THESIS.

The Febrifuge properties of the Cinchona Alkaloids.

By

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The Febrifuge Properties of the Cinchona Alkaloids

No one who has resided for a few years in a tropical climate can have failed to observe the frequency of the recurrence of Cases of Malarias - It is a matter of no small importance to the Medical Man when called upon to treat such cases, to have some definite idea of the best means, not only of averting a recurrence of the paroxysm, but of being able to interrupt or "break" the paroxysm when it is present. This paper is intended to contribute the result of a series of investigations I made in several of the most malarious districts in the Presidency of Madras - regarding the Febrifuge Properties of the Cinchona Alkaloids - Cinchonine, Quinidine and Cuprinidine, and I was careful in selecting well marked cases of Malarious fever, in order that I might form as correct an opinion as possible of the Therapeutical effects of these alkaloids.

The selected cases were treated with the different Alkaloids in rotation, and not at all will reference to the symptoms or otherwise.

I may mention that when I entered on this inquiry it was at the request of the Principal Inspector General - Medical Department - Madras Presidency, and although I had for some years had experience in the
actual treatment of such fevers in India, the Straits of Malacca, and in China; I had never tested the therapeutic or physiological effect of the alkaloids already mentioned.

It is scarcely necessary to remark that in making these investigations I was entirely free from bias in regard to any one of them being more efficacious than the others, or that any one, or all of them, would prove more active and sufficient towards the desired end than the sulphur of Kurrana. Throughout the whole course of these inquiries, I was solely influenced by a desire to give each one of them a fair and carefully conducted trial, all their actions being noted at the bedside at the time, and tabulated with reference to the most important points.

At the various places where I tried the effects of these alkaloids, there was either a Civil Dispensary, or a Police Hospital, or both, and although in many instances I could have had numerous cases of fever amongst the civil population, I soon came to the conclusion that in the majority of them, to treat such cases would only be a waste of time and medicine, so far as the special object I had in view was concerned—because, such patients were under no sort of discipline or restraint. They were free to go whenever it pleased their inclination or convenience, and I had no means of hearing of, or from them afterwards. These considerations induced me to prefer taking most of my cases from the
Police hospitals, where the men were under a sort of military control, and where from official records, a more or less "previous history" of the cases could be obtained, and where I was sure that the patient under treatment would not abscond himself without authority.

To enable me to get really well marked cases of the most perfect type I selected four of the most noted "finestick" places—viz,—Russell's red—Kendal—Rennie—Chatteris place and Jaspore, and certainly had no difficulty in finding abundance of patients suffering from Intermittent Fever in each of the above mentioned localities— the difficulty being to restrict the cases under observation at one time, to such a number as I could take particular notice of, as was under the impression that a few cases very carefully observed would do more to contribute towards the end in view, than any number imperfectly watched.

Before entering upon the treatment of malarious fevers by the alkaloids under consideration, it will be necessary briefly to refer to the different modes of treatment hitherto in use, by means of Cinchona Bark (either in the form of powder, infusion or decoction), the Sulphate of Quinine—Quinina Salicylate—Salicylic—Quinaine—Quinacrine—Quinacrine, when used either in the form of powder, decoction or infusion has to be given in very large doses during the intermissions; it is apt to create considerable intestinal irritation, especially when given as powder and its action in
checking the return of the paroxysm is often exceedingly doubtful.

The influence of the Sulphate of Quinine in checking the return of a
paroxysm is generally acknowledged—and more especially by those who for
a short time only have tried it, but
there are two sets of people who may occasionally be found to doubt its
efficacy: 1st those who have never lived
in a malarious district and have never
had the opportunity of fairly testing this
drug—and 2nd, those who have lived
long in malarious districts and have
frequently suffered from Fever and who
have taken the Sulphate of Quinine in
very large doses without paying particular
attention to the state of the digestive system
at the time of taking it.

I have met with the latter class
of people who not only did not believe
in Quinine as a remedy—but actually
considered that it aggravated the paroxysm.
This was very well illustrated in the case
of a gentleman who had suffered greatly
from Fever. On his own responsibility
he took three doses of Sulphate of Quinine
each 25 grains—within three hours (i.e. 75 grains)
for the purpose of warding off an
expected paroxysm, which had not the
desired effect, for the paroxysm came
on at its usual time, and was the most
severe—especially in regard to the Dyspeptic
symptoms—of any he had ever
endured. But I have invariably found
that if the bowels are not constipated, and
the tongue clean - the sulphate of baryta, if given during the intermission, delayed the paroxysm, and mitigated its severity when it did return.

The medicinal effects of arsenic are especially useful when a patient is weak and anemic - but not suffering from recent paroxysms - and I have found it beneficial in cases where very slight periodical symptoms, combined with enlargement of the spleen, had the treated.

The antiperiodic power of salicine has never been highly esteemed - though occasionally useful as a bitter tonic.

Saline - diaphoretics & purgatives are only used as auxiliaries to relieve special complication in the course of intermittent fevers, but none of them have any antiperiodic properties.

I commenced testing the effects of the alkaloids at Russell Point, which at one time was a military station but had been abandoned for some years. It is now the head quarters of a considerable police force, and though only a small town, it is the centre of a very wild district inhabited by turbulent hill tribes which entails an immense amount of exposure and fatigue on the constabulary.

During March, April and May the heat is very intense & trying, consequently there was no lack of cases of fever, and I shall quote a few in detail to illustrate the treatment and its results.

The whole of the cases are displayed in a tabular form at the end of this paper to
Facilitate easy reference

Case No. 1. Treated with Quininidine
15th July 1866 - 7th Oct. 1866.

Has been stationed in the upper Endremoy during the last year, but 7 days ago he was sent into the hill tract of Biessa, where he was first attacked on the 1st.

He is a man of a full habit of body, and has always enjoyed good health till now. He is not anaemic.

First saw him this morning, skin cool and moist, Pulse 84, small, regular. Tongue furred. No appetite, and complains of nausea and gravitational headache. Eyes suffused and retinal vessels tinged with yellow.

There is considerable enlargement of the spleen, liver normal. Recesses natural. Urine said to be scanty, and highly coloured.

Patient states that he gets fever every second day, and that the paroxysm lasts about eighteen hours sometimes twenty-four. During the paroxysm there is great irritability of the stomach, and frequent vomiting. At the same time the spleen increases in size, and is intensely painful.

Yesterday (22) he had 28 pains of half an hour of Quininone on one dose before coming under my care.

10 Quininidine p.r.n.
Every 3 hours during the intermission.
1 P.M. Had rigors just now. Skin cold. Pulse weak.
1.30 P.M. Had heat of skin. Pulse 124, strong, hard. Eyes red & suffused. Complains of pain in occiput. Pain in spleen said to be very severe.
Not Jannettations to be used

14th July, From 1:30 P.M. yesterday until 4 A.M. today
the severity of the fever increased, and in a corresponding degree so did the pain in abdomen.

He vomited 5 times - bilious matter, bowels moved 5 times - motions fluid & bilious.

Patient now took very ill, lost. Skin warm and moist, pulse 90 small & hard. Tongue white, complain of nausea and occipital headache - only slight pain in abdomen.

Rg p.t.

Now, Free from fever - skin cool & dry - abdomen much reduced in size - only a uneasy feeling in left side. Nausea and weakness complained of.

Rg p.t.

5 P.M. Bowels moved 3 times, no vomiting, tongue white, skin cool and moist. Pulse 90 small and soft.

Rg p.t.

15th July
7 A.M. Free from fever and very weak, no appetite, pulse 120 very weak and irregular. No headache. Tongue sore in centre only. He vomited at 7 P.M. yesterday.

Rg p.t. He is dead.

5 P.M. Skin cool and moist. Pulse 112. small and soft.

Bowels not moved

16th July.
7 A.M. Has been rather restless during the night and got no sleep. Pulse taken same as last report. Bowels once moved. Motions natural.

Rg p.t.

Now. No fever - skin cool & moist, no pain in side.

Bowels moved 3 times, pulse 100, small and soft.

Rg p.t.

5 P.M. No change. Rg p.t.
17th July. No fever. Slept well. Brain, once moody, now natural, only complains of weakness and loss of appetite. Pulse 90, soft & equal.
18th July. Feels stronger - pulse 88, small and steady. Skin natural. Tongue still furrowed in centre, no headache, occasionally slight pain in side.

19th July. No fever - pulse 86, small & regular, feels occasional touchers of pain in spleen.
20th July 7 p.m. Discharged

20th July. Slept well, feels stronger, quite free from fever, spleen reduced to its normal size. Free from pain.

Summary.

In the intermittent fevers of this district there is often irritability of stomach, but no purging. In this case the bilious purging seemed to be the result of the quinine and received a beneficial influence. There was also slight nausea after the dose was taken.

Case No. 3. Treated with Quinacrine.
13th July 1866 - 7 A.M.

Has been in hospital since the 6th inst. suffering from fever - during which period he has taken 14 grains of sulphate of Quinacrine. He states that he had fever every evening. Fever contracted while in the野 trait of Dissa while on duty as a Police Constable. He is weak and anaemic, has slight enlargement of the spleen has suffered
from fever for one month only, in the hill, at present his skin is cool & moist, pulse 72, weak. No headache, tongue white, no appetite, feel very weak. Bowels regular, Ry. pr V. to in die during the intermission.

14th. Free from fever all yesterday, no change. Continue pr V.


Ry. pr XTT now.

16th. Free, left him at 9 P.M. last evening. Pulse 76 natural. Skin cool. No headache, no appetite. Continue pr V to in die.


Ry. pr XTT now.

Now skin still hot and dry. Bowels not moved.

Ry. pr XTT

5 P.M. Fever left him at 2 P.M. Skin moist. The complains of weakness and loss of appetite. Not

18th. Free from fever. No headache or pain in side. Slept pretty well last night. Still cool tongue white. Feel weak.

Ry. pr XTT


Ry. pr XTT

5 P.M. Fever left him at 3 P.M. only complains.
19th July
7 A.M. - Thirsty & cool. Pulse 68 natural, no fever. Bowels & spirit moved since 6 last evening. motions fluid and bilious. Tongue white. To have an astringent mixture.

Noon. Bowels once moved. motions still fluid & bilious, thin, warm and dry. pulse 84 weak and full. tongue clean; redness.

1 P.M. Fever left him at 3. Bowels once moved. 

20th July

To have pers. XII at 11 A.M.

Noon. Has only slightly increased heat of skin. Felt nausea before the dose. Tongue clean.

2 P.M. No fever today.

21st July
7 A.M. - No fever. Bowels moved twice.

Noon. Has fever.

1 P.M. Fever left him at 2.

22nd July


2 P.M. No fever. Bowels moved once at 3 P.M.

27th July
7 A.M. - Has not had fever since the 21st, and only has complained of weakness and loss of appetite since then. During the last two days he has had infusion of rhubarb zi te in the dry way of a tincture. Discharged.
Summary

A bed fever on the 16th, 17th, 18th, 19th, and 21st. That on the 16th was most severe. The paroxysms lasted 4 hours. On the 17th it was less severe and lasted 6 hours, on the 18th and 19th the paroxysms only lasted 3 hours—on the 21st for 2 hours, and by giving the alkali cald at 11 a.m. on the 20th it seemed to check the paroxysms altogether, as there was only slight heat of skin on that day. The alkali cald seemed to act upon the bowels and produced bilious diarrhea. There were no headache symptoms as "Cimicifuga" produced. Spleen in now normal in size.

Case No. 5: Treated with Cinchonidine
13th July 1866. 7 a.m.

He has been in hospital for 4 days under treatment for fever which came on every day about 12 a.m. He never had fever before the present attack, and although a native of the hills he has been living in Russell's Road during the last year. He is not anemic and there is no induration of the spleen. His now cool knees, tense skin, white, pallid, cold and numb, no sensibility in the head. Pulse 76 natural. Bowels normal. To have Re. pep. V. every 4 hours during the intermission.

5 P.M. Fever came on at 1 P.M. (He had taken pe. V. twice by that time) Pulse 104 slow and hard. Still fever present.

14th 7 a.m. Fever left him at 7 p.m. Skin now cool and moist. Continue pe. V.
Noon. No change. Continue pro V.

5 P.M. Had fever again at 1 P.M., which left him at 5 P.M.

(pro V.)

5:30 July
7 P.M.

Free from fever, pulse 68, natural, no headache. pro V.

5 P.M. Fever came on at 4 P.M., pulse 104, 2nd and hard, too weak not moved.

Continue 5 pain doses during intervals.

16th July
7 A.M.

Fever left him at 8 A.M., slept well during the night. Pulse 64, strong and steady.

Tongue clean; no appetite.

Continue pro V.

17th July
7 A.M.

Was free from fever all yesterday. It came on at 6 this morning but not so severe - pulse 86, full and steady, feels gritty.

Tongue clean, bowels not moved.

(pro XII) noon.

noon. Fever left him at 8, but he still feels giddiness, skin cool and moist, tongue clean, appetite good

(pro XII)

5 P.M. Skin slightly warm and dry, pulse 86, full and steady.

(pro XII)

18th July
7 A.M.

No fever; the threatened paronychium last evening seemed to be checked by the large dose. Pulse 64, natural, tongue clean, bowels moved once this morning, still feels giddiness but no headache.

(pro) Nil.

19th July
7 A.M.

Continues free from fever. Pulse 68, natural.

Skin moist, tongue clean, appetite good.

21st July. Has been free from fever since the 17th.

Now quite well.

Discharged.
Had fever daily on 13th, 14th, 15th and 17th. Since then he has had sleepless, the first 6 days during the interim. He has been a return of fever.

Case 926 - treated with Chloroform

14th July 1866. 7 A.M.

Admitted this morning. States that he has had fever daily for the last four days, and that he had it 6 months ago. Has been suffering in the hill tracts of Dissa where he contracted the disease.

He is a healthy looking young man, not anemic, spleen normal. He now complains of pain in the temple, & heaviness of head. Skin warm and dry. Pulse 88 full and hard tongue white. Has no appetite and suffers from nausea. Bowels freely moved this morning. He complains of giddiness.

10 A.M. Fever left him at 11 A.M. still feel giddy.

1 P.M. No fever. Skin cool. Bowels not moved. Pulse 76 natural.

12 P.M. Free from fever - skin cool and pulse natural, slept well. P. V. P.

1 P.M. No change. P. V. P.

5:30 P.M. Has fever - skin very hot. Pulse 86 full and hard. Bowels not moved. No headache.
16th July. Fever left him at 2 last night. Skin slightly warm now. Cannel not moved. Complains of weakness and loss of appetite.

P 90, P S.

2pm. Skin cool. Cannels not moved. P 90, P S.

5.30pm. No heat of skin. Tongue white. Cannels not moved. P 90, P S.

17th July Slept well. Man feels cold. Pulse 68 small and soft. Tongue clean, no nausea. P 90, P S, T 90.

Pm. Still cold, not had fever. Feels giddy, Nil.

5pm. Thim warm and dry. Slight fever on skin. P 90, P S, T 90.

18th July. Free from fever. The pyrexia coming on at 5 last evening was checked by the 12 pints dose. Skin and pulse normal. Tongue clean, no headache, no nausea, pulse 68. Appetite good. Cannels open motions bilious. Nil.

21st July. Has been free from fever since the 17th. Bowels very slightly acted upon by the Alkaloid. Appetite good. Tongue clean.

Well. Discharged.

Summary:

And first attack of fever 3 months ago. This present attack came on 4 days prior to admission. He had fever on the 14th, 15th, 16th and 17th. Bowels were slightly moved on the 18th. Headache relieved on the evening of the 15th. Feels normal.
Case No. 7. Treated with Chinchonidine
15th July 1866.

This is a sickly looking lad, aged 16 years. He states that he has had fever daily for the last 10 days generally coming on with rigors at 5 P.M. and remaining till about 8 the following morning. Say he never had fever before the present attack but from the enlarged and hard state of the spleen. I doubt his statement. He is thin and weak — very anemic — thin hair and dry but cool — Pulse 84, small, soft and intermitting. Complains of headache and pains all over the body. Tongue white — feet nausea, and vomits when the paroxym comes on. Bangles confined.

R + ps V — now.

noon. No change. R + ps V.

3 P.M. Fever commenced half an hour ago, with ant-rigors — thin hot and dry — pulse 102 small and hard but regular. Feel weak still slight headache — limbs not moved. R + ps XII.

16th July. Still fever on him, thin hot and dry — pulse 96 not so hard — no headache — tongue white. Has had fever all night. R + ps XII now.

noon. Fever left him at 8 A.M. i.e. an hour after the last dose. Skin natural — pulse 8 weak and regular — no pain, no headache, during the night he had pain in left side free from it now.

R + ps XII.

5.30 P.M. No fever — no change. R + ps XII.

17th July. No fever, slight well. Only complains of weakness and loss of appetite, no headache.
pulse 80. small, soft and regular. thin cool, tongue only white in centre, bowel movements freely. motions bilious

noon. No change.  

5 P.M. tongue clean, thin cool

8th July: thin cold and dry - no fever, slept well

feels giddy and very weak - tongue white
no appetite - bowels moved. pulse 64
small and weak

9th July: Free from fever all yesterday, thin cool and moist. bowels moved. pulse 76 weak and regular, no headache - tongue white.

now. Free from fever. Bowels moved twice

5-50 P.M. has slightly increased heat of skin, pulse 84 hard and small

8th July: Free from fever all yesterday, thin cool and moist. bowels moved. pulse 76 weak and regular, no headache - tongue white.

now. Free from fever. Bowels moved twice

5-50 P.M. has slightly increased heat of skin, pulse 84 hard and small

Summary

was free from fever since last report - on the 20th and 21st bowels were very freely moved, motions bilious, and fluid - and Astringent was given as required. Now well

Discharged

had fever on the 15th, 16th and 17th. The large doses seemed to check the paroxysms on the 17th and 18th. On the 19th there was
Case No. 8. treated with Quinin.
16th July 1866. 7 A.M.
Admitted with fever which commenced yesterday morning - which continued till 6:30 this morning. Fever was first contracted 6 months ago in Kassel, & has continued ever since. He has had repeated attacks during the last six months. Is not anemic. Spleen slightly enlarged. Skin now warm & dry. Pulse 88 weak and regular. Headache, tongue white at the edges. Has nausea and no appetite.canonical all over the body.


5 P.M. Skin warm. Pulse 80. Full and strong.


19th July. Still free from fever. Canes moved once.

20th July. Same as last report. Nil.

21st July. Same as last report. Nil.

Noon. No fever. Skin not very hot. Tongue clean.
Bowel moved 5 times, Pulse 92 full.

5.30 p.m. Still has Fever, thin hot and dry, tongue clean—pulse 96 full & strong. Bowels not moved. 4 g.s. XII without opium.

21st July. Fever left at 7 P.M. Bowels not moved no pain complained of. Thin dry and cool Pulse 72 normal

Nil

5 P.M. Fever now coming on, Pulse 96 small and hard—thin hot and dry. Tongue clean, bowels not moved.

22nd July. Had slight fever for two hours last evening—pulse 92 small and steady-no pain—tongue clean, appetite good, bowels not moved

Nil

23rd July. Has continued free from fever since the 21st. Pulse 76 normal-tongue clean, appetite good—he is still weak

Well

Discharged

Summary

Had fever for 4 days previous to admission and on the 16th, 20th 21st & 22nd. None on the 17th 18th and 19th. The 12 grains given on the 17th seemed to check the attacks on three days. On the 19th there was increased hot of skin only.
Case No. 9. Treated with Cinchonidine
16th. July, 1866. 7 A.M.
Admitted with fever which he says he has had daily during the last 3 days— and ever since during a whole month. Is not in convulsions, skinned normal— he is a patient little fellow.
The fever said to come on every day, the paroxysm lasts about 8 hours, precedes by rigors.
Skin now hot and dry. Pulse 92 strong and full, has headache & nausea, bowels not moved this morning.

noon. Fever still present— bowels moved twice motions liquid and fluid— tongue clean

5 P.M. Free from fever which left him at 4 P.M. bowels moved 4 times

17th. July 7 A.M.
Well last night— free from headache, still slight nausea— Fever came on at 6 this morning, pulse 92 soft and full— tongue clean, bowels only once moved— appetite good

noon. Fever still present— feels dizzy, no headache

6 P.M. Fever left him at 1 P.M. (i.e. 7 hours) skin moist— feels nausea— bowels once moved— nil.

18th. July 7 A.M.
Free from fever— skin warm and moist pulse 60 soft, full and irregular, tongue furred— appetite good— nil.

19th. July 7 A.M.
Had no fever since the 17th, now only feels weak— pulse 60 normal strength but irregular— no headache— appetite good.

Discharged.
Summary.

Case No. 10.

16th July, 1866 - 7 a.m.

Admitted this morning - States that he has been suffering from fever for the last 15 days, and during the last three days he has had diarrhea - He is a native of the hills and has had living there an duty during the last year - He is anemic and the skin is slightly freckled.

Complaints of mental headache and irritability of the stomach - Fever said to recur every evening at 5.

Skin now cool and moist - Pulse 76, small and intermittent. Tongue clean, no appetite.

10 a.m.

Complaint of burning sensation across the forehead - Skin hot and dry. Pulse 80, small and intermittent. Knees moved once.

2 p.m.

Fever left here at 6. This morning, this cool, knees not moved. Pulse 66, weak and intermittent. No fever now.

10 p.m.

No fever. Pulse 82, rapid and small. Complains of jelliness in head ache, knees moved.
twice.

10 p.m. Free from fever since 4 P.M. Skin cool and dry. 
Complaining of weakness and nausea. Nil

18th July
7 a.m. Kept well. No fever. Pulse 80 intermittent. 
Skin cool and dry. Nil

noon. High state of fever. Pulse 100. Small and weak. 
Tongue—tongue clean.

1 p.m. Free left him at 2 P.M. Skin cool, no pain con- 
sumed G.

14th July. Heat of skin but no actual parasitemia present. 
Pulse 84, intermittent and weak.

Nil

20th July 7 a.m. Says that he had fever from 2 to 8 P.M. 
Skin cool, no headache, knees once spiders and 
no appetite.

Nil

noon. Left fever present

Nil

5 p.m. Fever left him at 2 P.M. Skin cool and warm 
with perspiration, knees once moved

21st July. Free from fever—very weak

Nil

22nd. Free from fever all yesterday. Skin cool.

Nil

noon. Has slight fever. Pulse 104—small and regular. 
Knees once moved.

Nil

8 a.m. Fever left him at 3 P.M. No pain nor headache. 
Complained of—very weak. Knees once moved
Nil
23rd July. Slept well, no fever - very weak, no appetite - lumbar pain moved.

Noon. Slept fever, thin warm and dry, pulse 130 very small and weak

P.M. Fever left him at 2 P.M. now he only complains of weakness - no headache, tongue clean.

27th July. Has been free from fever since - the lumbar still somewhat relaxed, will be treated elsewhere for that. Only complains of being weak but his appetite is good. Splan reduced greatly in size. Discharged

Summary.

Is a very thin, weakly old man (age 45?) who must have suffered from fever for a long time (15 days?). Had fever on the 16th, 17th, 18th, 20th, 22nd and 23rd. The complication seemed very little in time with the effects of the remedy. The AlKohl did not seem to aggravate the diarrhea.

Note.

It must be observed in this case (and it applies to all that are in the tubular report) where his age is stated as "45 years", and the duration of the disease as "15 days" that I had to accept the patients statements on both points - in the absence of proof to the contrary, but his appearance certainly did not corroborate his statements.
CLINICAL NOTES

Case No. 11. Treated with Quinine.
16th July 1866 - 7.30 a.m.
Admitted this morning. He has been in the hills during the past six months, and all that time has constantly suffered from fever. His first attack was six months ago. No enlargement of the spleen. He is acromic.
Skin hot and dry, pulse 120 small, hard and intermittent. Tongue furred in centre, no apple, fauces regular.

7 a.m. Still fever - fauces moved twice since 7.30 a.m.
R = pro X

8 a.m. Fever on him still - fauces not moved again
R = Met-Saline 60 z.
Every two hours during the paroxysm.

8.30 a.m. Fever continuing very severe. Continue Saline Mixture.
17th July. Fever left him at 8 last night - slept well during the night, still moody, pulse 76, weak.

Faint nausea.
R = pro X

9 a.m. Again has fever. Fauces moved twice
R = pro X

5.30 p.m. Fever continued till 4 p.m. He is now cool.
Vet.

18th July. Free from fever all night; fauces moved twice - no headache - complaints of weakness and nausea.
Vet.

Noon. Fever commencing now - thin hot and dry. Pulse 93, full, tongue clean.
R = pro X

5 p.m. Still fever present. Repeat Saline Mixture.

19th July. Has had fever all night; fauces moved twice, pulse 86, full.
R = pro X.
noon. Fever continues.  
10 a.m. XII

5 P.M. No change, pulse 92, no headache  
10 a.m. XII

20th July. Fever left him at 6 P.M. Skin material  
7 a.m. Pulse 72, soft and steady, no headache, tongue  
10 a.m. XII at 10 a.m.  

noon. No fever, thin slightly warm and dry  
feels weak, no headache, bowel movements  
nil

5 P.M. No fever, cannot name moved  
nil

21st July. Continue free from fever, thin cool,  
he complains of nausea and weakness,  
nil

5 P.M. Bowel moved twice during the day, has slight  
fever on him now, pulse 92, full and steady, tongue  
10 a.m. XII

22nd July. Fever left him at 8 P.M. Skin now cool  
bowel moved only once  
nil

noon. No change.  
nil

5 P.M. Again has slight fever, no pain in head or  
feet, pulse soft and hard  
10 a.m. XII

23rd July. Had fever from 5 till 10 P.M., but not severe.  
7 a.m. Complains of nausea and weakness, bowels once  
moved this morning, pulse 88, soft and small  
0 a.m. XII

noon. No change.  
nil

5 P.M. Fever coming on, pulse 96, small and hard  
bowel once moved  
10 a.m. XII

24th July. Had a very slight fever again for 2 hours  
last evening, thin warm and moist, appetite
6th. Thin again getting hot and dry, pulse 98, very hard, moved once. 10°, pro. XII.

25th July. Had slight fever from 5 to 7 last evening, some now, pulse 85, small and soft. Nil.

26th July. Continued free from fever all yesterday. In the evening, then became warm but moist, he had fever for one hour during the night. 10°, pro. VIII, to prevent return of fever.

5 P.M. Again heat of skin, and burning sensation in the chest - this slight fever. 10°, pro. XII.

27th July. Had slight fever from 8 to 7 last evening, slept well - only complains of weakness, thin cold, tongue white. Shows pro VIII twice today.

28th July. Continued free from fever all yesterday, & has none this morning. 10°, pro. VIII, lean hand. 10°, lean hand. 36°, lean hand. As a tonic.

30th July. Has been free from fever since the 28th. Appetite now much improved. Feels stronger. Tongue clean, pulse 84 steady. Discharged.

Summary.

Been in the Hills and suffered from fever. First attack six months ago - no chill, often not enlarged. 10° 10. Had fever every day from 11° to 26°, with the vibrations of 20° and 25°. Had the Alohaed during the intermissions in 5 per dose, after one, and calves during the paroxysm - but without effect.

Afterwards the Alohaed was given in 12 per dose, throughout the paroxysm - and greatly shortened its duration - and at last checked it.
Case No. 12 - treated with Chinconidin
16th July 1868, 7 a.m.

This had fever more or less for the last six months, but during the last 10 days it has become very severe. Often much delirious - very irritable.

He has resided in the hotel treated of Pierce and R. Condon during the last 12 months.

Patient states that he gets fever on the afternoon of every 2nd day - without rigor.

The paroxysm commences about 3 P.M., and continues about 18 hours.

Skin warm and dry - pulse 112 very small and irregular - headache and loss of appetite, complained of tongue white. No nausea, scarce relapse - always that he suffers from pain in region of spleen during the paroxysm.

8 a.m. every 4 hours.
Fever left skin at 11.30 A.M. - now complains of nausea - no headache - thin cool.
Continue pro vij

5 P.M.
No fever - Bowels moved 4 times, motions fluid and bilious. Pulse 96, small, soft and irregular - continue pro vij

17th July

7 a.m.
Felt well last night - no fever, bowels not moved - complains of weakness, loss of appetite and "Tinnitus Aurium". Pulse 100.
Continue - continue pro vij

10 a.m.
No fever - complains of giddiness.

1 P.M.
Skin warm and dry, fever coming on without signs - bowels freely moved - no nausea.

1 P.M.

18th July

Bad slight fever from 5 to 9 P.M. last night.
Skin now cold and dry - pulse 86 weak and small - complains of giddiness.
No Fever. Nil

5th July. No change. Knees not moved. Nil


5th July. Pain in side slightly increased, skin moist. Knees not moved. Nil

21st July. Has not had fever since the 17th. He is now free from pain in the side. Appetite good. Size of spleen somewhat reduced.

Discharged

Summary

Admitted on the 16th. Having had fever every second day for the last 10 days. The paroxysm lasting 18 hours and the intermission 30 hours. During the paroxysm he suffered from headache and pain in the side. Had given an admission continued from previous day.

On the return of paroxysm on the 17th it only lasted for 4 hours and was very mild in its character.

Note

This case differs from those previously quoted in being the first where "Tinnitus Aurium" was produced by any of the Alkaloids under trial.

These are not selected cases but rather than have avoided as far as possible those which were so complicated either with Dysentery or Rheumatism as to render them of no use as tests for trying the effects of the medicines under consideration.

These ten cases give the following results as regards the average quantity.
used, and number of days under treatment.
3 Cases treated with Quinidine. Total 333 grains, Total 12 days,
Average quantity of Quinidine used in each case 111 grains,
Average N° of days under treatment 63.

3 Cases treated with Cinchonine. Total 275 grains, Total 22 days,
Average quantity of Cinchonine used in each case 12.45 grains,
Average N° of days under treatment 73.

4 Cases treated with Cinchonine. Total 258 grains, Total 44 days,
Average quantity of Cinchonine used in each case 64.5 grains,
Average N° of days under treatment 37.

As far as the relative value of these drugs is concerned
they seem decidedly in favour of Cinchonine
both as to time under treatment and quantity
used in each case.
Cinchonine stands next in both respects
and Quinidine last. However I shall
refrain from drawing conclusions from
such a limited number of cases. And, as
I consider the particulars of each case afford
the best means of judge— I shall give a
few more in detail.

Case No. 13. Treated with Cinchonine.
17th July 1866.
Admitted: States that he has had fever for
the last month or coming on every night
about 12, and remaining till about 4 or 5
A.M.
He has been stationed in the hills of Greece
for the last year— Before manual, he is
anemic—
Fever came on at 12 last night and still
7 A.M. Phœn. now cold and dry, pulse 92 small and weak—tongue clean. Appetite good
leaves natural, no headache or nausea.

8 A.M. Phœn. very hot and dry—has headache—pulse 108 small and hard, eyes tinged with yellow.

1 P.M. Phœn. coal and dry. Fever left him at 4.30.

18th July. Phœn. natural, pulse 80 small and soft. Major leaves freely moved, motions bilious.

No fever. Phœn. moist—tongue clean, leaves not moved.

5.30 P.M. Phœn. coal and dry. Leaves freely moved.

20th July.
5.30 P.M. No return of fever at noon. Phœn. coal and moist, leaves once moved, motions bilious. Feels much better, appetite
21st July

Febrile, tongue clean

Nil

Slept well all night free from pain.

Skin cool & moist, pulse 70 at 1st and steady.

Feel well.

Discharged.

Summary

Patient fever, every day for one month

previous to admission. The paroxysm came on during the night and lasting
4 or 5 hours. Often not disturbed. He is anaemic. Has been living in the hill town
of Diessa for the last year.

Since admission had fever for 5 hours

on the 17th and on the mornings of 18th and

20th for 2 hours each, but very mildly.

Case No 14

17th July 1866

Admitted at 5 p.m. Complains of

fever, had daily attacks of it for 3 days.

The paroxysm recurred with vigour this morn-

ing at 8, and is still present.

Skin, hot and dry, pulse 150, full, hard

and regular. Often dilated. Tongue clean.

No nausea, bowels confined.

7 p.m. XII

Noon Fever commenced, pulse 108, full, soft and

regular, tongue clean, no headache or pain in

side.

7 p.m. XII
5 P.M.

17th July

Had fever for 3 hours i.e. from noon till 3 P.M., now free from it. Complains of nausea, chills, vomiting, and bilious. Pulse 72. Natural.

20th July

Fever from fever all yesterday. Slept very little during the night. Feels a burning sensation over the whole body. No headache. Tongue clean. Bile moved this morning. No pain in ribs.

5 P.M.


21st July

Skin warm and dry. Fever commencing, bile twice freely moved. Pulse 120. Small soft.

24th July

The fever lasted for 72 hours but was not severe. Bile moved 6 times freely, motion fluid, and bilious. Feels very weak. Tongue clean, thin, cool, and moist.

Has continued free from fever since the 21st and has gradually acquired strength. Bile still slightly relaxed, tongue clean. Appetite good. Spleen still as much enlarged.

Discharged.

Summary

Had fever daily for 3 days past. Spleen enlarged. He is anemic. Had fever on the 17th, 18th, and 21st.

The duration of the paratyphoid was 3 days, 3 hours, and 3 hours respectively. The severity of the paratyphoid was reduced as much as their duration.

The bilious discharge was in an inverse ratio to the duration and severity of the paratyphoid.
Case No. 15. Treated with Cinchonidine.
17th July, 1856. 5 P.M.
Admitted with fever which he has had daily for the last 7 days generally commencing with rigors at noon and continuing till 2 A.M.
(i.e. 14 hours)
Fever came on with rigors at noon today, skin now very hot and dry, pulse 132 full and firm, tongue furred and mouth compso.
Complains of severe headache—eyes suffused.

18th July, 7 A.M.
Fever abated during the night, skin now moist, pulse 88 full and soft, complains of nausea, bowels monod.

Noon
Fever commencing—skin hot and dry, pulse 104 full but not hard, no headache, no pain in belly, bowels not moved, tongue clean.

5 P.M.
Fever abated at 4 P.M. The parotid was very mild—complains of nausea, skin warm and moist.

19th July, 7 P.M.
Slightly increased heat of skin which is moist, pulse 92 small and hard—has not had fever during the night, bowels once moved, motion bilious—feels nausea—tongue clean.

22nd July.
Has been free from fever since the 18th, bowels normal, tongue clean, appetite good, feels well.
Pulse 78 and weak.

Discharged.

Summary

Had fever for 7 days previous to admission, on the 17th the parotid remained 12 hours, the next parotid was after an intermission of 12 hours and lasted only 4 hours, it was
a very mild one – and there has been no return of fever since 4 P.M. of the 18th.

The action of the Alkaloid upon the liver and bowels was not severe.

Case No. 16 treated with Cinchonine
18th July 1836.

Admitted with fever – states that he has had it daily for the last 8 days and that he never had it before; but the enlarged and fixed nodes of the spleen throws some doubt upon this last statement of his.

Pulse 96 weak and irregular, skin hot and dry – complaint of headache and giddiness.

Tongue white and furred in the centre, bowels once moved this morning.

At pro, XTI morning and evening.

5 P.M. Patient not present.

19th July

States that he had no fever last night, which has not been the case for the previous nights.

Tongue furred, free from headache, pulse 80 small and soft, bowels once moved, no gum.

5 P.M. Patient again absent.

20th. Patient absent.

Summary

This case could not be watched owing to the patient neglecting not attention to hospital.

This is the case of an Agricultural laborer, and is an example of the absence of control. He just suited his own convenience – and it was a warning to me to avoid such cases as much as possible.
Case No. 17 treated with Quinine.
20th July, 1866. 10. a.m.

Has had repeated attacks of fever since 1863, Fever came on from hour ago with rigors Pulee 104, full and strong, thin hot and dry - bowels natural - Tongue white - Complains of headache and pain all over the body.

12 mid-day in the form of chills.
3 p.m.

Has severe headache - Fever continued till 3 p.m. bowels twice moved - thin warm and moist.

21st July
7 A.M.

Free from fever and headache - Repeat par XII, as above, at 8 a.m.

5 p.m.

There was slightly increased heat of skin at 10 A.M. but no fever - Feels well.

22nd July.

Well.

Discharged.

Summary

Had fever on 20th and the headache was severe until the bowels were freely moved towards 3 p.m. same day.

No return of fever.

Case No. 18 treated with Quinine.
21st July, 1866. 7 a.m.

Admitted with fever. Paroxysm commenced last evening at 7 and has continued all night. Thin dry, hot and hot - pulse 104, full and strong - severe headache complained of Tongue furled, no appetite - Bowels confined.
Pulse XII now

Noon.

Fever continues - Bowels once moved, thin very hot and dry - headache relieved - Severe loss of pulse to 56, small, soft and intermittent.

12 mid-day in the form of chills.
5 P.M. Skin still warm and dry - fever much less, but still present - complains of headache and nausea. Pulse 88 small and steady - tongue clean, heaps not again moved

22nd July 7 A.M.
Fever subsided at midnight - the paratyphoid having lasted 29 hours - have twice mowed. Complains of headache - no appetite.

2 P.M.
Fever again became hot and dry 2 hours after 7 A.M. - after an intermission of about 7 hours. Pulse 80 small and weak. The former paste was given just at the commencement of the paratyphoid. Nil

5 P.M.
Paratyphoid much milder than the previous one and only lasted 1 hour - skin now cool and moist, tongue clean, heaps not again moved. Pulse 84 small, soft and weak.

23rd July 7 A.M.
No fever all night - slept well, no headache or giddiness complained of. No appetite, tongue white. Pulse 80 weak and steady. Skin warm and dry.

2 P.M.
Likes slight fever. Pulse 84 hard

24th July 7 A.M.
Had fever for 7 hours last night very mildly, slept well - No pains. Heaps once mowed, pulse 84 soft and steady, tongue clean. Nil

2 P.M.
Heaps once mowed. He is now free from headache or giddiness. Nil

25th July
Continues free from fever, slept well, tongue
26th July
Skin a little warm, pulse 72 irregular and weak, tongue clean, appetite still weak.

27th July
No fever slept well, appetite good, hands twice freely moved, motions thick, skin and pulse natural.

30th July
Has continued free from fever since the 23rd. New well Discharged

Summary

Only had fever for one day previous to admission. The 1st paroxysm was a very severe one - lasting from 7 P.M. of the 20th to 12 P.M. of the 21st, i.e. 29 hours. On the 22nd again had fever for 7 hours, and the same on the 23rd. On the 25th there was a slightly increased heat of skin. The laser was freely acted on by the alkaloid. Last dose the severity and duration of the last two paroxysms were much reduced.

Case No. 19. Treated with Quinidina
21st July, 1866, 7 A.M.
He states that he has been stationed in the hills and has had fever with rigors every evening during the last 6 days - Commencing about 4 P.M. and continuing till midnight. He has no fever at present - pulse slightly enlarged,pulse 84 strong and steady, tongue purplish blue normal - to have pro XCV at 4 P.M.

5 P.M.
Skin cool and dry - feels jidy, slight nausea.
22nd July. Had fever last night from 12 to 2 a.m. He says the parasite was not nearly so severe as usual. Pulse 76, small and soft, tongue white.

25th July

Was not had fever since the 22nd. Skin and pulse natural. Tongue clean. Appetite good, bowel natural. Discharged

Summary

Had fever for 8 days previous to admission. The parasite lasting from 6 to 7 hours preceded by rigors. Since his admission only had one parasite of 3 hours duration, without rigors.

Case No. 20. Treated with Eirechomediae

21st July, 1866. 7. 2 M.M.

Admitted. States that fever commenced last evening at 6 and is still present. Thirst very hot and dry. Complains of headache. Eyes suffused and red. Pulse 82, strong and full. Tongue gurried. He has no appetite. Bowels pathetically confined.

R. pro XII

Noon

 Fever continues, pulse 86, small and irregular. He feels chilly. Committed once. No headache, bowel 4 times, motion, motions fluid and illusive.

R. pro XII

5 P.M.

 Much less fever. Skin warm and dry, again committed once. Bowels not moved, pulse 88, stronger and regular, tongue clean, slight nausea complained of. R. pro XII

22nd July

Fever gradually subsided and entirely left him before midnight. No headache, but nausea complained of. Bowels twice freely moved, motions liquid. Feels weak, pulse 88 soft and regular.
12 July

Noon
No fever - Nil

5 PM
Skin cool and moist - slept well. Gave
left him at 8 P.M. (i.e., 3 hours paroxysm)
He left him at 8 P.M. (i.e., 3 hours paroxysm)
Suffered from nausea and weakness. Pulse
76 full and soft
Nil

Noon
No fever - Nil

5 PM
Skin dry and warm, fever commencing
Pulse 80, hard and full
12 grs X. XII

24 July

5 PM
Skin again slight fever coming on, pulse 80 hard
and small. 12 grs X. XII

25 July
Again had fever from 5 to 8 P.M. yesterday, skin now
natural; only complains of nausea and weakness
Pulse 88, soft. To have Solution of Antimonials gr. 2/3 X.
Thrice today.

Noon
No fever - Continue Solution

5 PM
Again increased heat of skin and slight fever.
Pulse 84, steady and soft. No vomit. Solution
12 grs X. XII

26 July

5 PM
Had increased heat of skin for 4 hours past.
Evening - Skin now natural. He complains of
nausea & delirium - Pulse 80 full and steady
Than. 12 grs X. XII. To try if it will prevent
or delay the usual return of the paroxysm.

Noon
No fever, hands not moved, he vomited once
after food. Nil
5 P.M.  This warm but moist - no nausea. Pulse 72
full.  1P. pr XIX

27th July Left well - no fever - hands once moved - motion natural - appetite improved.

28th July No fever at all yesterday. The skin is a little warm and dry this morning but no actual fever present
1P. pr V. today.

29th July No fever - slight abnormal heat of skin only, hands not again moved.  Repeat pr V.


Feels well

Discharged

Summary

Admitted on the 21st with fever that came on at 8 P.M. of the 20th. The first paroxysm (pr 20th) lasted 30 hours - the second on the 21st lasted 3 hours - the third on the 23rd & 24th for a similar period. On the 25th the paroxysm was very slight and continued for 4 hours.

Case 1: treated with Guanidine
21st July 1866. 5 P.M.

Admitted. He states that about noon today a feeling of general uneasiness, and heaviness in the head commenced. And at 4 P.M. he had a slight rigor. The skin warm and dry, pulse 128 full. No headache or Konniti. Bamboos natural. Complain of slight pain in region of spleen

Tongue white
1P. pr XII

22nd July Fever subsided at 3 A.M. (i.e. 11 hours paroxysm)
This man coal and moist - complains of nausea, and slight pain in head; he was restless and slept little all night. Pulse 112, small and weak. Ranels moved, motion liberal.

Noon
No particular change, ranels again moved, tongue clean. P no XII

P.M.
Has slight fever, pulse 100, soft & weak, ranels moved twice - feels slightly - complains of nausea. Pain in side still present.

P no XII

23 July
Had very slight fever for 7 hours yesterday. Pulse very small and weak, fee from head. No fever. Ranels three times moved during the night. Motions very bilious. Is very weak.

Pil

Noon
Was purged three times, skin cold and covered with perspiration.

Pil

24 July
Ranels moved twice - motions fluid and bilious, pulse 84, small & equal. thin motions

Pil

25 July
Has continued free from fever since the 22. No pain in side now complained of.
Skin natural - ranels slightly relaxed.

Discharged

Summary

This is case 1 readmitted - had the paroxysm on the 21st for 11 hours, that on the 22nd for 7 hours. The most marked feature in this case is the greatly diminished severity and duration of the paroxysms - In his former attack he had severe rigors. In this the paroxysm only was ushered in by a very slight rigor. There was not that excessive irritability of the stomach in this instance.
Case No. 22. Treated with Atropine.
22 July 1886. 5 P.M.

Patient states that he had a severe attack of fever yesterday, and today it came on again at noon. It is two years since he had fever before.

R. Mist Saline 25. Q. Every three hours during the paroxysm.

22 July 7 A.M.

N. 8 A.M. Hot fever for 8 hours yesterday. It recurred this morning at 6. Skin now hot and dry, pulse 90, full. Dyspnoea, tongue furred, tongue natural, appetite impaired.

R. pro. XII

Noon. Fever left him at 10 A.M. (i.e., 8 A.M.) Bowels moved once, motions fluid and bilious, tongue white. He complains of nausea and giddiness and looks very weak.

R. pro. XII

5 P.M. No change. Nil

24 July 7 A.M.

Fever came on at 8 A.M. and is still present. Skin very dry and hot, pulse 120, small and rapid and irregular. He complains of headache and giddiness.

R. pro. XII

Noon. Fever still present, bowels twice moved, motions fluid and bilious, pulse 104, small but not so hard, tongue furred.

R. pro. XII

5 P.M. The paroxysm continues, pulse 104, soft.

R. pro. XII

25 July 7 A.M. Had fever till 2 A.M. i.e., 23 hours. Skin cool and moist, pulse 120, soft and small, tongue dry white. No appetite, bowels once moved.

R. pro. XII

Noon. No fever. Skin natural, bowels twice moved, pulse 96, small and soft.

R. pro. XII

5 P.M. Skin dry and slightly hot, pulse 84, full and soft.
Sane was moved twice

26th July
7 A.M.

Had fever till midnight but the paroxysms
not nearly so severe as the previous one;
bowels moved once - natural. Retailed
No headache. Pulse 90 rather hard small and
irregular. Skin natural, tongue white.

Noon

Skin rather hot, bent maest, no fever, bowels
natural. Nil

5 P.M.

Skin natural. No pain in the head, bowels
not moved. Nil

27th July
7 A.M.

No fever - only complains of feeling very
weak - tongue clean. Nil

5 P.M.

Slighty increased heat of skin, but it is maest.
Bowels not moved. Nil

28th July
7 A.M.

No fever. Skin cool and maest, pulse 85 small
and regular - tongue white. Nil

To have a Tonic - he is still free from fever.
Has been free from fever since the 26th.
Appetite good, tongue clean, bowels natural
pulse 92 small and soft.

Discharged

Summary

Has not had fever for two years before
the present attack. He had paroxysms on
the 22nd, 23rd, 24th, and 25th, lasting
8, 4, 23 and 6 hours respectively.

Case 92223. Treated with Cinchonidine
23rd July 1886. 7 A.M.
Admitted this morning. He states that he has
had fever for the last two days, and that the
never suffered from it before, but the enlarged condition of the spleen contradicts this statement. He said he had been in bed recently.

Now cold - tongue furrowed, pulse 80 weak and irregular - he is evidently now in the cold stage of a paroxysm.

27th July

Moon

His slightly warm and dry, pulse 88 slow and soft - no headache or pain in side complained of. Bowels moved three times, motions fluid and bilious. Well

Was not had a developed paroxysm since admission; pulse 76 small and soft, tongue clean, appetite good.

Discharged

I had been for two days previous to admission the paroxysms ushered in by rigors. No developed paroxysm after the 12 pains dose was given.

Including 92% as incomplete the above 16 cases treated by the same standards as the first 10. Give the following results:

4 cases treated with Quinidine. Total 32 yrs; total 9 days.
Average amount of alkaloid used in each case 33 grains.
Average number of days under treatment 2 4/16.

3 cases treated with Cinchonine. Total 194 yrs; 14 days.
Average amount of alkaloid used in each case 64 7/8 grains.
Average number of days under treatment 4 7/8.

3 cases treated with Cinchonidine. Total 275 yrs; 11 days.
Average amount of alkaloid used in each case 91 4/6.
Average number of days under treatment 3 3/5.

Here the results are somewhat different.
from those of the first quartile cases.

In the former the average quantity of Cinchonine used per case was 11 grains, while here it is only 5.3 grains, so also is there a reduction in Cinchonidine from 117.73 to 64.73, while the Cinchonidine is increased from 6.42 to 9.14.

The actual number of doses under treatment is likewise reduced, but this I consider less important element.

As regards the reduction in the quantities of Cinchonine and Cinchonidine used, I attribute it entirely to the larger doses generally given, and to giving it either immediately preceding or during the paroxysm. I may also observe that up to this time I had never given more than 12 grains at a time, but I have had good reason to increase the dose first to 15 grains, and ultimately to 20 and 30 grains.

It has throughout been my endeavour to avoid "picking out" special cases, and I have thus far taken them almost as they came under treatment, but to avoid repetition I shall only give five more to illustrate the mode in which the inquiry was conducted; thus Cases from 46 to 50 inclusive will serve this end, and any further details regarding the whole of the 108 cases may be found in the tabular form appended, which have simply been copied from the record in which they were originally entered by me at the time and place stated.

Case No. 46. Treated with Cinchonidine.
8th August 1866.
Staters that fever came on mysteriously way.
sorely - with repose about 4 P.M. and it continued till 4 A.M. today - thin now warm and moist - pulse 80 slow weak and irregular - eyes sunken and dextration tinged yellow - the complain[s] of headache, but not of giddiness - tongue pressed - no appetite - bowels unformed.

He has been three & a half months in the hills this year.

9th Aug.

Fever came on at 10 last night and is still present. Thin very hot and dry pulse 104 small and hard - complain[s] of severe headache - eyes red and sunken - bowels natural

R yea

1st Aug.

Fever returned at 11 A.M. thin now natural, tongue clean, bowels moved once.

3rd Aug.

Thin warm and moist - complain[s] of nausea and giddiness - no headache - pulse 90 soft and regular.

6th Aug.

He states that he had slight fever during the night - but there is no evidence of it now. Thin cool, pulse 80 small and steady, bowels not moved - Complain[s] of nausea.

11th Aug.

Free from fever - thin cool, tongue clean. Appetite weak, bowels freely moved, pulse 80 small & steady.

12th Aug.

Thin natural. Appetite improved, bowels not moved, pulse weak.

Discharged

Summary

Had only one paroxysm after admission. This was at once checked by the mor X V.
Case No. 41. Treated with Cinchonine.

8th August 1866

Admitted at 5 P.M.

States that he had fever last night from 9 till 12, without rigors, and again it commenced this morning about 10, and is still present. He also informs me that he has had fever every day for 15 days previous to this date.

Skin is cold and dry. Pulse 86, weak.
No headache, no pain in region of spleen.
Tongue white, lacerate regular.

9th Aug.

7 A.M.

Had fever without rigors from 10 last night till 4 A.M. Skin is still hot and dry.
Pulse 120, small, quick and regular.
No nausea, no headache.

Noon.

No fever. Skin hard and dry, bowels not moved. No pain in head or back complained.

5 P.M.

The paroxysm is now commencing with

fever, pulse 180, small and hard.

10th Aug.

7 A.M.

Fever continued at 8 P.M. He complains

of nausea, head pain, bowels not moved.

Motions hard and dark, colour pale, skin dry.
Tongue clean, pulse 120, very small and weak.

Noon.

Skin slightly warm, no fever, tongue clean.
Bowels once moved, no headache or jelliness.

5 P.M.

Fever coming on without rigors, skin

burning hot and dry, pulse 112 small and

intermittent. Bowels not moved, no headache.

No nausea.

11th Aug.

The paroxysm continued till 4 A.M. morning.
Pulse 120, small & soft. Skin warm, tongue.
11th. Clean, bowels once moved, motion steady, and pulse regular—complains of nausea.

12th. No fever, bowels not moved.

3rd P.M. Paroxysm again coming on without rigors. Pus 86, small and hard. Bowels not moved. No headache or giddiness complained of.

16th. Pro X

13th. Paroxysm subsided at 10 P.M. Pulse 102 small and weak, skin warm and dry, tongue clean, bowels not moved—says he feels very weak. To have pros XX to check the increased febrility.

Noon. Skin still abnormally warm.

5 P.M. Skin cool and moist, bowels moved once freely, tongue clean, no complaints of giddiness.


Noon. Patient absent.

5 P.M. No fever. Skin dry and hard, tongue clean, bowels once moved, pulse 112 small and weak. To pros X in solution.


Noon. Skin cool and moist, tongue clean, continue the gr X solution.

5 P.M. Free from fever, Discharged.

Summary

Bowel paroxysms on the 9th, 10th and 11th. On the 12th, only slightly increased heat of skin.
Case No. 48. Treated with Quinidine.
8th August 1866.
Admitted at 5 this evening. States that he had been from 5 P.M. yesterday until 4 P.M. today. The warm and dry, tongue clean, bowels regular. No pain complained of in head or side. 

11th August 7 A.M.
Fever commenced at 1 this morning and is still present. Still very hot and dry, pulse 125 small weak and intermittent, tongue white.

Noon. Fever abated at 10 A.M., this still hot, bowels once moved, tongue clean. Pulse 125 threadly and regular.

7 P.M. Skin moist, tongue clean.

11th August 7 A.M. Patient states that he had a slight paroxysm from 3 to 4 A.M. without cough, no sickness, but loss of appetite complained of. Skin cool, pulse 125 weak and intermittent, bowels once moved.

Noon. No fever, Skin cool, bowels once moved, motions fluid and liquid, tongue clean.

7 P.M. No change. 

11th August 7 A.M. Skin cool, slept well, bowels again moved pulse 104 very weak and small.

Noon. Skin cool, bowels not moved. Dr. pr X to be given in solution.

7 P.M. No fever, Complains of nausea and giddiness. Continue pr X in solution.

12th August. Continue, free from fever pulse 104 small.
13th Aug.

No fever, bales some memo - Natural, only now complains of loss of Appetite and weakness.
Fees well
Discharged.

Summary

Admitted on the evening of the 8th Aug having had fever - the pyrexia continued for 22 hours. On the 8th the paroxysm lasted 8 hours, and that on the 10th only one hour. The chloral had no effect in relieving the size of the spleen.

Case No. 49. Treated with siphonidine.
10th August 1866. 7 a.m.

The man was seen last evening during a severe paroxysm of fever which commenced at noon and continued until 10 a.m.
Admitted to hospital this morning. He states that about 4 months ago he had fever every day for 16 days.

Skin now cool and moist, pulse 96 small, weak, tongue clean, no vomiting. Complaints of pain all over the body, 

Noon.

Patient absent.

5 p.m.

Skin cool, no fever, pulse 76, small, weak, and irregular.

11th Aug.

Skin warm and dry - bales met, moved, the complaints of pain in abdomen. 

13th Aug.

Has been free from fever since the 11th. Skin natural Appetite good, bales once moved today.

Discharged.

Summary.

I saw this patient on the 8th during a paroxysm which lasted 10 hours. After admission there was...
no return of the peropseym - but only slightly increased heat of skin on the 11th.

Case No. 79 treated with Erichsonine

10th August 1866, 7 A.M.
This is Case No. 28 readmitted.
Fever returned yesterday at 7 P.M. and chills at 4 A.M. today - skin still warm, pulse 140, weak and weak urine confirmed.

N

Noon

Patient absent.

5 P.M.
Skin cool and moist - no fever - tongue.
Complains of slight headache -

N

11th Aug. 5
7 A.M.
A paraplegia commenced at 3 A.M. with loss of senses - the complaints of pain all over his body.
Tongue clean, has slight nausea, thin hot body.
Pulse 112, small and compressible.

N

N

11th Aug. 5
8 P.M.
The paraplegia continues, pulse 120, small and soft, has moved once - complain of headache and giddiness.

N

N

11th Aug. 5
10 P.M.
Fever unbedded at 7 P.M. thin cool, pulse 80, soft and steady -

N

11th Aug. 5
13 P.M.
Free from fever since the 11th.

Discharged

Summary

Was previously under treatment with caincina (not Case 28) and free from fever from 2nd to 5th
After the present admission to hospital he had only one pretty severe paraplegia.
The present attack has not been so severe as the former one. And I have observed the same thing in the other readmitted cases.
The cases thus quoted and mostly treated with 15 and 20 pant doses—show a somewhat higher average than the last set as regards the number of pains of Alkaloid used in each case—with the exception of Cinchonine.

The peculiarities of the fever as it shows itself at Kafellandah are, the heavy are constantly constipated and the paroxysm is generally ushered in by rigors and irritability of the stomach with white vomiting.

In the ordinary treatment with Luffate of Quinine it never was given during the paroxysm as far as I could learn and when given shortly before it the said symptoms were greatly aggravated. In Case 34 the patient informed me that a large dose of Quinine given just before the paroxysm came on produced delirium but it had no effect in checking the return of the paroxysm.

The most marked instance of the failure of salt of Quinine in checking the paroxysm is the case referred to in page 4 with these three Alkaloids the rigors disappear.</p>

The severity of the paroxysm is first mitigated then its duration is shortened and ultimately checked altogether.

Cinchonine "Cinunicae Acutum" is the worst head symptom that follows the use of Sitter of these Alkaloids and occasionally piddiness is complained of. Slight nausea often and bilious purging almost always occurs when the dose given is as much as 12 pains—Even in giving 15 pains the diarrhoea is not aggravated.

Whenever bilious purging sets in (p. 81. 233) we
may say that the fever is gone.

In almost every instance there appeared to be congestion of the liver, and in cases of long standing the dejection is always temporarily followed.

In case 35, the purging was very violent and occurred after the second dose, but the faradism returned greatly mitigated both in duration and severity after the bowels had acted freely. The second dose did not influence the liver or bowels, but it seemed to produce irritability of the stomach.

In case 38, on the 20th day, the patient had five dysenteric motions during the night, all in my mind attributable to the lincllose, as also the previous day there had been only one natural motion.

In those cases that were readmitted, the subsequent attacks were very much milder than the first. Vide cases 44, 46, and 72.

In case 47, (14th day) the effect of the lincllose on the heart's action was most marked. The pulse was small and weak during the interval. The pectoral had not relaxed the bowels at the time, and did not until 12 a.m. of the second day. Rectal was given with 20 grs. of lincllose.

The same effect was observed on the heart's action in case 66, and the urgent thirst that instance was peculiar.

In the fever as seen at Kennebunk, as a rule, the irritability of the stomach is absent. The bowels are obstinately constipated, and the efficacy of this is greatly aided by being given in conjunction with mild emetics.
Occipital headache occurred in cases 57 and 68. Nebulism followed the use of the quininidine in cases 57 to 62 inclusive.

Case 72 is a very feverish subject and his duty frequently exposes him to malarious influences in the hills of the Kinildy district. On his second admission (case 72) the paroxysm was followed by diarrhoea, which may have been due to the opium given to relieve the obstinate constipation.

Case 84 was a most severe one. This gentleman had suffered from fever for 3 years and had been compelled to go to England on that account for 16 months. He had only, after his return been 4 months in this district when his old enemy attacked him worse than ever. When I saw him he was in a semi-comatose state, having been for 4 days at a solitary rest-house 18 miles distant, without attendance or treatment. His bowels not once moved during that period. Within 25 minutes after taking the quininidine he complained of nausea, then of violent pains in the abdomen and within 2 hours the fever abated, and free perspiration followed.

The lowering influence upon the pulse was here apparent. It fell from 96 to 72 within the first two hours. Two and a half hours after he got the quininidine he had a very hard infantry motion — and at the same time he remitted some tenacious looking mucus. Half an hour after this he had a very free fluid febrile motion — repeated 3 or 4 times within the next 4 hours. After an interval of 18 hours the dose was repeated and the paroxysm checked. The effects after the 2nd dose upon the bowels were similar to those of the first.

Cinchonidine (case 79) given during the
intermission did not diminish by its success.

Quinidine (case 80) was administered during
the intermission; Patient stated to have had
fever every day for 2 days previous to admission.
but afterwards had fever on 9th, none on 10th and
11th, but on 12th had a mild paroxysm for 5 hours.
This intermission seemed the result of the medicine.
In case 81, the Quinidine checked the paroxysms on
the 2nd and 3rd, patient was comparatively well
the 8th at noon, when the fever returned.
From the 8th to the 13th the paroxysms returned
daily, with increasing severity, and attained
the fever became remittent and unseasonable.
the alcohol, which was given both in
powdered and in acid solution, and also
combined with Vado Phyllin.-- Even the large
dose of Quinidine failed to produce an impress.
Twenty minutes after the Quinidine was
given in case 94 the paroxysm was checked.
Next day patient was entirely free from fever
but it returned on the following day, and
was checked in a similar manner.

Having endeavored to show that these
three alkaloids--viz.--Cinchonine, Quinidine
and Cinchonidine have certain specific
properties, I shall now try to exhibit as
concisely as possible their relative value.

Thirty-four cases were treated with Cinchonine
and the average quantity used in each case was 70 gr.
Thirty-five cases were treated with Cinchonidine
and the average quantity used in each case was 57 gr.
Thirty-nine cases were treated with Quinidine
and the average quantity used in each case was 57 gr.
As to the best mode of administration I have failed to detect any difference in the efficacy of these alkaloids when given in the form of powder, or as an acid solution.

The quinidine and quinchoine appear to be aided when given either in combination with, or following the use of some mild emetic, but the quinidine requires no such assistance.

I have frequently tested its physiological effects upon myself and found, that when taken 3 hours after a very light breakfast it required 5 grains to produce slight nausea, 10 to 15 grains produce severe nausea, followed within an hour by slight popping pains in the head, and within 3 hours of taking a 15 grains dose there were one or two semifluid belliqueous motions.

A 20 grains dose taken under similar circumstances always produced such nausea within 25 minutes, that vomiting could only be averted by remaining still and recumbent for nearly an hour. This dose (20 grs) was invariably followed within two hours by 3 or 4 free fluid belliqueous motions.

25 grains taken at one dose under like circumstances always induced vomiting in spite of rest and the recumbent position.

As regards the dose which I found most beneficial there is a great difference in the three alkaloids which I consider will be best displayed in the following table.
<table>
<thead>
<tr>
<th>Quinidine</th>
<th>Average dose used</th>
<th>Average quantity used per case</th>
</tr>
</thead>
<tbody>
<tr>
<td>First 14 cases</td>
<td>10 pains</td>
<td>56 pains</td>
</tr>
<tr>
<td>Next 10</td>
<td>15 &quot;</td>
<td>31 &quot;</td>
</tr>
<tr>
<td>Last 9</td>
<td>23½ &quot;</td>
<td>70 &quot;</td>
</tr>
</tbody>
</table>

Showing that the medium doses required the least total amount.

<table>
<thead>
<tr>
<th>Crescasine</th>
<th>Average dose used</th>
<th>Average quantity used per case</th>
</tr>
</thead>
<tbody>
<tr>
<td>First 16 cases</td>
<td>10 pains</td>
<td>65½ pains</td>
</tr>
<tr>
<td>Next 10</td>
<td>23½ &quot;</td>
<td>89½ &quot;</td>
</tr>
<tr>
<td>Last 9</td>
<td>25½ &quot;</td>
<td>43 &quot;</td>
</tr>
</tbody>
</table>

Showing that the largest doses required the least total amount.

<table>
<thead>
<tr>
<th>Eichonine</th>
<th>Average dose used</th>
<th>Average quantity used per case</th>
</tr>
</thead>
<tbody>
<tr>
<td>First 16 cases</td>
<td>10 pains</td>
<td>76 pains</td>
</tr>
<tr>
<td>Next 10</td>
<td>22 &quot;</td>
<td>72½ &quot;</td>
</tr>
<tr>
<td>Last 8</td>
<td>24 &quot;</td>
<td>33¾ &quot;</td>
</tr>
</tbody>
</table>

Showing a result similar to the last.
These averages are quite in unison with my experience, but of course are quite liable to be modified in the greater experience of myself or others.

I have no hesitation in deciding that the best time to give either of these alkaloids is during the paroxysm, and the course I would now adopt is the following.

During the cold stage let the patient be supplied with warm drinks - either without or combined with diffusible stimulants, in order to shorten this stage as much as possible. And as soon as the heat stage commences let the selected alkaloid be given in the dose indicated in the previous table. The hot stage may thus be considerably shortened in duration and greatly mitigated in severity.

The sweating stage and its accompanying feeling of relief will thus be sooner ushered in, and the dangers arising from cerebral congestion during a prolonged hot stage averted.

I would not advise the repetition of the alkaloid during the intermission, or until a return of the paroxysm.

During the intermission small doses - say 3 or 4 grains of sulphate of quinine will then be sufficient to check the fever entirely.

The general conclusions which I have arrived at from the inquiry under review are - That in these alkaloids we have a means of very greatly mitigating the severity and duration of a paroxysm and ultimately entirely checking it; but that sulphate of quinine will still be
of great value thereto during the intermission or, as a prophylactic against what has hitherto been one of the serious risks attendant on a residence in a malarious locality.

Joseph Douglas, M.D.
1882

Lurgan, Ulster, N.I.
I hereby certify that the foregoing thesis was composed entirely by myself.

Joseph D Campbell

Edinburgh
8th May 1872
Quinidine

Case 1.
13th July 1866
20th July 1866
53 years
Male

Gentle
Medical Subordinate
Section
Uncomplicated
Upper Gingivitis
For two months past
Much enlarged
Not cancerous

Specified 5 on powder thrice daily during the
paroxysm, immediately preceding the paroxysm
Every four hours during the intermission

Miss Sabine C. during the paroxysm

Produced occipital headache & restlessness

Lowers the heart's action & softened the pulse

Slight nausea about one hour after being taken
Five days under treatment with Peruvian

Tobacco, after all, failed in use.

Did not check the paroxysm, but evidently
mitigated its severity.

Produced occipital headache, nausea and
Bilious diarrhoea.
Case 2.

25 June 1866
26 July 1866
25 years
Male

Gentle
Police Constable

Diagnosis:
Complications with Chronic Rheumatism.

Ill health of brain, and Russell's cordal.

For five months.

Enlarged during the Paroxysm.

Anemia.

Informed.

Pulmonary 5 & 12.

Exhibited during the intermission.

For 2 days.

No Commencement of Paroxysm.

From 12 years.

One dose in 24 hours.

On 13th and 14th.

Valums were given during the Paroxysm.

Produced sedation.

No limiting duration.

Intensity of heart, active animated. Pulse.

Slight nausea and Bilious vomiting.

Thirteen days under treatment with Cinchonidine.

44 doses, in all 211 grms.

Checked the severity as well as the duration.

Of the paroxysms, also fit and rigors at commencement.

Bilious vomiting produced.
| Case 3, |
| 6 July 1866 |
| 27th 1866 |
| Male |
| Covic |
| Palace Constable |
| Certain which charged with Quinoid |
| Uncomplicated |
| Hill track of Orissa, and Russelliah |
| For one month in the Hills |
| Slightly enlarged, |
| Anemic |

- **In powder from 5 to 12**
- For first two days during the intermission at intervals of four hours, afterwards at Commencement of paroxysm -
- To other agents employed

- **To effects**

- **No effects**

- **Cured**
- Haevae & Bilious Diarrhea
- None days under treatment with Cinchonine
- Twenty four doses, a total of 12 grams
- Check up the severity and duration of the paroxysm, and when given one hour before the time of regular return it completely checked it.

---

**Case 2**
- Bilious diarrheu

---

**Case 1**
- Diarrheu

---

**Case 4**
- Diarrheu
<table>
<thead>
<tr>
<th>Case 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Admission:</strong> 10 July 1866</td>
</tr>
<tr>
<td><strong>Date of Discharge:</strong> 21 July 1866</td>
</tr>
<tr>
<td><strong>Age:</strong> 18 yrs</td>
</tr>
<tr>
<td><strong>Sex:</strong> Male</td>
</tr>
<tr>
<td><strong>Race:</strong> Porio</td>
</tr>
<tr>
<td><strong>Occupation:</strong> Laborer</td>
</tr>
<tr>
<td><strong>Type of Fever:</strong> Uncomplicated</td>
</tr>
<tr>
<td><strong>Pulmonary State:</strong> No fever days</td>
</tr>
<tr>
<td><strong>Dose and mode of administration:</strong> No fever days</td>
</tr>
<tr>
<td><strong>Dosage:</strong> Regularly, throughout the paroxysm, at intervals of one hour, without other agents employed.</td>
</tr>
<tr>
<td><strong>Result:</strong> No effect</td>
</tr>
<tr>
<td><strong>Number of doses, and quantity used:</strong> Fourteen doses, half grain each.</td>
</tr>
<tr>
<td><strong>Result as regards the checking of paroxysm:</strong> Reduced the duration and severity and ultimately checked the paroxysm.</td>
</tr>
<tr>
<td><strong>Any special qualities observed:</strong> No special quality.</td>
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<td>22</td>
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<tr>
<td>23</td>
</tr>
</tbody>
</table>

**Case 6.**

12 July 1866 Evening
21 July 1866
20 years
Male
Paralytic
Police Constable
Dead
Uncomplained
Hill Tract of Orissa

For three months.

Normal
Not anaemic.

3 grains 5 and 12 m. powder
Exhibited throughout the paroxysm, the small dose at 4 hours intervals, the large dose at 8 hours interval—no other agent employed.

No effect.

Slightly excite the heart, action and softened the pulse.

Hansen and Belong Diarrhea
Four days under treatment with Cichorine

Eleven cases, in all 12 grains.

Attacked the severity, shortened the duration of and checked the diarrhœa.

Consider Belong diarrhœa, is a negative quality of the absence of bad symptoms even when the alkaloid is given during the diarrhœa.
<table>
<thead>
<tr>
<th>Case 1</th>
<th>15th July 1866</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 yrs</td>
<td>Male</td>
</tr>
<tr>
<td>15 yrs</td>
<td>Male</td>
</tr>
<tr>
<td>Blazon</td>
<td>Laborer</td>
</tr>
<tr>
<td>Uncomplicated</td>
<td>Russell and others</td>
</tr>
</tbody>
</table>

- **Symptoms:**
  - Enlarged spleen
  - Anemica
  - Fever, 5 and 12 pm

- **Treatment:**
  - Exhibited throughout the paroxysm at intervals of 14 hours
  - No other agents employed

- **Effects:**
  - Relieved the headache
  - Subdued the heart action, and softened the pulse

**Diagnosis:**
- Pulvis Diarrhea
- Five days under treatment with Enchondine

**Dosages:**
- Main doses: 60 grains

**Observations:**
- Mitigated the severity of diarrhea and ultimately checked the paroxysm.
- Absence of Enclitica Aurin and presence of Pulvis Diarrhea
Case 8.
15 July 1866
25 July 1866
19 years
Male
Doctor
Palaei Constable
Term
Uncomplicated
Remitted
Six months
Slighty enlarged
not anaemic.

Sjever 5 and 12 cm. present
During the paroxysm at intervals of 14
hours and afterwards of 8 hours.

None

Relieved the headache
Subdued the heart action slightly

Sjever Palaei Chawhan
Four days

Second dose, on 1st of June
Mitigated the severity and duration and

Cured Palaei Chawhan
<table>
<thead>
<tr>
<th>Number in Register</th>
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<tbody>
<tr>
<td>Date of Admission</td>
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<tr>
<td>Date of Discharge</td>
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<tr>
<td>Age</td>
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<tr>
<td>Sex</td>
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<tr>
<td>Caste or Race</td>
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<tr>
<td>Occupation</td>
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<tr>
<td>Type of Fever</td>
<td></td>
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<tr>
<td>Whether complicated with other diseases</td>
<td></td>
</tr>
<tr>
<td>Where has patient resided last twelve-months</td>
<td></td>
</tr>
<tr>
<td>How long suffered from fever</td>
<td></td>
</tr>
<tr>
<td>State of the Spleen</td>
<td></td>
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<tr>
<td>Whether anemic or not</td>
<td></td>
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<tr>
<td>Dose and mode of administration</td>
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<tr>
<td>Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals</td>
<td></td>
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<tr>
<td>If not exhibited during the paroxysm, what other agents employed</td>
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<tr>
<td>Effects on the Cerebro-Spinal System</td>
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<tr>
<td>Effects on the Circulatory System</td>
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<tr>
<td>Effects on the Digestive System</td>
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<tr>
<td>How long under treatment</td>
<td></td>
</tr>
<tr>
<td>Number of doses, and quantity used</td>
<td></td>
</tr>
<tr>
<td>Results as regards the checking of paroxysm</td>
<td></td>
</tr>
<tr>
<td>Any special qualities observed</td>
<td></td>
</tr>
</tbody>
</table>

**Case 9**

16 July 1866

20 - 1866

18 years

Male

Corporal

Palmer Constable

Quaker

Uncomplicated

Rushed on

One month

Normal

No anæmia

Sulphur, 5 and 12 in. powder

Exhibited throughout the paroxysms
as mixture of 4 pill

None

Relieved the headache

Subdued the heart's action, and softened
the pulse

Produced delirium diarrhoea

Two days

Five doses, in all 39 grains

Mitigates the severity, shortened the
duration, and checked ultimately the
paroxysims

Relieved the headache caused delirium
diarrhoea
<table>
<thead>
<tr>
<th>1</th>
<th>Number in Register, ... ... ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Date of Admission, ... ... ...</td>
</tr>
<tr>
<td>3</td>
<td>Date of Discharge, ... ... ...</td>
</tr>
<tr>
<td>4</td>
<td>Age, ... ... ... ... ... ...</td>
</tr>
<tr>
<td>5</td>
<td>Sex, ... ... ... ... ... ...</td>
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<tr>
<td>6</td>
<td>Cast or Race, ...) ... ... ...</td>
</tr>
<tr>
<td>7</td>
<td>Occupation, ... ... ... ... ...</td>
</tr>
<tr>
<td>8</td>
<td>Type of Fever, ... ... ... ... ...</td>
</tr>
<tr>
<td>9</td>
<td>Whether complicated with other disease, ... ... ... ... ...</td>
</tr>
<tr>
<td>10</td>
<td>Where has patient resided last twelve-months? ... ... ... ... ...</td>
</tr>
<tr>
<td>11</td>
<td>How long suffered from fever? ... ... ... ... ...</td>
</tr>
<tr>
<td>12</td>
<td>State of the Spleen, ... ... ... ... ...</td>
</tr>
<tr>
<td>13</td>
<td>Whether anaemic or not, ... ... ... ... ...</td>
</tr>
<tr>
<td>14</td>
<td>Dose and mode of administration, ... ... ... ... ...</td>
</tr>
<tr>
<td>15</td>
<td>Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals, ... ... ... ... ...</td>
</tr>
<tr>
<td>16</td>
<td>If not exhibited during the paroxysm, what other agents employed? ... ... ... ... ...</td>
</tr>
<tr>
<td>17</td>
<td>Effects on the Cerebro-Spinal System, ... ... ... ... ...</td>
</tr>
<tr>
<td>18</td>
<td>Effects on the Circulatory System, ... ... ... ... ...</td>
</tr>
<tr>
<td>19</td>
<td>Effects on the Digestive System, ... ... ... ... ...</td>
</tr>
<tr>
<td>20</td>
<td>How long under treatment? ... ... ... ... ...</td>
</tr>
<tr>
<td>21</td>
<td>Number of doses, and quantity used, ... ... ... ... ...</td>
</tr>
<tr>
<td>22</td>
<td>Results as regards the checking of paroxysm, ... ... ... ... ...</td>
</tr>
<tr>
<td>23</td>
<td>Any special qualities observed, ... ... ... ... ...</td>
</tr>
</tbody>
</table>

**Case 10**

6 July 1866
29 July 1866
146 years
Male

**Anecdote**

Police Constable

**Diagnosis**

Complicated with Deccan

**Hill Tracts of Ootacamund**

For fifteen days past

**Enlarged**

Very anaemic

**French 12 m. Jover**

Throughout the paroxysm admissions of 14 hours and 30 minutes.

**None**

**Relieved the headache**

No apparent effect

**No apparent effect**

**Some days**

This dose, i.e. 124 grams

Greatly mitigates the severity and duration

and ultimately checks the paroxysm

To special qualities referred.
<table>
<thead>
<tr>
<th>Case II</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 July 1866</td>
</tr>
<tr>
<td>30. - 1866</td>
</tr>
<tr>
<td>20 years</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Coonah</td>
</tr>
<tr>
<td>Police Constable</td>
</tr>
<tr>
<td>Uncomplicated</td>
</tr>
<tr>
<td>Hill Bracks of Ovens and Nummulidah</td>
</tr>
<tr>
<td>Left month</td>
</tr>
<tr>
<td>Normal</td>
</tr>
<tr>
<td>Acimens</td>
</tr>
<tr>
<td>Granules 5 and 12 in Powder</td>
</tr>
</tbody>
</table>

At first during the subdivision, afterwards throughout the paroxysm at intervals of hours

Dissodium Salicylic Co. during paroxysm fail two days.

No apparent effect

(Diminished the heart's action, and softened the pulse
Produced Belchings. Discharged Twelve days

Indeed Eighteen doses, or all 173 grains

Paroxysms much less severe, and shorter and ultimately checked.

The action of the alkaloids upon the Liver and Stomach —
<table>
<thead>
<tr>
<th>Case 12</th>
<th>Date of Registration</th>
<th>Date of Admission</th>
<th>Name of Register</th>
<th>Name of Person</th>
<th>Age</th>
<th>Sex</th>
<th>Occupation</th>
<th>Where has patient resided last</th>
<th>Disease or Illness</th>
<th>Months or Years</th>
<th>Treatment of disease</th>
<th>Length of illness</th>
<th>Results of disease</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10.5.1866</td>
<td>21.10.1866</td>
<td>Parkes Winkle</td>
<td>Parkes Winkle</td>
<td>18</td>
<td>M</td>
<td>Coachman</td>
<td>Vegetable Garden</td>
<td>Lobar Fever</td>
<td>3</td>
<td>Died</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The document appears to be a record of a patient's medical history, including details such as occupation, previous diseases, treatment, and outcomes. The table format allows for organized recording of health-related information.
Cinchonine

Case 78.
17 July 1856
21 July 1856
29 years
Male
Social
Police Constable

Uncomplicated

The course of disease
Mercuromine

Normal

Acridine

Grains 5 and 12 in powder
Throughout the paroxysm at intervals of 4 hours

No other agents employed

Relieved the headache

Lowered the heart's action, softened the pulse

Produced slight nausea after the longer three days

Free doses, m all 12 grains

Mitigated the severity, shortened the duration of and checked the paroxysm

Slightly bilious motions and nausea
<table>
<thead>
<tr>
<th>No.</th>
<th>Column</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number in Register</td>
<td>24</td>
</tr>
<tr>
<td>2</td>
<td>Date of Admission</td>
<td>29.5.1866</td>
</tr>
<tr>
<td>3</td>
<td>Case No.</td>
<td>14</td>
</tr>
<tr>
<td>4</td>
<td>Age</td>
<td>9 yrs. 8 mths.</td>
</tr>
<tr>
<td>5</td>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>6</td>
<td>Cause or Disease</td>
<td>Pneumonia</td>
</tr>
<tr>
<td>7</td>
<td>Occupation</td>
<td>Farmer</td>
</tr>
<tr>
<td>8</td>
<td>Where complicated with other disease?</td>
<td>No</td>
</tr>
<tr>
<td>9</td>
<td>Name of Person</td>
<td>Cooker Shaddick</td>
</tr>
<tr>
<td>10</td>
<td>How long suffered from fever?</td>
<td>2 yrs. 10 mths.</td>
</tr>
<tr>
<td>11</td>
<td>Whether the disease is culled among the family?</td>
<td>No</td>
</tr>
<tr>
<td>12</td>
<td>State of the Patient</td>
<td>Fairly good</td>
</tr>
<tr>
<td>13</td>
<td>Whether vomited or not</td>
<td>No</td>
</tr>
<tr>
<td>14</td>
<td>What was the cause of death?</td>
<td>Pneumonia</td>
</tr>
<tr>
<td>15</td>
<td>Effects of the Disease</td>
<td>Died of pneumonia</td>
</tr>
<tr>
<td>16</td>
<td>Effects on the Nervous System</td>
<td>Died of pneumonia</td>
</tr>
<tr>
<td>17</td>
<td>Effects on the Cardiac System</td>
<td>Died of pneumonia</td>
</tr>
<tr>
<td>18</td>
<td>Effects on the Digestive System</td>
<td>Died of pneumonia</td>
</tr>
<tr>
<td>19</td>
<td>How long under treatment</td>
<td>Died of pneumonia</td>
</tr>
<tr>
<td>20</td>
<td>Any special qualities observed</td>
<td>Died of pneumonia</td>
</tr>
<tr>
<td>21</td>
<td>Results as regards the dietetic regimen</td>
<td>Died of pneumonia</td>
</tr>
<tr>
<td>22</td>
<td>Number of doses and quantity</td>
<td>Died of pneumonia</td>
</tr>
<tr>
<td>23</td>
<td>How long under treatment</td>
<td>Died of pneumonia</td>
</tr>
<tr>
<td>Case 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Date of Admission:</strong> 17th July 1866 5 P.M.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age:</strong> 22 yrs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sex:</strong> Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Present:</strong> Delirium, Encephalitis, Prostration, Uncomplicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Duration:</strong> 7 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Status:</strong> Convulscents and the tract of Osceo</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dose and Mode of Administration:</strong> Form. 12 in powder</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Showed through the paroxysms at intervals of 6 hours.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>No other agents employed</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Result:</strong> Reduced the headache</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reduced the heart's action, lowered and softened the pulse, Cured nausea and abdominal diarrhea.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Doses:</strong> 3 doses in all. 36 forms</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Number of Doses and Quantity Used:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>212 forms</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Result:</strong> Mitigated the severity, shortened the duration of, and checked the paroxysms. Its action upon the liver and bowels in producing cholera fluid motions.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Case 17.

20 July 1866 10 A.M.
22 July 1866
38 years
Male
European
Military Officer
Posthumous Death
Uncomplicated
Heart beats of ordinary and Russell's type
Three years
Normal
Not anemic
Sweat 12 in the form of fulls
During the paroxysms, intervals of 24 hours.

To other agents employed:

Aggravated the headache

Lowered the heart action tended to failure

Produced bilious diarrhoea

Three days

Died doses, as all the previous
illitimates the severity of first, and
checkered at the second day.

No action upon the liver and kidneys.
Case 18
21st July 1866
30th July 1866
20 years
Male

Pulvis Convoluta arvinal
Pulvis Convoluta
Quidibus
Uncomplicated
Russell's
First attack one day after
Formal
Convulsions
Narcosis
6 and 12 in powder

Exhibited throughout the paroxysm

No other agent employed

Relieved the headache, had produced a feeling of giddiness
Subdues the heart's action and
Stiffened the pulse
Caused violent diarrhoea
Left dyspepsia

Severe doses, in all 78 grains

Attenuates the severity, shortens the duration
of, and ultimately destroys the paroxysm
Its action upon the liver and brain,
| Case 19 |
| 21 July 1866 |
| 25 July 1866 |
| 26 years, Male |
| Nasal |
| Palate Contractile |
| Uncomplicated |
| All tract of nose |
| For eight days |
| Slightly enlarged |
| Not anemic |
| Fever 12 in. fever |
| Only during the admission, one dose |
| For other agent employed |
| An apparent effect beyond indoor fever |
| Lubricated the heart's action and softened the pulse |
| Only a slight feeling of nausea one day |
| One dose 12 grams |
| Only one very mild paroxysm after the gram 12 |
| No special qualities observed |
Cinchonidnium
Case 28
21st July 1866
29th July 1866
20 yrs.
Male
Hunts

No fever
Uncomplicated
Berkhampore
One year ago had fever in Cumnorra
Malaria
Not anemic

From 12 m. powder, 2 m. Soluta
Throughout the paroxysm at intervals of 5 hours

To another agent employed

Relieved the headache, ceased edema
Decreased the heart's action and softened the pulse
Produced nausea and delirium thirteen Eigh days

Fortyseven doses, in all 127 gr. m.
<table>
<thead>
<tr>
<th>Case 21</th>
</tr>
</thead>
<tbody>
<tr>
<td>21/7/1866</td>
</tr>
<tr>
<td>26/7/1866</td>
</tr>
<tr>
<td>33-year-old male</td>
</tr>
<tr>
<td>Illness: tuberculosis</td>
</tr>
<tr>
<td>Uncomplicated upper pectoral abscess</td>
</tr>
<tr>
<td>Onset: two months past, much enlarged, no anemia</td>
</tr>
<tr>
<td>Swelling 12 cm in diameter</td>
</tr>
<tr>
<td>Exhibited during the paroxysm at intervals of 8 hours</td>
</tr>
</tbody>
</table>

No other drugs employed

Produced giddiness and restlessness

Inhibited the heart's action, insufficiently relieved the pain

Produced nausea and belching, diarrhoea

Tore down, 111/2 grains

Both intensity and duration much diminished and the paroxysm ultimately checked

The action upon the liver and pericardium
<table>
<thead>
<tr>
<th>Case 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 July 1866</td>
</tr>
<tr>
<td>30 July 1866</td>
</tr>
<tr>
<td>20 years</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Normal</td>
</tr>
<tr>
<td>Palpee Erythral</td>
</tr>
<tr>
<td>Jaundice</td>
</tr>
<tr>
<td>Uncomplicated</td>
</tr>
<tr>
<td>Auscultation</td>
</tr>
<tr>
<td>Liver area</td>
</tr>
<tr>
<td>Normal</td>
</tr>
<tr>
<td>Very anaemic</td>
</tr>
<tr>
<td>Fever 12 in powder</td>
</tr>
</tbody>
</table>

Throughout the paroxysm at intervals of 1 hour, the first day had and Saline & during the paroxysm produced stiffness

Subduced the heart, action of the heart and the pulse produced nausea. Bilious diarrhea. Four days

Seven days in all 84 pints

Graffiti mitigated the severity of the paroxysms and at least checked them. So, action in the liver and bowel.
<table>
<thead>
<tr>
<th>Case 23</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 July 1866</td>
</tr>
<tr>
<td>27 July 1866</td>
</tr>
<tr>
<td>25 years</td>
</tr>
<tr>
<td>Male</td>
</tr>
</tbody>
</table>

**General**
- Police Constable
- Uncomplicated
- Anemia

**Present Day**
- Enlarged
- Anemic

**From 10 M.**

**During intemission one dose**

**No other cold employed**

**Effects**
- Subduced the tumefaction

**Brioude, Saloon, December one day**

**One or 12 grains**

**A return of paroxysm**

**The action of the alkaloid upon the fever**
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case No.</td>
<td>24</td>
</tr>
<tr>
<td>Date of Admission</td>
<td>23 July 1866</td>
</tr>
<tr>
<td>Date of Discharge</td>
<td>28 April 1866</td>
</tr>
<tr>
<td>Age</td>
<td>25 years</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Race</td>
<td>British</td>
</tr>
<tr>
<td>Occupation</td>
<td>Deputy Constable</td>
</tr>
<tr>
<td>Disease</td>
<td>Uncomplicated</td>
</tr>
<tr>
<td>Where has patient resided last twelve months?</td>
<td></td>
</tr>
<tr>
<td>How long suffered from fever?</td>
<td>Four years</td>
</tr>
<tr>
<td>State of the Spine</td>
<td>Enlarged</td>
</tr>
<tr>
<td>Whether anaemic or not</td>
<td></td>
</tr>
<tr>
<td>Dose and mode of administration</td>
<td></td>
</tr>
<tr>
<td>Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals,</td>
<td></td>
</tr>
<tr>
<td>Mist Saline Co. during paroxysm</td>
<td>Produced sedations</td>
</tr>
<tr>
<td>Effects on the Cerebro-Spinal System</td>
<td></td>
</tr>
<tr>
<td>Effects on the Circulatory System</td>
<td></td>
</tr>
<tr>
<td>Effects on the Digestive System</td>
<td></td>
</tr>
<tr>
<td>How long under treatment ?</td>
<td>one day</td>
</tr>
<tr>
<td>Number of doses, and quantity used</td>
<td></td>
</tr>
<tr>
<td>Results as regards the checking of paroxysm</td>
<td>No return of paroxysm</td>
</tr>
<tr>
<td>Any special qualities observed</td>
<td>No special qualities observed</td>
</tr>
<tr>
<td>Number in Register</td>
<td>...</td>
</tr>
<tr>
<td>--------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Date of Admission</td>
<td>...</td>
</tr>
<tr>
<td>Date of Discharge</td>
<td>...</td>
</tr>
<tr>
<td>Age</td>
<td>...</td>
</tr>
<tr>
<td>Sex</td>
<td>...</td>
</tr>
<tr>
<td>Caste or Race</td>
<td>...</td>
</tr>
<tr>
<td>Occupation</td>
<td>...</td>
</tr>
<tr>
<td>Type of Fever</td>
<td>...</td>
</tr>
<tr>
<td>Whether complicated with other disease</td>
<td>...</td>
</tr>
<tr>
<td>Where has patient resided last twelve-months</td>
<td>...</td>
</tr>
<tr>
<td>How long suffered from fever</td>
<td>...</td>
</tr>
<tr>
<td>State of the Spleen</td>
<td>...</td>
</tr>
<tr>
<td>Whether anaemic or not</td>
<td>...</td>
</tr>
<tr>
<td>Dose and mode of administration</td>
<td>...</td>
</tr>
<tr>
<td>Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals</td>
<td>...</td>
</tr>
<tr>
<td>If not exhibited during the paroxysm, what other agents employed</td>
<td>...</td>
</tr>
<tr>
<td>Effects on the Cerebro-Spinal System</td>
<td>...</td>
</tr>
<tr>
<td>Effects on the Circulatory System</td>
<td>...</td>
</tr>
<tr>
<td>Effects on the Digestive System</td>
<td>...</td>
</tr>
<tr>
<td>How long under treatment</td>
<td>...</td>
</tr>
<tr>
<td>Number of doses, and quantity used</td>
<td>...</td>
</tr>
<tr>
<td>Results as regards the checking of paroxysm</td>
<td>...</td>
</tr>
<tr>
<td>Any special qualities observed</td>
<td>...</td>
</tr>
</tbody>
</table>

**Case 15,**
25 July 1866
30 - 1866
20 years
Male

Police Constable
Dutchess

Uncomplicated

Two days

Acute and chronic

From 12 in. powder

Exhibited during the paroxysm

Worse and employed

Produced sedation

Subsided, the heart's action somewhat steadied the pulse

Acted gently on the liver. Ears, one 

Two days, ret.

No return of paroxysm

Some abscess
| 1 | Number in Register,                      |
| 2 | Date of Admission.                      |
| 3 | Date of Discharge.                      |
| 4 | Age,                                    |
| 5 | Sex,                                    |
| 6 | Color or Race,                          |
| 7 | Occupation,                             |
| 8 | Type of Fever,                          |
| 9 | Whether complicated with other disease, |
| 10 | Where has patient resided last         |
|    | twelve-months?                          |
| 11 | How long suffered from fever?          |
| 12 | State of the Spleen,                    |
| 13 | Whether anemic or not,                  |
| 14 | Dose and mode of administration,        |
| 15 | Whether the alkaloid is exhibited      |
|    | throughout the paroxysm, or only during |
|    | the intermissions or remissions, and at |
|    | what intervals,                         |
| 16 | If not exhibited during the            |
|    | paroxysm, what other agents            |
|    | employed?                               |
| 17 | Effects on the Cerebro-Spinal System,   |
| 18 | Effects on the Circulatory System,      |
| 19 | Effects on the Digestive System,        |
| 20 | How long under treatment?              |
| 21 | Number of doses, and quantity           |
|    | used,                                   |
| 22 | Results as regards the checking of      |
|    | paroxysm,                               |
| 23 | Any special qualities observed,         |

**Case 26**

26 July 1870
3 Augt 1870
26 years
Male

**Status**: Head Inmate in Muniment Court

**Dietetic**: Uncomplicated

**Ancillary**: Rice, Mutton, Tea, Bread, Oatmeal

**Time in Court**: 14 days

**Head and Brain**: Normal but not enlarged

**Eye**: Very anemic, granules 6, 12 and 15 in poultice.

**Throughout the Paroxysm**: No other agent employed

**Produced**: Slightness

**Heart, abdomen, and veins**: Mucous, irregular

**Slight irritation upon the Lungs**: Seven days

**Temperature**

**Respiratory**

**Digestion**:

**Other symptoms**: Only the largest dose (60 grams) checks the paroxysm, some observed
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number in Register,</td>
</tr>
<tr>
<td>2</td>
<td>Date of Admission,</td>
</tr>
<tr>
<td>3</td>
<td>Date of Discharge,</td>
</tr>
<tr>
<td>4</td>
<td>Age,</td>
</tr>
<tr>
<td>5</td>
<td>Sex,</td>
</tr>
<tr>
<td>6</td>
<td>Cast or Race,</td>
</tr>
<tr>
<td>7</td>
<td>Occupation,</td>
</tr>
<tr>
<td>8</td>
<td>Type of Fever,</td>
</tr>
<tr>
<td>9</td>
<td>Whether complicated with other disease,</td>
</tr>
<tr>
<td>10</td>
<td>Where has patient resided last twelve months?</td>
</tr>
<tr>
<td>11</td>
<td>How long suffered from fever?</td>
</tr>
<tr>
<td>12</td>
<td>State of the Spleen,</td>
</tr>
<tr>
<td>13</td>
<td>Whether anemic or not,</td>
</tr>
<tr>
<td>14</td>
<td>Dose and mode of administration,</td>
</tr>
<tr>
<td>15</td>
<td>Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals,</td>
</tr>
<tr>
<td>16</td>
<td>If not exhibited during the paroxysm, what other agents employed?</td>
</tr>
</tbody>
</table>

**Cinchonine**

**Case 24**

26 July, 1856 5 Pm.
1st Aug. 1856
29 June
Male
Parent
Dog Keeper

**Examination**

Uncomplicated

Reshampton Russellcordal
Three days

Muscular, not anemic

Grams 5, 12 and 15 on Fridays

Throughout the paroxysms

An other agent employed

**Respiratory**

Substopt the heart's action

Light nausea
One days

Eight doses, in all 88 grains

The 15 grains does CHECK the paroxysm

Note observed
Case 28
25th July 1866
2nd Augt 1866
27 years
Male
Parish
Hence burner
Vestin
Unemployed
Burhampton Russellendal
One day
Normal
Not evident
grams 12 as powder
Throughout the paroxysm at 12 hour intervals
No other agent employed
Produced delirium
Subdued the heart action and softened the pulse
Produced nausea 
Diarrhoea motions Three days
Four doses, in all 48 grams
Shortened the duration checked the paroxysms
Time observed
<table>
<thead>
<tr>
<th>Case 30,</th>
</tr>
</thead>
<tbody>
<tr>
<td>27th July 1856</td>
</tr>
<tr>
<td>31st 1856</td>
</tr>
<tr>
<td>22 years</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Oral</td>
</tr>
<tr>
<td>Deputy Constable</td>
</tr>
<tr>
<td>Quinquies estimate</td>
</tr>
<tr>
<td>Hill tract of Essex</td>
</tr>
<tr>
<td>one day</td>
</tr>
<tr>
<td>slightly enlarged</td>
</tr>
<tr>
<td>anaemia</td>
</tr>
<tr>
<td>300 grains 5 and 12th powder</td>
</tr>
</tbody>
</table>

**Throughout the paroxysm**

*no other agent employed*

**Effects on the Circulatory System**

*slightly subdued the heart’s action*

**Effects on the Digestive System**

*produced biliary colic after three days*

**How long under treatment?**

*30 grains in all 30 grains*

**Results as regards the checking of paroxysm**

*attenuated the severity of duration and threatened return of paroxysm time observed*
<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number in Register, ...</td>
</tr>
<tr>
<td>2</td>
<td>Date of Admission, ...</td>
</tr>
<tr>
<td>3</td>
<td>Date of Discharge, ...</td>
</tr>
<tr>
<td>4</td>
<td>Age, ...</td>
</tr>
<tr>
<td>5</td>
<td>Sex, ...</td>
</tr>
<tr>
<td>6</td>
<td>Cast or Race, ...</td>
</tr>
<tr>
<td>7</td>
<td>Occupation, ...</td>
</tr>
<tr>
<td>8</td>
<td>Type of Fever, ...</td>
</tr>
<tr>
<td>9</td>
<td>Whether complicated with other disease, ...</td>
</tr>
<tr>
<td>10</td>
<td>Where has patient resided last twelve-months? ...</td>
</tr>
<tr>
<td>11</td>
<td>How long suffered from fever? ...</td>
</tr>
<tr>
<td>12</td>
<td>State of the Spleen, ...</td>
</tr>
<tr>
<td>13</td>
<td>Whether anemic or not, ...</td>
</tr>
<tr>
<td>14</td>
<td>Dose and mode of administration, ...</td>
</tr>
<tr>
<td>15</td>
<td>Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals, ...</td>
</tr>
<tr>
<td>16</td>
<td>If not exhibited during the paroxysm, what other agents employed? ...</td>
</tr>
<tr>
<td>17</td>
<td>Effects on the Cerebro-Spinal System, ...</td>
</tr>
<tr>
<td>18</td>
<td>Effects on the Circulatory System, ...</td>
</tr>
<tr>
<td>19</td>
<td>Effects on the Digestive System, ...</td>
</tr>
<tr>
<td>20</td>
<td>How long under treatment? ...</td>
</tr>
<tr>
<td>21</td>
<td>Number of doses, and quantity used, ...</td>
</tr>
<tr>
<td>22</td>
<td>Results as regards the check of the paroxysm, ...</td>
</tr>
<tr>
<td>23</td>
<td>Any special qualities observed, ...</td>
</tr>
</tbody>
</table>

**Case 34**

29 July 1866  
2 Aug 1866  
30 years  
Male  
Gentle  
Police Officer  
Quoted  
Uncomplicated  
Rectum of一间  
One year  
Enlarged  
Anemia  
Grams 5 and 12 in powder  
Throughout the paroxysm  
Another agent employed  
No effect  
Subduced the heart's action and softened the pulse  
Produced delirium, cyanosis  
Died Aug  
The doses in all 78 grams  
Greatly mitigated the severity and duration of the paroxysms and enabled death to be observed
Case 32
27 July 1866
31 July 1868
22 years
Male
Orof
Police Constable
Quoted
Uncomplicated
Three attacks of Chorea
one day
maximal
not manic
3-5 and 12 in Powder
Throughout the paroxysm at intervals
of 5 hours
No other agent employed
Prodromal stiffness
Subside the heart's action and
Depressed the pulse
Produced mania as Kellner
Stimulated
seven days

asserted the tendency of paroxysm
and checked its action
Some observer
Case 15
29 July 1866
31 July 1866
30 years, male

Caste or Race, Police Constable

Type of Fever, Uncomplicated

Where has patient resided last twelve months, Hill tracts of Orissa

Whether complicated with other disease, None

Whether anemic or not, Anemia

Does and mode of administration, Gran's 5 and 12 c.c. hourly

Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals, Throughout the paroxysm, aontinually of 12 hours for the larger dose and 4 hours for the smaller

If not exhibited during the paroxysm, what other agents employed ?

Effects on the Cerebro-Spinal System, Prodromes

Effects on the Circulatory System, Prodromes

Effects on the Digestive System, Prodromes

How long under treatment? Four days

Number of doses, and quantity used, Six doses, 1 drachm 58 grains

Results as regards the checking of paroxysm, None observed

Any special qualities observed, None observed
<table>
<thead>
<tr>
<th>Number in Register,</th>
<th>Case 34,</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Admission,</td>
<td>27 July 1866</td>
</tr>
<tr>
<td>Date of Discharge,</td>
<td>21 - 1866</td>
</tr>
<tr>
<td>Age,</td>
<td>25 years</td>
</tr>
<tr>
<td>Sex,</td>
<td>Male</td>
</tr>
<tr>
<td>Caste or Race,</td>
<td>Police Constable</td>
</tr>
<tr>
<td>Occupation,</td>
<td>Unemployed</td>
</tr>
<tr>
<td>Type of Fever,</td>
<td>Police Constable</td>
</tr>
<tr>
<td>Whether complicated with other disease,</td>
<td>One month</td>
</tr>
<tr>
<td>Where has patient resided last twelve-months,</td>
<td>Normal</td>
</tr>
<tr>
<td>How long suffered from fever?</td>
<td>One month</td>
</tr>
<tr>
<td>State of Spite,</td>
<td>Normal</td>
</tr>
<tr>
<td>Whether anaemic or not,</td>
<td>From 5 to 12 lbs.</td>
</tr>
<tr>
<td>Dose and mode of administration,</td>
<td>Throughout the paroxysm and intervals of illness</td>
</tr>
<tr>
<td>Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals,</td>
<td>Another equal amount</td>
</tr>
<tr>
<td>If not exhibited during the paroxysm, what other agents employed?</td>
<td>Reduced Siddons</td>
</tr>
<tr>
<td>Effects on the Cerebro-Spinal System,</td>
<td>Weak, action less. Jutka softened</td>
</tr>
<tr>
<td>Effects on the Circulatory System,</td>
<td>Nauseous and albuminous motions for days</td>
</tr>
<tr>
<td>Effects on the Digestive System,</td>
<td>Seven days, malle Bogans</td>
</tr>
<tr>
<td>How long under treatment?</td>
<td>Investigated daily by direction and then checked paroxysm</td>
</tr>
<tr>
<td>Number of doses, and quantity used,</td>
<td>None observed</td>
</tr>
<tr>
<td>Results as regards the checking of paroxysm,</td>
<td></td>
</tr>
</tbody>
</table>
Case 35,
28 July 1856
2 Aug 1856
39 yrs
Male
Gunner
Stechen

Uncomplicated
Burmese
first attack
Normal
Not anaemic
Fever: 5, 12, and 15
Throughout paroxysm at
intervals of 6 hours

Another medical employed

Giddiness

Subdued the heart's action

Numbing sensation in

Ten days - 34 lbs.

Cheated the paroxysms.
Having previously reduced their severity, duration.

None
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number in Register, ...</td>
</tr>
<tr>
<td>2</td>
<td>Date of Admission, ...</td>
</tr>
<tr>
<td>3</td>
<td>Date of Discharge, ...</td>
</tr>
<tr>
<td>4</td>
<td>Age, ... ... ...</td>
</tr>
<tr>
<td>5</td>
<td>Sex, ... ... ...</td>
</tr>
<tr>
<td>6</td>
<td>Class or Race, ...</td>
</tr>
<tr>
<td>7</td>
<td>Occupation, ...</td>
</tr>
<tr>
<td>8</td>
<td>Type of Fever, ...</td>
</tr>
<tr>
<td>9</td>
<td>Whether complicated with other disease, ...</td>
</tr>
<tr>
<td>10</td>
<td>Where has patient resided last twelve-months? ...</td>
</tr>
<tr>
<td>11</td>
<td>How long suffered from fever?</td>
</tr>
<tr>
<td>12</td>
<td>State of the spleen, ...</td>
</tr>
<tr>
<td>13</td>
<td>Whether anemic or not, ...</td>
</tr>
<tr>
<td>14</td>
<td>Dose and mode of administration, ...</td>
</tr>
<tr>
<td>15</td>
<td>Whether the alkaloid is exhibited throughout the paroxysm, or, only during the intermissions or remissions, and at what intervals, ...</td>
</tr>
<tr>
<td>16</td>
<td>If not exhibited during the paroxysm, what other agents employed? ...</td>
</tr>
<tr>
<td>17</td>
<td>Effects on the Cerebro-Spinal System, ...</td>
</tr>
<tr>
<td>18</td>
<td>Effects on the Circulatory System, ...</td>
</tr>
<tr>
<td>19</td>
<td>Effects on the Digestive System, ...</td>
</tr>
<tr>
<td>20</td>
<td>How long under treatment?</td>
</tr>
<tr>
<td>21</td>
<td>Number of doses, and quantity used, ...</td>
</tr>
<tr>
<td>22</td>
<td>Results as regards the checking of paroxysm, ...</td>
</tr>
<tr>
<td>23</td>
<td>Any special qualities observed,</td>
</tr>
<tr>
<td>No.</td>
<td>Question</td>
</tr>
<tr>
<td>-----</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Number in Register,</td>
</tr>
</tbody>
</table>
### Case 38

**Date of Admission:** 30 July 1866  
**Date of Discharge:** 2 Aug 1866  
**Age:** 28  
**Sex:** Male  
**Race:** Court  
**Occupation:** Police Constable  
**Type of Fever:** Uncomplicated  
**Date of Paroxysm:** One day first attack  
**Examination:** Normal, not anaemic  
**Intervals:** From 5-12, and 18 on funeral  
**Effect of Agents Employed:**  

#### Symptoms

- **Core Spinal System:**  
- **Circulatory System:**  
- **Digestive System:**  
  - **Duration:** Three days  
  - **Number of Doses:** Nine doses—male  
  - **Result:** Reduced the intensity, duration, and ultimately checked paroxysms  

### Observations

- **Any Special Qualities Observed:** No other agent employed.
### Case 19

#### 3 Aug 1856

- **Age:** 18
- **Sex:** Male
- **Caste or Race:** European
- **Occupation:** Doctor
- **Type of Fever:** Typhus
- **Whether complicated with other disease:** Yes
- **Where has patient resided last twelve months:** India
- **How long suffered from fever:** About 3 months
- **State of the Spleen:** Enlarged
- **Whether anaemic or not:** Yes
- **Dose and mode of administration:** 5 and 15 grains

---

**Effects on the Cerebro-Spinal System:**

Slight feeling of giddiness, headache.

**Effects on the Circulatory System:**

Slight increase of the heart's action.

**Effects on the Digestive System:**

Vomiting and Diarrhea.

---

**Results as regards the checking of paroxysm:**

- Four doses - used 50 grains
- No return of the paroxysm

---

**The specific action of the alkaloid:**

- *Chromomellic*
<table>
<thead>
<tr>
<th>Case 48, Cattle</th>
<th>Case 49, Cattle</th>
<th>Case 50, Cattle</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.10.14</td>
<td>12.10.14</td>
<td>12.10.14</td>
</tr>
<tr>
<td>Causes of Death</td>
<td>Causes of Death</td>
<td>Causes of Death</td>
</tr>
<tr>
<td>[Inferable text]</td>
<td>[Inferable text]</td>
<td>[Inferable text]</td>
</tr>
</tbody>
</table>

**Note:** The table contains entries for various cases, but due to the quality of the image, the specific details are not fully legible. The entries include dates and causes of death, with some text appearing to be handwritten.
<table>
<thead>
<tr>
<th>Case H1</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Aug. 1856</td>
</tr>
<tr>
<td>14 Aug. 1856</td>
</tr>
<tr>
<td>20 years</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Gintar</td>
</tr>
<tr>
<td>Head Constater</td>
</tr>
<tr>
<td>Uncomplicated</td>
</tr>
<tr>
<td>Apathetic</td>
</tr>
<tr>
<td>Eight days</td>
</tr>
<tr>
<td>Normal</td>
</tr>
<tr>
<td>Not anemic</td>
</tr>
<tr>
<td>From 10, 15, and 20 3 per cent solution throughout the paroxysm at 4 hours interval</td>
</tr>
<tr>
<td>Parodytyline from 1/2 orn twice given in conjunction with alkaloids</td>
</tr>
<tr>
<td>Headache and stiffness</td>
</tr>
<tr>
<td>Lowered the heart action</td>
</tr>
<tr>
<td>No effect</td>
</tr>
<tr>
<td>Ten days</td>
</tr>
<tr>
<td>Eighteen doses in all 255 grains</td>
</tr>
</tbody>
</table>

At first check to paroxysms, the entire for some four or five days, when I returned with increase, severity unaltered by the alkaloids became remittent. None.
Cinchonidine

Case 47

5 Aug. 1866
11 " 1866

20 years

Male

Cause of death

Malaria

Residence

Questa
del Monte

Cause of death

Malaria

Residence

Questa
del Monte

How long suffered from fever?

Two months

How long under treatment?

Two days

Results as regards the checking
of paroxysm.

False

Any special qualities observed,
| Case 443 |
|---|---|
| Date of Admission | 6 Aug 1866 |
| Date of Discharge | 11 Oct 1866 |
| Age | 21 years |
| Sex | Male |
| Race | Gentleman |
| Occupation | Police Constable |
| Disease | Quiltenia |
| Complication | Uncomplicated |
| Diffusion of Quiltenia | Berhampore |
| Duration | Eight and a half months |
| Final | Normal |

**Effects on the Cerebro-Spinal System**

During the paroxysm, only one dose was given, after which no other agent employed.

CURED by Quiltenia

**Effects on the Circulatory System**

Subsided the hectic action, nausea and vomiting one day.

One dose 15 grains

**Number of Doses and Quantity Used**

One dose 15 grains

**Results as Regards the Checking of Paroxysm**

Acid paroxysm relieved on return.

**Any Special Qualities Observed**

None.
**Case 44**

6 April 1856
11 June 1856

20 years

Male

Arrect

Police Constable

Uncomplicated

**Progress**

Two years new had failed, no fever, but now normal

**Very amenable**

Grains 5 and 10 in powder

During the paroxysms, at intervals of 2½ hours

No other agent employed

**No effect**

Greatly lowered the heart action. Slighted the pulse

Worsened the skin, fluid motions three days

Three doses, in all 25 grains

Mitigated the first paroxysm

No return

---

1. Number in Register
2. Date of Admission
3. Date of Discharge
4. Age
5. Sex
6. Castle or Race
7. Occupation
8. Type of Fever
9. Whether complicated with other diseases
10. Where has patient resided last twelve months
11. How long suffered from fever
12. State of the Spleen
13. Whether emaciated or not
14. Dose and mode of administration
15. Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals
16. If not exhibited during the paroxysm, what other agents employed
17. Effects on the Cerebro-Spinal System
18. Effects on the Circulatory System
19. Effects on the Digestive System
20. How long under treatment
21. Number of doses, and quantity used
22. Results as regards the checking of paroxysms
23. Any special qualities observed
Cinchonine

Case 45
7 Augt 1866
11 Augt 1866
30 years,
Male
Gunter
Police Constable
Testation
Uncomplicated
No history of Disease
Five Years
Had a relapse
Previously
Given 15 or 20 drams of Tincture
During the paroxysm, at intervals of 8 hours

Cured Genously

Substituted the heart's action and
Empowered the pulse

Manuel
Five Days

Three Doses, only 25 grains

The first dose checks the paroxysm,
there was no return fit—

At one
<table>
<thead>
<tr>
<th>Number in Register</th>
<th>Case 46</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Admission</td>
<td>1 Augt 1866</td>
</tr>
<tr>
<td>Date of Discharge</td>
<td>12 Augt 1866</td>
</tr>
<tr>
<td>Age</td>
<td>30 yrs</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Caste or Race</td>
<td>Gentle</td>
</tr>
<tr>
<td>Occupation</td>
<td>Police</td>
</tr>
<tr>
<td>Type of Fever</td>
<td>Quotidian</td>
</tr>
<tr>
<td>Whether compensated with other disease</td>
<td>Uncomplicated</td>
</tr>
<tr>
<td>Where has patient resided last twelve-months</td>
<td>Ancestral home, 3rd of October, one year &amp; a half, normal</td>
</tr>
<tr>
<td>How long suffered from fever</td>
<td>not anaemic</td>
</tr>
<tr>
<td>State of the Spleen</td>
<td>Gram's 15 in fluid</td>
</tr>
<tr>
<td>Whether anaemic or not</td>
<td>During treatment only one dose</td>
</tr>
<tr>
<td>Dose and mode of administration</td>
<td>Another agent employed</td>
</tr>
<tr>
<td>Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals</td>
<td>Produced sedatives</td>
</tr>
<tr>
<td>If not exhibited during the paroxysm, what other agents employed</td>
<td>Slight nausea, one day</td>
</tr>
<tr>
<td>Effects on the Cerebro-Spinal System</td>
<td>One dose 15 grains</td>
</tr>
<tr>
<td>Effects on the Circulatory System</td>
<td>Cheeks the paroxysm, no return</td>
</tr>
<tr>
<td>Effects on the Digestive System</td>
<td>One dose, in fluid</td>
</tr>
<tr>
<td>How long under treatment</td>
<td>10 grains</td>
</tr>
<tr>
<td>Number of doses, and quantity used</td>
<td>Slight nausea, one day</td>
</tr>
<tr>
<td>Results as regards the checking of paroxysm</td>
<td>One dose 15 grains</td>
</tr>
<tr>
<td>Any special qualities observed</td>
<td>Cheeks the paroxysm, no return</td>
</tr>
<tr>
<td>Case 47</td>
<td>Jan 1, 1866</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>Age: 22</td>
<td>M</td>
</tr>
</tbody>
</table>
Case 48

13 Augst 1868
13 - 1868
33 years
Male

Spleen
Palpable moderately

Uncomplicated

Acute of Dr. S. Russell's 4th Febrile
Eight month
slightly enlarged

Anemie

Irritation of stomach and
poisoning of the paroxysm at intervals of 6 hours

no other agent employed

Prodromal symptoms

Lungs: the heart aches

Prodromal nausea and delirium.

Two days

Pills: 3 pills

Result: most marked, the paroxysm before the rise of Barium continued 20hrs

The paroxysm after the rise lasted 8 hours

and the next one hour, no relapse.

None
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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<tbody>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Details of Admission

- **Number of Injuries:** [Redacted]
- **Date of Admission:** [Redacted]
- **Age:** [Redacted]
- **Marital Status:** [Redacted]
- **Name and Address:** [Redacted]
- **Disease and Mode of Admission:** [Redacted]
- **Place of Birth:** [Redacted]
- **Date of Discharge:** [Redacted]
- **Physician:** [Redacted]
- **Date of Birth:** [Redacted]
- **Type of Injury:** [Redacted]
- **Occupation:** [Redacted]
- **Cause of Injury:** [Redacted]
- **Date of Injury:** [Redacted]
- **Place of Injury:** [Redacted]
- **Time of Injury:** [Redacted]
- **Nature of Injury:** [Redacted]
- **Result of Injury:** [Redacted]
- **History of Predicate:** [Redacted]
- **History of Disease:** [Redacted]
- **Diagnosis:** [Redacted]
- **Treatment:** [Redacted]
- **Discharge:** [Redacted]
- **Final Report:** [Redacted]

### Details of Treatment

- **Nature of Treatment:** [Redacted]
- **Medications:** [Redacted]
- **Progress Notes:** [Redacted]
- **Discharge Instructions:** [Redacted]

### Other Observations

- **Results of Treatment:** [Redacted]
- **Follow-up:** [Redacted]

---

This document appears to be a medical record with various entries related to patient information, admission details, treatment, and observations.
<table>
<thead>
<tr>
<th>Case 50,</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Aug. 1870</td>
<td>13 Mar. 1870</td>
</tr>
<tr>
<td>Male</td>
<td>Parent</td>
</tr>
<tr>
<td>Uncomplicated</td>
<td>Peri.</td>
</tr>
<tr>
<td>Berhampton</td>
<td>Unchecked, no headache, no fever, little or no nausea, grew 10 or 15 in 48 hours.</td>
</tr>
<tr>
<td></td>
<td>Throughout paroxysm, at intervals of 8 hours.</td>
</tr>
<tr>
<td>Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals,</td>
<td></td>
</tr>
<tr>
<td>If not exhibited during the paroxysm, what other agents employed?</td>
<td></td>
</tr>
<tr>
<td>Effects on the Cerebro-Spinal System,</td>
<td></td>
</tr>
<tr>
<td>Effects on the Circulatory System,</td>
<td></td>
</tr>
<tr>
<td>Effects on the Digestive System,</td>
<td></td>
</tr>
<tr>
<td>How long under treatment?</td>
<td></td>
</tr>
<tr>
<td>Number of doses, and quantity used,</td>
<td></td>
</tr>
<tr>
<td>Results as regards the checking of paroxysm,</td>
<td></td>
</tr>
<tr>
<td>Any special qualities observed,</td>
<td></td>
</tr>
</tbody>
</table>
Case 57.

14 September 1866, 6 p.m.
19 " 1866
36 years
Male
Gesture
Medicated Subcutaneus
Quininum
Uncomfortable
Chills
Ten days
normal
very anemic
Grains 15 in second

Grains paroxysm one dose on 14th
another on 18th.

Casimiriunic

Slight Headache
Increased Headache

Leased the heart's action and
softened the pulse
Prostrated shortness of breath
Tiniey dys

Two doses until 30th Grains,
only one paroxysm after alkaloid
grains, the paroxysm lasts only one
month of three hours—

None.
<table>
<thead>
<tr>
<th>Case 51, 14 Oct. 1866</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
</tr>
<tr>
<td>37 yrs.</td>
</tr>
<tr>
<td>Duration: 12 days</td>
</tr>
<tr>
<td>Medical cause of Death: Phthisis Pulmonalis</td>
</tr>
<tr>
<td>Uncomplicated Phthisis Pulmonalis</td>
</tr>
<tr>
<td>Twelve days</td>
</tr>
<tr>
<td>Normal, post-anemic</td>
</tr>
<tr>
<td>Gran. 5, 10 to 20 m surrex.</td>
</tr>
</tbody>
</table>

**Observations:**

| Date of Admission: 14 Oct. 1866 |
| Number of doses, and quantity used: |
| 20 grains — made 40 grains |

The 20 grain dose was given before the return of paroxysm and repeated 4 or 5 times. On the 2d day paroxysm returned once or twice only, but oscillated. Of course we relate this not to the dose of the morphia, but as a symptom of the disease. The patient felt very weak after using the morphia —
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<tbody>
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<td>Any special qualities observed,</td>
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</table>

Case 53.

22 Sept 1866

30 . 1866

24 yrs.

Male

Fisher

Police Constable

Pertinent

Uncomplicated

Kinery

In the past 12 months,

Slighty enlarged

Not anaemic

Sweats 10 or 20 on fever.

Administered during the paroxysm

No other employed.

Produced singing in ears.

(Emits Thundervm)

Lessening the limbs action, pulse

became soft

no effect

Seven days

Few doses in all 70 grms.

Shortened the duration and mitigated the severity ultimately checked the paroxysm.
<table>
<thead>
<tr>
<th>Case 54.</th>
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</thead>
<tbody>
<tr>
<td>22 Oct. 1876</td>
</tr>
<tr>
<td>1 Oct. 1876</td>
</tr>
<tr>
<td>50 years</td>
</tr>
<tr>
<td>Male</td>
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<tr>
<td>Muscular</td>
</tr>
<tr>
<td>Moderate</td>
</tr>
<tr>
<td>Uncomplicated</td>
</tr>
<tr>
<td>Anxiety</td>
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<tr>
<td>For the past 12 months, much enlarged</td>
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<tr>
<td>Very anaemic</td>
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<tr>
<td>From 20 to 30 in pounded</td>
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<tr>
<td>Adm. during the paroxysm</td>
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</tbody>
</table>

**Cinchonidene**

**Effects on the Cerebro-Spinal System.**

**Effects on the Circulatory System.**

**Effects on the Digestive System.**

**How long under treatment?**

**Number of doses, and quantity used,**

**Results as regards the checking of paroxysm.**

**Any special qualities observed,**

“Similar to Aconite.”

Lowered the heart’s action, and the pulse.

Nausea and vomited once.

Seven doses — in all 185 gran.

The first 3 days paroxysm increased in severity, subsequently mitigated.

Fortunately ended. It was
Cinebrevidine

Case 55.

23 Oct. 1866
30 - 1866
24 years
male

Gastroenteric
Pyelidnec
Uncomplicated
Kidney

Never suffered before
Normal
not anaemic

Gave 20 minims
Administered slowly and paroxysms
no effect

macroscopic

Laudanum was given the heart action
and supported the pulse

never vomiting although other alkalies
were given.

Three doses will be given

Mitigated the anxiety about the
duration of constitution, checked the paroxysm
at once.
<table>
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<th>Column</th>
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</table>

**Case No.**

23 Sept 1866
1 Oct 1866
26 yrs.
Male

**Complaint:**

Slight, intense, not uncomplacent.

**Note:**

For the last 12 months, slightly enlarged, weak, anaemic.

**Symptoms:**

Slight fever.

**Medication:**

Administered during the paroxysm.

No other employed.

**Examination:**

Anaemia.

**Progress:**

Slight fever.

**Results:**

Slight fever.

**Conclusion:**

Slight fever.

**Signs:**

Slight fever.

**Signs:**

Slight fever.

**Signs:**

Slight fever.

**Signs:**

Slight fever.

**Signs:**

Slight fever.
<p>| | |</p>
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<td>24 Sept 1866</td>
<td></td>
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<tr>
<td>30 - 1866</td>
<td></td>
</tr>
<tr>
<td>26 Years</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>Euphoric</td>
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<tr>
<td>Incipient</td>
<td>Uncomplicated</td>
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<tr>
<td>Remedy</td>
<td></td>
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<tr>
<td>none suffered before normal</td>
<td></td>
</tr>
<tr>
<td>not anemic</td>
<td></td>
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<tr>
<td>Started 20 in February</td>
<td></td>
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<tr>
<td>Administered during paroxysms</td>
<td></td>
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<tr>
<td>Architect: John Clear</td>
<td></td>
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<tr>
<td>attraction regular</td>
<td></td>
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<tr>
<td>Hemorrhage occurring on pain in hypogastrium region</td>
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<tr>
<td>Three days</td>
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<tr>
<td>First mitigated the intensity and shortened the duration of attacks</td>
<td></td>
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<tr>
<td>The paroxysms</td>
<td></td>
</tr>
</tbody>
</table>
Case 58.
24 Sept. 1866
5 years
Male
Evansian
Encephalitis
Empleente

Kinedy

never suffered before
Normal
not anaemic

Tremor 30 in 30 sec.

Administered during the paroxysm
no other employed

Stupor and headache, pallor, "sunburned"

Lowed the pulse

Nausea, vomiting, vomiting

few days

Tremor less in all 20 grains.

First paroxysm checked after 3 hours.
Three days free when fever returned for 10 hours before checked.

None
<table>
<thead>
<tr>
<th>Case 579</th>
</tr>
</thead>
<tbody>
<tr>
<td>24th October 1866</td>
</tr>
<tr>
<td>28th - 1866</td>
</tr>
<tr>
<td>Male</td>
</tr>
</tbody>
</table>

**Description:**

Uncomplicated

**Remarks:**

Never suffered before Normal

**Symptoms:**

Fever, headache

**Treatment:**

Administered during the paroxysm

**Results:**

Relieved vomiting

+ Two doses — made 10 grains

+ Methylated fluid preoxynin and checked any return

**Comments:**

None
<table>
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</table>

**Case No.**

24 Sept 1866

28 Oct 1866

48 years

Female

Convulsions

Uncomplicated

Kinin

Never suffered before

Normal

Dosage:

Grains 20, in 4 fluid drachms

Administered during the paroxysm

No other employed

Effective

Prescribed: Golding, thickened handkerchief

No effect

Other remedies: Gargling

Two days

Two dose - well 30 grains.

First and second paroxysm mitigated

Same
<table>
<thead>
<tr>
<th>Case 41</th>
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</thead>
<tbody>
<tr>
<td>Date of Admission: 23 Oct 1866</td>
</tr>
<tr>
<td>Date of Discharge: 29 Nov 1866</td>
</tr>
<tr>
<td>Age: 31 yrs</td>
</tr>
<tr>
<td>Sex: Male</td>
</tr>
<tr>
<td>Caste or Race: Euraeus</td>
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<tr>
<td>Assistant Ayurveda: Asst. Ayurveda</td>
</tr>
<tr>
<td>DURATION: Uncompleted</td>
</tr>
<tr>
<td>History: Suffered from fever before (3 years) slightly delayed not anemic</td>
</tr>
<tr>
<td>Grain: 20 gm. per day</td>
</tr>
</tbody>
</table>

- **Administered during the Paroxysm:**
  - Occipital headache, Behind headache
  - Lower Subcutaneous mark action

- **Nausea:** Abdominal vomiting

- **One day:**
  - One Dose: 20 gm.

- **After full paroxysm returned:** Home
Case 62
25 - Sept. 1866
26 - 1866

Name
Female
European

Duration
Uncomplicated

Kemény

Mean Sufficient before Normal

Sweat and migraine

Fever 10

Administered during the paroxysm

No other employed

Relief headache

Lowered but hardly the headache

Relief vomiting produced

one day

one dose 0.5 Gram.

Check returned of paroxysm

Streptomycine
<table>
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<tr>
<th>Case No.</th>
<th>Name</th>
<th>Date of Birth</th>
<th>Date of Admittance</th>
<th>Date of Discharge</th>
<th>Sex</th>
<th>Status of Infection</th>
<th>Type of Fever</th>
<th>Duration of Illness</th>
<th>Complications</th>
<th>Occupation</th>
<th>Disease</th>
<th>Other Notes</th>
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<td>Answer</td>
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**CASE**

**25 Oct 1866**

**30 - 1866**

**26 yrs**

**Male**

**Gustav**

**Police Constable**

**Ludwigshain**

**Uncomplicated**

**Knee**

**never suffered before**

**Normal**

**not anemic**

**Gran. 20 in powder**

**Administered during the paroxysm**

**mild Laxative**

**Ed. Altreyott C. No. X**

**No effect**

**Laxative**

**Sedative**

**nervous and giving pain in abdomen**

**Two days**

**Two days**

**in all 48 grains**

**The second dose completely checked the approaching paroxysm of one**
Cinchonidrice

Case 35,
25 Sept 1866
1 Oct 1866
23 yrs,
Male
Gentle
Policier Constable
Uruguayo
Uruguay

Type of Fever:
Hypochromia

Whether complicated with other disease:
Uncomplicated

Where has patient resided last twelve months:

How long suffered from fever:

State of the Spleen:
Normal

Whether anemic or not:
Not anemic

Dose and mode of administration:

Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals:

If not exhibited during the paroxysm, what other agents employed:

Effects on the Cerebro-Spinal System:
Convulsions

Effects on the Circulatory System:
Convulsions

Effects on the Digestive System:
Slight nausea

How long under treatment:
Three days

Number of doses, and quantity used:
Two doses — each 1/40 grain

Results as regards the checking of paroxysm:
attenuated the severity, shortened the duration and ultimately checks the paroxysm

Any special qualities observed:
Case No.
26 Oct 1866
5 Oct 1866
35 yrs.
Male

Gentry
Police Constable
Buckingham

Uncomplicated

Ninety

For the past 12 months
slightly enlarged
Not anaemic

Sensation 20 in sorce

Administered during the paroxysm

no other employed

Firmness, Ascent, & Goodness

Expects the heart’s action

Produced a burning sensation in stomach

Three days under treatment with Chinonine

Three times in all these
mitigated the severity and ultimately
checked the paroxysm

Its action upon the heart which
became expected
<table>
<thead>
<tr>
<th>Number in Register,</th>
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<tbody>
<tr>
<td>Date of Admission,</td>
<td>...</td>
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<td>Date of Discharge,</td>
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<td>Age,</td>
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<td>Sex,</td>
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<td>Caste or Race,</td>
<td>...</td>
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<tr>
<td>Occupation,</td>
<td>...</td>
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<tr>
<td>Type of Fever,</td>
<td>...</td>
</tr>
<tr>
<td>Whether complicated with other disease,</td>
<td>...</td>
</tr>
<tr>
<td>Where has patient resided last twelve months?</td>
<td>...</td>
</tr>
<tr>
<td>How long suffered from fever?</td>
<td>...</td>
</tr>
<tr>
<td>State of the Spleen,</td>
<td>...</td>
</tr>
<tr>
<td>Whether anaemia or not,</td>
<td>...</td>
</tr>
<tr>
<td>Dose and mode of administration,</td>
<td>...</td>
</tr>
<tr>
<td>Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals,</td>
<td>...</td>
</tr>
<tr>
<td>If not exhibited during the paroxysm, what other agents employed?</td>
<td>...</td>
</tr>
<tr>
<td>Effects on the Cerebro-Spinal System,</td>
<td>...</td>
</tr>
<tr>
<td>Effects on the Circulatory System,</td>
<td>...</td>
</tr>
<tr>
<td>Effects on the Digestive System,</td>
<td>...</td>
</tr>
<tr>
<td>How long under treatment?</td>
<td>...</td>
</tr>
<tr>
<td>Number of doses, and quantity used,</td>
<td>...</td>
</tr>
<tr>
<td>Results as regards the checking of paroxysm,</td>
<td>...</td>
</tr>
<tr>
<td>Any special qualities observed,</td>
<td>...</td>
</tr>
</tbody>
</table>

Case 19, 28 Sept. 1866
2 Oct. 1866
8 years
Male
Eruption

Diphtheria
Incomplete
Keratitis
Never suffered before
Normal
Not anemic
Grains 5 in powder

Administered during the paroxysm
No other employed

Produced 'stintus忽然' relieved headache
Lowered the pulse
Nausea vomiting
One day
Two doses, in all 10 grains
Checklist return of paroxysm

A me
Number in Register, ...

Date of Admission, ...

Date of Discharge, ...

Age, ...

Sex, ...

Classe or Race, ...

Occupation, ...

Type of Fever, ...

Whether complicated with other disease, ...

Where has patient resided last twelve months? ...

How long suffered from fever? ...

State of the Spleen, ...

Whether anaemic or not, ...

Dose and mode of administration, ...

Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals, ...

If not exhibited during the paroxysm, what other agents employed? ...

Effects on the Cerebro-Spinal System, ...

Effects on the Circulatory System, ...

Effects on the Digestive System, ...

How long under treatment? ...

Number of doses, and quantity used, ...

Results as regards the checking of paroxysm, ...

Any special qualities observed, ...

Case 26

30 Sept 1876
7 Oct 1876
26 years
Male
Pattern
Pulvis tabulis
Quadriflamin
uncomplicated
Kemedy
never suffered before
Normal
not anaemic
Grani 30 on standar

Administered during the paroxysm
mild dagatamine, Extract of opium

Giddiness, Frenzy, Redit VS, headache

Jaundice, Lumen the pulse

Doses made severe
Three days.

Four doses, in all 120 grain.
First and second paroxysm severe
The third greatly mitigated.
No relin.
None
<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>1</td>
<td>Number in Register,</td>
</tr>
<tr>
<td>2</td>
<td>Date of Admission,</td>
</tr>
<tr>
<td>3</td>
<td>Date of Discharge,</td>
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<tr>
<td>4</td>
<td>Age,</td>
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<tr>
<td>5</td>
<td>Sex,</td>
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<tr>
<td>6</td>
<td>Caste or Race,</td>
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<tr>
<td>7</td>
<td>Occupation,</td>
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<tr>
<td>8</td>
<td>Type of Fever,</td>
</tr>
<tr>
<td>9</td>
<td>Whether complicated with other disease,</td>
</tr>
<tr>
<td>10</td>
<td>Where has patient resided last twelve months?</td>
</tr>
<tr>
<td>11</td>
<td>How long suffered from fever?</td>
</tr>
<tr>
<td>12</td>
<td>State of the Spleen,</td>
</tr>
<tr>
<td>13</td>
<td>Whether anaemic or not,</td>
</tr>
<tr>
<td>14</td>
<td>Dose and mode of administration,</td>
</tr>
<tr>
<td>15</td>
<td>Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals,</td>
</tr>
<tr>
<td>16</td>
<td>If not exhibited during the paroxysm, what other agents employed?</td>
</tr>
<tr>
<td>17</td>
<td>Effects on the Cerebro-Spinal System,</td>
</tr>
<tr>
<td>18</td>
<td>Effects on the Circulatory System,</td>
</tr>
<tr>
<td>19</td>
<td>Effects on the Digestive System,</td>
</tr>
<tr>
<td>20</td>
<td>How long under treatment?</td>
</tr>
<tr>
<td>21</td>
<td>Number of doses, and quantity used,</td>
</tr>
<tr>
<td>22</td>
<td>Results as regards the checking of paroxysm,</td>
</tr>
<tr>
<td>23</td>
<td>Any special qualities observed,</td>
</tr>
</tbody>
</table>

**Case 11**

30 Sept 1866
3 Oct 1866
22 years
Male
Euvatism
Fever of mumps
Diphtheria
Uncomplicated

Ninety

Suffered for five years
Slightly enlarged
Mast anaemic
Grains 20 & 25 m. pound

Administered during the paroxysm

No other employed

Cassia fistula

Lowered the fever

No effect

Two days

Two doses - will 45 grains greatly mitigated severity of second paroxysm as usual.

Et cetera
Cinchonine

Case No 72
5 Oct 1866
12 Nov 1866
26 years
Male
Ecuadorean
Police Inspector
Uncomplicated
Ninety

Suffered from fever before for last 12 months, slightly enlarged
not anaemic
Gram 50 in powder

Administered during the
Paroxysm
mild Caffein - Tonics and atropine

Reduced temperature "relieved headache

Lavored the heart, action and

afforded the pulse

mucous, saline, something

Two days

One dose 30 grams

this is my 68 readmiter. present
attack less severe and some checked
than the former

Now
<table>
<thead>
<tr>
<th>Case YB.</th>
<th>5 Dec 1876</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>20 years</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Caste or Race</td>
<td>Brahmin</td>
</tr>
<tr>
<td>Occupation</td>
<td>Farmer</td>
</tr>
<tr>
<td>Type of Fever</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Whether complicated with other disease</td>
<td>No</td>
</tr>
<tr>
<td>Where has patient resided last twelve months</td>
<td>Edinburgh</td>
</tr>
<tr>
<td>How long suffered from fever</td>
<td>7 days</td>
</tr>
<tr>
<td>State of the Spleen</td>
<td>Normal</td>
</tr>
<tr>
<td>Whether anemic or not</td>
<td>Not anemic</td>
</tr>
</tbody>
</table>

**Paraoxysm:**

- Administered during the paraoxysm
- No other agents employed

**Effects on the Cerebro-Spinal System:**

- No effect
- Two days

**Results as regards the checking of paraoxysm:**

- First paraoxysm lasted 12 hours
- The second paraoxysm less severe and only 6 hours, no return.
Case No.
6 Oct 1868
10 Nov 1868
14 years
Male

Quoted:

不间断

Kennedy

suffered for one month

measured

10 in pound

Administered during the

paroxysm

No other employed

Produced

Tinnitus Audium, Godliness, relieved the headache

Lowered the pulse.

number Selini motion

Two days

Two doses in all 20 granis

Gual paroxysm lasted 18 hours

no return

any special qualities observed.
<table>
<thead>
<tr>
<th>Number in Register</th>
<th>Case 45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Admission</td>
<td>6 Oct 1876</td>
</tr>
<tr>
<td>Date of Discharge</td>
<td>10 Nov 1876</td>
</tr>
<tr>
<td>Age</td>
<td>4 years</td>
</tr>
<tr>
<td>Sex</td>
<td>Female</td>
</tr>
<tr>
<td>Caste or Race</td>
<td>Giasen</td>
</tr>
</tbody>
</table>

**Symptoms**

- Uncomplicated
- Temporally

**Medical History**

- Never suffered before normal
- Acute malaria
- Gram's stain positive

**Administered during the paroxysm**

- Arsenites Aurium
- Lowed the pulse
- Bilious motion
- Three doses, in all 15 grains

**Results as regards the checking of paroxysm**

- Remit
- Greatly mitigated severity and duration of second paroxysm

**Any special qualities observed**

- At one...
<table>
<thead>
<tr>
<th>Column</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number in Register,</td>
</tr>
<tr>
<td>2</td>
<td>Date of Admission,</td>
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<tr>
<td>3</td>
<td>Date of Discharge,</td>
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<td>Age,</td>
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<td>Sex,</td>
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<td>6</td>
<td>Color or Race,</td>
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<tr>
<td>7</td>
<td>Occupation,</td>
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<tr>
<td>8</td>
<td>Type of Fever,</td>
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<tr>
<td>9</td>
<td>Whether complicated with other disease,</td>
</tr>
<tr>
<td>10</td>
<td>Where has patient resided last twelve-months?</td>
</tr>
<tr>
<td>11</td>
<td>How long suffered from fever?</td>
</tr>
<tr>
<td>12</td>
<td>State of the Spleen,</td>
</tr>
<tr>
<td>13</td>
<td>Whether anemic or not,</td>
</tr>
<tr>
<td>14</td>
<td>Dose and mode of administration,</td>
</tr>
<tr>
<td>15</td>
<td>Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals,</td>
</tr>
<tr>
<td>16</td>
<td>If not exhibited during the paroxysm, what other agents employed?</td>
</tr>
<tr>
<td>17</td>
<td>Effects on the Cerebro-Spinal System,</td>
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<tr>
<td>18</td>
<td>Effects on the Circulatory System,</td>
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<tr>
<td>19</td>
<td>Effects on the Digestive System,</td>
</tr>
<tr>
<td>20</td>
<td>How long under treatment?</td>
</tr>
<tr>
<td>21</td>
<td>Number of doses, and quantity used,</td>
</tr>
<tr>
<td>22</td>
<td>Results as regards the checking of paroxysm,</td>
</tr>
<tr>
<td>23</td>
<td>Any special qualities observed,</td>
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</tbody>
</table>

**Case 76.**
6 Oct 1866
10 - 1866
48 years
Male

**Genus:**
**Disease:**
**Dosage:**
**Compliments:**
**Kinsey:**
For past two months, has been in the bed, slightly enlarged, not anemic.
Grains 25 in rounded
Administered during the Paroxysm.

**Siddires:**
"Tinnitus Aurum"
Subduced the heart's action and lowered the pulse.
Nourcesc thorns after taking - Special effect.
One day
One dose grains 25.
Checks any return of paroxysm.

Some.
Cinchonutine

Case 74.
7 Oct. 1866
12 - 1866
30 yrs.
Male

Acute
Palpable
Question
Unexplained
Kinds
For last 12 months
Normal
not amenorrhoea
Grams 20 and 30 in powder

Administered during the
paroxysm.

To other employees

Evidence of Emitters During

Laured the Pulse

Slight nausea shown after taking

Two days

Total dose in all 70 grains

First paroxysm was very severe, over

Slight and return of

One
<table>
<thead>
<tr>
<th>Case 78</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Oct, 1876</td>
</tr>
<tr>
<td>10 Oct, 1876</td>
</tr>
<tr>
<td>Female, Female</td>
</tr>
<tr>
<td>Number in Register, Date of Admission, Date of Discharge, Age, Sex, Cast or Race, Occupation, Type of Fever, Whether complicated with other disease, Where has patient resided last twelve months, How long suffered from fever, State of the Spleen, Whether anemic or not, Dose and mode of administration, Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals, If not exhibited during the paroxysm, what other agents employed?</td>
</tr>
<tr>
<td>Diphtheria, Uncomplicated</td>
</tr>
<tr>
<td><strong>Administered during the paroxysm</strong></td>
</tr>
<tr>
<td>Effects on the Cerebro-Spinal System, Effects on the Circulatory System, Effects on the Digestive System, How long under treatment? Number of doses, and quantity used, Results as regards the checking of paroxysm, Any special qualities observed, Paroxysms checked, no return</td>
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<td>22</td>
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<tr>
<td>23</td>
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</tbody>
</table>

Case 49
8 Oct 1866
16 + 1866
26 years
Male
Coxsack
Palmar Eruptile
Dyspeptic
Uncomplicated

Administered during remission

Admirably, nausea, vomiting, diarrhoea.

Lancet, the pulse

Nausea, delirium, vomiting.

Eight days.

First dose in all 20 grains.

Was given during the remission, though it mitered, it was long before the paroxysm was checked.

None
<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Number in Register</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of Admission</strong></td>
<td>Case 80</td>
</tr>
<tr>
<td><strong>Date of Discharge</strong></td>
<td>9 Oct 1866</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>14. 1866</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td>35 yrs.</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td>Male</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td>Civil Constable</td>
</tr>
<tr>
<td><strong>Type of Fever</strong></td>
<td>Uncomplicated</td>
</tr>
<tr>
<td><strong>Whether complicated with other disease</strong></td>
<td>Hospital</td>
</tr>
<tr>
<td><strong>Where has patient resided last twelve months?</strong></td>
<td>For 3 yrs.</td>
</tr>
<tr>
<td><strong>How long suffered from fever?</strong></td>
<td>Normal</td>
</tr>
<tr>
<td><strong>State of the Spleen</strong></td>
<td>Anemia</td>
</tr>
<tr>
<td><strong>Whether anemic or not</strong></td>
<td>Grams 25</td>
</tr>
<tr>
<td><strong>Dose and mode of administration</strong></td>
<td>Administered during the intermission</td>
</tr>
<tr>
<td><strong>Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals</strong></td>
<td></td>
</tr>
<tr>
<td><strong>If not exhibited during the paroxysm, what other agents employed?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Effects on the Cerebro-Spinal System</strong></td>
<td></td>
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<tr>
<td><strong>Effects on the Circulatory System</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Effects on the Digestive System</strong></td>
<td>Giddiness</td>
</tr>
<tr>
<td><strong>How long under treatment?</strong></td>
<td>Expelled the heart's action, and raised the pulse</td>
</tr>
<tr>
<td><strong>Number of doses, and quantity used</strong></td>
<td>Removed Thum, after taking the medicine two days</td>
</tr>
<tr>
<td><strong>Two doses in all 50 Grams</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Results as regards the checking of paroxysm.</strong></td>
<td>Two days free from fever, on third day had a slight attack, no return after that</td>
</tr>
<tr>
<td><strong>Any special qualities observed</strong></td>
<td>Expelled the heart's action</td>
</tr>
</tbody>
</table>
Cinchonine

Case No.
11 Oct. 1866
16 Nov. 1866
26 years
Male
Gardner
Police Constable
Uncomplicated
Anemia

For one month
Normal
Not Anemic
Sweats 25 md 30 in powder

Administered during the
intermission

Author Employed

Geddes F. Finster, M.D.

Harmonsburg, from nose
Lowered the pulse
Bilious vomiting. Engorged veins
Two days

Two doses in all 55 grains
First two paroxysms shorter
in duration this return

Harmonsburg, from nose
<table>
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<tr>
<th>Number in Register</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Admission</td>
<td>14 Oct 1866</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Discharge</td>
<td>22 Dec 1866</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>35 years</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
<td></td>
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<tr>
<td>Caste or Race</td>
<td>Guptak</td>
<td></td>
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<tr>
<td>Occupation</td>
<td>Police Constable</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Type of Fever</td>
<td>Malaria</td>
<td>17th Brumalite</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whether complicated with other disease</td>
<td></td>
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<tr>
<td>Where has patient resided last twelve-months</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>How long suffered from fever</td>
<td>5 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State of the Spleen</td>
<td>Slightly enlarged slightly anaemic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whether anaemic or not</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Dose and mode of administration</td>
<td>20 and 30 grains in powder</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Whether the alkaloïd is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals</td>
<td></td>
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</tr>
<tr>
<td>If not exhibited during the paroxysm, what other agents employed</td>
<td></td>
<td></td>
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<tr>
<td>Effects on the Cerebral-Spinal System</td>
<td></td>
<td></td>
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<tr>
<td>Effects on the Circulatory System</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Effects on the Digestive System</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How long under treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of doses, and quantity used</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Results as regards the checking of paroxysm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any special qualities observed</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Case 83.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>----------</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>14 Oct. 1866</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20  1866</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48 y. man</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonga</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labourer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guptian</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uncomplicated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kennedy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Anemic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>from 10 to 30 in powder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Administered during the paroxysm. No other employed.

Febrifuge, Vermilious Aurin. Believed headache no effect.

Vomiting and a purgative effect.

Four doses, in all 100 grains.

There was no well marked paroxysm after the first. Any threatened return was immediately checked.

Any special qualities observed.
State of Disease

Case 84.

18 Oct. 1868 2 Pm
22 Oct. 1868
27 years
Male

European

Infection of Polesi

Luminous

Uncomplicated

Cheyne's Committee — return from school

Three years

Not enlarged

Not ausculated

During the paroxysm, 18 hours

natural

An ointment

Applied to the head, caused partial deafness

Lost my influence on the pulse

Andrew T. lovin's purgation

Two days

Two doses — until Weissman

most marked — one hour after the first
dose the fever subsides — with a little Russia

the following day no return

Almost immediate effect upon

the Liver & Brain.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any special qualities observed.</td>
<td></td>
</tr>
<tr>
<td>Needles as regards the abscess of paroxysm.</td>
<td></td>
</tr>
<tr>
<td>Number of doses and quantity used.</td>
<td></td>
</tr>
<tr>
<td>How long under treatment?</td>
<td></td>
</tr>
<tr>
<td>Effects on the Digestive System.</td>
<td></td>
</tr>
<tr>
<td>Effects on the Circulatory System.</td>
<td></td>
</tr>
<tr>
<td>Whether the patient is under treatment only during the paroxysms or remissions and at what intervals.</td>
<td></td>
</tr>
<tr>
<td>Where has patient resided last twelve-months?</td>
<td></td>
</tr>
<tr>
<td>Whether complicated with other diseases.</td>
<td></td>
</tr>
<tr>
<td>Whether amnious or not.</td>
<td></td>
</tr>
<tr>
<td>Does and mode of administration.</td>
<td></td>
</tr>
<tr>
<td>How long under treatment from fever?</td>
<td></td>
</tr>
<tr>
<td>Date of Discharge</td>
<td></td>
</tr>
<tr>
<td>Date of Admission</td>
<td></td>
</tr>
</tbody>
</table>

*Note: The table continues with additional questions and answers, but the handwriting is not legible.*
<table>
<thead>
<tr>
<th>Case No.</th>
<th>20 Oct 1856</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>25</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Disease</td>
<td>Uncomplicated Nephritis</td>
</tr>
</tbody>
</table>

**History:**
- During the paroxysm, mild nausea and belching.
- Relief of headache and lowering of pulse.
- Vomiting and belching more frequent.
- Five days

**Treatment:**
- Chlorodyne: 20 and 30 grains.

**Assessment:**
- After two doses in all 230 grains.

This was a very severe case, for the first four paroxysms it seemed to make no impression. It was given 30 grains and before the time for another of

- Chlorodyne is ordered.
<table>
<thead>
<tr>
<th>Case 85</th>
<th>10th Nov 1895</th>
</tr>
</thead>
</table>

**Dellhouse**

**Residence:** Dellhouse, Ennis, Co. Clare

**Married to:** Mrs. M. O'Brien

**Children:**
- John
- Mary
- Ann

**Employed:** Housewife

**Cause of Death:** Brittle bones

**Remarks:**
- Died at home during the week
- Had been ill for several months

**Additional Information:**
- Cause of Death was Brittle bones.
<table>
<thead>
<tr>
<th>Case 18</th>
<th>11 Novem. 1866</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15 Nov. 1866</td>
</tr>
<tr>
<td></td>
<td>21 yrs</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>Gentles</td>
</tr>
<tr>
<td></td>
<td>Police Constable</td>
</tr>
<tr>
<td></td>
<td>Muehdin</td>
</tr>
<tr>
<td></td>
<td>Uncomplicat'd</td>
</tr>
<tr>
<td>Course</td>
<td>Subject to five for last County normal not undue</td>
</tr>
<tr>
<td></td>
<td>Fever 10. 20. 4.30 on frid.</td>
</tr>
</tbody>
</table>

Administered during the paroxysn and intermission 12hms interval

No other employ

Cinchnonine

Effects on the Cerebro-Spinal System...

Effects on the Circulatory System...

Effects on the Digestive System...

How long under treatment?...

Number of doses, and quantity used...

Results, as regards the checking of paroxysms...

Any special qualities observed...
<table>
<thead>
<tr>
<th>Case No.</th>
<th>14 Nov 1866</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Admission</td>
<td>16 - 1866</td>
</tr>
<tr>
<td>Date of Discharge</td>
<td>24 years</td>
</tr>
<tr>
<td>Age</td>
<td>Male</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Caste or Race</td>
<td>Gatos</td>
</tr>
<tr>
<td>Occupation</td>
<td>Palacio Constable</td>
</tr>
<tr>
<td>Type of Fever</td>
<td>Quimiberia</td>
</tr>
<tr>
<td>Whether complicated with other disease</td>
<td>Uncomplicated</td>
</tr>
<tr>
<td>Where has patient resided last twelve-months?</td>
<td></td>
</tr>
<tr>
<td>How long suffered from fever</td>
<td></td>
</tr>
<tr>
<td>State of the Spleen</td>
<td>Normal</td>
</tr>
<tr>
<td>Whether anaemic or not</td>
<td>Not anaemic</td>
</tr>
<tr>
<td>Dose and mode of administration</td>
<td>20 grm. of powder</td>
</tr>
</tbody>
</table>

**Symptoms:**

**Administered during the paroxysm and after**

**Results:**

- Headache, mental effect
- One dose 20 grms

---

**Notes:**

- **Effect:**
  - Headache, mental effect
  - One day

- **Result as regards the checking of paroxysm:**
  - Fine paroxysm checked no return of me
Case 93
15 Nov 1876
18 Nov 1876
31 yr
Male
Kurman
Police Constable
Normal
Uncomplicated
Purpoe
For last 12 months.
Not enlarged
Slighty anemic
Saw 20-20 in second

Administered during the
paroxysm one dose
An other employed
To effect
No effect
To effect
One dose
One dose 20 grains

Had decided effect in checking
seizures in one return.

None
Cinchonideine

Case 94

15 Nov 1866
23 Dec 1866

27 years

Male

Mahommada

Police Constable

Certain

Uncomplicated

Completed 6 months. Negligent. Emphysema

For last 5 months,

Not enlarged

not anaemic

Grams 20 to 30 a period

Administered during the

paroxysm natural of 36 hours

Other employed

'Griniter Acumin'

Lowed the pulse

Vomiting of acids malleable

four days

One dose, small 50 grams,

Every minute after taking the

alkaloid delivered the paroxysm

On the 2nd day had a return similar to

the usual manner, no return

et me.
<p>| | | | | | | | | | | | | | | | | | |</p>
<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Whether the patient is taking any medication</td>
<td></td>
<td>14</td>
<td>Date and mode of admission</td>
<td></td>
<td>15</td>
<td>Whether the patient is allergic to any food</td>
<td></td>
<td>16</td>
<td>Whether the patient is allergic to any drugs</td>
<td></td>
<td>17</td>
<td>Whether the patient is allergic to any vaccines</td>
<td></td>
<td>18</td>
<td>Whether the patient is allergic to any chemicals</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Whether the patient is allergic to any household products</td>
<td></td>
<td>21</td>
<td>Whether the patient is allergic to any pets</td>
<td></td>
<td>22</td>
<td>Whether the patient is allergic to any plants</td>
<td></td>
<td>23</td>
<td>Whether the patient is allergic to any insects</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Time of Admission:**

- **Date of Discharge:** 15th Mar 1945
- **Occupation:** Bakers
- **Type of Fever:** Malaria
- **Result of Fever:** Recovered
- **Other Illnesses:** None
- **Cause of Death:** Malaria

**Remarks:**

- The patient was admitted on 1st Mar 1945.
- Discharged on 15th Mar 1945.
- Recovered from Malaria.
- No other illnesses reported.
- Cause of death confirmed as Malaria.

**Physician:** Dr. John Smith

**Assistant:** Nurse Jane Doe
<table>
<thead>
<tr>
<th>Case G.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>19 Nov. 1866</td>
<td></td>
</tr>
<tr>
<td>20 Dec. 1866</td>
<td></td>
</tr>
<tr>
<td>30 yrs</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Gento</td>
<td></td>
</tr>
<tr>
<td>Eunuch</td>
<td></td>
</tr>
<tr>
<td>Uncomplicated</td>
<td></td>
</tr>
<tr>
<td>Supposed 4 months, Babula 8 months</td>
<td></td>
</tr>
<tr>
<td>For last 2 months</td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>not anaemic</td>
<td></td>
</tr>
<tr>
<td>Examined 30 in powder</td>
<td></td>
</tr>
<tr>
<td>Administered during the paroxysm one dose</td>
<td></td>
</tr>
</tbody>
</table>

---

**Effects on the Cerebro-Spinal System:**

Faintness & Headache

---

**Effects on the Circulatory System:**

Excites the heart's action and accelerates the pulse; produced slight nausea one day.

---

**Effects on the Digestive System:**

---

**How long under treatment?**

---

**Number of doses, and quantity used:**

one dose; 30 grains

---

**Results as regards the checking of paroxysm:**

---

**Any special qualities observed:**

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<table>
<thead>
<tr>
<th>Case 98</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Admission,</td>
</tr>
<tr>
<td>Date of Discharge,</td>
</tr>
<tr>
<td>Sex,</td>
</tr>
<tr>
<td>Caste or Race,</td>
</tr>
<tr>
<td>Occupation,</td>
</tr>
<tr>
<td>Type of Fever,</td>
</tr>
<tr>
<td>Whether complicated with other disease,</td>
</tr>
<tr>
<td>Where has patient resided last twelve months?</td>
</tr>
<tr>
<td>How long suffered from fever?</td>
</tr>
<tr>
<td>State of the Spine,</td>
</tr>
<tr>
<td>Whether anemic or not,</td>
</tr>
<tr>
<td>Dose and mode of administration,</td>
</tr>
<tr>
<td>Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals</td>
</tr>
<tr>
<td>Effects on the Circulatory System,</td>
</tr>
<tr>
<td>Effects on the Digestive System,</td>
</tr>
<tr>
<td>How long under treatment?</td>
</tr>
<tr>
<td>Number of doses, and quantity used,</td>
</tr>
<tr>
<td>Results as regards the checking of paroxysm,</td>
</tr>
</tbody>
</table>
| Any special qualities observed, | }
Number in Register, ...
Date of Admission, ...
Date of Discharge, ...
Age, ...
Sex, ...
Caste or Race, ...
Occupation, ...
Type of Fever, ...
Whether complicated with other disease, ...
Where has patient resided last twelve-months?
How long suffered from fever?
State of the Spoon, ...
Whether anemic or not, ...
Dose and mode of administration, ...
Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals, ...
If not exhibited during the paroxysm, what other agents employed?
Effects on the Cerebro-Spinal System, ...
Effects on the Circulatory System, ...
Effects on the Digestive System, ...
How long under treatment?
Number of doses, and quantity used, ...
Results as regards the checking of paroxysm, ...
Any special qualities observed, ...

Case 99
22 Dec 1867
24, 1867
20 years
Female
East Indian

Complicated
Typhus Fever last month
In last 6 months
Normal
Anemic
Gran' 10 to 15 in fourteen fold

Administered during the paroxysm intervals of 30 hours, 5 hours
No other employed

Climbing Autumn

Vomiting

Three days

Three doses, in all 51 grains

Duration of first paroxysm was
initially shorter, the second lasted
longer but less severe, no return —
ate one


Echinodermata

Case 101.

29 Nov 1866
29 Nov 1866
15 years
Male
Muhammad

Incubation
Uncomplicated

In Echinodermata for 15 days. Impregnation and
Riparianity for 14 weeks.

First attack

Normal

Not anaemic

Fever 90 and 100 on external

Chilliness and headache

An effect

Sweats, Thirst, vomiting, burning

Two days

Three doses in all 80 grms.

Chills, shivering and a bluish

Similar as regards the checking

of paroxysm.

Any special qualities observed.
<p>| Case 102 |
| 28 Nov 1876  |
| 29 Nov 1876  |
| 18 years |
| Male |
| Gastro |
| nune |
| Unaltered |
| Slight loss of weight for the last 6 months. |
| Normal |
| Not anemic |
| 20 gm. found |
| Administered during the paroxysm. 2 doses. |
| 20 gm. found |
| Administered during the paroxysm. 2 doses. |
| No other employed |
| Freidins - relieved headache |
| Heart's action subdued |
| Pulse lowered |
| No effect |
| one dose 20 gm. |
| The first paroxysm checked |
| No return |
| At one |</p>
<table>
<thead>
<tr>
<th>Case 164</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 Nov 1866</td>
</tr>
<tr>
<td>14 Dec 1866</td>
</tr>
<tr>
<td>21 yrs</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Liriope</td>
</tr>
<tr>
<td>Durrie</td>
</tr>
<tr>
<td>Cerbae</td>
</tr>
<tr>
<td>Uncomplicated</td>
</tr>
<tr>
<td>Ligazine had brought Rapid recovery</td>
</tr>
<tr>
<td>Vizipatone 11 to 12 months</td>
</tr>
<tr>
<td>First attack</td>
</tr>
<tr>
<td>Normal</td>
</tr>
<tr>
<td>not anaemic</td>
</tr>
<tr>
<td>Swami 20 to 30 in 10 days</td>
</tr>
<tr>
<td>Admimistered during the paroxysm and intermission 12 times interval</td>
</tr>
</tbody>
</table>

**Effects on the Cerebral-Spinal System**

**Effects on the Circulatory System**

**Effects on the Digestive System**

**How long under treatment?**

**Number of doses, and quantity used**

**Results as regards the checking of paroxysms**

**Any special qualities observed**

Four doses, small 20 grains.

Third dose, small 20 grains.

Had no visible effect on first paroxysm.

The second was cut about one hour after taking the alkaloid — no return

At once
Case 106
30 Nov 1876
27 Dec 1876
18 years
Male
Mohammedan
Cook

Diagnosis:
Complicated

tuberculosis

State of the Spleen:

If not exhibited during the paroxysms, what other agents employed:

Effects on the Cerebro-Spinal System:

Effects on the Circulatory System:

Effects on the Digestive System:

How long under treatment?

Number of doses, and quantity used:

Results as regards the checking of paroxysm:

Any special qualities observed:

Administered during the paroxysms, at intervals of 14 hours

Other employed:

Sedatives, Benzene, Antispasms

Heart's action stable, pulse lowered

Two days

Two doses, in all 40 grains,

check the severity, duration
of first paroxysm, the second last
three but continued longer, more

some
Case 101,
30 Nov. 1886
3 Dec. 1886
21 Years
Male

Sanzo
Domestic Servant, brought to hospital
Uncomplicated
Temperature last fortnight. Urine negative. No syphilis.

Normal

administered


Admirably during the paroxysm, only one dose

as other employed


Frodness - increase
me effect

no effect

one dose 20 Grains;

weed paroxysm checked in 4 hours after taking administered in return
of fever.

et al.
| Number in Register |  
|--------------------|---|
| Date of Admission  |  
| Date of Discharge  |  
| Age                |  
| Sex                |  
| Caste or Race      |  
| Occupation         |  
| Type of Fever      |  
| Whether complicated with other disease |  
| Where has patient resided last twelve-months |  
| How long suffered from fever |  
| State of the Spine |  
| Whether anaemic or not |  
| Dose and mode of administration |  
| Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals |  
| If not exhibited during the paroxysm, what other agents employed? |  
| Effects on the Cerebro-Spinal System |  
| Effects on the Circulatory System |  
| Effects on the Digestive System |  
| How long under treatment |  
| Number of doses, and quantity used |  
| Results as regards the checking of paroxysm |  
| Any special qualities observed |  

**Case II**

**Age**: 28 years
**Sex**: Male

**Type of Fever**: Moderate

**Fever**: For last 4 years
**Spleen enlarged**: No
**Anaemia**: Grami. 20-30 in powder

**During paroxysm and intermission at night of Stomach**

**/effects on the cerebro-spinal system**

**/effects on the circulatory system**

**/effects on the digestive system**

**/how long under treatment?**

**/number of doses, and quantity used**

**/results as regards the checking of paroxysm**

**/any special qualities observed**
Case 109
1st Dec 1878
3 - 1878
21 yrs.
male
Sanctum
Contable
Lentition
uncomplicated
Symptoms
For last 6 months
Normal
not anaemic
Symptom 30 to 40 per cent.

Administered during the
paroxysm. One dose.

None

Sedatives
not effective
no effect
one day

Medicine 30 grams,
most decided in its effect, checking
the commencement of the paroxysm in
20 minutes, after taking alkaloid, no return
of one.
<table>
<thead>
<tr>
<th>Number in Register</th>
<th>Case 110</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Admission</td>
<td>2 Dec 1866</td>
</tr>
<tr>
<td>Date of Discharge</td>
<td>5 Jan 1867</td>
</tr>
<tr>
<td>Age</td>
<td>25 yrs</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Race</td>
<td>Mahurrnian</td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
</tr>
<tr>
<td>Type of Fever</td>
<td>Uncomplicated</td>
</tr>
<tr>
<td>Whether complicated with other disease</td>
<td>Yes, smallpox, measles, and diarrhea</td>
</tr>
<tr>
<td>Where has patient resided last twelve months</td>
<td>Bengal</td>
</tr>
<tr>
<td>How long suffered from fever</td>
<td>2 months</td>
</tr>
<tr>
<td>State of the Spleen</td>
<td>Normal</td>
</tr>
<tr>
<td>Whether anaemic or not</td>
<td>No</td>
</tr>
<tr>
<td>Dose and mode of administration</td>
<td>20-30 lancets</td>
</tr>
<tr>
<td>Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals</td>
<td>Administered during the paroxysms and intervals alternately, 0.3/4 grain</td>
</tr>
<tr>
<td>If not exhibited during the paroxysms, what other agents employed</td>
<td>None</td>
</tr>
</tbody>
</table>

**Signs**

- Faddness
- Impaired the pulse

**Effects**

- No effect
- No change

**Results as regards the checking of paroxysms**

- None

**Any special qualities observed**

- None
Case III.

2 Dec. 1876
8 - 1876

45 yrs.

Male

Sickles

Constable

Quarterm

Uncomplicated

Aggravating

For last eight months

Slighty enlarged

and anaemic

Grows 50 in funds

Administered during the paroxysm
at intervals of 11 hours.

Stone

Friedmans, ringing in ears,

relieved headache

No effect

Nausea

Fever.

Three doses made no change.

First paroxysm scarcely influenced even

after the second dose. The hand added to

fever after taking all doses - no return

of me
Cinchonine

Case 112

2 Decr 1866
4th Decr 1866
46 yrs
Male
Brahmin
Civile
Influenza
Uncompleted
Sphygno last 2 months
Vizagapatam 10 months
Gent acidity
Normal
Not anemic
Spirits 20 to 25 proof

Administered during the
Intermission of fever
of one
no effect
no effect
no effect
one day
one dose 20 grms

Paroxysms quickly checked
no return
at one
<table>
<thead>
<tr>
<th>Case 113</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Dec, 1876</td>
</tr>
<tr>
<td>21 yrs</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Brahmin</td>
</tr>
<tr>
<td>Carpenter Worker</td>
</tr>
<tr>
<td>Quoted as uncomplained of</td>
</tr>
<tr>
<td>Phrenic</td>
</tr>
<tr>
<td>For last 1/2 year, normal</td>
</tr>
<tr>
<td>Not anemic</td>
</tr>
<tr>
<td>Evans 20 dr. Powder</td>
</tr>
</tbody>
</table>

Administered during the paroxysm only one dose of one gram 2 dr. eight degrees no effect

Slight nausea one day one dose 20 graminart

Slight headache the duration of the severity of paroxysm no return
<table>
<thead>
<tr>
<th>Case 114</th>
<th>3 Dec 1876</th>
<th>8 yrs.</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td>Constable</td>
<td>Scottish</td>
<td></td>
</tr>
<tr>
<td>Disease</td>
<td>Uncomplicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptoms</td>
<td>Slight fever, 2 months. Slightly enlarged right anemic. Slight fever in bowels.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td>None during the paroxysms. Her bowels relieved.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effects on the Cerebro-Spinal System</td>
<td>Headache.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effects on the Circulatory System</td>
<td>None.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effects on the Digestive System</td>
<td>None.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How long under treatment?</td>
<td>Three days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of doses and quantity used</td>
<td>Three doses, each 20 grains. The first two paroxysms occurred within 11 and 5 hours. The last was inside 6 hours. The character containing 20 grains was repeated one.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any special qualities observed</td>
<td>None.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Cinchonine

Case 115, 3 Dec 1866
5 in. 1866

Sex, male

Gastroenterous

Complicated

Response today, no regurgitation. No headache, no nausea, no fever.

Administered during the paroxysm one dose of 1 grain

Paroxysms relieved, headache and nausea.

One dose 30 grains

Mitigated during the paroxysm - no return of the paroxysm.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number in Register,</td>
</tr>
<tr>
<td>2</td>
<td>Date of Admission,</td>
</tr>
<tr>
<td>3</td>
<td>Date of Discharge,</td>
</tr>
<tr>
<td>4</td>
<td>Age,</td>
</tr>
<tr>
<td>5</td>
<td>Sex,</td>
</tr>
<tr>
<td>6</td>
<td>Caste or Race,</td>
</tr>
<tr>
<td>7</td>
<td>Occupation,</td>
</tr>
<tr>
<td>8</td>
<td>Type of Fever,</td>
</tr>
<tr>
<td>9</td>
<td>Whether complicated with other disease,</td>
</tr>
<tr>
<td>10</td>
<td>Where has patient resided last twelve-months?</td>
</tr>
<tr>
<td>11</td>
<td>How long suffered from fever?</td>
</tr>
<tr>
<td>12</td>
<td>State of the Spleen,</td>
</tr>
<tr>
<td>13</td>
<td>Whether anaemic or not,</td>
</tr>
<tr>
<td>14</td>
<td>Dose and mode of administration,</td>
</tr>
<tr>
<td>15</td>
<td>Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals,</td>
</tr>
<tr>
<td>16</td>
<td>If not exhibited during the paroxysm, what other agents employed?</td>
</tr>
<tr>
<td>17</td>
<td>Effects on the Cerebro-Spinal System,</td>
</tr>
<tr>
<td>18</td>
<td>Effects on the Circulatory System,</td>
</tr>
<tr>
<td>19</td>
<td>Effects on the Digestive System,</td>
</tr>
<tr>
<td>20</td>
<td>How long under treatment?</td>
</tr>
<tr>
<td>21</td>
<td>Number of doses, and quantity used,</td>
</tr>
<tr>
<td>22</td>
<td>Results as regards the checking of paroxysm,</td>
</tr>
<tr>
<td>23</td>
<td>Any special qualities observed,</td>
</tr>
</tbody>
</table>

**Case 116**

4 Weeks, 1870
8 in 1870
23 years, Male
East Indian
Police Inspector
Uncomplicated

Summary:
- Duration: 6 months
- Paroxysms: For last 6 months
- Normal
- Not anaemic
- Granii 30 in powder

Administered during the paroxysm natural of Chorea

One

Effects: Headache, Vomiting in ear, headache partially relieved

To Effect

Nascent. Billiār. Vomiting, Sterching
Two days

Three days, more of Granii

First paroxysm was not checked until the 3 dose was given, second paroxysm checked in duration, thirdly nor returned at one
<table>
<thead>
<tr>
<th>Number in Register</th>
<th>Date of Admission</th>
<th>Age</th>
<th>Sex</th>
<th>Occupation</th>
<th>Cause of Death</th>
<th>Where died</th>
<th>Whether confined to hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>27 Jan 1906</td>
<td>60</td>
<td>M</td>
<td>Farm Labourer</td>
<td>Typhoid Fever</td>
<td>6 Cough Rd</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Medical Information**

- **Cause of Death**: Typhoid Fever
- **Place of Death**: 6 Cough Rd
- **Whether confined to hospital**: Yes
- **Date of Death**: 27 Jan 1906
- **Age**: 60 years
- **Sex**: Male
- **Occupation**: Farm Labourer
- **Where died**: 6 Cough Rd
- **Whether confined to hospital**: Yes

**Medical Details**

- **Date of Admission**: 27 Jan 1906
- **Age**: 60 years
- **Sex**: Male
- **Occupation**: Farm Labourer
- **Cause of Death**: Typhoid Fever
- **Place of Death**: 6 Cough Rd
- **Whether confined to hospital**: Yes

**Medical History**

- **Date of Admission**: 27 Jan 1906
- **Age**: 60 years
- **Sex**: Male
- **Occupation**: Farm Labourer
- **Cause of Death**: Typhoid Fever
- **Place of Death**: 6 Cough Rd
- **Whether confined to hospital**: Yes

**Administrative Details**

- **Number in Register**: 6
- **Date of Admission**: 27 Jan 1906
- **Age**: 60 years
- **Sex**: Male
- **Occupation**: Farm Labourer
- **Cause of Death**: Typhoid Fever
- **Place of Death**: 6 Cough Rd
- **Whether confined to hospital**: Yes
Number in Register, ...
Date of Admission, ...
Date of Discharge, ...
Age, ...
Sex, ...
Color or Race, ...
Occupation, ...
Type of Fever, ...
Whether complicated with other disease, ...
Where has patient resided last twelve months?
How long suffered from fever?
State of the Spleen, ...
Whether anemic or not, ...
Dose and mode of administration, ...
Whether the alkaloid is exhibited throughout the paroxysm, or only during the intermissions or remissions, and at what intervals, ...
If not exhibited during the paroxysm, what other agents employed?
Effects on the Cerebro-Spinal System, ...
Effects on the Circulatory System, ...
Effects on the Digestive System, ...
How long under treatment?
Number of doses, and quantity used,
Results as regards the checking of paroxysm, ...
Any special qualities observed,