on the first day of illness. Although albumen is present, as a rule, in the urine of yellow fever subjects, there are some few cases in which it is absent, even when the patients are suffering from all other symptoms of yellow fever, such as hæmorrhage, &c. as I shall show a little later in this report. The fever smell was very marked in this case. On admission he was given a warm bath and covered with blankets. The "carbolic mixture" was given together with the "fever mixture" and a pill of colocynth (compound) and podophyllin was given. Under this treatment profuse sweating soon followed, much

to the relief of all his complaints. The podophyllin pill did not act on his bowels, and he was given that night a powder containing five grains of Calomel, and one drachm of compound Jalap powder, which soon caused his bowels to act freely. During the night he sweated freely, but vomited twice of a bilious nature. Next morning his temperature was 100° , and he complained of severe pain in the head and temples. This was much relieved by the constant application of ice. His urine contained no albumen. Towards evening his temperature rose to 103° . He was then given another warm bath, and the fever mixture was continued. He slept well that night, and next morning his temperature was 102° , while he complained of nothing and was very cheerful. His temperature in the evening was 99° and he continued well. Next morning his temperature was 98.4 and from then he went on well. His temperature, two days afterwards, fell to 96° , which as I have stated before, is usual in convalescence. The day after, he fainted, and his pulse fell to 64 in the minute. He was ordered brandy, and a large mustard poultice to be applied to his epigastrium. He soon came round, and a few days after left the Hospital well, but very weak. This case had only the premonitory symptoms of yellow fever, and certainly never became a case of confirmed yellow fever; but, considering that he was a recent arrival here, and that he came under treatment only 12 hours after the onset of his illness, I think I have a perfect right to say that, but for his coming so early under treatment he would have been a bad case of yellow fever. As I wish to record in this report only confirmed cases of yellow fever, I regret I shall have to place this case among the doubtful cases. But at the same time, in my own mind, I have not the slightest doubt that he had yellow fever, and that he was so fortunate as to come under treatment early, so that his disease was cut short at the onset. As soon as his temperature was normal, the fever mixture was stopped, and the carbolic mixture was continued for a few days longer.

Case 14 was a precisely similar case to the last. He also came under treatment about twelve hours after the onset of his illness, which was also marked by an ague. He had no albumen at any time of his stay in Hospital. He was a white boy and a native. He had the same treatment as the last case; and for the reasons stated in the last case, I regret that I have also to place him among the doubtful cases.

Case 15 was a black boy who had been ill five days before admission. He had albumen in his urine, and complained of the usual pains. He had the white tongue with the red edges. He was given a warm bath as his temperature was 102° together with the "fever mixture" and the "carbolic mixture." His bowels were well cleared out by a calomel and Jalap powder, and next morning the albumen in his urine was much diminished and for the following days he remained in Hospital there was only a trace of albumen in the urine. The albumen disappeared for one day, and then made its appearance on the following day, but did not appear again. As I have stated before, all cases were kept carefully under blankets, and were not allowed out of bed until the albumen in the urine had gone. He was of course a case of yellow fever.

Case 16 was a black boy who was admitted on the seventh day of his illness. His temperature on admission was 101° , and he had jaundice, and albumen in his urine. He was given a warm bath and covered up with blankets, which caused profuse sweating. He was also given the carbolic mixture, and the fever mixture as usual. Next day his temperature was 99.4 , and the albumen in his urine was less. For the next two days there was only a trace of albumen in his urine. The albumen then disappeared for one day, and reappeared for the two following days, when it was seen no more. His temperature as usual fell to 97° during convalescence. He was a case of yellow fever.

Case 17 was a black man who was admitted on his seventh day. He was very jaundiced. On the day of admission he passed several black dejections, which indicates that hæmorrhage had taken place into the stomach, but instead of its being vomited, it had passed out along the intestines. He also bled from his nose. His temperature was 102 , and his urine was albuminous and bilious. He was drowsy and wandered in his mind. He was ordered a warm bath and the carbolic mixture. The pills of opium and silver were also given. His temperature did not become normal until the end of his sixth day in Hospital, when at the same time the albumen in the urine disappeared together with his delirium. He then went on well, and left after twelve days' stay in Hospital. He was a case of bad yellow fever. He had a very large amount of albumen in his urine on the second and third day in Hospital. Carbolic acid was given from the time he came in.

Case 18 was a case of yellow fever that was sent down from St. Philip's, and was admitted into Hospital about thirty hours from the onset of his illness, which was marked by an ague. I got him, it may be said, on his second day. He then complained of the usual symptoms

of yellow fever. His temperature was 101.6, and his urine was very albuminous. He had the characteristic smell of yellow fever, was very restless, and had the white tongue with the red edges. Soon after admission he had a warm bath, and the carbolic, and fever mixture was ordered as usual, and the pill of podophyllin and compound colocynth was ordered. This treatment soon caused profuse sweating, and he slept well during the night, while the pains in his head and back were much relieved. Next morning his temperature was 99.4, his kidneys were acting well, and the albumen had disappeared from his urine. His temperature rose again towards evening to 100, but next morning was normal, and never rose again, nor did the albumen appear again. His temperature fell as usual to 97, and he went out well on his fifth day in Hospital. This case illustrates well the value of the treatment. On the second day of his illness he had a considerable amount of albumen in his urine and on the next day it was absent, and did not appear again.

Case 19 was a case of yellow fever admitted on the fifth day of her illness. She complained of the usual pains all over the body, and cried out on making any movement. She was much jaundiced and very restless. She was constantly sighing, and was very tender on pressure over the epigastrium. Her temperature was 100 and her urine was very albuminous and bilious. She was ordered a warm bath, while a calomel and jalap powder was given together with the carbolic mixture. During the night she had two loose white motions and was very restless. Her temperature did not become normal until her fifth day in Hospital, while all albumen had disappeared from her urine, at the end of her third day in Hospital. She remained very jaundiced, which gradually cleared away, and she left the Hospital on her eighth day. As usual the carbolic mixture was stopped a day or two after the temperature became normal.

Case 20 was a case of yellow fever that originated at sea, on board of a sloop coming from Grenada to this port. He came in on the third day of his disease. He was suffering from various delusions, and had been so from the time he was taken ill. He had all the symptoms of yellow fever. He was given a warm bath and covered in blankets. He was also given the carbolic and fever mixtures as usual. He became quite rational at the end of his third day, while the albumen in the urine had disappeared. He went on well after that, and left the Hospital on his fifth day after admission.

Case 21 was an English seaman who had been drinking very hard, and who was admitted about four hours from the time he was taken with an ague. As his temperature was normal I considered he was suffering from the effects of drink. I therefore ordered him a chloral draught and a calomel and jalap powder, together with a warm bath. Next morning the fever smell was marked, he complained of pain in the epigastrium, and was tender there on pressure. His temperature also was 100. I therefore ordered the carbolic mixture for him, he however had no albumen in his urine. Next morning his temperature was normal and remained so. He was another of those cases that came early under treatment, and therefore had no decided symptoms of yellow fever. I therefore must place him on the doubtful list.

Case 22 was a black woman who was admitted in a delirious state, and from whom no information could be got as to how long she had been ill. Her urine was loaded with albumen for several days after admission, and indeed up to the time she left the Hospital there was still a trace of albumen in the urine. She however would remain no longer. For eight days after admission, she was in a state of delirium, and then suddenly became rational, and stated that she must go home, for her two children she had left at home must have been starved. She was given the warm bath on admission. For the first two days she took the fever mixture, and the carbolic mixture, afterwards the latter alone. She was also given on admission a calomel and jalap powder.

Case 23 was one of yellow fever that came into Hospital on the fourth day of his disease. He had albumen in his urine for four days after admission, and his temperature on admission was 101.2. He had the white tongue with the red edges, and suffered from the pain in the epigastrium, with great tenderness on pressure over that region. He was very restless, was jaundiced, and had the smell of yellow fever. His temperature also during convalescence fell to 97°. He was ordered on admission a warm bath. He was given the fever mixture for the first day only, together with a pill of podophyllin and compound colocynth pill. The carbolic mixture was given for four days after admission in the usual way. He made a good recovery. He remained in Hospital eighteen days, which was due to the fact that he was a cripple and came from far, so that he had to be sent home by the Churchwarden of the parish.

Case 24 was one of yellow fever. The peculiarity about his case was his age. He was about seventy years of age. It is very unusual for old men to have yellow fever. He suffered a great deal from vomiting and for the first three days rejected almost everything

given him. He had also a large amount of albumen in his urine. He was jaundiced and passed black dejections on his fifth day in Hospital. The albumen did not disappear until the tenth day after admission.

He was given a warm bath on admission and was ordered the carbolic mixture. He was near dying several times from weakness, but eventually recovered, and went out on his eleventh day after admission.

Case 25 came from a house where I had attended two cases of yellow fever. He came in on the third day of his illness and soon came round. He had no albumen from admission until he went out. I shall therefore, as he had no other marked symptom of confirmed yellow fever place him under the head of "Febricula." He had a warm bath with the carbolic and fever mixture.

Case 26 was a case that may be said was admitted into Hospital at almost the convalescent period of his illness. He however had albumen in his urine for five days after admission and the fourth day in Hospital passed a black dejection. He was given the carbolic mixture as usual and a podophyllin pill.

Case 27 was a black man who was admitted on the eighth day of his illness. He had a low temperature on admission, was very jaundiced and only complained of severe pain in his head. His urine was very albuminous and bilious. His temperature as usual in convalescence fell to 97° . He had albumen in his urine for four days after admission.

He was given a podophyllin pill on admission and carbolic acid was given for four days after admission.

Case 28 was a black boy who was admitted on the eighth day of his disease, from St. George's. He had been working at Gun Hill. His temperature on admission was 101.2 . He was quite jaundiced, stupid and drowsy, his tongue was dry and he was very tender on pressure over the epigastrium.

His urine was also very albuminous and the fever smell was very marked. He was given a warm bath and the carbolic mixture and fever mixed were given him in the usual way. For the first two nights in Hospital he did not sleep and was very restless, and passed his urine and dejections under him in bed. His temperature and albumen in urine diminished the day after admission. For four days after admission albumen was present in the urine. It then disappeared and a swelling appeared behind his ear which proved to be an inflammation of his parotid gland, albumen was absent from his urine for three days when it appeared again and remained for four days while he had increased temperature. He however recovered and went out on his twenty-eighth day in Hospital.

Case 29 was a case of yellow fever that came in on his tenth day. He was very weak and had no albumen in his urine.

As he had a black stool on his third day in Hospital, I therefore consider that he had yellow fever, and came into Hospital towards the end of his disease. He was given the carbolic mixture for four days after admission.

Case 30 was a coloured girl that came into Hospital on the sixth day of her illness. She had a temperature of 101 on admission, and which did not become normal until the end of her fifth day in Hospital. She had the white tongue with red edges, the dry skin, complained of pain in the epigastrium and abdomen for five days after admission, and the albumen in her urine was very copious for five days, and finally disappeared on her ninth day in Hospital. She was also very depressed in her mind and had the tenderness on pressure over the epigastrium with jaundice, and hæmorrhage from her genitals. The fever smell was also very marked. She was given on admission a podophyllin pill, together with the carbolic and fever mixture. On the second day in Hospital she was given a warm bath, soon after which the hæmorrhage from the genitals ceased. She then next day commenced spitting blood which came from her gums. The day after hæmorrhage from the genitals appeared off and on, but ceased the day after. On her fourth day in Hospital she was ordered the *Liquor Ferri Pernitratis* in ten minim doses every two hours, and which seemed to have had a good effect in controlling the hæmorrhage.

All the while however, the carbolic mixture was given. The fever mixture was stopped two days after admission. Her temperature fell as usual to 97° , and she left the Hospital very weak on her twenty-fifth day after admission; she was a bad case of yellow fever.

Case 31 was a case of yellow fever that came in as she stated, on her tenth day. She was very jaundiced and had very albuminous urine. She complained of severe pain in her head, and had the characteristic tongue and smell. She had albumen in her urine for two days after admission, and which then was absent for one day. Her temperature then rose and albumen appeared again and remained for three days. She during that time was drowsy and had marked tenderness on pressure over the epigastrium. Her temperature as usual during convalescence fell to 97° .

She was given on admission a warm bath and continued to take the carbolic mixture until her temperature fell to 97° . During the rise of her temperature she took the fever mixture.

Case 32 was the child of the last case, she had been ill two days when admitted. On the day of admission she had a black stool but had no albumen in the urine until her fourth day in Hospital when it was present for four days. Her temperature fell during convalescence to 96° . Had the warm bath, carbolic and fever mixture. She was a case of yellow fever.

Case 33 was a black woman who was admitted on her second day of illness. She had a temperature of 103.4 on admission. She was very restless and was very tender on pressure over the epigastrium. She was given a warm bath on admission. She was ordered a podophyllin pill which acted freely, and she was given the carbolic mixture and fever mixture. Her temperature next morning was 100° , and on the following day the albumen in her urine was absent and her temperature was 97° . Next day her temperature was 96° ; as I have stated before, all cases were kept most carefully under blankets until the albumen in the urine was absent. On her third day in Hospital she had several white loose motions. This was unusual as she had no jaundice.

Case 34 was a coloured girl who contracted her disease at "Rose Hill", an estate just below Gun Hill. She was one of three that were taken on the same day in that house, and was the only one that recovered. She came into Hospital on her sixth day. Her temperature on admission was 99.4 . At night the nurse stated that her temperature was 95° . She was quite prostrated and very downcast. She was restless and had hæmorrhage from the gums and genitals. The fever smell was very marked together with the tenderness on pressure over the epigastrium. Her pulse as is usual in yellow fever at this stage of the disease was sixty in the minute, and very weak. Her urine was clear but very albuminous. Her temperature continued to keep at 97° for five days after admission, when on the sixth day it rose to 103° , and her urine was solid on the addition of nitric acid, so much albumen did it contain.

She at this time also complained of severe pain in the epigastrium and vomited for the second time since admission about half a gill of blood. Her temperature next day however was 98 , and it did not rise again. The hæmorrhage from the genitals ceased on the third day after admission, but that from the gums continued until her thirteenth day in Hospital, when about the same time the albumen in the urine disappeared.

On admission she was ordered the carbolic mixture as usual. She was also ordered the *Liquor Ferri Pernitratis* in fifteen drop doses every two hours, and which seemed to check the hæmorrhage from the gums and genitals. For the severe pains in the epigastrium she had warm brandy fomentations which gave great relief. She mended slowly and left Hospital on her twenty-third day.

Case 35 was admitted from St. Thomas's parish. She complained on admission of pain in her head and epigastrium, and was very tender on pressure over the epigastrium. Her temperature was 104° , and she had the characteristic tongue and smell. She was ordered a warm bath and the carbolic acid mixture with the fever mixture was given as usual. Her temperature came down on the next day 101 , but rose on the evening of her third day to 104 . Her temperature did not reach the normal until her seventh day in Hospital. Albumen was present in the urine for three days after admission, and was then absent for one day when it appeared again for one day only.

Her gums were spongy on the fourth day after admission, and she had hæmorrhage from the genitals on her seventh and eighth day in Hospital. She had several warm baths during the time when her temperature was high, and she was kept carefully under blankets. She had diarrhoea when convalescing.

Case 36 was admitted from the General Hospital. I may here mention that in all, thirteen cases of yellow fever were received from the General Hospital.

On admission she was suffering from hæmorrhage from the gums. Her urine was almost solid on addition of nitric acid, so much albumen did her urine contain. She was very restless and complained of severe pain in the epigastrium with tenderness on pressure. She had marked jaundice and smell. Her temperature was 100 . The albumen did not diminish until her fourth day in Hospital, and was not entirely absent from the urine until her eleventh day in Hospital. She bled from her gums for six days after admission when that ceased, and catamenia appeared. Her temperature fell during convalescence to 97 as usual.

On admission she had several warm baths and the carbolic mixture as usual.

Case 37 was admitted on her fourth day of illness. She also came from the General Hospital. Her temperature on admission was 100.4 . She complained of great weakness

and pains in the epigastrium. Her skin was dry and she had the tongue usually seen in yellow fever.

The tenderness on pressure over the epigastrium was marked together with jaundice. She was very restless and was bleeding from her gums and genitals.

Strange to say she had no albumen in the urine. This symptom is invariably present in yellow fever, but I think more than one practitioner in this island saw during the late epidemic cases in which the patient undoubtedly had yellow fever, that this symptom was absent.

About this case there can be no doubt as she had every symptom except the albumen in the urine as her table will show.

She had hæmorrhage for two days after admission. Her temperature fell as usual during convalescence to 97°. On her fifth day in Hospital she passed white dejections.

She was given warm baths together with the carbolic and fever mixture in the usual way. On admission she suffered from a rheumatic wrist joint.

Case 38 came in on his sixth day of illness. His temperature was 101.6 and he complained of pain in the head and back. He had the fever tongue and smell. His urine was bilious but contained no albumen. On his fourth day in Hospital albumen made its appearance in his urine, but only lasted for two days. His temperature fell as usual to 97° and his pulse to 60.

He was given on admission warm baths and the carbolic and fever mixture, together with a pill of podophyllin.

Case 39 was a coloured young woman who came from Britton's Hill in this parish. She was admitted on her third day of illness. She had the usual symptoms of yellow fever, but had no albumen on admission. Next day there was albumen in her urine. The albumen was absent next day, but appeared again on the day following and was not noted after that again. She was a mild case of yellow fever. Had warm baths and carbolic.

Case 40 was a coloured boy who was admitted on the fifth day of his illness. He came from the General Hospital where he had been several months with a bad leg. His temperature on admission was 100. There was plenty of albumen in his urine, and he had the characteristic tongue. He was suffering from great prostration. He recovered well and left the Hospital on his tenth day. Before he left I removed the whole of the metatarsal bone of the great toe, which was necrosed and quite loose, so that I had only to lift it out. He had warm baths and the carbolic mixture in the usual way.

Case 41 was a white girl who came in on her sixth day of illness. Two days before admission she stated that she had vomited "black vomit." Her temperature was 100 on admission, and complained of pain in her head, eyes, back, and abdomen. The albumen in her urine was very abundant. Tenderness on pressure over the epigastrium was very marked. She was very restless, was jaundiced, and had the characteristic tongue and smell of yellow fever; albumen was present in her urine for three days after admission. On the second day in Hospital she had two "black vomits," and on her third day in Hospital passed several black dejections. She became also quite jaundiced. She was given several warm baths. She had given her a pill of podophyllin, and the carbolic mixture was given as usual. Warm brandy stupes were applied to the abdomen, and which seemed to relieve the pain of which she complained. Her bowels were not moved until her third day in Hospital, when a glauber salt enema was given, and the dejections which followed were black. On the third day also she was given for the day the pills of opium and nitrate of silver. She recovered well, and her temperature fell as usual to 97 during convalescence.

Case 42 was one of the so-called "Febricula," as will be seen from his table; he had the initial symptoms of yellow fever, but no albumen, nor were his symptoms, at any time, so grave as to name his illness as yellow fever. He was given warm baths together with the carbolic and fever mixture, and a pill of podophyllin. He recovered rapidly, and left on his fourth day after admission.

Case 43 was a coloured man who came from Bay Street. His temperature was 102.8 on admission, and did not reach the normal until his eighth day in Hospital. He came in on his fourth day of illness. He was delirious, and had plenty of albumen in his urine, which latter did not disappear until his fourth day in Hospital. He was very jaundiced after admission, and passed, for several days, loose white motions. He was very weak

during his stay in Hospital and left so. He was hurried out of Hospital as it was desired to close the Hospital. He has however quite recovered. He was given warm baths every four hours, as was done in most of the cases. A podophyllin pill was given him, and the carbolic mixture as usual. His albumen was markedly less on the day after admission. For the constant white dejections, six grains of "grey powder" was given and on day following the stools were quite yellow.

Case 44 was a black woman who came from Hindsbury Road in this parish. She had been ill four days. Her temperature on admission was 103. She complained of pain in her head and a general weariness of her whole body. She had a fair amount of albumen in her urine, which was not absent until her sixth day in Hospital. On her third and fourth days in Hospital she had hæmorrhage from the genitals. She was given a podophyllin pill, several warm baths, the carbolic and fever mixture. The fever mixture was stopped as was usually done as soon as the temperature dropped, and the carbolic was given for a day or two after the temperature was normal. Her temperature during convalescence fell to 96. She was the last case treated in Hospital when the fever Hospital was closed on the 5th December, 1881.

Case 45 as I mentioned had no fever on admission. He was sent in by Dr. Bowen, who informed me that at the time he saw him he had fever, but on admission he had none, and no albumen in his urine. He was sent in when the Hospital was first opened.



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16

160

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896