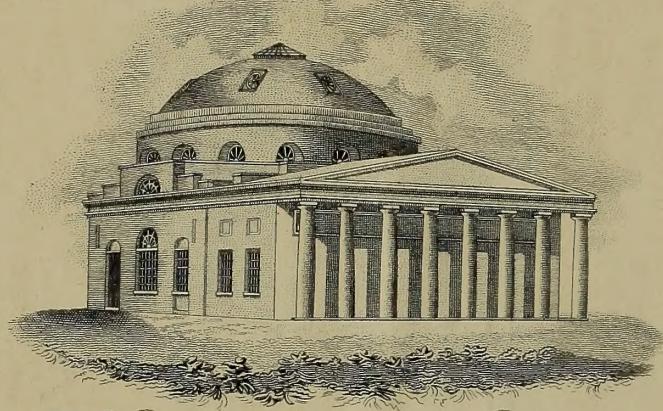


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*Early Dissertations of Medicine and Theoretical Physics Dissertations with
Corrected Tables of Contents*

These manuscripts described as either an *Inaugural Dissertation* or an *Inaugural Essay* were presented to the University of Maryland for the Degree of Doctor of Medicine and/or Doctor of Physic during the years 1693-1827. The individual dissertations were bound together during the 1940's. The original tables of contents for the bound volumes contained multiple errors in authors' names, titles, and/or years. To address these errors, an additional "Corrected Tables of Contents" has been inserted at the beginning of each volume.

The project team who investigated and corrected the tables of contents were Richard J. Beldie, Historical Laboratory Reservation Officer; Maria Mangan Palkat, Metadata Management Librarian; Aaptin Costello and Carol Hartig-Henry, Resources Division; Semil Uzalis, Alma Schorr and Michael Ward, Services Division.

These dissertations were digitized in 2011-2012 and are available at the UM Digital Archives (<http://hdl.handle.net/1903/1001>) and the Internet Archive (<http://www.archive.org/details/earlydissertati0000unse>).

University of Maryland Theses

Early Doctor of Medicine and Doctor of Physic Dissertations with Corrected Tables of Contents

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Quinton, Charles	Intestine	Cancer
Ford, Philip L.	Oxygen	
Davis, Henry W.	Medical Technology	
Arnold, Edward A.	Surgery	
Barkhouse, William	Pharmacology of	

(CORRECTED TABLE OF CONTENTS)

UNIVERSITY OF MARYLAND

THESES

1852 (a)

Author	Title	Notes
Gorman, Robert	Clinical Report of Six Cases	
Lincoln, Nathan S.	Rubeola	
Knotts, George P.	Diseases of the Mind	
Muller, John R.	Apoplexy	
Bartholow, Roberts	Calori Animali	(faded ink) (Latin)
Stonesifer, Lewis	Ergota	
Gray, Albert W.	Podagra	(partially faded ink)
France, George W.	Necrosis	
Hawkins, Peter W.	Clinical Report of Six Cases of Disease	
Frey, William Jr.	Puerperal Peritonitis	
Manning, Anthony L.	Duties of a Physician	
Cunningham, Charles	Intermittent Fever	(stained)
Field, Philip L.	Opium	
Davis, Henry W.	Medical Topography	
Arnold, Edward A.	Surgery	
Burkhardt, William	Phenomenon of Life	(no title page)

Author	Title	Notes
Stonestreet, E.E.	Clinical Report of Six Cases	
Neale, F.C.	Inflammation	
Wroth, William J.	Clinical Report of Six Cases of Disease	
Johnston, Robert	Phthisis Pulmonalis	
Hardey, William H.	Pneumonia	
Ross, William T.H.	Pathology of Dropsy	<i>(partially faded ink.)</i>
Hoxton, T.S.	Inguinal Hernia	



UNIVERSITY OF MARYLAND

THESES

1852 (4)

Gorman, Robert	Clinical Report of Six Cases	33p.
Lincoln, Nathan ^{S.} L.	Rubeola	14p.
Knotts, George P.	Diseases of the Mind	32p.
Muller, John R.	Apoplexy	23p.
Bartholow, Robert ^{sus}	Calori Animali (Latin)	10p.
Stonesifer, Lewis	Ergota	26p.
Gray, Albert ^{W.}	Podagra	30p.
France, George W.	Necrosis	33p.
Hawkins, Peter W.	Clinical Report of Six Cases of Disease	40p.
Frey, ^{William} Wm. Jr.	Puerperal Peritonitis	27p.
Manning, Anthony L.	Duties of a Physician	17p.
Cunningham		34
Cuppingham, Charles	Intermittent Fever	24p.
Field, Philip L.	Opium	27p.
Davis, Henry W.	Medical Topography	30p.
Arnold, Edward A.	Surgery	19p.
Burkhardt, ^{William} Wm.	Phenomenon of Life	13p.
Stonestreet, E. E.	Clinical Report of Six Cases	25p.
Neale, F. C.	Inflammation	43p.
Wroth, ^{William} Wm. J.	Clinical Report of Six Cases of Disease	45p.
Johnston, Robert ^{William}	Phthisis Pulmonalis	10p.
Hardey, ^{William} Wm. H.	Pneumonia	27p.

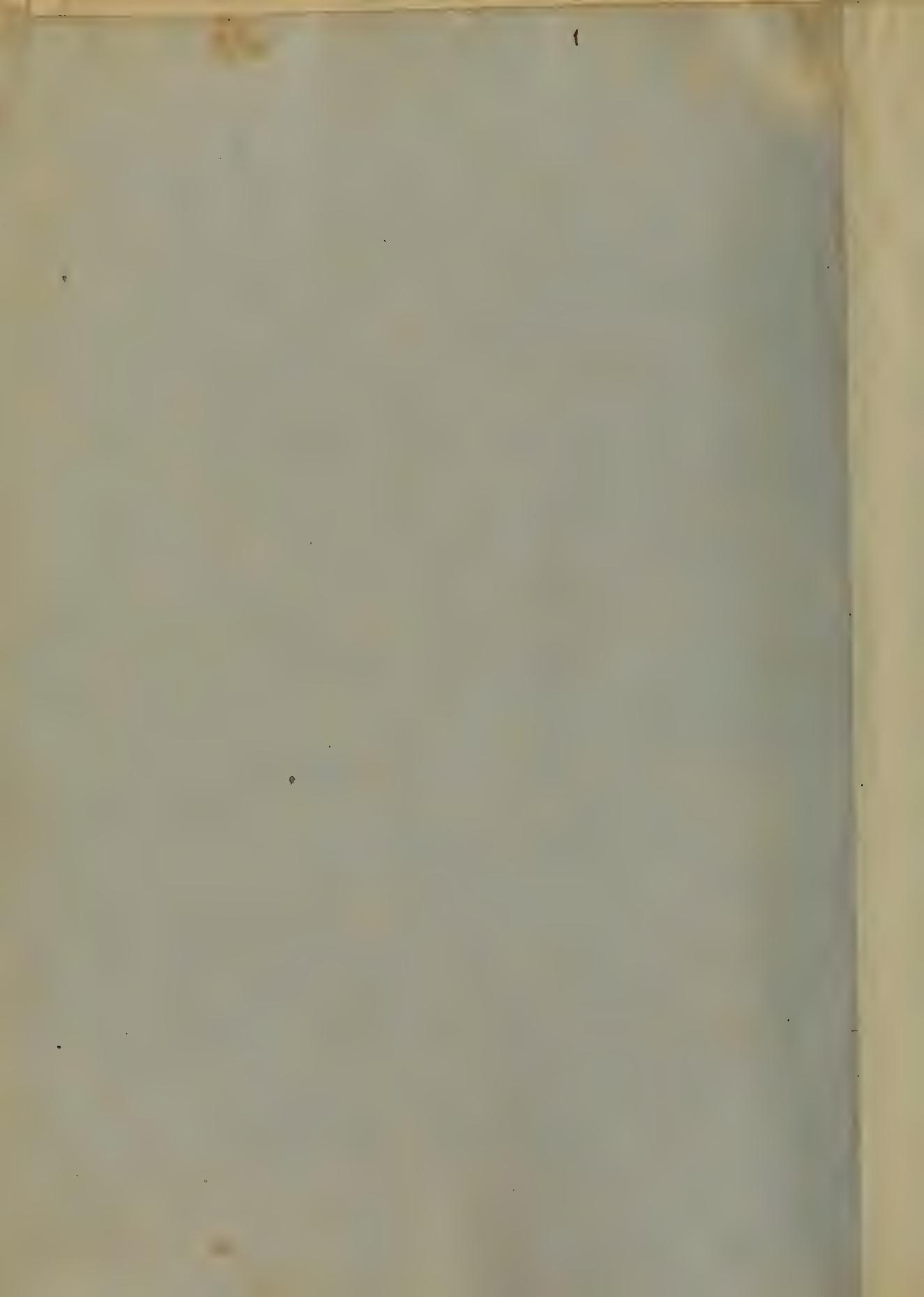
(2)

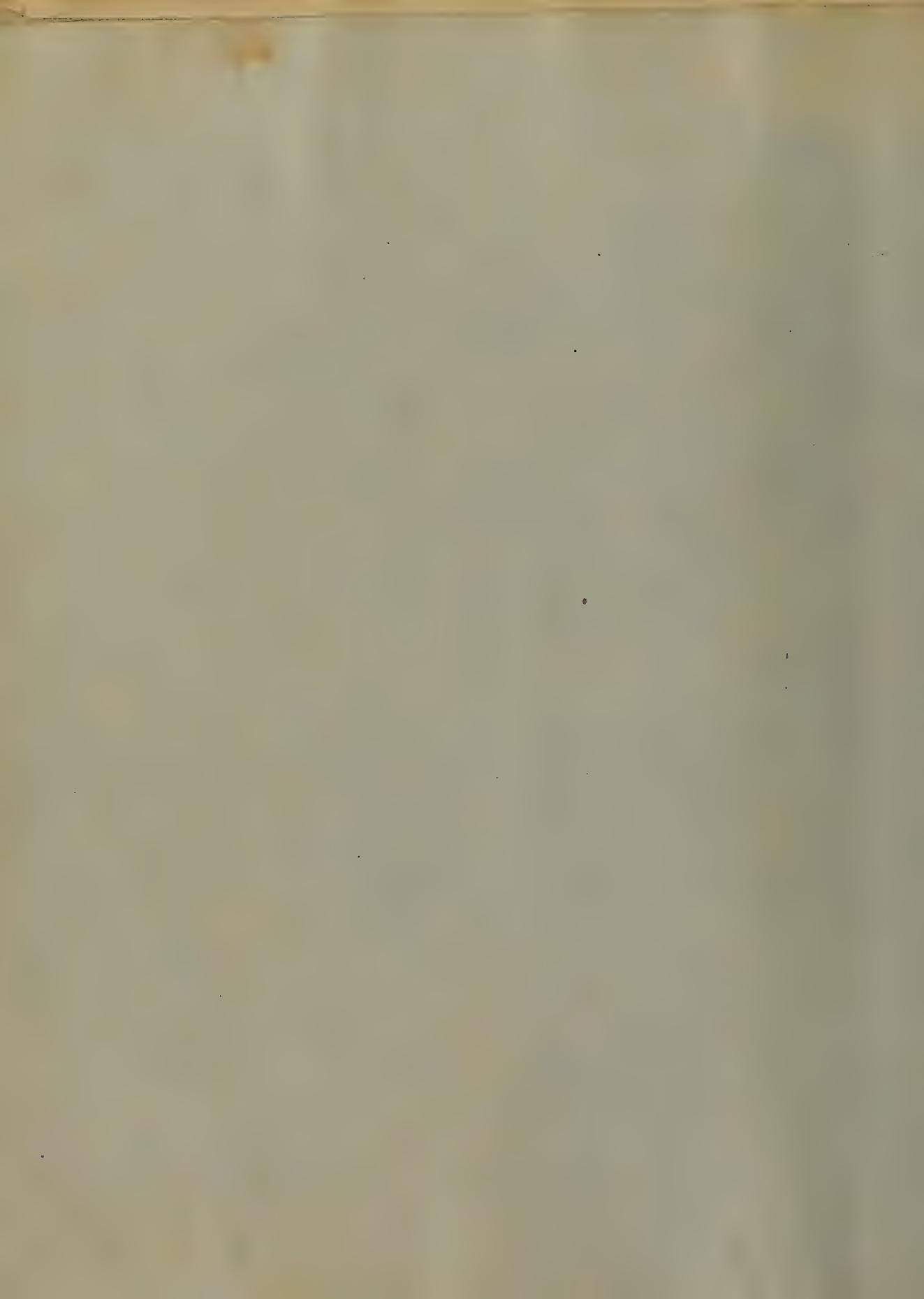
William Ross, Wm. T. H.	Pathology of Dropsy	23p.
Hoxton, T. S.	Inguinal Hernia	19p.

I.
Clinical Report
of Six Cases.

Submitted for the
examination of the Provost, Regents,
and Faculty of Physic of the
University of Maryland for the
Degree of Doctor of Medicine.

by Robert Gorman
of Florida
Baltimore Md
March 1832 MB
18902





1

Case of Typhoid Fever

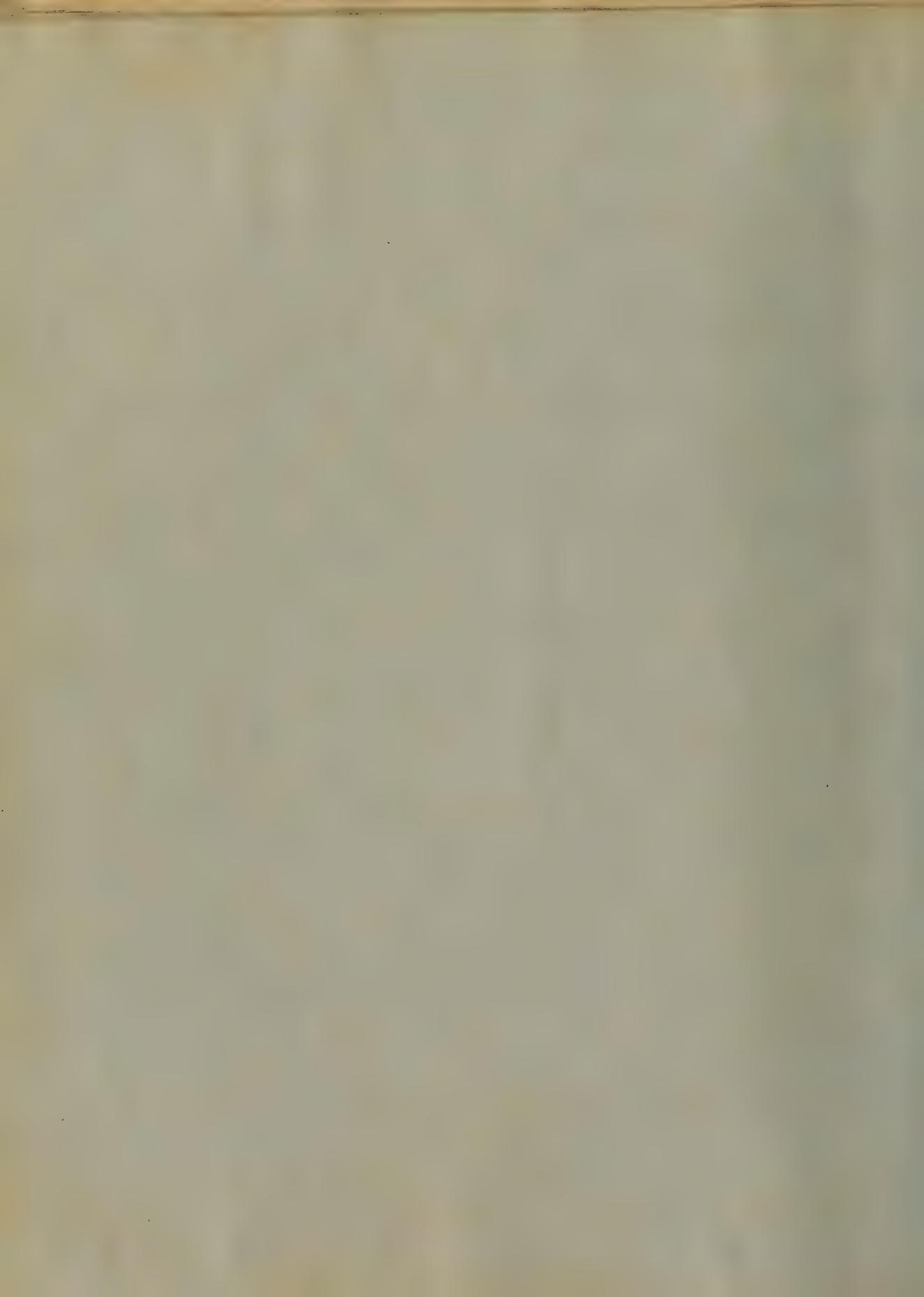
W^m Carroll - Aged 23 years - Admitted as
a patient, in the Baltimore Infirmary March the
31st, 1851 - Is a native of Ireland - Has been
five years in America - Is a labourer in
the gas house in Baltimore - Has been five
days sick - His previous health was good -
There is no sickness at the House where
he boarded - For several days previous to
his illness he felt lightheaded or the head
and general debility - Had some cough and
headache - On Thursday the 27th March he
felt dull and drowsy - Had frequent rigors
succeeded by flushes of heat - Suffered
from headache, pain in his back and sore
nubs over his body generally - Had no appe-
-tite whatever, but much thirst - Has had
shiverings succeeded by increased heat of the
surface every day since he became ill.
On Friday the 28th March he was so much
prostrated that he could not perform his du-

-ties, but took to his bed - Had epistaxis on Thursday, Saturday and Sunday - Took epsom salts on Friday the 28th and also on Sunday the 30th which purged him freely - Thinks his bowels were constipated before - Since first taken sick he has had deafness, tinnitus-aureum and vertigo. When admitted in the Name his pulse was 120 per min, - Countenance dull and stupified - Was suffering with pain in his head, back and limbs - Had some cough - Considerable thirst and heat of skin - Had epistaxis again the day (March 31st) - Staggered in walking to his bed - His hair was cut off and cold applied to his head - Was put on Alkaline Solution composed of Bicarb. Soda $\frac{3}{4}$ jij Chlorat. Potash $\frac{3}{4}$ jij aqua frigida Dose table spoonful every 2 hours - At p.m. 1st Has muttering delirium at intervals - some sores on his teeth and lips - Tongue dry and brownish - Respiration 28 per min, - Is very drowsy and stupified - Bowels rather loose - Was

cupped on the back of the neck to relieve the cerebral symptoms and the Alk. Salivation continued. Apr. 2^d, Patient is easier to day - is not delirious - Had epistaxis this morning which seems rather to benefit him than otherwise by relieving the head symptoms - Has gurgling in the right ilo-caecal region - Pulse early in the morning about 84 per. min., - At 12^o, it was 68 per. min., -

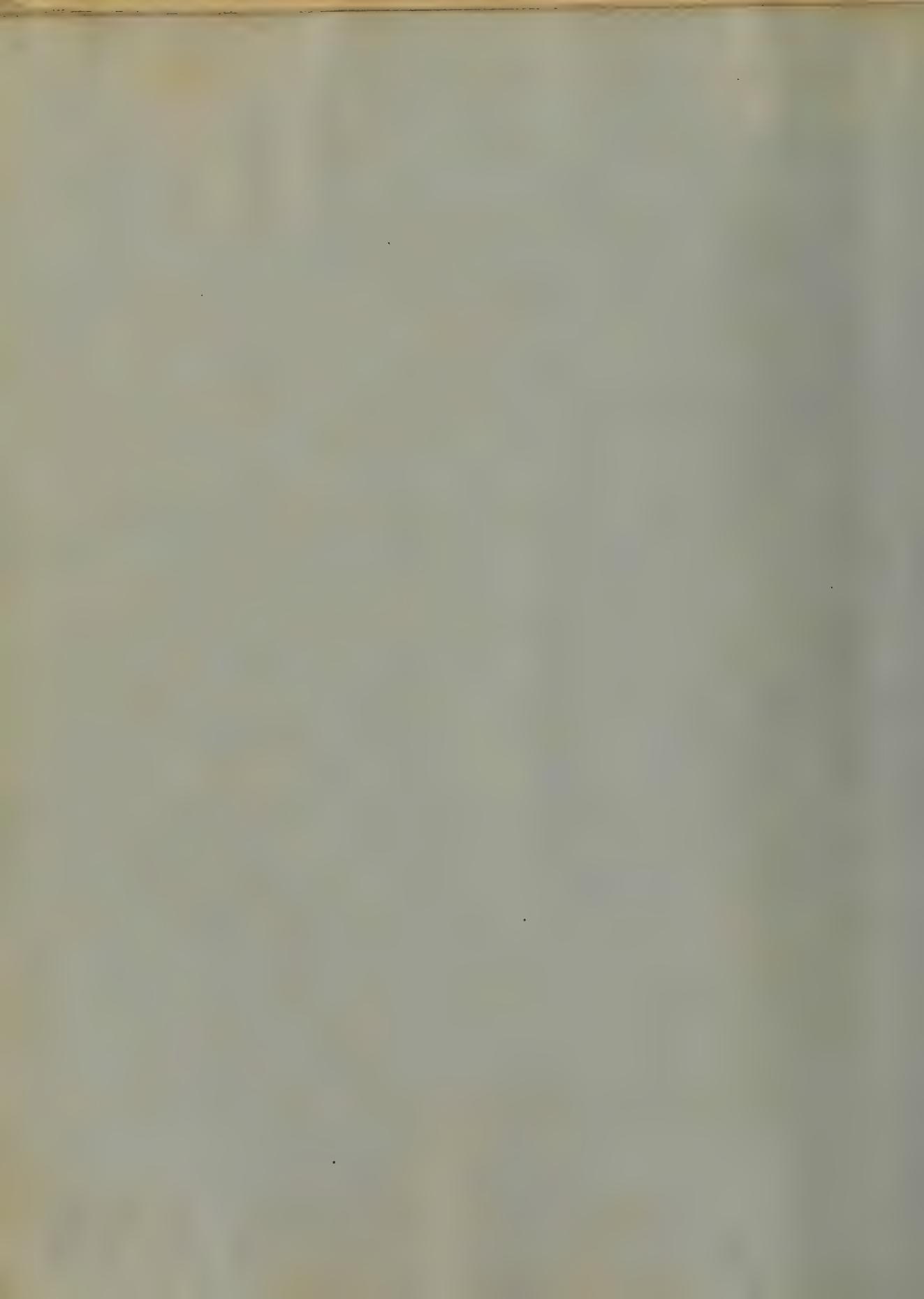
Alk. Salivation continued - Body sponged with cold water as often as agreeable to the patients feelings - No new spots yet present - Bowels sufficiently lax without the administration of cathartics - Has very little appetite for food - skin cool to day - Some motion of the abdomen -

Apr. 5th, Since the 2^d inst, there has been constantly present febrile symptoms such as before described - To day patient is doing very well - Pulse 75 per. min., - appetite returning - No new spots have yet appeared on the abdomen -



4

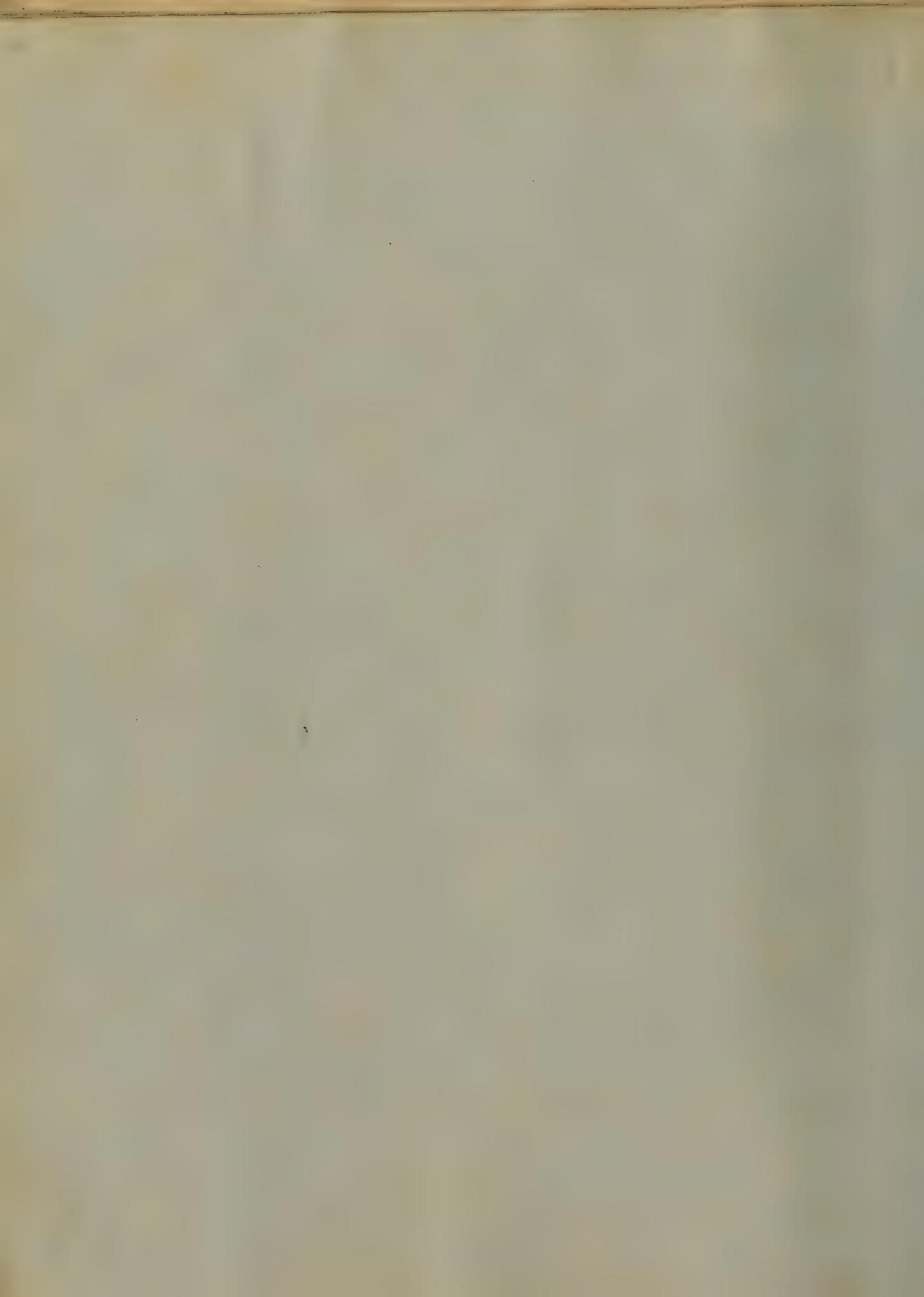
Abdomen still a little muteric - Tongue
cleaning - Came words on the teeth - Has no
headache or bleeding from nose - The pains
in his arms and lower extremities, which he
complained of, are less severe - Apr. 12th
Patient doing well - Has been taking an
emulsion composed of Gum. acacia: ℥ss = Nitrate
Potash: ℥ij = Tartar. Emetic grj = Aqua ℥xij ℥ Base table
spoonful every 2 hours - This was continued
two days and suspended - Alk. Sol. continued
Has had epistaxis to such an amount that
it was necessary to plug the nostrils - There
has been an rose coloured eruption over
the abdomen in his case - An aperient
has been requisite once or twice to move
his bowels - The treatment and management
above detailed was continued for some days
when the patient left the place convalescent.



Case of Intermittent Fever,

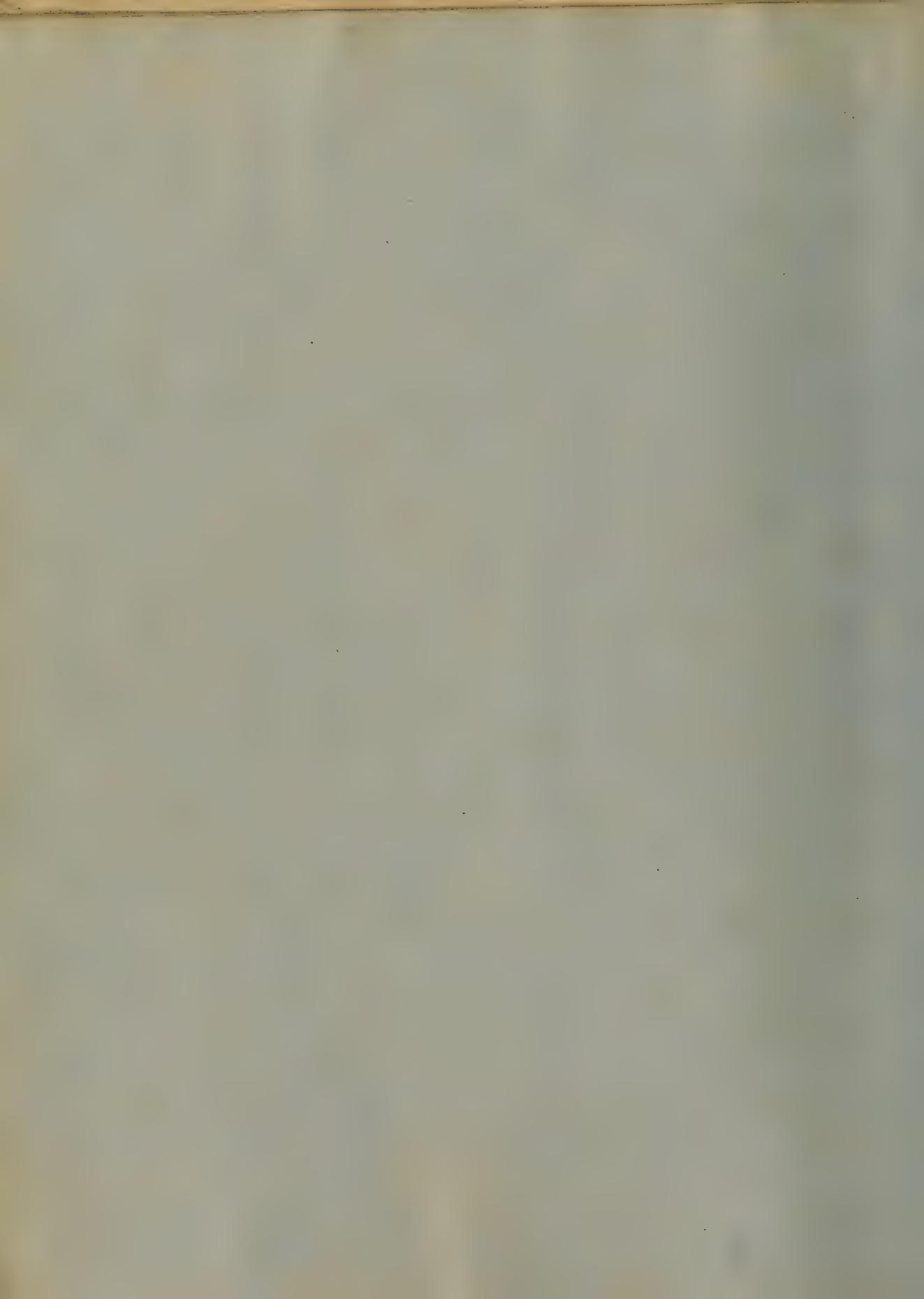
Michael Lane - Aged 14 years - Came into the Baltimore Infirmary, as a patient, Oct the 1st 1851 - Is a native of Ireland - Has been 5 years residing in the U.S. - Lives at present on Federal Hill Baltimore - His Mother died 5 weeks ago of Phthisis Pulmonalis - Patient was taken sick 6 days ago with pain in his back and limbs, and afterwards had a chill, followed by fever and sweating - The chills have continued coming on daily at about the same hour (P.M.) until yesterday when it came on about 10 P.M. -

This condition when admitted in the House was as follows - Pulse natural - Skin rather warmer than natural - Tenderness over the epigastrium - Tongue splanic enlargement - Bowels not moved to day - Slight headache - Has thirst - Tongue slightly



fused - Treatment - Patient was put on
Quinine gosij every 2 hours - Mild diet
directed - 5th A.M. not much change in
patients condition since morning -

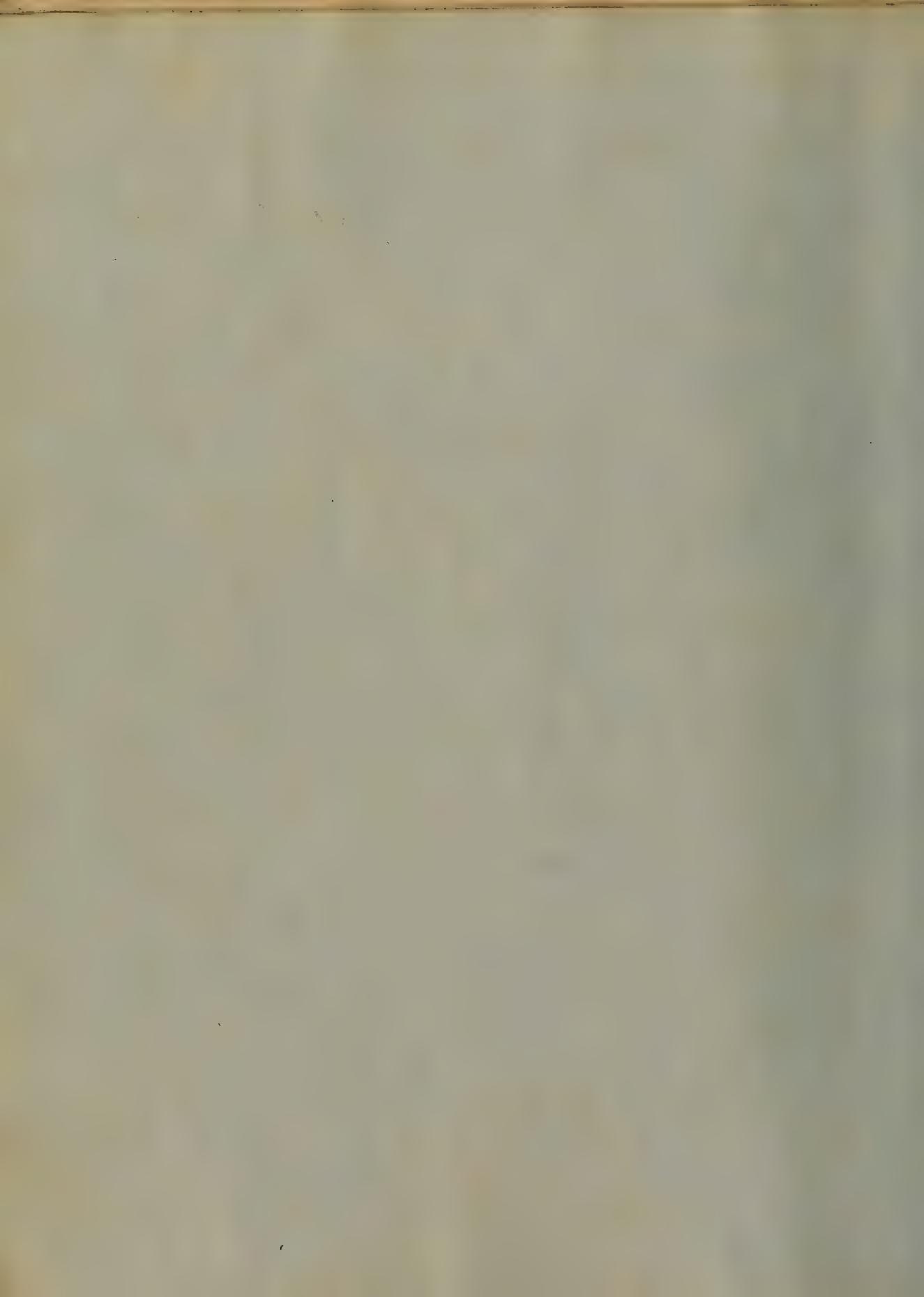
Pulse 100 per min, - Temperature of skin
nearly natural - Bowels were moved
about 4th & 5th this evening - Has no headache
- Some pain in left side - Has some
thirst. 5th patient feels some better
to day - Has no fever - Had no chill
or rise of fever yesterday - Pulse good
- Skin natural - Tongue very slightly furred
Has no headache - Bowels not moved
since yesterday evening - Appetite still
bad - Has some thirst - Quinine gosij every
2 hours ordered to be continued. Not 4th Pa-
tient had no fever yesterday - Bowels
constipated - Still has pain in left side -
Pulse good - Skin natural - Tongue little
furred yet - Slept well last night -
Ordered Castor-oil 3ij at 5th A.M. if his Bowels



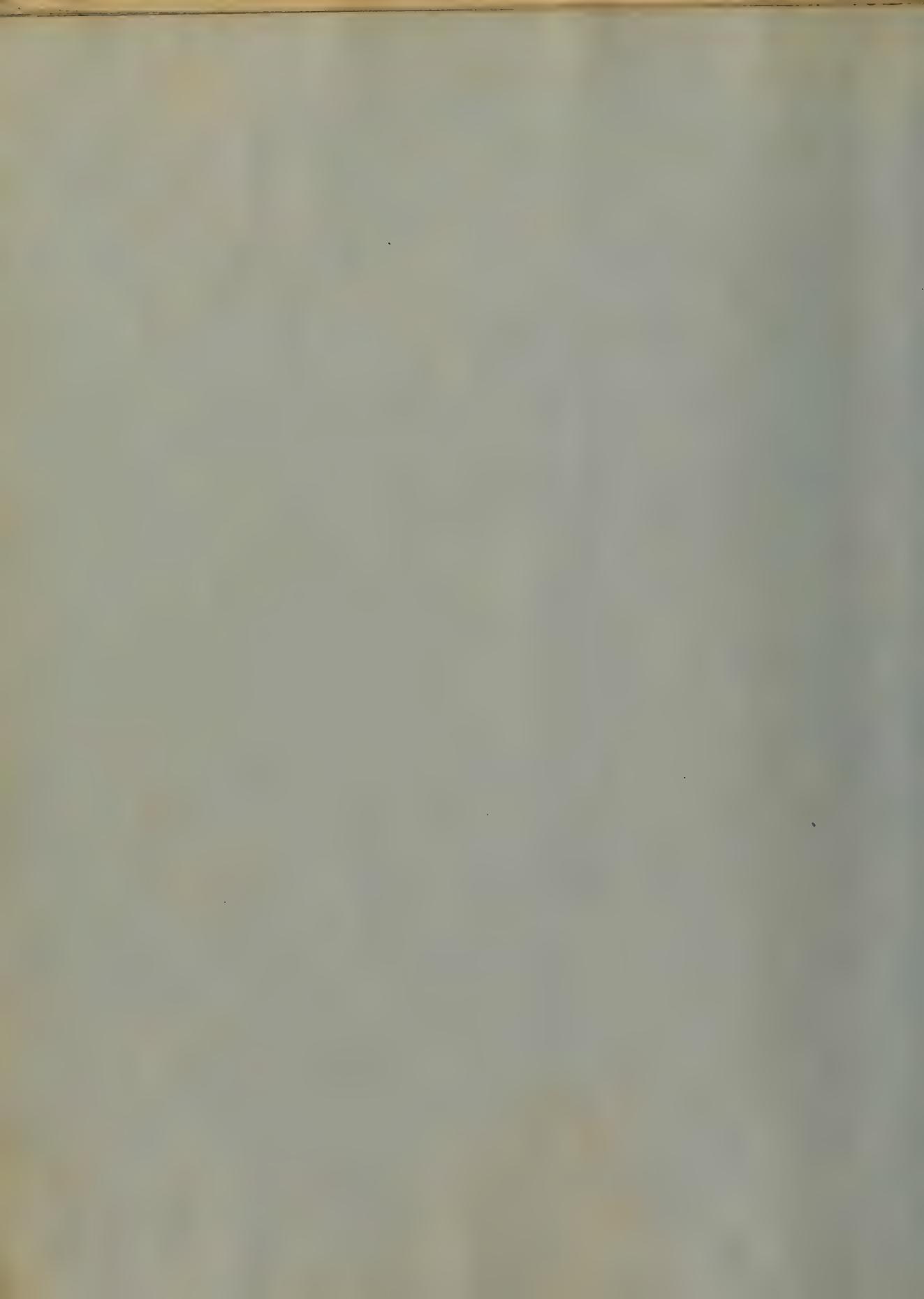
should not be moved before -

R 1/4 drachm: Patasp: 2j } Mix and make an
Eodine: 2ozx } Ointment - Portion to be
Adipis: 3j rubbed over the spleen
to, die, to promote absorption - Quinine 300
mg to be given every 4 hours instead of every
2 hours - Oct 5th Patient is better - Has
had no rise of fever - Bowels regular -
Sleeps well at night - Tongue natural
in appearance - Pulse natural in force
and frequency - Temperature of skin
pleasant - Appetite returning - Has had
no return of the chills or fever since
he has been under treatment - Quinine
ordered to be continued as before direc-
ted - Oct. 7th Still improving - Has no fe-
ver - Tongue clean - Pulse and skin nat-
ural - Begins to enjoy his food again -
slept well last night - Has no pain -

Quinine stopped and instead Tonie Powders order-
ed - Composed of Pulv. Cinchona: 3j -- Cast. Cerri: 3j



Patient still here. 31st He took morphine 3 times daily - Oct 8th Patient still improving - Zomice Powders ordered to be continued as before directed - Patient left the Hospital to day convalescent.



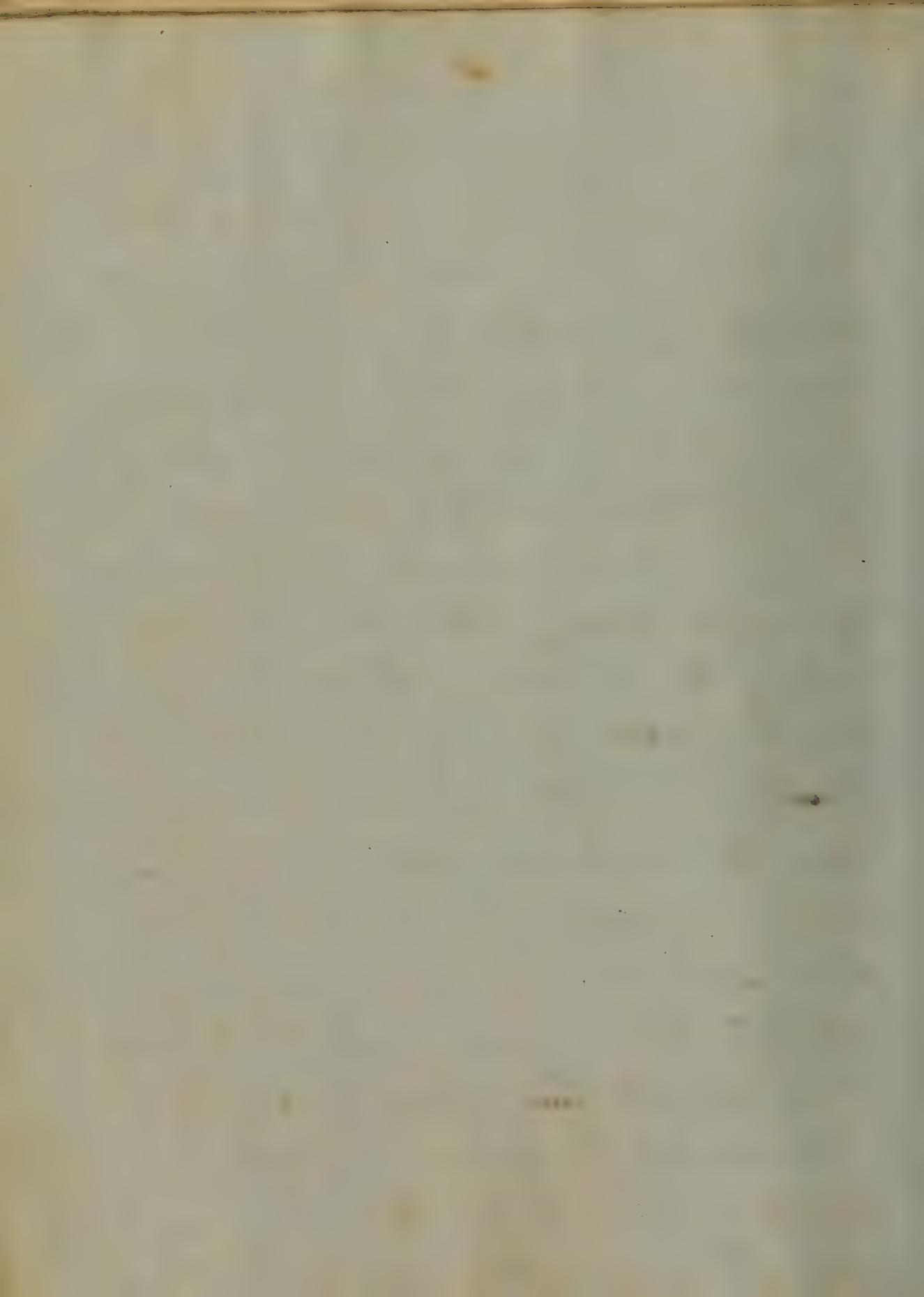
9

Case of Pneumonia

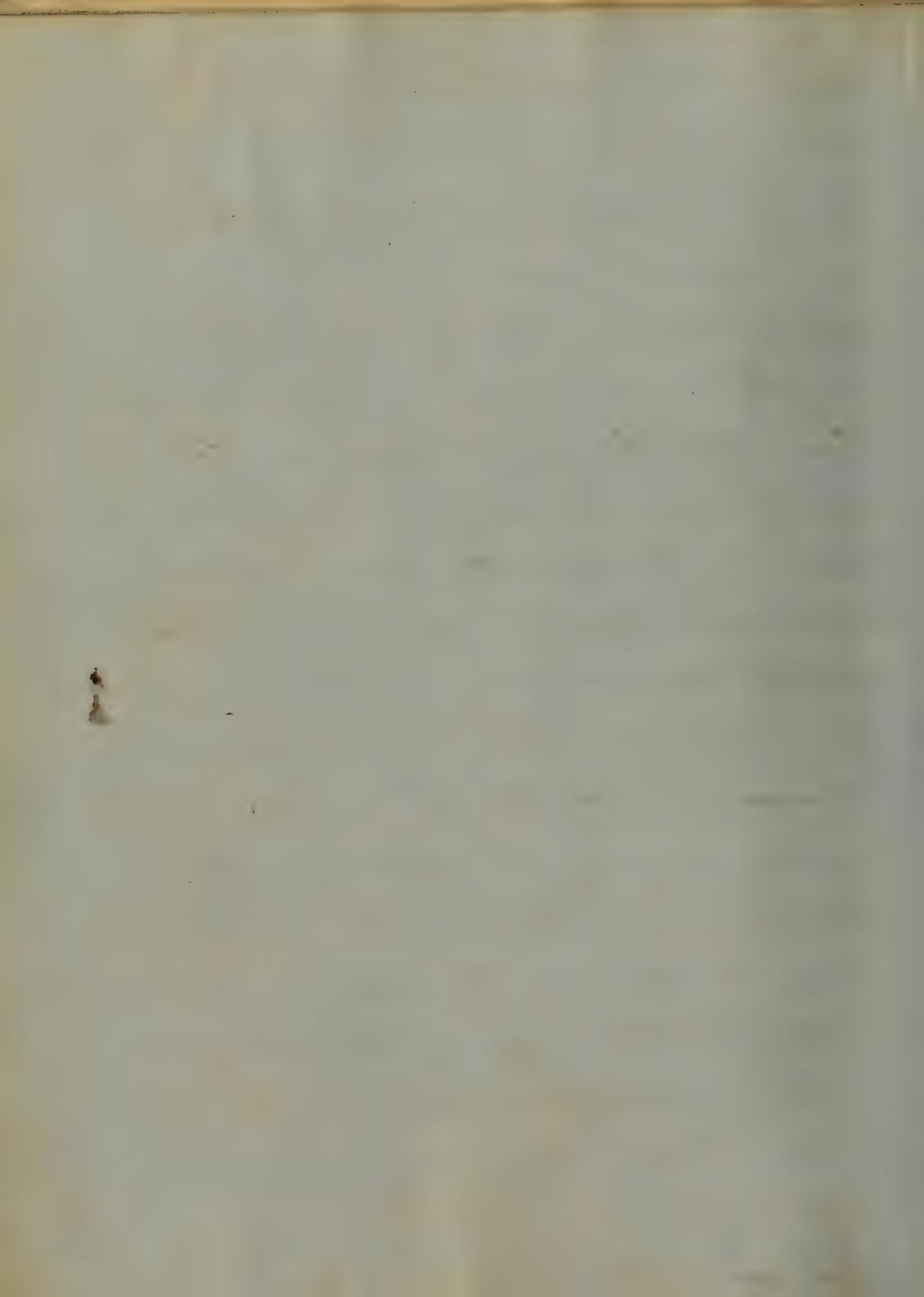
Roger Coyle - Age 50 - was - 116 lbs

admitted in the City Infirmary Sept.
the 1st, 1851 - Is a native of Ireland - Has
been living in America 15 years - Is a
labourer on the Rail Road near Balt.

Does not know if any of his family
died of Phthisis - Three years ago he
had an attack similar to the present
one - On Friday last he was taken
sick with vomiting, headache and
cough - Also pain in his back -
~~Stitch~~ in right side and fever -
Was also suffering with Dyspepsia -
These symptoms have continued up to
the present time - Took a dose of
Calomel, before coming into the Hospital,
which purged him freely - Condition
when admitted as follows - Fullness about
the head and deafness - Cheeks of a dusky
red hue - Respiration 36 per min - Pulse 136

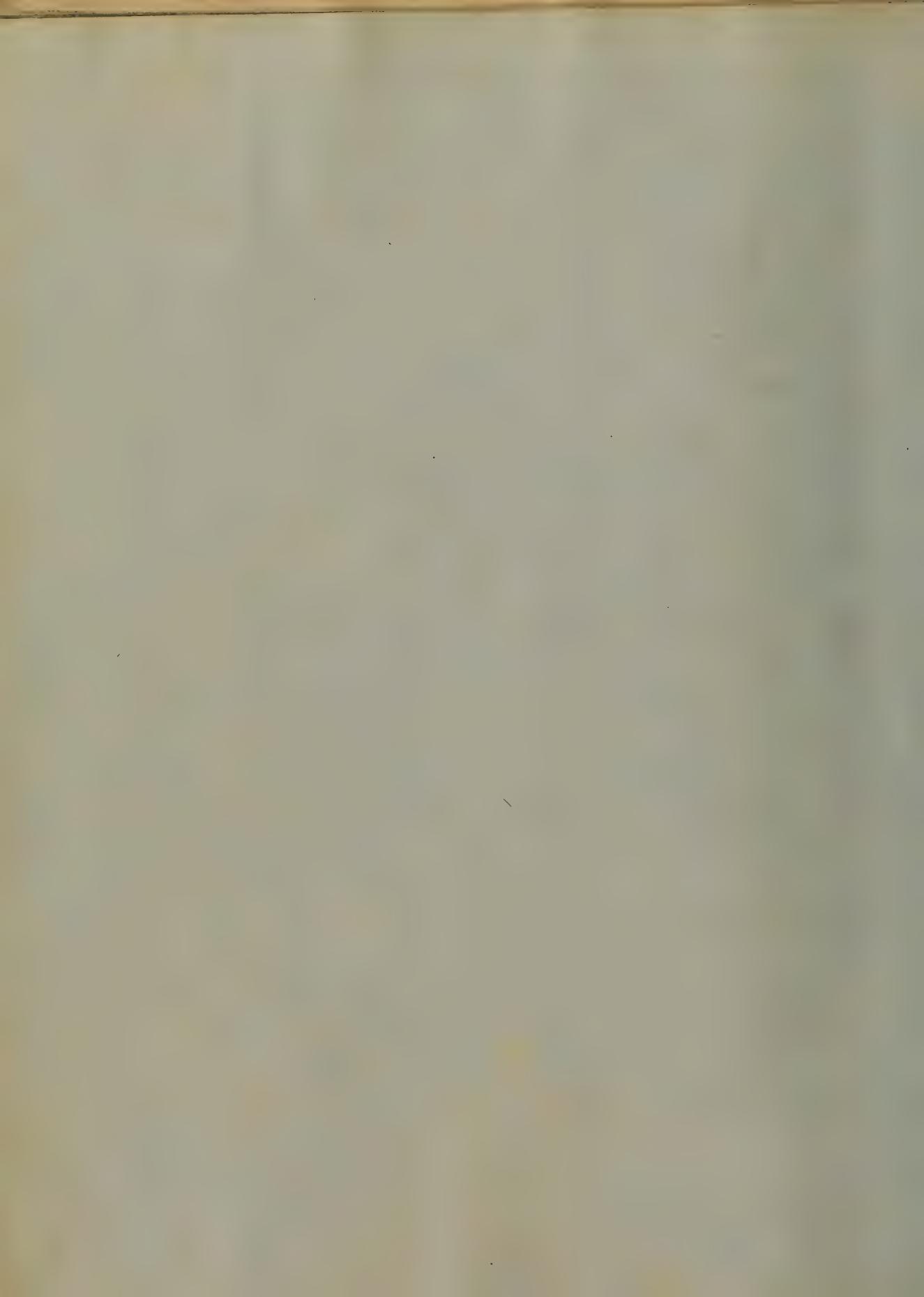


Was pain in right side, over the superior lobe of right lung, which is increased by a deep inspiration - Was much thirst and headache - Bowels moved once to day - Was cough with expectoration slightly rusty coloured - Physical signs - Some dullness over the superior lobe of right lung anteriorly - Not much increase of vocal thrill - Fine crepitacions abundant - Was Bronchophony - Was cupped this morning over the seat of pain, and put on Tartar Emetic gr $\frac{1}{2}$ every 2 hours - Left 2d Rodens this morning an resection according to effect on pulse - Continue Tartar Emetic - If it irritate the stomach diminish the dose - Also By Hydrog. Protochlor: gr $\frac{1}{2}$ vij) made into 8 grain Tartate: Ant: gr $\frac{1}{2}$ dars - One to be given each Alba: 3ij every 3 hours - Left 3d patients condition worse to day - Respiration 32 - Pulse 92 - Tongue heavily

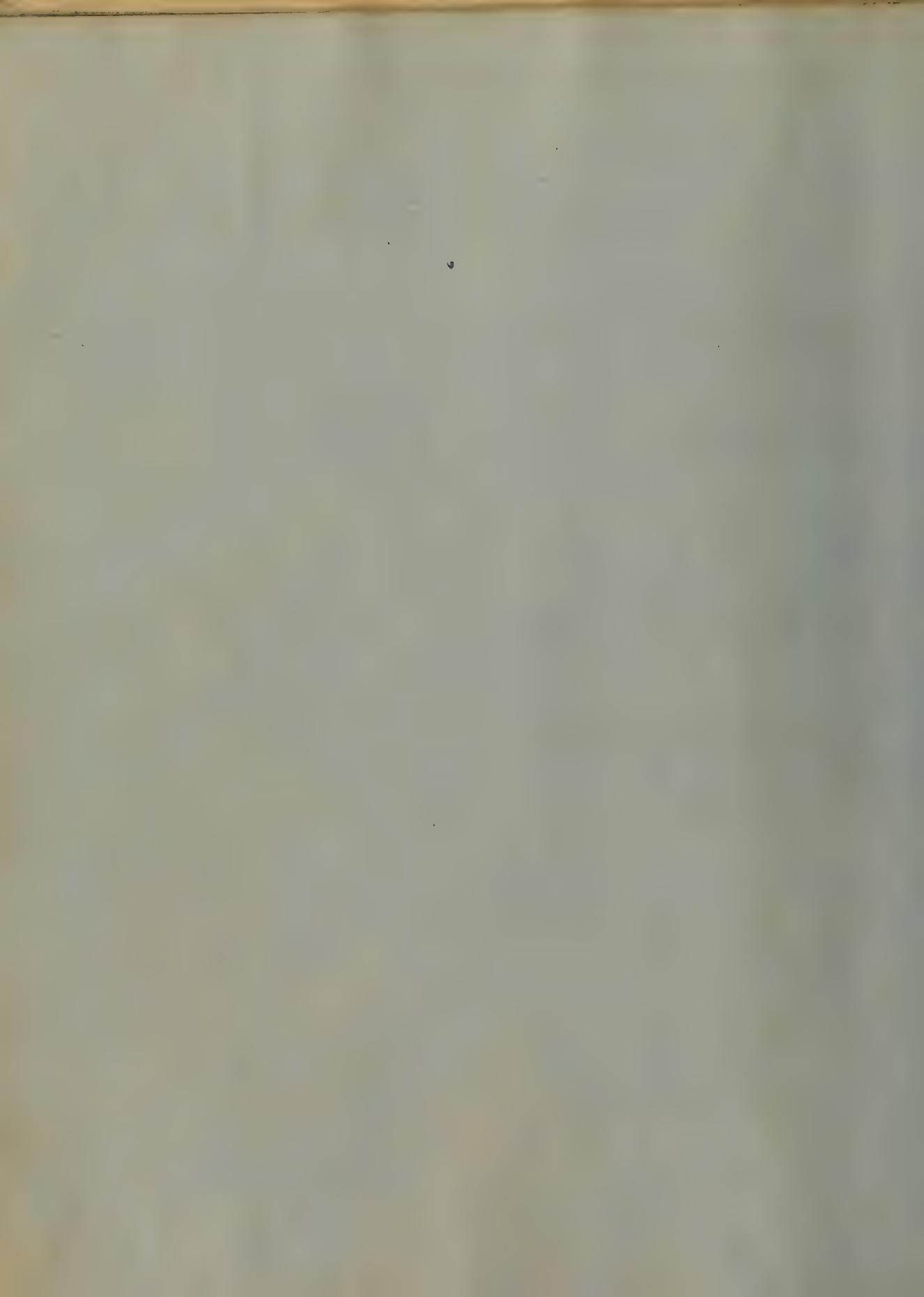


coated with a yellowish brown fur.
Bowls have not been moved since the 1st inst.
Pneumonic inflammation extending — The
Tartar Emetic emulsion was discontinued yes-
terday as it caused considerable gastric
irritation — Ordered 4 cups between the scaph-
ulae — Stop the powders as they irritate the
stomach and give the following Rx —
Blue-Mass: 38s } Made into 8 pills — One
Pulv: Specac: grs viii } to be given every 2 hours
Also Rx Tartar Emetic grs viii } One tablet, spoonful
Aqua: ffrv } between every 2 of the
above pills — On 9th P.M. condition now admitting
an opiate the pills were ordered to be stopped
and the following given —

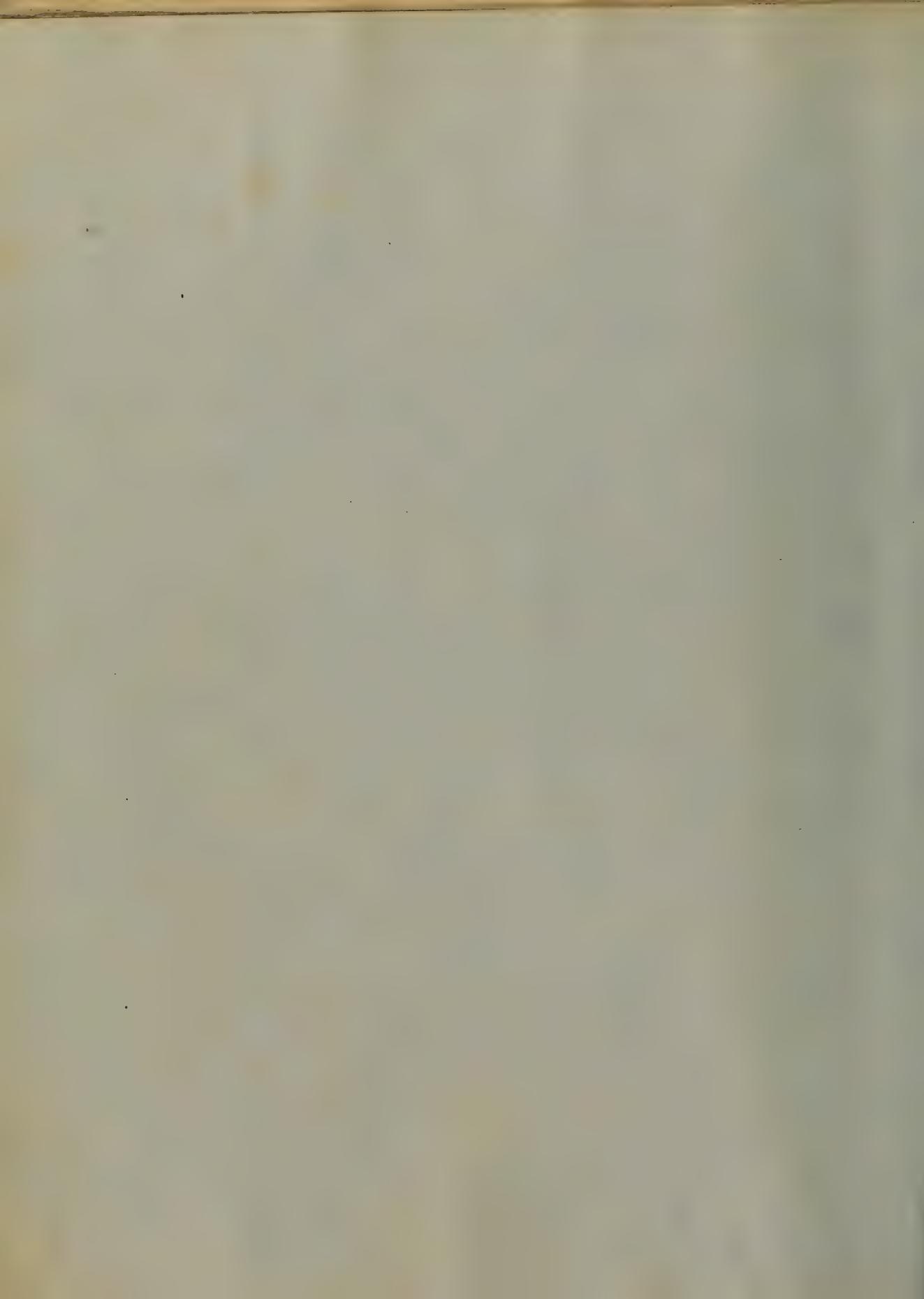
Rx Blue-Mass: grs xxiv } Made into 8 powders —
Pulv: Dore: grs xxiv } One to be given every 2
Sack Alba: grs xxiv } hours — Continue Tartar
Emetic emulsion — Left 4th patient is still
very weak, but upon the whole his condition
is better —



Pulse 86 - Respiration 26 - Air enters more
freely into the upper lobe of the affected lung,
but fine crepitac-tion can be heard extending
lower down - Bowels were moved twice
last night - Has left trussings over the
epigastric area, but the stomach being still
irritable the medicine containing Orris powder
was stopped, and Blue Grass grm = 0,150, grm 95/3
every 3 hours substituted instead - Continue
Tartar Emetic emulsion - 6 P.M. Symptoms
generally better this evening except the gastric
irritability - Tartar Emetic ordered to be stop-
ped - Continue pills of Blue Grass and Opium
- Denuude a small surface over the stomach
with Aqua Ammoniae, and sprinkle Cinophila
upon it to calm the gastric irritation -
9 P.M. patient's condition indicates that he
is considerably narcotized - His pills contrabated
- Hands cold - Profuse perspiration over the sur-
face of the body - Pulse weak - Respiration
very slow - Has had hiccough since 7 P.M.



Pills ordered to be stopped, and a small quantity
of Creasote given to relieve the hiccuppe.
Left 5th Condition much better as regards
the rheumatic affection. - The bowels the
affected lungs more freely - Respiration how
ever is slow - Pulse 84 and soft. No respi
shuta. Bowels were moved last night. -
Still shows signs of narcotism - Ordered to
lay Blue Mass grs 30 every 2 hours - Mustard
plasters to be applied to inside of his arms,
to his feet, ankles and abdomen. 6 P.M.
condition about the same - can retain
nothing in his stomach - Ordered an enema
of Flax seed tea - Blister 8 inches by 8 to be
put on right Breast under the clavicle -
Left 6th Pulse 104 - Respiration slow - Stomach
exclusively irritable, every thing taken being
thrown up - Tongue cleaner than it was
yesterday - Had an injection last night,
which moved his bowels freely - Previous
treatment ordered to be continued.



Sept 7th Pulse 96 - Respiration 24 - Still has tenderness over the epigastrum - can keep nothing in his stomach. Was somewhat relieved last night - Bowels moved regularly - Seems now to suffer altogether from the disordered condition of his stomach - Ordered following

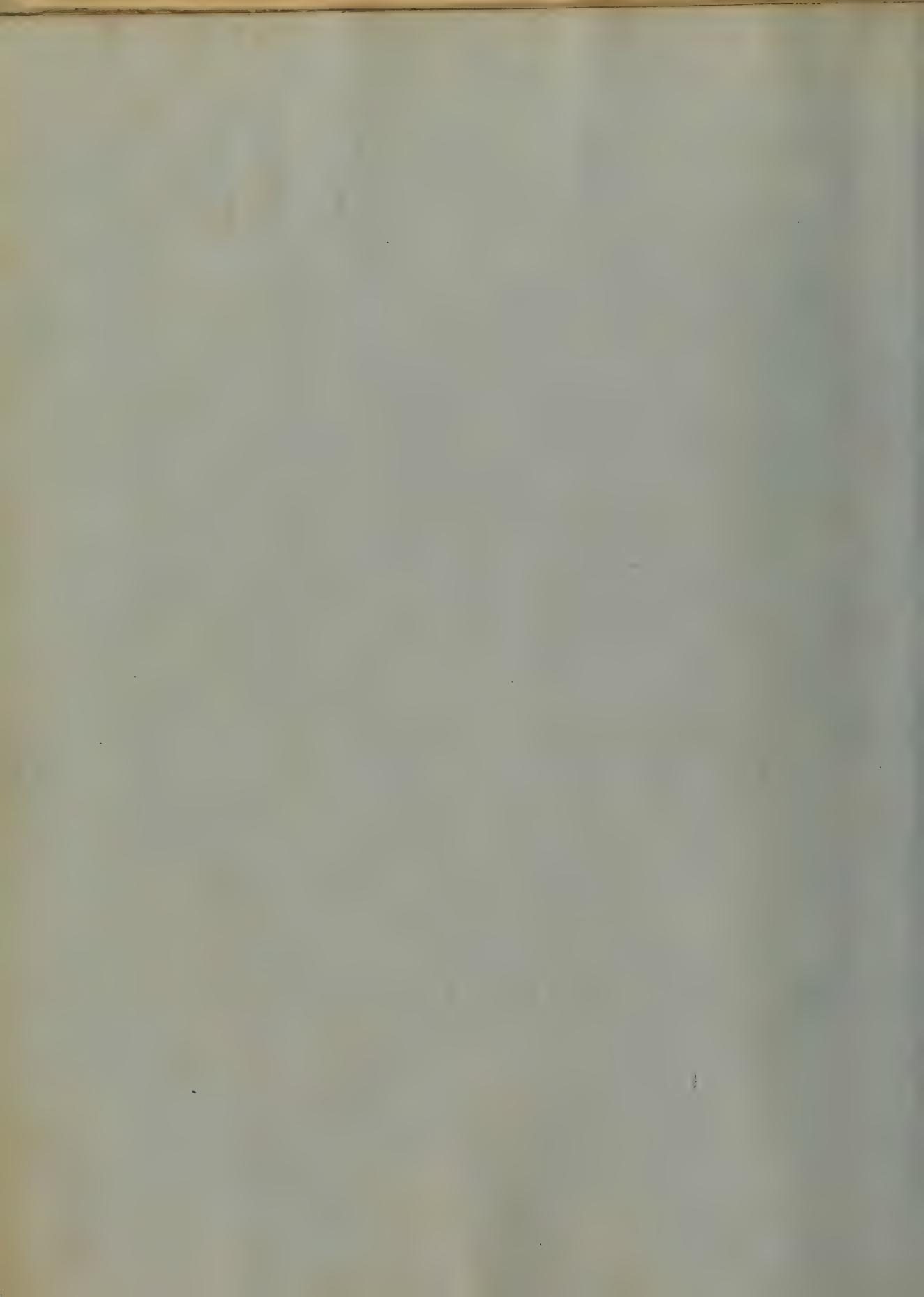
By Camphoracacia: gr ii } Dose take strong
Hydrocyanic Acid: gtt xii } every 4 hours until
atqua is ~~got~~^{got} his stomach is quiet,
after which resume the Blue Mass - Also
a blister 6 inches long over the epigastrum -

Sept 8th 6 P.M. Irritability of stomach continues -

Sept. 8th Pulse 96 - Respiration 24 - Gastric symptoms a little better - Ordered Creasot: gtt; to relieve the hiccup - Also give the following By Blue Mass: gss ij every 4 hours - Sept, 9th

Opium gr. 18 Condition better to day -

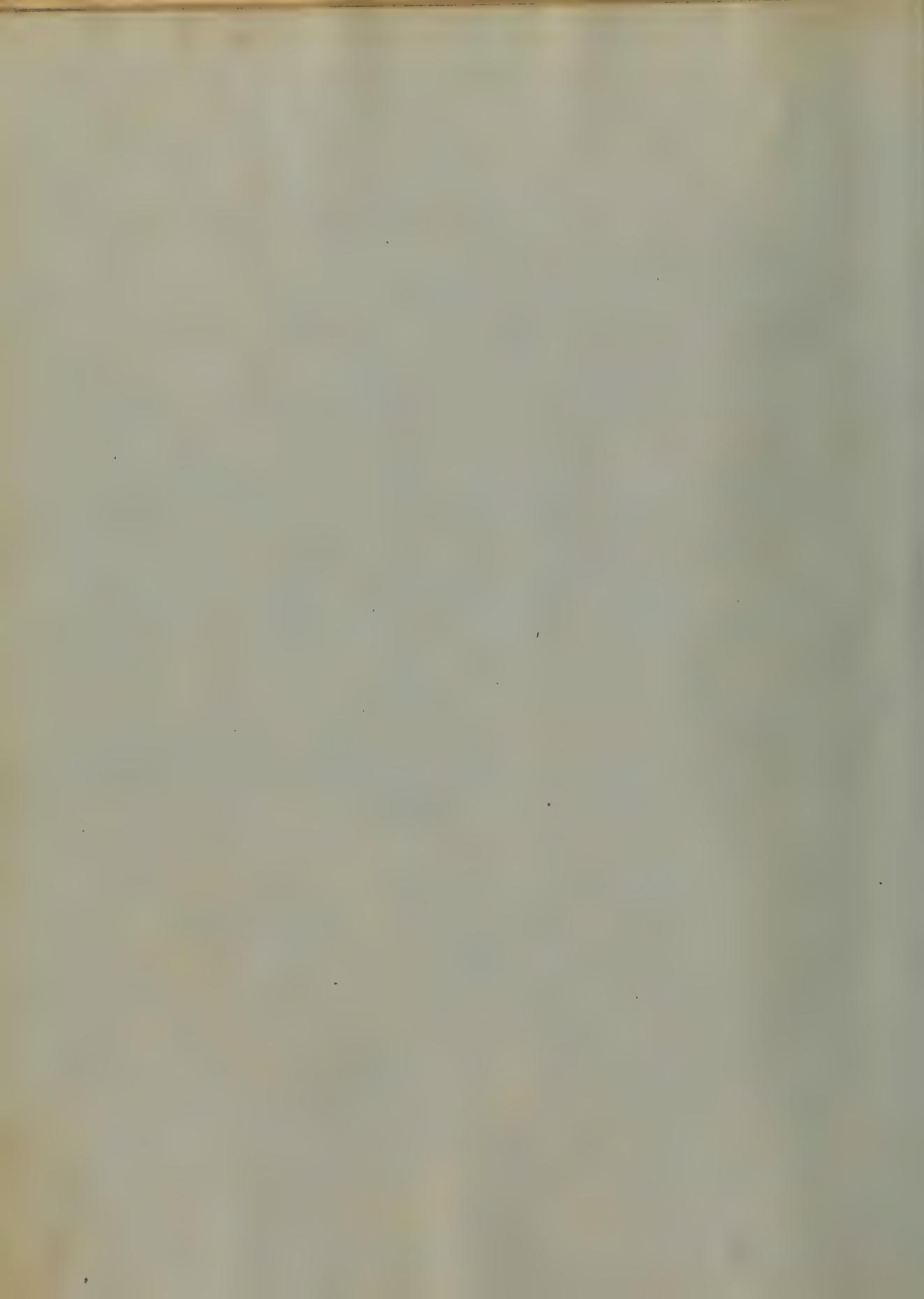
There was some vomiting yesterday, but none this morning - Tongue red - Previous ordered to be continued - Sept, 10th Seems better to day - Though his pulse is too frequent 112 per



Hours or vomiting today - Blue pills ordered to be stopped -

1/2 Cam Acacia 3ij) Doce table spoonful.
Hydrocyanic Acid 3ttij) every 3 hours - Give
Aqua i 3ij) water diet - 11 Dec. P.M.
Patient having attempted to rise from his
bed about 8 o'clock fainted, and but feeble re-
-action took place afterwards - In spite
of all efforts to restore him, he died about
11 o'clock.

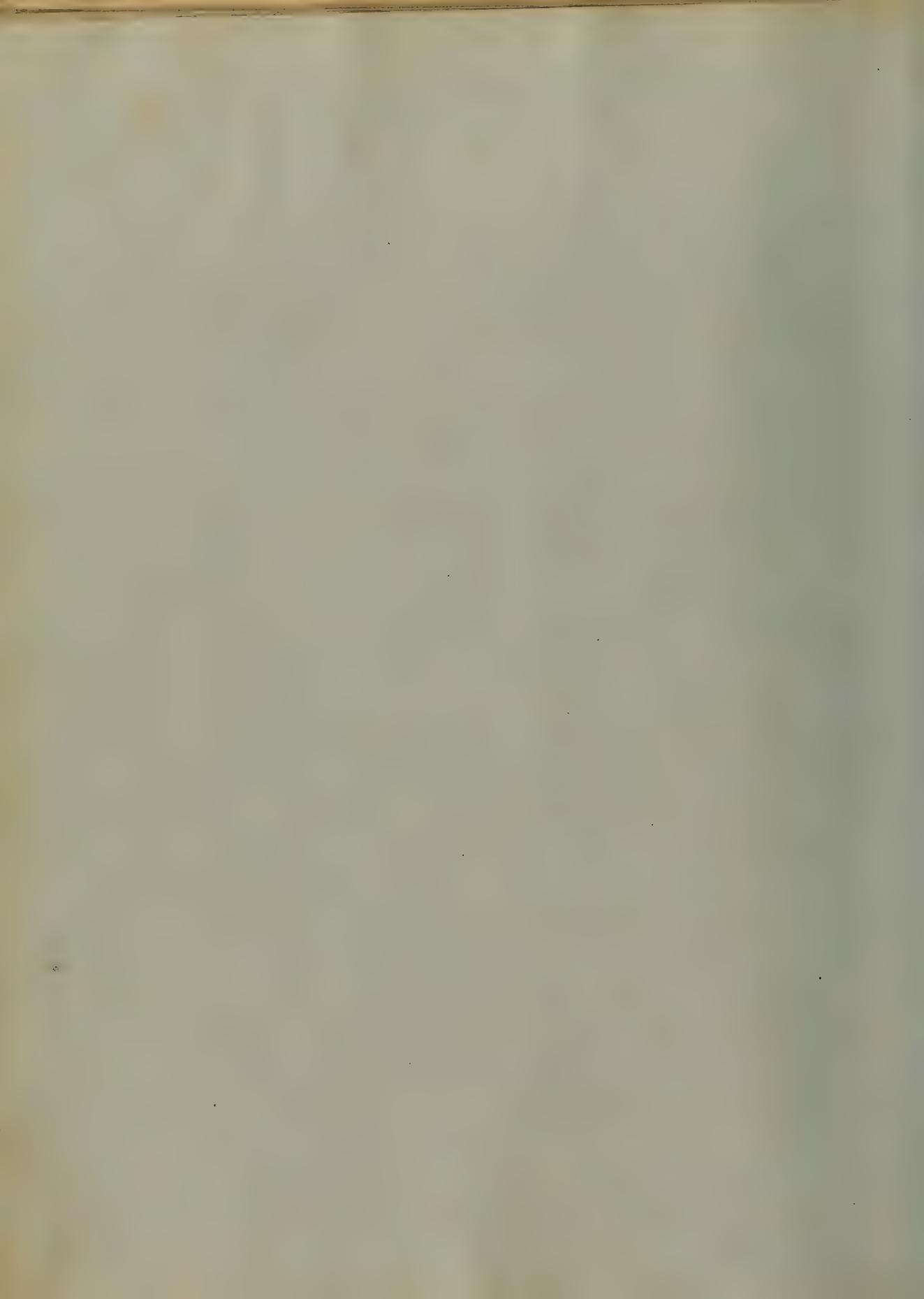
Post Mortem examination revealed the
following - In the right lung there was
red hepatization in the lower portion of
the upper lobe not extending over more
than a fourth of the lobe - Some pleuritic
adhesions were also present - In the stomach
there was softening of almost the whole inner
coat, with carbonaceous congestion - It was
also filled with bile - Gall bladder very much
distended and containing about a dozen calculi
Liver healthy. (21)



Case of Dysentery

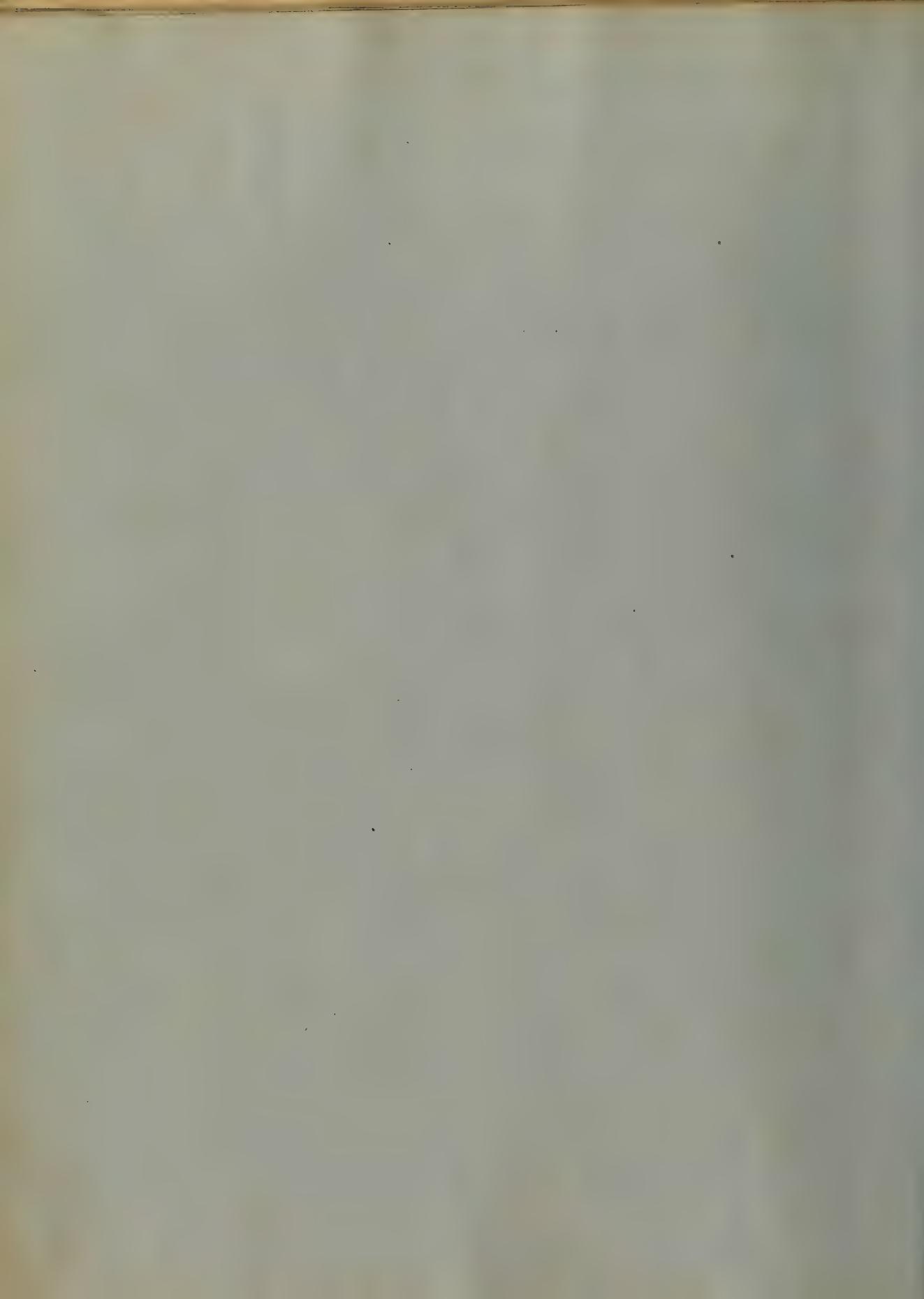
Martin Connally - Aged 28 years - an
native of Ireland - Has been 5 years in
the United States - Was admitted, as a patient,
in the Baltimore Infirmary July the 8th 1851...
as a labourer by profession - Lives in
Baltimore near Balti. - On Friday July 28th com-
plained of pain in his Back and abdomen
On the same day commenced passing
Blood mingled with mucus from his bow-
els, with straining while at stool. - Had
5 or 6 evacuations of this character during the
day. - The same number and character
of evacuations, have continued daily, up
to the time of his admission into the Hospital
- Took Castor Oil on Friday and Saturday night,
previous to coming into the Infirmary, and
had a cathartick applied to his abdomen
Saw a Physician, on Monday, who gave
him some powders the nature of which
he does not know. His condition when

admitted was as follows - July 30th Pulse 70
and soft - Tongue slightly furred and moist -
Great tenderness and pain on pressure, over
the lower part of the abdomen - Has no head
ache - skin dry but not hot - Has had since
morning 2 or 3 evacuations from his bowels con-
sisting of loose mucus and serum - Thirst
not very great - His pulse being compressible
and not very full, only a small amount of
blood was taken, not more than 4 or 5 ounces -
Was ordered Calomel gr. x Opium grj. Senna grj.
July 31st Patient says he feels better - Pulse 70
Temperature of skin pleasant - Tongue found
still tender & over abdomen - Had a good
fecal evacuation this morning - Was ordered
if Dysenteric symptoms occur during the day
Calomel gr. x Opium grj. Senna grj. to be repeat-
ed at night - This to be followed by Castor oil
if his bowels should not be moved in
the time - Also enection if there be rise
of fever during the day - Caps to be applied



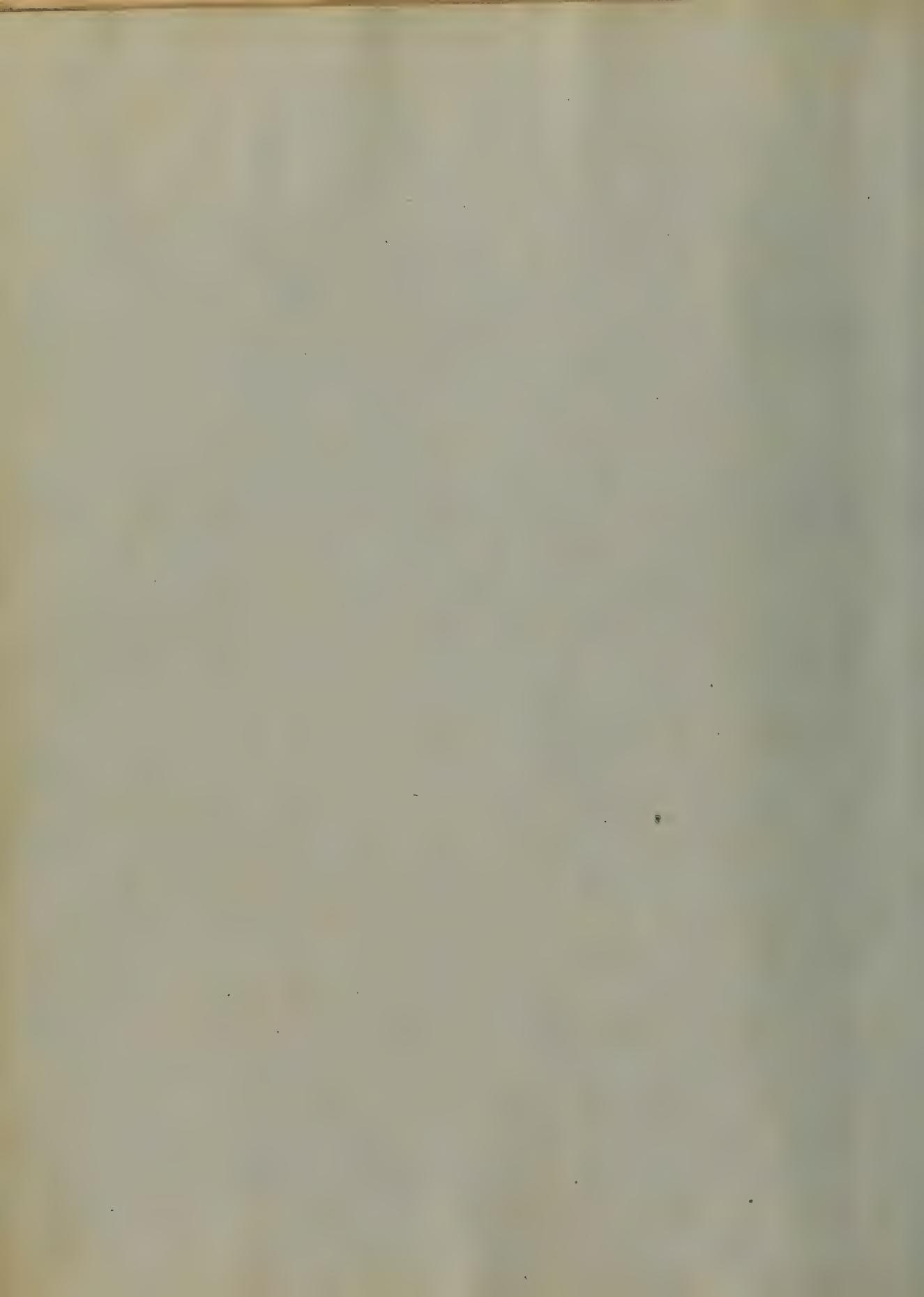
over the abdomen - & his bowels remained
too freely given Paregoric ʒij after each opera-
tion - Aug. 1st The symptoms not requiring
it yesterday the prescription ordered was not
given, but the patient complaining of great
abdominal distress, cups were applied over the
large intestines - Last night had frequent
evacuations of blood and mucus from his bow-
els - Feels very weak this morning - Pulse 82
Epigastric tenderness continues - Temperature
of skin natural - Tongue furred - Was
given this morning Salomel grss. Opium grj
Spirae grj To be followed in 8 hours, if no
fecal evacuation occur, by an emulsion
made as follows -

R: Castor: Oil: ʒi Dose 3ʒs every 2 hours until
Spind: Spt: Rhiz: ʒj fecal evacuation occur,
Aqua: Camphorae: ʒj after which give Paregoric
Gum: Acacia ʒj ʒj after each movement of the
bowels: Opium ʒj, bowels except the first -
Aug. 2d Having had fecal evacuations yesterday



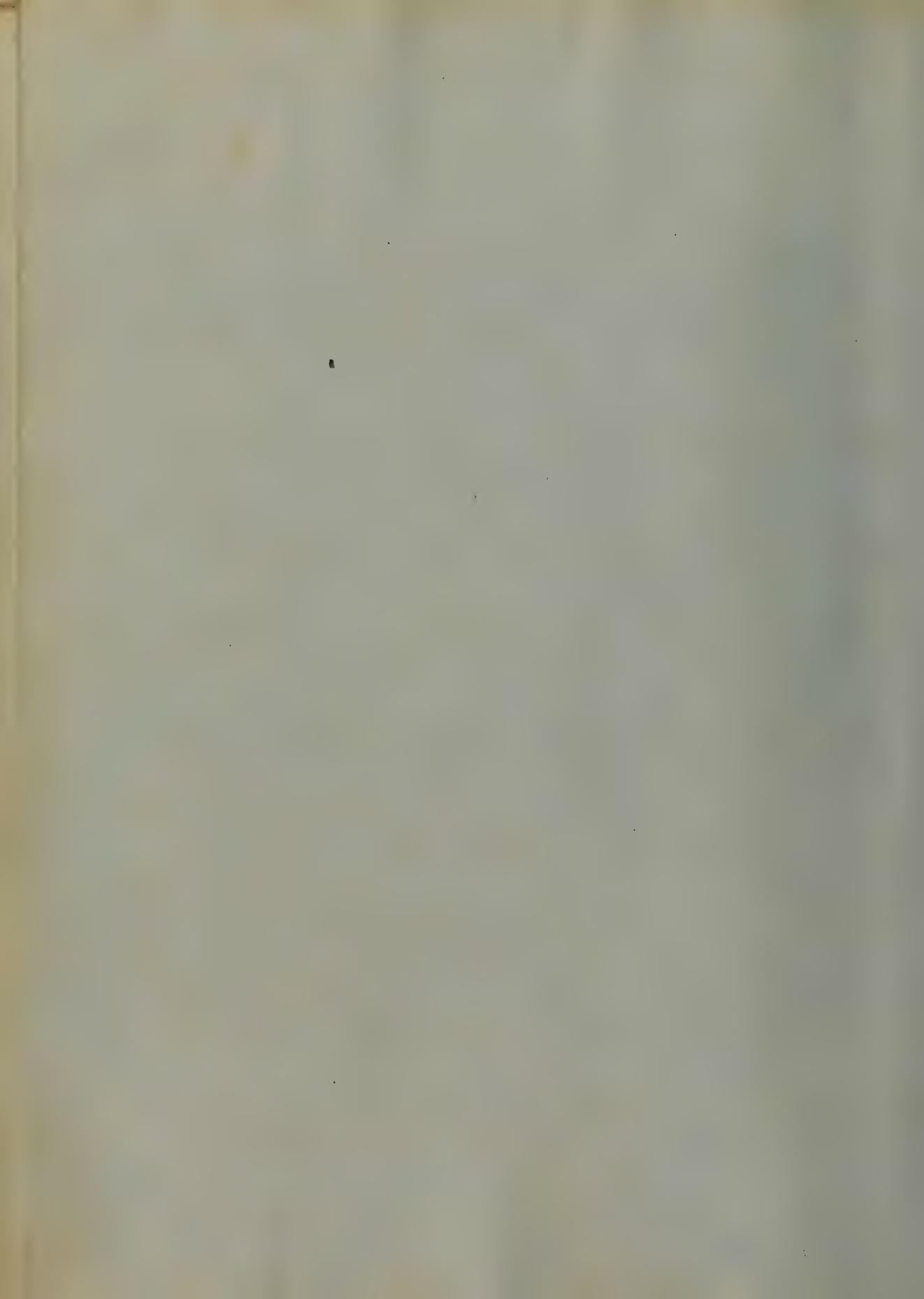
without the Lil emulsion it was not given
Cork paregoric 3 fl after each movement
of his bowels - pulse 75 - still has pain
and tenderness over the larger bowels - Has
desire for cold drinks - Tongue furred and
of a brownish colour - Skin mottled -
Forehead and temples bathed with perspira-
tion - No blood with the evacuations today
they being rather fecal in character -

Has no appetite - Sleep disturbed during the
night by the frequent calls to stool -
Complains of great weakness - Had a enema
this morning, applied over the sigmoid flex-
ure of the colon - Was ordered, if the bowels
be moved very frequently during the day,
3/4 of the Comp: Chalk mixture after each
movement - Otherwise paregoric to be con-
tinued as before directed - Aug. 3d Patient says
he feels better - It was not found necessary
to give the Comp: Chalk mixture yesterday & the
Paregoric being sufficient to meet the indications

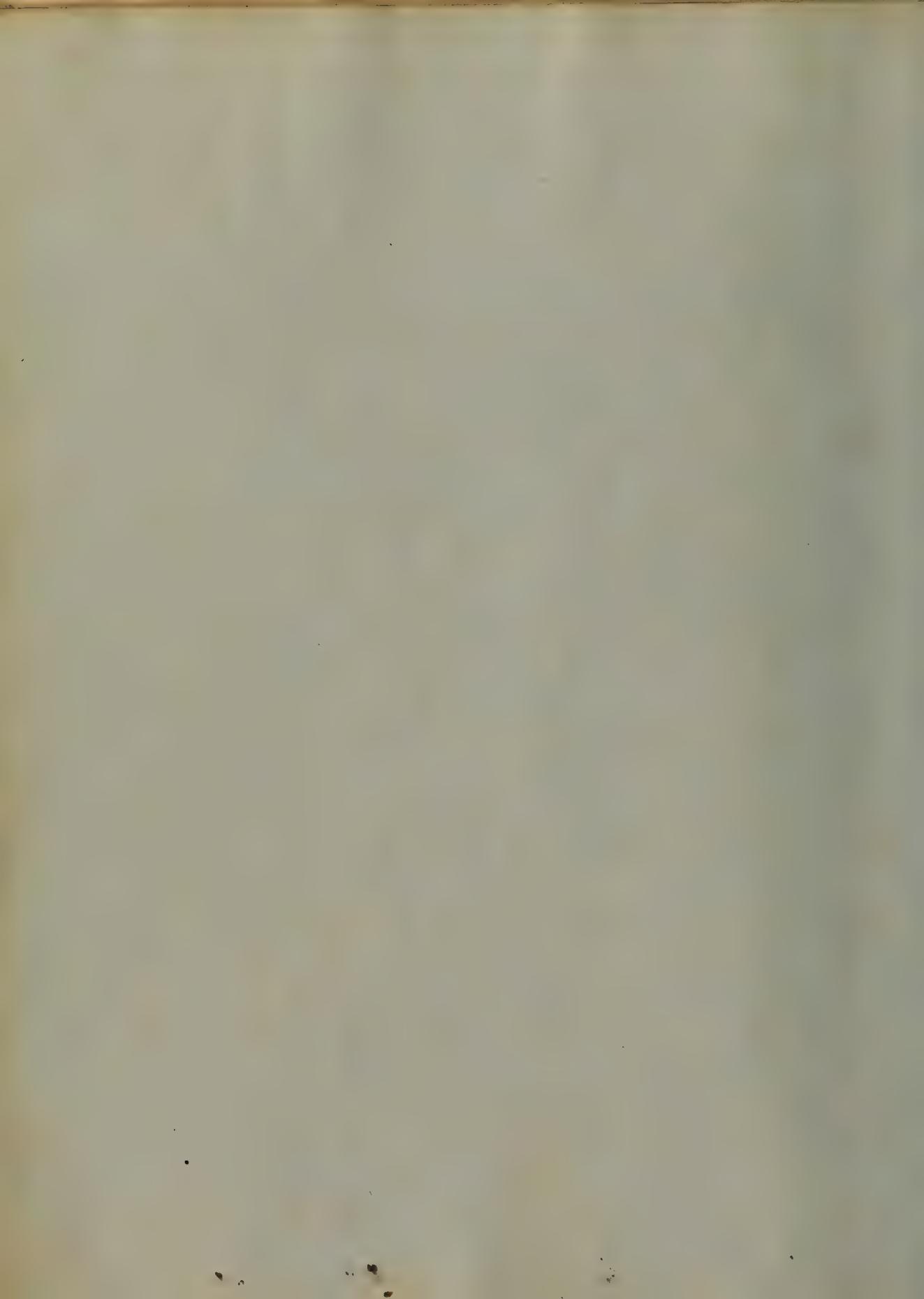


Bowels have been moved 8 times so day - stools
watery and mixed with flakes of mucus resembling
the washings of flesh - pulse 75.

Tongue not so much furred - skin dry; but
not abnormally hot - Pain and tenderness over
the Colon continues - slept tolerably well last
night - treatment of yesterday to be contin-
ued with the addition of the Oil emulsion
if Dysenteric symptoms recur - Aug 4th
Patient feels better - Bowels were not moved
so frequently yesterday and last night as
heretofore - the Oil emulsion was not indi-
cated yesterday - Pulse 75 - Skin natural -
Tongue nearly clean - Has left abdominal
distress - Had a watery evacuation this
morning mixed with blood - Was ordered
 $\frac{3}{4}$ p. of the Oil emulsion every 2 hours until
fecal evacuations occur after which give
Paregoric as before directed - Aug, 5th Patient
is very weak this morning - Has great pain
and tenderness over the abdomen, and straining

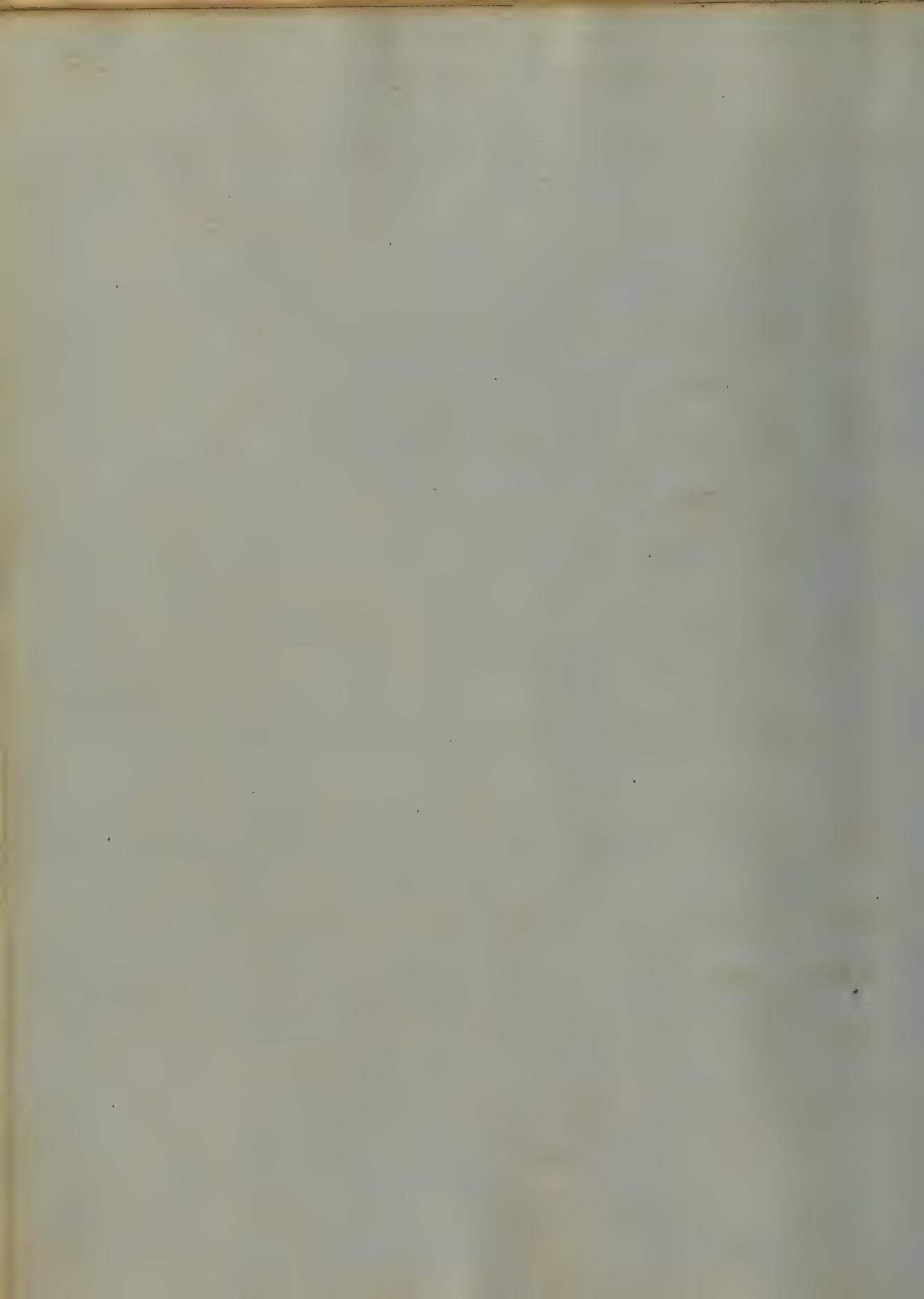


while at stool - Bowels were moved every
after yesterday and last night, and 8 times
this morning - stools consisting of blood
and dark coloured mucus while taking
the oil emulsion, but after that was suspen-
ded becoming lighter coloured and watery -
Pulse this morning 76 and small - Tongue
more furred than it was yesterday - Has
no appetite - Face bathed in perspiration -
Extremities cooler than natural - Oil emul-
sion to be continued to day until fecal
stools occur, after which continue the Paregoric -
Caps ordered to be applied over the sigmoid
flexure of the Colon - Aug 6th It's better to day -
Has very little pain - Pulse good - Tongue
cleaning - Evacuation fecal - Bowels not
moved so frequently as formerly - Perspiration
of skin good - Belied Paregoric after each
movement of the bowels - Aug 7th Patient is
worse to day - Blood again with the stools -
Pulse small and weak - Tongue not so clean



as it was yesterday - Bowels were moved twice last night and once this morning - much straining at stool, and tenderness, on pressure over the lower bowels - Skin cool - Has no appetite - Some thirst - Ail emulsion and paregoric to be given as before directed - Aug 8th Fools about the same this morning - Has had since yesterday morning 5 or 6 evacuations - Those stools observed this morning were fecal - Paregoric ordered to be continued as before - If dysenteric symptoms occur continue Ail emulsion also -

Pulse rather weak - Skin natural - Tongue little furred - No appetite - some thirst - Tenderness over the colon and straining at stool - Aug 9th Does not feel so well today - Has had 3 or 4 evacuations since yesterday the last fecal and quite large - Pain and straining at stool more violent - Pulse weak - Tongue about the same as before - Rested badly last night - Abdominal tender

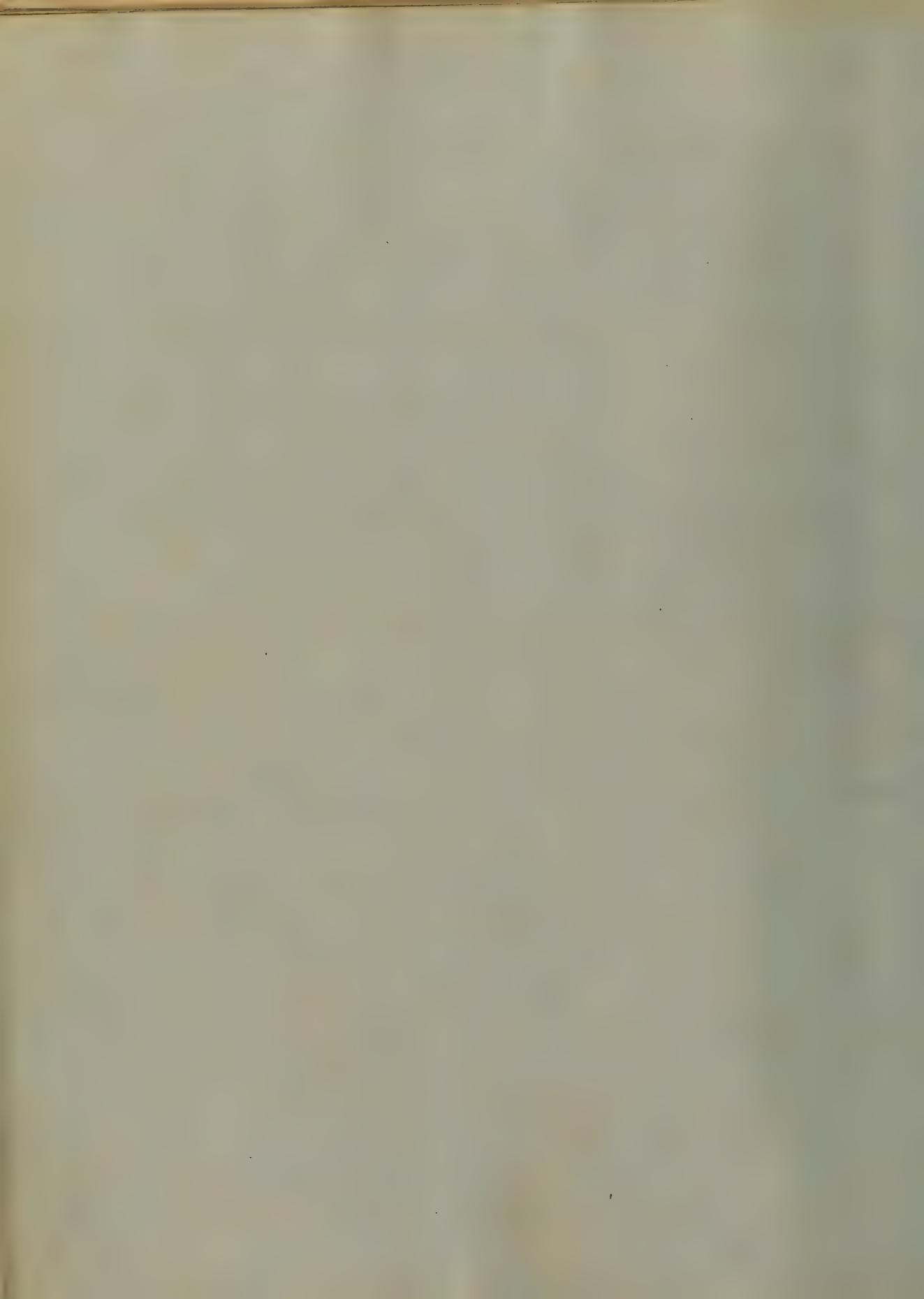


-ups continues - The following ordered -

By Dr. G. J. Jones: 3ij } Dose 3ds after each morn
Extra Rhatany; 3ij } enent of the Bowels -

Pine. Opie: 3ij } Aug. 10th Patient feels much
Aqua: Camphorae: 3ij } better this morning - Rested
tolerably well last night - Has had 3 fecal
evacuations since yesterday - Abdominal
tenderness less severe - Less pain and strain-
ing at stool - Skin moist - Tongue seems
disposed to clean - Cough, Phth. Mixture
before directed ordered to be continued -

Aug 11th Says he does not feel so well
to day as yesterday - Abdominal tenderness
somewhat increased - Dysenteric stools have
returned - Pulse 72 - Tongue heavily furred -
Skin dry, and rather cool - Slept pretty
well last night - Aug 12th Feels some
better this morning - Has had 5 evacuations
during the last 24 hours - Still pain and
straining at stool - Pulse 72 and pretty firm
Temperature of surface good - Tongue furred



in the middle, and clear upon the tip and edges
 Rested well last night — Ordered following:
 Acetate: Lead: grs xvij Made into 6 powders.

Pulv: Opii : grs xij } One to be given to Re-
 Sacta: Ropf: grs xx } tint every 4 hours —

Walk-mixture with Rhubarb to be given af-
 ter each movement of the bowels — Aug 13th

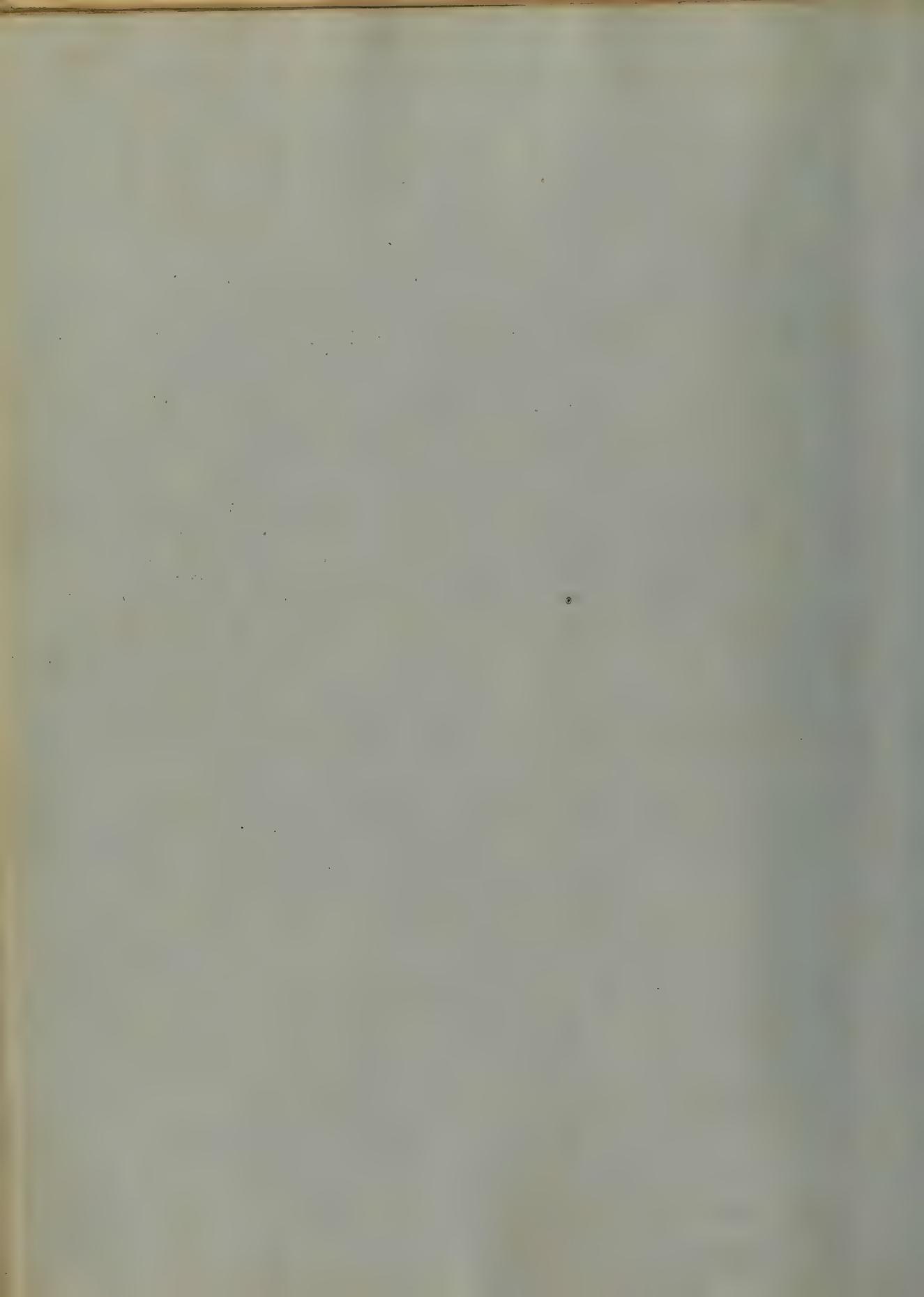
Feels better to day — Has had only one move-
 ment of the bowels since yesterday morning, that
 being fecal — Pulse 76 — Skin moist — Tongue
 disposed to clean — Slept well last night —

Ordered Dover's powder grs vj every 6 hours —

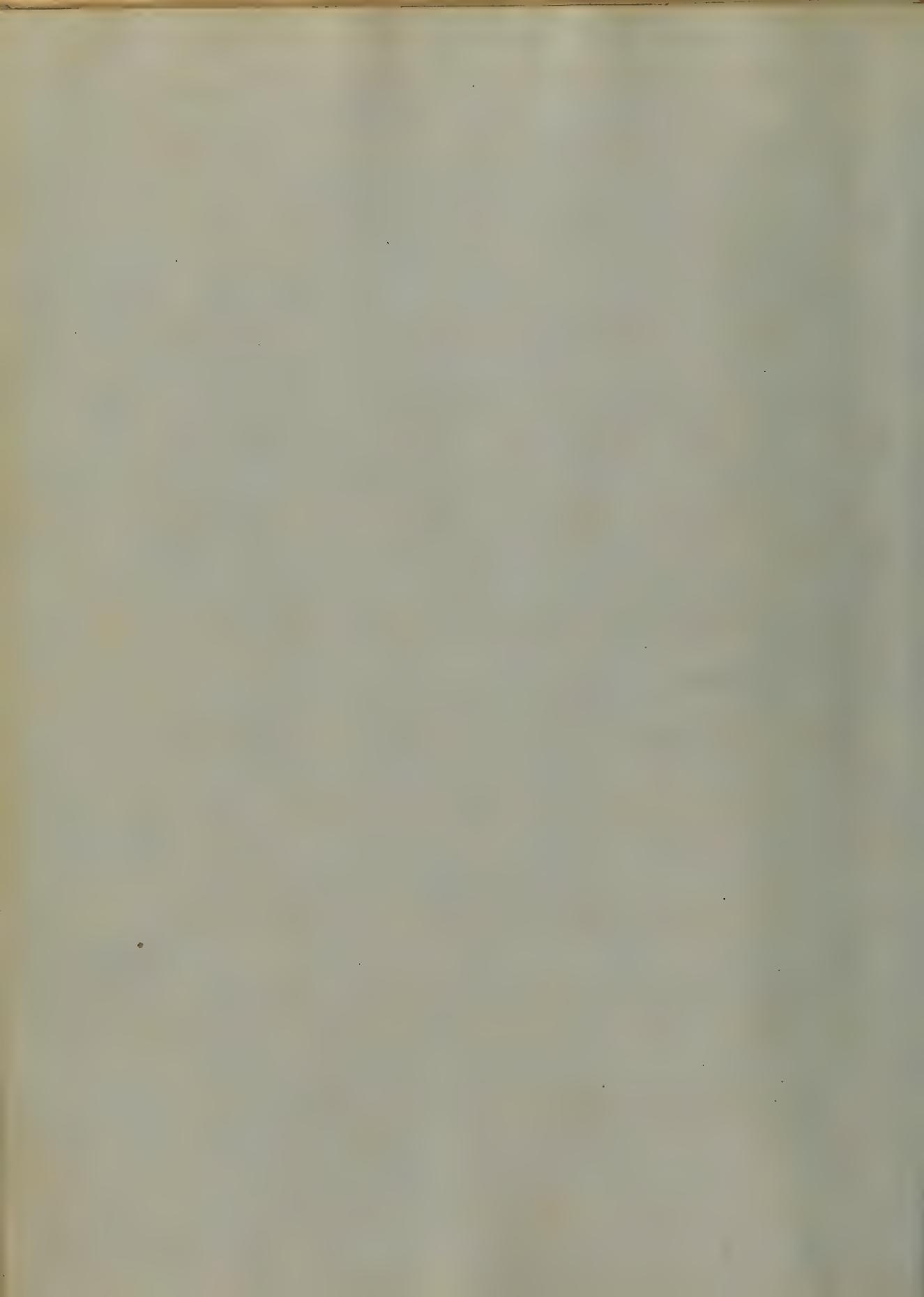
Aug 14th No great change in condition — Pulse
 76 and compressible — skin cool and moist —

Tongue casts off its fur in flakes — Has
 had 2 Dysenteric stools during the past 24
 hours — Has some Formica and Zemus —
 Previous treatment ordered to be continued —

Aug 15th says he feels better this morning, but
 the stools continue Dysenteric — Formica and
 Zemus as before — Bowels moved twice in

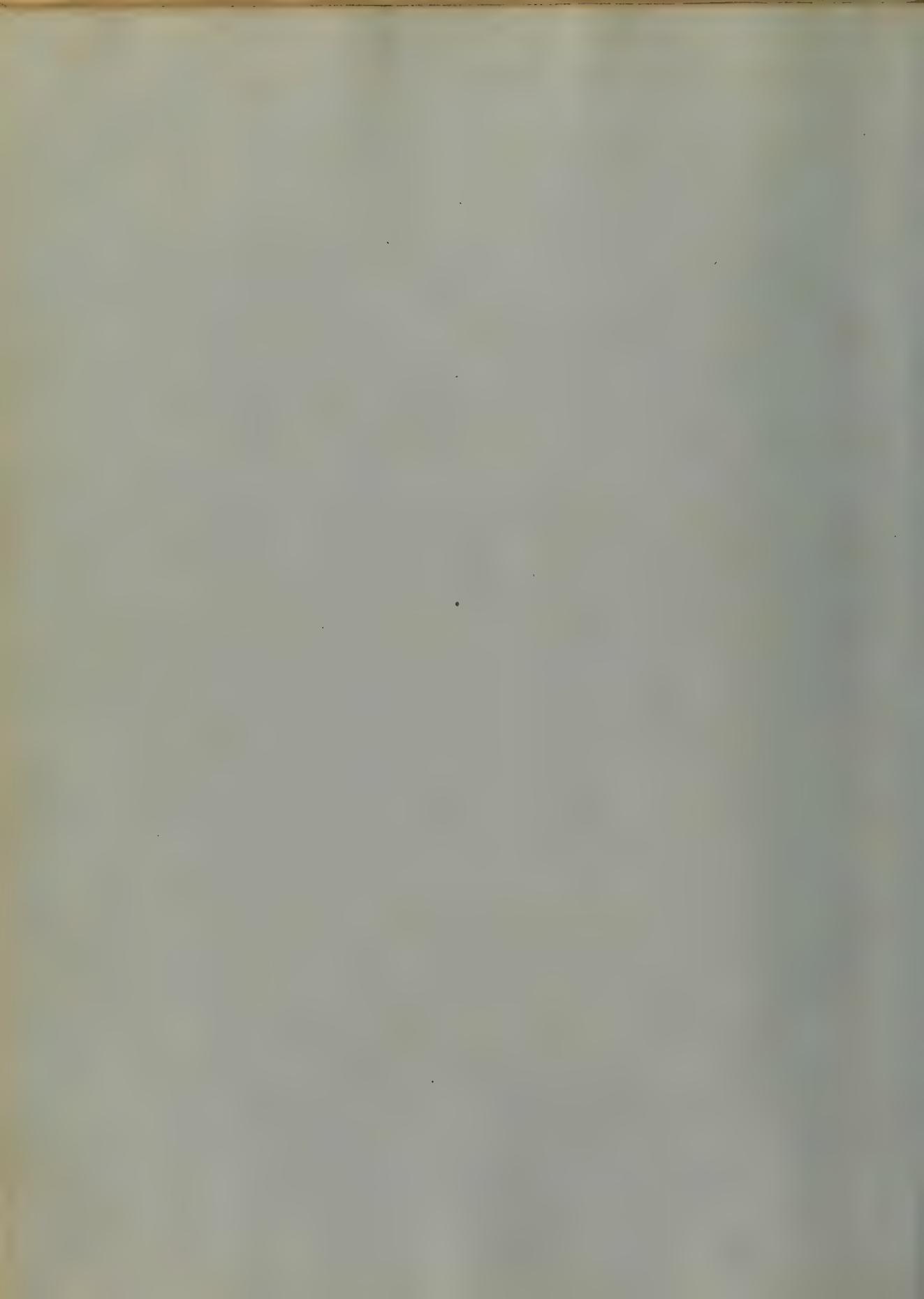


-ring past 24 hours - Slept well last night -
Tongue nearly clean - Pulse natural - Skin
cool and dry - General appearance is better -
Continue previous treatment - Aug 15th continues
to improve - Slept well - Bowels moved 4 times
since yesterday morning - Last stool was
fecal - The others were slimy - Still has
some abdominal pain and tenderness - Pulse
64 - Tongue clean and moist - Continue treat-
ment - Aug 17th Is still improving - Put on
Chapman's mixture 3ʒ every 4 hours - Palv. Dove
- in gssx to be given at night - Aug 18th Still
improving - Stools are more natural and
less frequent - Tongue clean - Pulse natural -
Temperature of surface pleasant - Appetite
returning - Is gaining strength - Has very
little abdominal distress - Has gained flesh
and his general appearance is better - Slept
comfortably last night - Ordered decoction of Ger-
anium Maculatum ʒj after each movement of
the bowels - Chapman's mixture continued -



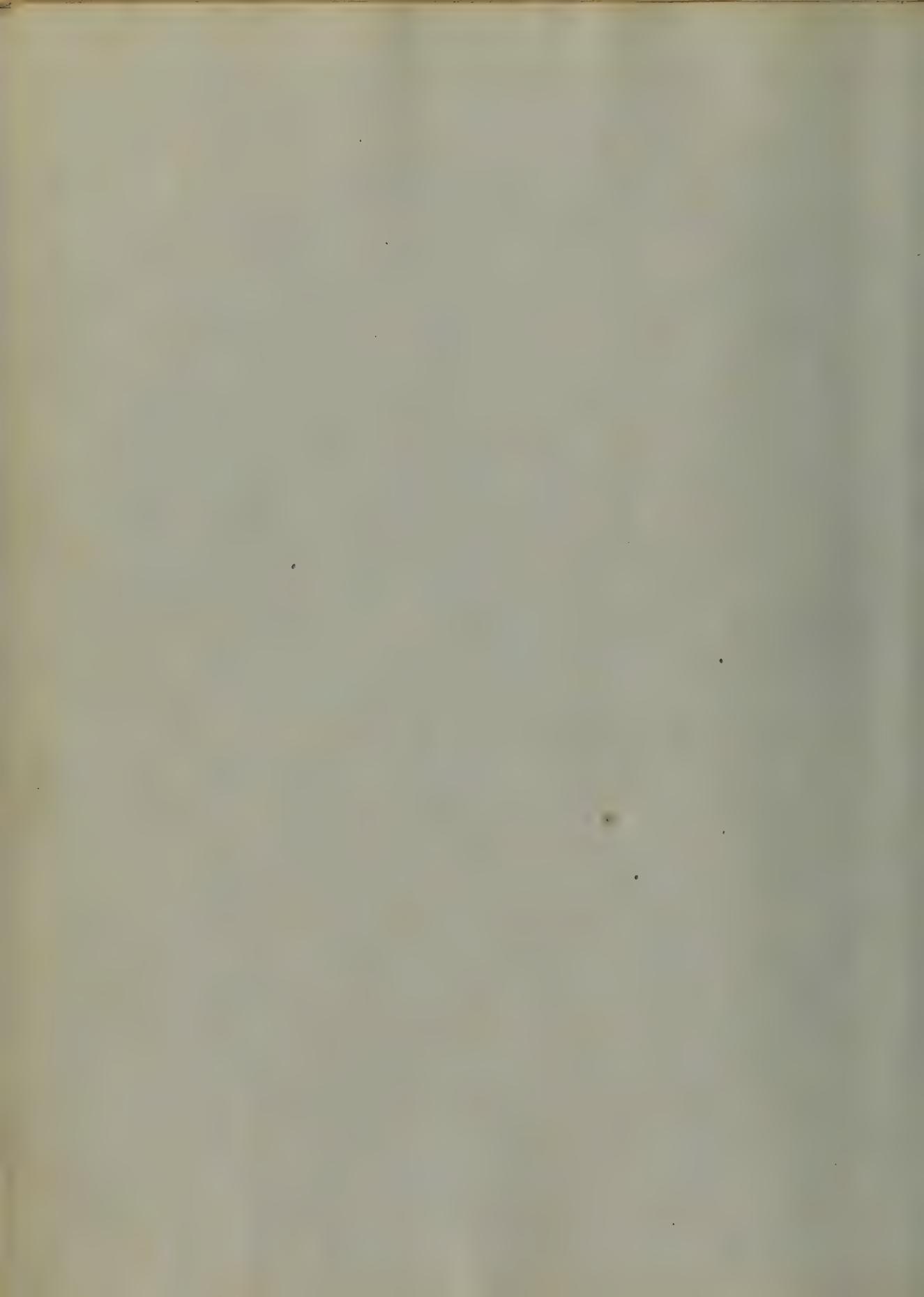
Aug. 19th Continues to improve - Is stronger -
Appetite improving - Slept well last night -
Bowels moved twice yesterday and twice this
morning - There was some blood with the
stools this morning - Has some straining
at stool - Has very little tenderness over the
abdomen - Tongue nearly clean - Tongue and
Skin natural - Continue treatment - Aug 20th
Still improving - Bowels moved only twice
since yesterday - Stools healthy in appearance
- Has scarcely any Fomina or Tenesmus -
Tongue clean - Pulse natural in force
and frequency - Appetite increasing -
Patient says he feels much better -
Chapman's Mixture and the Decoc. Geranium
Maculation to be continued for a few
days - Aug 21st Patient left the Infirmary to
day convalescent.

(11)



Case of Ophthalmia.

John Gillies - aged 26 years - a native of Scotland - Has been 6 years in America - Was admitted as a patient in the Batt, Ophthalmia Aug 19th 1851 - Before coming to this country never suffered from disease of the eyes - Soon after his arrival in America had an attack of inflammation of his eyes which lasted for a month - Last winter again had sore eyes, but was soon cured in the June last, while working in the Virginias - On and, his eyes became inflamed for the 3d time - the right eye being affected first, and soon afterward the left - There was much Pachymatia and Photophobia - Never had Rheumatism or Gout - Was attended by a physician who cupped and blistered him - Condition when admitted as follows - Pulse fine, much pain in temples - Left eye not



much inflamed, but watery and watery.
 Right eye very much inflamed, with an
 ulcer in the corner in front of the pupil -
 Much congestion of the sclerotic and
 conjunctival vessels - Mucous membrane
 of the lids very red - Was bled to the
 amount of $\frac{3}{4}$ pds - Head cups applied to his
 temples - Was ordered the following medicine
 Rx: Mydro: Protocodon: grsij } made into 6
 Antimicrobial Powder: 3j } powder - one to
 Nitrate: Petasps: 3s } be taken every
 3 hours on Aug 20th Condition somewhat
 improved - The following was ordered on
 by Tinum: Galichii: zjij } of the sponge
 Sulphi: May: zjij } to be given ~~every~~
 Carb: May: zjij } 3 times daily -
 Aqua: zjij also
 Argent: Nitr: grsij } at small quantity
 Aqua: zjij } to be dropped into the
 eyes daily - Aug 25th Eyes much improved
 Antimicrobial Powders ordered to be stopped

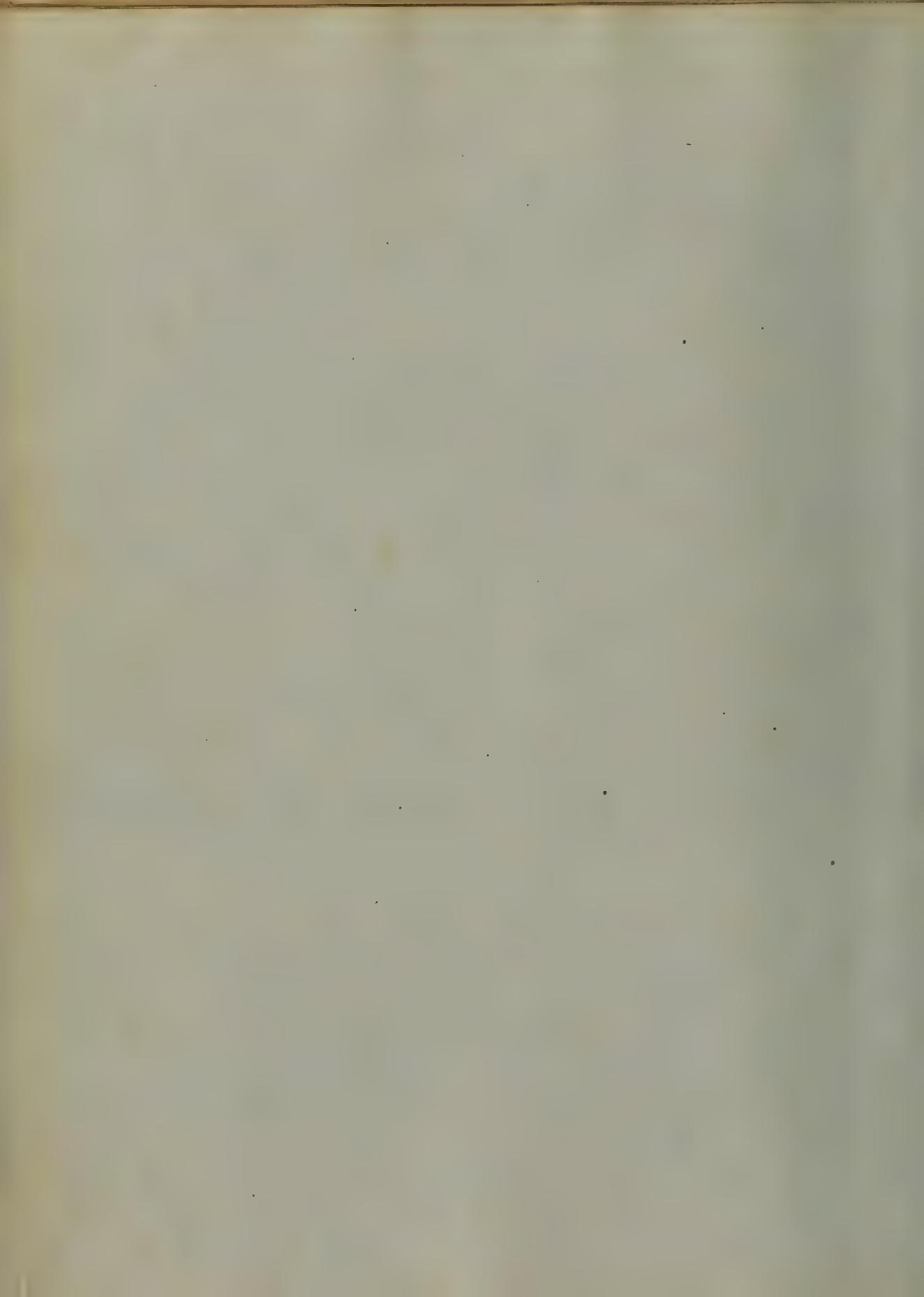
the guns being touched on. The following was ordered by Dr. Minn. Calchic : $\frac{3}{4}$ p. } Large table
Aqua : $\frac{2}{3}$ oz. } spoonful to
Carbo: albag : $\frac{3}{4}$ p. } be given 3
Sulphur: calbag : $\frac{3}{4}$ p. } times daily

Aug 26th Still more improvement visible
to day - sclerotic and conjunctival vessels
much less injected - Cornea clearing up
and the ulcer improving - Calchicum mix-
ture and collyrium ordered to be continued -

Aug 27th Doing well - Collyrium of Nitrate of
Silver ordered to be increased to the strength of
 $\frac{1}{2}$ gr. to $\frac{1}{2}$ drachm in the following mouth
wash. ordered for the pharynx -

By Dr. Minn. Calbag : $\frac{3}{4}$ p. } To be used several
Crocus : $\frac{1}{2}$ drachm } times daily - Utters
Aqua : $\frac{2}{3}$ oz. } on guns to be touch-
ed with pure chlorotic acid -

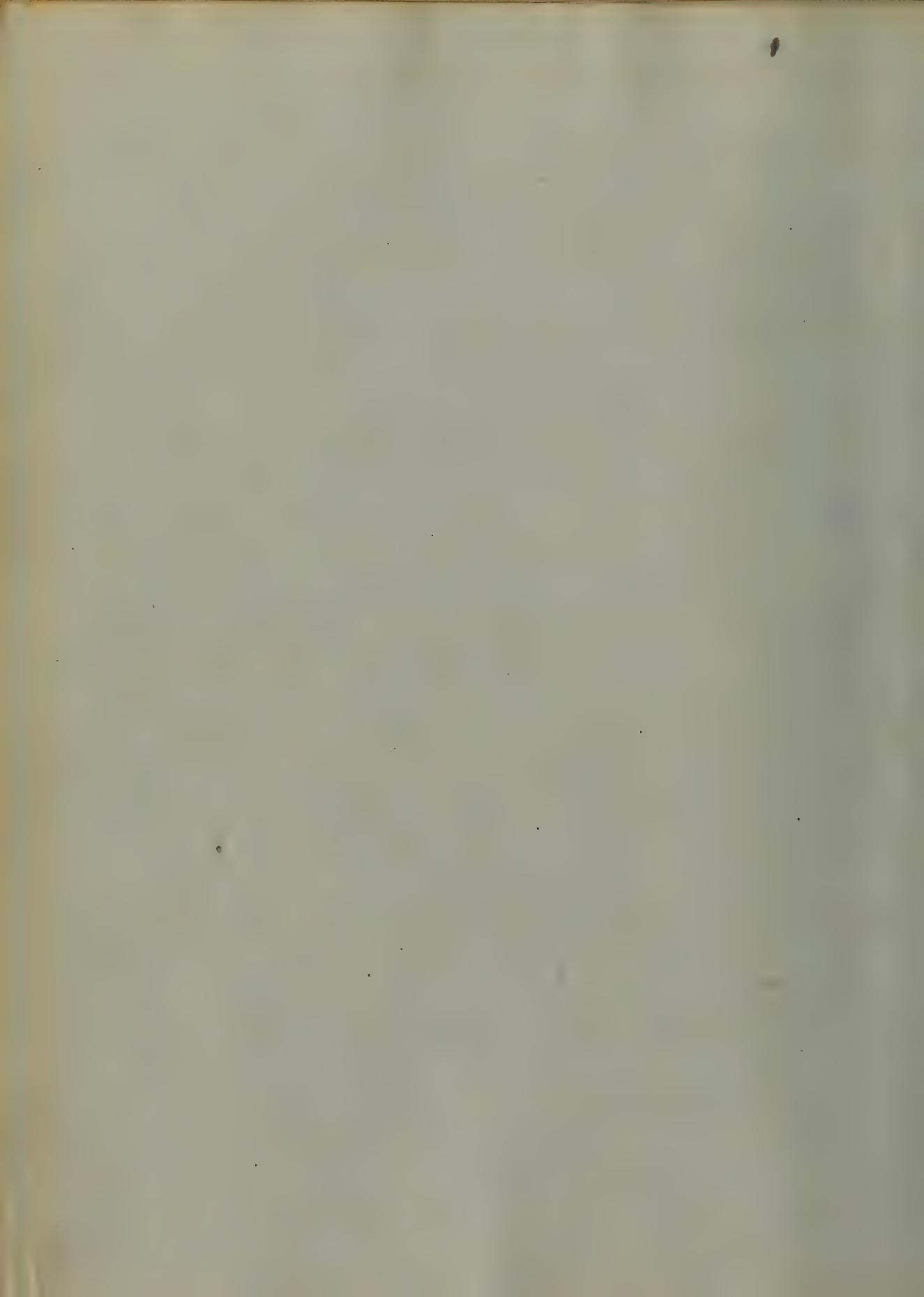
Aug 28th Continue treatment - Aug 29th patient's
eyes much improved - The following stimu-
lating ointment ordered for his eyes -



By Hydro; Pracip. Buti: grise) A small piece
 Prepared Lard: 3*ij* (to be carefully mixed
 between the lids at bed time - stop the
 Galenic Mixture - Aug 30th Continue previous
 treatment - Aug 31st Patient still improving -
 Left & ordered the following colliguum -
 By Sulph: Zinc: grise) To be applied by means
 Nitrum: Sptii: 3*ij* (A piece of muslin wet
 aqua: 3*ij* (and laid over the eyes -
 the patient was kept on mild diet, and
 the above treatment pursued in for a
 short time longer, when he left the Infir-
 mary well (11)

Case of Laryngitis

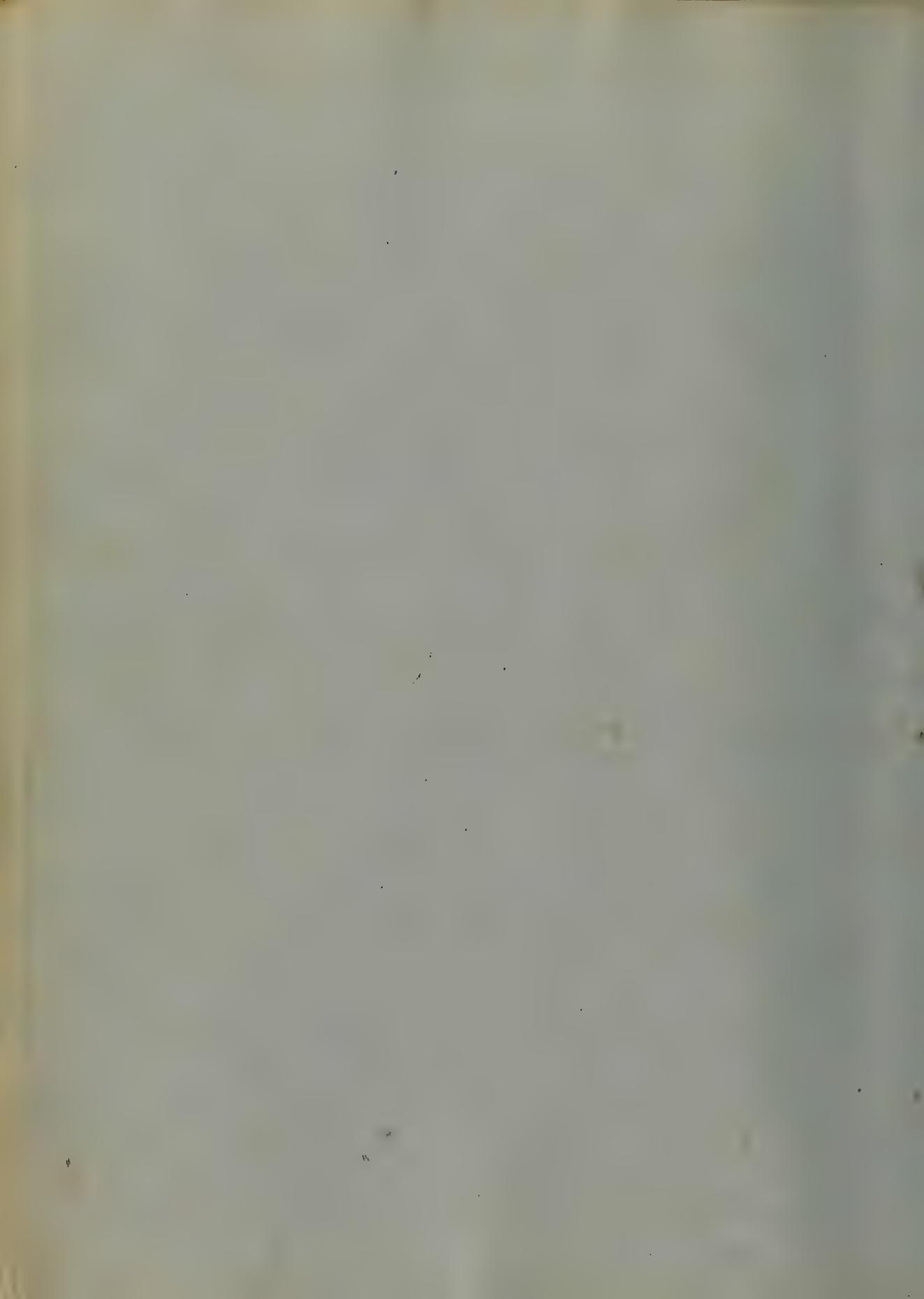
Patrick Dunn - Aged 35 years - Native of Ireland - Has been 4 years in this country - Admitted as a patient in the Ballt. Infirmary Sept 5th, 1851 - No satisfactory account of his case, previous to his admission, could be obtained - Was taken sick two or three months ago with Bilious fever, for which he took many purgatives and pills the nature of which he does not know - Condition when admitted as follows - Scarcely able to speak - Inspiration expiratory - Tongue parched, swollen and covered with black patches - Fauces and uvula very much swollen in throat very tender externally & strong mucous fever detected in his breath - Nose pinched - Pulse 136 per min - Respiration 62 - No physical signs of Pulmonary disease discoverable - Slept well Condition about the same - Was seen by Dr. Millerberger who ordered his throat to be anointed with



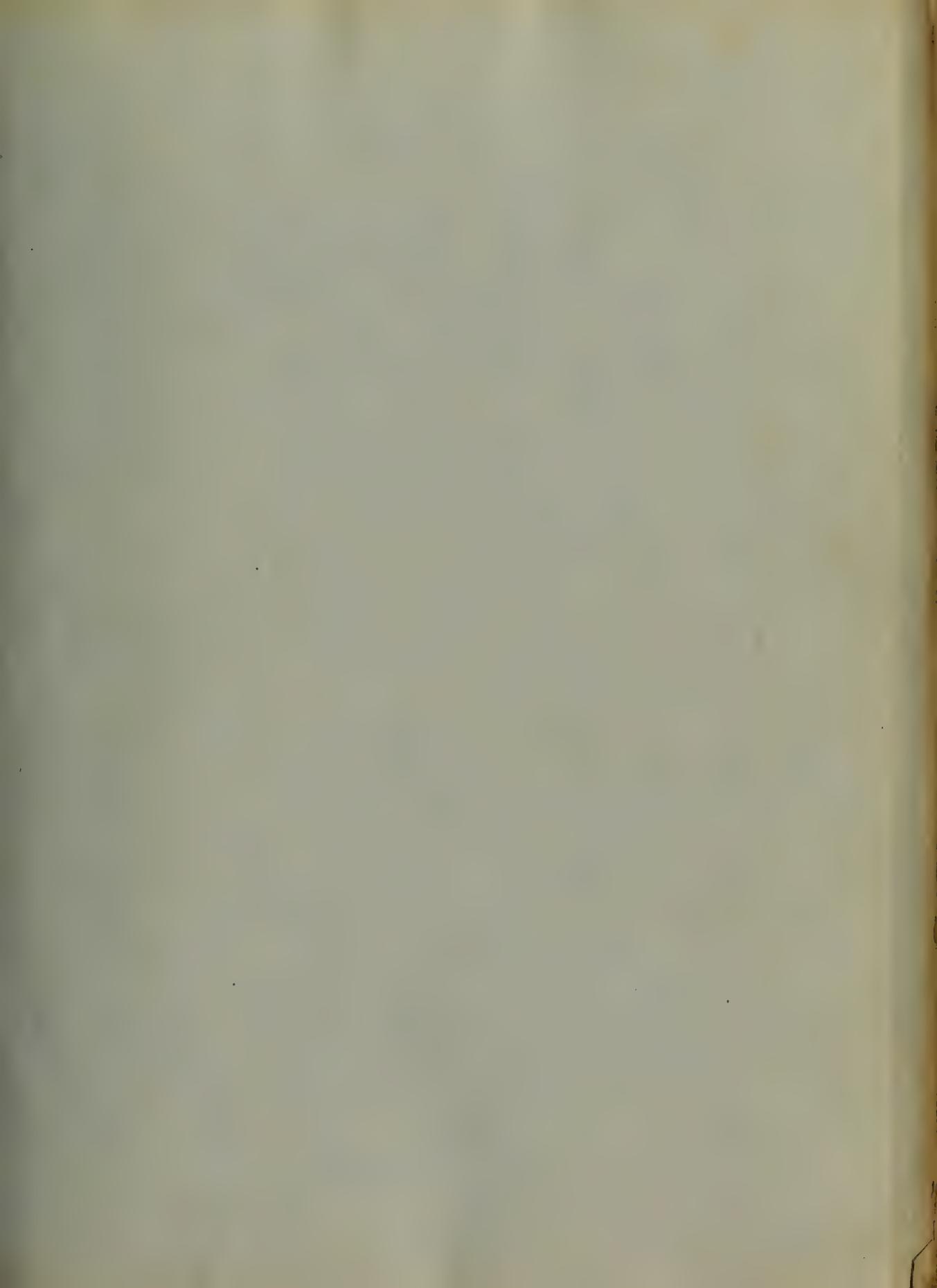
a strong sal. of nitro-s. Argentii & to agnæ ʒij
Also a gruel of alum to be used in throat
rubbed with ammoniacal liniment externally—

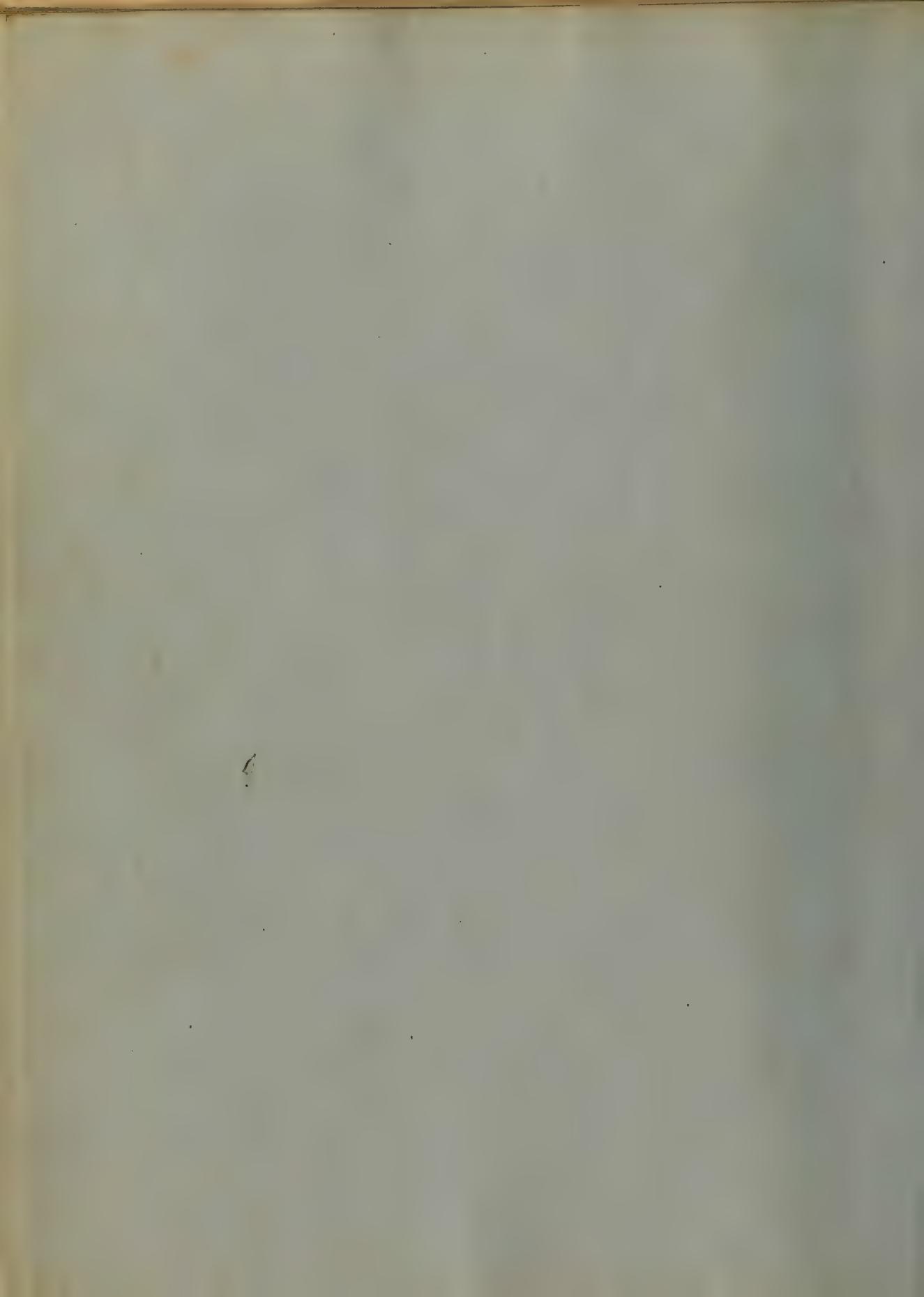
If no relief be obtained, an emetic of
Specie gross was ordered to be given on
The emetic being indicated, an attempt was
made to administer it but the patient
swallowed only half which produced no
good effect — 8 Dec. P.M. condition much worse —
Bands were moved freely to day — Dysphonia
increased — Loud mucus rattle in his throat
Suffers greatly — Ordered Sulph: Zinc: gross
at once — Also the following —

R. Tinct: Emetic: gav: in } Table spoonful
Nitrate: Potass: gross vij to be given every
4 hours : Zinc } 8 hours — Continue
the internal application of Nitrate of Silver —
Left 9th Condition about the same — Was
seen by Dr. Shew who ordered another
Emetic of Sulph: Zinc: at once — Tinct: Emet
in mixture is to be continued — Sulph: Zinc:

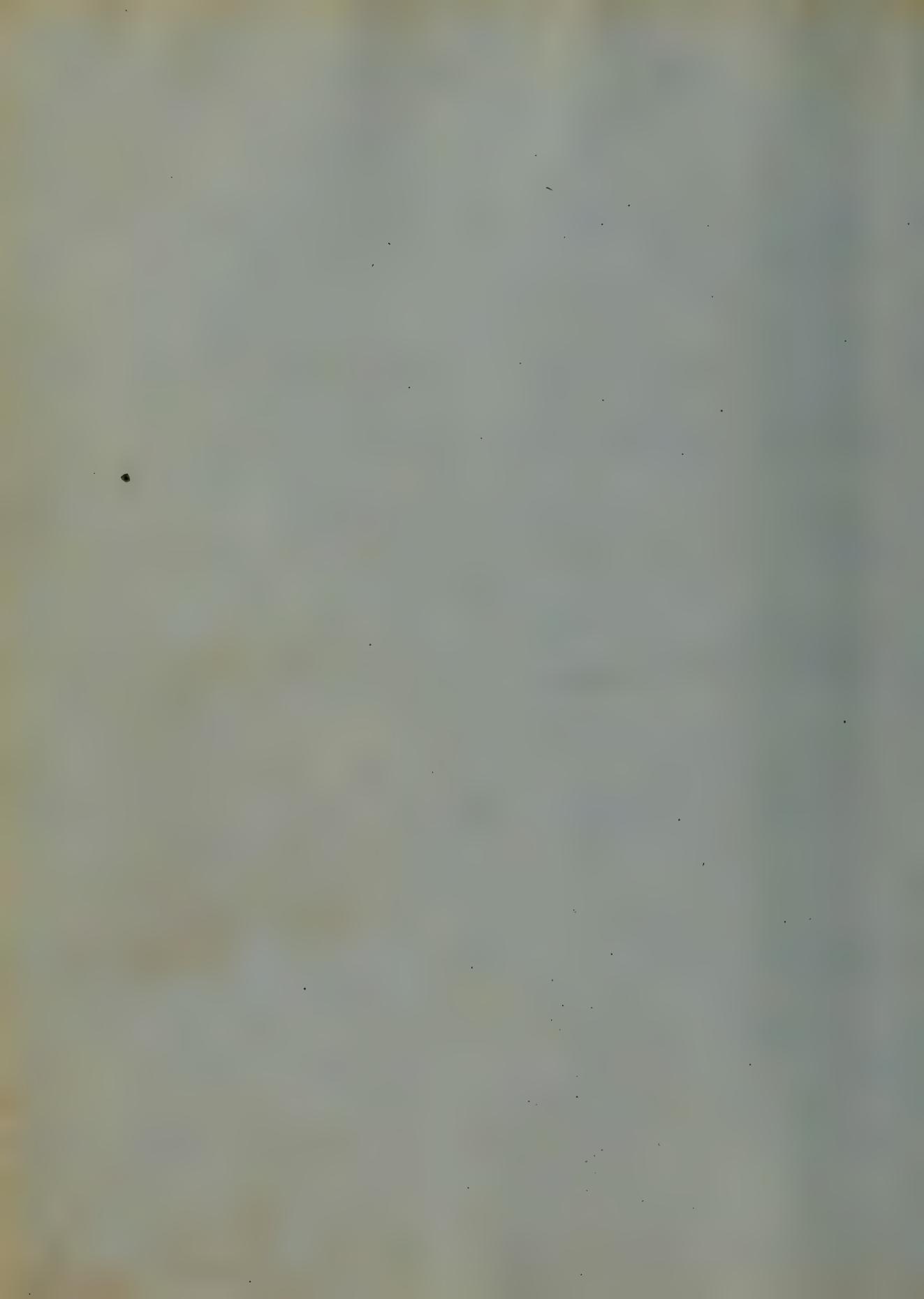


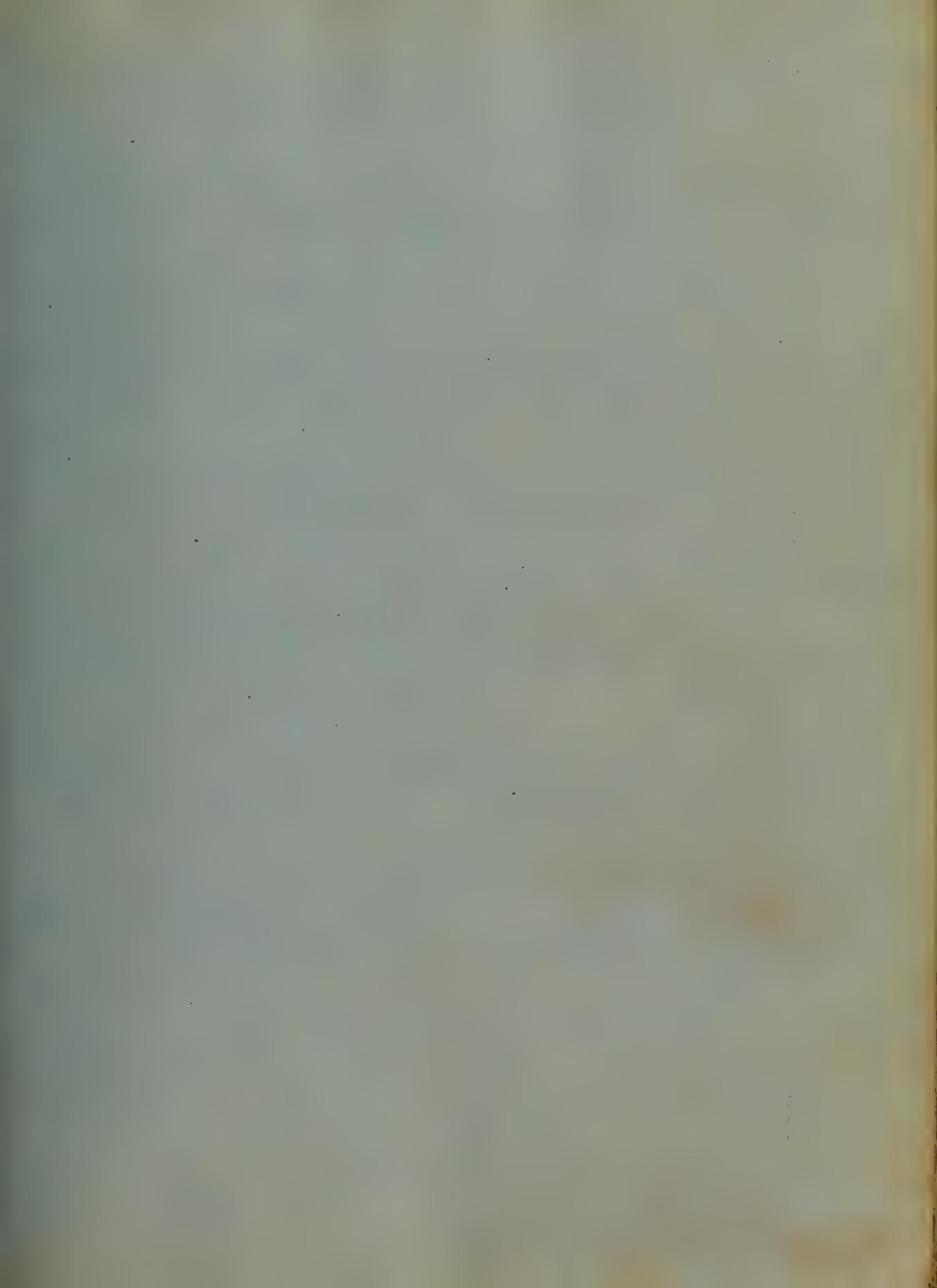
produced no good effect. Patient growing
worse rapidly it was deemed expedient, by
the attending physicians, to perform tracheot-
omy as a dernier resort. The operation was
accordingly performed by Dr. Miltzberger
very skillfully, but was of no avail -
The patient died notwithstanding the stren-
uous efforts made to relieve him, artificial
respiration included - Post mortem examination
revealed the following lesions - The larynx
and epiglottis together with ~~a~~ portion of the
pharynx were removed from the body, and
found to be in an advanced stage of ulcer-
ation - The epiglottis was entirely denuded
of its mucous membrane and so stiffened
as to be incapable of closing the glottis -
The other portions of the fauces were also
ulcerated - No further examination was
made, the above being considered suffi-
cient to cause death. (D)





An
Inaugural Dissertation
on
Rubiola,
Submitted to the Examination
of the
Provost, Regents, & Faculty of Physic,
of the
University of Maryland,
for the degree of
Doctor in Medicine
by
Nathan S. Lincoln,
of
Massachusetts.





¹⁵ -Urbola

"Urbola is a disease characterized by a crimson rash appearing on the skin in irregular, and cresent formed spots, accompanied with fever and constitutional symptoms."

The history of this disease is extremely obscure. In that the ancient were acquainted with it, it is impossible now to determine. In England, France, and Italy for several centuries it was confounded with smallpox, scurffina, &c. even with plague. The successive epidemics considered it a variety of variola; but

be distinguished and described.
great differences between the two
diseases, or as he believed, between
the two forms of the same disease.

So late even as 1763, Sir Wm Watson
held the same opinion; and it was
not till the appearance of Dr.
Wisternay's "Essay on Scarlet Fever," in
1793, that a correct diagnosis
seems to have been made.

The initiatory fever in measles
is generally very slight. There com-
monly exists an indisposition to
any active exercise. If the patient
is a child, he seems to have no
inclination to engage in his accus-
tomed sports; he is peevish & fretful.
The appetite is impaired; and
there is often sickness at the stom-
ach. The tongue is furred, and the
skin dry. On the second day he

which is common, accompanied
with a sensation of striction across
the forehead, over the eyes. In
fine we have the usual symptoms
of fever, nose or lips mured. These
fibrile symptom, are sometimes
ushered in by a chil. On the
second or third day, ^{catarrhal} symptoms
appear. The mucous membrane
of eyes, nose, fauces & larynx, be-
come red, inflamed, and ex-
ceptionally irritable. The eyes are
full, and running over, with scald-
ing tears. There is frequent snif-
fing, and a hoarse cough, which
is peculiar to this disease.

In the fourth day the charac-
teristic eruption begins to make
its appearance. It is first ob-
served upon the forehead and tem-
ples, along the border of the hairy

scalp, and on the chin, in other
form of small red spots, which
soon coalesce, and form patches
of an irregularly crescentic, and
circular figure. These patches
gradually become slightly elevated,
and of a duller red than at first;
and in the midst of one of them
can be seen small portions of
white skin. Commencing at the
parts above mentioned, the rash
in the course of the first day of
its appearance, spreads over the
entire face, and may be perceived
on the palate and fauces, of a
dark red colour.

On the next day it extends
over the neck, breast, and upper
part of the trunk. The patches on
the fauces become still more mark-
ed by their increased elevation, and

their dark livid hue. In the face
the eruption is now very vivid; and
the eyelids, and the moist living parts
of the face, become so swollen, as to
renders it impossible to open the
eyes. On the sixth day the
eruption reaches as far as the
thighs, and the patches upon the
face have begun to fade.

On the seventh day every part
of the surface of the body has been
visited; and on the eighth the
rash has begun to fade upon those
parts at which it last arrived.

On the ninth day it is scarce-
ly visible, and on the tenth it has, in
most cases, entirely disappeared.

In general the catarrhal sympto-
toms become more severe on the
appearance of the rash. But they
keep pace with it in its departure.

In full desquamation takes place
after the disappearance of the rash,
the cuticle falling off in minute flakes
at those points, where the red patches
were situated.

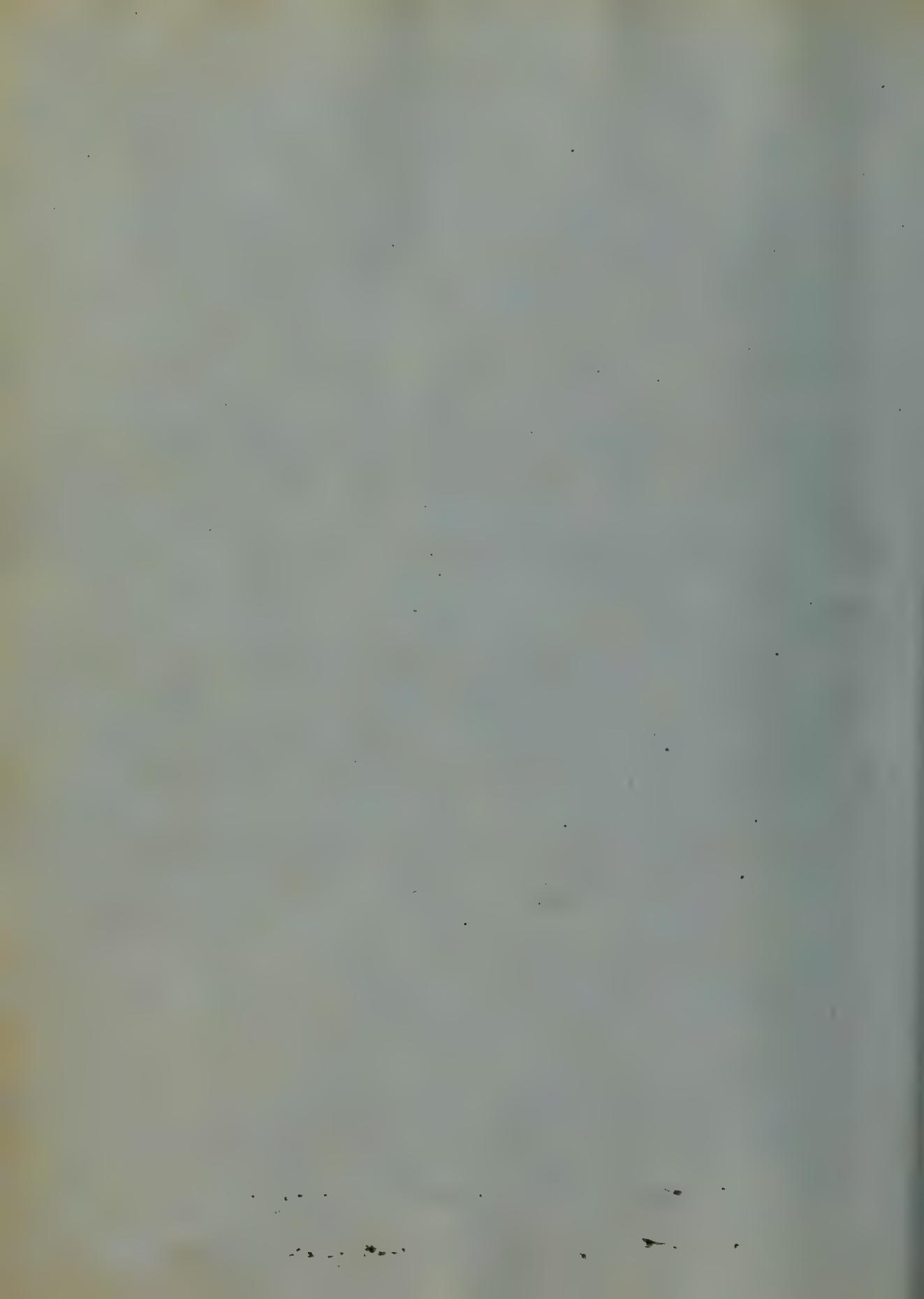
Such is the course of Rubiola
in the great majority of cases;
but it is subject to several diversities.
In epidemics of measles
we not unfrequently meet with
cases, in which the fever, and catarrhal
symptoms are entirely
wanting. This variety of measles
has received the appellation of
"Rubiola Spuria" & of "Rubiola sine
Catarrho." More often we have
all the symptoms except the
catarrhal. Again persons expos-
ed to the Rubiolous contagion,
present all the symptoms of
measles except the rash.

A malignant variety of measles also occurs; and in some epidemics a great number of the cases present low typhoid symptoms.

In one case typhous infection having been introduced into a school, in which measles were prevailing, a typhoid character was observed in all the succeeding cases of that disease.

When the typhoid complication exists, the rash is often of a livid purplish hue; irregular in its appearance & distribution, and interspersed ^{with} pustules.

Measles ranks among those diseases which are considered most certainly contagious. Whether it ever exists without this origin it is perhaps impossible to ascertain. That epidemic influenza is ever

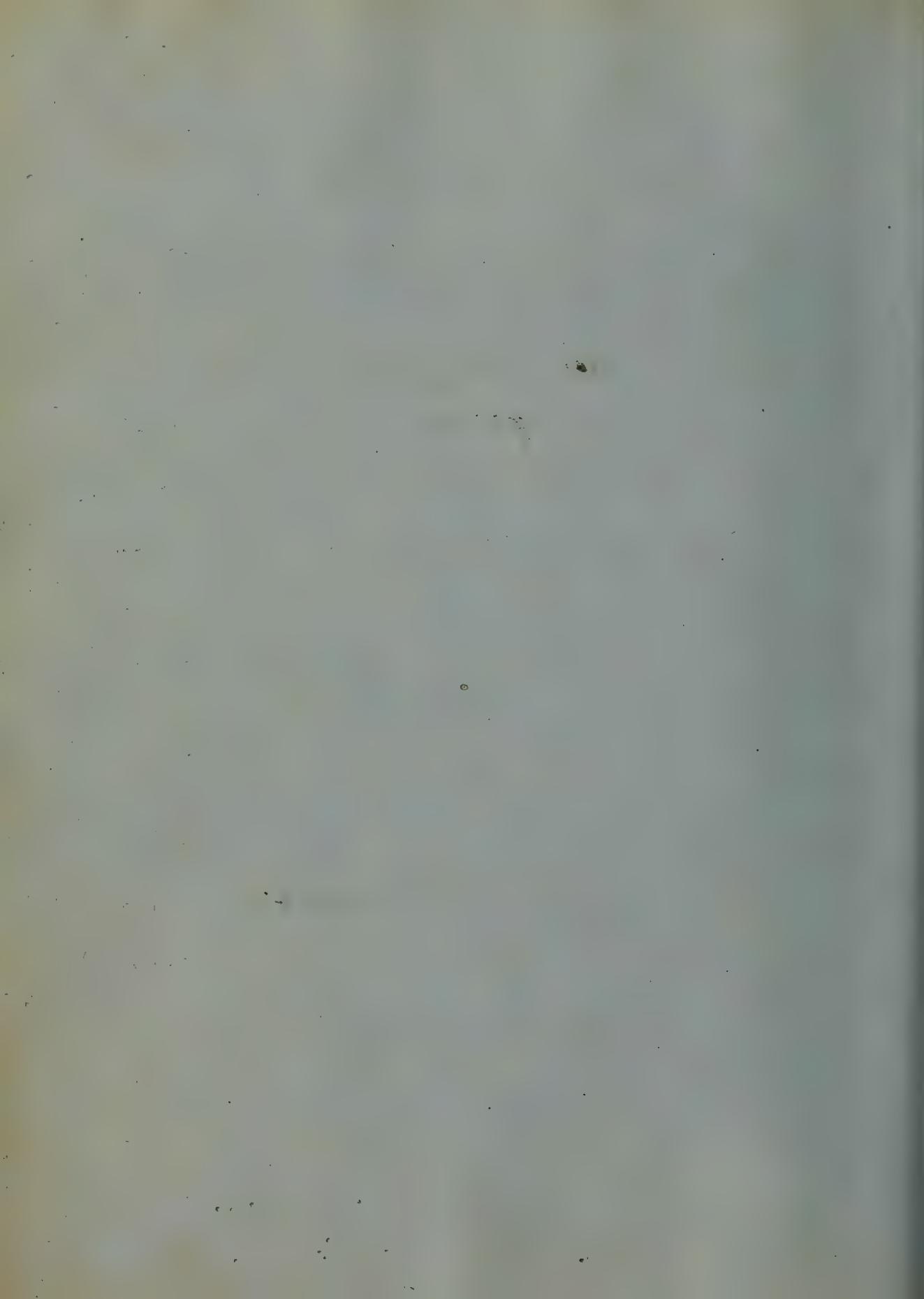


the exciting cause has never been known. Many even doubt its ever being a predisposing cause.

When it first appears it is impossible to discover. It, ^{now} constantly exists in all parts of the world.

It is often epidemic — most commonly so. It seems to remain so long in a place, as is necessary to infect all the inhabitants susceptible of its poison. It then leaves that place to return, as soon as a new supply of subjects have appeared.

Its contagious power, though well marked, is not so certain as that of small pox; nor yet so capricious as that of scurvy. Except infants, and tho' very young all seem about alike susceptible of this disease.



It has been asserted that adults
are less liable to contract the dis-
ease than children. This is
probably more apparent than
real. The fact that most adults
have had the disease in early life,
renders it comparatively a rare
disease after puberty.

Like most other contagious
diseases measles seldom attacks
the same person more than once.
Some authors deny that it ever oc-
curs a second time. Numerous
well-authenticated instances of its
second appearance, however, are
on record. It may readily be
admitted though, that these cases
happen much more rarely in this
disease than in small pox, or even
than in scarletina. Its period
of incubation generally is about

nine or ten days; but it varies from five days to a fortnight.
The diagnosis of measles is not commonly difficult. In its earlier stages it may sometimes be confounded with small pox or scarletina; and rubiole sine cuticula may not always be easily distinguished from scarletina. If rubiole be epidemic, febrile & cutaneous symptoms, occurring in a person, who has never had measles, may be looked upon as pretty surely initiatory to this disease. But as these symptoms are often not well marked, and small pox is often epidemic at the same time with measles, the diagnosis should be guarded. The first appearance of the rash in the two diseases is very similar. One or two days, however,

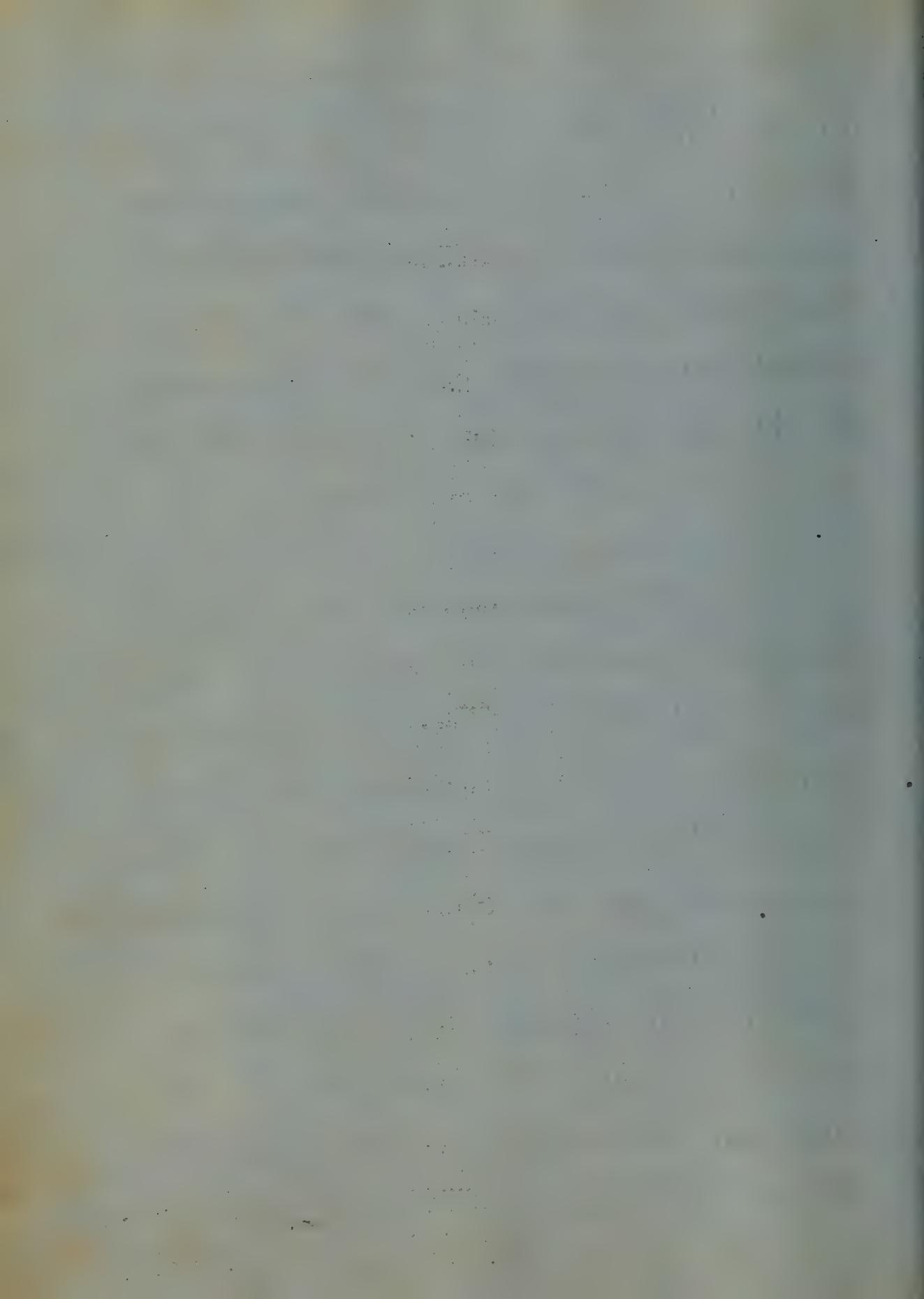
will develop the characteristic differences. From scarletina measles may be distinguished by the occurrence of catarrhal symptoms, ~~and~~, and the absence of the anginose affection, characteristic of the former disease.

In Scarlet fever the rash occurs on the second day, is of a brighter red colour, and more punctuated at first, but more uniform at last, the crescentic & clustered arrangement of the maculous affection being absent.

The prognosis in most cases of measles is favorable. In the great majority of cases tubercula is to be feared rather as a condition strongly predisposing to attacks of the very grave diseases of the respiratory organs,

than from the intensity of its own poison. The typhoid variety however is a very serious disease in itself. Extreme debility and restlessness; a dry dark tongue, deep redness of the juncos, and an irritable stomach, are very grave symptoms.

In common cases of measles careful nursing is indicated rather than much medicine. To protect the patient from the exciting causes of Pneumonia, and Bronchitis, should be our first care. He should be kept neither too hot nor too cold. In this we are to be guided in a great measure by the feelings of the patient himself. Just sufficient clothing

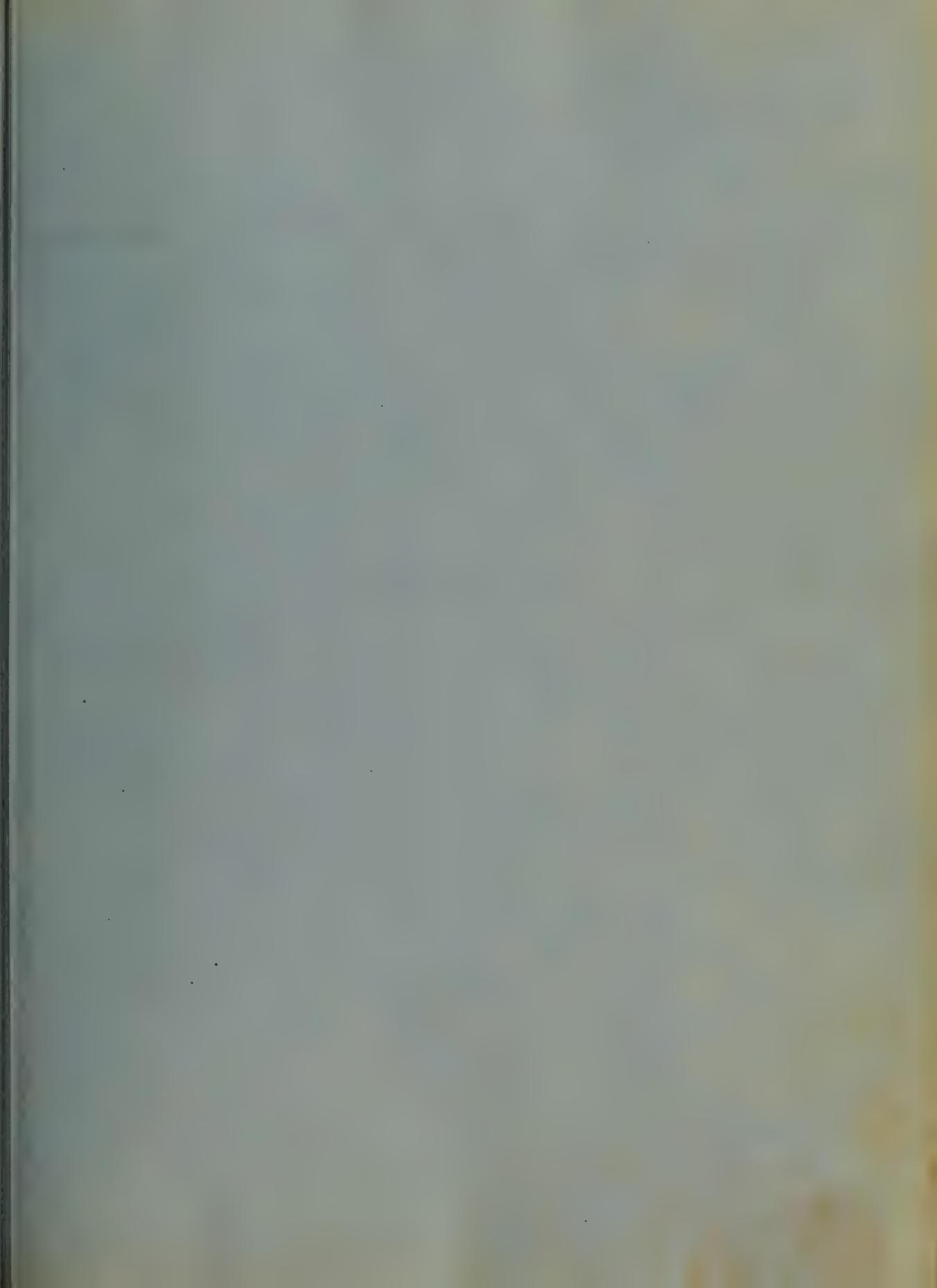


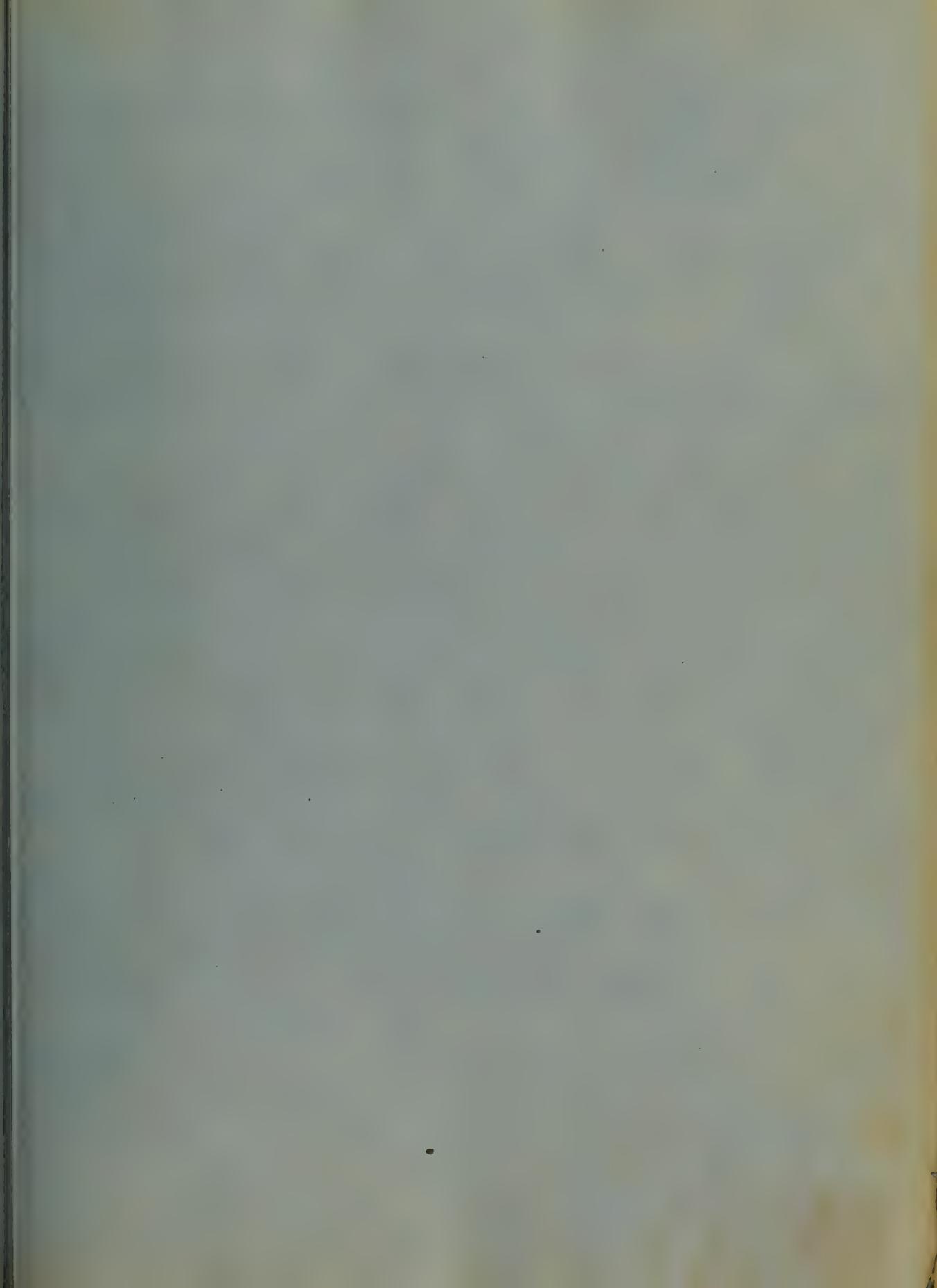
to keep him comfortable should be allowed. Prolonged exposure to cold should be most carefully guarded against. The excessively irritable eyes should be protected from an excess of light. No noise or disturbance should be permitted. Very little food, and that of the mildest kind, should be given him. Milk and aqueous drinks he may take freely of. The inhalation of the vapour of warm water, or Chamomile infusion is often very grateful. The burning and itching of the skin may be allayed by sponging with warm water. But the greatest care must be exercised in this application, lest the patient be exposed to the cold. The bowels

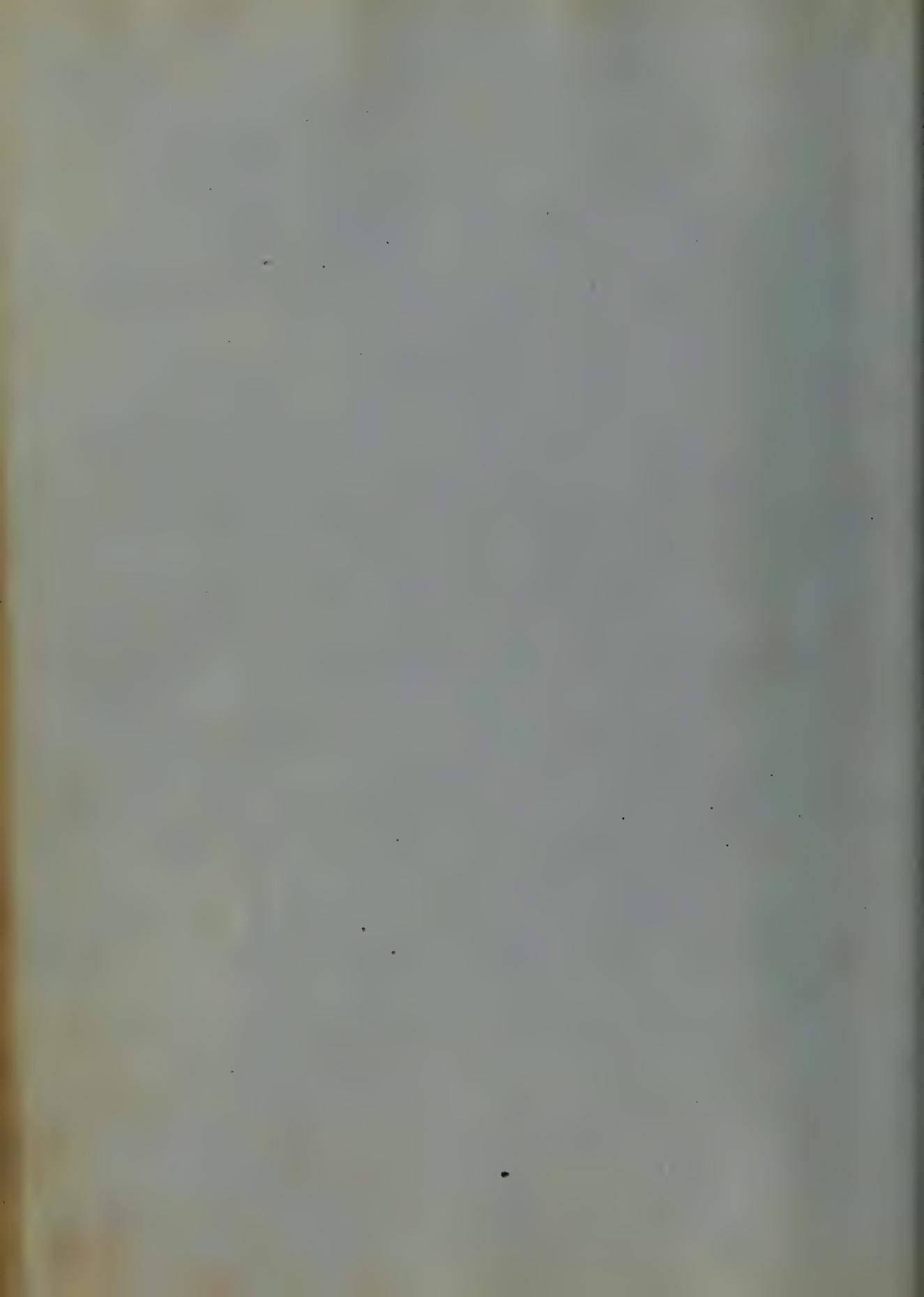
which are commonly constitutive
in this affection, should be kept open
by mild aperients. A gouttish emetic is
occasionally indicated. In cases of de-
bility, and of atypophilic cases, tonics
and gentle stimulants should
be administered. Blood letting
may in most cases be reserved
for pulmonary complication.

Pneumonia and bronchitis must,
when complicating measles, be
energetically treated in the same
way, as when occurring alone.

Before we consider the
value of inoculation in this
disease, its possibility must
be made out.







—
An
Inaugural Dissertation,

on

"Diseases of the Mind"

submitted for the examination,

of the

Provost, Regents, and Faculty of Physic,
of the University of Maryland,
for the Degree of Doctor of Medicine,

— by
George Penigrin Knott,

= Baltimore City, Maryland. =

1852.

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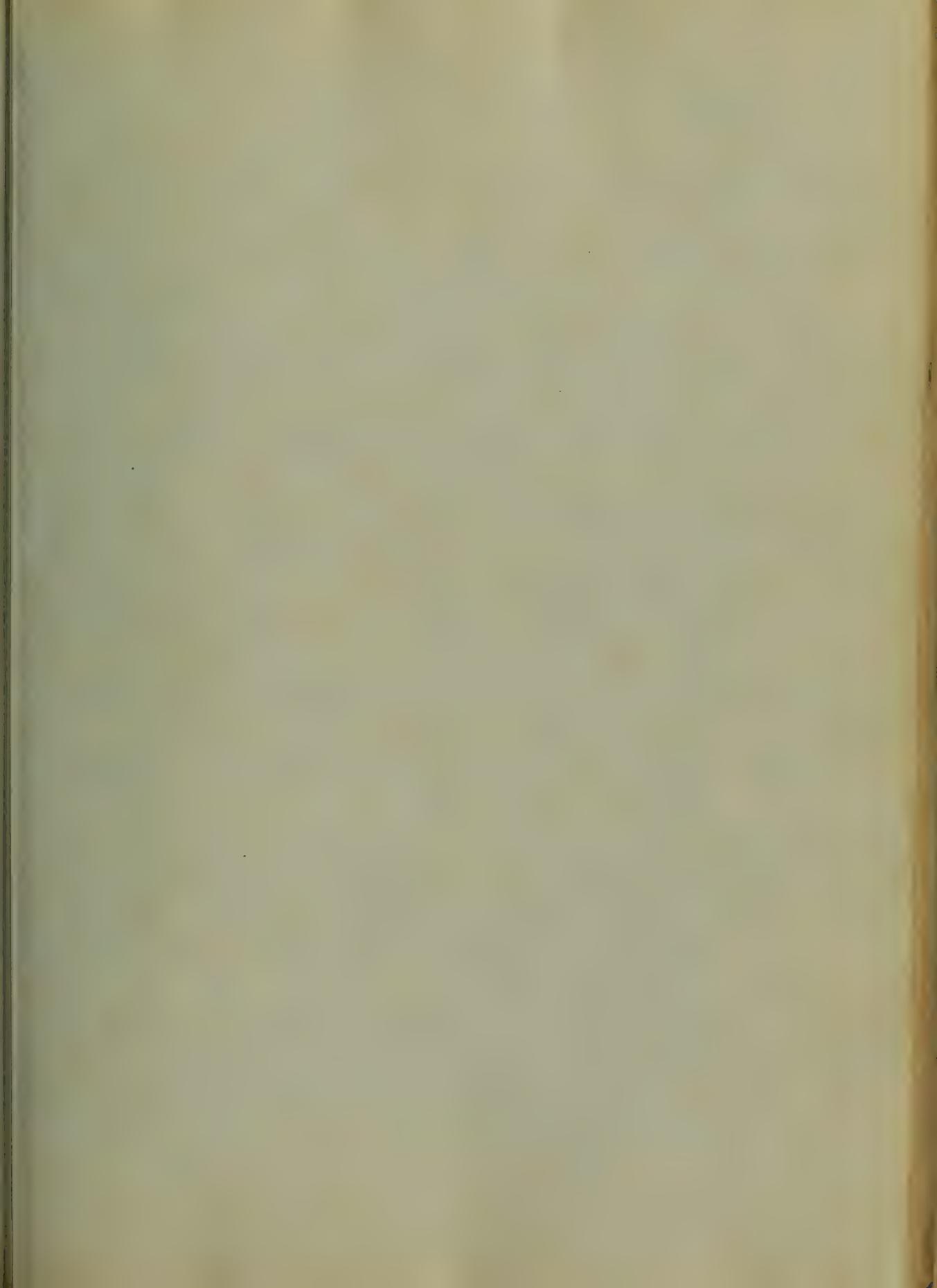
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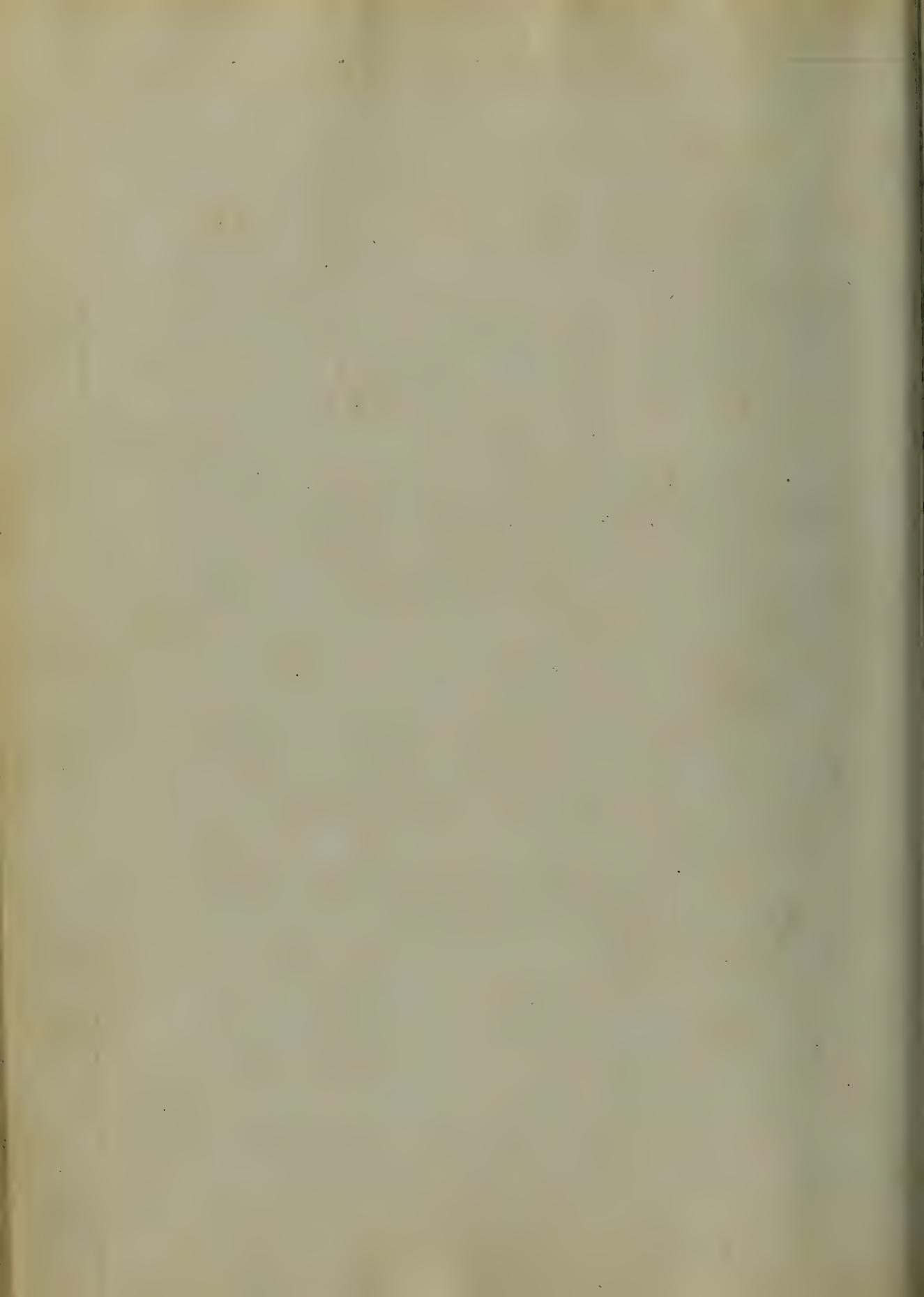
is closed.

and the other open side

is closed.

and the





It is almost a matter of impossibility, for a medical student, to advance any new idea, promulgate a new theory, fashion a new thought, or by his essays, however learned, throw any additional light on the complex and intricate science of Medicine. Feeling strongly, as important truth pressed on my mind, I have conceived this Theory, not with the expectation of enlightening its readers, but, mainly, as an appreciation of what portentous statute, of the Faculty of Physic, of the University of Maryland, which requires the candidate for the degree Doctor in Medicine, to produce a written guarantee of proficiency, in the study of Medicine. The subject of my thesis is complex, embracing some of the most disastrous diseases that humanity is heir to. My own thoughts, combined with those of men, who have exerted their efforts to maintain theories and discoveries in Medicine.

the first time I have seen a specimen of the genus. It
is a small tree, 10-12 m. high, with a trunk 10 cm. in
diameter. The leaves are opposite, elliptic-lanceolate,
acute at the apex, 15-20 cm. long, 5-6 cm. wide, with
a prominent midrib and prominent lateral veins.
The flowers are numerous, white, bell-shaped, 1 cm.
long, with a short tube and a spreading limb. They
are produced in clusters at the ends of the branches.
The fruit is a small, round, yellowish-orange drupe,
about 1 cm. in diameter, with a single seed.

Diseases of the mind.

Entering upon this subject, I feel as if I were treading upon consecrated ground. I am aware of the great difficulty under which I labour, and the importance of the subject. To touch with a delicate hand, the mighty machine of man's imagination; to reveal the workings of the mind, God's chosen work, requires mightier efforts than I can make. The Understanding, the Memory, passion, imagination, will, moral faculty, sense of the Deity, conscience and principles of faith, are the faculties of the mind. Its operations are complicated, embracing ratiocination, judgement, perceptive qualities, volition &c. The influence of mental emotion on the physical system, is of itself, a prolific subject, with an endless variety of subdivision. The health of man, is under the direct control of his will. He but moves, acts, aye, is, through the many-emotions to which he is heir. As the understanding, occupies the first in the classification of the

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faculties, and also the highest rank, I shall treat of the derangement of that important faculty, upon whose perfect function, depends almost entirely, the proper performance of the rest of the faculties. Many are the theories urged by writers. Each author, has had his favorite doctrine, upon whose beauties, he has descended, and whose merits, he has urged, until theory, clashes with theory, in the minds of those who have them their study made.

Some intelligent writers urge the doctrine, that madness is said to be the effect of disease of the spleen. This viscus, is supposed to be affected in that supposed state of madness, known as "Hypochondriasis." This might at first, seem a very plausible idea, and one deserving of consideration and thought. Yet, when we consider that the derangement of the mind, depends, not on any vitiated secretion contained in the spleen, this idea must fall.

Again, it is set forth by a French writer, Mr. Prost, that

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madness, is the effect of a disease in the intestines, and particularly of their peritoneal coat. The marks of the high state of inflammation, found in this, as well as other organs, would appear to favor this theory; but these morbid appearances, are the effects, not the causes of disease, as they are found in Liver, and occasionally, the Stomach, of those who have died with madness. They are induced by the violent, or protracted exercise of the mind, causing, the viscera to abstain, or attack the excitement, thereby, leaving them in that state of debility which naturally disposes them to inflammation and obscenity.

Again, it has been said, that madness is the effect of disease of the nervous system. Of this, no direct proof can be had, for autopsies, and dissections, prove on the contrary, that the nerves are in a sound state.

It is of no use to produce any far-fetched theory, or opinion, but in the language of the learned. Dr Rush, give what seems to me to be, the correct theory of intellectual

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derangement. He says, in his *Notes*, "the cause of madness is seated primarily in the blood vessels of the brain, and that it depends upon the same kinds of morbid and irregular actions, that constitute other arterial diseases. The reasons are drawn, 1st From its remote and exciting causes, many of which, are the same with those, which induce fever, and certain diseases of the brain, particularly, Hydrocephalus, Phrenitis, Palsey and Epilepsy, all of which, are admitted to have their seat, in a greater or less degree in the blood vessels.

2nd From the ages and constitutions of persons, who are most subject to madness. The former, are in those years, in which, acute and inflammatory arterial diseases usually affect the body, and the latter in those who labour under the arterial predisposition."

Now, I also infer, that madness is in the blood vessels, 1st From its symptoms, viz a sense of fulness and of low severe pain, in the head; wakefulness; redness of the

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such as precedes fever; a whitish tongue; dry, or moist skin; urine light colored; pulse frequent, weak or full, or a mortidly slow pulse. These states of the pulse, occur uniformly in recent madness, and frequency, is seldom absent in the chronic state.

From its alternating with several diseases, which are undoubtedly seated in the blood vessels. These are Phthisis Pulmonalis, Rheumatism, Intermittent and Periodical fever and Typhus; many of which, are continually found in the records of Medicine. It is sometimes discovered, by comparing its symptoms with the different forms of fever. It is sometimes, as regularly periodic as Intermittent or Remittent fever. Again, it frequently appears in a Typhoid form, in which, it is attended with coldness, feeble pulse, muttering delirium, an involuntary discharge of the secretions from the Rectum and Bladder. This is more particularly the case, in

great weakness and debility.

I again infer that the disease is in the blood vessels, from the appearance of blood after it has been drawn in a state of madness. At present the same appearance, as blood drawn during inflammatory fever, Buffy coat, Yellowness, Quantity of serum, &c. Also from the appearance of the brain after death, from madness. They are nearly the same, as those of Phrenitis, Apathy, and other primary affections of the brain.

Lastly, I take it, that madness is situated in the blood vessels of the brain, from the remedies which most certainly, and speedily, cure it, being the same as are in use as curative means for other diseases of the blood vessels in that and in other parts of the body.

Having thus hurriedly summed up the different reasons, why it is my opinion, that madness, or alterations of the functions of the Understanding is situa-

— lies primarily in the blood vessels of the brain. I propose
in a brief manner, to trace out the predispositions of the
diseases, to show why madness supervenes upon the prevalence
of any one particular emotion.

I shall divide them 1st, Into such as act directly
upon the body: 2nd Into such as act indirectly, through
the body, through the mind.

Those which act directly upon the body, are,
certain local disorders, induced by enlargement of the
bone, tumours, abscesses, and water on the brain: certain
diseases of the brain, particularly, Epilepsy, Aphexy, Palsy,
Vertigo, and Headache. These, last however, seldom
cause it. Certain odours, emanating from certain locations,
excessive use of ardent spirits; sudden abstractions of stimulus;
inordinate sexual desires, are very frequently, causes of
mental derangement.

Those which act indirectly, on the body, through

the mind. Intense study is a most frequent cause. Study, whether of science, or of the mechanical arts, of real, or imaginary, knowledge, comprises a terrible quota in the list of madness. Now, it seems to me, that imaginary, knowledge, is far more dangerous at a close point of study, than real knowledge. For instance, the Mormons, upon the branch of discovery, of the once so fatal delusions, the "Philosopher's stone"; the method of obtaining perpetual motion; the project for the restoration of Patriarchal rights and privileges, and of the consequent establishment of perfect order, throughout the world; or the still more fallacious idea, to move prophecies (never made, except in their own deluded minds) contended by them, to be found in the Holy Bible, are more irrecoverable, than they, who merely overcharge the mind with intense study of a real nature.

Again, the rapid transitions of thought, from one

subject to another, is dangerous. We feel this more fully, after reading a series of Reviews, Pamphlets, Magazines, &c. when the mind is debilitated and enfeebled, that it is some time before we can recover, as it were, the tone of the mind. Light and trifling reading, few so distracts the imagination, as to be a very prolific source of disease.

Again, it is brought on by impressions that act primarily on the heart, Joy, Grief and all the various feelings belonging to man. Joy, as well as the other, passing, more injurious often.

Having concluded what I have to say of the Derangement of the Understanding, I shall take up another form of disease of the mind, Derangement of the Memory.

This is a most lamentable disease. In it, persons forget their dearest and best friends. Things, that

are as familiar as household words, suddenly become as newly acquired things. The studies of years, are entirely obliterated. Many who are acquainted with all scientific knowledge, and speak the language of every nation as if it were their vernacular dialect, suddenly are as ignorant as rustics, and can scarce stammer through a sentence. Memory more demolished, her place is too often filled by perfect idiocy. Names, substance, sound, reaches of all kinds, quantity, quality, and in short, almost every thing, is obliterated from the mind of the diseased one, and he becomes a pitiable wreck, on the shores of misery. What a deplorable state! A man, in whom all the knowledge he can possibly have, is concentrated, a most excellent scholar, and profound statesman, is in a short time, by the decree of fate, transformed to the condition of an automaton.

The causes of this sad change are various. What are they? "Inattention, either in eating or drinking," "Inattention,

tell us "may cause it" (diseases, particularly), those of a malignant character. Instances have been known, where, after fits of this kind, intelligent men, have forgotten their alphabet.

All diseases of the brain are predisposing causes of this disease.

There are a few of the corporeal causes. The mental causes are, Grief, Terror, the oppressing of the memory with words and studies, disproportionate to its strength, cessation from study neglecting to exercise the memory, and various causes of a similar nature.

What are the remedies for this terrible form of disease? How can we treat it? Surely, it will require persuasion, as well as medical measures. The removal of the exciting, whatever it may be, if possible, is the chief resort. Mr Pope, advises strongly, exercises of any active kind, especially a fine trotting horse. Depletion is often useful. Rest of the mind. Cold Bath, and cold Weather.

In the mental treatment, the frequent repetitions of the names and subjects wished to be recollecteds. The memory is improved by thus using it. Various means are used for this purpose. By some, two or three persons are frequently called on, to assist the patient in the retention of his ideas.

Briefly, basing on, and leaving, the subject of Derangement of the Memory, so hastily, and imperfectly sketched, pass on to consider, Derangement of the Passions.

Sighs not only weight down the man, and unfit him for the pleasures and the toils of the day, but in time follow desolation and death.

Health, which at other times, is in a good condition, under the influence of grief, becomes deranged. The whole system undergoes a change. A morbid action is set up; eatness of the digestive and nutritive organs takes place; symptoms of a typhoid state setting a general lassitude.

pervades the system, followed eventually by all the usages
of continued fever, and the patient is hurried to that
journey, from which no traveller returns." *Veterinario*
Fever is not the only follower of Grief.

Aphthisis, the insidious, yet more certain destroyer
of life, and cancerous affections, are its followers.
We see its workings daily. Many, who from con-
stant and uncontrollable sorrow, have for weeks, refrained
to take the nourishment, or exercise provided for
man, by an All-wise and overruling Providence, and
ejected every thing by which their physical energies were
retained, have found too late, that Consumption, has
marked them for its victims. Anxious are the saving
restorations, and patent medicines, invented by quacks, and
retained by the ignorant and designing, expended upon
them. Medical skill is rendered unavailing. Daily
their natures are changed. Tuberculous deposits take

place in the lungs bronchial respiration is changed,
and the whole sad series of symptoms occur, until Death
wings up the tragedy.

Anxiety is also another passing that is de-
ranged. This, often, produces that most dreaded disease,
Conc.

Sing, is of itself, often a cause of disease; in-
fact it is a malady alone. When it predominates, it
appears in a preternatural dilation of blood to
the head, a surgeson of the blood-vessels of the face, a red-
ness of the eyes, an increased secretion of Saliva, which is
uncharged by foaming at the mouth, great irritability, or lo-
cal suppression of sens. After a time, bleeding on the
face appears, and if a woman be the patient, hysteria takes
place, followed by chorey, and often times Death.

This is of course, an extreme case of Sing, yet
may it not happen continually? What is to prevent it?

Does not Anger upon some persons, have the effect of transforming them into savages, for the time being; and does it not produce an alteration of the general temper. Besides, this disease appears in a periodical form. It also appears, at times, with faintness, tremors, sickness in the stomach, vomiting, syncope and death.

This effect is noticed, more particularly, when the Anger is combined with Fear. When, although in an intermitting mood, the principle of Fear naturally affects the nature of Anger, it is observed that great prostration of the muscular and nervous systems takes place, rendering for a period, the subject of a weak and helpless man.

The remedies for fear are, Physical, Rational, and Moral. They are so common, that it is useless to describe them.

There is also a hereditary cause of Anger.

I shall now, after having treated of a few of the
wants of Perfection of man previous, and alluded
to the treatment in a slight manner, speak of a
lack of the intellect, by Idioty.

By this term; we mean the absence, or rather
the deficiency of intellect, a deficiency, often amount-
ing to such a degree, as to totally disqualify an in-
dividual, for the common offices of life.

This deficiency of intellect, does not refer to
the want of external sense. As a proof, the most
informed Idiot, can often see, hear, feel, smell and
taste the same as any one else. There are many,
who can tell the colour, or quality of articles. Mean-
gain, may have an excellent idea of Music, and yet find
all that may be complete folly. Some, can calculate,
etc. in others this faculty, is entirely wanting. There are
then, who can, perform the necessary offices of life, such

as decoration do with the greatest regularity and order.
 The varieties are almost unlimited; from the
 mere moving being, who lives as a brute, and can exert
 no control over his voluntary, or involuntary organs,
 and who excreting the Reptile and Bladder, without
 any knowledge of the fact, to the one, who is merely
 called an Intellect, or as the Hindu terms it "Soff."
 Yet, amid the countless varieties, the, won-
 derful monotony is discoverable.

The predominant feature is variety, in
 one, there is not, in some degree, and in other animals
 to except.

Variety, is most generally conjoined with other
 deficiencies. Having an absence of any one of
 what are called "knowing qualities," will not constitute
 diversity, nor a great deficiency of one, is almost always com-
 bined with a less. For instance, a great degree of

monobrachia in birth, is generally accompanied with a minor one. If we see a foetus born without a hand, we often see a double portion of fingers or toes.

Thus it is that Idiots often have organs of the thinking faculty predominant, and others deficient.

As to the moral qualities, there are some, who are very harmless, and perfectly innocent as regards their acts, and are as docile as Lambs; and others, who are as wrong and delinquent, as if they were possessed with insanity, rendering them, under the control of their involuntary passions, as dangerous as possible! They are liable of committing the most excessive outrages; murder is performed with ease, by them while in this state. They will steal, lie, and be guilty of many such actions. They are often gloomy and low-spirited, and aroused, will take summary vengeance on the un-

happy object of their hate

They again, will imitate every action they see.
The power, it seems, are concentrated in a desire, and
that, to have the initiative, propensities of the Master
vise. They will perform all manner of curious things.
They will bleed, if they see the surgeon bleed; mix
medicines as the Apothecary; bake food as the Cook;
in short, do every thing but injure themselves, proving
how degraded man may become in a state of
disorder.

It has been found after death, that the brain
is of a deficient quality, and the whole generally
(small). However, Idiotism may be produced
without a defect of the quantity of the brain. There
may be enough of it, but it may be of bad material.
There are many, who are born Idiots, and yet, after
certain age, they in some degree, have their intellecti-

restored, so that they become quite sensible, and are able to make quite a decent attempt at getting through the world, which it must be conceded by all, is much better than complete Idiocy during life.

But Idiots {those in whom the disease is congenital} seldom live to an advanced age. The age of thirty or forty, is generally the maximum, to which their lives are extended.

The defective power, according to Elliotson, which causes the brain to be in such a state, is generally connected with such a want of energy, throughout the whole body, that the patient seldom lives beyond forty years, and the greater the Idiocy, *ceteris paribus*, the shorter time he lives.

Idiocy may come on in after life, from various causes; for instance, blows inflicted on, or near the region of the head, will cause derangement of all

the faculties of the mind. A direct blow, will sometimes so act, as to produce incurable idiocy. Softening of the anterior lobes of the brain; pressure; anything causing obstruction of the function, will all produce the disease.

There is a form of disease met with in the valley of the Aletsch, called Cretinism. Through all the paths, valleys and roads of Switzerland, in fact wherever travelling is found in that Country, there the unhappy objects of distress and commiseration are seen. The exhalations of the Earth, and stagnant water, engender the disease. The water is bad, and the people so ignorant, that they prefer their unhappy lot to a little trouble to procure water ^{that} is good, though there is plenty of it to be had. They are most miserable objects to meet with. With preternaturally enlarged heads, upon minute dwarfish bodies, they look like

inhabitants of another world. Their features are shrivelled up, they look like animal leaves, they are yellow and decayed, noses resembling "reef of shades". Mouth wide and gaping, with a continual ghastly grin. Muscles flabby and soft; thick lips; and together presenting a most repulsive sight.

These poor creatures after death, are found to have the skull very thick, and frequently to have a quantity of water in the head. The tongue is often hypertrophied, too large for their large mouths.

I omitted to mention a predominant character of this unhappy people, the Goitre—an enlargement of the Thyroid Gland.

These people yet live among themselves, are married, and have progenies, the same as other people. They are noted more as a natural curiosity, than as pathological states, for it is not likely we will

meet with many cases of it with us.

It has been said, that if two persons having Bronchitis marry, their offspring will have the Goitre, and this Goitrous person marry, one with Bronchitis, the next generation, will be possessed with Idiocy; ^(This) merely an assertion, whether it is substantiated or not, a matter of summe.

Now, having shewn of Idiocy in its various forms, what prognosis shall we make?

If there is an absolute want of sense; if upon a close examination of a patient, we find no traces at all of intelligence, our prognosis of course, must be unfavourable. There is little hope of his growing to be like other people. If it is congenital, and so unfavourable, Schoolmasters may flog, Preachers may argue, and Physicians may prescribe; all the various forms of science and search may be expended on him, but all in vain. See

is incurable. Time and money lavished on him, will be
ill to no purpose. He is a confirmed idiot.

Yet, in many other cases, we can give a more precise
and prognosis. If the disease is not so well defined; if
there is any trace at all of mental properties, we may
prognosticate favorably.

As to the treatment, all that can be done, is, to put the
patient in as pleasant and healthful circumstances as pos-
sible, to feed him well, give him fresh air, and improve
his body altogether, while we cultivate particularly those
parts of mind, which are best developed. He may grad-
ually thus regain some one or other of his faculties,
rendering him a little more useful to himself and others.
This is an important point to be gained, for we
should endeavor to render him useful to the world.

Insanity, is not more dreaded than it ought
to be. It constitutes a most alarming list of deaths, in



the various hospitals, into which its victims are admitted? It is singular, how differently, it affects different minds. Are they ambitious? They imagine themselves Kings, or Noblemen, and demand homage and respect.

Are they avaricious, or mean? By far, their wealth is incalculable.

Are they ferocious, or malicious? They assume the nature of wild beasts, and have locks placed over them. Keepers, who are often required to correct them.

Are they general, or slovenly in their dress, and conversation? They discover marks ofloth, in their appearance and demeanor.

Are they pious and benevolent? They are impulsive in their deportment, and spend much time in spiritual exercises.

Has the disease been induced by the ingratitude, or treachery of friends, by the perfidy of some, they

trusted in, or by the unjust stand & calumny of
the world? Their conversation shows distrust, and
hatred of the world, and they exhibit coldness in gene-
ral to every thing, and especially to the human race,
to whom they feel they owe a debt of revenge, to be
paid at some future time, if they are permitted to
mingle again among mankind. In this state of
mind, they suffer torments and frequently in a corner
of their dungeon, shrink miserably from the suppo-
rt of tyrannical Monaster-Mean.

Is it induced by misfortune in business, or by
the cruelty and rapacity of a creditor? They see in eve-
ry man, a Sheriff or his deputy, and their continual
conversation is of the horrors of a jail, and the
lengthening of their lives in their dreary walls.
They are constantly tormented with fear, their
friends in their disordered minds, are their worst

enemies.

Are insanity induced by remorse for real or imaginary crimes? They imagine they are suffering for their misdeeds.

Or is it brought on by a sudden, and an unexpected acquisition of wealth? They are then lively maniacs, singing and laughing all the time.

Insanity was quite a favorite theme for the immortal Shakespeare to descant on. King Lear, Hamlet, Macbeth and a host of worthies, have all suffered with this disease.

The last form of Derangement of the Mind is that known as Monomania.

This disease is shown also in various forms. It is the most common kind of insanity. We meet daily, many, who are perfectly rational to all appearances, yet after a time, we find the disease

developing itself in some form.

There are some, who believe that they possess with themselves, the power of divination and prophecy, and will continually intrude these opinions on the public. Again, some in following their different professions, imagine that they are invested with peculiar qualifications to transact their business. Some, who follow after money, until their very natures are changed, will exhibit this kind of Monomaniac.

There are some, who have believed, they had the power moving the planetary system at will, regulating the day, influencing the phases of the Moon, preventing the winds from blowing too roughly, or else moving them on to storm. They think also they have power to form the Tiphyr, or风神, the tornado, being every thing, is subordinate to their will.

Many, who upon the subject of Religion are changed,

ational, upon every other point! they are found in
my religious denomination, adhering to their notions,
with the utmost tenacity; thinking, every body feels,
in themselves. & it is shown in various forms.

Some take a particular text of scripture, and
pervert the meaning of it, that it is made in
their minds, a thing of mighty import. & the various
cls of those, who follow after some Prophet, or
unit in this world, believing that unless they do
& they will have no peace hereafter, are good refine-
natives of this Mania. Some, believing, that the
world is to be destroyed at a certain time, destroy their
property, give up their business, and publish to the
world, that they are followers of some one, as deluded
& they themselves are.

For the medical world, we are not exempt from
it. Some intelligent writers, upon some particular

subjects, are so unreasonably urgent in their demands or belief in them, as to lead to strong doubts, as to their sanity. They will write, and publish works after work,論著 upon volume, upon these themes, until the world is perfectly disgusted with their vain efforts to prove, that they are the wisest persons in creation.

Some Physicians even, exhibit this passion perverted. They adopt in the diagnosis of disease, one set of symptoms, with avidity, and with equal ardour, neglect another. Some auscultate altogether, believing, that percussing the chest is ridiculous. Others percuss, dreading, at idea of listening to a man's chest, as they term it. Some adopt one mode of practice, exhibiting a class of remedial agents, and rejecting the balance of the Pharmacopeia as useless. For instance, the class of Monomaniacs, known as Homoeopathists, Heliopathists, & Homeonizing, and others of a like.

character, who continually are gulling, and deceiving
the people, with their tricks, and constantly practising
vile absurdities, upon a credulous community. This
is more to be detested than any other.

I have now concluded all I have to say upon
ideas of the mind. I have given my own ideas,混
led with those of known celebrity, thinking that
this ideas, would be far superior to my own. I have
stated although very scantily, it is true, the different
isms of Maria, the symptoms of the disease, the treatment
I have endeavoured to arrange them with as much
regularity as it was possible for me. And I now sub-
mit the whole to your kind consideration, believing, that
you will reject all that is worthless, and if any thing
be found worthy of notice you will treat it
kindly.

George P. Knott.

An
Inaugural Dissertation.
on
Aphorology

submitted to the examination of the
Provost, Regents, and Faculty of Physic.

of the
University of Maryland
for the degree

of
Doctor of Medicine
by

John Richard Shuler
of
Maryland.

Aphoplexy.

Aphoplexy may be defined a sudden loss or suspension of the animal functions, with a slow and full pulse, difficult breathing; generally attended with Stertor; whilst the organic functions continue with little or no appreciable disturbance.

Symptoms.

In some instances, the apoplectic attack occurs suddenly, without any precursory indications of its approach. Usually, however numerous symptoms marking cerebral disorder, herald the attack; of which the most common are as follows: vertigo; a dull deep seated pain or sense of weight in the head, particularly on stooping; a languid condition of the veins of the head and neck; throbbing of the temporal arteries; ringing in the ears; defective articulation; impaired vision and hearing; sparks and flashes of light before the eyes; bursting of the nose; stu-

porous mental disorder; marked by increased talkiness; irregular spasmodic contraction of the muscles of the face, and a general loss of power both of body and mind. In short the symptoms which mark the approach of an apoplectic attack, manifest an unusual determination of blood to the head.

The duration of these symptoms is very various; in some cases occurring only a few hours before the attack; in others, they are present with occasional remissions or intermissions for several weeks or months and even years.

In some the attack comes on by a sudden deprivation of the power of sense and ~~and~~ motion; the patient falling almost immediately into a state of deep stupor, from which all efforts to arouse him in the slightest degree prove abortive. This mode of attack, usually proves fatal in a few hours, sometimes in less than an hour.

In other cases the patient is seized with sudden deep

seated pain in the head; tremor of the extremities, confusion of ideas; nausea or vomiting, and vertigo; becoming insensible he sinks down as from Syncope; in a short time however he so far recovers as to converse and perhaps to walk about, still complaining of pain in the head, with confusion of the mind and giddiness. After the lapse of a short time, the brain becomes more and more oppressed, until finally the patient falls into a state of profound coma.

Sometimes hemiplegia occurs, with pain in the head, mental disorder, and vertigo; consciousness remaining. Soon great oppression of the brain ensues, with profound apoplectic stupor.

In whatever way the attack comes on the following phenomena attend its course. Immediately after the recession of the fit, the pulse and respiration becomes weak and scarcely perceptible. Both however soon

alter, the pulse becoming full, slow, and hard; and the respiration irregular and deeply sonorous. In violent cases we have expiration marked with a puffing action of the lips and frothy saliva is ejected from the tips with a sputtering noise. The face is livid and of a turgid and blotched appearance the pupils generally being much dilated.

The extremities of the body are cold, whilst the skin about the trunk and head is warm. The jaws are either spasmodically closed or widely extended. Deglutition is sometimes abolished generally however the patient is enabled to swallow small portions of fluids. Otorrhaphy of the bowels usually obtains and their evacuation is attended with much difficulty.

If the disease does not end fatally, it may terminate in a complete reestablishment of healthy functional action, and the continued enjoyment of good health.

This desirable end may be expected, when the various affected organs gradually resume their wonted action. The tongue usually first returns to duty, next the muscles of the superior extremities, then those of the inferior, lastly those of the face. Such recoveries in their progress are noted by free diaphoresis or diarrhoea; and occasionally by haemorrhage from different organs.

2. In partial paralysis, it being the most common termination of the disease. In some cases the muscles regain their former power; in others they slowly resume a certain degree of action, not perfect in its character.

3. Occasionally after the cerebral affection has somewhat subsided, we have a general febrile condition resulting, assuming either a high or low grade. Under properly adapted treatment recovery may be anticipated.

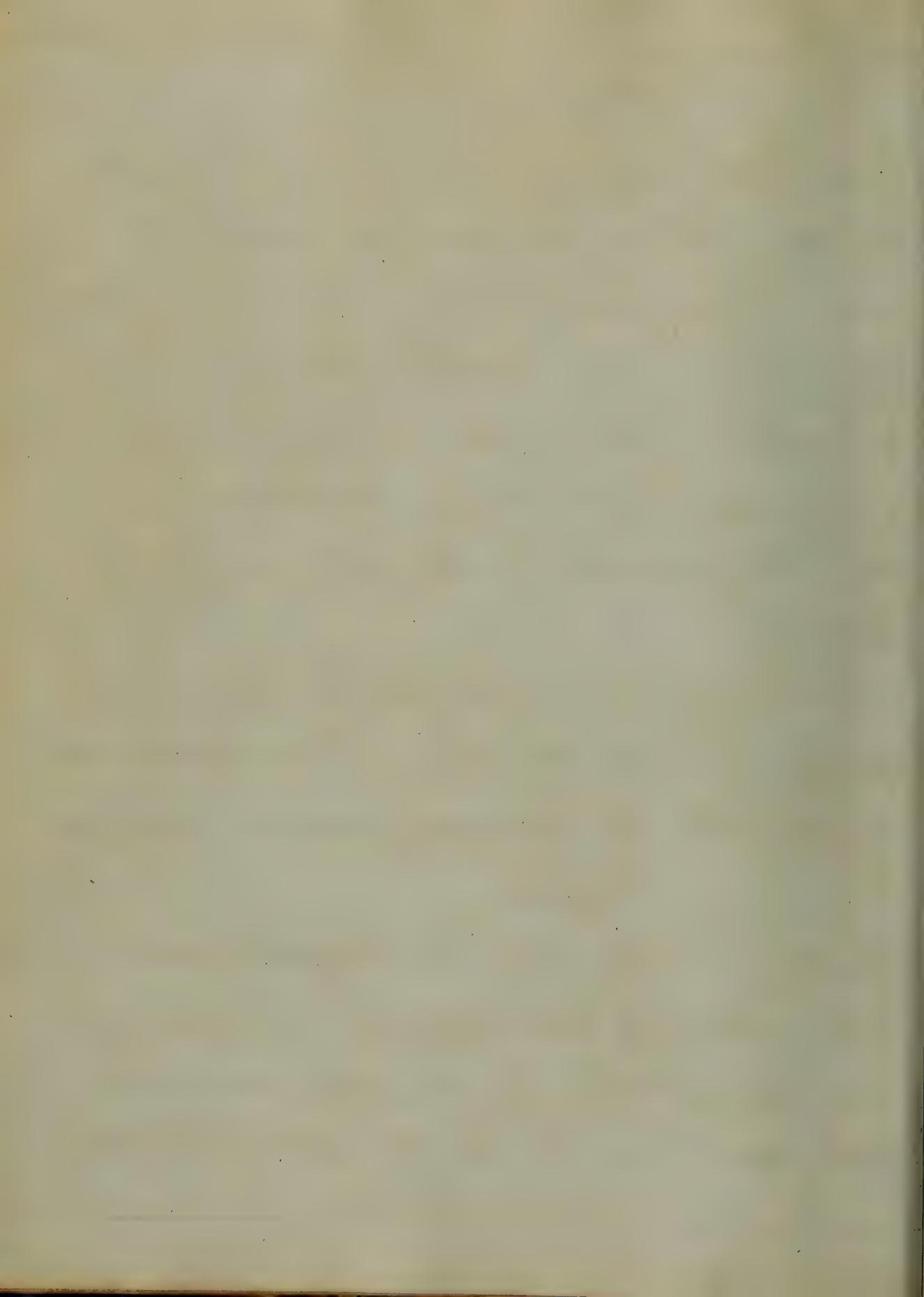
Diagnosis.

Usually little difficulty is encountered in distinguishing this disease. The sudden loss of consciousness of the sensorial functions and of voluntary motion with the slow full, pulse, and strong respiration, identify the apoplexytic condition. From Syncope and Asphyxia, Apoplexy is distinguished by the abolition or almost imperceptible action of the pulse and respiration in the two first named affections.

There is likelihood of confounding deep intoxication with apoplexy; the habits of the patient with the alcoholic odor of the breath, will lead in such a case to a correct diagnosis.

Prognosis.

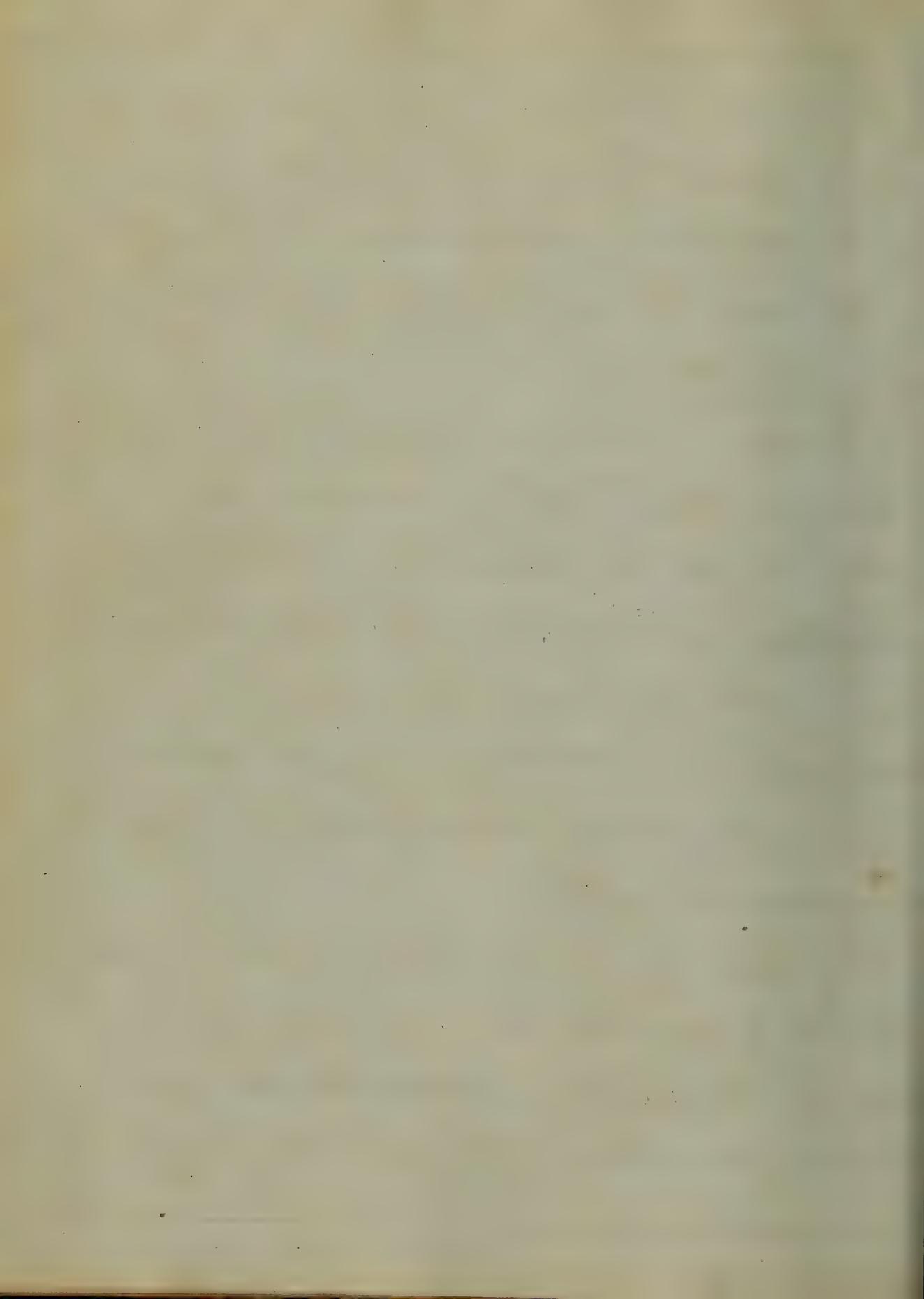
Apoplexy is a disease of the most dangerous character. When it occurs with marked intensity, the sensorial functions being abolished, respiration deeply sonorous, the saliva sputtered from the lips, the pupils resisting motion,



with an entire inability to swallow, death may reasonably be expected to occur. If however prompt and prudent treatment be instituted even in the gravest form of the disease; the result will in some, if not many cases prove favourable to recovery.

The duration in general terms, may be from a few minutes to two or three days. Death usually occurs in the second or third hour from the attack, when such attack is violent; not infrequently however several days elapse between the seizure and the fatal result. The cause of the seizure has much influence over the prognosis; so also has the existence or non-existence of that peculiar build of body, which predisposes to the affection.

When there is only a partial abolition of sensibility, as when the pupils contract under the ordinary stimulus, and when the patient can swallow, when the breathing is more regular, without stertor, particularly when copious



effusion of blood occurs from the nasal or haemorrhoidal vessels, or diarrhoea is set up, then can a more happy issue be anticipated.

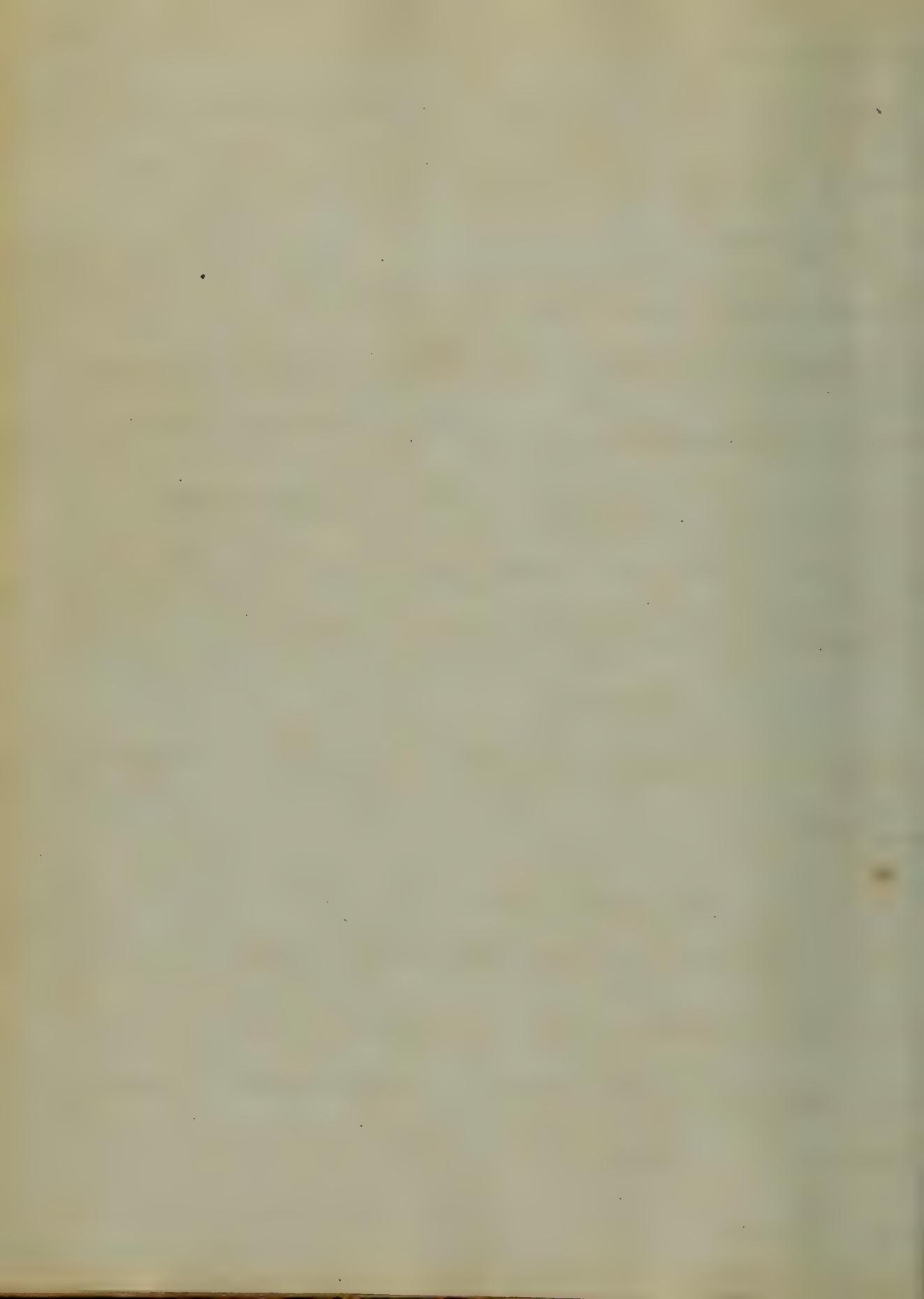
If the disease occurs from the rupture of a vessel, with extravasation of blood into the substance of the brain, great danger is to be apprehended; yet on the other hand the absorption of the coagulum of blood by natures effort has been often, and is, often accomplished, and hence hopes of ultimate recovery may be reasonably indulged.

Cause.

The causes of Apoplexy may be divided into predisposing and exciting.

The principles of the predisposing are:

First, a peculiar-build of the body; consisting in a large head; thick, short, neck; broad shoulders; full chest; florid and full face; slow-stature; with a plethora and fatty tendency. Persons having this conformation of body;

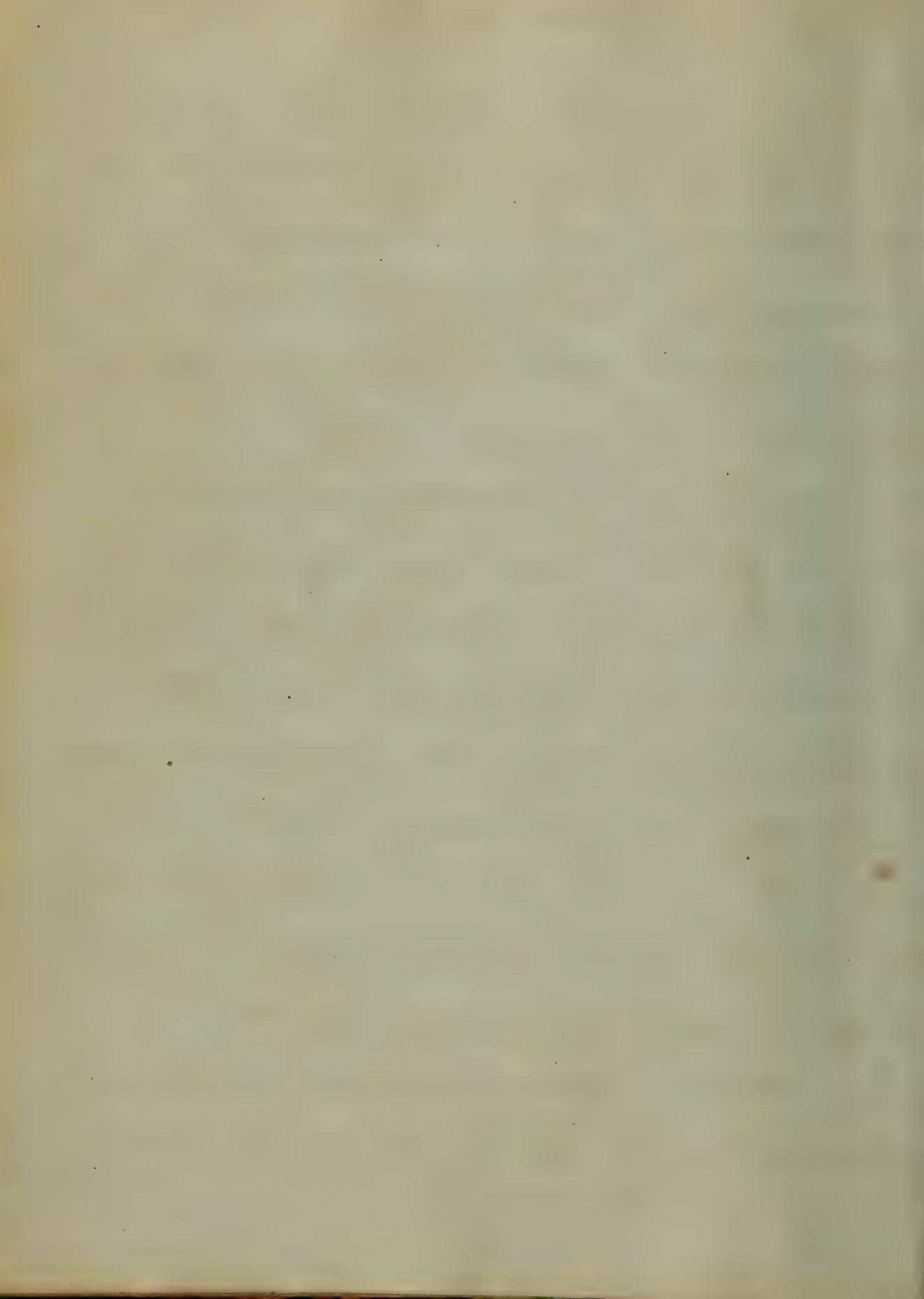


are often subject to violent turns of the nose, and to sensations of weight and tension in the head, most usually on making violent exertion of the body, and when stooping.

I know no better cause to attribute the hereditary predisposition to apoplexy, which characterizes some families than this peculiar conformation of body.

Second, Ago. Statistical information points out the interval between the fortieth and sixtieth years of age as the period in which the complaint most usually occurs. The enfeebled condition of the muscular system which obtains in age would seem to answer for this predisposition; again in females the well known tendency to plethora at the turn of life, renders them more liable to the affection and strengthens the conclusion that this is the period in which the affection most frequently makes its advent.

Third, Whatever induces a preternatural determination of blood to the head. As a sumptuous and stimulating

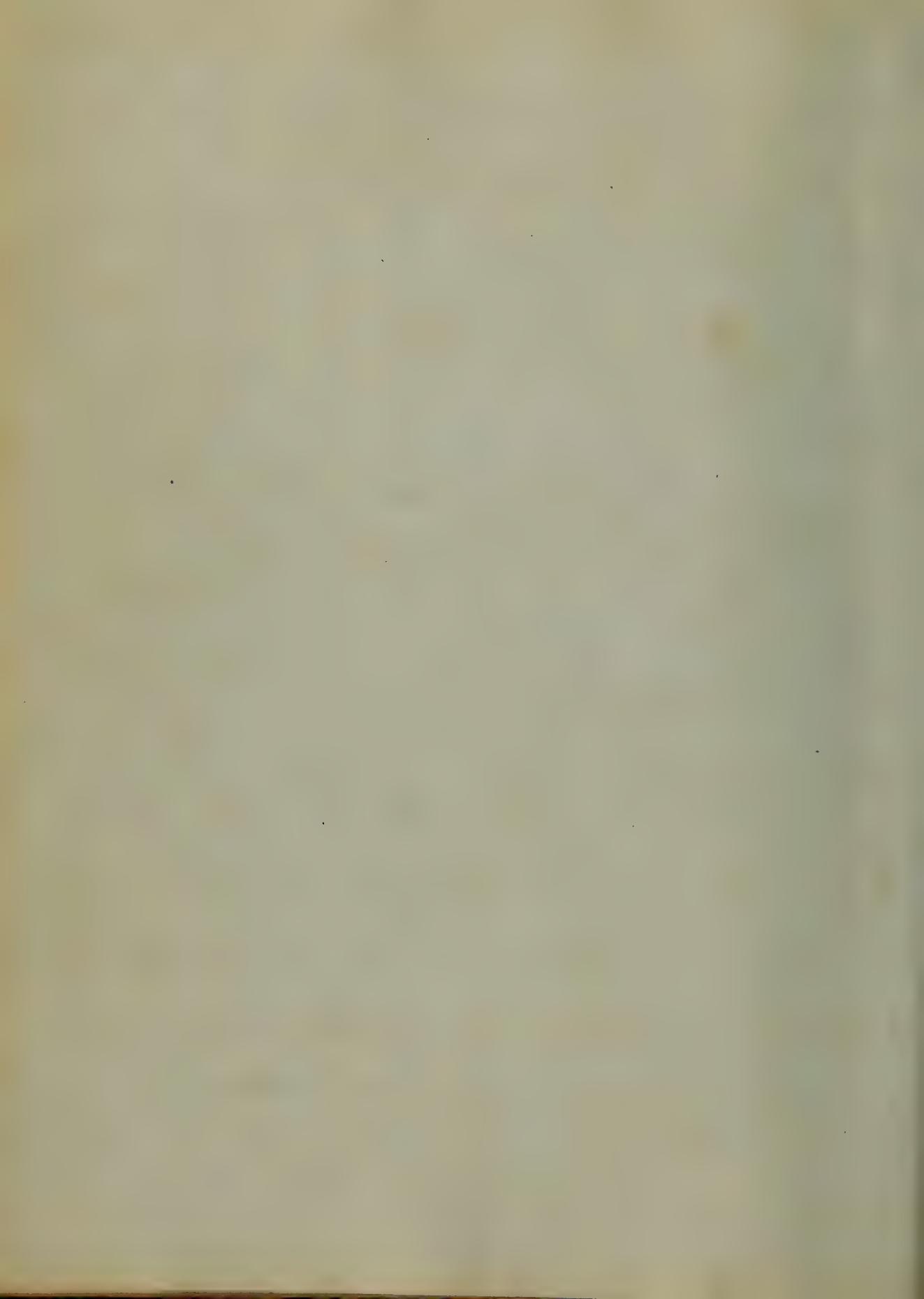


diet, enhanced by a sedentary life; Under this head may be mentioned a sudden change from a active life to one of comparative indolence; intense and protracted mental application, immoderate venereal indulgence, at an advanced age, particularly, and the insidious use of strong coffee.

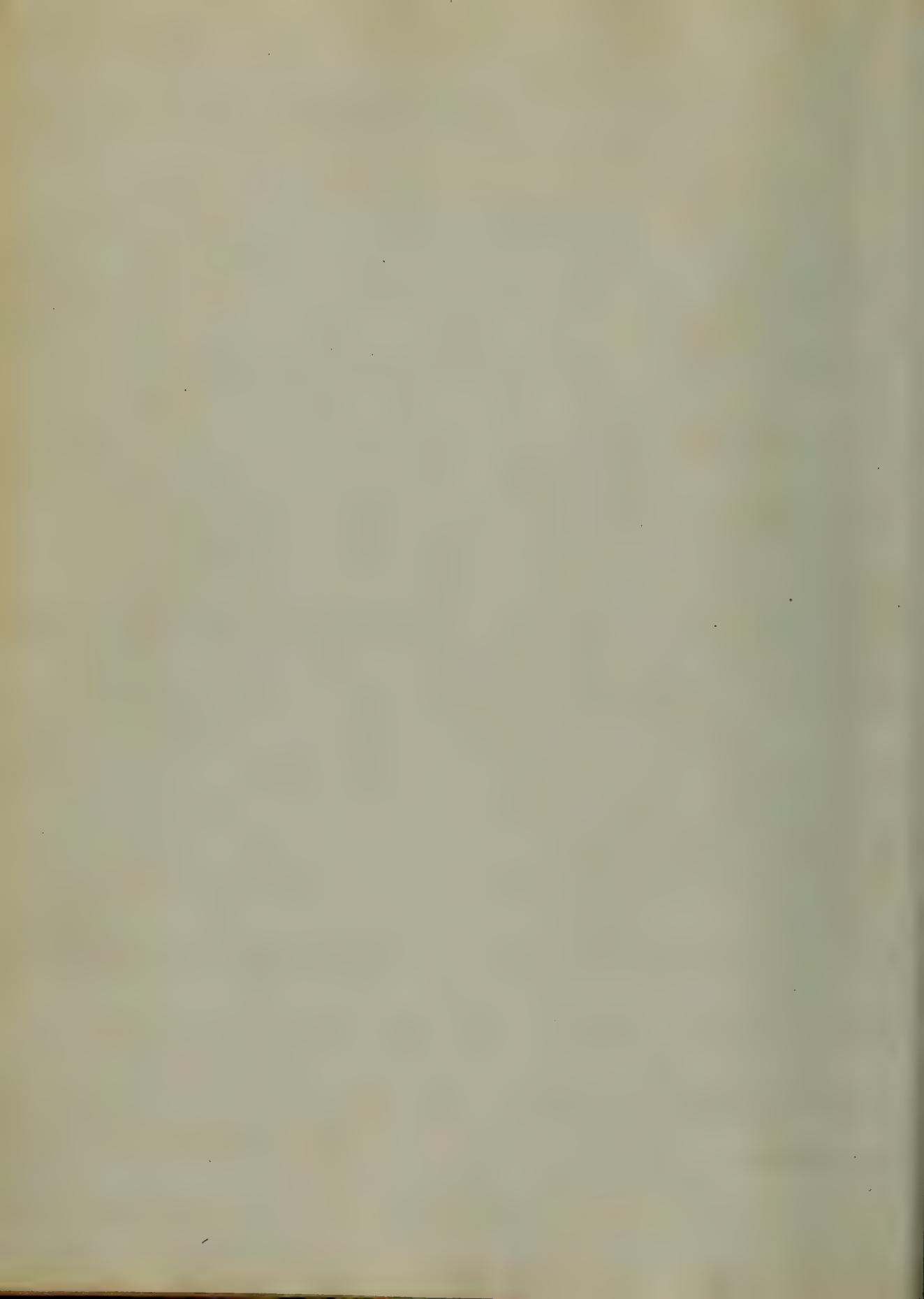
Fourth, various organic diseases, as aneurism of the aorta; hypertrophy of the heart; visceral indurations; and tumors about the neck.

The exciting causes are very numerous. By the exciting causes I mean whatever induces an inordinate flow of blood to the head, or hinders its free return to the heart.

A forced distension of the stomach by immoderate eating, more particularly if the aliment is stimulant and difficult of digestion, with coexisting weakness of the digestive organs, is one of the most usual, and powerful exciting causes of headache. Intemperance in the use of ardent spirits,



violent exertions in lifting; great straining in defecation; vehement declamation; excessive laughter; singing; and playing on wind instruments, by causing determination of blood to the head may set up the disease. Exposure to the intense heat of the sun in warm climates, may produce that affection, ordinarily styled, Stroke of the Sun; which I presume to be identical with Apoplexy. Inflammation and sudden mental excitement, rage, exasperation, terror and sleeplessness are mentioned as occasional causes of the disease. The sudden suspension of habitual discharges, such as those occurring from chronic ulcers, epistaxis, and haemorrhoidal discharges; by damming up the channels through which nature's conservative effort to eliminate redundant matters from the economy is precluded, greatly conduces to the development of the disease. Neglect of customary venesection in persons of plethoric habits is mentioned as a cause. Translation of gout, rheumatism, erysipelas and exanthemata



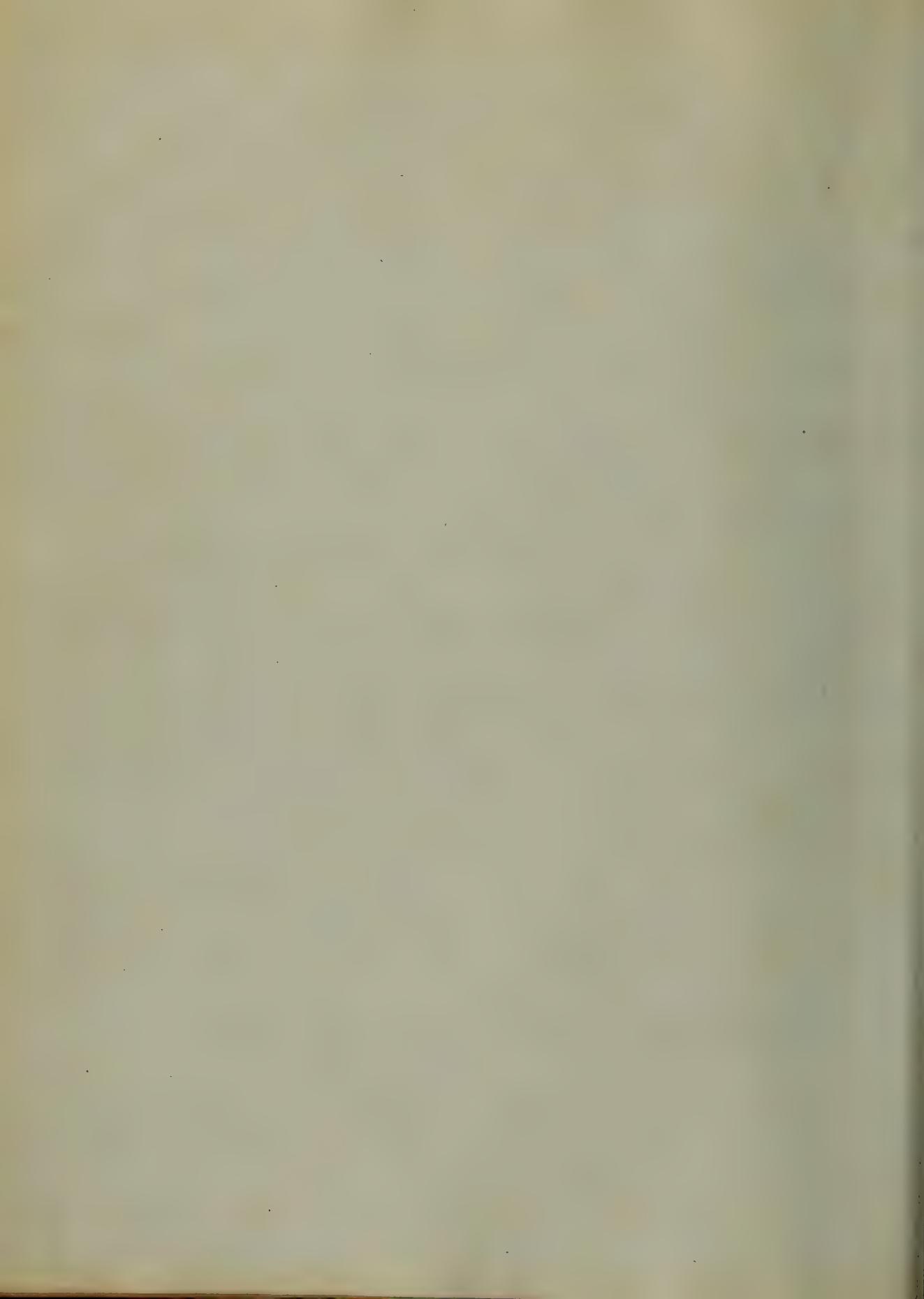
malignant disease are most said to give rise to it.

Gastro-intestinal irritation is also named as an exciting cause, and from the known sympathy of the blood with the stomach and intestines one would deem it likely.

In addition to these causes we have another set, equally efficient, namely those which impede the free return of blood from the head to the heart. So long continued stooping or other attitudes impeding the free return of venous blood from the head; the wearing of tight cravats or any strictures imposed upon the parts about the neck; any impediment to the free passage of blood into the lungs, or organic cardiac disease.

Authors have also named in the category of causes, excessive haemorrhages; from the peculiar conditions obtaining in persons dying from such haemorrhages.

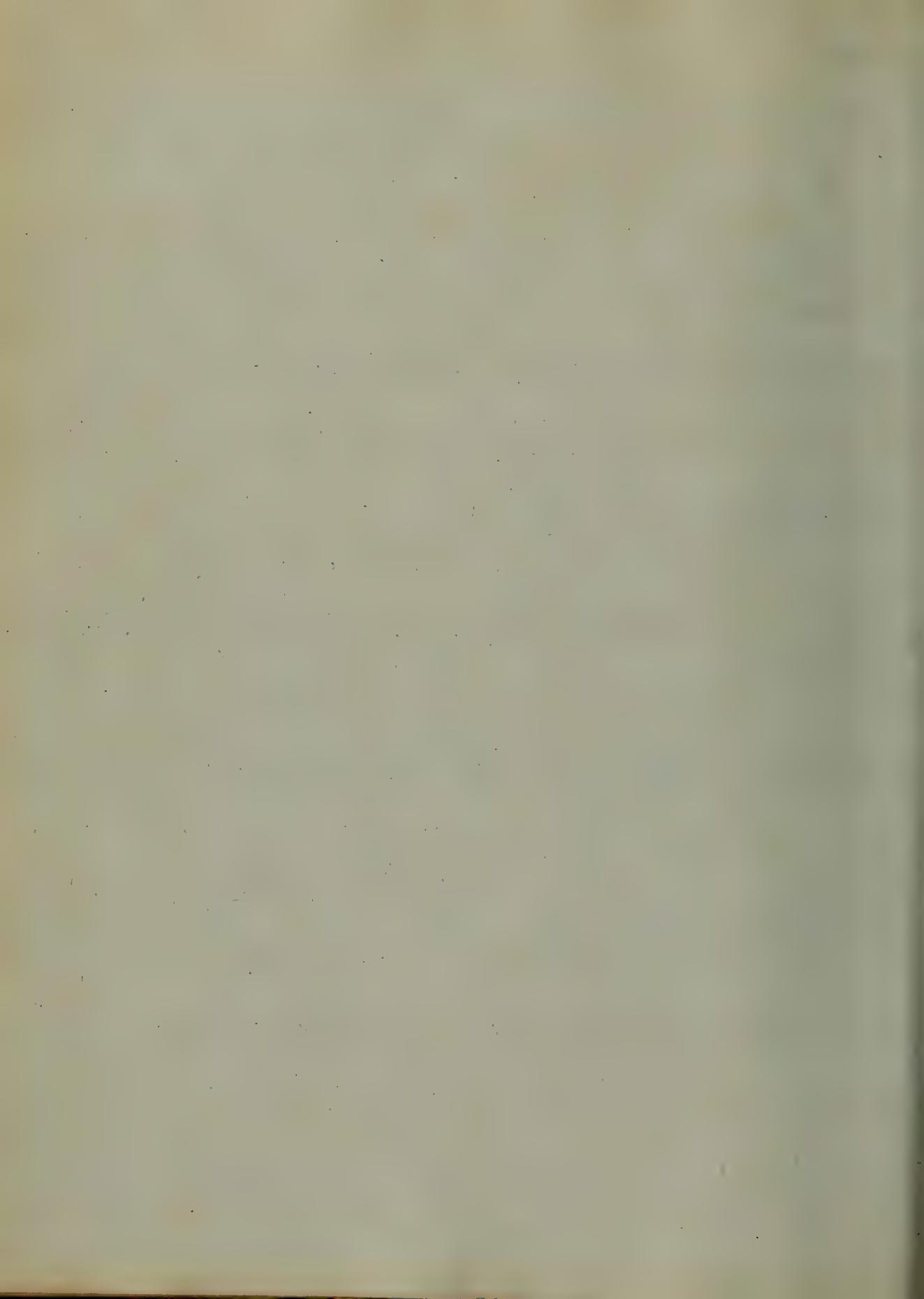
The action of narcotic poisons, by producing strong vascular congestion in the head, ~~as~~ is also ranked with



the exciting causes.

⁶³ Pathology.

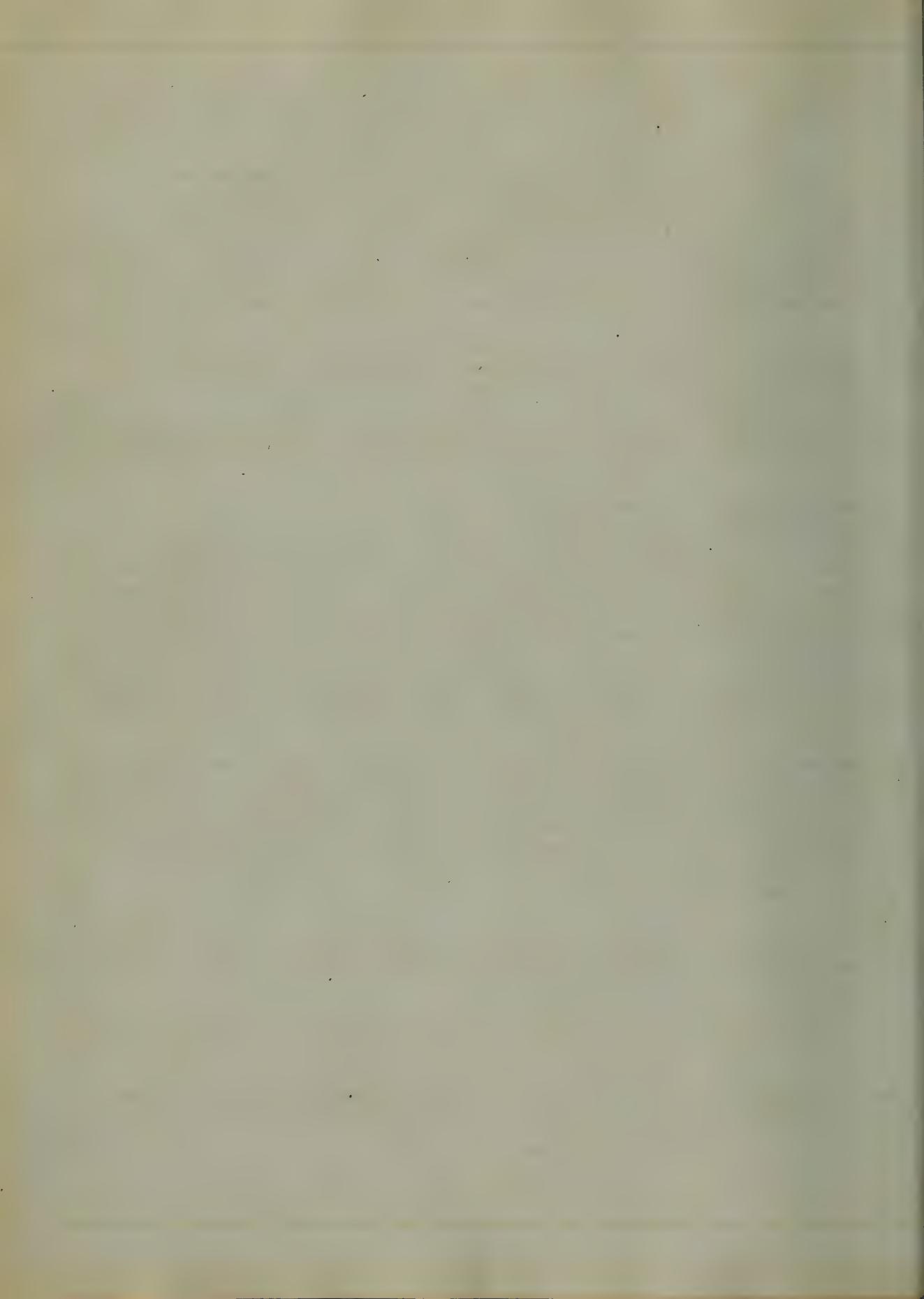
The characteristic conditions that appear in apoplexy; such as abolition of sense and voluntary motion, are attributed to direct pressure upon the substance of the brain. The question naturally arises, how is the pressure in this case produced? And for an answer, cite the conditions displayed by post mortem examinations, which examinations leave beyond doubt the primary or essential condition to be, the extreme vascular engorgement of the brain. Following this secondarily, we have from such turpitude of the vessels rupture of one or more of them occurring, and extravasation of blood ending in the production of a coagulum; if however no rupture does not take place, we have here as in other parts similarly engorged, a spontaneous effort of nature to remove the abnormal state, by a serous effusion through the walls of such vessels. From the exercise of an ordin-



My argument is, however, one which is, per, that if the arteries conveyed blood in profusion on surfaces to marginal, and such surplus could not be adequately removed by the veins, but muscular engorgement was certainly the pathological state existing; and that such muscular engorgement is adequate to the production of the peculiar symptoms of apoplexy, seems unquestionable.

In examining the brains of persons dying of apoplexy there is found in most cases, a deposit of tinted serum covering certain portions of the structures, these points so much engorged as to render very prominent the smaller vessels, and on slicing the brain numerous red points are observed; all attributable to muscular turgescence.

Extravasation of blood into the cerebral mass generally occurs, it being an exceedingly rare occurrence in the pons or cerebellum. Serum effusion in the ventricles or upon the surfaces of the brain frequently occurs.



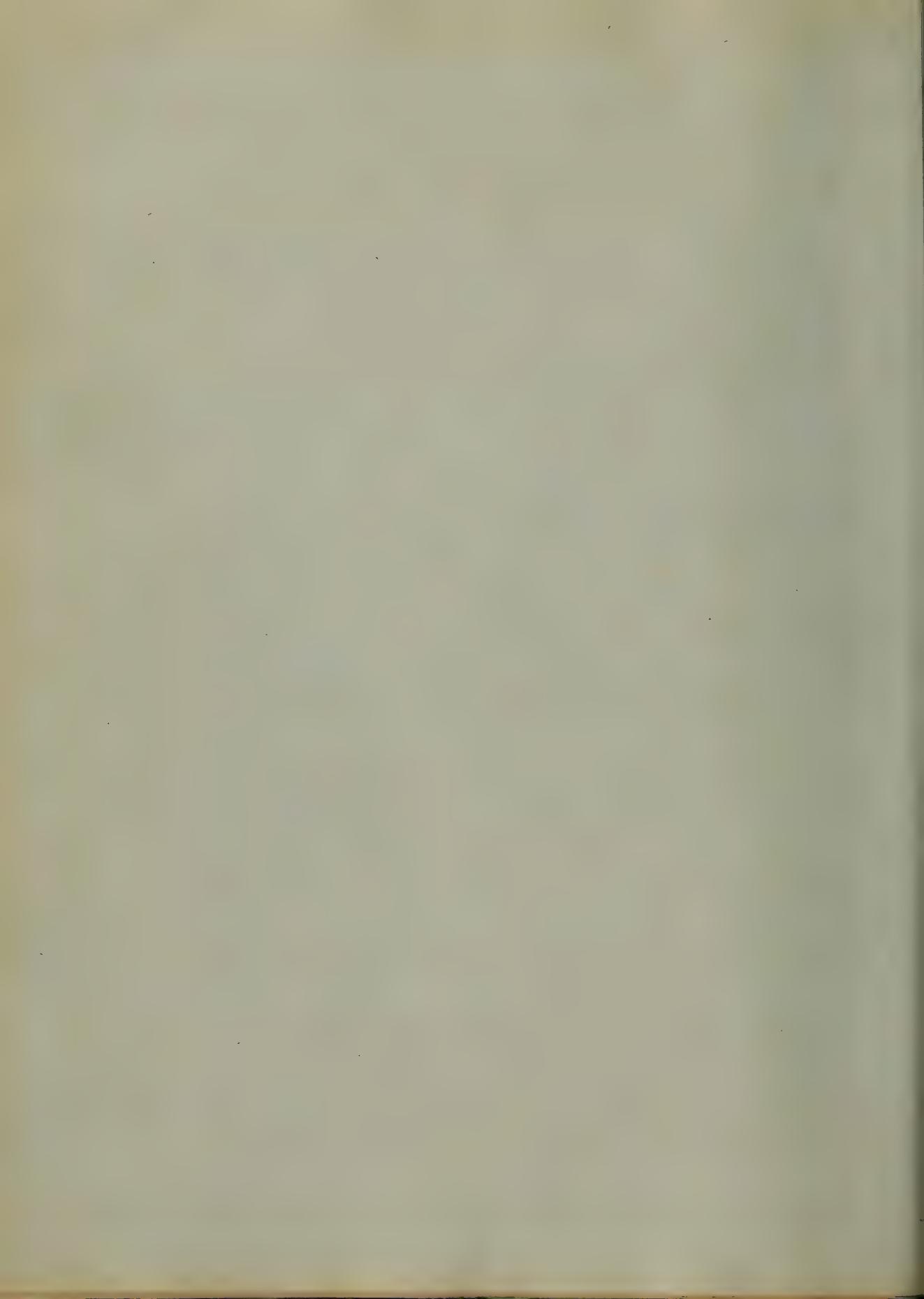
Extravasation of blood into one hemisphere of the brain produces paralysis in the opposite side of the body.

When the paralysis is general, it is said extravasation takes place into the substance of the brain and bursts from thence and spreads along the basis of the skull.

Treatment.

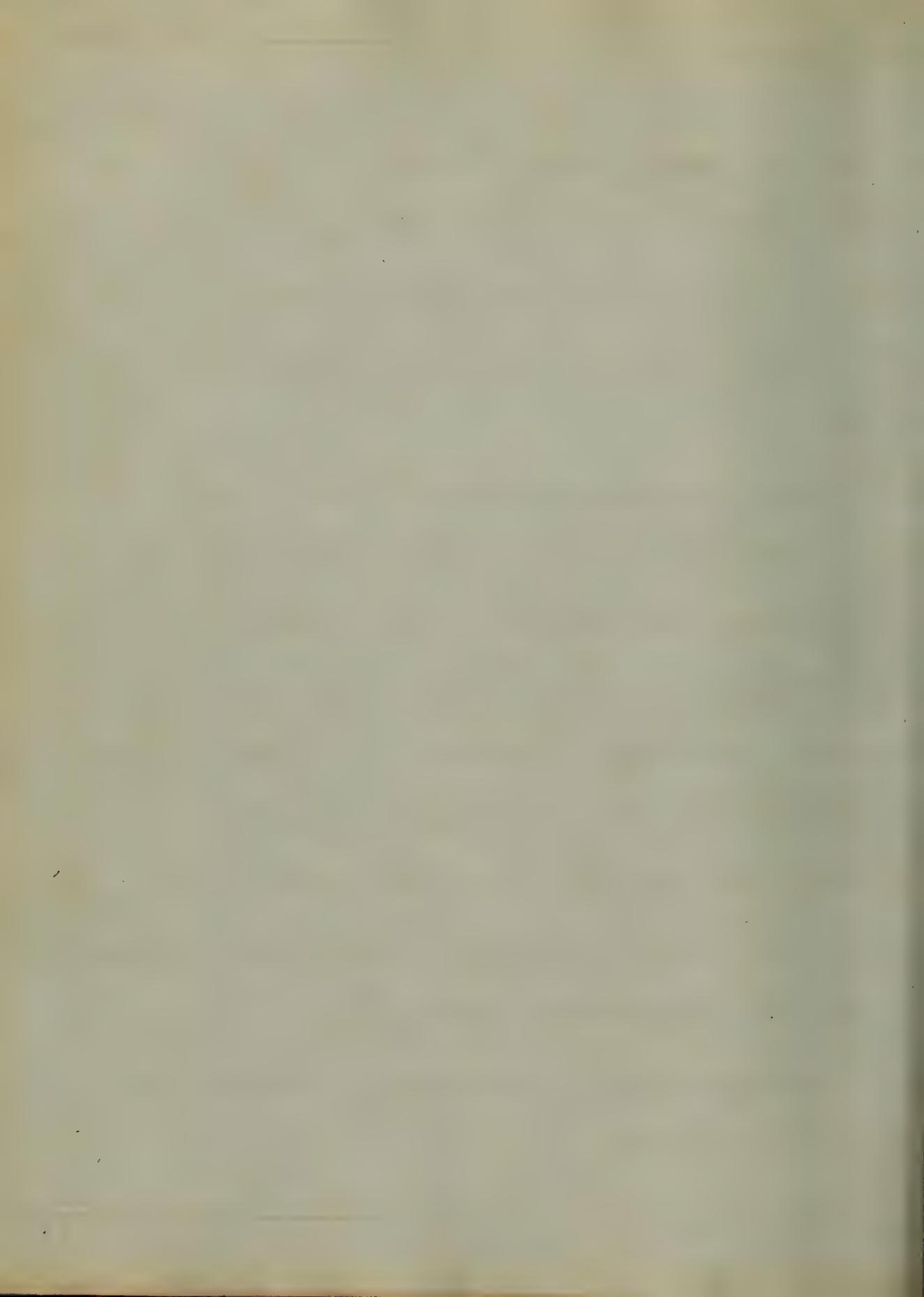
The great indication in the treatment of apoplexy is to remove the cerebral engorgement; which is to be accomplished by an efficient reduction of the quantity and circulating force of the blood in the system; by effecting the removal of the cause exciting the determination of blood to the head; and by revulsing means driving, and by counter-irritation soliciting the blood from the head.

In treating an attack of apoplexy, the patient should be removed or placed in a cool airy situation; the head and shoulders elevated, to impede mechanically the flow of blood to the head; and all ligature taken from the



week; then a copious depletion should be practiced by venesection, and cupping; while revulsion by applying ice-cloths dipped in cold water to the scalp, and counter-irritation, by a mustard foot-bath, or sinapism and fomentations to the legs and feet are at the same time practiced to.

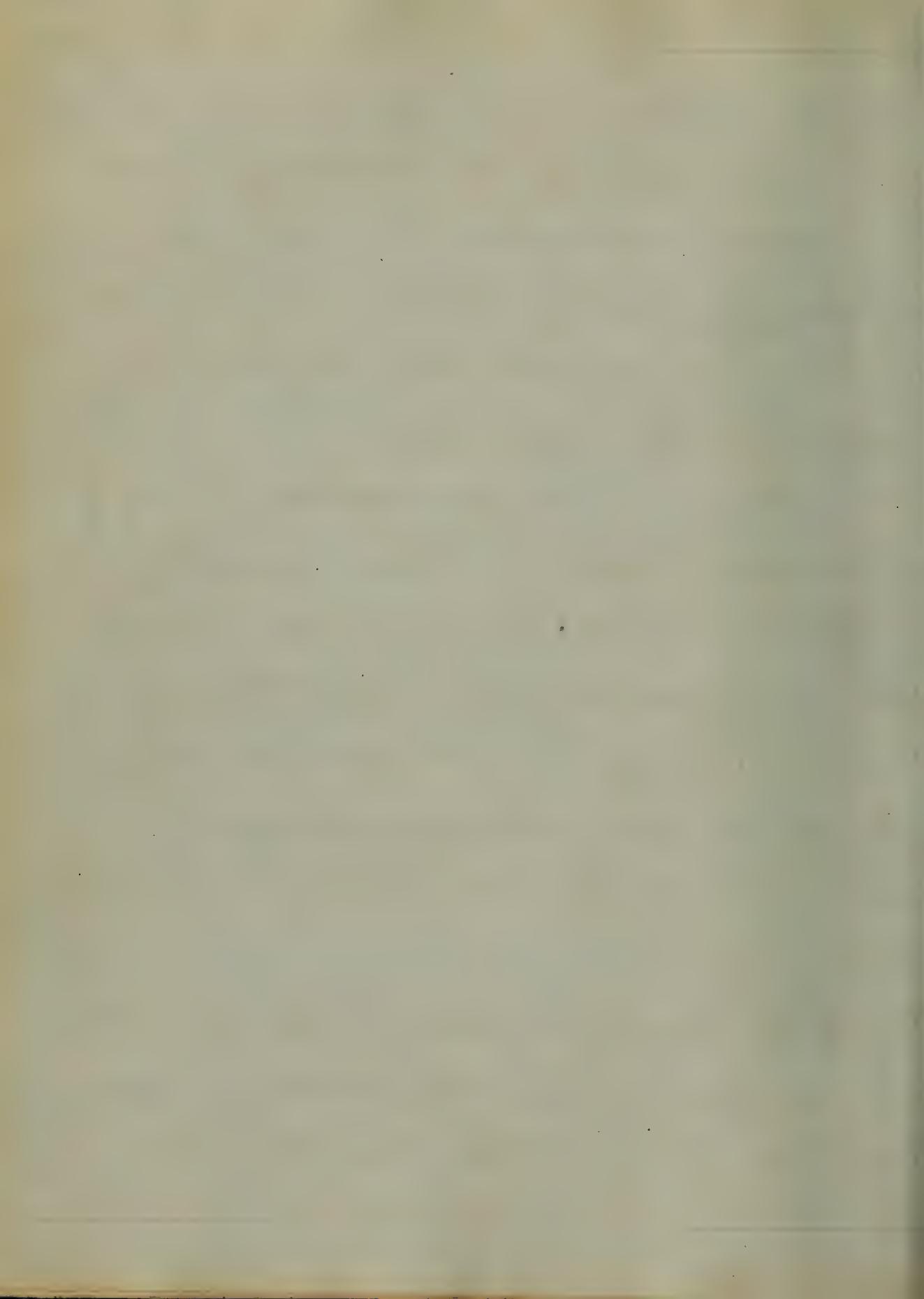
The amount of depletion should be regulated by the pulse; at the same time prudence would dictate attention to the age and natural condition of the patient. The indication in a robust person being more decided than in one of ordinary constitution. Cupping is preferable to leeching, being more speedy, it should be practiced upon the temples or back of the neck. The use of ice to the scalp is decidedly beneficial, care should be taken in its application that the parts are not frozen from too long contact; by removing it occasionally the danger is obviated.



From the writings of authors I am informed that bloodletting formerly was estimated as an agent of doubtful propriety in the treatment of the disease; viewing the pathology of apoplexy, with its exciting causes, there must be no room for doubt that bloodletting is here an agent absolutely indispensable.

Active cathartics is another efficient method by causing determination of blood to the intestines, and exciting a free secretion from their internal surfaces, indirectly opposing the overwhelming rush of blood to the brain. The most active agents are indicated, in consequence on the one hand of the necessity of promptitude in treatment, and on the other, of the intestinal torpor which obtains generally.

Difficulty is sometimes encountered in their administration in consequence of the paralyzed state of the organs of deglutition; to meet this difficulty, a stomach tube



may be used to throw in a purgative.

Oil of beaten soap-sud upon the tongue often accomplishes the most efficient purgation. Stimulant purgatives should also be used, such as a solution of Aloes in warm water; or turpentine with Castor-oil.

A solution of Tartar-emetic, injected has been highly recommended, from the nausea which it is apt to produce and consequent lessening of arterial excitement, as also its purgative effect.

Cases in which this exciting cause of the diarrhea relieves the intestinal irritation, superinduced by the presence of much feculent matter or excited secretions, action cathartics becomes of primary importance, blood letting affording only temporary relief until the exciting cause is removed.

Tinctures are eminently useful in those cases in which the patient has incurred an attack of apoplexy from

to committal of some debauch in eating or drinking. The action of emetics being to promote an efflux of blood to the head, militates much against their usefulness, or contraindicates their employment in the treatment of the disease, when not excited by the cause before mentioned.

Blood letting should be always premised when emetics are to be exhibited; thus in a measure their effects in some cases may be abridged.

The most active emetics should be used when indicated; such as sulphate of zinc or copper; because the more speedily we effect the removal of the obnoxious matter from the stomach, the sooner is the desired relief obtained.

Blisters are recommended in weak and enfeebled persons, when the pulse is weak, small, and quick, and then should be applied to the legs or arms.

When copious depletion has caused extreme prostration, stimulants may be exhibited with advantage.

Such means as are forementioned in prompt and prudent application would reasonably effect all that medical management would promise.

More or less modification in treatment would be indicated by the habit of body, age, and the peculiar exciting causes.

If the disease has been induced by the sudden suppression of habitual haemorrhoidal discharges, the repletion of them would relieve, leeches to the anus in such cases are useful to restore the condition; & from the healing up of old ulcers on the lower extremities, blisters, sinapsims or issues to the parts would be requisite.

During convalescence a most bland nutritious diet should be adopted.

The prophylactic management, with reference to those persons manifesting prodromic symptoms of the disease, possessed of any predisposition to it is of the utmost importance.

There should be the strictest avoidance of the committal of sin, especially with stimulating ingesta; simple diet maintained, and the avoidance of all causes calculated to induce violent mental excitement.

If such persons suffer from habitual constipation mild aperients should be exhibited.

When the symptoms become more violent, prostration, with brisk cathartics will often abort the disease. The fact that bleeding affords only temporary relief, and that continued improper indulgence, will innumerable give rise to the recurrence of the disease, probably in an aggravated form, should be properly

nsidered and acted upon.

Persons possessing the peculiar unpropertie con-
formation of body should be warned not to interfere
with any bleeding of the nose or from nostril or
is-changes; unless they become excessive, the result
of such interference being too often followed by
the development of apoplexy in its most exaggerated
form.

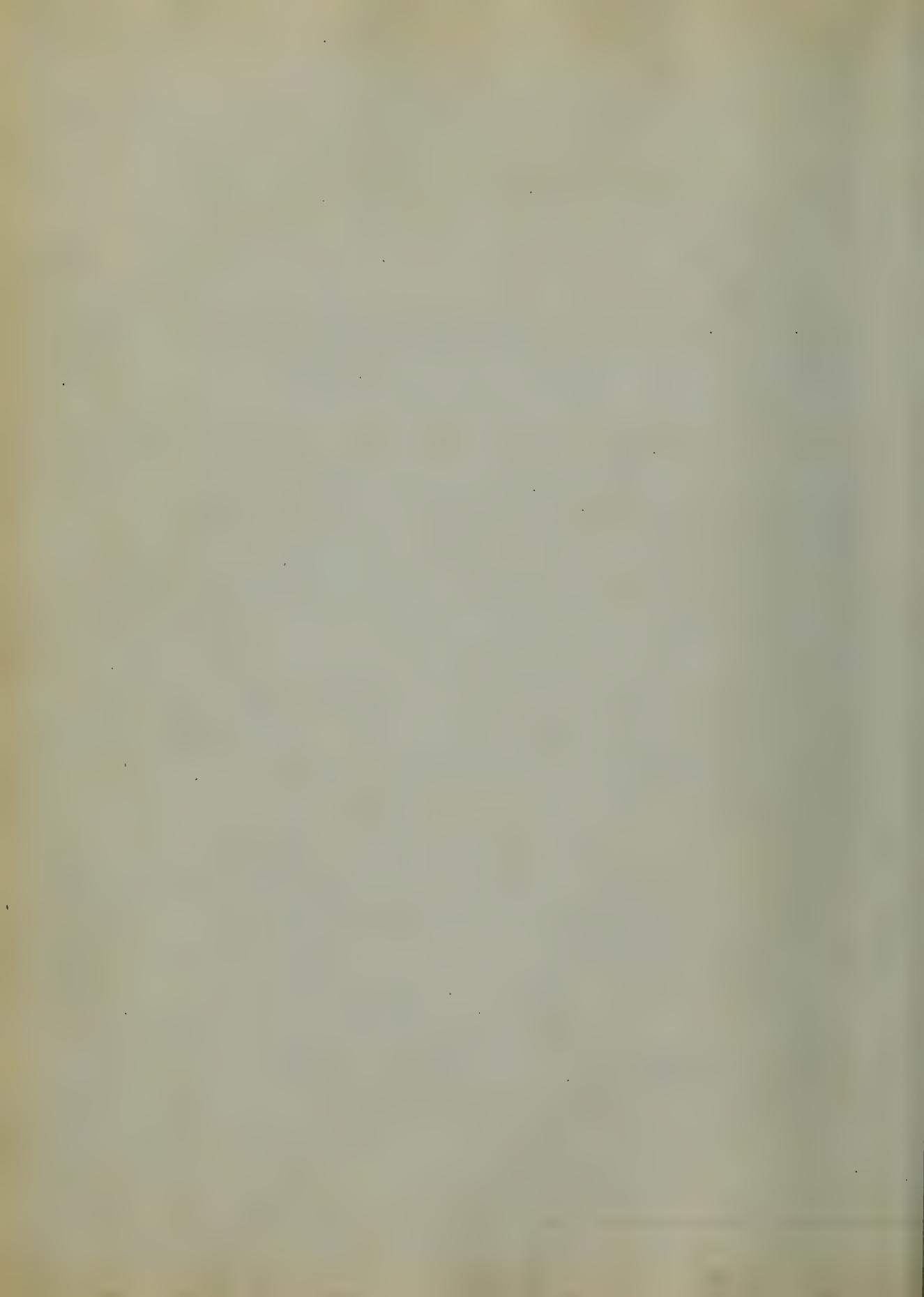
The regular-use of a warm bath will often prove
extrememal; the daily employment of a cold douche
bath to the head, while the legs up to the knees are
immersed in warm water is said on the other-hand
to exercise a beneficial protective tendency.

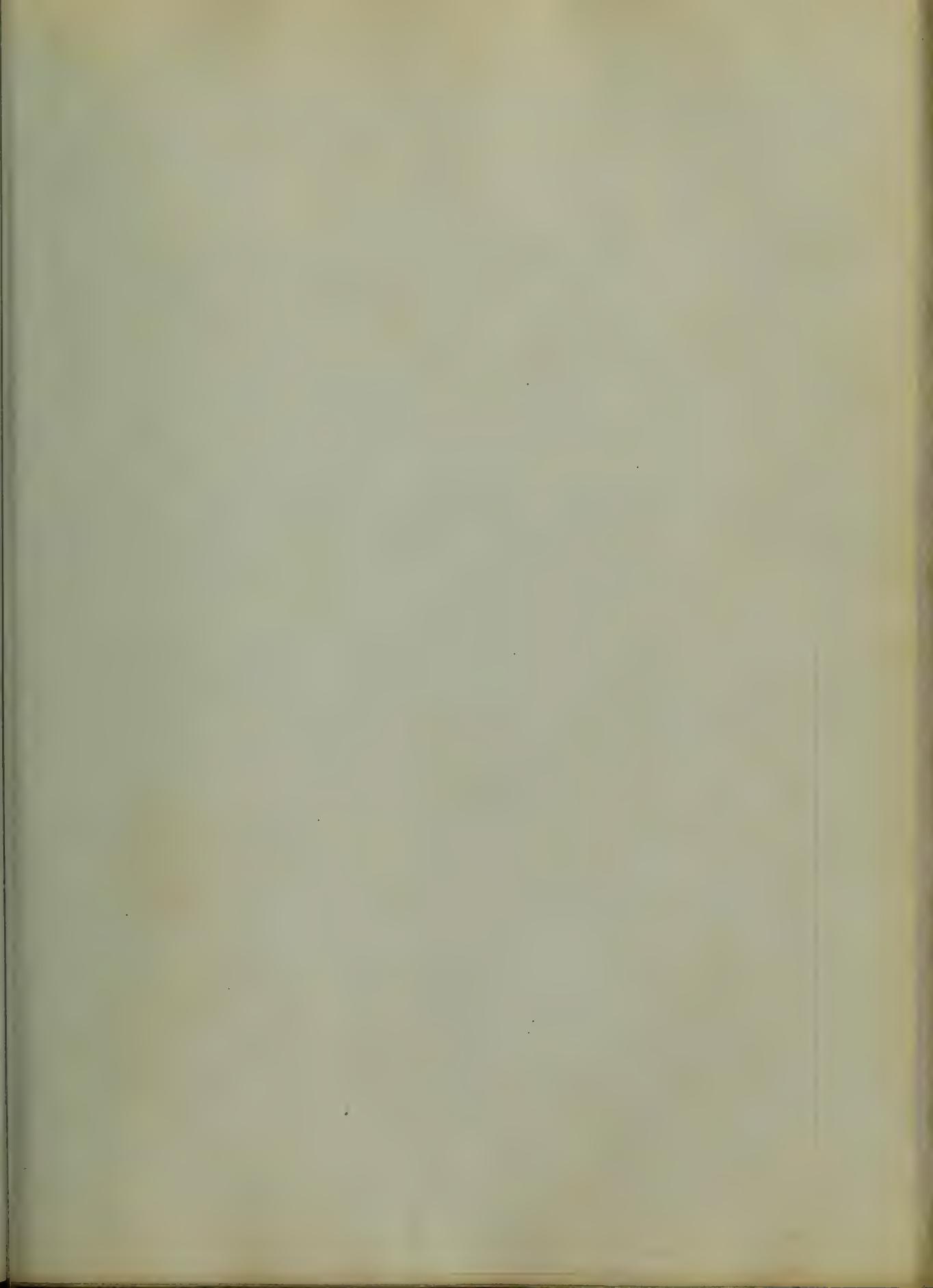
The habit of drinking large quantities of strong
coffee daily, is said to have produced the disease
in persons having the predisposition to it; its
abandonment hence would conduce to a healthful

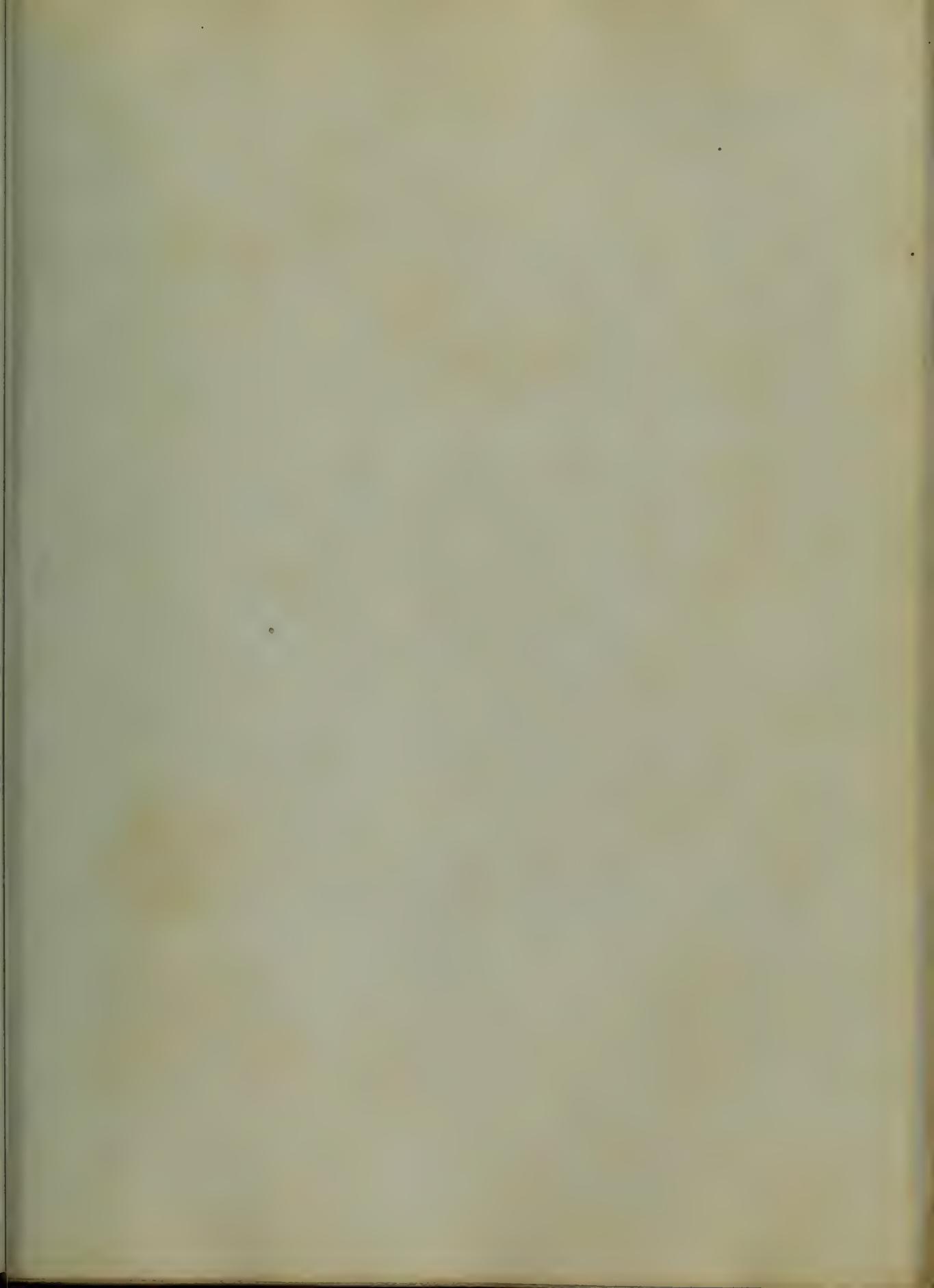
indulgence is such persons.

The daily use of small doses of antimony, has been attributed the preservation of health in some, & removal of the habitual tendency.

In accordance with rule I have thus endeavoured, with the ordinary help(s) to present a correct decision upon the subject chosen.







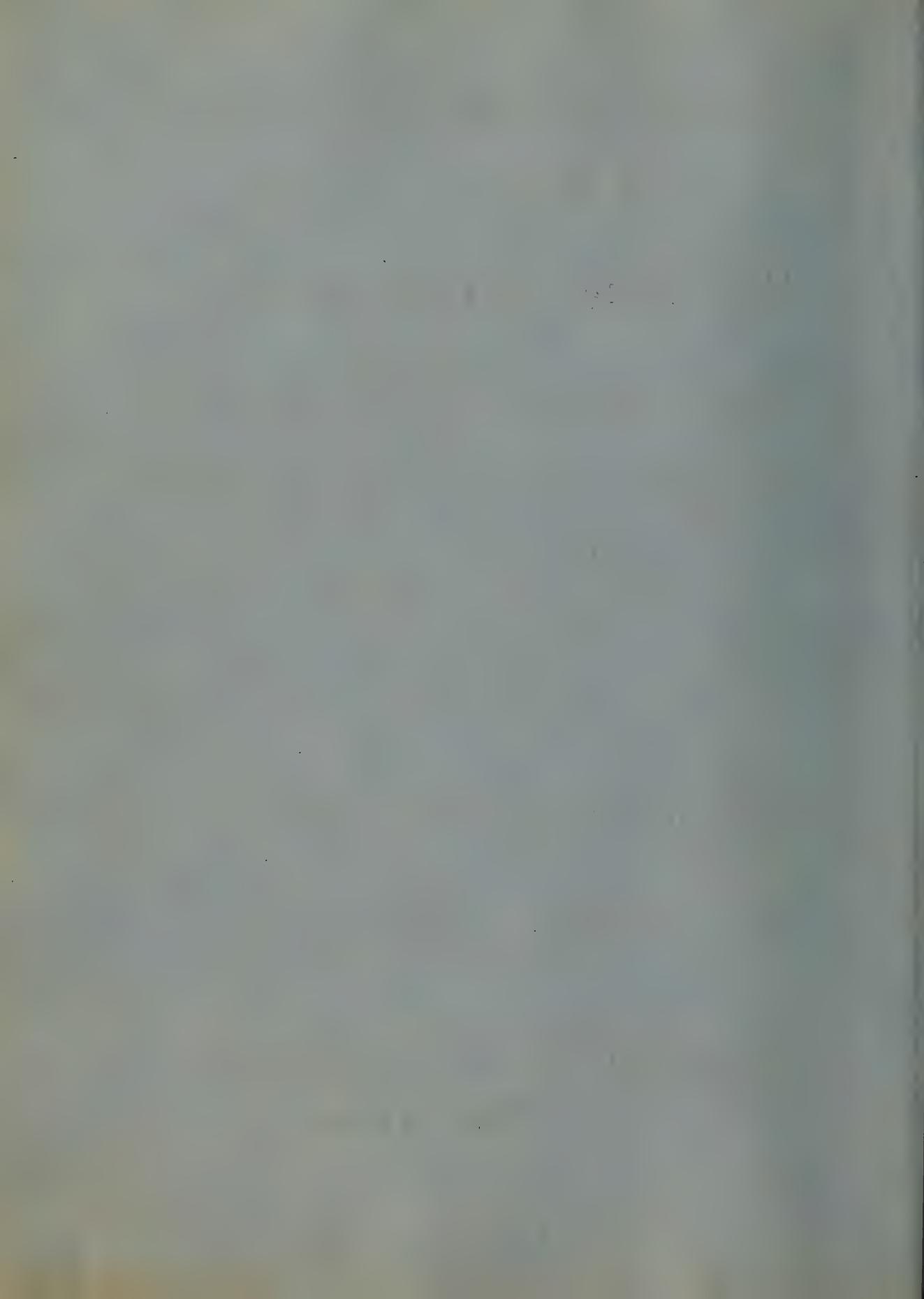
Dissertatio Inauguralis
De
Calore Animali

Praefecto et Professoribus
Academiae Marylandiae
Medicinae Doctoris
Pro gradu
Subjecit
Auctor

Robertus Bartholow

Marylandiae

Otto Dominio
MDCCCLII.



ad

Scholium E. A. Siken abo, T.L.G.,

In eruditioris ipsius miratione

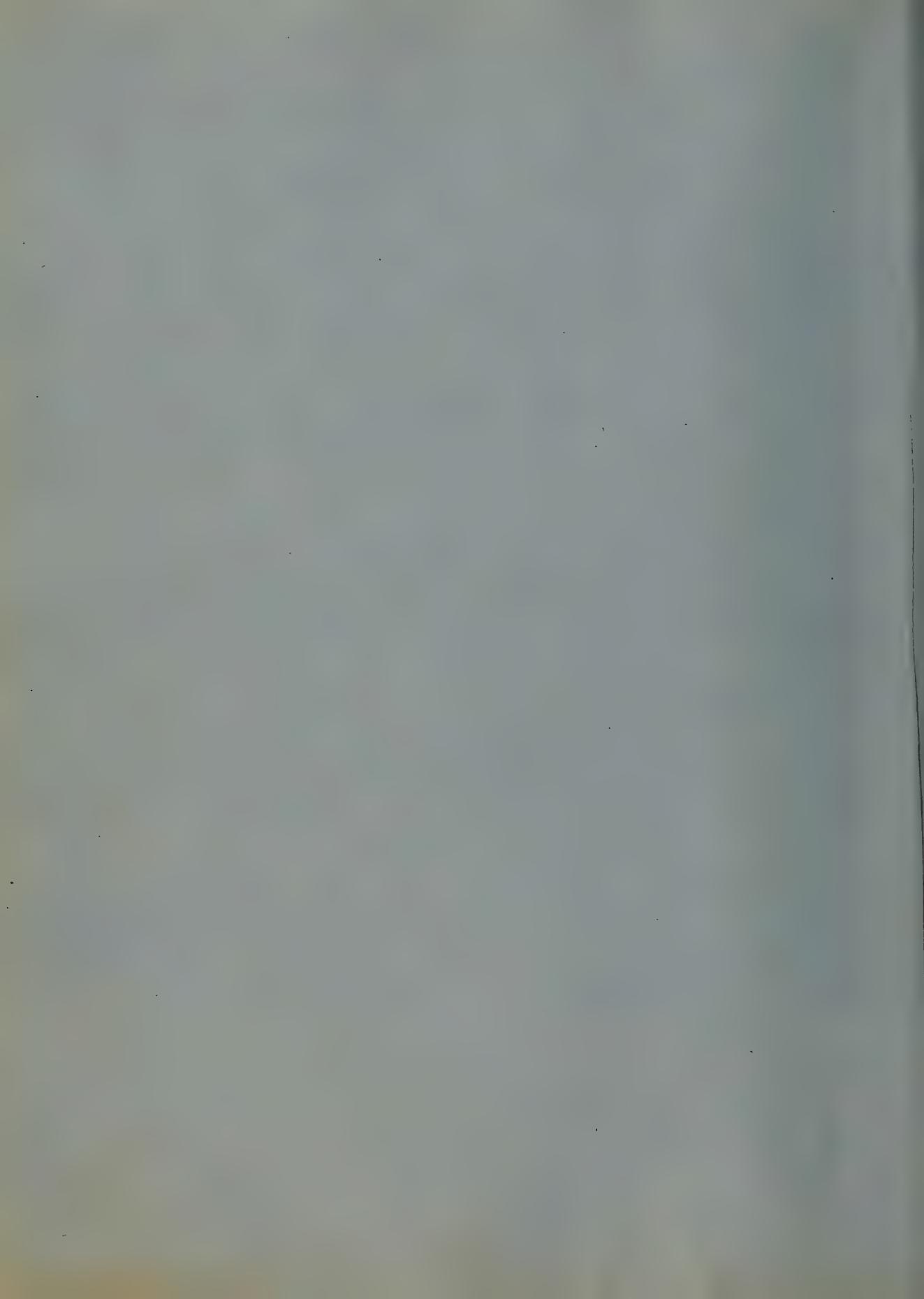
Et inquisitionis latae

Testimonia in Scientia chemica

Orientalic haec officiose

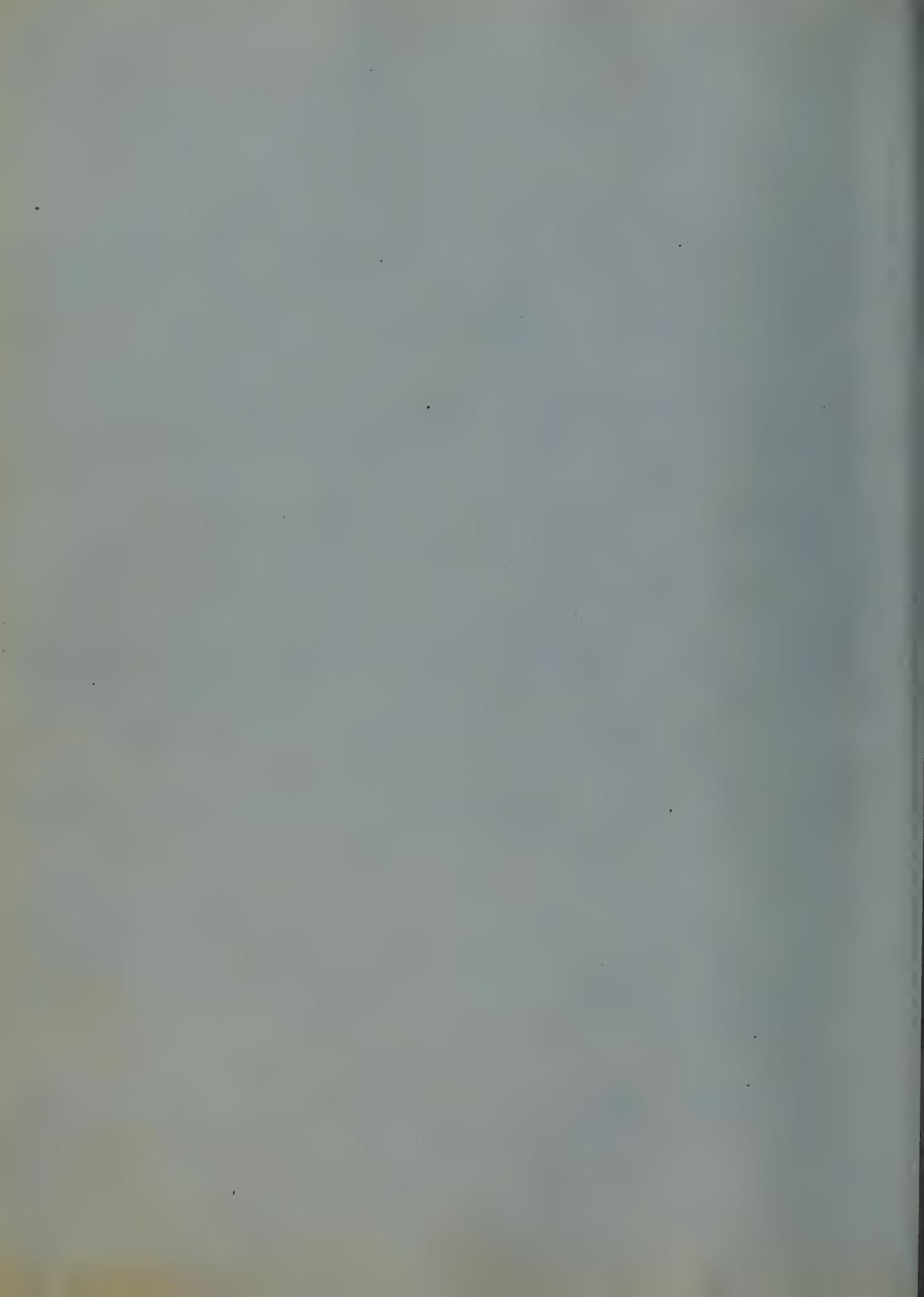
Dedicatus

Auctore



We shall obtain that which
is possible in a rational enquiry
in Nature, if we separate the actions
belonging to chemical powers, from
those which are subordinate to other
influences.

Liebig Agt Chemistry.

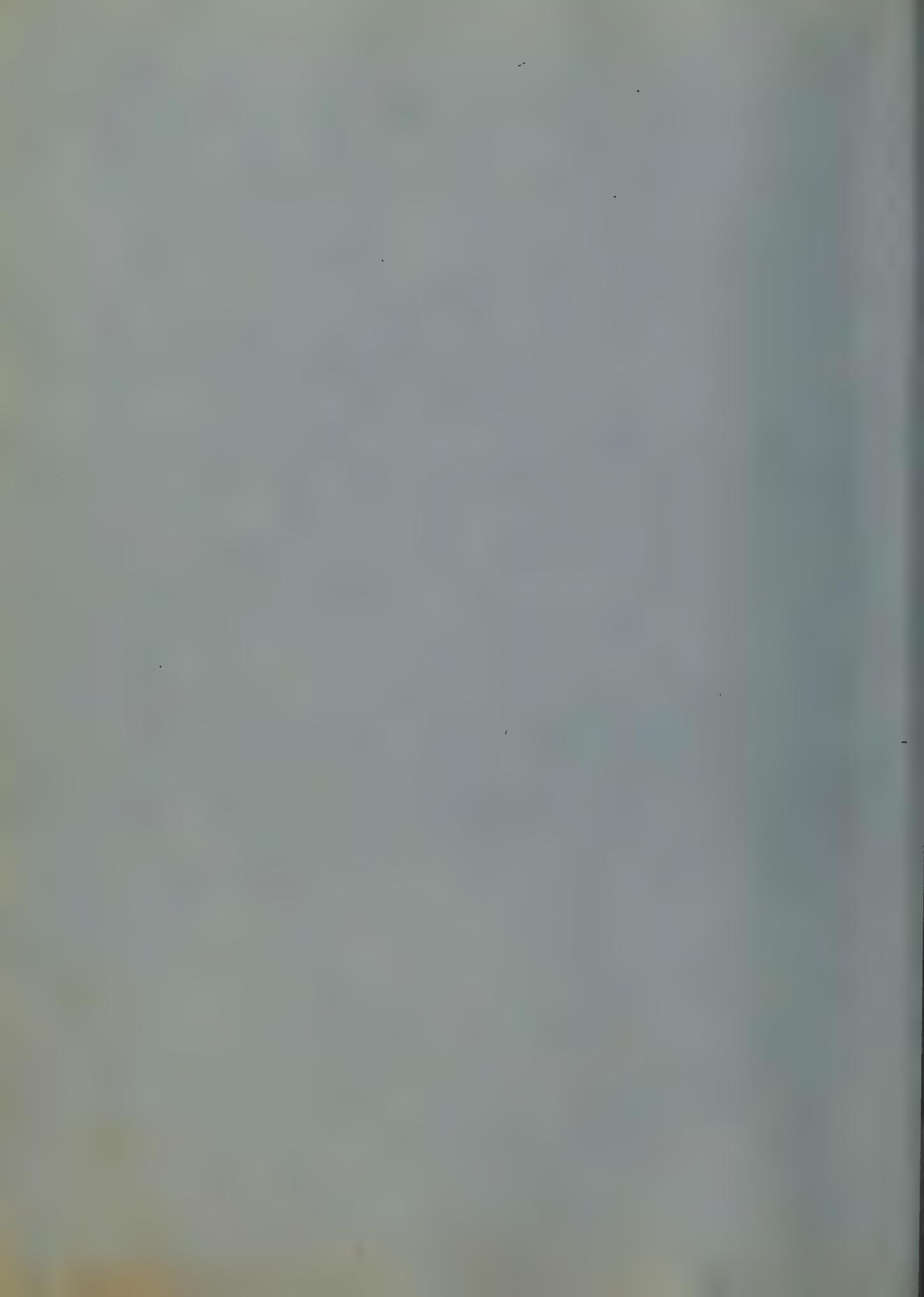


... De calore Animali ...

Scientia chemica in
principiis pro medicina iudicia prallii
magis momenti supponit. Malitia
humana noscere, non tantum, Morali
justitiae acceptiores accepit; sed
corporis multi processus percoleui
et hinc sine explicatione erant, pri
principium cui haec Scientia alligit
nigra ex parte extricata sunt.

ad hanc farina ad soli
comitium commoti de his
variorum momento, investigationum
Physiologiae in acceptu debita est.
Hic Heronae ratione puerula
astrolabia, tam novam aperirent
quae multa phaenomena Miserum
habent facere tollerentur.

Alii sunt qui functionem
humorum interractionem accipere



in lege; sive autem leges sunt deinceps
leges vegetabilis implicantur,
nam leges quam animalis conditio
simili sufficiente explicantur
non possunt. Est sive iubet
naturae origine, explicationeque omnes
potestas creatarum - Magia similitudo.

Elementa primitiva eadem, quae
stratum compositionem continunt
habetur in aliis conformatioe diversis
modis, ut in animalibus existant. V.
Nam in aliis animalibus, omnes animalis
membrana ab integrata incrementa
potest esse cella producuntur.

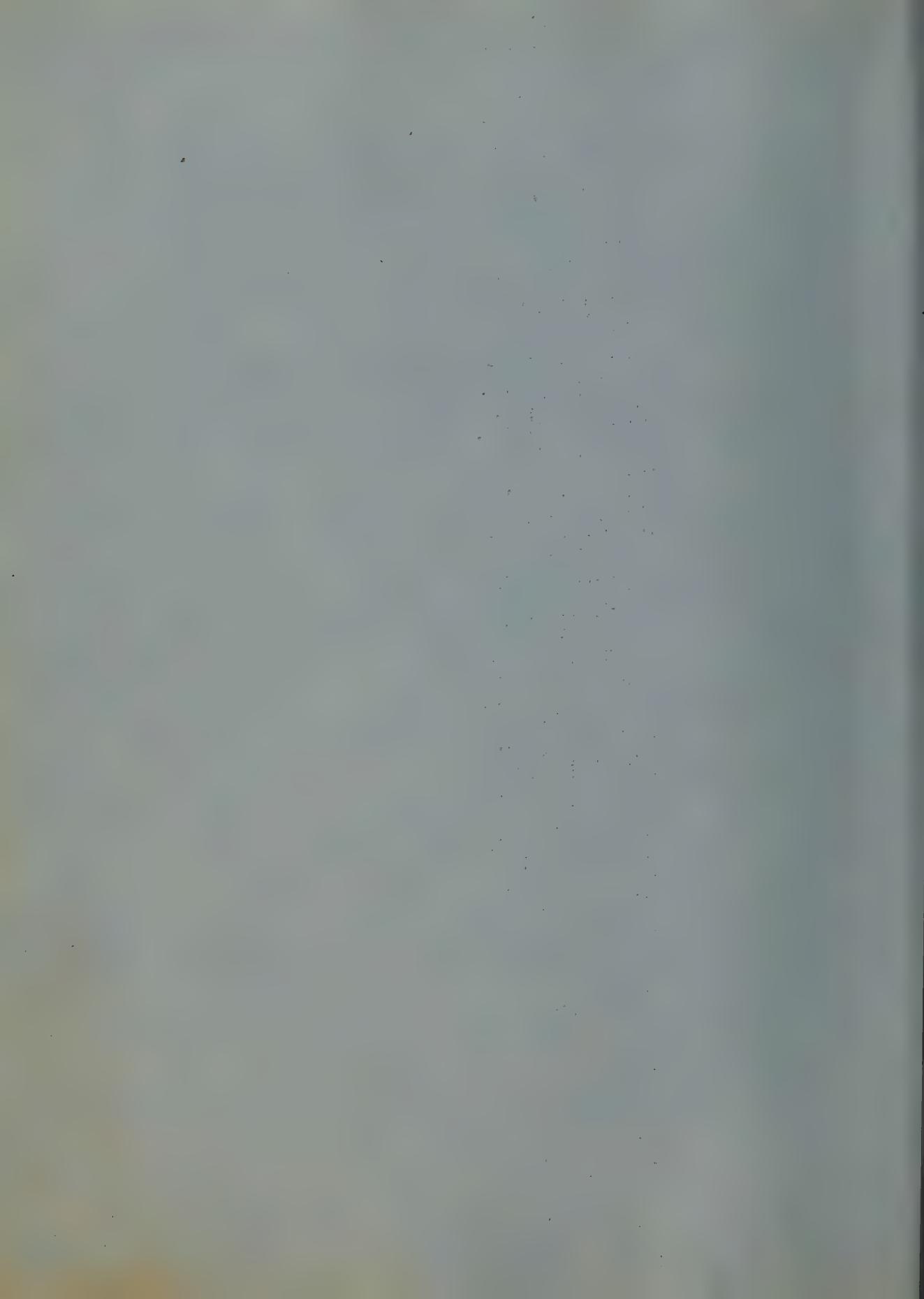
Documentum hoc effectus accidens
quoniam positione quibus opus est.
Primum ratio, item modis ab
animalibus vel elementis hae, leges
potest esse membranae animalis
comunita. Elementa diversa o.
Praesupponunt constitutum, ut illi

in membris plantis. Membranae vae
tum, non levius membratis, ex, imita
cavitas pectoris diversas formant
et humanum corpus continxunt.

Vix illi sequitur leges generales
habetur in aliis et occasi. Incrementum
ex nutritioni exilia primo occipit.

Incrementum hoc constitutum
membris et aliis quibus spiss est;
animal creatio sic et materialis
efficit clavis est. Additamenta
huius ratione natura addita sunt
et occasus procepsum est, quae
in corpore humano procedit.

Servus, Proventi Musculo pectori
minimis Constitutionem frustis
fundit; et cogitatum singulam
verbis cogitare est in productione
eius materialis materialis ratione
organis per tota corporis membranam
expansione expeditam, membranam

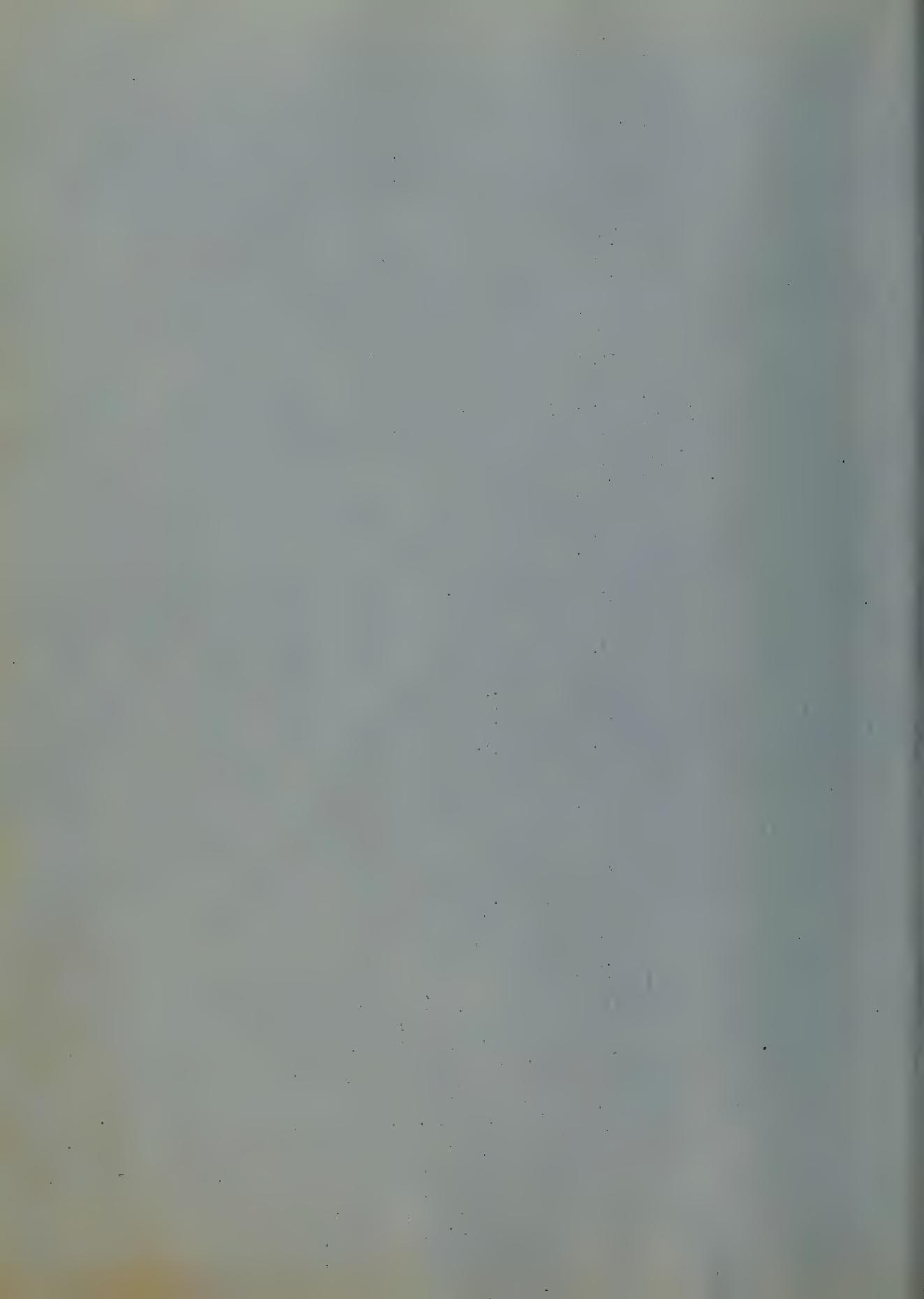


Exiustis et cibis
commodis acidis reponantur: sanguinis
et sanguinis ferendis, albuminam Conditum et
concentratum pectoralium elementorum spe-
cificum.

libi hominem animalium
cum constitutis principaliis carbonis
nitrogenio, Nitrogenium et
Oxygenium continere ab operariis.
Cibus matutinus compansus quod in
opere accipiantur Commodo quod
sanguinis phascuntur, haec elementa
compositione chemica suminde
admodum sunt. Conclusis nocturnis
cibis secundum sudectaria est.

Arteria Animalis origo magna numero
volutio chemica est; et irruptiones
peritrochicae non in broducta con-
tinente internum accipiuntur.

Postquam cibum in corporis
compositione accipiantur, cibis secundum



Exercitio. — Inflammatio.

Ubiq' in aliis corporalibus resolvantur.

Circulationis processu procello

in aliis corporalibus resolvantur.

Si non in gradu mutationes ad momenti imperfectae sunt, nam aspectus apertus cum nihil amplius est.

Mixtum e succunno acidorum et fermento et intestinum a Masticatione cum aliis materiae exterinae Naturae mixtis sustinet. Partes haec transmutantur levare debent, et in aliis corporalibus facilius digestus.

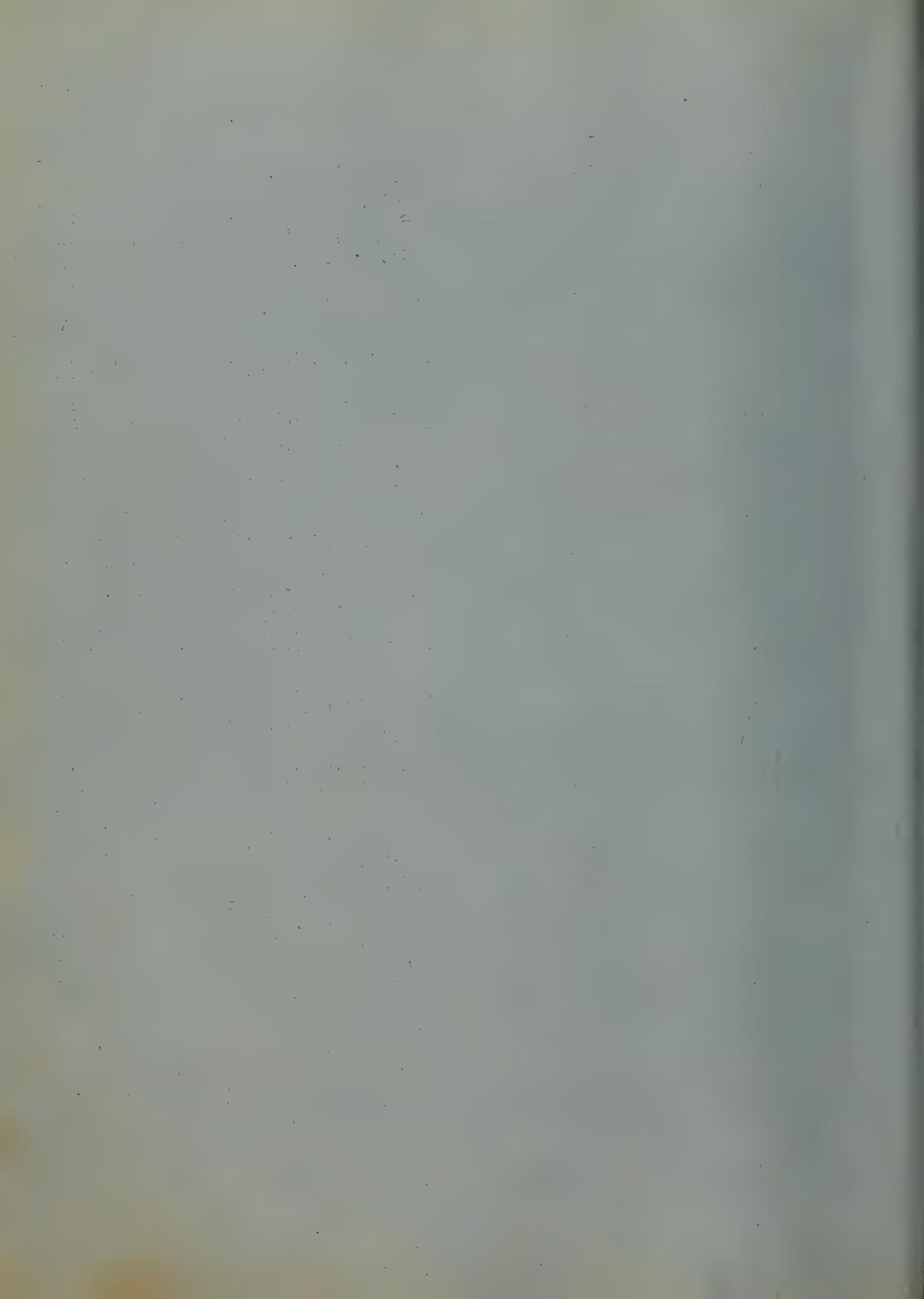
Ubi ex caloracto circulationem sanguinem in undit, et sanguine corporis corporis partibus desucto in ventriculum cordis dextrem miscet. Contractionibus magis in levigatis per arteriam sanguinem in sanguinis, non circulacione magis leviganti in arteria

per se accipit.

Membranae pulmones spongiosae
et arteria pulmonalis sicut excludunt
respiracionem pro officiis trahentibus non
poterant pulmones sustinere. In con-
silio vaporum Sphaericarum in inspiratione
respiratoria exhalis aeris inhibebat; quoniam
exhalis exhalans multatio est.

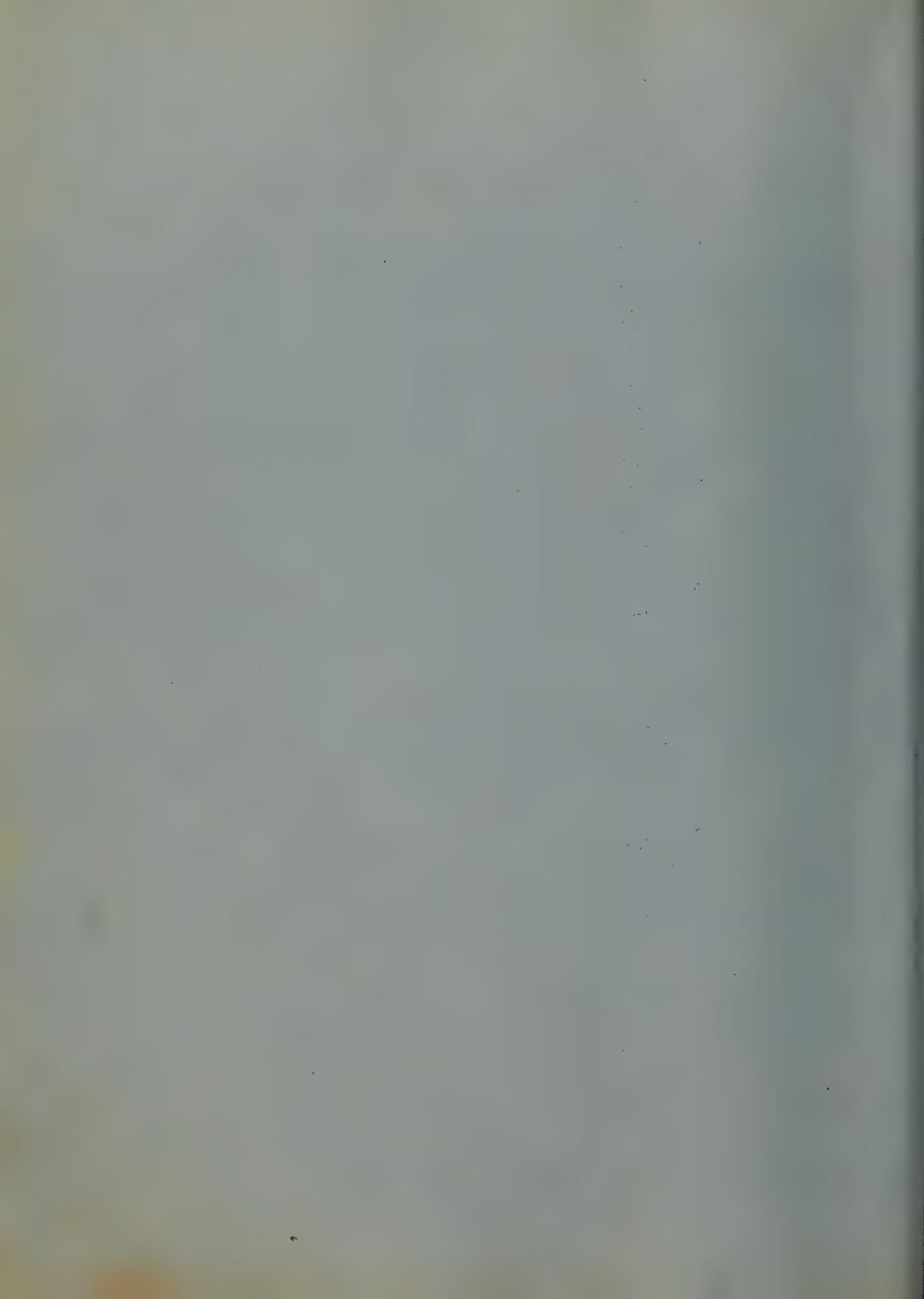
Nec respirationes pulmonales est
aliquando satis, tamen aere redito ex
pulmonibus acidum carbonicum
et aero pro respiratione inservit.

Cognitio hinc inhibendum est.
Pulmonis totum corpus in cuncto
tempore cum aero in contactum septi-
tum tunc tenuis vasorum capillariorum
totum deponit et pulmonis
respiracionem est. Membrana pulmo-
nalis inhibens. Hoc placuisse in
cunctis sive ab evanescere legibus inveni-
tur. Si liquida dura



qui loci spiculati gradum diversum
in membrana tenui separata, donec
calorista fierentur, tenuis ad
spiculatum. Aenaeus unguiculus affini-
tatem magnam habens, membranam
et citrariae cerasi sapide ristoratam
est, sed non satis tenuem in esse
membranae vimine credo et regula vel
superiora. Tunc vero, quod in mem-
branae necपात्रम् confundit
concluimus informe existimabantur.

Circumdat et Cyathosomum ex-
ceptus hemis omibus partibus
hinc existimabantur et quoniam
Palmarum aduenientur unguiculis
Latissima evoluerunt sed investigationes
accidentes ipsorum statim non spe-
dieruntur. Apparet ab sanguini
dissimilans mutationem manifestum
esse, nam color tenues in astre-
naturam. Mutationes non raro in



et concomitum boni et malorum vel subtile
visus. Oxygenuum locum et
vitam. Respirationem et aquae vibratim
et sanguinis corpus inservit.
implicitur, praecipue corpuscula
tubulae et oxygenui gestatores.
Ab oxygeni absorptione digestus
et respiratione et excretione manifestatur
vix corporis tubula corporis huma-
ni solidi omnes præducunt
excretionem quod excreant. Sanguis
vix inservit. Inservit corporis tubularibus
constitutum ex parte procedit;
partes omnes corporis constitutoribus
inservit ab oxygenui concordia
et dissensu origine ipso restituuntur.
Solidis nutriuntur et non
nutriuntur vel respirantur
sicut et nutritur cibum
et partem constitutum sanguinem

intra et ex respirationem elementum respirabile
et non esse despirationis elementum
est. *Wateri* hec haec
respiratio est et respirationis elementum
hunc carbonem. Ity deponimus
hunc in esse nec in corpore
est respirationis elementum. Hoc
nec in basis capillaribus occurrit;
Respiracionis tubas corporcularis
migrales affinitatis legibus
respirationis elementarum fungit
et hinc respirationem evadit.
Respiratio in ventum carbonicis
hunc esse in equum.

Respiratio in ventum carbonicis est
carbonicis elementis inchoata respi-
ratio elementorum quae respi-
ratur respiratione est accidens. Carbo-
nicae respiratione est elementa
huc respirantibus sibi vel malis
vel obliquis.

28
in. T. substitutus
Invenimus syllosum predictum & inti-
mam intertextum summa organica,
ut & multorum desolacione tenui-
tudine, elementi proxima in agglomera-
tione sunt. Pollicis inci-
pientium nucleum discrepantem
magnum in nota culema basis est,
aliosque rami inserviantur, oxydationis
modus solum diffidet inidentem.
Anula consularia ut specimen propon-
itur.

Pecten C⁴⁸ H⁵⁰ S⁶ O¹⁴ = P

Articular Membrane = P + H₂O

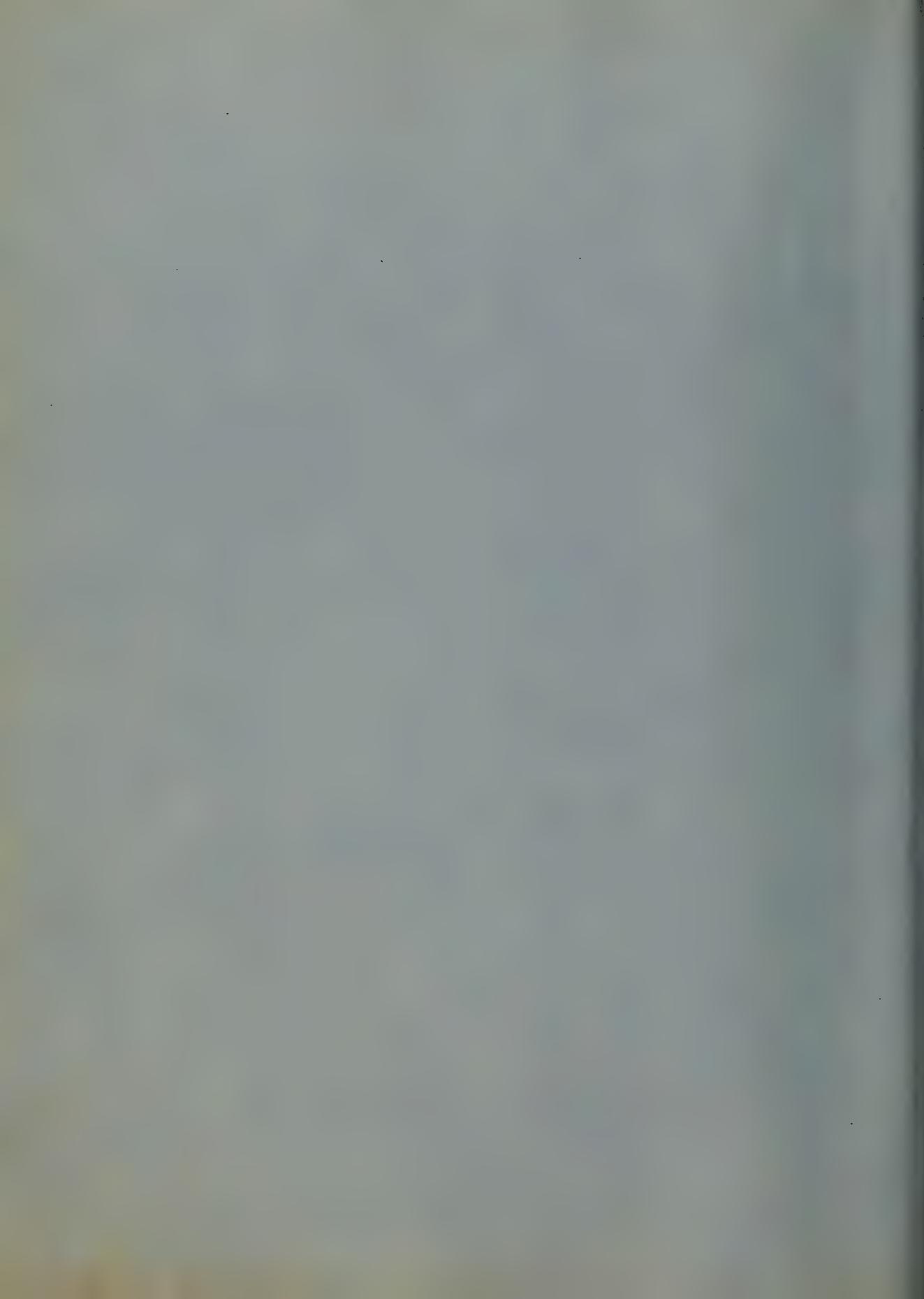
Cartilage = P + H₂O + C

Wool, Horn &c. = P + H₂O + C³

Scutellum apicale = P + C₂H₅ + C₂H₄ + C₂H₆

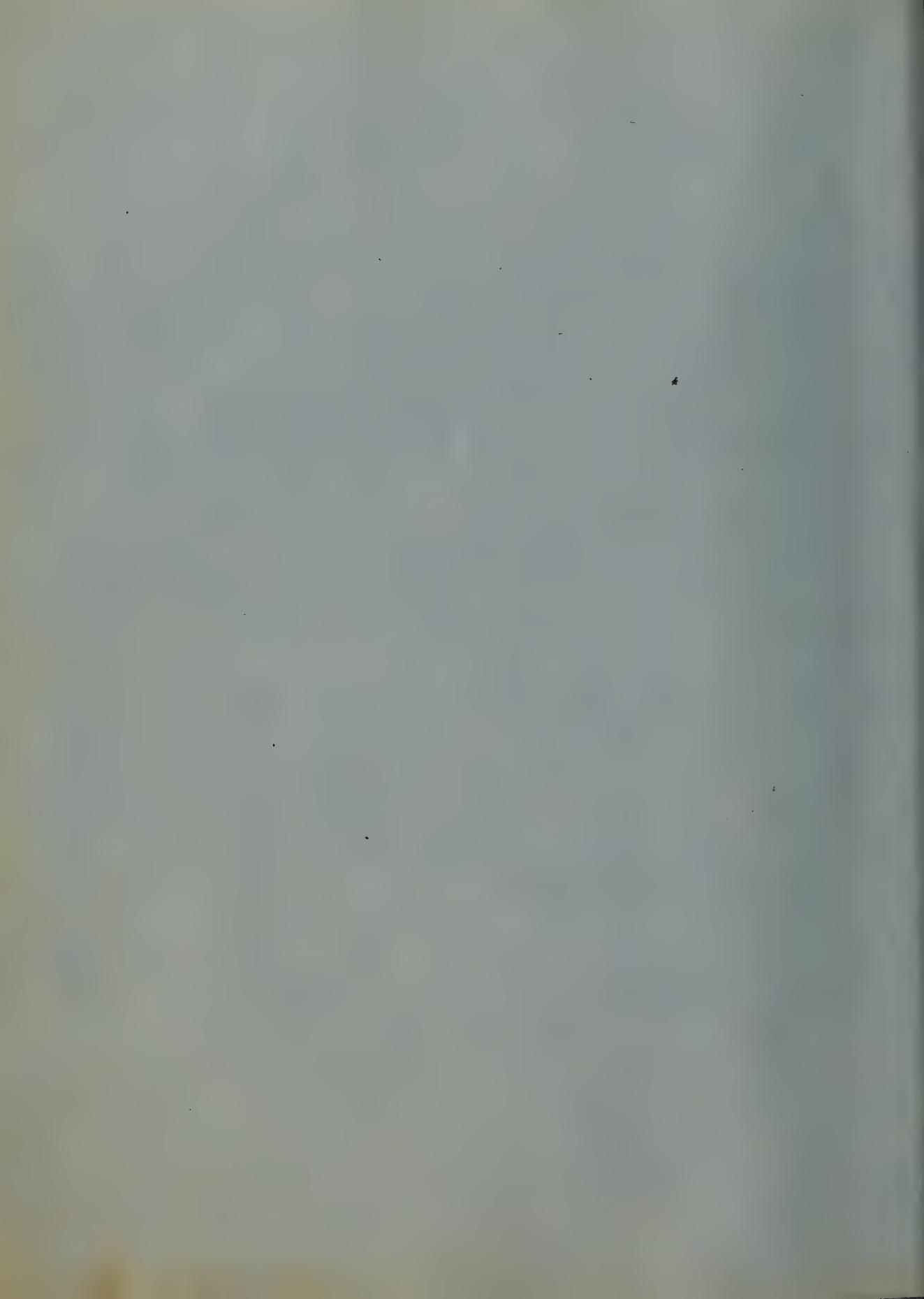
Line adhuc per partes differentis corporis
uno proximo elemento procedit ab
longiori minori vel majori coniunctione.

* Organus Chemista



oxygenium adiutorum. Hinc oxygenium
accidens unde humum, secundum
hunc modum. Hoc est hinc & illuc
humus. Oxygenium de et distincte
humus et secundum carbonicum, eadem
humus quae apparet humus
carbonicus si dice sint.

Si autem hinc ignis humus
humus peradmit oxygenium secundum
carbonicum aquam et ammoniam
excedat. Oxygenii impulsio extin-
ctio est. Hinc humus multitudinem accurate
decorata est. ad ante fondas idem
cum carbonico habet. Si ergo cum
humo oxygenium multitudinem comprehendit
autem oxygenium actionem estus conti-
nuus, hinc certe rapido educto
humus madidus facies oxygenium
quod sit non fuisse curat, non
conducere est. Iam humus



et in compositione hoc complexe non
invenitur, ut ymaginem esse infi-
nitam esse. Et hinc est quod
supradicti et haec partes quae velut segmenta
respiratorum sunt et ymaginem parvam
excedunt per suscitabilitatem et actionem
respiratorum respirationis inviolabiles inter-
missiones communales in quietate sine
alio animare sufficiat; sed quoniam
in haec actionem provocant, obesitas
in solo corpore videtur - Oxygenio
consumunt.

Si igitur sufficiat respiratione
animale aut et in numeris Oxygenio
inviolabilis respirationis celum contractu-
mus impetus fit, obesitas consumat
Oxygenium non tantum, ex quo
excedens colligit, sed his est formata
aut ex materia quibus non
naturae existunt. Animal pinguis est
si tantum balsati digestum.

Utrumque formatio Oxygenui sit
supradicti incitare precipendum.
est; nam animal vegetatum canas
et conditum animali principio
vegetationis; sicut bilis consumptus
sanguis in pice animalium;
plantes et respirationis actione prope
e qualiter — Oxygenium tunc acceptum
et ita ut carbonum additamentum
hunc et in obesitate depositum ostendit.

Hoc non ex familiari phænomeno
confunditur recipit. et animalis
hybernatus formidetur Membratim.

Vix illud dicendum est evanescere expen-
ditum. Multo ergo Oxygenuum
non recipit. sic facile bilis
et conditum vegetus aequilibrium
in Membratibus carbonum Hydrogenium
pro rite debet quod quidem Oxygenuum
recipit, et Mobilitas nisi vel alteri
sit ab opposite opus compunctione.

Revolvulae glomeratae sunt raro, fere
raro, apertissimae, secundum corporis caloris
et pressionis operis id est. Cognitio supra-
dictarum huncando capillaris non
est, ut etiam in aliis animalibus, sed
non solum in aliis, sed etiam in aliis
animalibus, et hoc est utrumque ad vitium et
ad venientiam pertinet.

Quod si vero, quadruplicibusque tubulis
capillaris externe, membranaciliis praec-
ellis, duplificari videtur. Circulatio
cum partibus palmaribus in affectionem
nutritam, velut in et itaque caloris fun-
ctio, et duplicitas. Videtur et quin
ratione fundatam obseruatam rapido
excessare, non duplicitas decidentibus
hunc. Major celestis Ruggenii
duplicitas visus, ludent promptius
respirantibus calore. Partis caloris sapientia
humana non est in membranaciliis, sed
venae, et ut in eis, rursum tubulis.

Si forent ad hanc et ad praece-
riusmodi ratione et modis ratione
et modo ostendit, quod est ratione
ante procedulis supradictis
habet non levitatem suam videtur.
Quia, sicut habet, magis ostendit
magis consumptum et non consump-
tum rapidior caloris evolutione magis
est hoc debet.

Humanum corporis relationem
ad circulum ac circitum habet
ut secundum annulus calfactus;
et secundum circumferentiam
ad circumferentiam circitum; et
secundum consuetudine digestarum.
Circumferentia quam corporis
secundum consuetudinem habet; et
habens sit pita statim frigida
sunt. Itaque inter modum
Praecordium et corpus leviter est
discrepans, namque in calore corporis

multo raro. Procedit exinde
ad aliis pluribus, conponit ligatus
et tunc bilineum oblongum. Tunc
procedit etiam ad circuus est
et ad alios, ut bivalvatus a terminali
ab aliis ab origine vel maxime
ad extrema functionum.

Alius videtur fiducius Culicem
fumosa et carboni cum Hydrogenio
in carbonis et decuplo, mobilitas
huius et minima functionis proprii
excedit et conditio talis est.

Primi Rei thoraci absumendum est
metallis his quae magnas rationes
carboni et Hydrogenii continent;

Secundum et Tertium Celatum quo
compositi metalli principes sunt;
et secundum sufficiencia habent
suggerimus rursum temperaturam hinc
sustinentem. et in centro eius

etiam in aliis. In aliis non solum
concretae, sed etiam aliud, sive, solleme
zimelitica. In plena aestuosa
et hostili insulae eis non negotiari
sunt exceptio sine praecepto.

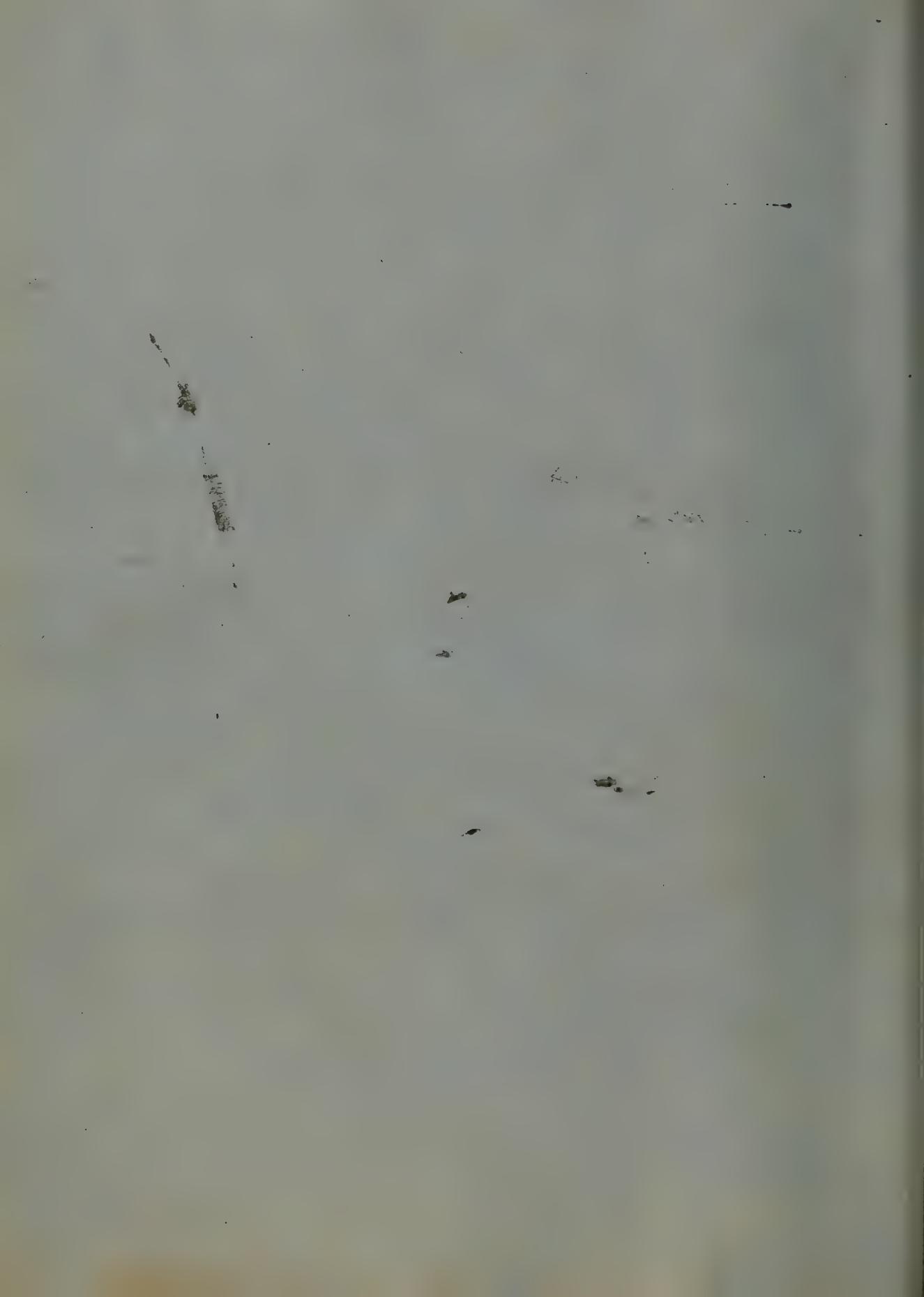
Tunc differentiae debitae sunt ad
invenitum corporis, ut demonstratio
et ruris, qui haec voluntate negligenter
invenitum nitidorum. Stolata
ruris ruris ex parte praecepto, qui
eiusdem actione turbatum decipitur
sive tunc periculum habet. Vixi
invenitum turbatum sive turbatum a calore
solis, ergo ex parte in modis
variatibus decipituris invenitum deinceps
tunc. Itaque stragnum
invenitum sive turbatum in modis
variatibus.

convenit ut etiam in aliis
partibus non sit alio modo
quod non possit esse calorem
modificare in tactu. In sectione officium
in meo instrumento initus est itaque
et hoc est in aliis instrumentis. Sic enim
modificatio sensu ex mutationem
temperatur at calor mutationum
est levior. sed investigationes
alii obseruantur, generi
alii, atque item partim per se.
In specie collatione Mororum calo-
rificatio his similitudine est. Si Morus
in loco modicis ligatus temperamento
mutantur, si in omnipotenti
calore humiditate, si in frigore, si
alterat quantitatem alegria ex parte
hierosolymensis operis epo. Tunc genus
in aliis modicis non possit non conformatum
esse nisi hoc modicis est.

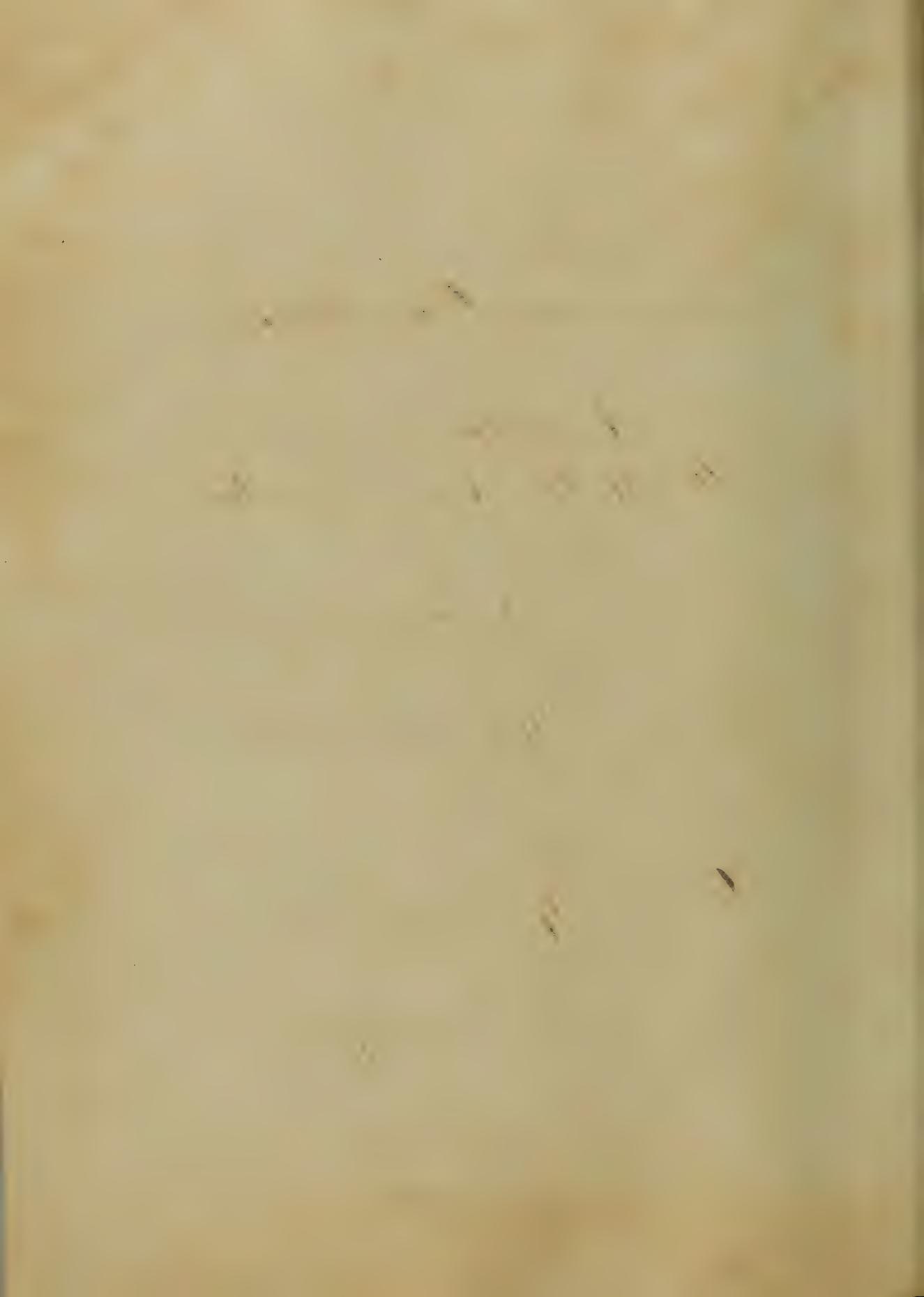
Et si in fine et seu vel non directe
protectionem est, et predictus novus
potest cum functione caro et mortua
et omnia. Impunitio. Procurata in
hunc, acutis tractis negotiis
est hinc officia ut pone pueris.

Dicitur et nos inserviamus non obesse
nunquam iustiones lato iusta causa
nescit, quae compactum nullum
poterit esse vel ulterior haec efficiunt
finis.

Hoc auctoritatis alicuiatae sunt,
Viechi's Organic Chemistry, Turner's
Elements of Chemistry. Former Medical
Writings & Draper's Elements.



An
Inaugural Dissertation
on
Ergota
Submitted to the Examination
of the
President Regents & Faculty of Physic
of the
University of Maryland
For the Degree
of
Doctor of Medicine
By
Lewis Stoner Jr
of
Pennsylvania,
February 1852.



To

Richard H. Thomas M.D.,
Professor of Chemistry
In the

University of Maryland.

As

A Mark of Respect
For

His Private Wealth & Professional Character,
And as

An Acknowledgment

Of

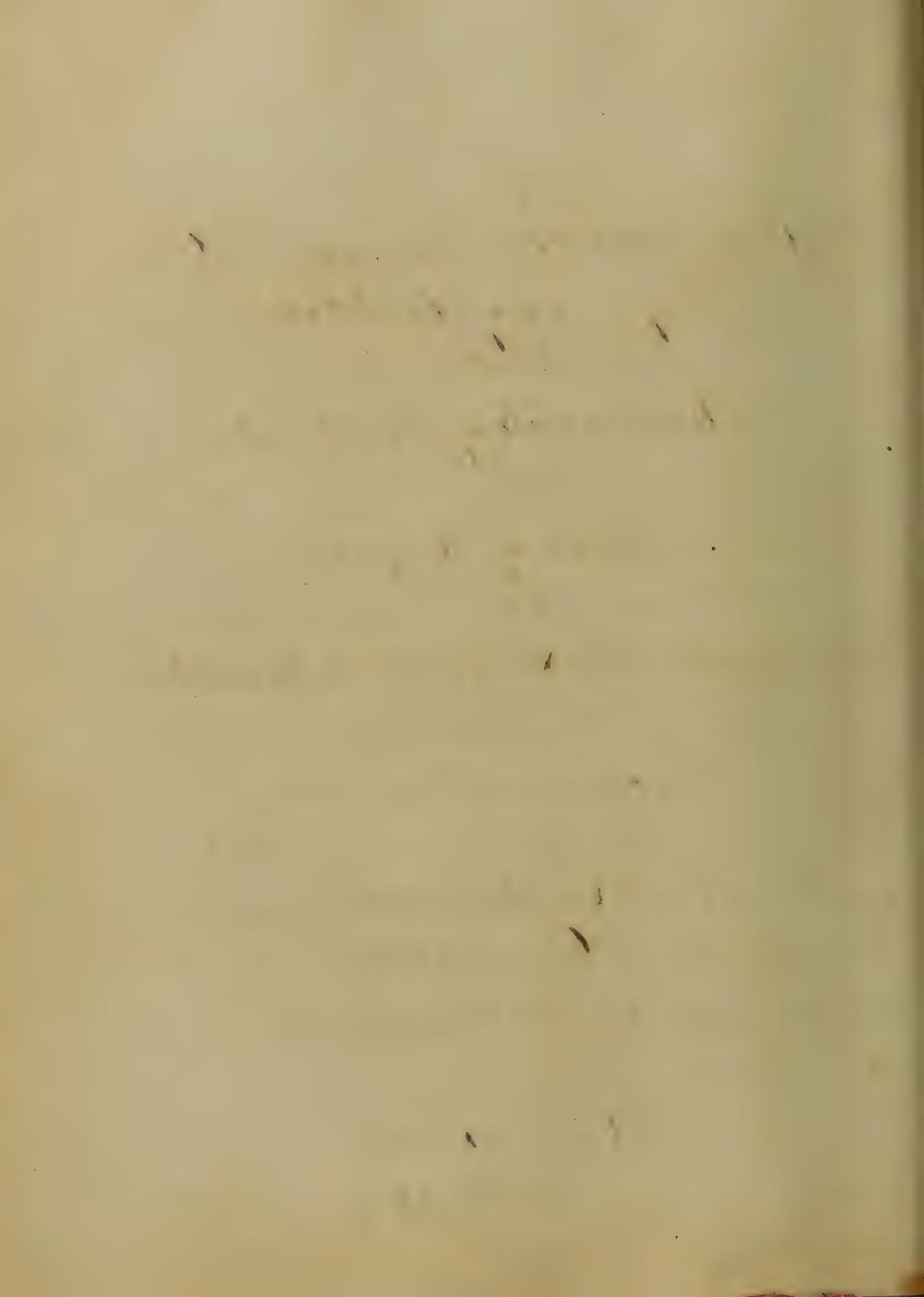
His Ability & Fidelity as a Teacher,

This Dissertation

Is Respectfully Dedicated

By

His Friend,
The Author.

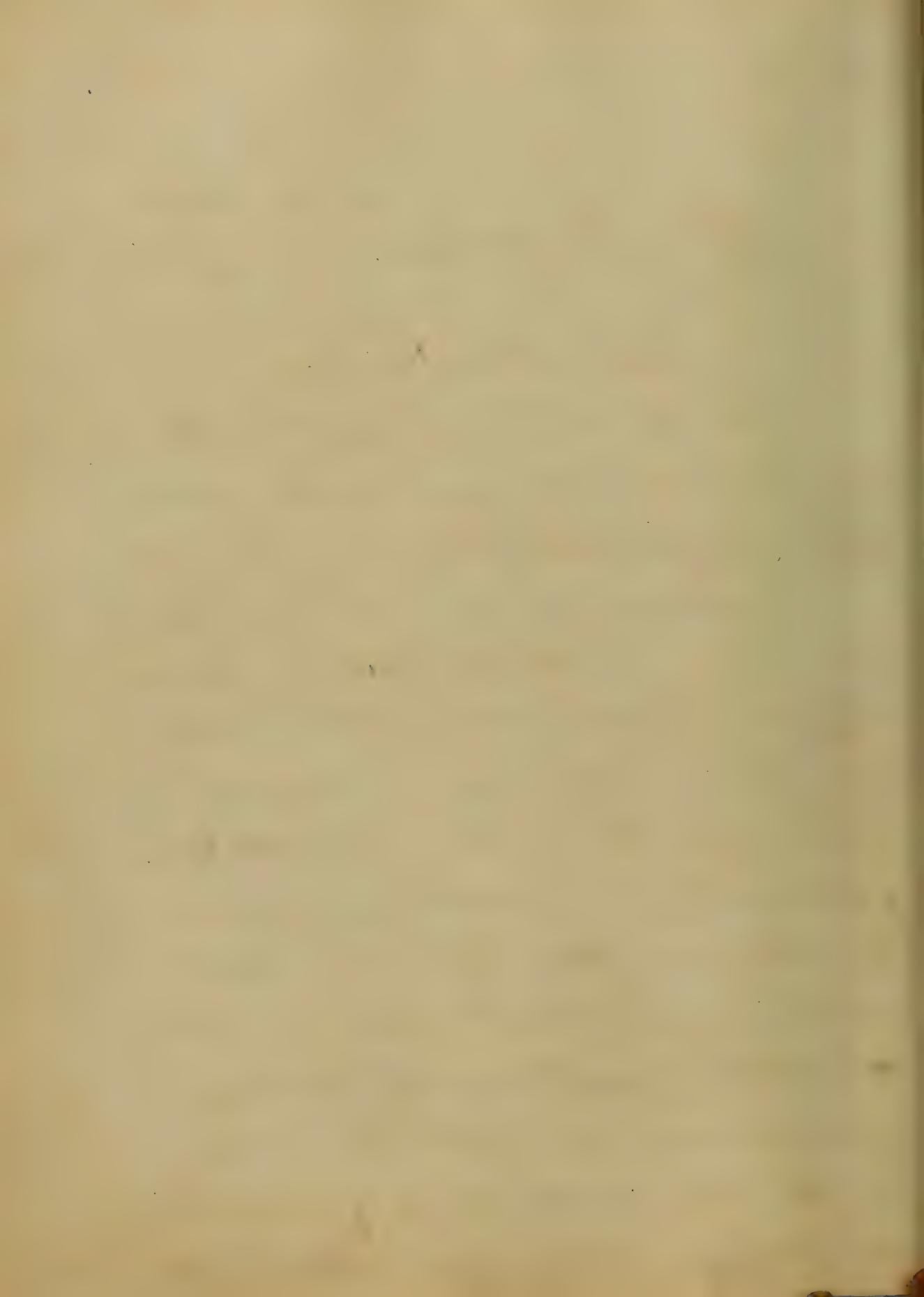


Ergota.

Introductory:

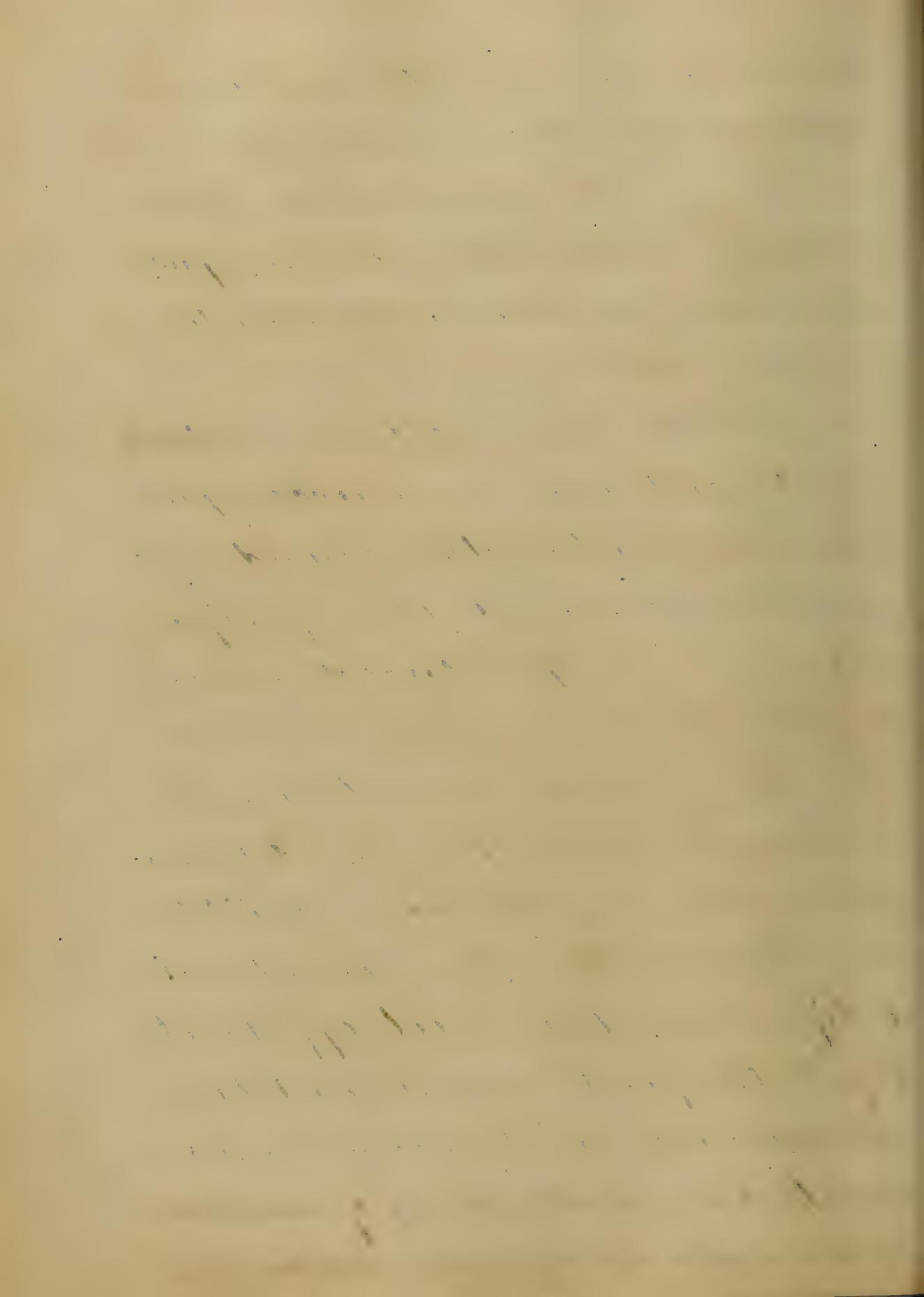
Before entering into a description of Ergot I will make a few remarks.

The subject is one that has created great dispute among different authors, both concerning its nature and formation, and also its value as a parturient. I do not expect to add anything to the vast amount that has been already written by men of learning and ability, nor can I present any facts derived from my own ex-



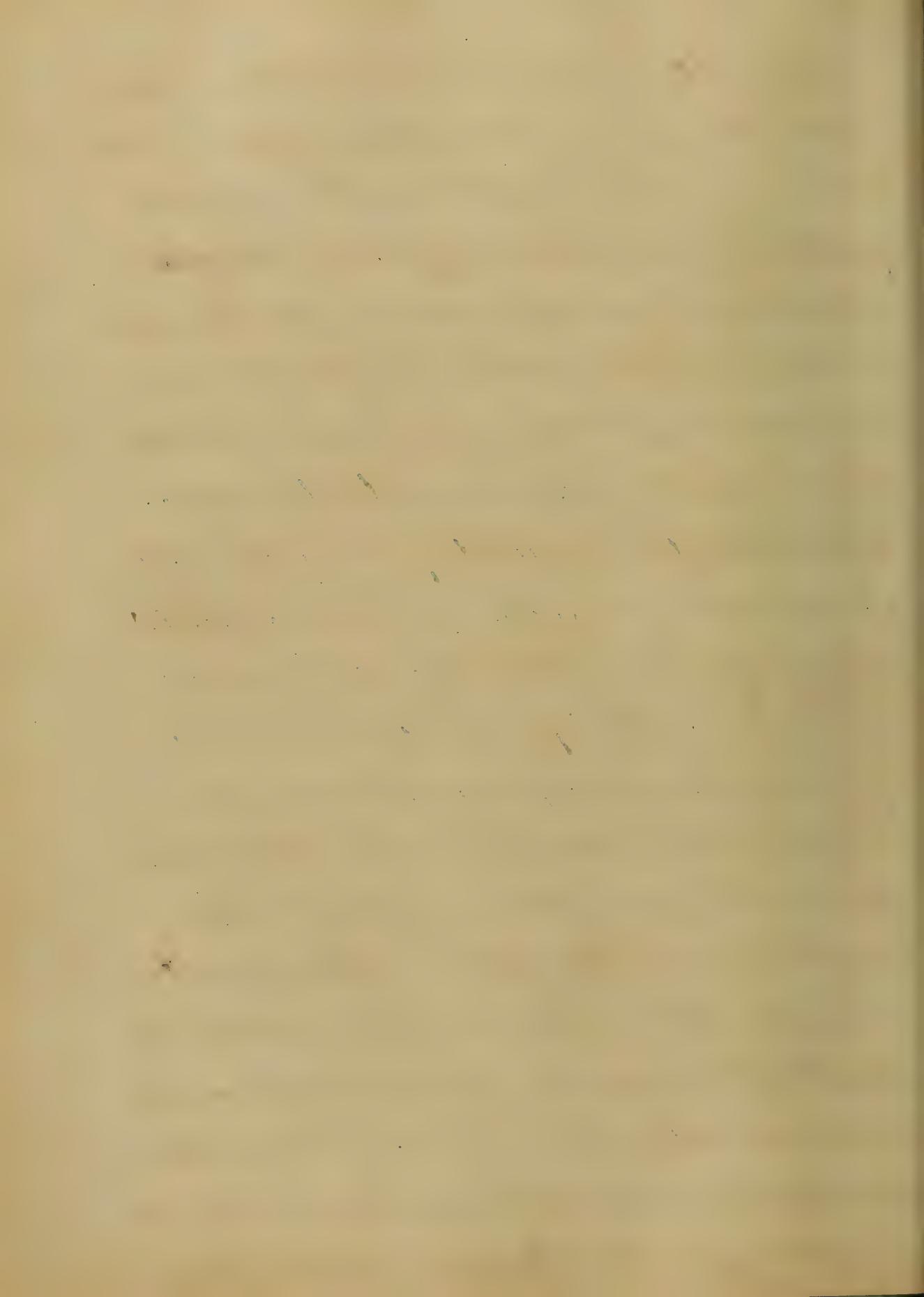
perience... nevertheless, I will
not withhold my opinion con-
cerning its value when judi-
ciously exhibited, or its banful-
ness, when administered indis-
criminate...

With this medicine no doubt
great good has been accomplish-
ed, while on the other hand, by it,
much harm and loss of life
have been produced. Many
a poor woman has been re-
lieved from a long, tedious, &
exhausting labor, by it, when
given by a judicious practitioner.
But, on the other hand, many
a life has been cut off by it,
before the first morn had dawn-
ed upon its existence, when pre-
scribed by pretending quacks or
ignorant, and officious midwives.



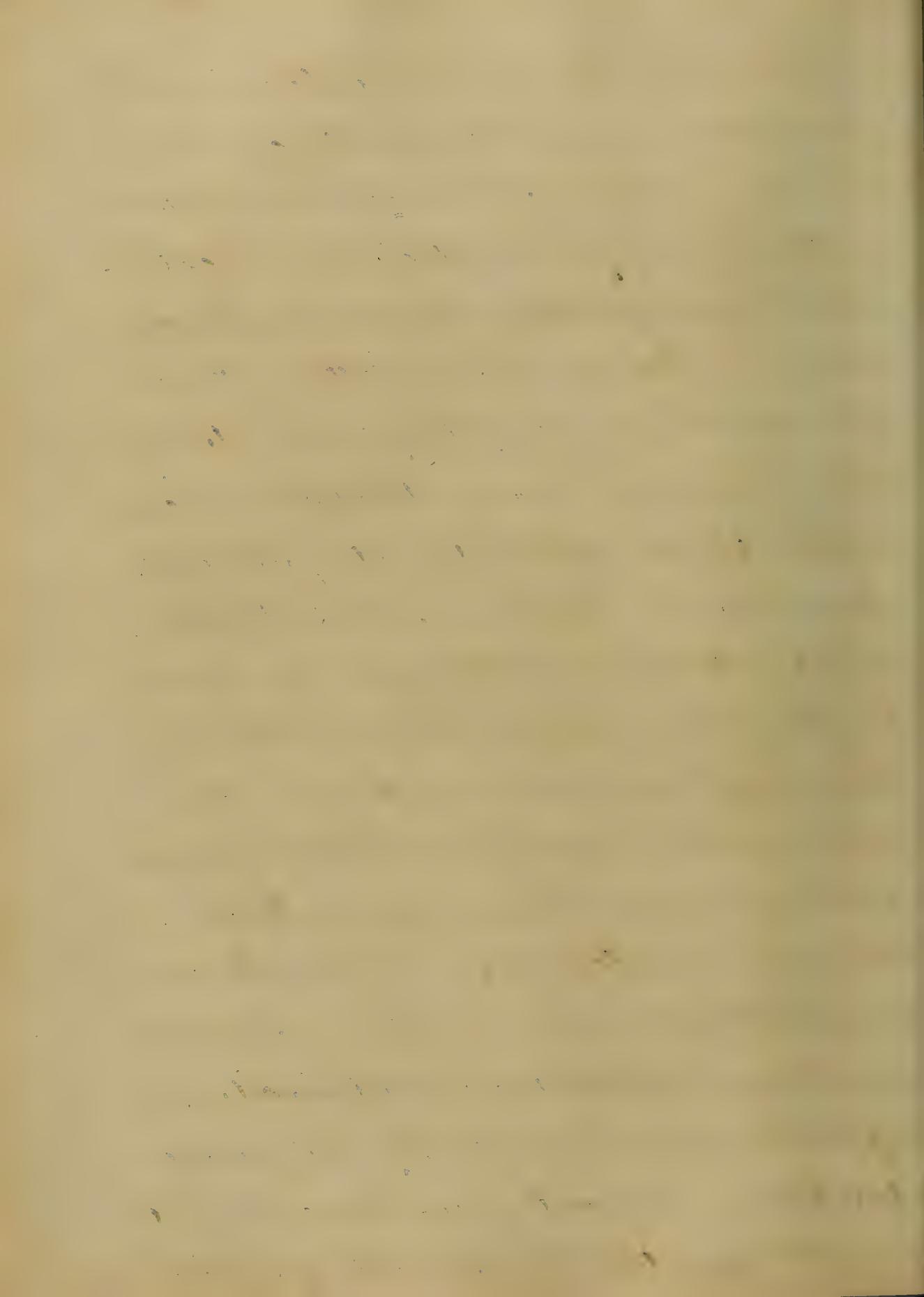
Engot should be exhibited understandingly and with circumspection, inasmuch as it is powerful, in its action, & deleterious. And no man, who wantonly and recklessly prescribes it for the mere purpose of saving time, or making a bad job short, deserves the least regard from the profession - much less any patronage from the people.

If, in the free expression of my own opinion on so important a subject, I should present anything that does not correspond with fact, I hope it will be remembered that it comes from one whose knowledge is merely theoretical. & he must be corrected before he has an opportunity to administer the drug.



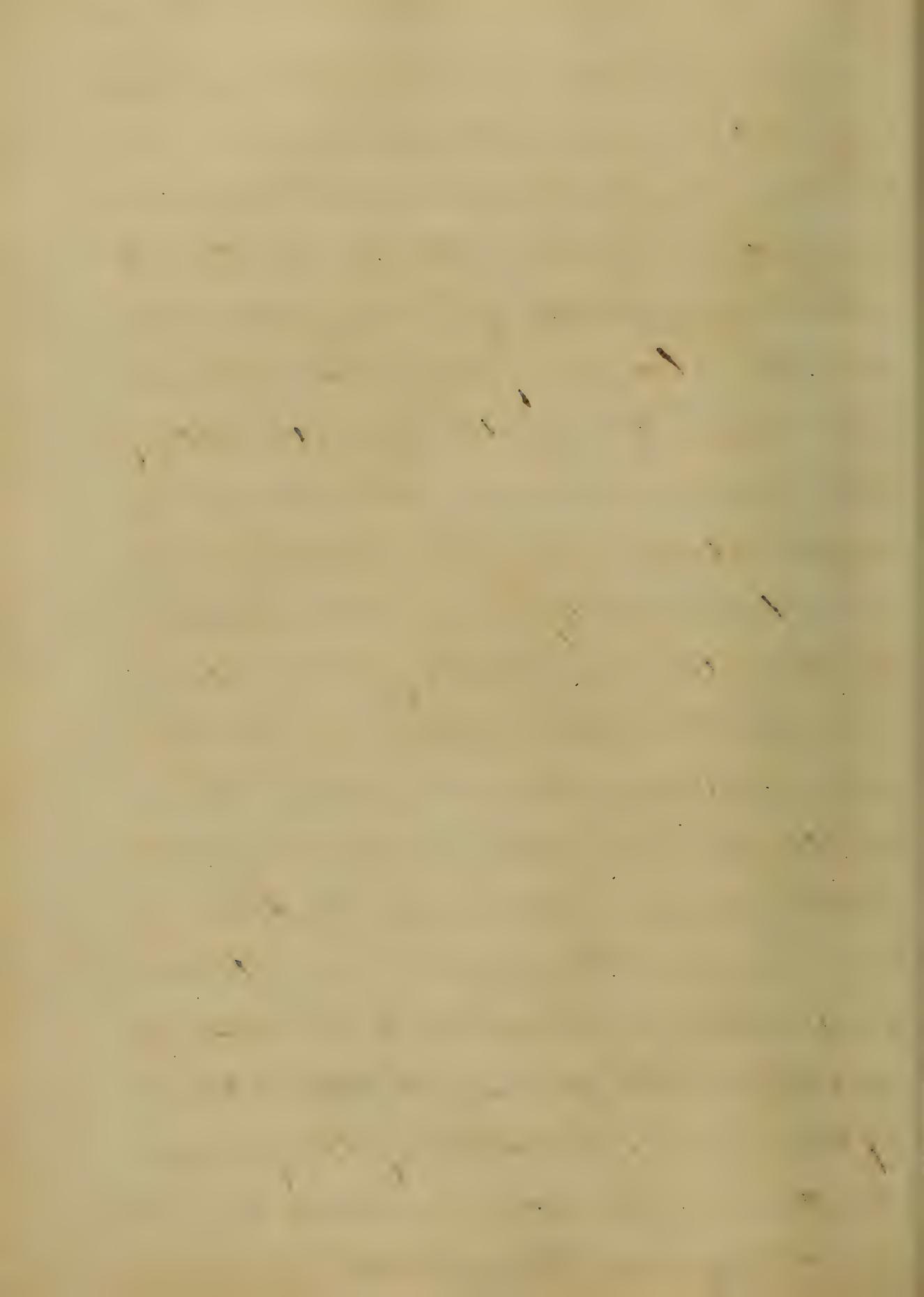
Botanical History.

There is great diversity of opinion among botanists concerning the nature and formation of Ergot; and great attention has been paid in investigating the matter. It has been watched carefully from the time the germ first makes its appearance, until it has arrived to its full development. Some contend, it is the seed altered by a disease, caused by the agency of an insect; but this supposition is not correct; for an insect would probably destroy the whole seed and leave none to become ergotized. M. Leveillé says, a small tubercle may be seen on the germ which pours upon it a viscid matter, which alters the appearance of the seed, giving it a yellowish coating without preventing its growth. The tubercle was con-

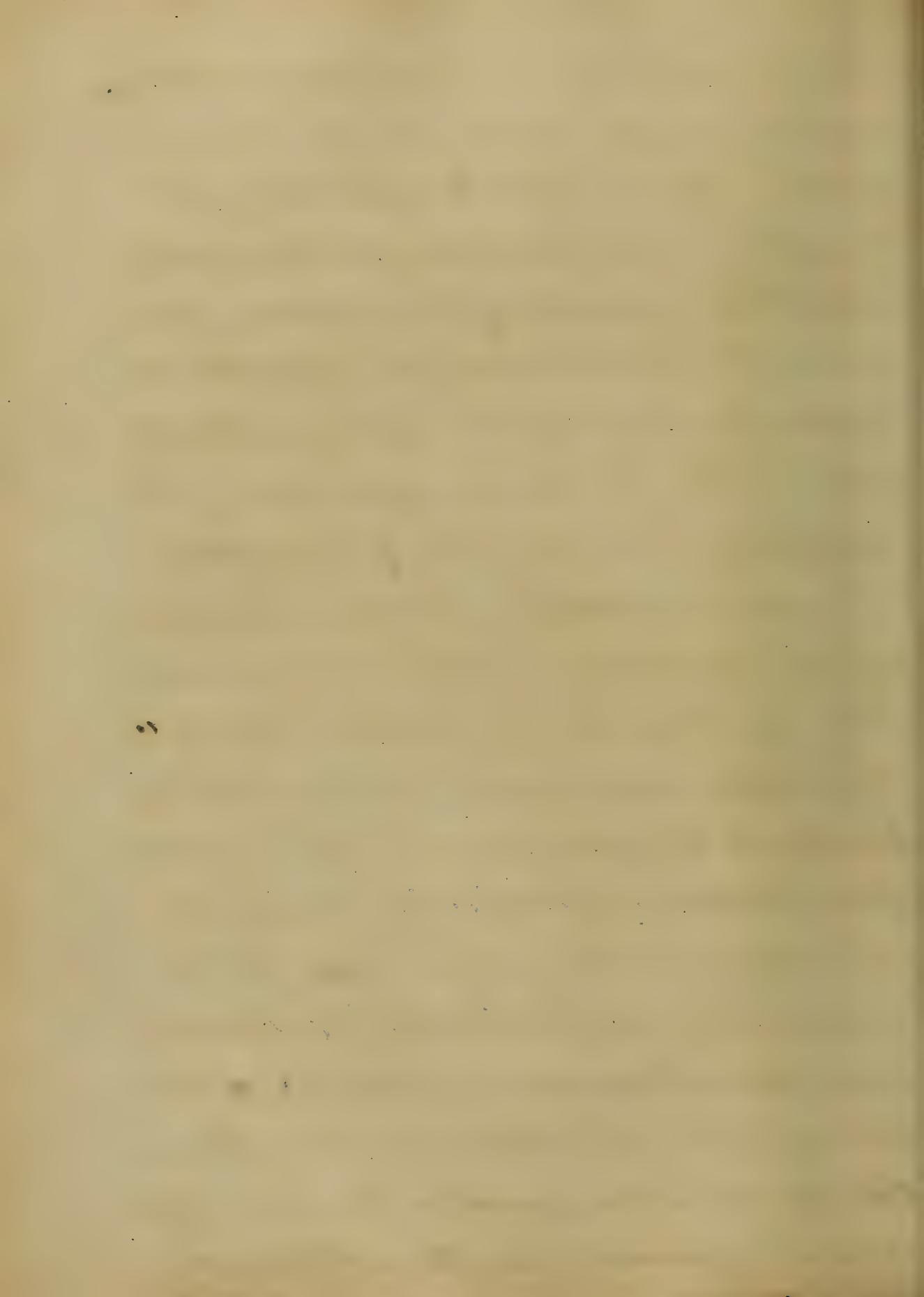


sidered by Mr. Lovell a fungus, and named by him "Spaecia vegetum". The most recent and probably the most correct opinion is that of Mr. Duckett.

Having watched its progress through all its stages for many years, he says it is a diseased state of the grain, caused by the presence of a parasitical fungus, which he calls, *Ergotatia Abortivum*. It is a white dust, with cobweb-like filaments, which connect its anthers & stigmas together, giving it a mildewed appearance. Mr. Duckett is of opinion, that the filaments of the fungus penetrate the tissues of the germ while young and tender, and as that increases, it is made up partly of the diseased structure of the germ, & partly of the fungus matter. Sporidia are said to be about the four thousandth of an inch



in length, and when a grain containing the fungus is immersed in water, they will sink to the bottom. Sporidia do not increase with the growth of the grain, but when it has arrived at its medium size it presents a brownish appearance, in consequence of the Sporidia ceasing to propagate. There is no doubt but this is the cause of the disease in the scale & creale, for by sprinkling this substance upon the soil near the roots, it will produce the disease in many other plants, as well as in this. This disease is mostly found in rye, & especially in that, which springs up spontaneously in the vicinity of old stacks & elsewhere. It affects it unequally - In some ears but one grain - in others all are diseased.



The ergot is found to project some distance beyond the husk, it being from half an inch, to one & a half, in length. It is from half a line to four in breadth, cylindrical in form, with obtuse angles, usually curved like the spur of a cock, & generally with longitudinal furrows on its sides.

It presents externally a black color, somewhat glaucous in consequence of the sporidia. Internally it is a yellowish or violet-white - smooth at its broken surface, having a peculiarly disagreeable smell - resembling that of putrid fish. Its taste is nauseous and acrid. Ergot, examined internally with a microscope, is said by Mr Duckett to possess small globules, which contain oil. It is said to be more efficacious if gathered before than after harvest.

the first time I have seen a
true specimen of the species.
The bird was captured at
the same place where the
specimen was taken by Dr.
Goldschmidt. It was a
large bird, about 10 cm. long,
with a long tail. The plumage
was dark brown, with some
lighter feathers on the wings
and tail. The bill was long
and straight, with a hooked
tip. The legs were long and
slender, with strong talons.
The bird was captured in a
nesting colony, and was
seen to be feeding its young.
The nest was made of twigs
and leaves, and was located
in a tree. The bird was
seen to be feeding its young.
The nest was made of twigs
and leaves, and was located
in a tree.

Ergot is liable to deterioration when exposed to the atmosphere & moisture. It is also rendered inert by a small curass, which feeds upon it, eating the whole interior, leaving nothing but a mere shell with excrementitious powder.

It should be kept excluded from the air, in bottles with glass stoppers. In this way it has been kept for several years - still, it is advisable to renew it every year, and it should never be ground till demanded. If preserved in this way it is efficacious and reliable.

Ergot has been analyzed by several Chemists. The most recent and complete analysis, is that by M. Siegrip. He found it to contain fixed oil - starch - albumen - inulin - gum - uncrystallizable sugar - resin - fungin - vegeto-animal matter - osmane - fatty acid - lignin - coloring & odorous

principles - fungate of potassium-chloride
of Sodium-sulphate of lime & Magnesia-
subphosphate of lime - oxide of iron-
silica & water - ,

Physiological Effects.,

This part of the subject is more interesting to the accoucheur, and therefore I shall dwell upon it more at large, and endeavor to show its uses, and especially, its value as a parturient-facient. Ergot was employed in cases of protracted parturition, to stimulate the uterus to action, by Midwives in Germany, France and Italy, long before its powers were known to the medical profession. The name given to it by them was Mutter Korn, which

1. *Leucostoma* *luteum* (L.) Pers.
2. *Leucostoma* *luteum* (L.) Pers.
3. *Leucostoma* *luteum* (L.) Pers.
4. *Leucostoma* *luteum* (L.) Pers.
5. *Leucostoma* *luteum* (L.) Pers.
6. *Leucostoma* *luteum* (L.) Pers.
7. *Leucostoma* *luteum* (L.) Pers.
8. *Leucostoma* *luteum* (L.) Pers.
9. *Leucostoma* *luteum* (L.) Pers.
10. *Leucostoma* *luteum* (L.) Pers.
11. *Leucostoma* *luteum* (L.) Pers.
12. *Leucostoma* *luteum* (L.) Pers.
13. *Leucostoma* *luteum* (L.) Pers.
14. *Leucostoma* *luteum* (L.) Pers.
15. *Leucostoma* *luteum* (L.) Pers.
16. *Leucostoma* *luteum* (L.) Pers.
17. *Leucostoma* *luteum* (L.) Pers.
18. *Leucostoma* *luteum* (L.) Pers.
19. *Leucostoma* *luteum* (L.) Pers.
20. *Leucostoma* *luteum* (L.) Pers.

in English would be, Womb Sud.

It was first recommended to the profession by Dr. Stearns of Saratoga county New York, in the year 1807. since more particularly, by Dr. Jewett who has used it quite extensively and commended it in the highest terms.

It is now universally known, & is considered the best parturient we possess. In fact it is the only medicine known to act specifically on the uterus., But this remedy like many others has its enemies, and has been greatly underrated by some authors.

Dr. Hall formerly professor in the University of Maryland stated in his lectures that he never derived any advantage whatever from its use., How it came to fail in his hands, it is not easy to decide,

My Preceptor Dr. Joseph A. Short
of Pa. who has been practising
more than thirty years, and has had
a very large obstetrical practice,
assured me that he had adminis-
tered Ergot to about two thousand
patients & always with good effect;
& what is better, he never knew any
bad results follow its use - and
as he is a man who stands high
in the profession, his opinion
is entitled to respect.

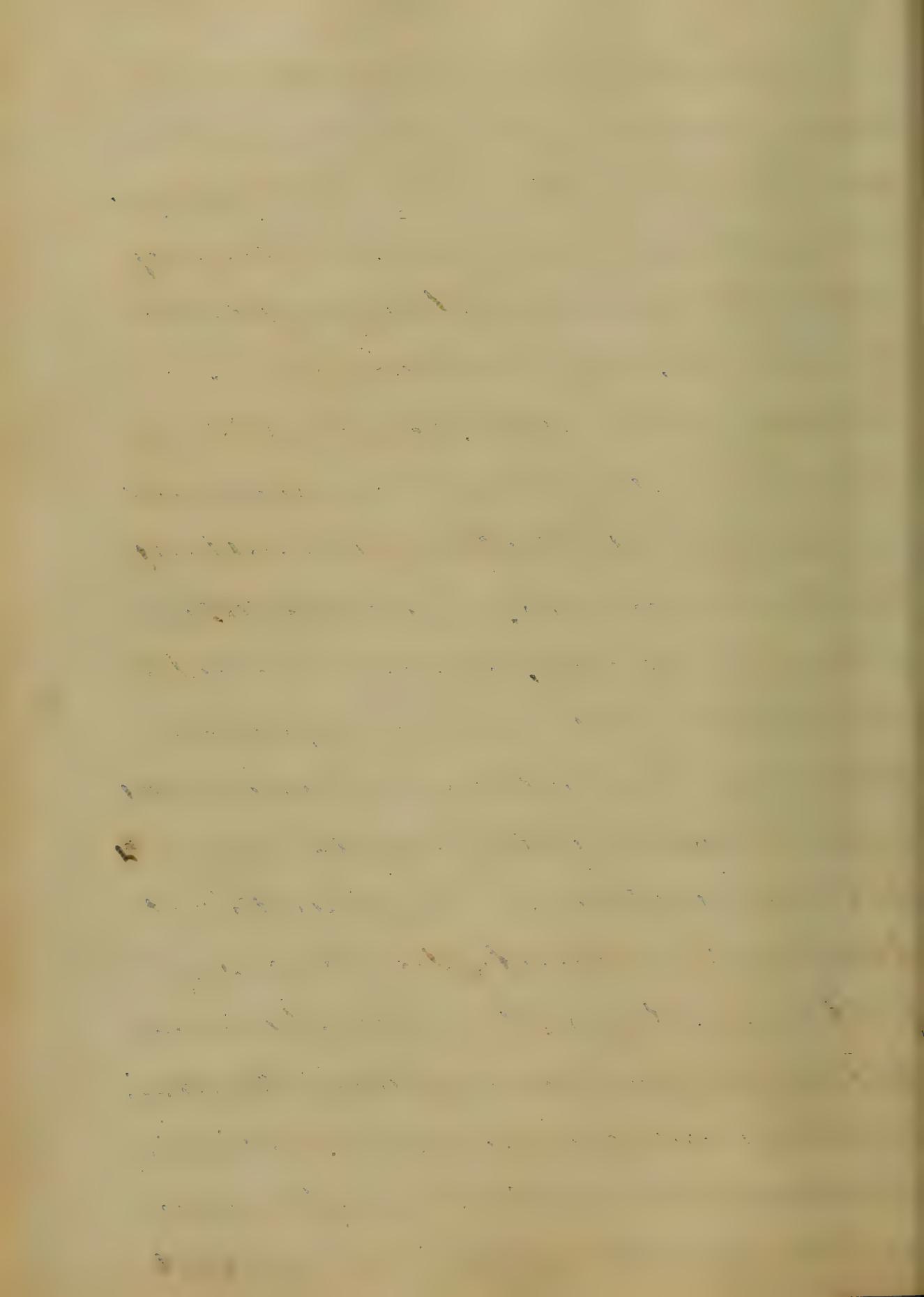
Dr. Davis, the Preceptor of Dr. Short,
had used Ergot very extensively
& held it in high estimation.
Reference might be made to
many respectable practitioners
who have used it with equal
success, were it necessary.

There is no doubt Ergot
has sometimes failed to produce

the first time I have seen a
true specimen of the species.
The body is elongated, compressed
laterally, and slightly arched,
the dorsal surface being
slightly raised. The head
is large, broad, and flat,
the mouth being placed
near the anterior extremity
and directed obliquely
forward. The nostrils
are placed on the upper
surface of the head, one
on each side, and are
large, circular, and placed
near the anterior extremity
of the head. The eyes
are large, well developed,
and placed near the anterior
extremity of the head. The
teeth are numerous, small,
and sharp, and are placed
in the upper and lower
jaws. The skin is smooth,
and the body is covered
with numerous small
pores. The fins are
well developed, and the
tail is long and deeply
notched. The color
of the body is a uniform
brownish-yellow, with
a few small dark spots
on the dorsal surface.
The fins are also brownish-yellow,
but are darker at the base.
The tail is black, and
the dorsal fin is black
at its base. The ventral
fins are also black,
but are lighter at their
base. The pectoral fins
are black, and the pelvic
fins are also black,
but are lighter at their
base. The anal fin is
black, and the caudal
fin is also black,
but is lighter at its
base. The scales are
numerous, small, and
irregularly arranged.
The body is elongated,
compressed laterally,
and slightly arched,
the dorsal surface being
slightly raised. The head
is large, broad, and flat,
the mouth being placed
near the anterior extremity
and directed obliquely
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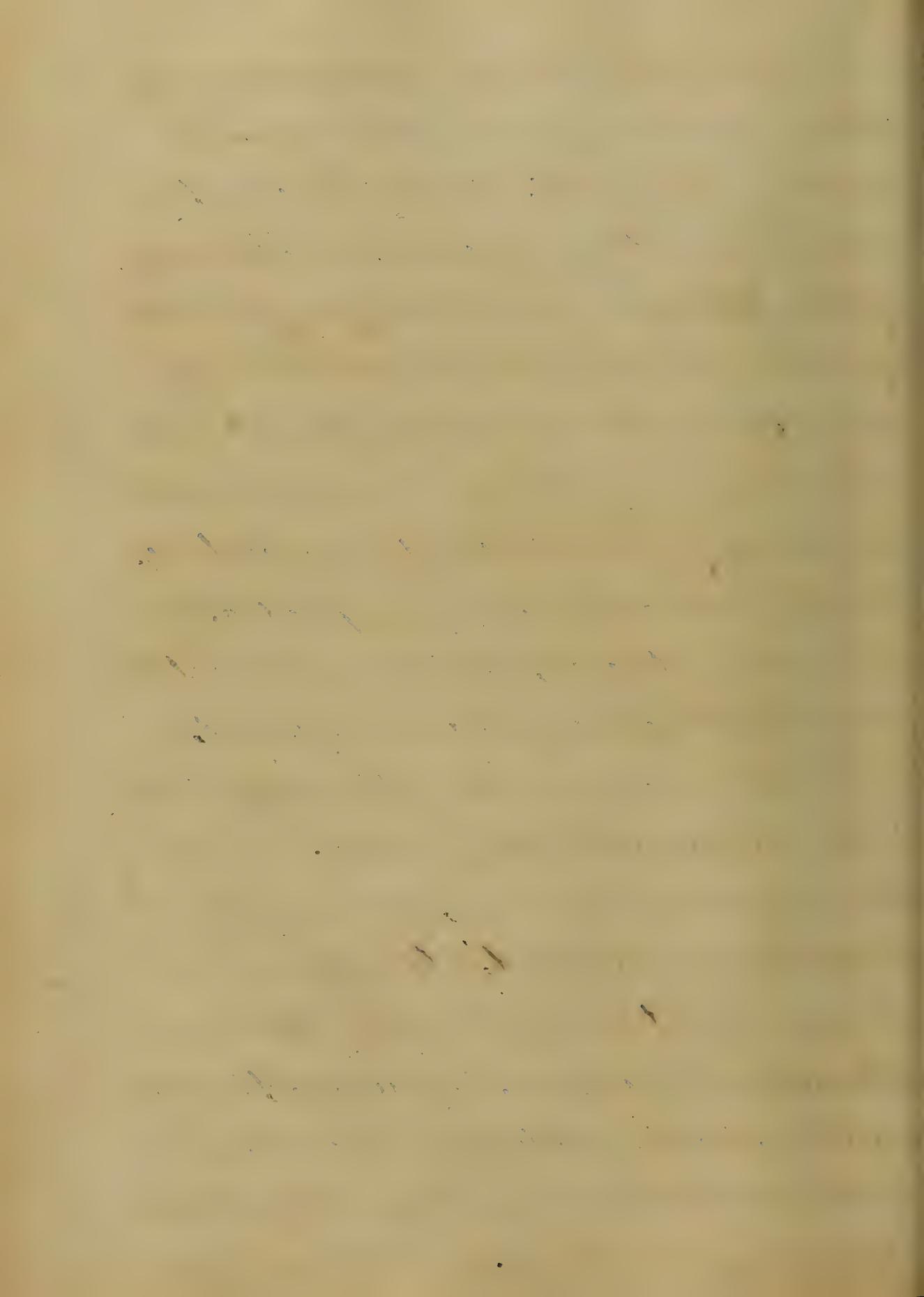
the desired effect. But this may have been owing to a peculiarity—an idiosyncrasy, on the part of the patient, or, to the inertness of the article exhibited—ergot being liable to deterioration.

Apothecaries, at the present day, keep most of their medicines in a putrefied state, and no doubt more or less exposed to the atmosphere; and physicians, who do not keep their medicines, when called to a case of tedious labor, send a prescription to the Apothecary and get this article. The result is, it does not produce the desired effect. Consequently the ergot is charged with not possessing the power to bring on uterine contractions. No doubt this is the chief cause of the occasional failure of Ergot.



Ergot, when of good quality (if there exists no peculiarity on the part of the patient) produces strong, & long continued contractions of the uterus. These differ from those of natural, or unassisted labor, by being continuous, & without intermission. Its agency is manifested in from fifteen to thirty minutes after its exhibition, & if repeated, at small intervals, continues to act till the child & placenta are expelled—generally leaving the uterus contracted into a globular form.

When largely given ergot sometimes produces cerebral disturbance, which is manifested by the patient's complaining of a sense of weight & pain in the head, giddiness, dilatation of the pupil, delirium, &c. Very little change is perceived in the circulation; the



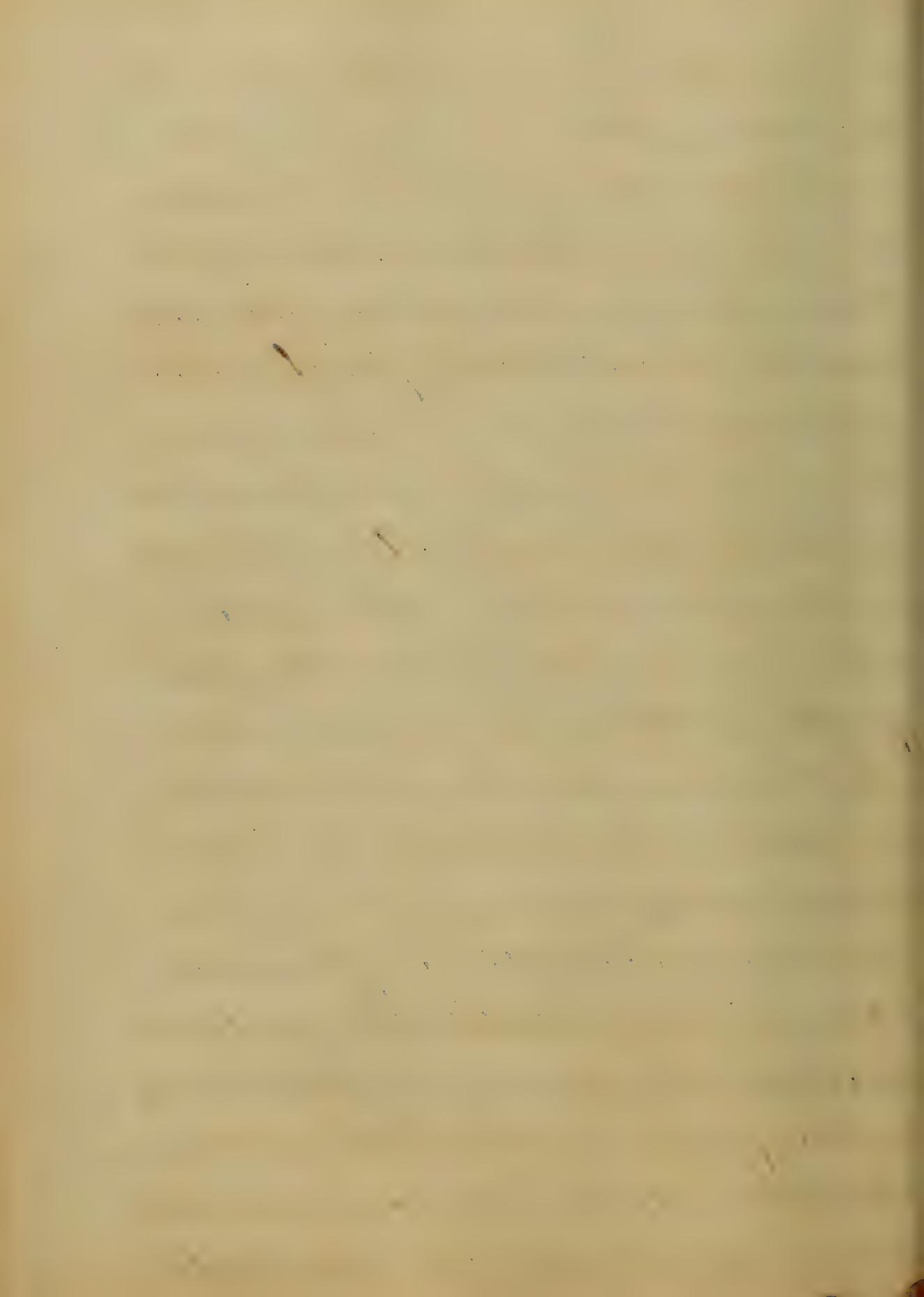
action of the heart is sometimes diminished. It also occasionally causes nausea and vomiting, but this is rather favorable than otherwise, inasmuch as that which causes it, also aids in relaxing the abdominal muscles & the genital organs.

Ergot when long used is said to produce "dry gangrene". Great epidemics have occurred in Germany & France, where rye more or less contaminated with Ergot, is extensively used. It is supposed to diminish the circulation - enfeeble the nervous system, & impair the digestive organs & thus pave the way for "Gangrene". Gangrene first attacks the lower extremities, & gradually extends toward the trunk. It is seldom arrested except by amputation.

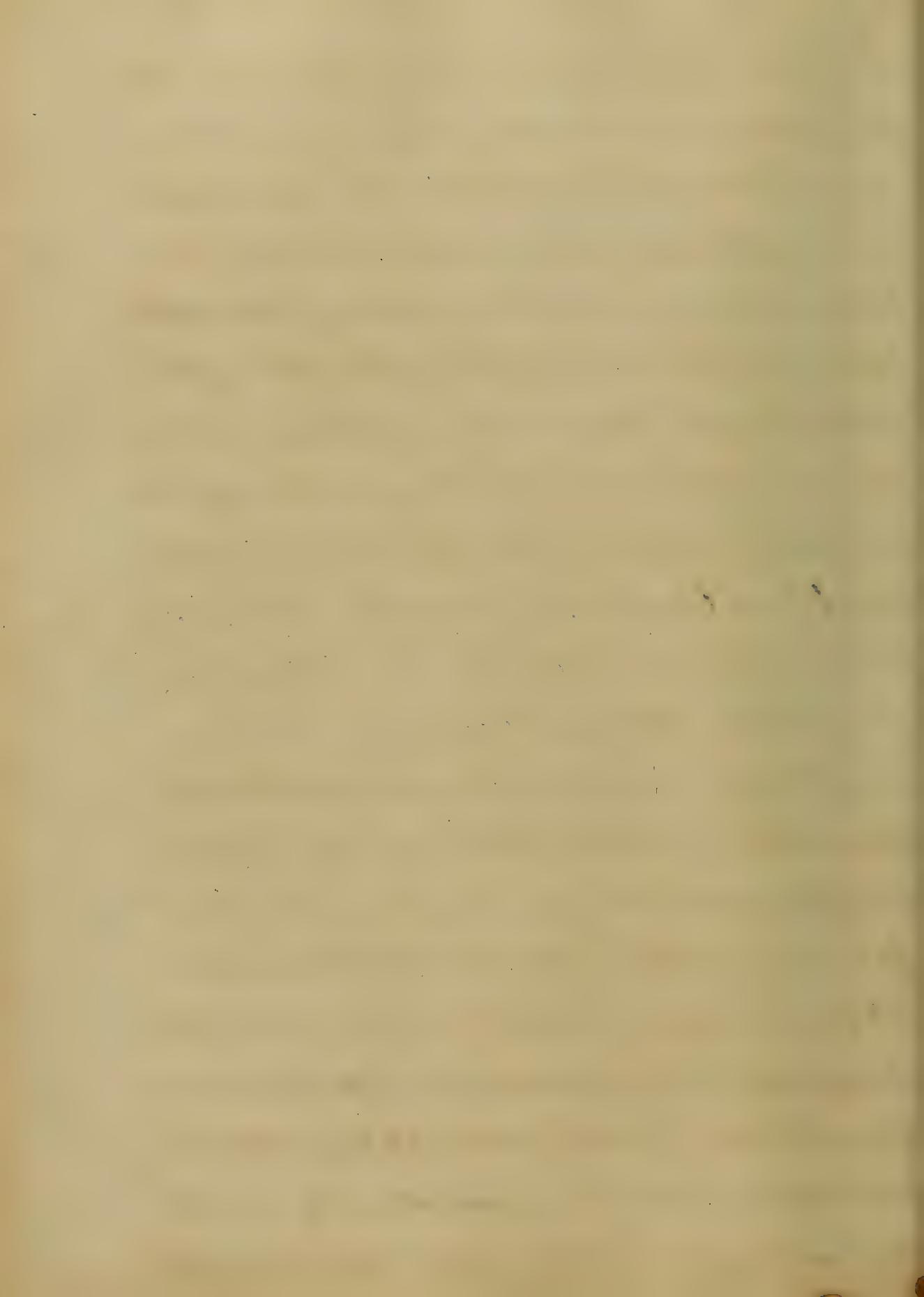
Some have denied that Ergot was the cause of this disease, but many of investigation, residing in the districts where these epidemics prevailed, have substantiated the fact. Such epidemics have never been known to any considerable extent in this country. Ergot is charged with another great evil, that of causing the death of the foetus, & to this, it must be confesed, it is more or less obnoxious.

Some say it destroys, in the manner of Opium, by being taken into the circulation of the mother, & thence extended to the foetus, & in this way, poisoning the child.

But if given where there's no obstruction to its passage, the child will most probably be expelled



before the Ergot has time to enter
the foetal circulation. Others
say it causes death by produc-
ing such violent & long con-
tinued contractions of the uter-
us as to compress the cord &
interrupt the circulation between
the mother and the foetus. This
might happen when there is some
obstruction to delay the delivery,
& when the cord is so situated,
that the uterus comes directly in
contact with it, so as to com-
press it. But this is all proba-
bility seldom occurs, & when
given with judgment & under-
standingly Ergot will rarely do
harm. In many cases, no doubt,
Ergot is unjustly accused of destroying
children, that were dead before its
administration was determined on,

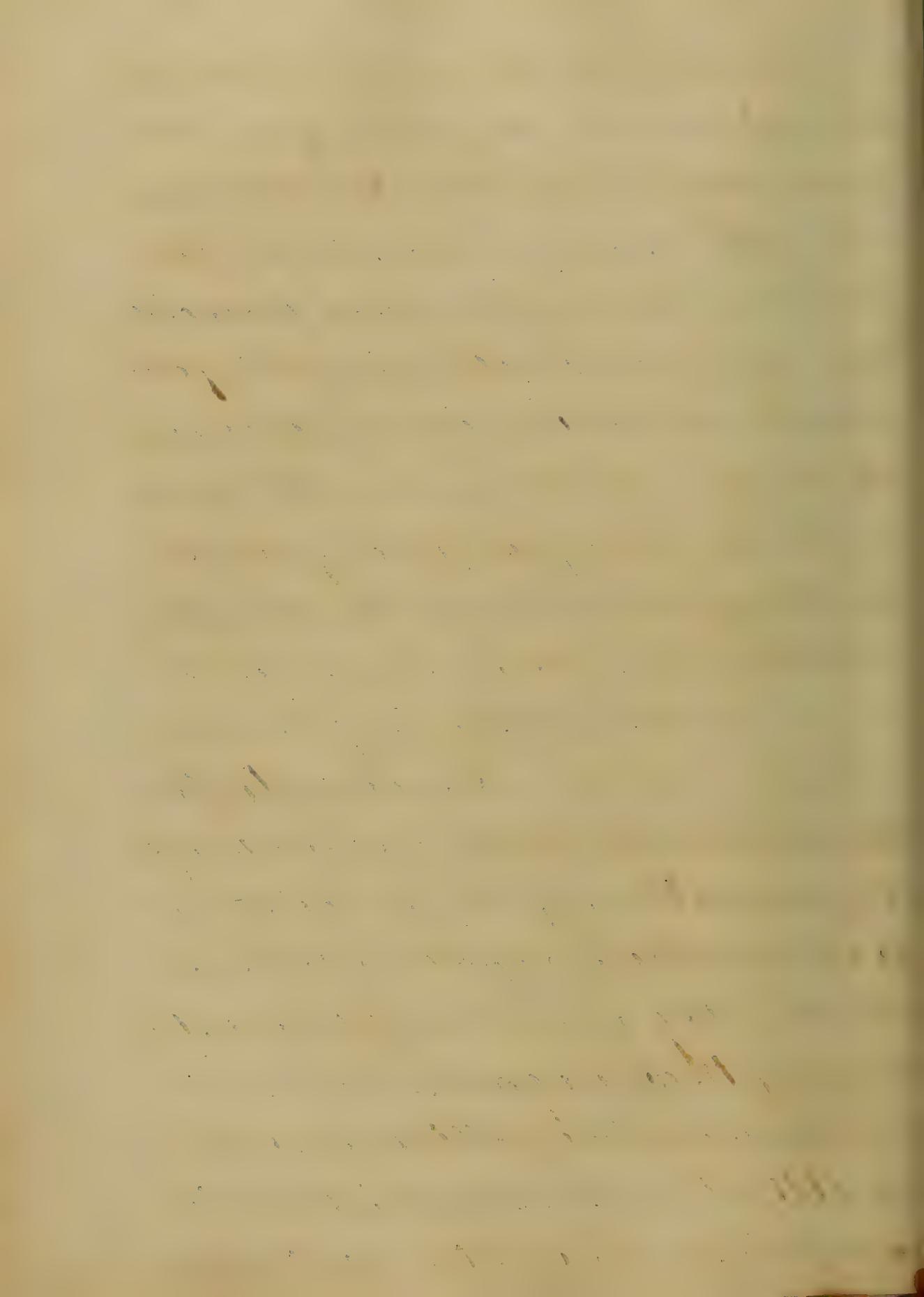


The action of ergot on
the uterus is so powerful, it is
necessary that the midwife
should have some rules to
govern him, in order to avoid
the danger which might fol-
low its injudicious employment.

It may not be unuseful therefore,
to mention a few of them here,
and the following are among the
most important.

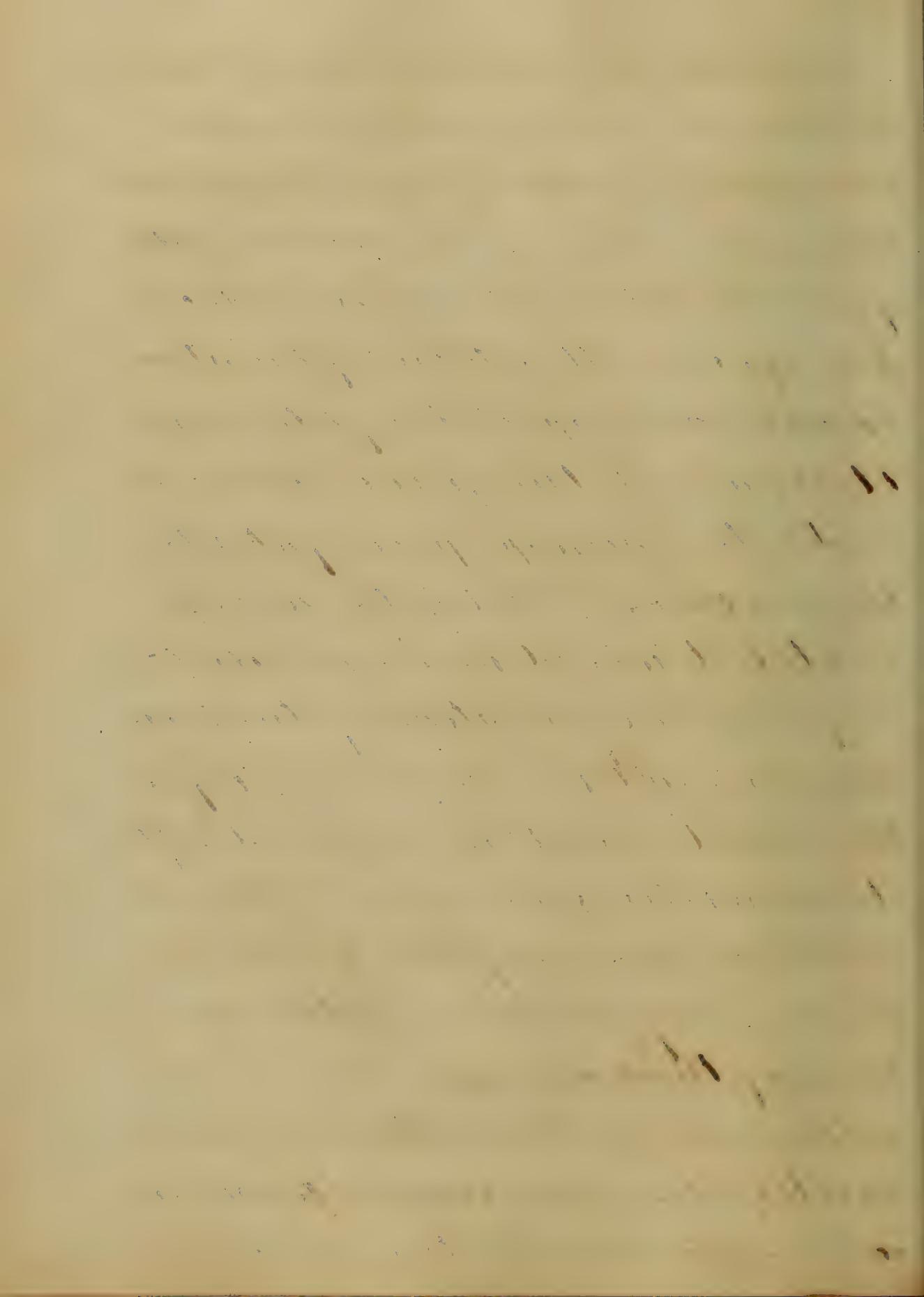
And First;

Ergot is strictly
contra-indicated in case of
malformation of the pelvis—mat-
ter-presentation—where the os linea is
rigid—the genital organ not
sufficiently relaxed—and where
the placenta is attached over the
os uteri. It should not be ad-
ministered where there exist polypi

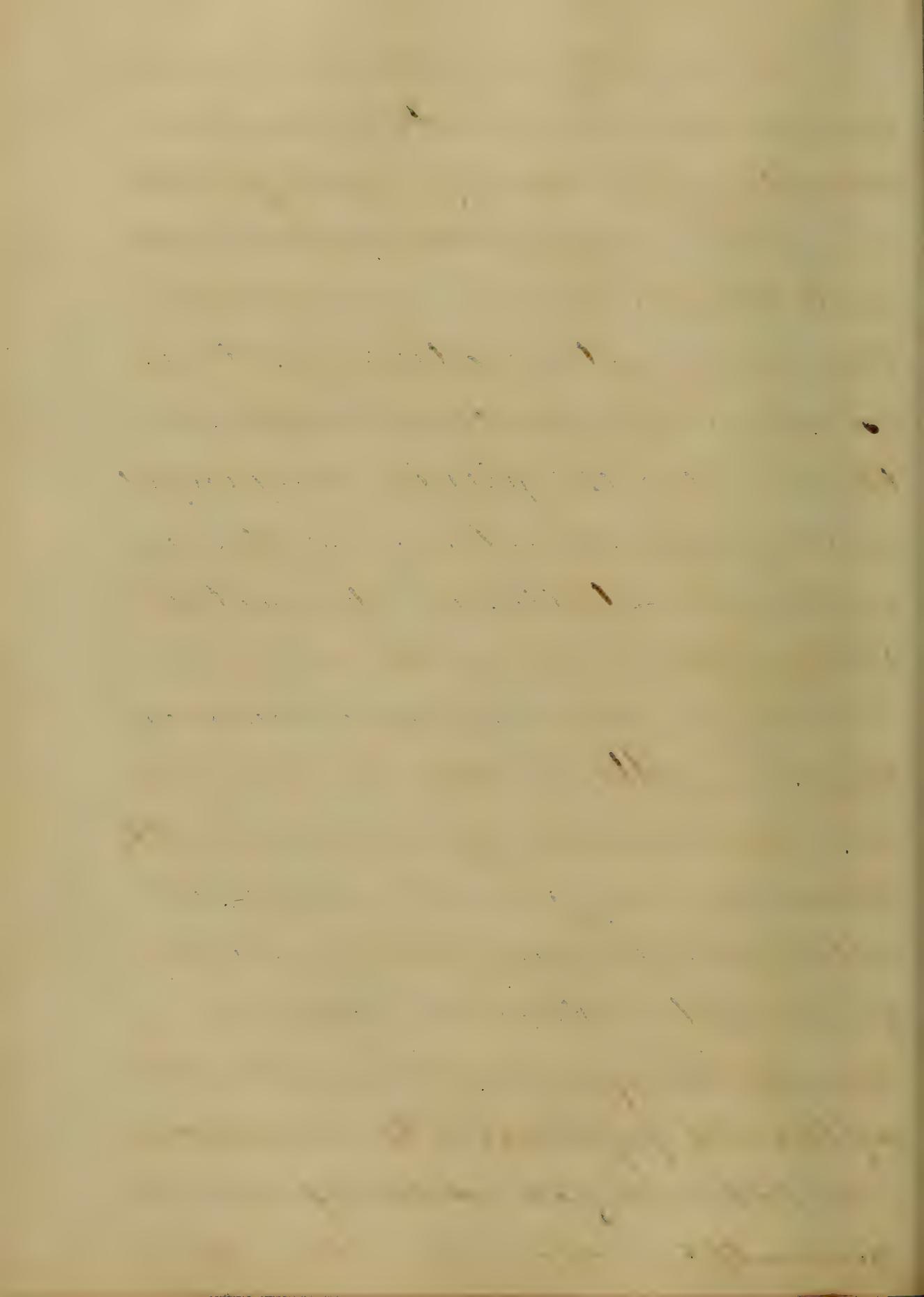


hydratid, tumor, or any obstructive
ion in the passage, which would
prevent the fetus from being read-
ily expelled. In a case of de-
formed pelvis the ergot, producing
powerful contractions of the uterus,
might so compress the fetus, & push
it against the pelvis, as to cause
its death, & perhaps prove fatal to
the mother. Or, if the arm pre-
sented, it would be impossible to
perform the operation of turning,
(which would be necessary before
the child could be expelled) after
its exhibition, because of the re-
sisting power of the uterus, &
the consequence might be a rup-
ture of that organ.

The same disaster might re-
sult if it were administered in
cases where the os uteri is rigid.



Secondly; Ergot may be exhibited in cases *ceteris paribus*, where there is a well formed, full-sized pelvis - where the os uteri is dilated & dilatable - where the fetus presents naturally, & there is no disproportion in size, between it & the pelvis, *and in fact*, in any case where there exists no obstruction to the ready exit of the fetus., Ergot is employed mostly in cases of protracted parturition, attributed to insufficient action - where the parts are well dilated & sufficiently relaxed - & all that is required to expel the fetus, is contractile power., In such cases, Ergot increases the action in fifteen or twenty minutes & the labor is far more speedily terminated.

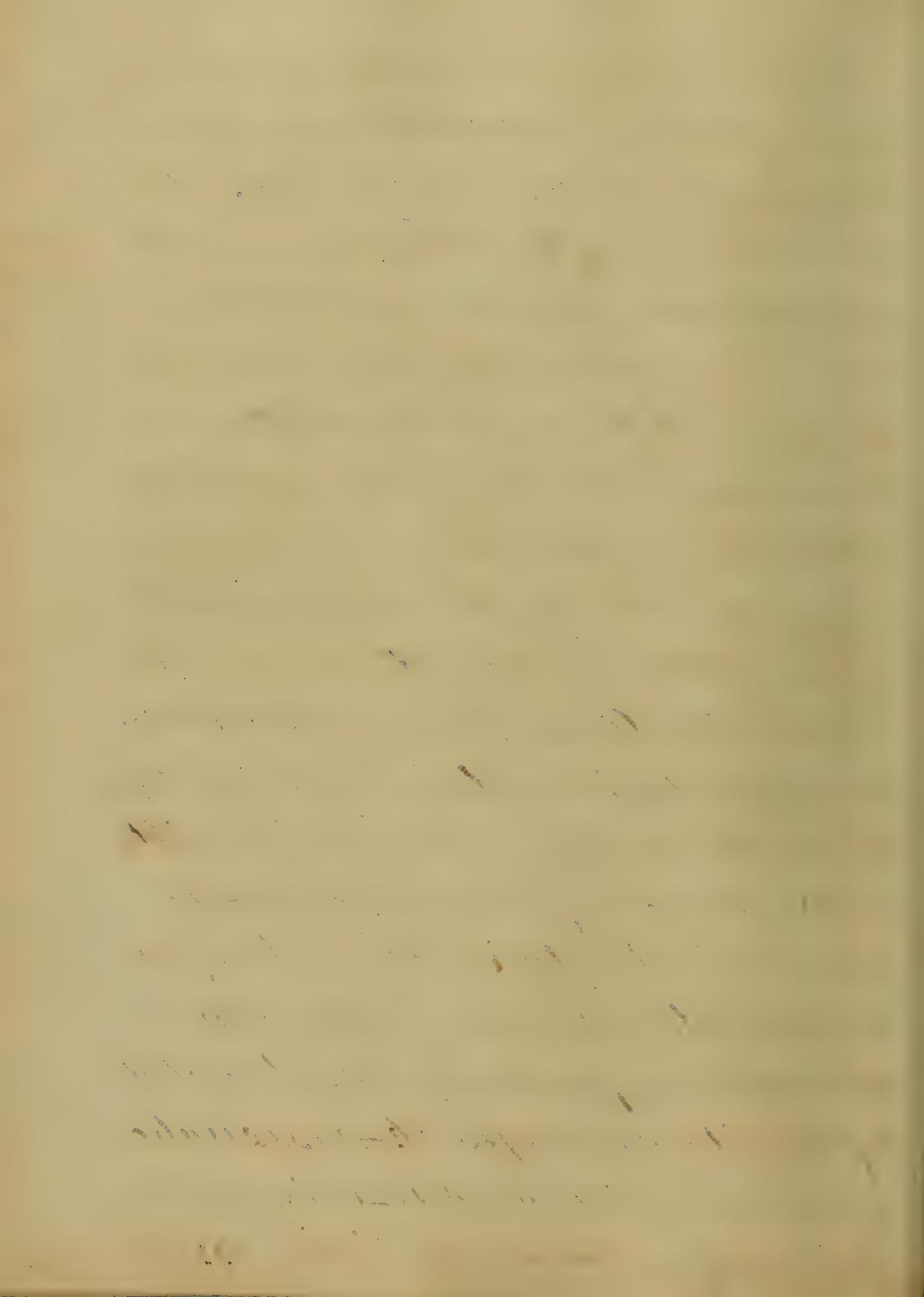


It is one of the best remedies we possess to control uterine hemorrhages. Many women are subject to hemorrhage after delivery. This is at so critical a period, prostrates them very soon, & sometimes proves fatal, if not timely arrested.

By giving one or two doses of the ergot, the contractions may be increased, & thereby, the open mouths of the vessels closed.

Where the Accoucheur is aware of this predisposition on the part of the patient, he may prevent the occurrence of hemorrhage, by administering ergot just before the child is born, thereby keeping the uterus firmly contracted after its complete evacuation.

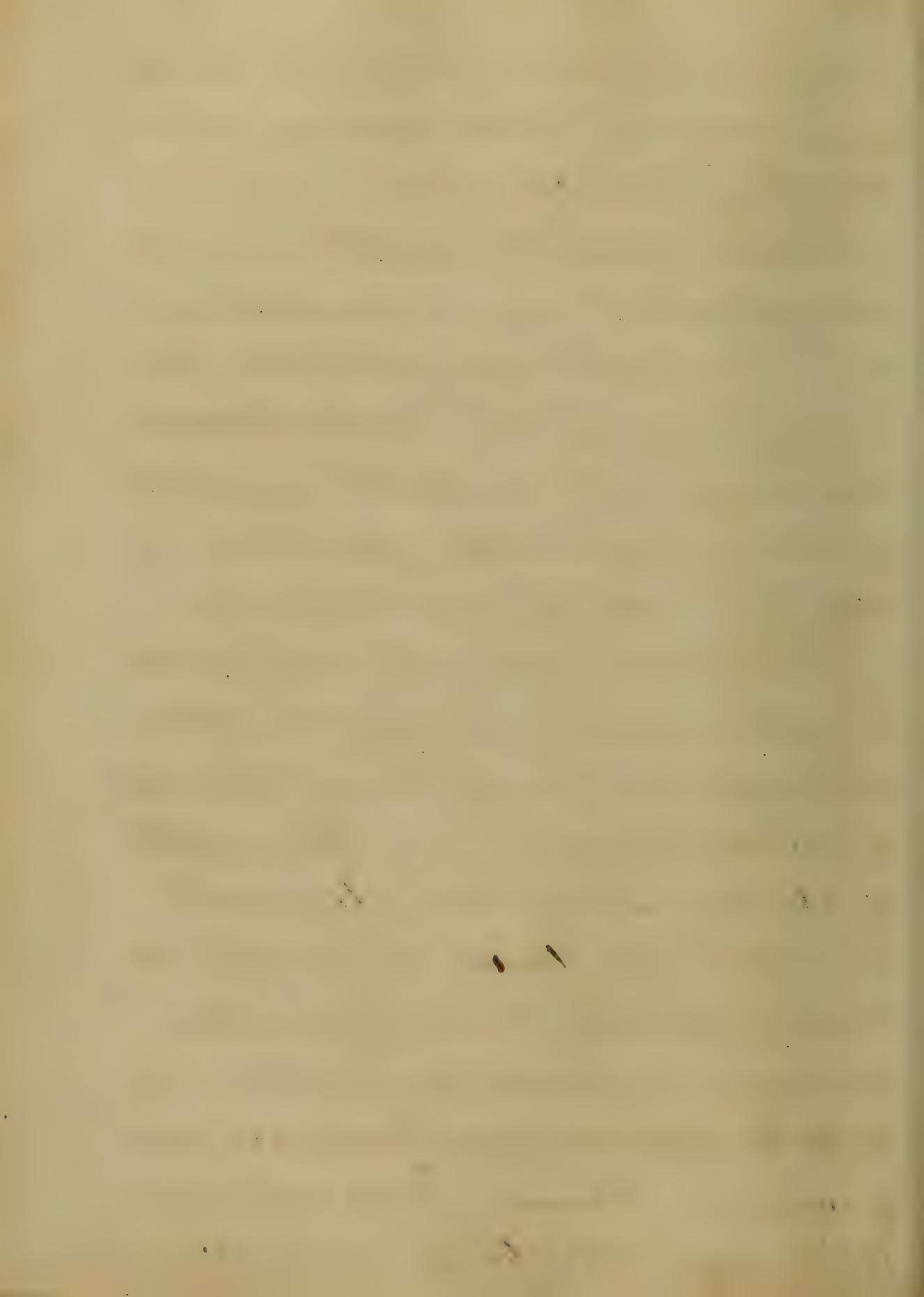
Ergot is used to bring on premature labor when there exists



a deformed pelvis, in which the passage is too small to allow a full-grown foetus to make egress.

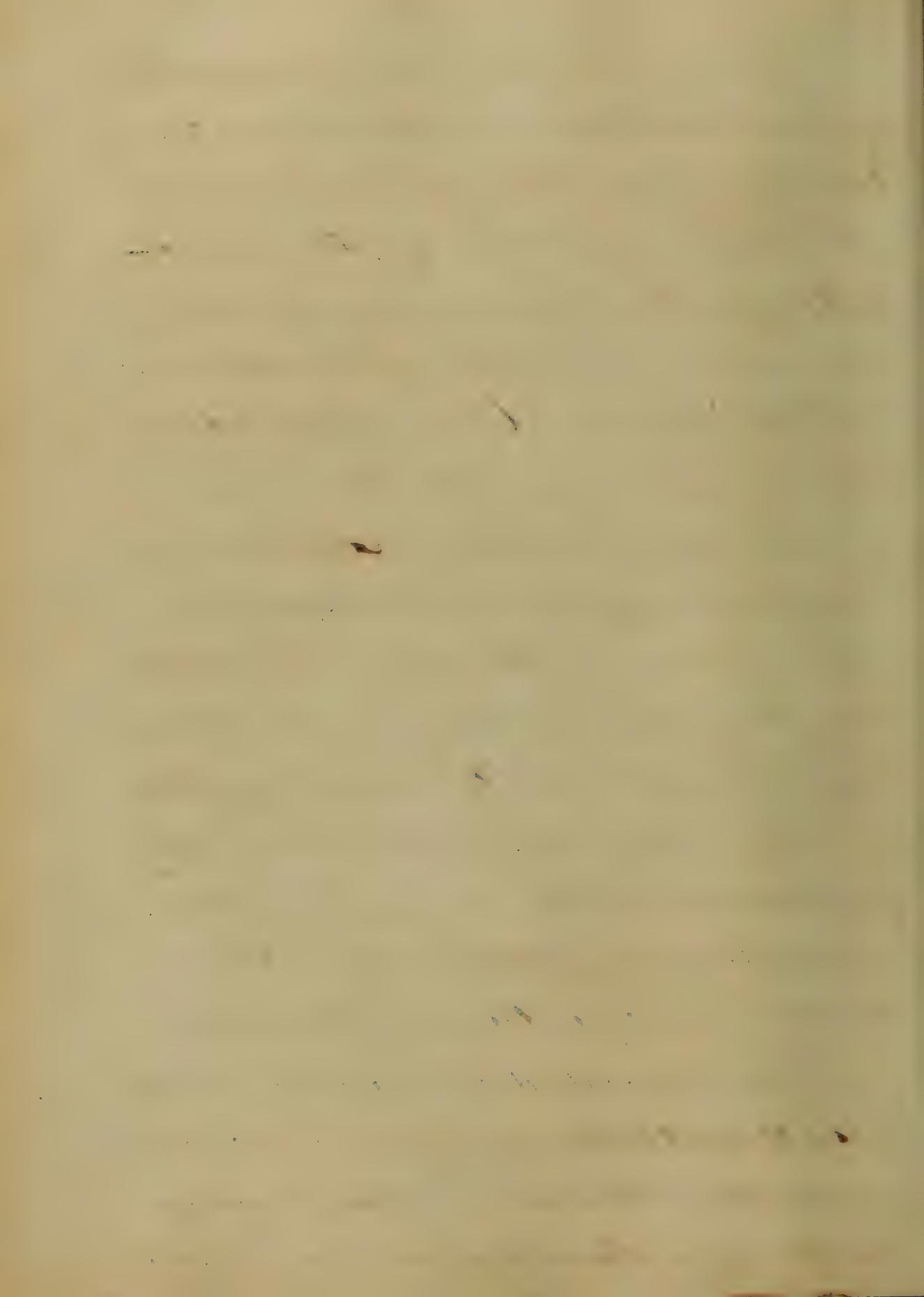
It will also promote abortion when it has already commenced (brought on by haemorrhage or accident) by causing increased contraction, & consequently, a speedy expulsion of the germ - at the same time restraining the haemorrhage.

This fact makes Ergot liable to be abused. The "unfortunate" use it to "expel or cover" their "shame"; and the unprincipled prescribe it at their solicitation, to enable them to "bury" their "disgrace" and "responsibilities" in a premature oblivion. In this way Ergot has been & is a destroyer of myriads! - Myriads, most of whom are "innocents" - and for whom it is far better to be "away"!!



From its astringent properties
(if indeed it possess other than its con-
tractile force) it has been employ-
ed in haemorrhages of other organs
of the body, such as haemoptysis.
It commences in life & with success.

Mrs. Sevier, Churchill & others
have recommended it very highly
in Haemorrhagia & uterine haem-
orrhia - and affirm that they have
given it in obstinate cases, where
such medicines as are most com-
monly administered had failed,
& had succeeded in arresting the
discharge. They recommend its
exhibition in five grain doses
three times a day., It is also
recommended to expel clots of
blood, hydatids, and fungous growths
from the uterus. It has been sug-
gested as a remedy in Dysentery, Gymenorheea,



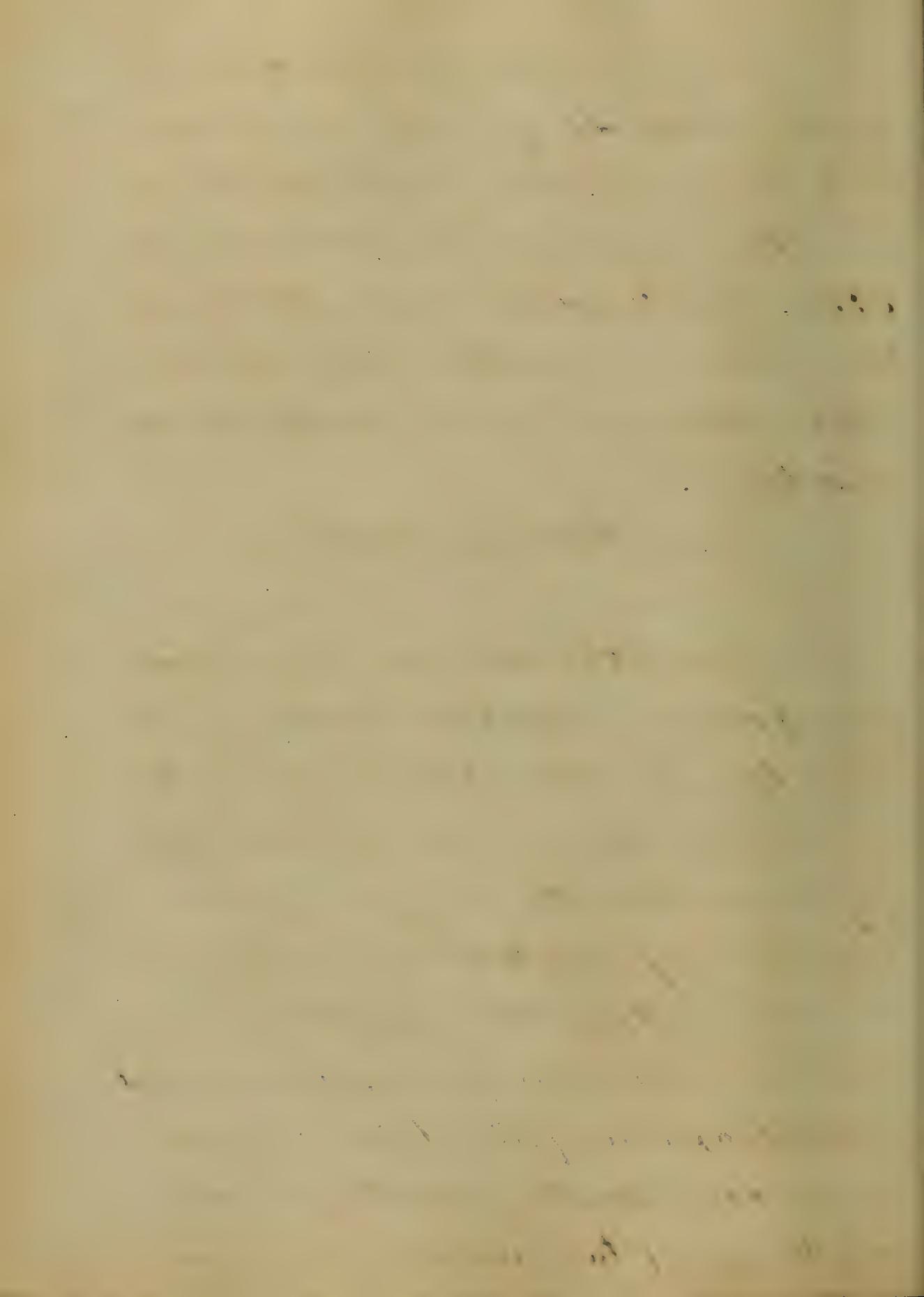
The question in regard to the modus operandi of ergot is yet unsolved. Some believe it acts directly upon the nerves of the stomach -- others contend that it acts through the medium of the circulation. The latter is the most probable supposition.

Administration.

Ergot is administered in various forms, such as Powder, Infusion, Oozation, Liniment, & the Oil of ergot.

The powder is exhibited in doses of fifteen or twenty ^{gr}s every half hour, in cases of protracted labor, until the desired effect is produced.

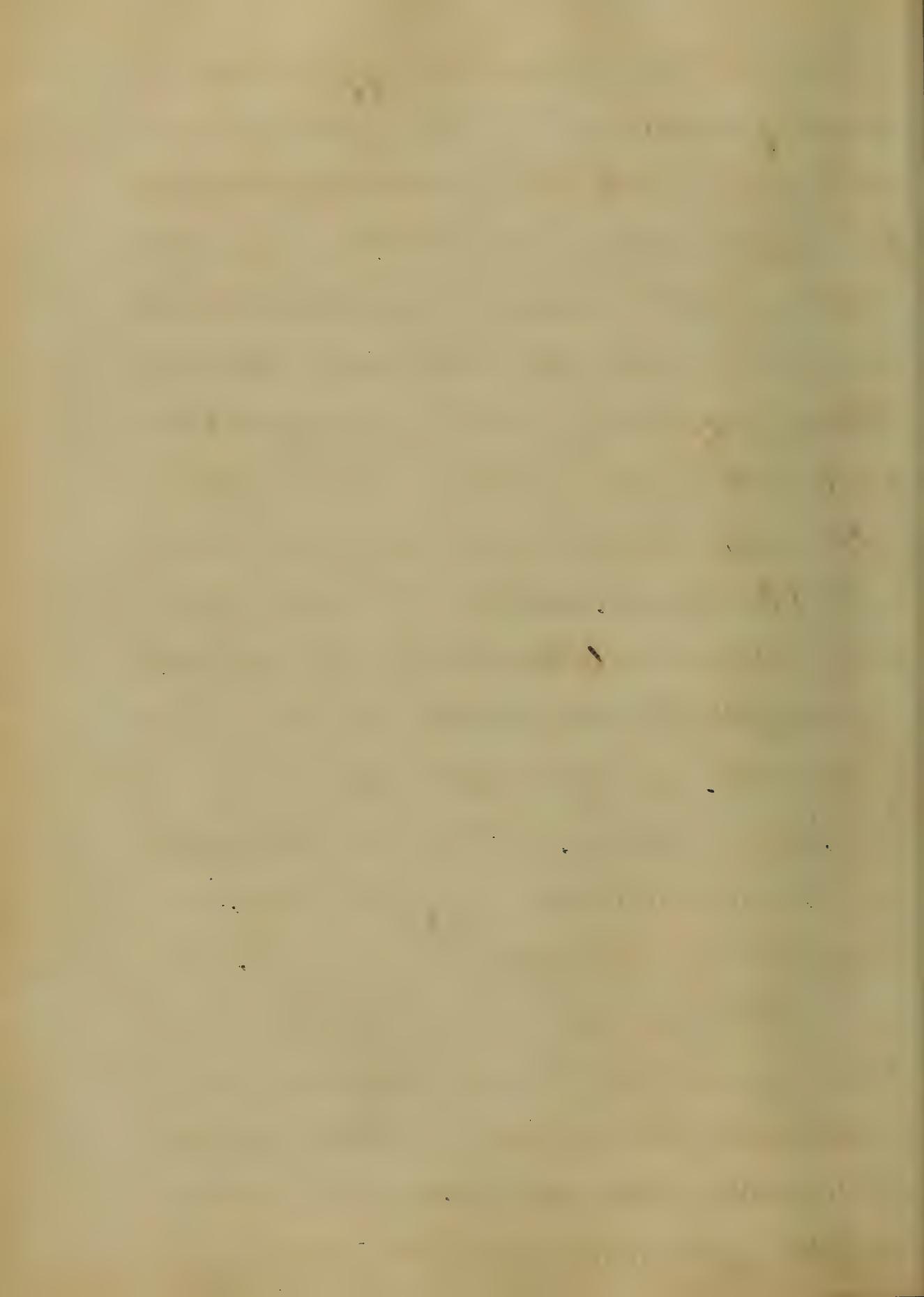
The Infusion, prepared by macerating a drachm of the drug in four ounces of boiling water, is given in doses of two ounces every half



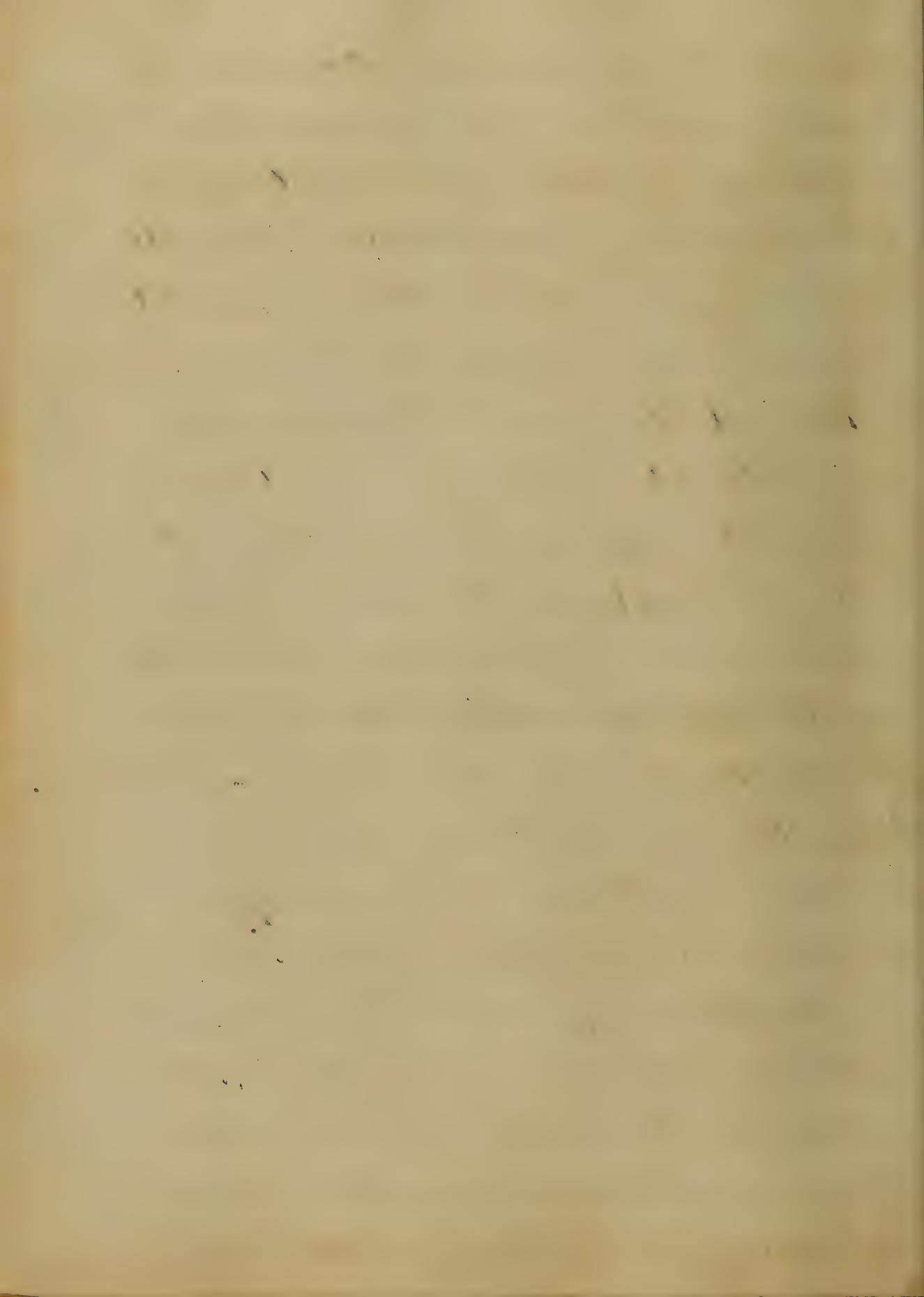
hour till its peculiar effects are manifested. This form is probably the best, inasmuch as the active principle is contained in a liquid state, which comes in contact with the surface of the stomach more at large, thereby affording more prompt & general action upon the nerves of the stomach, or a more speedy entrance into the circulation. The dose of the decoction is ditto that of the infusion. That of the tincture a tea-spoonful, that of the oil twenty to fifty drops.

In Leucorrhœa & Menorrhagia it is given in doses of five grains three times a day.

It may sometimes be desired to administer this drug where the stomach powerfully acted on through sympathy with the uterus, rejects every thing taken into it.



Under these circumstances, the Ergot might serve to increase that nausea, so that none of it would be retained if exhibited in the ordinary way. Still, as I have heard it somewhere suggested, it might be retained if some stimulus were added to it when given. A small amount sufficient to irritate the stomach somewhat, would answer every purpose. Besides Ergot is said not unfrequently to depresso the patient, already too much exhausted, it may be. & in such cases also, something stimulating, combined with the parturifacient, would no doubt be of service. Brandy it is believed in small doses will answer this end. But perhaps it were better to follow the advice of our worthy Professor & use



the ammoniated liniment of
Ergot. Solitare.

Whenever an overdose of the drug
has been administered, the proper
treatment to be adopted, is, to
evacuate the stomach & bowels by
emetics & cathartics. Chlorine
water has been suggested inasmuch as
chlorine decomposes Ergot.

Such are some of the properties
and qualities of Ergot, such its power
for good or evil - such its uses, and
such its abuses. If, in en-
deavoring to present its claims
as a medicine carefully, and
impartially, I have failed, I
take consolation in the fact I have
not failed alone - On the other
hand I have succeeded &
shall be more than satisfied.



An
Inaugural Dissertation

-On-

-Podagra-

Submitted to the Provost, Regents and Faculty of Medicine of the University of Maryland, for Examination for the Degree of Doctor of Medicine.

-BY-

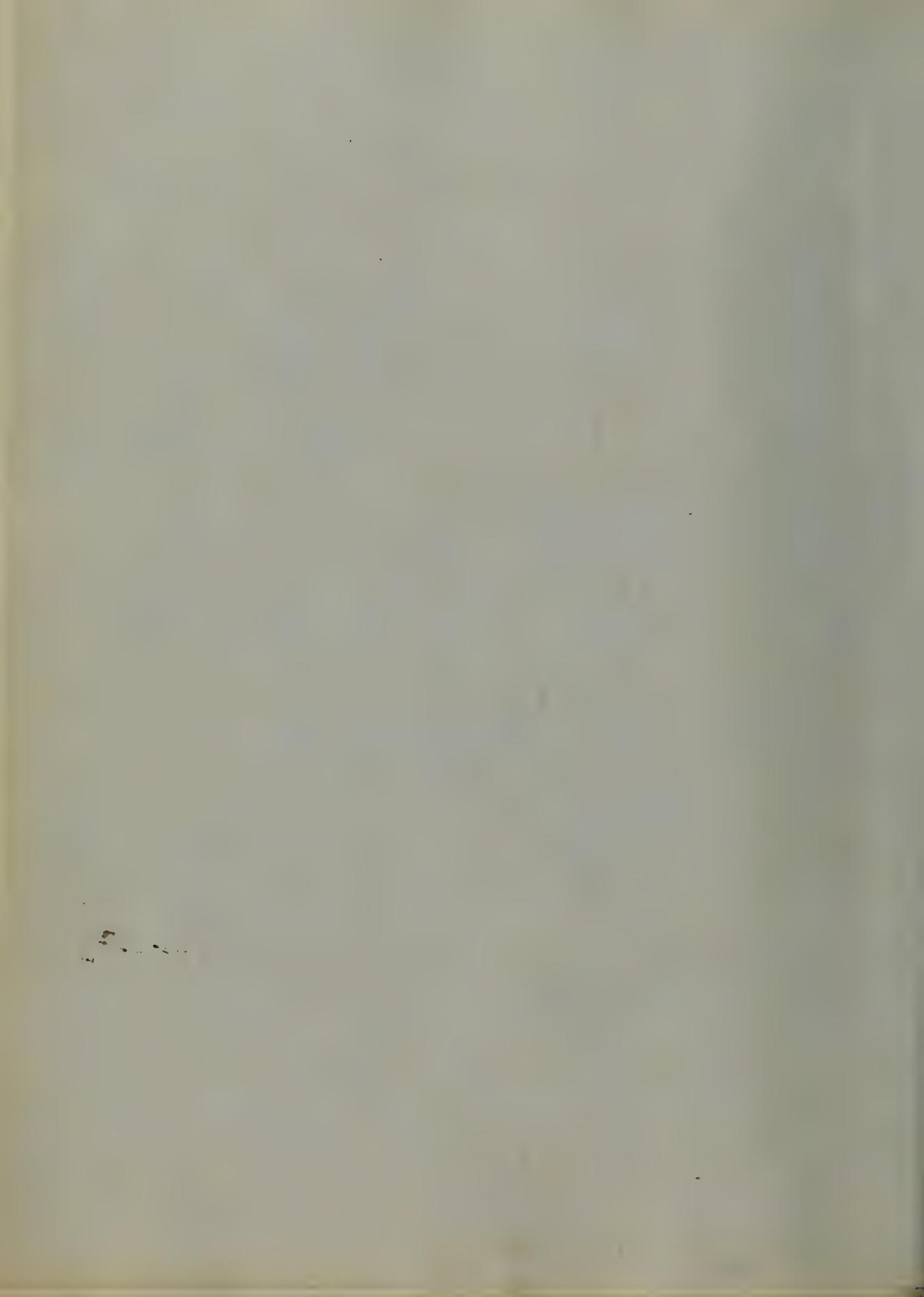
Albert W. Gray -

- of -

Virginia -

Baltimore Md: }
March 1852 - }

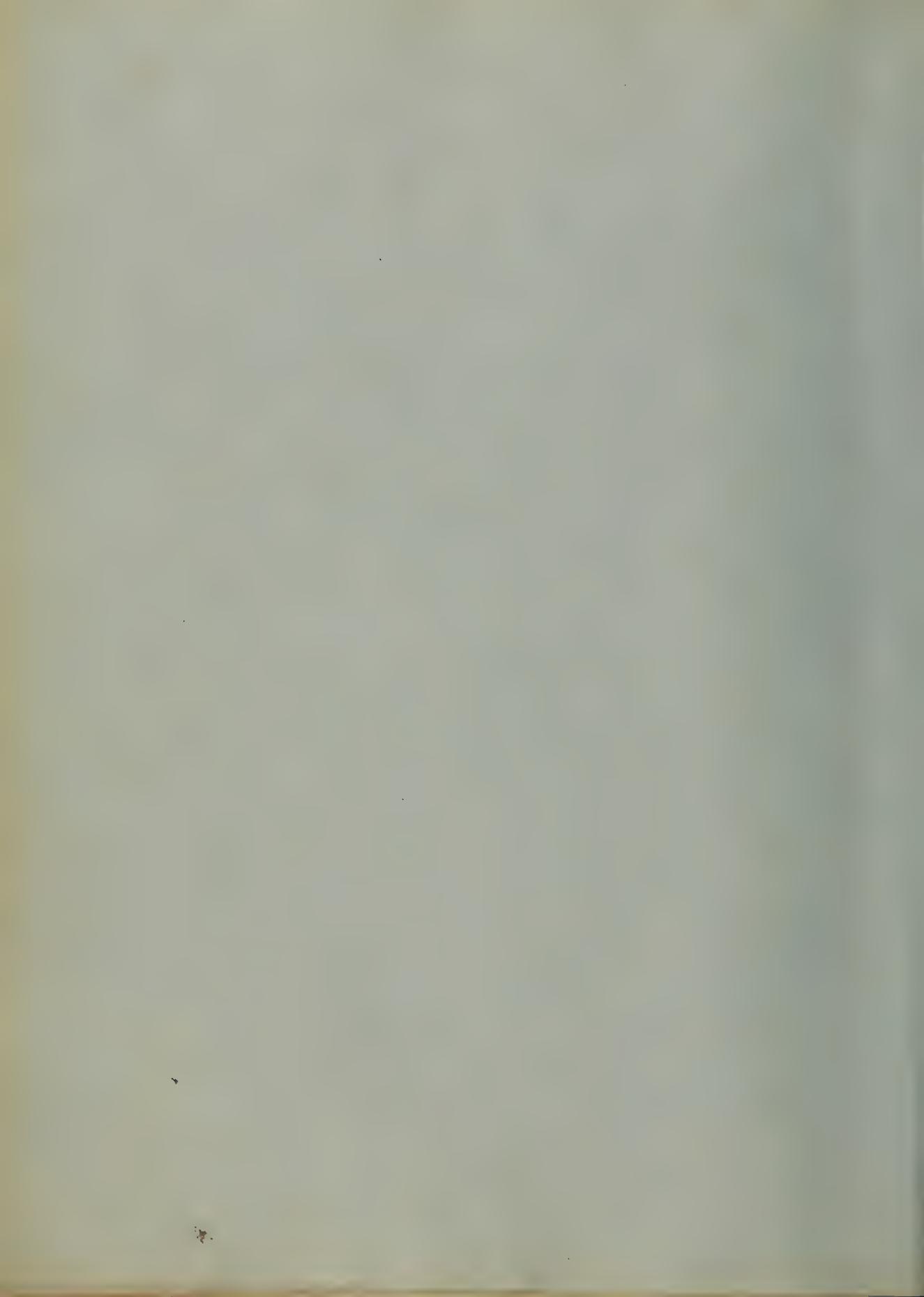
The disease which I
have chosen as the subject
of this dissertation is one of
peculiar interest, both to the
Scientific Physician, and to the
Empiric. It presents to the former
one of the most beautiful subjects
of study, that we could have
deduced from the Nosology. For
there are few diseases whose Pathology,
Causes &c, have been the object of
more able investigation, than the
one under present consideration.
And to the Empiric it presents
even more decided attractions, owing
to the fact that those chiefly afflicted
with Gout, are principally men who
rank among the wealthiest persons
in every community.



This circumstance too is easily seen
by the very fact that their situation
in life enables them to live in
comfort and luxury, which are
in themselves productive of this
disease. And here let me
remark that for some time
past, whilst studying the
subject upon which I am
now engaged, I have been
somewhat surprised at find-
ing men of talents, and
education laboring under
so false an impression
of this disease, as to believe
that an attack of it
would act as a purifier
of their system, from many
of the constitutional de-
rangements, of which they had
entitled upon themselves

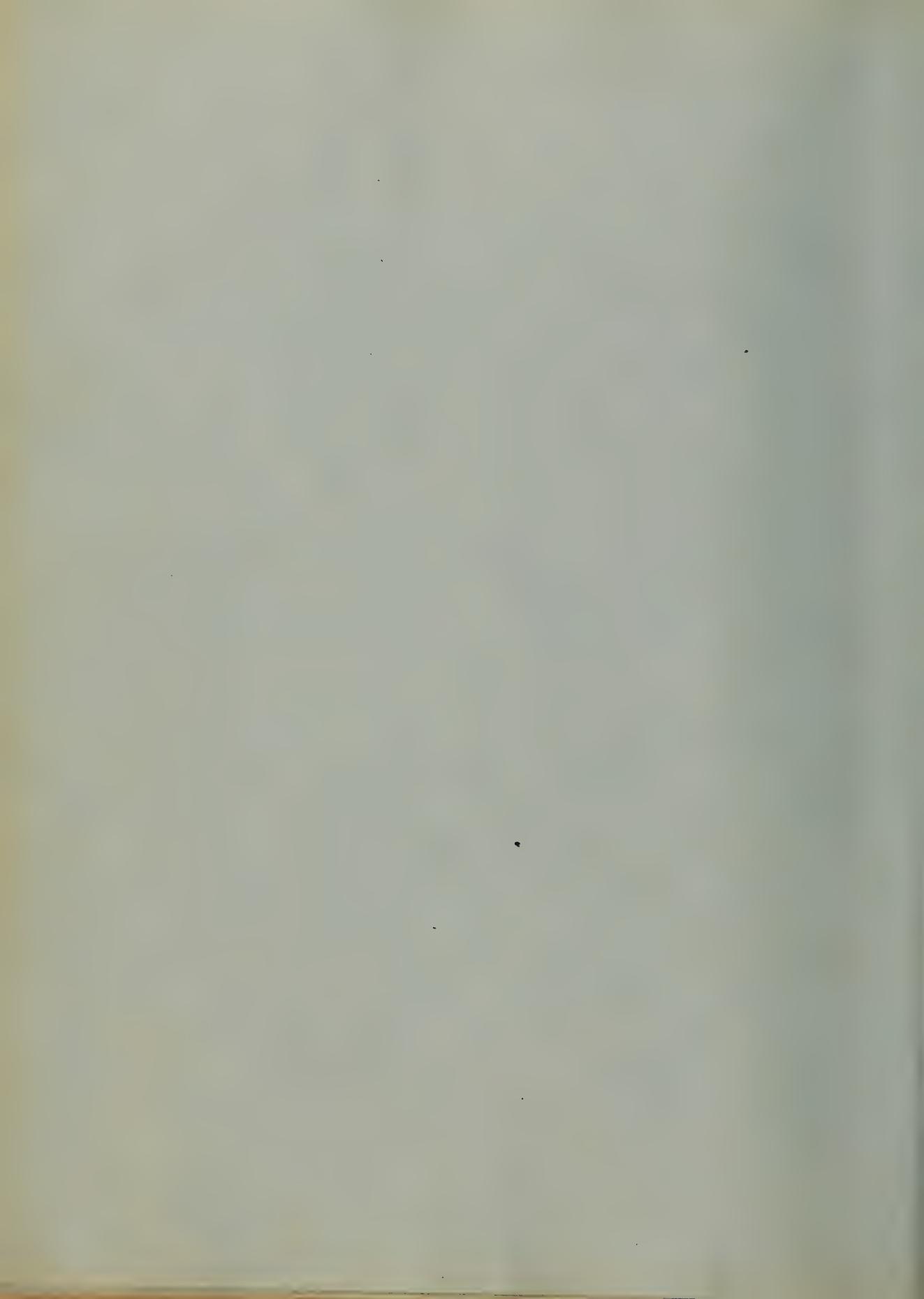
the previous habit of life.
and consequently many of
them have, thence,
lost power, to think
for themselves, this distressing
condition, by indulgence, in
all the luxuries of the
table, and the couch, two
most potent causes of
Prostration. But I have ex-
pended time enough in an
introductory, and will there-
fore proceed immediately to
the consideration of the
symptoms of this disease.

In the earlier stages of
the disease, the symptoms
are clear and unmistakable.
For the very mode itself
in which the disease makes
its hold upon the



11

goes up to a surface
between exactly what it is.
In instances of fits of the
kind almost always affects
the patient during the
night and especially
will be going off well
when lying down but
in the heat of the day
the pain generally
continues to increase until
it has reached the very
climax of agony when it
suddenly ceases altogether,
sometimes to be sure the
respiration is more feeble,
but usually, immediately,
before the agitation of
the disease (as in many other
diseases) the misery is most
intense; or to use the more



spasms - - - - -
the leg - - - - -
etc. - - - - -
of course, most of all, show
this " " - - - - -
no separator for successive
mild or successive, when
the disease takes its departure
for a longer or shorter period.
Some often at first intervenes
between the attacks.

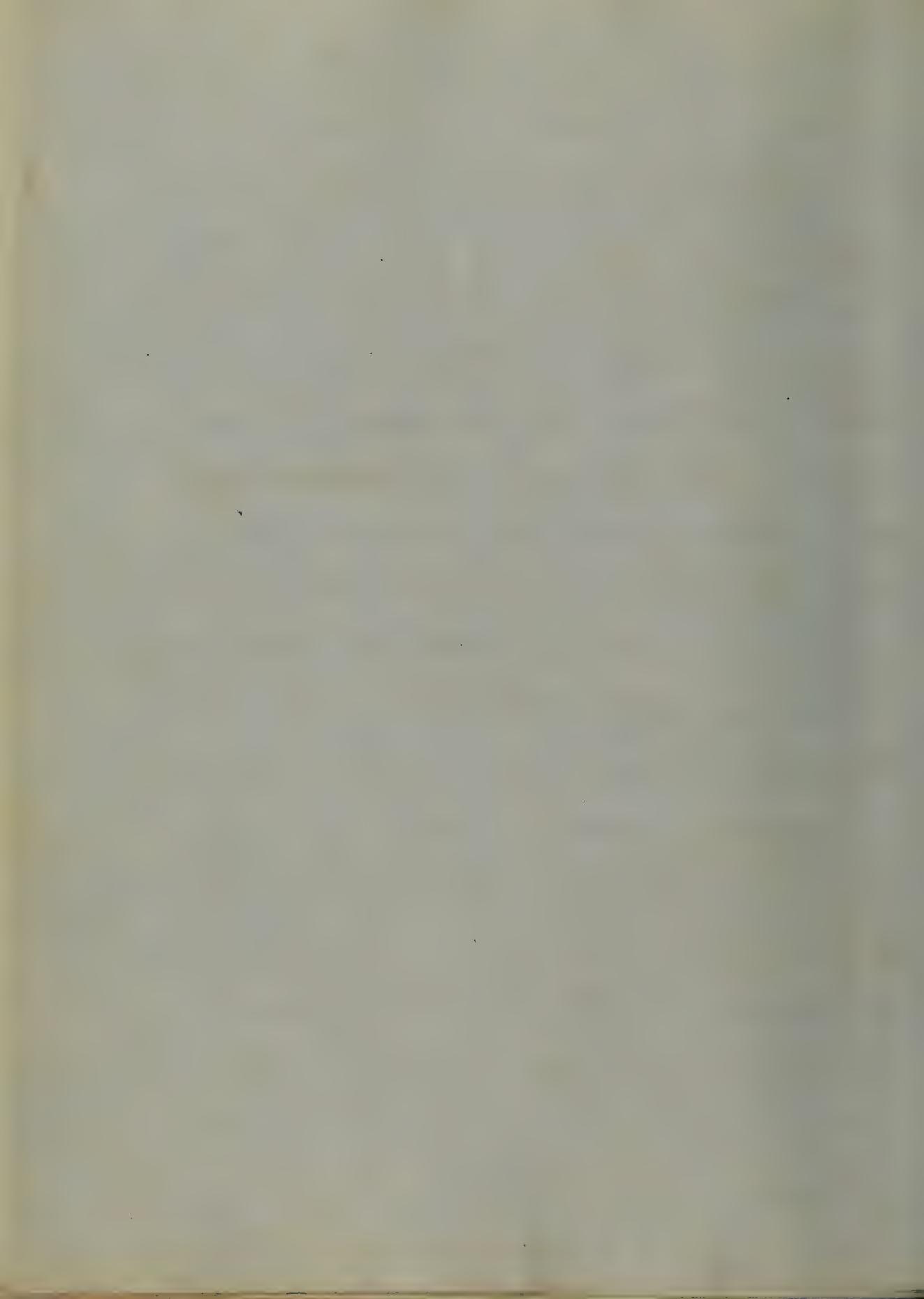
But in the course of time
they become more frequent
attacking the patient - every
two or three months -
while at last it becomes
an almost constant -
torment. I omitted just
now, to mention a very
important detail - that
in the longer attack

the sensations of pain
The patient's health has
been much improved in
his general health, which
in great measure accounts
for the idea so very prevalent
among the superstitious, of
which I made some in the
conclusion part of this dia-
logue; that faint pulse
as a sacrifice of the
constitutions, can be a sign
of the disease - and that often
itself an entirely different
type. The pain is not now
felt in the great toe of
one foot, but begins to
attack both at the
same time - It begins
also to sometimes be

the larger joints of the body. 7
And at last, although
the pains are not so
agonizing, the general
health fails under the
repeated attacks.

All these of course have
the effect of obscuring
the diagnosis. So we can
no longer expect any set
of symptoms, which we may
now gather together to be
Pathognomonic, but content
ourselves with regarding
the commemorative -
circumstances which now
mark the disease.

These we discover by
enquiring into the pre-
vious history of the
case and comparing the

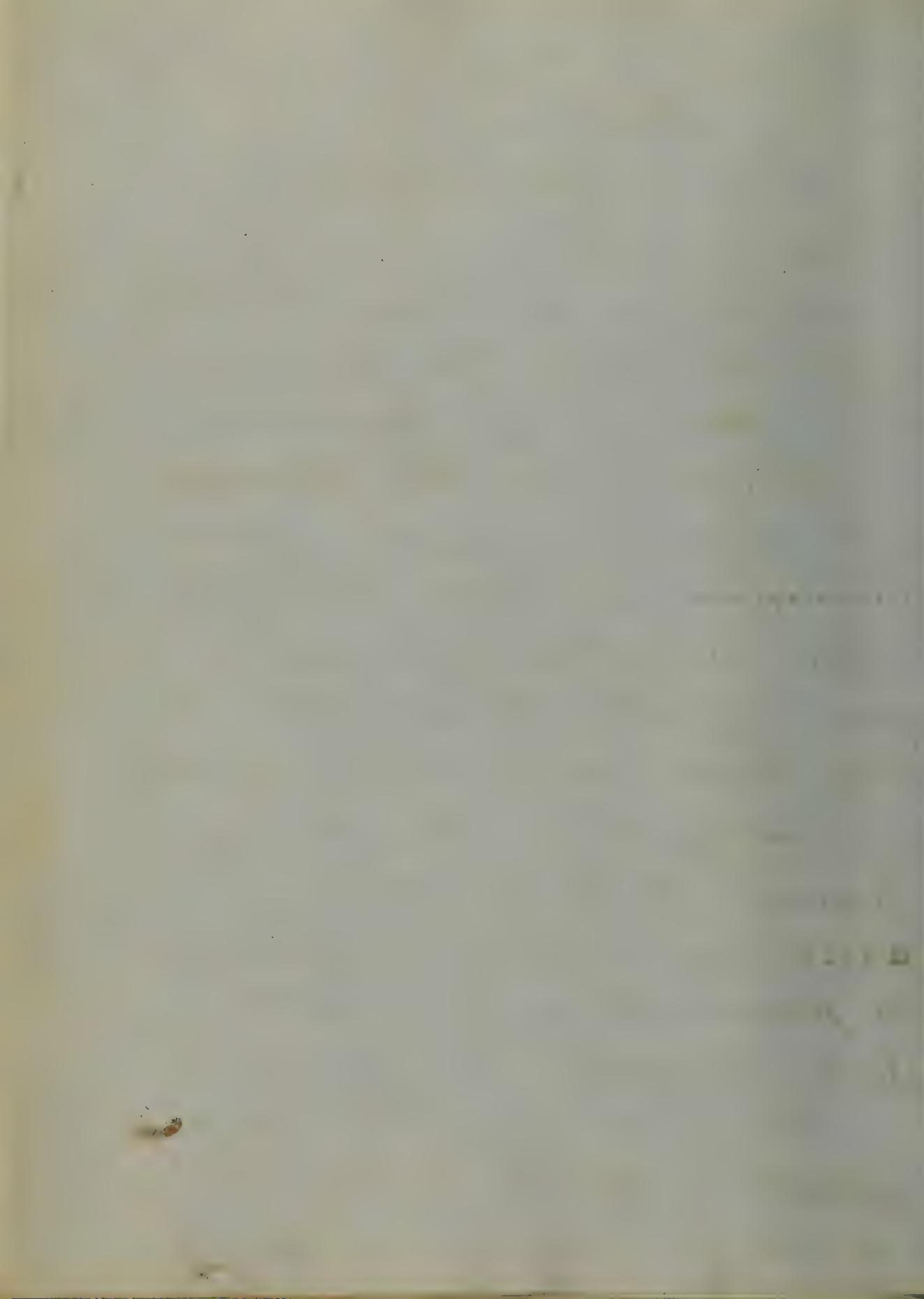


causes &c with the disease
with which we are most
apt to confound it -

Rheumatism - Among other
symptoms, we observe various
affections of the Thoracic
and Abdominal viscera.

Affections of the Kidneys
are also among the most
common, in this disease.
This may be accounted
for by the fact, that it
has been discovered by able
investigators that the
urine of Gouty patients -
contain Little acid, which
is productive of most pain-
ful results.

There is one other peculiarity
effect of Gout, which I may
as well mention here



will be to my mind
to establish cases, moves, or
points in the following
the character of the disease.
To be & the like, the like
will make their appearance
from a person who has been
principally upon the ground
they are seen to be composed
of a combination of the
above with some.

This comprises all I have
to say concerning the
signs of Cowpox. The
rest will be of the disease
I propose to speak of,
will be its cause. Firstly -
It has been proved beyond
a doubt, that this is an
hereditary affection. Not
that it is an invariable

that a Progenitor must transmit to his offspring, nor indeed, that even if the child had inherited the predisposition from his ancestors, that he could not by proper diet, and healthful exercise avert the disorder.

But as a general rule we will find that a large majority of Gouty patients are able to trace back the malady to some one of their forefathers. Out of five hundred and odd cases, that were carefully investigated by Sir Chat^t. Pendamou over two thirds could so trace back their disease.

But under all circumstances whether a person

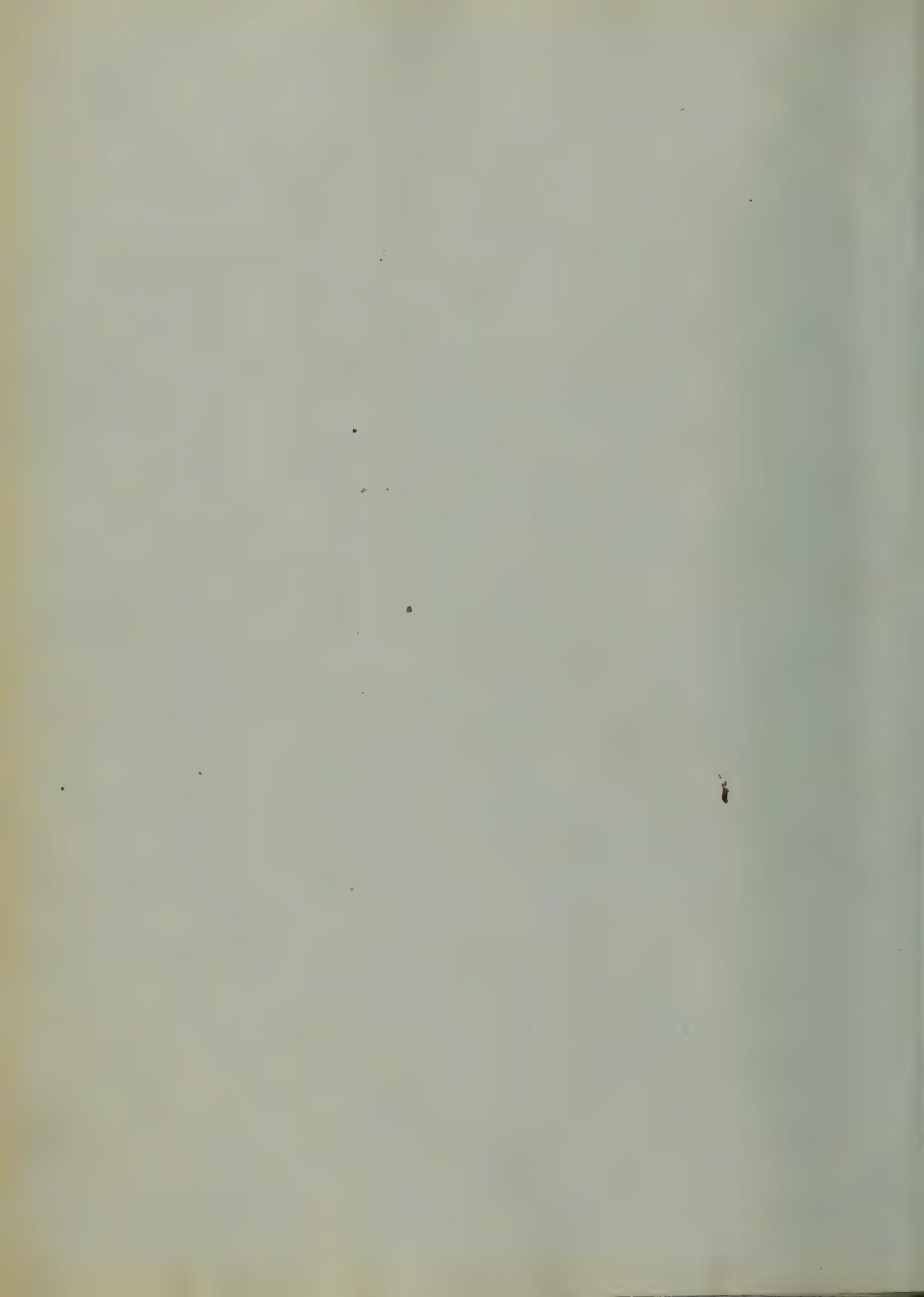
in the United States. It is
not an American style
of living, and care, lazy -
habits of life are fear-
ful, they are rampant
in Paraguay.

But to produce disease
with regard to men of
calmly, high living, and
moderation, must be -
combined. For there are
many cases on record where
persons have indulged themselves
in all the follies of
the table, and yet by
constant attention to exercise,
have lived entirely free from
the disease. And again
the unavoidably inactive
lives, which females
or want of time

the ~~old~~^{new} - the ~~old~~^{new} -
 old & the ~~old~~^{new} -
 their comparative exemption
 from Govt; power to us at
 m. - their inactive habits
 where, ~~old~~^{old} or ~~old~~^{old} of the body
 Pagan. Age must also
 be taken into consideration.

This disease usually attacks
 persons, at a somewhat
 advanced age, if they
 after having spent their
 life in indecence and excess.

But the young and also
 sometimes old along with
 others after having indulged
 in excessive venery, even
 the disposition. In Mac's
 Cyclopaedia - American edition
 Vol xvi - part 1 - It was
 particularly / lesson with



the old adages on this -
subject. One, was from
Mr. B. — "If the Devil
Be loose, and God relaxing
Puss is born a daughter
— Child-rearing God." The
other, from Mr. C. —
equally witty — "Bacchus
father — Venus mother, et
Fra obstetrix Athillia,
bring the Virgin. We
are in producing her,"

Dr. Wilson says "that the
use of mines and malt-
liquors, have a much greater
tendency to the production
of this disease, than the
abuse of stimulant fluids.
The last, when there
is a disposition to Gout
in a person, the slightest

existing Causes may
be the same, and they
the causes and symptoms
of it, & that the disease
which it most resembles,
is Rheumatism, and with
this in view, consider
it may only be informed
by a comparison.
At the same time when
we closely studied the
Diseases in Egypt,
we find the first instance
Rheumatism attacks the large
joints, whilst Typhus affects
the small ones. Again the
former is brought on by cold
and exposure, whilst the latter
owes its power to idle-
ness and sensual indulgence.

And lastly. In Gout (as before
stated) the urine contains uric
acid; whereas in Rheumatism
the urinary concretions are
of the Lactic diathesis.

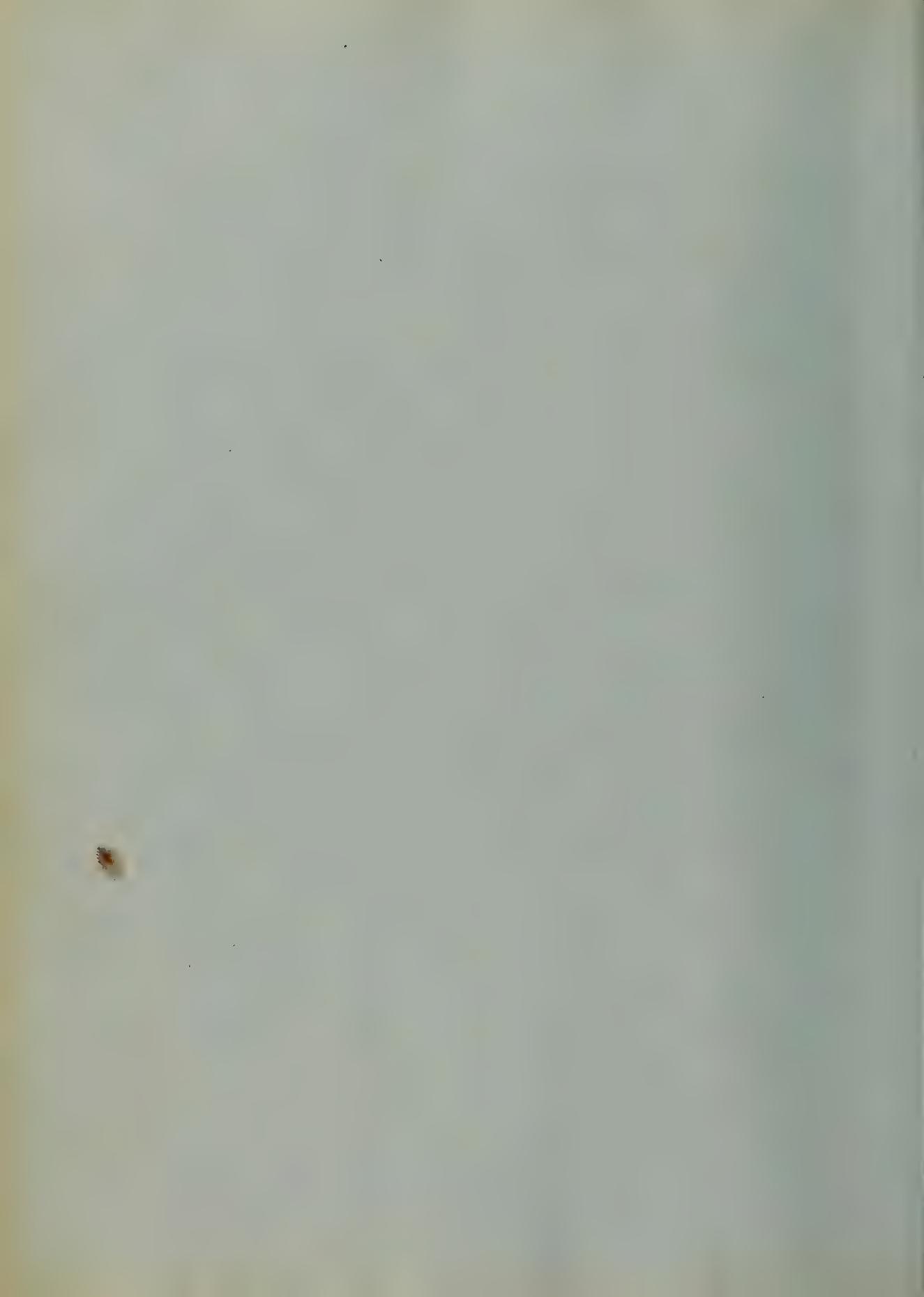
But it may here be objected
to the first named mode
of diagnosis, that in the
latter stages of Podagra
it affects the large as
well as the small joints,
Well under these circum-
stances, we must examine
into the causes, and previous
history of the case, which will
generally afford us unfaul-
ting evidence by which we
can decide between the
two diseases

for the ancient doctors
which asserts the human -
origin of the disease, to be
the true one". He then goes
on to observe that "Minstrel-
ism (which may well be
nothing but a poison) is gen-
erally once contained
in the body, and silently
collects in the blood, until
after obscure threats, and
pulsive mutterings, it
explodes in the foot, and
then the bodily economy
is for a while unusually
pure, and tranquil".

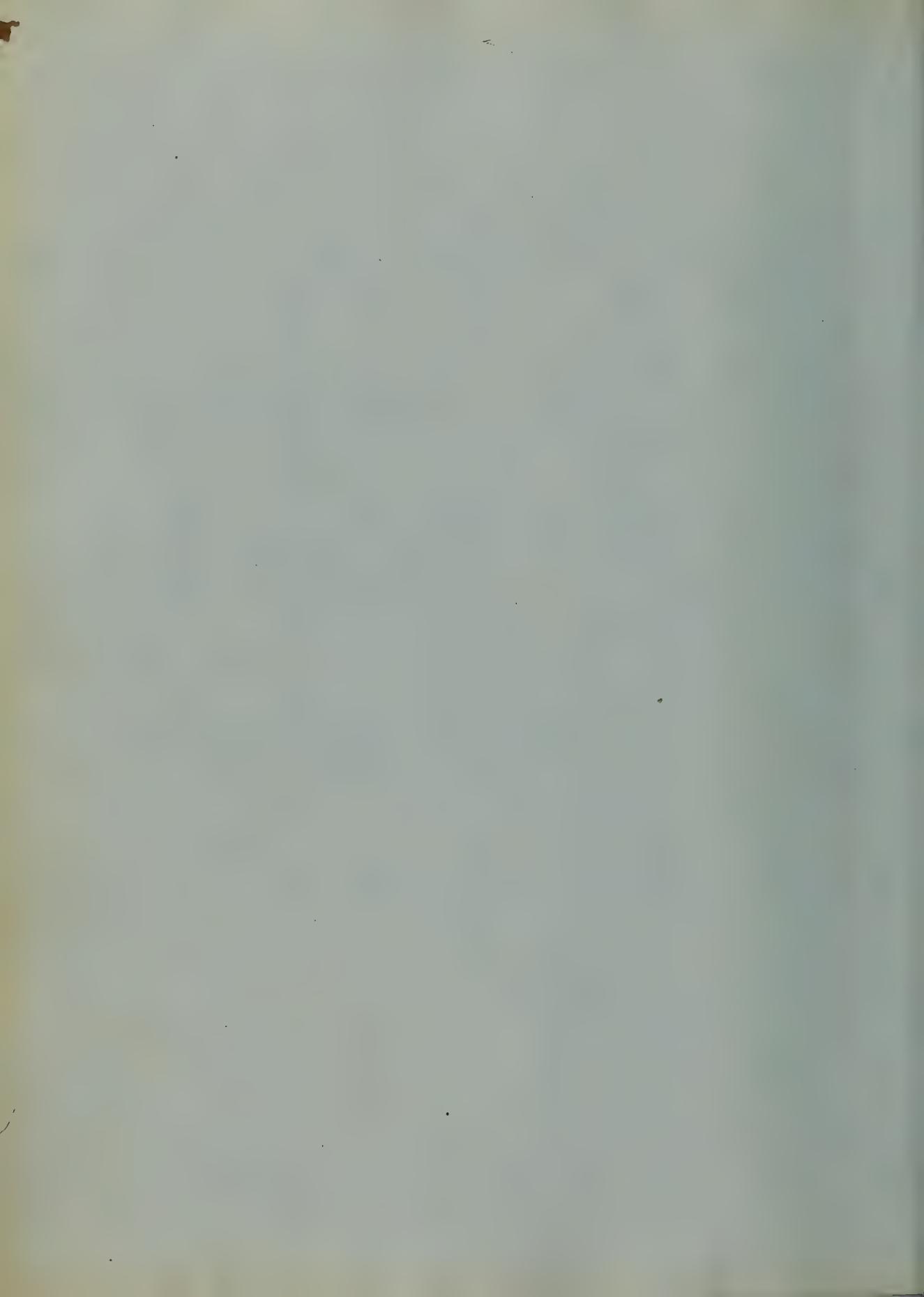
Farther he proceeds
to show, how many
things most impudently
administered, are wholesome
for us when taken

The stomach, &
the Matrices Month, which
is absorbed by the blood
continues to increase
till at last there is
insufficient room for the
fetus, when it is
first experienced. - It is
of importance in this theory
by many eminent authors,
among whom was Dr Hollance,
Barreux and others, all of whom
agree that there is some
mechanical action in the blood.
But what this Matrices Month
is, has also been a matter
of much dispute.

Vesalius, Cheyne and many
other distinguished men
of high reputation
have agreed in

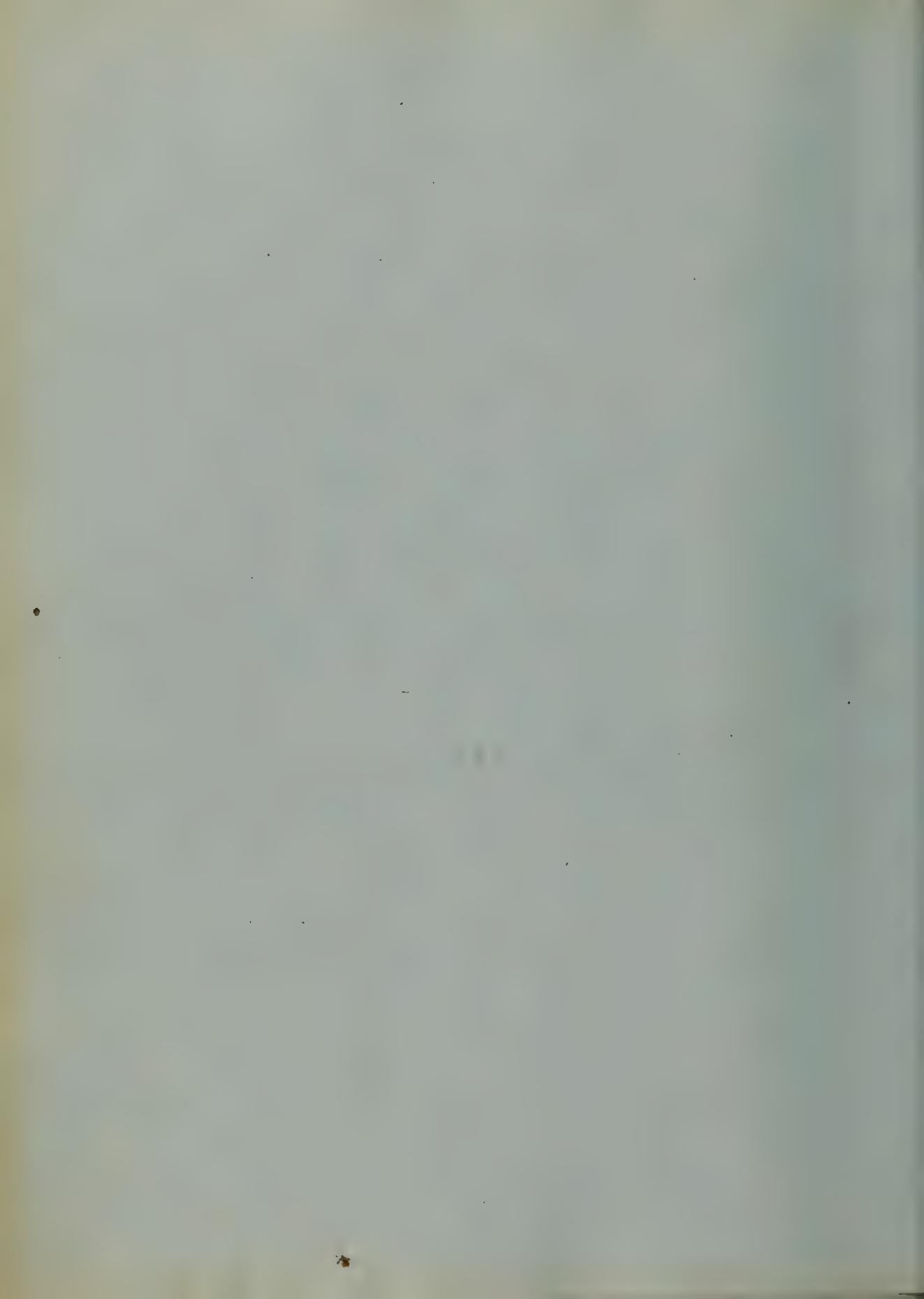


itings, all seem to differ
in their decisions on this
point. Dr. James says "It
is a peculiar saline excretion
existing in the blood in such
a proportion as to excite its
inherent action and to pro-
mote the discharge of the
solids from the body, and so
purify the body." But we
are evidently not to accept
James's statements on the
subject; and unwilling
to come to the conclusion,
that as yet, we have
no perfectly satisfactory
knowledge of the nature
of it's disease. And yet
as far as we can judge
from the evidence, I believe that there
is some difference in the



it may be, in the blood
which the patient is thus
exposed to, under the following
circumstances.

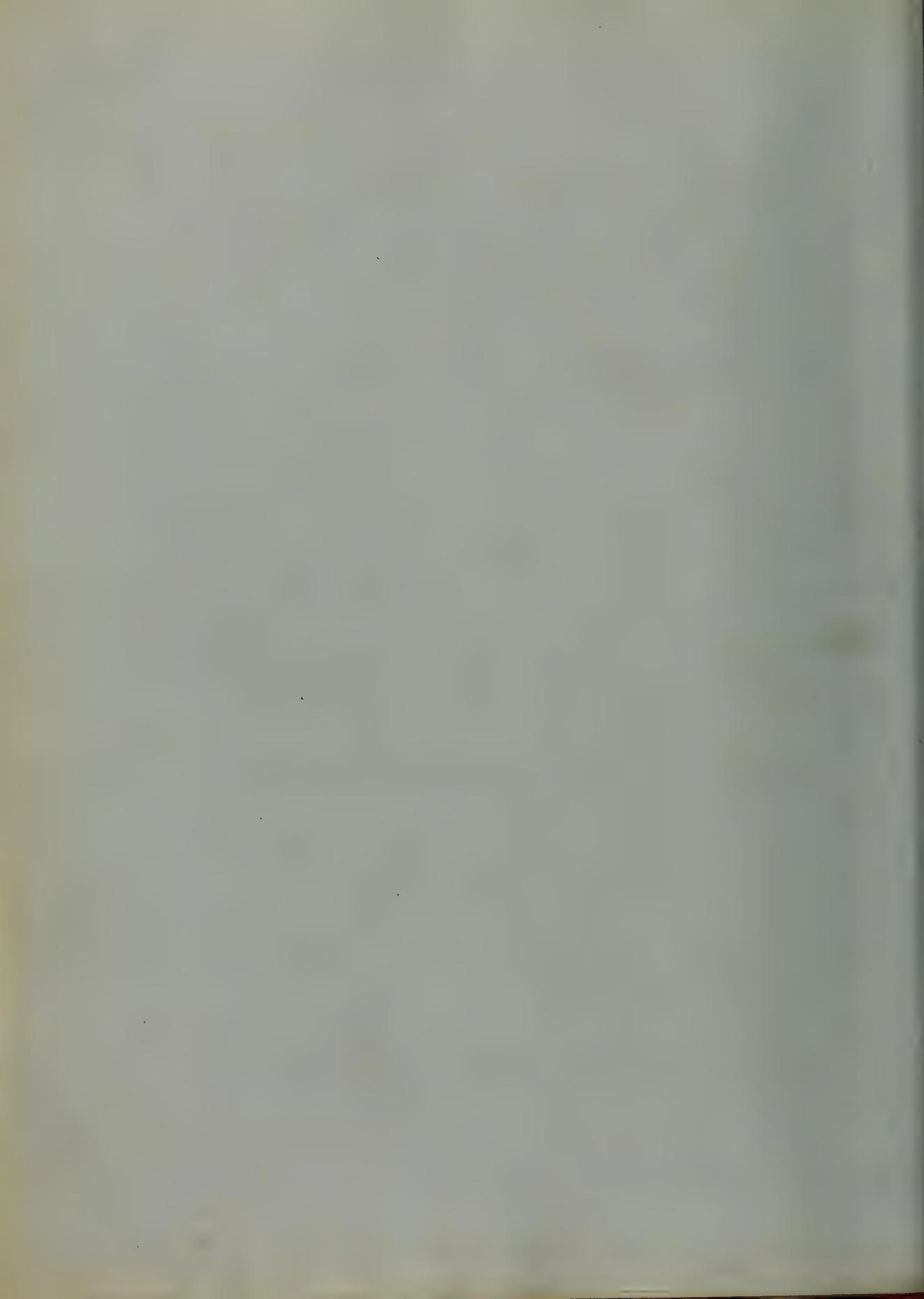
The "Prognosis of Frost-
bite" may be divided
into two classes. It depends
entirely upon two circum-
stances. Whether it confines
itself to the outer skin,
or affects the internal organs.
When it confines itself to
the skin, it is not generally
considered serious. But
when it passes upon the
internal organs, it
becomes very alarming,
and in the first
affection of the skin is
by no means out of danger.



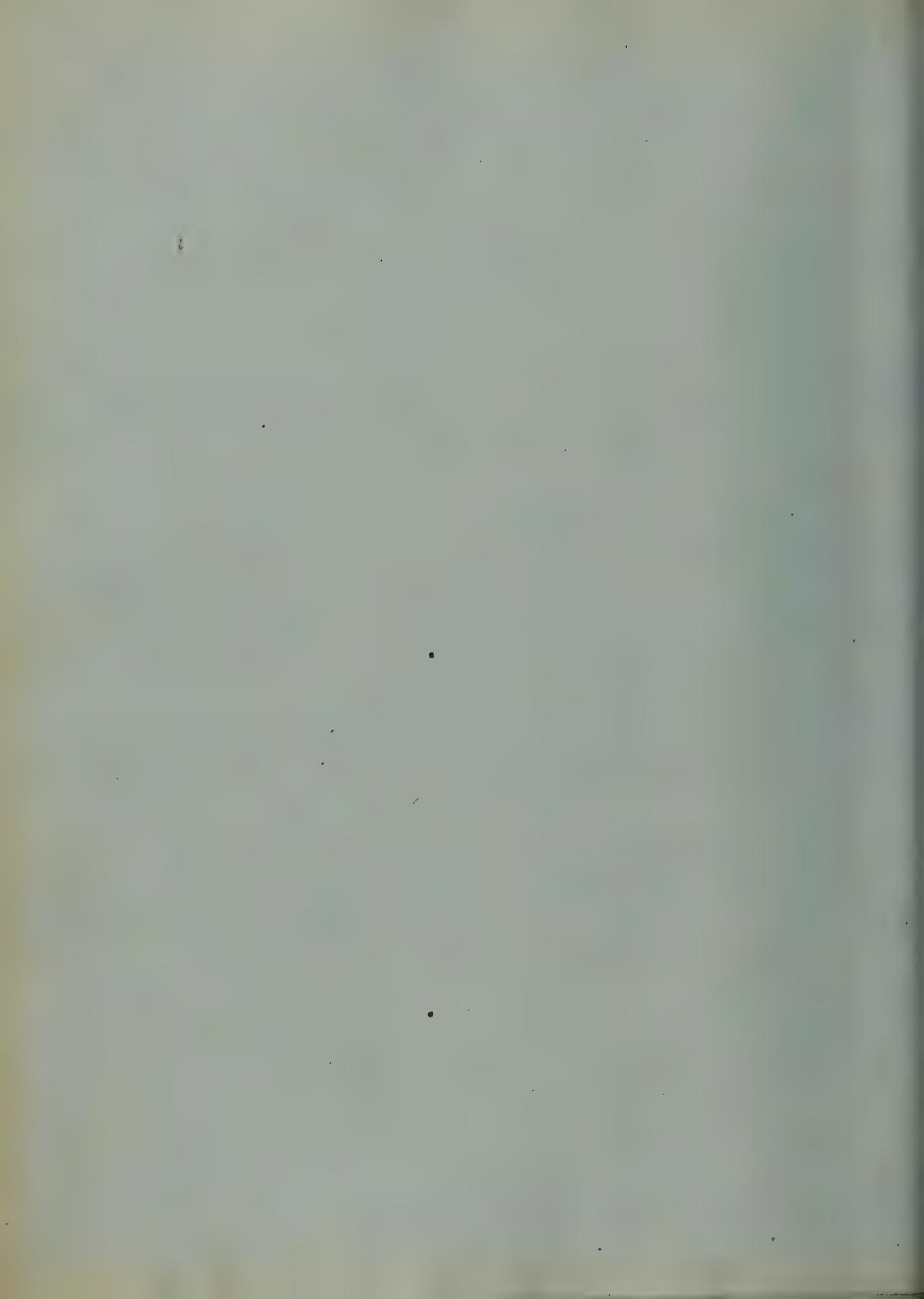
The treatment of ~~Scrofula~~

21

Once again Sydenham,
Cullen, Harvey, Rush, and
other distinguished Physicians
have all presented to us
entirely opposite opinions.
Sydenham for instance, does
not seem to encourage
the idea of any very active
treatment during the paroxysms.
Whereas both Cullen, and
Rush, think it is proper
in some manner, to subdue
the inflammation, and
relieve the patient from
his sufferings. And again,
Harvey advocates the plan
of immersing the affected
member in cold water, which
is considered by many
as very injurious practice, But



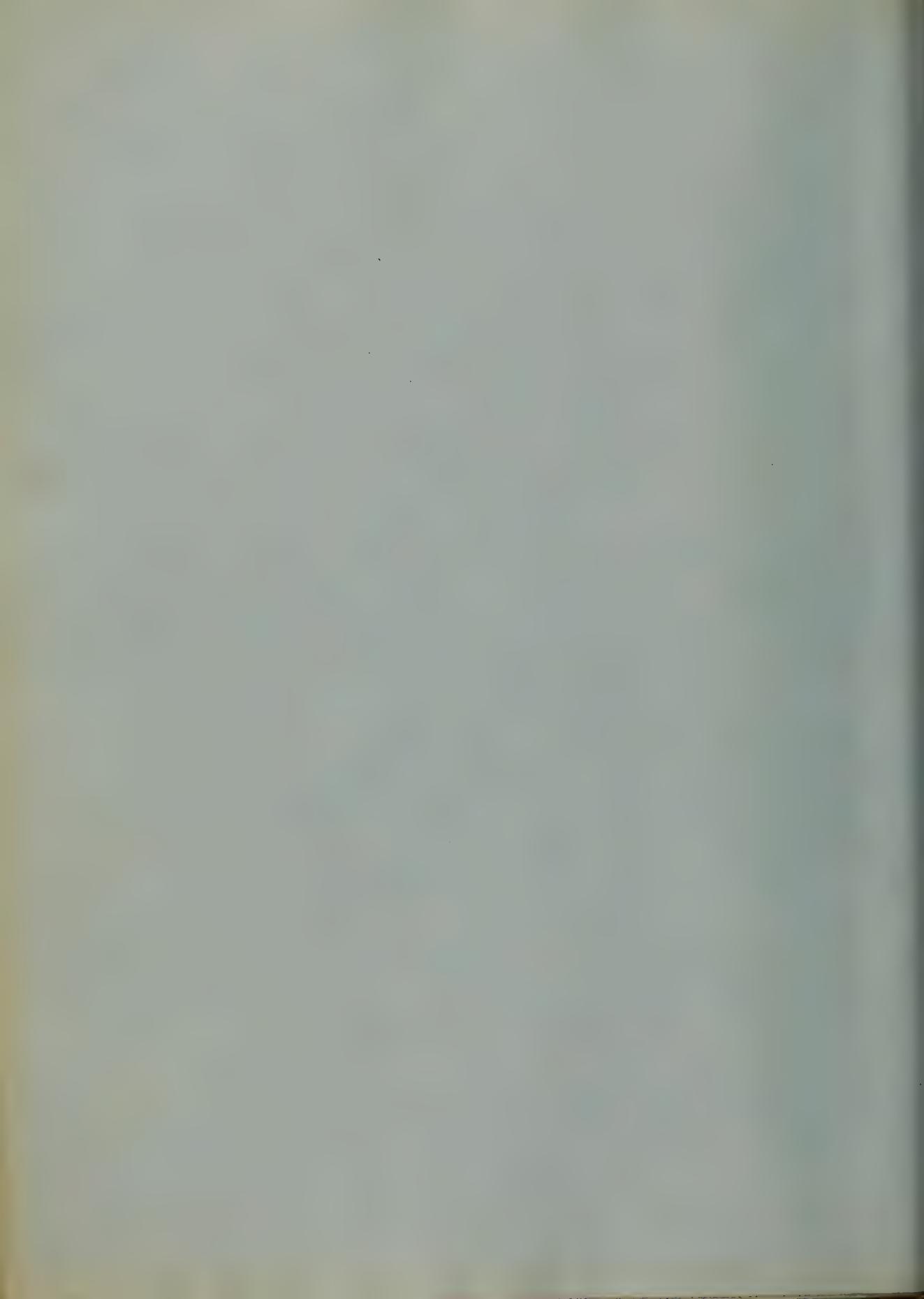
Barney who was affected
in the joint, treated himself
in this way, so it is to be
owed to the uncommon
use of right, often directed
by H. C. Allen, and others,
and hence many cases to
prove the benefit to be
derived from cold applica-
tions to the affected joints.
But this mode of treatment
has been, and still remains
a subject of great interest,
so with many others, for
instance all the following
applications have been proposed
and proposed, & exist in fashion,
Plaster, Linings, Wax, Ointments, &c.
But at last a pro-
vision has been made
in the management of the



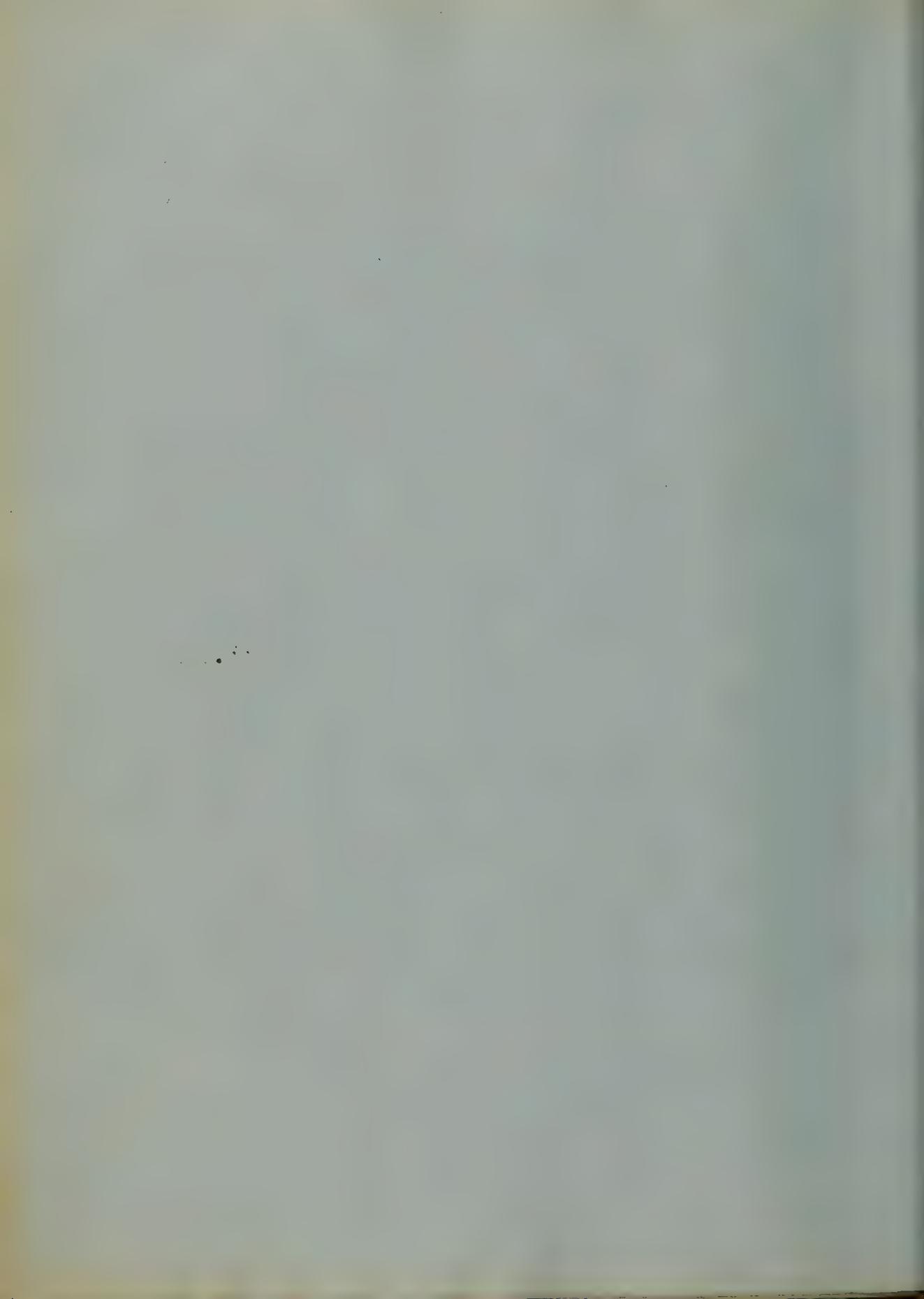
disease. I refer to the Colchicum, which remedy in cases of Gout, almost deserves to rank among specifics. Among the preparations most in vogue, are the Wine, Vinegar, and inspissated juice of the plant. Colchicum, Dr. Watson thinks is the principal ingredient in the Eau Medicinale d'Hussen, a great French quack Medicine, which obtained great renown as a remedy for Gout.

The best mode of administering the Colchicum seems to be, to give the Vinum Colchici and follow it up with a Saline or Black draught - This will be likely to cur-

in a house in the same
place as Dr. Young, that;
the life there, healthy,
the people young &
vigorous, were independent
people, we can not but see
that benefit will consist in
the strictest attention to
dust and exercise. When
therefore we are called
to a house just delivered
from an attack of small-pox
we should at once consider
his age and previous
habits of life. If we find
him young, we may no
nise an immediate change
in his manner of living.
Instead of indulging
in all the luxuries which



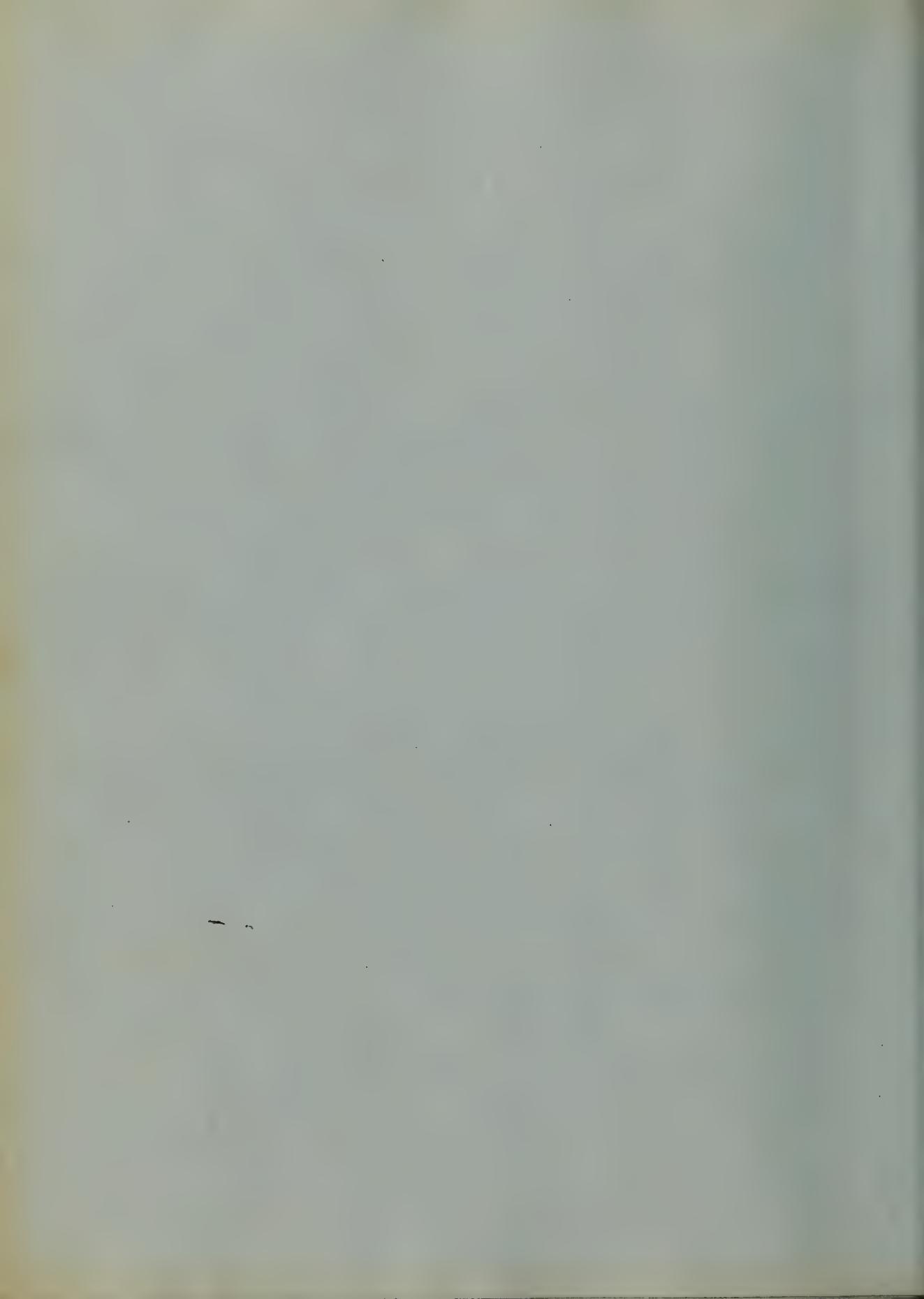
it is likely the doctor's
recommendation to be ought
to suffice himself to plainly
order. At the same time
doubtless it will be in
sufficiently strong he ought
to prescribe, ~~regularly~~, during
the days but not so much
as to cause him fatigue. This
advice if fairly complied
with, will in most cases
cause a most gratifying change
in the patient, you see however,
as well as prevent to a great
extent the return of the
paroxysms. But if the patient
is old, and has for a long
time been subject to fits,
we must be more
severe than we
make any changes.



in his course of life. His table
must be more temperately
cooked & its seasonings -
meats &c. more scarce, & we
will see must allow him
some of the most harmless
of the luxuries he has been
accustomed to; or else by
a different mode of man-
agement we may hasten
what we are endeavouring
to prevent. Exercise must be
with careful attendance to,
for our patient is not now
able to bear any fatigue.
In all cases it must
be commenced very
gradually. Violence is the
worst way of begin-
ning. By degrees &
patiently the life to

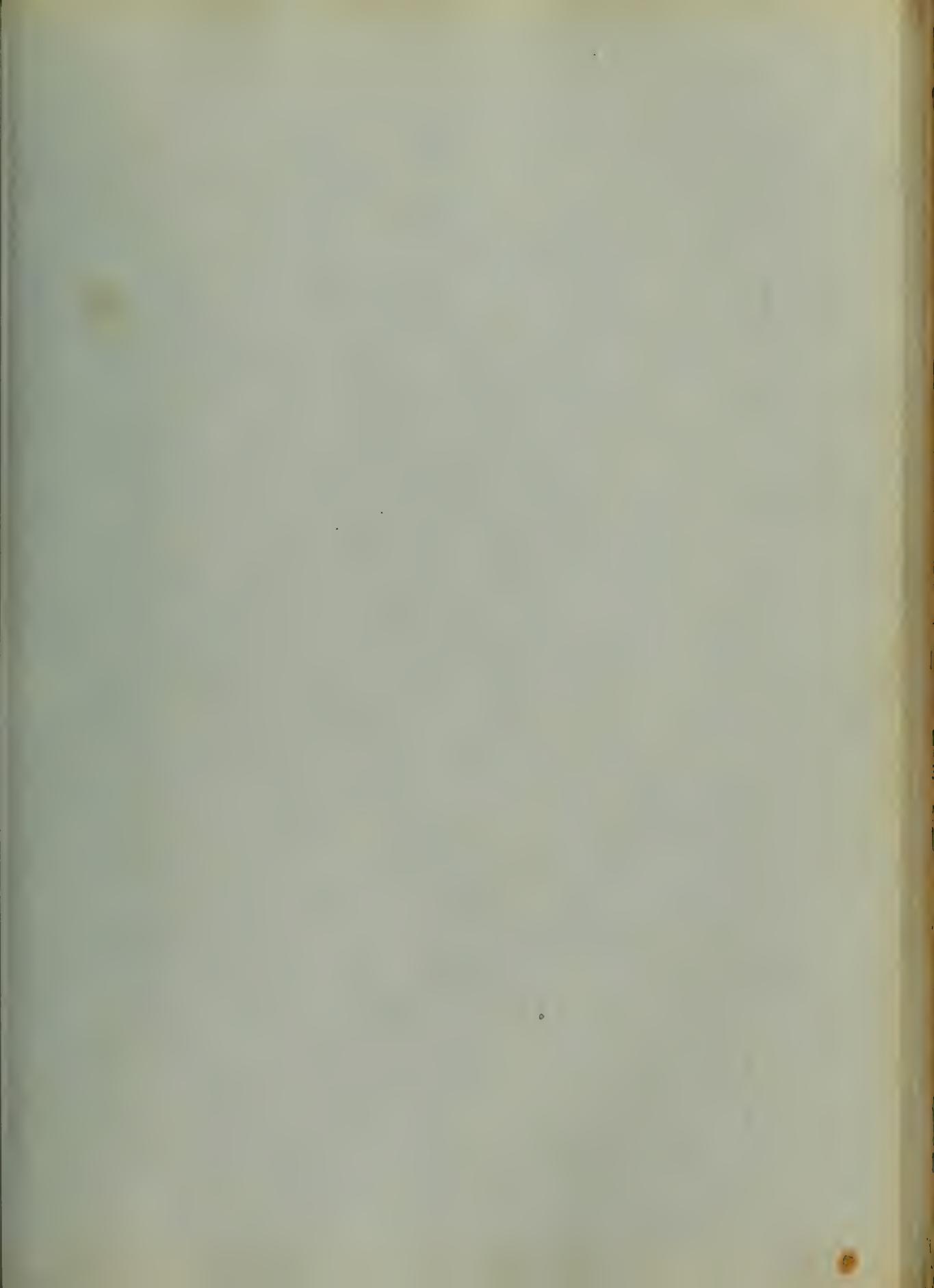
ride a short distance in
a carriage, but we shan't
neglect avoice causing
him any fatigue. All
of these things shan't
be so full attendance to
him, but the whole of
the patient's life. But the
great difficulty is that
very few patients will
consent to live in this plain,
and to them painful manner;
so that their loss, now less
to the profession has been,
to invent some prophylactic
remedy. That would re-
ward with so great a
sacrifice. Of course this
causes the discovery of
a number of remedies
which the inventors at the

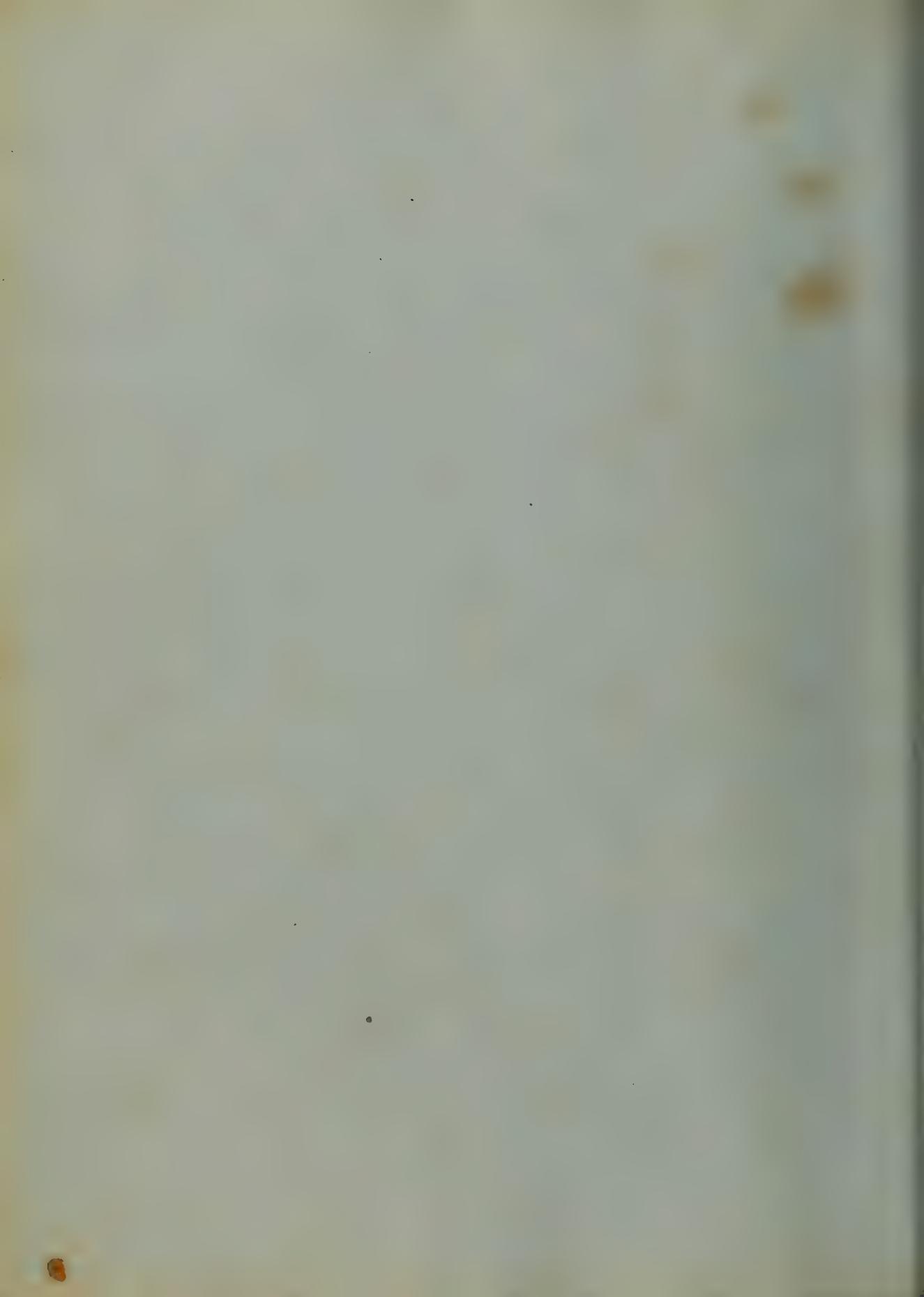
been found, though there were
several species among them. The
principles of these were
the Portland process, no
name being given, since
the attack of Boston upon
an attack of New York's
for a long time had a
very great reputation. In
Washington however it quite
a valuable remedy in some
cases, but always to be
combined with proper alimentary
regulations. Sulphuric acid has
also been used, because the
poor persons caught for the
purpose of destroying the
lice, which is thought
by many to be the Morbus
Poison contained in the
blood. Magnesia has also



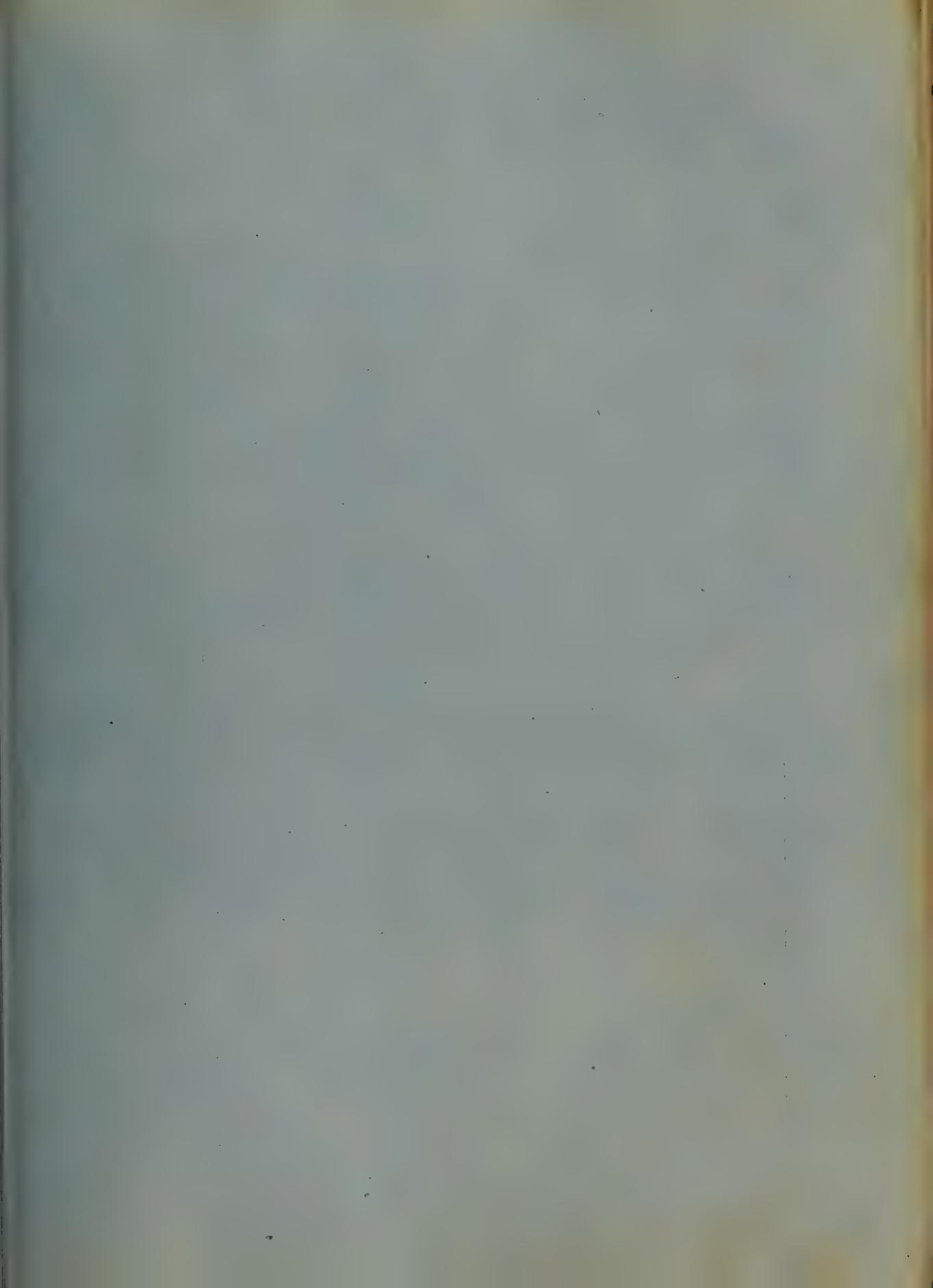
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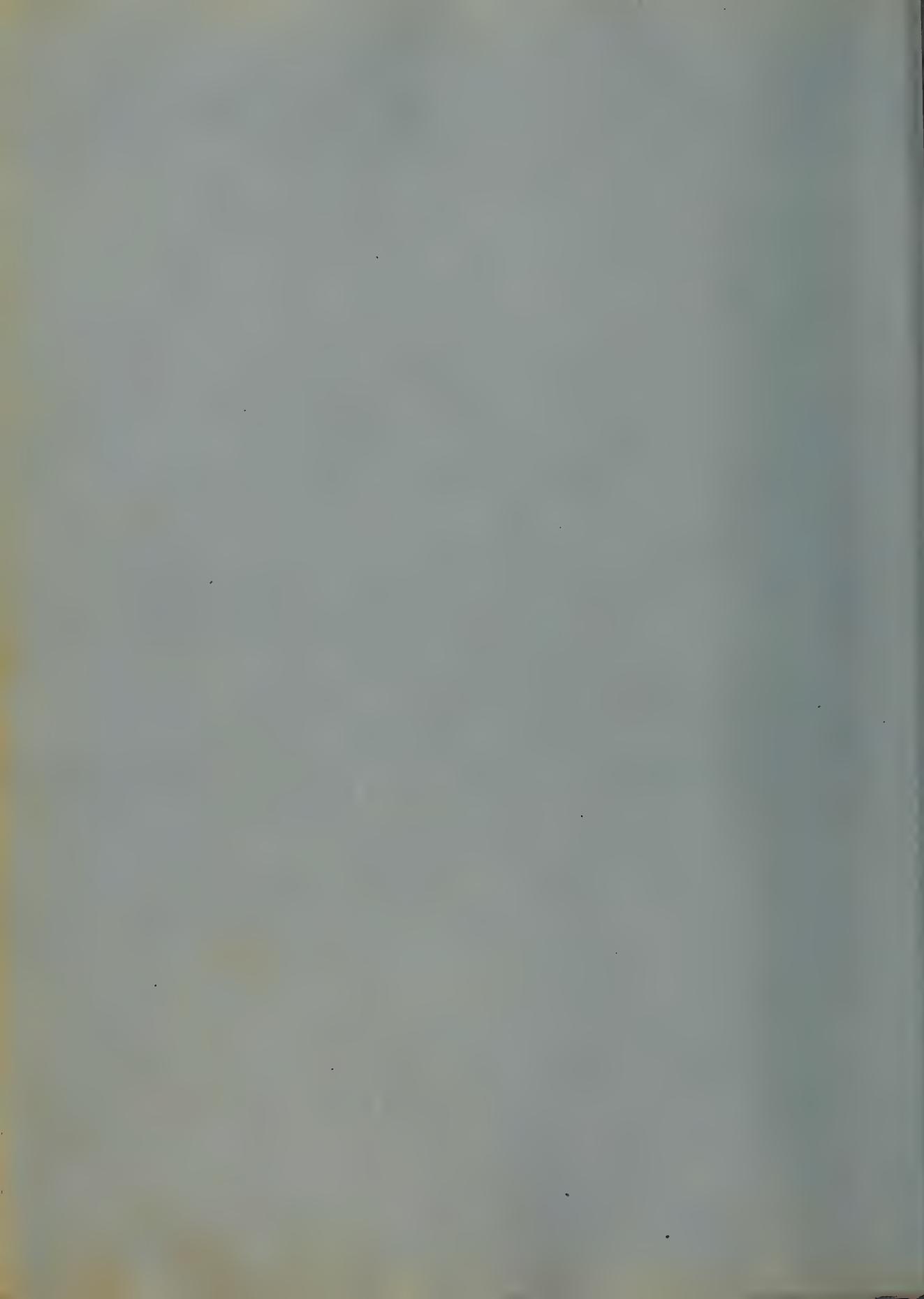
have resorted to in combination
with Rhubarb, by Sir H. Halford,
which Dr. Watson thinks about
as good a prophylactic as any
yet discovered. But these rem-
edies ought only to be adjuncts
to a constant attention to
proper diet and healthful
exercise. In fact to sum up
the whole affair in a few lines:
the patient must choose
between two evils. Either to
suffer with the bowels, or else
entirely eschew his idle habits
of life, together with his —
Champagnes, Canvass Back Ducks &c.





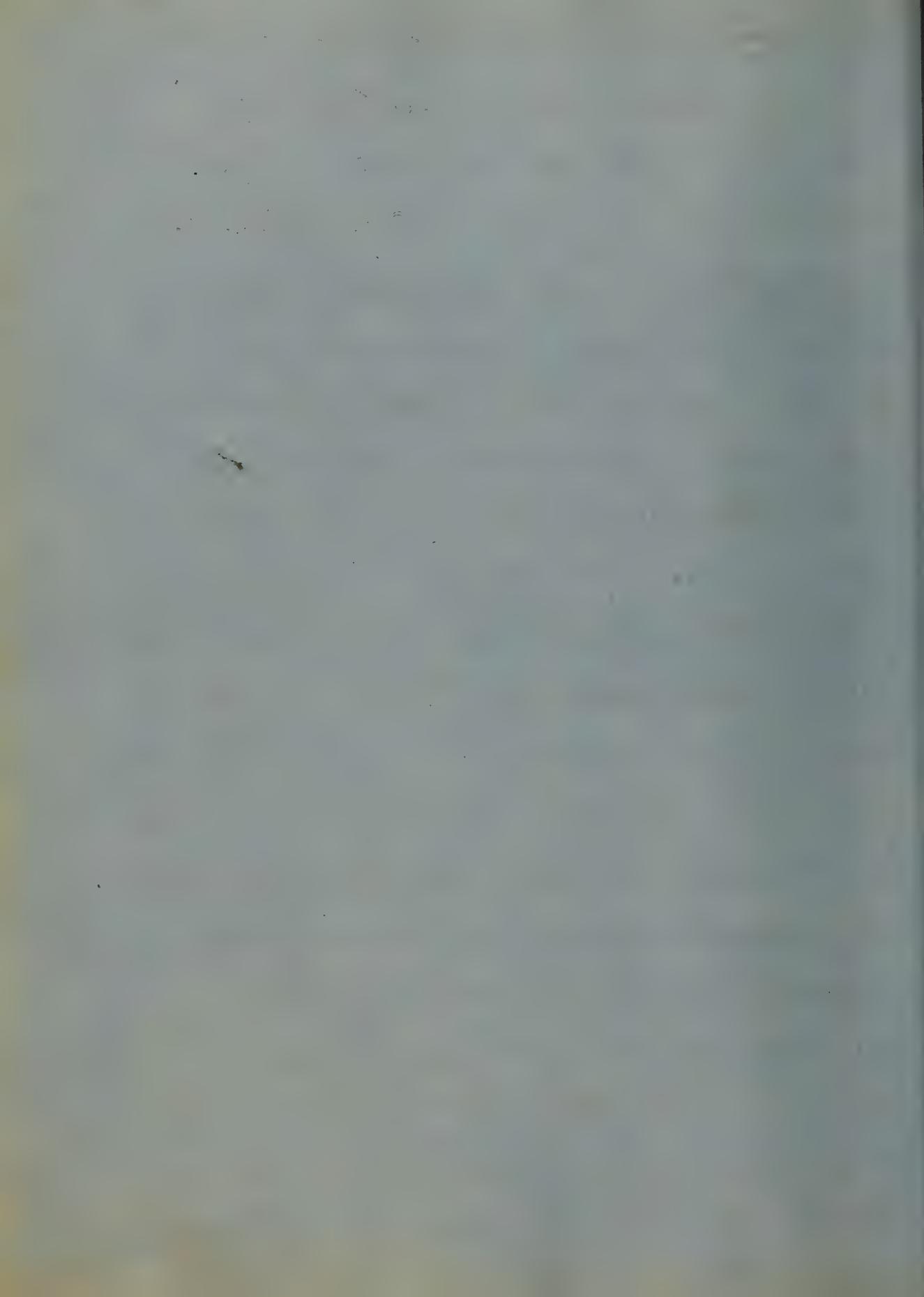
An
Inaugural Dissertation
on
Necrosis
Submitted for Examination
to the
Provost Regents and
Faculty of Physic
of the
University of Maryland
for the
Degree of Doctor of Medicine
by
George W. Francis
Baltimore
Mary





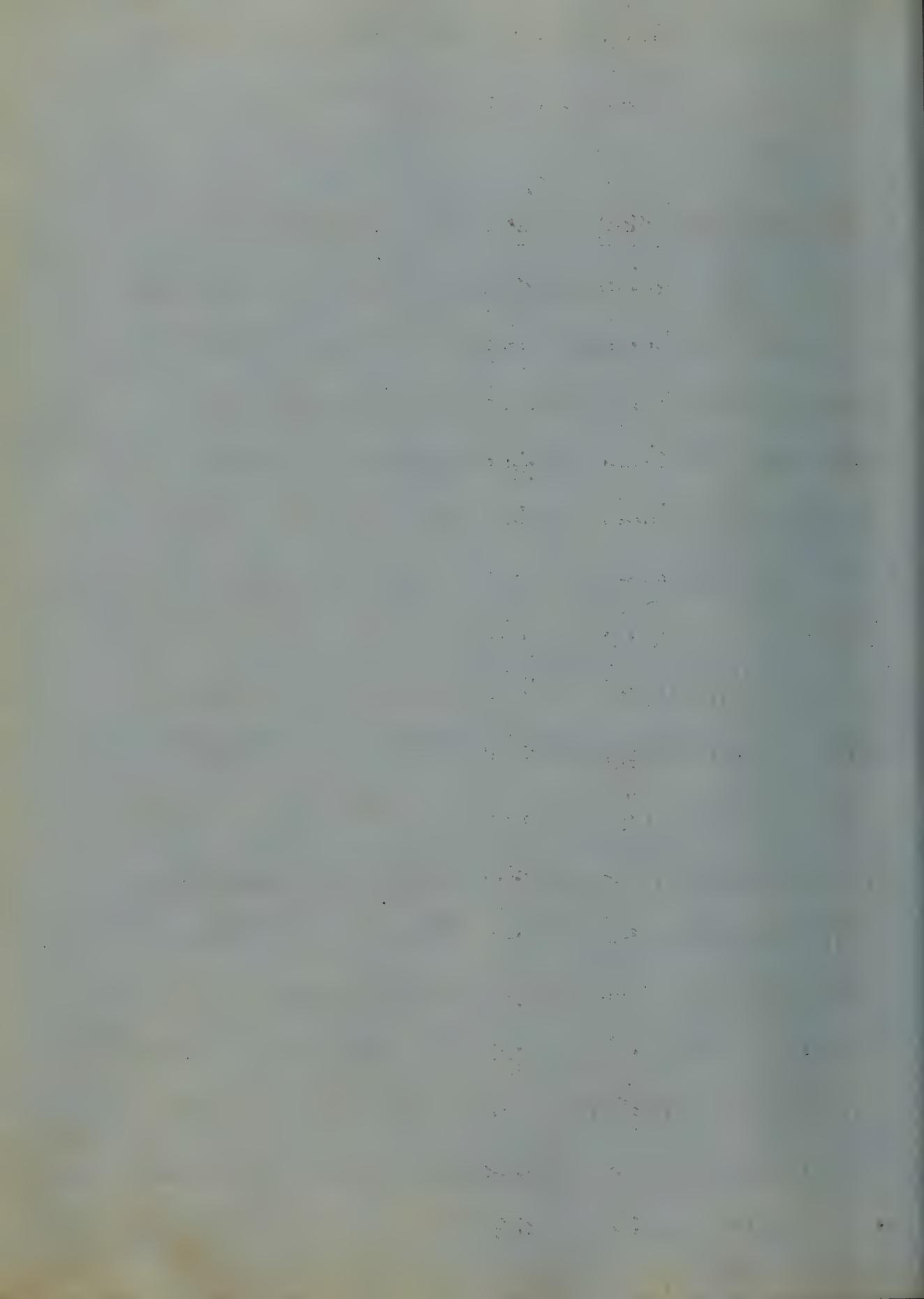
This disease is one of the most interesting as well as one of the most common to which the bones are subject. The term Necrosis literally signifies a death, and although it is applied by surgeons to a special affection, the term itself has no reference to the particular position of the system in which this disease locates itself. The term is ambiguous or rather inappropriate inasmuch as it is not in all cases of the disease right to infer that the bone is really dead but rather that it will eventually be so, if the affection be not arrested by nature or art. The term therefore is inadequate.

to except anything definite concerning the disease which it is used to denote, either as to its nature or seat, and incorrect unless limited to that stage of the disease when the death of the part has actually occurred. It is not to be inferred from this however that it would be judicious to abandon the term altogether and substitute another more appropriate. It has too long and too generally been employed to designate the disease in question to be cast aside, without much confusion and inconvenience resulting — It is after all a matter of no practical importance for as much that "it" matters not what we call a disease, provided that the name conveys no erroneous impression.



—aceous impressions concerning
its nature or treatment."

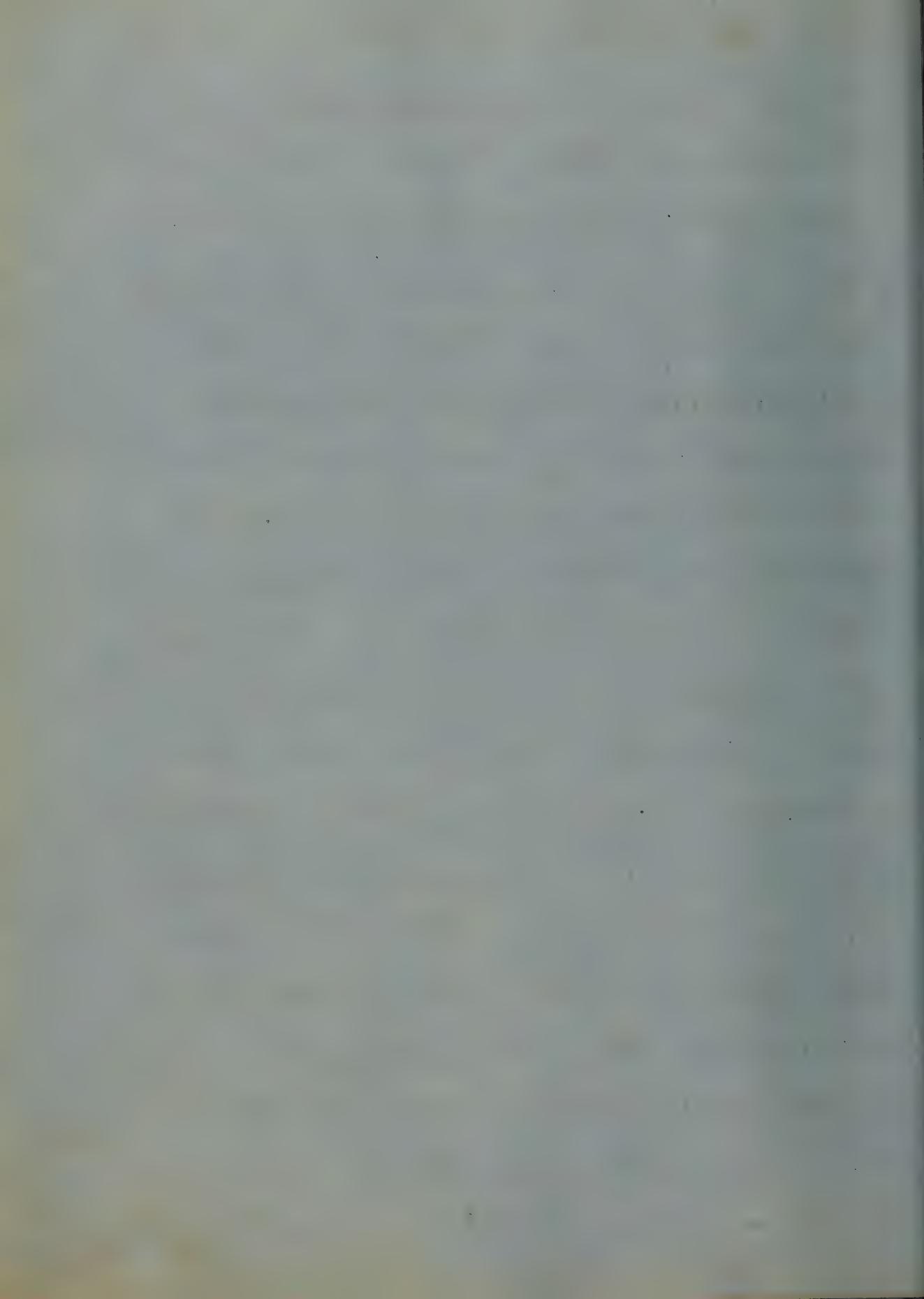
Nature of Necrosis — Differences may be observed in the character of this disease according to the particular bone which it affects. These differences are owing to the dissimilarity of the intimate structure of bones, and to their peculiarities of nutrition, and also to the relation which the part affected bears to the surrounding tissues. As an instance of variation of structure modifying the disease, the bones of the cranium may be adduced. These consist of two distinct laminae or tables, with an intervening cellular structure called the diploe. Others as



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for example the tubinulated bones, and some portions of the scapula, have but one canina. The nutrition of these bones is accomplished somewhat differently, in those of the cranium, the blood vessels which convey the nutrient material, are contained principally within the diploe.

The vessels which are destined to supply the tubinulated bones pass chiefly through the periosteum — the nutrition being affected in a great measure by imbibition. Hence we see that some bones are more vascular than others. — and indeed we have one portion more vascular than another of the same bone. — I. C



the spongy extremities of the
femur. tibia, etc. From these
variations both structural and
vascular in bones, it will
readily be inferred that the
disease, will appear to mani-
fest a different character
and symptoms, accordingly
as it is seated in one or an-
other of them. The investing
membrane of the bones, or peri-
osteum, is directly concerned
in this affection. It is ne-
cessary therefore to a know-
ledge of the pathology of
necrosis to be acquainted with
the anatomical character
and use of this membrane.
Its texture is evidently fibrous
and it is in some places
made up of two lamina, its

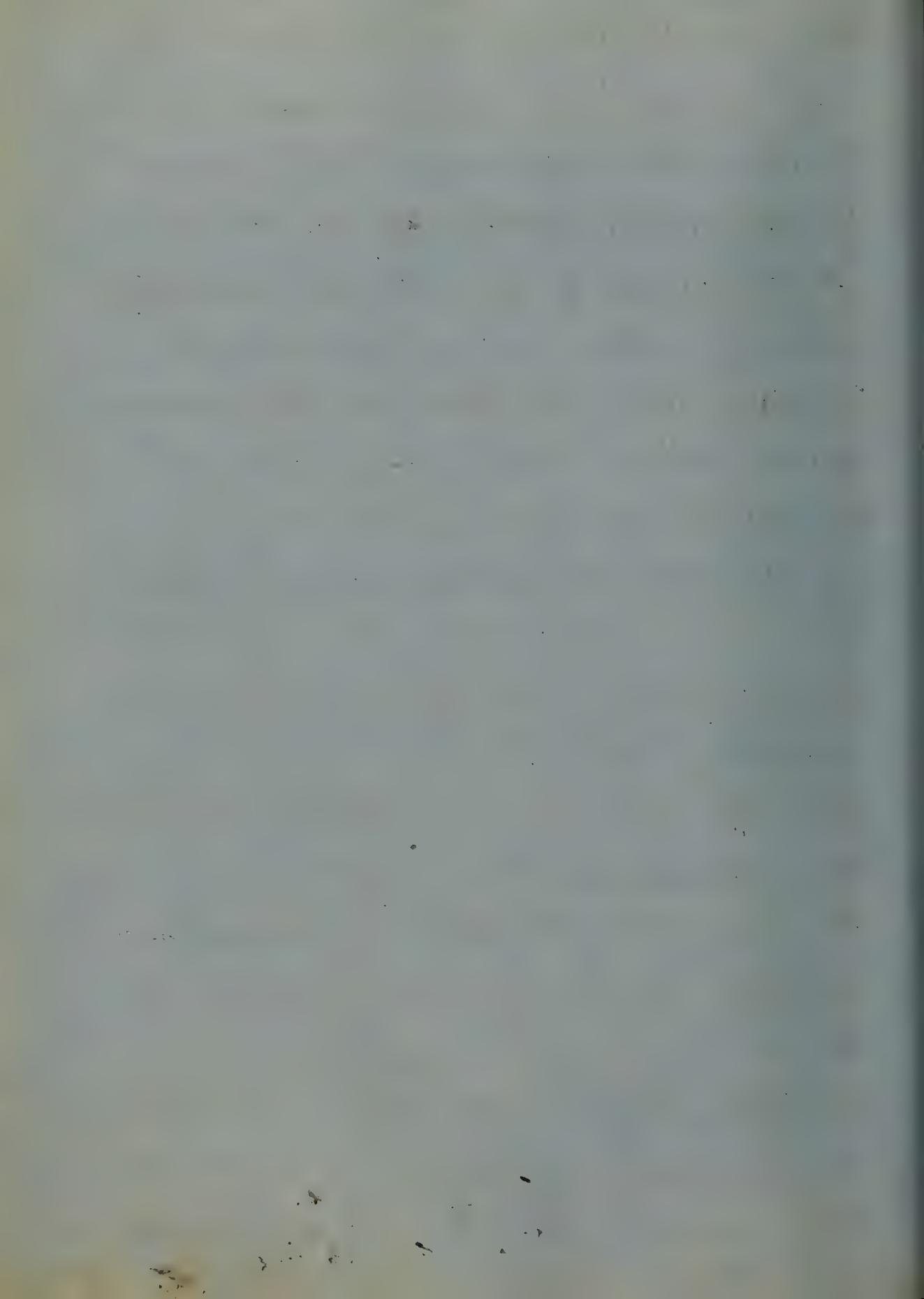
connection with the bone is maintained by a great number of blood vessels, which pass from it into the bone. Its outer surface is of course in relation to the surrounding soft parts, to which it is connected by a loose cellular tissue. When examined in the ordinary or normal condition, it presents a polished glistening appearance, approaching in color to a nearly whiteness. It is insensible in health, but in disease it becomes sensitive, the nerves which it must of course possess have never been distinctly pointed out. The use of the periosteum is in all probability to form a medium

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for sustaining and transmitting vessels of nutrition to the bone. This appears to be proved by the fact, that death or exfoliation of the bone usually occurs, when it is removed.

In addition to this another purpose has been assigned it viz. of preventing the bone from participating in contagious disease. "as the pleura turns off an abcess in the parieties of the thorax from its cavity, or the peritoneum from the abdominal cavity"

In addition to this external membrane, bones are covered on their internal surfaces or cavities and cells, by a delicate membrane, which must be here noticed. It is a semitrans-



- parent somewhat gelatinous membrane, extremely delicate in structure. Its use appears to be shown in the vesicles which it forms, which are evidently intended to contain the marrow or medullary substance of the bones. It is termed the internal periosteum or medullary membrane.

Necrosis may truly be defined as an affection commencing in inflammation passing into suppuration, and terminating in perhaps the majority of cases, in the death of the bone, or the portion affected. This inflammation either in the covering membrane or its internal membrane and even in the bone itself

It is to be borne in mind that
this inflammation does not
differ from the simple va-
riety except in some of its
results. It does not therefore
arise from specific cause as
many have supposed, but
from ordinary ones, and is
not malignant in character.
This is shown by comparing this
inflammation, to the same
disease when it affects the
soft parts. The course of even-
ts is the same, first heat,
redness, pain, and this suc-
ceeded sooner or later by a
 rigor or chill, announcing
the occurrence of suppuration.
The causes which produce
necrosis are similar in
kind to those which result

in mortification of the soft parts, although not necessarily so violent. It requires but a slight cause to produce necrosis, whilst the same cause would have to be greatly increased in violence to produce gangrene. This is owing to the low degree of vascularity of bone, compared with the high degree possessed by the tissues generally.

Exciting Causes. These comprise two distinct classes, one division having their origin within the system are termed Intrinsic. These intrinsic causes are due to a peculiar condition of the system, often the result of some disease whose character it is to debilitate, and impoverish the nutritive powers.

of the blood. The other claps or extensive, include causes of a mechanical nature such as are applied to the bone or periosteum, in this class may be ranked continuous, penetratting wounds and pressure. Heat and cold in extreme degrees, cold in conjunction with moisture, may be considered in all probability as by far the most ^{common} cause of the disease. It may be remarked that when the cause is intrinsic the bone is first attacked, whilst on the contrary when the extensive act the periosteum is first inflamed.

The progress of the disease is as follows. Inflammation

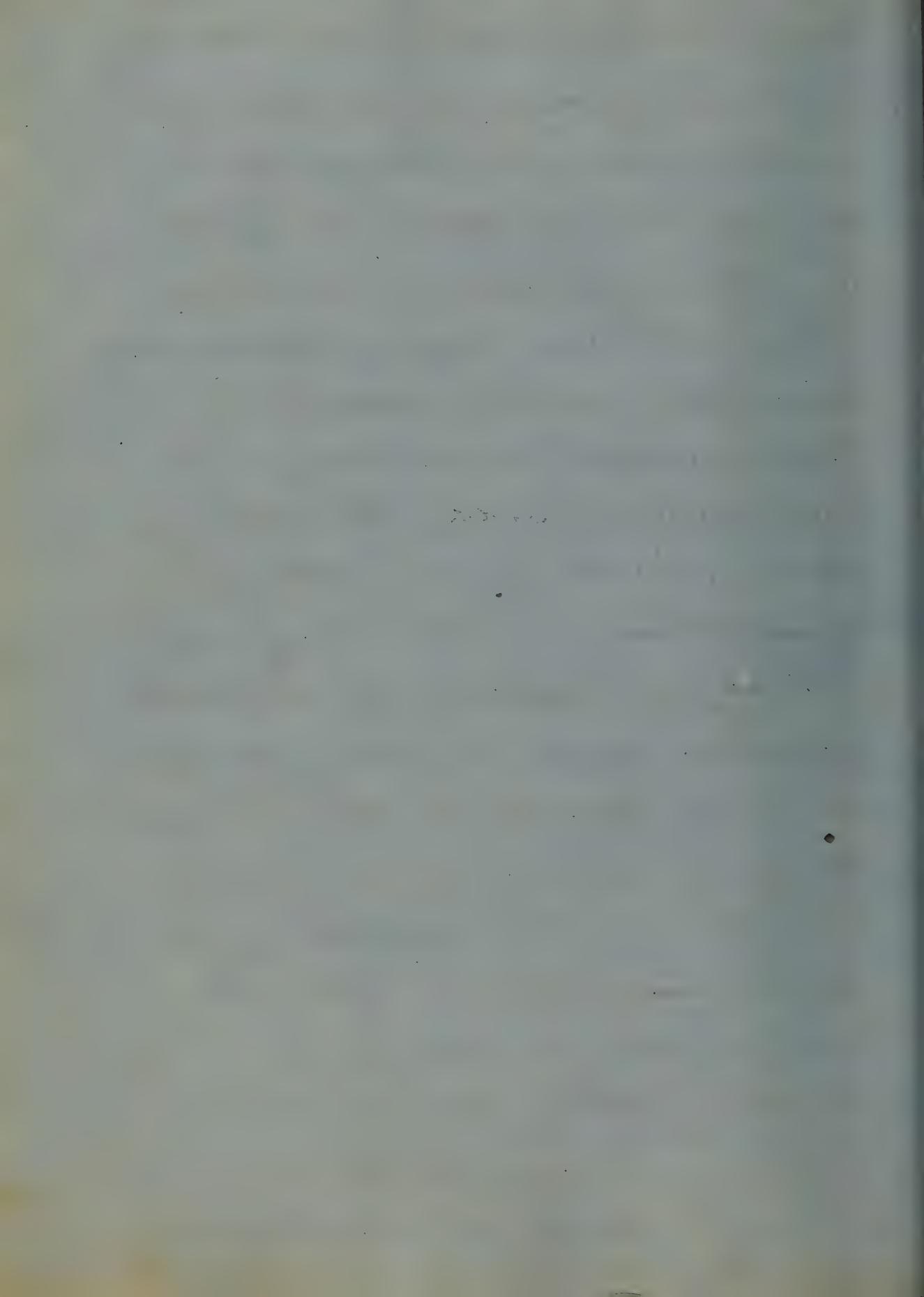
affecting the bone or periosteum
pus will eventually be found
after in sufficient quantities
to separate the periosteum from
the bone, thus cuts off the
necessary supply of blood for
the bone. But the surrounding
healthy membrane still
furnishes a scanty supply -
its chief source of nutrition
being thus interfered with
death must soon result.

The pus is contained in an
abscess formed about it. -
This abscess will suffer re-
sorption in a certain time
regulated by the acute or
chronic character of the
inflammation, or by the
thinness or thickness of the
parts covering it. - after having

escaped from beneath other
osteum, the matter
makes its exit either through
long and singular openings
or through short and direct
ones.— It is not until the pus
has escaped that an oppor-
tunity presents itself to
observe the changes progres-
sing in the bone. The first
indication of approaching
death of the bone, is a change
of color. It assumes a whitish
tinge, is generally harder
than natural, and if
scratched does not bleed, show-
ing plainly that its cir-
culation has been mate-
rially and effectually inter-
fused with. The presence
of the bone now acts like

any other foreign substance producing a great amount of irritation. This is manifest by the change that takes place in the neighboring healthy bone, it becomes softer and swollen, more vascular.

The canelli which connects the dead with the living bone, become smaller and smaller, until they entirely disappear by absorption. Nature now makes an effort to rid herself of the foreign body. granulations shoot out from the surface of the living bone, filling the vacant space, and pushing the dead bone before them - Nature is not however satisfied



with this, but not unfrequent-
ly sets up a process by which
new osifice matter is deposited.
The office of assimilation is
executed by the healthy
bone. Thence numerous mi-
nute spiculi of bone are
thrust out gradually en-
larging until they come
in contact. They are then
united forming an entire
new connecting portion
of bone. When the whole
thickness of bone has perish-
ed, the new bone is
produced much in the
same way, though in this
case the old is frequently
entirely surrounded by
the new bone. In the
bone thus newly formed

there will be a variable number of openings through which the pus escapes.

The bone at this part necessarily much enlarged owing to the swelling and overlapping of the new bone

Diagnosis In this as in other diseases, an actual observation of a few cases, will enable the surgeon to detect its presence with much greater facility than the best possible description. It will be easily recognized if familiar with the symptoms, as there are but few diseases resembling it in this particular. It will be proper to detail briefly the principal sym-

-toms in the order in which they occur. The first indication we have of its approach is pain, and the seat of this pain does not always correspond with that of the affection. Supposing the bone to be diseased in the vicinity of a joint, pain will be experienced at that joint, and not at the diseased spot. Hence necrosis has been confounded with rheumatism. But in these cases nothing more is necessary on the part of the surgeon, but care and patience to form a correct diagnosis. It will soon be perceived if the case be necrosis, that the

Pain is now no longer in the joint, but that it has shifted its position to the actual seat of the disease. This transference of the pain occurs at or about the same time with suppuration. This can easily be ascertained by palpation when usually evident fluctuation may be detected especially if the part be but thinly covered with muscle or integument. With respect to the pain when felt in the diseased spot, it is intense in degree. This pain arises in a great measure from the stretched condition in which the periosteum is kept by the

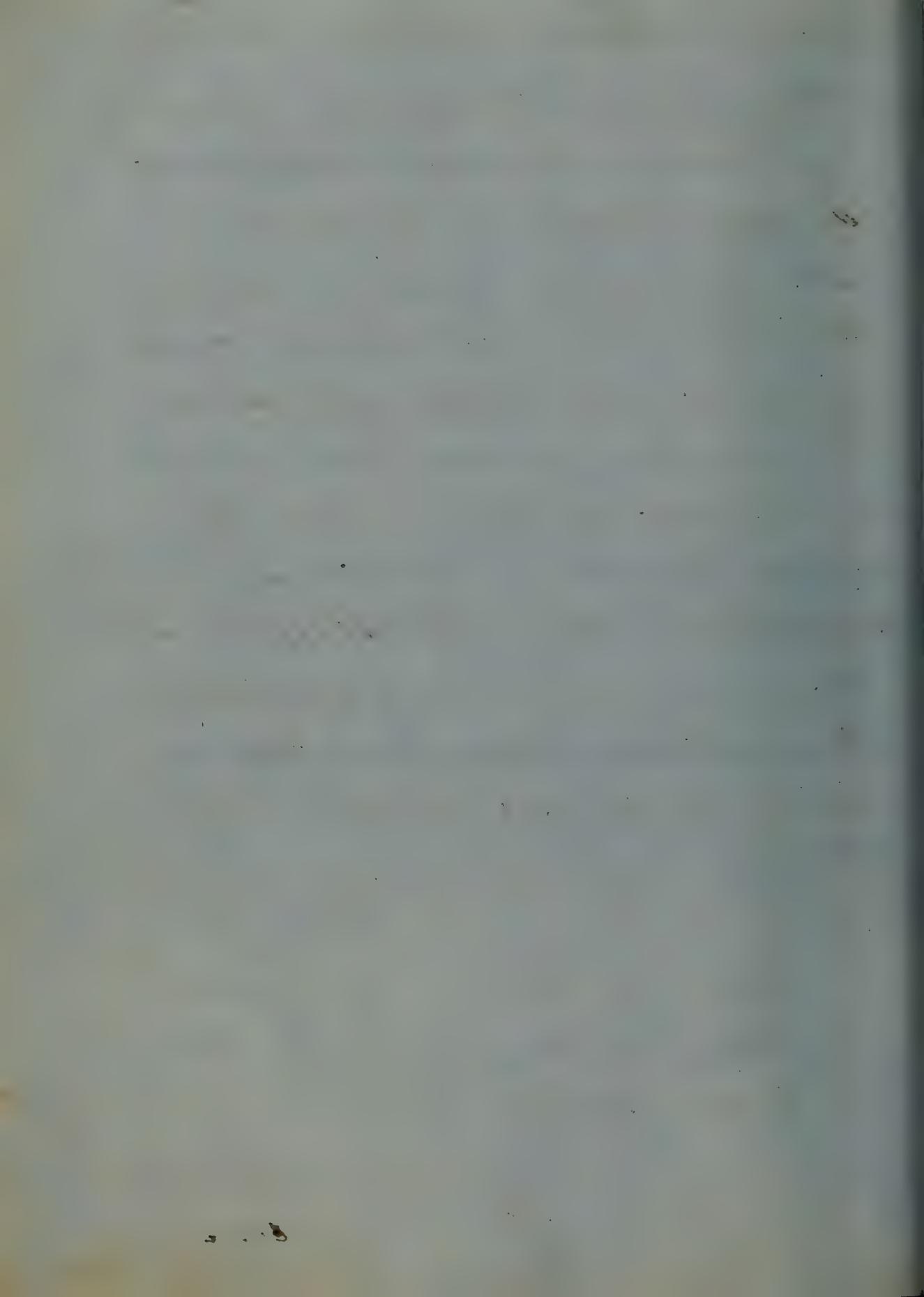
swelling. This membrane
ordinarily insensible be-
comes acutely so when at-
tacked by inflammation.

This is the case with the
bone also, in the healthy
condition it may be saw-
ed or cut without the pro-
duction of the least pain,
but when inflamed the
most excruciating torture
is experienced by the patient.
It is remarkable that neither
change of posture nor motion
affect in the slightest degree
the pain - on the contrary
a marked change is produc-
ed in pneumatisation by these
means. A farther ^{ground} ~~break~~ of
distinction is to be found
in the attendant febrile ex-

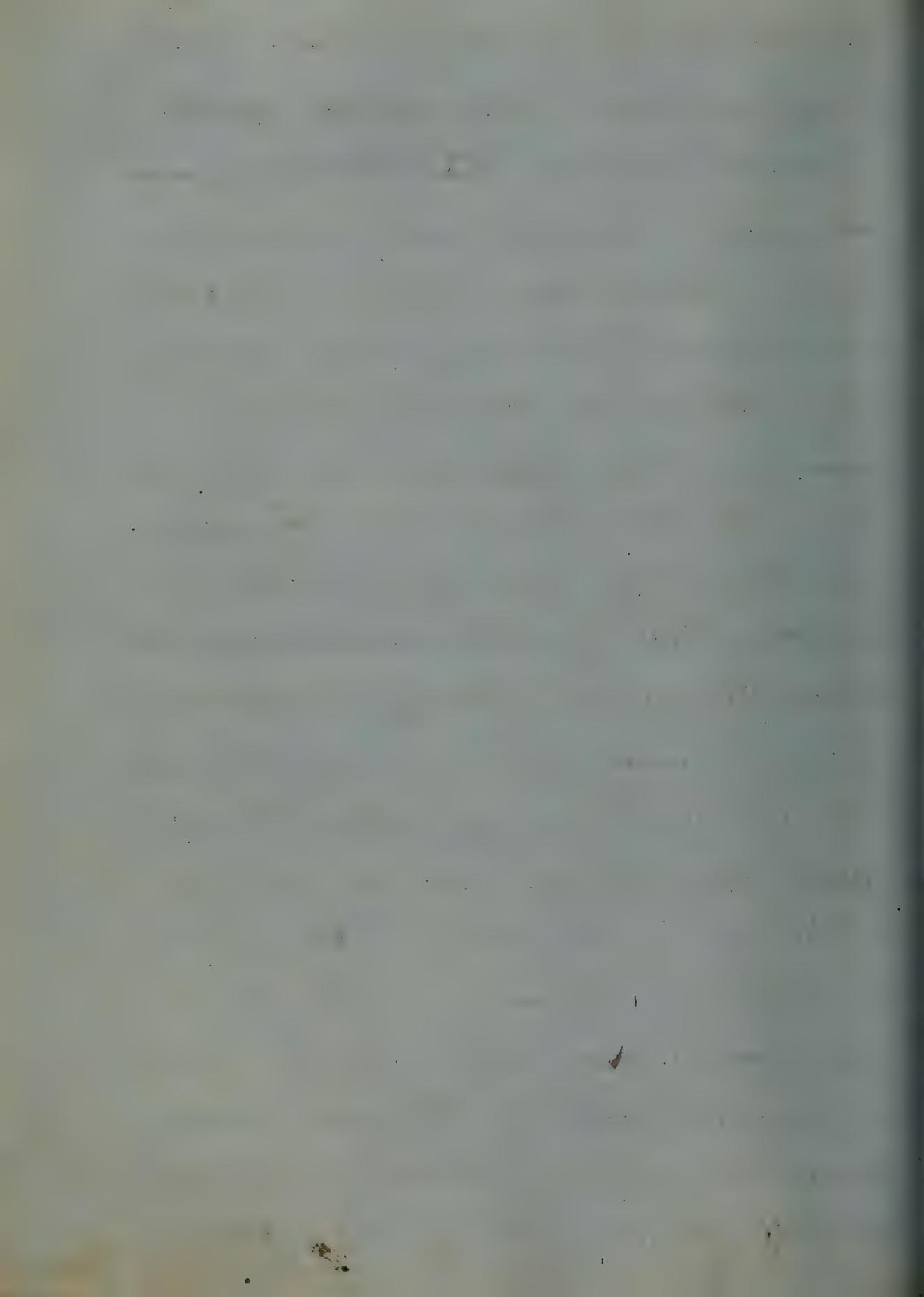
-citements. In rheumatism the fever is a symptom of much later occurrence than in necrosis, and still further in the last mentioned affection the fever is entirely symptomatic and of course greatly proportioned in degree to the violence of the local inflammation. Suppuration when it occurs decided at once any doubt the surgeon may have entertained as to the nature of the case.

As an ordinary thing suppuration does not occur in rheumatism, and when pus is formed it is not a primary result but a secondary one. That is it may take place in rheuma-

-tion when through sympathetic
-tomy other than the prima-
-ry tissue becomes inflamed.
Suppuration in necrosis is
attended and announced by
the same constitutional symp-
-toms as in other inflam-
-mations. There is not often however
a decided chill but merely a
rigor. The pain undergoes a
decrease. When the sheep bursts
there is more or less freedom
from pain, the membrane
being relieved from the
tense condition in which
it had been previously kept.
There is but one disease
of the bone itself so far
as I am aware, with which
necrosis is likely to be con-
-founded. Osteitis is a disease



of the bones ending either ne-
crosis in the death of the
part. Now - the older surgical
surgeons made no distinc-
tion between these two dis-
eases, but modern surgery
has shown them to be
essentially different in character
and to be produced by causes
materially different. Caries is
undoubtedly the immediate
result of a vice of nutrition.
This is usually owing to some
degeneration in the blood,
an impairment of its nu-
tritive qualities, this is
entirely constitutional.
Necrosis on the other hand
is produced by the nutritive
sources of the bone being di-
rectly and I may say com-



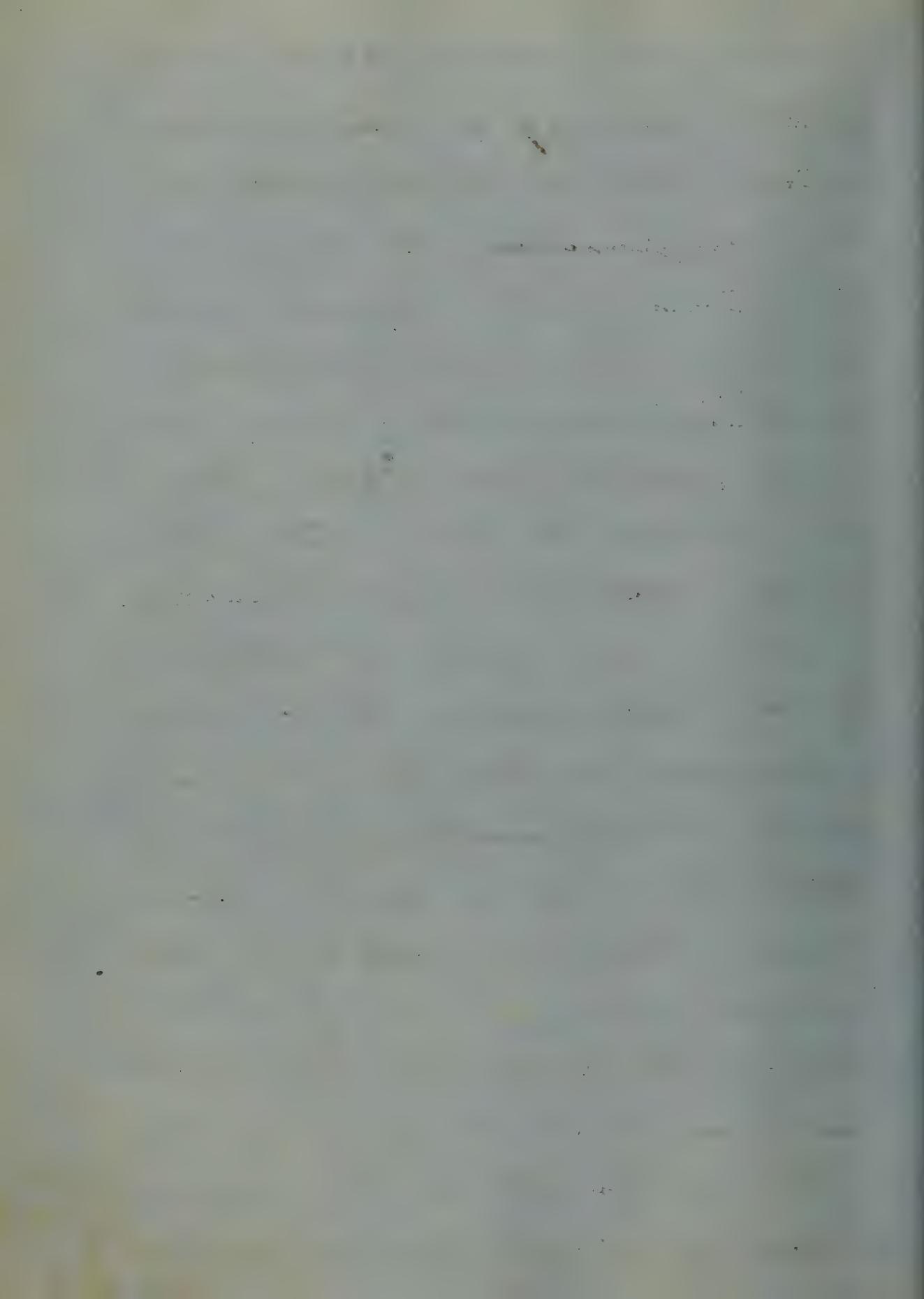
nicely cut off — one disease arises from a tubercular affection, the other from a tub. destruc-
tion, there being no blood
circulating through the part.
But it is true, that in the
earlier periods of the two di-
seases, much tact is requi-
site to diagnose between
them — First because abcesses
form in caries as well as
in necrosis, and secondly
because these abcesses are
characterized by symptoms much
alike — The pus however
differs. that of caries is dark
in color and evidently un-
healthy, sanguous — the mat-
ter of necrosis is main-
taining more healthy in
appearance, being seldom

much discolored, except it be in the latter stages.

Perhaps the best ground of distinction is furnished the surgeon by the skillful use of the probe. A caious one when meets with the extremity of the probe, communicates a sensation of softness and decay to the hand of the operator. The bone actually crumbles under the instrument. A necrosed bone when probed is hard and gives the idea of firmness. It will give out a clear sound when tapped smartly with the instrument. The nature of the bone attacked gives us at least presumptive evidence of the disease.

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-stitutional types, whilst that of necrosis is purely symptomatic as before stated.

Necrosis cannot be regarded as belonging exclusively to any age, though perhaps more frequently attacking the young than the old.

Prof Nathan Smith from his extended experience informs us, that he has rarely seen necrosis in persons under five or over twenty two years of age - Of all the bones the tibia is ^{the} most liable to be attacked by this disease, and the femur comes next in the order of frequency - This preference exhibited by the disease for some of the bones rather than others possessing

the same structure is probably owing to such bones being exposed to the operation more fully of exciting causes - Why when the exposure is equal in amount it should attack a less vascular rather than a more vascular has already been accounted for.

Treatment of Necrosis. The treatment to be adopted for the cure of this disease will be regulated in a great degree by the condition of the patient's general health. In those cases in which the disease is dependent upon a general vice of the system it will be proper to address the remedies to the constitution. The remedies are of two sorts therefore, general and local.

the former are to be employed when a peculiar state of the constitution is active in producing or favoring the diseased action, and the latter to be employed without reference to the cause, at the discretion of the surgeon. The local treatment is the most efficacious in arresting the spread of the disease. If necrosis has occurred in a person of a robust constitution and plethoric habit, attended with a high degree of inflammatory excitement, it will be proper to resort to the antiphlogistic plan of treatment. Blood letting is the most efficacious of these means and should be pretty freely performed, by making a free

W. H. DAVIS
1875

orifice in a vein of the arm.

In addition to this saline purgatives may be exhibited especially if the bowels are at all irregular, so as to produce a considerable number of watery evacuations. In the use of purgatives we are to be governed in a great measure by the seat of the disease. If for example it affect the bones of the cranium they should be freely employed on the principle of revulsion. In this case the more drastic purgatives will be required as Scammony or Gamboge. The more actively the patient is purged in these cases, the better, as metastasis is to be feared. The bleeding may be

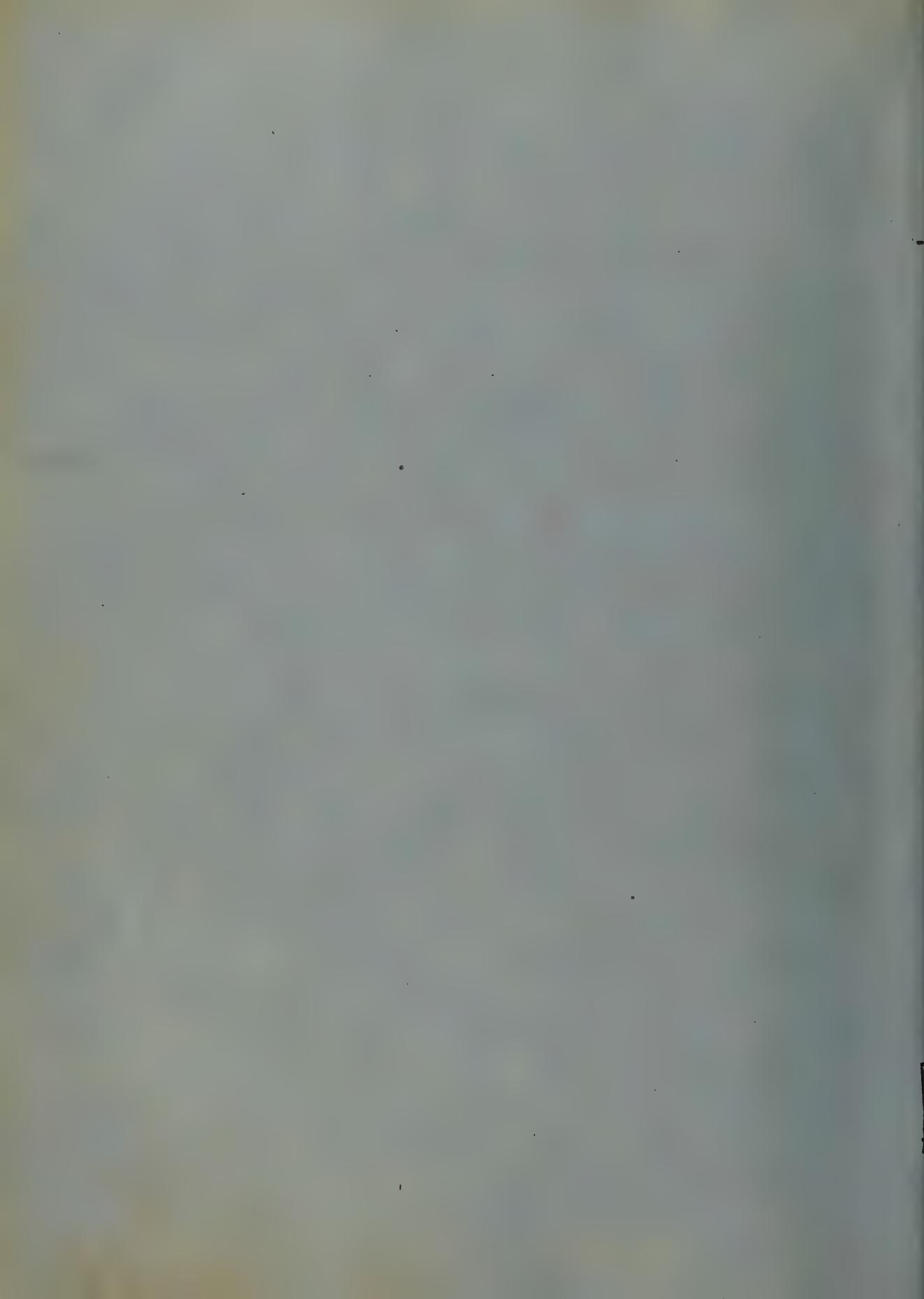
probably inflict - injury by ab-
stracting blood from the heart
already inadequately supplied with
that fluid. The patient's strength
will have materially suffered
in these cases owing to the
inefficient manner in which
nutrition is carried on - The
indications then are to improve
the nutritive qualities of the
blood, and to buoy up the pa-
tient's failing energies. The best
remedies which can be admin-
istered for these purposes are
some of the various prepara-
tions of iron, of these the sul-
phate or the syrup of the iodide
are perhaps the best. Attention
should at the same time be
paid to the diet, which should
be of the most nourishing kind.

The bowels must be kept regular by means of laxatives. In addition to this general treatment local applications have been recommended, for the purpose of relieving the pain, they are rarely, however of any material benefit. Blisters to the part and kept open by some irritating ointment are highly spoken of by some. That which is most useful, is when the case is seen early, an incision through the soft parts down to the bone, this will often prevent the bone from perishing, and will almost be sure to arrest its further death, if that has begun. In case the disease has existed some time, and there is a sequestrum present, the surgeon should make

an incision down to the bone, then either with a raspine or chisel enlarge the openings in the new bone. When this has been effected the surgeon endeavors to remove the sequestra by means of forceps. He seldom succeeds however in abstracting the whole of the dead portion at one operation. The attempt must therefore be repeated until the fragments are all extracted, when the fistulous openings in the new bone and soft parts will generally heal readily and a cure is perfected.

A
Clinical Report
of a case of disease
submitted to the examination
of the
Provost, Regents and Faculty
of Physic of the
University of Maryland
for the degree
of
Doctor of Medicine
to
Peter Wood Hawkins
of
Charles County
Maryland

1852



1

Gentlemen.

I submit for your examination, a clinical report of six cases of disease, drawn up from personal observation, which were admitted and received medical treatment in the Baltimore Infirmary, during the time I was resident student in the Institution.

The first case to which I will invite your attention is that of Hemiplegia. The patient was a colored woman, belonging to Mr Carroll near this city. She was admitted in the Baltimore Infirmary for medical treatment, on Monday May 26th 1851. Her occupation had been that of a cook, to which she had been accustomed from childhood. She stated, that she was the mother of six children; her parents, two brothers and three sisters all living and in the enjoyment of good health.

On the Friday week previous to her admission in the Infirmary, whilst engaged in her usual occupation as cook she was suddenly attacked with dimness and obscurity of vision, vertigo and lightness about the head. These symptoms of approaching disease continued more or less intense during the day but not so violent as to cause her to cease from her occupation; - she still continued to be employed about her duties. She stated that her previous health had been good, with the exception of occasional violent headaches, in consequence of which she was sometimes compelled to give up her occupation and take to her bed. On the subsequent day (Saturday) she still continued about her duties as cook but still laboring under the same unpleasant sensations of giddiness, lightness of head and dimness of vision.

Sunday, in consequence of the increased violence and severity of her symptoms, she was compelled to take to her bed and a physician was called to see her, who prescribed for her, but without any apparent benefit. She remained confined to her bed from Tuesday until the following Thursday, without any marked or decided change in her condition, still suffering from the same disagreeable symptoms, when it was discovered that she was laboring under paralysis of her right arm and leg having lost all power of motion in her arm and her leg capable only of very partial motion. She complained of a sensation of chilliness affecting the right side of her head and face. There was little or no alteration in her condition from Thursday when it was ascertained that she was hemiplegic to Monday, the

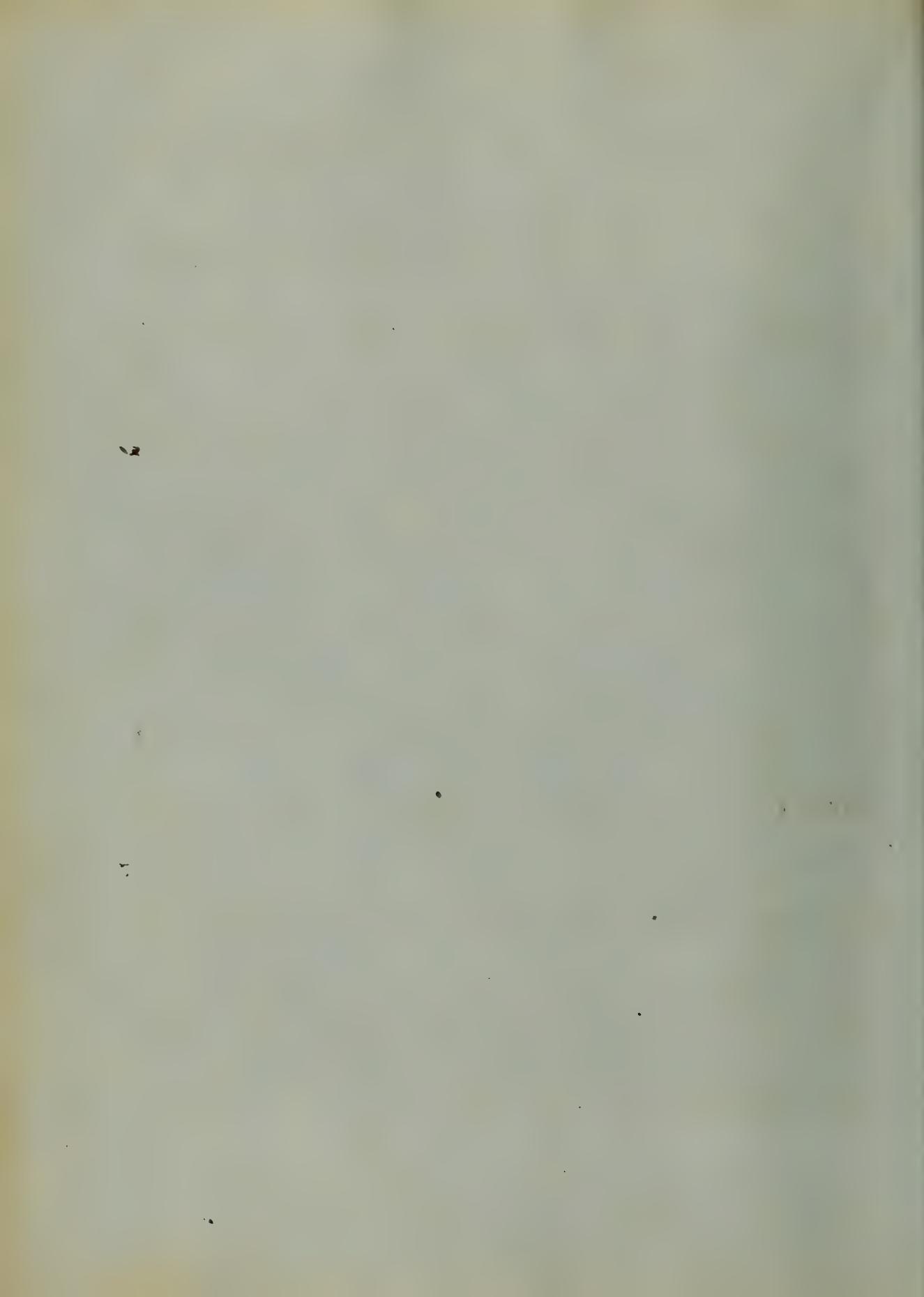
day of her admission in the Infirmary, except to a gradual increase of debility. She stated that she had been able every day to sit up a little previous to her entrance into the house, but was then unable to do so, as she expressed it, "from want of strength." Previous to her admission she had been directed to have wine and porter. She stated that she had labored under double vision before entering the house, which was not the case subsequent to her admission, except with ~~object~~ at a distance. We found her, on her admission in the Infirmary with cold and chilly sensations running through the right side of her head face and body, her vision somewhat impaired, the sight of her right eye being more affected than that of her left. Her Tongue when protruded inclined towards the affected side, her right

arm completely paralyzed being entirely incapable of motion; her right leg capable of very slight motion only. Her articulation was imperfect as much so, that she was with much difficulty understood. She complained much of profuse sweating and of its augmenting daily almost from just previous to which, the chilly sensations, before referred to, became more distressing and intense. Her bowels were constipated having had no operation for two days. pulse 108 per minute, quick and feeble, tongue a little whitish, no pain in any part of her body, except in the paralyzed arm, which was sharp and shooting - the affected leg free from pain. She was seen and attended by Prof. Brown who prescribed for her.

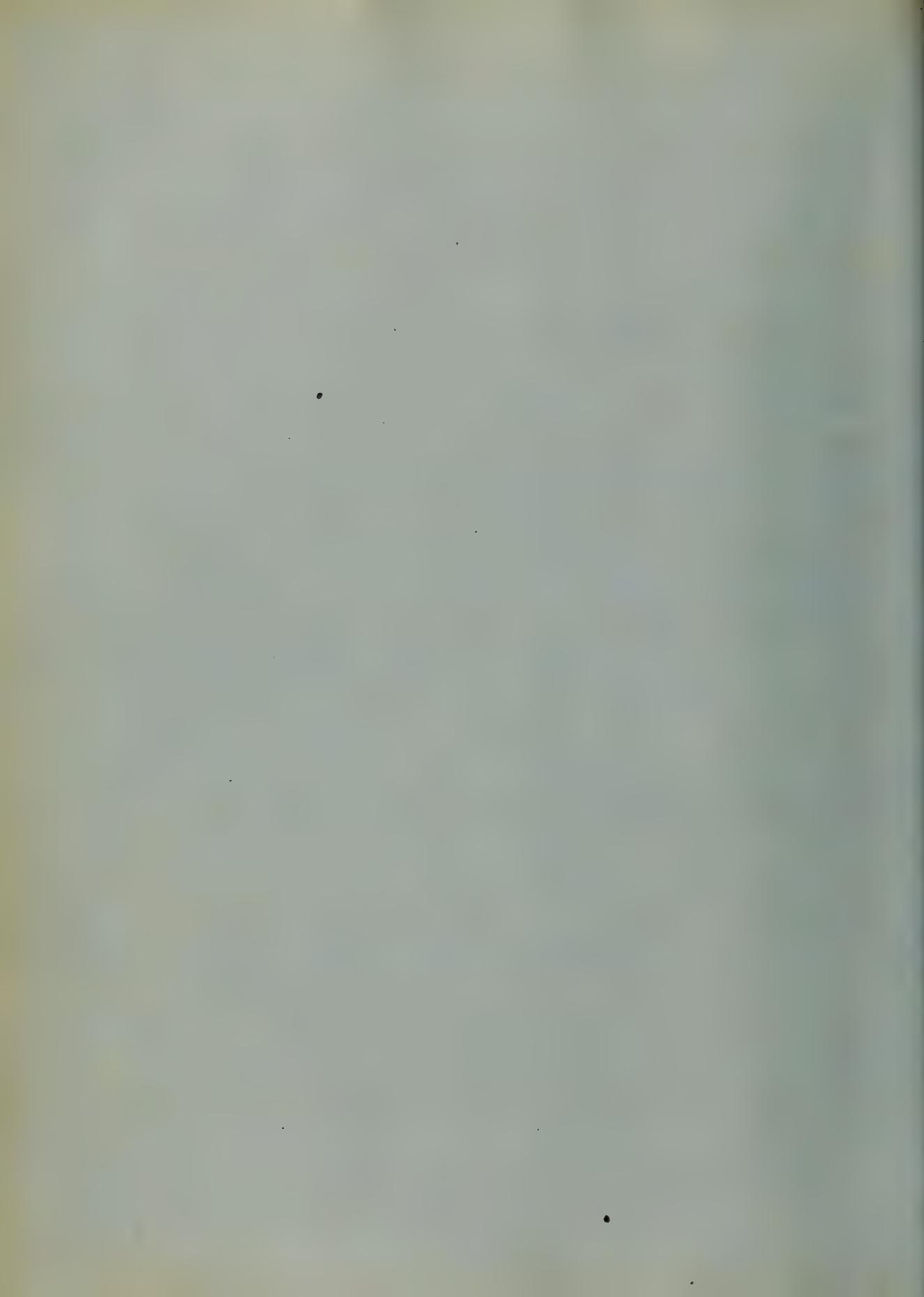
Rp Calomel gr. v

Pulv. Rhei gr. x

and this to be followed in six hours, by Aleum.

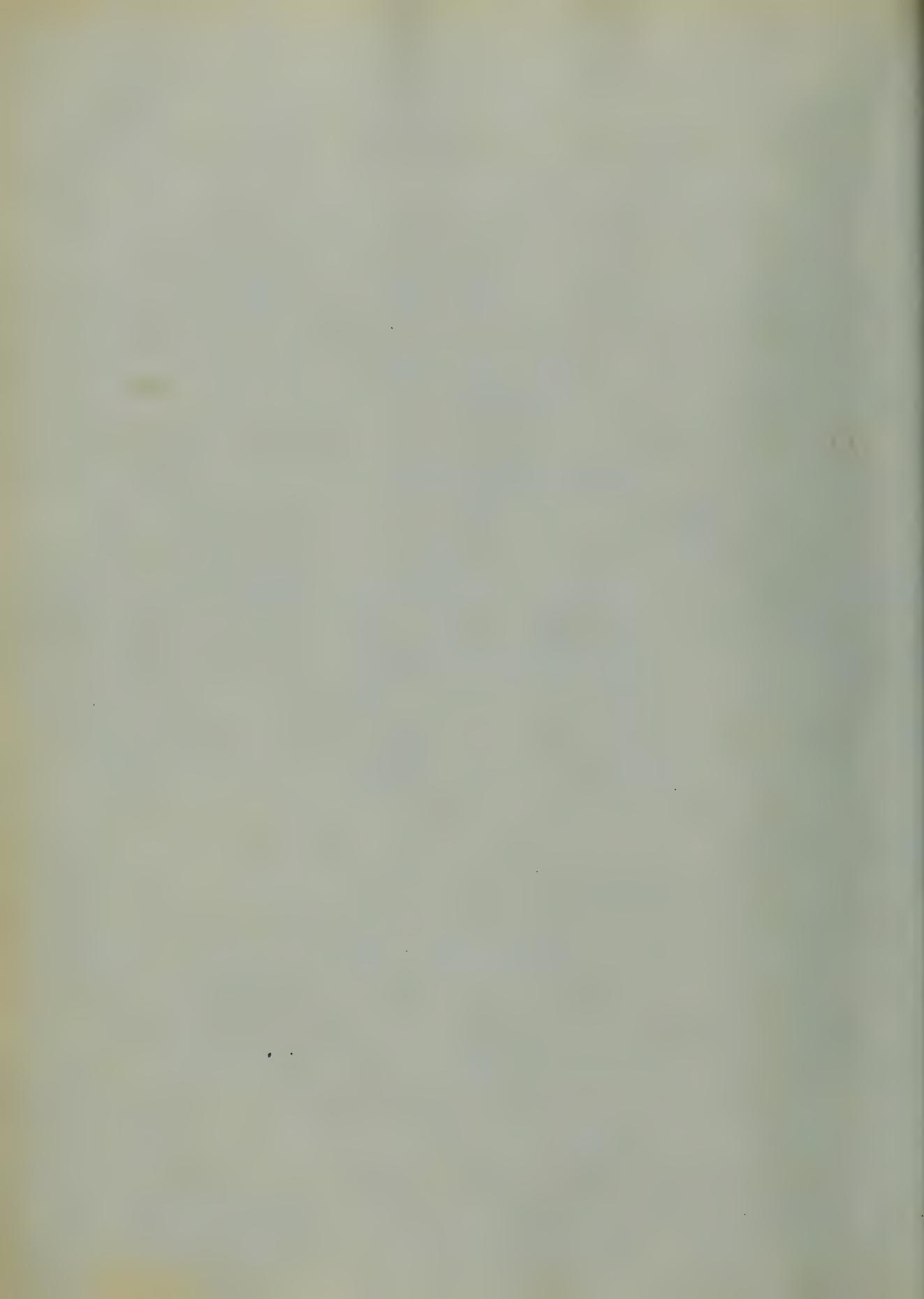


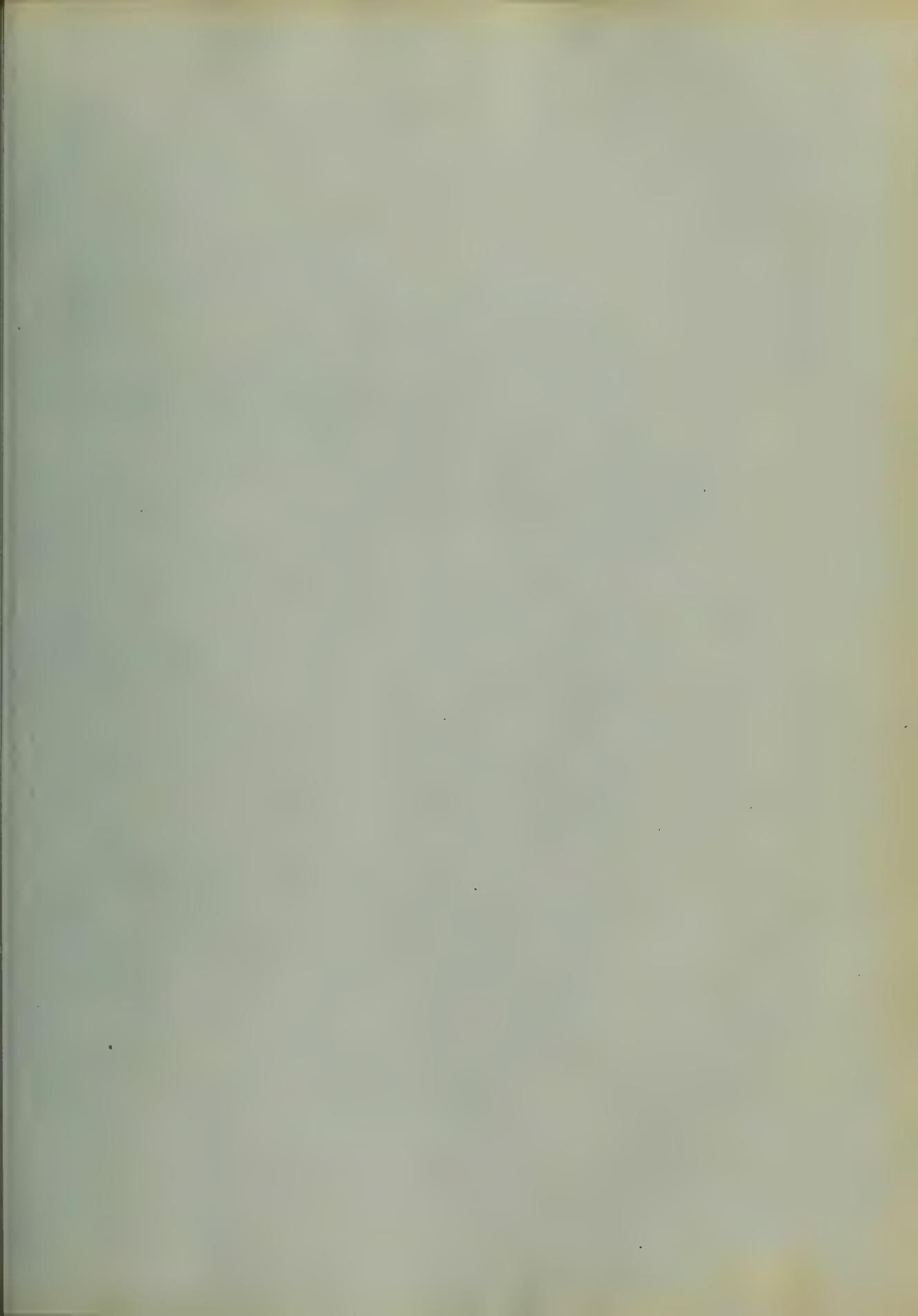
-Puccini - 3^{ds}. In addition she was directed to be freely cupped along the spine and especially along the upper portion. She was repeatedly cupped at intervals of twenty-four or thirty-six hours, during the first week or ten days after her admission, and in connection with this, she was put on divided doses of Mercury Specie and Bicor. Soda, until the mercurial influence was fairly established, when all medical treatment was suspended and our trust was placed in the powers of nature and a proper regimen. Her condition was in nowise improved when she left the Infirmary June 21st, nearly four weeks after her admission. The pathological condition of the above case, was probably that of cerebral or spinal hemorrhage causing pressure on the structures around and thereby producing interruption of nervous function. The supposition of the existence of hemorrhage, either spinal or cerebral,



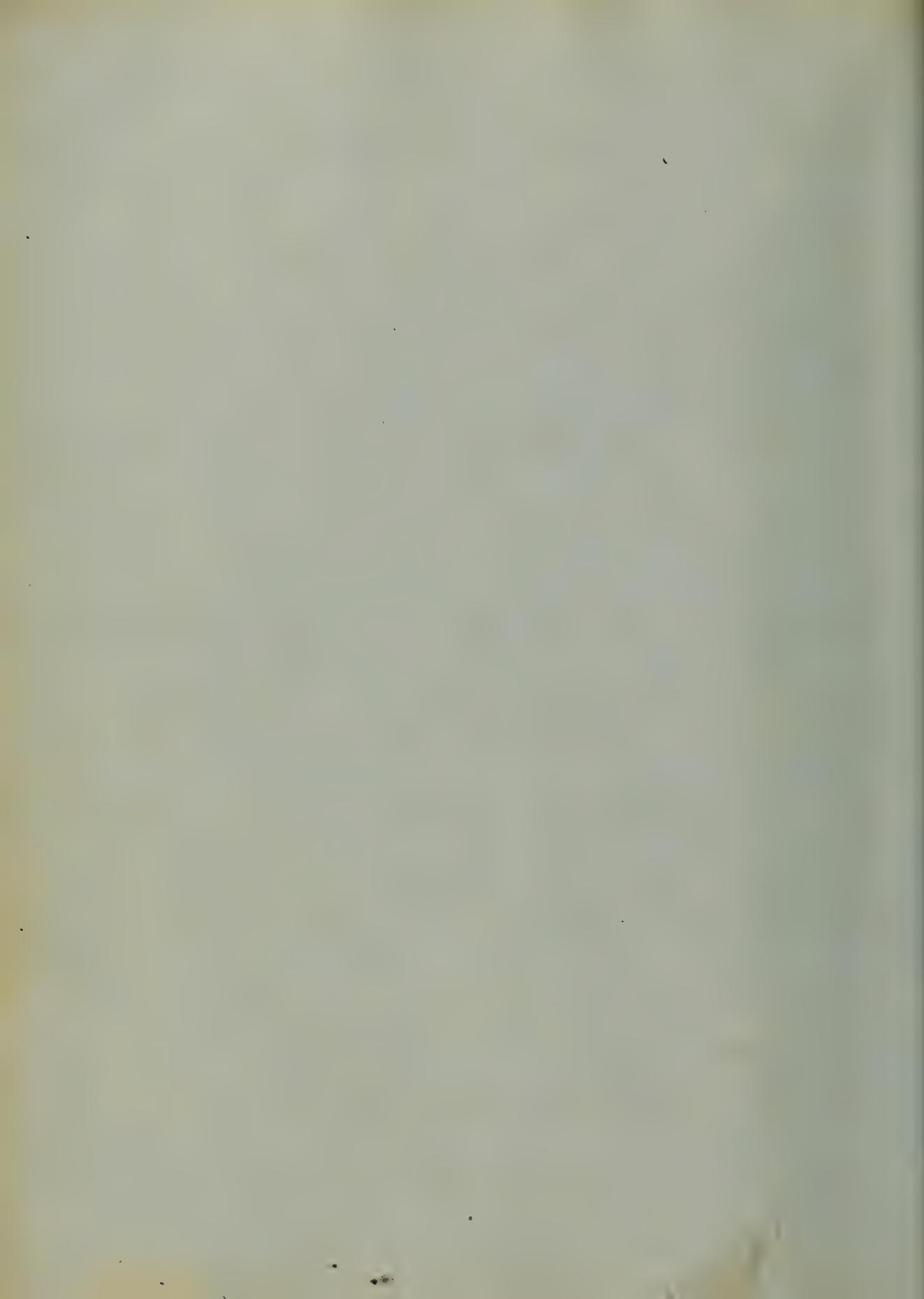
is strengthened and derives support from the fact of the extreme obstinacy of the symptoms, and the patient receiving no benefit whatever from remedial measures. The object of the treatment to which the patient was subjected, was of course to remove all congestion about the brain and upper portion of the spinal cord, and to produce resorption of the effused fluid, whatever it may have been, and consequently the removal of pressure, so as to allow of the reestablishment of nervous function.

The plan of treatment best calculated to accomplish this object, and which seemed to be the only rational treatment, consisted in strong emetics along the neck and spine, by means of cups, cathartics to act on the bowels, and the production of purgation by the administration of Mercury.





The next case to which I will call your attention, is that of Chronic Peritonitis. The patient was a colored boy, aged eighteen years, who entered the Infirmary June 20th 1851. He stated that he had been in the service of Mr. Van Bockley of St. Timothy's Hall, employed in the occupation of porter and carriage driver, and that he was one of six children, all living except two, did not know of what disease they died, parents living and in the enjoyment of good health. He stated, that at Christmas last, his attention was directed all to a swelling of the abdomen a little below the umbilicus, which continued for about a week before commencing to give pain and uneasiness; and that he had experienced no ill health previous to the appearance of the swelling, which was preceded by unpleasant and indescribable sensations in his abdomen. A few days subsequent to the abdominal



swelling making its appearance, he was taken with a cough, which continued to annoy him about a month and then left him; and it had not recurred at the time of his admission in the Infirmary. He also stated, that he had suffered no pain or any unpleasant sensations in any part of his body, except to in his abdomen, over which there was much pain and tenderness, which were greatly augmented by pressure. Previous to his entrance in the house, he had been attended by Prof. Sinitz, who (as he stated) prescribed for him medicine in a liquid form, and an ointment was directed to be rubbed over the abdominal swelling supposed to be due to an Emetic ointment, which produced copious purulation; and after this a warm anodyne poultice was applied. His mother stated, that after the production of purulation, his condition became much improved, which continued about two weeks. At the expiration of that

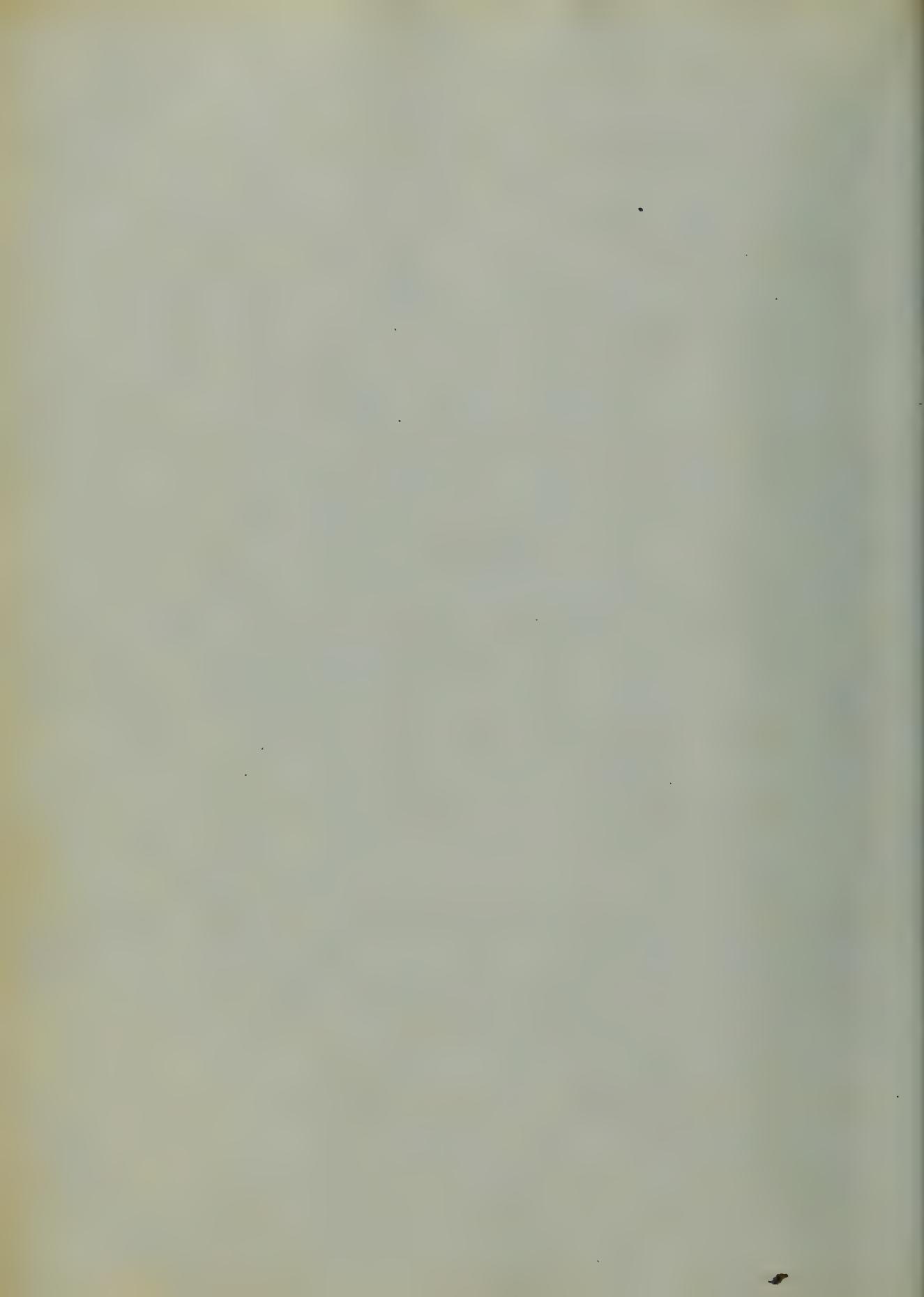
time, "something seemed to give way in his abdomen" (as his mother expressed it) and there was a discharge of about a gallon of blood and purulent matter, most offensive in its character. The discharge from his bowels ceased in about twenty-four hours, and did not recur. We found him on his admission in the Infirmary, with a tense, swollen and tympanitic abdomen and exceedingly painful and tender on pressure. There was no marked or evident derangement about his lungs. There was great anaemia, evidenced by the pale and blanched appearance of the labial and conjunctival mucous membranes. There was also considerable emaciation; pulse 120 per minute and feels; extremities cool; appetite much impaired; bowels regular. He complained much of prostration and want of strength. He was placed under the care of Prof Scherzer & directed for him Syr. Iodid. gtt. x. ter dier. a sinopism over abdomen and nutritious diet. His condition was not

materially improved by these measures; he still continued to complain of much abdominal pain and uneasiness, increase of debility and faintness, impaired appetite, want of sleep, &c. He was directed to have in addition to the above remedies, an ointment composed of the following

Op. Iodida Potass. 3ij. A small portion.

Iodine just rubbed over abdominal hern. Singl. 3ij. (a tumor ten days, but the application giving him intense pain, it was directed to be withheld). The abdominal swelling soon began to point a little below the umbilicus, and continued to do so for several days, when it ruptured and discharged a large quantity of seropurulent matter, but without any abatement of the abdominal symptoms and very little diminution in its size. The discharge continued for several days becoming exceedingly offensive and assuming somewhat a fecal character. A probe was introduced and

pushed its entire length into the abdomen) without encountering any resistance, and we were lead to suppose, that there existed a perforation of the intestine and that the probe entered the gut. The same treatment was still continued, consisting of a gr. Iodid. sterni. gtt. & ter die. nutritious aliment and in addition Port Wine as a stimulant tonic, and a warm poultice kept constantly applied over the discharging orifice. Under this plan of treatment, there was no marked or evident improvement in his condition, the powers of his system seemed gradually to languish, a copious discharge of a most offensive character was still kept up from the abdominal swelling, which seemed to augment very materially his already existing prostration. Edema of his face eyelids feet and ankles now began to make its appearance, his sleep much disturbed by abdominal pain, little or no disposition for food, feeble and frequent



pulse, cool extremities and clammy skin). But what was most surprising and remarkable, during this condition of things; his bowels remained regular, and his evacuation presented a healthy appearance. Each movement of his bowels was attended by severe abdominal pain. There being no apparent amendment in his condition, but rather a gradual and steady increase of unpleasant symptoms. He was directed to have in addition to the above treatment, a Sulphur Quinine gr. oxyg. made into pills viij, and one to be taken every four hours. This plan of treatment was strenuously pursued, but apparently with no salutary effect. Remedial agents seemed incapable to arrest the sinking energies of his system, weakness and prostration gradually increased notwithstanding every effort and exertion to support and buoy up the flagging powers of nature. Each day he became more feeble, and exhausted; his bowels at length became

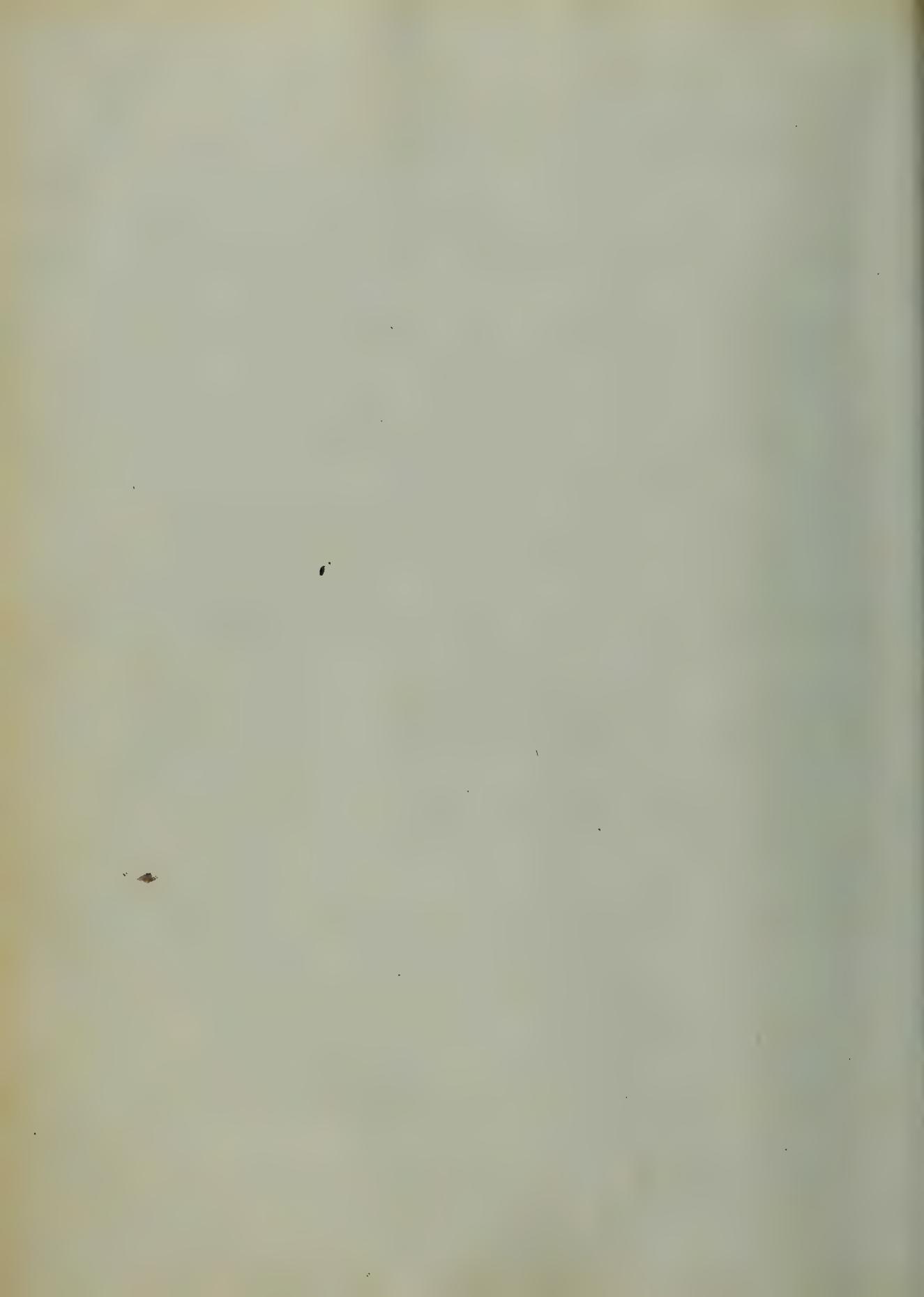
loose evacuations frequent thin and watery
and he expired, July 4th, nine o'clock P.M.
fourteen days after his admission in the
Infirmary. I regret to state that there was
no opportunity afforded of making a post mor-
tem examination, and consequently no means
of ascertaining the exact pathological state,
which was most probably tuberculous inflam-
mation of the peritoneum.

A case of *holice pictorum*.

The patient was a native of Ireland, his
occupation that of a painter, aged twenty-
five years, and was admitted in the Ballin-
more Infirmary, May 19th 1851. He stated
that he had resided in this country about
three years, and that he had been in the
enjoyment of good health since he left
his native country. He also stated, that
he was attacked in London in 1844, whilst
employed in his occupation as painter with

severe and intense pain in his stomach
and bowels, constipation, nausea and vomiting.
She did not recollect the other symptoms.
She was taken to the Royal Infir-
mary and placed under the care of Dr
Benjamin Brodie, under whose supervision
he soon recovered his health. From that
time his health had been good, until about
two years previous to his present attack,
whilst in New Orleans, he had yellow
fever, from which he soon recovered under
medical treatment. In October last
whilst in Baltimore, he was suddenly
attacked with acute and violent abdom-
inal pain attended with vomiting and
obstinate constipation. She stated that
his bowels were very insenitive to the action
of purgative medicines. His attending
physician pronounced him to be laboring
under an attack of lead colic, and treat-
ed him accordingly. The remedies he

remembered taking were Epsom salts
and castor oil. She had a similar at-
tack in Lancaster Pa. about the twenty
fifth of March last, which commenced
with severe pain and uneasiness of stomach
and bowels, constipation and vomiting
of a small quantity of blood. When
admitted in the Infirmary we found
him laboring under symptoms of ob-
nate constipation, exrutating pain
in his abdomen, of a twisting and spas-
modic character, coming on in parox-
-yms, aching and soreness in his limbs
much weakness about the wrists, a bluish
tint about the mucous membranes and occa-
sional vomiting. His pulse was some-
what excited, skin dry and harsh, tongue
coated with a yellowish fur and trem-
ulous when protruded, abdomen hard
to the feel and retracted, urine scanty
and countenance expressive of much



pain and suffering. She was seen by Prof Bhew who directed him to have Alum 3ʒ every three hours, and this to be followed at the expiration of eight hours if no evacuation from his bowels had been obtained by that time by

Rj. Pulv. Opii gr. ij

Bleum. tiglii gr. ii) every two hours.

The Alum was given as prescribed, but without any evident effect, and was followed as directed by the Opium and croton oil, which also failed to produce the desired effect. She was again seen on the following day by Prof Bhew who prescribed for him the following

Rj. Extract Belladonnae. j. ss.

Tulmuriæ Sydraggi. gr. xij

and this to be followed in four hours after, if no evacuation from his bowels had been produced, by the following

Rj. Bleum. Ricini. 3ʒ

Bleum Sclerinth. 3j

Bleumaliglis gr.ij.

and if these should fail to operate
on his bowels he was directed to have
an enema consisting of the following

Rx. Secord. Linii Oj

Bleum Sclerinth. 3j.

All of the above remedies were administered, but were ineffectual to produce the desired result. His bowels still remained constipated, he still suffered much from abdominal pain, nausea and aching in his extremities and loins. The enema was then administered and with the happiest results. But five minutes after its administration his bowels were freely and espiously moved, with a very prompt and decided mitigation of all unpleasant symptoms. His bowels were subsequently acted on by mild aperients, and he

was directed the following, every four hours

Rx. Camphor gr. v.

Alum. 3*sp*

Emul. g. s.

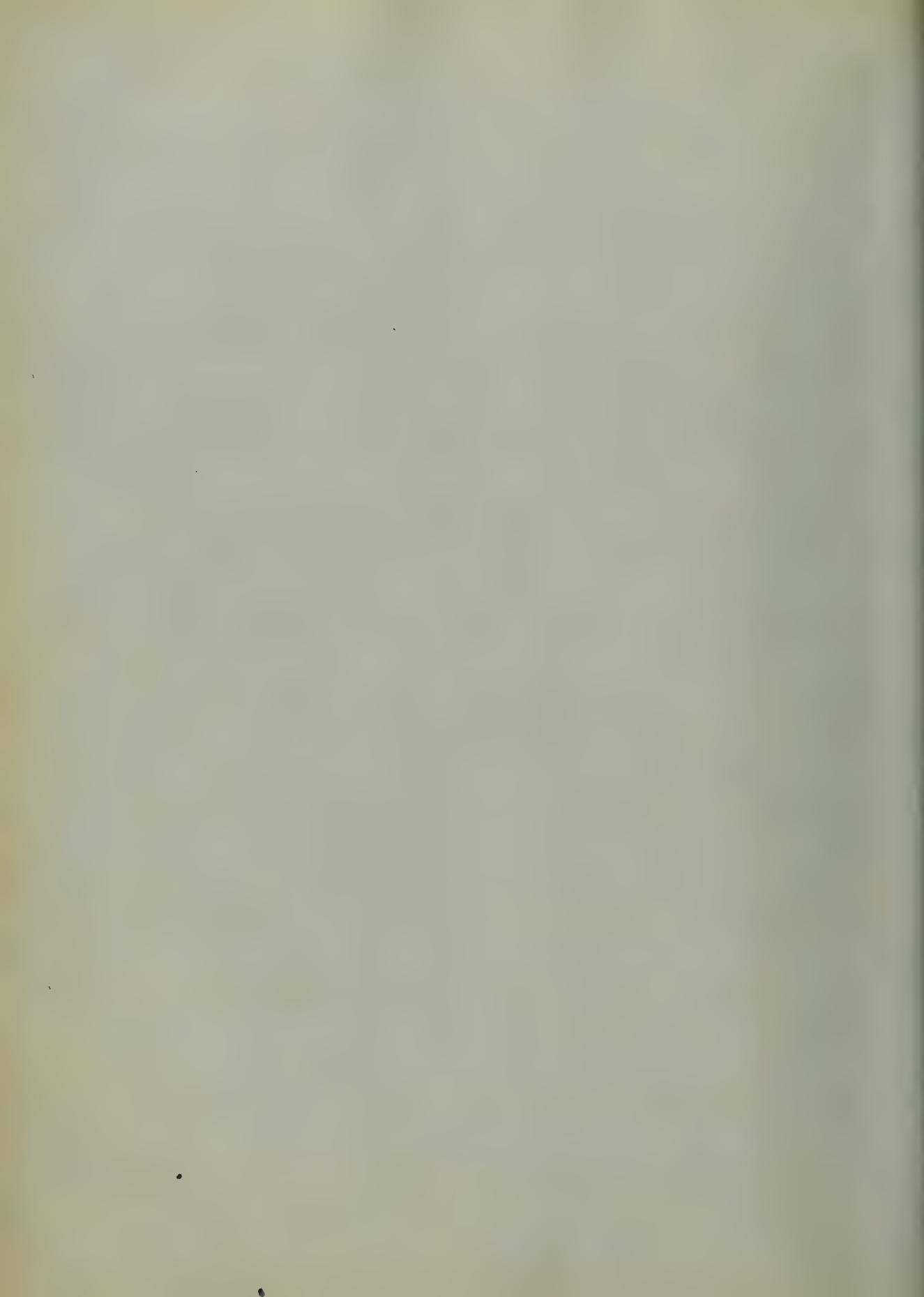
which he continued to take for several days, when he left the Infirmary perfectly free from disease.

A case of Rubeola.

The patient was an Irish boy aged twelve years admitted in the Infirmary for medical treatment June 11th 1831.

He stated that he had arrived in Baltimore about a week previous to his admission in this Infirmary, and that he was not aware of having been exposed to the influence of any contagious disease, prior to his leaving Ireland or on shipboard during his passage to Baltimore.

timore. If his account of himself be true, he was in the enjoyment of good health up to the day previous to his entrance into the house, when, as he stated, he became affected with great debility, lassitude, aching and pain in his back and limbs, general uneasiness, headache, nausea, epigastric pain and profuse perspiration followed on the subsequent day (if his statement be correct) by an eruption of a bright red color. We found him on his admission in the Infirmary with his face much swollen and red, his skin covered with a bright and red colored eruption, somewhat elevated and rough to the touch collected together in clusters, assuming somewhat a vesicular form, and the intermediate portions of skin presenting a healthy appearance. The eruption was more abundant on the face, upper



extremities and chest, gradually growing less distinct as it descended. The eruption however became more distinct & abundant on the lower part of his body after the lapse of a day or two when it had commenced to fade away on his face and chest. We found him also labouring under symptoms of catarrh, indicated by cough attended with a yellowish mucous expectoration, sneezing, redness of the conjunctival mucous membrane and coryza. His pulse was frequent and full, skin dry and hot, tongue covered with a yellowish fur and red along its tip and edges, and its papillæ enlarged. He complained of much prostration of strength, thirst and loss of appetite. His bowels were rather relaxed but scarcely enough so to constitute a diarrhoea. He had had no chill previous to his admission in the Infirmary, neither

ring of skin and had slept well. He was placed under the care of Prof. Ober who directed for him the following

Rt. Antimoniate Potassow tartaric

Emul. Gum Acaciae. 3x

3p every two hours.

and in addition to the above he was ordered low diet, quietude both of mind and body and rest in bed. He was again seen on the following day by Prof. Ober who directed him to have the above emulsion every three hours instead of every two as first directed. Under the above plan of treatment there was a very marked and decided improvement in his condition. His pulse became softer and less frequent, heat and dryness of skin diminished and abatement of febrile excitement. Three days subsequent to his admission (June 14th) the emulsion of tartar-emetic was ordered to be suspen-

-ded and he was directed to have as before, low diet, rest in bed and quietude of mind and body. His state continued to improve. The eruption had now (June 15th) commenced to disappear, beginning to fade away first, from his face, chest and upper extremities and at a later period from the abdomen and lower extremities; leaving the skin red, but cool and moist, the cuticle separa-
ting in furfuraceous or bran-like scales.

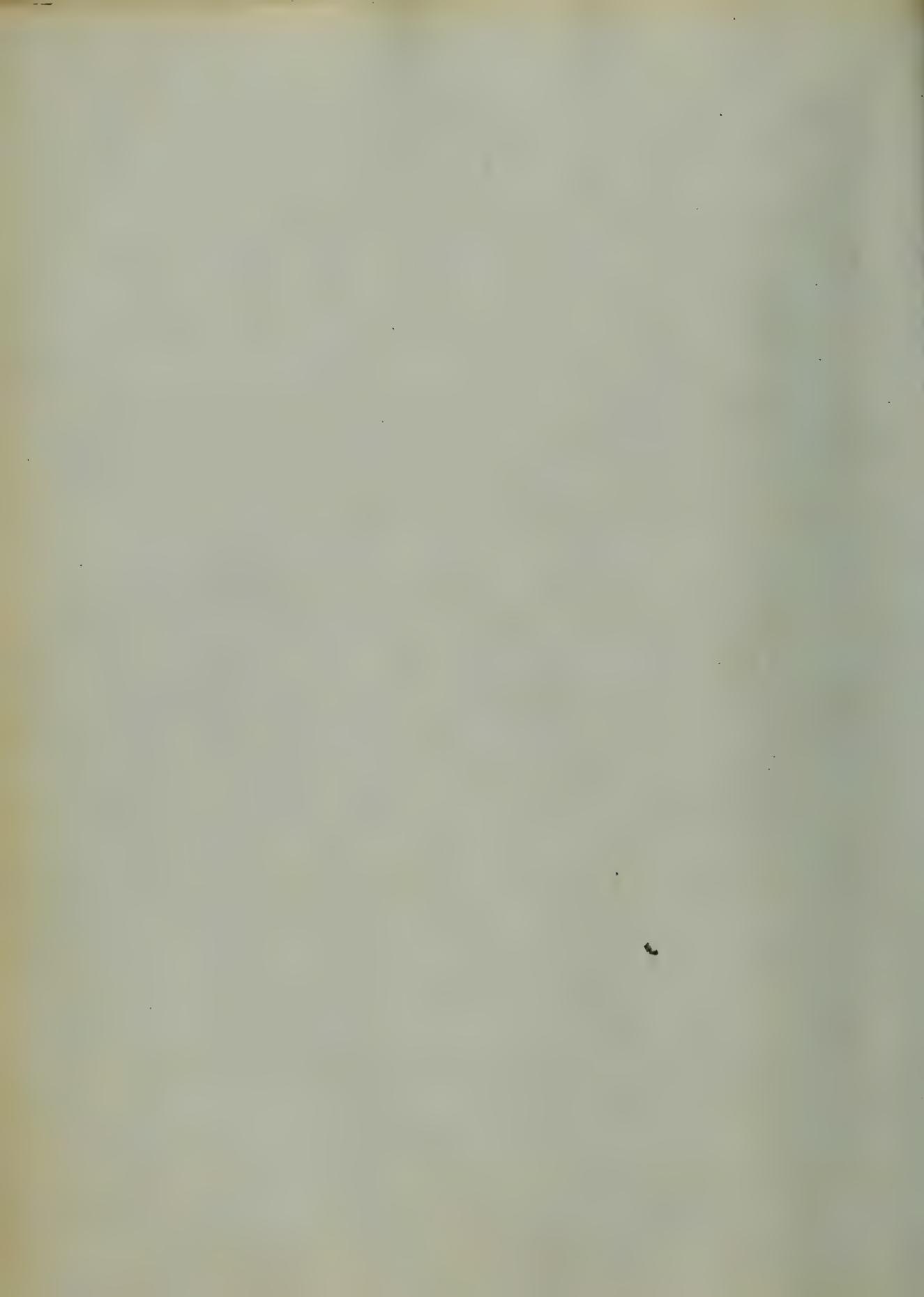
The tongue also presented a more healthy appearance, becoming cleaner and less red, papillæ less enlarged, appetite improved and catarrhal symptoms greatly diminished, expectoration thicker and more opaque. He still went on to improve for a period of four or five days, when it was discovered that he was laboring under consid-
erable febrile excitement, indicated by a quick, frequent and full pulse, heat, red-
ness and dryness of skin, and along with

These there were some stupor and drowsiness and a strong disposition to sleep, from which he was with difficulty aroused. He was directed to have an aperient, low diet and rest. At the expiration of twenty-four hours all untoward symptoms had nearly disappeared; there was little or no fever, skin cool and moist and no evidences of stupor or drowsiness and he left the Infirmary (June 19th) perfectly restored.

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A case of Acute Dysentery.

The patient, a colored man, aged fifteen years, was admitted in the Baltimore Infirmary for medical attendance, Saturday, June 27th 1857. He stated, that he was a resident of Baltimore, his occu-



faction that of a black and pump mather,
and that he had been in the enjoyment
of good health up to Monday June
23rd, four days previous to his admission
in the Infirmary, when he was taken
with a dull aching and occasional grip-
ping pains in his abdomen, attended
with discharges from his bowels, nausea
and slight vomiting. He attributed
his attack to his having walked some
distance in the country the day pre-
vious to his indisposition and being much
exposed to the hot sun. Being thirty
fatigued and in a state of profuse
perspiration, he imprudently drank
very abundantly of cold water from a
pool which happened to be near, and
immediately after he partook heartily
of wild berries, the name and nature
of which were unknown to him. On
the following day (June 24th) his in-

-disposition was much increased, his calls
to stool frequent, the discharges small
and scanty, and attended by much tenes-
mus and sense of mind augmented
in intensity at each evacuation. He
stated that he did not discover any
blood in his evacuations until the
third day of his attack. Previous to
that time, the discharges from his
bowels had presented a whitish and
slimy appearance. These symptoms
continued to augment in severity and
violence from day to day until his ad-
mission in the Infirmary, on the day June 27th.
If his statement be correct, he aver-
aged not less than two operations
on his bowels for each hour during
the day preceding his entrance in
the Infirmary. We found him on the
day of his admission, laboring under
all the symptoms already referred to

his calls to stool being very frequent, as often perhaps as once or twice or more each hour; the discharges from his bowels scanty and consisting of whitish mucus mixed with blood and of a strong and exceedingly unpleasant odour. She complained much of severe gripping pains in his abdomen, involuntary straining and of a sharp burning sensation in his rectum. Her pulse was seventy-six per minute, soft and regular, respiration natural, skin cool but harsh, tongue coated with a whitish fur, thirst and loss of appetite, and great tenderness and pain along the course of the Colon much increased on pressure. She was placed under the care of Prof. Shew - who directed for her the following

R. Hydrargy. chloridi Metie. gavisij

Puls. Ophid.

Puls. Specae. at grj

and the above to be followed in eight hours, in case no fecal evacuation had been produced in that time by—

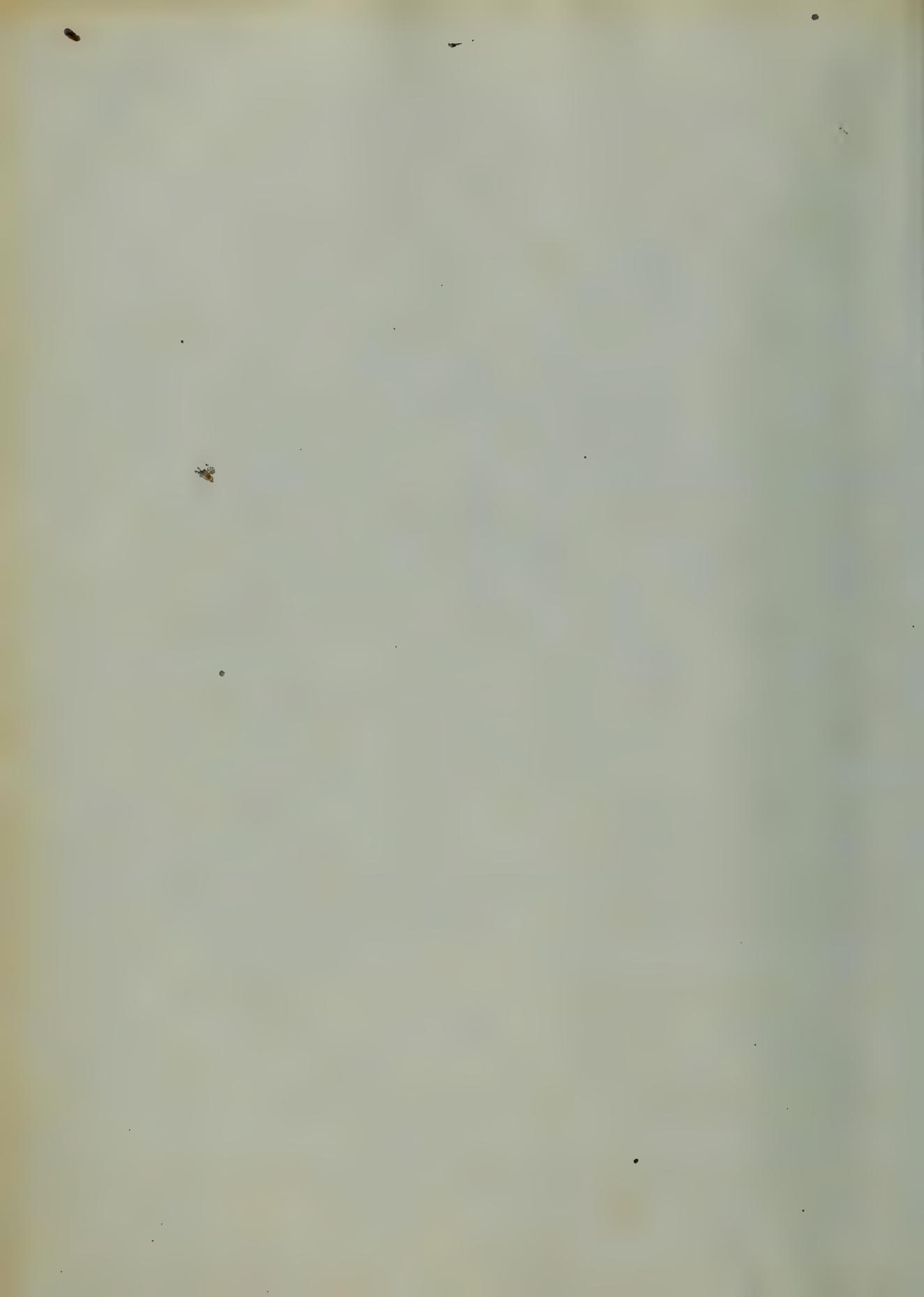
R. Fleam. M.D. 3rd

Tinct. Opii gtt. xx

He was also directed to have at bed time, in case the discharges from his bowels had assumed a fecal character the following. R. Tinct. Opii gtt. xx

Vin. Sperme. gtt. xx

He was ordered low diet, rest and quietude in bed and a light brown poultice was applied over his abdomen, with directions to be changed as soon as it became cold. The first prescription ordered, was administered, but failing to produce fecal discharges, it was followed as directed, at the expiration of eight hours by the second; and this also failing to produce fecal evacuations, the third was omitted as ordered. He was again



seen on the following day June 28th, by Prof. Chev, and as there was no marked or decided improvement in his condition, he was directed to have the following

R. Hydroazot. blandi Miles, quinj
Pulv Opic

Pulv Sphenoia iug

and the above to be followed in six hours, by a tablespoonfull, every two hours, of the following, R. Bleumine Ricini $\frac{3}{5}$

Syr. Rheis Aromatic. $\frac{3}{5}$

Sinet Phis gtt. xxx

Aqua Camphr. $\frac{3}{5}$

Creta, fraspat. $\frac{3}{5}$

On the subsequent day (June 29th) there was a very marked improvement, the discharges from his bowels had become much less frequent and assumed a feeble character, containing little or no blood and consisting chiefly of whitish mucus mixed with fecal matter. Abdominal pain and

tenderness along the course of the colon had greatly diminished; he complained only of a slight pain of a cramping character and some little tenesmus. There was no febrile excitement, skin moist and pleasant, tongue still somewhat coated and thirst, and appetite improved. The medicine prescribed the previous day and from which he seemed to derive such prompt relief, was directed to be suspended, and only to be repeated in case of the recurrence of dysenteric symptoms. He was directed to have after each operation, stimul opii gtt. x. On the subsequent day (June 30th) he was still going on to improve, the discharges from his bowels being decidedly feeble, pulse natural, tongue commencing to clean, no pain, appetite much improved, and he felt himself as much better that he expressed a desire to leave his bed.

She was put on an anodyne and astringent treatment consisting of the following
 v. Ph. Sanguinaria - grs xx) one after
 Sulphur - grs xx } each operation
 . pilulas vi.

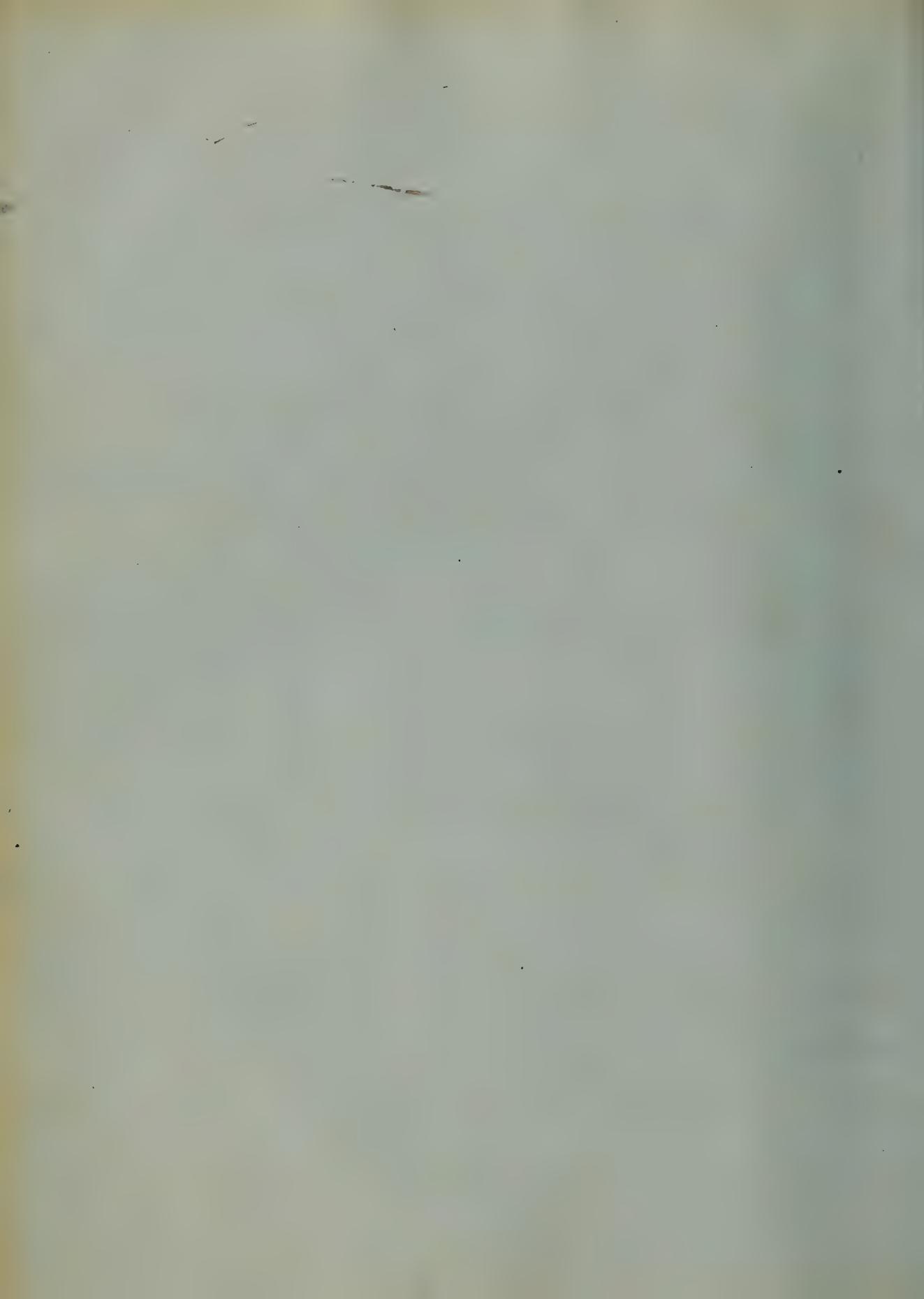
She still continued to improve under the above treatment and the observance of proper diet, when he left the house, July 8th, eleven days after his admission, perfectly restored to health.

A case of Acute Dysentery assuming a chronic form and terminating fatally.

The history of the case is as follows:

Patrick Therry

aged thirty-four years, a native of Ireland, was admitted in the Baltimore Infirmary to receive medical aid, on Tuesday July 1st 1851. He stated that he had been in this country about four months, his occupation that of a laborer and that he had been



in the enjoyment of good health, with the exception of a slight cough from which he had been suffering about six weeks, up to Saturday June 28th, when he was taken with a sensation of shivering and coldness aching in his back and limbs followed by severe headache, increased heat of skin acceleration of pulse, much thirst, nausea and vomiting, severe abdominal pain and frequent discharges from his bowels presenting a bloody appearance and attended by severe pain and tenesmus. He also stated that he was a temperate man, of good habits and that he had no recollection of having exposed himself to cold, damp or night air.

On the day subsequent to his attack (June 29th) all of the above symptoms were more intense, his calls to stool more frequent and the discharges still containing a considerable quantity of blood and slime. On the following day (June 30th) his condition was in

nowise improved and if there was any change his symptoms were rather augmented than mitigated in severity. When admitted in the Infirmary (July 1st) we found him with a firm, tense and frequent pulse, tongue coated with a thick yellowish fur and rough to the touch, with a hot and dry skin, considerable thirst, loss of appetite, his calls to stool exceedingly urgent and frequent and attended with excessive straining and torments, the discharges from his bowels containing much blood and whitish slime mixed with fecal matter, occasional vomiting and extreme tenderness over abdomen which was greatly augmented on pressure. He was seen by Prof Bhew, who directed that he should be bled from the arm until a decided impression was produced on the pulse, and prescribed the following

R. Hydrargy. subm. grs x

Pulv Opii grj

Pulv. Speciae - grj; with the direction that it should be followed in eight hours, in case it should fail to operate on his bowels, by the following Rx. Oleum Ricini 3f

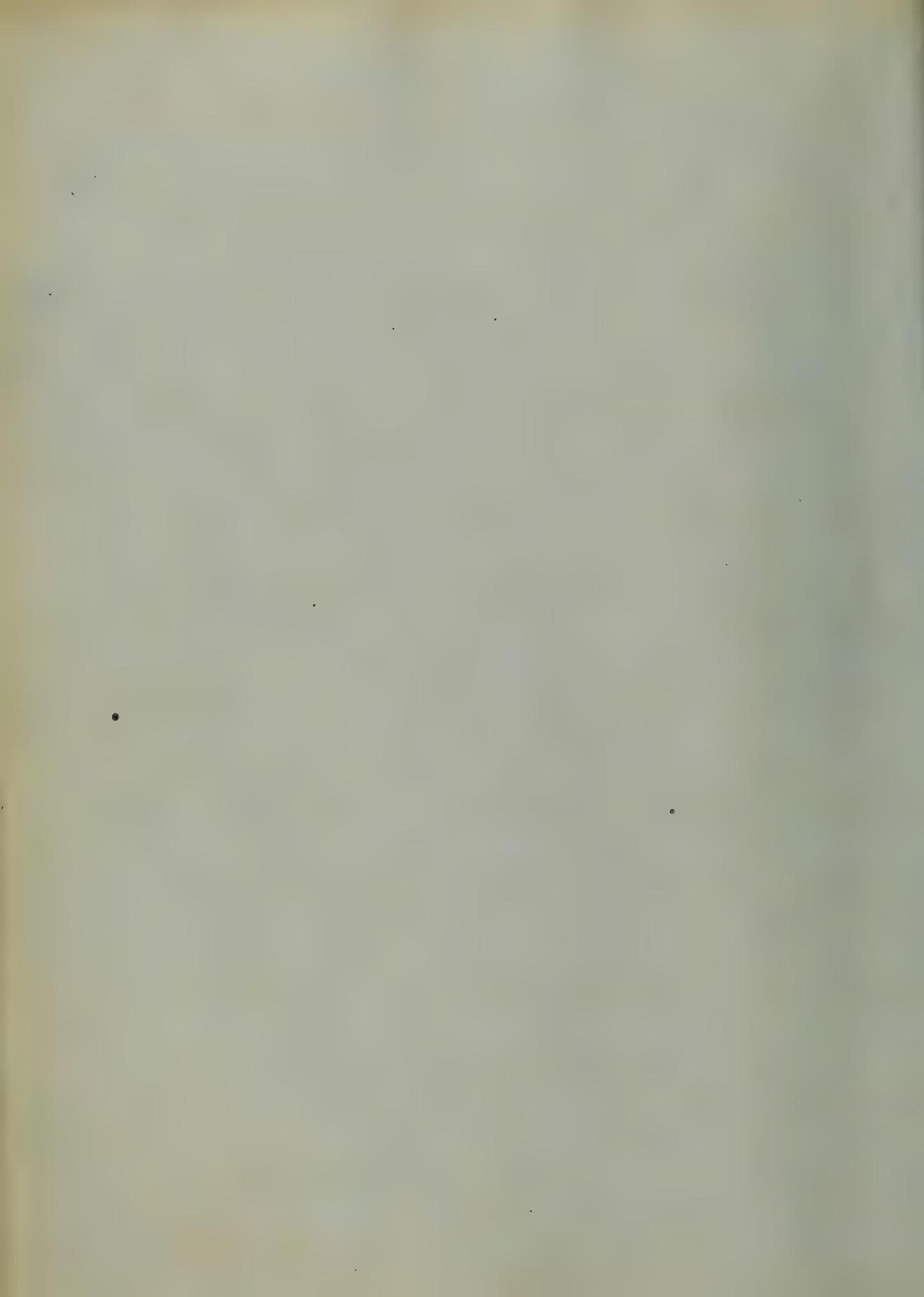
Tinct Opii grtoxx.

A warm poultice was applied over his abdomen and he was directed to have low diet and perfect quietude of mind and body. On the succeeding day (July 2nd) there was little or no improvement in his condition, he still labored under the same unpleasant symptoms undiminished in intensity; he appeared rather more debilitated than he was the day previous, pulse less firm and tense. He was directed by Prof. Blaw to have a tablespoon full, every two hours until fecal evacuations should be produced, of the following. Rx. Oleum Ricini 3j

Syr. Rhei Aromat. 3j

Tinct Opii grtoxxx

Aqua Camph. 3ij



July 3rd. There was no very decided improvement in his condition, perhaps he might have been pronounced a little better. His pulse was still weak and frequent 118 per minute; his evacuations contained less blood and slimy mucus, and more fecal matter, but he complained much of abdominal pain and tenderness and involuntary straining. His skin was cool, capillary circulation rather feeble, tongue still yellowish dry and rough to the touch, slight cough and stomach distended with gas, which readily passed off by belching. The mixture, prescribed the day previous, was ordered to be suspended, and he was directed to have Hoppe's Mixture every four hours, and the following, Rx. Tannin 3ʒo) into vj. fl℥, one Pulv. Opii grff. every two hours.

He was again seen by Prof Chev on the afternoon of the same day, and the pills of Tannin and Opium were ordered to be suspended. Hoppe's Mixture continued with the addition of

R. Decoet. Haematoxyl. 3j }

Symp. Tinct Opii 3j } every three hours.

He was directed to have a warm sinapism applied over his abdomen. (July 4th & 5th.) There was no marked or decided change in his condition, pulse still small and frequent ranging from 112 to 118 per minute, capillary circulation quite feeble indicated by coolness of surface especially of the extremities, the discharges from his bowels frequent and urgent, consisting in part of fecal matter and mucus mixed with blood, pain and tenesmus present and much thirst. The same course of treatment was directed to be continued, and in addition he was ordered percutum Camphorid, applied over abdomen. His symptoms during the forenoon of the following day (July 6th). seemed to be aggravated. The state of his skin and especially of his extremities was cool, amounting almost to coldness. Debility augmented to an alarming

degree. pulse very feeble, discharges from his bowels frequent and attended with excessive pain and tenesmus. In this condition he was seen by Prof. Chev. who directed the continuation of Hopes Mixture every four hours, and Decoct. Haematoxyli, which he had previously prescribed, to be discontinued. He was directed to have a tablespoon full, every hour, except the hour in which he took Hopes Mixture, of the following Rx.

Ext. Gramineae	3ij
Beta Preparat.	3ij
Oleum Menthae	gtj
Tach. Alb.	3ij
Aqua-	3vij.

He was also directed to have Port Wine as a stimulant tonic and sinapisms applied to his extremities. Under this treatment there was a marked improvement, his pulse became fuller and less frequent - his capillary circulation more active.

his extremities warm and pleasant, his evacuations rather less frequent and more fecal in their character. He was again seen by Prof. Shew in the afternoon, and was directed to have as an injection after each operation, the following.

R. J. Tulp. Zinci grx
Tinct. Opii gtx
Mucil. Amyli. 3j.

July 7th. During the forenoon there seemed to be some improvement, but towards evening his surface and especially his extremities became cooler than natural, his capillary circulation less active, pulse increased in frequency and fullness, the discharges from his bowels frequent and consisting of mucus and fecal matter and containing no blood. Continuation of same treatment as previous day.

July 8^d. Symptoms and treatment same as day previous. In forenoon of the following

days July 9th. There seemed to be some amelioration in his condition, his capillary circulation became rather more active, his pulse somewhat fuller, his tongue presented a more healthy appearance, but towards evening this change for the better was not so apparent. He complained of excessive abdominal pain and tenesmus, his calls to stool became more frequent, pulse weak and flagging, his abdomen distended and tympanitic. He was visited by Prof Chou who directed the continuation of the same internal treatment, and instead of the enema of Sulph. Zinc and Finet. Opii, he ^{was} ordered to have, after each operation, as an enema the following

R. Acetas Plumb. gss
 Finet Opii gttos
 Mucil. Amyli 3j

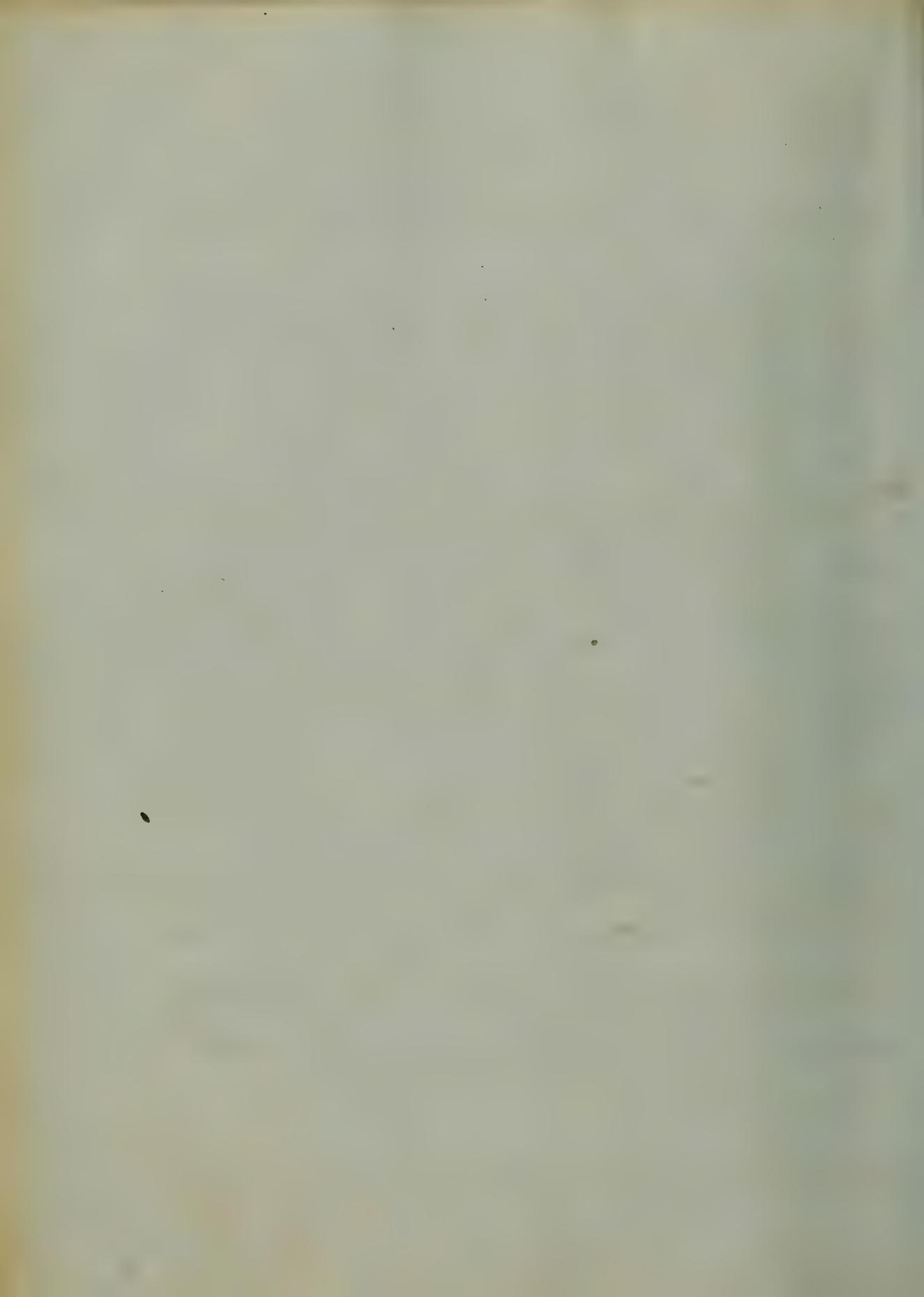
Port Wine as a stimulant Tonic, as before. On the subsequent day (July 18th)

being in no respects improved but still presenting many unpleasant symptoms such as severe abdominal pain, tenesmus, tympanitic abdomen and much prostration, his treatment was directed to be changed. Slopes Mixture, which he had been taking for several days, was suspended and in its stead he was ordered to have the following Rx Acet. Plum. gr xxiv

Pulv Opii gr xv

Pulv Specas gr xv

made into pills via one to be taken every four hours alternating with Decoct. Haematoxyli 3ij. Enema same as previously directed. There was no improvement under this plan of treatment on the following day (July 11th). he still presented the same untoward symptoms, and passed several involuntary stools in bed during the day. I directed to have the same treatment as on the previous day



with the exception of the discontinuance
of the enema of acetate of lead and tincture
of opium, and the substitution of an enema
after each operation consisting of the
following Rx. Vlb Argent. grs xv
Tinct Opii gtt xx
Mucil. Amylis 3j.

July 12th. There seemed to be some slight
improvement in his condition; his capillary
circulation was rather more active, his
bowels more quiet, pulse less frequent
but still very feeble, there was a strong
disposition to sleep and he passed as on
day previous, several involuntary stools
in bed. He was seen by Prof Chev. who
directed him to have every second, third
or fourth hour according to the effect
it should produce on the brain the follow-
ing Rx. Pulv Loveri grs x

Acetas Plumb. grs iiij, and if
his stomach should become irritable, the

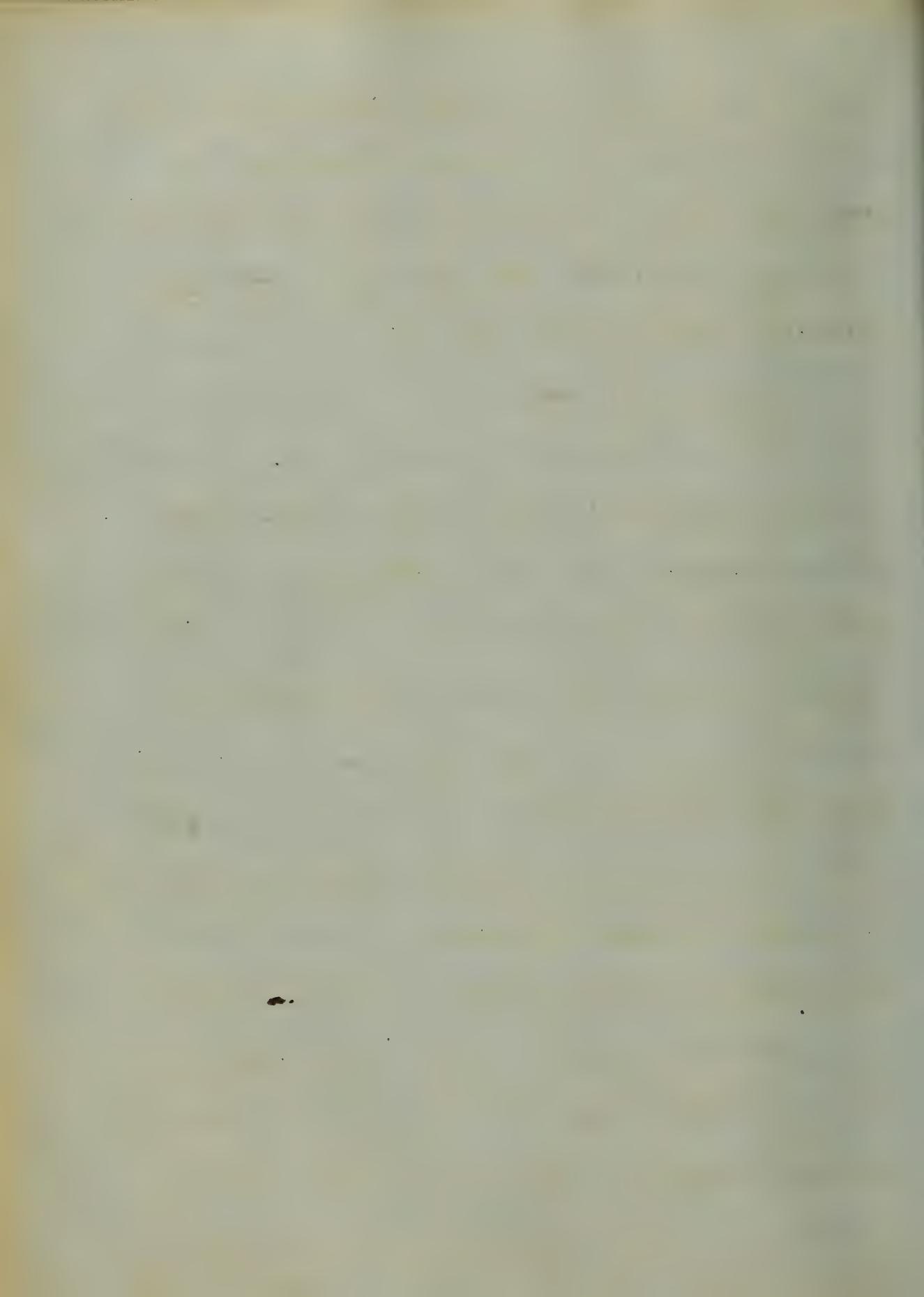
above was to be omitted, and in its place he was to have Opium gr. viij. The acetate of lead, Opium and Specae which he had been taking during the preceding two days, were directed to be omitted. The Dover's powder and acetate of lead were found to produce no ill effect upon the brain and were consequently continued. Enema same as previous day and Port wine as a stimulant tonic. This condition was very unfavorable the succeeding day (July 13th) indicated by great looseness of bowels, increased debility, frequent and feeble pulse, inactivity of capillary circulation, evinced by coolness of skin and discoloration on pressure, severe pain and tetanus, tongue dry, brownish and rough. He was seen as usual by Prof. Bhow, who directed the injection of nitrate of silver and tincture of Opium to be omitted and as a substitute he was ordered to have as an injection after each operation the fol-

following Rx Acetas Plumb. grs x
Tinct. Opii gttx
Mucil Amyli 3j. He was also
directed to have every three hours the follow-
ing Rx. Acetas Plumb. grs ij
Pulv Opii.

Pulv Speciacia grj; and in
case it should sicken his stomach, the
interval between the doses was to be increased.
The decoction of logwood was discontinued
and in its stead he was ordered Mixture
Acetae Comp. after each operation.

July 14th. During the forenoon he vomited
occasionally, and the interval between the
doses was lengthened as directed. Towards
evening there was an evident mitigation
in his symptoms, his skin which had been
dry and cool became warm and pleasant
indicating a more active capillary circu-
lation, bowels more quiet and easy, pulse
fuller and less frequent, tongue a little moist.

and he expressed himself decidedly improved. Continuation of same treatment as day previous. In the forenoon of the following day (July 15th) his symptoms seemed to be somewhat aggravated, he complained of considerable abdominal pain which ceased towards evening when there seemed to be an improvement in his condition. Continuation of treatment. He appeared to be doing well July 16th, no very untoward symptoms present, slept well previous night, complained of no pain, skin pleasant and warm, bowels comparatively quiet. He was directed to have in addition to previous treatment Chapman's Mixture. There seemed to be a gradual amendment in his condition from July 17th to July 24th. During this period he complained of less abdominal pain, bowels more quiet, his pulse was less frequent and stronger, skin moist and pleasant indicating active



-ity of capillary circulation, tongue moist and cleaner, there was no evident increase of debility or emaciation, and his condition was altogether more favorable than at any period subsequent to the disease assuming a chronic form. Continuation of treatment from July 13th, with the addition of Chapman's Mixture and Misura Brectae Comp.

This course of treatment was directed to be changed in part on the 24th inst. The pills of acetate of lead, opium and Specac, were ordered to be omitted, and he was directed to have the following Rx. Tinct. Cupri - grs 1/4

Pills Opium grs 1/2

every six hours. Chapman's Mixture, enema of acetate lead and tincture of opium and compound chalk mixture continued as before. There was an evident change for the worse in his condition July 25th. He presented none of those favorable indications, which had led us to hope during the previous week, for

a permanent recovery. He complained of severe abdominal pain and tenesmus, tongue brownish and dry, pulse more frequent and feeble, abdomen greatly retracted, small and frequent discharges from his bowels, nausea and vomiting, skin clammy and cool, and increased debility. The sulphate of copper and opium, which had been ordered the day previous, were omitted, and he was directed to have every four hours the following

Rx. Acetas Plumb. grs iiij

Pulv Opio grs viii³

Pulv Speciae - grs. 3 Chapman's

Mixture continued as before, and decoction of logwood in place of compound chalk mixture. He was also directed to have after each operation, the following enemas, Rx. Acetas Plumb. grs x

Tinct Opii grs x

Mucil. Amyli. 3ij.

July 26th. A kind of eruption made

its appearance on his skin, but not so distinct as to enable us to form any accurate diagnosis as to its true nature; evacuations from his bowels somewhat less frequent, but he still presented the same unfavorable symptoms as on the previous day. Continuation of same treatment as previously directed with the addition of wine and water.
July 27th. Decided change for the worse, pulse frequent and thready, increased prostration, almost continual emesis rejecting every thing from his stomach, eruption sufficiently distinct to be diagnosed as Rubecula. He probably contracted the disease from a patient who had occupied a bed in the same apartment, about a fortnight before. There was a cessation of emesis towards evening. Condition, July 28th) same as preceding day, with the exception of the emesis, which did not come on until 6 o'clock P.M. He was directed

to have in addition to previous treatment,
as a strong stimulant. a tablespoon full
every hour of the following Rx. Bar. Ammon. 3ij

S. Acacia.

Tach Alb. aa 3ij

Aqua. 3vj

He was unable to retain but little, if any
of the above, and it was evident that he
was rapidly sinking. Brandy and water
in small and repeated doses were adminis-
tered, but to no purpose, and he expired
about 3 o'clock A. M. July 29th.

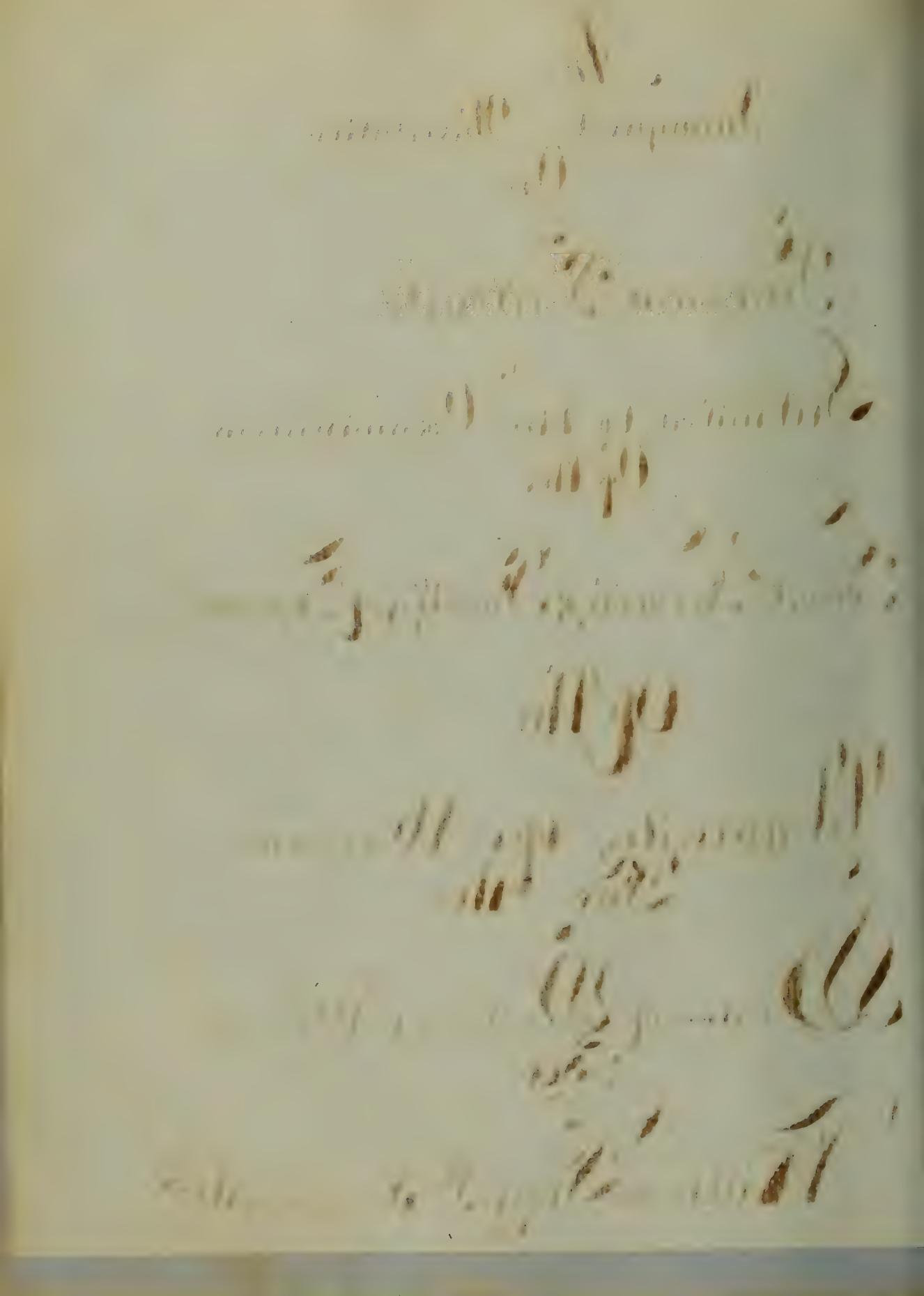
Post-mortem appearances.

The mucous membrane of the rectum and
lower portion of the colon, was found thick-
ened and ulcerated. The ulcerations were
not confined to the mucous coat, but
extended also to the muscular, and presen-
ted a rough and irregular appearance.
A few of the ulcerations were covered with

a whitish semiorganised exudation. There was no enlargement or softening of the mesenteric glands. The liver presented a healthy appearance.

Peter Wood Hawkins.
Charles County.
Maryland.

An
Inaugural Dissertation
On
Tuberculose
Submitted to the Examination
Of the
First Regent's Faculty of Physic
Of the
University of Maryland
For the
Degree of Doctor of Medicine
William Grey, Jr. Salterport



Epiperitoneal Peritonitis.

I shall speak of this disease, as one of the varieties, of that disease so commonly known as child bed fever. This variety was the one observed, in the epidemic, in London, at Aberdeen, Goods, Edinburgh, and Dublin; and it has occurred in other epidemics.

It may be defined an inflammatory disease, affecting that portion of the peritoneum, covering the uterus, primarily, generally involving the uterine appendages, and extending over the remaining portion, of the serous membrane.

The attack may commence before delivery, but more generally from 24 hours to three days, afterwards. It may attack women of the most robust, as well as the most delicate habit; and it may occur equally as often after an easy and natural birth,

1. *S. peruviana* (L.)

2. *S. peruviana* (L.)

3. *S. peruviana* (L.)

4. *S. peruviana* (L.)

5. *S. peruviana* (L.)

6. *S. peruviana* (L.)

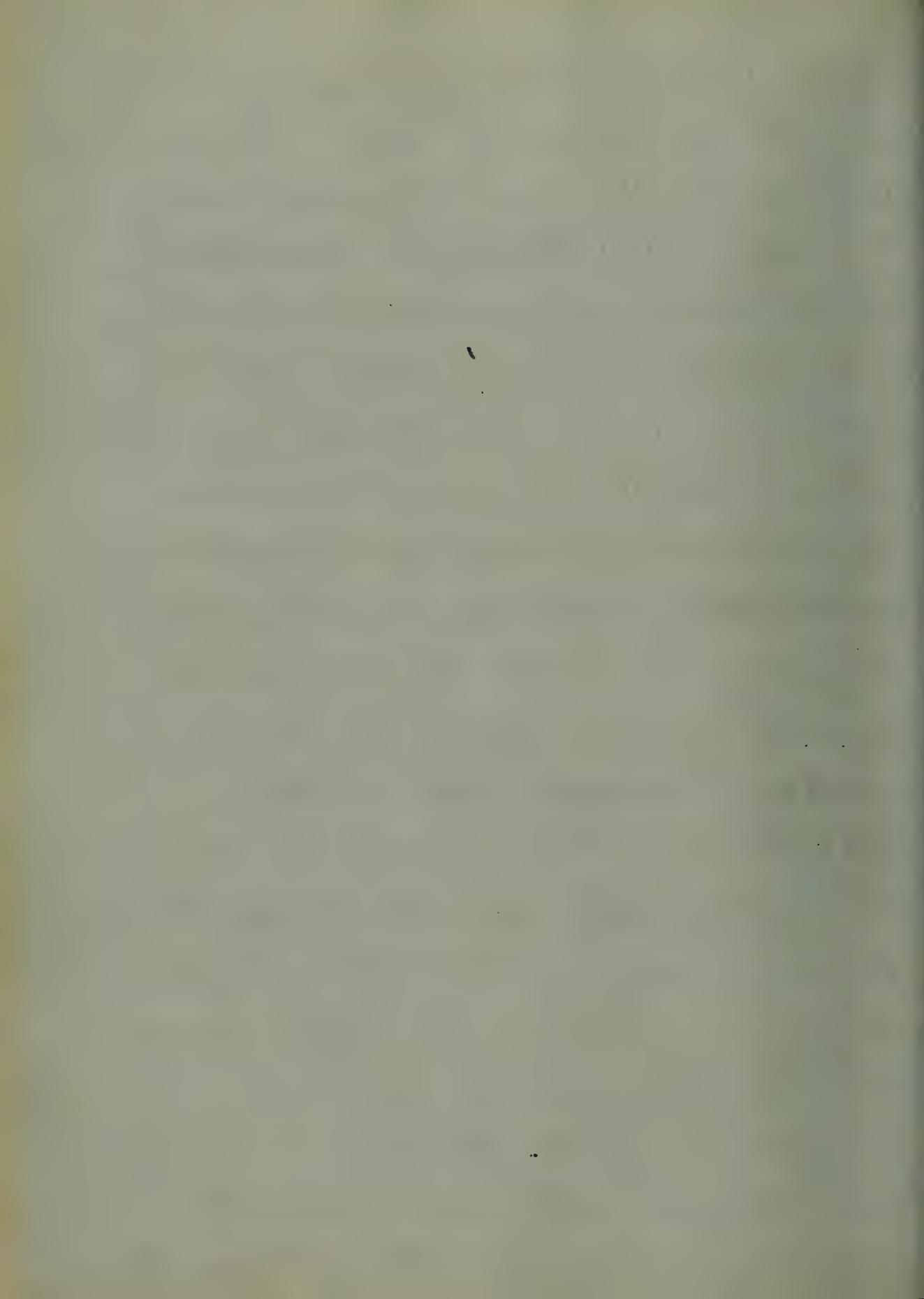
7. *S. peruviana* (L.)

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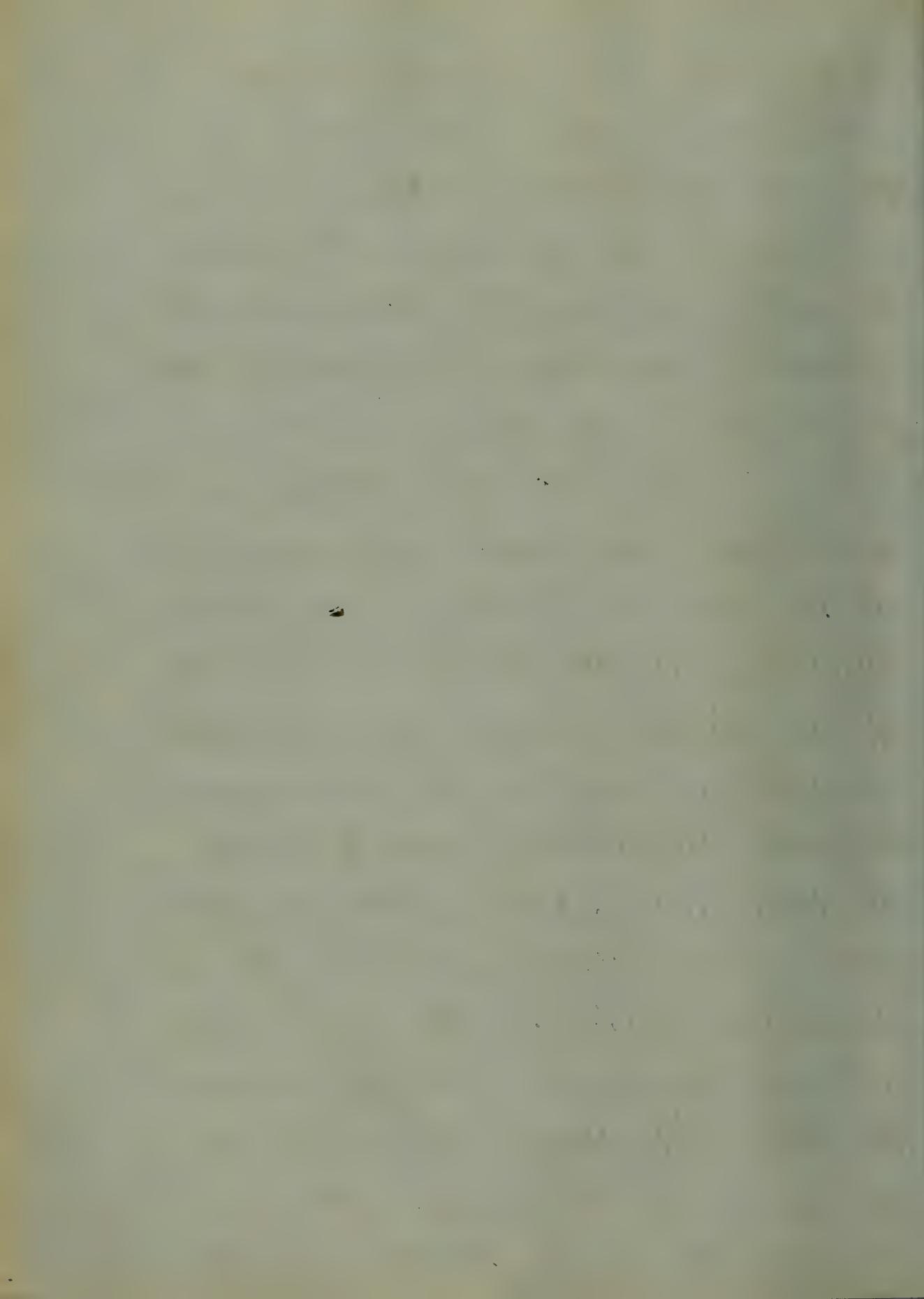
as after a tedious or instrumental delivery. It has been noticed by those, who, have made this a subject of researches, that the sooner after labor it appears, the more severe will will the symptoms prove, and the result more fatal.

Symptoms It is ushered in with shivering, sudden rigors, pain or some variation in the pulse, to which inflammatory fever succeeds, heat of skin, flushed, face, quickened pulse. The heat of the skin soon subsides, and sometimes during the disease, does not exceed the natural standard. To these symptoms, are added nausea, vomiting, and pain in the head, with increased sensibility of the uterus, Pain in the abdomen soon attracts notice it generally commences in the hypogastrium, and frequently you find it in one of the

iliac regions, gradually radiating, over the abdomen. It may be slight or severe, continuous or in paroxysms, the intermission being more remarkable, as the disease progresses, but the pain returns with increased violence, after the remission. Along with the pain we have more or less tenderness of the abdomen, this sensibility becomes exquisite, as the inflammation extends, so much so that the patient can not bear the slightest pressure; even the weight of the bed clothes is intolerable, ~~even~~ ^{except} beside your patient lying on her back, with the knees drawn up, in order to relax the abdominal muscles. The enlarged uterus can frequently be felt through the integuments, above the brim of the pelvis, at an early stage of the disease. The abdomen becomes distended, with air which may be contained in the intestines,



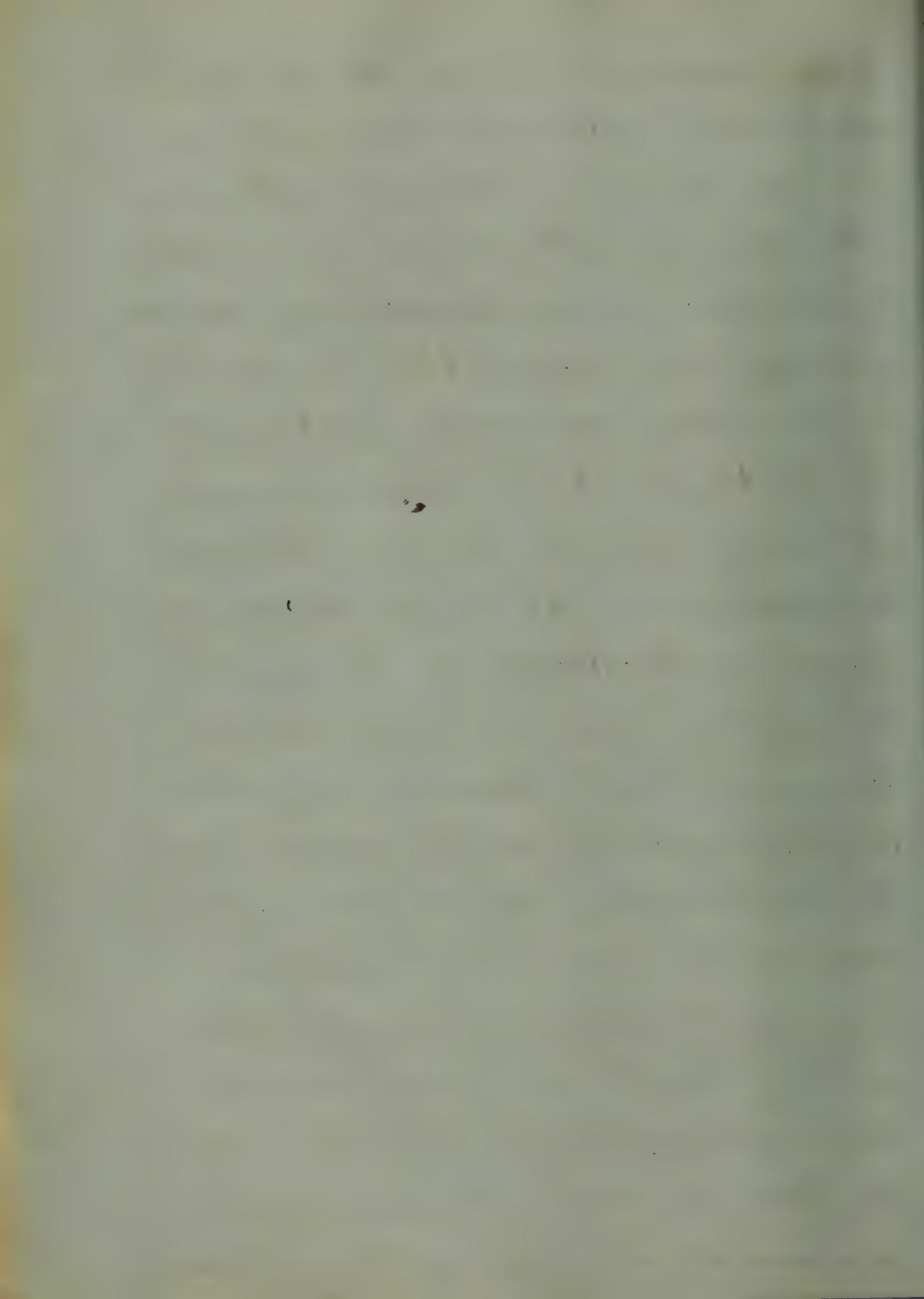
or peritoneal sac, this tumefaction depends upon two causes, the inflammation of the intestines, which most always occurs, as the disease advances, the other effusion of fluid into the peritoneal cavity, which generally takes place before death. The pulse in many instances is unnaturally rapid, sometimes small and wiry, and is liable to modifications from treatment, and the peculiar character of the epidemic, you will find it ranging, from 100 to 140 in a minute, and Dr Churchill says towards the termination, to 160 and upwards. The effect the disease has upon the lochial discharge varies, in the majority of cases it continues to flow as usual, in the first stages, some are of the opinion that it infrequently is not diminished, yet we find a complete,



Suppression when the inflammatory symptoms run high, and returns when the symptoms abate. The breasts soon become flaccid, in the majority of cases. it is remarkable that a great number of patients, lose all interest in their infants, and even refuse to give them suck. The tongue is generally coated with a whitish fur in the centre, but you will find it red around the edges. The bowels share in the irritation, and diarrhoea results, but often they are in the opposite condition, requiring purgatives. The urine is turbid, or high colored, and somewhat diminished in quantity, sometimes total inability to void it, requiring the ~~use of~~ use of the catheter. Through out the disease the skin is generally dry and of the natural heat; but as it

it approaches to a fatal termination,
it becomes cold and clammy; the han-
ds and feet are cold, very often from
the onset of the disease, you will find
your patient complaining of the cold-
ness of her extremities. The intellectu-
al faculties are seldom disturbed;
the patient retains her senses until
the last, but we find at times a
wandering of the mind amounting
sometimes to delirium. The countenance
is much altered; the features are all
drawn up, and expressive of great
anxiety and suffering. A patch of eru-
ption is observed on the cheeks sometimes,
and is an unfavorable symptom.

If we are to expect recovery, the pulse
will be found less frequent, and the
skin cooler, and softer, the tongue cleaner,
the thirst less ardent, the bowels easily acted
upon, and the patient gets refreshing sleep.

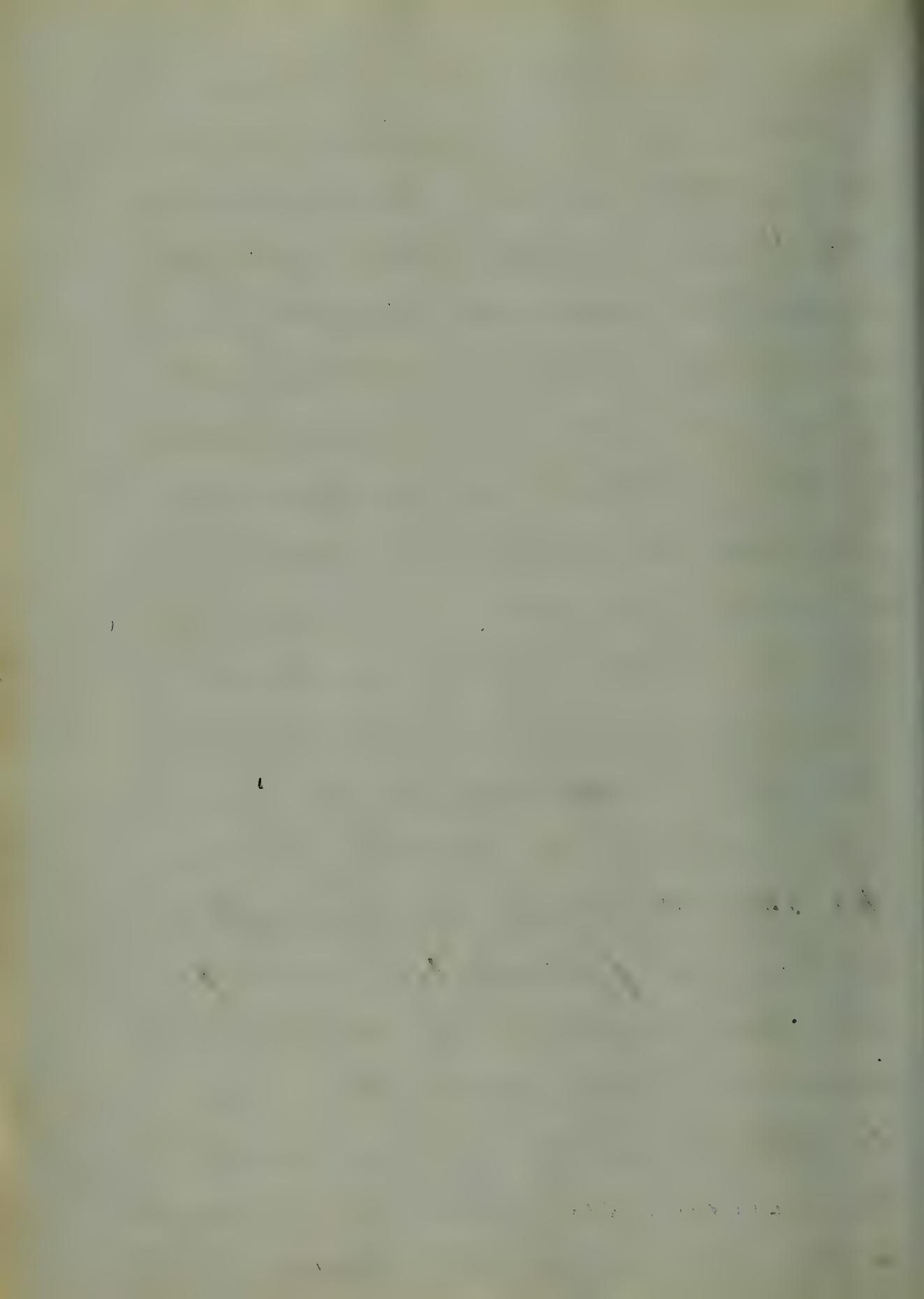


and turns from her back to her side. This change of posture is one of the best symptoms we can remark, but by an inattentive observer may easily be overlooked; it might be considered a matter of little consequence whether his patient lay on her back or side, but it is quite proper that our mind ~~should~~ should be directed to this circumstance, because it is often, one of the first indications of amendment,

causes. The causes of this disease are numerous, and I shall give you some of the most important, founded upon ^{the experience} of those of the profession, who have carefully noted them, wet and cold weather, is particularly favorable for its propagation, Local causes generating malitia also, have great influence, in producing it; Mergason & Rigby agree in considering the unhealthy condition,

of the westminster Lying-in hospital, during some years to this cause. It may be contagious. Indeed this has received the sanction of the profession, it would be useless for me to quote examples, in confirmation, and I think superfluous. A depressed and anxious mind, intemperate habits or deficiency of food, and perhaps previous disease existing in the system are styled, as exciting causes. During the periods, of the epidemic, prevalence, of this disease, we find that the delicate, the forsaken, the unmartial and the unhappy, were most liable to be attacked as well as the most liable to be destroyed, Govek (P 60) says, "it is an old remark of those who have had much experience in lying-in hospitals, that the single women, are peculiarly liable to fatal disease, after delivery.

Morbid Appearances. — The peritoneum exhibits signs of inflammation, especially that portion covering the uterus, it is thickened, and sometimes softened. More or less serum are found effused into the sac it may be clear or turbid of a yellowish white colour, with shreds of lymph floating in it. Effusion of the puriform matter, or a reddish serum, is sometimes observed beneath the serous membrane. This puriform matter, has been found in different parts, showing that the inflammation, has been more intense, in some parts, than in others. It should be very cautious, after making a post mortem, of our person, for frequently we cut a finger and it is followed by dangerous symptoms, more so than if under other circumstances, and this should induce us to use much caution,
trans lymph



Diagnosis. Under this head it will require careful notice of the most diagnostic symptoms of those diseases which might be considered belonging to the disease in question.

Peritonitis may be distinguished from hysteria, by the character and situation of the tenderness; in the former, the slightest touch on the abdominal paroxysms, causes excruciating pain. In the latter the patient can bear pressure very well, until you feel the enlarged uterus, now, if you increase the pressure, acute pain is produced, and the tenderness is not so generally diffused over the abdomen, from after-pains or hysterialgia. These affections occur soon after delivery, and diminish by the third day, about the period peritonitis commences.

After pains are accompanied by perceptible contraction of the uterus, which is absent in peritonitis. The hypogastric tenderness, in after pains is not so great, except during a pain and it goes on decreasing; whilst in puerperal peritonitis it rapidly increases.

From intestinal irritation.—This affection may be distinguished by being accompanied with marked evidences of gastric, and intestinal disorder, the tongue is loaded, and abdominal pain does not radiate, from the uterus, but is diffused, neither is the uterus enlarged or tender as in peritonitis.

An other disease often preceding labor, called Spasmodic fever, requires some diagnostic symptoms to signalize it from peritonitis. The commencement of

effeminate fever, may excite some alarm, from its resemblance, but its duration is shorter, its decline more rapid, with less constitutional symptoms, and less severe. The breast is continue distended. There is also less abdominal irritation, than in puerperal peritonitis.

Prognosis. - The general prognosis is unfavorable even in sporadic cases but more so in epidemics. If we take the statistics of the epidemic that occurred in Edinburgh in 1773, we find none recovered, and in reading different essays, we see the mortality has been great, we may say of a truth that to save 1 out of 3 may be considered good practice, in an epidemic season. With all the great resources, our noble art affords. Dr. Holmes declares it to be as bad ^{as the plague}

Treatment.—In entering upon the treatment of so dangerous a disease as this, I do it with a great reluctance. but setting aside the different theories, in regard to the character of the epidemic, I shall describe the treatment which has been found most efficacious. As this disease is highly inflammatory, our attention is directed to the pulse, if this be firm, a large quantity of blood should be taken from the arm, and if necessary, should be repeated. In regard to the manner of bleeding it may not be amiss to speak of this, as some have condemned this practice, and upon neglect, more than experience, in not allowing the blood to flow in a free stream, but let it trickle down upon the arm and to no benefit, and when this

ground, have advanced their theory.
If upon the other hand had they
placed, their patient in the erect
position, and made a sacrifice,
so that the blood might flow in
a full stream, and in a short time.
Their patients might have run a bet-
ter chance of recovery.

After full depletion, the next
most powerful remedy is mercury
given in large doses, in order to
clear the bowels of their feculent
matter, followed, by some brisk
cathartic, a dose of Infusion of senna
and jalap may be given until
stools are procured. But upon this point
we have a great discrepancy of opin-
ion, some argue that cathartics,
do more harm than good, by caus-
ing the surface of the intestines to
rub against each other,

with such violence, as to add more ¹⁵
to the patient's sufferings, and danger
than benefit; Others argue different,
they hold, that it does good by
unloading the intestines of feculent
matter, also establishing a copious
drain from the inflamed vessels,
acting also as a counter irritant.
But I think it should not be carried
to such a degree as to produce tor-
menta. After the bowels have
been cleared of their contents, and
~~and~~ the pulse indicate a spætition,
or revesection, you should not hes-
itate in bleeding, but if we have
any circumstance forbidding,
(8), a number of leeches may be
applied to the abdomen, Dr Thomas
recommends, when the leeches fall
off, the abdomen should be some-
thing or covered with a light ban-

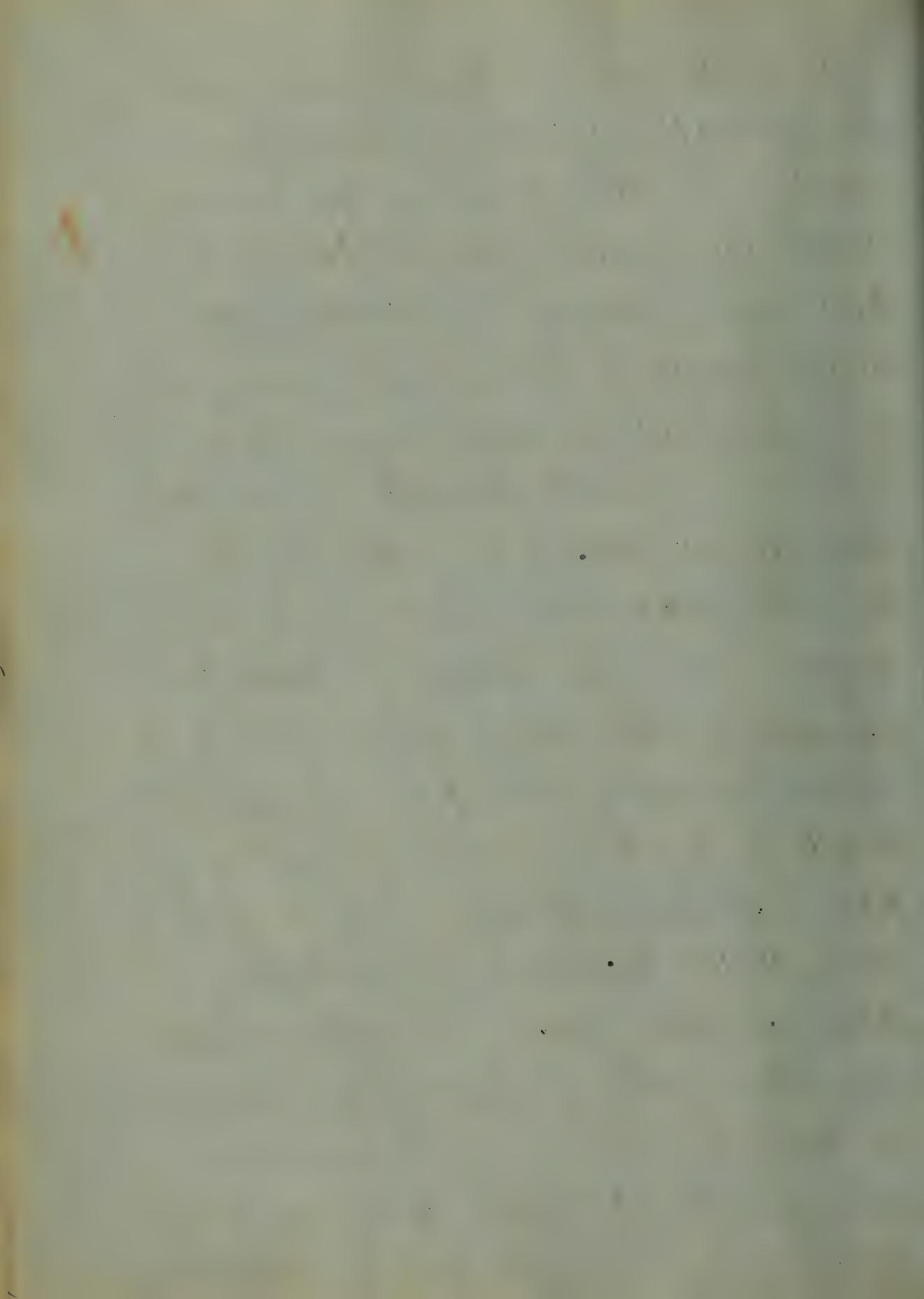
poultice, and it has a very sooth-
ing effect. After full depo-
sition, Dr. Thomas recommends,
mercury alone, or in combination
with opium, in doses of 2 grs. or
in smaller ones, often repeated
sayings, every hour, and to be con-
tinued until an impression is
made upon the disease, or until
the gums are affected, after
a decided impression is produced,
the dose may be diminished,
and the intervals lengthened.
For preventing irritation of
the bowels, it may be combined
with dover's powder or opium. The
opium does not, merely prevent
irritation, but exerts a power-
full impression upon the dis-
ease. Mercurial friction is a val-
uable mode of affecting the system.

When the calomel acts on the bowels
it may be omitted; and, opium
alone continued; Dr Thomas of
the Maryland university, says he
has seen as much benefit from
it alone, as from calomel; and,
I fully concur with his valuable
opinion, given in (i gr) doses every
hour, and with the greatest
benefit, by allaying pain, and
giving the patient sleep, which to
the patient is a period of pleasure,
and wished for; Dr Stokes was the
first to point out the value of
opium in this disease, where
bleeding was inadmissible. To which
we have many valuable testimo-
nies, confirming his experience.
Emetics, were formerly recommended,
but experience has proved them
to be injurious, as they cause too

much irritation of the stomach. If the disease is ushered in with vomiting they may be of benefit, to shew of the bile, and glairy fluid, that has been poured into the stomach. Small doses of ipecac are useful as a diaphoretic, in conjunction with the effervescing draught when the skin is hot and dry and also useful as a refrigerant, with the addition of spgs nitre.

Oil turpentine has been highly recommended by Dr Brennan, he considers it a specific in this disease. He gave it in doses, of a table-spoonful at a time, in a little water sweetened. Dr Chw. thinks it is of very little benefit, and he also thinks they were mistaken in their diagnosis, he says the disease must have been lymphanitis.

It certainly is beneficial when
the intestines are tympanitic,
given in the form of an enema.
Used as a counter irritant it
has been found useful, and a
very good, and speedy way of
causing it to act, soon, is, to
make a mush poultice, on which
you pour the oil, apply this
to the abdomen, and soon it
will cause a burning sensation
causing the skin to be covered
with small pimpls, I applied
this to a patient and found it
prove useful, To make it more
salutary combine it with hops.
And it has been recommended
by other physicians, my experian-
ce has not been very extensive
in regard to this plan of treat-
ment, but would freely recommen-
d it

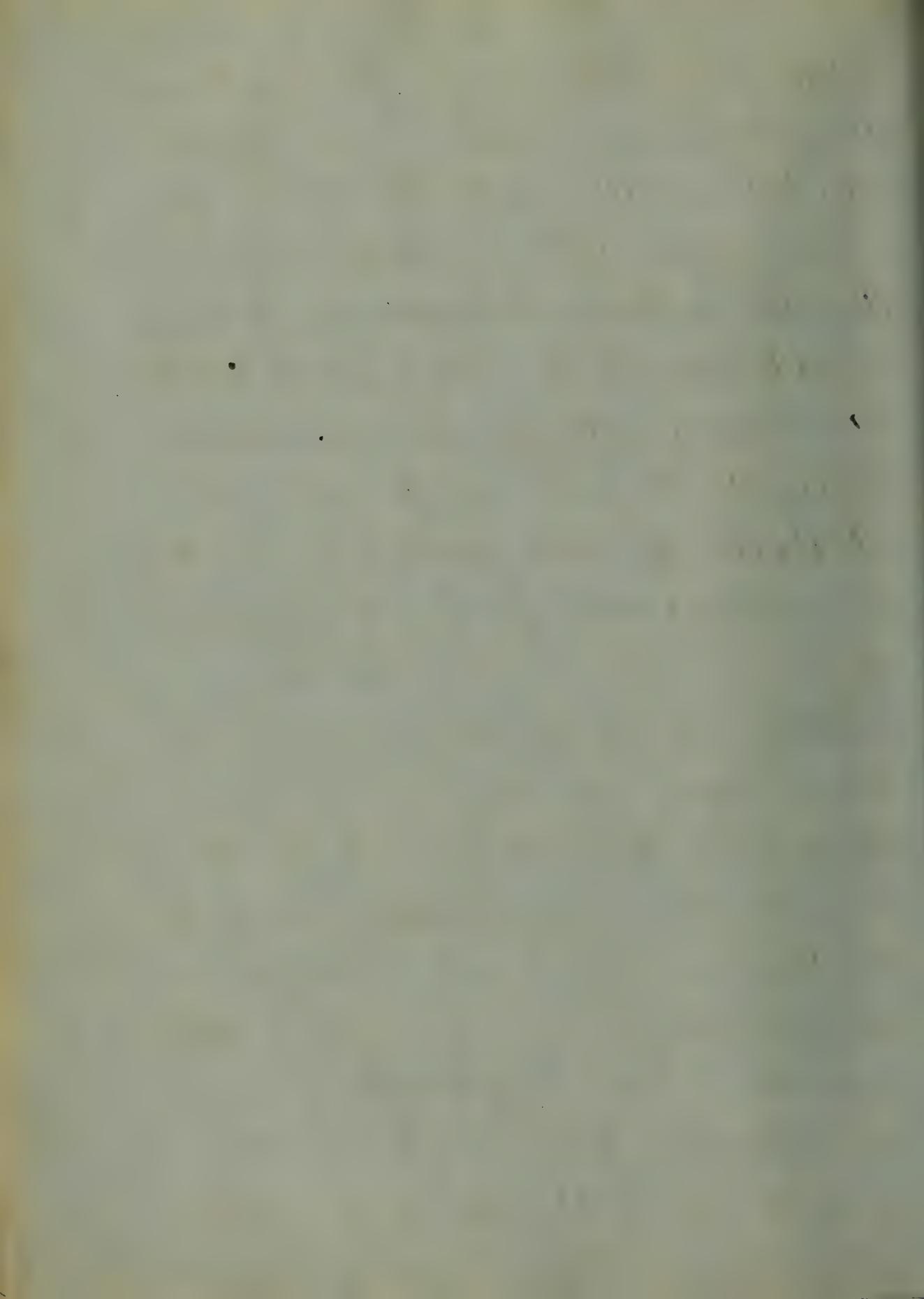


Sometimes in the course of this disease the stomach is very irritable, so much so that any thing taken into it, is soon thrown up, to allay this, the effervescent draught, containing a few drops of Laudanum, or camomile, with laudanum, will prove highly useful. If this should not allay the vomiting apply a mustard plaster over the stomach,

Tobacco in the form of an infusion applied along the spine as recommended by Dr Chis (See on Therapeutics) may prove a useful agent, its modus operandi I shall not endeavor to explain, as sometimes medicines, act beneficially contrary to our opinion, and their general therapeutic effects

Sincere inflammation of the brain is a disease, so violent in its character, and rapid in its progress, and its features so suddenly changed, from a state of excitement, to that of delirium, it is necessary that the doctor, should be very often by the bed-side of his patient, in order to counteract such changes, as he will see in this disease.

Indeed the physician, must almost become, the nurse, if he effects to cure his patient, for in the second stage, of ~~the~~ depression, the continuance of such treatments, as was used in the first stage, would invariably tend to hasten the fatal termination, this should be attempted by sustaining the system, by a generous



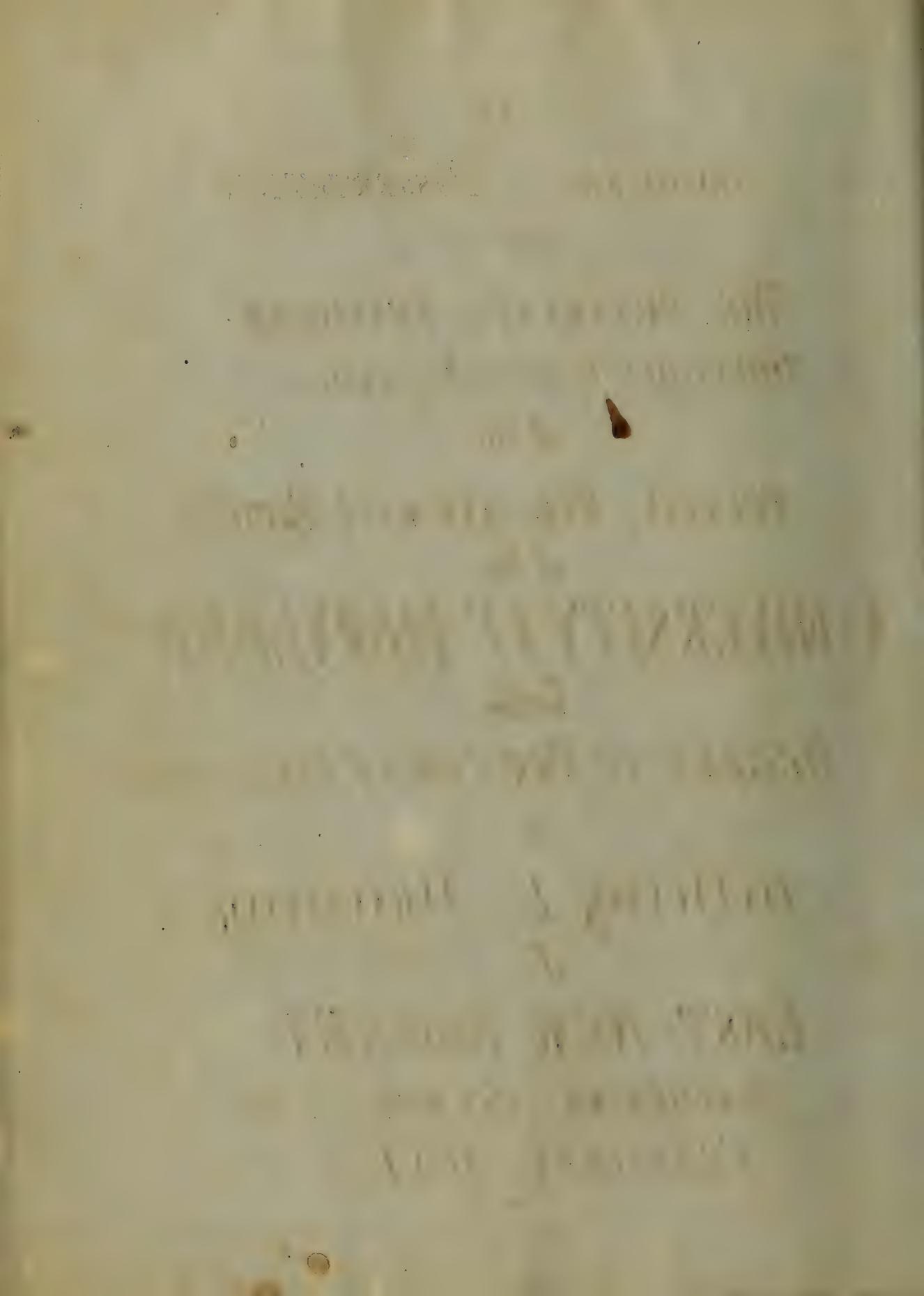
Supply of easily assimilated nourishment, and by the use of stimulants and cordials. Brandy therefore, in any proper vehicle, may be used or wine, ether, ammonia, opium, aromatics, and bark are those which afford, us the best chance of success, although it may be small, yet we should use our utmost skill until the last, for some have been brought almost from the grave to perfect health. If there be present certain indications of effusion in the abdomen, I fear art can render little service.

Nevertheless, some cases are on record in which it is believed that the fluid was evacuated externally by an abscess; and the patient survived, if this be true we should not despair

Before closing this thesis, I will say²³
what I have said before, that this
disease is contagious, and my ob-
ject is to speak, of the propriety
of changing your dress, after
visiting a patient, labouring un-
der this disease, before ^{visit} an-
other patient, and for the safety
of those who may be so unfor-
tunate, as to bring forth, at this
period. When the physician has
two or more cases in succession.
He should refuse to attend lying
in women, as he will be a sour-
ce of great mortality, by carrying
into their chamber, the dormant
seeds of suppurative peritonitis,



An
INAUGURAL DISSERTATION
On
THE DUTIES OF A PHYSICIAN
Submitted to the examination
of the
Provost, Regents and Faculty
of the
UNIVERSITY OF MARYLAND
for the
DEGREE OF DOCTOR OF MEDICINE
by
Anthony L Manning
of
EAST NEW MARKET
DORCHESTER COUNTY — M^o
FEBRUARY 1852,



As I have been permitted by divine supremacy
to make choice of one of the noblest professions of
earth; yes, the profession of that self same providence,
I feel that I am entering upon a duty most solemn,
and taking upon myself a responsibility of paramount
importance.

To understand properly the mechanism of that
being made in the exact image of the living God,
and placed as he is for good at the head of medical
science becomes the duty of every practicing physician;
to know the changes that the ravaging hand of disease
is capable of making in that complicated machinery
man; to be able when called upon to administer
promptly and properly, the most valuable means
placed in our hands by an all wise Creator for the
cure or relief of God's noblest work man, and his

most charming companion woman equally become
the duty of every member of the profession: to be able
to do which becomes his duty to study carefully, obse-
minutely, watch steadily, and above all to admin-
ister cautiously; he need only banish from him
such reserve as becomes strictly necessary, he shou-
not be harsh, rough, uncivil, unkind, or unfeeling,
but it is his duty to be mild, calm, quiet, tender,
obliging, thoughtful, consoling, yet positive and ener-
Cacious in his decisions, delicate in his examination,
mild in his approaches, and guarded against draw-
hasty conclusions, giving groundless opinions, and
positive assurances; for upon his opinion or his
decision perhaps depend the happiness, the
prosperity, the security, yes, even the standing
and character of many in society; by his decision
he may dampen the happiness of families, he may

throw a ~~dark~~ halo of gloom forever over their once bright and brilliant horizons, and he may consign to an untimely and ignoble grave, beauty, worth, honour, and virtue; he may mar ^{the} ~~cheerful~~ happiness of the fireside, crush the prosperity of youth, and blight forever the only hope of old-age; he may draw down their gray hairs ^{with} sorrow to the grave, and over their departed remains make humanity weep.

Many are the scalding tears that have already bathed the cheek and bedewed the heart-broken pillow, and it now becomes the duty of every truly enlightened and philosophical physician, to help dry the tear, to help soothe the sorrow, to help calm the agitated mind, to help quiet the heaving bosom, to help administer to the numerous wants of frail mortality, and endeavor to block up those roads that lead to degradation, to destruction and decline. A horrible case of quackery,

4

occurring in my immediate neighbourhood and fresh upon my memory, I will relate: A lady, the wife of an honest and respectable farmer Mr. Rauleigh under the superintendence or sent by direction of Doctor Alexander H Bayly graduate of this school and an honourable and highly respectable practitioner of medicine in my native County Dorchester, to undergo careful examination of Professor N R Smith of the institution, who pronounced from his correct and penetrating diagnosis her disease to be an adherent mammary cancer involving the axillary glands, and that her miserable existence could be but a short time prolonged: This diagnosis need I say was never pronounced to be false by one of those self-conceited extraordinary and convenient beings, professing to cure all such diseases as scientific and practical men have failed to cure; this all learned, all wise,

numb shell of an empiric calling himself Doctor, pronounced a cure inevitable in a few weeks, the dying woman caught at the straw, and a mere straw he was, his seas of disgusting medicine floated down her almost without a murmur, and his galling plasters roaded her with pain excruciating to her grave, a house filled with small helpless children, and a poor bereaved husband are left to mourn her sufferings and her loss, Like Lappho from the frowning promontory of Leucadia she leaped, and is no more: Other cases more heart-rending and startling I could perhaps adduce, but record bears its truthful though shocking history too; why wonder then that the very bones mouldering in their coffins should start with terror at the sound of torturing quackery, or why be astonished if one shout from a false and flattering quack should cause the whole family of the dead to leap from death, to life,

No light, no health, and happiness.

It should become the duty of every physician when entering upon his noble duty as a practitioner of medicine, to resolve henceforth and forever to denounce quackery in its every form, to recognize not the deceitful and licentious claims of such as have but too often brought reproach upon the science and retarded its glorious progress; of hundreds and thousands that have but cunningly crept in and lurked beneath the quiet shade of the noble edifice of medical science, and beneath it, barbarously slain their millions, and stamped upon its glorious name the murder of earth's brightest jewels, should arouse in the breast of every genuine physician their tender sympathy for suffering humanity, and arm, and nerve him to his imperious duty; he should throw off all reserve and march boldly forward in the defense of an

for the honour of his institution, and demand of intelligence why wisdom has fallen? he should endeavor to arouse the suffering multitudes to a sense of their imminent danger and point out to them the road that is leading them to inevitable destruction; let but solemn reality point back to those ancient and modern places of deposit and number all the dead that have been there consigned by ignorant physicians, if I may say so, and by quacks, and ten thousand voices will simultaneously burst in unison with my own, and much more effectually point out the almost boundless duty of a physician.

In my opinion, humble as it is, every physician should endeavor to help rear upon that solid and ample foundation laid by our Hippocrates and Hunter, the proud superstructure of their giant works, and lift high to the breeze the banner of medical skill and medical worth,

And heaven may yet conduct us to greater prosperity and success, and permit the jewels of the present day to sparkle from its heights, and from its summits their floating banners wave.

It is the duty of a physician to apply himself attentively, and make the science of medicine his sole and almost only study; his diploma is far from being the only requisite, it will not do to say, go diploma practice for me; he can not expect to become eminent, or to do justice to his profession by reveling in the arms of vice and degrading pleasures, or by breathing the contagious air of seductive indolence, neither is it his duty to be tottering whether from the kindness of friends or what is worse, from his own depraved appetite with intemperance over a suffering, and perhaps much worse, an agonized and dying patient; Physic

Touch not the giddy bowl, lower not the dignity of your profession by warming thy pure blood with its angry fluid, nor taint nor cloud thy brain with its sad effects; But he should be able to walk steadily, firmly, manly, cautiously, and looking ^{at least} as intelligently as possible into the sick-room of his patient, for it is upon their confidence that much of the physician's success depends; he should inquire and examine cautiously before attempting to act promptly; he may thus impede the rapid strides of disease, and avert the patient's threatened doom, he may thus reap to himself the laurels of a physician and add to the just dues of medical science, when by acting hastily, injudiciously, and incalculously, he may suddenly determine the fate of his patient, and plunge him woefully unprepared into the chilliness of the grave; When called upon it is his duty to hasten to the bedside of the suffering poor, to lend a listening ear to

Their feeble cries, and cautiously administer to their suffering wants, it is the duty of a physician to let the tenderness of human conscience dictate to him his course, and not alone the sparkling diamond or the glittering gold; Whether called upon to visit the princely palace, the gorgeously decorated mansion or the poorest hovel in the obscure walks of poverty his wisdom and skill should be alike tested, and his kindness and sympathy alike distributed:

Noble life to him who by hard and continued study, by close application and scrutinizing observation, by deep researches and penetrating comparisons have cast from off his eyes the heavy scales of ignorance; or he who shall ignite another volcano to blaze from the immense heap of medical knowledge; kind providence in his generous distribution may perhaps by the efforts of his subjects rear us another

Hunter to help enrich our science, and as from his
Hippocrates sprung, so may our Hunter spring
and his branches widely spread from this old
MARYLAND UNIVERSITY, and though we may not reach
it, it is our duty to aim at perfection, for within the
thin shell of the acorn is enclosed the commencement
of the towering Oak, the small commencement of the
American Colonies have waxed into a nation, from
the feeble beginning of Demosthenes grew an orator
whose magnificent eloquence the world attracted; such
may be the growth of students of medicine, though
I must candidly confess my aspirations soar not quite
so high. True, the ax may fall the Oak, a pestilence
or a famine may destroy a nation, death may silence
the tongue of the orator, and time and misfortune
may dim the imagination, lessen the efforts, or paralyze
the energy of the medical man. It is natural to

suppose that in Medicine as in all other sciences, the progress must be gradual, but we should endeavour to carve for ourselves deep channels through which the life current of our science is yet perhaps to flow: The healing art is but yet in its infancy, let then every medical man in the discharge of his duty strive for the foremost rank, and I doubt not some one or more students of this UNIVERSITY will be brilliant stars in the galaxy, will stand among the preeminent; it is our duty then as medical men to make the attempt; it is our duty to help promote the science.

Whose duty is it to guard reputation? the physician; whose duty is it to protect slandered innocence? the physician; who are called upon, and whose duty is it to decide important questions, to sustain the character unvarnished, or though painful as it may be to decid.

upon and communicate to unfortunate friends lost
reputation? the physician; to protect virtue against
ignorant, heartless, and envious slanderers, without
which beauty has no charm, honour no distinction,
merit no worth? the physician: false accusations
and calumny are ever ready to be heaped upon
innocence, and charge and lead virtue to be suspected;
base calumny has no victim but innocence and virtue,
into which it buries most deeply its venomous sting; can
there be a crime more grievous, or an injury more atrocious
than to steal away the virtue of the innocent? can there
be a loss more irreparable, or can there be a nobler duty
devolving upon a physician, than to guard himself
against such calamitous mistakes, and by well
tested skill, and to the honor and praise of medical
science, clip the vile tongues of those spoilers, who
are daily robbing society of its sweetest charms, and

bringing many hopeless and helpless sufferers to their graves for refuge, and upon their tombs obliterating their priceless innocence and virtue, with the malevolent scroll of shame of infamy and of disgrace.

Oh that I had talent of more than galvanic power that could effect you by giving not only life but soul to my subject that seems incapable of it; I would then pass with delight to dwell upon the living master physicians of our own land; but I feel that I have already unnecessarily caused your own rich imagination more than once in following me through the course of my harassing subject to descend from the heights where education, refinement, talent and genius have placed them, and that I have trespassed too long upon your patience and your time; but I must say, bold is the stream that has burst forth from our Hippocrates and Celsus, from our Paracelsus, from

our Benjamin Rush, and our Tercival Polk, from our John Hunter, and our Hallar, and come rolling like a mighty torrent over the world washing innumerable tains from the giant pillars of our unyielding edifice that ignorance and superstition have bound to them for centuries; and need I mention others who have hung up their own bright and imperishable names on the shrine of memory with them: we should examine its increasing depths and compare its magnificent powers, we should like our immortal ancestors cling with their almost imperishable fondness in one united phalanx around our venerable standard of medicine and try to free the science from the absurdities with which rude ignorance and superstition, envy and prejudice have invested it; and we should — but as my ideas of duty advance the scene opens wider to the view and

wider does the mind expand, until it is lost in the immensity of my subject, which like the great pool of Norway, seems to draw into its vortex not only the mighty things of earth but its atoms too: But let all that observation, application, attention, experience and time can do, and hearken to the manly voice of an unseared conscience, which I hope we all possess, and the duty of a physician is done.

Human nature is forever spurning the present; and anchoring its hopes on the future, so have I anchored my hopes on the contingency of an hour, and if I unfortunately fall below my heated imagination of the duties of a physician, I hope the tender sympathy of every professor here will sometimes wander among the ruins of a heart or dwell for a moment in the place which the fire of insupportable rejection has desolated. To the student of medicine the giving

nd receiving of a diploma is the very hot-bed of his
earb; forcing at once all its tender feelings into a
ulness of fruit; and cementing forever his friendship
the professors; Pyramids may moulder away, but
he breeze of heaven which fanned the medical Pyramid
in its splendor shall sigh around it in its decay, and
feel truly thankful that the time has arrived when
can present my heart-felt thanks to this distinguished
oard, and like the breeze around the rock built
byramid, sigh to leave them.

Now with the motto of its feeble author I respectfully,
submit my thesis: He who knows not what to do,
do that which can not hurt.

the first half of the 18th century
and probably until the end of the
middle of the century.

It was also

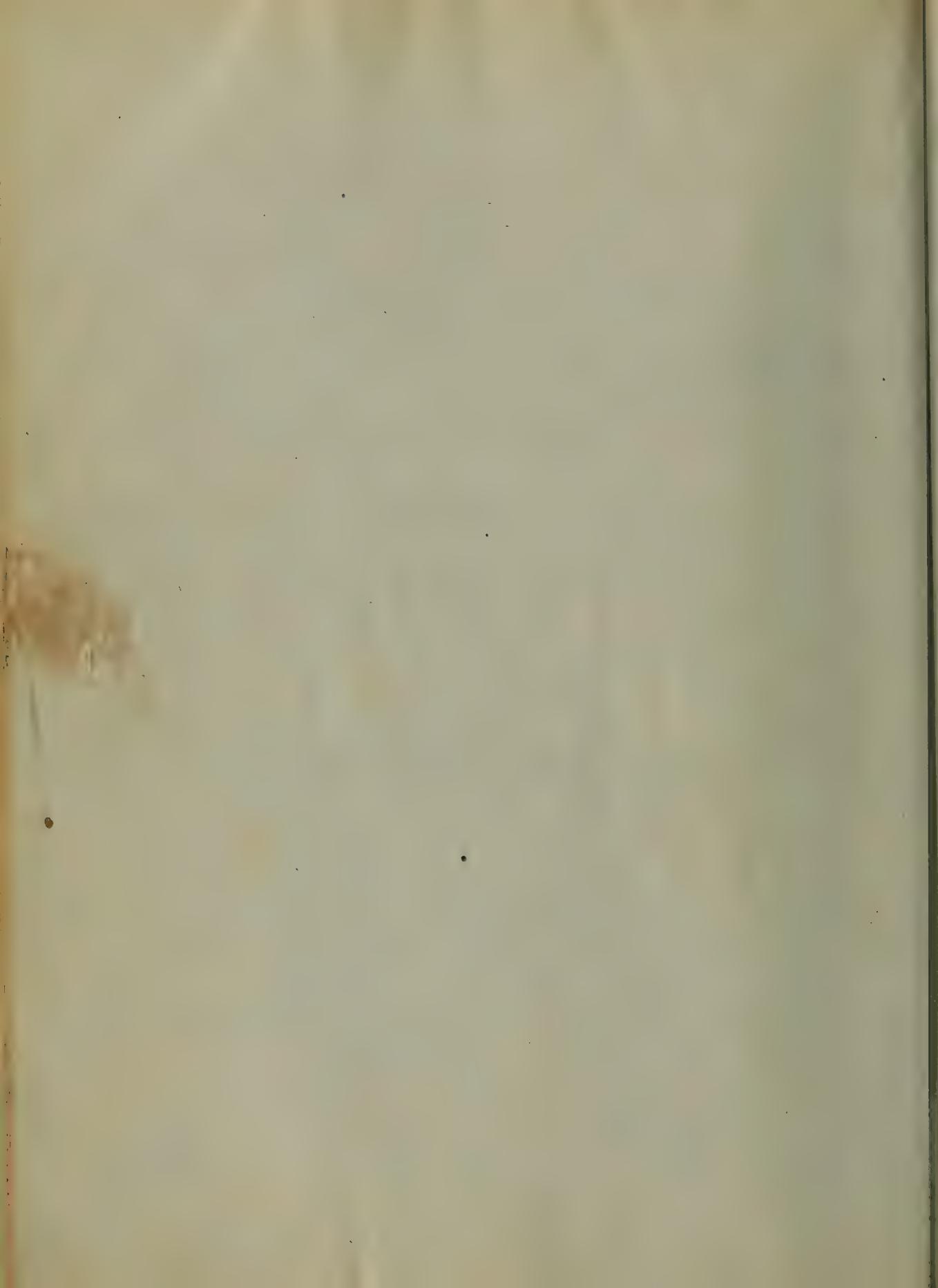
in the same period

that the

middle class had developed

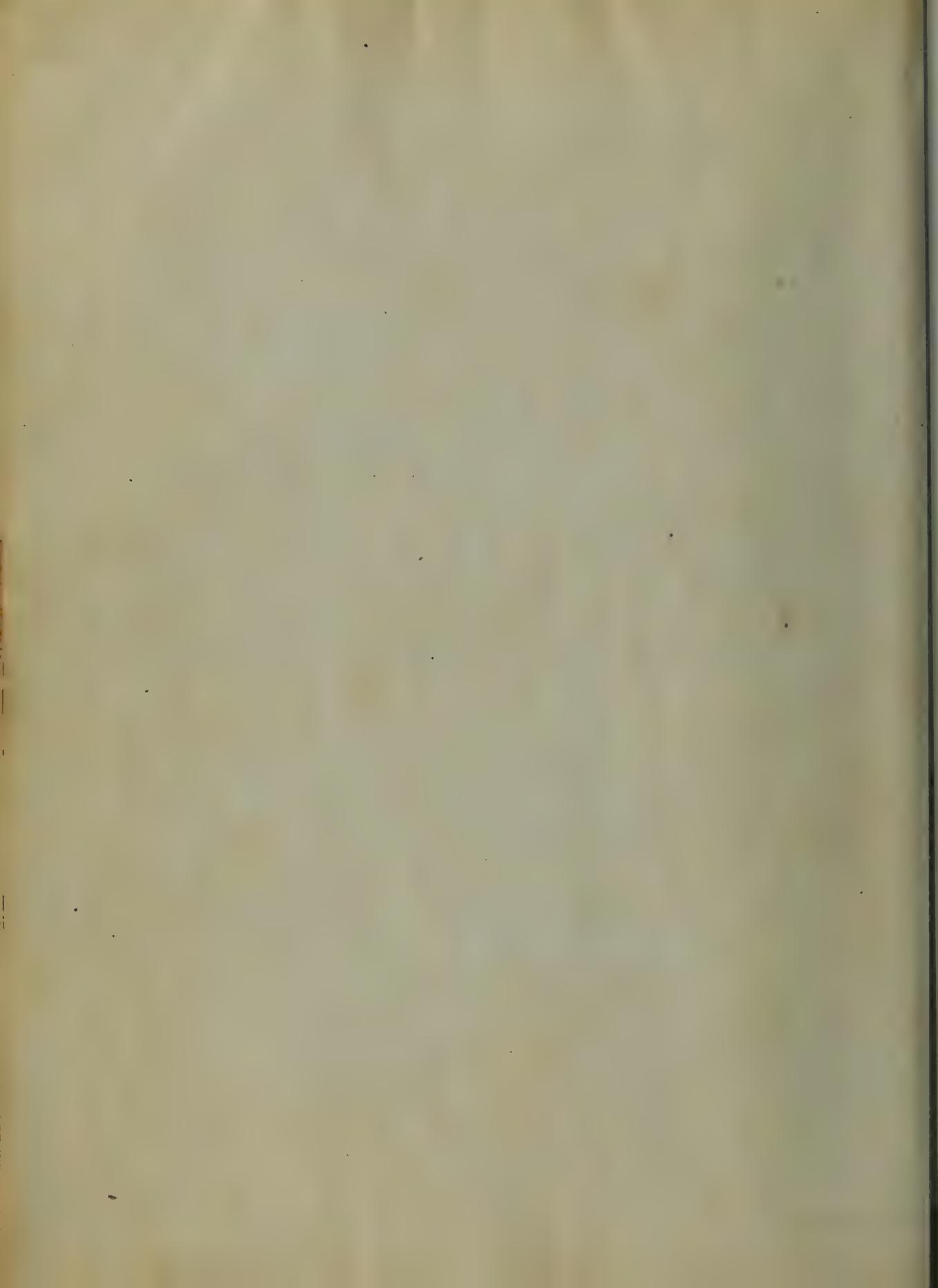
and been consolidated.

After the middle of the 18th century
the middle class had





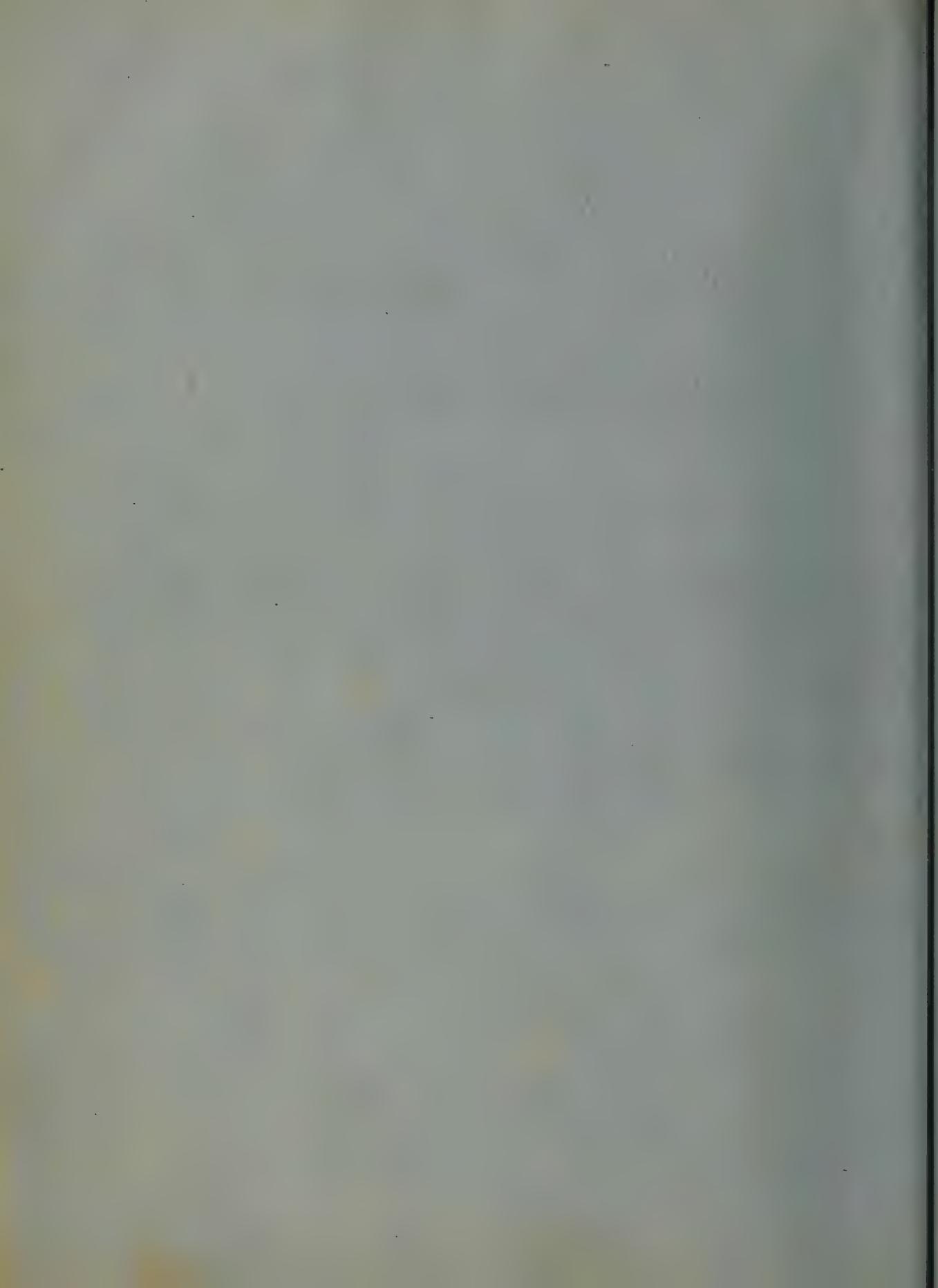




Jameson's
California
Flora

submitted to the exhibition
at the
Royal Society
of Arts
London
January 1851
and
admitted by the Committee
for the award of
a Gold Medal in
Botany.

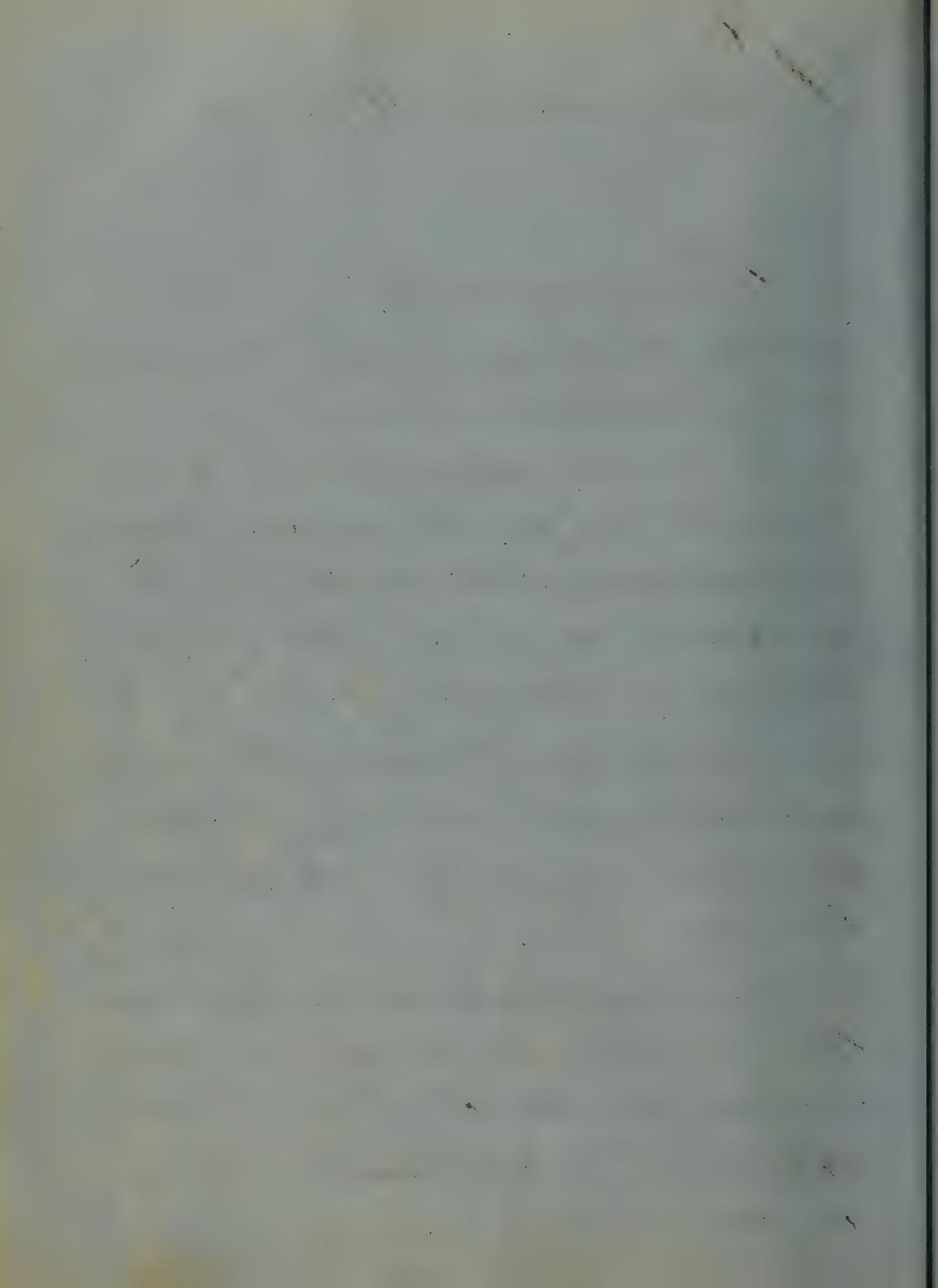
With illustrations
and tables by
John C. Weller



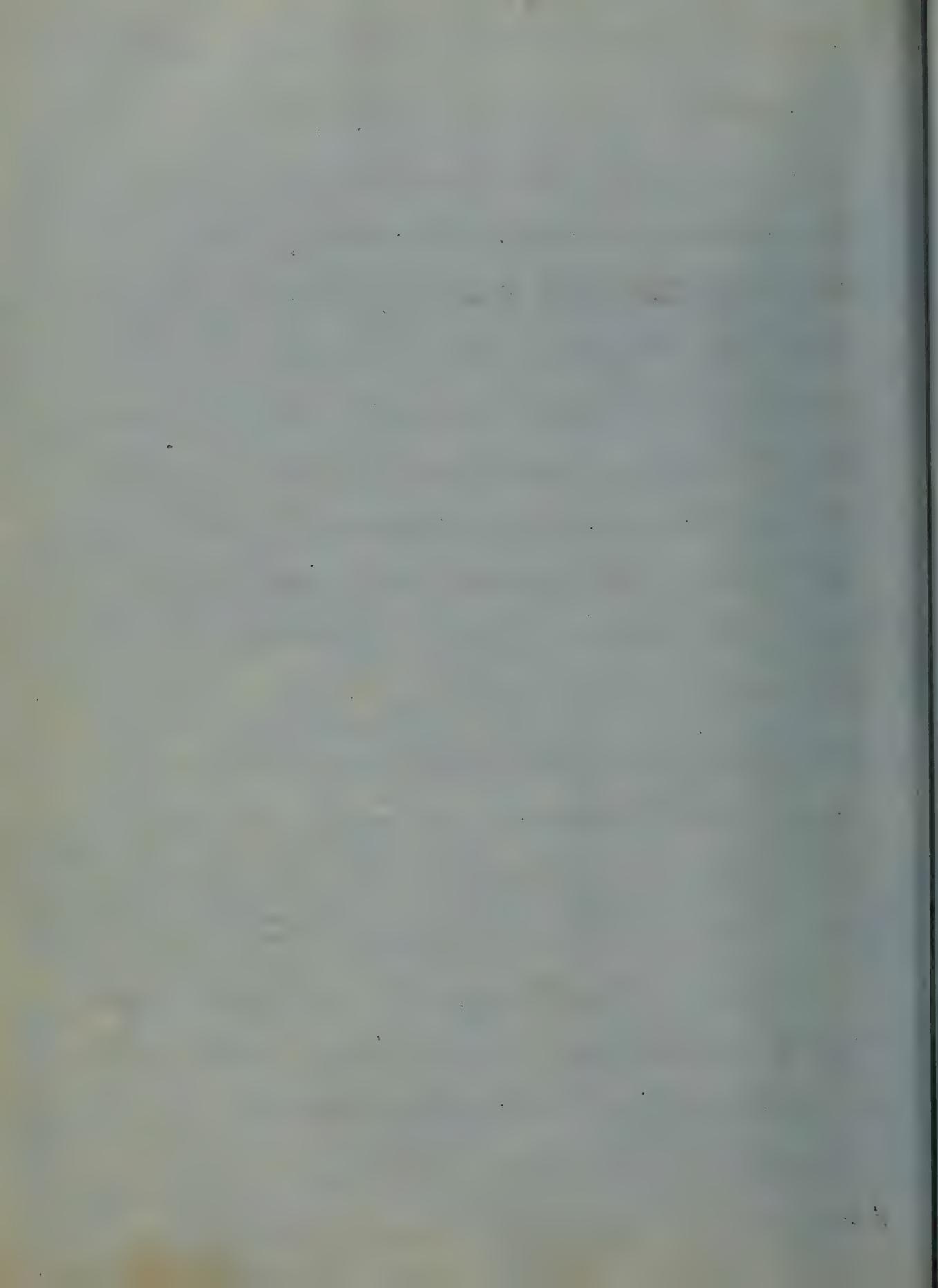
17

Phaeomilium Davis

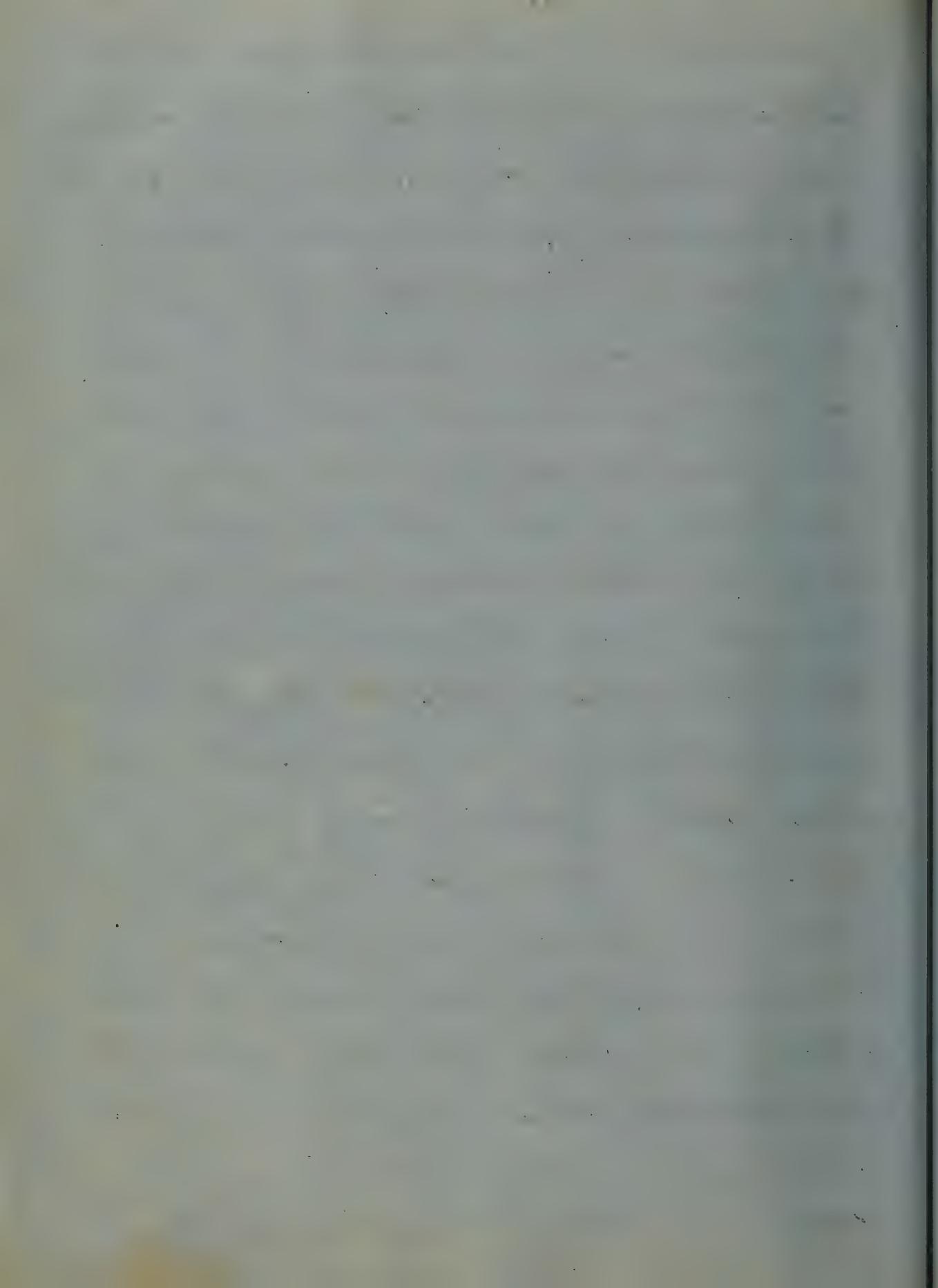
This is a distinct genus, a minute
Fusaria, characterized by delicate hyphae, ^{and} occurring at short intervals, but by the absence
of conidia in the mycelium, ^{the} first
which intervened from the end of the former year
to the commencement of the present called the
intermission; and, the white, hairy, which
is contained by a Barrington and the preceding
intermission is termed the interval. The same
are dark, tan, greyish and yellowish brown.
and, they are generally armed, the Prostition,
Cochlearia and, Paratrichia. These are also, mentioned,
as distinct varieties other types, such as Phaeomilium
Capitatum, Capitatum, and Asper, the last named occurring
at intervals of a month. But all of the last named
types are very rare. In the Prostition type the
last year occurs rarely with an intermission.



After a long & weary search, in the afternoon
we alighted with an intent to go to town
first, but in the darkness had difficulty with
the broken wheel & with difficulty found
the regular path which we had lost, so
easily, to a series of modifications. We have
arrived in the Puritan town without occurring
any thing which would lead us to suppose it to be
other than the time of day they occur. There is also a
small Puritan with a daily paper in his pocket
which may be in the afternoon, and, that of the evening, up in
the morning, occurring at different parts of the day
according to character. Other evidence, we have on
Monday and, Wednesday, the purgatory in either
place in the morning, and corresponding with each
other in character, while on Tuesday and, Thursday, there
may occur in the afternoon. And in the same manner
corresponding with each other, but differing from those of
the former two days, with the other days, it is very
convenient, to see a small Puritan, occurring at
various points in the day. It is also that the

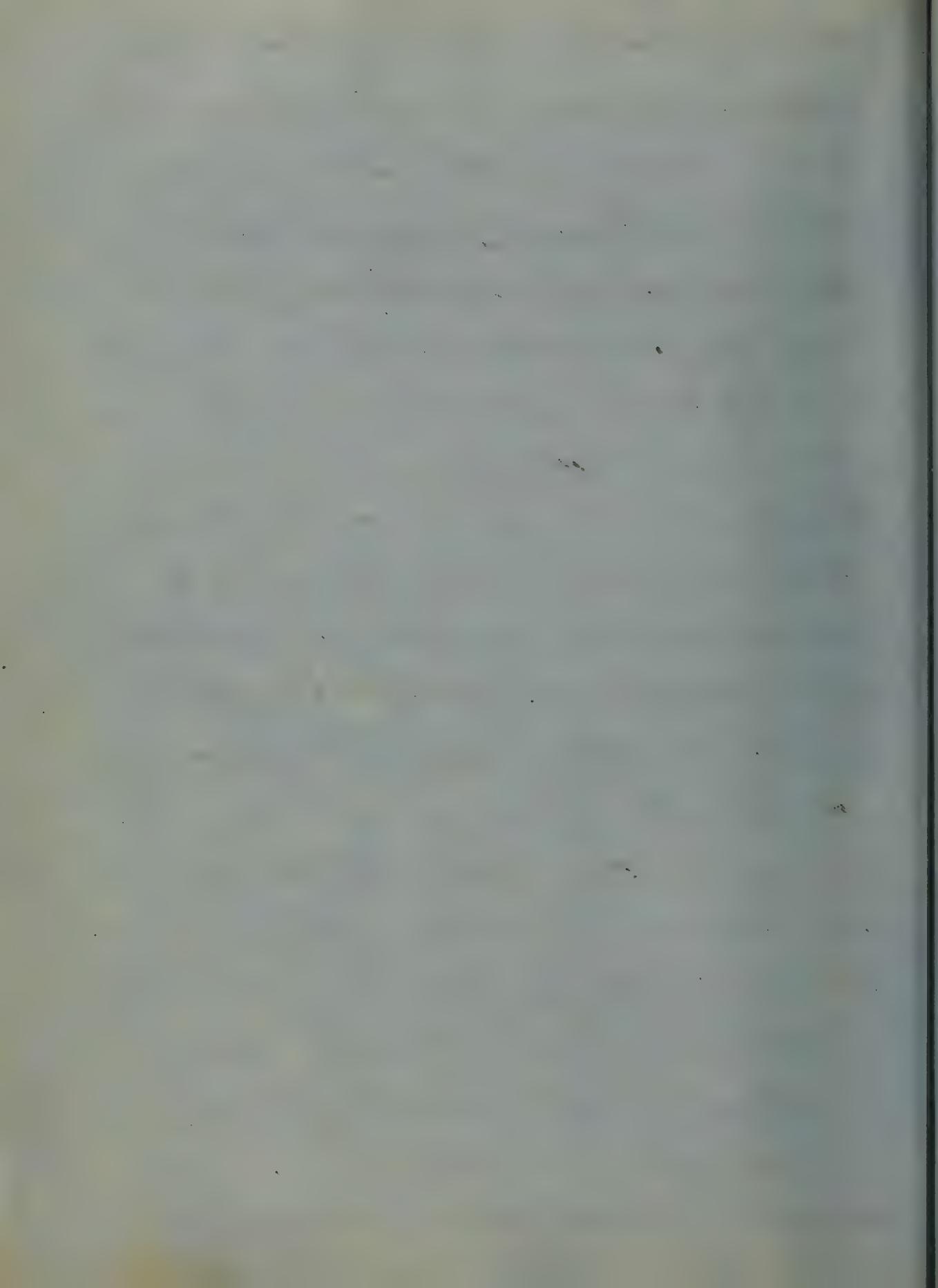


follow'd by the bright day, again & again & again
 it was now & then, & then again & again
 a dull but, slight & broken. On the last & last
 of these days of mine here with the "Circassians",
 and the other day, the bright sun to go back the
 few good occasions we had, but the last occasion
 for you to see the beauty of the land, a robust girl,
 the dear Miss Eliza Abbott, says this epithet, she
 said, to her Mr. Marshall which she mentioned
 shortly before our departure, with a smile
 in her eyes, in which the beauty
 of home & country, intermixed. The Circassian girls
 are, however, with their regular Periodicity, of three distinct
 forms, - a Child, a Girl, and a Breathing Stage,
 The Circassian is sometimes preceded, by a feeling
 of languor or fatigued and, generally, accompanied
 accompanied, by stretching and, flanking. There is
 often an evident dulness in the joints and, limbs
 with, some slight pain in the Head, and, back
 contracted giddiness and occasionally a very
 sharp and, sharp pain. Contrarily the,



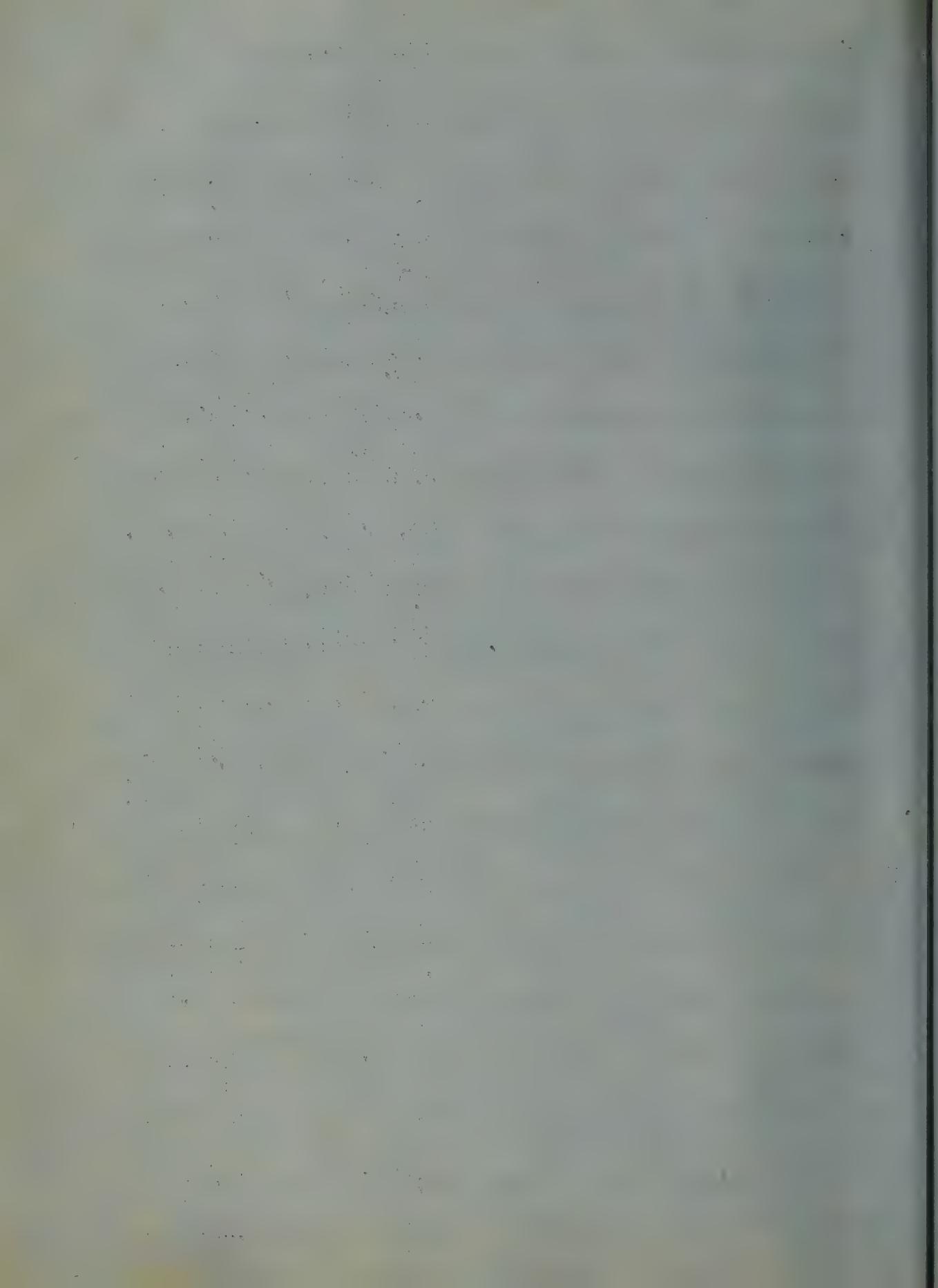
(14)

patient confined at home with a fever
dissipated which is as well before he says.
which is made away with as he is in old hand
at the following stage with the patient is seized
with fits, after going into a short time with them,
which may be said to last in the power of a few
hours, but scarcely ever more than till the convulsions,
the next day, or the day after, for the same set of
convulsions, but with increased severity. Then the
patient is reminded of his former attack, or
perhaps may be informed by his physician that
he is labouring under an attack of intermissional
fever. If the physician is said to these symptoms
is ignorant, the disease may be named in its
language. The Old Stage. - When this stage
is about commencing the patient feels very weak.
He begins to sweat and fawn and, very soon
he will complain of being chilly. He has pain in
his back and, ear, &c, often distressing. The chillyness
gradually increases, the patient begins to shiver
and, shake, his teeth chatter and, it is said with

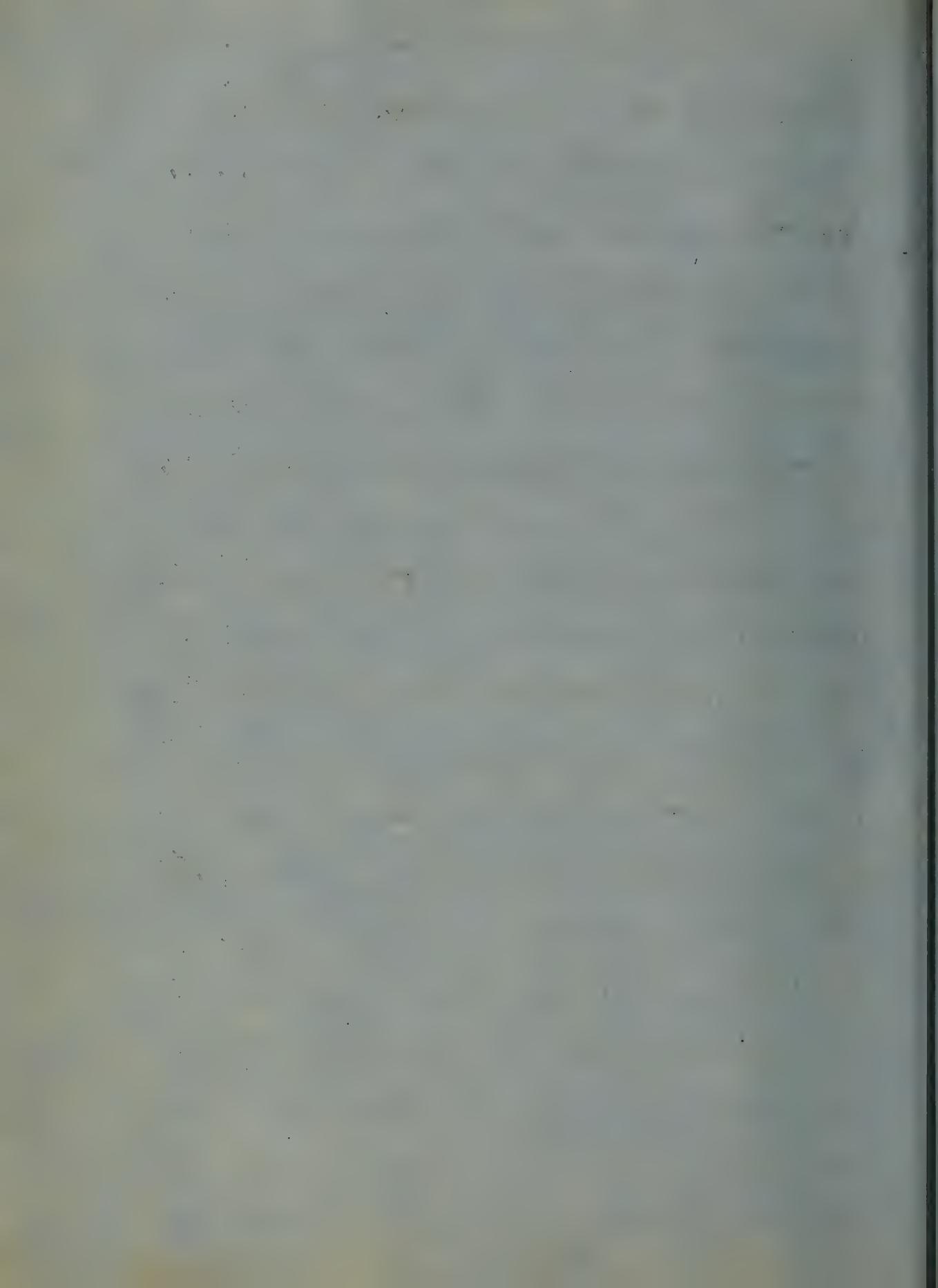


2

than twice - it is made from fracture, &c.
The addition leaves a rough and uneven skin.
Afterwards which will receive the form of Cut's
Anatomy. The epidermis does not grow
and suddenly covers the whole skin. The nose,
nipples, fingers, toes, and throat, and all the
secretive situations, the mouth, eye, the tongue
feet and mouth. There is often blood, sometimes
flea, and feather. But this I do not think is
by any means a constant symptom. There had
some eight or ten attacks of the disease, and
have never provided, lost in one attack, and tho'
prolonged, were very slight in the others. The tongue
while it is always irritable, however do diminishes
till the, slighter remark will cause in the patient
a terrible passion. The breathing of the, patient
is often irregular and hurried, his pulse is
generally debased, very weak. During the cold
days, in some rare cases he has chills or pains
and even symptoms of a rheumatism. The duration of the
cold, a rage is painful; it sometimes may last



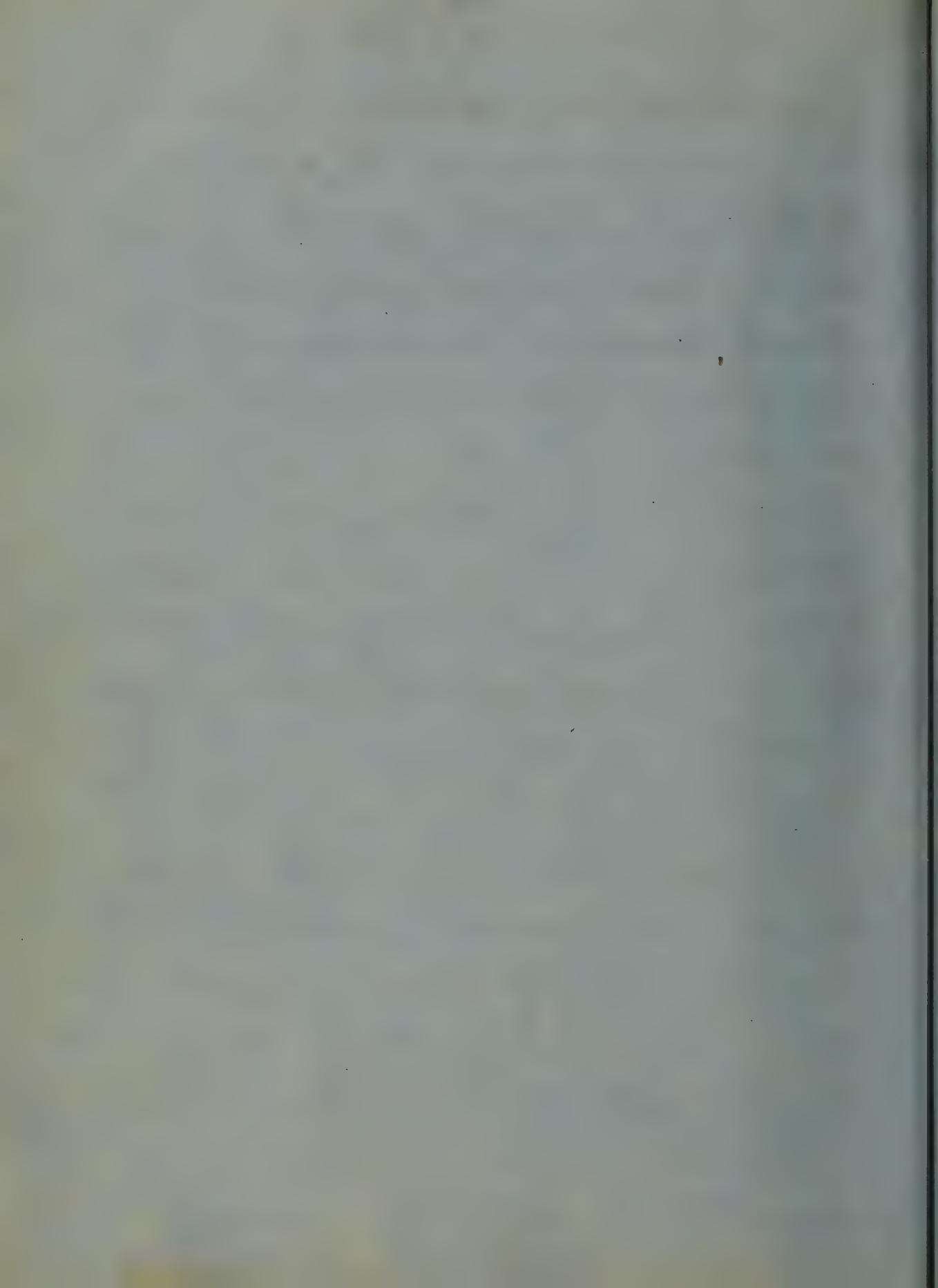
And for a few minutes, and again it will
 last for two or four hours. In a word,
 don't it is a little more than an hour. So
 that stage declines those phenomena which is
 called the cold stage - the passage from the
 cold to the hot stage is generally in its beginning
 violent, & the patient, though it becomes fully
 formed, it is quite alarming to the patient at
 the cold stage. There is frequently an
 intermission of heat to the patient, but if he
 continues to move his limbs to a cold part of the
 bed, there is often a sudden addition of shivering.
 Gradually the whole surface becomes hot, all traces
 of the cold stage has disappeared, and the
 patient is affected with a burning heat. The
 cheeks become flushed, the eyes reddened
 and, congested; there is greater heat in the parts
 of the mouth. This is a symptom which was
 never observed in this stage of the disease;
 and, I have often considered it peculiar to
 cases of this disease. The different stages of



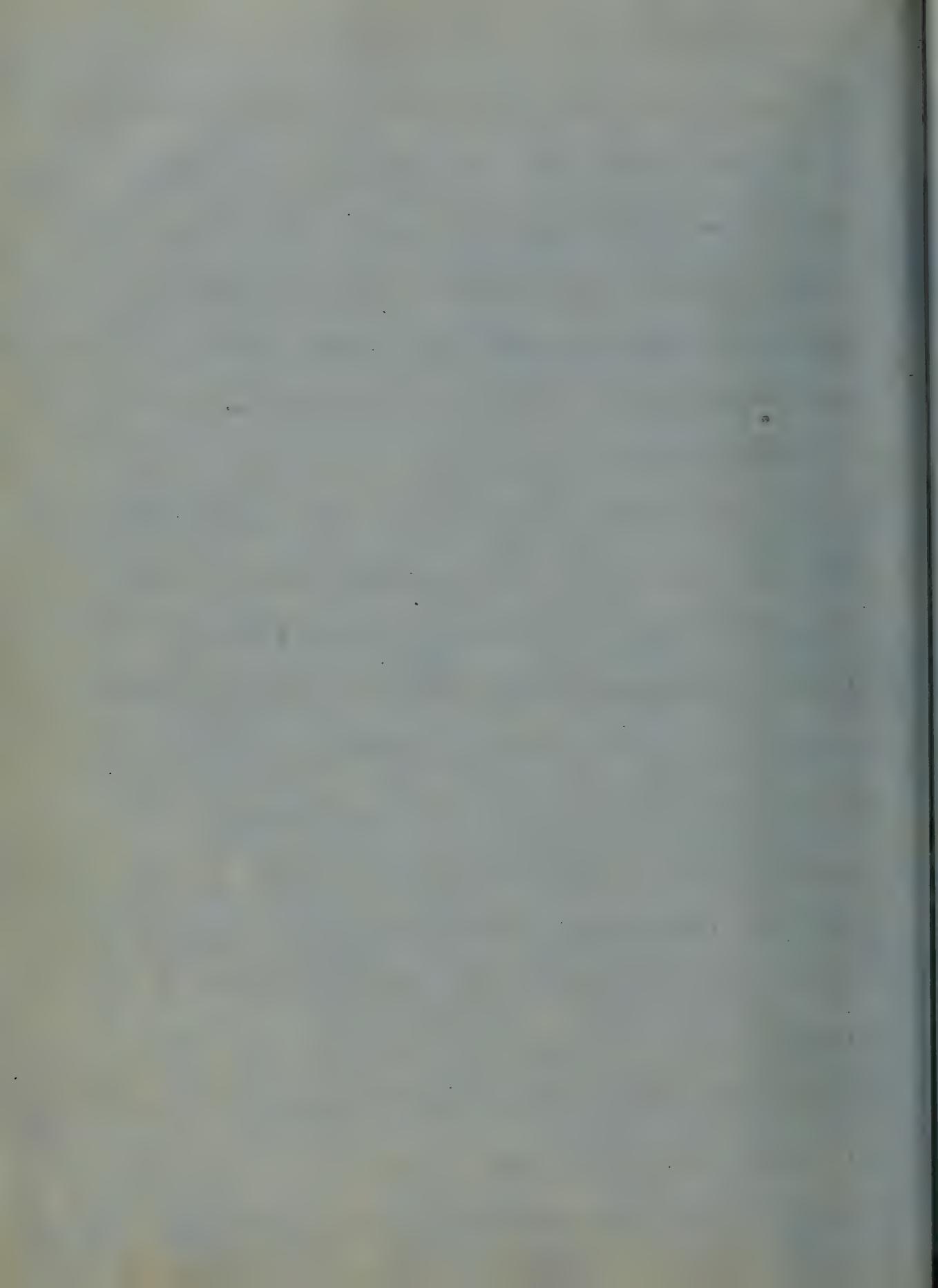
(2)

have lost in my own code that was lost out
of the manuscript the original of which
will always be unobtainable. The work is from
Oriental documents. The original is older
than in the preceding those being it is
thought, approximated, and named, after it
which is still more than well known & considerably
earlier in the book, and, apparently does not date from
so far back as is usually supposed. The earliest documents
believed to be in existence are older. There is also
doubtless. This copy from Mr. Charles L. Burleigh
is known to be ancient & constant throughout the volume.
Charles is also said to be, not unauthorised.

The temperature of the skin is ridiculous.
Rodger found it to be 105° by the thermometer.
And Hooker who has known it to
be as high as 110° in Great Britain, and, 102° in
some countries. All the variations are diminished,
the skin being that it will not, the more, change,
as well as vice versa. The duration of the hot
stage is neither longer than the cold. It generally

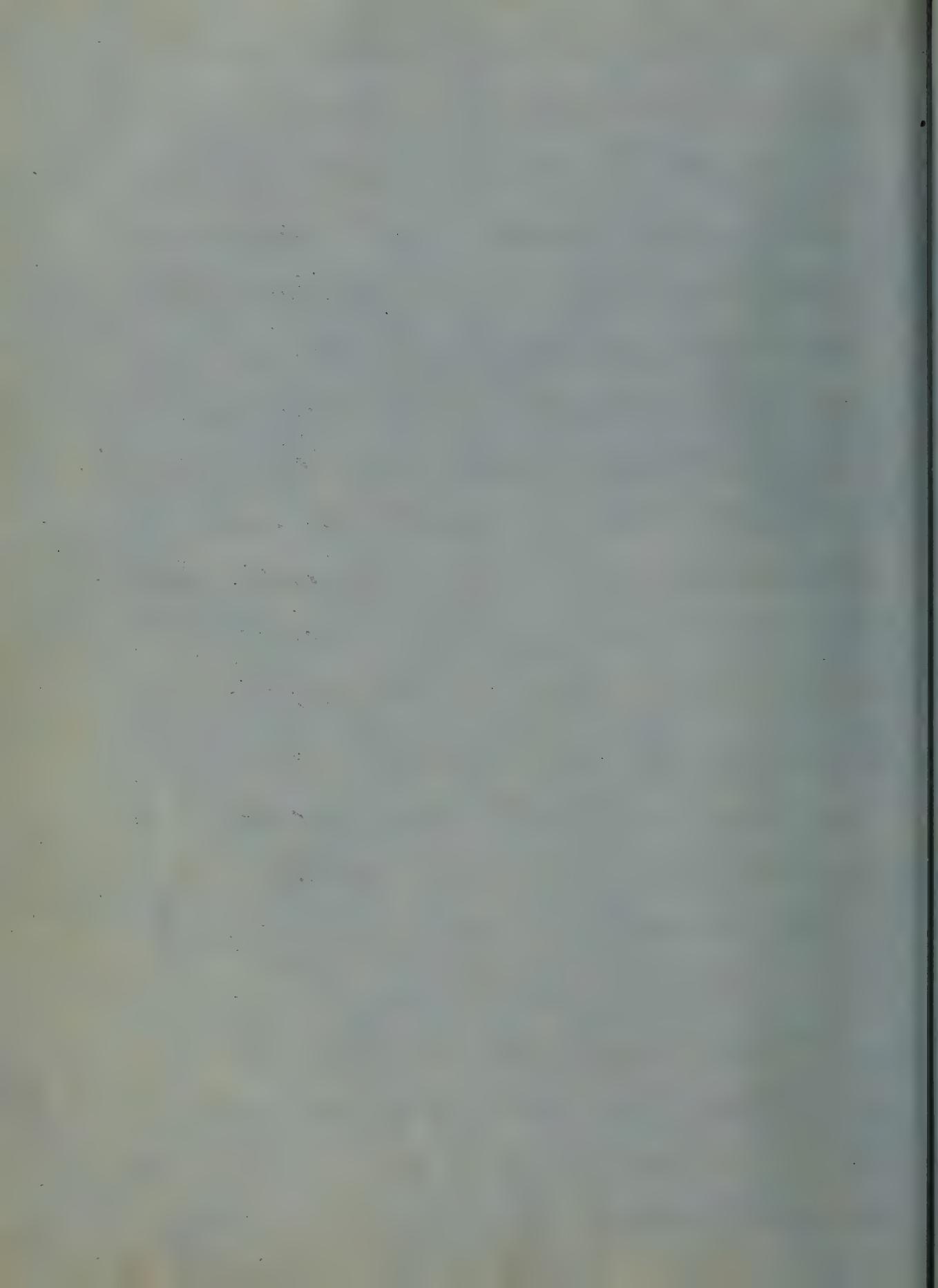


In other cases we cannot wait so long and
the child remains quiet for a few days, gradually
terminating in the usual convulsive stage, when the
convulsions begin to appear when it is in a stationary
or half-stationary condition. At first marks like
yellowish streaks, head and breast, and then gradually
extending over the white surface of the body. At first said to
be skin convulsions, but it is generally believed, and
mentionally very cogent, that the convulsive symptoms
first increase, and the febrile phenomena abate, tho'
the fever gradually red, the mouth dried, the
headache gone with the disappearance of the convulsive dessuit
become relieved, and the urine purer. After this
convulsion has continued for an indefinite time,
the pulse gradually grows slower, and, the, sweating
and other symptoms and diminish, more frequently
the patient falls into a paroxysm sleep, from which
he awakes free from fever. The average duration
of the attack of protracted convulsions is 24 hours. It will
however bear the average, may be set down at four.
These, to sum up, are the occasionally and rarely to



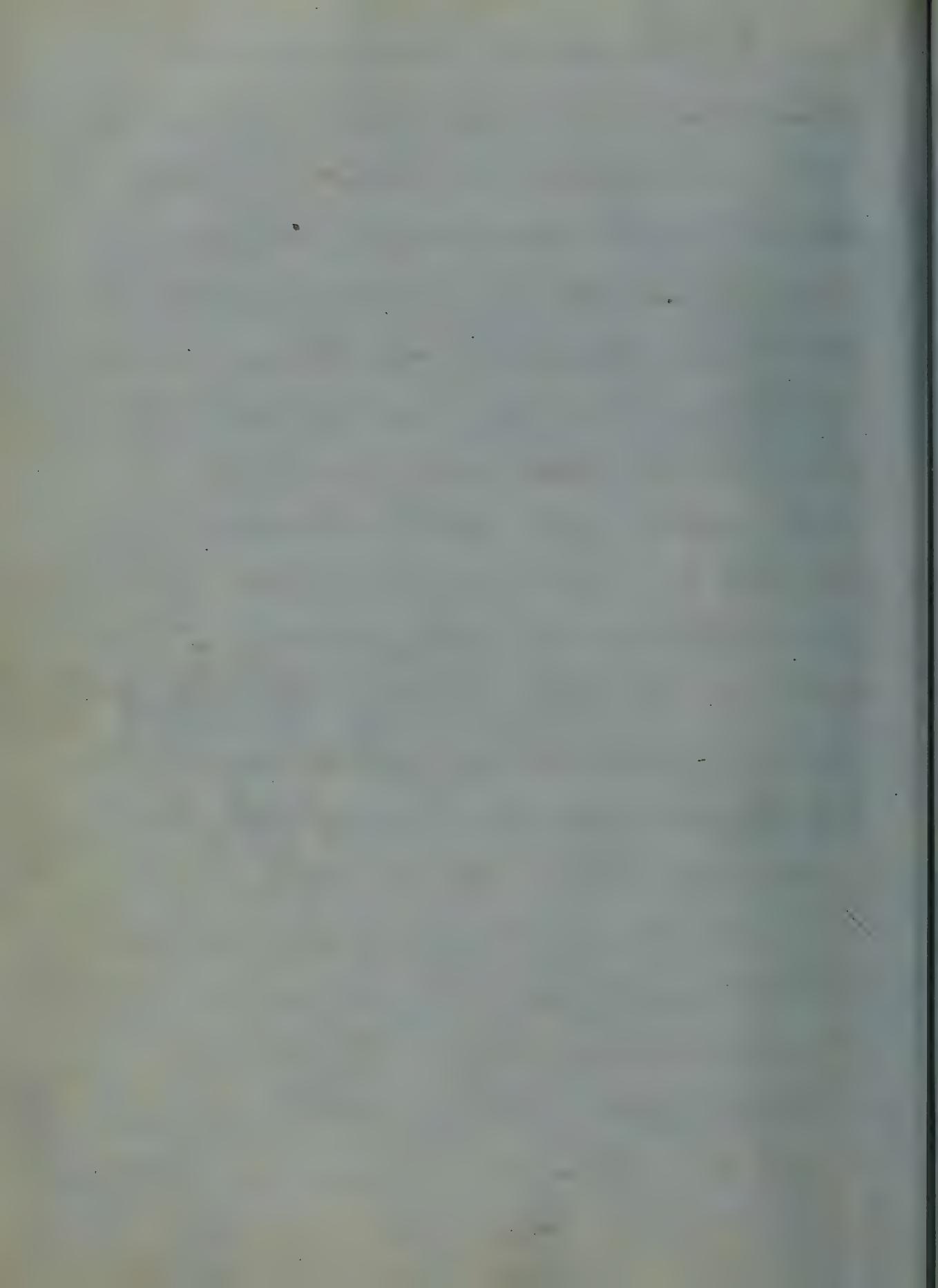
The time for the mounting commences this
Auricle is also fitted to mount him but, he had to be
the same mounted in the old style, my right
arm being no more & less characteristic of a wind, than
a little blow would stand the figure mounted with, but
the position of the horse, since break neck, has this
state of his disease, is extremely painful under the
arms of the mount upon, & I prefer to diminish
it by taking him to the ring again.

Our horses have no no mounts, & I intend to have
the old style, passing off into the mounting, but
it is beginningly the case that this last mounting
style, is wanting, the power of holding without any
perkinship, or its place, perhaps diminished, by
a diarrhoea, or an increase in the quantity of urine;
Therefore anyone of these symptoms may be
alarm. There is still another quality to be mentioned
so as have on these days, that a program may effect
the first style, which passes through the second stage
in order, the remainder of the perkin being long off held,
there is also mentioned in the article a mark

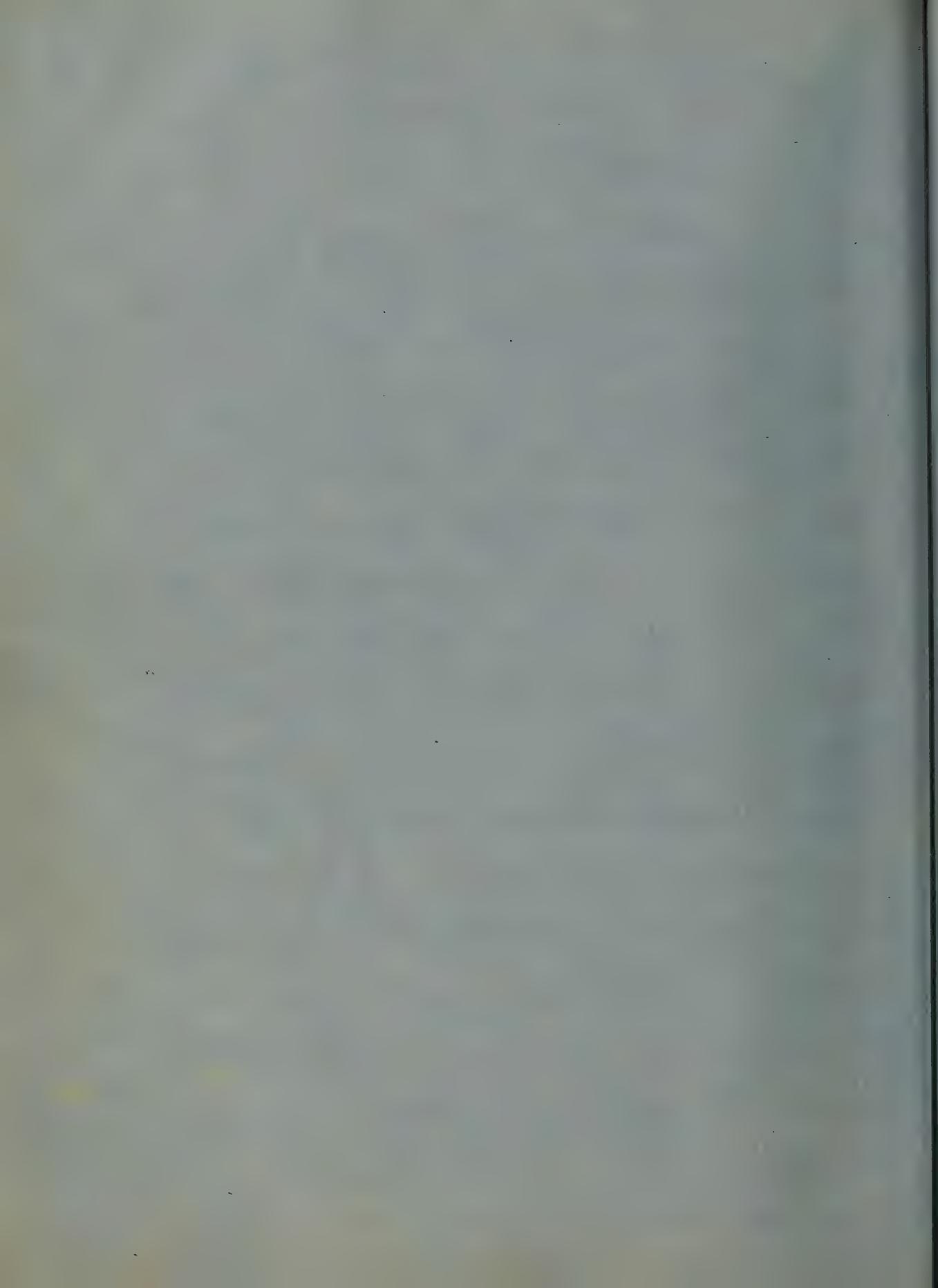


10th

Quality of this disease - occurring in the
Plastered, and characterised by a dry, hot, &
expansive perspiration in the night, & frequently
with a Pustular exanthemata from various
parts of the body, sometimes vesicular and others
eruptive of Malacanthus. He says this pain him much
with great severity, think. Please always taking
place in the right sacro-ystem. During the inter-
mission between the exacerbations the patient is never
always free from disease, so it very weak, his tongue
is bluish, he still has some sense of a Smart pain,
in his back. He also has pain in his joints & muscles in his
head, he has a pale skin complexion, and a sickly
look, Dr. and I think that these two last complaints
are commonly prevalent amongst in this disease cases.
There seem to be no other case under this disease
who looked, as well during the intermission as I do,
they never had had the disease. The appetite is
diminished insomuch, that the digestion, is much
disordered. There alwayes, flatulencies enough to have a consti-
pation during the intermission, and I am



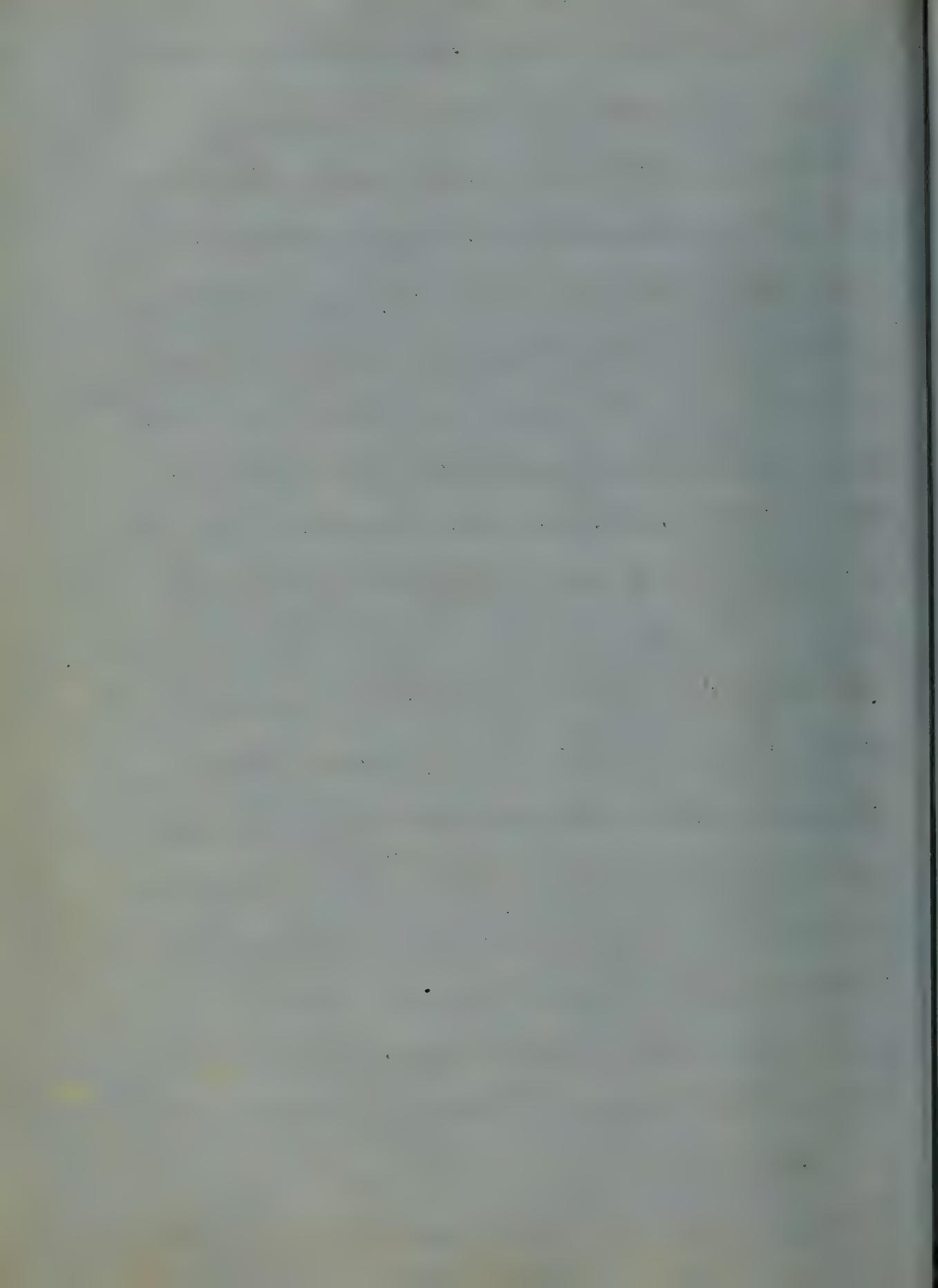
Today I have written to Mr. C. H. Smith
about my old car & have sent him
the bill of exchange from Jeff's
place which he has paid off & I
will be sending him the bill of exchange
as soon as I get it. Then I will send off
the bill of exchange paid out at the same time
now, about 45 or 50 Pounds. This will be the
sum of my bill of exchange. Then to the amount due by me,
but it will be paid off before that if it is a little
before the time of the day, it is up to his wife to decide
of the year. Further, you will all find it will be
an agreement with a man whom at first, after
for all that we have now taken a very long time
to no purpose. It is now with me, but when
the other person received the "First of December"
that they are still not paid in full & expect to make
over from the 1st of May to the 1st of November. Then
the bill will be paid off, so as to pay
the bill due to me, then soon after I'll be ready to
the next place, then, etc. etc. etc. etc.



(127)

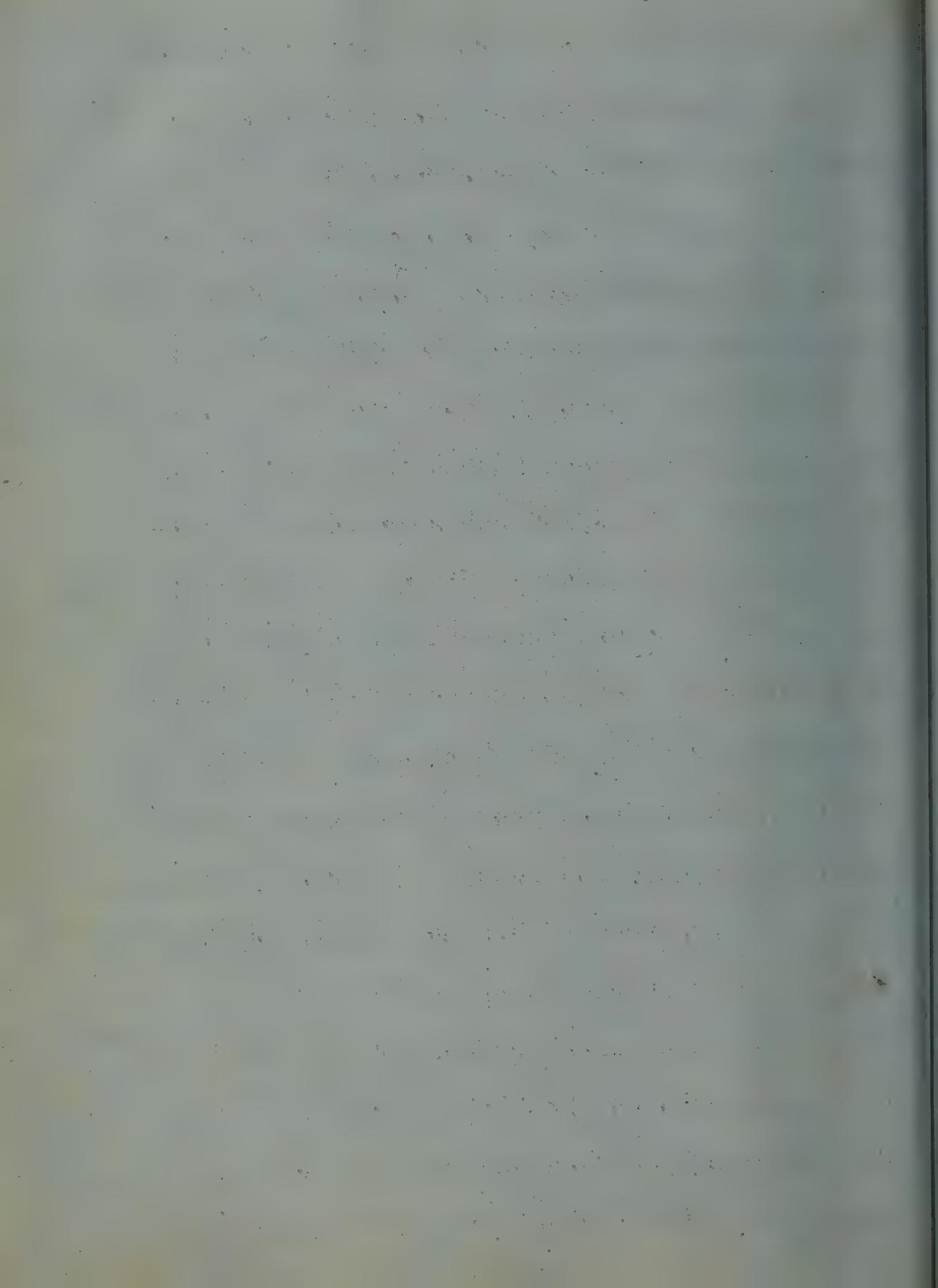
According to the most popular opinion, the return of the fever, & with its most violent return at the second fit, distinguishes in the course of the disease the tertian from the common tertian, which after its first return more often returns to recur several nights, till often twelve or even more than six times in the course of the regular tertian. A change occurs also in the different febrile fits, now both in kind, so as to pass from a tertian to a quartan, and from a tertian to a quartan. At present they will change but once, and again they will continue changing. In fact they have ^{not} as regular course. These cases are called "cyclic" intermissions.

If let alone intermissions will sometimes terminate spontaneously, and early in the disease, (Hodges said that putrid intermissions terminate in about two weeks,) and in four months, and quartans in six, others eight weeks, although, if they are not interfered with, during their progress, they are apt to be protracted to a much longer period. Intermissions are also a great liability to return,



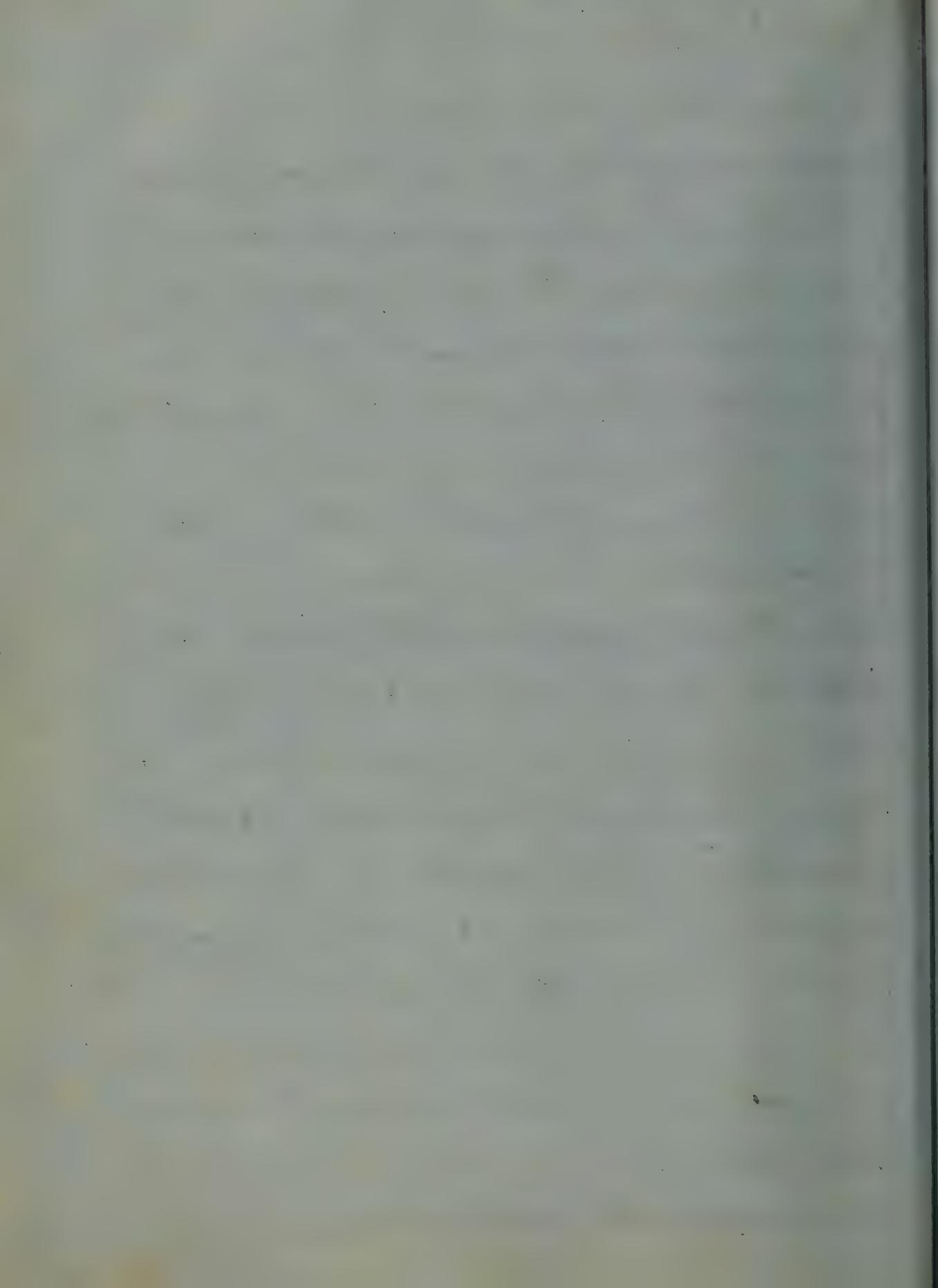
(10)

After his first visit about, so much to the
evening visitors, from every kind of talk of
the disease. Some would think that the typhus
is more little, to occur than another, but when
it is too evident in imagination, the brain starts the
idea which will produce the typhus of the disease,
like a fever, and that, or property when you consider
the last, a recurrence of the disease after this disease,
as they call it. He also says that he has known
it to recur after many years at the present day,
and hour in which it would have happened, if it
had, obtained, with, the original, typhus. It is gen-
erally the case, I believe, that the greatest attacks of this
disease, without a fresh exposure, to the cause are milder
than, the original, tho. Intermittent fever has also, different
grades and, complications. In vigorous, healthy,
subjects, and, generally in temperate, latitudes it
assumes a chronic, and, inflammatory character; with
a vigorous reaction, and full, strong, pulse. In those
subject weak and debilitated, from any previous
disease, or whatever cause, it becomes chronic, or

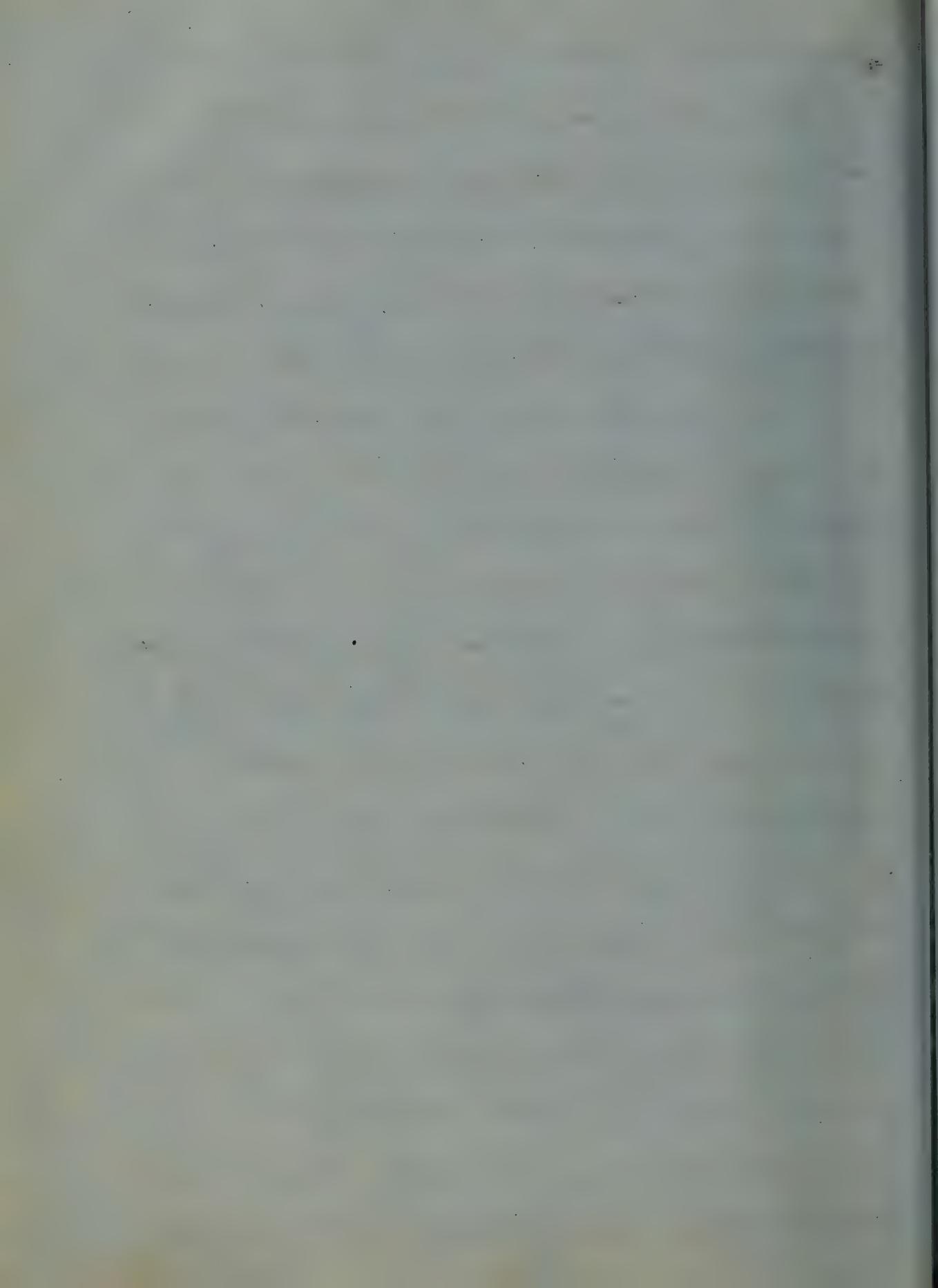


44

of Child, which is the upper, incisive of
the former of life. Intermittent are continuous
paroxysms, with other vises. Dr. Rydenberg, of Rio,
Brazil, has, I believe, introduced them into
the vocabulary. They are not always low,
by no means uncommon in this disease, the
agent most frequently affected, are the liver, thyroid
gland, lungs and brain, & its membranes.
These attacks are sometimes divided, by inter-
mission, & have been also occasionally so alternate,
with Rheumatism, so that the Rheumatic attack,
pulse, and, the ague, intermix, said Rio, Brazil,
Dr. Legge's practice, in which he calls this
disease, alternate, with, & intermix, but, also with,
Rheumatism. Electric, and, cerebral, intermissions
are often seen by Dr. Scott, says there, is no foundation
for such distinctions. Of the effects of Intermitt-
tent fever one of the most common is enlargement
of the spleen, indeed, enlargement of the spleen
is often noticed during the attack; it is sometimes
called ague-spleen. Dr. Legge, mentions



having been a case, where the children married
 eighteen years old, the father and his wife,
 it is stated, have, from the enlargement of the
 liver and, jaundice, are not cured in such a manner
 as to prevent death. Of this disease it is said,
 turkey, both in the brine and, or water, is not
 an uncommon occurrence, I remember having
 seen a case of this kind, in the Battalando, infir-
 mary, in a man, who was born, working in an oil
 bank, & it had been produced, I believe, by a continual
 continued fever, very frequently there will be seen
 also, at home, no varieties. Mr Macculloch
 writes on the subject, & of the effects of
 Intermittent fevers. He believes the motion of life
 another of its effects. It is also thought to suspend
 menstruation, and the secretions of milk in
 women, and, habitual, diarrhoea in men. But
 while, they do harm, on the hand, they are thought to
 do good, on the other. This conclusion has the
 credit of commanding either side, that is, they
 hold it a safe, and, temporary remedy for



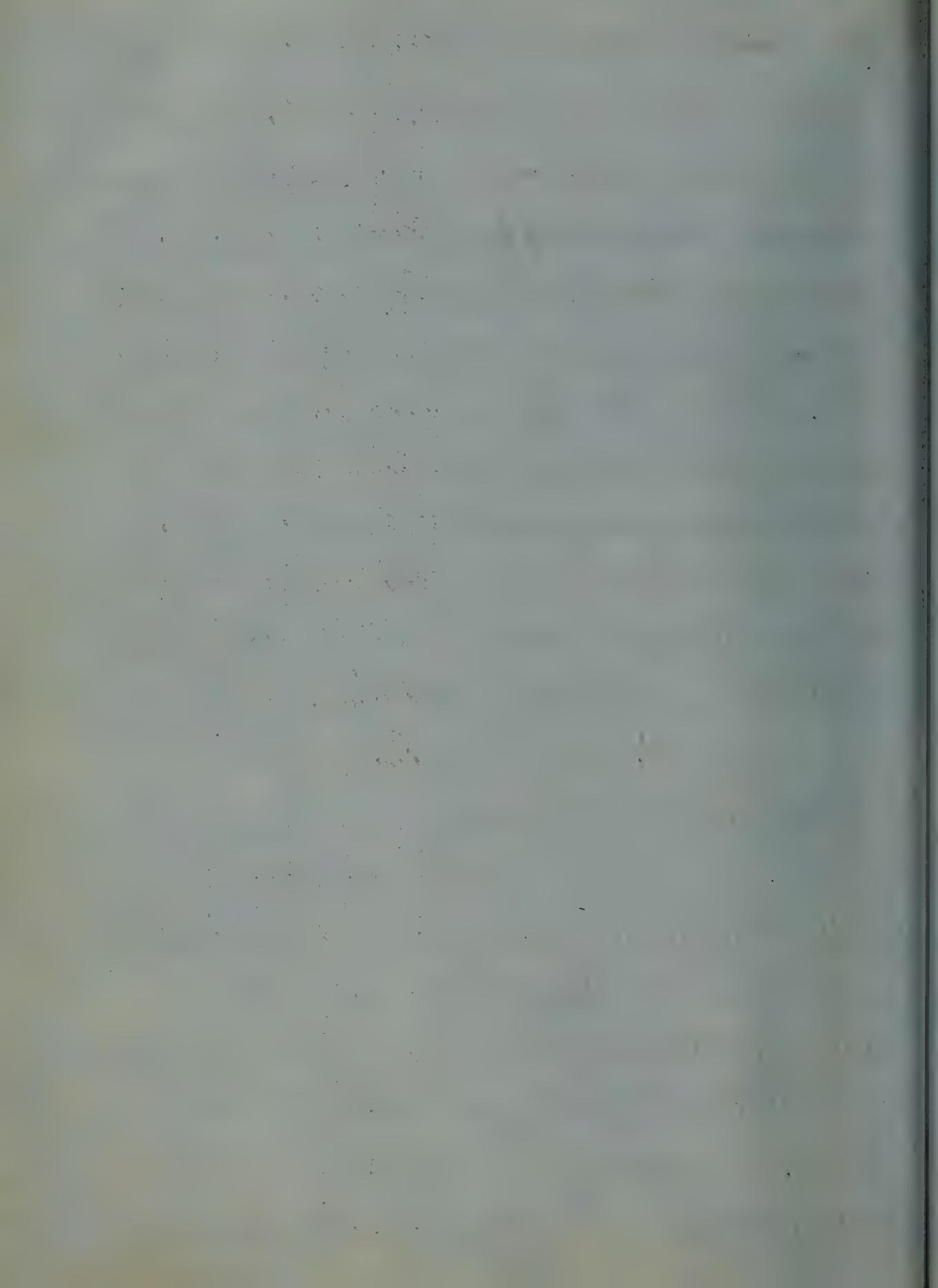
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are bright, but chronic affections, the vicissitudes
which we are liable in, the way leading up to them
to the various affections, also evolution of similar
things, we termed *Cyclopathy*. *Cyclopathy*,
which is a chronic, and, continuous affection,
the progress made, in so far that he has, been forthwith
bewildered, by it. In fact ague, has been thought
by some writers doxopathia, a thing that they have
contended, it never should be caused; but I
agree with, Dr. C. M. Lister, Dr. T. D. the year he, says
that man did, prove it once eradicated, which they

The Ague in Spring;
We fit for a King?
but not for a subject.

The anatomical,

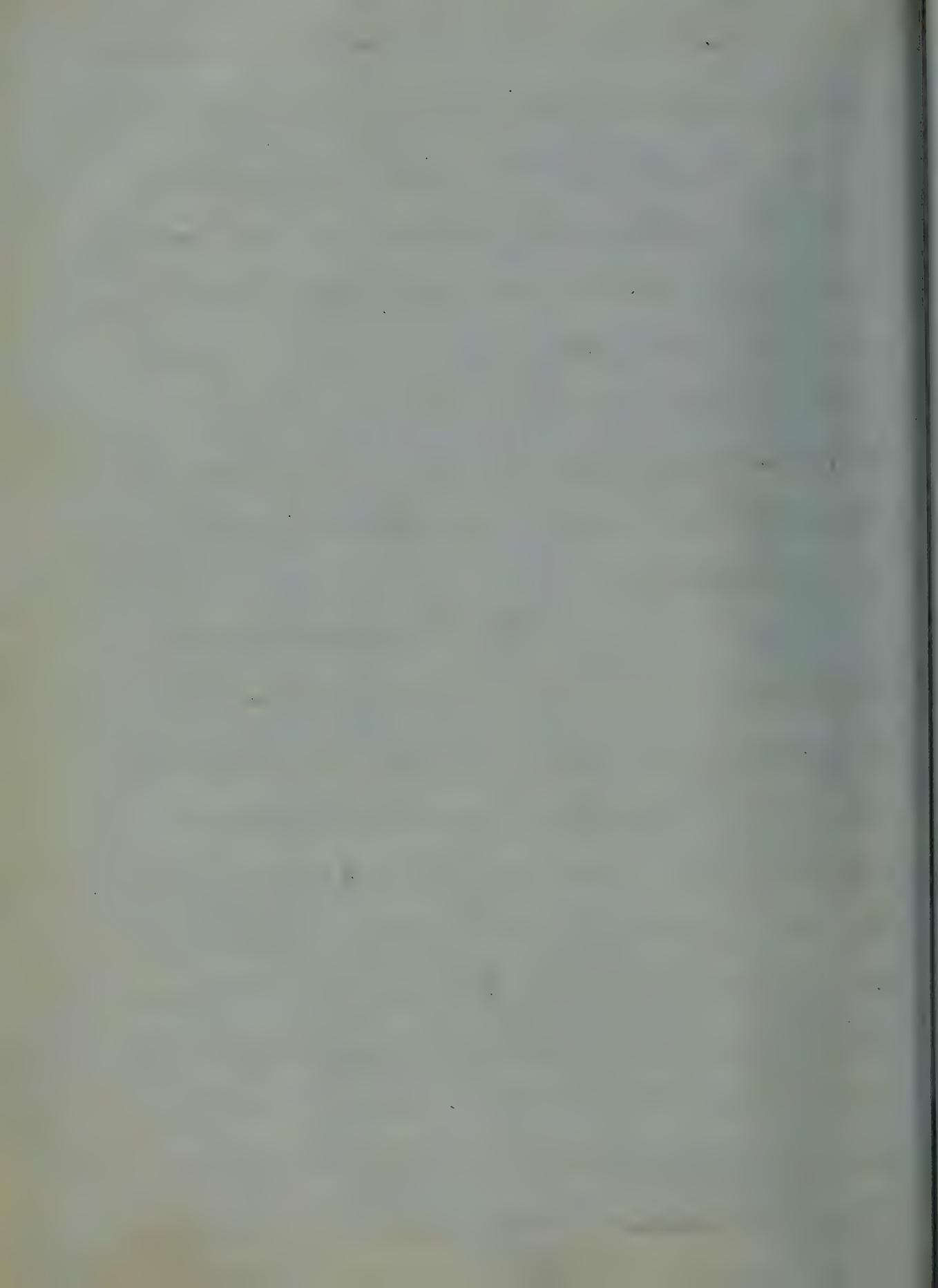
Physiologists, found, in, persons who have died, while
suffering under this disease, are a concreted
state, of the liver, with, blood, of a dark purple,
or black colour; also inflammation of the brain
and, its membranes, cerebral, periphalic, pulmonary
are inflammation, and, suppuration, the effusion has



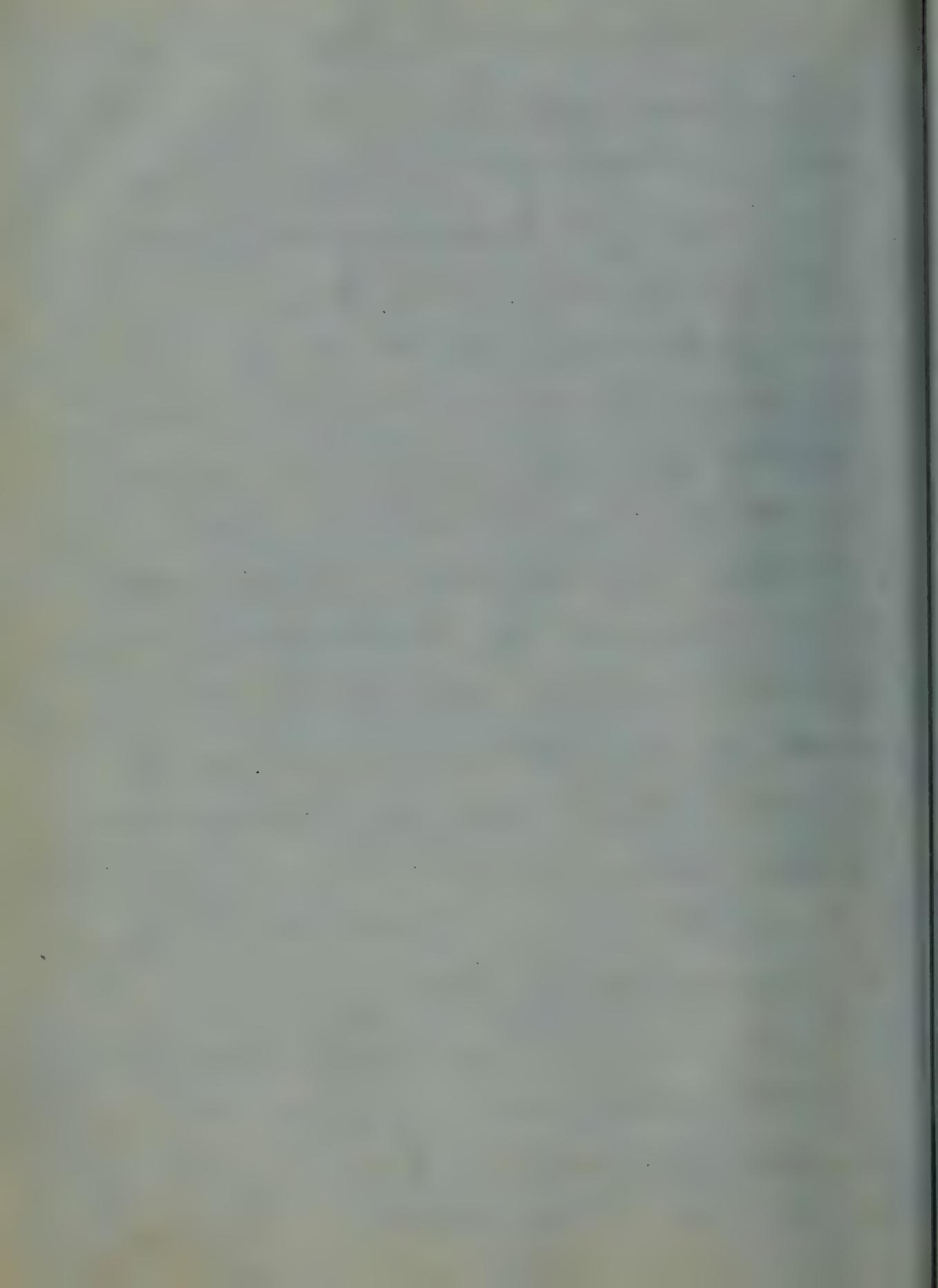
(26)

been formed enlarged, and more intricate
connections established between the heart and the
peritoneal fluid, in addition to which a large
share of the abdomen shows modification. The abdominal
cavity has become so correspondingly thick & evanescent
that it is no longer perceptible outside. It is also stated
that the blood vessels are sometimes suffused,
or forming the finger over any part of the body of the
beak they are said to be long. But I think this is in
spare occurrence.

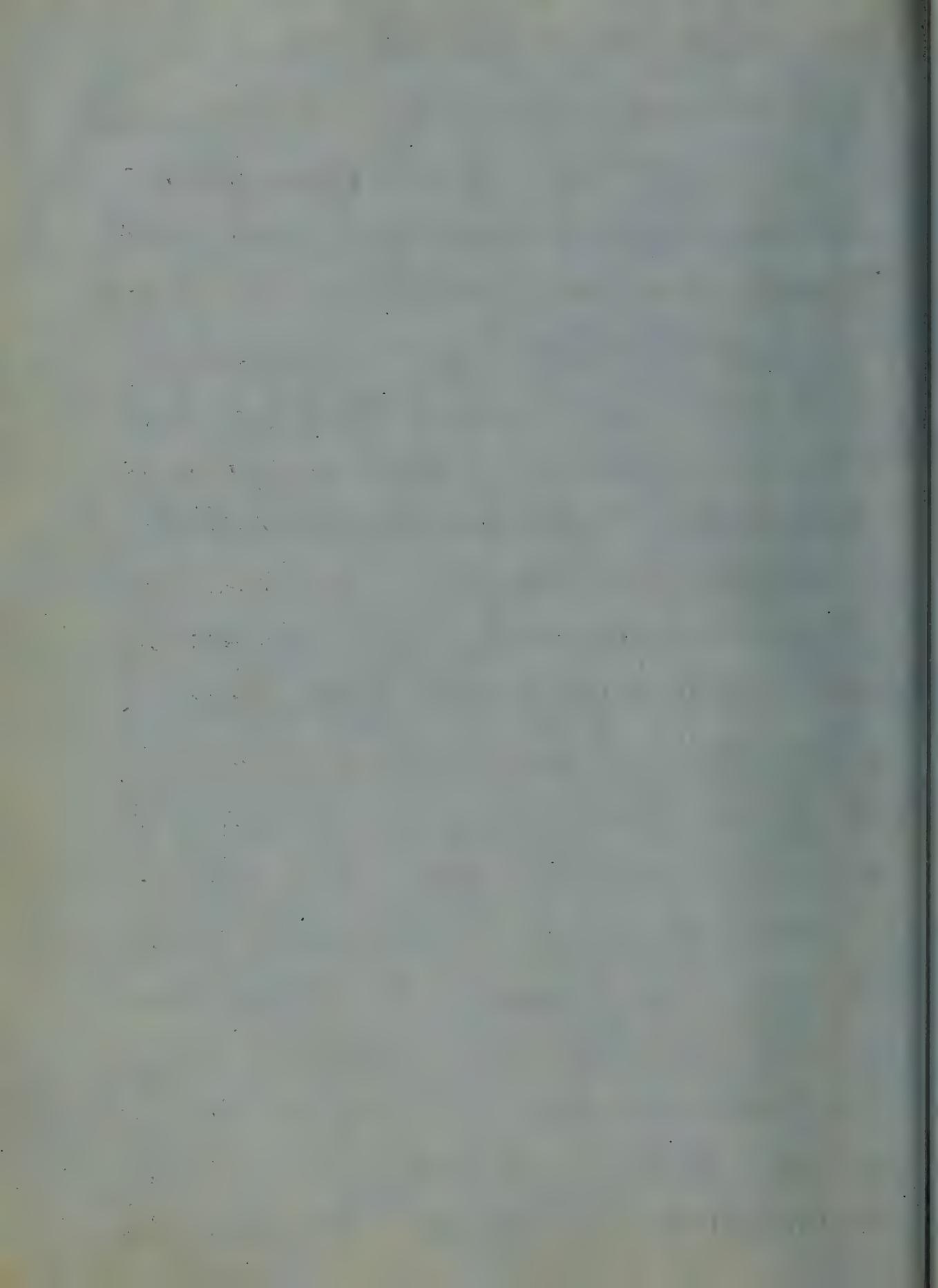
As to the cause of this disease
authorities have been differing about for Years past,
Years. Some of them think that the Inflammation
of the Liver & spleen are caused by marshy
minerals or Malaria. Others believe that
there was hysteresis, with no cause of this disease.
This was not introduced by Malaria, the first
standing there, are other sometimes following,
which cannot be traced to malaria. There are
such kinds as are caused by the introduction of
syringe or catheter into the bladder, indigestible,



took into the stomach for his first course, in
 the day went with death, in order to come about
 his life, before this, the author had him informed,
 of the influence of Schistosoma, and, that the infection
 went into the body, of those instruments, and
 he, anticipated, found in the Edmund, more nothing
 more than anything caused, Dr. Ford, relates to such
 of A. French to whom that habit had something
 to do with it. There is no doubt but that it has,
 as I believe Intermittent fever is like many other
 things in this respect. Any person who has syphilis,
 therefore to its cause is likely to have the disease,
 and the disease once contracted, is easily excited
 into action. He said - A French for three successive
 nights accustomed himself to bathe, at midnight
 in the river Rhine., towards the close of October when
 the water was cold, and, upon retiring to bed,
 after each bath, and, receiving kindly warmth
 he was affected, with considerable, sweating, which
 terminated, in perspiration. At the end of the
 fourth day he smote the practice, but hav-

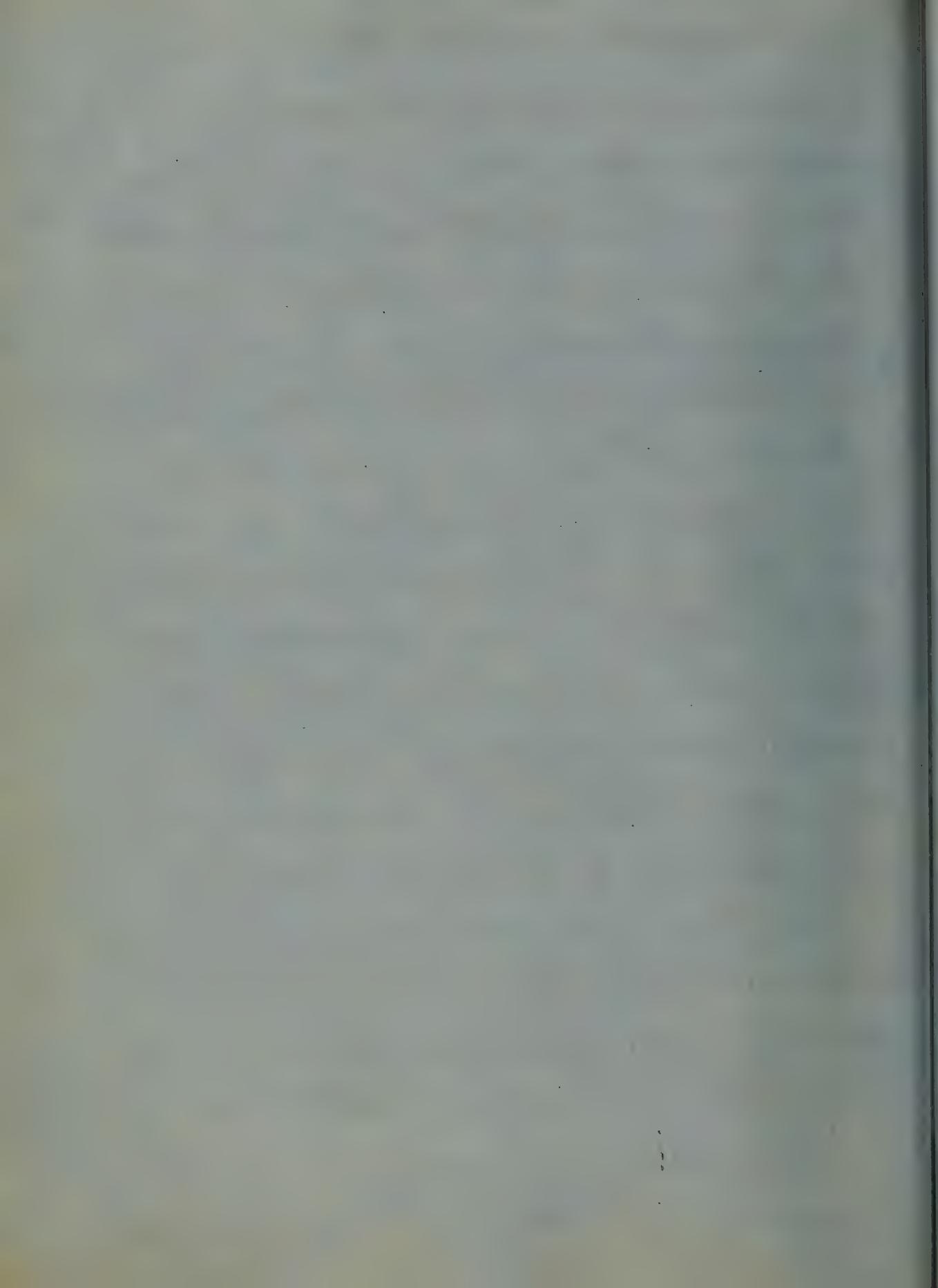


Present body affected, mightily and about the
 same hour with a regular Intermittent fever, you
 concluding of the latter regular Disease, which
 continued for about a week, when it ceased abruptly
 merely upon the occurrence of an event which threw
 him out of his bed at the hour for his Paroxysm
 to return, and induced him to take a ride to
 horseback, which excited, but removed him. I do not
 think this because a Paroxysm is in the habit of
 returning for a week or so at a certain time. This
 it should always continue. If you command me,
 I should be continually annoyed by this most
 harassing disease, it is the climax of debility.
 First of a person were never exposed to the Malaria,
 he would never have the disease, but having had
 the disease once, he may have it again, though he
 may never again be exposed to the specific cause.
 Dr. Dr. Rogers relates the case of his brother
 in law, who was attacked, by this disease when
 over the last winter here. The circumstances
 which appear to be essential to the production



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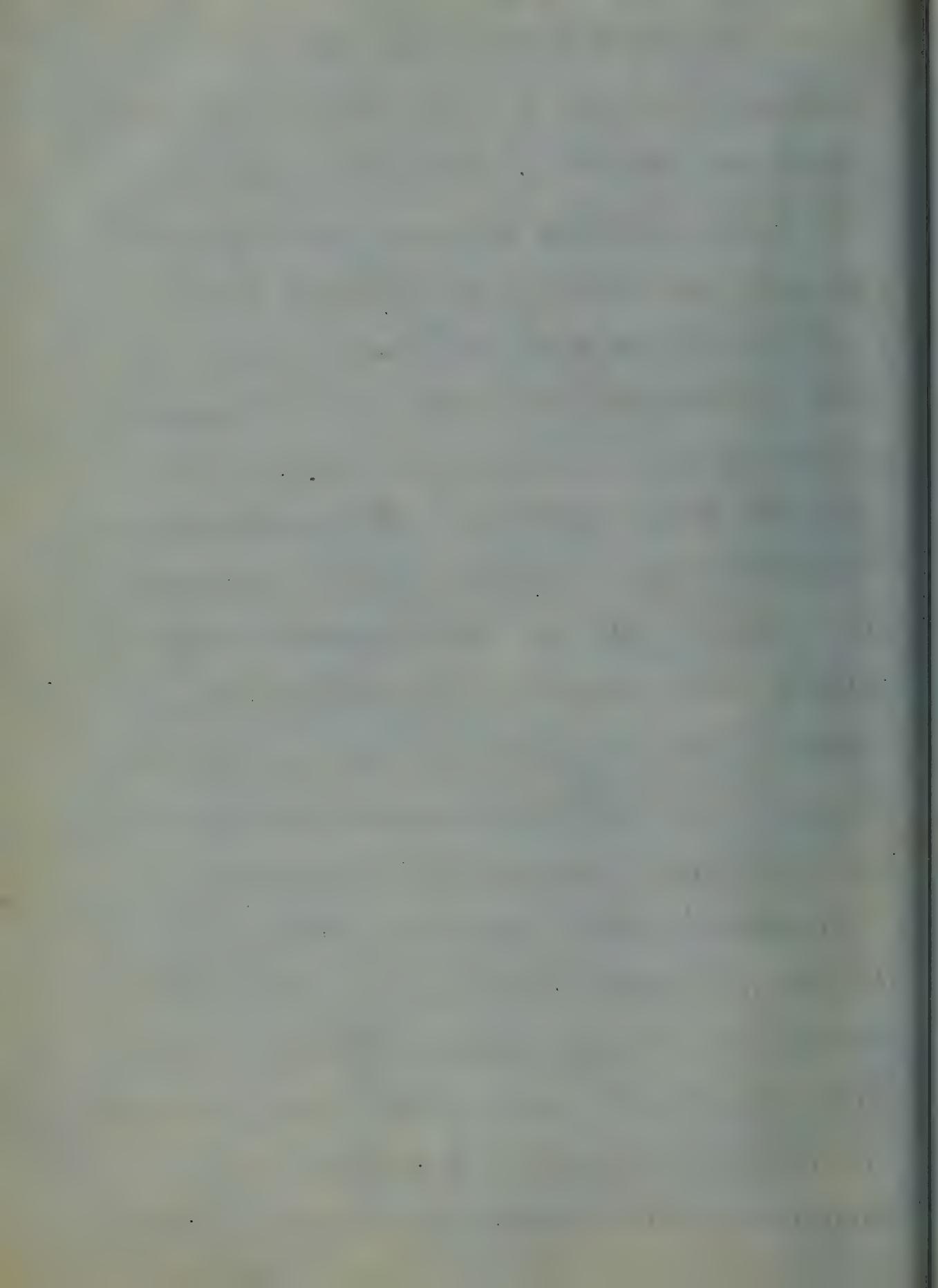
of Miasma, the heat moisture and
neglectable decomposition, the mortal effects
ascribed are seldom perceived, under a temper-
ature lower than 65° although vegetative decom-
position may be going on. Whether it also
occurs in the development of miasma,
although too much of it appears to have at a
distance. Their mortal effects are well felt
during heavy rains, than after the rains have
ceased, and the water has run off from the
surface of the country, & here gradually acci-
mulated. It has also been observed, that in very
dry climates the low marshy lands, which were
before most unhealthy, are least affected, while
the higher grounds, which have commonly
been healthy, now become deadly. Vegetative
decomposition has also its influences. In no
situation is this so powerful as in the deluga-
and along the banks of large tropical streams
which, during the period of flood, bring down
the washings of the soil, loaded with vegetable.



27

communal, but from existing, it is then
exposed to the sun. The sun is said to
dry out, & increase it often follows in turn
the digging of canals which is then known to
produce Malarious fevers, & dysentery, according
to the turning up of the soil, land & rich, irriga-
tive remains. The long continuance of dry weather,
followed by warm sun, has been supposed to
form the cause of Malaria. The marshes are
thought to be less unhealthy than fresh, and
some suppose that the meeting of salt and fresh
water is peculiarly productive of the sickness.

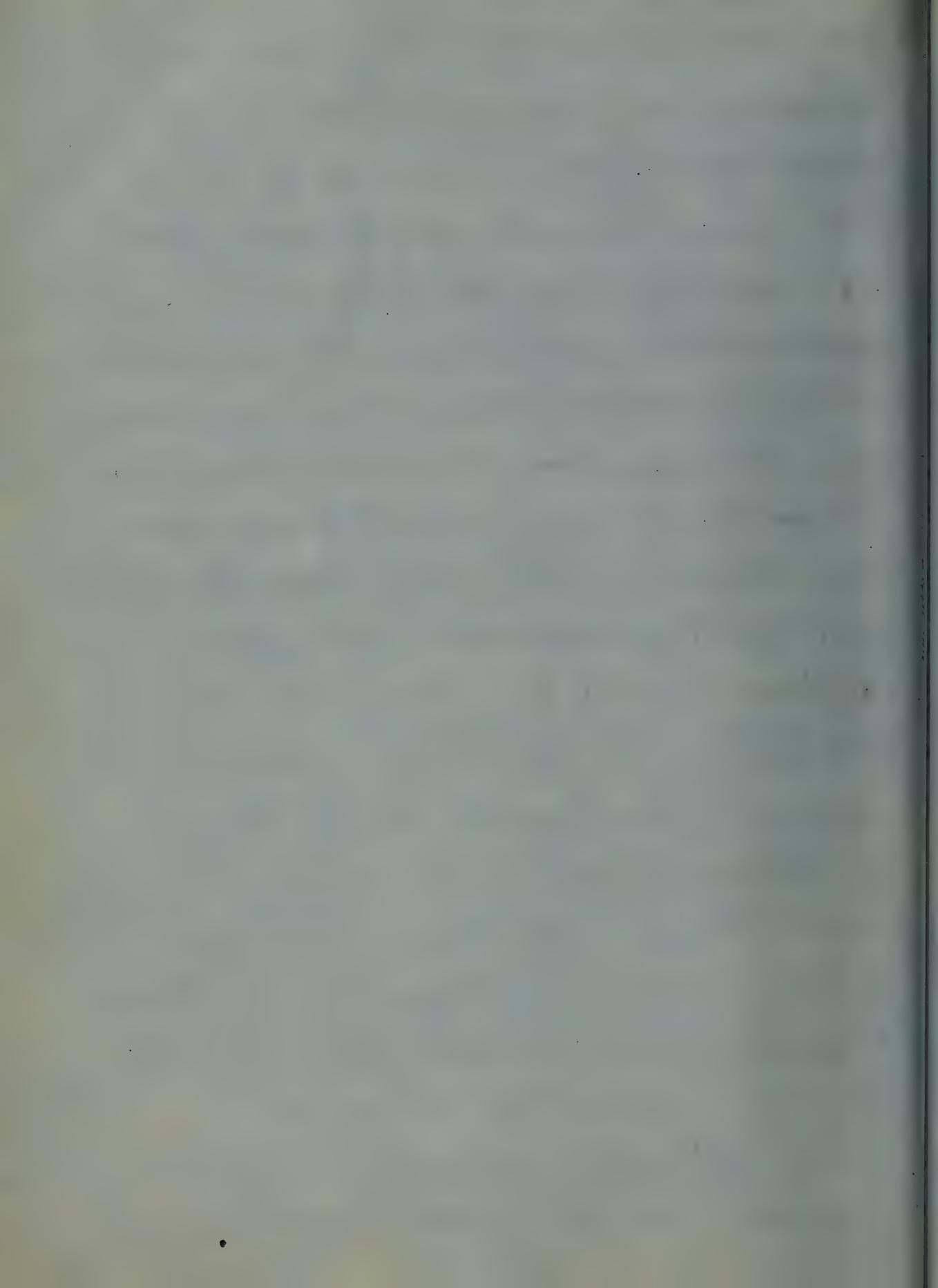
Exposure to the heat of the sun, a cold bath, exercise
fatigue, violent excitement, and amorous over-
use of Augmatic Medicine. Fasting, passing from
a Masticative diet to a healthy diet, are
sometimes directed in consequence of the influences
to which they have been exposed. Patients are also
cautioned to have the disease while fasting, & when
this is owing to aught else, In what manner
Miasmata act in producing disease is not



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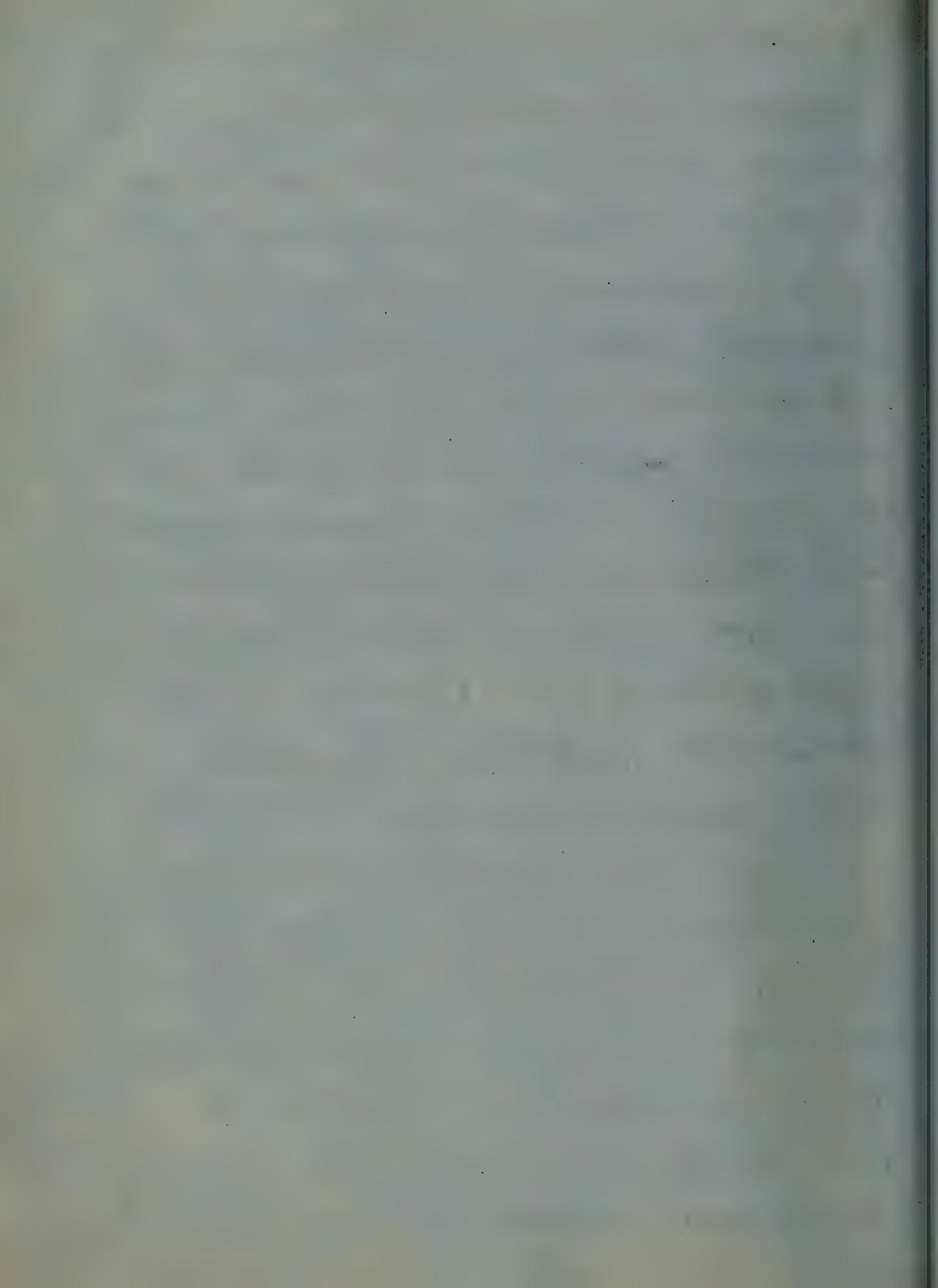
London, the probability is said to be about 25%
of catching it once, and then the disease
occurs through which infection is made in only
the lungs. The time at which the disease is most
likely to occur, is in the latter part of summer,
and in autumn before frost marks its appearance.
There is no specified time, at which the disease
may make its attack after exposure to its cause.
It may attack you immediately almost upon
the application of the cause; or it may be de-
layed for weeks or months. And I believe it is
supposed by some that a year or more may
elapse before its attack, though all ages are
susceptible to the disease, infants and old people
are less susceptible of it than the middle aged;
men are more liable than women to the disease,
probably because they are less subject to its influences.
It has been thought to attack the foetus in the womb,
infants are less susceptible than adults.

The diagnosis in this disease is generally
difficult, when there is a tendency to confusion.



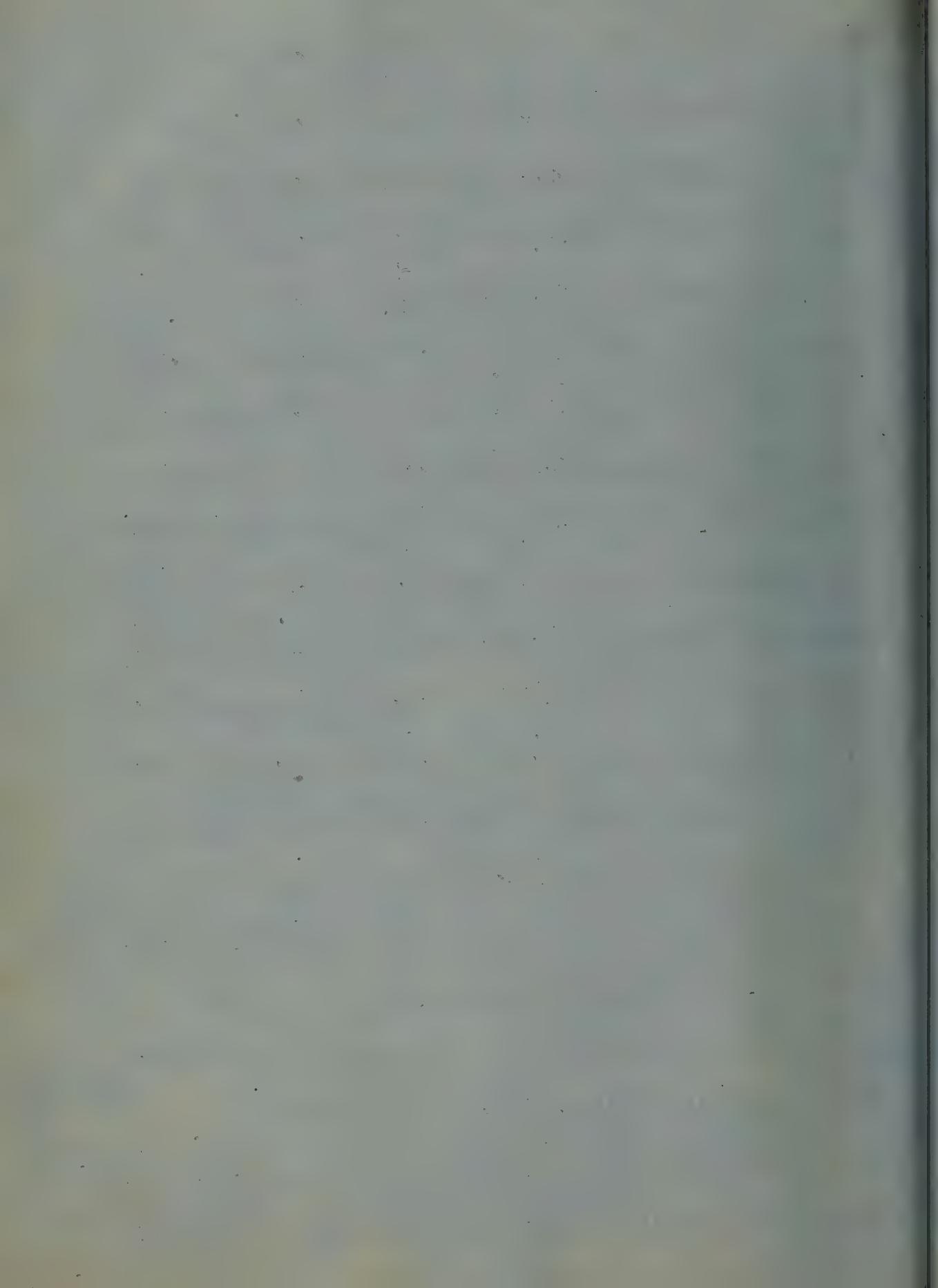
either, first, of which may be induced in the
spasmodum. Inflammation of any vital organ may
give rise to spasms, to the which may be added
the secondary affection, which usually follows it so
nearly, such as minute enlargement, and
induration of the liver, and spleen. And though
the more complete the fever is, the more readily
will the disease yield, the commencement of
the paroxysms two or three hours is a favorable
sign. Cases which occur in spring, yield
more readily to treatment than those of autumn.
Of the different types the Quarten is the most
difficult to cure, and the Italian the easiest.
The diagnosis is always easy.

The Treatment of Intermittent
fever in its common forms, or rather tho'
remedies which are in use for it, are as well
known, that my task here will be but to repeat
them. I have nothing now to forgive, tho'
longer the disease is arrested in the paroxysms
the better, and from hight to day that it is almost

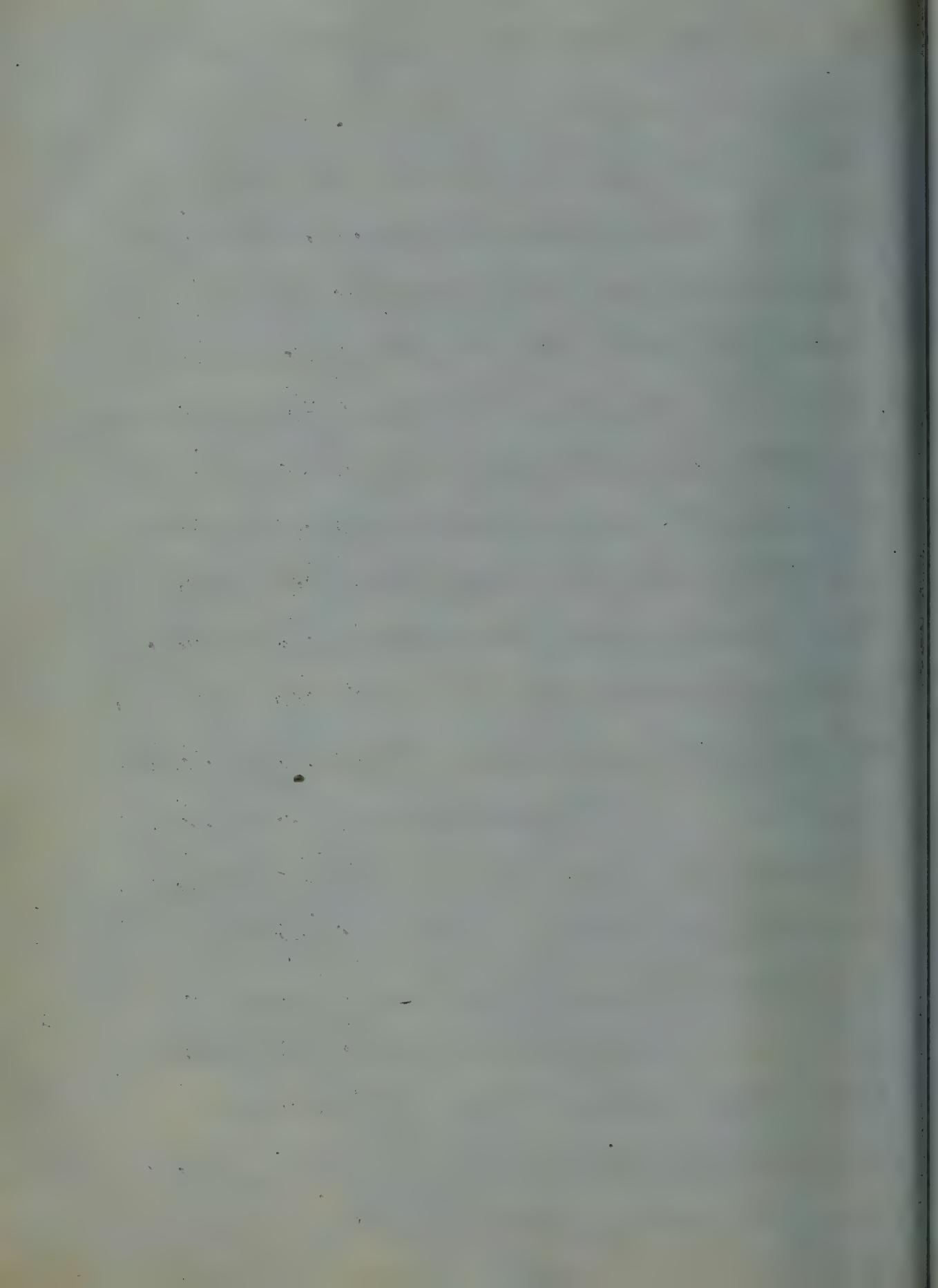


(26)

the first half hour of each day he writes
him, & will receive no reply during the
rest of which I will go to bed and be buried
alive. His wife might sleep out most nights
separately from him, & I think she does, with
Mother, & his friends. He has got in the habit of
saying, but you don't notice, that he has been up
supposedly, though all his other forms, more or less, are
not in. Another very curious feature about Richmond is
that there is much pride, & personal honor, i.e.
pride of opinion, & personal honor of one's self
or what one is. But that we Americans, to my good in
the absence of opinion in the Field, Stage, & the like, etc.,
need however, must have, a certain amount of
pride also. This is the greatest trouble I have
been in, from the time now, of arriving here, & this
is the trouble the heart should always be kept in
an honest, spiritual, & moral condition. I am afraid
also it often goes with me, but for hard done
and often to you with the majority of Americans
on this account. So which that a few strokes will



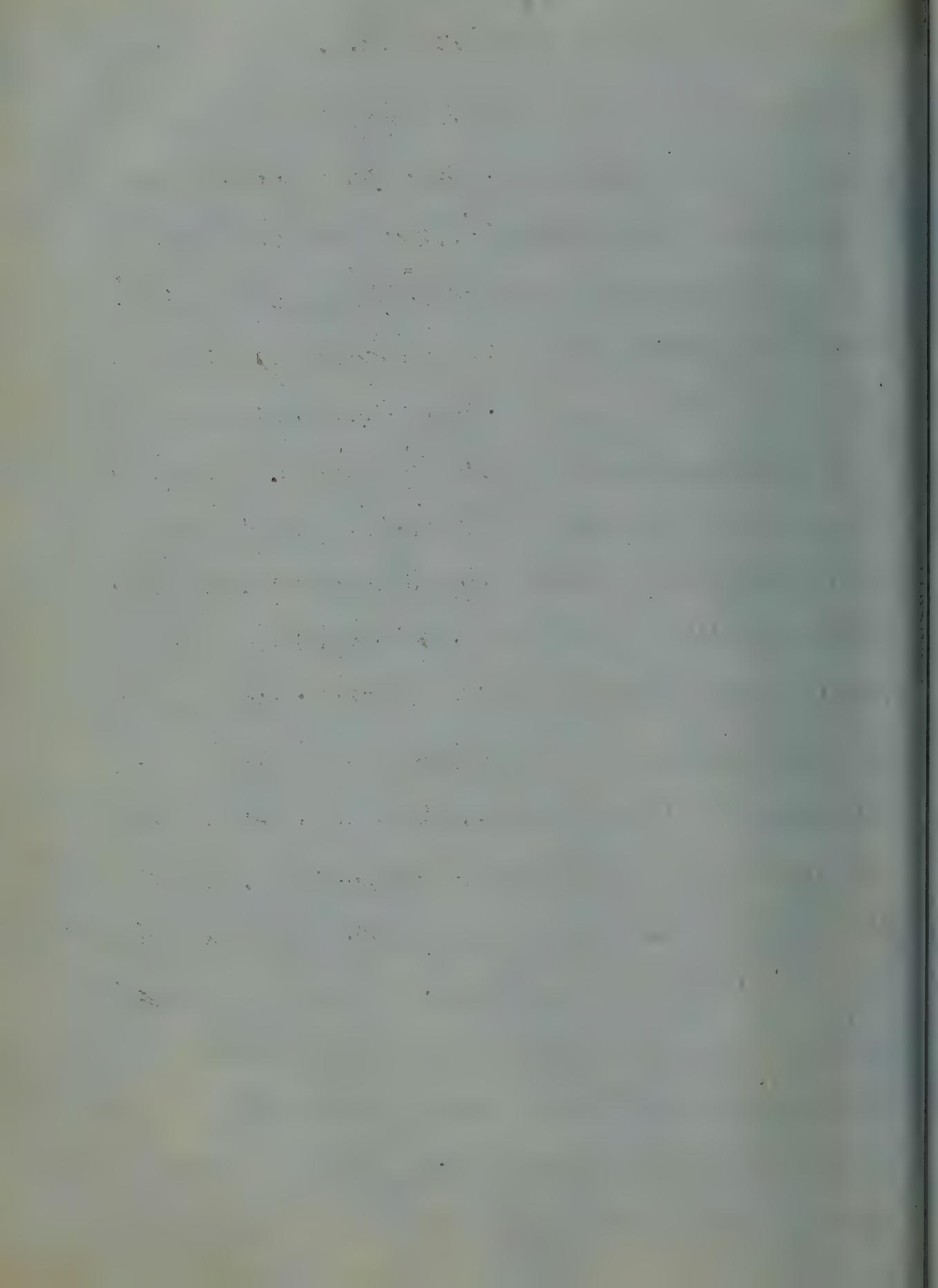
The last meeting of the Committee was held
yesterday in Dublin. Mr. Hutchinson and
Mr. Webb thought it necessary to get a sitting in
the Hall, Upper, Mr. Hutchinson thinking it an
imposition of good will not to let it add any
more than in the hope of the Committee, and
convinced the friends, that you would give them
a full hearing, it being peculiar, owing to circumstances in
the Committee to have no more than a short time to meet.
The Friends had been thinking and consulting the Committee
over during all the month, regarding the business
to be done in the next few days, which
they were, however, fully, and, thoroughly, and a diligent
consideration, for the sake of which the majority of the visitors
to the Hall were present, gave their attention to
what they thought were the difficulties sufficient to
discredit the Church, the difficulties drawn
from spiritual infidelity which, it decried the
Church and, decided nature, to send up the
Providence. No time could be given to consider
of the first, from you, or the second, because



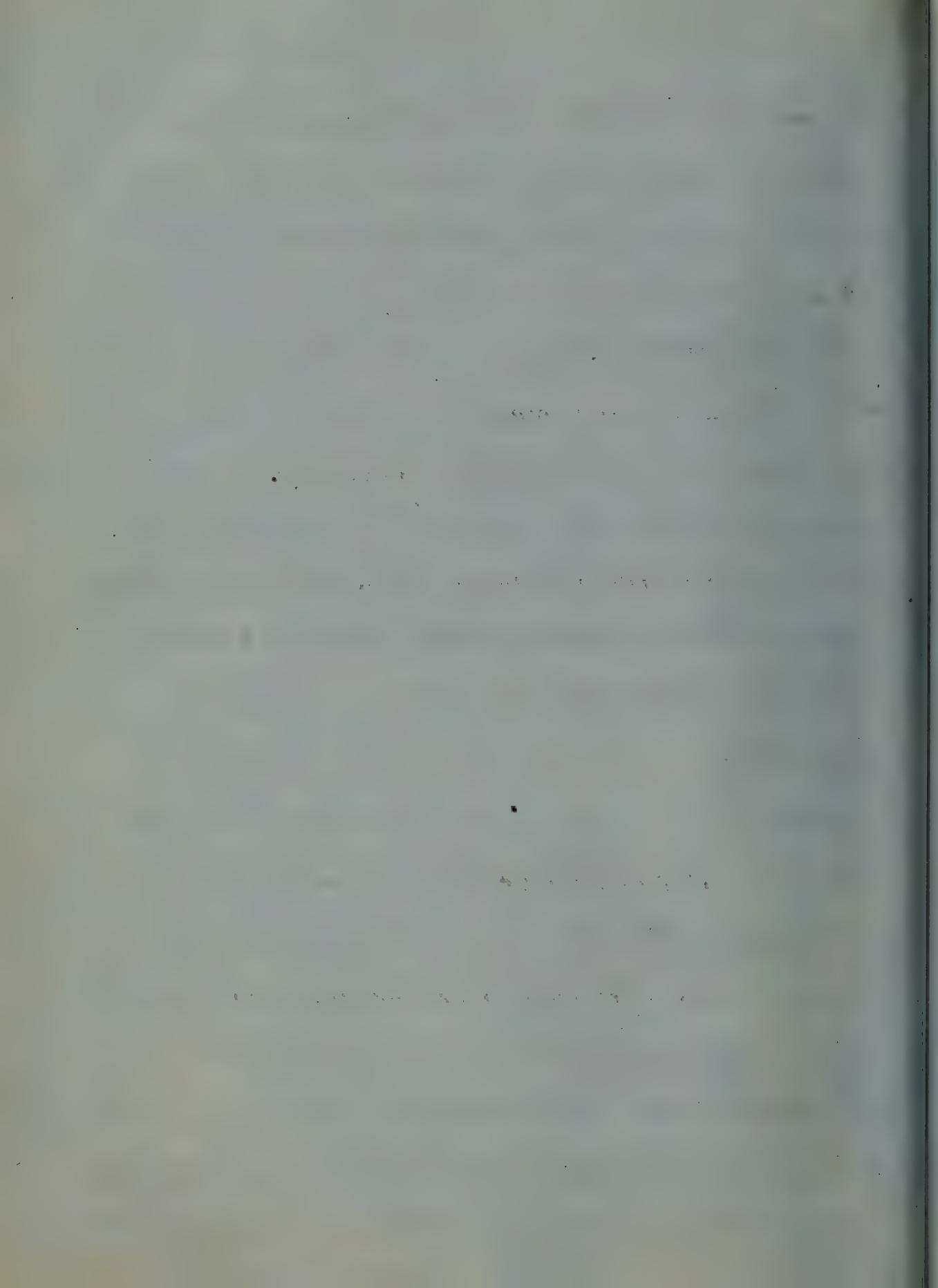
of taking up the last night and continue
 their rest, which is full, and having passed a
 sufficient quantity, no more can be taken
 so as to give the patient either relief or
 to give either strength or rest. This may
 be given with success in this stage of the disease.
 In the convalescent stage nothing more is required
 than to take care that the patient is not exposed.
 To this, as we have said, nothing, save in the
 course of the smallpox, treatment, than
 giving the intemperance, that we offend the disease,
 will, but even with care it still happens that
 great numbers die of the smallpox at Paris, & this is
 to be accounted for by the want of skill, & application.
 The first thing to observe is to distinguish exactly
 the slender; then give the smallpox of Paris for them
 who are strong with some tea to give an emetic,
 but it is to disagree to the two parts, that is
 in slender, provided, the most effectual, and
 before the fever arises, which we have in
 this disease, is passion, & separates both
 the slender, and others. It is often used

With the exception of the Colds, the other diseases
being of the respiratory organs, are generally acute.
In such cases it is important to have a moderate dose
of a salpicon of myrrh. When the inflammation
is very violent it is well to administer for the ulcer
of the lungs, a small quantity of Salvia officinalis.

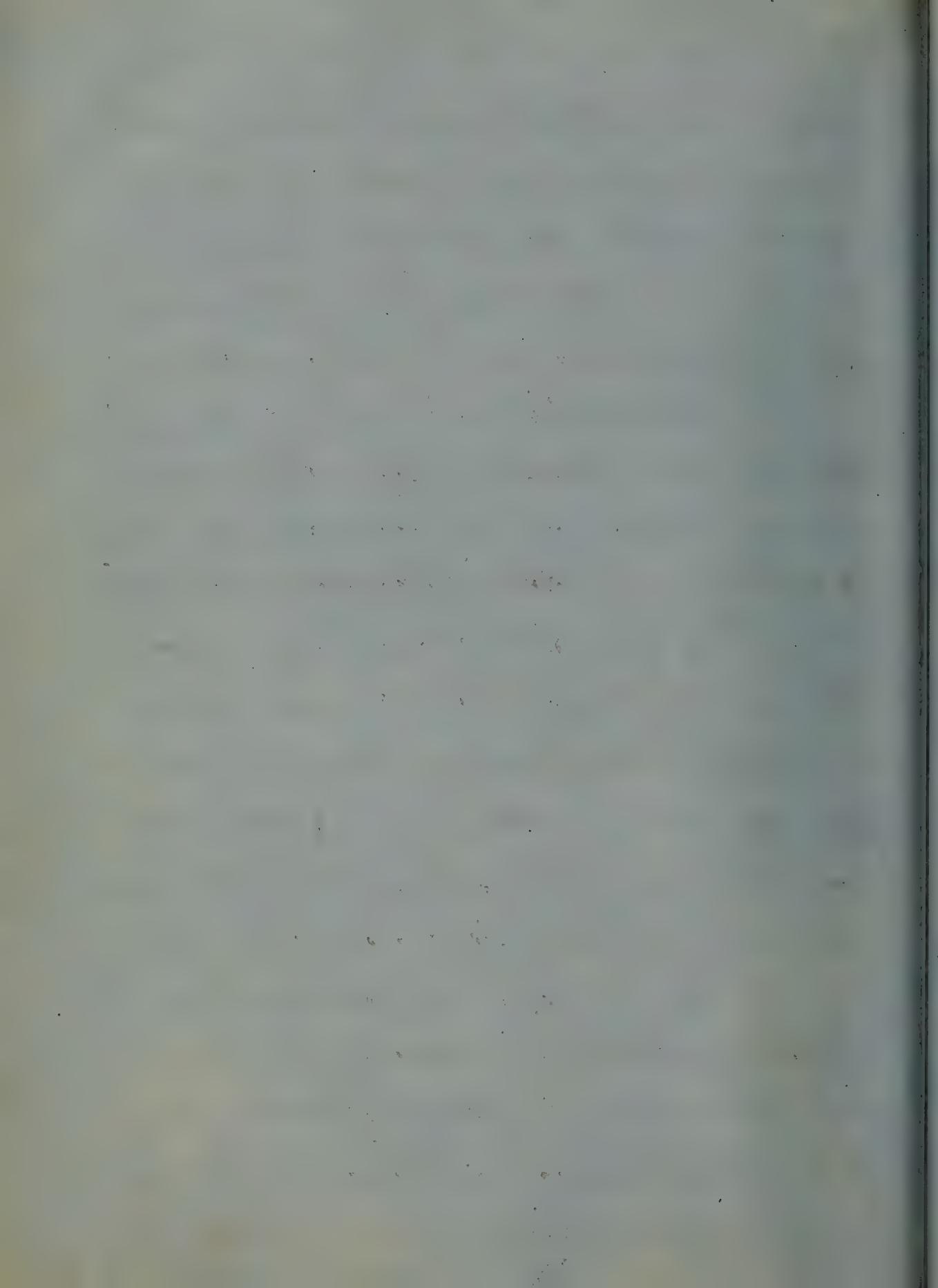
Chlorine, the purgative may be given during the
inflammation, so that the patient may be in no
wise deprived of the best sedative for the uterus.
Introducing of our most valuable remedy, Chlorine,
whenever the inflammation is complete, this
remedy may be administered without hesitation,
but when there is much inflammation it ought to be
preceded by the balsam, and other means to subdue
the inflammation. When the inflammation is ^{acute} with
toughened, stiffened, or complicated, with pus and
fever it would be proper which to wait for a distinct
intermission, but to give the Chlorine as soon
as the disease is clearly ascertained. The purgative
is not only interrupted by this plan, but the
inflammation becomes a more favorable object with



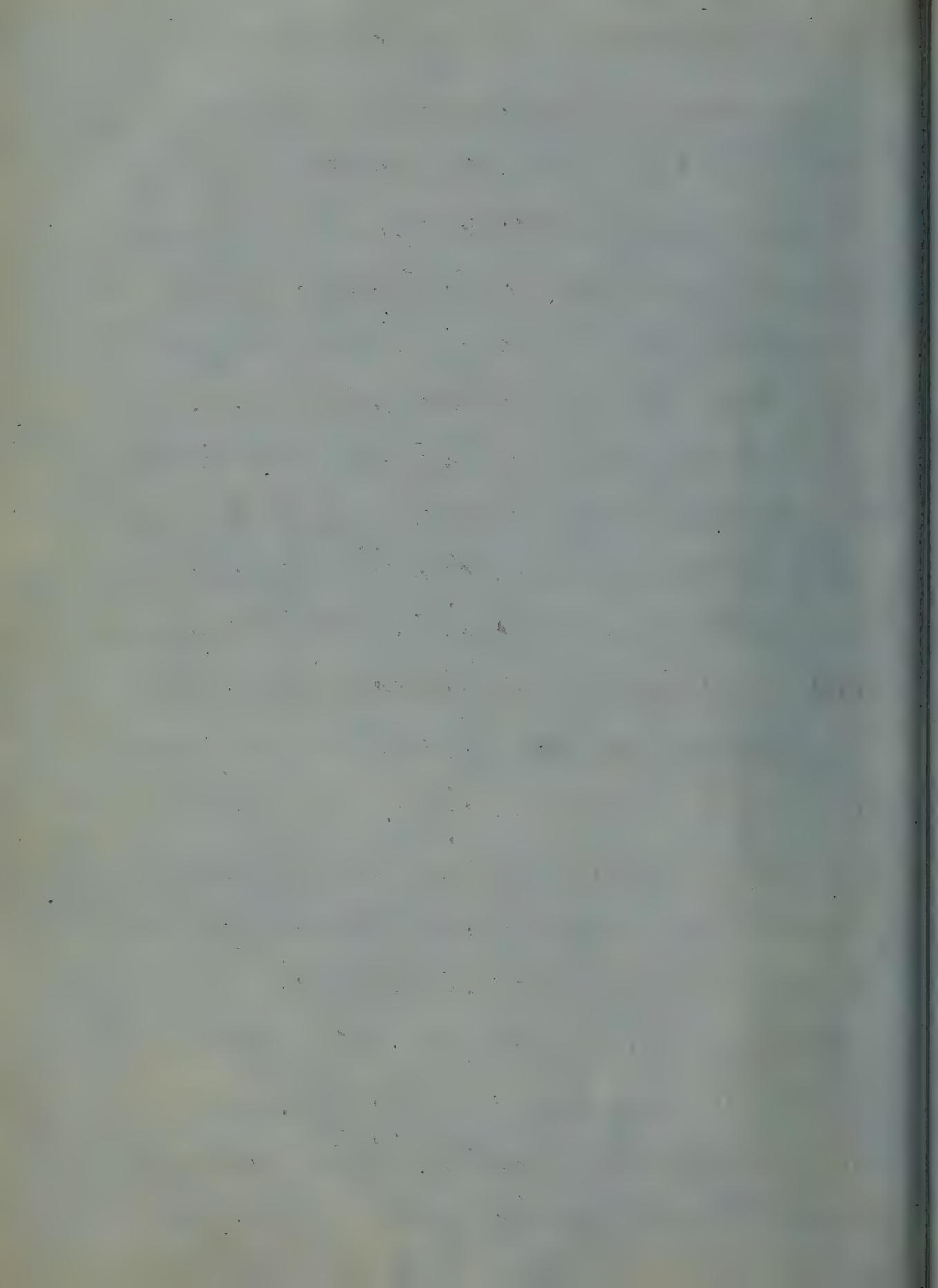
The quality of Quinine is considered to be
generally uniform, but the quality of the
Quinine bark from Turkey to Turkey four grains
is usually, according to the physicians, and
particularly while they have no other remedied
than Quinine, upon the victim it
Circulates, gives warmth & buzzing noise in
the ears, and some deafness. Sometimes very
large quantities are requisite to produce this
effect. When they produced, it is hardly necessary
to repeat the medicine farther than to Quinine
taken in a moderate degree, and if very strong,
it has been accustomed to stop the Quinine,
until they have coincident subsisted. When the
disease is not interrupted, in the second or third
convalescence, the Quinine should be given in
larger doses. So much as one hundred grains
have been given in twenty four hours, but Quinine
in such quantities is scarcely ever requisite.
Formerly deafness had three times occurred
from these, enormous doses of Quinine.



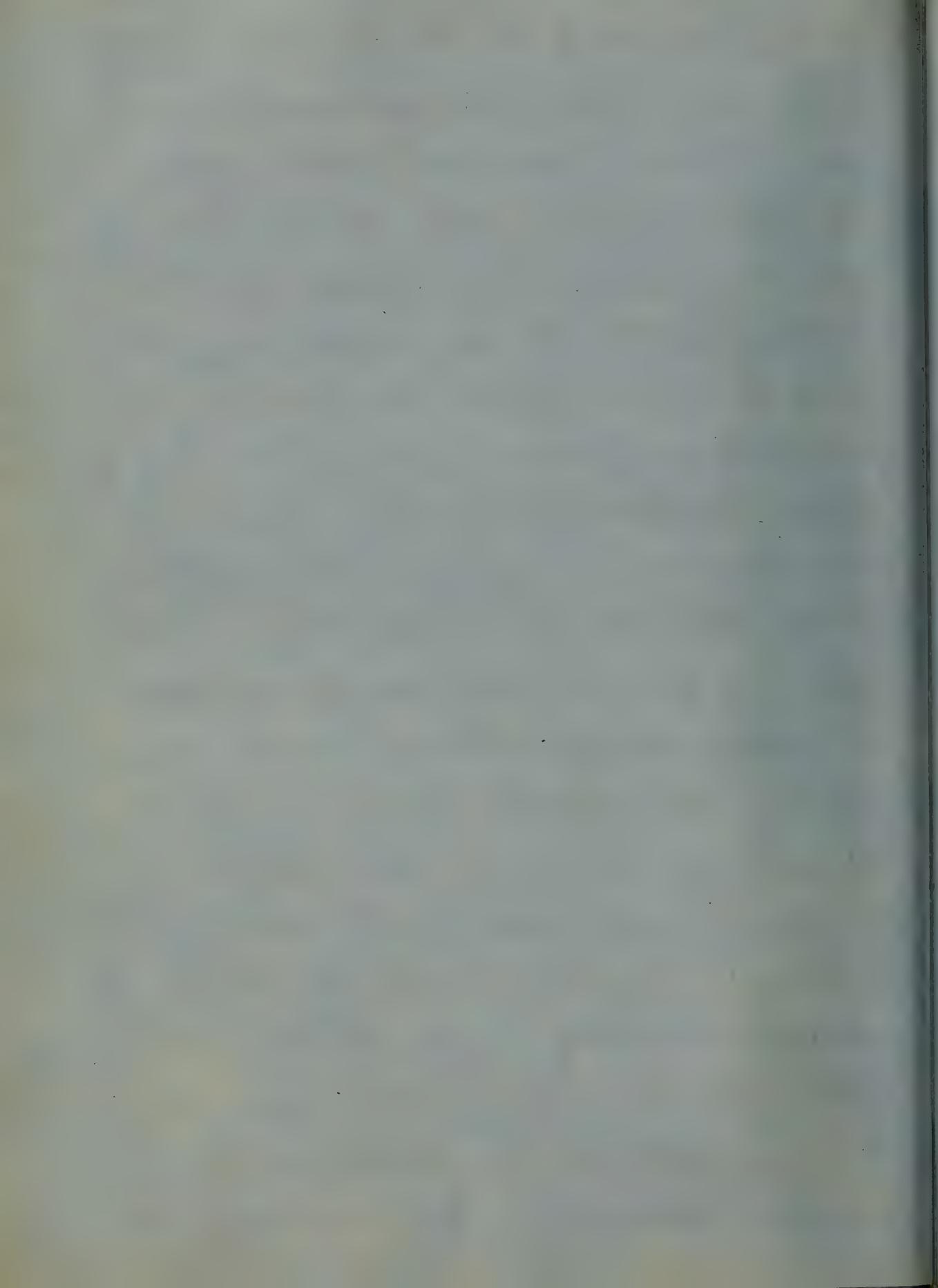
This is a very interesting subject
for which you will find the greatest
use in the book of the author, but it is equally
properly taken. The author is right to
use any up-to-date dictionary of the word, such as
Webster's or Webster's A. The author is right
for you to add, but I think you will like
Carter & Shantz to consider a little. You understand,
I suppose, in your paper, addition of an epoxidized
of linseed oil, &c., & the epithet "white" added to the
sealer, after some of camphor were used to render
it white. If you find, that you can not administer
the Liniment, for the, either, you may give it in the
form of an ointment. Sometimes it is difficult
with the surface of the skin, previously denuded,
as it is, by a blister. Would it not a very good
practice, as it will sometimes produce blisters
on the part of the skin, but that much experience
in the treatment of this disease. Considered formerly
to be in the skin of a vesicle from fifteen to
thirty grains in size. It does during the intermission



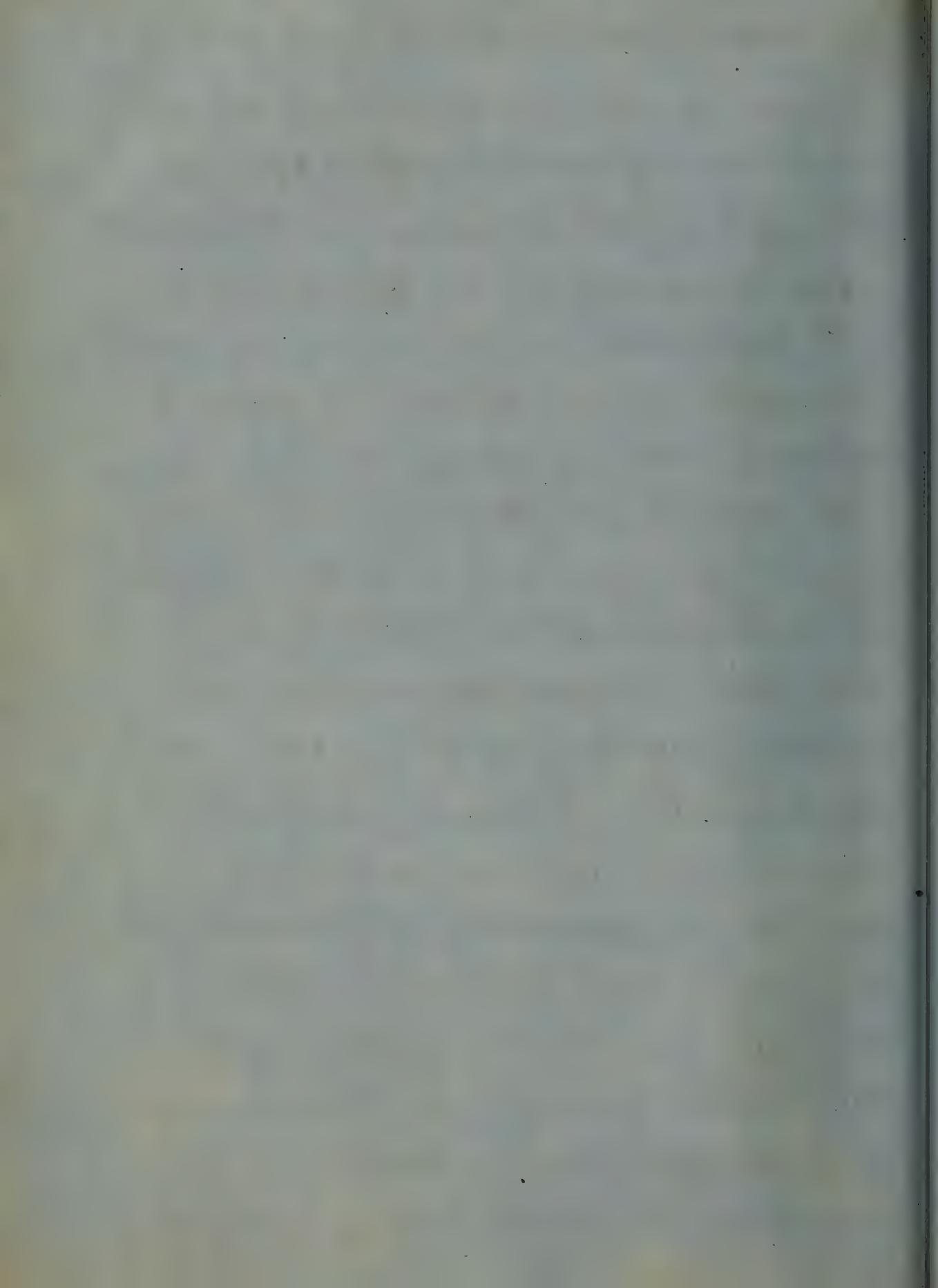
The first article which we have
 made necessary from 6 A.M. to eight o'clock
 has been breakfast, consisting of bacon, ham,
 and eggs, with coffee, tea, or chocolate.
 We also make use of the same kind of tea
 found to be a common beverage in India, but do not care
 now to have it given us a day after from fear of
 effects upon health, which will
 probably make the only real expense more than double
 what is necessary, but the time appointed, and
 weather, will determine. Unintended advantages,
 resulting from continuing Principe with other buildings
 in view, by William, and, Fletcher Jeffers, who had
 been engaged, that certain add to the difficulties
 in the construction of water. The two others are added,
 where we make a particular distinction. They are
 frequently given to persons of the intermediate character,
 in Principe and in North America. The hand is
 sometimes raised in militiamen. When one to the
 number should be given during the day, in doses,
 of a dram, or two drams, the use of peruvian
 bark in the form of extract, is often used & twice



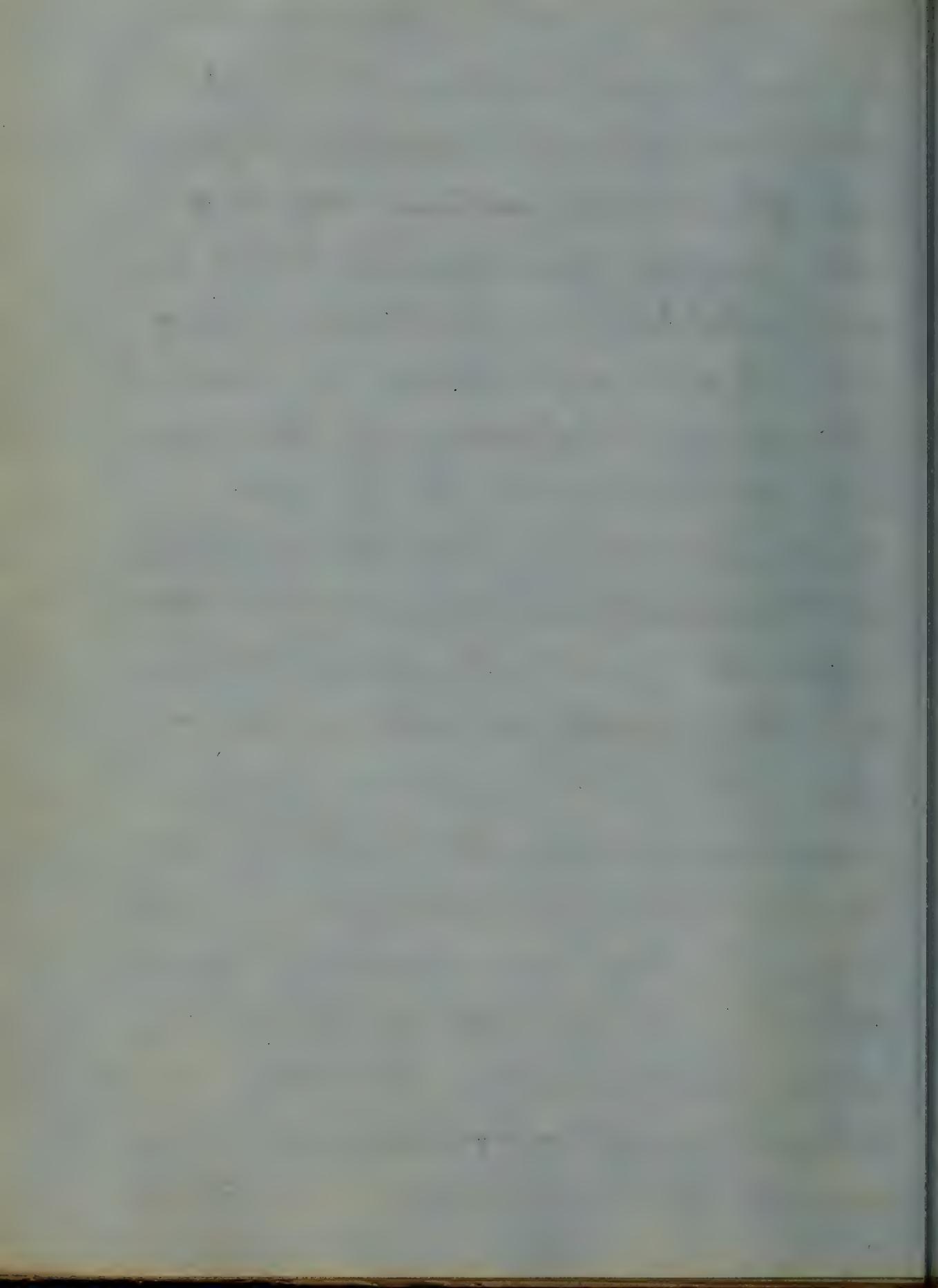
activity you will take. You will soon visit me
 before you leave. I will have time to have
 the price of the medicine, & the value of the
 medicine given in the form of Anointing oil, &
 of Ointment of Musk, &c. The dose is about eight or ten
 drops, three times a day for an adult, and for
 a child, then two years old, one or two drops, then
 twice a day. The right time of taking out, of this
 has occurred, also the price, for the cure of this
 disease, I will add medicine instead of thirty, drops
 given then, twice during the year, but increase
 if necessary to eighty drops, & has been highly recom-
 mended., Evident that has also an equal share
 of reputation. & invited him here compelled to do
 good, in the name mentioned of the disease,
 whom you are here to do before the expected
 party, you, has sometimes done good. Some of the
 physicians we have also been employed such as
 Dr. George Smith and Dr. Dr. Dr. C. Woods of
 Cambridge, has employed other successfully in



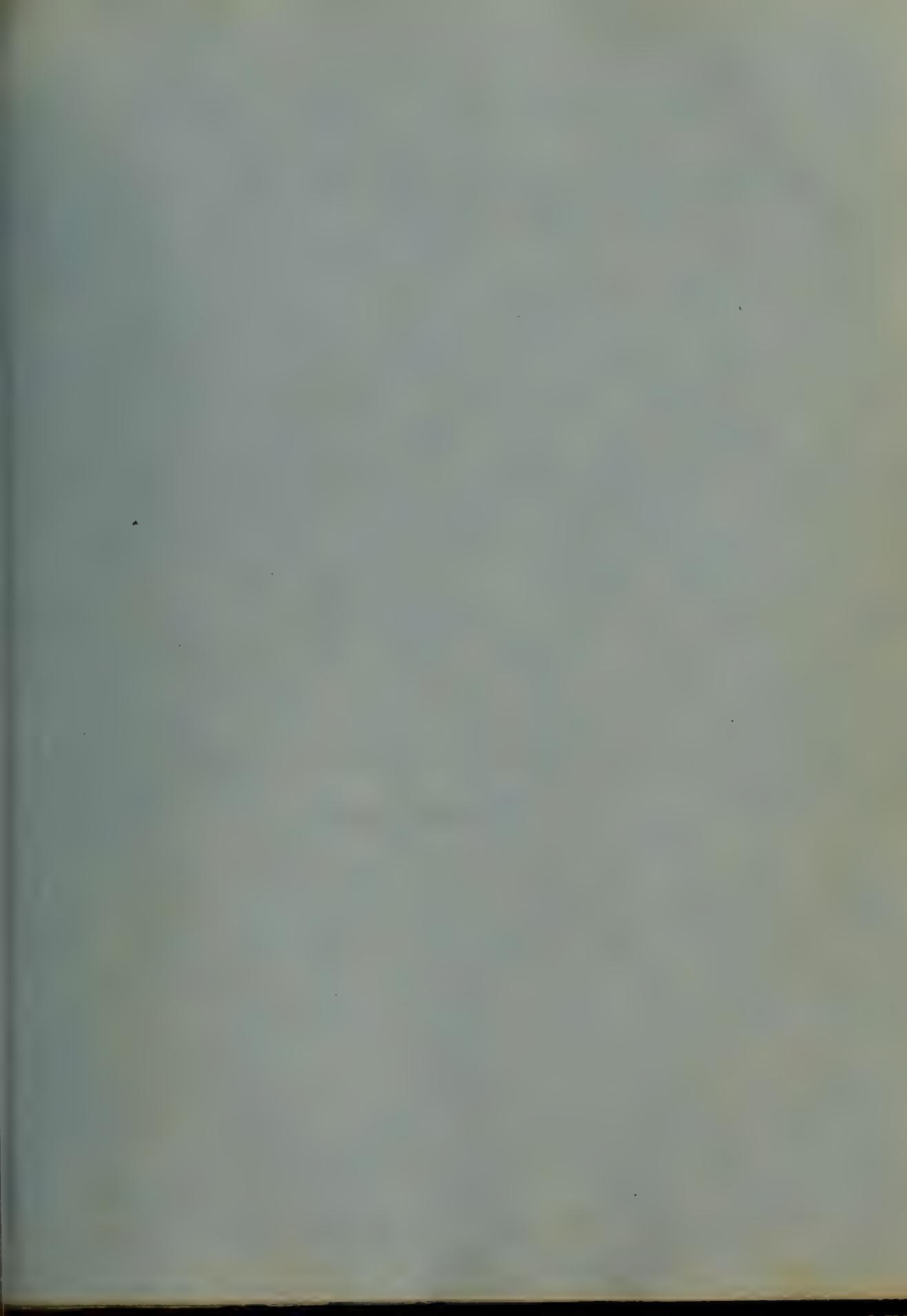
Dr. Willard, of the City Hospital, has written
 you and I have it in my power, to inform
 you of all the present state of the disease.
 The sickness derived, the violent convulsions, the apprehension
 of his mind, and, last, his fits, from which he died,
 Dr. Willard had seen & tried, in small numbers
 with others. He gave both a large quantity of
 thick wine, either in a glass of water, or
 when at the moment of the first attack, or at
 intervals of every four hours on the day preceding
 that of the attack. I heard all of the people tell
 and believe, that, last Saturday, he was born
 incapable in this disease. The old physician,
 and, doctor here, sometimes have complained with
 much concern, of long term, but often, from
 England, with, much success. Notwithstanding
 all the remedies used, in this disease, salacious fits,
 occur, different which is no use of the remedy.
 Could be, preserved, for several months, so as
 to eradicate any predisposition, which it
 may have to return. Atmatious a very dangerous



So far it will be a severe punishment, which
 the mind can hardly bear. The other afflictions
 you have during the winter, should be what need,
 care of which will, make you anxious. Which at both
 home, and abroad, you must be sensible that are enough
 걱정이, the birth, regard, to the, discontent of
 your, the, winter, should avoid, as much as possible.
 discontent, again, he chance, not expose himself
 to the, heat, sun, and, to the, morning or evening
 air, nor go to bed, early, in the morning, starting.
 For example, Chettinad, see the moment that the weather
 be soft & readily under its influence, of Vellore.
 Once tried this plan, and can say, that I
 believe, it has been of benefit to me, we have
 never been attacked with, the disease, after
 being thus prepared, took the, grain three times,
 a day, large, seeds are also used, as a preventive,
 finding, it will, to be a preventive, in damp
 places. This also by chance, that brother writing
 in your district, who says, it in the, other districts
 if the, dwelling, are not so health, take a tooth

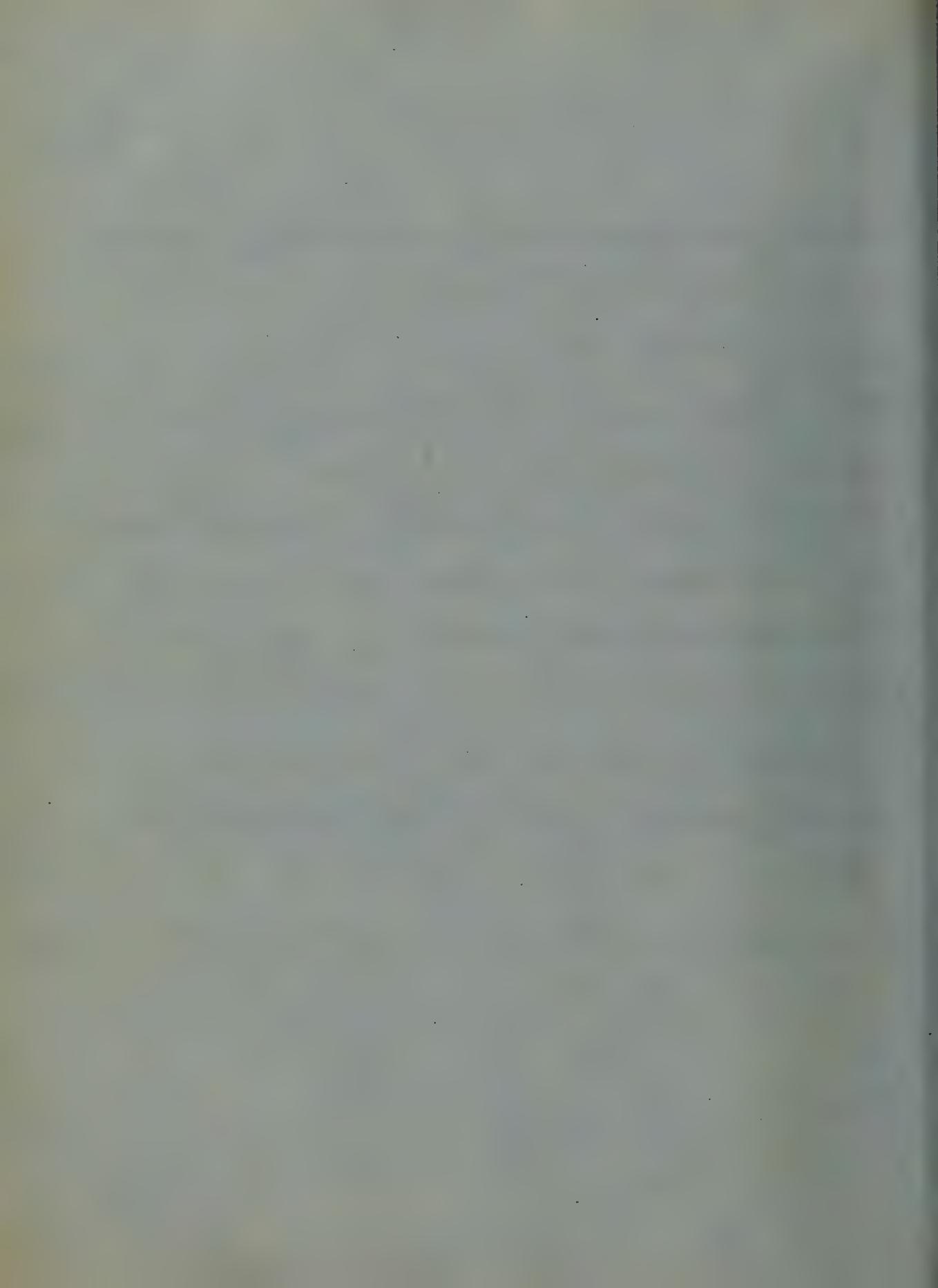


which distinguishes him from the
common herd, or rather, they form a true
species of Christians, who from all
things, especially, if it be not gained, to detect
the truth easier, and to ascertain it
easier, we deem the benefit. Or indeed
made in this sense, is it not unmeaningful,
to speak of merit, worth, & value before the time,
when the prevention of this disease may be over-
come, with so much certainty, as now? he
cure of this great plague.



An
Inaugural Dissertation
on
Opium
Submitted
to the
Examination
of the
Provost, Regents and Faculty of Physic
of the
University of Maryland
for the degree
of Doctor in Medicine
by
Philip D. Field
of
Baltimore
Maryland

In compliance with the time honored requirement of the Faculty of Medicine of this University, I take pleasure in submitting to their examination this Inaugural dissertation on the subject of Opium & Hoping that it may meet with their approbation. The subject which I have chosen is one that has been the theme of many an applicant for the degree of Doctor in Medicine and has been dwelt upon in all its phases, both by the student & teacher until it is exhausted, hence I feel much diffidence in offering this to your inspection

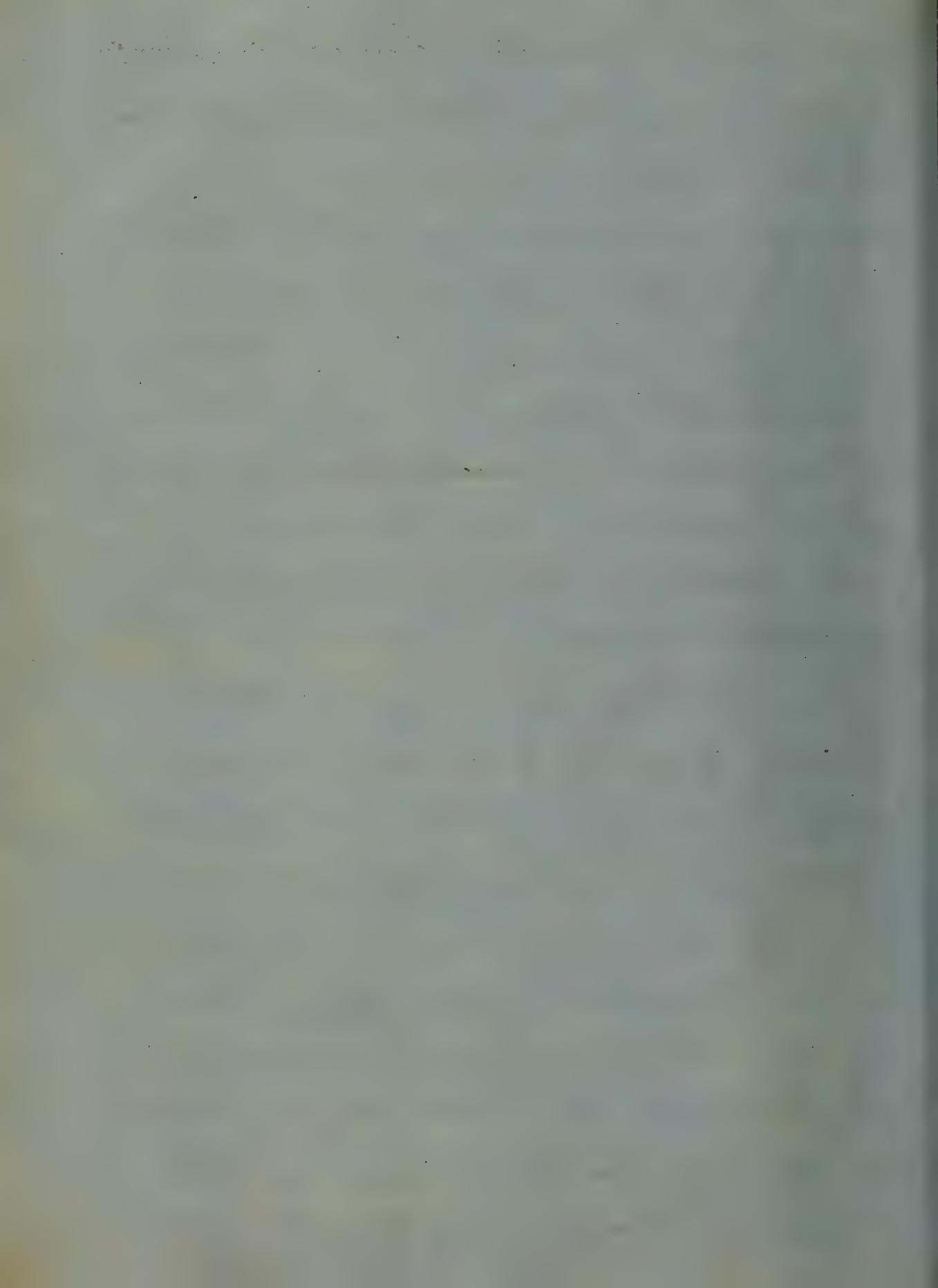


The Papaver Somniferum is an annual plant cultivated in Asia minor, Egypt and some parts of Europe for the juice of its capsules. It is also cultivated for a bland oil which is obtained from the seeds and eaten as food. The plant generally grows from two to five feet in height. When it has attained this height, several branches spring from it which as well as the main branch terminate in capsules. The leaves are large, their color green and glossy. The capsules vary from the size of a pigeons egg to that of a hen's egg. Externally they present many small radiated figures resembling burs. Internally it is separated into many cells, the partitions of which are thin membranes. Each of these cells contain seed varying in color according to the species of Poppy from which they are procured. The Opium or Juice, is obtained from the

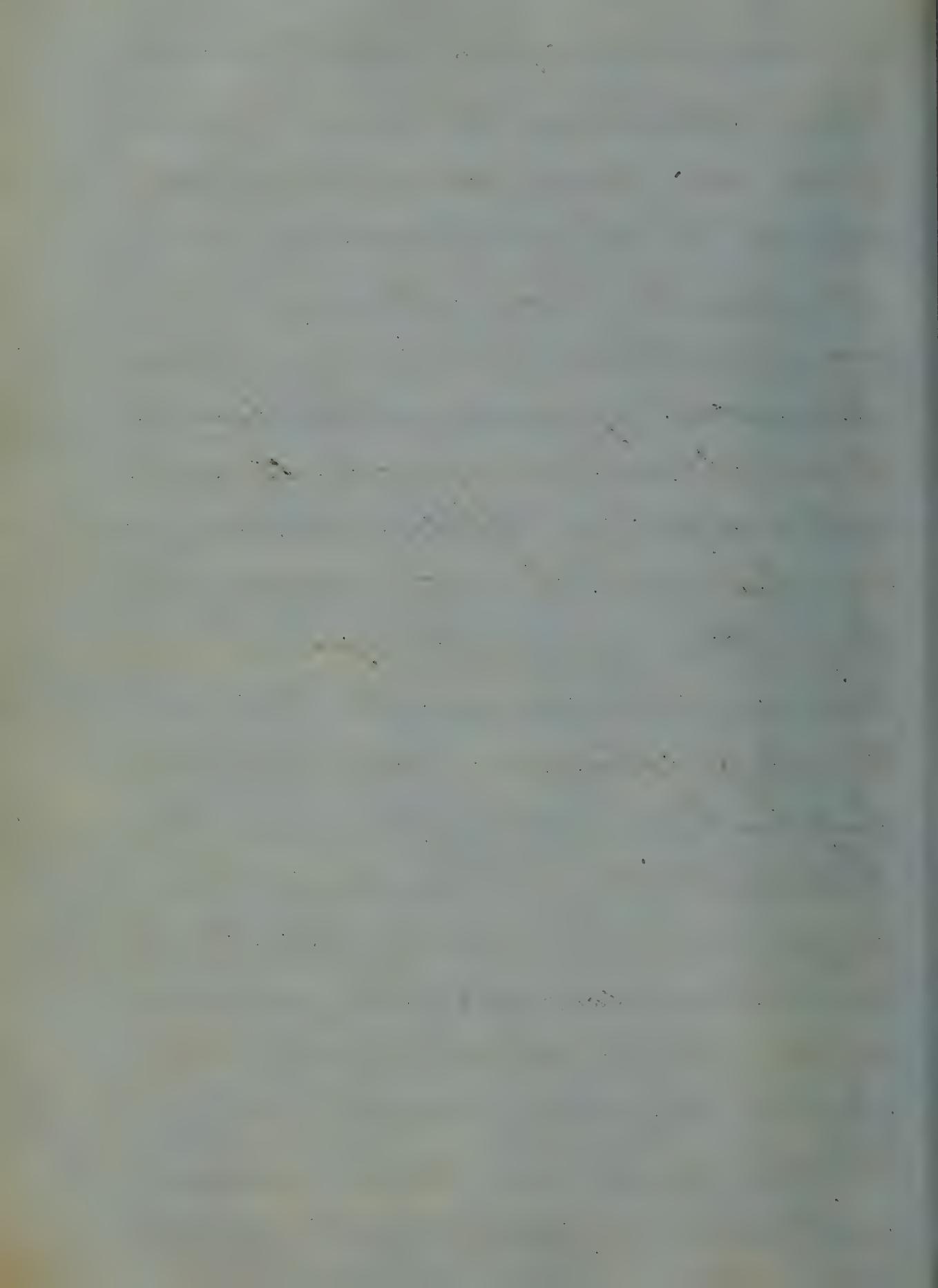
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Capsules, by horizontal incisions being made in them, care being taken not to penetrate the cavity, then a white opaque fluid exudes along the incisions. This is left exposed to the air for about twenty four hours, then men, women and children proceed to the fields prepared with large blunt knives with which they scrape off this secretion, which is now of a jelly like consistency. The juice is then put in earthen vessels, having occasionally mixed with it, water & saliva; then it is taken wrapped in dried leaves and is ready for commerce. During the preparation of opium it is frequently adulterated with different substances such as gravel pieces of wood and frequently portions of the outer coverings of the capsule.

Good Opium, is opaque, compact and has a disagreeable narcotic odor. The color is brownish externally, internally of



a brownish red. It is partly soluble in water, Alcohol, Ether, Vinegar, Citric Acid &c Good opium when drawn across a piece of white paper the line which it makes is not un-interrupted, but broken into many small granules, which are of a shiny and somewhat metallic appearance. When taken in the mouth it should not color the saliva with a deep tinge. The taste is bitter and somewhat acrid. The watery solution after being filtered becomes transparent and possesses acidic qualities. If Acetas Plumbi, Sulphas Zincii, Sulphas Ferri, Sulphas Cupri or the infusion of Galls be added to this solution precipitates are found by the chemical tests. Opium has been ascertained to be composed of sixteen different substances, only three of which, however are much used, Morphia, Codia and Narctina. Morphia is the most important of the extracts



of opium and is the active principle. This alkaloid may be separated from opium by digesting its watery solution in acids. It is used as a medicine when opium would be too nauseating, when we want sedative effects to be kept up for a long time or when we wish them quick by produced. Narcotine is obtained from the watery solution of Opium by evaporation. It is highly essential that we should become acquainted with the effects of opium given in different doses and upon different persons. We should find no other medicine producing two opposite effects when administered in different doses, nor do we find any which produces such a difference in action on different individuals. The effects of this drug are two-fold, those brought on by small doses and those by large ones. A small dose generally acts upon

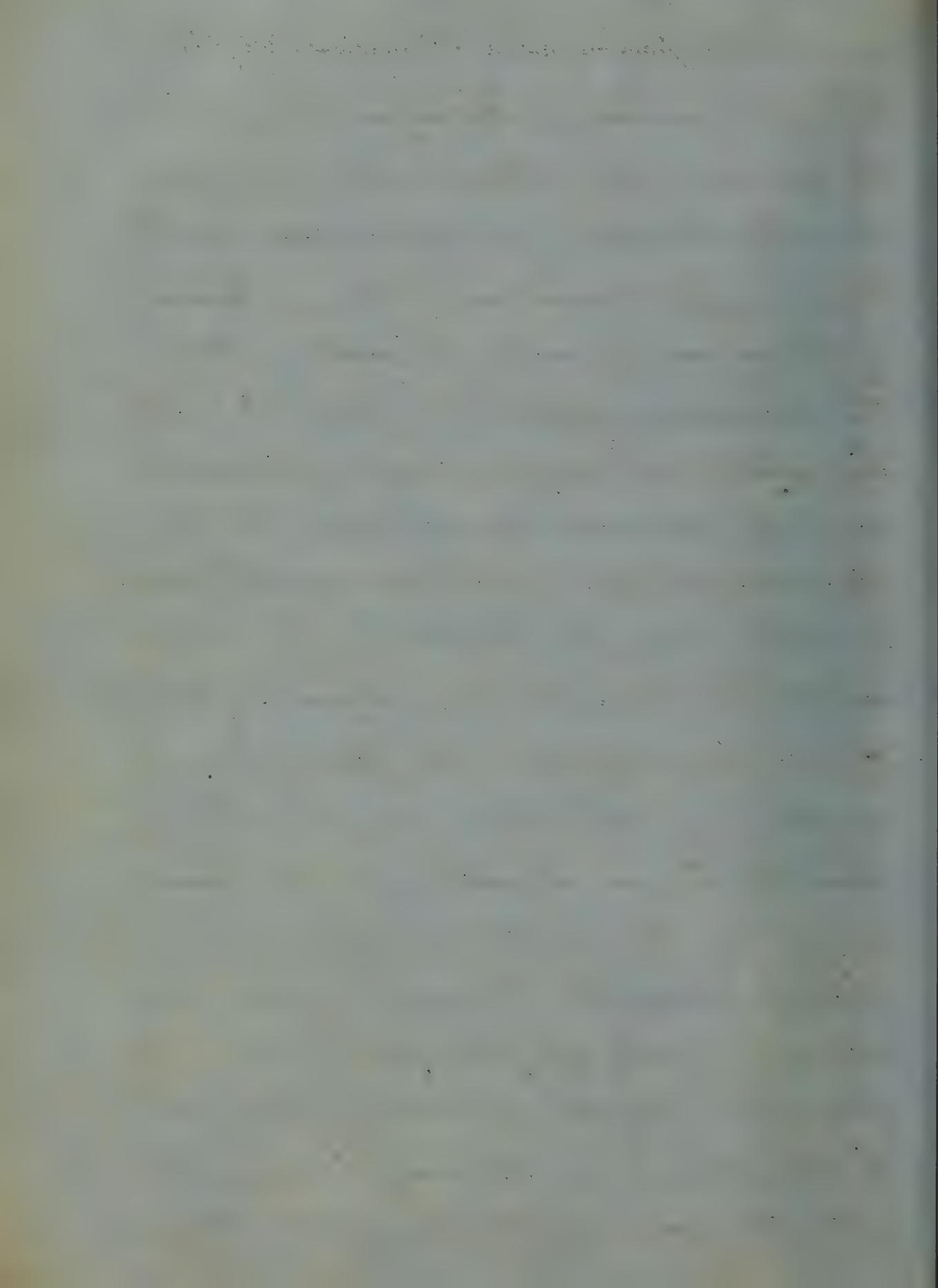
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1874 - 1875 - 1876 - 1877 - 1878

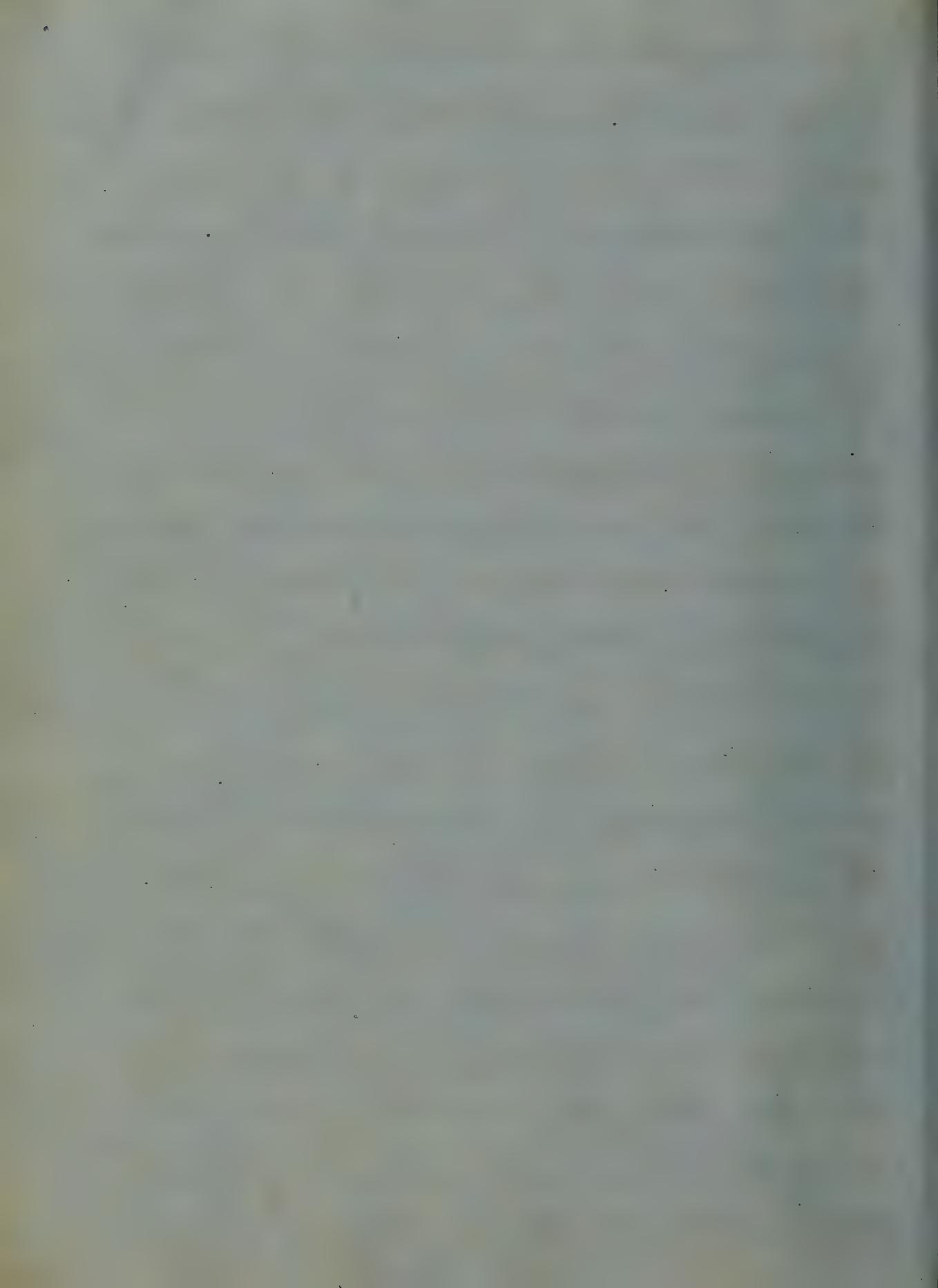
1879 - 1880 - 1881 - 1882

1883 - 1884 - 1885 - 1886

an healthy person, as a stimulus. We find
the pulse quickened, the respiration faster,
the muscles strengthened and the intel-
lect brighter; these are described as the
Primary effects, and are soon followed
by those of an opposite character called
the Secondary effects. The pulse is weaker,
but quick, the respiration is slow and
easy, the muscles are relaxed there
succeeds Stupor, which renders the mind
inactive, and finally and almost in-
resistible desire to sleep seizes the patient.
A full dose differs in its effects from a
small one by the shortness of its Primary
and the longer duration of its Second-
ary effects. If a full dose be given to a
healthy person the Primary effects are
scarcely, if at all perceptible, and if
perceptible they are quickly followed
by the Secondary. It may be some time
after the administration of the drug



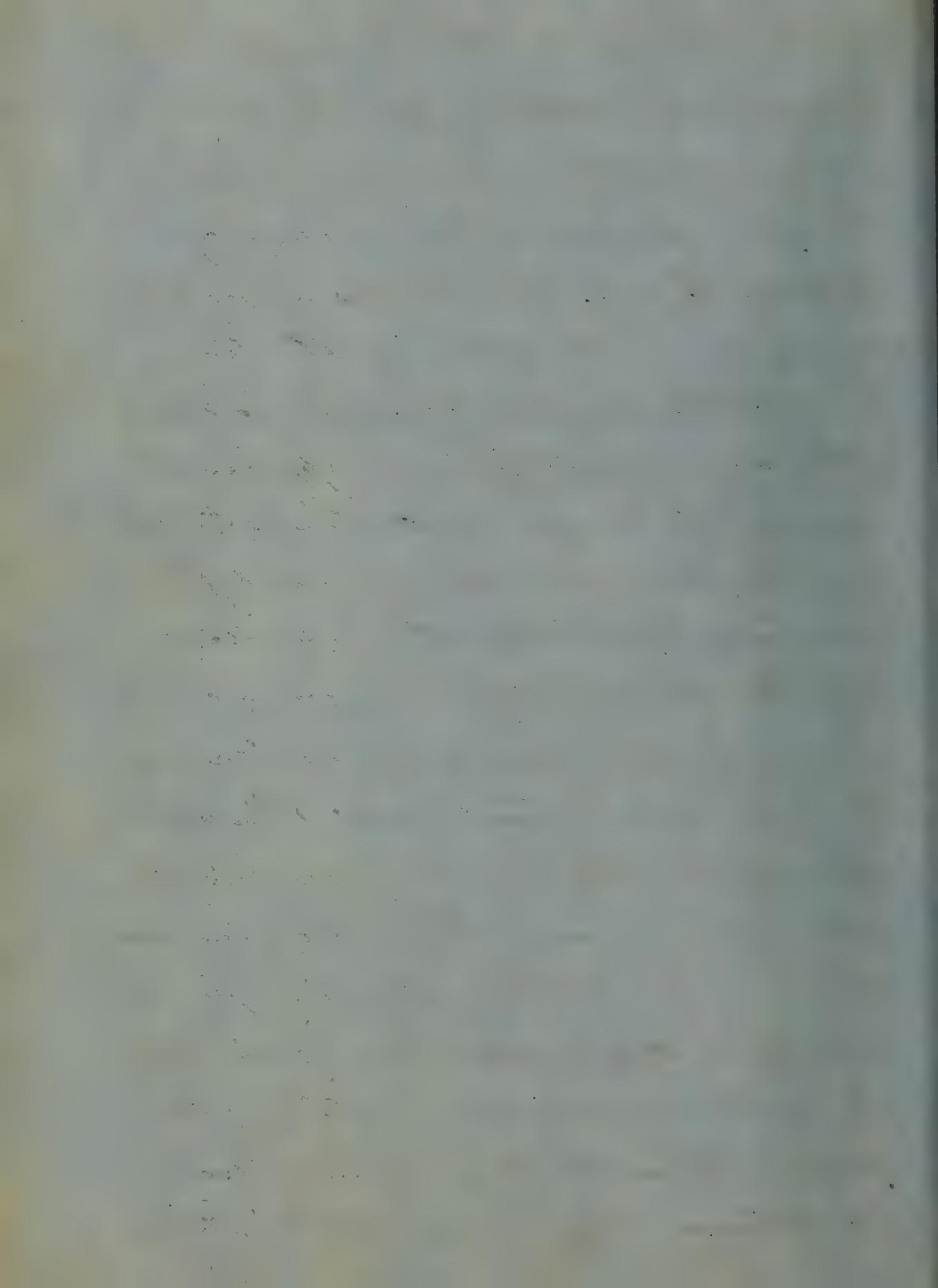
before any effects are perceived. And again its operation seems to take place at once and without any warning, and when this is the case it is considered a dangerous sign. The pulse becomes slow and full respiration slow and sometimes stertorous. The muscles of the extremities almost incapable of supporting the weight of the body, the mind is impaired to such an extent as to make the patient unconscious of his condition. The pupil is contracted and stationary, the peristaltic action of the alimentary canal is stopped, constipation ensues, the appetite is impaired, the surface of the body is moist and lastly the patient sinks into a deep sleep from which he can scarcely be aroused. If left alone these effects continue for about twenty four hours, during which time he sleeps without interruption, when he



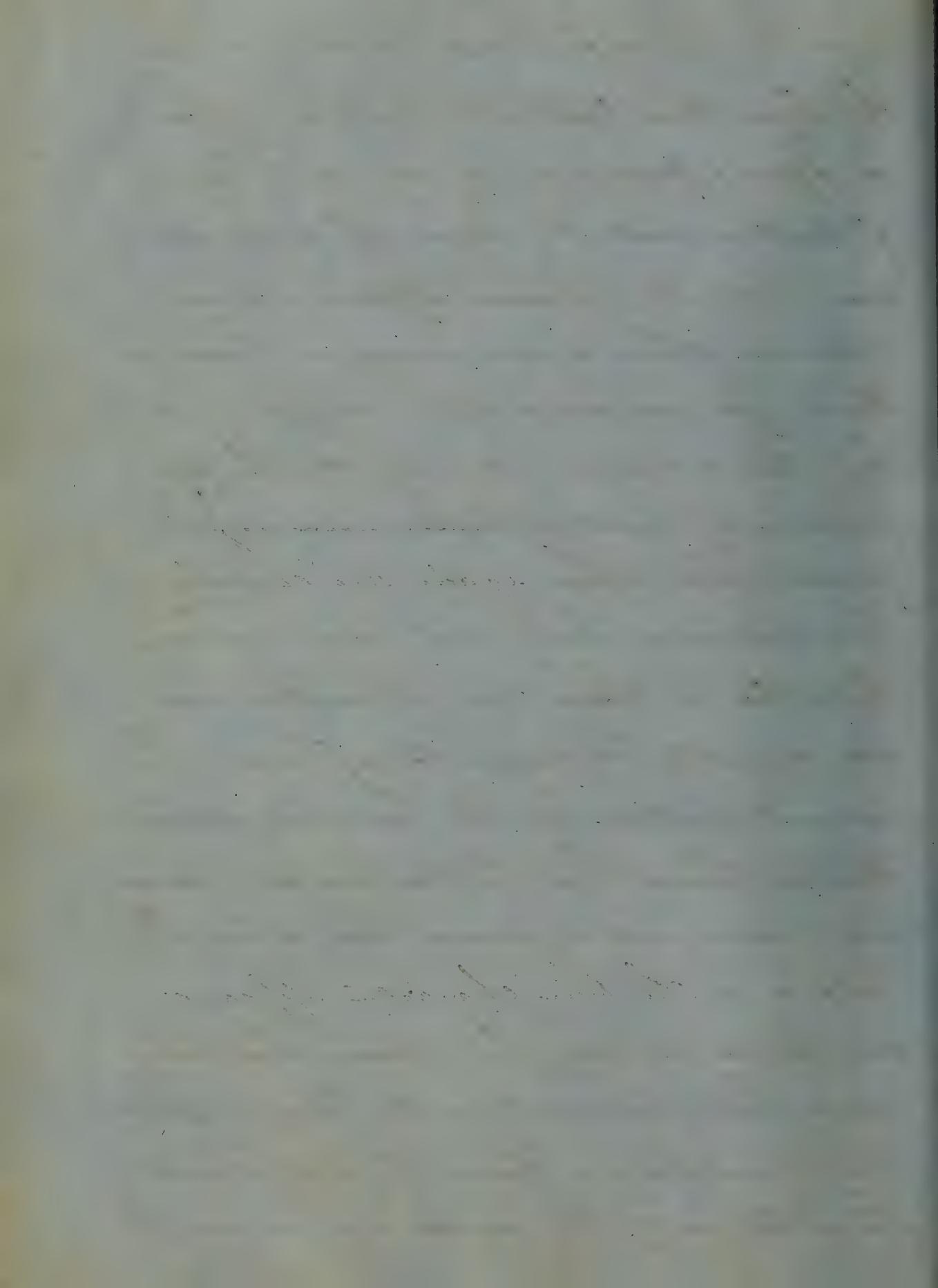
awakens he complains of violent head-
ache, he is thirsty his tongue and fauces
being dry and parched, his cravings
for food an excessive. Ediosynerasy causes
Opium to produce entirely different effects
upon different individuals, on some a
small dose instead of producing a stim-
ulant effect will cause Sedation & Vice versa
The cause of this difference may be due
to either a difference in the nervous
distribution or a difference in the absorb-
ing power of the veins and lymphatics
or it may be owing to the different
States of System in the same person.
We also find this drug to produce effects
peculiar to the disease and to the time at
which it was administered. Habit exerts
a considerable influence over the operation
of Opium. Persons who have become accu-
tomed to its constant use can take large
quantities without experiencing any

Sedative but only its Stimulant effects. The Orientals are, notorious for their ability to large quantities, which are used for the same purpose that we employ Spirituous liquors. There is also a great resemblance in the action of the two.

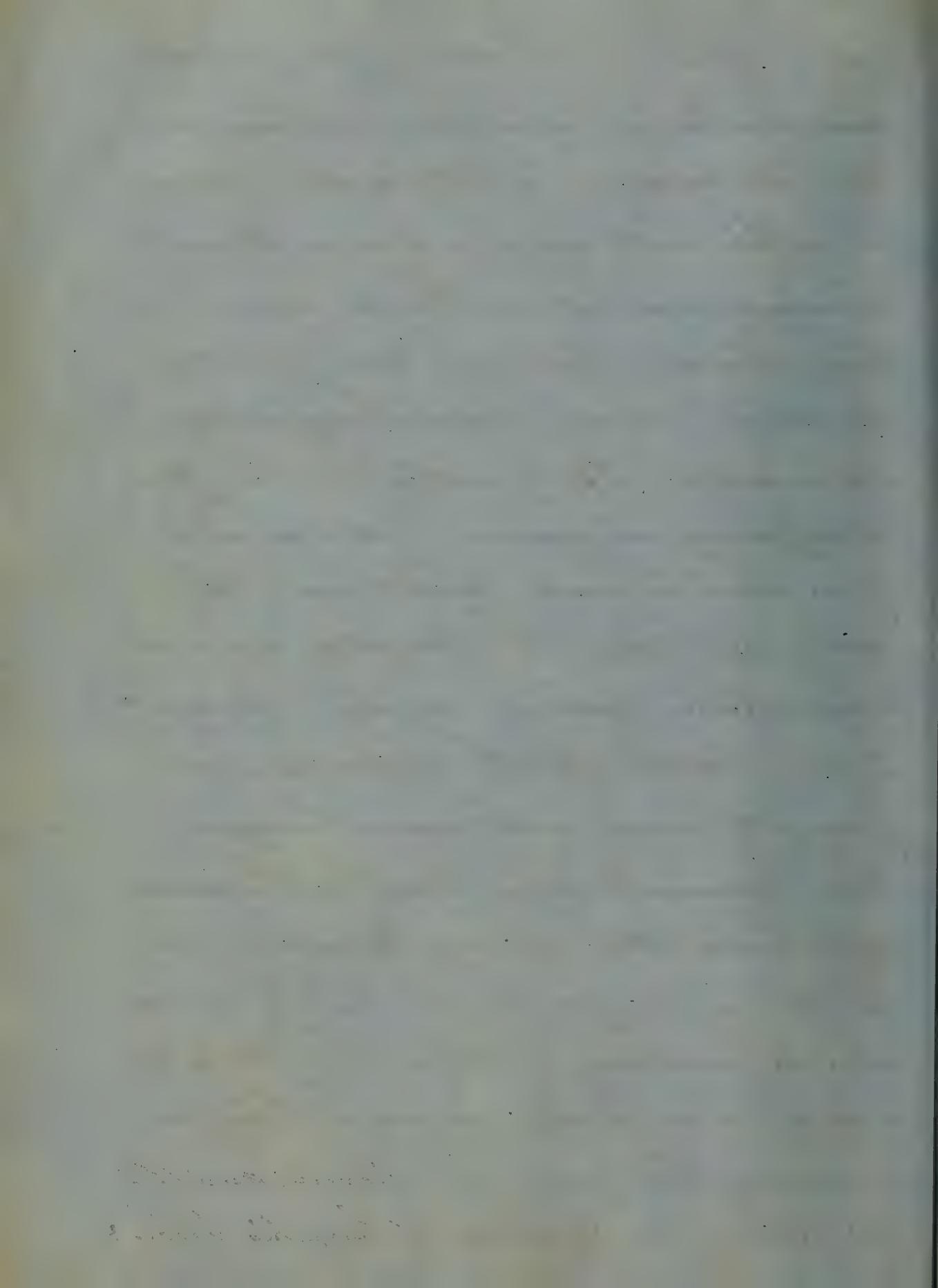
The Orientals on fast days always resort to this drug for its power to appease the cravings of hunger and thirst. It also gives the power of enduring great fatigue and hardships, hence the inhabitants of the East invariably, when going on a journey, prepare themselves with a quantity sufficient to last until their return; when they are fatigued they resort to this potent drug to renew their energies and give new vigor to their flagging powers when thirst overcomes them again they fly to their magic and soothing companion. When the drug begins to exert its influence, they forget all their toils,



and they feel as fresh and as active as when
they began their travels. Its temporary effects
on different persons greatly vary as to length
of duration and the degree of exhalation.
Some under its influence appear ravaging
Maniacs, others again imagin themselves
Kings, Princes and other important
dignitaries surrounded by all the ap-
pliances of regal Splendor and royal
power, while others again are exceeding-
ly meek and lowly and become much
humbled in their own estimation and
very amiable. Through its influence the
dominant qualities of the heart and mind
develope themselves, the caution and reserve
which are wont to govern them relax their
hold and the true character appears
and holds its sway for a time, then suc-
-ceeds that quiet and gentle languor, that
sweet and happy desire to rest which
the followers of Mahomed believe is the



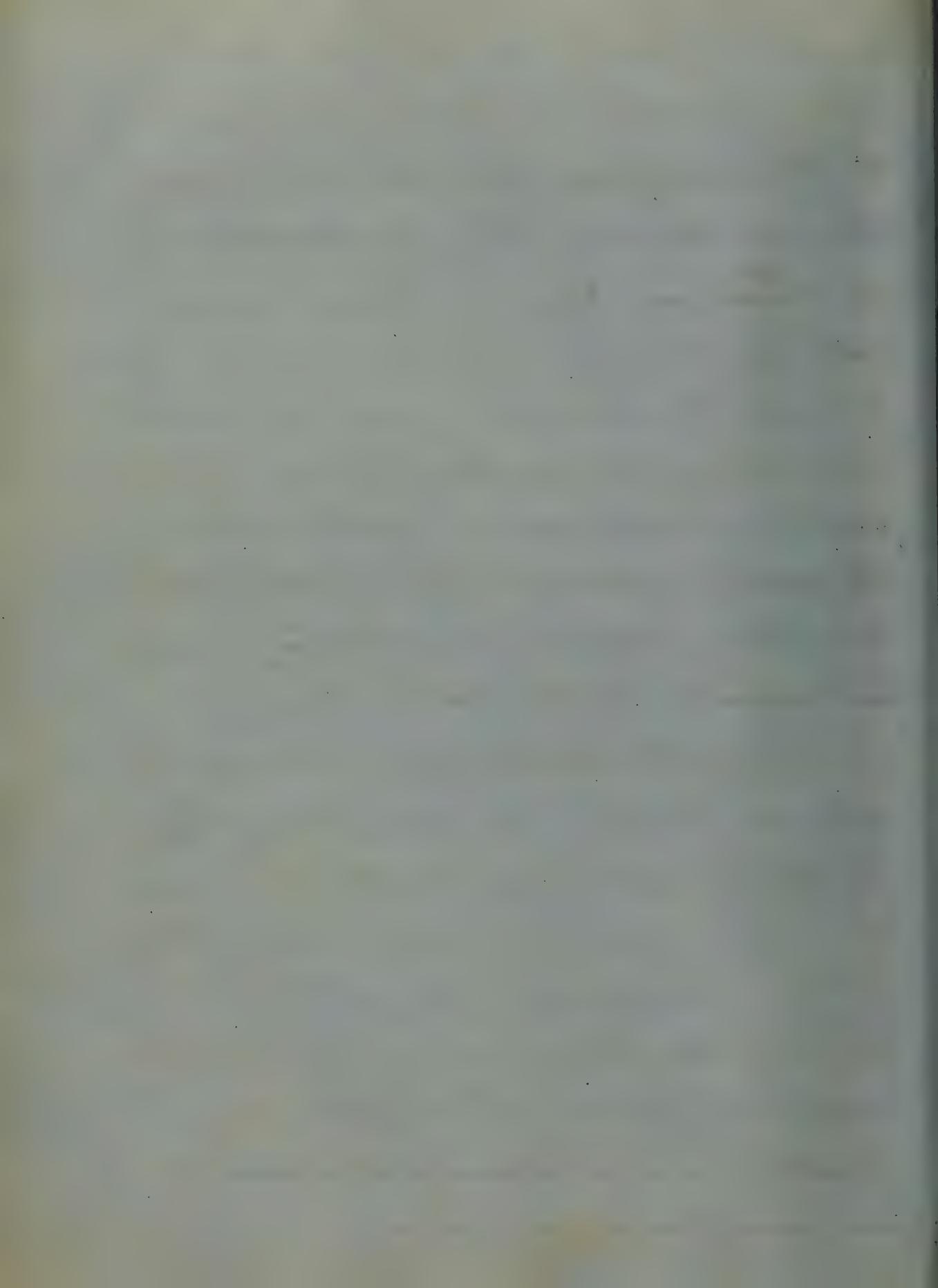
holy prophets spirit-exerting its invisible
and soothering power over all their faculties. No medicine of the materia medica
is so frequently used or sooner to meet
so many indications. There is scarcely a
single disease which in some part of
its course Opium is not beneficially
administered. If we wish to relieve pain
or suffering in injuries or disease or
if we wish to make birth easy to the
mother or to calm the troubled spirit
when do we find a remedy so powerful
so able to meet all the indications more
promptly and with more benefit
than Opium. Or when death is the inevi-
table termination of any disease when
his dying pangs would be torturous
and excruciating both for the patient
to endure and his friends to behold.
how may his agony be relieved and the
fell destroyer be deprived of half his terrors?



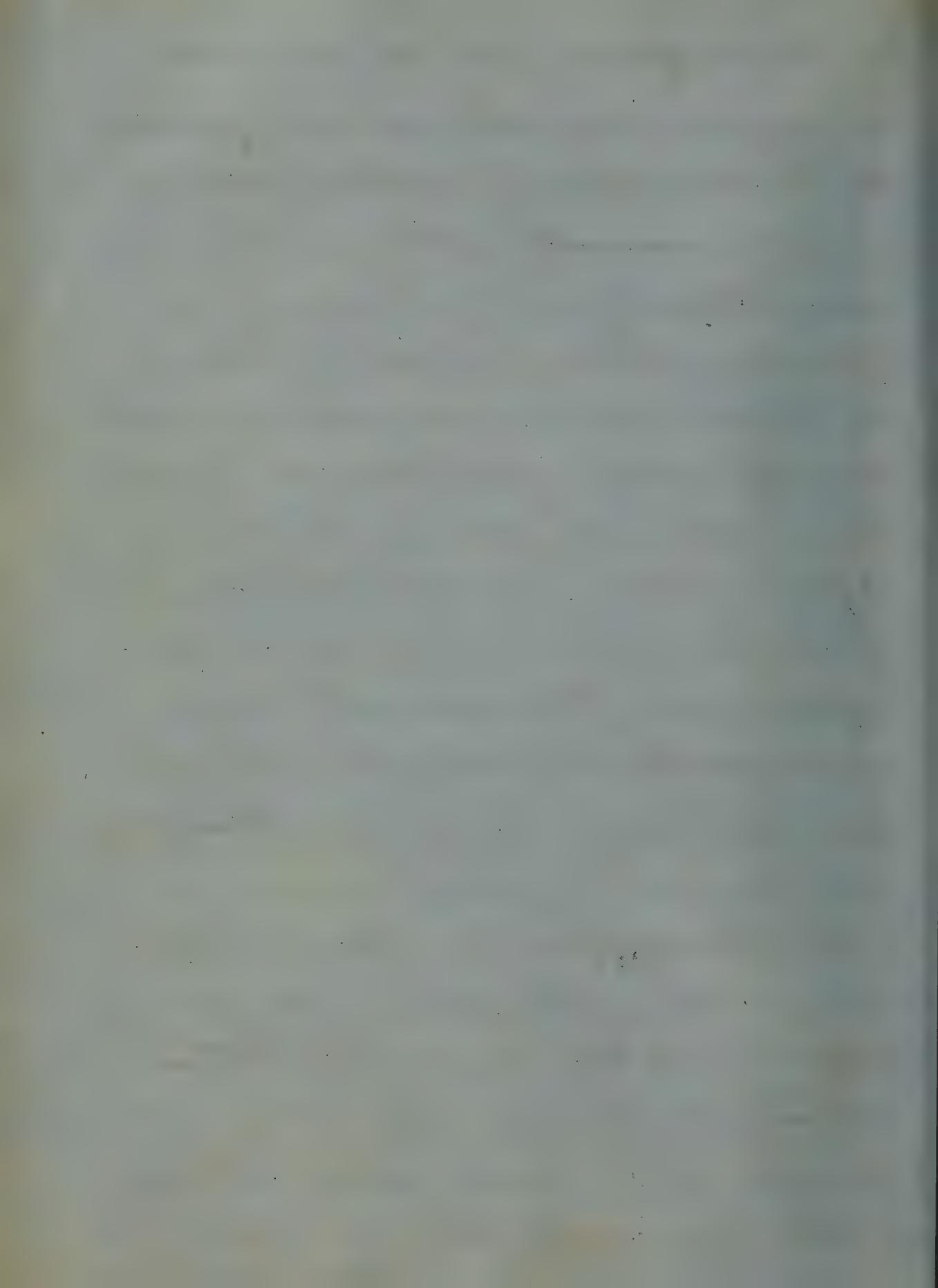
Opium is deserved can smother the mind
to death and cause the visitation of this
unwelcome angel to be looked upon with
comparative joy and happiness. Its use
is, not alone confined to the treatment of
medical cases, but Surgery & midwifery
receive assistance from this powerful
auxiliary. By the Surgeon it is given to
blunt and destroy the pangs and suf-
ferings of painful operations, to calm &
sooth irritable ulcers and painful
cancers and to influence all other surgical
diseases. By the Accoucheur it is admin-
istered to allay in part excessiveness and too
severe labor pains. In Puerperal fever it is
a remedy of vast importance. Neither has
this powerful agent escaped the notice of
the Chemist; he has analyzed and as-
certained its composition and discovered
the various tests for its presence. Nor does
the Pathologist overlook its different effects

on various parts of the body. And last
though not least important duty is for
the Pharmacopist to collect and classify
those results which have been noticed by
the Physician, Surgeon, Accoucheur,
Pathologist and Chemist.

Opium serves various purposes and to
meet various indications apparently op-
posite and contradictory in their nature.
The most important office of this drug
is to relieve pain and irritability. to pre-
vent spasms to allay watchfulness. to
check morbid secretions. to produce dia-
phoresis. to stimulate and promote sleep.
The efficiency and power of other reme-
dies can be increased and strengthened
by the combination of Opium with them.
The first indication for its use that we shall
notice is its power to relieve pain and ir-
ritability. hence in neuralgia it is one of
our most useful remedies.



In painful affections of the eye it is used
in preference to any other external application.
In the various forms of inflammation, it
is highly serviceable, although there is
much dispute and great diversity of
opinion on this subject. Yet I think it
can be administered with entire safety and
much benefit in such doses as are neces-
sary to relieve the pain of this disease.
To prevent spasm; it is a useful remedy
in Subsultus tenditum consequent upon
Mysphoid fever. It is used with benefit in
Spasm of the muscular coat of the intes-
tines which may be owing to an inflammatory
condition of the adjacent membranes or
to the action of some acrid poison. In Spas-
modic Asthma it is powerful in relieving
Suffering. It has been used in Tetanus
with variable success, in some cases it
has resolved the spasm and in others
it has produced no change. In this



disease its action, is powerful and its influence over the system, variable: the largest doses without exerting any visible effects have been administered. In the Oedipathic form of Tetanus Opium is sometimes useful in preventing the fatal consequences of the disease, but in the Traumatic variety very rarely is any good to be obtained from its employment. In Typhus or Typhoid fever Opium is a very valuable remedy to prevent watchfulness. In such cases when the patient from nervous irritability cannot sleep and when it is necessary that the Soothing, Calming, invigorating effect of sleep should be obtained on account of his already debilitated condition, a small dose of Opium will have the desired effect and the patient awakes, much refreshed and relieved. Opium is very useful in checking the morbid secretions from the mucous membrane of the intestinal canal,

1. *Leucosticte* *auriceps* *auriceps*
2. *Leucosticte* *auriceps* *auriceps*

3. *Leucosticte* *auriceps*

4. *Leucosticte* *auriceps*

5. *Leucosticte* *auriceps*

6. *Leucosticte* *auriceps* *auriceps*

7. *Leucosticte* *auriceps*

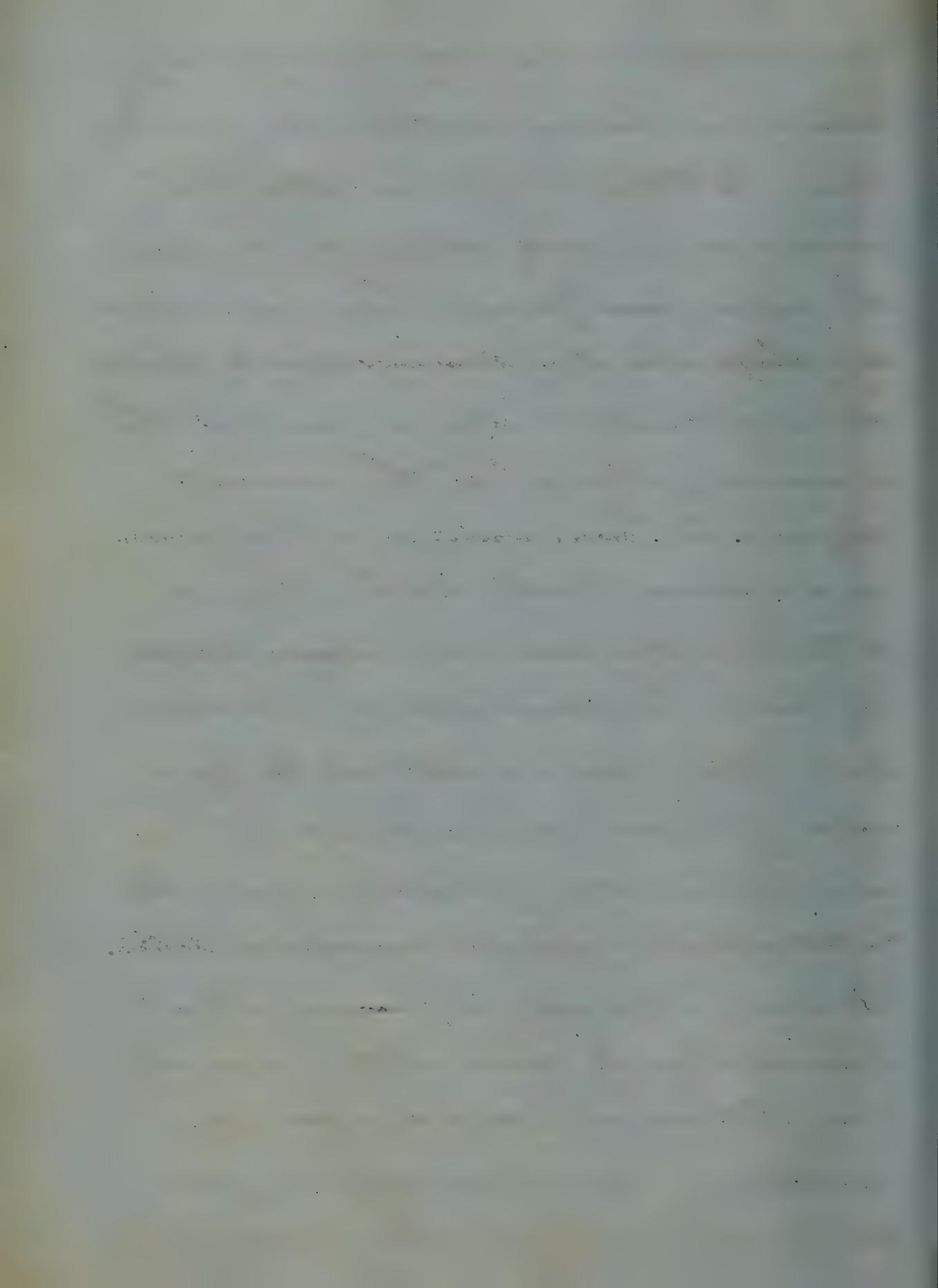
which causes Diarrhoea and Dysentery.

Upon these diseases Opium acts in two ways, first by checking the mucous secretions and secondly by diminishing the peristaltic action of the muscular coats of the bowels. In checkmate perspiration it is useful in combination with various remedies, to produce diaphoresis, such as Sptac. Sulphate of Potash &c. In rheumatic affections, it is useful to allay pain and promote healthy action of the skin. In proper doses it stimulates both body and mind. It is used with powerful efficacy in almost all painful affections and nervous derangement. On the Delirium of the drunkard is its power most wonderfully and magically displayed. Let him roar like the Marauder, let him be harassed by the most tormenting and horrid visions and after Opium has had its control over him he awakes a changed man his madness, his delirium

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have vanished and in a very short space of time he has become a rational and sensible being. In Phthisis it is given to allay the violent cough which continually harasses the patient and prevents him from obtaining sleep: also it is administered to check alvine evacuations which wear out the remaining strength of the emaciated sufferer. In Pneumonia it is to be given under several cautions. When there is restlessness dyspnoea and severe cough it should be administered in sedative doses or the symptoms will all be aggravated if the doses are too small to bring on a perfect state of sedation, and stimulate all the organs to increased action. It may be necessary to precede its administration by blood letting when there an plethora and much vascular excitement, and generally its effects are much increased when following



this great antiphlogistic remedy. On Catarach opium is very useful, especially in the incipient stages when Cough and previous irritability are present & before the Secretions from the mucous Membrane begin to pour out, then one dose will often be sufficient to cut short the disease. But in the second stage when irritation has taken on the form of inflammation and when the Secretions are poured out copiously then opium is contraindicated, because it will check the Secretions and thus take away that means by which Nature, is endeavoring to relieve herself of this malady. In the third stage when instead of inflammation we have irritation and the secretion and discharge of mucous gradually diminishing opium in combination with Sperac will frequently accelerate its departure. In Bronchitis, a disease similar in

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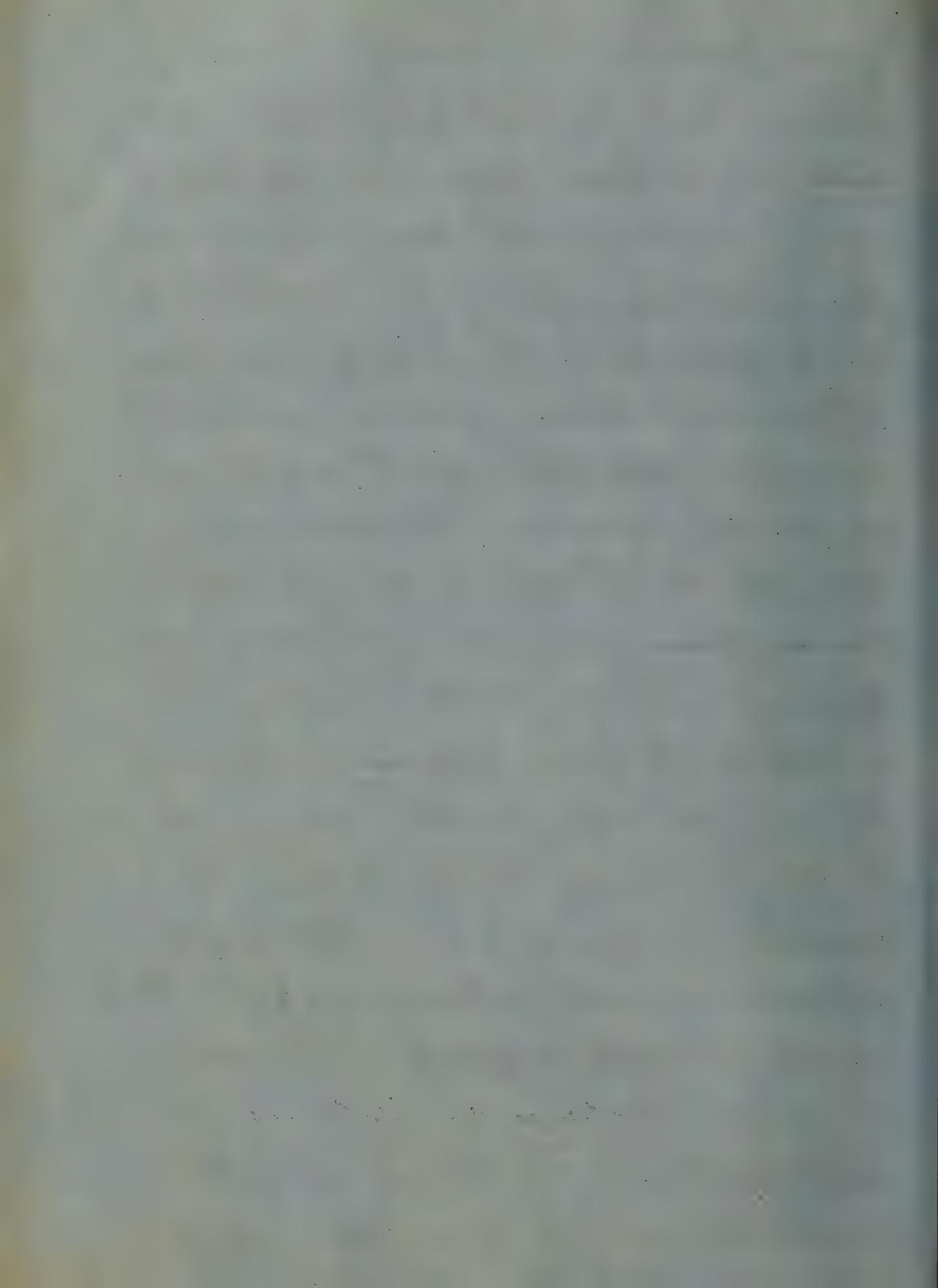
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character to that last mentioned except its location being different, it is used with the same success.

It is useful in Variola when there is much irritability, when the eruptions fail to appear in the proper manner and when there supervenes restlessness and wakefulness. It should be administered with some laxative to counteract its constipating effects. It can be employed with advantage in Scarletina when the eruptions are tardy in appearing and insufficient in maturing, but when we find any traces of inflammation within the throat its use should be immediately abandoned as dangerous. In Dysentery it is an indispensable remedy, but when the febrile symptoms run high and have an inflammatory character it is generally proper to lay it aside, but when the inflammatory symptoms have been subdued by the proper antiphlogistic

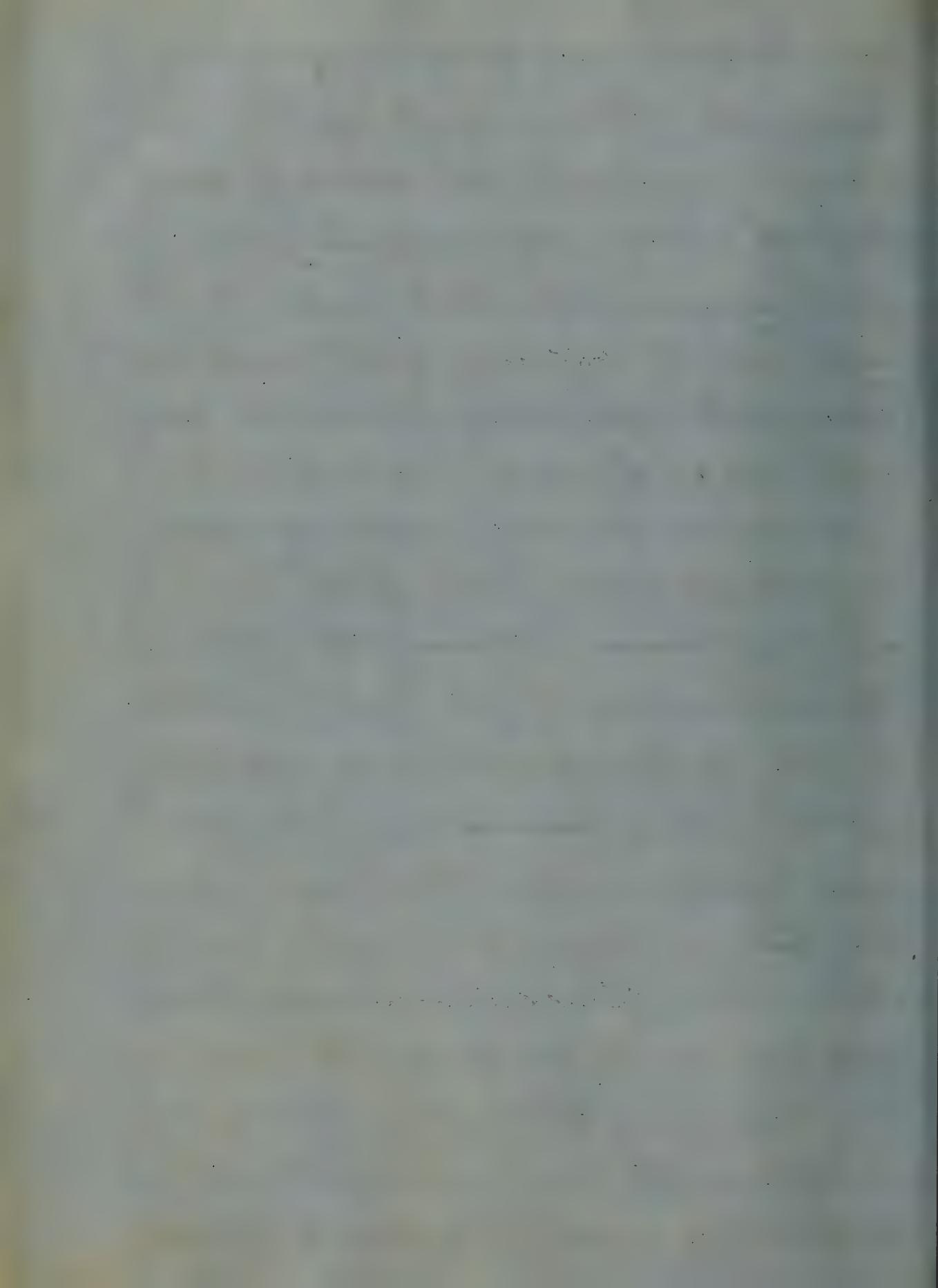
1870-1871

agents, preceded by a laxative it may be given with the greatest advantage especially in the latter stages when the tenesmus, is great and the desire to go to stool frequent arising from an irritable condition of the rectum. This remedy can be employed with almost equal success in the form of a pill taken by the mouth or a suppository placed in the rectum or an enemata. In the chronic form of this disease Opium combined with Calomel, is very useful this prescription meeting two indications, the opium calming the irritation and the calomel acting as an astringent. In Diarrhoea after the bowels have been evacuated by some brisk cathartic, Opium in combination with calomel or Acetas Plumbi evinces its happiest effects in checking the profuse discharge and calming the whole system. In Gastritis it is highly useful when it has been preceded by the



proper debilitating remedies, in allaying violent pains and irritability when neither food nor medicine is retained in the Stomach. In Enteritis this agent is employed under nearly the same circumstances and indications, with this exception that in gastritis the Stomach will retain its food with difficulty while in enteritis after it has passed the pyloric orifice it is a rare thing occurring for it to be vomited up, still it will not pass onwards on account of the irritation it exerts upon the mucous coat and consequently through sympathy the fibrous membrane contracts violently and thus instituting a barrier to its further progress. The rational indications in this case would seem to require some drastic and efficient purgative, but the employment of such a remedy would only increase the irritation and contractions of the intestines and increase vastly the difficulty which we were endeavouring to

overcome. What remedy shall we employ? A consideration of the cause of the difficulty will soon point out to us what must be done. First - the irritation caused by the presence of the ingesta in the intestine must be allayed and the contraction of the muscular coat of this organ must be removed. Opium is the agent which will meet both of these indications in the best possible manner, allay the spasmodic action of the bowel which will resume its peristaltic action and the contained matter will pass on to its destination. We have examined and pointed out the various diseases in which can be used with advantage this powerful drug, but there are many contra-indications for its use which should be well understood and observed. We pointed out its influence over the vascular system dependent in many instances on the peculiarities of the individual to whom it is administered. It is a difficult



matter to state with accuracy the indications
and contra indications for Opium, because the
same condition of the circulatory system may
be caused by various and indeed opposite
agents, which in some it may prove an useful
remedy and for others a dangerous application,
and also the effects of opium on the circulation
are not uniform and hence not to be relied
upon. But this rule may be laid down
which will be somewhat universal in its
application; that Opium is objectionable
when there is much increased activity of
the circulation, with great power, or where
you have diminished secretion in any tissue,
and where the vascular system is diseased
or where there is much tendency to coma.
Opium is admissible in a decreased degree
of vascular power as in hemorrhage, in in-
crease of pulse with nervous excitement
but without febrile or inflammatory symptoms,
as in some forms of hysteria, and in various

1. *Chlorophytum comosum* L. (Liliaceae)

2. *Chlorophytum comosum* L. (Liliaceae)

3. *Chlorophytum comosum* L. (Liliaceae)



4. *Chlorophytum comosum* L. (Liliaceae)

5. *Chlorophytum comosum* L. (Liliaceae)

6. *Chlorophytum comosum* L. (Liliaceae)

unhealthy conditions of the pulse attended with pain, spasms or excessive secretion from any surface without inflammation.

This powerful agent has also great influence over the organs of respiration. If there is great dyspnoea arising from the want of sufficient nervous energy Opium is strongly contra-indicated. It should not be employed in cases where the venous blood is improperly arterialized.

If there is diminished secretion from the stomach and intestinal canal, very great thirst, loss of appetite, obstinate constipation, a failure in the liver to secrete bile, Opium is forbidden. But under proper circumstances this remedy can be used with much advantage to allay when of the inflammatory kind, to allay excessive irritability of the digestion organs, to diminish the irritability and contractility of the fibrous coating of the intestines & checking insidiate amount-

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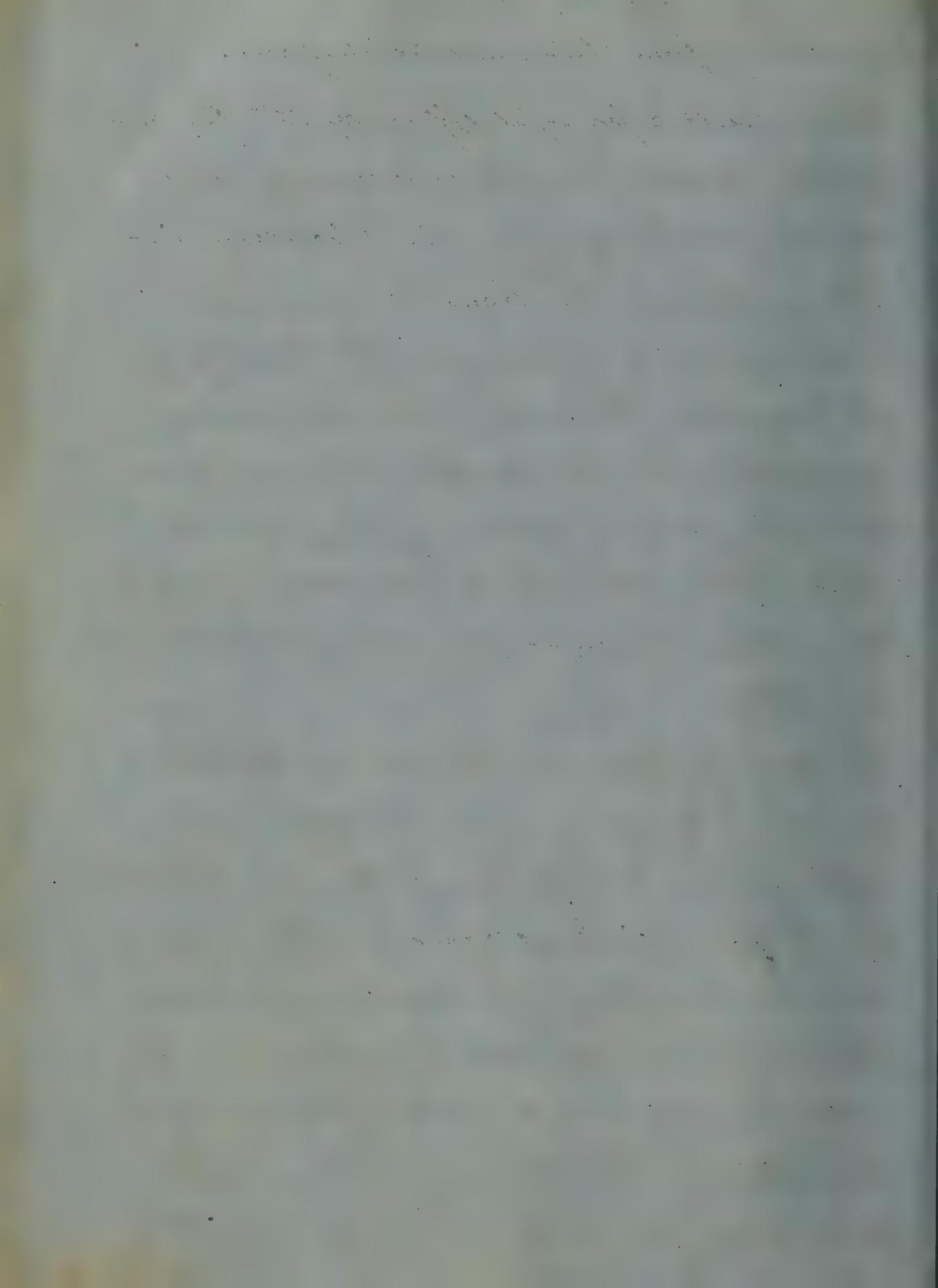
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of secretions from their mucous surfaces.

Opium exerts a powerful effect on the Cerebro-Spinal system, hence it is a remedy that should not be employed in Aprosody, inflammation of the brain or paralysis, because it tends to increase the tenacity of the symptoms. But when these dangerous symptoms are absent then the remedy can be employed with advantage to promote sleep, to stimulate the Cerebro-vascular system, to diminish undue muscular contractions and sensibility.

The effects of Opium on the urinary system are not fully agreed upon by different authors, but it is pretty well decided that it has the power in most cases of checking and diminishing the secretion of urine. This remedy should not be used when there is diminished sensibility or contractility of the uterus or bladder, but under proper precautions Opium may be very useful



in diminishing the sensibility of the Kidney
in the passage of renal calculi, and also
will be useful in relaxing the uterus when
calculi are passing along these tubes.

It also has powerful influence over the ir-
ritable condition of the bladder produced by
the use of Cathartics or remedies that
act upon this organ. This remedy is much
celebrated among the Orientals as an
aphrodisiac agent, but it only affects
the genital organs through the medium
of its constitutional influence, hence it can
be said to have no specific power over the
general passions yet it can be used
with advantage to allay pain in the gen-
ital organs of either sex, and not often
is its employment attended with retention
of urine or of the mammæ secretions
in females. As a very small quantity of
Opium is sufficient to destroy the life of a
child at the breast or the foetus in utero

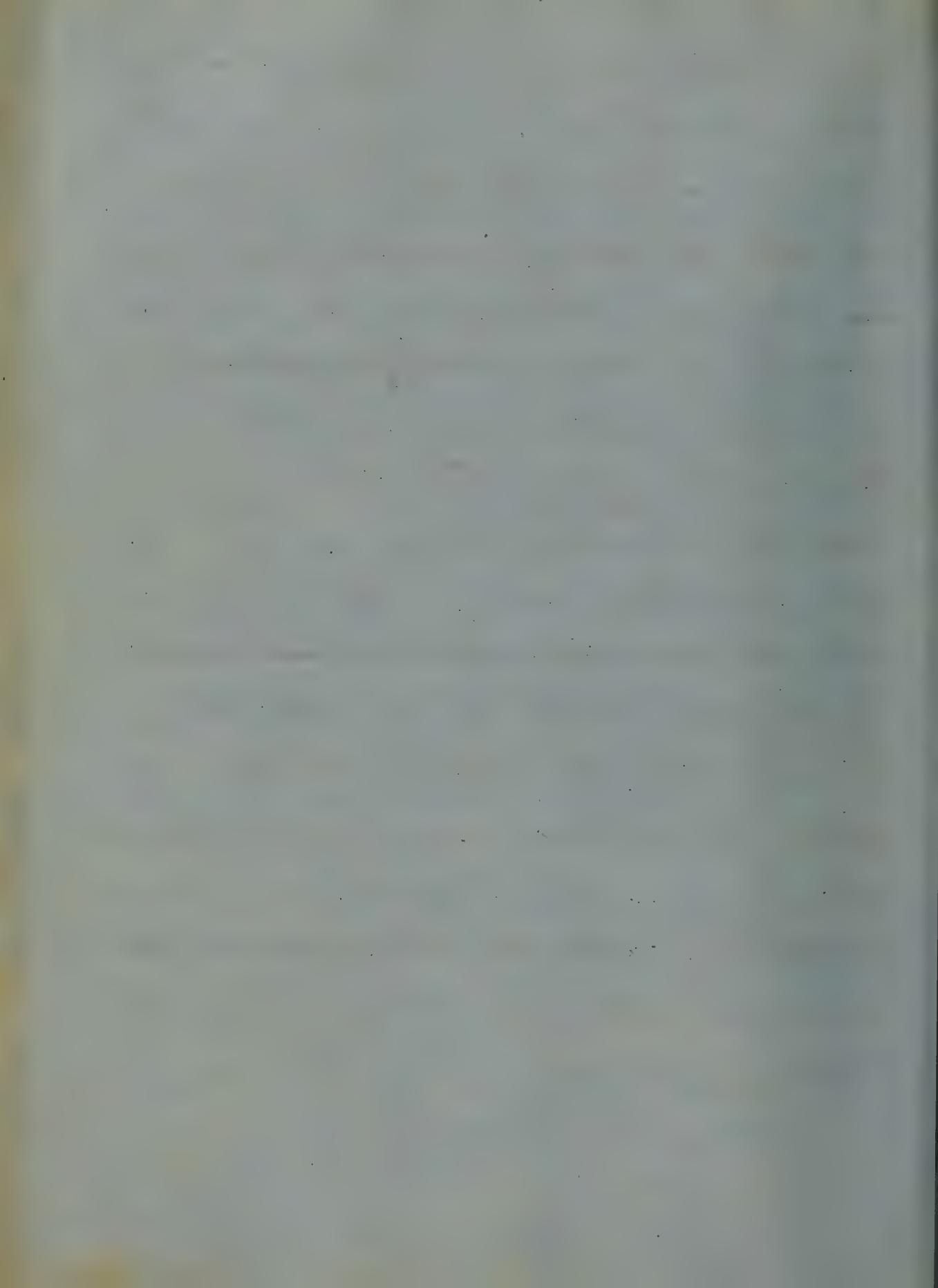
therefore it should be taken with great caution by pregnant women or wet nurses.

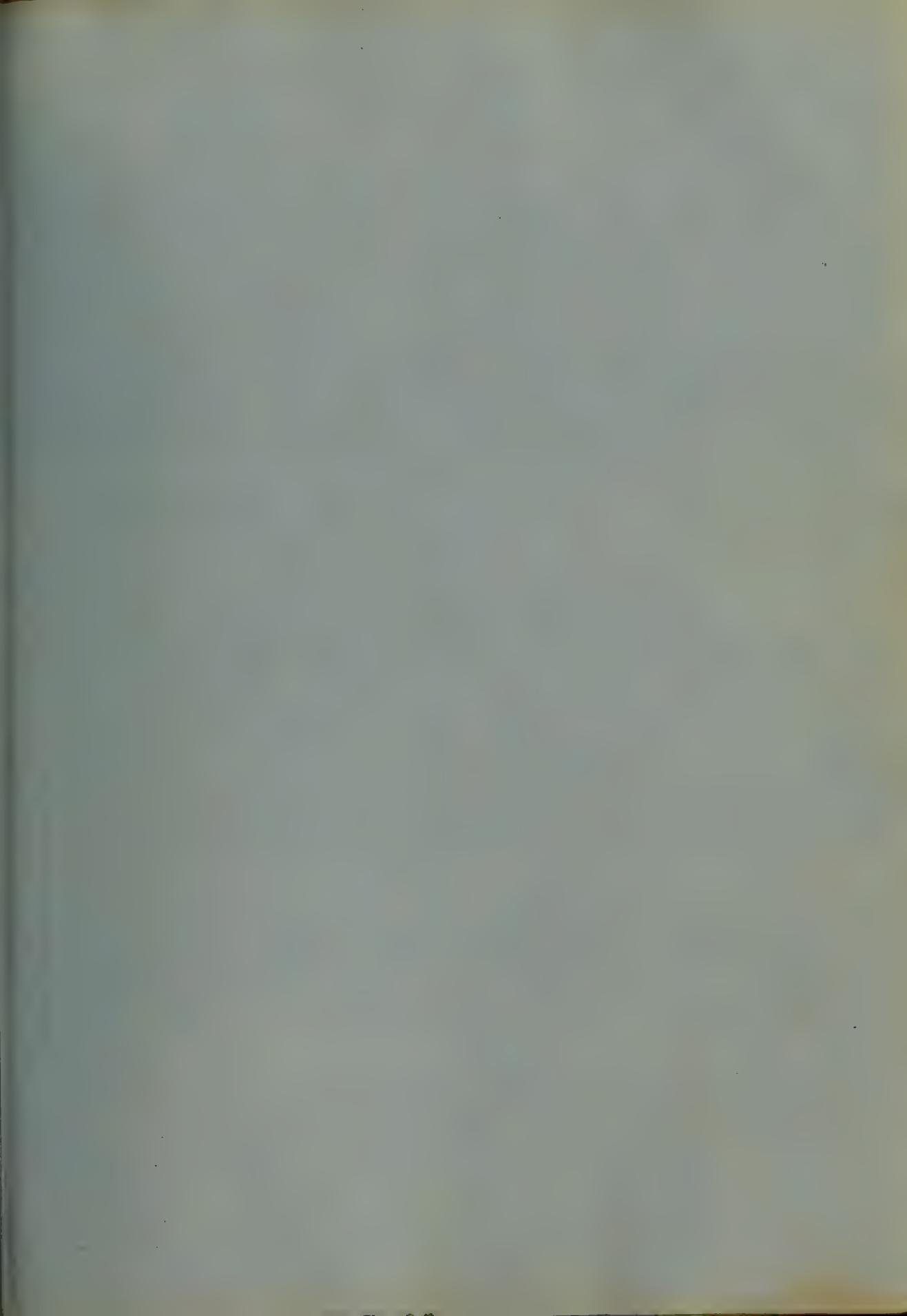
Opium can be administered with some influence over the Cutaneous System, but not with such marked power as in the Nervous or vascular System. It is given with advantage to allay pain or excessive irritability of the skin and to produce or promote cutaneous perspiration. This remedy should not be employed when the skin is very hot, because it has been found to be productive of injury. The propriety of its use in any affection of the skin must be determined by a reference to the system generally.

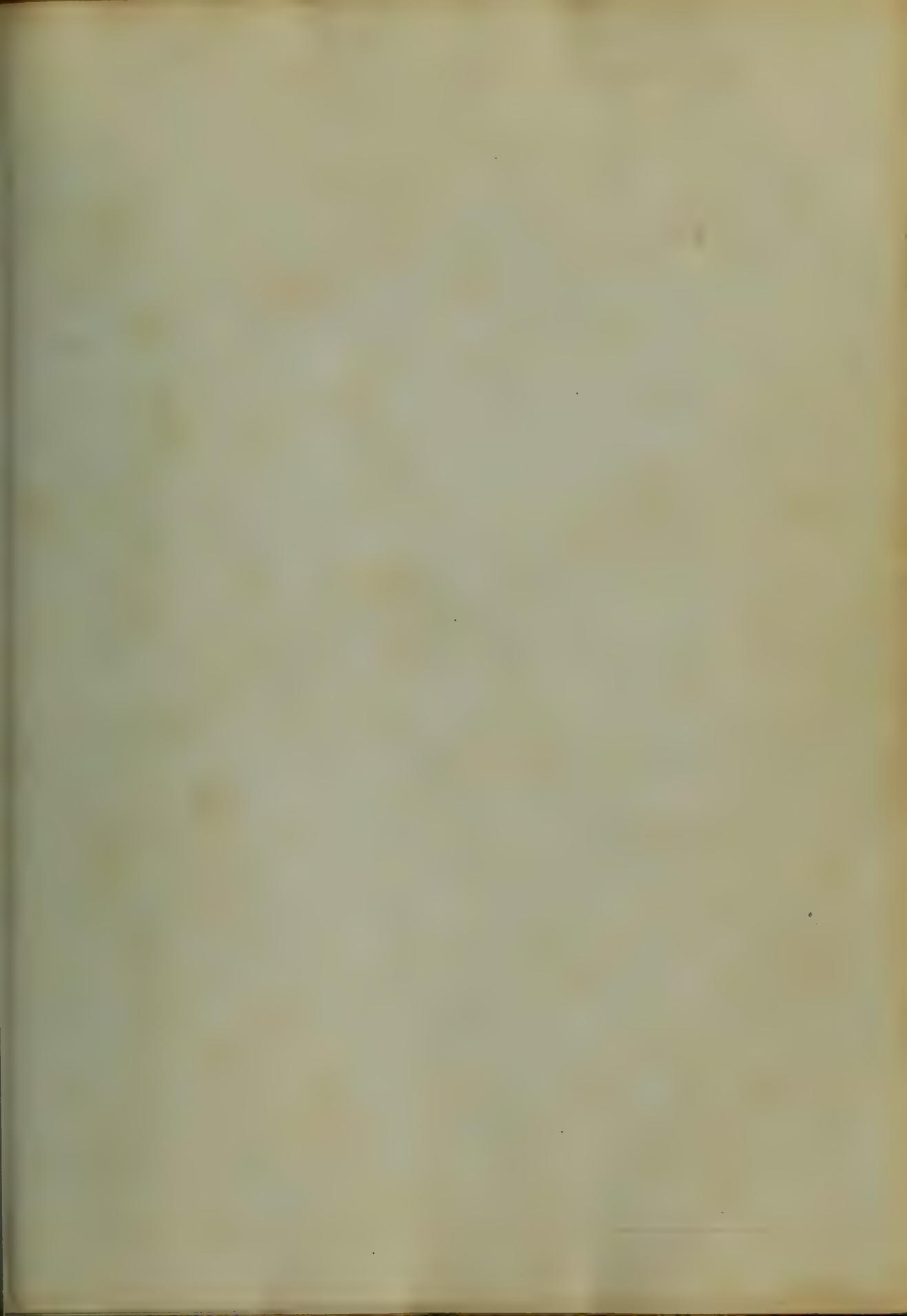
Opium acts upon all the organs and influences all their functions through the medium of its absorption. The constitutional effects of this drug are commensurate to the absorbing power of the tissue to which the application has been made. When it is thrown into the veins the effect is powerful

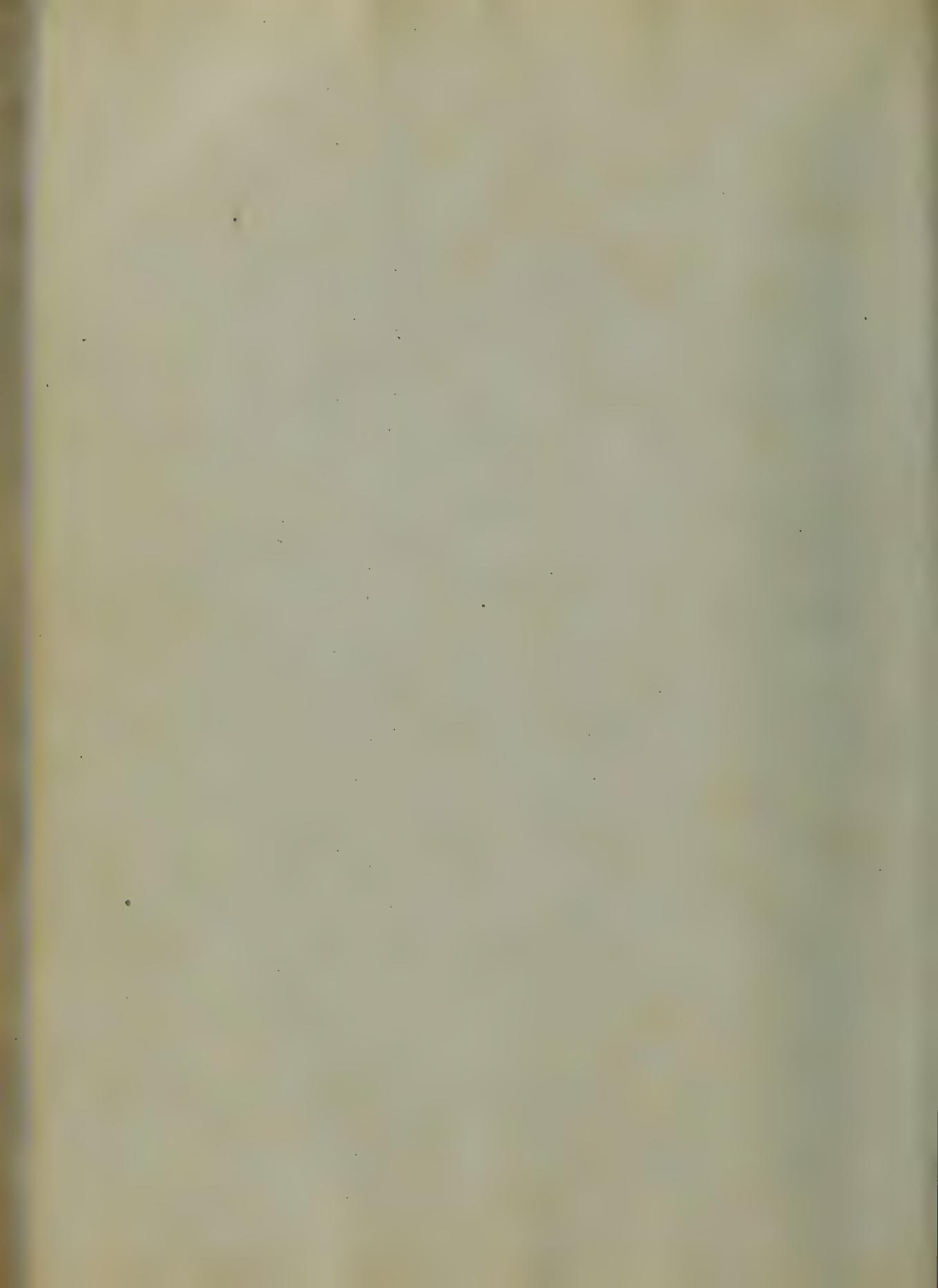
and rapid, similar to its operation when taken into the stomach or applied to the denuded cuticle. As a proof of the assertion that the active principles of this drug are absorbed, is that opium has been detected in the urine, in the perspiration,⁸ in the other secretions and exhalations.

Besides these effects which I have pointed out, there are others which are only secondary and being unimportant I shall let pass unnoticed. We have endeavored in this essay to state the natural history, the cultivation, the collecting, the commercial history, the medical and surgical influence of opium over all the tissues and diseases of the body, and also the indications and contra indications for its use and the *Modus Operandi*.





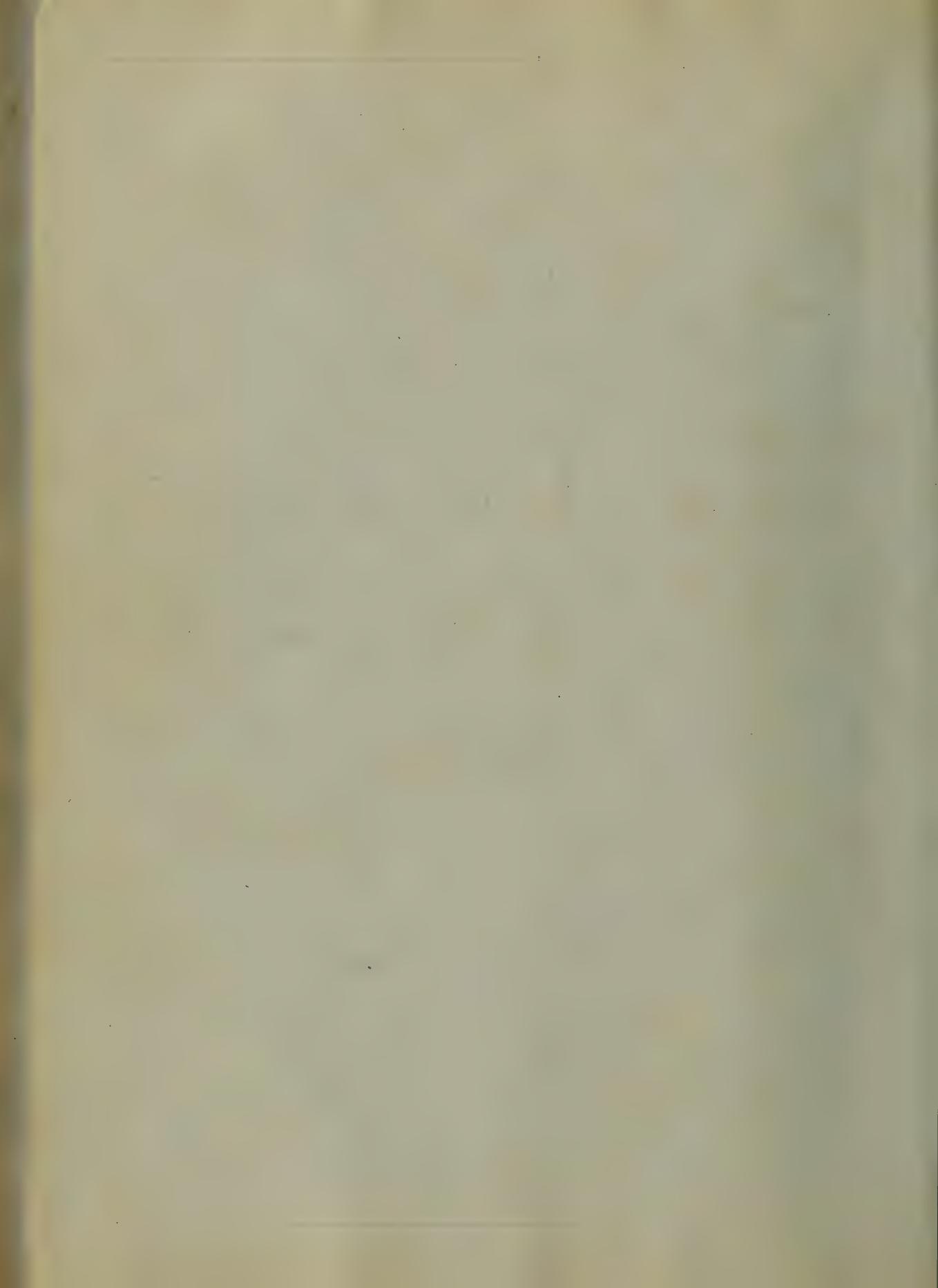


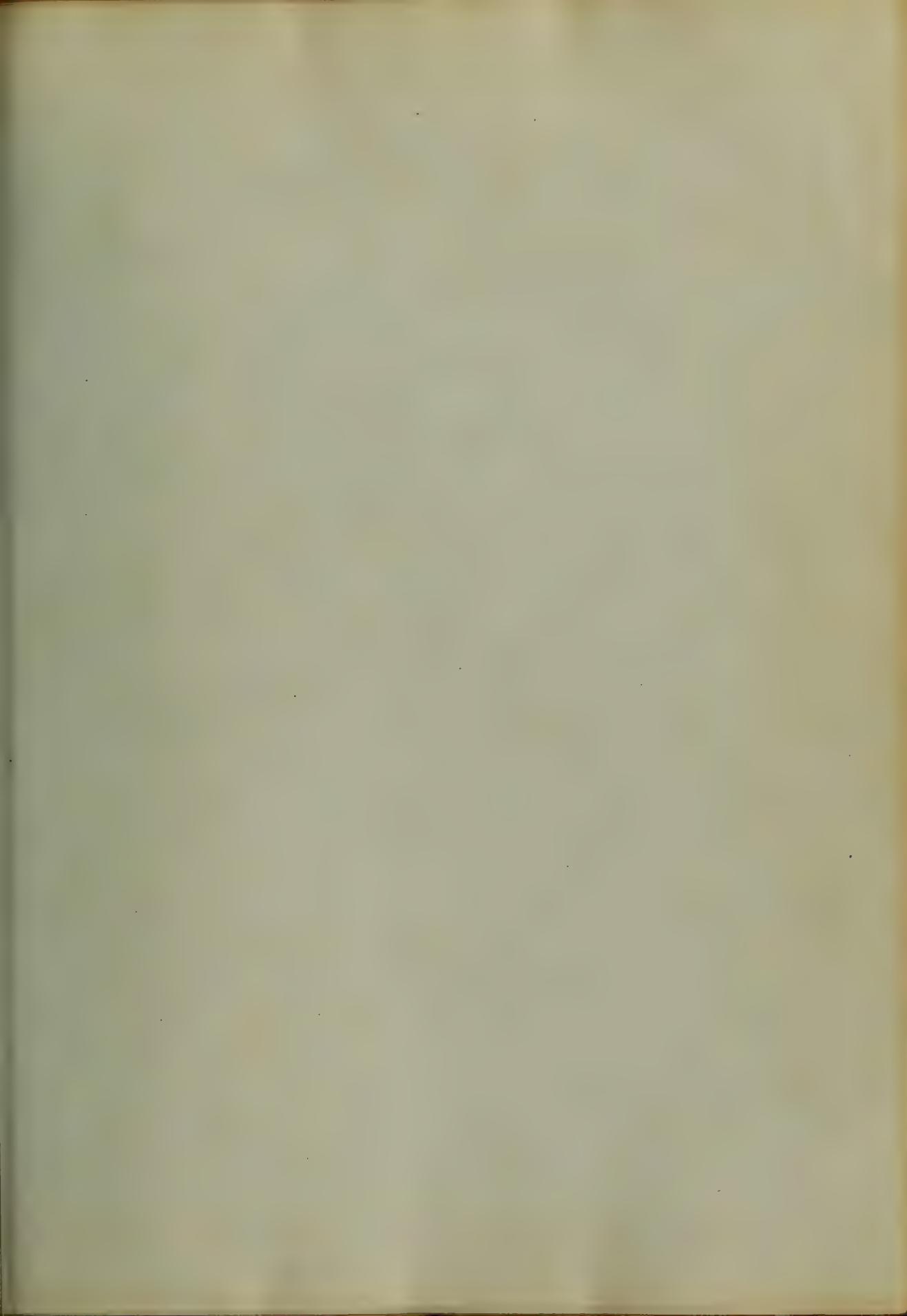


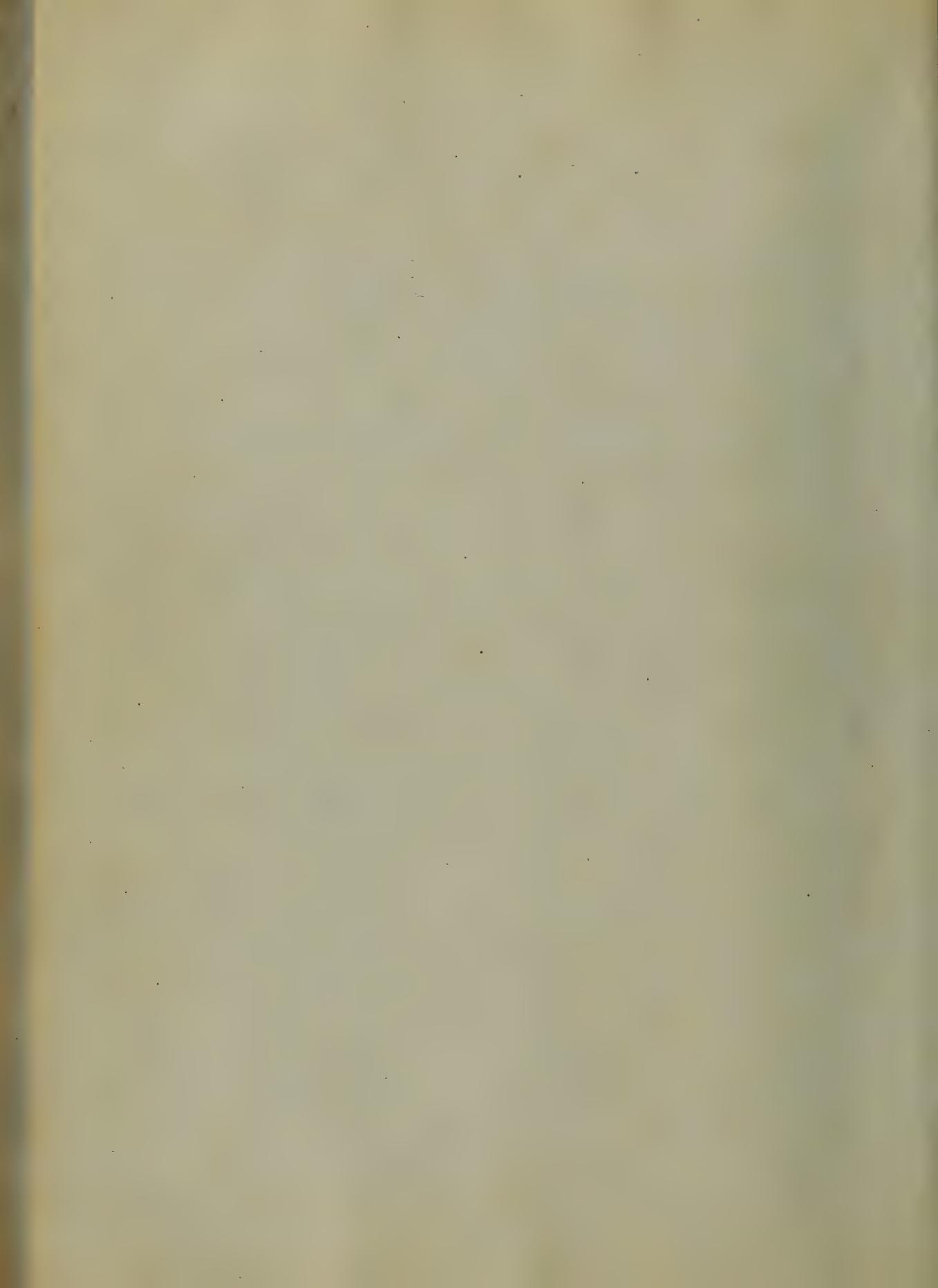
(iv)

Inaugural Dissertation,
on Medical Topography
Submitted for Examination, to the
Provost, Regents, and Faculty of Physic
of the University of Maryland
For the degree of Doctor of Medicine
by
Henry W Davis
of Indiana

1832







Dr

Professor H. C. Ober

Has this

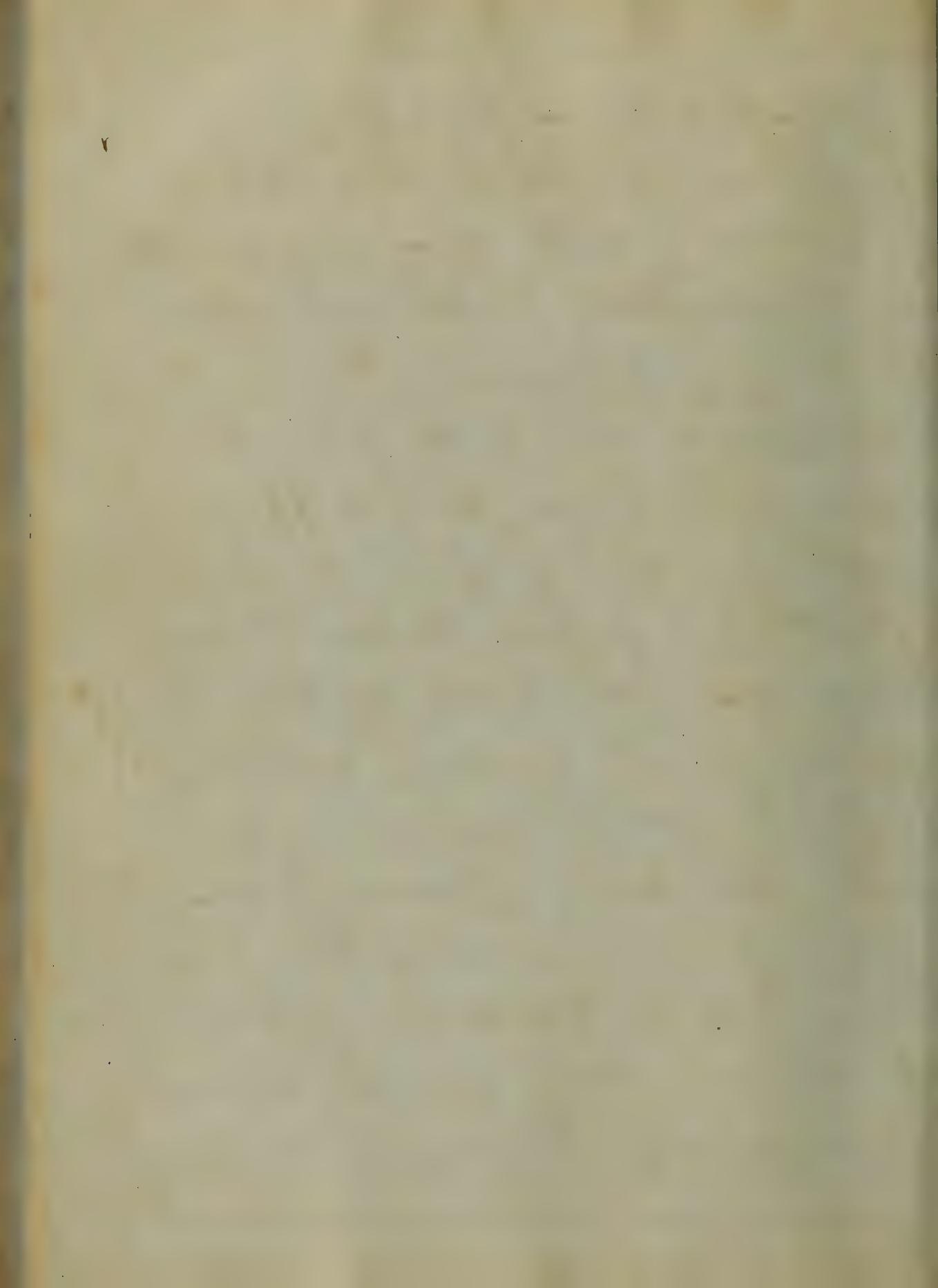
With feelings of gratitude
respectfully inscribed

By his pupil

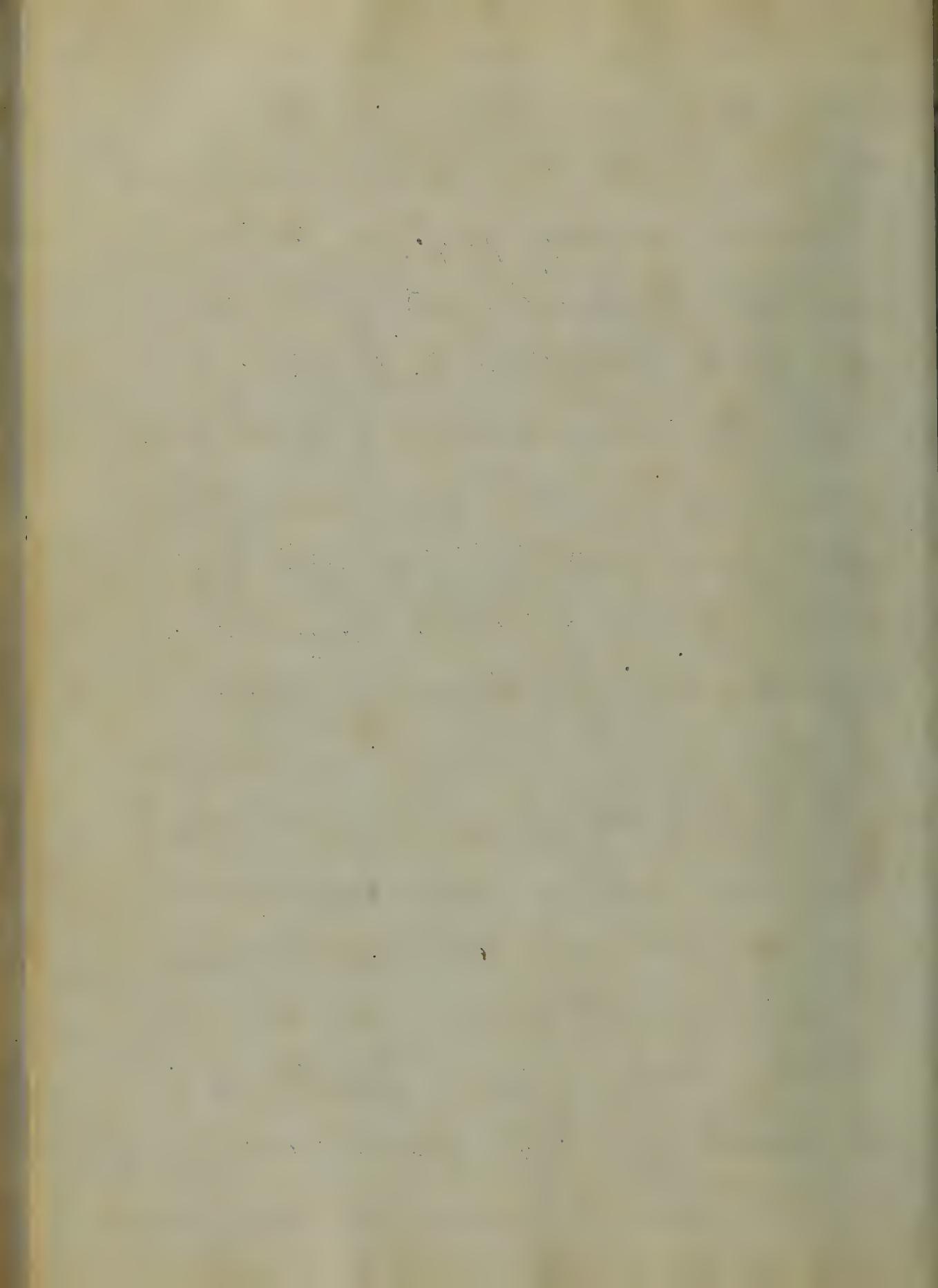
Mary W. Davis

of Indianapolis

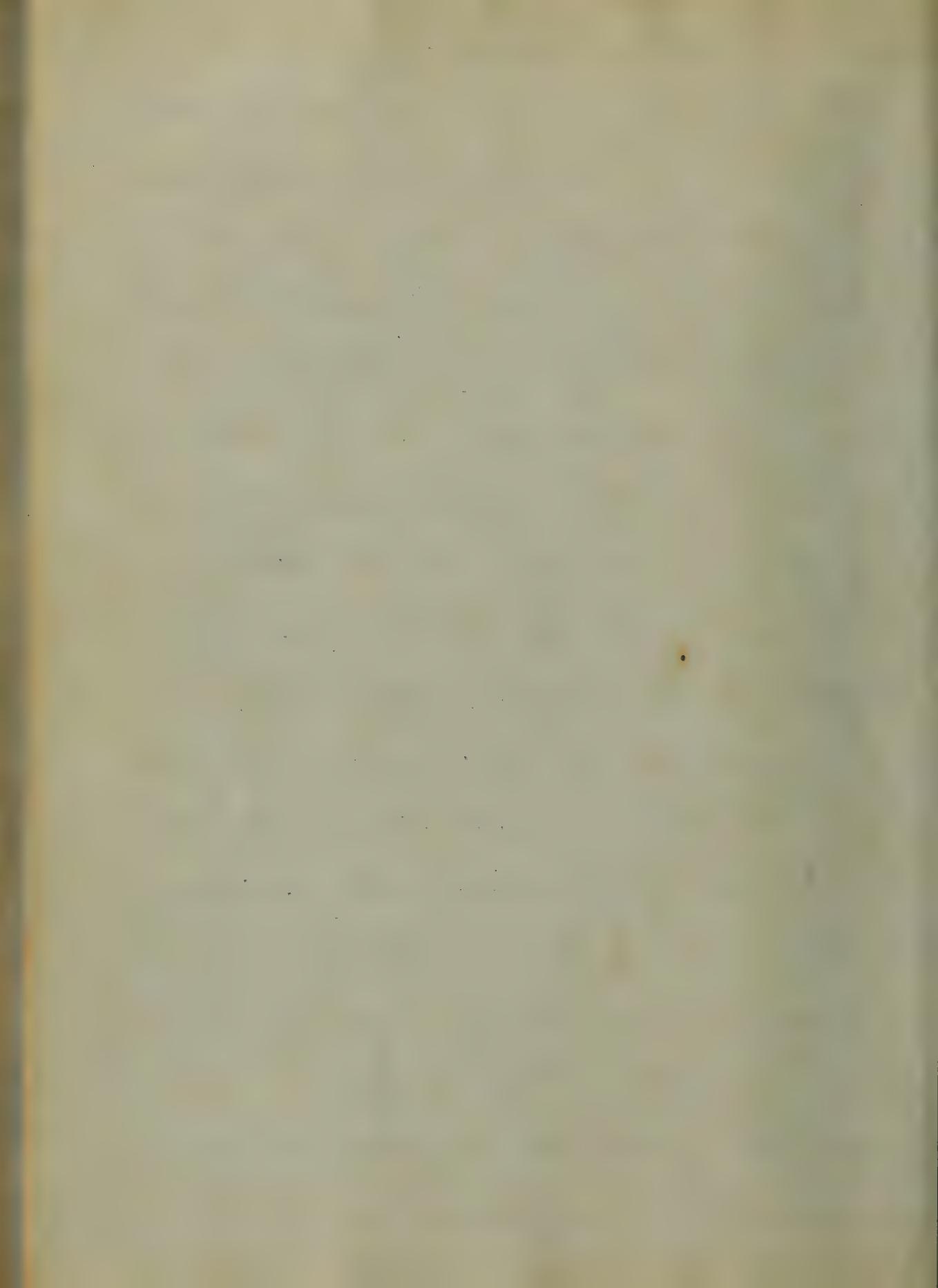
Medical Topography
The economy of health, is a subject
of universal interest. Concerning all alike
from the humblest to the most influen-
tial in every community. Among the
earliest records down to the present time,
we find that disease with its phenomena
has been a subject of patient investigation
by acute and profound thinkers. Wisdom
Science and Art together with every
expedient which cunning might suggest
has been brought in requisition to preserve
health. And ward off until the latest
moment, the incursions of time and
isease. on. the Constitution of man.
In Countries where Climatic changes
are comparatively regular and atmospheric



fluency fully understood, the law of health, and treatment of disease are reduced a science, as near perfection, as can be expected, for independent of the infinite variety of Constitution to be found in my Country, these too subject to the many vicissitudes of age, sex, and mode of living, Diseases and pestilences are often aggravated, by external causes, to various degrees of violence and malignancy. These invasions ever have, and ever will be an obstacle to the perfection of the Science of Medicine even in those Countries where climate or least variable, and disease must carefully studied. In tracing the history, character, or particularly the treatment of any special disease

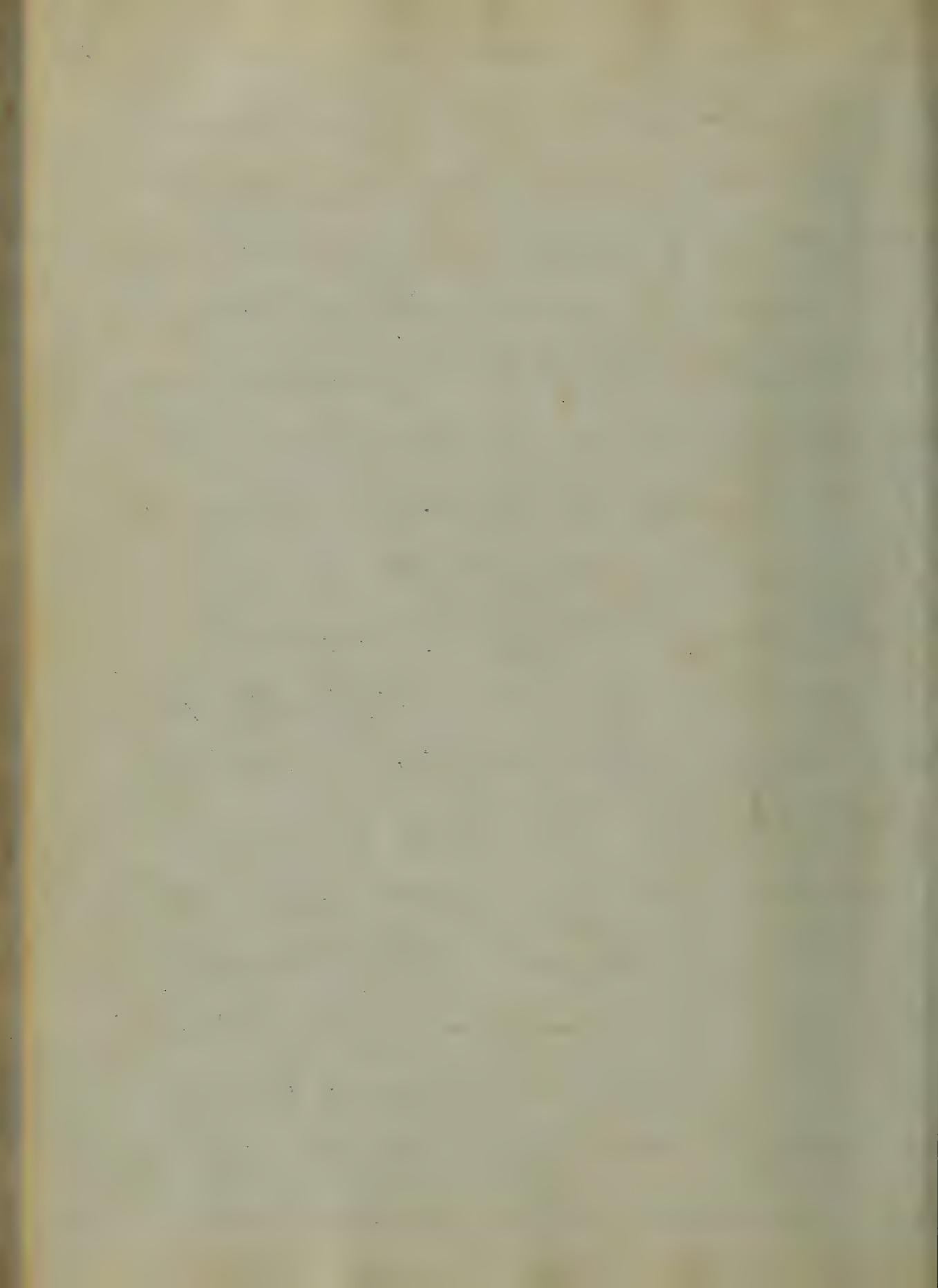


we should always take into consideration
the fact, that it is more or less modified
by the peculiarities of soil, climate,
vegetable and mineral substances, with
an innumerable variety of causes native
to every extensive country. Under these
circumstances, it is evident that not only
would there be variations in the character
of disease, but also in its treatment. And
these general laws which would be applicable
under one variety of circumstances, would
without material modification, be wholly
inapplicable under others. And admitting
that the various systems of medicine, are
based on analogous principles, yet in
different countries these systems may
present a diversified practice, as a

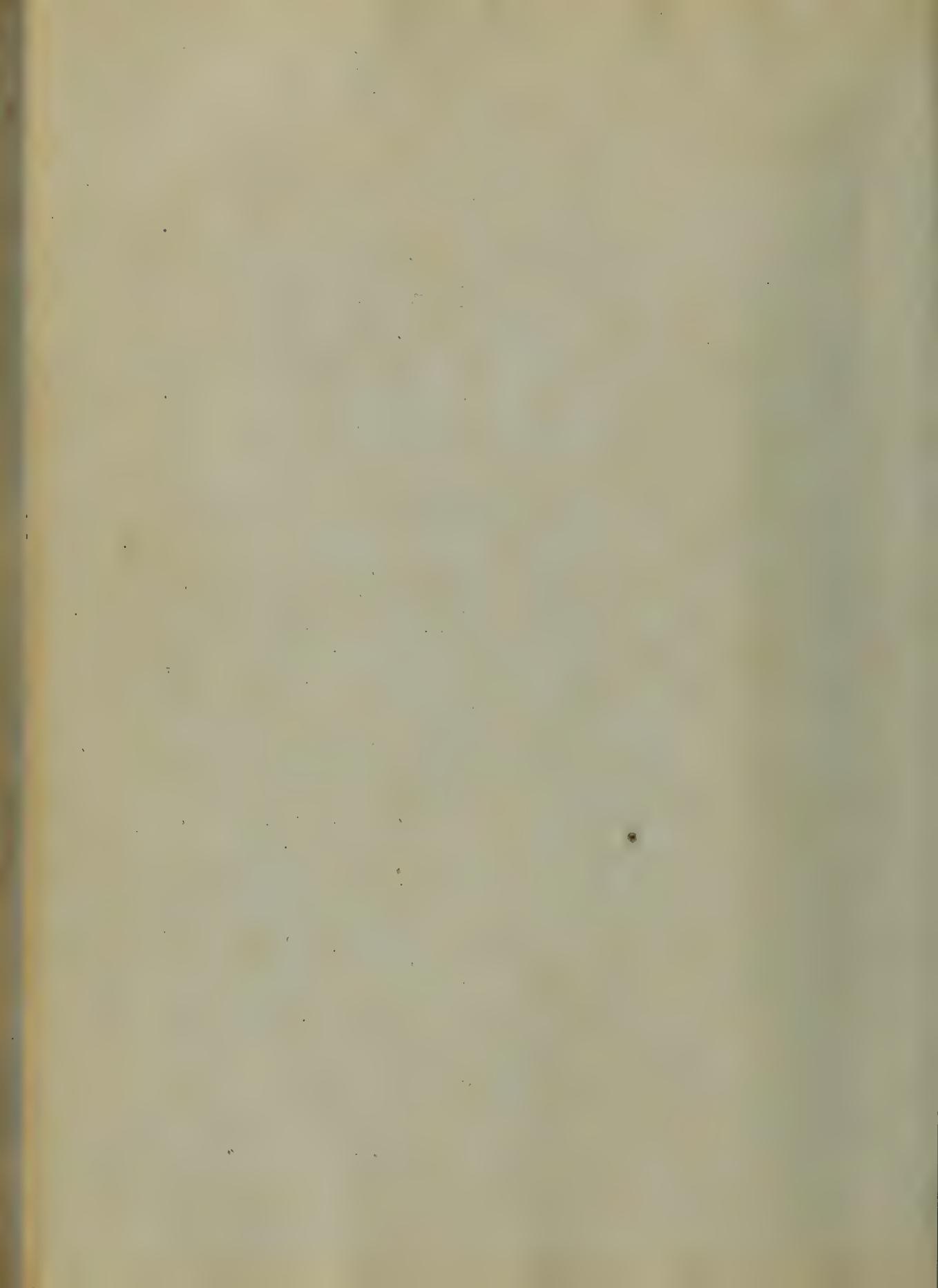


Deviation from established rules of hygiene
justified and rendered necessary, whenever
noxious changes make their appearance.
Modified by causes external or internal,
so demand it. And as a general rule
less deviations are made, providing always,
that the practitioner has brain enough to
detect the evil, and apply the remedy.

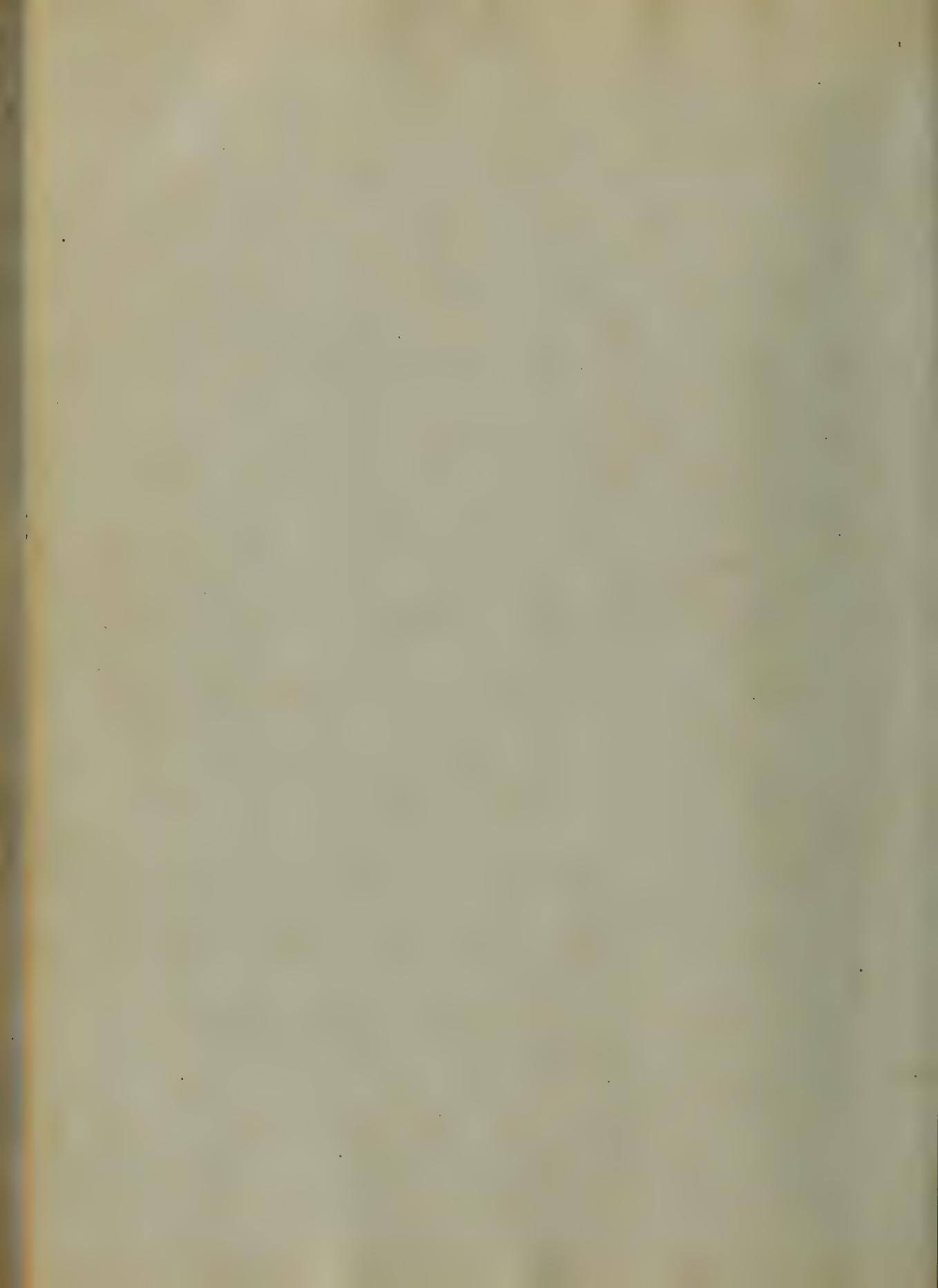
In the Great Valley of the Mississ. ppi
river. Diseases present a different aspect
from those found in the states bordering
on the Atlantic. and it is but rational
to suppose that they would require differ-
ent modes of treatment, which should be
adapted in accordance with the peculiarities
incident to these two sections of Country.
And although with regard to the first it.



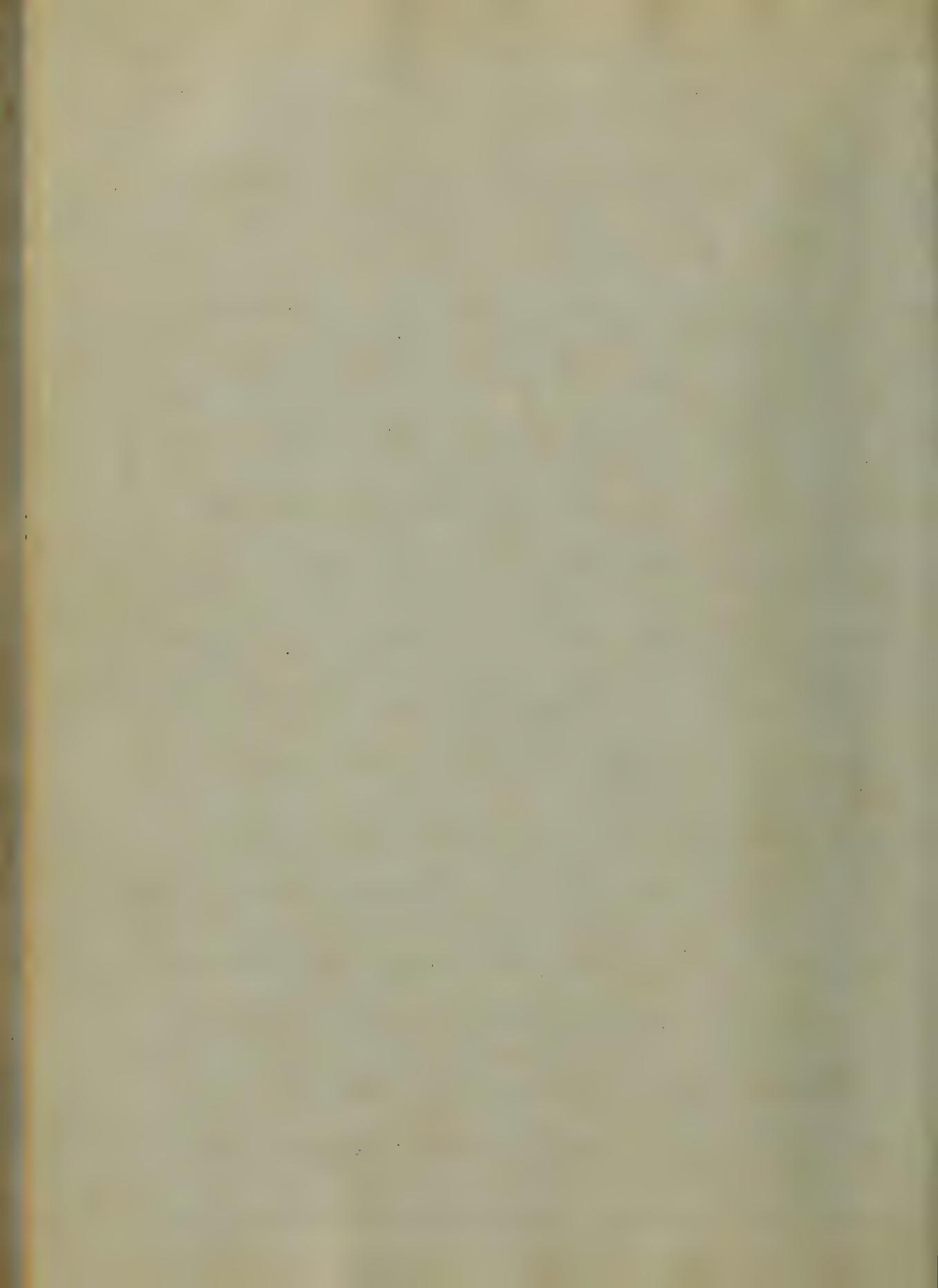
may be said, that whenever a knowledge
of these familiarities has suggested it,
change has been speedily made with
good results. Still it must be confessed
that notwithstanding the amount of
study and labor devoted to the investigation
of diseases, and their complications, there
are many puzzling questions yet unsolved.
Many things not yet understood,
and although they have engaged the
attention and employed the pens of some
of the keenest intellect, yet they have turned
over their researches either baffled in their
attempts to solve the problem, or have termina-
d their labors in the production of some
theory not sufficiently satisfactory, and
unable to support itself against the much
specif.



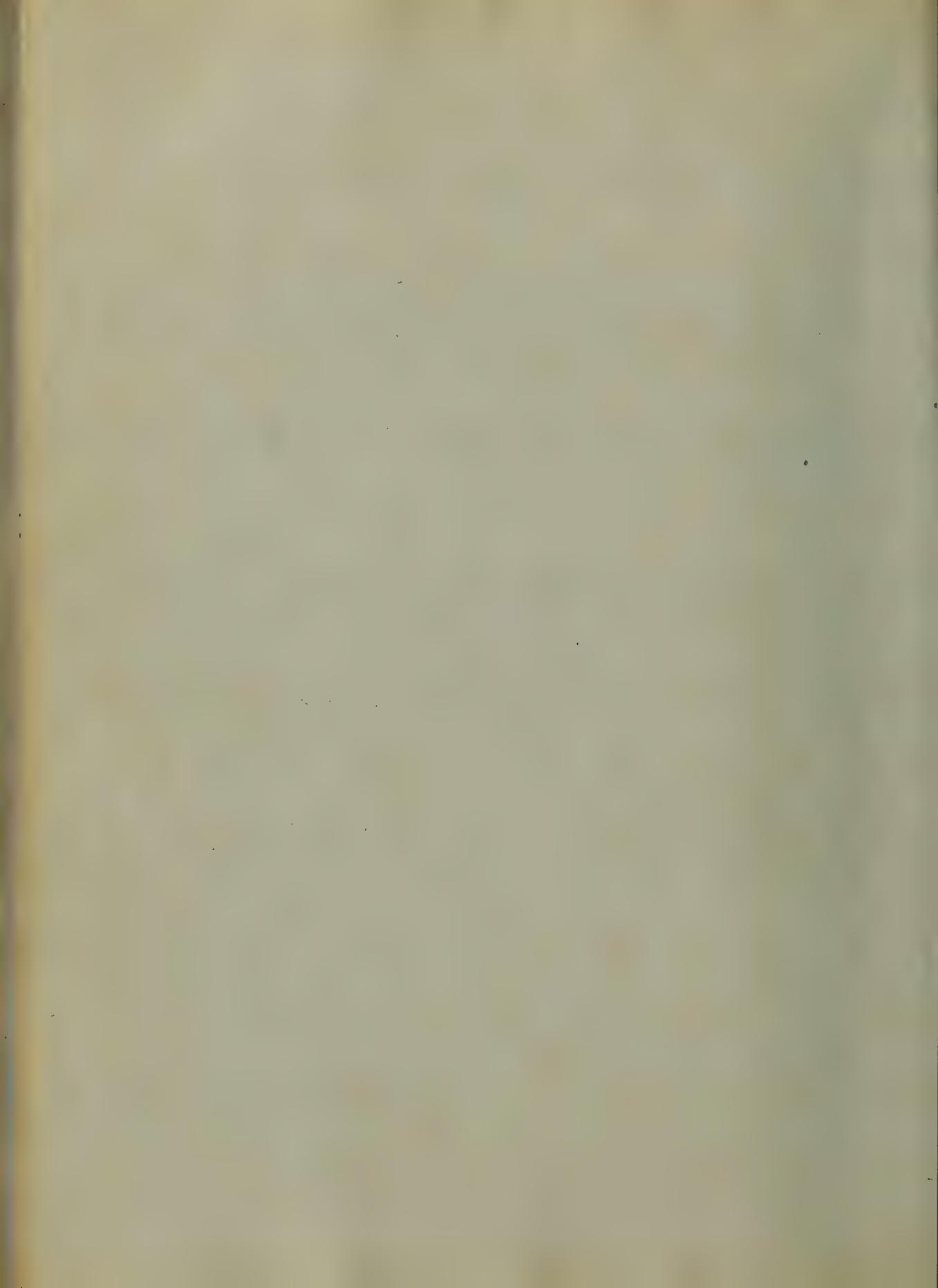
of opposing circumstances. The circumstances which originate these difficulties are many and various, of which it will be sufficient to mention one. This is the occurrence, rather recurrence of what is termed a sickly season, when the periodical return of the various diseases incident to the section of Country are expected. This in itself might easily be explained, were it always attended by circumstances in which could be detected, the predisposing or exciting causes. And in which circumstances there was an evident similarity. but it is now the fact of their developing themselves under peculiarities diametrically opposite. their nature and effects, that a true explanation is difficult to arrive at -



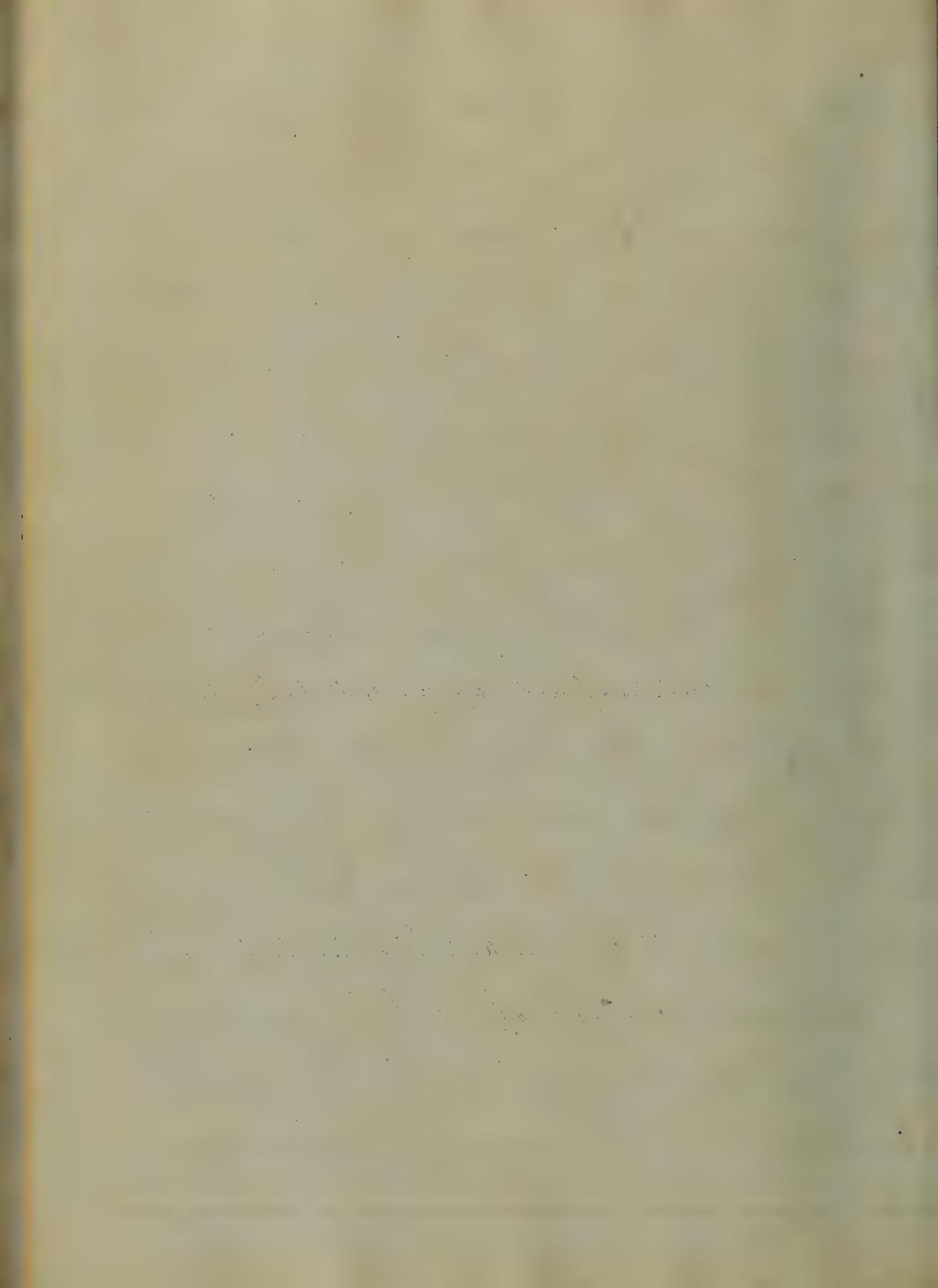
In some localities may be observed a population comparatively healthy, while within the space of a few miles, in sections of country similar in many, not all respects, subjected to the same variations of temperature, we find perhaps three fourths of the inhabitants suffering beneath some form or other of disease. Again the one may enjoy complete immunity from sicknesses of any kind in various forms, for a long period of time, without any apparent cause, and in an unaccountable manner, it will be subjected to invasions of disease, wide spread, and of a nature almost intractable, sufficient to baffle the skill, and render the efforts of the physician in many cases, ineffectual,



While the other after suffering years often
from the effects of malignant causes of
increased vulnerability, is suddenly released
from the scourge, and blessed with a
season of health. What caused the disease?
the health of the individuals, and what
causon can be given for the inviations in the
character and locality of disease. Does it
originate from Miasma generated under
some circumstances, and not under others.
Is it occasioned by a difference in the
habits of the people, the productions of
the soil, the nature of the water, or can
the true cause be discovered and the remedy
applied. These are questions which have
often been asked, and as often remained
unanswered. That the peculiarities which

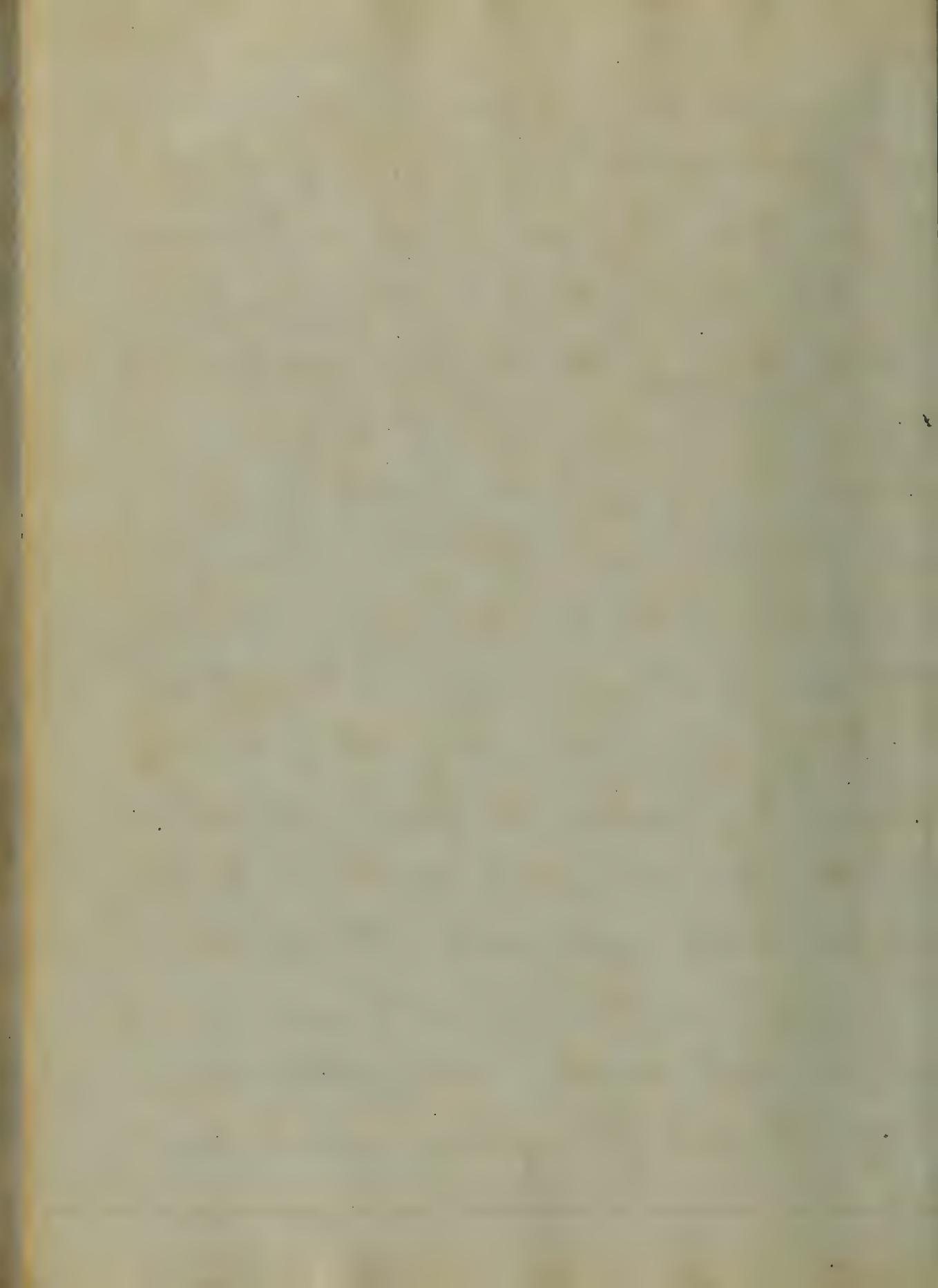


have been mentioned, are the effects of causes
one pretends to deny, but as yet those
causes have not been made sufficiently manifest,
till this before me I have selected as the
subject of a thesis, the Medical Topography
of a portion of the Country where diseases
with all their various fluctuations, are to be
found in the highest degree, believing as I
do, that an intimate acquaintance with
the Soil, its productions, and locality will
eventually lead the way to the solution
of many of the intricate questions which
remain unsettled, I would not have it
supposed that I have taken advantage of
the wide field which opens before me, a more
survey of which would require more time
and labor than is necessary to accomplish

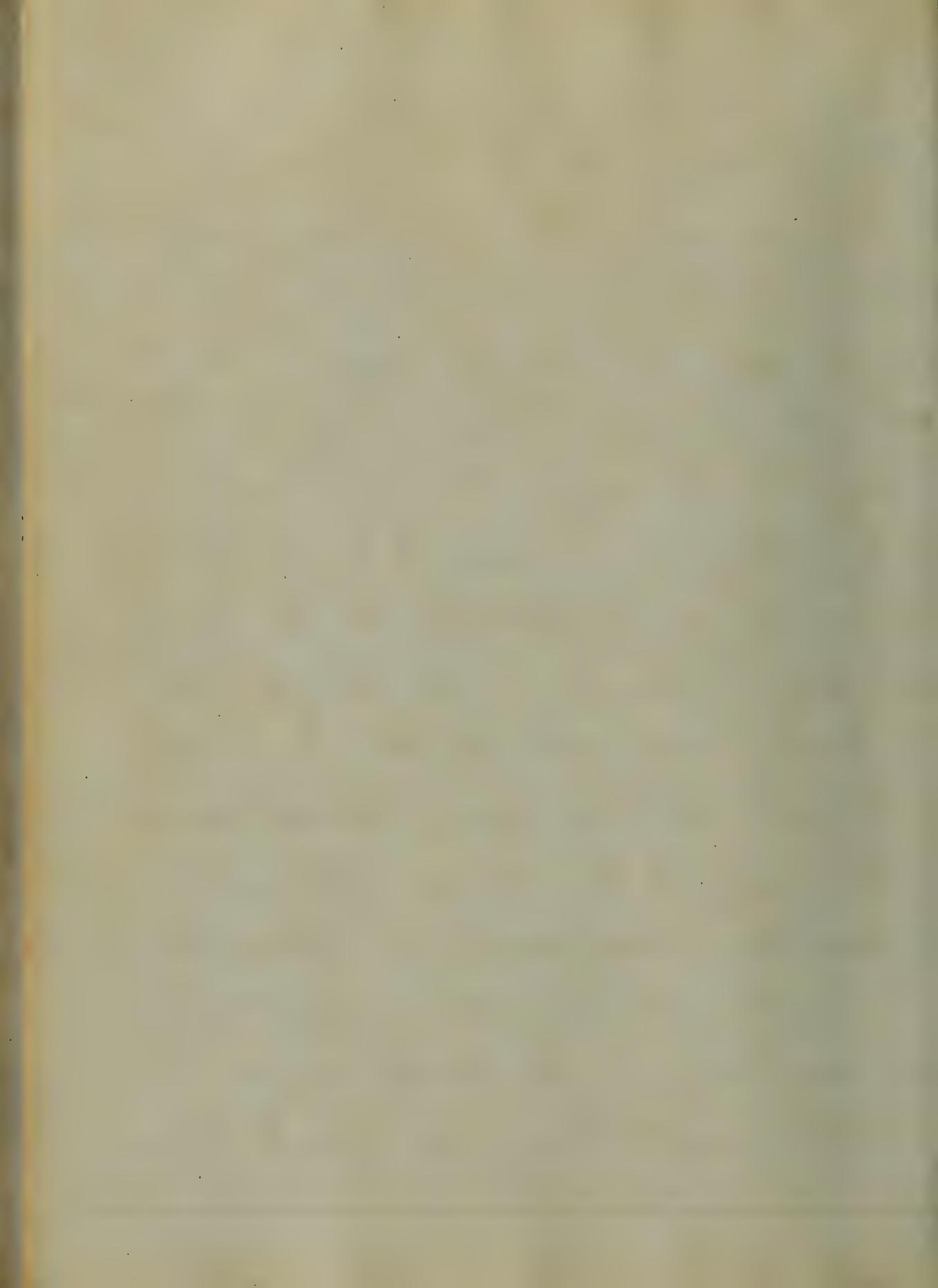


the object I have in view, or than I am disposed to devote to a subject of this kind at this time. Nor do I expect to advance my new ideas, Propose any new theories or solve any of the puzzling and mysterious questions connected with the subject.

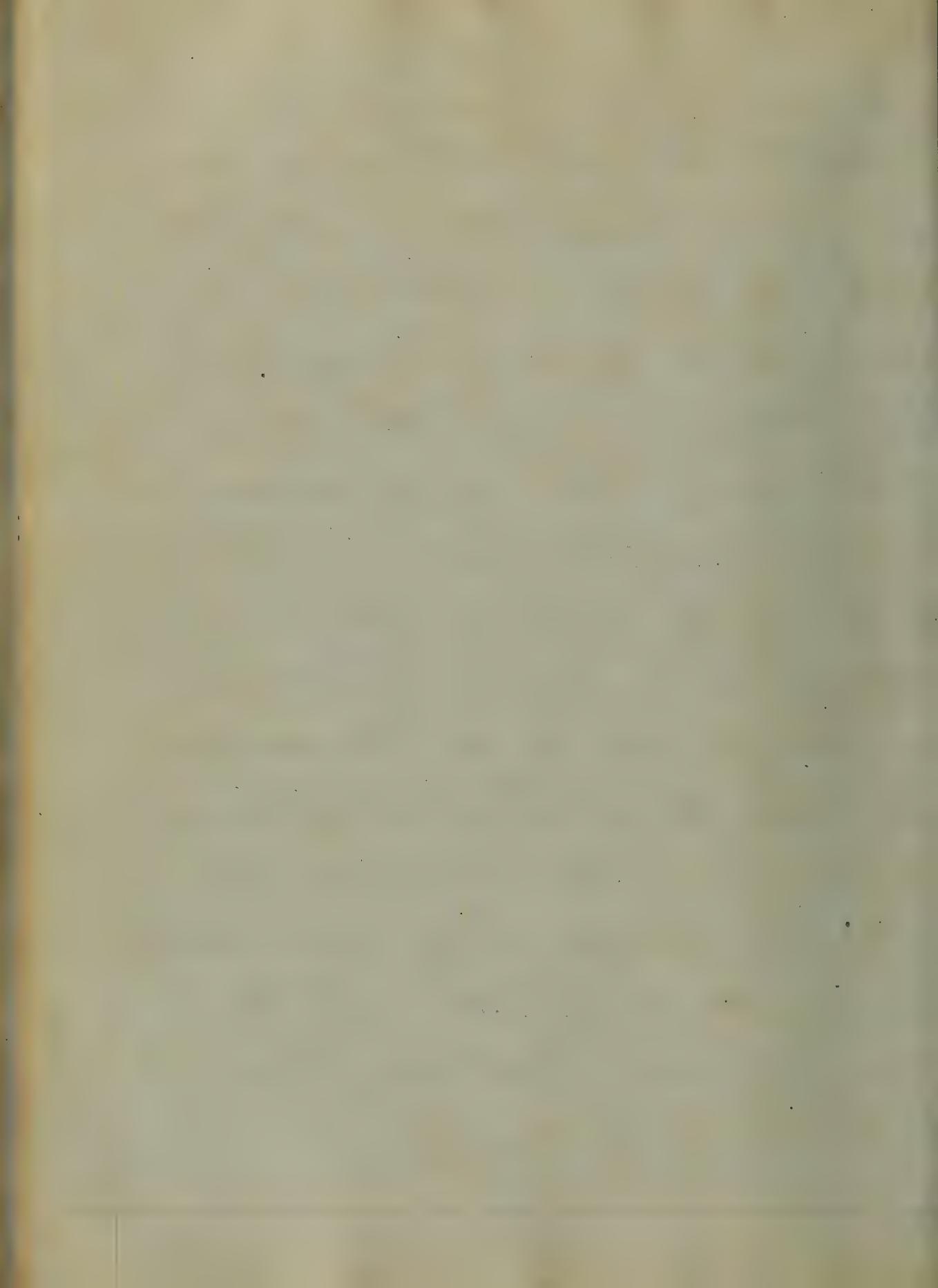
It will be my object to record the few facts drawn from observation, while a resident in that portion of the country, which I shall attempt to describe, and I trust I will be excused from doing any thing more by confessing my inability to perform that which has often been attempted, and as often been rewarded with unsuccess. Yet the theme is a noble one teeming with interest and prolific with matter calculated to engage the mind and few of any one who will



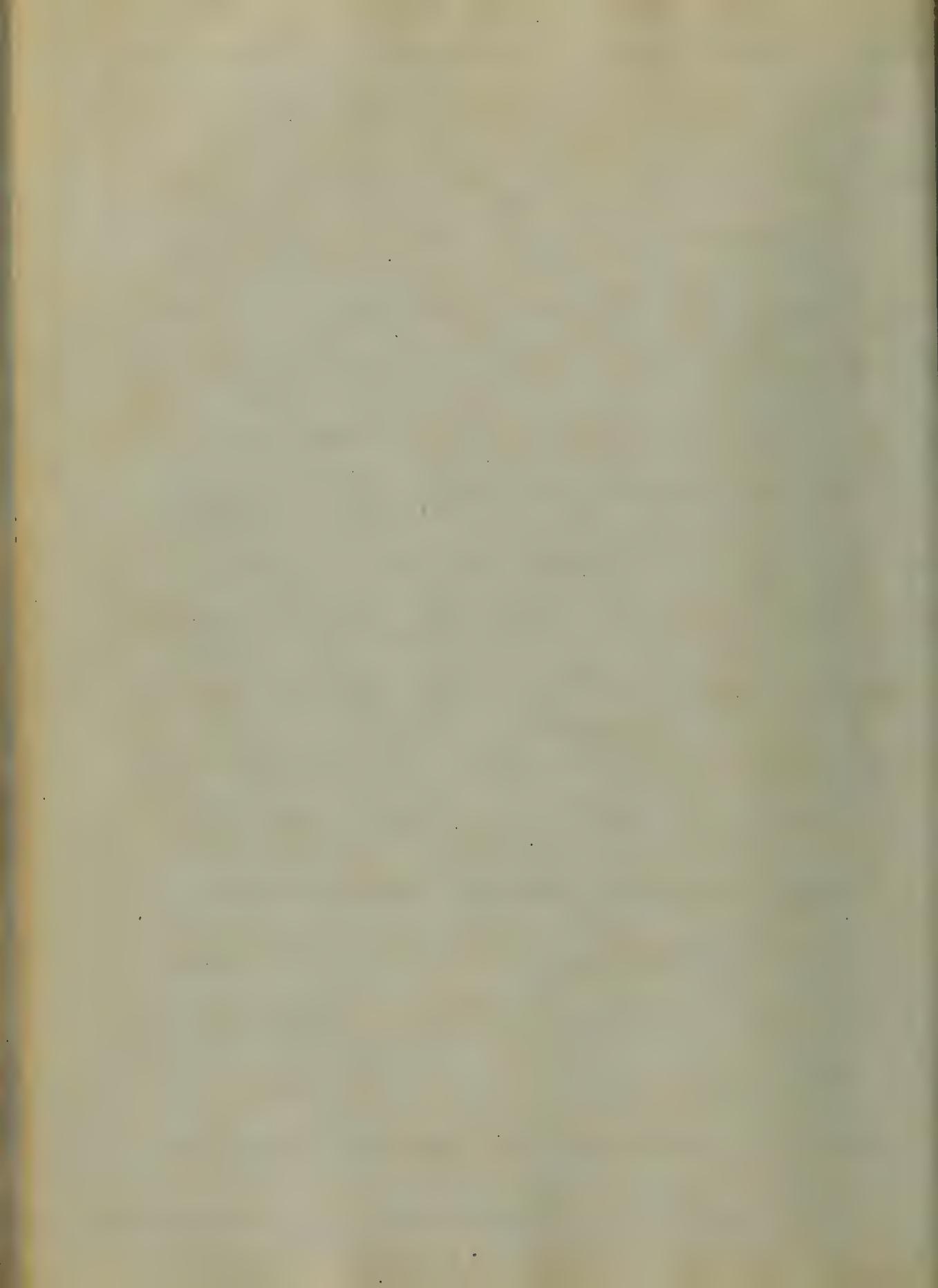
make it a subject of study. Much
yet unwritten in the history of medicine
is to be found in the Great Valley of the
West, a source from whence the future
historian will draw largely, material too
well will of both interest and profit. It
is a field for investigation in relation to
which it may now be said, to be a wilderness
of ignorance yet unexplored. In tracing
this subject throughout, we should take
no considerations not only those peculiarities
which give rise to so many terrific causes &
which exercise so marked an influence in
the generation and modification of diseases,
but also those circumstances which may
ranked among the predisposing causes.
And this would lead to a minute history



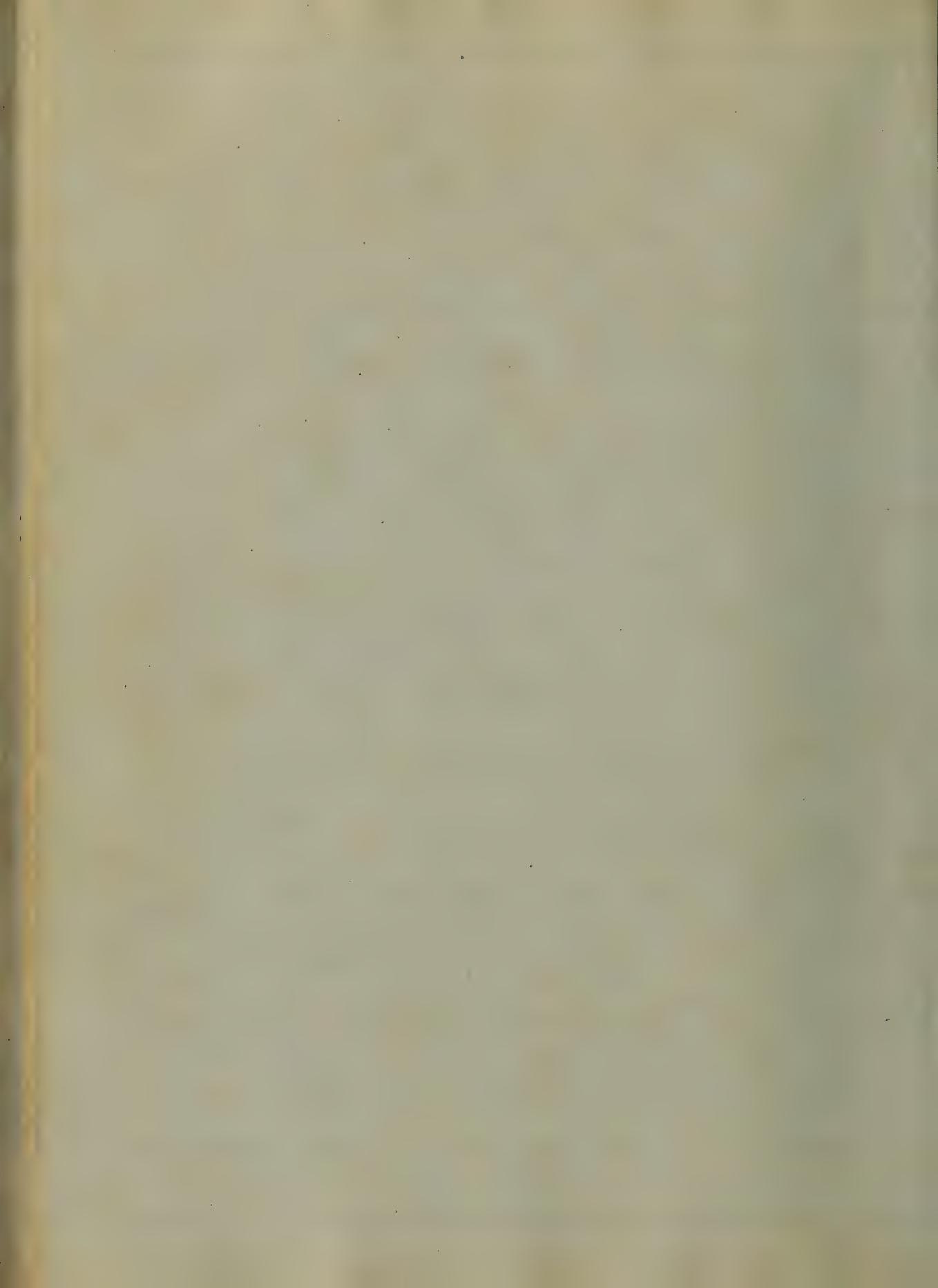
of the climate, Soil, Production, and
locality of the country. The manners, customs,
moral and intellectual attainments of the
people. An extensive subject, rather too
voluminous for present purposes, therefore
I shall confine myself to that portion
which relates to the Soil, its Situation and
Production, with perhaps a few words about
the mode of life, of many of the Western
Settlers. And even on these points I will
not attempt to be minute, but will touch
upon those things, which are of such a
character, as will enable us to draw
conclusions with certainty, and which
have an evident connection with the
pathology of many of the diseases peculiar
to that section of Country.



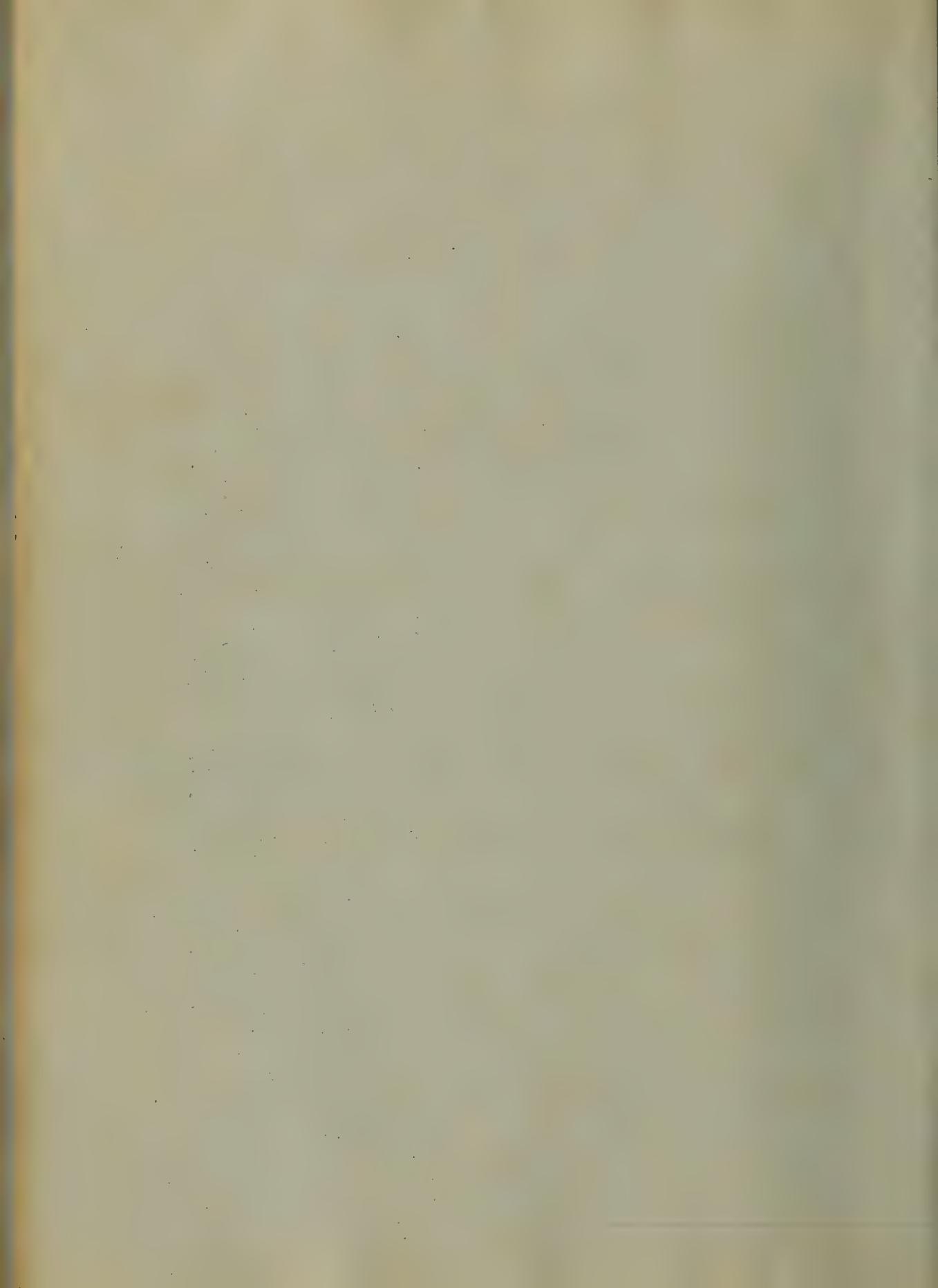
In passing through many parts of the West, particularly that part which is drained by the Wabash and its tributaries, and comprising the largest portion of the States of Indiana and Illinois, the uniformly feature presented by the lands, will not fail to arrest the attention of the most casual observer, and the conclusions deduced from a superficial observation would be likely to leave the beholder impressed with opinions, ^{far different} from those which would result from a closer inspection. Although in many respects similar, these lands possess very different characters, to detail which will be more facilitated by dividing them according to their various attributes. Beginning with the Table Lands which are



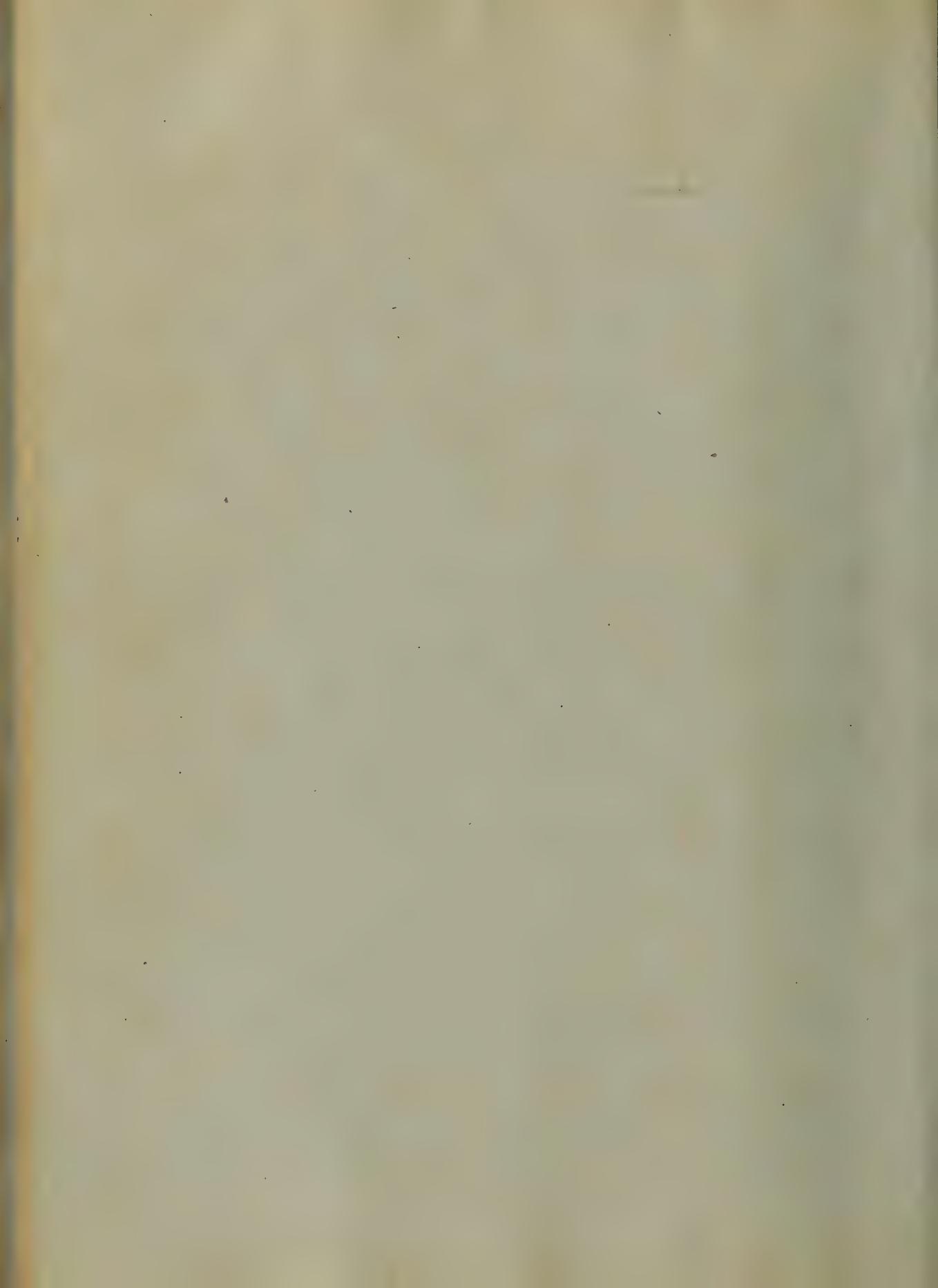
the most elevated, and descending to
the Prairie which occupy an intermediate
position between the Table and the Marshes or
Marshes, which latter are the lowest.
The first or Table Lands take their name from
being the highest in situation, and are
generally composed of large tracts, here
and there broken into ridges, or relieved
by many gentle undulations, yet as a
whole preserving a tolerably level appearance.
They present but few points connected with
the subject under consideration, as they are
noted for their healthiness, are admirably
situated for draining off the surplus
water, highly susceptible of cultivation and
are rarely visited by disease of an epidemic
character. The lands which are recognized



by the name of *Guineo* composed of four
the largest portion. And are much the most
valuable. Not only because of their exceeding
utility, but because they are generally
as healthy as the first portion we described,
and which undoubtedly possess advantages
that respect over all the rest. This is
generally governed by the locality of the
blasts, for where they are found in the
neighbourhood of, and *Tuengo* as they frequently
are, in a swamp. It must be confessed
that but little can be said in their favor.
The appearance presented by one of these
prairies at any season is very attractive
but particularly so during the months of
vegetation, its extent reaching for many
miles, the range of vision bounded on all



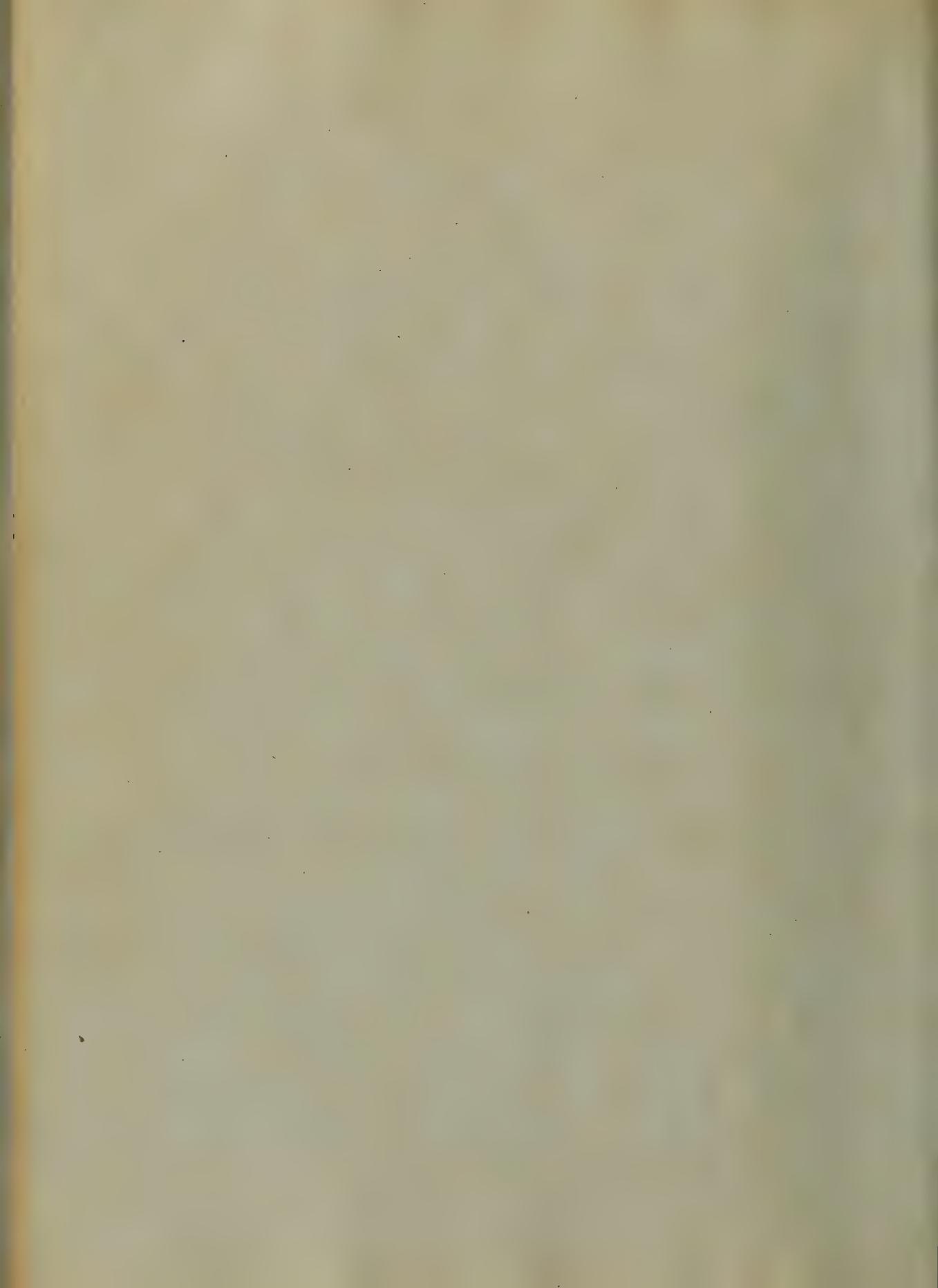
sides by the blue laws of the prairie,
but on either hand are spread out the beauties
of nature in profuse abundance. The long
rank prairie grass which every where covers
the surface. The verdant hues relieved by
flowers of every hue and odor. which are thickly
scattered among it. The smooth plain
not often by a single undulation. the view
interrupted by a single tree. Constituting
a scene at once grand and beautiful.
The senses are charmed by the variety of
the view. and the rich odor which lingers
in the breeze. so that it would be a difficult
task to convince the ignorant. that mingled
with the grateful perfume. is a poisoned
atmosphere sufficiently potent to generate
the most malignant diseases. Yet it is



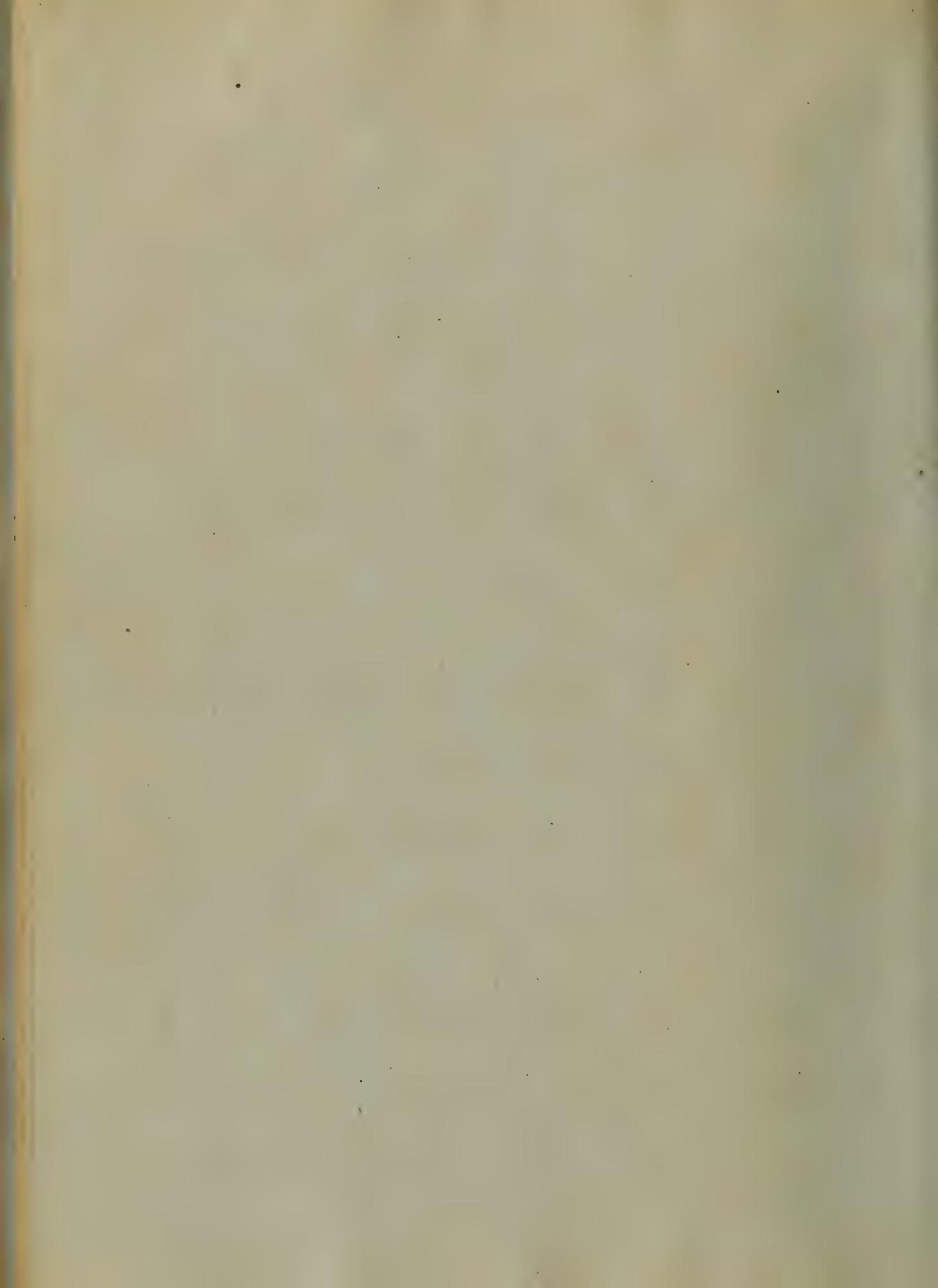
well know that in their uncultivated state, these prairies are the sources from whence proceed many miasms, owing to the vast amount of vegetation which is left to decay upon their surface. This being exposed to the changes of the weather alternately, subjected to the scorching rays of the sun, and saturated with moisture, but constituting a combination of causes from whence, it is conceded, a large amount of Malaria is exhaled. The soil which could not be otherwise than rich after being subjected to this fertilizing process for many years, is well calculated to arrest the attention of the Squatter. Here he erects his cabin, and in a few years, he removes by cultivation, the sources of the

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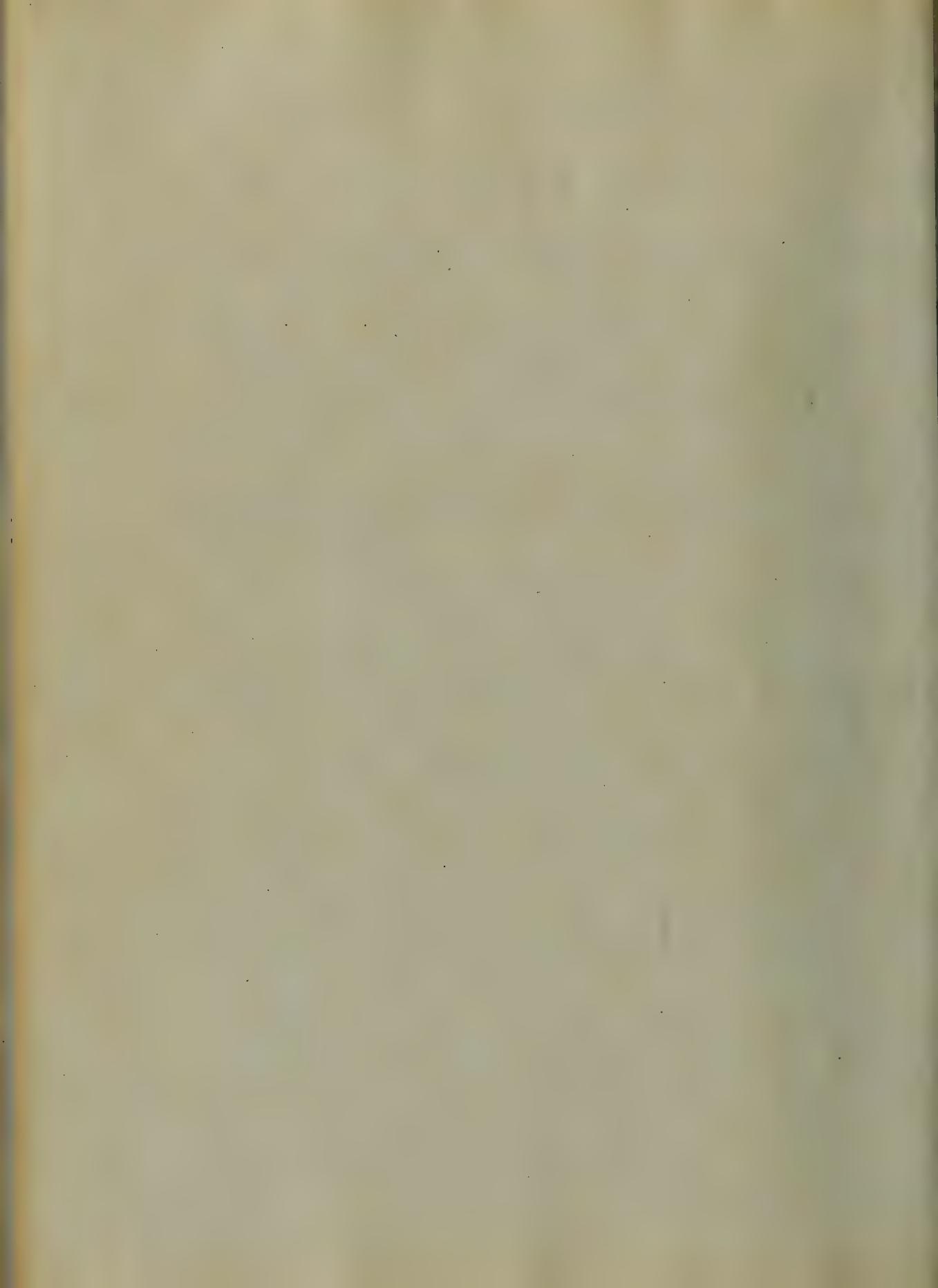
Inaction, and is in possession of a
valuable farm. While the shattered
institutions, and miserable health of
himself and offspring, tell too plainly
how dearly he has paid for it. Passing
from these, the attention is next directed to
the Swamps or Marsh lands, by far the
most interesting portion as connected with
our subject. It is here, that we find a
multitude of causes, which have originated
numerous theories and speculations, and
which abound in peculiarities, which in
an etiological point of view, are sufficient
to make of a subject well worthy of research
and study. We have no difficulty here
in tracing to their source, many of if not
all the morbid causes, which are necessary



the productions of the various Malarious
wds. And here we find prevailing Inter-
mittent Hematent and Congestive fevers of
every type and grade of severity. It requires
a little reasoning to bring Cause and
Effect in closer proximity, as the first is
so evident as the last, which is both seen
and felt. I will make a short digression
now to state one fact in relation to the
marked influence which the different local-
ties or features of the Lands possess in
defining the limits of disease, particularly
those of a Malarious Nature. Thus while
the Table Lands are separated from the
Raids and Swamps, by their elevation only
at the Cases of Anemical fever, are few and
are, comparatively, while at the distance

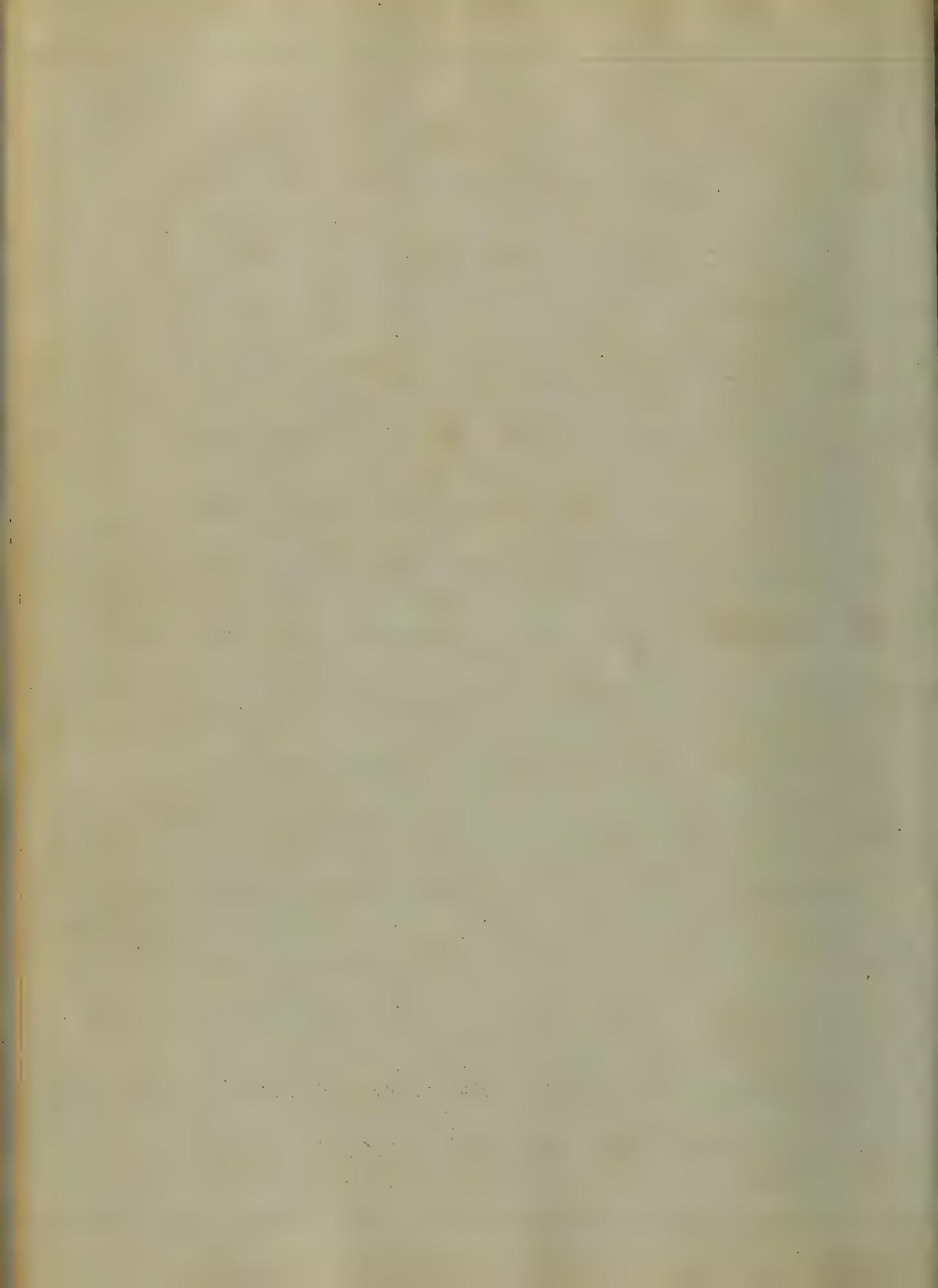


of a few miles it may prevail epidemically
the only observable difference in the two places
being the lower situation of one of them,
showing that the pestiferous influence is generated
in one place and not in the other, and that
it cannot be conveyed to any considerable
distance, at least where there is no opposing
barrier as a range of hills or strip of
timber. This exemption also frequently
extends to the prairie lands which are
under cultivation, unless, as they frequently
are, merged into a swamp without any
long intervening. So perfect is the
rule of demarcation, that on one side
the inhabitants live in perfect security
and enjoy almost complete immunity from
the encroachments of external disease.

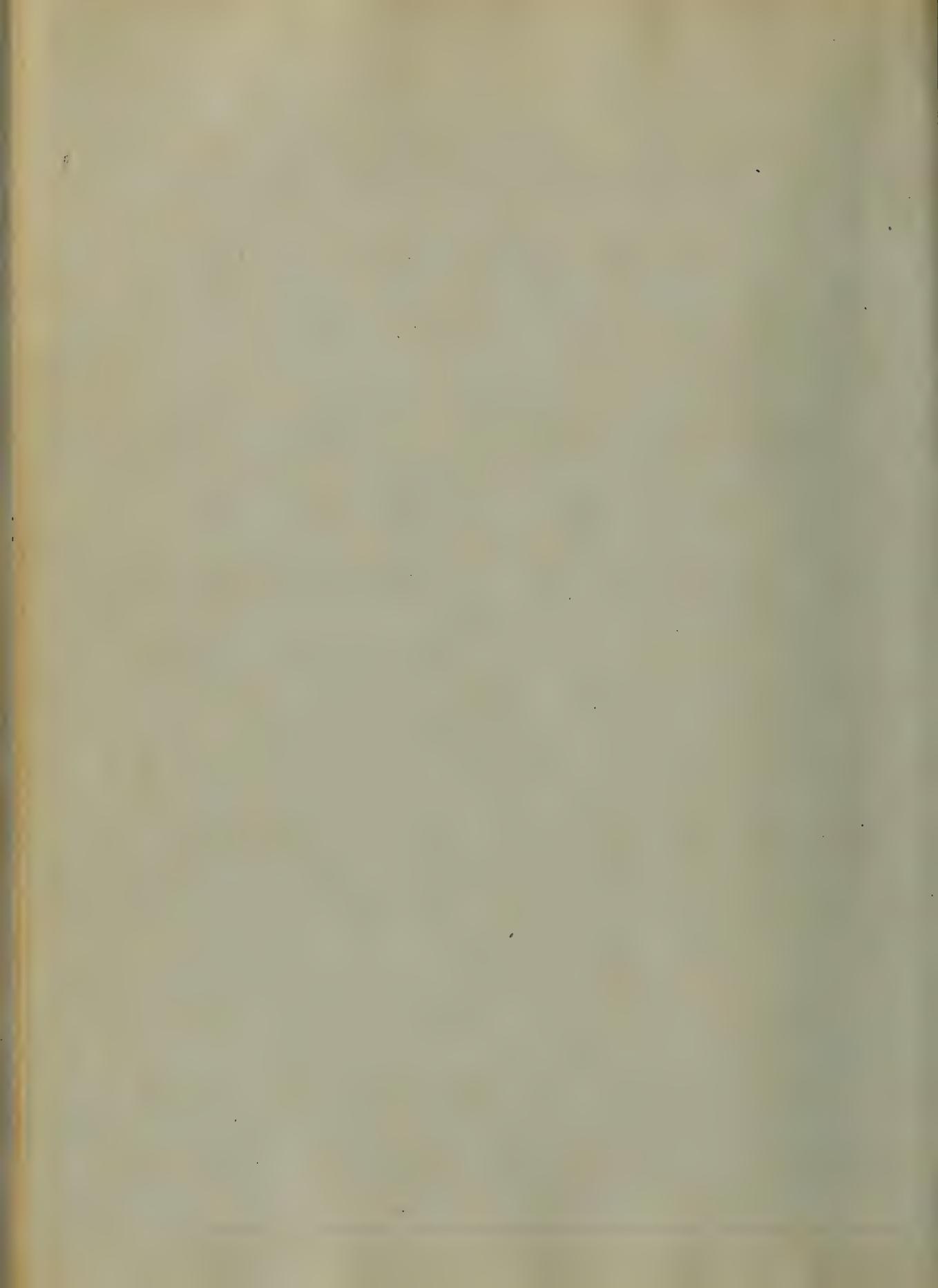


While on the other, they are generally looked
for and so fully expected, that an escape
from an attack in some form or other, is
generally looked upon, as a sure precursor
of some more formidable affection.

Returning again to the swamps we may
state, that, as their character would lead
us to infer, they comprise the lowest lands
in the states, generally found within the
delta of some river, somewhat lower than
the waters at high tide, which subjects
them to inundation at each flood. The
soil consists of rich black loam, admirably
calculated to support the heavy growth
of vegetation, which every where covers
the surface. Beneath this, and intimately
mingled with the earth, may be found



immense quantities of decayed and
decaying vegetable matter, the stimation
of former growth, or the deposit left
by the high waters. Composed of such
materials it is admirably calculated to
have drainage. And rarely, or never becomes
thoroughly dry. Even at the close of a
long continued season of dry weather, when
the upper portion may have become baked
the depth of two or three inches, the least
pressure will cause the water beneath to
go out on the surface. It might be
supposed that, from their near proximity to
rivers, they would possess superior
facilities for drainage, and that the
waters would find a passage through the
loft soil. Yet this is not the case, as



such a result. I conjectured by the
opposing circumstances, First, the perfectly
level face of the land, wherein all nature
tend to remain quietant, and Secondly, the
soil is so thickly interwoven, with half
deayed, and the roots of growing, veg-
etation, as to render it extremely difficult
to cut a passage through it. So impervious
is it, that in some places, it is not infrequent
to find after the subsidence of the floods, long
ponds, or lakes, miles in extent covering
the surface of these swamps, and not
succeeding in depth, more than two feet, at
any point. Here then in these marshes
we have collected in abundance, all the
materials necessary to the production of
Malaria, the influence of which, is

the first time in the history of the
country, the people of the United States
have been compelled to go to war with
a foreign power, and the result of the
conflict has been decided in our favor.
The victory was gained by the
United States, and the country
is now in a position to assert its
rights and interests in the world.
The victory was gained by the
United States, and the country
is now in a position to assert its
rights and interests in the world.

strongly marked by the disease & what
prevail in and about these places. I say
it for strange as it may appear there
are persons to be found living on spots
of ground entirely hemmed in by marshy
parts. who are exposed to all their blighting
influences. who thus willingly risk life
and sacrifice health for the sake of living
on land which is not taxed with rent.
And among them we find those who are
subjected to the worst forms of Autumnal
fever. Should they be so fortunate as to escape
its first invasion. they live on experiencing
an attack year after year until the
harrowed features. clay colored hue of
the skin. diminutive extremities. and
voracious Stomach denote too surely

1. *Phragmites* - *Common Cattail*

2. *Scirpus* - *Common Bulrush*

3. *Schoenoplectus* - *Common Bulrush*

4. *Cyperus* - *Common Bulrush*

5. *Equisetum* - *Common Horsetail*

6. *Lemna* - *Common Duckweed*

7. *Utricularia* - *Common Bladderwort*

8. *Hydrocharis* - *Common Water Star*

9. *Myriophyllum* - *Common Water Milfoil*

10. *Elodea* - *Common Water Lettuce*

11. *Hydrostachys* - *Common Water Starwort*

12. *Myriophyllum* - *Common Water Milfoil*

13. *Elodea* - *Common Water Lettuce*

14. *Hydrostachys* - *Common Water Starwort*

15. *Myriophyllum* - *Common Water Milfoil*

16. *Elodea* - *Common Water Lettuce*

17. *Hydrostachys* - *Common Water Starwort*

18. *Myriophyllum* - *Common Water Milfoil*

19. *Elodea* - *Common Water Lettuce*

20. *Hydrostachys* - *Common Water Starwort*

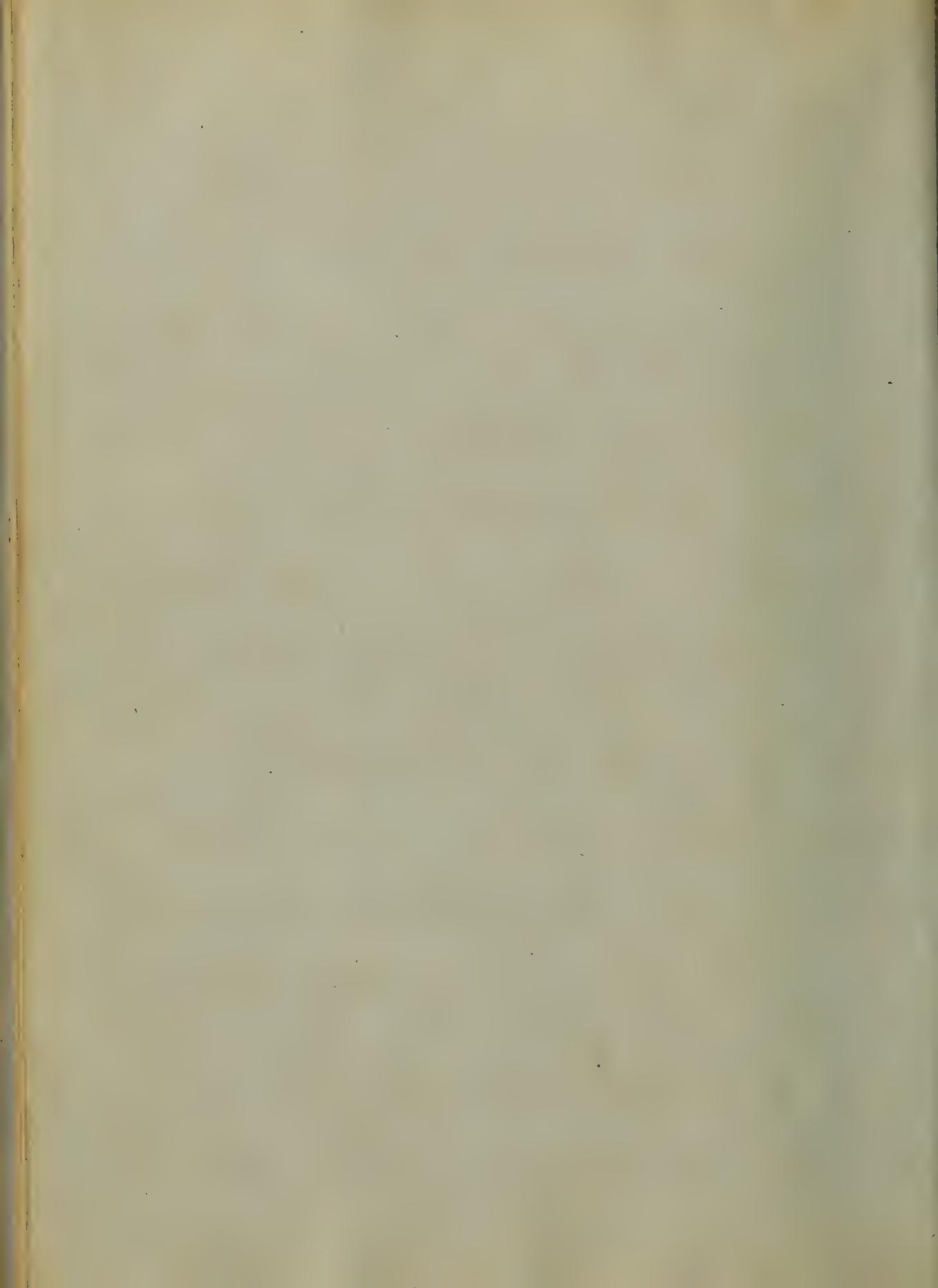
21. *Myriophyllum* - *Common Water Milfoil*

22. *Elodea* - *Common Water Lettuce*

23. *Hydrostachys* - *Common Water Starwort*

the effects of the insects on the Constitution.
to quote the language of another
who has better portrayed it."

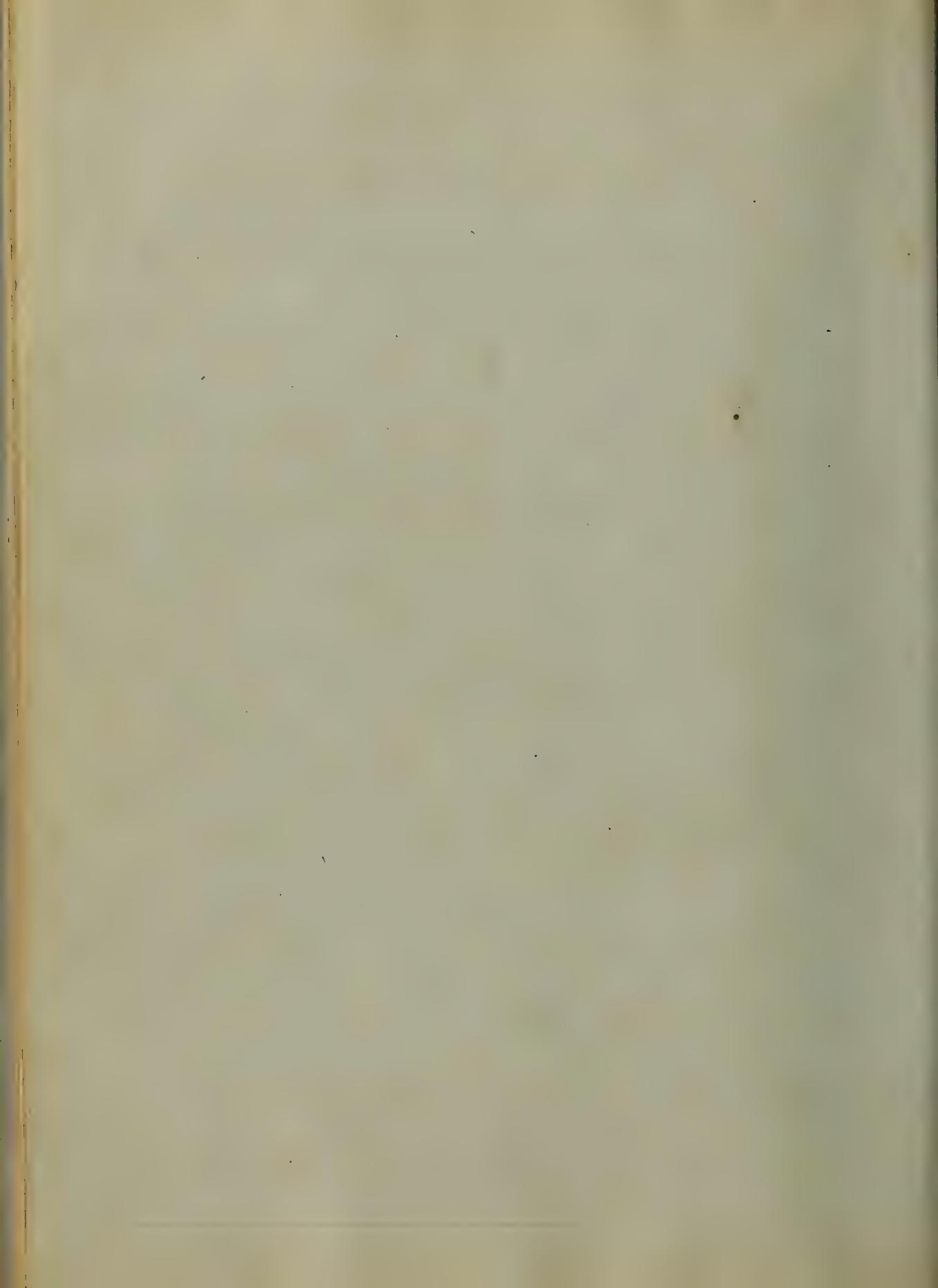
Beneath repeated shocks, the constitution
The vigor sinks, the habit grows away
The cheerful sun and animated bloom
Dies from the face, till Agnali atrophies
Devoured, in sallow melancholy gloom"
Not only are Remittent, Intermittent and
Ingestive fevers prevalent, and constitute the
majority of the Maladies, with which the
Inhabitant has to contend, but all other
complaints, which "human flesh is heir to" when
found in this region are generally complicated
with one or other of the above named affec-
tions, or so modified and changed, by the
influence of the Malaria, as to render them



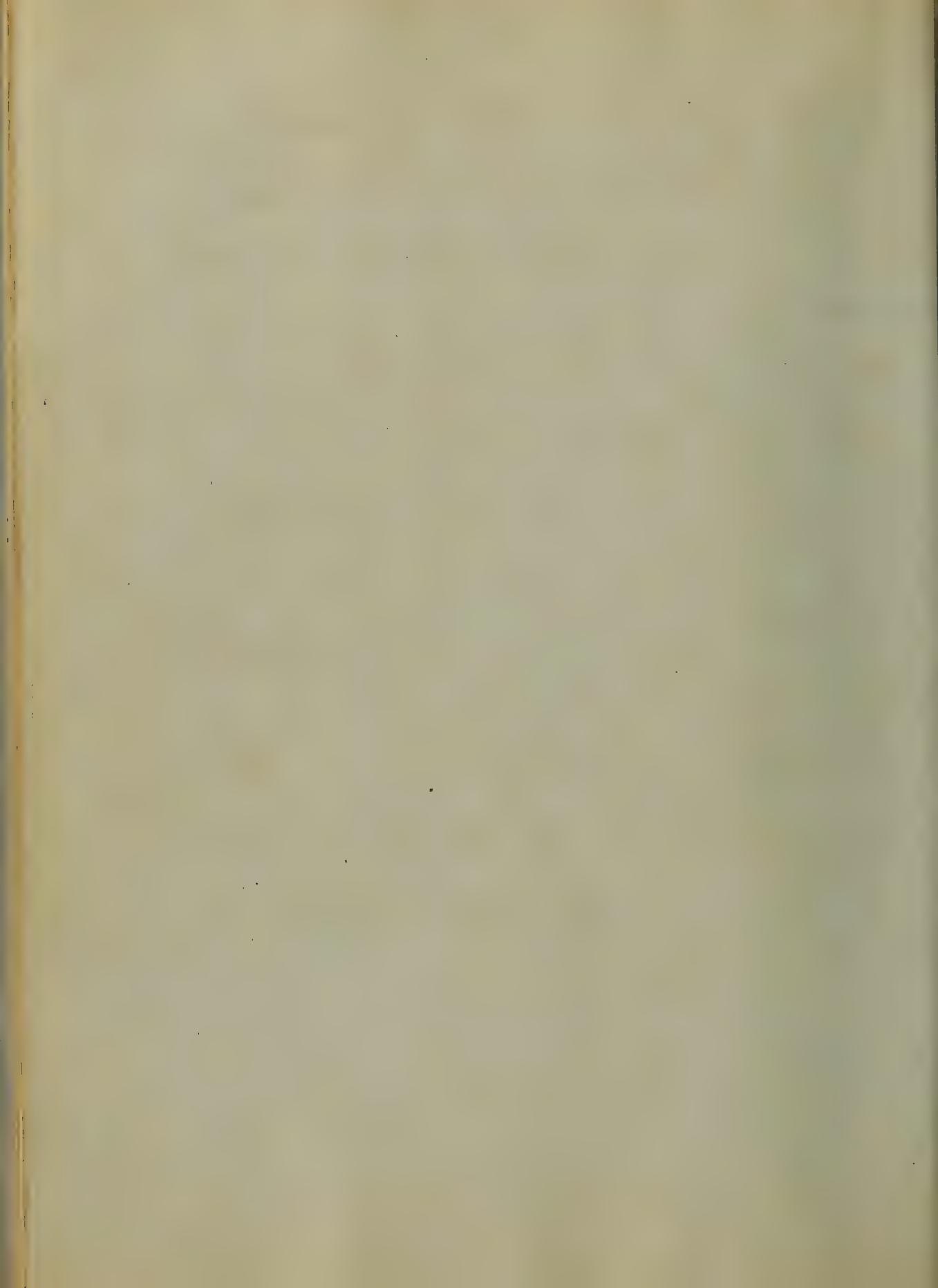
doubly severe, and almost intractable. So
universal are its constitutional effects, that it
holds a controlling influence in the treatment
of all diseases. It seems as if

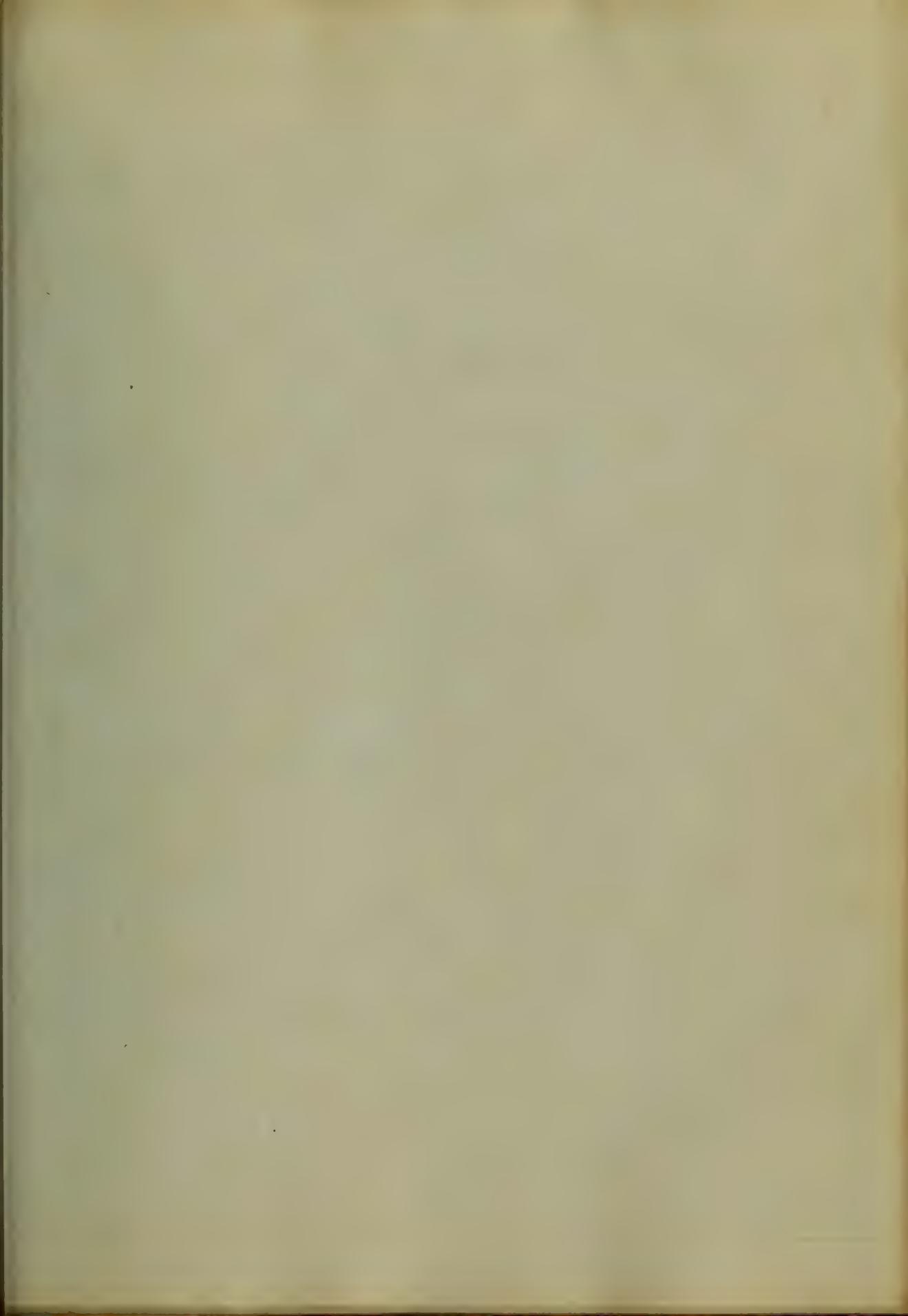
"Water Earth and Air"

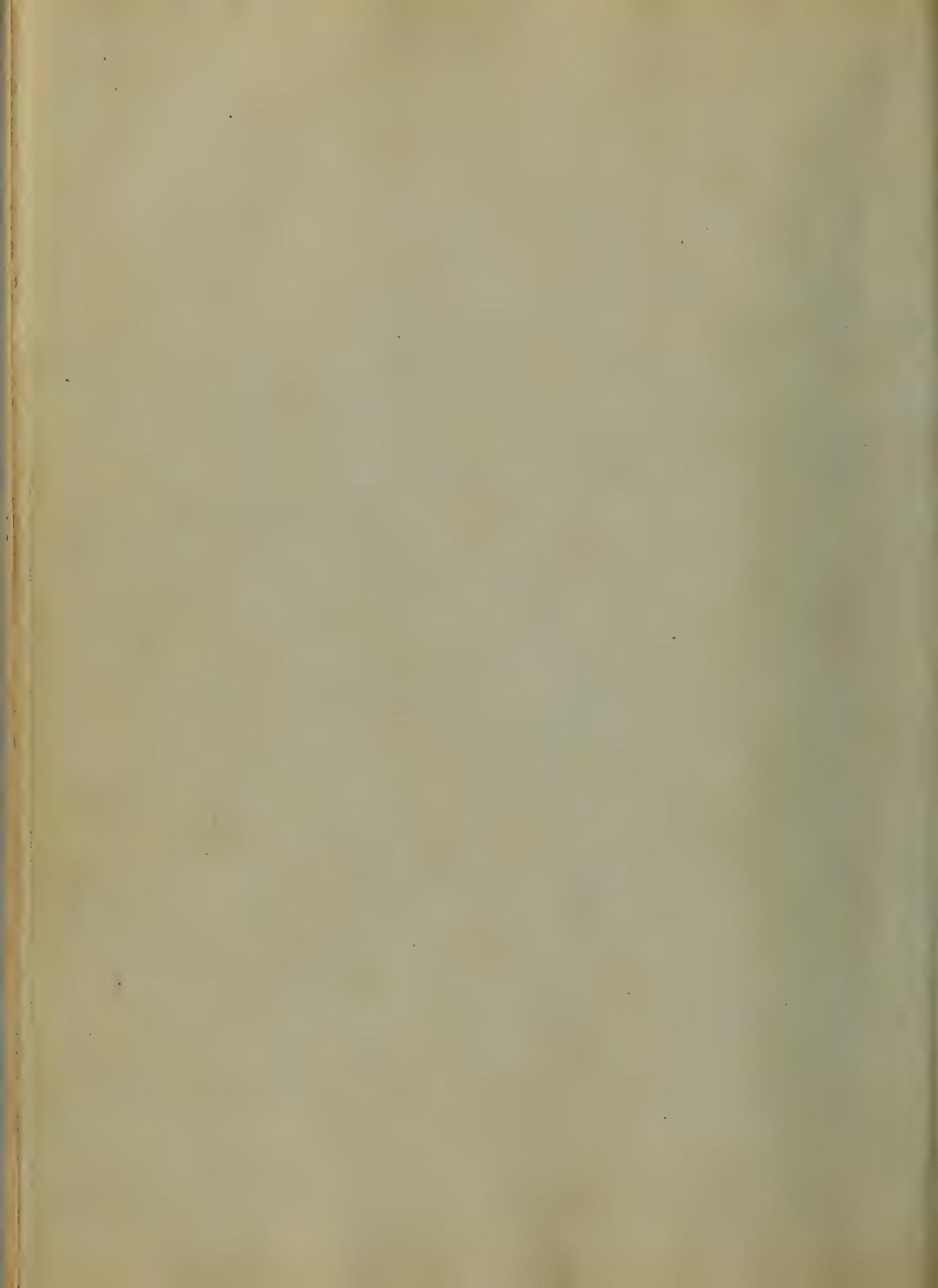
"By Secret venoms are corrupted,"
that he who implicitly follows the rules
it down in books, for the treatment of
particular disease, and fails to take
to account, the circumstances by which
is surrounded, will so often find himself
that his efforts fruitless, and his remedies
so powerless in his hands, or exercising a
vicious influence where under other circumstances,
they would effect a cure. Such is
brief outline of some of the characteristics
many portions of the Western Country, and



such the influences which their peculiarities
exert in the generation and modification of
disease. The subject has already been ably
handled, in a general point of view by
a writer in the West. And there is yet
sufficiency of material, yet unnoticed
unfolding the spirit of many of the future
histories of Western Diseases. And it is
natural to conclude, that when the
subject is fully understood, it will exercise
a small amount of influence in effecting
revolutions in the practice of Medicine.
in relation to the diseases, incident to
low portions of the Country.

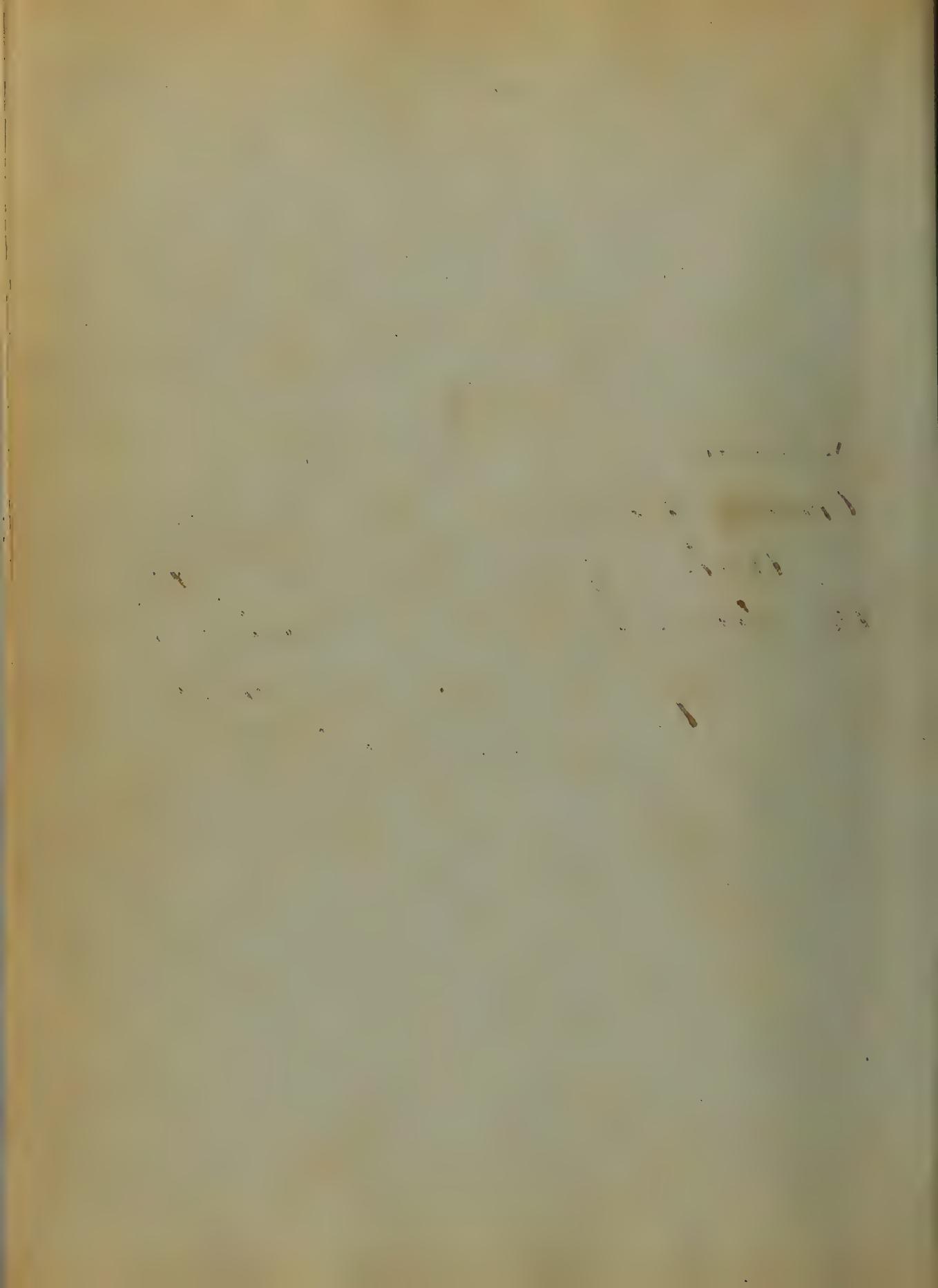






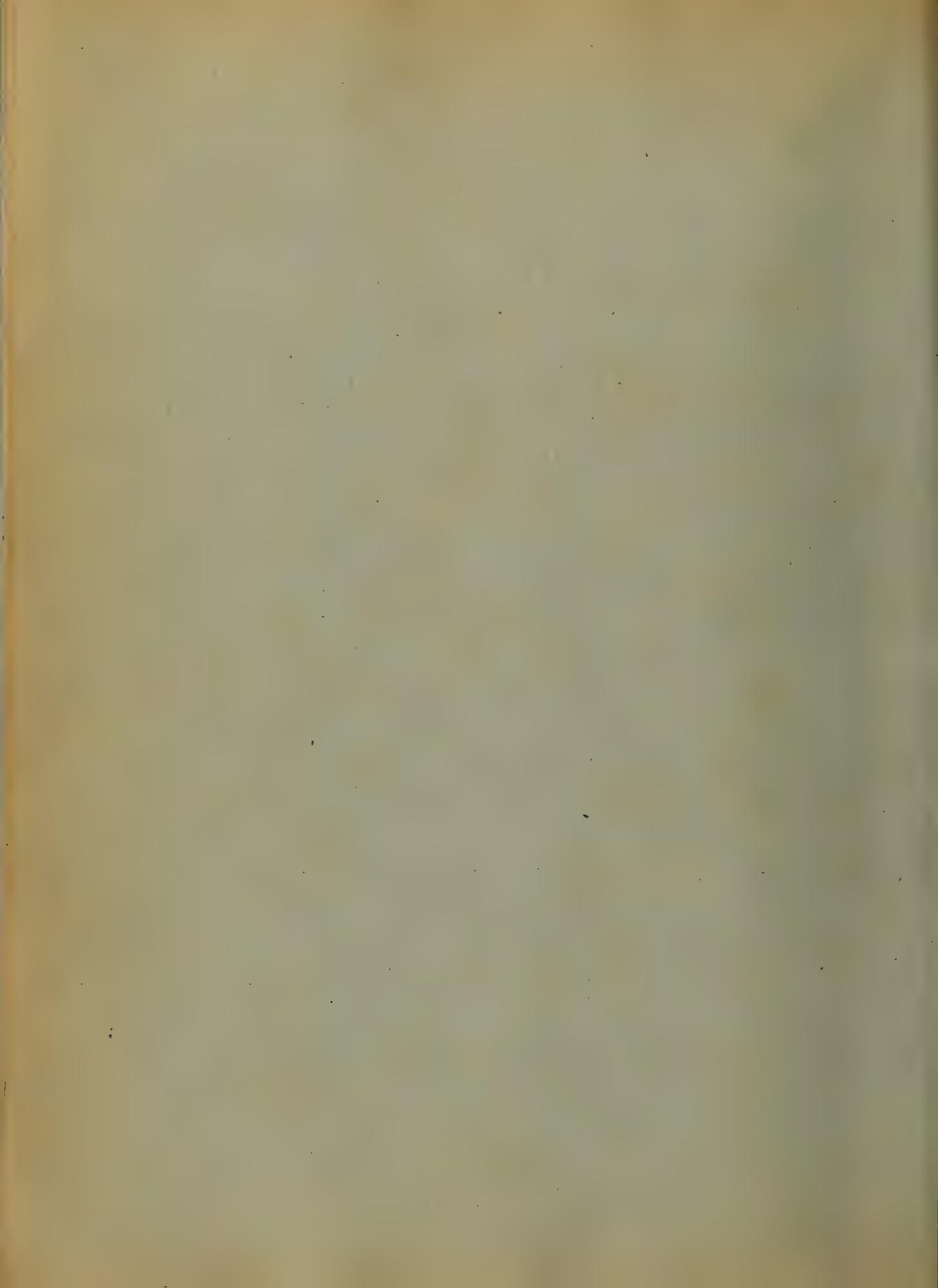
A Thesis on
Surgery

Submitted to the examination of the
Provost, Regents and Faculty of the
University of Maryland - for
the degree of Doctor of Medicine,
by - - - Edward A. Arnold
(of Connecticut)



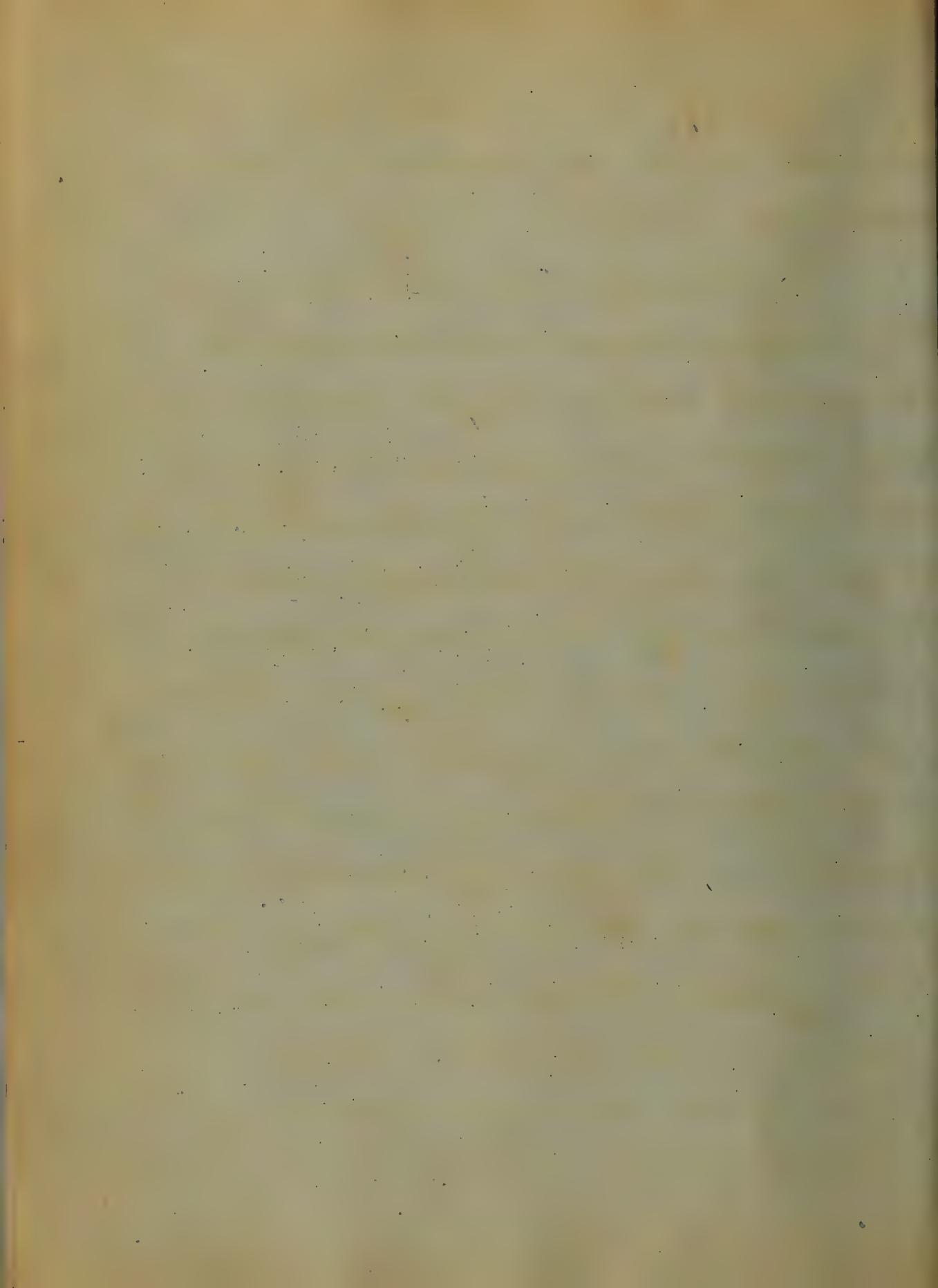
I have felt much hesitation in presenting the following pages on this occasion, and should have abandoned the idea, altogether if I could possibly have found time to prepare a thesis on any other subject. I must state, in justice to myself, that this essay was never intended for a manual of Surgery or as an exhibition of knowledge in this particular department. It might with propriety be entitled — "A selection from notes taken during a course of reading on Surgery." While I am well aware how meagre and insufficient it is, I believe that it contains some of the most important features of this branch and hope that the views taken of them will be found correct.

E.A.A.



Surgery . . . is that branch which has for its object the treatment of disease by mechanical means.

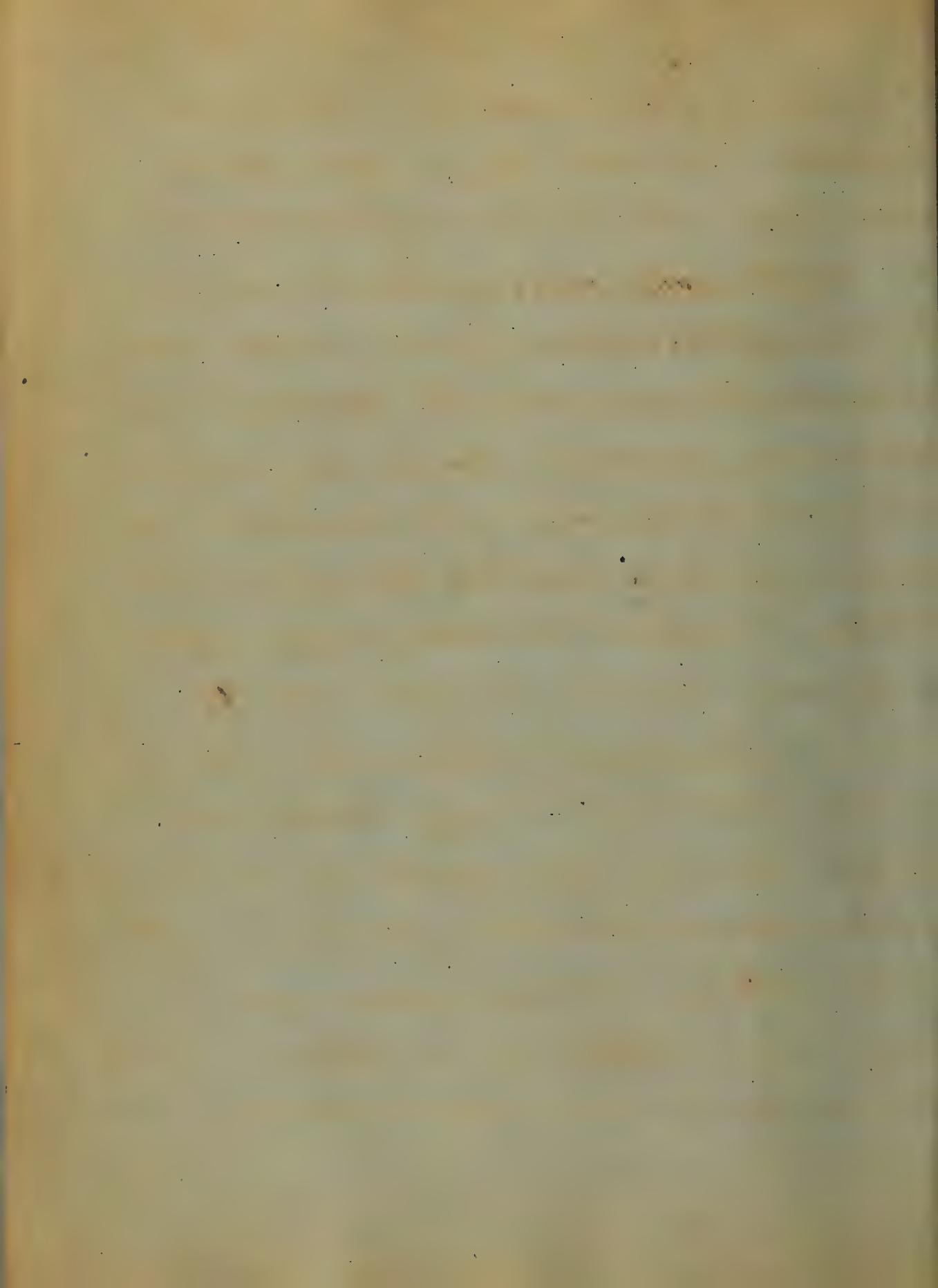
This is true only in the strictest sense, for Modern Surgery occupies a much wider field. The definition is given simply in contradistinction to the practice of Medicine, which denotes the treatment of disease by the administration of drugs and other substances supposed to have a sanative tendency. Surgery and the practice of medicine are now one and inseparable. Their principles are the same throughout and the exercise of their branches requires the same fundamental knowledge. — The surgeon must necessarily be a thorough anatomist. He must be well acquainted with pathology especially that of Inflammation, and its treatment, since it not only follows with extreme frequency those injuries which require surgical treatment, but is itself the source of many diseases which fall directly under this department.



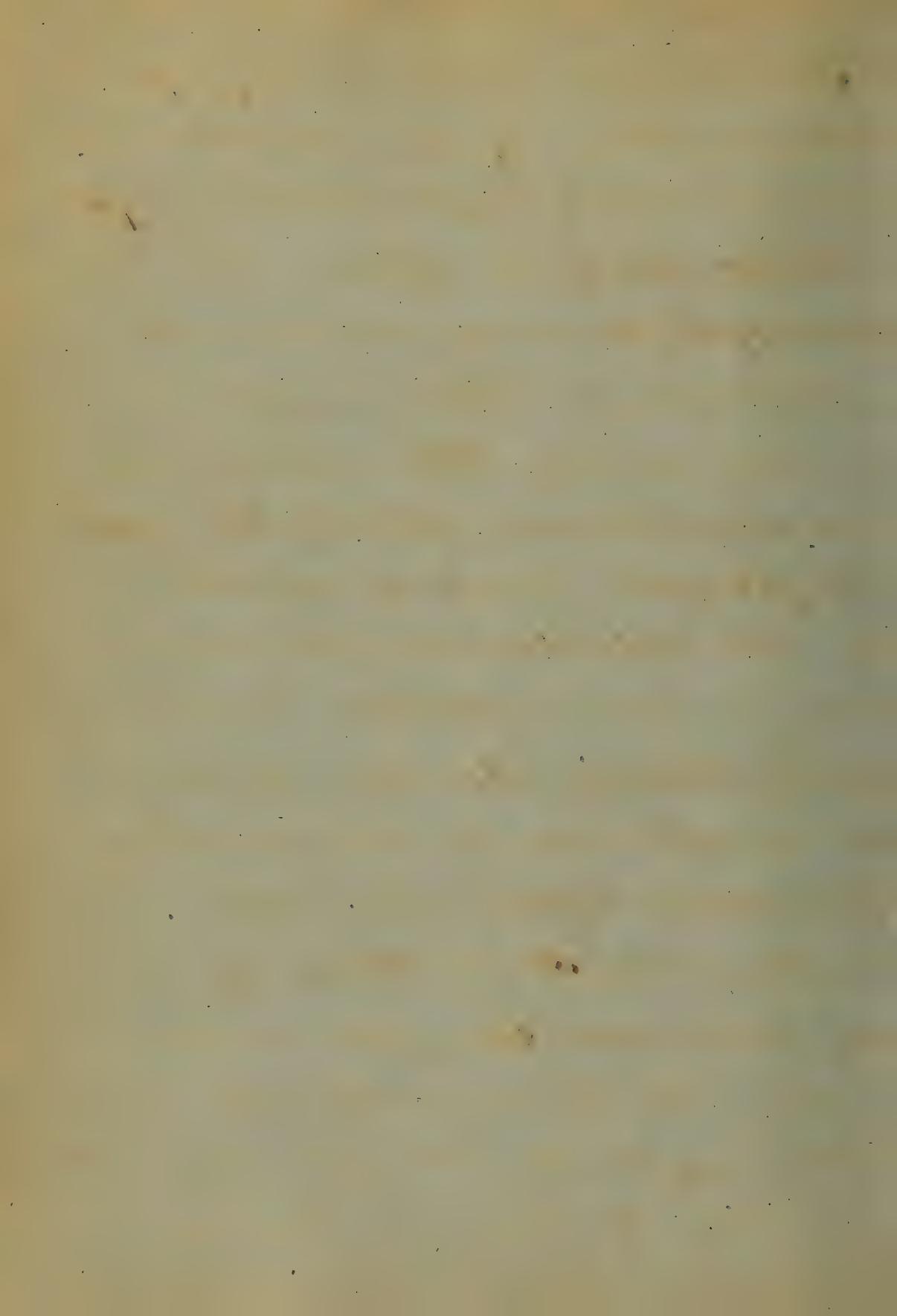
Any morbid excitement of the vital actions not amounting to inflammation is denominated irritation. This state may and often does exist without inflammation. The converse of this is not true.

Inflammation consists in increased vascular action and is characterized by pain, redness, increased temperature and swelling. The results are resolution, exudation, suppuration, ulceration and mortification. The first is the most favorable termination. But it does not always stop thus, often going on till it ends in mortification or death of the part affected.

The general treatment of inflammation (commonly termed antiphlogistic) consists in blood letting, low diet, cold and warm applications, counter-irritation and the administration of purgatives, emetics, antimonials, salines, mercurials, narcotics and sedatives. In the use of these means and their proper variation to meet particular indications, there is need of great judgment and skill.

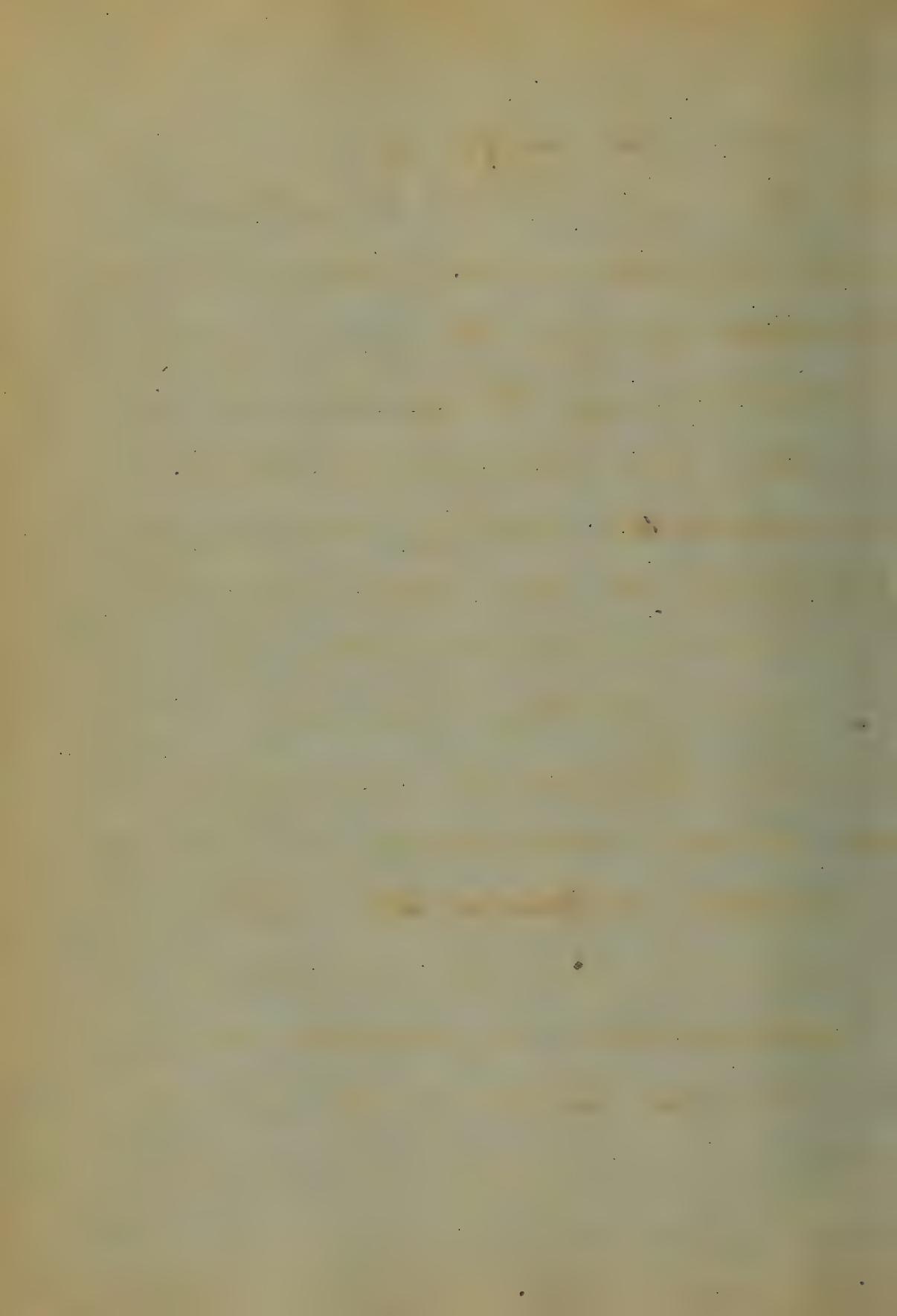


Inflammation of the bones and their
coverings or Osteitis and periosteitis . . . may be produced
by external violence, by exposure to unwholesome atmos-
pheric influences, by improper use of mercury or
by a vitiated state of the system. The char-
acteristics of the two diseases are much alike
viz: deep seated pain, intolerance of pressure,
little if any swelling. After awhile the skin
becomes red, tense and glistening. The symptoms
(especially the pain) undergo exacerbation at
night. The treatment consists in the application
of leeches in large numbers (often accompanied
with general bleeding), starvation, the admini-
stration of Antimonials and saline purgatives.
The part should be kept raised and in a
rigid state of rest. Hot fomentations may be fre-
quently applied, and Opium given at night to
alleviate pain. After the acute action has subsided,
dissolution may be promoted by counter irritants
and the Iodide of Potassium. If matter is
formed, the part must be opened by force in-



cision. Amputation may become necessary.

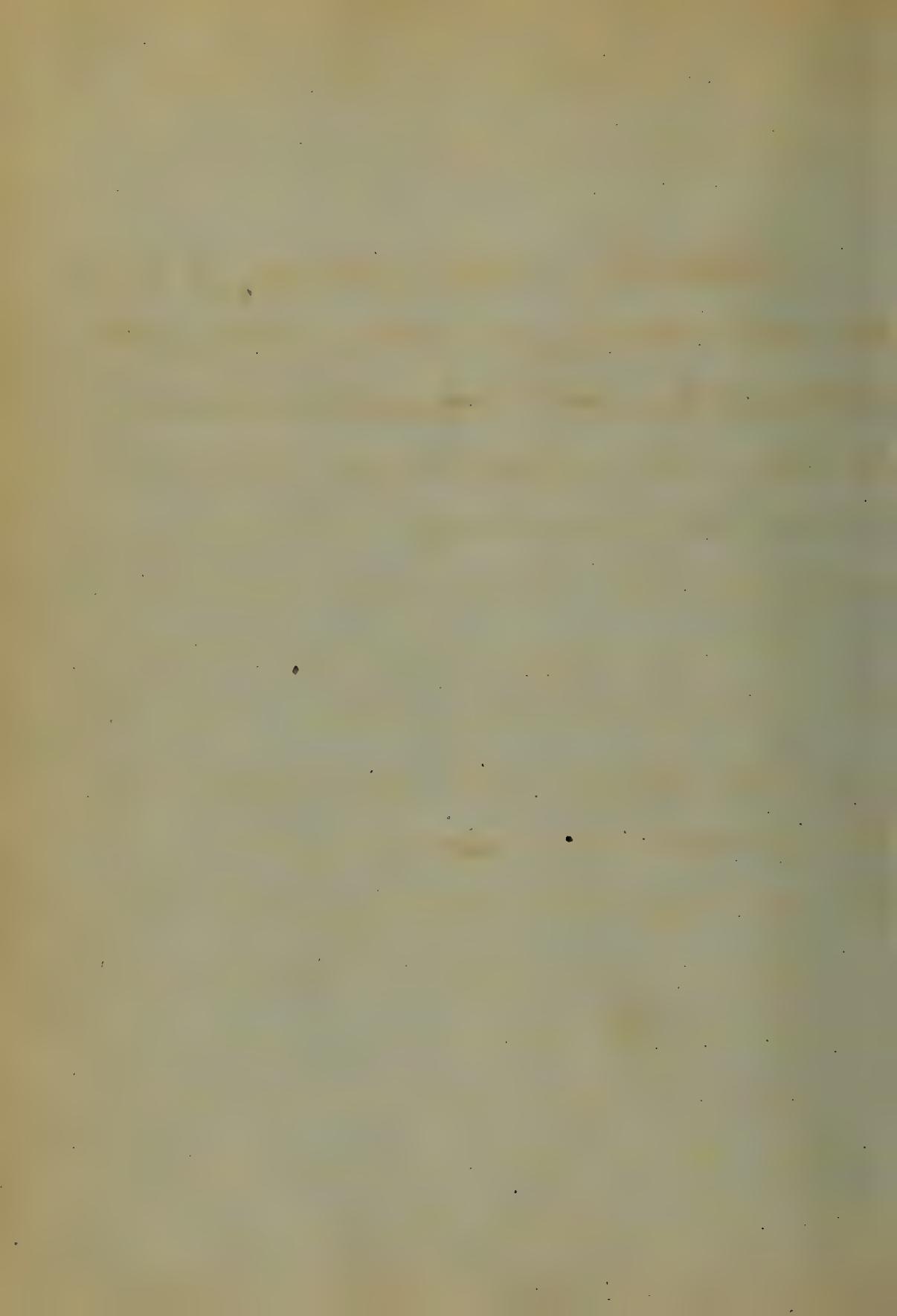
Inflammation of the synovial membrane or Synovitis may be brought on by blows, mechanical injuries, wounds or cold; or it may be the result of rheumatism, gout, syphilis or the abuse of mercury. The symptoms are, severe pain in the joint, intolerance of motion, a peculiar distinctive swelling, redness and tenderness of the skin and often violent fever. The limb should be kept at rest. Local and sometimes general treatment, low diet, i.e., evaporating lotions, purgatives in moderation, tartaric, in some cases Calomel and opiates at night constitute the ~~treatment~~. Blisters are improper in the acute stage. In the chronic form of this disease, any constitutional disorder must be remedied, inflammation must be reduced, and finally absorption of the hardening and effusion must be produced. The Constitutional symptoms may be treated



by alternatives and careful attention to diet, and
the inflammation reduced by local bleeding,
cold applications and rest.

Carbuncle, is an unhealthy inflam-
mation and sloughing of a circumscribed portion
of cellular tissue. It is due to a vitiated state
of the blood and digestive organs. At first it
is a hard, livid-red swelling, with burning and
smarting pain. The most prominent part soon
becomes soft and quaggy and its surface becomes
covered with small ulcerated apertures, which give
exit to a thin discharge. The tumor varies in size
sometimes growing as large as a small plate

Free and early incisions (usually of the cruciate
form) must be made throughout the whole extent
of the mass. Caustic potash must be applied freely.
Ductices and fomentations and the water dressing
must follow. The constitution must be treated by
a cautious course of alternatives. Tonics and stimulants will
be necessary, and must be used according to the ex-
igencies of the case.



Inflammation of the Testis or Orchitis
may be caused by direct violence, but occurs
most frequently in conjunction with gonorrhœa.
It is accompanied by a great sense of weight,
great swelling, excruciating tenderness, fever and
vomiting. The part must be supported and the
patient kept perfectly quiet. This disease is treated
by the application of leeches, cold and warm lo-
tions, low dieting and the administration of an-
timonials, Calomel and opium. After the acute
stage has passed, friction of the part must be
made with mercurial ointment and com-
pression effected by means of adhesive strips.
Astringent lotions must be applied and
Iodide of Potassium given to aid in dis-
cussing the hardness which remains.

In the treatment of the various kinds of injuries, which are constantly befalling man-kind, the surgeon finds an extensive field for his knowledge and skill — a field belonging exclusively to his department. A very prominent class of injuries is included under the head of wounds. These may be divided into incised, contused, lacerated, punctured, poisoned and gunshot.

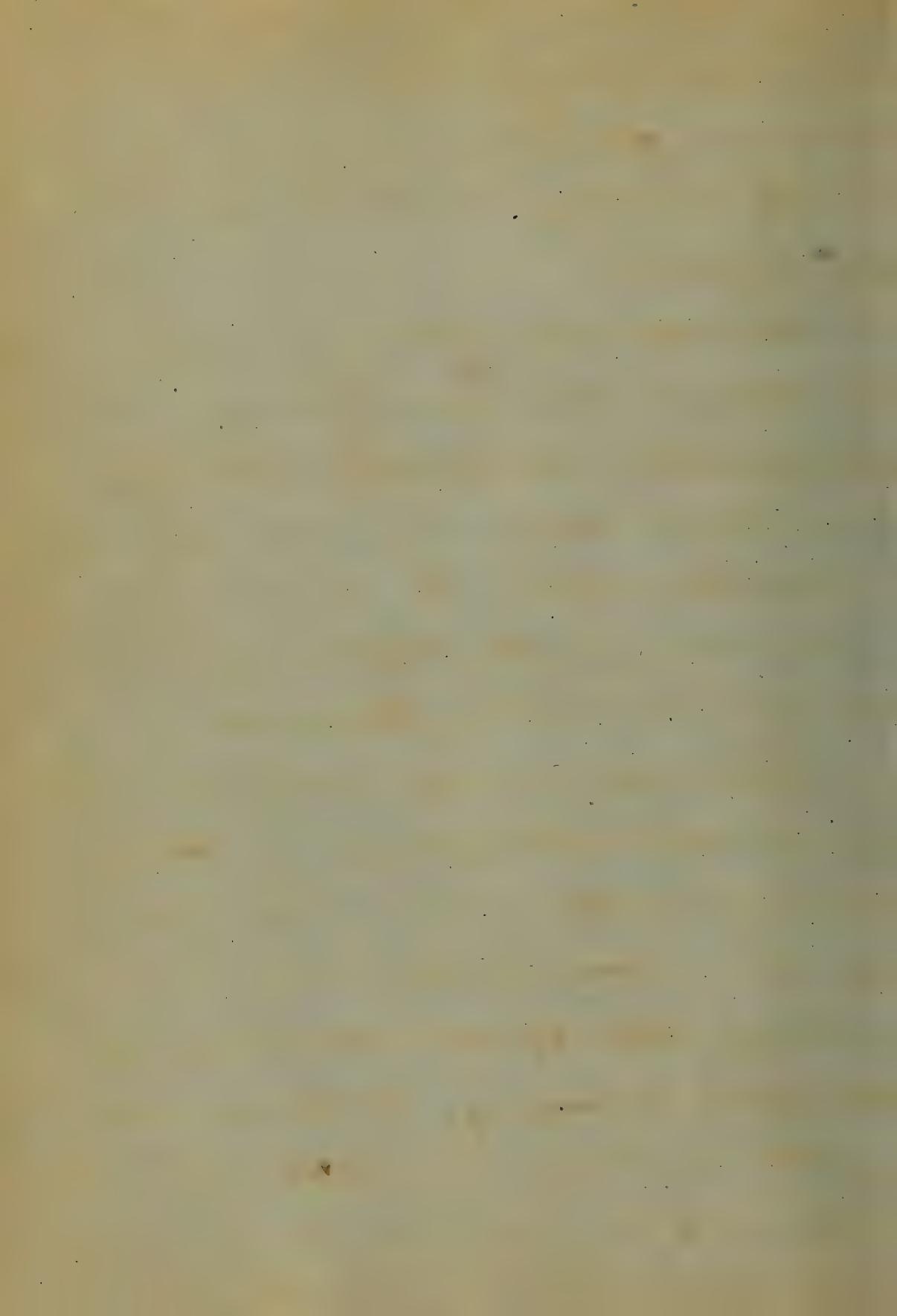
In the treatment of incised wounds (which are made by sharp cutting instruments) the cold water dressing is applied till bleeding has ceased — then the wound may be closed. Stitches may be employed, but in a great number of instances, they are entirely disengaged with. Retention is effected by adhesive stripes. Cleanliness of the part is all that is further requisite. In union by the second intention, no stitches are employed. If much inflammation ensue, antiphlogistics must be resorted to, according to general principles.

Usually the water dressing is the only application unless during the latter part of the cure. At first cool, gradually increased to antiphlogistic. If necessary, it must be medicated to suit the case.

In contused and lacerated wounds (which resemble each other) sutures are unnecessary. The water dressing is applied, cool at first to arrest hemorrhage, afterwards hot and conducted in the usual way.

In seven cases much judgement is required to regulate the antiphlogistic means.

Punctured Wounds, (which are inflicted by the penetration of sharp and pointed instruments) partake more generally of the nature of incised wounds, and must be treated accordingly. When by careful examination and gentle probing (if necessary) it has been ascertained that no foreign body lodges in the wound, apposition is to be gently and accurately effected. If inflammation comes on, transition is to be

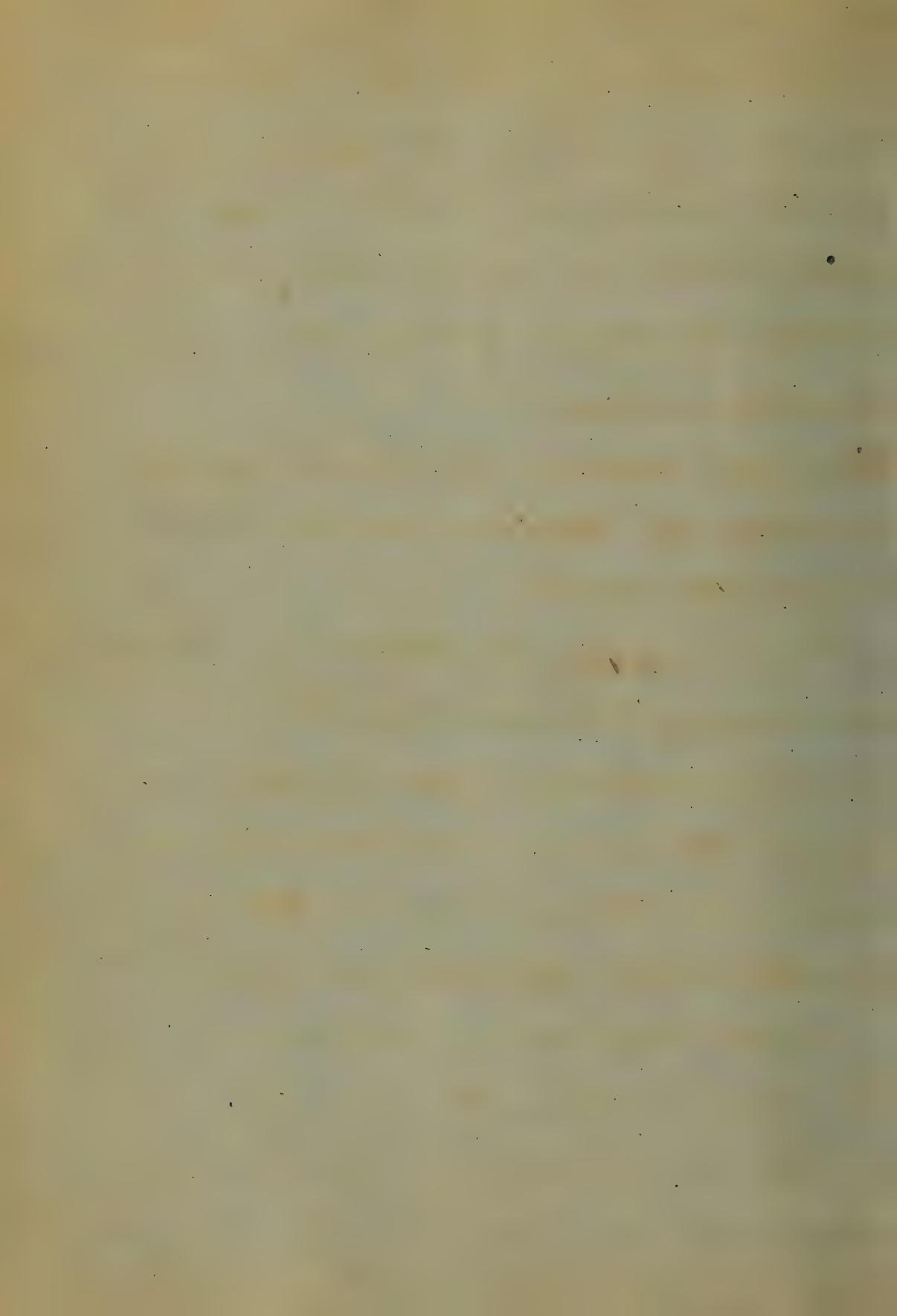


made to the water-dressing and other means to meet the exigencies of the case. Dilatation is often necessary, in order to apply a ligature to prevent hemorrhage, to remove any foreign substance which has become firmly embedded or to allow the escape of pus, when suppuration has taken place.

Gun shot wounds are amenable to the general rules of treatment adapted to contused and lacerated wounds.

In simplifying the treatment of wounds, modern surgery has made remarkable and valuable improvement on former practice especially in the use of water-dressing and discusing with the cumbersome and (~~too~~ often) filthy preparations previously in vogue.

In the treatment of poisoned wounds (which result from the bites and stings of animals and from dissecting), the indications are, to prevent the absorption of the poison into the circulation, to remove, to remove entirely



The virus which remains and to eliminate from the system what has already entered. In cases arising from the bites of venomous insects and reptiles, a ligature must be thrown around the limb between the heart and bitten part. If possible free excision must be made. If this be impracticable, free incision must be made and the flow of blood from the wound encouraged. Afterwards it is well to apply the nitrate of silver. The general treatment, consists in the use of tonics and stimulants. Ammonia and arsenic are recommended, the first as a stimulus, the latter as a supposed antidote.

Besides wounds, there are other injuries of the body. Of these, fractures form a very important class.

Fracture (which is a solution of the continuity of bone) is generally the result of external violence.

It is said to be simple, when there is mere fracture of the bone at one part, and nothing more, Compound, when there is an open wound communicating with the fracture, And Comminuted when the breaking is at more than one point occasioning several fragments. The long bones are most liable to fracture, especially those of the extremities. The symptoms of fracture are deformity of the part, loss of muscular power, abridgement of voluntary and increase of involuntary motion, with great and constant pain. But the peculiar and diagnostic sign of fracture is crepitus or a sensation of rubbing, grating and crackling, which is imparted to both hand and ear, when the fragments are ~~metate~~ one upon the other. When after thorough examination, the surgeon is assured of fracture, reduction must be accomplished and retention effected by proper position and mechanical means. These will consist of splints applied externally, to relax displacing muscles.

After the splints and bandaging have been duly applied, the parts cannot be too little disturbed.

Dislocation or luxation denotes displacement of a joint, the bones remaining entire.

The symptoms are signs of displacement, a swelling where none should be or a hollow where the surface should be even or raised, and shortening or elongation of the limb as the case may be. Motion is much impaired. The distinctive diagnosis between dislocation and fracture is very important. In dislocation no crepitus is heard and the head of the bone follows the shaft, when it is moved. When simple extension is made, the proper length of the limb is not restored as in fracture. When reduced, it remains in its proper position. Usually, there is an obvious change in the relative position affecting not only the part but the whole limb. The paramount indication is reduction.

This is to be effected by extension and counter ex-
tension. Great force is often necessary, especially if
some time has elapsed since the dislocation.

In the reduction of the larger joints, constitutional
means are frequently used to relax the
antagonistic muscles. These consist of blood-
letting, warm baths, emetics, emulsa &c.

The inhalation of Chloroform has of late been
employed for the same purpose and with much
success. The subsequent treatment consists in
maintaining the limb at rest and applying
leeches and cold to remove swelling and pain.

The morbid conditions of the eye, make
a subdivision of great extent and interest. It
requires the surgeon's most subtle skill and perfect
understanding. The inflammatory diseases of
this organ are numerous, and great care is
needed in the application even of the most del-
icate antiphlogistic means.

Conjunctivitis or inflammation of the conjunctiva is of several varieties, as active, Chronic, purulent or Egyptian, scrofulous, gonorrhœal and granular. The most violent form is gonorrhœal which arises from the application of gonorrhœal matter to the eye. The treatment (which must be active) consists in leeching, scarifying the conjunctiva, applying nitrate of silver, by antimonials and calomel.

The best directed efforts often fail to preserve the sight

Cataract, is an opacity of the crystalline lens or its capsules. It can only be cured by an operation, the object of which is to remove the Cataract. It is accomplished either by extraction, depression or absorption.

There are some malignant diseases of the eye, which require the extirpation of that organ.

The operation of Amputation — is less resorted to than formerly, and it is probable that the progress of surgical information, will contribute to render it even more rare than at present. It is necessary in cases of recent injury, where reparation is impossible, in case of gangrene and in cases of malignant tumors or disease where a joint or bone is involved. When Amputation is decided upon, the surgeon himself should see that all the requisite apparatus is in complete order and readiness. In the performance of this operation, the proper precautions must be taken to prevent hemorrhage, such a wound must be formed as to insure a sufficiency of covering both of skin and muscle, and finally the wound must be properly treated after the amputation.

After cleansing the wound by ligating the blood vessels and applying the proper dressing, the patient is put to bed, the stump placed on a pillow with the cut surface raised a little higher than

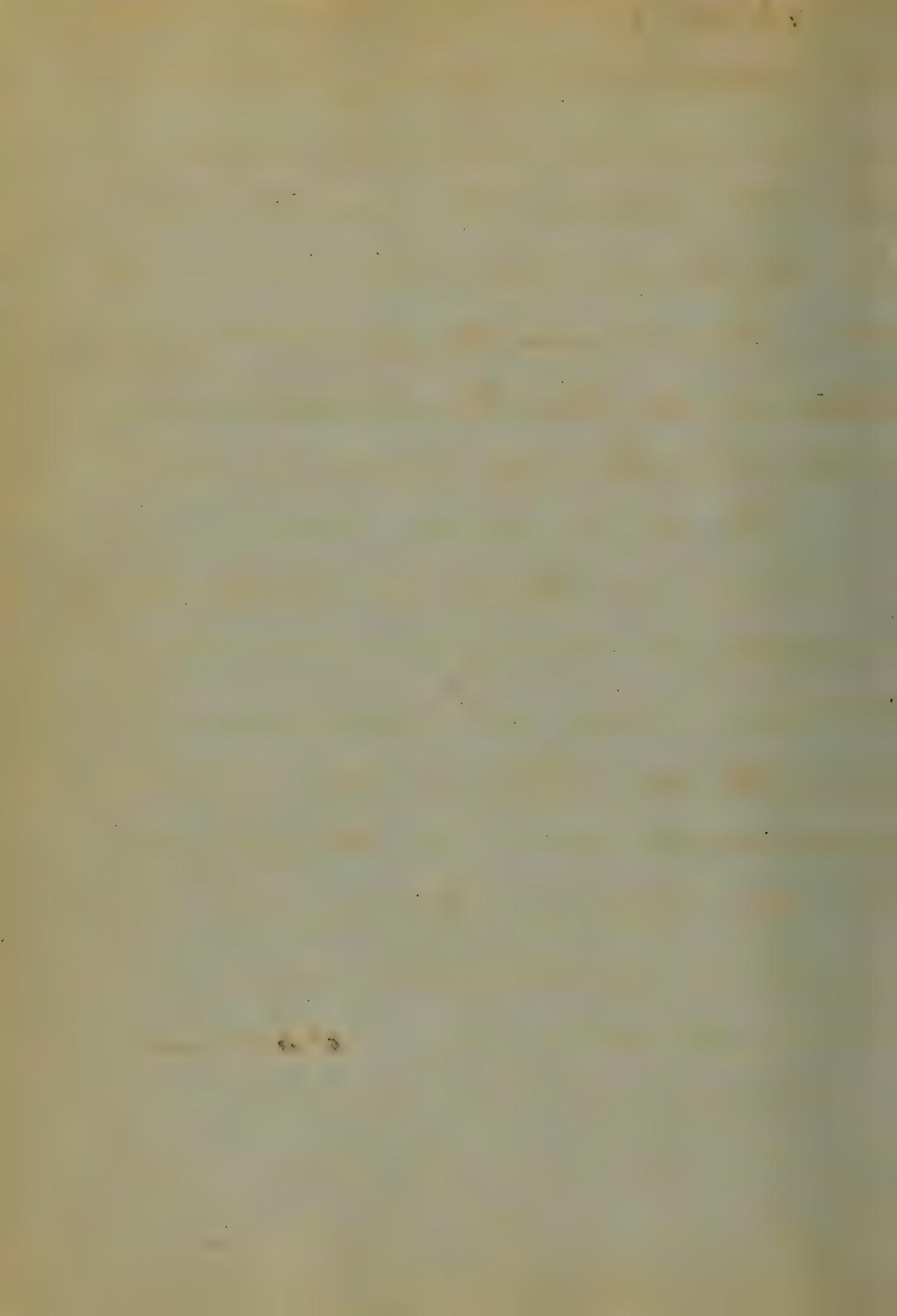
the nearest joint and protected by a crutch
from the pressure of the bed clothes.

The further treatment of the patient and
of the wounds must be conducted accord-
ing to the rules laid ^{down} for wounds in general.

The patient should observe the strictest
bodily and mental quiet. The diet must
be carefully regulated. At the end of seven
or eight days, (if nothing untoward occurs) the
attempt may be made to remove the ligatures
of the smaller vessels. Twice as many days
should be allowed to elapse before the larger
ones are disturbed. Among the accidents which
may follow amputation, is after-bleeding; to
arrest the hemorrhage from which, it sometimes
becomes necessary to cut down on the bleeding
vessel and apply a ligature at a distance
from the wound. The troublesome protrusion of bone
sometimes makes a second operation unavoid-
able.

Hernia (which is here limited to protrusion from the abdominal cavity) may be the result of injuries or disease or congenital weakness of the parietes of the abdomen. Some occupations predispose to it. In its cure a grave duty is imposed on the surgeon, since it must often prove fatal if prompt assistance is not given. When the utmost danger threatens, the patient may be saved by a skilful hand. It may be divided into several species according to its situation, as inguinal, scrotal, femoral etc. or according to the condition of the protruded viscous as reducible, irreducible, strangulated etc. The indications for the treatment of reducible hernia, are to replace the hernia and to prevent its return. The replacement is effected by properly directed pressure, and the return prevented by the use of a truss.

In strangulated hernia, the intestine or such portion of it as is not irreducible, must be returned, any constricting part must be divided if necessary, and means must be taken to obviate inflammation.



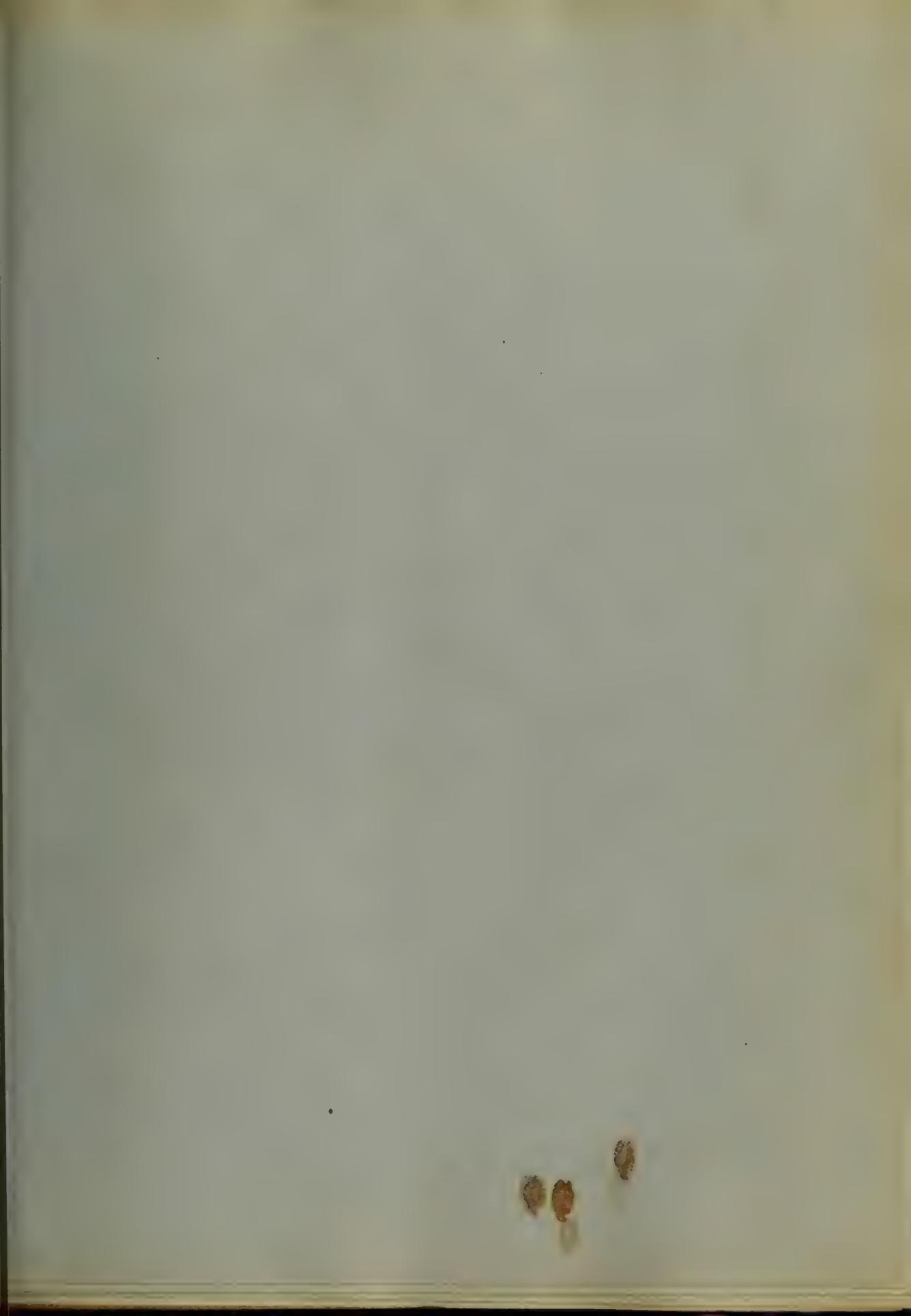
Among the operations performed on the human body, there are perhaps none which display greater ingenuity and skill than those having for their object the restoration of lost parts and the removal of deformities. Any account of these operations as well as of venereal diseases would of necessity be too extensive to be inserted here.

In Conclusion,

Surgery has risen from under a great weight of prejudice and against strong obstacles if not to the foremost rank, at least to a full equality with its collateral branches. At this day, the reputation and rewards attendant upon its successful practice are sufficient to induce the most talented and worthy to enter this field of labor. That such is the case cannot cease to be a matter of congratulation to the profession at large, since the fame which it wins, is

high and enduring and its position un-
approachable by empiricism.

E.A.A.

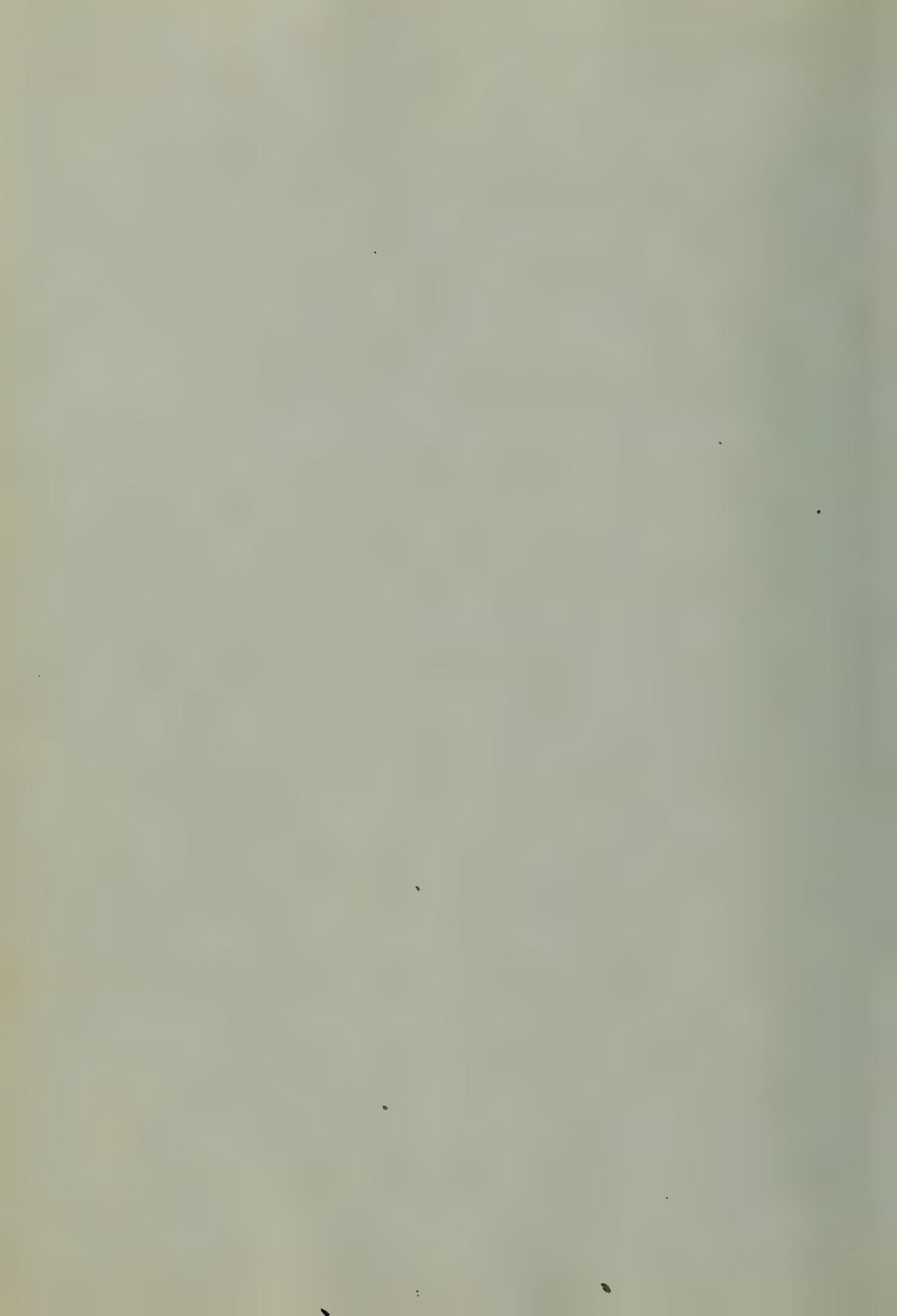


The Phenomenon of Life -

What is life? is a question which has puzzled wise philosophers of old, and it may still be problematical for me to attempt the solution of so difficult a problem; but it is not life in the abstract that concerns me; it is that "vital" principle with which our bodies are endowed that I would consider so much as the means whereby this subliminal principle is manifested and which one can comprehend by our finite minds.

Physiology is one of the most important branches of medical study, for we can undertake to restore the ravages of disease in our bodies without a proper knowledge of the healthy functions of the several organs that compose them. Some understanding therefore of the nature of the different parts should form the foundation of Ectomphy.

Serious Heretical Theology. And as their
confined generation is displayed in the main-
tenance of life this subject has suggested
itself as most practical and useful. When man
enjoys at the wonders of Supernatural power
displayed in the miracles of Sacred Writ he
cannot forthwith shrink from the consideration
to comprehend the workings of God's ^{wisdom} power
yet these same have attempted to explain these
phenomena of no less wonder which each
present are manifesting themselves in
their own bodies. This man has trifled
the Devil's line "most ignorant of what his master assaid"
his ^{glory} is gone. Then an certain truth is connected
with our mysterious existence which may be
known and fully investigated and then another
no less interesting which in the present state of
our science must rest unexplained. If we our
bodies are moulded over their earthly blos and
will be carried on with such perfect
parturition how that peculiar principle



we call disease, disorders there occurs in the performance
of their various functions, we may with accuracy
understand and correct; but what connection has
the soul, intellect and consciousness with the de-
velopment of our animal bodies, who can ex-
plain, who can understand? Ancient philoso-
phers with wisdom, that have endeavored to per-
petuate the relations of the soul to animal life &
thus leaving the province of truly philosophical
research for that of fancy, have actually retarded
the progress of physiology rather than contribu-
ting to its advancement. There are certain
limits of natural science which it is impos-
sible for our finite mind to transgress; we
can understand perfectly the mechanism
of the eye, but it defies either anatomy or
chemistry to explain how the rays of light
act on consciousness to produce vision or the
vibrations of the air communicate sound to
our minds - It is then that less complex
truths connect with our existence.

three facts which are well established and about
reaching only a knowledge of them to impress their
importance and practical value, that I would
in a cursory and imperfect manner detail -
Physiology teaches us that all parts of the an-
imal body are produced from a special fluid
circulating throughout its organism - contain-
ing the various constituents of each cell and
organ, which by virtue of some unknown
influence residing in the part are appropri-
ate to their specific nourishment -
Furthermore it is well established, that at
each moment there is a continual change
going on in the animal economy, various
structures are constantly being transformed
into unorganized matter and as constant a
process is kept up - every motion, every men-
tal affection, every thought are followed by
changes in the chemical condition of the various
organs concerned in their production -
It follows therefore, that the most important

phenomena of organic life are exhibited by
the blood and by the functions of nutrition and
reproduction - The blood is a fluid of a rich
beautiful color, possessing within itself
all the ingredients necessary for the nourish-
ment of our bodies - Its chemical constituents
are, water, oxygen, coloring, fluid albumen, &
tracheal matter, various salts and fat - Its com-
position therefore is identical with that of
fish - This life-giving fluid is formed from our
food combined with the oxygen of the atmos-
phere, and the important changes which are
undergone are brought in the process of de-
gestion - By this our food is made fit to be ab-
sorbed and its nourishment yielded up to the blood
to be dispersed to all parts of our bodies for their
formation and repair - It may be divided into
two stages, oxygenification and oxydification
the first of these occurs in the stomach where
the food, composed of various incongruous sub-
stances is reduced to one homogeneous mass

by the action of the previous excretion of it, against the
gastric juice - entering next the duodenum, it
receives the secretion of the pancreas and liver,
and is thus reduced to chyle. Passing along
the intestinal canal, the nutritive portion
is eagerly absorbed by the minute lacteals, an
operation curious and wonderful, baffling the
understanding of man to fully comprehend
it; and through the agency of these vessels car-
ried into the circulating system, destined to repair
the noble workmanship of the Creator.

This system is composed of the Heart, Arteries
and Veins - The heart is the head of organic
life, the great prime mover of all its mani-
festations, the fountain from whence flows
that precious fluid which nourishes the
stolid man. The arteries like kindly
streams have each part of our bodies with
their refreshing waters and distribute to every
part its peculiar sustenance - The veins re-
turn the blood to the heart, deprived of its

renishing, & we grieve and load our health with a
privilege to life let again rekindle and strengthen
the maintenance of our existence. Respiration may be
considered an assistant to the circulatory system
as far by it the blood is oxygenated by coming in con-
tact with the atmosphere in the lungs. In addi-
tion to these we find other organs for the forma-
tion of organic life - namely those whose func-
tions are absorption, secretion and excretion.
These are the immediate means by which nutrition
and reproduction are performed. Their most impor-
tant actions have been incidentally mentioned in
speaking of digestion and their proper action are
necessary to the maintenance of health. Thus in
an absurdly simple manner is our organic
life sustained - yet also curiously complicated
the wonder that such an assemblage should work with
what harmony the various organs perform their
functions - As St. Paul says "There is no section
in the body" but all parts act in concert work-
ing together to effect the same end -

The most intimate sympathy exists between all these parts and their every member & sprig is at the disposal of any one constituent. But this is not all of that wonderful machine which in its structure is beautiful and elegant and in its actions is mysterious and past finding out. There is a system at work, within this as it were, more complex in its nature and more allied to the spiritual in its manifestations - The nervous system is susceptible of two subdivisions, the cerebrospinal and the sympathetic. The first conveys the brain and spinal cord, the nerves proceeding from these and the various ganglia which are situated within them. The sympathetic or that named by Michael "the nervous system of organs" is composed of a chain of ganglia set along the vertebral column from the cranium to the pelvis and supplying the viscera in the thorax, abdominal and pelvic cavities. To give a description of this in detail, demonstrating their peculiar structure and mode of action would consume volumes & then the subject to obscure in fact much en-

Mixed with them is collected from our view and imperfectly understood even by the wisest physiologists that it would be more than folly for me to repeat those various theories - The first in its action bears a more intimate relation to the mind and is chiefly concerned in the production of Volition & Emotion and all the acts which place man at the head of the animal Kingdom. This by the same author above quoted is called "The nervous System of Animal life" The other is productive of those functions which we observe alike in the brute animals. The brain, situated above all other parts of the body, emphatic of its superiority, is to the nervous system what the heart is to the circulation - It is contained within the head, which as a lofty citadel overlooks all the subordinate parts, distributing to each those commands which with lightning speed are executed by each remote organ - It has a communication established with every fibre of the body and the nerves like magnetism transmit each dispatch. These all act from the influence of certain stimuli. Some answering only to the calls of special

Stimulants are found "in every species of vegetable tissue" These with others receiving their influence from without and conducting the impressions to the brain are called "afferent" which acting from the centre to the surface have received the name of "efferent" As I have before mentioned the nervous system & sens. were intimately connected with the immaterial - his spiritual and intellectual character and thus it is that their functions are so obscure and difficult of explanation - We know that the nerves fibers serve only as conductors of impressions which impressions are produced by specific stimuli but how and why these actions manifest themselves is more than science has hitherto been able to explain - Our finite minds can give some satisfactory reason for the various actions in our material frame, but we are confounded at every step when we attempt to investigate

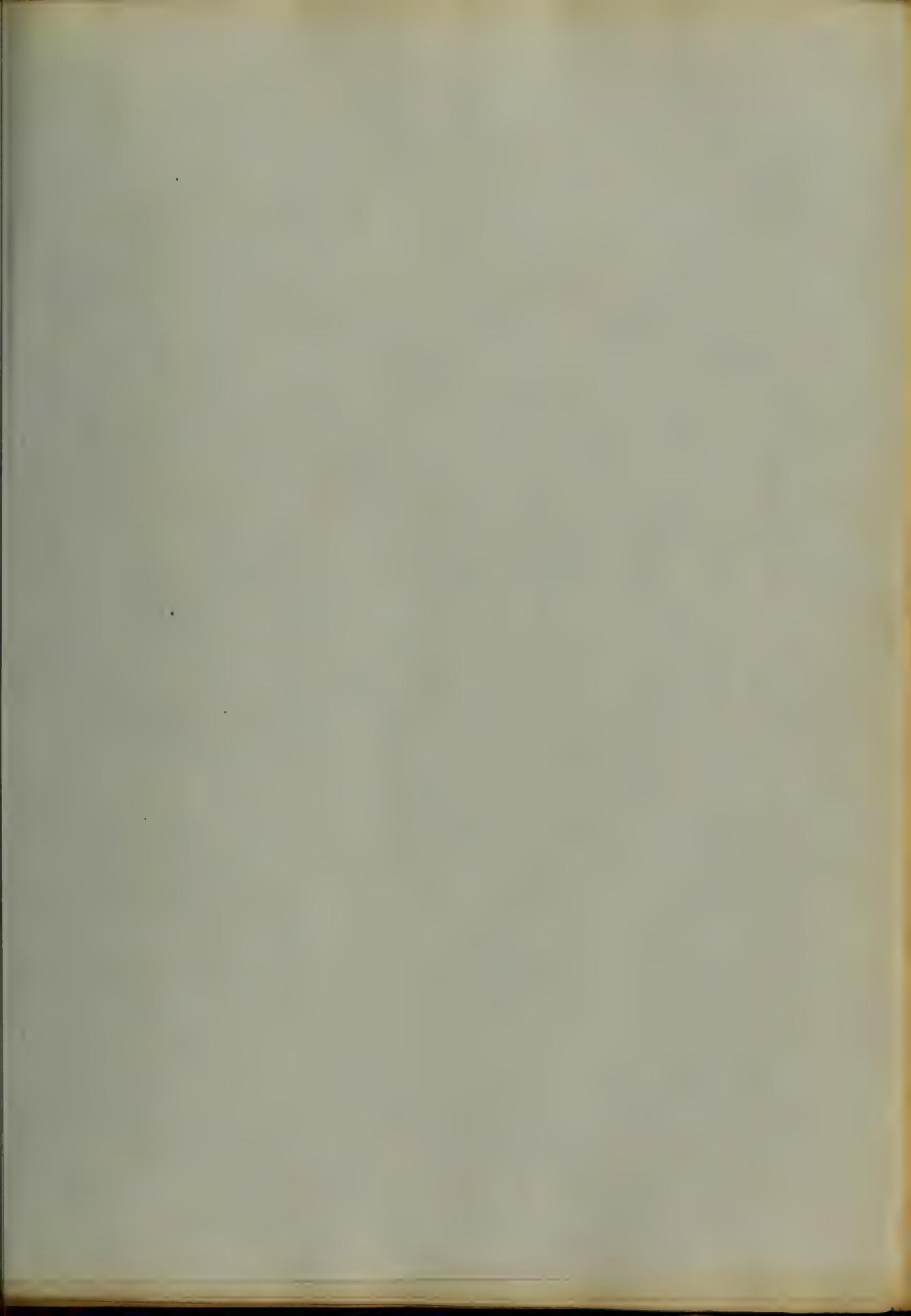
"That subtle spiritual being

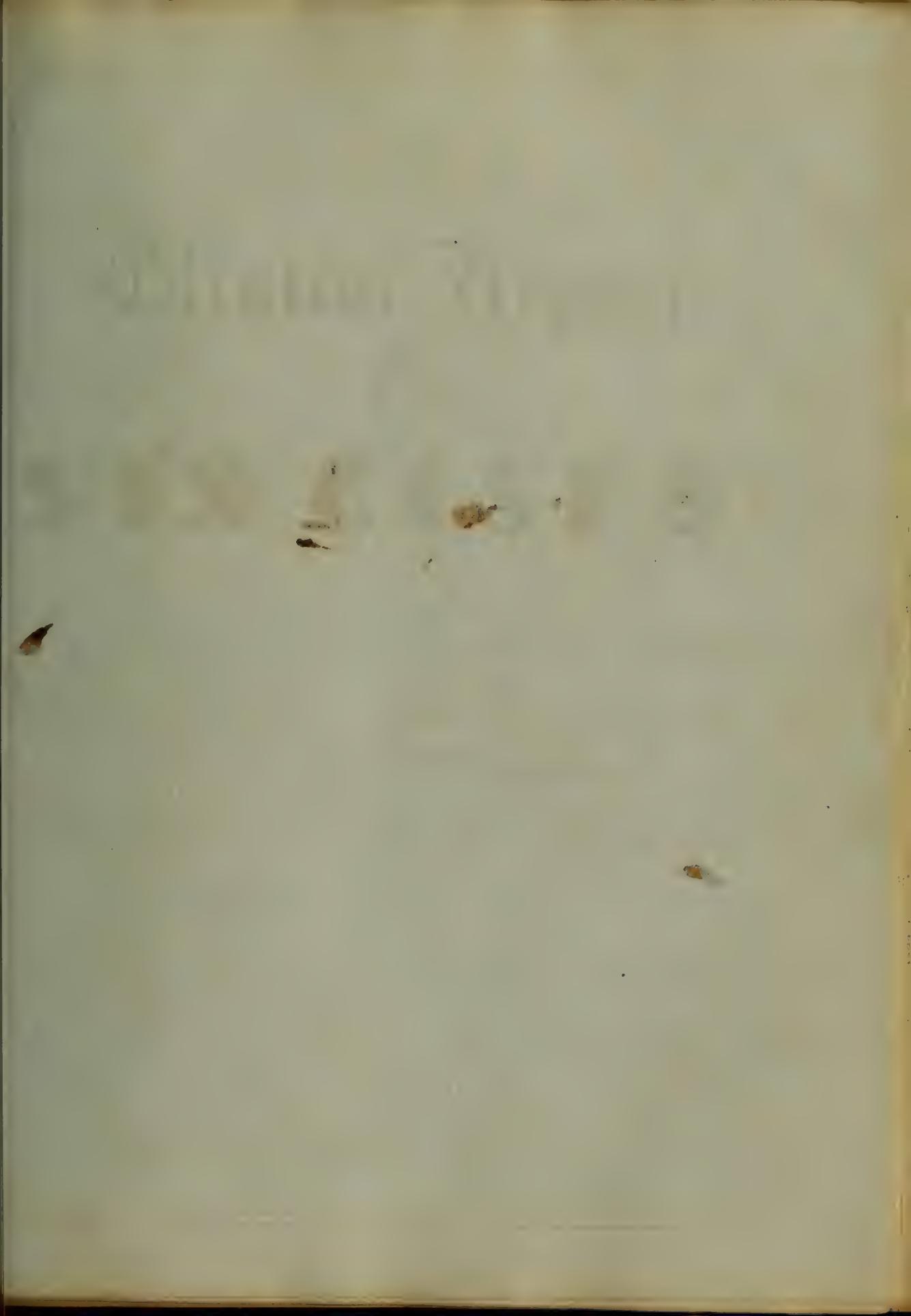
These thoughts which wonder through Eternity! When we contrupst all the structure of our bodies we are struck with the simplicity of some parts, the perfect

ideal and anatomical office to perform - yet perfect as is the human frame, so well adapted as is each organ for fulfilling its proper function, were it not for the Sustaining Power of Him who made it such all would be confusion and discord - The desire for life, strongly as we cling to it - the fear of death and that dread of hell beneath, are not sufficient security for the proper conducting of all the vital motions with that constancy and uniformity necessary for their preservation - Reason would have been too slow in its action and often would the heart stand still as the life-flows cease to flow were they as entirely under the control of ^{the} soul's authority as are the voluntary muscles. This illustrates us the true origin of that vital principle regarding which speculators have advanced such various theories and that mind must be most strongly possessed by the building theories of false science which seeks the cause of the involuntary motions in dead matter or organization rather than derive them from the great fountain of all Power and all Life - It would be almost presumption to suppose that the finite can fully comprehend the Infinite, and - he!

but were a low opinion of the power of the Almighty
who hopes to understand all respects by man. His greatest
work How noble then is his calling who has for his care
the preservation of life and the alleviations of the sufferings
to which flesh is heir! and how great is the responsibility
of every physician who has committed to his charge
aught so important as human life. Great will be
his reward then of with ardent zeal and industry am-
bitious he strives to fit himself for his noble office.
Often will he be harassed by anxiety unutterable,
and his body wearied with over-exertion, but sweet
will be the compensation to think that he has smoothed
the roughened pillow of the typhus sick and al-
leviated the sufferings of the body afflicted.
Let him therefore consider the dignity of his calling
calming the anxious mind and offering health
that greatest of human blessings to the bodies
of his fellow-creatures.

W^m C. Parkhurst
Virginia -





A
Clinical Report
of
SIX CASES

Submitted for the examination of the
Provost, Regents & Faculty of Physic, the
University of Maryland
for the Degree of Doctor of Medicine
by
C. C. Stonestreet
of Maryland.
Baltimore Md.
March 1852.

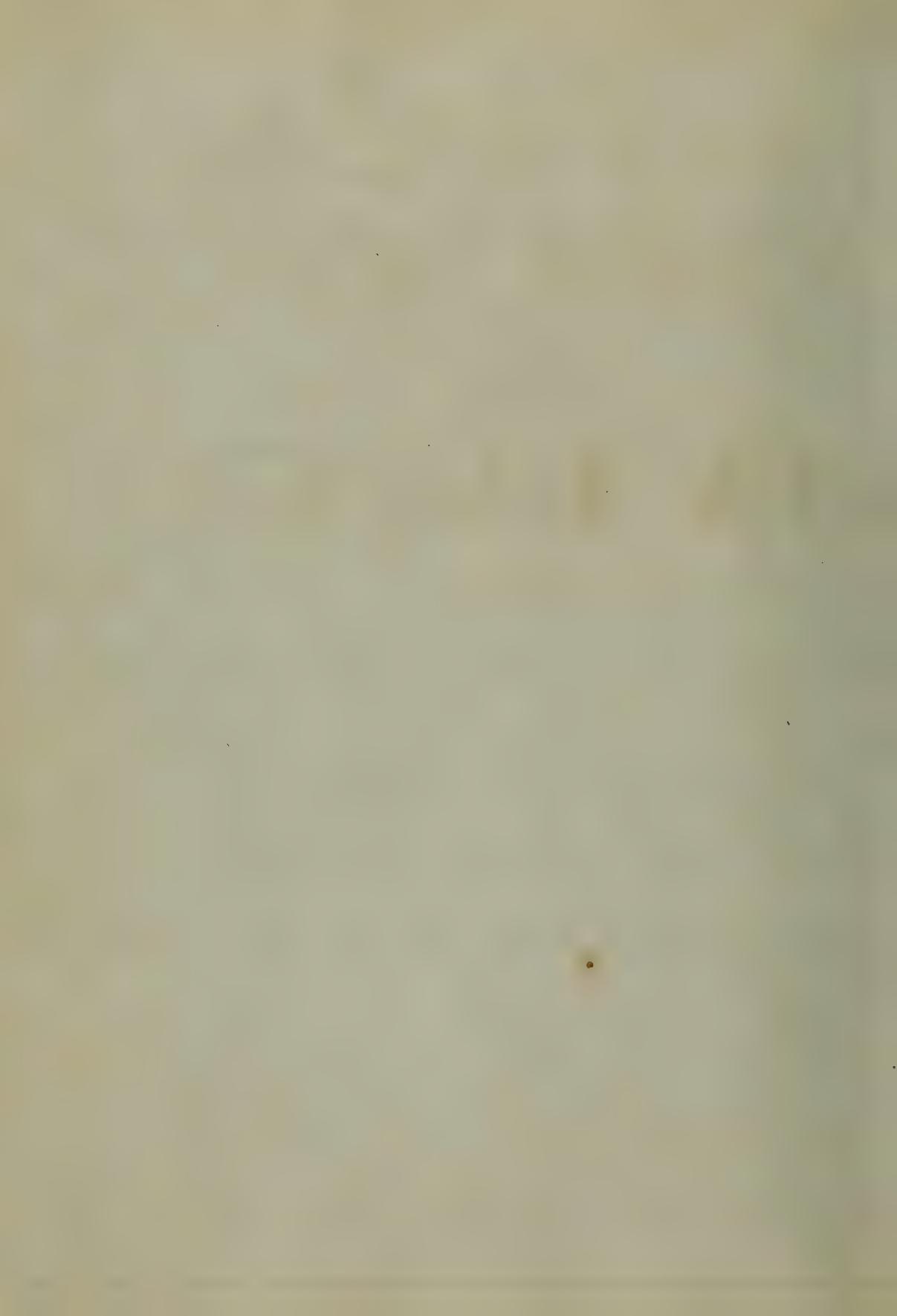
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No 1 Chronic Pleurisy.

Daniel Fullerton. Aged thirteen years entered Infirmary Nov 1st. Resides in Fullerton same from Ireland seven months since. About two weeks ago he was taken with a violent cold and had a running from his eyes and nose, face swelled sore throat - severe cough with an acute pain in the left side. - denies having had a chill - was sick two weeks after which he became better and went to see his father, where he contracted cold and was confined to bed. He took some pills the nature of which he does not know. saw no Physician and was under no treatment except that above mentioned.

Condition when admitted as follows. Pulse 100 Respiration 35. Physical Signs. In respiration we find incomplete dulness over the whole of the left lung in



1

front and behind. By inspection the left side is much more prominent than the right. Auscultating we find entire absence of respiratory murmur over all the left lung in front - behind we have only bronchial respiration on the left side. On the right side we have bronchial respiration in front and behind. By salivation and auscultation we discover the heart to be displaced to the right of the sternum - respiration difficult - air at the nose expanding very perceptibly during each expiration till the symptoms clearly indicating the presence of very extensive effusion into the cavity of the left pleura. He was sent to Zuyt immediate on his admission and put on.

R Calomel grs ij

Potass. Nitras. grs v

ulr Dover grs x every two hours to effect the system

March 2nd. He feels better to day. Pulse 100. Respiration
35. Same powders as yesterday continued. Three cups
were applied to root of lung in front today.
Condition of the is slowly improving. Pulse 112. Subsidence
of effusion indicated by the inception of slight
hoarsical respiration in front of the chest, where
it was entirely absent at first. He was cupped
a second time yesterday over the posterior surface
of the affected side. Same powder as at first
continued. No evidence of ptyalism yet evinced -
is free from pain.

3rd and 6th. Very little change. Physical signs very
much as yesterday. Pulse 112. Complains of nothing
light, ptyalism is set up today. He took two of
the mercurial powders yesterday and one today - is
under no other treatment.

7th: There has been little change for the past four

or five days - complains of no pain - pulse 112 - since
 the 10th: he has taken one of the mucinat, powders
 occasionally, on which he was put at first, and
 slightly to keep up the ptyalism - not on Infu-
 sion Digitalis 3ij three times daily.

March 14th: Condition about the same - pulse 100 -
 ptyalism improving. Infusion Digitalis continued -
 had a blister four inches square put on his left
 lung in front.

15th: About the same. Ptyalism has gone - complains
 of difficult respiration - put on Camphor Tincture
 3j - Lemon peel and saechi Alba 2d 1v. S. Aquae
 digested as an ordinary drink

17th: No change - sleeps well - bowels open - slight
 subsidence of effusion indicated by bronchial respi-
 ration - some bronchoscopy - put on - Bluemeps
 gr; Squill gr; Digitalis gr 1/4 three times daily

March 19th: Respiration still difficult Pulse 100...
no subsidence of effusion - sleeps well. A blister
six inches square was put over his left side.
complains of pain in stomach - which is attribu-
ted to the Blue Mass Ignis and Digitalis which
were stopped today and he was put on decoction
& Senega Zij every four hours

2nd: No appreciable change except that he
breathes better. A blister six inches square put on
the same side, and the decoction of Senega stopped
6th. About the same - blister drew well but there
is no subsidence of effusion. Pulse 112 - put on
iodide Potash Zj. I inguent Mercurial Zj had Zj
rubbed on those parts of the left side where the
blister was not. - also Spts. mit. dulc. Zj

10th: Potash Zj Aqua Zj Tablespoonful morning
noon and night. continue treatment otherwise

March 27th. So few little change. Complaints of no side. Some application of the nitrate of Soda solution about 112.

31st. Condition same. Some increase of bronchial respiration on the affected side. Put on Infusion Digitalis 3ʒ. Three times daily - continue it till
Vitri Dulcis and Iod: Potash
April 2nd. But little change - urine scanty, maintaining somewhat easier. Put on Blue maf grs xij
Sulph 720 grs. Digitalis grs xij - into eight pills -
in the morning noon and night - also Iod: Potash
3ʒ. Ung: Hyd: Zij: and Zij: to be nibbled on the
affected side where the blister was not three times
Daily

The Effusion somewhat less - less dulness under clavicle - side not so bulging - urine - abundant - sleeps well at night. Appetite good

Case No 2. Remittent Fever.

Michael Butler, aged 27 years native of Ireland admitted to the Willow Infirmary August 2nd. Three years in America. Never had any or any maladies fever previous to this attack. For the last three weeks he has been living on Plateau River - nine days sick, being attacked after exposure to weather and ~~in~~ some done in drinking liquor with vomiting of greenish bile, sense of cold along the back - pain in head, back and limbs - thirst followed by fear. - has had a feeling of coldness in back every day, with much gastric distress. He cannot say at what time in the day he has an exacerbation.

Condition when admitted as follows. Mind very much confused - herpes about the mouth Pulse 120 and weak - tongue moist and slightly

swelled - tender over epigastrium - skin covered with pustulations - free of a dusky hue - bowels moved once yesterday - omitted today. Cut one *Lecithin* gr. ij. Blue male gosij to be followed in three hours by Castor oil, if necessary
13 M^o: Pulse 120 and weak, tongue moist and brownish - pulse scarcely perceptible in right wrist stronger in the other - hands clammy and of a swollen appearance. Iodine was given every hour - mustard plaster to epigastrium - and he was stimulated with brandy

14 M^o: Condition about the same - bowels moved four times since yesterday - complains of no pain - pupils contracted and insensible to light. He took Iodine regularly through the day, and grs xx last night. Today a plaster was applied to epigastrium and Iodine.

gasij with profusion of rj every hour, brandy
freely given - spasmodic convulsions to abdomen and ...
genitals. In the afternoon in attempting to rise
out of bed he fainted twice, and was with much
difficulty restored. Took Dr. W. Mortons Ect.
autopsy - six hours after death, much rigidity of
limbs - spleen much enlarged and softened
very somewhat congested, but not of an obstruc-
tive hue - peritoneal coat separated with difficulty
from liver - gall bladder distended with gall
membrane of stomach softened especially
at the cardiae orifice - pyloric orifice very much
contracted - Kidneys when cut into one of a
dark red hue and much congested.

Case No. 3 Ophthalmia.

John Gillies aged 26 years admitted August
17th native of Ireland six years in America.
Never suffered with disease of eyes before coming to
the country. Soon after arriving here, he was attacked
with inflammation of his eyes which lasted a
month. Last winter they again became inflamed
and were soon cured. In June last while working
in a tunnel, his eyes became inflamed for the
third time. The right becoming affected first
and soon afterward the other, with much
photophobia and lacrymation. He was attended
by a Physician who had him cupped, blistered
Condition when admitted as follows. Pulse firm
much pain in temples - left eye not much
affected - right one very much inflamed, with
an ulcer come in front of pupil - much

ongestion of conjunctival and sclerotic vessels
mucous membrane of eyelids injured. He was
applied in the temples and bled to 3 vij also.

R Hord: Protochlor grs 4 vij
Sulph. Antim. 3 vij
Petals white 3 p.

into chart. vij - one to be taken every three hours
Augt. 24th: Eyes somewhat improved. Powders

R Vin. brach. 3 vij

Magn: Sulph: 3 vij

Magn. Carb 3 vij

Aqua 3 vps. Tablespoonful

three times daily. - also

R Argentii Nitras grs ij

Aqua 3 vij - to be applied

- the eye.

15th: Eyes much improved Powders stopped.

as gums are touched and the same prescription continued which was given on the 20th.

Augt. 26th. Eyes still improving - sclerotic and conjunctival vessels much less injected - cornea clearing up - and the ulcer on it improving. The solution and wash was continued today.

27th: Doing well - The strength of the solution of Nitras Argentii was increased to gvs ij to 2ij. Aqua and use now the wash for Styalism as follows.

Tinct. Myrrh	3js
Cresote	gtt xij
Aqua	2j vps

28th: Great improvement - the lids adhiring at night he was ordered an ointment of

R	Hoyd: Rub. Princip gsy
	Adafis 2ij - a small
	portion to be rubbed carefully between lids at night

1. *Leucostethus* *melanostictus* (Goldschmidt)
2. *Leucostethus* *melanostictus* (Goldschmidt)
3. *Leucostethus* *melanostictus* (Goldschmidt)
4. *Leucostethus* *melanostictus* (Goldschmidt)
5. *Leucostethus* *melanostictus* (Goldschmidt)
6. *Leucostethus* *melanostictus* (Goldschmidt)
7. *Leucostethus* *melanostictus* (Goldschmidt)
8. *Leucostethus* *melanostictus* (Goldschmidt)
9. *Leucostethus* *melanostictus* (Goldschmidt)
10. *Leucostethus* *melanostictus* (Goldschmidt)

11. *Leucostethus* *melanostictus* (Goldschmidt)

Stop solution of Colchicum

90th: Continue treatment

Sept. 1st Still improving Ordered an eye wash of

13. Zinci Sulph. grs in
Vine. Opii Zij
Aqua. Zijo

1nd. Very much improved. - Treatment continued

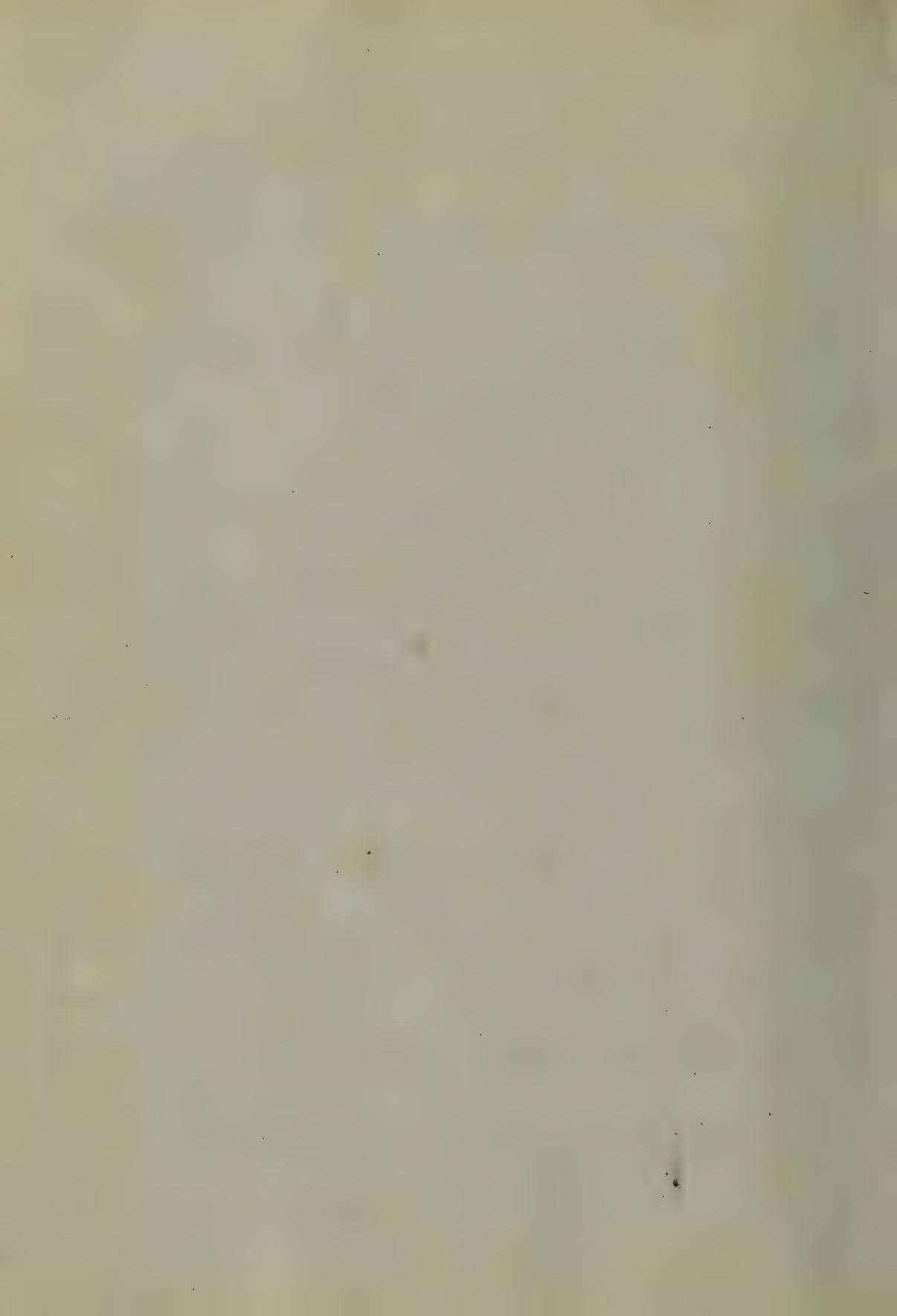
Camphora. ℥ij. Suet. Opii ℥j - a tablespoonful of which was to be given every two hours until faecal operations were produced.

July 22nd. Spent a very restless night - was moved more than twenty times during the night. The discharges dysenteric, - still torpid and tempestuous - no head ache - Pulse 108 and softer. Tongue lined but moist. He was ordered to have belladonna. 4ss iv. Opium and Speciae à à gr; and if this fail to operate in six hours, a tablespoonful of the above mentioned oily emulsion every two hours until faecal evacuations were produced and after the first operation, Paeonia ™. Afternoon was given, Blue snaps grs 7ij. Opium grs ij. Asatas Plumbi grs 4ij to be made into eight pills - one of which was given every two hours, and balsm of Monk Myrtle after each movement. - - - -

July 23rd: Feels better this morning - exerted better
Pulse 108 but softer - tongue coated but moist
not so much epigastric tenderness - somewhat
He had eight evacuations last night, differing
however in their having assumed a diarrhoeal
appearance - being light and watery without
blood or clime - no tenesmus or tenesmus -

Put on Blue Morpho Opium grj. Sugar Iod
usij. Prepared Chalk grs v. every four hours -
also Compound Chalk Mixture after each eva-
cuation.

24th: Feels better today - slept pretty well
last night - had seven operations during the
night - still of a diarrhoeal appearance - no
tenesmus or tenesmus at stool. no epigastric
tenderness - complains of sore throat - skin
wet - Pulse 104. He was ordered to have one of



the, powders of Blue Saff, Opium & Camphor
and Prepared Chalce and if it failed to produce
a faecal evacuation in six hours a tablespoonful
of the oleaginous mixture before mentioned
and 5 drs. Bregone after each faecal operation
except the first.

July 25th: Condition better this morning - no
tenderness - tongue or fauces wet - skin pleasant
pulse 120 - considerable sore throat - had three
operations during the night and triumphed
at 5 o'clock this morning, and stile of a
few bread slices - tongue moist. Was
ordered to have on of the powders every three
hours instead of four, and if the diarrhoea
continued gtt x Tinct Opii with the Chalce
mixture, made more astringent by the addi-
tion of extract Phatamy after each movement.

For his throat - Aqua Ammonia 3ij. Vi et. Opium
3ij. Plum Wine 3j to be used as a liniment
every two or three hours.

July 26th: Pulse 136 and comfortable condition.
Morning about the same. Afternoon - Condition
much worse when cool and shivering, extreme-
ly cold - pulse small feeble and corded
tongue coated. Ordered a wineglass of wine
while coldness of extremities continues, continue
unintermitting treatment.

27th. Condition the same - can retain nothing
in his stomach. 2 o'clock Mortuus Est.
Autopsy. Well marked gastric inflammation
the mucous membrane being easily pushed
aside with the finger. In the lower intestines
there was extensive ulceration - presenting the
appearance as if something had eaten holes therein.

Case No 5. Anasarcia

Patient. Captain. Aged 31 admitted August
20th. native of Ireland. 18 months ago in
America. labored on the Erie Canal
between Cleveland & Huron. Had his temperature raised
occasionally present attack good never
had malarious fever - 5 months since
ad fever which he described as being unce-
asing, attended with much sweating,
lasting about five days. About three days
after his attack lower limbs began to
swell. abdomen swollen at the same
time and face edematous, & contracted
nigh about the same time. which
as continued since - never spat
blood. He has had pain in his right
side below nipple. since dropsy began

his condition will not admit of any
bad observations. Condition when admitted
to follow. Pulse 108 and compressible
tongue clean - appetite pretty good - eyes
much at night - expectoration mucous
expectation 32 - bowels moved three times
today - urine scanty - much prostrated
abdomen much distended - limbs and
face very edematous - sounds of heart
natural - evidences of bronchitis present.
Ordered.

Influs: Digitalis 3ʒ. tea six.

also Camomile tea freely

September 1st. Urine was tested but no
albumen was found. Continue treatment
as directed. Pus was much reduced. Condition otherwise
the same. Ord: Linseed & Cicapress Tuberosa.

17th. Daily - also Extra Digitalis & 1/2 oz
of tincture Infus: Digitalis. stops Cough &
Fever.

18th: 3rd: No improvement -

2d: Potass: Nitrate $\frac{3}{4}$

Sulph $\frac{3}{4}$ p - and

heat every four hours until it generates
continuous perspiration.

19th. Debility increasing - bowels moved
very frequently during the night . . .

2d: Potass: Nitrate $\frac{3}{4}$ in a tea cup of
infus: Adonis Luberosa every 2 hours -
not Infus: Digitalis:

2d: Mortuous Ost:

th. Autopsy. Thorax and abdomen were
opened. In the former there were extensive
adhesions of the costal and pleural membranes

below of the right side - the apex
of right lung suffused with tubercles and
contained a small cavity the size of a
walnut. The lungs on the left side also
tuberculous, but not to the same extent
more than two gallons of water found
in peritoneal sack - Liver of normal
size, but studded with tubercles - the
mesenteric gland exceedingly enlarged
containing tuberculous matter also

Vice 15^o. Traumatic anæmia.

Edward Gaff, Aet: 27 admitted July 16th - a native of Ireland has been in this country 15 years - a gunsmith by trade - Two weeks previous to his admission received a shot on the left side of the neck producing traumatic anæmia of the carotid artery. Four days previous to his admission an attempt was made to tie the artery without effect. Condition when admitted as follows. Pulse good - respiration normal - appetite good - bowels constipated the anæmia situated in the lower third of the artery.

7th: The artery was tied by Prof. Smith condition after the operation as follows - Pulse good and not affected by it - perfect

rest in the recumbent position enjoyed.

July 18th: Spent an unpleasant night - very restless & sleepless - some head ache difficulty of deglutition - bowels constipated
Drd: Ob: Tigli grt p^r Pulu Phui grs ij but could not swallow it. Afternoon evinces great stupor and tendency to coma and cannot be easily roused

19th Pulse full and strong - skin hot bowels still constipated

Drd: Venesection - also Calomel grs vj and if it fail to operate in six hours follow with Ol: Ricini 3 p - also Alk: Solution 3 p every two hours

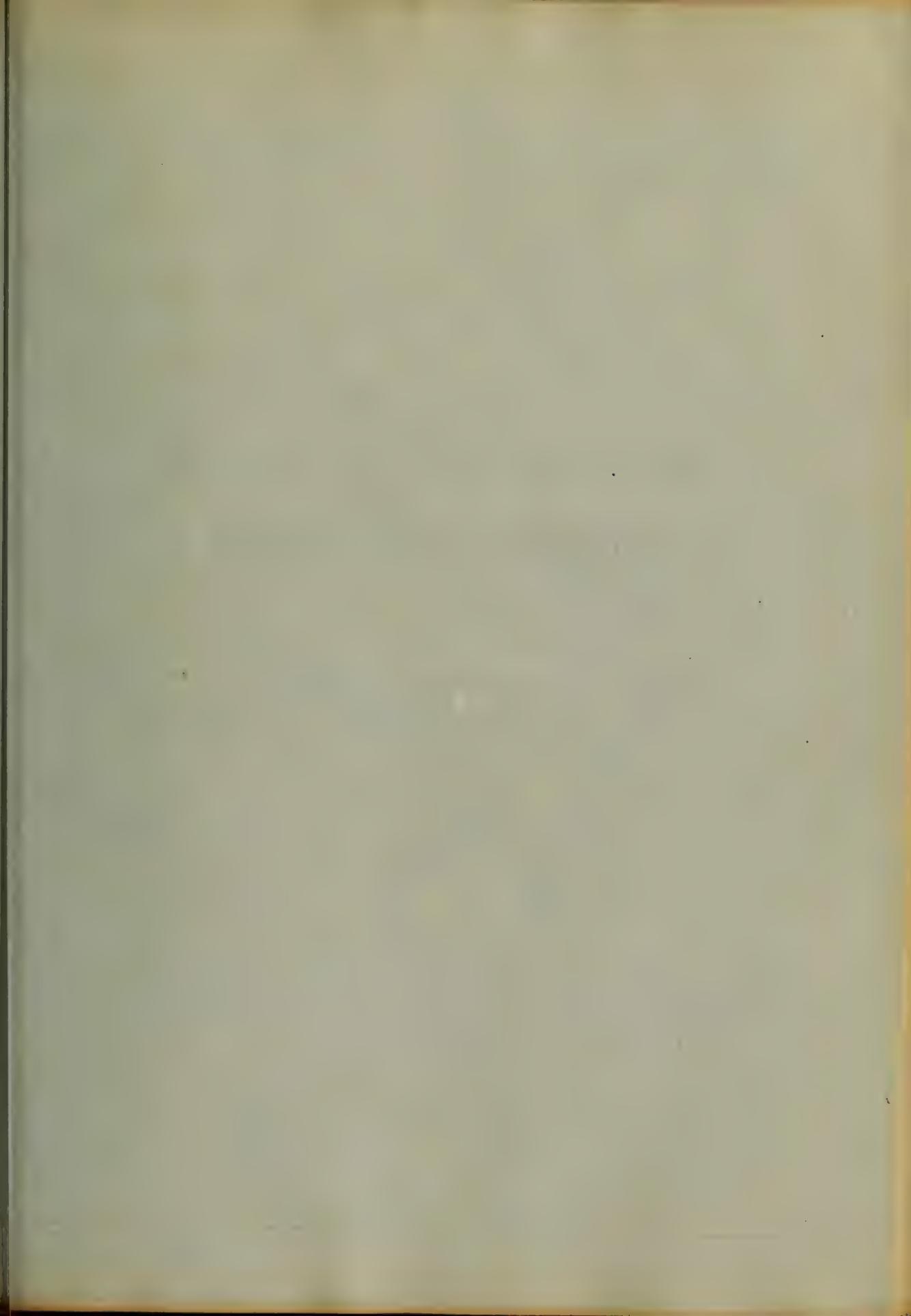
20th: Rested pretty well last night no head ache - no difficulty of deglutition. Pulse 116 and soft - bowels freely moved last night

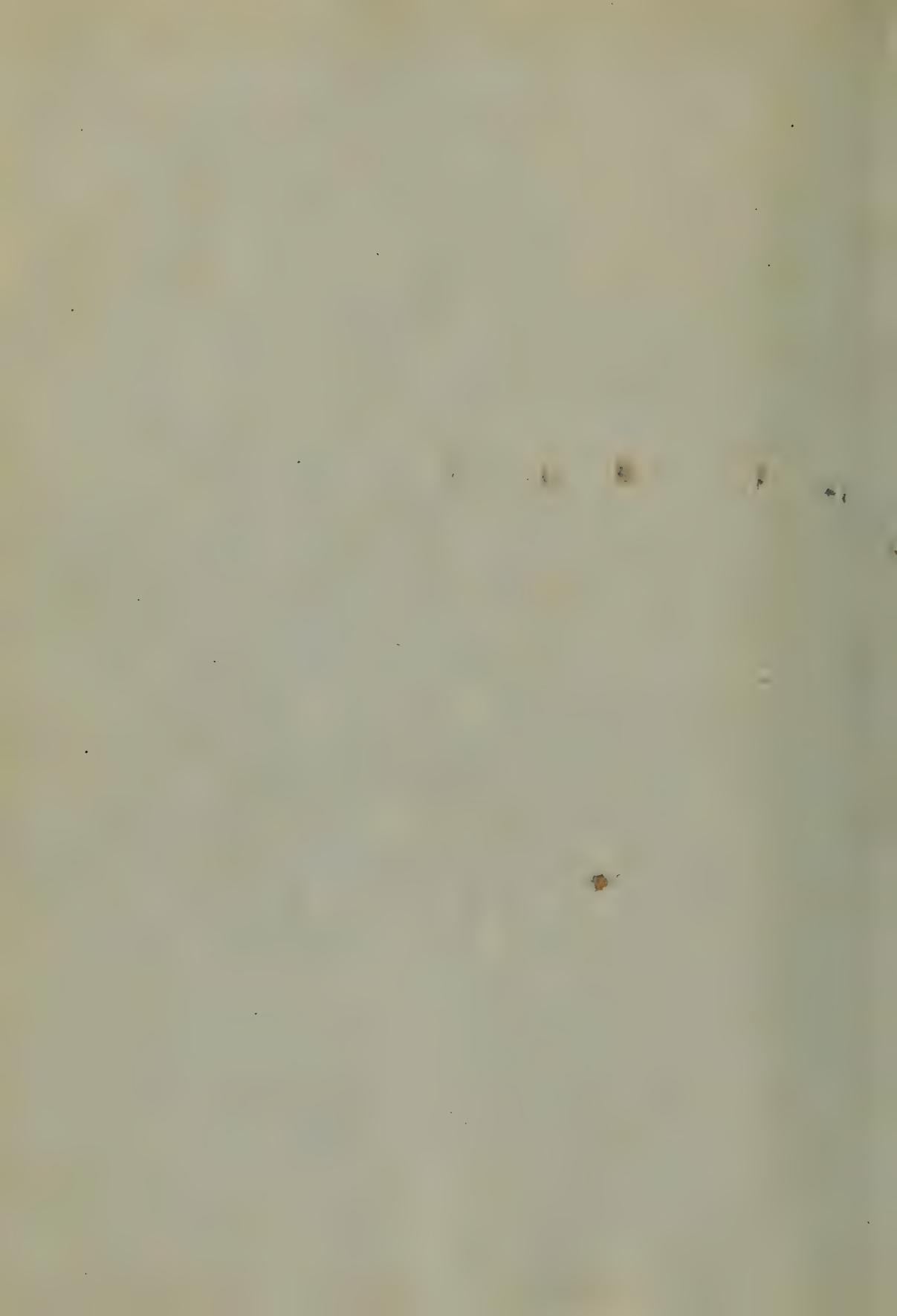
Appetite poor - skin moist - mind much
more clear.

21st: Rested well during the night -
no head ache - pulse 100 and soft - mind
clear. Ord: Alk: Solution 3f every 2 hours
wound dressed to day - looking well

23rd: Feels pretty well - except debilitated
comes thirst - bowels regular - tongue clear
ligature came away today this being
the most perilous time perfect rest and
quiet was enjoined

25th continued to improve and left the
house today.



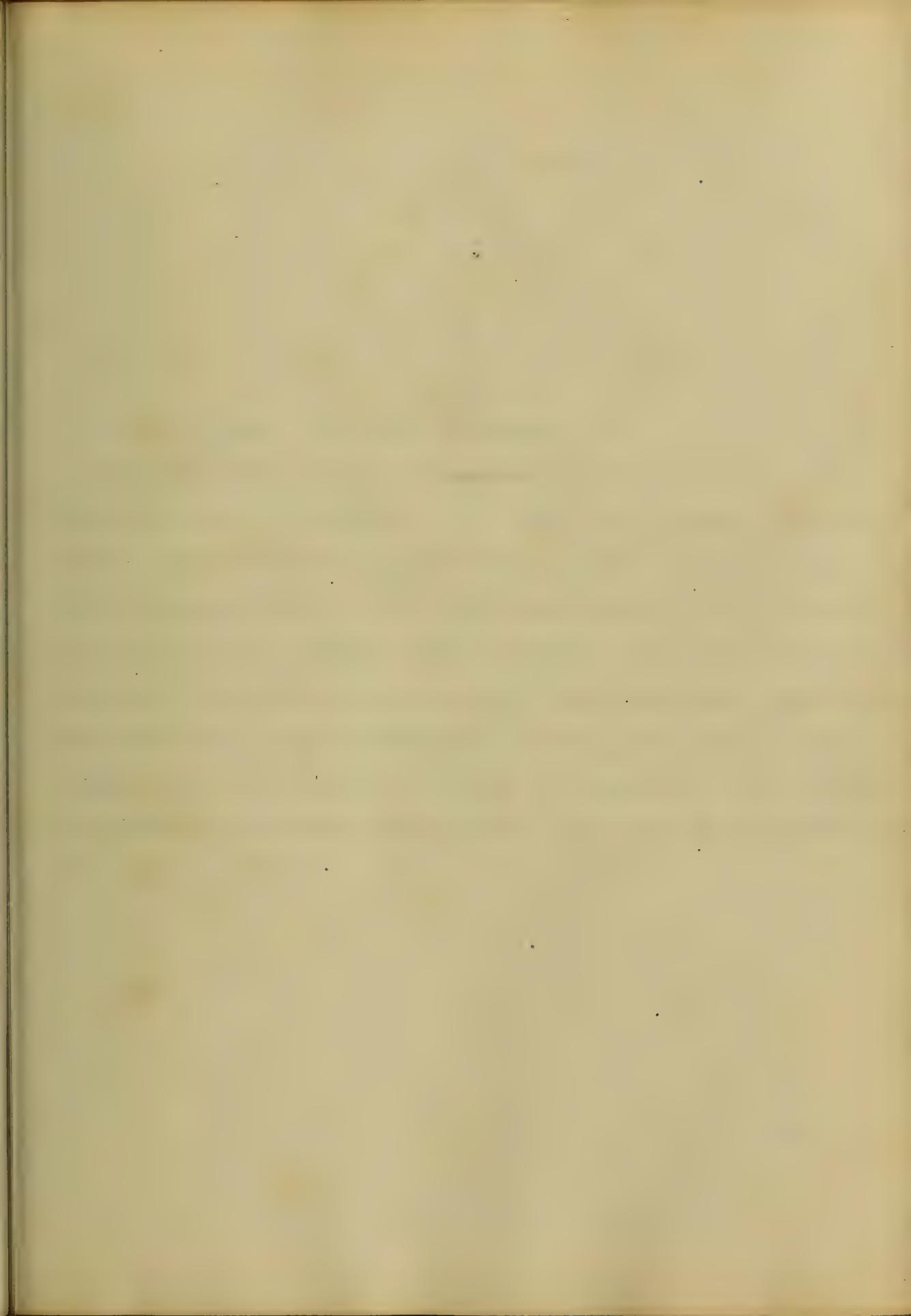


*D*n
Inaugural Dissertation
On
INFLAMMATION,

Submitted to the examination of the
Provost, Regents and Faculty of
Physic of the University of Maryland,
for the degree of Doctor of Medicine.

By
F. C. Neale
— 3 —

17. 10. 1908
Dear Mr. & Mrs. [unclear]
I am sending you a copy of the
"Journal of the Royal Microscopical Society"
for 1908, Vol. 28, No. 1, containing
my paper on "The Microscopic
Observation of the Nucleus of the
Root Hair Cells of Urtica dioica".
I hope you will like it.
Yours very truly,
John C. H. [unclear]



To

Professor D. W. Mittenberger

This humble essay is respectfully dedicated, as a slight testimonial of gratitude, for the unrearied assiduity with which he has applied himself, often at much personal inconvenience - to the instruction of his pupils: for the kind and active interest he has always manifested in their advancement; and for the courteous, gentlemanly consideration, which has always marked his intercourse with them; also as a tribute of respect to the high intellectual qualities, which have elevated him to the dignity he now enjoys.

In selecting inflammation as the subject of the present
essay I have been governed, by the intrinsic importance of the
disease, by the necessity of a proper appreciation of its nature
and the varied character of its effects, and by the exceedingly
interesting process, which mark the various stages of
its progress. Interesting and important, alike to the physician
and the surgeon, a knowledge of its nature, symptoms, course,
and consequences, is indispensable to the intelligent applica-
tion of the means for its prevention or removal. The exten-
sive field of its operations, entering largely and often ex-
clusively as it does, into the constitution of the great ma-
jority of diseases to which flesh is unfortunately heir; the
frequently rapid, violent and destructive character of its ca-
reer; and the lamentable changes it sometimes produces in
the human frame, as well as the exquisite suffering to which
it often gives rise, all render it a subject of special interest
to me, like the physician, whose office it is to minister to
the diseases of suffering humanity. Such being the gravity of
its nature, and the wide range of its influence, it is not
surprising, that its steady and thorough investigation should
have occupied the attention of numerous scientific and
diligent medical observers, whom the writer, who has been
practised & appreciated. The results of their observations, ex-
periments & reasonings, have thrown so much light upon this
previously obscure subject, that the phenomena accompanying
the inflammatory process, as at the present time, probably

better understood, than those of any other morbid action to which the body is subject. In following their investigations, we have learned some peculiarly remarkable points, in connection with the disease. Of these, probably the most interesting is, the apparently anomalous fact, that the same cause is capable of exerting at one time a conservative, at another a destructive influence upon the system or a portion of the body; that the agency by which solutions of continuity in the body are repaired, is identical with that by which under other circumstances, they are produced. This seeming paradox is explained by the fact, that the difference between the two effects, is merely in degree, being ~~select~~^{select} effects being produced when the inflammation is carried to a certain extent, a greater & destructive one, when that point has been passed. Thus can we remove the apparent inconsistency, of regarding the inflammatory process, as, in some cases, a healing process, yet in those very cases, taking measures to defeat its occurrence. We apply our anti-pathological treatments, to prevent the extension of an action, which, suffered to proceed, might lead to disastrous consequences; confident, at the same time, that we cannot, by such treatments, prevent that degree of it, which is necessary to accomplish the reparative indication.

Having seen that this agent is powerful for good, as well as for evil, let us return to the more immediate object before us. I consider it in its morbid aspects. — Perhaps it would be better, in tracing the course of this disease, to take the summa-

starting-point, from which they must have separated, when
fish commenced their investigation, viz. the symptoms

In inflammation, there are two sets of symptoms, the local & the general or constitutional, each indicating its existence, by signs, peculiar to itself. The local symptoms are generally, i.e. precursors of the general, & are marked, with more or less modification in different cases, by redness, swelling, heat & pain. These are the four prominent characteristics of local inflammation, which will be spoken of more in detail, hereafter. This local condition continuing & being sufficiently extensive, is found conjoined with the constitutional symptoms, indicating that the system generally, is sympathized with & is affected by, the local disorder. The constitutional affection is manifested, first by the prodromic symptoms, such as, general feeling of malaise: languor: indisposition to exertions: either mental or physical: sluggishness of the intellect: fulness about the head: vague, wandering pains: loss of appetite: torpor of the bowels. These continuing for a variable period; then again, other more decided evidences of constitutional disturbance. The periorbital symptoms increased in violence, if the patient is seized with a chill & the usual symptoms of defecation; cold surface & extremities, weak pulse, pinched features, nausea &c. This state is soon followed by the occurrence of active febris, & excitement. Skin hot & dry, eyes injected, face flushed, headache, nausea, constipation, pulse frequent, hard & tense, feeling like a chord under the fingers, generally full, though sometimes, as in serous inflammations, small but still hard, incomplete.

longer moist & coated with whitish fine or calcareous matter, with edges & tips red & some sections generally suspended by present, scanty in quantity & altered in quality: respiration, hurried & labored, with breath hotter than natural; urine scanty & bright, highly colored, depositing considerable sediments. These are the symptoms, which, in a greater or less degree, mark the existence of that condition of systems known as *Symptomatic fever*. This state of things, may either continue until the disease has progressed to some one of its destructive events, or it may subside with the gradual abatement of the symptoms.

Having now noticed the signs, by which this morbid condition may be recognized, we will proceed to a more minute examination into the seat & mode of origin of inflammations, & trace the successive steps of its development.

The capillary system, being invariably the primary seat of inflammatory actions, it becomes important, to inquire into the mode of formation, functions & action of that system, & here, we must call to our aid the researches of Physiology, without however, stopping to investigate the mode, in which its facts were ascertained. — Starting from the central organs of the circulation, the heart, we trace the currents of the blood through the arteries & veins, until we reach a point where the ultimate ramifications of the arterial system & the radical commencements of the veins, become too small, to be appreciated by the unassisted eye. And here it is, that we meet with the capillary system, intermediate between the arteries on the one

hand of the veins on the other. It is composed of a web work
 of microscopic vessels, anastomosing & interlacing with each
 other, in every possible direction, & having this peculiarity, that
 they preserve their same caliber, throughout their whole course,
 thus differing from the diverging branches of the arteries gradually
 diminishing in size, & the formation, gradually enlarging
 branches of the veins, the arteries terminating and the veins
 commencing in the capillary system. This web work of ex-
 tremely minute vessels, ^{is} distributed over the whole body, their
 calibre varying, from 100. Years to 1000 or even 10000 of an inch,
 the average diameter being from $\frac{1}{3700}$ to $\frac{1}{1850}$ of an inch,
 more minute than any other structure of the body, except
 the ultimate mass of muscular fibers, which are, therefore not
 furnished with blood vessels ramifying within them, but have
 them closely distributed around their substance. In this system,
 are performed all the various functions of nutrition, secretion,
 excretion & exhalation. The blood, during its passage through
 these vessels, has become changed from the bright, arterial
 scarlet, to the dark, bluish red of the venous current; has
 deposited that portion of its burden destined for the nutrition
 of the various organs & tissues; & has become loaded with the
 effete masses of the system, from which it is to ^{be} relieved by
 the influence of the atmosphere, in its transmutation through
 the lungs. The capillary system then, is the laboratory
 of the animal economy, in which are carried on all
 the great processes of assimilation, & excretion, necessary to
 its healthy existence. And being the seat of such important

operations, it becomes an interesting question, whether the capillaries receive any peculiar controlling influence over the circulation through them. The peculiar controlling power of the capillaries, has been denied by many physiologists & as there is also a creed by others, both, without entering into the anatomical arguments on this question, a few oft-observed phenomena may be mentioned, which can be accounted for, on no other hypothesis than that offered by this affirmation of the question. Thus, the ordinary blood phenomena of the blushing, in which the capillaries of the face become congested, the post mortem continuance of some functions, as growth of hair, excretion of urine &c. the sudden & complete cessation of the circulation in a part the seat of spontaneous gangrene, and the effects of external impressions made upon a part.

Can all or any of these occurrences, be explained, except on the supposition of the existence of some power, resident in the capillary system, independent of that which regulates the general circulation? If the contractions of the heart tend, as they must, to an equal distribution of the blood, why is it, that there is this unequal flow, as shown in the sudden congestion of the minute vessels of the face, in blushing. If continuance of function is only co-existent with vital power of the circulation of the blood, why is there this continuance of functions, after general death, when the heart has ceased to act, & of course to propel the general circulation? These are questions which can only be answered, by supposing some independent power

in the capillaries, of regulating their own circulation. There are many other arguments, which have been frequently adduced by the supporters of this theory, seem to prove conclusively this position.

Having given a condensed account of the capillary system & its functions, we come next to consider, the great vehicle for the transmigration of the building materials of the economy, the blood, which is so intimately connected with the inflammatory process & whose changes during that process, afford so important a subject of investigation. The composition of the blood, has been found by repeated analysis, to consist of, in general terms, the red corpuscles & the liquor sanguinis. The red corpuscles comprise two portions, haematoxin or coloring matter, & globulin or the substance of the corpuscle. The liquor sanguinis contains fibrin, albumen, mair, fatty & extractive matter, & salts. The proportions, are generally given as follows: In a 1000 parts of blood

Globulin or substance	125, 627
RBC corpuscles.	127, 897

Liquor Sanguinis,

Liberio 2, 948

Albumen 67, 804

Water 790, 371

Nat., salts, & other matt. 16,980 872,103
1000,000

Such is the average constitution of healthy blood. But these proportions may vary considerably, either above or below this average, without exceeding the bounds of health. Thus, the

red corpuscles, the average proportion of which is about 125 parts in the thousand, may rise as high as 140, or fall as low as 110, the maximum & minimum limits of the natural range. The average proportion of fibrin is about 3 parts in the thousand, but in some cases, it has been known to rise to 3.5 or even 4, & sink to 2.5, still with the preservation of apparent health. The albumen also may vary in quantity, though its variation is not of so much importance as those above mentioned. Thus it will be seen, that in different individuals, under the influence of some idiosyncrasy, the proportions of the much important constituents of the blood, may vary from the average; but there is in all cases, a maximum & a minimum point, beyond which they cannot pass, without encroaching upon the confines of disease. Besides the constituents already mentioned, there is another article remains to be noticed, which is the colorless or "lymphatic globules" as they are called. There is but something remarkable about these colorless as compared with the red, corpuscles. The red corpuscle, is a smooth, round, flattened body, elastic in character, with an average diameter of $\frac{1}{3600}$ or $\frac{1}{4800}$ of an inch, (thus corresponding in size to the capillary vessels,) & holding their course along the center of the circulating current. The "lymphatic globules" on the contrary, is spherical in shape, fewer in number than the red, many of them not smooth, but somewhat roughened on their surfaces & inelastic. They also differ from the others, as to their position in the currents, moving more slowly than the others, & clinging

as it were, to the parts of the body. These constituents, we shall find hereafter, to be of some importance, when considering the changes in the blood consequent upon the inflammatory action.

Having considered the two most important elements to be observed in connection with the phenomena of inflammation, viz. the capillaries, the recipient seat of the disease of the blood, in which such important changes occur as its effects, we are now prepared to enter upon the examination of the phenomena of inflammation. We have already noticed the intimate relations existing between the capillaries & the blood circulating through them, as regards the mutual adaptation of their functions & the control exercised by one over the other, & we shall not then be surprised to find, in what follows, the extensive play of these sympathetic relations, & how the change of condition from a modifying cause acting on one, produces corresponding modifications of function or condition in the other. — The first effect, of an exciting cause applied to a part, is undoubtedly, an impression upon the nerves of the part. The intelligence of this impression being communicated to the nervous centre, evokes a return of additional nervous energy to the parts affected, thereby causing an additional supply of blood to the part, & thus the circulation is quickened. This increased efflux of blood, acts as a still farther stimulant, a larger quantity of blood is called, the circulation, however, must be necessarily accelerated, & in a short time the part becomes tumid from the abnormal amounts of blood present, the capillary vessels being distended, without however a loss of their tone. From this

condition, if the irritant cause be slight & not continued, the part gradually recovers by the subsidence of the increased circulation exciting the disengaged vessels. But the exciting cause remaining, still further changes take place; the capillaries push upon the stretch, by the large quantity of blood present in them, begin to lose their tone, permit the entrance of a still greater amount of blood, & the vessels in the neighborhood, beginning to partake of the excitement, hurry on their current towards the scene of action & thus add to the mischief. Effusion now takes place from the coats of the weakened vessels, consisting of serum or fibrin or of both. The effect of this effusion, is to relieve the congested capillaries, & if the course of the morbid action be here arrested, resolution is still possible, & is effected as before mentioned, by the gradual abatement of the symptoms. The character of the action in this second stage, is still that of excitement, though of more intense character, & as the functions of the part are not yet suspended, increased exudation takes place, which, in the subsidence of the disease, is rapidly absorbed. Here it is, that are first noticed, those changes in the blood afterwards more markedly developed in the third stage. The liquor sanguinis is increased in quantity, the increase being more perceptible in the fibrin, which, besides being augmented in quantity, has its quality also affected, its plasticity being greater. The "colorless globules are also altered, their quantity being increased, their transparency greater than usual, causing a uniform checkerboard

between them. The red corpuscles are relatively diminished, in number, with increased adhesiveness, & having also a tendency to forsake their ordinary course in the circulating currents. This state of things however, cannot long continue. Either resolution must take place, or the disease passes on to its third stage or that of true inflammation. In this, the symptoms are all aggravated. The capillaries, having lost their tone & become over-distended, a larger quantity of blood is accumulated than in the previous stages, forming a large tumor, with a central hardness from the effusion & concentration of the fibrin, & the circulation has become impeded & in some points altogether stagnant. This stagnation of the circulation proceeds from the following cause. We have seen that in the previous stages, the cohesiveness & quantity of the constituents of the blood are augmented, owing to this exaggerated condition, the colorless corpuscles, whose current is naturally slower than that of the other portions, become still more sluggish. With this change in their number & predisposition to coction, they are acted on by the excited tide behind them, & finally forced into that portion of the capillary circulation, where the current is slower from the distension & loss of tone of the vessels; here, they are arrested, until cohesion takes place between some of them, & the nucleus once formed, the obstacle rapidly grows in size. Then the other constituents, whose tenacity also we have seen increased, collect around the primary point of arrestation. & thus finally, the circula-

tion is completely arrested. At the same time the velocity of the collateral current becomes greater & adds to the difficulty by forcing constantly a fresh supply of deteriorated blood against the impediment. The coats of the capillaries, having lost entirely their tone, become striated, softened & finally perhaps ruptured, permitting the extravasation of blood in substance. The fibrin effused in large quantity, ^{is} ~~is~~ incapable of contributing to the formation, is ^{more} ~~less~~ plasctic, & gives to the formation of a lower type of organized matter, pusts. Degeneration of texture is going on, & the products of the disorganization mingle with the other deposits. The function of absorption entirely suspended & that of nutrition perverted. Such is the state of inflammation.

Having traced with sufficient minuteness, through the inflammatory process through all its successive stages, we are now prepared to examine the various symptoms previously mentioned. As the local signs are the first to attract attention, we will first consider them. As previously remembered, they are four in number. Redness, heat, swelling, pain.

Redness. This is due entirely to the augmented quantity of blood in the part. As in certain parts of the body, there are capillaries which, in their normal state, are invisible to the naked eye, (the "vasa vasorum" of the old writers, so called from the erroneous idea that they carried over the serum of the blood) but become visibly red, when infected with blood, under the action of any irritant; so, in other parts of the capillary system which are visible to the unassisted eye, the color is deepened

in these, from congestion of the vessels, under inflammatory action, & also from the brown color of the blood itself. To be of value as a sign of this pathological condition, the redness must be permanent, as the same sign may occur in other circumstances. It must also be conformed with other symptoms.

The tint varies, according to circumstances, being of a bright crimson red in acute cases; of a dark, purplish, venous hue, in chronic, asthenic conditions; and of a yellowish tinge, often complicated with biliary derangements.

Heat, is one of the most constant concomitants of local inflammation. It is produced by the large amount of blood present, & thick blood tho. secretes of serious chemicals of vital change. The sensation of heat, experienced by the patient, is purely attributable, to the morbid sensibility of the nerves of the diseased part, more keenly asperciating the rise of temperature.

Swelling. This is attributable entirely, to the effusion from the vessels, & is usually salutary in its tendency, but sometimes its effects are injurious. When occurring in an exothermal part, where the loose extensible tissue, readily admits of its presence without the infliction of injurious profound or surrounding textures, the effusion is beneficial, by the relief it affords to the engorged vessels. Such where it takes place, in internal organs, or in the vicinity of parts, whose functions would be impeded by its presence, as in the pericardium; or the pleura, its effect, if the amount be great, may be very serious. Again, where this effusion is seated beneath the firm, unyielding texture, of a fibrous expansion, its own injurious effect of pressure, is

the first time I have ever seen a bird of this species. It was a small bird, about 10 cm long, with a dark cap, a white forehead, a black patch on each side of the neck, and a white belly. It was perched on a branch and was looking around. I took a few pictures of it and then it flew away.

added to the disorganized tendency of the inflammation, the consequences may be more disastrous. Thus we see, that tendency of the condition, is beneficial or otherwise, according to its seat, amount, & nature or functions of the parts in or near which it may be located.

Pain. This ^{though} almost universal, accompaniment of inflammation, is no however article so unlikely to deceive, by reason it exists under several other conditions than those we are now considering. The general characters of pain in inflammation, are these; slight at first, but steadily increasing with the advance of the acute disease; constantly from the beginning, ^{until} ceasing ^{unless} resolution occurs or the part dies; and invariably augmented by pressure. It proceeds from two causes. One is the pressure exerted upon the nerves, by the tumefaction, & by the throbbings of the arteries, which, under their increased action, dilate & elongate, thus pressing upon the nerve rami. The other is, the morbid sensibility of the nerves themselves, which participate in the morbid condition of the surrounding parts. The amount & intensity of the pain, are influenced by the situation of the disease. If haemorrhage occurs in which effusion happens, a yielding, soft pressure is, of course, made upon the nerves, & consequently, soft pain will be experienced, then under opposite conditions. Thus in periostitis, the pain is far more acute, than in inflammation of the loose, sub-cutaneous, cellular tissue. Pain is sometimes also of a particular, occurring in a part, more or less distant

from the true seat of the disease; as pain at the orifice of the urethra, in inflammation of the kidneys; pain felt in the knee joint, in eczema; pain along the inside of the arm in pericarditis.

The inflammatory action continuing for a longer or shorter time, results in one of the following events: Resolution, Effusion, Haemorrhage, Suppuration, ulceration, mortification, Induration & softening. Of these, only two are properly the termination of inflammation, viz. resolution & mortification, as it is only in these two cases, that the action ceases entirely. These events, will be mentioned in the usual order of their occurrence. The first & most desirable event, & that towards which no remedies are directed in the earlier periods of the disease, is resolution. This is, fortunately, a natural tendency in the morbid action, to terminate in this mode. But it can only be accomplished, where there has been no considerable change in the texture or functions of the affected part. If the exciting cause has not been too powerful in its impression, or the previous condition of the part, such as to render it peculiarly susceptible to the action of the mortific agents, & particularly if timely application has been made, of the proper remedies, we perceive the symptoms gradually abating & disappearing, & the part returning to its normal condition. The vascular excitement in the neighbouring tissues first subsides, & the immediate heat of the disease being thus relieved from the undiseased parts, & the increased circulation behind, is shortly relieved from its congested state. The red & velvety exanthemata at the point of

stagnation, begin to separate, & remove that caused by removing the obstacle to the circulation, which then slowly returns. Coincident with the disappearance of these conditions, the pain, heat & redness which were dependent on them, subside. The vessels, relieved from distension, regain their tone, contract upon their contents & thus still further tend to restore & equalize the circulation. Lastly, the function of absorption, comes again into play, & removes the effusion, more or less rapidly, according to its amount & exactness. The effusion disappearing, so also does the swelling. At the same time, those ~~other~~^{changes} which are going on locally, the constitutional symptoms also subside, & generally, with the occurrence of some critical discharge, as profuse diarrhoea, increased urinary secretion, & pains of evacuation from alimentary canal &c.

Resolution does not however, always take place in the gradual manner above detailed; but sometimes, disappears suddenly & completely, without passing through the various steps described. When the inflammation thus suddenly terminates in a pustule, the process is called deliquescence, & though, at first sight, it might seem to be a favourable circumstance, yet this always to be regarded with suspicion, as in such cases, another process is likely to occur, called metastasis, which may, or may not, prove serious, according to the circumstances. This metastasis, consists in the abrupt transfer of the disease from the part originally its seat, to another & perhaps distant organ. Its gravity, will therefore depend, upon the relative

importance of the two organs in power between which the mutual exchange of conditions takes place. Thus, some internal affection being affected, may have action, ^{so} say suddenly & completely, ^{or} gradually, outside in the skin. A cutaneous eruption immediately supervenes: a change, beneficial in its tendency, & one which we endeavor to imitate, in some of our therapeutic measures, as in the use of common irritants. Again, inflammation of the pointed place, may be superseded by a similar action in the mammae of the female, or in the testis in the male, a change which has a particularly evil tendency; but if, with the same affection, a transfer to the brain should happen, & meningitis be lighted up, then, the case becomes very different, & very serious. So also the tendency of rheumatism, to give rise to inflammation of the heart, or its appendages, renders what, otherwise, would be diseases of no danger, one of great solicitude to the practitioner.

The next result of inflammation, is effusion. This consists of the exudation of serum, or fluid, or of blood, into the substance of the part affected. The first, serum, is the result of the interior actions it has which produces the other products, fibrin. It is exactly, in composition, with the serum of the blood, & is undoubtedly that constituent of the blood, exuded through the vessels, modified in character; containing more albumen than natural, & being of greater specific gravity. The tendency of this effusion, as we saw, when operating of swelling is generally beneficial, or rather always beneficial in tendency, but sometimes injurious in effect.

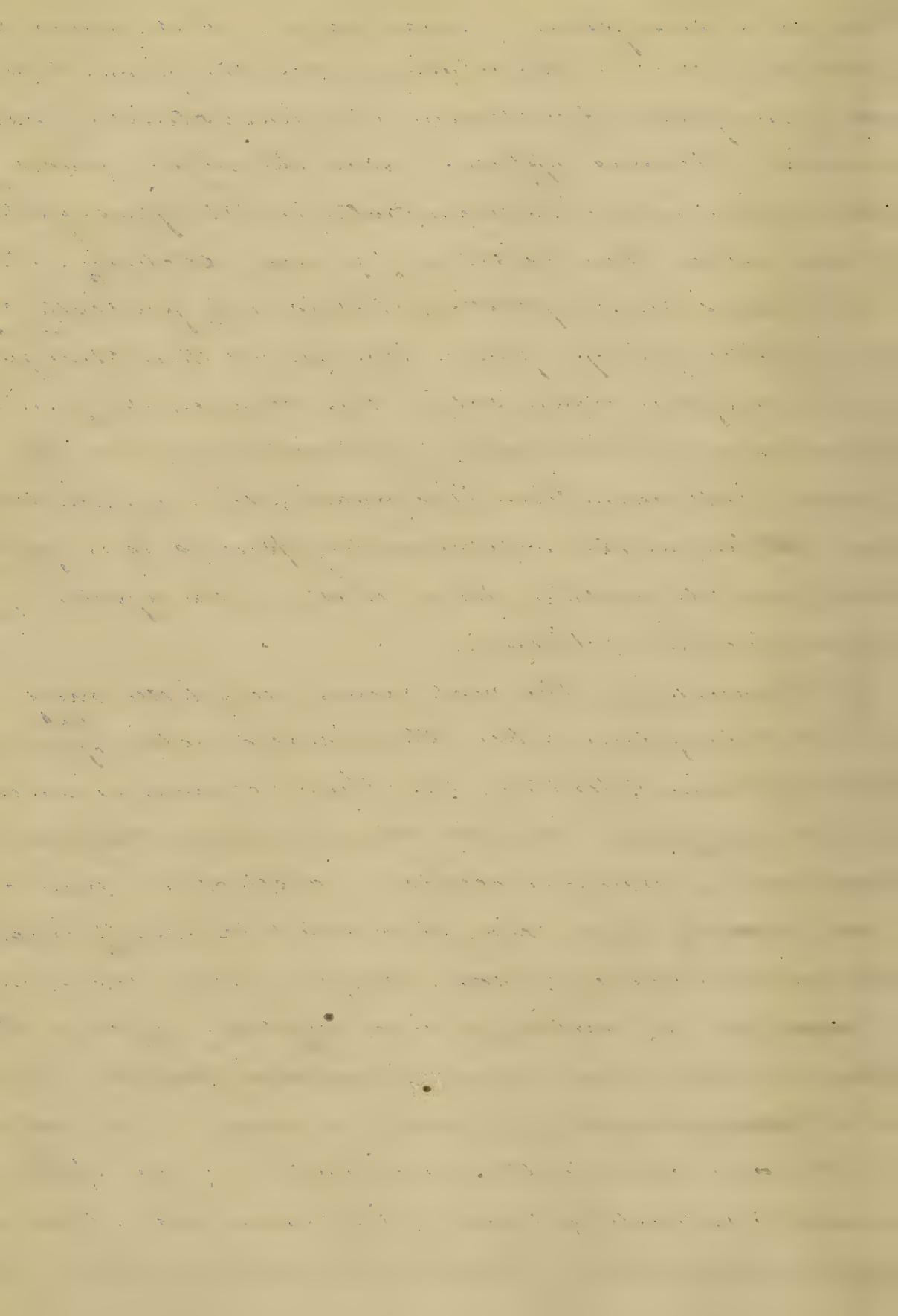
This salutary effect, however, will depend very much upon the sum of the tension of the muscle of function of the part or organ in its neighborhood &c &c, & thereupon the surface will be carried off with a loss of very important consequences, as from the peritoneal face of the alimentary canal, or from the mucous membrane, causing hemorrhage. The effects of effusion, having been sufficiently discussed under the head of swelling, it is unnecessary to dwell upon them long in this place. The soreness, often predominant in a part from which it cannot readily escape, may be productive of great mischief, the varying, in the case of serous sacs, according to the amount, but also, according to the rapidity of the effusion. Take, for example, the pleural effusion, the action of intense inflammation, a large quantity of fluid, should be suddenly poured into the pleural cavity, the consequences, would be far greater, than where the same, or even a larger amount, were effused more slowly. In the one case, the lung is taken by surprise, & its function impeded, entirely suspended, before it has had time, to accommodate itself to the change of circumstances; in the other, the necessary warning, is given to the surrounding organs, so a compensatory effort is made, by the lung, both of the affected & sound side. Thus, we see, the effect of this product, is beneficial or injurious, according to its locality & the rapidity of its accumulation.

With regard to the other products of effusion, fibrin, was

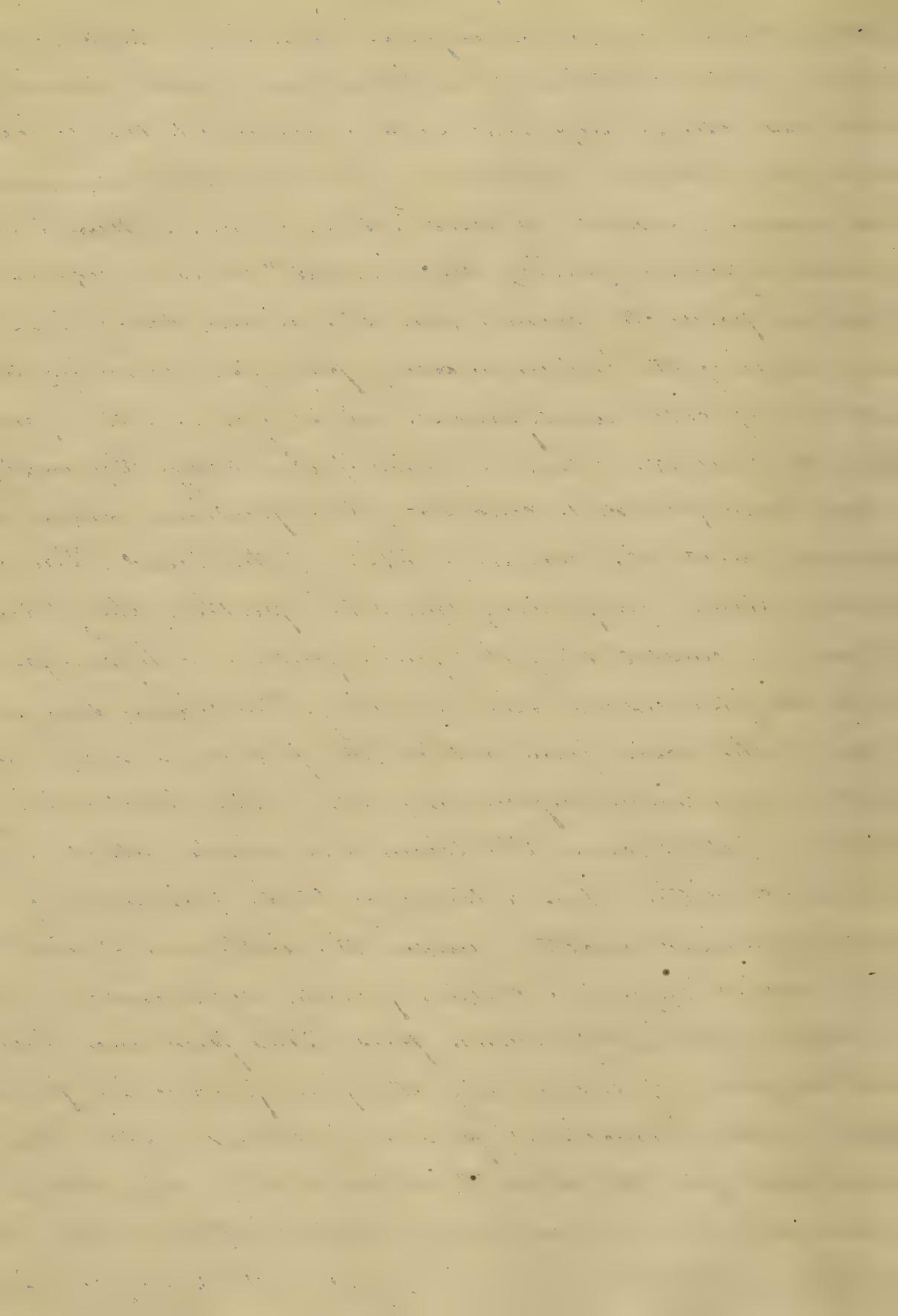
feared, that the same contingencies, are concerned in its
usefulness also to man, than those arising from the peculiarity of
its propagation. The character of this, now, spontaneous
coagulability, of the capability of becoming organized, con-
verted into tissue, of the same nature as the texture in
which it is enclosed. When first deposited from the vessels,
in the active stage of inflammation, it is a soft semi-
fluid, tenacious & transparent substance, which, while
undergoing its natural change, concretes, separating, in a
great degree from the accompanying serum, & forming a
yellowish white film, of adhesive substance, varying in form,
according to its situation. It may occur, on the surface or
under the surface. As, in the former case, on the margin
of incised wounds, when it coagulates into films or detached
masses, the serum portion trickling away; & in the latter
case, as in abscess, forming concreted masses in the cellular
tissue. In both instances, its effects are analogous, in one,
being the bond of union between the divided edges; in the
other, throwing up a firm impediment to the further exten-
sion of the suppuration. Its presence becomes injurious, when
situated so as to interfere with the exercise of function in an organ,
as when bands of coagulated lymph, bind, obstructing the
vital column, comprising its structure, & thus interrupt-
ing the access of air; or when, as in peritonitis, a loop of
the organized fibrin, has surrounded a portion of intestine,
constricting it, & favoring the occurrence of ileus. These are
changes, that take place in the plastic lymph, that is

where it is a deposit of organization. But, under the influence of certain modifying causes, the fibrin becomes entirely incapsulated, undergoing its characteristic, natural transition & becomes plastic, as in the higher grades of inflammation until it degenerates into the pus globule. Again, when there exists any general cachexy, the fibrin becomes caseous plastic, that is, only partially capable of fulfilling its processes. Through all those changes, until complete organization has occurred, the fibrin is still amenable to the action of the abscessants, on the subsidence of inflammation. This organization, cannot however go on, so long as the inflammatory process is in progress, which from its nature, tends to the interposition of fluid & the destruction of tissue.

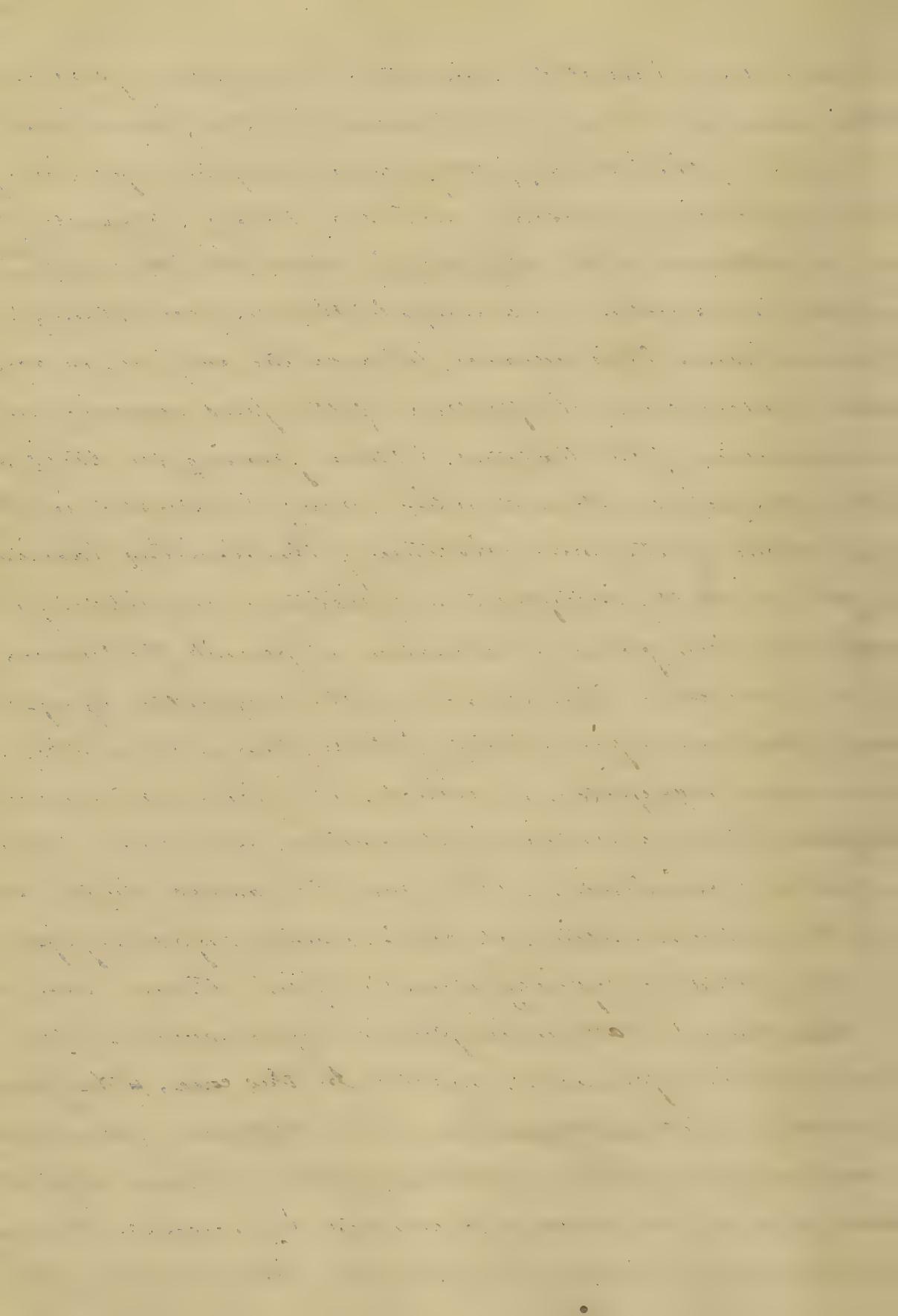
If hemorrhage, the next event, very little need be said. In tubercles, where the diseased action ^{has} proceeded to disintegration of tissue, hemorrhage occurs, is an unfavorable symptom. This is not however, always dangerous in its indication. When it occurs in a situation, from which it can readily find exit, it is not to be rashly interfered with, as the tendency of hemorrhage in these cases, may be beneficial, by exerting a direct depletory effect on the inflamed vessels. But when in confined positions, thus, like the other products of effusion, it may be very deleterious, in the same way, to the consideration of one of the most common & interesting events of inflammation, that is, Suppuration, which consists in the production, of that



peculiar fluid, recognized as pus. "Pus, is a thick, creamy opaque fluid, containing in fluctuant matter; having no organized, choky deposit; soft, inelastic to the touch; having an alkaline reaction; of a rankish animal odor, when warm, which it loses when cold; & has twice the greater specific gravity than water." It is a regularly organized product, formed from the liquor sanguinis effused during the inflammatory process, according to the usual law of cell development, which governs the formation & growth of all the tissues & fluids of the body. By analysis, it has been found to consist of two portions, solid & fluid, identical, with the serum & fibrin of the blood. The nucleus & walls of fibrin, comprising the solid portion, the globules, & the serum constituting the fluid portion, or liquor puris, in which the globules are seen floating. The liquor sanguinis, is then the basis, from which the purulent matter is elaborated, by regular developments, & not, by the dissolution or putrefaction of the tissues. The liquor sanguinis, which, in its normal condition, has a tendency to the formation of higher types of organized matter, under the influence of morbid action, carried beyond a certain point, degenerates & forms the lower organized product pus. This pus, once formed, has the power, of sustaining the pus-producing process, & thus is the formation of pus maintained, after the action which first gave the start to its production, has ceased. This is exemplified in the surface of a mortified ^{ulcerated} wound, where there is a copious excretion, with us, of pus, without any co-existence,



inflammation. Situated beneath the surface, pus may be either circumscribed, or diffused. In the former case, it is limited by the barrier of coagulated lymph, a previous product, which cementing effusion, forms a strong & generally effectual impediment to its diffusion; & when this ^{material} limit is thus limited, its direction is always to the surface, strongly opposing tissues. This advance towards the surface, is accomplished by ulceration, the progress of the pus, causing molecular disintegration of the tissues, & thus opening for itself a passage. But its progress in that direction, may be arrested in two ways; either in the non existence, of the limiting barrier of lymph, or by the interposition of textures, unyielding in character, & too little prone to ulceration to permit the transit of the purulent collection. The absence of the coagulated lymph, may proceed from some peculiarity of the inflammation itself, as a pleomorphic ^{organism} & ^{age} is often, in which, the fibrinous excretion takes place, but so altered in its nature, as to have become incapable of coagulation. This may be caused by the intensity of the inflammation, its various stages, up to suppuration being completed so rapidly, that the fibrin thrown out, has not had time to take on its partial organisation, before it is broken down into purulent matter. In this case, the pus, meeting meeting with no opposition to its diffusion, penetrates into the cellular tissue of the neighboring parts, & becomes a productive of serious consequences, unless arrested by incisions. It may also, as mentioned above, be prevented from reaching the



surface, if coming in contact with some unwilling structure, as the dense or fibrous membranes, which offer ^{the best} opposition to its further progress in that direction. When thus directed, if the accumulation going on by the conversion of the fibrin into pus, the barrier of lymph is finally destroyed, & in this manner also, the diffusion of pus occurs into the surrounding cellular ^{tissue}, producing the same effects, as when not limited in the first instance. Thus, we see that the local consequences of this accumulation, are dependant on its situation, & the various circumstances connected with its production.

Inflammation then, is essential to the first evolution of pus, but, somewhat soon to be over, once formed, the inflammatory action is no longer necessary, for its continued production. This reproductive power of pus, is a salutary provision in some instances, as on the surface of an open wound, where the tender granulations require some protecting medium, to shield them from the injurious action of the atmosphere; & how this bland, unirritating liquid is being constantly formed, from the liquor sanguinis effused upon its surface. Besides the local consequences of this suppuration, above detailed, there is a corresponding change, which occurs in the constitutional symptoms, if the suppurative process has been sufficiently extensive or has involved an important tissue. In that case, we notice the advent of ^{the} hectic fever, which is preceded, as in the inception of inflammation, by rigor. This rigor, is followed by the symptoms of febrile action, hot skin, the peculiar circumscribed bloom upon the cheek, which has received the characteristic appellation of the "hectic bluster".

pulse small, rapid, sometimes hard; tongue, dry & glazed; burning sensation in the palms of the hands, & soles of the feet; this fever finally passing off with profuse perspiration. This fever is remittent in character, the exacerbation occurring twice a day, more & evening, preceded by slight rigors. Emaciation proceeds, though the appetite may not be impaired; respiration becomes short & hurried; stools, at first constipated, profuse diarrhoea, coming on subsequently, if protracts of the fever be not checked; strength rapidly diminishes; sleep is disturbed, unrefreshing; urine varying, sometimes scanty & highly colored, more frequently copious & pale; while the mind remains clear & intelligent, despite the rapid failure of the physical powers. Such is the type of hectic fever, varying in different cases, according to the extent of the suppurative process.

This hectic condition, was for some time, supposed to depend upon the absorption of pus into the circulation. But this cannot take place, as will be evident from a moment's consideration. The pus globules, has been ascertained, by microscopic investigation, to have an average diameter of the $\frac{1}{2000}$ of an inch, which is larger than the blood corpuscles. Now, as the blood cannot escape in substance, through the unbroken coats of the capillaries of veins, so the pus globules, being of greater dimensions than the blood cells, cannot of course, be absorbed by the coats of these vessels & conveyed into the circulation. Moreover, it is not necessary to resort to the hypothesis of prevalent absorption, in order to explain the occurrence of hectic fever; since it can be more satisfactorily accounted for, by

by the constant drain upon the system, which is going on during the progress of suppuration. The living sanguinis, the nutritive materials of the blood, which should have been appropriated for the purposes of nutrition ^{is soon to lose its} formative & nutritive properties, & become converted into a product, entirely ^{un}applicable to the purposes of assimilation. The system, being thus deprived of the compensatory process, in which the natural elimination of ^{the} ^{dead} ^{or} ^{useless} ^{parts} is replaced, necessarily gets the changed, & pusous ^{the} symptoms of hectic fever. Pus, may however, be mingled with the circulation, through the absorption. In erysipelatous phlebitis, for example, where pus is found inside of the vein walls & has no limiting fibrinous barrier, it must of course, be carried along with the current of the blood. In this way, pus may exert a direct deleterious influence on the system, causing metastatic abscesses to start up suddenly in different parts, more frequently the lungs, & thus give rise to the hectic symptoms.

Such is suppuration: a process entirely different from those, we have previously been considering, of which might be treated of much more ^{fully} ^{in extenso}, did the limits of this essay permit. From this, we now pass to another process, perhaps equally interesting, playing a very important in the course of inflammation, viz. ulceration. By this term, is meant the molecular disintegration of tissues, its death taking place ^{particu-} ^{lare} in particle, thus distinguishing it from the death on maffer, which is the result of mortification. Ulceration is the consequence of a still more advanced degree of action, than that which we

found to be necessary for the elevation of parts of the body, so that products only in emanating from the same cause, like suppuration, ulceration, can only proceed during the persistence of inflammation, & its ~~appearance~~^{destruction} goes on pari passu with the subsidence of the inflammation. It then owes no origin but inflammation, & can only be co-existent with it. The rapidity of the process, is in direct relation with the intensity of the morbid action & the vital power of resistance performed by the part affected; & thus we have all the different varieties of ulcers, as the simple, the acute, the irritable, the serofusous, (modified by the constitutional strumous liability), the inflamed, the puerperal, all differing, only in the amount & intensity of inflammation. Ulceration may occur, either on a free surface, or beneath the surface, as in an abscess, where it is the means by which the purulent matter opens ^{itself} to the surface. All the tissues of the body are liable to its invasion, though there is a great diversity in the propensity to it, exhibited by different textures. Thus, the mucous, vascular, tegumentary & parenchymatous structures generally, are remarkably prone to be affected, while the serous, fibrous, nervous & vascular (blood-vessels) will, for a long period, resist its action. We may often find, bones, tendons, nerves & blood-vessels, exposed by ulceration, which has destroyed all the parts around them, but left them, as yet, intact. Abscesses with concomitant ulceration, may exist under an aponeurosis, & expand it, & perhaps destroy all the textures in the vicinity, & more the fibrous tissue will yield, as we see in paravertebras. This comparative immobility injures no other tissues, is sometimes beneficial,

sometimes the reverse. The power of violent & protracted friction, nerves of local irritability, is evidently conservative, as also the same property of fibrous texture, which it prevents the extension of the disease to important parts. But, when the ulceration takes place beneath a fibrous expansion of its passage to the surface, it is aggravated, the consequences may be disastrous, as was fully realized, when speaking of effusion. There is but one case, in which this destructive action of ulceration may be called salutary, & that is, where it occurs for the purpose of separating dead from living tissues, as in mortification, where the mortified part is thrown off by the agency of ulceration.

Mortification, one of the two proper terminations of inflammation, consists of the death of a part in mass, not gradually, molecule by molecule, as in ulceration, but suddenly, completely, in considerable portions. The affected part is no longer obedient to the control of the vital powers, but becomes subject to the operation of chemical laws of forces which speedily reduce it to a state of putrefaction. Inflammatory action, has here reached its acme & can go no further. Up to this point, we have seen that it is capable of progressing, step by step, from one process to another, each successive one more destructive & further removed from the healthy condition than the last: but here, it has done its work, & can accomplish no more; the part passes from under its influence, to the control of forces as powerful & destructive as itself, though operating in a different manner. — Mortification, is the generic term used to ^{comprise} cover the meaning conveyed by the expressions, gangrenous & spissaceous: the former signifying the

approach or passage of death. & the latter, its actual occurrence. At the approach of mortification, the symptoms undergo some modification. Circulation having ceased in the part, the redness subsides, leaving a livid hue behind; swelling decreases, from cessation of effusion; temperature diminishes, pain of touch disappears. The part, previously exquisitely sensitive, can now be pinched, even though it is torn, inflicting screeching. Decomposition rapidly takes place, from the abundance of putrefactive material, & the恶臭 (bad odor) is perceived. The surface becomes covered with putrefaction, vesicles filled with purulent serum, which impregnate, readily pass from point to point, beneath the scurf skin, thus distinguished from vesicles arising from other causes. The margin of the gangrenous portion, is abrupt, if the mortification is not too extended, but if the action is to progress, the hue of the sound & diseased parts are blended, & dark lines are seen running up the limb. When suppuration has occurred, the part becomes completely cold, feels soft & boggy, exhalates恶臭 (bad odor), owing to the presence of the products of putrefaction; the odor very offensive; the color, black when exposed to the air, but the almost natural when protected from the atmosphere.

The mortified mass being now a useless, infectious burden upon the system, nature immediately sets about accomplishing its removal. Inflammation is kindled up in the sound tissue immediately adjoining the dead; this speedily passes into ulceration, which gradually passes progressive downward, undermining the mass, & forming a line of separation between them two. This inflammation preceding the ulceration, looks up by its fibres,

effusion, the moisture of the vessels exposed by the process of ulceration & the frequent hemorrhage. When the line of ulceration has been completed around the dead matter, there is then thrown off from the sore a part, leaving the ulcerated surface, in which inflammation rapidly subsides, leaving a healthy granulating ulcer, which then proceeds to granulation. When this occurs on the surface, is easily detected by the symptoms already detailed; but when it exists in a part shut out from view, can only be appreciated by the constitutional symptoms to which it gives rise. When however, ulcers communicating with the external air, are the seat of gangrene, its presence may be recognized by the characteristic odor. From the violent & totally disorganizing nature of the injury inflicted, it is not surprising, that the system should manifest its consciousness of the evil, by the development of very marked symptoms. These are principally, evidences of nervous shock, & depression. In describing them, I could not do better than quote the words of Mr. Harrods in his work on inflammation.

"The pulse is increased in frequency & diminished in diameter & force; in many cases irregular, & in some intermitting. A peculiar anxiety of expression appears in the physiognomy, & a melancholic tear overspreads the face, the features of which, the nose & lips especially, are contracted & pinched. This anxiety is soon exchanged for a violence of expression, as if the patient were under the influence of alcohol or opium; involuntary movements of tremors affect the hands & fingers, & frequent sighings are observed, which are broken by an occasional hiccup."

The victim - a few feet below, the surface of the tongue is coated with a thin film which is dry, leaving the edges of lips free, but without moisture. As the case advances, the sensitive tongue, fingers & lips, become dry to insensibility, so as to require constant moistening, but with small quantities of fluid, for swelling & skin of ulcers with difficulty. The skin, which in the most acute stage, opens to a copious & clammy perspiration over the whole surface. It parts sensitively with its temperature, & feels cold as well as damp. The mind, at first irritated - then, after the total subsidence of pain, stupid, wearied & becomes subject to illusions, chiefly of a passing transient kind; expressed by half sentences, with a lack of broken articulation, & accompanied with startings & momentary fits of intense excitement. The bimacculate gangrene - the age & constitution being previously in full vigor - this new delirium is exchanged for fits of active & wild frenzy, accompanied with loud cries of reiterative efforts, requiring a peaceful & continual restraint; & this continues, with occasional intervals from exhaustion, for hours together; of sebaceous, often suddenly, in prolonged course of apoplectic death. When the mortification has been preceded by no stenic excitements, the delirium, continued of the passive kind, the spasmodic relax, & evacuations take place involuntarily. The patient furnishes with objects on his bed - electives. More & more marked are the death-like fits, the clammy sweat, the small, indistinct & flickering pulses, & the cadaverous repose. In this state a patient will sometimes lie totally insensible & unable to articulate any

smaller, for eighteen or twenty-five hours, of time without
a groan or struggle."

Such are the principal modes of inflammation after those we
have two others to be mentioned, in ^p "in softening; but
as they are, each of such immediate consequence as the other
events, it will not be necessary to recite the limits of this
^{group}

Inflammation may extend in one of three ways, by con-
tinuity, by contiguity, or by remote action. The first mode is
that by which it spreads through a continuity of tissue, from
one part to another of the same tissue, as on the skin in ex-
coriates, & also the extension of inflammation from the mu-
cus membrane of the mouth, fauces, &c. the oesophagus,
larynx, trachea & bronchii. Extension by contiguity, is effected
by a transfer of the disease from one part to another with which
it is in ^p *suxta-position*, there being a continuity of the sam-
e tissue between them. Generally, the more loose & permeable
the intervening tissue, the more rapidly is the extension effec-
tive. This is the more likely also to be the mode of propagation, when
the inflammation has reached its acme quickly, before it has
been circumscribed by the lymph barrier.

Remote extension, may be produced, either through the blood,
by the lymphatics, or by a nervous agency. In the first mode,
the blood, becoming changed during its passage through the
seat of disease, circulates to other parts, & thus, in the excess
of stimulus it carries, may prove the exciting cause of unusual
muscular actions & motions. The lymphatics also, may

be the vessels by which the diseased action spreads. From a part irritated, the irritation may spread to other organs in the other parts of the system, there to act as the cause of morbid action by nervous agency, that is, sympathetic function may cause the inflammation to extend or change its seat, as in metastasis.

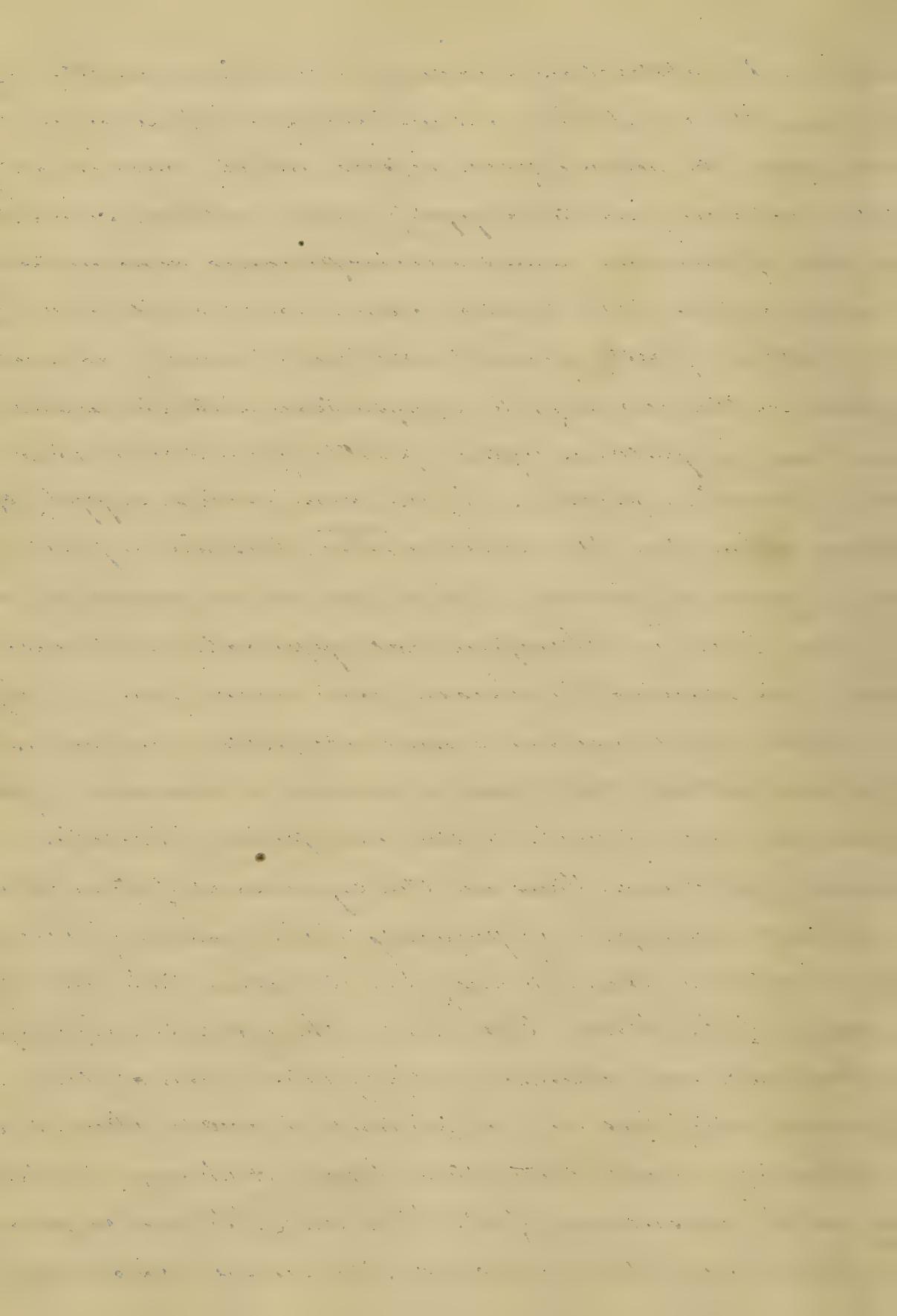
We come now to that branch of our subject, which must be the first question presented to the mind of the practitioner, after his diagnosis has been established, that is, the treatment. In laying down rules for the management of any disease, particularly one, like inflammation, subject to so many varieties, it is of course to be remembered, that they are but general in their application, if not to be varied according to the modifying circumstances present in each individual case. In two cases of any disease, are possibly alike, either in their symptoms or course; how much more reason have we with them, to expect variations in a disease of the character of that one under consideration, which forms so large a proportion of the ills that afflict mankind.

This then of the first importance to the practitioner, to appreciate & be governed by, the peculiarities of each case, as well as to understand perfectly the general principles of treatment, approved by reason & experience.

The principle of most efficient means we will command, for the treatment of inflammation generally, are, blood-letting, general or local, mercury, antimony, opium, counter-irritants; of each of which we shall speak separately,

Blood-letting. This is ^{probably} the remedy in inflammations generally, the most powerful, the most efficacious within our reach; & to this, all other remedies are ^Pin *seconda* strength. In some forms of the disease, however, ^Ppeculiar circumstances, we may succeed without its assistance, yet, in open frankt, chronic inflammation, when employed opportunity, there is no remedy ^Pcomparable to the *Medicinae* which can compare with it, in point of speediness, complete efficacy. And this we could be naturally led to expect, from the nature of the disease & the known effects of the remedy. When we consider the character of the morbid action in progress: that, after its ^{incipient} ~~extentio~~, the blood is the agent most actively employed in its extension of most largely affected by it: that the blood, by its presence in abnormal quantity, tends to sustain & extend the morbid action; that the very changes effected in it, aggravate the mischief: that in this changed condition, it is circulated through the whole system, carrying in its current the germs from which, under slight exciting causes, diseased action, may be set up again; when we reflect upon these considerations, we see the great importance, nay, absolute necessity of affecting in some manner, an alteration in the character or course of this active agent. Blood-letting however, is a remedy powerful for good or for evil, & though capable of operating as an efficient check upon the disease, yet equally capable of producing bad consequences, when infidiously employed. Its effects upon the system are of two kinds, sedatives &

remains. By extracting suddenly a certain quantity of blood from the circulation, a direct sedative influence is exerted upon the heart of great effects which immediately feel the deficiency in the supply of their material stimulus. This state of irritation causes a corresponding diminution in frequency & force of the heart's action, and is also felt by the whole system, partly from the natural tendency so constantly exhibited in the economy, to sympathise with the attendent action of any important organ, partly, from diminished activity of function, produced by the diminished supply of the necessary stimulus. Its removal ^{action} also, has an important bearing upon the disease, if it is one we are constantly making use of, in our therapeutical applications. It consists literally, in drawing the disease, as it were, from its original seat, to one less dangerous & more accessible to our remedies. By blood-letting, the blood is invited & induced to forsake its primary seat, & rush to the new point of irritation intentionally produced. Thus are the capillaries of the inflamed part relieved, perhaps only partially of the mass of blood, & time is allowed them, it may be, to regain their tone, before the return of the blood. But even if the effect be only temporary, if they have not resumed entirely their normal tone, still, the partial relief has been sufficient, to enable them to bear the returning current better than before. A change is also effected in the constituents of the blood itself. The red corpuscles & the fibrin are both diminished, the former being undergoing



greater relative circumscription for the Sanguis. The greater the abstraction of the blood is, the less is the loss. Such being the known consequences of general blood-letting, we have now to weigh upon, however, the assistance from its timely & judicious employment. So produces its full effect however, that it must be used at the proper time & in the proper manner. If resorted to early in the course of the disease, we find bleeding, rapidly drawn, will often be sufficient of itself, to check its progress. As a general rule, the earlier its application is made, the more efficacious will it prove, of the expeditiousness with which it is given, making for its repetition. Supposing it then to be indicated, the patient should be placed in the semi-reclining position, & a large incision be made, the blood being allowed to flow *ad libitum*: the object being, to produce as great a sedative effect as possible, with as little expenditure of the valuable fluid. For it is always to be borne in mind in abstracting blood, that the time ^{at which} comes, when the vital powers will be depressed, as to require all the support we are able to afford, we can give nothing that will be so serviceable as the blood, thick and proper nourishment. It is very rarely necessary to carry abstraction to full synapses, as, *ceteris paribus*, the reaction will be in proportion to the previous depression. If restoration from Syncope occurs, the reaction may be so violent, as to defeat our object & place the disease beyond control. Therefore, the flow is to be arrested when syncope is approaching, which will be evidenced by the feeling of faintness, dizziness, power of surface, flagging of pulse, etc. The reaction which occurs may be one of two kinds, in which

it is important to distinguish, as they require different treatments. One kind will be marked by frequent, quick, irritable, & though hard pulse, headache, oppressed breathing, tenacious sputum &c &c a word. the general evidences of nervous excitement. Here, we find the nervous elements predominant; the condition is one of nervous irritability from deficient supply of the natural stimulus to the brain, produced by loss of blood; if unfortunately the symptoms should be misconstrued, & further depletion be employed, the evident effect would be, a great aggravation of the symptoms. This state of things may generally be relieved, by the administration of a full dose of opium. The other kind of reaction, is the actual occurrence of the inflammatory symptoms. Frequent, hard, thudding pulse, flushed face, hot, dry skin, &c &c the other signs of active fibrile excitement, which call loudly for a repetition of the bleeding. After depletion has been carried ^{in some cases} sufficiently far, on the second reaction, it may be proper to administer a full sedative dose of opium, to prevent the subsequent reaction; but this agent, opium, is to be used with caution, on account of its tendency to lock up the secretions. More quantity of blood, should constitute no ~~more~~^{less} than its ~~safest~~^{most} indications of the reaction to which the remedy should be carried, its effect is the important consideration. Blood should be allowed to flow, until some sensible improvement is made, on the system, & on the disease. And here, we should carefully guard against being deceived as to the effects, by the sudden ^{or} _{or} syncope, which sometimes occurs in nervous individuals.

after the loss of a few weeks, & before any improvement has been produced. Here it may be usual to remark, that the severity which can be drawn, or the tolerance, will generally bear in proportion to the intensity of the inflammation; it being a general rule, that within proportion as the system stands in need of a remedy, in the same proportion will tolerance be established for that remedy. If the disease has passed its earlier stages, bloodletting may still be of benefit, though not so decided in its effects. Of the propriety of its use here, we must judge by the symptoms & general condition of the patient. In the latter periods, when the depressing effects begin to be manifested upon the system, depletion as a general rule is contra-indicated. The disease has passed the period in which benefit is to be expected from its use, changes are produced, which usurp the system & threaten to suspend life by the exhaustion of the vital powers. Then, recourse is to be had to supporting measures, as tonics stimulants &c.

We may then sum up as follows, the circumstances by which we are to be guided in the application of this remedial agent. The violence of the disease, its situation as regards the importance of the organ or function implicated; the complications that may co-exist; the period of the disease, with regard to repetition, its effect on the disease; age, sex, temperament, previous habits of mode of life, present condition of the system as concerns strength or debility; the probable issue of the disease. These are the most important circumstances to be considered, in connection with the question of the use of

excess of blood letting. Which regard to stand local bleeding, much need be said. When the inflammation is too slight to require general repletion; or when general repletion has been practised & it is not considered expedient to repeat it; or where, though general bleeding be indicated by the amount of inflammation, there are yet strong and contra-indications in other cases it is principally that the local abstraction of blood may be employed. And when used, it is better as a general rule, to draw from the vicinity of, instead of immediately from, the inflamed part.

The next great antiphlogistic agent, is Mercury, in some cases holding the second rank, to blood-letting, in others, yielding the palm to another great remedy, Antimony.

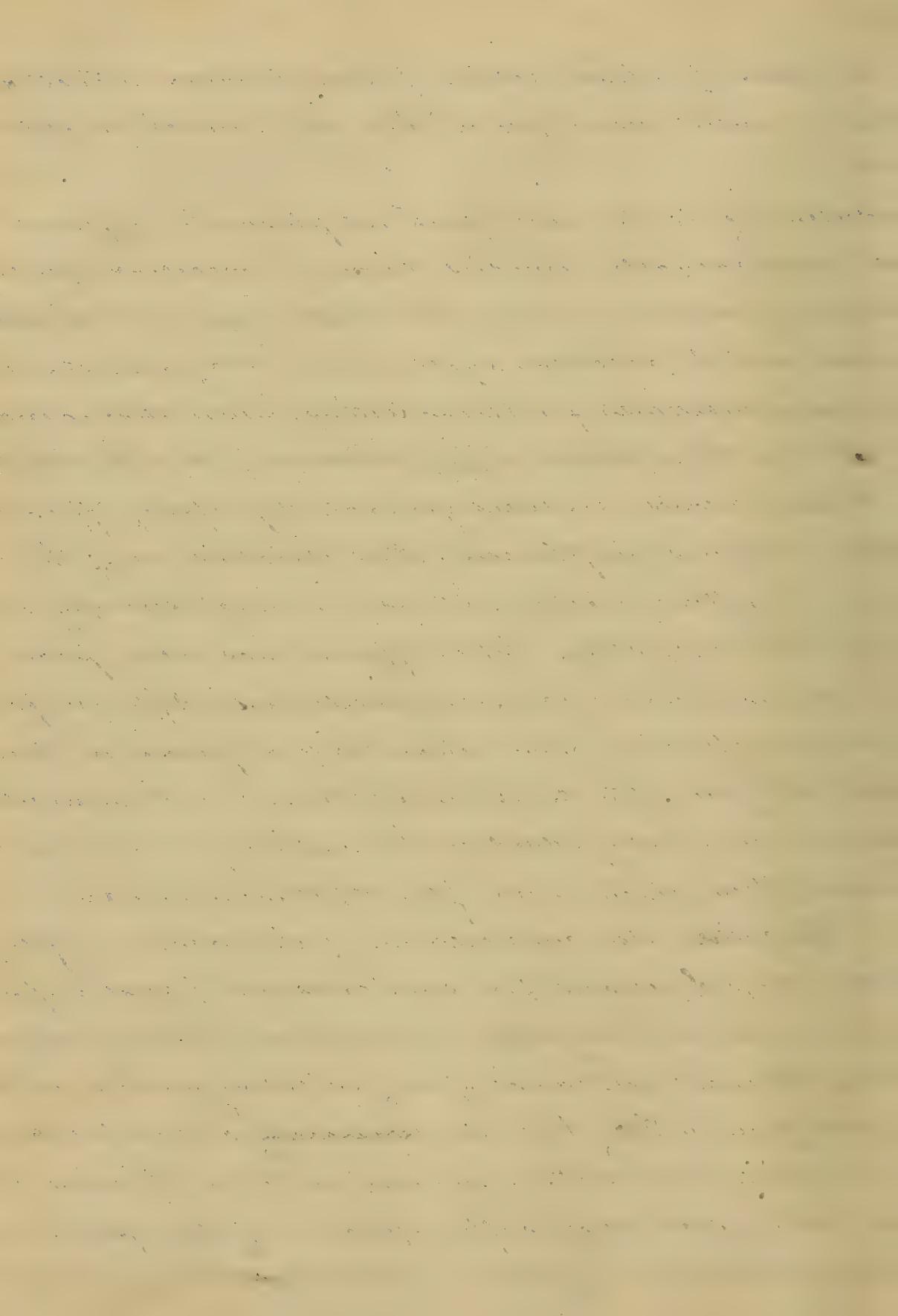
Mercury is given in inflammations, to answer three indications, subfection, defibrinization of the blood, & secretory stimulation. These valuable properties it performs, rendering it well worthy the high & extended reputation it now enjoys as an antiphlogistic. We have seen that effusion is one of the invariable results of the inflammatory process. Of the rapidity, extent & nature of this effusion, see often such as to render it dangerous, & always such as to make its removal highly important. Here then, mercury enters as a powerful agent. By its alterative effect on the system, it changes the nature of the diseased actions: promotes the absorption of the effused matter, after the intensity of the inflammation has been abated: by its defibrinizing influence on the blood, (diminishing also its red corpuscles) it deprives it of the some of the materials

from which the effusion is formed, thus producing a further deposition by its tonic, stimulant action on the capillaries, it facilitates their restoration to the normal state; at the same time it increases the functions of the various secreting organs of excreting organs, thus tending to a restorative or an aperient effect, through the various excretaries. In these few words are concisely expressed the action of mercury as a tonic-glycer. It is administered after blood-letting, as a necessary means, not to be depended on solely. The usual course of its administration with a view to its constitutional action, is in divided doses, combined with opium, to prevent its passing off by the bowels, and it is pushed until its characteristic effects are produced on the system, evinced by the peculiar factor of the health, & tenderness of the gums. Farther than this, it is unnecessary even ^{then} infusions, to push it, except in some very rare cases, as it adds a new source of irritation to those we previously existing. But, valuable as this substance undoubtedly is, there are circumstances in which its use would be improper, as, where the strumous diaesthesia is known to exist, the presence of anaemia; idiosyncrasies, rendering the individual peculiarly susceptible of the mercurial influence. Even in those cases however, where the emergency is pressing, & the indications could not be met with any other means, we should not hesitate to use it, in accordance with the great rule, that where the danger of the disease, exceeds the danger of the remedy, use the remedy. Mercury seems also to work a greater control over some structures than over others,

as in cases of inflammation of membranous structures, where its control seems greater than in parenchymatous affections.

Antimony is the next great antiphlogistic, & forms one of the most valuable remedies known to medicine, for the treatment of inflammations. It exerts a powerful sedative influence over the vascular system, and may sometimes be used as a substitute for blood-letting, when that is impossible, or the affection slight. It diminishes the action of the walls of arteries, produces a general depressing effect on the system & causes diaphoresis, thus obviating one of the tendencies of inflammation. Its use is most strongly indicated in the early stages, before effusion has taken place, & when there is intense vascular excitement. After the period of fibrinous effusion, more reliance is to be placed on Mercury, though they are often combined together. Small quantities of opium are usually added to the antimony to ^h lessen its irritant effect, which is one of the objections to its use.

Purgatives also, constitute one of the means employed in this class of diseases, & in some cases are of great importance. They are useful in ^{the} early stages of almost all inflammations, by clearing the intestinal canal of any irritating substances which might be present. They have also ^h accessibly a powerful ^h derivative action, which renders them very serviceable in affections of the head, where great relief is often afforded by the copious micturition produced by certain of the ~~other~~ class of remedies.



Their use is contra-indicated by increased inflammation, conditions of the alimentary canal, or account of their action as local irritants, & the determination of blood they cause to the intestinal vessels. But in all inflammations, the importance of keeping the bowels open, should be constantly borne in mind, as the presence of accumulations there, exercises such a most injurious influence on the system at large.

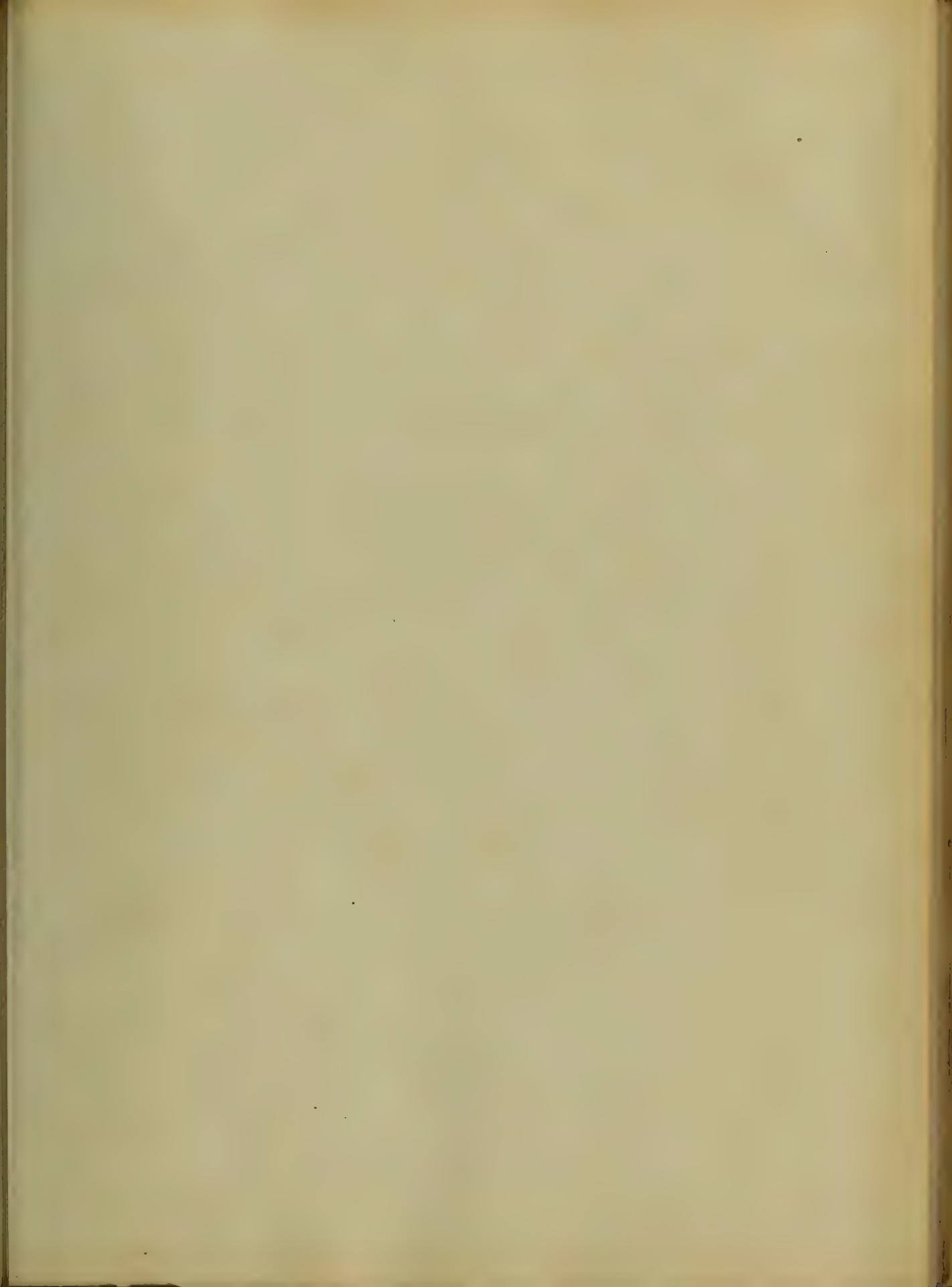
Cornets, in the inception of the disease, are sometimes useful by emptying the stomach, promoting secretion & also, by the strong impression made upon the system, sometimes cutting short or aborting the attack. Determination of blood to the brain would of course, constitute a contra-indication for their employment, inasmuch as the constant tendency of emesis is to cause congestion of the cerebral vessels.

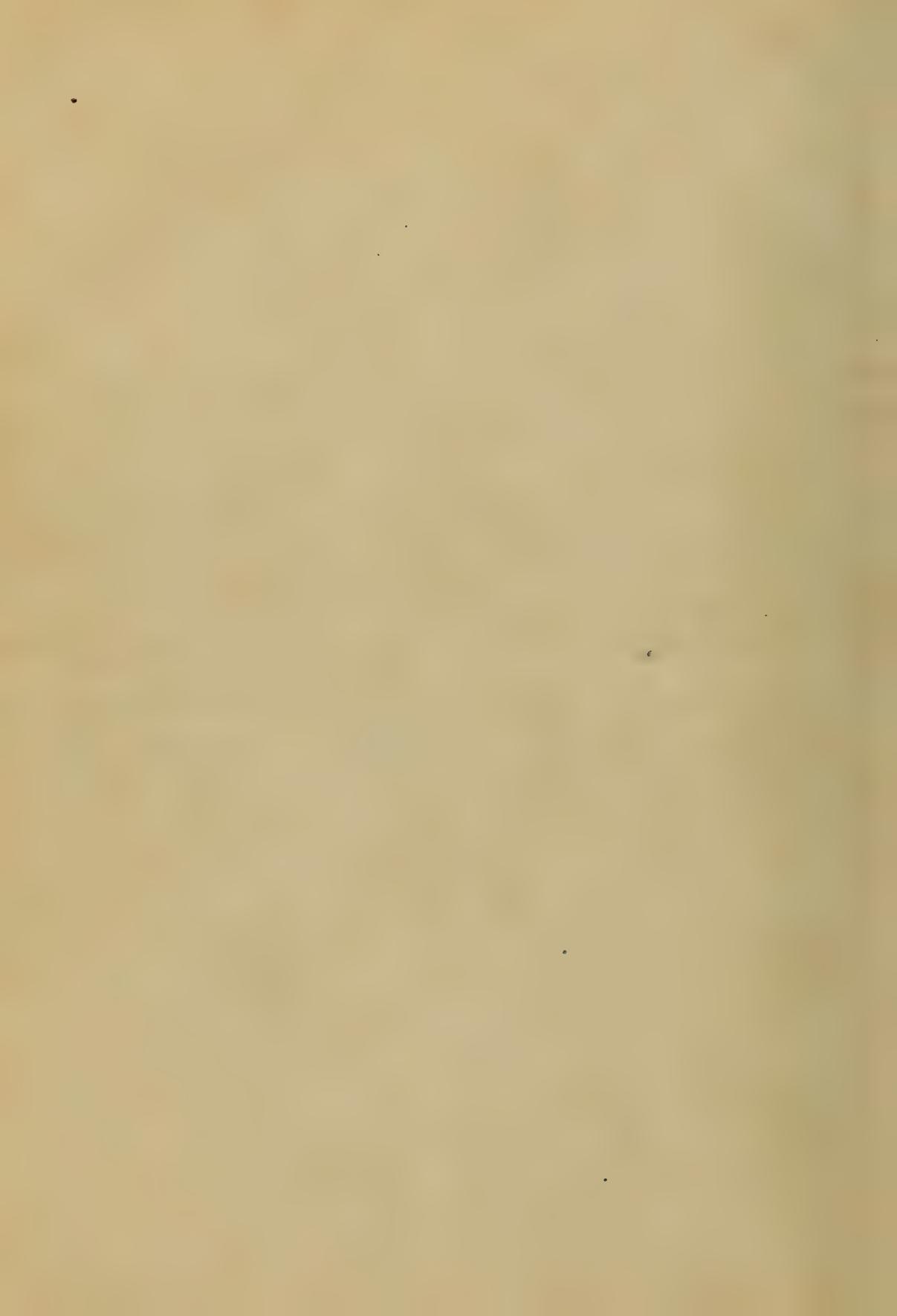
Among the adjunct means in the management of this disease, are counter-irritants & diuretics, which are better adapted for the condition of effusion. The former are ^{to be} regulated in their employment, by the period, not being admissible during the active stages, on account of the general excitement they occasion, but frequently forming a very important part of the treatment, after active excitement has been subdued, & there remain but the products of inflammation to deal with.

Another & not by any means, the least, efficacious of the therapeutic measures, is the regimen. The dish of the patient is to be carefully attended to. Fortunately, in the acute periods of the attack, the appetite of the patient is such as to require but little chyle, anorexia being one of the marked symptoms of

febrile disorders. It is during convalescence, when the appetite has been abeyant, sometimes ravenous, without a corresponding stagnation of the digestive organs, that the strictest attention on the part of the physician is imperatively demanded. In the debilitated state of the digestive apparatus, any insensate supply of ingesta, may & will cause irritation of the stomach or intestinal canal, & the system sympathizing with this condition, a relapse into the ~~the~~ former diseased condition may readily occur. Both the quantity & quality of the aliment therefore, should be carefully regulated, at first only the blandish & less stimulating kinds being allowed, of the quantity increased as the organs regain their strength.

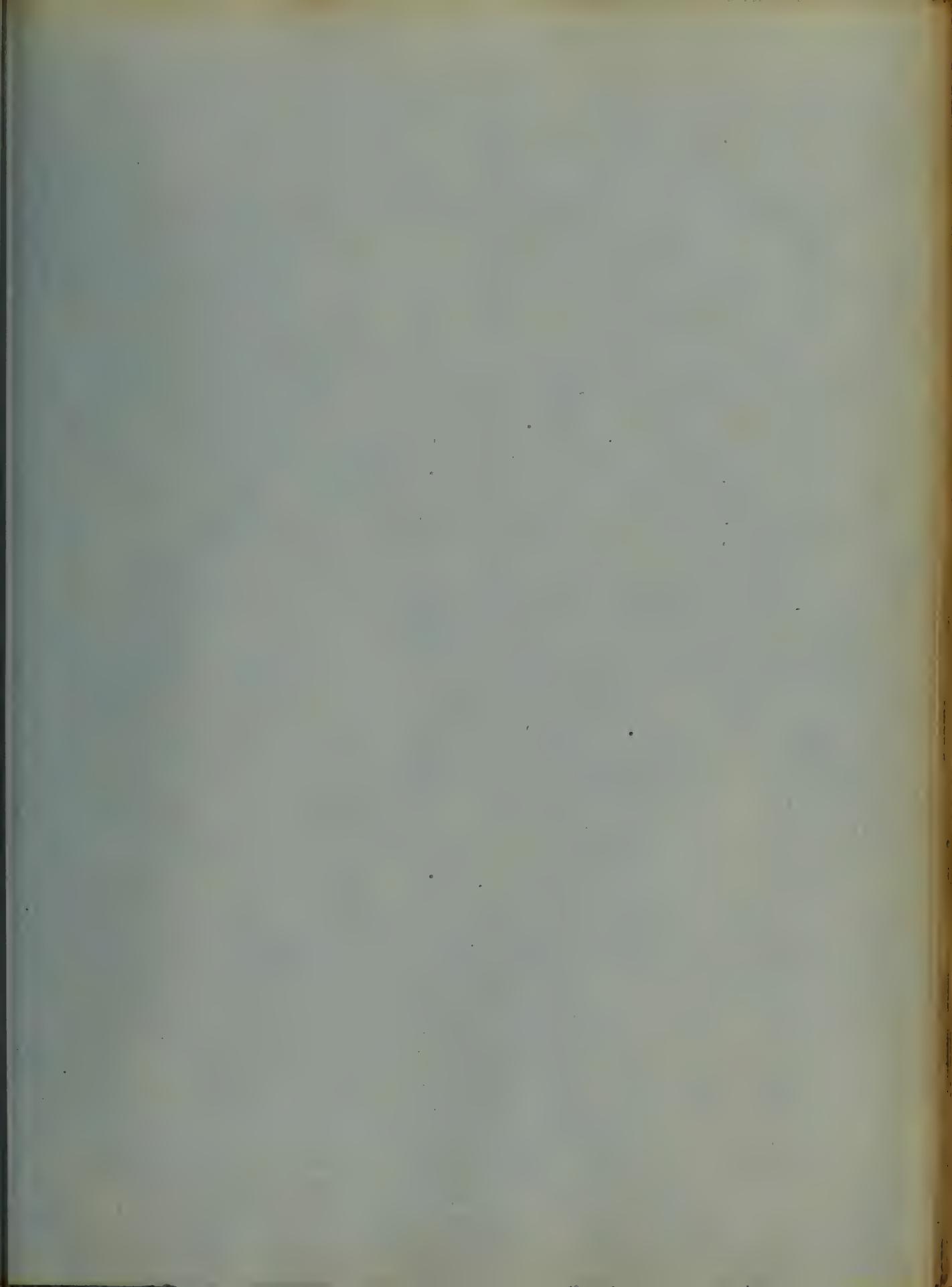
Rest, both of mind & body, is another circumstance that should engage the care of the physician, excitements of mind or exertion of body having an unfavorable reaction upon the disease. Repose should be strictly enjoined, with the removal of all causes that might tend to distract, depress or excite the mind. The patient should be surrounded by all the soothing influences that can be commanded, exciting conversation should be avoided & the presence of many persons abatized. Should also be prohibited. In a word, every thing should be removed, that might distract in any degree the mental or bodily tranquility of the patient, & for a very obvious reason pure air should be supplied. By the application of these rules however given, the practitioner, if he does not become wearied of his case, as I am of this thesis, will much probably effect a cure.





A
Clinical Report
of
the case of disease
submitted to the examination
of the
Provost, Regents and Faculty
of Physic
of the
University of Maryland
for the degree of
Doctor of Medicine
by
William Jackson Wrot
of
Maryland

1852



Gentlemen,

I submit for your examination the following report of six cases, observed by myself, in the Baltimore Infirmary during the year 1831, being a student in this Hospital by your permission during the said year.

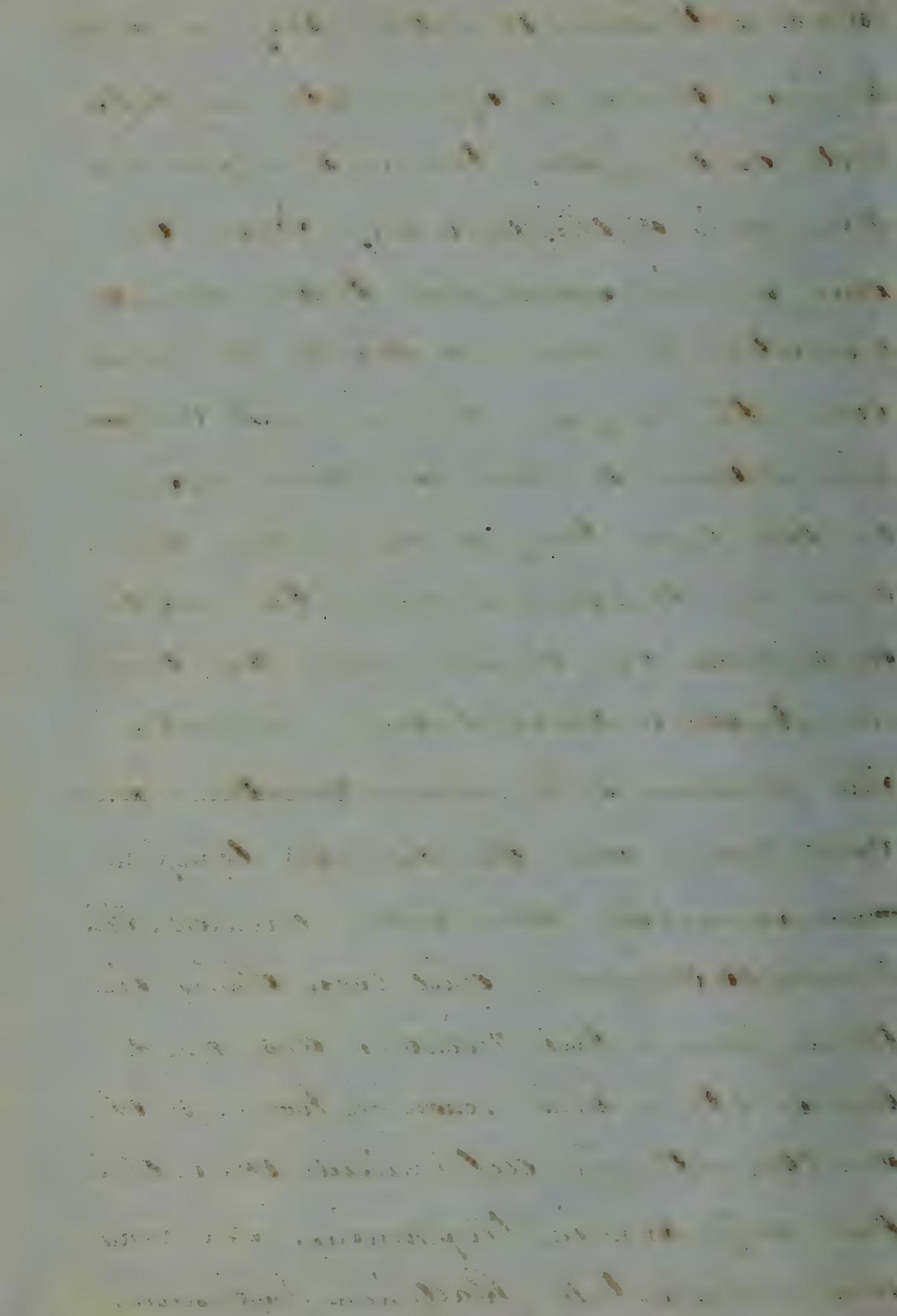
The first is a case of Hemiplegia treated successfully by Prof^r Geo. W. Millerberger.

Wm. Laroe, aged 19 years, was admitted to the Baltimore Infirmary June 9th 1831. Blacksmith by trade. In December last he was struck on the top of his head by a pitcher in the hand of an intoxicated person. A wound about 3 inches long was inflicted a little to the right side of the median

...and the other side of the world, the other side of the sun.

When admitted, there was perfect paralysis of the left upper extremity, left side of the face, tongue and partial paralysis of the left leg. From the day of his admission to the day of operation he had a slight convolution every twenty four hours. It commenced with a sense of constriction in the left temple and over the left eye, the face became turned to that side over the shoulder; and thence it extended until it became general.

The pressure of a hand, moistened with cold water, over the affected temple ~~would~~ invariably arrested the attack. His medical attendants did every thing in their power, but without any good effect. As a last resource however they in consultation determined that their only hope was in trephining. He was then removed to the Baltimore Infirmary.



4

June 20th. General health good - Bowels rather torpid. Tongue rather slightly coated. Ordered as preparatory Hydrogynia: Mass: grv to be given to-night, and repeated on the following night. And the second dose followed by a cathartic. To be kept on low diet.

June 21st. Was trephined by Prof^r Dr. Millerberger over the depressed portion of the bone, almost directly over the longitudinal sinus. A button of bone about the size of an American 25 cent piece was removed. The operation was very well borne. There was no perceptible variation in his pulse. Some difficulty was anticipated from the fact that the button was taken from that portion of the cranium directly over the longitudinal sinus - but the dura mater was not even scratched. The piece of bone was then removed, leaving the

1893 - 1894 - 1895

1896 - 1897 - 1898

1899 - 1900 - 1901

1902 - 1903 - 1904

1905 - 1906 - 1907

1908 - 1909 - 1910 - 1911

edges almost smooth. Ordered - Cold
water dressings to the head. Mr In. was
not willing to administer Chloroform
to Mr Harbor during the operation.

also ordered the following

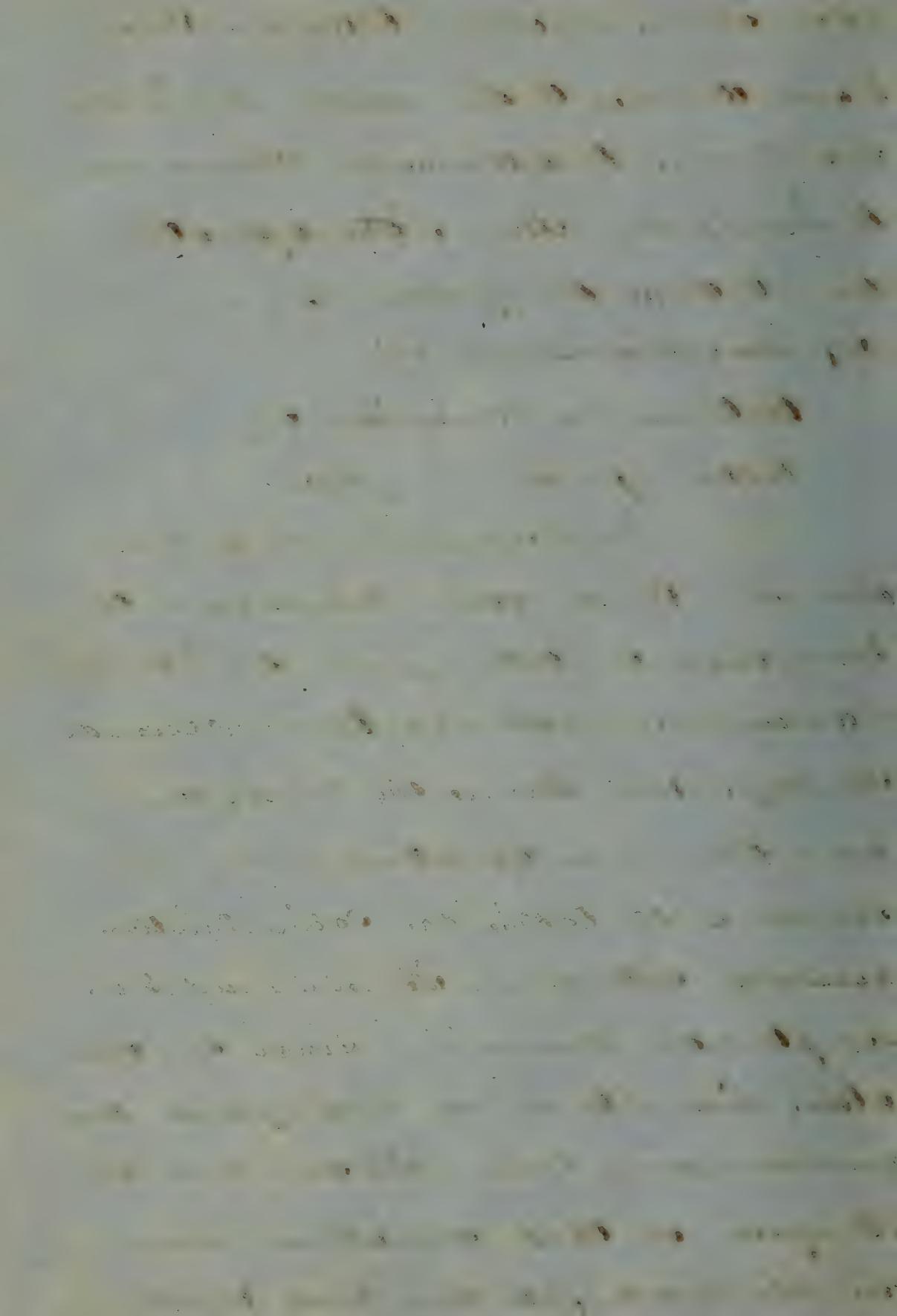
R_t Magnesia: Sulph qz:

Antimonii: or: Potassa Tart gr_s

Liqua pura : glazis

Mops Solus. S. Give at once.

June 15th. He is quite comfortable this morning - irritation from the wound slight - pulse natural - tongue cleaned. He slept well during the night, and had three free operations from his bowels after taking the saline mixture yesterday afternoon. He has had no symptom of convulsions since the operation. Seems to be in good spirits and feels decidedly better. He does not now complain of that unnatural sensation in his head, face and neck which



6

troubled him almost from the time of
the injury to the time of the operation.
He even feels better as far down as
the shoulder. He complains of some
cough. Ordered the following:

Rx Mass: Hyoscyamus gr.

Extr: Hyoscyami gr.

Pulv: Spermac gr.

Magnesia. S. Give at once. Keep him
on a low diet, and continue the
warm dressings to his head.

June 16th. Slept well during the night.
Cough much better - pulse soft and
natural - & in a minute tongue clean.
He thinks he has more power on the
paralyzed side of the body - feels that
he is improving.

June 17th. The wound was this morning
dressed by Dr Th. who found that
it had partly united by first inten-
tion - the portion which had not thus

which presented reaction granulations.

Slept well during the night. The only inconvenience was from the cough, which still continues. Ordered the following

R. Acaciae op.

Soda: Bicarb ʒij

Vin: Spead

Tinct: Agaveanae flzis

Aqua pura flzis

three or four hours.

Jan 18th. After eating his breakfast this morning he was taken with sickness at his stomach and had slight shiverings followed by increased heat to the surface of the body. We found that the gland behind his right ear above the zygomatic portion of the temporal bone was painfully enlarged. He did not complain of any unpleasant feeling about the wound - it was however. His wounds have not been moved for 36 hours. Ordered. Apply such as

most emuls
S. Tablespoonful every

1870. - *Leucostoma* *luteum* (L.) Pers.

Leaves yellowish green, smooth, entire, lanceolate,

oblique at base, acute at apex, 10 cm. long,

1.5 cm. wide, petioles 1.5 cm. long.

Flowers yellow.

Leaves yellowish green, smooth, entire, lanceolate,

oblique at base, acute at apex, 10 cm. long,

1.5 cm. wide, petioles 1.5 cm. long.

Flowers yellow.

over the inflamed gland. Give him $\frac{3}{10}$ oz.

Magnesia: Euphr: at once, and let him take only half a dose of the Mixture for Cough.

June 19th. He is quite feverish this morning - pain over the side of the face from the inflamed gland - increased pulse 90 and firm - bowels have not been moved for 6 hours - tongue coated - Cough troublesome - some pain in the head with great disposition to sleep - Ordered the following

R: Magnesia: Sulph ozi

Antim: ex: Potas: Tart gr: mix with ozi of water and give at once. If it have no effect in two hours, give an Enema consisting of Soda: Muriat:

Syrup: Empyromat: a: a: tablespoonful

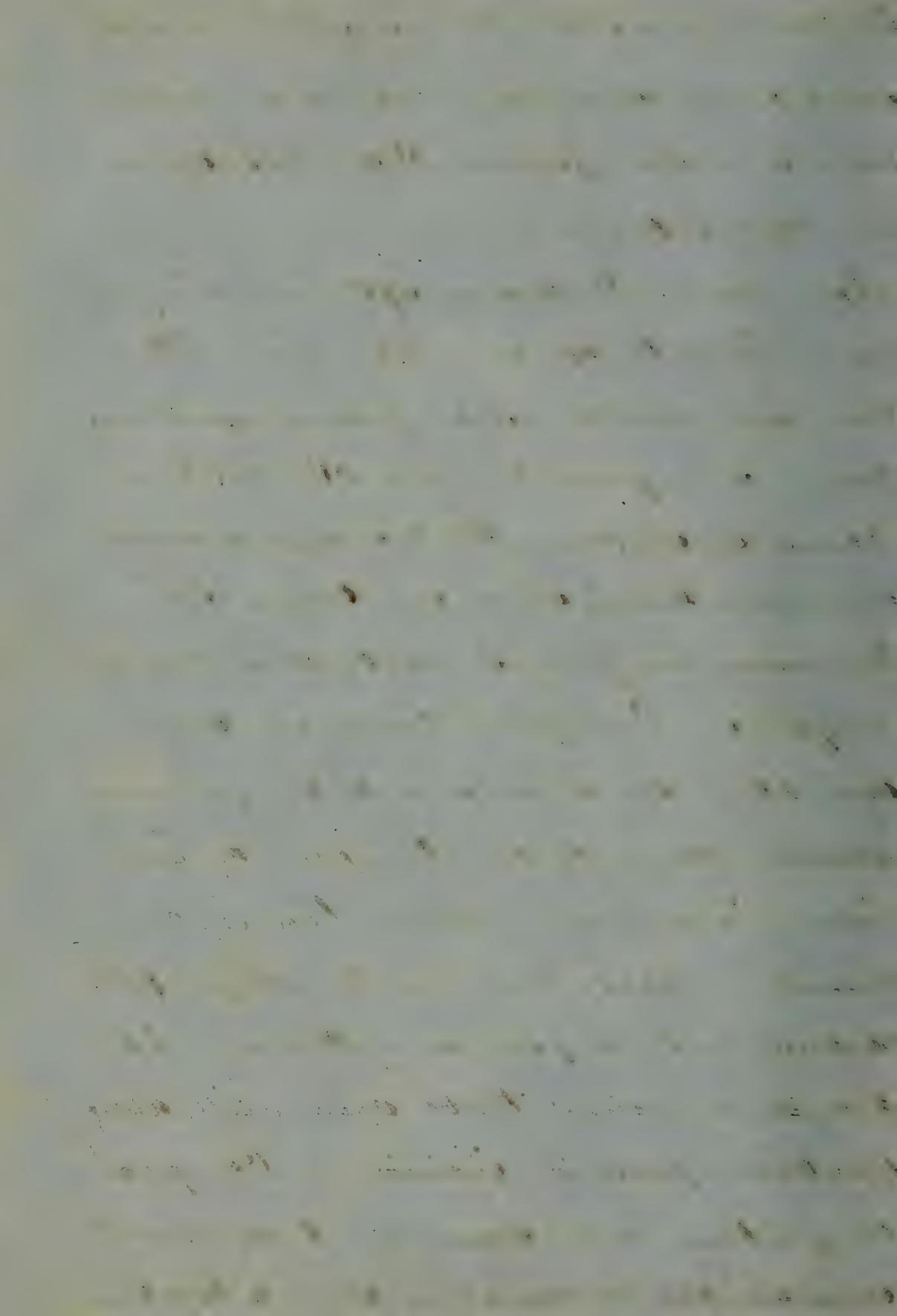
Aqua fervens of ozi mox Enema.

If the pulse be not reduced by the action of the above - take blood from the arm till its loss is indicated by the pulse.

the first time in the history of the world
that a man has been born who can
see the world as it is, and yet
not be able to tell us what it is.

We was suffering this morning with hoarseness
great thirst and some nausea - had
also a slight spasm. Now not appear
so comfortable.

June 20th. Yesterday afternoon his pulse
had risen to 112 and still firm. There
was some abatement of febrile excitement -
bowels were freely moved; still not much
change in the pulse. He was bled as was
ordered - twelve ounces were taken. This
morning his pulse is softer and not so
frequent. Erysipelas made its appear-
ance over the brow and on the forehead
extending down to the temples on either
side. Tongue still coated - bowels well
moved - slight tendency to sleep - Pulse
86 and not so firm as yesterday. The
wound is found to be open still, along
the antero-posterior incision - Complains
of feeling very unwell. Ordered. Con-
cussive the inflammation with a solution



the nitrate of silver is to the skin, also
cover the part with collodion. Let him
have sage tea to drink during the day.
also of Soda: et Polys. Tart: 3*ij*

Vin: Rad: Colchici 3*ij*

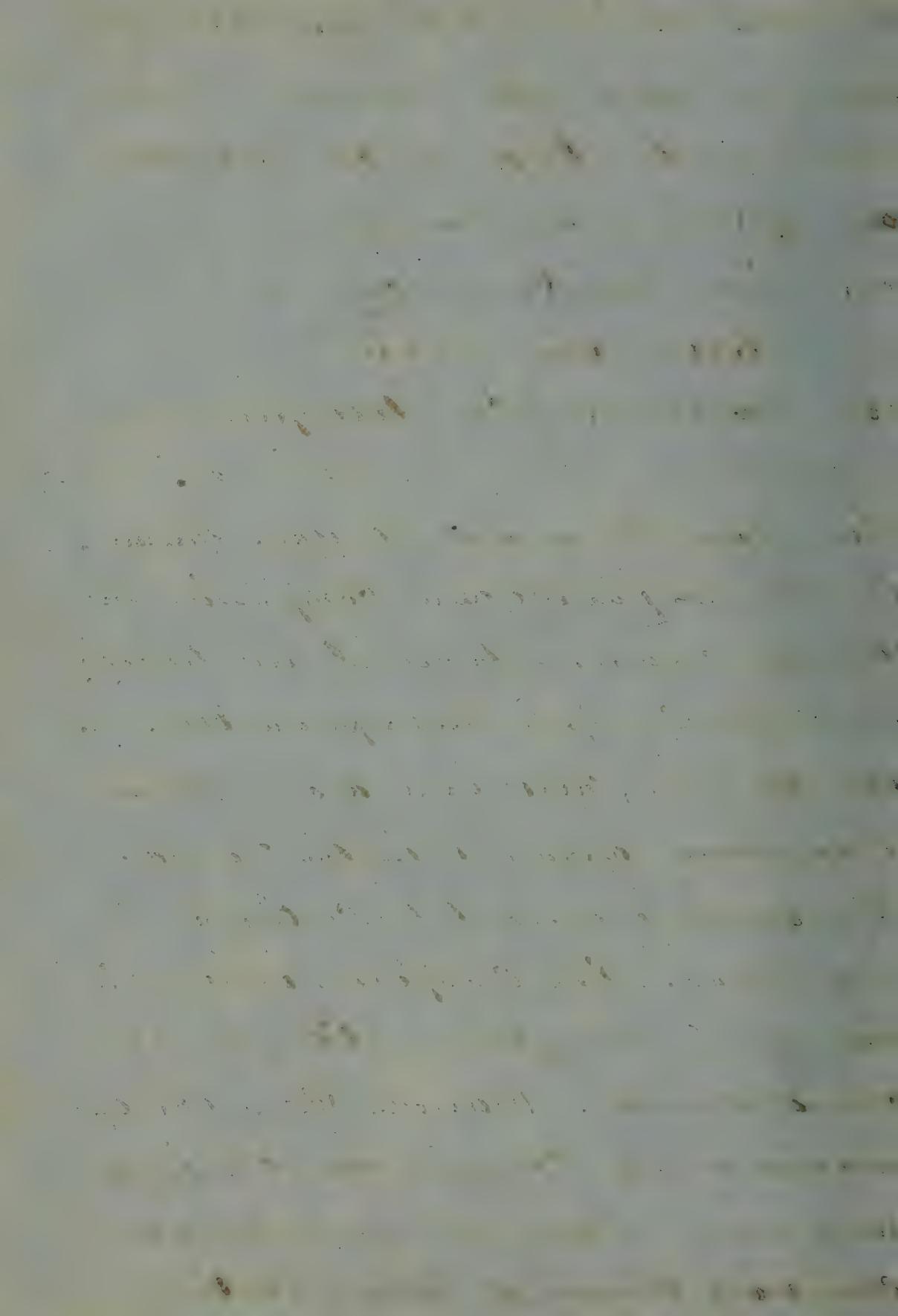
Aqua Sura 3*iv*

Mixt Solv: S. Give tablespoonful every
four hours.

June 20th. He is better to day. Throat
is clearer - pulse 80 and compressible -
tongue cleaner - bowels moved tolerably
well. The Erysipelas has spread downwards
over the face, neck and around the ears.
no change apparent in the wound.

Treatment ordered to be continued.

June 22nd. The Erysipalous inflammation
has spread still farther. Complains of
great debility. Ordered. Renew the ap-
plication of the collodion over the infla-
med part. Paint his eyelids, neck and
ears with tincture of iodine. Continue



the solution of Rochelle-salt and colocicum, and if his bowels are not freely moved by 9 O'clock P.M. give an enema of Saler and molasses, as formerly prescribed.

His bowels were well moved during the course of the afternoon and consequently there was no need of the enema.

June 23rd. He is rather better this morning - not so much febrile excitement.

The erysipelatous inflammation has somewhat subsided. Ordered. Apply the tincture of iodine three times a day, and let him have for his dinner some cold chicken broth strained, and some ice cream. In the afternoon, if necessary, administer a purgative enema.

June 24th. Complains of not having slept well during the past night - he has slept ~~some~~ since day break, but cannot enjoy sleep, it is so very heavy. His mind is clear when awake, but he mutters

Yesterdays weather

44° 80% humidity 50°

Wind 10 mph SSW

Clouds 100% overcast

Wind direction SSW

Wind direction NNE

Wind speed 10 mph

Clouds 100% overcast

Wind direction SSW

Wind speed 10 mph

Clouds 100% overcast

Wind direction SSW

Wind speed 10 mph

Clouds 100% overcast

Wind direction SSW

Wind speed 10 mph

Clouds 100% overcast

Wind direction SSW

Wind speed 10 mph

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Wind direction SSW

Wind speed 10 mph

Clouds 100% overcast

Wind direction SSW

Wind speed 10 mph

Clouds 100% overcast

Wind direction SSW

Wind speed 10 mph

Clouds 100% overcast

in his sleep. Tongue slightly coated. There are slight muscular twitchings about the face. The erysipelas has not extended ~~any~~ for some days. He is still fever. Ordered. Continue the solution of nitrate of silver and the tincture of iodine - the low diet and other treatment, enemata if needed &c.

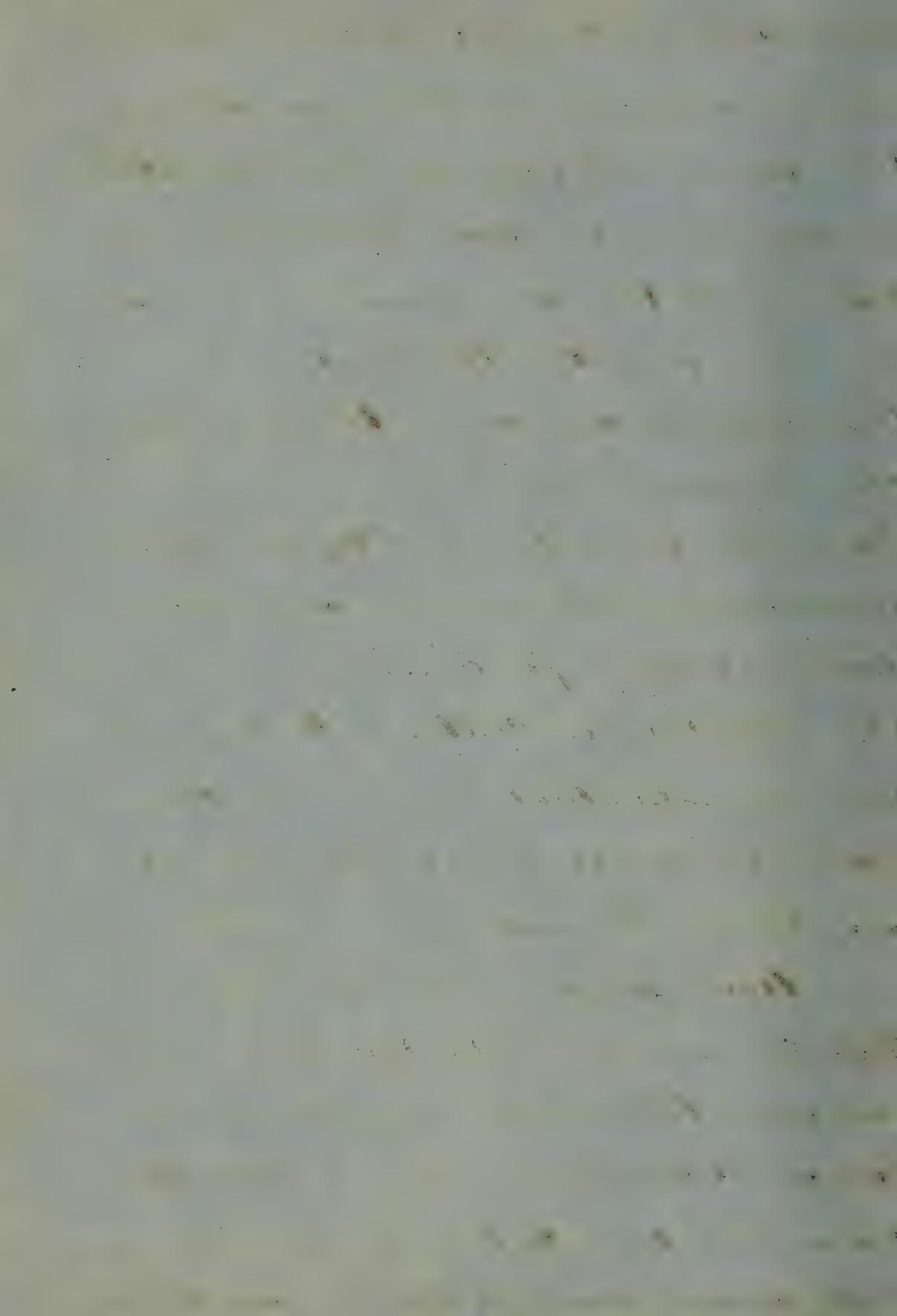
June 25th. Better today. Stop all external applications. Let him eat a piece of boiled chicken for dinner.

June 28th. He has continued to improve and now says that he feels like another man. His mouth feels very unpleasant.

R. Tinctur: Hypoth@ op
Aqua pura 3ij

Mouth wash. S. Use twice a day.

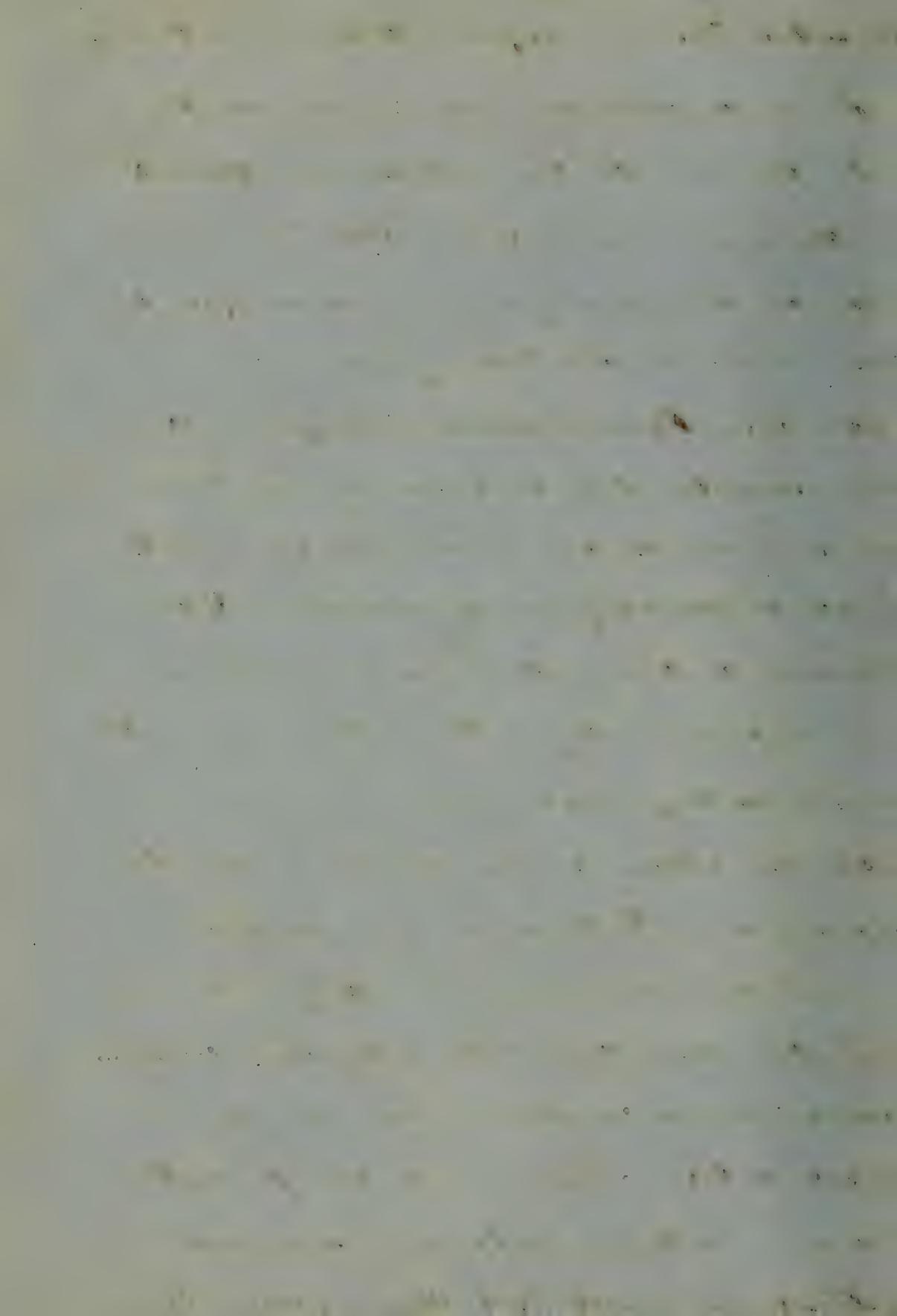
June 30th. Abscesses as a natural consequence of Erysipelas have formed over the eyelids and on the neck. These were opened and a large quantity of



purulent matter escaped. Ordered a dressing
of bread and milk, made into a poultice,
to be applied to the eyelids and throat.
He now feels much better. Has more sensi-
tivity in the part formerly paralysed and
can move his leg more freely.

July 8th. Another abscess was found this
morning on the left side of his neck
and also one on the neck was opened - And
purulent matter freely discharged. Com-
plained of throat as being very painful.
Ordered bread & milk poultice. General condition
very much improved.

July 9th. Some of the abscesses have been
reopened. Yesterday he ate freely of
chicken and other fresh meat for dinner.
Appetite very good. He is up and walking
about. Has a great deal more use of his
arm and leg. Improvement very perceptible.
Ordered to have his bowels cleaned so
so that he shall not suffer from con-



Stipation.

July 10th. still improving - obtained to have
a eminent composed of the following
By Dr. Oliver

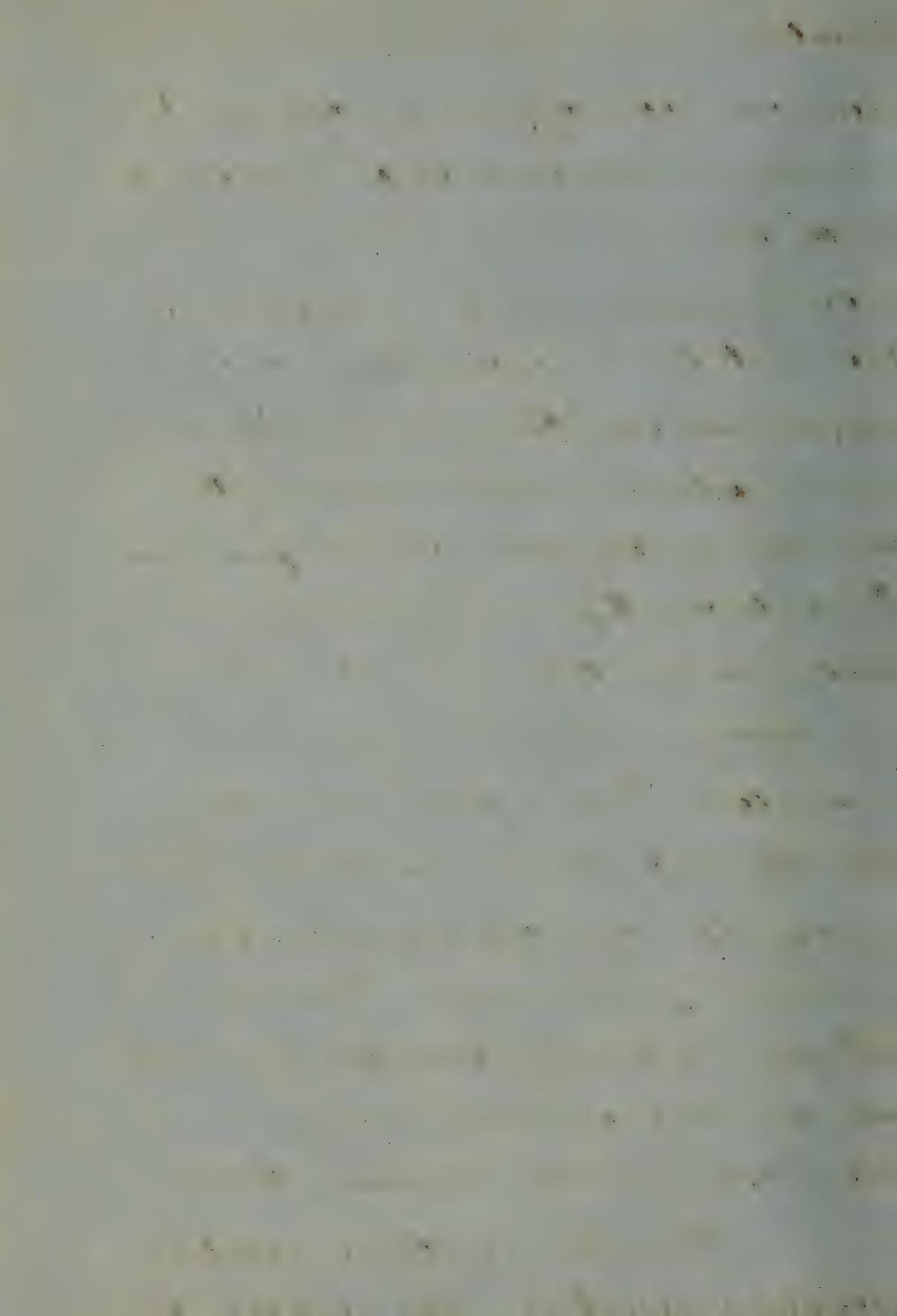
Dr. Penruddick's wazzy Mopd Unmum.

So apply to the wrist and ankle of the paralysed side three times a day. He is now walking about without any assistance save that of his cane. He can put his hand to the top of his head, which he has been unable to do since he received the injury.

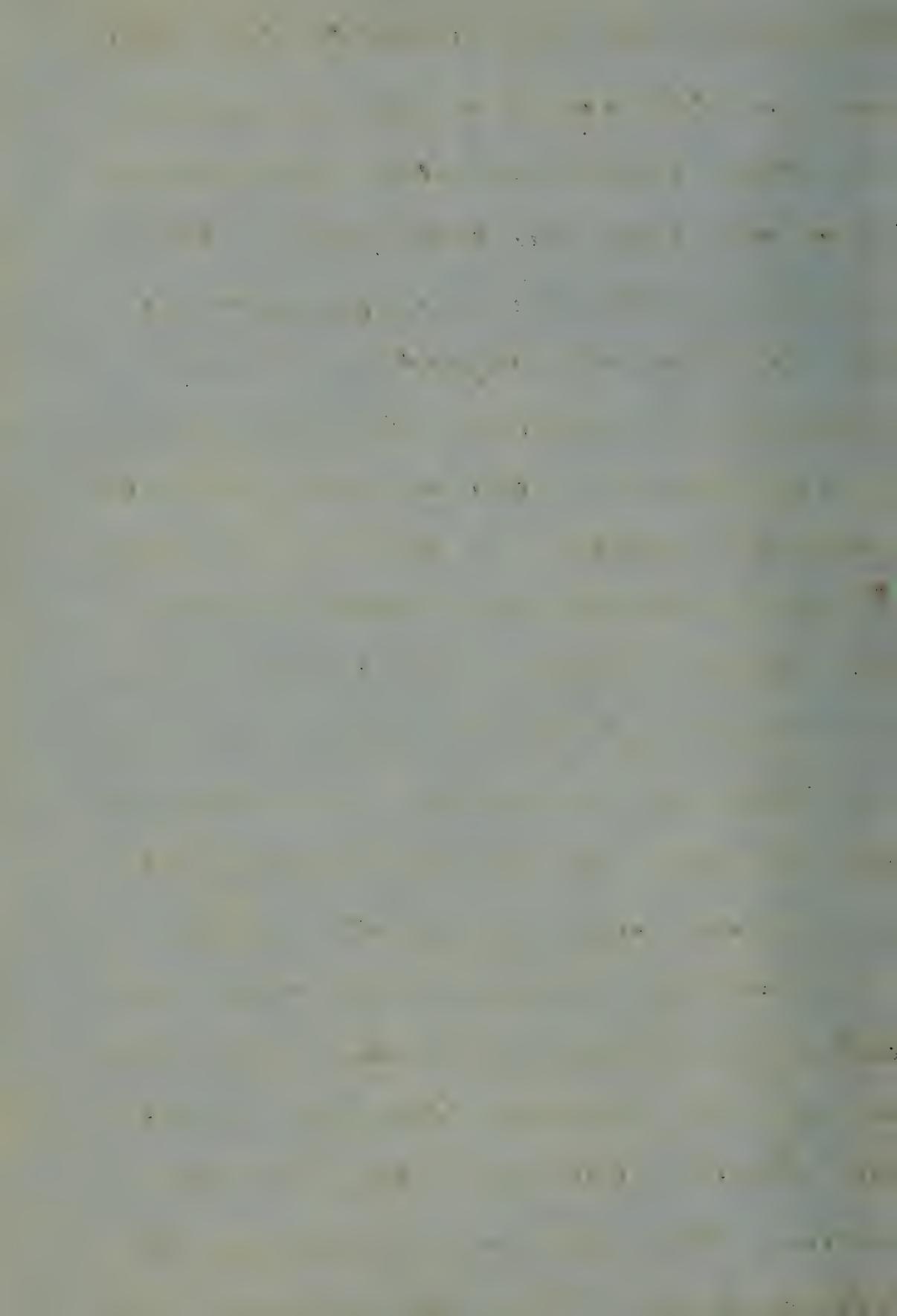
July 16th. Getting better every day.
The wound on his head is gradually healing ~~up~~. There was another abscess opened and various pus discharged. These abscesses now present healthy granulating surfaces. Feels very well, and very cheerful.

July 19th. Sip the Infirmary today.

This case was one of partial paralysis resulting from a blow on



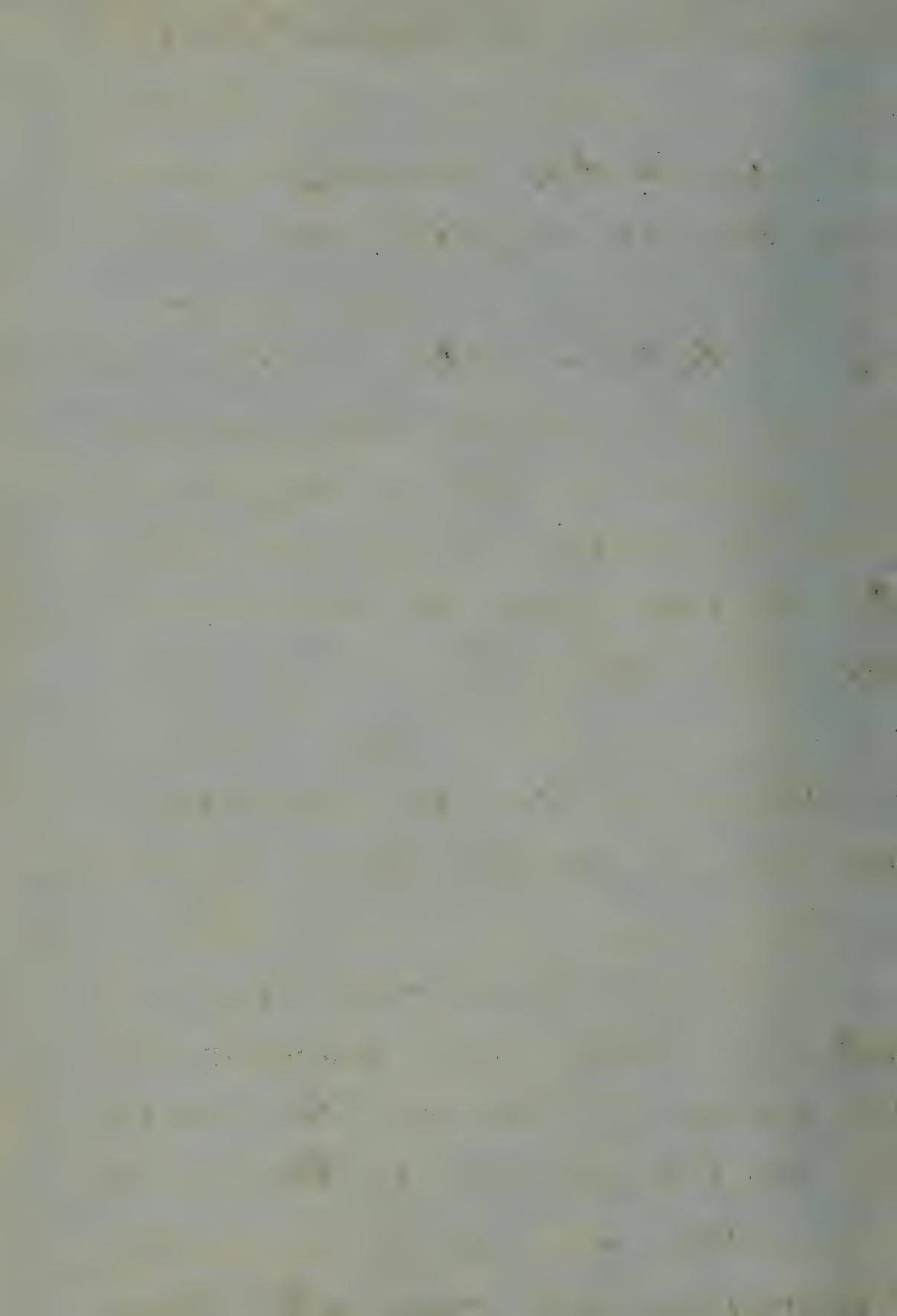
The head. He was struck on the right side of the vault of the cranium, according to the rule there was paralysis on the left side of the body. Compression of the brain evidently being the cause of the affection. This might have supposed to have come on immediately - but instead we see the gradual advance of the disease until loss of sensibility and motion succeeded. Medical means were without avail and death, after a lingering illness, would have been the inevitable result had not some kindred agency been suggested to remove the depressed portion of bone, which acting mechanically caused the diseased state of the system. This was one of the glorious triumphs of surgery. The Medical Attendant informs the patient that he can do nothing to relieve him. Then the Surgeon feels



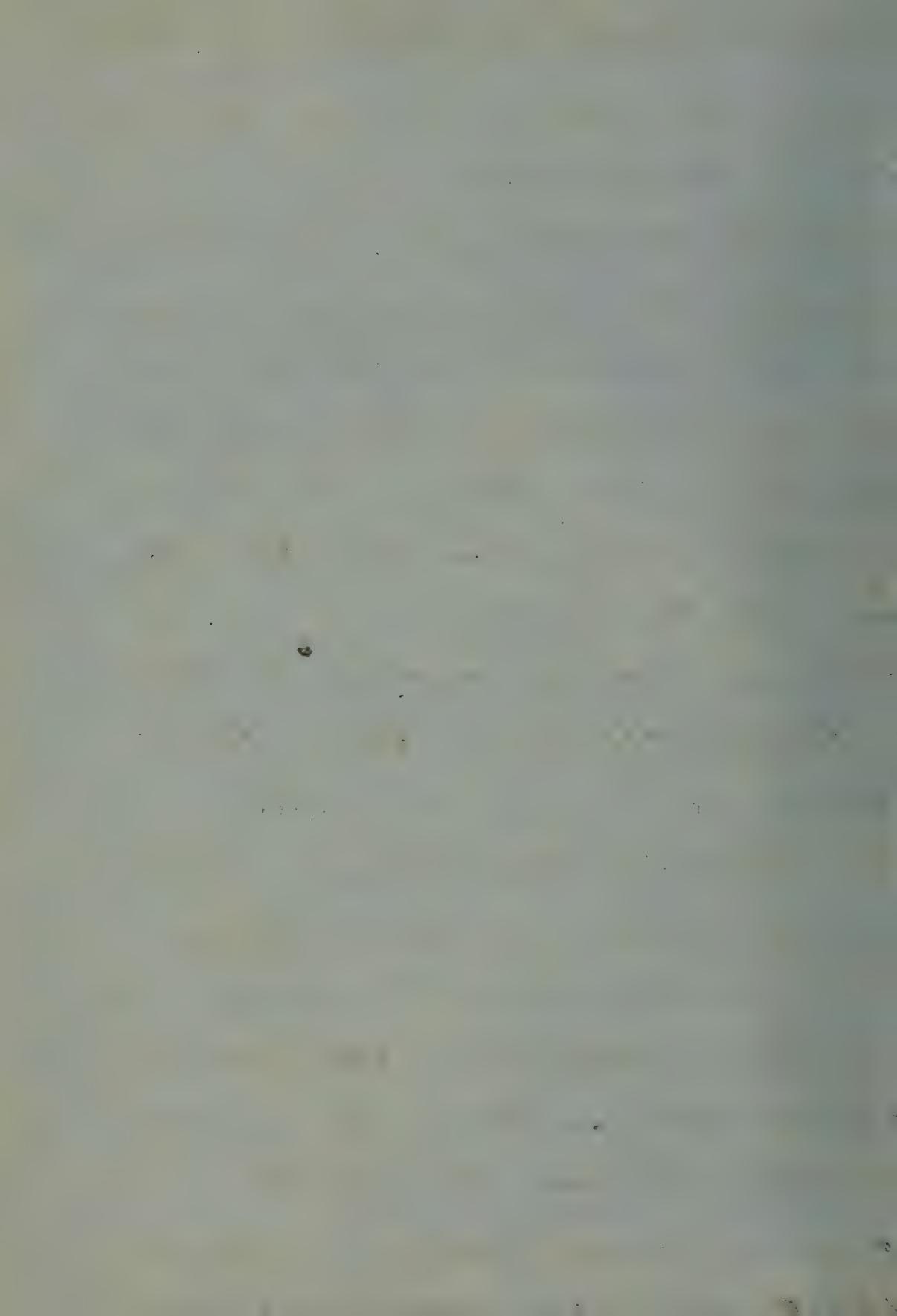
his importance - feels grateful to that power which has given him this knowledge and distinctly and steps forward with benevolent feelings and says - I can believe you and prolong your life. After operations of this kind we generally see the relief immediate - in this case however the relief came slowly and we have every reason to believe that the object was ultimately obtained.

The second case to which our attention is invited is one of Phthisis Pulmonalis.

Thomas Rogers, aged 30 years - native of Ireland - was admitted to the Baltimore Infirmary June 25th 1851. He has been four years in America - works in a distillery where he has been in the constant habit of inhaling the dust



of grain and been subject to great extremes
of heat and cold. His father died of
breast complaint; and as far as he knows
is the only one of the family who has thus
affected. Ever since he was a child, he
has been very liable to contract colds,
and for the last four years has never
been free from cough. For two years
past he has been very much troubled
with shortness of breath whenever he
would exert himself or when his cough
would be aggravated. About twelve
months ago had a sharp stitch in
his right side with increase of pain
and cough and was obliged to quit
work for 4 or 5 weeks. He has expectora-
ted ~~phlegm~~ striated with blood at several
different periods. About four weeks
ago had to give up work on account
of his increased cough - shortness of
breath - and sharp pain in his left



side. He expectorated yellowish mucus.

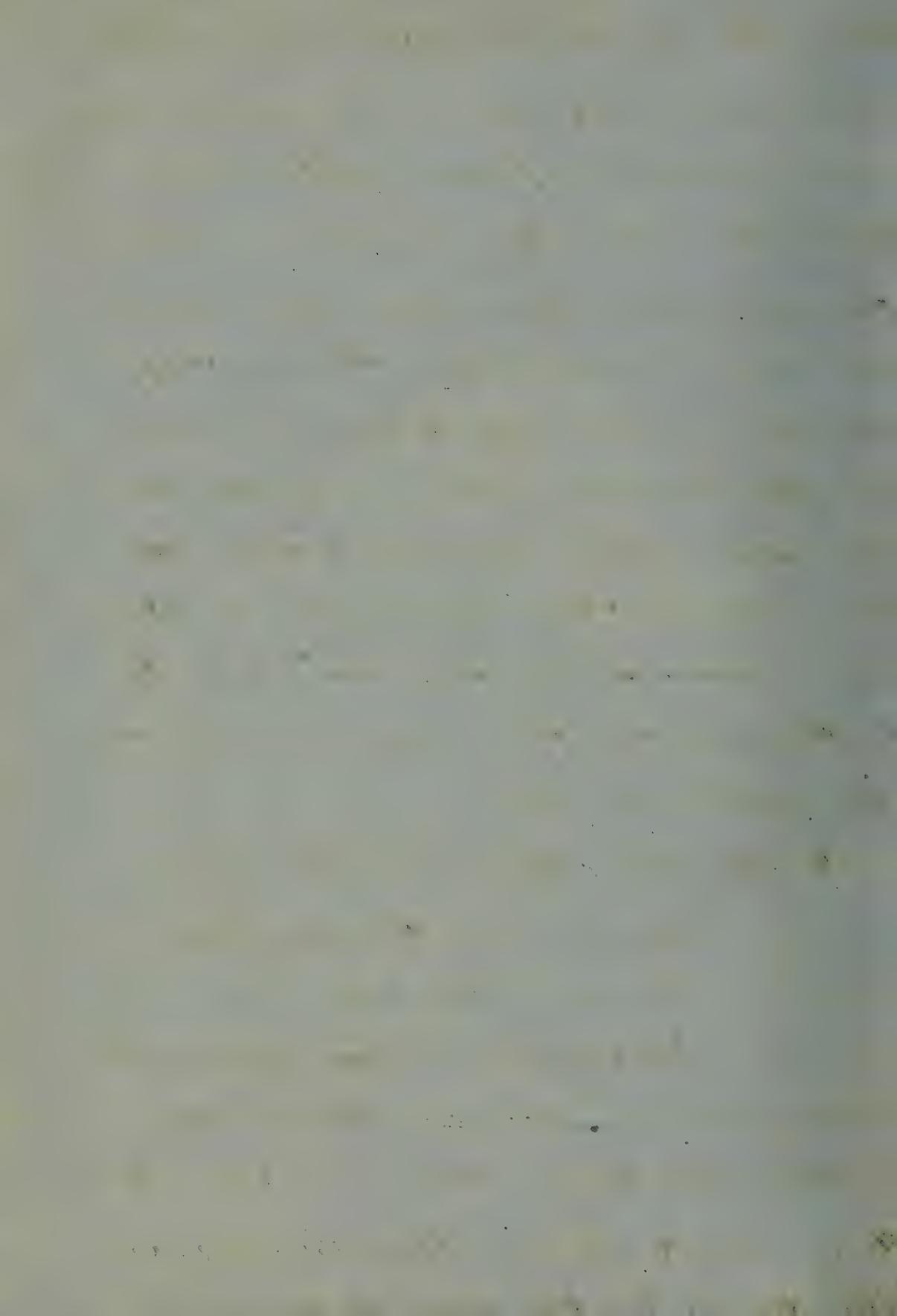
Within the last month has been troubled with night-sweats and fever. When admitted condition as follows - pulse 120 and firm, respiration very much hurried. Physical signs - dullness on percussion - feeble respiratory murmur - symptoms of bronchitis. Program: Cineo saw him Jan 20th and ordered, as there was a great deal of pain in the lower part of his left side cups to be applied over the region of pain and the following by

R. Gart: Anini: et: Potap grij

Mucil: Gum: Acacia glzr

Sympi: Jolutani zij

Mod Solnt. S. Give 3p every hour or second hour, according to the degree of tolerance and cough. If there be any rise of fever - bleed him from the arm, till the pulse is affected.



June 27th. The symptoms are rather aggr
ivated this morning - ordered - bleed freely -
Continue the solution ord yesterday. If his
bowels are not well moved by 5 o'clock P.M.
give him a dose of Magnesia and also as
follow Rx Magnes: Sump: zi

Magnesia: Nat: Zi Mop: Cho: i

June 28th. Pain in the side not yet
relieved - ordered - cups to be applied over
the side and the following

Rx Magnes: Sump: zi

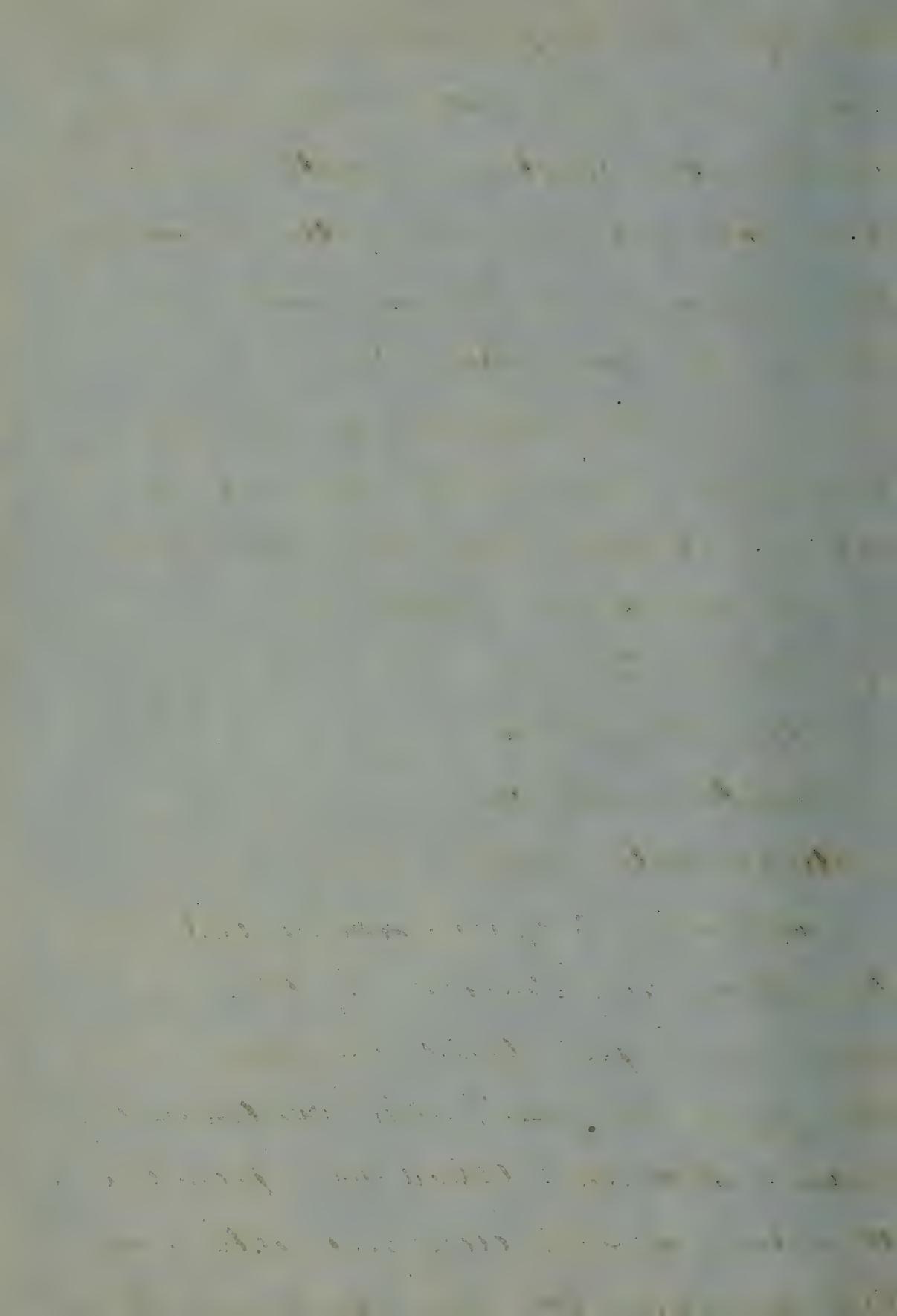
Pulv: Potass: Nit: zi

Tart: Antim: et Pot: gri

Aqua distill: flziv

Mop: solut: S: Zi every 4 hours until the
bowels are well moved. If there is
any rise of fever bleed him freely.

June 29th. The pain still continues very
sever - Ordered - Bleed him from the
arm and if this does not relieve him
cup him over the seat of pain. Con-



time former treatment.

June 30th. This morning we spit up a very large quantity of purulent mucus, and after this his pain was almost entirely relieved - his respiration was very much quickened, being now 78 in a minute, pulse 120. The bleeding and cupping have seemed to have little or no effect
ord. of Hydrog: Submuc grs

Pulv: Opii gri

Tard: Cemetici gri

Magnesia mss et in plicz vij dividend.

C: Give one every 2 hours. Stop the saline solution - Continue the Tardacemetic solution (ord on 26th) every 2 hours, so as to alternate with the pills. If he do not sleep well - give him grs Pulv. Doveri at late bedtime.

July 1st. He is somewhat relieved.

Ordered - An enema of lukewarm water vij with a tablespoonful of common

table salt. The interval between the doses of the medicine increased to an hour and a half - Pulse 90-100 Respiration 36.

Tidy 9th. Cough very troublesome - Mucus expectoration very copious - pulse and respiration about the same as yesterday. The pain arising from pleuritic inflammation has ceased and the symptoms of Phthisis are now fully developed. We can now say that there is tubercular deposit in the left lung. Dullness over the left side very perceptible - Breath very fatigued - his expectoration has a very dangerous smell. Cranni. Stop the Mercurial treatment and give the following Rx P. G. Acac 3ʒ

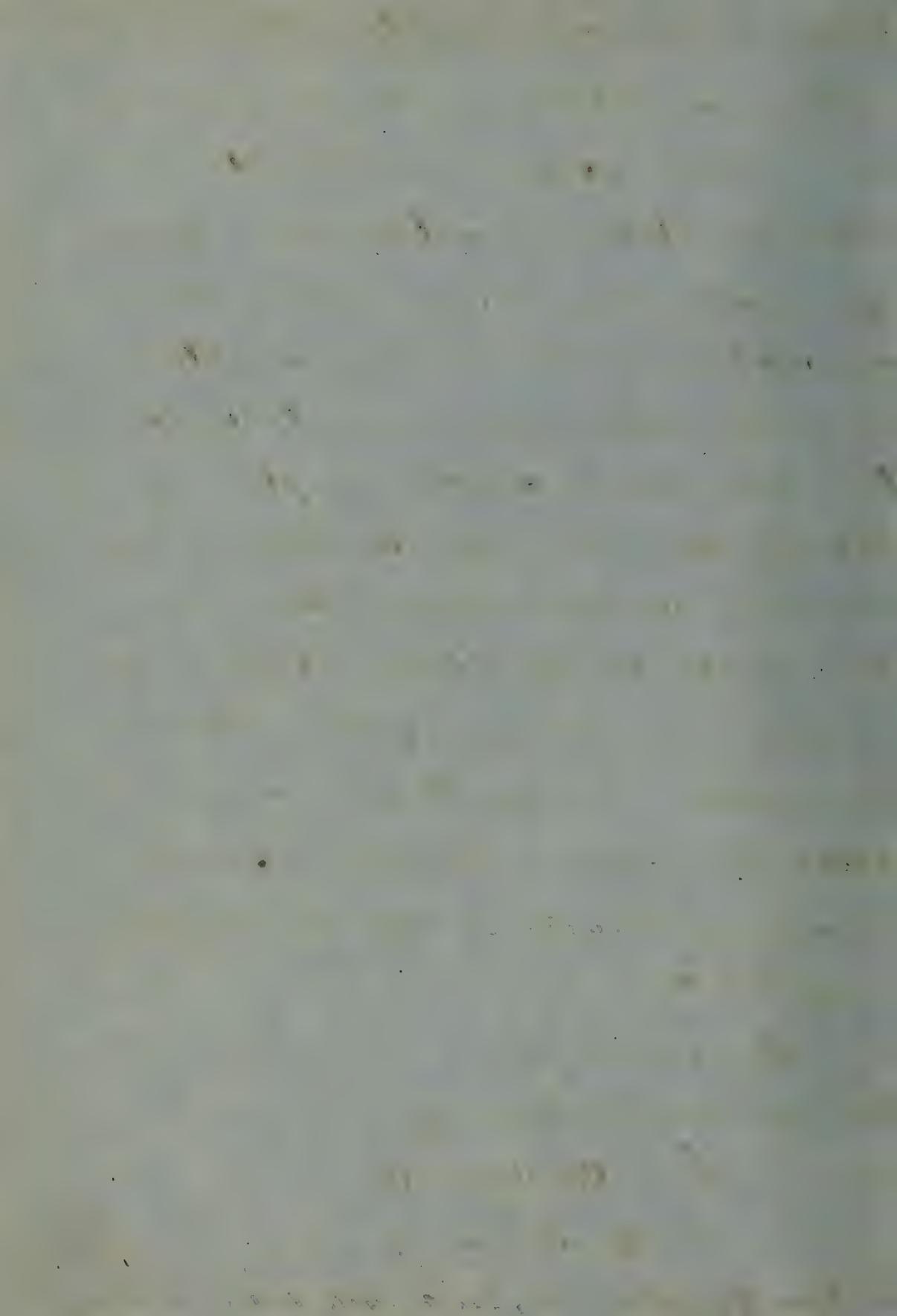
Aqua puræ 3vij

Magni Muriat. ador Vin Specac 3ij

Tinct Opii: Camph: 3ij

Symp: Scilla 3ʒ

S. Give 3ʒ every 2d, 3d or 4th hour accor-



ding to the degree of tolerance.

July 3rd. He slept tolerably well during the night but coughed a great deal. Expectoration green and copious; complains of pain in the left side when he coughs. Pulse 102, respiration 30. Ordered the following:

By G. acacia ss

Sachar. Album ss

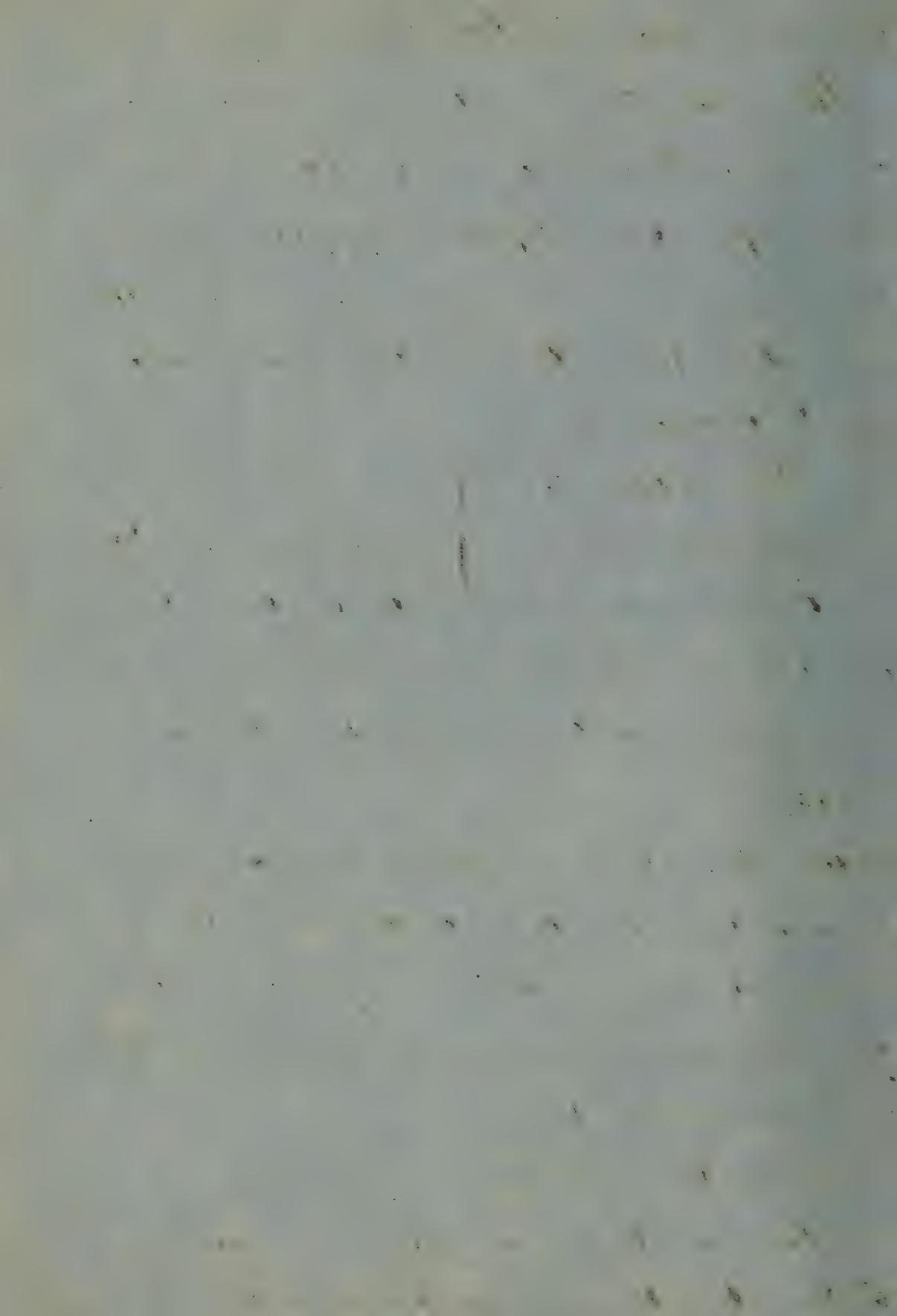
Morphia Syrup ss } Morph Emuls. S. Give
Aqua para zin 3p at bed time, and
if sleep be not produced - repeat the dose
every 2 hours until it has the desired effect.

July 5th. Still complains of pain in his breast and shortness of breath. Feels much better in other respects - pulse 120 and rather weak, respiration 32. Given Morph. Syrup ss

Syrup Volu

Hoffman's Anodyn. a a zi Morph Volu.

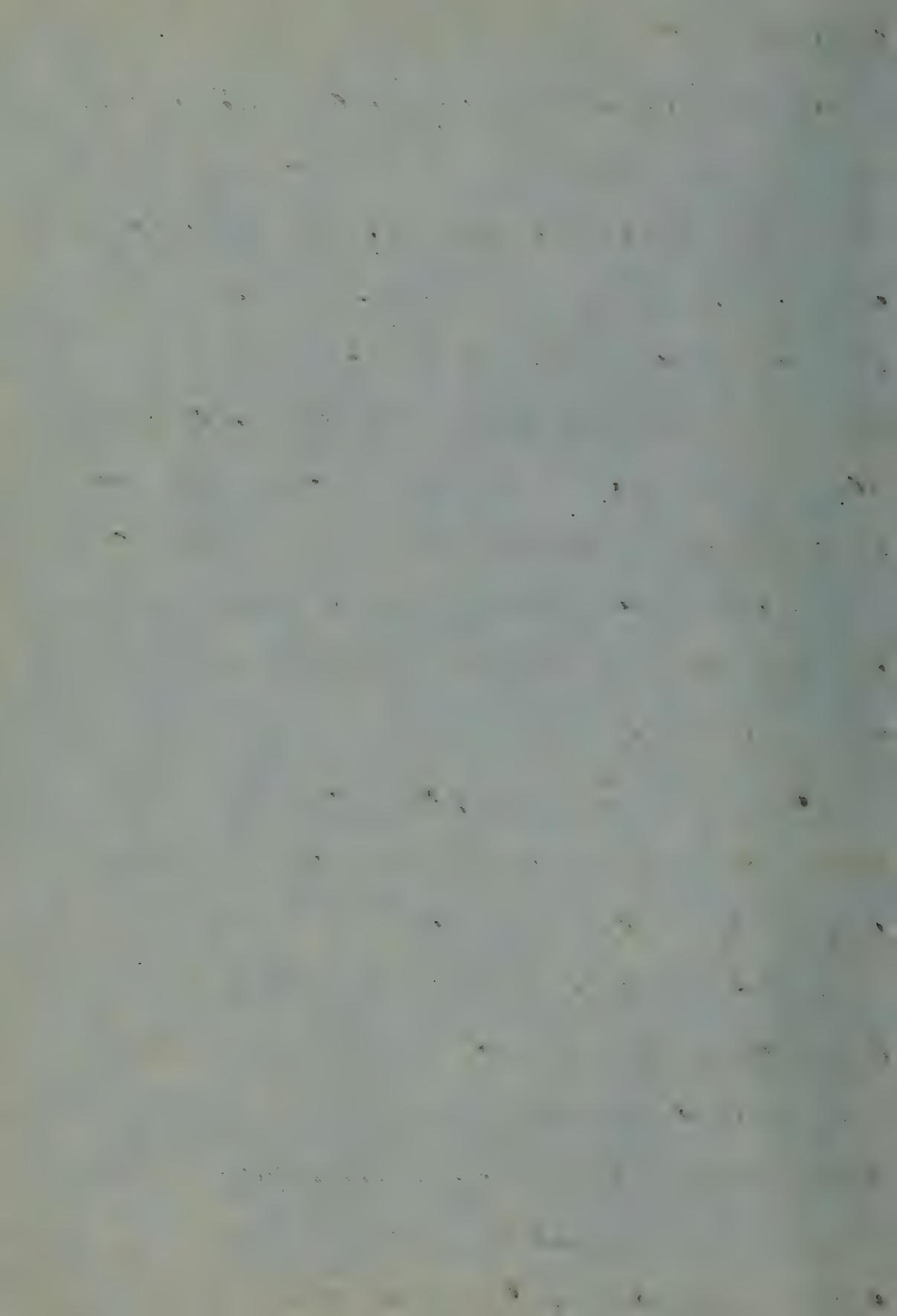
S. Give two teaspoonfuls whenever one hour buys



of breath occurs.

July 6th. Left well during the night and this morning feels very much relieved. The pain in his breast has left him - He breathes with less difficulty - expectoration rather more free than usual; Pulse 90 - Respiration 40. The dullness which was owing to pleuritic effusion is now clearing up - absorption is going on. His breath is still feeble - Ord. If his bowels are not moved by 5 O'clock P.M. give an enema of salt and water - same as before ordered.

July 7th. The symptoms are somewhat better - the enema acted well on his bowels - a free operation was obtained. He coughed less and slept well during the night - better than for sometime. Musical signs not so distinct as formerly - breathing and pulse better - decidedly more natural. Breath not so feeble - Ordered Ol: jicoris ascellii: gsp three times a day.



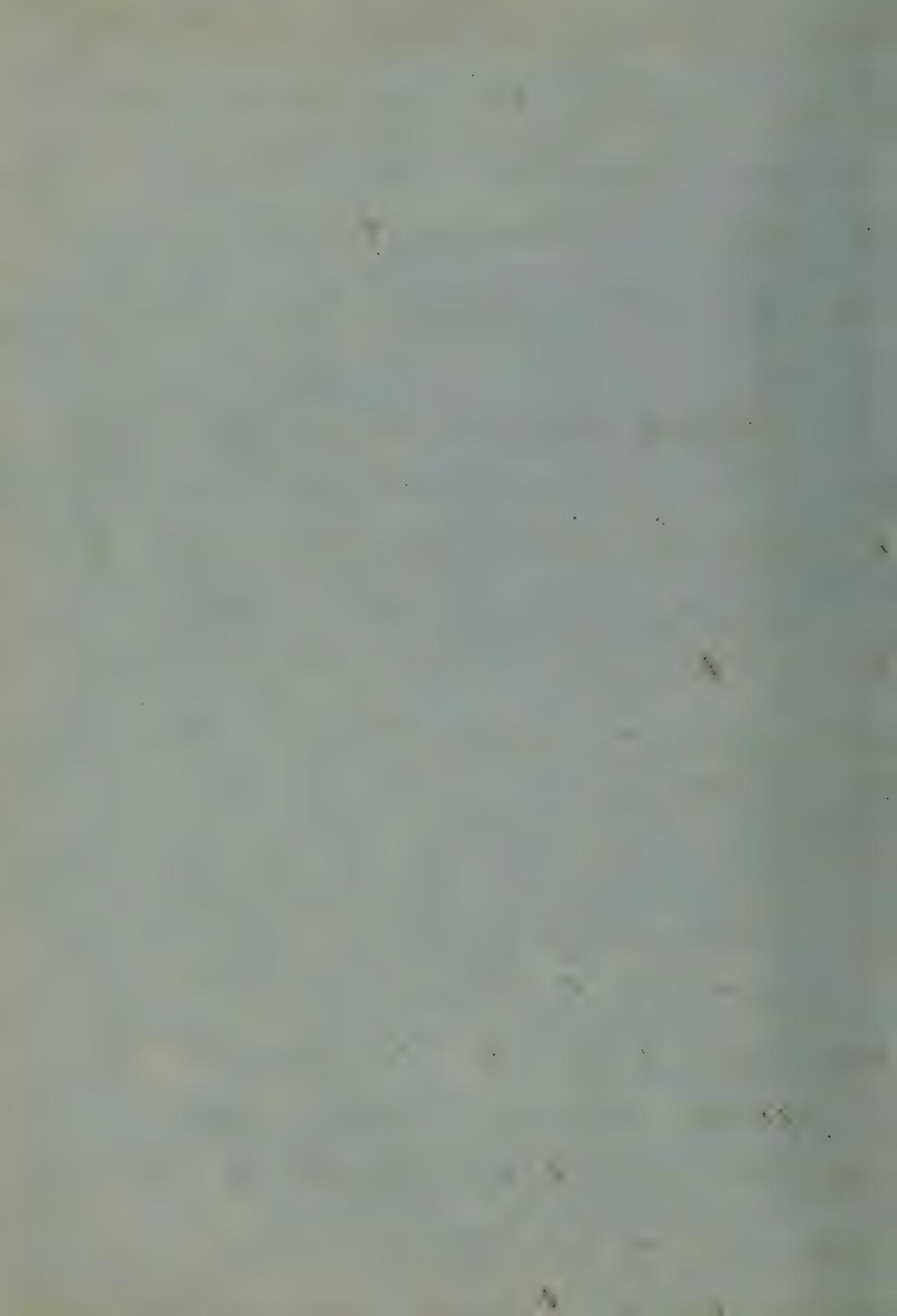
July 2d. Feels no pain at all - but complains of great debility. Fever in Coal-tar oil very well - Pulse and respiration about the same. Continue treatment.

July 3d. Feels very much better - having no pain.

Thinking that a change of air would do him good - he determined to leave the Infirmary ward to-day.

P.M. He left about 3 o'clock - much relieved. Any place rather than a hospital for a person affected with *Phthisis Pulmonalis*.

The next is a case of Typhoid fever - which terminated very unsuccess-
fully. Resulting in the death of the patient.
Michael Corrigan - aged 13 years.
was admitted to the Baltimore Infir-
mery July 11th 1851 - A native of Ireland.
He has been in America about 12 months.



When about 4 years of age he had an attack of small pox, and an attack of Measles soon after. Since these excepting his previous health has been good. He has no recollection of any of his family dying of breast complaint. He has been working with a chair maker since he came to Baltimore. Was frequently noticed that his skin trembled and he felt pains in his joints and soreness in his bones. About 10 or 12 weeks ago was taken sick - had fever in the morning and sickness at the stomach. Of this he thought he was relieved but a week or two afterwards caught cold - was taken with a very severe cough. When he coughs - feels sick and exhausted. Does not expectorate anything - Complains of no pain in the breast. When admitted - condition as follows - All the signs of bronchitis clearly distinguished - also Consolidation - pulse 128 - respiration

Nearly natural. He is rather more slender than when in good health - thinks he was jallun away a great deal since he was taken with the cough - The physical signs are better marked about the base than the summit of the lung - He was delirious on the evening of the day of his admission - was seen by Prof. Samuel C. Davis who ordered Mustard plaster applied to his thorax and -
 Rx. P. G. acac 3*ʒ*

Pulv. Specac gruij

Syrup: Dola 3*ʒ*

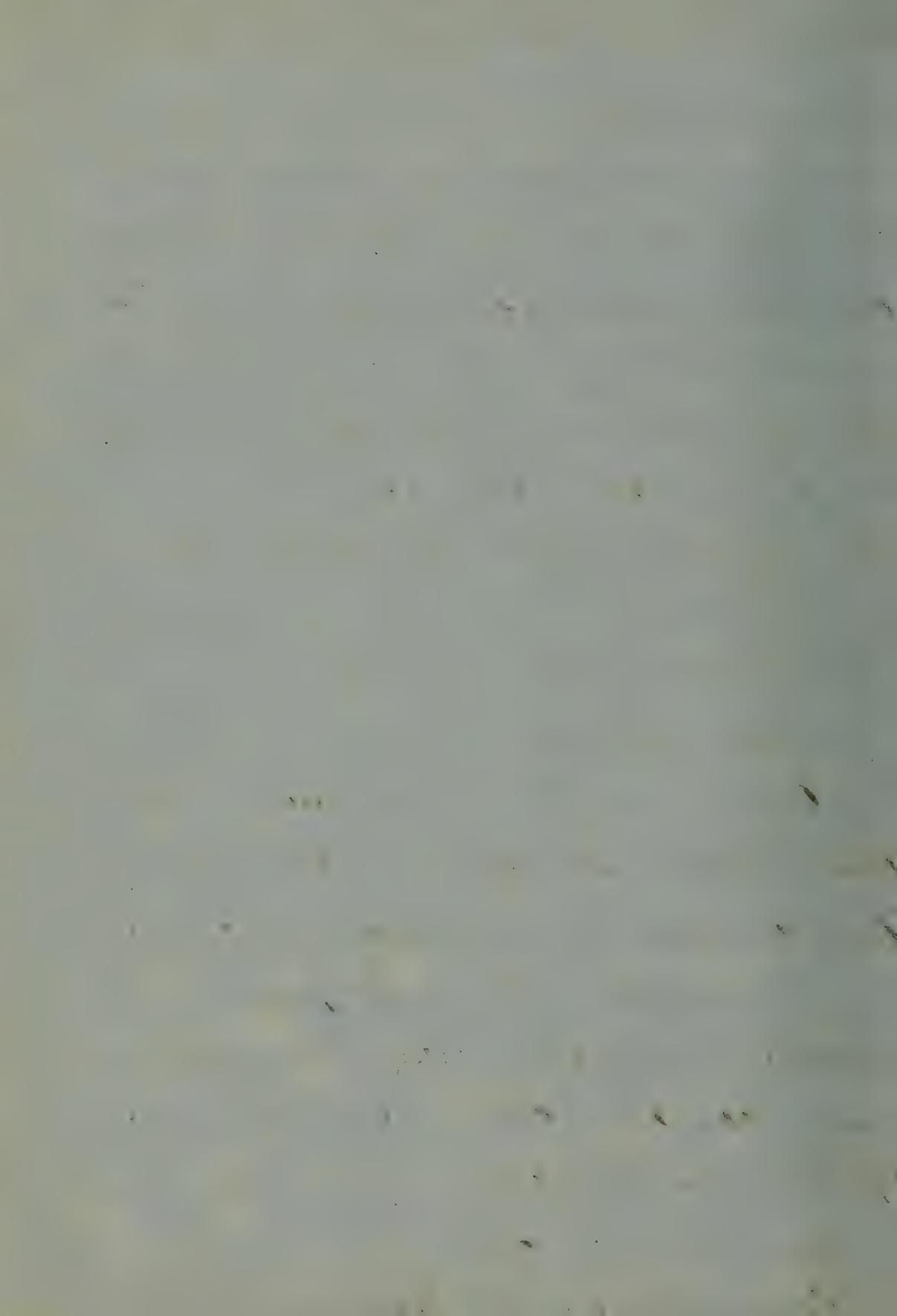
Aquæ puræ 3*ij* Morph. muriel - dose.

Begin with a dessertspoonful and increase to a tablespoonful if his stomach will bear it. July 12th. He is complaining very much of his head. Fever very high - pulse still 128 - Ordered the following

Rx Mass: Tzydang gruij

Pulv: Specac gruij

Soda: Ricard 3*ij* Morph. chroij dir.



Give one every two hours.

July 12th. Epilepsy came on during one night, and his head is this morning in consequence almost entirely delirious.

Has quite delirious during the nights - He complains of great pain in the bones.

Ordered - 3 bones continue the free one
kin of Mysore Calcas comp after each
operation. Continue main treatment.

July 13th. Considerable jenice excitement.

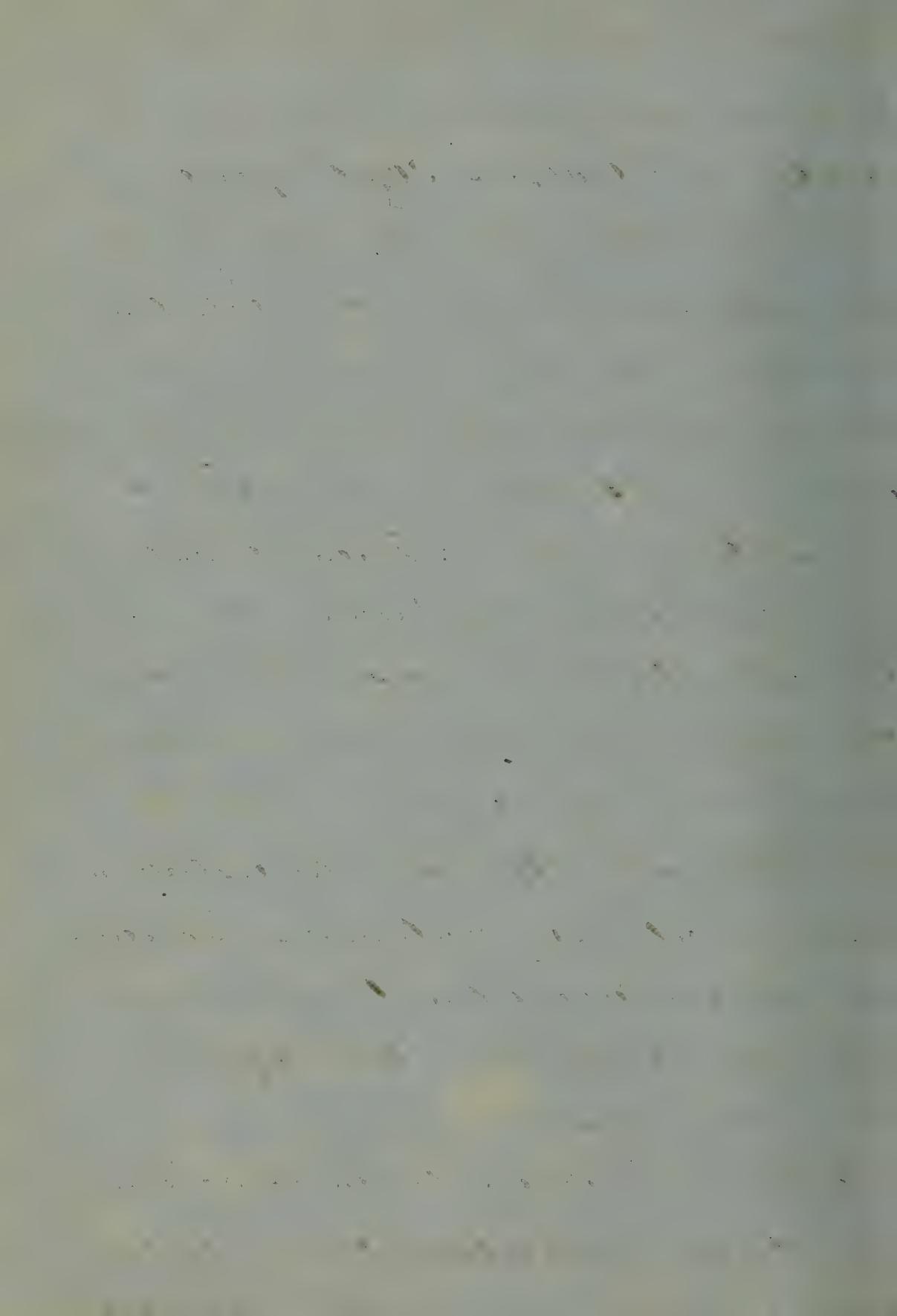
Pulse 108 - respiration 34. Tongue some-
what red especially at the tip and along
the edges - pains in the feet and legs. He
suffers from excessive thirst - appetite very
much impaired. Bones very sensitive -
ordered - Calcined Magnesia 3p.

July 15th. The Magnesia acted very well.
Fever racking - pulse 102. His delirium
continues at nights. This morning he
vomited freely after several attempts.
Ordered - Continue former treatment.

July 17th. Feels very much better this morning.
He vomited again to-day - Pulse 120 respiration 34. Ordered - Stop the purgative.

July 17th. The man continues complaining of deafness ever since we came into the Internary - but this morning there is a decided increase. He is very stupid and hard to rouse - complains of no particular pain - Tongue coated with yellowish looking matter - tongue red along the tip and edges - Mouth and ears sore - The system has been brought under Mercurial influence. Pulse and respiration about the same as yesterday - Febrile excitement continued - Considerable soreness about the teeth. The disease now looks more like Typhoid Fever than any thing else.

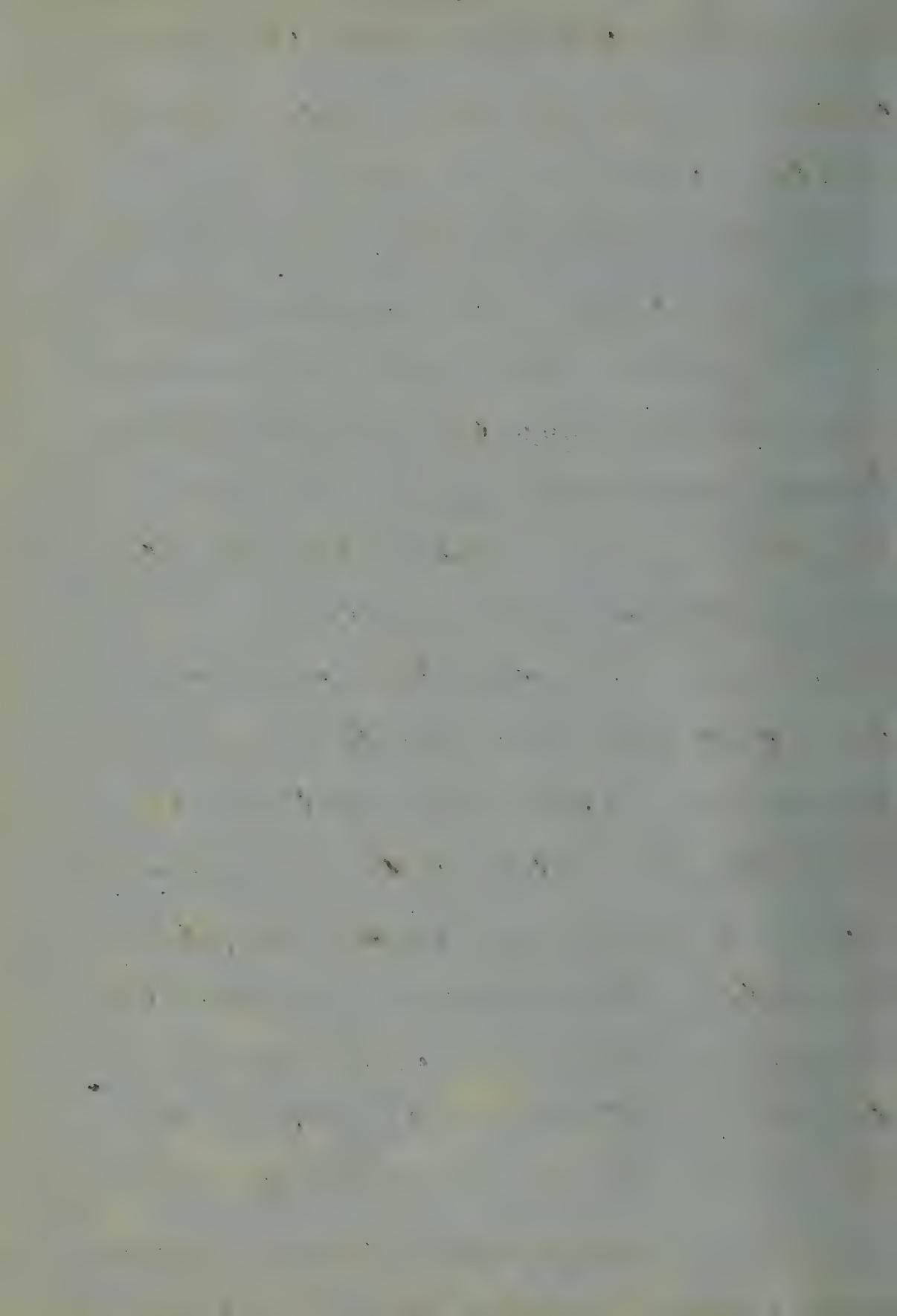
July 18th. Looks very much emaciated. His tongue has a thick white coating upon it - Mouth very sore - Pulse 130.



very Stupid - Ordered - add $\frac{1}{2}$ oz Vinic:
Antimonii to each dose of the Specus
Mixture Ordered on the 11th.

July 18th. Still very hard to rouse - The
Stupor continues - Pulse 130 and very fee-
ble - respiration short and hurried. The
bronchitis is changed from dry to moist -
Mucous rales distinctly heard. Ordered -
Emplastrum ^{camphoratum} 4 inches square over the tops
of the sternum - keep it on until it
deadens the skin and then apply a poultice,
also apply a blister to the back of
the neck. If diarrhoea continues give
3p of chalk mixture after each operation.

July 21st. No change in the symptoms
perceptible. He is sinking very fast. Ord-
ained wine and water freely every half hour.
About 7:30 P.M. he died. Post Mortem
examination showed - Ulceration of the lower
2 feet of the small intestines and enlarge-
ment of the mesenteric glands. George

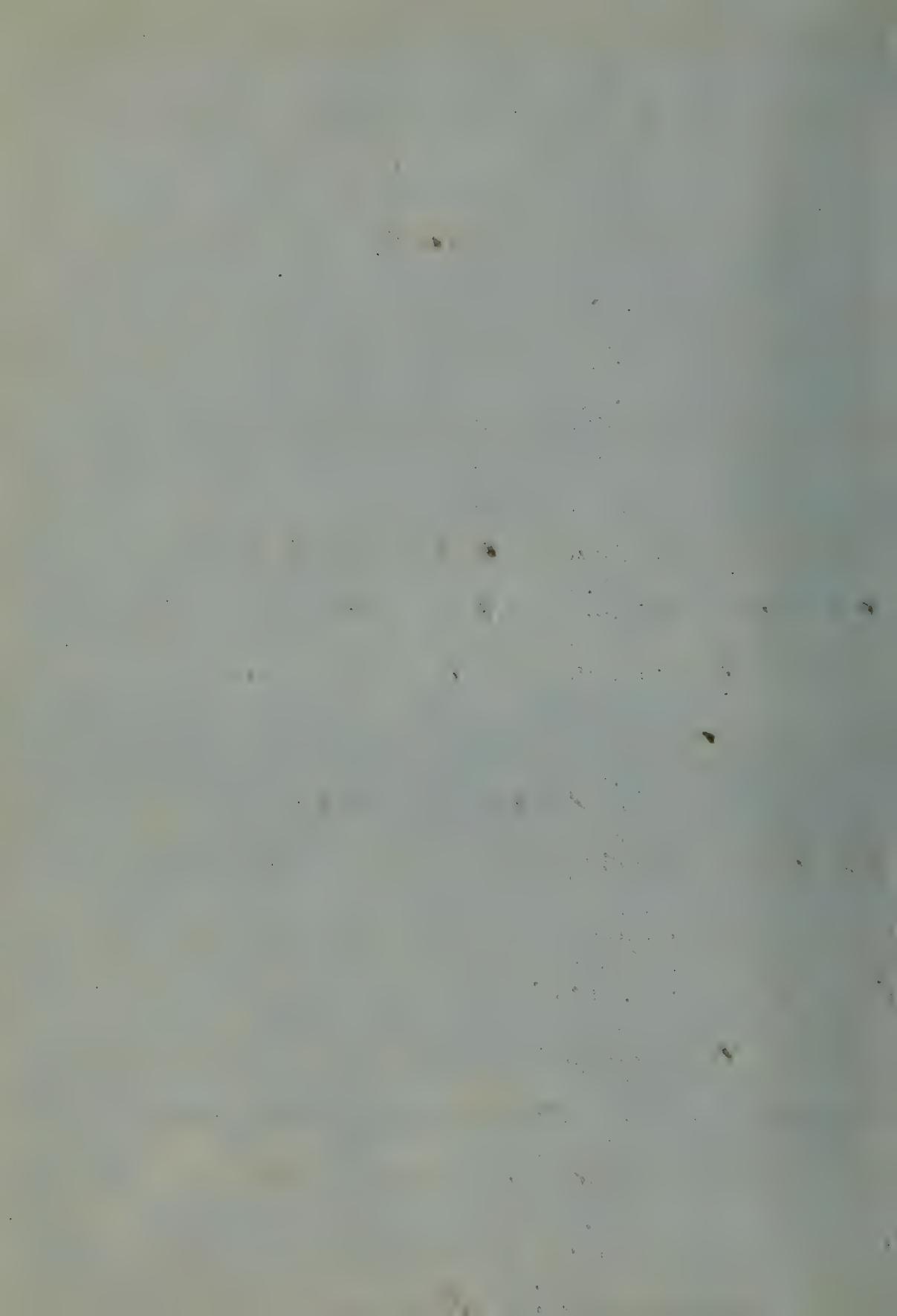


Were perfectly healthy - Ulceration and enlargement of Peyer's patches - The bronchial tubes were congested.

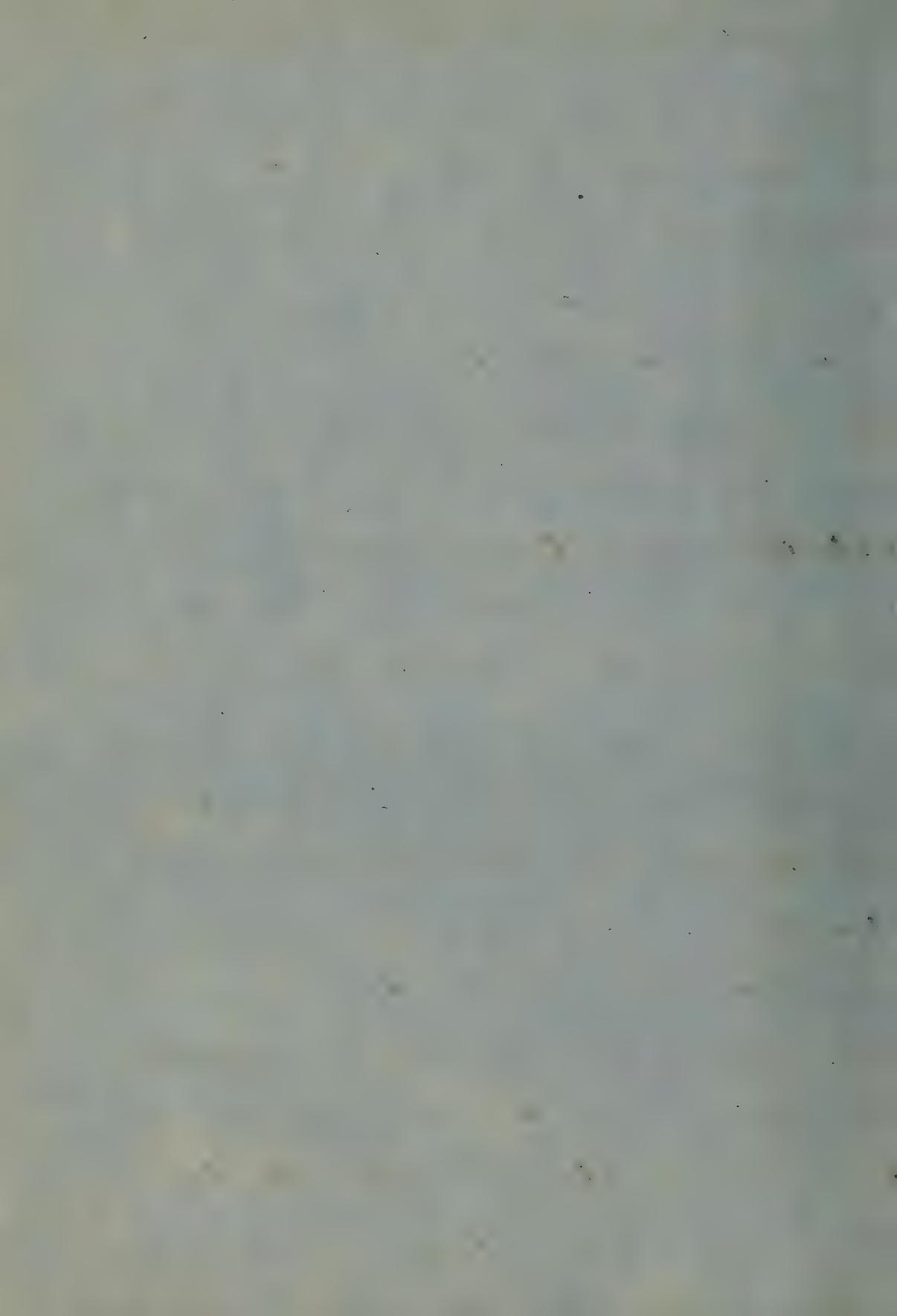
He concluded that these pathological changes were sufficient to account for his death - and also that he died with Typhoid Fever.

The next case to be mentioned is one of disease of the stomach - supposed to be carcinomatous in its character.

Lennie Brown - Lady of color - aged about 50 years - Slave and lives with her Master - Mr Henry Jewel on Patuxent river. She always enjoyed good health till about 2 years ago - was first troubled with costiveness of the bowels. She had not been menstruating for 3 or 4 years previous to this attack of obstinate constipation. Pain in the stomach



succeeded - and contraction of the muscles
of the abdomen - She suffered some time
ago with gravel or rather retention of urine.
About 18 months ago she was taken with
vomiting - she threw up her meals and
a great quantity of bile. She had
an attack of dysentery since she suffered
from this emesis. Her bowels are ~~regular~~
only when she takes medicine. Even
when she has regular discharges produced
by these medicinal agents, they are always
with pain and straining. She has been
confined to her bed for more than
six months. She was admitted to the
Baltimore Infirmary July 19th 1851. She
had travelled some distance and was
then very much debilitated. Symptoms
as stated above and in addition to
these, she mentioned that after taking
any food or drink there is always a
sensation of choking, as if she could



not get what she had swallowed into her stomach. She generally feels this in her throat until she vomits and then she is for a time relieved. Dr Cohen saw her 20th of July and diagnosed - Catarrhe inflammation of the Stomach - probably carcinomatous in its nature - Ordered -

R: Mucil: G. Acac flz vi

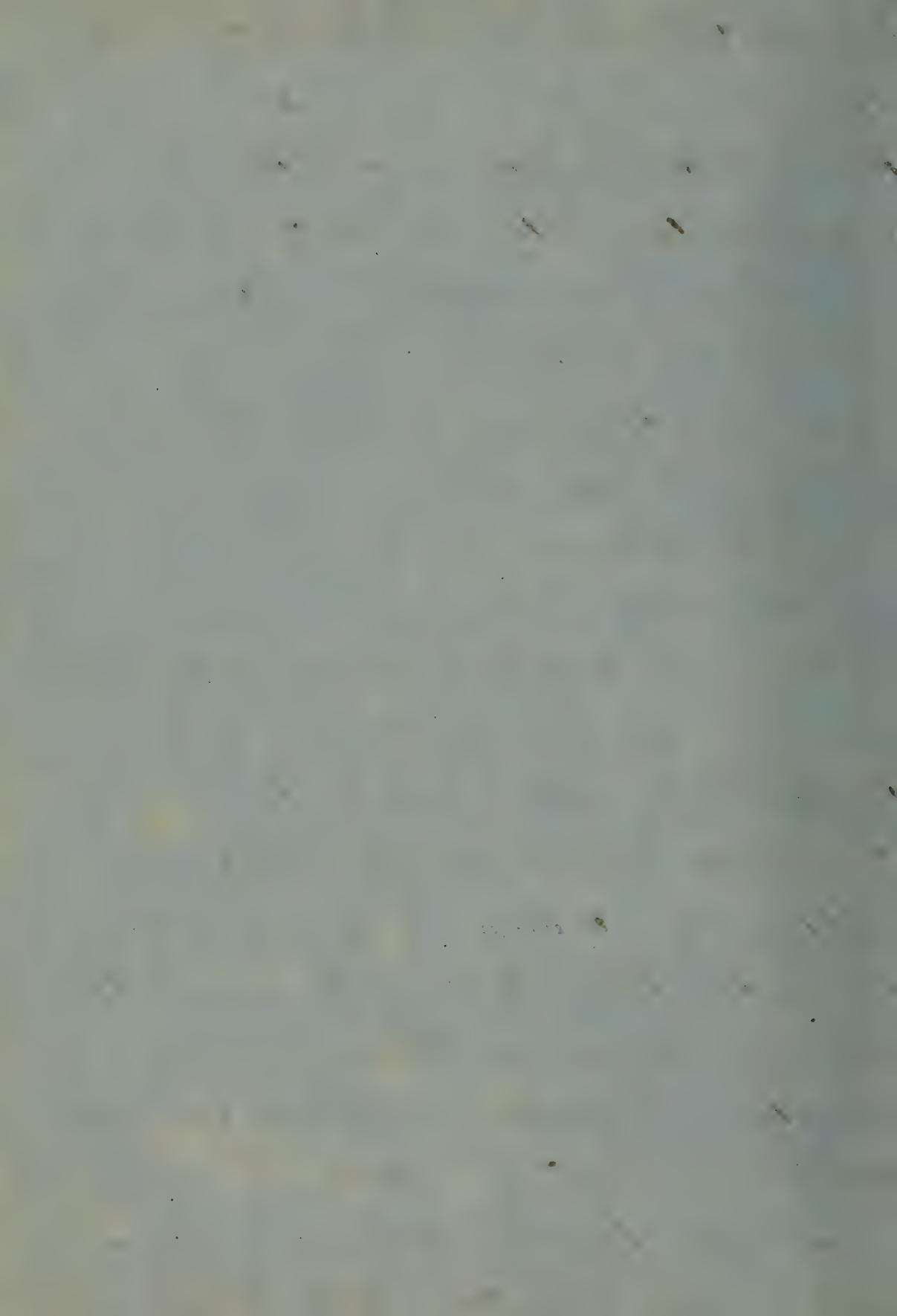
Soda: Ricart: zj

Magn Solv Pet adde

Acid: Hydrocyanic gtt xij S. 3p every 2 hours. Keep her on a very low diet -
Ol: Ziglii gtt v well rubbed in over the Epigastrium night and morning.

July 22nd. Ordered - Emplastrum 6x8 inches over the Stomach and kept on 'till it dries and then apply a poultice - Dress the surface on the next day with simple cerate.

July 23rd. Stop the medicine ordered on the 20th and give only milk



three times a day. Let this with a little lime water in it constitute her only diet. She says that she spit up some blood and pus during the night, but we found none in the basin.

July 26th. Her bowels were rather constipated this morning and she complains now of pain in her stomach - Ordered Fulukhi grījī made into a poultice and given at bedtime. This morning observed some thin light colored blood in her sputa. He said to-day - that before she came to the dispensary she vomited up some dark and thick fluid resembling coffee grounds.

Ordered - Give an enema, if the poultice does not produce any effect by the afternoon. Just as they were preparing the enema the bowels were well moved and consequently there was no need of any further interference.

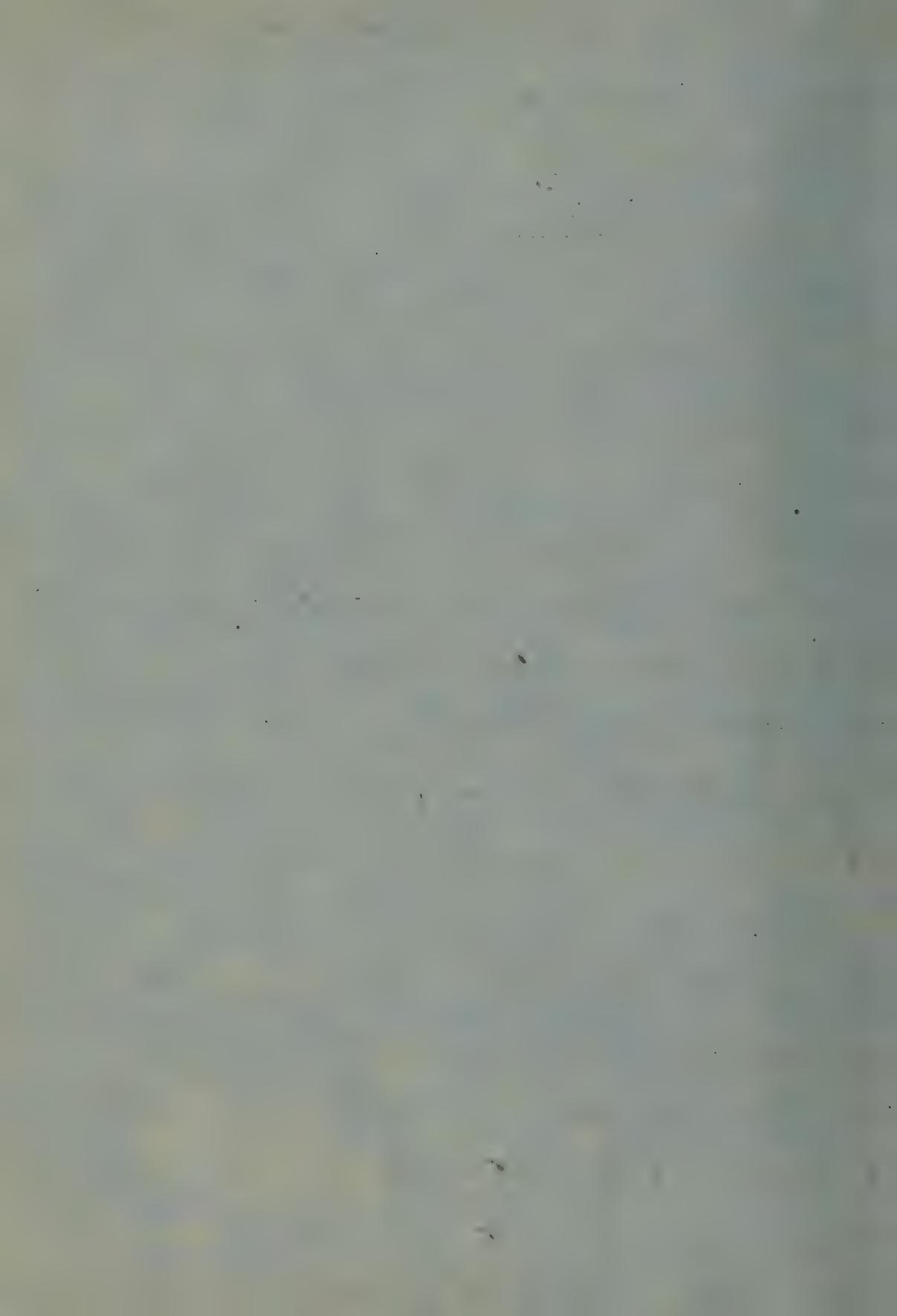
July 28th. Yesterday not having had an

Operation from her bowels, they were well moved at night by the following enema.
By Nuriahs Soda qj.

Liquor: Compynmatici qj

As we repeat the give Enema
she feels better today - did not spit
up so much blood during the night as
she has been in the habit of doing for
some time. Ordered - Continue. When-
ever the bowels are not regularly moved
we must always give enemata. If we
give cathartics by the mouth, they would
produce too much irritation in the
stomach - the affected organ.

August 10th. She has for a long time
had great difficulty in passing her stool,
but has been ashamed to mention it.
She had an increase of pain in passing
it last night. About a year ago
she fell across a doorsill and on her
right side. - After this accident she



had a hard tumor over the liver, for which she was bled - It however disappeared and she grew worse rapidly. She then felt a pulsation in her stomach - This pulsation ceased for a long time, but now she feels it again and more when in pain than when at ease.

August 12th. She has been spitting up blood and complains of great burning and sickness at the stomach - Ordered - Stop the solution of Soda and Prussic Acid and give Sub-nit. Bismuth grs three times a day.

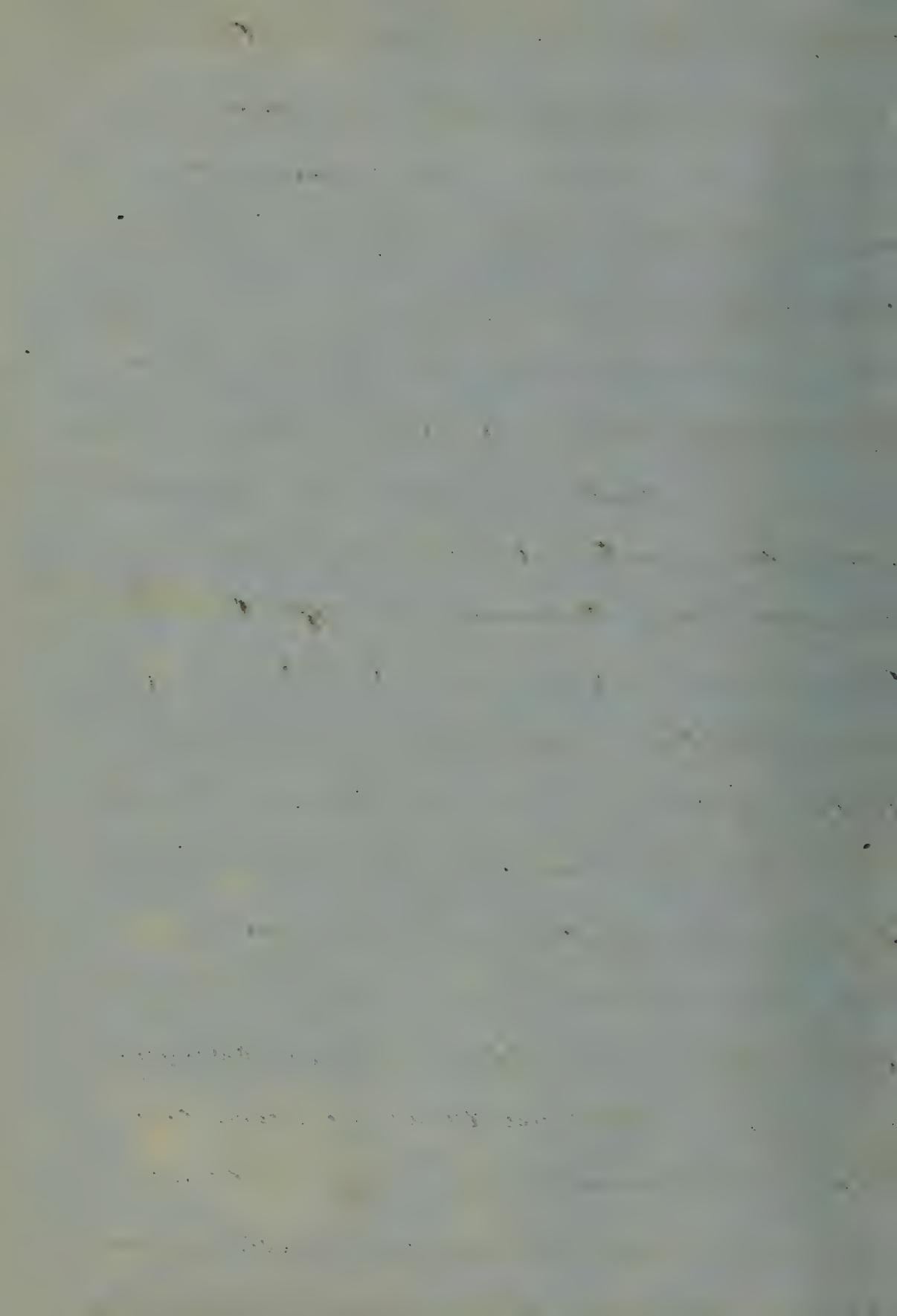
August 22nd. Complains of stoppage of the esophagus and contractions of the muscles of the abdomen.

She left us to-day feeling much better than she has for years. She was greatly improved in health and appearance.

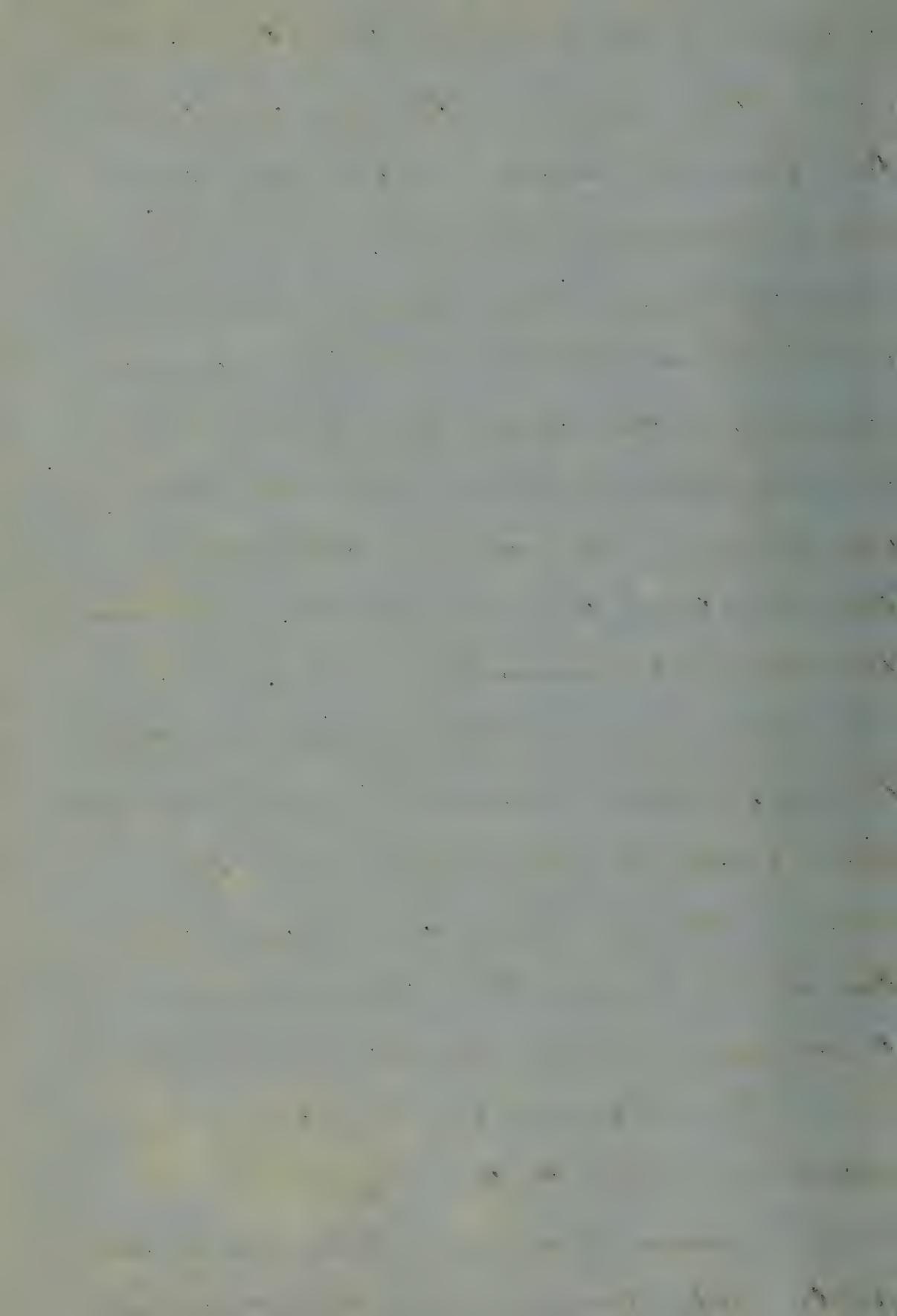
The next is a case of Purpura Hemorrhagica complicated with *Streptococcus faecalis*.

James Crawford - aged about 20 years
Native of Ireland - Has been about one
year in America - Was admitted to the
Baltimore Infirmary August 20th 1851.
Labourer on the railroad beyond Cumber-
land Md. Previous health good. He is
thought dead of Consumption. About three
months ago he caught cold attended with
cough and expectoration. From this he ap-
parently soon recovered. In less than a month
however he was taken sick. An eruption
made its appearance on the lower extrem-
ities - a kind of reddish purple spots - per-
sistent - for a week before the eruption
manifested itself he suffered with sickness
of the stomach and vomiting attended with
tenderness over the Epigastrium. The erup-
tion was attended with soreness of the
extremities extending up from the hands

and feet. Ever since he was first taken sick
he has been troubled with nausea and
a desire to vomit. This occurred coinci-
dently with the appearance of the eruption.
About three weeks ago, since the appearance
of the purple spots, he contracted a cold
without any apparent cause - Had no fever
or headache, but soreness in the right chest,
from the exertion of coughing. This was
attended with considerable expectoration
of a reddish brown color, and generally
free. For two weeks past has had fever
in the afternoon about 3 o'clock. He has
worked on the railroad ever since he came
to this country, and as a consequence he
has had no fresh meat - but salt meat
and very few vegetables have composed
his diet. Has had bleeding from the
nose - his gums are very red around
the edges - Has discharged a little blood
from the bowels - Wine highly colored but



No blood.—Then admitted condition as fol-
lows.—Pulse natural—Skin in a good condi-
tion with the exception of the spots which
have somewhat the appearance of the
spots of Typhus fever. Upon examination
of his chest observed—Physical signs—Ob-
struction of the upper lobe of the lungs
in front and behind—Respiratory murmur
very feeble—Considerable dullness on per-
cussion and increase of vocal resonance
indicating condensation—Visible signs—
The right shoulder was more elevated than
the left—there was also trilling of the right
side evidently proceeding from the
same cause. There was slight curva-
ture of the spine, but not sufficient
to account for the elevation of the shoul-
der. Prof^r Samuel Chen saw and
examined him on the day of his ad-
mission, and ordered—Good air and
porter at dinner—and the following



Gum acacia *zij*

Ol: Vervaininae *zij*

Sacharis Alb: *zij*

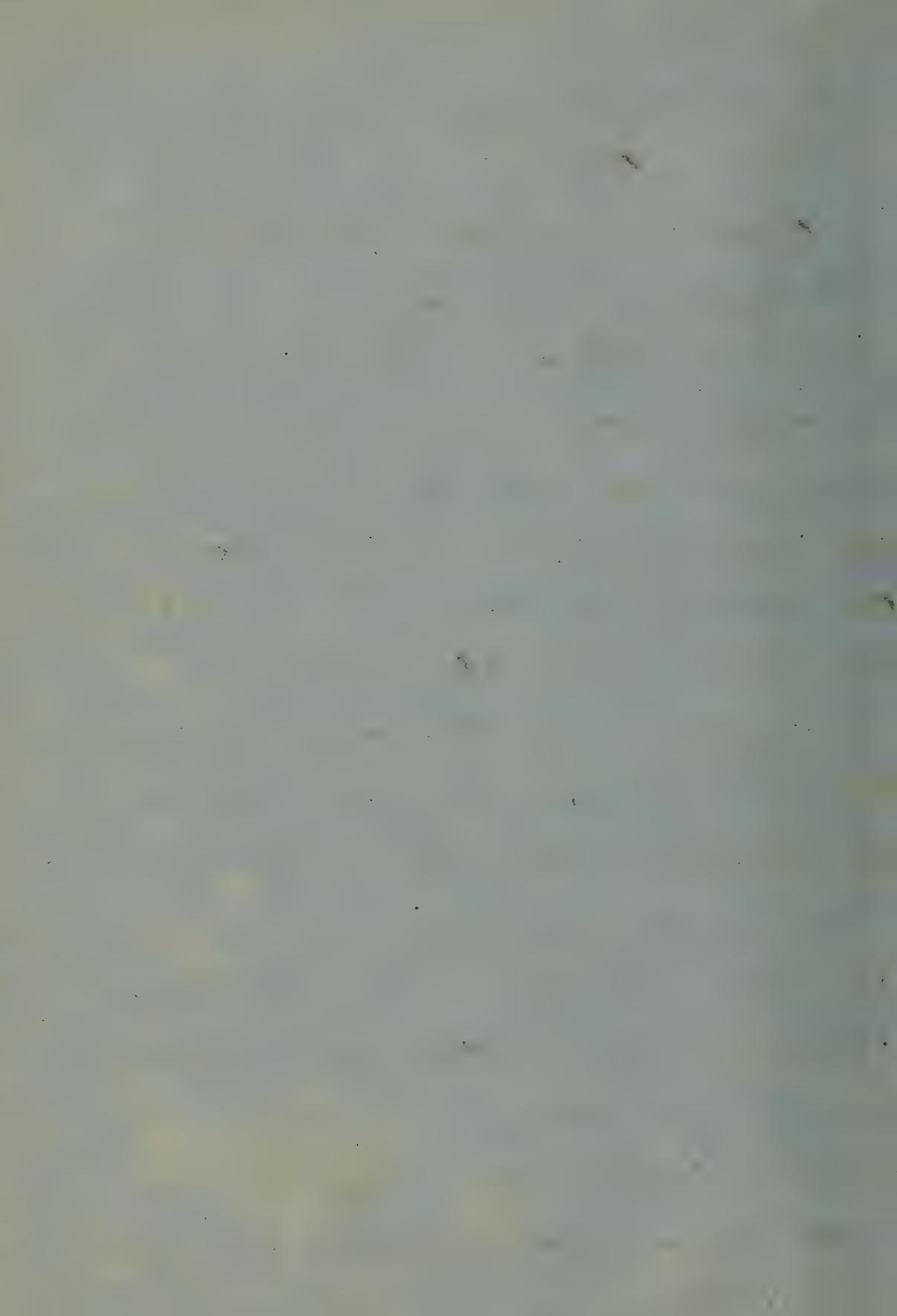
Aqua Cinnamon: 3 oz Morph Emuls.

S: Tablets spoonful every 4 hours.

August 27th. His bowels have not been well moved for 36 hours. There are a great many deep red spots on his back - Bronchophony and tubal respiration were observed this morning. Treatment ordered to be continued.

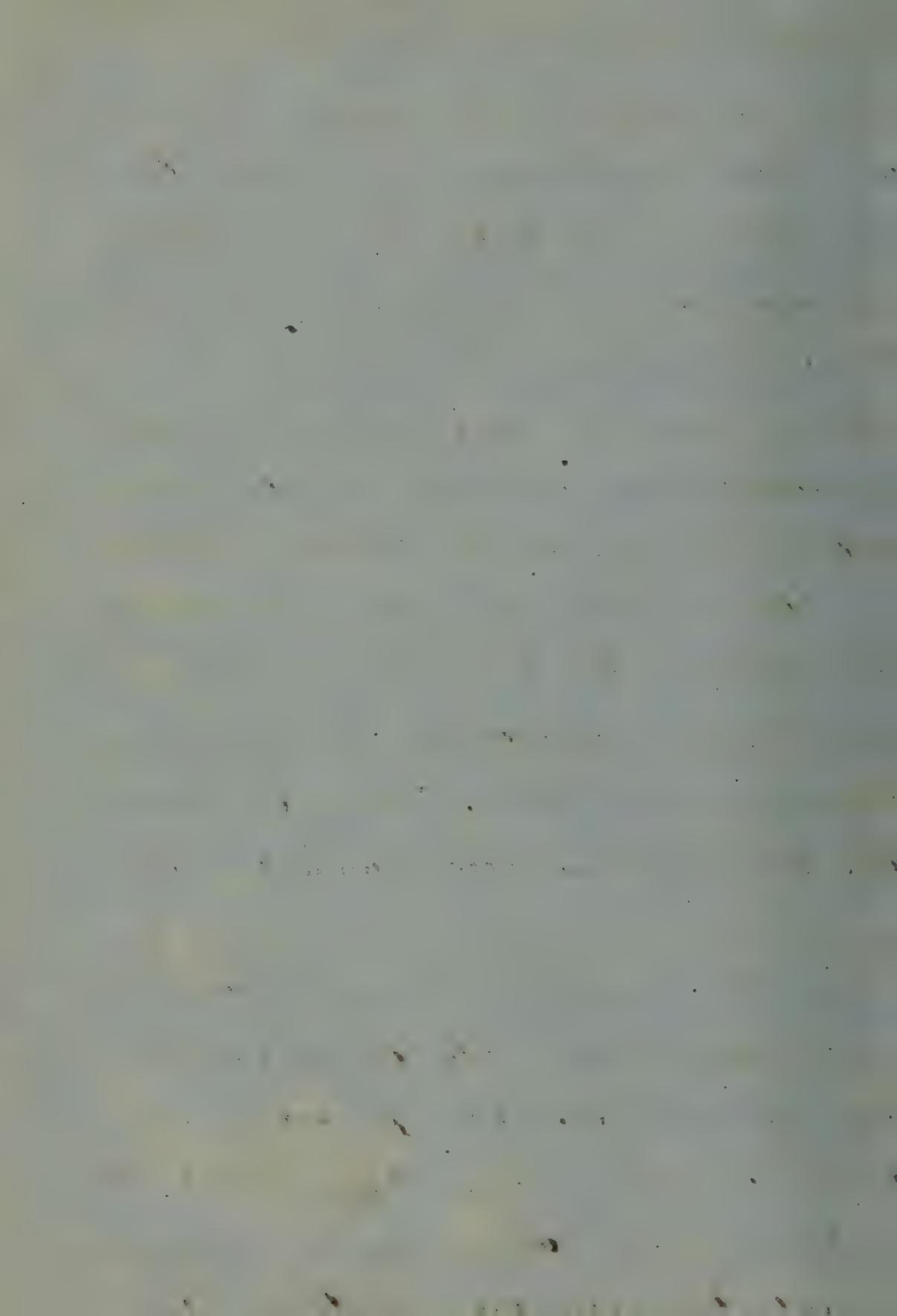
August 29th. This morning respiratory murmur almost entirely gone - loud bronchophony and coarse expectoration are easily distinguished when he coughs.

September 2nd. There being not much change in his symptoms, and he thinking that a change of air would be better - than the confined air of a hospital - for the disease of his lungs left the Infirmary to-day.



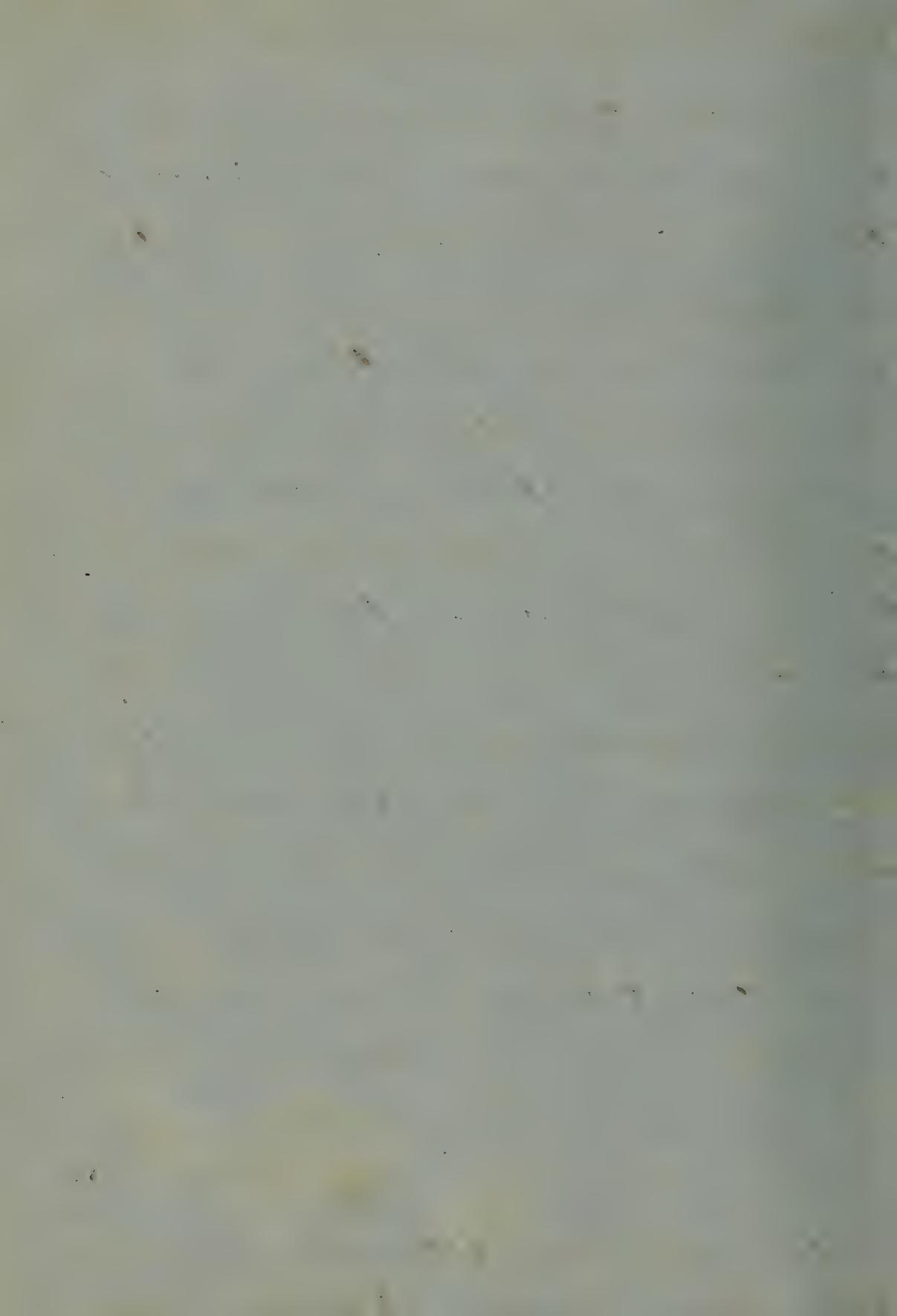
The next and last case is Pneumonia.

Frederick Alslager - aged 57 years. Chесемон-
ger - Native of Germany - 26 years in Amer-
ica - was admitted to the Hospital November
17th 1851. He is in the habit of drinking freely.
About a year and a half ago had a severe at-
tack of diarrhoea continuing more or less
for 100 months - it would be relieved and
after a few days another attack would come
on. About 3 weeks ago after exposure to very
severe weather, was taken with shiverings - fol-
lowed by fever - short and dry cough and pains
and stiffness in his limbs. The cough continu-
ing was in a weak accompanied by pain
in his chest principally on the left side,
which was increased by coughing or during
a deep inspiration. For the last 3 days
has had shiverings accompanied by giddiness
or headache - has not spit up any blood - has
not moved about once a day. When admitted
presented the following symptoms - Pulse



88 and 200° - Not much heat or skin
color very pallid - skin cold
left side under jaw ribs - Epigastric
area principally of white mucus &
occasionally spits up a small quantity
of blood watery sputa - tongue has a
slight yellowish coating - bowels moved
yesterday - By percussion observed
dullness over lower lobe of left lung pos-
teriorly - by auscultation - bronchophony
and bronchial respiration - fine crepi-
tation - respiration 36 in a minute. He
was cupped freely over base of left lung
and ordered 1/2 of a grain of Tartar Emetic
every two hours. Frog? Chas saw him
on the 18th. ordered - By Mass. Dr. Dray grxvi
Tulu Specac gris
Nit Potash 2ij
Tartar cho vij

8. One every 2 hours alternating with the
Tartar Emetic solution. Also Gum water



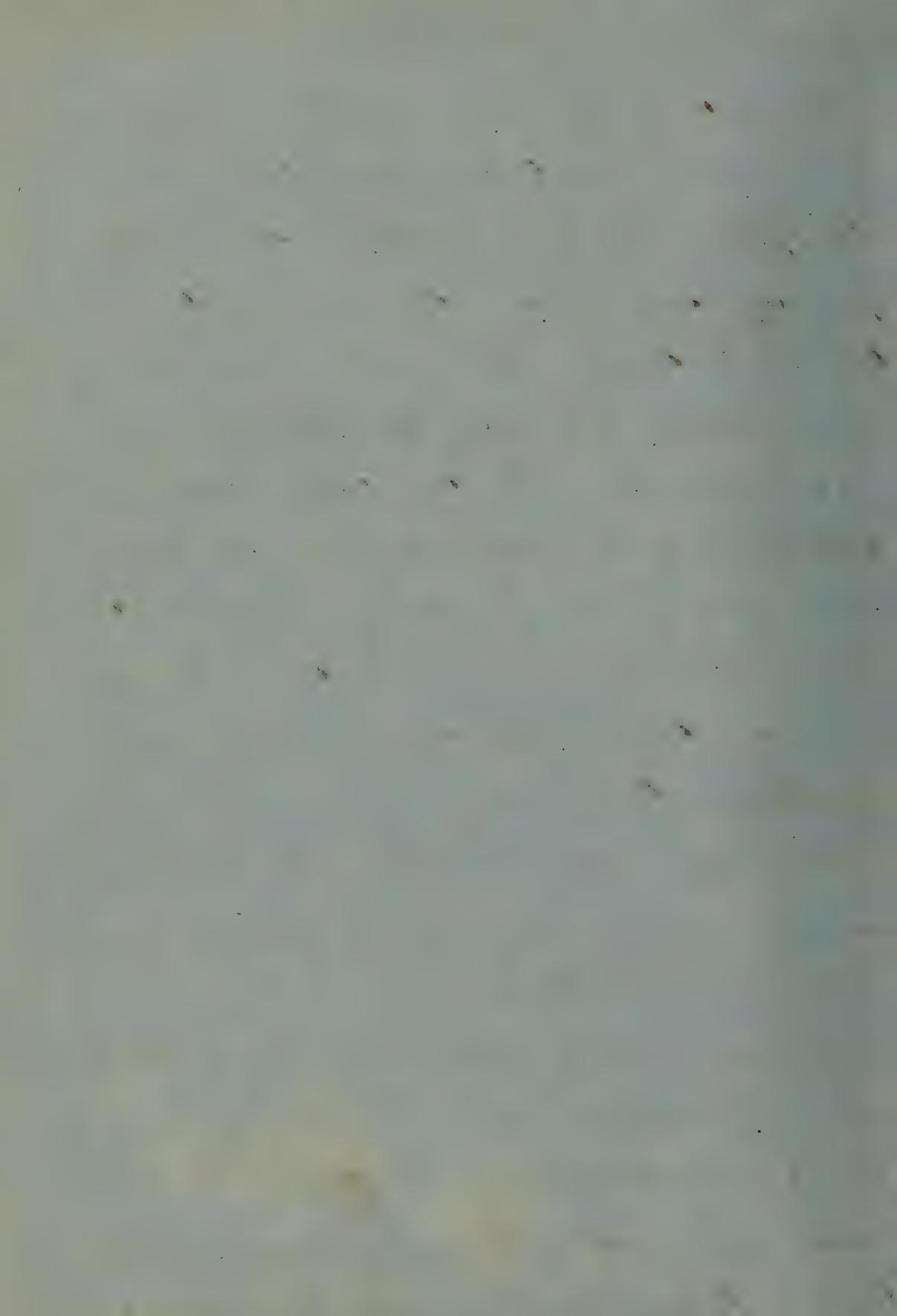
to move freely during the day.

November 19th. No change of any consequence. The dullness seems to be more diffused - complains of more debility - does not spit up any blood - Ordered - Continue treatment and if his bowels are not moved by 5 o'clock P.M. give aloemicin 3*i.*

November 20th. The oil given yesterday afternoon acted finely and he felt much better afterward. This morning - pulse 68 respiration 28. Fine expectoration and much less tubal respiration - Ordered - Continue treatment.

November 21st. - No change - Pulse and respiration about the same. Ordered - Continue.

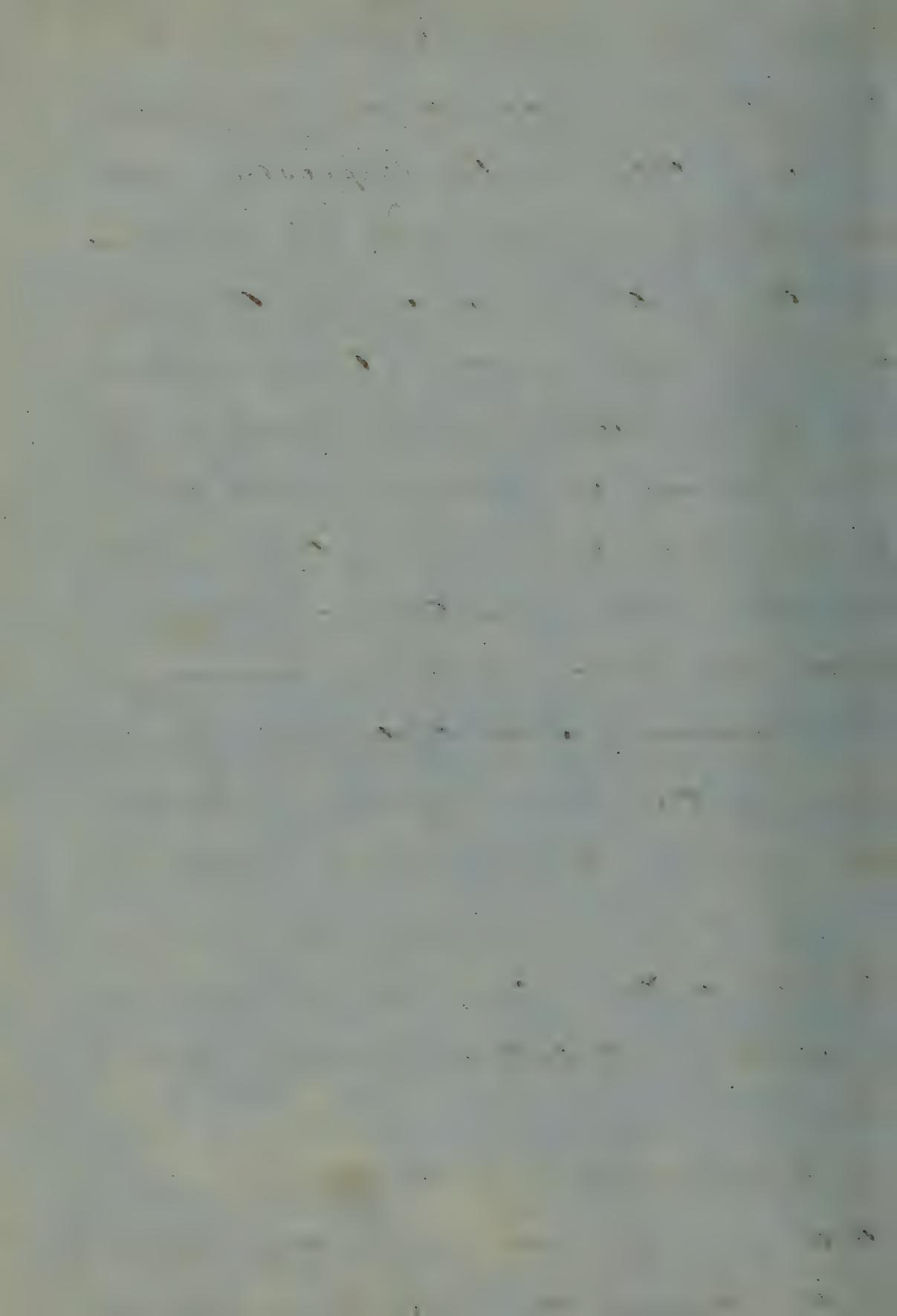
November 22nd. This morning - Pulse 70 - respiration 24 - Still complains of great debility. In order to promote absorption more rapidly - To relieve internal inflammation by setting



up - or rather exciting - inflammation on
the costal surface - as an antiphlogistic
remedy - Ordered An Emplastrum Can-
tharidis to be applied to the posterior
portion of the chest and after redness
of the surface is excited - Apply a poultice.

November 24th. Pulse 78 - Respiration 24.
This morning observed some streaks of blood
in his expectoration - some labored respiration
and fine crepitations - his bowels
were well moved yesterday evening -
Feels decidedly better to-day and has no
pain. Ordered - Emplastrum Cantha-
ridis 6x8 incus to be reapplied to the low-
er lobe of the right lung - posteriorly and
keep on until complete vesication be
produced. Continue former treat-
ment.

November 25th. Not much change
ordered - Give an enema this afternoon
if the bowels are not well moved



Continue former treatment.

November 27th. Some expectoration yet ob-
served - feels very much better - Ordered
Stop the Tartar Emetic and give him
Tusus Serpentaria 3*i* other times a day -
Continue the fomades.

November 29th. He has gone on to
improve from day to day - Complains
of great debility - Ordered Stop the
fomades, but continue the infusion of
Serpentaria.

December 1st. Has taken slight cold
We have fear of a relapse - slight expe-
c-tation yet - Ordered the same fom-
ades of vine leaves and Specae with Nut-
s & Potash to be given as formerly, and
Renew the blisters.

December 5th. No change for the
worse - rather better. Ordered -
Continue the fomades and give the
same Tartar emetic solution as formerly.

December 8th. Stop the purgative and give
infusion of Serpentaria and Eupatorium.

By Mr. serpentaria:

Sol: Eupator: a a qij

Aqua Rutilis qo

Pour the water over the medicine
and let them digest in a covered vessel
for three hours. then strain and give
in three times a day.

December 9th. Complains that his
cough worries him at night. Feels
nearly relieved. Ordered a tincture have
cough mixture at his side during the
night.

He was dismissed from treatment
on the 9th. He went on gradually im-
proving until the 27th of December
he left the Baltimore Infirmary perfect-
ly recovered.

William J. Brown

Resident student.

An
Inaugural Dissertation
on

Phthisis Pulmonalis

Submitted to the examination of the
Prorect, Regent & Faculty of Physic.

of the
University of Maryland
for the degree of
Doctor of Medicine

by
Robert Johnston

of Virginia.

1852.

Phthisis

By this term is intended the form of tuberculous disease in which the lungs are the part most affected.

Since the exceedingly valuable and brilliant discoveries of Laennec, and Röntgen, there is comparatively little difficulty in identifying pulmonary Phthisis.

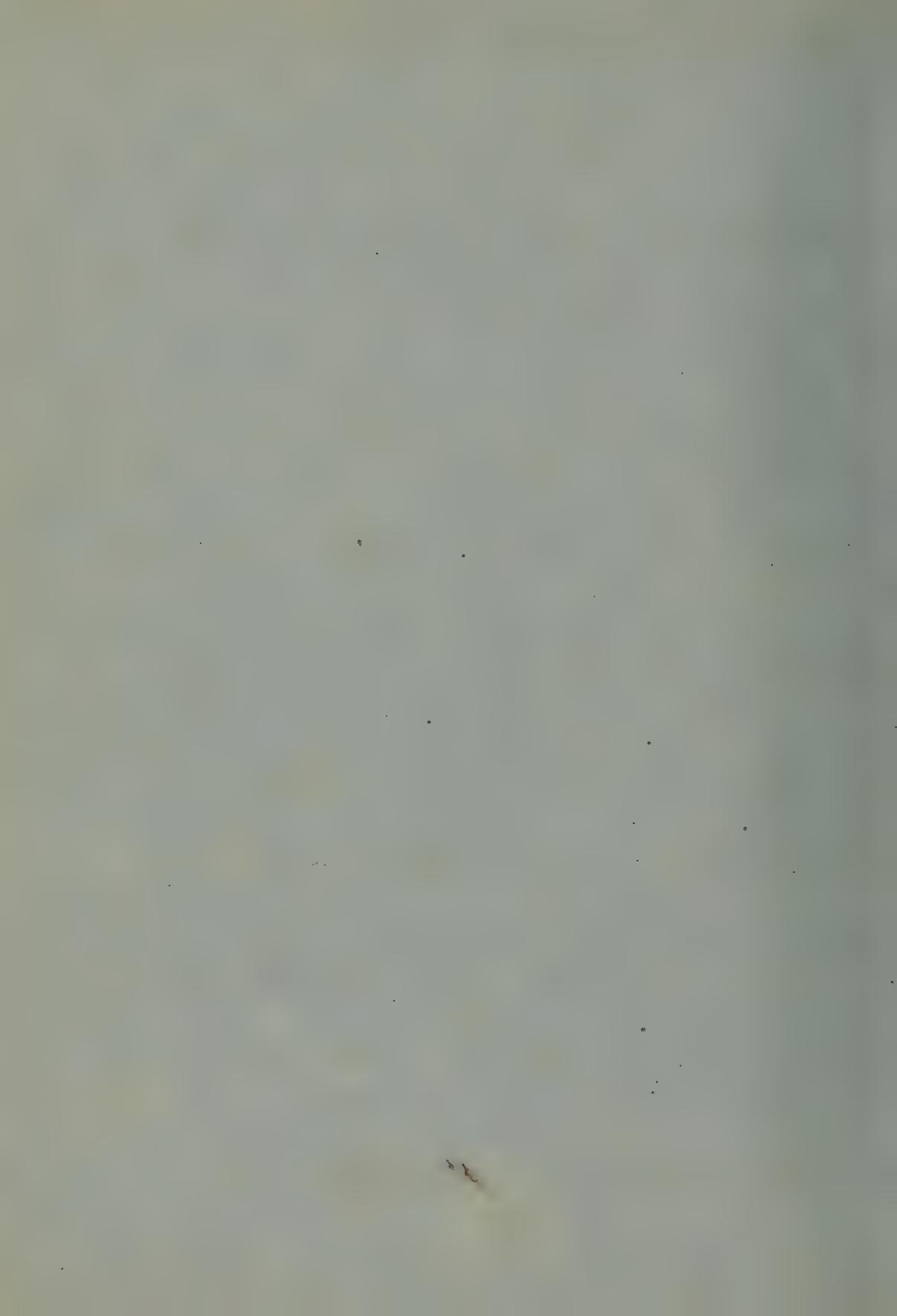
When Cough, expectoration, haemoptysis, wasting of flesh—not referable to loss of appetite,—hectic fever, night sweats, are associated in the same individual with physical alteration in the upper part of one or both lungs, the diagnosis can not well be mistaken. It is only in the very early stage, or when the tubercles

are slightly increased, and thinly scattered, & individually small. There is great difficulty in recognizing Phtisis.

The present consumption is perhaps more liable to be confounded with chronic bronchitis, than any other disease. They can however be pretty easily distinguished by attending to the morbid sounds; those of Phthisis being heard in the upper part, while those of chronic bronchitis are pretty uniformly confined to the lower lobes of the lungs. In phthisis the cough may for a long time be dry, but in bronchitis there is expectoration from the first. In bronchitis the sputum is more confined to the region of the larynx; in phthisis it is most commonly off the larynx, & the space between the shoulder. Haemorrhage is absent in bronchitis.

The next question, after a disease has been identified is - what is the hemody. The Causes & Nature being important only so far, as they point out, & guide to the proper treatment.

Of the predominating causes, Inheritance, is the chief. Almost every one in this climate knows that a right to phthisis is entailed, with as much certainty as is a title deo to houses or lands. Precociously this cause is not the most important since the physician can do little or nothing to obiate it; no one has the authority to say, to a phthisical man or woman, you shall not marry & propagate phthisis; - it is all the medical man can do if he, lops off some of its evil consequences - the root of the evil



is of course beyond his reach.

The long continued depressing
depressing influence of Cold.

Unwholesome air, - want of
proper food, & clothing. Confinement to sedentary occupations,
grief & anxiety, debilitating
diseases. Exhaling excretion,
abuse of Mercury are in general
these the chief. The value
of the most of these is arrived
at by noticing the mortality
from phthisis among individuals
& communities, that suffer from
or are exempt from their influ-
ence. The occupations that subject
to an atmosphere loaded with par-
ticles of dust, of metal, of needle
& fork grinders, at Sheffield are an
example, these men die before they
are thirty two years old, - The occu-
pation perhaps at the other extreme

5

is the one that allows the freest & most agreeable occupation in the sunshine, & at the same time does not expose to inclement weather: hence warm climates enjoy the greatest immunity from pulmonary phthisis. These facts are the most most useful in pointing out the treatment.

Though the predisposing causes of phthisis are various they appear to act in essentially the same way: the difference between long continued cold & typhoid fever in their influence on the human system, is more in degree than thing else. The one requiring years to effect what the other can accomplish in a few weeks.

The tendency of all is to

60

indeed a depraved state of
the nutritive, or vegetative func-
tions.

Every one knows that insufficient
food, close confinement in impure
air, want of exercise in the open
air & sunshine, are incompatible
with the most vigorous health
& must necessarily tend to some
form of disease; but why the
evil effects should manifest them-
selves in the form exhibited in
thisis, is a question, not like-
ly to be answered, & practically it
is of little concern whether it
is or not: as it is not to be
expected that such knowledge would
aid materially in remedying the
evil. We already know the
causes that favor the formation
of tubercle, & the conditions to
be observed in order to avoid

them.—It would be of very little
value to know, in what precise
manner heat & confined, and impur-
-fied air of the city, favor the
development of Cholera infantum.

On why an insufficient supply
The proper kind of provisions should
engender & carry, the indicating
of treatment ^{would's} continue to be
pure air in the one case &
a proper vegetable diet in
the other, as at present.

It is important however to
know the seat of lesion as
accurately as possible, since
without such knowledge one
is constantly in danger of mis-
taking the remedy.—There is
reason to believe there have
often been mischievous mistakes
of this kind committed. I ~~had~~
not say reason to believe—ever

one that has had much of practice
knows that a distended bladder
has been taken for Ascites, & has known
Phthisis to be treated as a local
lesion.

The general appearance of one
suffering from Consumption, ought
to teach us that the disease is
one of a general and not
of a local nature. The
wasting of flesh, supposing
nothing more could be known
of the more ultimate nature
of the changes going on, would
show that, there was a loss
of balance between the
building up & breaking down
of tissues throughout the body.

The function of respiration is
so extensive in its relations, that
supposing the organic lesion in
the lungs was a cause instead

of an effect. The other great
function would soon feel the effects
& the disease would cease to be
local. - Howeve since all now
admit that Phthisis is the result
of a certain morbid condition
- a tuberculous or scrofulous
diathesis, there is no use in
try^{ing} to prove that it is so. It is
a matter of some curiosity
however to know some reason
for the chief manifestation occur-
ring in the lungs, & again in
particular parts of those organs.

The tuberculous diathesis, from
what is known of it, may be
said in general to be
a failure of the powers of the
animal economy, to perform
its functions under circumstan-
ces, which would not interfere
materially with it did this, death by

not exist. The precise seat of
lesion, like its essential nature,
can not be defined, but
as before mentioned enough
can be known for practical
purposes. It exists between
the first stage of digestion &
the last process of assimilation.
And since the first stages are
subordinate to the last, which
is highest it is the most
reasonable supposition to
allow the chief difficulty
to exist in the elaboration
that the elements undergo
just subsequent to their
conversion into the different
tissues of the body. There
appears to be a failure on the
part of the cells or whatever
other agency is employed in the
elaboration of the fluid elements

that digestion & sanguification have supplied. The elements are not thoroughly vitalized. The requisite degree of plasticity is not attained. This supposition is rendered probable by the known disastrous effects of mercury on consumptionine constitutions, which is due to its aphlaistic tendency.

The preference given the lungs in the distribution of the tuberculous deposit, is in a majority of cases perhaps owing to their hereditary claim. But the peculiarity of the structure the anatomical & physiological relations of the lungs, afford a pretty good explanation as to why they should

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be more than other parts
liable to the evil effects of
a general lesion of nutrition.
Their extremely intricate struc-
ture, the extensive surfaces ex-
posed to the external morbid agents,
including the air & the offending
matter, that are so often suspen-
ded in it, the blood from
the general circulation on the
other side - the constrained &
embarrassed condition in which
their function is often performed
all go to show that the lungs
are peculiarly unfortunate
situated as regards their own
nutrition.

X According to the estimate of Mr. Po-
choutz, the number of air cells grouped
around each terminal bronchiole is 17,750
& the whole number in the lungs 600 millions!

that special organs are differently affected by general morbid influence. The predisposing causes of phthisis nearly all testify, if disturbed in what respect? it is certainly in their nutrition. This is plainly seen in injuries from mechanical violence, as also in acute diseases. — The difference between incipient inflammation & complete gangrene or Sphacelus, is that in the one case nutrition is slightly disturbed while in the other it is completely annihilated.

A man has inflammation of the right lung, in consequence of having been exposed to a cold air, or from a suppressed perspiration; This is a general cause acting locally. It would not do to say because the right primary bronchus happens to be shorter and of wider diameter than

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the left. The right lung received
a larger dose of cold than
the left. It would be more
reasonable to say the tissue of the
lung attacked by pneumonia was
from certain causes less able to
maintain its own nutrition. I
say from certain causes. The
mechanical pressure from gravity retard-
ing, excluding or detaining the blood
in the right, in consequence of
the habit perhaps of lying on the
right side. The greater freedom of
action of the right lung favors a
greater inflow of blood - one of the
external agents, - thereby favoring
the power always ready to embarrass
Nature's efforts, - That is the habit
and custom with most persons of
lying on the right side, also the

x The principle would hold equally good
if both lungs were affected.

The habit of using the right arm more freely than the left, allowing a greater expansion of that side of the chest, certainly will have the effect of causing greater functional action in the circulation, & for the same reason, it will be more liable to temporary engorgement, which will necessarily over power the power of nutrition in the part. — The influence of the cold I should have said is to drive the blood from the external surface, & over-load the internal organs. The right arm admitting a heavier share of it, from the reason above mentioned is the great sufferer.

In the same way precisely we may say the base of the lungs — from their relation to the diaphragm allowing free motion — position favoring gravitation &c they are more subject

than the other, the enlargement & inflammation.

The healthy physiological condition of the lungs is one of pretty uniform expansion & collapse, subject of course to increased energy of action in proportion to the demand for more active combustion, or heat. & to when more rapid oxygenation of the blood is called for by increased muscular action. But we must suppose after standards of exercise necessary to integrity of function. In a great majority of individuals life the chest is very imperfectly expanded. The muscles of respiration on the upper part of the chest are scarcely used at all, consequently the air of the lungs are not sufficiently dilated. The air does not

being duly inflated their wavy, ren-
ain in contact, will after a time
adhere, the secretions from their
surface, with the exfoliated epithelial
crown, will be retained, - the
nutritive process being extremely
feeble in all parts, will on ac-
count of this increased embarrass-
ment in this part, be completely
disabled, its efforts are abortive
The partially elaborated material
will, neither serve for building
up the tissues or be thrown off
but along with the detritus from
the Ivory Structure remain as
dead inert Matter in the par-
Oxygen or with per infusion of the
tissues, - we must allow that
a want of exercise in the lung,
as in other parts is prejudicial
to their healthy nutrition, and
there is good reason to believe the

Exercise of the upper part of
the lungs full below the healthy
standard; they are not adequately
nourished, this with the greater
exposure to cold externally tend-
ing to retard the ingress of blood
affords pretty good reasons why
the upper part of the lung
should be most frequently
the seat of tuberculous deposit
or lesion of miliary.

The fact that portions of
lung that have been bowed
down, by adhesion inflamma-
tion - are peculiarly liable to
tuberculous deposit, also goes
to show the mischievous conse-
quence of ^{a want of} a proper amount of
exercise. The fact that females
are the persons subject to phthisis
also points the same way.

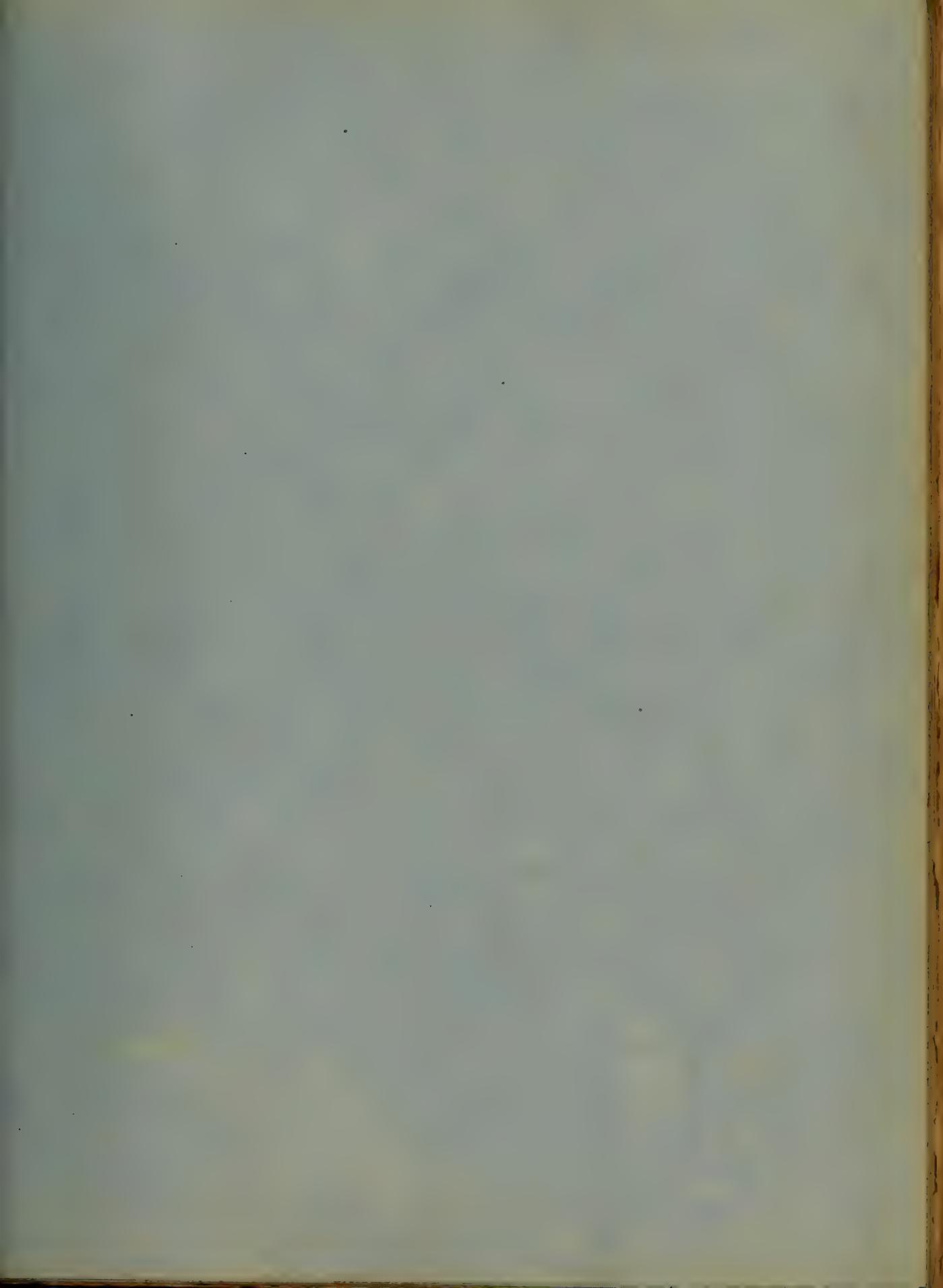
Supposing Dow's statement that
putridness occurs more frequently
in the left lung. This view
of the value of exercise would
explain it. The left arm is
used less than the right the cor-
responding lung will therefore
be a little less freely expanded.
This with the less favorable
situation from gravity, from the
reasons before mentioned, & the
arterial supply is less
generous, & therefore the nutrition
is carried on less vigorously.

Knowing then, that impure
air, depressing influences of cold or
want of other comforts, mental
disquietude, want of exercise
greatly predispose to putridity, &
precipitate it when once developed.

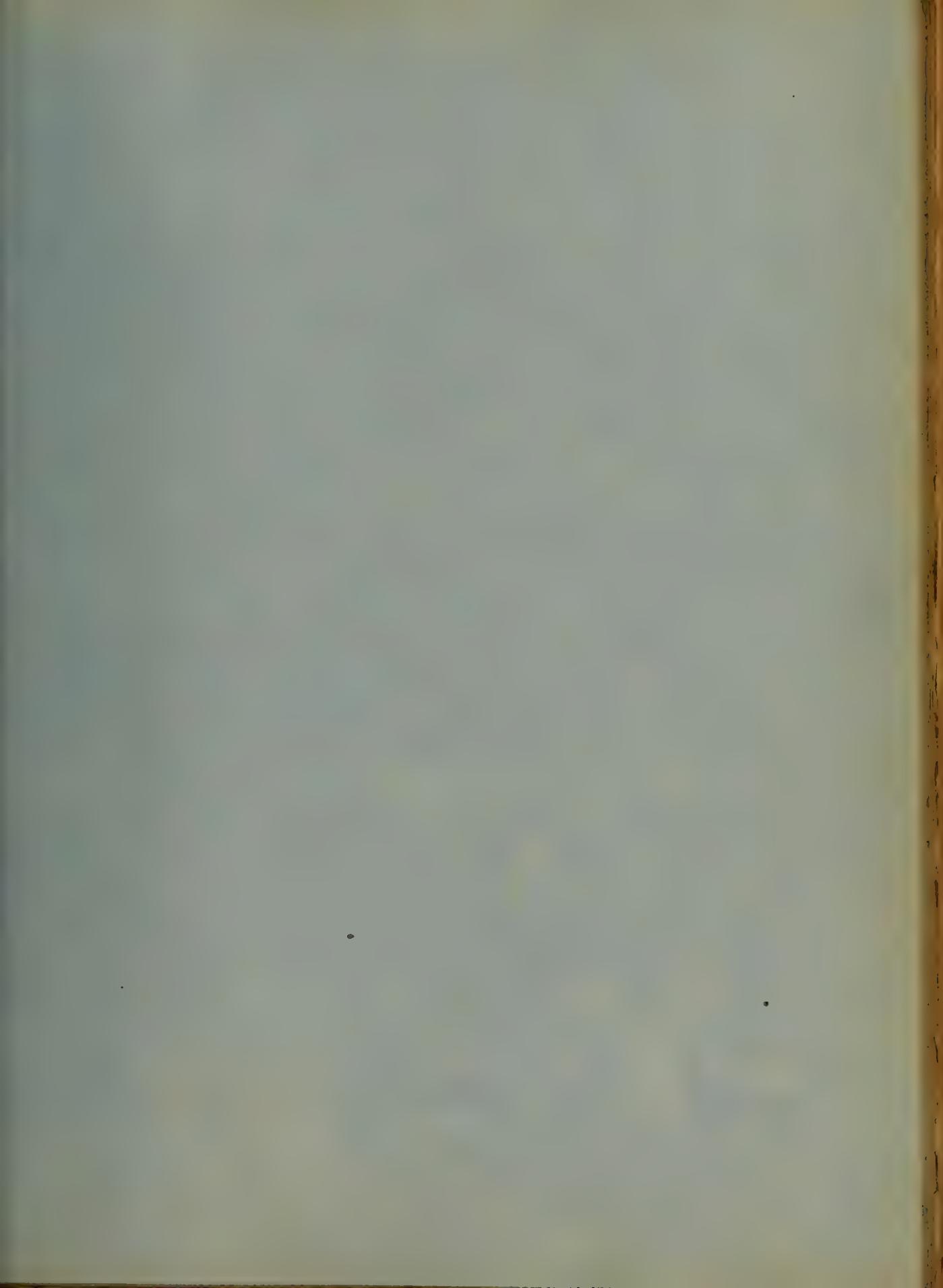
I say known, all this the
indications of treatment are

perfectly obvious. The treatment therefore is just as rational as in case of a fracture or gun shot wound, it does not follow however in the one case more than the other that the proper treatment will effect a cure.

The indications are pure air & sunshine, exhilarating objects to occupy the mind - at least as far as is "compatible with higher interests". This will include a pleasant temperature, & comfortable external circumstances free exercise in the open air, and a generous diet. In the absence of these means no one has a right to expect a cure; or to say until they have been complied with that this is incurable.



Inaugural Dissertation
upon
Pneumonia
submitted to the Examination of the
Honourable Regents and Faculty of Medicine
of the
University of Maryland
for the
Degree of Doctor of Medicine
by
William H. Handley
Howard County
Maryland
1852.



Gentlemen

In accordance with
the resolution of the medical society of
Birmingham, I have the honor to offer you the
degree of Doctor of Medicine to present before
the consideration of the said society a dissertation
on some disease. I most respectfully
submit for your consideration, a Synopsis
of pneumonia its pathological conditions
together with the outlines of treatment as
most approved of at the present day.

In doing so however I must beg the faculty's
most charitable consideration of the many
imperfections it contains.

Pneumonia is then inflammation of the substance
of the lungs in this particular manner, pathologists
believe agree, but as to the precise part in which
it does commence there have been a variety of
opinions. The best pathologists of the present
time I believe agree that all the lung consists
with the pulmonary substance in the part
where it is situated in the inflammatory pro-

of the fingers sometime, pain and stiffness
comes and a reddish frothy serum
exuding from the lungs; it is watery, and
abounds with large albuminous fibrin. The
lung. The mucous membrane of the small bronchial
tubes is of a deep red colour; showing engorgement
but not sufficient to sink them in water
all these appearances after death may be
caused by the gravitation of the blood to the most
dependent part of the lung and the only way
we can distinguish between them is from ante
ecedent circumstances and the situation of the
engorgement. If the inflammation is not vesicular
then it continues to undergo further changes till
the substance becomes red; crepitates no
longer upon pressure and sinks or floats
in water if cut into it sometimes presents a
few small blue-violet areas of appearance
and has a smooth surface resembling the
cut surface of liver; hence the term hepatic
galvanism when cut with fine wire not from

8

If scraped the commencement of suppuration will be seen. The hypertrophy is more dense and solid than before, more friable and easily indurated and crushed; and is said to result from softening of the cellular tissue which holds the component parts together. If a portion of it be torn and the surface be examined with a magnifying glass it will appear to be composed of a mass of small and granulations lying close to each other. These it is thought are the air vesicles elongated and thickened by the inflammation; and as no air is contained in the air cells in this stage of inflammation it follows that the organ will not collapse when the thorax is laid open; it will therefore appear increased in bulk, the marks of the air vesicles visible on its surface and its texture is so rotten that a moderate degree of pressure will reduce it to a pulp. These changes are sometimes confined

in the lobules and are called lobular pneumonia which increases it spreads
the whole substance of the lung.

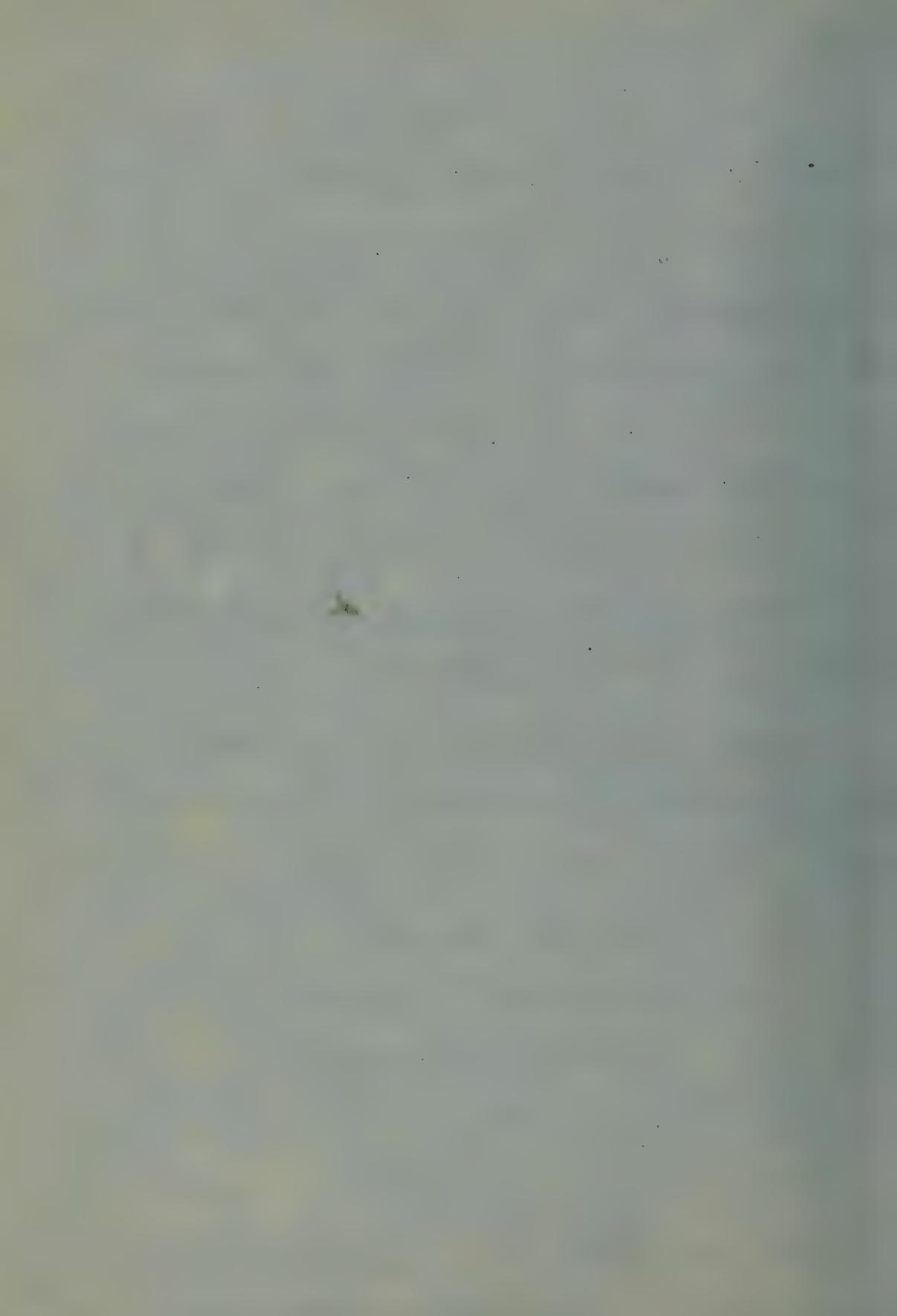
In the third stage this dense solid and impo-
nent tissue of the second stage undergoes an
alteration of evolution becomes of a reddish yet
sooty colour that a slave could know or it is of a
yellowish hue; sometimes mixed with black putre-
fying matter and the texture of the lung is
more friable than before. In this state it is full
of puriform matter; and when cut incision is ma-
de into it the finger and palmarily will find
the same as before but when exposed to air
it dries in minutest steps, or when pressed upon
it breaks down and resembles a violent pus.
Now from all these phenomena one would
suppose that pulmonary abscess would be
formative but according to the critical observa-
tions of the most minute observers it is rare
by itself combined with some other disease.
Pneumonia sometimes but rarely is the cause

is the cause of inflammation of the lungs, for which it does not in the early part of a disease
act in precisely the same way as a virus
injuring a most offensive odour, scarcely removable.

Inflammation may be either diffused, or localised,
so that it may affect one or both,
or it may be confined to a part of one only,
and most usually when one is affected
it is the right one, the proportion being
according to observation at ~~the~~ two to one
in favour of the right one.

In regard to the part of the lung affected
or in which it commences, it is found
generally to commence in the lower
part and extend upwards.

When there is pneumonia it is not uncommon
to find the bronchia inflamed, both large and
small of the parts affected. Paroxysms are
always attendant upon pneumonia; & the
converse rarely; the investing membrane of the
lung is usually inflamed also some pleurisy



In other instances where the same disease has not
been applied; this will not be considered as a
concurrent disease, nor ~~therefore~~ therefore
considered ~~dangerously~~.

When the presenting signs which the foregoing
phenomena gives, enable us to understand
the various changes which are taking place
in the organ affected by the application of
the ointment, or without the ~~it~~ these give the
position of lungs significant in a state of inflam-
mation, by the sounds which reach the ear
we become aware of the existence of the dis-
ease by the peculiar crackling sound, which
is indicative of the first stage. This diagnostic
sign is important and demands our best
remedial measures to overcome the first
indications of the disease.

When this minute respiration is heard along
with the ordinary muscular breathing it man-
ages the commencement of engorgement the next
and sounds become as follows:

infusionation increases until at last it is
totally suspended. It is then lost, or, in the
second stage, the expiratory sound becomes
soft and hoarse; it is not heard at all, and
may be succeeded by far more different con-
ditions; we may assume its natural health, the
respiratory process being the resolution of the
inflammation; or it may be followed by bronch-
ial respiration, or the metallic sound caused
by the smaller capillary vessels being filled
up by effusion into their cavity; another sound
here presents itself namely Broneopstomy a
sound produced by the salivous and impure
condition of all the small tubes.

The voice then resounds through the larger
bronchial tubes, and sounds like the voice
of one speaking through a tube; a hummimg
and muttering sound are audible; but it is
fully articulated to the ear.

Sometimes we have no sound at all during
the breathing in consequence of the place

and distinct report of the inflammation.

It is usually in other where there is a number of the larger lymphatic vessels affected by the inflammation, and more distinct if the viscera, will be the most morbid parts than if it is superficial; then it may not be heard at all.

Again if the hyperplasia be general we ought to do so as to prevent the disease from spreading on the affected side we hear no sound except any it is bronchial respiration.

With all this we have difficulty in perceiving the degree dependent upon the amount of hyperplasia. If a portion of sounding instrument there will still be resonance though not natural.

If the hyperplasia be superficial the sound elicited will be dull or flat.

In the second lung there will be hurried respirations an attempt at compensation for the loss of the affected one. This condition is ^{the} one of painful and uncomfortable

we cannot tell whether the lung will return to its normal healthy state or if it will pass into the third stage. If so a healthy condition there will be heard nothing but bronchial respiration and slight expectoration; beginning again to hear at the end of each inspiration; gradually it increases in extent and intensity; the bronchial breathing becoming hoarse and dry, until it entirely ceases. The lung becomes again permeable to the air.

Should the same symptoms occur again but in a increased condition (retaining expectoration is known as paroxysm) danger are in the other condition (the third stage). we have no accurate means of detecting its presence until the substance of the lung becomes dry and is expectorated; continuing, it may into the cavity and then we hear a large gurgling expectoration; but these signs sometimes come to an end, when this

Hoarseness or a change in the voice is one of the earliest
and most constant symptoms of pulmonary tuberculosis, ex-
isting in different parts at the same
time, while however the following may be
found, in accordance of course, stage upon
the disease, during all the life of the pa-
tient, & I mean the patient. In some cases
however we are unable to learn anything
from auscultation indicative of its localiza-
tion, over the whole lung, there is perhaps less
accuracy, even more than in auscultation, and this
would lead us to believe that a portion of the
lung has taken on a chronic ~~action~~ state.
If the portion of lung affected be deeply seated
or contract, or at distance from the center of the
chest auscultation tells us but little about
lobular processes.

Such then are some of changes revealed by
the successive changes of the disease.

One of the most constant symptoms is
concerned upon the emanations of the

disease a cavity followed by necrosis 14
with intercellular infiltration, which though
necrosis appears only to exist where there is tissue
present, and then it is situated in vicinity
of the blood vessels, though it may penetrate
into the spaces of the intercellular
spaces usually appearing in the walls
of melinae, pus, monocytes or bone cells, adher-
ing strongly from one tissue to another until the
whole substance of the tissue is implicated.
The appearance ~~may~~ may be either slight or
severe and according as the patient may die
in all or only a portion of the breathing appa-
ratus for respiration.

Embolism is a symptom frequently occurring
in the course of the disease and denotes an
interference with arteriolarization of the blood
by the result of which the myocardium is
deprived of some degree of the amount of
oxygen which is going on within the
body. But a direct evidence that the

per cent. in case it is following through the circulation of venous blood upon the brain.

The diagnosis of pneumonia is not difficult to make
and affords but little information. It does
not usually take place in Paroxysms; nor
is the severity or frequency of it proportioned
to the disease.

It is usually dry in the outset but in a few
hours it is accompanied by the expectoration
of a mucous sputum which constitute one of
the most certain indications of the presence
of pneumonia and a symptom which we can
all recognize. In well marked cases the expe-
c-toration consists of transparent and shiny or
nearly colorless sputum uniting in threads, con-
taining them into one jelly like mass, and of
such consistency that the vessel containing
them may turned upside down and shaken
without their being detached from its bottom
or sides. Now this kind of expectoration is not al-
ways present in pneumonia, but when it is

see "one that you can make present to him" 11

The outset of this disease nothing more than a thin
white mucus is that you notice. The second symptom
then the mucus accelerated assumes the
characteristic appearance that is blood, and
mucus conningled in a glutinous tenacious
mass; so long as this mass flows so easily along the
laries of the nose so long may we hope that
the inflammation has not passed its first stage.
But when they require that motion and con-
tinuous concretion do not let an interval from
the sides or bottom of the nose then we know that
it has reached its second stage.

Now in this the second stage the consultation
signs show us that the vesicular breathing
is abolished that bronchial respiration has
taken its place and if it continues to progress
to go on from bad to worse the symptoms all becom-
e aggravated the next edematous spula continue,
or it may cause obstruction that mucous mass
to be secreted but that its operation is impeded.

either on account of its extreme tenacity or on
account of the patient's debility, the mucus
accumulates in the bronchi trachea and then
up in secretion the air passages are filled up
and suffocation follows. When all these symp-
toms are incipient or in a less aggravated
in their character than I have been describing
many are liable to be overlooked. If
the expectoration becomes looser and
yellow and watery the expectoration
of common catarrh. In the advanced stages of
the disease the expectoration may consist of
a fluid of the consistency of currant jelly
or a greenish serum mixed with lime juice and
plumb juice. When this condition exists we
may infer that the third stage has come
onset and it will be found upon examination
after death that such diagnosis is solid
and incorrect.

Sometimes very pure sputum is expectorated
in the third stage. The colour of the mucus

expectoradise. depends upon the admixture
of blood with the altered mucous.
The least and milder forms of pulmonary
disease are present during the more active
stages of pneumonia; yet they do not always
fully accompany it. Sometimes the expecto-
ration is like that of croupy, sometimes there
is none at all. When it passes into puru-
lent, the expectoration is of a greenish-yellow
or dirty gray,恶臭 and often has a fetid
odor like that which arises from excre-
ments in a progressive condition.

I have thus far endeavoured to consider
the symptoms and conditions of pneumonia
separately, but as more or less are present
sometimes all of them, present themselves
during an attack, of the disease, I shall
consider them together in order that you
persons may correct or confirm those that may
arise during the progress of disease
by comparing them with usually present

which is in the 2d Stage are found in the 1st
Stage without branching and may be
the grain may or may not degenerate slightly
and branching is constrained and difficult
and one might be compelled to do without it.
Or this grain which can now generally be left
a slight margin of minute crepitation which
is not strong enough to mark the incipient
incarnation. The sound may be very faint, and
this assemblage of phenomena is usually deni-
tured in the first beginning stage from the
second to the third stage - now if there
is a want of opposite action hardness has
character, being at first viscous, and having
a degree of certain suggestiveness to the movement
of bone contained in it.
as minute crepitation increases and
draws the natural respiration more and
and perspiration yields a built up tissue
on the affected side, the grain is dissolved
by the dust and sometimes increased, and is in

wound from the effort and movements required
in case by the patient; if the pain increases
it is best to let him lie still rather
than place himself in the wind-sidely because
in that position his respiration is more laborious
as he lies constantly on his back
3. His condition improves though it does not
he service commutation is as yet not perfect.
Stage 3. It often remains stationary for a
while and then recedes and commutes in
cessation. The expected diminution of the
sound disappears and disappears gradually,
displaced by the natural murmur
of the pulmonary expansion; the stertor
is become those of Bronchitis, therefore
subsides and the patient recovers
at other times instead of these changes
it becomes more intense or more extensive
without passing beyond its primary stage
and the patient may die but not usually
unless if the engagement does not cease

11

increasing intensity, and the second stage will be established. If so ^{the} following symptoms will most likely present themselves. The breathing becomes more and more difficult and accelerated he cannot utter but a few words without gasping for breath; the skin acquires such a ruddy color it is not to be banished from the face by shaking. We have a little minute expectoration without the admixture of vesicular breathing,percussion gives a dull sound, and in the first bronchial respiration is heard, and hence coughing is almost always heard. In this stage of the disease the prognosis is always uncertain. The patient often sinks rapidly and dies from apnoea. Yet even in this degree resolution it is said may take place. In this case the pulmonary affection diminishes and all the symptoms

first appearance.

Up to the third stage we have no sufficient means of detecting its existence, we may however infer as much when the face becomes pale and corpse like, and we may be almost certain if the same process of suppuration affection occurs; and still more certain if the disease has existed for some time, not less than a week, for the lung it is said has been found in a state of suppuration on the fifth day of the disease, and at other times still in the state of raw suppuration on the fifteenth or twentieth day after its commencement.

When the lung has reached the third stage no one can say that recovery will take place in as much as we have no sure means of detecting its existence until after death.

I shall now proceed to speak of the treatment as indicated by the disease and

and approach of the most learned and
scientific men on the profession
and this is such as is a natural infection
by diseases; now if bleeding, antiseptic
and morosity are the agents which
seem to have the most decided influence
in subduing the inflammation.

Let these bleed *Cathartes* is the which it sustains
or extinguishes the inflammation by retarding
the particular functions of the lung by remo-
ving the dyspnoea that is caused by the open-
ing of blood that is sent to it. It further tends,
to restrain the effusion of lymph that is being
produced in view the process of inflammation ob-
literating the cellular tissue. So therefore accom-
plish two objects, in bleeding; that is we lessen
the amount of work the organs has to perform and
at the same time we check the progress of
inflammation. The amount of blood to be
taken at one time can only be measured
by the condition of the patient and the stage

of the disease, may it well be affected
in proportion as it is violent, to early
or late. During its first stage, or the
stage of congestion and engorgement,
before the strong action of the lungs has
been elicited, & black letting operates a pro-
spective influence, and it should be
done while the patient is in an erect
position from a large orifice and contin-
ued, until some sensible influence
is manifested on the pulse & brain or
until the breathing is eas-
y.

Breathing in this early stage few give
gradual relief both to the pain and the sys-
tem, sometimes the pain does not cease at
once, but goes off a few hours afterwards.
If the breathing be not relieved, at first
the case generally dead sets in, and black
letting is rarely sufficient; and the pro-
cess should be seen in five or six
hours after the first bleeding to ascertain

whether the relief has been permanent or not; this attention seems indispensable in order that too much time may not elapse before the second stage commences.

As an auxiliary to the lancet local bleeding should be resorted to, and much good is said to have been accomplished by it; and it is particularly indicated where there is much pain or too great a reperfusion of the system for general bleeding. The whole aortithlogic treatment should be rigidly enforced. The patient to keep his bed, sitting or a small walk, prostration intermission.

When the inflammation has attained its second stage we cannot expect the drawing of blood will have so decided an influence on the diseased and impetuous organ, as in its first stages. But even here if moderately it will diminish the force of the heart and arteries and tend to prevent

the extension of inflammation it will rob and deprive
the whole quantity of blood circulating
through those portions of the lung which
are still passive and thus reduce the
power and favor the reabsorption of the
damp that has been poured out and blotted
the vessels up.

But there is a time when blisters are
injurious instead of beneficial, when there
is great prostration or weak and feeble pulse
then we should proceed well before we resort
to an agent so potent for good or evil.

Fortunately we have other agents of acknowledge
power as anti-inflammatory agents these are Antimony
and mercury, Antimony is not given with a
view to benefit the patient but it sometimes does
at first the system soon comes to tolerate its
use. If however it should continue with sensitiveness
does a few drops of laudanum will check it.
In the second stage or when there is engorgement
of the substance of the lung you may expect more

benefit from the use of mercury than antimony 23
we have used some agent to act specifically on
the inflamed organ, and in mercury we have this
agent and we find by its peculiar influence over
inflammation prevents the effusion of humor. The local
absorption of the fibrous effusion. The two or three
oinstments compounded with a little opia to prevent its
pernicious effect we may soon expect to see a pro-
gressive improvement in the patient, sometimes
the stomach is so irritated as to render the
patient unable to tolerate the use of mercury; in
such cases the blue pills, hydromentum or mor-
tial injection should be substituted.

When the lung has become stiff and impervious our
treatment must be guided by the circumstances
of the case. If the patient's strength continues
or his pulse remains regular and firm we may
wait patiently the effects of mercury
but should symptoms of sinking and prostration
come on we then should administer stimulants
and cordials such as ammonia, tincture of wine, whisky

are some bland and nourishing diets. In
Counter-irritation exerts a decided influence
over the affected organs, but in the earlier
stages it interferes so much with the physical
signs that are given out by disease, or even in
preventing exploration by the ear; and in the earlier
stages of the disease when there is fever it only
tends to aggravate the disease by producing pain
and accelerating his prostration. But in the
latter stages when the febrile symptoms
have subsided, their influence is often decided
and salutary, an aperient tea is often given
with advantage in the commencement of the attack
to unload the alimentary canal, but continued
purgation would materially interfere with
the specific influence of mercury, moreover
the patient's strength which should be husbanded
as much as possible.

This then is the general outline of treatment to
be observed in the treatment of this rapid
inflammatory disease which I most respectfully submit

to the factory for written inspection and trial before
shipment

Open to Inspection

Inaugural Dissertation
on Pathology of Vieesy
submitted to the examination

Provost, Regents and Faculty
of Physic

of the
University of Maryland
in the

Degree of Doctor of Medicine

by
William H. Ross
of Baltimore

Maryland
February 17th 1852

London,

One subject which I have
given you the greater attention is the "Pathology
of Ulcers." It is unnecessary for me to speak
of the frequency & the occurrence of the disease,
the importance of an accurate knowledge of the
Pathology, or my own inability to ascertain
anything of that which is ~~as yet~~ known concerning
it. These, all will admit, and, since only time
therefore will be given to it, I will make few
pages, and in as concise a manner as I am
capable of; so that it will be known concerning
its general principles.

"By Ulcer we mean 'the affection
of the skin, consisting of the loss of its integ-
rity & the number of one, from which, it can
not escape by any natural outlet'; And
from this definition I would divide it into
Diseases, which depend upon inflammation.

Often indeed we call Ulcers signifying
purely upon this cause, and indeed in every

case of inflammation there is more or less
inflammation of serous, but, there are cases occurring
in which it cannot be detected either before
or after death. That is the case I have
to speak of.

Wherever we have a serous membrane, or
over cellular tissue, there we may have this
process taking place — occurring in the serous
membranes covering the Meninges, M. pleu-
-rular, or Oesophagus; when into a small portion
of cellular tissue, Edema; or into the general
cellular tissue, Anasarca; or when combined
with thickening of the cellular tissue, per-
petuating General Prophy. — In all these
parts we have constantly a portion of the
watery constituent of the blood removed for
the purpose; keeping them moist, and in
proper condition for the fulfillment of their
functions; but, owing to some fault we
have the serous sacs becoming distended
and the cellular tissue so loaded as to act
in many cases, injuriously upon the surrounding
parts by means of pressure. Now this secretion

is generally small & minute, and in a healthy condition is again absorbed; but, it may be increased, or, that which has been secreted may not be absorbed.

Now we do have Provisions making in either of these two ways - those depending upon the first cause viz; ordinary secretion being enlarged ectopic, and those upon the cause viz diminished absorption, passive.

We will first speak of the passive, which we have said happens when deficient absorption.

For a long time, Pathologists were unable to account for this form of Disease, which is the most of them, caused too much tension of the Sphincters, or, absorbents. Fisher, and others to whom a nervous, or, pituitous.

Many & more argued that Disease depended upon a deficiency one of these vessels, and the treatment therefore should be, to stimulate to increased action.

But on this doctrine of deficiency lies - absorbents, there is one grand difficulty viz.

that sweating does not occur excepting
too in persons afflicted with this disease.
It gives in them a gradual abstraction of
their adipose tissue, and they becoming
very much emaciated; we see also the
perirene coming under the influence of Mercury
which could not produce it unassisted
but without being aborted.

It is now conceded that the veins are the
means, more particularly concerned in the
absorption of the more fluid parts of the
tissue and to them we must look in
the explanation of the phenomena of Gleyberg,
the value which was difficult to find
the difficulty which was before so great,
now vanishes.

The theory of edemas made out of venous
as furnished by Guérinot will very clearly
explain all the phenomena of Gleyberg's
and the most of those of the other kind.

It is well known that acids cause, and
so far through the pores of the skin to a

thin skin, not in very tightest fist.
merely mechanical transudation, and this
process depends upon the firmness of the skin;
when the veins are moderately distended,
the entrance of more is resisted, and when
it is more largely distended, a portion of
this current is pressed out; and on the
other hand when the veins are in a lumen
empty, the surrounding fluid presses readily
into them. This transudation depends upon
the resistive power of the veins, and there is
supposed to exist a certain condition in which
the fluid passes in the form of a thin, viscous
and somewhat liquid.

Magendie found, from well conducted
experiments, that by increasing or diminishing
the amount of fluid in the vessels, there
was a corresponding diminution or increase
of the absorbing power; and, that that is
of some importance for us to know in cases
of haemorrhage.

What a valuable lesson here!

been taken, there may be an irritation
of the lining, &c., in such a way
as to draw it and make the stomach,
and not only the body, irritable and
sensitive to the alkaloids, and then
a means of the stomach jump or emetics.

From the book, "A History of
American Cures by the Physicians," it is
plain that they depend
upon some, probably, wine, which
calms, prevents irritation.

The first take about 60 grains
which is infiltration of the sensitive
part, or in the words, looks unassisted.

This can be produced at will, and
depends upon the opposition to the removal
of blood from the part, and the conse-
-quence reduces the heat; the next second
the point is extension resulting from
the heat.

Dr. Lowry had the jiggeras wine in
a strong bag, and in a few hours found

all the part before it became distended
with serous effusion. At another time he
only used one incision, and about one
inch deep through the skin, muscle, and
subcutaneous fat, from the joint of the thumb
joint with fluid.

In the disease called "Hemorrhage
Disease," which is common throughout most
countries with subtropical climates, we have
observed swelling of the veins in the abdominal
side. Now as very rarely of this disorder
is inflammation of the peritoneal vein pro-
-ducing the effusion of coagulable serum,
obstructing up the vein and rapidly increasing
the return a violent pressure is, and as a
consequence, fullness of the vein beyond
the point of obstruction.

In inverted cases "Cervicis," has,
so pressing upon the peritoneal vein, produced
the same result. Pregnant women are
sometimes afflicted with filling of the
lower extremities, produced by the pressure

of the ground around upon the Williamson,
and, the effect of the atmosphere is manifest
at Luton, we have the Doctor disappearing.

The Doctor disappears from the air
when compressed or in contact with it
and appears again in the rarefied or inviolated
air, and Proves in the Prisonal Sac
takes place.

A French Physician has seen serious
obstruction in the nose & in the throat,
from obstruction of the sinusses. In all
these cases, there is from compression or
other causes a diminution of the amount
& blood contained in the veins to the heart,
and as a consequence, a loaded condition
of these vessels beyond the limit of com-
pression.

Like reason we approach towards
the heart with the emphatica cause, the
sooner will be the amount of surface affected,
and if we could put a cigarette round
the heart itself, we might run Proves in
very part of the body. For there are

Conditions of the heart in which we may
have Chronic Disease. It may be caused
by an enlargement of the right auricle and
ventricle, produced either by the various con-
tricular opening, and an imperfect per-
formance of the tricuspid valve, constriction
of the great veins issuing from the heart,
such as the pulmonary veins & vena cava, or
obstruction which intercepts the passage of the
blood.

Dr. Gibbons relates the case of a man
who was discovered in his upper half
his arms so large that he could not touch
his sides with his elbows, his head and
face exceedingly bloated and his eyes
almost protruded out; in fact; when
this man died it was found that an
enormous of the heart had, by its pressure
distended the head and face just as it
was about covering the mucous membranes.

From what has been said, I think
that, passive Disease, depends for its cause

upon deficiency & diminution that this de-
ficiency & diminution depends, for it arises
upon increase, diminution & the veins leading
from the heart, and from the heart it comes
to this compression or obliteratior.

There has been no objection raised
to this explanation of the phenomena of
pneumonia, but we think not enough,
and one. We have been with high
fever, and dying a remarkable slow, never
seen persons ~~fall~~, and death, the dying.

Now in such cases, we have no proof
that there ever had been ~~disease~~, the
obligation not having been known until
after death, and the memory of the patient
generally very obscure.

Geographically, we should have ~~disease~~
in all those localities of the lungs in which
there is a diminution of the amount of the
proper pulmonary tissue, or where the
blood is retarded in its passage through
them by compression or obliteratior of their

which, has a power like the
diseased cerebral vessels by blocking up,
for instance - which diminishes the Amt.
of blood passing through the vessels, and
thereby prevents the venous fine vessels.

So also in cases of coagulation which
we have been speaking of, there may have
been gradual diminution of the amount of
blood in the vessels, & being, however, still
in compression; it is indeed possible
that such cases of coagulation should have
been instantaneous, and if not, the same
explanation which would suffice for
pneumonia, would answer for this also.

Again, it is well known that when
the main artery during in a limb has,
for aneurism or some other cause, ocu-
lled, there is an instantaneous decrease
in the temperature of the limb, owing to
a deficient supply of blood, but it is
soon restored if the collateral branches
take upon themselves the office of the

Red streak, now the tumor may be said
to consist in, for the collateral vessels
branches are not as soon formed.

The example of the doctor's wife is men-
tioned in Dr. Hart's practice, it is a case
of a woman who had enjoyed a good
deal of success in the medical world,
of a remarkable enlargement of the supre-
sorial veins of the abdomen, she was not
physician nor was it known what she had
ever been to, and the cause of the enlargement
was unexplained, until after death there
was found a complete occlusion of the
abdominal aorta and the blood had so
obstructed the superficial veins of the
abdomen, which, owing to this extra duty
had become very much enlarged.

There may be such a case as this -
a tumor growing gradually may compress
a vein and this compression being
proportionate to the growth of the tumor,
the collateral branches have time to form

the vessels, and then we see all sorts of
congestion in the mucous membranes
and Gastro-intestinal.

Prophy is sometimes said to
depend upon debility - and cases are
rought forward in which there is no dis-
ease of the heart and where no enlargement
of the heart in the circulatory system can
be detected. These cases are generally
cases of Anæmia, and in them we have a
pale color of countenance, almost bluish
lips, and a weak & feeble condition of the
muscular system.

Now it is reasonable to suppose that
the nervous & muscular may also par-
take of this general weakness and be unable
to send the blood in an sufficient supply
so that the veins will be unable to become
distended. Prophy acting as in the other
cases. In this specimen we can find
in treatment, if we give iron, bark and
other tonics, we have all the symptoms

The blood vessels, which are of the Th.
and the Thorax expand upon dry skin
These are called canes of pure deility,
and it is said that we can find or make
a patient in Egypt, knowing what not
we can find Virginia buckwheat.

Another explanation has been offered,
which is this, it is supposed that the exhal-
atory function is more frequently under
the influence of the nervous system, and
the blood being poor in animal and pro-
teinizing matter in quantity does not suffi-
ciently stimulate the nervous system, so
that, congestions would occur in various
parts of the body, and the serum could thus
escaping.

We will now proceed to another
form of Floger, which form is drying and
doubtless has been applied ictive.

He has said before that there was a
constant secretion of the serum of the blood
going on from the free surface of various

respirations, and with the cellular tissues,
etc. Besides this we have a great diminution
of the skin, the lungs, and the
Kidneys. In the relation from one to
these organs be disturbed, we may find
a corresponding increase in that of the other,
and this unbalancing influence is compatible
with perfect health.

That there may be a diminution in the
amount of blood in the skin, and not
a corresponding increase in that of the
other and healthy will be maintained, no
one will doubt, but, if this disproportion exist
to any great amount, disease will (most
inevitably) result.

We have this benign influence
exerted and in no case more easily shown
than in the balance between the skin and
Kidneys. We know when from the great
heat of surface, we have the secretion in
the respiratory glands, very abundant. That
of the Kidneys is not scanty, the urine being

come in contact, will blister, and ex-
aggerated : it exists on the skin round,
the skin from the effects of cold, cracked
and the cicatrices are much diminished,
but in the body, the skin is gone,
and the body dried. The upper skin
is Chapman's and we are not quite, as
in this case do the two skin surfaces become
thickened & stiff, irregular, and
black or brown & the same markings.

We are destined to see most various
things in some way, and they do so, by
swallowing a portion of their contents so escape
from my traps.

The Amazones find traps full
of adders & scorpions, and the ratcatcher would
preferable instead sinking himself, but
we soon find him along with some,
the assassin having taken place over the
ventricles of the brain. But sometimes a
rattlesnake may catch, & be disturbed
while in hiding in some fissure & some

edemic. I was invited to the man
who was stricken with "Rabies", and died
but in company with some friends who, fearing
the "deadly Disease" that night he was buried
very much with his brain powdered with arsenic
burning and purifying, & the next morning
he looked for his Hydrocephalus out & it was
~~gone~~, ~~but~~ ~~now~~ ~~restored~~.

If we inject man with the virus or
a living animal, we see it soon dying with
convulsions or suffocation, passing off the death the
liquor passes into the ventricle of the Ga. Maka
and ventricles of the brain, & the dura and
pial vessels filled with serum. If however
before we inject we draw blood corresponding
to the amount of blood we wish to inject, we
have no disastrous results following.

From these facts it would seem, that the
entire system of blood vessels will be staled &
deteriorated, or destroyed; their tendency is to union and
concretes by allowing the escape of their more
watery portion. Why this evolution should take

give it to those men under him it does
no service, we cannot say punishing, but it is
highly possible, that we may give punishment
when we are not even irritated.

Let us now look at the cases we have
when acute Ergot is very liable; in many
of them some degree of inflammation may exist,
various in the extent and degree according to which
the disease develops - it does not, no more than
does the skin when excited by action of air -
the mucous membranes however irritate, or the mucous
membrane of the intestines under the influence of
acute Ergotism, all of which cases are
attended by an increase of the amount of blood
in the vessels, but with no inflammation.

Now let us take a case of acute
Ergot, and see how far the facts which we
have worked out enable us to explain its
phenomena: suppose a man, nearly naked
a labourer has been at work digging in a ditch,
gets heavily flogged, and comes to bed in his
diseases - or suppose after morning, he says

down in the skin of a man, we find
it damp at the same, and in a short time
it is nearly completely transposed.

Now in a case of this kind no sensible
skin is left. The amount of transposition
is much increased, and all at once
suppressed; the kidneys does not take up
with the compensating fluid, so as to be
able, easily, to excrete, and the blood.
There is therefore an increased amount of
fluid retained in the vessels and tissue
retained instead themselves, so filling a portion
of their contents with the animal tissue.

Further, suppose a patient recovering from
scarlet fever, whilst the process of absorption
is going on, ventures into the cold air, and
he is attacked with sneezes, now if the
animal condition is very sensitive, and the
slightest impression made upon it is felt throughout
the whole system, the kidney which before had
been doing its duty, probably did not once cease
to act, and the fluid which it should have

therefore it remains, and Dr. G. will no
doubt.

Dr. G. will not cure it, says. The reason
was over some time of inflammation in the
Kidney itself, but the manure which it
produced together with the same as in the stool.

If this fluid which had been retained
in the stools had escaped by any natural
method before would not have a chance and
if this outlet had been the intestinal canal,
then would have been a cure. The case is
he under who got sick from so a long time
without the treatment of Dr. G. - in his
case he had the irritation of the intestinal canal,
in blood sent to it than it received in a
subject near the Continence, and in test and
urine found Excretion of granular goma
that contained this goma a film which
was of stronger a shape than the intestinal
canal. This film we can produce at will.

The best means of medicines no doubt
the strong substance of the goma you obtain

well, or produce a large quantity of
action of some kind. And finally, divide the
planting round in the same way, so that
there will be no other than this has
been said to do with regard to it.

Hypothecariae, Cladoniae, and
Cladinae set in this way; they produce
an increased amount of excretion from
the various organs upon which they act,
causing a diminished amount of blood
in the vessels and rendering the veins
either thin or above the expected size.
Go with food eating, which more distinctly
minishes the amount of blood in the
vessels, and is seen in the dilatation
in the heatment & excretion.

The first class is divided into Vascular
and Sclerous, according to the physical prop-
erties of the substance of their body mass.

The vascular Hypothecariae, or those
that contain, resemble the vessels to be
the producing cause, and making opportunity

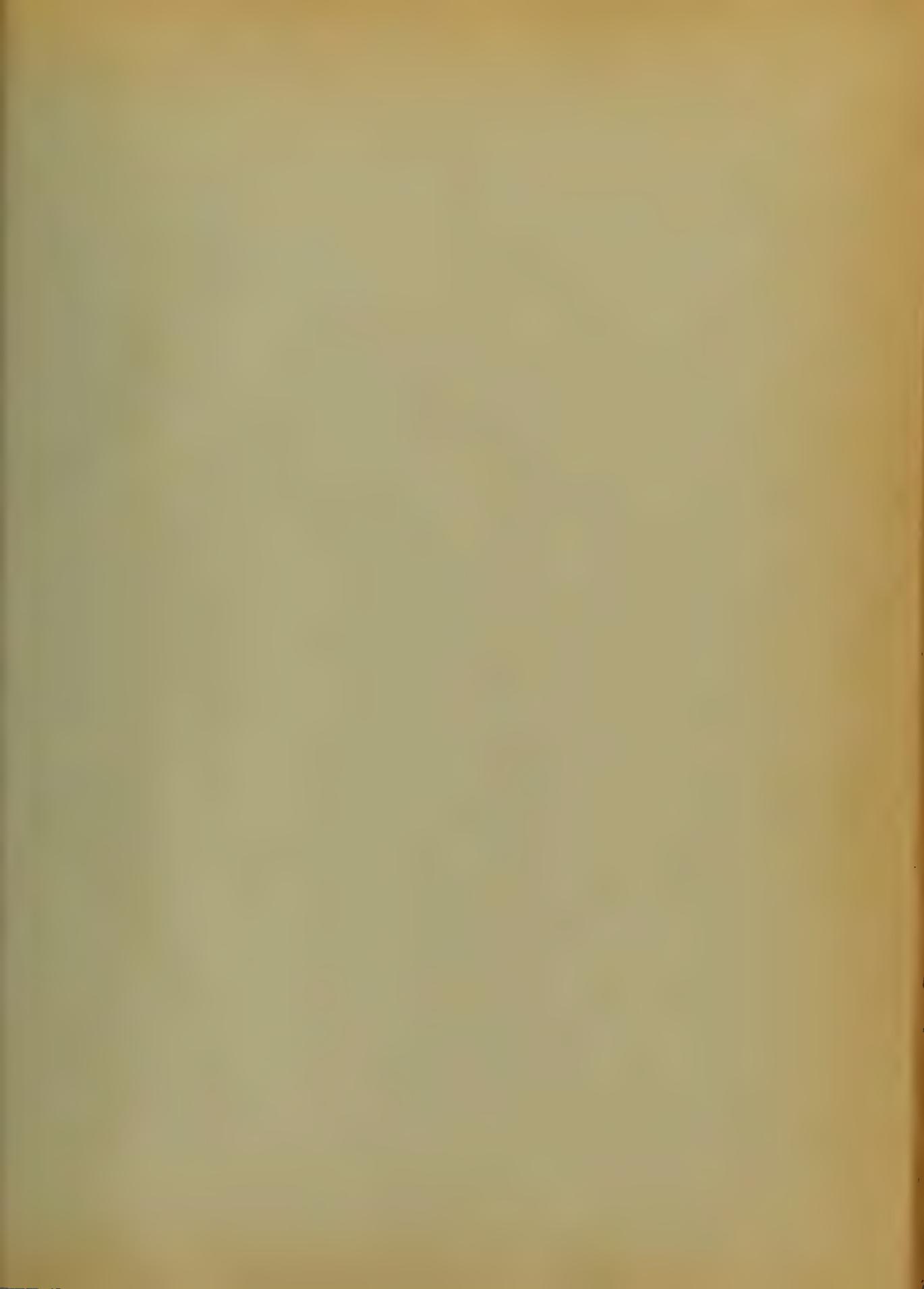
the cause of the disease, and we find
the ready, ready, Read & English.

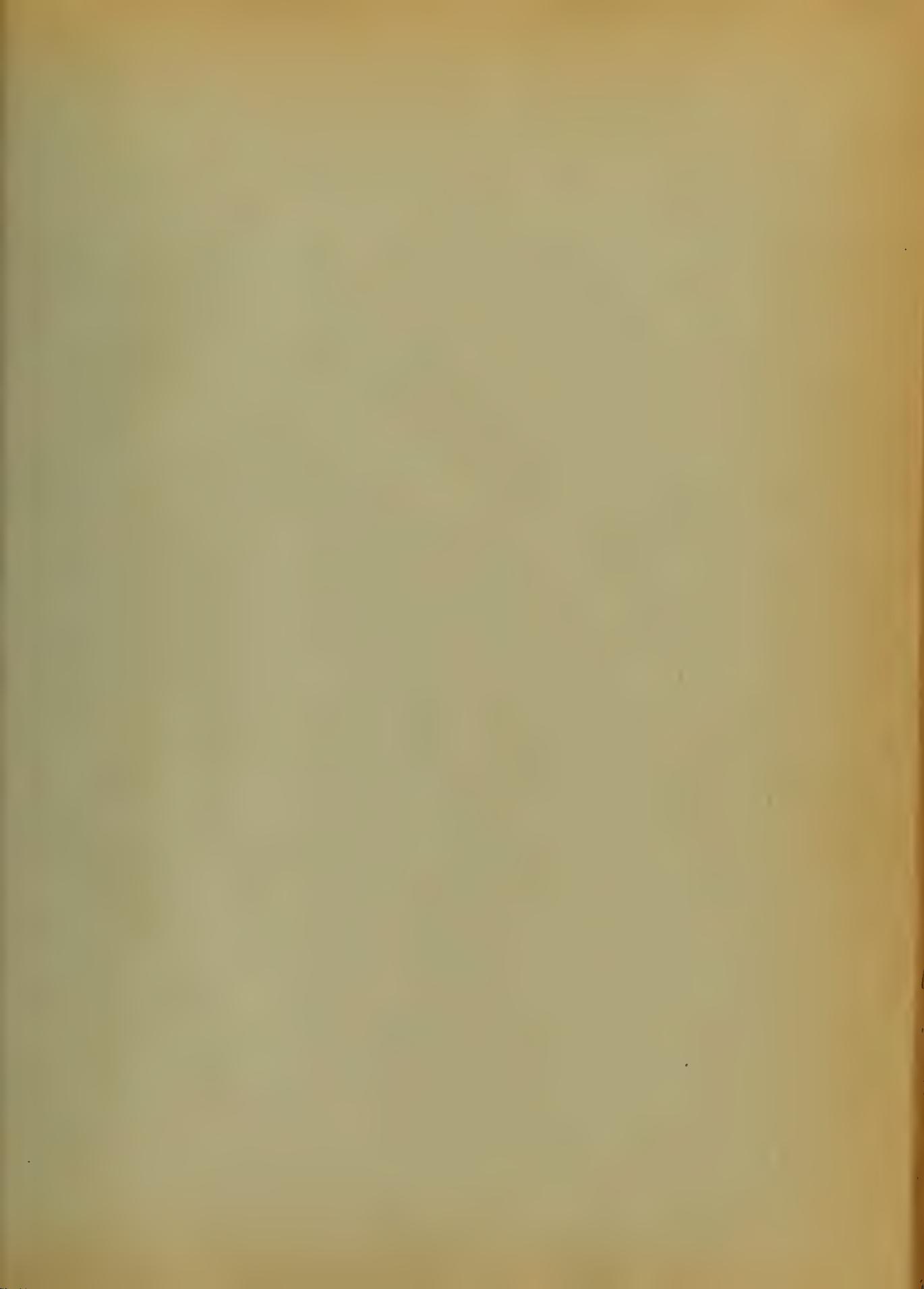
With regard to Epiphany, we have it not so
sure; but according to the beginning, when
the wine recurred, and in quantity, with
Passava and other medicines, and was pro-
-foundly, the disease of Epiphany depending
upon the amount of this secretion.

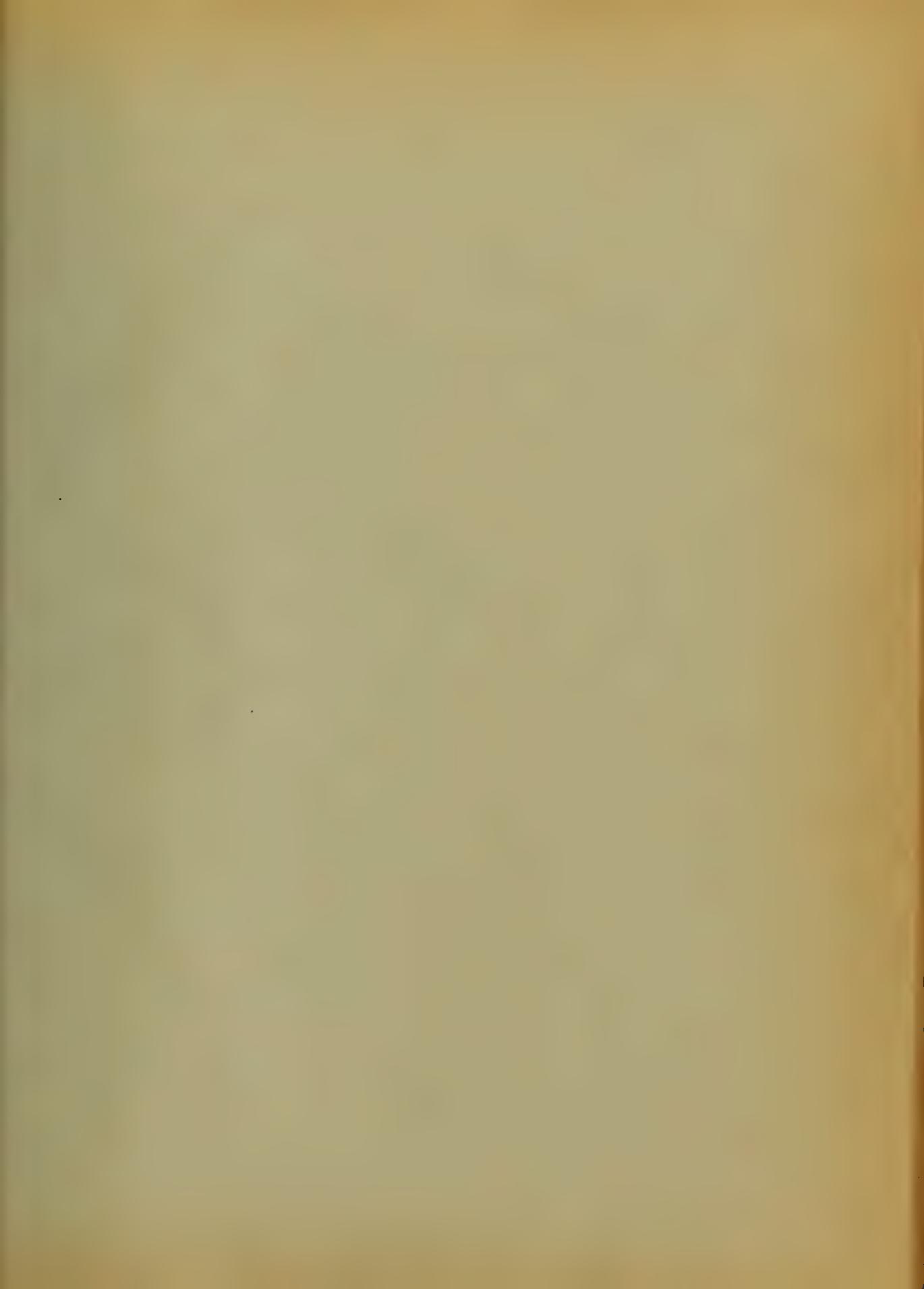
To be more particular and to enter
into the minute pathology of the diseases
of the heart, Epiphany, which may produce
Epiphany, will occupy more space than I
have allotted to myself; and, I will now
close with the conclusions to be drawn from
the facts which I have stated—

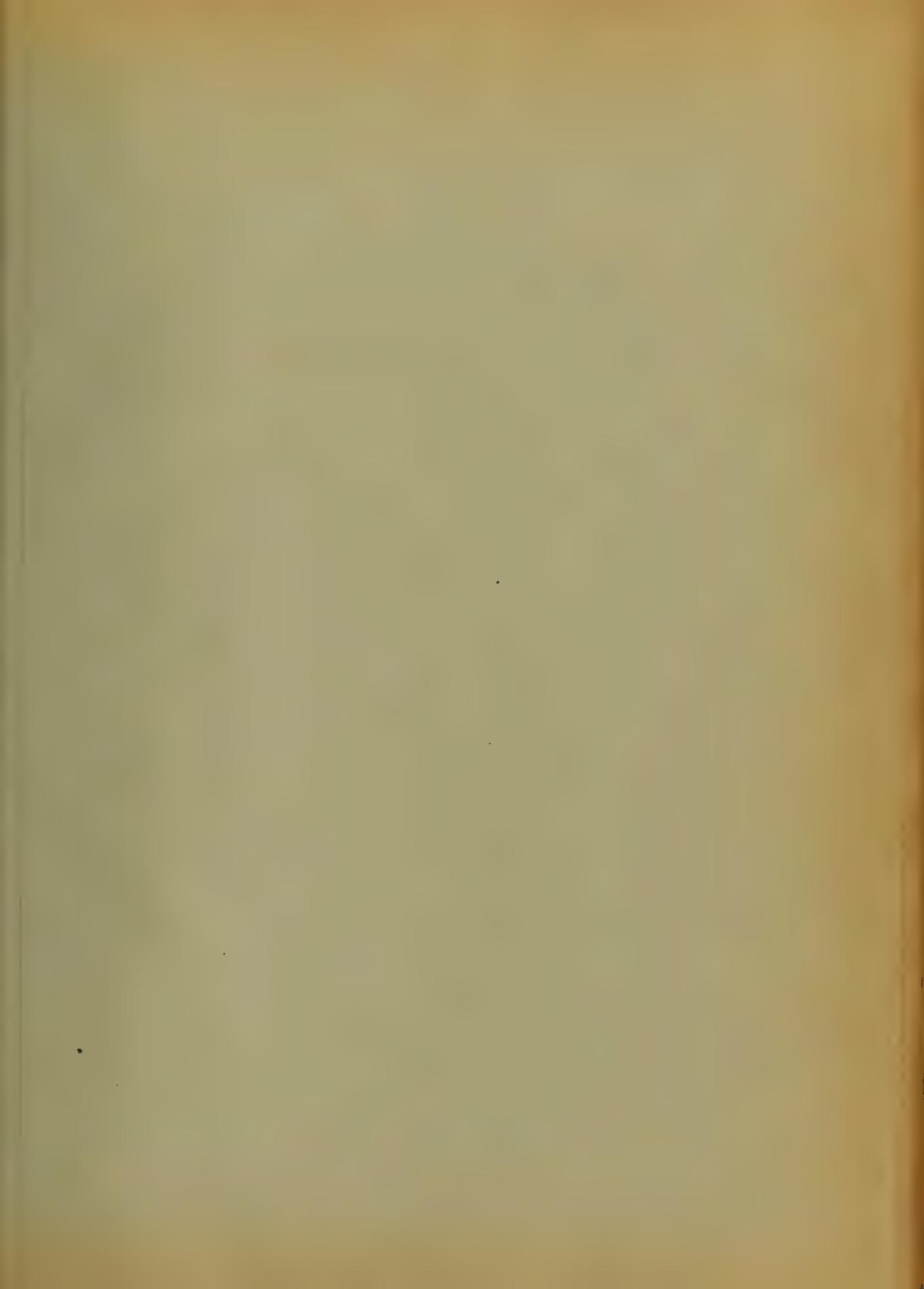
First, that the cause of passive Epiphany
is seated in the heart—that there is undue
fullness; this arises, caused by some
obstruction to the return of blood or serum,
and this obstruction, being generated
in the heart itself, has given to the
name of cardiac Epiphany.

Secondly, that in the active form we have
the cause more particularly in the organ-
isms; i.e., we find a cultivated & the
reputation of the weed. There is no want
now for either of us to see it more of the
depraving organs, allow a portion of them
itself to escape - increased precision
in the scientific review, or some of the
great publications.









An
Inaugural Dissertation
on
Inguinal Hernia
Submitted to the
examination
of the
President, Regents & Faculty
of the
University of Maryland
for the Degree of
Doctor of Medicine
by
J. Semmes Weston
of
Prince Georges County,
Maryland
February, 1852

You have to witness this on the subject
of Regain's claim in respect of his
cigarette and the weight of it, but
most students of the law can understand
itself, at least with a knowledge of
which its meaning and force can be
fully appreciated; but with such a
big, its unfortunate victim, and the
negligence of the operator must ever re-
main in mind.

The most significant part of the doc-
ument, the External oblique, is inserted in
such a manner as to bring the tendon of
the crest of the Ilium into the anterior
spine of the sacrum, the spine
of the pelvis, the posterior line of front of the os
femoris. That portion of the tendon is held anterior
from the spine of the sacrum to the spine of
the pelvis in such a manner that the segment
of the tendon is called Syphax's ligament.
In consequence of the separation of the fibres
of the muscle at the latter point there is found a
ring, called the external Aldomina ring; This

ring is situated about $\frac{1}{2}$ of an inch to the right of the uppermost division of the clavicle. Its direction is obliquely downwards & inwards; it is triangular in shape, basis of its oblique side is the fulcrum of its base. From the edges of this ring are drawn off fine filaments called the columnæ of the humeræ fascia, which serves as one of the coverings of the Humeræ.

Beneath this is a ^{small} oblique aponeurosis of the pectoral & latissimus dorsi muscles. Its lower part arising from the aponeurosis of the latissimus dorsi muscle, its upper part arises from the pectoral muscle. This ligament is inserted into the posterior line most of the latissimus dorsi, leaving an oblique deficiency below its course. From the lower border of this muscle there are sent off a few filaments to the pectoral muscle constituting the connective tissue which also serves as one of the coverings of the Humeræ. The muscle which is now under consideration is the Transversus thoracis. Its fibers run principally from a line posterior to the half of the pectoral ligament describe a curve bearing an anterior deficiency which with the deficiency of the

the right side of the ring. It
will be seen that the upper part of
the sacrum to be called the sacrum, is
tender and before it can be palpated, the
pubis. The insertion of the sacrum therefore
is just below the ilio-sacral ligament.

Going down the right side of the
transversalis muscle is a layer of fib.
areolar tissue called fascia transversalis.
This layer becomes thick & dense as it
descends to be partly converted into the crest
of the clavicle & the sternum. &
It is in this fascia that the anterior abdominal
ring is formed. This ring is situated
at about half an inch above Prof. H's
ligament or substantia intermedia between the
spine of the os pubis and the anterior
spine of the os sacrum at the junction of the
two bones of the sacrum.
From around the edges of this ring there
is given off a fold of fascia which
surrounds the testicle & spermatic cord
consolidating the two processes of the

and demands a large efflux
of urine.

The tube of the bladder is not originally seated in the scrotum but on the lumbar region of the abdomen, it is to descend & find its place of lodgment there the filaments of the ligament descend & arrives at its destination, the scrotum about the second month of pre-
maturity. Its journey is a vicissima. It descends along the processus
magnum in sole, touching the weakest
part in the anterior wall of the obturator
foramen, passes through the opening in
the fascia transversalis; then instead of
pursuing a straight course, it turns round
in zig-zag through the external abdominal
muscle, it turns of the last turn down
beneath the conjoint muscle to the lateral
abdominal ring, then it follows back it passes
first through the testis

then passes through a hole in the testis

~~the~~ ~~testis~~ ~~descends~~ ~~into~~ ~~the~~ ~~scrotum~~.
This opening is called the ingui-
nial fossa or scrotal. This canal is
about two inches long at first, but
is lined by a double layer of skin
with fat between the two layers.
First there is the skin of the animal
canal is the ~~canal~~ joined with the skin of
the fascia transversalis of the abdo-
men; in fact it is the ~~canal~~ of the testis
to a ~~testis~~ and later is the groove
part of the ~~testis~~ ~~canal~~.

The testicle in its ~~testis~~ tube is ~~descended~~
~~perpendicularly~~ in the peritoneum of the
fascia ~~testis~~ of the fascia transversalis.
These membranes accompany it ~~testis~~
to cover it thoroughly. As the testicle
descends it drags the ~~testis~~ after it. The
position of the ~~testis~~ and then ~~descends~~ the route
which the ~~testis~~ takes. The end however
is much smaller than the testicle and
fails to fill the cavity though it is ~~testis~~ that

was offed, but the testis was seen to be cut through the skin of the scrotum, but the testis was still remaining in the scrotum, usually retained nearly its primitive size. Sometimes the testis is almost entirely wanting, and the scrotum in such a case is called "Congenital Hernia." Sometimes the testis can be placed towards the abdominal cavity, while the portion that surrounds the testicle remains unclosed. Scrotum remaining in this case is called inguinal. As the testicle is passing through the inguinal canal it catches a slight fibrous band. The external oblique muscle carries them on before it. These fibers from the external oblique muscle are from the internal abdominal muscle, it furnishes the internal spermatic fascia by it. The testicle having descended into the scrotum with those coverings, now all the

left over from the first column, passes into the second column, passing downwards through the first floor. We will consider in what we call our diagram illustrations with the view to see that the last two columns stand at the same height, that is to say, that it is homogeneous with all its coverings.

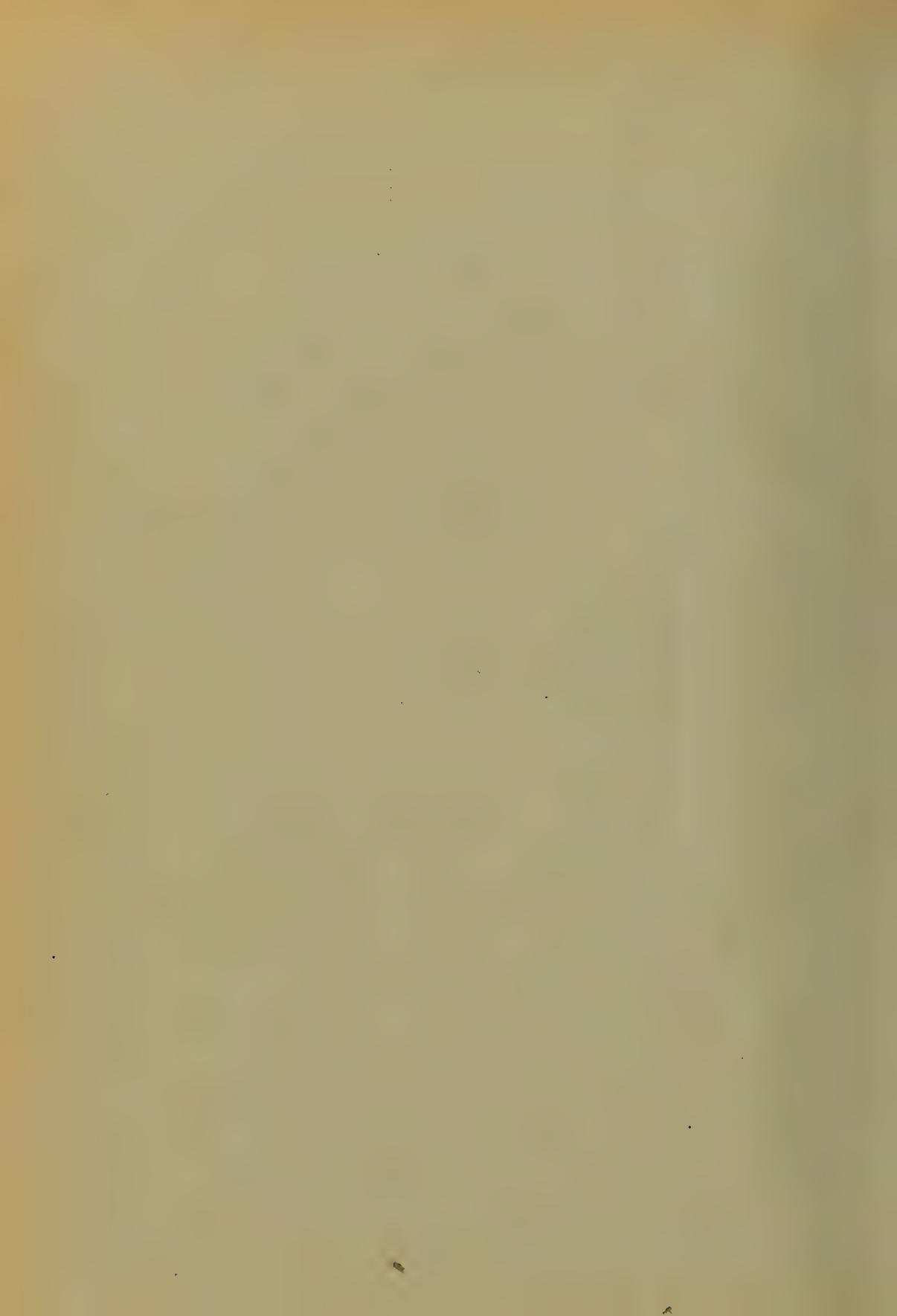
Now if this is considered the anatomy of the first floor we go on to the definition, varieties, causes, signs, treatment of *Fringing* *Hemicystia*.

Hemicystia in the strict acceptation of the term means branch or projection; but it is commonly applied to a number one of the odd or inquisitive parts of the animal cavity. It derives its name from the parts through which it protrudes thus we have *Fringed*, *Furred*, *Multi-furled* *Hemicystia*. It is a part of the form of *Hemicystia* that comes from the first consideration.

With the following I send you
one or both of the following, in
the Hennia - ~~specie~~ de Breyne and ~~specie~~
this one however, I need to send

The projecting fold of *Hennia* which
envelops the umbilical scar to divide
the Hnia ^{is} said to be ^{the} "Spur" the
Internal distemal. If the process descends
along the internal spur the Hnia will
be Direct, if along the external process it
will be Indirect ^{or} angular or Somewhat. If
it descends above the spur it ^{is} Regan and it will
be ^{the} angular, if below the spur.

Indirect or Angular Hennia - This is that
variety of Hennia where the gut presents
itself at the place where the testis first
presented itself, that is, at the internal
addomial ring. If a knuckle of gut
comes to the internal addomial ring,
the testis comes as it has claim to the
cord and is pinched before it. This, brach



of *Scutellaria* is called the *sooty* of the *Himalaya*, from the glaucous tinge
the galls are of a sooty grey colour
and parallel to the stem, being ~~when~~
in this situation it is called *Bullocko*.

Emerging from the outer covering of its des-
cous along the ~~sooty~~ to the stem, in
which case it is called *Scutellaria*,
to its descent the ~~outer~~ gut ~~is~~ is ~~left~~ below
the ~~outer~~ covering before it; but it ~~shuns~~
all the other coverings of the cord, namely
~~the~~ fascia a transversalis, the ~~inner~~ anterior
~~part~~ inter-columnar fascia, the
~~hollow~~ epididymis. The gut ~~removes~~ between
the cord & the walls of these epididymis. The
cord being left to the sac in all cases
except when the latter is bisected
for a considerable length of time in
which case the ~~inner~~ contents of the cord
will be separated & the gut found imme-
diately between them. The neck of the sac
is always found ~~at~~ extending to the ejaculatory

Next to the External oblique is
that variety in which the great part
of the cavity of the body is covered
through the abdomen with a thin
visceral peritoneum, the external ring
or inguinal canal carrying the testis
down, passing transversely, & conjoin-
ed tendon before it. Or it passes through
the exterminating it from the inter-
lumbar fascia before it, and so to the
other variety it is of course covered exter-
nally by the skin and superficial fascia.
The difference in this variety of
skin is the absence in the relation of the
sac to the cord of the testis, and in its having
no cremasteric covering. The cord passes
nearly to the skin, the spermatic artery always
on its outer side & the cremaster muscle
is substituted by the conjoint tendon which
is generally forced before the testis.
Sometimes however the conjoint tendon
is pierced through. In consequence of

The difficulty is that it is a
tend to offend people but the
variety of Hemia is very rare

Hemia is commonly produced by some
strain, & it is frequent. Hemia is
more frequent in males than in females
and usually occurs in middle life.
After an interval of 2 or 3 days the patient
feels a little pain in the groin; & after
wards notices a small swelling which dis-
appears or goes down but often resumes
or rises. On this time a close observation
of the patient for possible
feels however a sense of weakness in
the groin, which becomes greatly
increased on walking and violent
muscular exertion.

This is that variety of Hemia called
"Incurable," and the treatment consists
in simply applying a bandage covering
the patient never letting it off till in-

the next posture. I do not say of these
as have been recommended by you, but
of those offered to us as the more
natural ones of the most popular advantage
one over other. If it is to be used
then as the first choice I prefer it
in the intervals. If it is a direct
service it should be put on the extenuating

It may nearly happen to anxious
ignorant, that the nature of his case
until the Hernia becomes "producible", in
which case he will be liable to sudden
riving pains in the abdomen; frequent
attacks of vomiting especially after
a full meal when assuming a standing
posture. In consequence of the
testes being pinched down, & drawn
forward are liable to be increased
in their inadmissibility. This state of
things continues, till a variety of them
called "Incarcerated", and gives rise to

frequent attacks of vomiting and fainting.
There may exist a disease called statis
from a great length of time, and it is always
necessary to attend to stagnation.

The treatment consists in offering a leg
mass to a patient, and the anxiety of
which forces him toaces the tumor and prevents
its further escape, at the same time
rendering a comfortable sleep.

Patients laboring under this variety of
Hemina have often been compelled to remain
horizontal for several weeks at a time, and
upon recovering the Hemina has often
left them for a week. This suggested
the idea that if the same plan were pursued
with a patient laboring under irremediable
Hemina the same result might be accom-
plished. Accordingly the plan has been
tried and often with success. It is not fre-
quently successful, when this is the case, before
after application of hot iron the operation

Several methods have been proposed, of
eradicating or removing it, with
but with little success.

We wish to know whether Hernia is Direct
or Indirect.

Direct Hernia, prouding the conjoined
tendon, can attain the same result,
other and softer a Bullockette. Upon exam-
ining a patient laboring under Direct In-
guinal Hernia a faint swelling will be felt along
the line of the inguinal canal and insinuation
into the canal a pressure of pain is elicited,
a phenomenon that always attends pressure
on a gut. In Direct Hernia the tumor inclines
externally. In direct it always inclines to
wards the symphysis pubis. In direct hernia
the cord is blind and to the outer side of
the tumor. In indirect the cord is directly
blind the tumor.

George A. L. is the subject of Hernia in
halloweens it strangulates. It is a mu-

striction of some portion of the gut, which
not only gives irritation but the cavity of
the abdomen, it also prevents the contraction
of the fecal matter and impairs still
the circulation of the blood.

Strangulation generally causes a sudden
violent muscular effort causing a convul-
sion of gut to be suddenly protruded through
a narrow aperture, or after having eat some-
thing which the patient tried hard back
and passed with pain. It may also arise
from constriction of the neck of the sac
or contraction of the muscle peristalsis around
it.

The patient is taken with a violent con-
vulsive effort, the pain increases in violence
and finally he feels a disposition to vomit
but is not able to do so in ability to do
and the forces are resisted up to the syn-
taxis of inflammation in which disper-
sion is great tendency about the time
in the region of the abdomen and the

for which it is to be used. There must be no indifference of general anxiety. The right path to follow is the following: the patient is to be placed in bed and an effort made to distract his mind. Application will ensue. This is to be done by the perfect relief given by the patient; the cold plane, the sweat, the full circulation, the cool and the nature of the surface, which is cold and of a dusty red appearance. These effects are produced by the application of ice that of course cannot be used to treat a case we should always examine before using.

When this succeeds to a case of strangulated hernia my first object is to return the parts into the cavity of the abdomen by a process called "Tasis". If this fails our last resort is to perform the operation.

To perform tasis the patient is placed in the most convenient position for releasing the constricting structure, then

system having been given up, in
a condition to meet far better clo-
sures.

To reduce the redundancy of the fleet,
should be fitted with fore-and-aft
rigg'd. & if long enough elevated, the Surgeon
then seizes the time favorable to yourself
and boarding, it attempts to obtain a
strong hold front of port-holes. This plan
should not be tried for a short time, or in
any bad gale.

In the purpose of clearing the system
the most important point is, the Venes-
tian, the last battle opinion, Part: Committee, etc
total 2000 st.; But we innocent that some
of these and we ignorant than any of them
is chloroform. This named his friend the
police when all other means have failed
to reduce the犯人.

All the men, having recovered, & without
any difficulty, the man divides the
seat of action and return objects to a sufficient

After the operation the surgeon stands off & the assistant makes an incision in the skin three or four inches in length in the direction of the axis of the tumor. The superficial fascia is then closed up with the 2^o or 3^o s. b. s. i. A slit is made into it, the grooved director introduced then the probe pointed being introduced into the groove and glided along under cover of the fascia dividing it to the extent of the external incision. Precisely the same forceps applying to all the alternatives until the sac itself is divided. This having accomplished the left forefinger is introduced and carried to the seat of division of the Membrane directed on the thumb which will be most likely to be at the external ring or it may be at both rings. When found it must be divided. This is done by cutting the fibrous part of the membrane

Piston of long before, in which
it is to be noted. The edge of the piston
is the same as at 20000 ft. & 30000
ft. by gas-turbine.

Predicting that since the initial velocity
cannot give any sign of instability, and
standing when it exists it is to be sufficient the
entity of the admixture. If adhesions have occurred
it is considerably longer than they are not to be
detached. If very soon they may be detached and the
intestines etc. and if the intestines are if it is the
detached the modified parts are to be cut open
in which case there will be an artificial anus.

The present treatment consists in applying a fine
powder bandaged, seeing that the fracture is usually
in 10-12 days and in combating the subsequent in-
flammatory symptoms. Strictly a bandage must be applied
before the patient leaves his bed.

James Hoxton

