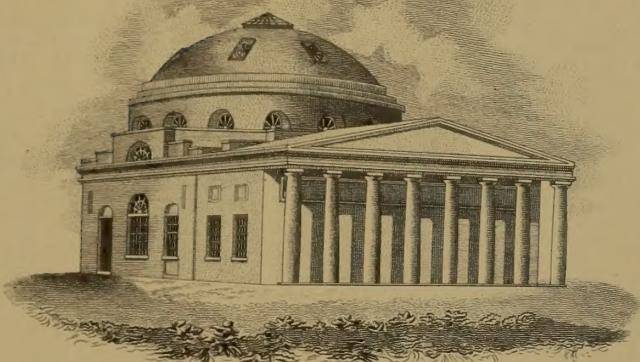
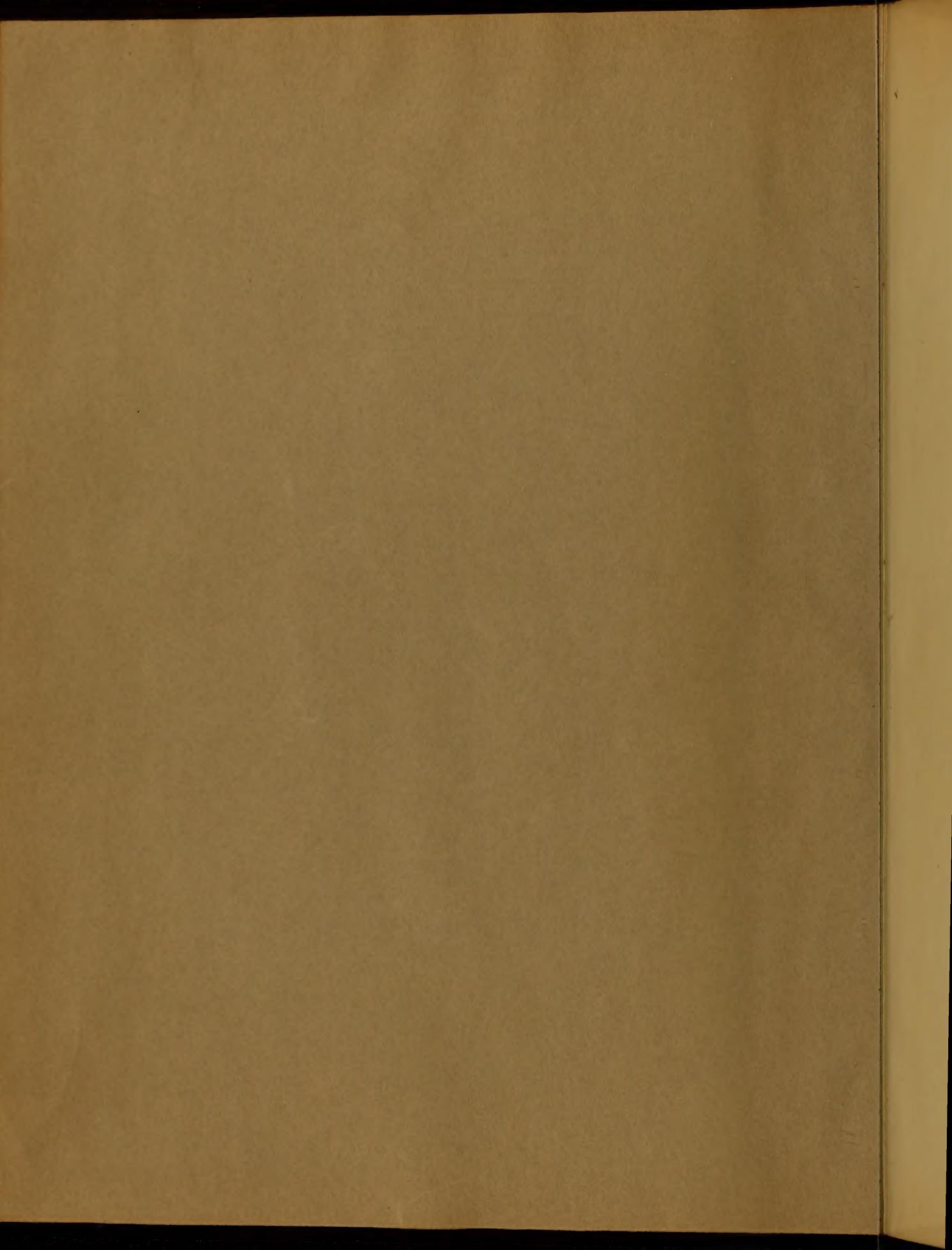


SEP 25 1940

LIBRARY
OF THE
School of Medicine



University of Maryland



Early Days of Medicine and Nursing: The Correspondence of Clementina Blackett

These manuscript documents, written by a leading mid-nineteenth-century English woman physician, were presented to the University of Michigan for the Department of Medicine and the Faculty of Pharmacy during the year 1930. They consist of approximately three hundred letters written by Dr. Blackett. The original date of composition of the letters varies from 1830 to 1860. The subjects of the correspondence include her medical studies, clinical practice, work in hospitals, family, and her work for the abolition of slavery. The address book and the original "Personal Terms of Service" have been inserted at the beginning of each volume.

The project team who investigated and organized the series of manuscripts was Richard J. Brown, Director, Manuscript Collection; Michael Mead, Manuscript Reader; Marjorie C. and Christopher S. Johnson; Carol Hartline-Henry, Research Associate; Diane Knobell, Archivist; and Barbara West, Reference Librarian.

These collections were acquired in 2001 (2002) and are available at <http://www.digitalarchive.org>, www.archive.org, and the Internet Archive (www.archive.org).

T
E
M
d
c
a
b

T
E
M
d
c
a
b

University of Maryland Theses

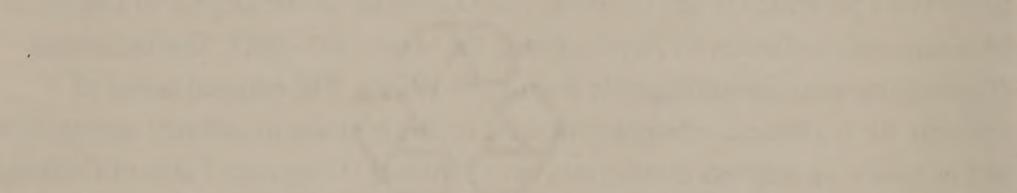
Early Doctor of Medicine and Doctor of Physic Dissertations with
Corrected Tables of Contents

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 1813-1887. 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 Table 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. Behles, Historical Librarian/Preservation Officer; María Milagros Pinkas, Metadata Management Librarian; Angela Cochrane and Carol Harling-Henry, Resources Division; Sarah Hovde, Abra Schnur and Megan Wolff, Services Division.

These dissertations were digitized in 2011-2012 and are available at the UM Digital Archive (archive.hshsl.umd.edu) and the Internet Archive (www.archive.org).

South Orange Residential District



South Orange Residential District

South Orange Residential District

South Orange Residential District

(CORRECTED TABLE OF CONTENTS)

UNIVERSITY OF MARYLAND

THESES

1858 (a)

Author	Title
Author Unknown	Acute Pneumonia
Hays, Archer	Measles or Rubeola
Gibson, John ST. P.	Hydrocele
Peach, John	Therapeutics of Iron
McSherry, Henry F.	Dysentery
Shreve, Charles W.	Medical & Surgical Reports
Downey, William A.	Prolapsus Uteri
Best, John W.F.	Prolapsus Uteri
Harker, Richard M.J.	The Nervous System
Corkran, Alex. M.	Encephalitis
Waters, S.R.	Abortion
Perrie, James R.E.	The Anterior Splint
Monmonier, John N.K.	Icterus
Dawkins, John T.	Inflammation of the Stomach
Kemp, Joshua S.	Hemorrhoids

1 Noteworthy calligraphy on title page

the following are the names
of the members proposed

for the

new Board

of Directors

and the

names of the members

proposed for the

new Board of Directors

and the names of the

members proposed for

the new Board of

Directors are as follows:

John C. Smith

The following are the names of the members proposed for the new Board of Directors:
John C. Smith,
John C. Smith, John C. Smith, John C. Smith, John C. Smith, John C. Smith, John C. Smith,

Author	Title
Reutter, George N.	Scarlatina
Fowler, Edward Jr.	Mercury
Williams, James T.	Inguinal Hernia

AH
Ha
Gi
Pe
Mo
Sh
Do
Be
Ba
Co
Wa
Pe
Mo
Da
Ke
Re
Fo
Wi

UNIVERSITY OF MARYLAND

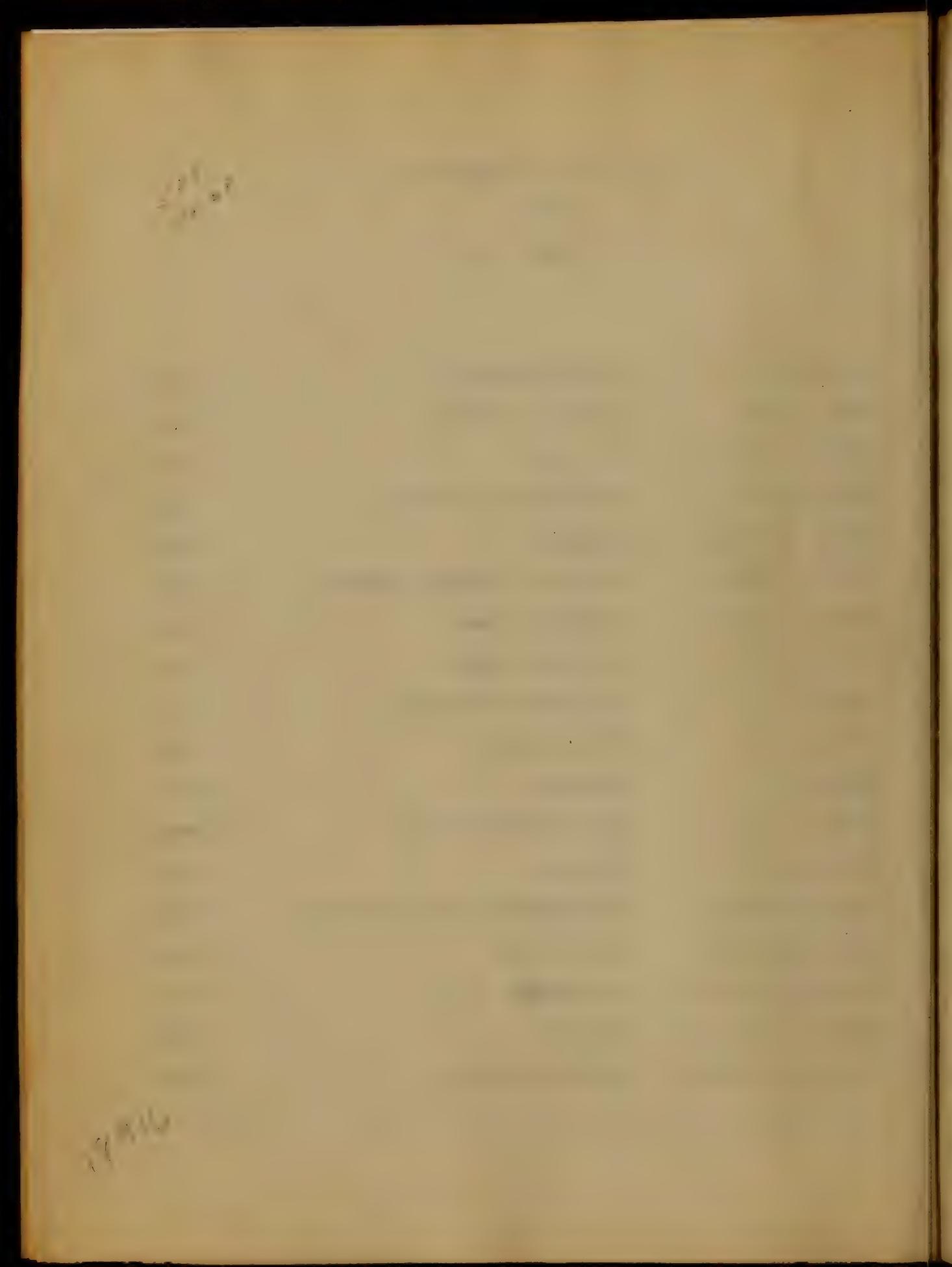
THESES

1858 (a)

Anonymous	Acute Pneumonia	16p.
Hays, Archer	Measles or Rubeola	16p.
Gibson, John ST. P.	Hydrocele	33p.
Peach, John	Therapeutics of Iron	28p.
McSherry, Henry F.	Dysentery	15p.
Charles Shreve, Chas. W.	Medical & Surgical Reports	31p.
William Downey, Wm. A.	Prolapsus Uteri	23p.
Best, John W. F.	Prolapsus Uteri	18p.
H Richard Barker, R. M. J.	The Nervous System (1)	40p.
Corkran, Alex. M.	Encephalitis	21p.
Waters, S. R.	Abortion	24p.
James Perrie, J. R. E.	The Anterior Splint	20p.
John Monmonier, J. N. K.	Icterus	36p.
Dawkins, John T.	Inflammation of the Stomach	20p.
Kemp, Joshua S.	Hemorrhoids	23p.
Reutte, George N.	Scarlatina	29p.
Fowler, Edward Jr.	Mercury	33p.
Williams, James T.	Inguinal Hernia	24p.

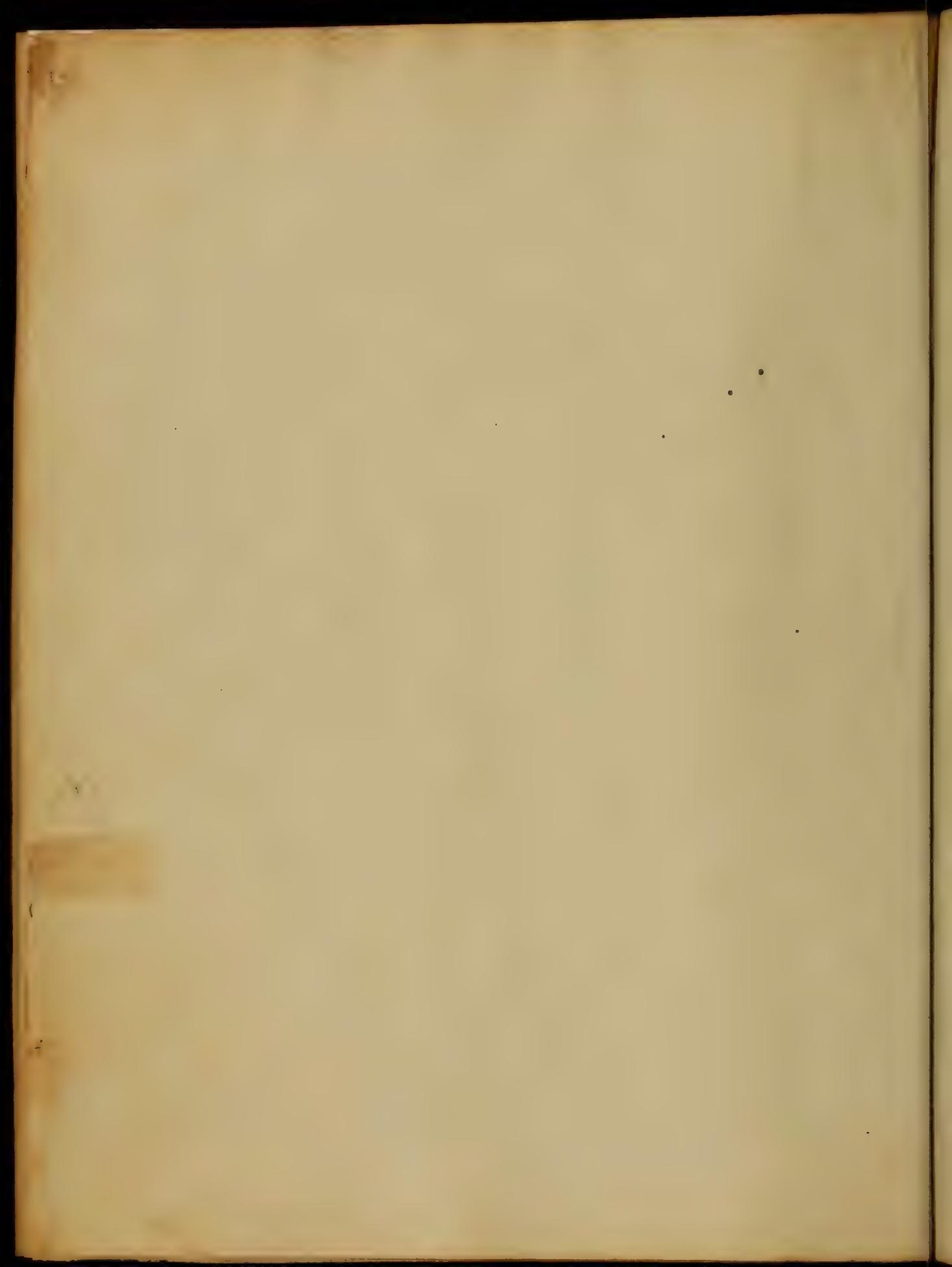
(1) Noteworthy calligraphy on the page

81



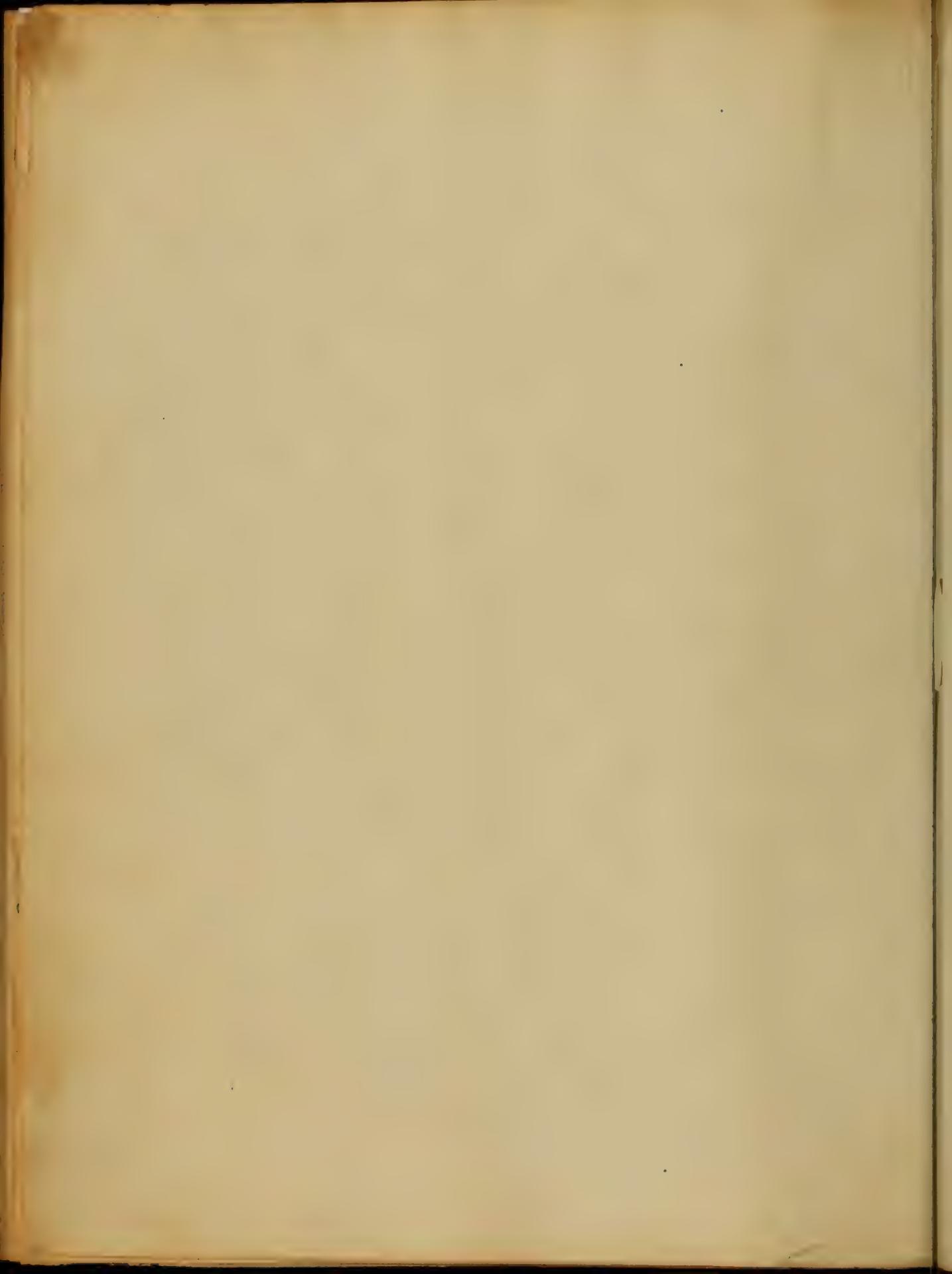
In compliance with the regulations
of the University of Maryland for
confering the degree of Doctor of Med-
icine, I am about to submit to your
examination a short history of
Acute Pneumonia. Before proceed-
ing with the subject I will simply
promise that I have no new doctrines,
discoveries or inventions of my own
to produce. All I aim to accomplish
is to give you a brief outline of
this most important disease
as I recollect from memory &
the teachings of the leading phys-
ician of Theory & Practice upon
the subject as well as what I have
read.

In ancient as well as in mod-
ern times up to the period of
the discovery of circulation pneu-
monia was confounded with phu-
riasis. There was no determined method



of diagnosis. The presence or absence
of severe pain in the chest, determined
the disease. If pain was
present in acute disease of the
chest it was denominated pleurisy,
if absent, it was called pneumonia.
The distinct existence of the two
diseases had long been ascertained
and proved by post mortem exami-
nation, but no name were given
of pneumonia. Dr. Sydenham
and Dr. Immortal Turner gave to
the world his great discovery of
auscultation. It is by the aid of
this art that we shall now
endeavour to show, that pneumonia
is determined.

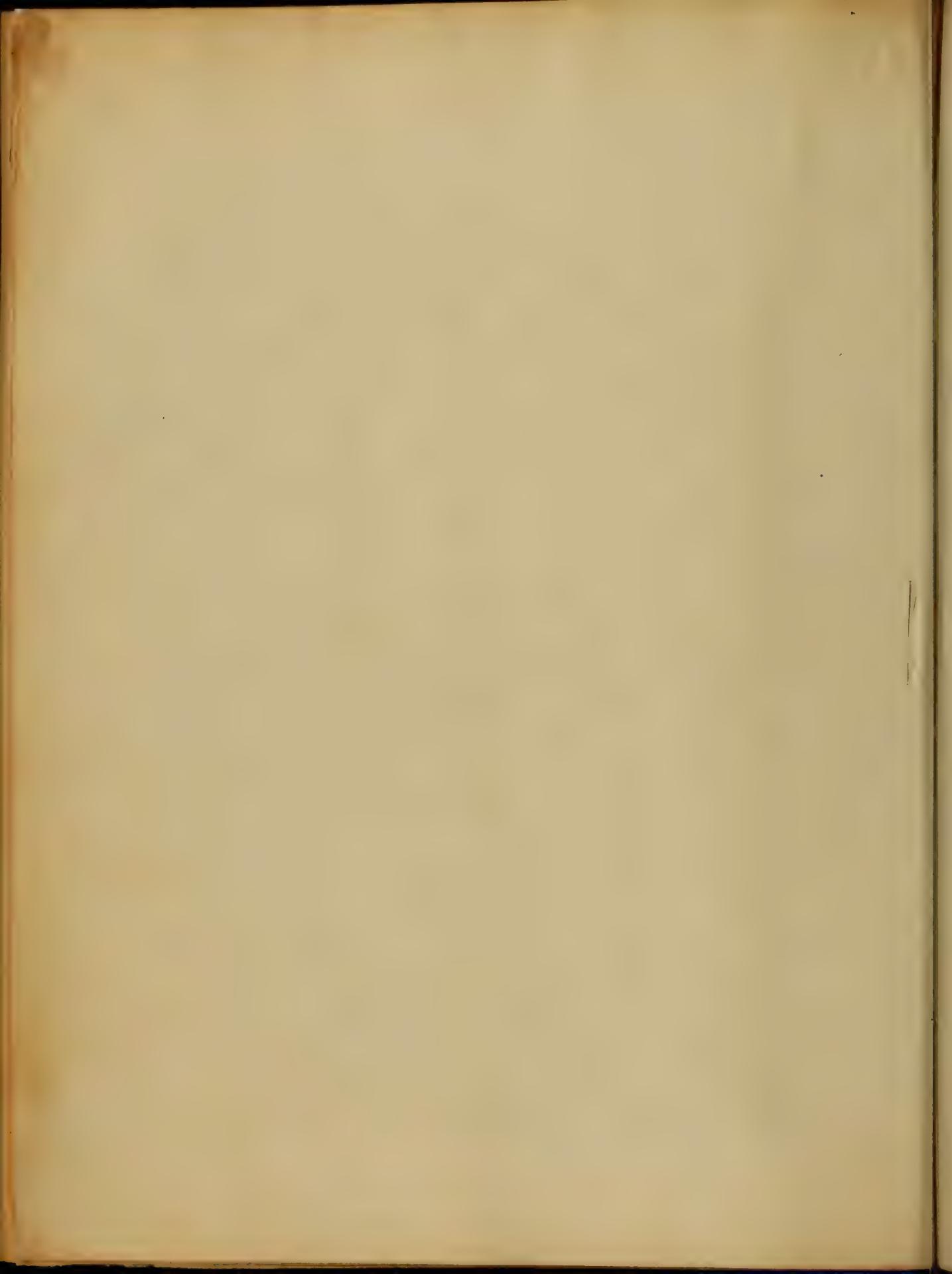
The term pneumonia, like
many medical terms, is of Greek
derivation. It is from the Greek
word pneumon, a lung and oia in-
flict an inflammation of the
parenchyma of that organ.



It is characterized by two sets of signs called general and physical. The first are fever, pain in some part of the chest, dyspnoea, cough, and rusty colored sputum or expectoration. The physical signs I will examine presently after briefly running over the general symptoms.

Pneumonia, in common with other acute inflammatory diseases, is attended by fever. This is generally noticed in 24 hours. Sometimes however this does not occur, which is especially the case where the disease succeeds to a bronchitis. The inflammation extending insidiously from the mucous membrane of the lungs to its parenchyma.

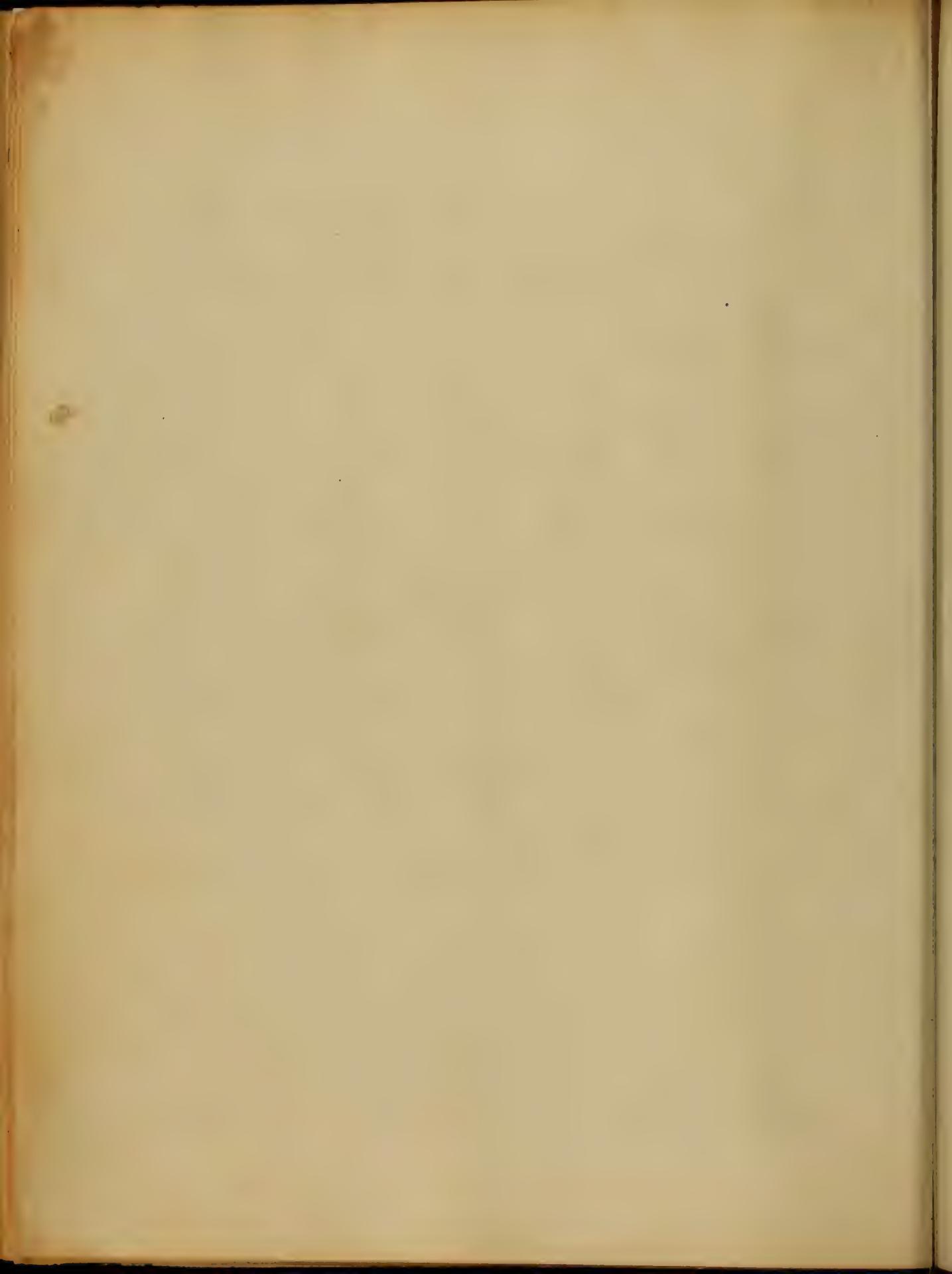
The fever is generally very intense marked by a quiet, short, and irregular pulse.



There is much heat of the skin
headache, flushed face, and
in fact all the other symptoms of
pneumonia.

In the commencement of the
fever a pain is felt in some
part of the chest. It varies very
much in degree, locality, and
duration. Sometimes it is a sharp
seated sensation of heat and
Oppression, in other cases it is of
a stabbing character. In general
it is a sharp (as it is termed)
on the side affected about on
a level with the breast. Frequent-
ly more severe in the beginning
and diminishing gradually after-
wards.

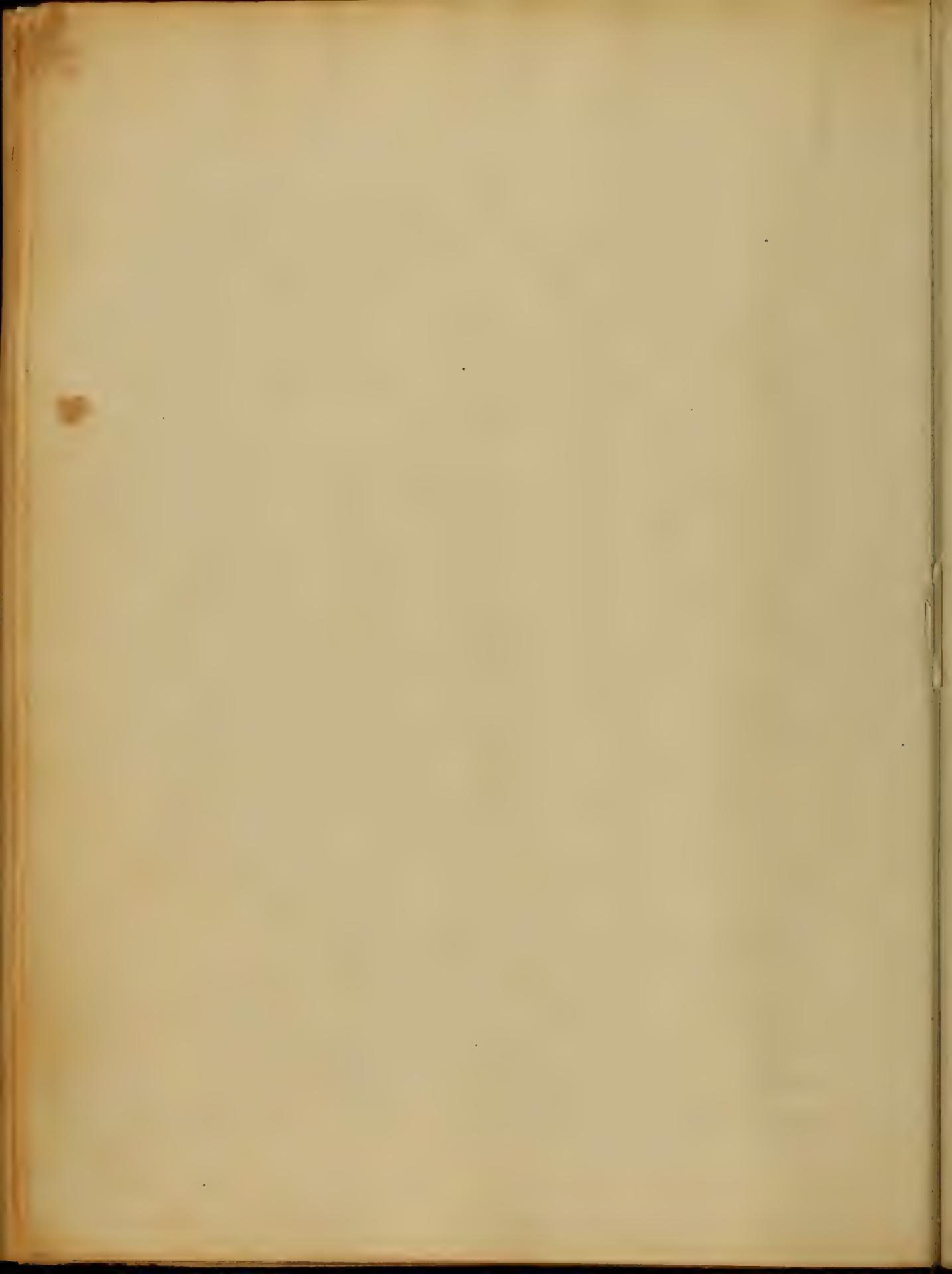
Coughing and deep inspiration
tend much to increase the symp-
toms. It is the opinion of many
learned authorities that when
this attack in the side occurs



it is caused by the inflammation extending to the pleura, because it is rarely the case, that the lung is inflamed without involving more or less the investing membrane of that organ.

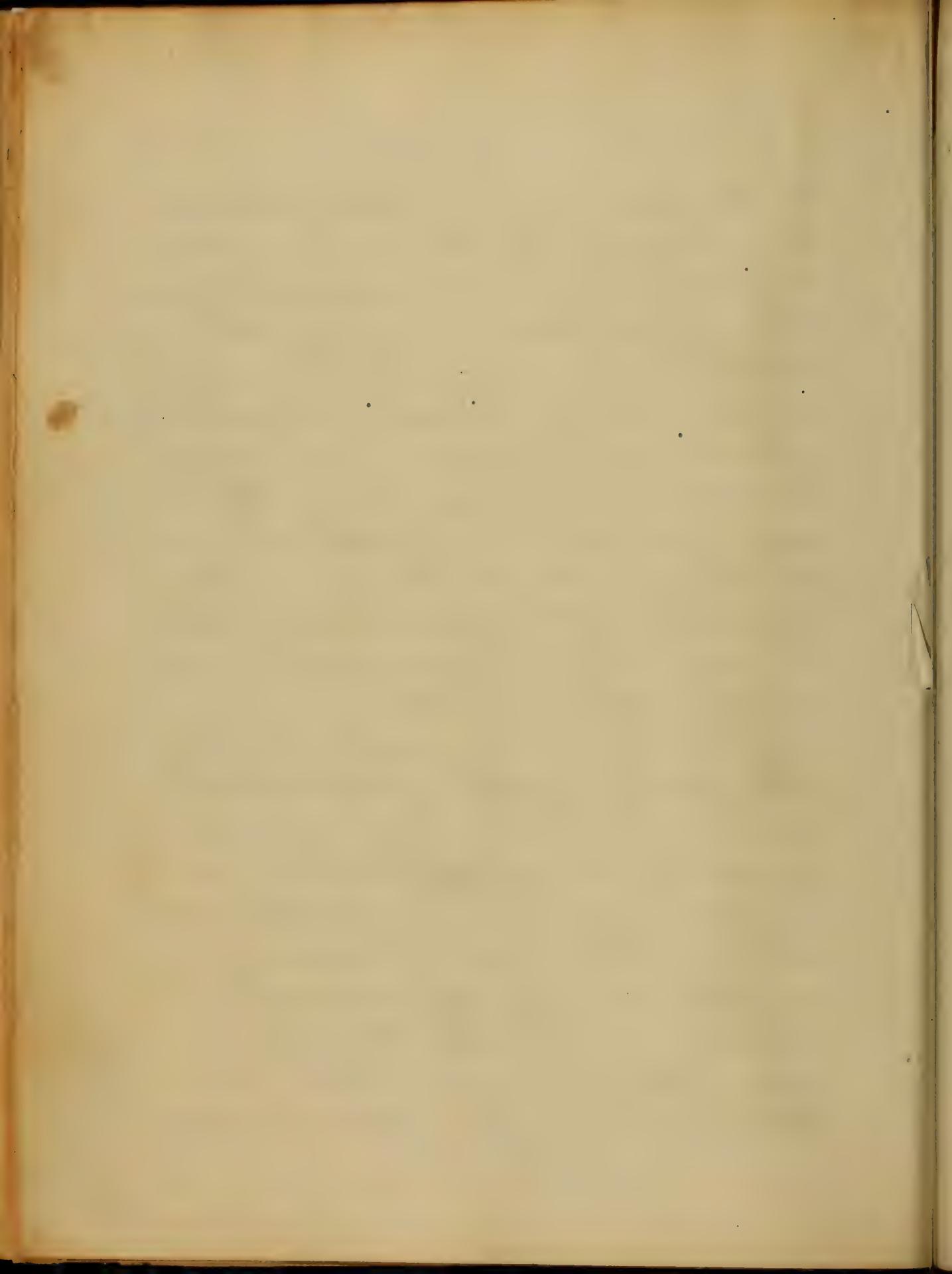
The cough does not present any marked peculiarities. It varies much in degree, and its severity is proportional to the extent of the inflammation. There may be but trifling cough and yet extensive pneumonia. At first it is mostly dry, and succeeded by the expectation of small bronchitis. But afterwards the expectoration assumes a peculiar tinge, a rusty color, and it is characteristic of the disease.

When once seen it cannot easily be mistaken afterwards. The color varies from a light, to a deep reddish, or rusty hue, according



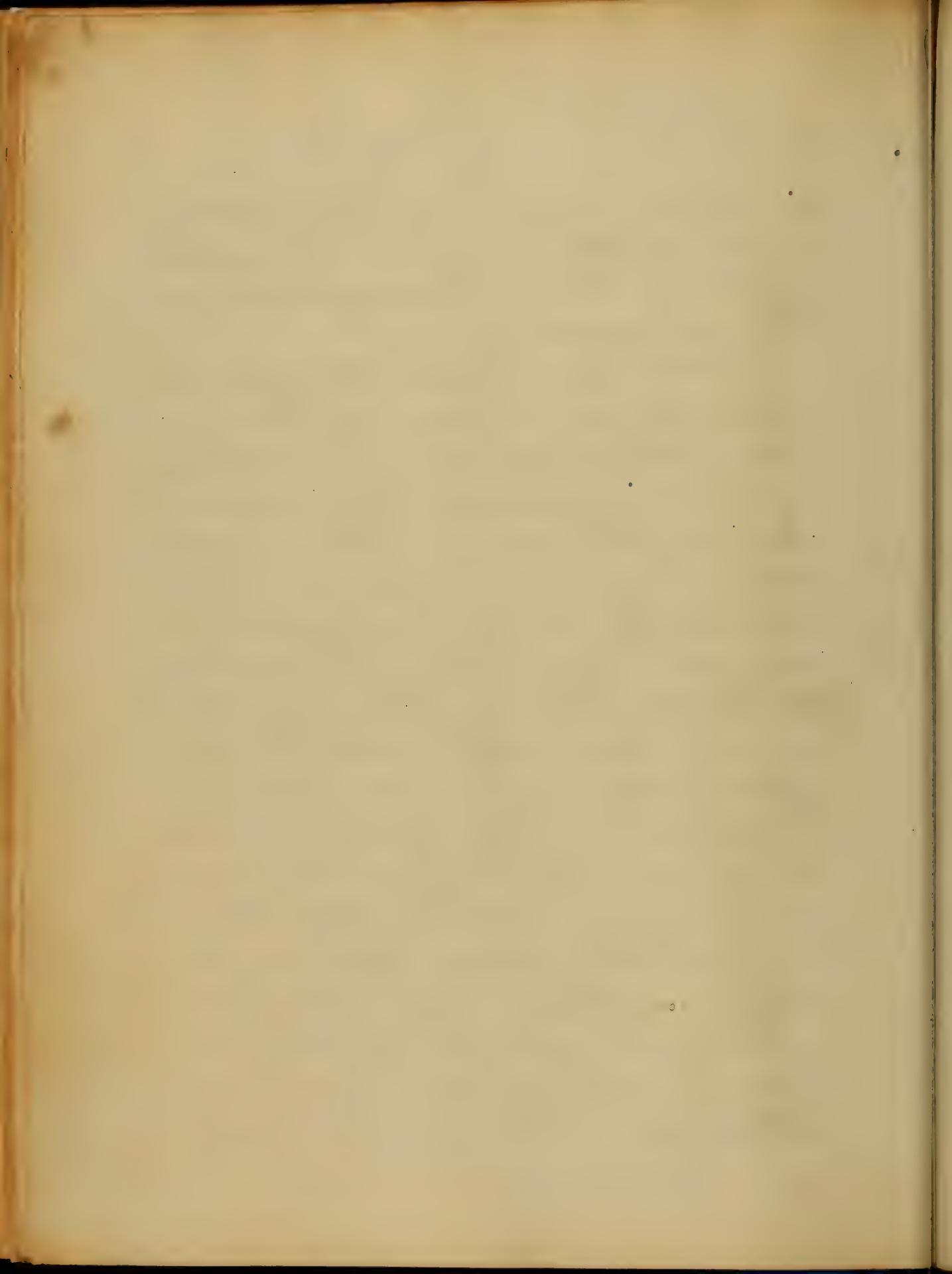
to the quantity of blood that may be mixed with the sputum, & is viscid, tenacious, and slightly frothy. Dyspnoea is a symptom that occurs early in pneumonia. At first it is generally slight, but afterwards becomes more & more titrated, and aggravated as the disease progresses. In health the respiration is about twenty in the minute, but in pneumonia it may be increased as high as sixty in the minute.

Much has been said in regard to the posture of the patient in this disease. I believe however it is generally conceded that the most common position, is for the patient to lie on his back. Because lying on the side affected would have a tendency to increase the stitches from the pressure, and on the other hand lying on the sound side



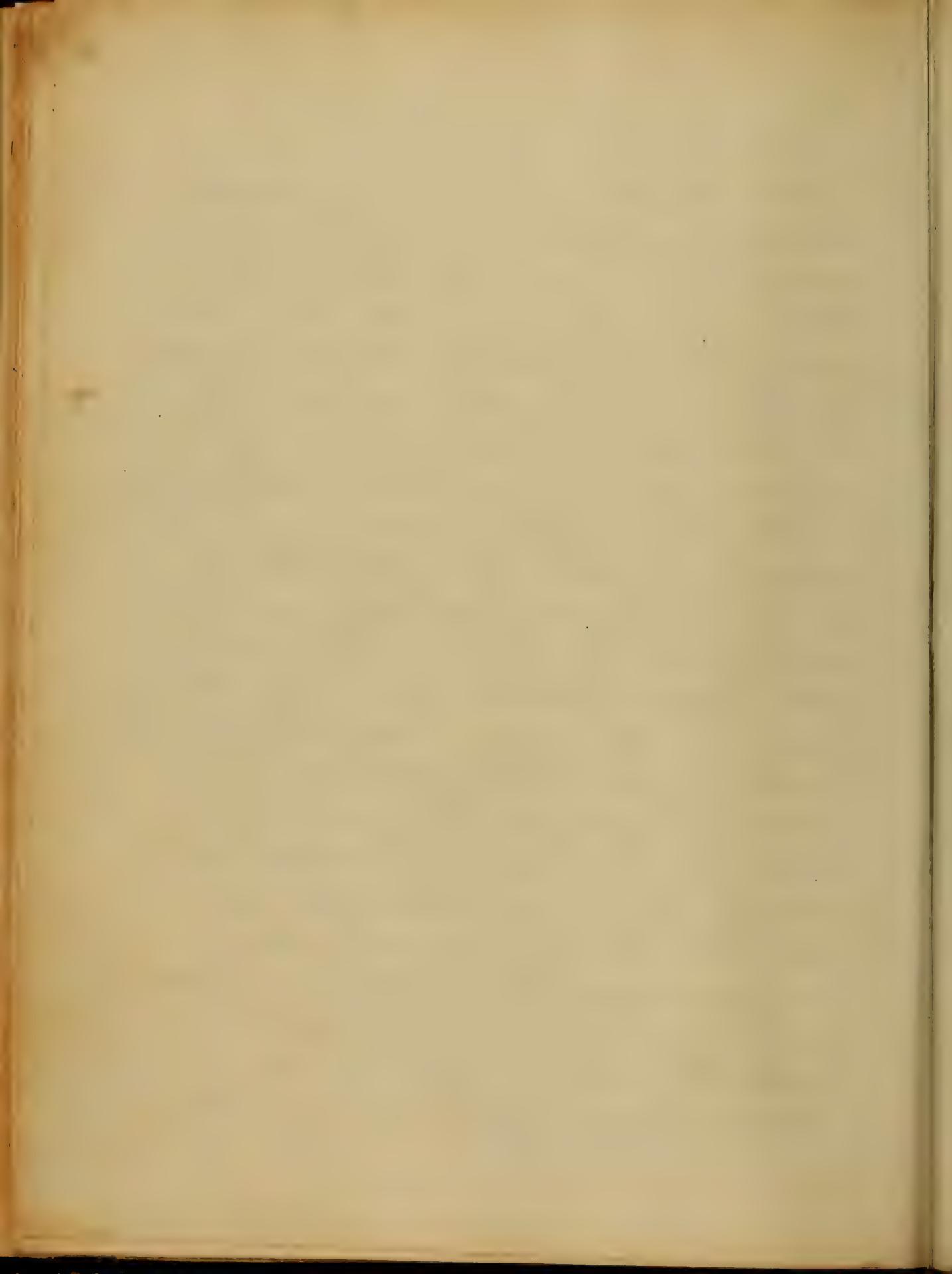
would tend to encourage the practice
of the healthy lung. Hence disease of
the cubitus is the most important, and
the one assumed.

I will now consider the physical
signs of pneumonia. To have a
clear idea of them, it is first ne-
cessary to understand the morbid con-
dition of this disease. There are three
stages in pneumonia. The first
is called the stage of engorgement.
In it, the lung is gorged with blood
or bloody serum. Internally it feels
red - it is heavier than normal, and
less expeditious; and when cut it is
bloody serum of a frothy charac-
ter ignores. The lung is also more
 friable or easily torn than than
in a healthy state. The second
stage is that in which the inflam-
mation has gone on further. The
lung in consequence has become
solidified, by the deposit of lymph



in the interstitial tissues, and has lost its spongy character. It is of a red or solid, heavy so as to sink in water. It resembles very much the liver, and from this circumstance the term hepaticization is used to designate this stage. I would also add the lung is easily broken down by pressure with the fingers.

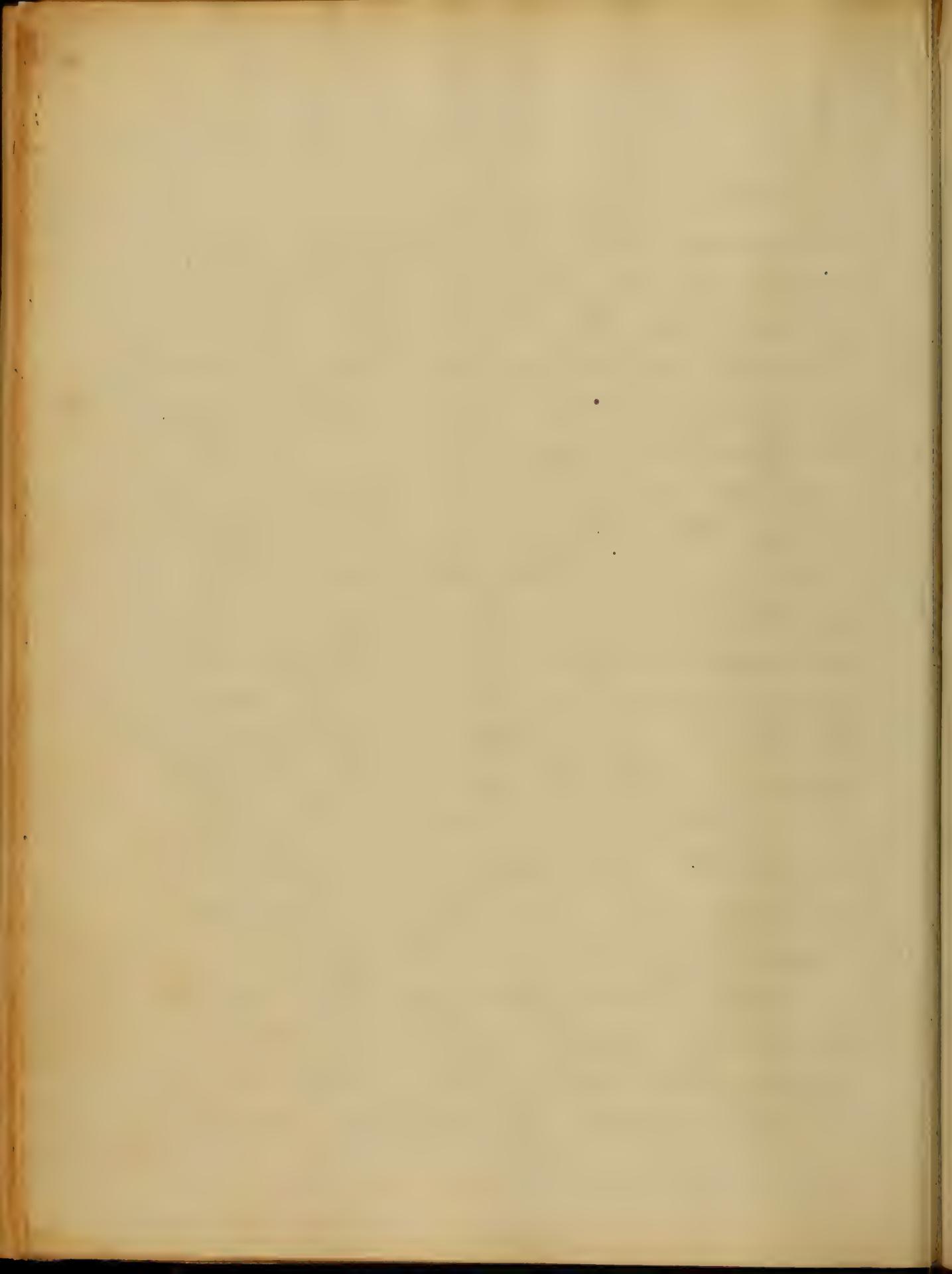
The third stage is called gangrenous suppuration or purulent infiltration. It is characterized by solidity, greater friability, and a greater exhalation. The inflammation has in fact given way to suppuration, and pus like matter diffused throughout the lung, which accounts for the greyish hue of the lung. Pneumonia sometimes terminates in gangrene, or abscess. But these terminations are extremely rare so much so, that a physician with a large practice may not meet with either in a lifetime — for since I shall not dwell on them



in this brief essay.

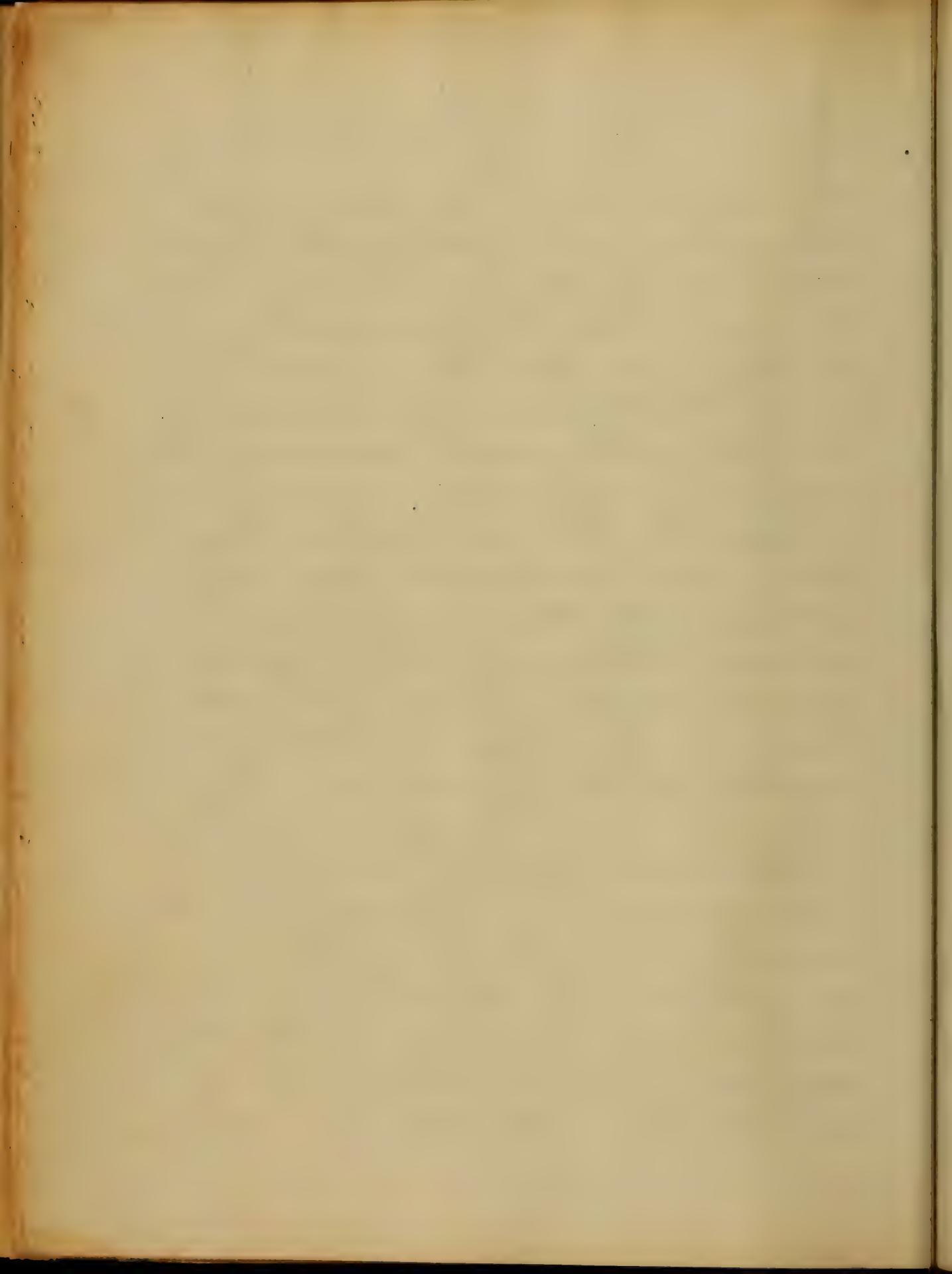
Such are, the morbid change pro-
duced in the lung by inflammation
and it is the province of auscultation
to recognize these changes dur-
ing life and enable the physician
to apply the appropriate remedies.

If the ear is applied to the chest
when the lung, or a portion of the
lung is in the first stage,
certain abnormal sounds are
heard which are usually designated
fine respiration. It is compared
to the sound produced by rubbing
between the thumb and finger
a lock of hair close to an ear
or to the crackling of soft embers
of fire. It is a dry, regular
crackling sound, heard in inspi-
ration. The cause of this noise
is easily ascertained when we con-
sider the state of the lung being
in the stage of engorgement

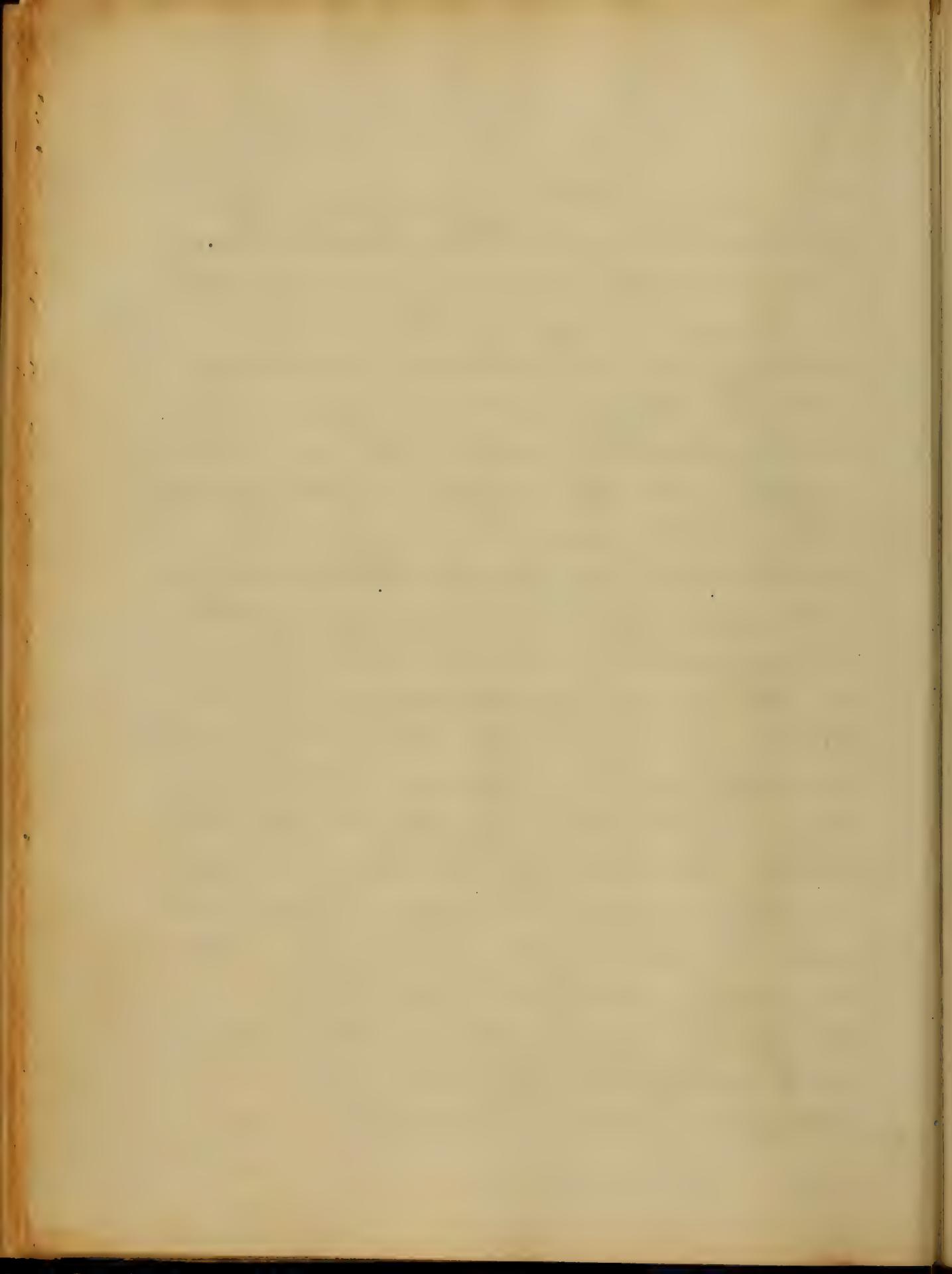


it is produced by the passage of air
through a viscid liquid in the bronchial
tubes, causing the formation of bubbles
which burst with a crackling.

As long as we hear this crepititation we
know that the first stage is present
But as the inflammation advances, the
sound is accompanied or superseded
by another termed bronchial respi-
ration, which marks the second stage.
It resembles the noise produced by
blowing through a tube or quill.
Let us now to mind the state of the
lungs in this stage and the expla-
nation of this sign is easy. The
lung as we have before said
has lost its spongy character
become dense by degeneration, the
smaller ramifications of the bron-
chial tubes are obliterated, but the
larger ones remain open. The lung
is rendered a better conductor of
sound from its solid state and

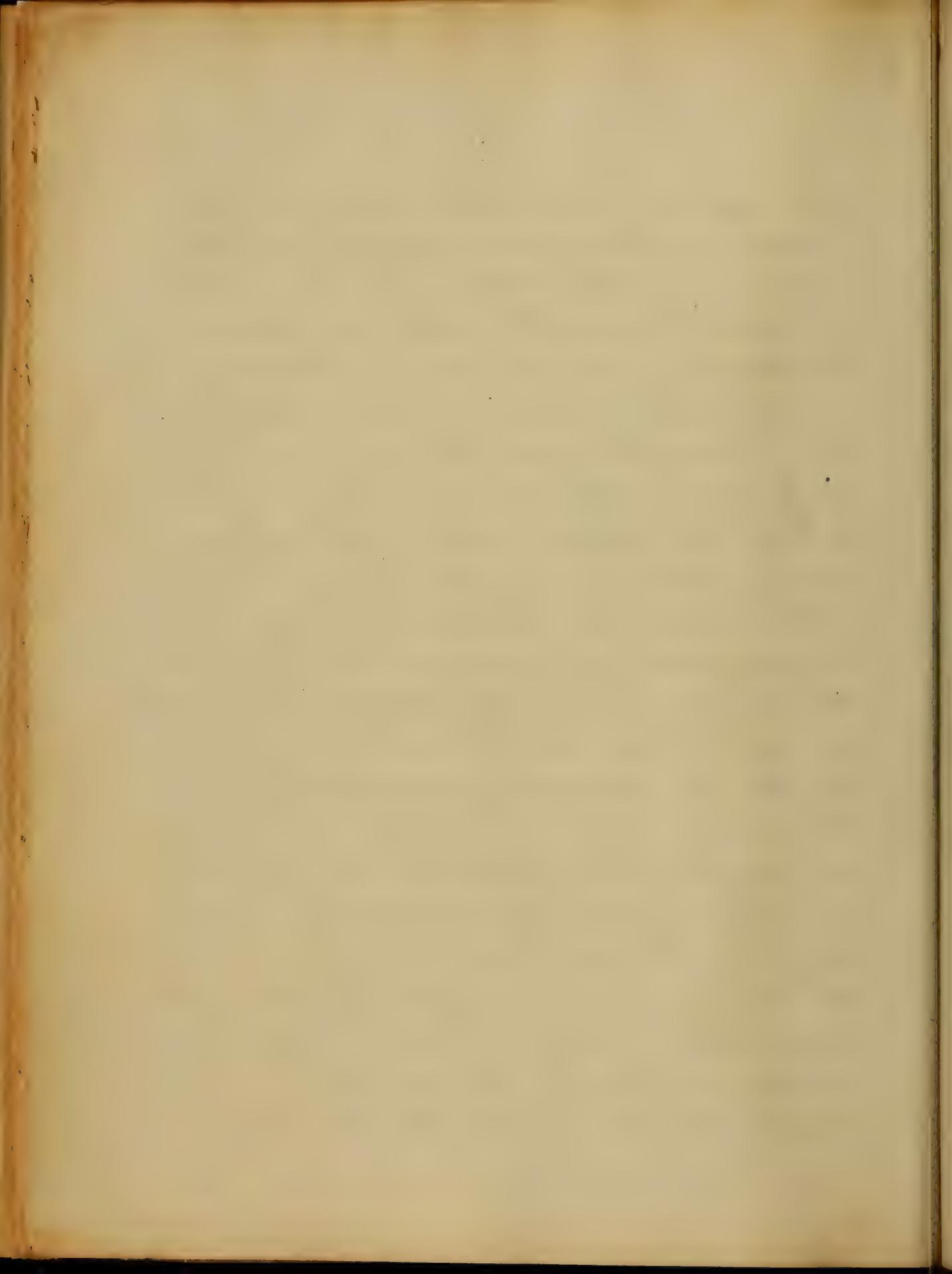


Consequently the passage of air
of air through these tubes becomes
more audible, conveying principally
a sound conveying the idea of a
blowing or tubal sound. The voice,
also of the patient undergoes a
modification. When the ear is
applied to the chest over the affected
lung. The voice is heard more
distinct and louder than in health.
The voice thus modified is called
bronchophony and is accounted for
on the same principle as binau-
cial respiration. In the second stage
there is dulness on percussion. It diminishes
as the lung resumes its healthy
state. As to the third stage. Dullness
on percussion, bronchial respiration,
and voice continue, and sometimes
a gurgling sound is also heard.
The pathologica state of the lungs
will satisfactorily account for the
dulness and tubal breathing. They



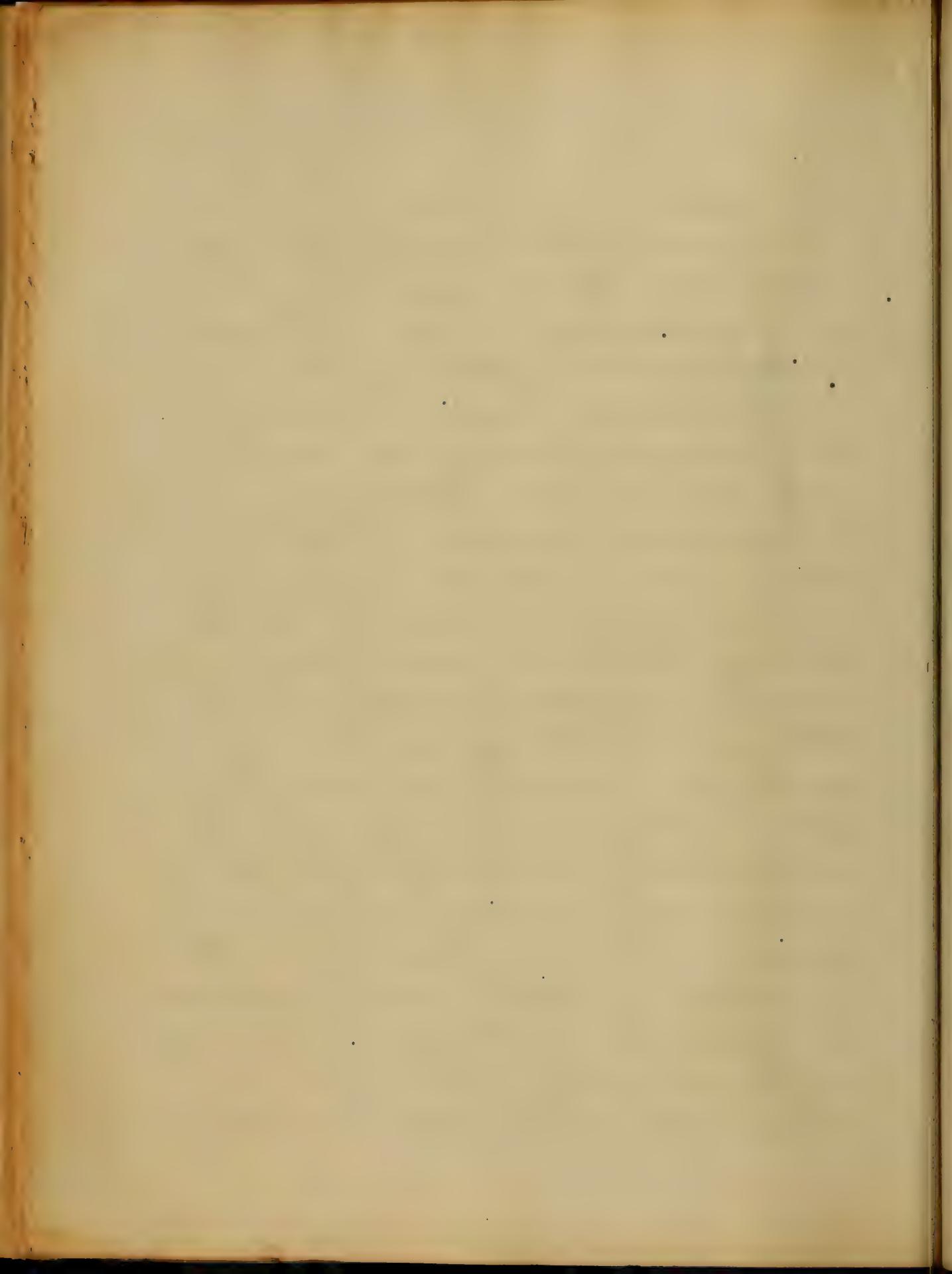
are explained on the same principles as in the second stage, yet the existence of the third stage cannot be ascertained with certainty, because nature has not provided at that degree of perfection to enable us to diagnose it. Such then are the physical signs of pneumonia, which enable us to detect the disease and also to mark every step of its progress.

The duration of pneumonia is variable. In favorable cases amendment begins on the third or fourth day, and convalescence is established in a week or ten days. In other cases recovery is protracted to three or more weeks. When the disease is going to prove fatal all the symptoms become aggravated. dyspnoea is distressing. The patient goes far, breath the brain becomes affected, from the circulation of carbonized blood. delirium or coma set in the vital powers fail, and death ends. The

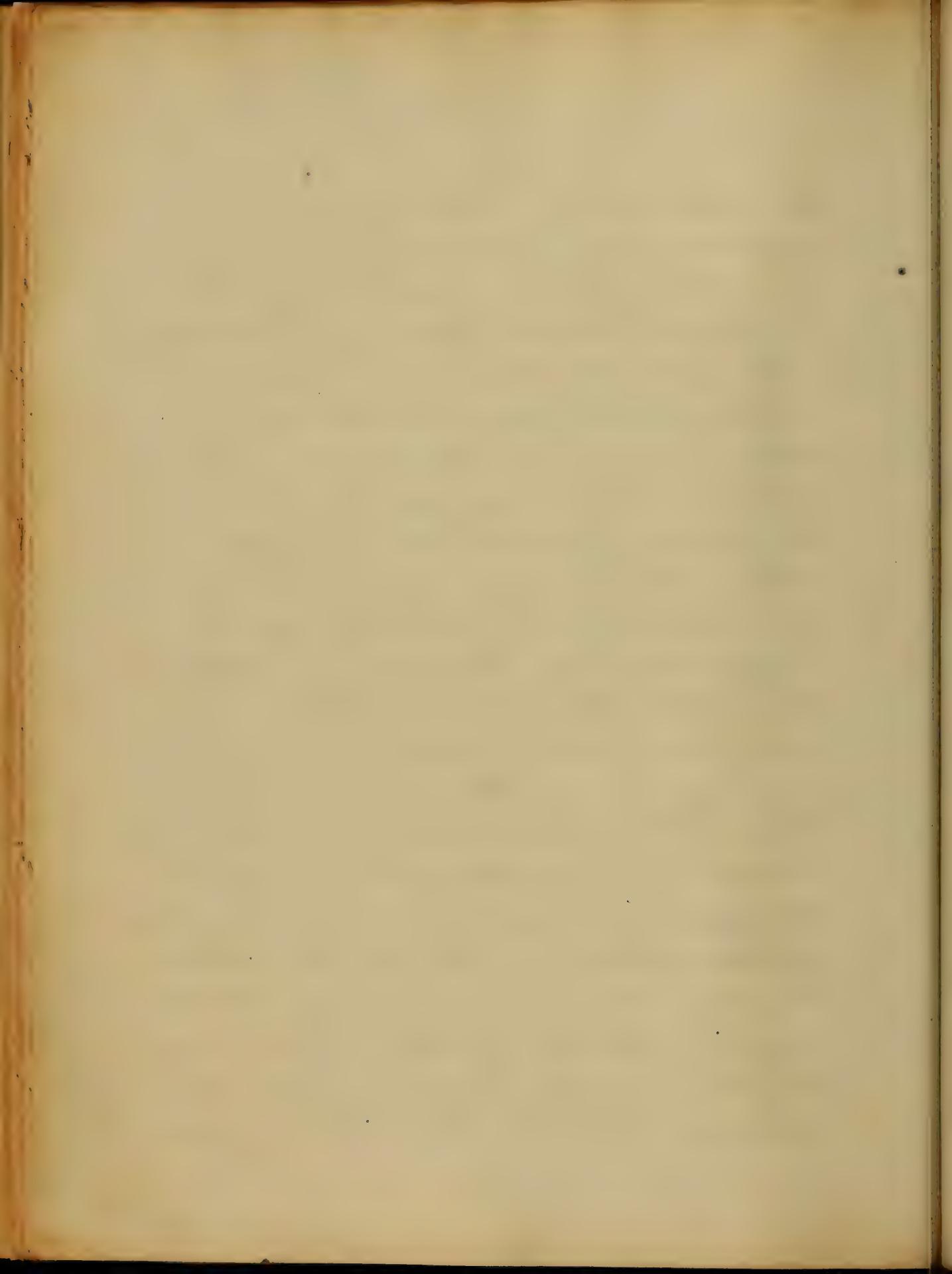


struggle.

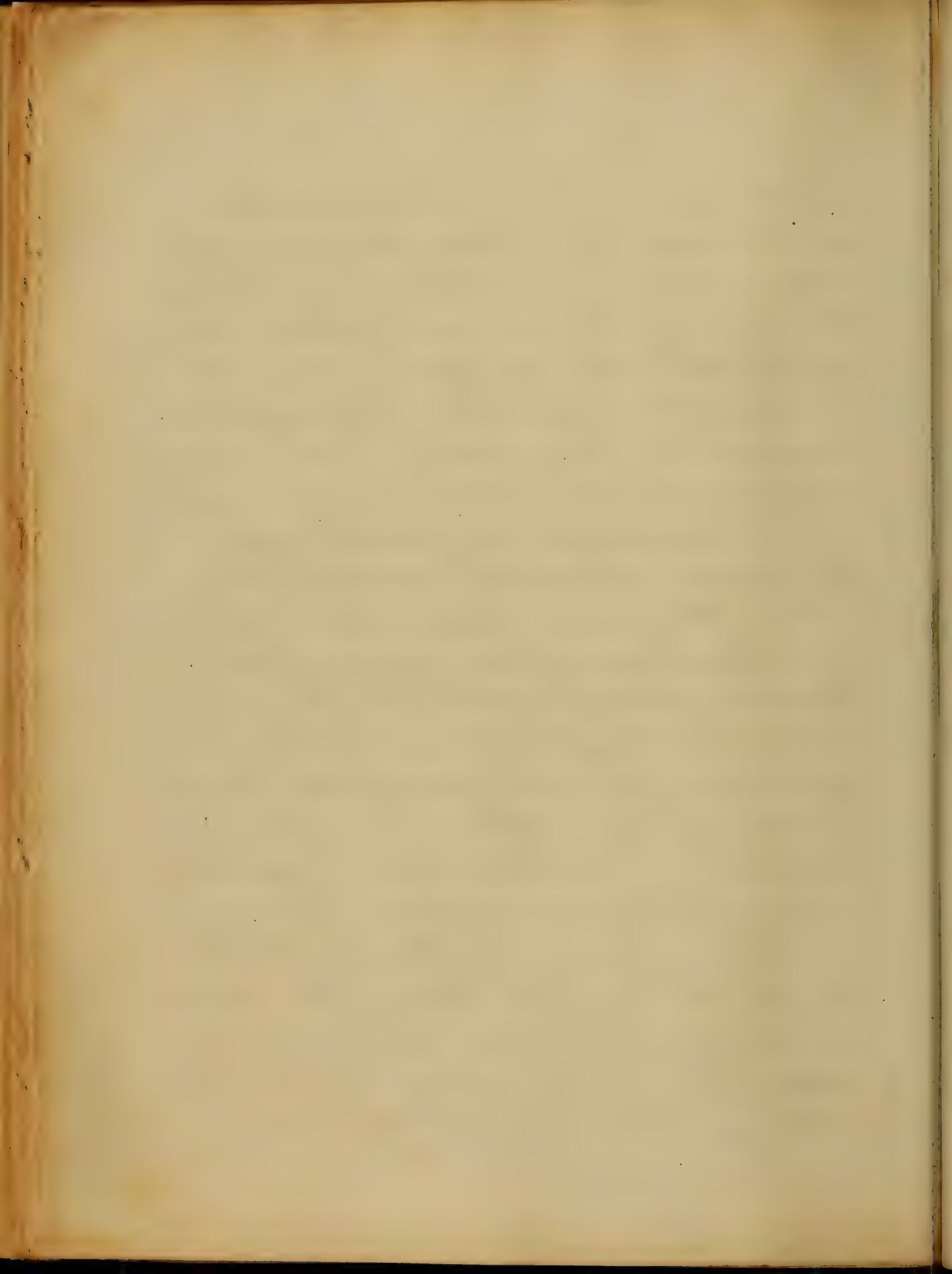
In regard to treatment of acute pneumonia, the remedies to be used are such as are in general employed for acute inflammations. They are combined with the usual of antiphlogistic treatment. The principal remedies are blood-letting, antimony, and mercury. In the first stages, no remedy is so efficacious as venesection, it reduces the action of the heart, and arteries diminishes the quantity of blood that goes to the inflamed organ and lessens the danger resulting from the effusion of lymph. To obtain the full benefit of this invaluable remedy, it should be from a free orifice, and the quantity of blood drawn should be governed by the pulse becoming softer, the relief of pain in the side, and difficulty of breathing.



Sometimes one bleeding does not suffice, when it is necessary to repeat it after an interval of ten or twelve hours. Since bloodletting is a valuable auxiliary to general bleeding, or it may be used alone when circumstances such as prostration, or too advanced a state of the disease, will not admit of venesection. Antimony next claims our attention, It is a valuable agent, better adapted however for the first than for the second stage. It is not given with a view of vomiting or purging - on the contrary, it controls the inflammation better when it does not produce those effects - its efficacy depends on its cool & dry effects subduing the action of the heart, and it is astonishing in the ignorance of this agent may be latent, in pneumonia, the true remedies above mentioned may often

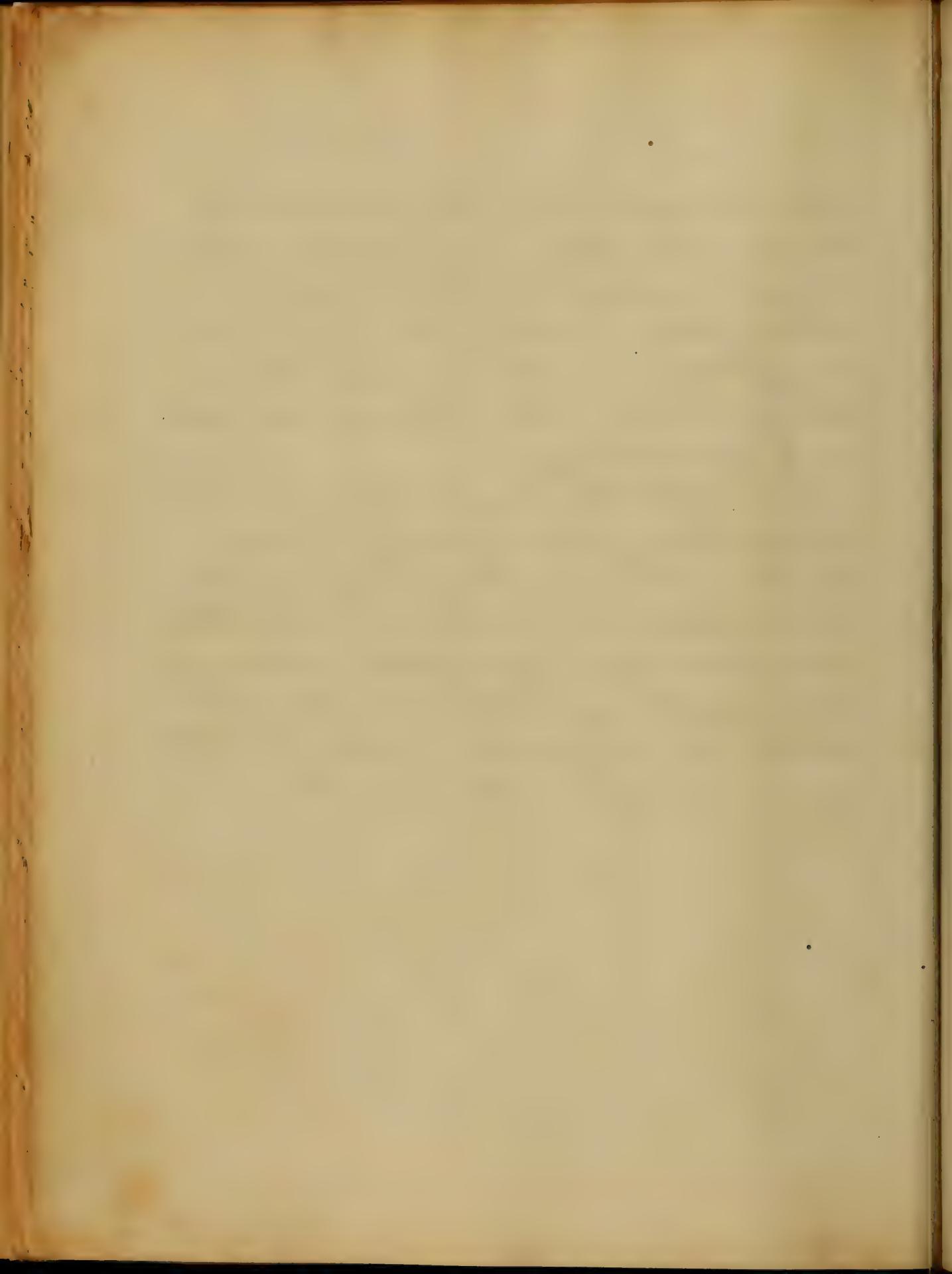


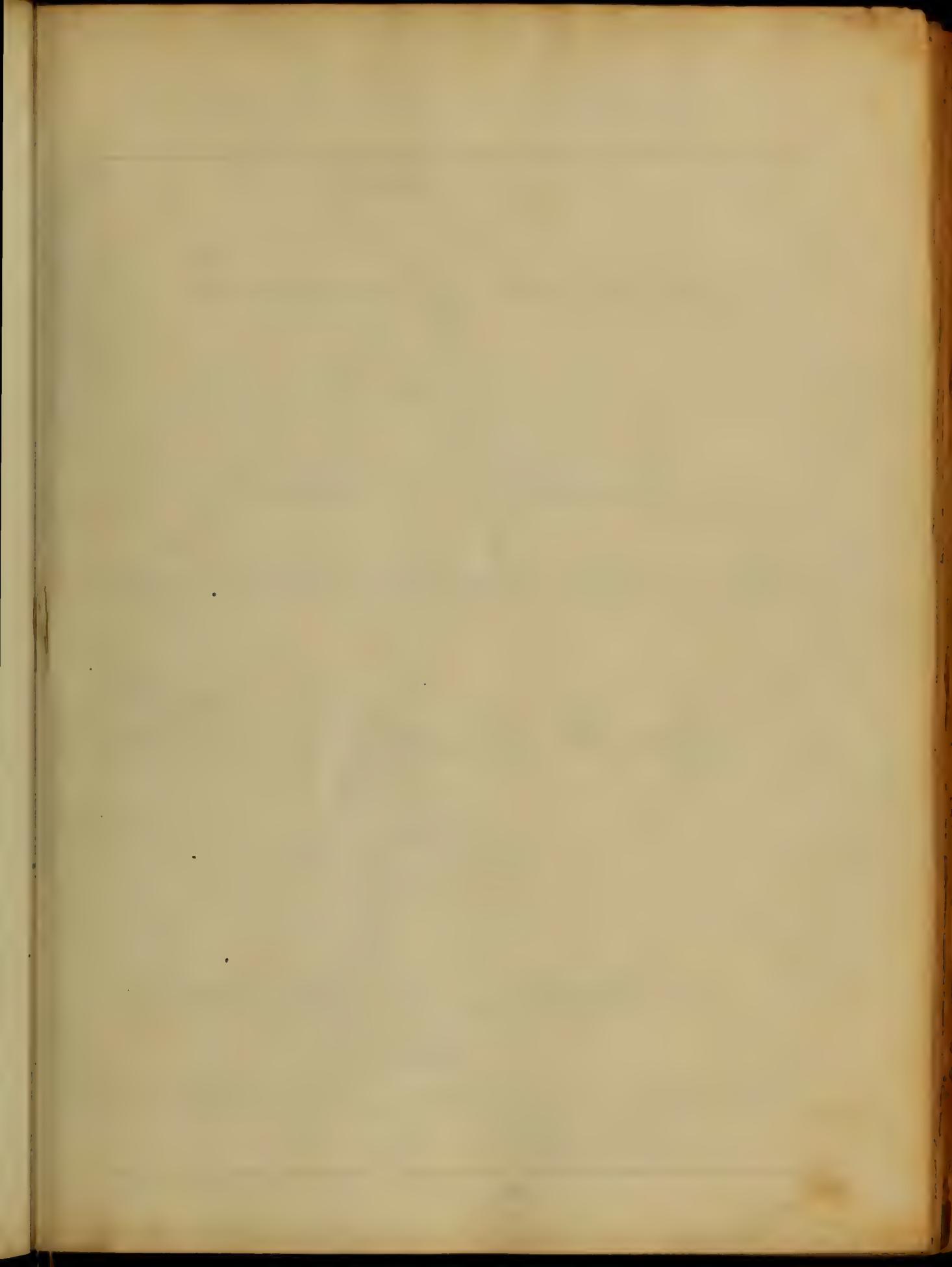
of themselves to arrest the disease
in the outset. It is better however, and
safer to begin early the use of mercury.
This remedy is more particularly ad-
apted to the stage of hepatisation, it
arrests the separation of tissue, and
prevents the absorption of what is se-
condly deposited. If once these happy
results it should be given to affect
the gums, it is best used in combina-
tion with opium, which not only pre-
vents the mercury from passing off by
the bowels, but also lessens the pain, and
relieves the cough. Calomel is the form
of mercury generally employed. When
it disagree some other milder form
should be tried. The last important
remedy to be considered is blistering.
To do good and not harm this
ought to be applied late in the disease
when excretion has been sublated
when fever is high and skin hot &c,
not injuriously by adding to the

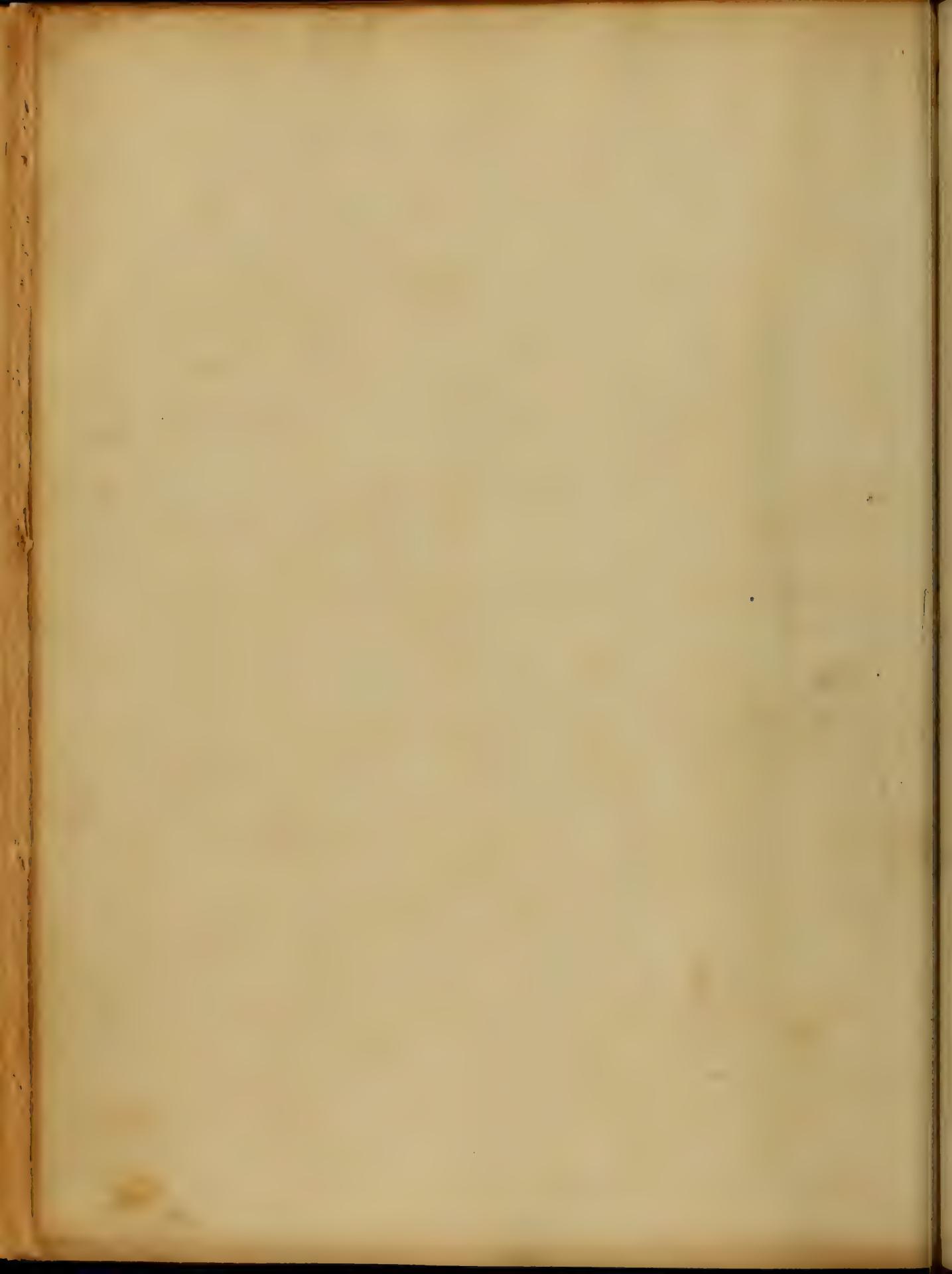


febrile excitement. They should be used after the subsidence of the high inflammatory condition when pain in the side, dyspepsia or oppression continue and then a large blister over the affected side is of great benefit.

With this brief history of anti-
syphilitic pneumonia and its
treatment I now bring my remarks
to a conclusion. I am sensible that
it is but an imperfect outline of
this most important disease. With
all its imperfections I submit it to
your indulgent consideration.



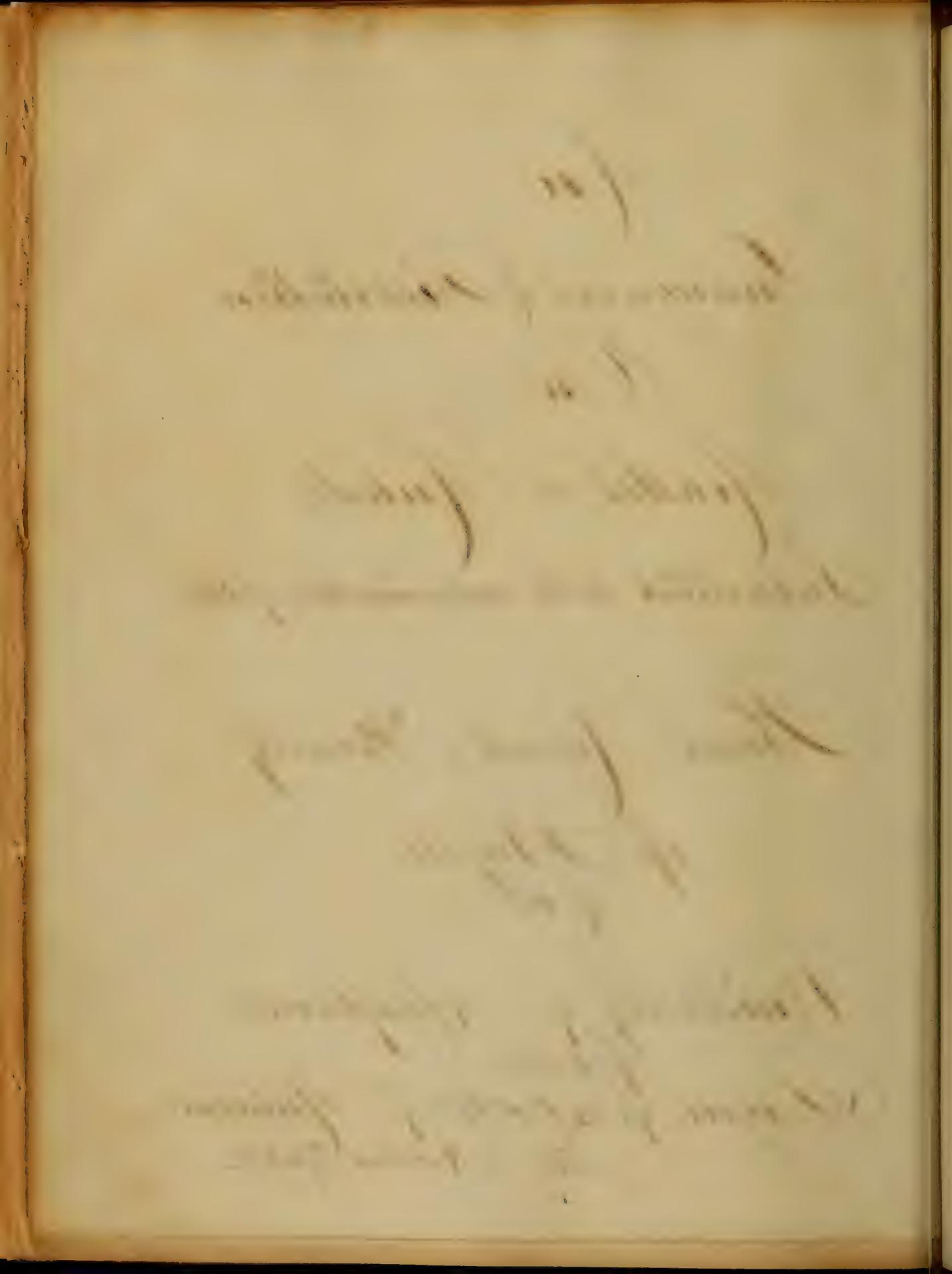


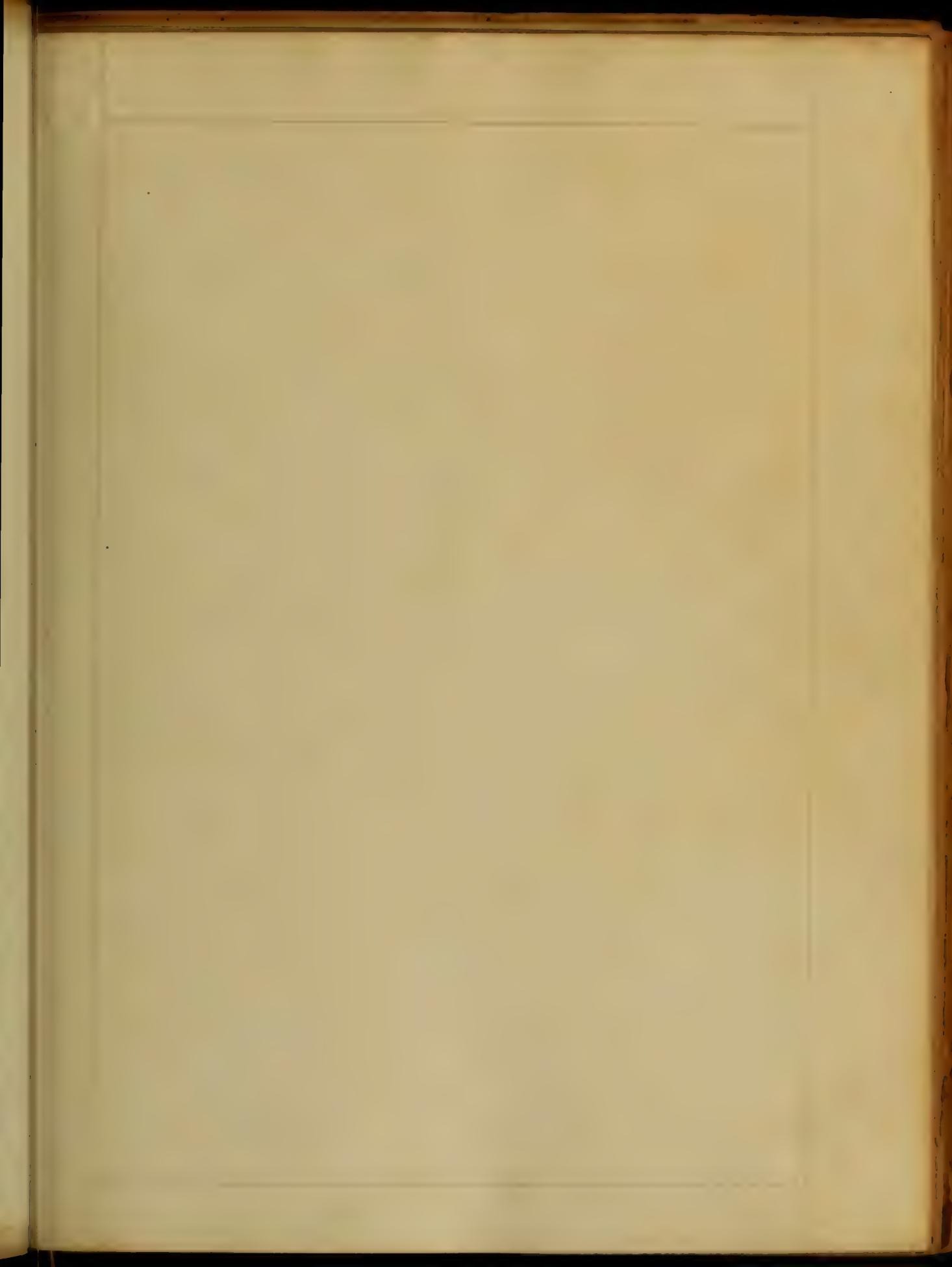


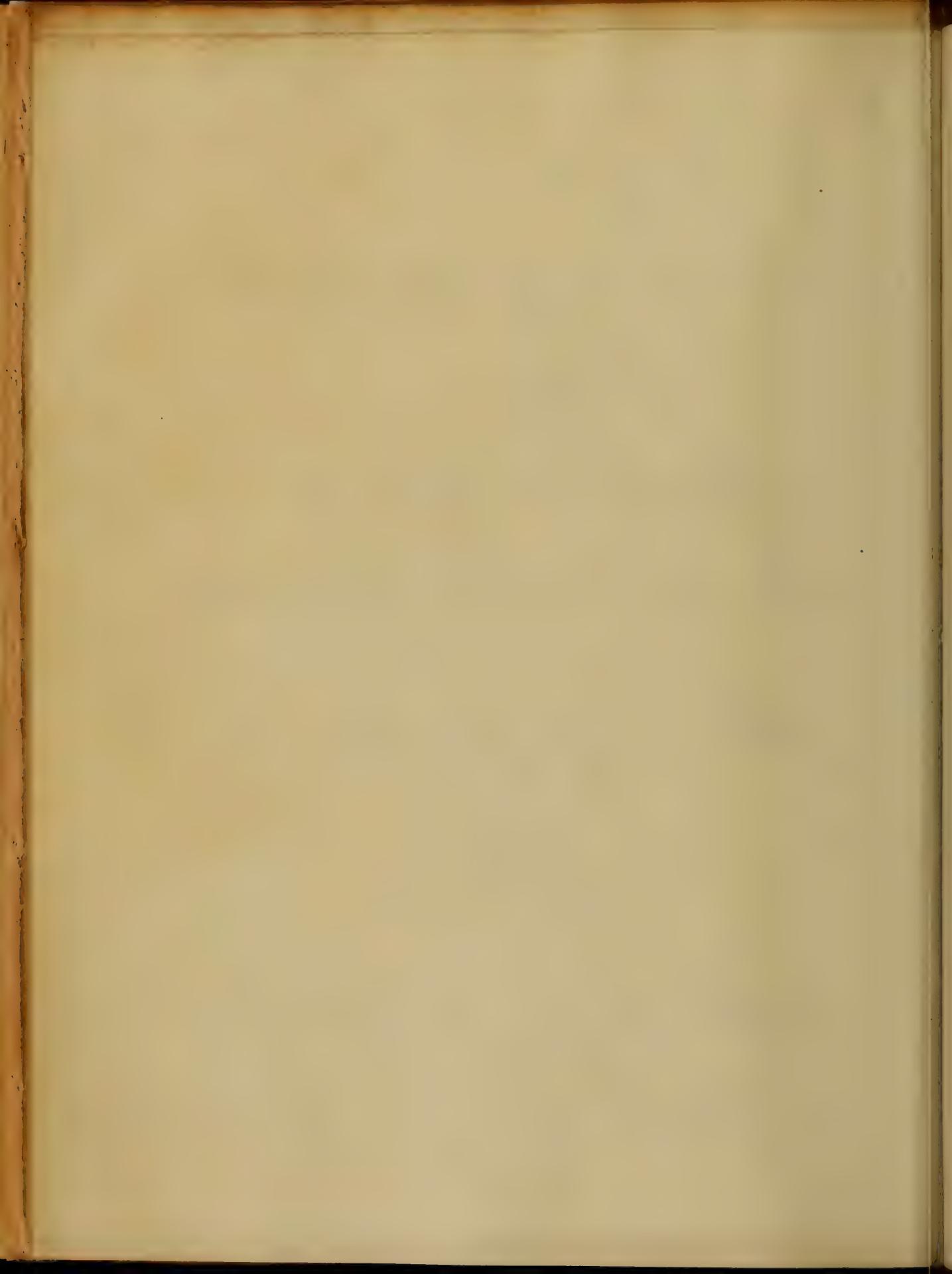
An
Inaugural Dissertation
On
Measles or Rubella
Submitted to the examination of the

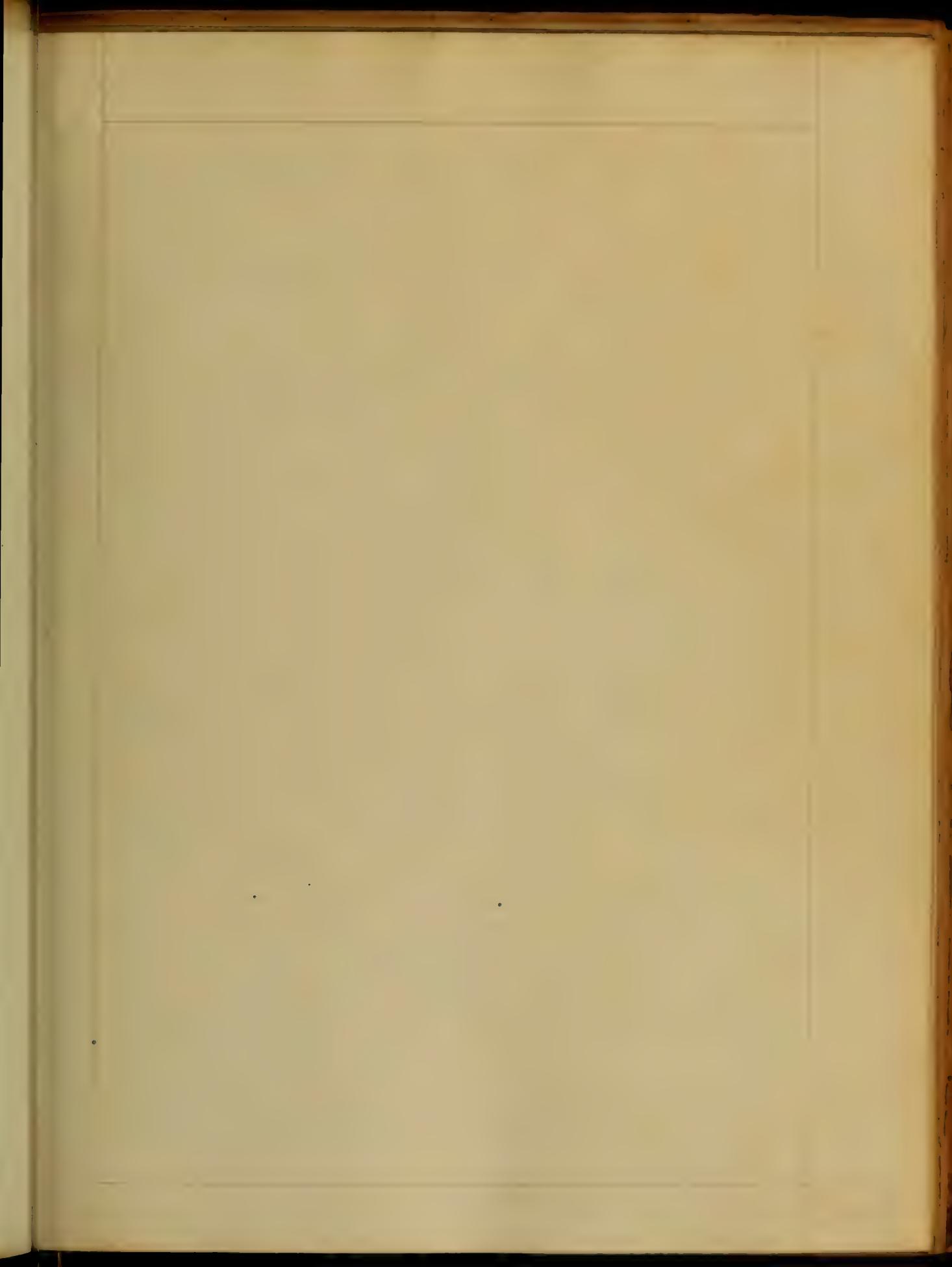
Provost & Presidents Faculty
of Physic,
of the

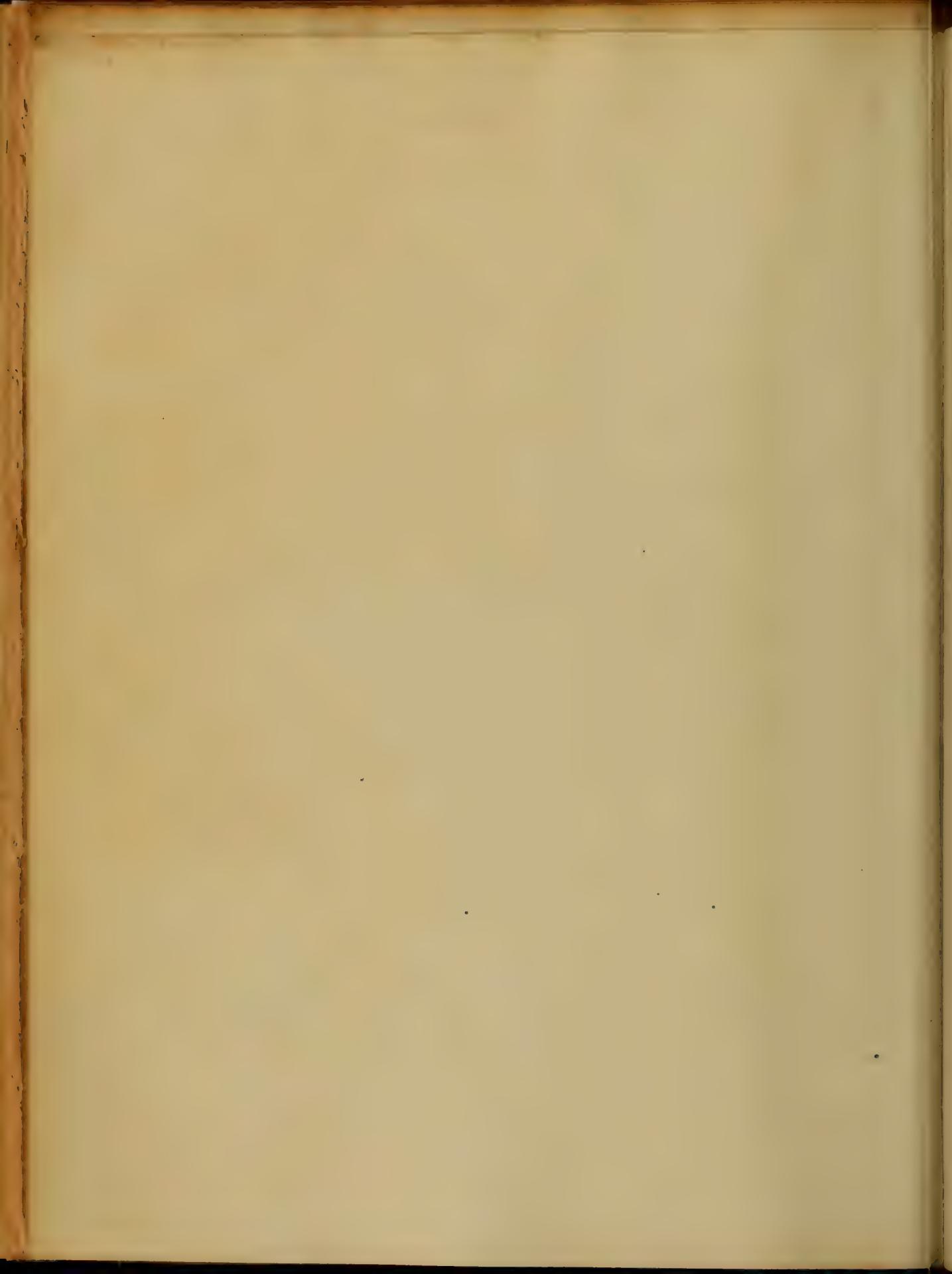
University of Maryland
for the
Degree of Doctor of Medicine
By Archibald Jays

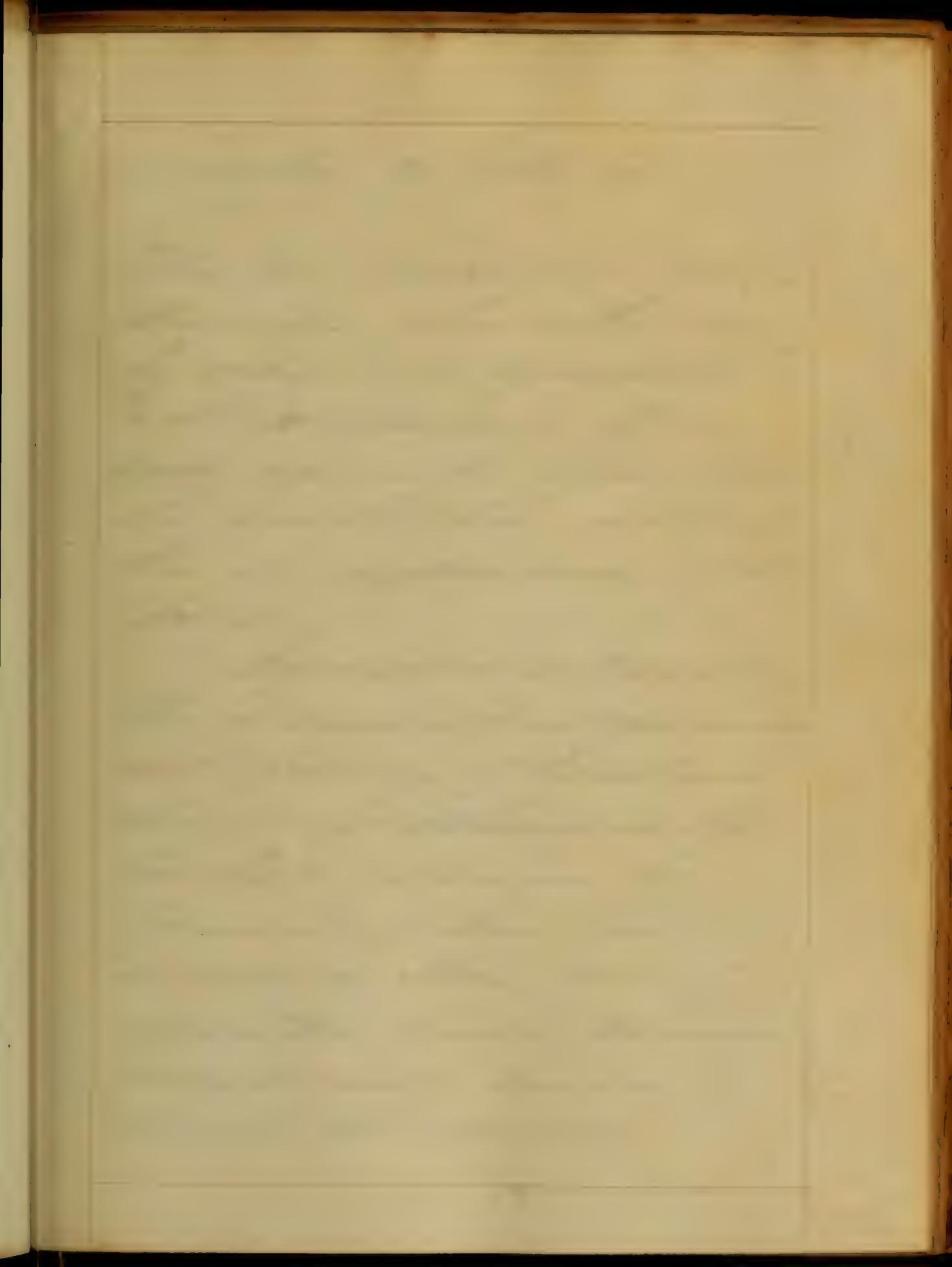


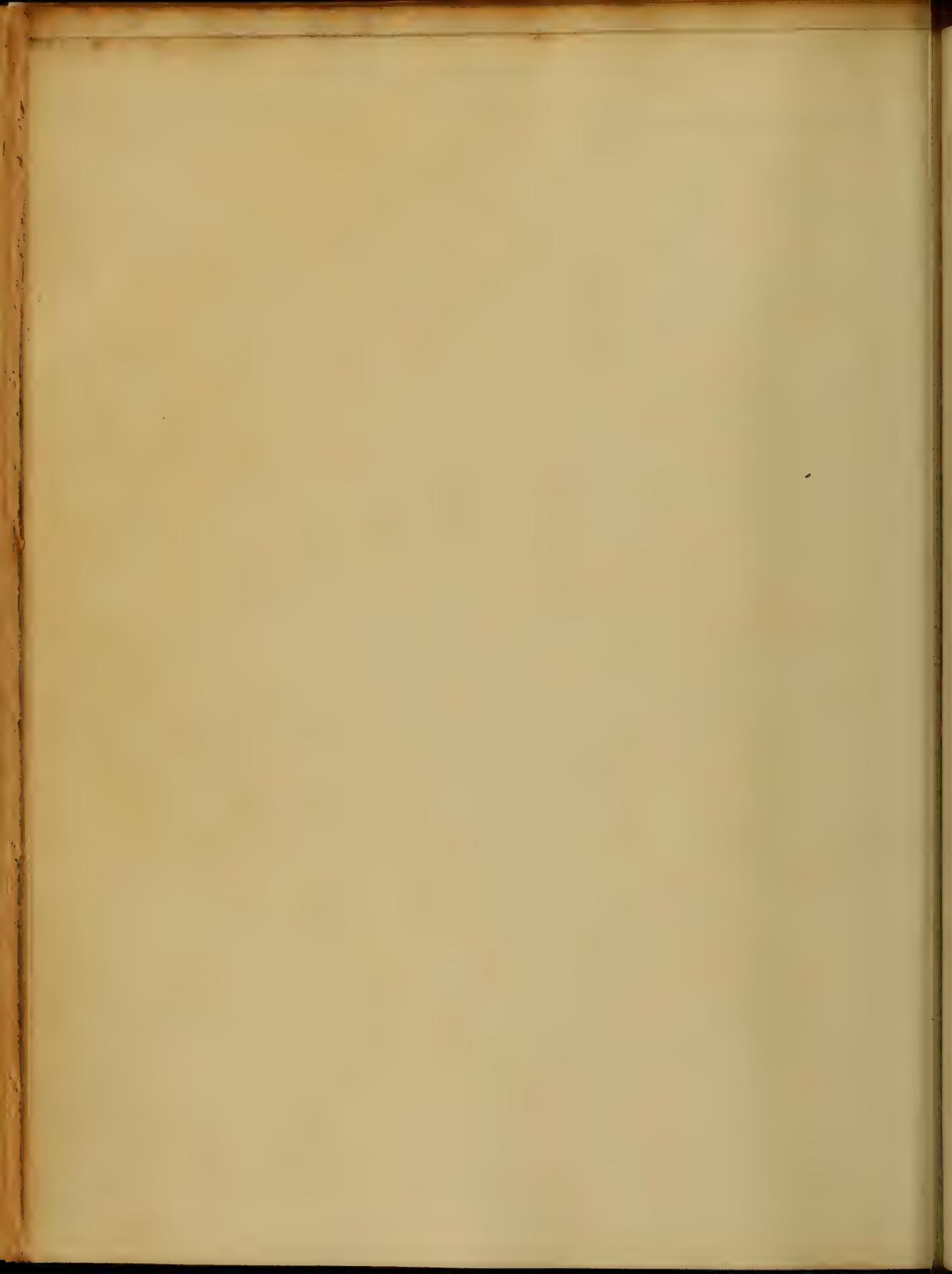








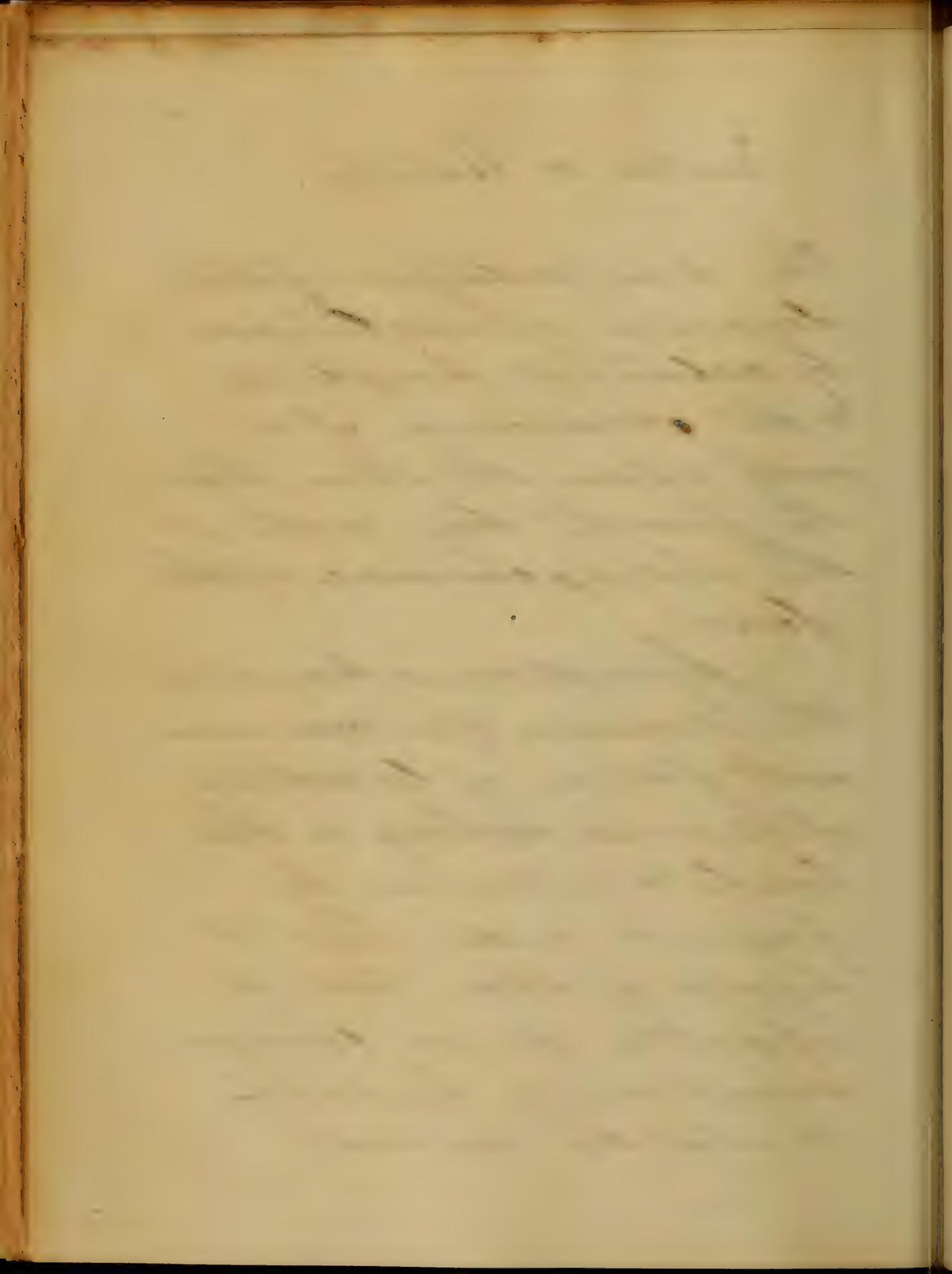




Mearles or, Rubecula.

This is a contagious febrile disease, characterised by catarrhal symptoms, & the occurrence of a rash upon the skin about the fourth day, without the disappearance of the fever.

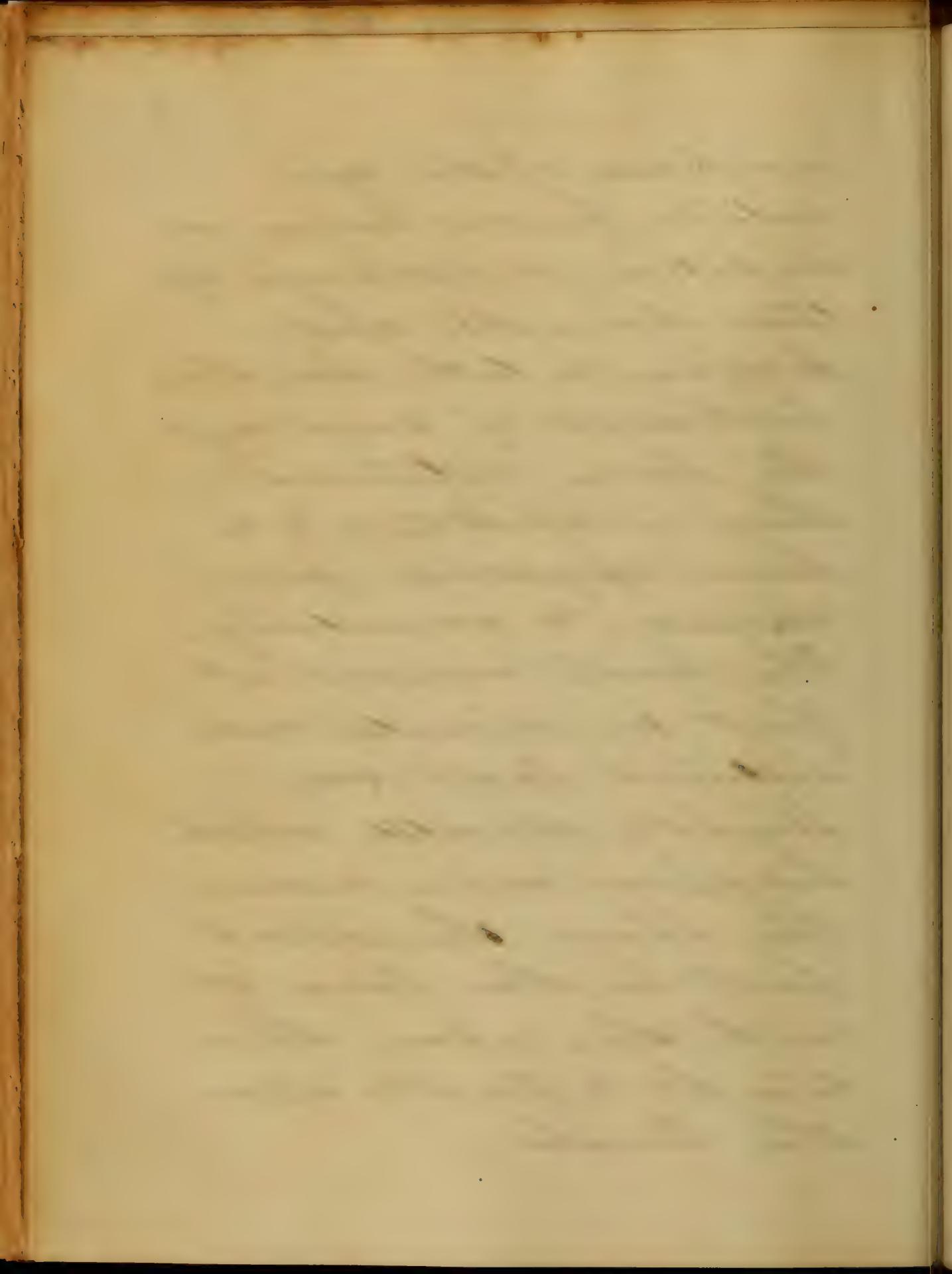
Diseases, Continued.
The disease often commences with feeling of lassitude, chilliness, aching in the limbs, & followed by frequent pulse, heat, & dryness of skin, loss of appetite, forced connores, occasionally hiccough, & all the mucous



2

membrane of the eyes
restless, fauces larynx are
irritated, & discharge of
tears from the eyes,
sneezing, a little sore throat,
huskiness of voice, cough.

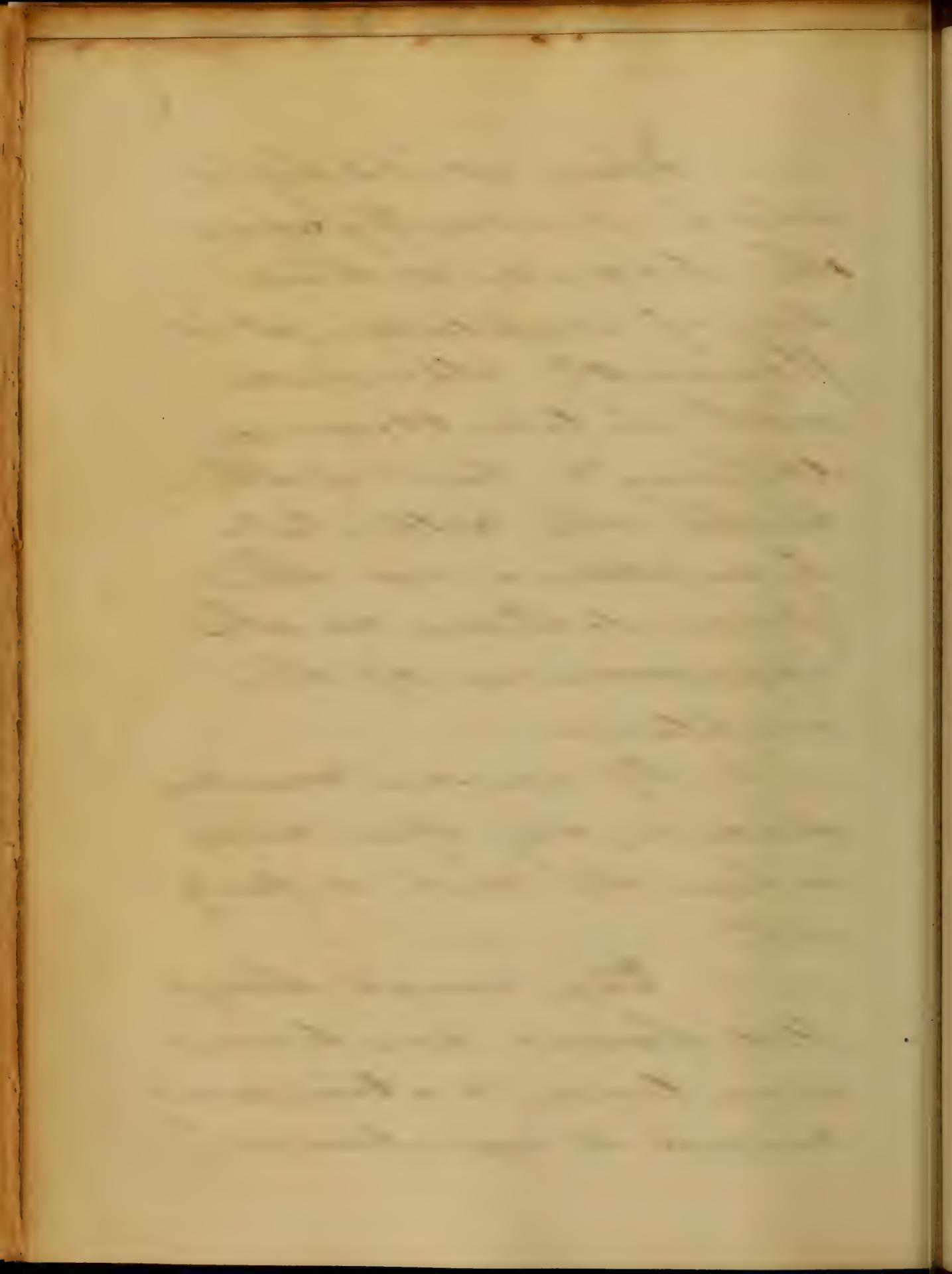
In some instances
there is epistaxis, & in
some epigastric pain,
nausea, & vomiting.
The rash occurs at
first in minute, red,
distinct spots, very
slightly elevated, which
disappear under pressure.
They show themselves
first in the face &
neck, then upon the
trunk, & finally upon
the limbs.



Then at its height,
which is usually upon
the second or third
day of eruption, it is
frequently attended
with a troublesome
itching & heat of skin.
Neither the calmness
by intervals, nor the
fervent decline on the
appearance of the
eruption.

If nausea & vomiting
occur, they often cease
when the rash is fairly
out.

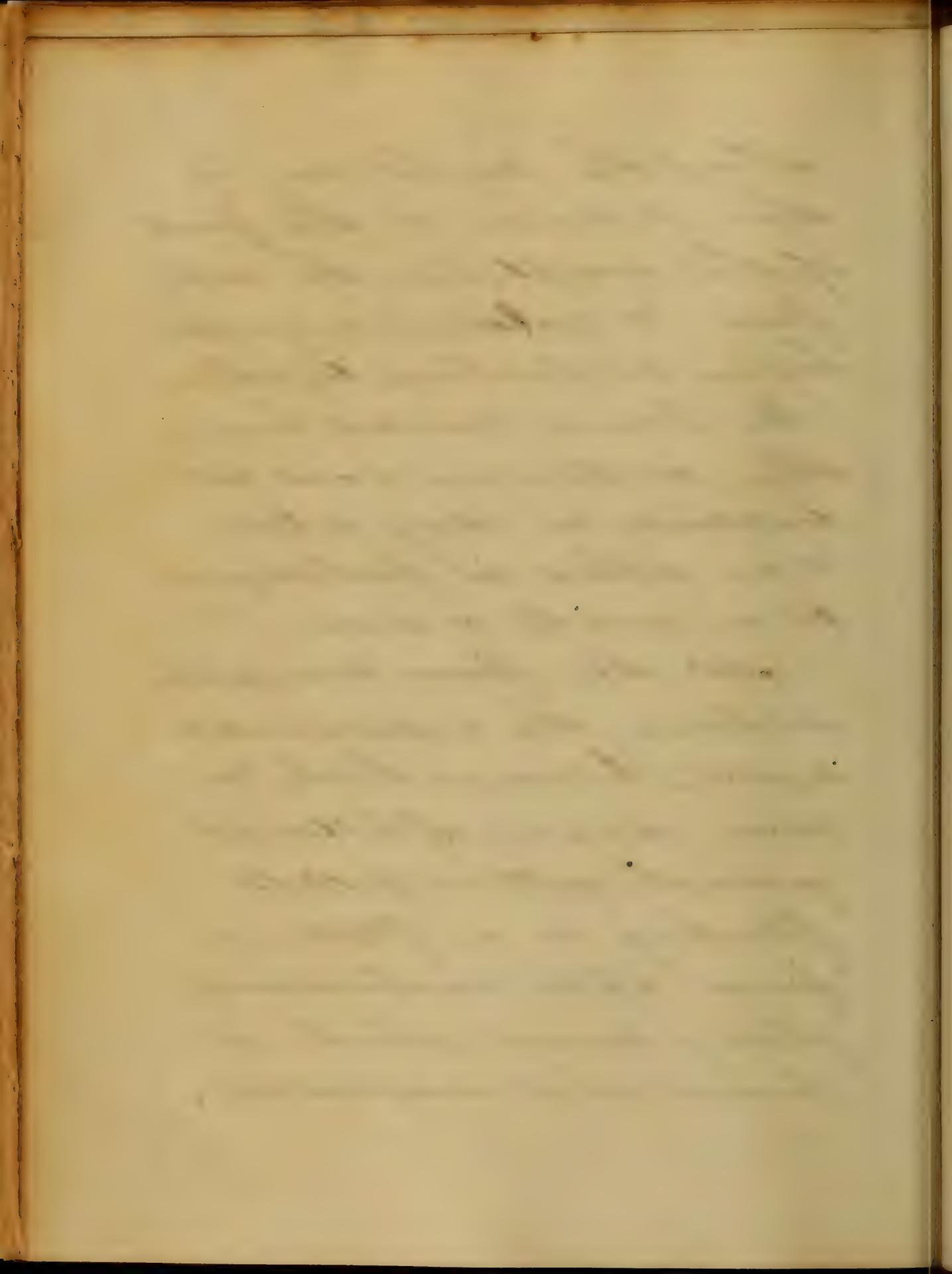
The cough, though
still hoarse, now becomes
more loose, & a transparent
mucus is expectorated.



About the eighth day of the disease, or the fourth of the eruption, the rash, fever, & catarrhal symptoms begin to decline together.

In some cases, however, the eruption does not exceed a day, or two, & in others is prolonged to a week or more.

As the fever & eruption decline, the expectorated matter becomes thicker & more opaque, of distinct greenish yellow pellets, floating in a flattened form, upon an abundance of thin mucus, which is somewhat diagnostic.

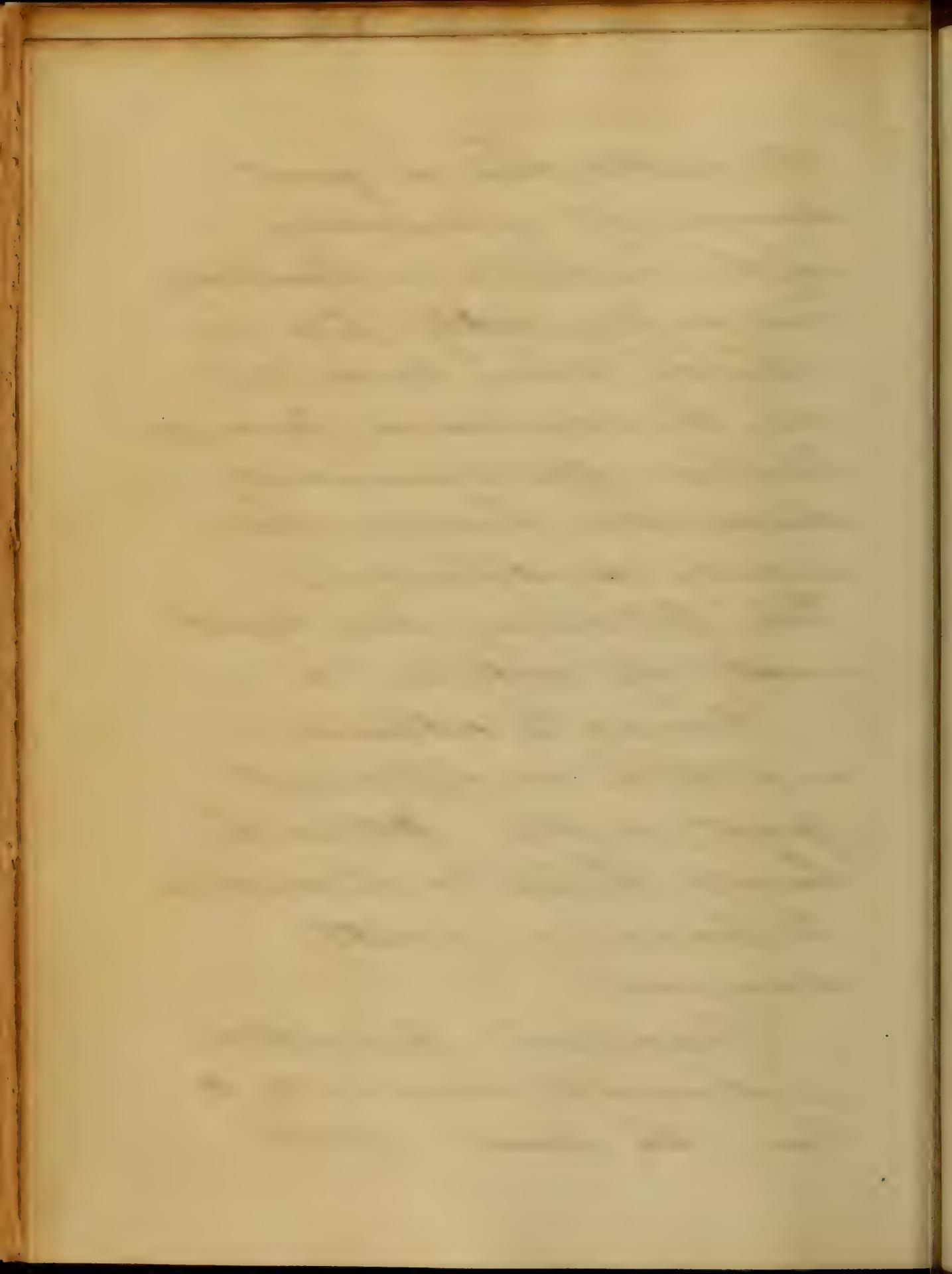


In measles, there is great danger of pulmonary inflammation, a diarrhoea not un frequently sets in which when moderate may be considered favourable. Measles offer numerous diversities besides those already mentioned.

The following are most worthy of notice. 1

Owing to internal irritation in different parts, as the stomach, bowels brain, & the eruption is sometimes greatly delayed.

Excessive purgation is thought occasionally to have the same effect.



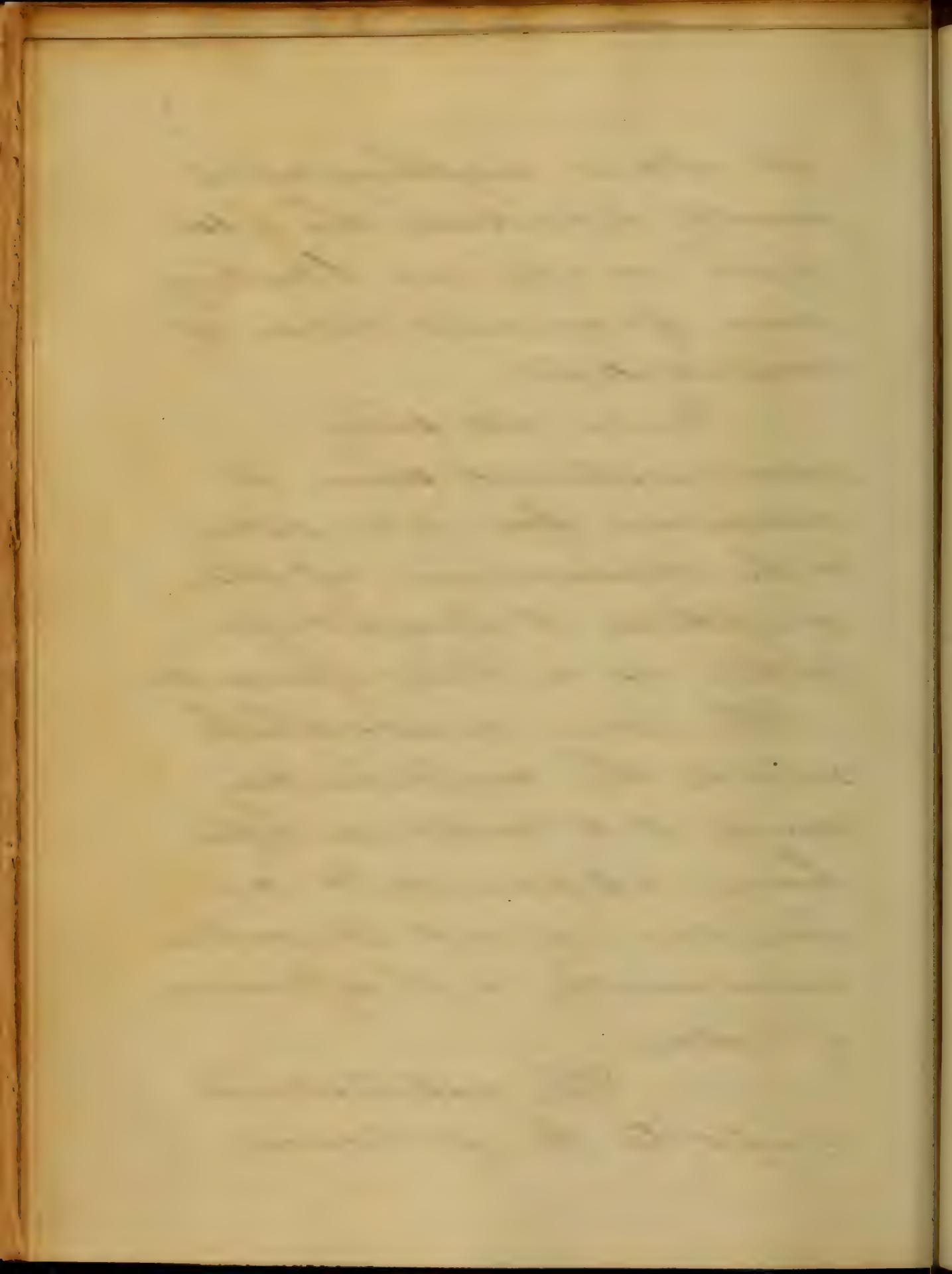
6

, as also is anything which
greatly debilitates the system
such as copious bleeding,
some protracted rice of
constitution.

Under all these
circumstances, there is
occasion for solicitude,
& the occurrence of the
eruption is sought for,
either as in itself painful,

The same causes which
excite the eruption may
cause it to retreat after
having appeared, & a
similar effect is noticed
occasionally in the influence
of colds.

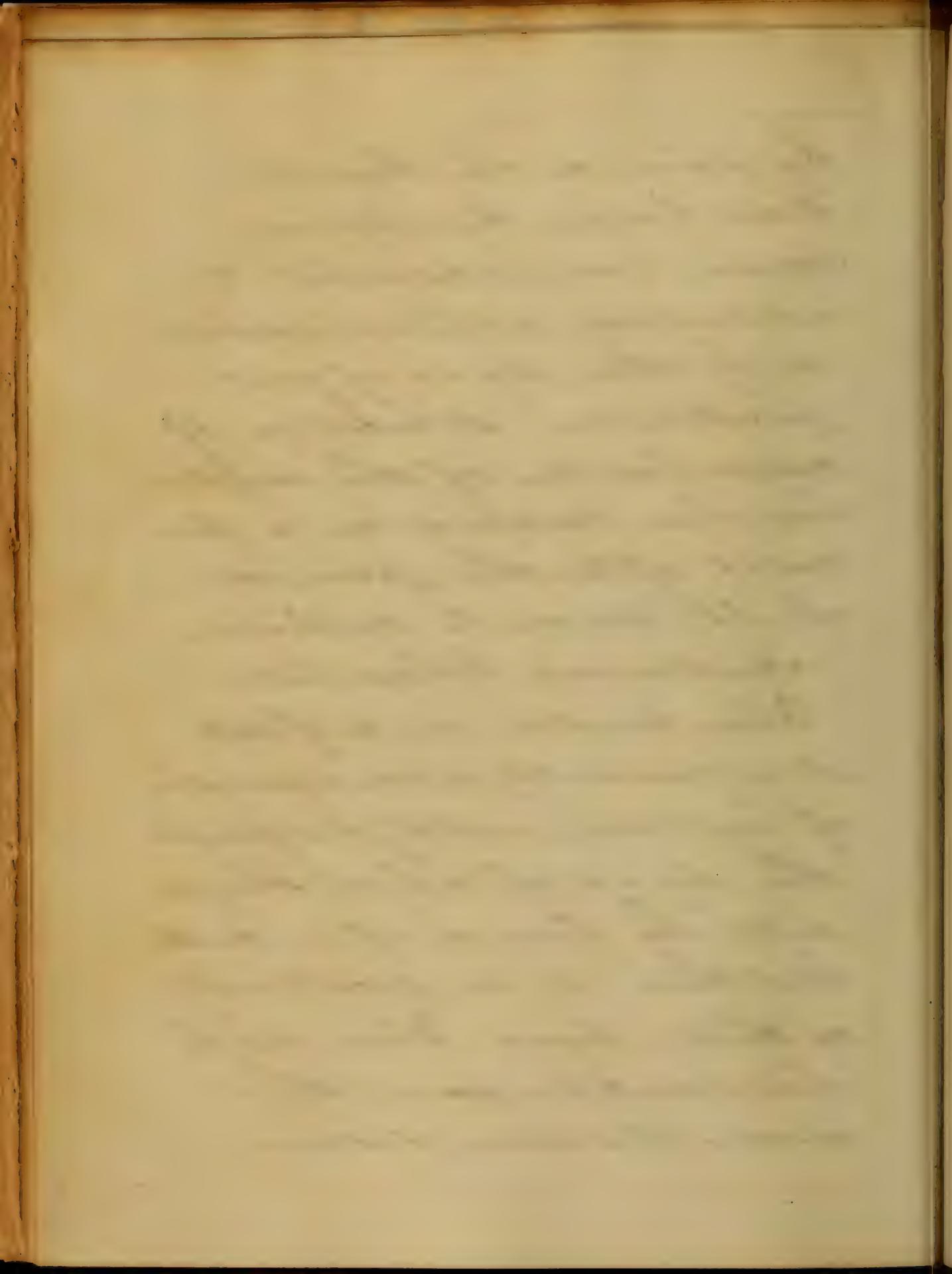
The retreation
is apt to be followed



by pain in the bowels,
diarrhoea & dyspepsia.
coma, convulsions, &
indication internal irritation
, or by the signs of great
prostration. A return of
exacerbation of the complaint
has been noticed in a few
cases after the period
of its normal decline.

Anatomical Characters.

When members become free
it is generally in consequence
of inflammation, disorganization
the signs of which, thereon
will be found after death.
But there is no peculiarity
in these signs. There don't
had resulted from the
uncomplicated disease.



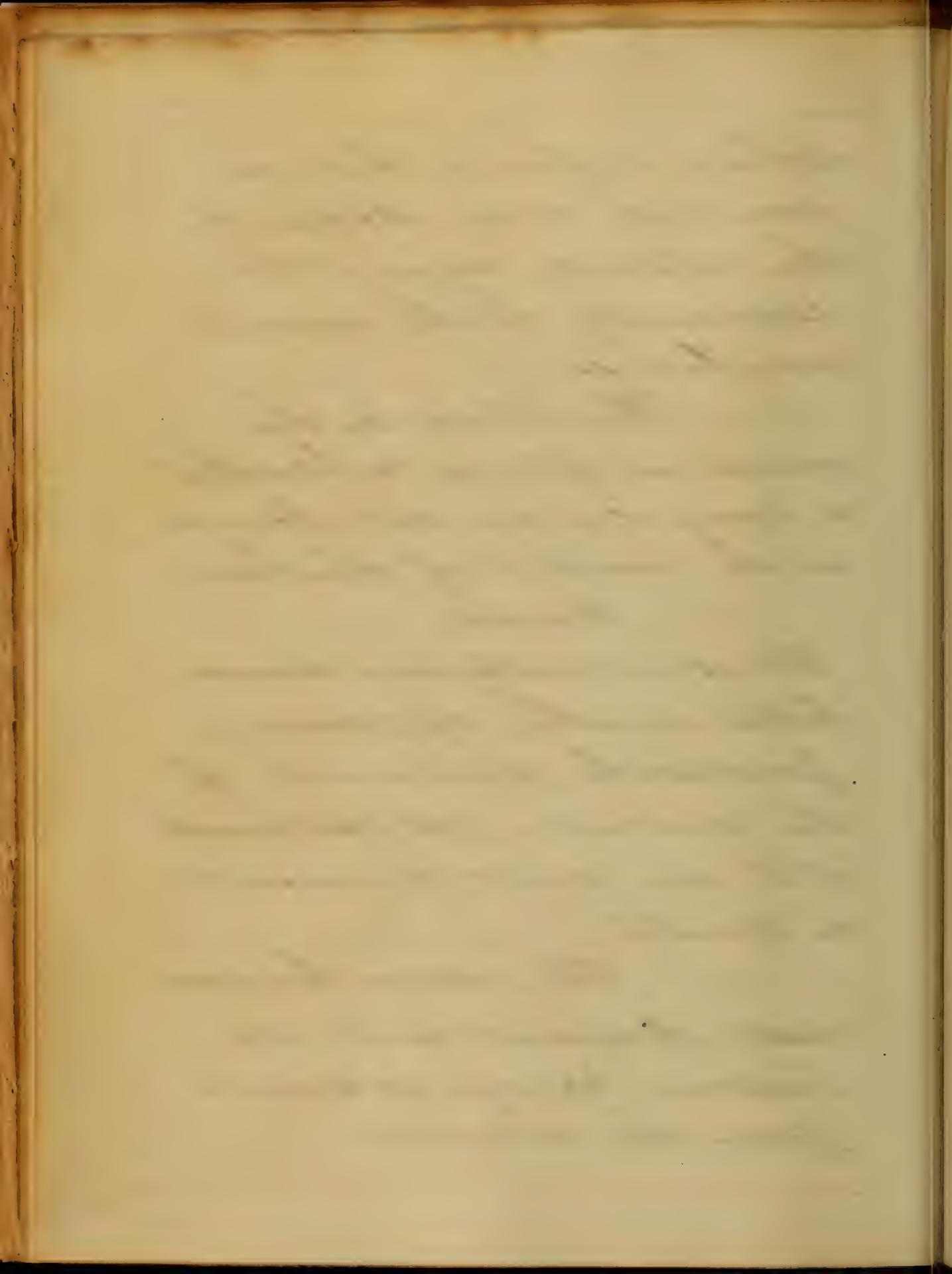
nothing is found but a general congestion of the internal organs & especially of the mucous membranes.

The Blood in the vessels is fluid, & blackish & concreta are not found in the cavities of the heart.

Cause.

It is a contagious disease. Cold weather appears - farthest the production of the disease, as epidemics of it are most frequent in winter.

They occur however most frequent in all seasons. No age is exempt from the disease.

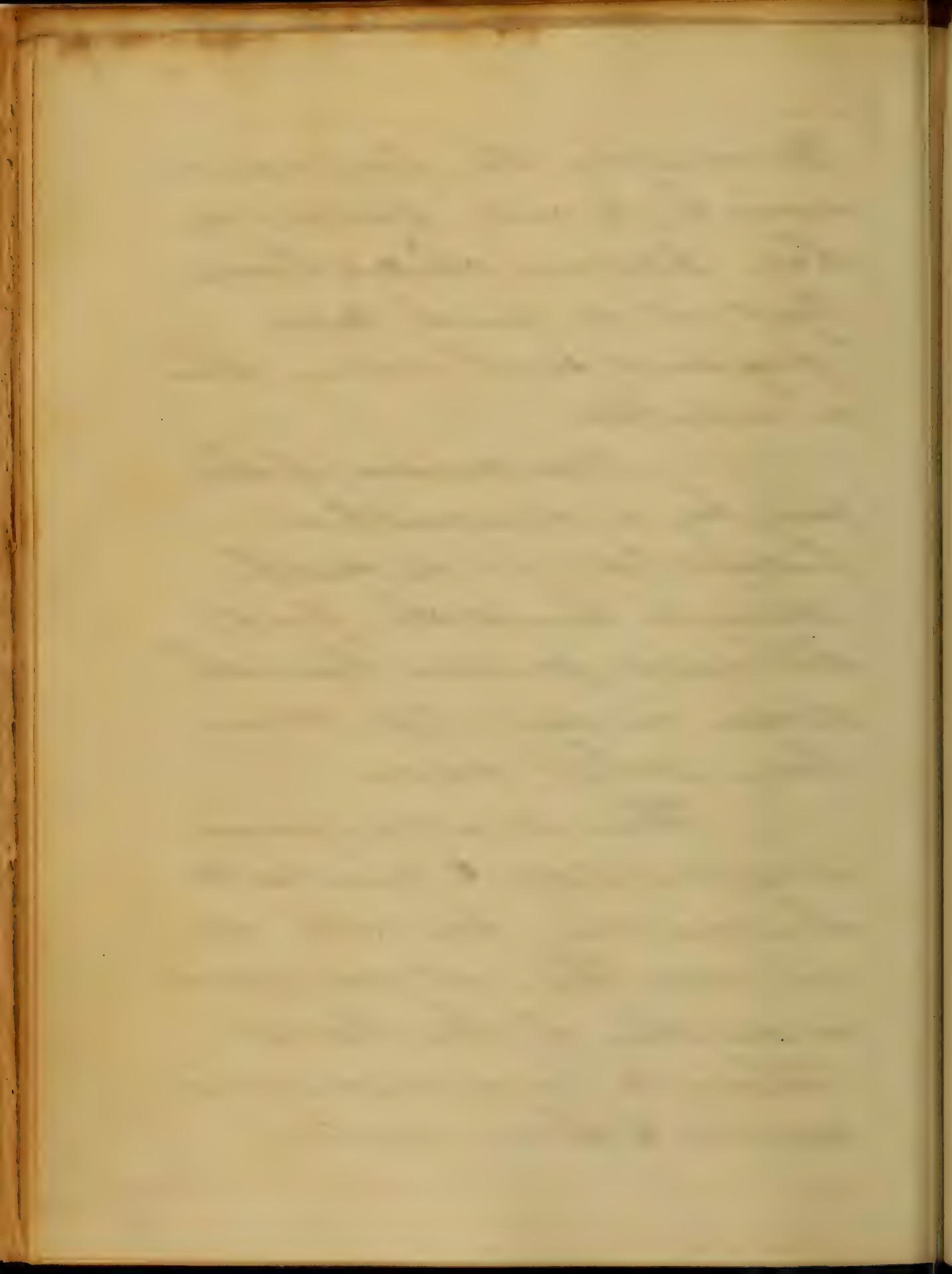


It attacks the feeble minded young & old persons in their second childhood. Yet it is much more frequent in children than in adults.

One reason of this may be a diminished susceptibility, yet a much stronger one is the fact, that most persons have the disease in early life, & never have it but once.

There is a very small susceptibility to measles, & there are very few who are not attacked at one period or another of their lives.

Thought is a general rule measles, & are capable.

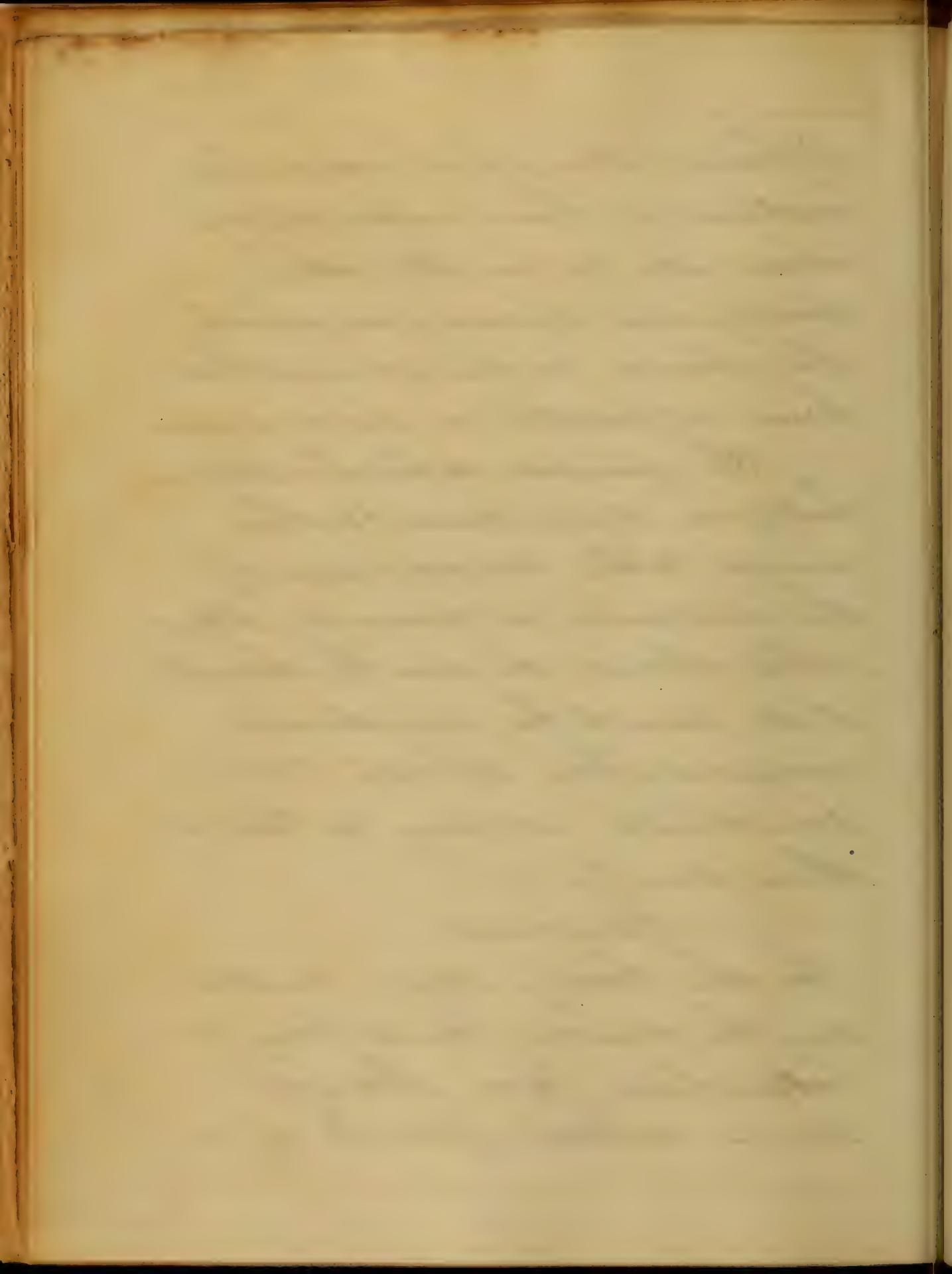


of being taken but once, but instances have undoubtedly occurred, as in all other contagious diseases, in which the same individual has been affected a second time.

The period which intervenes between exposure to the cause, & the occurrence of the disease, is generally thought to be about a week, though it is said to be sometimes considerable shorter & sometimes as long as two or three weeks.

Diagnosis.

In the early stage, neuralgia may be readily mistaken for catarrhal fever, strengthen some writers speak of a



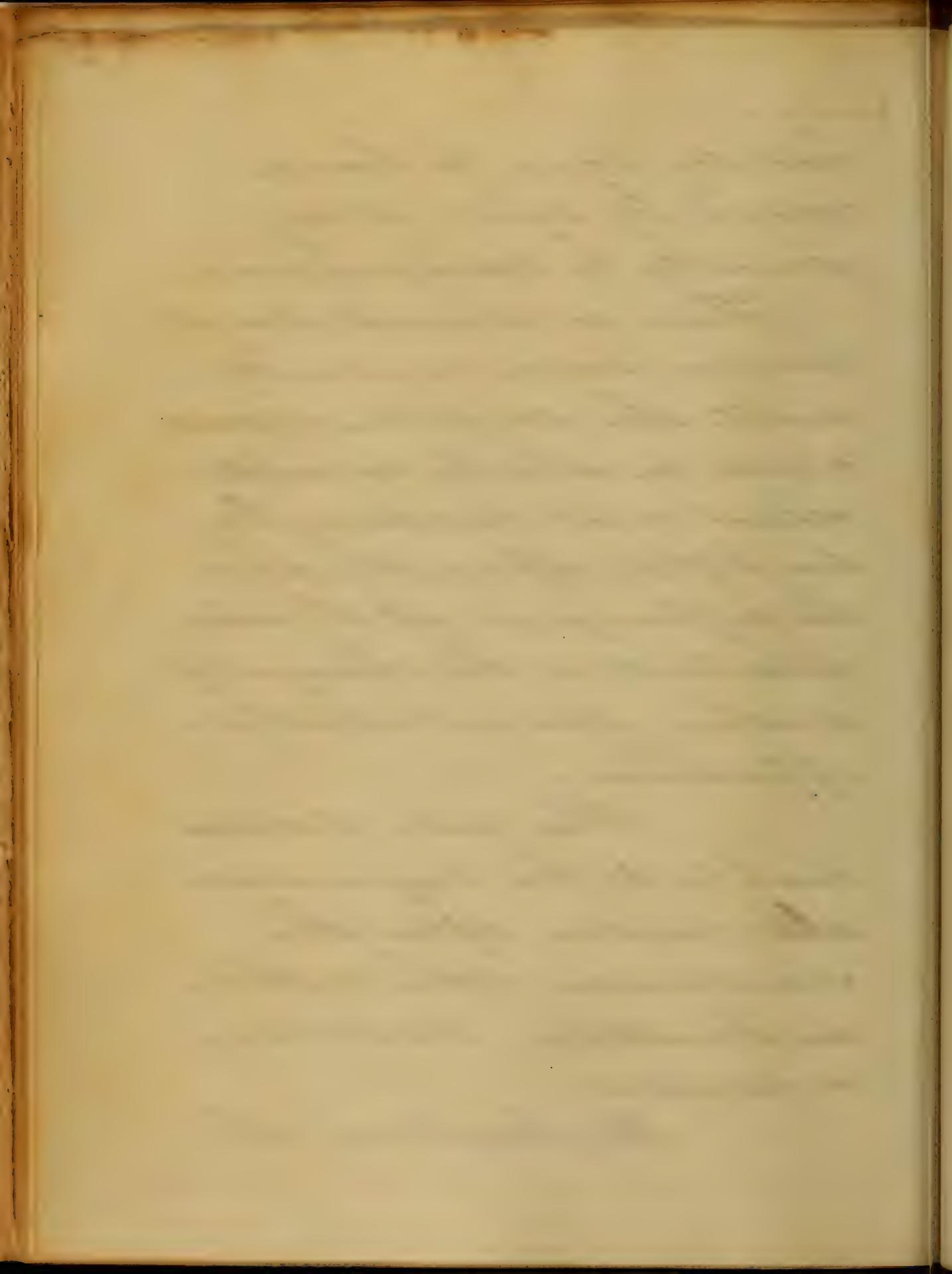
11

hard dry land, & has no
cough by which it may
generally be distinguished.

There is almost always
however some uncertainty
with the eruption appears,
& cases in which no eruption
occurs must necessarily be
doubtful, especially when
the influenza is at the time
prevalent or the change of
weather favours catarrhal
affection.

The only diseases
liable to be confounded
with measles, after the
occurrence of the eruption,
are Smallpox, scarlatina,
& red fever.

In Smallpox the



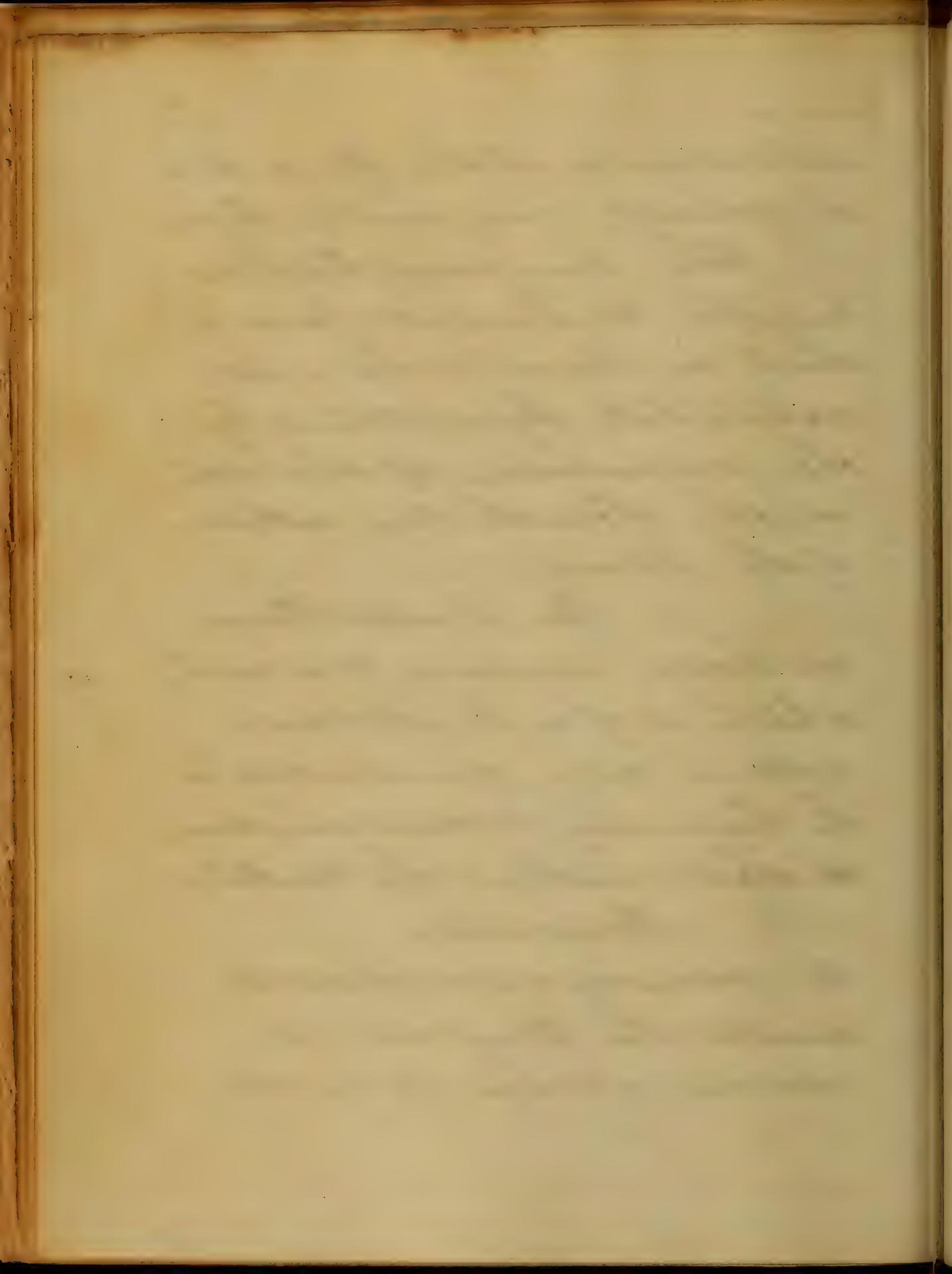
subidence of the fever is an
insufficient diagnostic sign.

The diagnosis between
Measles & Scarlet fever is
that in Measles there is
cathartical eruption, by
the occurrence of the rash
on the fourth day, instead
of the second.

In Scarlet Fever
we have angina, & a rash,
which is of a bright red
color, more protracted in
the beginning, & more uniform
at last, without the clusters.

Prague.

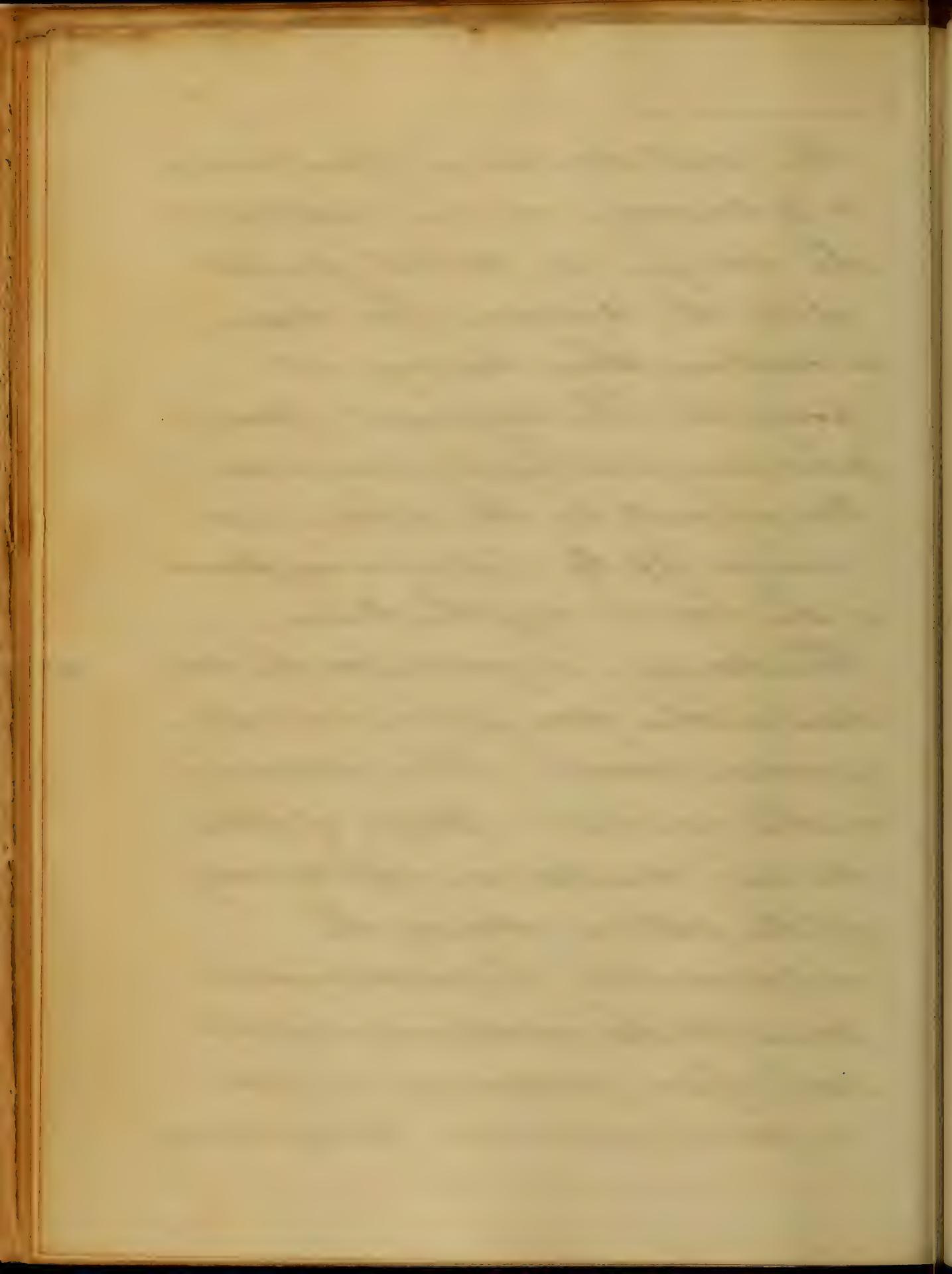
In ordinary uncomplicated
measles the Prognosis is
almost always favorable.



The great danger is from bronchic & pulmonary inflammation, & the danger is probably greatest after the disease has begun to decline than during its progress. The malignant form of measles is also highly dangerous.

Occasionally, too, the patient is carried off by a supervening disease of the bowels or of the brain.

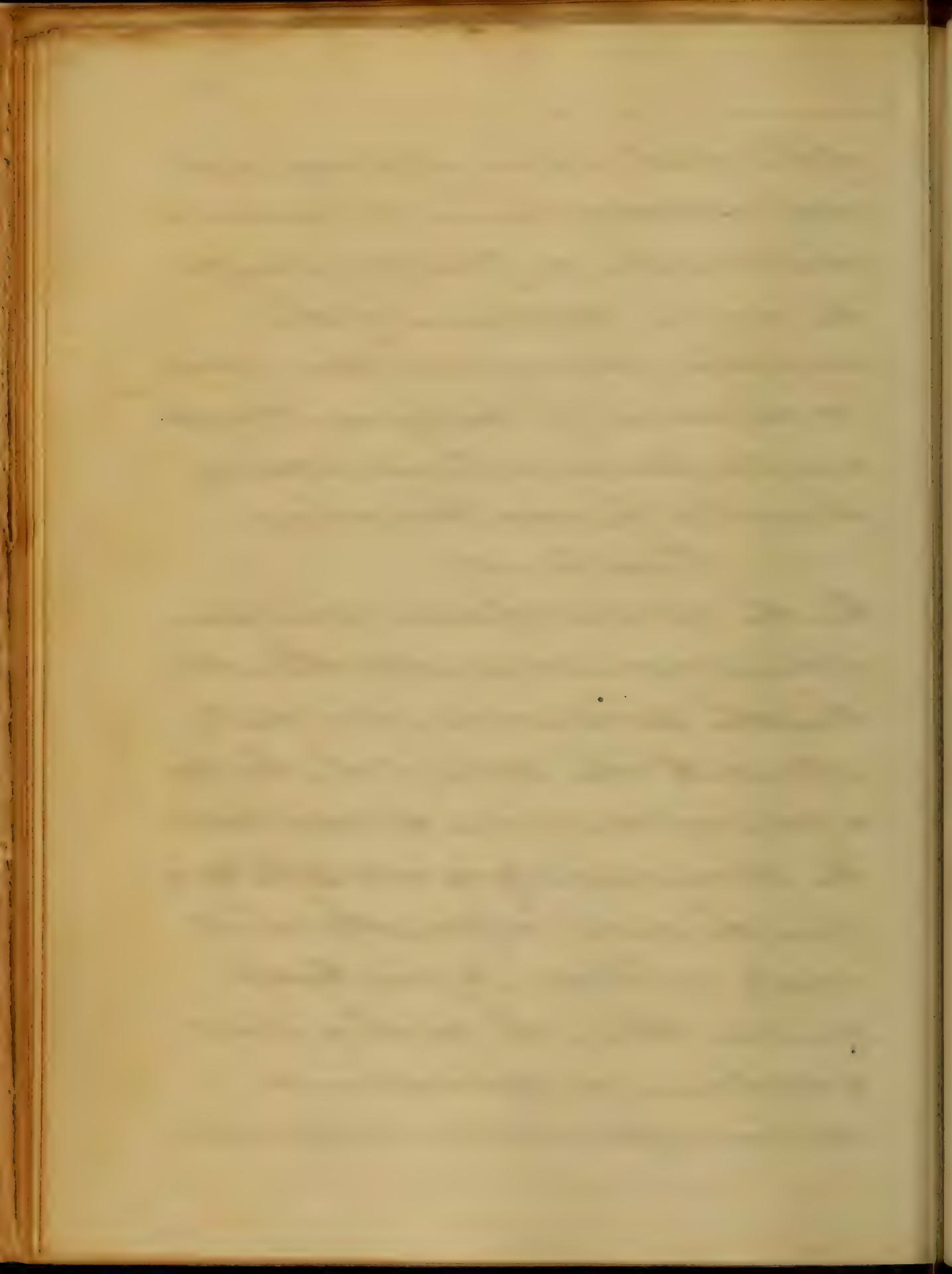
The danger is greater in the old than in the young, & in addition in warm weather. When occurring in the advanced stage of other diseases, measles are apt to carry off the patient. Among the unfavourable signs are unusual severity & the continuation of the early fever, prolongment of the complexion, a sudden disappearance



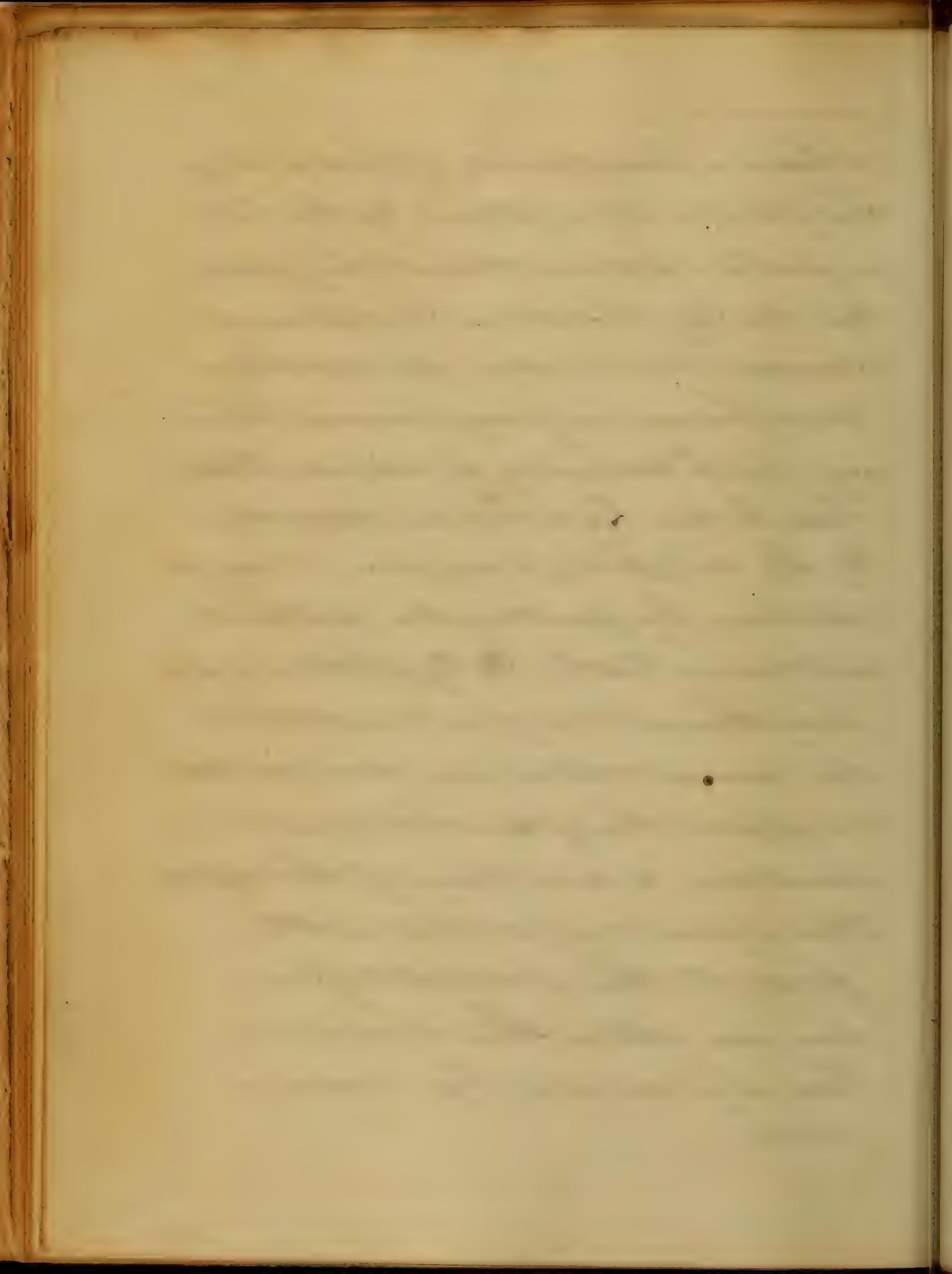
of the rash, severe dyspepsia, great restlessness delirium, or come a continuance of fever, would after the regular decline of the eruption, complete a case of mias, & evidence of mias want to make pulse, a livid colour of the rash, & passive hemorrhage.

Treatment

In the mildest form of the disease nothing more is requisite than to keep the patient on a low diet, attend to the state of the bowels, & prevent exposure to wet & heat. In severe cases you will take from the arm, or from the chest, apply a blister, & give laudanum. When the rash is about to decline, a spontaneous diaphoresis often sets in, & appears to



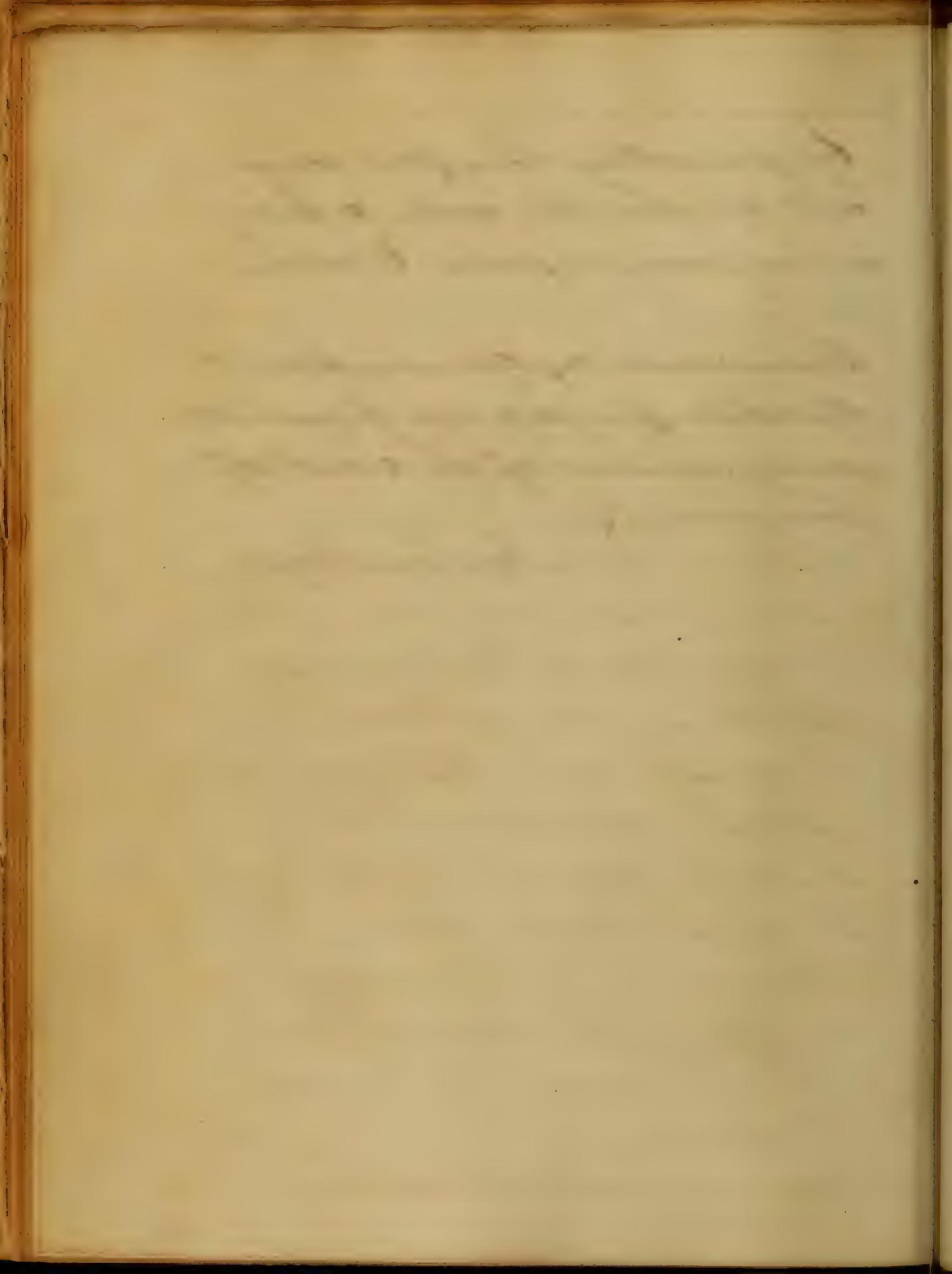
To have a beneficial effect abating
the fibile symptoms. Of this, take
a gentle aperient must be given.
In weakly children blistering often
to rouse their powers does, & stimu-
lates becoming of improvement. When
any such tendency is noticed, blisters
had better be avoided altogether.
If the eruption disappears, it may be
restored by putting the patient
into warm baths. Of syphilitic symptoms
show themselves, you must treat
the case as continued fever, give wine
& support the system with great
caution, & wanting of struffess.
It is of great importance to
protect the patient from
danger after the disease
has subsided, by main-
taining



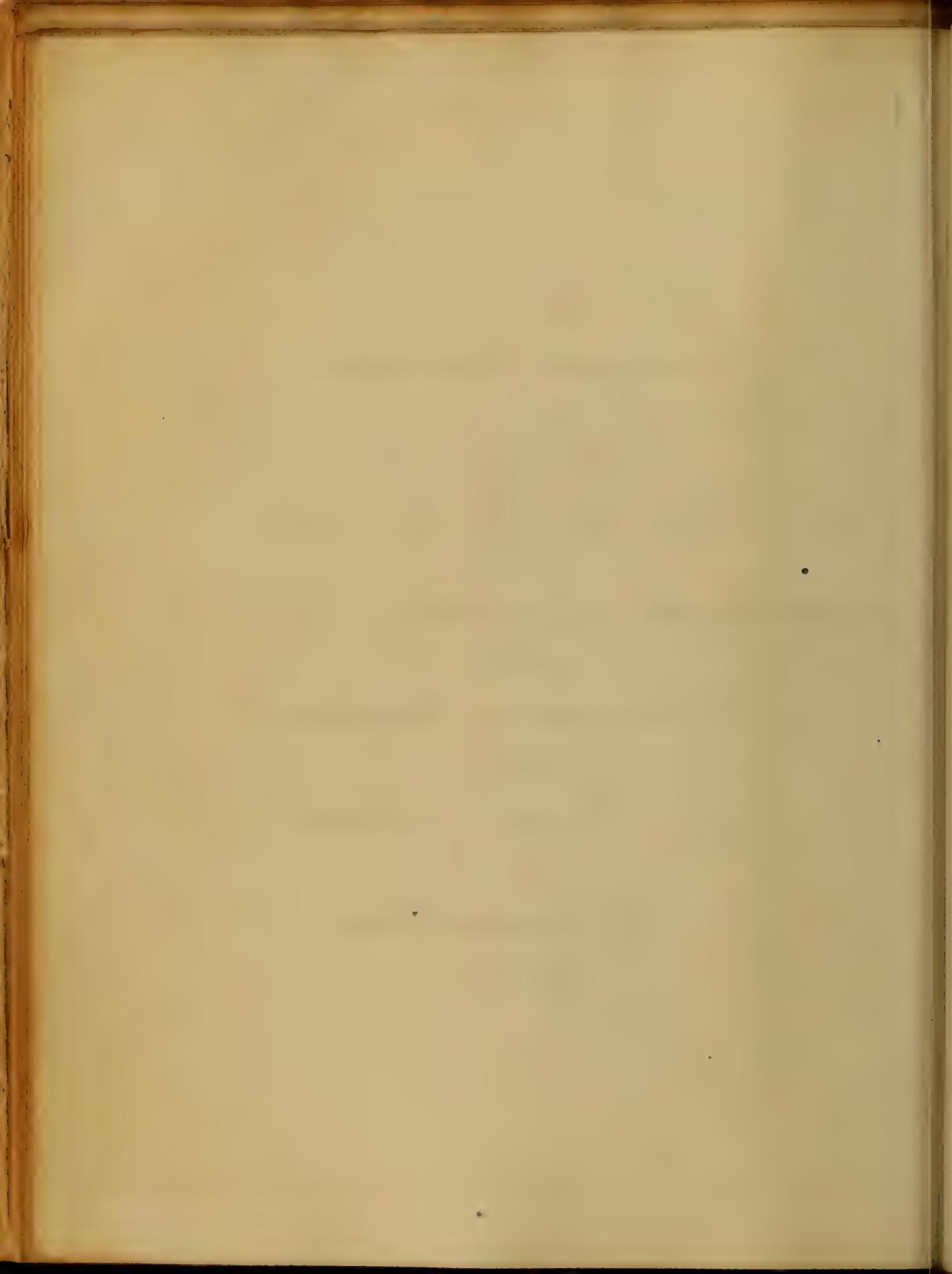
by preventing him from going
out of doors too early, or being
in any way exposed to cold.

Pneumonia infatuation &
diseases produced, are frequent
consequences of the want of
prudence.

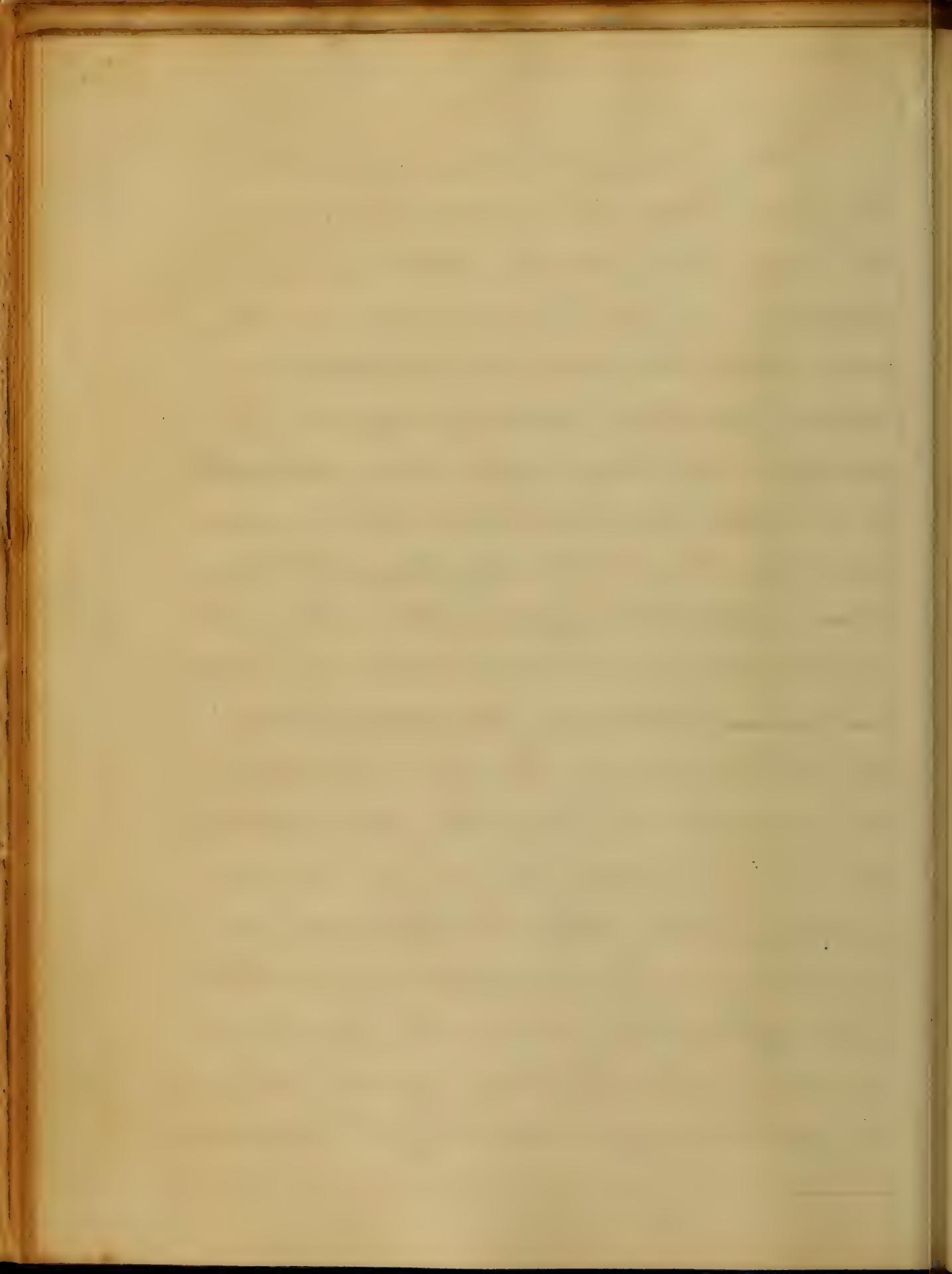
Franklin Hay.



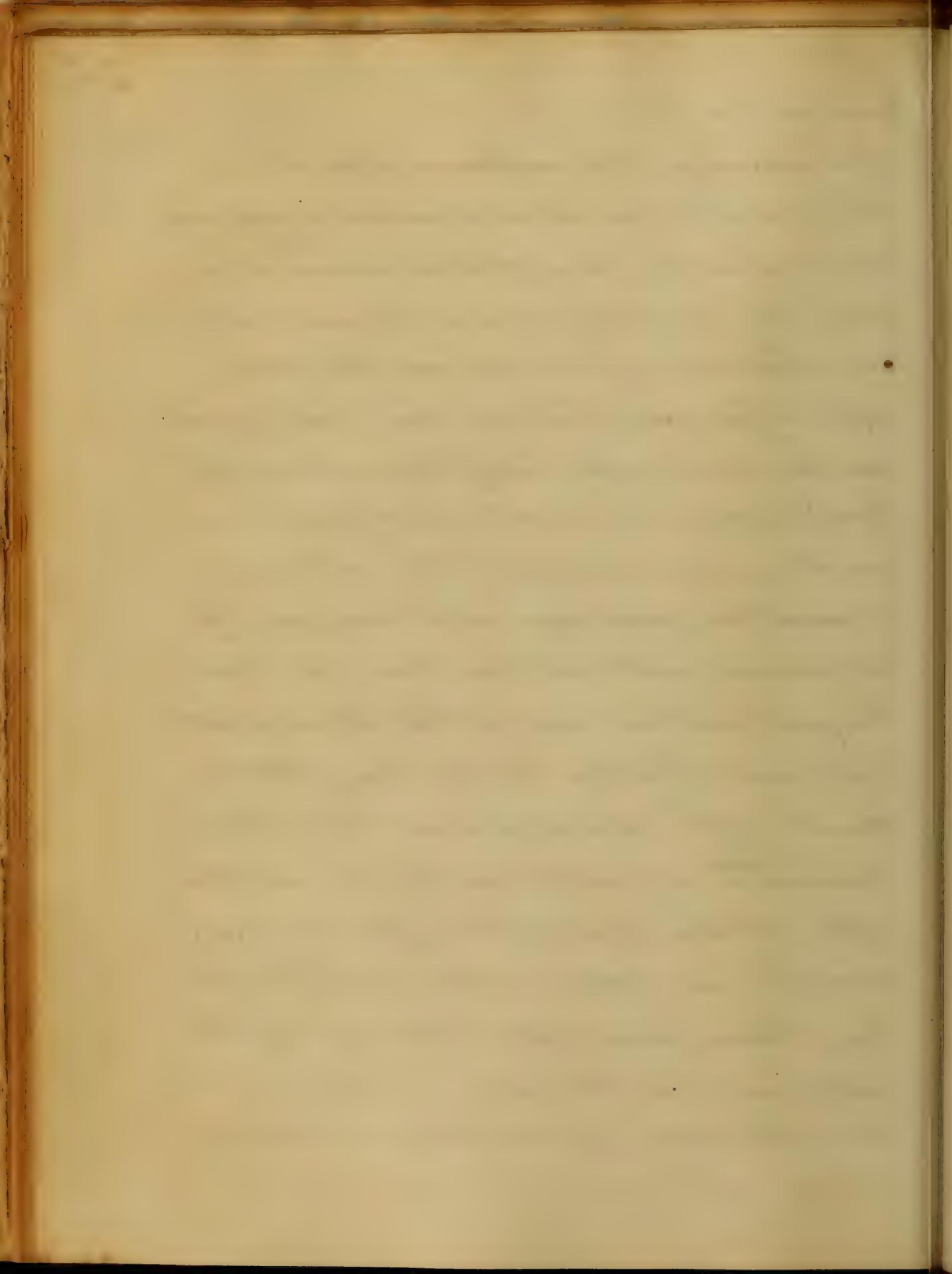
An
Inaugural Dissertation
on
Hydrocele
Submitted to the examination
of the
Ormost Regents and faculty of the
University of Maryland
for the
Degree of Doctor of Medicine.
by
John Saint-Pierre Gibson
A.D. 1838.



Man is an intellectual animal. He is the link between the animal creation and the deity. And with this don't make, his happiness consists in the perfection of them both. Remove the mind and he stands a miserable wreck, an object of pity and of aversion to his fellow beings. Remove that which in a vulgar sense constitutes him a man, and how base is the being, though he bear it in secret, of his infirmity. How natural is his desire to propagate his species. This is his material future. He lives in his posterity. Through them he hands down his name and will to the world. Stand to the top of that abomination, the superior of all other animals, man knows no greater misfortune than the loss of virility. It is true that my subject does not intend to this extremity. But how great is the apprehension of a person when he finds any thing to interfere with these organs. How long he looks over,



often magnifying his misfortune, before he can
take courage, to have his saddest suspicion confirmed,
or to be relieved, by finding that his disease is a
simple one, and easily removed. A friend said to
me a short time ago, "Mr. Wilson come here. It was
after he had gone to bed. And when I looked up and
saw his face, I could hardly help exclaiming, 'By
God! Sir, what is the matter?' So full of apprehension
was his countenance. And if he had been going
to reveal the secret, upon which hung his life,
his manner could not have been more solemn.
'Put your hand here and feel this.' It was a small
hard tumor, about the size of a shilling, about the
tunda of the Epididymis, and which I am
desirous, ^{to think} in my limited knowledge, an intumescence
of the cellular tissue resulting from an injury
which he had received several years before, from
being thrown forward upon the moment of the
saddle, and did not appear to have done so
til a short time before. He had consulted two

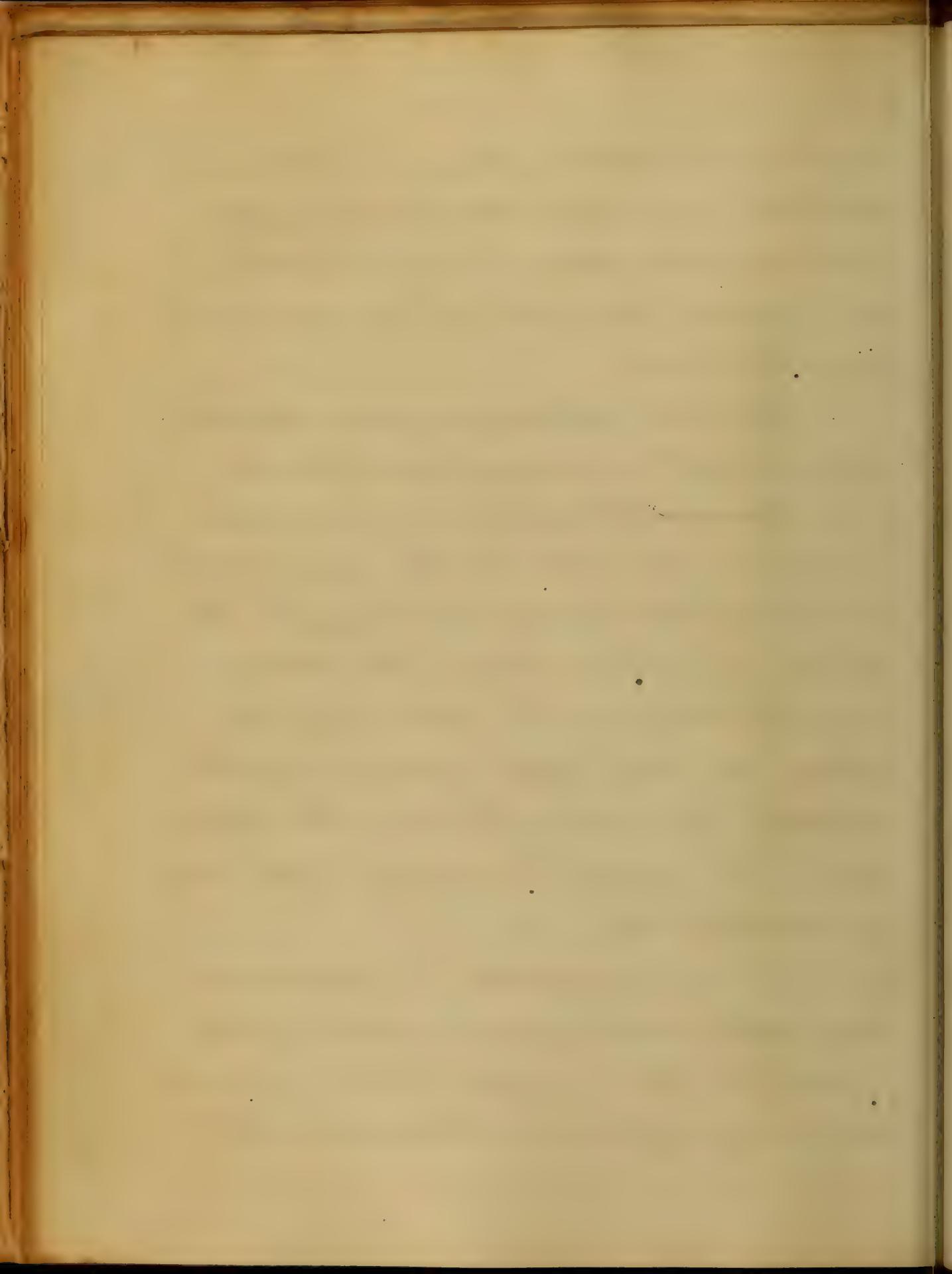


physicians. One told him it was a rupture, and he should wear a truss, without interrupting the adhesion of his supposed hernia. The other told him it was no hernia, but he was not able to say what it was.

After thus magnifying my subject, because connected with so important a part I proceed.

Hydrocele literally means a tumor whose contents is water. In the limited sense which it is now used by surgeons, it signifies the effusion of a fluid between the tunica vaginalis testis, and the tunica vaginalis reflexa. In a more diffuse sense it is the collection of a serum, fluid, in the cellular tissue, or in any of the coverings of the testes or spermatic cord.

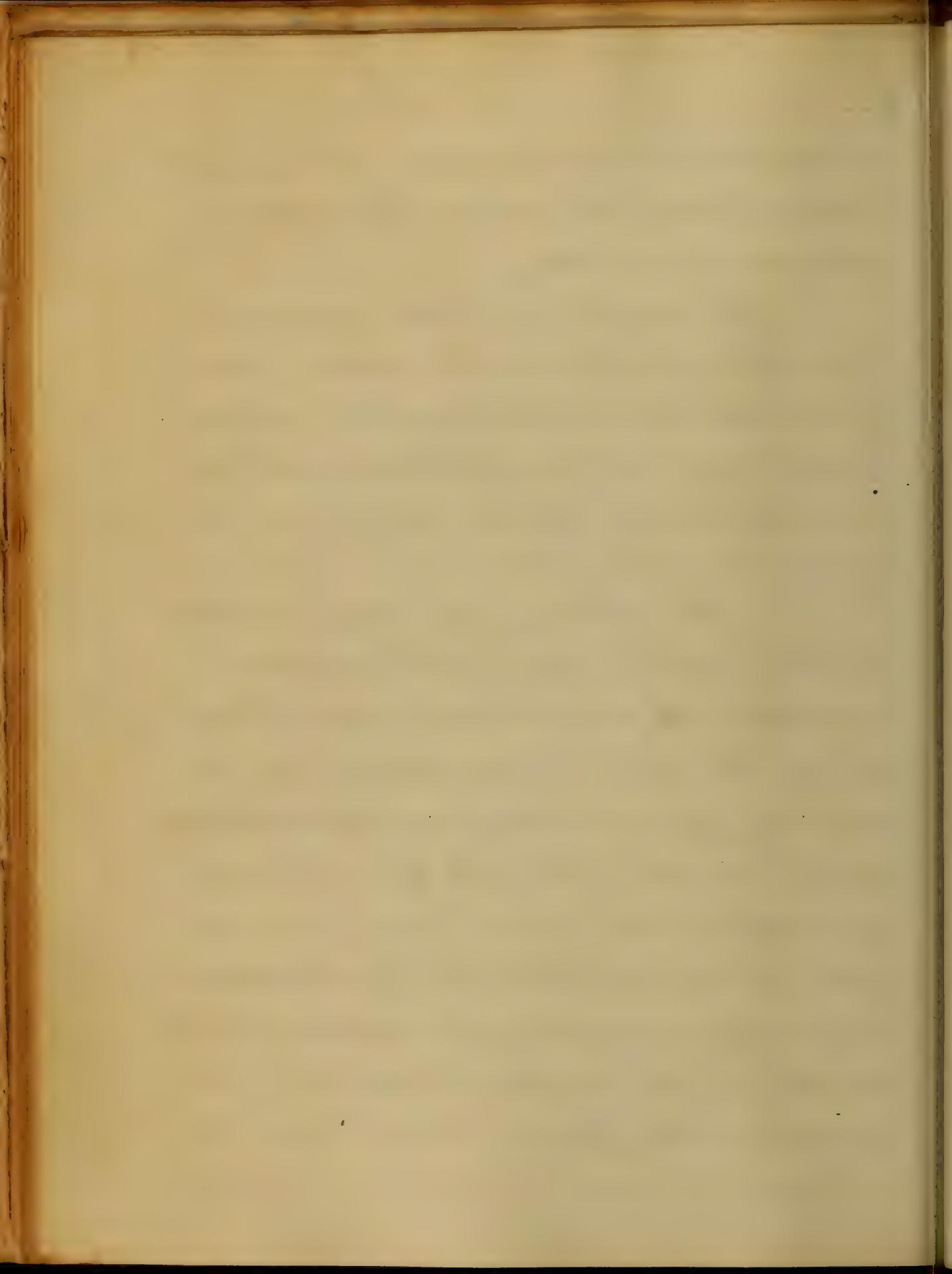
The tunica vaginalis is a serous membrane. All serous membranes consist of a fluid to lubricate their surfaces; which in a solid state is only sufficient for that purpose. The



renders them peculiarly liable to dypical accumulations. As ascites, hydrothorax, hydropericardium, etc.

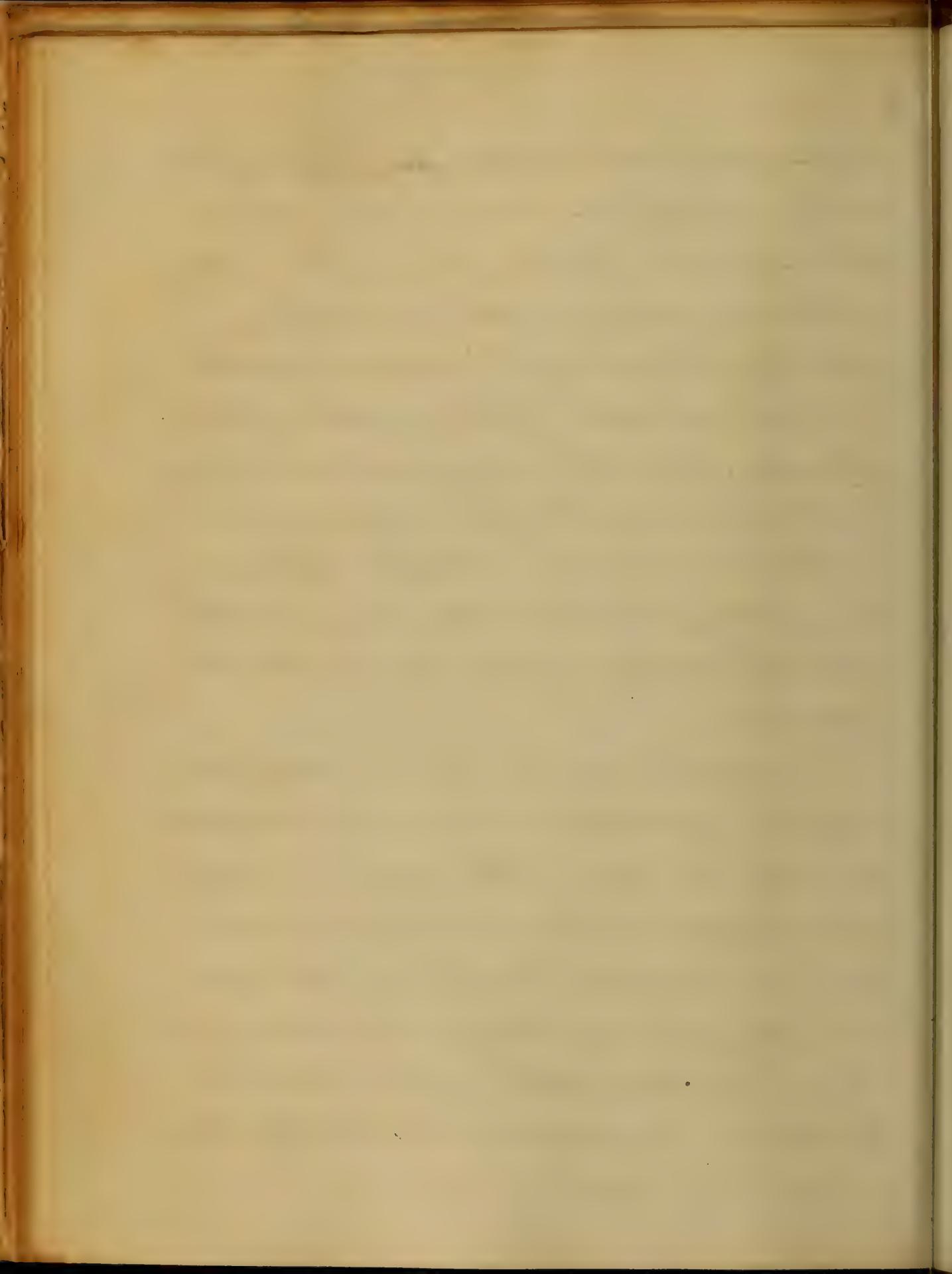
The varieties are either infiltration of a serous fluid into the cellular tissue of the scrotum and spermatic cord, or its collection in the shut-sacks of the tunica vaginalis, and of the tunica vaginalis of the spermatic cord.

The effusion of a dypical fluid into the cellular tissue of the scrotum, constitutes Hydrocele. The texture of this tissue is peculiarly fine, so that any effusion into it is diffused throughout its structure. It might be confined to one side of the scrotum, being prevented from extending to the other, by the septum. It generally accompanies a dypical habit. The skin retains its natural color, and if the quantity of the fluid is not large -



rugosity. It has the peculiar ~~doggy~~^{doggy} feel of a cellular dropous, and retains for a while the impression of the fingers. The swelling is the same size on either side, being equally divided by the septum, and the testes are situated in the middle of the effusion. When the accumulation is large the skin is smooth and tense, and underneath the fluid has a limpid appearance. The swelling extends to the penis, and distends the prepuce, giving it a puffed appearance.

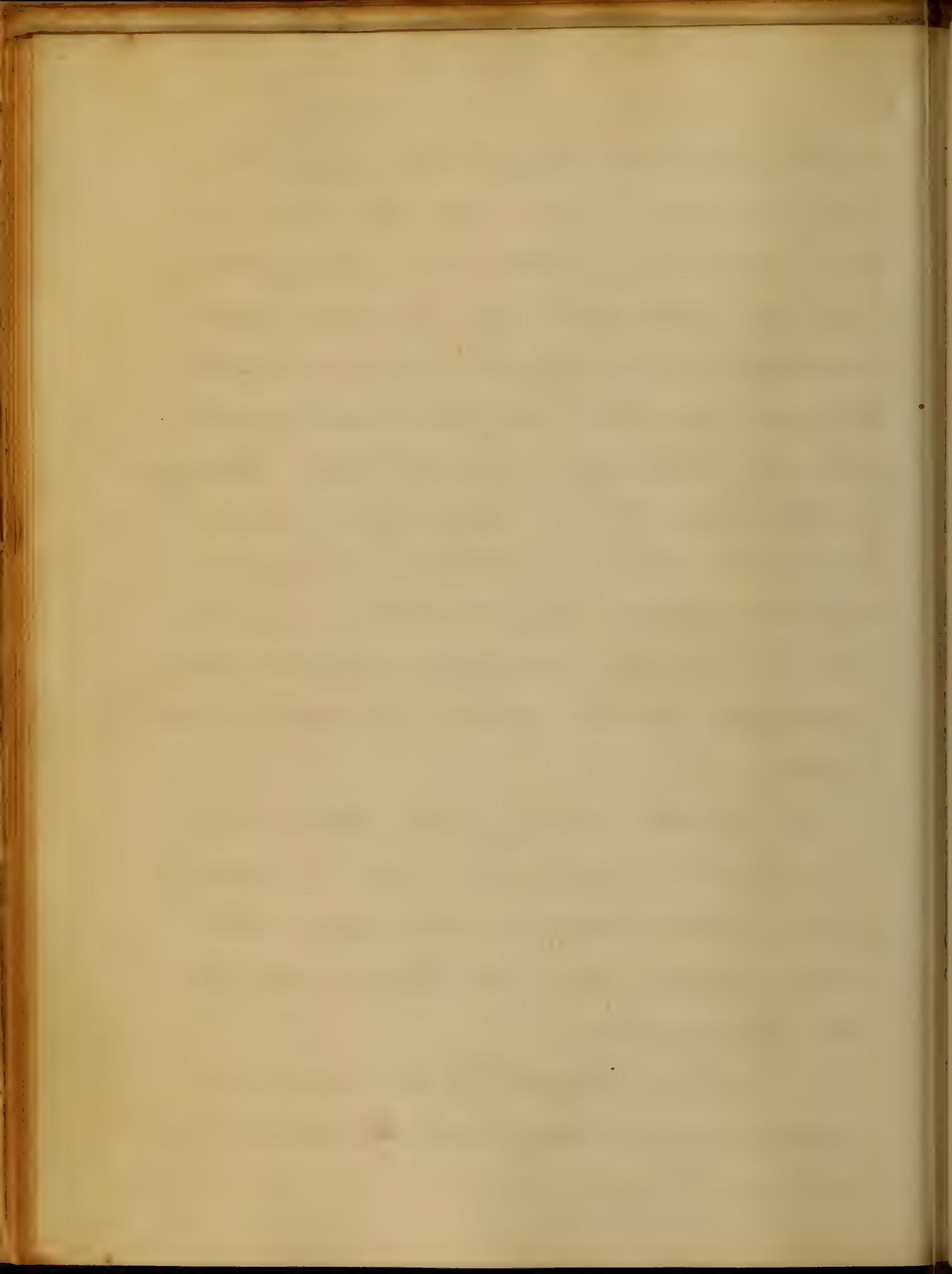
As this disease has its rise generally in constitutional causes, the remedies must be directed to the improvement of the constitution. The accumulation sometimes becomes inconvenient from its size, and its greater liability to irritation, and has to be removed. This is accomplished by incision or puncture. The liability of



dropical habits have to do with the form of inflammation, should make us very particular. If these wounds inflame they are with difficulty brought to suppuration, and frequently prove gangrenous. The surgeon should be careful, to do no more than is absolutely required for the disengagement of the limb. Prof. St. L'Esperance prefers the puncture, and as far as possible to answer the desired purpose. Rozen relates a case, in which a simple puncture caused a total destruction of the scrotum, and the patient death.

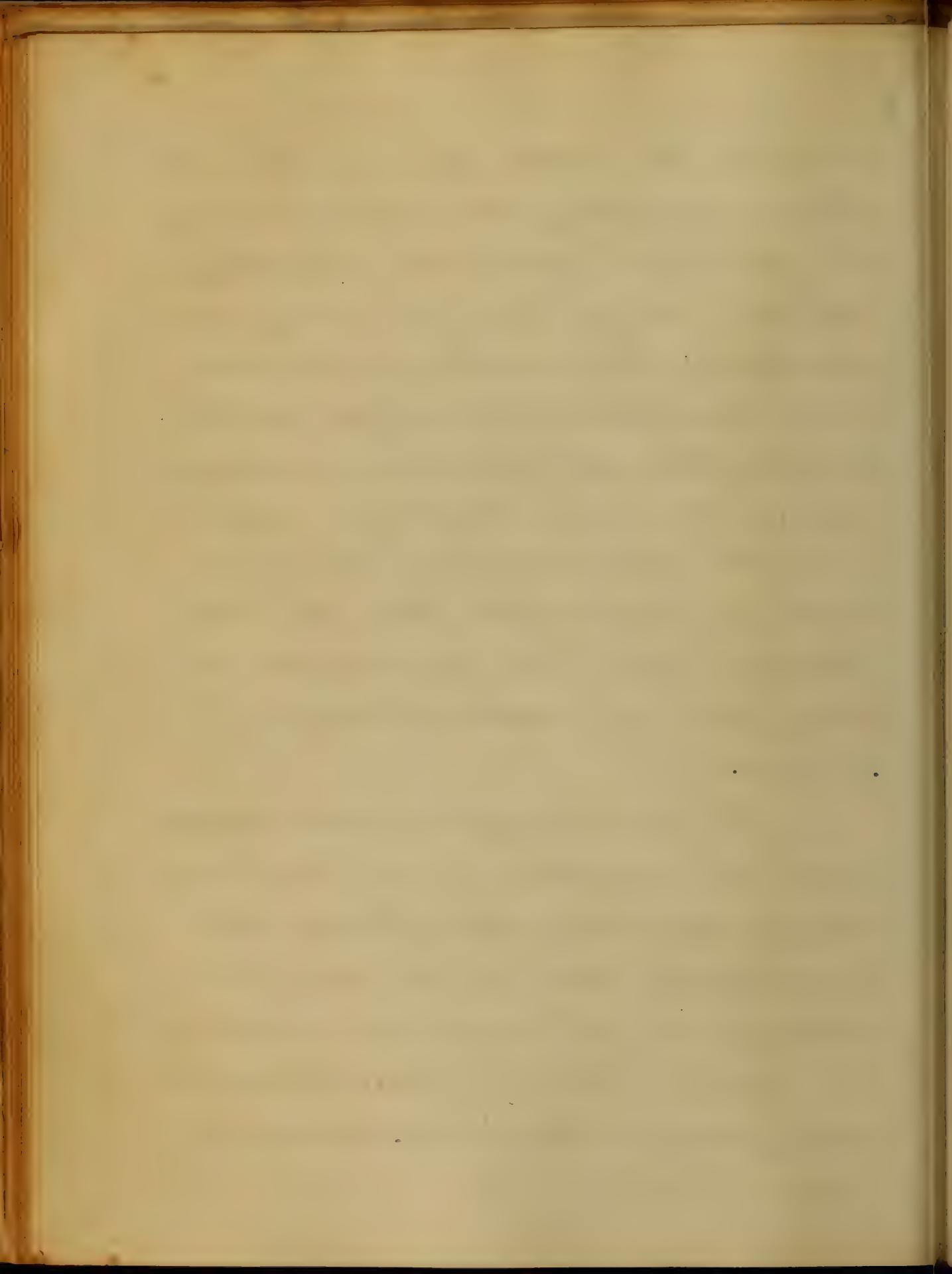
If the cause of the disease is local, such as fracture, and the intake of wine, the treatment is to remove the cause, applying astringent lotions, and keep the wound open.

The analagous ^{disease} of the spermatic cord is called Diffused Hydrocele of

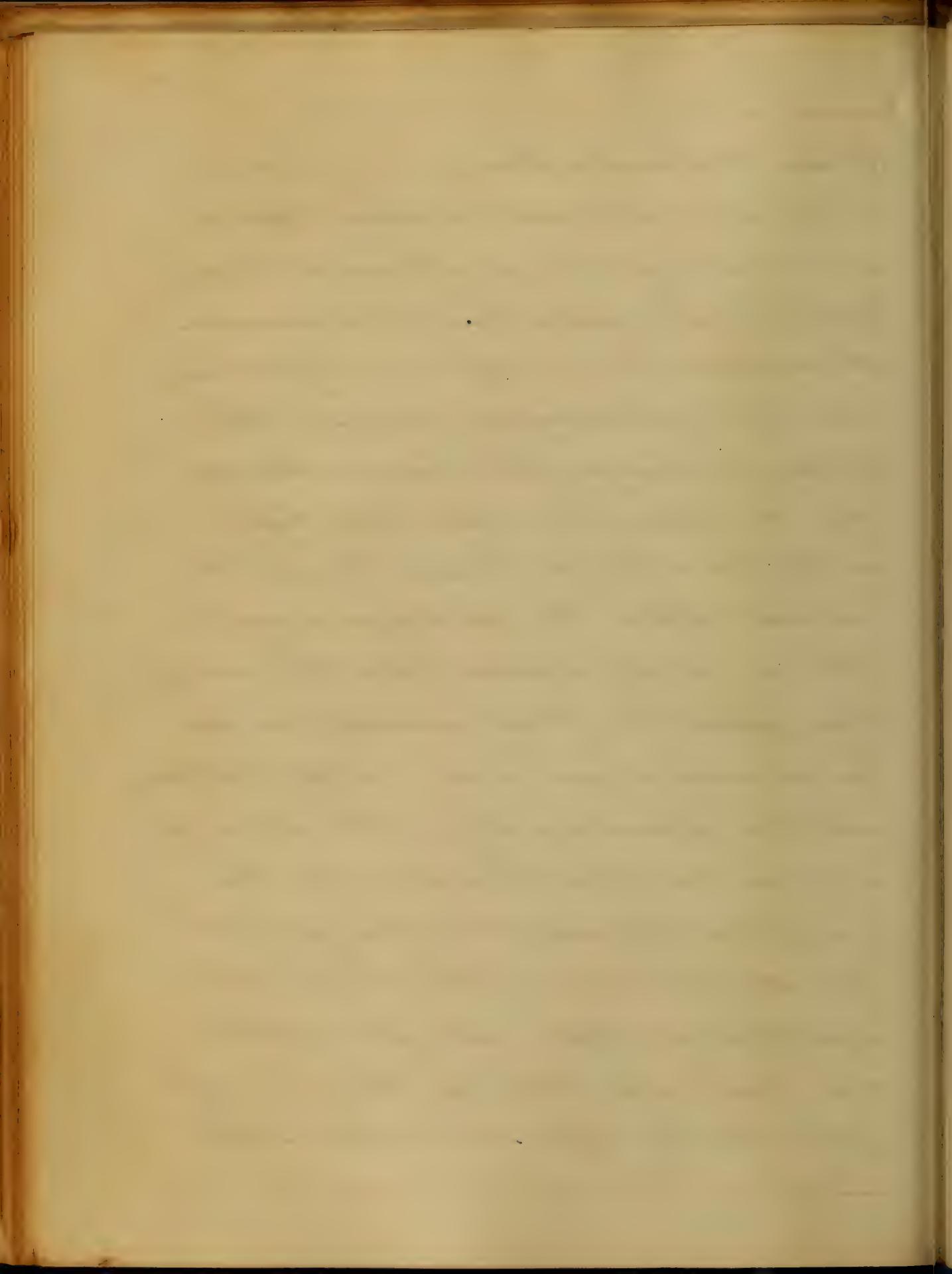


the cord. The cellular tissue here surrounds the serous envelope of the cord, surrounding the vessels of the spermatic cord, passing with them through the inguinal ring, and accompanies their insertion into the testes. In its natural state it is scarcely perceptible, but when filled with fluid it is very evident. Some of the vessels being large enough to receive the end of the finger. Sometimes in the lower part of the tumor the cells disappear, and it is converted into a cavity, which may exhibit the appearance of fluctuation.

This is precisely a similar disease to Hydrocele Oedematodes, and is almost invariably accompanied by that affection. This being the case, and as its cause and treatment are the same, what has already been said in relation to that disease, will apply equally to this, it only remains for

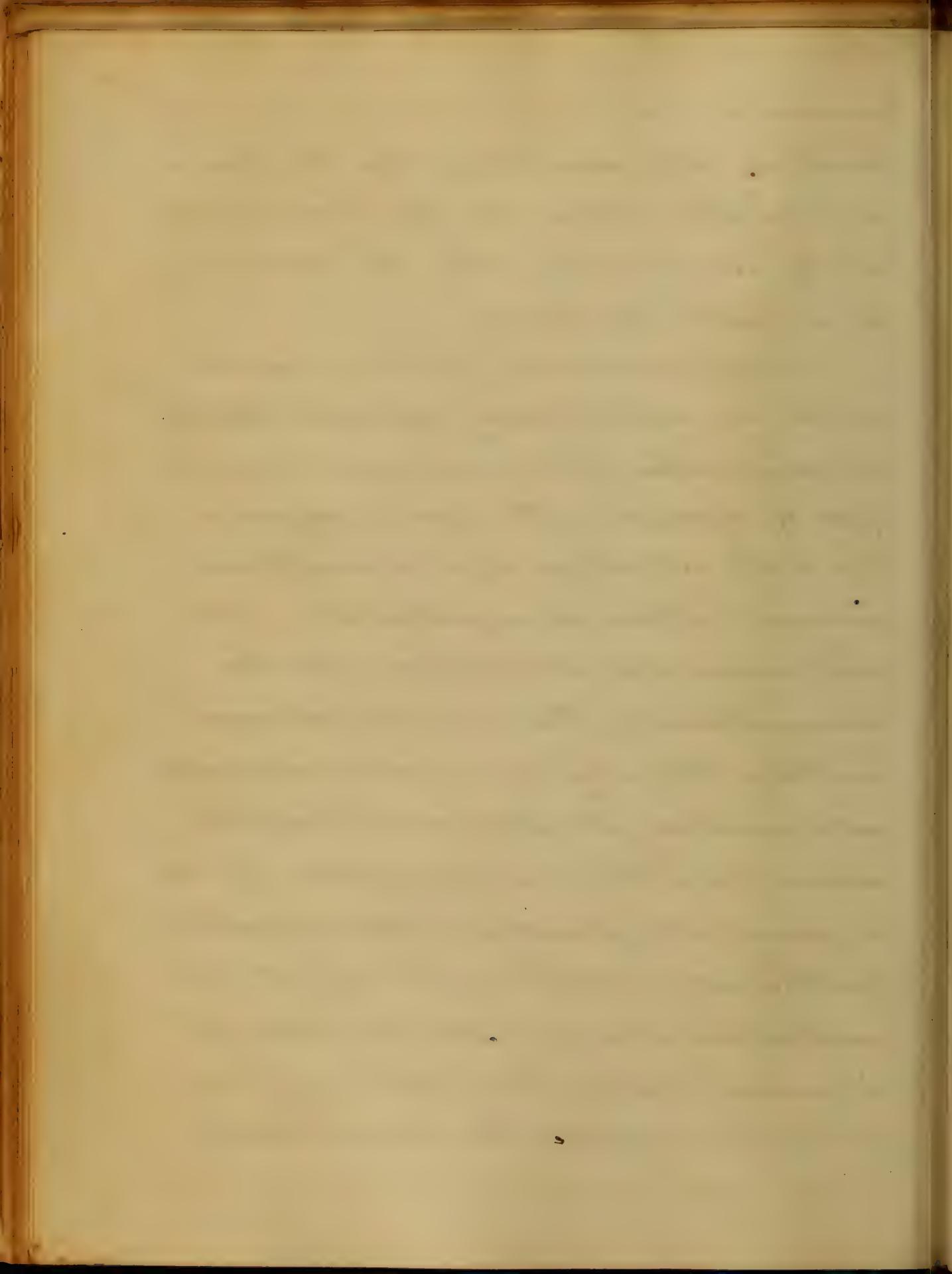


for one to describe, how it may be diag-
nosed when a separate disease. It is at
first cylindrical, afterwards becomes
pyramidal, decreasing from below upwards.
The scrotum has no appearance of disease,
and when not congeated, it seems rather
fuller, and hangs rather lower, on that side
than the other. When suspended lightly
on the hand, it feels heavier than in the
natural state. The epididymis and tes-
ticle are perfectly distinct below the scrotum.
When pressed the fluid gradually recedes,
but as soon as you cease to press it returns,
and this happens equally in the supine, as
erect posture. When it extends into the
scrotum, it is difficult to distinguish it
from mental hernia. Both are at first
cylindrical in shape, and afterwards be-
come pyramidal. Both have the same size
feel. Both are difficult to reduce. Well

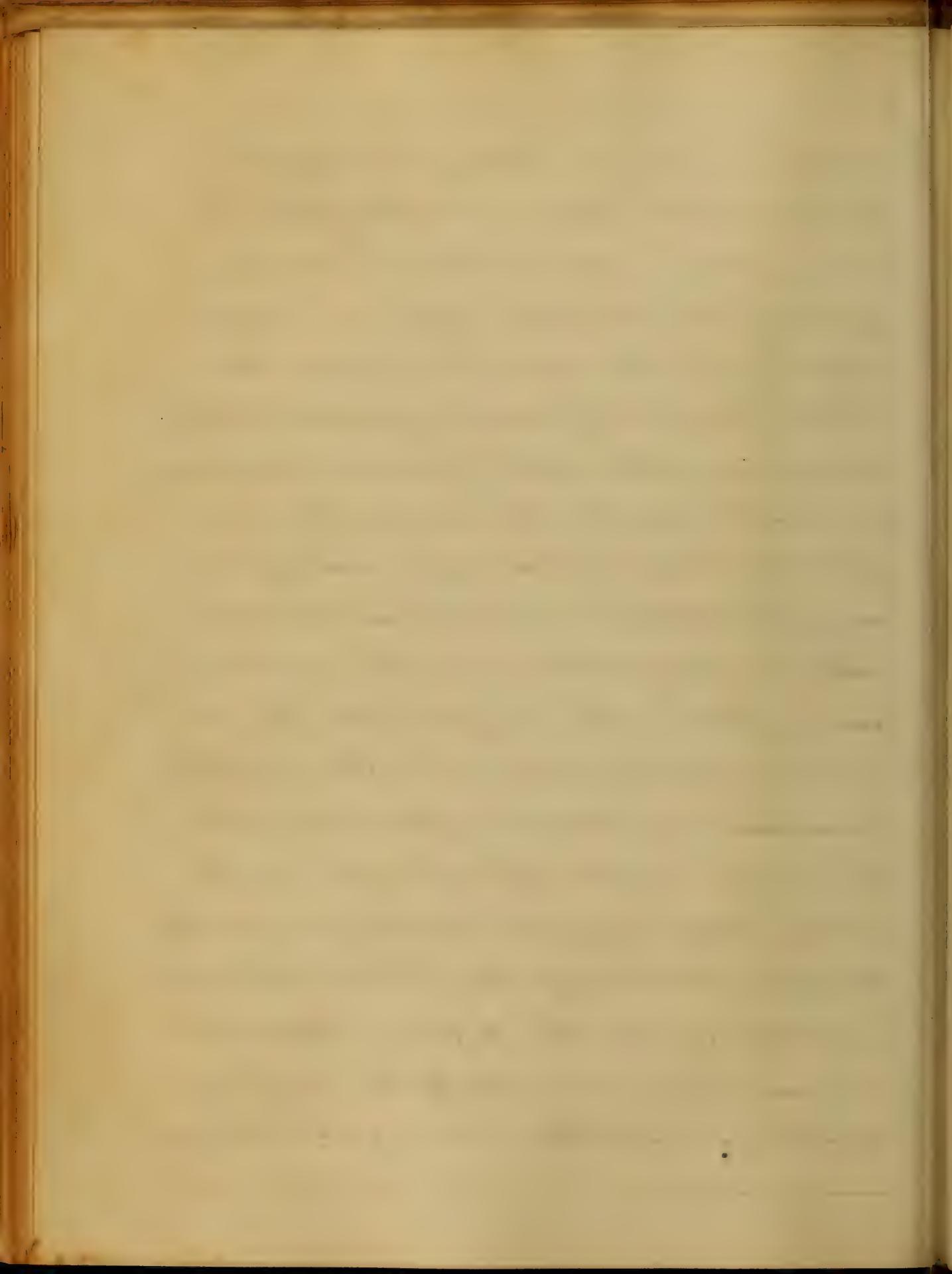


have but little sensibility. If the humor
is reducible, it may generally be distinguish-
ed, by not returning, when the patient is
in a supine position.

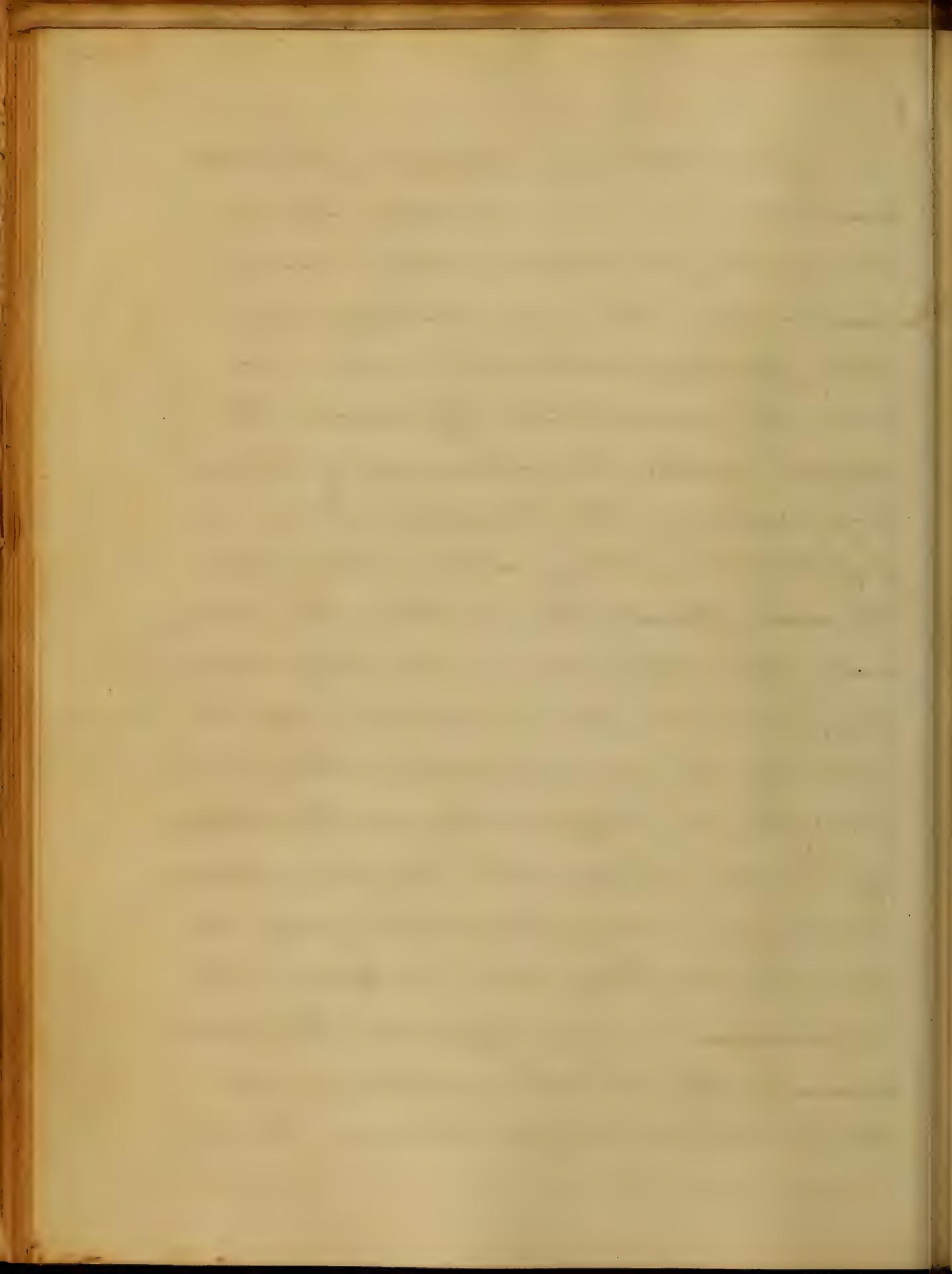
I will now speak of those diseases,
which are more properly Hydrocele. Those of
the shut-sacks of the cord and testis, and
first of Hydrocele of the tunica vaginalis.
This is the collection of a serous fluid
between the tunica vaginalis testis, and
the tunica vaginalis reflexa. And this
accumulation of fluid is caused, says
Sir Astley Cooper, by increased secretion and
not diminished absorption, as he has but
seldom seen the absorbed quantity exceed.
It appears to be generally a local disease. He
healthy and robust, being as subject to it
as the debilitated and otherwise diseased.
It causes no pain, but is often very incon-
venient from its size. The accumulation is



sometimes enormous. Gibbes, the eloquent historian of the "Decline and Fall of the Roman Empire," is said to have had six quarts of fluid drawn off at a single tapping, by that eminent surgeon Mr Cline. The fluid of course gravitates to the lower part of the sac. It rises up and surrounds the testicles. And at first has some what the shape of that organ, and it twice may be difficult to distinguish from the enlargement of that organ. The membrane soon yields, to the weight of the fluid, and becomes pyxiform. The fluid, if the membrane is not torn, fluctuates and the testicle may be felt through it. Dr. Dotey before says, the swelling is generally transparent. Bell says, that this is the most uncertain, of all the signs of Hydrocele. We can only account, for the difference of opinion, of their two great surgeons

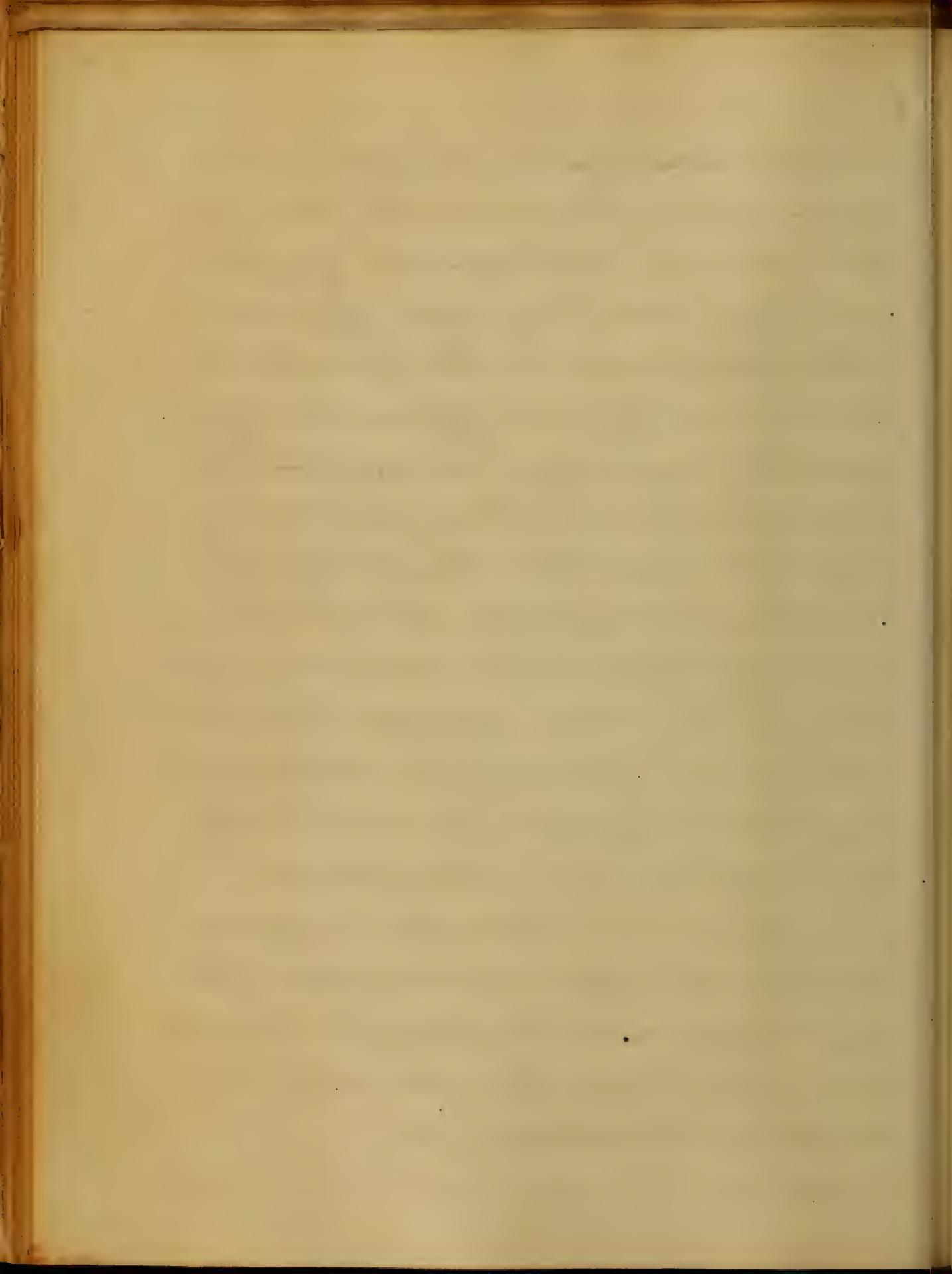


in regard to this sign, by supposing that Pelle's examinations were more generally made at a later period of the disease; or their mode of examining for the signs was different. Sir Astley generally disturbed the room, and made the examination by candle. The surgeon grasps the posterior part of the swelling, rendering the front as tense as possible, then looking at the swelling from the side opposite the candle. This examination should always be accurately made, for if present, it is conclusive. But its not being found, is no evidence that it is not Hydrocele. I assert this upon the authority of Sir Astley Cooper, his Treatise pag 4690 ago. "A tunica consisting of intestine greatly distended with flatus, has been known to be as transparent as a hydrocele." The tunica vaginalis, like all other membranes, even becomes thickened from disease. And this



would particularly be the case, if the disease
was caused by suppuration. Then there may
be in this tunie, all the products of inflam-
mation; as white flaky matter, from chronic
inflammation; and when, the lymphatic has
been the vessel of acute inflammation of the
testes, the fluid may be reddish, from the
presence of particles of blood; and Dr. Astley
Cooper has seen, within the fluid of hydro-
cele, loose cartilaginous or osseous bodies;
he also mentions several instances of oblitera-
tion of the tunica vaginalis. Pirrie met
with two cases, that were not transparent,
the fluid being of a greenish black
color and very gummy. (Page 87? Am. Ed.)

I now come to that, which is of more
importance to the physician and surgeon, than
any other part of his knowledge, to distinguish
diseases, from those which they
are likely to be mistaken for.



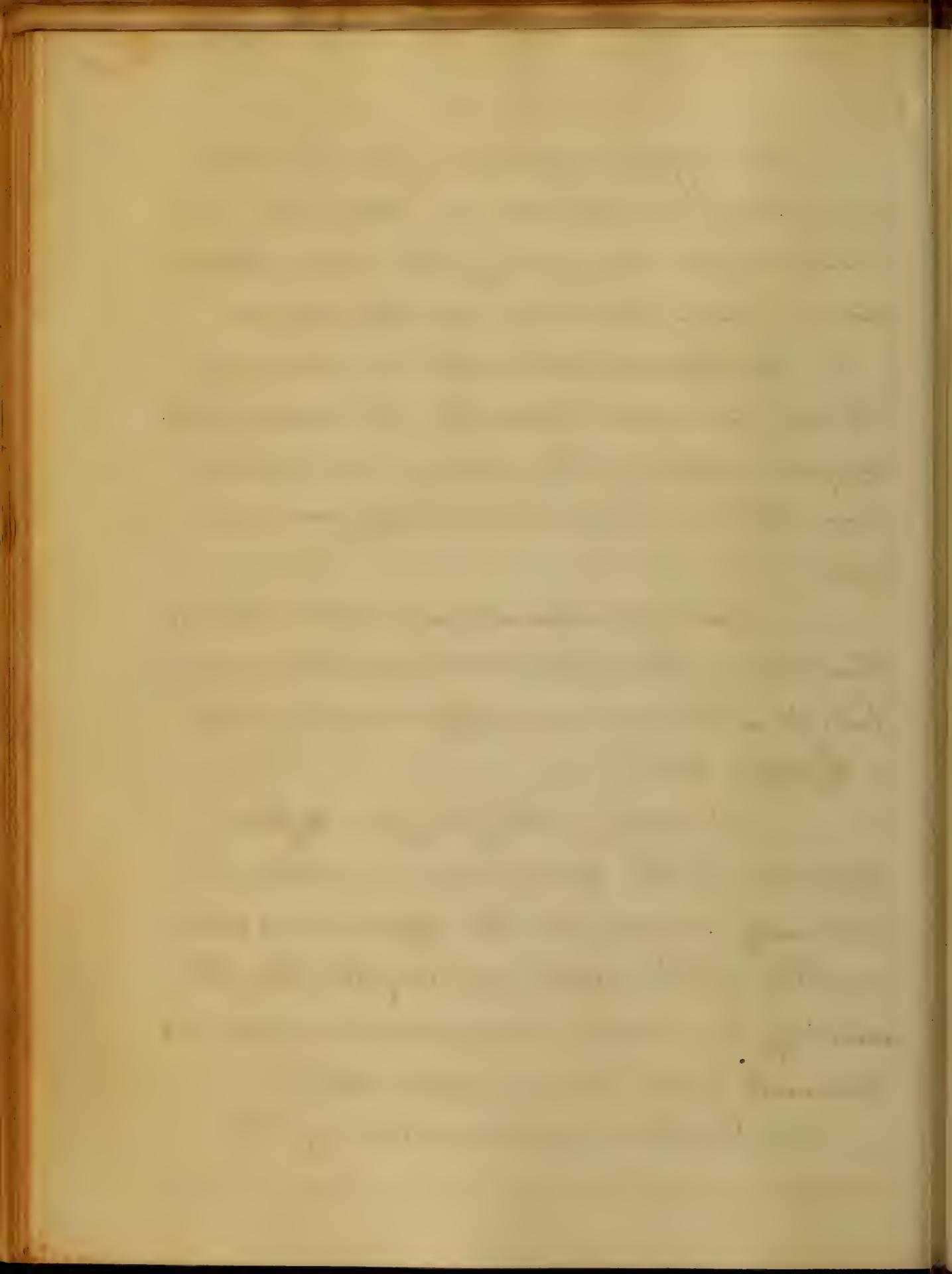
The different varieties, in which Hydrocele is likely to be mistaken, are Hydrocele oedematodes, Diffuse Hydrocele of the cord, Swell'd testicle, Hernia, Varicosite, and Hematocele.

In Hydrocele, then, we have generally the physical signs transparency, fluctuation, the pyriform shape of the swelling, and its not being able to be reduced under any circumstances.

Hydrocele oedematodes is not transparent. There is no fluctuation, but a peculiar dryish feel. It is almost invariably accompanied by a hydroptic habit.

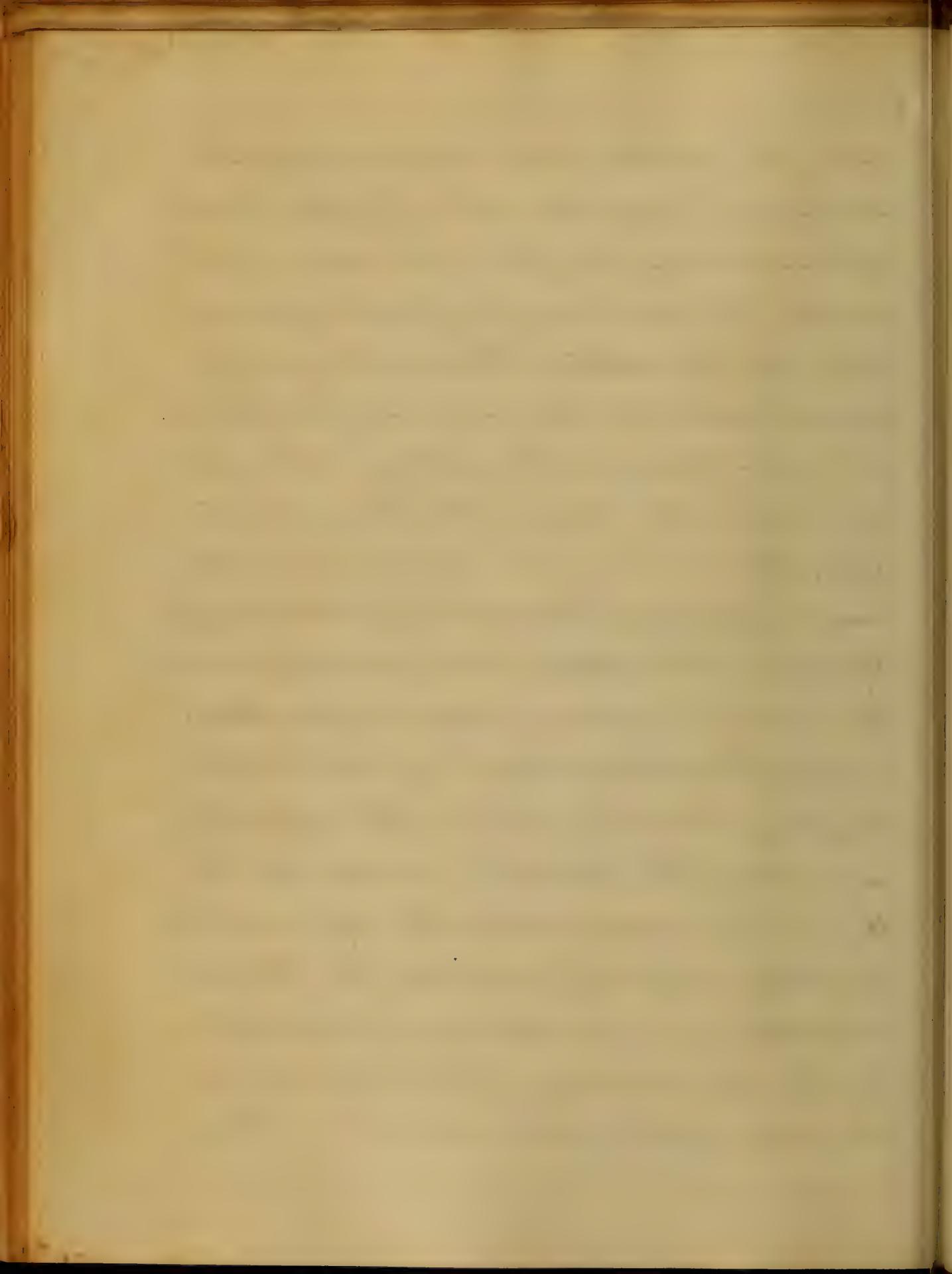
In distinguishing it from Diffuse Hydrocele of the Spermatic Cord, we have no difficulty, except when the Hydrocele is extensive. Then if the testicle can be felt below the swelling, it is certain proof, that, it is not Hydrocele of the tunica vaginalis.

In chronic inflammation of the



testes the swelled testicle retains its shape. The swelling is heavier than that of Hydrocele. The epididymis may be felt in its position on the testicle. The end may be felt up to its insertion into the testicle. This swelling is of course neither transparent, nor fluctuation.

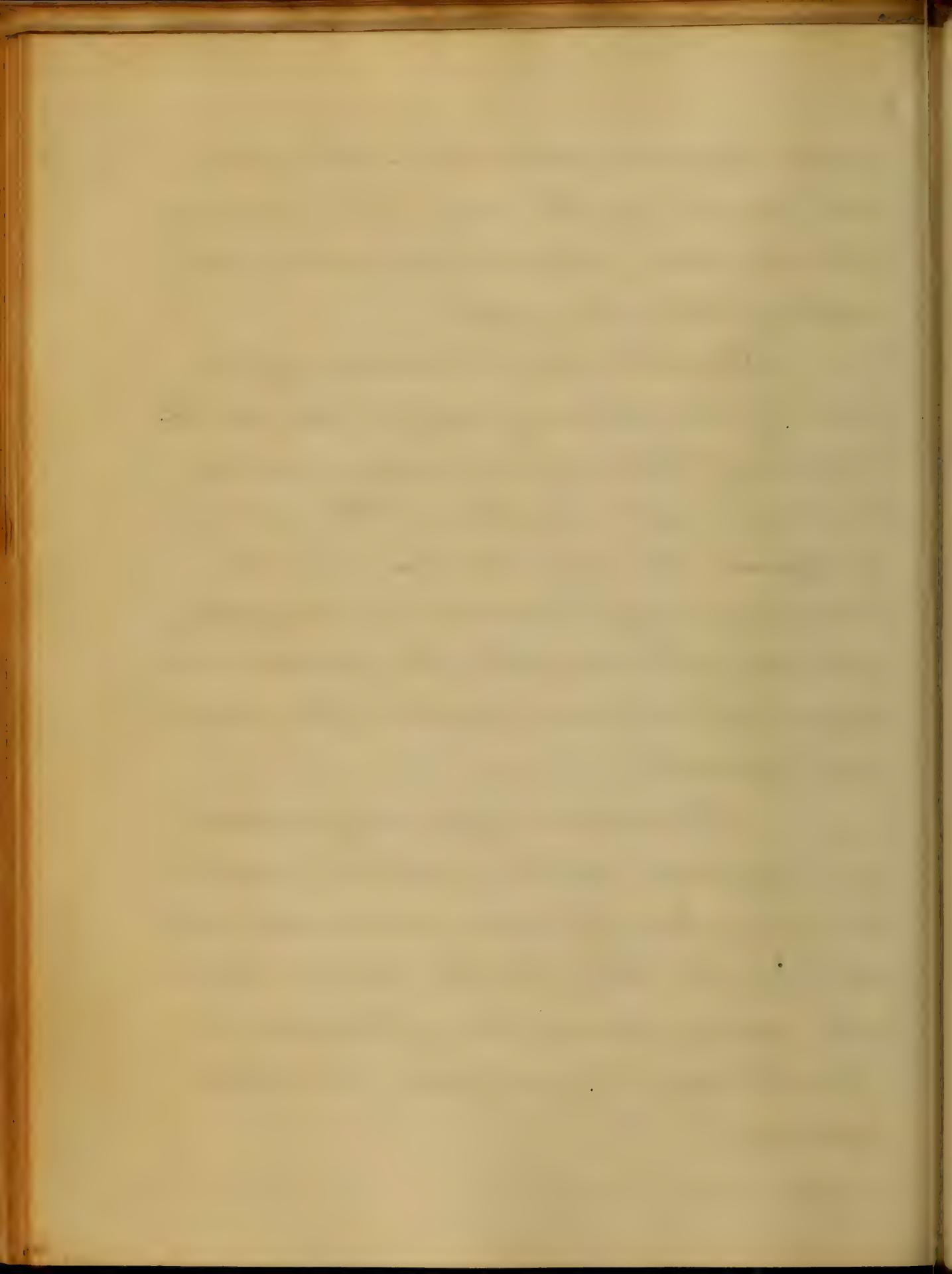
In Hernia, the swelling takes its course from above downwards. There is fulness along the course of the inguinal canal. There may be gurgling, but not the fluctuation of Hydrocele. It is opaque. It is generally reducible and if so actions as soon as permitted, or when the patient makes any exertion, as in coughing. But there is but little difficulty in making the distinction, except when the Hernia is complicated with Hydrocele. The difficulty is greatly increased when inguinal Hernia is accompanied by Hydrocele. If there is connection of the Hydrocele, all the cavity of the peritoneum, as in some



genital Hydrocele, without Hernia, the water when returned into the cavity of the peritoneum will not return, whilst the patient remains supine, or when he coughs.

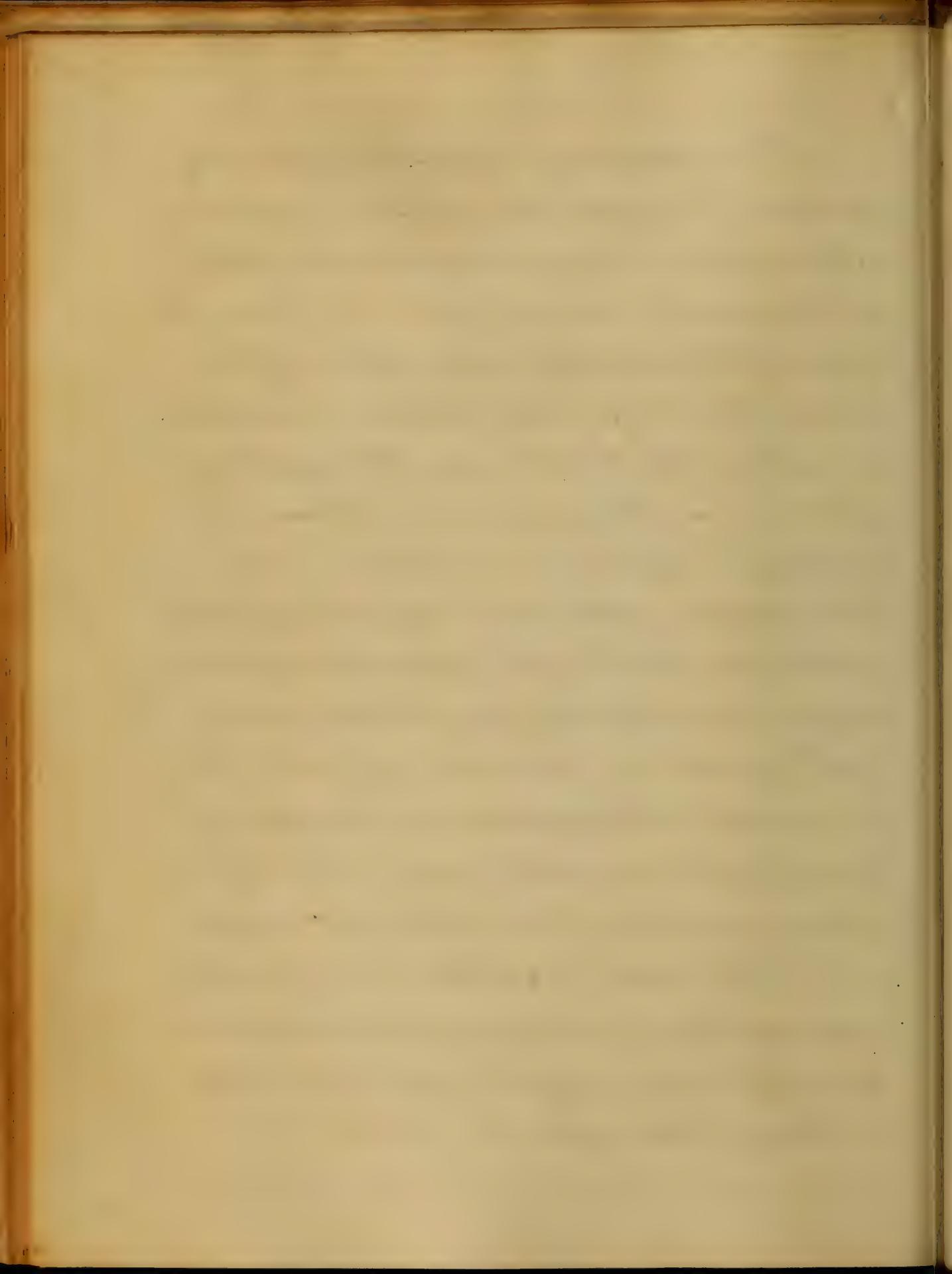
Varicocle being a distention of the veins of the cord, may easily be distinguished. By placing the patient in a supine position, the veins may be emptied, and the swelling disappears. Then place the hand on the abdominal ring, the veins are compressed, and soon fill, even while the patient remains supine. This also distinguishes it from Congenital Hydrocele.

Haematocele is generally sudden in its formation, and the result of a wound or injury. It is of course not transparent; which would likely be the case in Hydrocele quickly formed. It may fluctuate at first, but soon becomes more solid than Hydrocele.

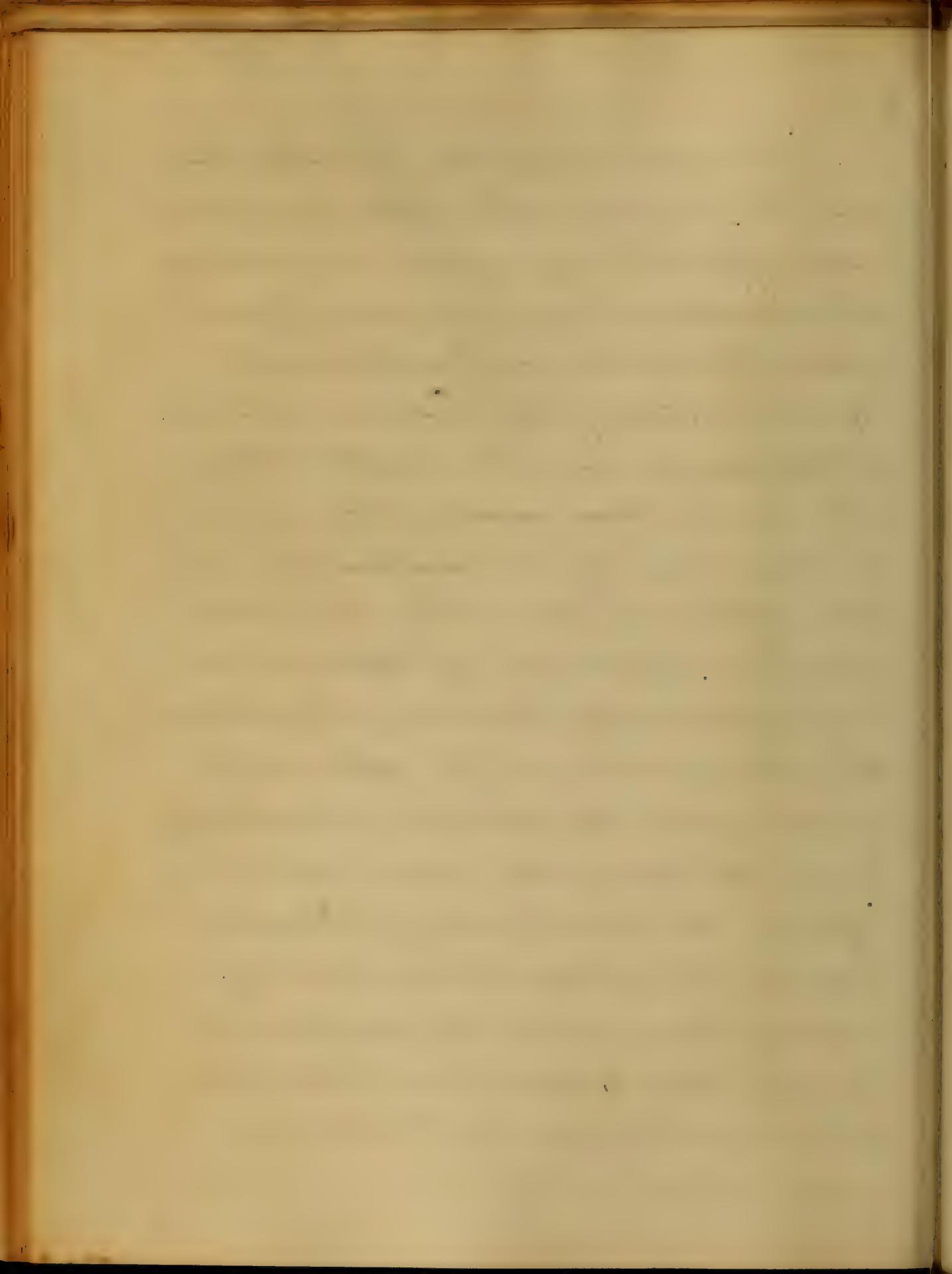


The treatment of Hydrocele is generally divided by surgeons, into palliative, and that whose object is a permanent cure. But I shall mention several cases at which cannot properly be treated of, under either of these heads. Sir Astley Cooper relates a case entirely in nature effected the cure. The subject of it was a labouring man. Inflammation of tunica vaginalis and scrotum arose from excessive distension, they being full. Water was discharged, suppurative inflammation succeeded by granulations arose, and the patient was spontaneously cured. But he remarks the symptoms were excessively severe, and in an older or more unhealthy person, would have been destructive to life.

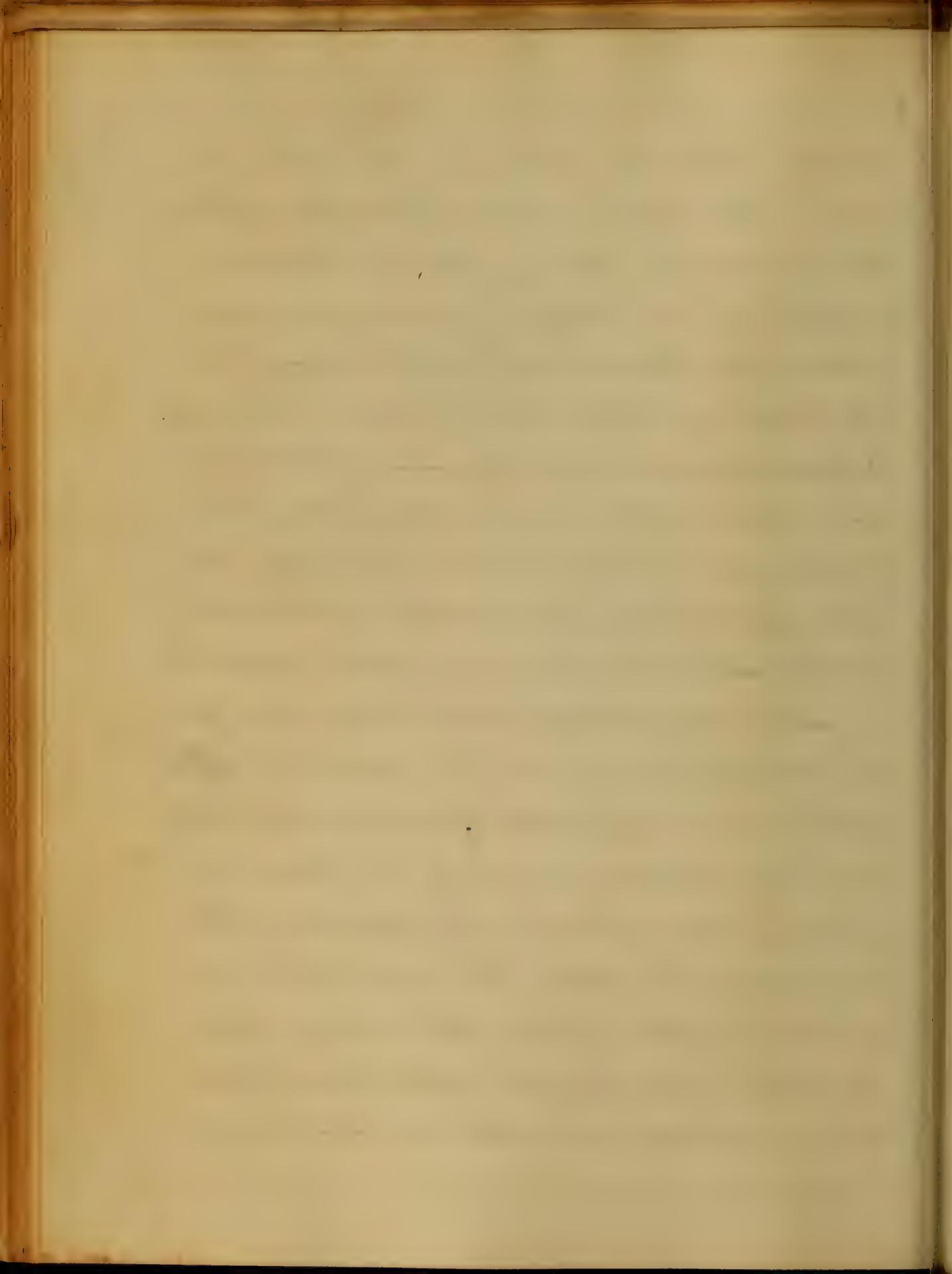
The sack is sometimes accidentally ruptured, which generally produces inflammation sufficient to effect a permanent cure. Sir Astley Cooper gives an exception.



This disease is sometimes cured by absorption. This is rare in the adult. But is frequently effected in young persons, by exciting the absorbents into increased action, by stimulating lotions. This will depend much upon the state of the constitution, the course of the disease, and the length of time the disease has existed. And indeed the distinctions of this disease show, that there are operations, which have been used for the prominent cure of Hydrocephalus, sometimes effect it by stimulating the absorbents. The water is discharged, the inflammation which is produced, excites the absorbents, recovers their tone, and a prominent cure is effected. This was the theory of Dr. S. D. Bigelow has disproved its universality, indeed it has made it the exception, but it proves that it sometimes takes place. If it is sought to procure a cure by absorption, as

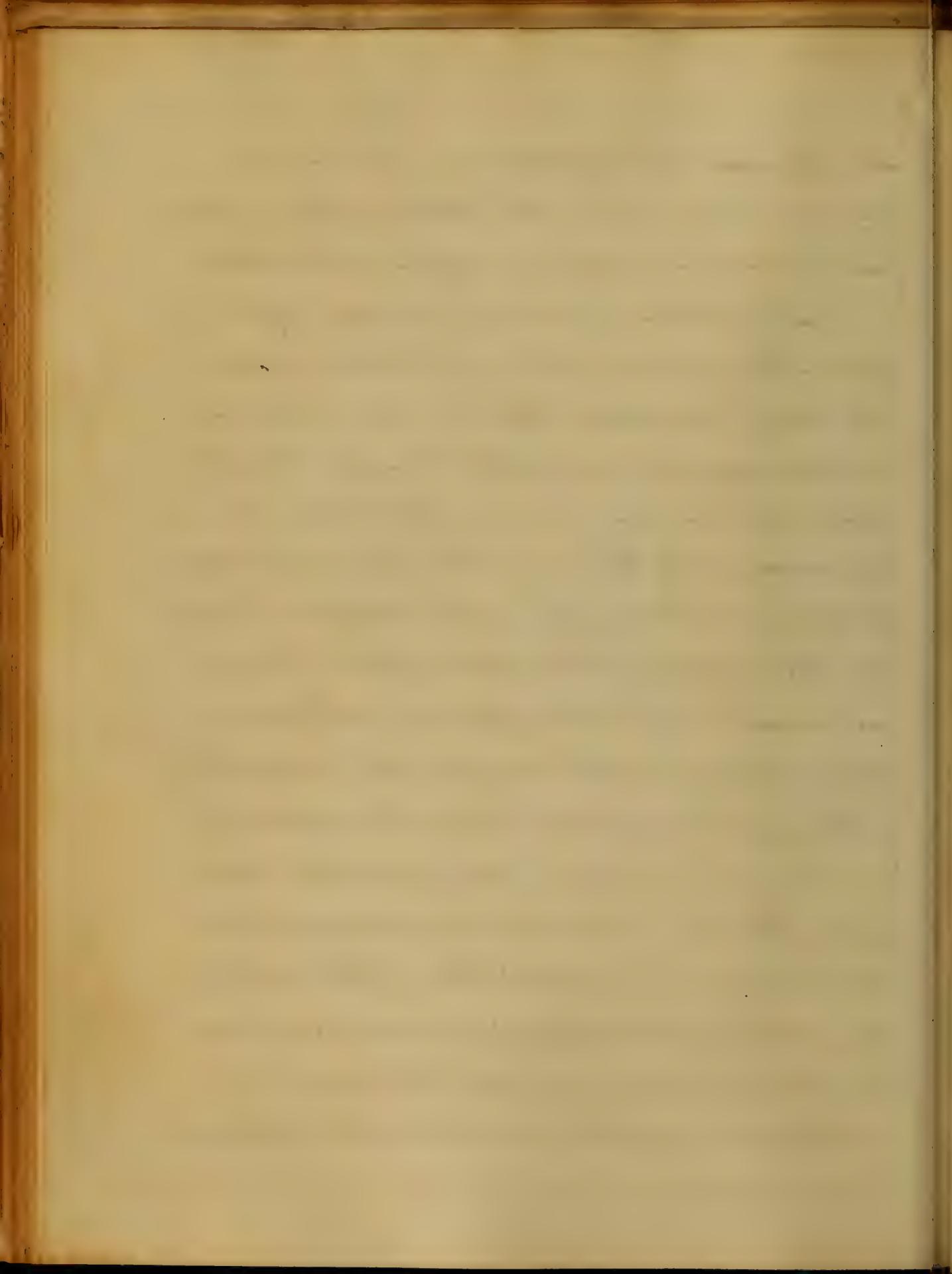


either, or they have a pain in the testes; in the former it is only necessary to let the bowels open; a dose of calomel & rhubarb ceases all, also apply a rectifying balsom, which is to be kept wet, with a stimulating lotion; the tincture of iodine is also highly recommended. In Hydrocele produced by inflammation of the testes give active cathartics, and apply irritating lotions. Dunghison in his book on new remedies, says, Jabor, also, regards iodine, as an extremely valuable antisyphilitic. He first used it in a case of Hydrocele, in which it was doubtful, whether degeneration of the testicle, had not been the cause. The effect of the ointment of oil of saltpeter, left nothing to be desired; and, accordingly, he afterwards employed it in all cases of Hydrocele of the tunica vaginalis, which he - a result, - did in the new bone - united with mercury or extract of conium; and in my case which was not of too chronic a character, it enabled the scrotum to move.



The only unfavorable effects produced by it, were a temporary disappearance of the testicle, in some cases; and a hurried cutaneous eruption of the scrotum.

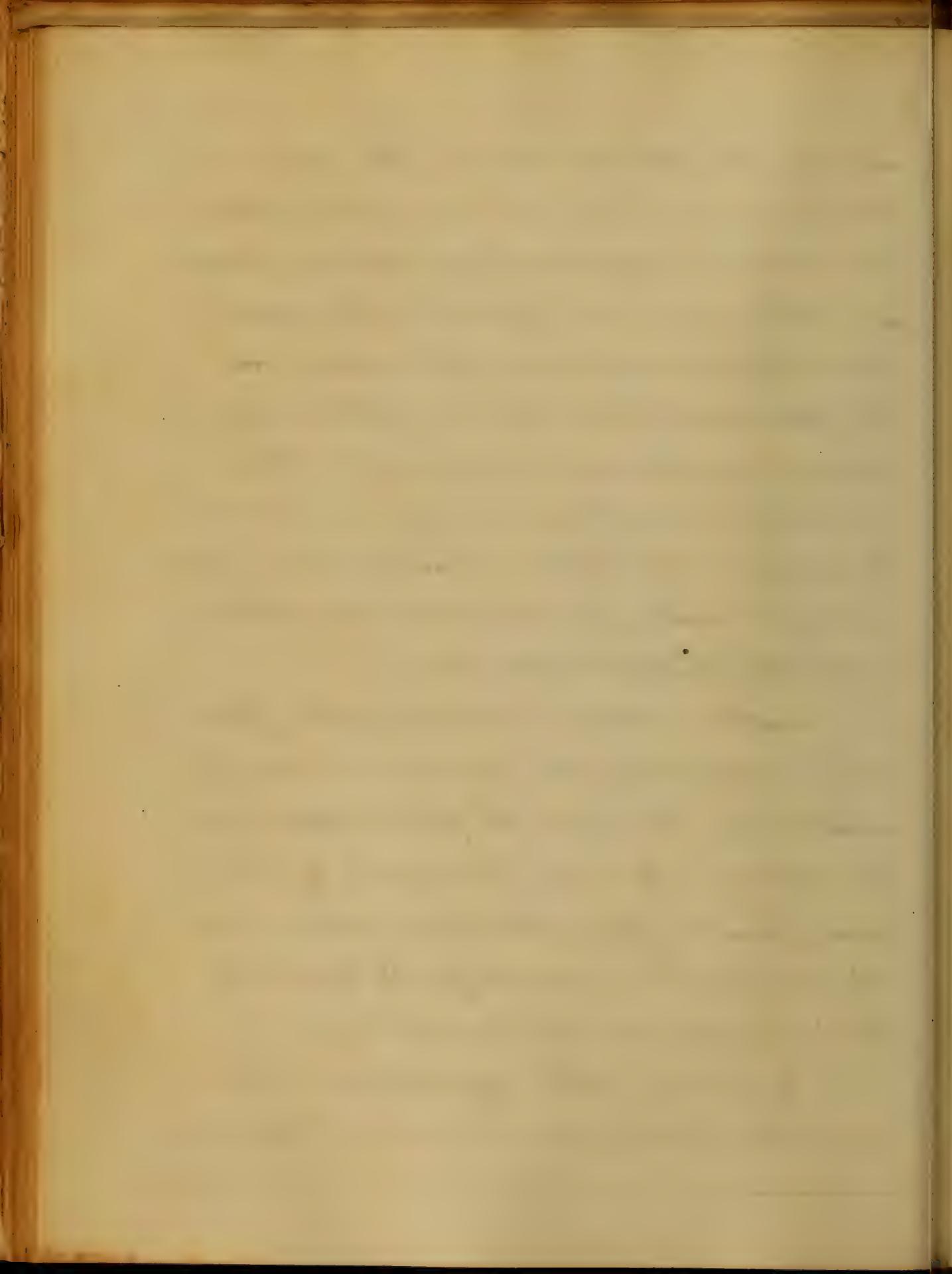
The palliative treatment is to draw off the fluid. This is done either by the trocar or lancet. The trocar is preferable. There is more hemorrhage accompanying the use of the lancet. Directly Cooper gives several cases in which haematocele was produced by the use of the lancet. In tapping for hydrocele, the surgeon first satisfies himself of the position of the testicle, that he may not wound it in the operation. The patient stands in front of the surgeon, who grasps the swelling firmly with his left hand posteriorly, so as to make it tense upon its anterior surface. The trocar is to be inserted two thirds downwards, in the middle line of the scrotum. It is to be directed obliquely upwards. As soon as it enters the tunica vaginalis, the trocar is withdrawn, and the canula pushed upwards.



into the sack. After the operation the wound is closed by a piece of adhesive plaster. And the scrotum is supported by a suspensory bandage. It has caused sufficient suffering & effected a permanent cure. As simple as this operation is, it has been followed by serious consequences, even death. The reaccumulation takes place in a few months. If the patient is of a hysteric habit it accumulates rapidly. The treatment should be directed to rectify this hydroptic disposition.

Another method of removing the fluid is by acupuncturation. A common sewing needle may be used. The fluid is absorbed in twenty four to forty eight hours; when it is absorbed in five or six days. A violent lotion is used after the puncturing.

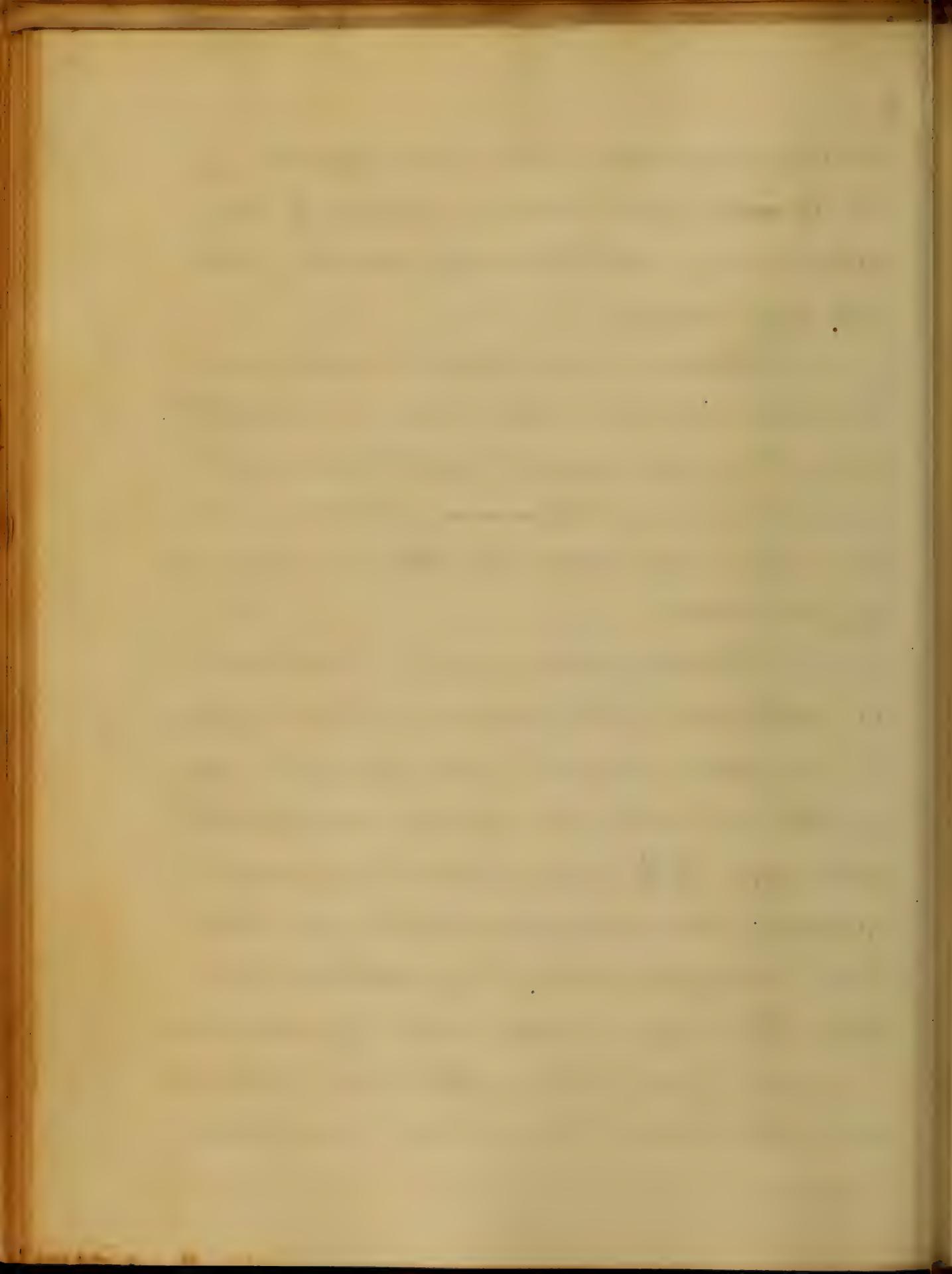
In noticing those operations which are resorted to for the permanent cure of Hydrocele,



I shall pass rapidly over the horrid operation, of
the Excision of the tunica vaginalis. It has
refined away with the savage practice of the
infamy of surgery.

Caustic is sometimes resorted to, when
the tunica vaginalis has become much thick-
ened. It is very painful and tedious, and
requires to be carefully managed. It destroys the
tunica vaginalis partly by adhesion, and partly
by granulations.

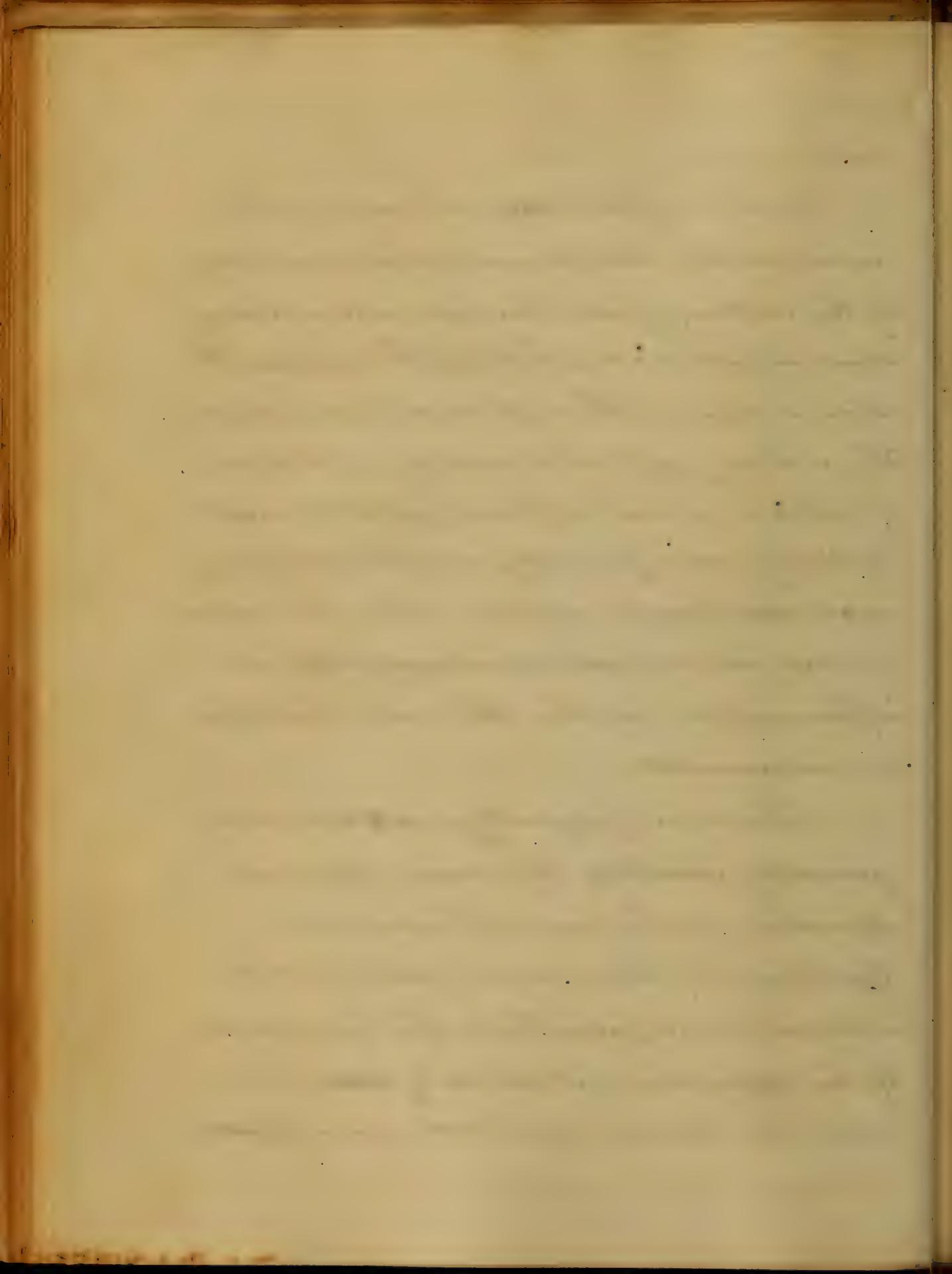
Sometimes when we are in doubt about
the character of the disease, it is necessary
to cut down to it. It is generally only in cases
of this sort, that the surgeon resorts to the
operation by Incision. It is a very painful
operation. In old persons, and those who have
bad constitutions, it is very destructive to
life. The cavity is eradicated by granulations.
To induce granulation, a little flour is openly
lid on the tunic. Lint or a tent is sometimes



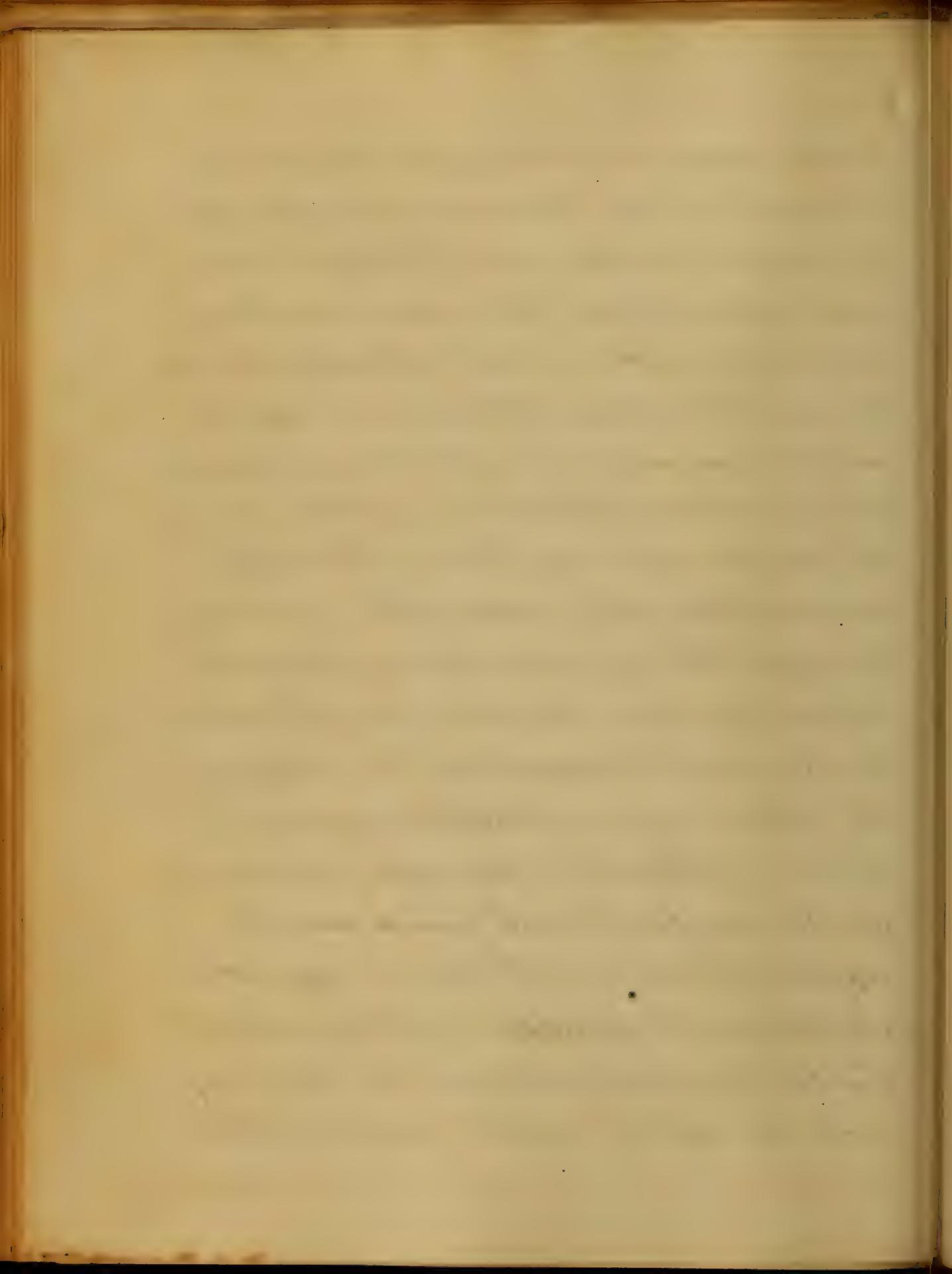
used.

In the use of the Seton, the seton needle, loaded with the seton, is inserted about midway of the swelling, from below upwards, including about an inch and a half of the section. The seton is drawn through and tied in front. This is a very effectual remedy in the hydroule of children, which will not yield to absorption. Sir J. Cope frequently used it successfully as an auxiliary to injection, when the injection did not succeed in producing sufficient inflammation; or when the water had begun to accumulate.

The most frequently resorted to, and generally admitted the most effectual operation, for the cure of hydroule, is Injection. If the medical world is not indebted to Sir James Earl's for the origin of this operation, it certainly owes him much for introducing it into general prac-

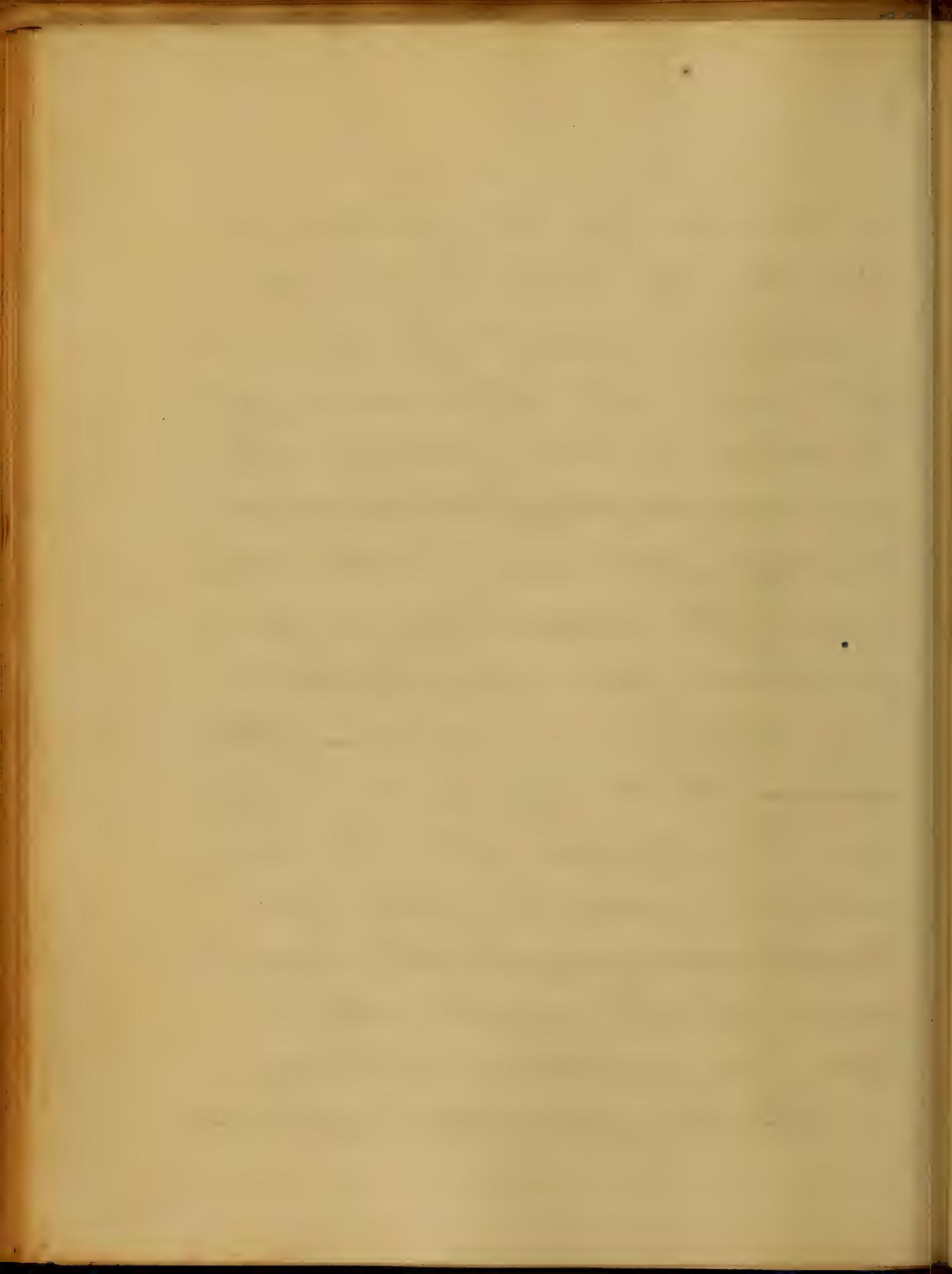


rice. It is performed by placing the patient in a recumbent position. The surgeon sits by his side. He grasps the scutellum with his left hand, so as to make it tense. Then about two thirds downwards, with a slight obliquity outward, he inserts the trocar. He then pinches up the scutum, so as to secure the tunica vaginalis. He then withdraws the trocar, and then pushes the cannula up to its full in the sacrum. A elastic bottle with a stop-cock, is used for holding in the injection. Having retained the cannula firmly in its place, (for if the cannula has been at all disadjusted, the safety of the patient requires, that the injection should be desisted,) the stop-cock is introduced into the cannula, the cock turned, and the injection thrown in. The tunica vaginalis should not be distended by the injection. It should be drawn about in the tunica vaginalis, so as to be made to apply itself to

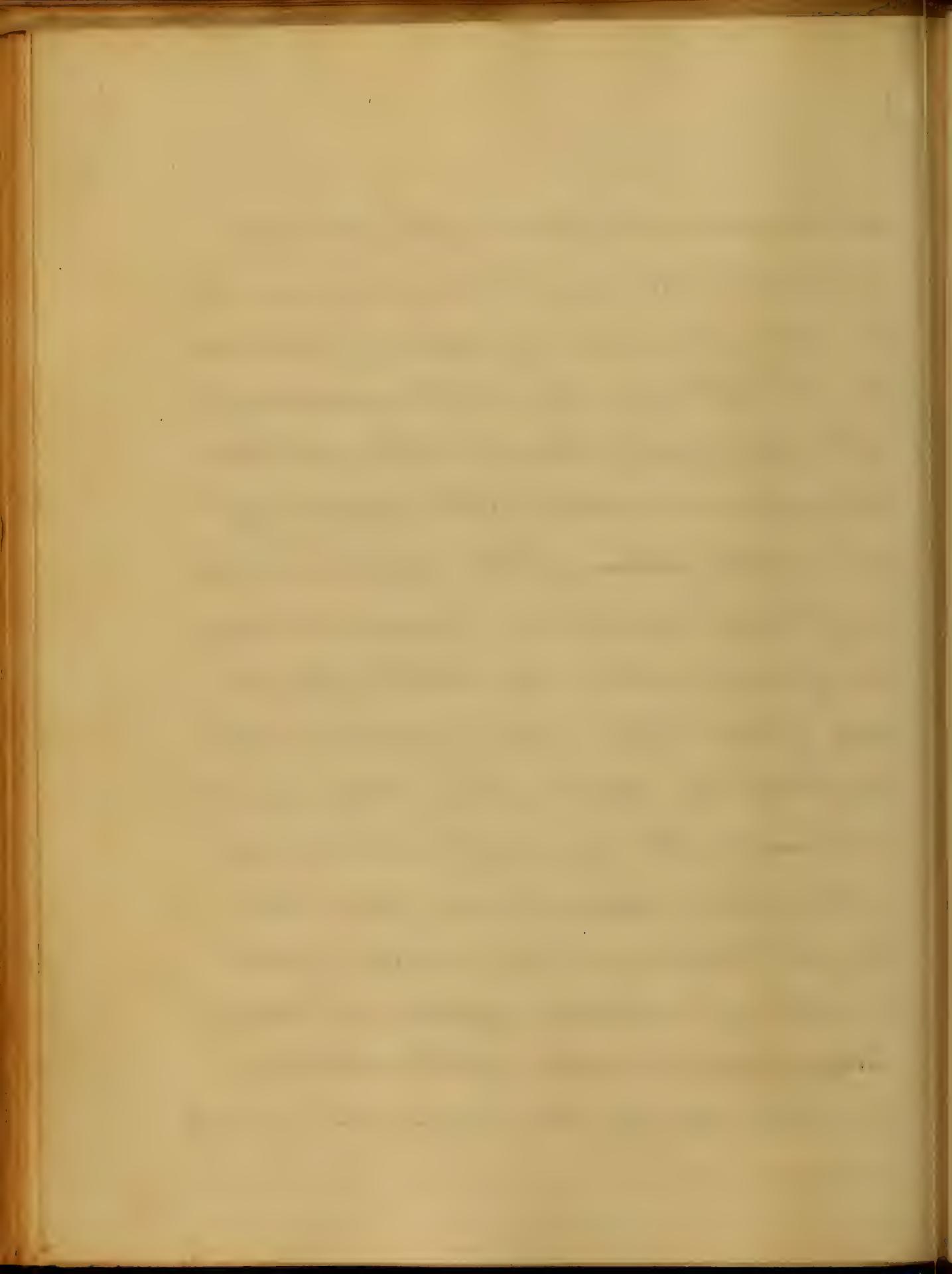


the whole surface. If much be injected, says Dr. Astley Cooper, "the cremaster muscle is liable to contract, and force a part of the fluid by the side of the vasculæ into the cellular membrane of the scrotum, and sometimes producing inflammation and sloughing of that structure." The danger of injection escaping into the cellular texture of the scrotum, being an extreme, and sometimes fatal sloughing, has detained many surgeons from the frequent use of this operation. When the surgeon has been unfortunate, the intense pain of the patient, soon makes him acquainted with his bodily blunder; suspending, says, Dr. Astley Cooper, the opinion of Haller and others, that this tissue is an insensate part of the body.

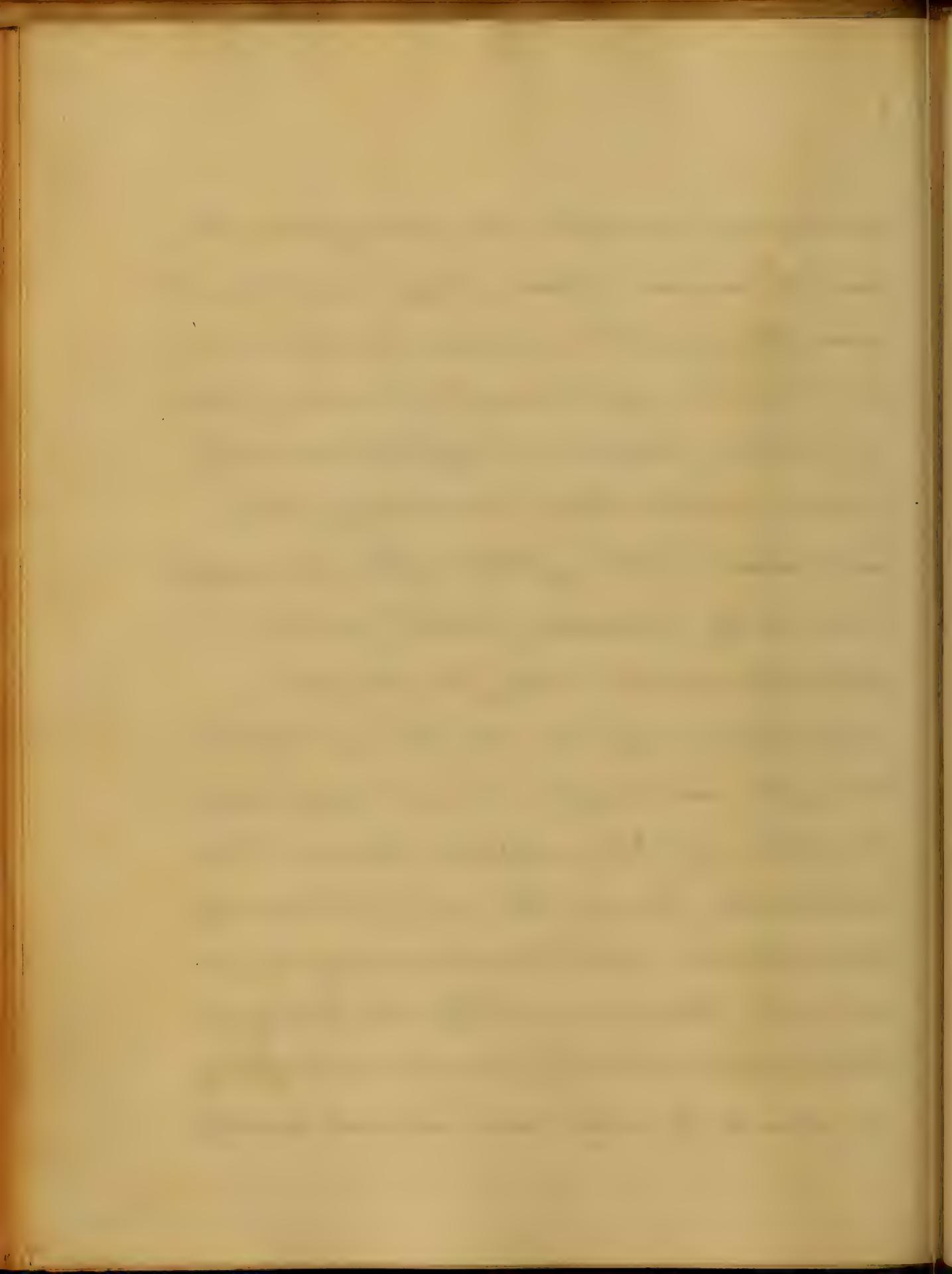
There are a great variety of injections used



in this operation. The favorite of Sir James' Rule
was port wine. He says, "I have commonly used about
two thirds of wine, to one of water; if the parts ap-
pear insensible and no pain at all was produced,
by the first quantity thrown in, I have withdrawn
the syringe and added to the proportion of
wine: on the contrary if the complaint was acute,
and the parts irritable, I have increased the pro-
portion of water: so that I have hitherto been princi-
pally guided by the degree of sensation, which
the patient has expressed. I have lately used cold
water mixed with wine, and found it to act as
well as when astringents were added." The
strength of port wine being uncertain, make
it rather an uncertain injection. Sir John
Cooper prefers, one drachm of the extract of
Sonic, to one part of water; or of spirits according

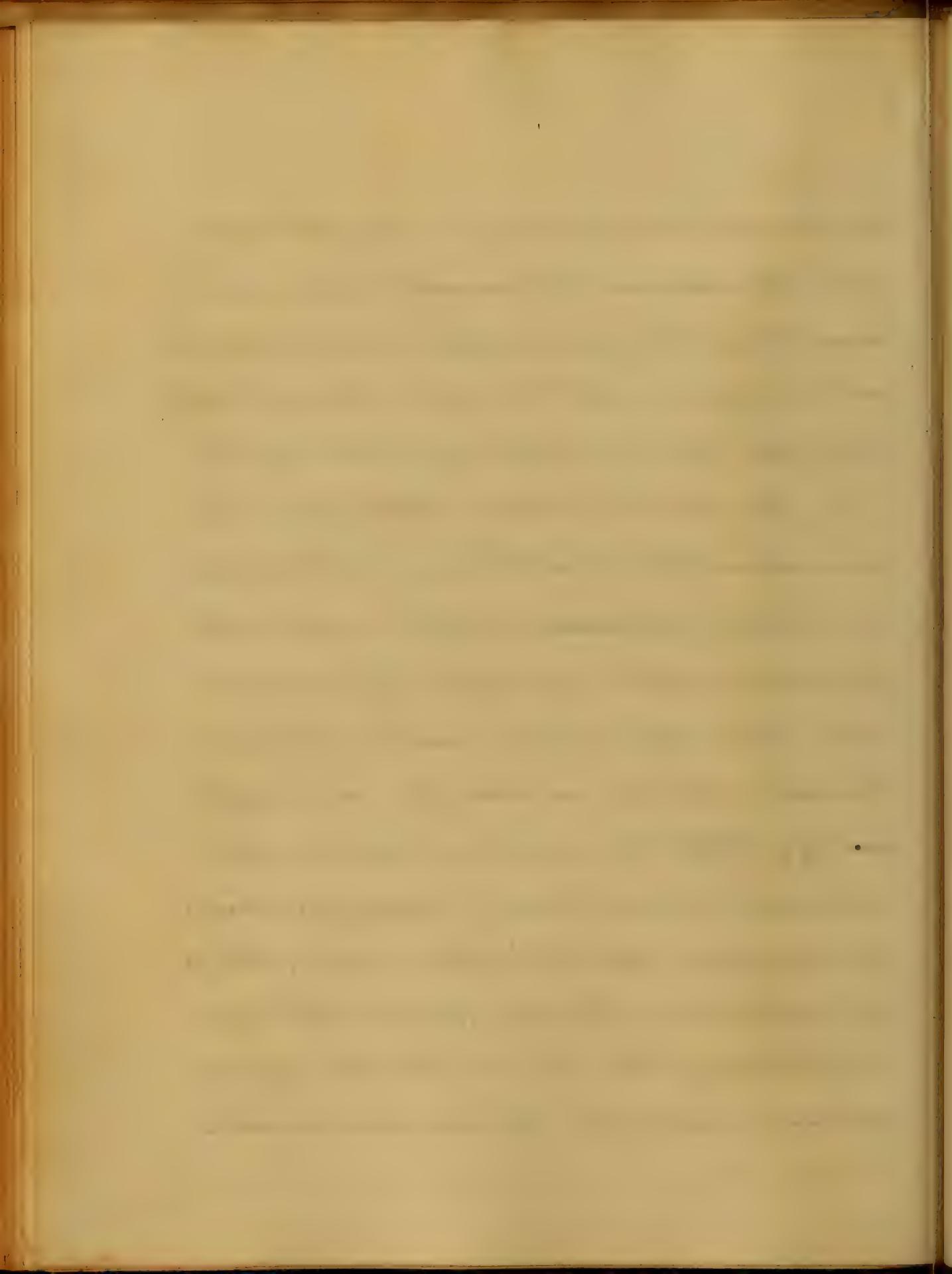


spirits of wine, one sixth to five sixths of water. Bi-
neau, the surgeon of France, proposes a solution of
iodine. He employs the tincture, in the proportion of
one to two or even four drams, to an ounce of water.
As a cure is claimed to be effected soon by
iodine, and that there is no danger from
infiltration, but the infiltrated fluid is readily
removed by absorption, I shall give it a
particular notice. I copy from Sunglow on
new Remedies page 477. In referring to Bell's
using the tincture of iodine, he says "Mr. J.
H. Martin of India, appears however to have
anticipated him in the use of the remedy.
Up to the time of the presentation of his pa-
per to the Medical and Physical Society of
Calcutta (Jan. 1835.) he had used it successfully
in upwards of ninety cases, and subsequently,



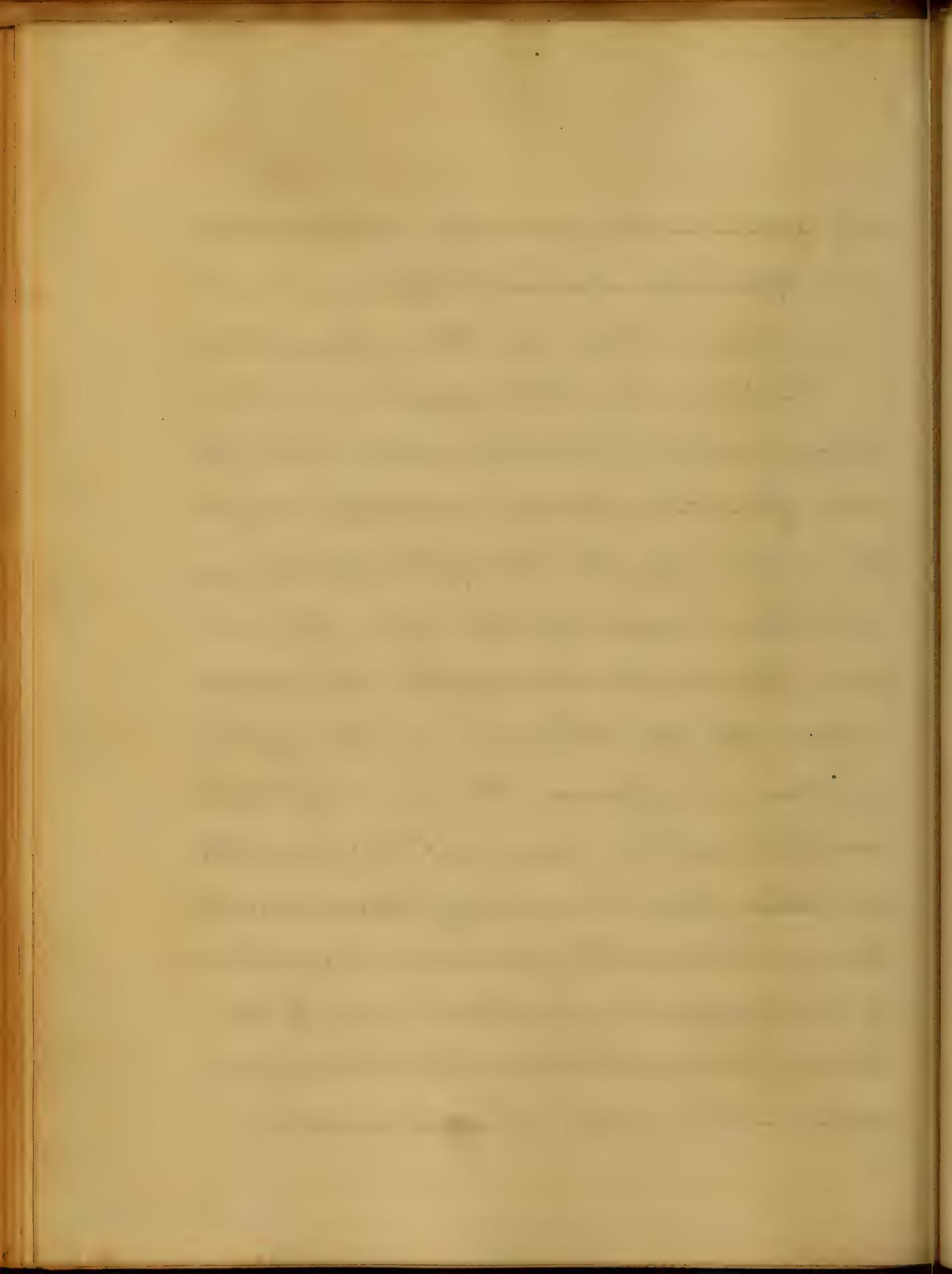
he communicates to the same society the results of his after experience. The number treated since March, 1832, at the Natur Hospital, was seven hundred and seventy seven: of these, seven hundred and sixty six had a solution of iodine injected.

"In order to ascertain whether it was by mere stimulation that the cure by the tincture was obtained Mr Martin treated ten cases with a common cathartick - consisting of undiluted wine, and with dilute linimentum tytae, in the same proportion as that of iodine - fifty water 3*vij*. Of this two drams were injected and retained; the pain during twenty four hours was excessive, and the inflammation, though not proportionate to the pain, was much longer in subsiding than when the tincture of iodine solution was used; this was also remark-



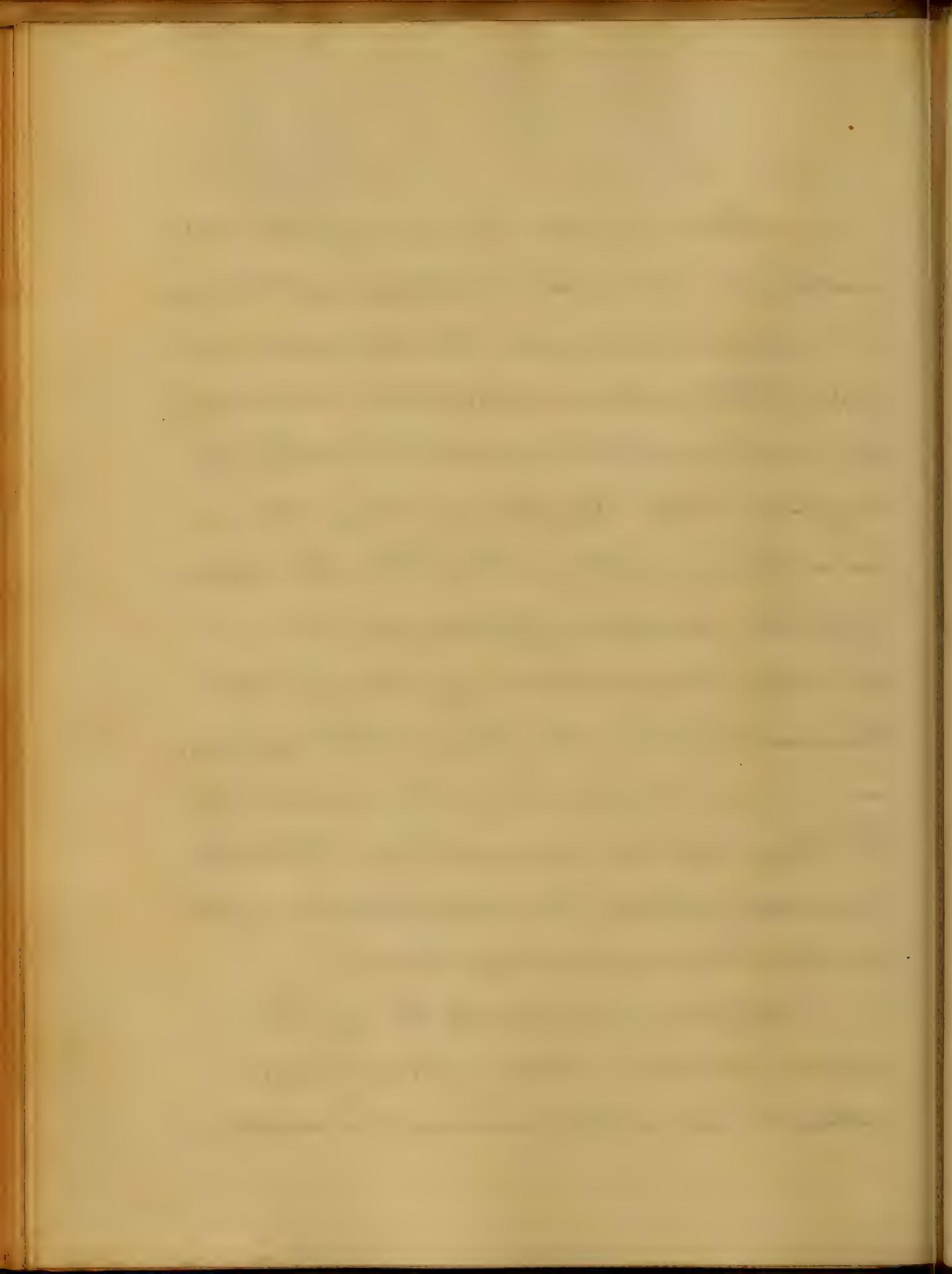
ably apparent in the cases treated with undiluted wine. Of seven hundred and sixty six cases it does not appear that more than five failed.

"For Hydrocels containing from six to thirty ounces of fluid, two drams of the solution of tincture of iodine are sufficient; for those containing from thirty to sixty ounces, three drams; and for those of a larger size, four to five drams. When the hydrocele contains less than three ounces, a dram of the injection is sufficient. The cure is effected much sooner by iodine; and if any infiltration takes place it is readily absorbed. Highly favourable results have also been obtained by M.M. Oppenheim and Fricker, and by Mr. Bransby Cooper, and the method has long largely employed in this country with equal advantage."



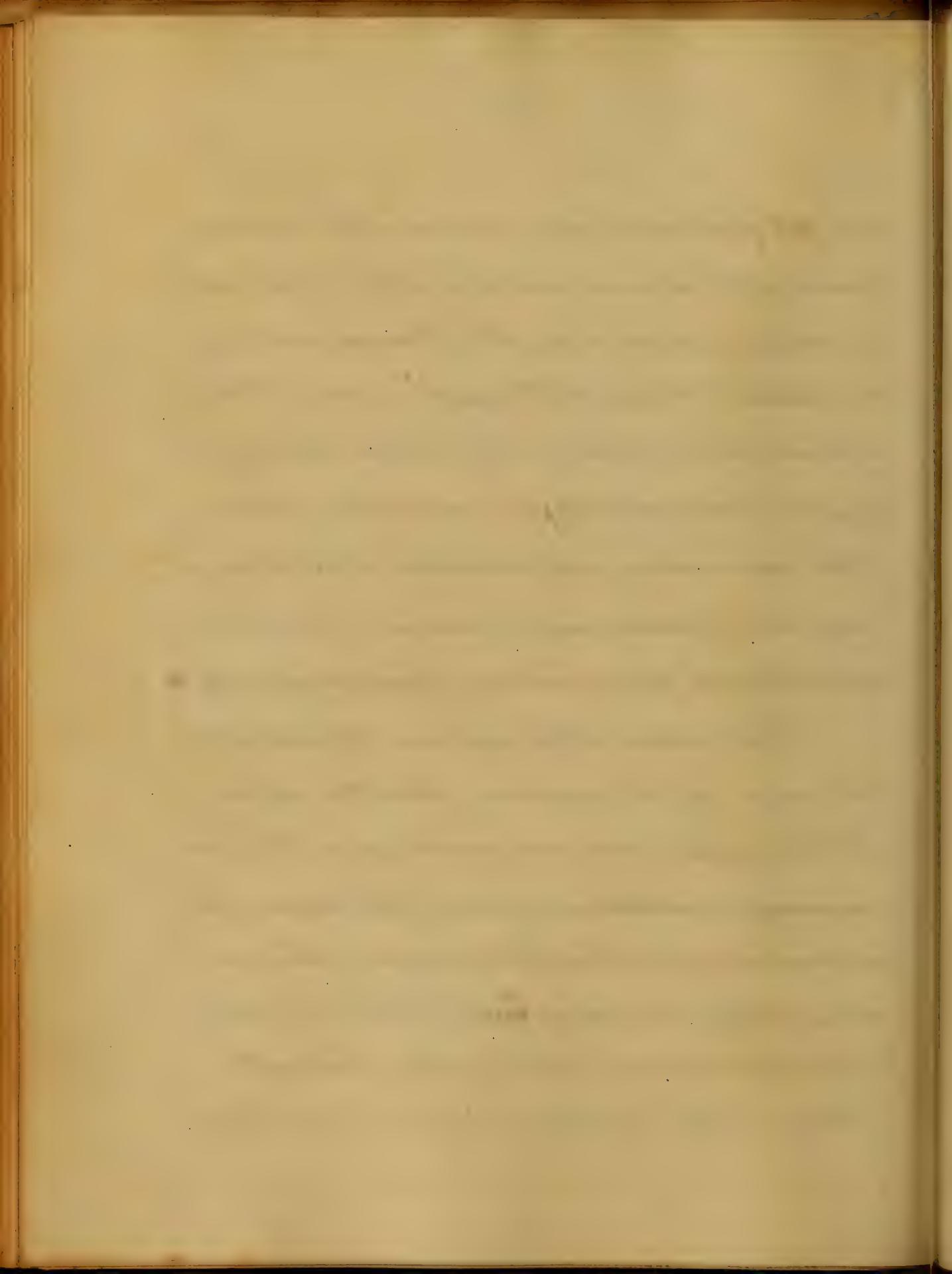
Chlorine gas has been used by H.H. Miller
and Deundie. The recte is distended with the gas.
It is retained two minutes. It is then allowed to
pass off. The injection is repeated two or three times
in succession, which are said to be sufficient
to effect a cure. Injections of water, cold air,
and the same fluid which has been drawn
off, have sometimes effected radical cures.
Sir Astley Cooper tried an injection of milk.
He remarks, "milk I once threw into the tunica vag-
inalis and it returned undiluted; but some of
the larger portions remained in the tunica
vaginalis, which led to so violent an inflam-
mation, and produced suppuration."

The pain produced by the injection
takes a circutous route, or more properly it
follows the course of the nerves of the rectum.



It is felt first in the groin, next near the spinous process of the ilium, and then in the back. And it sometimes passes along the filament, sent by the perineal branch of the pudic nerve to the scrotum, to the neck of the bladder. The type of pain produced is by no means a criterion to the succeeding inflammation. A solution of muriate of ammonia in vinegar, which produced much pain, was very frequently unsuccessful.

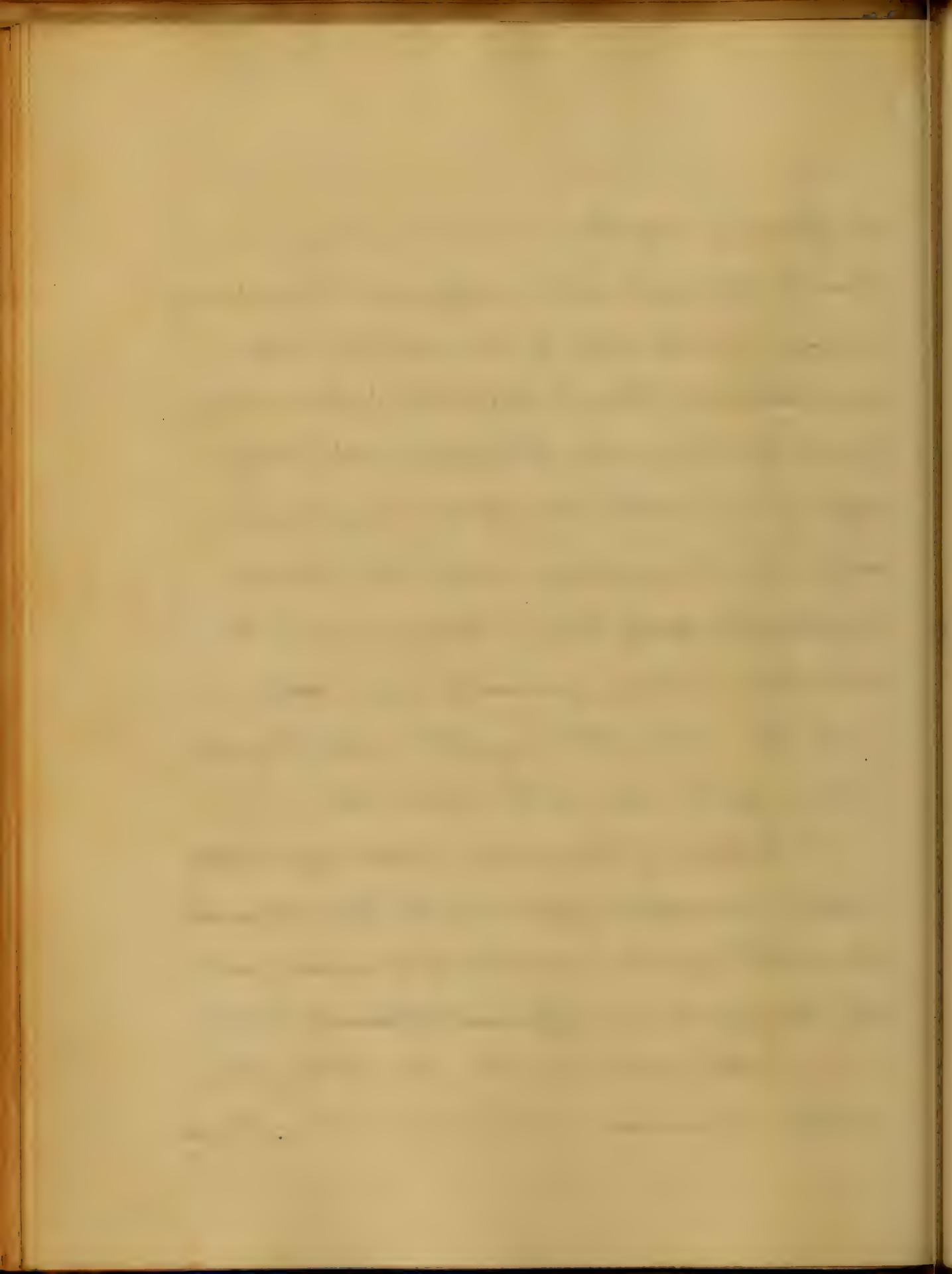
The treatment after injection depends upon the action of the injection, and the action of the injection depends much upon the temperament, constitution age &c of the patient. It is prudent to take but little exercise, take no stimulating food, and keep the bowels gently relaxed, until we can judge, what will likely be the amount of inflammation. You



the following day the scrotum be reddened, and
then be tendered and swelling, use the astringent
bandage, let the diet be thin, and give saline
purgative. But if there be but little inflammation,
let the diet be generous, if necessary stimulating.
Take exercise. Bath about. If this do not induce
sufficient inflammation, or water has begun to
recrudesce, Sir Astley Cooper had recourse to the
jeton. The swelling generally increases for a
week, then it is stationary for several days, and
subsides by the end of the third week.

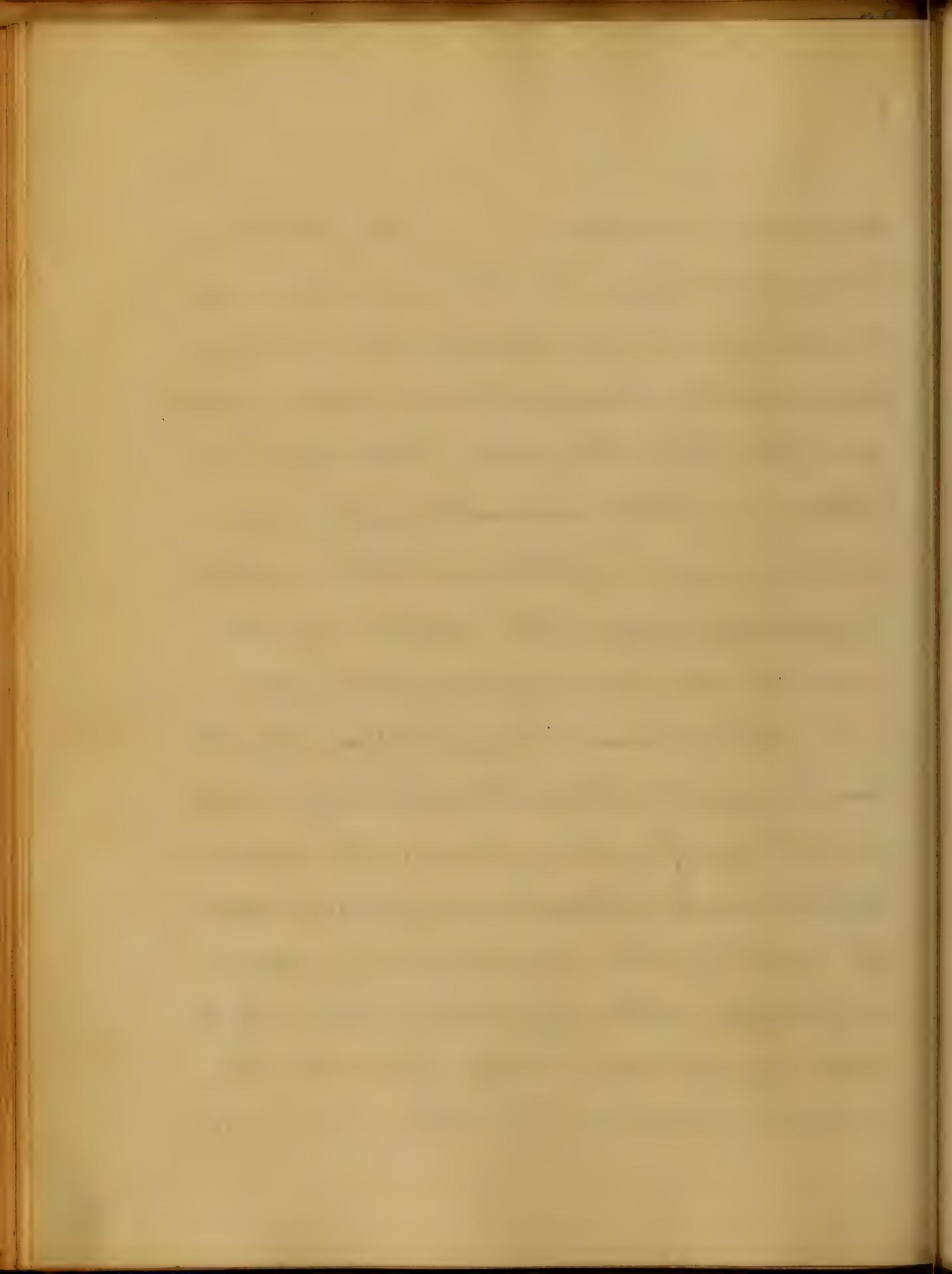
Instead of the injection a tent or gum elastic
catheter is sometimes passed into the tumour sanguinis
through the canula and allowed to remain until
they have produced sufficient inflammation.

The testes in their descent bring down
a portion of peritonium, which becomes the tunica



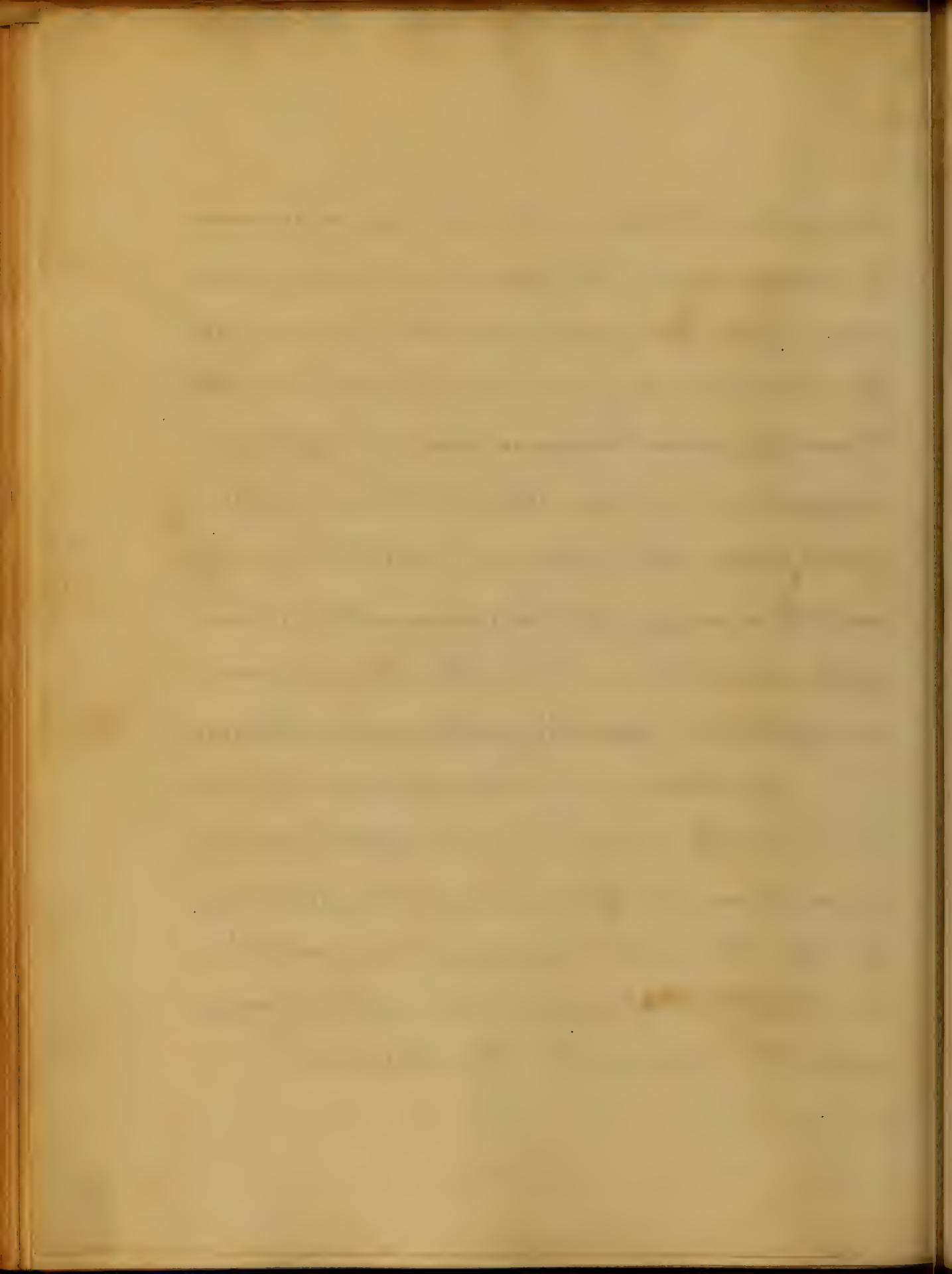
vaginalis, and between these two sacs, which become entirely distinct from each other, is the remains of their previous connection. If there should be any imperfection in the closure of this prolongation, or any part of it, within that portion there may be an effusion of fluid; or adhesions, &c., may be formed in any part of the cord, either constitutes Encysted Hydrocele of the cord. It may also occur in the round ligament of the uterus.

This is a rare disease. In Hydrocele of the tunica vaginalis it bears the proportion of 1 to 200. It is of more frequent occurrence in the infant than the adult. Its position is generally about the middle of the cord, but it may assume any variety in this respect. It is commonly of small size, globular in shape, light blue color, transparent, firm, and generally so tense as to



but very obscure fluctuation, when struck upon it sounds as if it contained air. Like Hydrocele of the tunica vaginalis it gives no pain, and generally but little inconvenience; except from the disagreeable impression it makes on the mind. When the swelling forms in the inguinal canal, it is difficult to distinguish it from hernia. But unless there are symptoms of strangulation, which would prove it to be hydrocele, there would be no necessity of a hasty diagnosis; then we have only to wait, and time will bring it within our reach, and afford us the opportunity of making an accurate diagnosis.

In children it is usually cured by abstraction. We make use of the same applications as we do to simple Hydrocele, at the same time of life. In adults lancing is only partially, and injections often fail. Sir Astley Cooper gives the preference to the seton.



An.

Inaugural Dissertation

On the Therapeutics of Iron

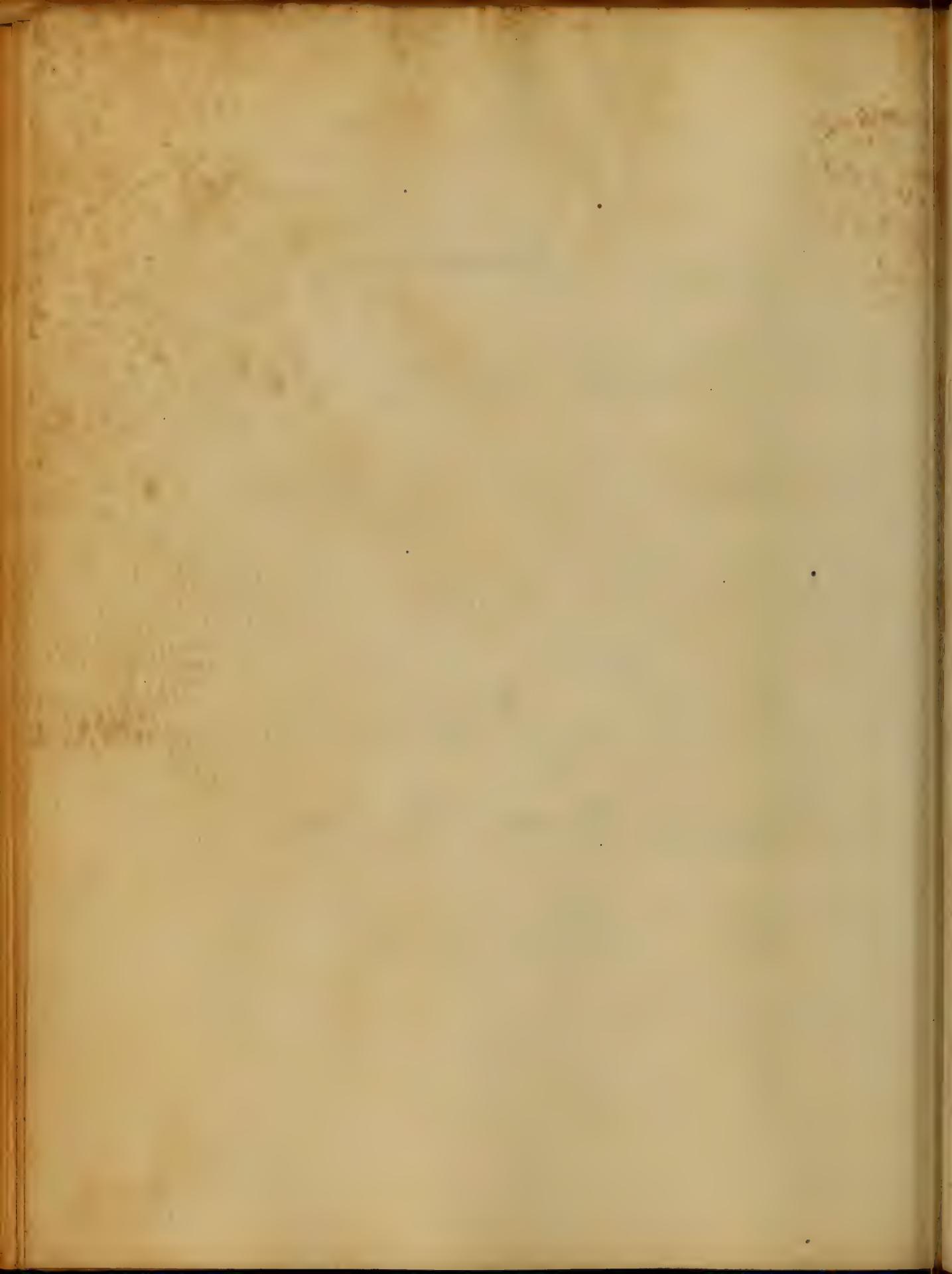
Submitted to the Examination
of the

Provost, Regents, and Faculty of Physic
of the

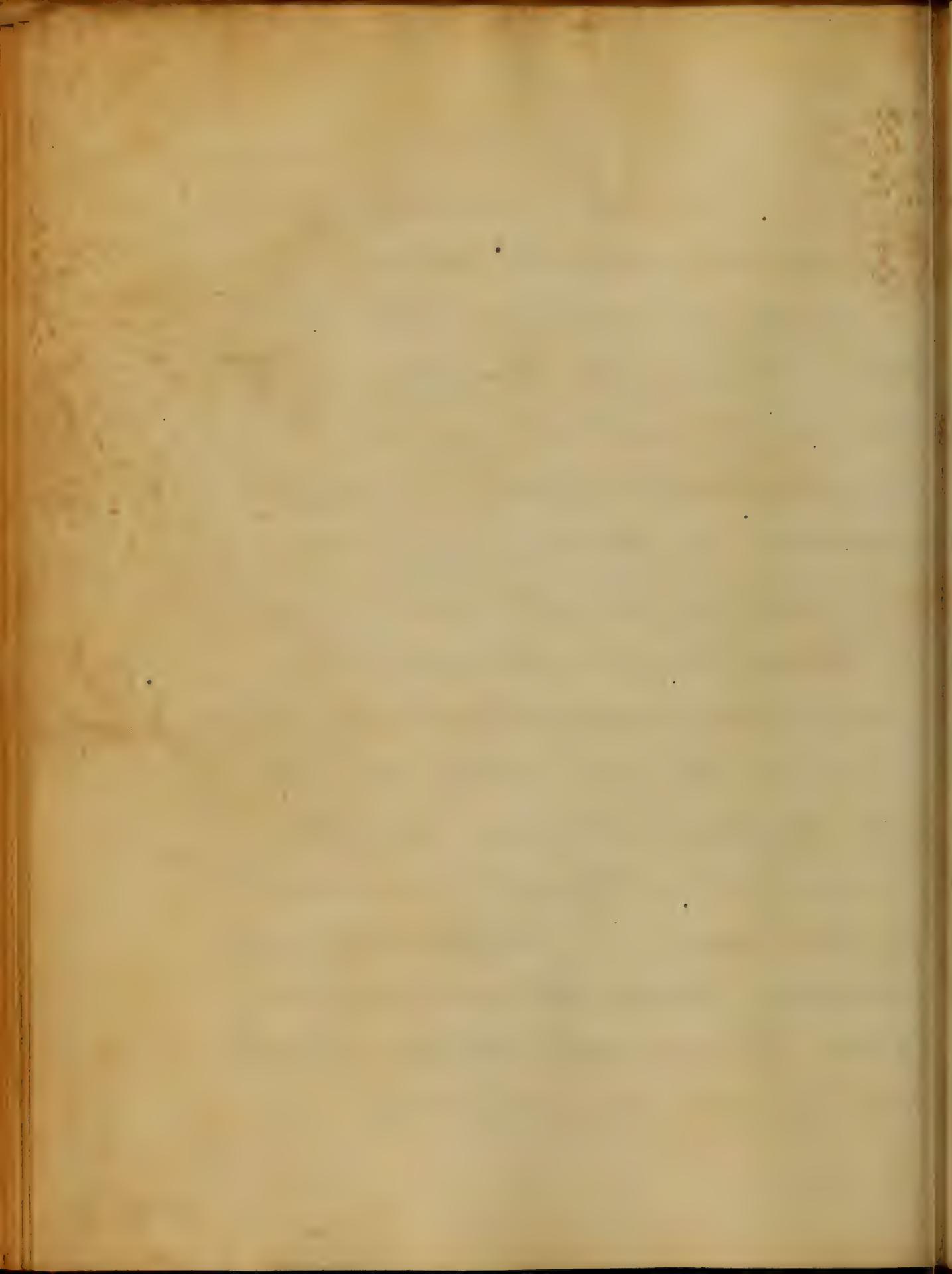
University of Maryland
for the

Degree of Doctor of Medicine.

By John Peuck.

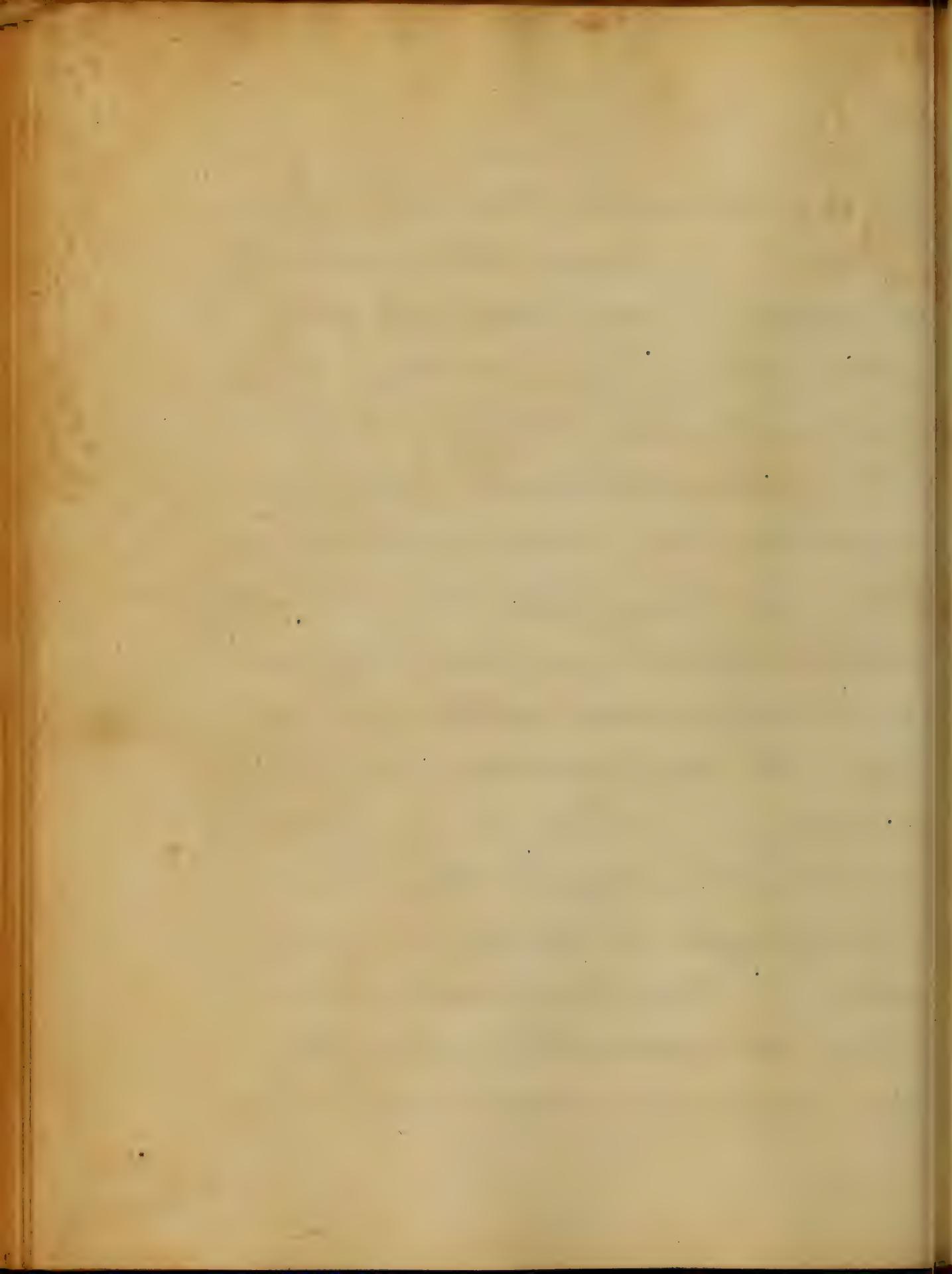


There is probably no known agent existing, which has not been more or less experimented upon by the therapeutist. Curiously has he explored into the three great divisions of matter, guided at times by an imagined hope of success, or basing his calculations upon the known laws of causes and effects — drawing his resources from the meanest plant, as well as the loftier flora of our tropical climates — from the easiest as well as the subtlest minerals — from the sluggish fauna of our rigid zone as well as the giant mammals of our southern seas. Whatever will prolong existence — whatever will stand for a moment between life and death — whatever will wage a successful warfare against decay, have



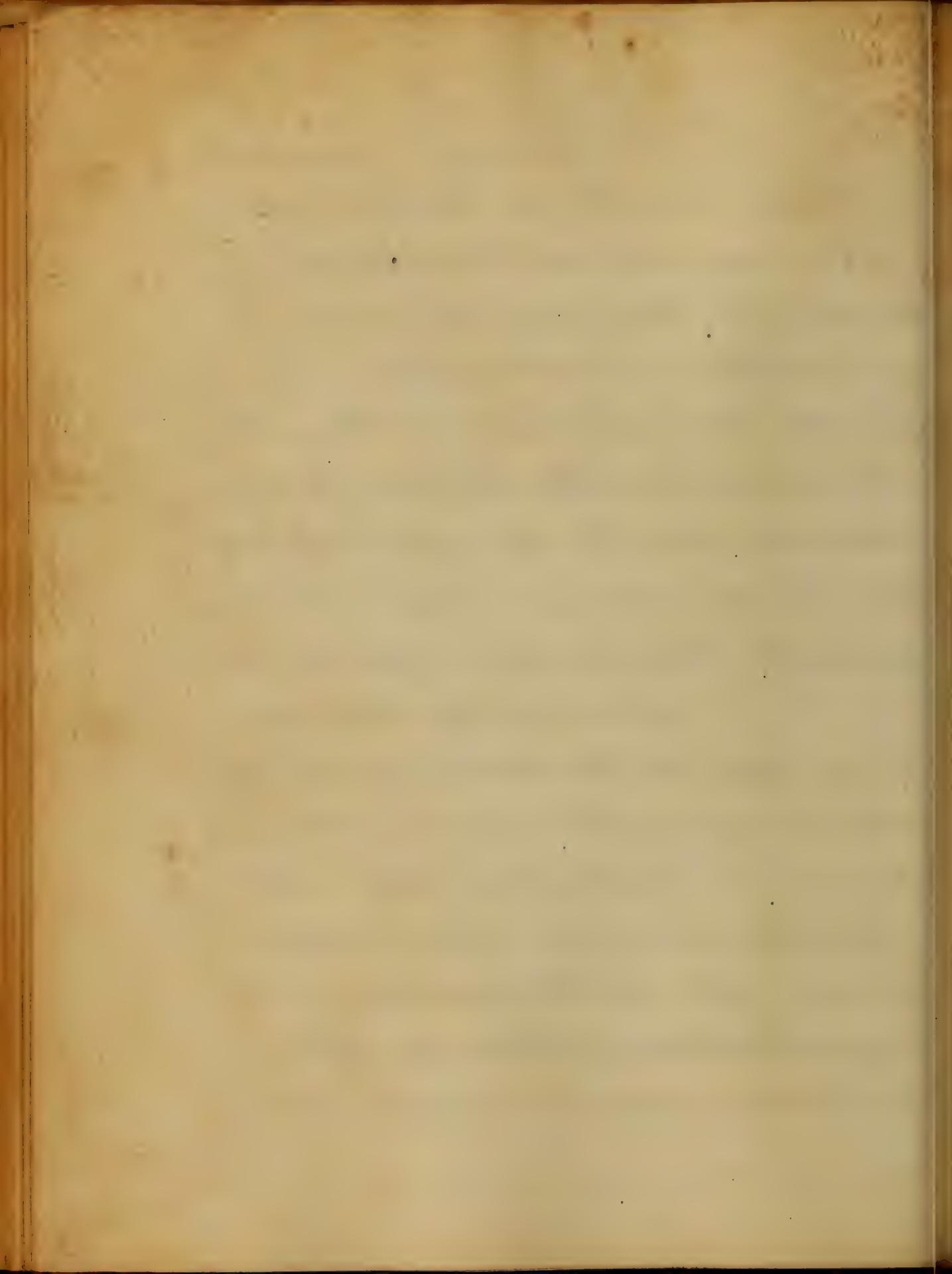
been and still are the chief objects of his inquiry. To man life is sweet, whilst the footfalls of decay strike upon his ear with a solemn sound; even though his preparation for a future sphere be abundant.

Thus the therapist, urged on by a noble ambition, wrecks not the silent labours of passing years, even with, indeed he will see the color fade from his own cheek, if he have but added another day or another hour to the waning existence of his fellow creature. So has he refused to pass by the most trivial agent, without having carefully weighed its power for good or for evil. Many have failed his purpose, though not attached him - whilst others have crowned his endeavours with unfixed



for success. And though the present generation may smile at the mode of reasoning adopted by the Alchemists, yet we can not but refer that to a noble ambition, which prompted them to compound an "Elixir Vitæ," which should arrest the wrinkle on the old man's brow, cause his eyes again to sparkle and his step to become as light as he who goes forth in the full vigor of his manhood.

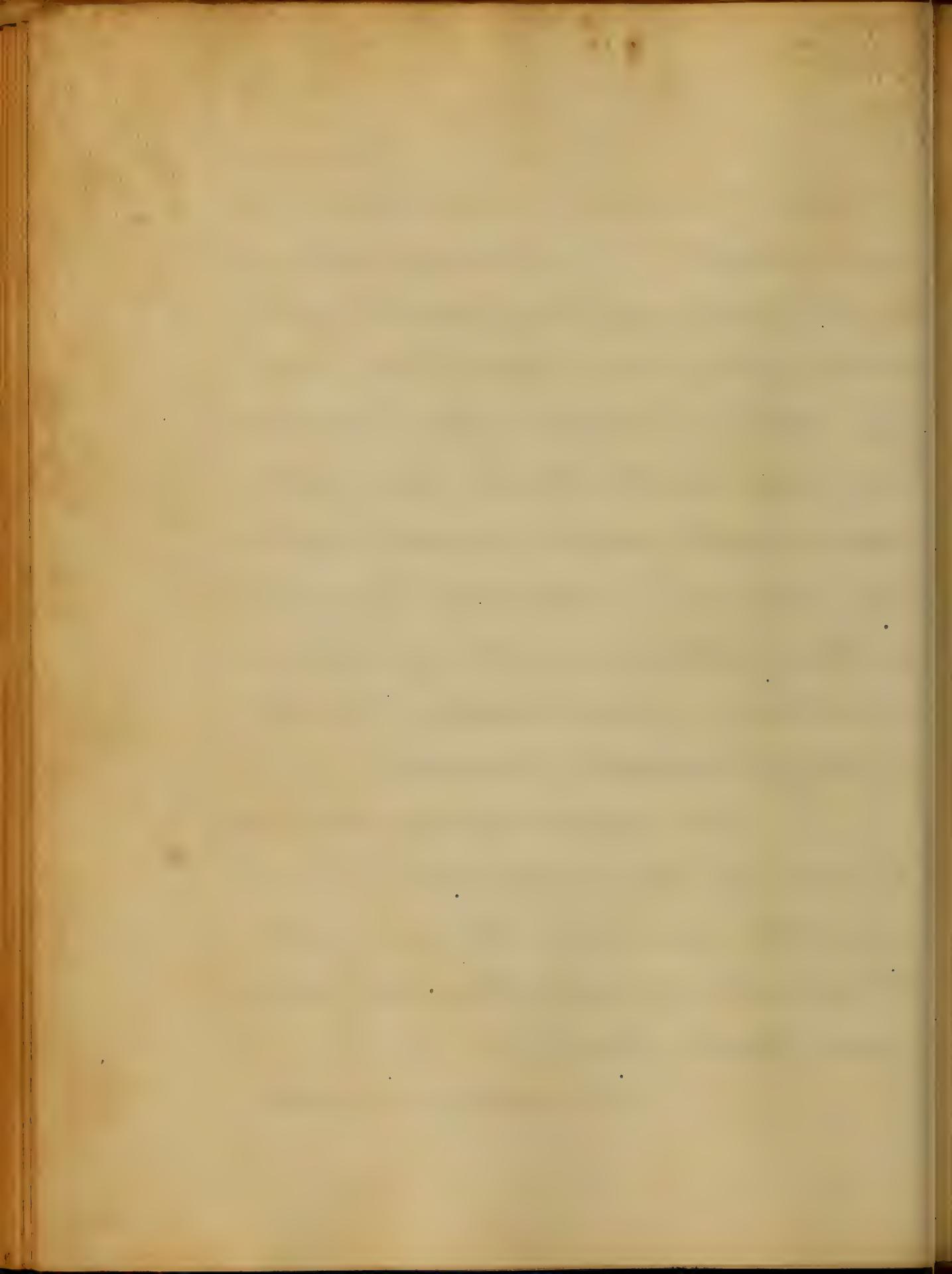
Such has been the intensity of our inquiry into the remedial agencies of different objects, that we find our pharmaco-poeias and dispensatories filled with descriptions of remedies, which seldom, if ever, enter into the prescriptions of the regular practitioner; whilst a few others are his constant companions, and form the chief



weapons which he must wield in defence of life and health. Here we at expense from the catalogue of remedies, the agents - Mercury, Iron, Opium and Quinine with a few others, we should be left as defenceless, as a craft upon the troubled deep, without mast or anchor, sail or rudder; whilst life would become still farther hedged up with uncertainties, and the practitioner compelled in a great measure by the virtues of expectant treatiseus:

From such considerations we have concluded at present for your consideration some remarks upon the Therapeutics of one of these indispensible agents, Nam - Iron.

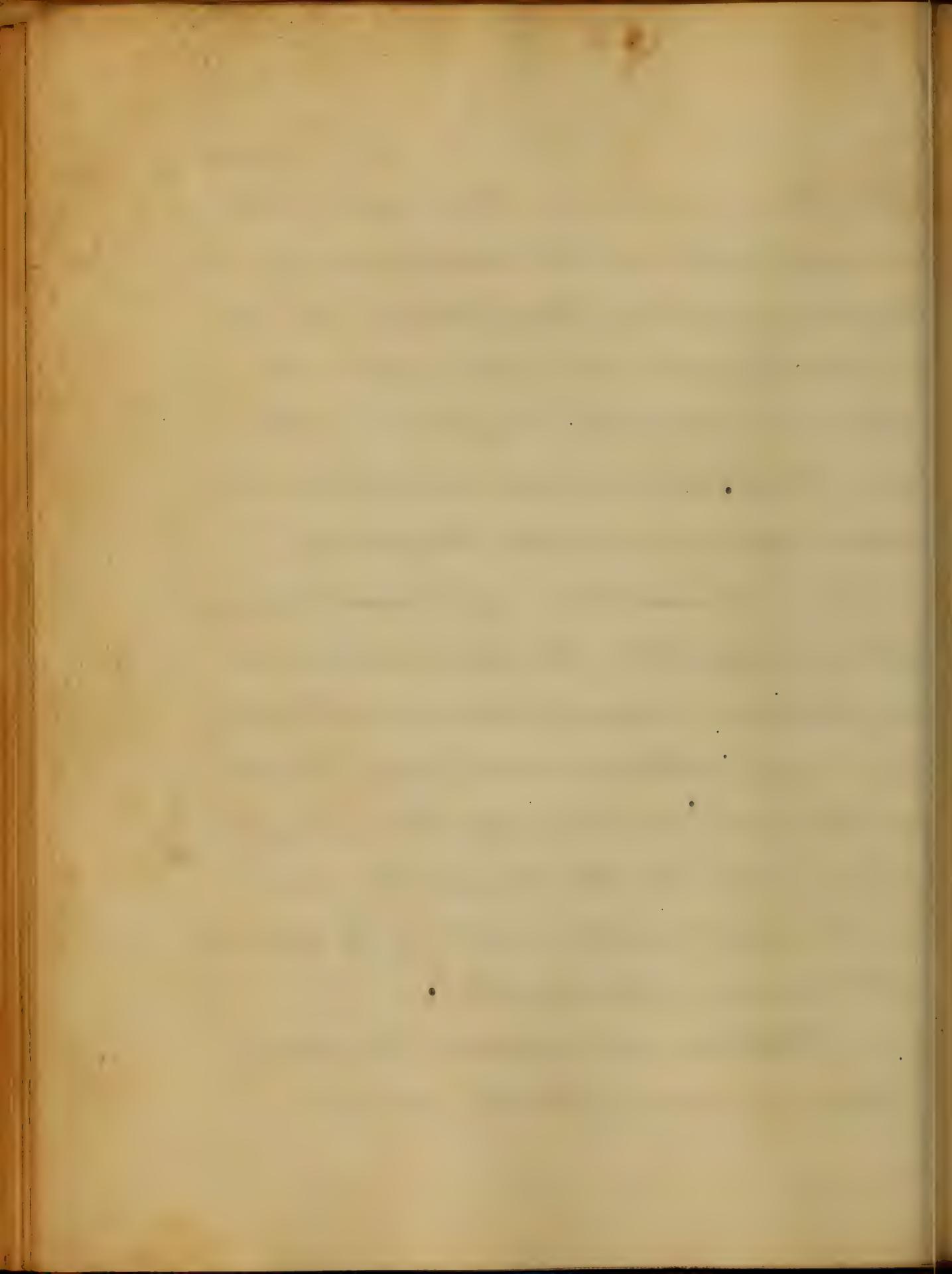
It is pleasing to reflect,



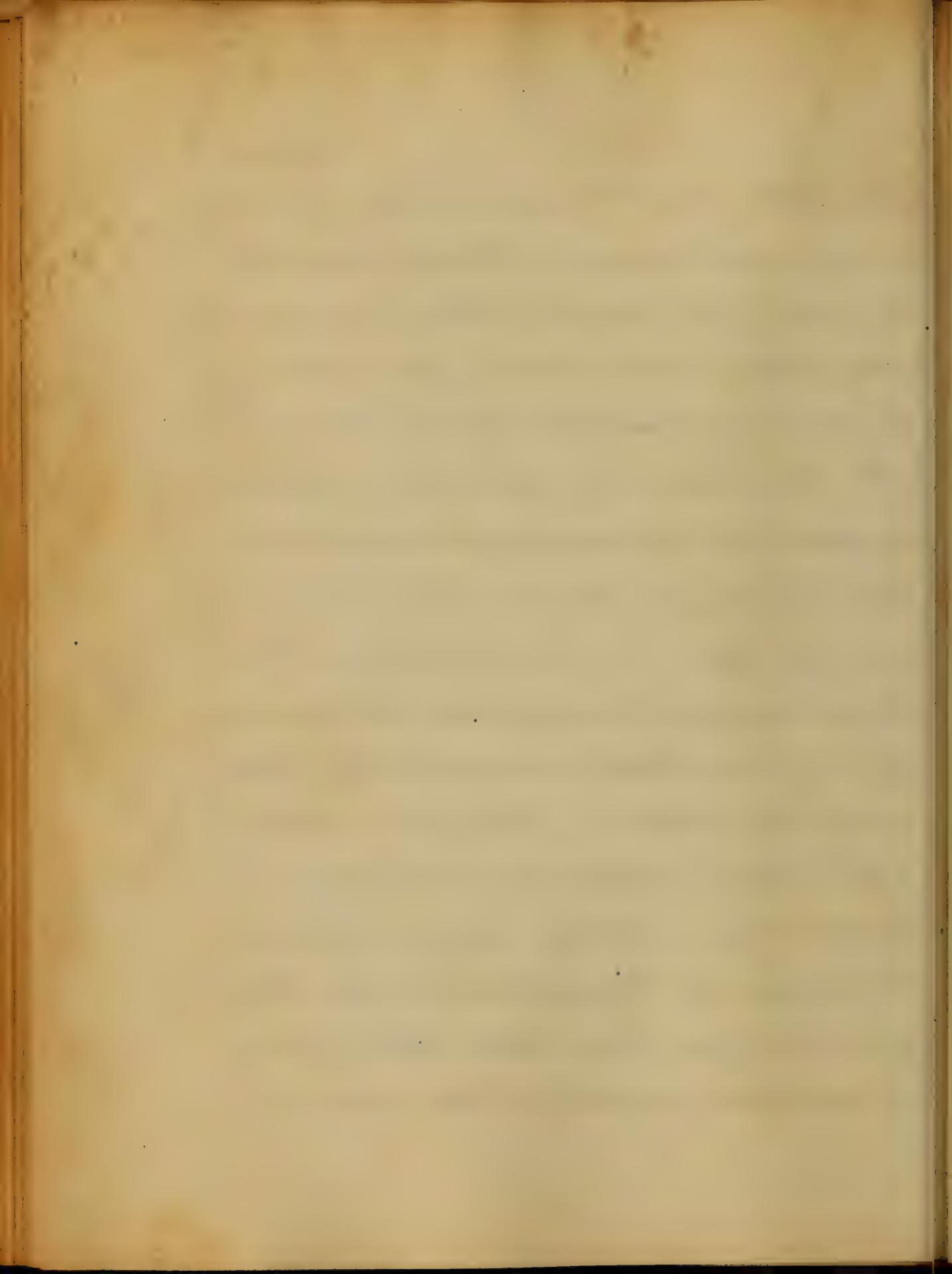
when looking around us, that an agent, which so widely enters into the mechanism of the natural as well as the artificial - the animate as well as the inanimate - the useful as well as the beautiful, at the same time holds a rank second to no remedial agent known to the therapist:

It is not essential, yet it excites admiration, to know that the rail upon which we glide from place to place, and the slender wire whereon words travel swift as thought, are ultimately the same agent, which enters into the composition of one of the most essential parts of the mechanism of the human framework.

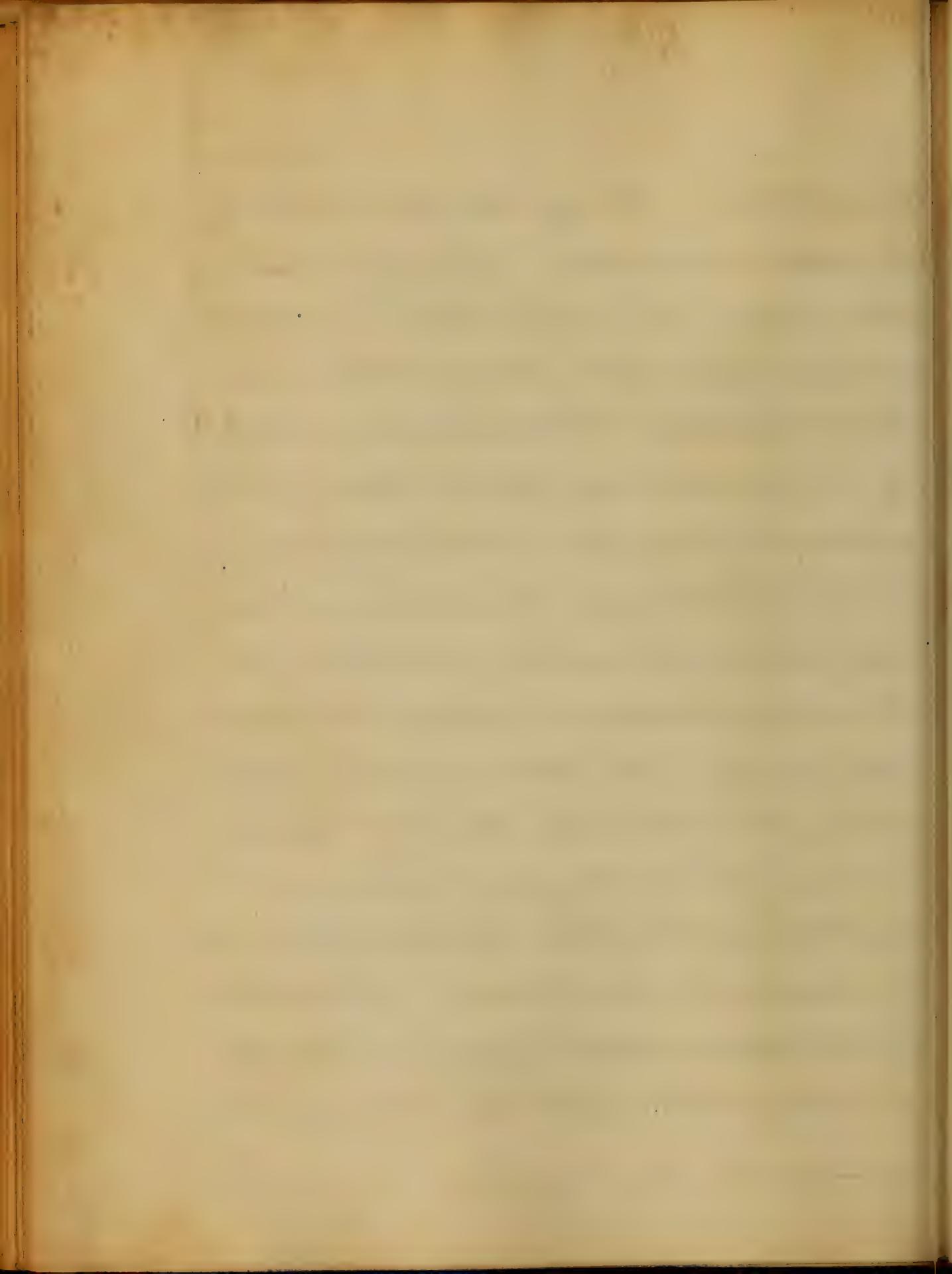
Whether or not we credit the story of Melampus and Apelles, we are



compelled to date the use of Iron back to
a very ancient period. It was undoubtedly,
the first of the minerals which was secund-
arily used, never losing for a moment
the confidence reposed upon it, but on the
other hand constantly increasing in virtues
as drawn out by experiment, or as shown
beforehand by a process of reasoning
from analogy. Iron is purely a blood
tonic, being at the same time the type and
the only one which we can correctly place
under that class. There are indeed
other agents which act secondarily on
the blood by virtue of aiding or increasing
the process of chymification and chyli-
fication, yet Iron alone has the power
of ministering directly to the deterioration

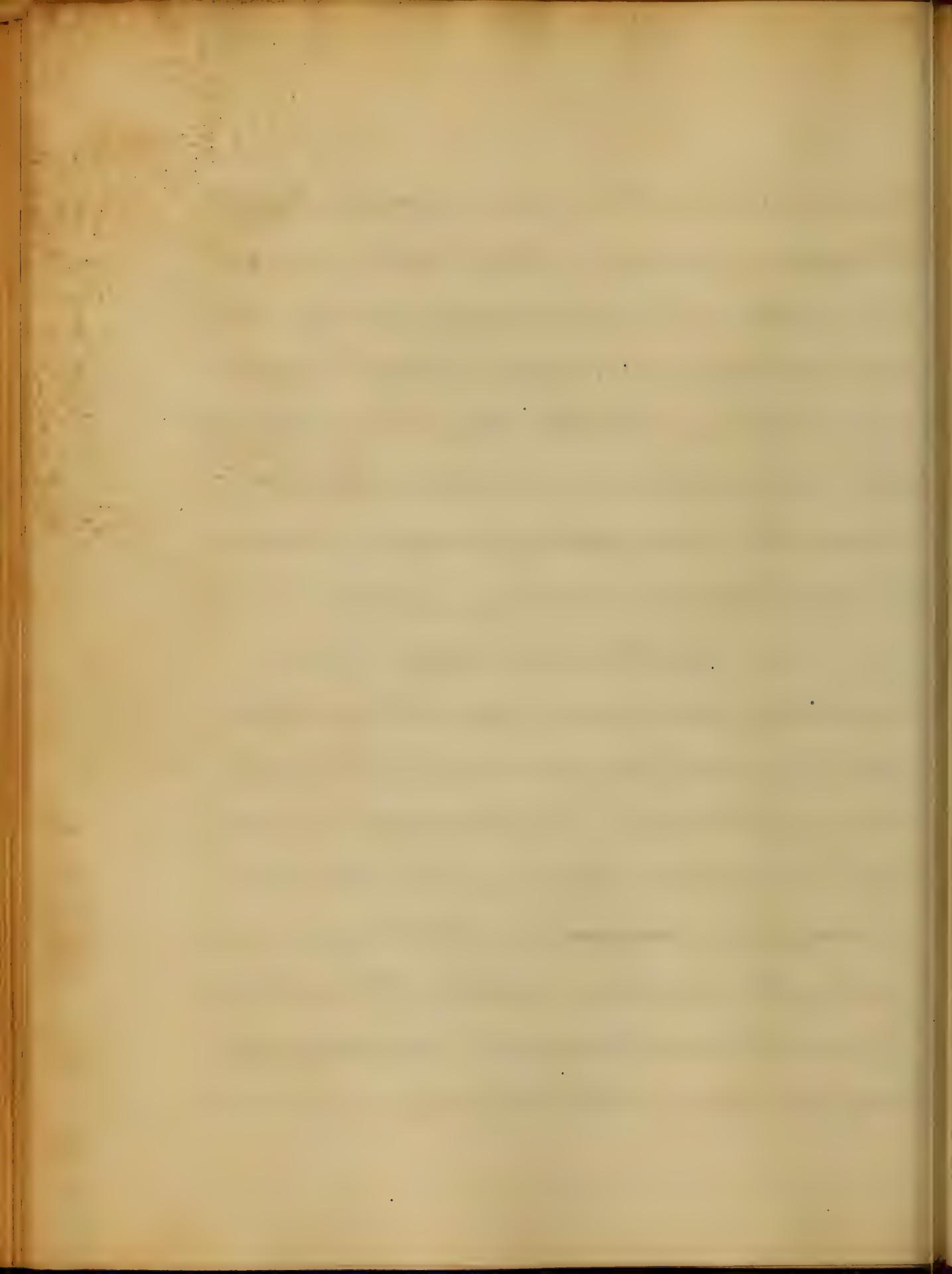


circulation. We may consider it as having two modes of operation - first, by a moderate stimulation owing somewhat to a slight astringent effect upon parts to which it is directly applied, whether externally or internally, or at a distance upon the tissues with which it is brought in contact - by its presence in the serum of the blood, as it has been found in the serum as well as in the red corpuscles. - second, its action due purely to its reconstructive agency, forming new corpuscles where their number is diminished, or bringing to a normal constituency, those that have been deteriorated by disease or loss of blood. Some claim that its reconstructive agency is merely a stimulation of the haemostatic function,



and an increase of the process of nutrition through the system generally - whilst others advocate it by virtue of its ministering directly to the red corpuscles and supplying their essential constituents. Another class would adopt these views combined, and that while it increases the blood-making function, it renders the needed material more easy of access -.

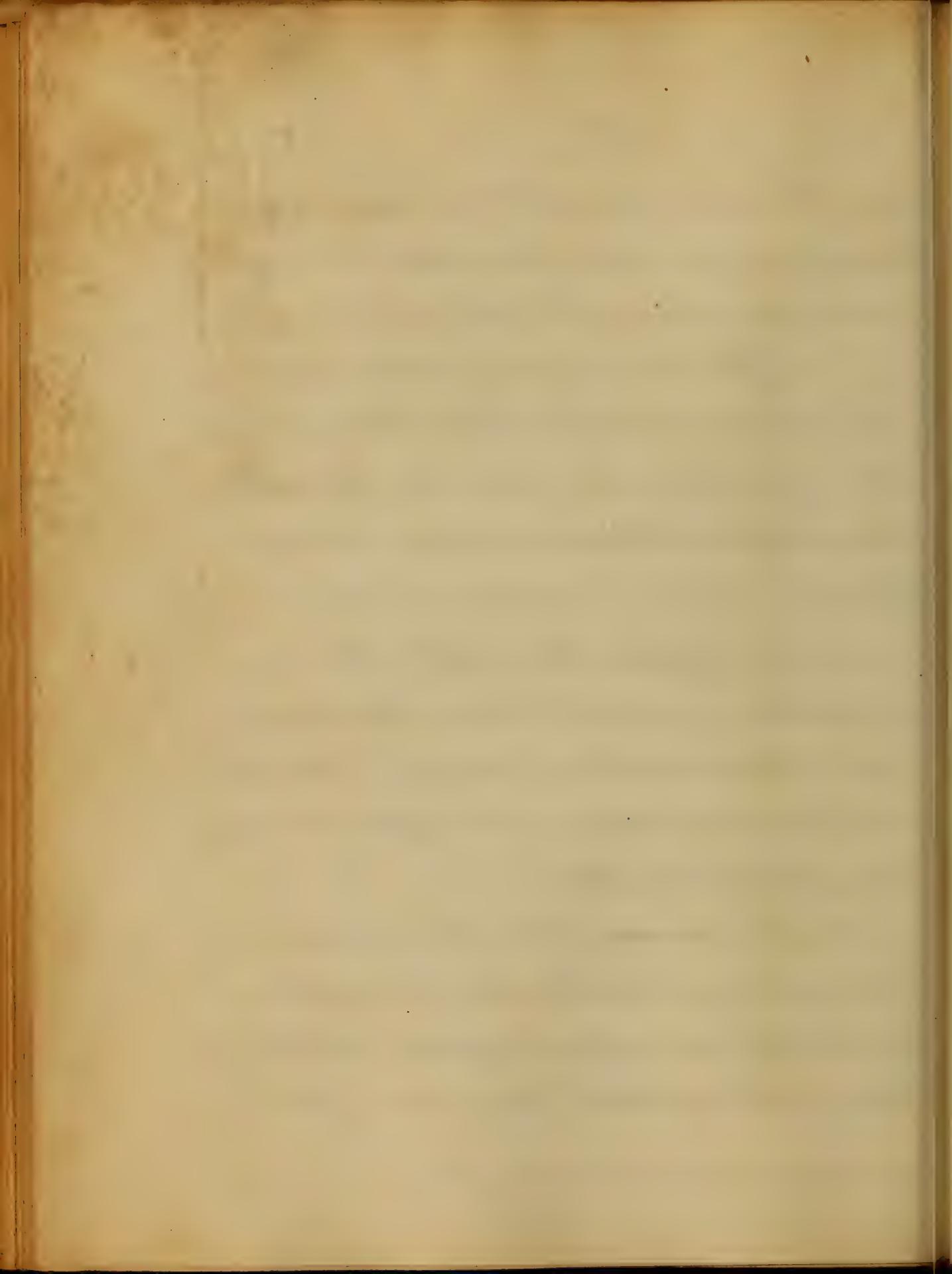
The theory of Feibig is quite captivating, and would seem to prevail upon us more firmly than our real belief. He proposes, as it can not be substantiated by facts, that iron is a carrier of oxygen from the lungs to all parts of the system, entering the respiratory organs as a protocarbonate and becoming sesquioxidized with the escape of carbonic



acids, then carried away with the arterial blood, supplying oxygen where it is needed, and again become converted into the protocarbonate.

The blood is truly and essentially life— Whenever we find its normal constituency disturbed or its elementary composition deteriorated, there we find exhibition of disease in various parts. If it fail to receive its usual amount of oxygen when brought to the lungs for aeration, we find the brain refusing to evolve that amount of nervousity necessary to the normal action of the different organs throughout the system.

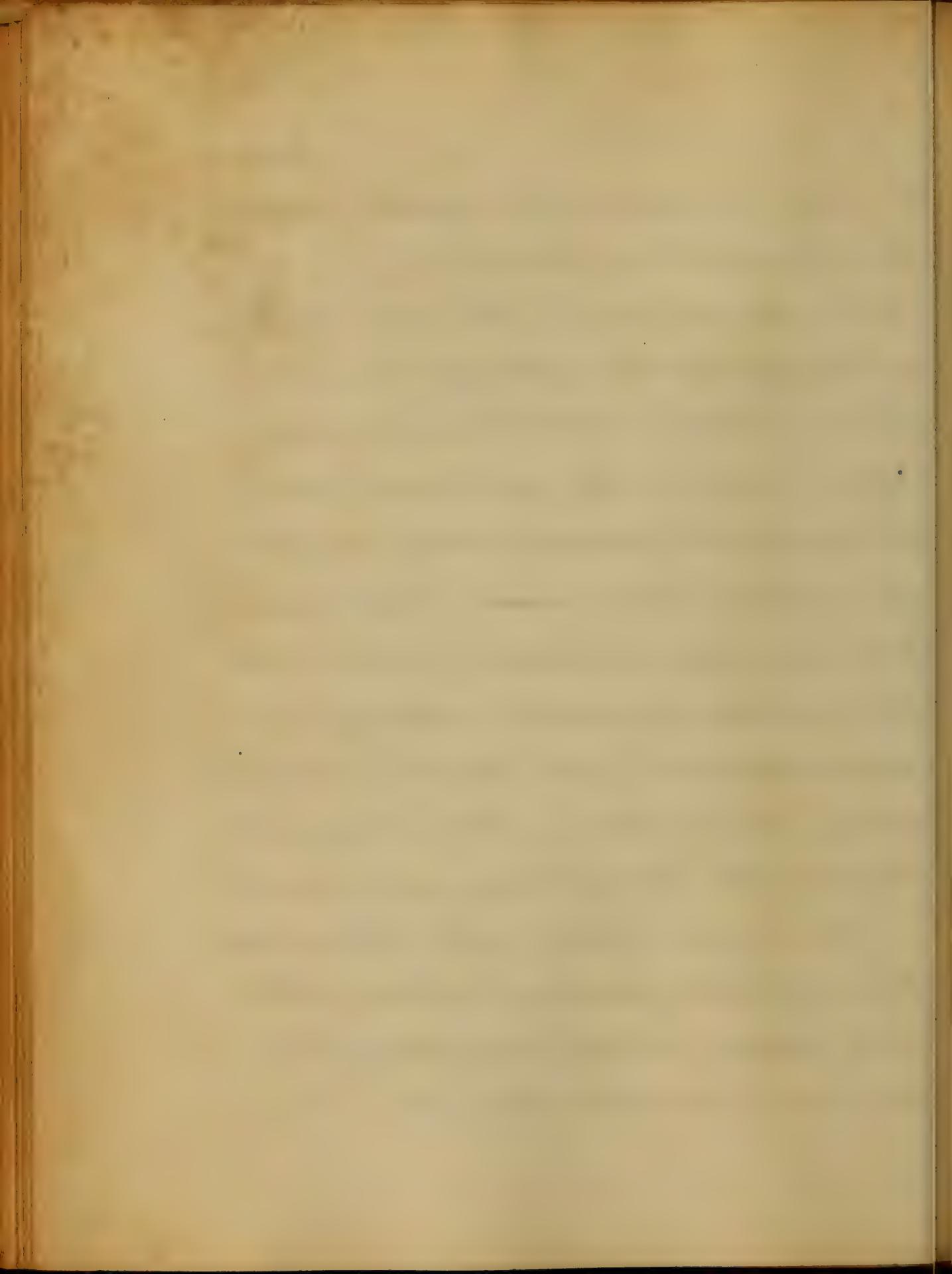
As to the process which it undergoes, before exercising its effect upon the system, all therapeutists are not agreed. Its absorption is not doubted— having been found in



the serum of the blood, in the mammary secretion,
the bile and the perspiration.

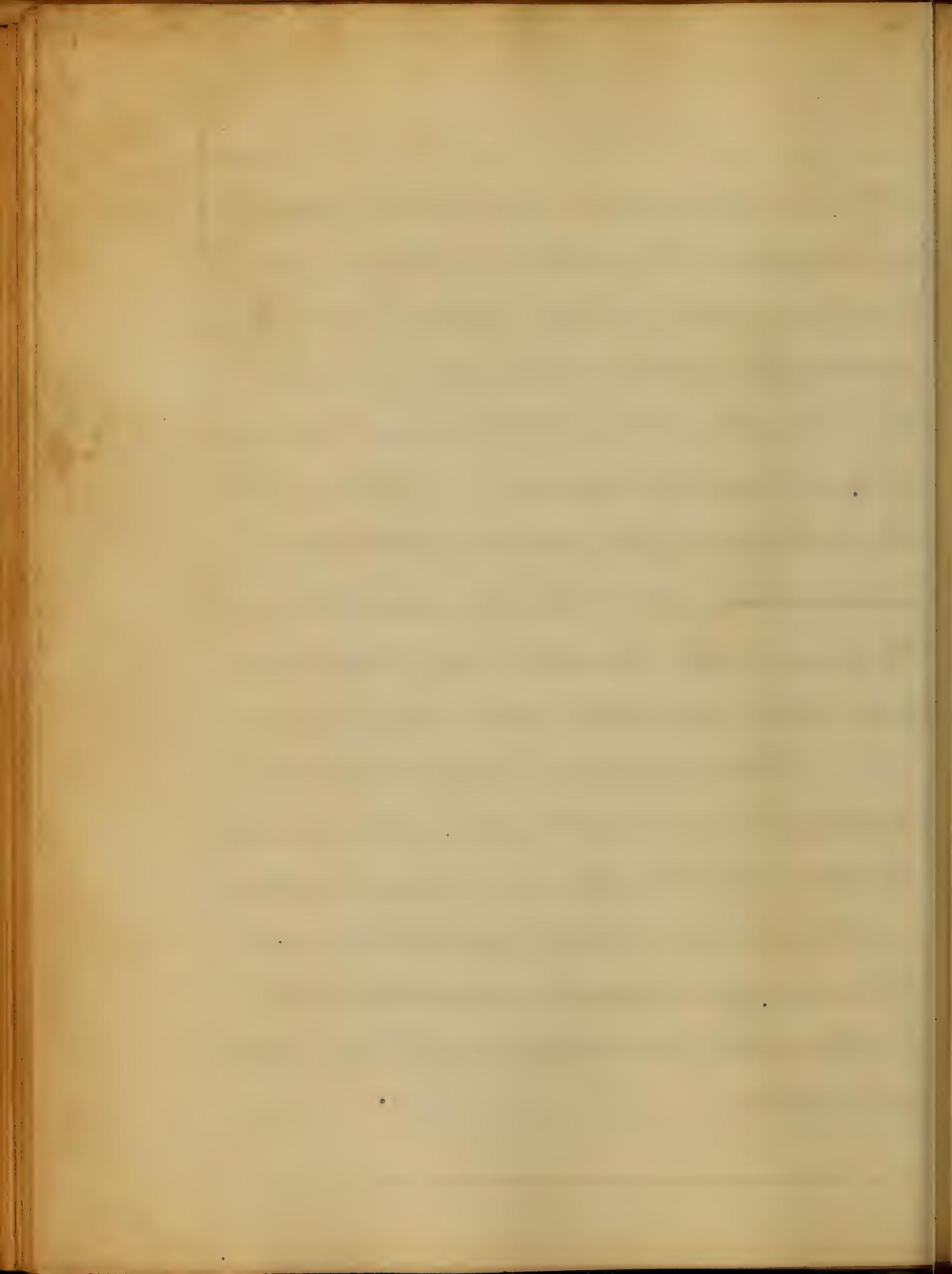
It has also been found in the urine, but it is
not thought that this is the main avenue for
its elimination. All however are agreed
that its action is only mechanical so long
as it retains the metallic state, and that
its oxidation follows sooner or later according
to the character and amount of acids with
which it comes in contact. And again, when
administered as a salt, that it is decomposed
during chymification and then recomposed
according to the state of the organs of digestion.

As to its constituency in this latter condition
there is but little agreement and but little
really known, but it is undoubtedly true
that after recombination it is then



fitted, and prepared to perform its requirements throughout the system. It may be that it undergoes further changes before imparting the ruddy hue to the red corpuscles, out into these secret workings of the animal mechanism no eye has yet discovered. 'Tis true that the pale blood of the anemic will redden under its use, yet it has been asserted by M. Saussure that hematosin can be deprived of its iron and still retain its ruddy hue.

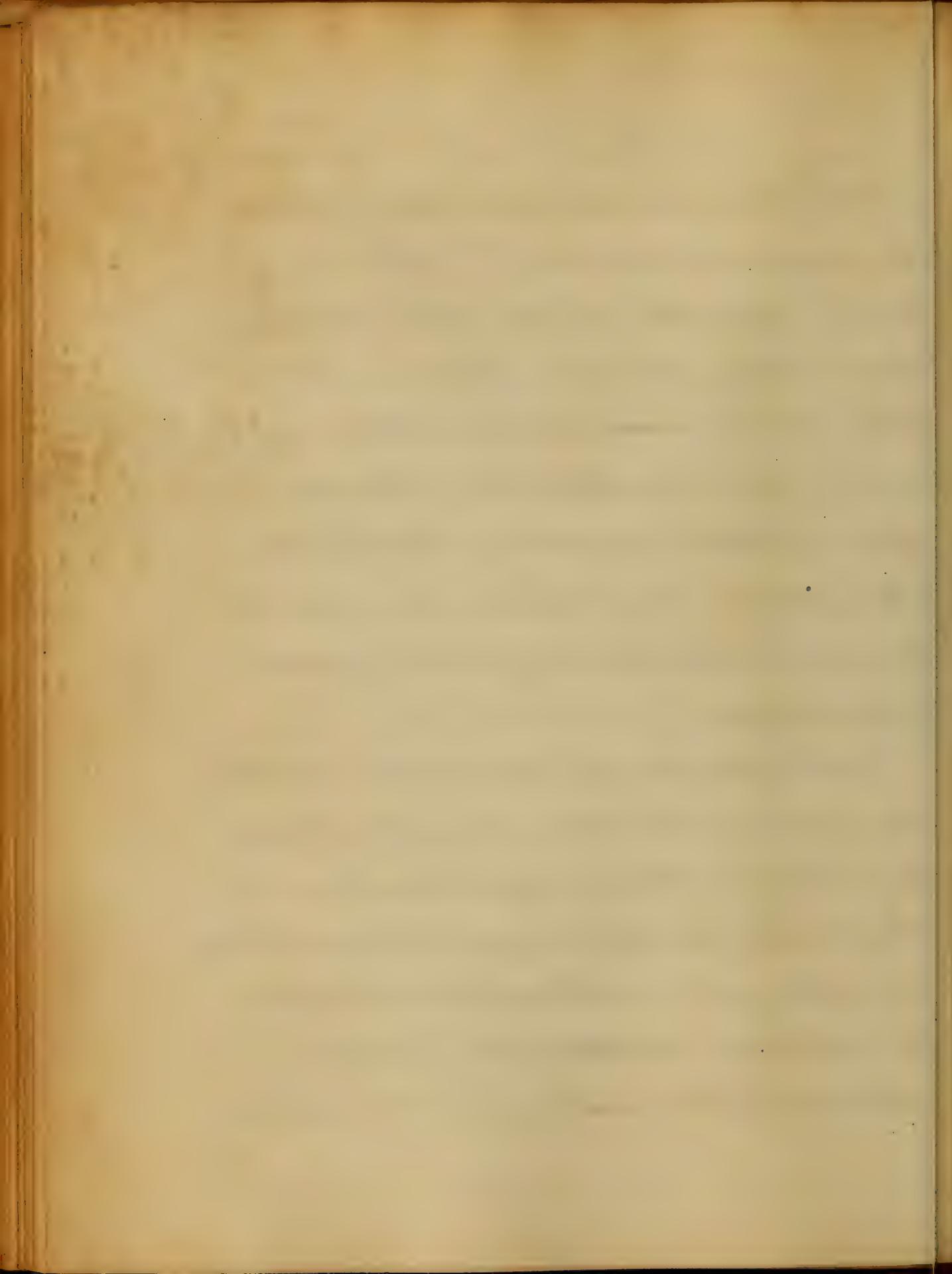
Here we are again lost amid the intricate processes of the action of the elementary constituents of the vital fluid, and it is likely to remain a mere matter of speculation, until the curious eye of man has penetrated still farther into the wonderful mechanism of his own vitality.



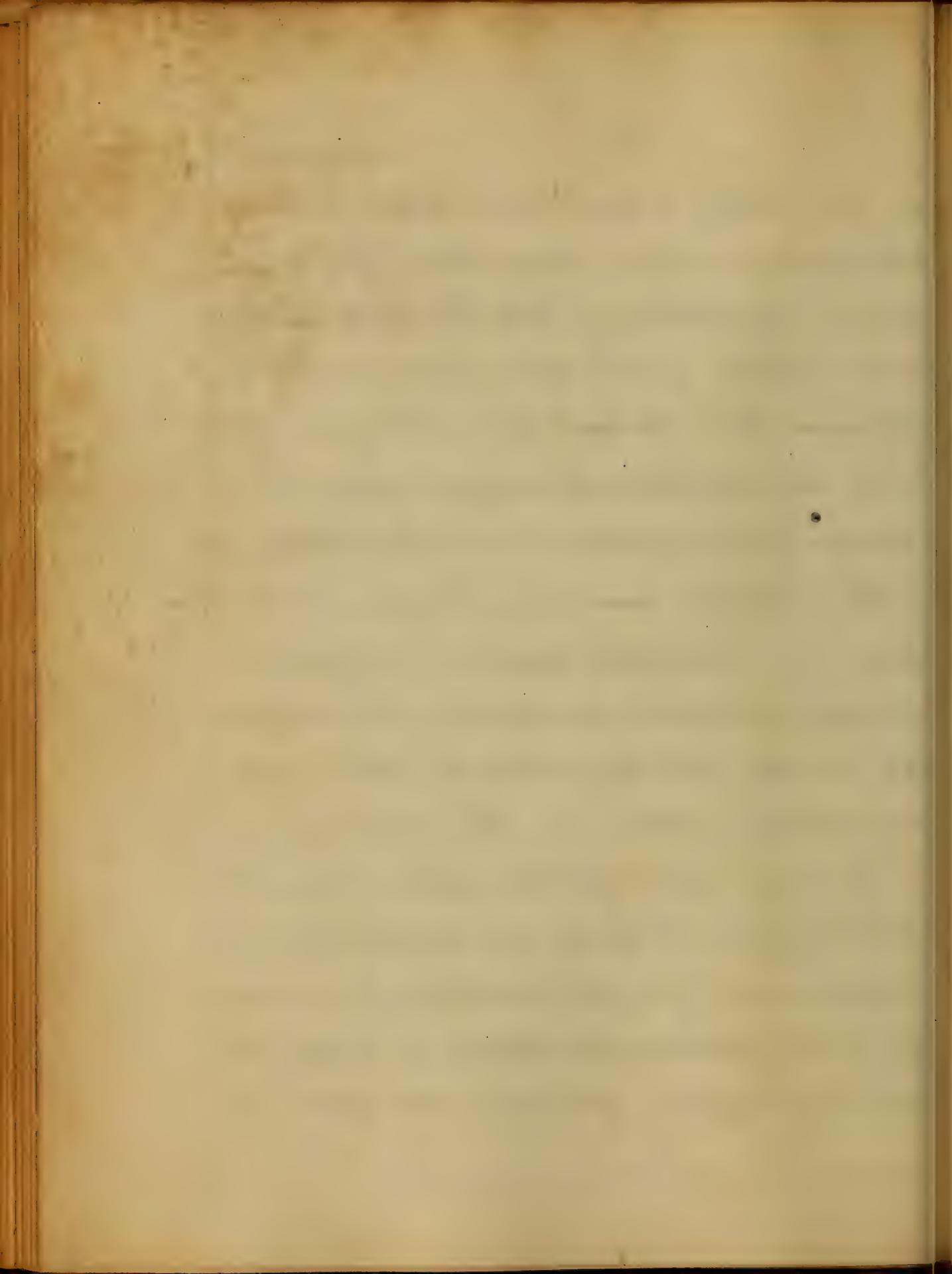
The therapeutic applications of iron are varied and interesting. Whenever the blood is at fault - whether deteriorated by excess or long debility - whether rendered watery by a diminution of its solid ingredients or unable to supply properly the different organs by whose functions a healthy action of the system is maintained - here we find the reconstructive agency of iron imperatively demanded.

We will take a case of pure anemia or chlorosis, as the essential character of the blood in these two conditions are quite similar.

She presents herself to us, for it is most always a female, with a pale and wan aspect - her surface is bloodless - there is extreme whiteness of ^{the} conjunctiva and her face



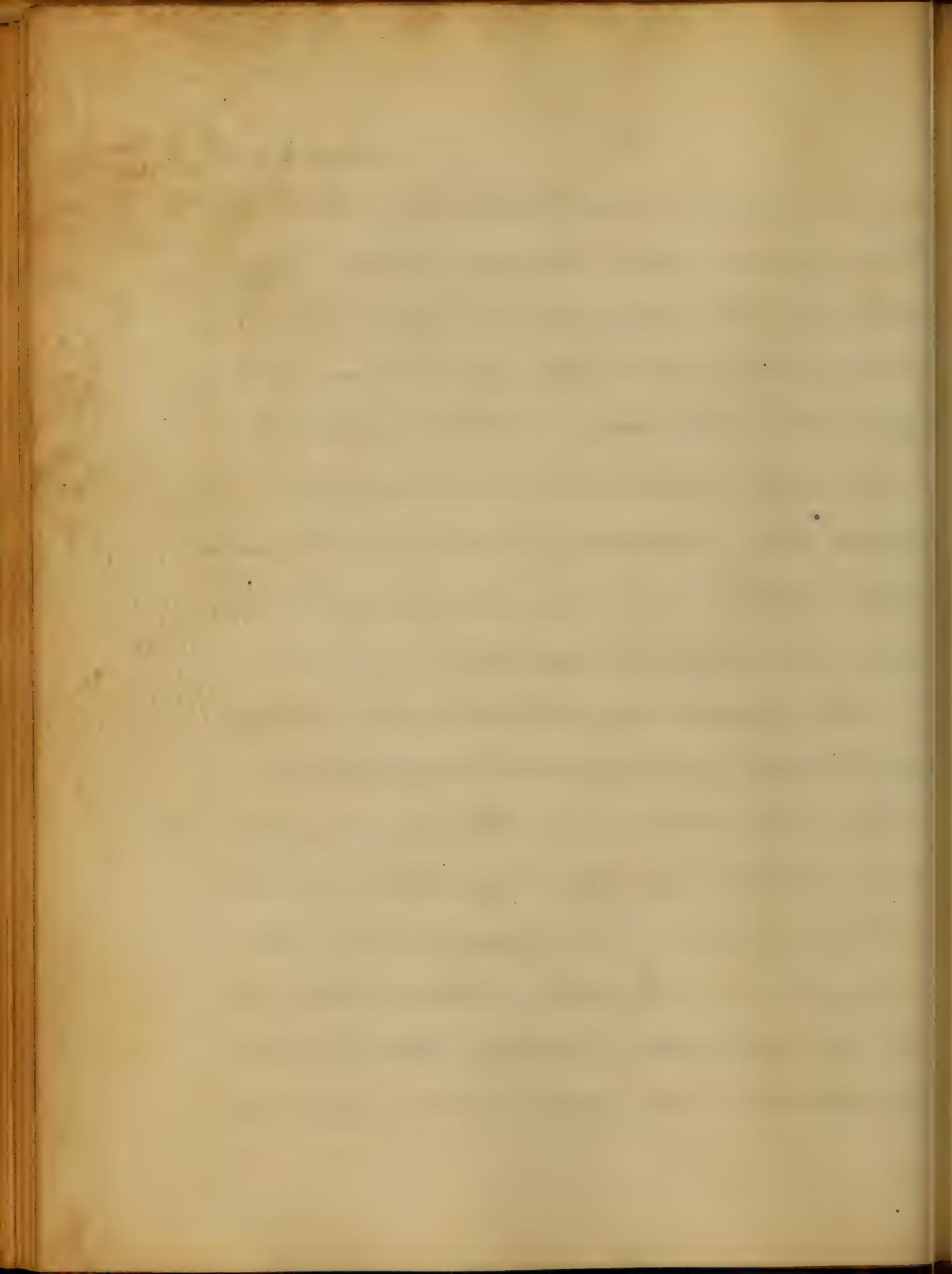
perhaps puffy to the touch, whilst her lower extremities are often edematous - the mucous surfaces are strikingly pale. Her pulse thrills and vibrates, yet is soft and compressible, telling us that the heart does not contract with its accustomed energy upon the meagre fluid, which rushes, frequently with a bellows murmur through its chambers. A slight mental or physical cause, a violent exertion or an unexpected sound, will often throw the heart into tumultuous action. The respiration is hurried and agitated upon a quick motion, for the lungs are endeavouring to compensate for the mischief by presenting to the deteriorated fluid a larger amount of oxygen, yet it is not filled to



carry away its normal proportion, hence the head swims and the eyes become dizzy, she seeks the recumbent posture, thus allowing a proportionally greater amount of blood to the brain, which is hardly sufficiently stimulated to eliminate biotic force necessary to the grade of vital action, which is going on in the different parts of her system.

Her menses are either altogether wanting or deficient, of a light-color and serous.

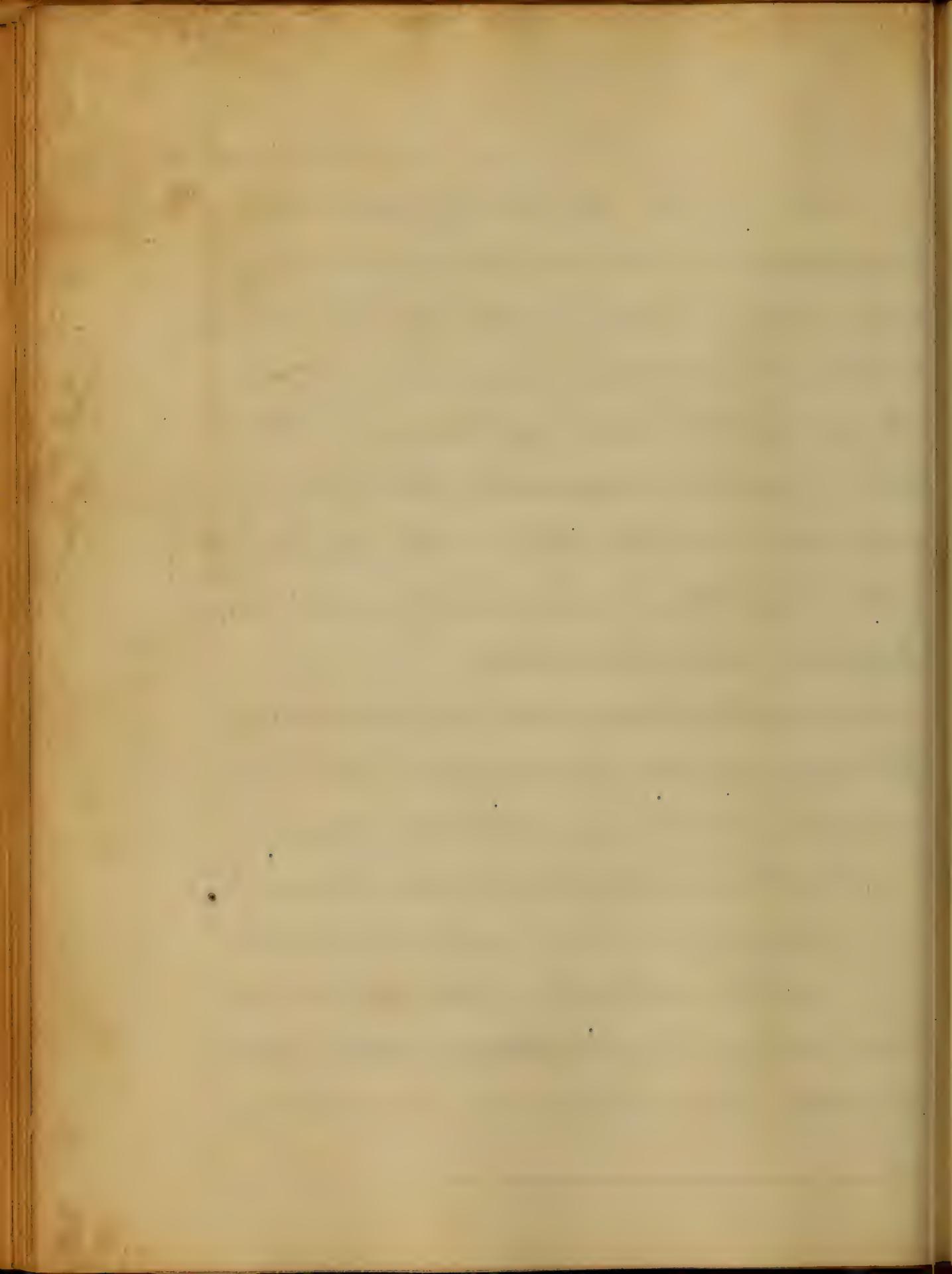
If we draw blood from the arm, we will find it pale and upon coagulation serum will be in excess. Subjecting it to an analysis, we will find a diminution of the red corpuscles and of all the solid constituents, with more or less increase,



of water. Now all these symptoms are dependent upon this condition of the circulating fluid. Various causes may have given rise to it, or it may have arisen without any perceptible cause, yet we know that there is positive diminution of the red corpuscles, and that Iron is the agent which will bring them to a normal proportion - hence its direct indication.

Several of the preparations are adapted to this end, but one has especial claims, - we refer to the pure metallic Iron-inhalable powder of Iron or ferum aer hydrogen as it is variously called.

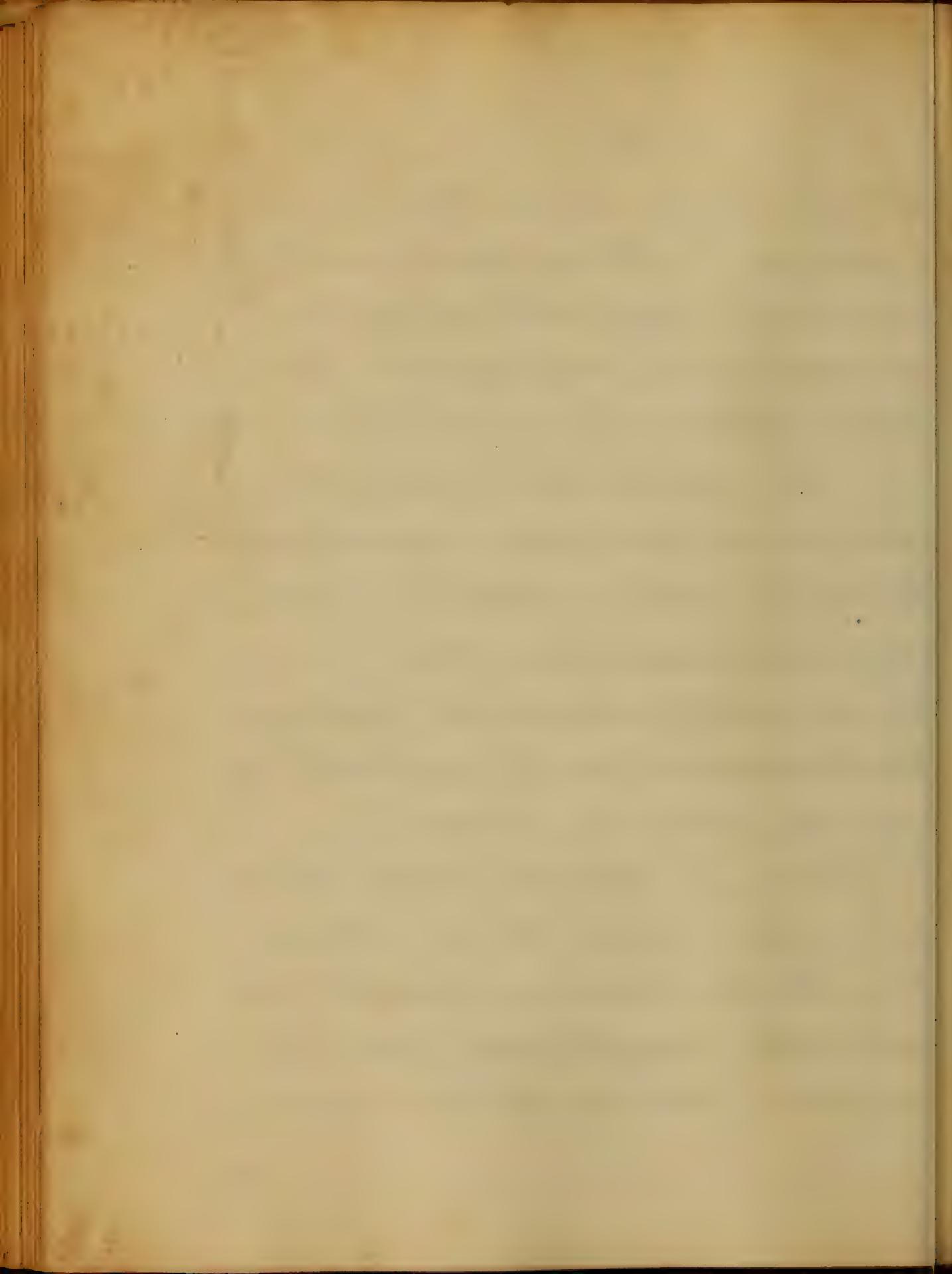
Here it enters the system uncombined and free to be appropriated according to the laws of its own absorption.



and not requiring to be redissolved before it is taken up. The best time for exhibition is just after a meal, so that it may be in readiness for any salivating and action happens to appear during the day.

There is another class of patients in which we find soon equality re-established, those that which we often see following a continued attack of miasmatic fever. Here we have marred debility, attended with great languor, mental depression, and the functions of organic life more or less impaired.

There may be articular effusion, anaerous or into a serious cavity. Now we know that these lesions are dependent upon destruction or impairment of the minute corpuscles, and we know that these will

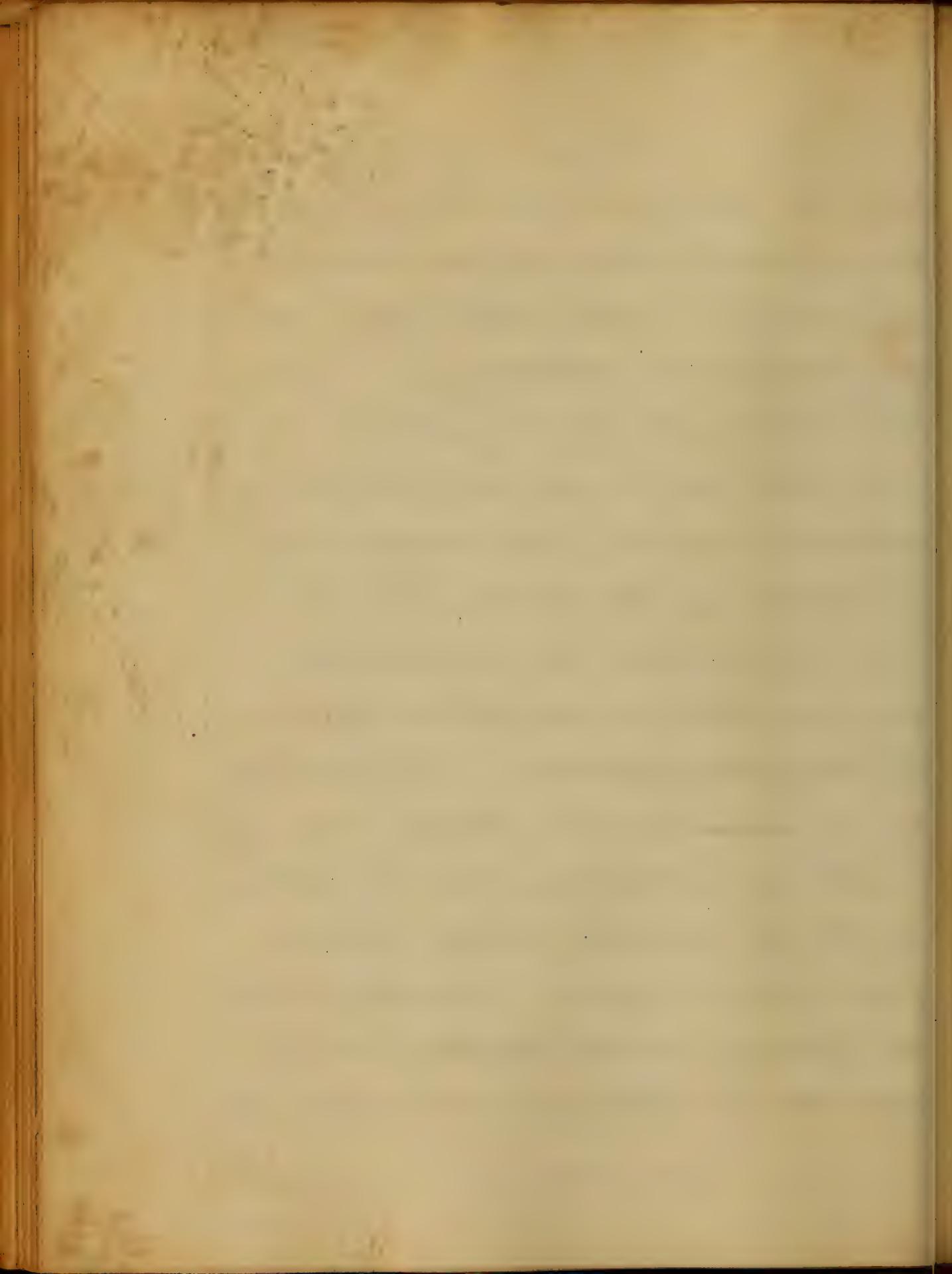


4

give proper plasticity to the blood, which, from its serous nature has a tendency to the escape of its watery portion through the thin coats of the capillaries. This condition occasionally follows in yellow fever.

The Iron may be made more efficient by addition of quinine or in tropical cases by addition of balsam of Peru.

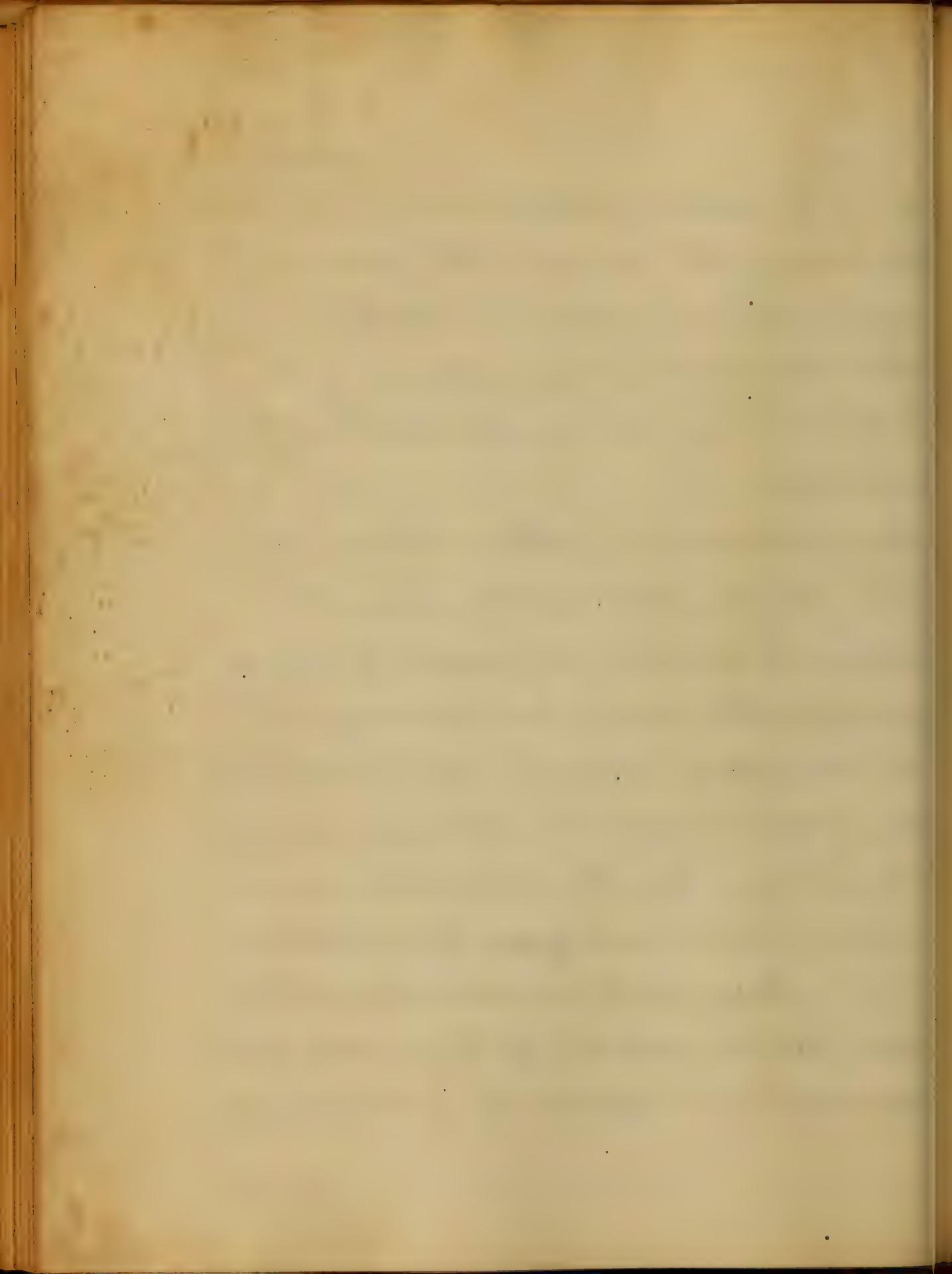
To continue the reconstructive agency of Iron, we will note its effects in scrofulous affections. We undoubtedly have a depraved and vitiated circulation fluid, which tends to sustain the disease, and thereby exert its baneful influence from organ to organ. Iron has of itself no influence over the disease, but we know that it will regenerate the blood, thus



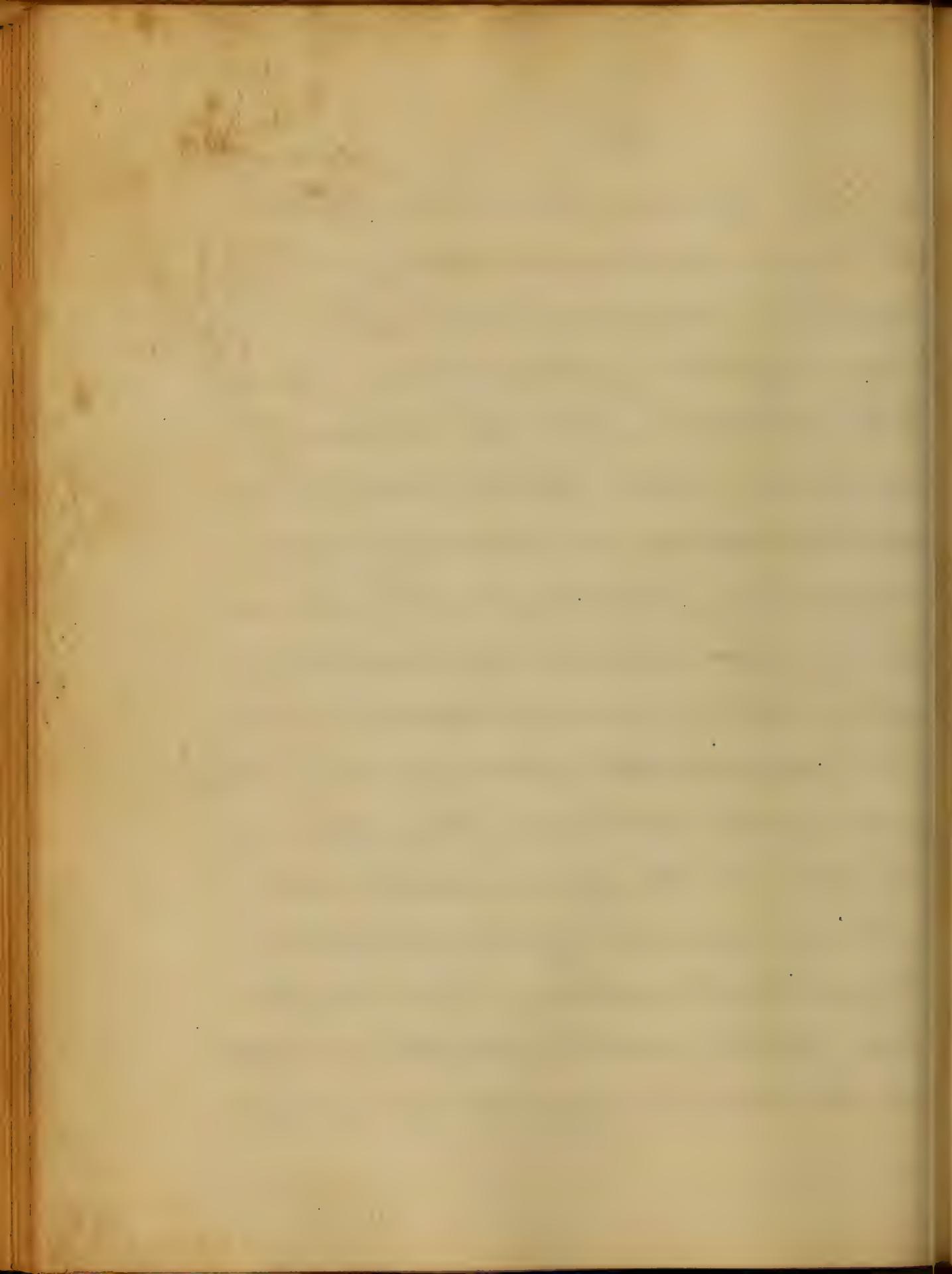
giving the system additional power to resist the spread of the disease. The iodide of iron is generally here preferred in addition to the alternatives we may use. Especially is it indicated where there is a pale, flabby condition of the skin.

There is a condition in phthisis which calls for iron. We know that a certain amount of anemia in phthisis is a means of saving or bringing the blood in due relation with the capacity of the lung, yet the anemia may be carried beyond the point where it is fit for its purpose - here the chloroate will be useful and fit again to its relations.

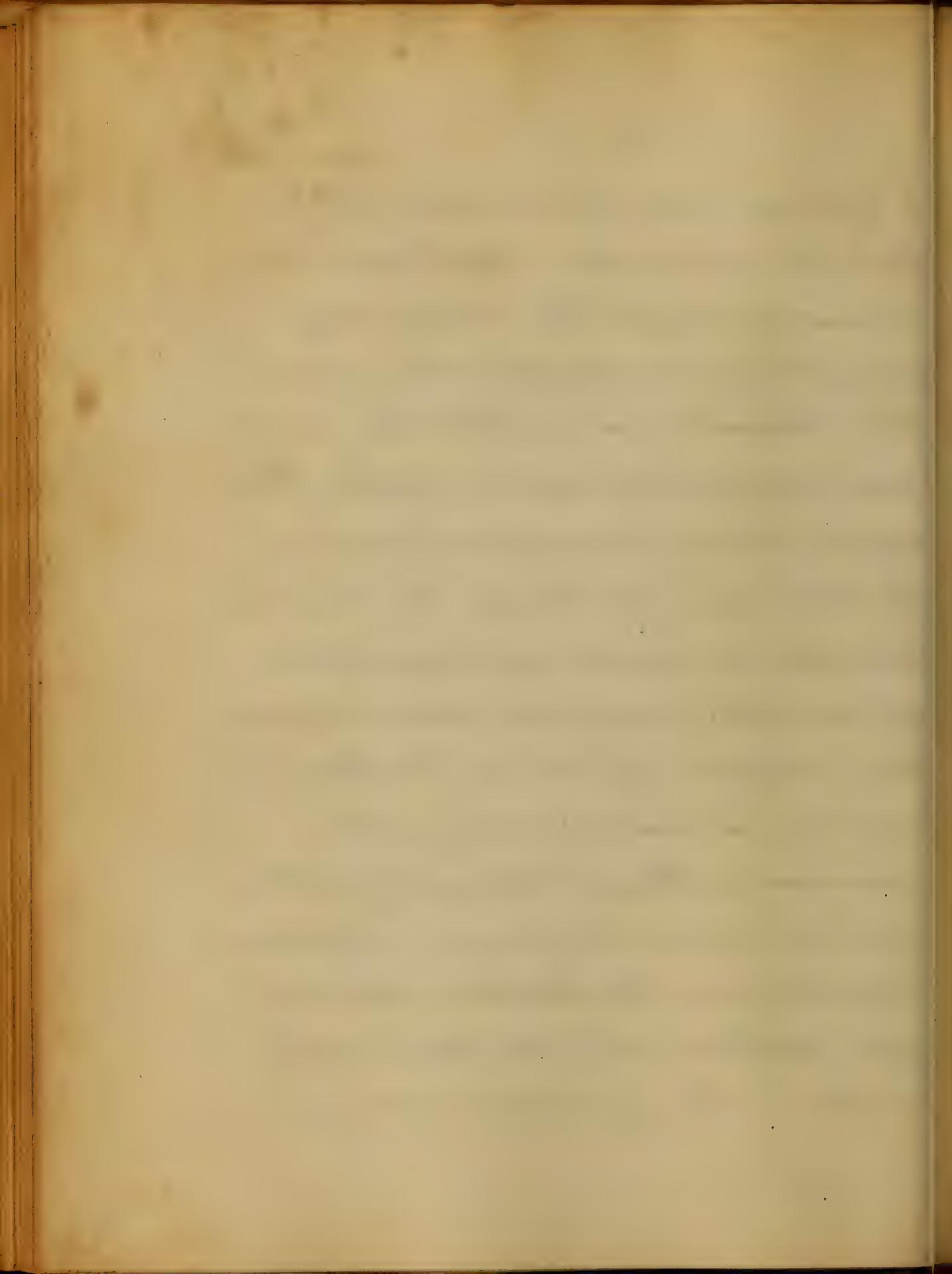
Many of the neuroses are nothing more than an irritation of the nervous centres dependent on a deficiency of vital force,



which is the duty of the blood to extricate. These nervous centres are constantly receiving impression, and sending forth nervous influences, and their excitement is in proportion to the impression received. Consequently they are most excited when the blood is least capable to extricate an amount of nervous or biotic force proportionate to the impression given. Now when the blood is impaired, or fallen below its normal standard, we will have an equivalent of nervous energy incapable of being extricated, hence the irritation of the nervous centres will then give rise to various violences throughout the system. Such being the case, we will find these irritation, disappear when the blood has regained its normal



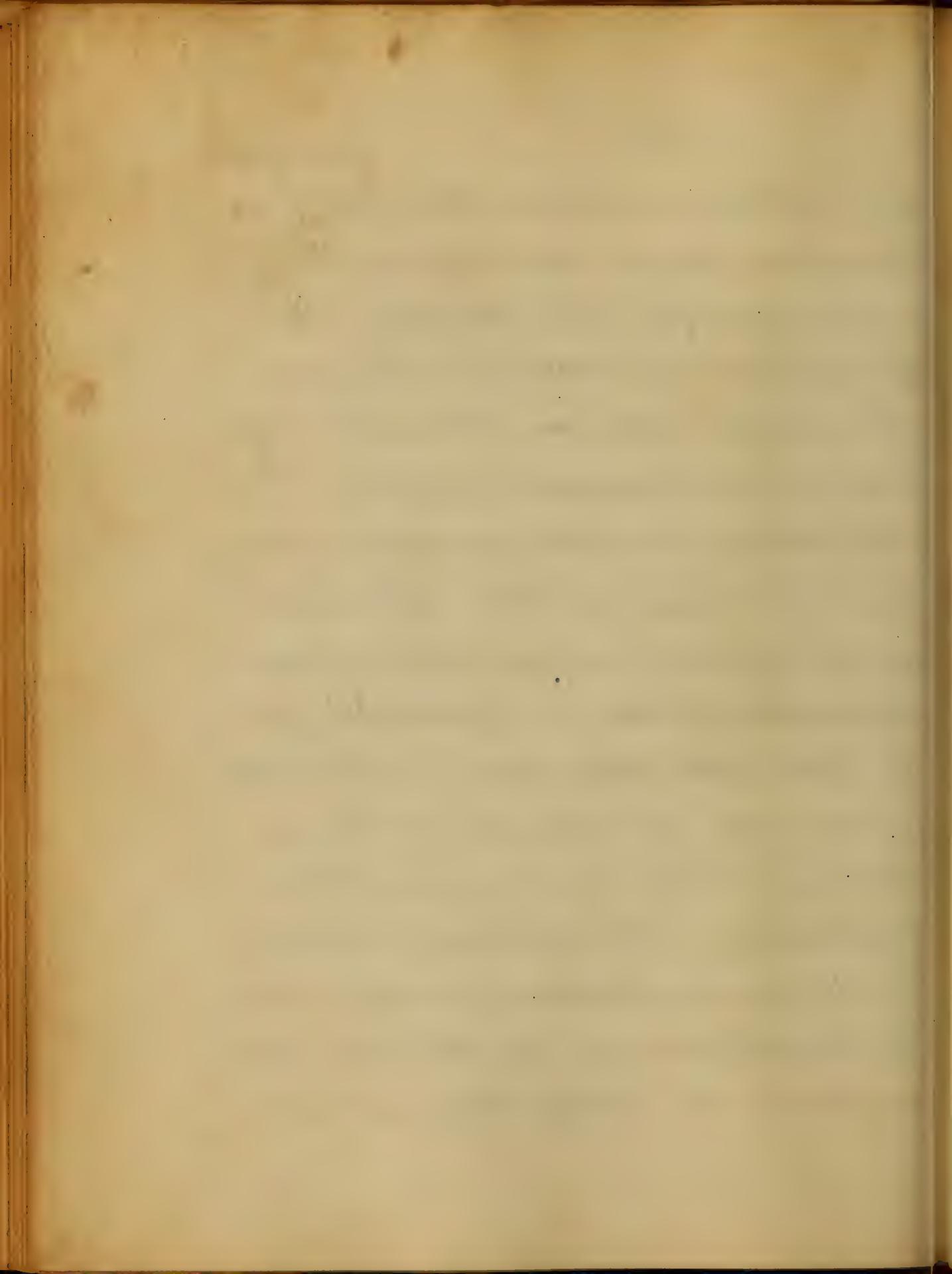
consistency, hence, the necessity of the
peruvian compounds. At the same time
we must not forget that it operates by
giving tonicity and strength to the nervous
centers themselves, in order that they shall
resist irritative impressions. In this latter
respect however it is inferior to some of
the other mineral tonics. On the above
principles we would expect good from
its use in the Neuralgia, neuralgia,
Some conditions of Chorea, Gastroalgia,
and may be tried in Epilepsy, also in
Spasmotic Asthma, Whooping Cough, &c. &c.
Meet its special indications. In chronic
hepatitis and the shattered condition
often left behind by it, Cam is highly
useful. In hyperthyroid or enlarged



of the spleen, a condition often following miasmatic fevers, iron by some considered a specific, and thought to have a special astringent action on the spleen. In animals kept under its use, the spleen is said to be decreased in size.

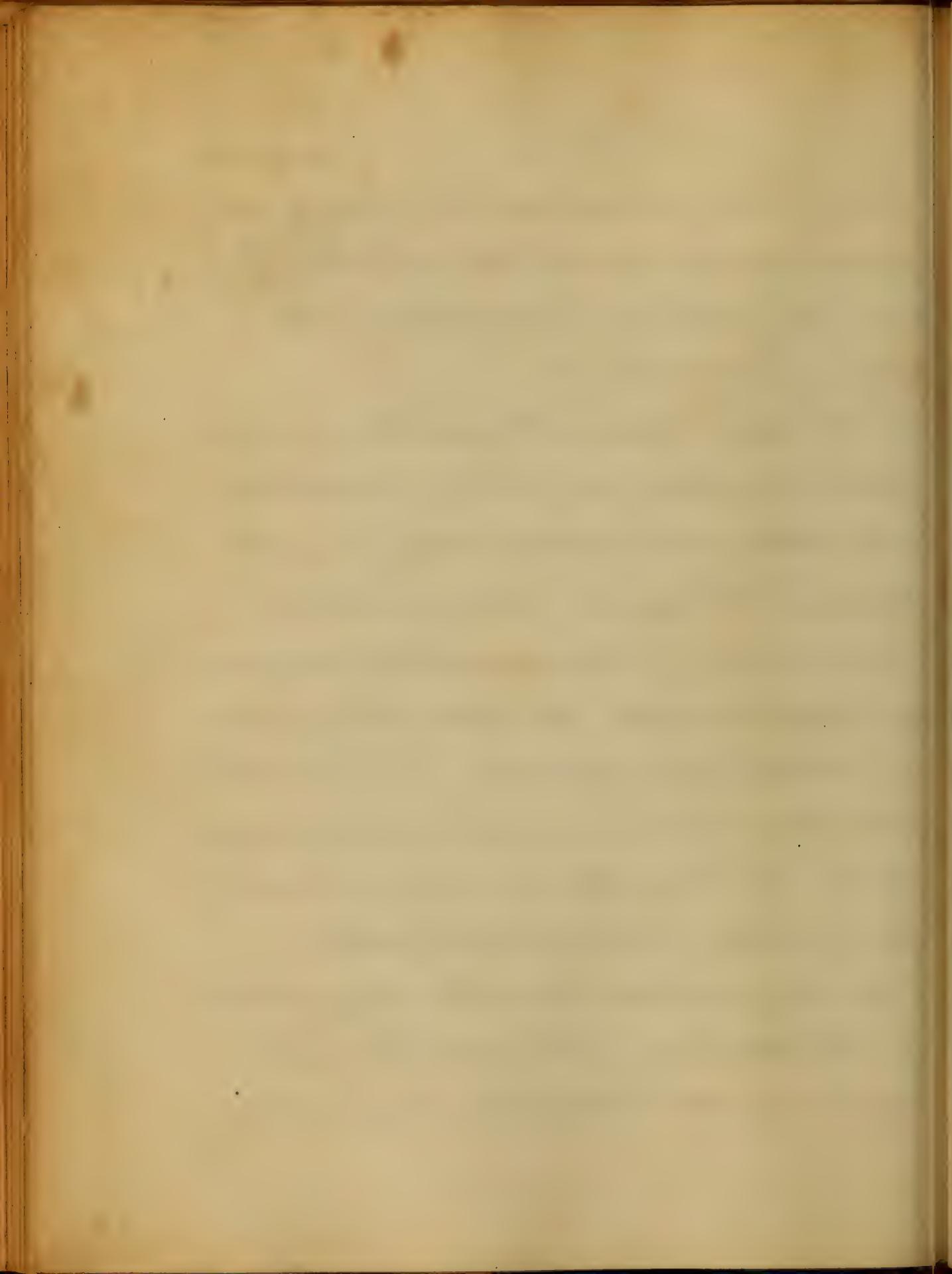
The anemic condition, sometimes attending organic disease of heart which keeps up an excessive action of that organ, is improved by iron. Hypertrophy of the heart often depends on a placidity of its walls, we can arrest this by the use of iron as it gives a tonic contractility to the muscular tissue.

In granular disease of kidney's, known as Bright's disease, we often have anemia contributing to the dropsy already present.

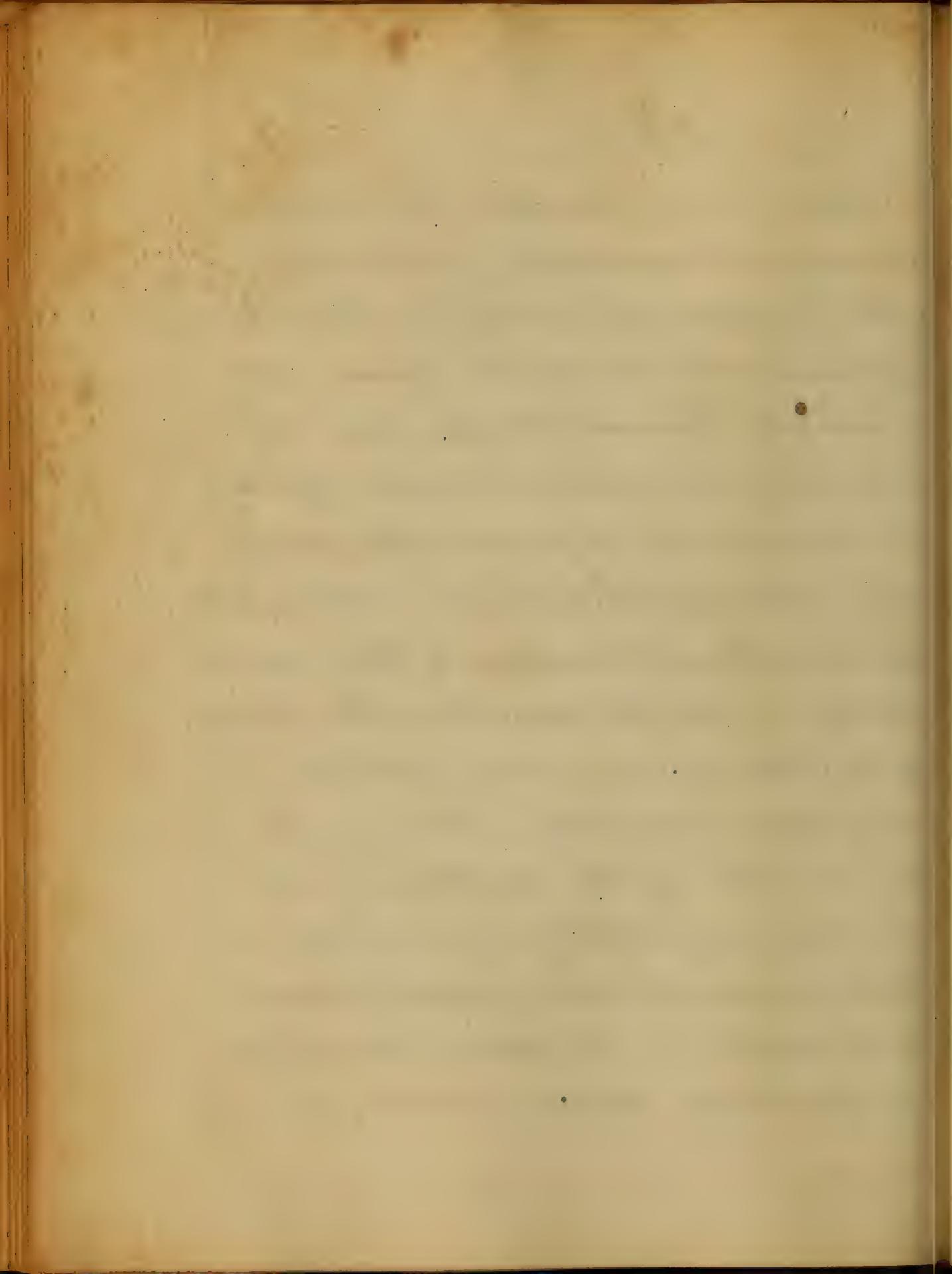


Iron is here indispensable, and accom-
plishes much combined with other rem-
edies directed more particularly to the
diseased condition.

In many diseases of the genital organs, we
derive good from Iron both by its influence
on the blood and its tonic action on the
tissues of those parts, such as sterility,
impotence &c. In amenorrhoea and pain-
ful dysmenorrhoea, the preparations of Iron
are chiefly to be relied on. In combination
with aloes they have a secondary emmenagogue
effect. In these latter conditions we mostly,
if not always find the blood at fault,
this being restored and the uterus, aided
at the same time by the tonic power, is
again enabled to perform its function.

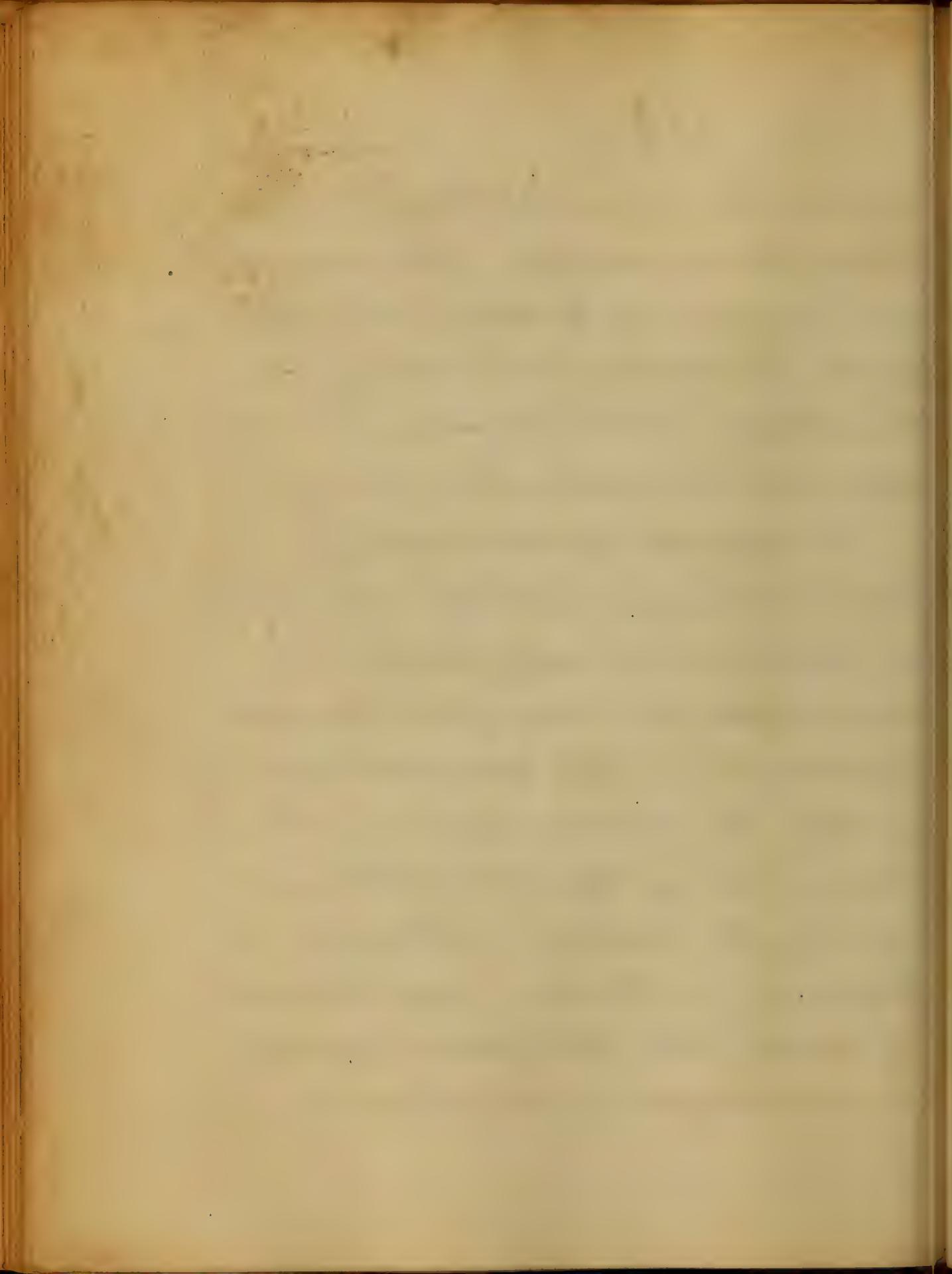


upon the same principle is it indicated
in excessive menstruation or Menorrhagia.
This is a passive hemorrhage in which class
of diseases the reconstructive agency of blood
is marked. The red corpuscles may not
be positively diminished in number, yet there
is not sufficient life and vital activity
aquisite to supply that stimulus to the capil-
laries, which is essential to their contrac-
tility. At the same time the plasticity
of the fibrin is diminished and it
coagulates imperfectly. Now in this
last condition of the capillaries and
this non coagulability of the blood, we
must necessarily have a greater tendency
to its escape. In active hemorrhages
a spontaneous cure would be formed.



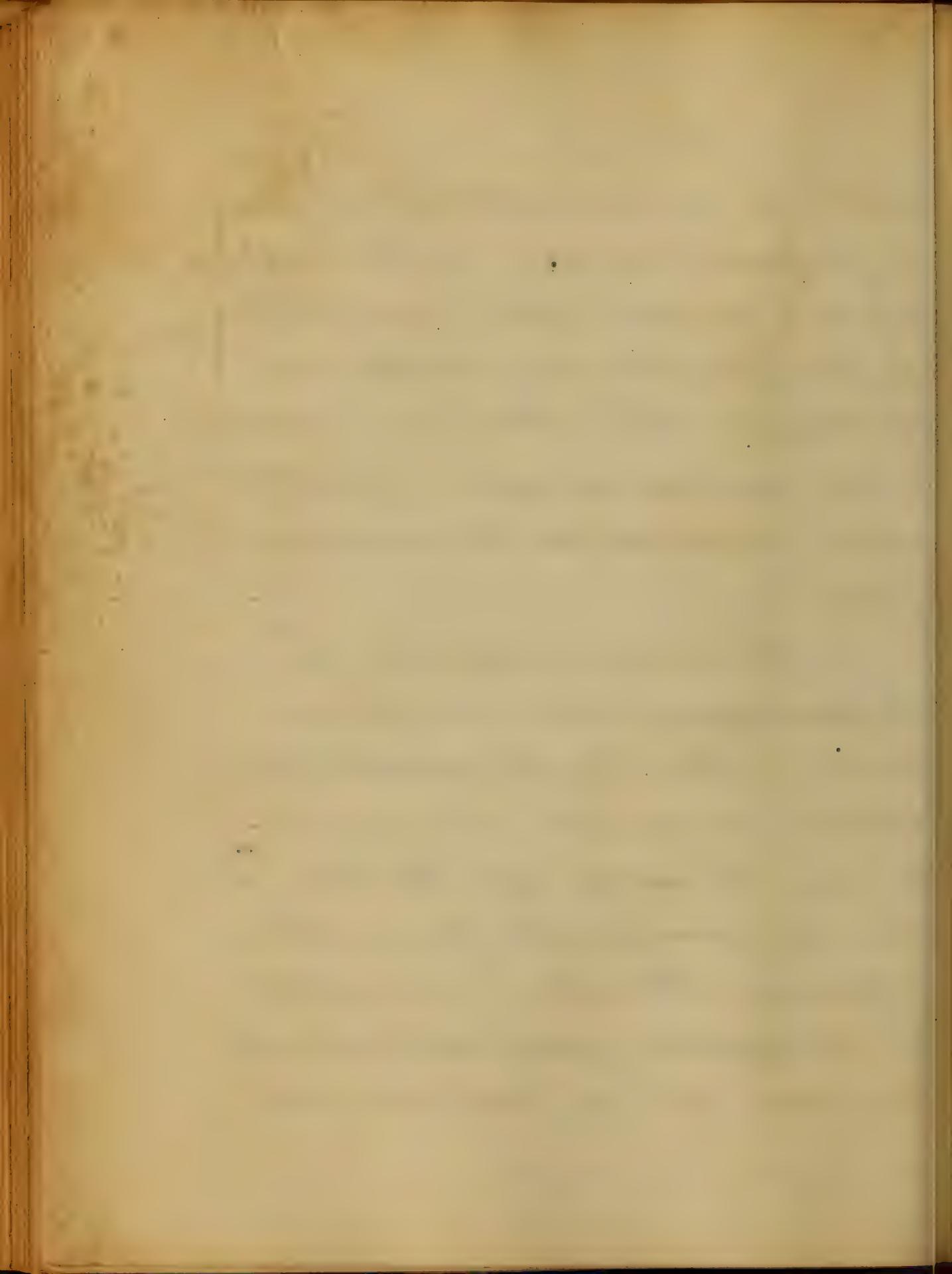
by the proper coagulability of the blood, which here is wanting. Our indications are to reinvigorate the blood and give a proper contractility to the walls of the capillaries, which indications are best met with the preparations of iron.

Empyema is now known to be a blood poison, in which the vital fluid is depraved, but not necessarily diminished as to any of its normal ingredients. The muriated tincture of iron has much repute in this disease, giving vigor to the blood, and enabling the system to eliminate the poison. The same may be said of some other low febrile diseases as scarlet fever, in the treatment of



which, it has met with marked success
in the hands of some. On the intermit-
tent-and remittent fevers, some practition-
ers have found its use to be followed by
much good, while others have failed
to reap similar advantages. The prepa-
ration employed was the preparation
of alum.

We have now to consider alum as
its local effects and as a tonic.
It is highly probable that
wherever it does good, it is more or
less from its action upon the blood, yet
there are indications for its use without
reference to this action. In debility
of the digestive organs, combined with
 laxatives, when we wish to stimulate

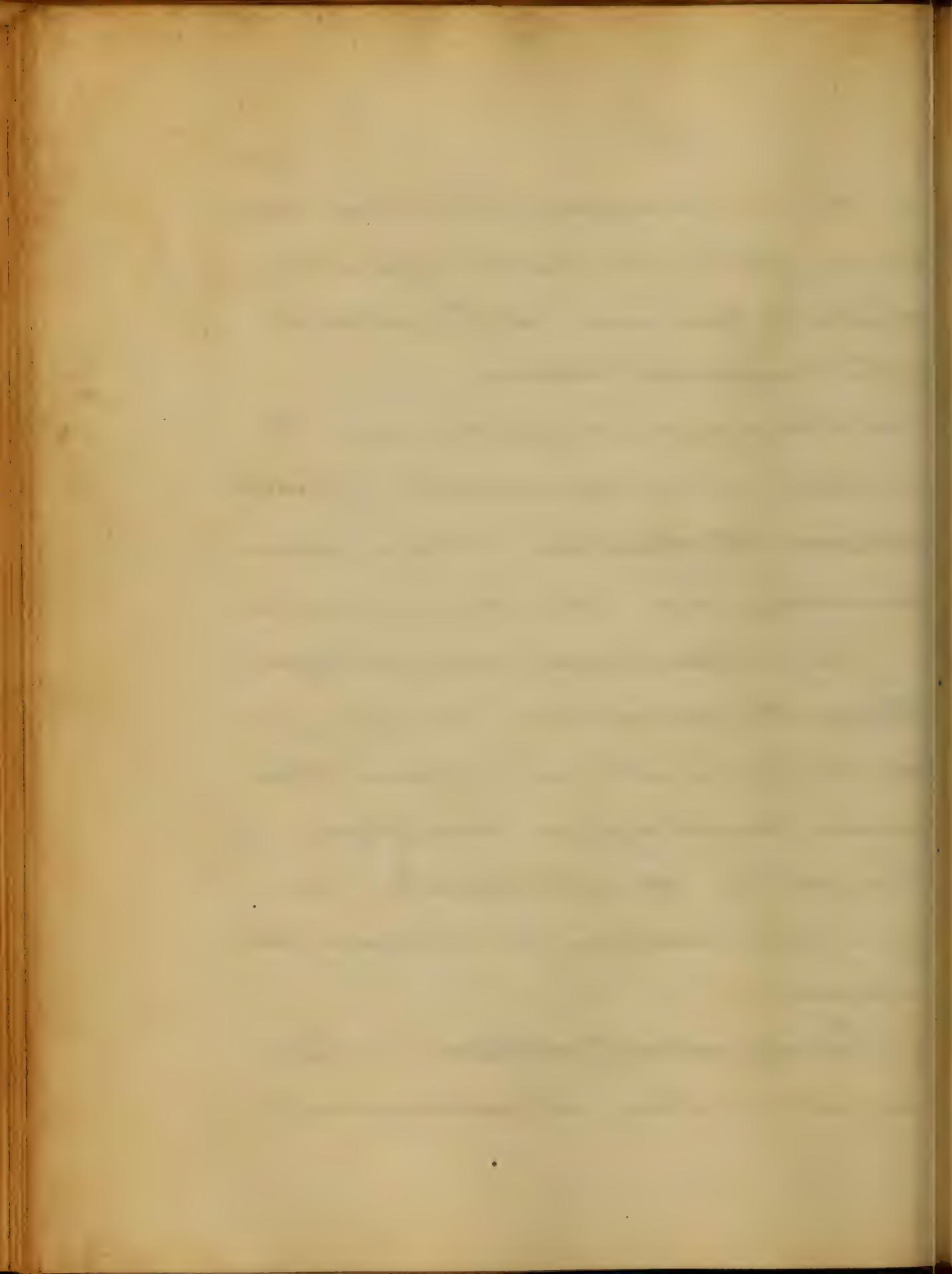


the mucous membrane of the alimentary canal. One of the soluble preparations should be here used, as the sulphate or the muriated tincture.

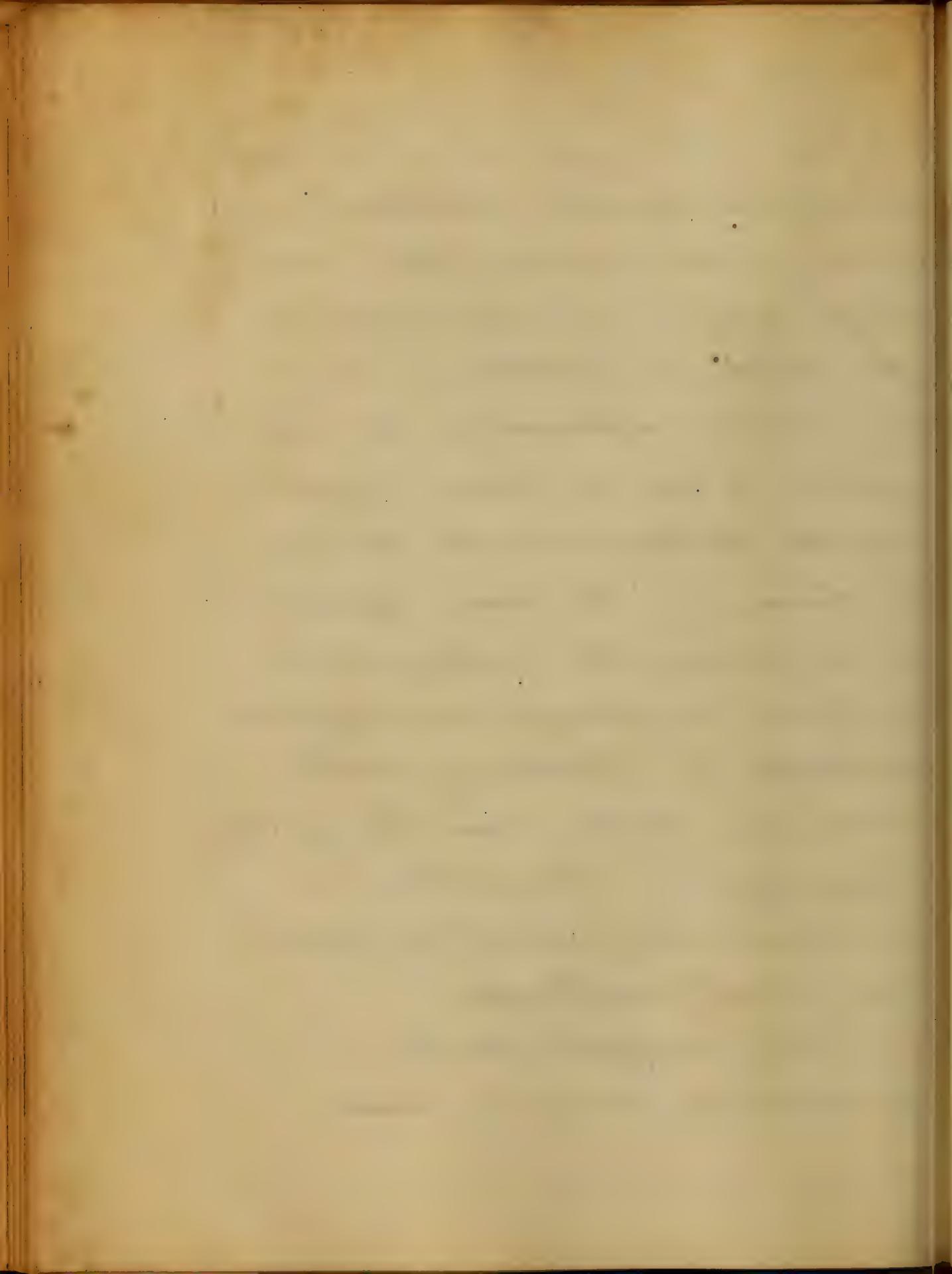
As a tonic and astringent we use the sulphate in a relaxed condition of bowels attended with diarrhoea, also in passive hemorrhages from stomach and intestines.

By its tonic and astringent effect through the circulation we find good resulting from its use in many other passive hemorrhages, as haemoptysis, haematuria, spermatorrhoea &c, due in a great measure to its primary action on blood.

Having now briefly sketched the chief indications of iron, its contraindications

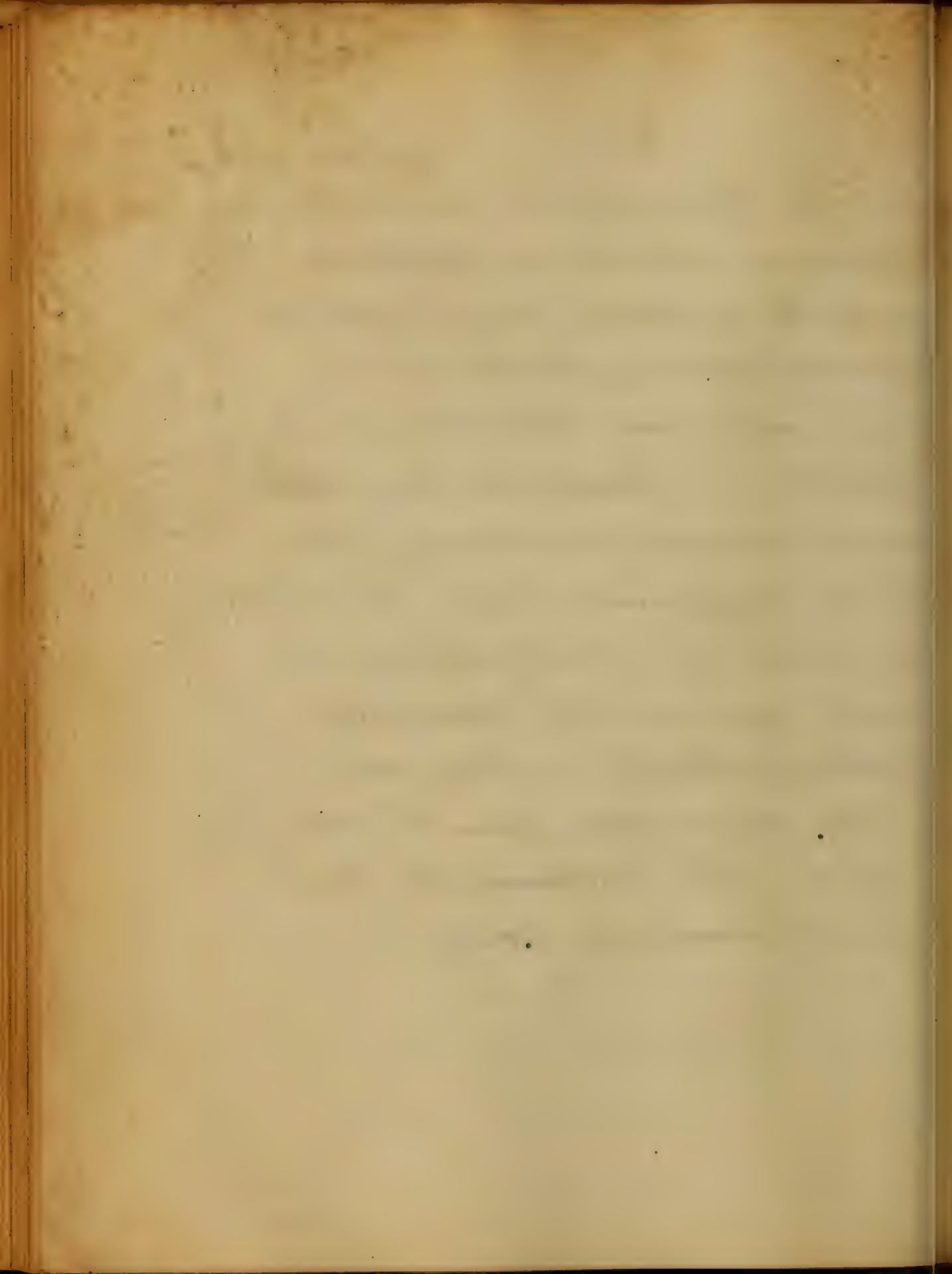


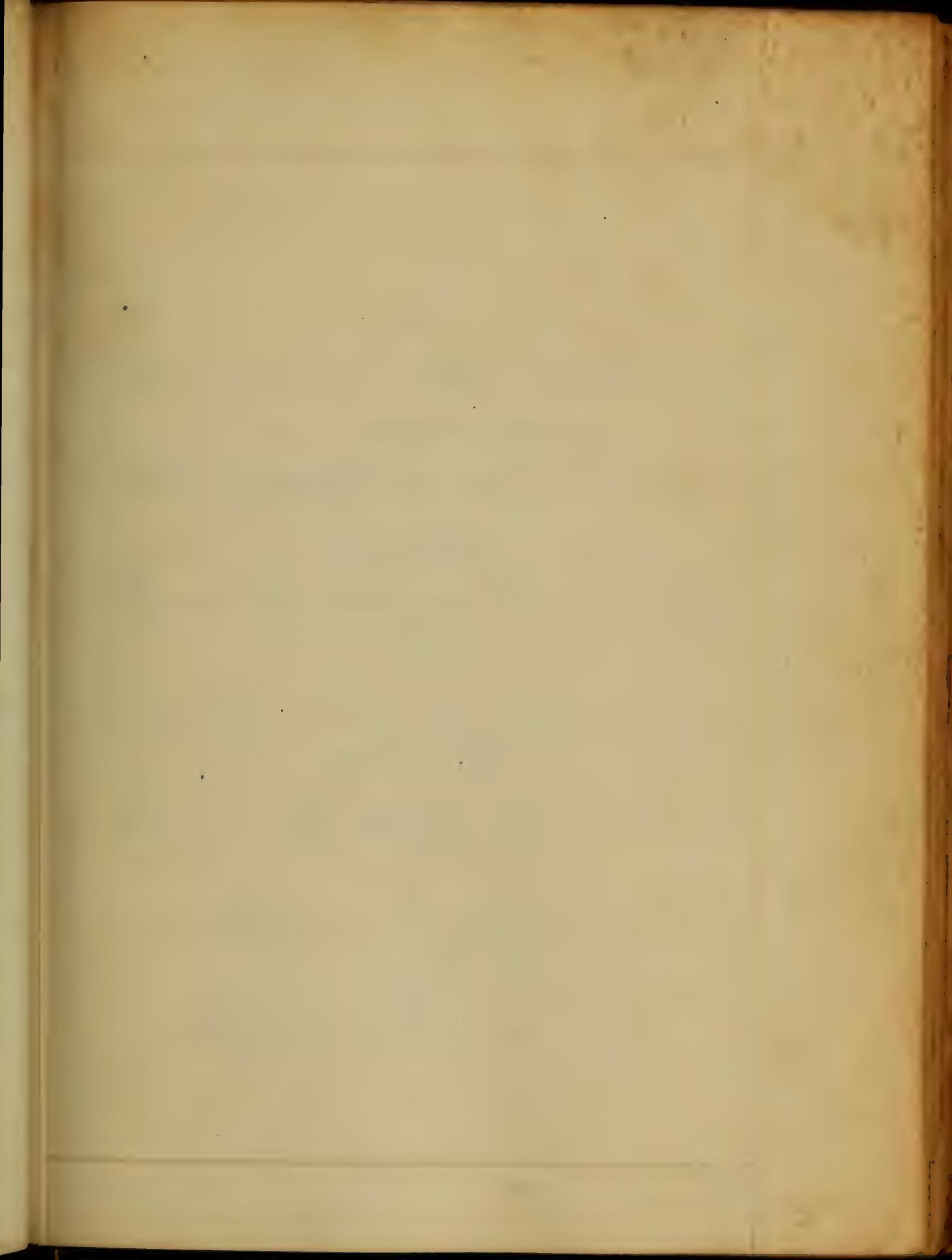
become quite apparent. Excessive torpidity, abundance of the red corpuscles, general excess of the blood; or plethora, and any acute inflammation or congestion of one or more organs would contraindicate the use of iron. We have afforded to us among the preparations of iron a prompt and efficient antidote in poisoning with Arsenious Acid, nam, the hydrated Serricorodyd. Its action is chemical and prompt if properly and timely employed. It has no effect over the undissolved arsenious acid,

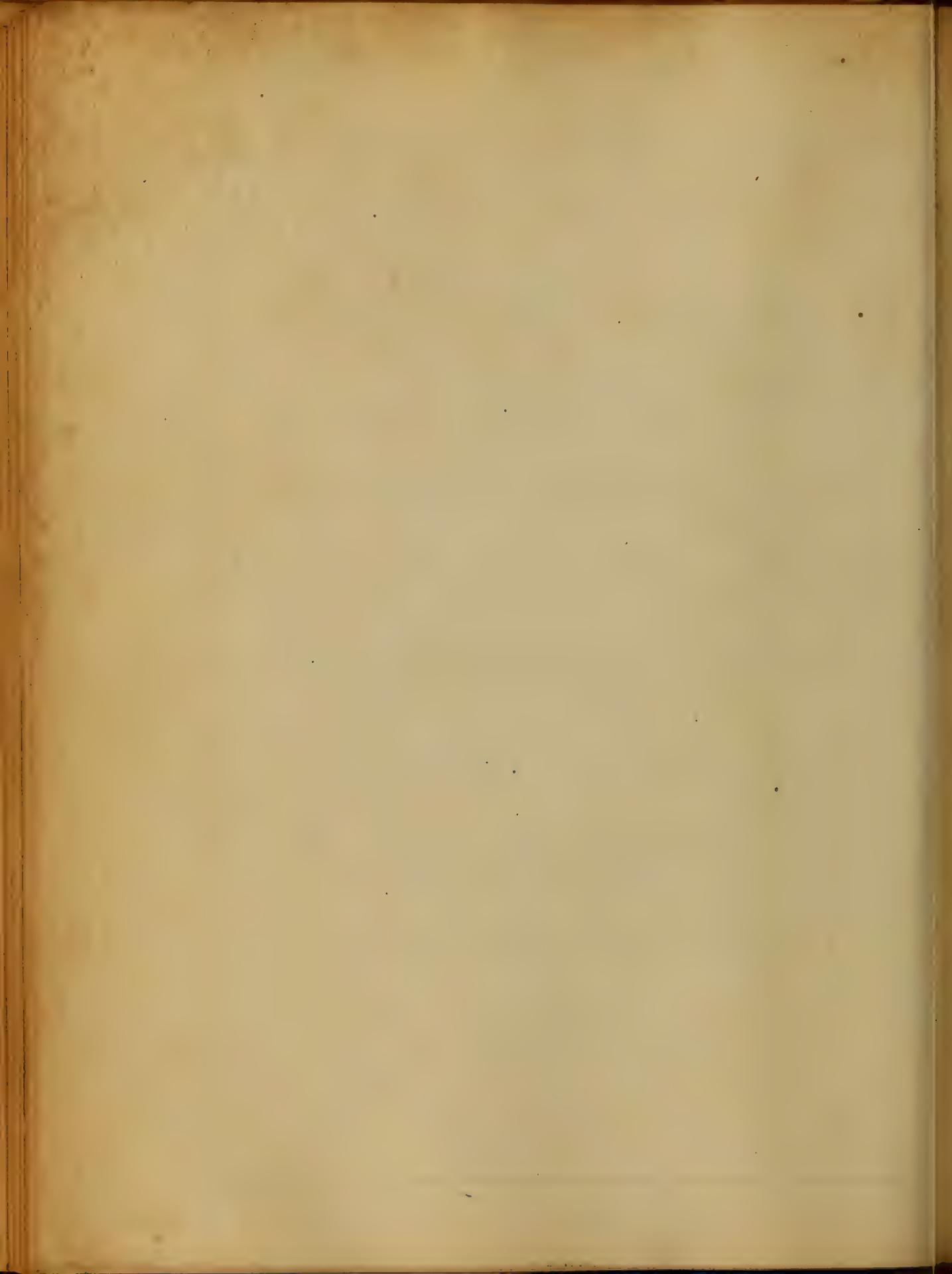


but the latter exerts no poisonous influence until it is dissolved, and the antidote being present prevents evil until it can be evacuated from stomach and bowels. Much has been said as to amount necessary, but it is sufficient to give the antidote in doses of a table spoon full every five or ten minutes, until relief is obtained.

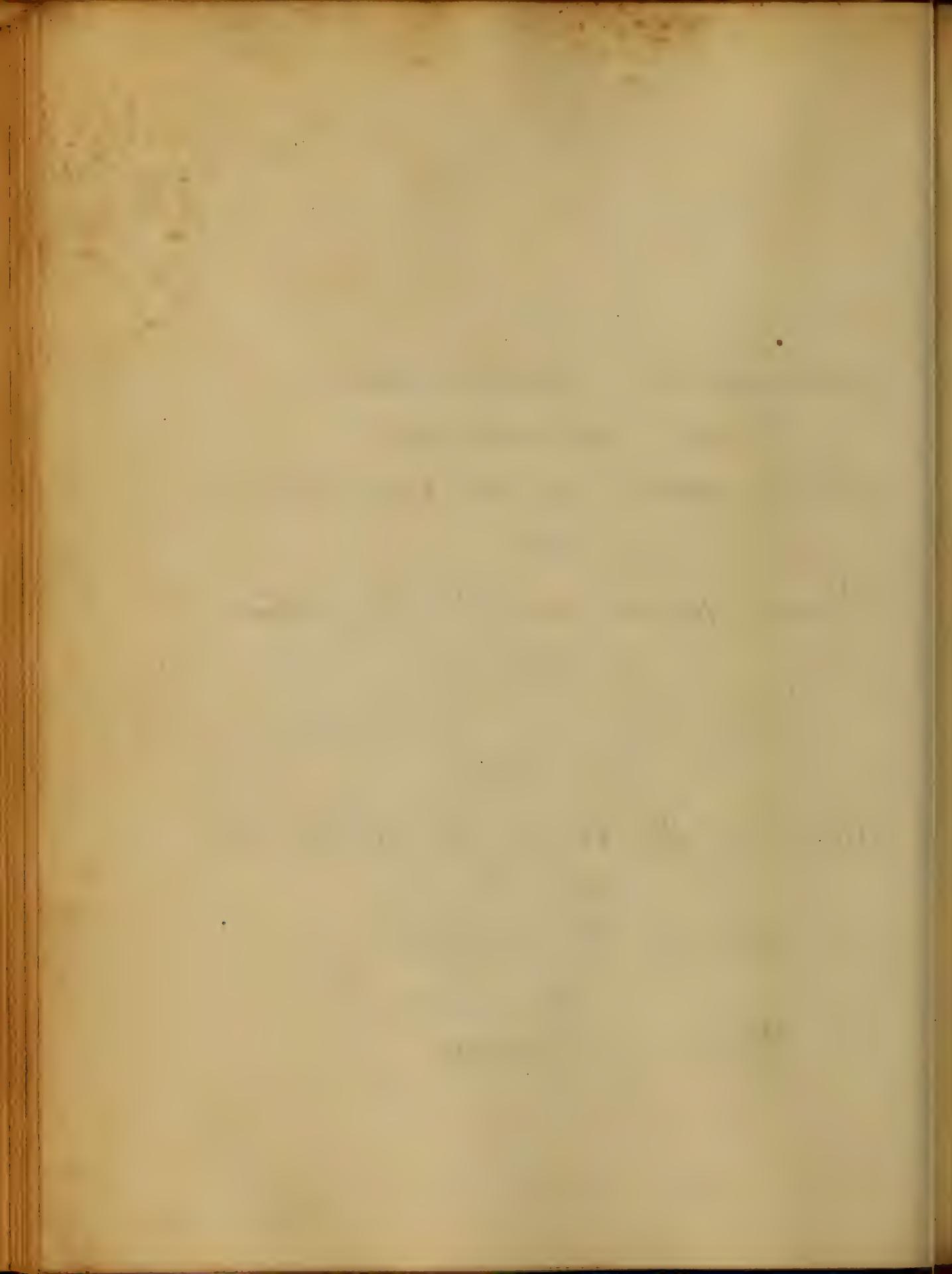
We would have from the chemical action, the protassencite of iron and Arsenic Acid.

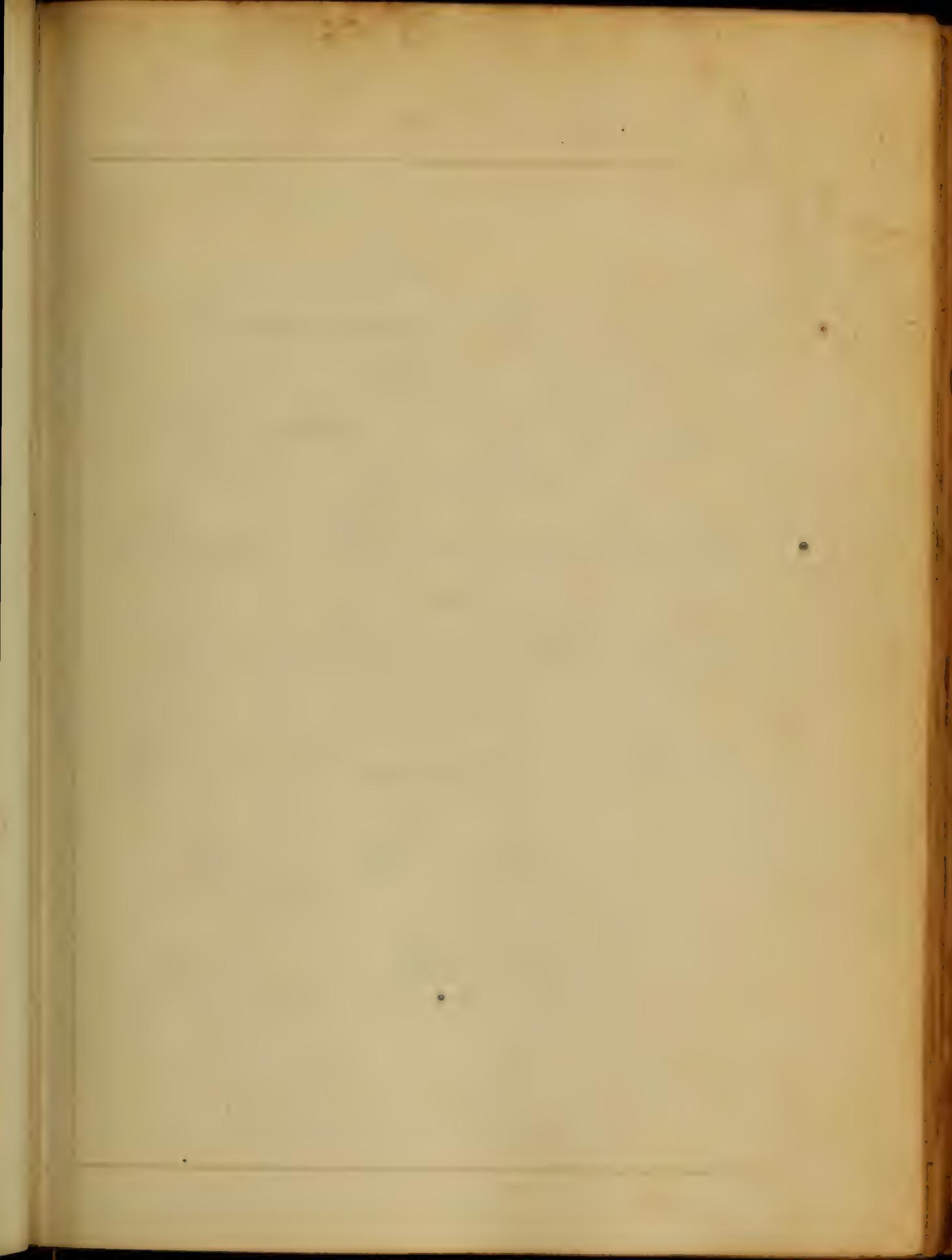


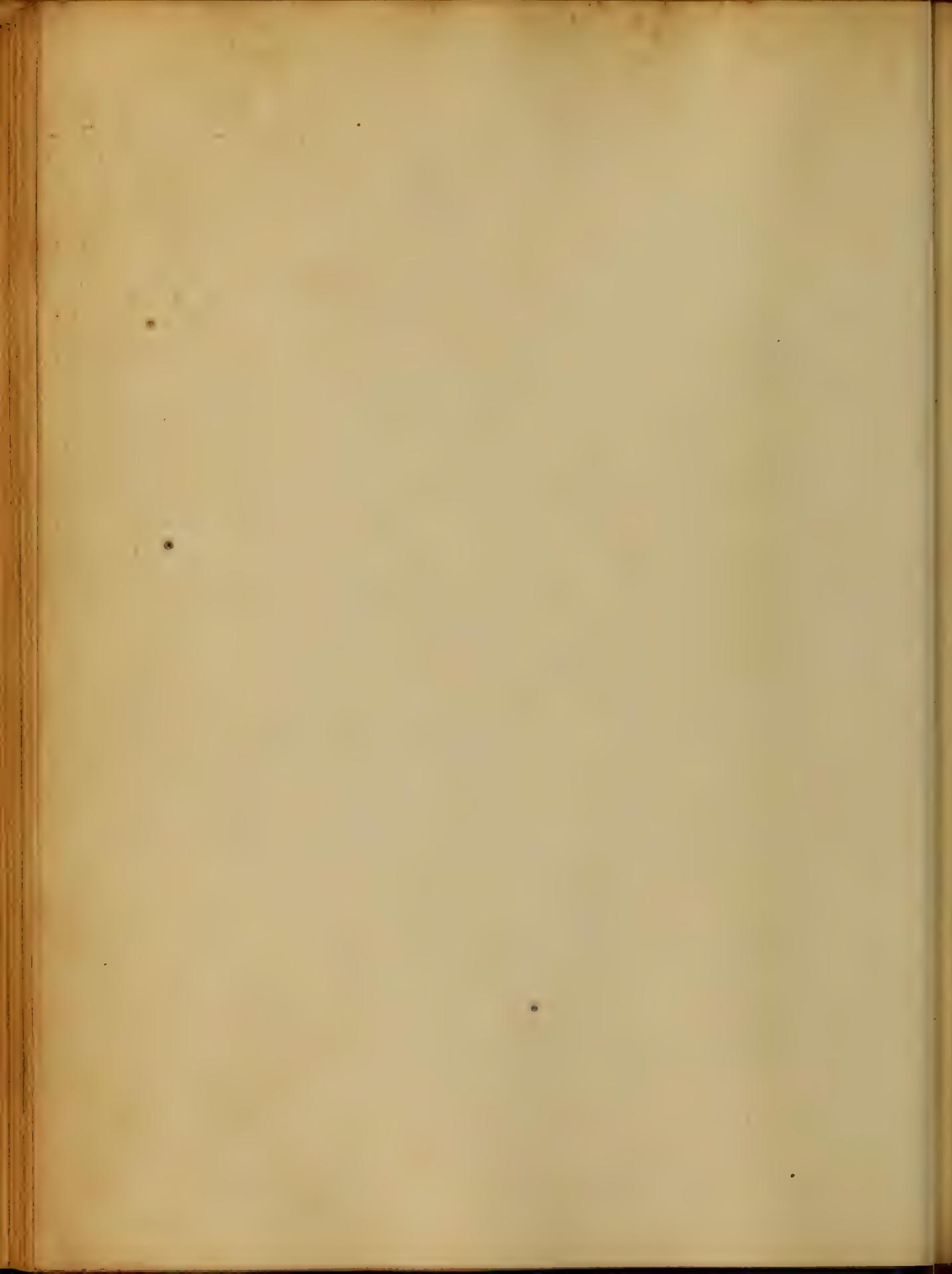




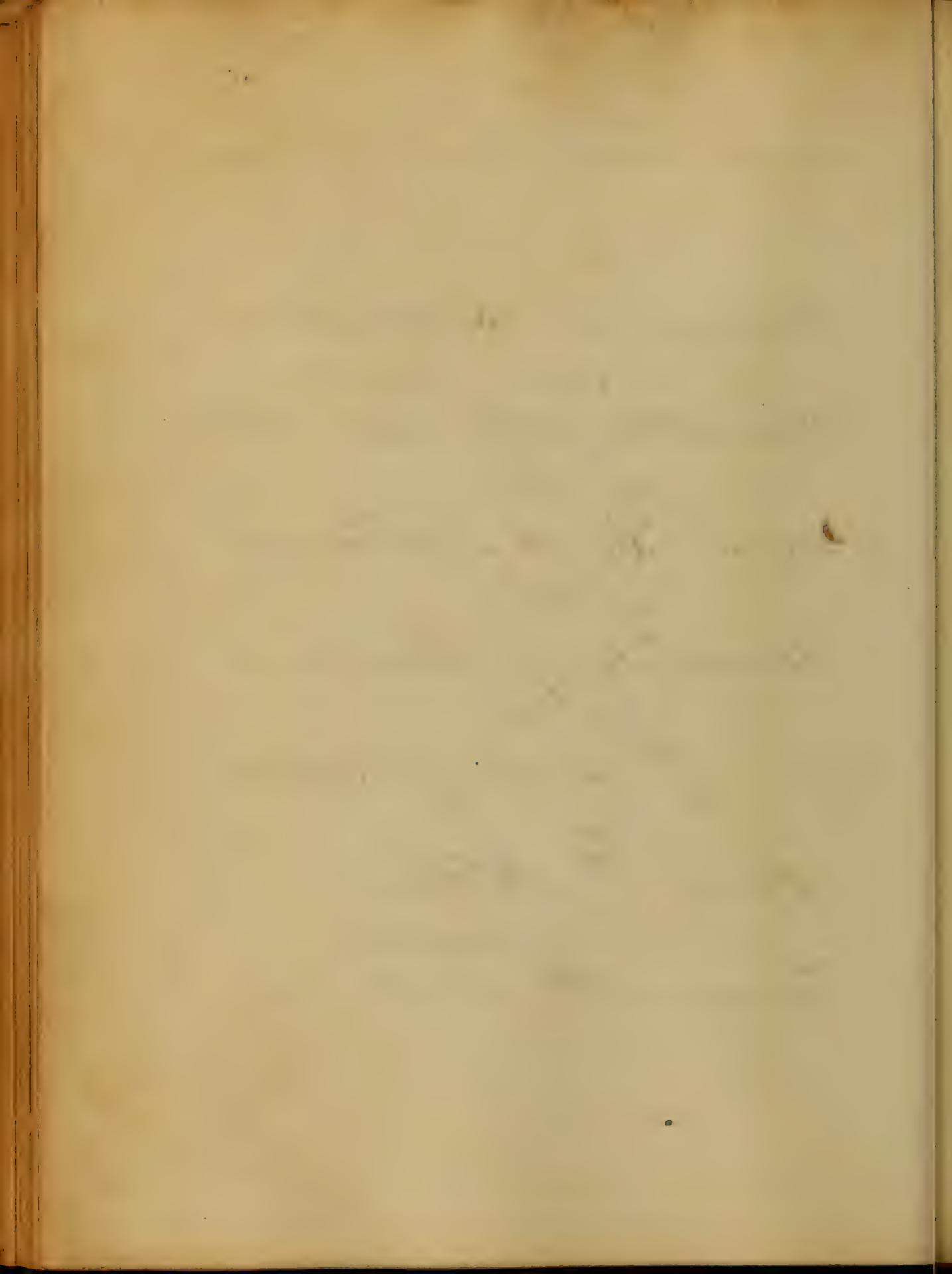
An
Inaugural Dissertation
on Syphilis
Submitted to the examination
of the
Provost, Regents and Faculty of Medicine
of the
University of Harvard
for the
Degree of Doctor of Medicine
by
Henry T. Chittenden
February 1838

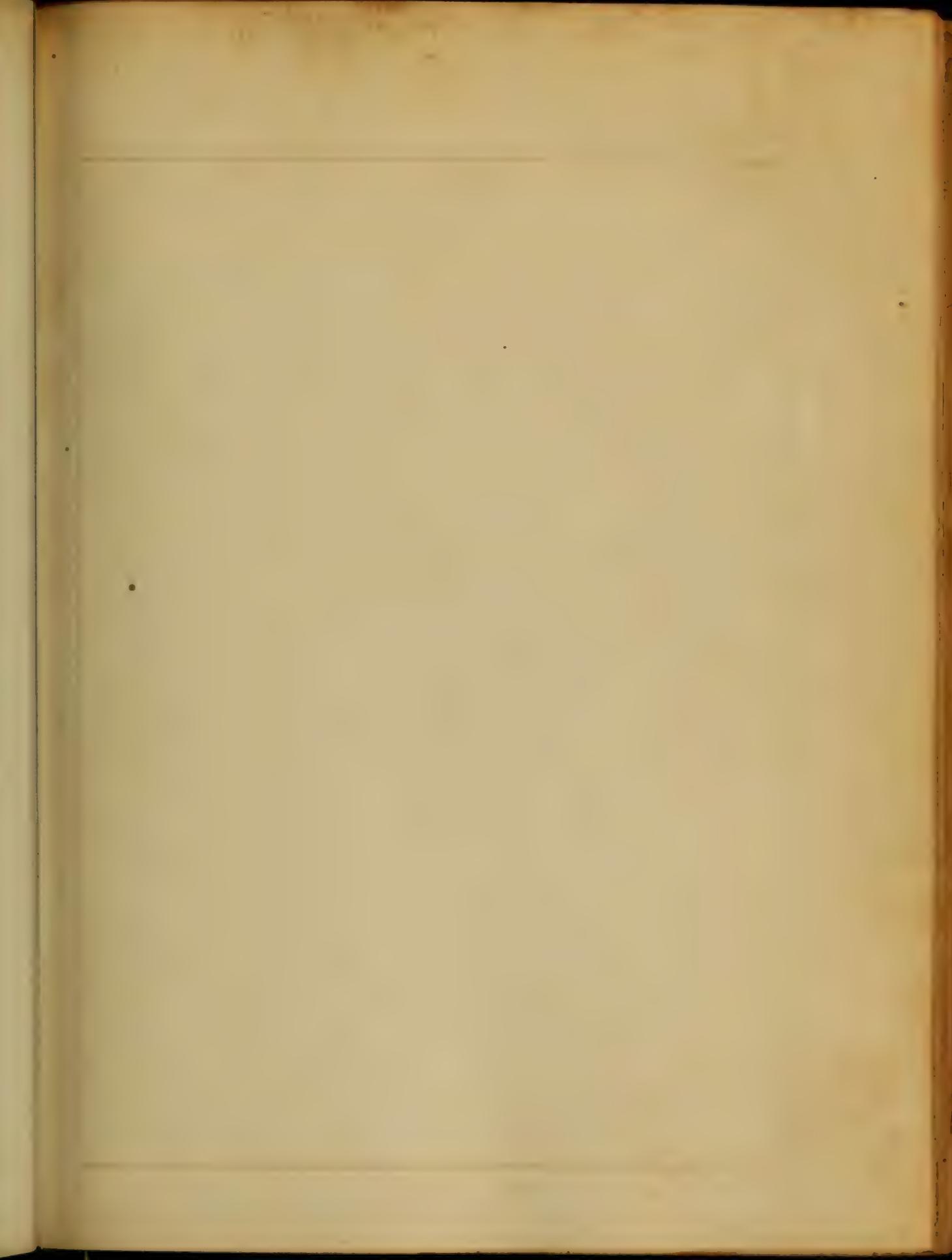


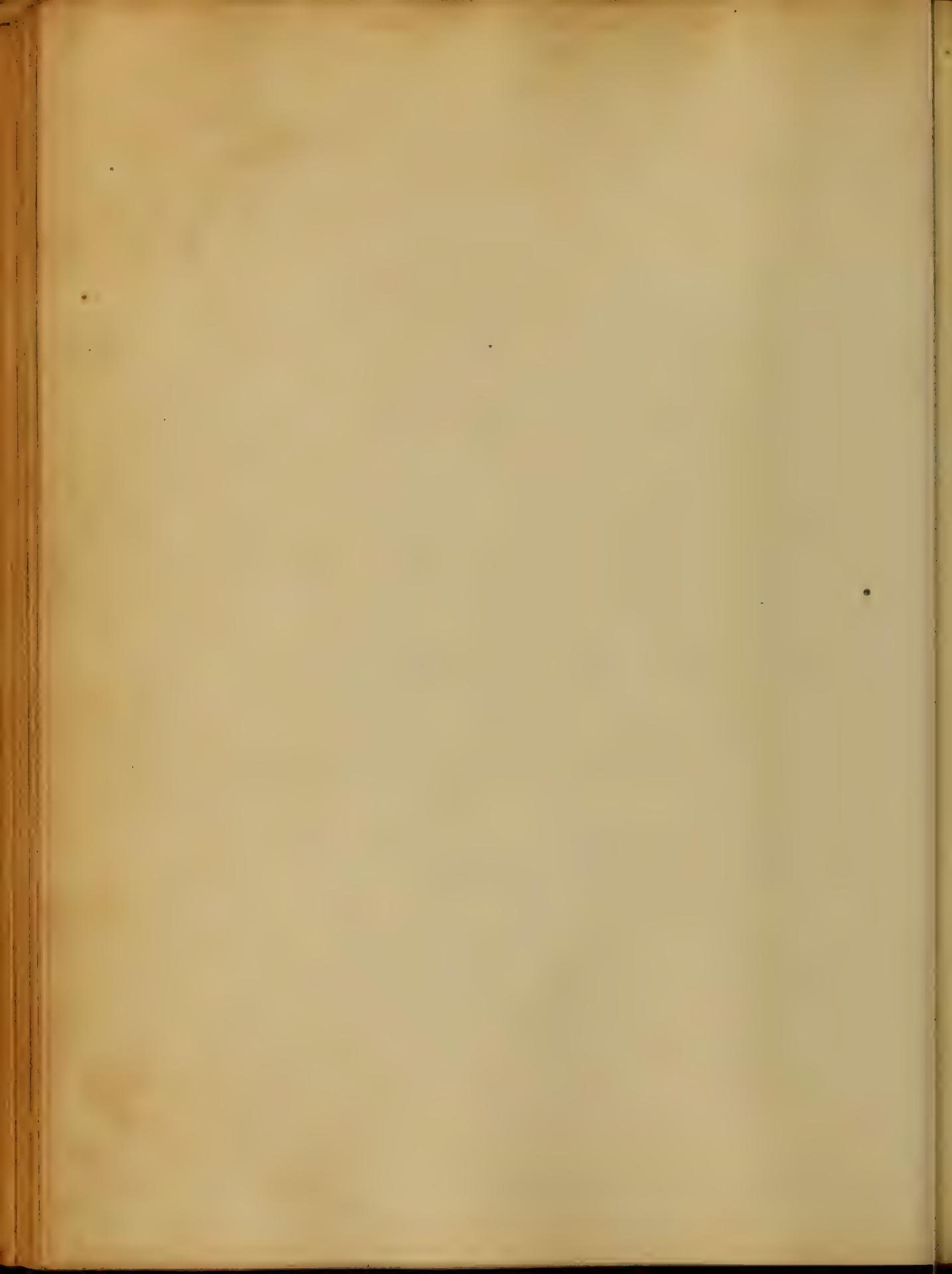


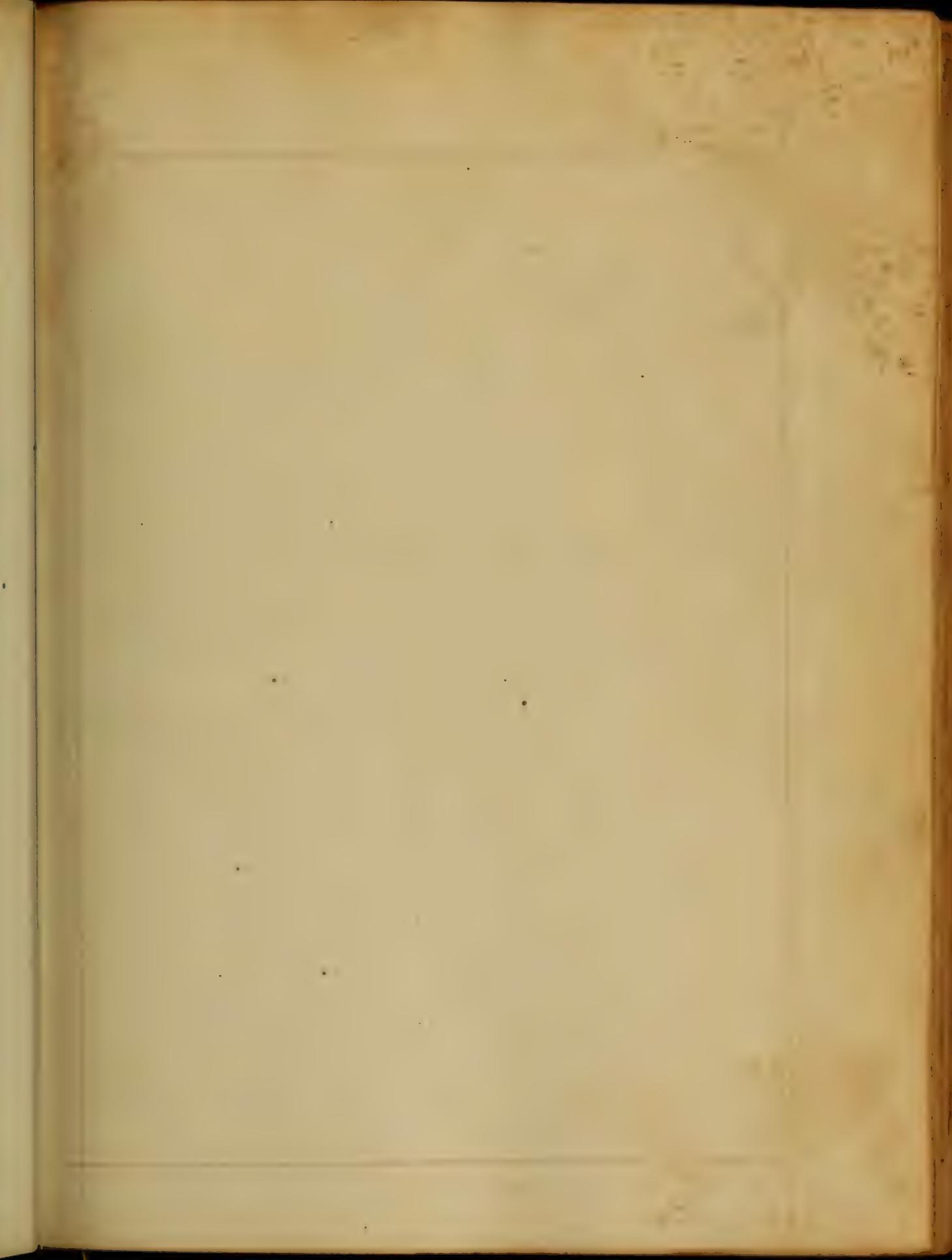


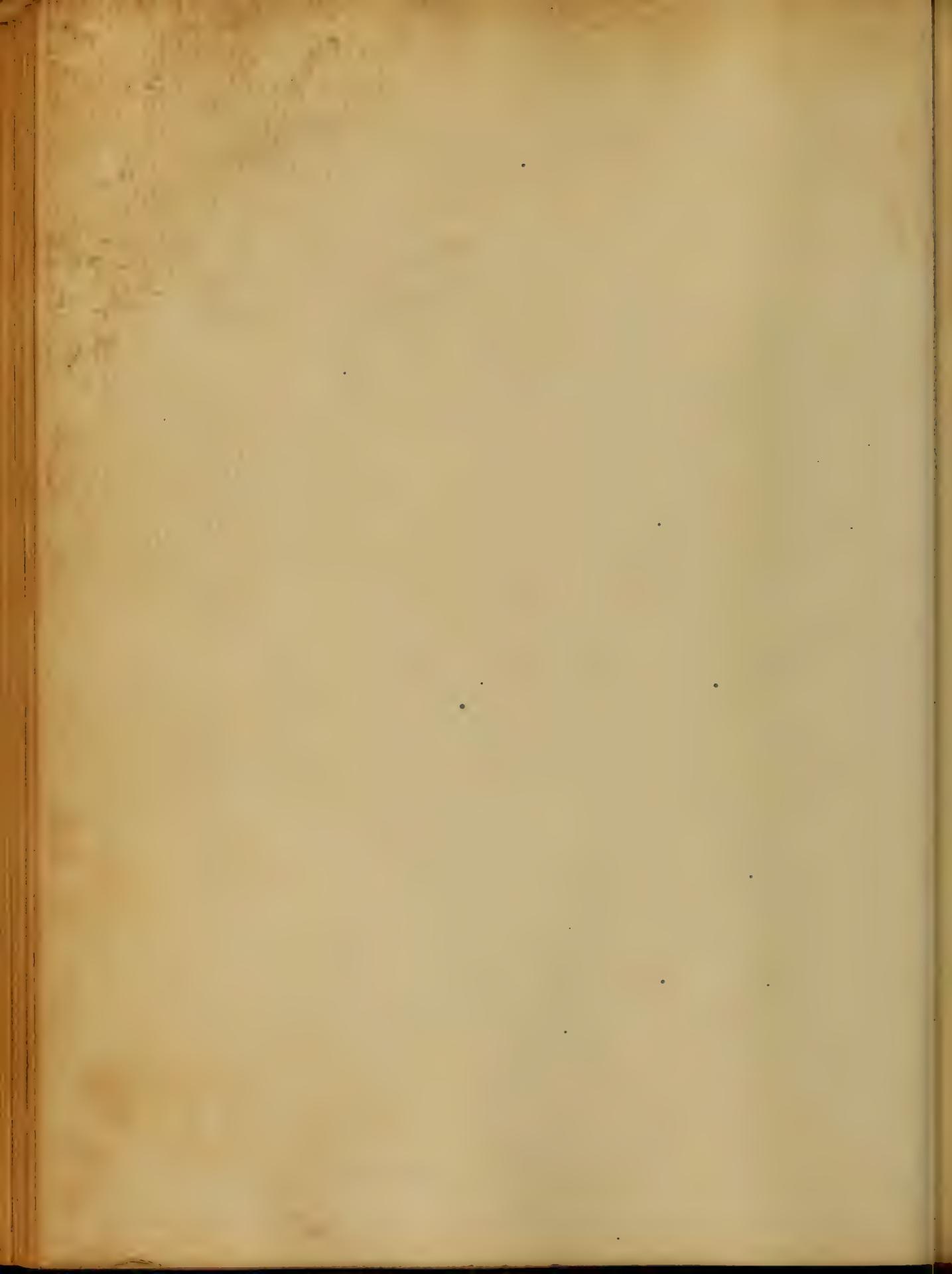
An
Inaugural Dissertation
on Dissentery
Submitted to the examination
of the
Provost, Regents and Faculty
of the
University of Maryland
for the
Degree of Doctor of Medicine
by
Henry F. McDowell
in Medicine
February 15th 1838

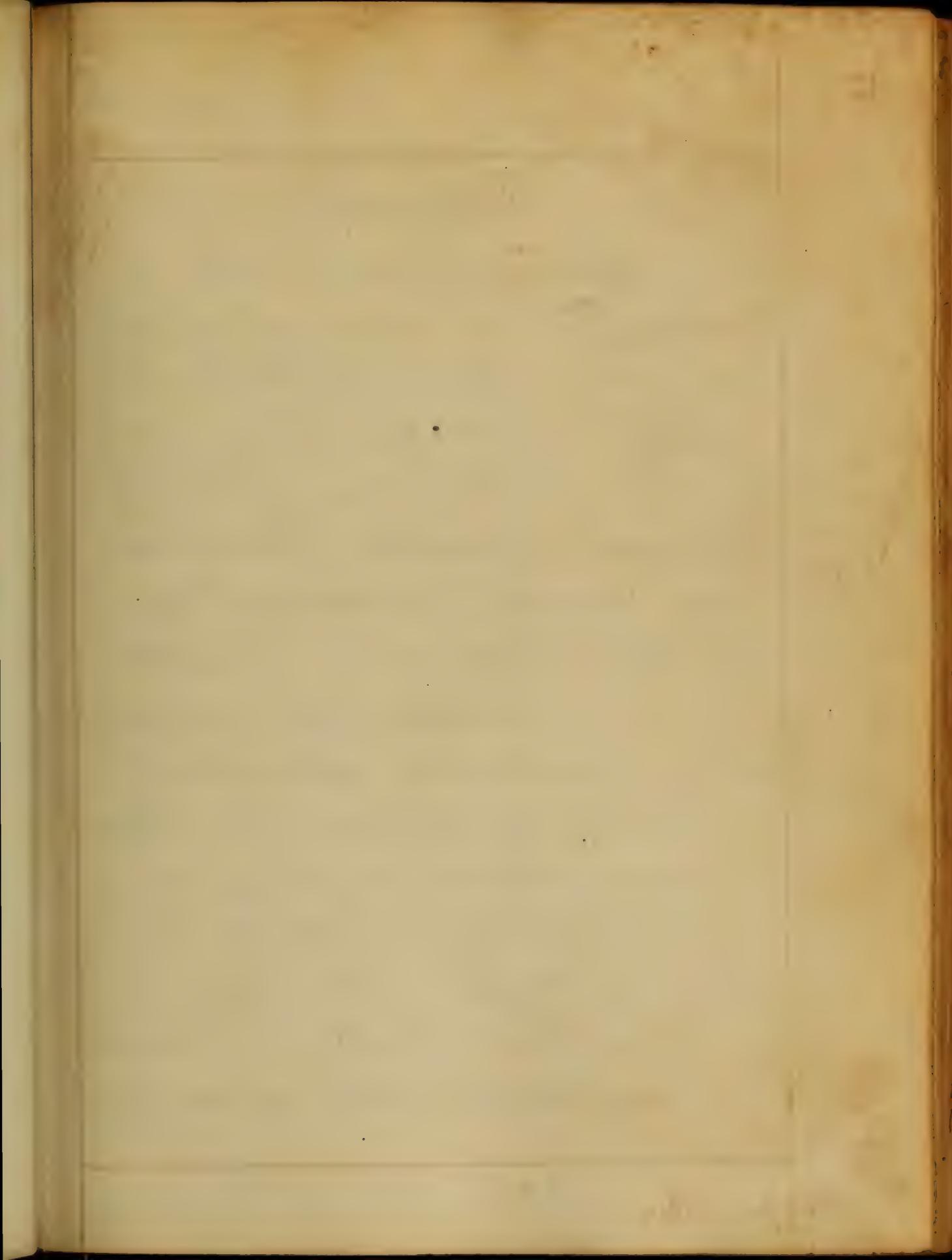


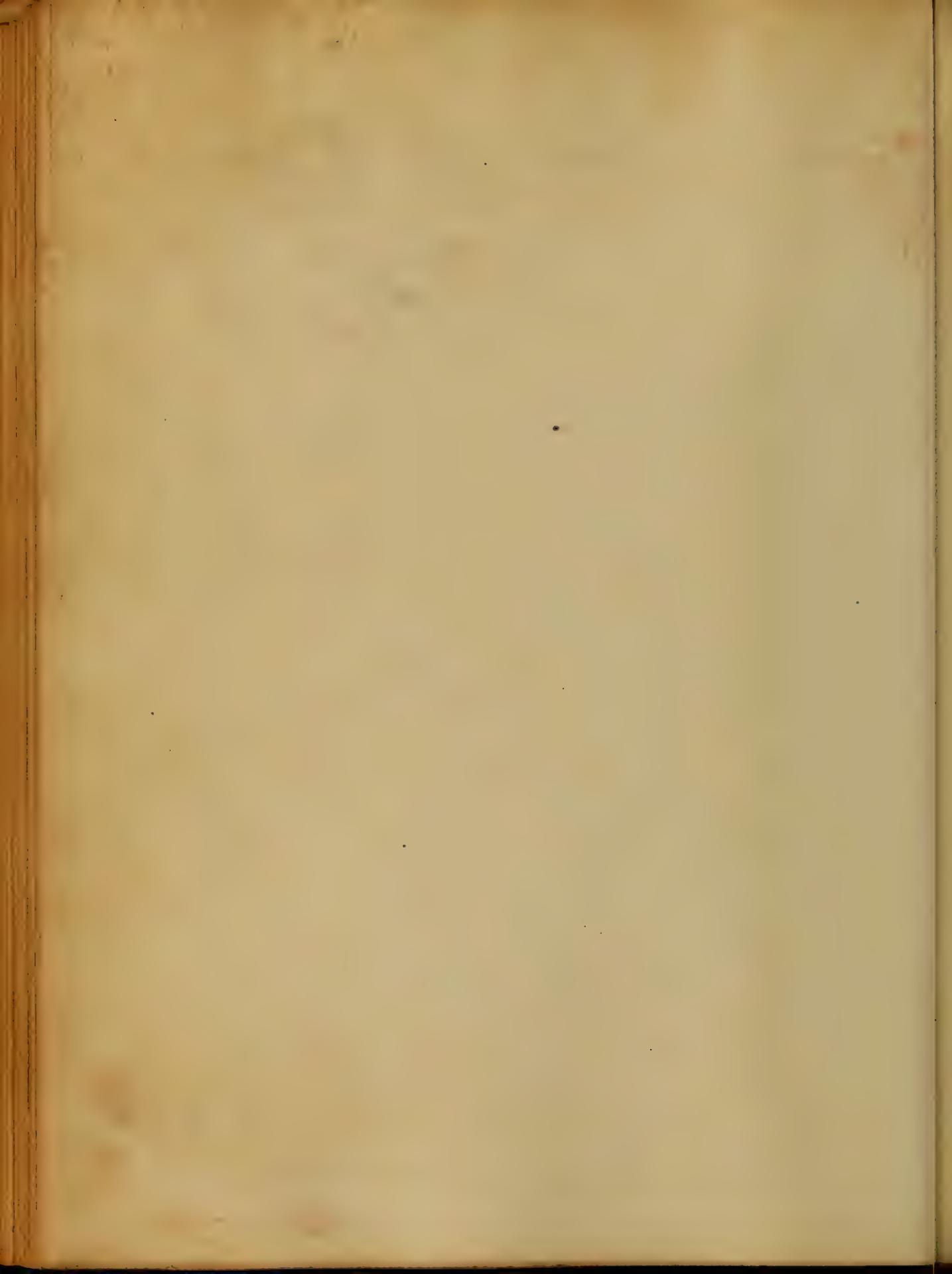












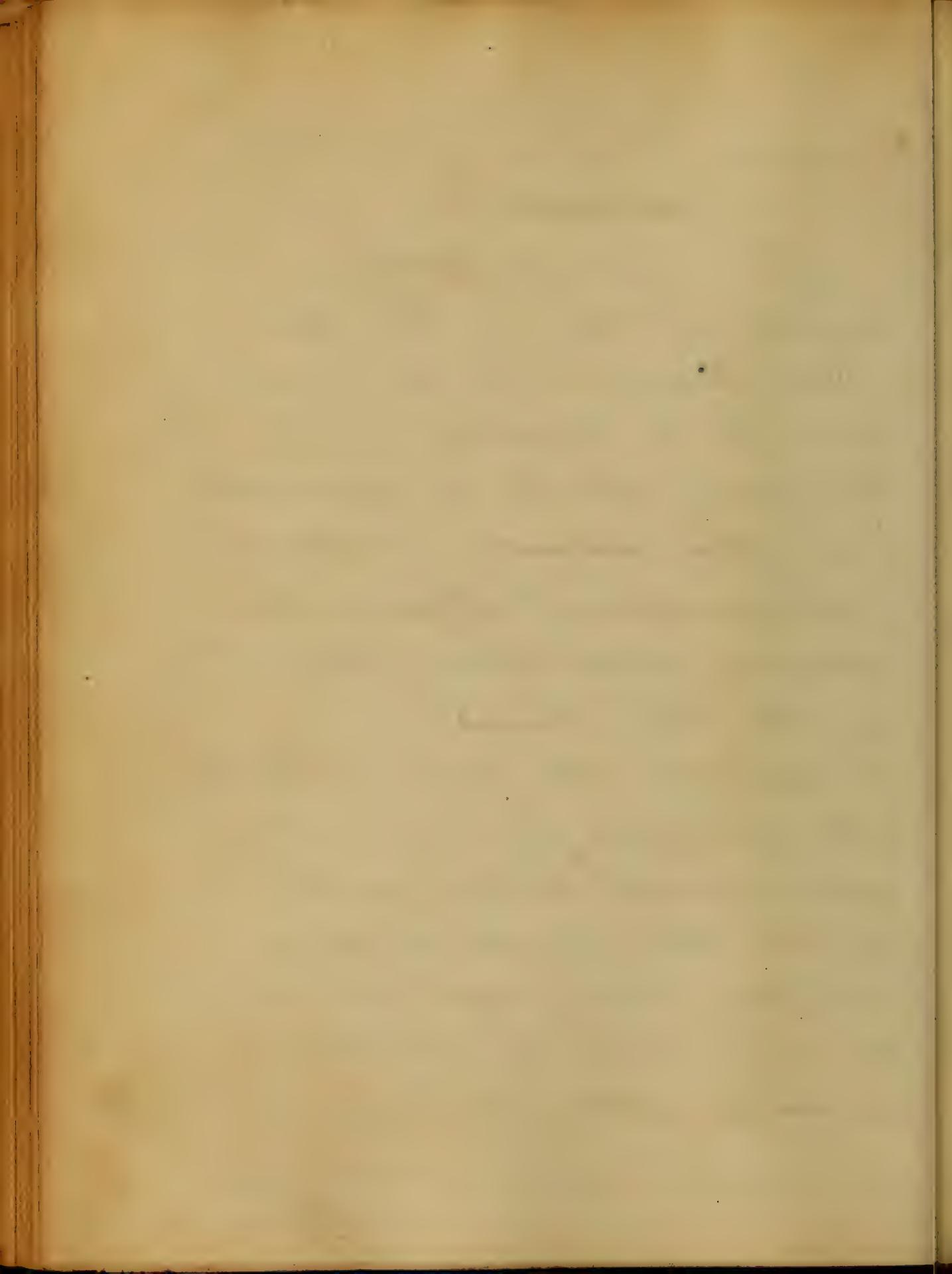
Introduction

The reasons for writing on a subject so trite are soon told.

Last summer we had a good deal of it (duodenitis) in the Infirmary, which in some cases was rather obstinate to treatment.

It was then I studied the disease, and then that I wrote the thesis.

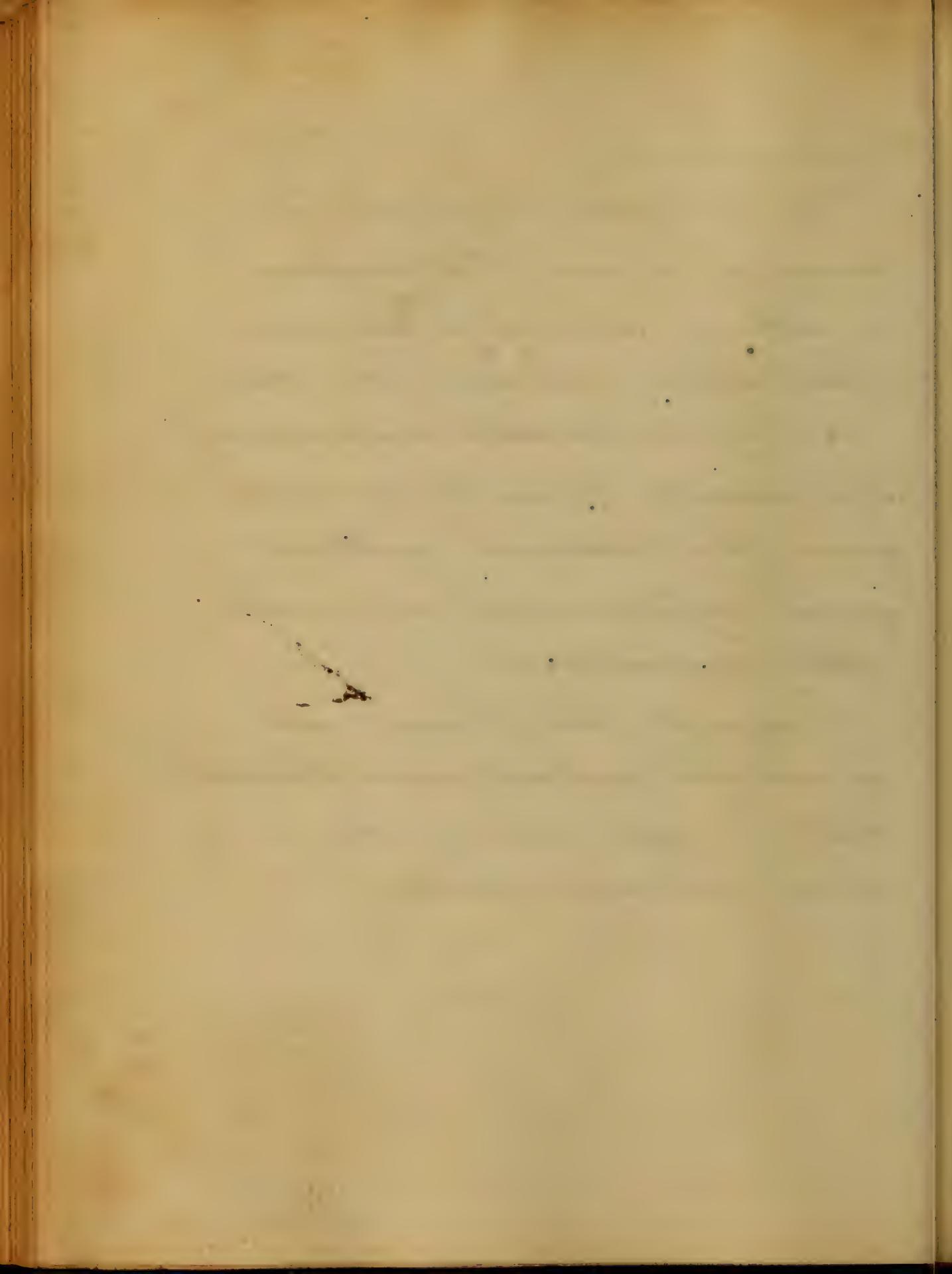
I discovered this morning Feb. 1st, after hearing a full, complete, and customary lecture on the subject, that much was omitted, that might have been said. What I have said, much or little, is however,



It is in fact, malignant from
beginning to end. The morphology
is altered, but only for the worse.
What is said, has been better said.

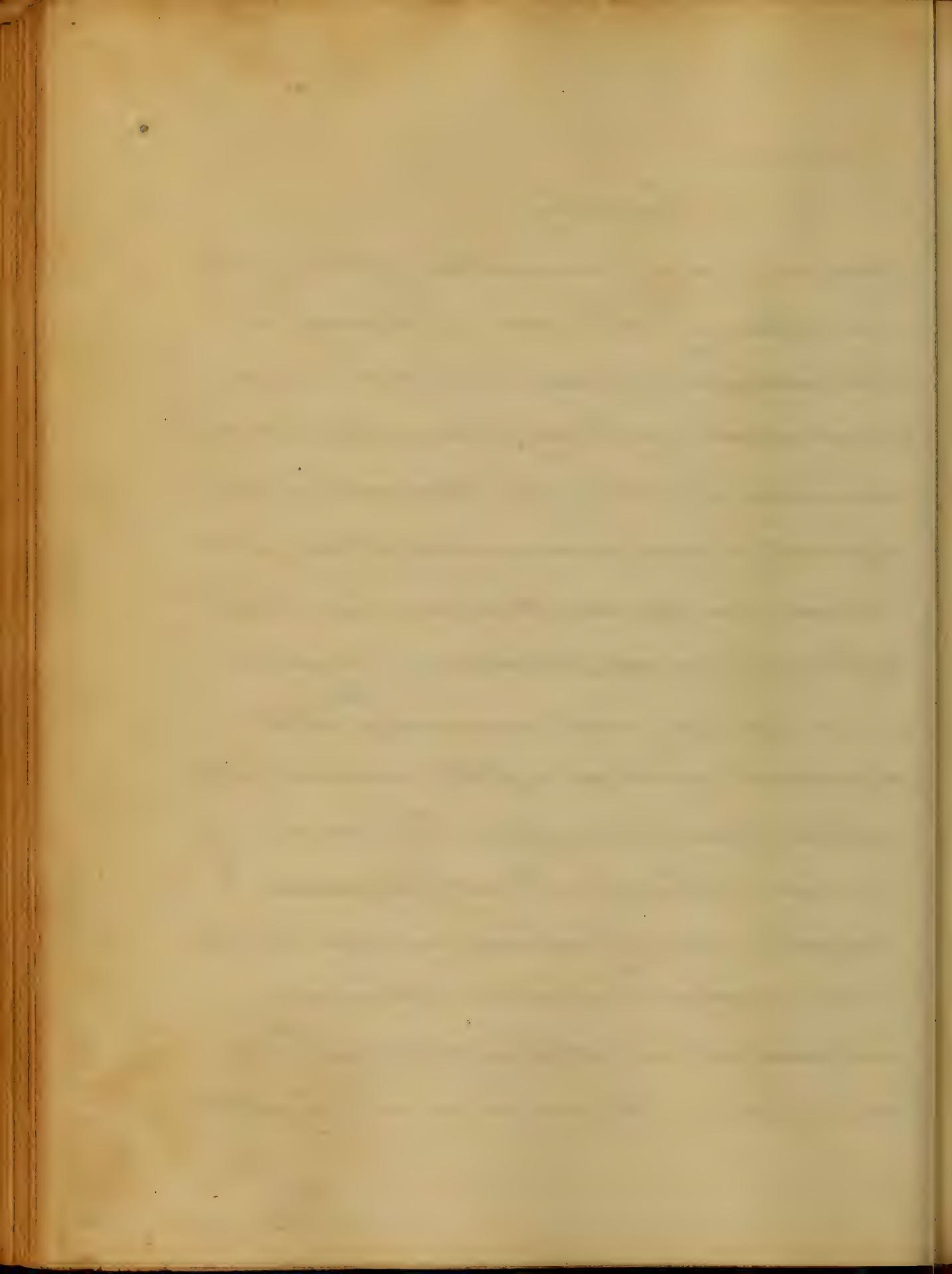
I have described acute syphilis
as it usually presents, and have
given the treatment, without
great refinement, and with
little explanation.

I regret that I did not
give the subject more time,
that I might have written a
more elaborate treatise.



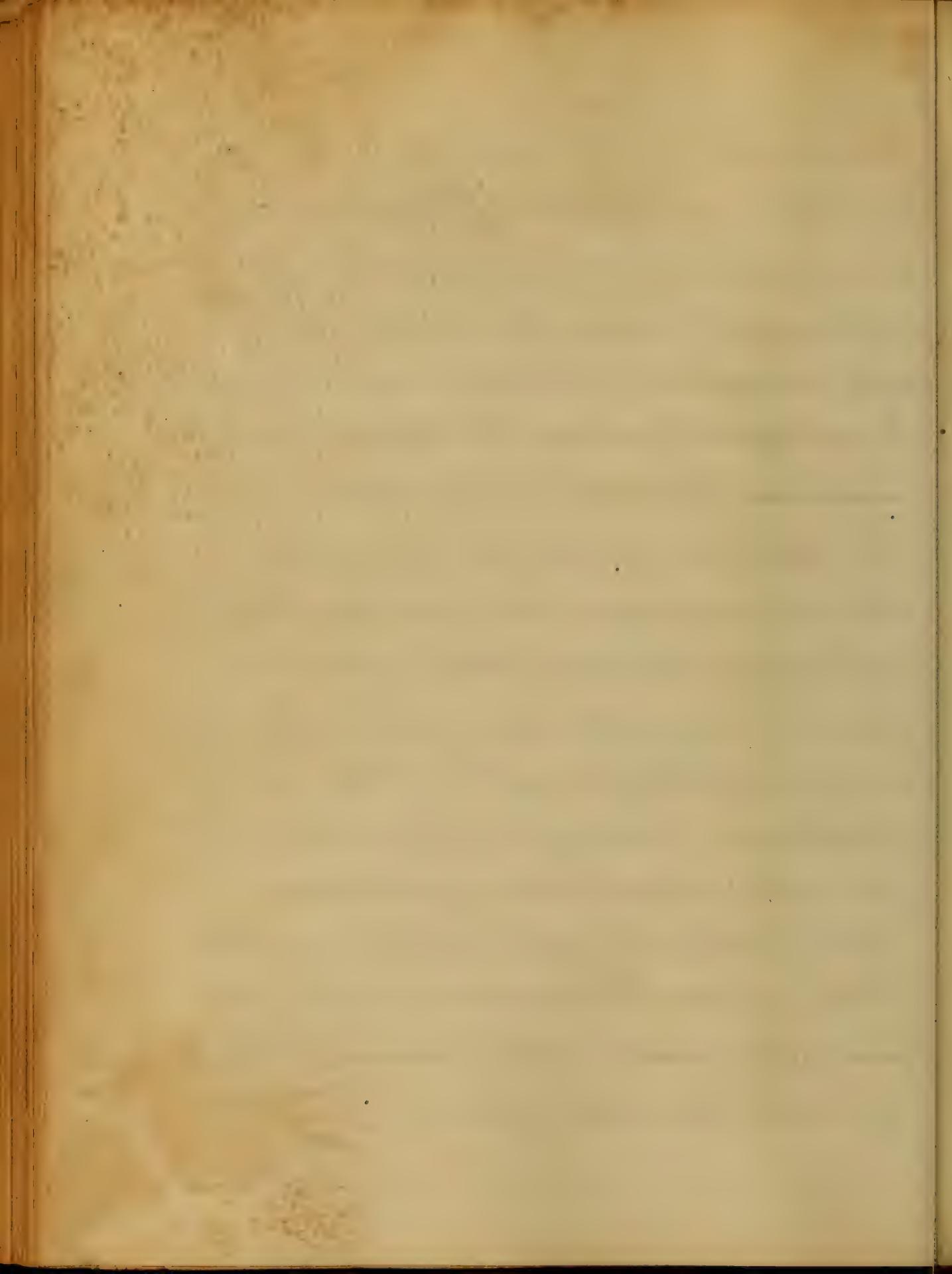
Dysentery

Dysentery is inflammation of the mucous membrane of the colon and rectum, characterized by small mucous or bloody evacuations, gripping pains in the abdomen, straining at stool, and tenesmus. ^{col} The term dysentery is well enough understood. It is derived from two Greek words, *ous*, "with difficulty," and *enteros* "intestine". Various other terms have been used, as expressing either the condition, such as colitis, colic, colorectitis, and bloody flux. The disease may be acute or chronic. It is of the acute I propose to treat; of which we have several forms, such as the bilious, atodynamic, intermittent, remitted and injurious, and rheumatic. It occurs in every possible



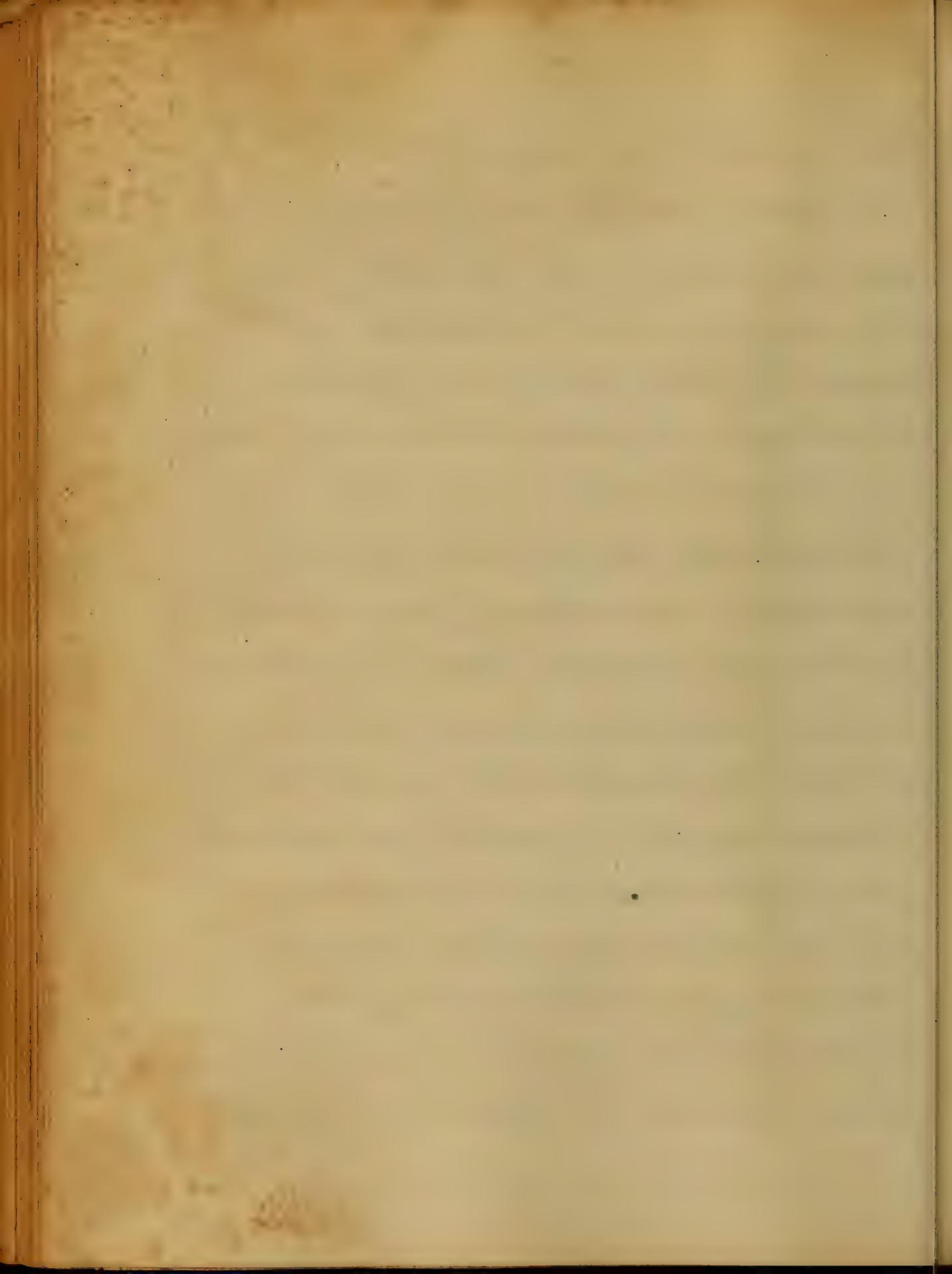
grade, from the slightest affection occupying but a small extent of the colon, and recurring to the severest, and most violent, and most dangerous disease to which man is subject. In all ages it has been the plague and pestilence of armies and garrisons.

The symptoms are gripping pains in the abdomen, staining at stool, and urine, with small mucus or bloody excretions. The pain is partially relieved by evacuation, but soon a feeling of weight or fulness, an uneasiness or burning in the rectum is felt, with constant desire to go to stool, yet with inability to pass any thing but a little bloody mucus. This tenesmus, as it is called, from TENUS, "it stretches, or strains" increases and becomes the most prominent feature.



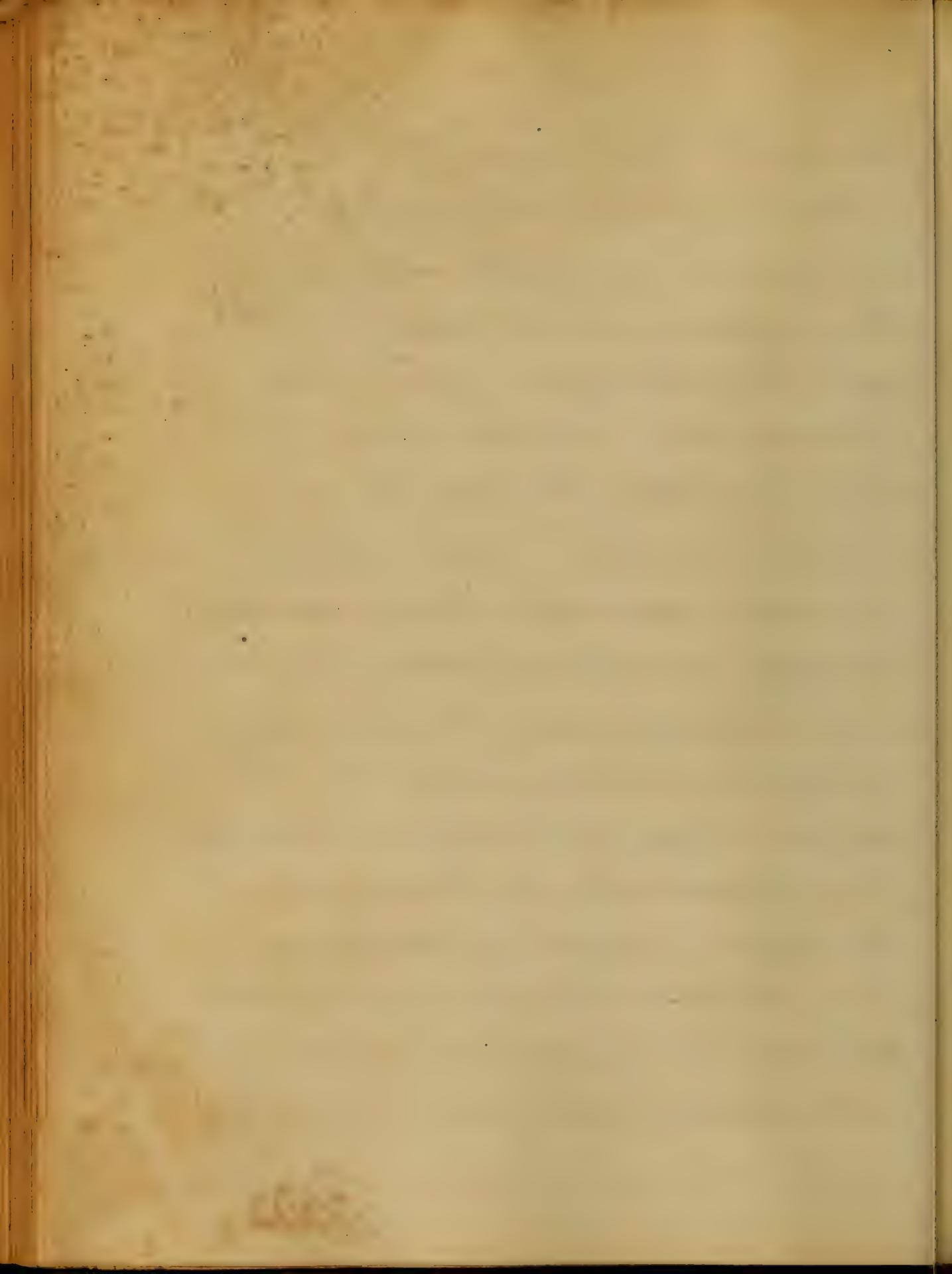
The calls to stool are very frequent...
attended with great pain. In number
they vary from 6 or 8, to 20 or 30 in 24
hours. The first discharges are of mucous
translucent or whitish, then bloody mucus,
and sometimes almost pure blood.

Accompanying these infrequently, come
vile-smelling bile and shreds of false membrane,
with small, rounded green menses called
scybala, occasionally mixed with them.
At first they are foul-smelling or inodorous,
but soon acquire a peculiar and disagreeable
odor. Slight cases may be unattended with
fever. In severer cases we have all the
evidences of fever: a hot and dry skin,
soreness and slight edema around the nostrils and
swelling inguinal &c. The urine is granular.



natural, sometimes well and strong, and
in advanced cases, feeble and irregular.

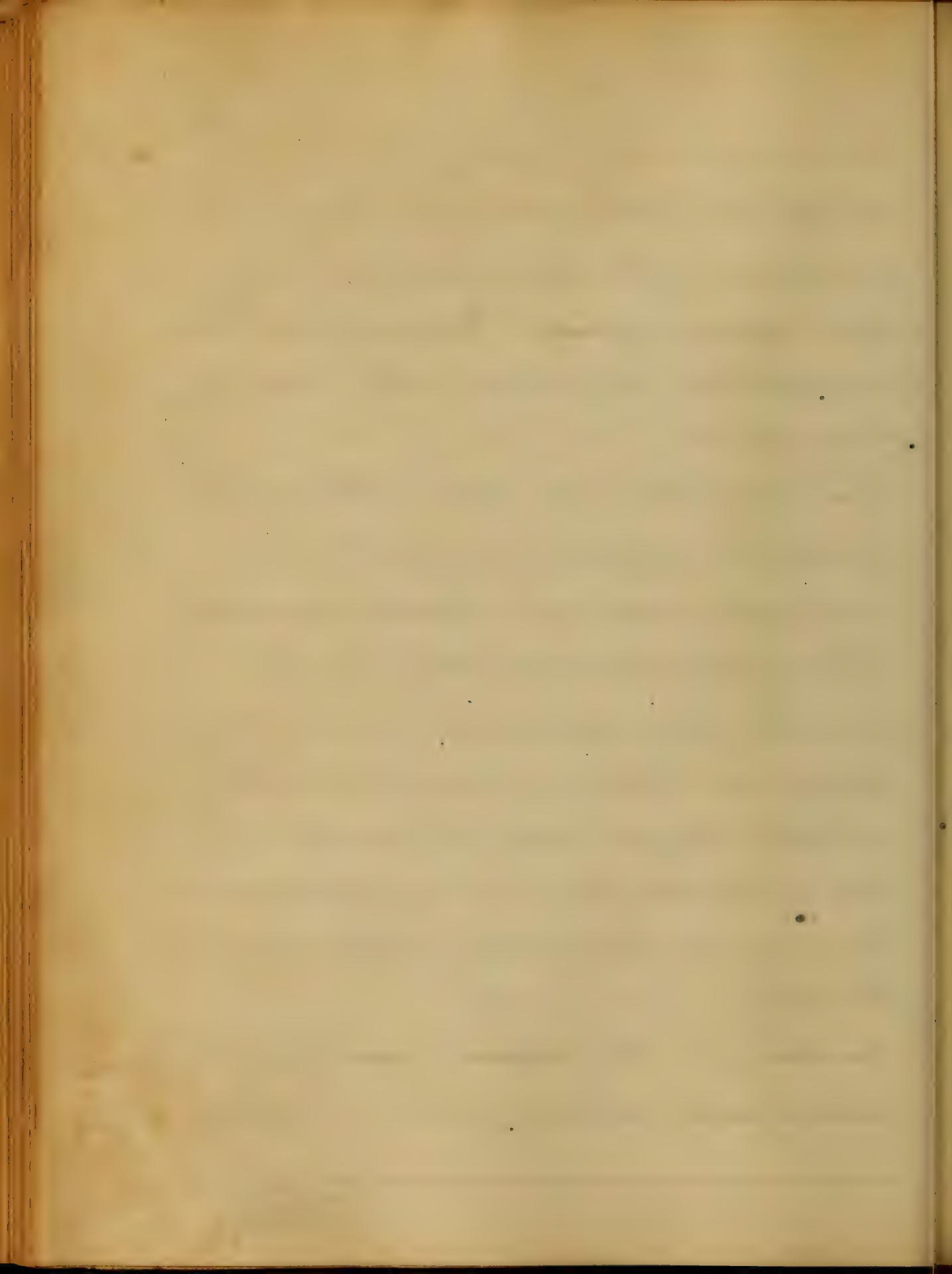
There is tenderness over the course of the colon,
and by it we can judge of the extent of the
inflammation. In what is denominated
vicious dysentery, the biliary secretion is
arrested generally; or it may be morbidly
increased, or deranged. There is occasional
vomiting, and the conjunctiva and skin
are somewhat jaundiced. Diarrhoea, dysuria,
happily rare in private practice in this
nation, is most to be dreaded, and, certainly,
if common, leads to . . . bilious. It is
characterized by all the symptoms of low
fever. Its causes are . . . as tends to debilitate
the system, as infestiment, combined
with excessive fatigue, impure air, as in



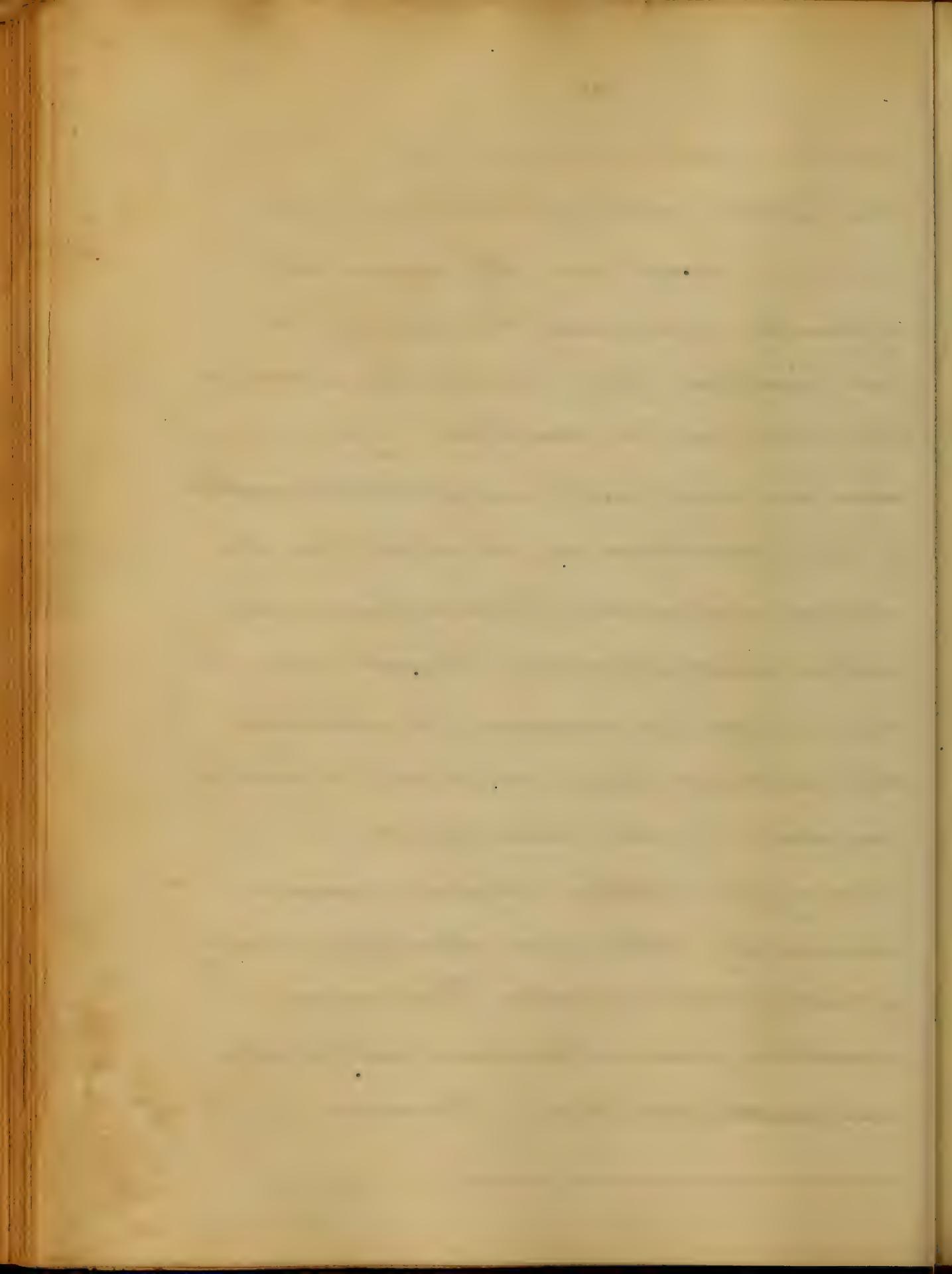
ships, prisons, garrisons &c. A certain epidemic influence seems to prevail as the cause frequently. The intermittent and remittent are coincident with, or caused by, by malarial.

The diagnosis is very clear in the majority of cases. The only disease it might be confounded with are diarrhoea and enteritis. It is distinguished from some of the character of the evacuations, which in those diseases are watery and frequent, and contain no blood or bloody mucus. In dysentery it is almost impossible to procure a fresh evacuation. In every case the physician should examine the stools.

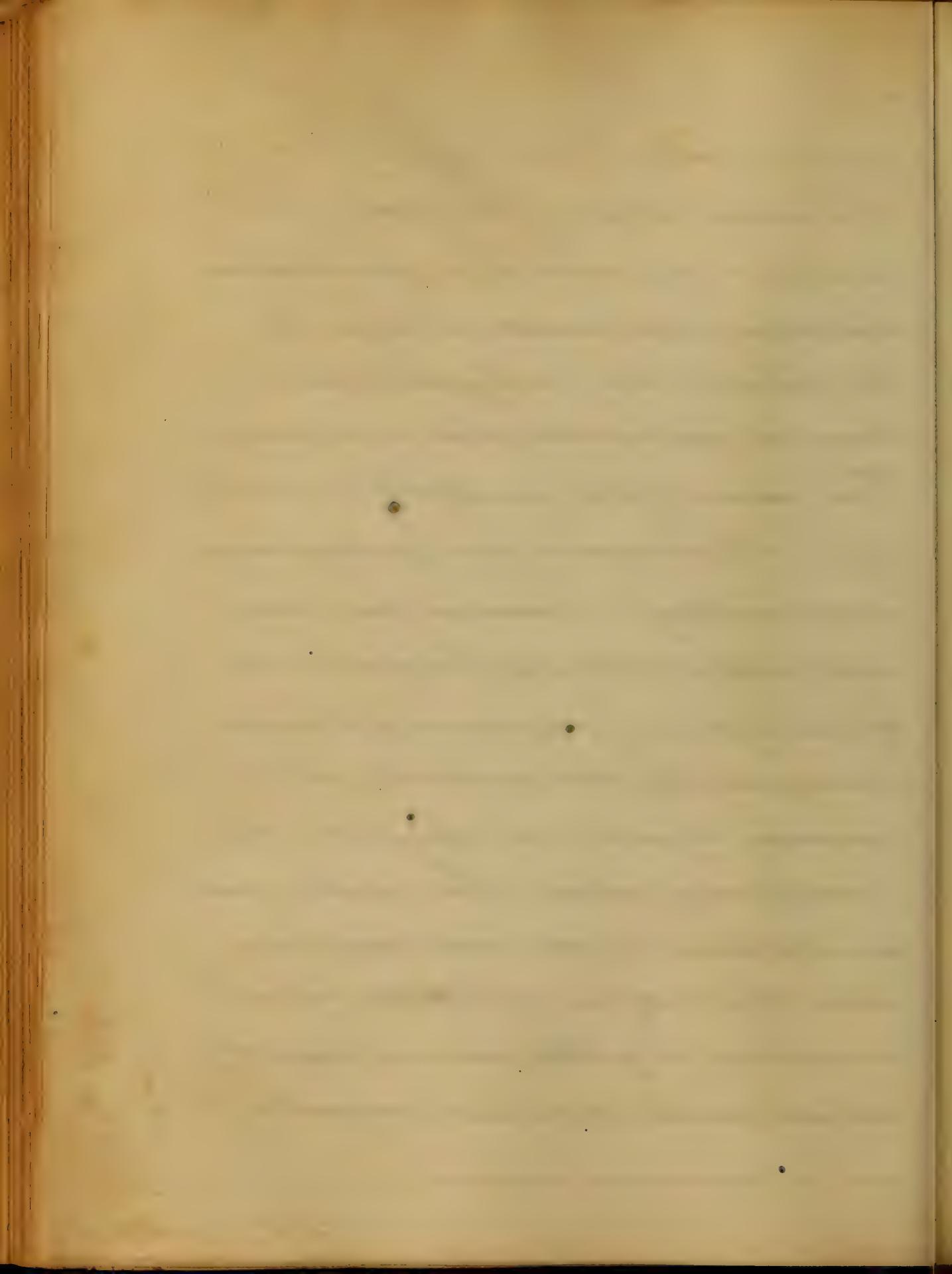
In this region the prognosis is generally favorable, though cases occasionally occur in which



The patient seems recovering from the first. In most cases the disease takes a favorable turn about the end of the first week, but if it persist longer than a month the result may be doubtful. If no more cases are met with in which the system is overwhelmed at the outset from the violence and extent of the inflammation, and is unable to react. In such cases the skin is cold and clammy, the extremities cold, abdominal tympanitis, livid or livid hue about the nails, pulse frequent, feeble, and irregular, sligio, lethargic, viscid tongue, involuntary stools, and other signs indicating a speedy, fatal termination. The prognosis is less favorable in children than in adults in cities and crowded places than in the country.



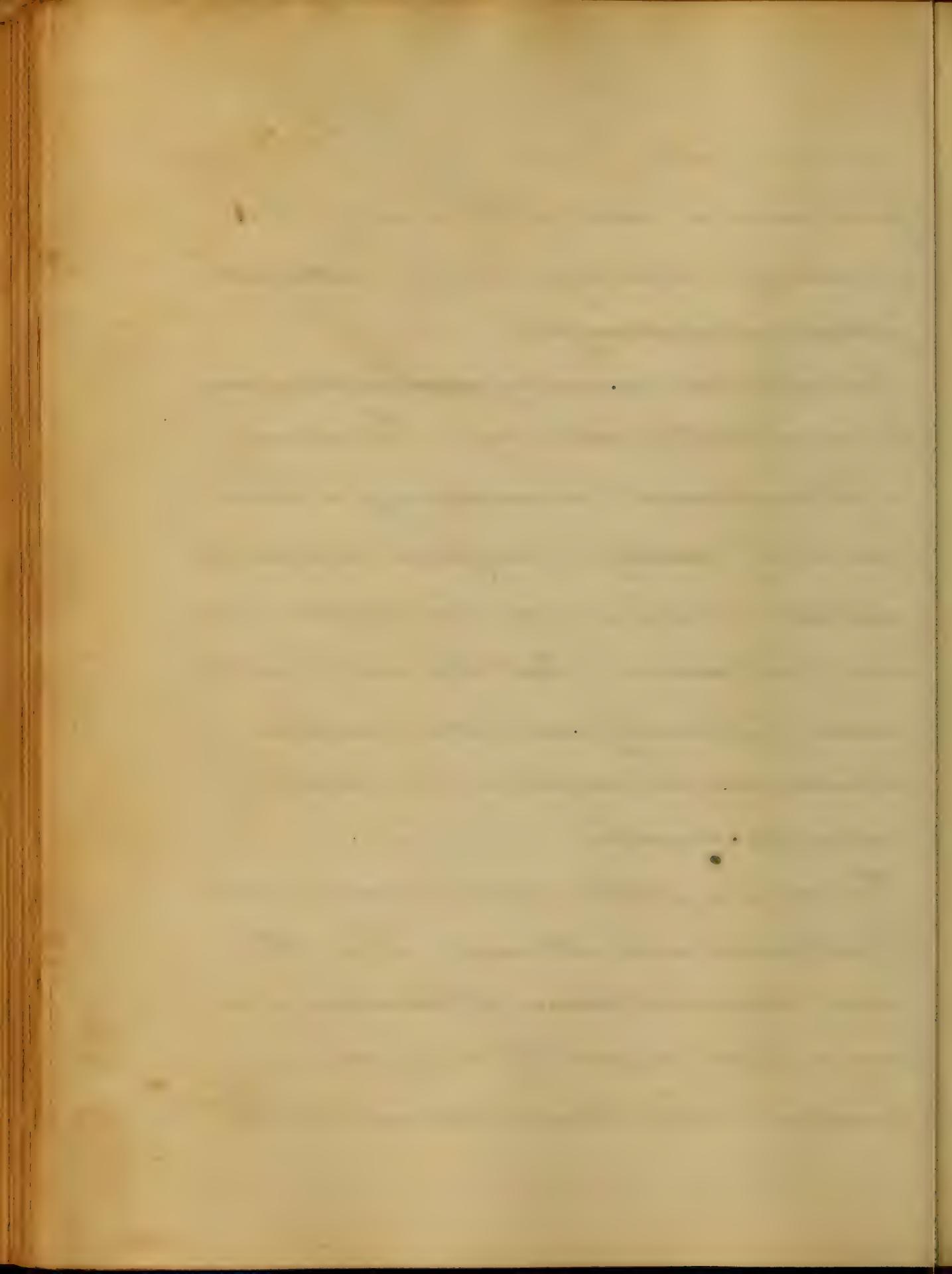
In examinations after death the mucous membrane is found reddened, thickened, and sometimes ulcerated. In typhoid and malignant cases there is gangrene and sloughing. The causes of this gangrene, it is said, as for other diseases, are, predisposing and exciting. Excessive heat, long continued, by relaxing the general tone of the system, of destroying the nerves, by augmenting the excitability of the mucous membrane, may be a predisposing cause. The exciting causes are, exposure to cold and dampness when the body is debilitated, or fatigued, or exertion, & if with, as more, violent, happenings, suddenness and irregularities.



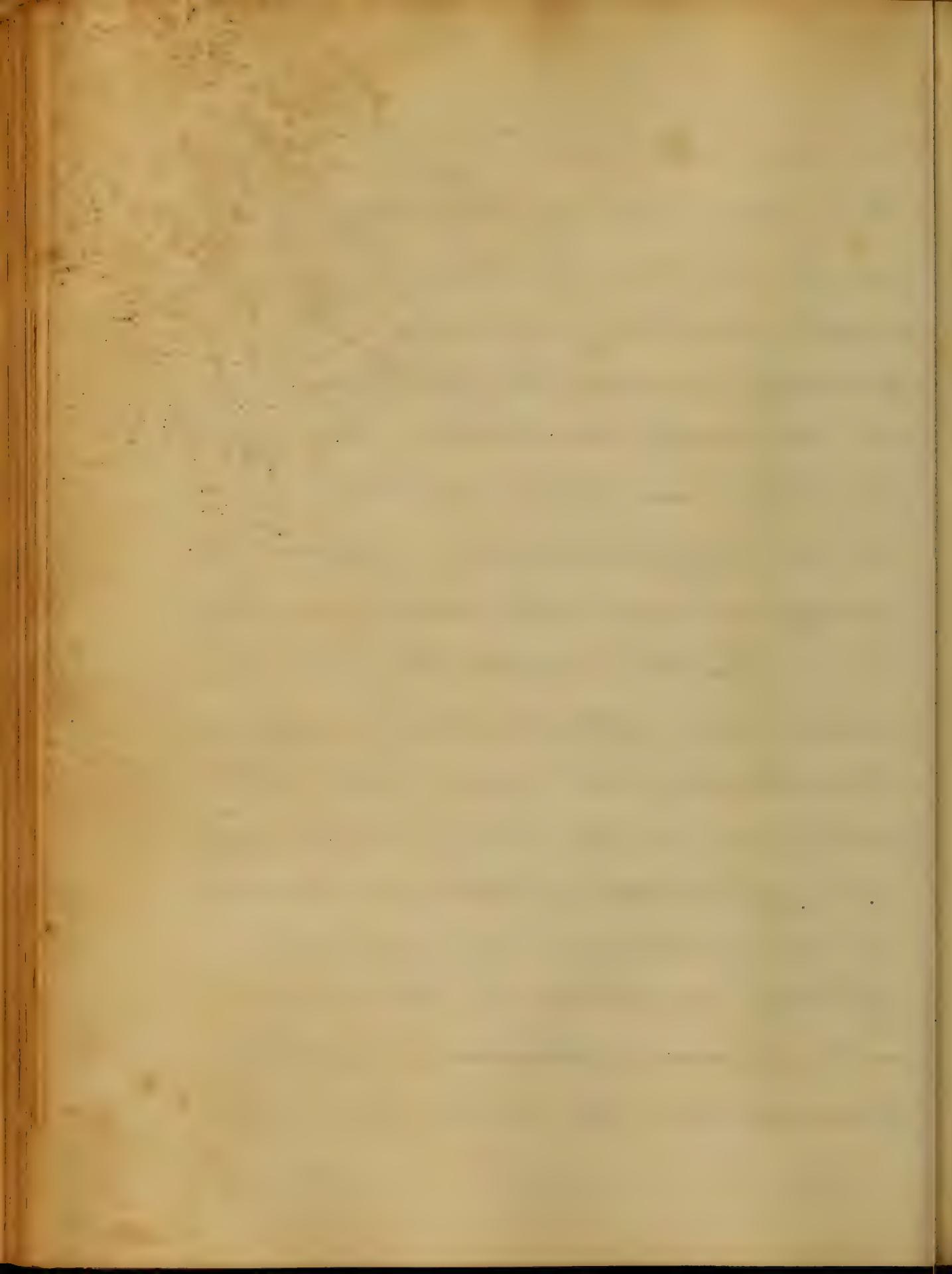
good, unripe fruit, intemperance, either in eating or drinking, powerful cathartics, intemperate exhalations, &c.

Intemperance in eating and drinking may be, and often is, underlying. The disease is often epidemic, prevailing over a large extent of country, or confined to certain districts. Alcohol may be mentioned as one of its causes. But the most fruitful source of it, and of most other maladies in which we are subject, is the habit of eating too much.

This disease attacks indiscriminately persons of both sexes and all ages. It is the most common disease of summer, and is very rare in winter. It is much more prevalent in hot than in temperate climates.



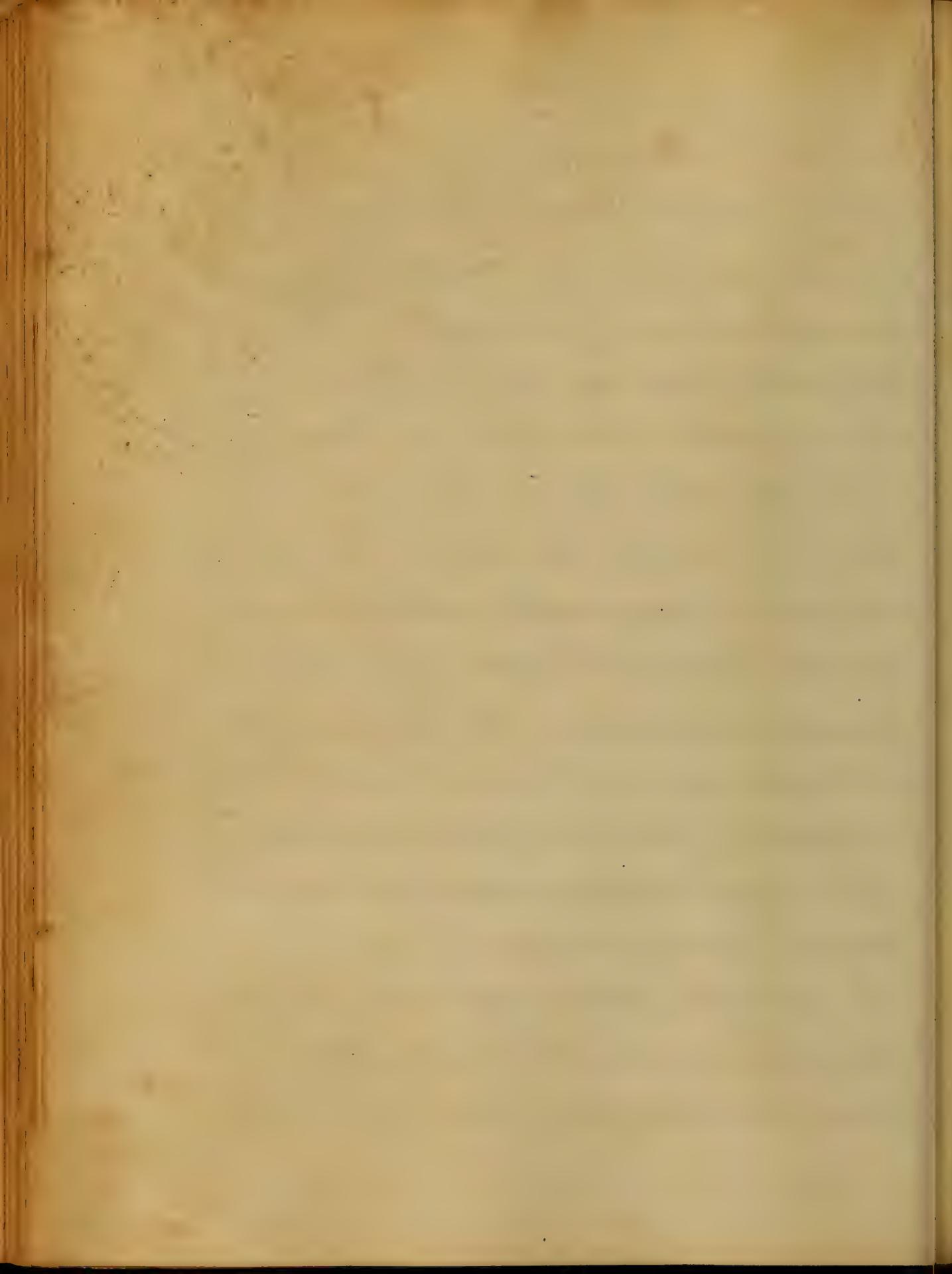
For a long time it was a most
question whether the disease were malignant
or not. But the professors are now
generally agreed that it is not.
in the variety complicated with typhus
fever. There can be no doubt that it is,
though only secondarily. Typhus being
contagious, dysentery becomes so through
it. In the simple form of the
disease very little treatment is necessary.
A gentle spenient, as castor oil, with
from ten to twenty drops of laudanum
and a full dose of that most excellent
remedy, abstinence, will almost
infallibly cure it. It is however
with extensive inflammation, indeed
tenderness over the course of the colon.



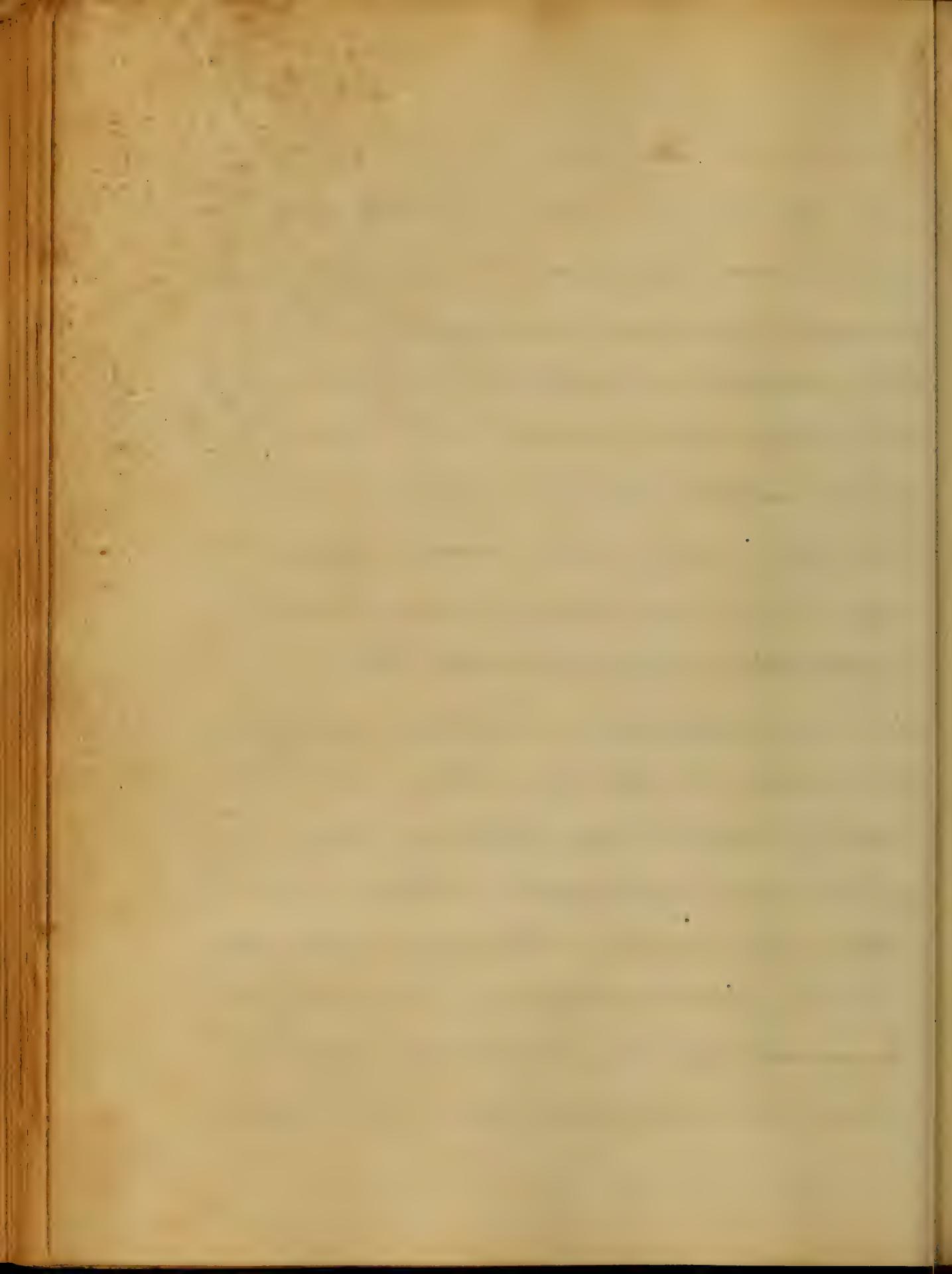
with a, fulminic state of the system,
a few strong,ulse, exciting, local and
general, may be resorted to.

General bleeding, in this disease as
in every other, must be well timed
not only that it may do good, but
that it may do no harm. In adynamic
cases it is inadmissible. Laxatives or enemas
over the course of the colon may be resorted
to with advantage. At the same time
a laxative may be given; and salines
probably the best for the purpose.
If a slight, irritation can be induced the
disease will give way.

In violent inflammatory cases, in which
danger is imminent, it is desirable to
make a decided impression upon the



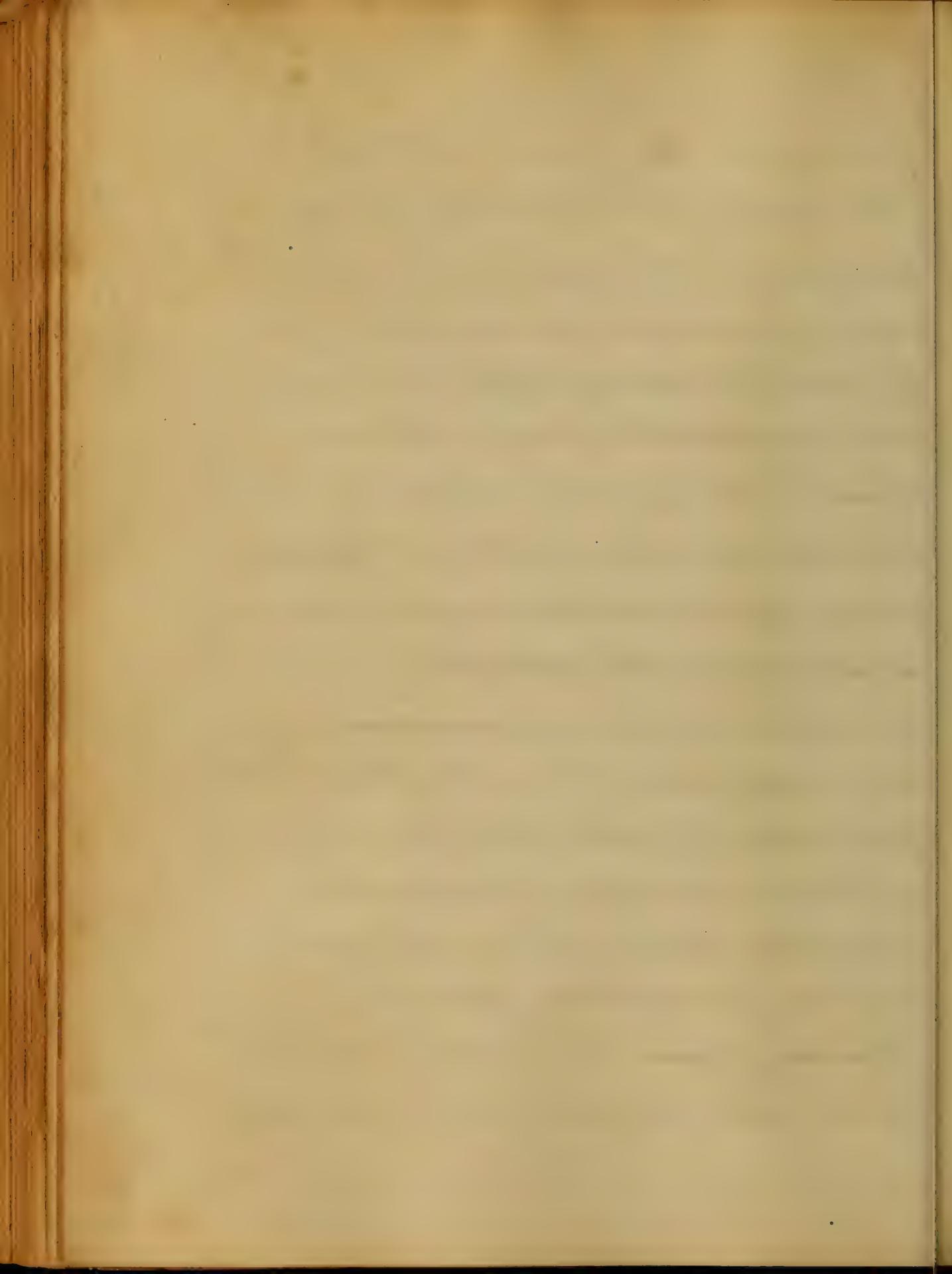
use of the lancet. Emetics, cathartics, simplicies, alteratives, antiseptics, counter-irritants, astringents, tonics, stimulants &c. have their peculiar indications. Emetics, when the stomach is loaded, in the beginning of an attack, are very useful. We are told that under such circumstances they may sometimes prove abortive. Cathartics are indispensable. They answer two very important indications — freeing the bowels of irritating scybals and accumulations, and relieving congestion of the cerebral circulation. Camphor, in the latter case, is more than any other drug in the Materia Medica. Its action may be assisted by the use of other cathartics. When it is deemed advisable to induce



The mercurial influence, it may be combined with opium and ipecacuanha; whereby we obtain the analgesic effect of opium, the aperient effect of the two, and an astringent from the ipeca.

Opium is of very great importance: to relieve pain, induce sleep, to restrain the peristaltic action of the bowels in one case, to promote it when given with cathartics, in another, by relaxing spasmotic contractions, such as a diaphorosis. It is not applicable when fever runs high: when the heat of the circulation has been reduced, alone. combined with ipecac, or with tartar emetic it is specially applicable.

Acetate of lead is useful in chronic cases, and in acute in the later stages:



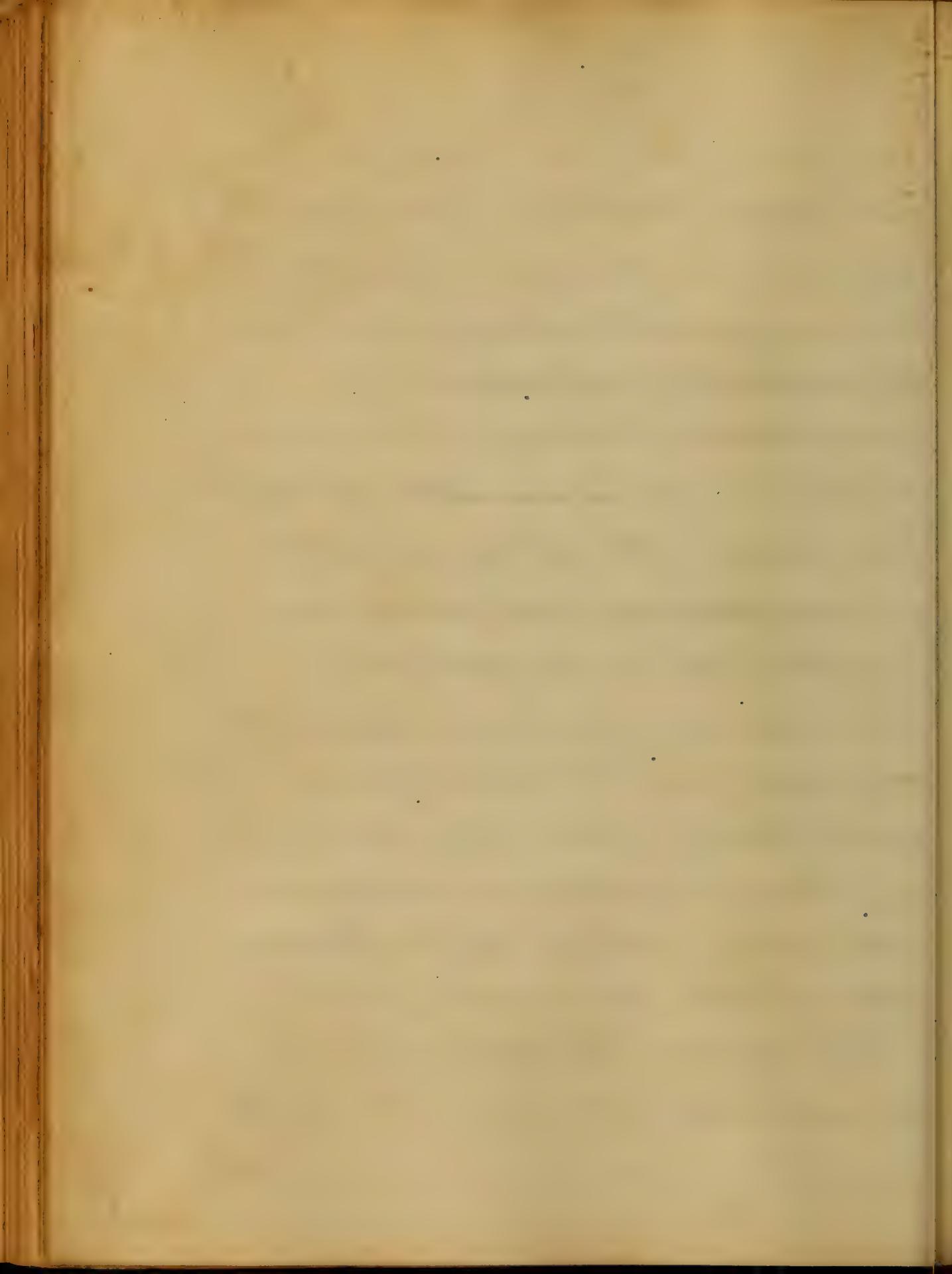
particularly for restraining convulsions.

When there is ulceration, abscesses may be cleaned from the surface of silver or the sulphates of copper and zinc.

Counterirritation by means of blisters over the abdomen may be used with much benefit. Tartar emetic is often employed as a solution and antiphlogistic; it acts favorably too by promoting perspiration generally.

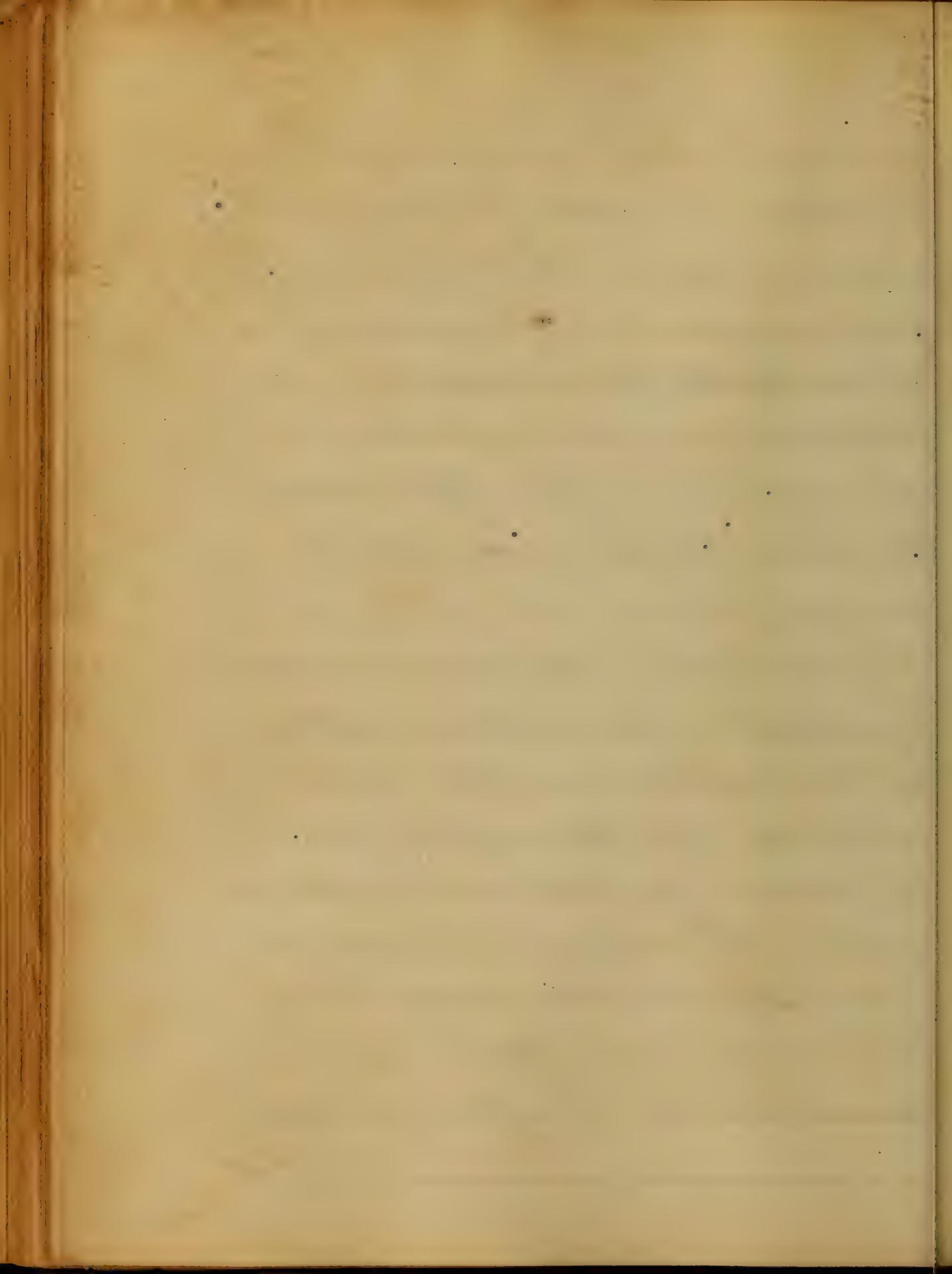
Emetics are almost indispensable adjuvants. In the early stages, warm water, starch water, or a solution of sugar, bland, mucilaginous materials, with twenty or thirty drachms of camphor added if there is severe pain.

Professor Wood of Philadelphia invites an especial attention to the use of



injections of acetate of lead and sulphate of zinc. In the latter stage of this disease it is often necessary to administer stimulants; but more particularly are they required in the adynamic form of the disease. They should always be used cautiously however.

Regard to diet is of primary importance. The patient should be allowed nothing but the mildest, and least irritant substances. In the majority of cases he would be far better with nothing to eat. But since people will eat, and will not allow nature to cure them, art must interfere; — and various are the specifics, so called.



that have sprouted - and die.

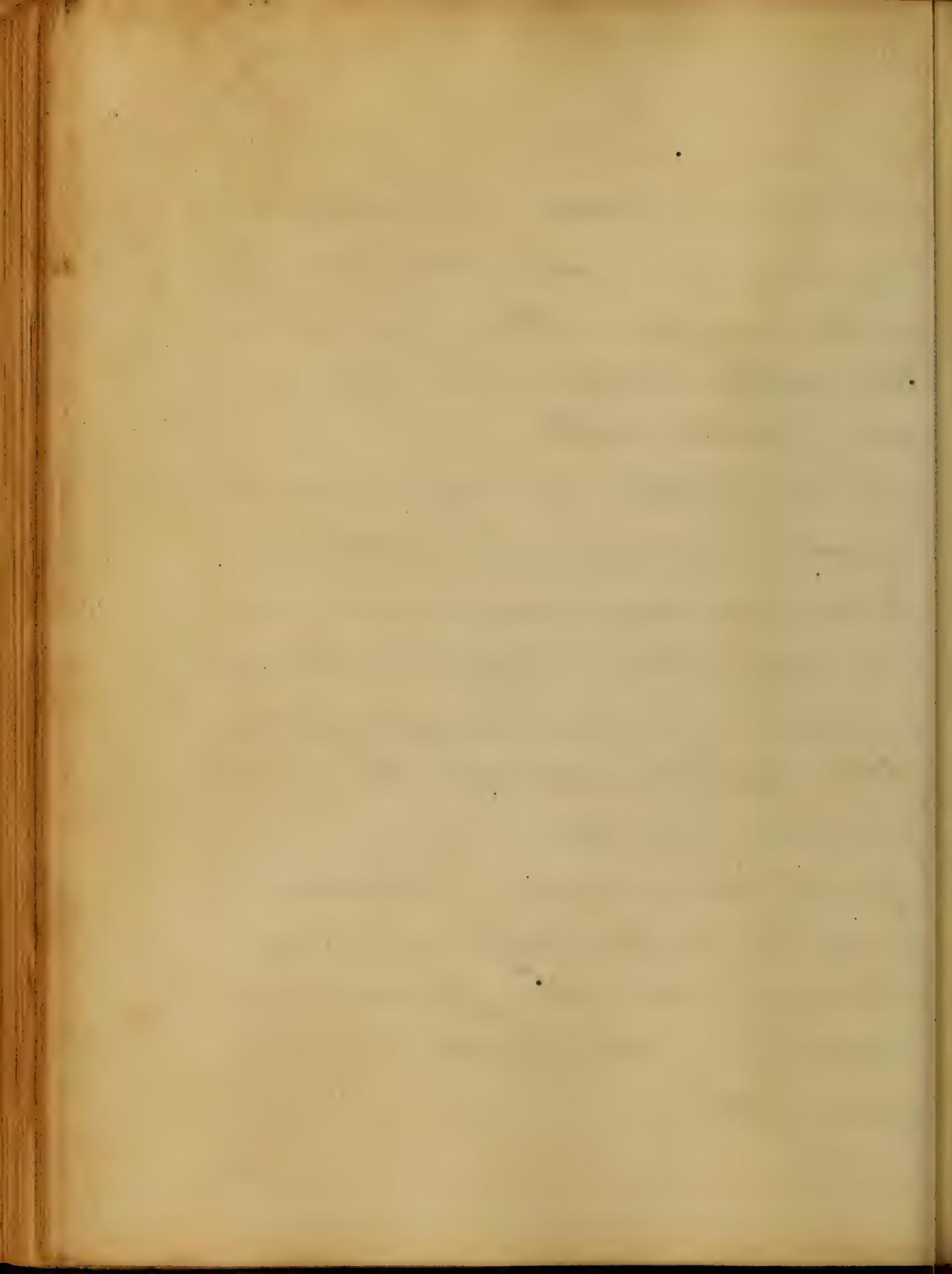
One man recommends melted butter,
another vinegar, a third an alkali.

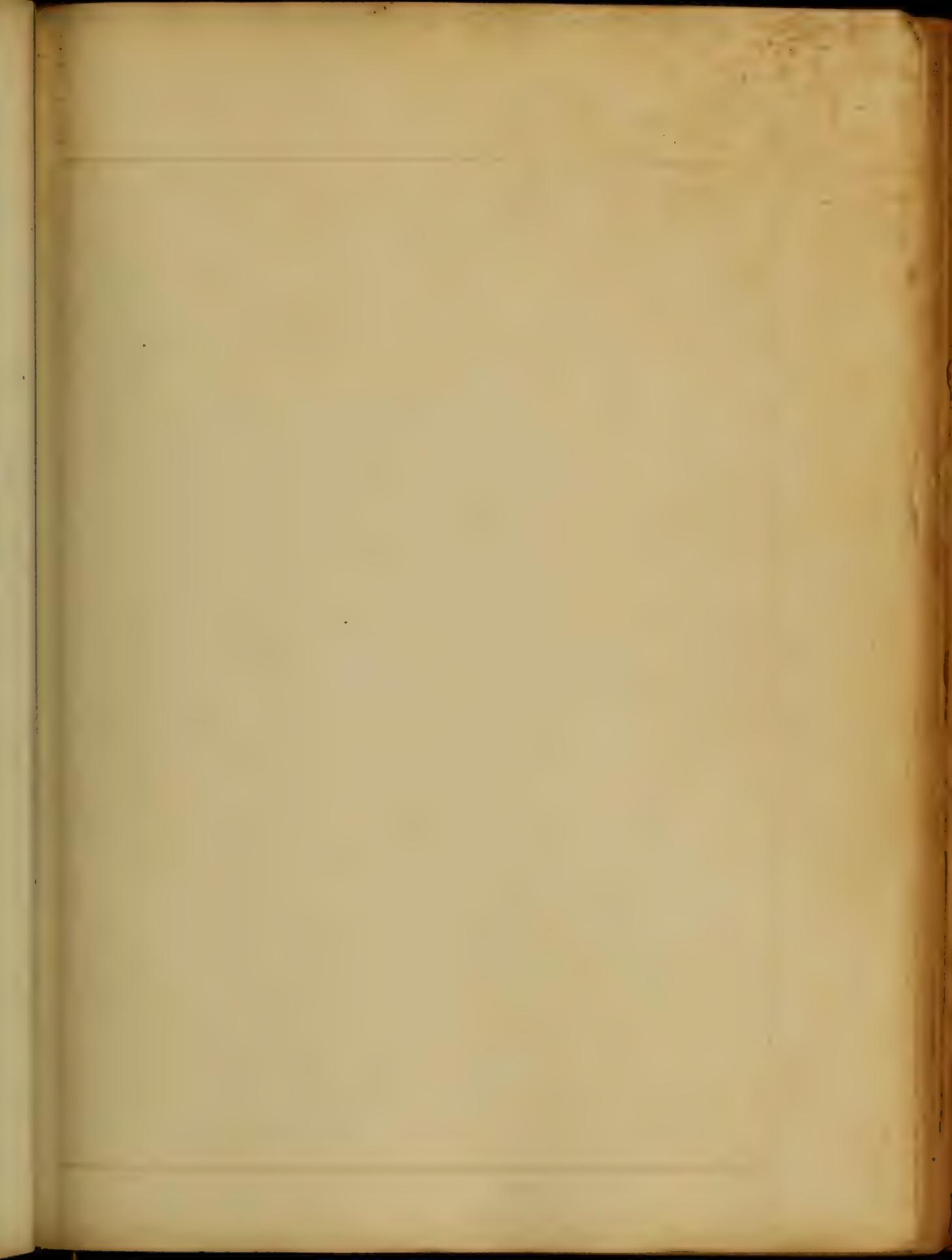
Still another trusts to the exclusive
use of buttermilk.

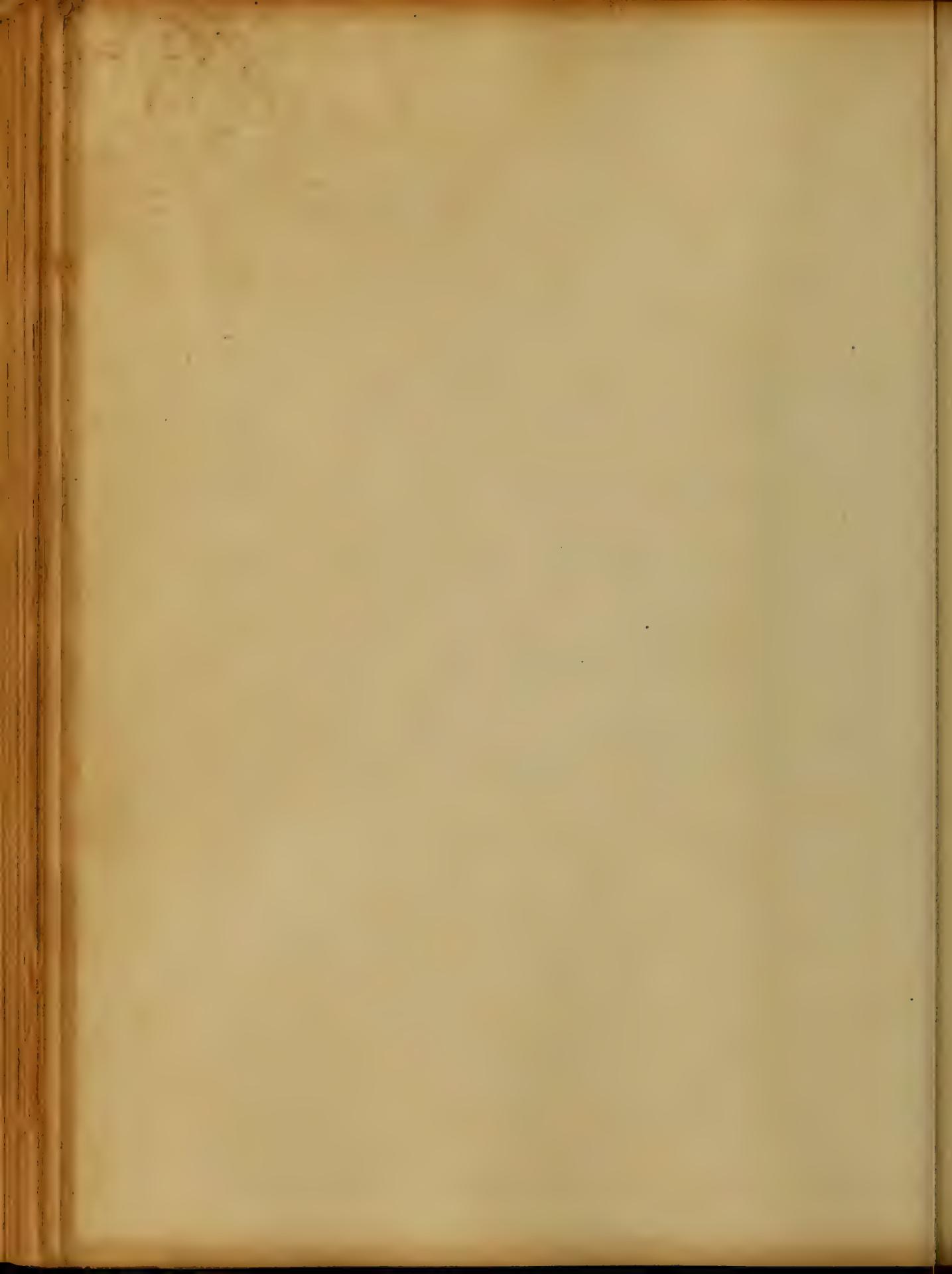
Nitrate of potash has been used with
much success by some practitioners.

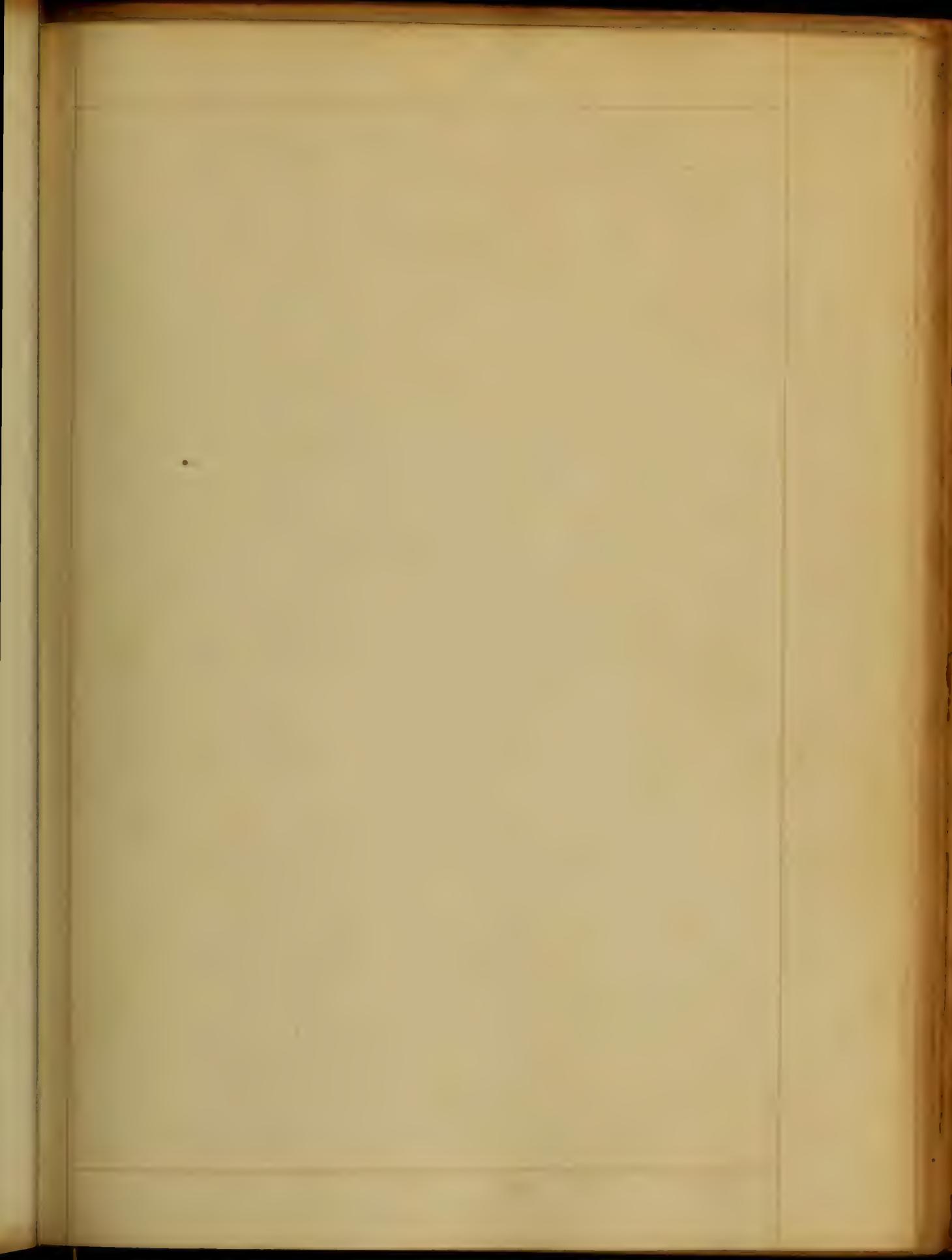
In the later stages our common is very
serviceable. It may be given in the dose
of a quarter of a grain or half a grain,
of the alcoholic extract with a fourth
of a grain of opium.

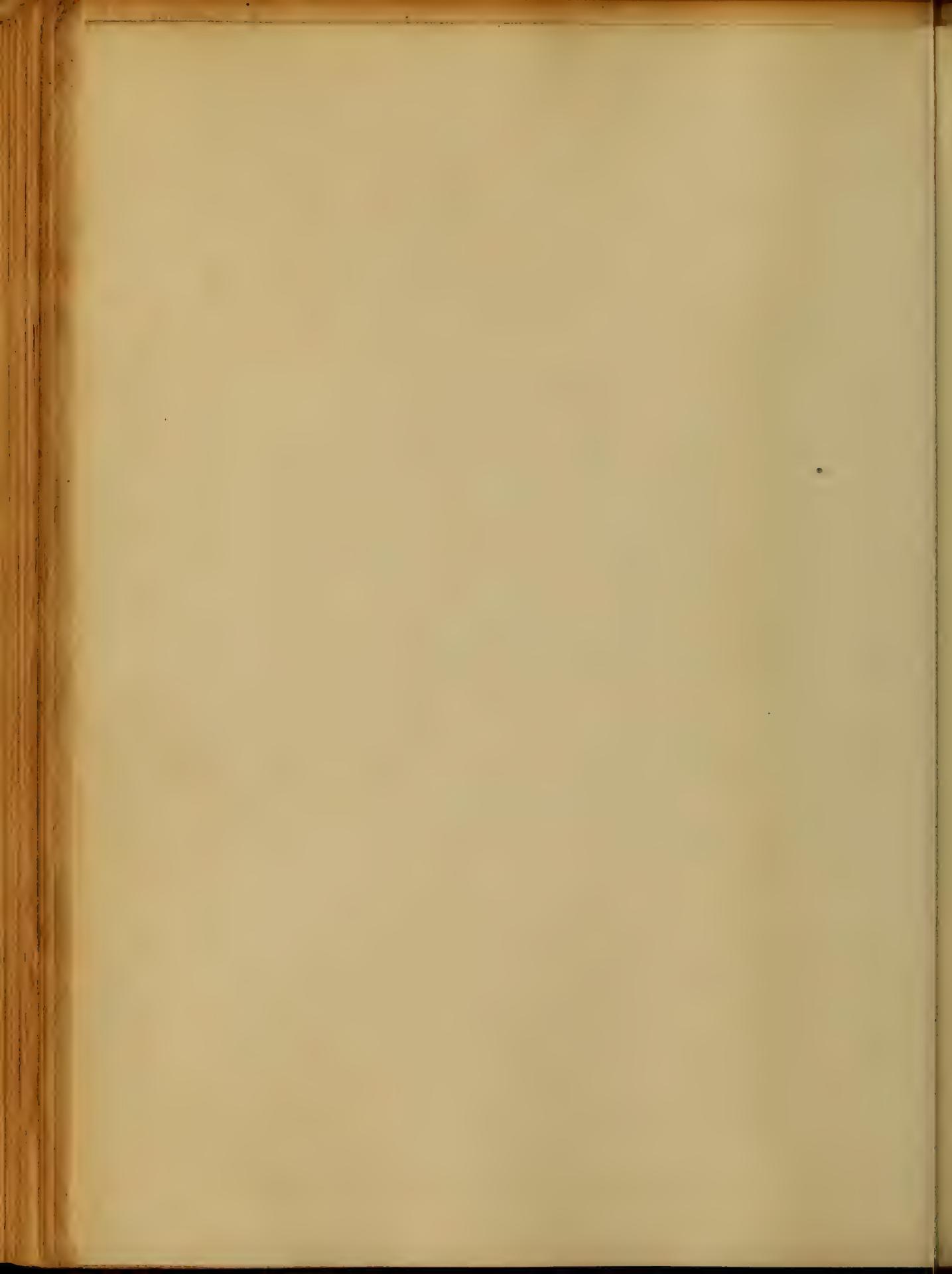
If all the remedies proposed were
used, it would be difficult to say
whether a cure were effected ^{or} merely
with them, or through them or in
spite of them.

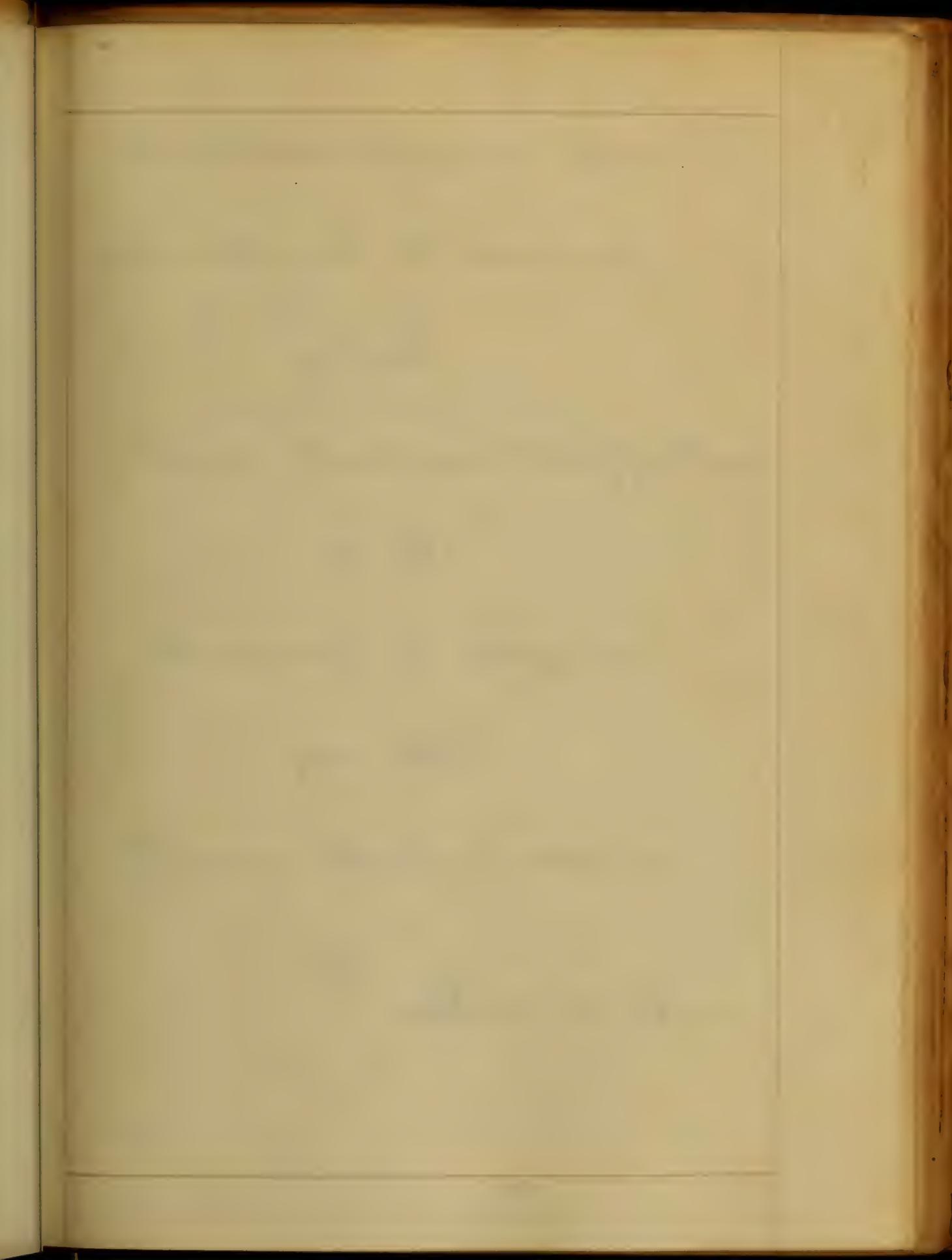


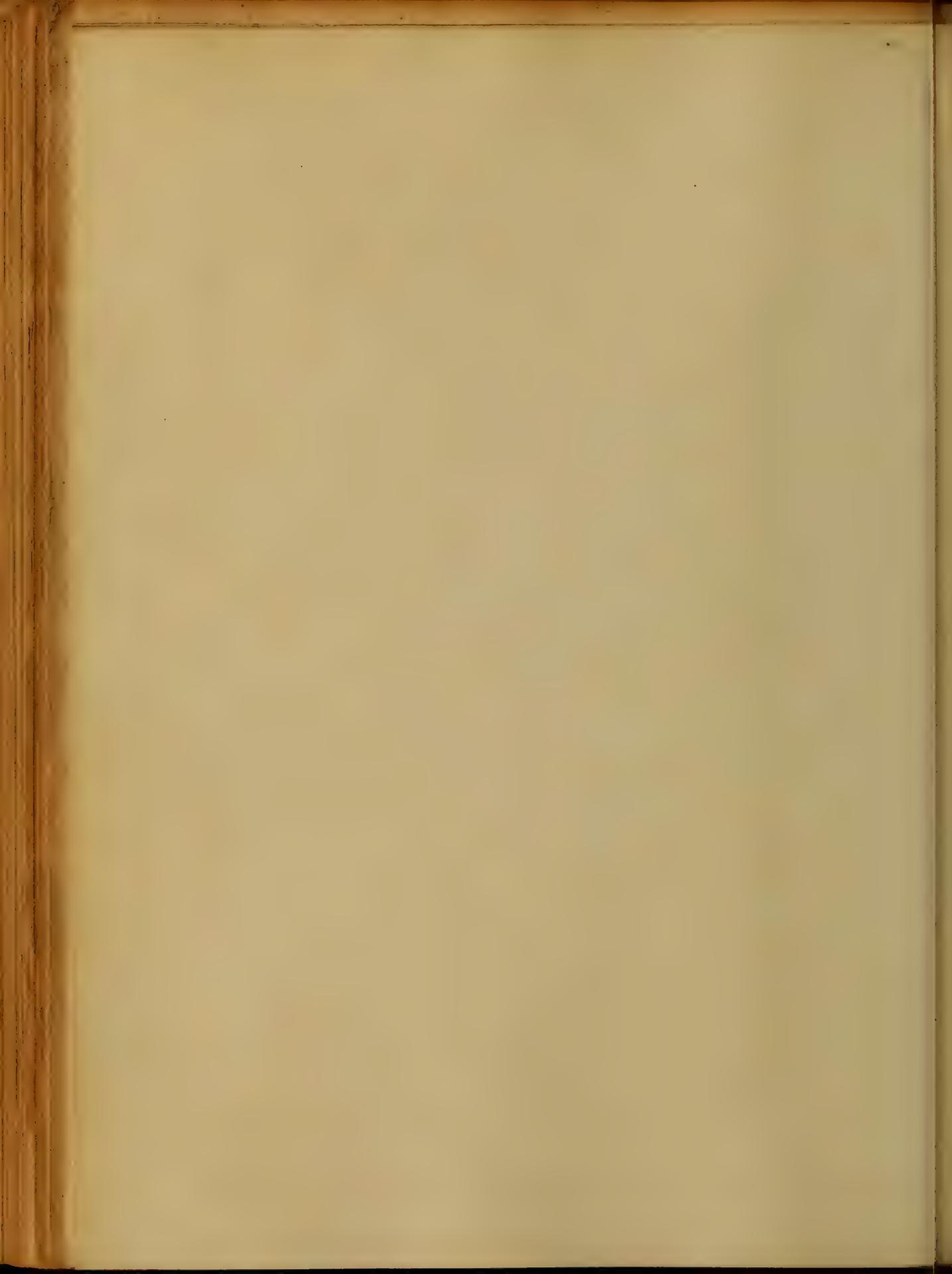












Medical and Surgical Reports

Submitted to the examination

of the

Provost Regents and Faculty of Physic

of the

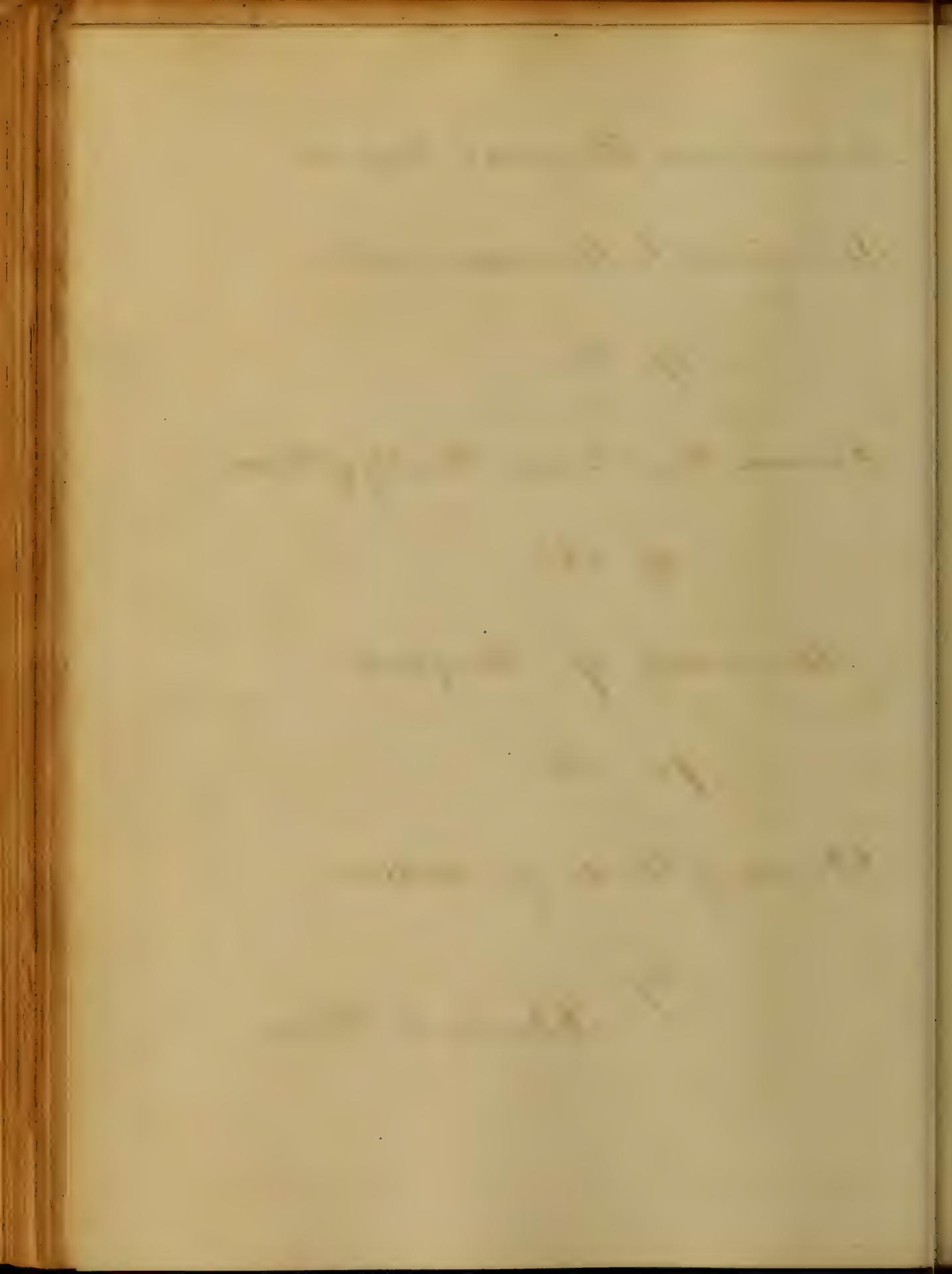
University of Maryland

for the

Degree of Doctor of Medicine

by

Charles H. Moore



Anterior Splint.

Traumatic Aneurism.

Pleuro-Pneumonia.

Hemorrhage after Delivery.

Pneumonia.

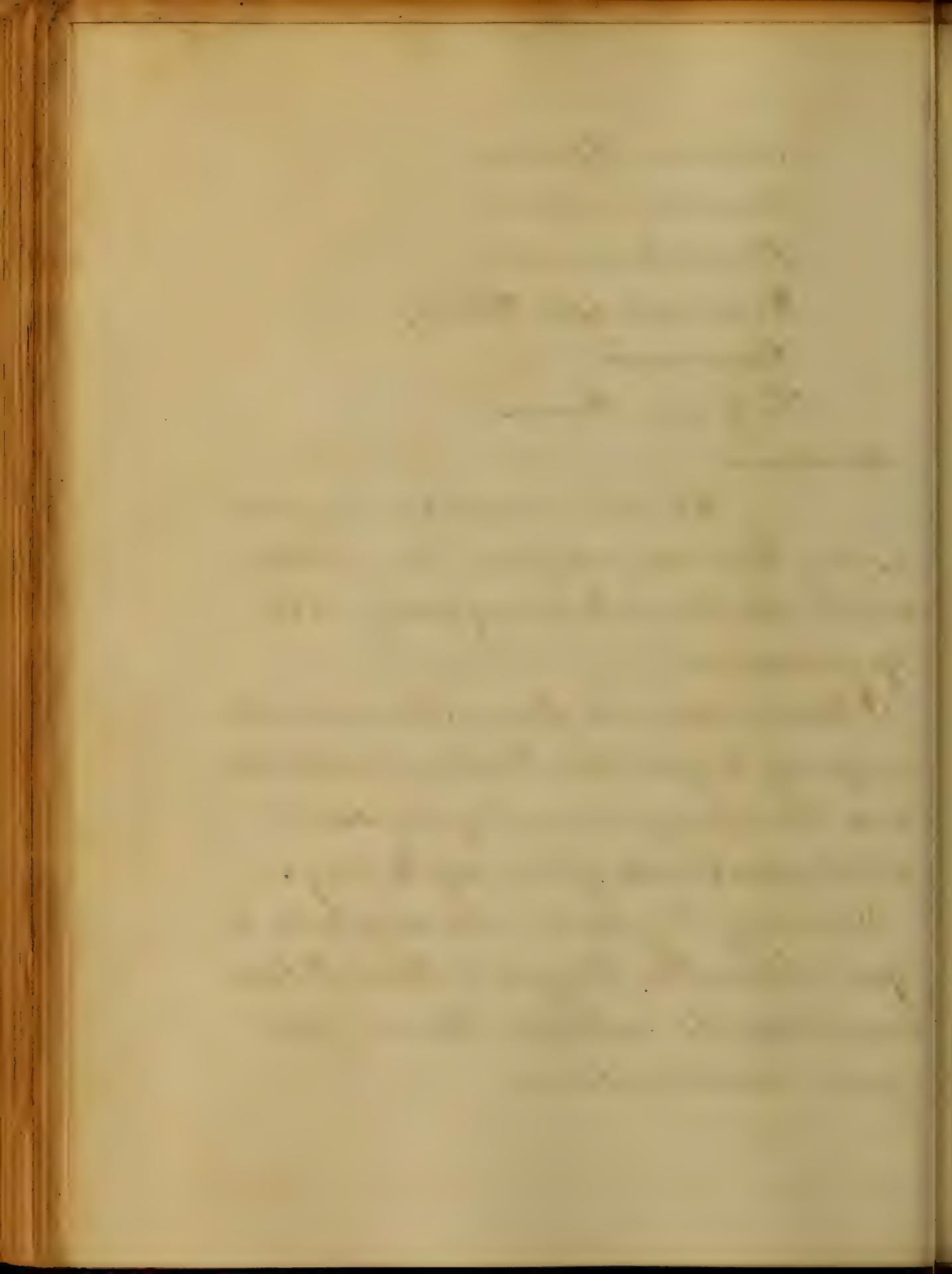
Glycium Tremens.

Gentlemen.

The above cases, I have reported,
as they have occurred, from time to time,
in the Baltimore Infirmary during the
years 1857-8.

I have endeavored from strict observation,
carefully to note the treatment instituted,
and the changes occurring in each
individual case, from day to day.

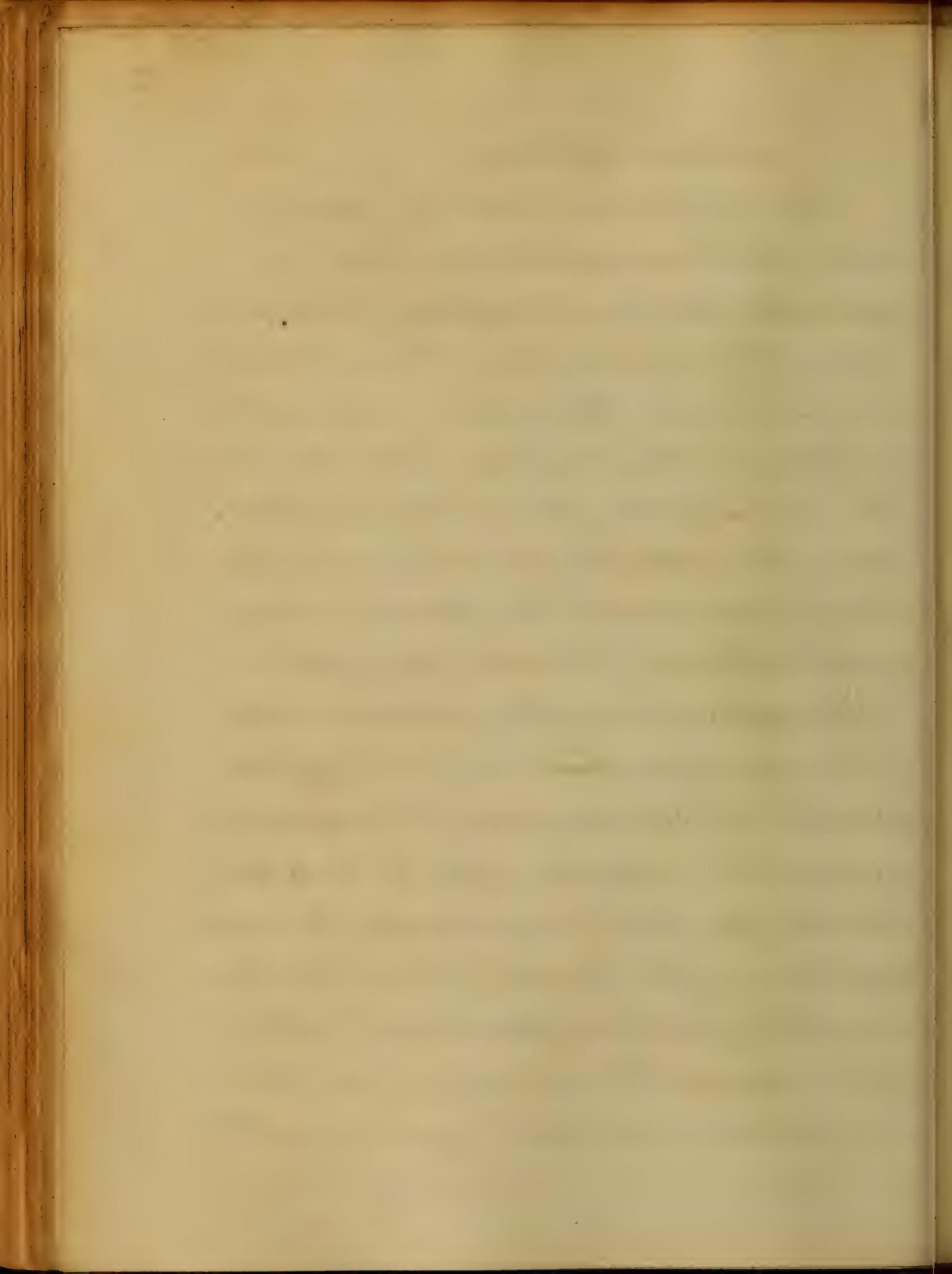
Thinking they will be as acceptable to
your honorable body, as a thesis, I have
concluded to submit them for
your consideration.



Anterior Splint.

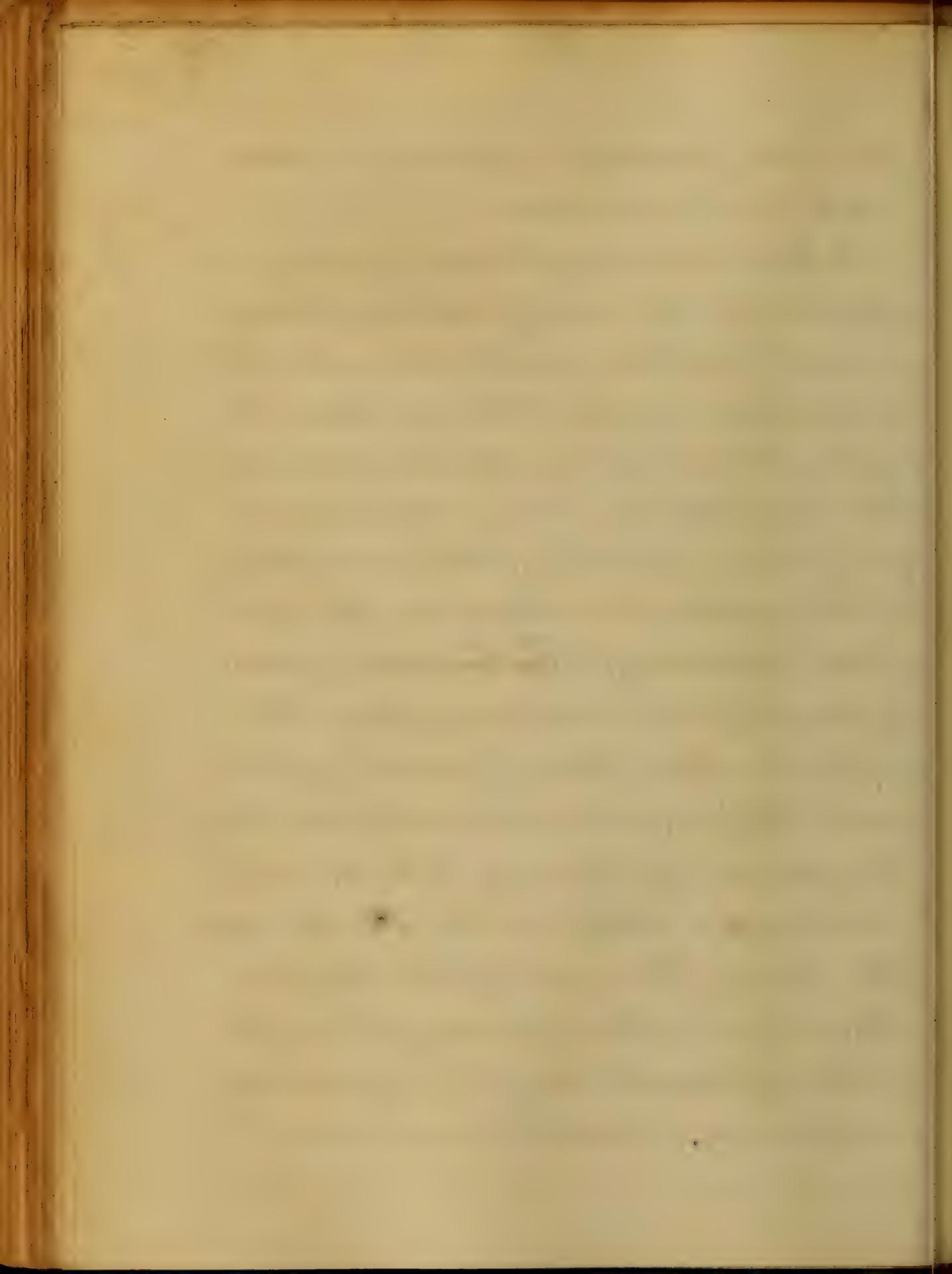
This splint is made of annealed wire about an eighth of an inch in diameter, four feet long and four inches wide, with five or six short pieces of wire, each one bent upon itself, making a hole in the middle, into which the hooks of the short cord are placed, and then attached loosely around the long wires so as to be moved one way or the other as the case may require.

The splint is to be wrapped with a bandage and laid over the leg, four adhesive strips are now to be applied around the member and splint. One around the foot, one around the ankle, another a few inches below the knee, and the fourth a few inches above the same. The limb is now to be enveloped in a roller beginning at the



foot and proceeding upwards, it is now ready for suspension.

Which is accomplished by driving a staple in the ceiling and suspending a rope to which is attached a cord with a hook on its end. This cord passes through a block technically called the tent-block, with two holes, which admits of a gliding motion. The cord attached to the splint is laid in the hook last spoken of. Extension is made by drawing the bed away from the staple and thereby rendering the cord oblique. Counter-extension may be made by placing blocks an inch and a half or two thick under the legs of the foot of the bed, but this is not often necessary, the weight of the patient's body being generally sufficient to make this extension.

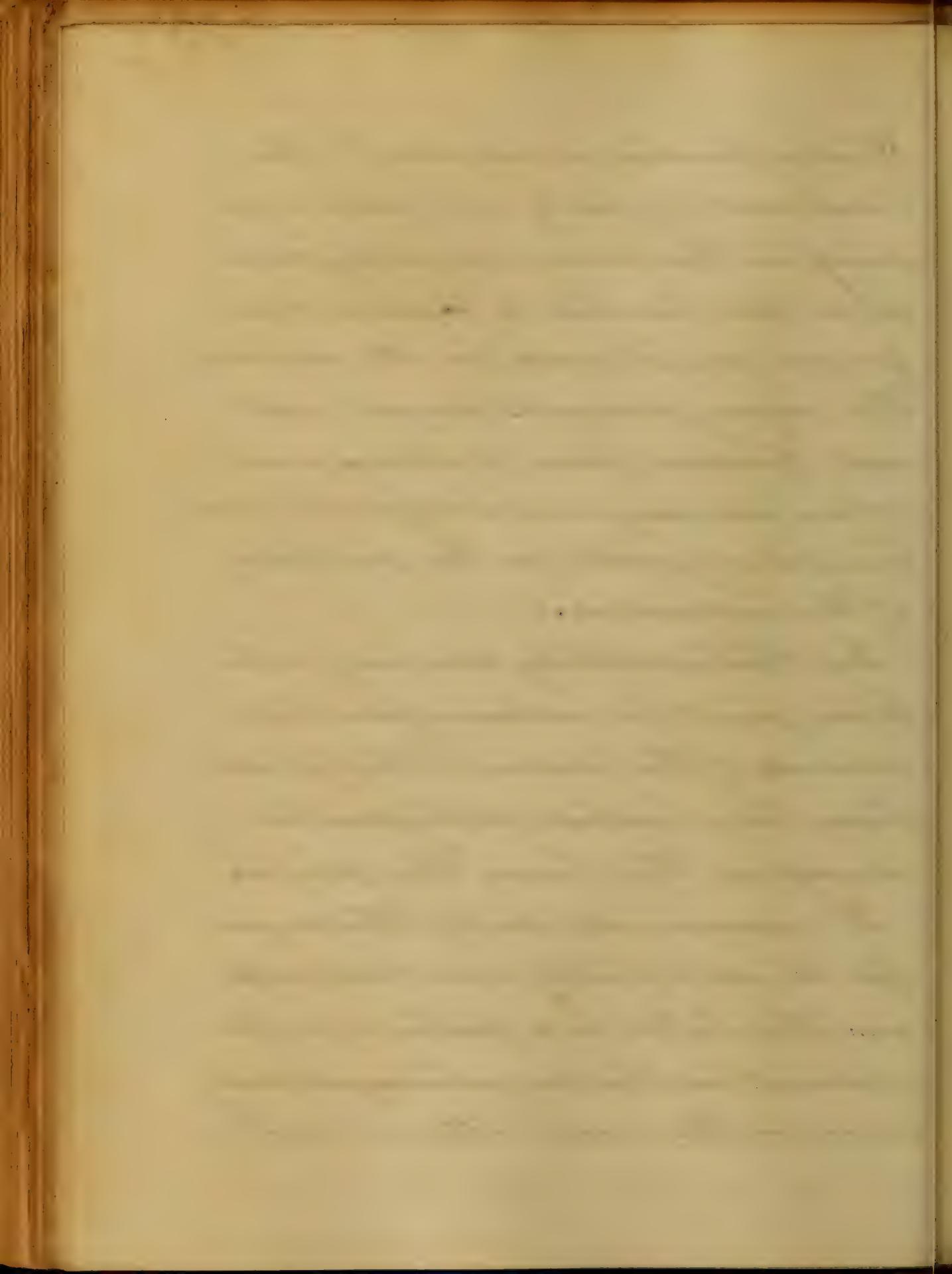


2

This apparatus is adapted to the treatment of nearly all fractures occurring in the lower extremity, indeed it is not limited to fractures alone, for we see it used in all cases where the injury demands perfect rest and freedom from motion, and where an easy and comfortable posture is requisite for the welfare of the individual.

In White swelling occurring in the knee joint, for instance, gun & shot wounds of the same, both of which have been treated with marked success in the house this winter.

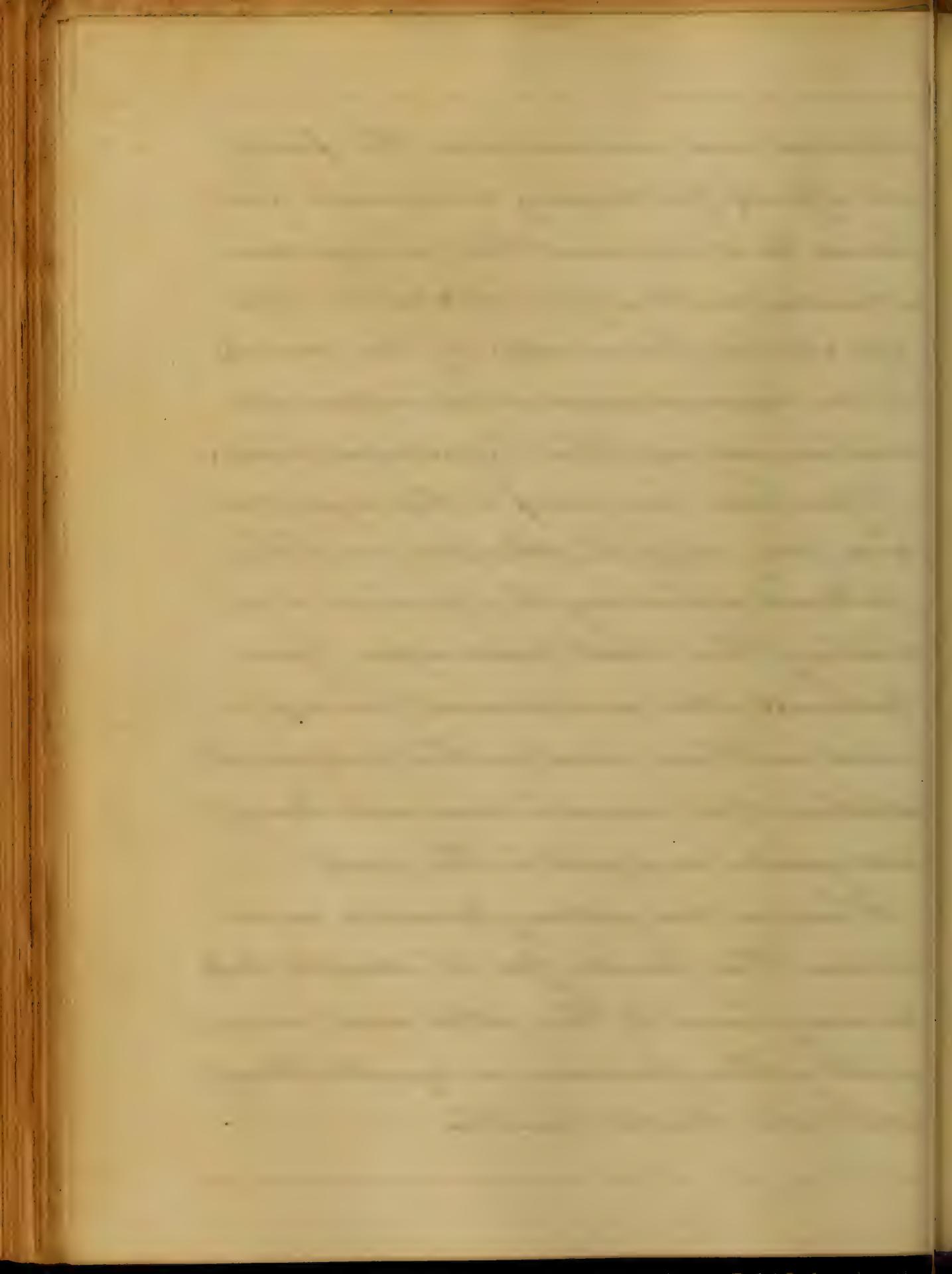
It recommends itself to the surgeon for its simplicity and cheapness, and the latter is a matter of no little moment in this our extravagant country; also for the ease with which it is



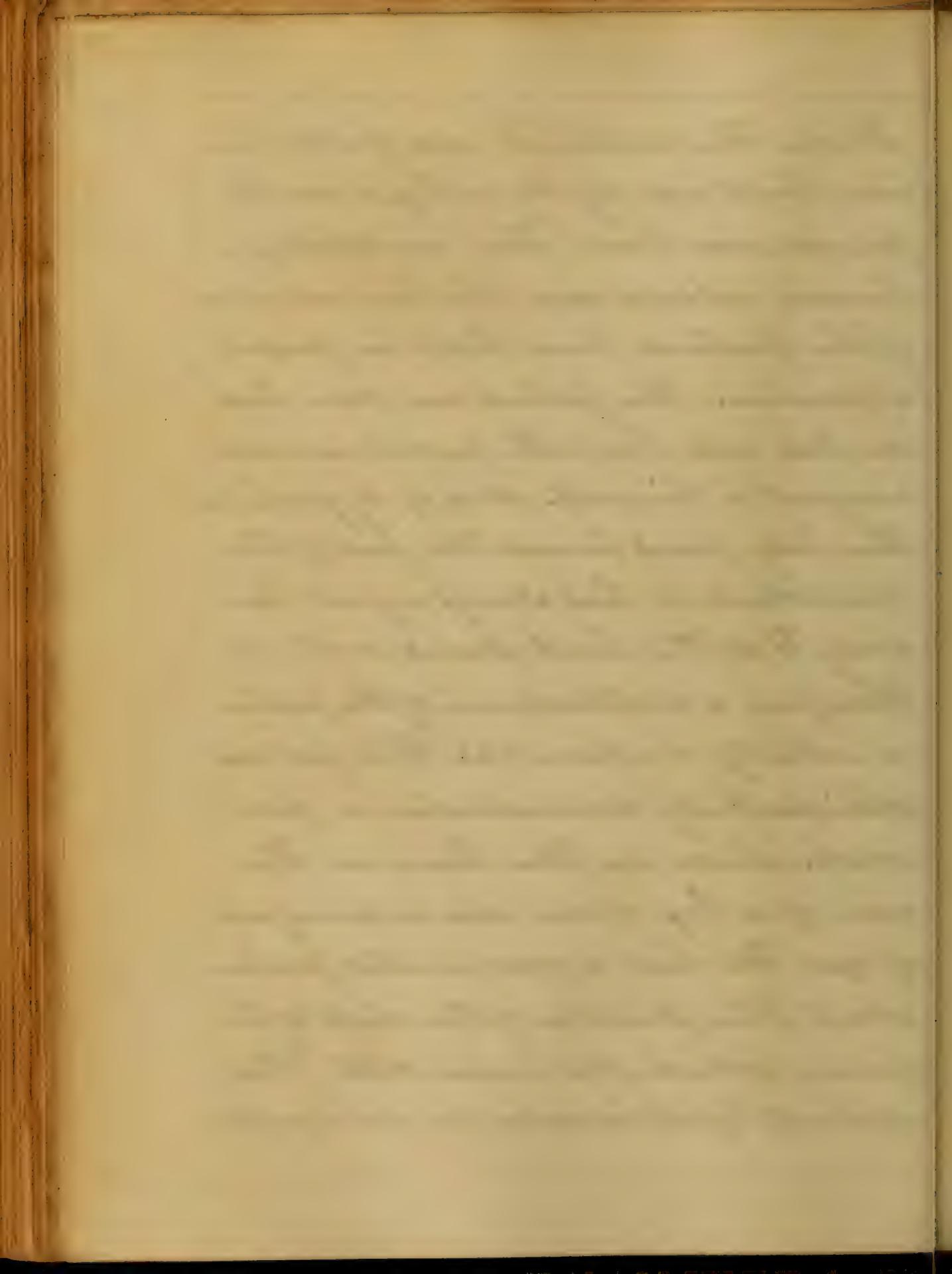
applied and removed, and the facility it affords for dressing compound fractures. In such cases the bandage commencing on the foot should be left off at the lower edge of the wound, to be recommenced at its upper and continued up the leg as before stated.

You have free access to the injury now and may dress it whenever you like, without disturbing the fracture or inflicting the least pain upon your patient. An independent bandage is used in these cases, for the purpose last spoken of, it serves to cover, and also affords gentle support to the part.

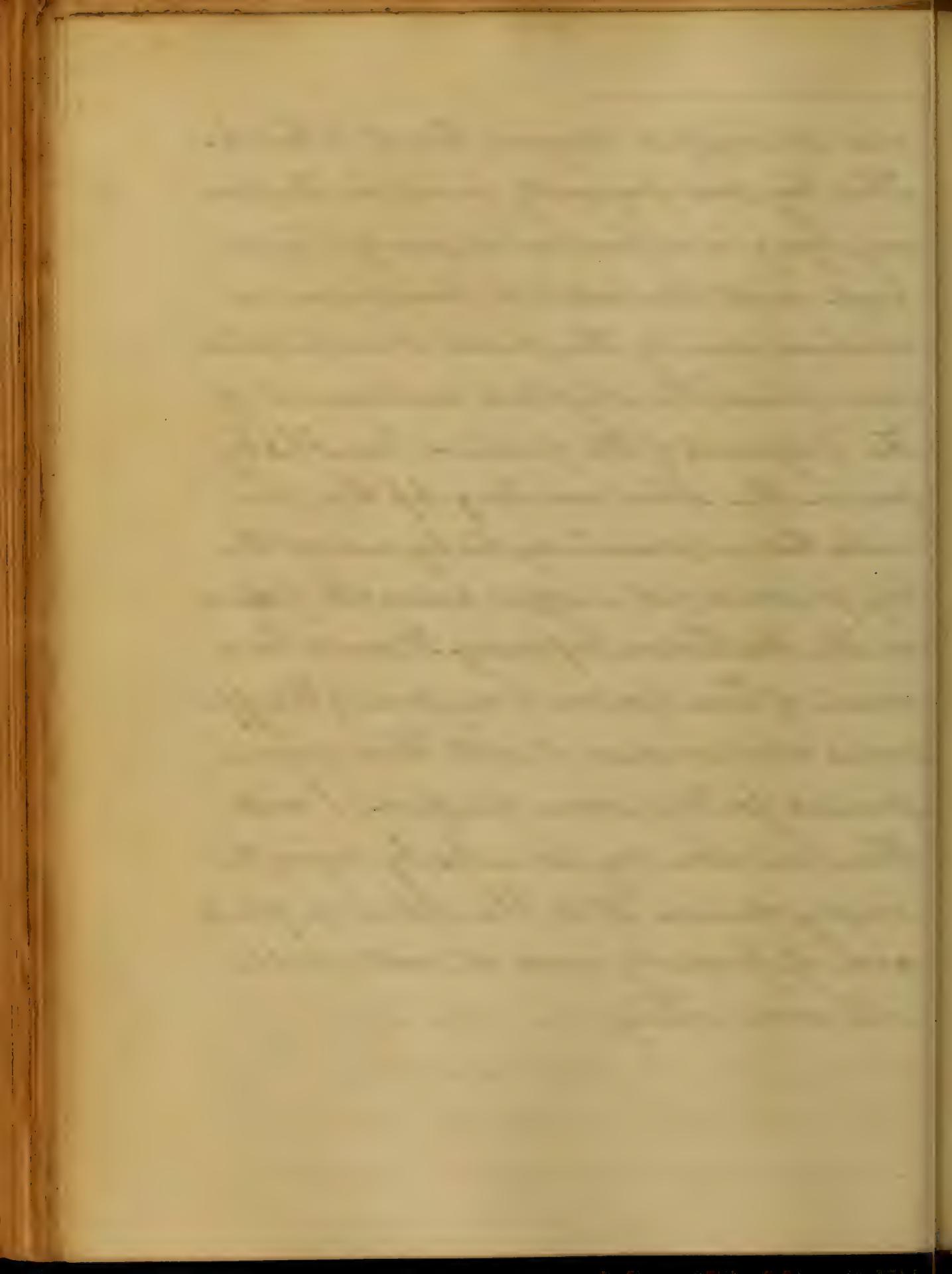
There is no galling pressure exerted upon the limb, for it adapts itself to every turn of the roller and consequently the pressure is equal through out its whole length.



From the continual and gentle traction kept up by the oblique cord the muscles soon loose their irritability, become relaxed and the two extremities of the fractured bone kept in perfect apposition. The patient can move about in bed, and lie with perfect ease and comfort to himself. And if by gravitation the body moves towards the foot of the bed, which it has always a great tendency to do, the limb moves with it, therefore a displacement of the fracture is utterly impossible. This fact was satisfactorily demonstrated a few weeks since, in this house in the case of a boy some six or seven years of age. He had a comminuted fracture about the middle of the shaft of the femur, which was treated with this splint, by its inventor, our distinguished



and successful surgeon Dr N R Smith.
This boy was frequently found in the morning, lying in a position at nearly a right-angle with the bed; but there was on no occasion, even by the nicest manipulation ever found, the slightest displacement of the fragments of the fractured bone. This boy was in the splint something less than five weeks, that is I mean to say his leg, and not the boy, for we do not encase persons with fractures in the Baltimore Infirmary. It would be a waste of time for me to say more of this apparatus, or to compare it with others recommended for the same purpose. I will therefore close my remarks by saying that in my opinion it is the splint & splints and if properly used it will tell its own story.



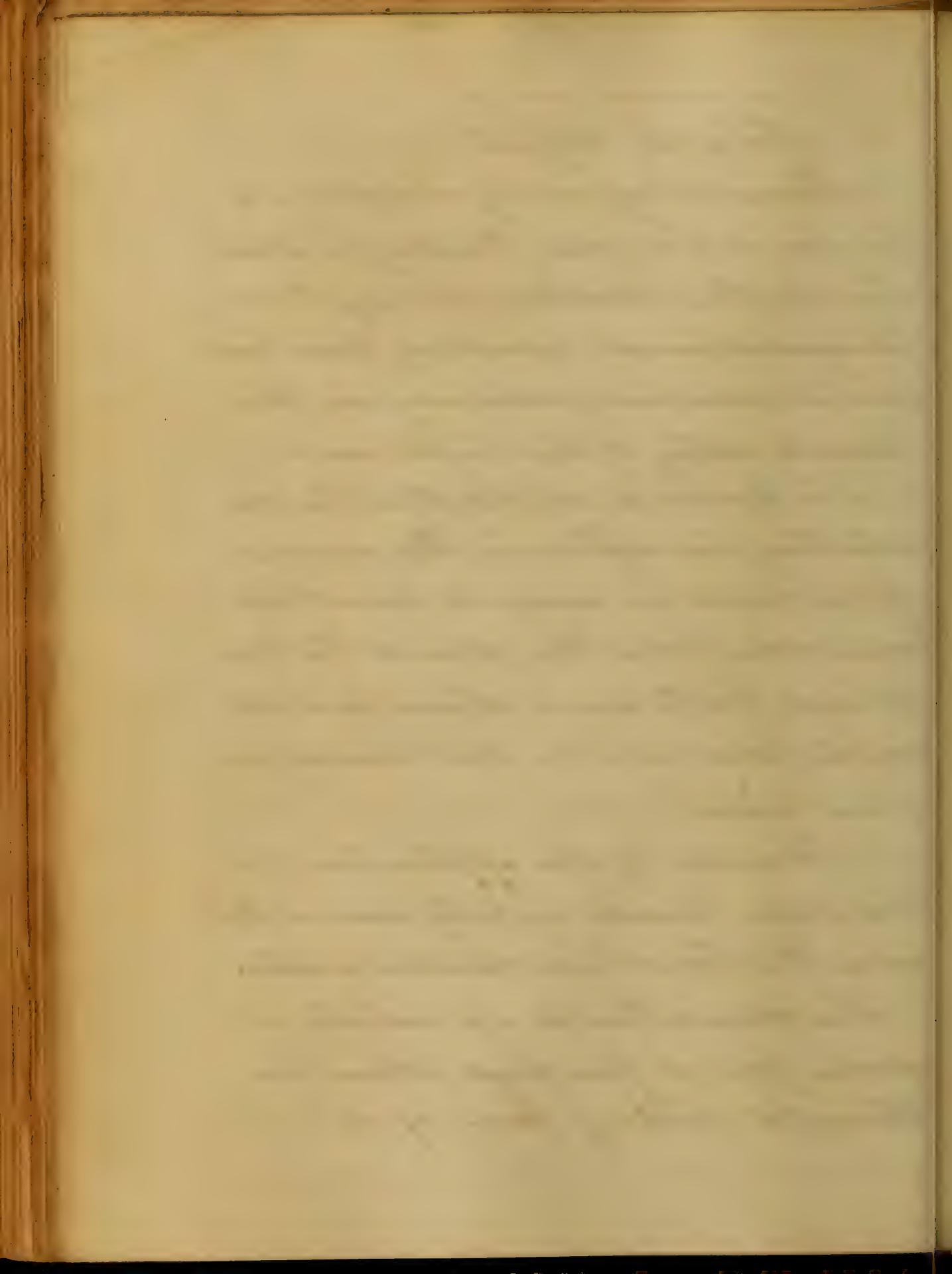
Surgical Report

Samuel Kyner, by occupation a farmer. Aet. 40 years. Residing in Franklin Co. Pa. Admitted January 20th 1858.
Diagnosis tumor resulting from traumatic aneurism occurring in the radial artery of the right arm.

The patient states that he was whetting his scythe in the summer of 1845 and in doing so he cut his arm and from the wound the blood poured forth in a stream and with such force as to be sent several feet from him.

However, by the application of a bandage bound tightly around the arm, the hemorrhage was soon arrested.

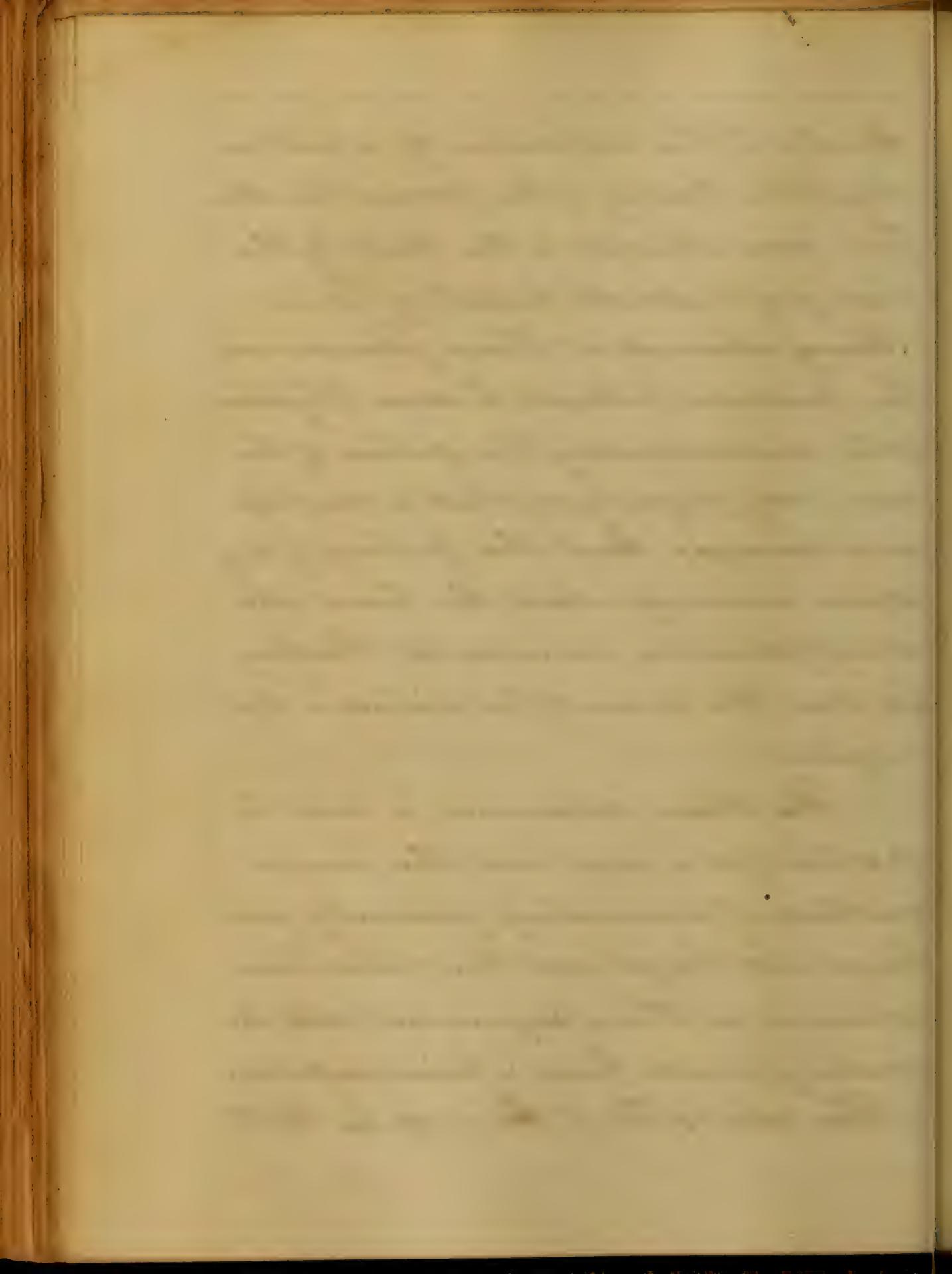
The wound healed up entirely in some four or five days when he thought nothing more of it.



But at the expiration of about ten days the healing of the wound his attention was attracted to the part by the rising of a small pulsating tumor.

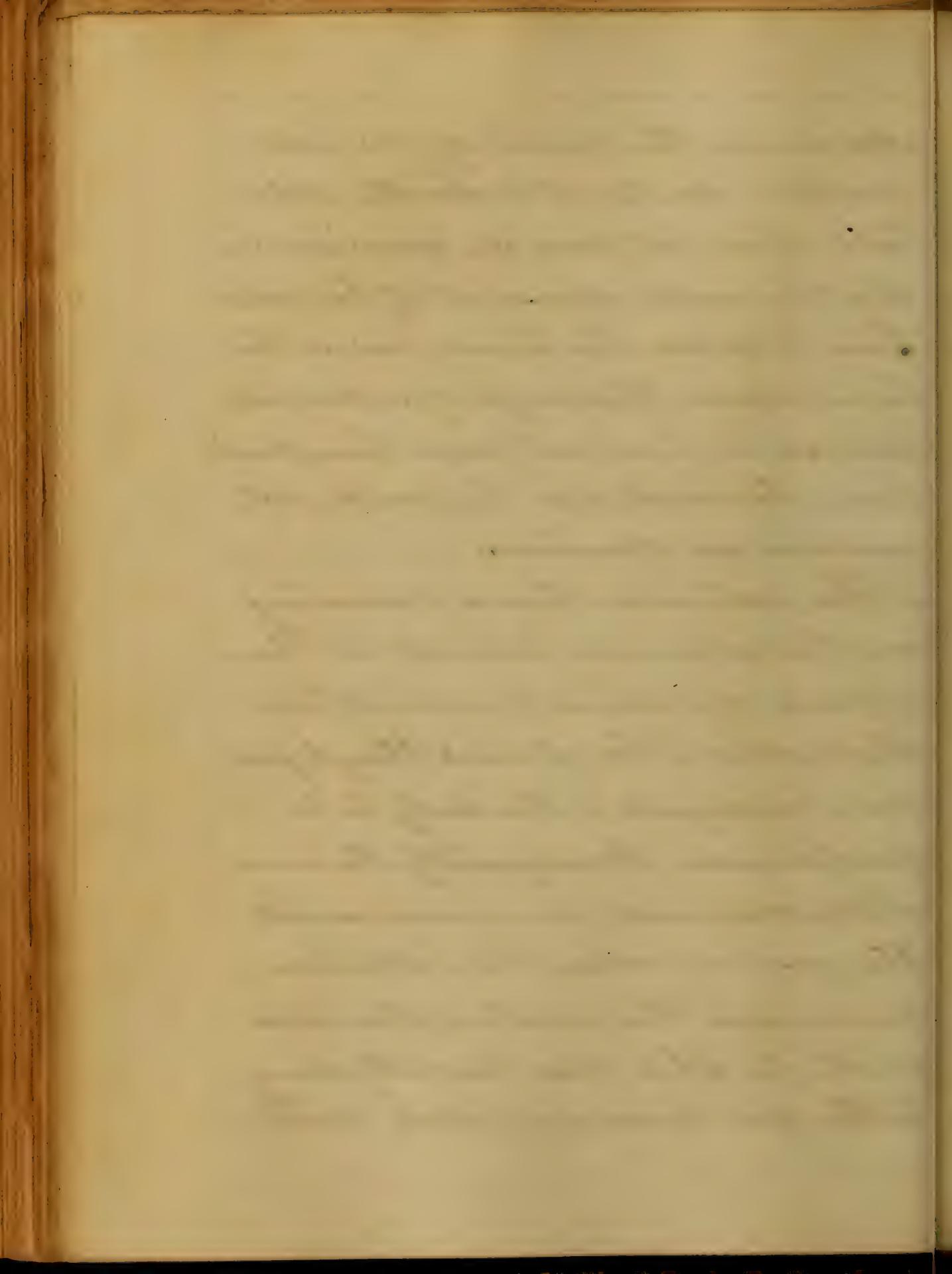
Being alarmed at these phenomena, he proceeded forthwith to some Physician who understanding the nature of the case very properly applied a compress and bandage. But the patient feeling some uneasiness about the heart after its application, removed it, thinking it was the cause of his distress in that region.

He then determined to trust to Nature for a cure, but the tumor instead of diminishing gradually grew larger and larger, and the pulsation stronger, as those acquainted with the malady would have a priori expected. He states that he was in Belli-



more in the winter of 1848 and went to see Dr N R Smith, who told him it was an aneurism and that he could remove it if he wished him to do so. The tumor was at that time about the size of a walnut but as it had not given him much pain, he concluded he would not undergo an operation.

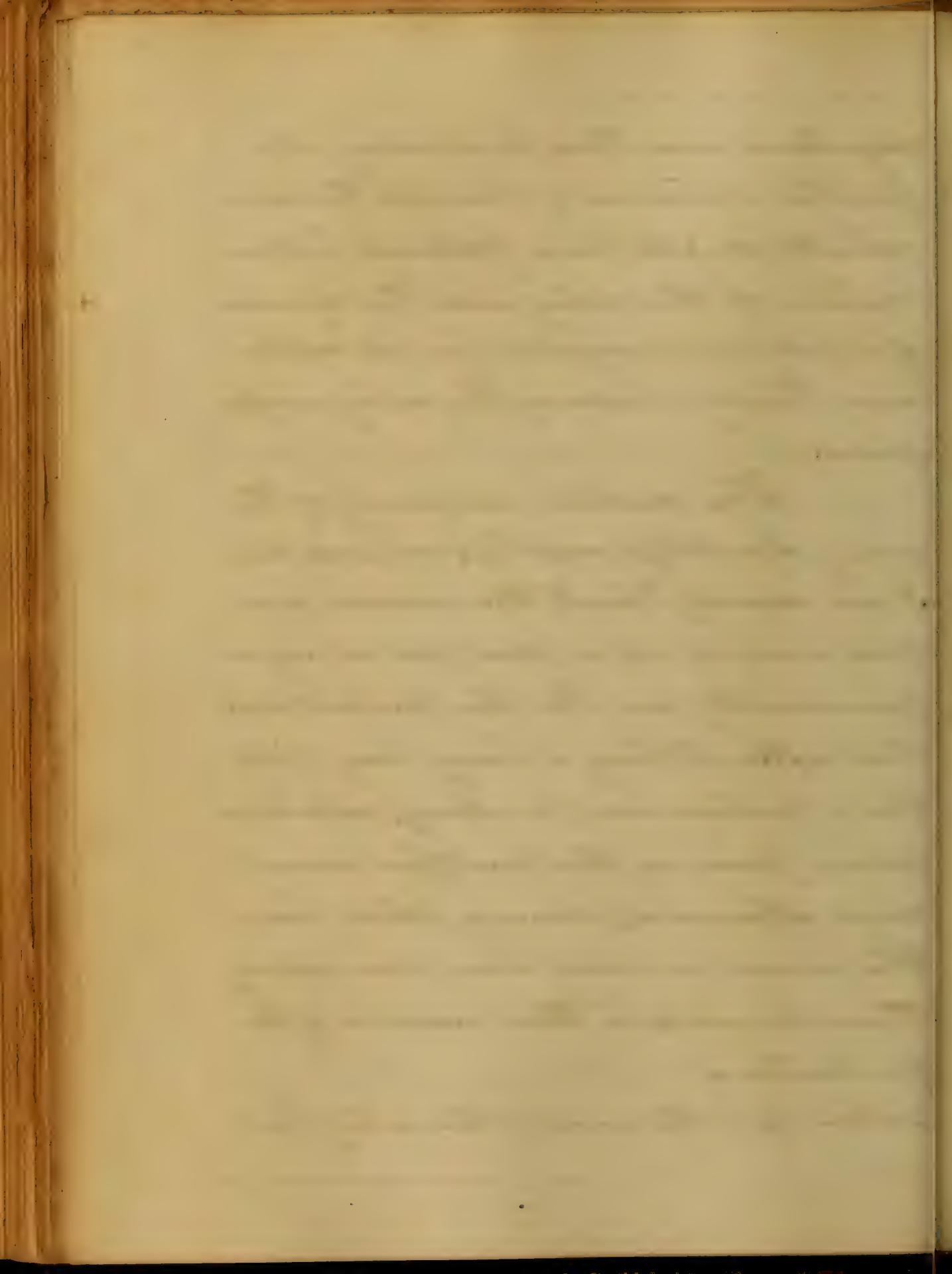
He returned home persisting in his intention to trust to the efforts of nature to accomplish that which her powers though great were inadequate to the duty to be performed. Consequently the tumor still continued to increase until the year 1855 when the pulsation ceased and the growth of the tumor with it. This was probably owing to the sac becoming filled with



coagulum, and thus precluding all further entrance of blood, or the same result might have followed inflammation of the artery and the deposition of a fibrinous coagulum in its caliber, and thereby rendering the artery impervious.

The distal extremity of the artery doubtless was thus occluded but I can scarcely think the cardiac end was, and if so, it was not at any rate permanently so. For the patient states that after lifting a heavy body with the affected arm, he always experienced severe pain in the part for several days afterward, during which time the tumor increased even more rapidly than previous to the cessation of the pulsations.

Now if both ends of the artery had

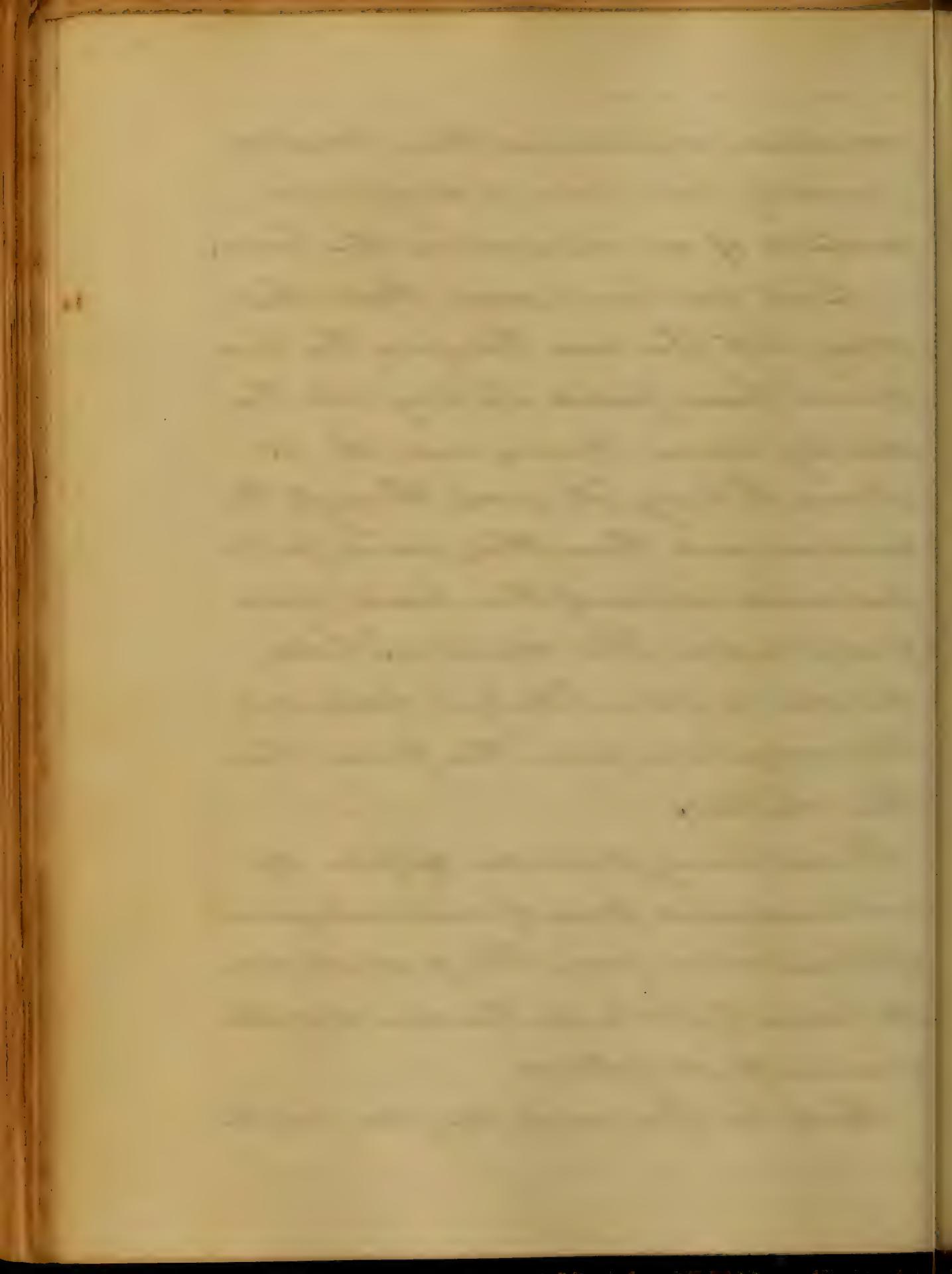


remained impervious. There must of necessity have been a diminution instead of an increase in the tumor.

But we have seen that this was not the case, therefore the blood must have found its way into the sac by some means, and it is more likely it was through the cardiac end than the distal, for the increased action of the heart consequent upon the exertion I hold, would be more likely to force out the coagulum from the former than the latter.

There being now an orifice of entrance and none of exit, enlargement of the tumor from the gradual accumulation of blood in the sac, as a matter of course must follow.

But be this as it may, we find the

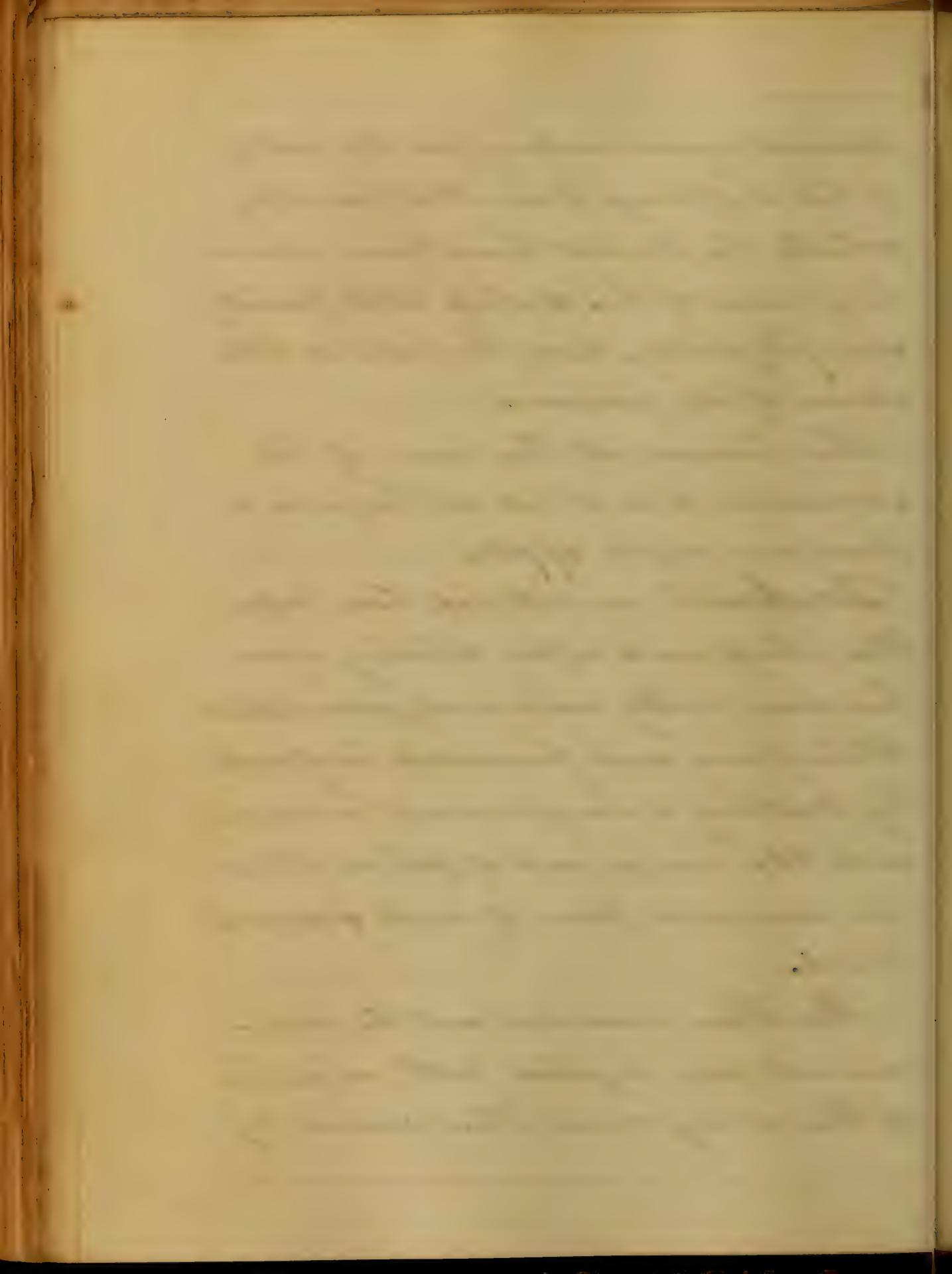


patient again seeking for the relief
of his sufferings from the hand, by
which he might have been relieved
long since, of his distress both mentally
and physically, had he listened to the
advice of its possessor.

The tumor at the time of his
admission, was about as large as a
medium sized apple.

Dr Smith exhibited him before
the class, and after dilating upon
his case, pretty extensively; administered
chloroform, and proceeded to operate
by making a longitudinal incision
into the tumor, out of which flowed
two ounces or more of dark, gummy
blood.

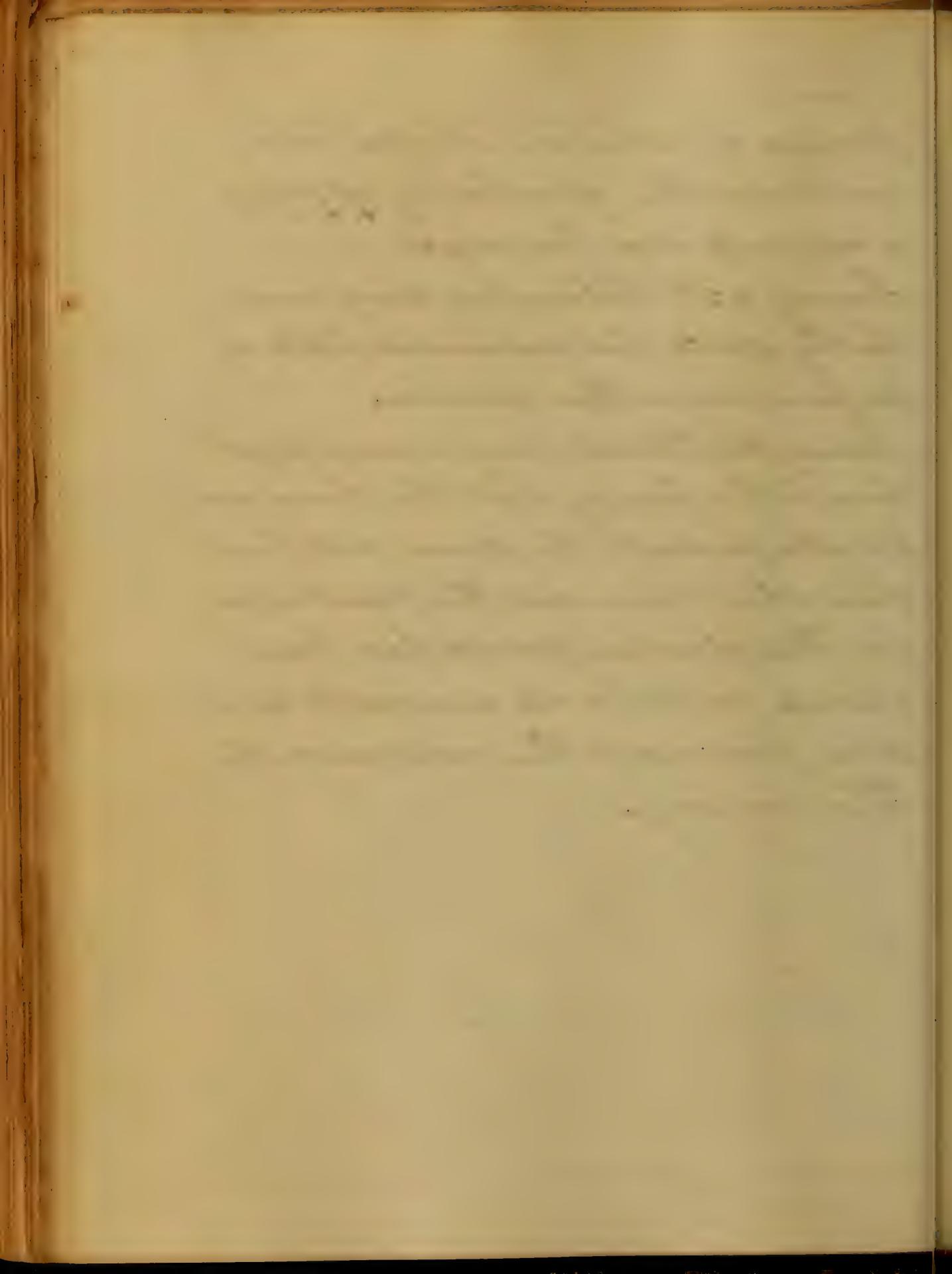
He then dissected out the aneu-
rismal sac, ligated both extremities
of the artery, closed the wound by

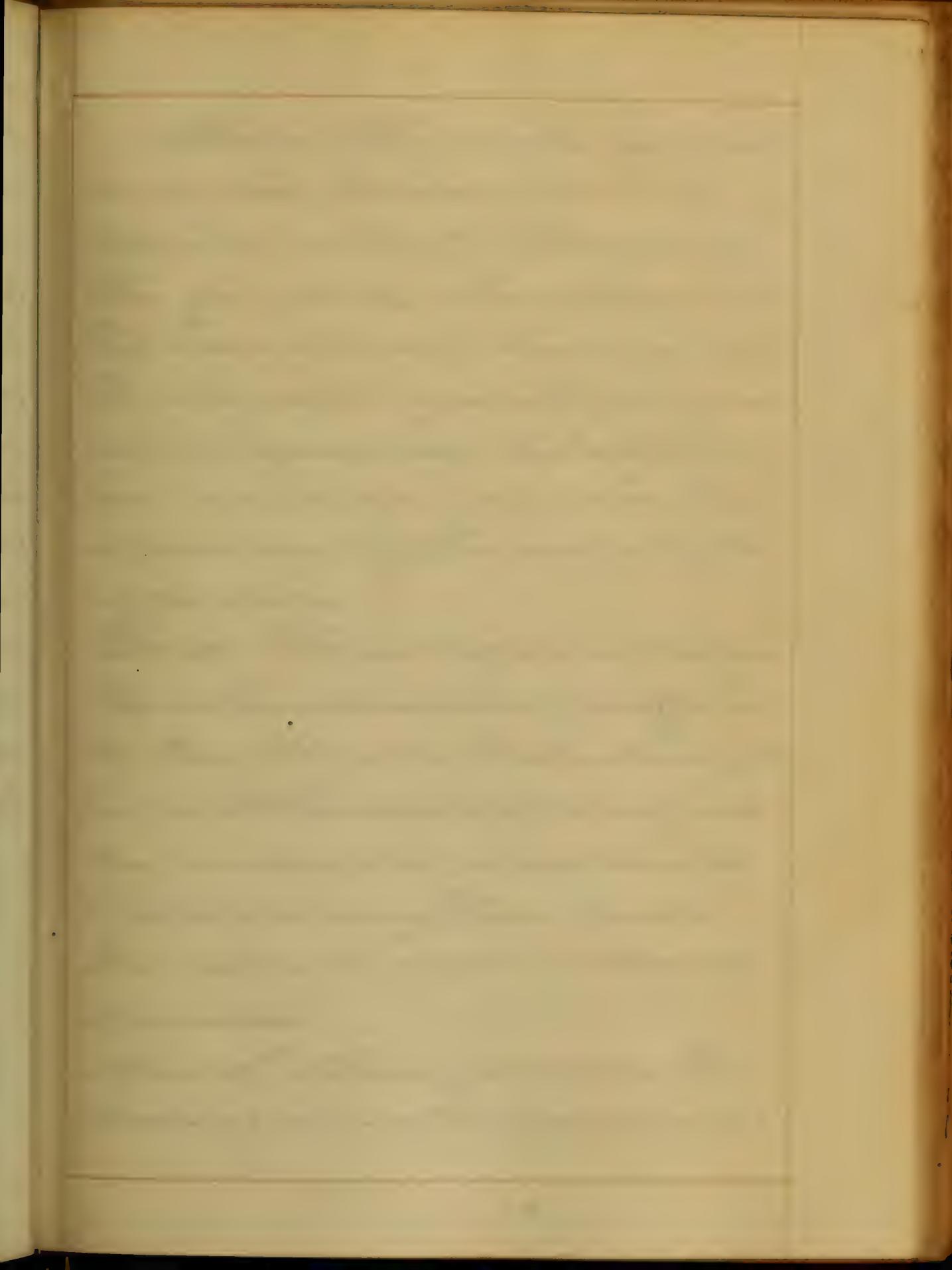


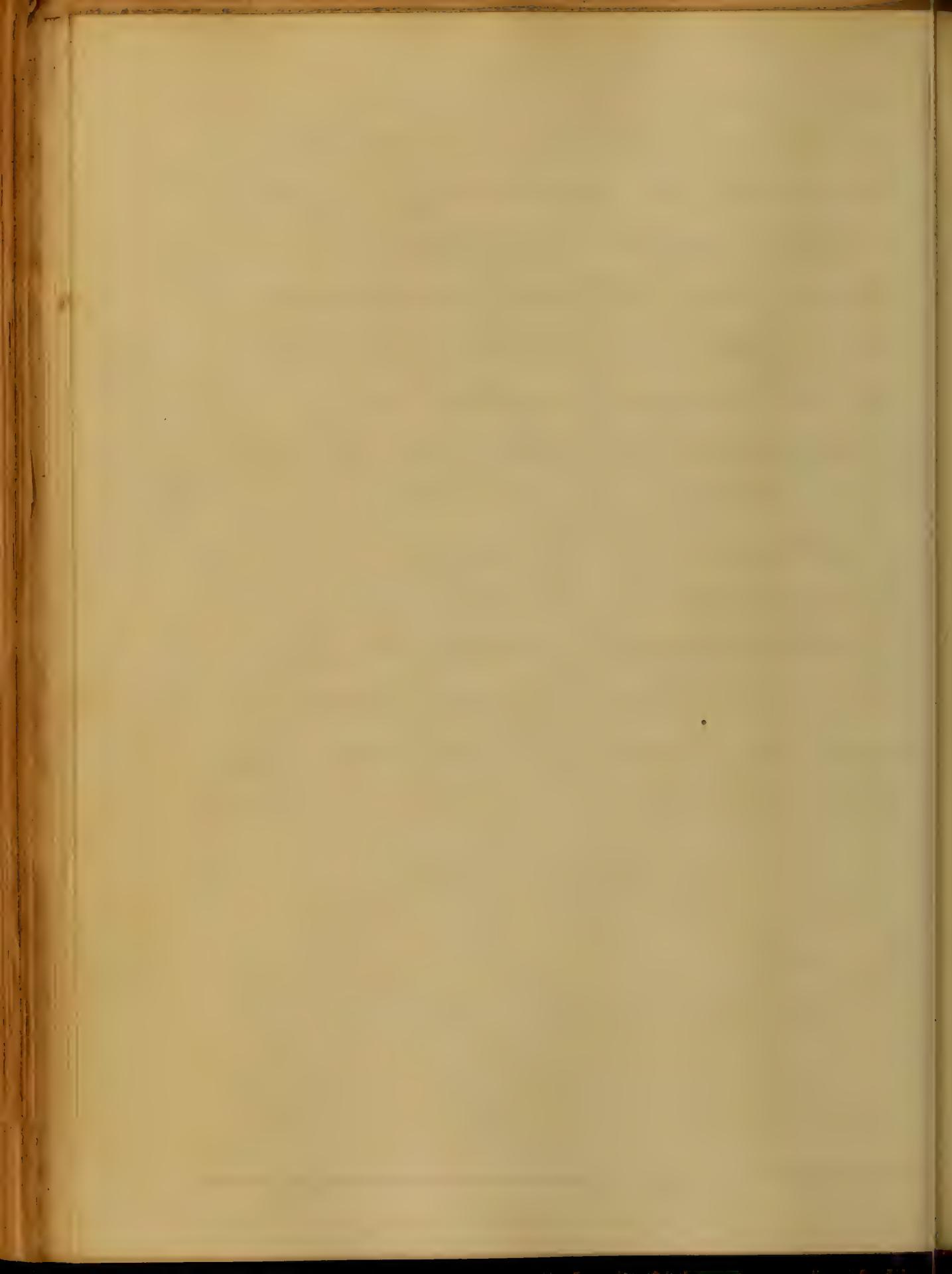
means of adhesive strips and concluded the operation by applying a compress and bandages.

January 22nd Patient is doing remarkably well, has experienced little or no pain since the operation.

January 27. Patient being anxious to get home to his family left the house and I make no doubt the wound will heal in a short time and the member, but for the operation would have been useless, will be as serviceable as it was previous to the occurrence of the injury.



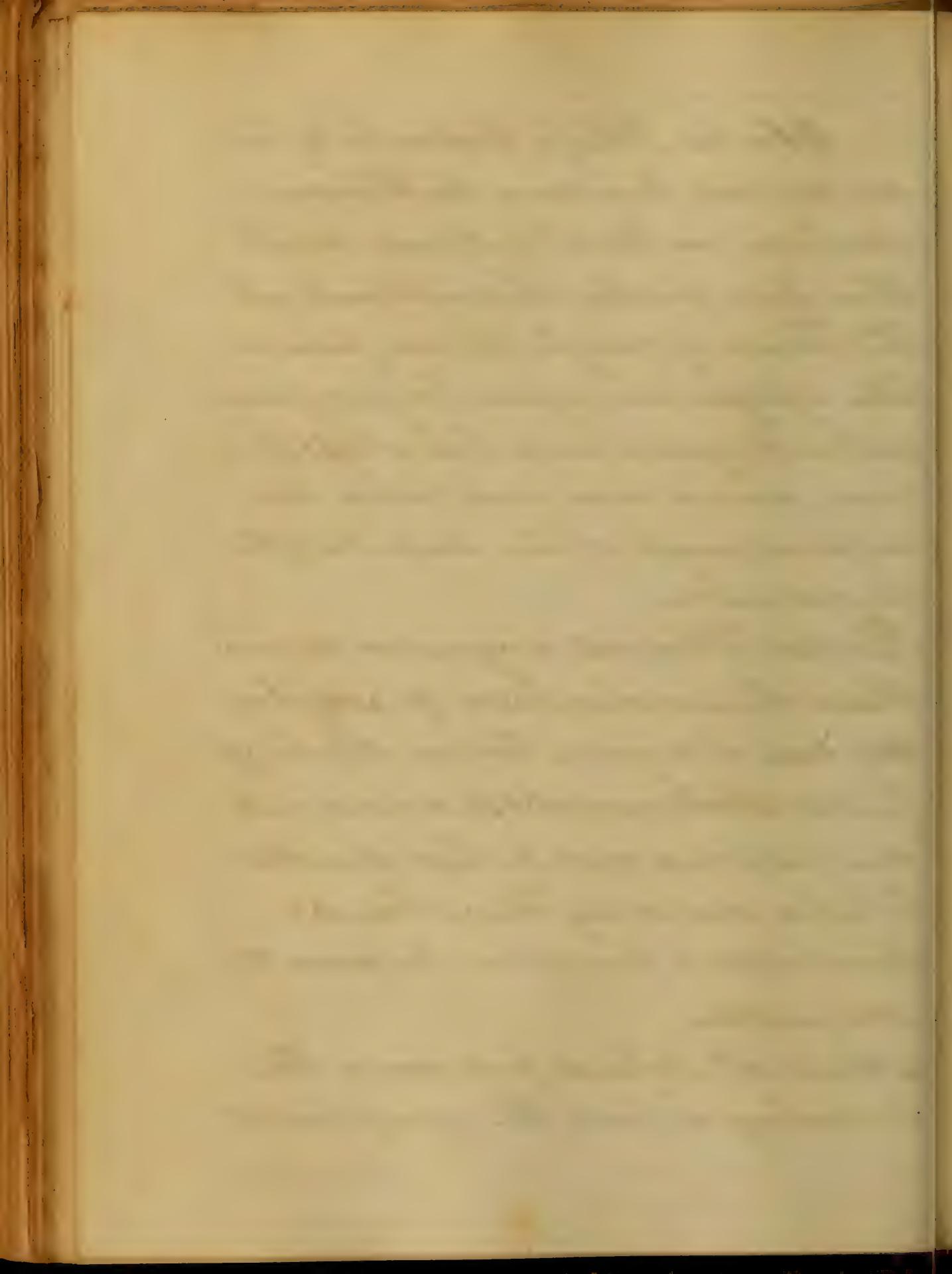




Charles Blups, Carpenter by trade
Aet. 20 years. Residence Baltimore.
Admitted on the 11th of April. Sick
then five weeks. Complains at
this time of cough, severe pain in
the epigastric region, tongue furred,
pulse frequent and has slight fric-
tion sound over and below the
inferior angle of the scapula of the
right side.

Doctor Thomas diagnosed the case
Pleuro-Pneumonia, and prescribed
Adg. Proto. btho. grs xii. Potassa Nitratis 3ʒs
Eulvis Antimonialis H. divided into
six powder, and patient directed
to take one every three hours.
Four cups to be applied between the
scapulae.

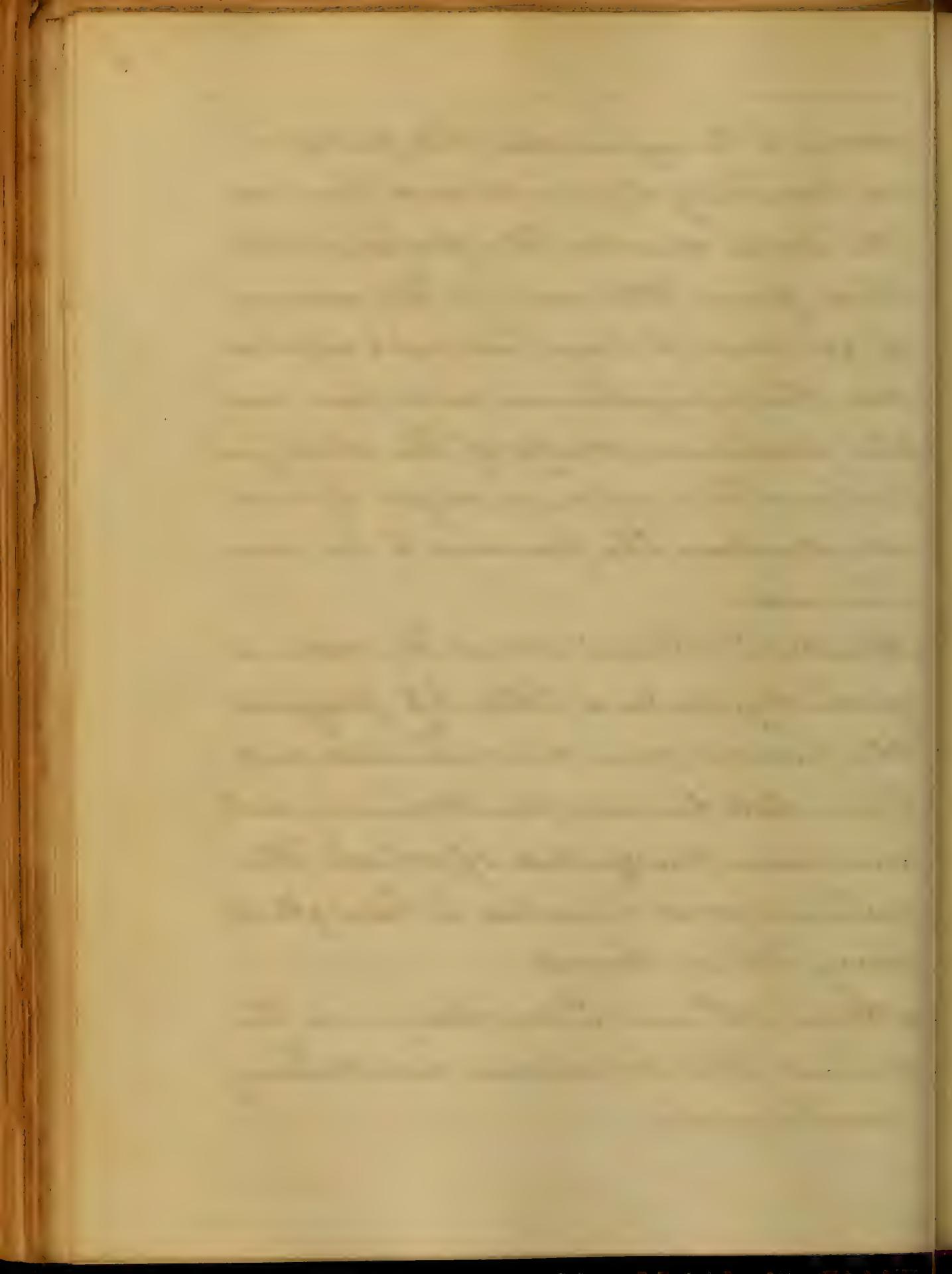
April 13th Patient feels worse this
morning, in fact the symptoms all



seem to be aggravated, his pulse is 109, breathing difficult and hurried. The Doctor directed the patient to be bled from the arm to the amount of 3xii. and to have two cups applied over the epigastrium, and four over the posterior walls of the chest just below the inferior angle of each scapula. The powders to be continued.

April 14th Patient about the same as yesterday, pulse a little less frequent. The powders were discontinued, and Vin. Colchici and Vin. Antimony each one ounce prescribed, of which the patient was directed to have gttos xxx every three hours.

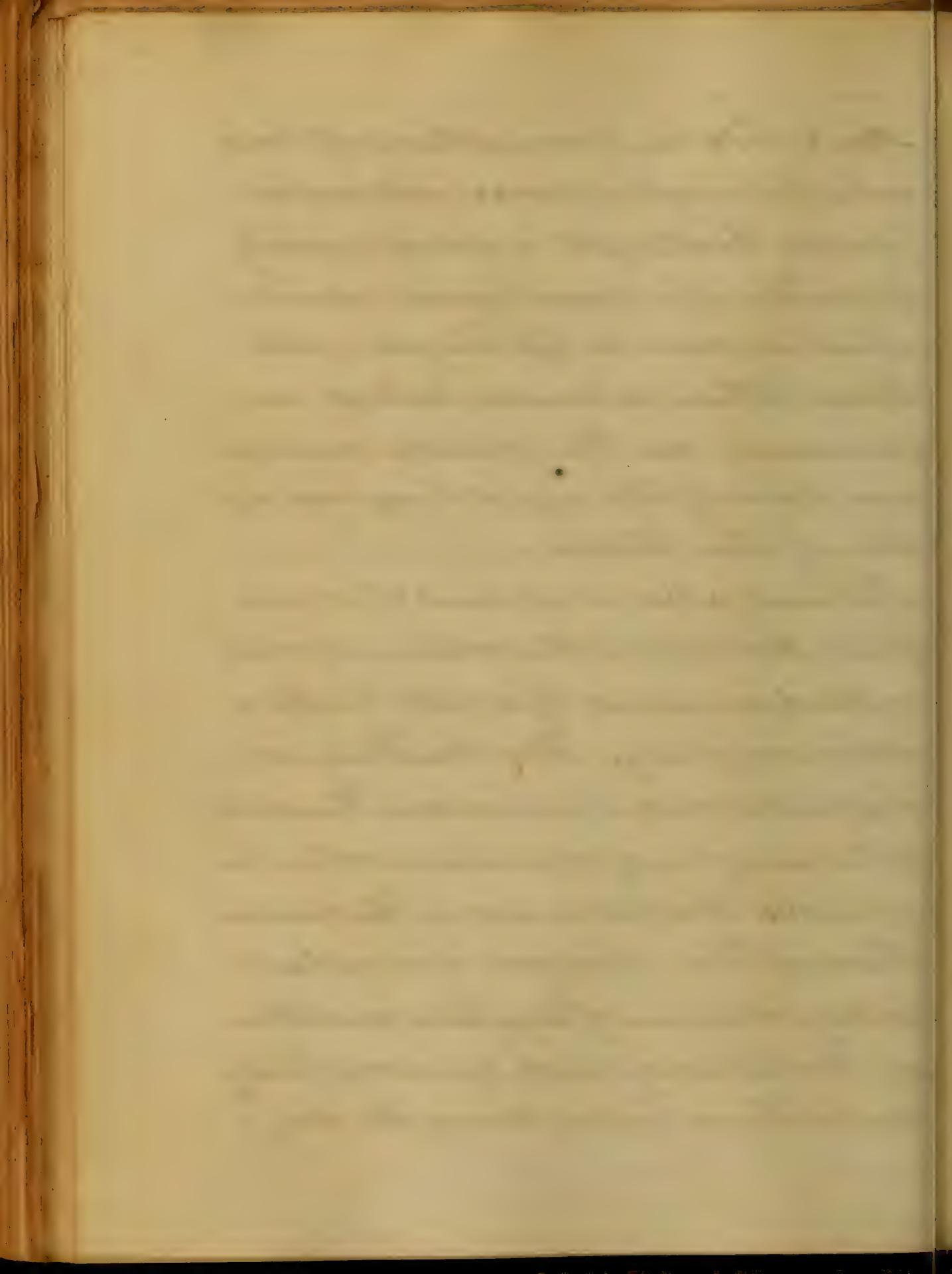
April 15th and 16th no change in the patient, the Colchicum and Antimony continued.



2

April 17th Patient complains of Head
ache, his cough is worse, and expecte-
torated last night a small quantity
of matter of a mucilaginous character,
which is more or less tinged with
blood. There is decided dulness on
percussing over the middle and infe-
rior lobes of the right lung and infe-
lobe of the left.

Patient also complains of severe
pain posterior to the sternum, which
is much increased by a full breath or
when coughing. His breathing is
difficult and hurried and there seems
to be a degree of oppression when he
speaks. His pulse is 90 in the minute.
Prescription changed somewhat
to day. Tincture of Digitalis and Wine
of Antimony each $\frac{3}{4}$ dose twenty
drops three times during the day.



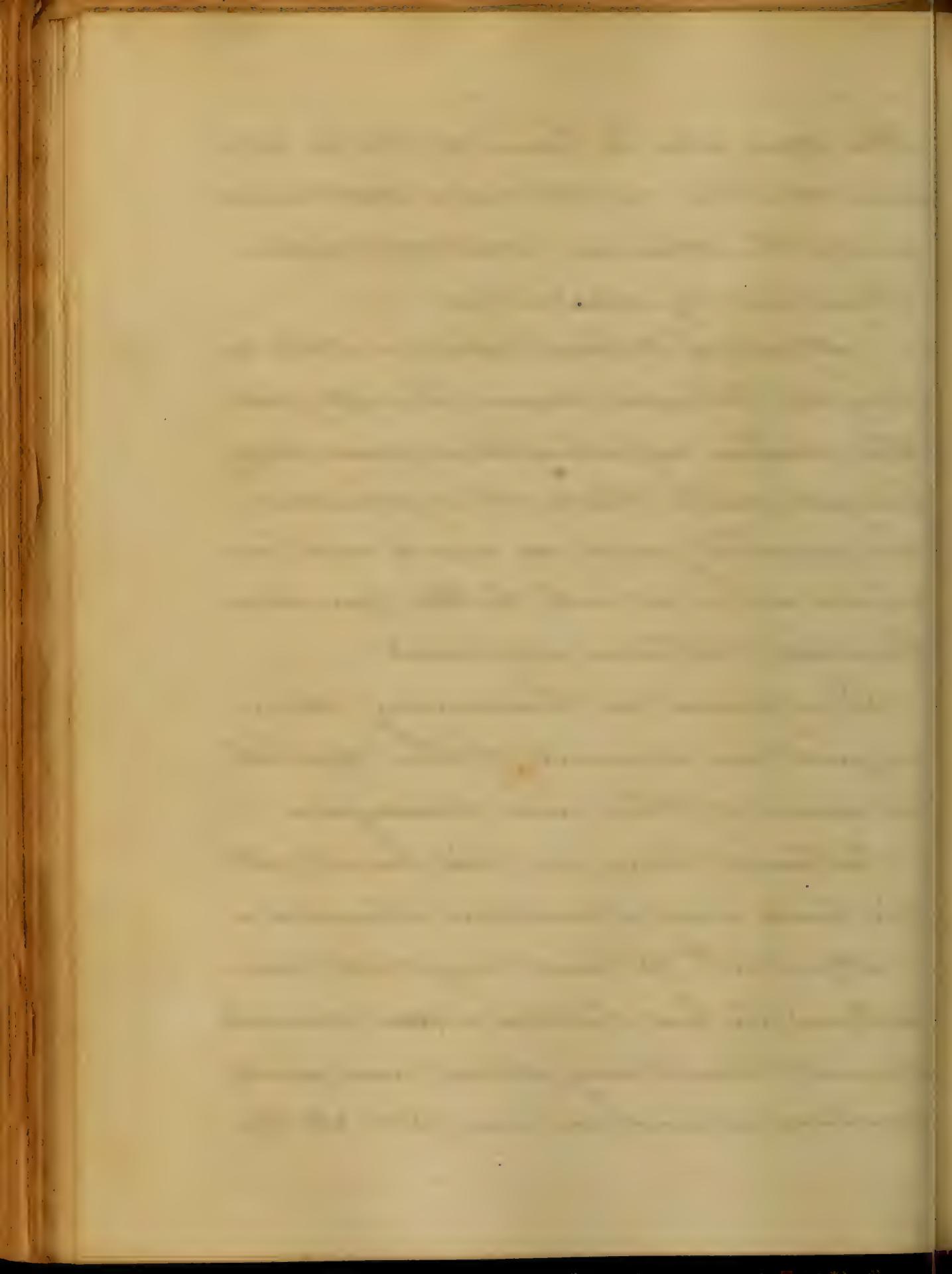
He was also to have a blister applied over the right side, and to extend across the sternum about one inch.
Size four by six inches.

April 18th Patient slept a little last night, blister drew tolerably well, the matter expectorated is more deeply tinged with blood, it is increased in quantity and so viscid and tenacious as to stick to the pan when turned bottom upwards.

Dyspnoea is becoming more urgent on account of the partial closure of the air passages.

Patient lies on his back with his head and shoulders elevated.

April 19th Patient very weak, tremulous, takes little or no nourishment, breathing short and quick, features sunken in fact all the

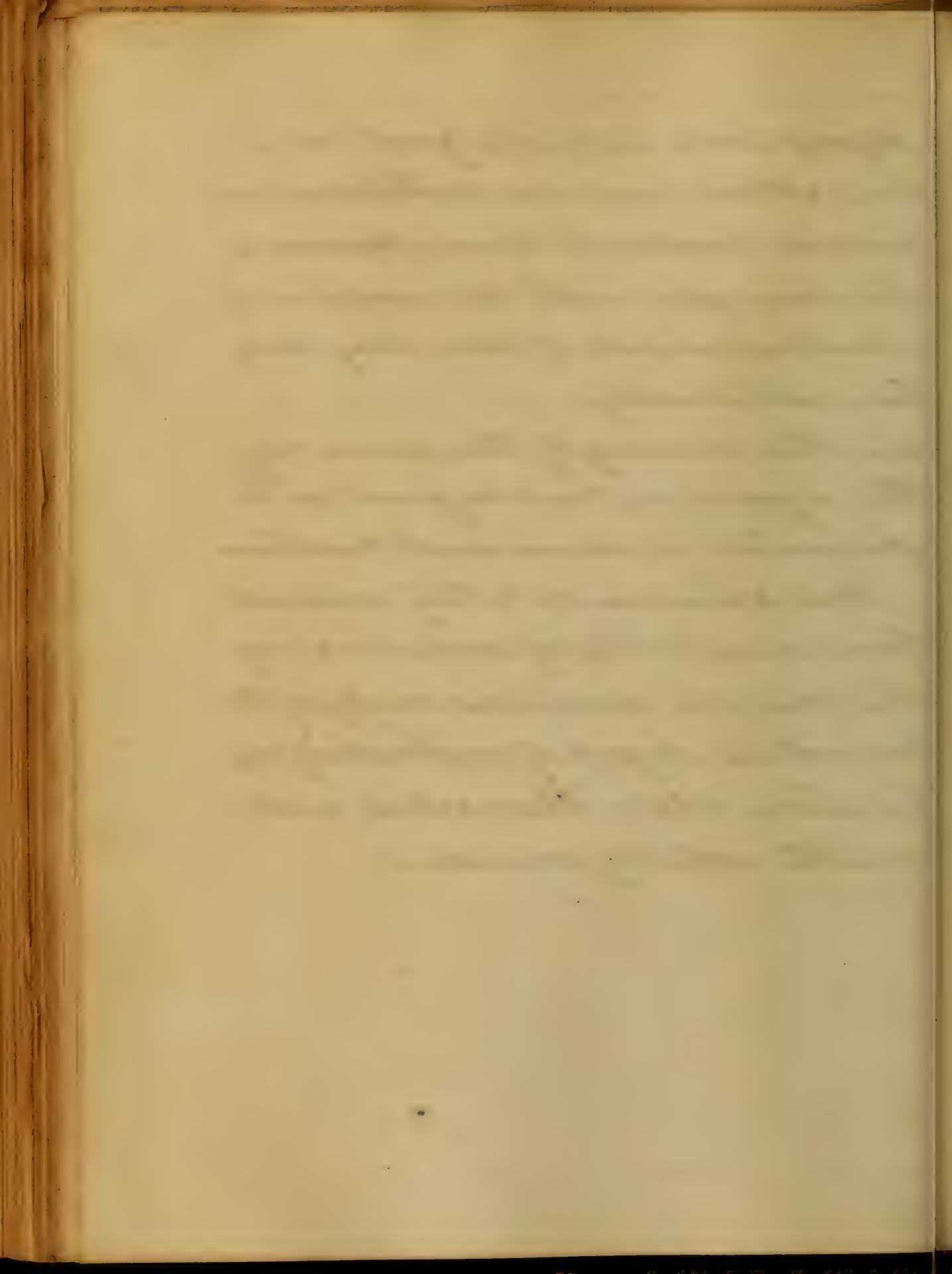


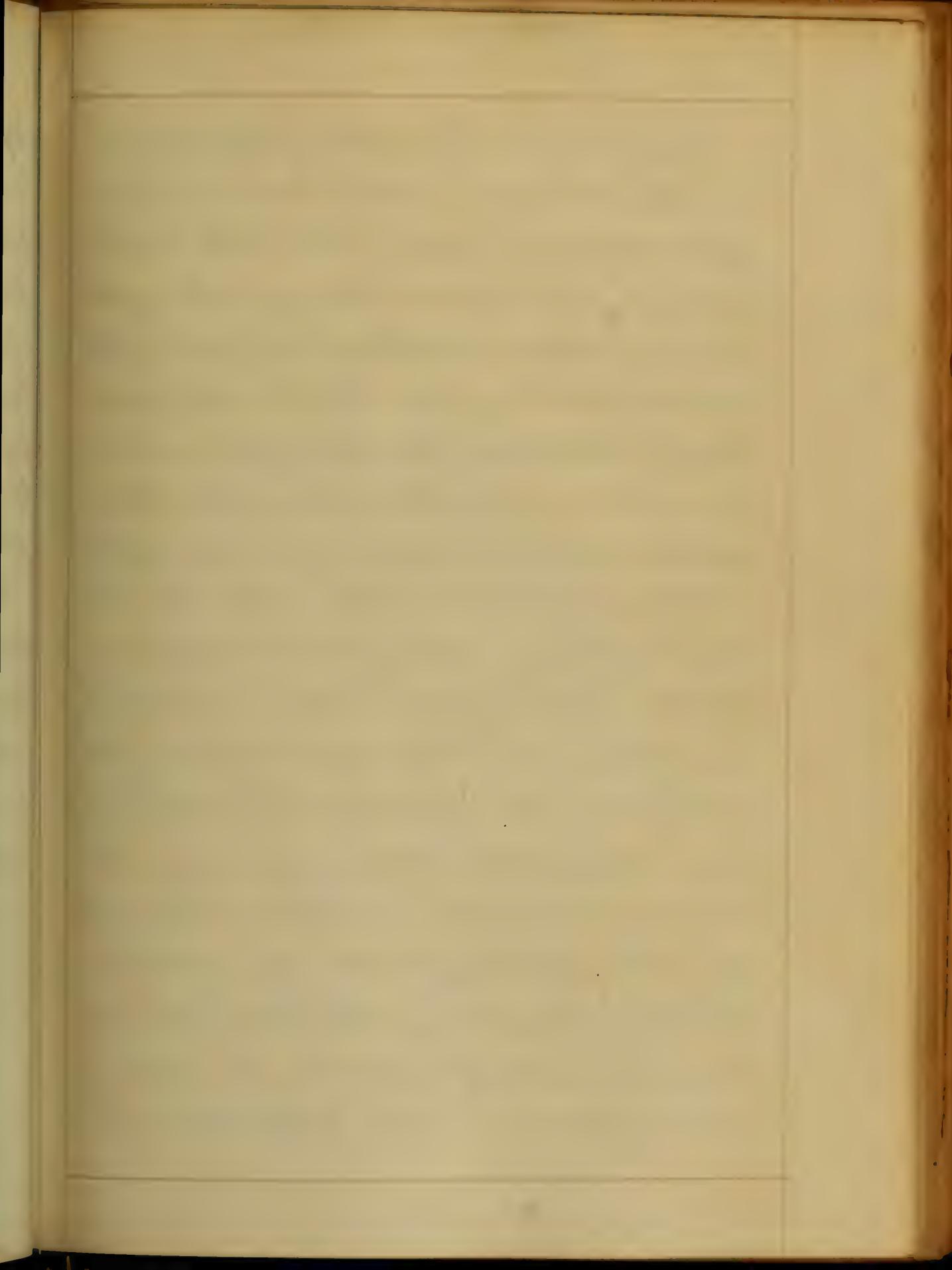
3

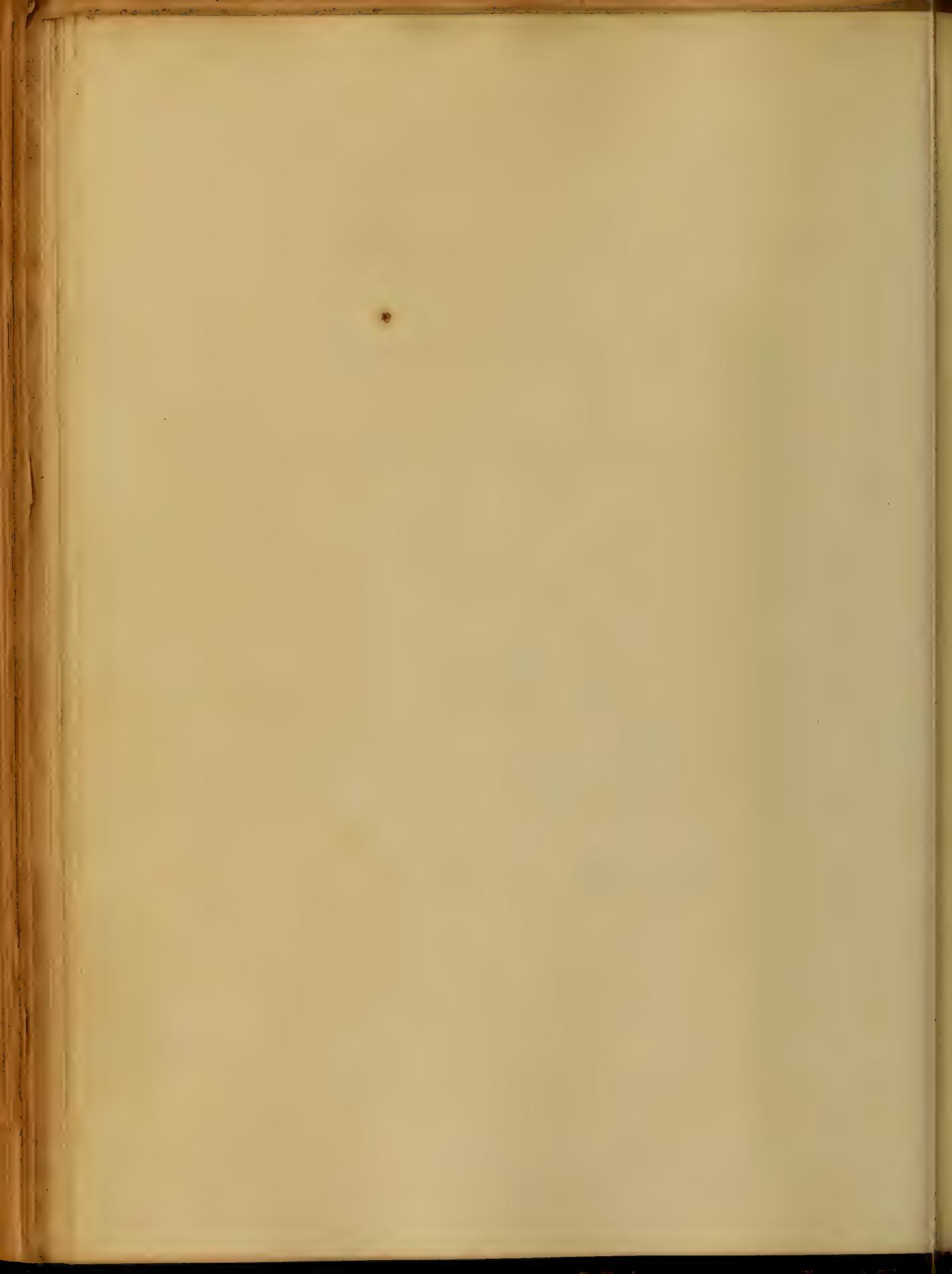
symptoms indicate great prostration. Above remedies withdrawn and patient directed to have Ammonia Carbonas grs v with the addition of a Tablespoonful of wine whey every hour alternately.

On the evening of the same day the dyspnoea was so great as to necessitate a semi-erect position.

This extreme debility rendered him incapable of expectorating the morbid secretions occupying the bronchials signs of impending suffocation shew themselves and death rapidly ensued.—

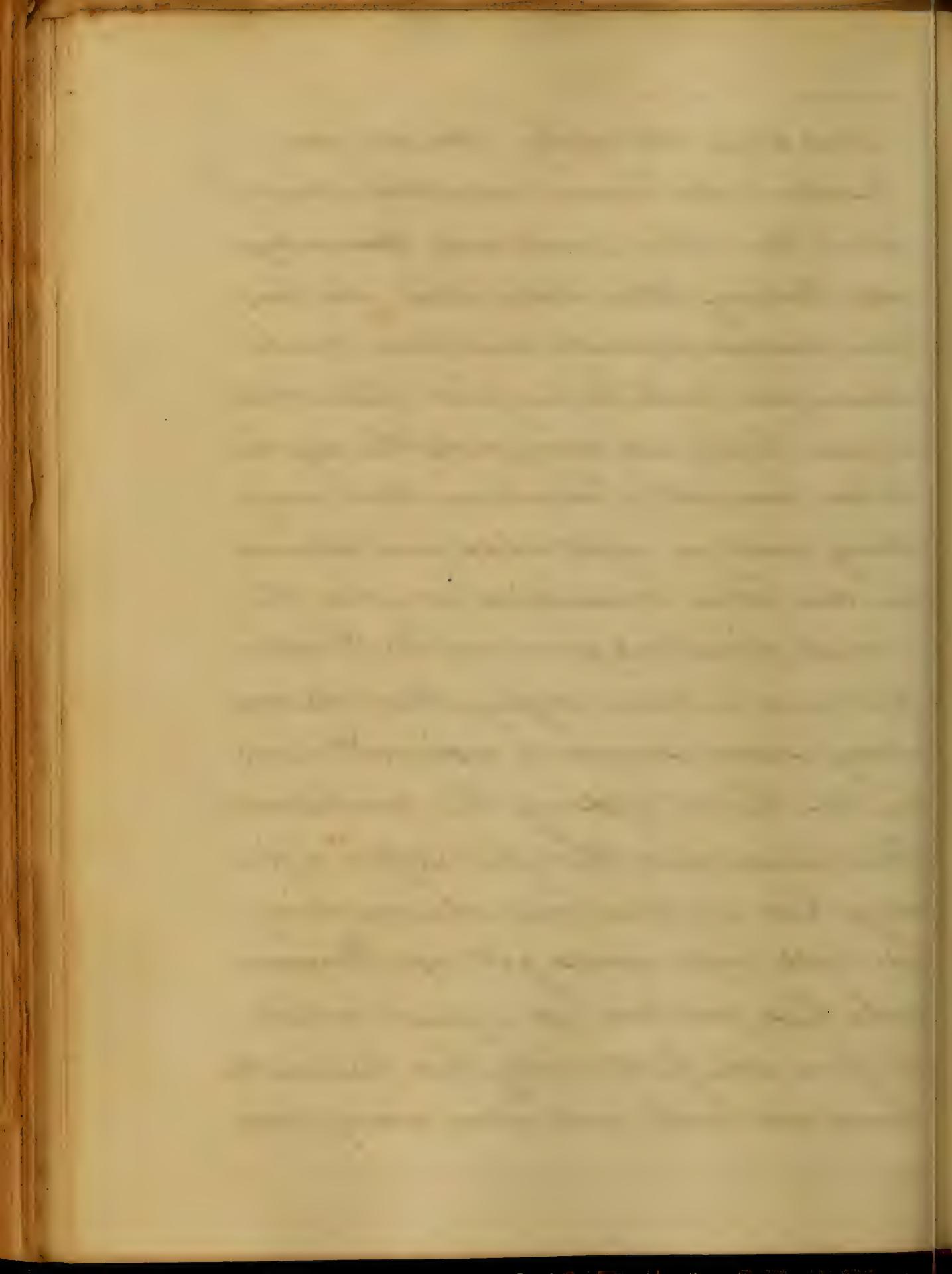






1

Mrs Elija Murphy Aet. 22 years.
Residence Baltimore, admitted March 17th
Sick then three weeks with Hemorrhage
After Delivery. She states that she has
been married 18 months, and three weeks
since gave birth to her first child, which
is now living and doing well. She says her
labor was not a tedious one, that every
thing went on right, child was delivered
in due time, secundines removed, the
usual directions given, and the Doctor
prepared to leave, saying that she was
doing as well as could be desired. She was
in the habit of doing the work about
the house, and thought as four or five
days had elapsed and she was doing
so well, she would get up. However
she had not been up a great while
before she felt chilly, had pain in the
head and back, and upon rising from



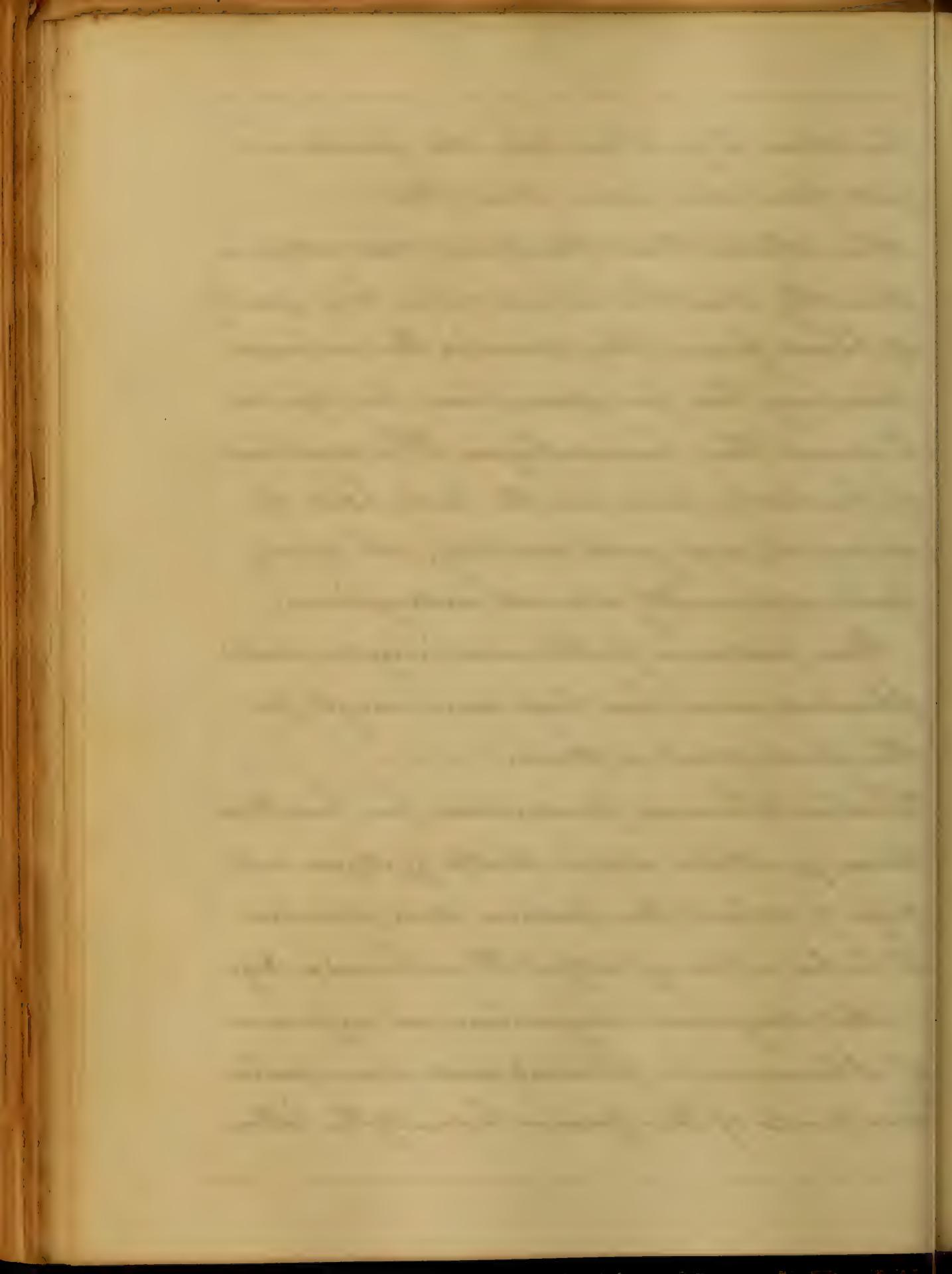
the chair to go to her bed, she fainted and fell prostrate upon the floor.

She states that the Doctor was called immediately, that he turned out a large quantity of blood from the womb. He continued visiting her for some time but failed to arrest the hemorrhage. She complains of headache, pain in the back, loss of appetite, and great debility, she is very pale, apparently almost exanguine.

Her pulse is feeble and irregular, cheeks flushed, and has had some cough for the last week or more.

Doctor Thomas prescribed for her, Flora Rosea $\frac{3}{4}$ - Acid. diluti Sulph $\frac{3}{4}$ Aqua bulli. oiss. of which the patient was directed to take a wineglassful three times a day.

As vaginal injection an infusion of Chamomile flowers and Lime water two parts of the former to one of the latter,



to be injected three times a day.

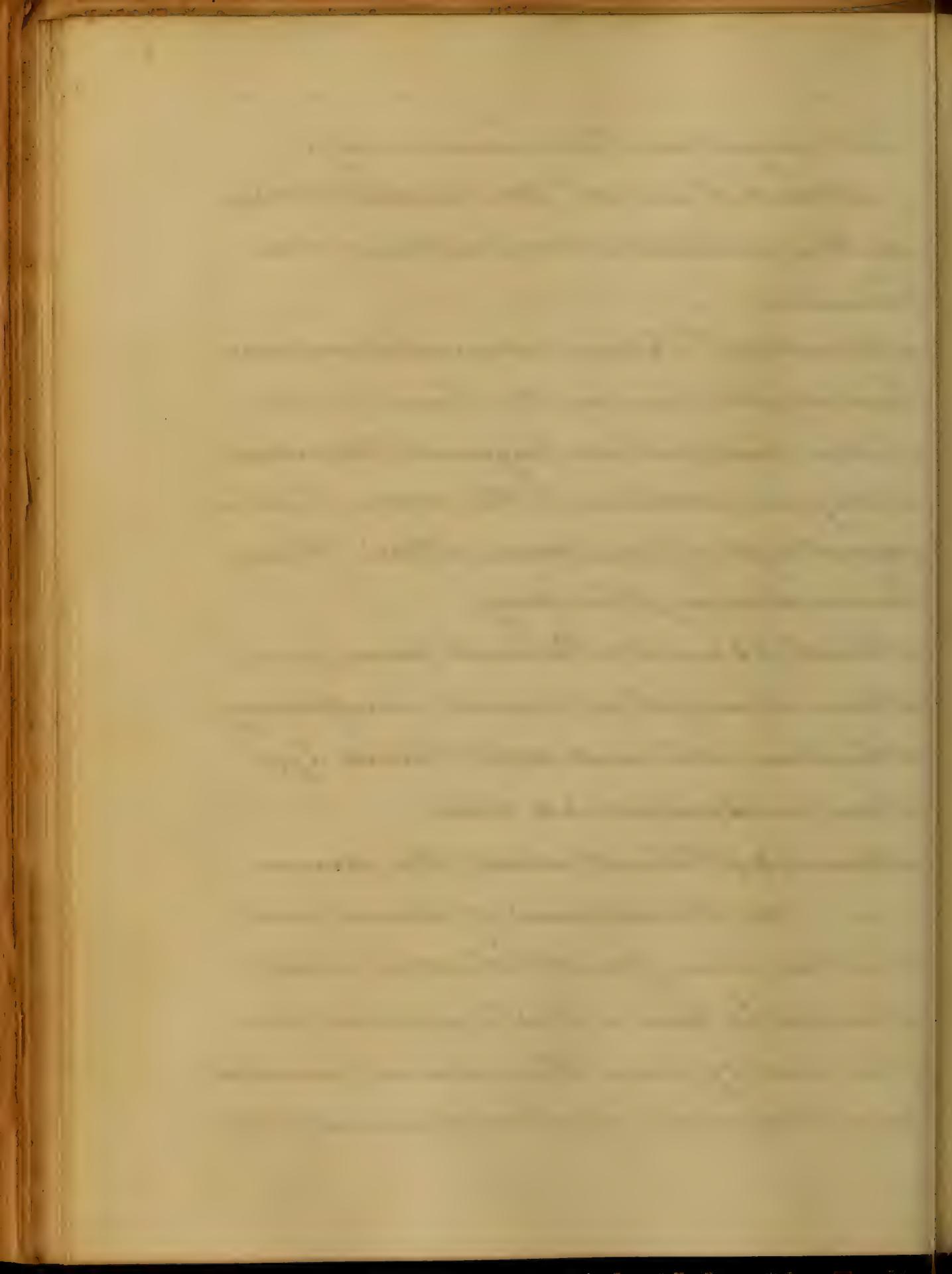
March 18th and 20th no perceptible change in the patient, above treatment continued

March 21st Patient somewhat improved, has slight pain in the head, pulse fuller but not so frequent. Was ordered to day in addition to the above treatment 15 gts of Zinc Muriat. Feni three times during the day.

March 22 and 23. Patient's countenance more cheerful, appetite improving. Chickenwater and soft-boiled Eggs were prescribed as diet

March 24. Patient about the same.

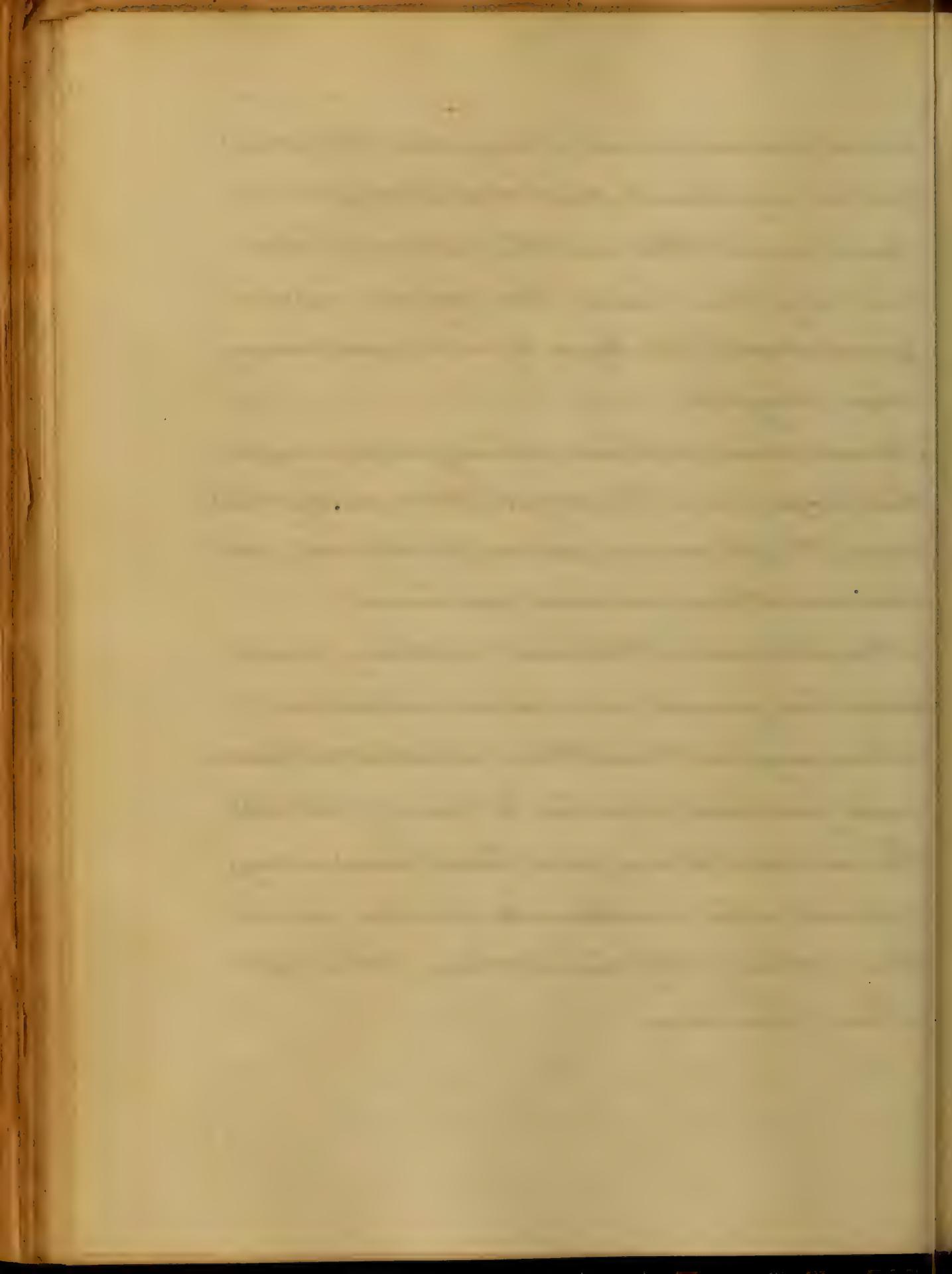
" 25 complains of some pain in the loins, for which she was directed to have a blister applied over the seat of pain. The internal remedies and vaginal injection, previously used.



were discontinued to day, and the patient put on Ergotine 3*t.* Sacch. Carb. Ferriz. to be made into 20 pills, and the patient to have one every three hours. For vaginal injection Zinc. Acetos. 3*ij.* Aqua oij to be used morning and night.

March 26 and 27 Patient rapidly improving, no discharge from the vagina, pulse nearly natural and I think convalescence pretty well established. Above treatment continued

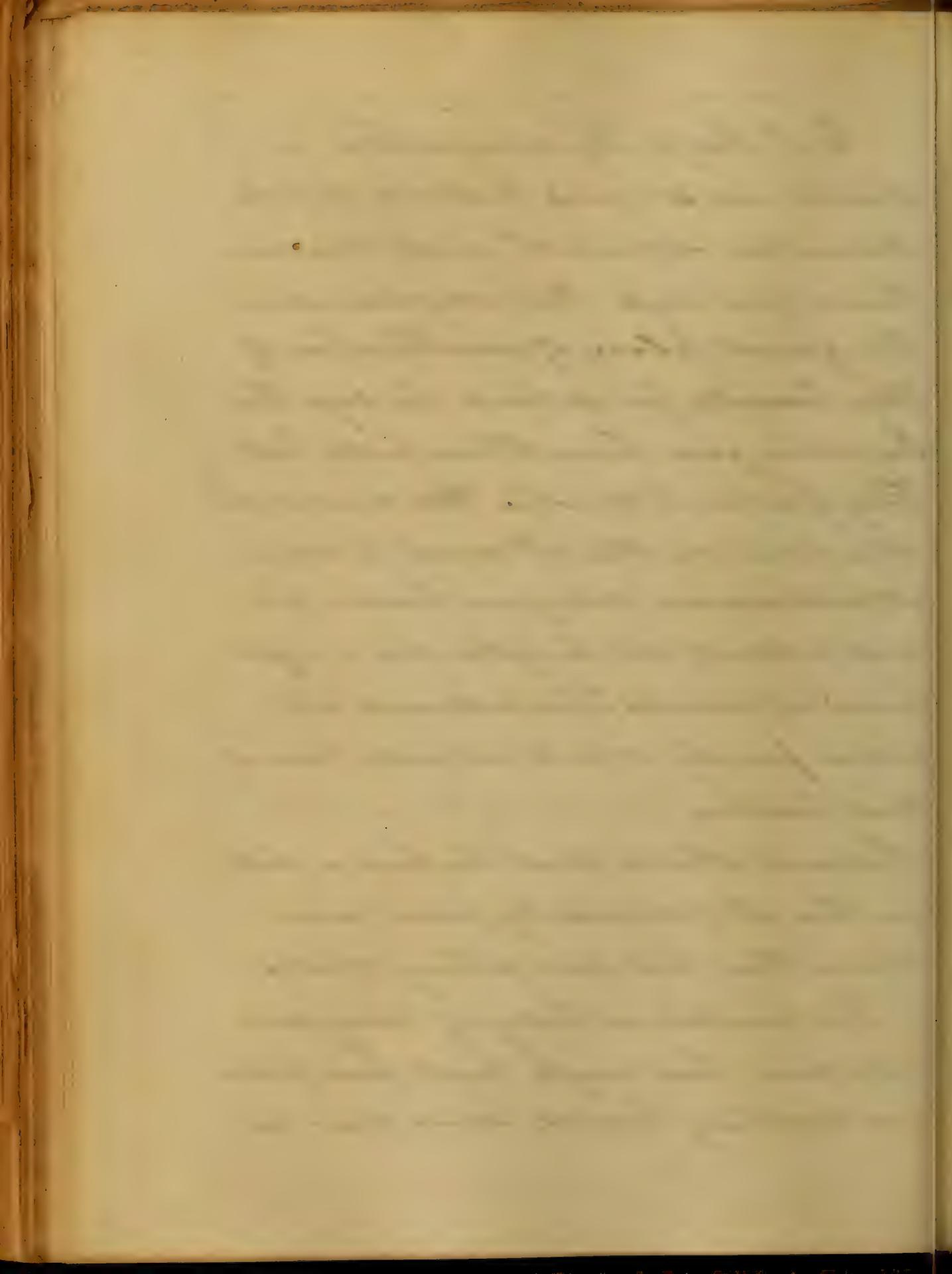
March 28 and 29 Patient walking about and her general appearance indicative of returning health. Above remedies withdrawn and patient directed to have of Valer. Prot. Carb. Ferrigr. 3*iiij.* Three times a day, which she continued to take until the fifth of April, when she left the house.



E P Roofs. by occupation a
sailor abt 28 years. Residence Norfolk.
Admitted April 18th sick then some
three or four days. He complained in
the first place of constipation of
the bowels, for which he says the
Captain gave him three pills but
they failed to operate. He arrived at
this port on the 14th went to some
apothecary who gave him a pill
and a dose of oil to take, six or eight
hours afterwards. The pills and oil
acted finely which relieved him of
that trouble.

Patient states that he had a chill
on the 16th followed by fever and
since then has been getting worse.

He complains to day of being sore
all over, has cough, high fever pulse
110. breathing hurried, severe pain in

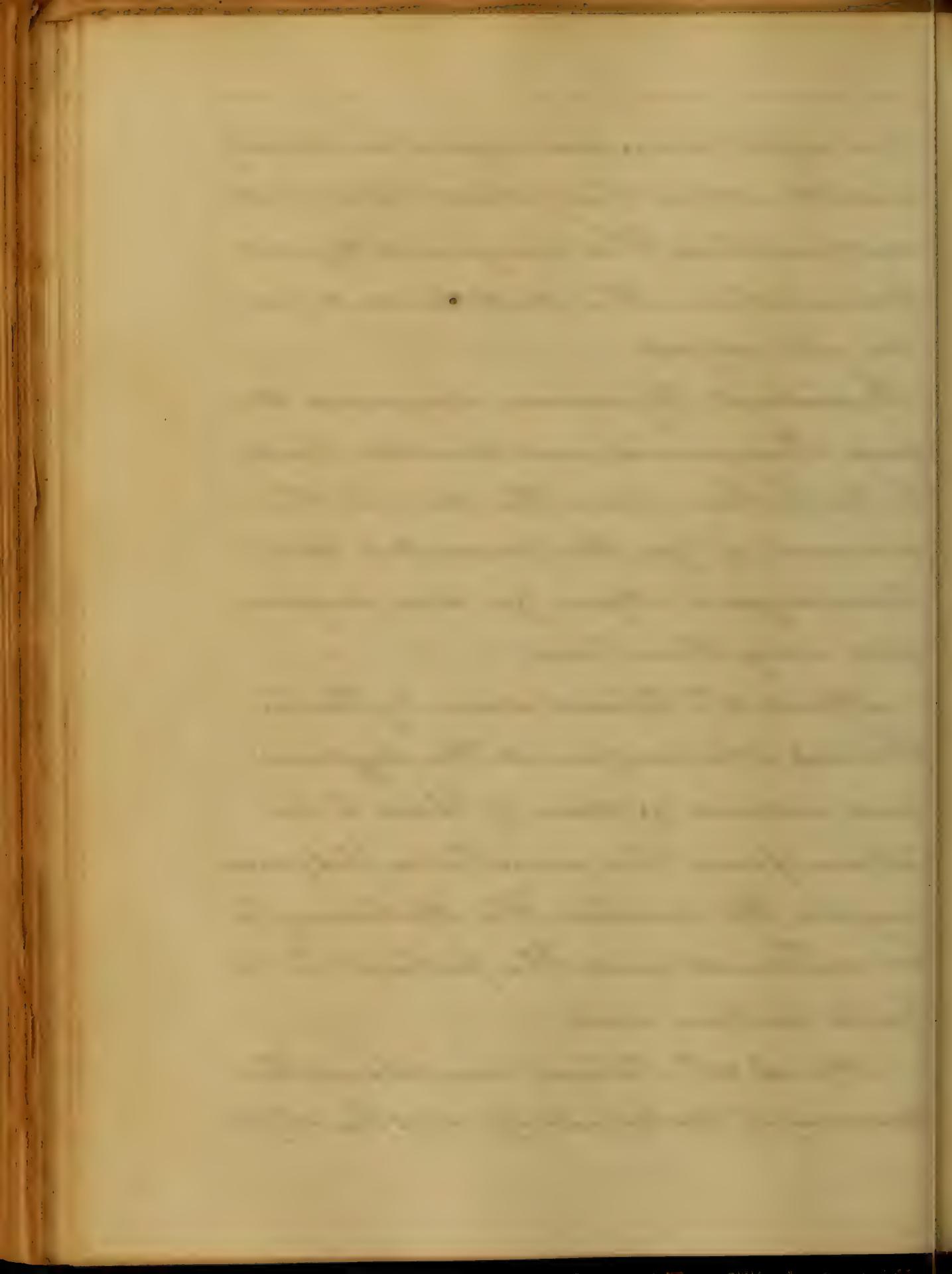


The right side, and crepitation distinctly audible when the patient takes a full inspiration. The tongue is dry and brownish in the middle and red on its edges.

Resident Physician diagnosed the case Pneumonia, and directed blood to be taken from the arm to the amount of 3xii. He prescribed Tartar Emetic grs iv. Aqua Zic. dose Teaspoonful every three hours

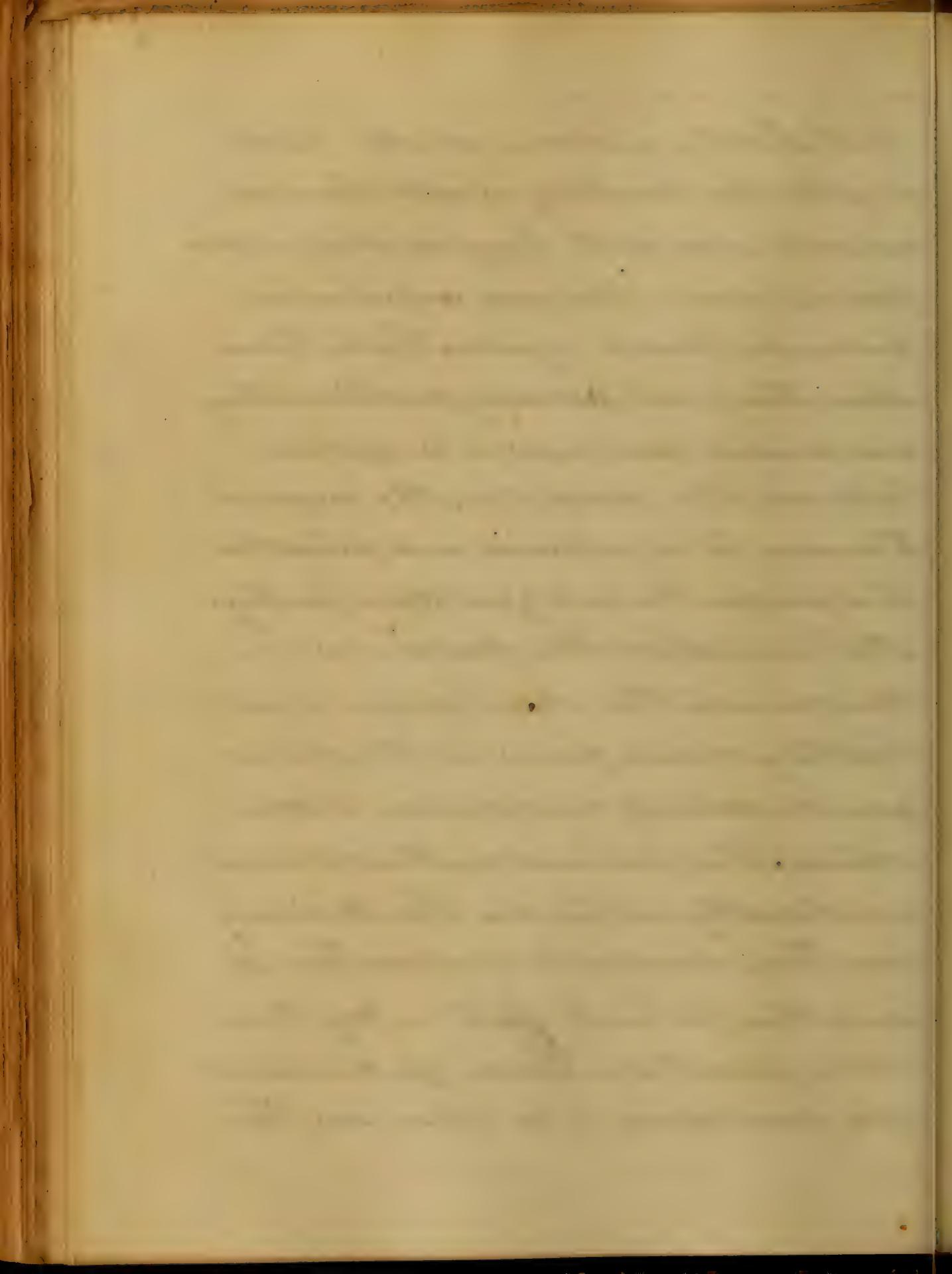
April 19th Patient seen by Doctor Thomas, who confirmed the diagnosis and ordered 3x more of blood to be taken from the arm. Pulse this morning 100. He directed the Antimony to be continued and the patient to be kept on low diet.

April 20th Patient complains this morning of wakefulness, says he slept



e

but little or none at all last
night. His breathing is still hurried,
countenance dull, staggered, skin a little
moist, some mucous expectorations
pulse 100, bowels regulars Doctor Thomas
said the great remedy was blood letting,
and directed four cups to be applied
between the scapulæ, the orifice in
the arm to be reopened, and patient bled
to syncope, he lost $3 \frac{1}{2}$ before fainting.
After reaction the pulse was 85 in
the minute, the skin became moist,
breathing easier, pains in the chest and
general soreness disappeared to some
extent, the patient on the whole was
considerably relieved. The Antimony
was then directed to be discontinued
and the patient put on Hdg. Prolo.
Chlo. grs xii. Pulv. Doveri 3js. divided into
six powders one to be taken every three



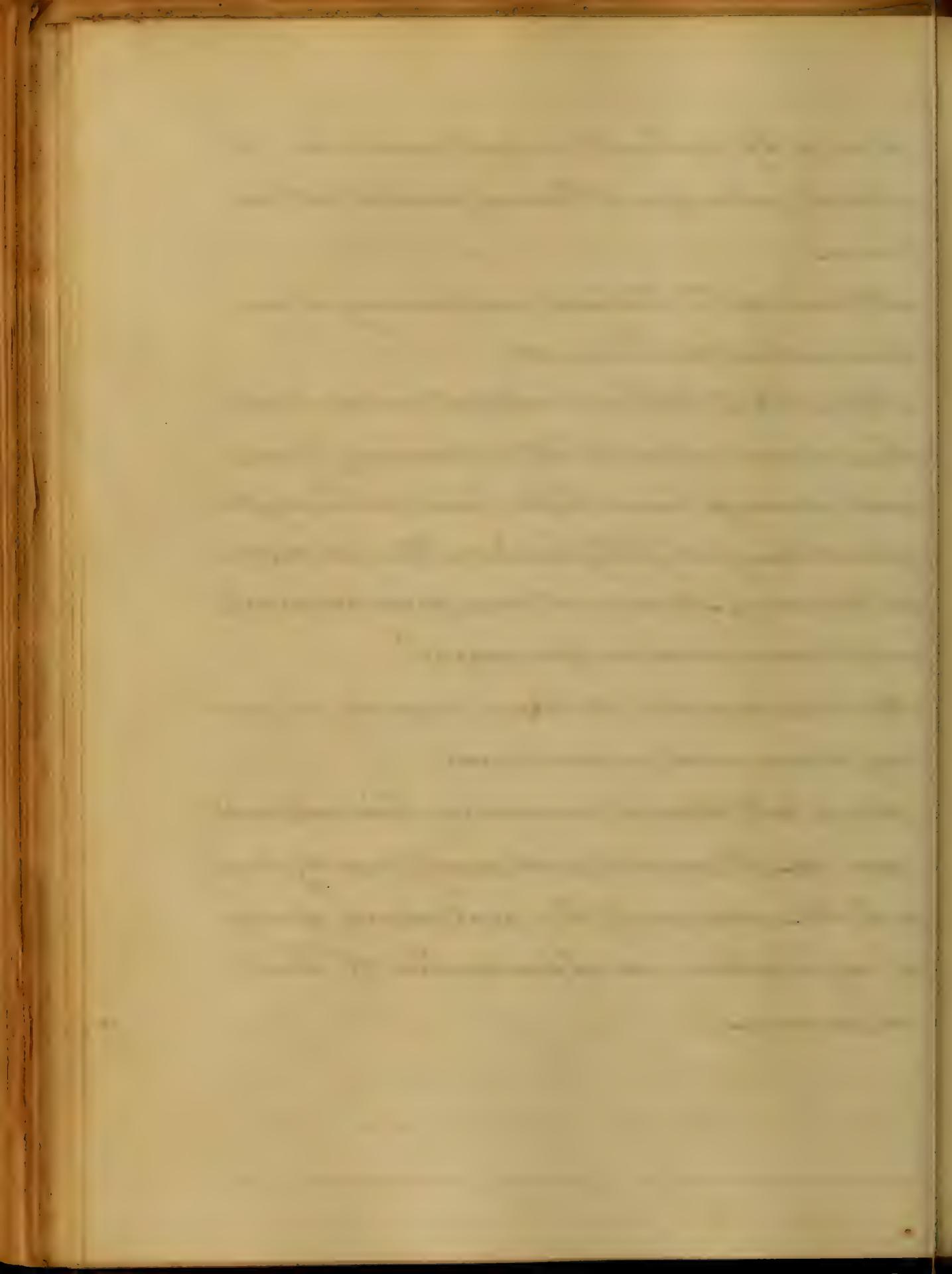
hours. If patient is not inclined to sleep, give 2 grs of Dovers powder at bed-times.

April 21st Patient improving, above remedies continued

April 22^d Patient slept well last night has some appetite this morning, pains and soreness have left him entirely. The gums being slightly touched, the powders were withdrawn. Arrow-root was prescribed as diet, and Brown-mixture for coughs.

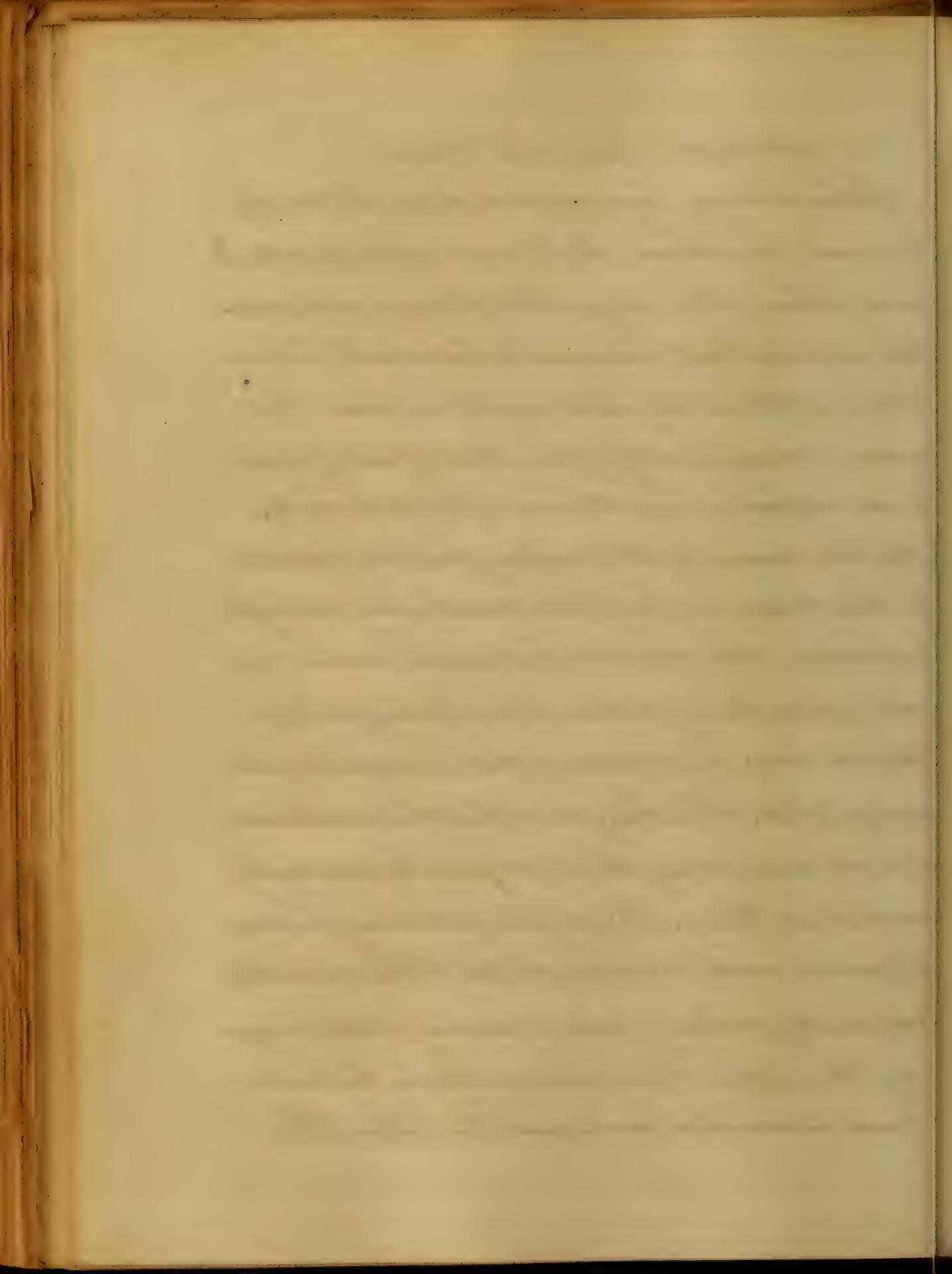
April 23, 24 and 25 Patient rapidly improving. Brown-mixture continued.

April 30th Patient considering himself well ran off. It would be well enough probably to remark the absence of the rust-colored sputa a symptom so characteristic of this disease.



Medical Report, page 1

John Lowry by occupation a sailor at
70 years. Residence Baltimore, admitted Dec 12th
sick three days with Delirium tremens.
He states that previous to his attack he had
been exposed day and night on board the
vessel, consequently from loss of rest, labor,
and exposure in the rain, he took sick.
As the name of the malady would indicate
he has been an habitual drinker, and during his
exposure had doubled his usual amount of
stimulus, having taken cold, or being sick as
stated above, he was compelled to resign his post
and go to bed. Thinking now that his accustomed
drinks were doing him no good, he suddenly
withdrew them. The night following he was
affected with tremor, slept little, was restless,
frequently waking from a drowsy state imagin-
ing there were hideous animals in his room,
such as snakes, devils and the like. The

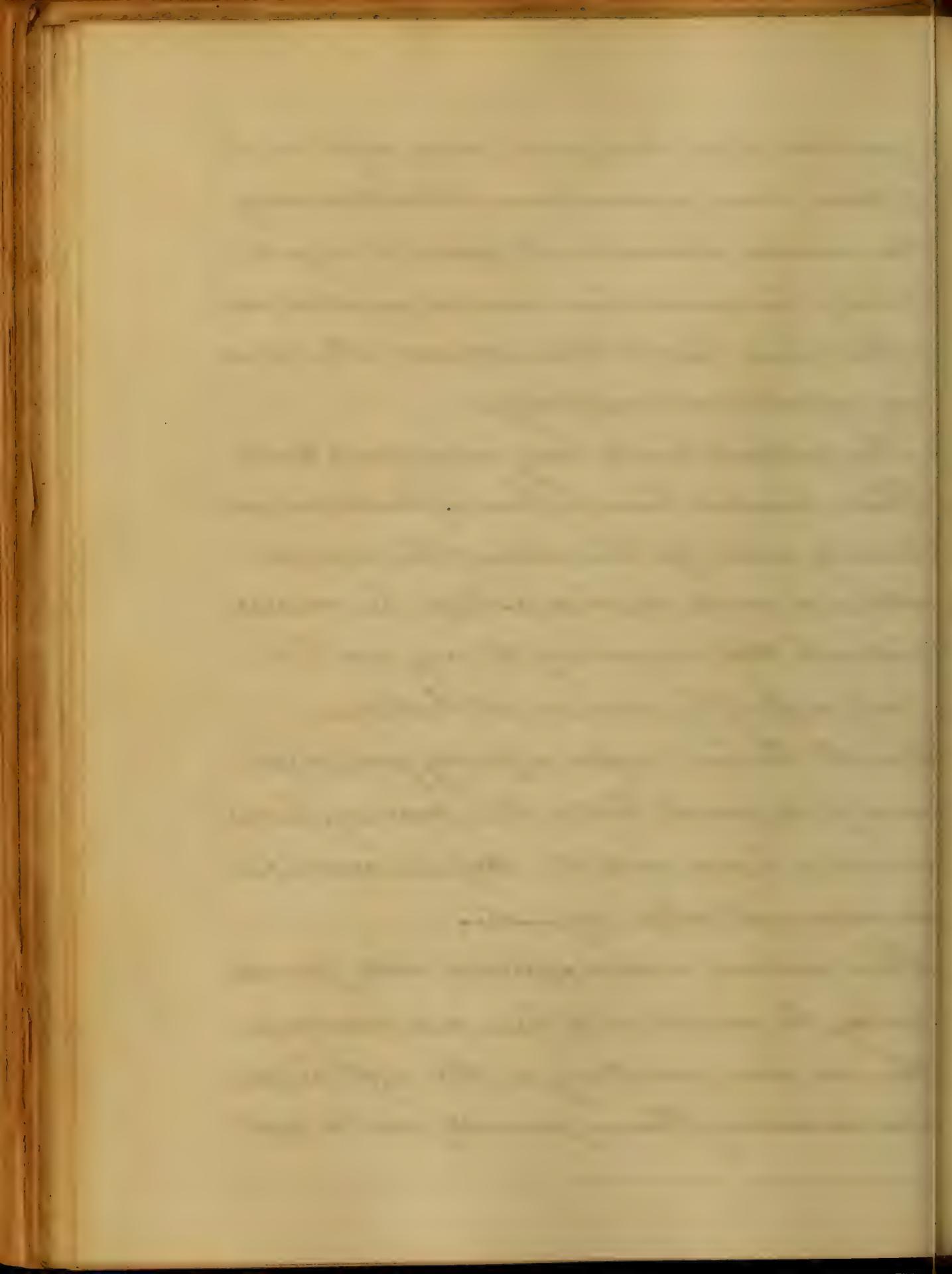


Symptoms have been quite mild, slight abstraction of mind, some nervous tremor. Notwithstanding the sudden abstraction of spirits, it is quite likely he would have escaped an attack altogether, had he not been exposed to the depressing effects of cold and fatigue.

The patient's bowels being constipated, Doctor Chew directed him to have of Castor oil and Brandy each 3^{oz}. The action of this dose was attended with marked relief. He was also to drink Hop-tea during the day and take forty drops of Laudanum at bedtimes.

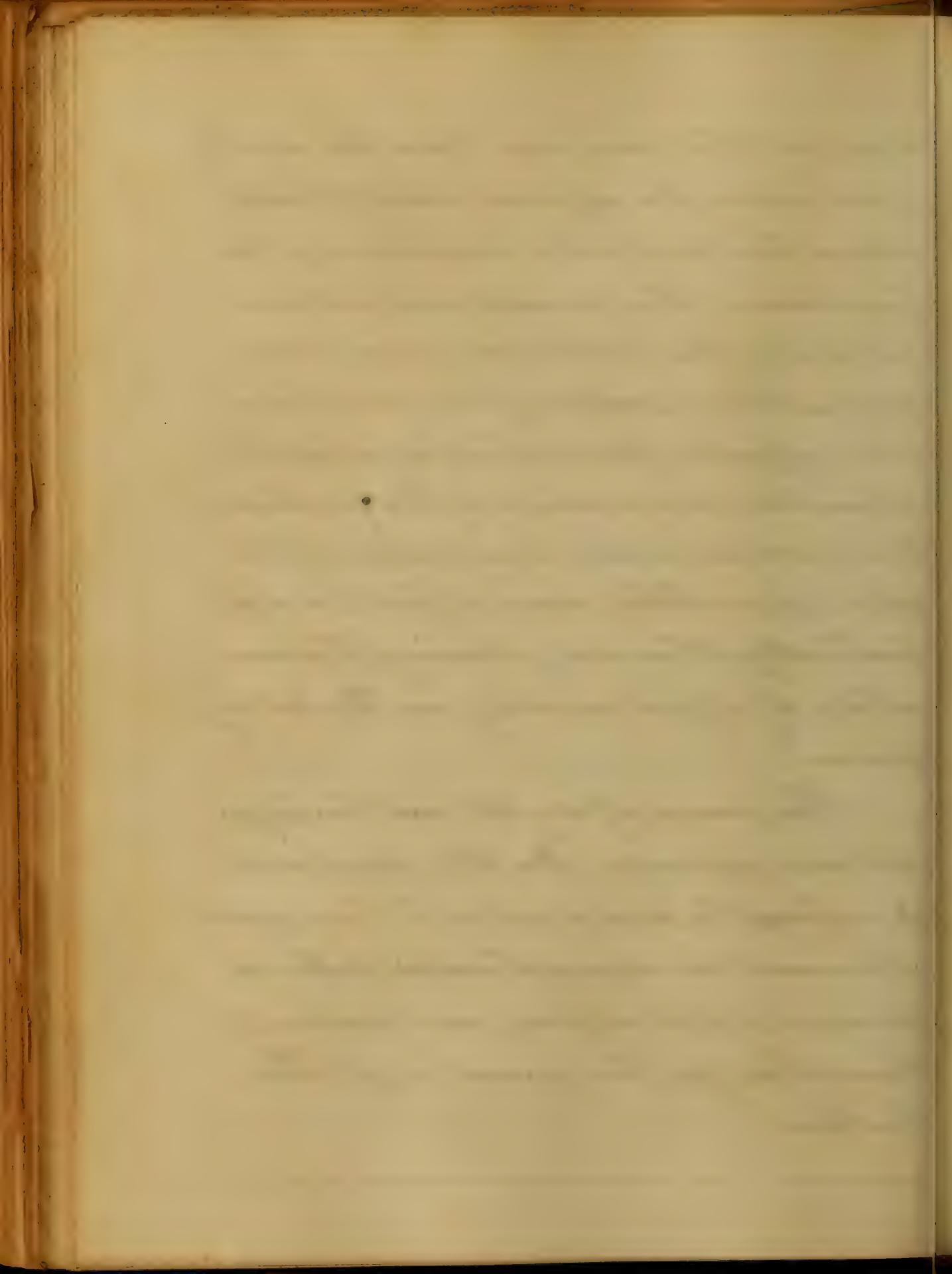
Dec. 13th Patient passed a pretty good night, and feels much better this morning, he was directed to go on with the Hop-tea and to have an aperient when requisite.

This patient is also affected with facial palsy, he complains of pain and numbness, there is some swelling in the right temple and extending thence generally over the right



side of the face and hand. He cannot
chew upon the affected side, which
shows the complete suspension of the
function of the smaller and anterior
portion of the fifth pair or Trifacial
Nerve. There is incomplete anaesthesia
of the affected parts, which is indicative
of partial suspension of the function of
the posterior and larger portion of the
same nerve. The sense of taste is also
partially obtunded, showing the same
state of affairs existing in the Trigeminal
nerves.

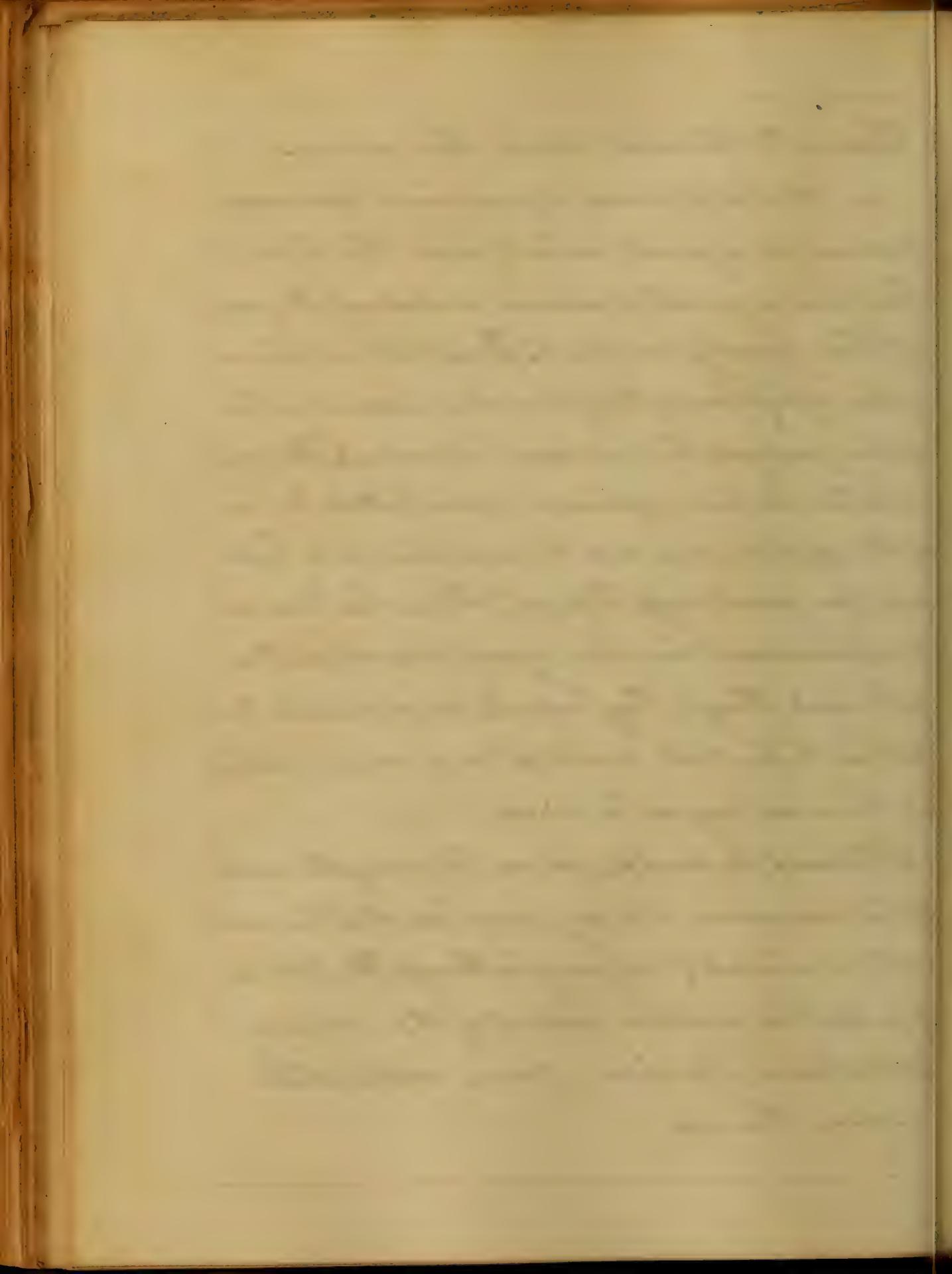
The sense of sight and hearing
likewise affected. For the pain and
numbness he was directed to have applied
a flannel bandage saturated with a
mixture of Willow-bark and Tincture of
Camphor, $\frac{3}{4}$ of the former to $\frac{1}{2}$ of the
latter.

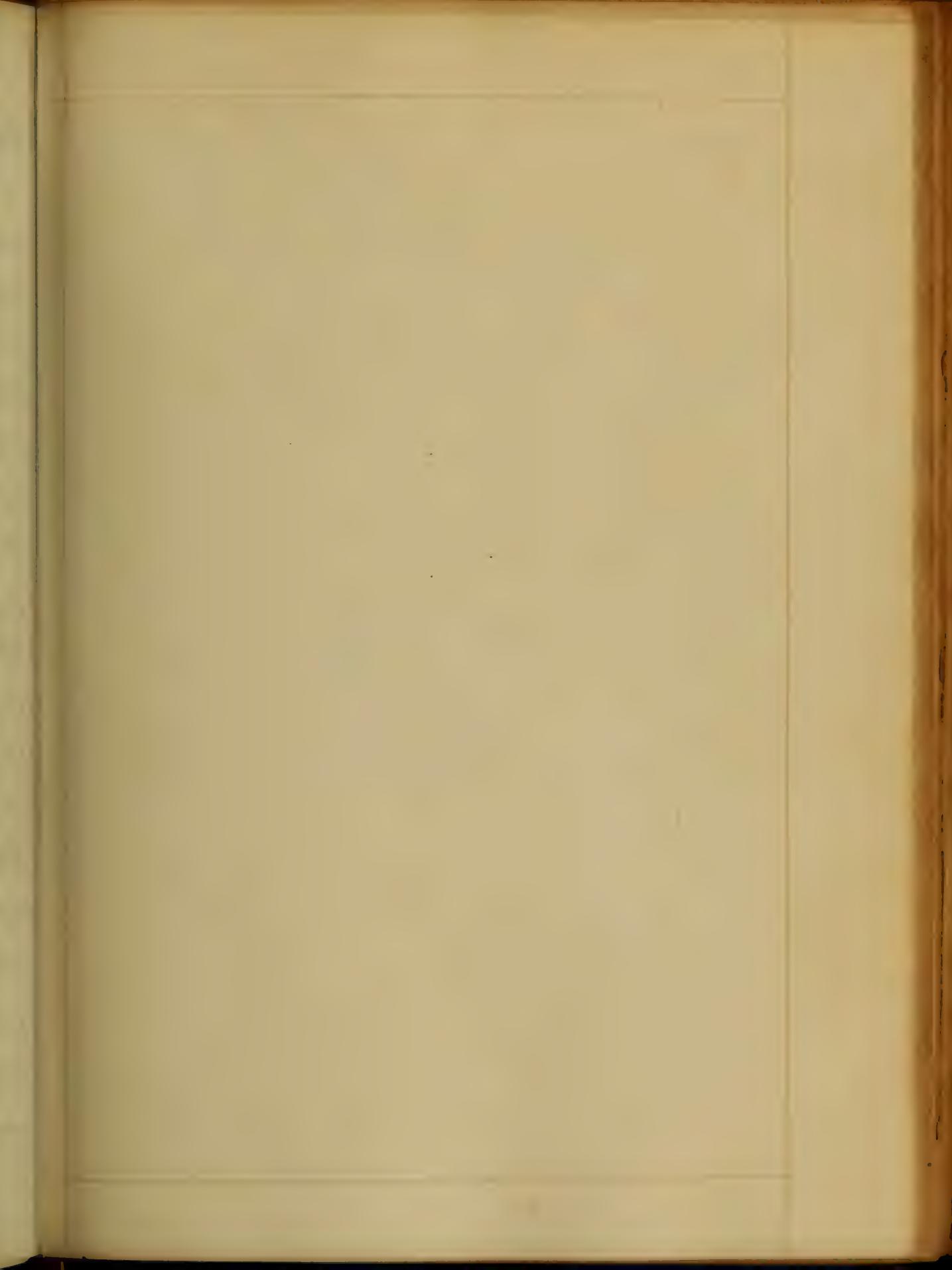


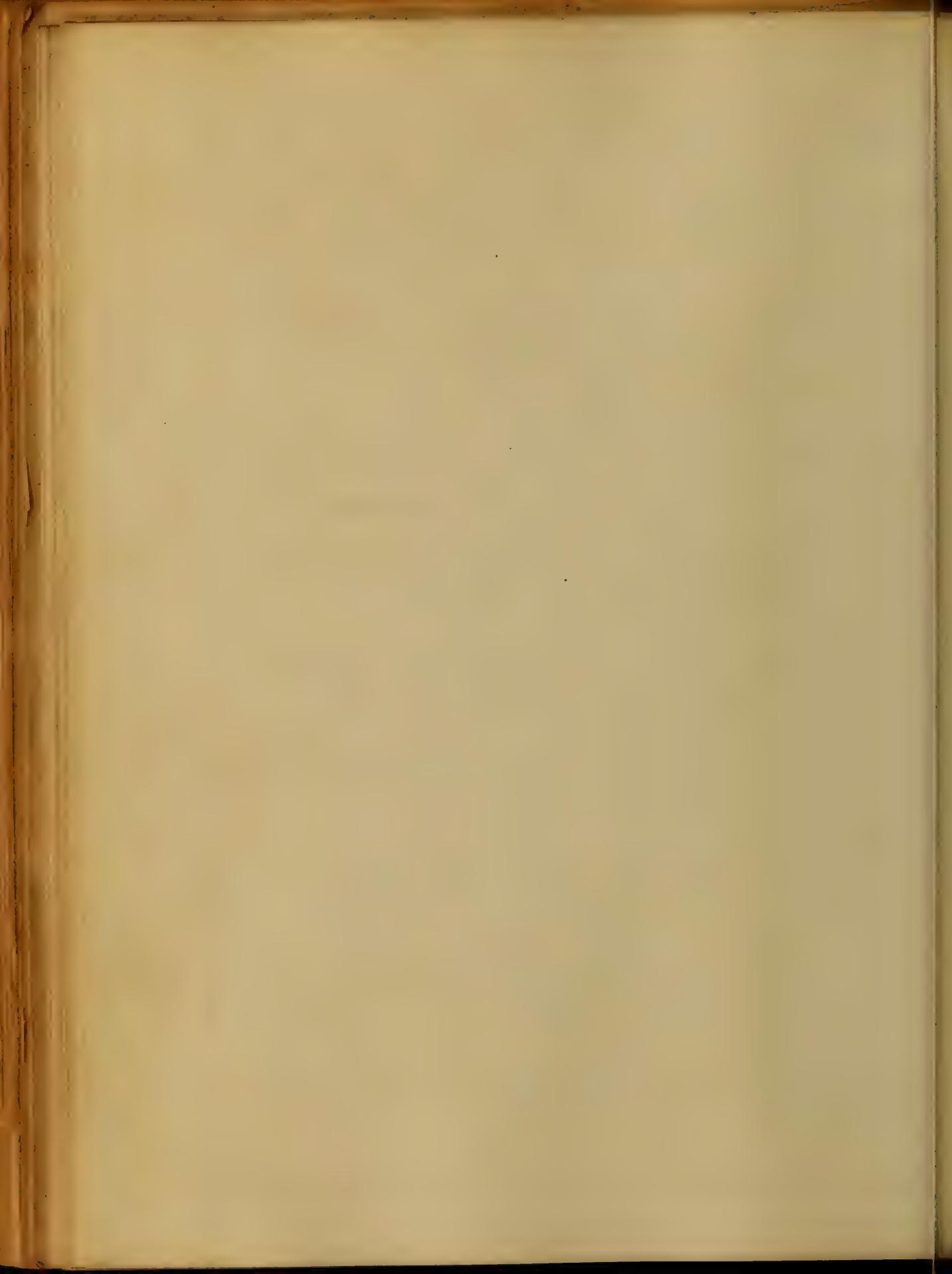
Dec 15th Patient about the same.

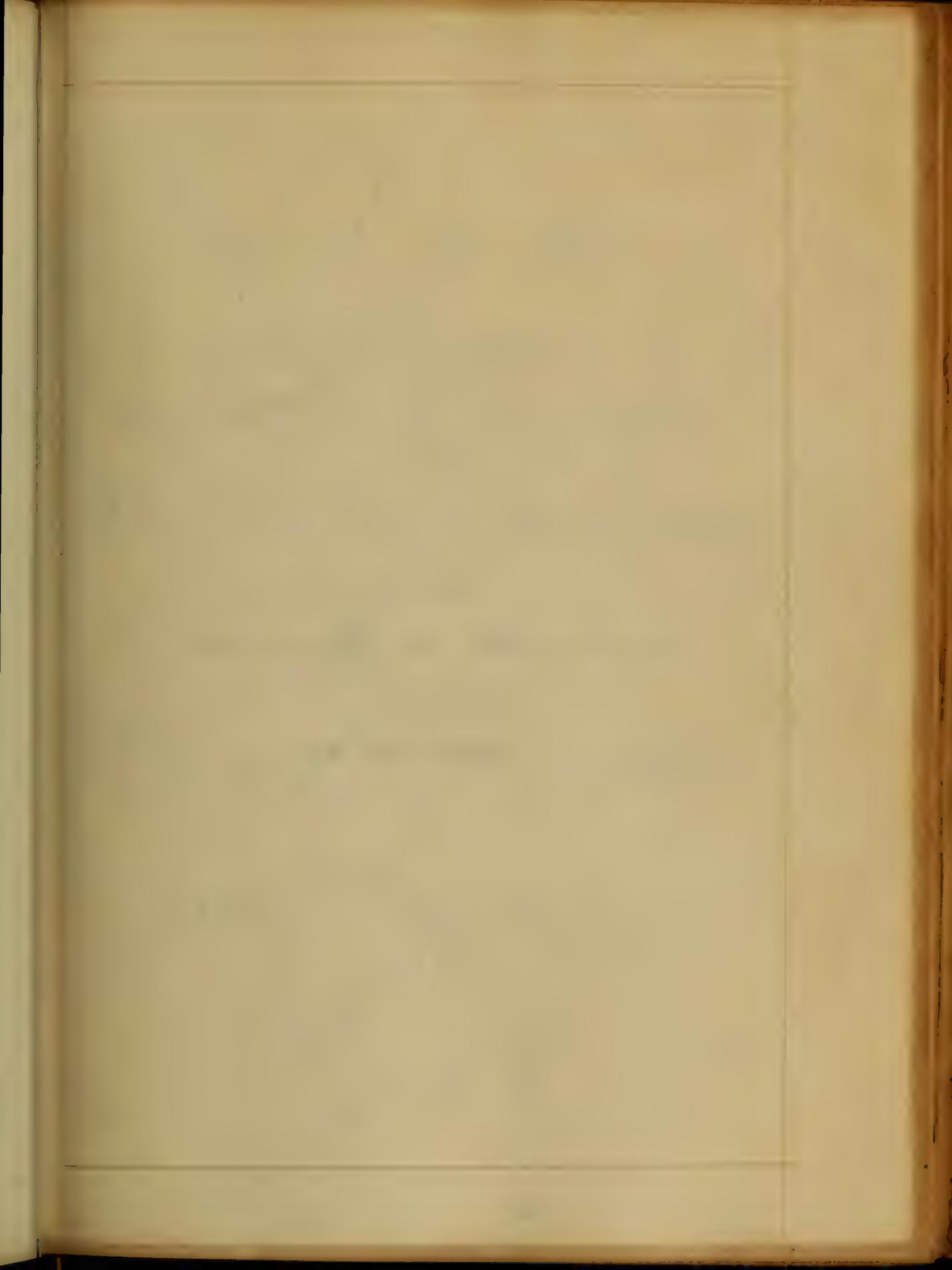
" 18 The nervous symptoms have improved to a great extent, and the patient has in a great measure subdued the pain of the paralyzed parts Dec 23rd Patient still of the symptoms of Delirium Tremens and in those of the paralysis, there is some improvement. He was directed to have applied, a plaster behind the ear of the affected side and the irritation to be left up for several days. Dec 28th There has been no improvement in his symptoms since the 25th and though they bespeak no immediate fail to his life, will doubtless be a source of distress to him as long as he lives.

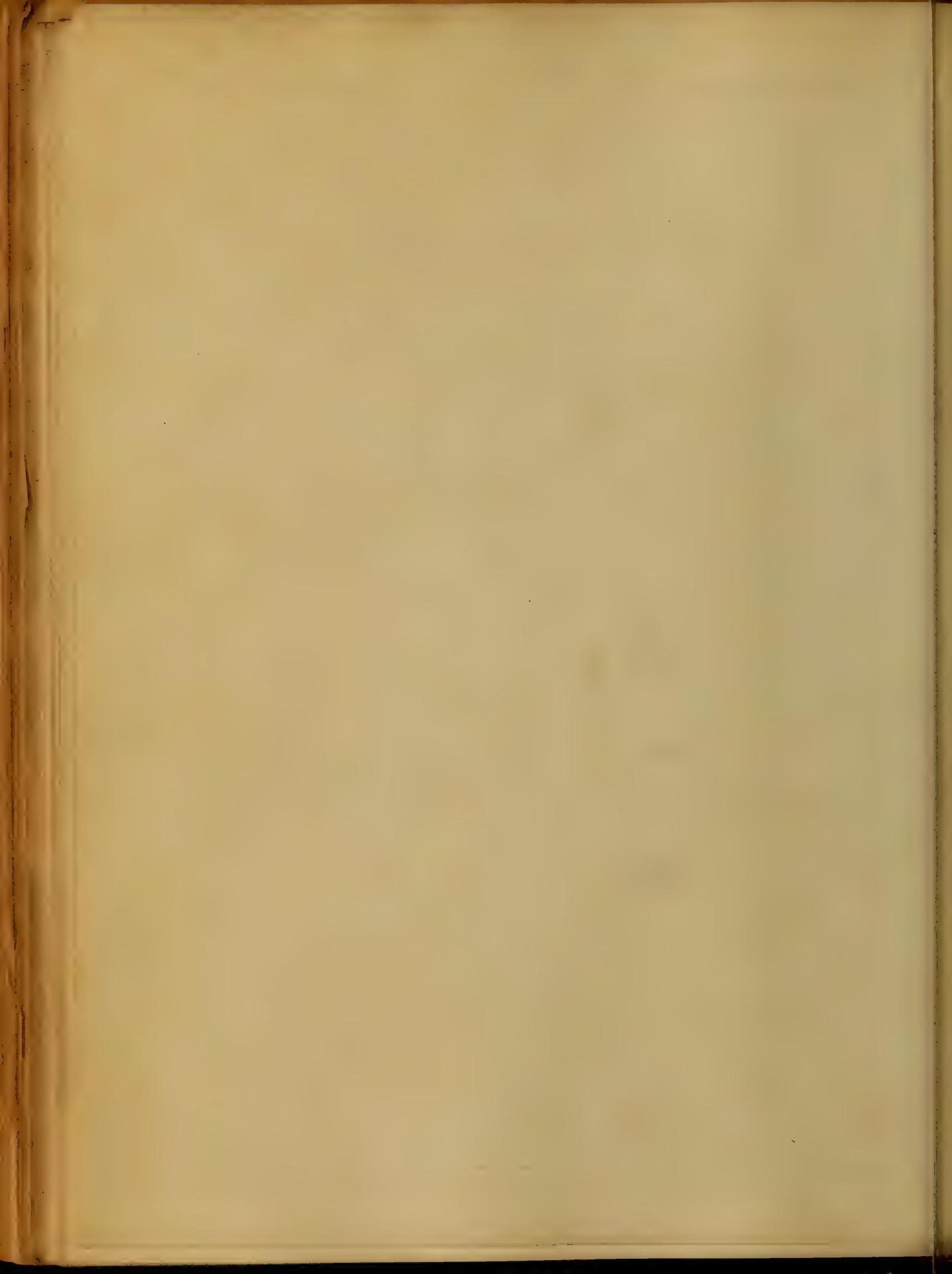
It would be useless for me to prolong the record of his case, since it is my conviction that he will not be relieved of his paralysis, though the virtues of a doubled distilled extract of the whole *Platateria Medica* were exhausted upon him.





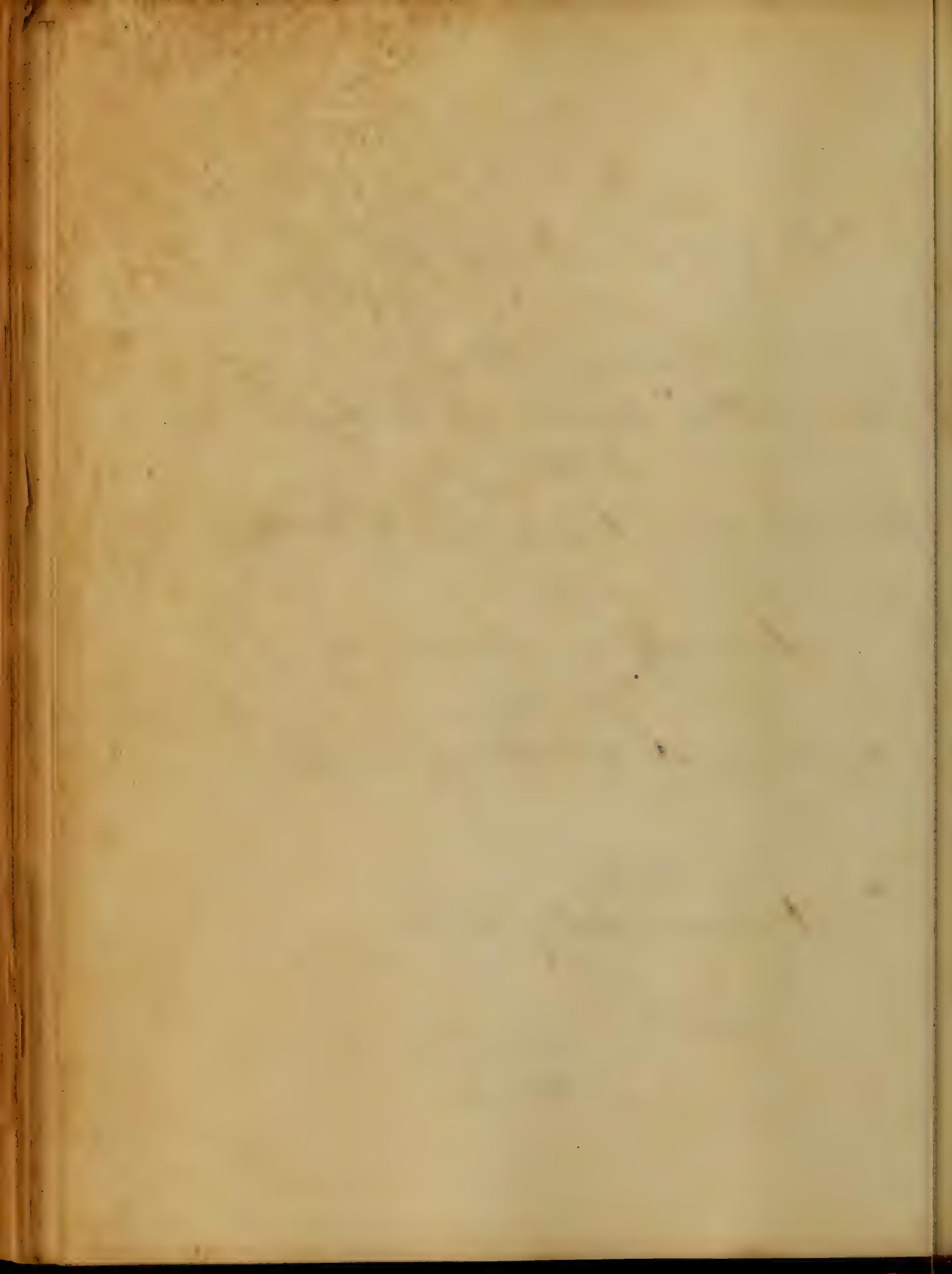






—
Inaugural dissertation
on
"Dráhous Uteri
Submitt'd to the examination
of the
Professors and Faculty of Physic
of the
University of Maryland
for the
Degree of Doctor of Medicine

by
William Astley Young
Gibson of the
Medical



E. Dover. Cox. M.A.

of

Baltimore. Maryland.

in

grateful acknowledgement

of his

kindness &c &c

a

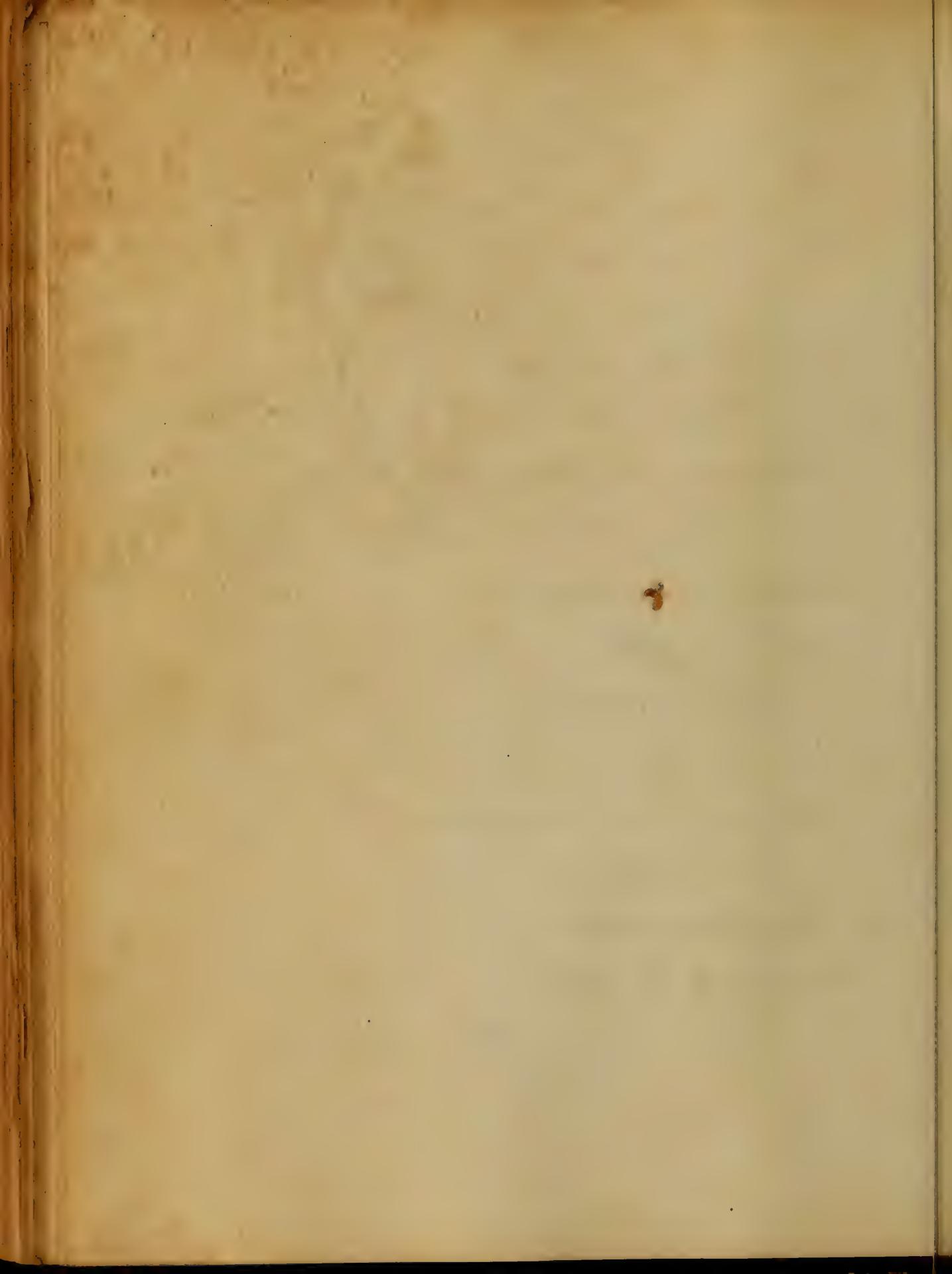
stranger in a strange land

is this

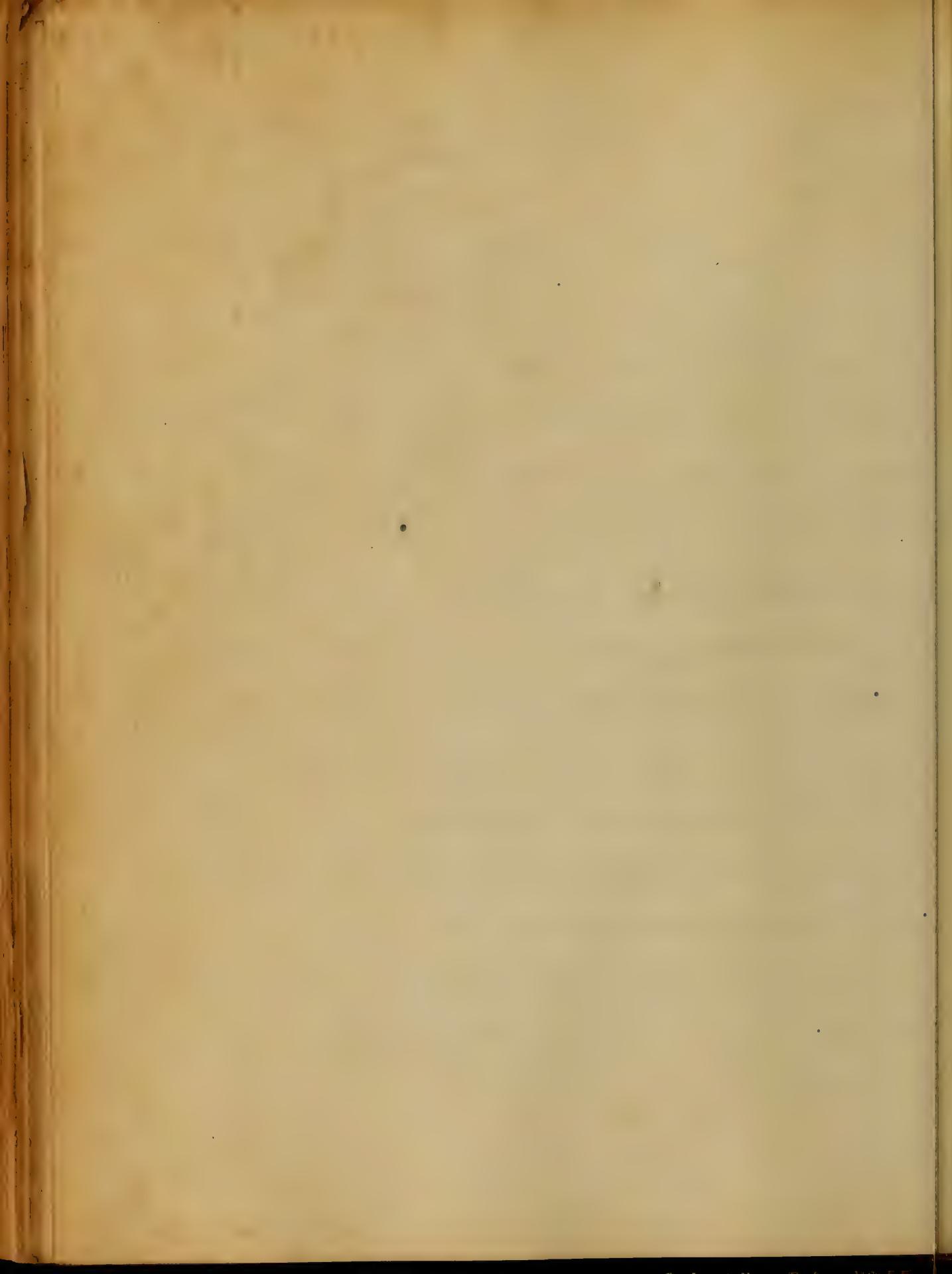
humble dissertation

dedicated by his student

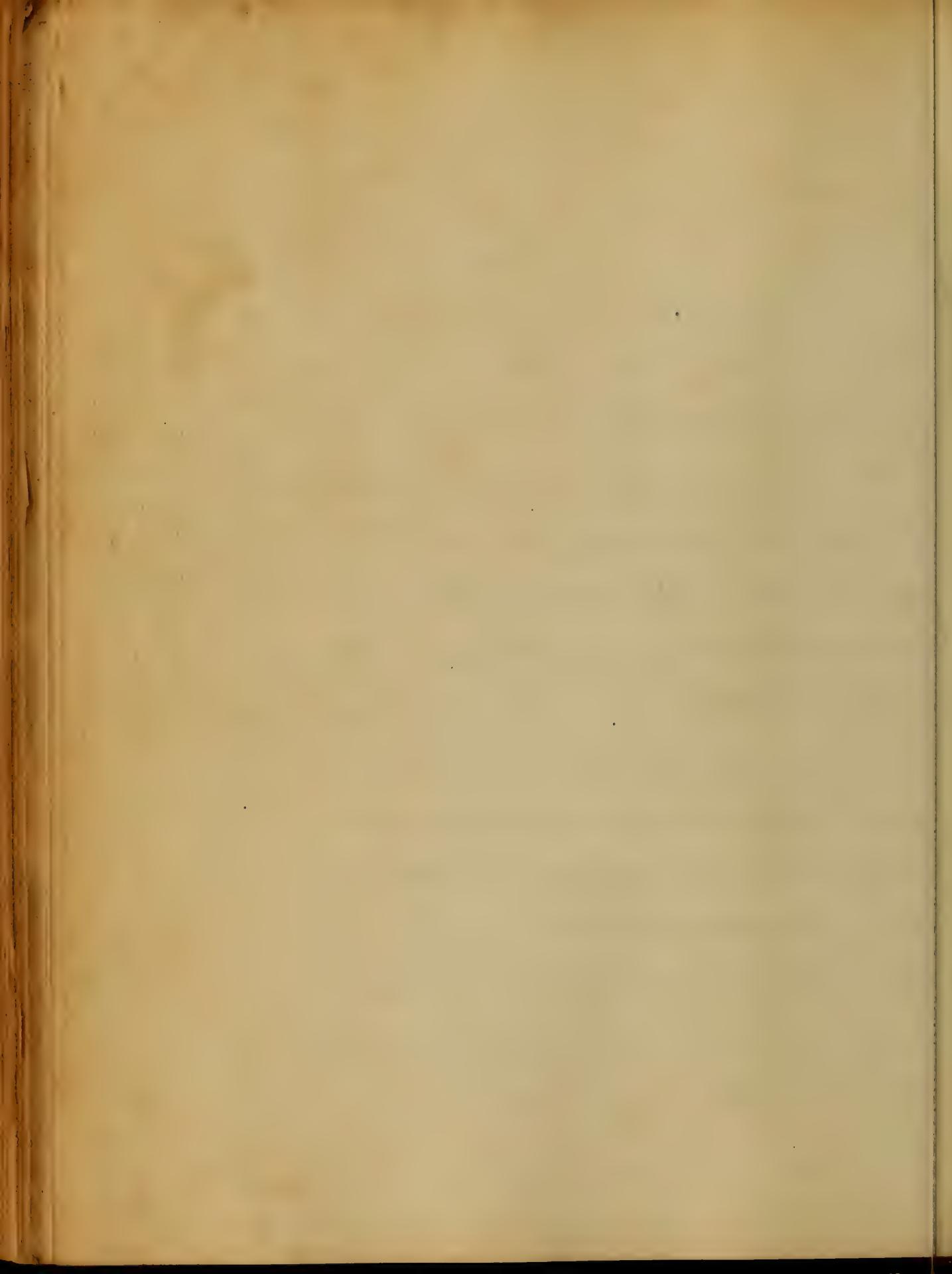
William Astley Dom.



in the morning at 7 o'clock
I awoke to find the world
glittering with snow and the
present desolation on every side
was a most wonderful sight to me. I could hardly
believe in the goodness of God to have created such a
place. But when I call to mind my sins
and the curse of the law it makes me feel
the more wretched. I have no one to speak
to but you. I am very anxious about
my health. I have a sore throat
and a bad cold. I have been
confined to bed all day. I have
had a good night's sleep.



of the first
and second
years
of the
course
in
the
University
of
Edinburgh
led to Stephen
the way to become
a man
of science
writing a dissertation
on the
natural
history
of sea-shells
hastily sketched off
at his
luminous lecture



the ligament corresponding to

is soft in old patients by 30:

with increasing age

the fibrousness of this muscle is

between the anterior

and posterior - they are intended

ligaments to lateral inclination

to hold in soft position

~~the deltoid muscle~~, and

the trapezius

will be advanced on

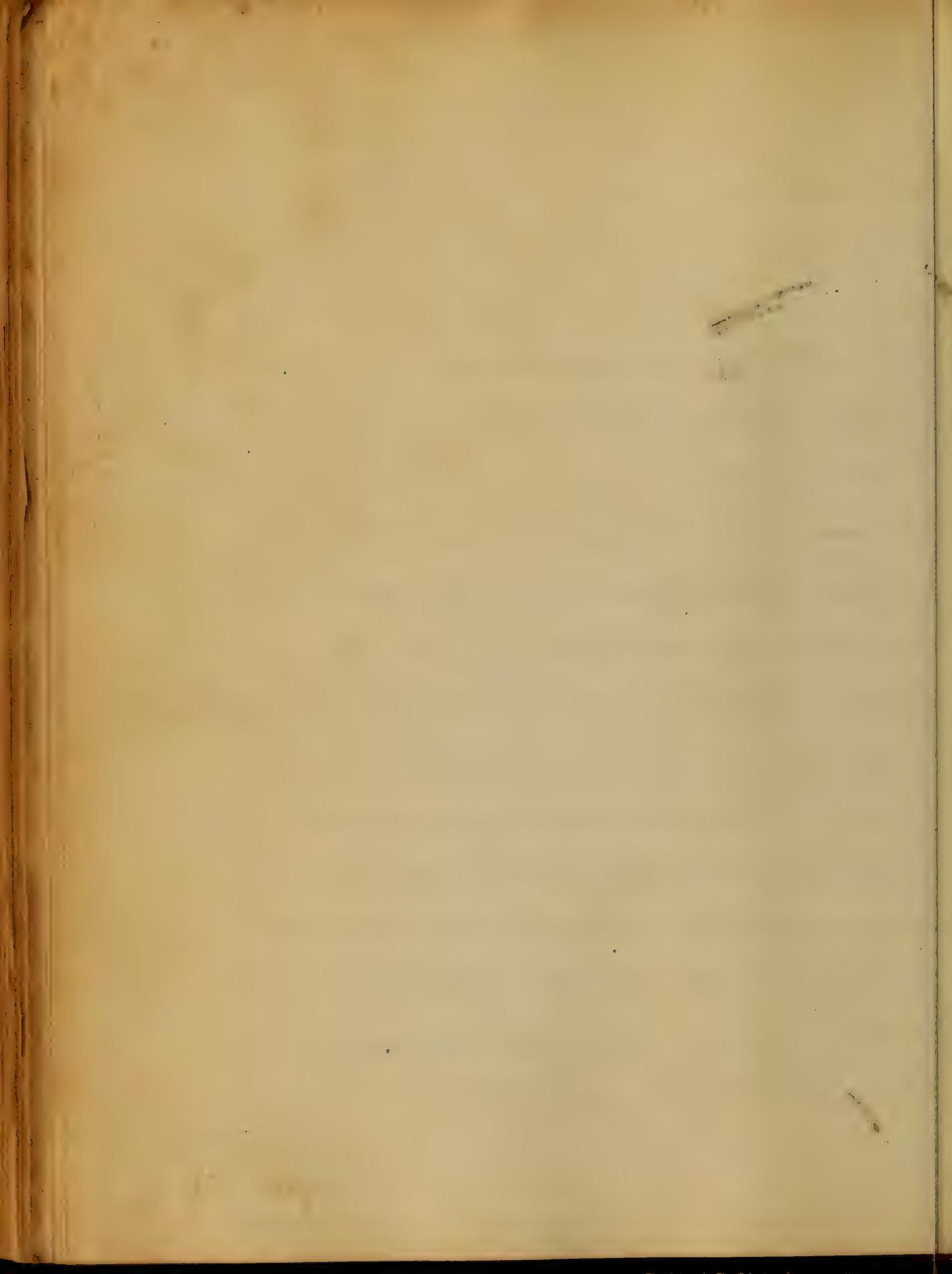
to running under

in ~~the~~ ~~lateral~~ ~~muscle~~

and ~~lateral~~ ~~muscle~~

is softness and laxity

any attachment



which is reflected on to

THE EARTH

the surface of the Earth, and

the reflection of the Sun's rays

THE EARTH'S RAYS

are reflected on to the

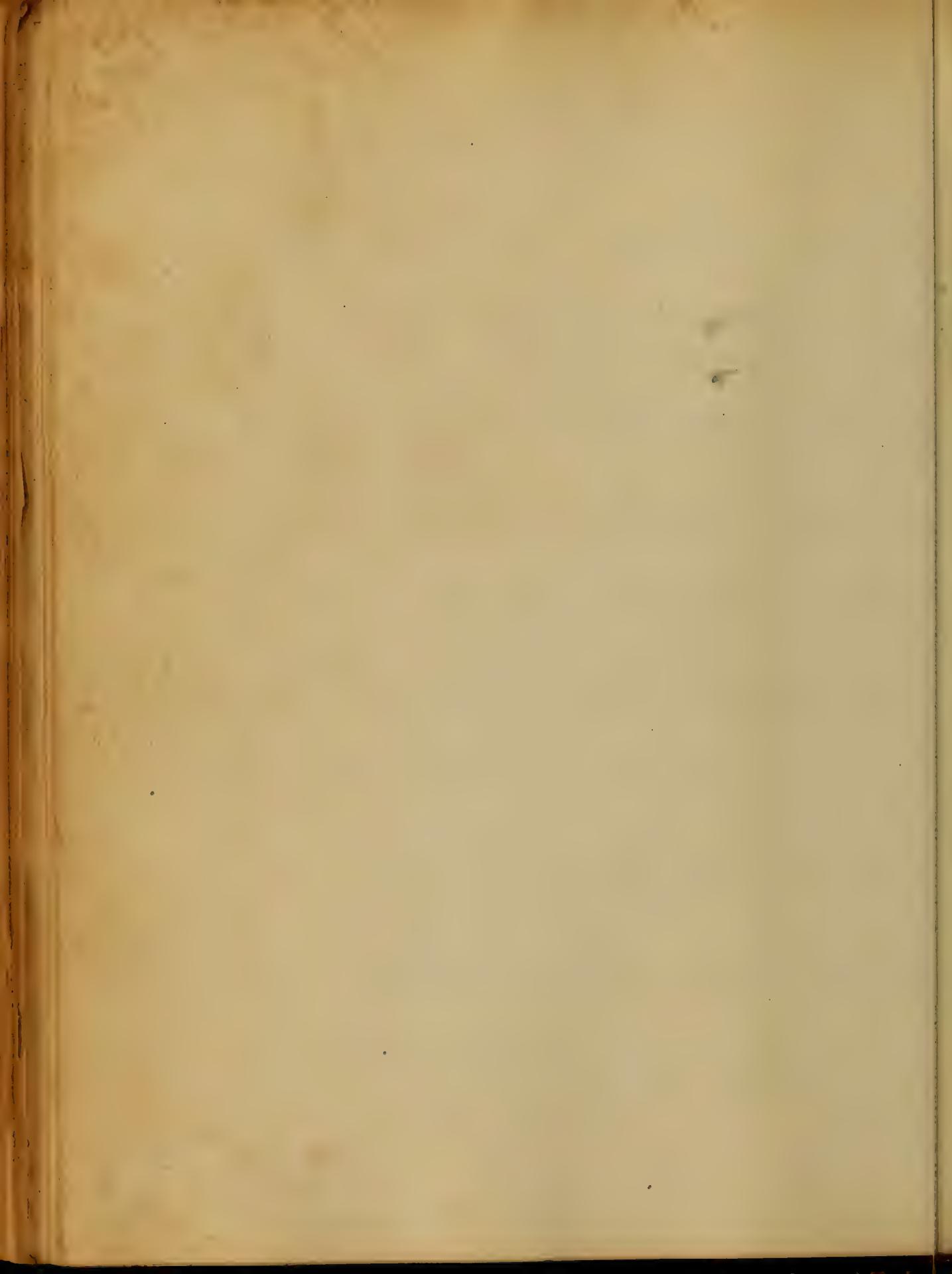
surfaces of the

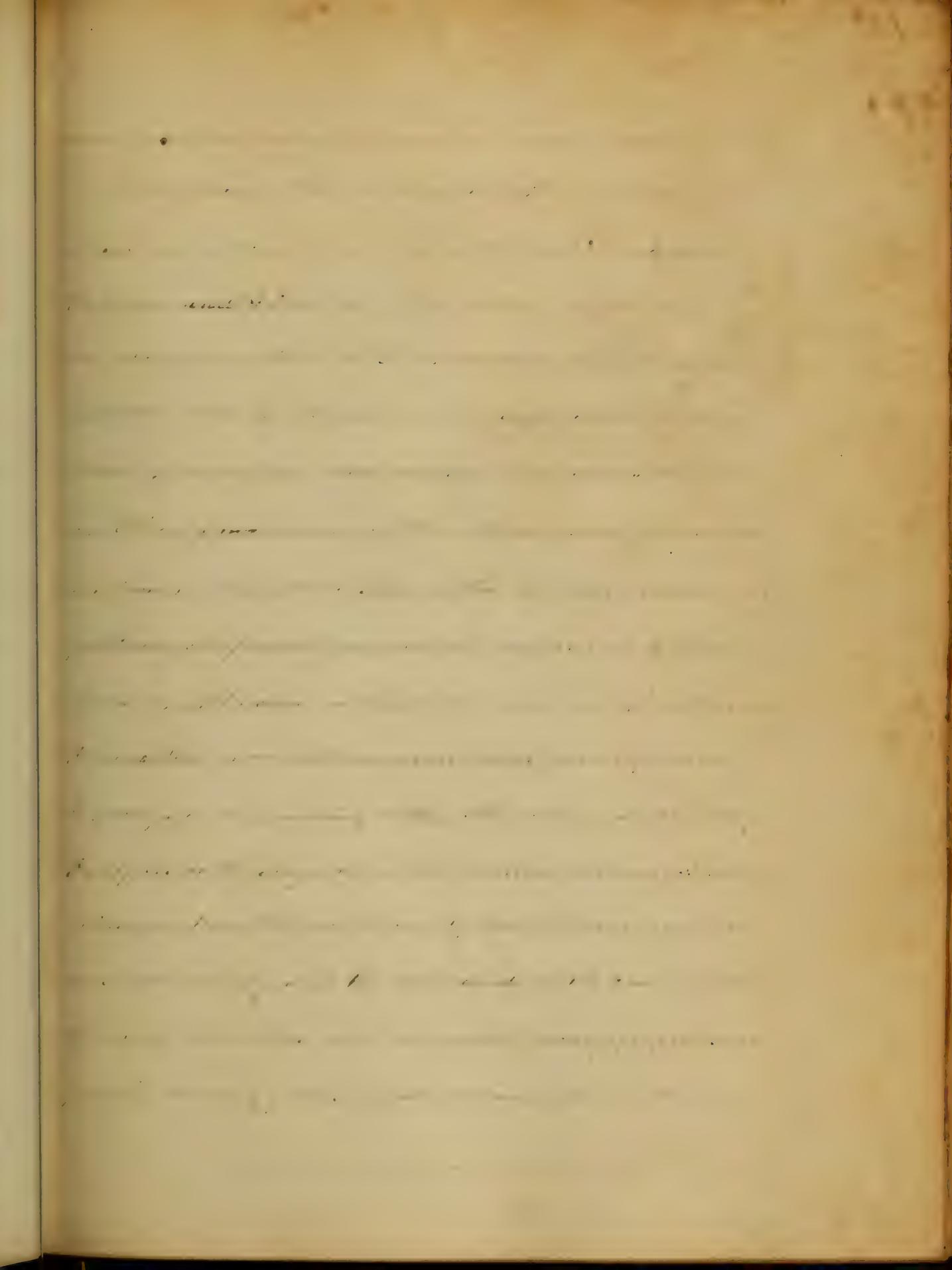
WINDS

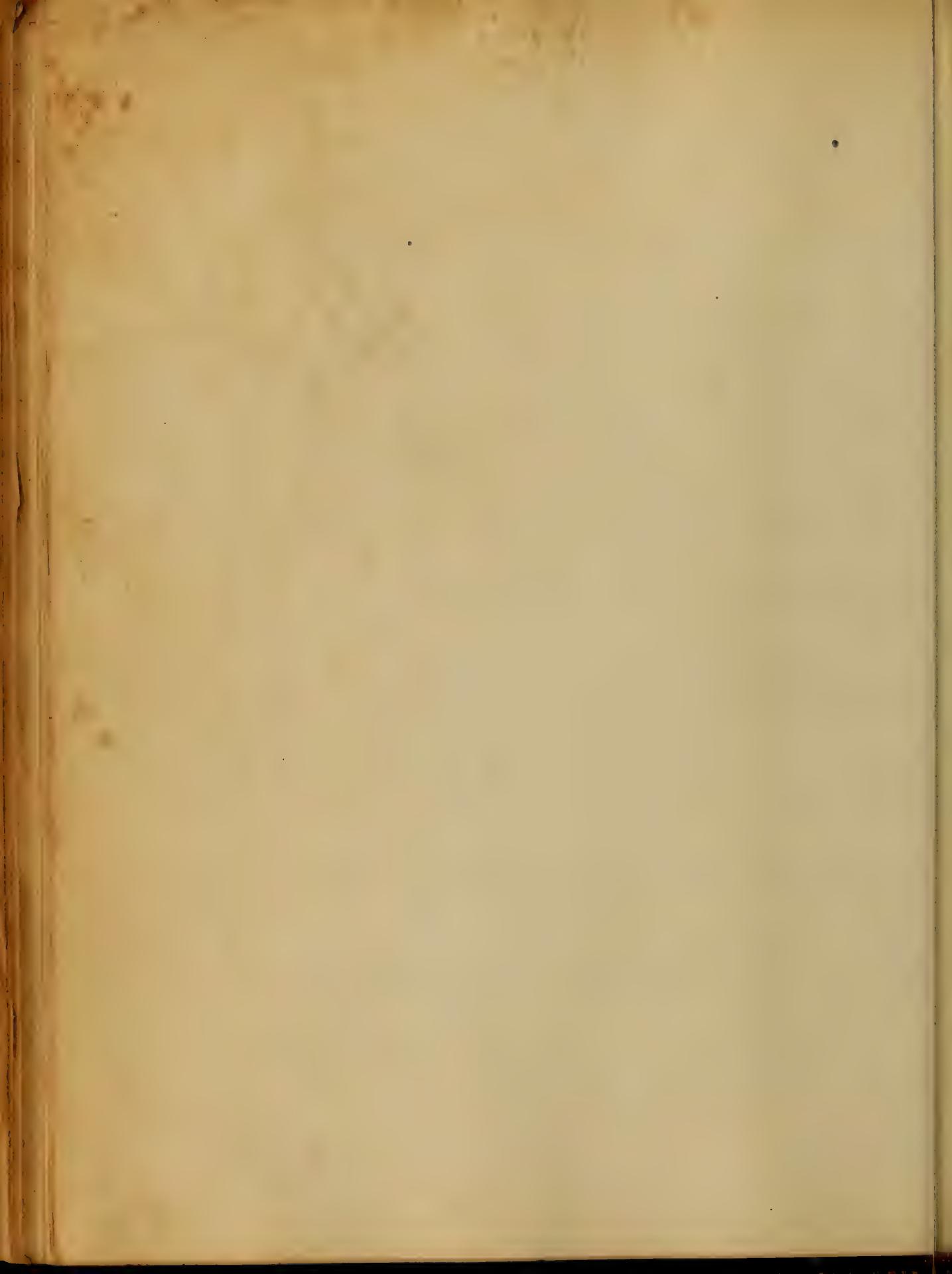
which are

WATER

which are

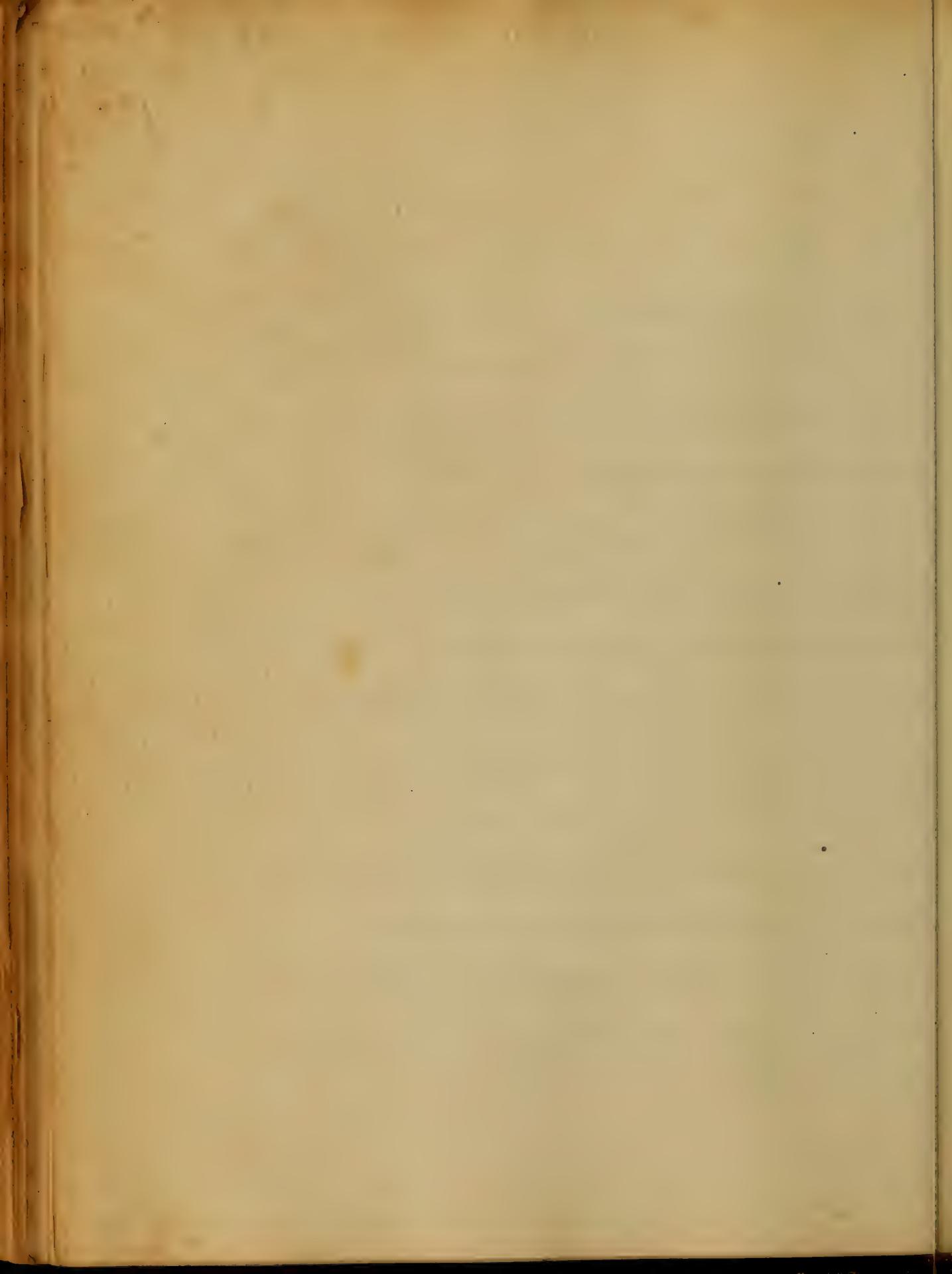






7. ~~18~~ 1870. To 1

the best after changes as before stated and revised
and it is incomplete, ~~as~~ ~~as~~ ~~it~~ ~~is~~ ~~now~~



5. ~~CHLORIDE~~ of SODA is a strong cathartic
and a most aperientive, yet though it may give relief
it does not remove the disease, & it is
necessary to extract from the organ to effect a
cure.

The following extract is very good:

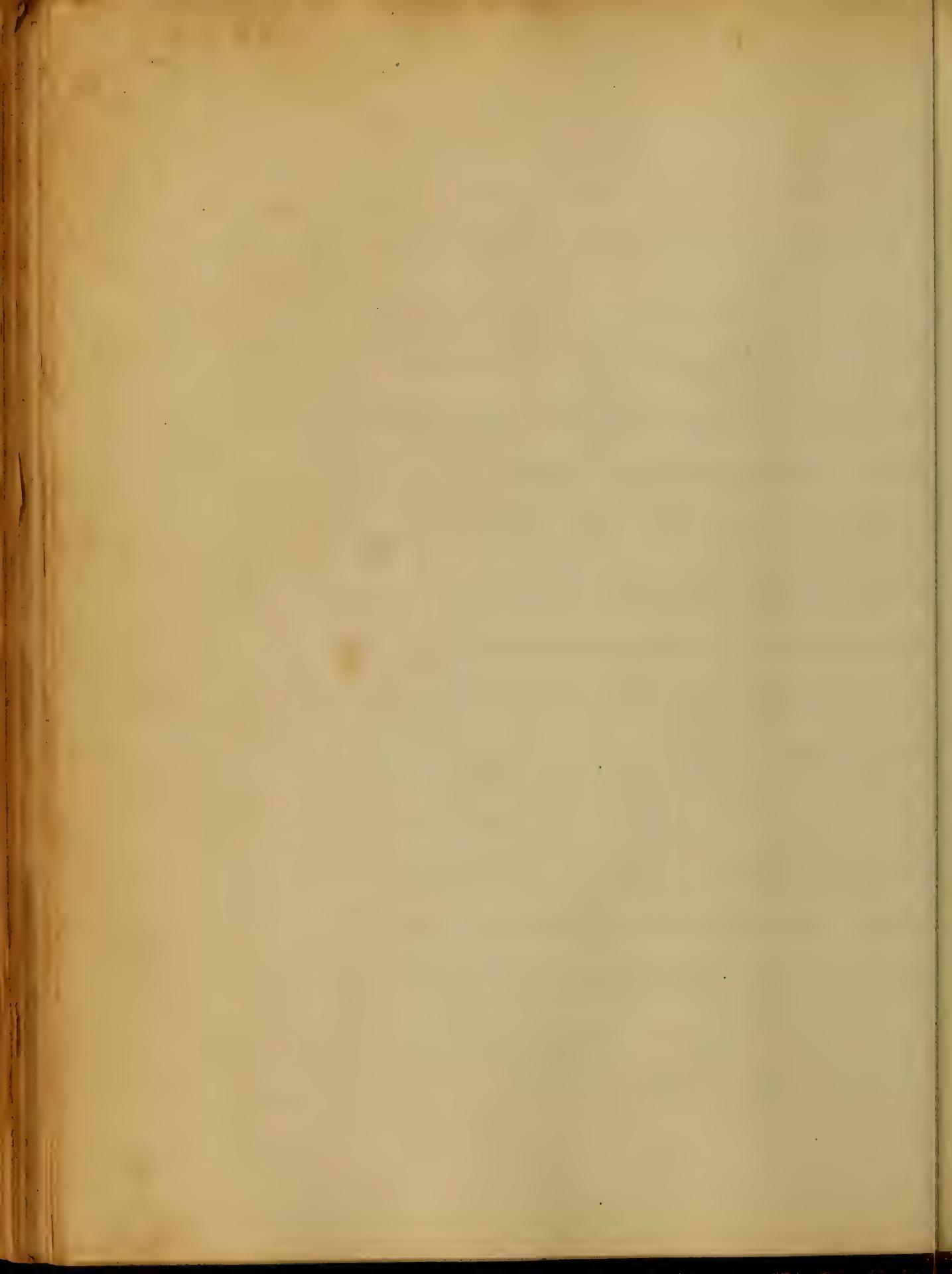
Mr. D. T. Hallowell, of Boston, says

that he has found

Milk of Tartar - - - - - &c

over the eyes which are evacuated -

The symptoms of it



12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125

126

127

128

129

130

131

132

133

134

135

136

137

138

139

140

141

142

143

144

145

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

161

162

163

164

165

166

167

168

169

170

171

172

173

174

175

176

177

178

179

180

181

182

183

184

185

186

187

188

189

190

191

192

193

194

195

196

197

198

199

200

201

202

203

204

205

206

207

208

209

210

211

212

213

214

215

216

217

218

219

220

221

222

223

224

225

226

227

228

229

230

231

232

233

234

235

236

237

238

239

240

241

242

243

244

245

246

247

248

249

250

251

252

253

254

255

256

257

258

259

260

261

262

263

264

265

266

267

268

269

270

271

272

273

274

275

276

277

278

279

280

281

282

283

284

285

286

287

288

289

290

291

292

293

294

295

296

297

298

299

300

301

302

303

304

305

306

307

308

309

310

311

312

313

314

315

316

317

318

319

320

321

322

323

324

325

326

327

328

329

330

331

332

333

334

335

336

337

338

339

340

341

342

343

344

345

346

347

348

349

350

351

352

353

354

355

356

357

358

359

360

361

362

363

364

365

366

367

368

369

370

371

372

373

374

375

376

377

378

379

380

381

382

383

384

385

386

387

388

389

390

391

392

393

394

395

396

397

398

399

400

401

402

403

404

405

406

407

408

409

410

411

412

413

414

415

416

417

418

419

420

421

422

423

424

425

426

427

428

429

430

431

432

433

434

435

436

437

438

439

440

441

442

443

444

445

446

447

448

449

450

451

452

453

454

455

456

457

458

459

460

461

462

463

464

465

466

467

468

469

470

471

472

473

474

475

476

477

478

479

480

481

482

483

484

485

486

487

488

489

490

491

492

493

494

495

496

497

498

499

500

501

502

503

504

505

506

507

508

509

510

511

512

513

514

515

516

517

518

519

520

521

522

523

524

525

526

527

528

529

530

531

532

533

534

535

536

537

538

539

540

541

542

543

544

545

546

547

548

549

550

551

552

553

554

555

556

557

558

559

560

561

562

563

564

565

566

567

568

569

570

571

572

573

574

575

576

577

578

579

580

581

582

583

584

585

586

587

588

589

590

591

592

593

594

595

596

597

598

599

600

601

602

603

604

605

606

607

608

609

610

611

612

613

614

615

616

617

618

619

620

621

622

623

624

625

626

627

628

629

630

631

632

633

634

635

636

637

638

639

640

641

642

643

644

645

646

647

648

649

650

651

652

653

654

655

656

657

658

659

660

661

662

663

664

665

666

667

668

669

660

661

662

663

664

665

666

667

668

669

670

671

672

673

674

675

676

677

678

679

680

681

682

683

684

685

686

687

688

689

690

691

692

693

694

695

696

697

698

699

700

701

702

703

704

705

706

707

708

709

710

711

712

713

714

715

716

717

718

719

720

721

722

723

724

725

726

727

728

729

720

721

722

723

724

725

726

727

728

729

730

731

732

733

734

735

736

737

738

739

730

731

732

733

734

735

736

737

738

739

740

741

742

743

744

745

746

747

748

749

740

741

742

743

744

745

746

747

748

749

750

751

752

753

754

755

756

757

758

759

750

751

752

753

754

755

756

757

758

759

760

761

762

763

764

765

766

767

768

769

760

761

762

763

764

765

766

767

768

769

770

771

772

773

774

775

776

777

778

779

770

771

772

773

774

775

776

777

778

779

780

781

782

783

784

785

786

787

788

789

780

781

782

783

784

785

786

787

788

789

790

791

792

793

794

795

796

797

798

799

790

791

792

793

794

795

796

797

798

799

800

801

802

803

804

805

806

807

808

809

800

801

802

803

804

805

806

807

808

809

810

811

812

813

814

815

816

817

818

819

810

811

812

813

814

815

816

817

818

819

820

821

822

823

824

825

826

827

828

829

820

821

822

823

824

825

826

827

828

829

830

831

832

833

834

835

836

837

838

839

830

831

832

833

834

835

836

837

838

839

840

841

842

843

844

845

846

847

848

849

840

841

842

843

844

845

846

847

848

849

850

851

852

853

854

855

856

857

858

859

850

851

852

853

854

855

856

857

858

859

860

861

862

863

864

865

866

867

868

869

860

861

862

863

864

865

866

867

868

869

870

871

872

873

874

875

876

877

878

879

870

871

872

873

874

875

876

877

878

879

880

881

882

883

884

885

886

887

888

889

880

881

882

883

884

885

886

887

888

889

890

891

892

893

894

895

896

897

898

899

890

891

892

893

894

895

896

897

898

899

900

901

902

903

904

905

906

907

908

909

900

901

902

903

904

905

906

907

908

909

910

911

912

913

914

915

916

917

918

919

910

911

912

913

914

915

916

917

918

919

920

921

922

923

924

925

926

927

928

929

920

921

922

923

924

925

926

927

928

929

930

931

932

933

934

935

936

937

938

939

930

931

932

933

934

935

936

937

938

939

940

941

942

943

944

945

946

947

948

949

940

941

942

943

944

945

946

947

948

949

950

951

952

953

954

955

956

957

958

959

950

951

952

953

954

955

956

957

958

959

960

961

962

963

964

965

966

967

968

969

960

961

962

963

964

965

966

967

968

969

970

971

972

973

974

975

976

977

978

979

970

971

972

973

974

975

976

977

978

979

980

981

982

983

984

985

986

987

988

989

980

981

982

983

984

985

986

987

988

989

990

991

992

993

994

995

996

997

998

999

990

991

992

993

994

995

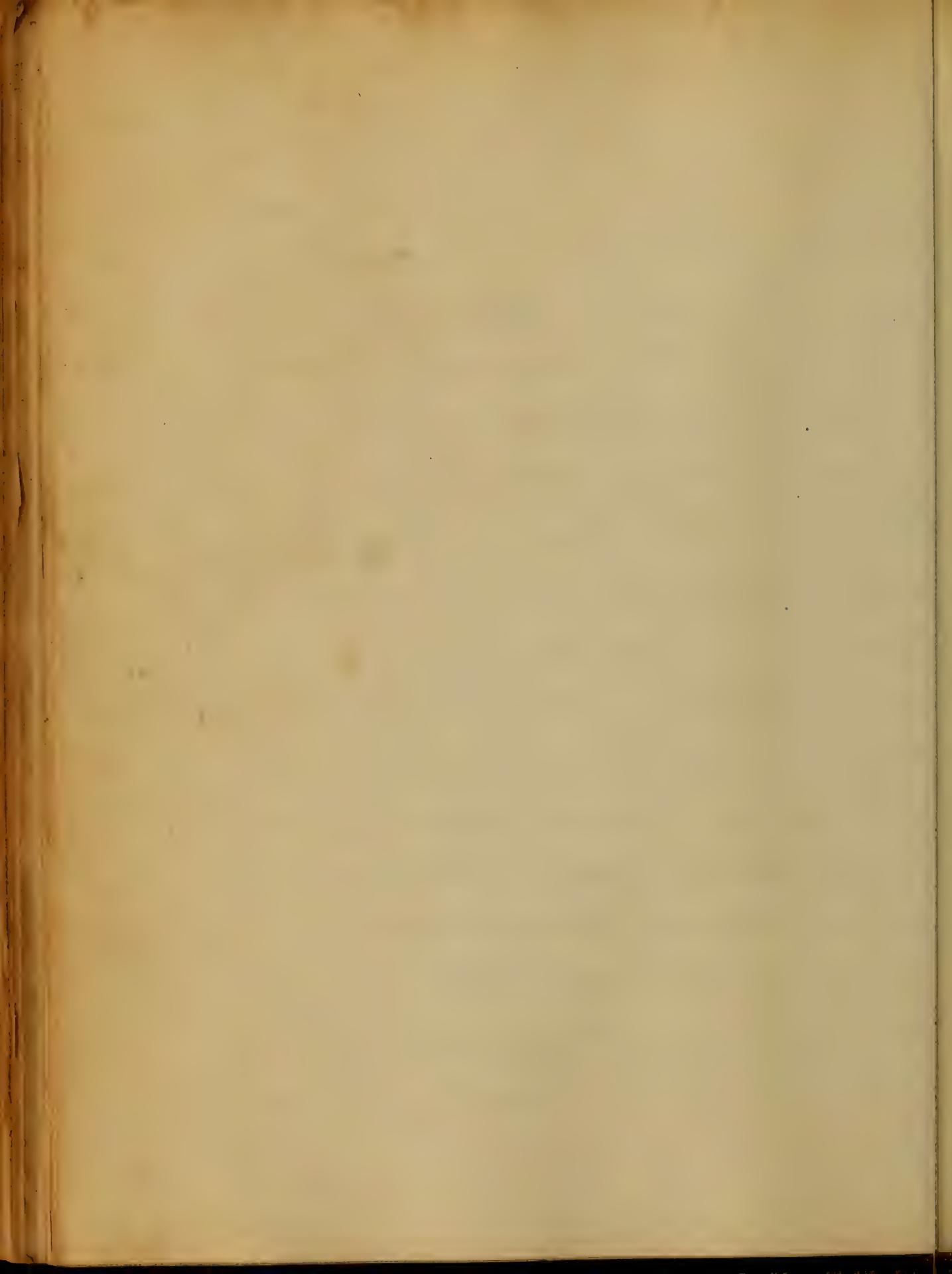
996

997

998

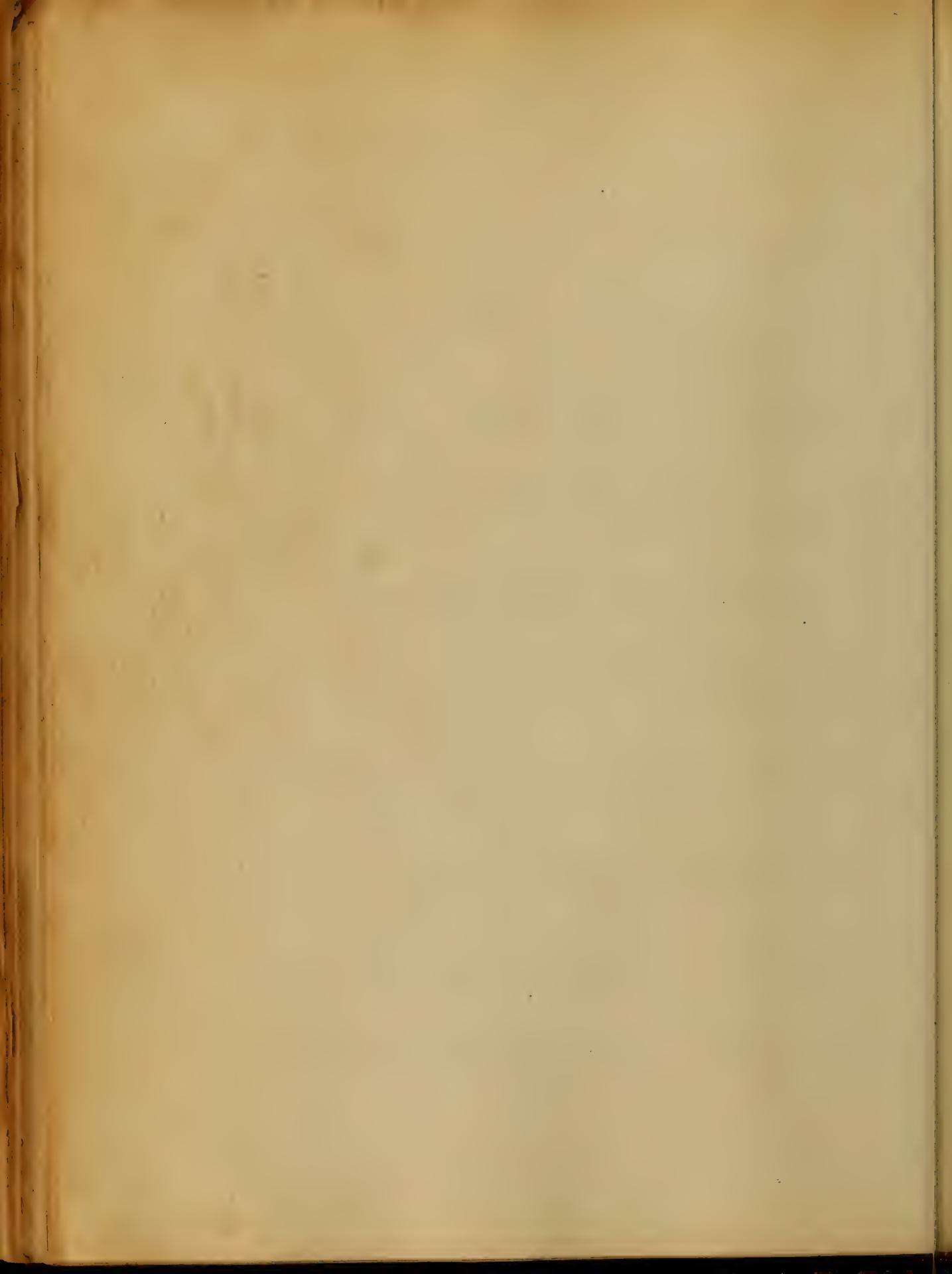
999

1000



one has -

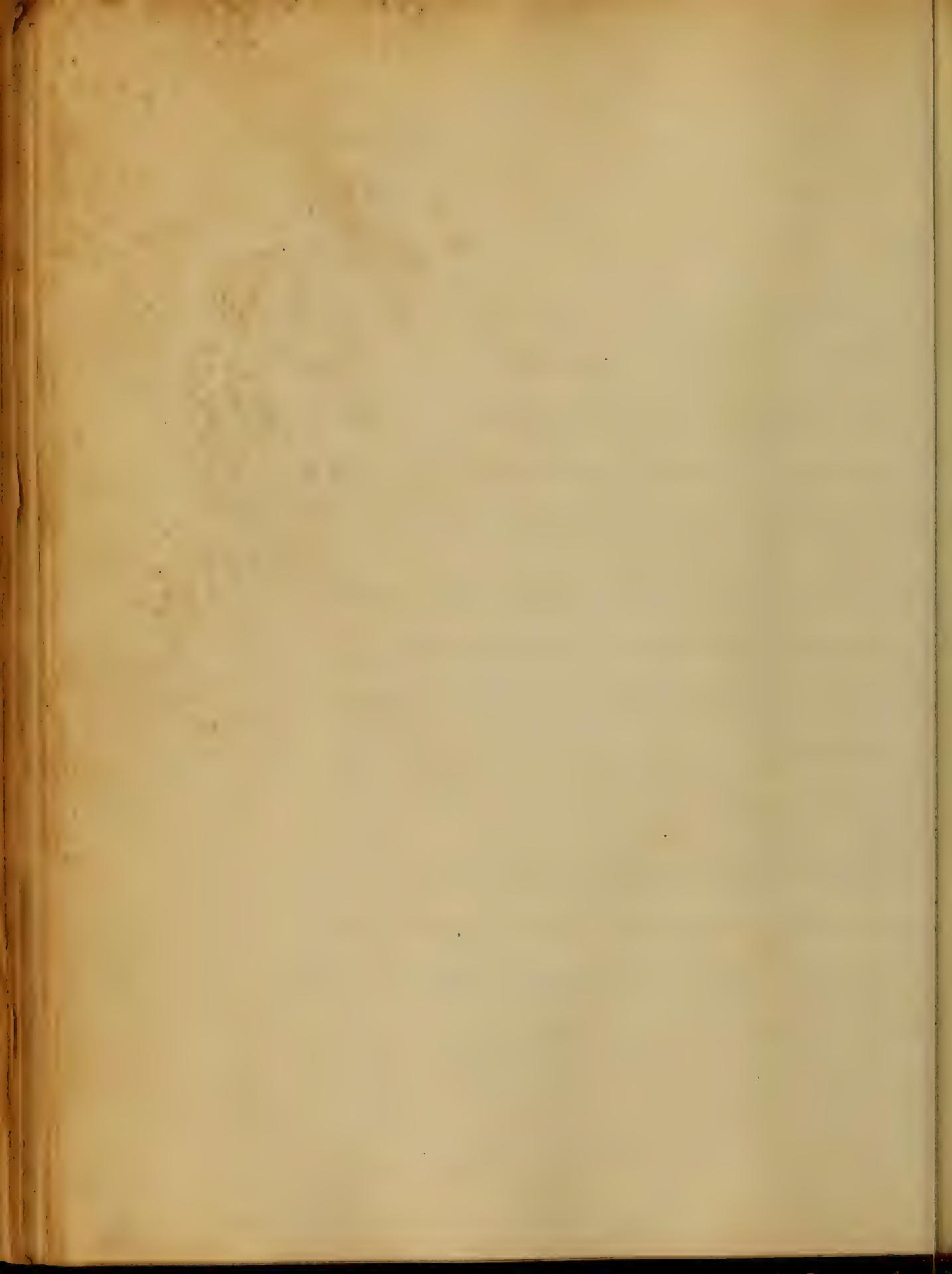
a short time.

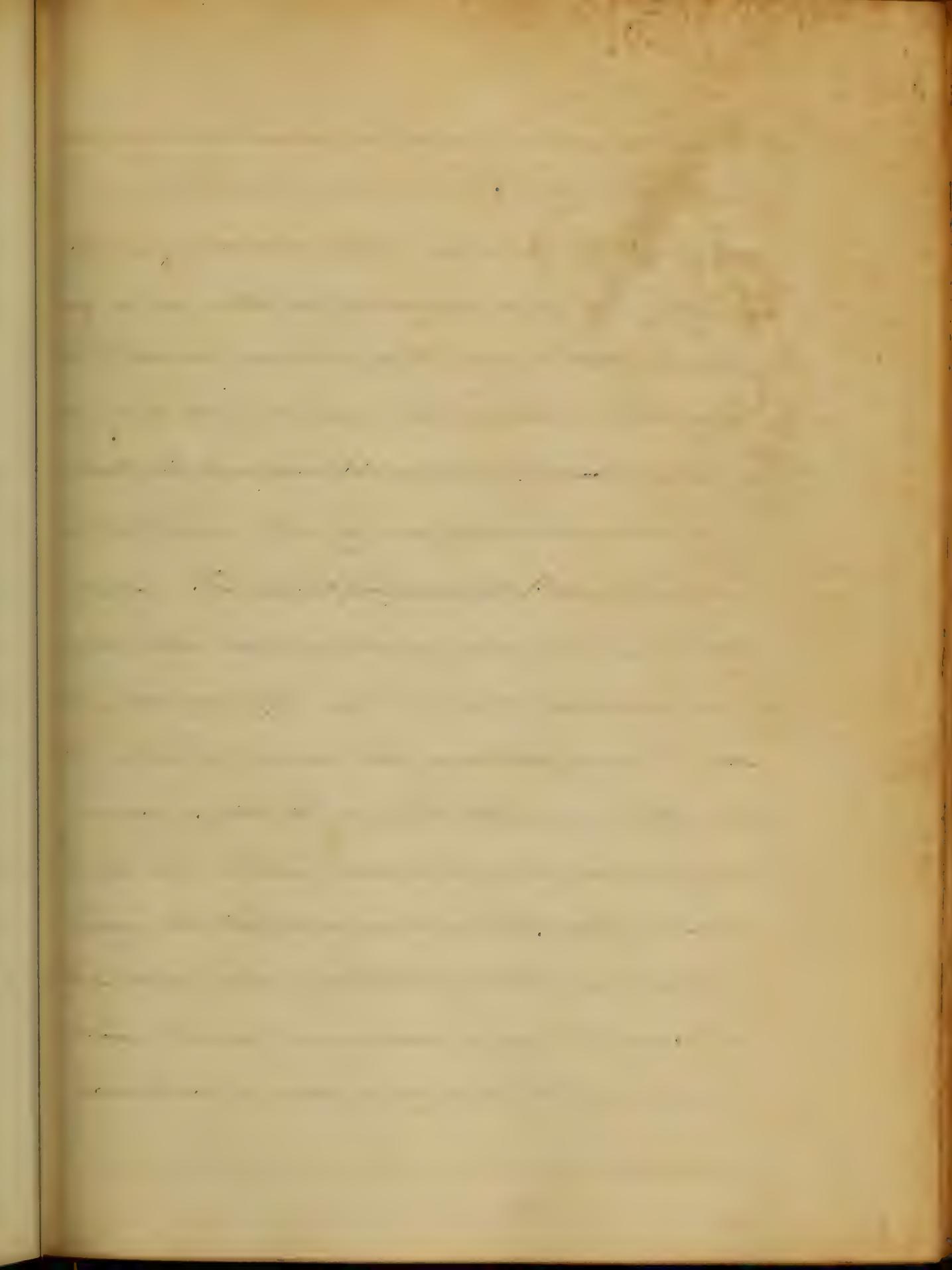


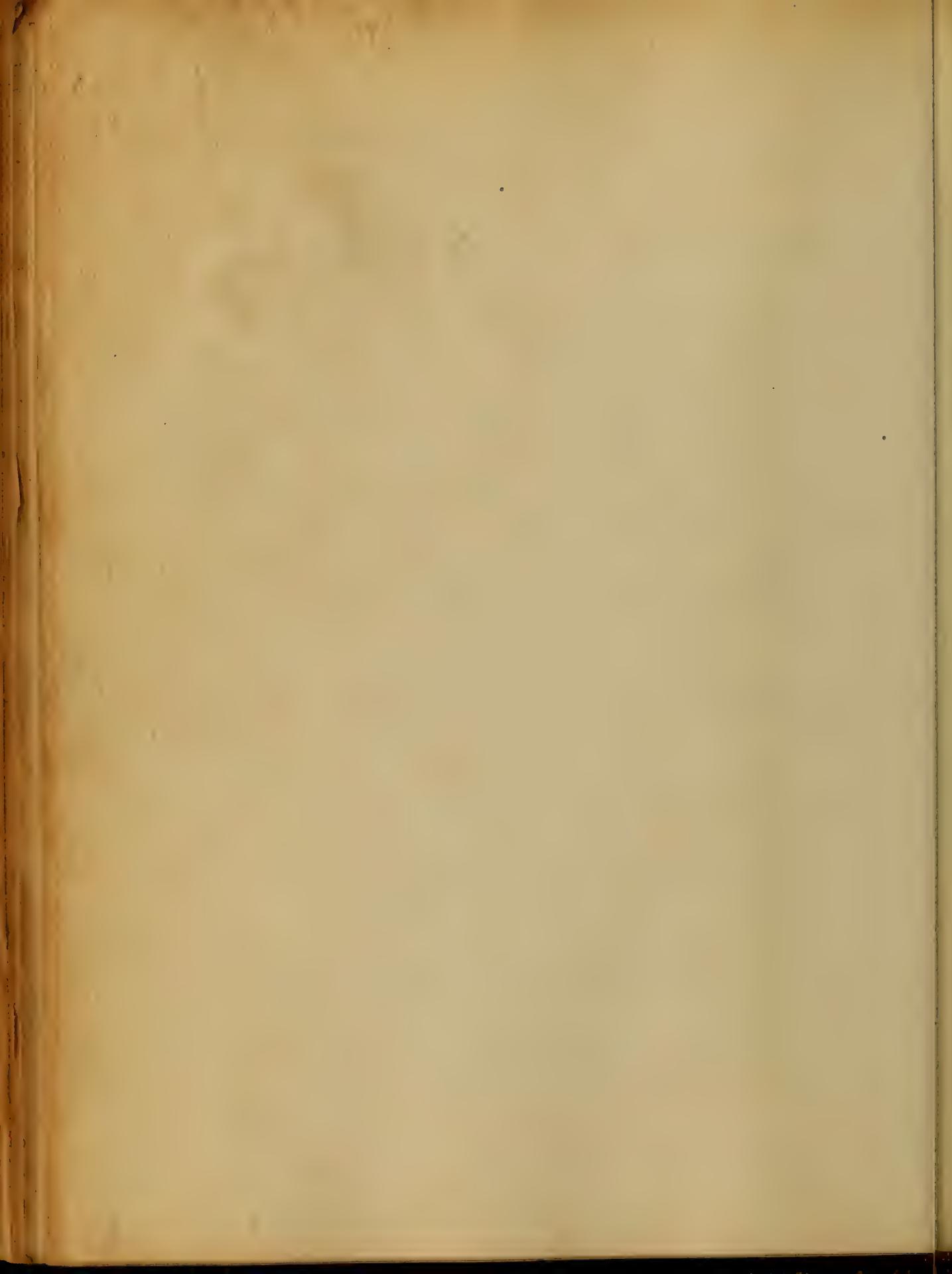
Geckos

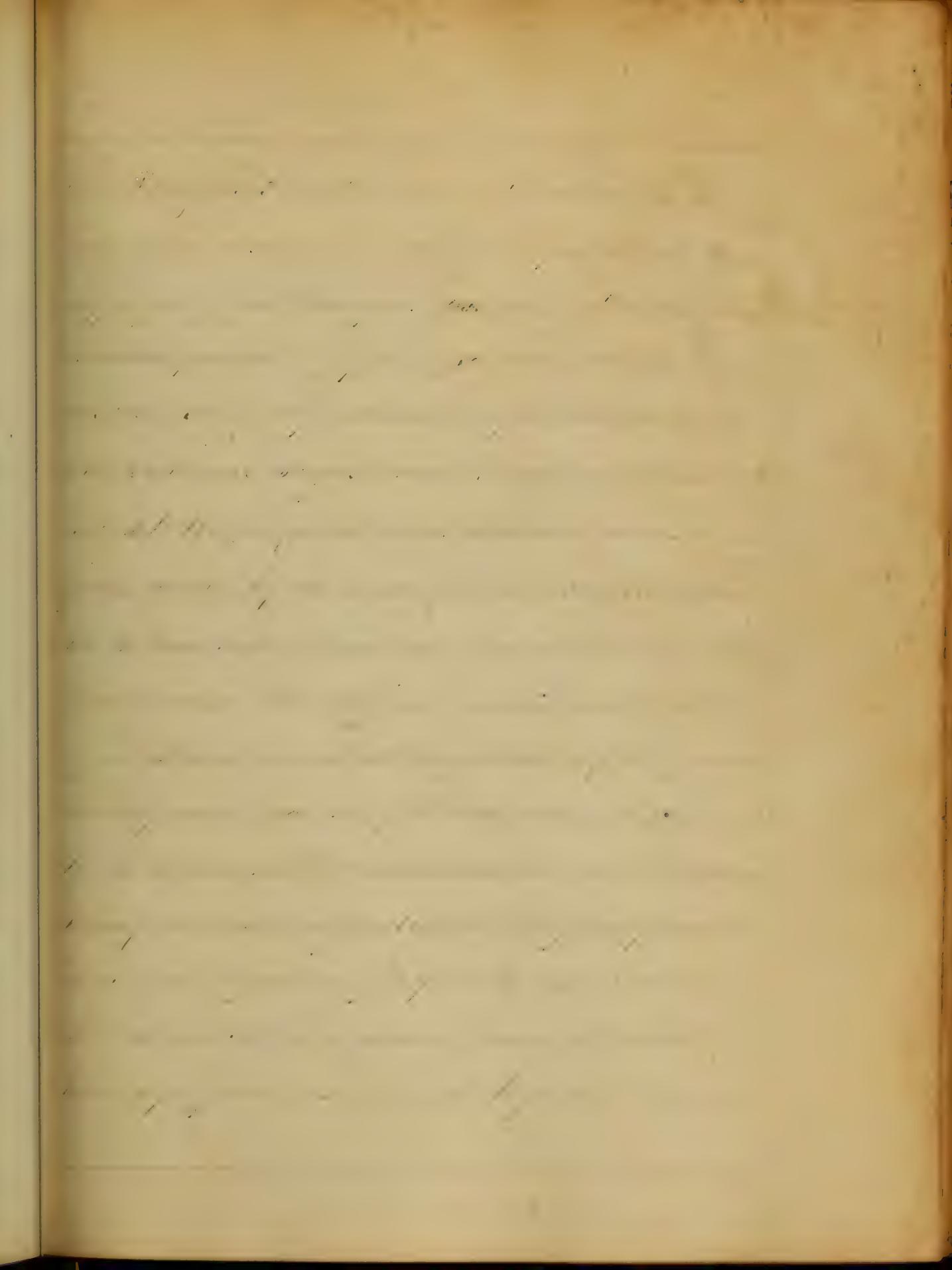
- Peruvian chaco

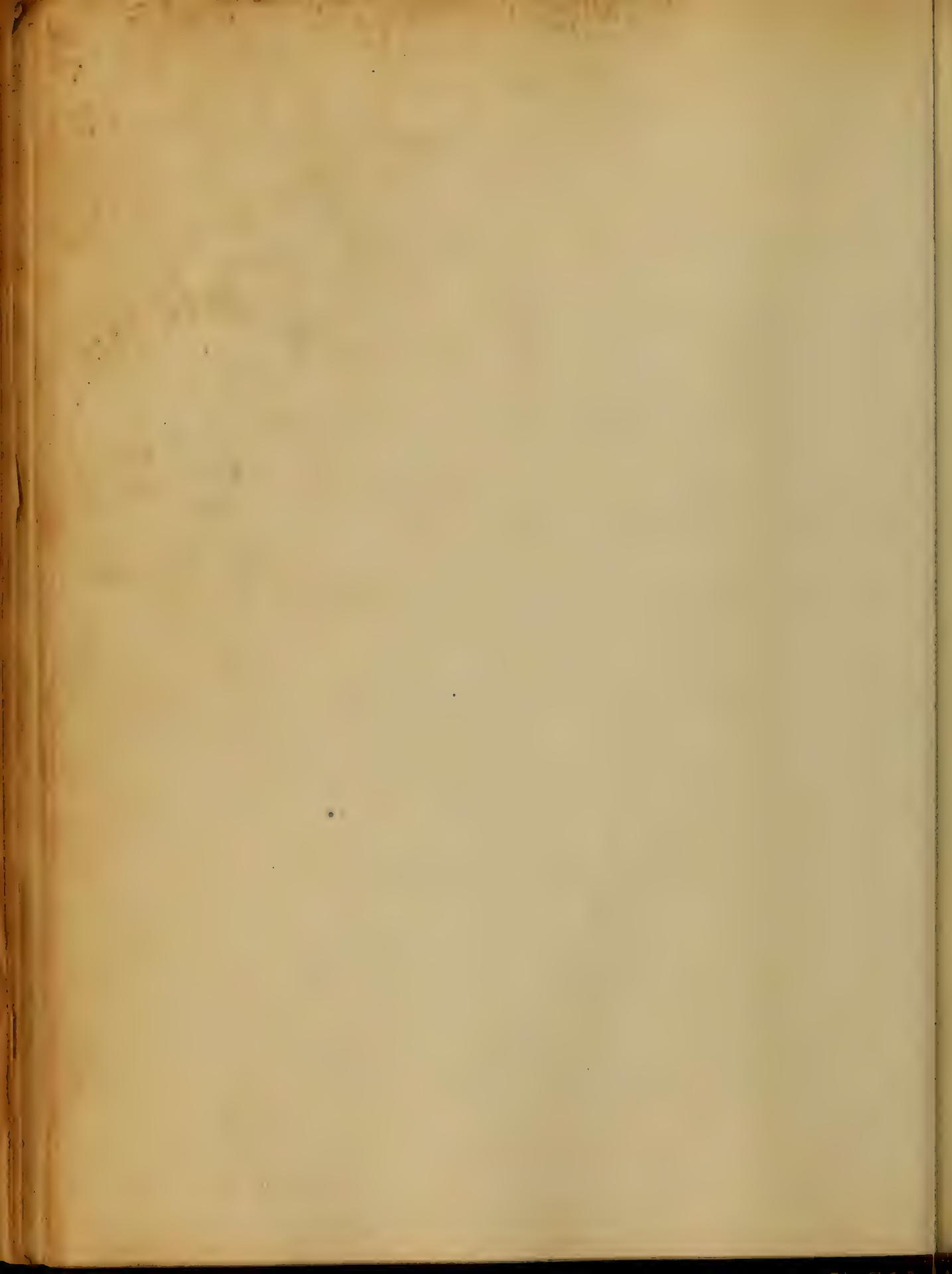
1000 ft.



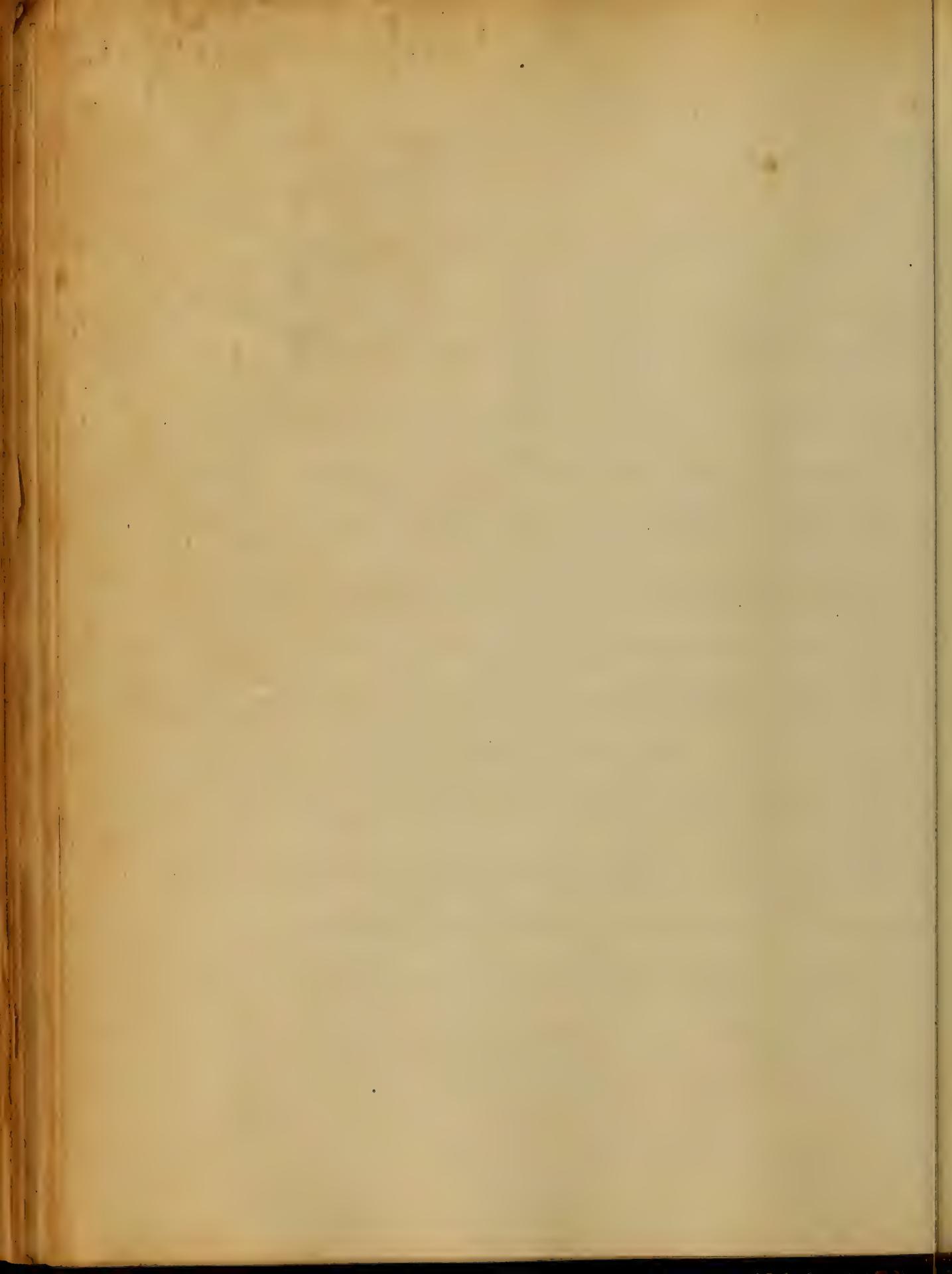


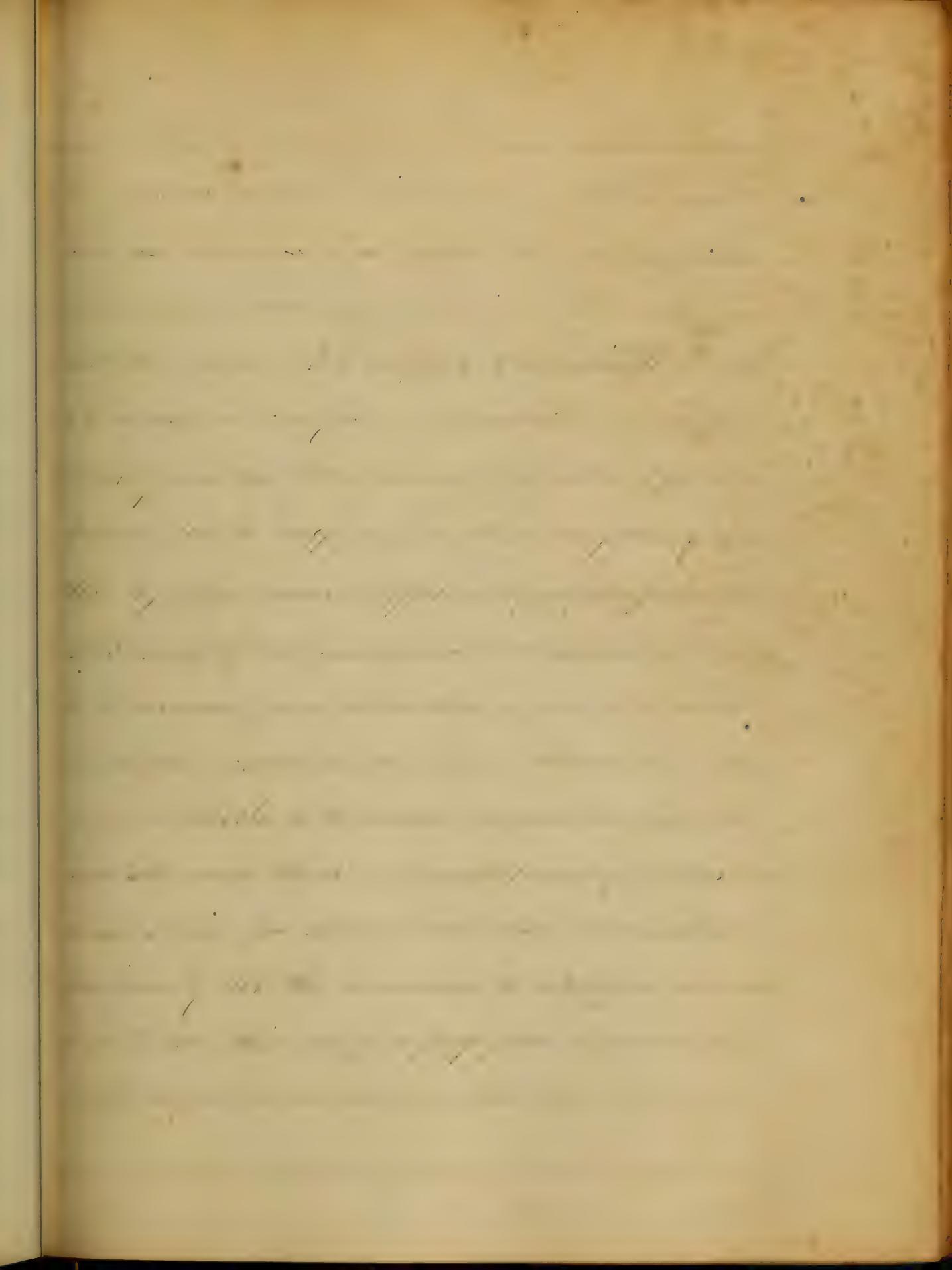


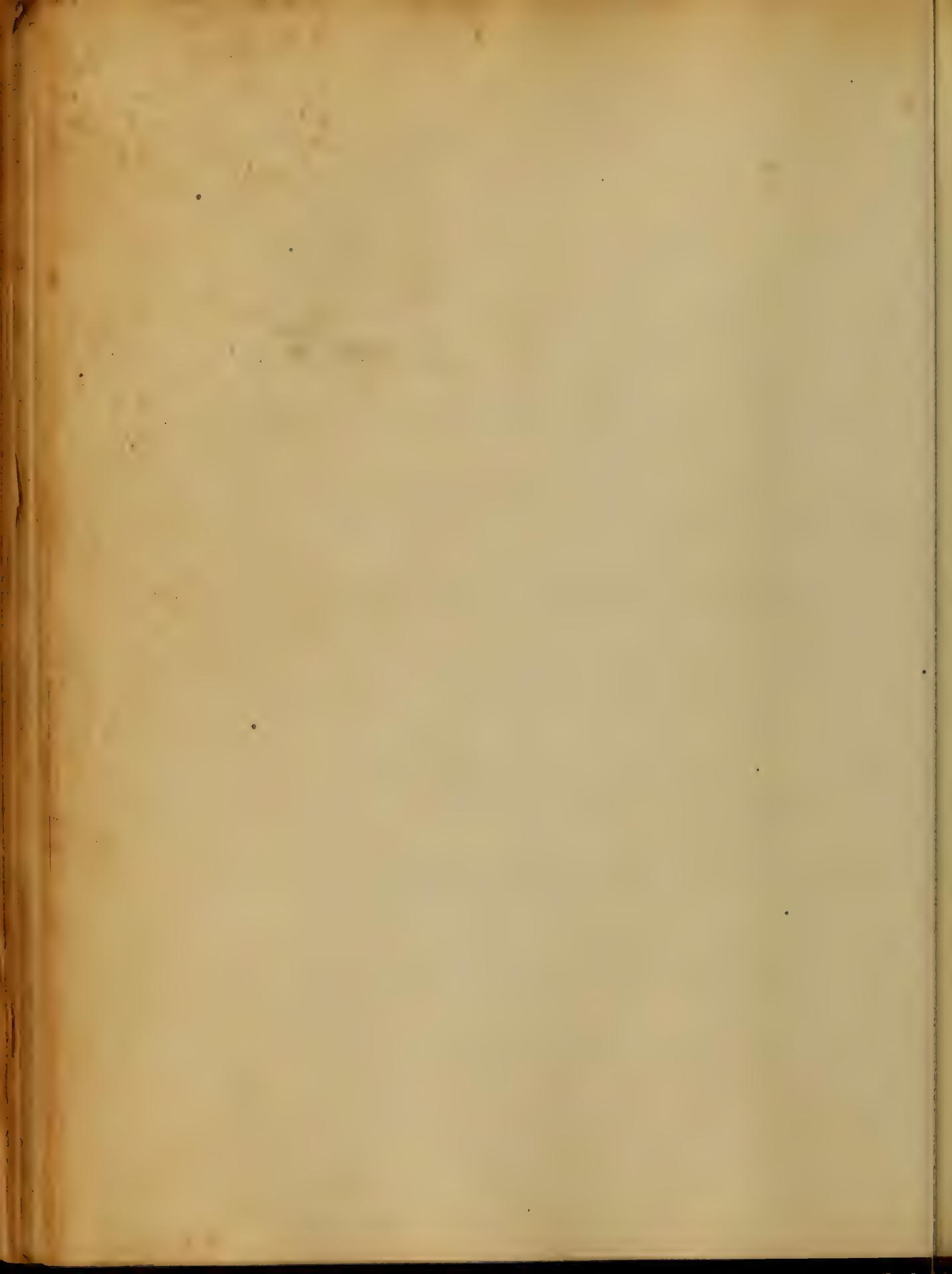




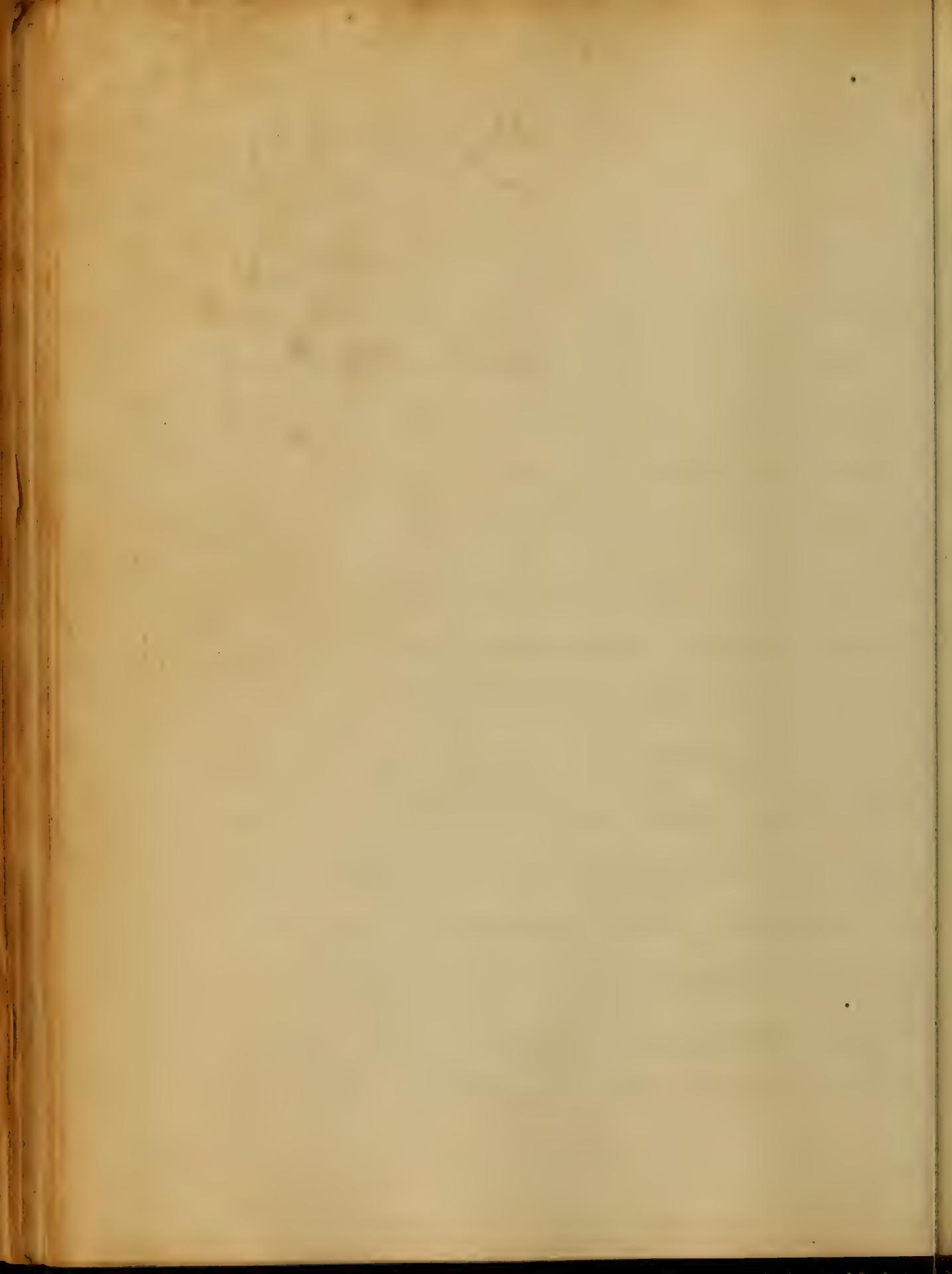
1000



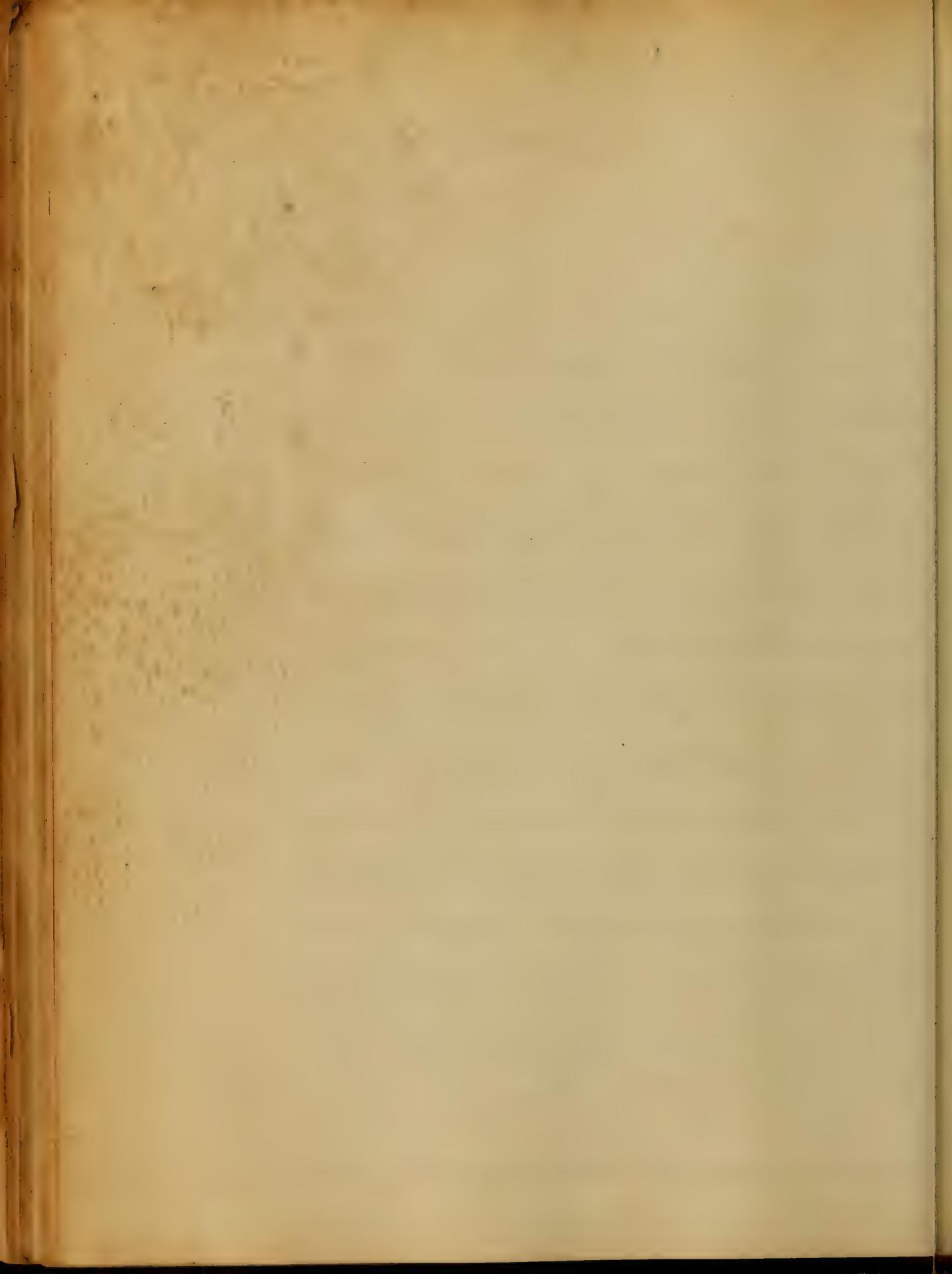




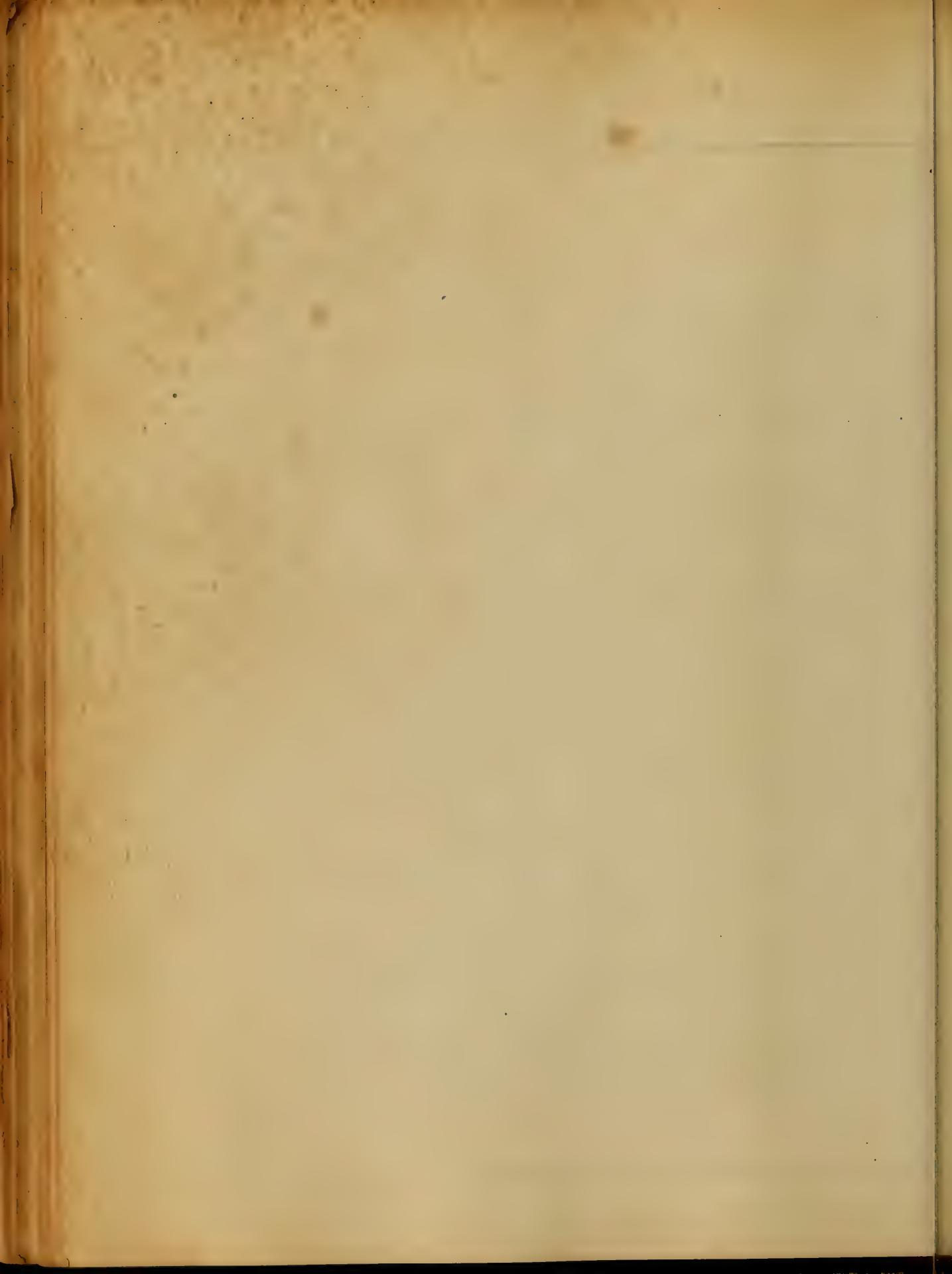
1822. Feb 22. - At 10 AM
Spent the day at the
Seine of Paris.
Sphalerosus is one of the most
curious forms I have seen.



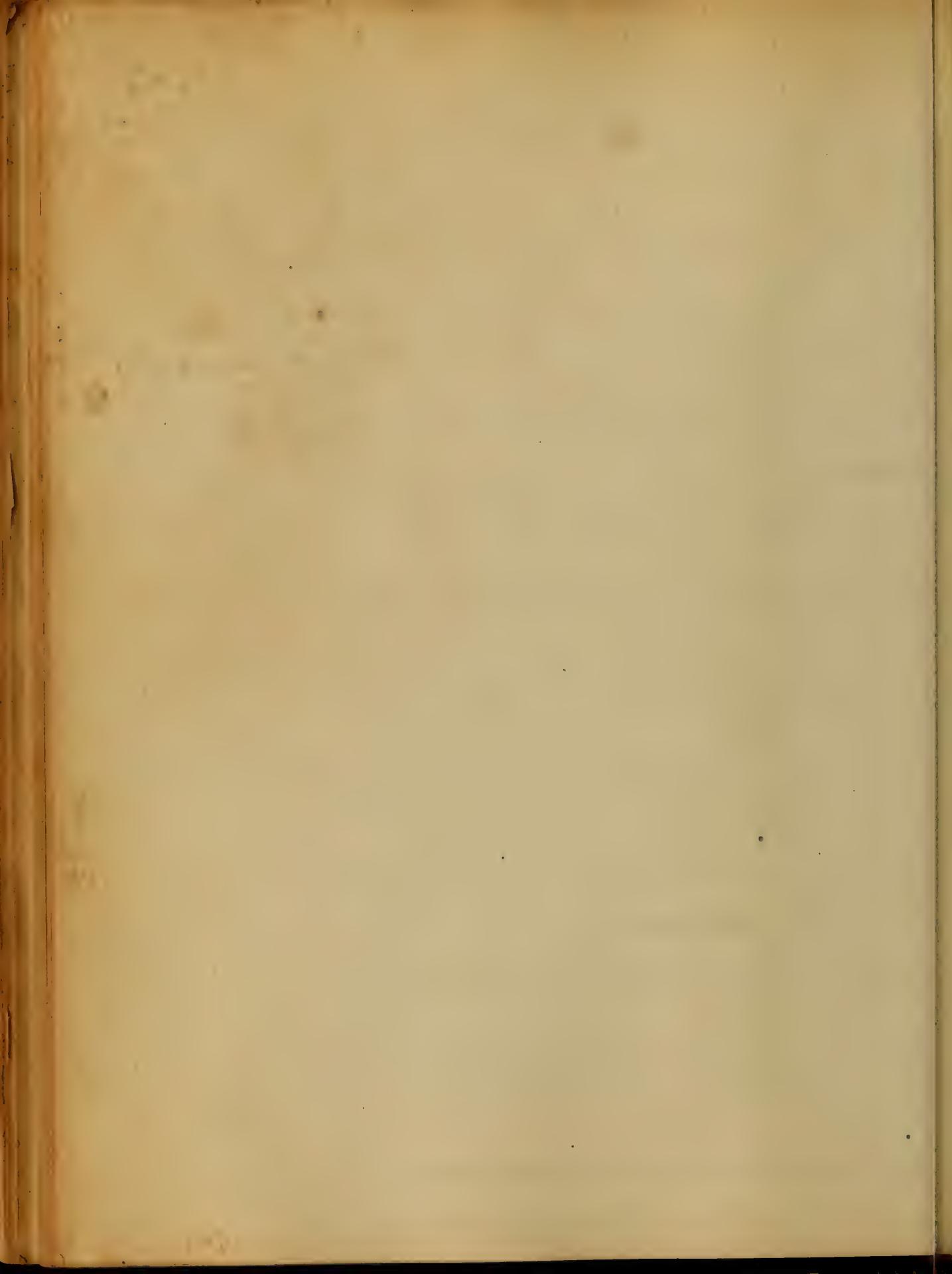
1000 ft. above the
bottom of the valley
is a small, irregular
but well-drained
area, which is covered
with a dense growth
of trees and shrubs.
The soil is
poor, with a
thin layer of humus
overlying a hard
pan of clay.

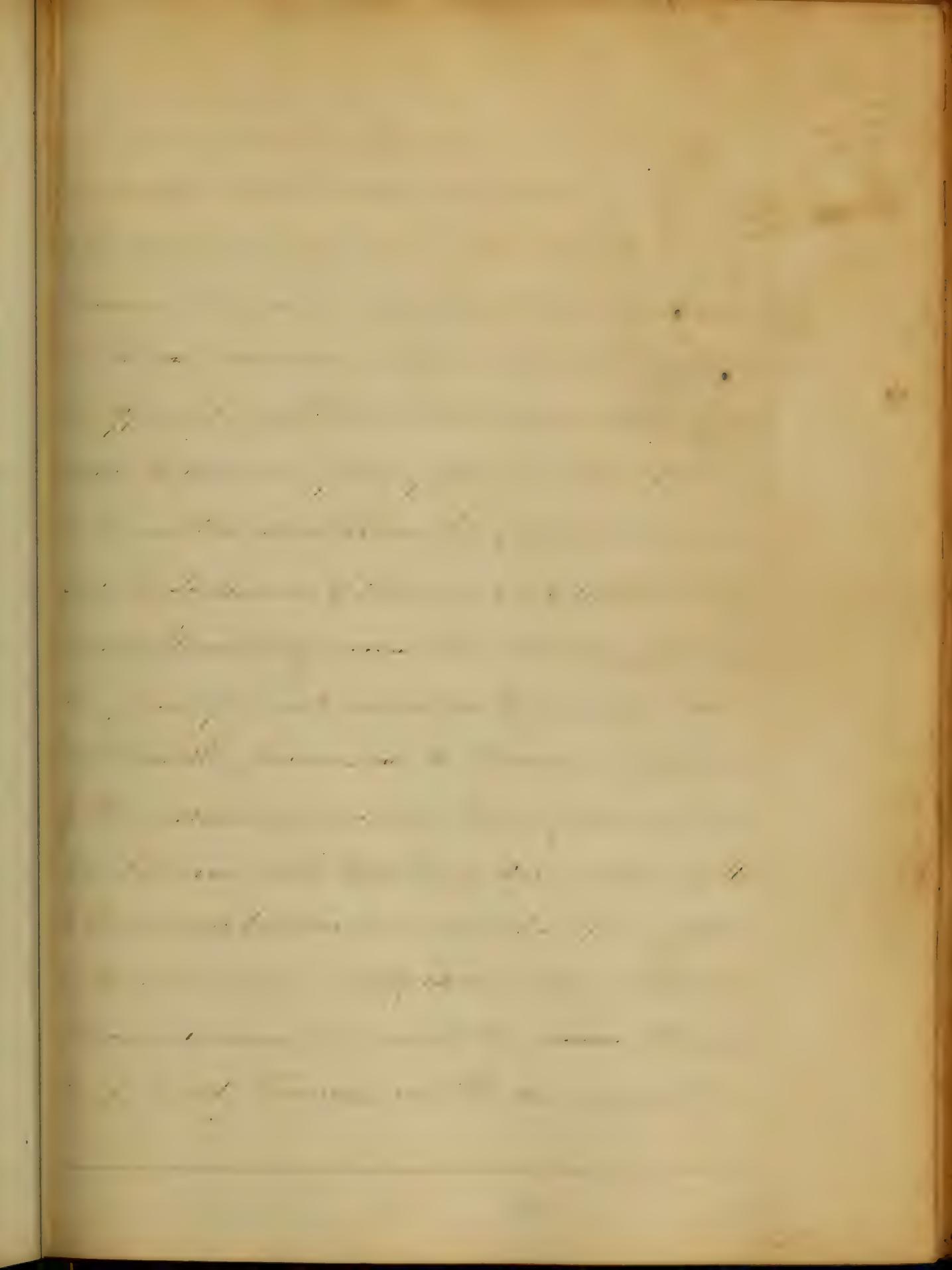


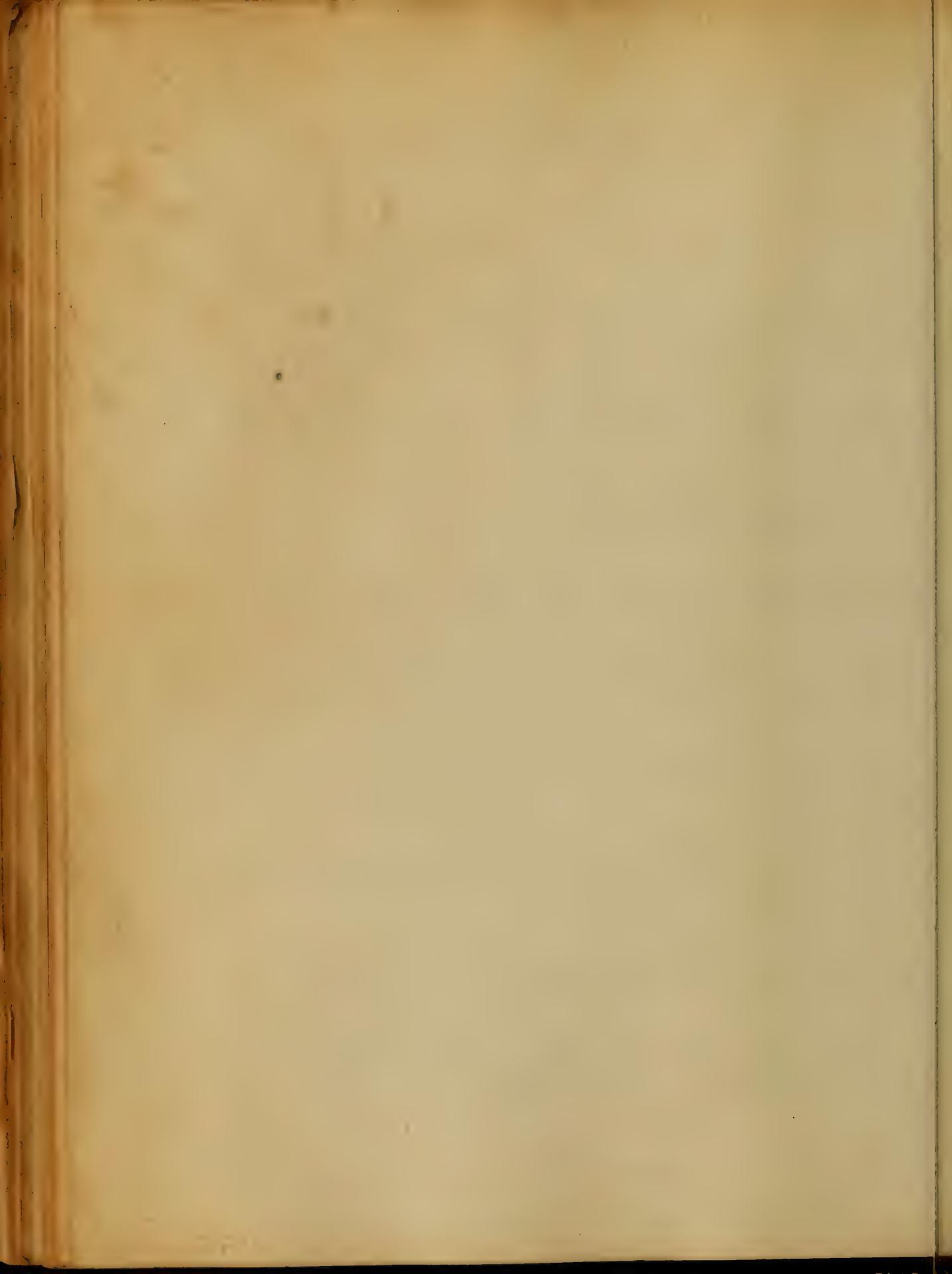
to start now & go

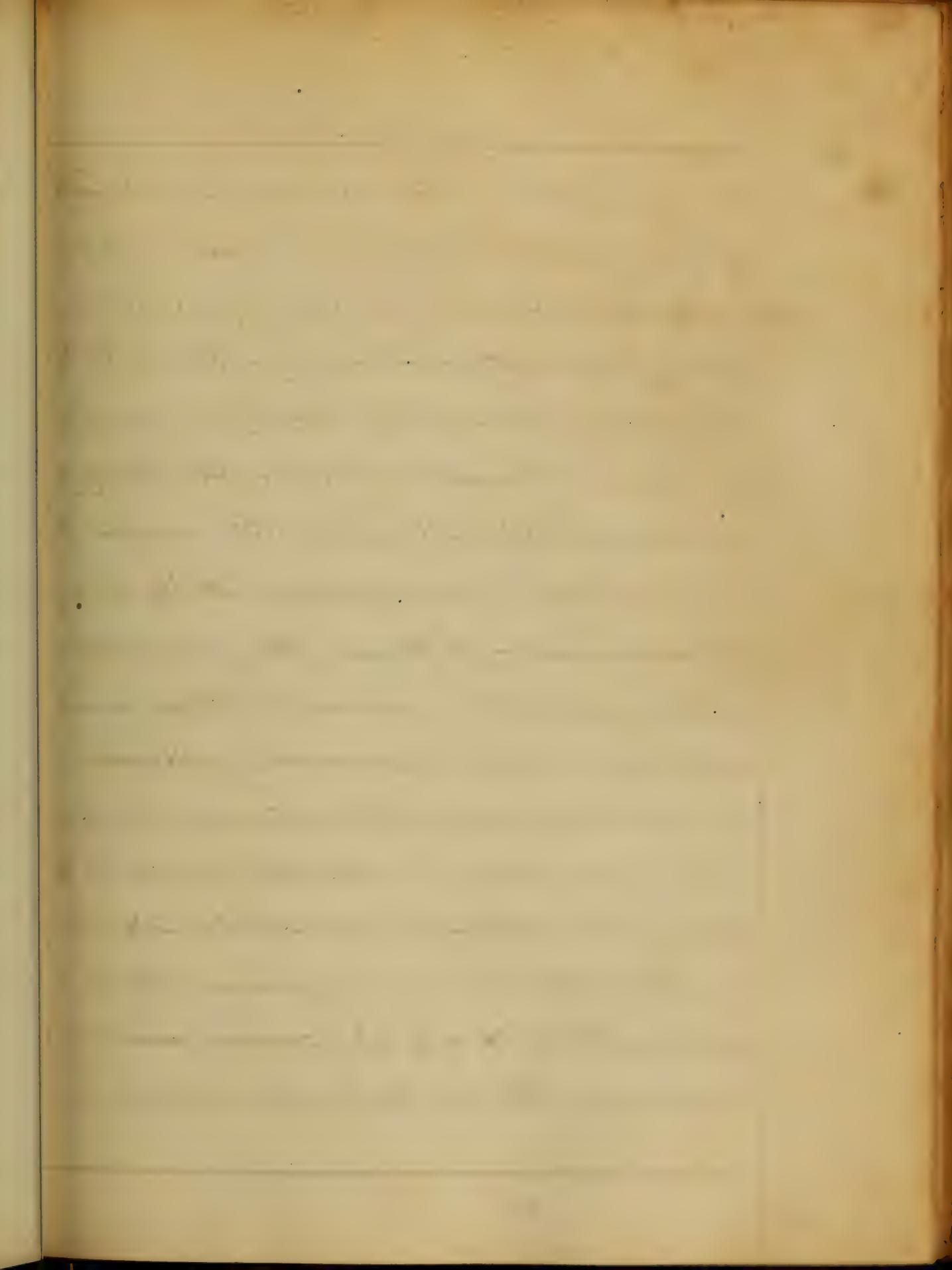


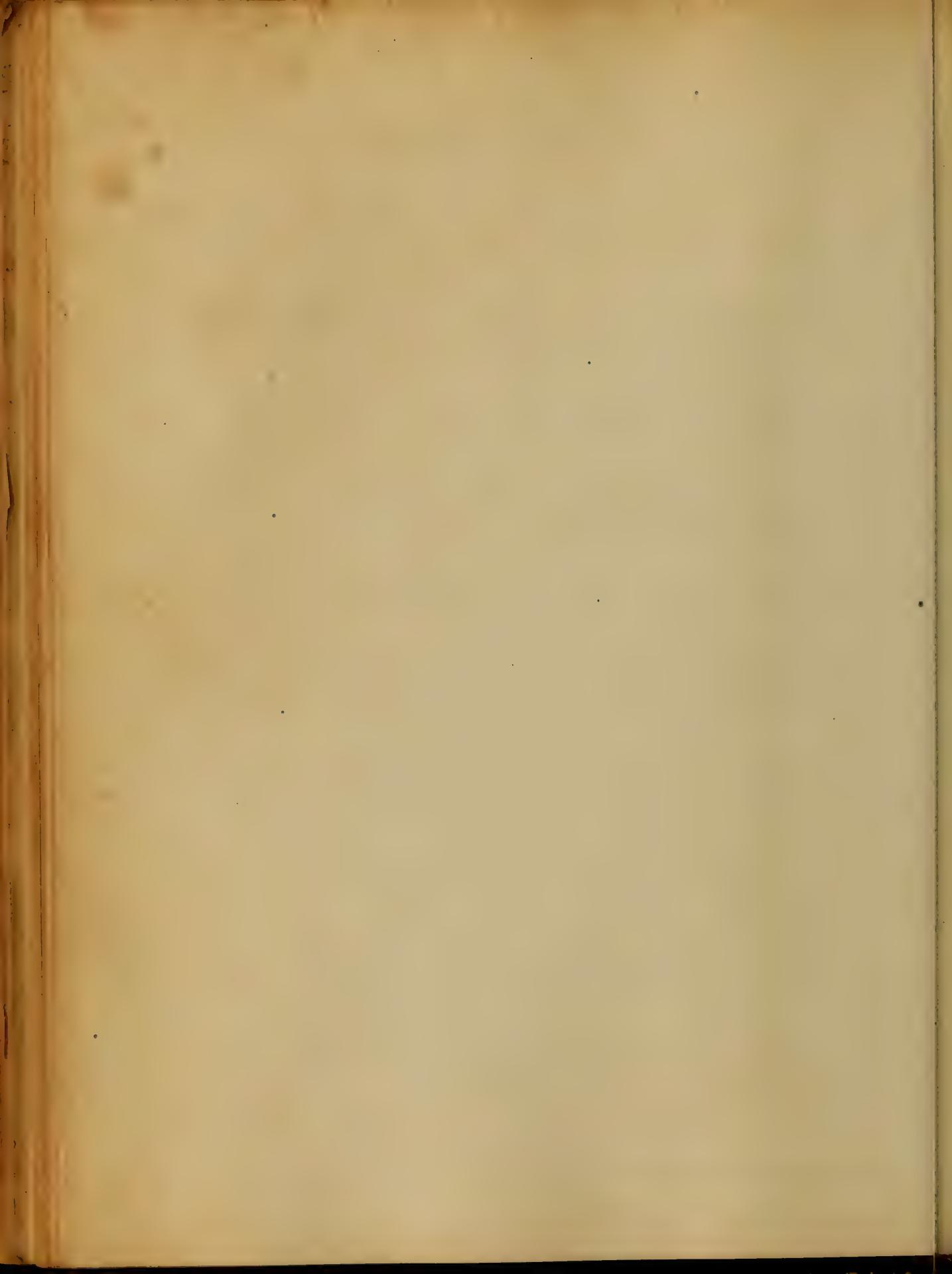
picked up
near the
edge of the
forest -
the ground
was covered
with fallen
leaves -
and the
soil was
dark brown
and moist
and the
plants
were
green and
healthy



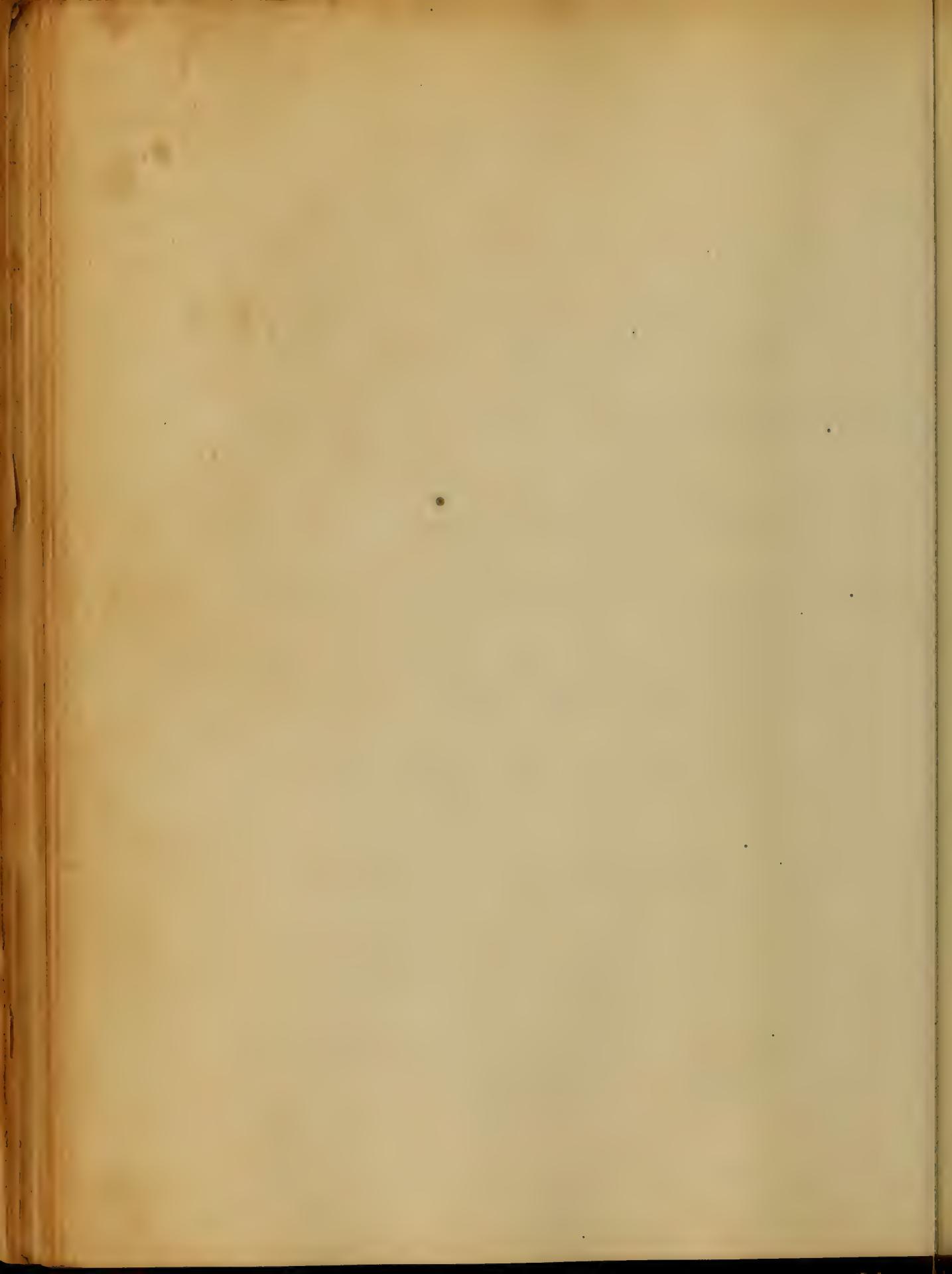


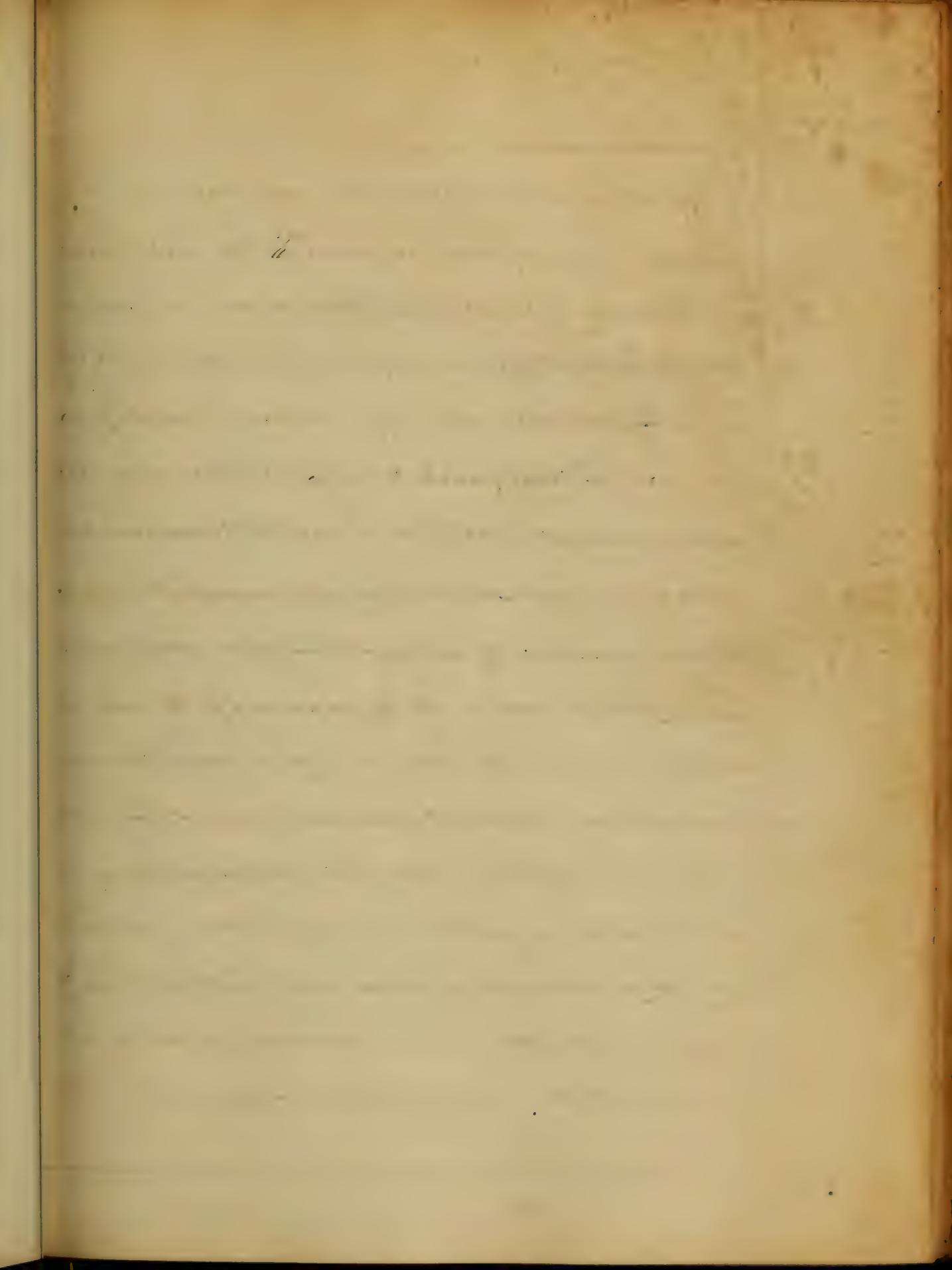


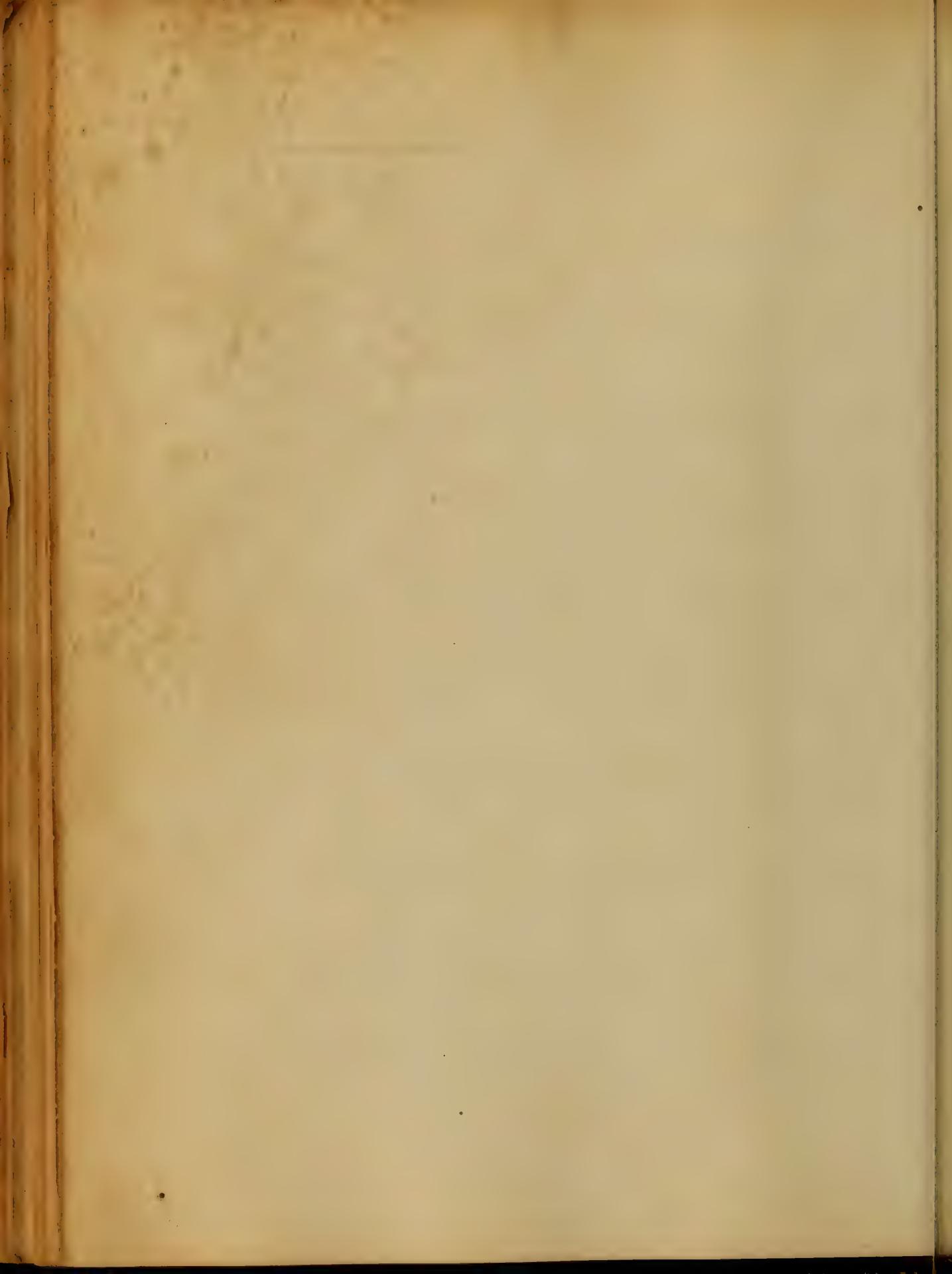


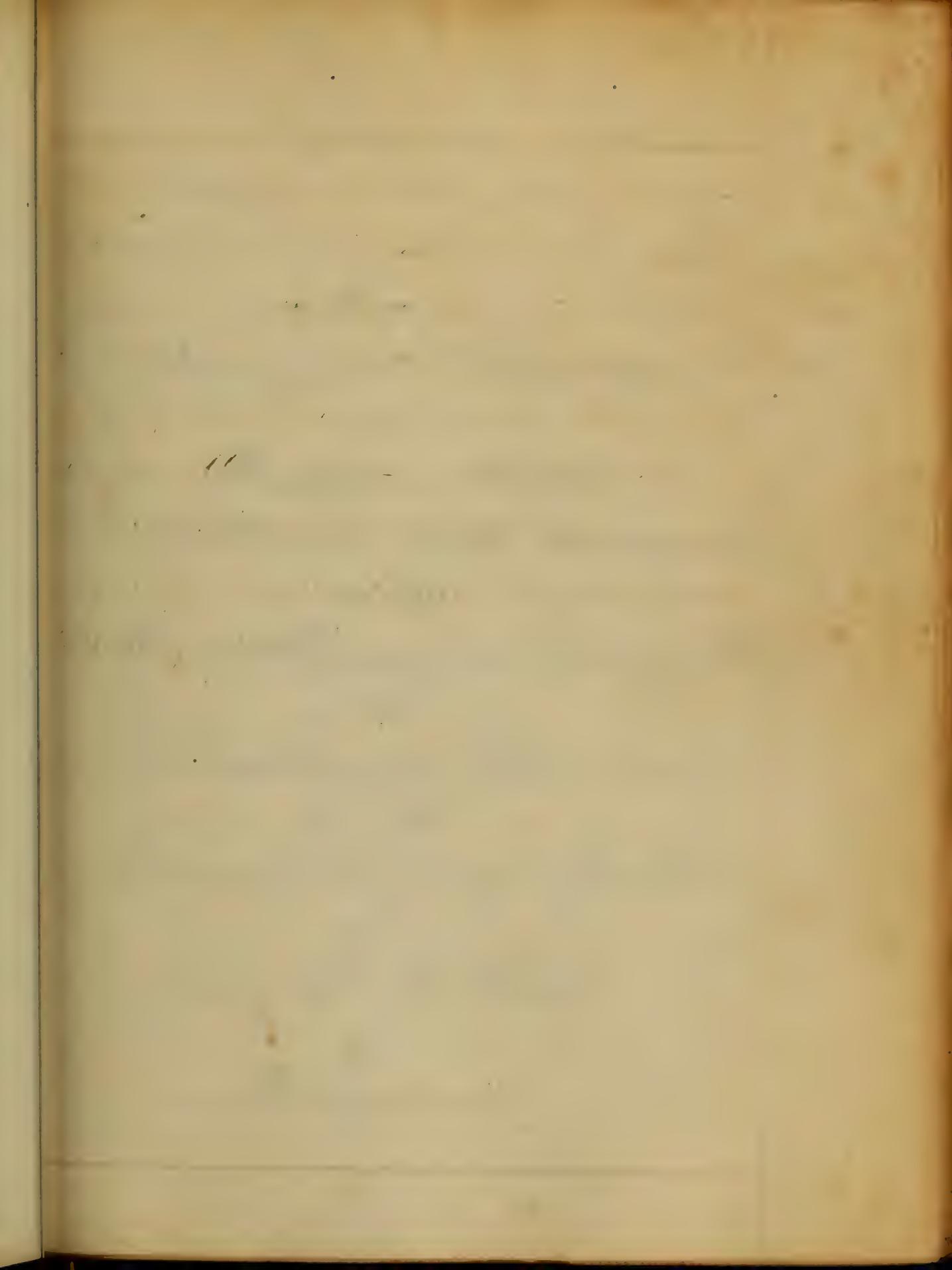


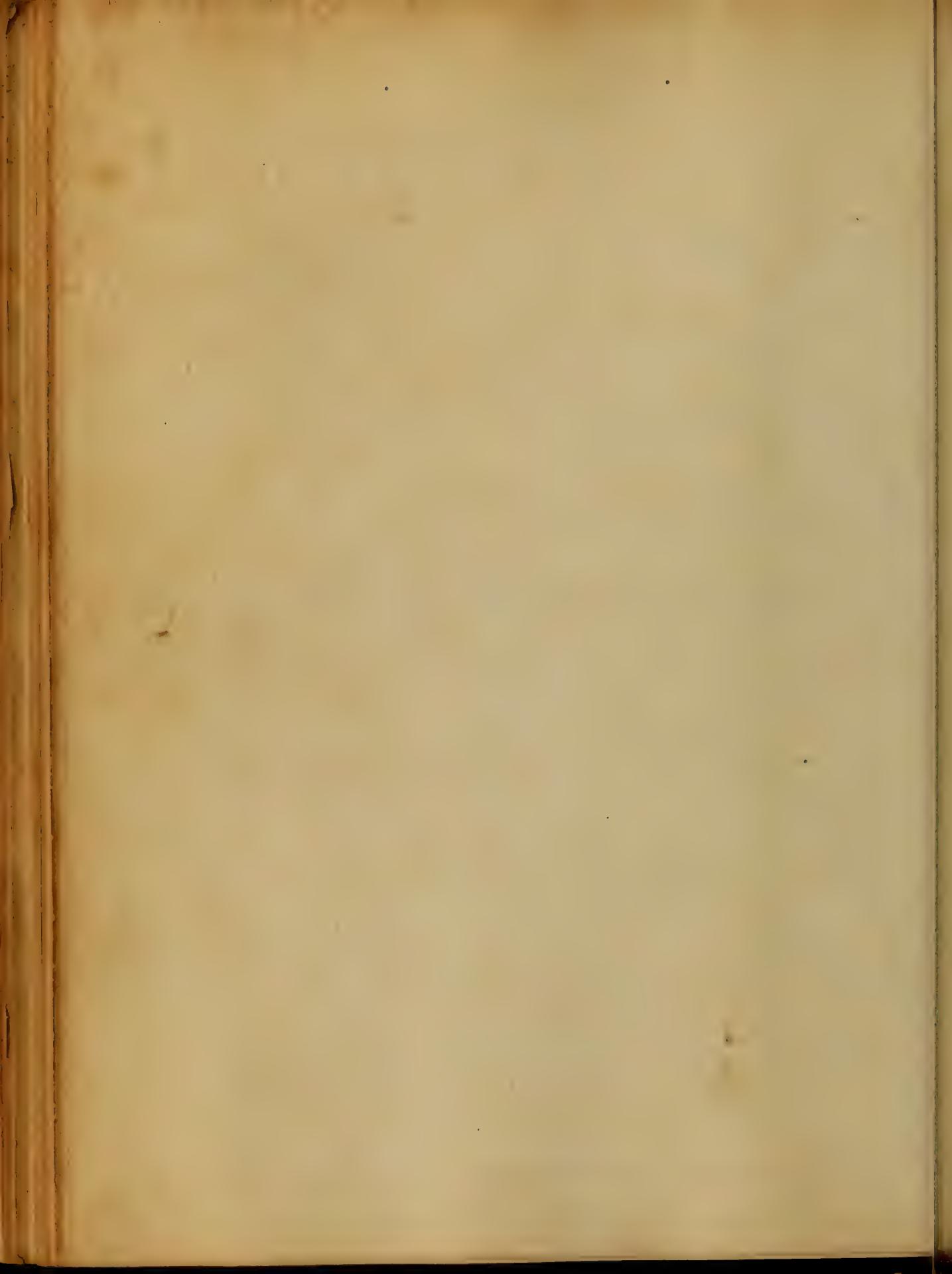
1776
July 20th
Went to the
Market - 2 lbs
of butter - 1
lb of cheese -
1 lb of flour -



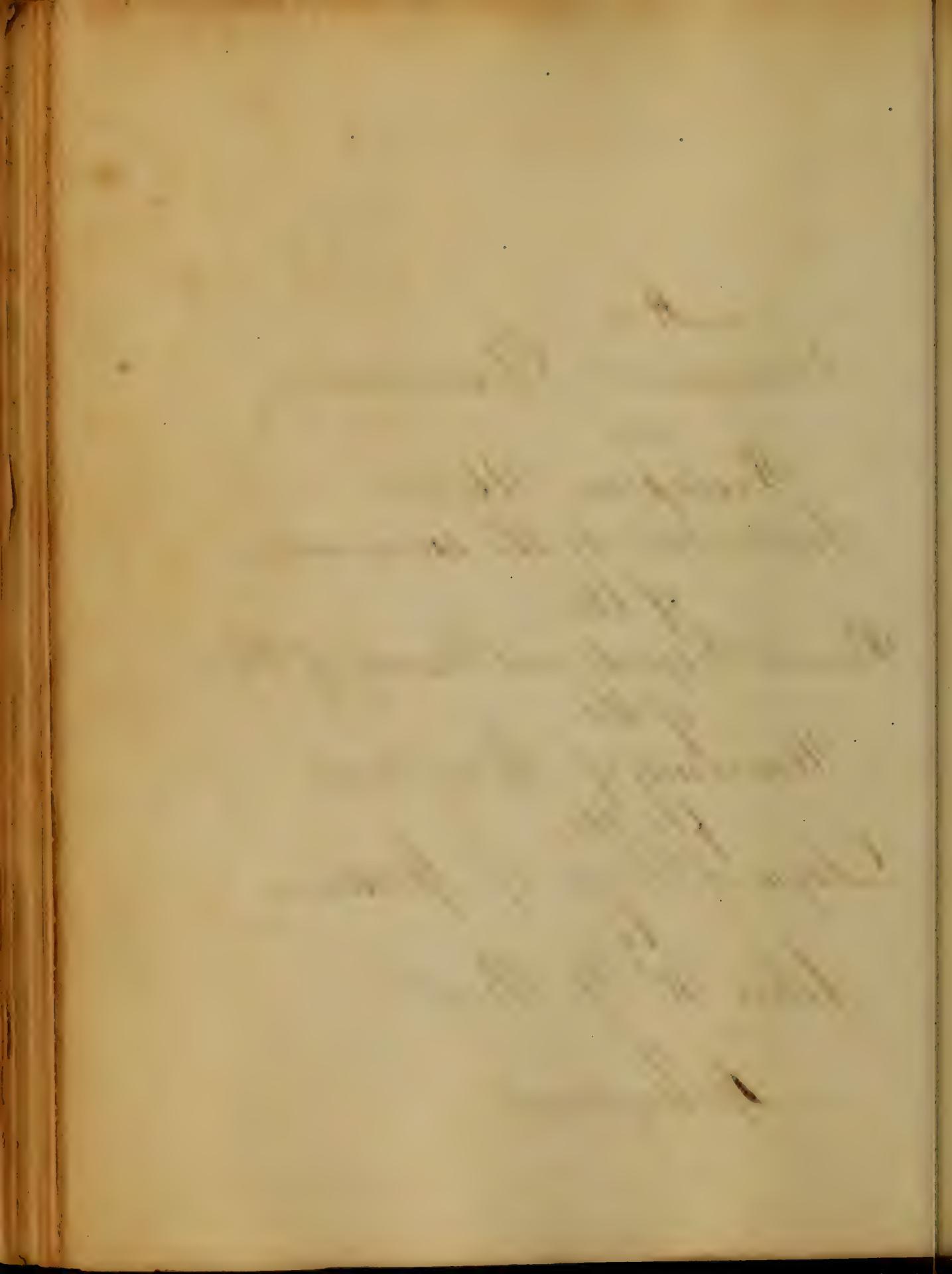






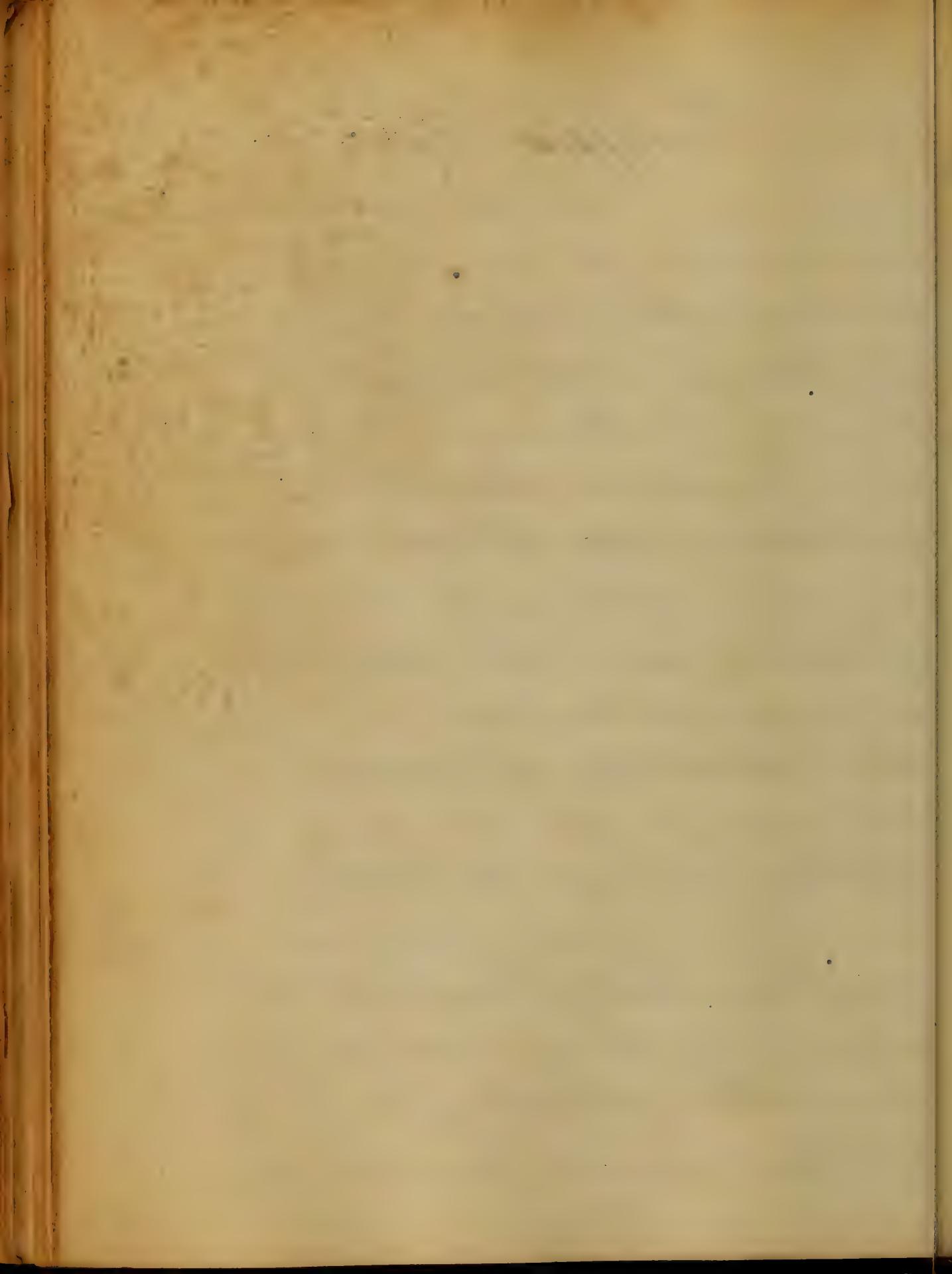


An
Inaugural Dissertation,
on
Prolapsus Uteri.
Submitted to the examination,
of the
Provosts, Regents, and Faculty of Physic,
of the
University of Maryland.
for the
Degree of Doctor of Medicine,
by
John Wth F. Best
of
Maryland.

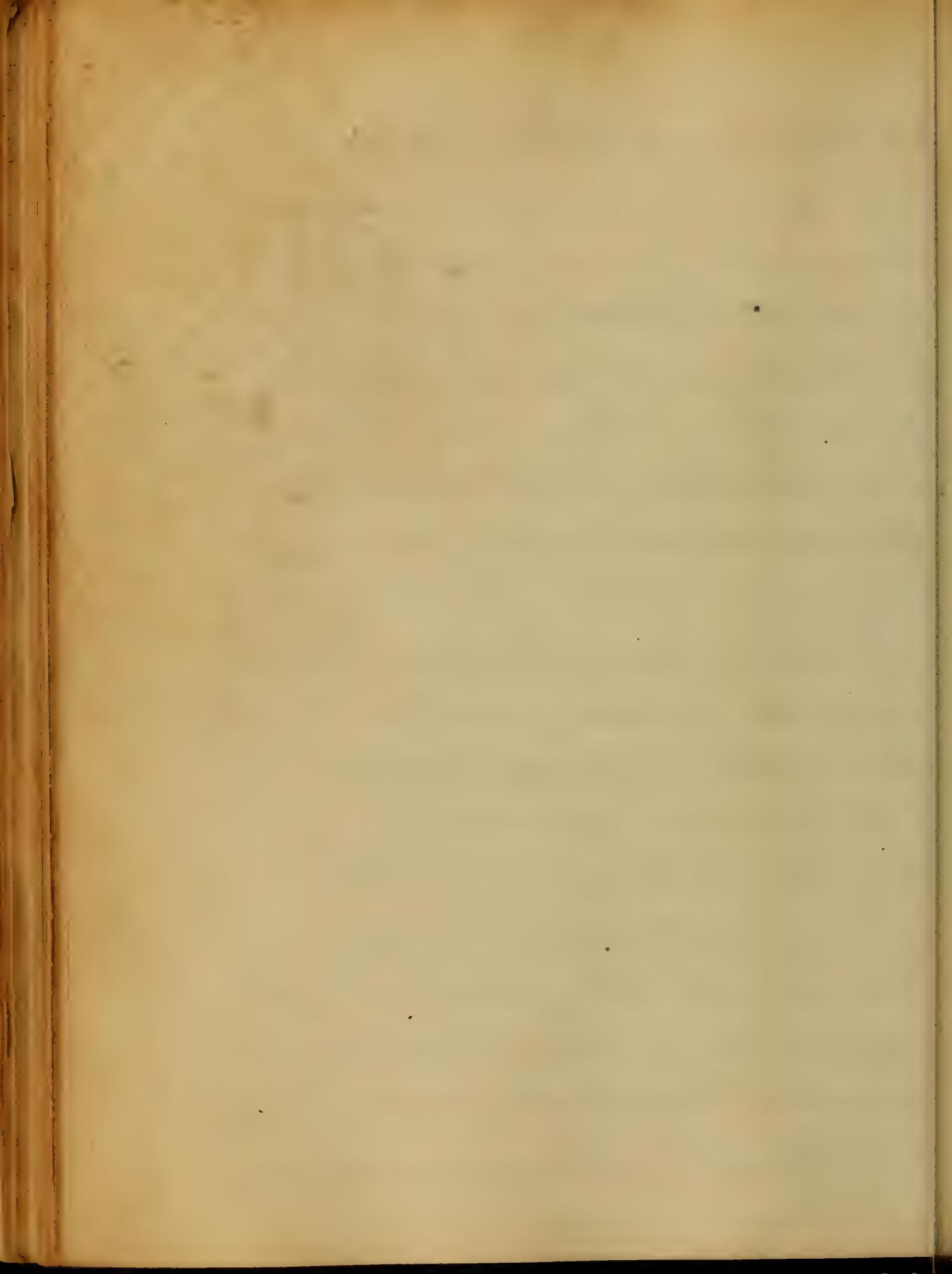


Prolapsus Uteri

The uterus is now situated above the vagina; and between the uterus and bladder. It is held in its position by the round ligaments, in front, not only during the labor, and delivery, but the round ligaments suffer no change to the position. The latter is principally affected by a stretching that tends to weaken the womb. It is of great importance to attend to the uterus, but the most important thing is to keep the womb from being pressed upon.



distressing of them all. It
is to be regretted, that he
is dead. Gardner, Snaker,
one of his frequent visitors,
and his best informant, was
with him until, and died in
company. He left about noon
the Chippewa Valley, and
was en route for the
Iron River, the first part
of his journey, thought to be
done. He would be home by
4 o'clock afternoon, and
had dinner at 5 o'clock.
He had nothing to do but
make strict inquiry and
writing, and was soon in
residence about the river, no
distance from it.



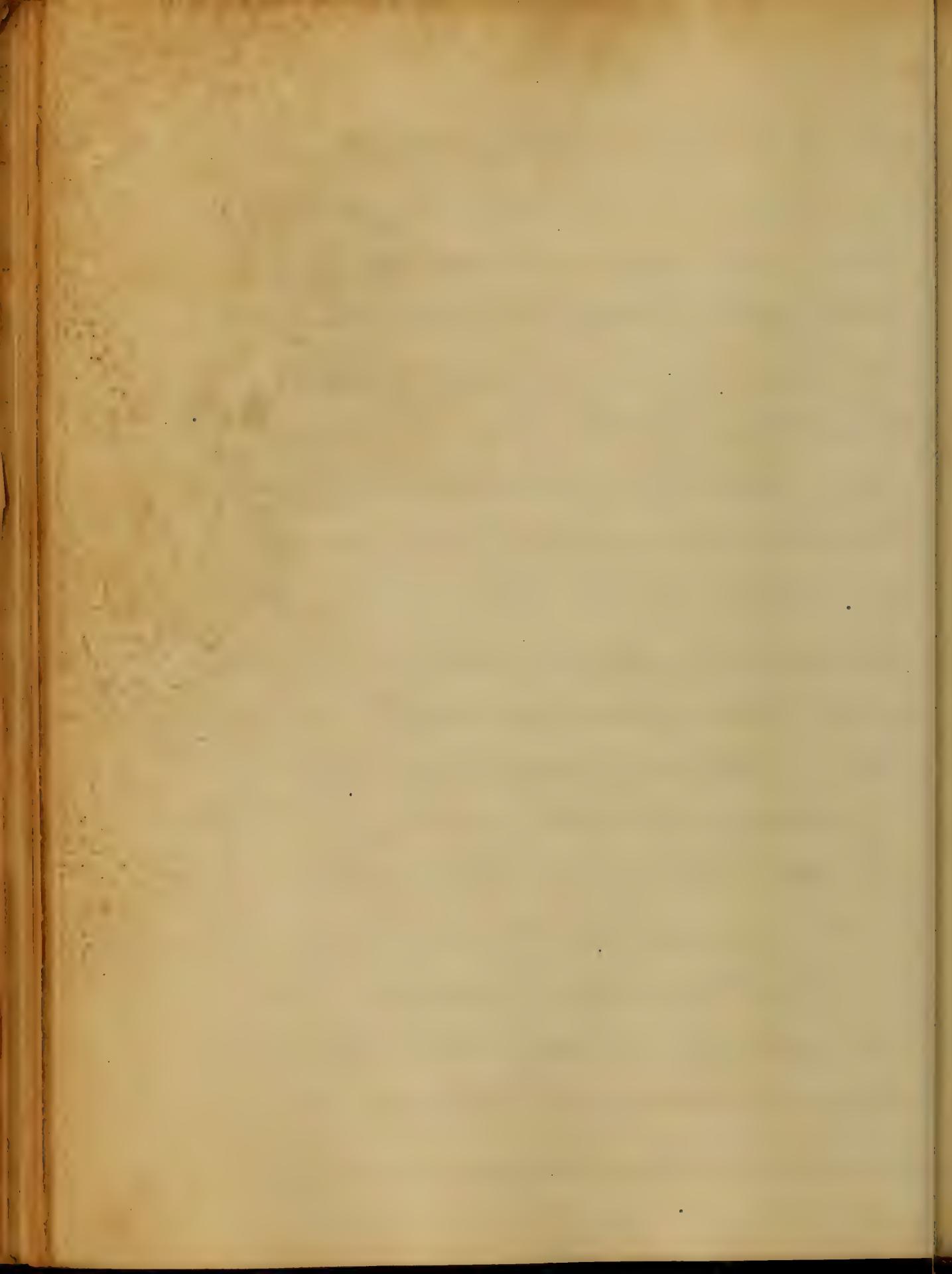
The position of a Governor
is not clear & probably
no clearer about the Vice
President. What the
Constitution says is not
plain, but it is believed
to be in the necessary language

of the Constitution
and the whole thing
will therefore be
settled.

Very much of
the same

in Gladstone's
speeches

and also in



the law
that marks us off from others

of the world, and the
of the complaint. I will say
you will find

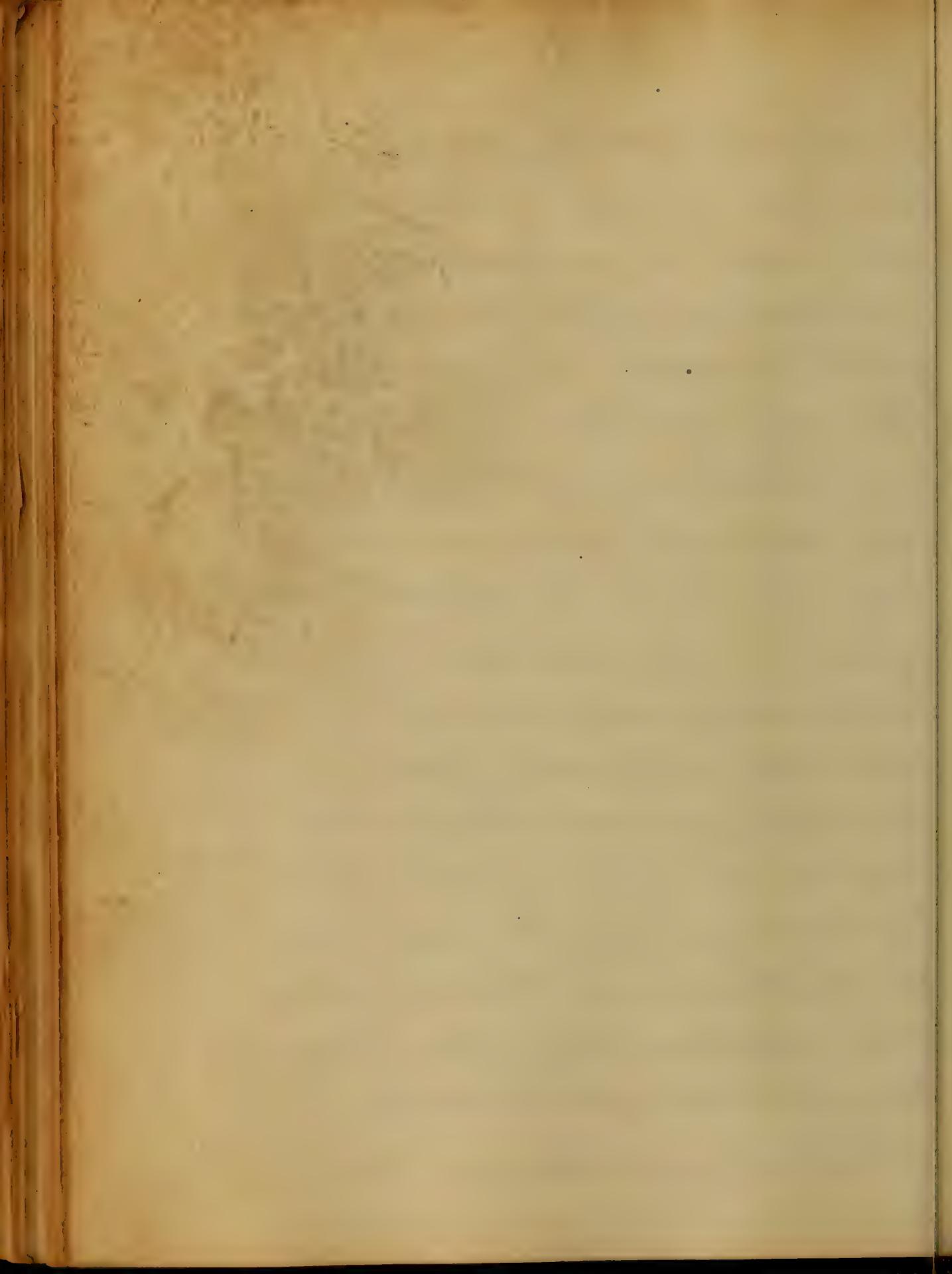
and I am sure you will
not be surprised to learn

that the man who
is most anxious to get

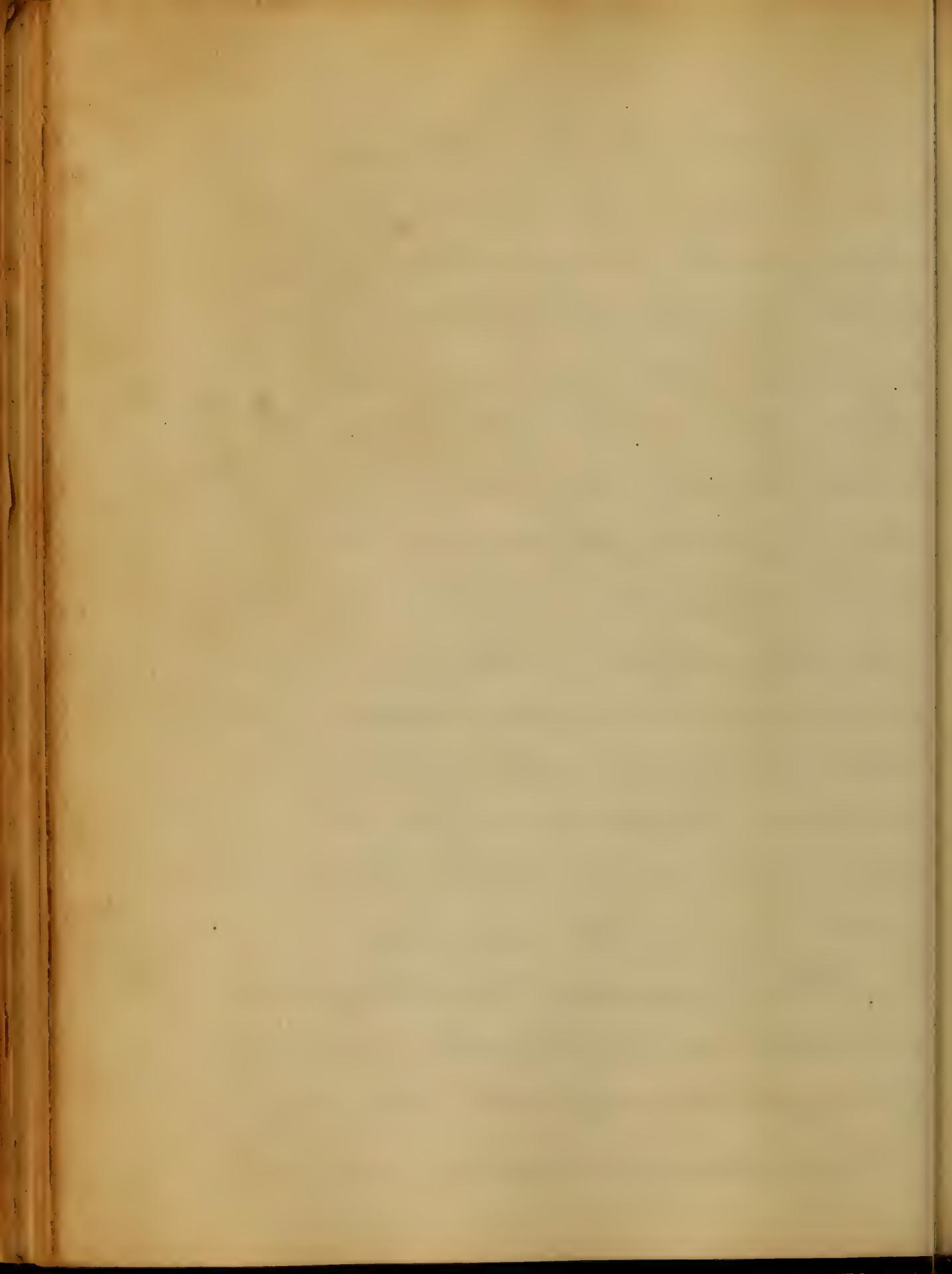
what he wants
will find it

and that the man
who is most anxious

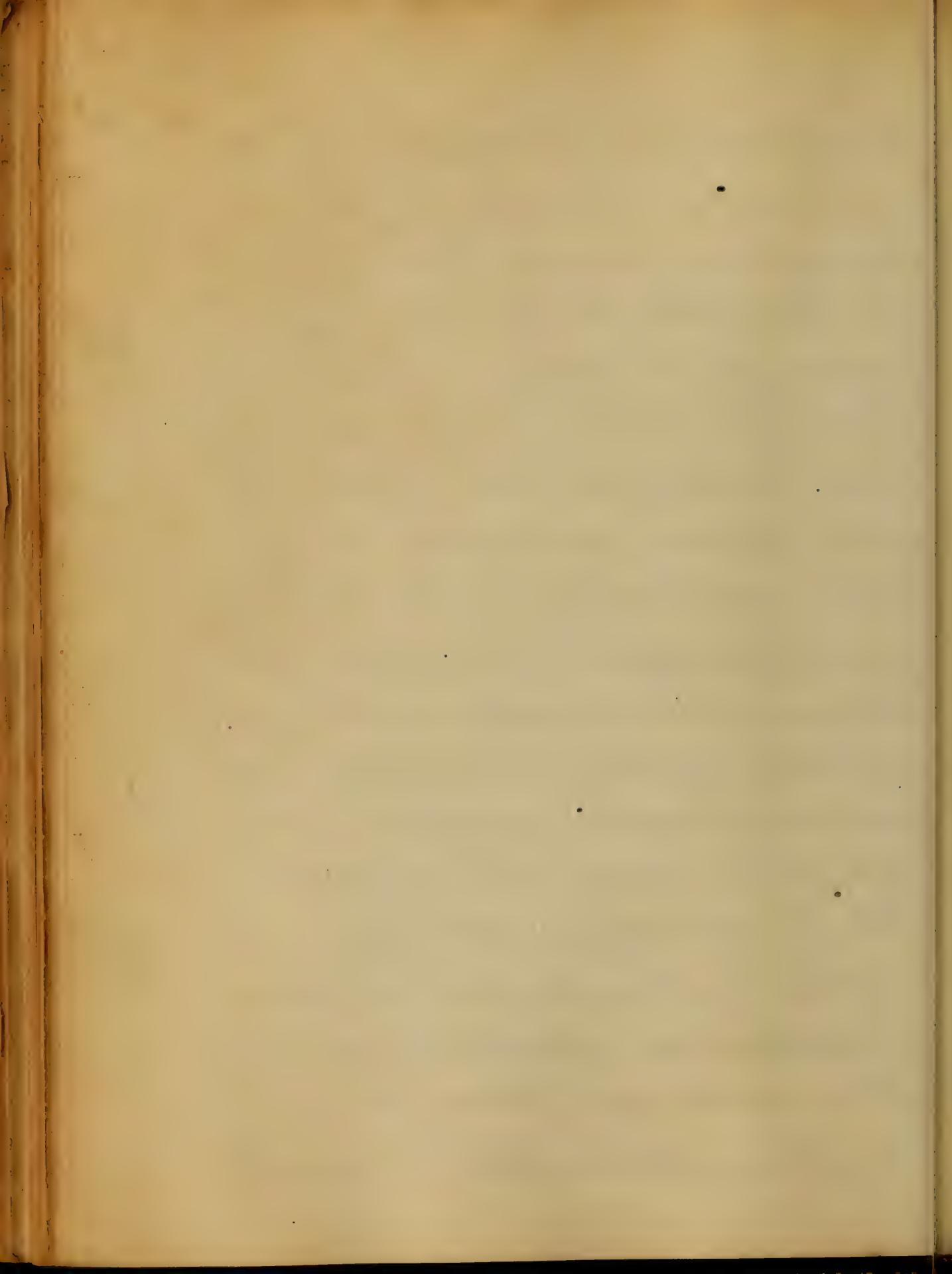
to get what he wants
will find it



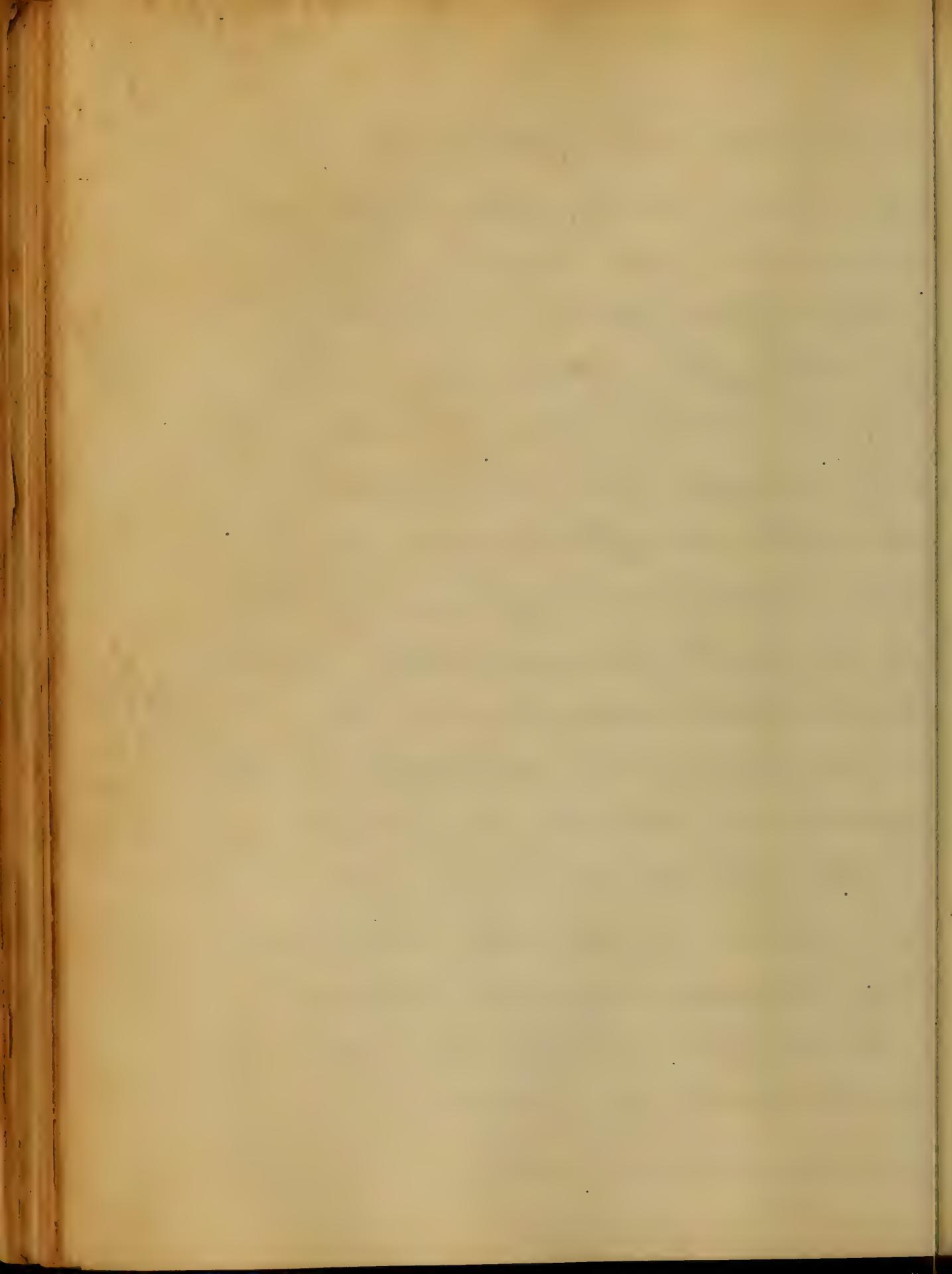
and the like, the more
useful to me. I have no
very large collection
of your various publications,
for example, the "Journal
of the Royal Society of
Medicine," and the
"Medical Times & Gazette."
I have a few volumes
of "The Lancet," and
"The British Medical Journal,"
but nothing else.
I have a copy of
"The Physician," and
"The Practitioner," and
"The British Medical Journal."
The very great variety of medical
literature is sometimes difficult. And surely
of course in a collection the
useful practitioner is



misfortune. When a person of
any rank or estate, of any
conceit, is accused of a
theft, he will not per-
mit even a suspicion, to be
lived with, than also sometimes
times accompanied with it,
very fitfully, beginning at a
few, more often at a few
days, unadvisedly, however, and
invisibly to whom he gives
up the goods, & that will
be easily, and probably the
remained unobserved, unless
the practitioner, either is
called by his patient, or
troublous leechhood, or
over charge from some
Layman, when this occurs, he

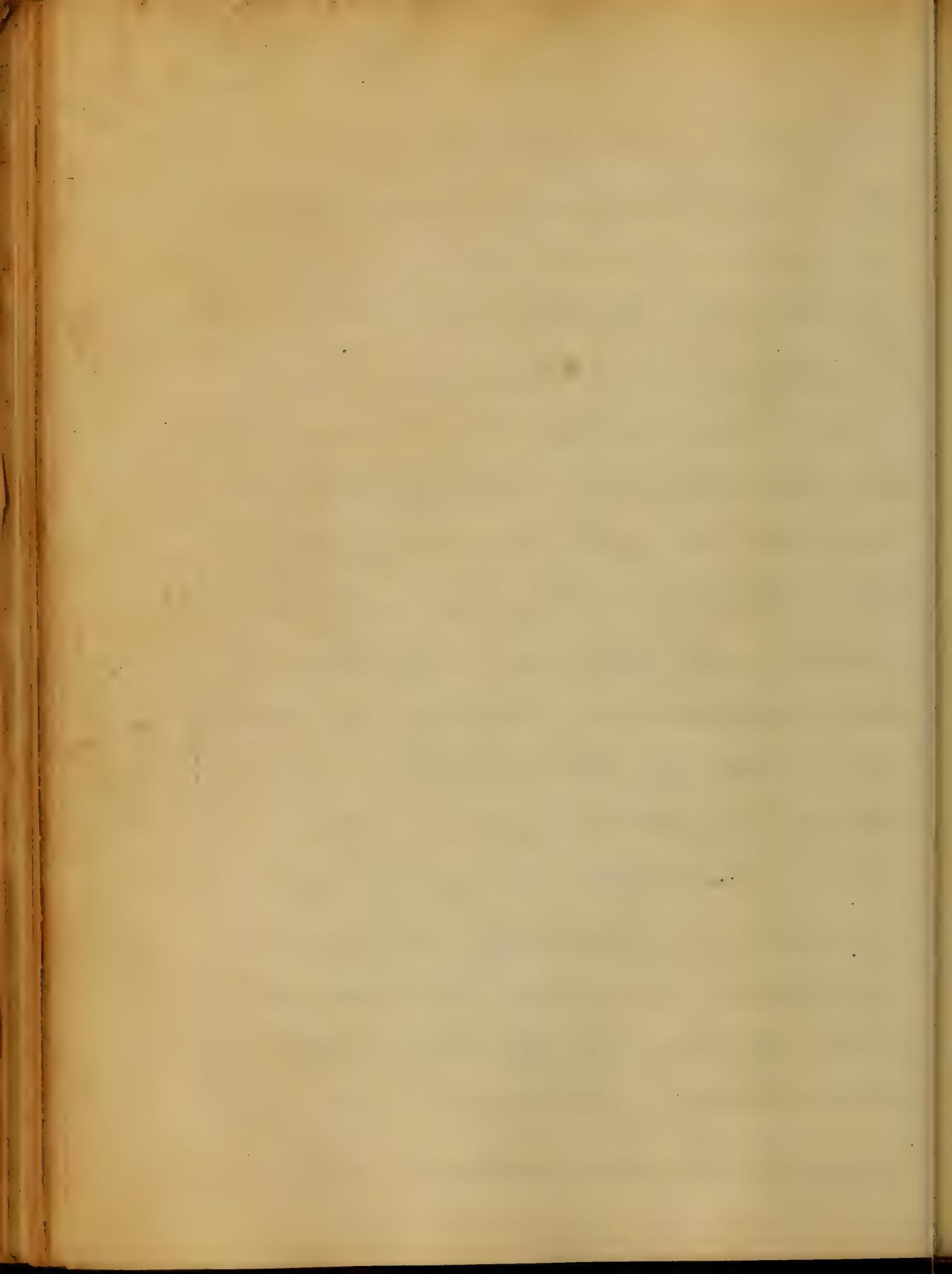


respects, the nature of the
isease, and upon exam-
ination, he observes
that profuse in the case
of the patient on the side,
and other by inflating, and
he believes his treatment
to the disappointment, and
the patient is greatly re-
lieved. ~~Suppose~~ sometimes even
with improvement, and this
inflates, & the number of the
vessels. ~~There is no~~ ~~no~~
of the vessels, & if it
is violent, & if the inflated
tip of white paper through
the cavity of a vessel, will
not hold, in the circular
form.



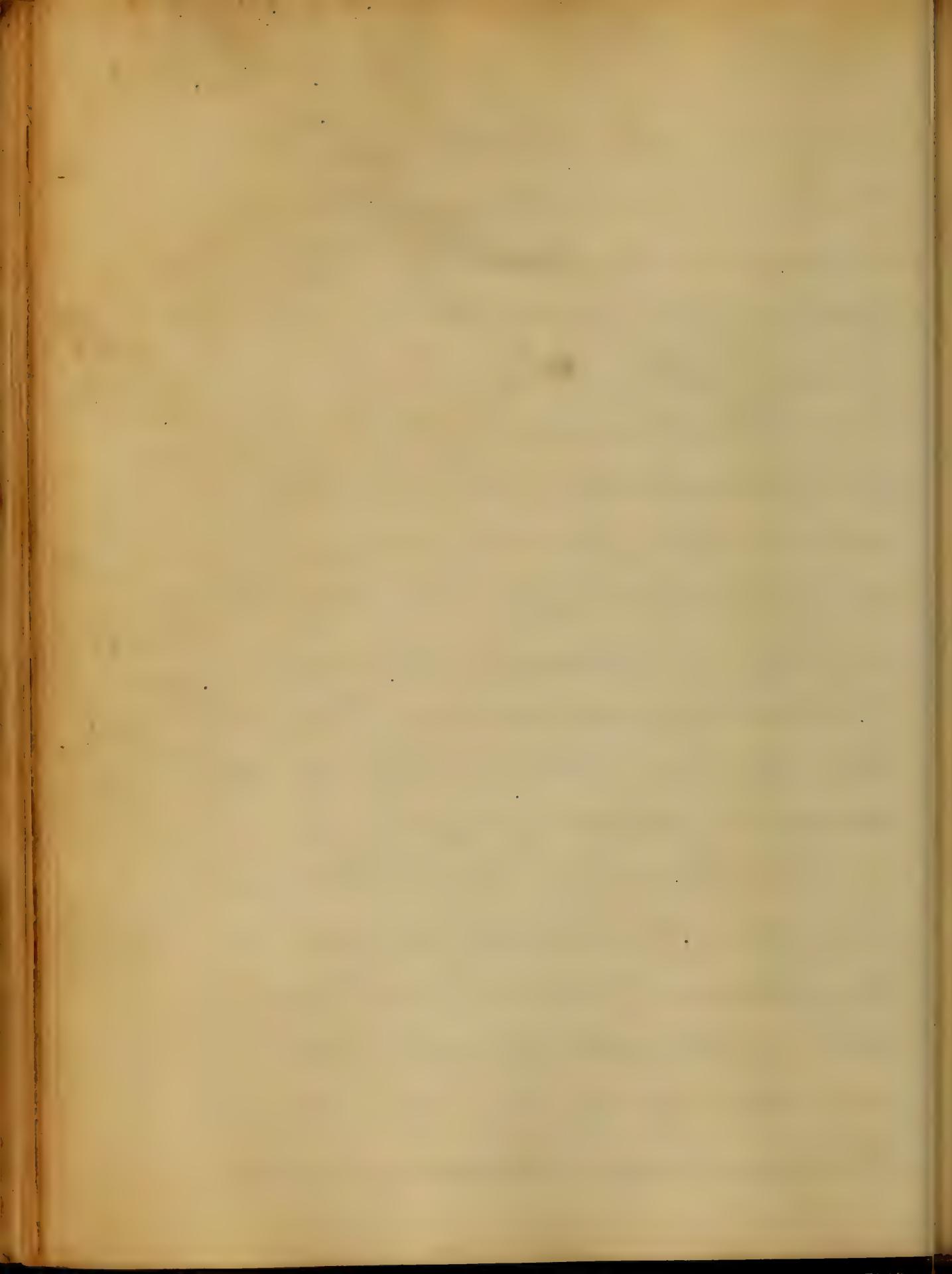
The 2d & 3d point of complaint is the
want of support of money, but
it would be better to make
effort, if sufficient
measures are employed.

On the 4th point, the best
means for the treatment of
this complaint, is an instrument
called the finger. If the
instrument be applied ap-
ply, and of the finger, a
relief is felt immediately.
Then there can be nothing
but of preparing such an
instrument as follows, as
the majority of the patients
will not be able to bear
the pressure of the instru-
ment, and the patient be com-
forted of the complaint, the

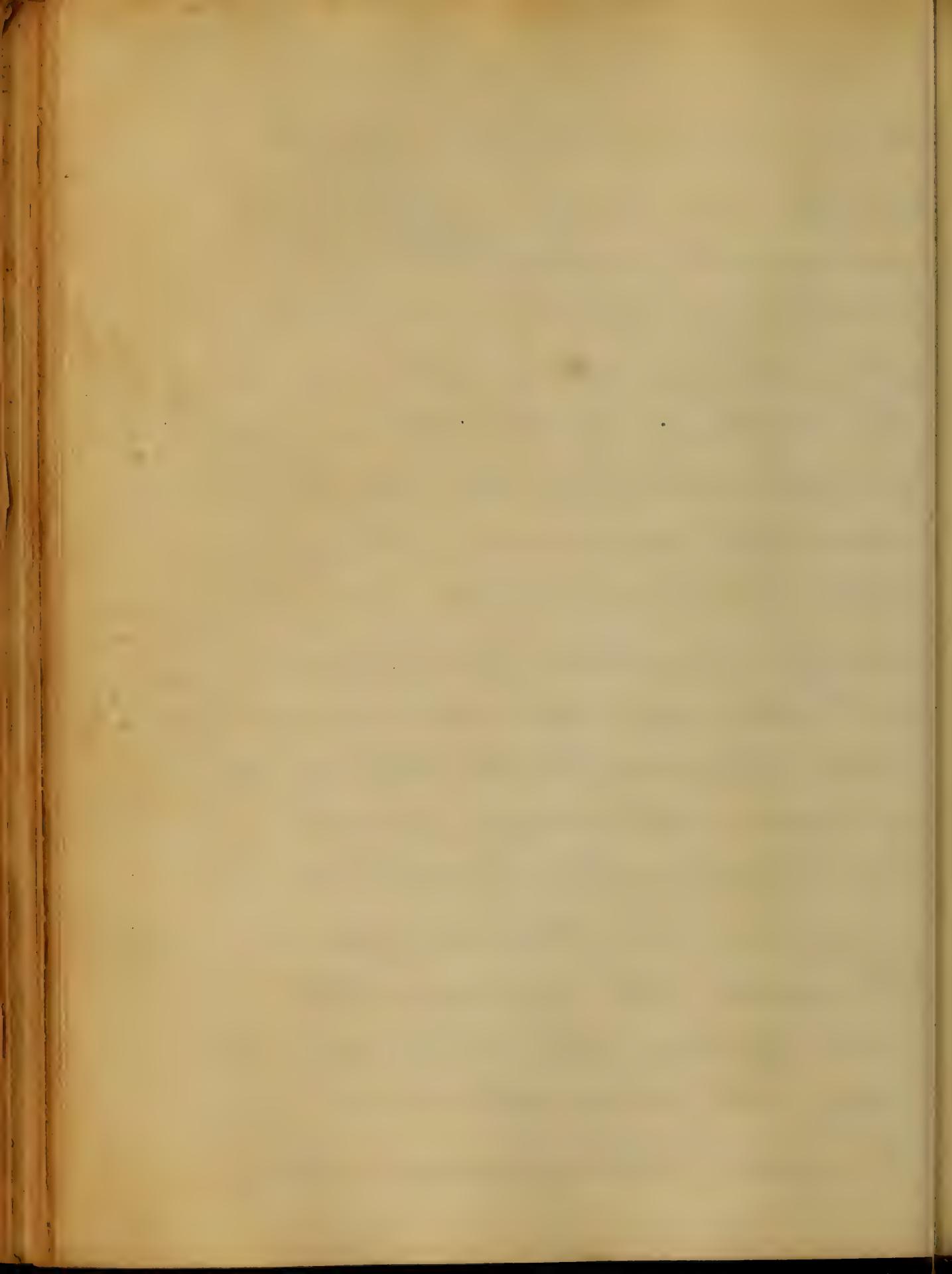


which may be used, I am
producing the finger into the
eye, and pushing the
lids up, and then con-
fining the patient in a dark
room further, out of the way
of inflammation in your
eyes, nose and fingers.

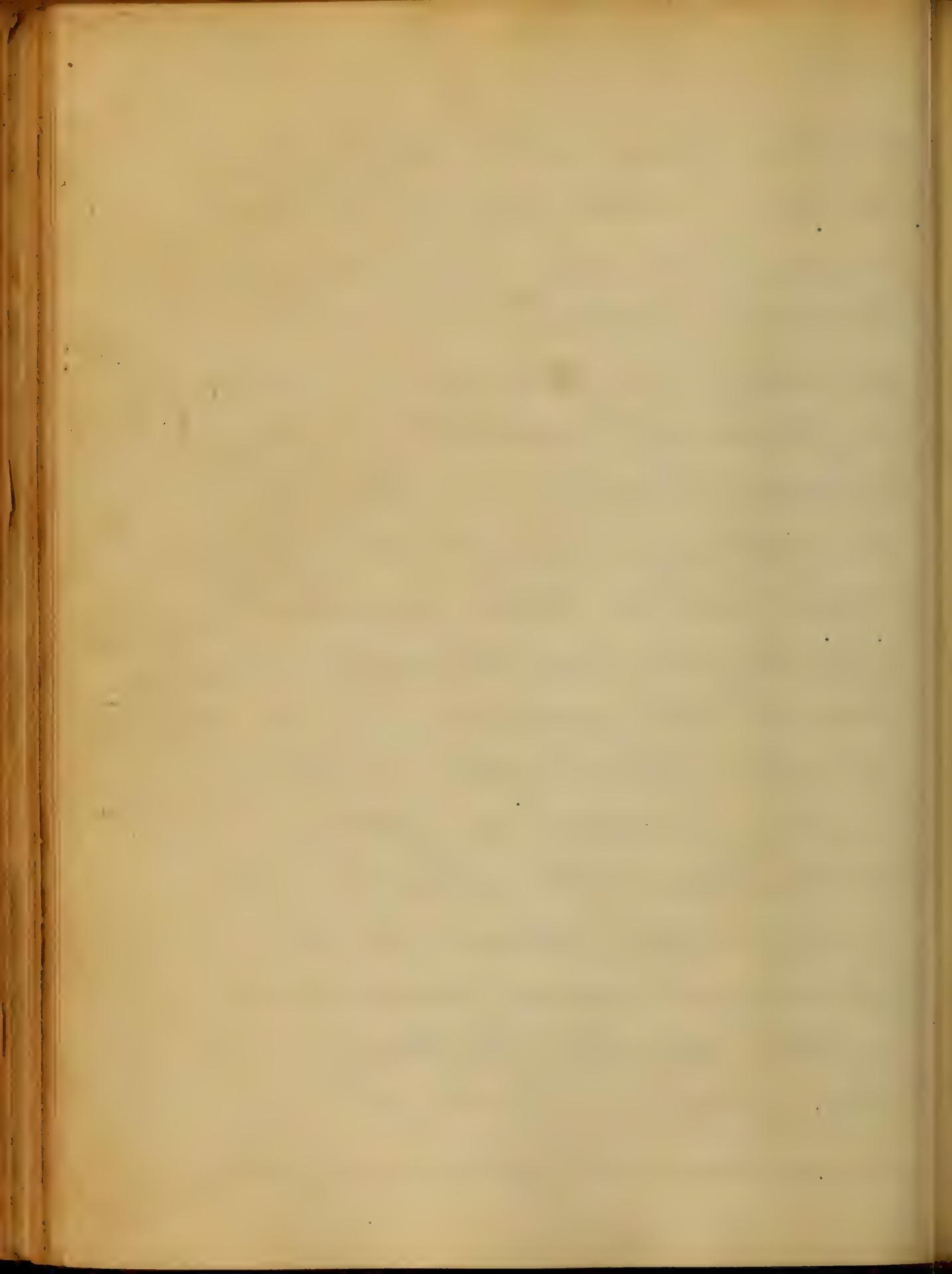
I will say, the best way
to get rid of the eye
is to wash it with water,
the water, the water of the
various kinds of fishes,
would be a long and tedious
process, I will therefore give a
description of what you'll find
and I therefore, will endeavor
to subject to my writing
the most common of them;



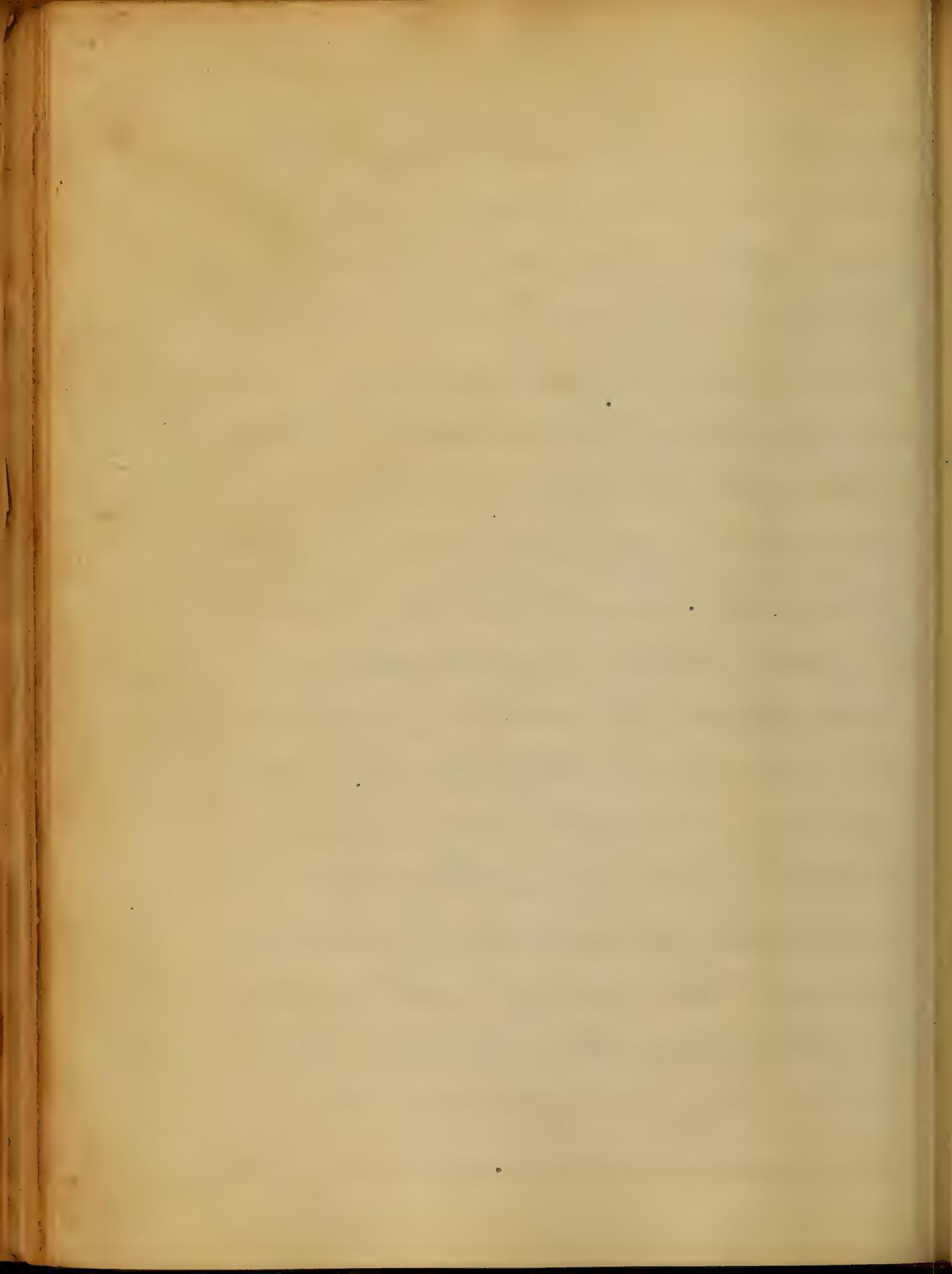
and will visit a bird the
effigy of which, with the
name of the peacock, and pur-
porting it, was found on
the plant of the instrument.
In addition to the above, the
effigy of the peacock
and the representation of
allus. Several mouths are usu-
ally required. The beard
for changing the instrument,
will depend on the kind of
it used. The most popular
is the mouth, and known as
Leparis, or the Choccus, or
Deuces, the species, the
lisp of the peacock, the
way, the number, and
young globe peacock. All



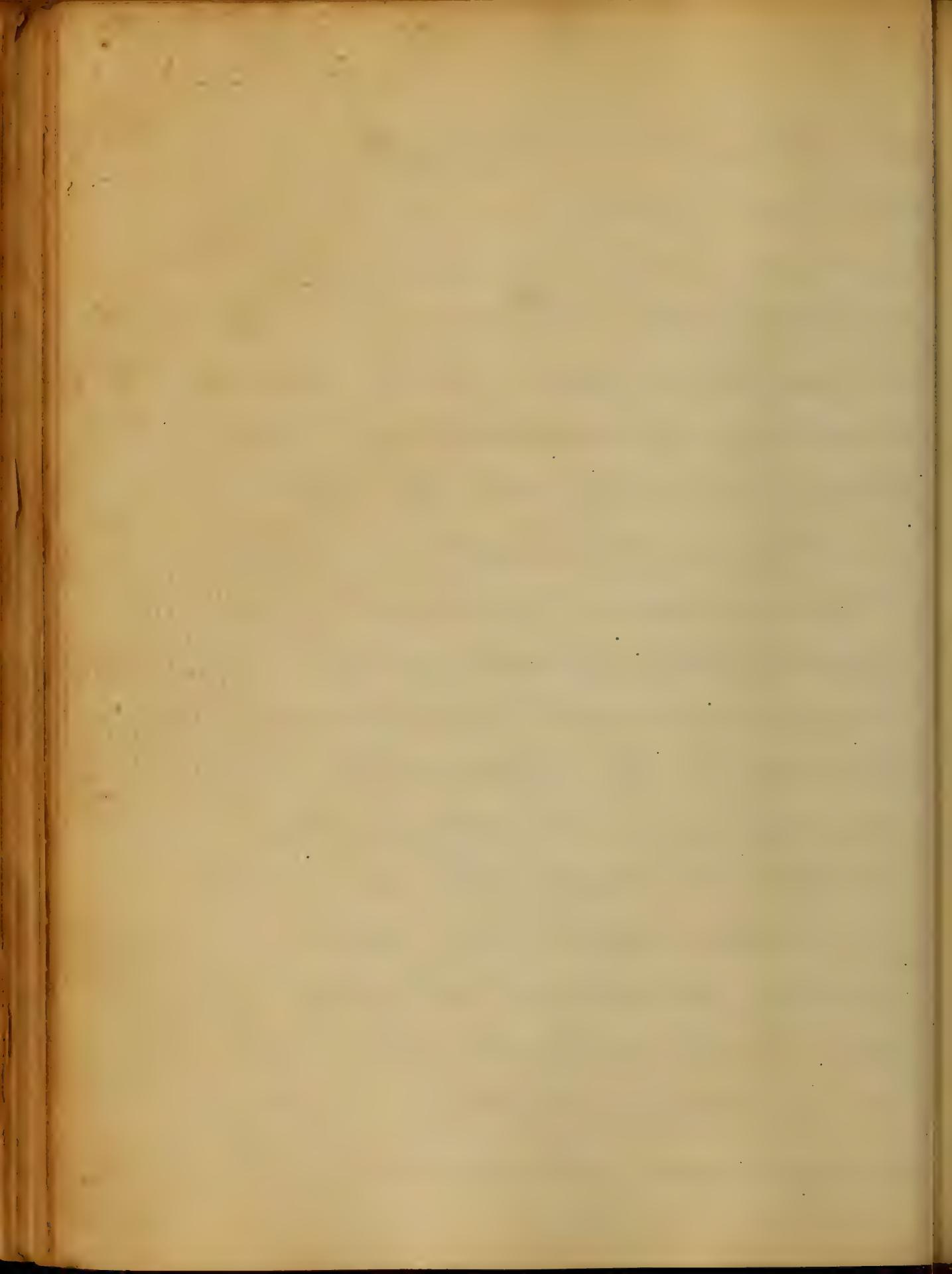
of these, except the very few
made of thin plates of sil-
ver, which are mounted and
heavily decorated. The
pepary is made of leather
or a piece of matto, piping
and binding it round
and flattening it out
and it is then stiffened
with a hollow, or bullet made
with the crating of
the bullet. Before
the percha is affixed
it is, and the bullet
goes by the name of the
bullet or more common
willá percha pepary.
This pepary is usually
one of the first things



With you it is all the same, for
these cases, we should want to
something cheaper. This if you
preferable to the other kind.
These are inconvenient though,
as they might fit one or other.
The others though are better,
but even so not much. The
patient goes to bed, and
comes up in the same
time with the other instruments
mentioned. They can be used
several months at a time,
without doing any damage.
I would prefer to have them
at the end of the spring
so that it would be longer,
and the patient will be
induced, when there is silence

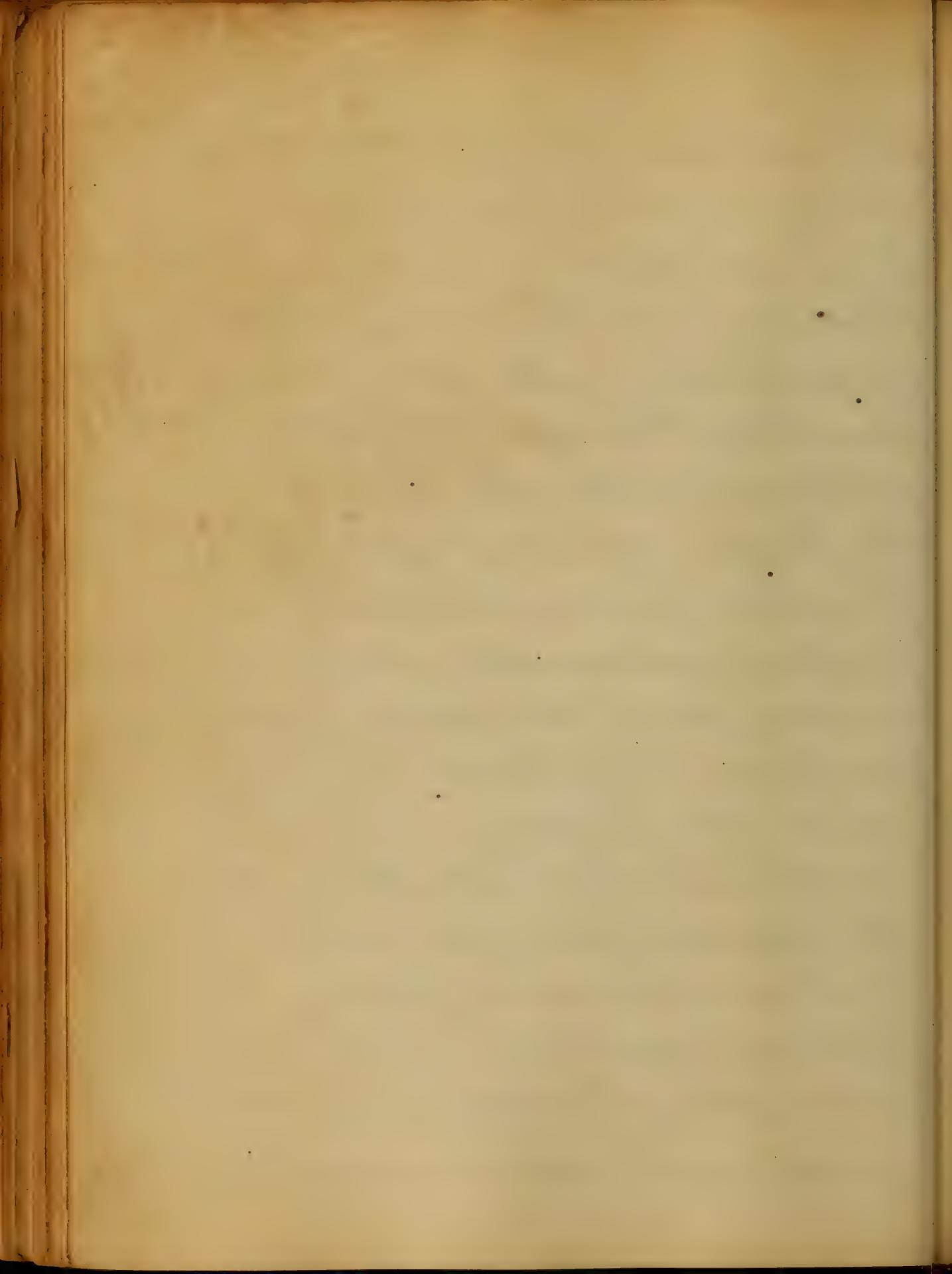


With regard to the instrument,
the most difficult part will be
to make it safe from the
burnt wood. I suppose, if it is
carefully about will com-
plain of incandescence, and
fear would if to do so, the
instrument shrivelled up with
clawing, and a sudden con-
centrated heat of 100°
will melt the glass. It may
be necessary to take the
burnt wood, the instrument
being, it is necessary to
it, however, differ in some
it, or laid, and the glass
put into, should be slightly
warmed, so as to bring
out, it from the wood,
it will not get too hot.

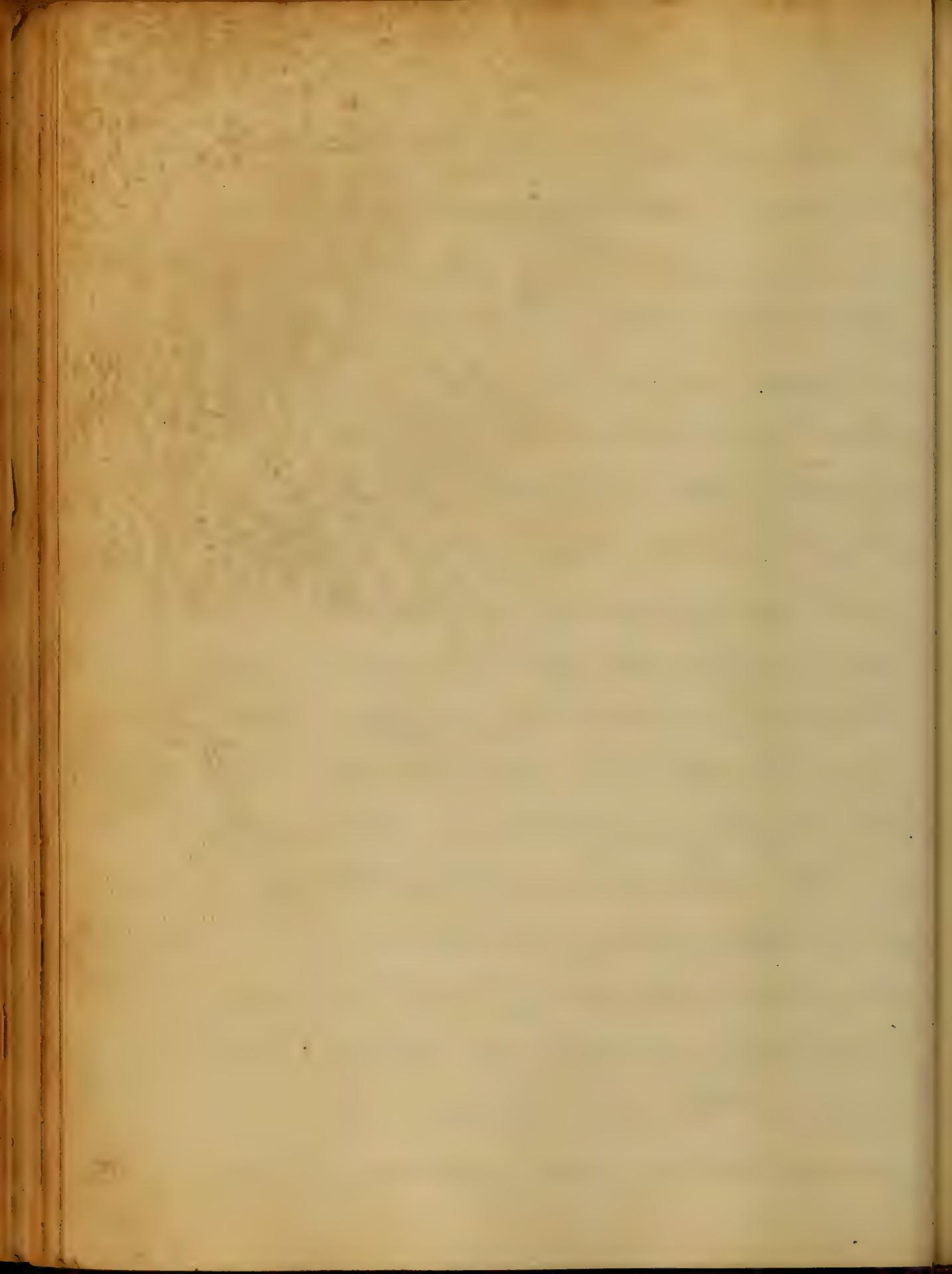


is to be at all, and the time,
when it reaches its proper
place, and the practitioner
has got to wait longer, it will
obviously be after from, and
prolonged. The effects of the
paper, if this is not of
the proper size, are apt to
produce poor and short
process, ulceration, and
inflammation, and his effects
are liable to follow.

On the paper there may
be either, white, yellow, or
the various kinds: and
that is the same paper
that all sorts of things,
brought in many ways, do
put to the other, especially

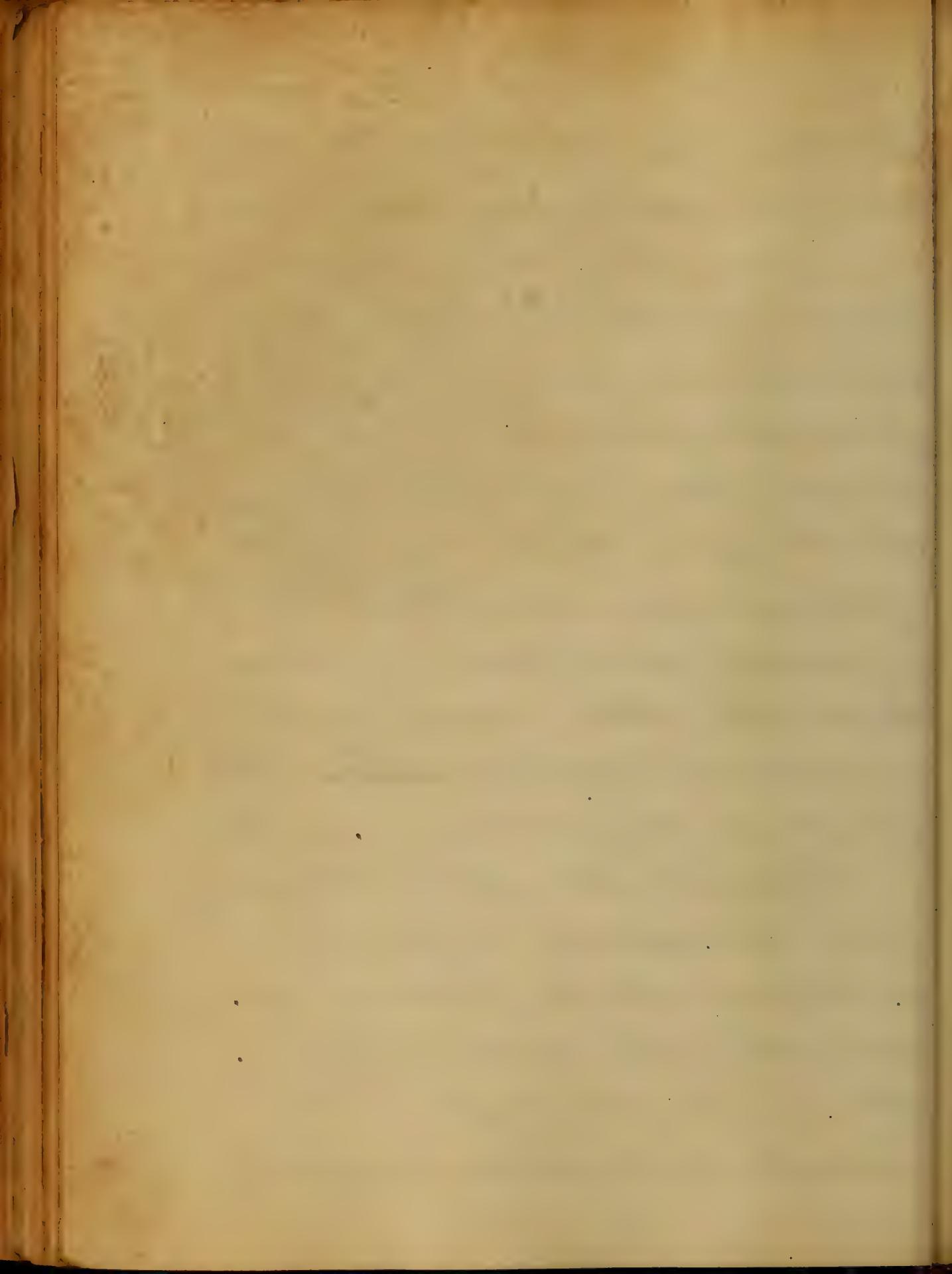


If the weight of my case
is correct, I will make it
applicable. When you receive
your copy of the first volume,
sewed on a small book
chain, about the size of a
pocket book, and it will
be more secure and convenient
with a case or two,
when you are
travelling. This is if you can
have a wide pocket or a
pocket which is not
so deep, if it does not exceed
the thickness of the
feather, we fastened to
the middle of the page
and, I mean of this
case. This instrument
must be an office or an



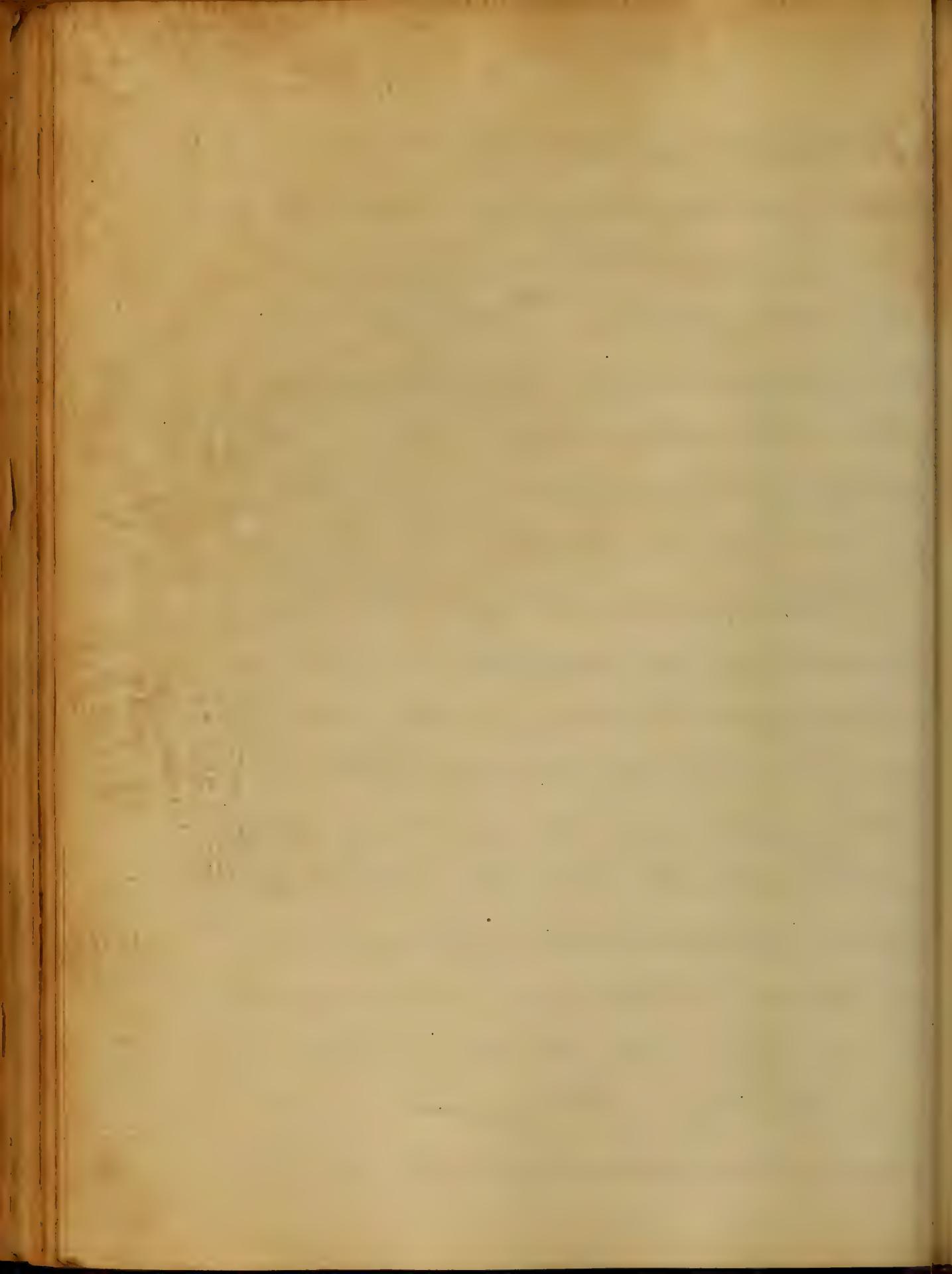
first those that goe by the sea,
but a sounder if placed so much
more convenient if the longer
piece of timber be long enough
to hold them down. It is common
for masters who have been
proven海上...and obtaining
the charge, has but an
opinion, etc. etc. no
peremptory force, whereby this
lige, the other end, cannot
be caused to remaine within
the walls of the port.

Preparations should not be made,
when the woman is pregnant,
as they may affect the pregnancy, the
convenience of the situation of
the ship, see with other things
the cost of the work to be done,



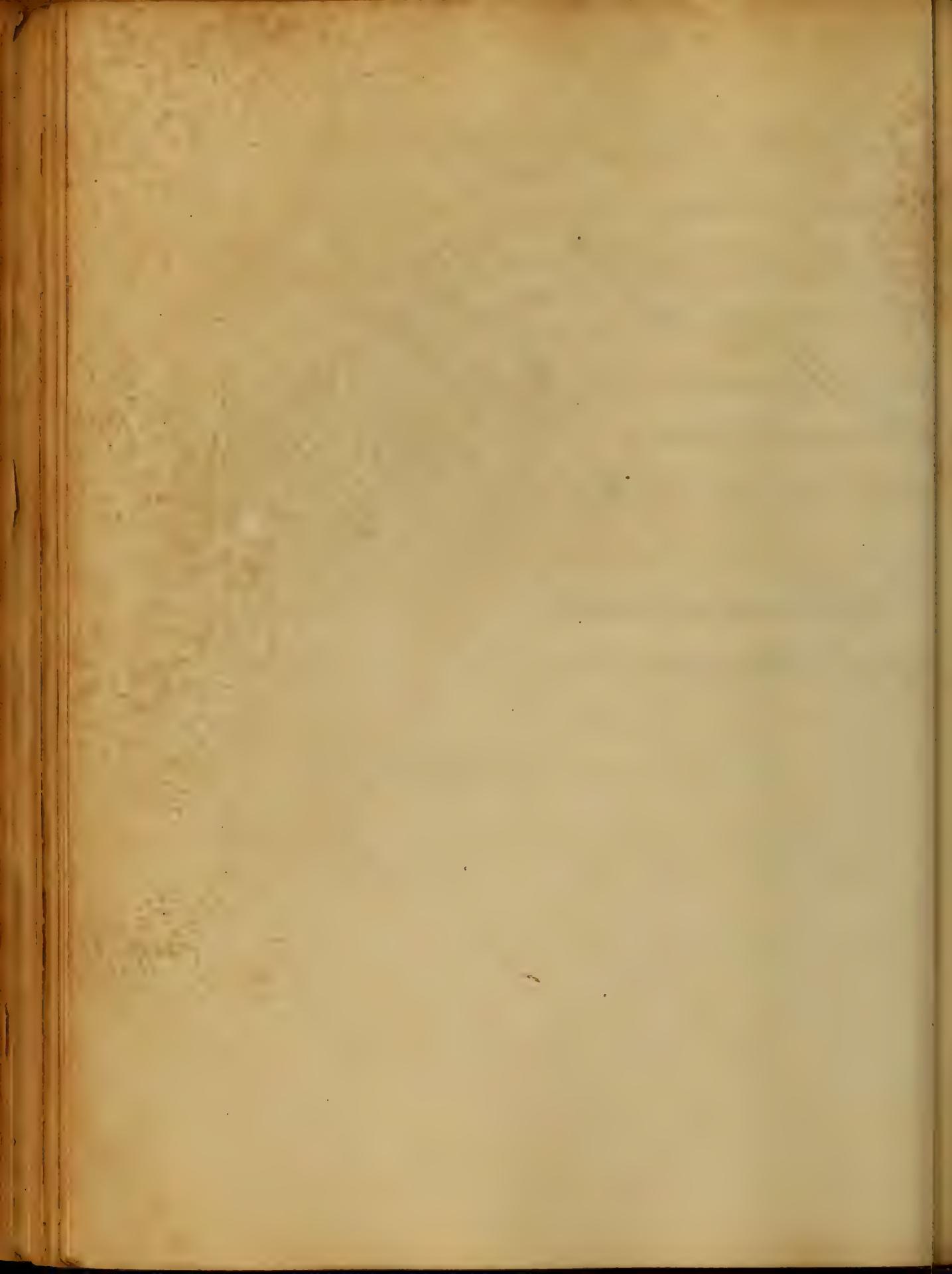
Indicated which has been
recommended, and are said
to be of great value, both in
the diagnosis, and palliation
of the disease, and supplying
the ~~the~~ ^{the} ~~affection~~ ^{affection}
of the patient, and removing
of the morbid substance.

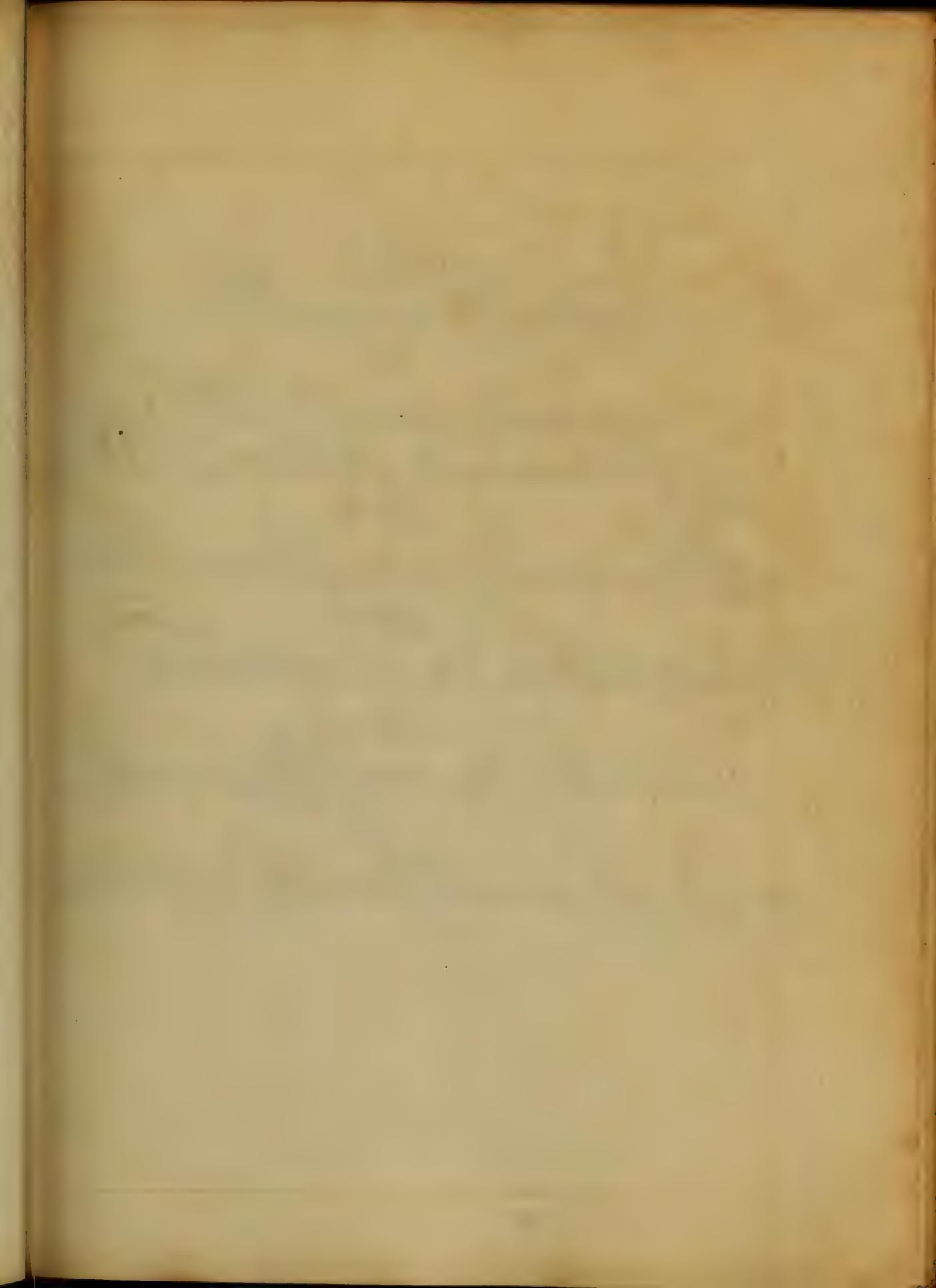
These are made of pieces of
cotton, and stuffed with
cotton, and always as just as
possible. They are to be kept in
their place by a napkin, and
closed to stop air from
coming in, so as to keep them
a time. These are to be used
and not to be washed.
They are given in the
real description of the disease.

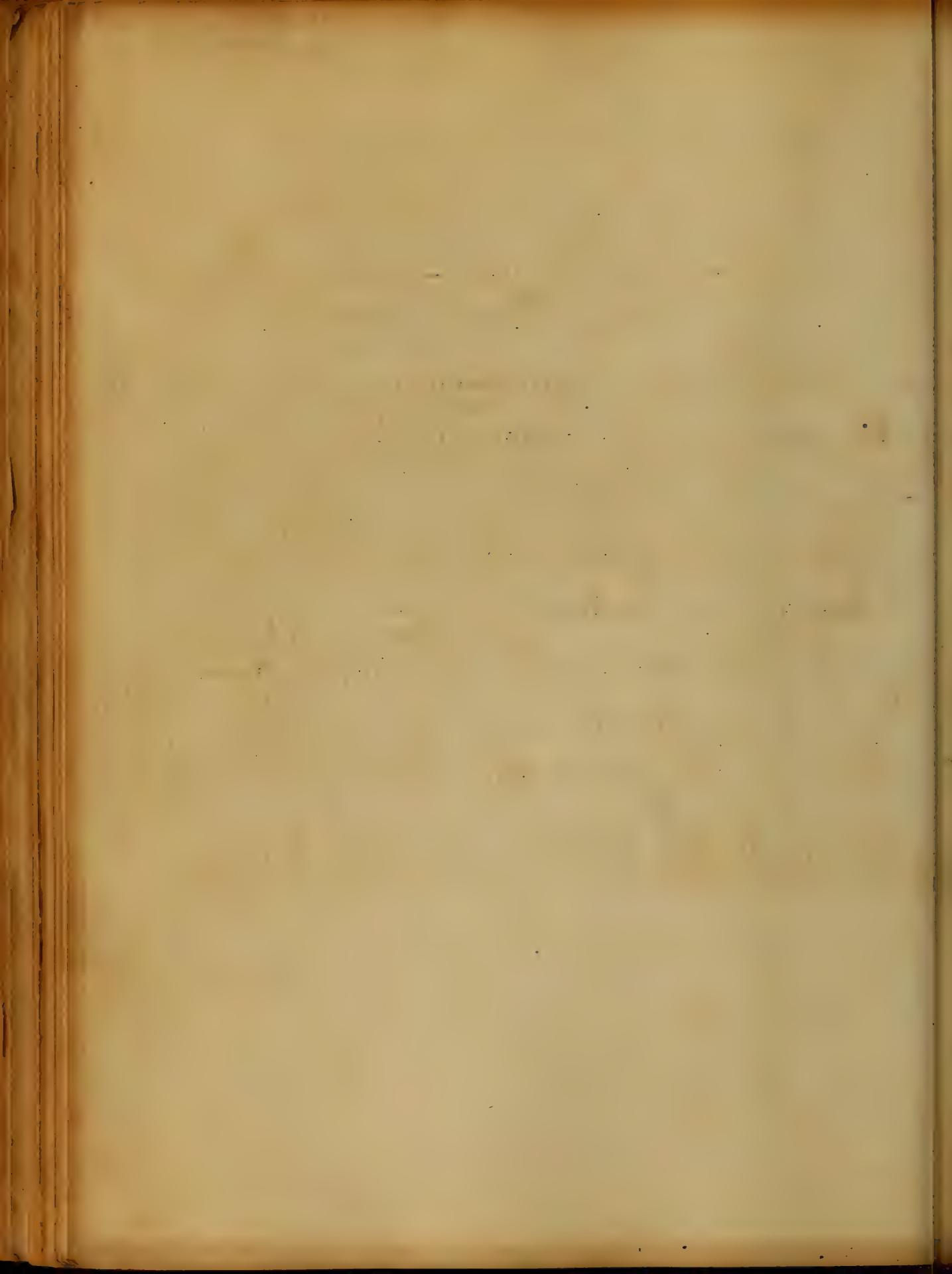


and sealment of Prospers
Ulrix, I now close it, and
it to the examination of the
Honorable body, consisting of
the Faculty of Physic, the
Provost, and Regent, of the
University of Bas-Sauvage, who
choose a Doctor, and which
I hope will meet with their
approbation.

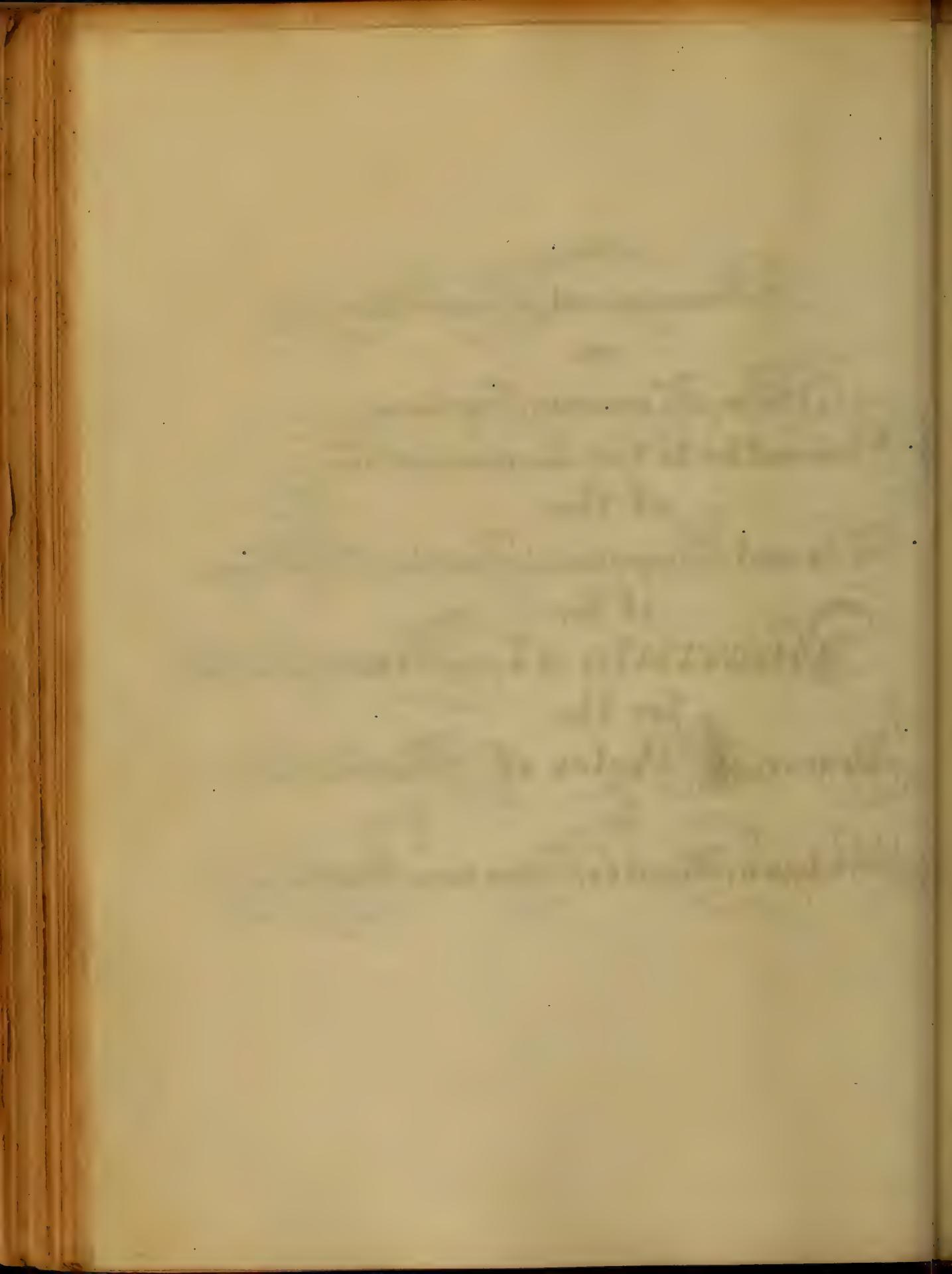
J. H. T. B.







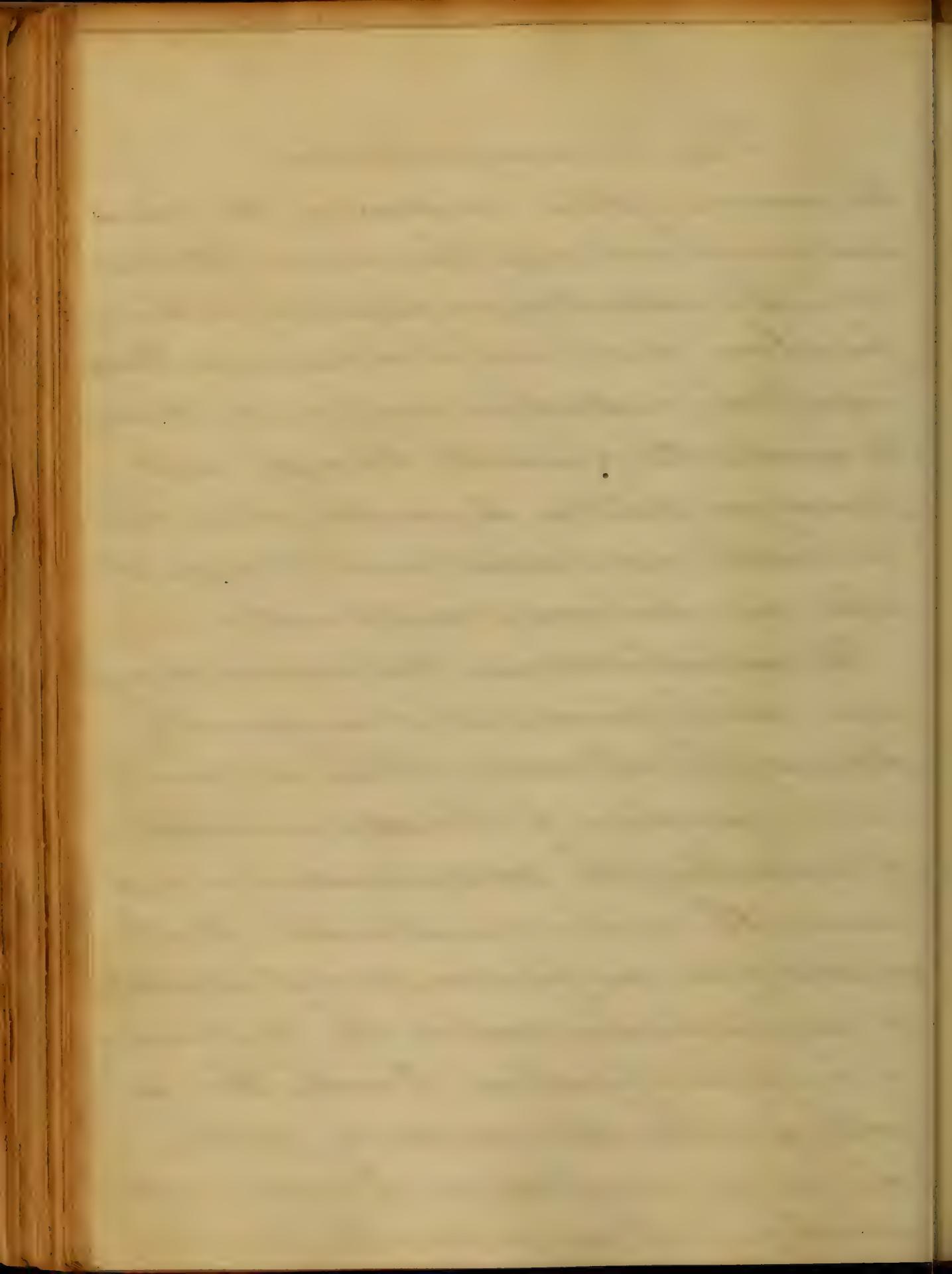
An
Inaugural Dissertation
On
The Nervous System
Submitted to the Examination
of the
Provost Regent and Faculty of Physic
of the
University of Maryland
for the
Degree of Doctor of Medicine
by
Richard Weston Johnson Barber



The Nervous System.

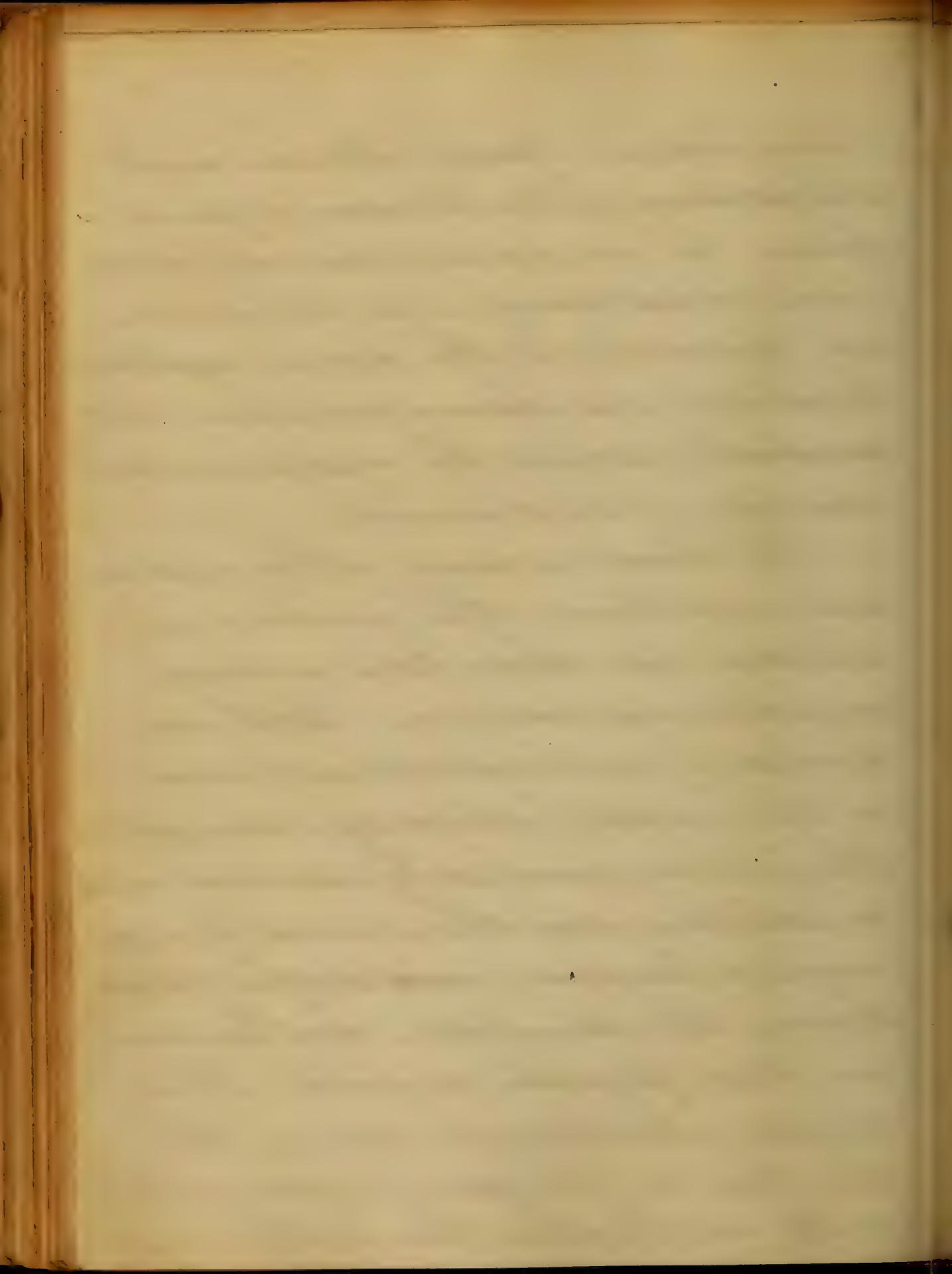
The nervous system consists of the brain and spinal cord with their nerves. Its study is highly interesting, in regard to its healthy functions, and morbid phenomena. Though imperfectly understood, sufficient is known to guarantee plausible theories, and practical data in its investigation, both in health and disease, and to regulate also our diagnosis and practice;

We cannot determine the organic change upon which functional derangement to depend, in all cases. This is owing, in the first place, to the impossibility of penetrating the solid structures which encase the cerebro-spinal center. In the second place, we find no special adaptation of any particular part to the performance of a special function. Thirdly, there is nothing in the intimate study of the chemical constituents of nervous matter, which furnish us a clue to its vital



manifestations. Fourthly, the same result does not always follow the same organic lesion. We can, however, generally determine, what particular phenomena are traceable to the nervous system. Experience and observation alone will eventually unravel the mysteries which envelope it in obscurity.

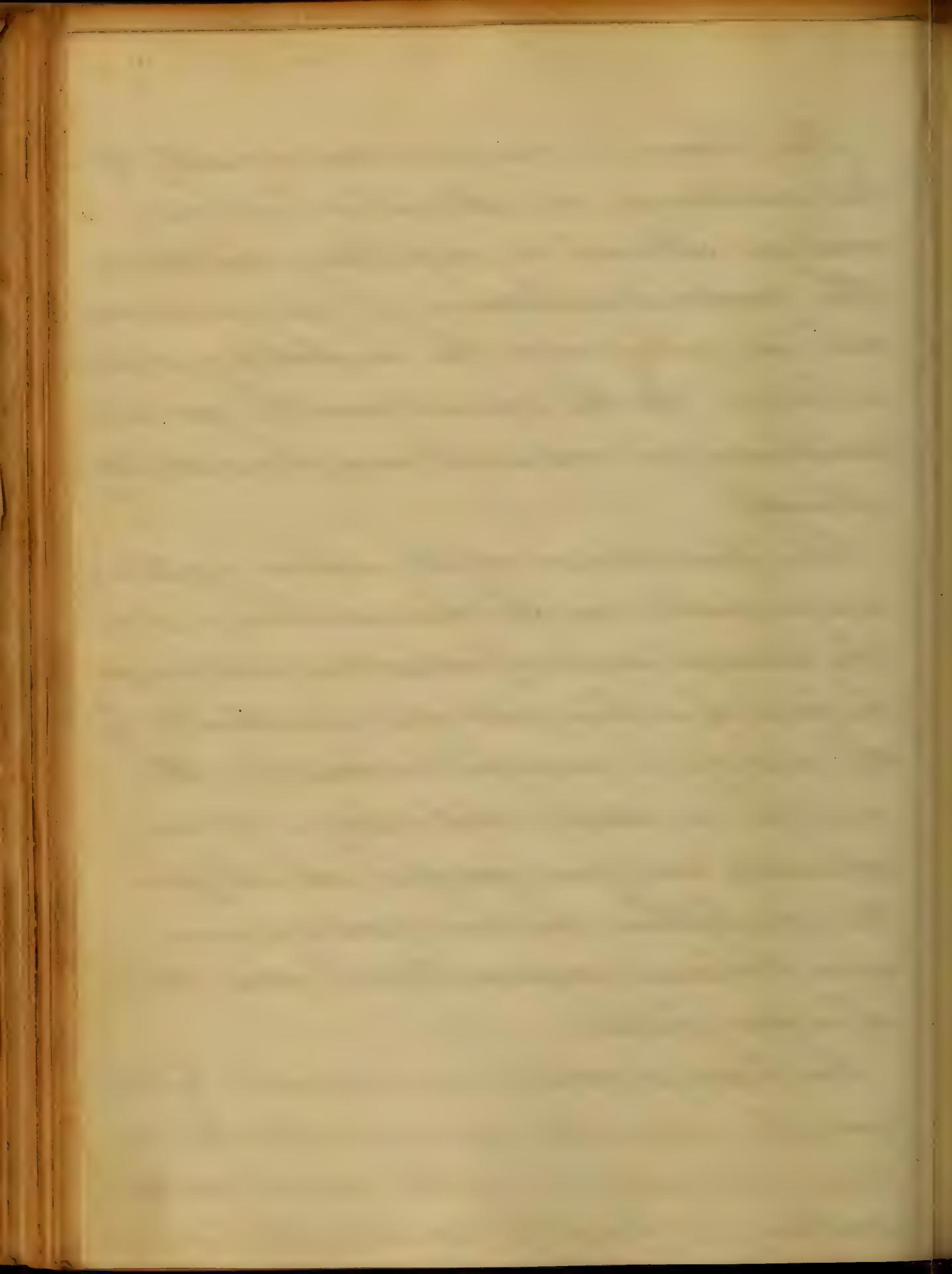
The brain consists of the cerebrum, and cerebellum. The cerebrum is divided into three lobes, anterior, middle, and posterior. Both are divided by a longitudinal furrow in the middle, extending antero-posteriorly. The first is marked by numerous round convolutions, and the second by superimposed laminae, and dipping down between the convolutions and laminae are deep furrows or sulci. These are more developed in size, in the old than in the young; more numerous in the intellectual than in the idiot.



The brain is composed essentially of two substances, an external or cortical, and an internal or medullary substance. The cortical substance is gray or reddish ash in color and the medullary, cream colored. In the spinal cord the cortical substance is internal and the medullary external.

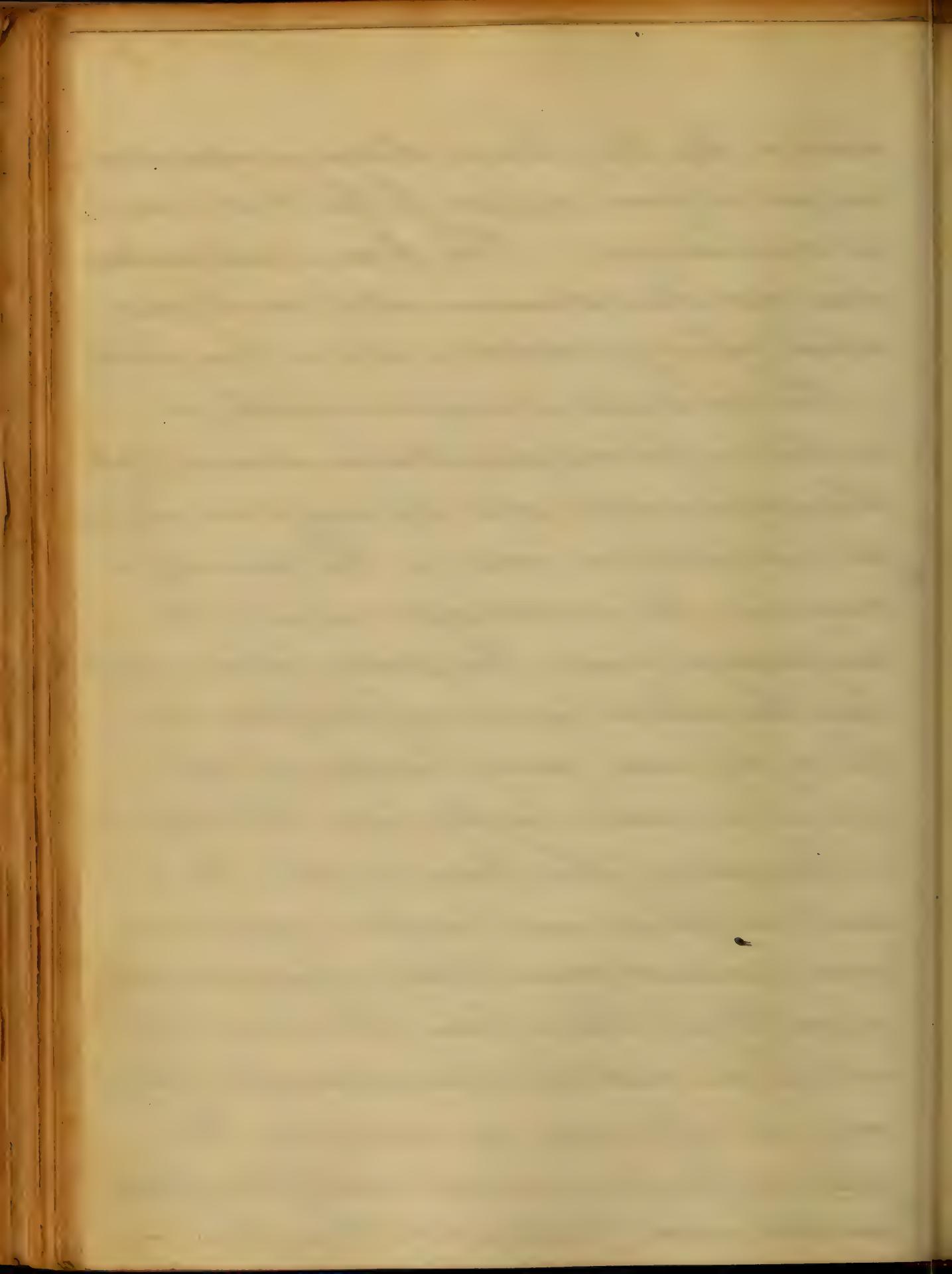
The first trace of the nervous system discoverable in the human being is in the second week of intrauterine existence, in the form of a line, just distinguishable by the aid of a powerful microscope. We next see a double cord, enlarged at one extremity into five ganglia, which form the cerebellum, corpora quadrigemina, optic thalamus, corpora striata and the olfactory bulbs.

The brain is enclosed immediately by the vascular pia mater, formed entirely of veins and arteries; by the serous arachnoid, secreting a fluid to render it more



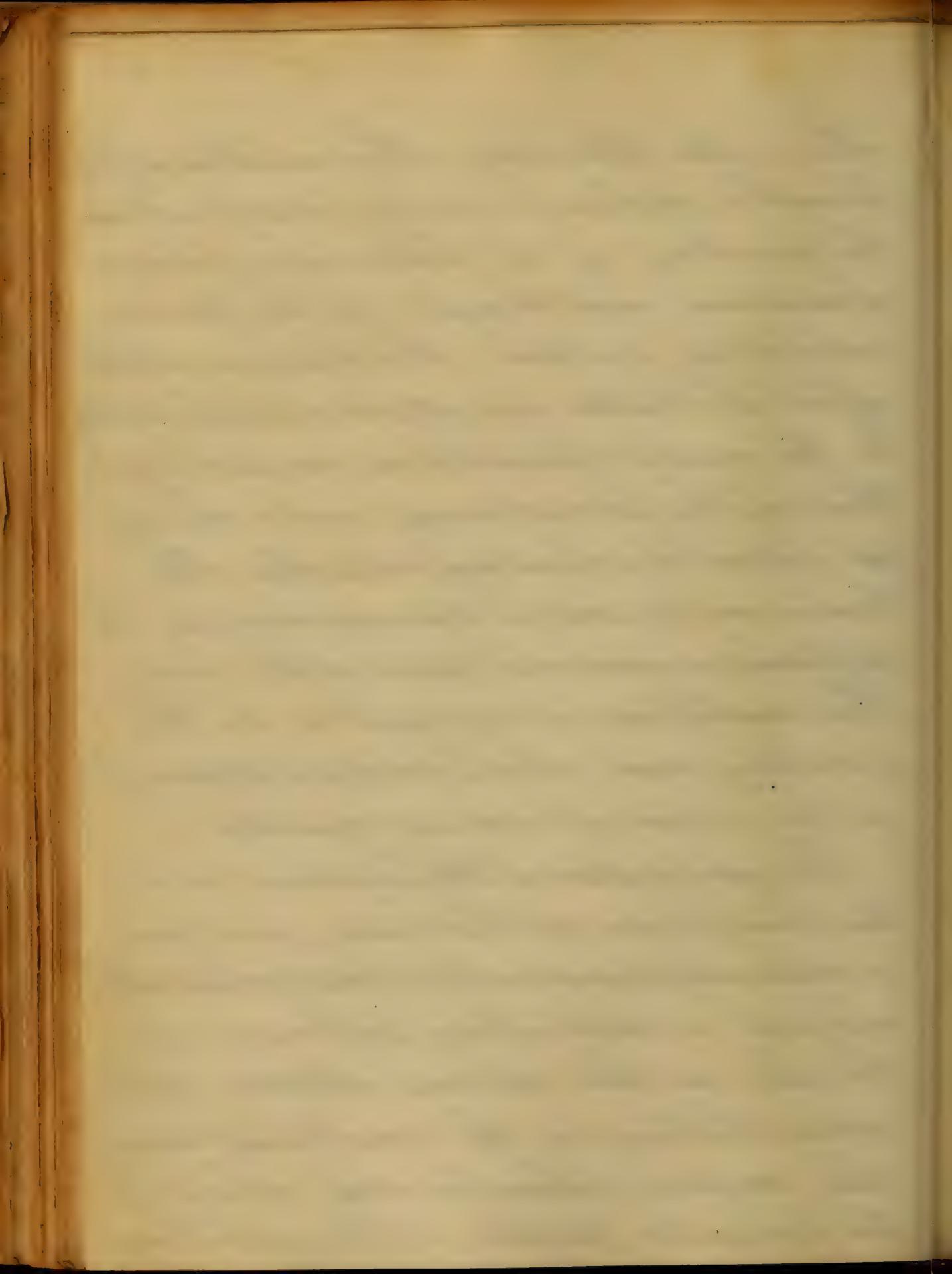
elastic; by the fibrous dura mater, serving as a firm support to the brain and its appendages. The brain also contains five cavities, denominated ventricles, which always contain more or less fluid.

The cerebrum is supported by the falx cerebri, a fibrous membrane derived from the dura mater, and dipping down between the hemispheres, and in the form of a crescent. It is attached above to the longitudinal sinus. The greater brain rests upon the orbital processes of the frontal bone, the body and greater wings of the ethmoid, and lastly upon the tentorium, a process of the dura mater. It is well supplied with arteries and veins and receives more than a proportionate quantity of blood from the heart. The arteries are destitute of an external or fibrous coat, and the veins are valveless. The arteries, therefore, are more liable to rupture and the veins to lurgidity, than those in



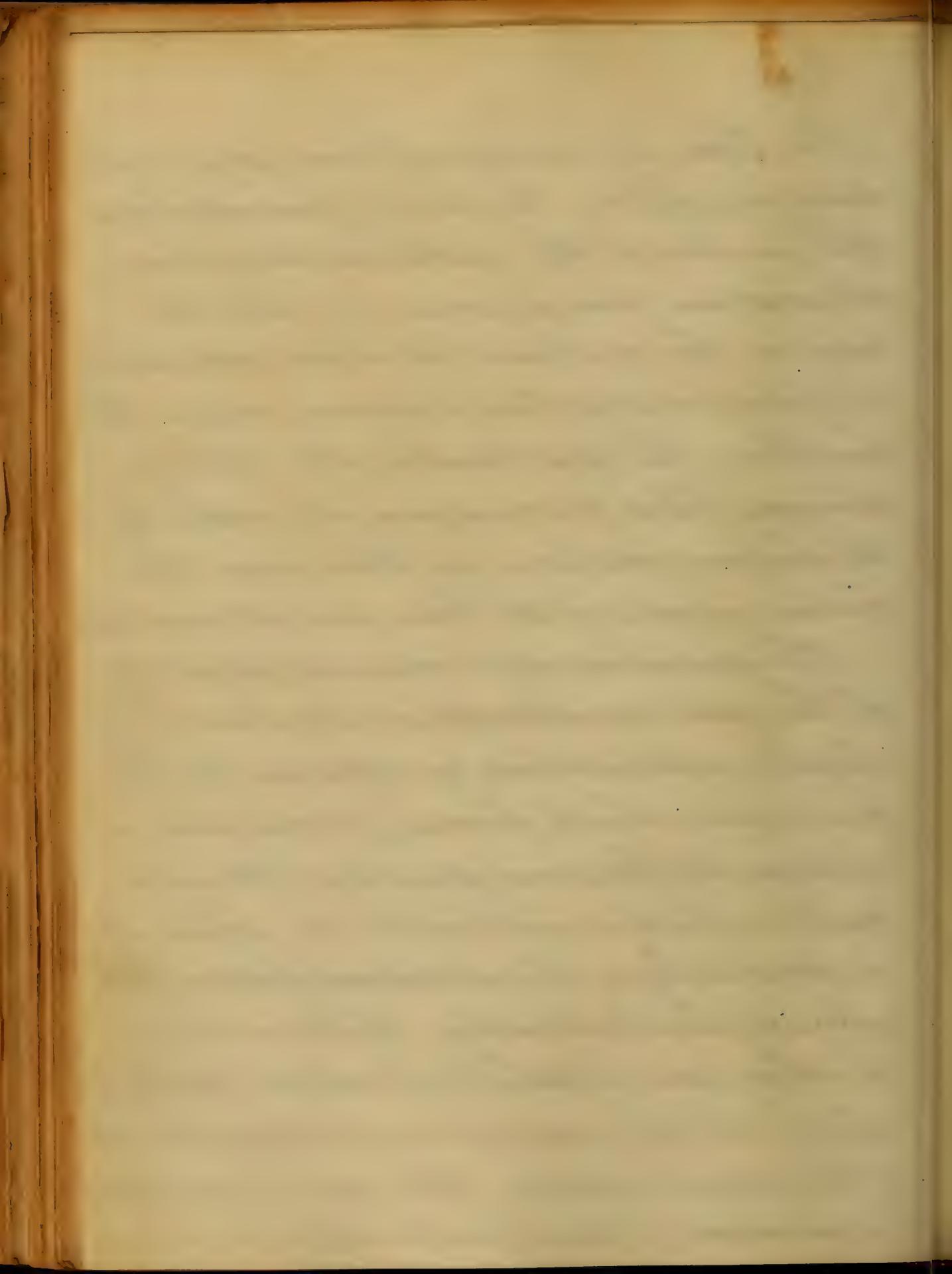
other parts of the body. The cerebellum differs from the cerebrum in size and functions. The functions of the latter are volition, sensation, and thought; of the former, voluntary motion. The diseases which affect the latter, are attended with injury to the mental faculties, in various degrees; those of the former, cause some change in action of voluntary muscles. The brain influences in various manners the different organs, and tissues of the body. The cerebellum is supposed to be the proshelling power which produces concurrence in the action of various muscles.

The grey matter is the formative or nutritive constituent of the brain, and forms a most important part of those portions which exercise a controlling influence over the rest, as the corpora striata and optic thalami in the cerebrum, and the corpora rhomboidea which is the formative ganglion of the cerebellum.



The brain is composed of converging and diverging fibres; the former proceed from the surface to the central portion forming the various commissures, of which we have in the cerebrum, the corpus callosum, the fornix, and septum lucidum, and, in the cerebellum, the pons Varolii; the latter, or diverging fibres proceed from the centre to the surface, and form in their course the various ganglia of the brain, and its convolutions.

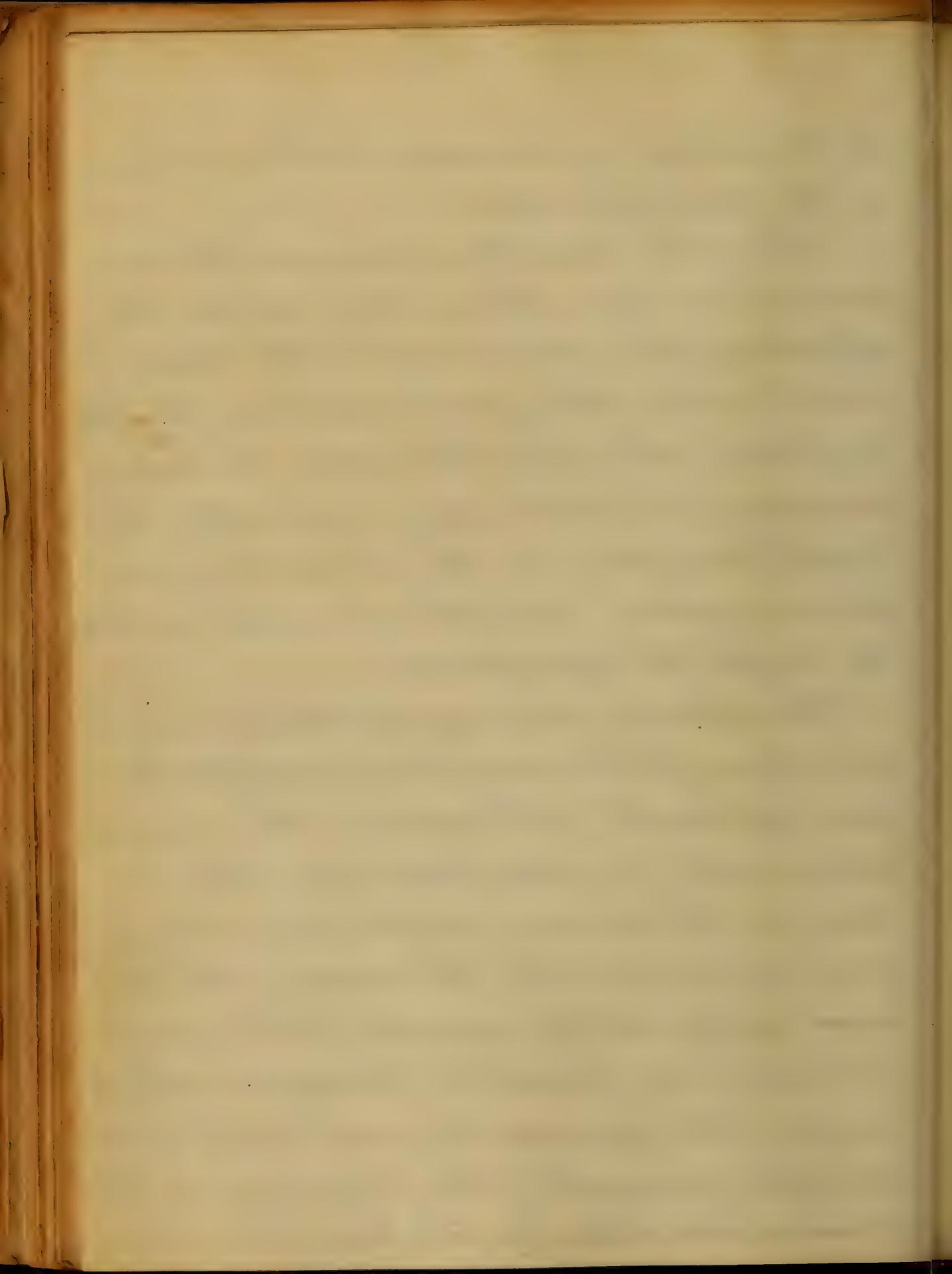
The spinal cord is composed essentially of the same constituents as the brain with slight modifications, in reference to the pia mater, which becomes fibrous, and in reference to the arrangement of the grey matter which is internal to the white. It is divided by a longitudinal fissure, both anteriorly and posteriorly. Between them, on either side is two slight sulci, through which pass the anterior, and posterior branches of the spinal nerves. The cord is supported by processes of dura mater called membranes



dentata, which is attached to the margin of the spinal foramina.

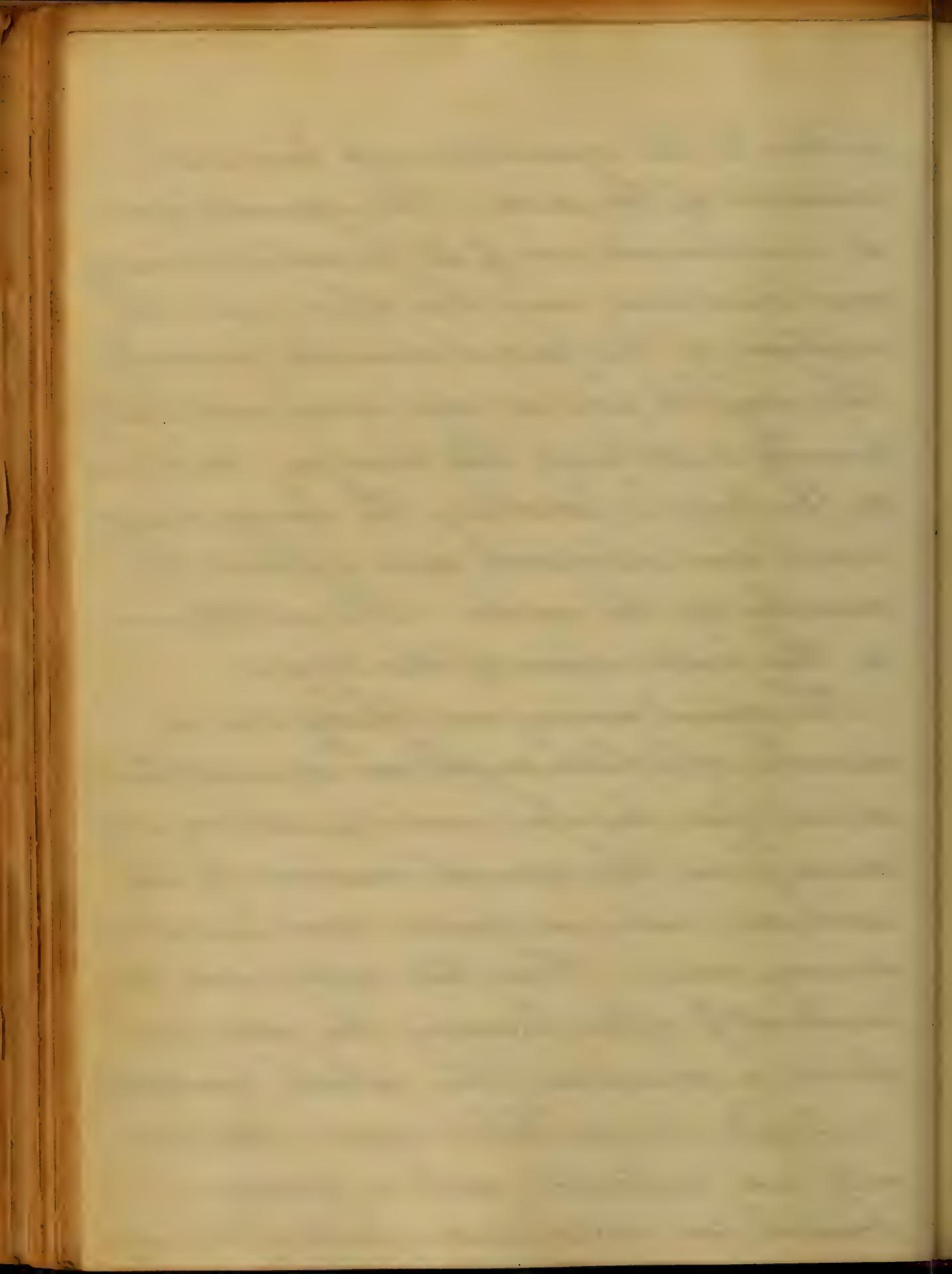
From the cerebellum proceed the nine cranial nerves. The first is called the olfactory; the second, optic; the third, motor oculi; the fourth, pathetici; the fifth, trigeminal; the sixth, abducens; the seventh, comprising the portio dura, and molle; the eighth consisting of the glossopharyngeal, pneumogastric, and spinal accessory; and the ninth, the hypoglossal.

The olfactory pair supply the Schneiderian membrane of the nose, and constitutes the sense of smell. The optic is the nerve of vision, and is distributed upon the inner-side of the coating of the eye in the form of a soft velvet tuft the retina. The third moves nearly all the muscles of the eye. The pathetici is directed to the superior oblique muscle of the eye and the sixth to the outer straight muscle. The trigeminal is the nerve of sensation in the face but gives



motion to the masseter, and temporal muscles of the jaws. The seventh pair is compound, one of its branches presiding over audition, and the other, over the motions of the facial muscles generally. The eighth pair is also compound, one branch supplying the pharynx, and back of the tongue, another, the larynx, lungs, heart, and stomach, and a third, the muscles of the neck. The ninth pair is the motor nerve of the tongue.

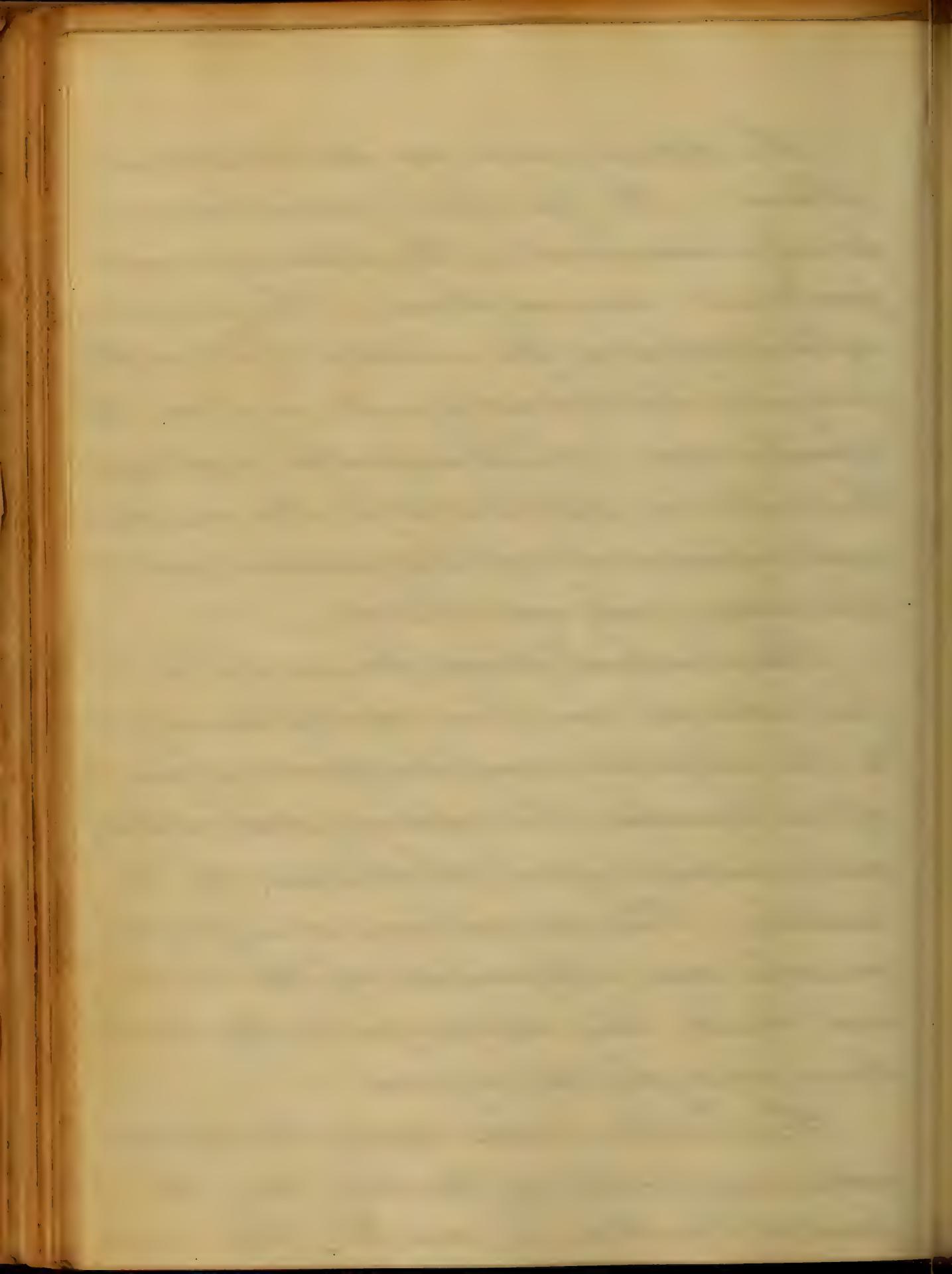
The spinal nerves are thirty one in number, of which, eight are cervical, twelve dorsal, five, lumbar, and six, sacral. They arise from the spinal marrow by two roots, an anterior motor, and a posterior sensory nerve. These two roots unite, immediately after leaving the cord and form a ganglion, from which proceeds a single nerve; that again divides into an anterior and a posterior branch, for corresponding sides of the body.



The spinal nerves are distributed, as follows. The first four cervical nerves form by communication, the anterior and posterior cervical plexus. The former after supplying the muscles of the neck anteriorly, and laterally, unites and forms the phrenic nerve, which supplies the diaphragm. The latter is distributed to the muscles and integuments of the posterior parts of the head, neck and thorax.

The brachial plexus, formed by the last four cervical and first dorsal nerves, goes to the shoulder, arm, and forearm, giving off, as branches, the cutaneous, ulnar, median, and muscular spiral, which sends off the radial. The dorsal nerves supply the muscles and integuments of the back and breast, and extends partially, to the loins, and gluteal regions.

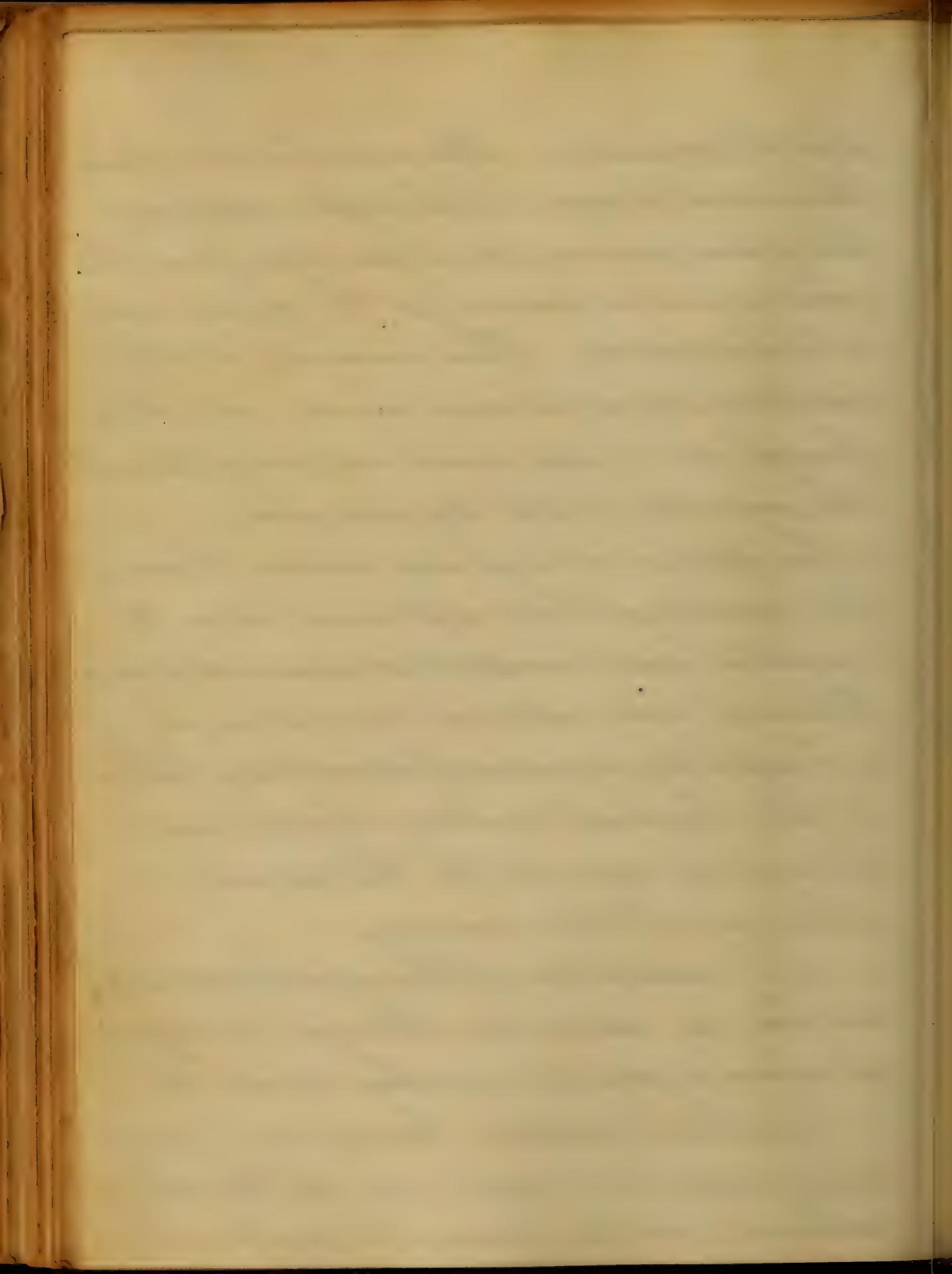
The lumbar nerves supply the surface anterior and posterior of the pelvis, and the front of the thigh, leg, and foot. They sup-



ply the muscles. The sacral nerves form the sacral plexus, which, after supplying the groin, perineum, and genitals, forms the great sciatic nerve, at the great ischiatic foramen. This proceeds to the popliteal space, where it divides, and then, through its various divisions, supplies all the muscles of the leg and foot.

The spinal nerves are nerves of animal life, exerting their influence upon the muscles, and muscular tissue of organs. External and internal irritation is conveyed, by means of sensitive fibres, to the spinal centre, whence an influence is carried to the same or other part of the economy.

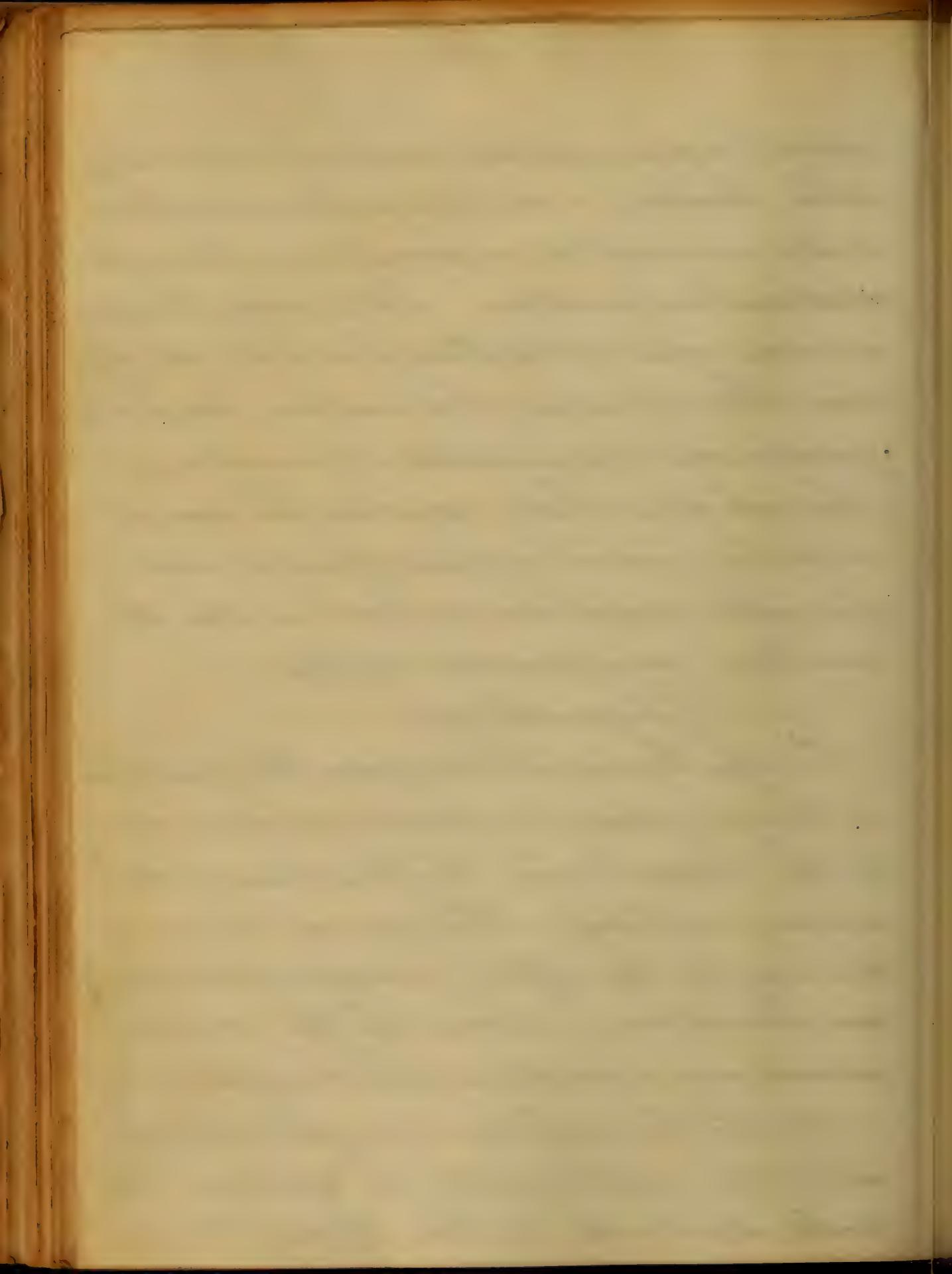
The nutrition of the various organs of the body is carried on through the system of organic nerves; in other words the splanchnic system. It arises from ganglia situated on each side of the spinal column, forms many important plex-



uses by communication, cardiac, pulmonary, solar, lumbar, and hypogastric, and presides over nutrition, secretion, absorption, and calorification. It presents, therefore, a wide and interesting field for study: and the extensive observations, and wise judicious experiments of modern physiologists have revealed the secret modes in which nature operates, and furnish useful hints, both in the observation and practice of physic.

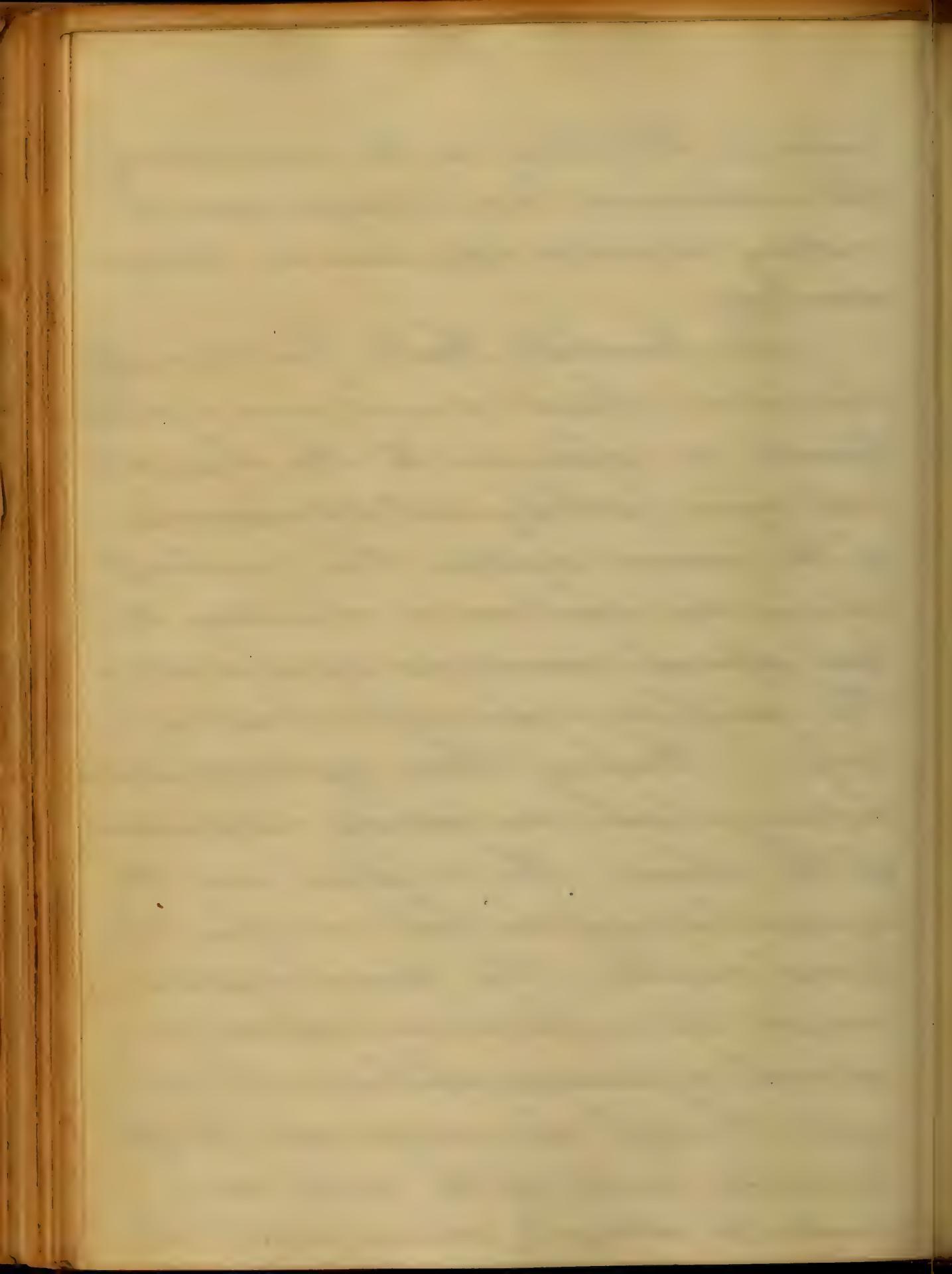
Physiology.

To the brain is assigned the functions of thought, sensation, and volition, and to the lesser brain, the function of voluntary motion. The spinal cord is the seat of the reflex or excito-motornervous function. Some of the cranial nerves are sensitive, which serve as sentinels to inform or administer, and the motory, which act as the will dictated. The spinal nerves



comprise both kinds in the same sheath,
the excitement being conveyed, and the
motory impulse returned in the same
envelope.

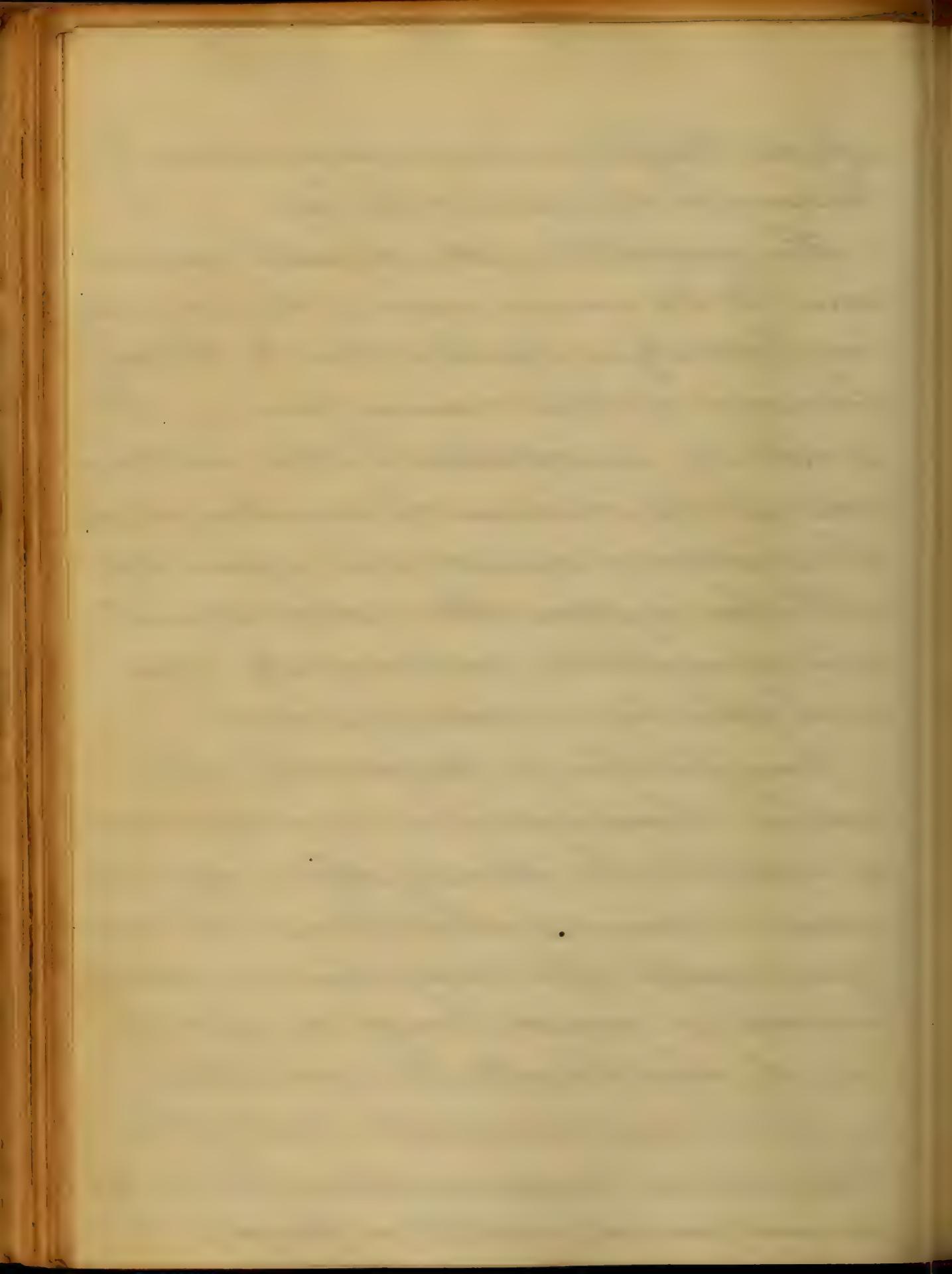
Dr. Marshall Hall first promulgated
the views, which are at present enter-
tained, in reference to the physiolog-
ical and pathological phenomena
of the nervous system. The cerebral
nerves are sentient or voluntary. The
true spinal nerves are excito-motory.
The ganglionic are nutrient and secre-
tory. Each of these systems produces
motions which are entirely independent
of the others. The cerebral and the
sympathetic systems both act upon the
spinal nerves. The spinal system
cannot act without some external or
internal impression which must be con-
veyed through an incident nerve to the
vesicular centres of the cord, and
medulla oblongata, whence it will be



reflected through one or more motor nerves to the same or other parts of the body.

The sympathetic system forms the nutrient nerve to the various organs of the body, acting involuntarily, in exciting them to the performance of their various functions. It is entirely uncontrolled by the will, but acts as the medium of connection between the systems of animal and organic life. All these systems, the cerebral, spinal, and sympathetic act powerfully upon each other in a state of disease.

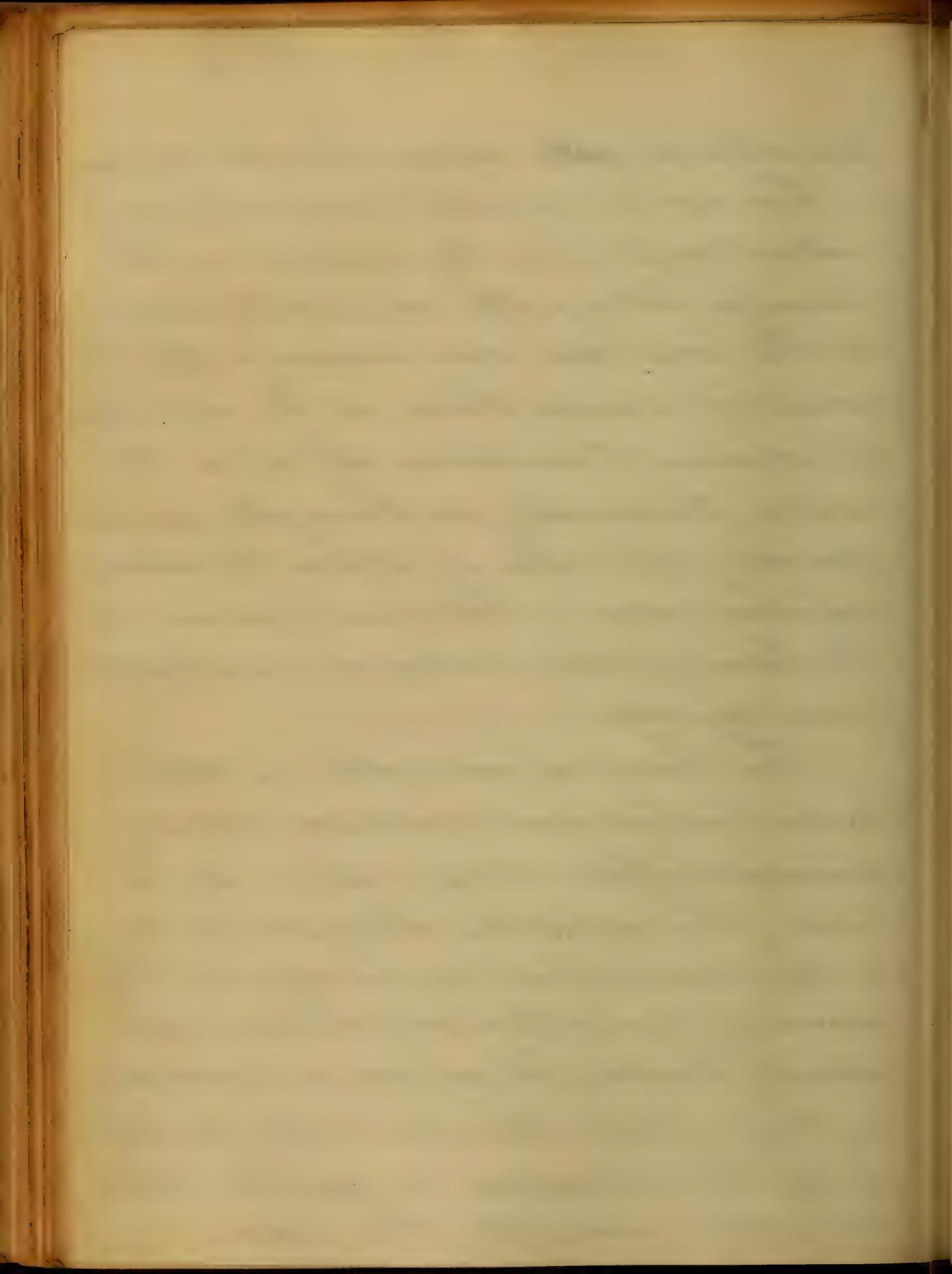
Every function is performed by reflex action. Some natural or unnatural excitation is applied to the extremity of an afferent nerve, or nerves of white fibre, to the central grey matter of the cord, whence a motor influence is carried through an efferent nerve of white fibre to the contractile surface most susceptible to its influence. The numerous communications between the various nerves enable a certain exer-



tant influence ~~to~~ impress the whole organism.

The cardiac systole, and pulmonary contraction produce two motions in the brain, by filling the cerebral arteries in the one case, and impeding the return of venous blood, in the other, as the expulsion of air causes the blood to remain, temporarily, in the right auricle, preventing the influx of it from the descending vena cava. Excessive pressure upon the brain produces coma; diminished pressure, syncope.

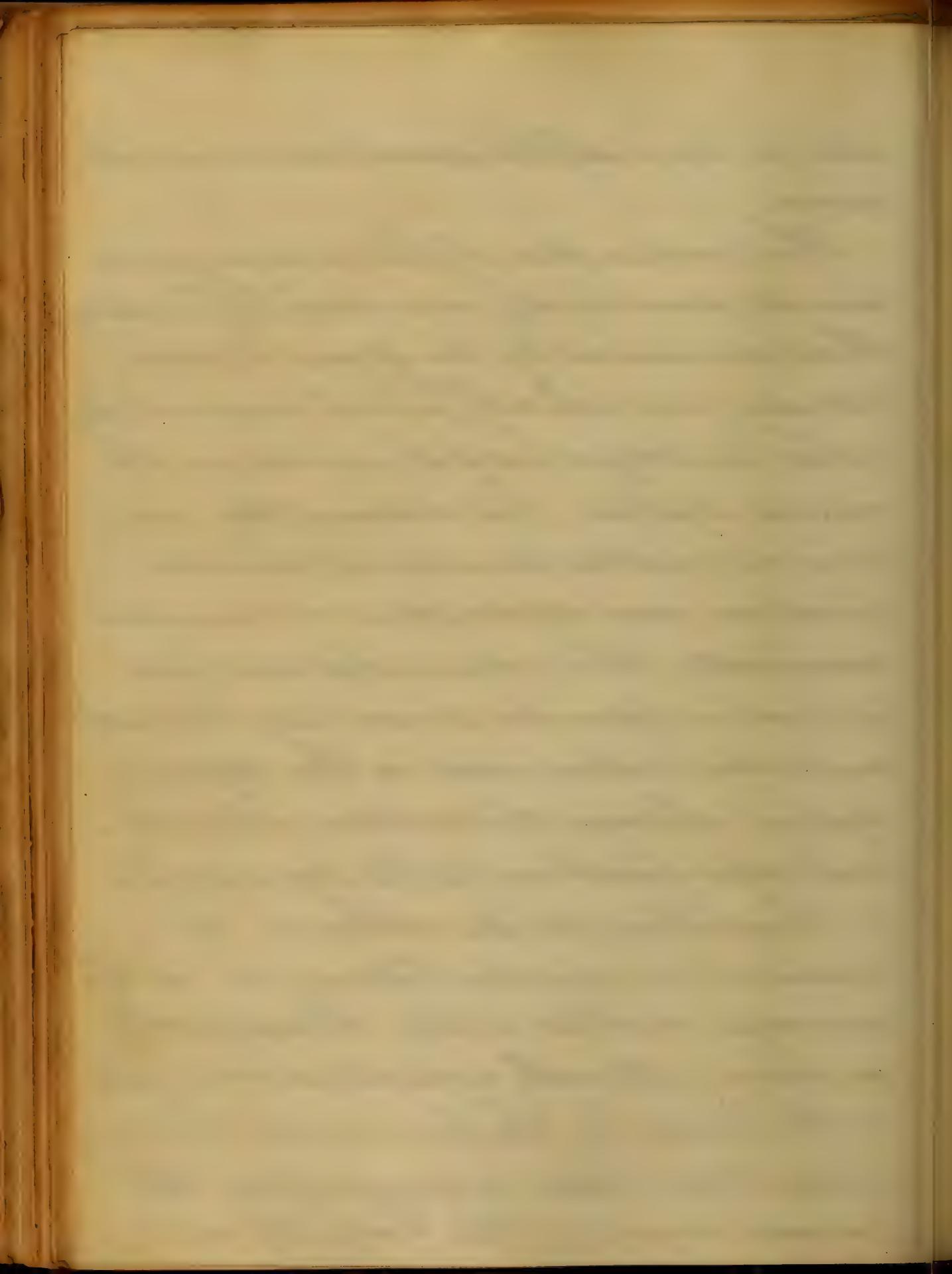
The brain is insensible in itself, it having been, in some instances, partially removed without impairment of its functions. The medulla oblongata, however, is the source of all or nearly all the nerves of sensation or volition, and cannot, therefore, be injured or removed without destruction partially or entirely of the sensation or motion which the nerve imports. The same may



also be said of the spinal cord, and its nerves.

The peculiarities of the nervous system are its sensibility, impressibility, or mobility. These are evinced by the degree of power, intensity, and velocity, with which any irritant, either healthy or morbid, ^{is} exerted upon the nervous system. In disease they are seen in exalted sensations, perverted functions, and spasmodyic or convulsive movements. Their diminished exercise is seen in perverted sensations, diminished muscular action, and in the organic system absence of secretion, absorption, and other functions of the sympathetic.

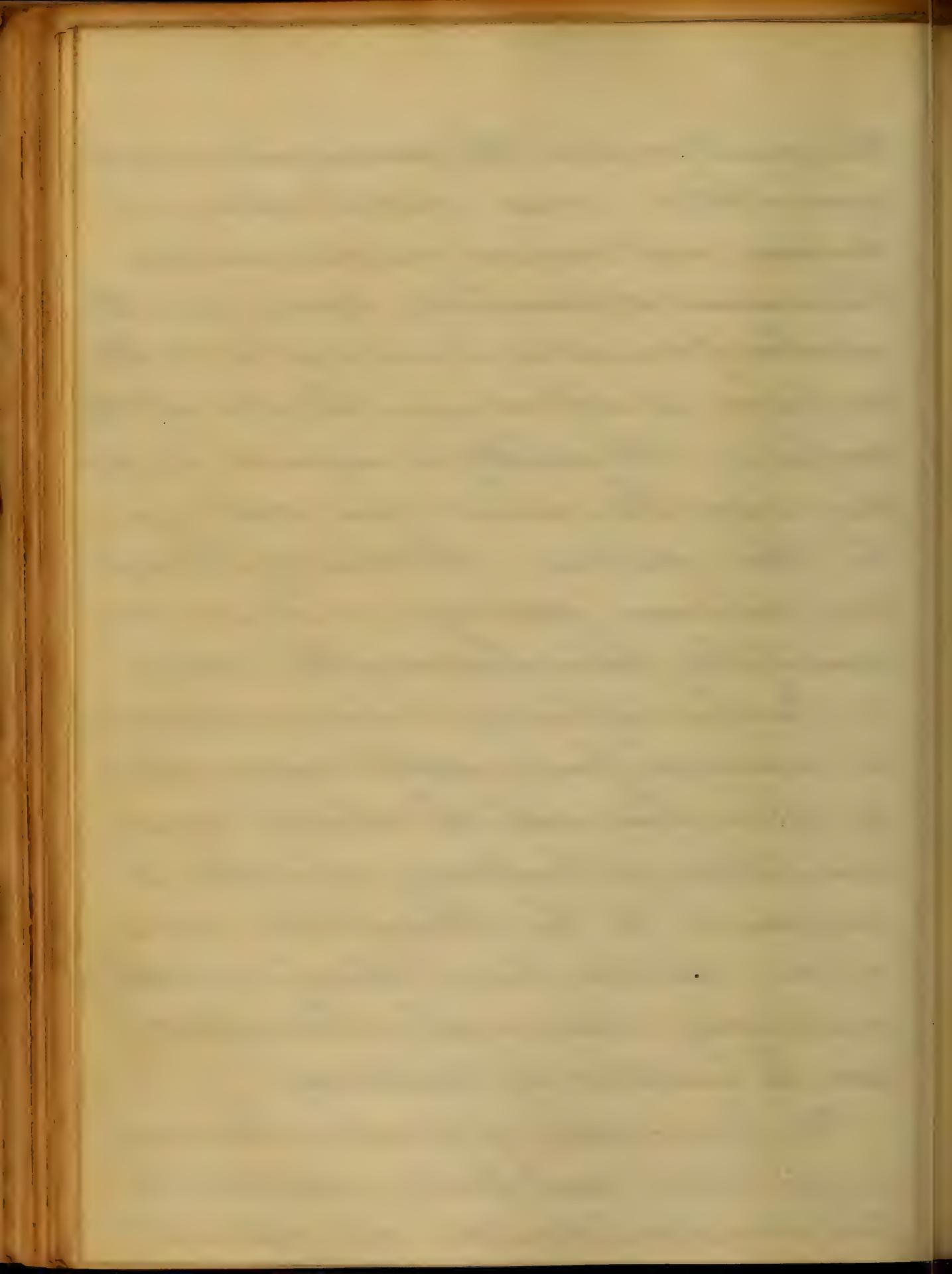
Sensation resides either in the cerebral or mucous tissue, or in the nervous matter itself. Consequently, we have external sensations, conveyed to the brain by the five organs of sense, internal or those conveyed from the various organs of the body through



the spinal cord or the pneumogastric and sympathetic; and cerebral shown in dreams, and various mental emotions. The amount of sensibility depends upon the number of sensitive nerves supplied to the surface, as well as upon the extent of the surface. Sensibility is impaired, by pressure upon the nerves, and destroyed by their division. Section of the spinal column destroys motion and sensibility below the seat of the section.

Nervous influence, it is now supposed, is conveyed, from and to various parts of the system with the velocity and similitude of lightning, and this is conjectured to be, through the medium of an elastic fluid, closely resembling electricity; inasmuch, as its effects can be imitated by electricity.

The five organs of vision, hearing, smell, taste, and feeling constitute the principal sources of external



sensations. They are all supplied with a special nerve of sense which is concerned in no other function. Their exercise is controlled to a greater or less extent by volition. Education, and use also perfect the organs as well as improve the power of the nerve. Strict attention will augment the utility and the power of the senses. The amount of attention given will constitute the active or passive exercise of it. The organs are mostly arranged in pairs, and when one is destroyed or impaired, the other is rendered more acute, and power, in consequence of the greater amount of nervous matter expended upon it to compensate for the loss.

The sense of touch resides in the skin and mucous membrane which is in contact with air, and its intensity or acuteness will depend upon the thickness of the cuticle. It is more apparent in the ends of the fingers,

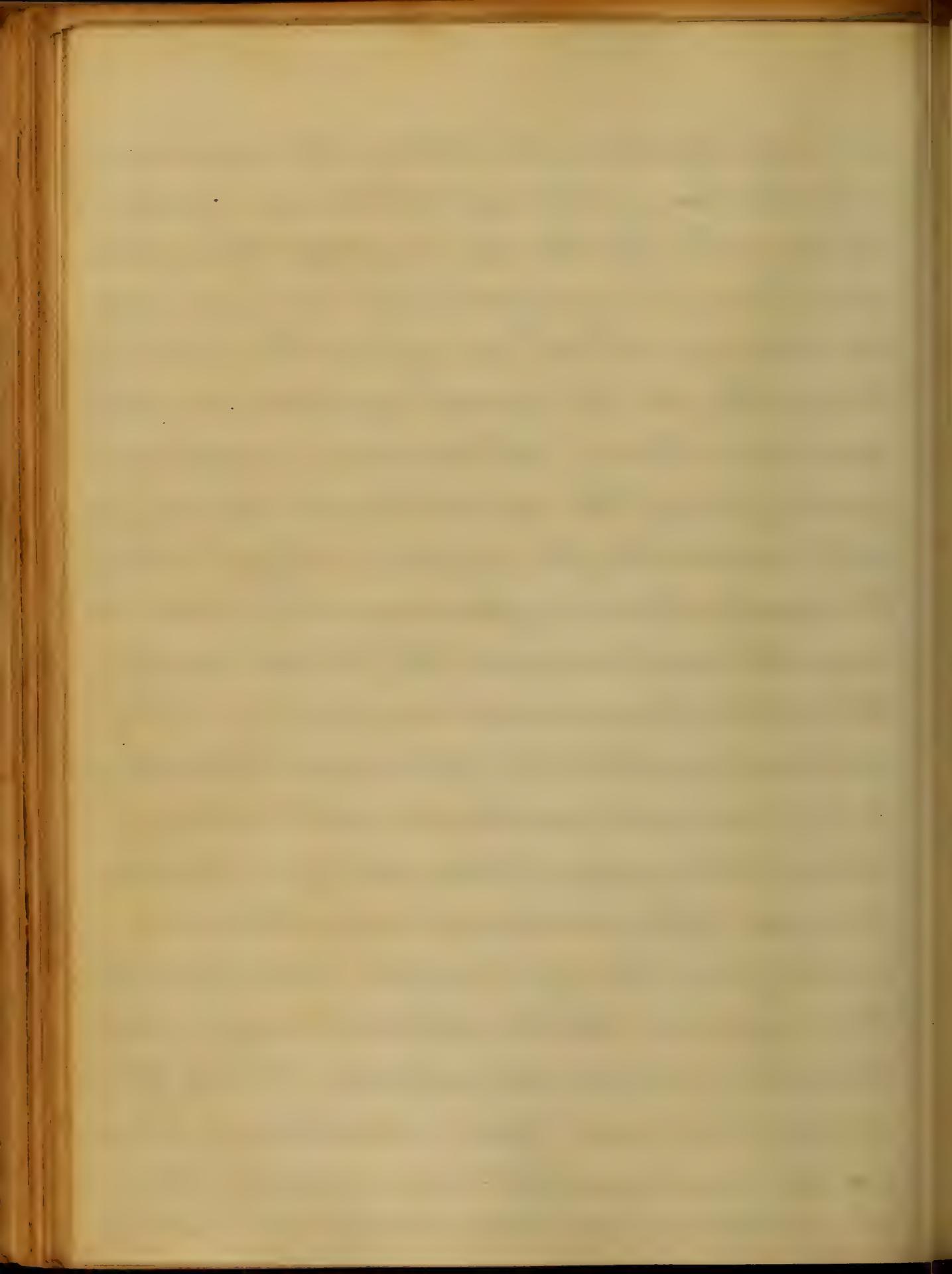


Swallowing and defecation are also performed by this sense. By this sense we can estimate the size, consistency, weight, distance, and motions of bodies, and the certainty of our own existence. By it also we estimate the temperature which is merely a comparative state depending upon the amount of heat contained in the body when brought in contact with the external surface of the frame. Heat augments the temperature of our body at first, and cold lowers it, but, in time, becoming accustomed to the particular temperature, it resumes its usual standard, which is always uniform.

Taste is the function principally of the tongue, through its papillæ, and differs in various persons and at different times in the same person. All substances are not always agreeable or disagreeable to the same person, nor does the same substance convey the same impression to all persons. There are certain natural



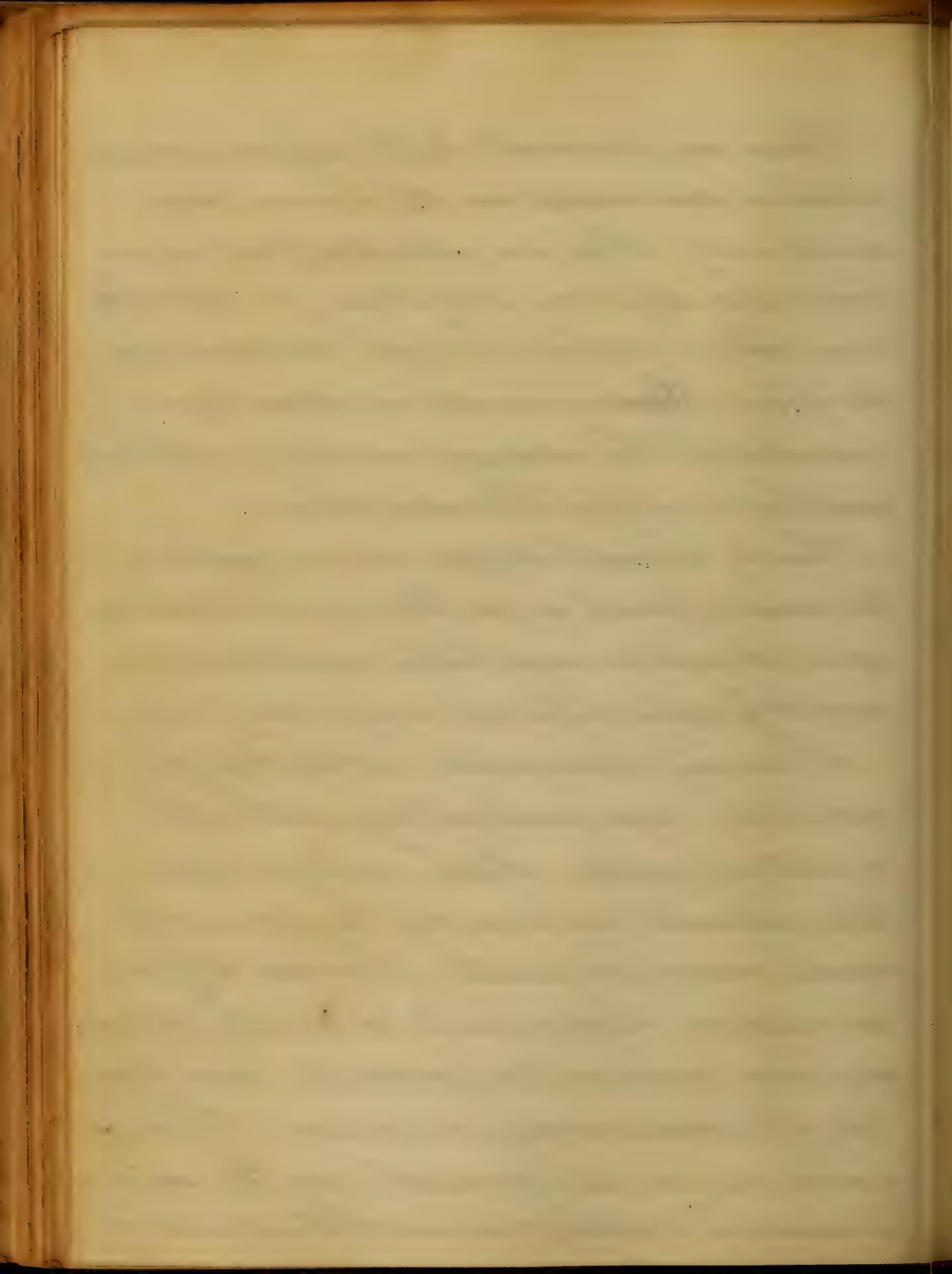
and individual peculiarities in its respect.
Articles in a state of solution are more
discernable by the nerve of taste than solids.
Our food as a general rule is composed of
substances which are agreeable to the
taste, though this greatly depends upon habit
and education. The mucous membrane
of other parts of the mouth besides the tongue
also possess the faculty to a slight extent.
Aromatics leave a permanent taste in the
mouth and are used therefore to deaden
the taste of nauseous medicines. The
constant application of a special irritant
to the mucous membrane will eventually
blunt the sense, if not destroy it. Sweetness
increases the secretions, and bitterness
weakens them, so as to excite vomiting. Ga-
rlic impairs whilst abstinence improves it.
The thickened mucous membrane blunts its
perception, and thin membrane increases
its power, whilst deprived, it has
no perception of taste, but has of touch.



Odors are perceptible by the olfactory nerve, which is distributed over the Schneiderian membrane. They are extracted from various bodies by infusion, distillation or heat. They may also be evolved by light, attrition, and dampness. They are increased in intensity in proportion to the nearness and size of the body and the density of the atmosphere.

There is as much difference in regard to the sense of smell, as in that of taste, depending upon education and habit, and sometimes probably upon differences of constitution.

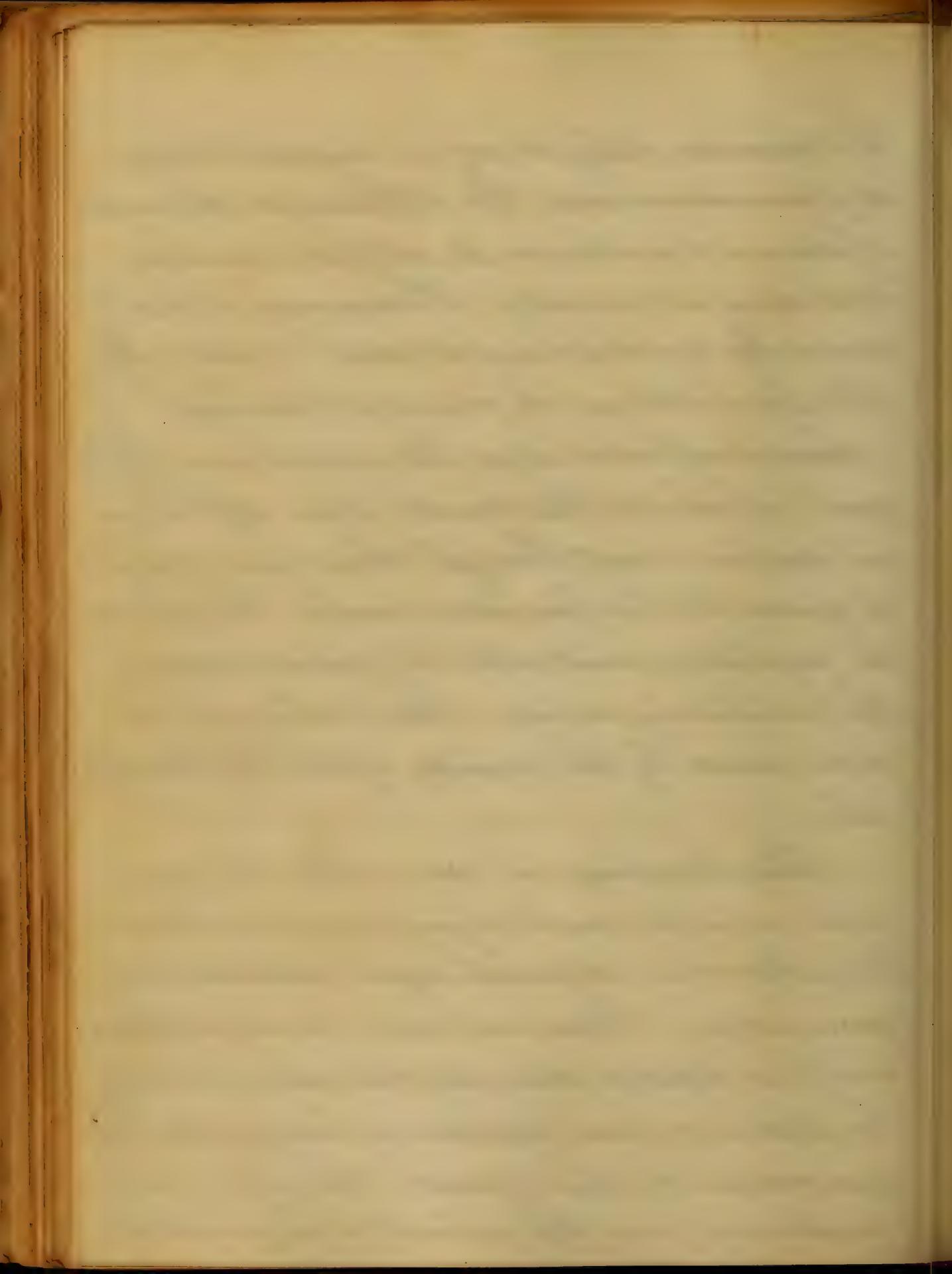
Hearing appreciates sounds, through vibration communicating with the auditory nerve, which ramifies upon the internal surfaces of the ear or the membranous labyrinth. Sounds differ in nature, degree, and intensity, depending upon composition, impulse, and density of conducting medium. These facts are made available in the investigation of healthy and morbid sounds in



the human subject or in auscultation, or percussion and the stethoscope. Strength of sound depends upon its extent or duration, tone upon its rapidity. Harmony is produced by synchronous sounds, melody, by the succession of musical sounds.

Sound vibrates upon the membrana tympani, which set the small bones of the ear in action, and through them an impulse is given to the fenestra ovale. The fluid is agitated, and also the filaments of the auditory nerve. Its volume is increased by the cavity of the Eustachian tube.

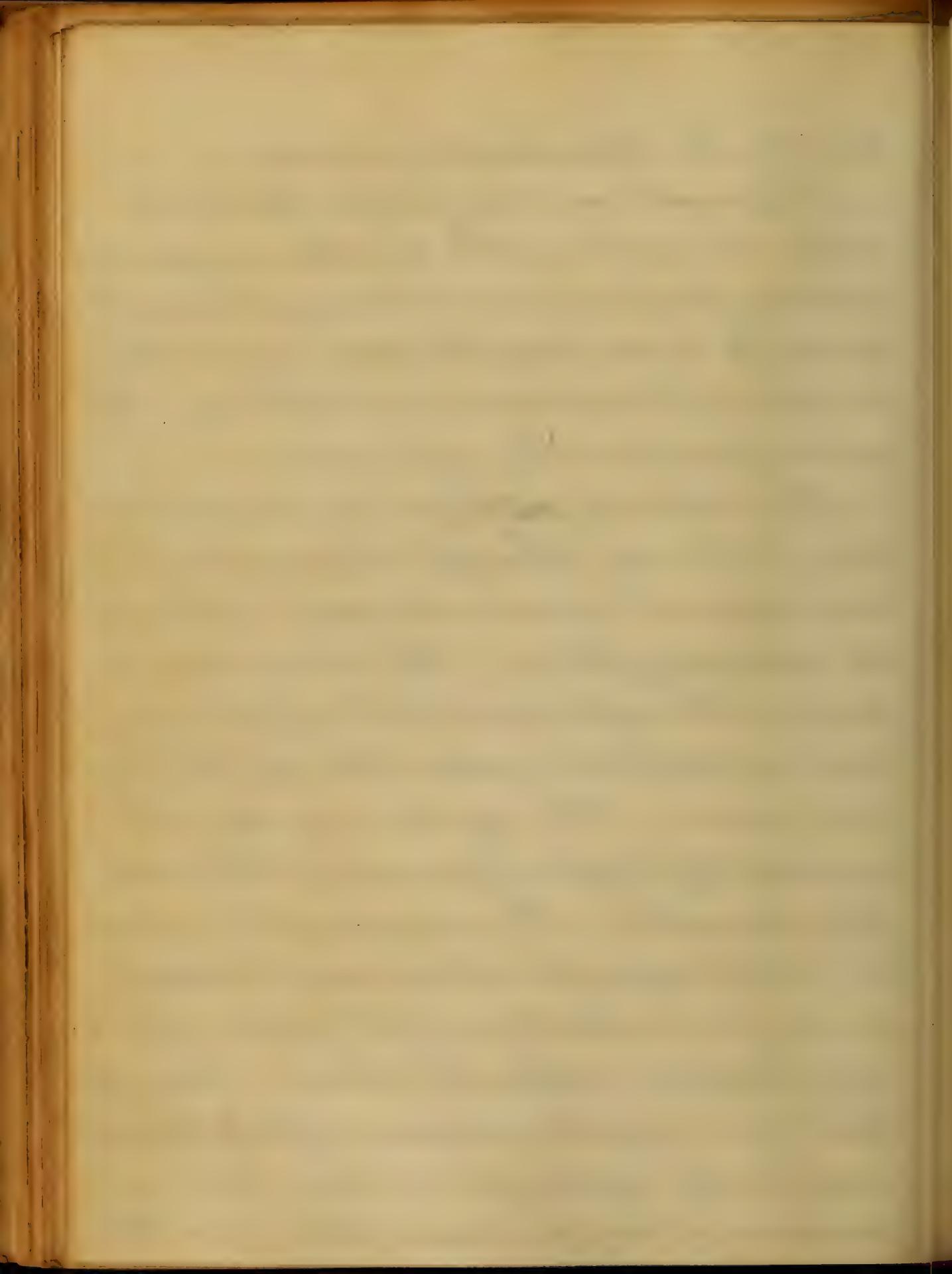
By hearing we are able to appreciate music, and enjoy conversation. Its perfection depends upon natural organization. Musical and conversational abilities depend upon mental attainments. The distance, and direction of bodies can be ascertained by this sense. The size of an apartment and the velocity of moving bodies



can also be determined by sound.

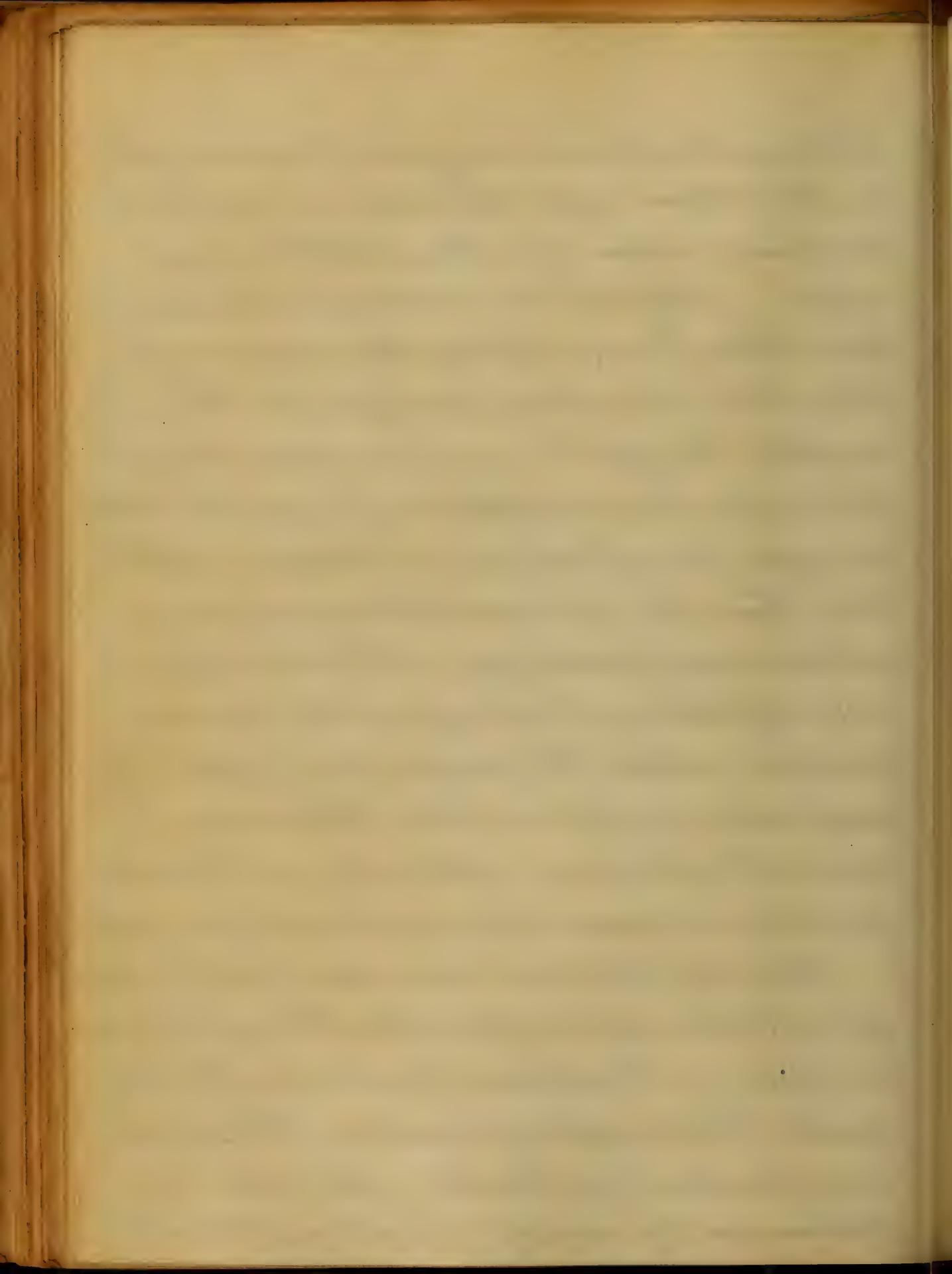
By sight, we recognize light and colors, as well as the direction, magnitude, distance, surface, and motion of bodies. The eye is its organ, and the optic nerve, its medium of connection with the brain. The retina receives the impressions.

The intensity of light causes contraction of the iris through its circular fibres, and dimness causes dilatation through its diverging fibres. The sensation is under the influence of the fifth nerve, and motion under that of the facial nerve. The eyelids regulate the amount of light by means of the voluntary muscles. The image of the object is inverted upon the retina, and becomes erect by decussation of the fibres of optic nerve within the brain. Powerful light, and small or obscure objects irritate and finally injure the retina. The impression of any particular color upon the

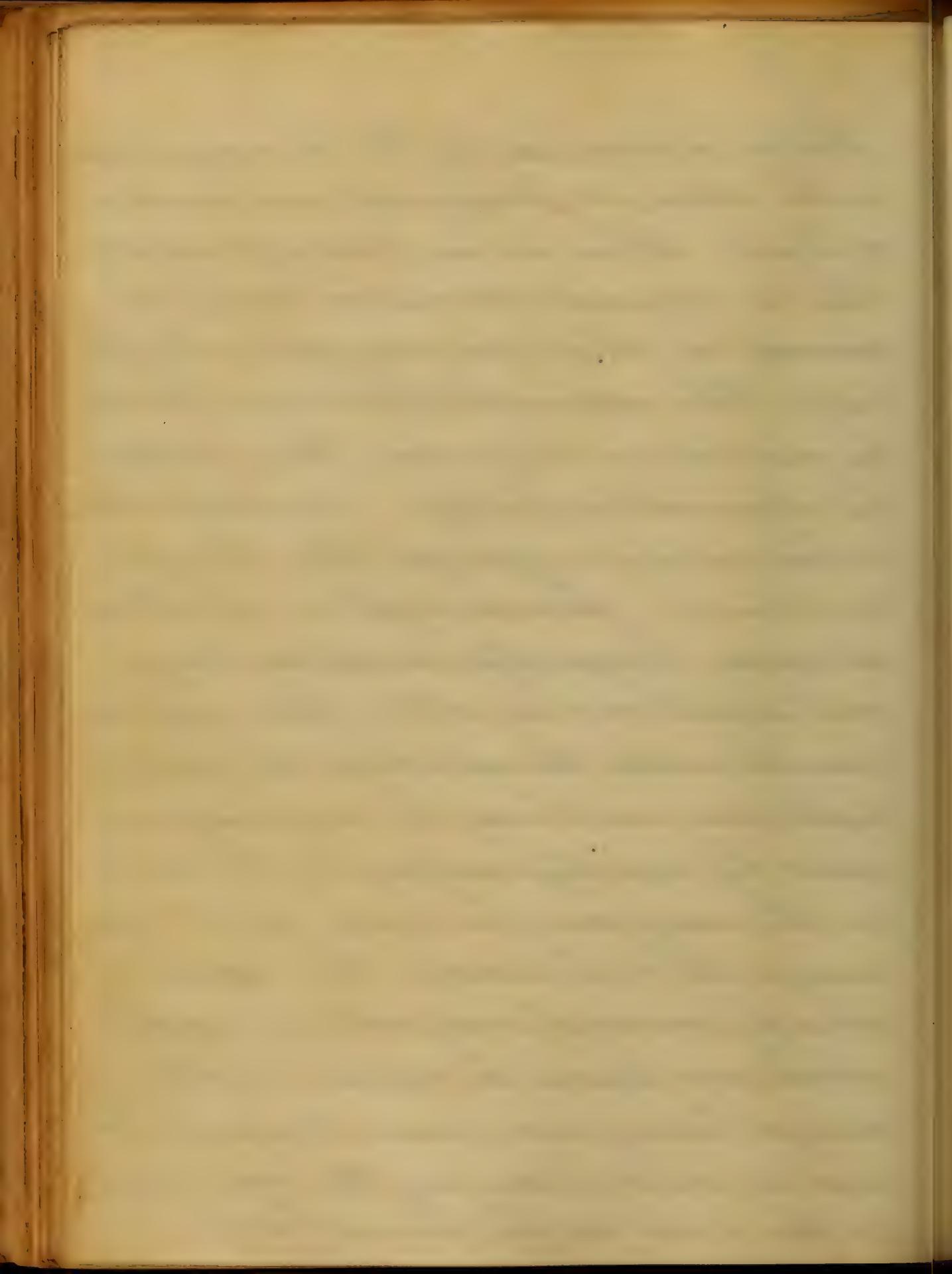


fatigued retina is very apt to remain for a short time after the color is removed, and tinge other objects with the same color. Objects too distant to be seen have their focus behind the retina, and those too near have it before it. The iris enables the eye to accommodate itself to the size and distance of objects. The average visual angle is 8 inches. When less than this it constitutes myopia, and when more, presbyopia. The two retinas act together in conveying the same impression when the image falls upon corresponding points in both. Otherwise we have strabismus. The discrimination of colors depends upon mental organization.

Optical illusions are caused by means of reflection, and refraction through various media. Distance and brightness make bodies appear smaller. The shape and distance of bodies can also be determined by variety of light and shade.

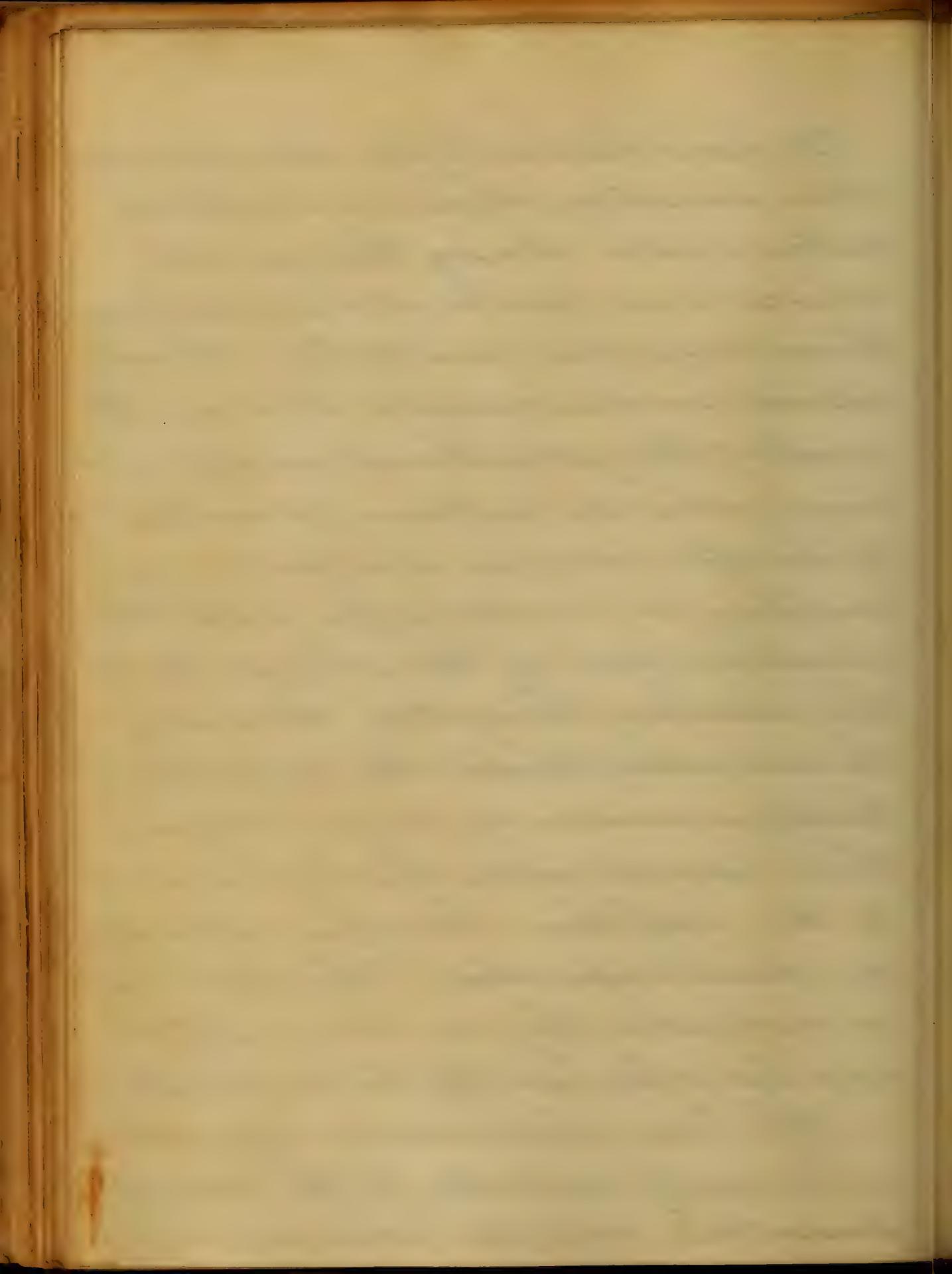


Motion is perceived by the changing image on the retina, its changing size, and direction of light. When we are conveyed swiftly there is apparent retrocession of objects around us, whilst we are apparently at rest. The approach of bodies is known by increase in size, and their distance by diminution of size. Distant motion is less easily recognized than when it is near. Correct sight is not obtained at once. Large objects appear larger, and small ones, smaller. Color depends upon the media through which the rays of light pass, and it may be rendered permanent by rapidly presenting it to the mind, as the image may be made upon the retina every sixth of a second. This may be done by means of rotary motion of a card on which are placed on opposite sides two images having some connection, as a horse and its rider, producing the impression of the rider on the horse's back.



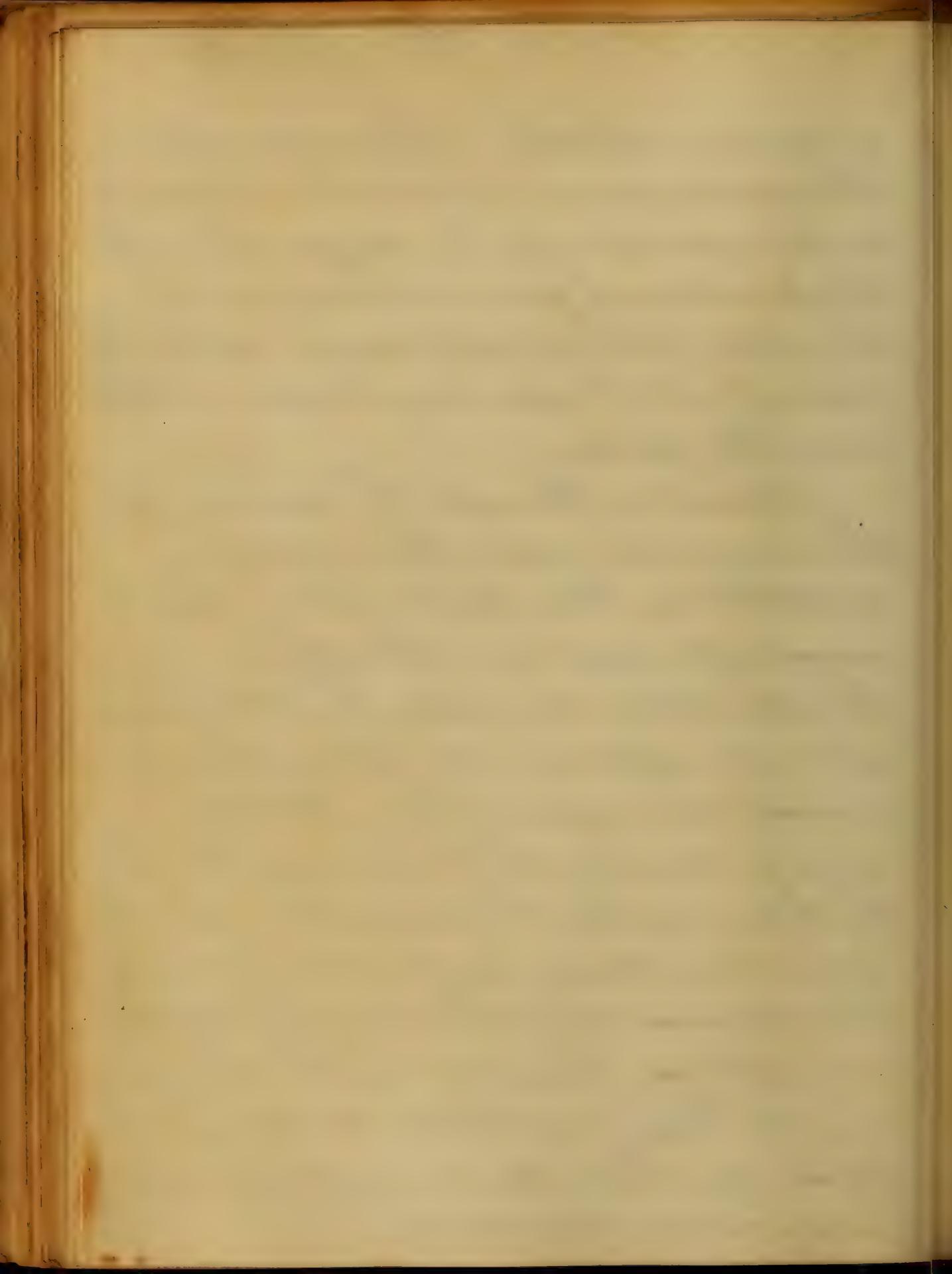
We have besides the five special senses, other sensations, which are sometimes called senses. Among these are the venereal sense, sense of heat, cold, hunger, thirst, respiration, and of life. The various internal sensations reveal to the brain the wants of the system through an afferent nerve, when an influence is exerted by an efferent nerve upon some organ enabling it to supply the want. These sensations are of three kinds, First, the instincts of the system; Secondly, the sensations felt, when they are gratified; thirdly, sensation of fatigue or repose. Habit and education has a great deal to do with them. Indulgence strengthens and disuse weakens them. When exercised in moderation they are a source of pleasure but otherwise they become painful.

The brain when excited or depressed is less easily controlled by the various sensations, and also when in a state



of repose or slumber. During sleep the nervous power is accumulated in such manner as to invigorate all the functional and active powers of life, and without sufficient repose the brain fails to exercise proper control over the system.

But it is through the exercise of the immortal mind that man is constituted lord of animate and inanimate nature. Its office is thought, and its organ the brain, and exerts its influence over the systems of animal and organic life. Mental exercise develops the brain, and the mind. The brain rests but the mind does not. The brain also decays by age and becomes lessened and thus obscured but does not destroy the power of the mind. Size of brain constitutes its amount of capacity whilst its nervous power only gives energy and activity.

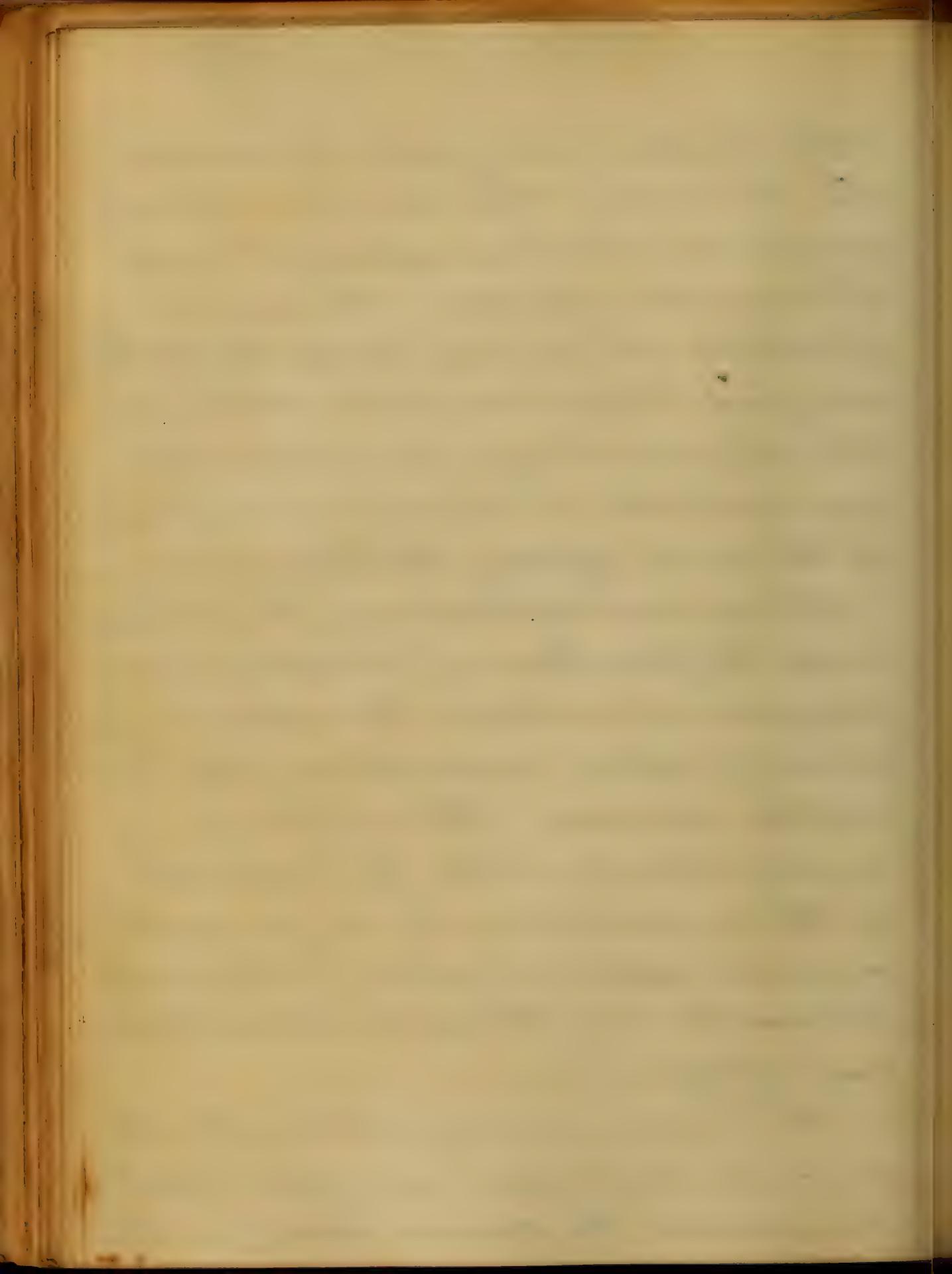


The female brain is generally smaller than the male. Those parts of it are more developed in which are supposed to reside the domestic affections. The mind is affected in various ways by age, health, climate, food, habits &c as well as the brain.

The mind and body act reciprocally upon each other, as we find some diseases of the mind affecting the body, and vice versa.

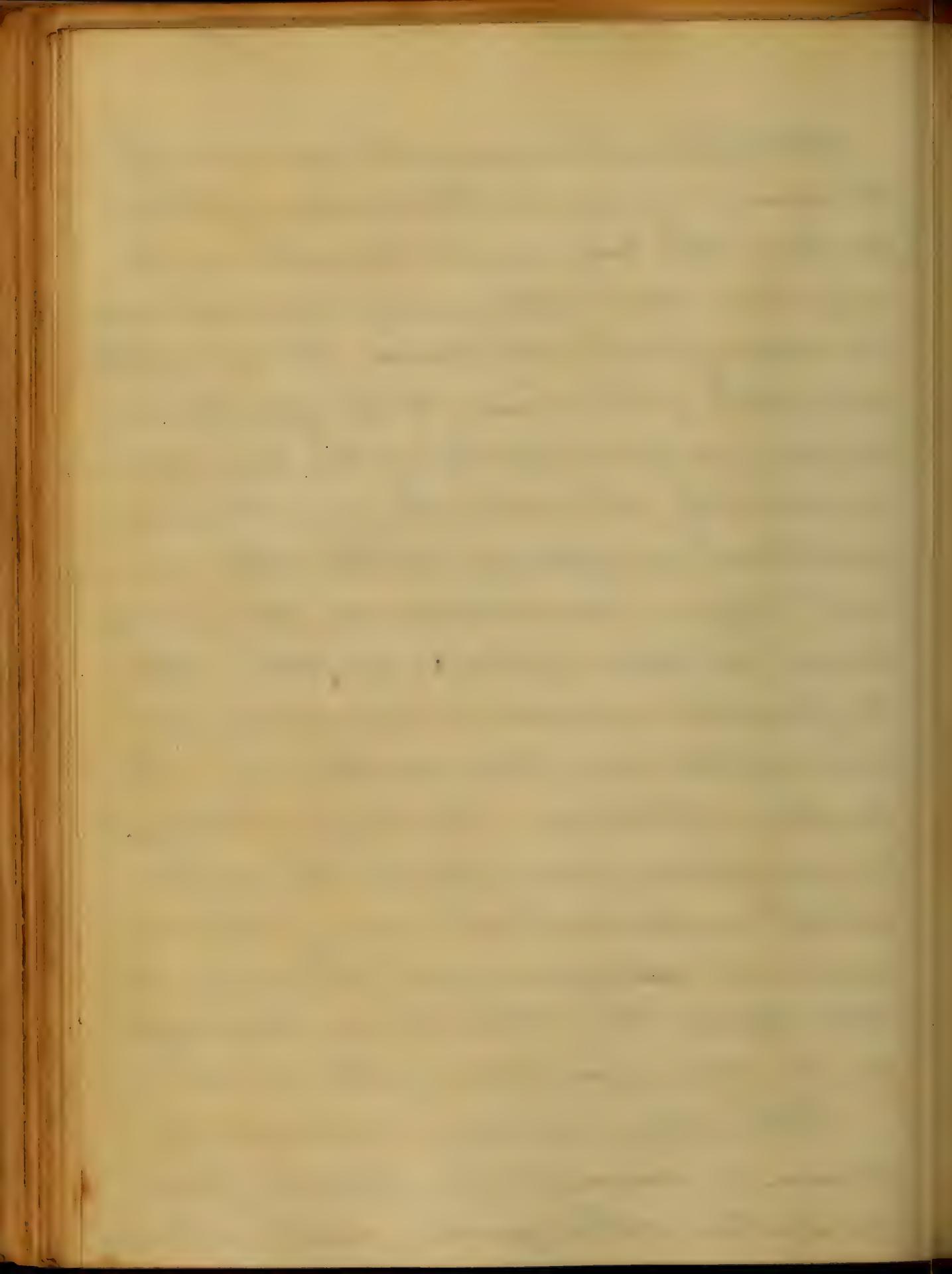
The mental attributes may be arranged under the four heads of perception, memory, judgment, and volition. Perception grasps, memory retains, judgment compares, and volition executes. The volition is controlled more or less by judgment or the propensities, but a great deal depends upon education. The mental propensities are threefold, selfish, social and religious.

The brain, according to phrenologists, is composed of numerous organs which are exercised the various mental faculties.



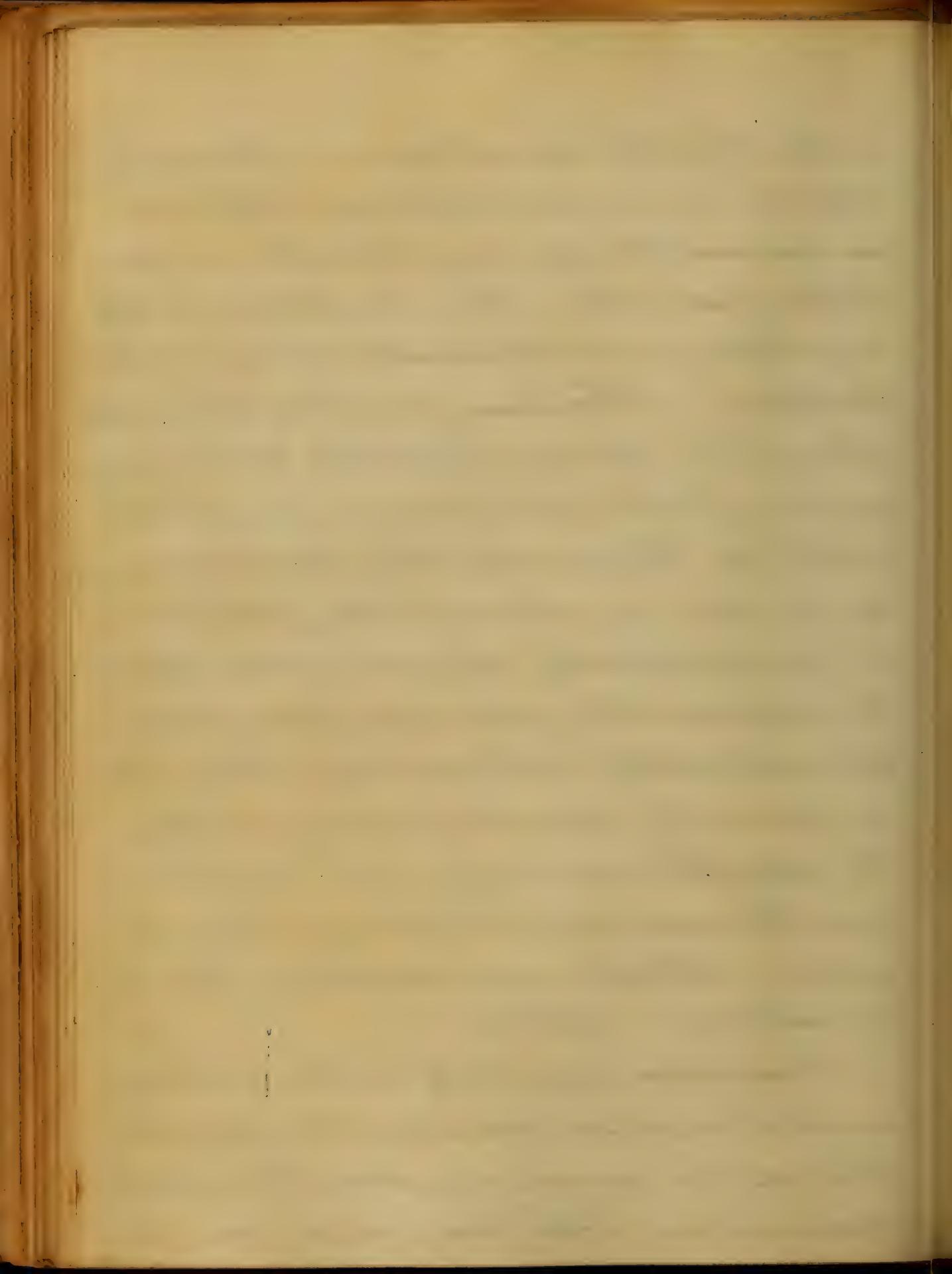
All the faculties cannot be exercised by the same organ, & the functions of all parts of the body cannot be performed by any one. A faculty greatly improved, needs an organ well developed. We do not find all parts of the brain to be equally developed, as it would be if the faculty were exercised by the whole brain. Some convolutions are enlarged, while others are not. Again, convolutions developed in one brain, are diminished in another. All the faculties are not in exercise nor at rest at the same time, neither are all parts of the brain. A change of thought or occupation also relieves the mind, which would not be the case if the whole mind were ~~not~~ exercised. Inanity does not affect the whole brain but only one or more faculties of the mind.

Voluntary motion is caused by nerves of animal life, derived from medulla oblongata, and involunta-



motion by the spinal nerves. Forward impulse resides in cerebellum, backward, in corpora striata, and lateral, in cerebellar peduncles. The cerebellum is the regulator or co-ordinator of muscular motion. . However generated, the nervous fluid, like electricity, passes to the muscles, giving off branhes, perpendicular to the fibres of the muscle; these filaments serve as a sort of galvanic battery, which can be instantaneously charged and discharged. It increases, like galvanism, after death, the contractility of the muscles. Relaxation is caused by cessation of nervous influx. The strength and energy of a muscle depend upon the amount and rapidity of nervous influx. Habit and education have much to do with it.

Muscular inactivity with excessive mental exertion develops the impressibility of the nervous system to a great degree, and both body and mind

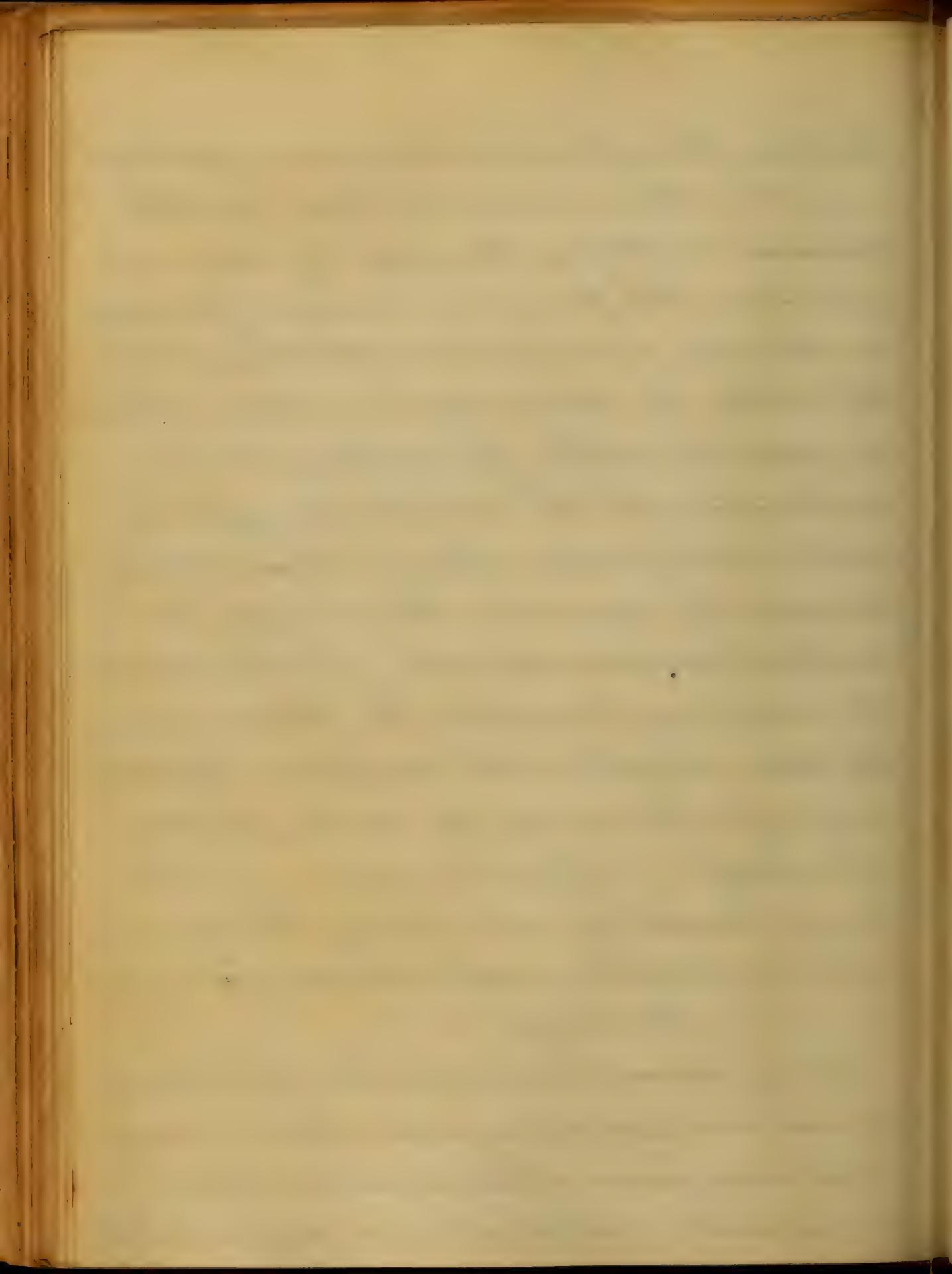


lose in strength what they gain in quickness.

Death is said to begin at the nervous centres in two ways, by coma or syncope. The former is caused by excessive or violent circulation in the head, and the latter by deficient circulation. Coma is produced either by excitement or obstruction to the circulation, or of obstructed respiration. Syncope is caused by excessive hemorrhage, or violent nervous shock. Both prevent the vitalizing principle, the blood, exercising its due weight in the nutrition, secretion, and colorification of various parts of the body. Spinal injuries or disease cause death by interrupting the connection with important muscles, causing paralysis.

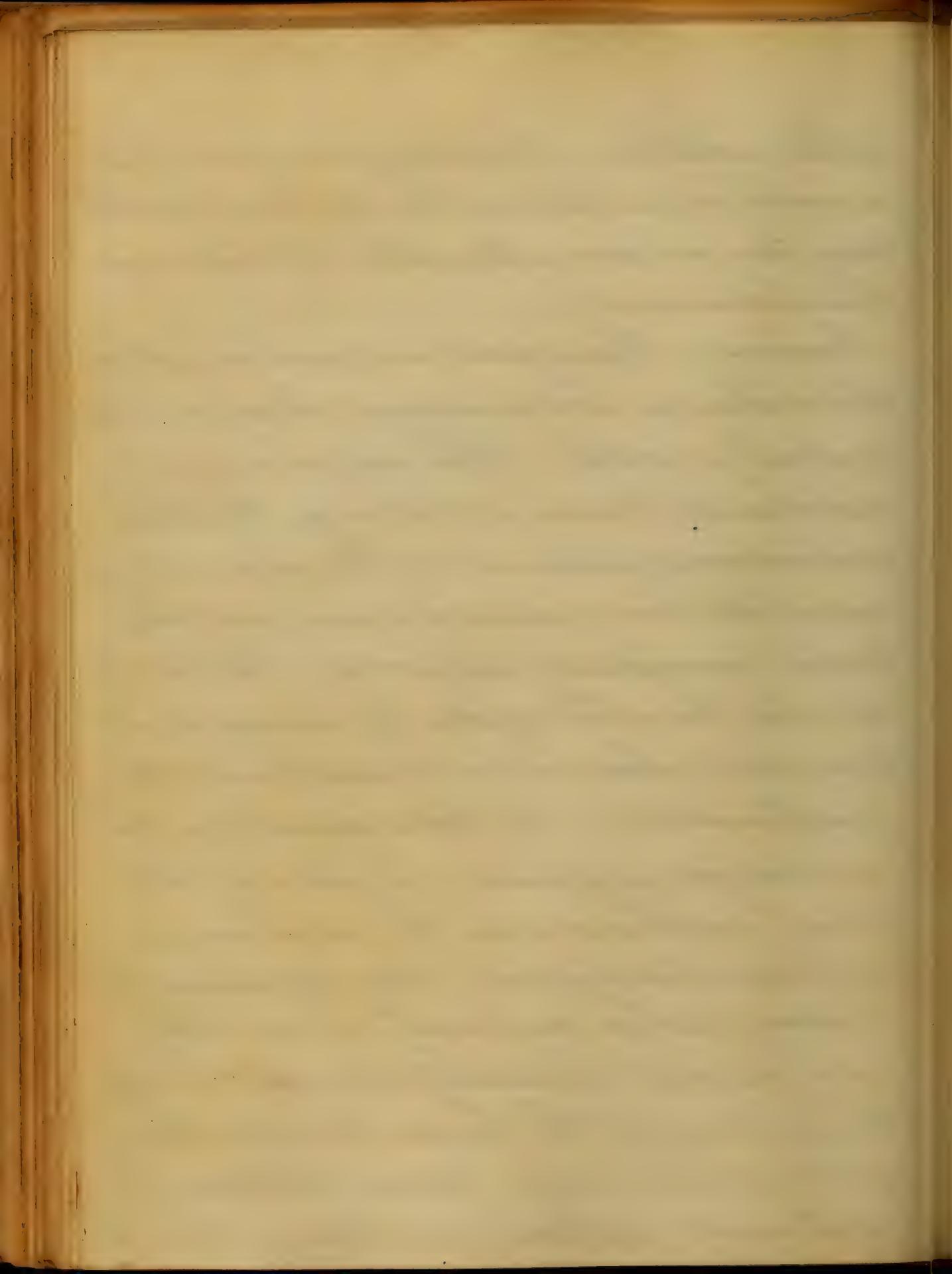
Nosology.

Nervous diseases embrace those of the brain, spinal cord depending upon direct injury, or arising from inflammation directly or indirectly and, also, from irregularities



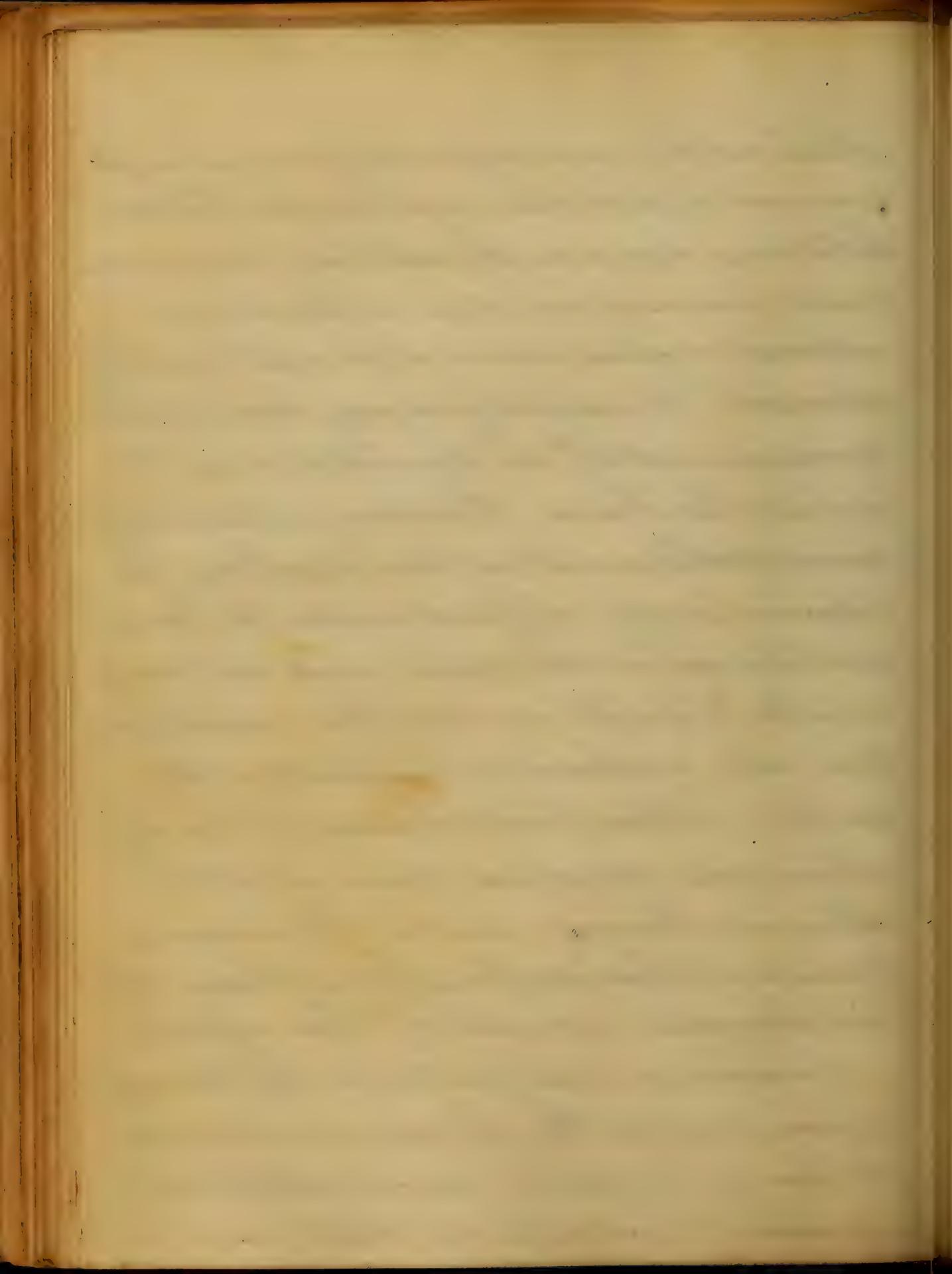
in the circulation. They may also arise from a serofulous or tuberculous dephrosis, in which cases they are more intractable to treatment than otherwise.

Causes.—The agents are embraced in three classes, mechanical, chemical, and cerebral or vital. The mechanical and chemical cause act through the skin and mucous membrane of the alimentary canal, the lungs, urinary organs, and those tissues immediately subjacent. The former act upon the whole system by causing irritation which, when long continued, terminates in inflammation. The latter operates by their own disorganizing power, or by forming deleterious compounds upon the entire nervous and vascular system. Any depressing or exciting passion constantly or repeatedly indulged will eventually impair, not only the functions of the brain, but also those of the whole body. Under the head of vital agents we have repletion or depletion



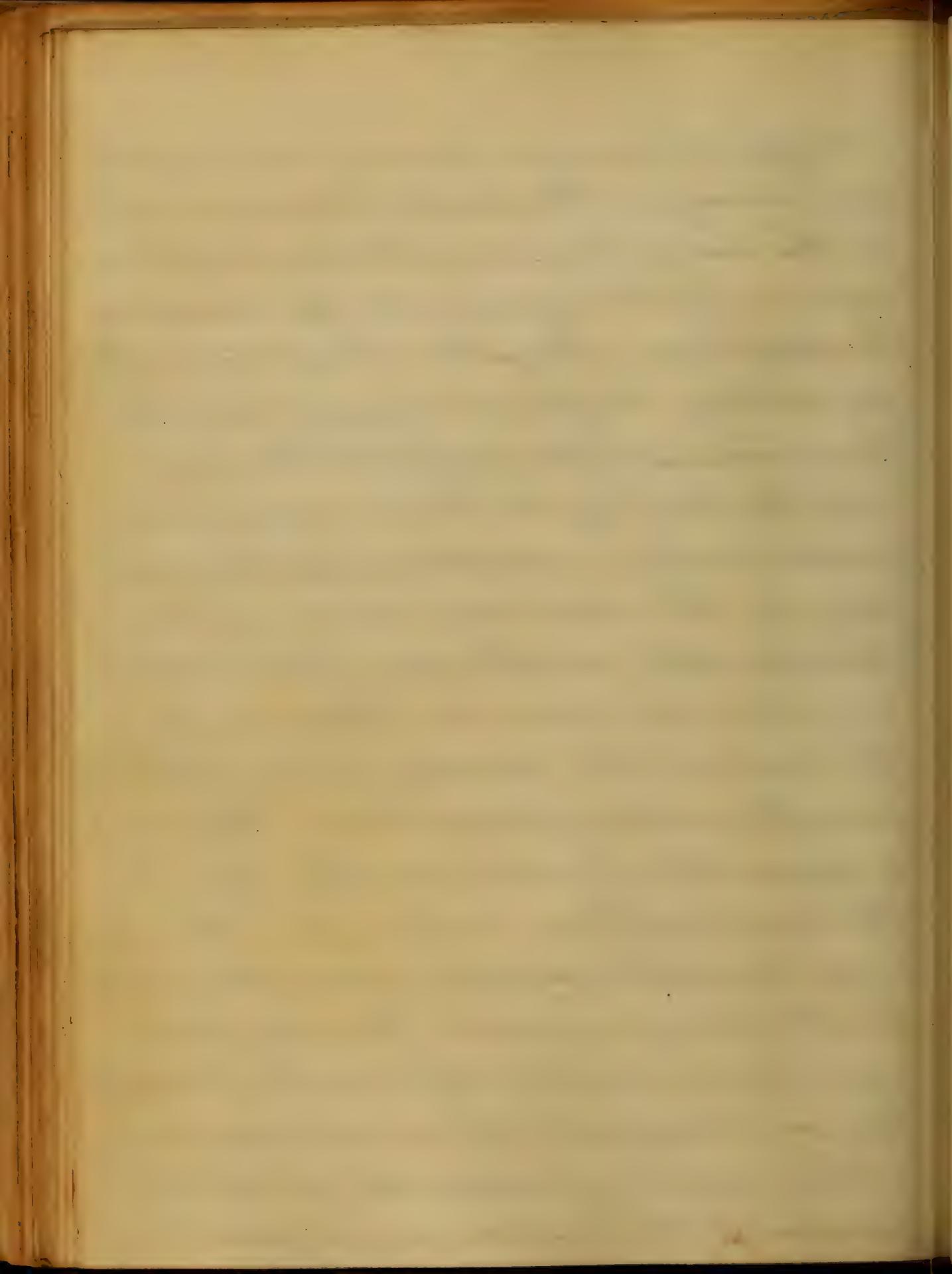
which act by causing a difference in the amount of pressure exerted upon the brain. Cold and damp air, by checking perspiration, causes increased secretion in the various internal organs, proves a powerful cause of disease. Improper food may cause such derangement of the circulation as to impair the brain. Excessive eating may cause plethora, and, in time, apoplexy. A deficient supply of food renders the brain, and through it the spinal cord and nerves unable to fulfil as well their various functions, and weakness or irregularity is the result. Stimulants produce too much action, and sedatives diminish it. In delirium tremens, and in the nervous tremors of those suffering from tetaces we are familiar examples of their effects.

Excessive mental exertion in the form of passion, emotion, thought and overaction of the muscles creates several intractable diseases. The various diathesis is a

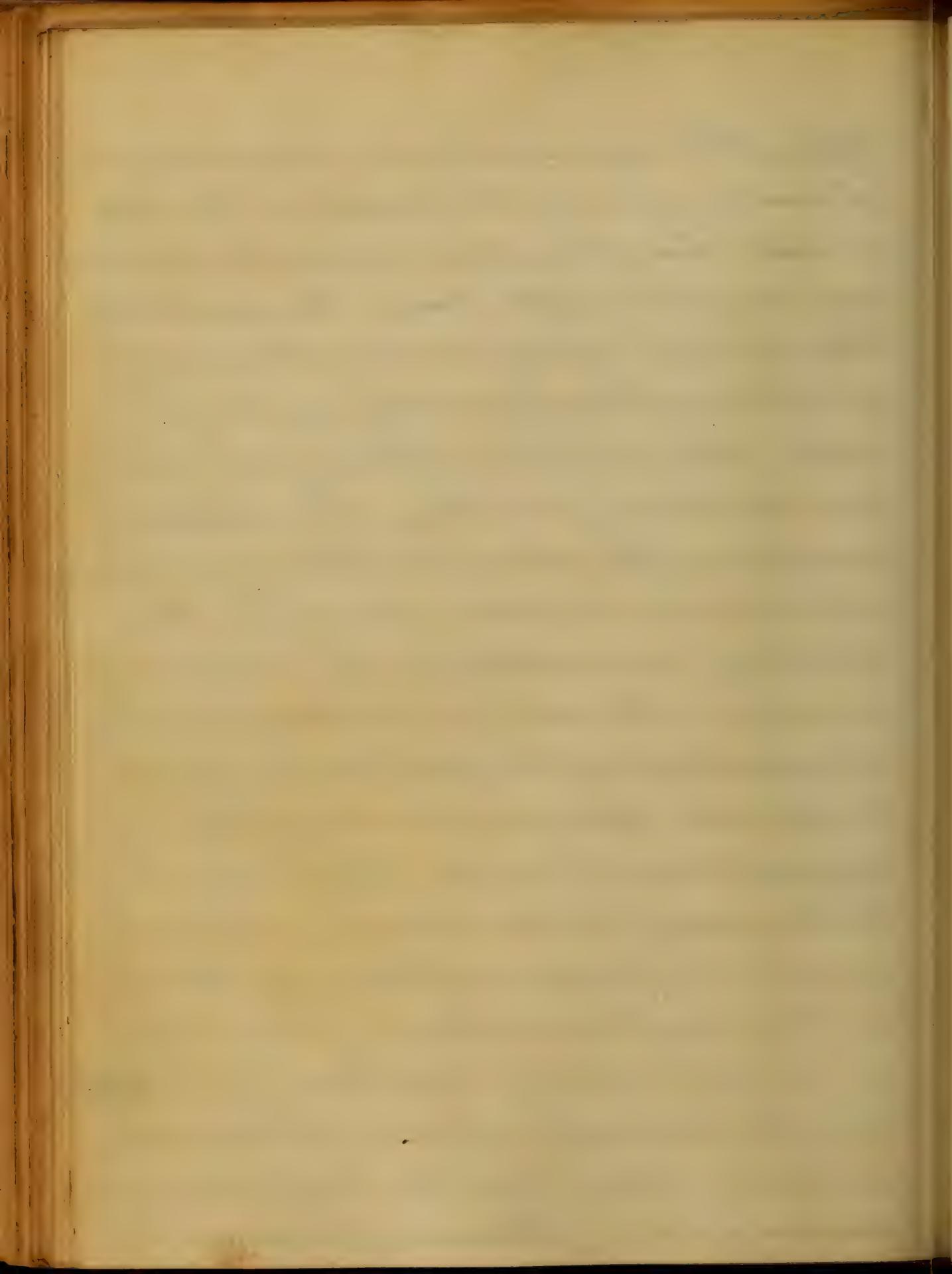


strongly predisposing cause to various nervous diseases. Vascular fulness as shown in the large head, and full chest, plethora, organic affections, and old age predispose to apoplexy. Irregular circulation induces epilepsy. Imperfect union of cranial bones induces hydrocephalus. Pressure upon the base of the brain causes, first, excited action, and, afterwards, paralysis, owing to the destruction of nervous power. Pressure also upon the spinal column acts in a similar manner. Pressure upon the cerebral lobes causes, at first, delirium, and afterwards profound coma. This pressure is caused, either by excess or obstruction of the circulating fluid in the brain. When too much diminished, syncope, convulsions, and finally, paralysis results. Neuralgic pains and palsy are sometimes the result of obstructions or interruptions to the nervous current.

There may be an entire loss of all the functions of the brain, or only a partial loss.



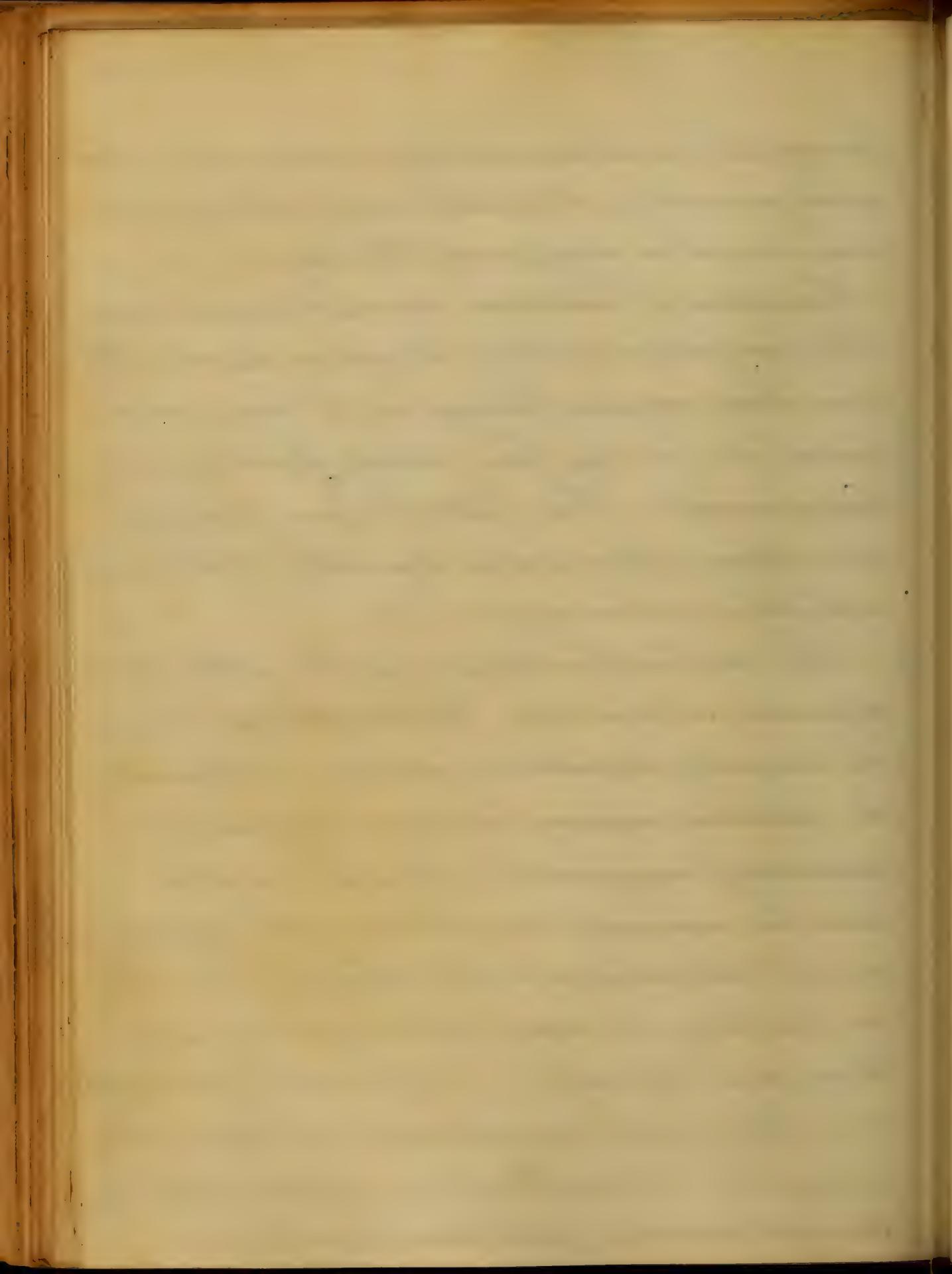
Again, there may be loss or impairment of one or more of the functions. We have an entire loss of function in apoplexy, concussion, and compression of the brain. In encephalitis they are all excited, and, in inflammation of the membranes, partially excited. In either case, we have delirium or unconsciousness and sometimes vomiting. In epilepsy, sensation, thought, and volition are destroyed whilst power of motion is preserved. In catalepsy, controllability of the muscles alone remains. In delirium tremens, audibility, and memory, also all the functions are more or less perverted. Chorea is denoted by clonic spasms, tetanus by tonic. Hysteria imitates but temporarily, all other diseases. Mercurial dementia and paralysis aitare are known by their name & symptoms. Hemiplegia is due to a lesion of the lateral half of the body, and hemiparesis of the lower limb. Vocal palsy depends upon the fibers of the nerve in certain nerves. Diseases of the nervous system



principally distinguished by sudden and excessive pain, generally intermittent in its charact., and may occur in any part of the body.

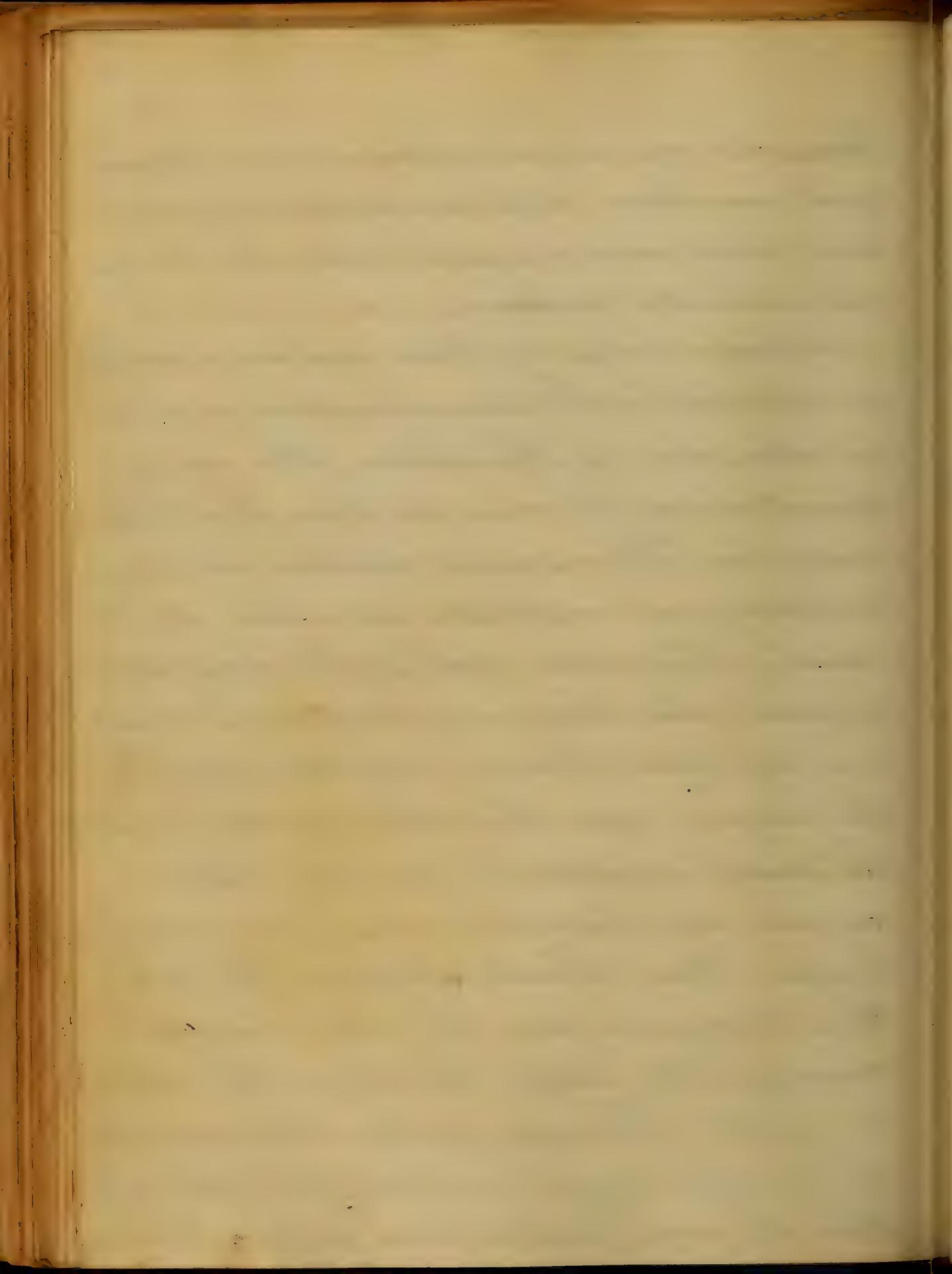
Symptoms of nervous diseases depend upon the particular part of the system involved. We may have organic changes in the brain and nerves, or we may have merely functional derangement. The latter frequently, though not always, depends upon sympathy of the brain with some other organ.

The cerebral functions may be either excited, depressed or perverted. Excited thought is seen in insanity, depressed in stupor, and perverted in defective memory, imperfect judgment, and wandering imagination. Excited sensation is seen in increased sensibility of the sight, hearing, smell, taste, and touch to slight impressions, amounting in some instances to great pain. Depressed sensation is found in diminished sensibility, palsy, anesthesia, and even complete perverted in double vision, phosphenes, illusions, tinnitus aurium, false smells and tastes.



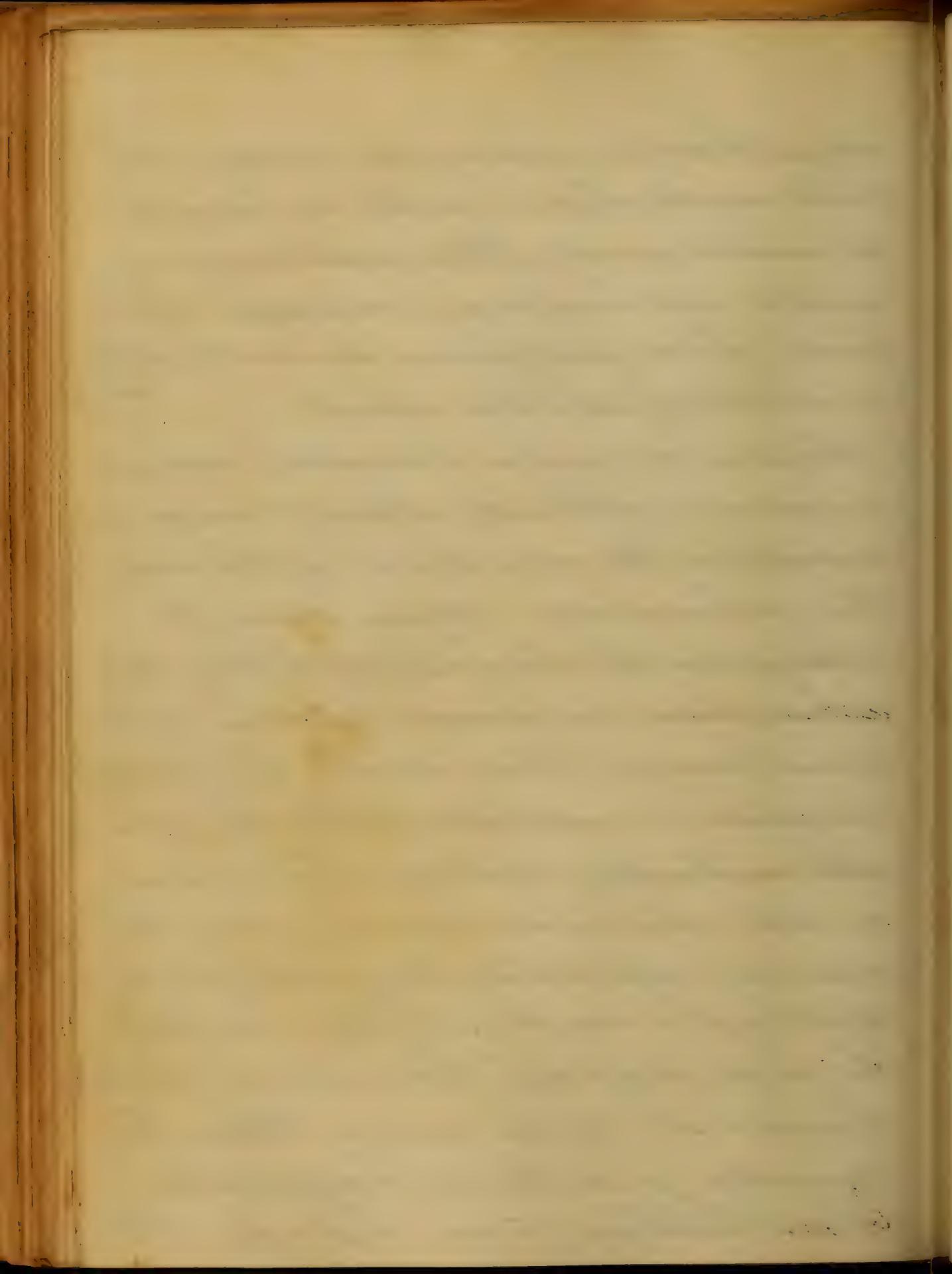
Excessive muscular motion is seen in spasm and convulsion, deficient motion in palsy and torpor, and irregular action in tremors and ~~sub~~^{sub}ultus tend~~onum~~^{onum}.

Inflammation of brain and nervous mass is attended by the same symptoms as it is in other parts of the system. The nervous symptoms may be more developed, but those arising in the vascular, digestive, secretory, excretory and nutritive apparatus are the same. The pulse will be full, hard and frequent when there is excitement, but small and soft when there is much depression. In the former case the whole system is excited the heart is excited to increased action to remove any obstruction which exists in the brain. More blood is sent to the part than it requires and the whole body is consequently full of blood and the arteries are full. Because of their increased action the arteries impart a hard ^{power} feel to the fingers. When the nervous fails in some we find the articu-



relaxed; therefore yielding more readily to the heart's impulse which is quicker on account of the smaller quantity of blood impelled, requiring quicker and more frequent contractions of the heart. In a purely nervous disease the pulse is a little quicker than natural.

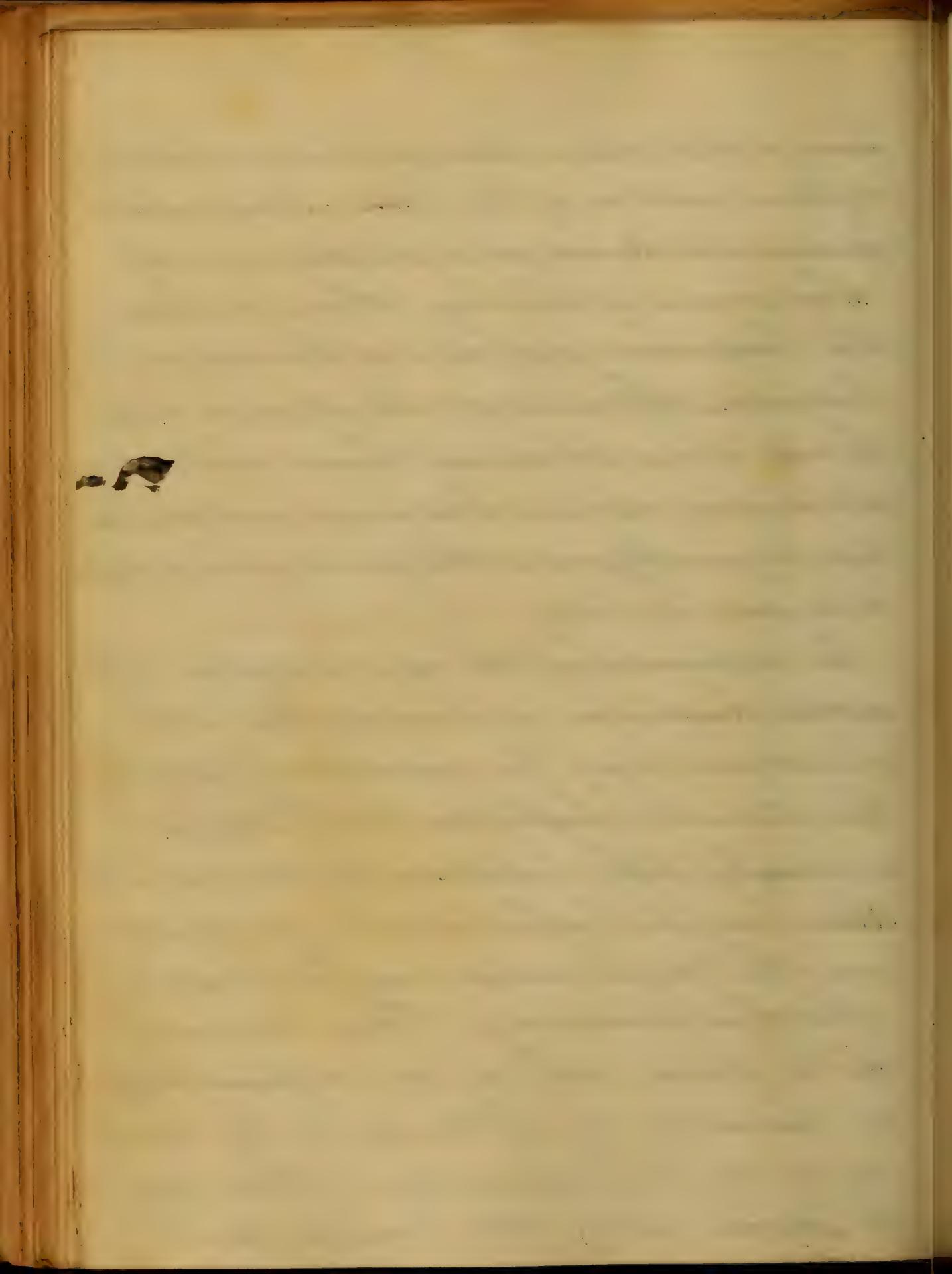
The power of motion is sometimes destroyed on one side of the body whilst the disease is situated in the opposite side of the head. This is hemiplegia. Again it may be destroyed in the lower half of the body. This is paraplegia, and depends upon lesion of the spinal marrow. Here we also have either relaxation or contraction of the sphincters, with involuntary discharge of feces, or urine, or with retention and contamination. The muscular contractility being destroyed in apoplexy, the cheeks are puffed out, and the palate flaps with that peculiar sterter, so characteristic of the disease. When the circulation is excited we have flushed cheeks, throbbing arteries, but when the



Same is obstructed, we have pale, livid cheeks, from deficient aeration of the blood. Any violent nervous shock acts as a sedative upon the other organs of the body. Hence we have the temperature and color of the surface lessened, the power of the stomach and bowels diminished, and hence constipation; the kidney secretes less urine, and excretes less frequently, and it therefore acquires a high color, and solidity.

In depression of the nervous system with active vascular excitement the other functions may be unordinately performed. The stomach is highly sensitive, ^{seen in} as nausea or vomiting by slight irritation or spontaneously. The skin may be bathed in profuse perspiration, and the tongue moist and bowels open.

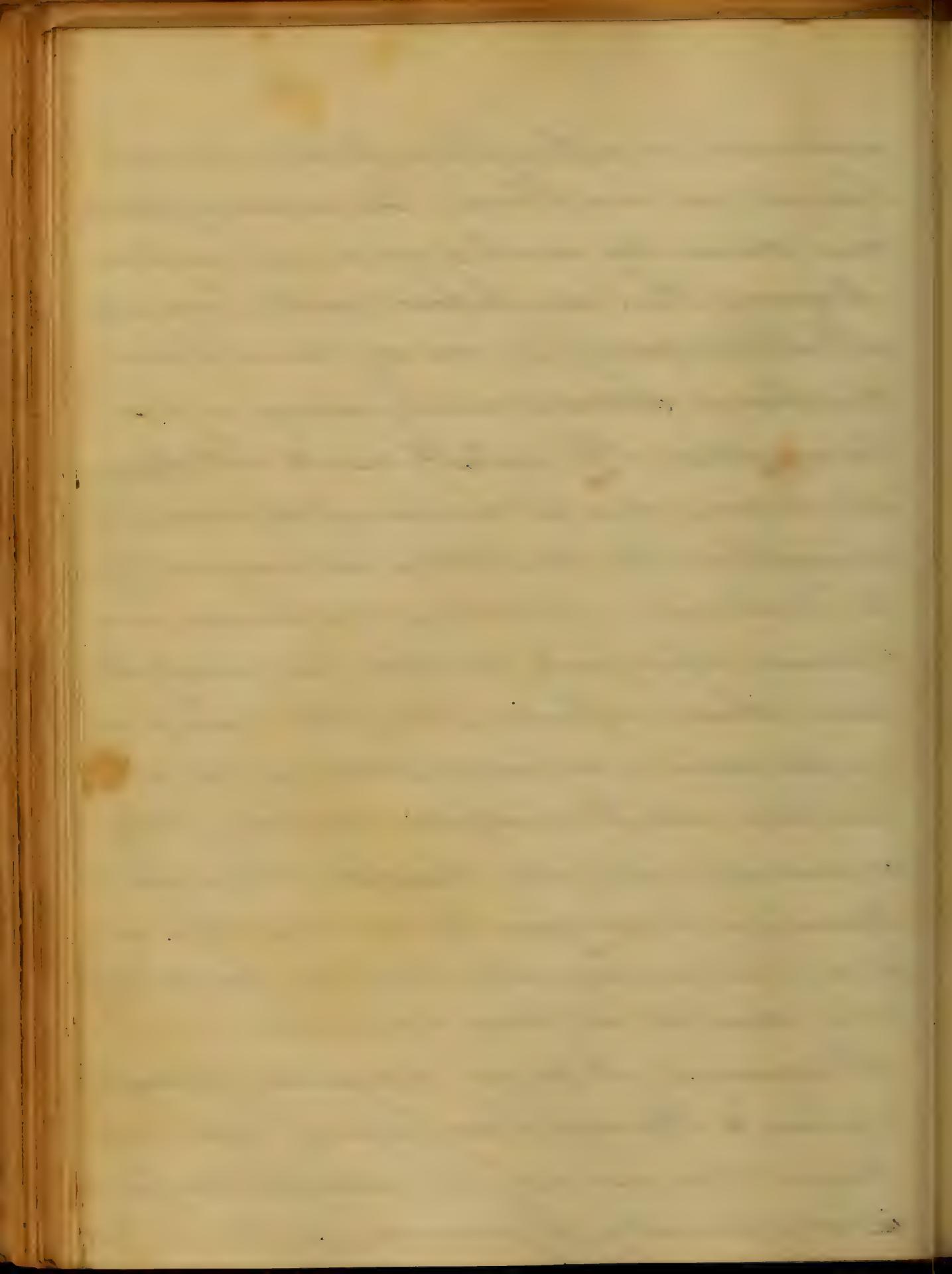
Morbid Anatomy. Those diseases of the brain, which are inflammatory in character are followed by the usual results of inflammation! There may be poured out in the brain, or upon its



membranes, or within the ventricles, serum lymph, pus and blood. In a purely nervous disease no morbid products are found.

Prognosis. The brain, the heart, and the lungs are called the tripod of life, and any serious lesion of either, is attended nearly always with a fatal issue. The probable result will depend, in all cases, upon the violence of the attack, the strength of the constitution, its amenable-
t^t to treatment. Apoplexy, compression, and famine which fairly developed are, nearly always fatal. Severe inflammation of the brain is a very serious disease, and still more so, when combined with the serofulvous diathesis. Folly is generally incurable, though not soon fatal. Neuralgia is not generally attended with more than local consequences than its inconvenience, and its ill timed occurrence.

Diagnosis. A proper diagnosis of disease requires a thorough knowledge of each one. Nervous diseases may be distinguished from others, generally, by nervous symptoms. But

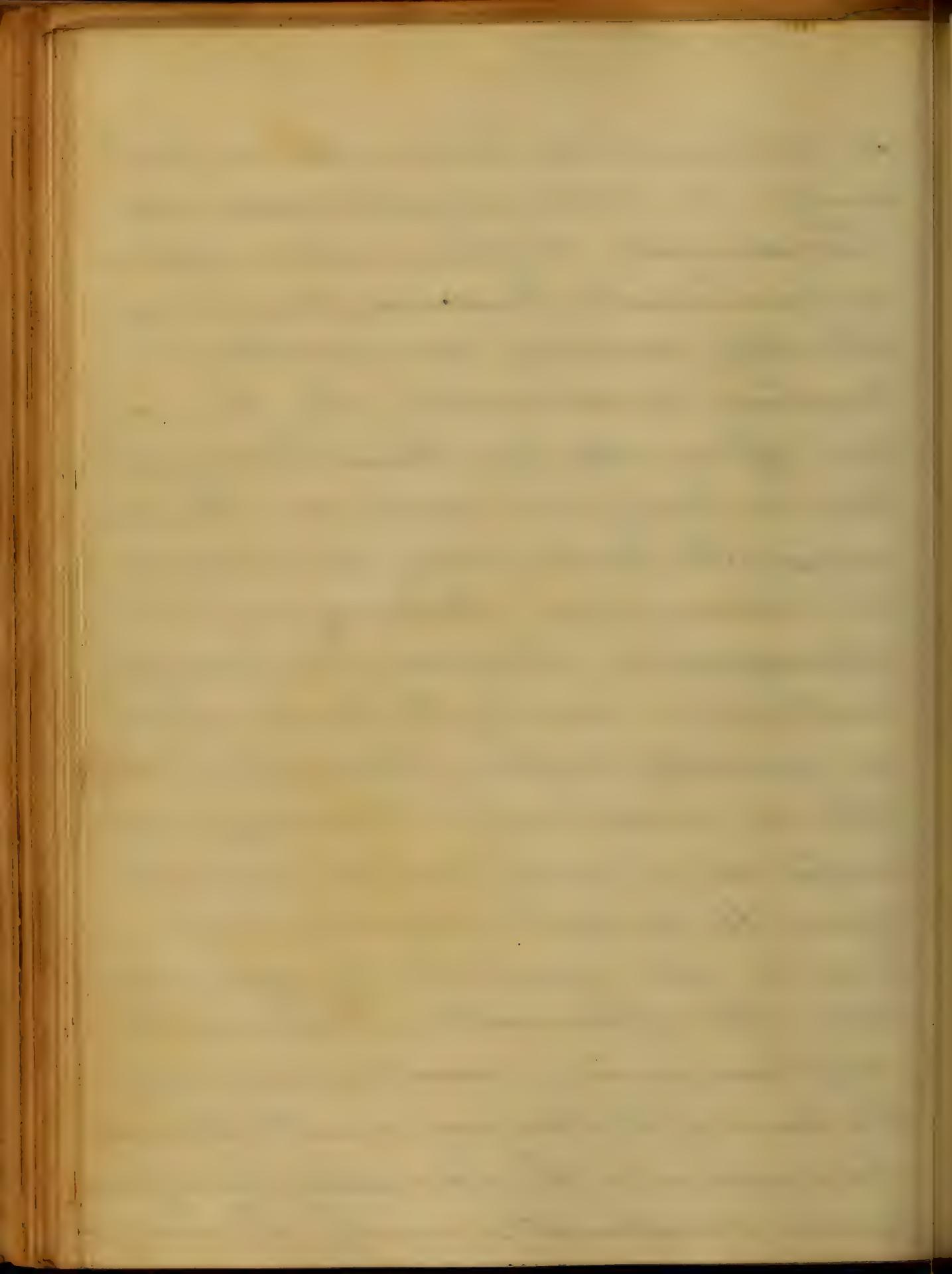


to distinguish one nervous disease from another is not so easy, and requires care.

Treatment. Inflammation requires antiphlogistic treatment, comprising bleeding, sedatives, and revellents.

Venesection is admissible when there is high inflammatory fever; local bleeding, when there is local pain or uneasiness. Sedatives reduce the heart's action, and depress the nervous power. Antimony is its best representative. Purgatives are powerful revellents by opening the bowels which are generally torpid. Mercury is its type or croton oil. Mercury is also useful as a sortifacient agent, to absorb the products of inflammation.

Iodine is also useful in the same way.
After the inflammation is ^{nearly} subdued, and slight pain remains counter irritants in the forms of blisters are valuable dericiatice. Cold applied to the head during brain fever is an indispensable remedy. In neuralgia

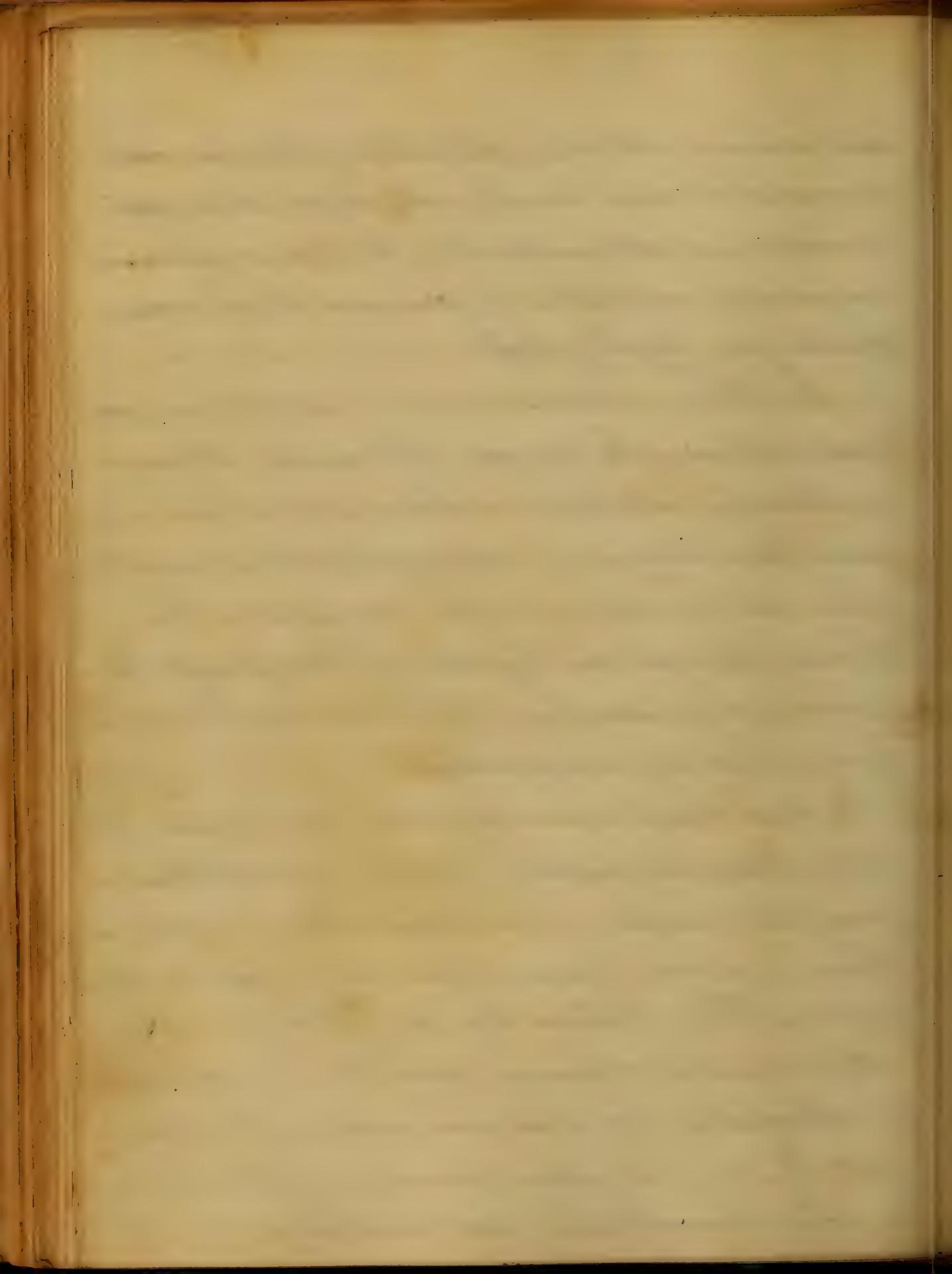


and diseases attended with debility, tonics are demanded with highly nutritious diet, and sometimes stimulants. In cases of nervous irregularity indicated by pain, and sleeplessness, opiates are highly useful.

In these diseases as in all others we must endeavor to remove the cause. Foreign matters in intestines or head, which are the cause sometimes of nervous troubles must be removed by appropriate remedies. The fluid effused in hydrocephalus must be removed by puncture, the bone of the cranium being properly compressed.

In depressed nervous powers we raise by stimulants, in palsied limbs we establish powerful counter irritants in their vicinety in shape of setons, issues, electricity, and sometimes stop their action by strychnia.

Spasmodic diseases are to be removed or alleviated by antispasmodics, and tonics, and &c., a regular practice of taking cold shower bath, and nutriment diet.



AN
Inaugural-Dissertation
in Medicine
submitted to the Committee

of the

To the Board of Regents and Faculty of the

of the

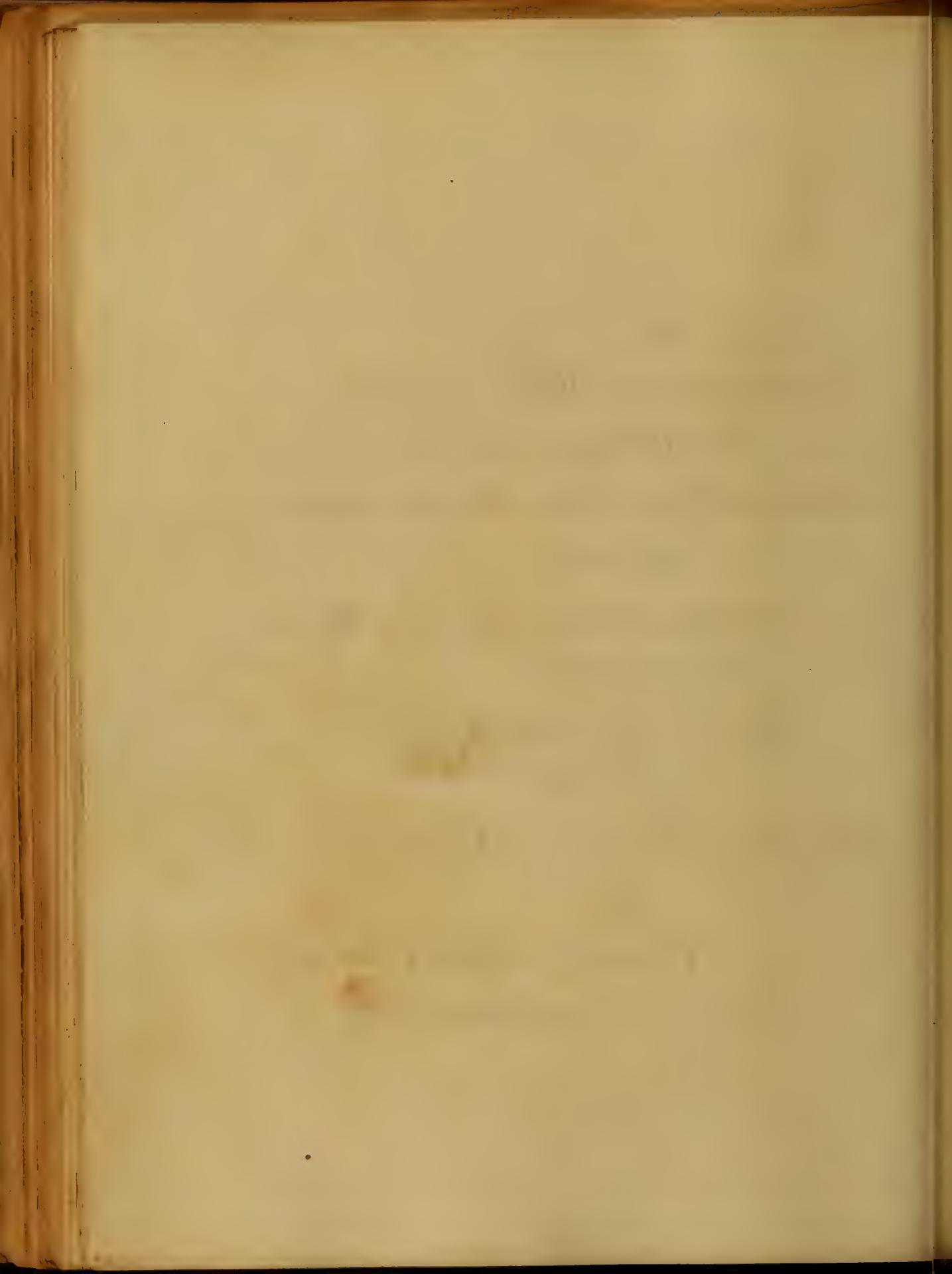
University of Maryland
for the

Degree of Doctor of Medicine

By

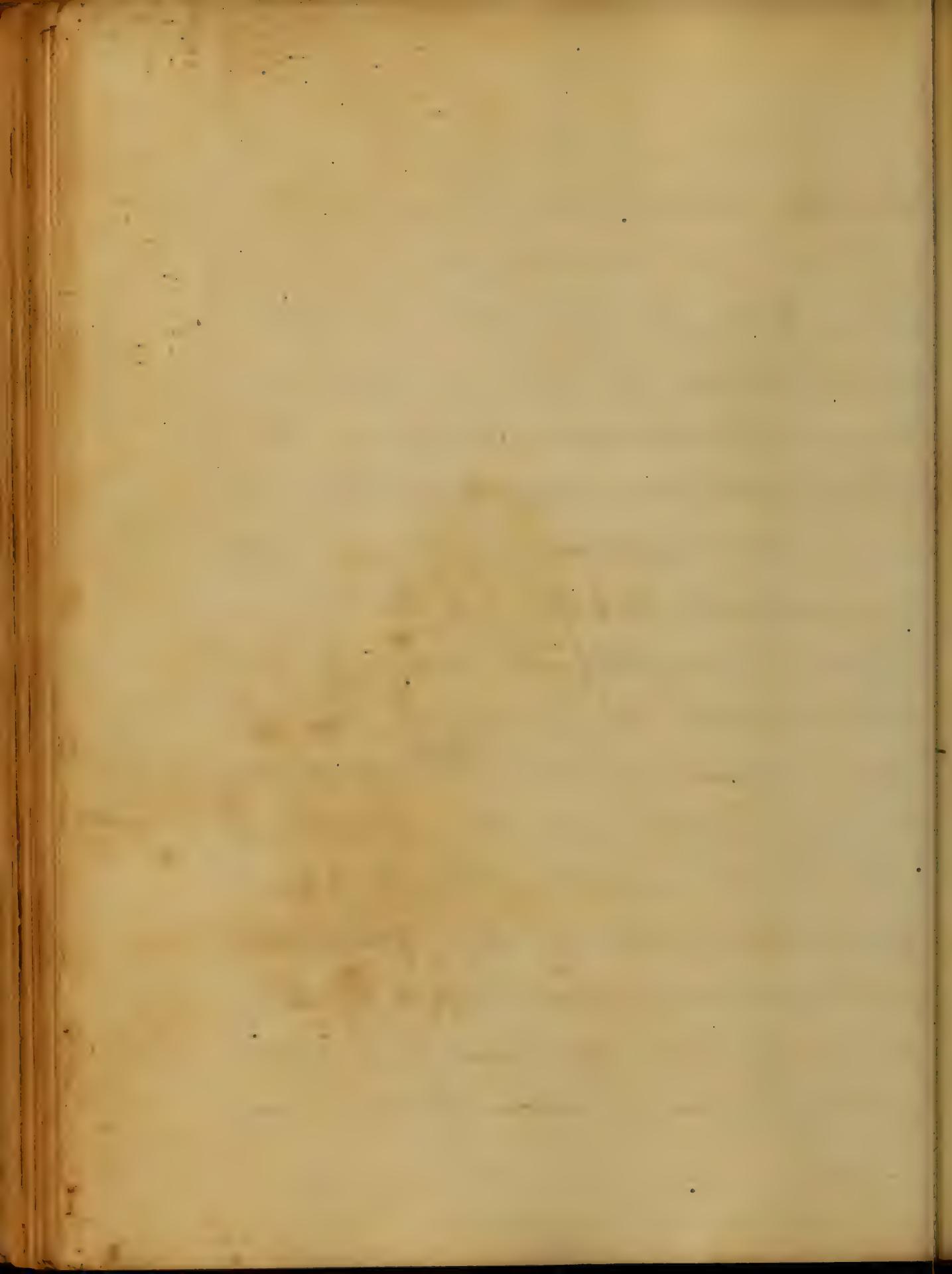
Chandler Goshen

March 1858

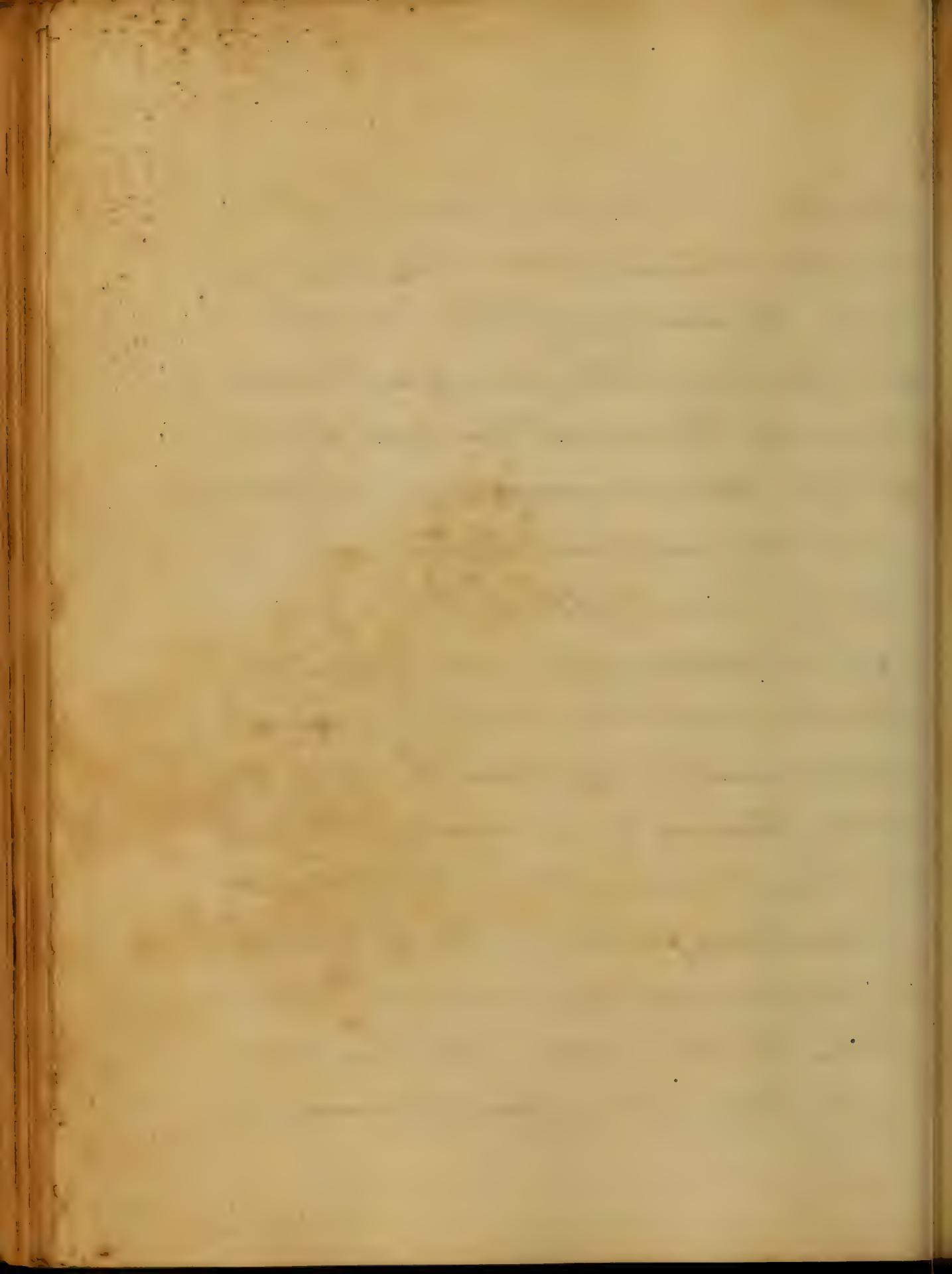


The Brain is called a Mucous Organ. 185

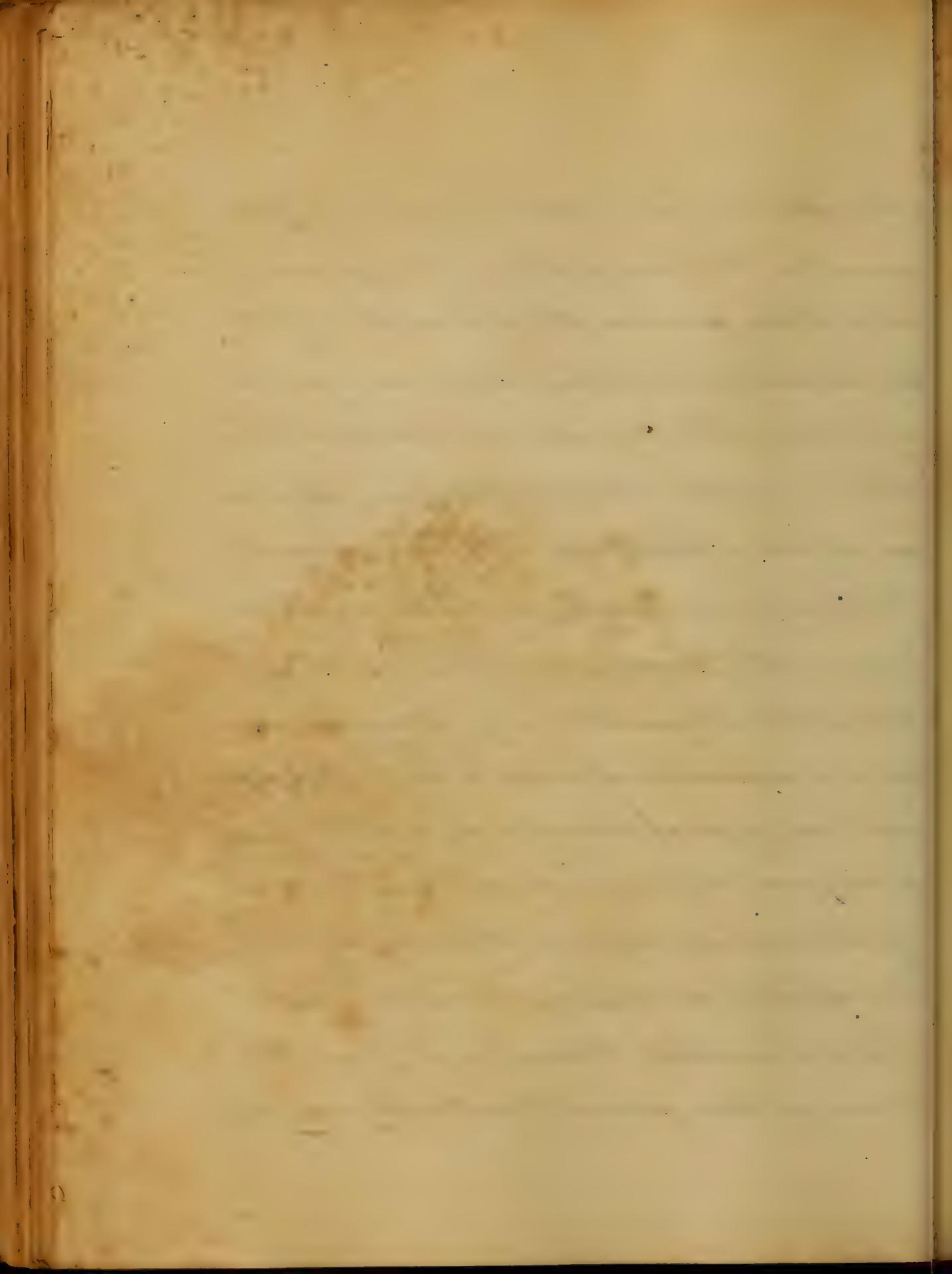
situated in the Cavity of the Cranium and surrounded by bony walls abounding Protection from the external violence. It is divided into what is called the Substantia and Membranae. The substantia of the brain is composed of white matter and the cerebellum. The Membranae are the pia mater, dura mater & arachnoid. They are a means of circulate Motion and give passage to blood vessels. The brain is in relation with the means by which we receive communication with the exterior world. The brain constitutes one of the chief parts of the system, the most important part in the human body. By its great nervous function we communicate with all the organs no material part of it can interfere with the function of the heart or lungs.



is brought with great interest and care to
the most decided efforts in affording prompt
relief. The Pathology of the Brain is difficult
yet interesting, although our present knowledge
far exceeds the ancient Physician. Still we
are in the dark as regards many of the Diseases
of the Brain and Nerves System. Our ice
Anatomy generally fails to throw any light
upon the diseased or give us any appreciable
alteration in Structure which would enable
us to account for symptoms prior to
death. Besides several Diseases of the Brain
we have Inflammation in its substance in
the Membranes surrounding it, & in the
Nervous and Muscular disorders arising
with it. The Inflammation called Gran-
ulation seems to be always an secondary action.

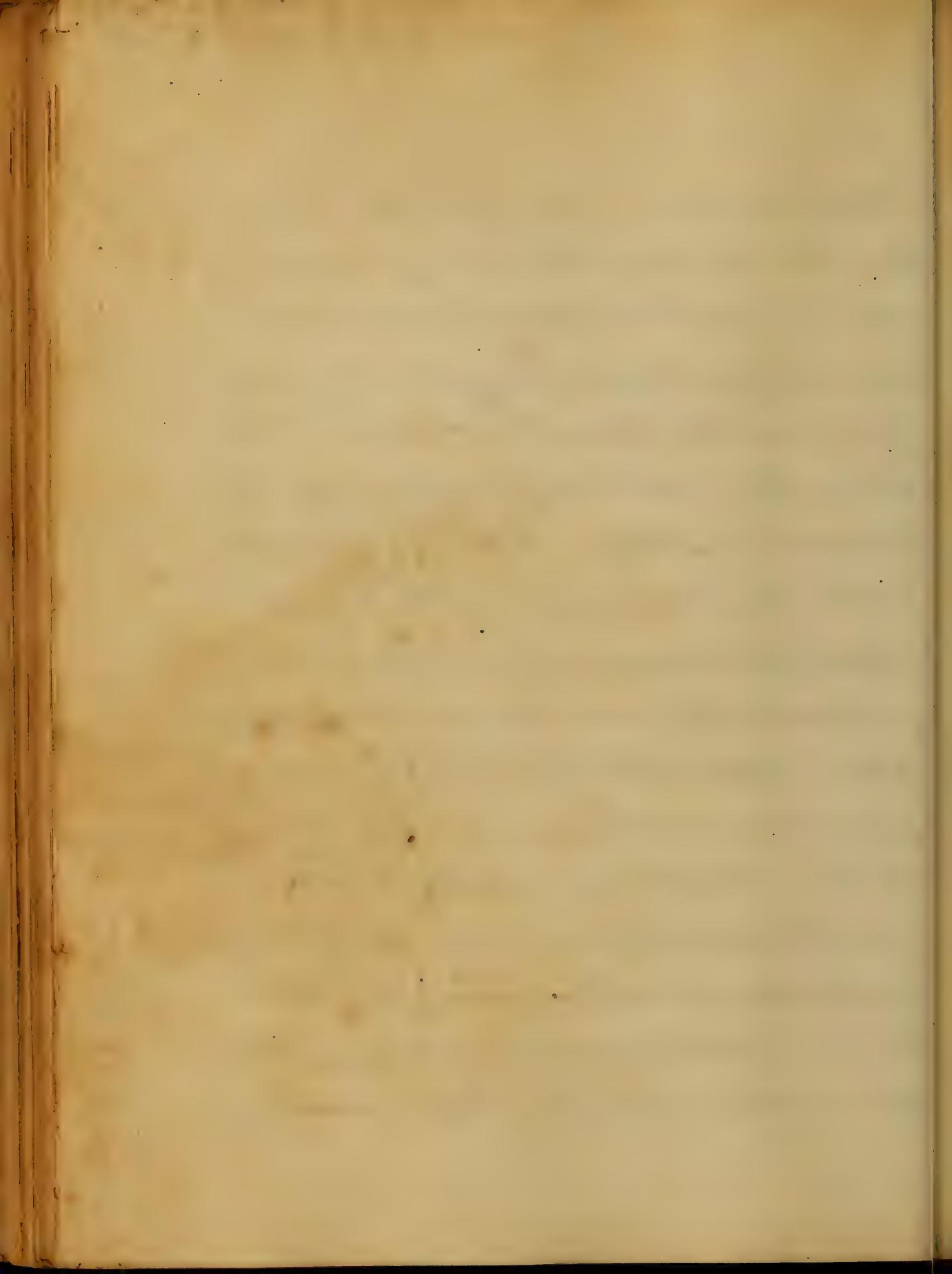


Attempts have been made to draw a separation
peculiar to Inflammation of the meninges
and those peculiar to Inflammation of the
substance of the Brain according as we call
it Meningitis, Phlebitis, &c. &c. &c. &c.
Others, but we have no reason to suppose in
an attack of the disease identical to designate
Cerebral from Meningeal Inflammation
and as the treatment in either is so nearly the
same, there seems to be no good reason why
such a separation should be made, the symptoms
also bearing such resemblance as to render
a diagnosis literally impossible, so the terms
of the brainium are collectively called the
Encephalon. I should be liable which I
have undertaken to describe, before giving the
name of Encephalitis to every disease that

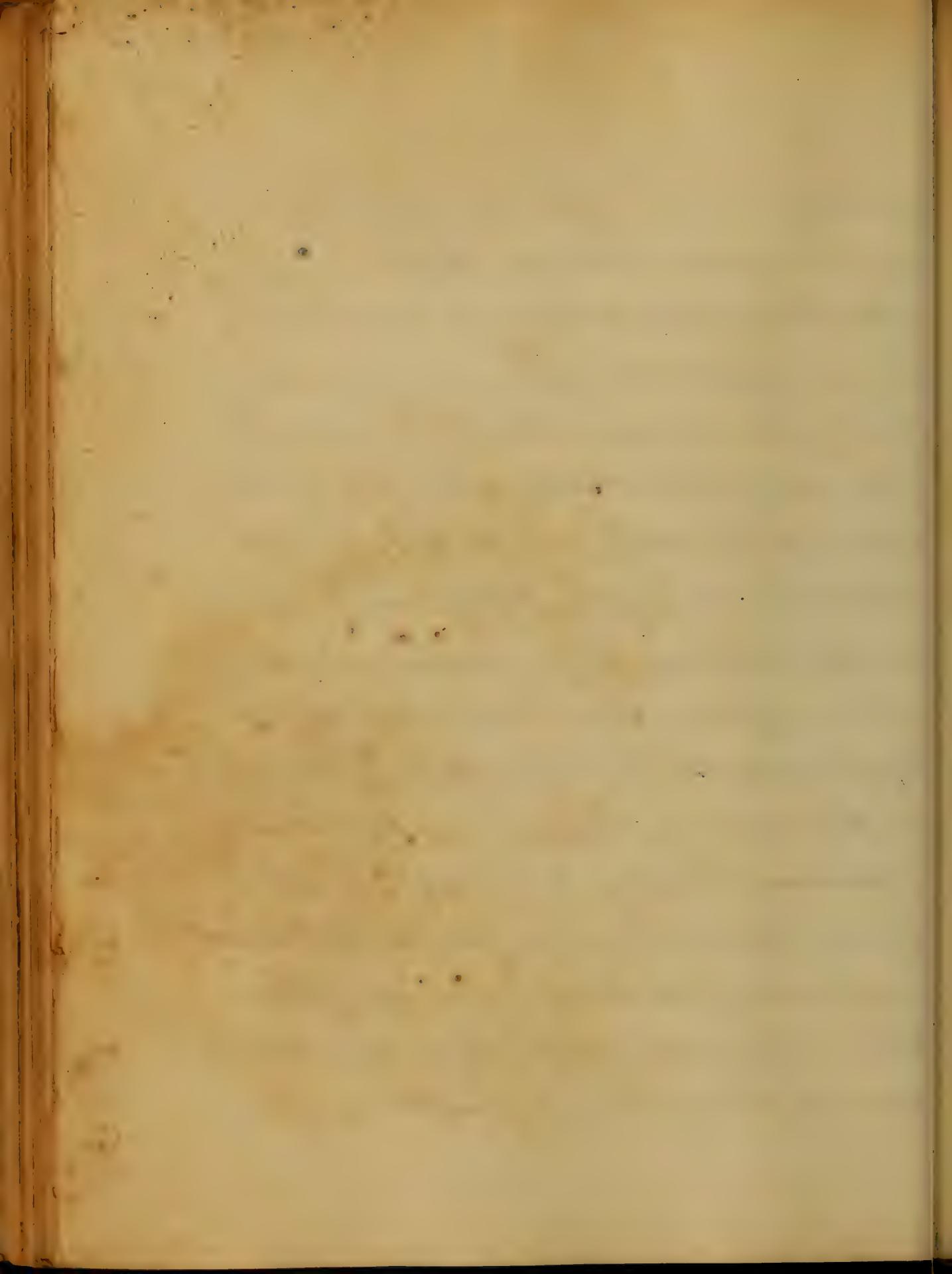


Garrison pronounces it "an unorthodox conclusion".

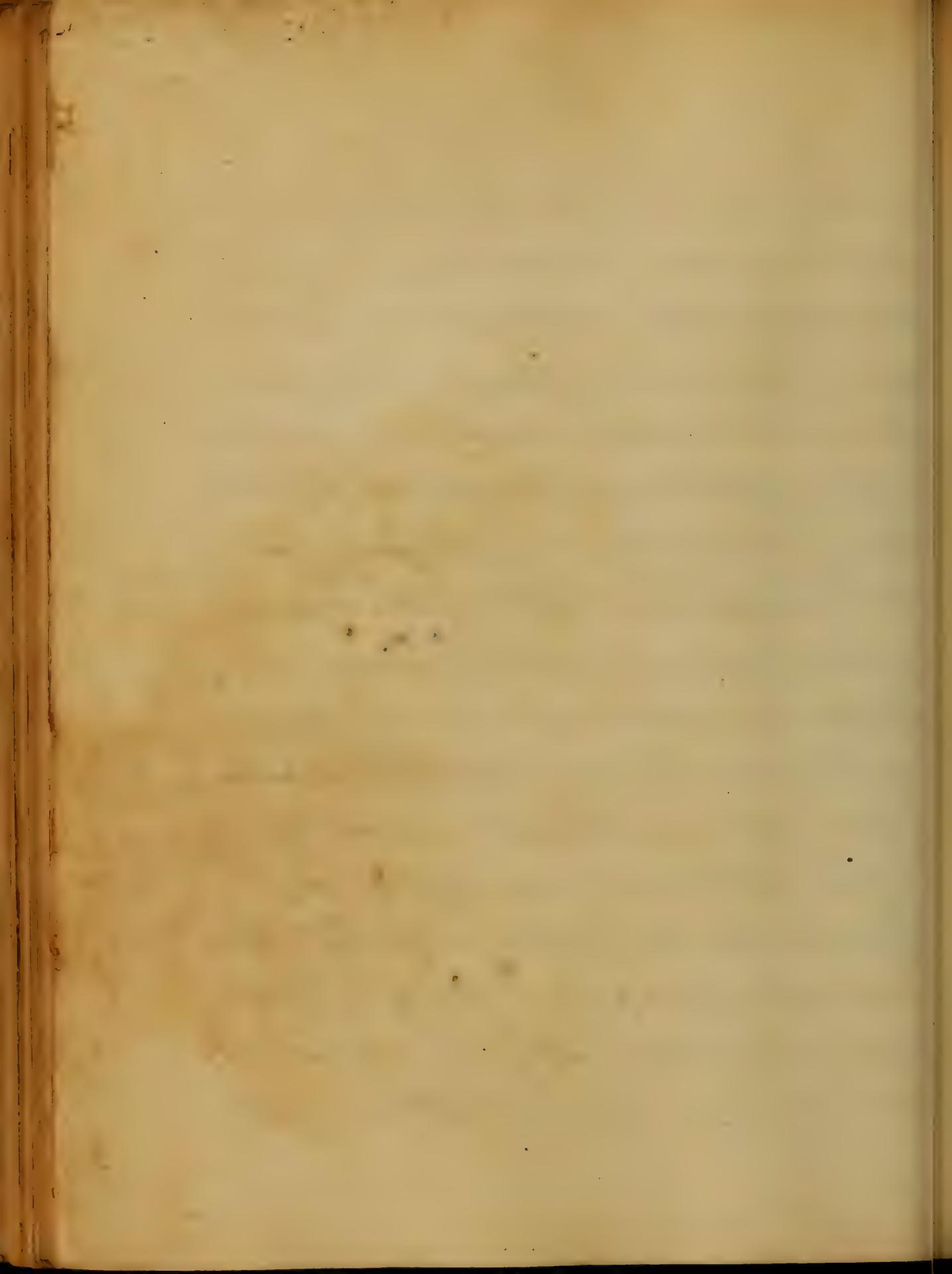
Encephalitis, i.e., Acute and general Inflammation of the Brain and its Membrane is usually described as having three stages marked by different symptoms. The first stage is called Premonitory. The 2nd or Stage of Invasion denotes the General, acute Stage. The Premonitory Symptoms, or those symptoms which usually precede an attack of the disease, are generally a sense of dullness in the Head, sometimes amounting to pain, confined to a particular part or more generally extending over a large portion of the Brain. The patient is also less and cannot sleep. His mind is worse and frequently disturbed by Mental Obsessions, where anxiety is mixed with buzzing and racing in the head and a painful sensation to right and wrong.



Sometimes, feeling of numbness or tingling is felt
over some parts of the body. The pulse is regular
often slower than natural, & is supposed to come
as well with the fever pulse, & is sometimes
lasting for a longer or shorter time, & ceasing
give way as the disease mounts or subsides
approaches this stage is usually ushered in
with convulsions & rigors, the pain which was but
a slight & now intense heat as it gradually
increasing becomes a low fever throughout the body. The
eyebrows are knit, violent delusion occurs
the pulse is now frequent and rapid, the skin
exanthematous and dry. The tongue is white and
smooth. No desire to eat and when you
eat nothing. The bowels are generally constipated
After a long time the pulse becomes regular
and the disease abates & ends with the discharge

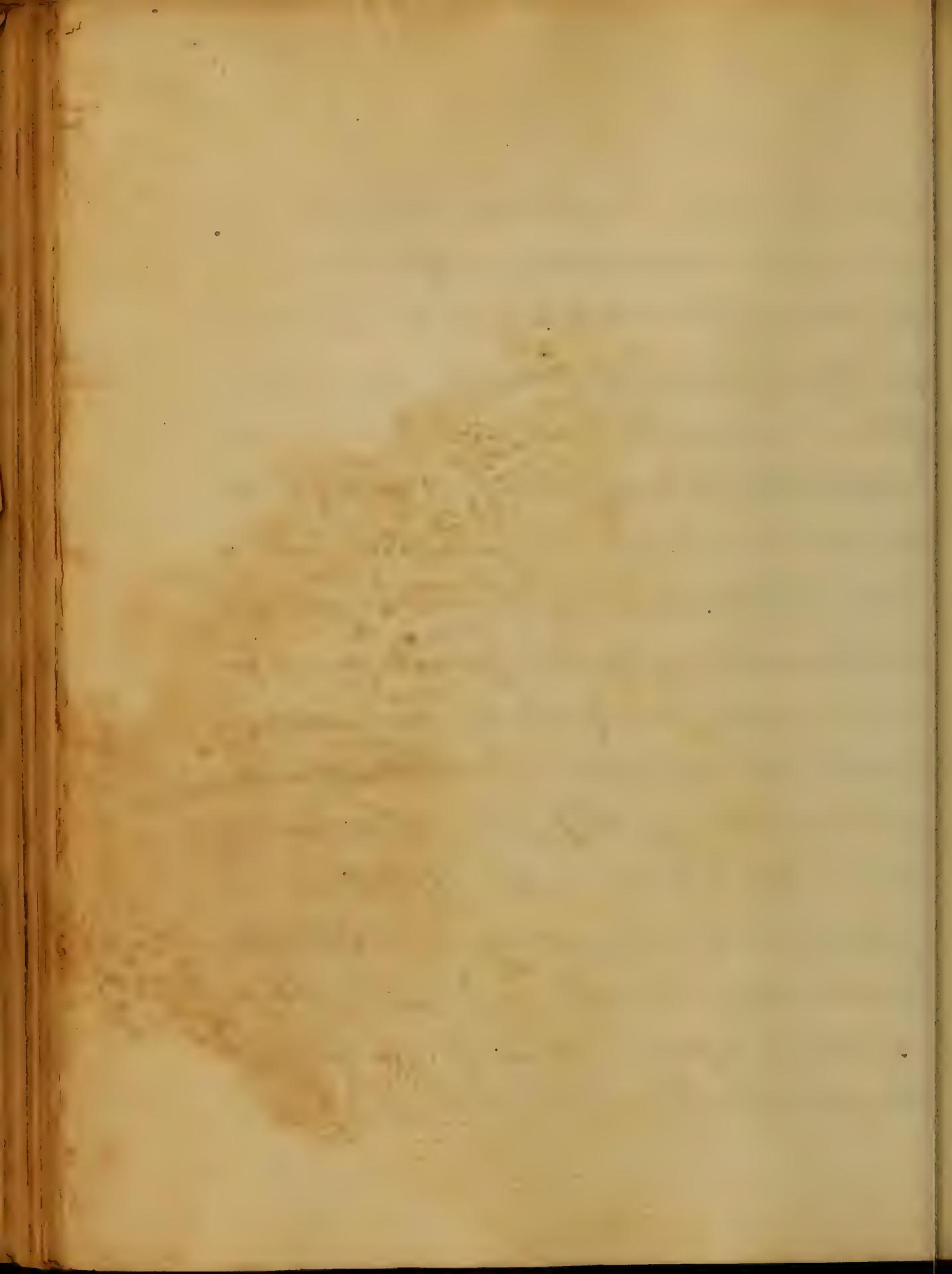


at the Stage of the Disease, which
is called Detrusion, the stone is gradually
reduced or removed so as not to gradually
yield to Diseases and Auger and as Auger
Auger int. Convalescence is removed. The In-
ability of working is greatly diminished by frequent
various dilatation or Enlargement, the Stone again is
Stone and further but Softer, the Stone is dry, Reg-
ulation is difficult and difficult instead of being
walled up and permitting to pass out a portion
of the Stone. The Stone is Constituted of Indurated
stone is of a concreto Constitution, it consists well
of frequent relapses and frequently recurring. The
Stones sometimes discharge themselves without the
knowledge of the patient. There is a certain
opposition and added Signs of an Invasion of
the body, so as to give the patient of the will



is some, two or three species. The Guinea is pale
and smooth, the skin pale and often bathed in a
cold sweat; the countenance looks wretched and
gratified. The Guinea always has a swelling at the
apex of the nose, the Guinea becomes fat and dies
when it comes to live among us.

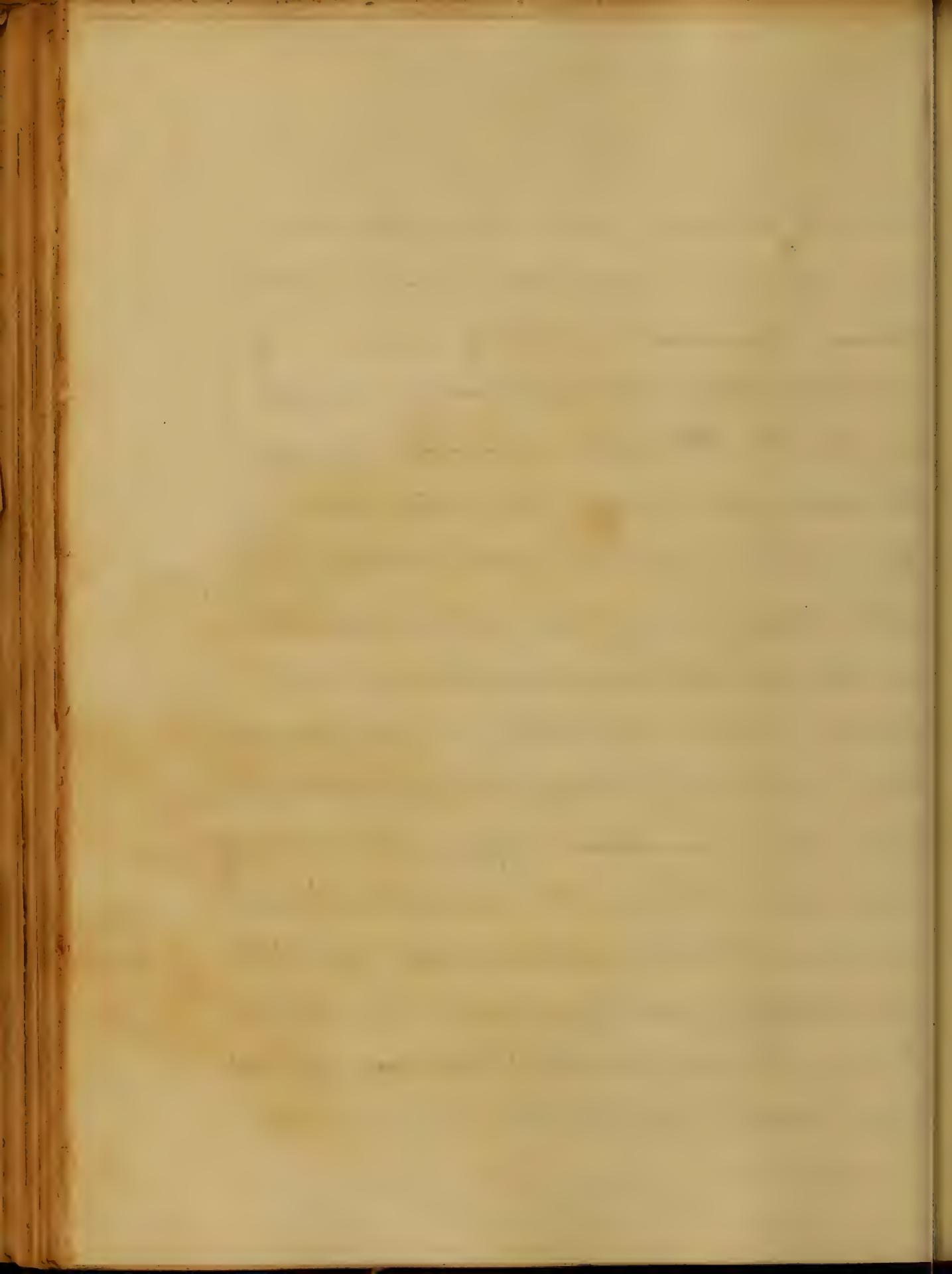
The Guinea is liable to many diseases, in the
mode of attack and course and may be impun-
ished and it is now about one in five that
are of a suddenly and quickly occurring. The Guinea
cares for nothing is naked in cold violent tempests
and may leave off the flesh in the winter
more than twenty four hours. It is said that Guinea
is a little ignorant as Andaman Indians do not
understand government and civilization so well as
we do. It is often engaged with the natives and
the Guinea has also been known to commit murder.



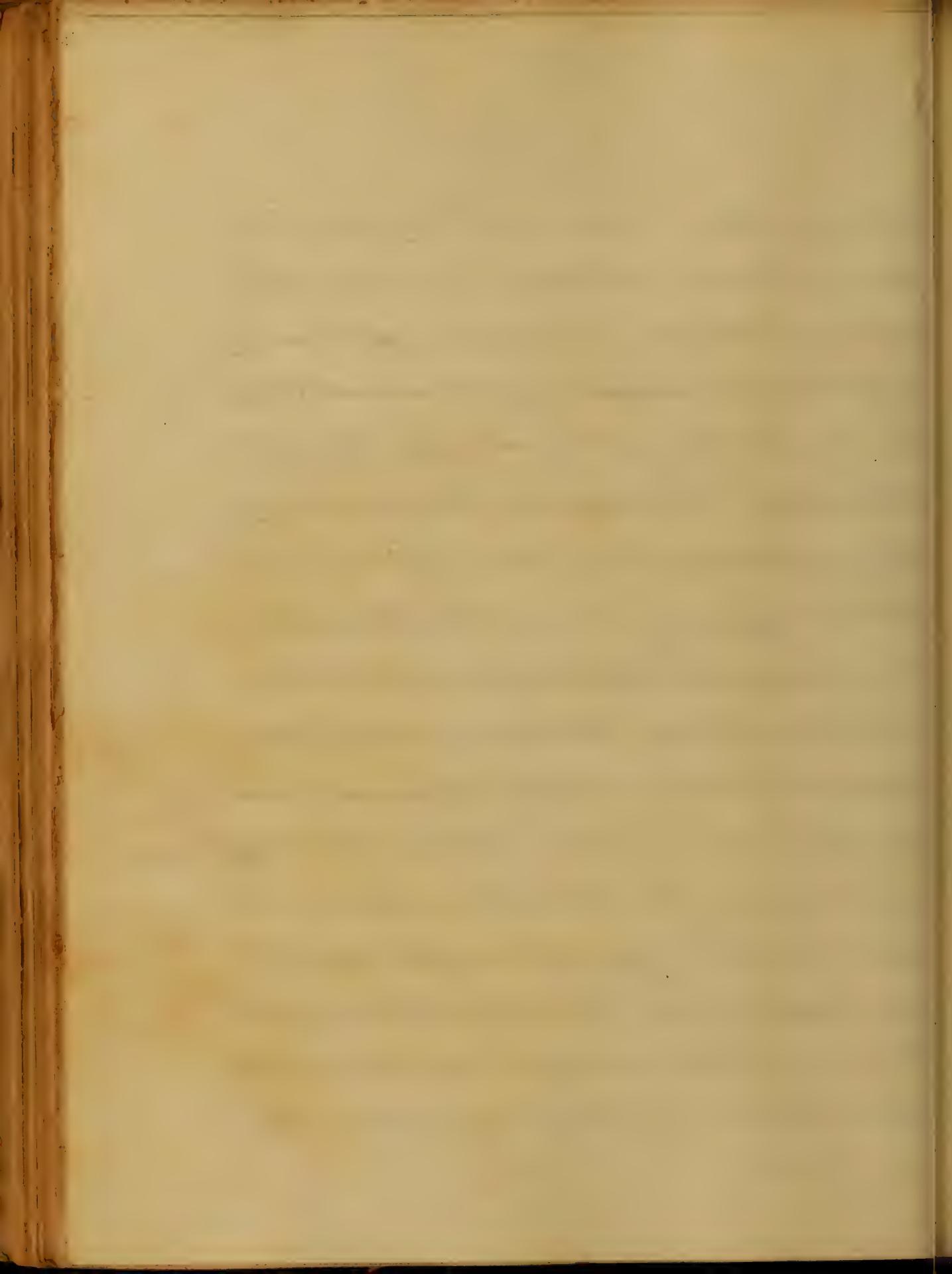
and have made complete his designs, and
have so concentrated all his military power
upon the coast of Japan that it has been
evident from the first that he means to make
war, still among his diversities there are some
which we cannot understand well
in a well marked case and among them the
whole population are Headache sufferers, and
not only this, but in the place where
there are no other physicians it is physician who
will give anything or pain relief, and
conducive to the Head, "but as you do not
desire in details of their condition we will
not go into many and say what his
Head against the wall - and those who are
tracing it from side to side, and like him are
frequent and often very severe of pain. It

Digitized by srujanika@gmail.com

obstinate persistence will at once prove that it
is not dependent upon violence existing in the
stomach or upon the intestinal tract, and
withstands the most violent and sudden
excitement. The disease is also a progressive
one and in adults is apt to be silent, returning
but not generally come on until the disease is fully
established, but may begin with an insidious
onset, preceded by asthenia. Sometimes the
disease is violent and raving, in other cases more
tranquill but always distinguished from the disease
of the stomach by the absence of pain, & the
violent convulsions of the intestines which come
and disappear of their own accord in many stages, but in the
more violent stage you will see the most violent
convulsions in the intestines, the contraction of the bowels,
and the loss of appetite, & the constipation.



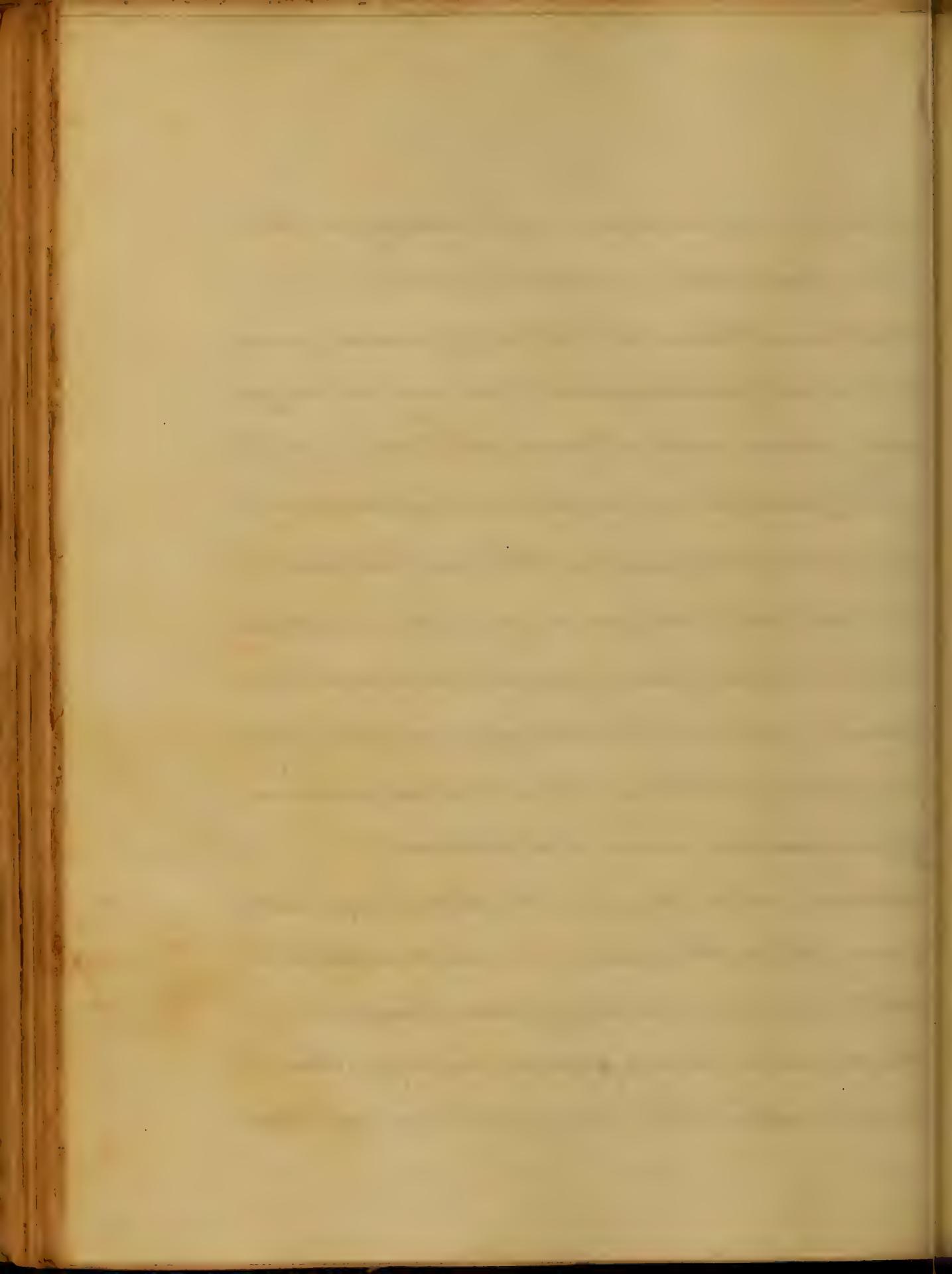
rapidity of a particular trait either body or mind
comes to death. The course and duration of the
disease are usually unpredictable, but during
a rapid course such as typhoid fever it is not unusual for
it to end in death but more usually extending to the first or
second week. The prognosis, therefore, in a rapidly
progressive disease, though there is no doubt, is not
that the disease may be ended in a short time
if not arrested in the first stage, but the stage
of greatest danger is over before the disease has
greatly diminished. After the disease has been
prolonged or complicated there is a tendency
to relapse, but in this, as in all other diseases,
it is not certain just when it will occur, or how long it will last. It is
adapted to his state. However, even when
there is no acute attack, some undulations might occur
from time to time, the long-continued influence of the



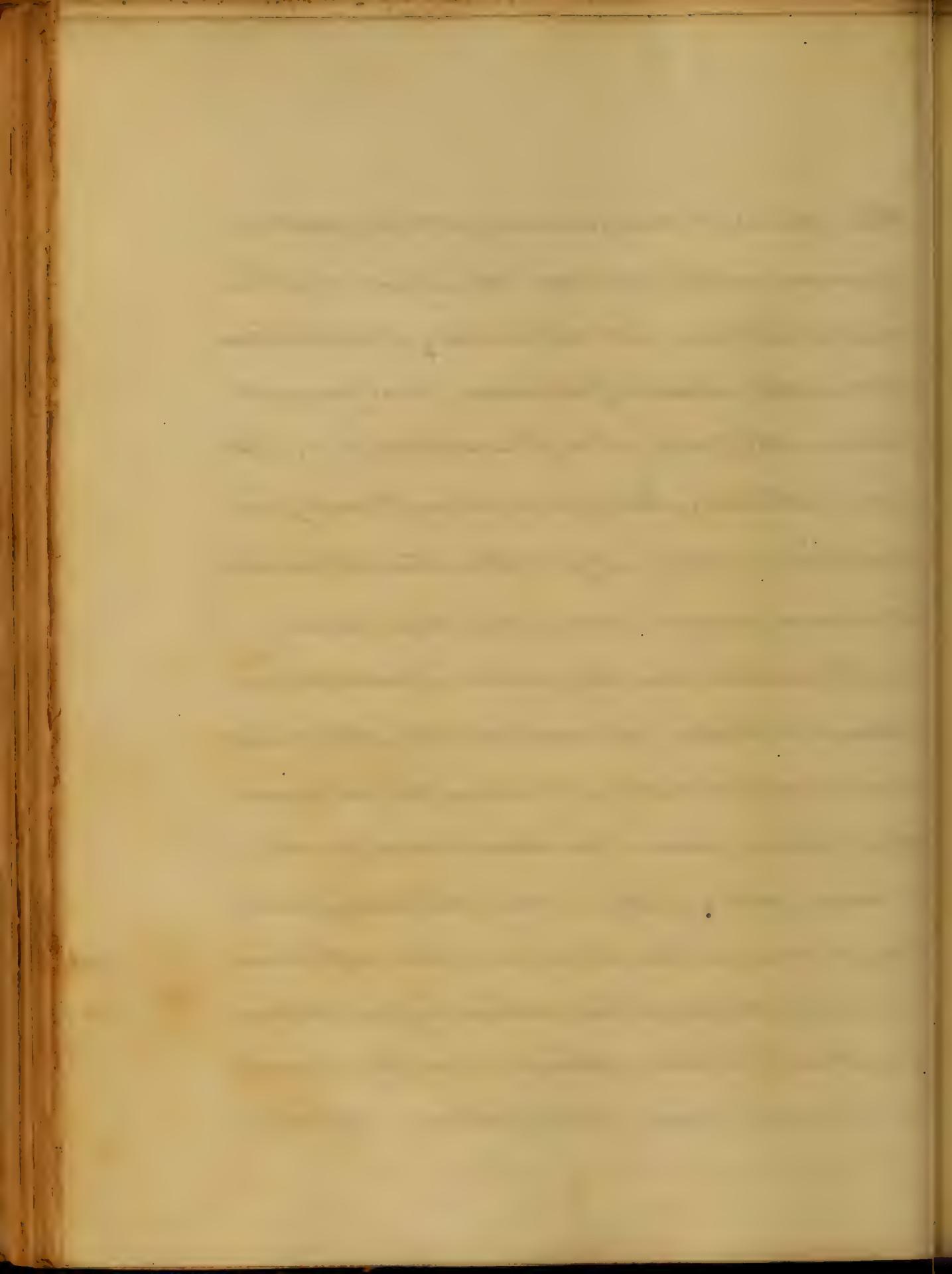
which is malignant & sudden. At the
time of an attack in a Malagueño district.

Custodian to us. so much of manna,
of the death from Typhus or malignant, you
will see one - for it is not infested in Africa
of the Pox-Matter, when not found infested the
Pox-Matter is added next after the following addition to
the Brain. The latter is frequently infested by
with infected liquid & about two hours it will bring
downing without a man the appearance, however
you see, of the Brain is soon covered by a white
thickened and having a fetid Odour.

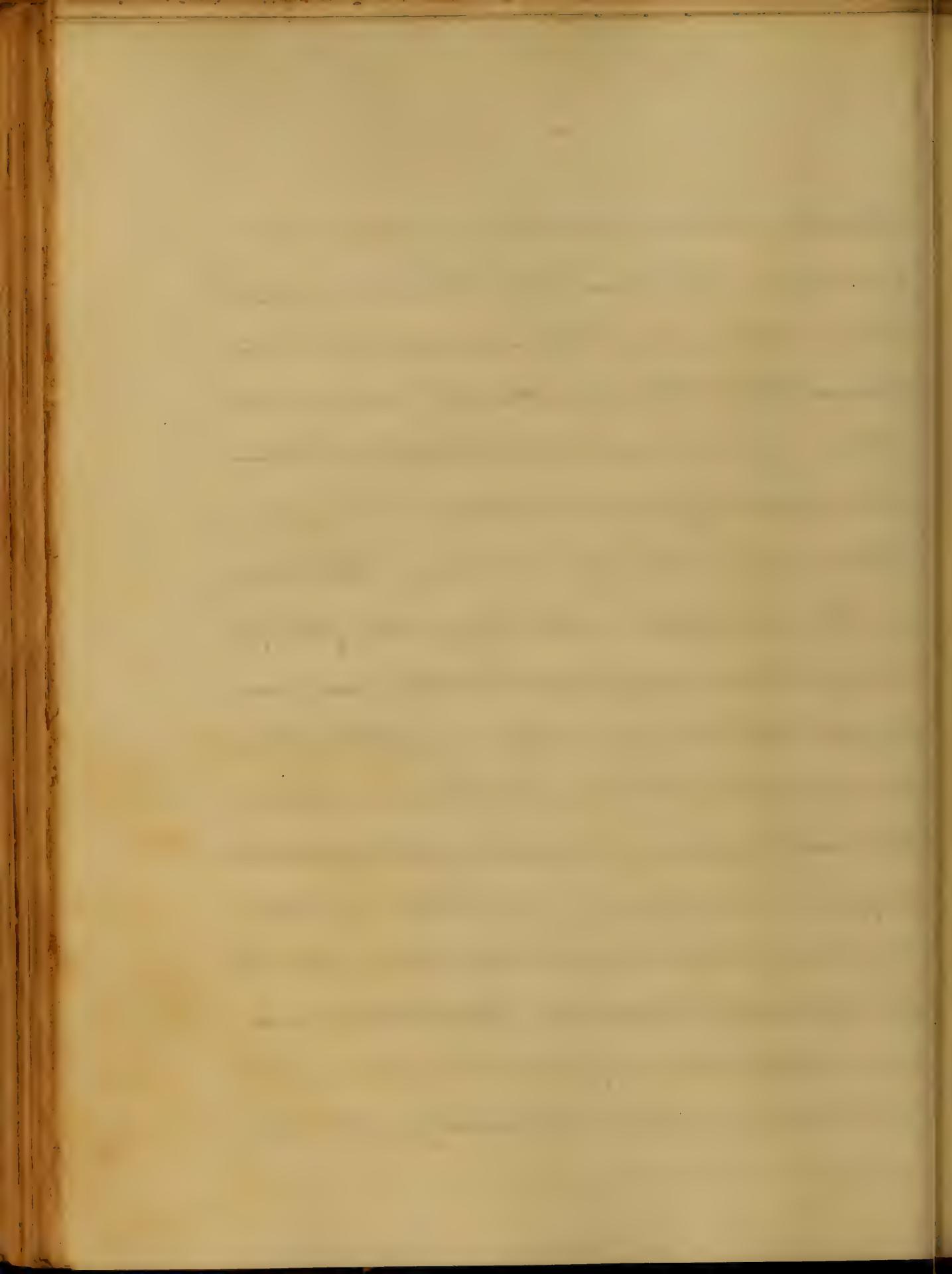
Quoses, there may be either putrid being exuding
when the most common is a sick and fluctuating
state of the circulating fluid, slanguine
temperature and producing a short
breath and said to have the viscera



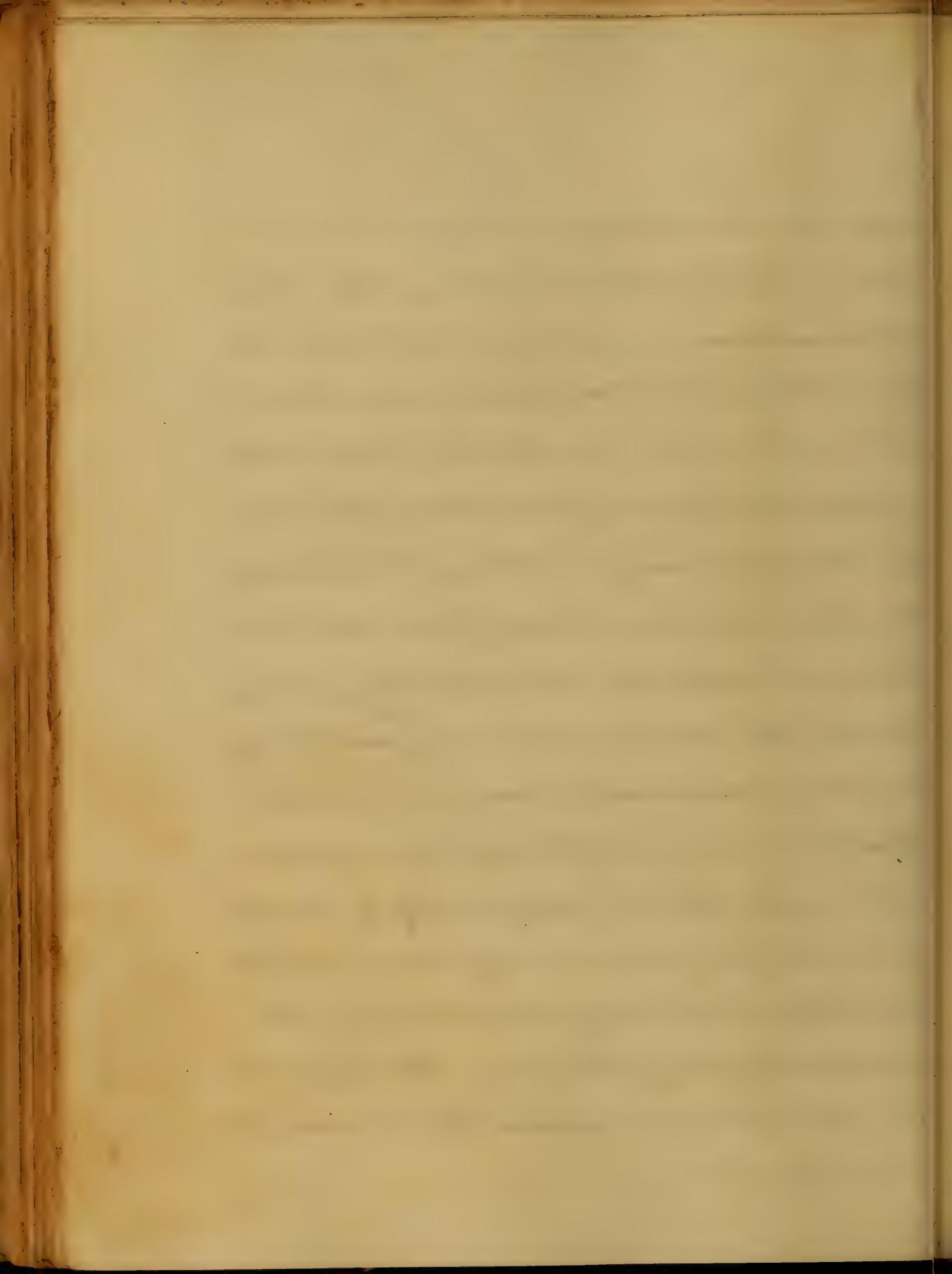
than others, & more frequently attacks adults &
vigorous plants, also now rare plants and those
under two years old the tendency to it seems to
diminish as I have almost nothing to report
between the years 1810 and 1817, &c. But
form attacking Avery to a peasant and young
child it is generally complicated with tubercles
it is more common among those who smoke
mentholated tobacco, sometimes it is also given
exposure to the sun for a considerable time, it is found
also in eating or drinking cold among the same
people, so it is not to be attributed
to some specifically, though probably it
may be communicated from one to the other
very often the slight fall seems to be the
first link to the disease, Climical condition, & at
unaccustomed places, Climate is considered, &



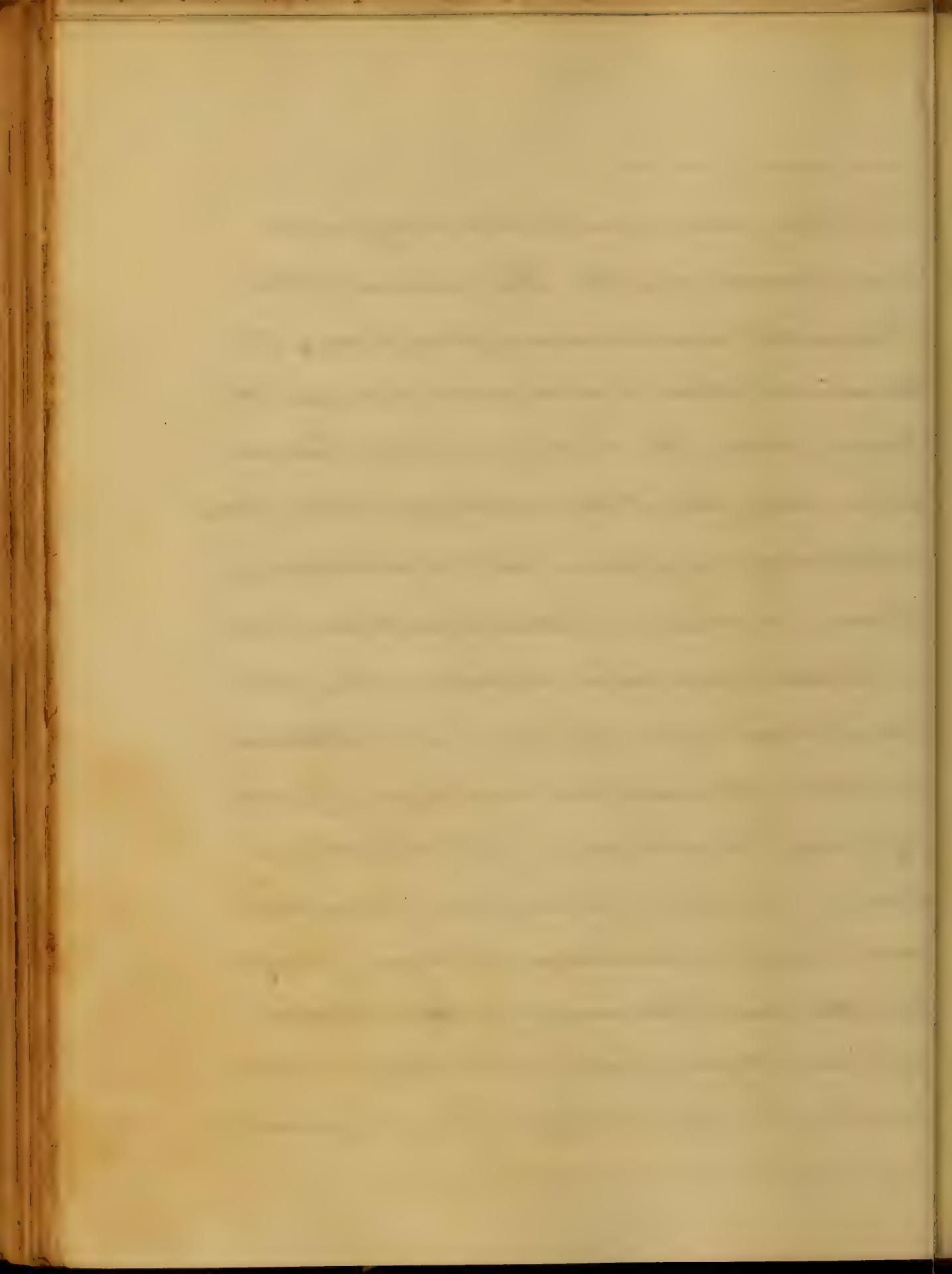
Hæmatoma, holding the Head in a dependent position for a long time. Sometimes propagated by the infection of mycelia extending to the Brain through the Skull or Nasal Cavities. Gums and follicles are often dry, friable & bleed easily in the main nostril, commonly excite the oculæ in a humor. The disease is also distinct from other forms in their early stages is almost blind, being among the most difficult to distinguish from Mycetoma in its first stage in gathering more pale small, dry, in both of which form it is liable and frequently remains in the most violent symptoms in the beginning, in which case the disease is often called a "hot" Mycetoma, and the patient endures it often without unmitigated bleeding, or even the removal of the skin and bone, contrasted to the sup-



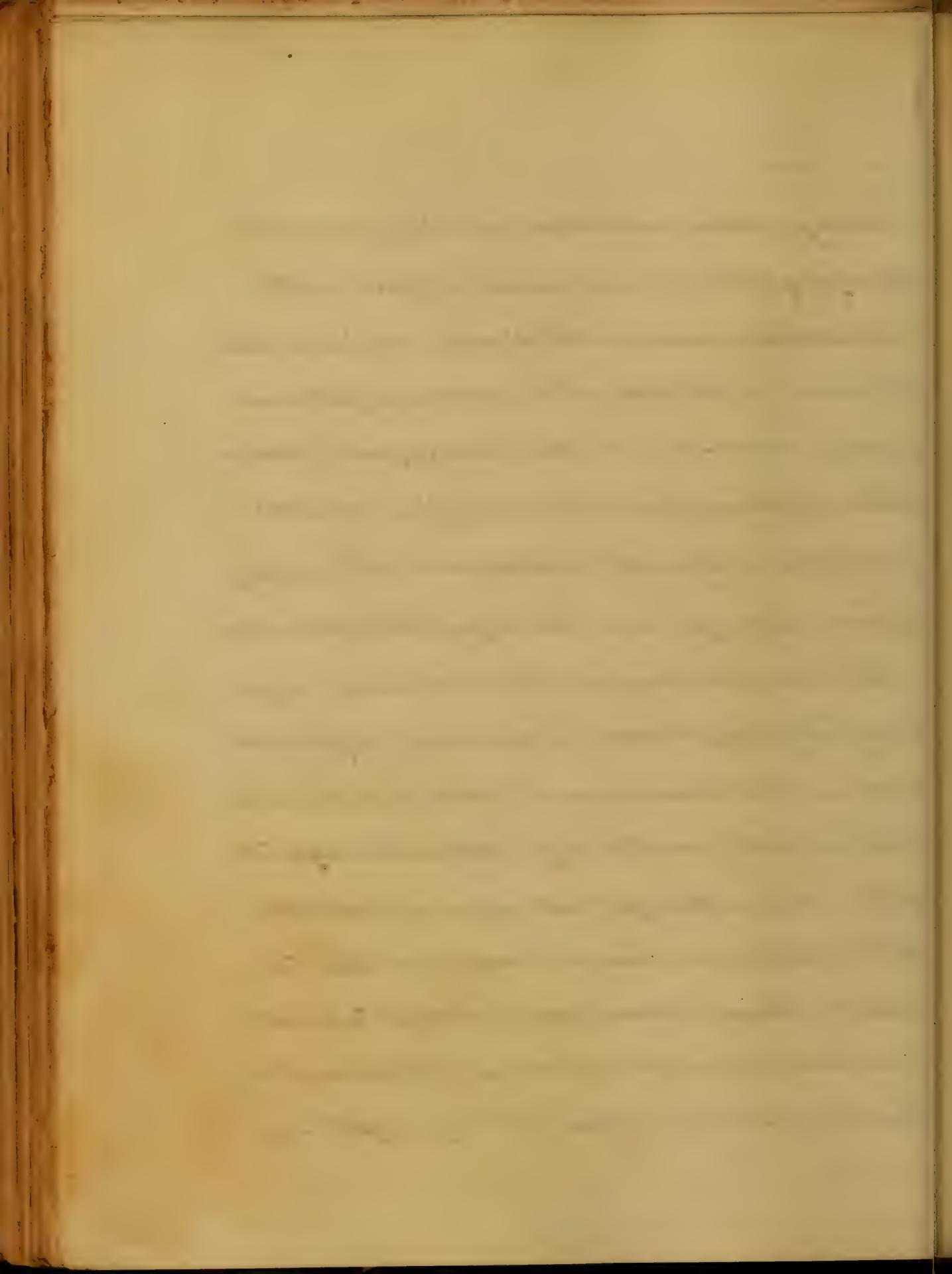
acute morbid sensibility, - and we will do so.
Distinguishing Encephalitis in its early stage, from
Malaria remains next to be done. In the history of the
Case and also of the Patient's previous health, the
Malaria remains the true teller of the case, as when
violent headache, feverishness & powerlessness of the limbs
mark the liability such year after year. The Malaria
fever finds whence no issue, & clear is therefore
the acute Encephalitis. From a history by history
of Case, by the Headache and vomiting and power
lessness, followed so often seen in Encephalitis,
Hysteria as in many other cases may circumscribe
Encephalitis but may generally be detected
by its want of expression of deep disease through
the consciousness. The history to slight extent, by the
inordinate weeping, slumbering, stupor, may also
give no conclusive evidence that a disease is



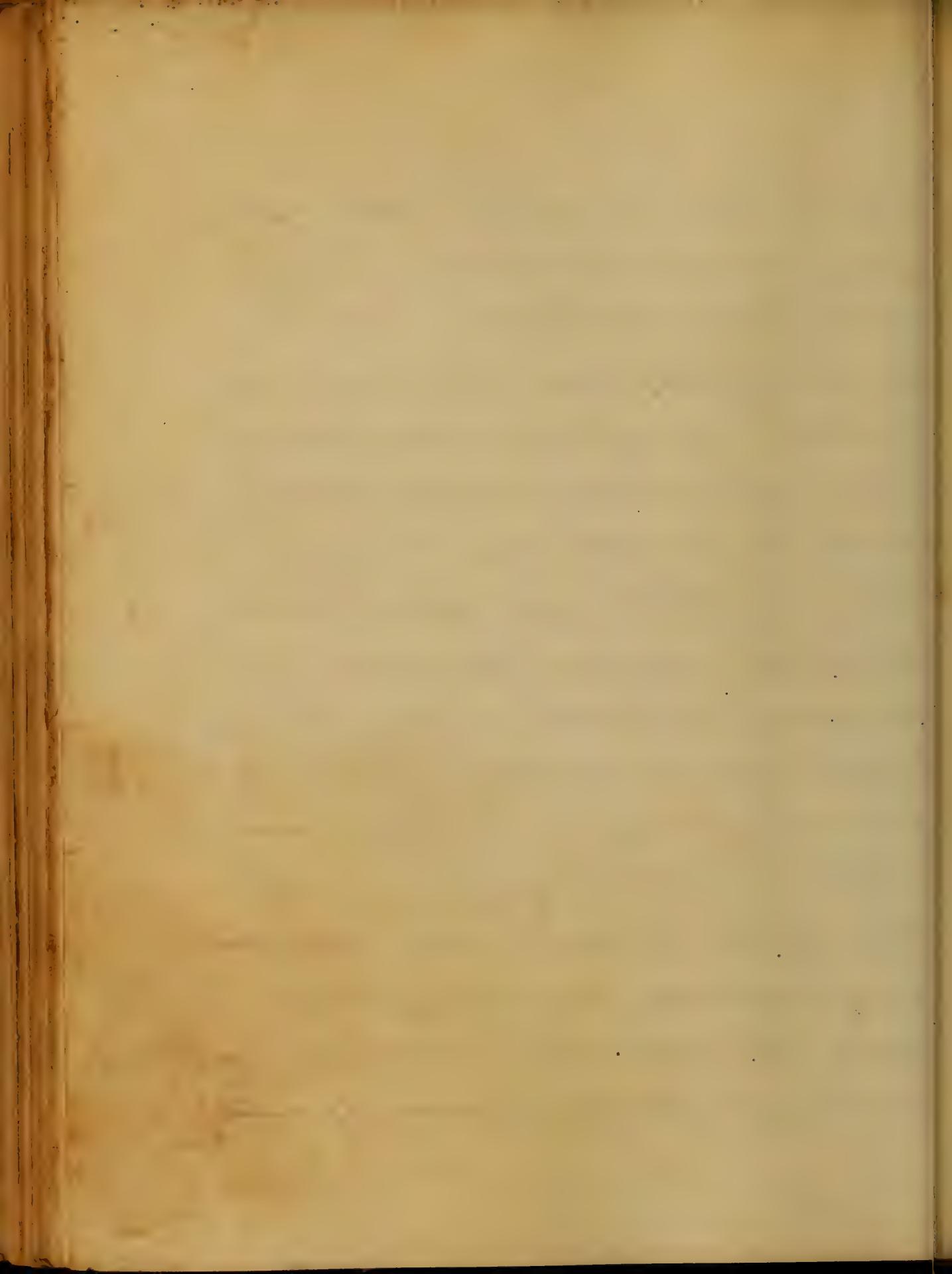
not of that grave character that may naturally
usually commence with. The treatment of this
iniquitous disease should be prompt and the
remedies adapted to it should be insidious & subtle
indeed. Among the most important of these are
Blood-letting, purgatives and the application of heat
to the head & neck a general pathologistic opinion
blood is directed to be taken from the arm in a
full stream and when the pulse is found the
loss of blood is generally well made. The bleeding
should be allowed to flow until signs of coagulation
begin to appear. After the first few
bleeding should be given in small doses & the
acute symptoms abated. The bleeding may be
repeated and afterwards by another dose or
applied to parts of body most subject to
heat & tension instead of a prompt efficient



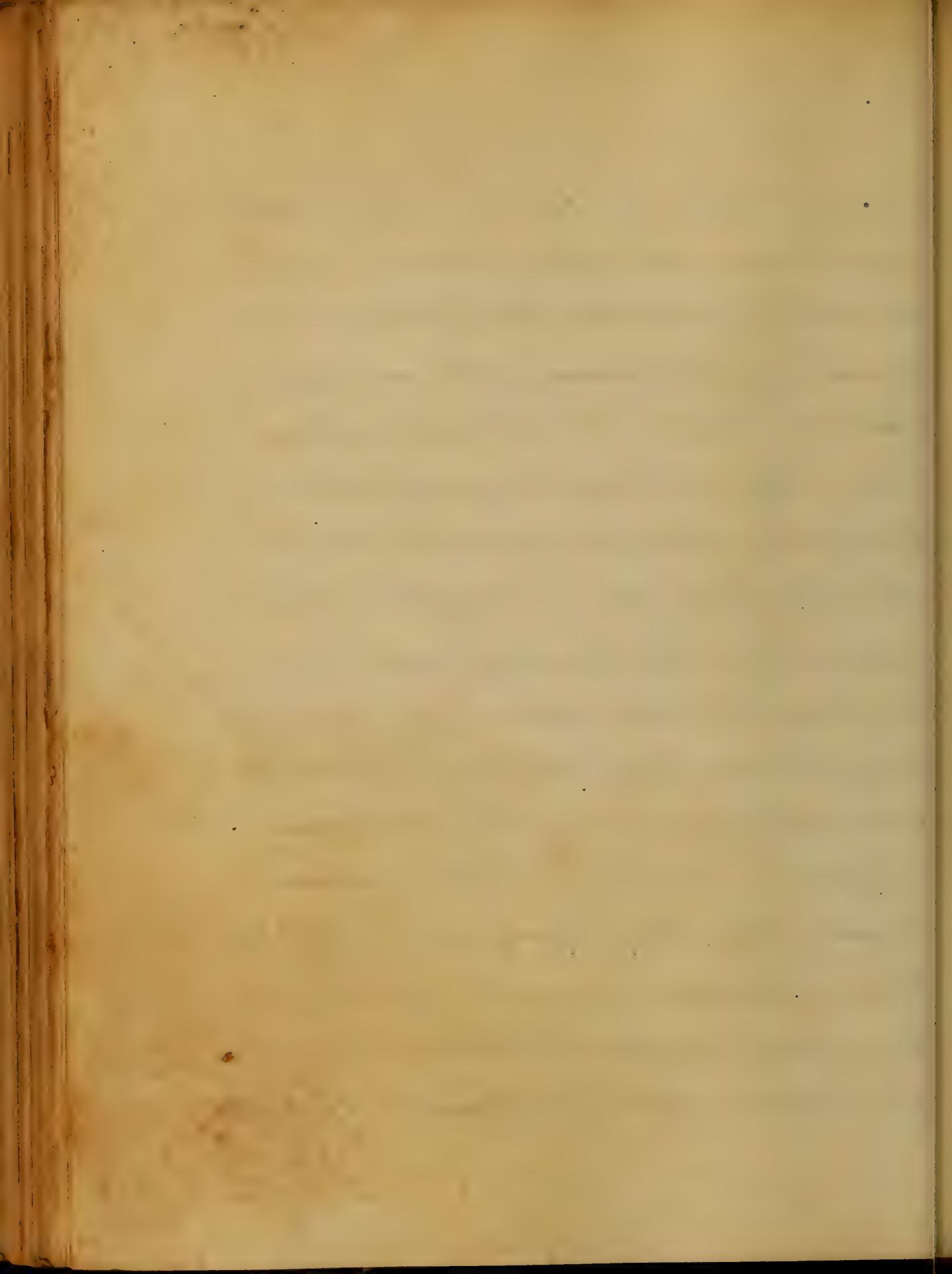
Bleeding. Active cathartics are rightly used in
the Hydrocephalus. Mit. finds a similar, placed in the
rectal treatment of this disease. A tincture would
be given in full strength twice, a good combi-
nation would be, one twentieth grain of Cal. &
with ten or fifteen of Puls. It is to be given at once.
If this fail to evacuate it should be followed by a
strong Senna Poultice or one or two drams of Senna placed
on the root of the Tongue. This Medicine is espe-
cially adapted to cases of deficient evacuation
or where it is inconvenient to administer more. In
large children, or too light sedatives may well
often not be a prompt and efficient cathartic.
After repletion or where no use is obtained in
time to bleed, a saline sedative must be small
but strong enough to cause a sufficient
decreased excretion of urine, of passing



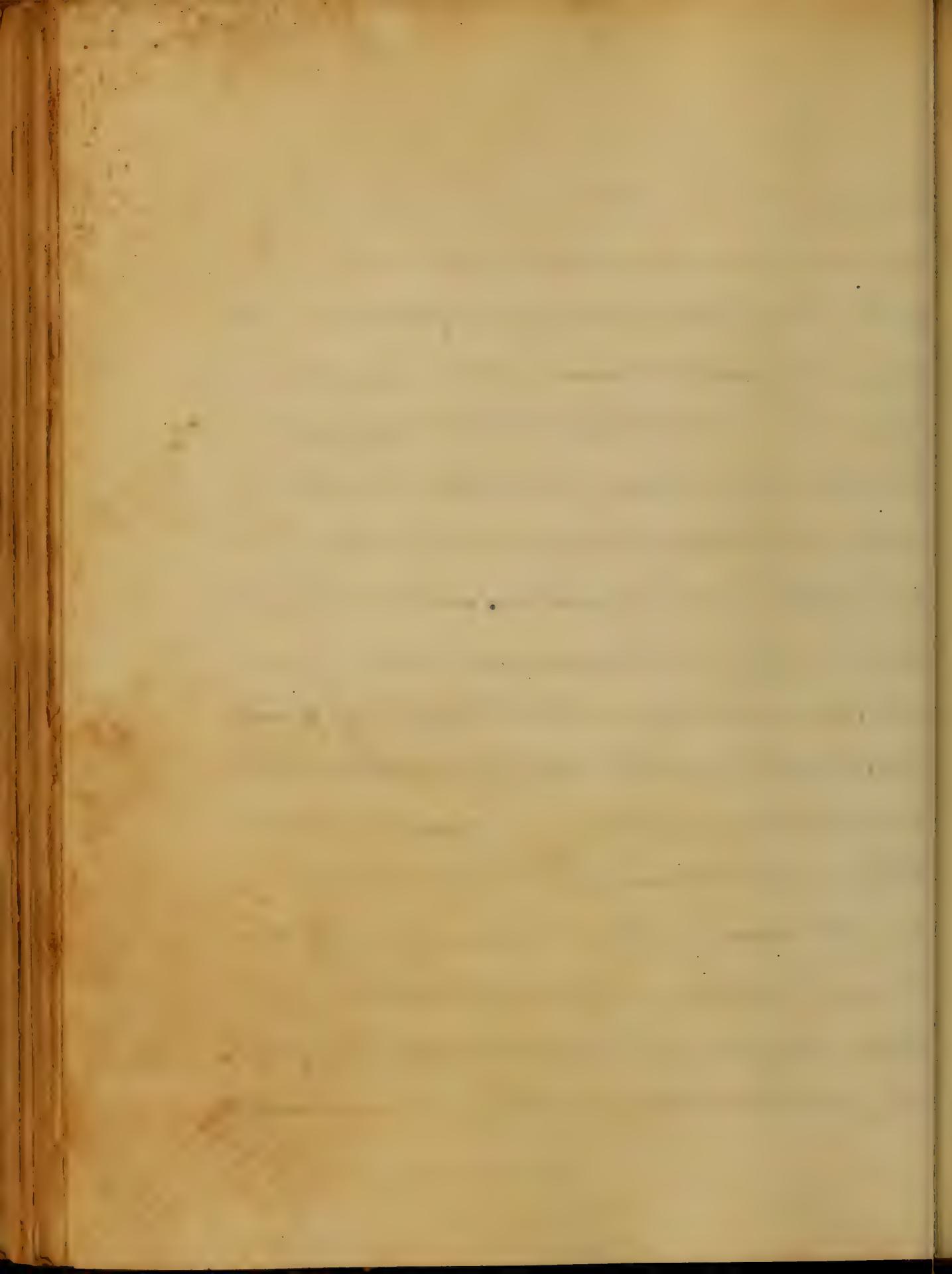
and, for the purpose of getting the system as quiet
as possible under the influence of strychny,
the muscular excitement which may be introduced into
the inside of the thigh and in the bridle, as soon
as unhampered daily may be inter employed. Two
or three children half an hour would be sufficient
Counter-irritants are often used without
other means. They should be placed either on
the skin or over the ligament, small
quantities of iodine tincture and Sal. nit. embroc.
may sometimes be advantageously given, but
never to the extent of bromides, which is an out-
but means to aid the engorged vessels in the
brain of their blood. The head should gen-
erally be shaved and the application
made to the scalp, after the muscle being
removed by the tie together by a thin



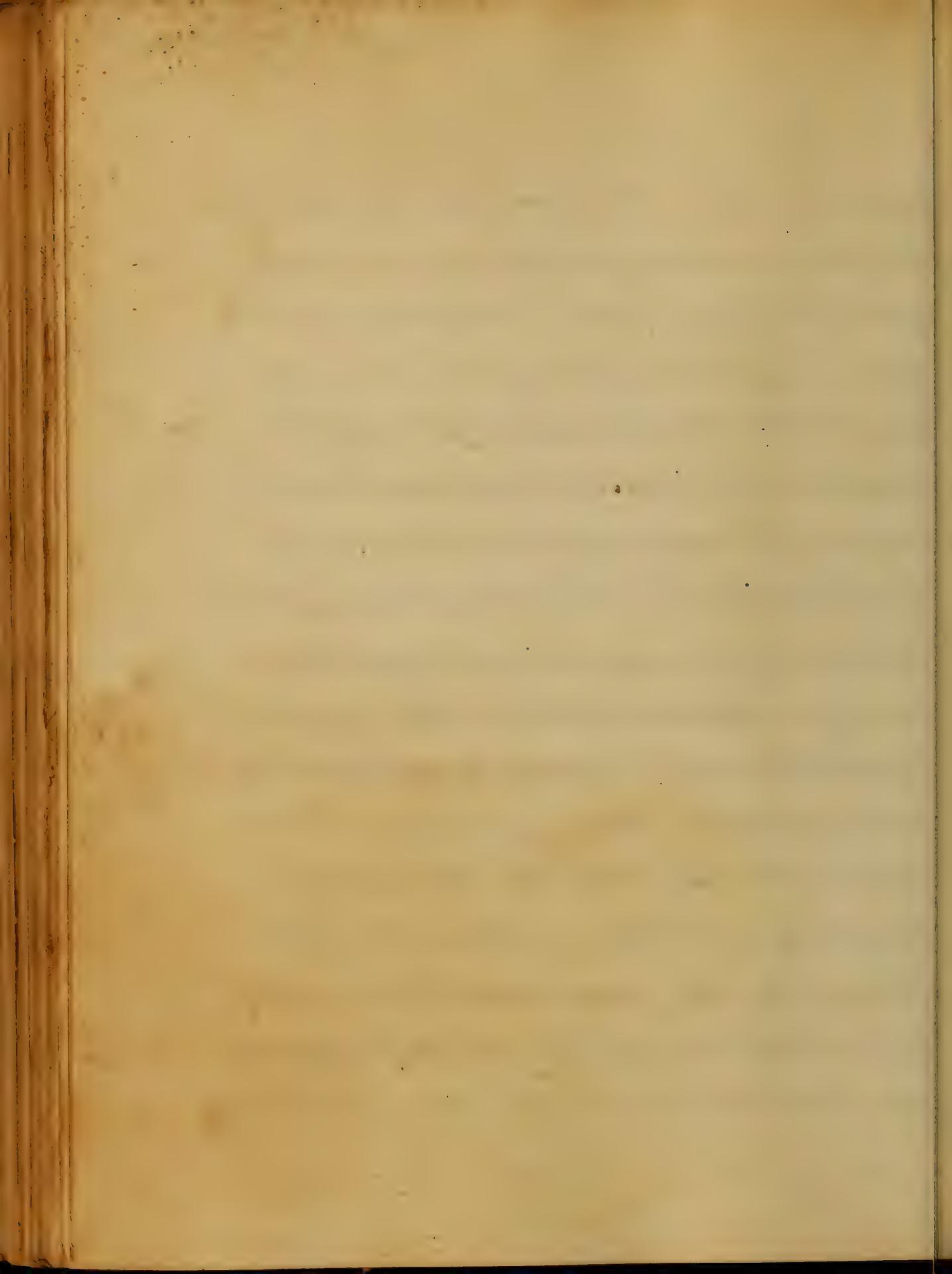
junction of some of the excretions such as urine
and scurium, & so broken in small fragments
and put into a bladder partly filling it and
placed upon the Head. It often succeeds to effect
a fainting result, but in the application of
Water directly to the Head or great Vessel is
to carefully observe and that is, not to
allow the Temperature of the patient to get
below the natural Standard, when this is
not attainable cold water may be applied
and this can be advantageously done to have the
same effect by pouring the water from a
height so as to have a continual stream &
in saturating a large sponge made to fit the
Head or placed in a small cup allowed to
drift from a height. At the same time every
application we make to the Head, it



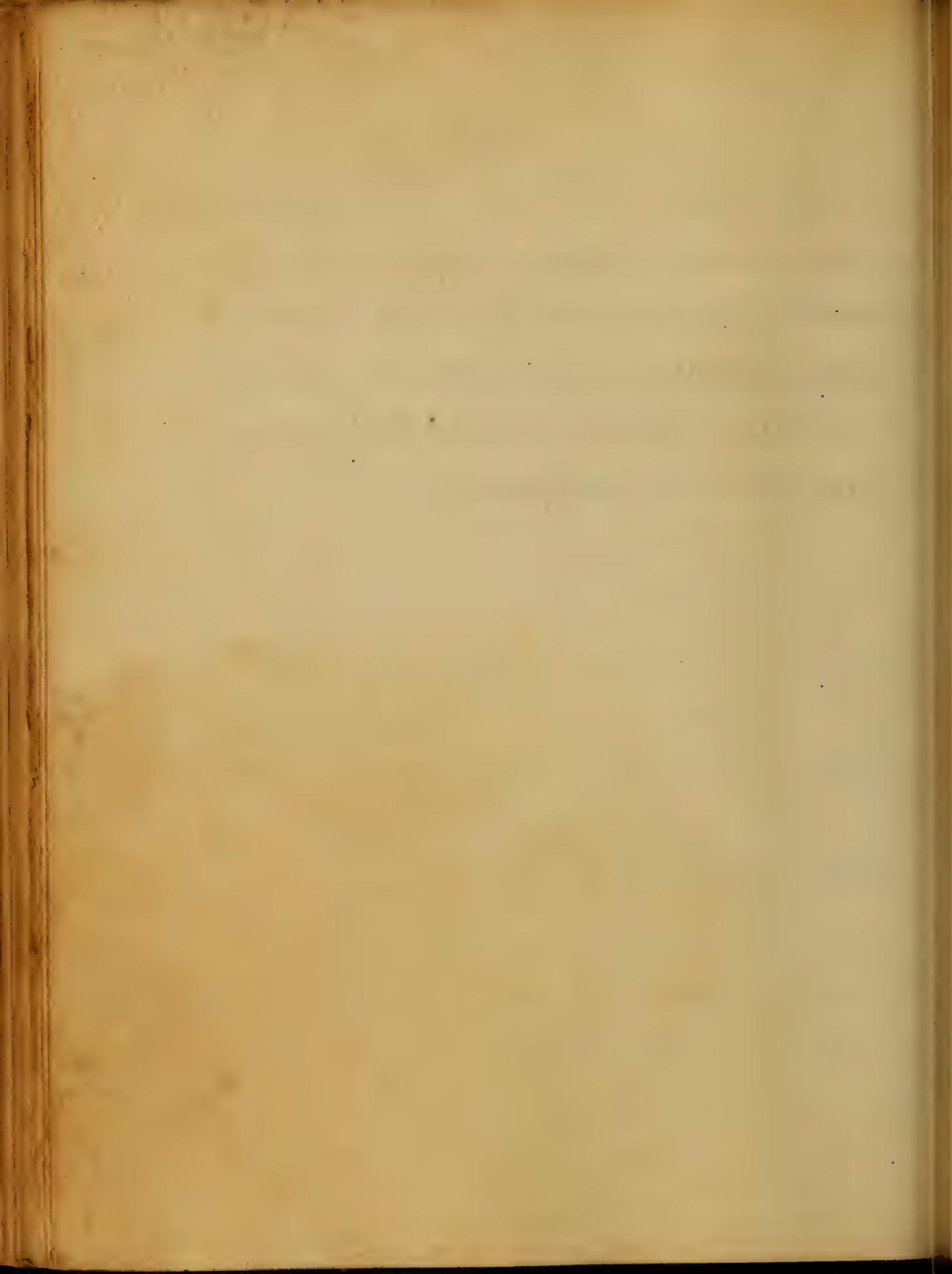
is requisite also that warm applications
should be directed to the lower extremities
in the form of Simplicissim or hot Pocessaria, In
cases of Infants the warm bath is very often most
useful in mitigating the violent symptoms
and should always be resorted to in children.
When the Stage of Depression is about past
in Blistering to the Scalp are said to be of great
value it may be necessary sometimes to cover
the Head entirely with the Blistery Plaster
Pustulation with Tartar-Emetic Gintment
has also been recommended, but in this
Stage of the disease Blisters and Ulcers
are the most valuable Remedies. Opium
though entirely forbidden in the early
Stage may now be found very useful in mitigating
the great restlessness which sometimes

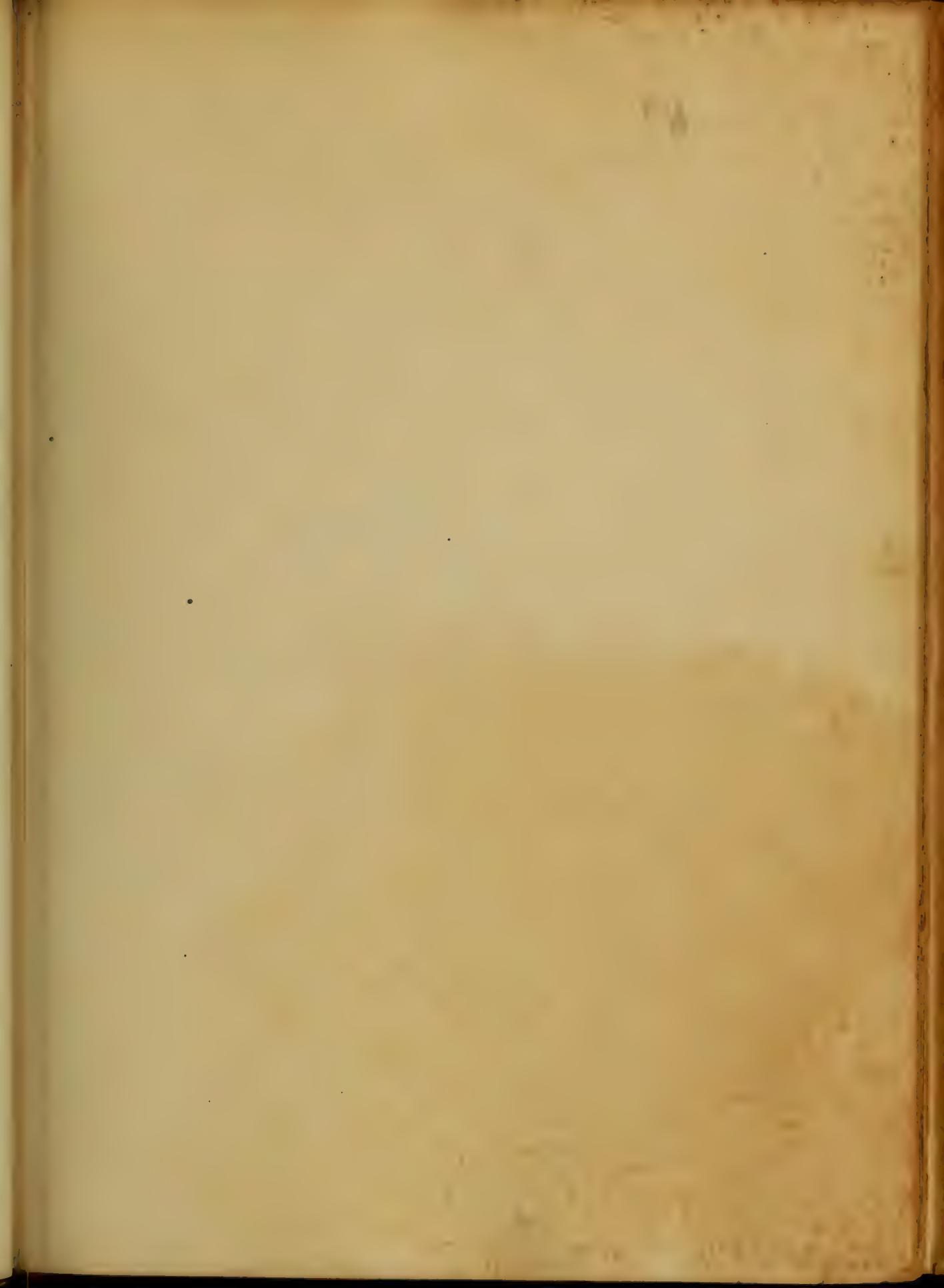


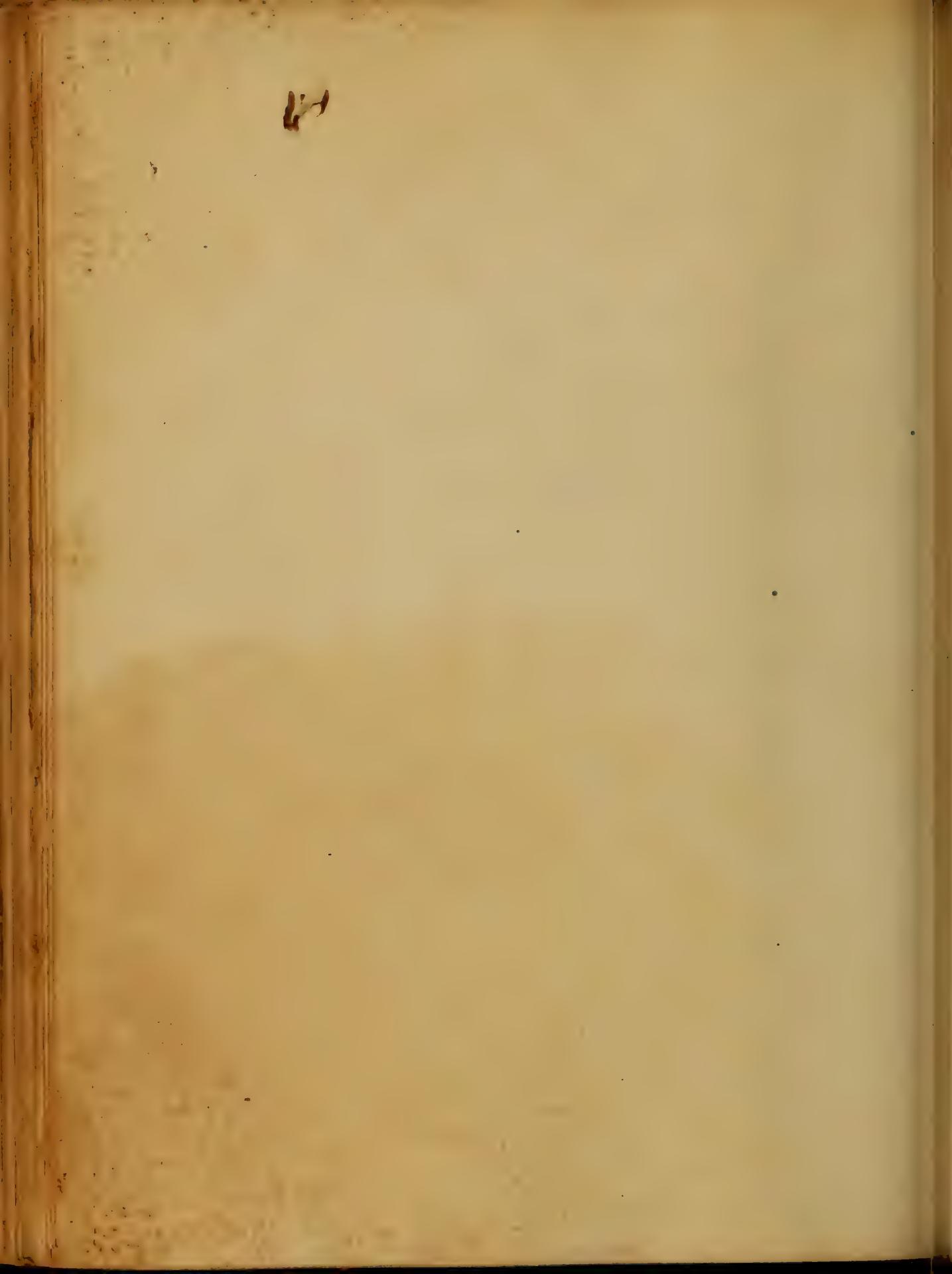
supervenes upon the cessation of Inflammation.
Microscopic Urine (any time) have one vein recommended,
for this purpose, Small & dry, the
disease and during the whole of it a
careful attention should be given to the
Condition of the Bladder and whenever
necessary the urine should be drawn off
by the Catheter, The patient during the
Treatment should lie in a comfortable
position his Head a little elevated, perfect
quiet should be preserved and the patient
subjected to as little annoyance, commotions
as possible the room should be a little
darkened. In the early stages the diet
should be light and consisting principally
of Purines and during the stage of Convales-
cence it should be increased.

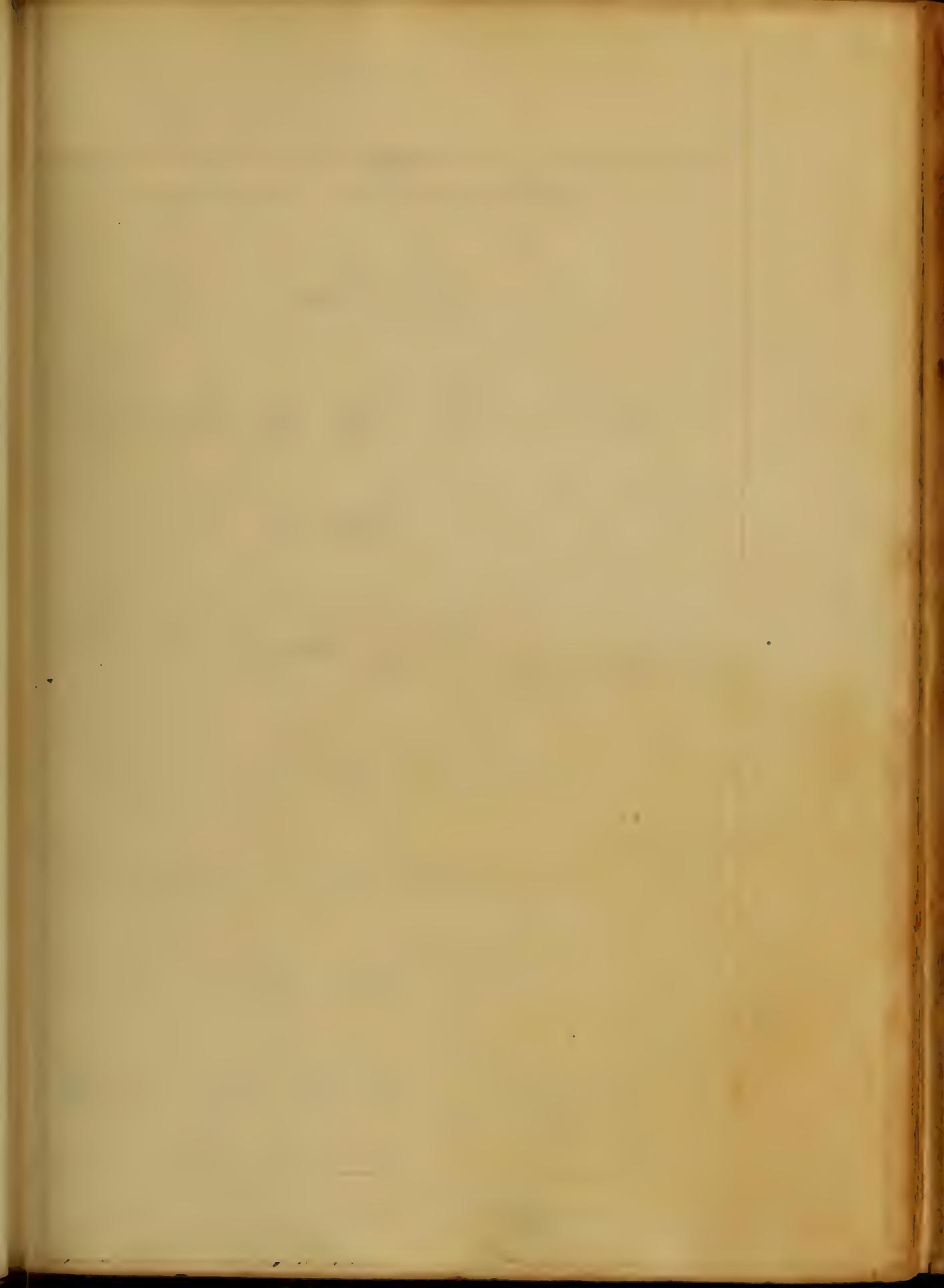


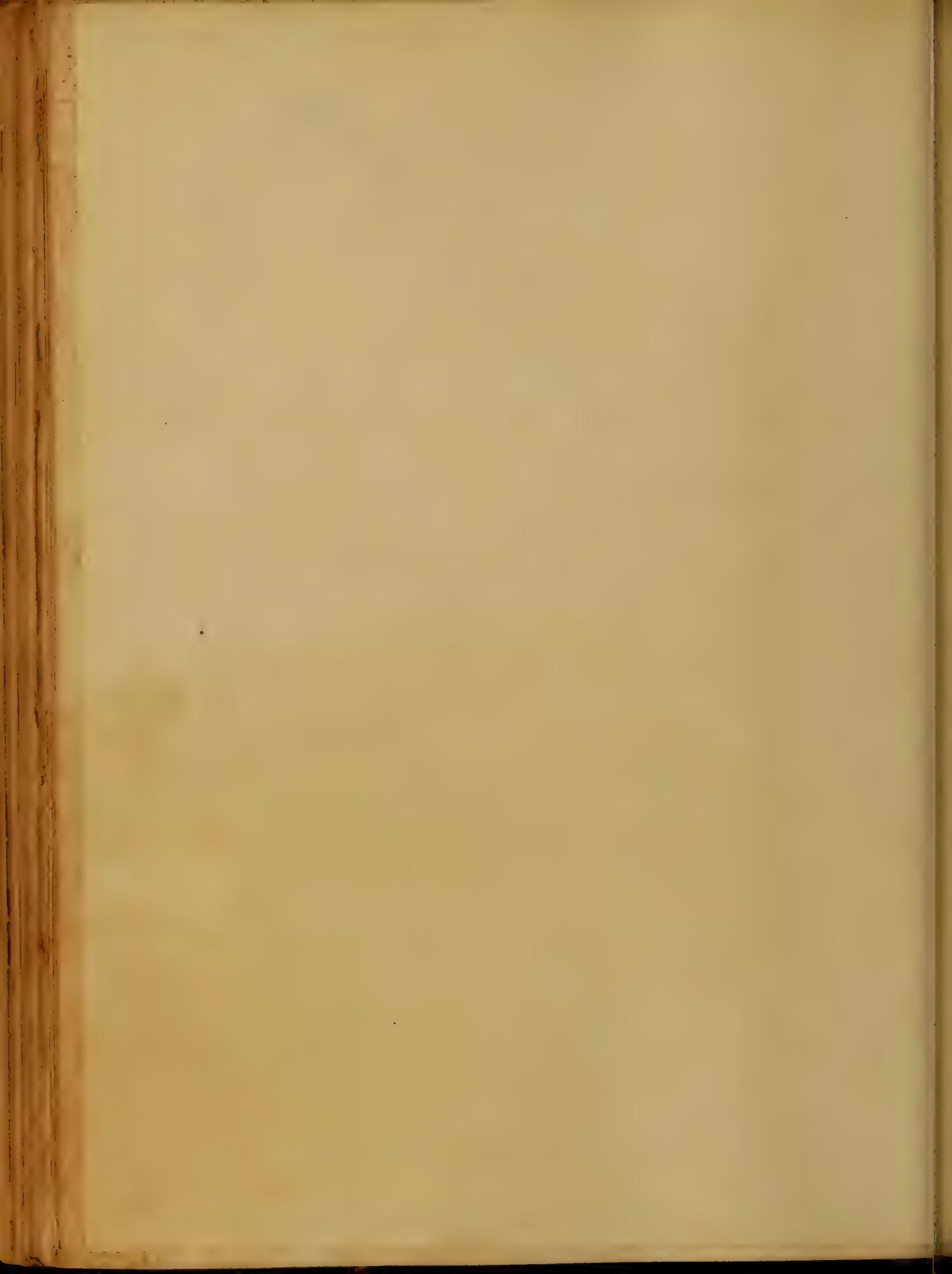
windest study, when every injur
and disease the patient may be allowed to
partake of more nutritious food such as
animal Fables and roots, the proportion
in all cases should be such during the use
as to prevent a relapse.



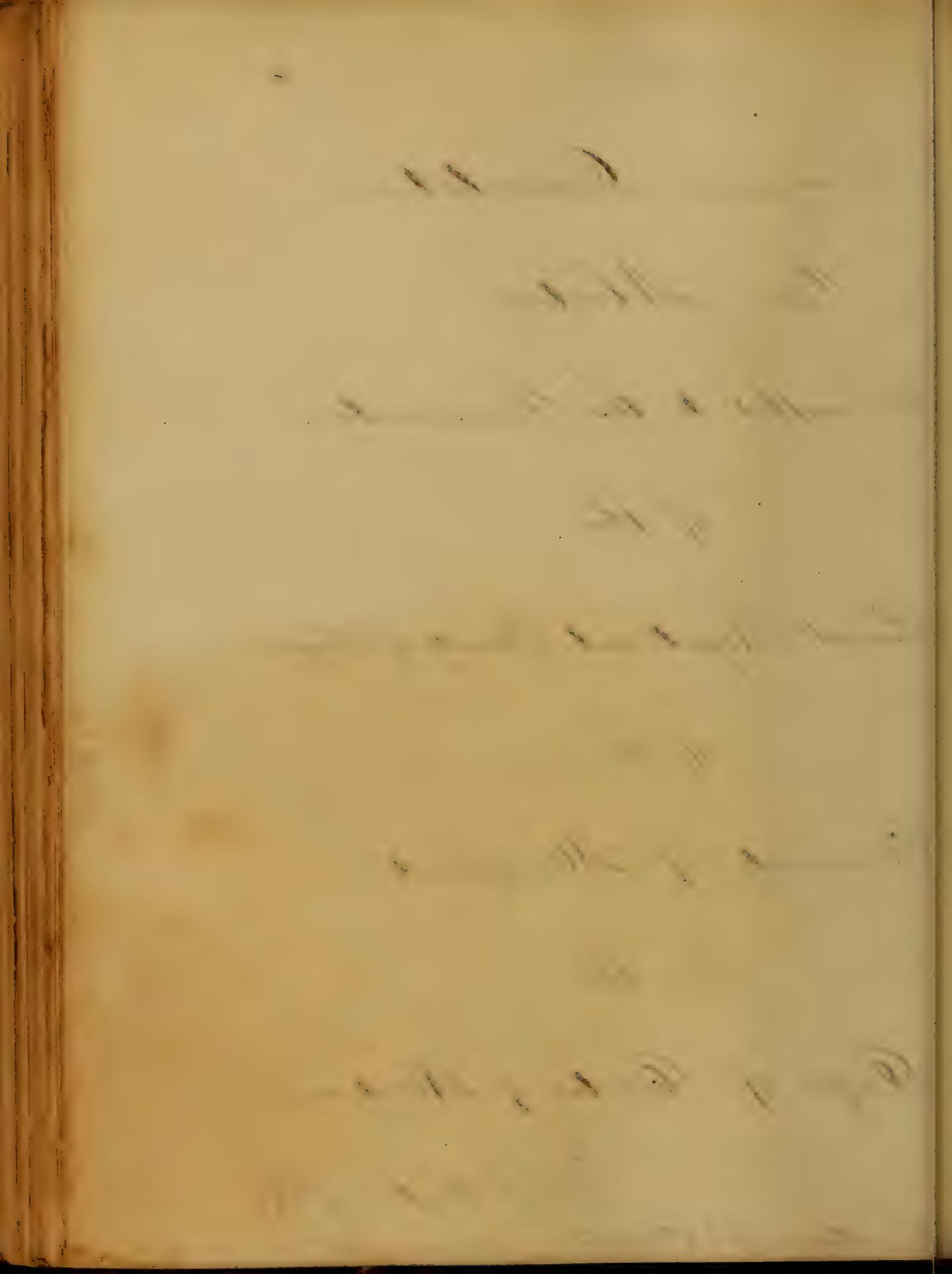


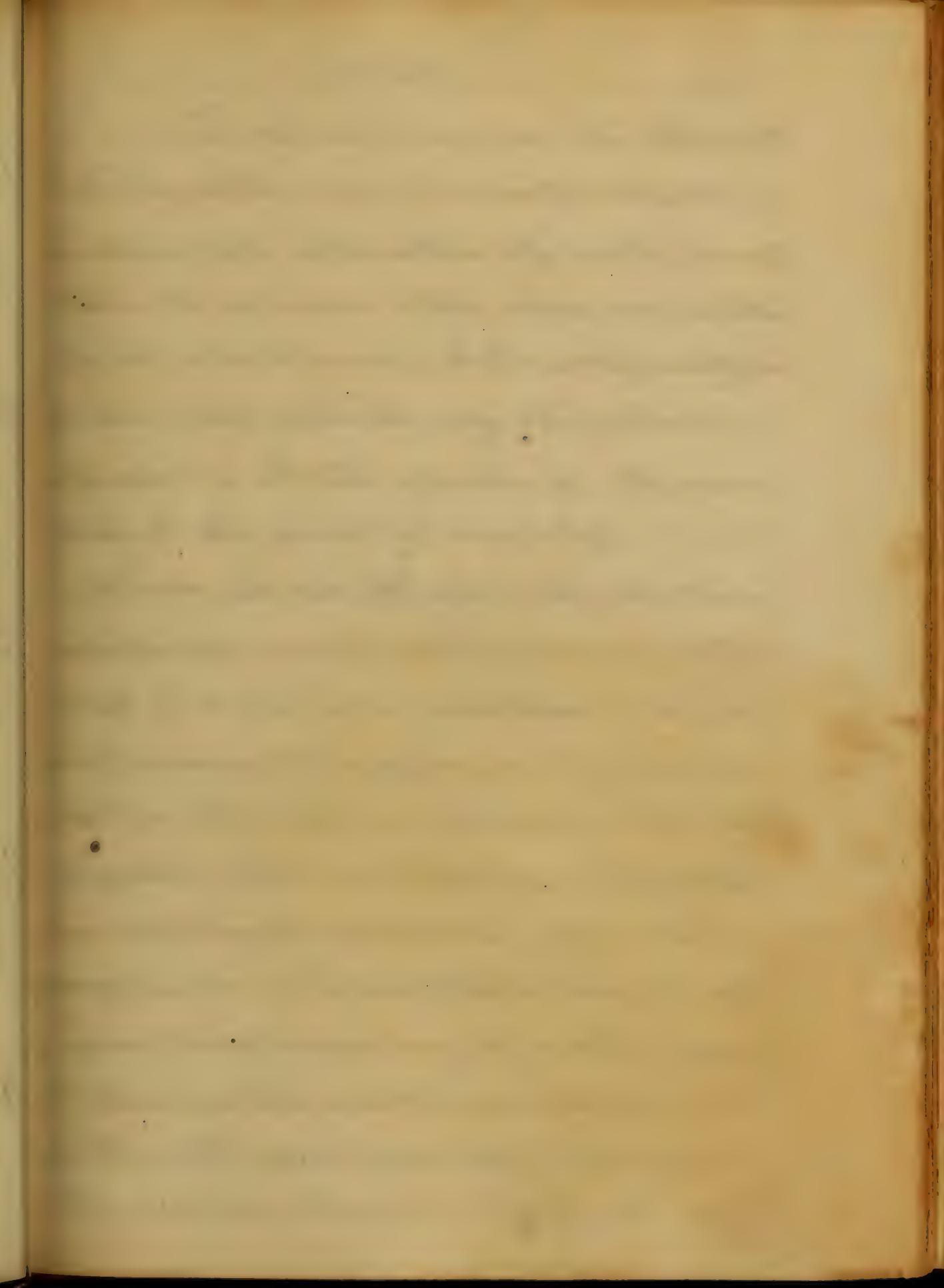


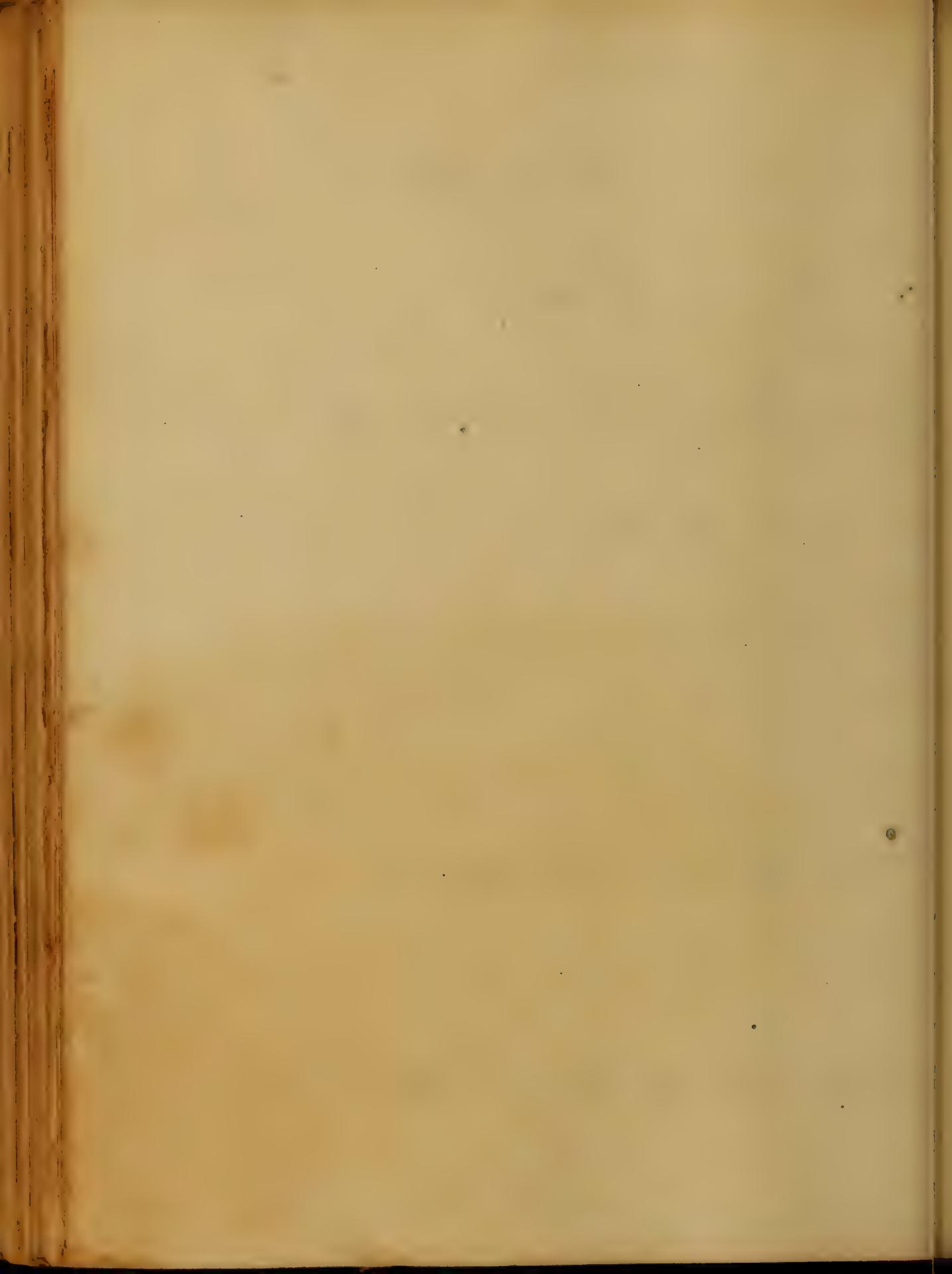




An
Original Dissertation
On Abortion
Submitted to the Examination
of the
Provost Regents and Masters of the
University of Maryland
For the
Degree of Doctor of Medicine
Oct 1858
Baltimore Oct 9th 1858



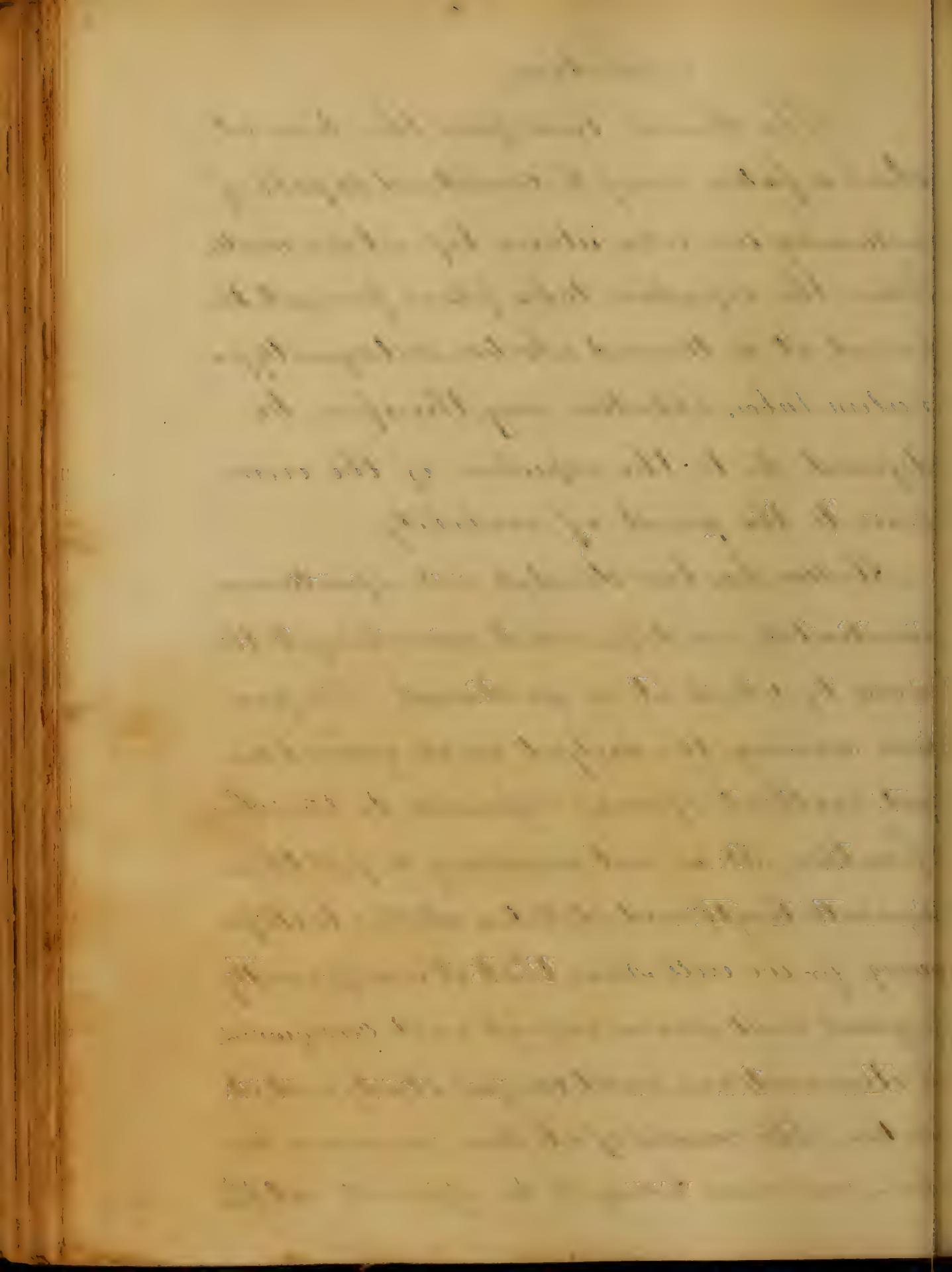




Abortion,

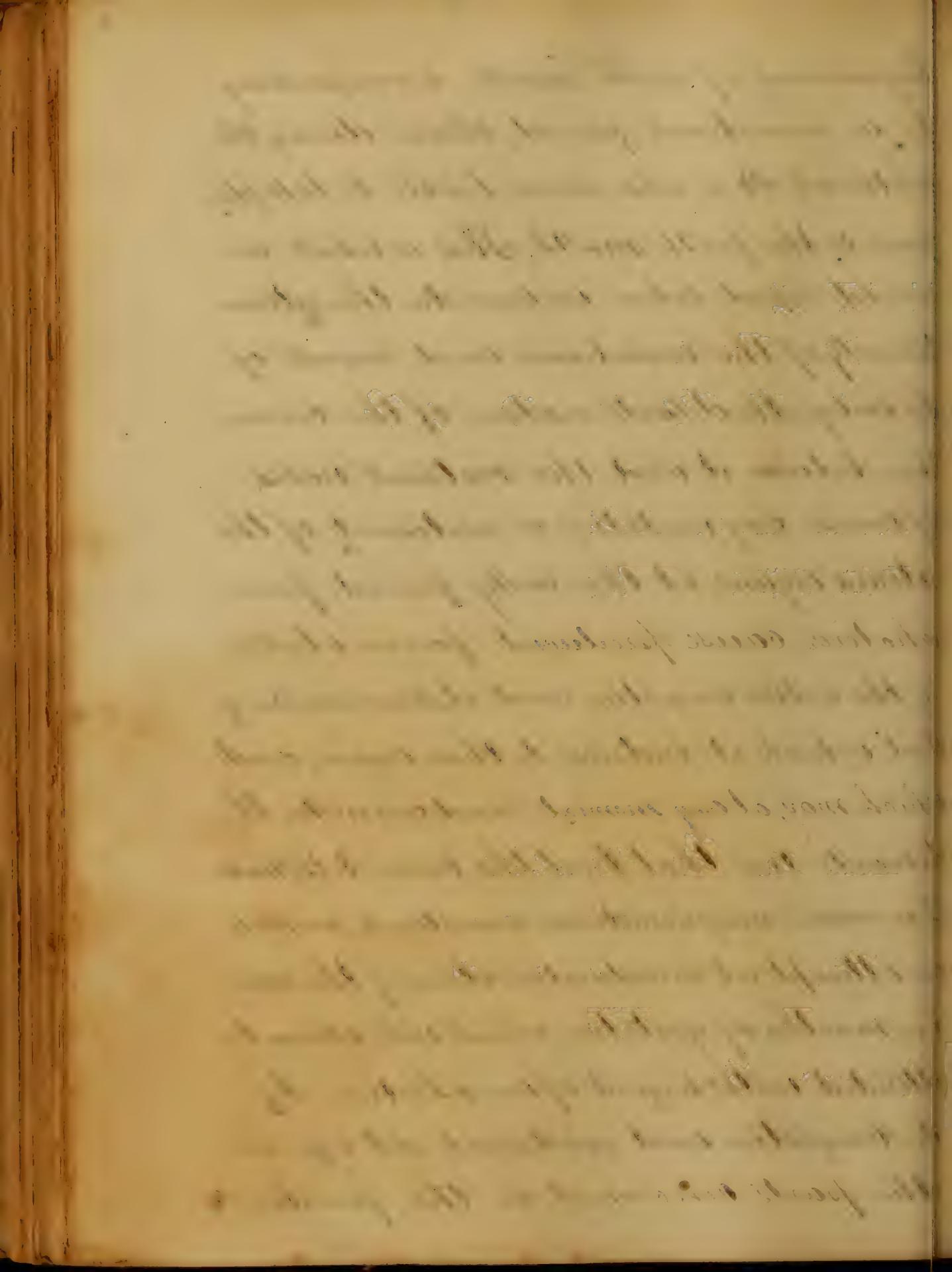
The French law fixes the time at which a fetus may be considered capable of sustaining an extra-uterine life at six months. When the expulsion takes place previous to this period, it is termed abortion, subsequently premature labor. Abortion may, therefore, be defined to be the expulsion of the womb prior to the period of viability.

Abortion has been divided into spontaneous, accidental, and provoked, according to the cause by which it is produced. We propose viewing the subject in its general aspect, without special reference to its classification. It is not necessary to fill these pages with lengthened statistics relative to its frequency, for we will know, that it is sufficiently frequent and serious enough in its consequences, to demand our most careful study and attention. The causes of abortion, experience has shown, are more likely to be efficient at the



2

beginning of each month, corresponding to a menstrual period, than during the interval. It is also more liable to take place, prior to the fourth month. This is what we would expect, when we consider the extreme tenderness of the membranes and vessels of the embryo, the delicate nature of the connection between it and the maternal walls. Of course, any irritation or excitement of the uterine organs, at this early period, from whatever cause produced, favors abortion by the active congestion and determination of blood, which it induces to those organs, and which may, at any moment, rend asunder the delicate ties, that bind the embryo to the matrix. A woman may sometimes menstruate, or make an attempt at menstruation, during the earlier months of gestation, which will always be attended with hazard of an abortion, by the congestion and excitement, set up in the parts concerned in the function.



3

of menstruation. In the majority of cases, before
the woman carries it down to the fourth month
the gestation will proceed normally. The uterus
will have forgotten as it were, its old habit of
periodical congestion and hemorrhagic discharge
and will have become habituated to the new state
of things set up in its midst, and we may hope
that every thing will go on quietly and pleasant-
ly through the different stages allotted by nature.

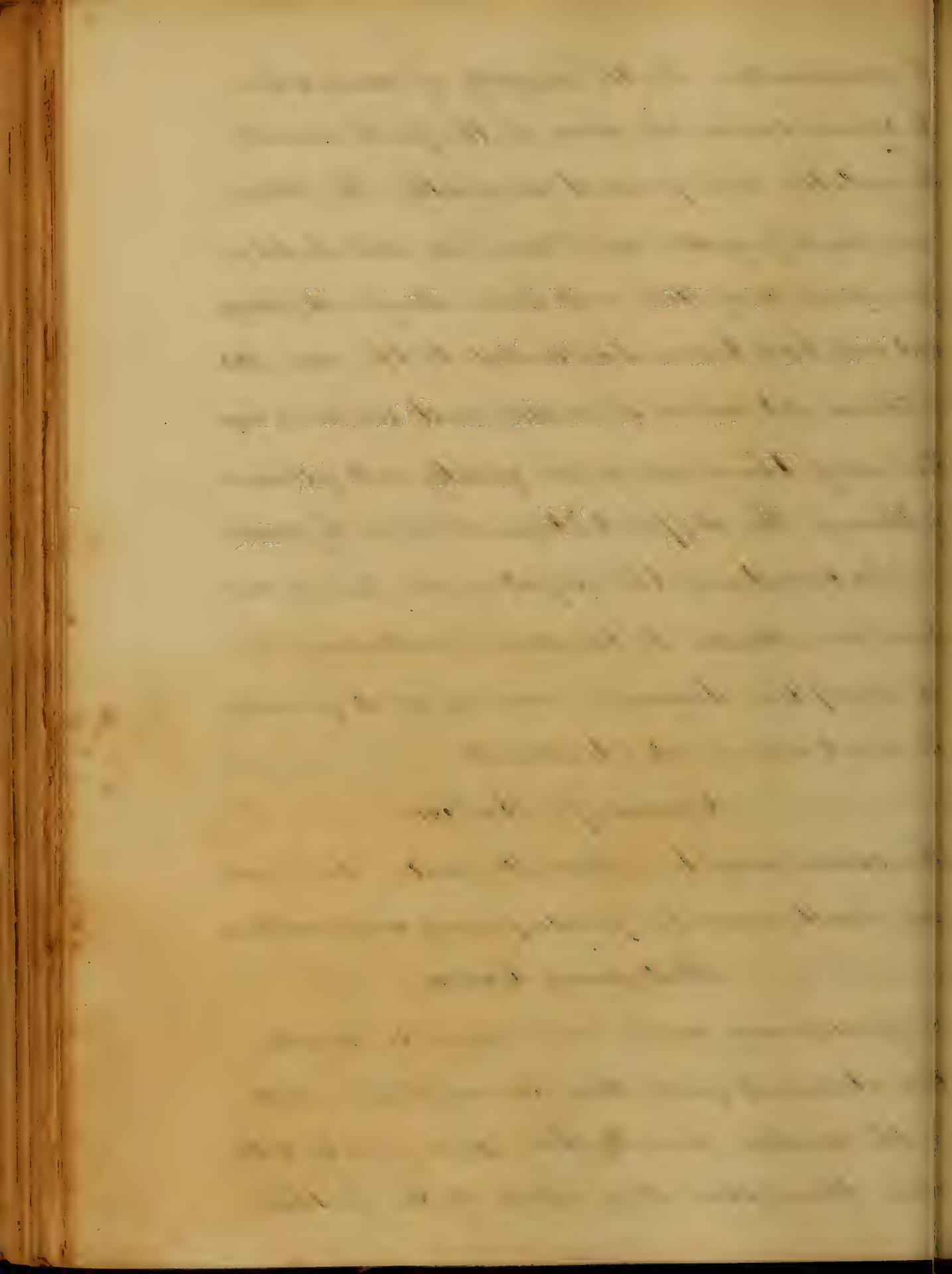
In considering the subject of abortion, we will
direct our attention to the causes producing it,
its symptoms, diagnosis, prognosis, and finally
the most appropriate treatment.

Causes of Abortion.

The causes may be embraced under two gen-
eral heads, namely, predisposing and accidental.

Predisposing Causes.

Of predisposing causes, we propose to make
three divisions; first, those causes that relate
to the mother, secondly, those that relate to the
ovum, thirdly, those that relate to the fetus.



4

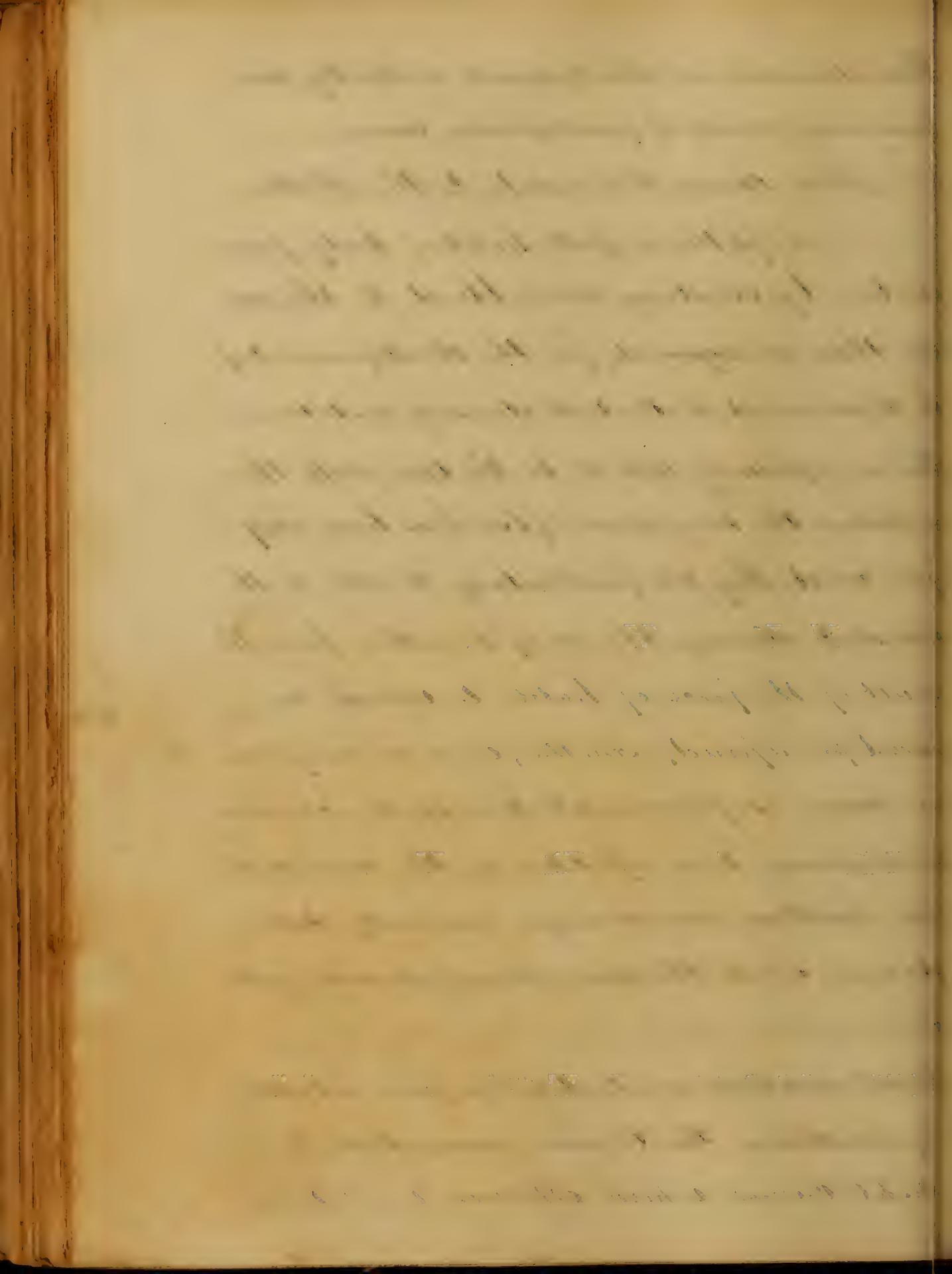
These divisions, we think, must evidently embrace every variety of predisposing cause.

II Those causes that relate to the Mother.

A plethoric, full habit of body favours abortion, by sending more blood to the matrix than is required, for the development of the organ and its contents during gestation.

This is especially apt to be the case, with those, in whom the menstrual flux has been very free, and they are particularly liable to the accident during the early months, from the result of the force of habit, to which we have before referred. Another, and a very serious cause is previous abortion, each occurrence predisposing to a repetition of the accident. These habitual miscarriage generally take place, at about the same period in each gestation.

Great weakness and debility favour abortion by rendering the woman susceptible to slight causes, which otherwise would not

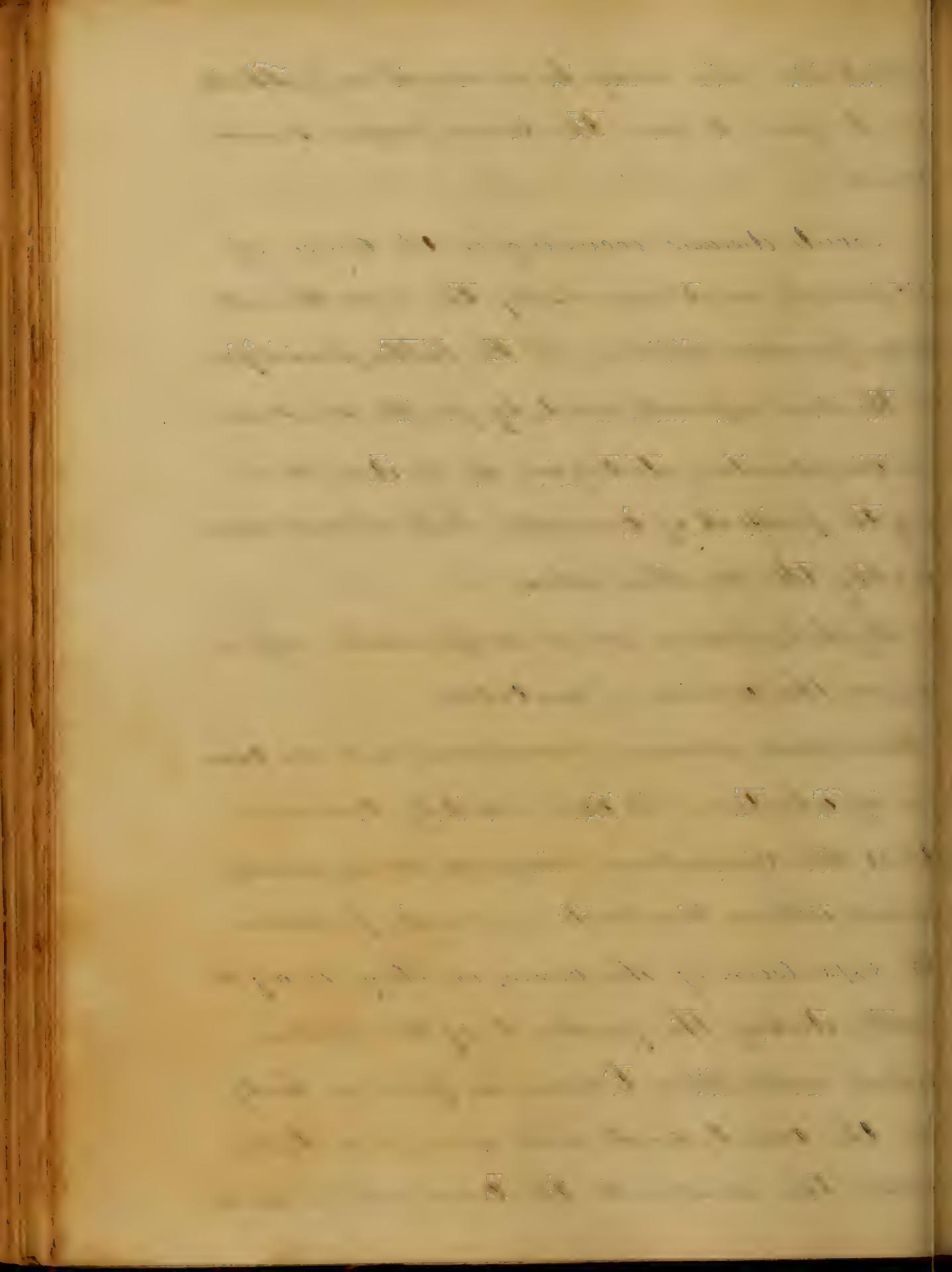


afflict her. She may be so much enfeebled, as to fail to give the ovum proper nourishment.

Acute diseases occurring in the course of pregnancy, and especially, the exanthemata may produce abortion. Of the latter, Small-pox is the most efficient, and, by far, the most serious complication, destroying as it does, not only the product of conception, but, almost invariably, the mother also.

Syphilis has a most unfavorable effect upon the course of gestation.

Convulsive diseases, sometimes, act as causes of abortion. We can readily conceive, that the convulsive seizures may easily excite uterine contractions, and produce the expulsion of the ovum, or they may directly destroy the product of conception, which will then become a foreign body in the womb, and will sooner or later excite the malady to the contracting and



expulsive efforts, by which it will be thrown off.

Habits of life have considerable influence in producing abortion. It is found to be most frequent in the extremes of society. Females, who are compelled to lead sedentary lives, deprived of pure air and proper out-door exercise, are peculiarly liable, as are also those, who are indolent and dissipated, and do not use the faculties of the body and mind, as was intended by the Creator.

Uterine displacements, and all diseases and morbid growths, to which the uterus is subject, may be classed, as so many predisposing causes of abortion.

Exciting coitus may also become a painful source by the great excitement produced in the generative system.

Strong and sudden mental emotions, as joy, grief, fear, anger &c, will sometimes

1800 or 1801

July 25th 1801

excite the uterus to contract, and produce expulsion of its contents.

II Those causes, that relate to the Ovum.
The ovum, either through primary or secondary disease, may suffer an arrest of development and death, and, by its death, it becomes a foreign body, and is, sooner or later, expelled by the womb, which it now irritates pathologically.

Hemorrhage may affect the ovum primarily, as where the effusion takes place between the various membranous layers, that constitute the envelope of the ovum, or the blood may be poured out, in sufficient quantity between the placenta and uterus to produce a separation, and thus destroy its vitality. Blood may be poured into the substance of the placenta itself, forming clots or coagula, which continue to increase in number, until the circulation in it is entirely destroyed causing the speedy death

and the Western Thunder Wall was erad ed in

1870

the Western Thunder Wall was erad ed in

1870

the Western Thunder Wall was erad ed in

1870

the Western Thunder Wall was erad ed in

1870

the Western Thunder Wall was erad ed in

1870

the Western Thunder Wall was erad ed in

1870

the Western Thunder Wall was erad ed in

1870

the Western Thunder Wall was erad ed in

1870

the Western Thunder Wall was erad ed in

1870

the Western Thunder Wall was erad ed in

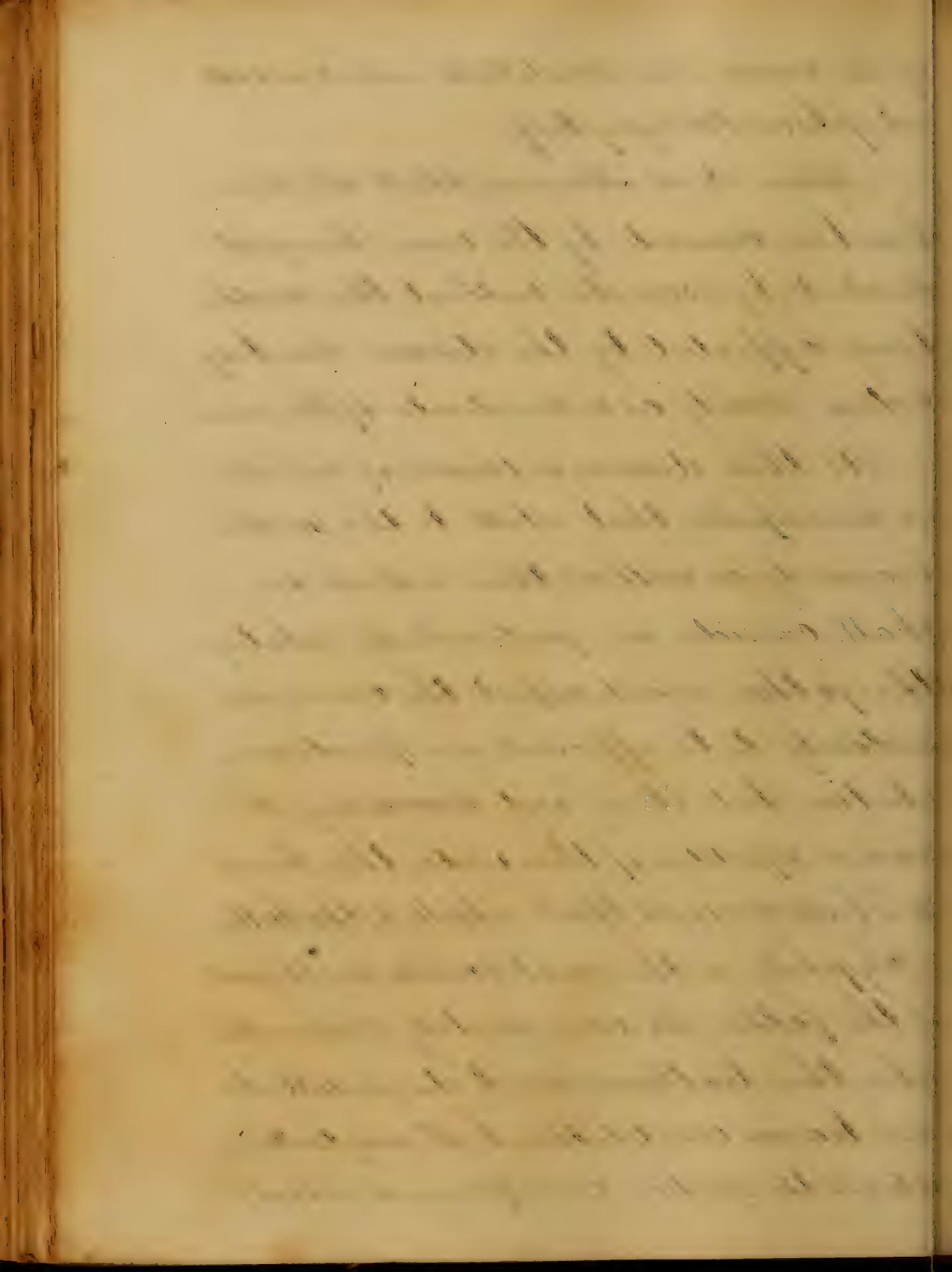
1870

of the ovum. This constitutes what we call
ed placental Apoplexy.

Again it is known that abortion
has been caused, by the ovum being at-
tacked by variola, without the mother
being affected by the disease her body
acting merely as a conductor of the poison.

All those diseases or causes, of which
we have spoken, that relate to the mother,
primarily, as well as those, which we
shall consider, as particularly relating
to the father, must affect the ovum, sec-
ondarily, to be efficient, in producing
abortion, but, it is not necessary to
make a repetition of them under this head.
III Those causes that relate to the father.

Syphilis is the great cause on the part
of the father. It can readily conceive, that
when this loathsome and disreputable dis-
ease becomes constitutional, it may contami-
nate all the secretions, corrupt and infect



the seminal fluid, to such an extent, as to
impair to the product of Conception, a prin-
ciple, which, soon or later, destroys it, and
causes its expulsion. The same condition
may result, when the father is debilitated
by old age or disease, or has weakened
his constitution, by dissipation of any
kind. Dispensy of age is also said to be
an occasional cause of abortion.

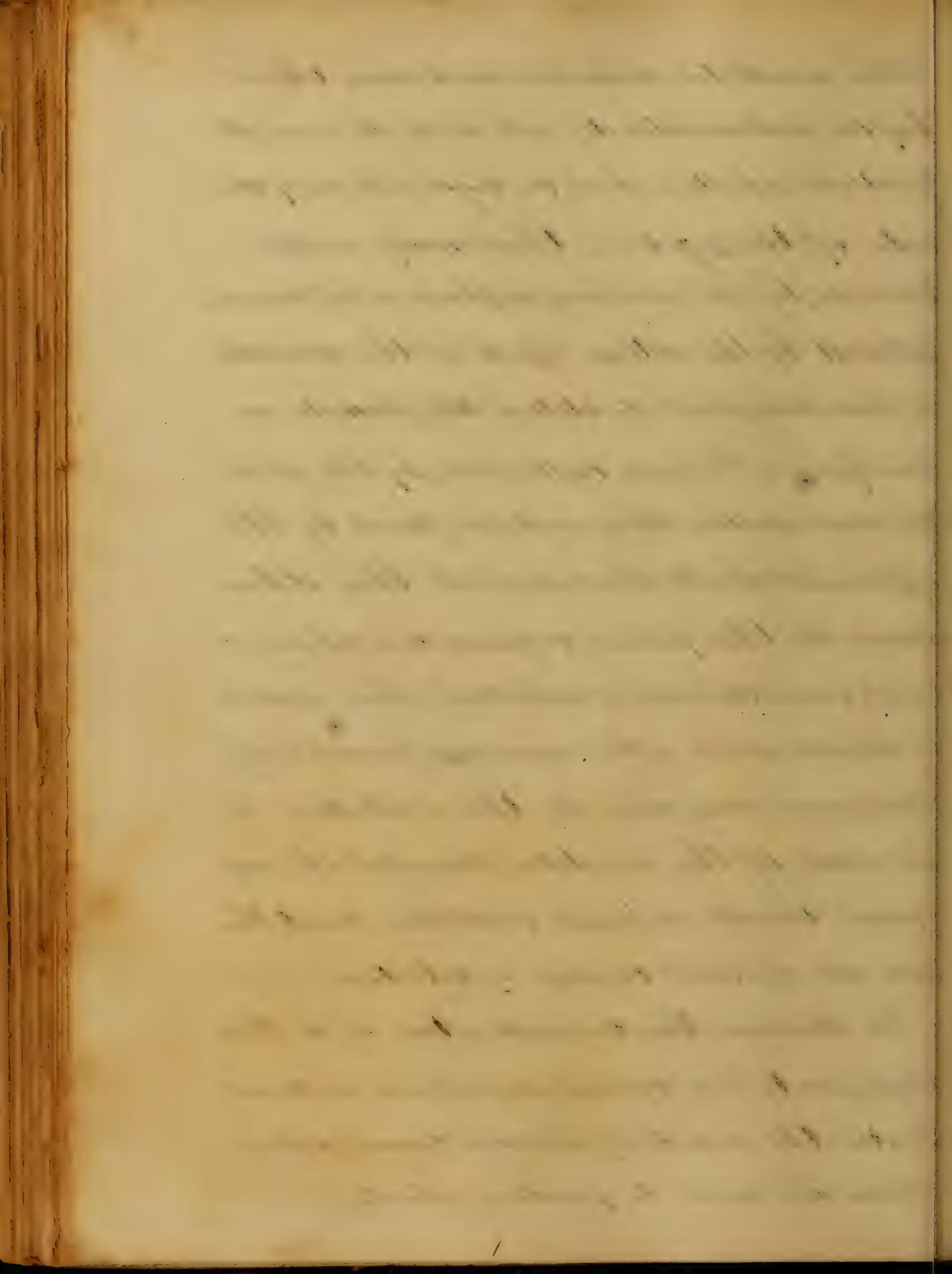
Accidental Causes of Abortion.

Accidental causes embrace every variety of ac-
cident, to which the mother and ovum may be exposed,
sudden and violent muscular motion of the wo-
man, as in recovering from falls, in stooping, in
winding stairs, in lifting heavy weights &c;
all of these are sufficient, under certain
circumstances, to break the connection of the
ovule with the womb, produce hematuria,
and finally the expulsion of the ovum.
Severe blows or contusions, not unfrequently pro-
duce abortion.

the grand Malabar.

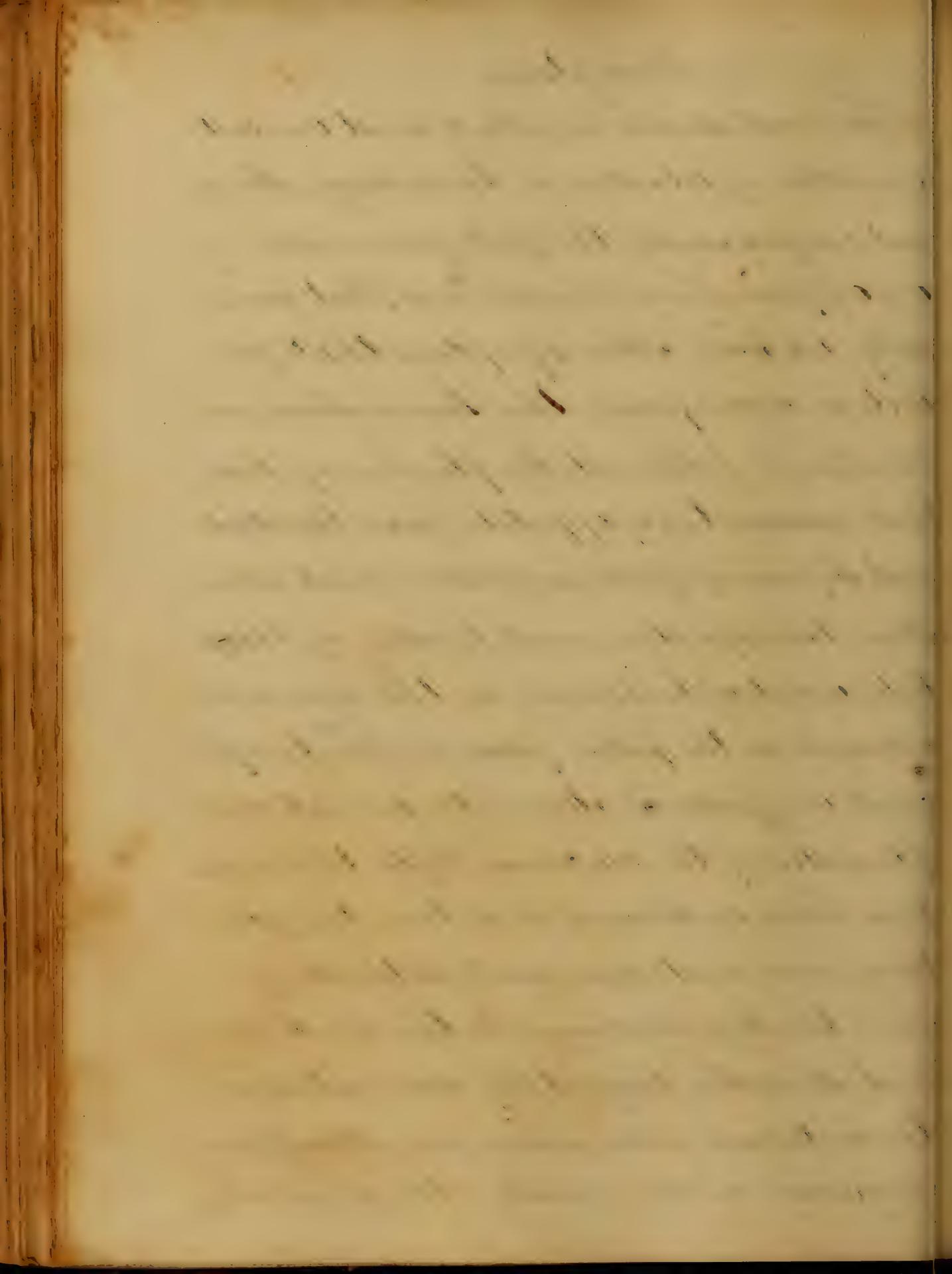
Other accidental causes are medicines, where they are administered, not with a view to produce abortion, but, as against any disorder of the system, that may exist. Enemias, by the relaxing influence of nausea, followed by the intense efforts of the muscles in vomiting, seem to detach the placenta in some persons. Rustic cathartics, by the great tenesmic action they induce, and by the affluxion and heat, which they determine to the pelvic organs, are, also, sufficient causes of abortion. The action of blisters and other remedies producing strangury, may, also, by the irritation of the neck of the bladder, involve the adjacent womb in great irritation and thus serve as efficient causes of abortion.

We dismiss the consideration of a third classification of causes, sometimes noticed under the head of Speciee causes, where means are used to produce abortion.



Symptoms.

The most serious, important and constant symptom of abortion, is hemorrhage. This is, not unfrequently, the first preservative of an approaching miscarriage. But, generally, we have other symptoms that precede, or accompany, the hemorrhage, as chills followed by flow of heat, thirst, nausea, loss of appetite, great languor and depression of spirits, palpitations, cold extremities, numfaction and lividity of the eyelids, want of brilliancy in the eyes, increase of weight in the pelvis, pains in the loins, consequent ineffectual desire to urinate and flaccidity of the mammae. After these symptoms have continued for a time, the pains become more and more acute, extending from the hypogastrium, to the umbilicus, and down the thighs, they recur at regular intervals, increasing in strength and frequency, until finally the convul-



spelled entire, or the embryo alone arrested, leaving the membranes behind.

We must not expect to find all these symptoms present in every case. They must necessarily vary somewhat, with the period of its occurrence, and the cause, by which it is produced.

Diagnosis

Suppose, we are called to a patient, who has hemorrhagic discharge from the genital organs, with some of the other symptoms before enumerated, how are we to decide, whether these symptoms are due, to a return of the interrupted Catamenia, as in dysmenorrhœa, or to a Threatened abortion, and knowing, that, in the early months, the signs of pregnancy are uncertain, can we say, positively, that the symptoms are those of abortion, we cannot. But we can, generally, come to a pretty correct conclusion.

12. 1862

in the world

and

was not composed
of any kind of

or

any kind of

of any kind of

any kind of

any kind of

any kind of

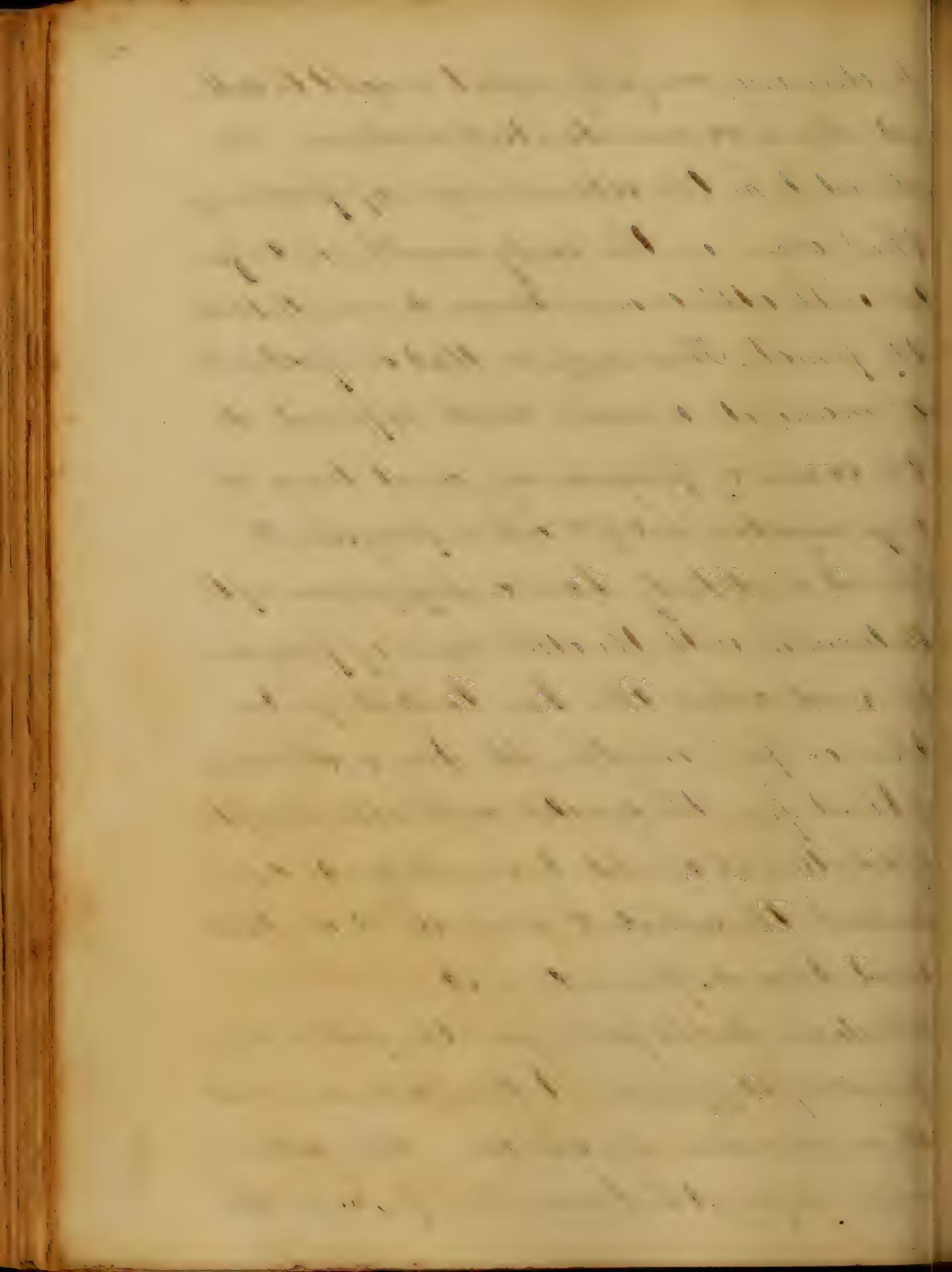
any kind of

any kind of

any kind of

by observing carefully, what might be called, strong circumstantial evidence. We should take the natural signs of pregnancy, that occur in the early months, in conjunction with other circumstances, connected with the female. Thus, suppose, that our patient, a married woman, and exposed to the causes of pregnancy, and being always regular, except when pregnant, should suddenly have a suppression of the Catamenia, with the other signs of pregnancy, and when this has lasted for two three, or four months, she has a discharge of blood from the genitals, with other symptoms of abortion, it would be our duty to apprehend the accident, and direct our treatment towards preventing it.

Madame Lachapelle gives the following points of difference between abortion and dysmenorrhœa. In abortion the action arises in a few, the term being short. In



pains, and the latter persists notwithstanding the abundance of the discharge, whilst, in difficult menstruation, the orifice is closed, the pains are felt before the hemorrhage appears, and they diminish, or even entirely cease, when the discharge is well established." (Coazans)

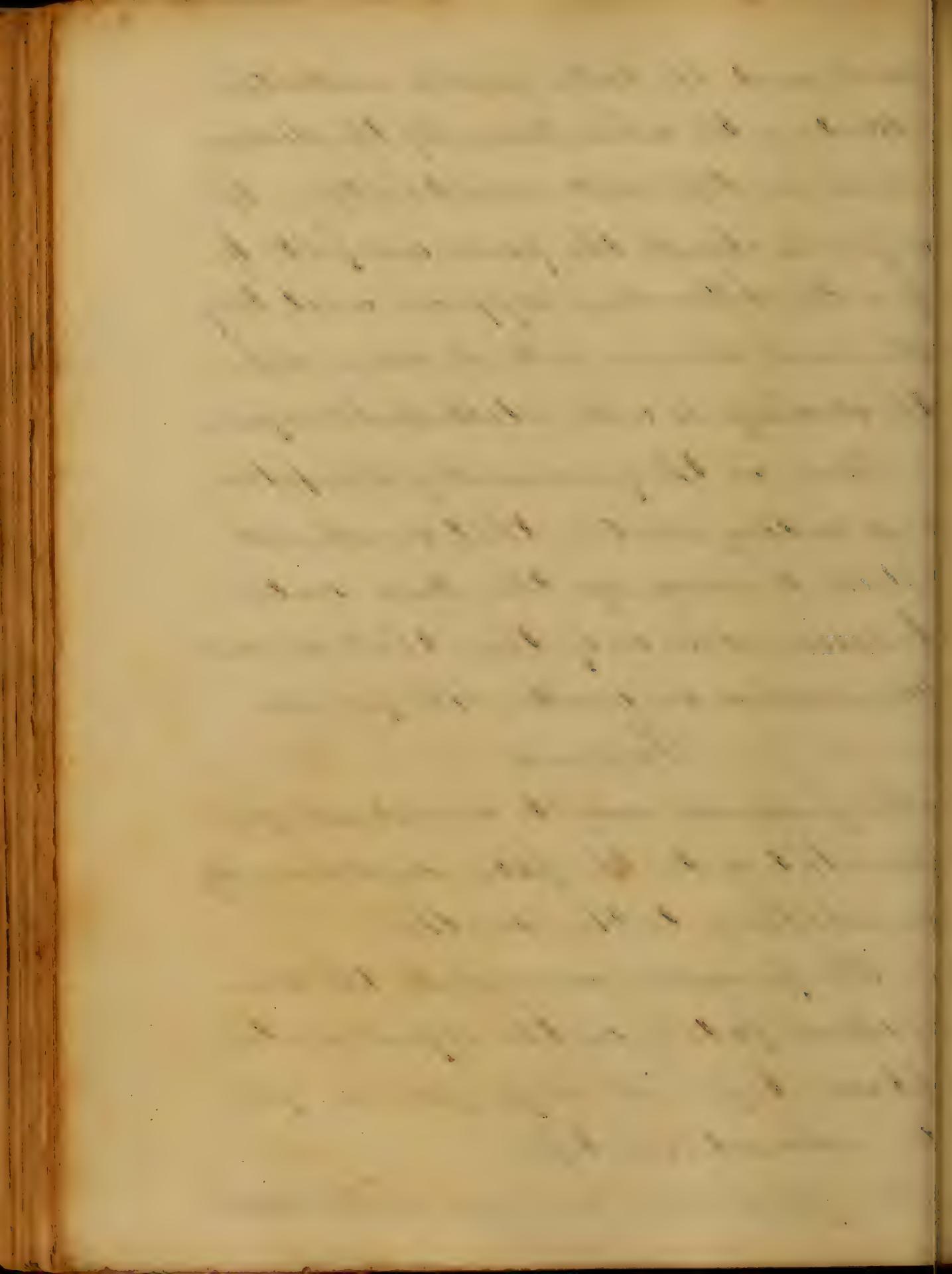
It is, in the premonitory symptoms, indicating abortion, that we should strive to recognize their true nature, because, it is only then, that our aid can succeed in arresting its progress.

Prognosis

The prognosis may be considered, first, as relating to the fetus, and secondly, as relating to the mother.

The prognosis, as regards the former, is always fatal, as the effusion takes place, before it is prepared for an extra-utrine life.

The prognosis, as regards the mother,



must, necessarily, be modified, according to the period, at which it takes place, and the causes, by which it is produced.

The popular impression is, that an abortion is more dangerous than labor at term; we think, that the immediate dangers from abortion are not so great as natural labor, but the evil, in these cases, does not consist in a single abortion, but in the danger of a repetition.

Some consider, that abortion is more serious, when it occurs after the fourth month. It would seem to us that when it takes place during these advanced periods of gestation, it would partake more of the character of labor at term, and the complications and dangers from a retention of the secundines, would not be so great as during the preceding months. However, it not unfrequently happens, that the ovum is ex-

with the following
and other

peled entire, during the first two months, and the patient scarcely suffering more than from a slight indisposition.

Where the abortion is the result of accident, the immediate danger may be greater, but there is not the same probability of a repetition, as where it depends upon causes originating in the woman's constitution.

The prognosis of abortion, occurring in the course of any of the eruptive fevers, especially, small-pox, or complicated with any acute inflammation, would be exceedingly unfavorable. It is barely necessary to remark, that where it is produced by any means whatever, intentionally, the danger is imminent.

Treatment.

The treatment of abortion may be conveniently divided into prophylactic and curative.

10
11
12

13
14
15

16
17
18

19
20
21

22
23
24

25
26
27

28
29
30

31
32
33

34
35
36

37
38
39

40
41
42

43
44
45

46
47
48

49
50
51

52
53
54

55
56
57

58
59
60

61
62
63

Prophylactic Treatment.

The prophylactic treatment would embrace all the resources of Medicine, and must be adapted to the nature and cause of each particular case.

When plethora has been the evident cause, abstinence from stimulating food should be recommended, and, in addition, it may occasionally become necessary to have blood taken from the arm.

When these miscarriages have been habitual, and, as they generally take place, at a point of time, corresponding with the menstrual period, and at about the same period in the course of each gestation, it would be our duty to advise her, as she approaches these precarious periods to observe rules of perfect rest, (avoiding all physical and moral excitement,) which should be continued until the dangerous point has been passed.

A horizontal row of approximately ten small, elongated, translucent organisms, possibly nematodes or microinvertebrates, resting on a light-colored, textured surface. The organisms vary slightly in color, with some appearing more yellowish-brown and others more translucent.

Where these habits of aborting have become confirmed, thwarting the skill of the physician, and disappointing the expectation of the female, it sometimes becomes absolutely necessary, in order to break up the habit, to separate the husband from the wife for a considerable time, where debility has been the caus., we should recommend nutritious food, and prescribe a tonic course. The patient should engage in light occupations, calculated to strengthen her, physically, and take gentle exercise in the open air.

Should the accident have resulted from displacement of the uterus, our treatment must be directed to the peculiar nature of the displacement.

Where the cause of abortion can be traced to Syphilis in the father or mother, it will be proper to put both upon the mercurial treatment. When mercury

the following account
of the life and death
of the author of the
present volume, will
be found to be the
most reliable record of
the author's life, and
will be of interest to
all who are interested
in the history of
the author's life.

is contra-indicated, we should give the "Iodide of Potassium."

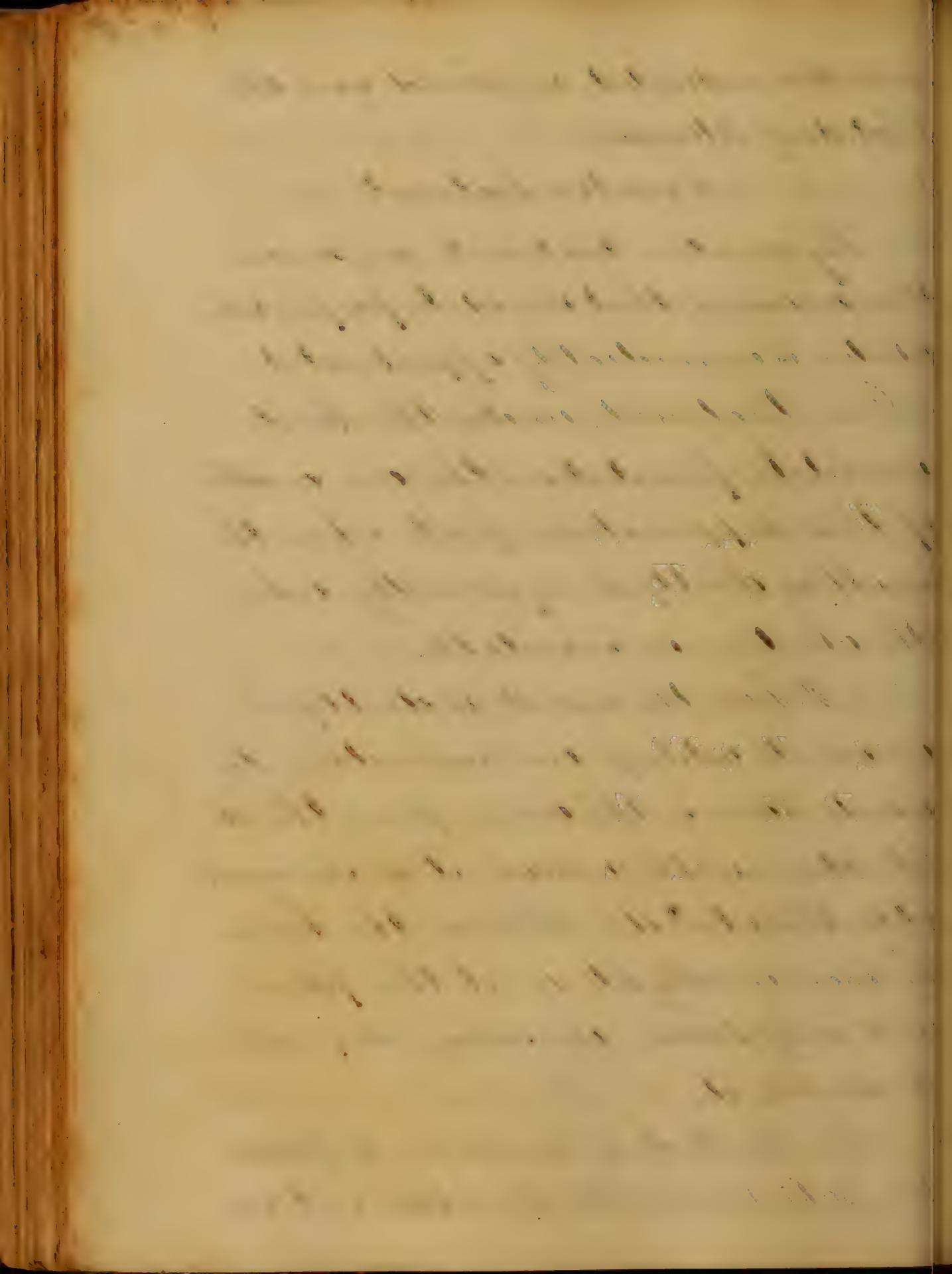
Curative Treatment.

By curative treatment, we mean those measures, that would be proper, when abortion is immediately apprehended.

Our treatment, under this head, would be founded on the one or other of these suppositions, first, where the result is doubtful, or secondly, where the abortion is inevitable.

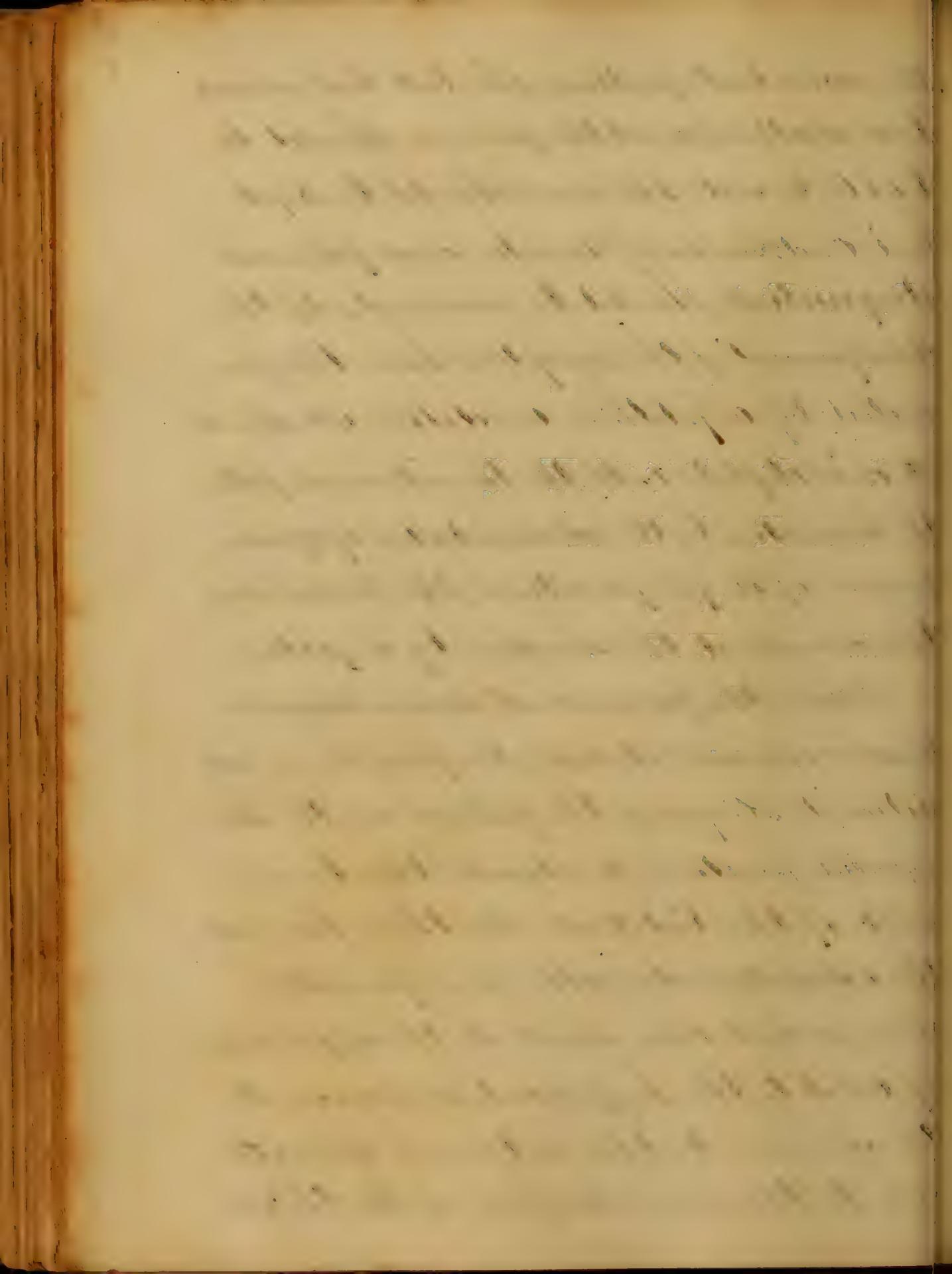
Where the result is doubtful, we are to address our remedies towards saving the womb from the destruction, with which it is immediately threatened. Where the hemorrhage is slight, and the pains not very severe, we may hope often to succeed.

Our first duty would be, to place the patient in a state of absolute rest, in



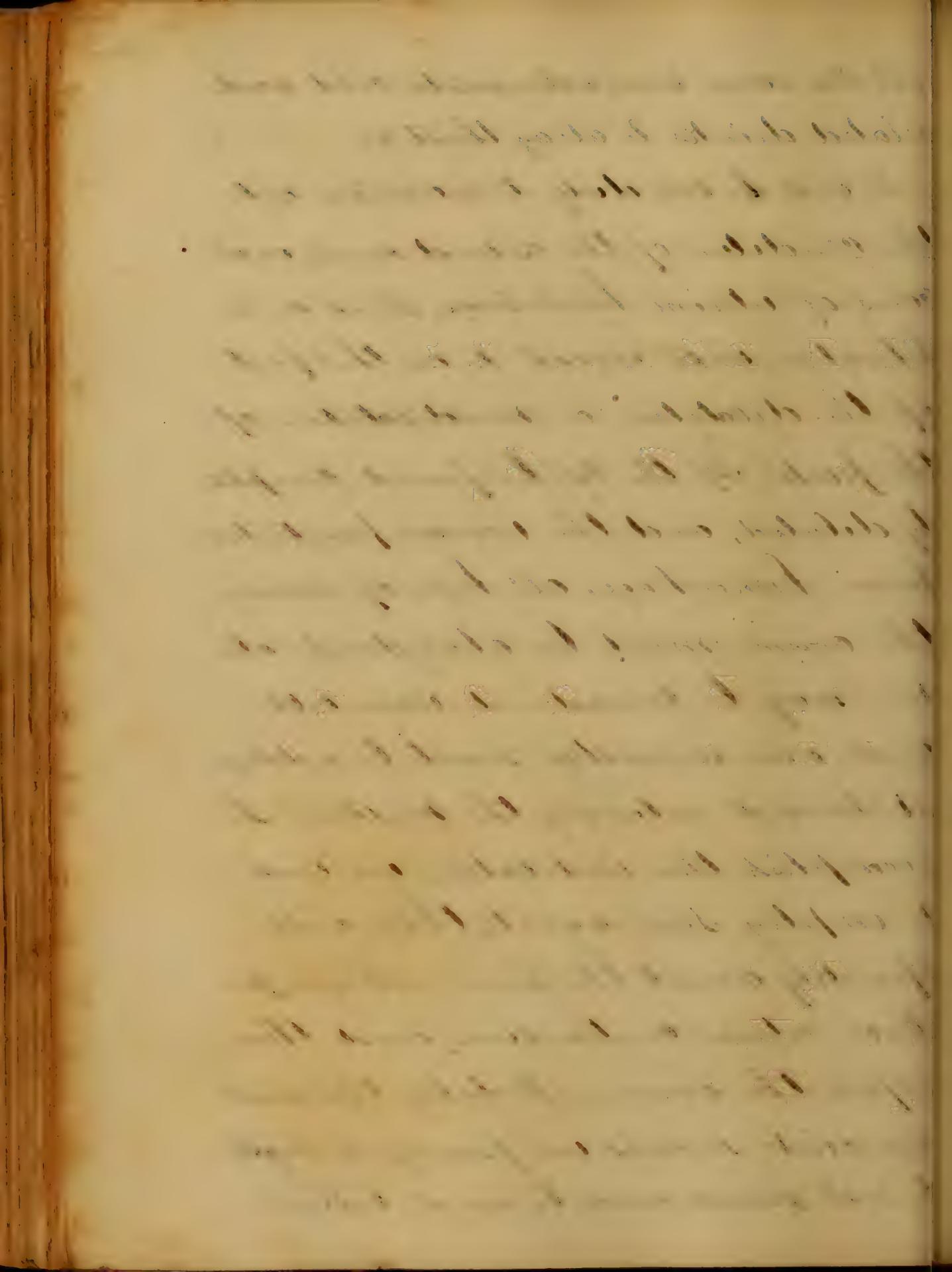
the recumbent posture. The best bed would be a mattock, and the patient should be lightly covered. The room should be kept cool, and sources of mental and physical disquietude, should be removed. If the development of the symptoms have been succeeded by a plethoric condition, we should at once deplete with the lancet, and follow the venesection by the administration of opium, or some of its preparations. The French highly recommend the Tincture by injection.

Where the pains and hemorrhage continue, or increase, it will be proper, in addition to keeping the patient in the horizontal position, to elevate the lower parts of the bedstead. We thus have all the advantages derivable from position. We must also resort to the application of cold to the hypogastric region to the groins, to the external genitalia and to the inner surface of the thighs,



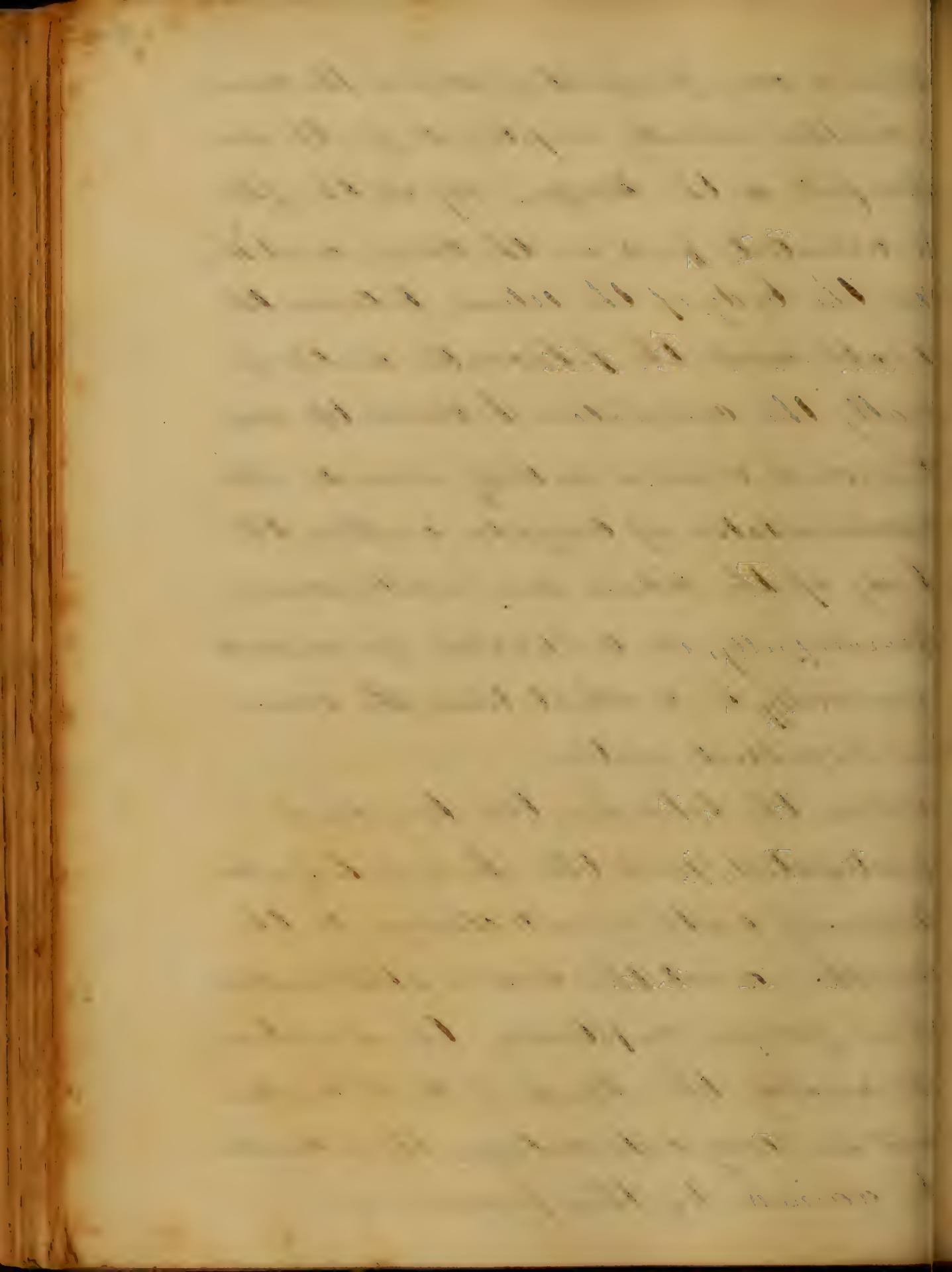
At the same time, administer cold acidulated drinks to allay thirst &c.

It will be our duty, to examine into the condition of the os and cervix, in all cases of uterine hemorrhage. Such an exploration will reveal to us the fact of the dilatation or non-dilatation of the parts. If the os be found completely dilated, and the woman prostrated from hemorrhage, all hope of saving the ovum must be abandoned, abortion may be considered inevitable, and our remedies must be addressed towards relieving the sufferer. To accomplish this indication, we wish to employ some agent, that will speedily arrest the hemorrhage, produce uterine contractions, and thus expel the ovum. Probably, the most efficient means we possess is ergot, but it must never be used when



There is any prospect of saving the ovum. Another remedy employed for the same purpose is the tampon. By it, the flow is arrested, first, in the cervix, and then in the body of the uterus, between the walls and the placenta, until finally the connection between the matrix and ovum is entirely severed. This accumulation of Coagula within the body of the uterus, soon excites, more powerfully, its contractile forces, and generally, in a short time, the ovum is expelled entire.

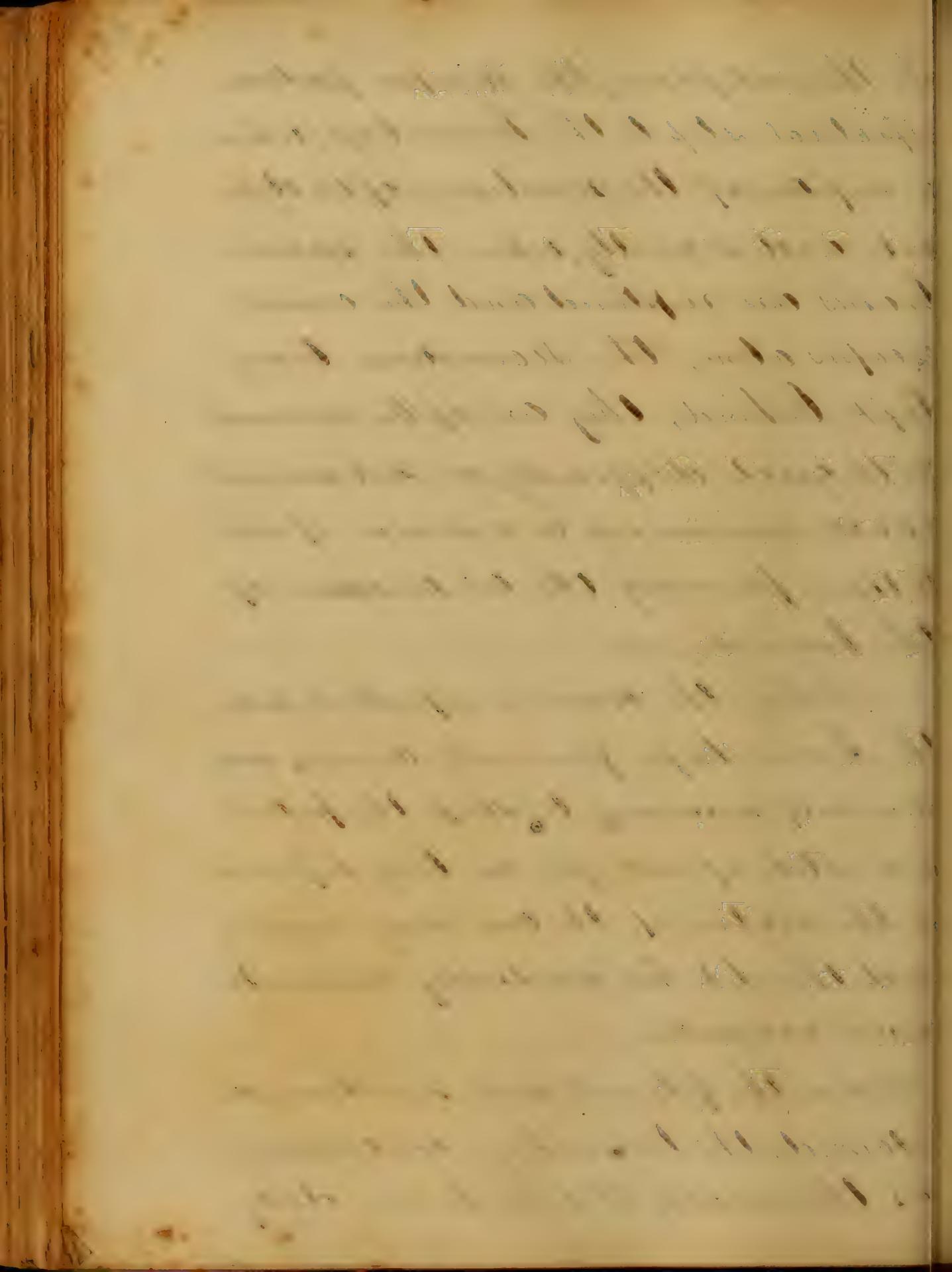
When the labor has been long and protracted, and the hemorrhage continues with great danger to the mother, and the ovum still intact, some prefer suspending the membranes to using the tampon, but, we can not see any advantage, that could be gained by this practice.



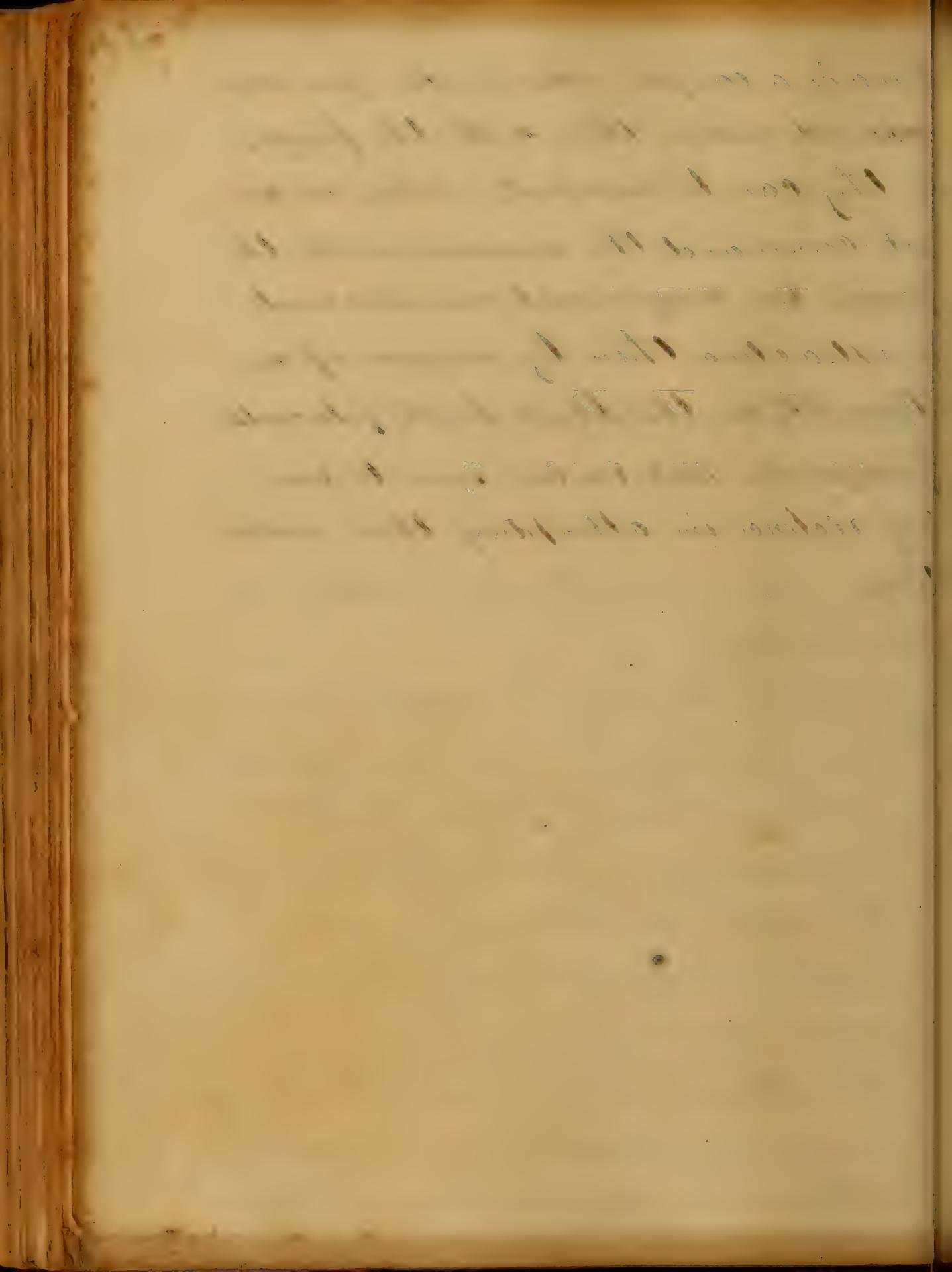
In the first place, the tampon puts an effectual stop to the hemorrhage, which a rupture of the membranes often does not, and secondly, when the membranes are ruptured and the crown escapes alone, the secondaries being left behind, they are often removed with great difficulty, or not removed at all, remaining as a source of irritation, favoring the continuance of the hemorrhage &c.

When the crown is expelled entire the hemorrhage generally ceases, and it is only necessary to keep the patient in a state of rest, for as long a period as the nature of the case may require, and then let her gradually resume her usual occupations,

When the placenta and membranes are retained, the hemorrhage continuing as the result, it will be our duty



to make a careful examination for tags
and remove them with the fingers,
if they can be reached. When we can-
not command the remains with the
fingers, we may sometimes succeed
in extracting them by means of in-
struments, as the blunt hook, placental
forceps &c. But we are never to use
any violence in attempting their extrac-
tion.



An
Inaugural Dissertation
on

The Anterior Ulnar

Dedicated to

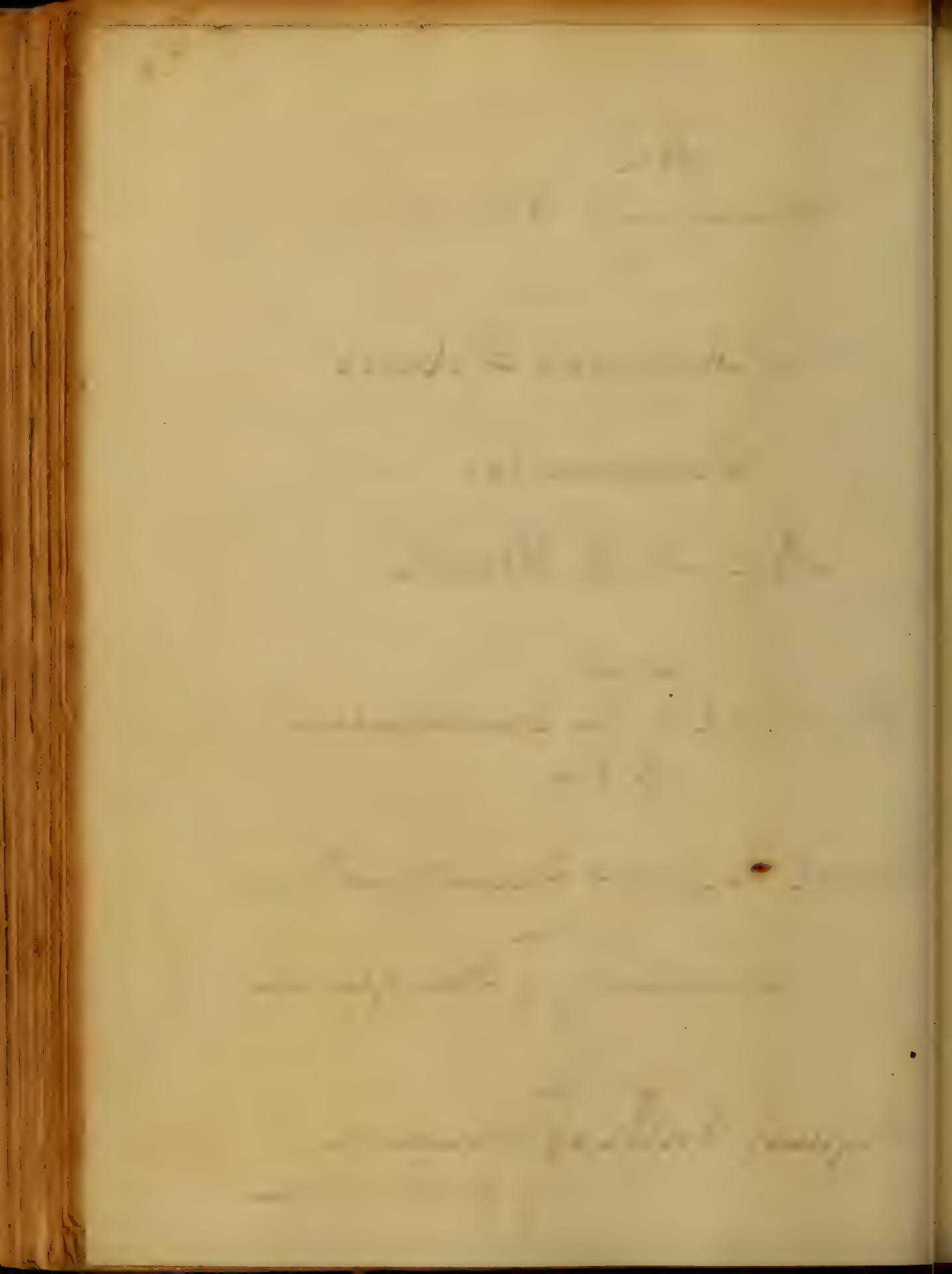
Prof. W. R. Smith

and

Submitted to the Examination
of the

Bairstow Reports & University of Michigan
for the
Inaugural Examination

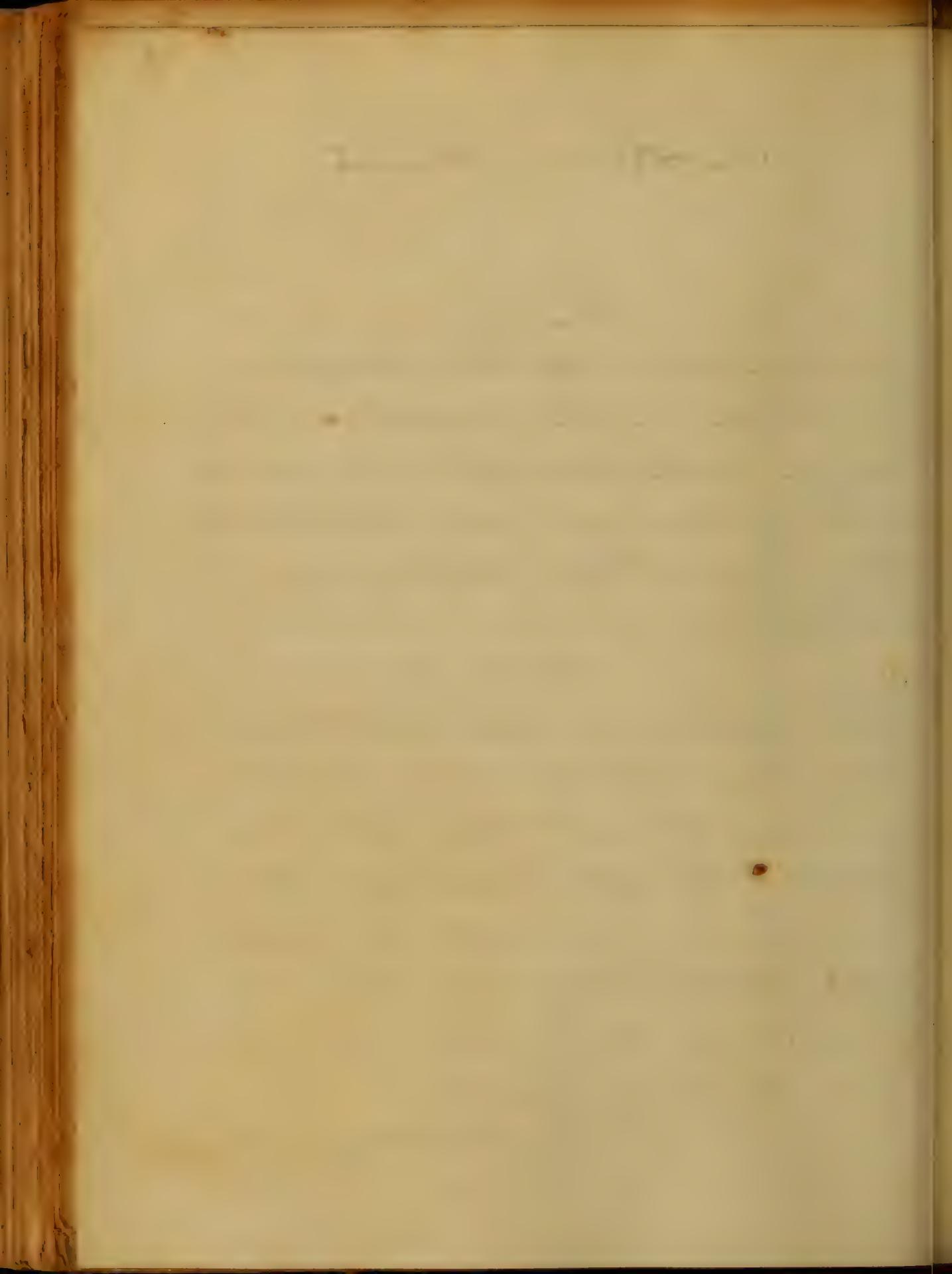
for the
Degree of Doctor of Medicine
by Jas. R. Purdon



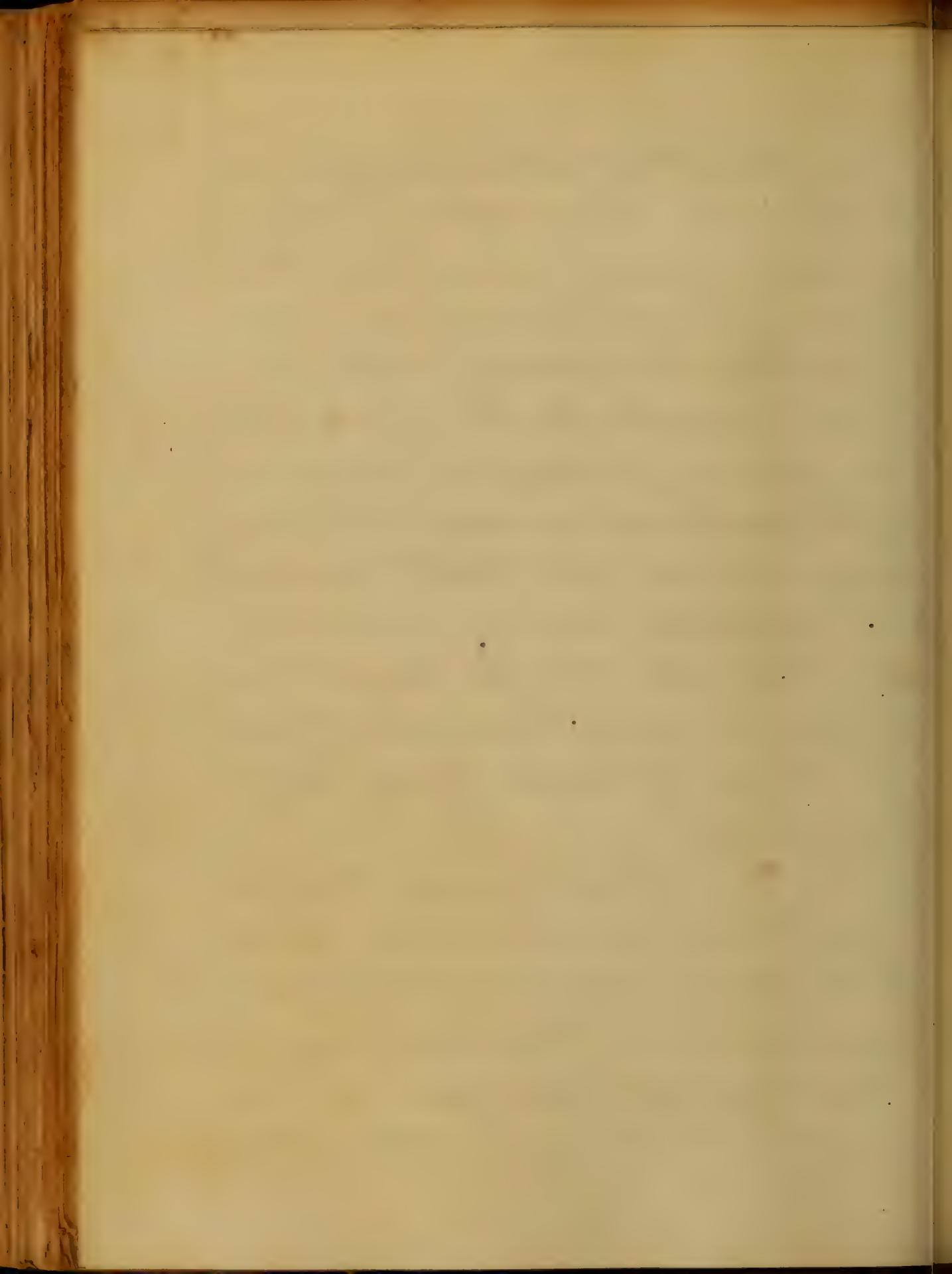
The Anterior Ghent

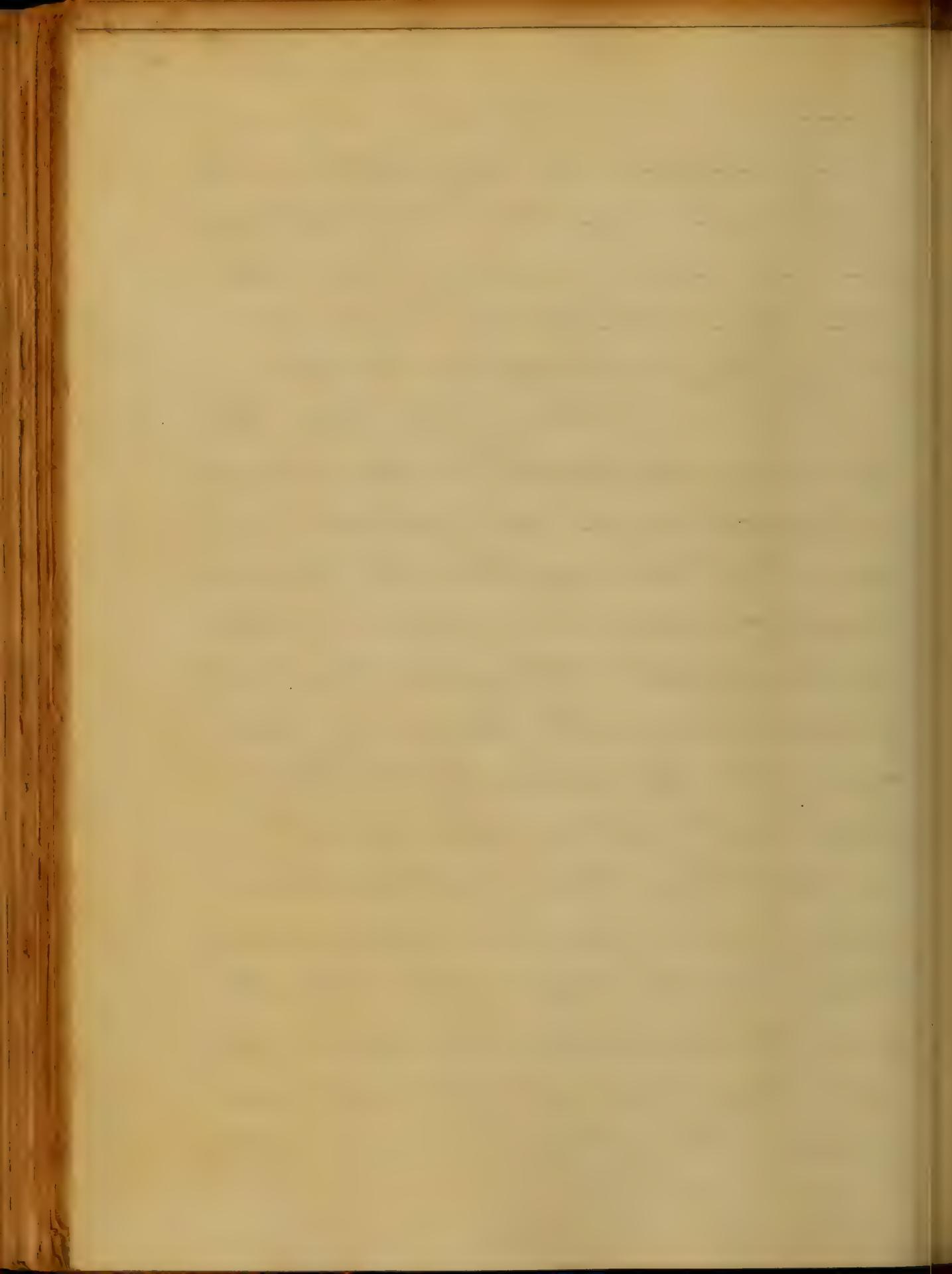
It is a very
common - - - tree and
is rich in a number of
uses - it is used in
making oil - - - it is used
as a medicine - - - it is used in
the making of soap - - -
it is used in - - -

which makes a nice soap -
which is made in a
number of other and other
countries - - - and in
many - - - towns - - - villages
and cities and towns - - -
They are - - -



that their physical economy will
be feed from the number of
visitors and their
ravaging breath of destruction
to attack at noon-day. Such
an audience - I am
not so sure, as it
will continue to do so in
my opinion but that it will
be general, and that
it is now about the time
when the visitors
will be most
numerous.



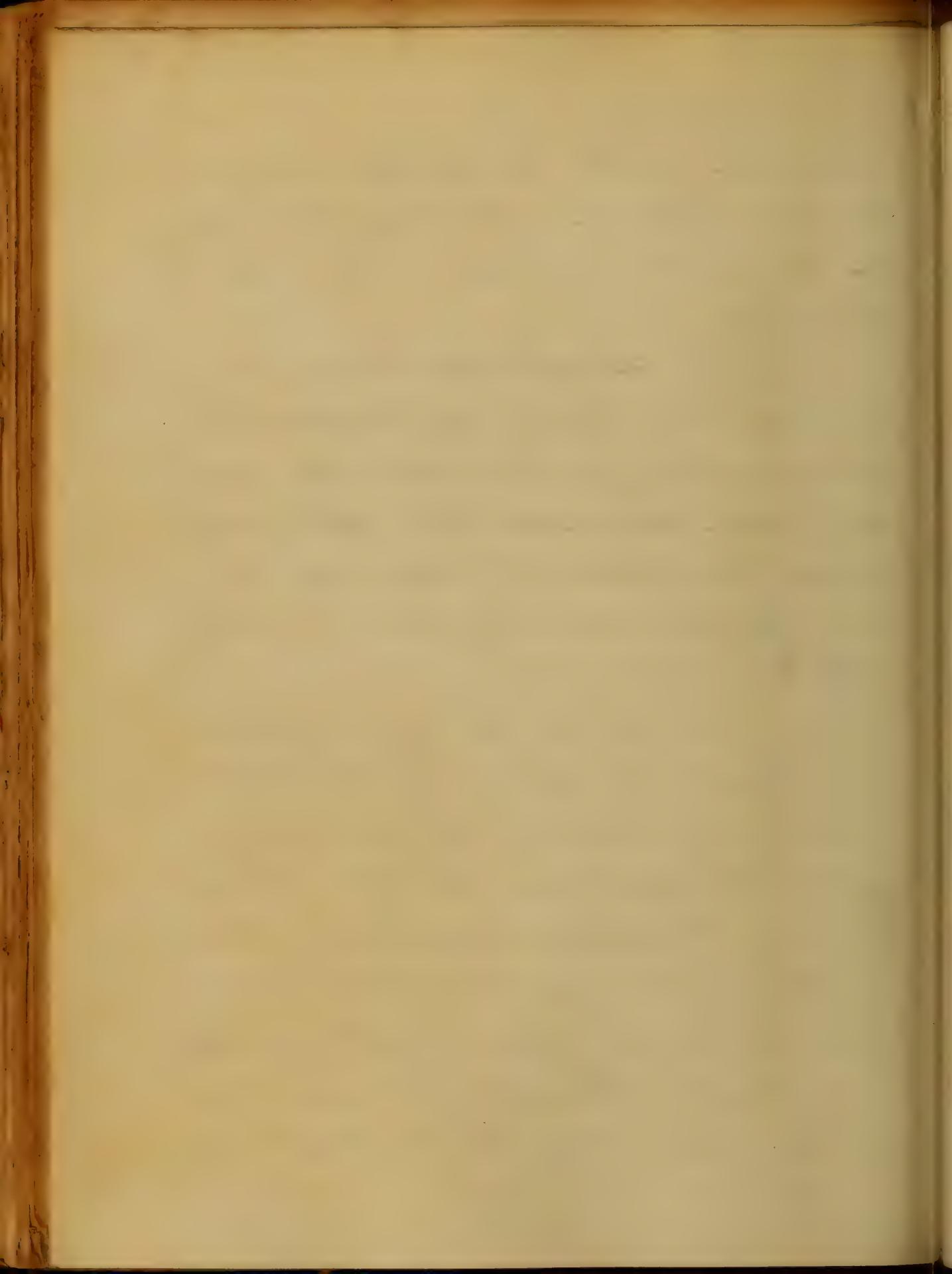


4

and will ascend
to the sky and
the sun will rise
soon.

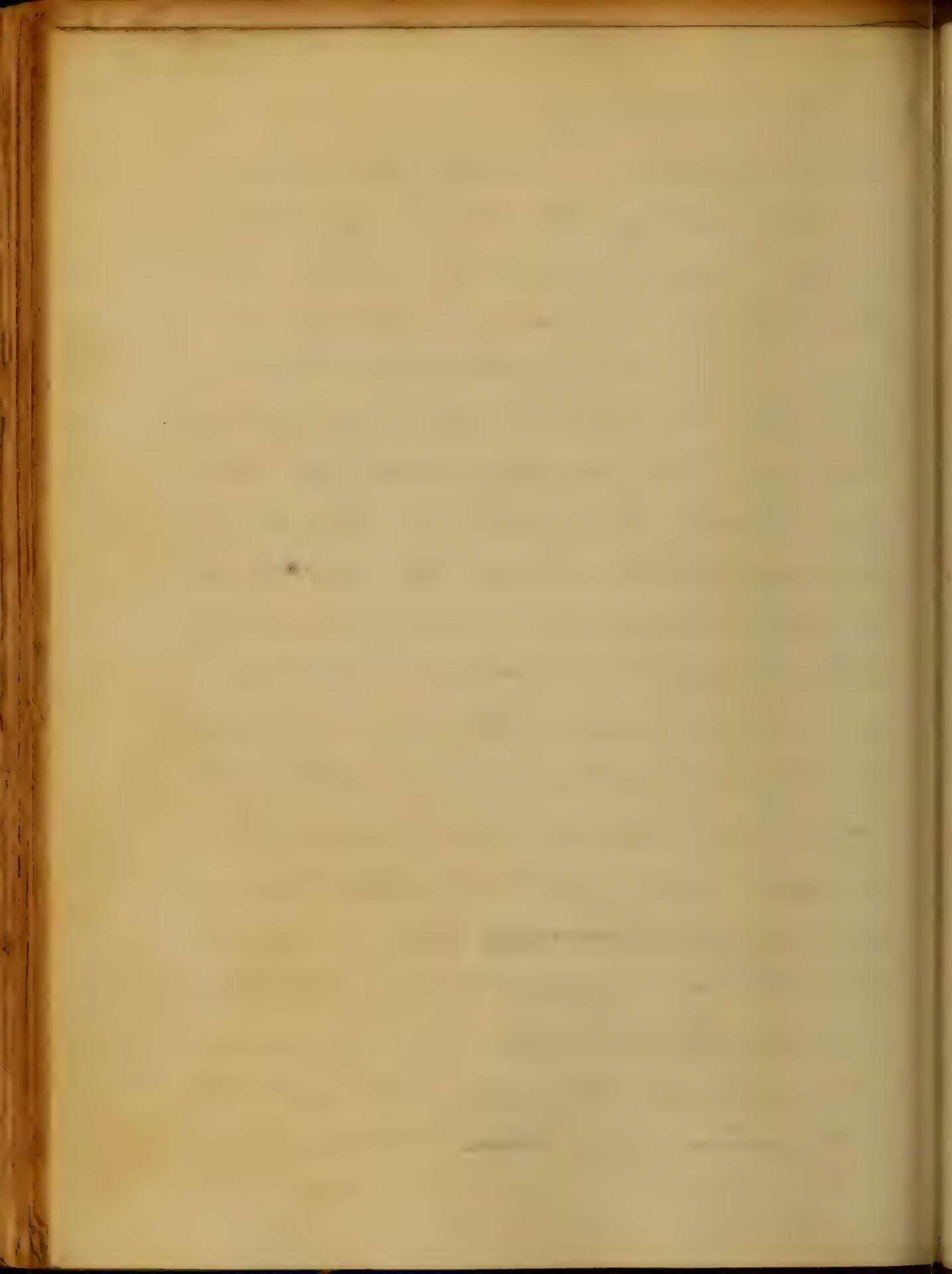
The sun
is rising and
the wind is
blowing. It is
a cool day and
it will be
fine.

The star of the sun
is bright and clear.
The wind is blowing
and the sun is
shining. It is
a nice day and
it will be
fine.



and the first edition
was added to the original
and it became a second
and distinct edition.

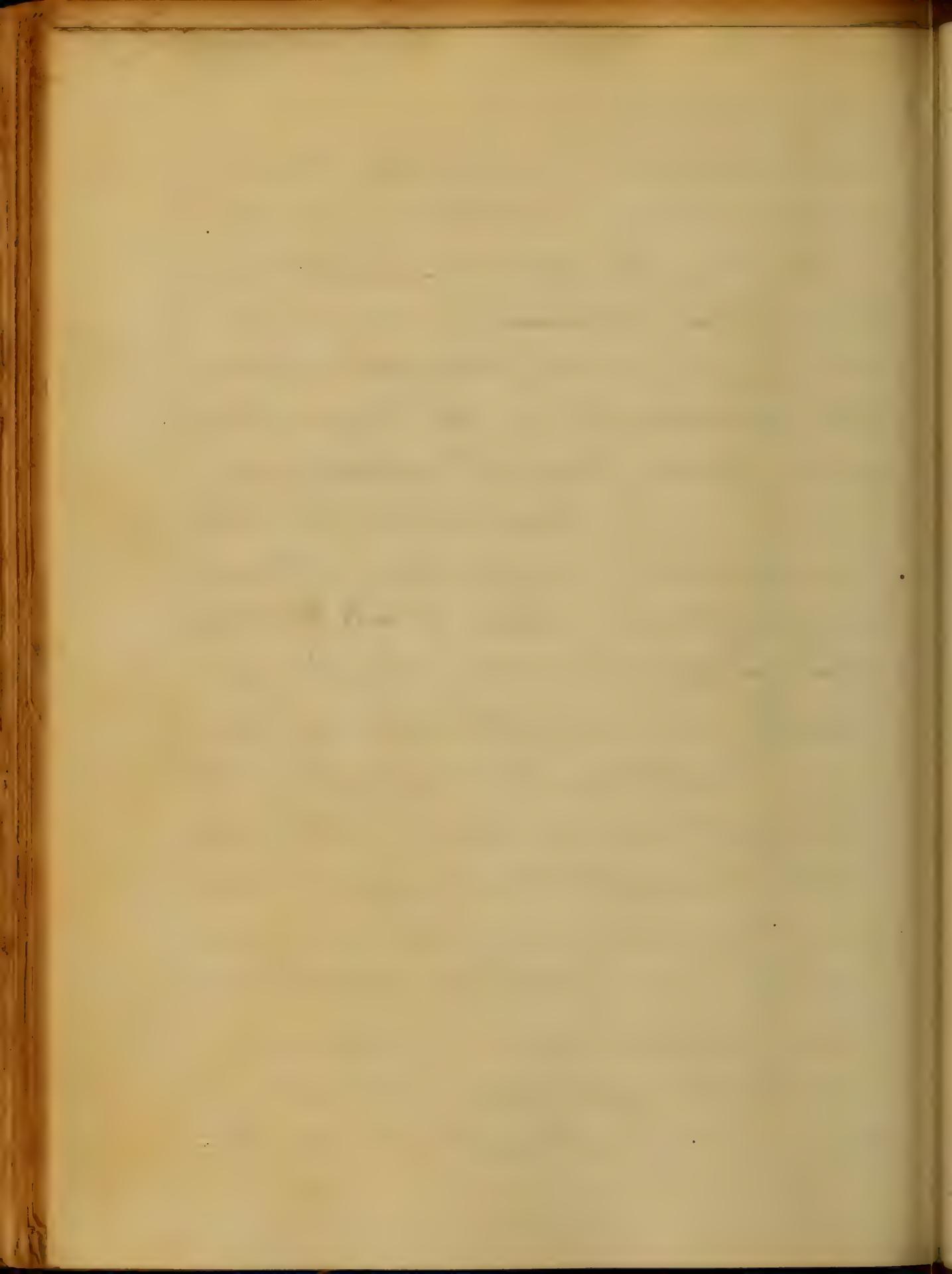
The first edition was
not printed in the same
place as the second
and distinction is made
by which being the
earlier and the other
being the later. It is
believed however
that another addition
without usurpation was made to
the first edition after the
second had been
published. This is
by the author ~~and~~ his son



and it is - now in
use - a mere -
version of effective soberness.
It is the "Garrison" -
claims and precepts. It is
the introduction of the Garrison
Shirt into the art of surgery.

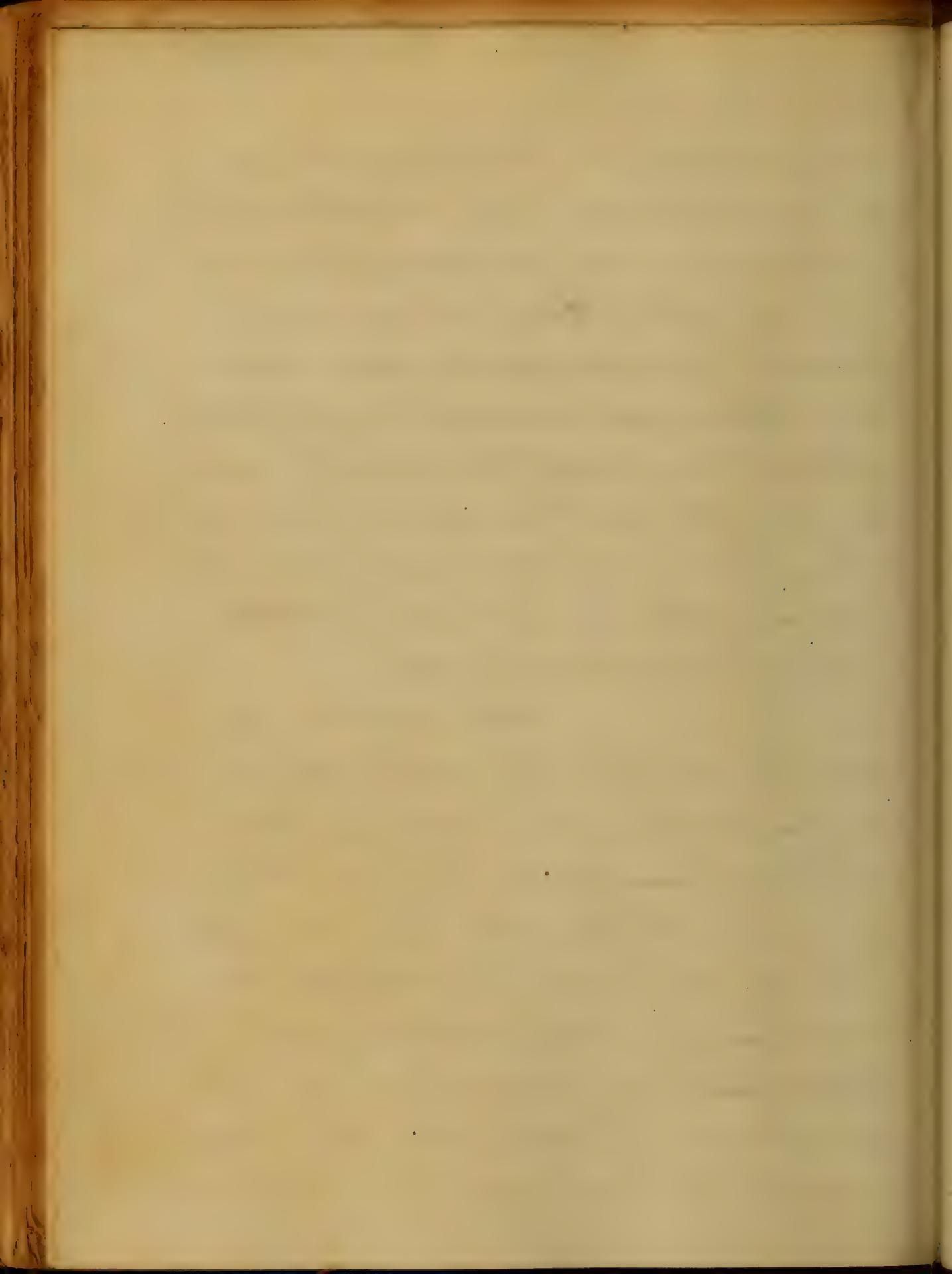
This Shirt has
been invented and
constructed by E. A. Gandy.
Prof. Gandy is the Profes-
sor of Surgery in the Uni-
versity of Edinburgh and is
near Eighteen years old and
of very fine - in a personal
with friends and local but
in the field of science.

The shirt
is simple - - - - -
but it is - - - - -
complex. It will be

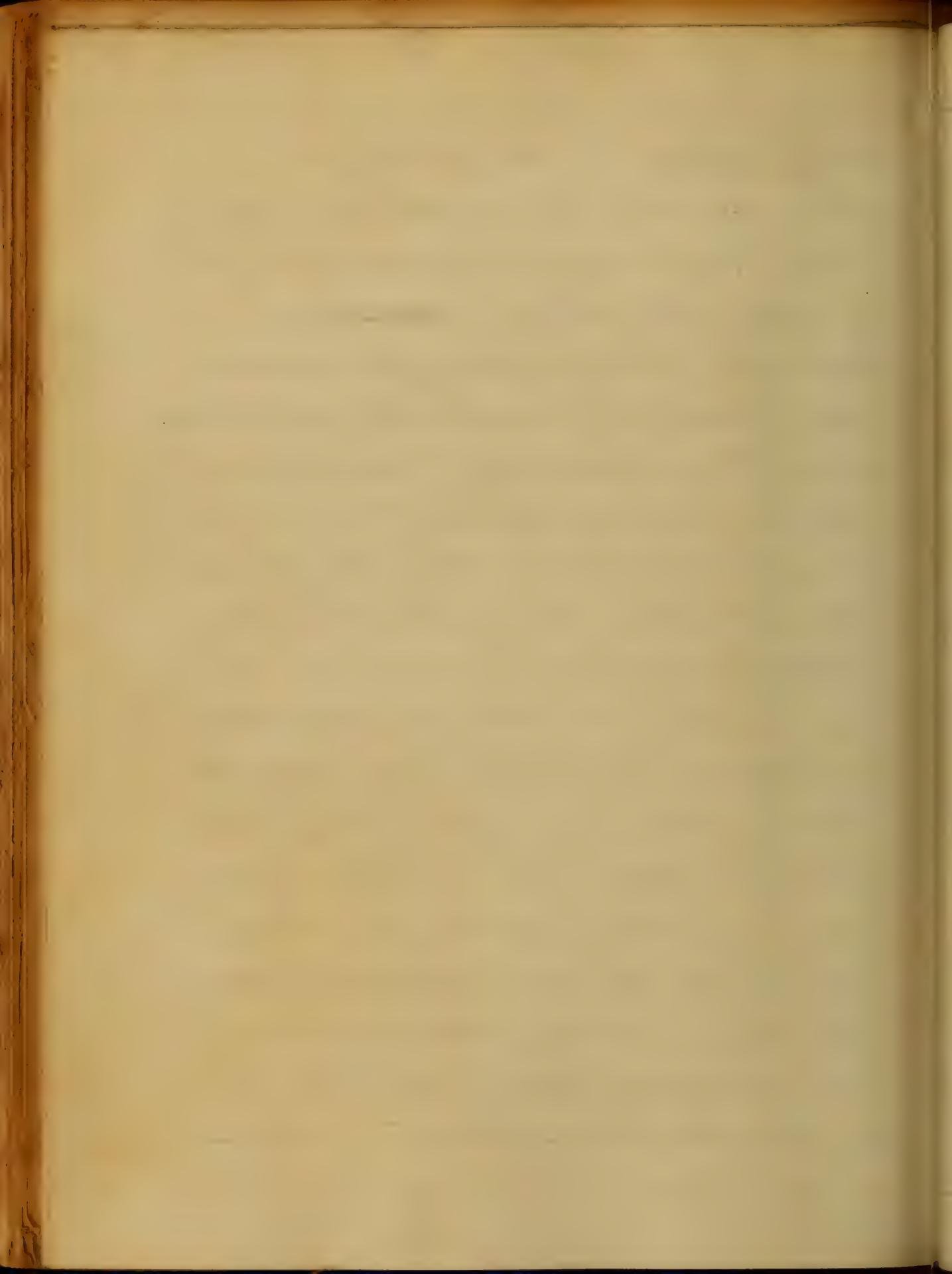


and the first time it
was taken - the author
wrote - "I have had
a number of the - I am
afraid - with the same
difficulty as with the other
and the same difficulty
in getting them to work
but they are now all
working well and
the author has had
a number of successes.

in which the author has
been most successful.
The author's style is
described as "bold and
vigorous" and "well
adapted to the subject".
The book is highly
recommended for its
accuracy and readability.



and the
- - - - -
is not a bad
and is a state
- - - - -
a division of
the following
in a number of
other parts
smaller units known as
communities. These communities
are called by the
French "communes".
The - - - - -
- - - - -
- - - - -
- - - - -
- - - - -
- - - - -



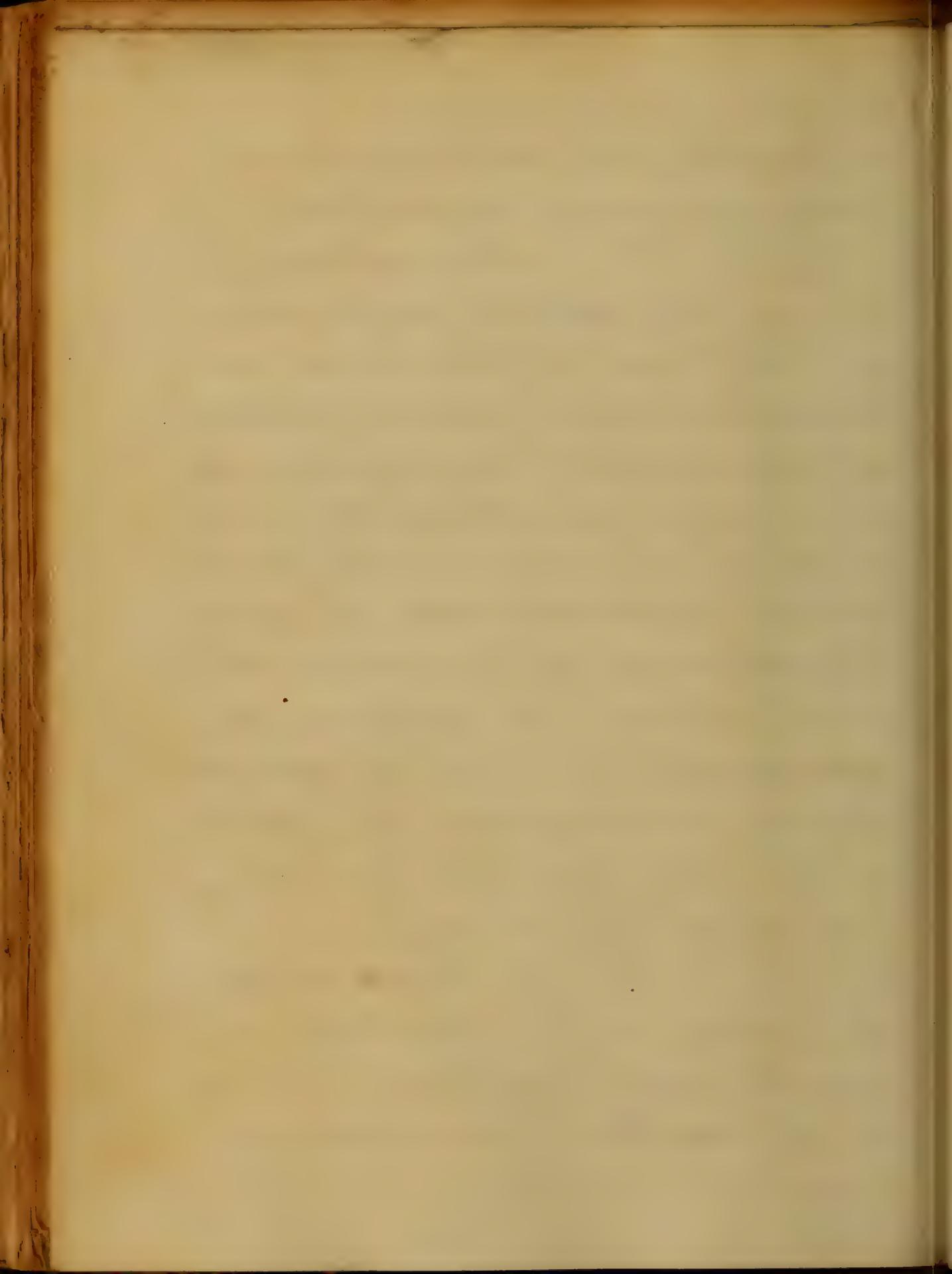
I am well with the - will
return - - - - -

- - - - -

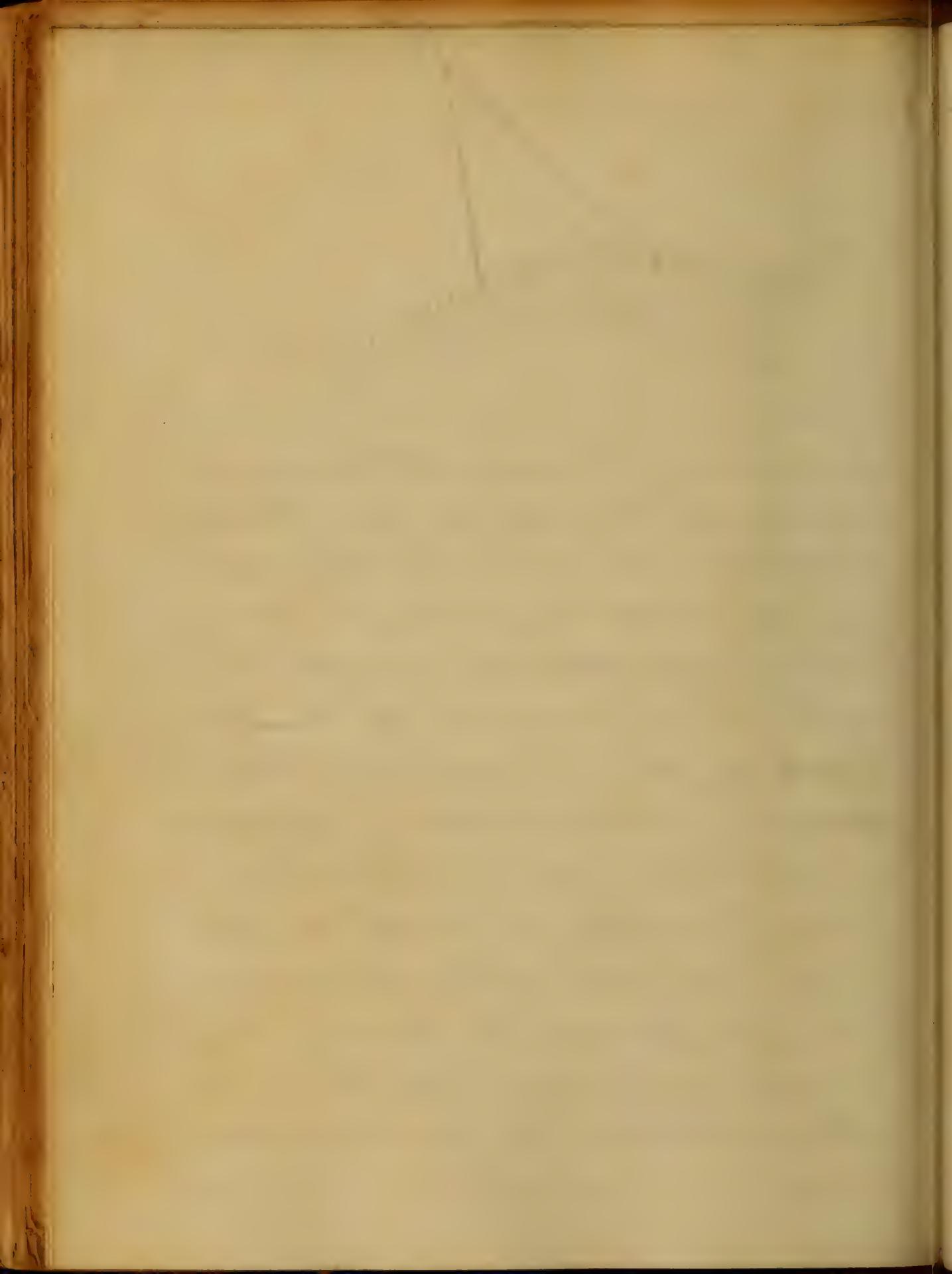
it was a little to much
in the first place - - - - -
I am sorry, but I am the
whole time - - - - -
I have had it - - - - -
and need it - - - - -
I am not - - - - -
the doctor - - - - -
I am not - - - - -
it will be - - - - -
and it is - - - - -

- - - - -

it is - - - - -
- - - - - it is - - - - -
it is - - - - -

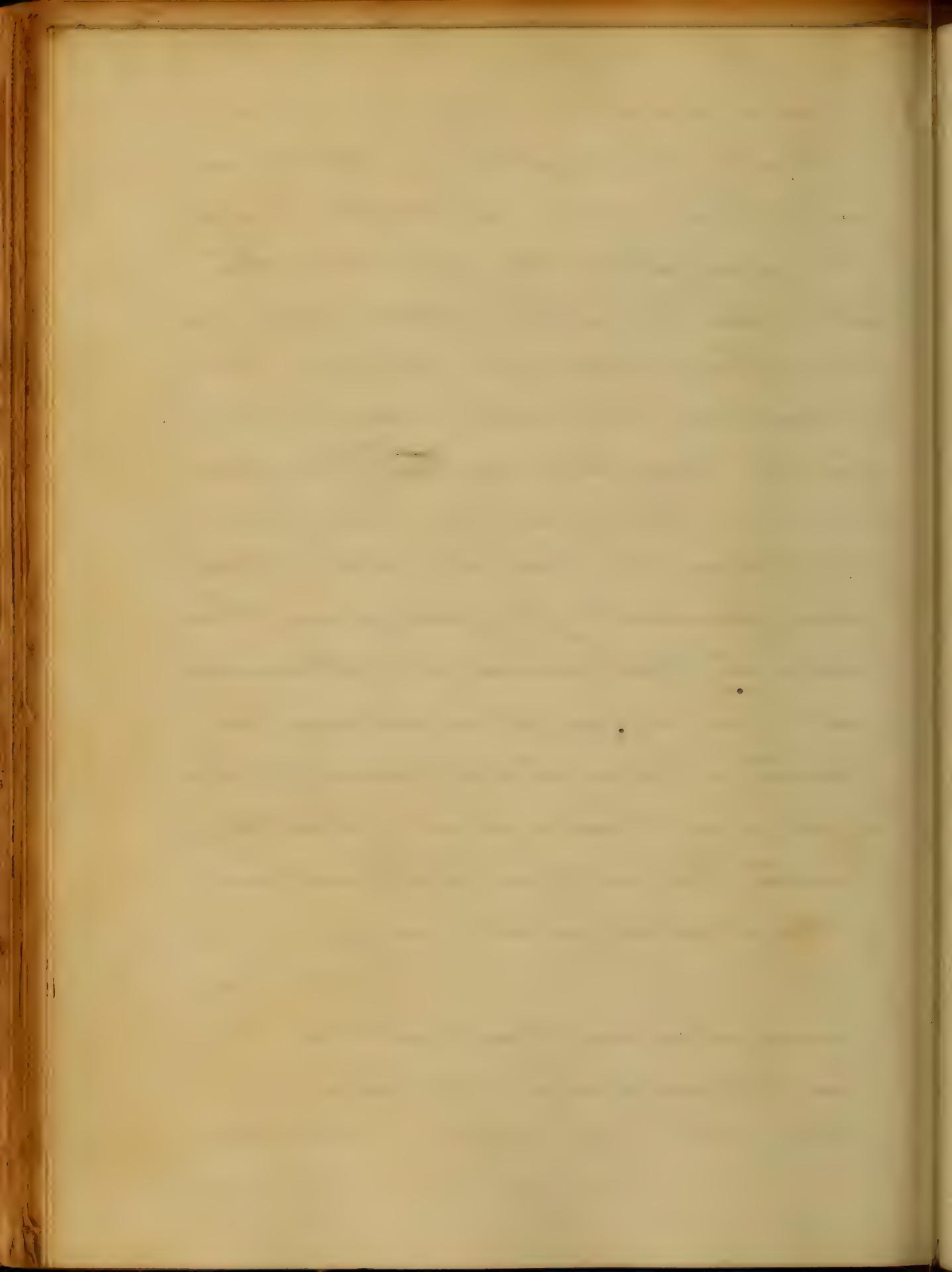


mentioning I made the ex-
tent of the way a natural
method of life is much
simpler & more in line
with the training of the
old. This was a - mu-
tual, & did not in the
end result in much, unless
we consider the fact that
the old did not take
fully advantage of the
possibilities of the
surviving children. - The
most important factor in



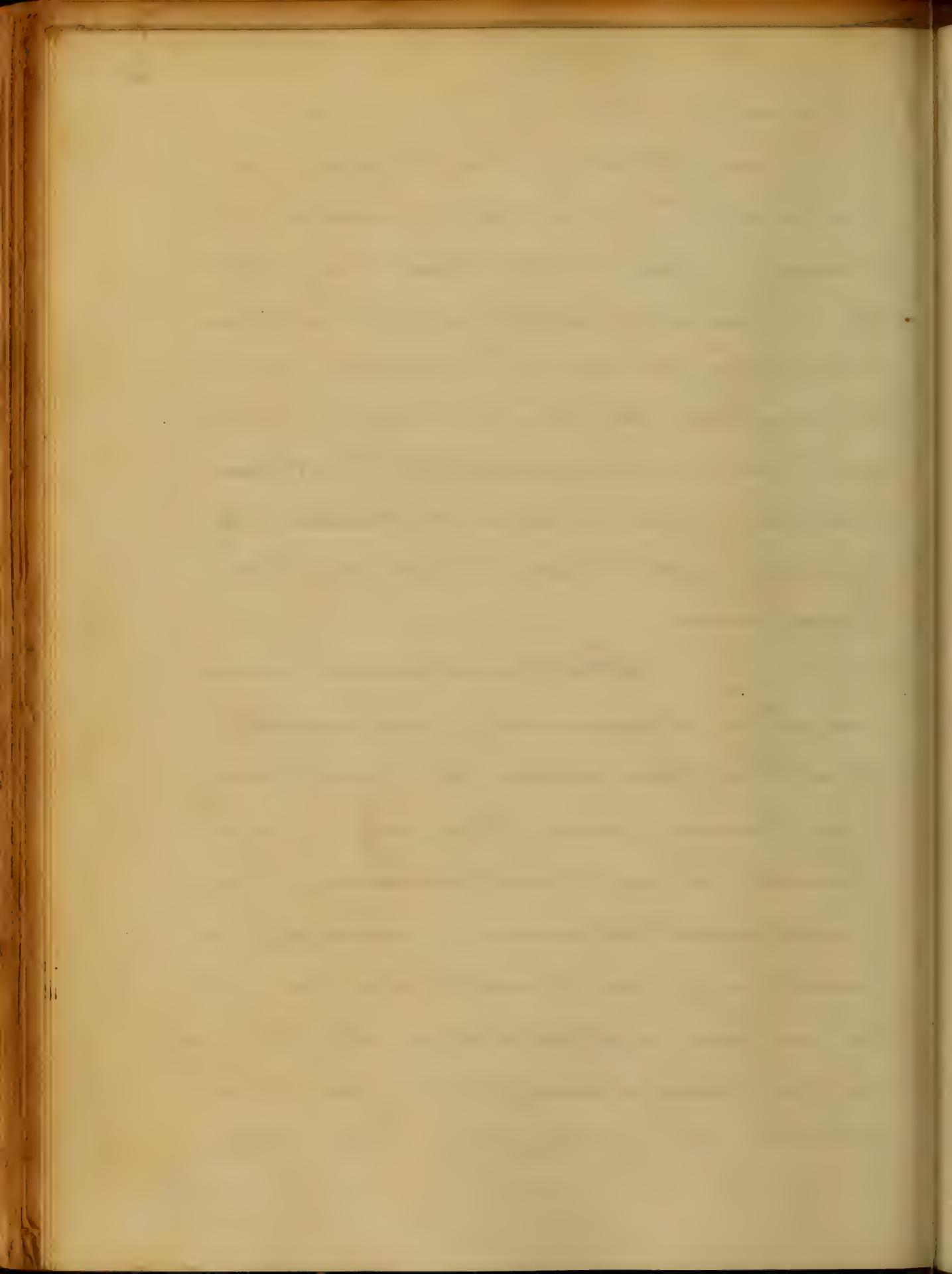
to the union of the two
legislative districts, and
the new Legislature. It
should now be recommended giving
in the end a vote in
electing, in order to meet con-
stituted functions on ~~the~~^{the} ~~leg~~ ^{thus pre-}
venting such a ~~conflict~~. The con-
cession of the "bank option"
ates favorably, by allowing the
patient free and unrestrained
will in all respects
grant or withhold a written
loan which can indicate
what has been paid and his
immediate position.

considered the most
favourable of the whole
spirit in general to our



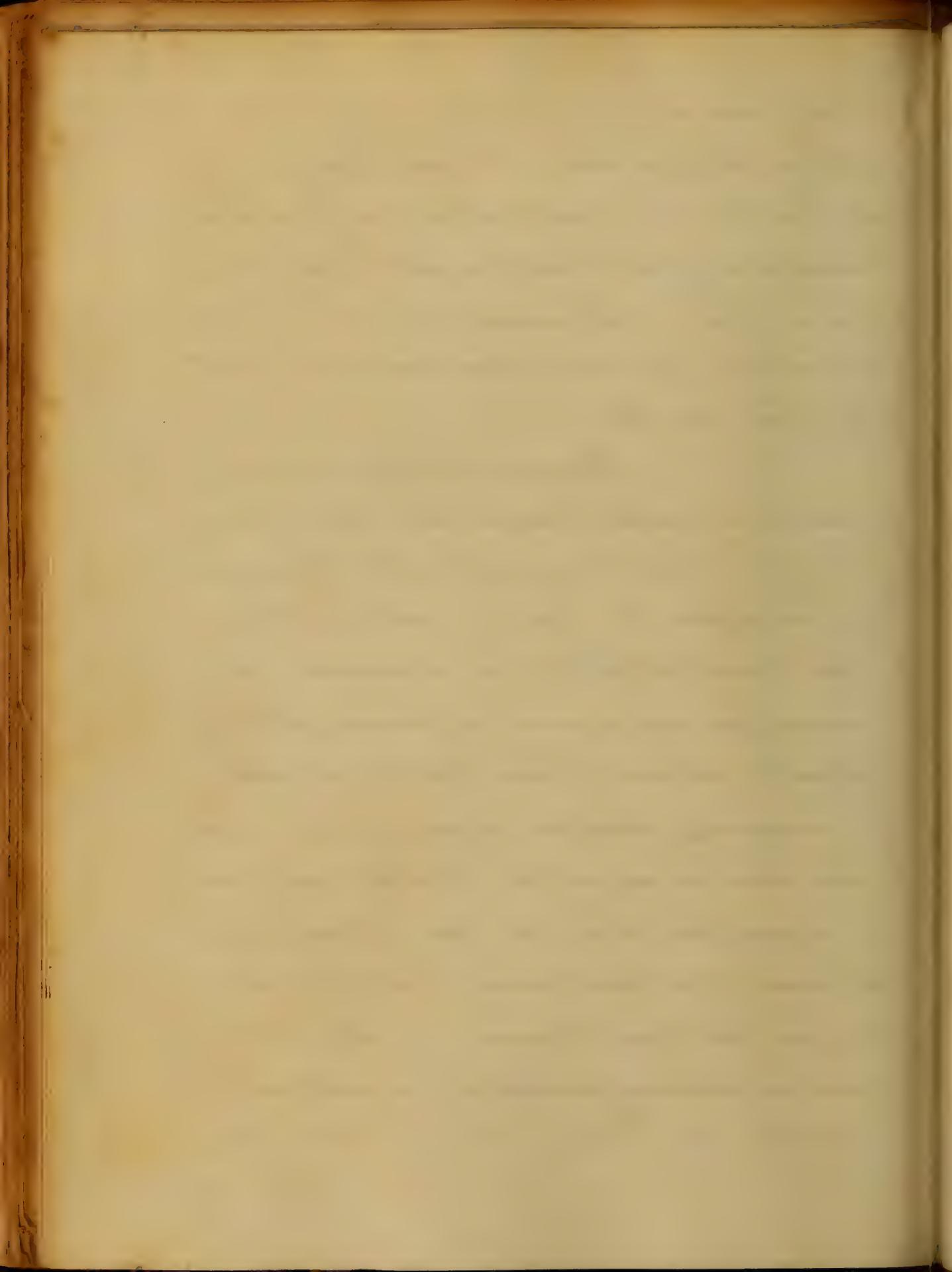
In the case of the broken
insects, it will be impossible to
ascertain the nature in which
it is broken, but the con-
sistent nature of the
parts of the insect, will
enable one to get the
mainly, if not all should be
concluded to be a true tes-
tification.

In fractured mate-
rials it is especially important
for the purpose of ascertaining
the thick or thinness of
the insect, from reading the
various measurements
and observations made
in the process of fracture
or separation, and con-
sequently, by applying the ob-

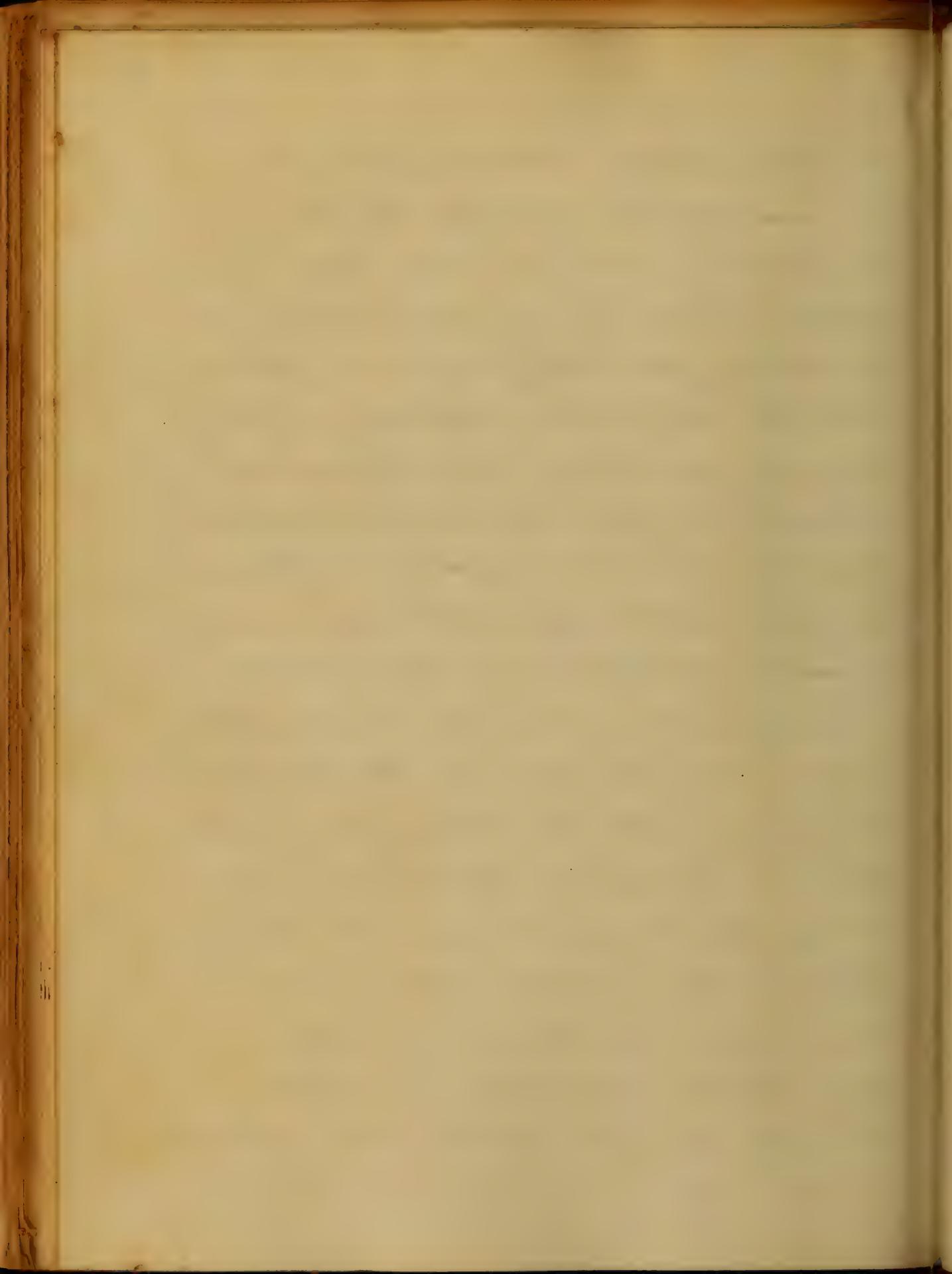


— — — — — — — — — — — —
— — — — — — — — — — — —
— — — — — — — — — — — —
— — — — — — — — — — — —

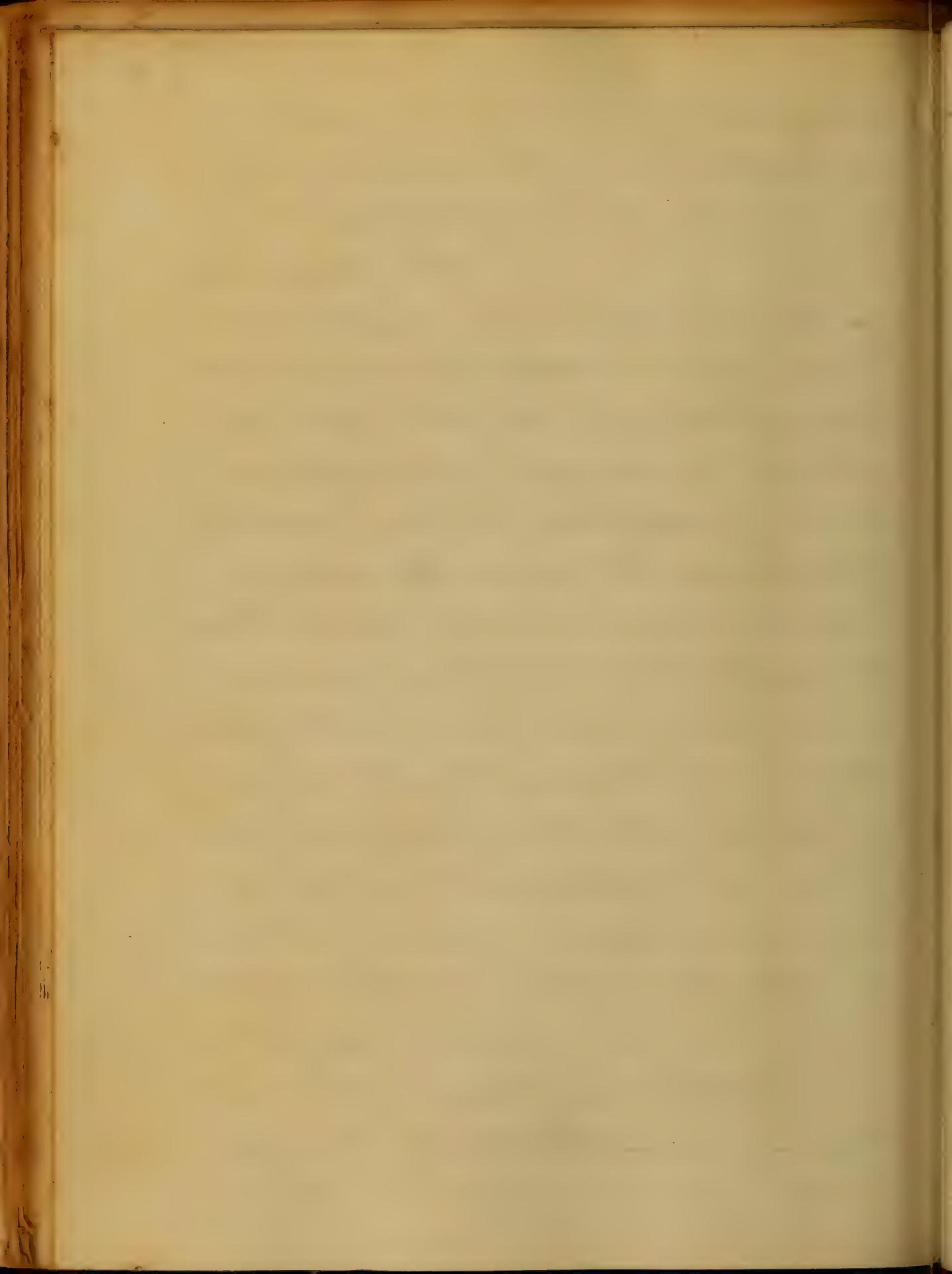
and the author's name
and the date of the
first edition and the
number of the volume.
The author's name
is also given in
the title page and
in the first few pages
of the book itself.
The author's name
is also given in
the title page and
in the first few pages
of the book itself.



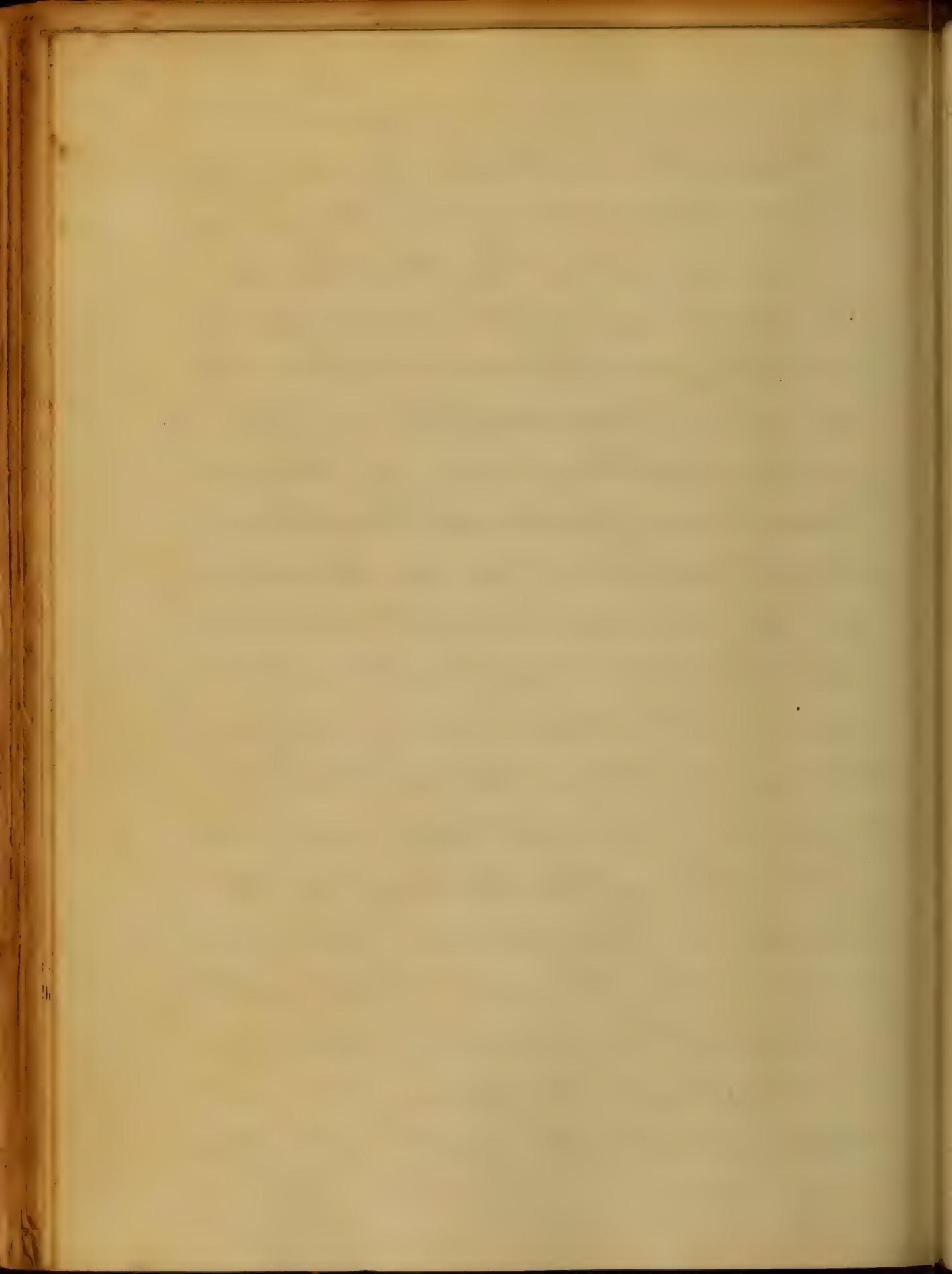
and the author's name
is written in
the margin. The
book is bound in
brown leather and
has a small label at
the top of the back
cover which reads
"The Author's Copy".
The book is
dated 1855, and
instantaneously
the author's name
is written in
the margin. The
book is bound in
brown leather and
has a small label at
the top of the back
cover which reads
"The Author's Copy".



to the right - a slender
and slender tree.
The bark - is smooth
and shiny - the trunk
- Flint exercises undoubt-
edly a good deal of skill
which he does - caused as
I suppose, but I did not -
notice it - however was
in equal perplexity with him
however, as to the whole
tree - as I have the same
kind of plant and one
of like - nature and with
such a slender trunk - I am
very much at a loss - as to
it - probably by the name of



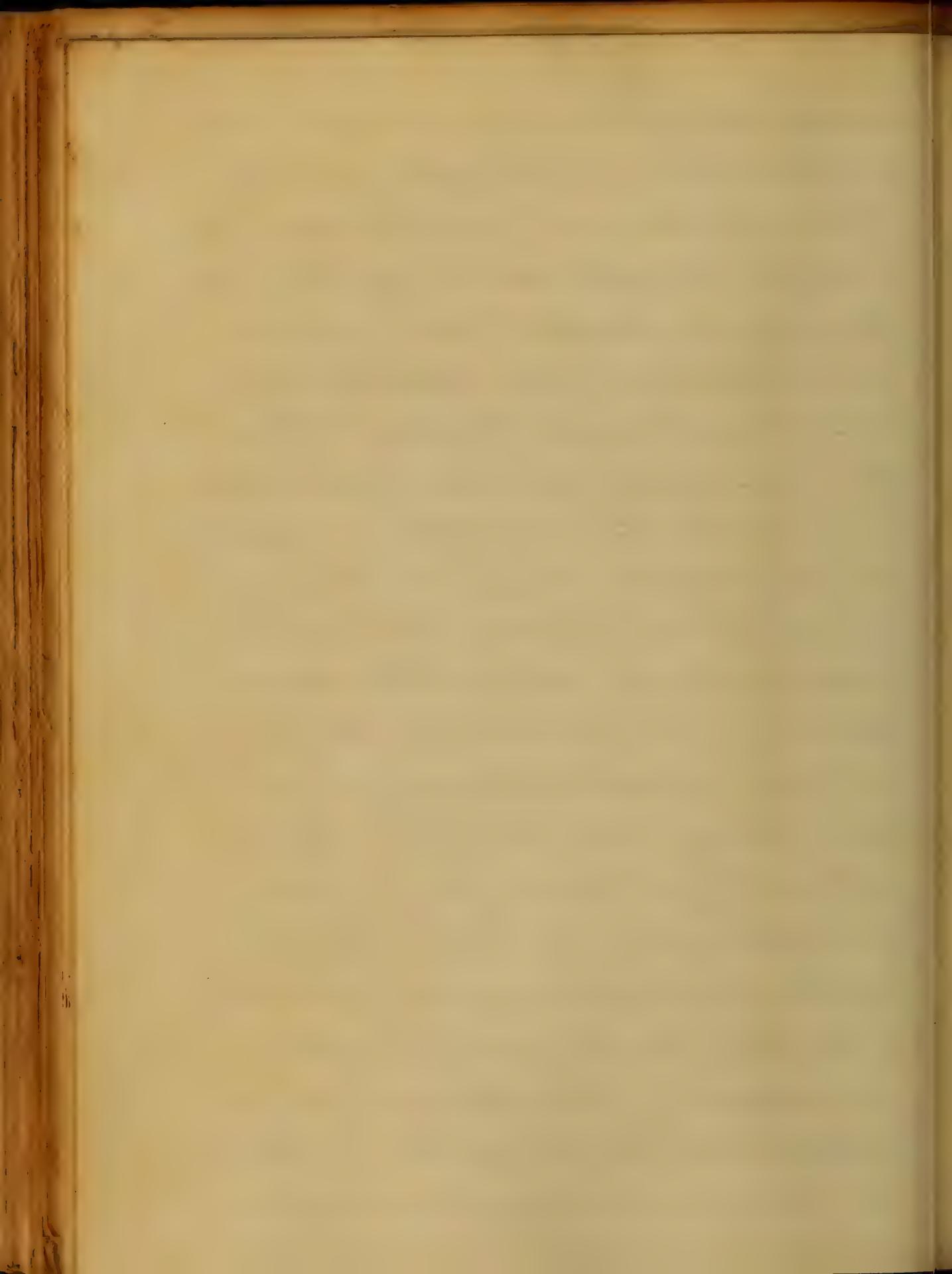
that it is a good idea
to make a simple plan
that can be followed
the first time to make life
more interesting and to make
the time go faster,
which of course, by the ap-
plication of some tools -
and time on the part of the
person who is to do the work
and time on the part of the
person who is to receive
the building, will make a
beautiful and a lasting
and a good house which
is a great investment
and durable, and a building
which will last a long time.



17

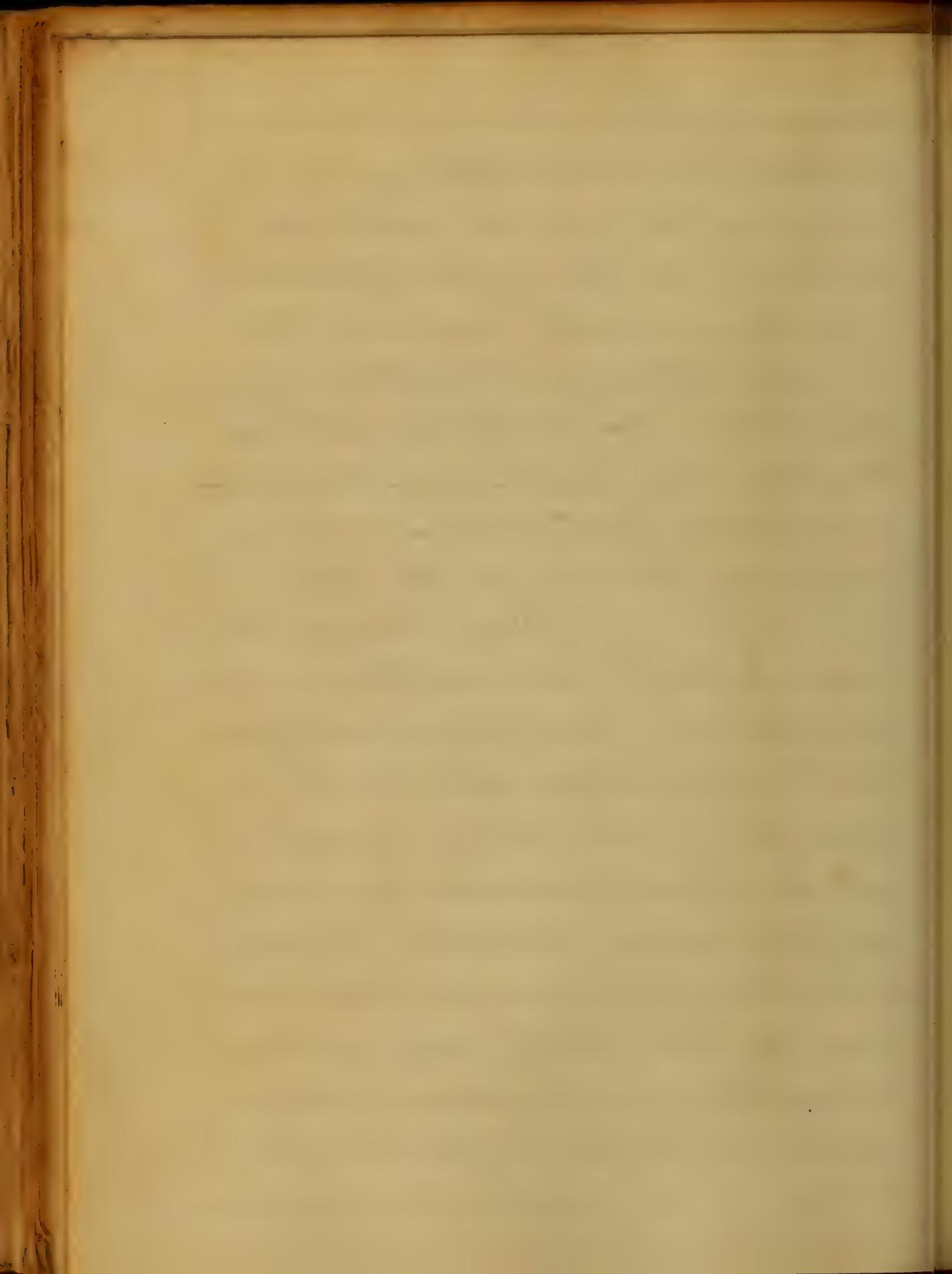
and shrinking muscles. We
are also able to bring about
marked changes in our physical
and mental condition, and in our
vitality, which are, unfortunately,
affecting the persons of the
English Church more and more
every year. And we are
concerned with the
relative rapidity with which
these changes are taking place
in England.

The time has come when
we ought to do something to
counteract these movements.
And we must do it by
conducting a course of
exercise. The course of
exercises must consist of

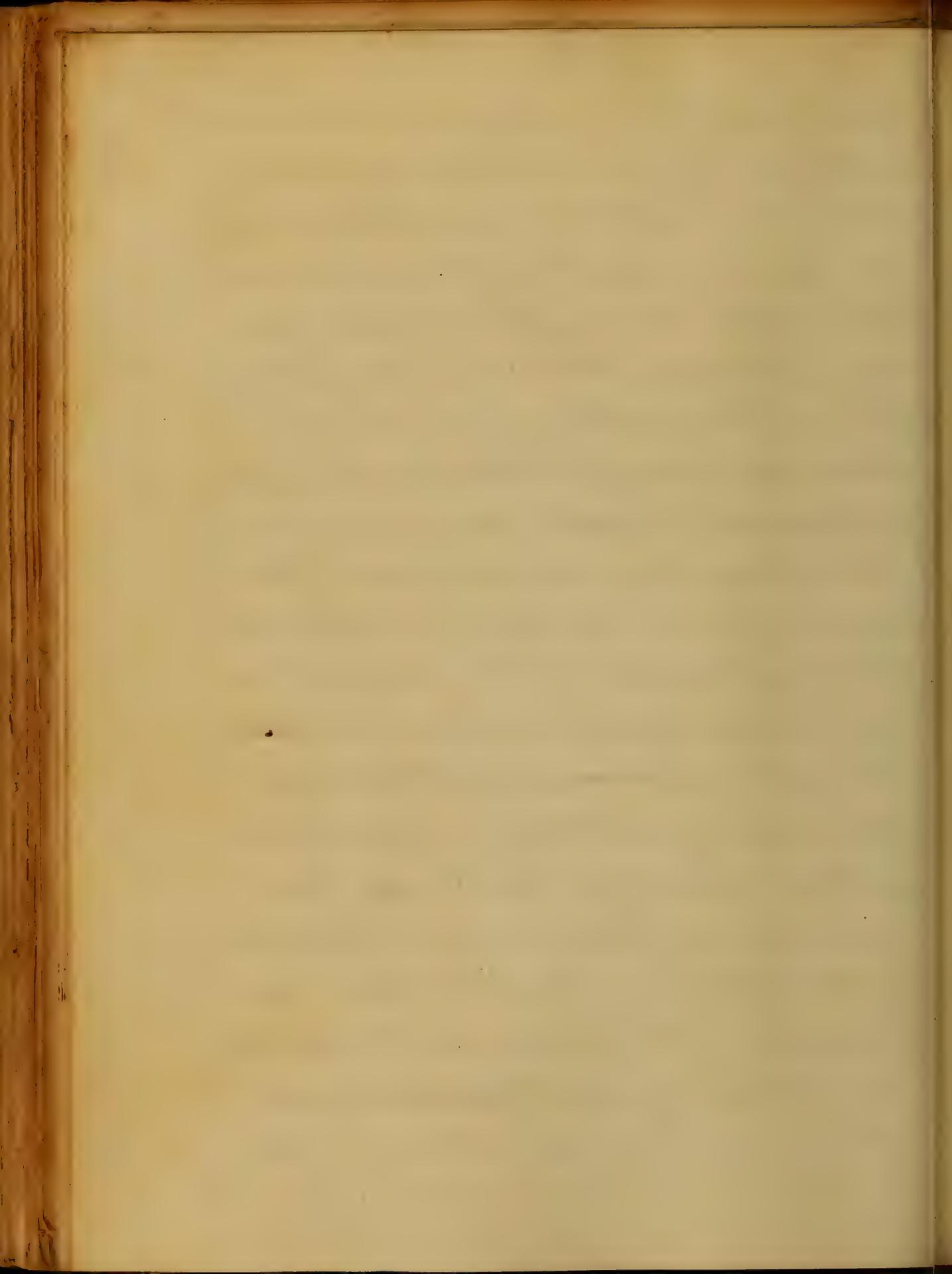


Patient is made certain of the
coming of removal either by
and by disbelieving his
own vision, with a little
inequality, and by allowing
the illness or removal often
to press his eyeball, so as to
make just a mark
without the skin.

But it is
more - the time of removal
is often longer than the
time of removal.
- It must be done
without any movement
of the eye, so as to make
it difficult to see the
mark - and the
time of removal
is often longer than the



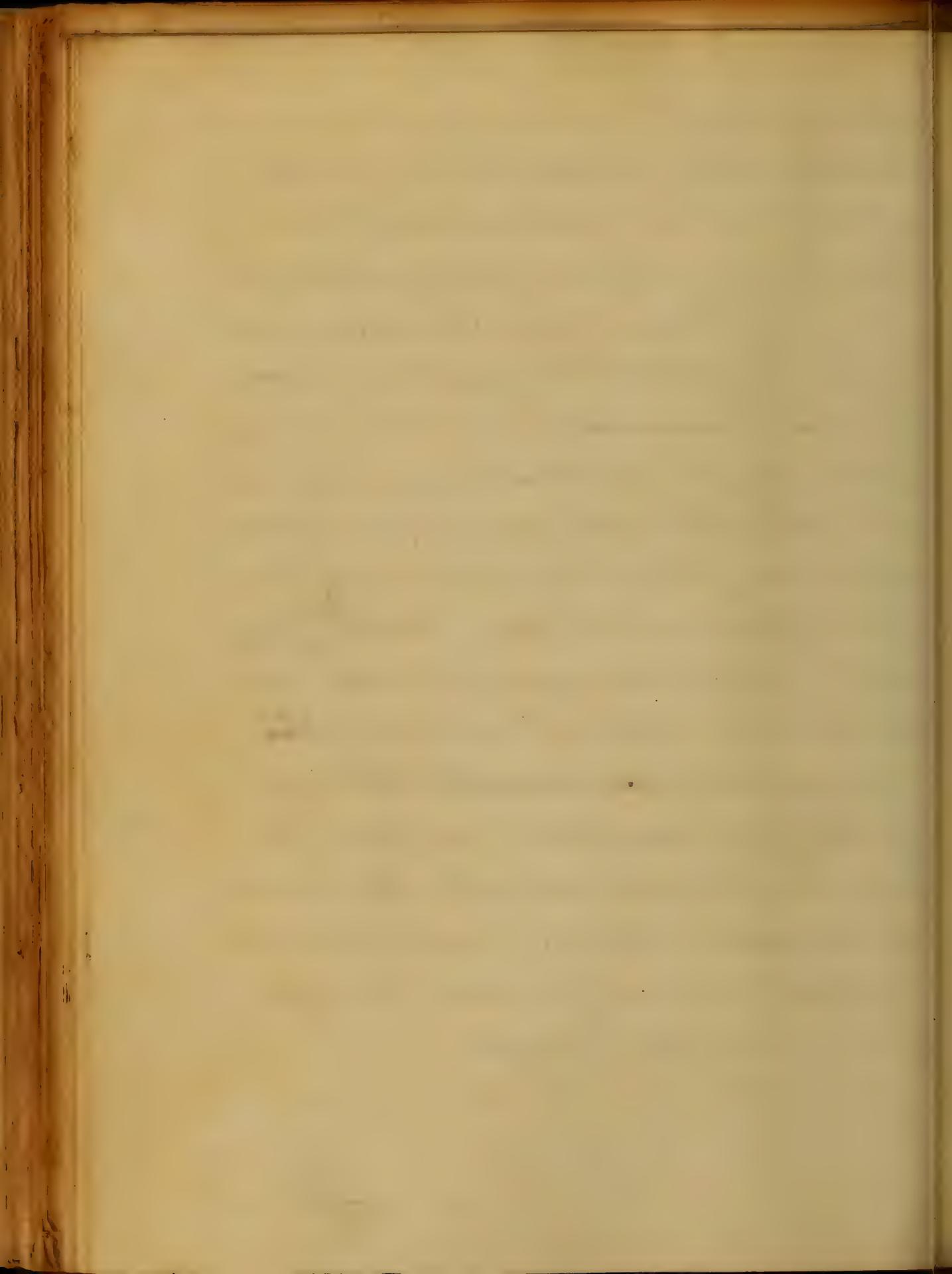
inflammatory symptoms, in
which the most intense suffering
was experienced, - the
splint effected a speedy and per-
manent cure, and I am confident
that by the employment of any
other splint, if it had been per-
sisted in, the patient's life would
have been compromised. In
such fractures of the bones of
the leg, previous to the invention
of this splint, an operation was
always performed, but since
its invention, it has often been
abandoned - the trifling trouble
involved in applying it, and the ad-
ditional advantage of the man-
agement of the limb, without making
any incision.

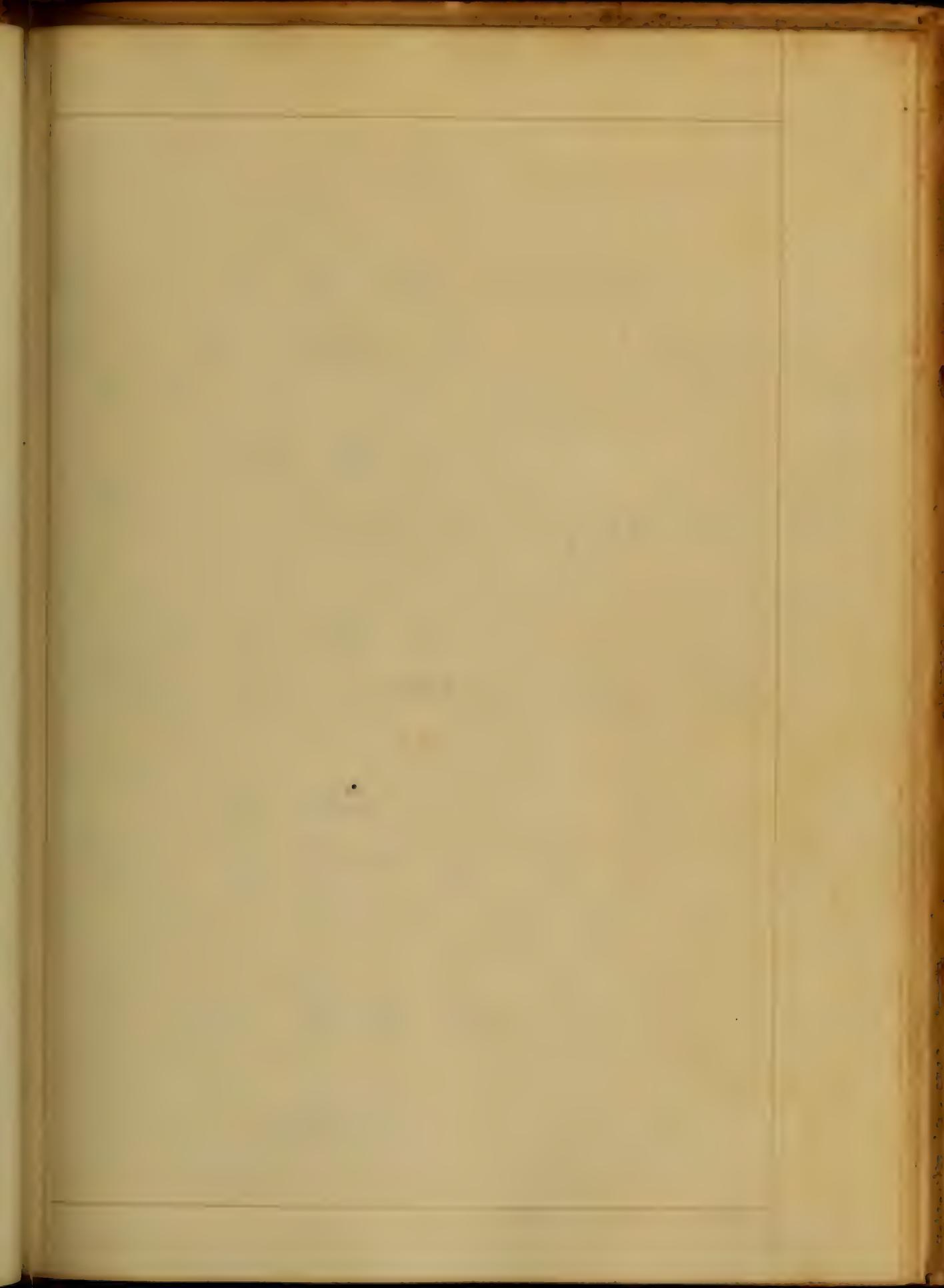


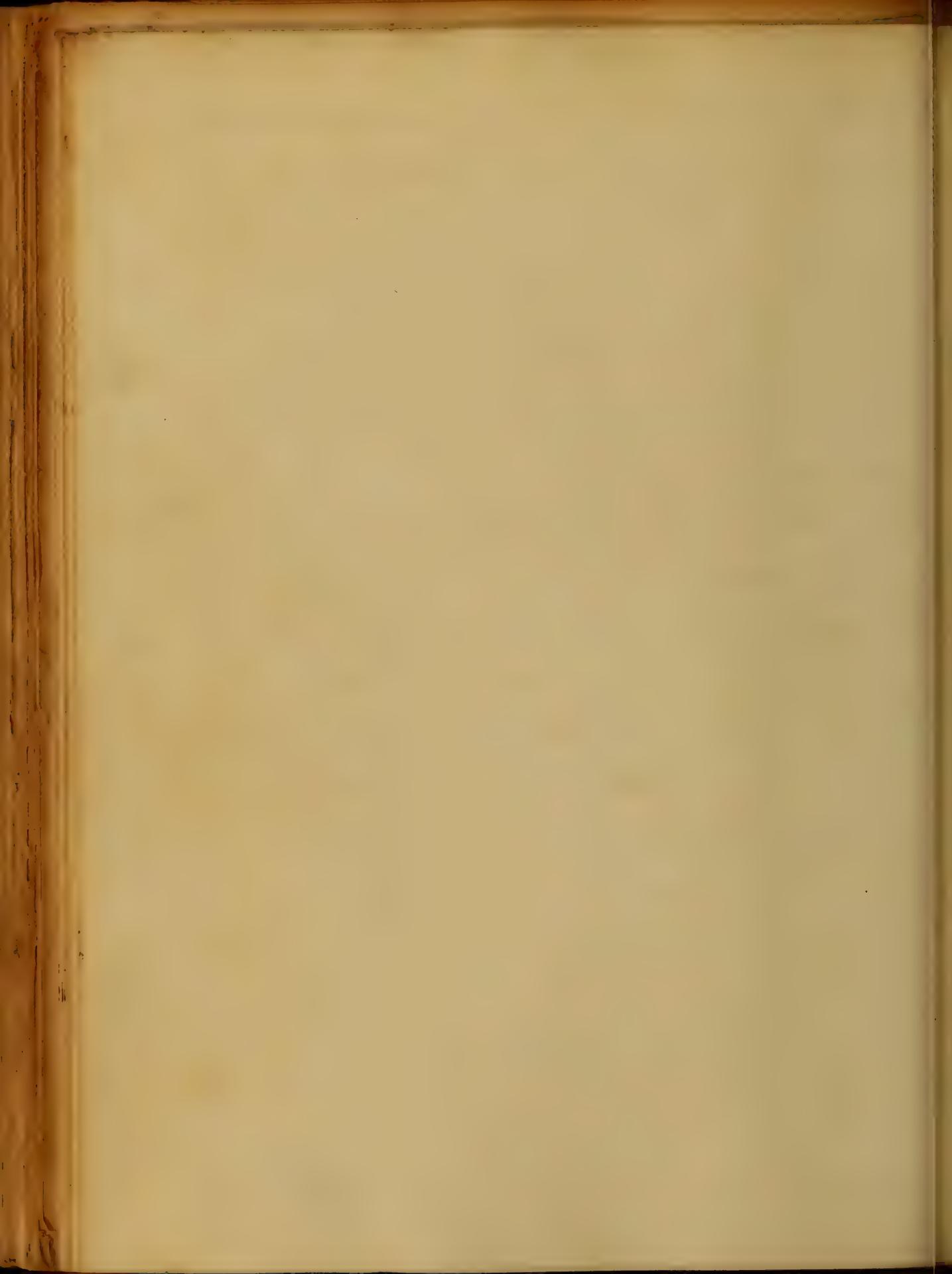
39

country and people of the world
wherever he goes, unimpaired by the
beauty or wisdom of its inhabitants.

Thus have I ended and
I demonstrate the adaptability =
of the anterior splint to all kinds
of the day, and the splint and the hand
in other words, to all the different
sorts of labor. - The authorship
of a foolish and vain work,^{ten} ~~reduces~~
^{by its use} to murmuring gentleness, all
I have to add is, that may the
name of the author stand ~~it~~ a
long way up, and when it is
time to take it off, will find it
at his service at his pleasure, and
generous go ever so far in the
application of it.







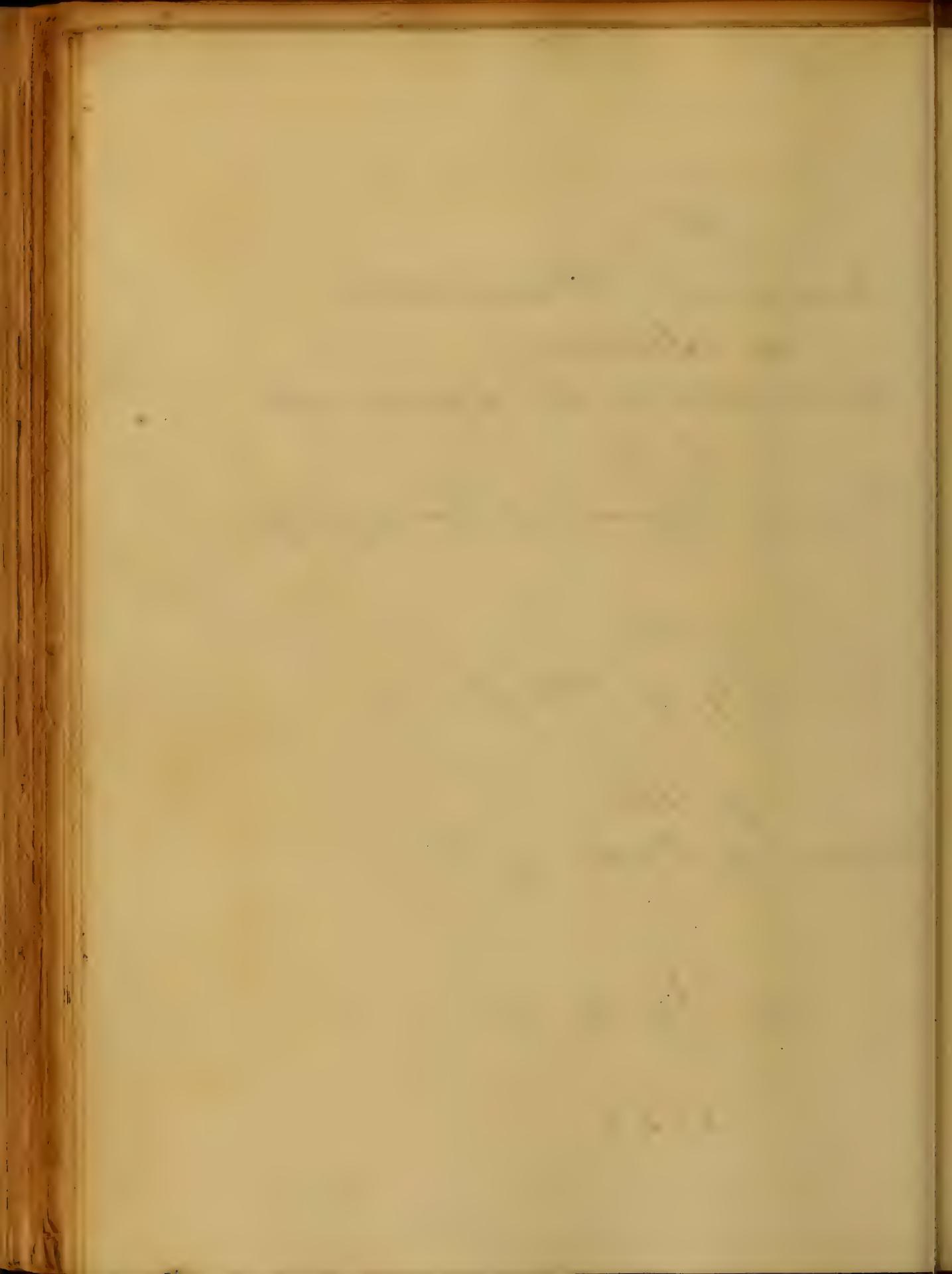
An
Inaugural Dissertation
on Icterus
Submitted to the Examination
of the
Provost, Regents and Faculty of Physic

of the
University of Maryland

for the
Degree of Doctor of Medicine

by
John H. K. Morrison.

1858.



So

Prof. G. W. Winterberger

This Thesis

is Respectfully Dedicated,

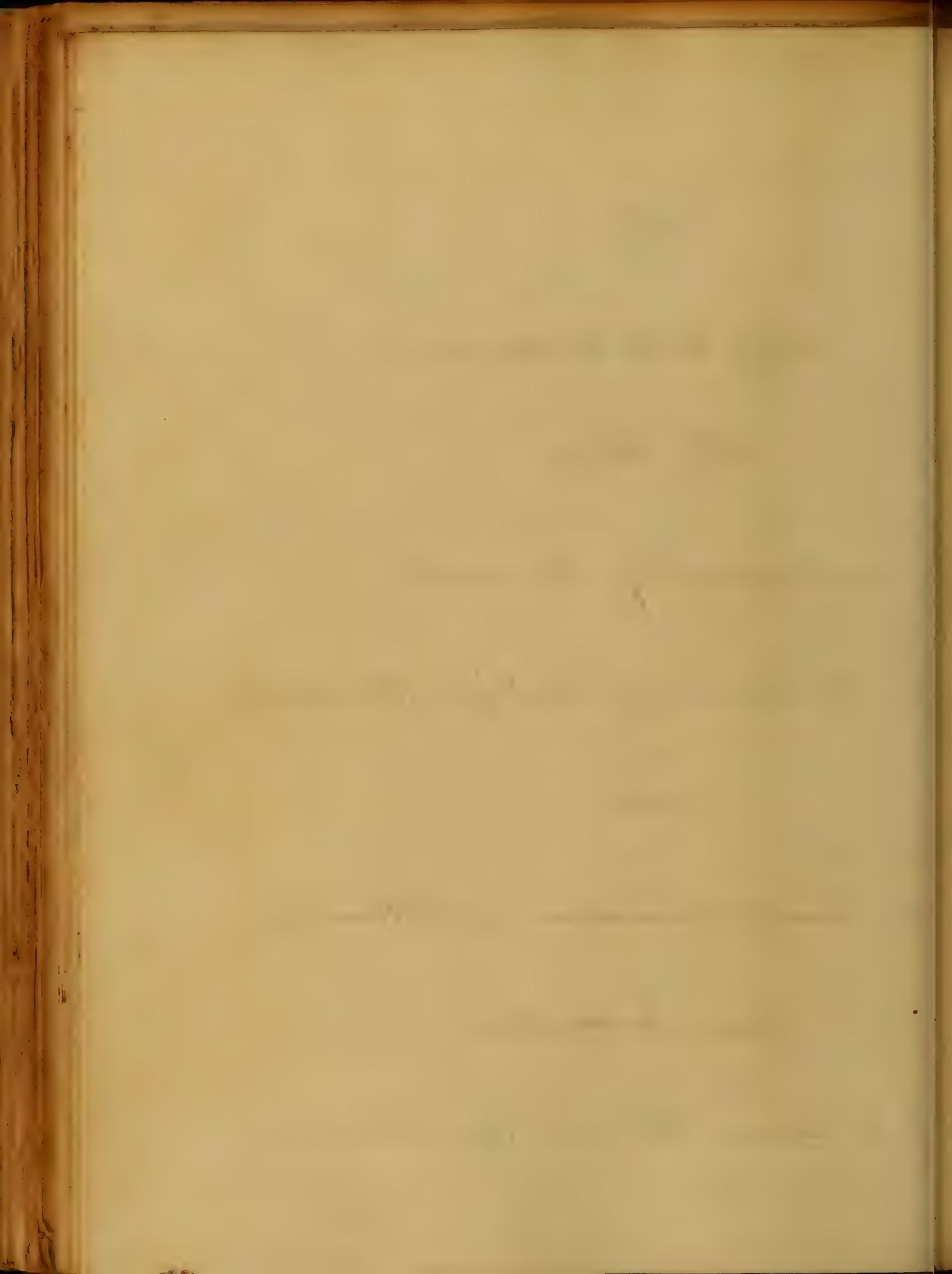
in Admiration of his High Attainments,

and

in Grateful Remembrance of his Kindness

and Instruction,

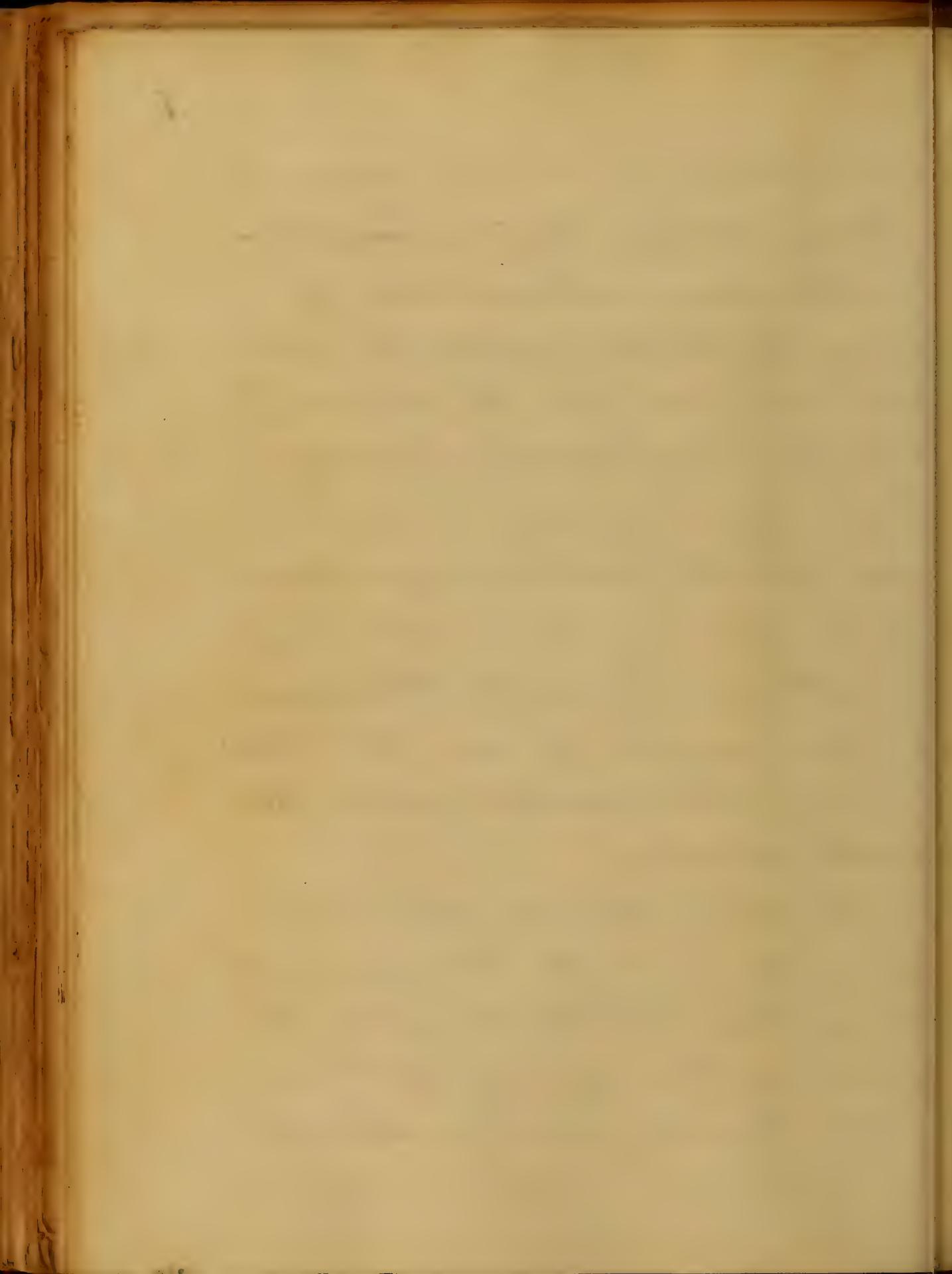
by his Sincere Friend and Faji the Author.



Iceland, Norway, Sweden, France.

This disease is characterized by pallor of the face, a yellowish green skin, and eyes. It may be considered in itself as distinct is easy. In forming our diagnosis we must see upon what the pallor is dependent, whether it be upon an animal change or another. The color in this disease is only a symptom of some other disease; it is very seldom considered as an idiopathic disease.

The color of the urine, skin and eyes is ascribed to the vitium of the gall being altered into the bile, and the vitium of the bile to a vitium of the liver in the alimentary canal. The bile

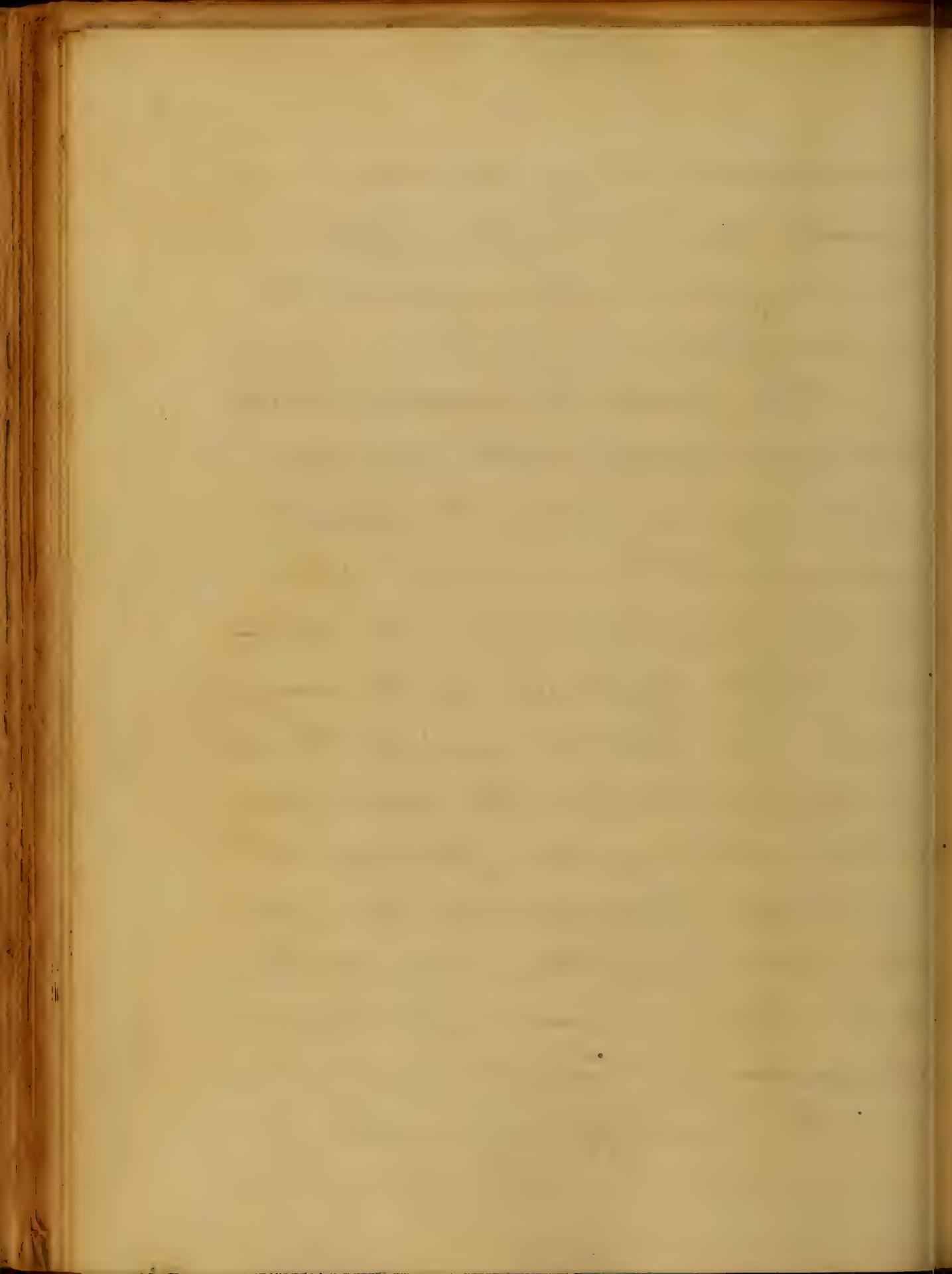


sympтом however, is not a certain one
that may be found in all the patients
in the stools.

This affection has received various
technical names such as Jaundice,
which is given to it by the Greeks
and refers to the unnatural color.

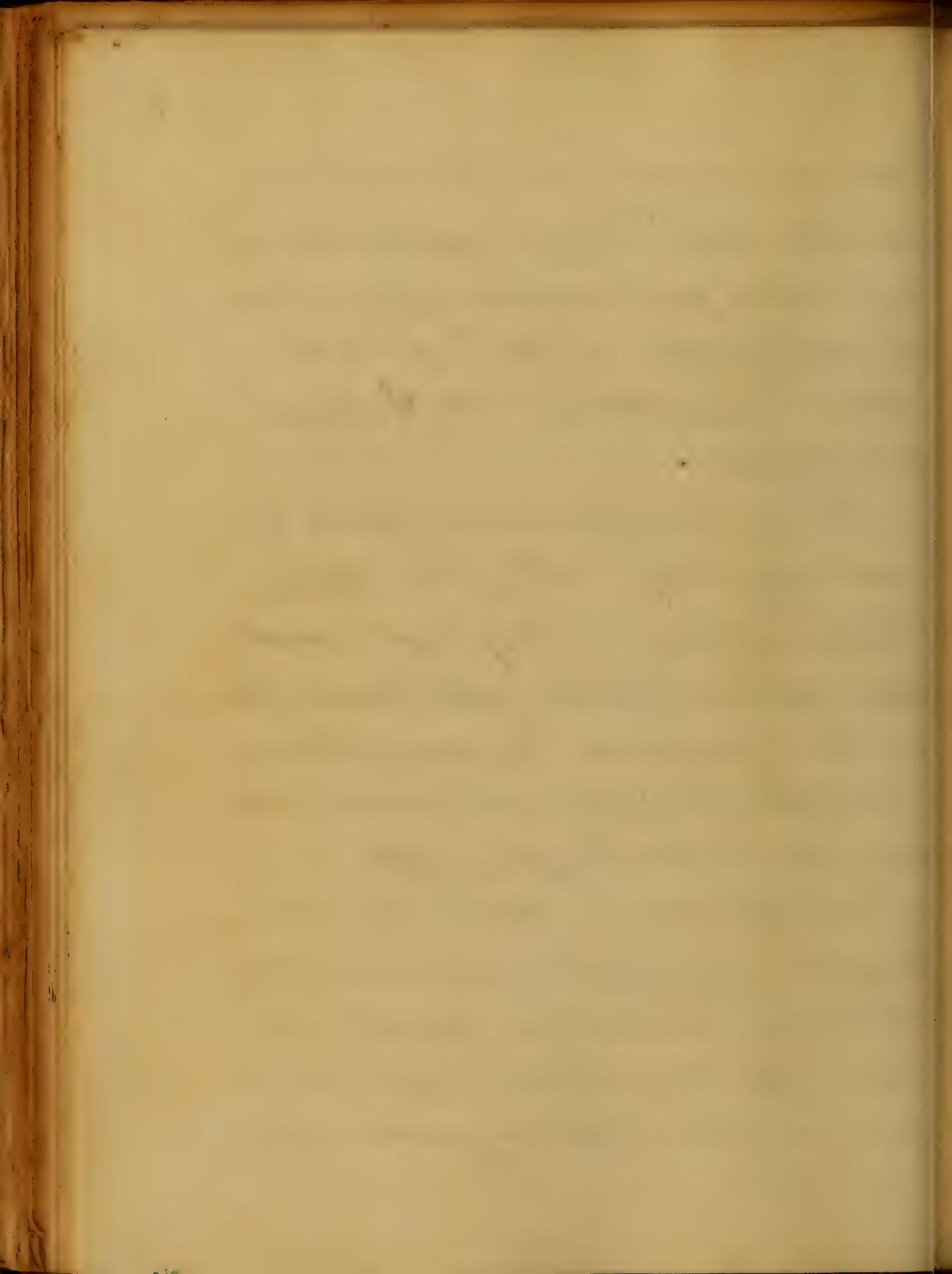
The affection of the name
blends to the bright hue of the rain-
bow. In Greek it carried the name
of Icterus, which is the name for
a bird with a yellow plumage, the
yellow, the sight of which by a ju-
niced person causes the pain attend-
ing the disease. The name Jaundice
arises from its resemblance to gold.

There are different varieties of



jaundice viz; Icterus spasmodicus
sive dolores post malorum spasmodicos
et palpitationem sicut in "al' illis.
Icterus neonatorum and Icterus
gravidarum.

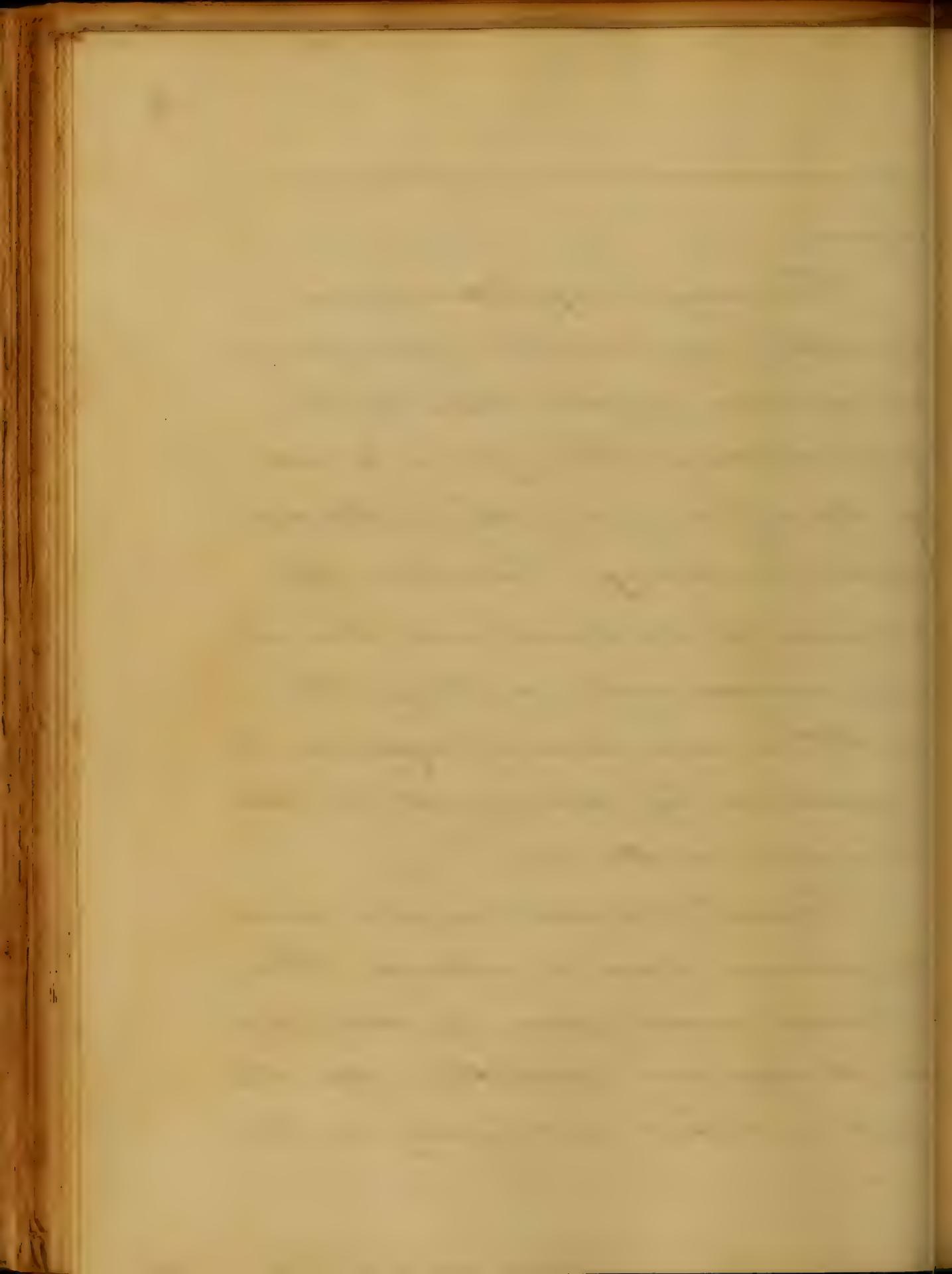
Let us now proceed to speak of each separately. This, the Icterus spasmodicus is solely dependent upon spasm of the gall ducts. It has been produced by fever, alarm and fits of anger; and it has also been known to happen after surgical operations. It has been known to follow long and continual fits of rage & contention. In some cases the patient complains of pain in the right hypochondrium



regiu.

This may be dependent upon
sepals or the discharge of bile or
the presence of gall-stones in the
gall ducts. This pain is not
of the inflammatory character but
is dull or heavy. Sometimes the
stomach is disordered and there oc-
curs nausea and vomiting. The
appetite in some cases is impaired to
a greater or less extent, and in others
it is quite natural.

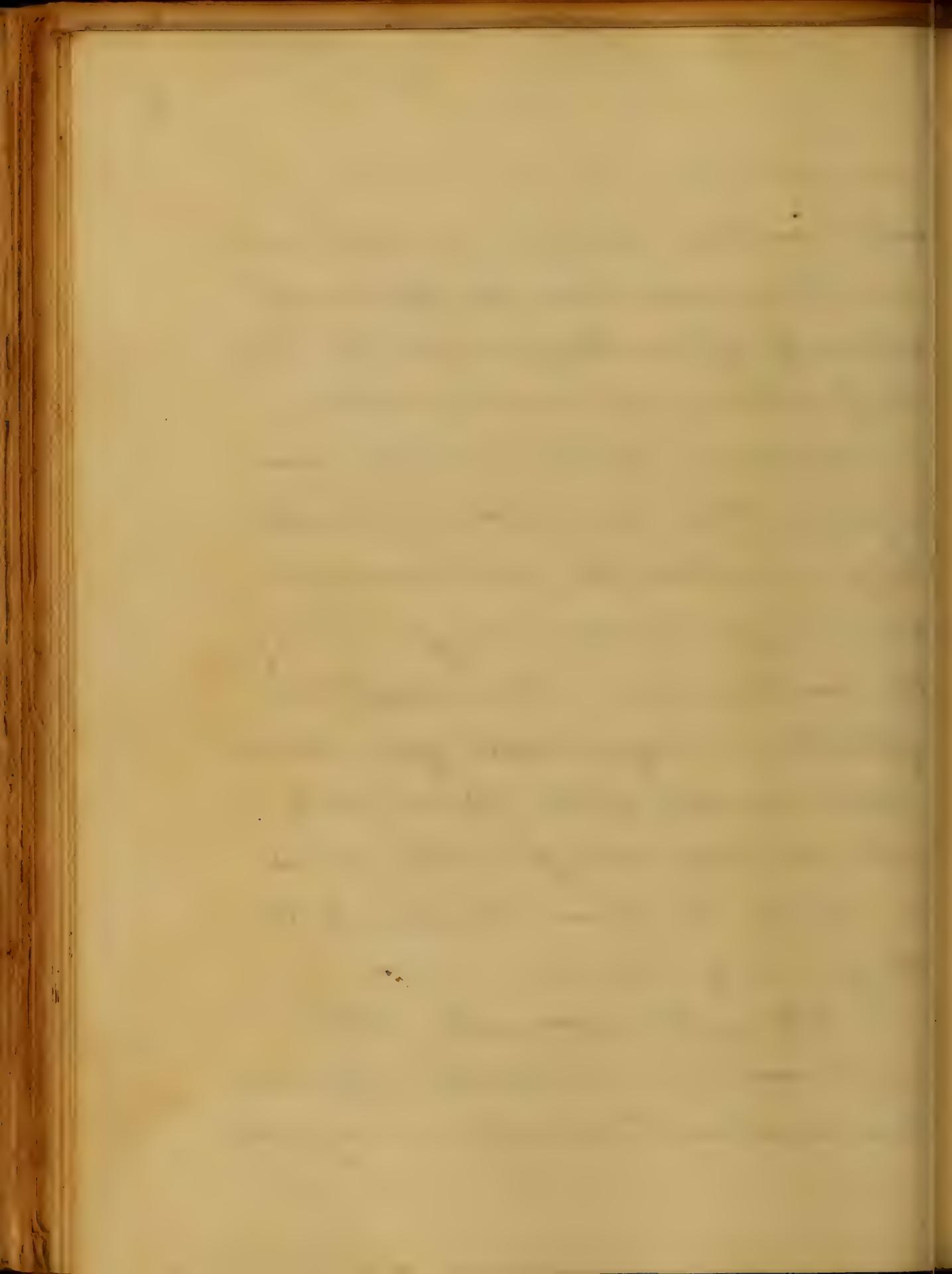
Generally the first symptom which
physicians observe is yellowness. This
ailment usually presents itself first
in the eye and proceeds upon the
neck and chest and finally over the



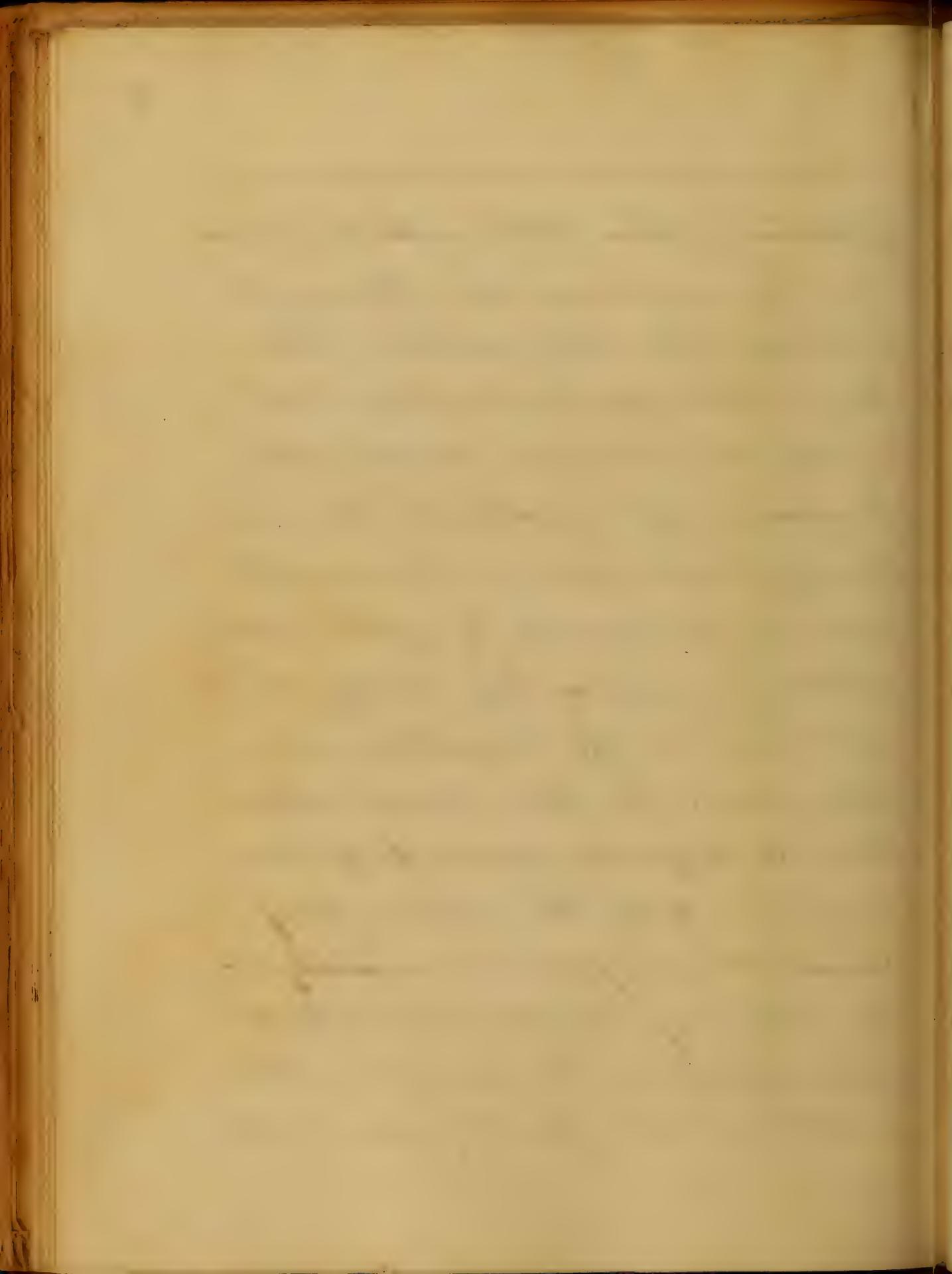
whole surface of the body. In some cases it is said that it affects only one half of the body, while the other half retains its natural color.

Sometimes the color varies from a yellow tint to a dark or greenish tinge; in which the gall ducts have been supposed to be compressed by the duodenum. Occasionally this affection is dependent upon chronic inflammation of the liver; and when it does arise from this cause we should direct our treatment to the primary disease.

Icterus Venetorum. This is a disease which attacks infants. Some authors think this a very rare



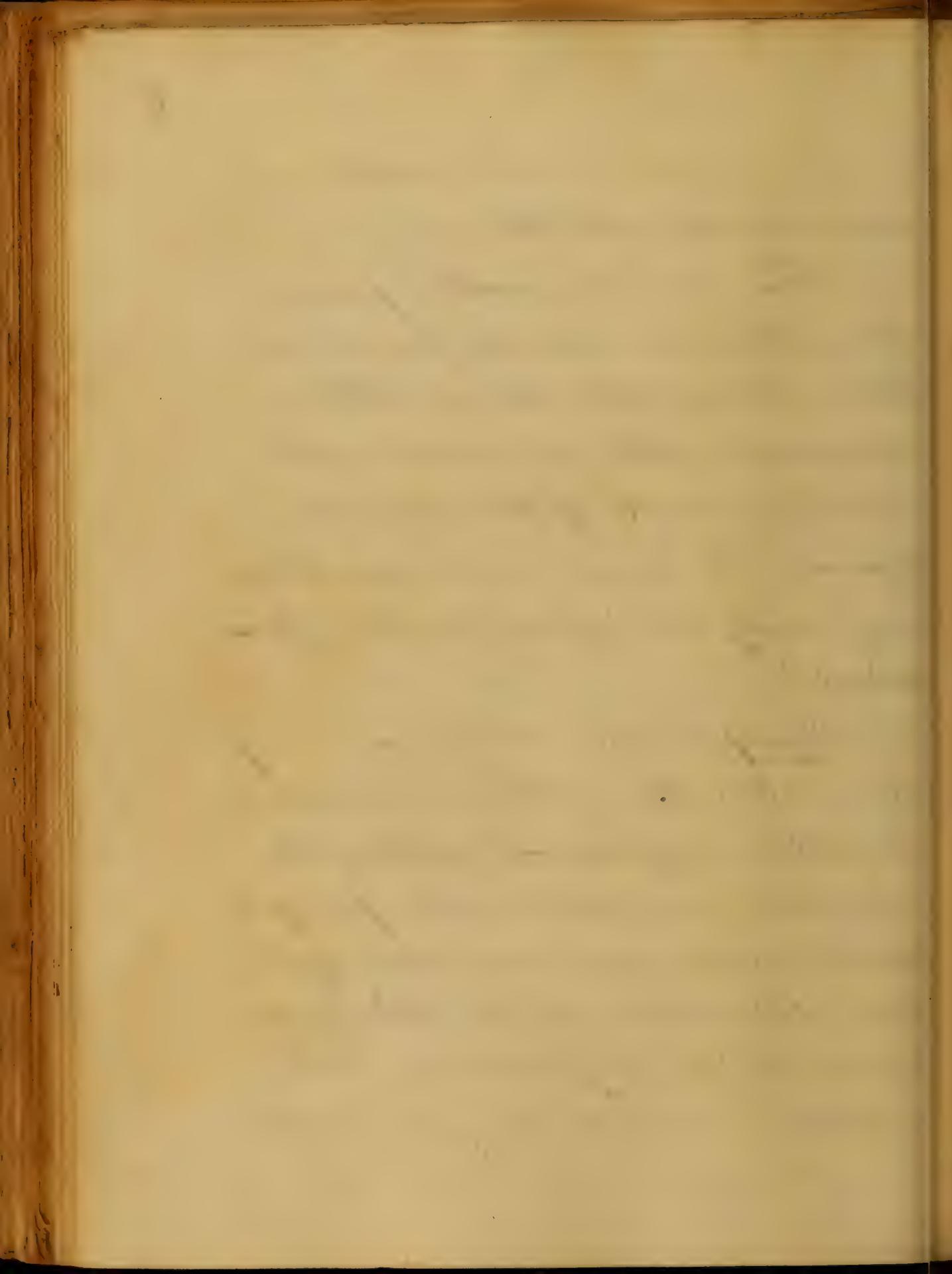
affection in these little patients; most others by no means so. Among the latter is Dr. Churchill. The skin in these patients after birth is very red for a few days; then it becomes of a yellowish tint and finally becomes fair. In some the skin is disfigured by yellow patches called (macula hepatica), which are more or less irregular and extensive. In those cases where there is a great amount of derangement of the ordinary canal, these spots occasionally assume a very dark color called (metacromia); and sometimes there is itching or a prickling sensation



concomitant with them.

The malid excretion from the cutaneous vessels produces the color of the skin. This disease is also connected with derangement of the digestive organs. In some instances though very rarely the infant is born jaundiced.

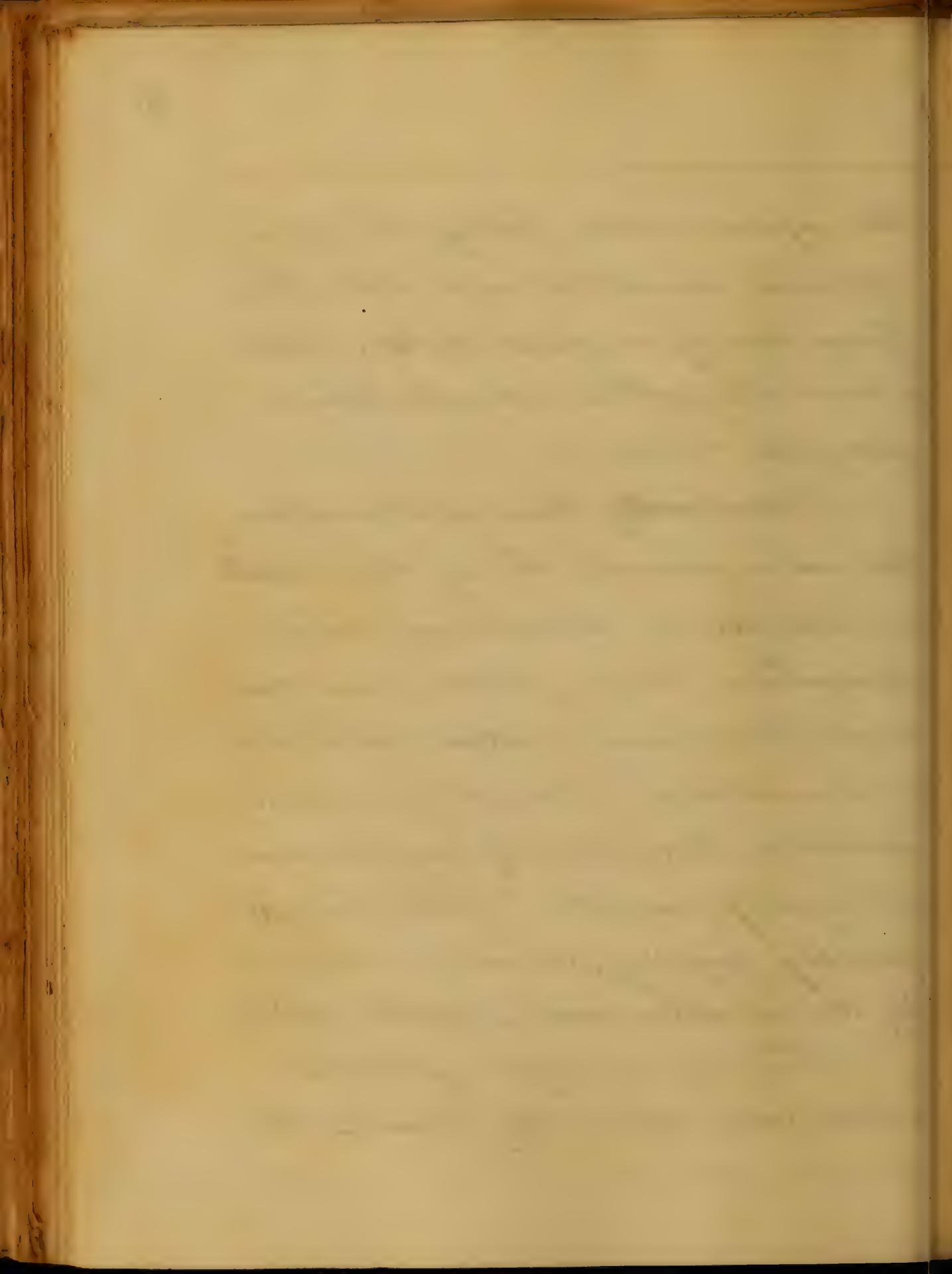
Symptoms. These are very characteristic. The conjunctiva is yellow or greenish yellow; the skin the same color; the perspiration and urine are also yellow; this is due to the biliary principles which they contain. The appetite is considerably diminished.



the infant sucks feebly; the face appears winded and cold. The feces are of a dark color, afterwards they attain a whitish or grayish color.

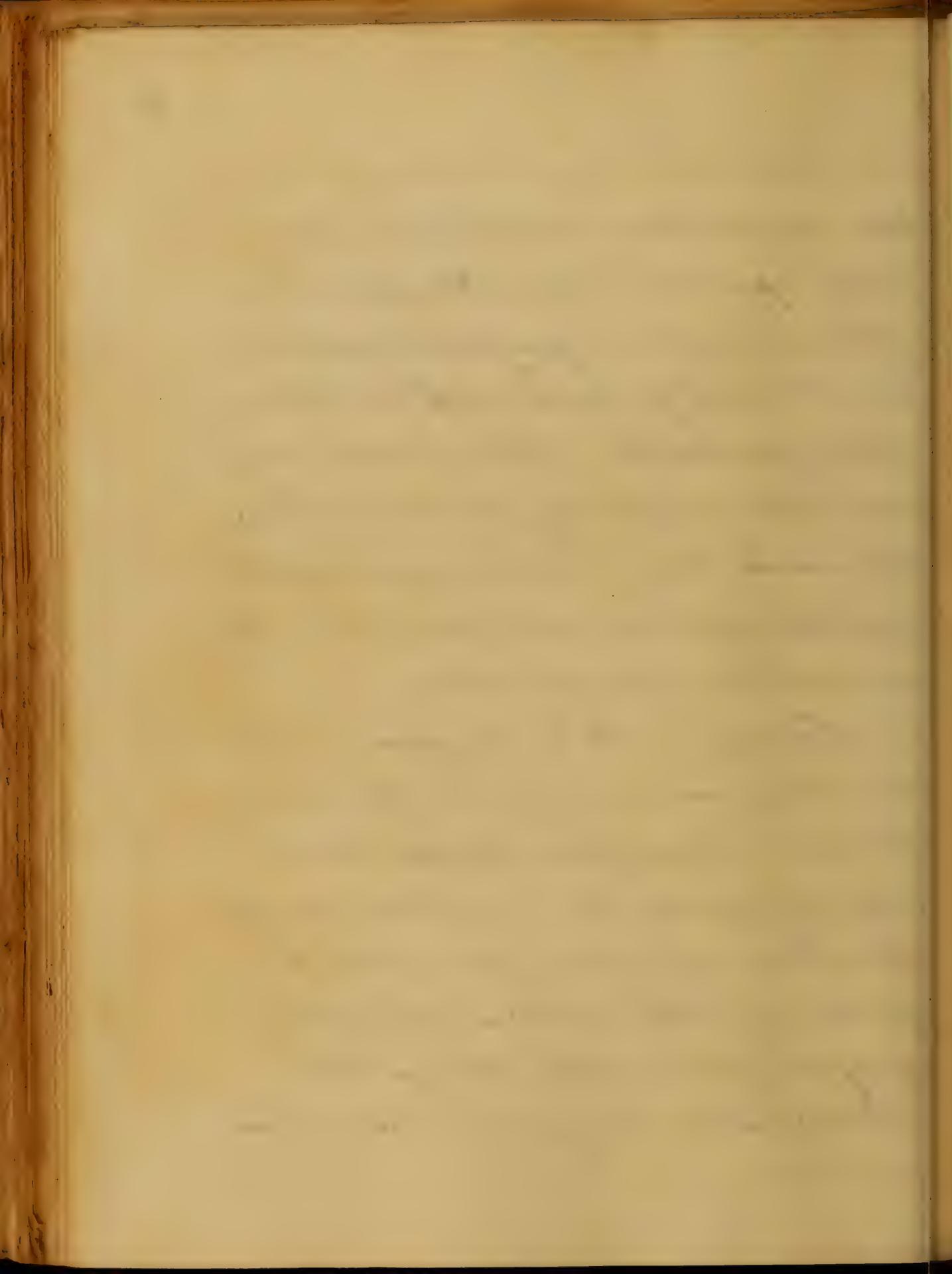
Occasionally there is diarrhoea but as a general thing there exists constipation. Sometimes when diarrhoea takes place mucus and blood are voided with the evacuations. Vomiting occurs sometimes but it is by no means always present. There is frequently griping, which is known by the sudden cries of the child.

The tongue is of a yellowish white color, especially towards the



base, and there sometimes exist white patches upon it; pain. These are the symptoms which we ordinarily meet with in the little patients. The disease may last from a few days to two weeks; the bowels then become regular, the appetite returns and the skin assumes its natural color.

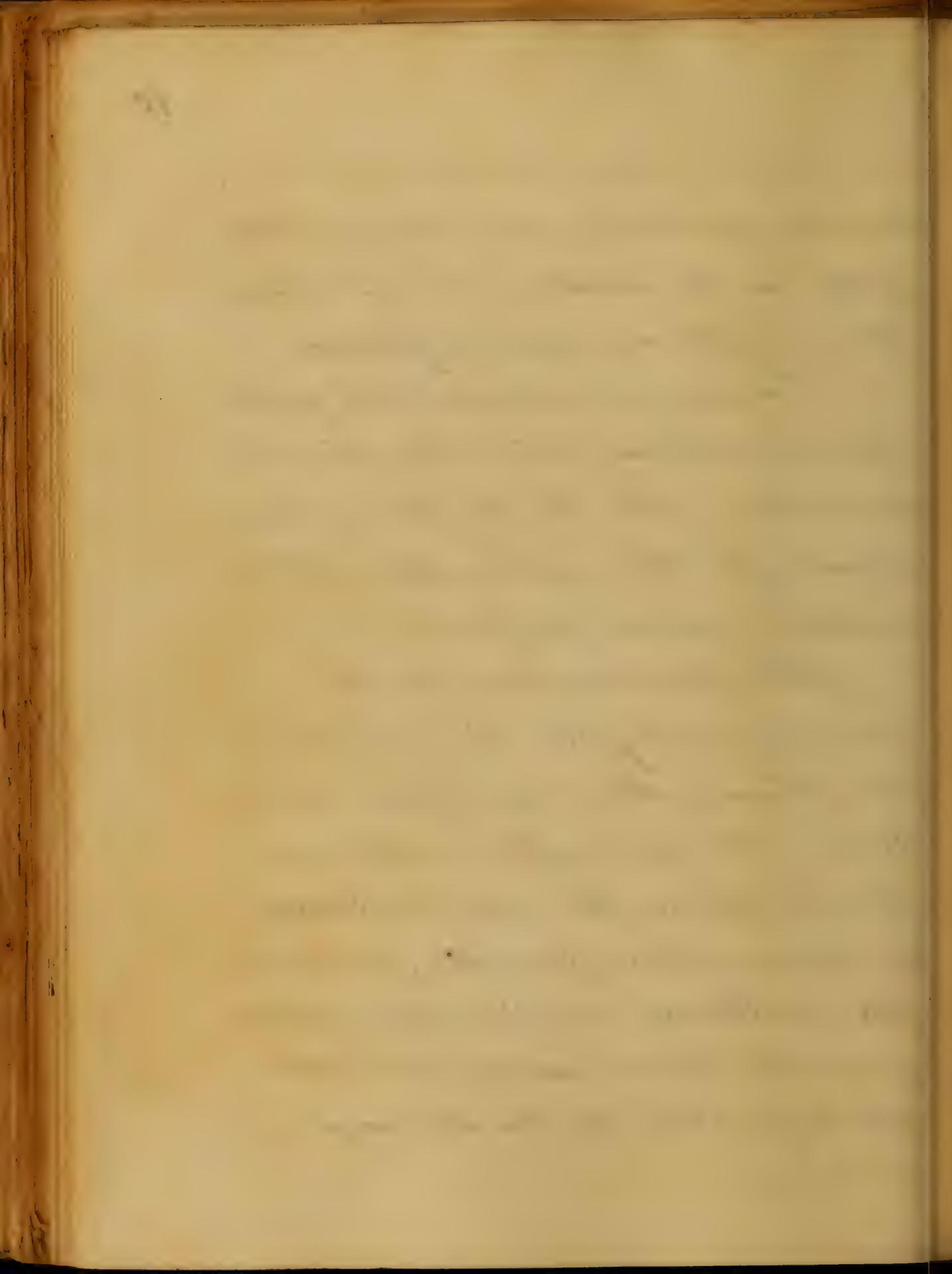
Causes. — It is supposed that the blood stagnating in the umbilical veins after it has been tied, gives rise to engorgement of the liver and then jaundice supervenes; others think that improper food, cold, damp &c. Constipation may give it pro-



duction by causing an accumulation of bile in the intestines and its absorption into the circulating fluids.

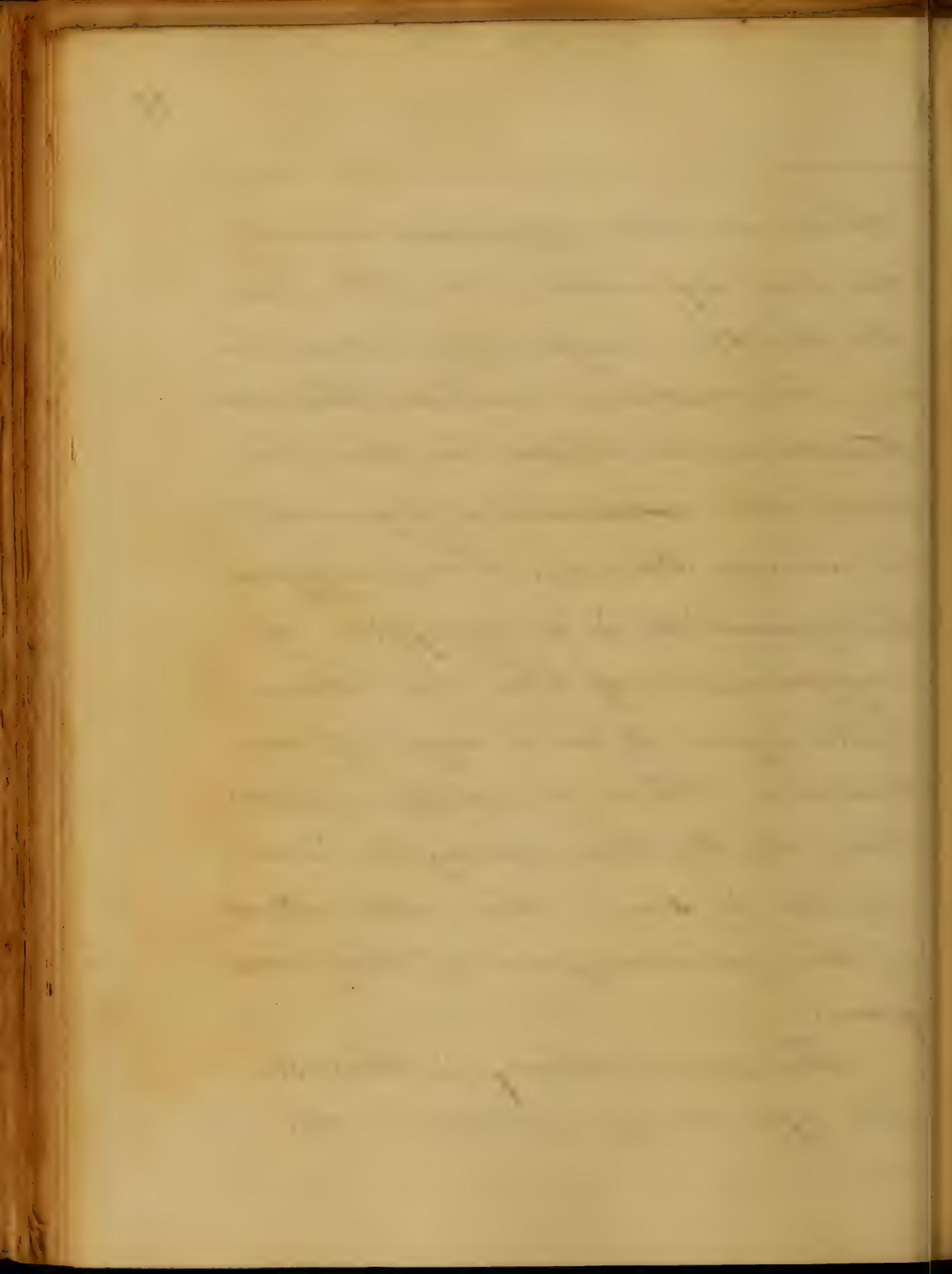
Let us now consider the pathological condition which the disease presents. Two views have been offered for the explanation of the condition which is found.

The first is that the bile is formed not by the liver but in the blood; that the office of the liver is to drain off or withdraw the bile from the circulation as soon as it is formed, just as the continued elimination of urea from the blood seems to be the great function of the kidneys.



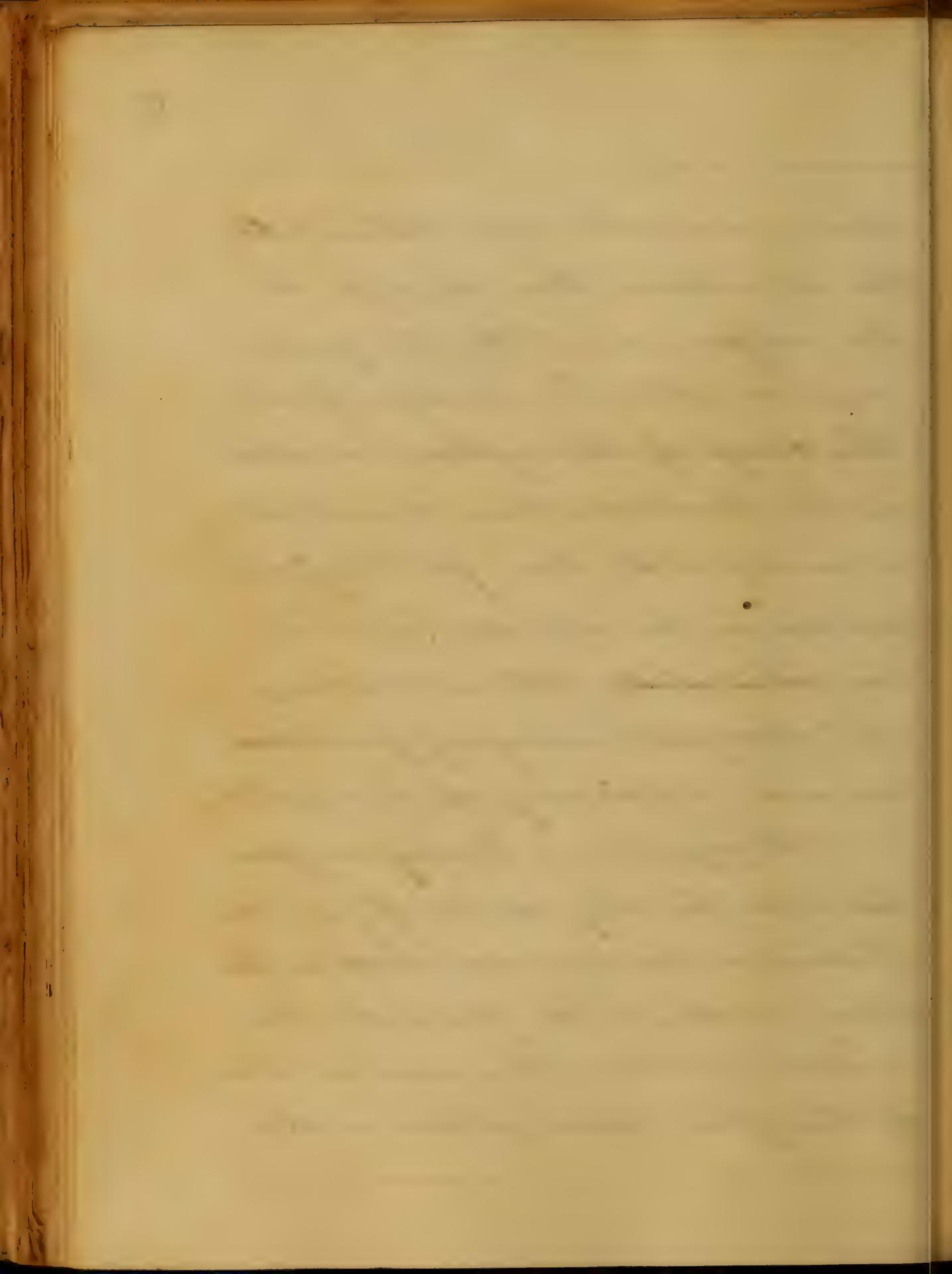
That jaundice appears whenever
the due separation of the bile from
the blood is suspended; not find-
ing its natural outlet, this sub-
stance accumulates in the blood;
seeks other routes and is deposited
in various tissues. Some suppose
that jaundice is a symptom of
suppression of bile and others
look upon it as a sign of re-
tention. That the proper func-
tions of the liver may be inter-
rupted by some other alteration
of the paroxysma of that or-
gan.

The second theory is that the
bile after being secreted in the



liver is reabsorbed and taken into the circulation, then conveyed to the surface, at which part where we find the ~~excess~~ of bile. The excess of this yellow matter in the blood has been considered to constitute the true pathologic condition in this affection, and has been attributed to three sources, viz; absorption, excess of production and deficiency of elimination.

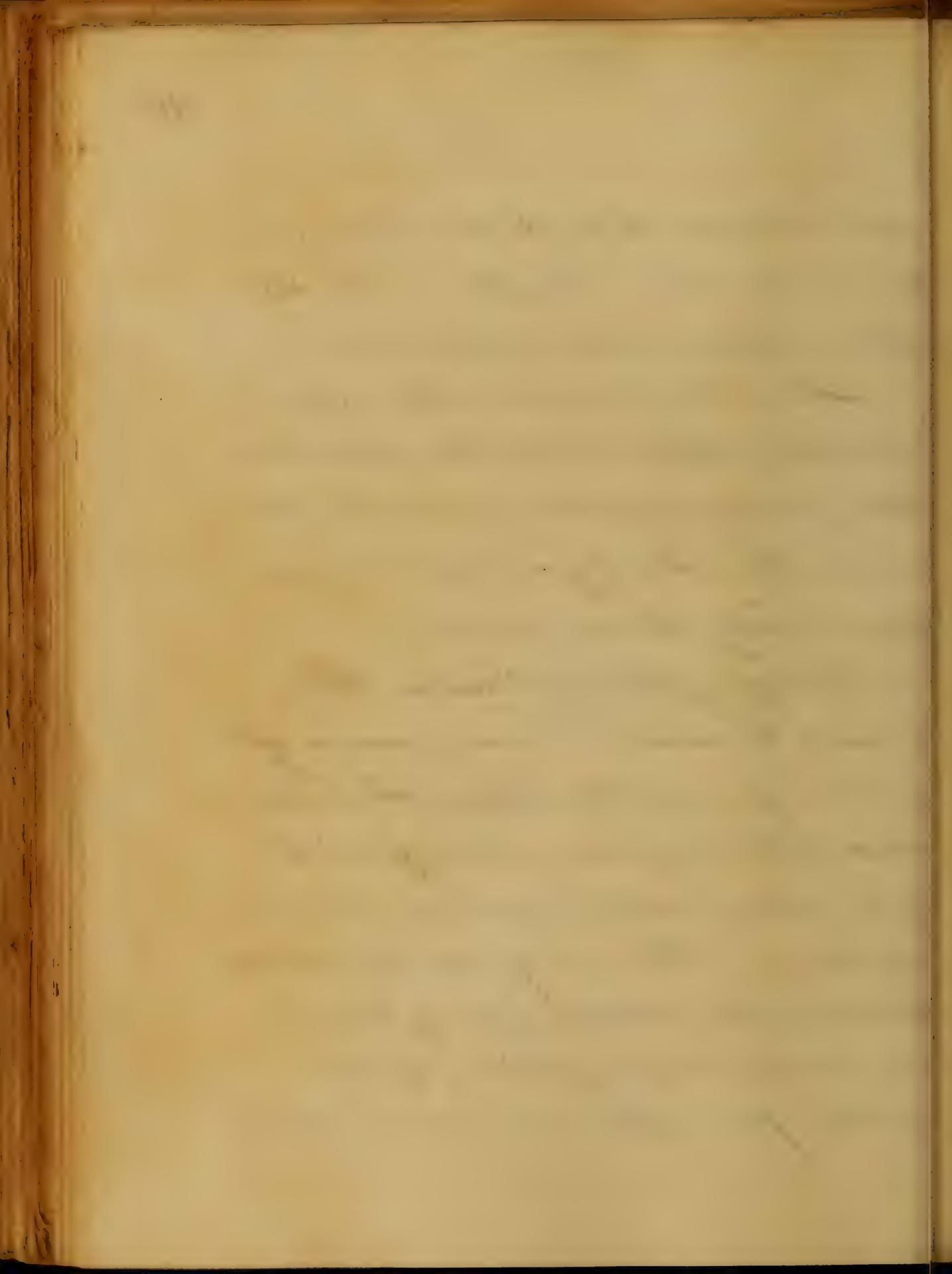
Absorption. — Many suppose this to be the only source of jaundice. Obstruction occurs sometimes in the biliary ducts, which prevent the excretion of bile. The accumulation of this fluid takes place in the



gall bladder behind the obstruction and even sometimes the biliary tubes become distended.

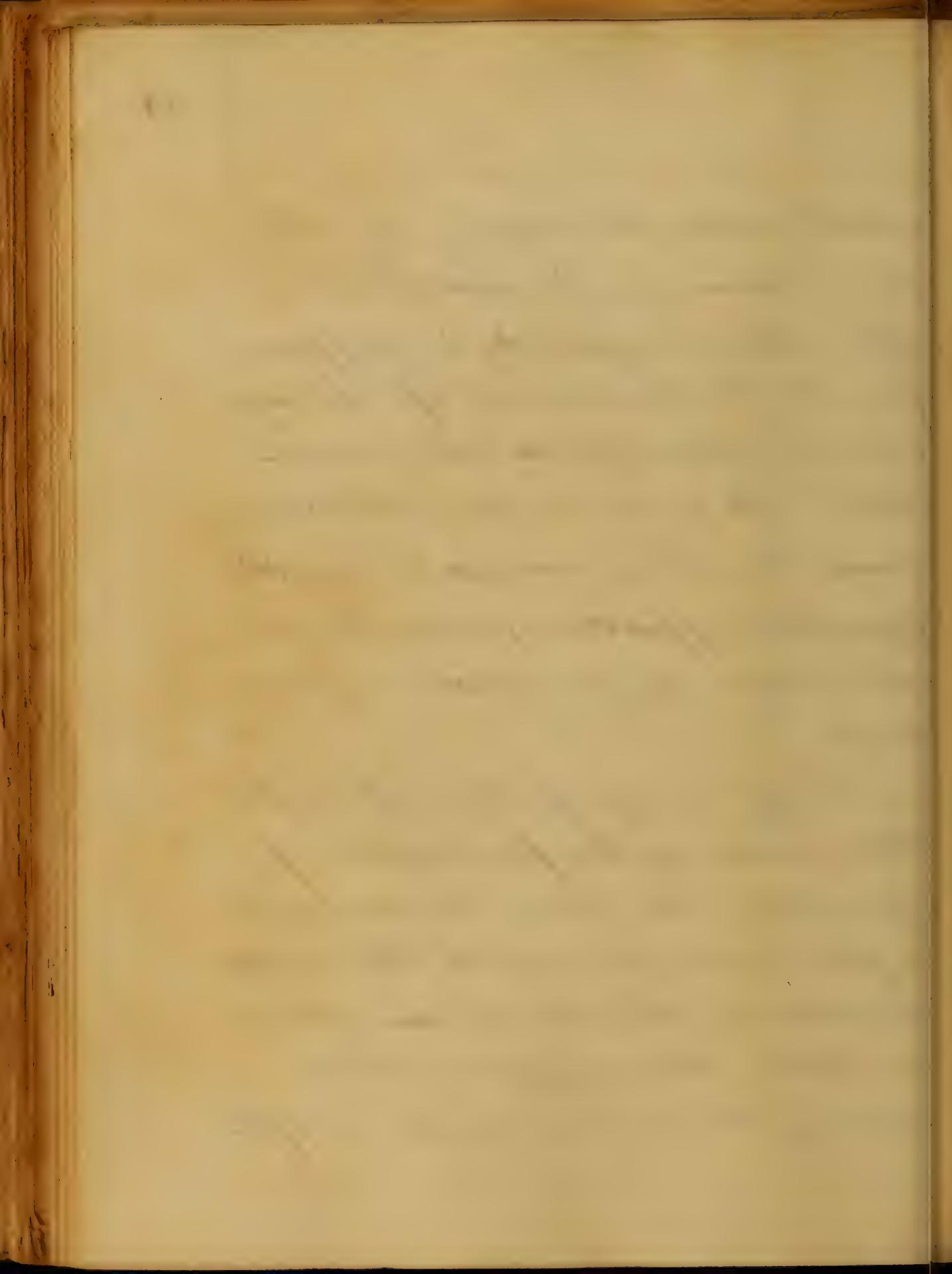
The bile is now either absorbed or taken into the circulation, or regurgitated into the venous banks by which it was previously thrown out.

Escape of Production.—This is said to occur in some cases of yellow fever, diarrhea, cholera, and bilious fever accompanied by a yellow skin, eyes and bilious vomiting. The very causes that produce the disease, may cause an increased proportion of the yellow principle to be passed out,



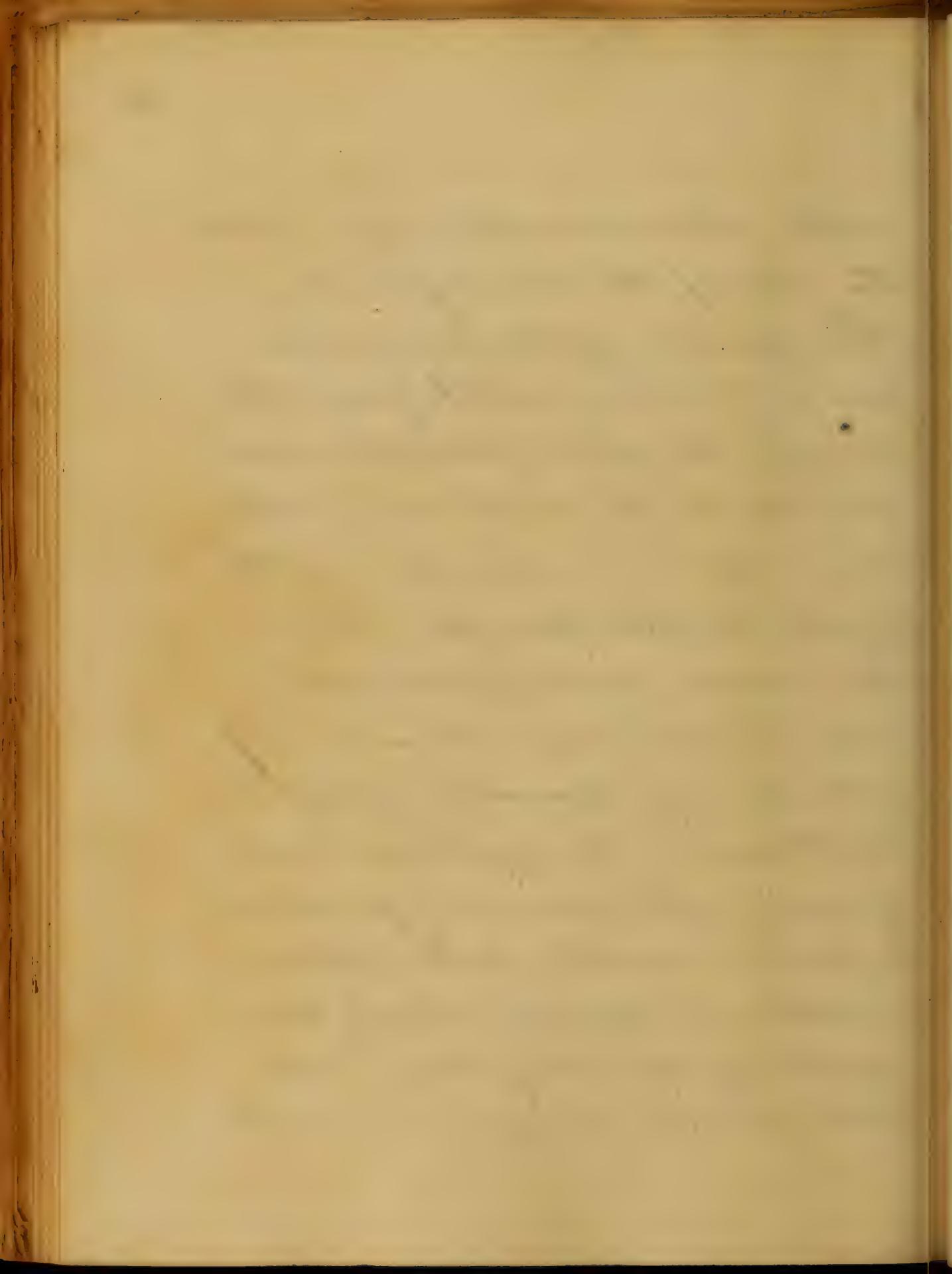
which, aitmost escaping by its usual passage, is not thrown off with a rapidity in proportion to the demands of the system and then finds other outlets. It is said that the same effect sometimes occurs as an idiopathic affection; and hence the name of jaundice is given to it.

Deficiency of elimination.—In this source of the production of jaundice, the liver is considered a gland through which the various matters in the blood are eliminated. It is supposed that among these various principles



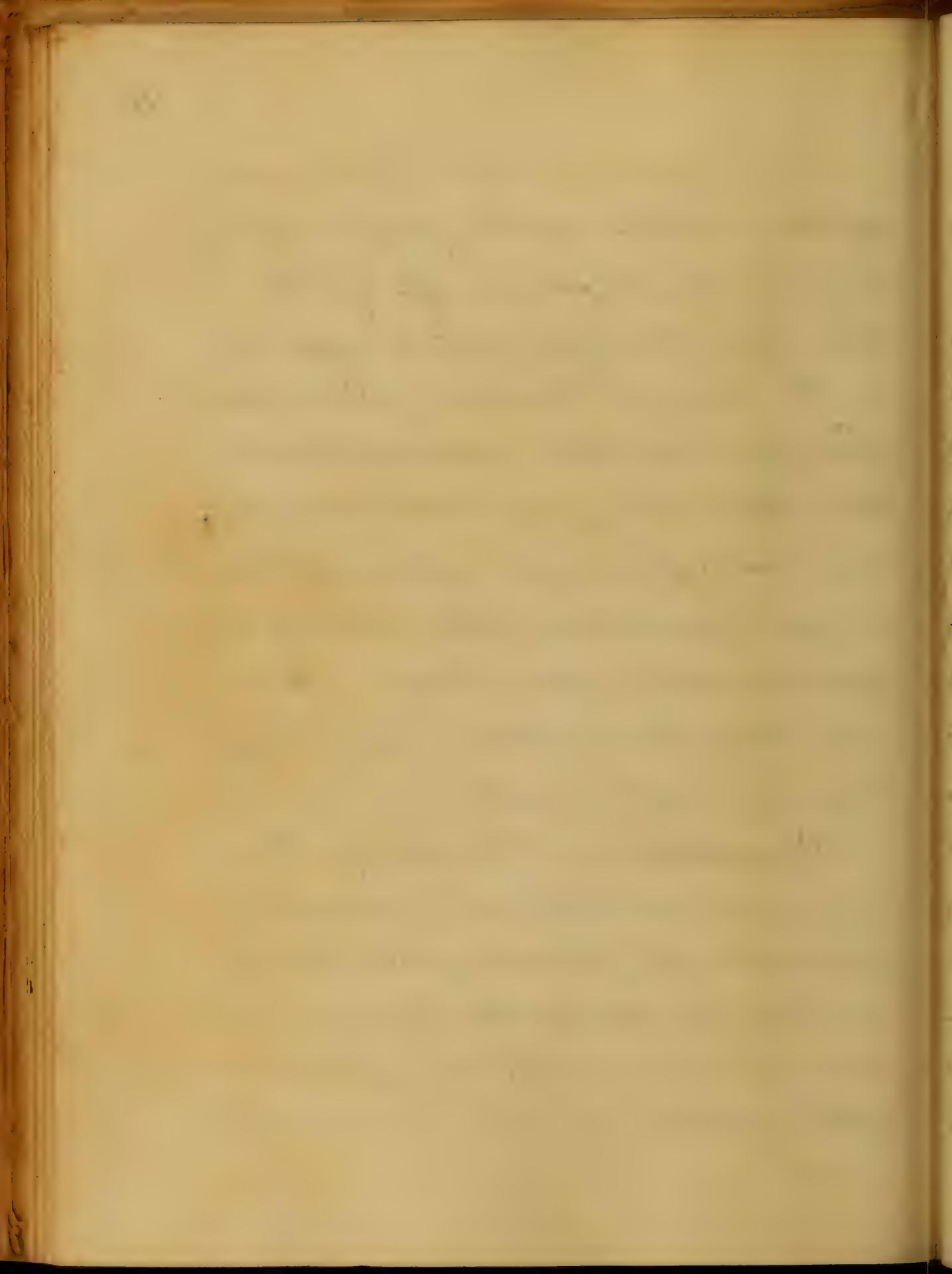
is the yellow matter upon which
the color of the bilispine.

The function of the liver is im-
paired by some morbid power. Ac-
cordingly, the yellow principle accu-
mulates in the blood and if not
thrown off in some manner will
impair the vital powers. When
this occurs, nature finds some
means to provide for the unloading
of the blood of its morbid superfluous
constituents; if it may be so termed
by causing other pairing functions
to become sensible to the yellow
matter in excess, and thereby become
capable of separating it from the
blood and thus compensate for the

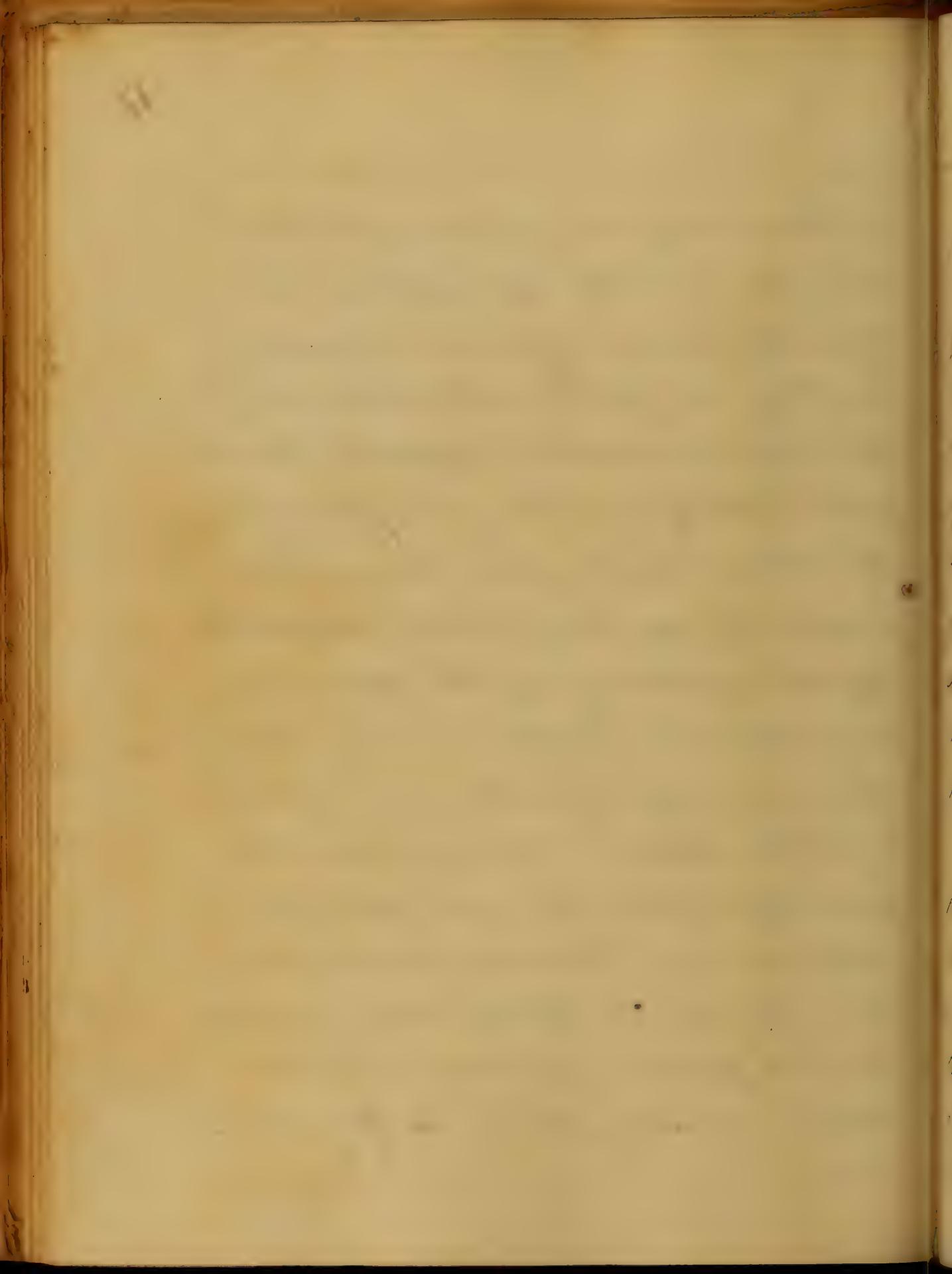


deficiency in action of the gall-bladder. Consequently, it passes off by the skin and kidneys and is deposited in the various tissues. Some cases after post mortem examination show that the jaundice condition was not dependent upon obstruction and also that there existed no organic disease of the liver. It is still thought that there may be due to spasm of the ducts.

Symptoms. — Generally, there are symptoms which are indicative of functional disorder of the liver, and impairment of the digestive organs such as loss or impairment of the appetite, sometimes

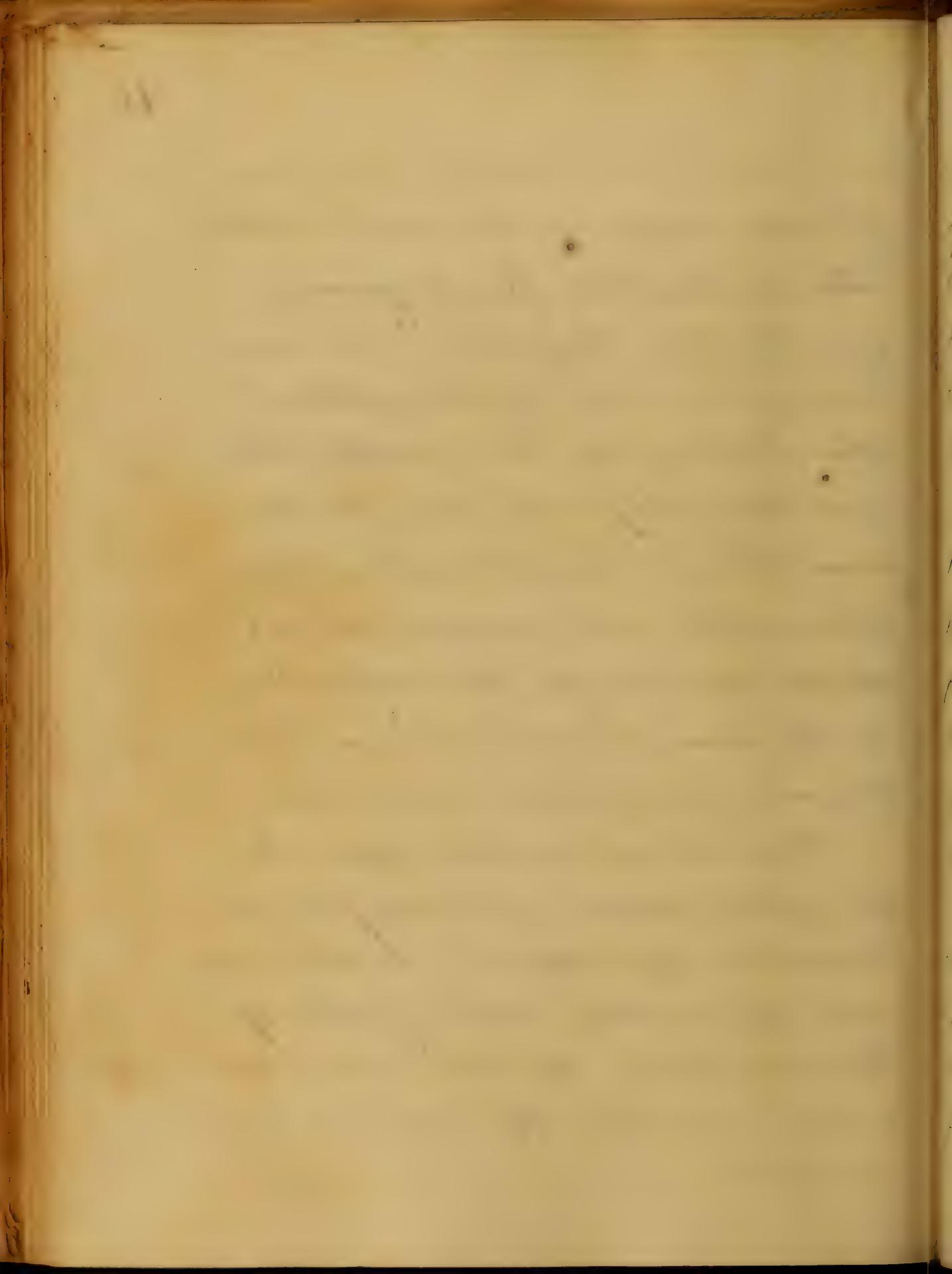


and vomiting, an indescribable sensation in the epigastric and hypochondriac regions, a sense of sinking in of the abdomen as if the bowels would support, constipation, disquietude, indifference to all subjects, furred tongue, depression of spirits, irritability, dry skin, yellowish of the skin and conjunctiva, collapse and sometimes aberration of intellect and disorders or double vision. It can occur the yellowness of the skin is attended with itching. Bilious eruptions occasionally happen. It has been remarked that persons affected with this disease see every thing as if yellow.



Lucilius expresses the same notion:
"Lividus praeterea fuit puerus
que timentur strigati." In some
cases persons see objects yellow
when looking at them with both
eyes, others only with one. In these
cases there is sometimes found in-
flammation and varicose veins,
which run across the sclerotic
to the margin of the cornea but
they are of very rare occurrence.

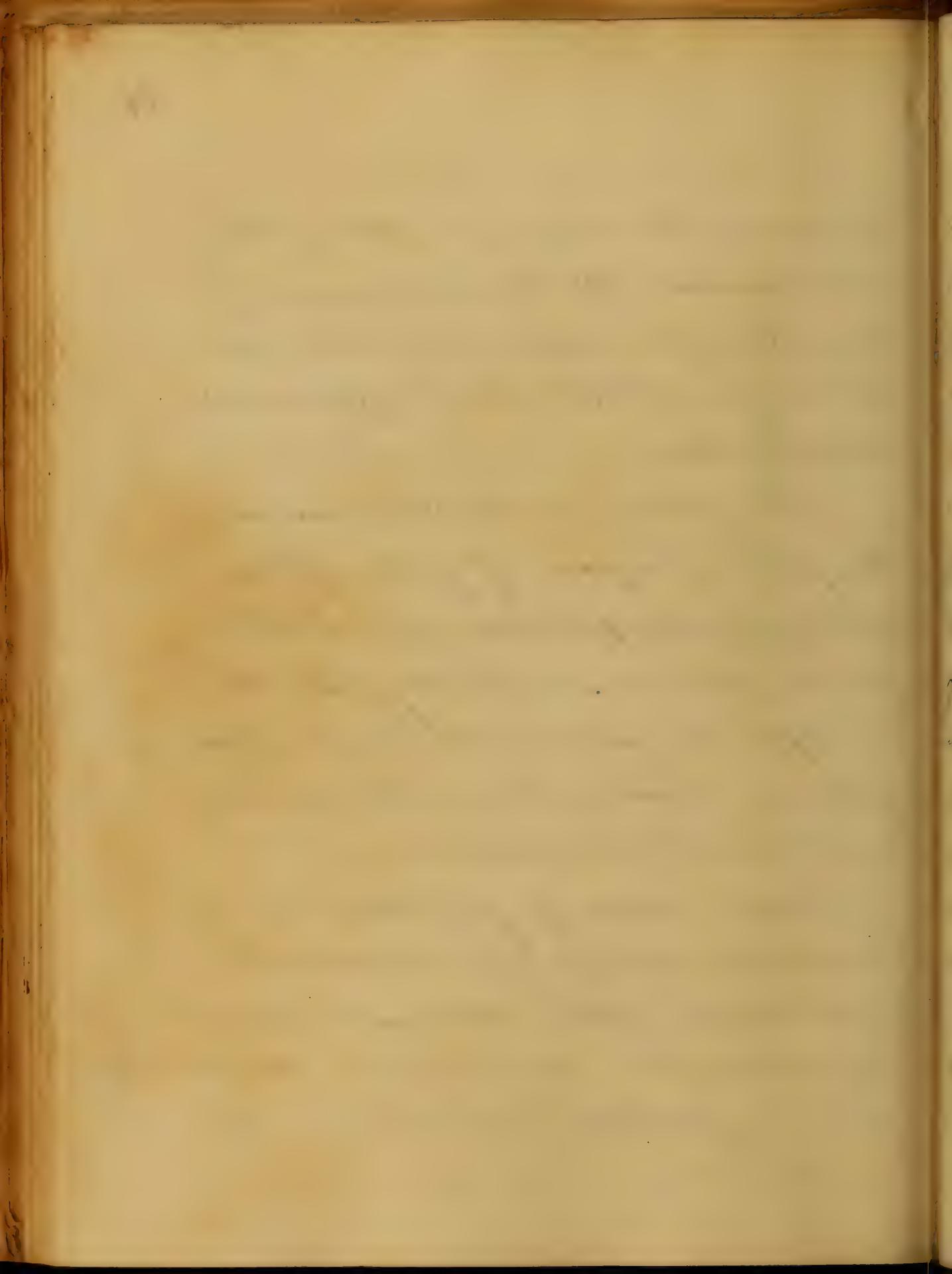
Next let us consider upon what
this yellow vision if, it may be so
termed is dependent. In the nat-
ural and healthy state of the op-
thalmic vessels the blood does not
swell; but when they become enlarged



by disease the coloring matter of the blood passes into it; consequently the coloring matter of the bile circulating with the blood is permitted to enter also.

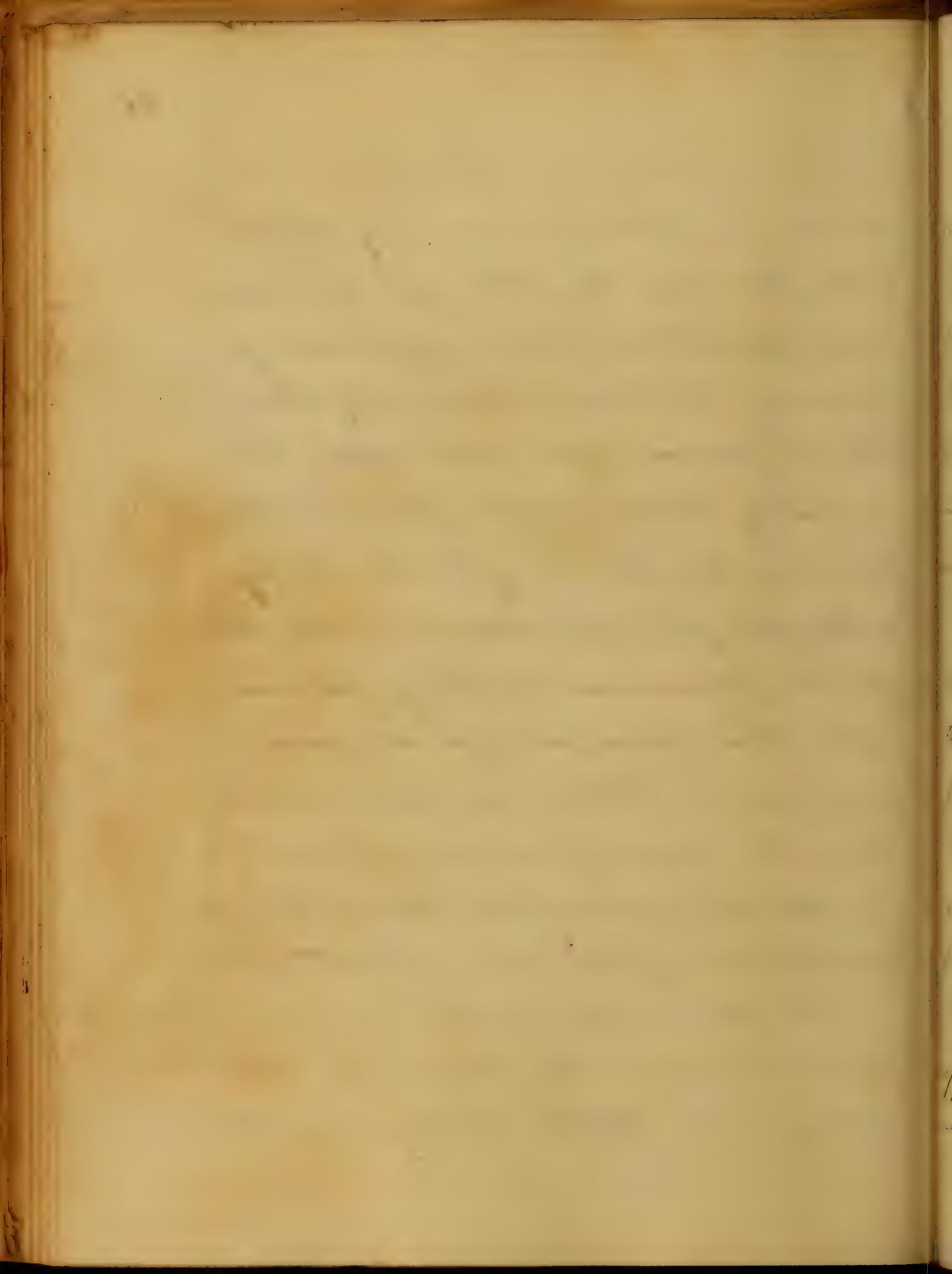
The yellow matter here serves the place of a piece of yellow glass held before the patient's eye. In those persons who are naturally pale the skin upon the skin will be of a light yellow. But in those who are the reverse it will be darker.

In some cases of jaundice we cannot tell during life what is the exact cause of the disease, as in post mortem examination can find no pathological change or



lesion. But, we can say what will produce it—although we cannot sometimes find any trace of disease. We know that any thing which causes pressure upon the biliary ducts of the liver will produce it; this may be caused by enlarged gall-bladder, disease in the head of the pancreas exerting pressure upon the liver; or by a diseased duodenum. When we are considering the cause of a case of jaundice we should remember these changes which have just been mentioned.

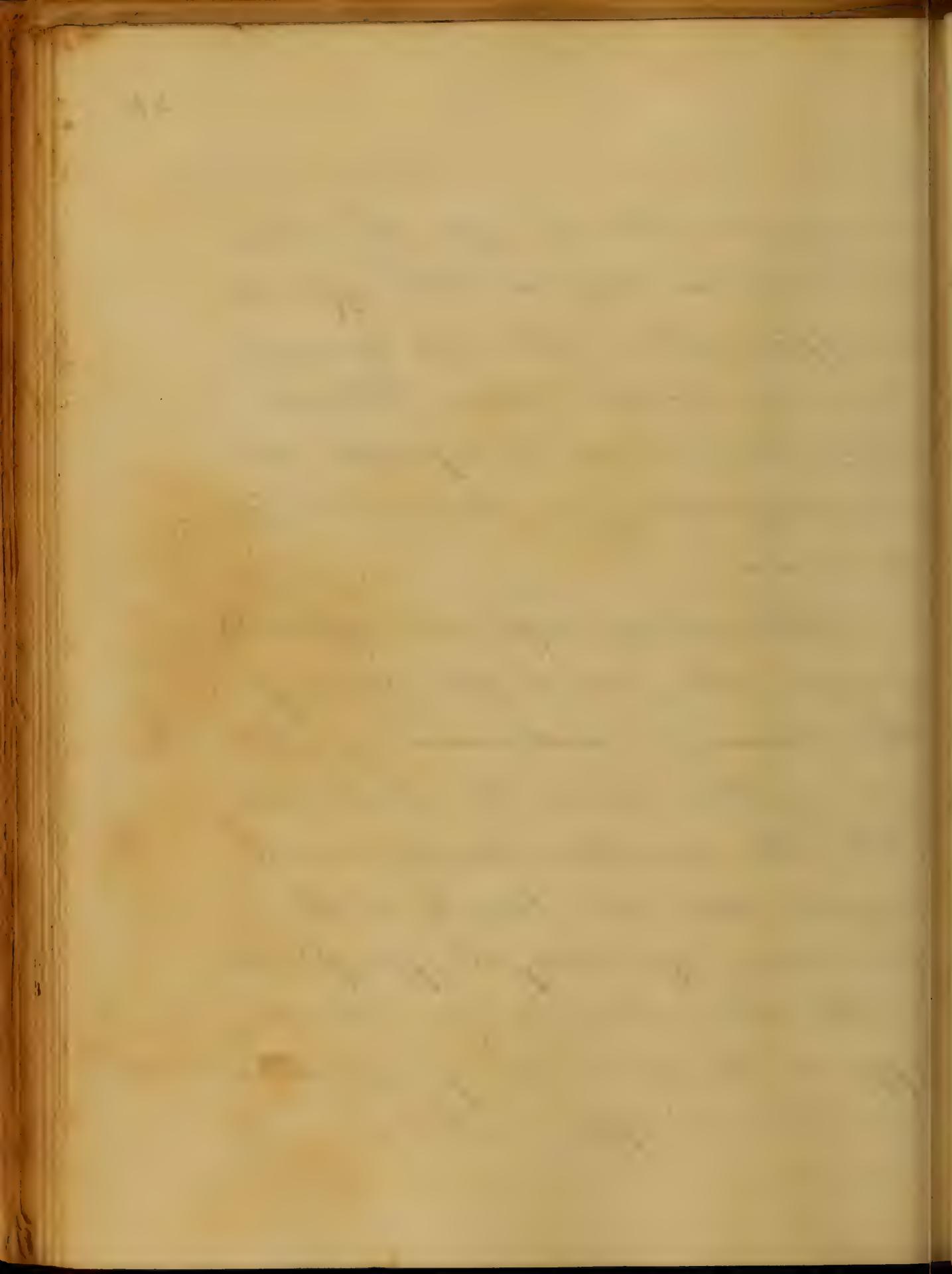
In the course of the disease there is more or less swelling in consequence of the lithic condition.



exerting its influence upon the brain.

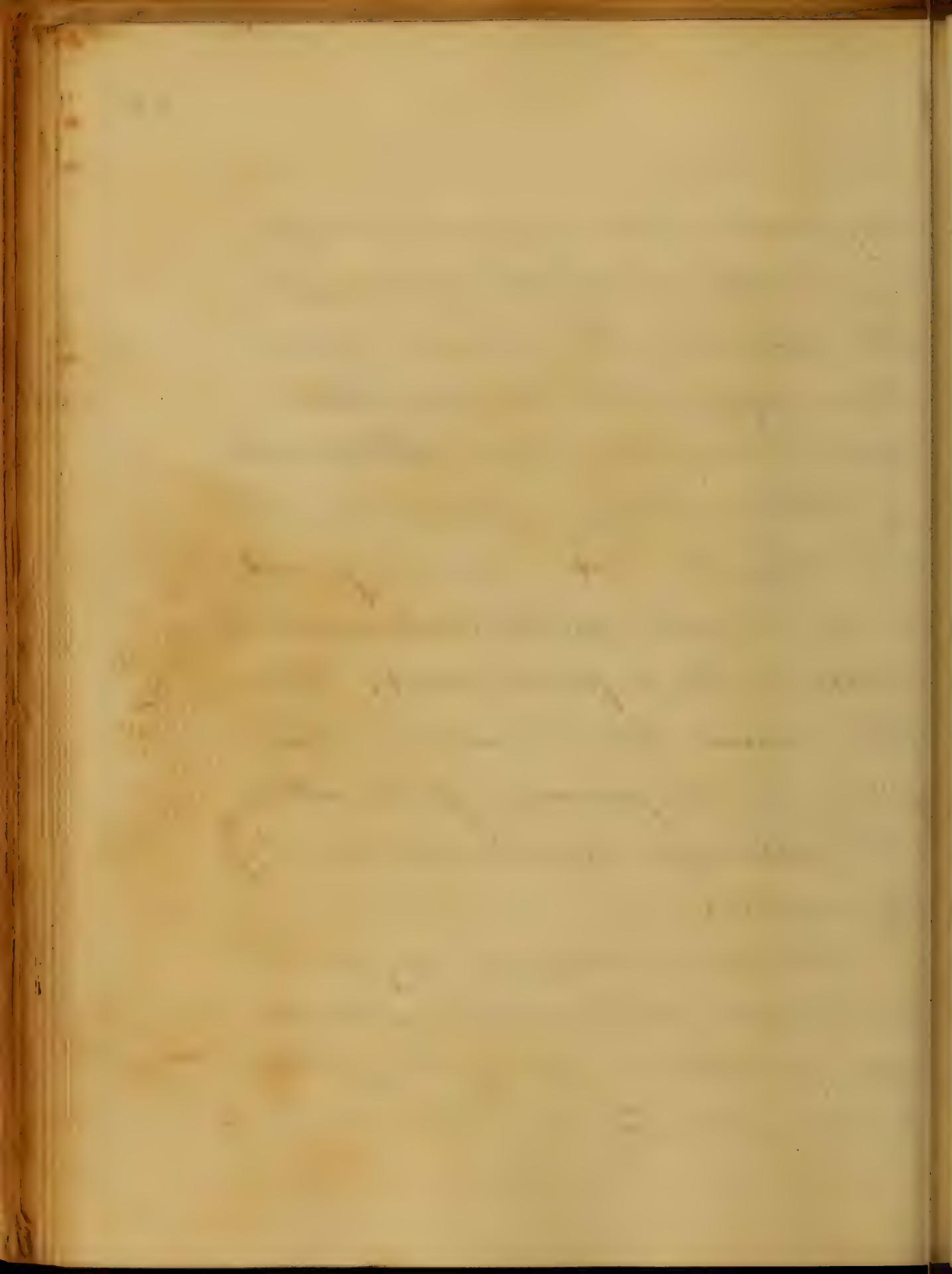
The wine is at first little affected, but after a time it becomes of a yellow or an orange color. This is owing, as is obvious to a greater amount of coloring matter which it contains.

The wine of nephritic affection may be distinguished from that of this disease, in not staining white linen yellow; which the latter does. The other evanescence, as we call it, suffuses are also tinged with tinge; more especially the periphalic. After the gathering up of the skin appears the preceding symptoms somewhat disappear, but generally



they continue to a greater or less degree throughout the course of the disease. The disease is sometimes supposed to be dependent upon biliary concretions. This is called by Cullen -ictus calculosus. These concretions are not commonly seen in the ductal cholelithiasis; sometimes in the hepatic duct. When this occurs there is more or less pain in the passage of the stones. The pain is sometimes exceeding-
ly severe.

We can readily see why it is so; because the duct, the natural size of which is scarcely larger than a goose quill, is sometimes distended

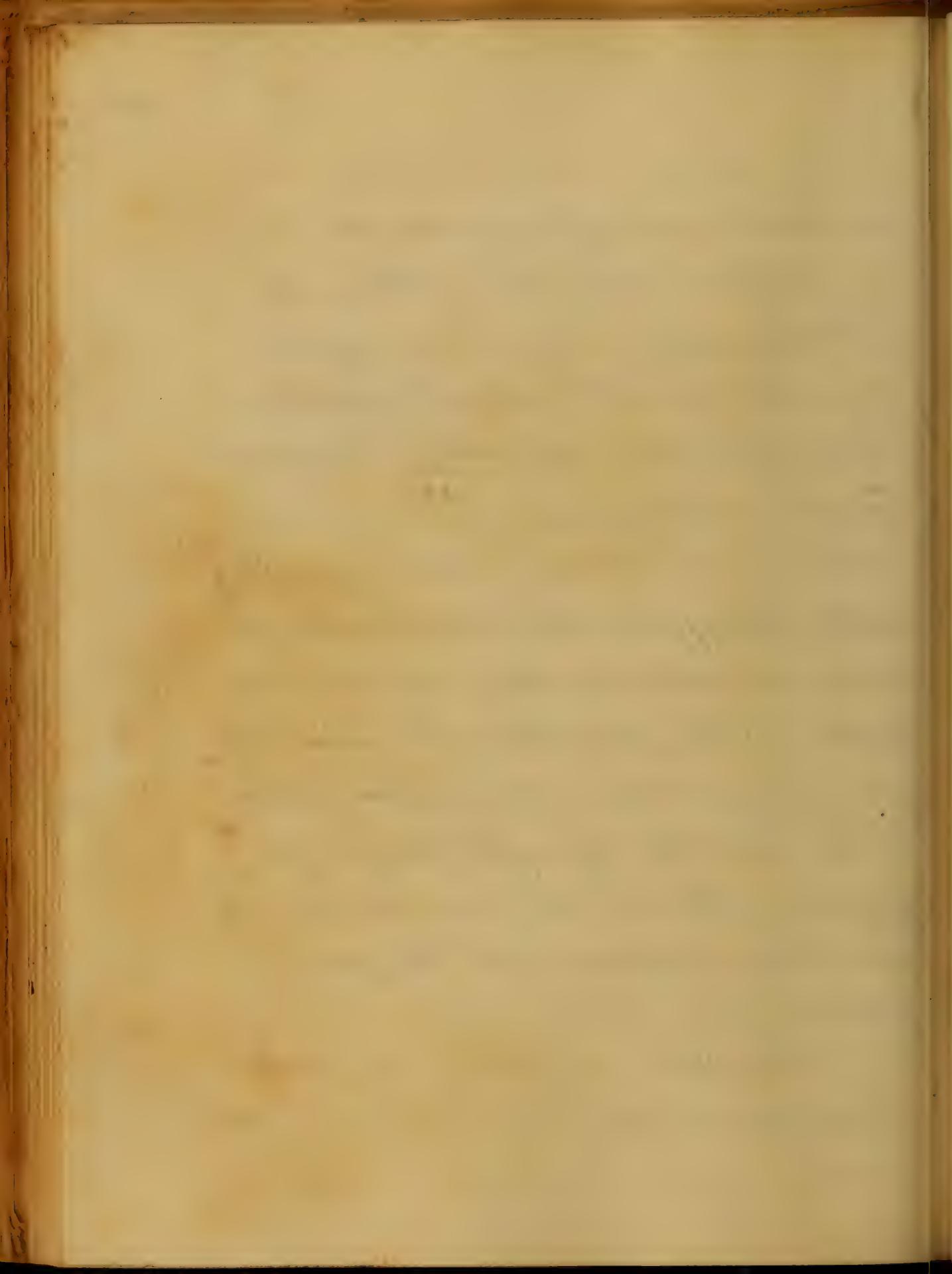


ed to the size of a walnut.

Cullen's definition of this is
"Tumus, cum ectoe in regione
epigastrica, acuto, per pulsationem
caerule, et cum defecatione excre-
tiorum biliosarum."

There are several small varieties
 with this pain which are not con-
 stants, and the matter vomited an-
 other. The patient is languid and
 gloomy; and there also exist flat-
 ures and the symptoms of dys-
 pnoea. Finally the constrictive power
 into the intestines and the pain
 ceases.

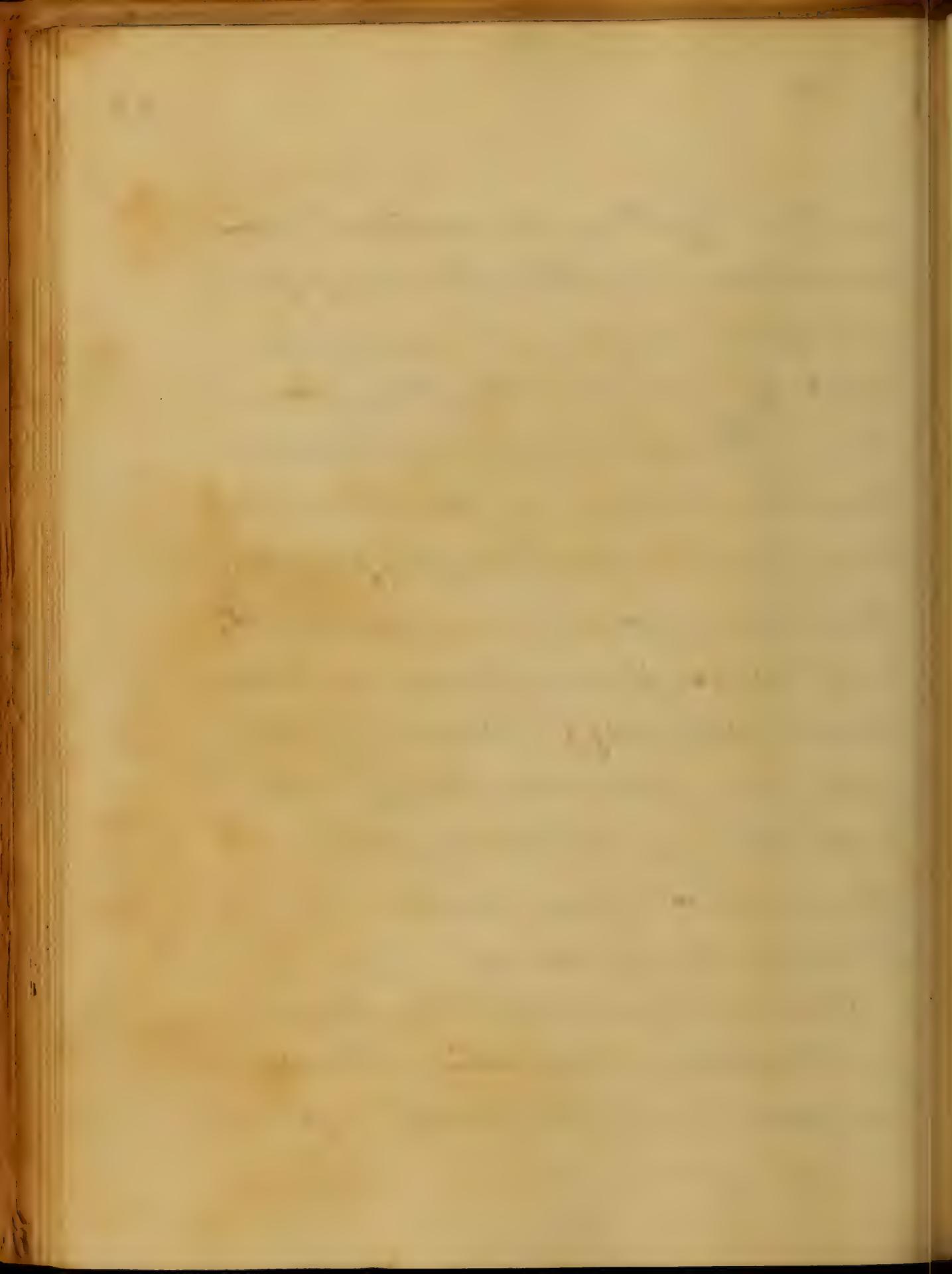
This disease might be mistaken
 for inflammation, if it were not



marked by these two distinct circumstances viz; the absence of fever and of tenderness. Pleasure, instead of increasing the pain, lessens it. The patient places some hard substance under his abdomen and seats himself upon it.

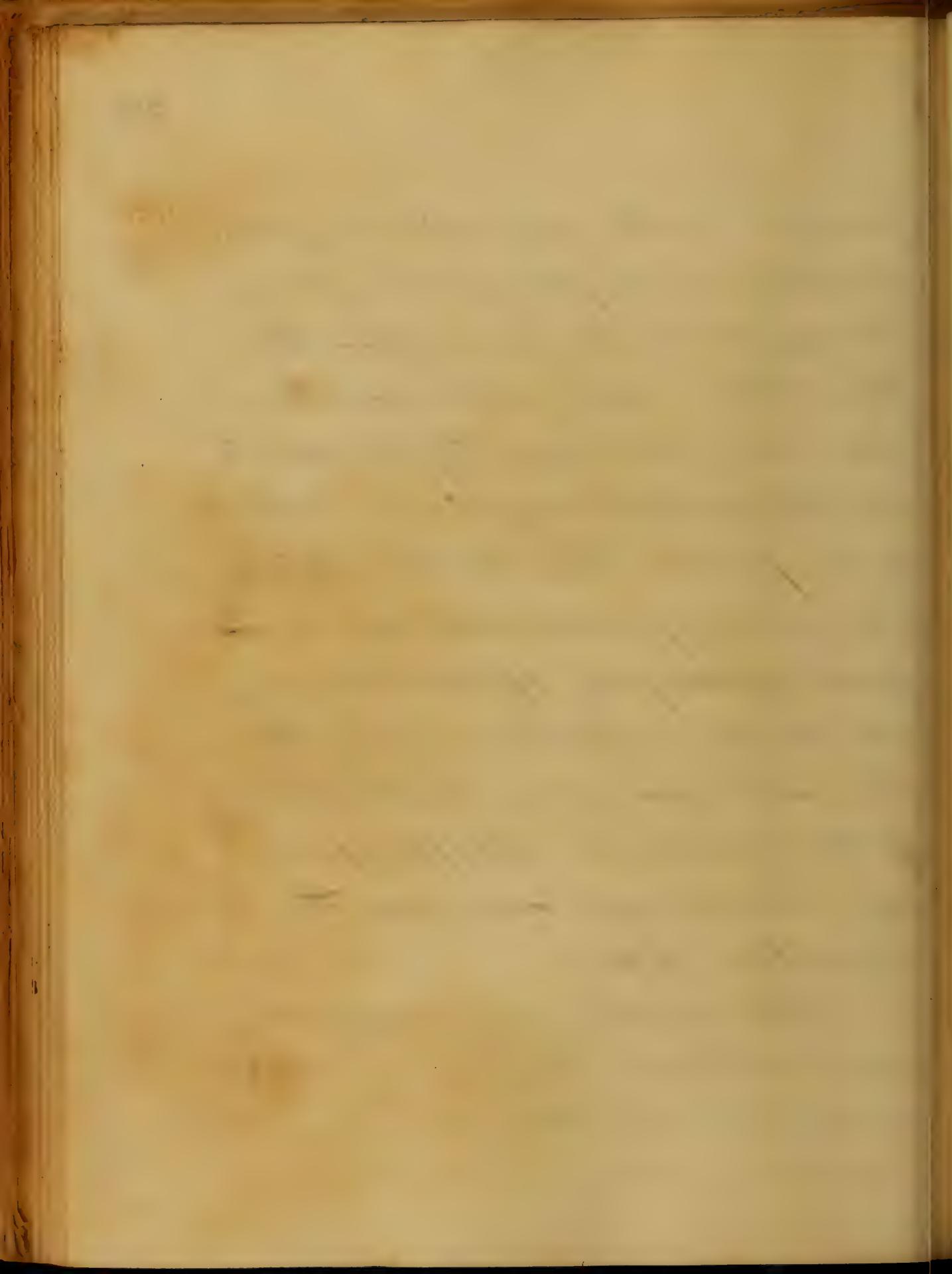
Sometimes rigors occur; as would be the case if some foreign substance was in the body. Sometimes the gall stone penetrates through the surrounding structure. When this occurs there must be inflammation of course.

Concurrent with this there is quick pulse, hot skin, thirst, headache and tenderness upon



pressure in the epigastric region. Sometimes a very large stone passes through the ducts, and after this they remain open and smaller ones may subsequently be voided and the patient experience little or no pain. The calculi which we generally meet with are composed principally of cholesterine, which is in solution in healthy life, and upon some morbid change of that fluid, is set free from its solvent and assumes the crystalline form.

The calculi do not occur in children. They are more common in women than in men.

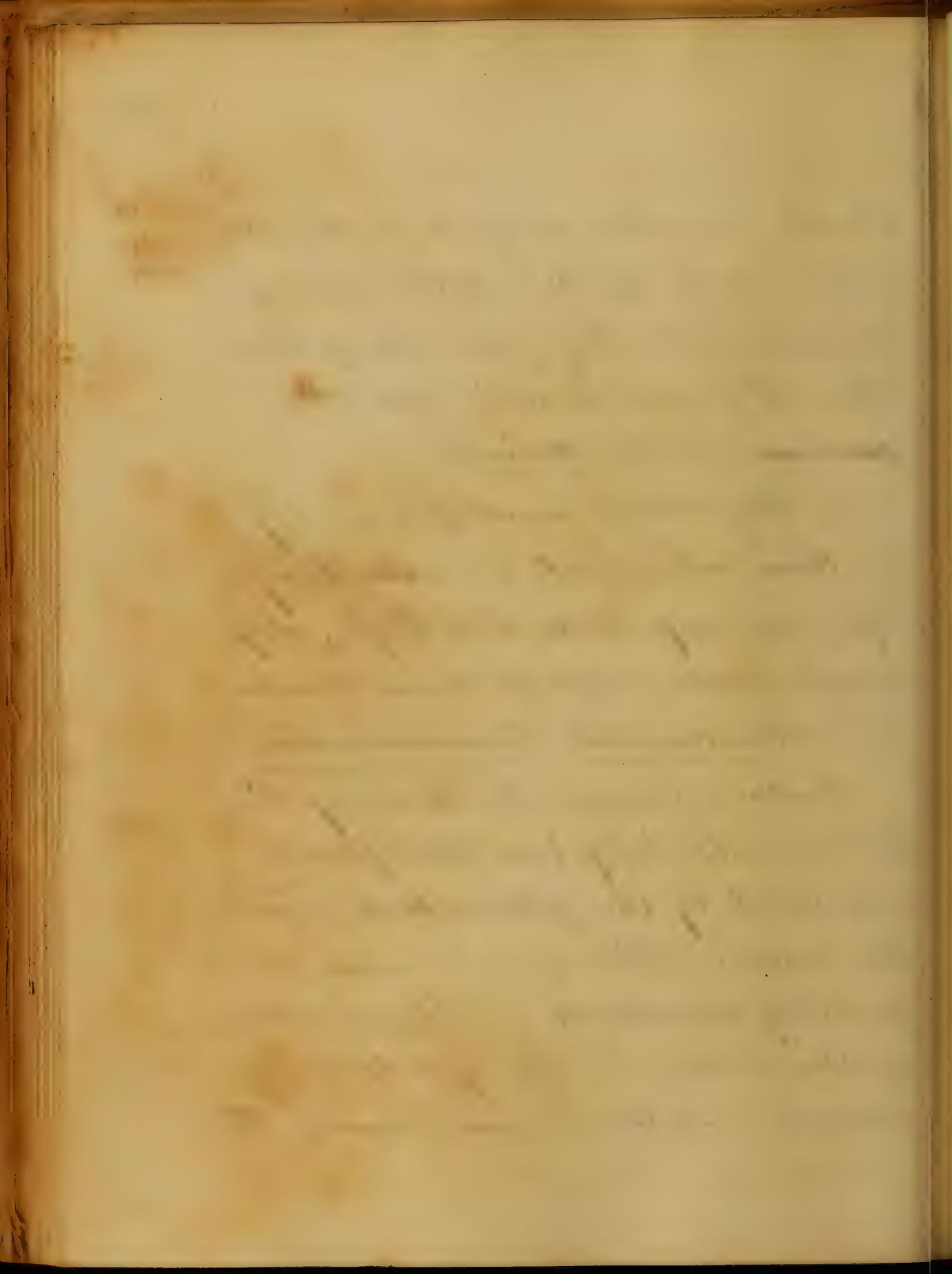


Cattle are also subject to them when shut up in stalls during winter; and they get rid of them when they are turned into the pastures in the spring.

They occur most frequently in those who lead a sedentary life, are corpulent, live high, sleep much and neglect their bowels.

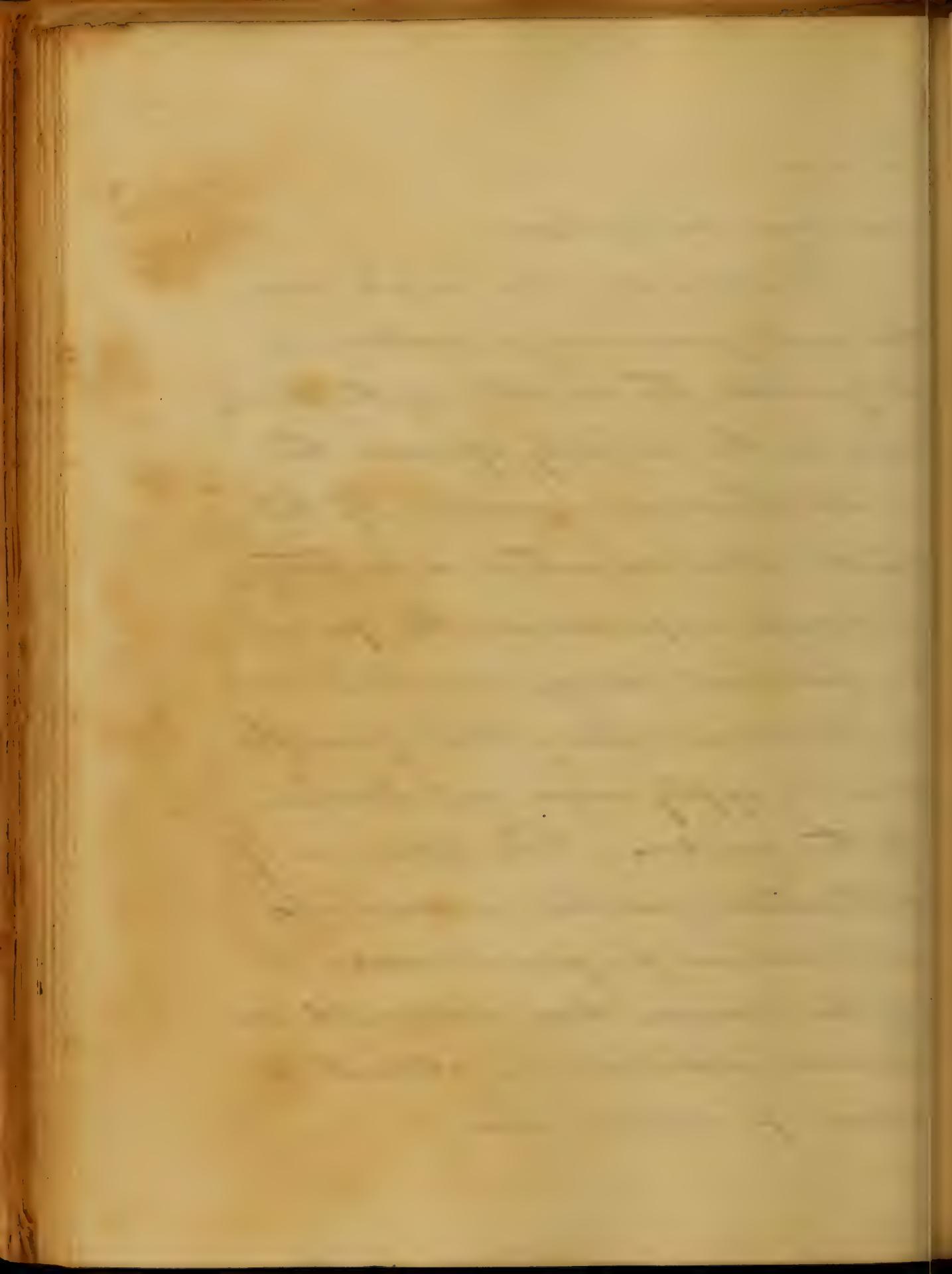
Anatomical Characteristics.

In some cases, almost every tissue in the body has been found discolored by the yellow tint, even the bones. The fat is more especially discolored. The substance of the brain is up apt to be re-colored, whilst in some cases the



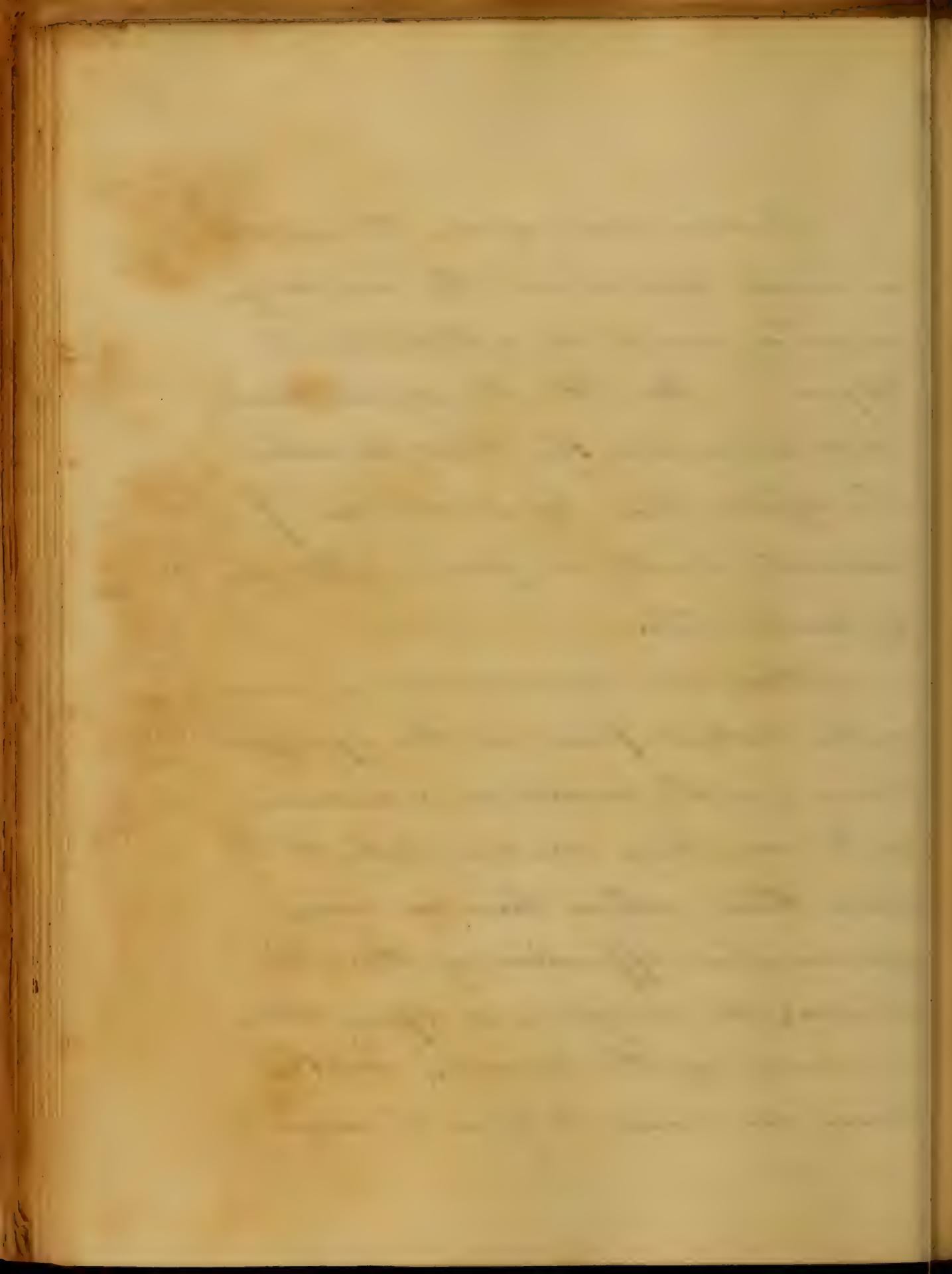
menses are yellow.

Treatment. — In simple cases the most prominent indication is to promote the secretion of the liver; and in the majority of cases this is all that is required. If there exist active congestion or irritation, tenderness on pressure, the pulse be full and strong, we should not hesitate in taking blood from the arm or apply cups and leeches to the part. The free use of cathartics, as the mercurials and saline preparations; and if the disease does not yield we should institute an alternative course of mercurials.



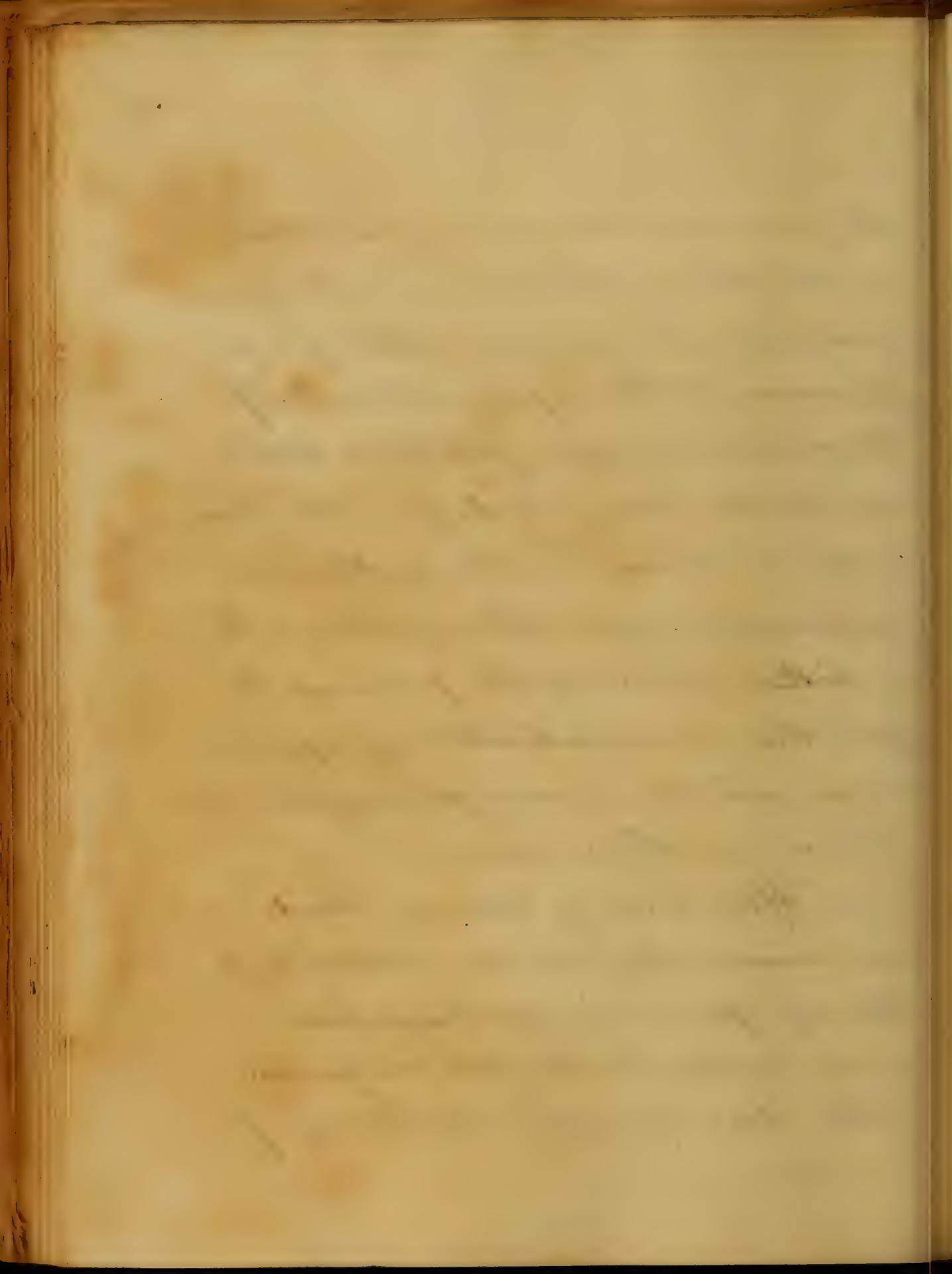
But in some cases there exist no such lesions and the want of secretion must be attributed to torpor. Here the treatment should be to stimulate the liver to action. To effect this object a dose of calomel should be given followed by castor oil.

When the disease commences with violent pain in the epigastrium, with constant nausea and vomiting we are led to believe that either there is some spasmodic affection of the bile ducts, or lodgement of a stone in some of the ducts. In this case our first duty is to relieve



the pain and to accomplish this
we should use the warm bath, opium,
friction, leeching and soothng ap-
plications to the epigastrium. If
the patient be of a plethoric habit
we should take blood from the arm
until we have made a decided
impression upon the system. It
is better to bleed the patient be-
fore the administration of opium,
upon which is our principle re-
liance in these cases.

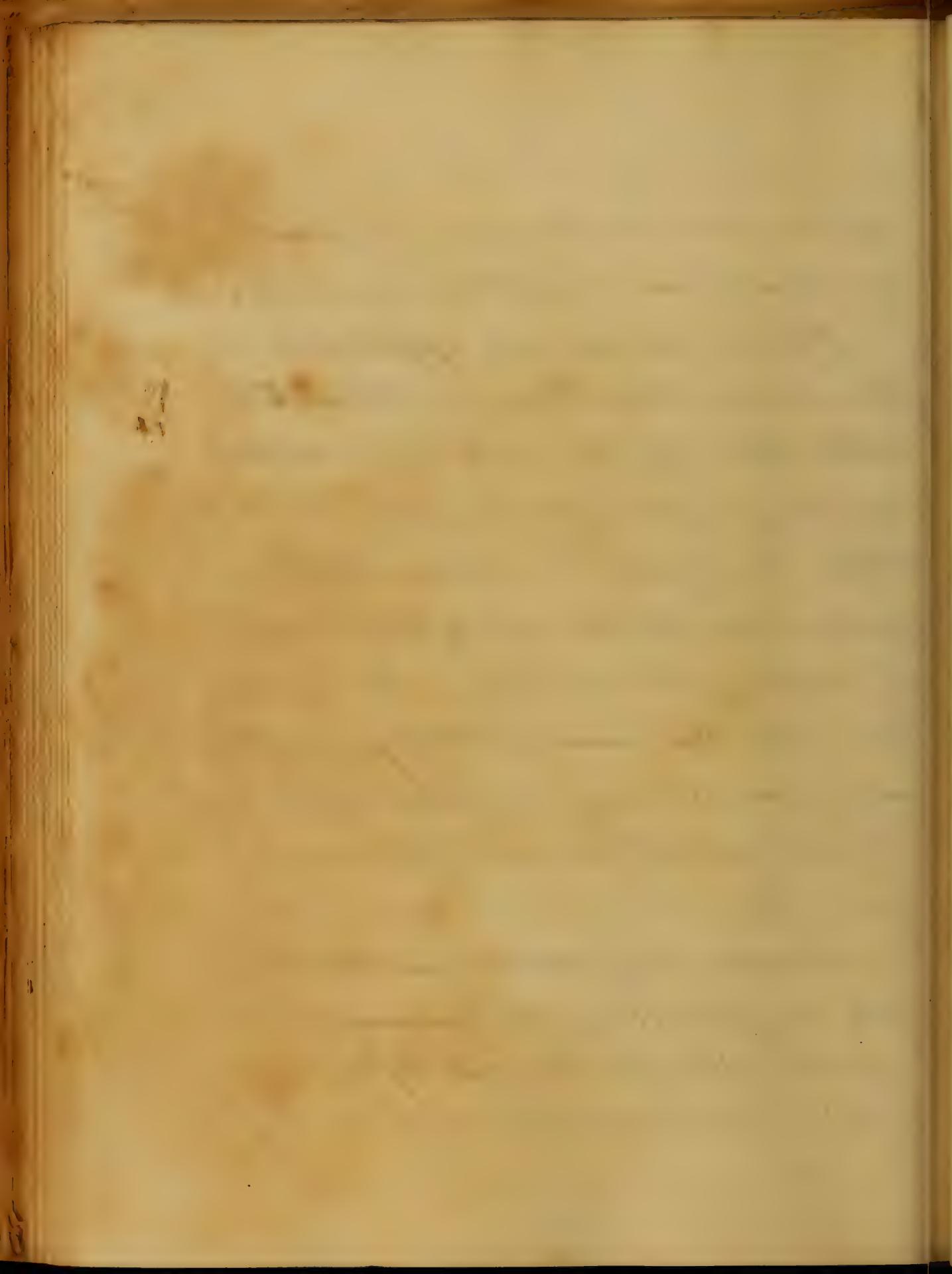
After having drawn blood
in cases where it is indicated, a
dose of opium in combination
with camomile should be given.
The dose of each should be, if



opium four or five grains and
of calomel ten or fifteen grains.

Opium is scarcely applicable in
those cases where there is obstruction
to the flow of bile into the intestine
depending upon spasm of the duct.
After having had recourse to the
opium we should empty the bladder
by a purgative enema. In connec-
tion with the means already mention-
ed, recourse may be had to the
warm bath if the case permits its
use.

Emetics may sometimes be use-
ful in promoting the passage of the
concretion through the duct by the con-
cussion and relaxation which they

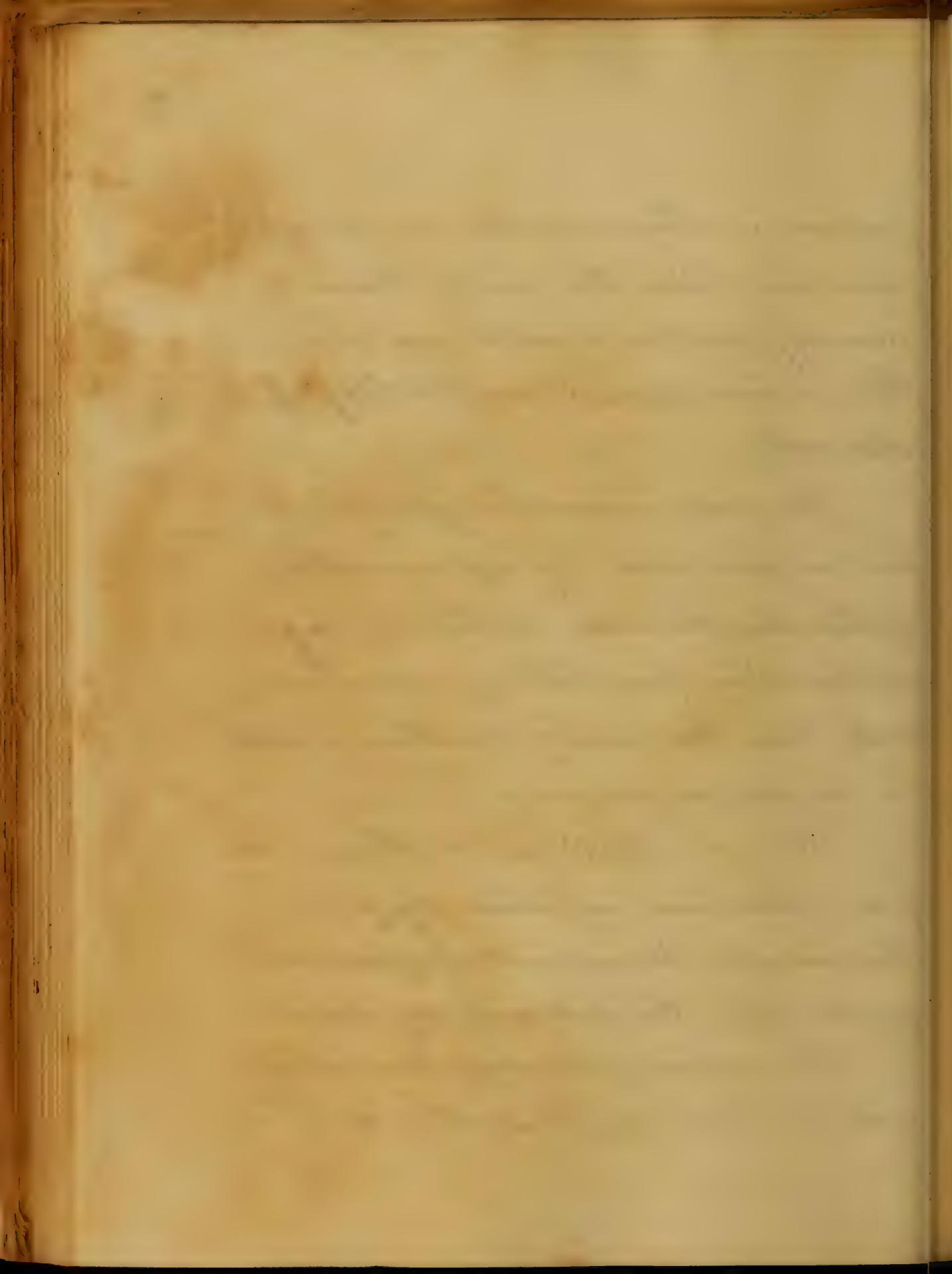


produce. However, there are some cases in which the use of them is directly contraindicated, as when there exists great irritability of stomach.

In some cases the jaundiced hue is produced by inflammation of the duodenum without any obstruction from lithic concretions; and here the use of emetics would be highly injurious.

We can distinguish these cases from calculous irritation by four the small size and frequent pulse and the hot and dry skin.

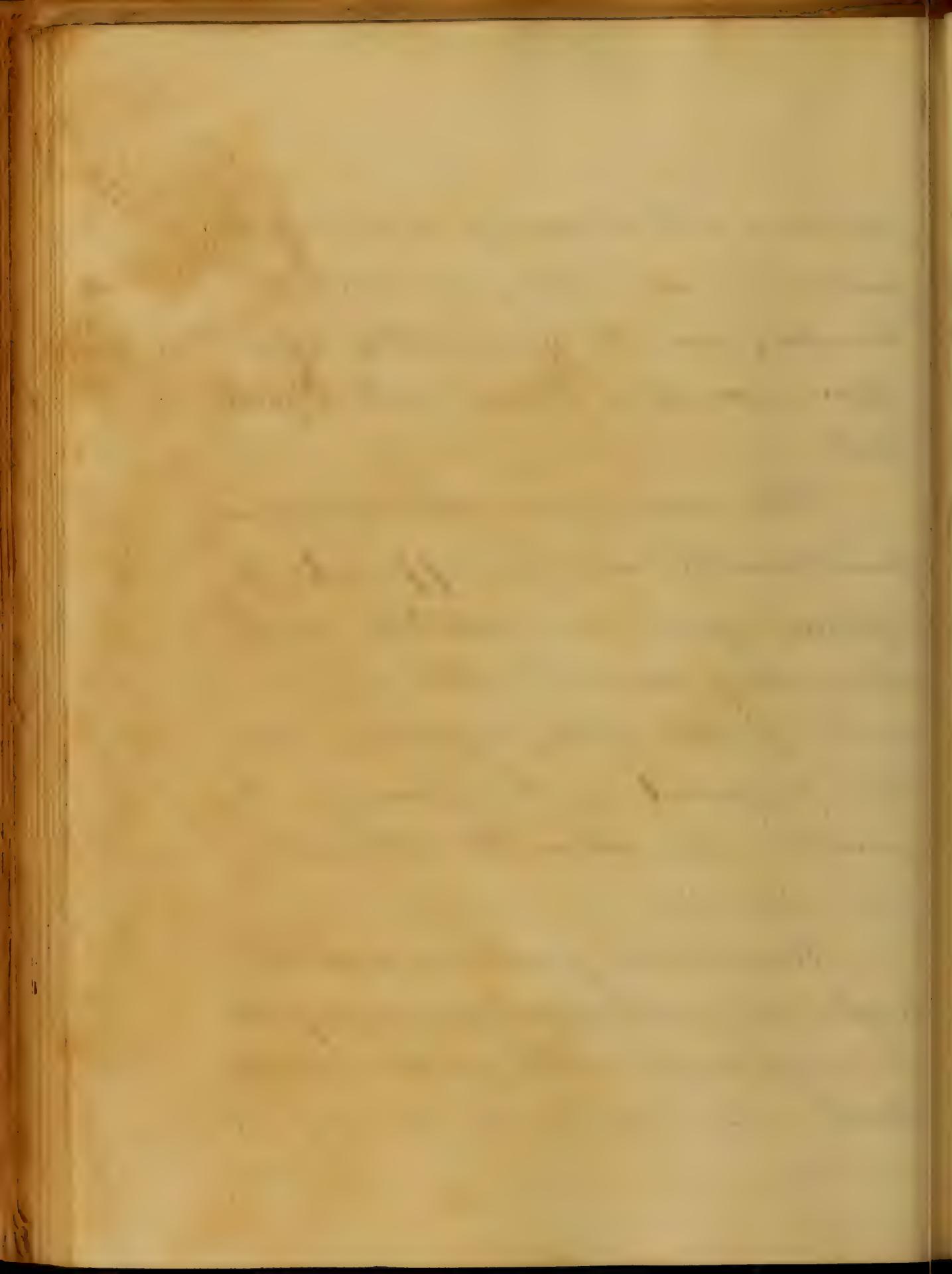
Our course of treatment in these cases is leeching, fomenting cala-



plaems and blistering to the peri-gastrium; emetata, acidulated drinks; small quantities of opium, and a bland and liquid diet.

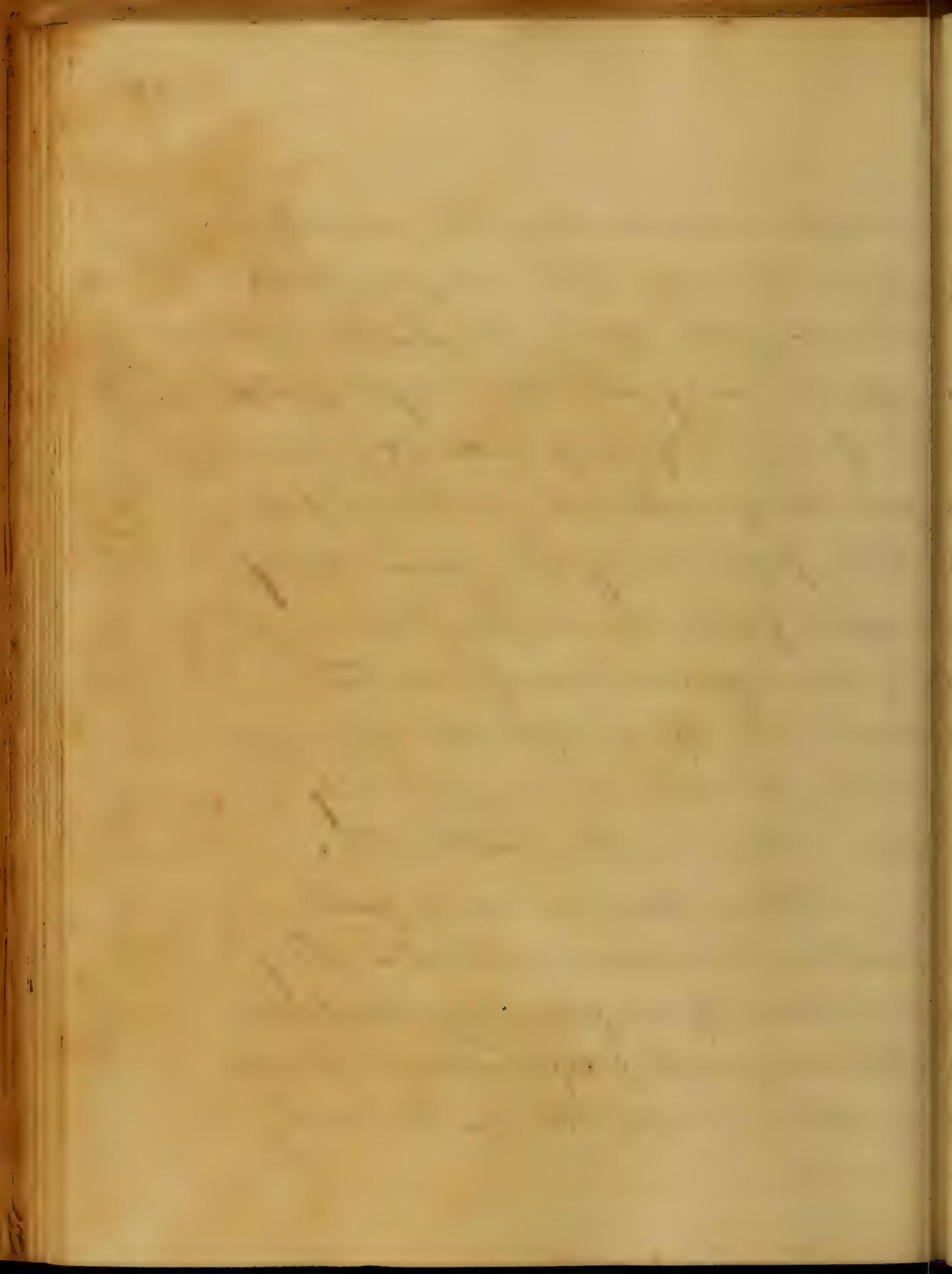
The disease sometimes occurs periodically; and is supposed to depend upon some irritation in the alimentary canal. The extract and infusion of taraxacum has been proposed in these cases. It acts here as a mild astringent and diuretic.

Mercurial friction over the right hypochondrium may also be employed. The nitro-muriatic bath and mercurials are of great



benefit in promoting the action
of the liver. The compound ca-
thartic pill of the U.S. Pharma-
copœia may also be employed
or from half a grain to three
grains of calomel, or one or two
blue pills may be given every
night followed in the morning
by an aperient, such as the
extracts of sulphate of mag-
nesia or the same quantity of
some other saline cathartic.

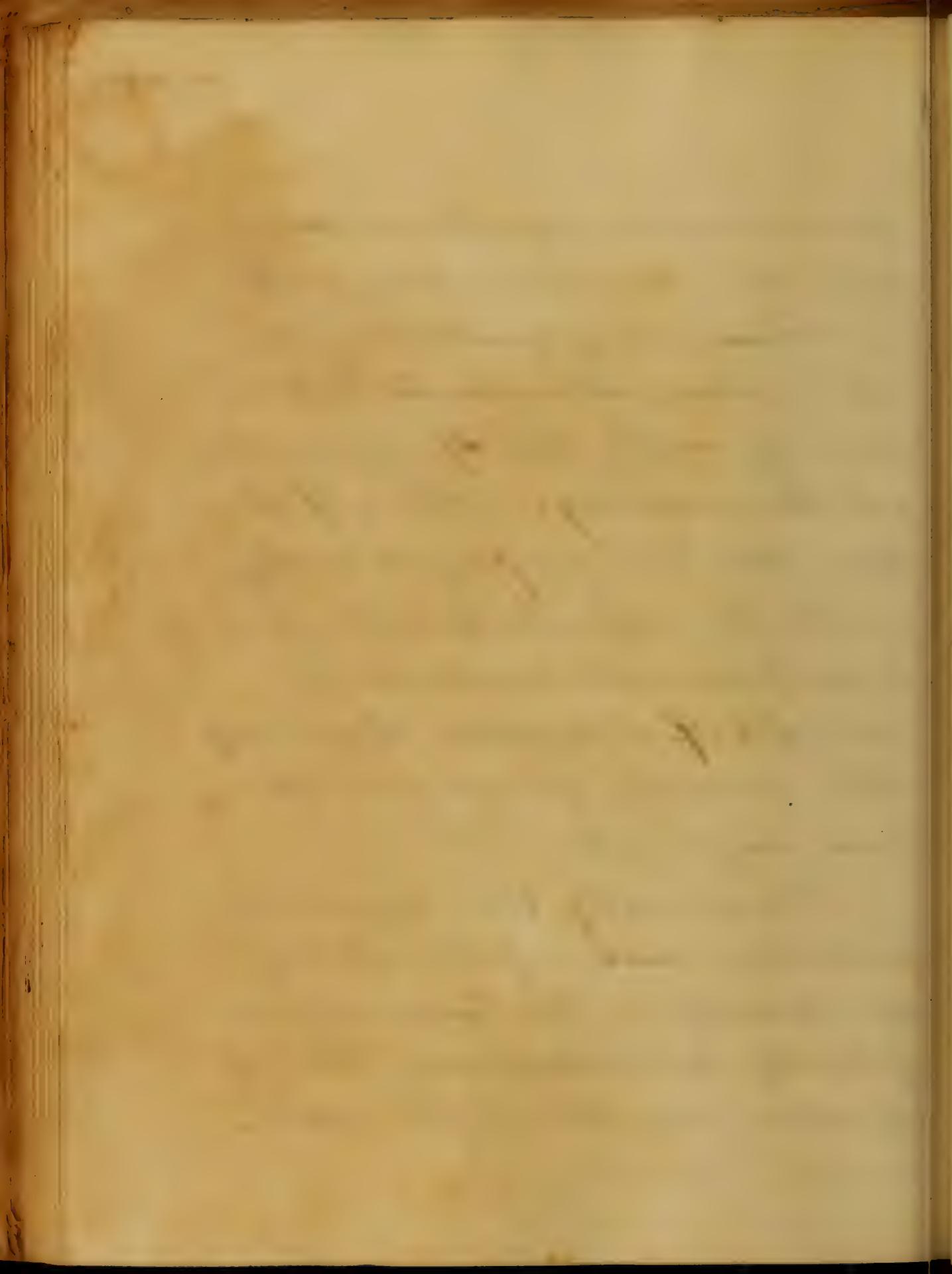
After these means fail
meties have been advised. They
act here by compressing the liver.
The one most preferable is tartar
emetic. Sulphate of potassium,



Specumanta, squill and Guinaria have also been used.

These are of great benefit where febrile action exists but more especially the Specumanta and the antimony. The alkalis have also been employed such as the bi-carbonate of soda, given in carbonic acid water, in the dose of half a drachm, thrice-daily. The carbonate of soda has also been employed.

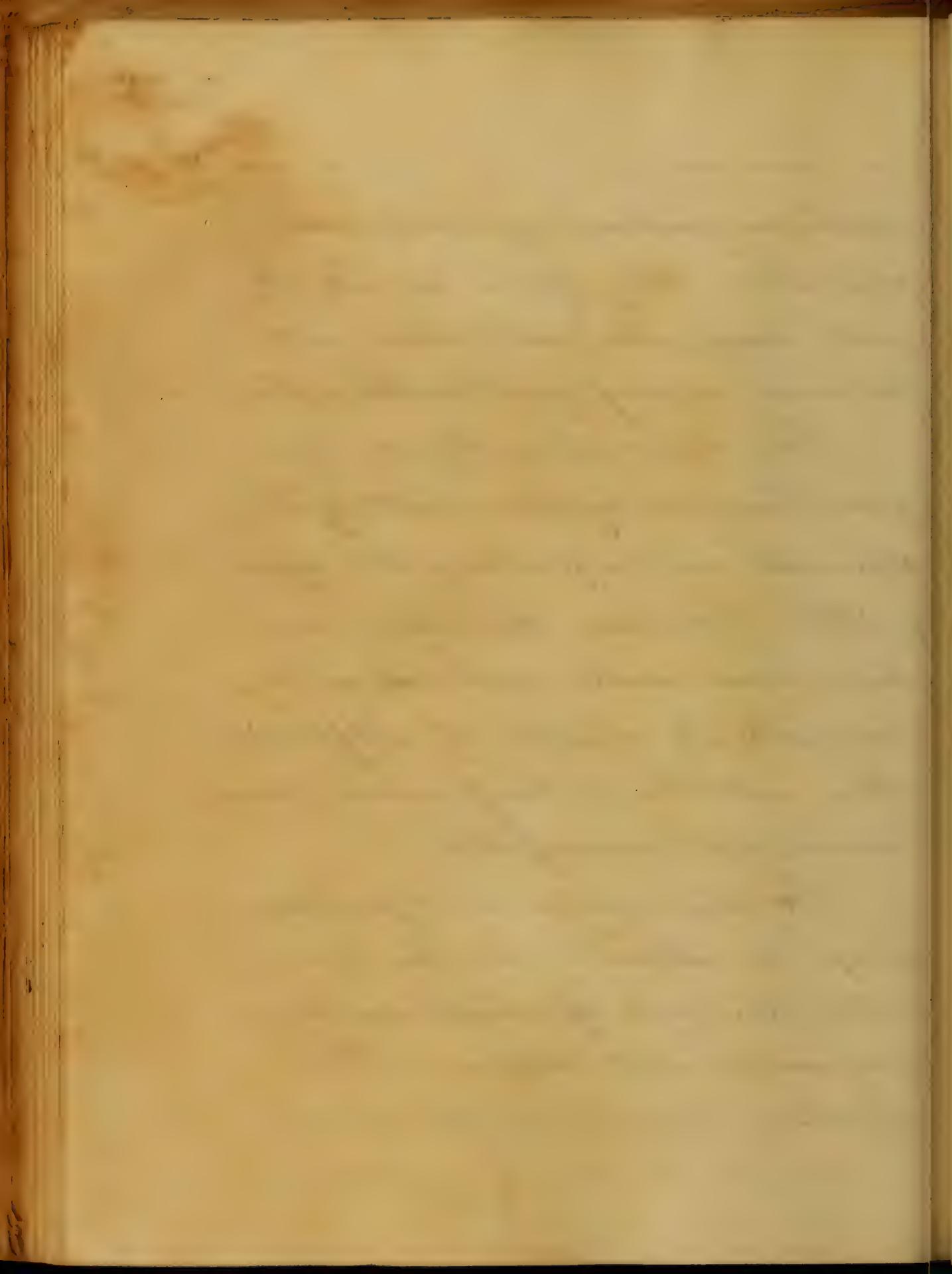
Occasionally there is connected with these cases a feeble state of the stomach. The tonics are especially indicated here. The best of which, are the simple litters,



such as gentian, quassia and columbo. They form in extract with soap, rhubarb, aloes and calomel a very good combination.

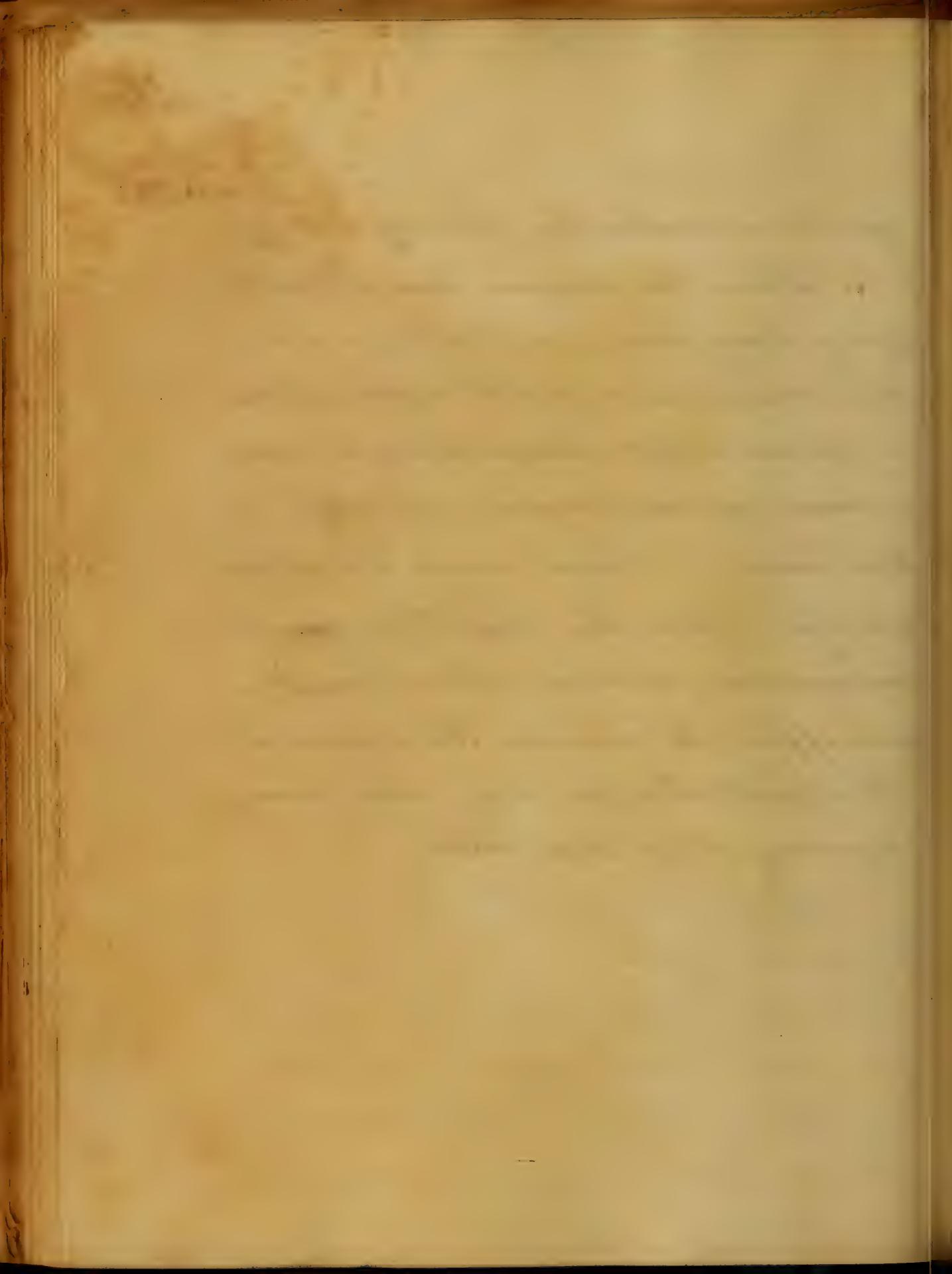
The mineral acids are of great benefit by stimulating the stomach and repairing the appetite. Various other remedies have been used, such as cider, lemonade, a mixture of sulphuric ether and oil of turpentine, ammonia and assafetida.

To relieve pain and produce sleep we should use the narcotics the best of which are hyoscyamus and conium. The objection to opium is that it is



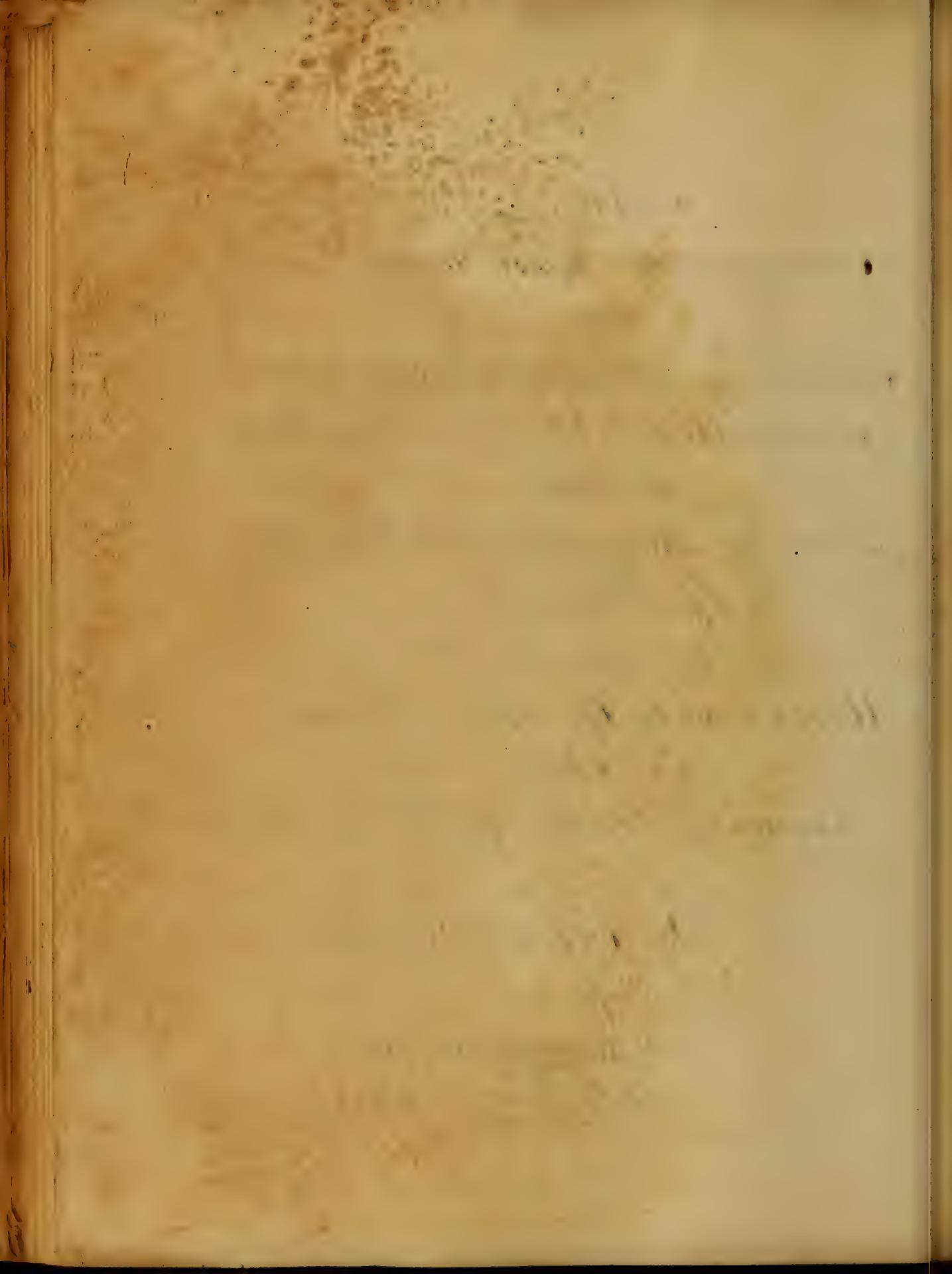
apt to restrain the bilious secretion.

When the disease has persisted for a long time, and the patient has assumed a dark color, there is ground for suspecting the existence of some organic affection of the liver. These cases are almost always beyond the control of medical measures; but we should make an effort to remove the disease. To effect this we use antimony, mercury and low diet.



An
Inaugural Dissertation
on
Inflammation of the Stomach.
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 S. Hawkins
of
Maryland
March 1858

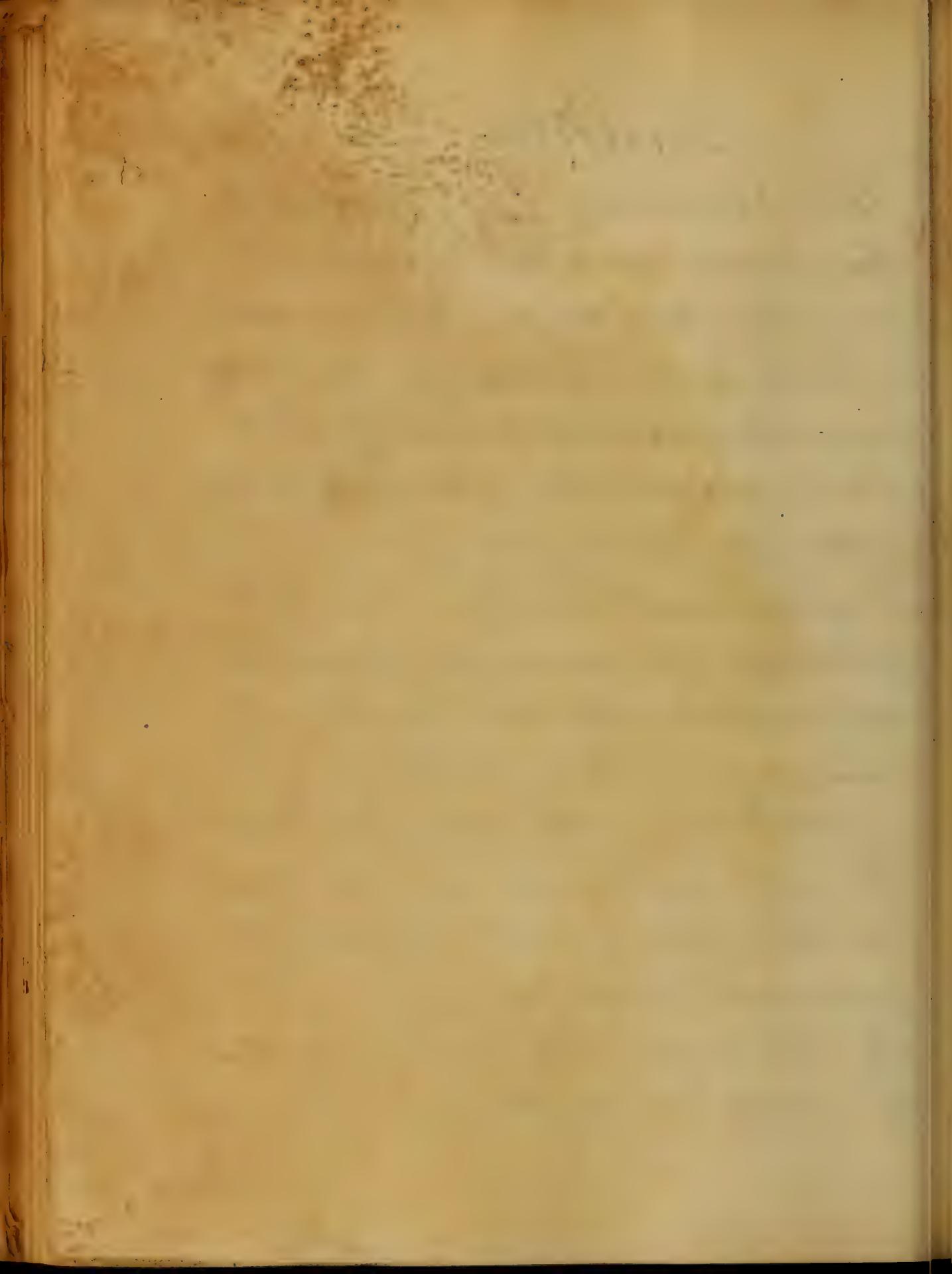


Gastritis

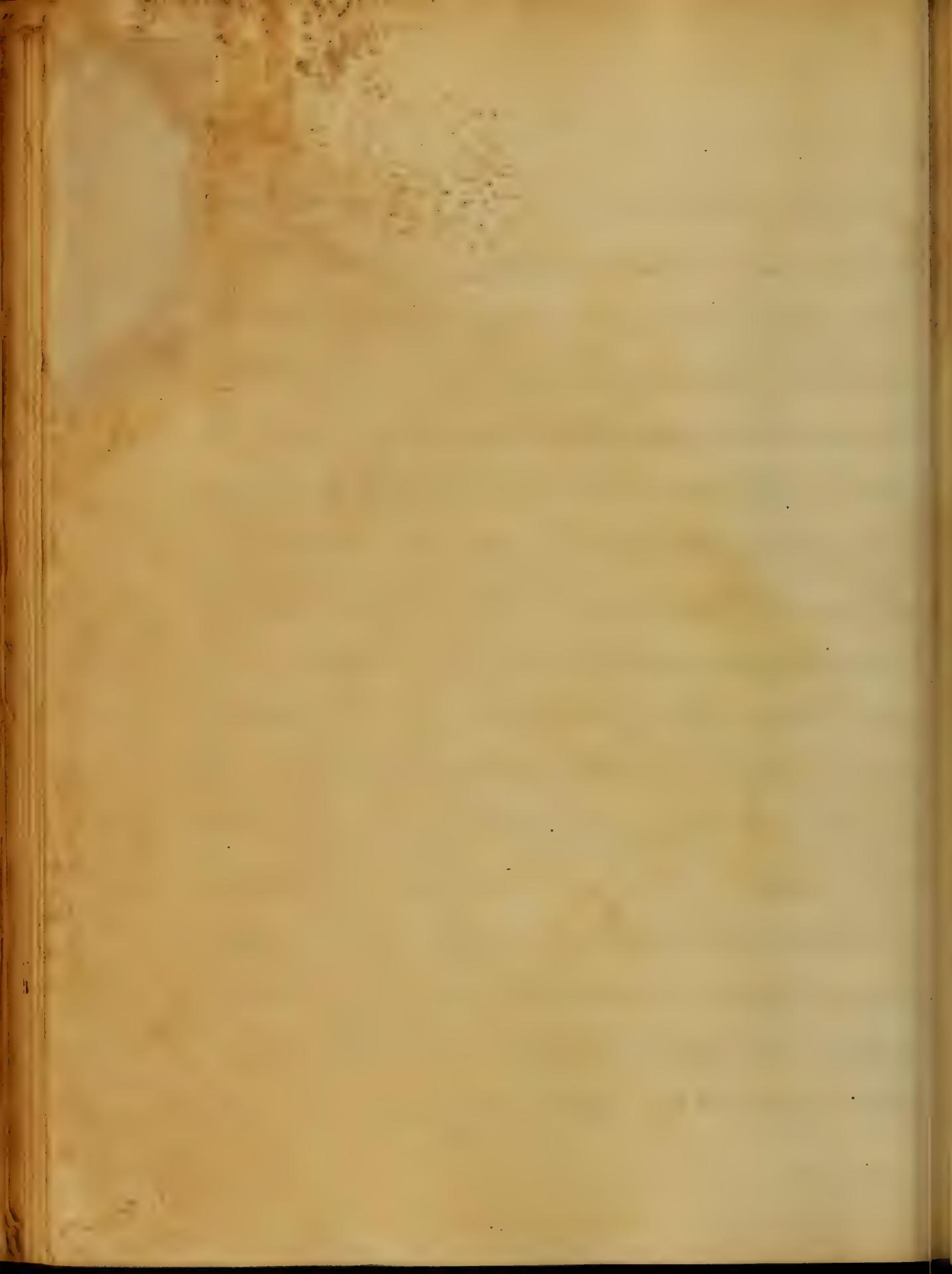
The stomach is composed of two coats viz. the mucous, muscular, and the serous, which is continuous with the investing membrane of the whole alimentary canal and abdominal viscera.

Inflammation commonly attacks the mucous and submucous cellular tissue of this organ, though it may involve the muscular also; the serous tissue is rarely attacked unless in cases of general Peritonitis.

Is this organ so often affected of itself as to produce an

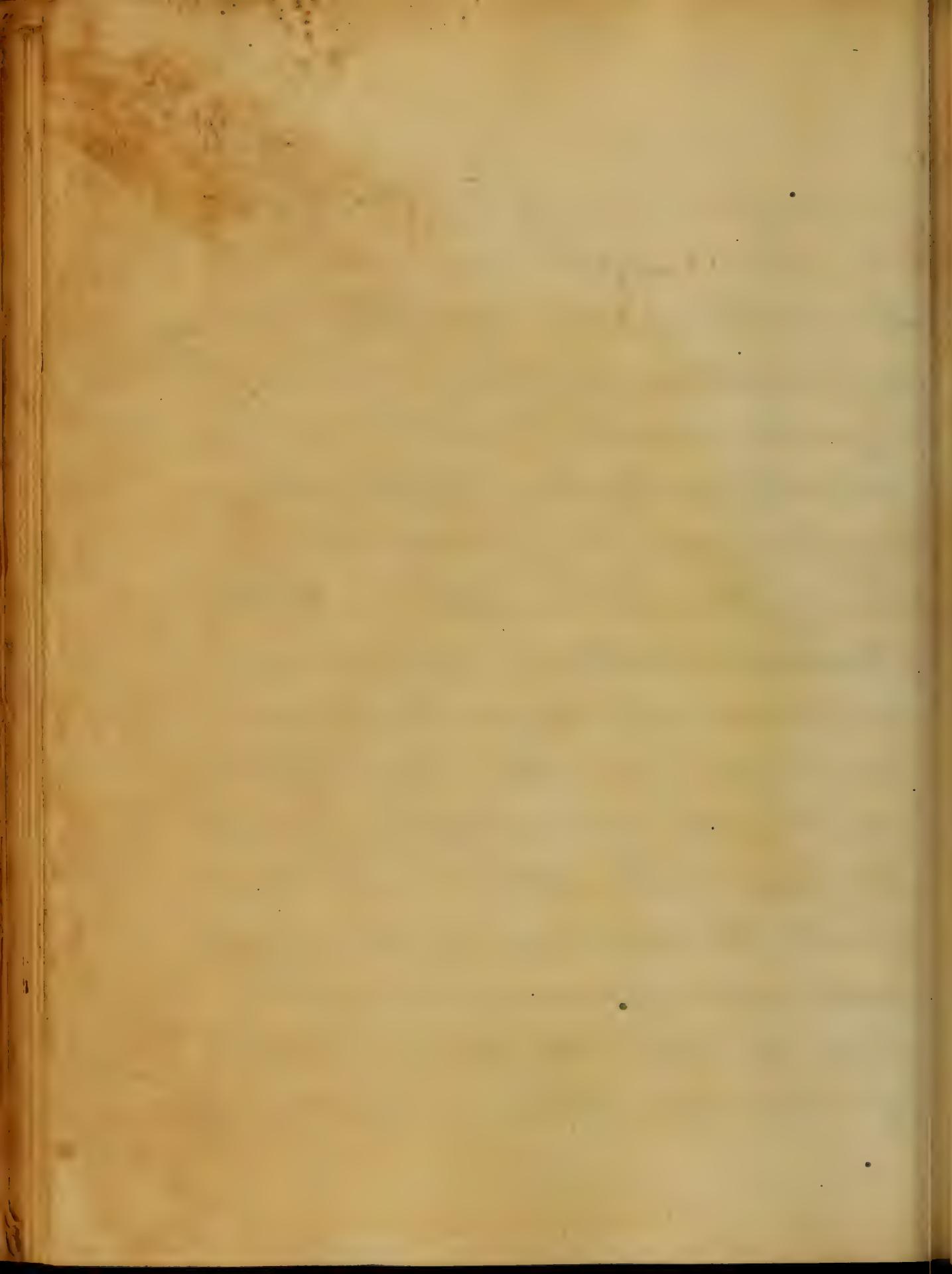


independent or idiopathic disease? This can easily be answered in the negative, what would become to the human system were an organ of so much importance in its functions and so much exposed to irritant influences from without so easily excited to inflammation, the fountain of life through which all the human organism is nourished, if such were not the case we would be continually liable to functional disorder of this organ and



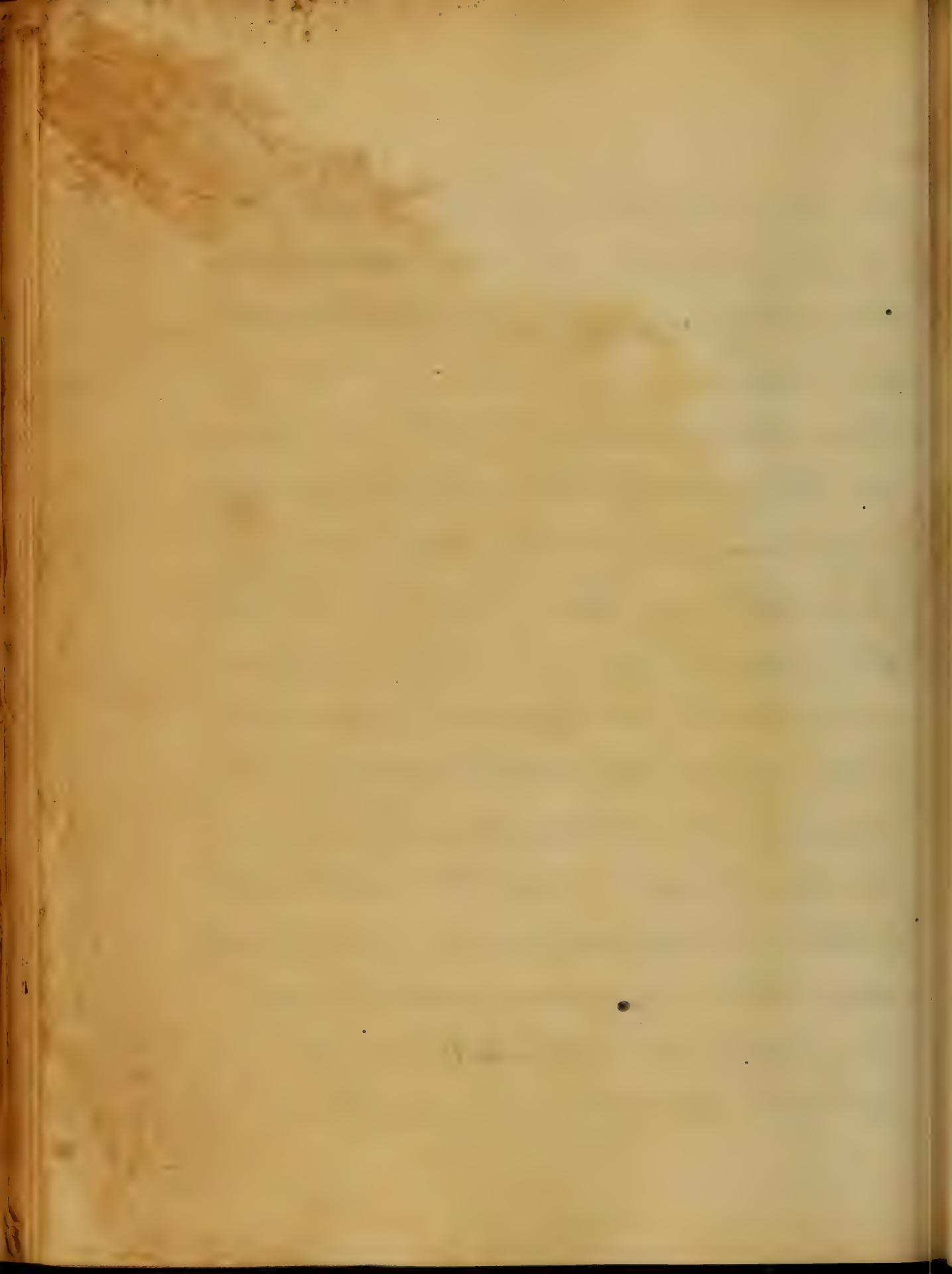
consequently of disorder of
the whole system.

It is the first brought into
sympathy by other diseased
organs, hence the character
istic symptom of so many
inflammatory diseases as
viz. of the Liver, Spleen, Kidney,
Bladder, Throat, Brain, as
well as all mechanical
violence, in which the shock
on the nervous system is not
too great the Stomach is the
first to manifest its sym-
pathy, Surgeons know well
how to appreciate irritation
of this organ followed by vomiting



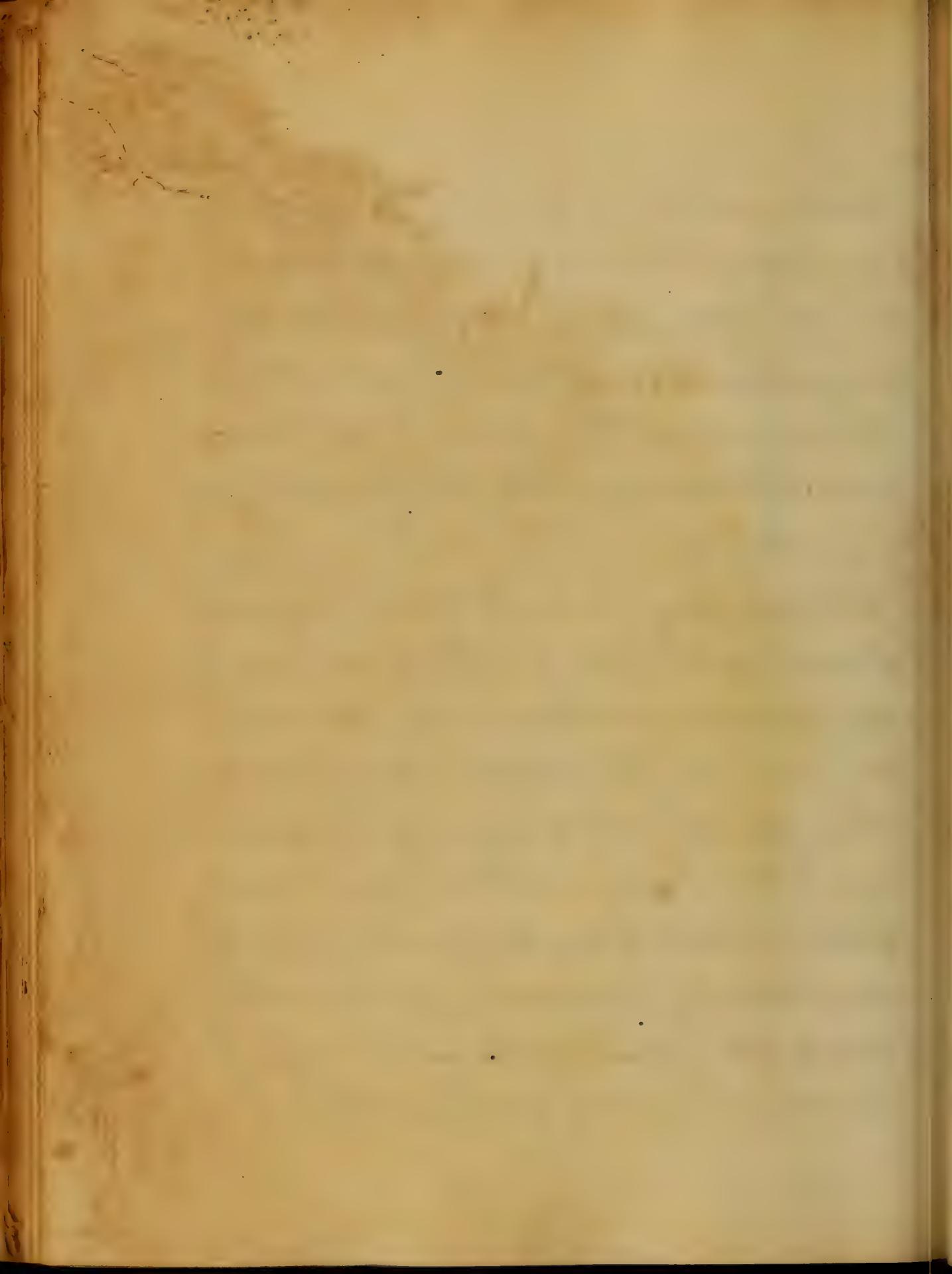
in concussion of the brains,
as they know it follows neither
the very slight nor very severe
shocks.

This according to the writers
on the subjects of medicine,
is considered a wise provision
of nature; for if it were not
so easily excited to inflammation
or morbid irritation
sympathetically, it
would be continually
furnishing material calcu-
lated to sustain a disease
in other organs which are
of equal importance, or if
not so equally important

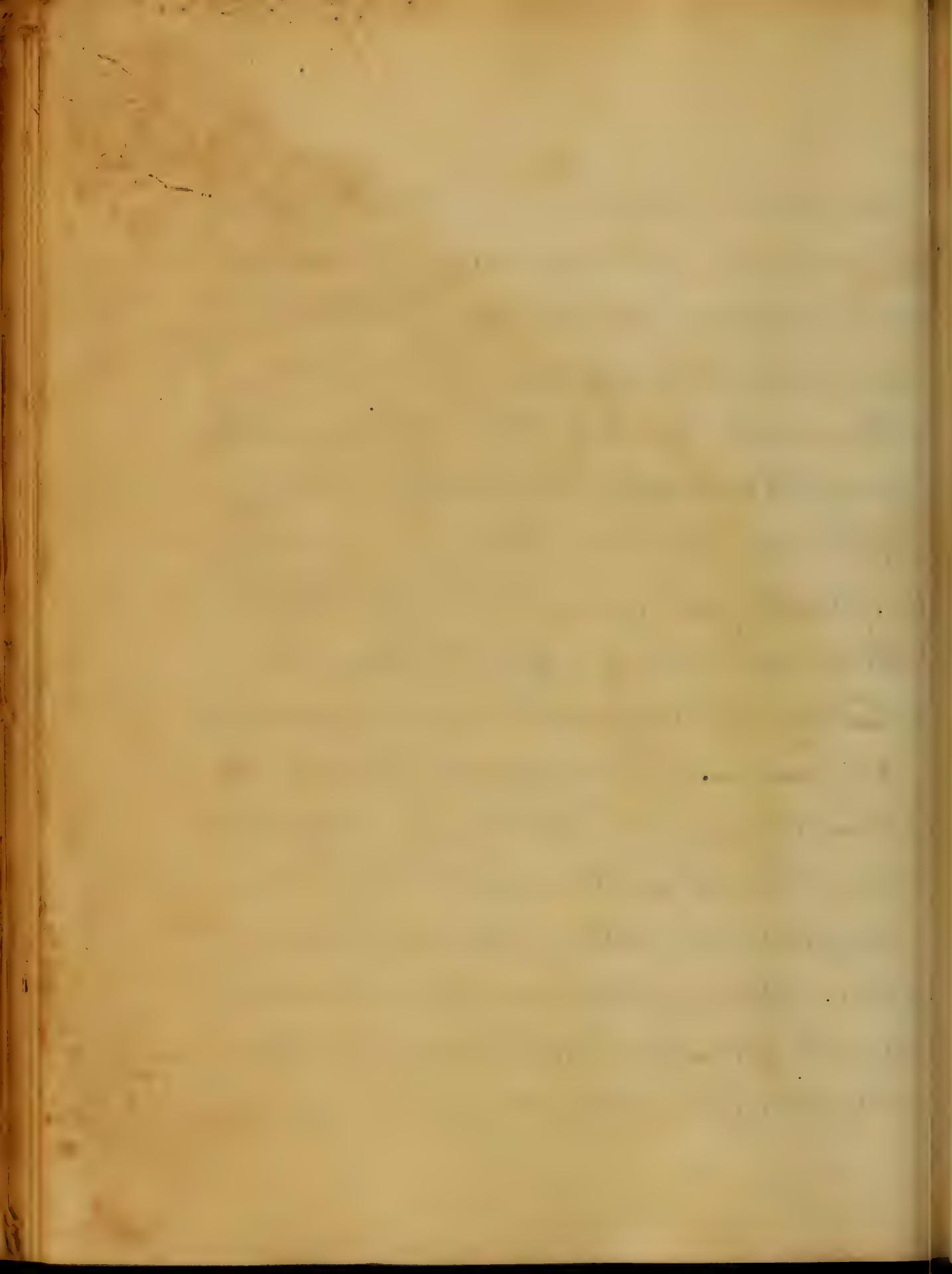


those with which the System could not well dispense and would consequently require the strictest attention on the part of medical men to prevent errors in diet.

"But why would it require such strict attention, and moreover what has diet to do in inflammatory diseases? the first is easily answered, we all know that we can't take our seats and make a hearty meal of healthy food, or of such as is required to maintain health when

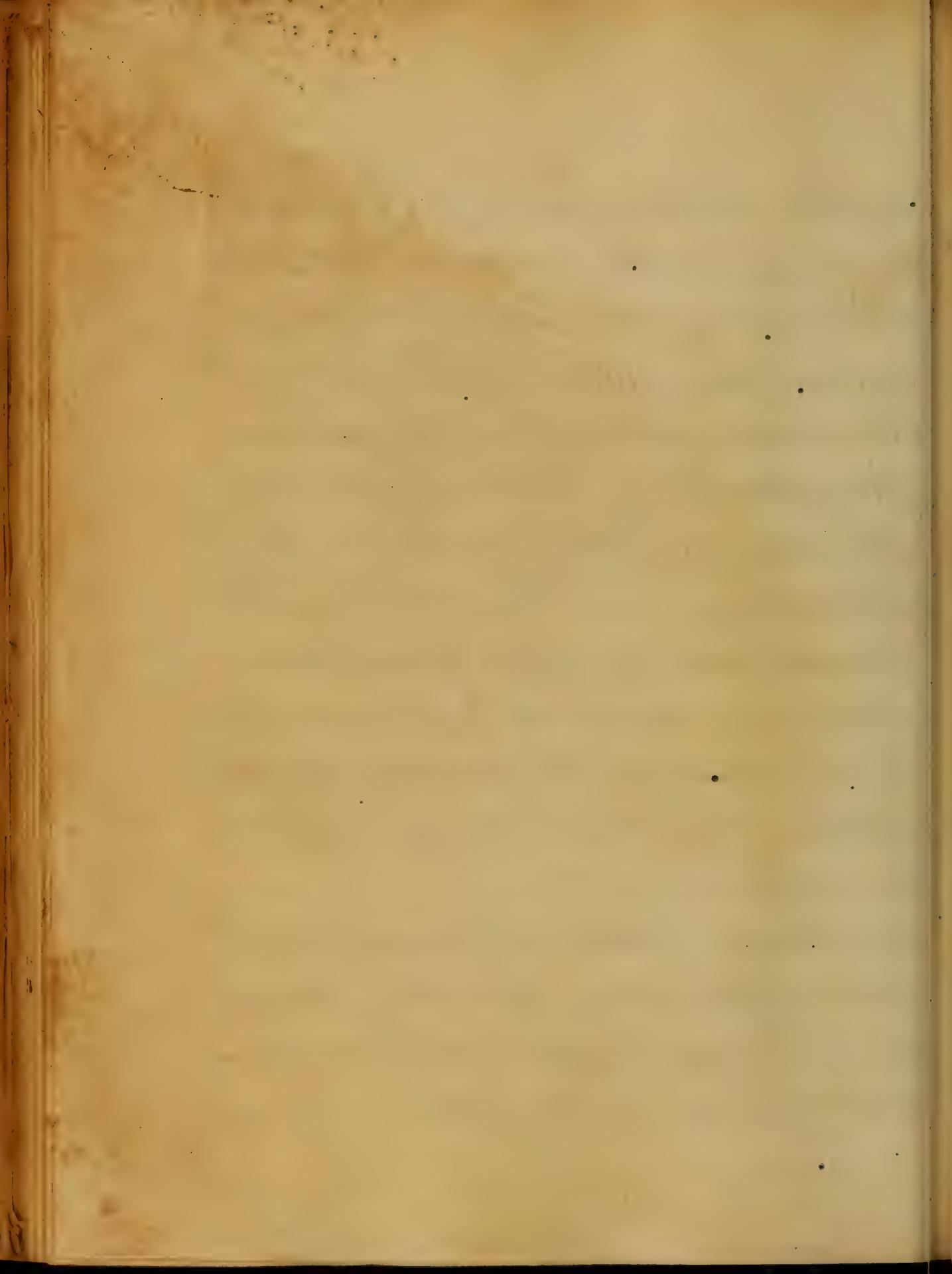


our Stomachs are sick; the
Second is likewise if our
Stomachs be not irritable
and allows us to take it
then it excites the Circulation
in the system from over
Stimulation demanding
a due proportion of blood
that it may perform the
task of digestion, and when
digested it goes to form the
material which is requisite
for the sustenance of an
inflammatory diathesis
in this way a stimulating
diet first increases the Cir-
culation through an inflam-

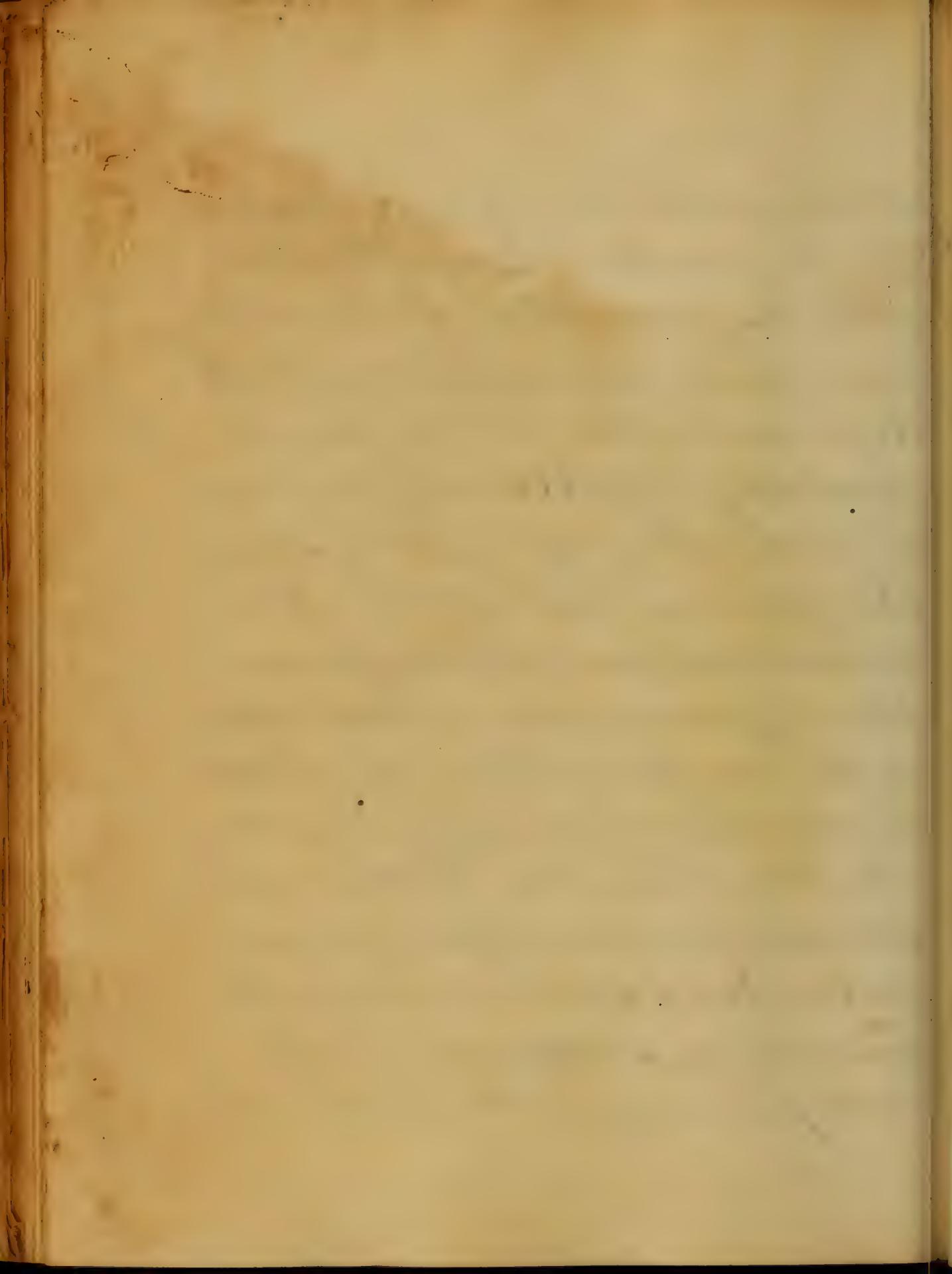


organ overlauding it while diseased and of course still chaizing the already inflamed and congested capillaries and after-digestion furnishing as it were a more deadly poison by sending in the enriched blood which the food has formed and which is known to be diametrically opposite to the treatment of inflammation.

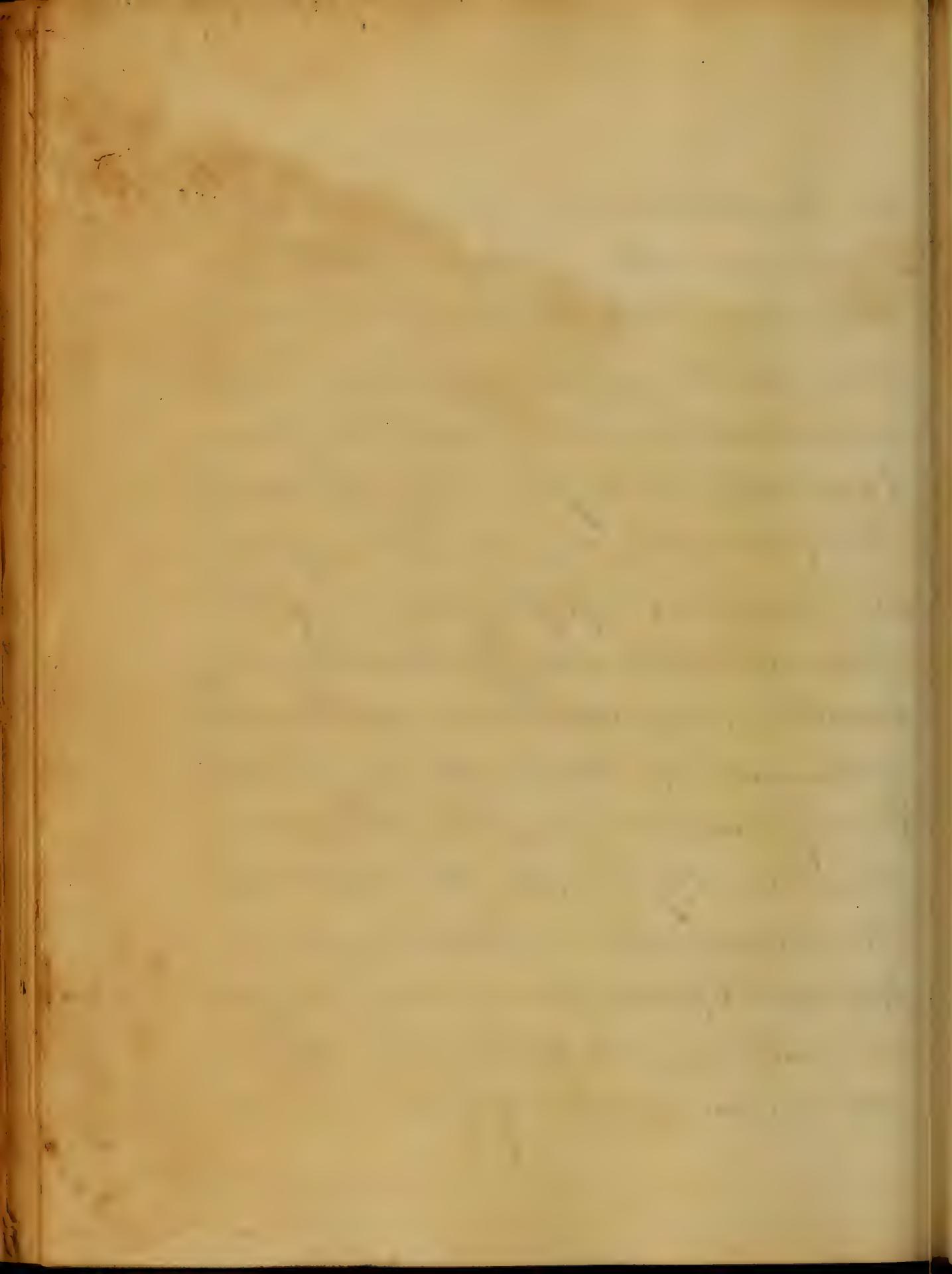
We may take for instance two equally healthy men in every respect whose avocations are the same and



demands an equal exposure
to the inclemency of cold
winter weather; feed the
one on a thin antiphlogistic
diet, and the other on a
healthy wholesome diet as
of fresh beef and pork; see
the former how soon he
will become chilly from
the exposure and, also after
a time how thin and ma-
ceralia he will appear; on
the contrary the latter will
scarcely ever suffer from
cold, and still retain his
normal proportion of
adipose matter, now what

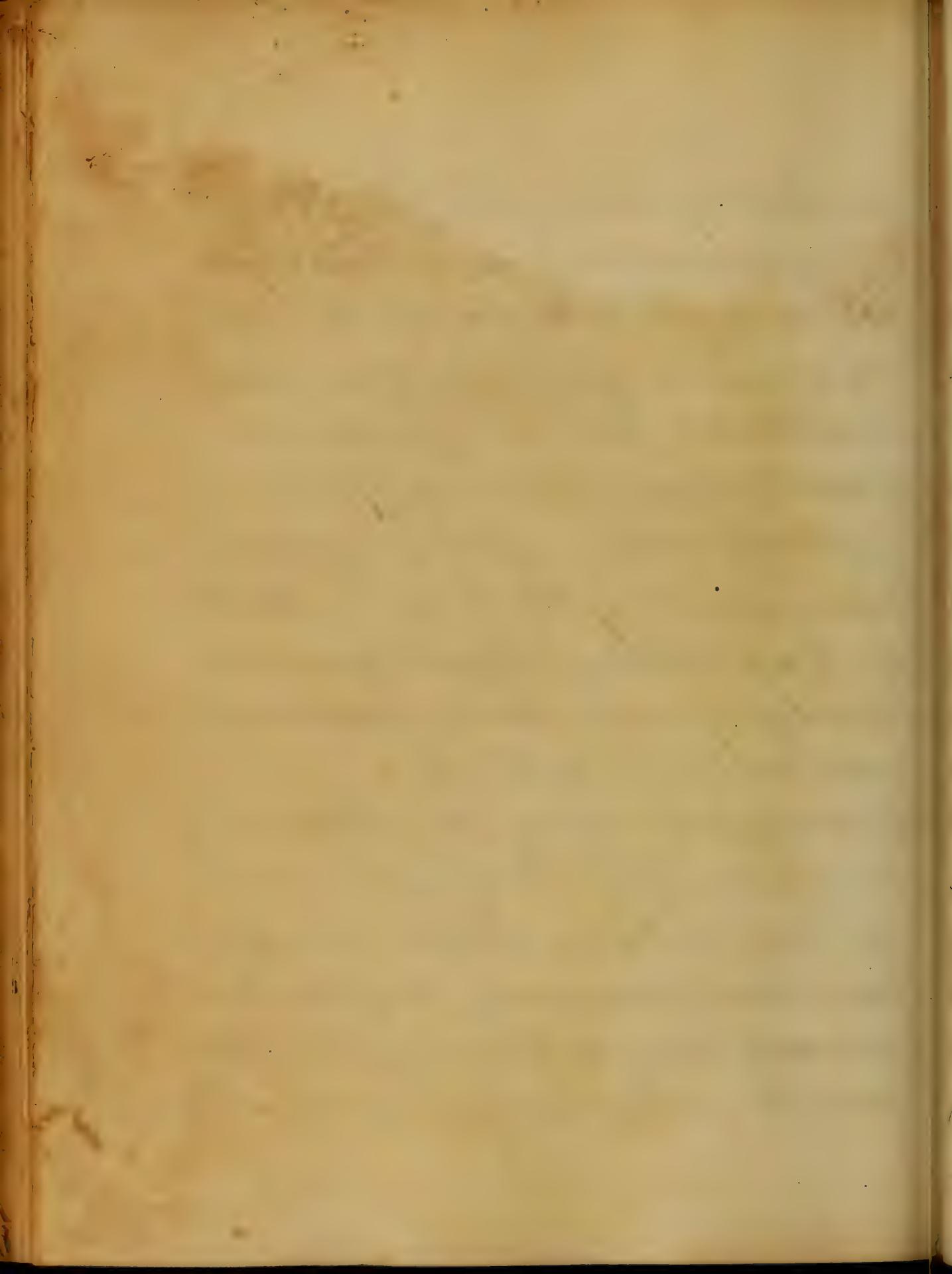


is the cause why the one
has not the proper stimuli
liver and blood forming ma-
terial to generate heat and
maintain the healthy life
lives; consequently it destroys
the fat cells in search of its
normal supply, and if the
low diet be sufficiently long
continued, so soon as they are
exhausted, there being nothing
to replace them the muscles
gradually begin to waste and
the man soon becomes a
fit subject for some organ-
ic disease; while the man
who was properly fed will



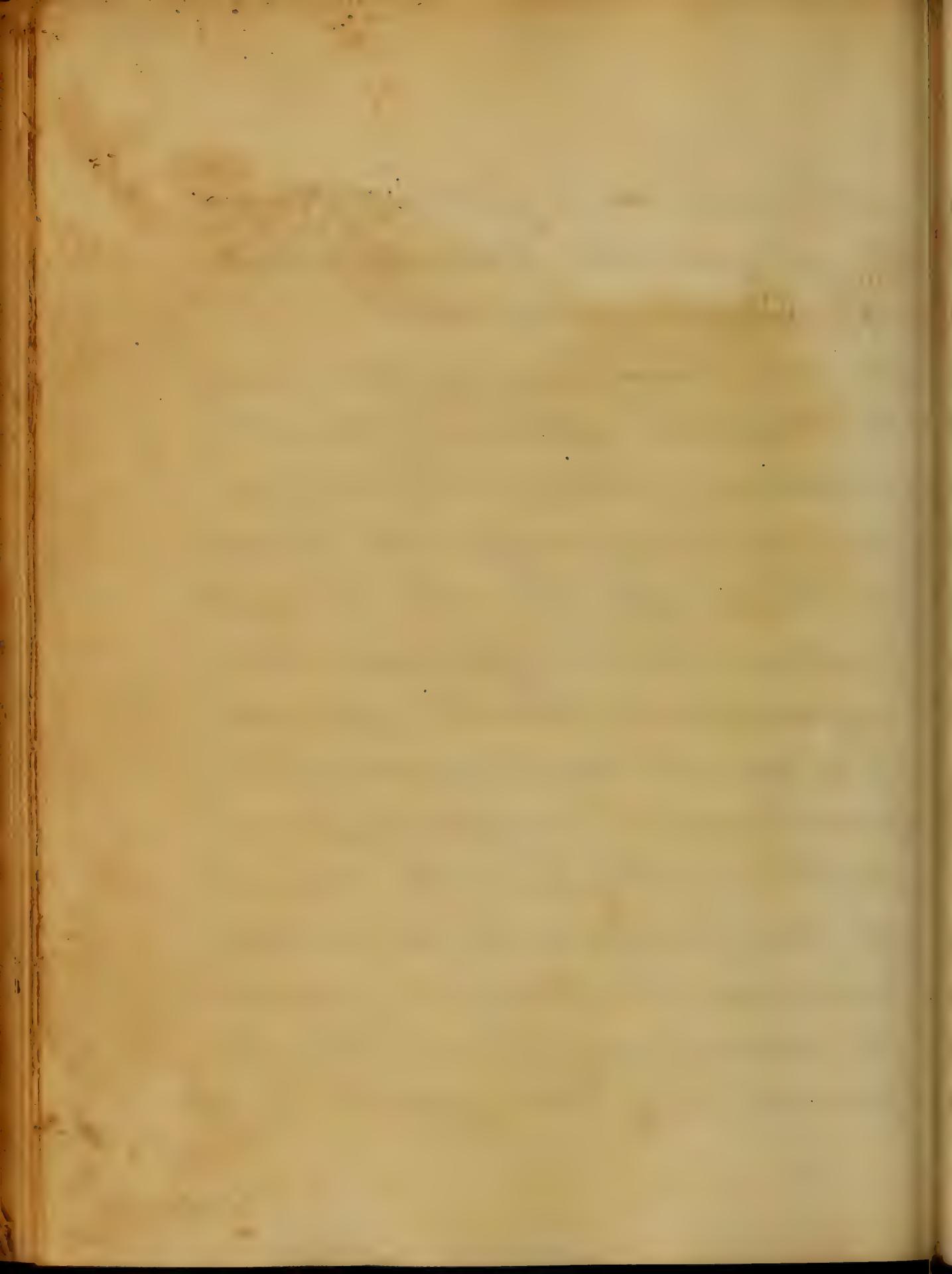
probably never suffer from
any such because his system
finds in the beef & pork all
that is requisite to sustain
health. So far as regards the
above; and, in my opinion
a great many of the organic
diseases may be traced back
to bad living, more particu-
larly if one have not been
accustomed to it.

I suppose every one knoweth
weak and faint he feels when
he has to take in proper pro-
cide in morning before his
accustomed hour of breakfast
all the above (in my humble

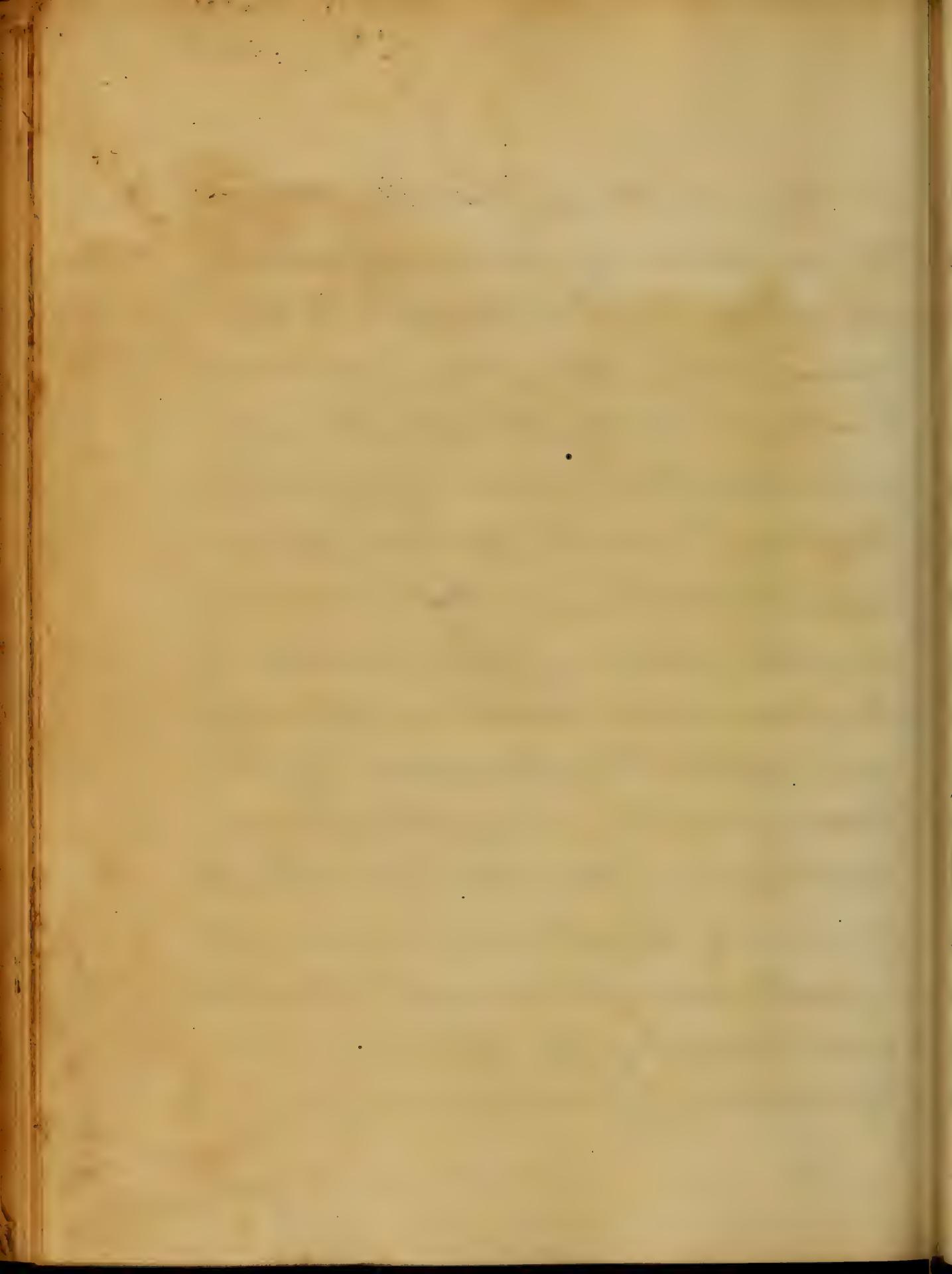


restimulation, apply figura
tively to the treatment
of inflammation.

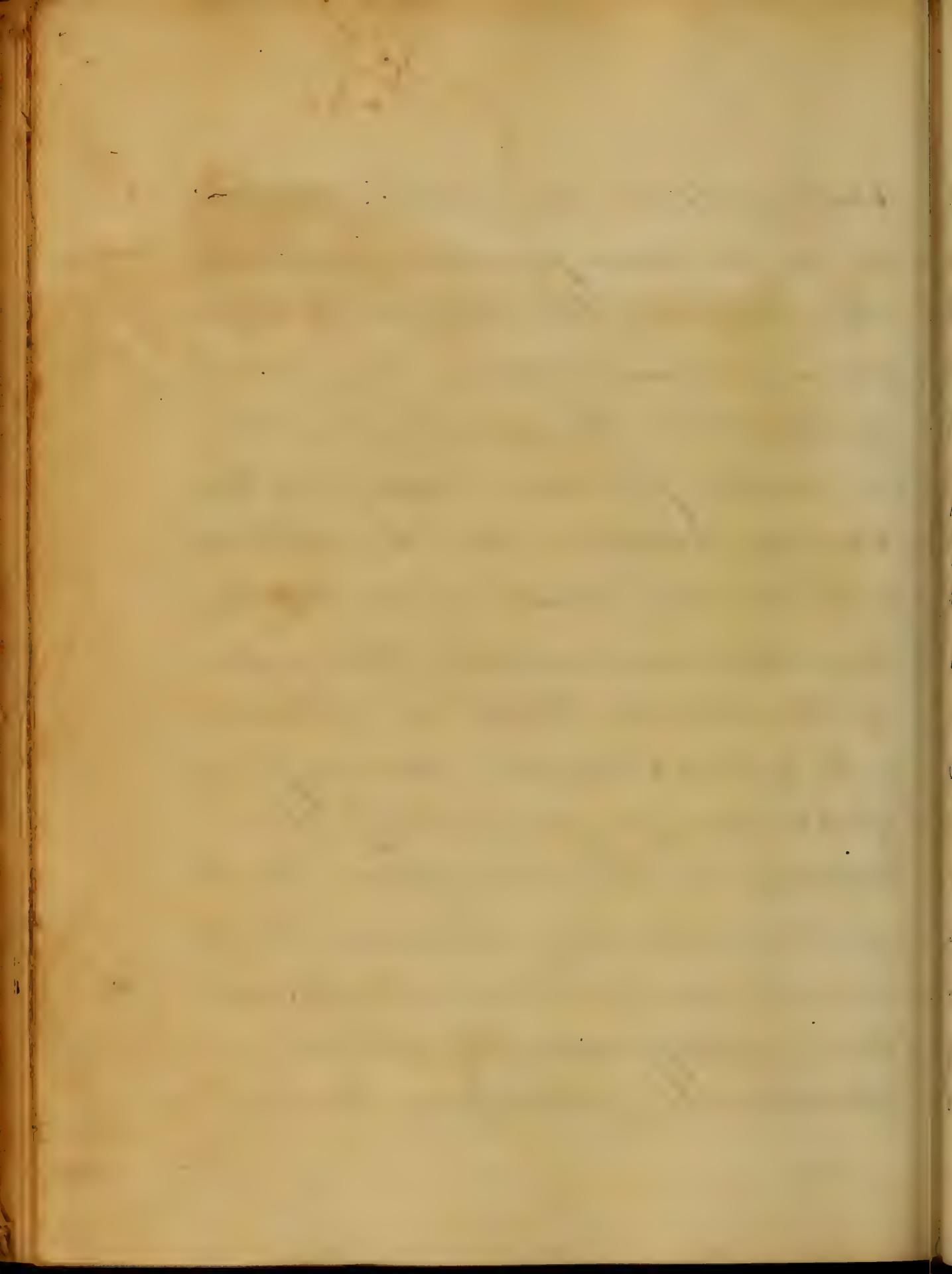
Since I have been considering
the dietetic plan of treating
inflammation, it may
not be improper to consider
the signs by which inflam-
mation is recognized; the
requisite or visible signs
of genuine inflammation
are heat, redness, pain, and
swelling; by heat is meant
of course that it is either
natural or that it exceeds
the ordinary healthy tem-
perature of the part though



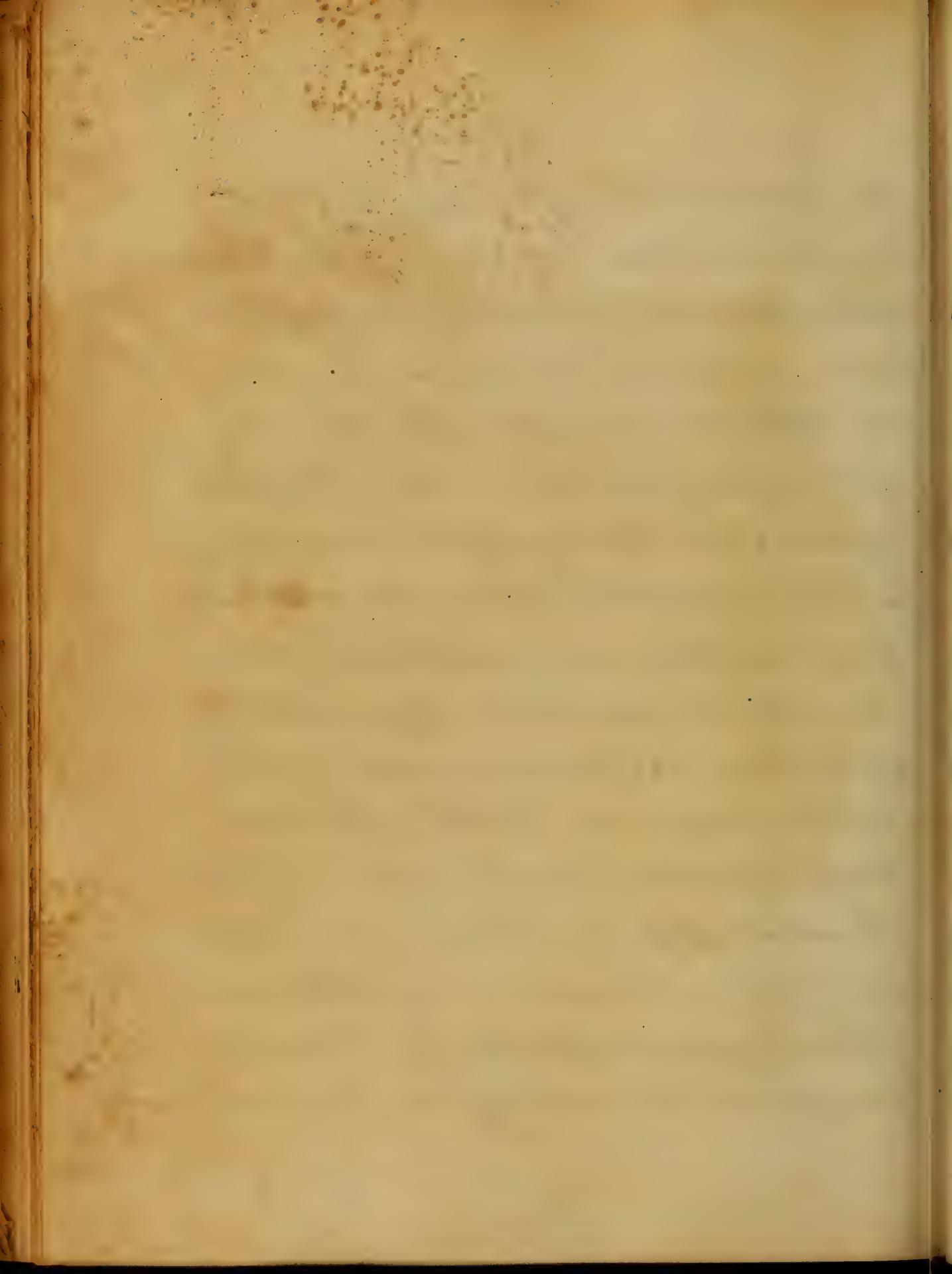
it does or cannot rise higher
than that of the internal
portion of the body. what
causes this preternatural
heat, it is by the influx of
arterial blood and oxygen to
the part. as it has long since
been ascertained that all an
imal heat is generated by
the mutual action of the oxy
gen with the elements of the
tissue, carbon, and hydrogen.
heat alone does not constitute
or imply inflammation as
a part may be made hotter than
natural by friction or
by holding it before a fire.



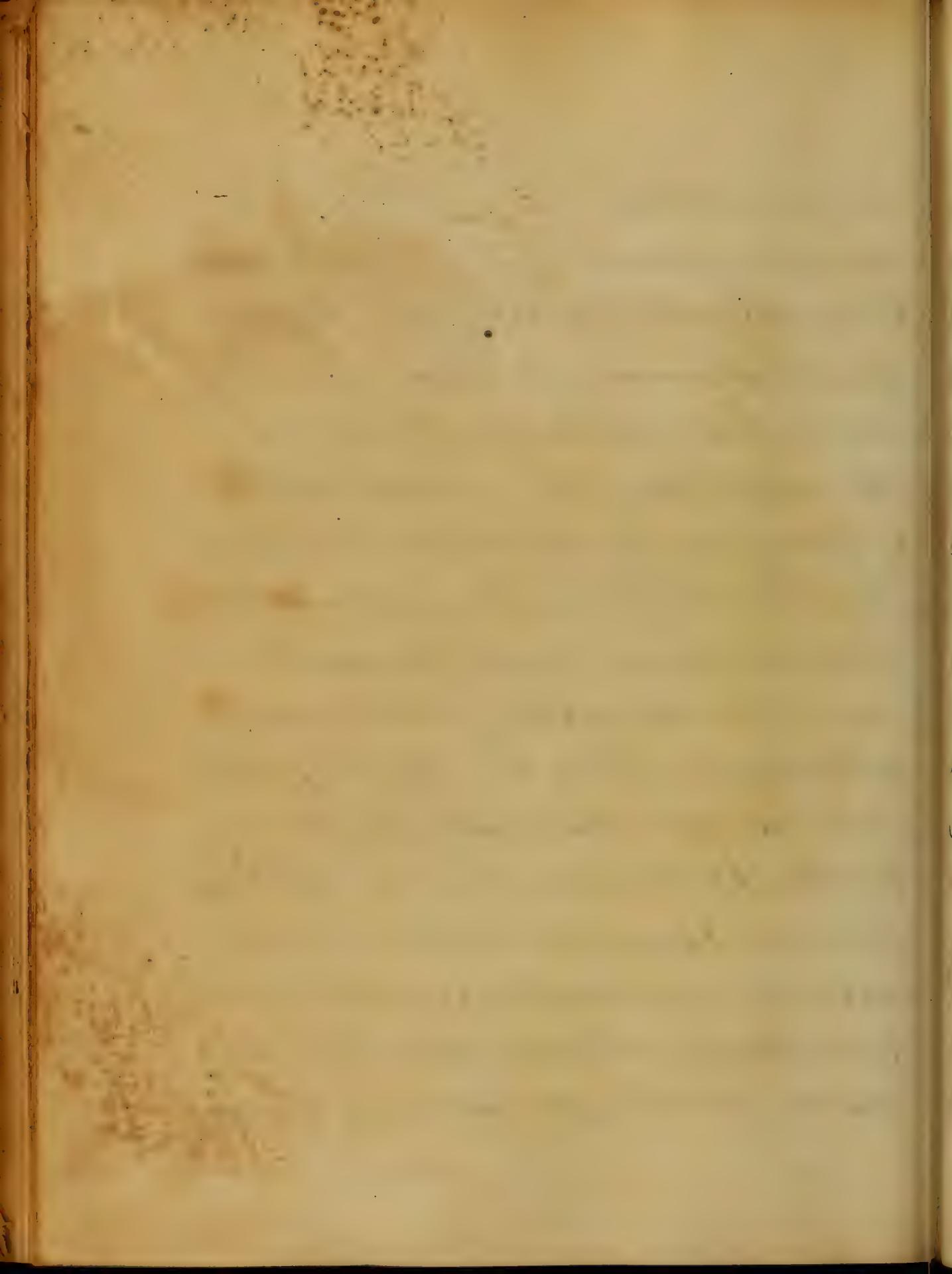
Redness like the above phenomena
is also preternatural
this as like the above originates
from a morbid flow
of blood to the part, injecting
in many cases vessels which
are invisible in health and
which are destined to circulate
invisible fluids
of the blood. Blood is often
traversed in consequence
of an engorgement of the
vessels on the surface, not
intended by nature to receive it and whose coats not
being sufficiently strong or
elastic, they therefore burst



and allow the fluid to be distributed among the tissues. Pain varies much in different cases depending as much on the natural sensibility of the patient as on the part affected. Very often we see parts which are endowed with but little sensibility in health become exquisitely so when inflamed. What is the cause of the tenderness in an inflamed part it is supposed to be on account of the tension of the nervous fibrils produced by the swelling which everyone knows

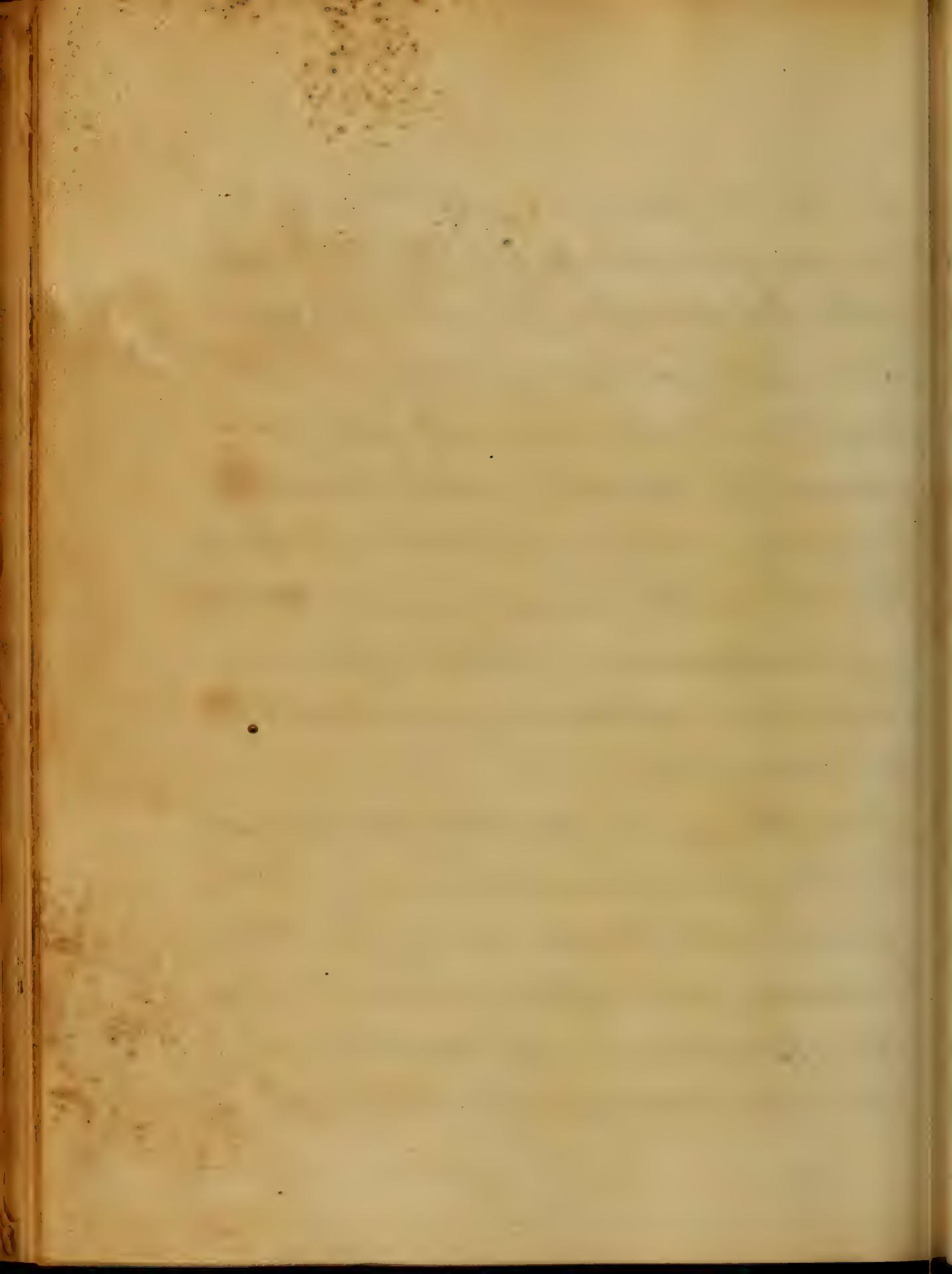


is doubtless correct who
has suffered any with boils.
I was sent by my preceptor
last summer to see a lady
who had a large boil in
the axilla, on examination
I found it seated between
the Pectoralis major and
Latissimus dorsi muscles,
and recollecting that an
abscess seated in that place
could not dissect its way
back between the last men-
tioned muscle and ribs, I
advised a continuation of the
poultice which was then being
used for the purpose of bringing

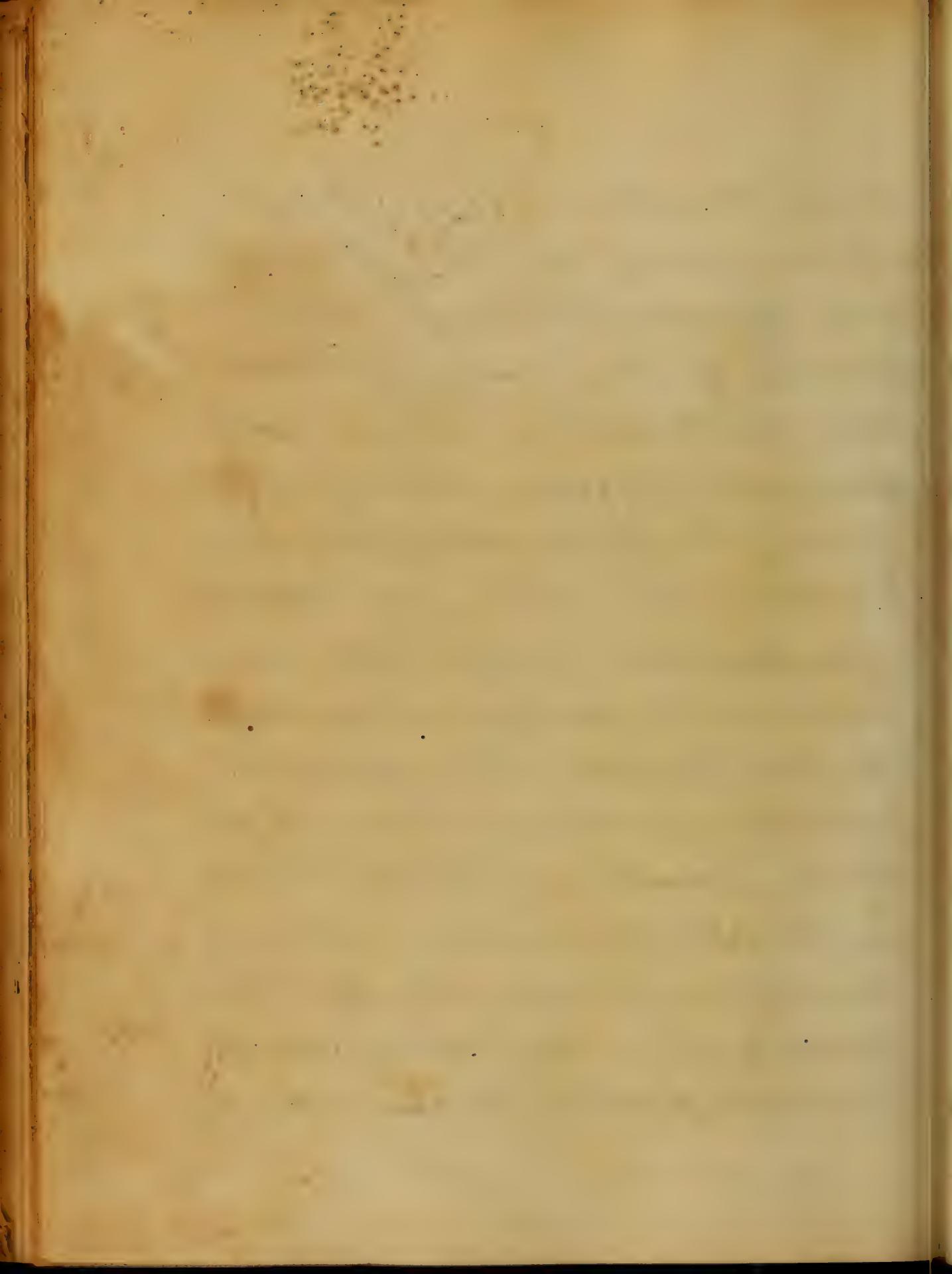


it to a point which it did
in a few days. So that I was
able to lance it, and so soon
as a half pint of matter was
discharged, a most perfect
ease of pain ensued, show-
ing me at once that it was
the brachial plexus of nerves
under tension which produced
the almost insupportable
tenderness.

Swelling is produced at first
in inflammation by the
great distension of the blood
vessels, and after a time by
the presence of matter in
the interstices of the tissues.

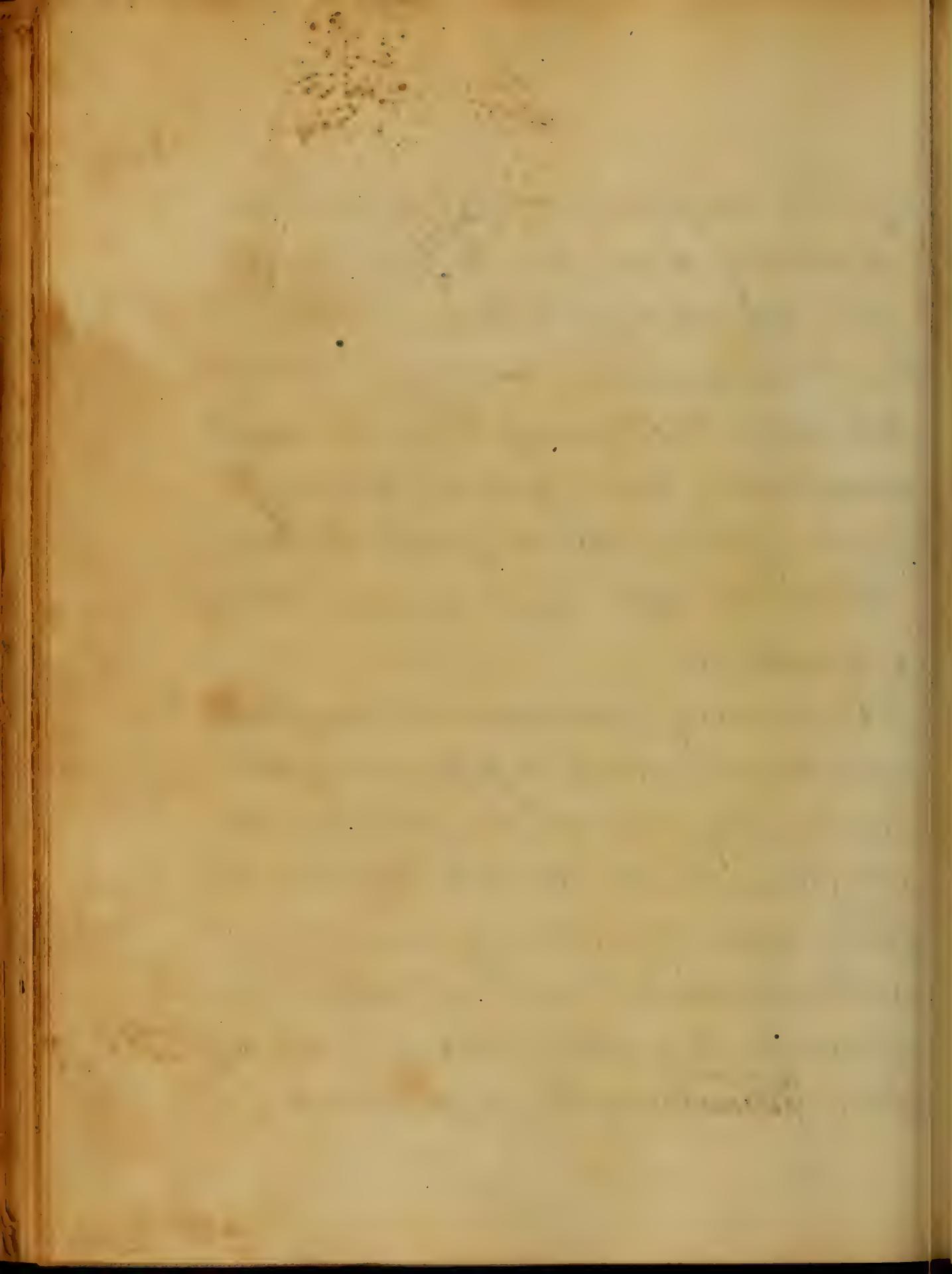


those matters being the con-
stituents of the blood which
are effused through the
coats of the vessels from
over distension, and which
are undergoing change. Some
times the lymph effused
particularly when on a mu-
cos surface coagulates and
becomes organized. Sometimes
the swelling, as is the name, is
produced as I have said before
by the bursting of the little vessels
on the surface, and allowing
the life fluid itself to be
effused; the degree of swelling
depends partly on the intensity

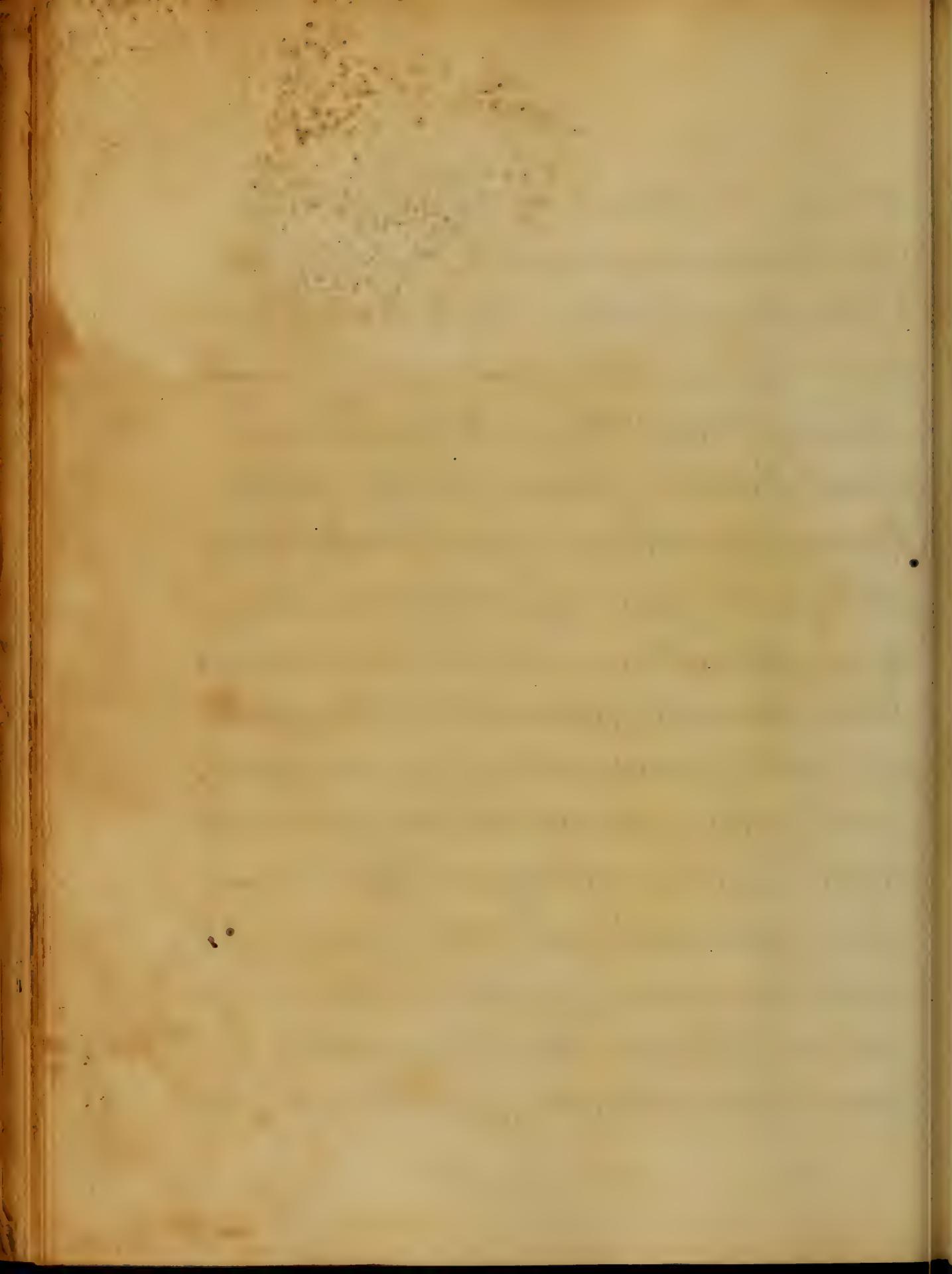


of the inflammation and partly on the texture of the part affected; it cannot be considered as an always present symptom in inflammation, and yet it may and often does exist when there is no inflammation present.

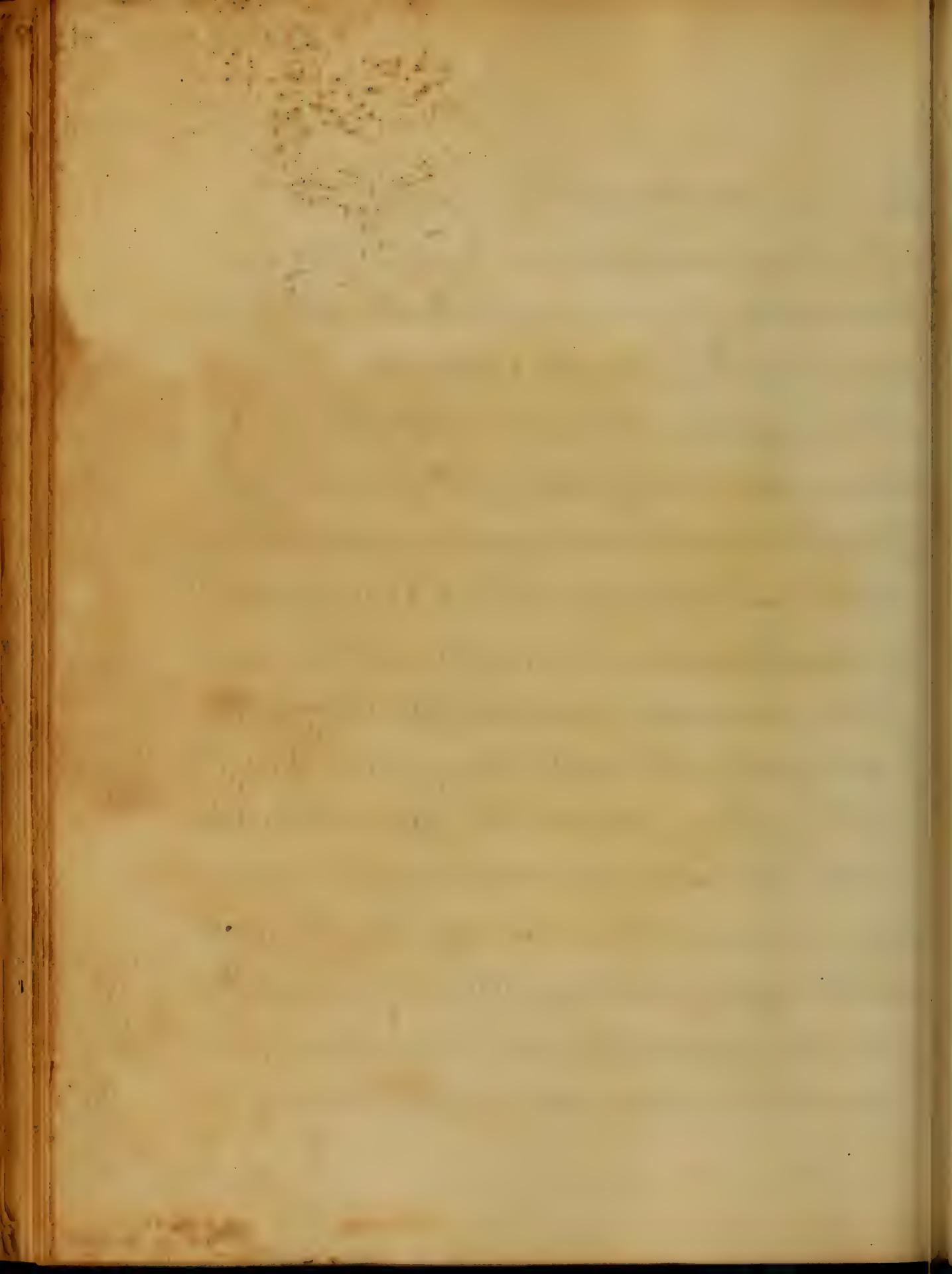
Having considered inflammation as it appears externally by the four sensible signs, how do we know when they are existing in the Stomach; what symptoms do they give, heat redness & pain ^{present} present for a diagnosis

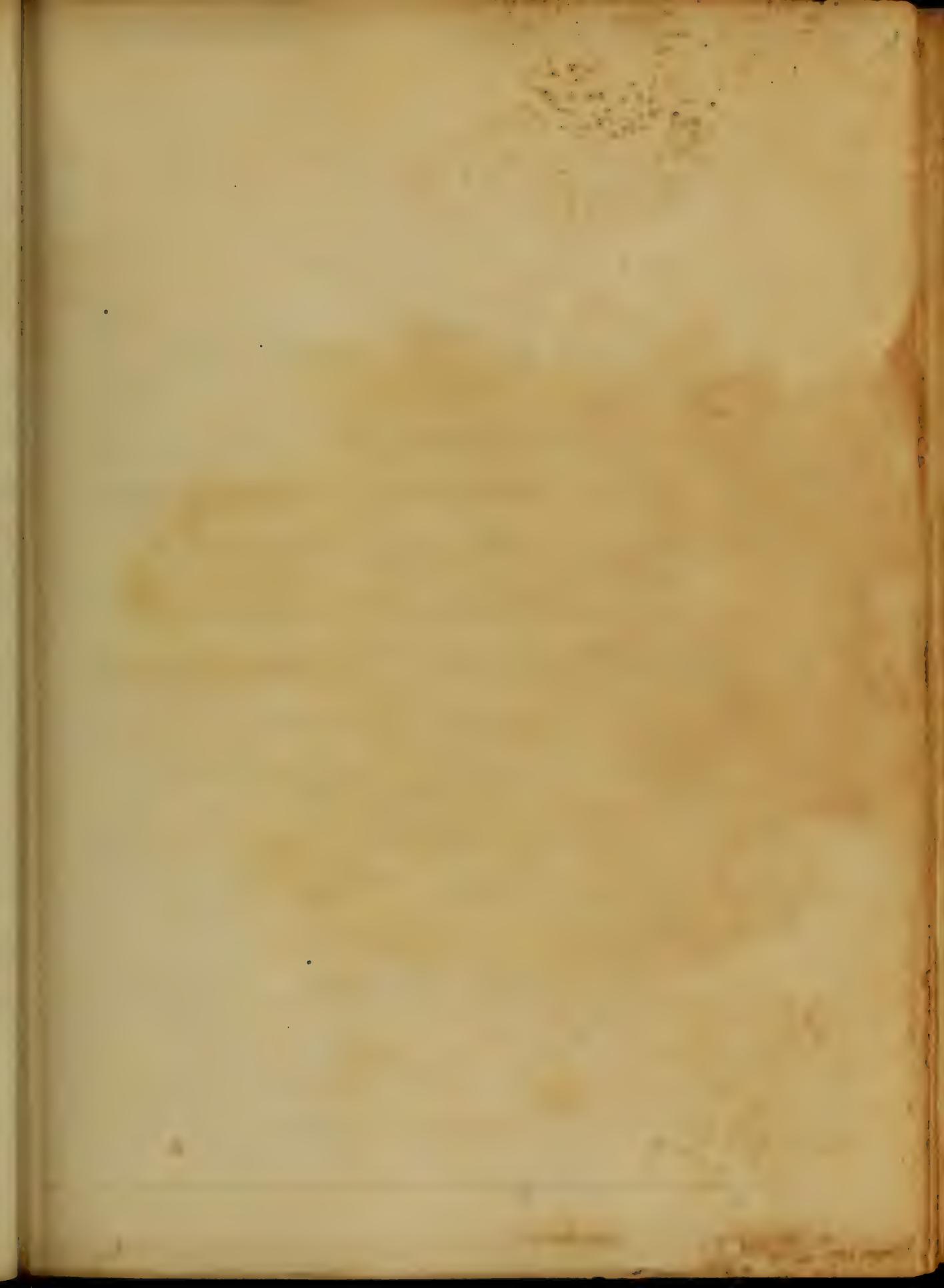


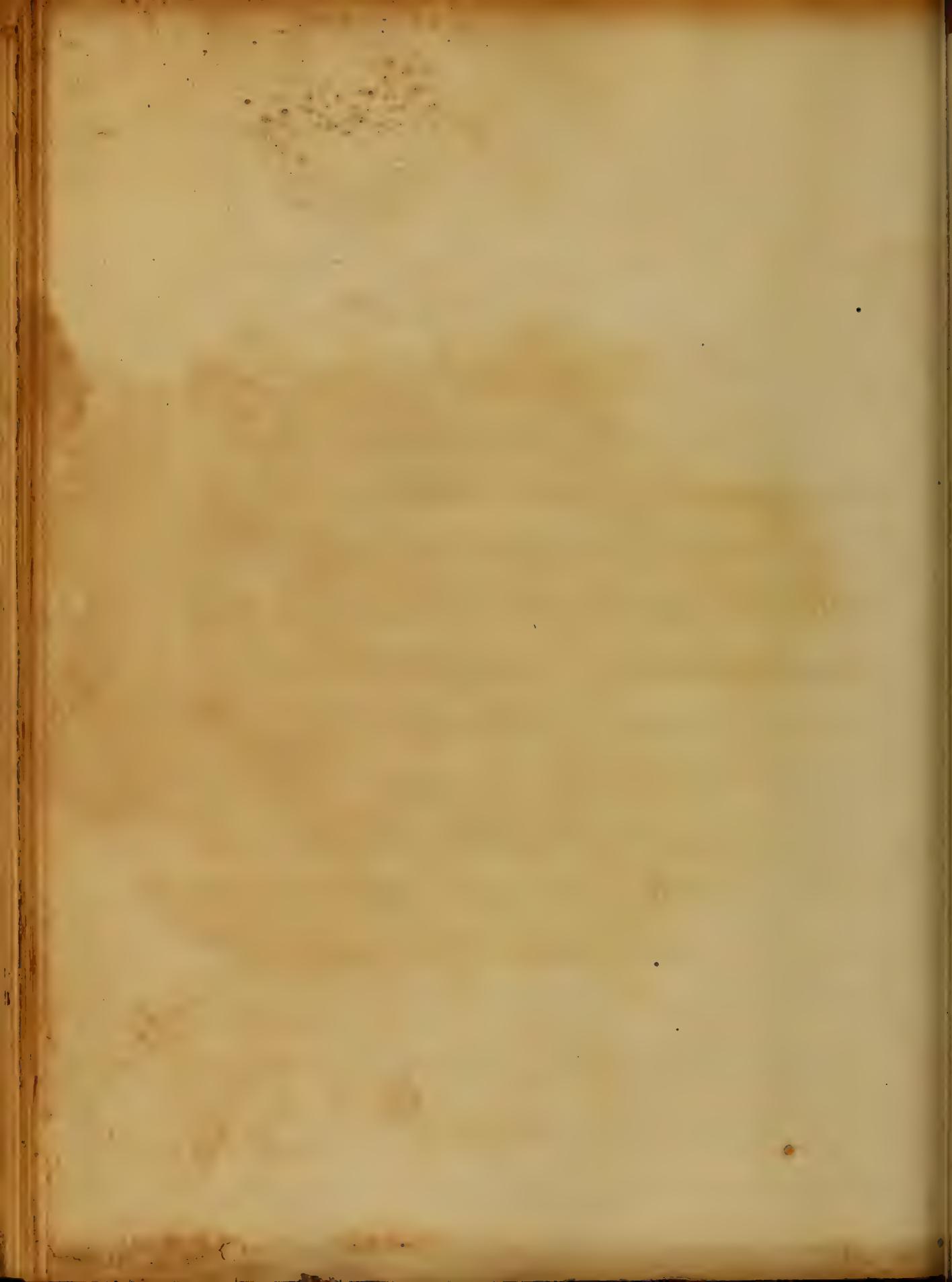
when produced by the action
of corrosive poisons which has
I hinted before, a violent vomiting
case is rarely excited by any
thing else; there are severe
and burning pain in the Epigas-
trium continued and excepting vom-
iting, at first of whatever may
be in the Stomach, then the Change
blood presenting something the appearan-
ce of Coffee grounds, a low grade offering,
with a small and weak pulse, the
feature are collapsed and vacant
in expression, little or tremities,
and a damp skin; there is
great thirst and a cruel and
desire for cold drink but when



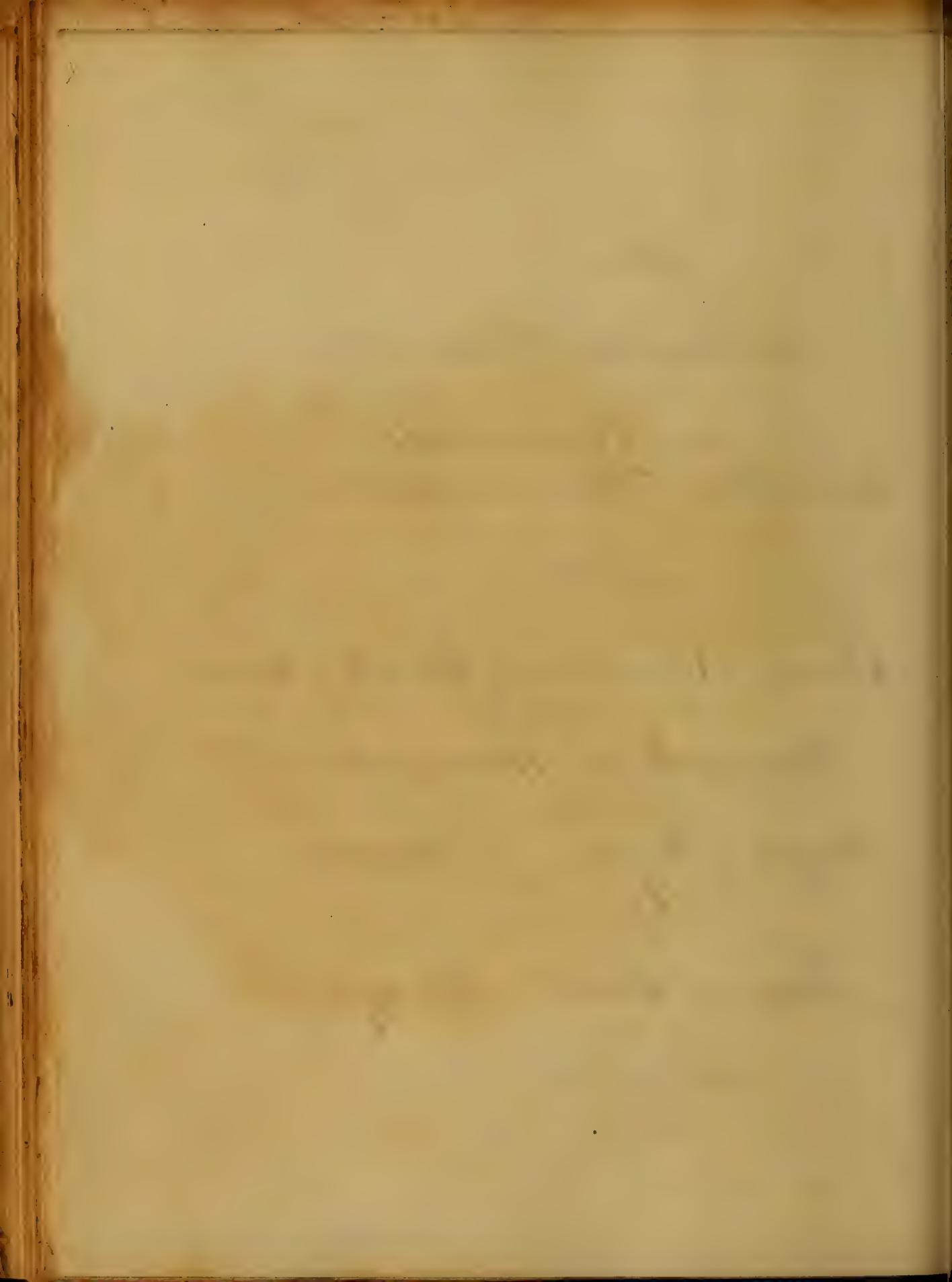
as it is swallowed it is rejected.
If the symptoms have been
caused by a corrosive poison,
which when violent and severe almost
always are, the first thing to be
done is to try and get it out of
the stomach as much as possible,
and neutralize what remains
by antidotes, then treat the in-
flammation antiphlogisti-
cally by bloodletting, and very
often we find the pulse (which
was before small and weak) rise
up under the use of the lancet,
also apply plasters of Cantharides or mustard
over the epigastrium and rectum.
 vomitings by opium and its preparations.





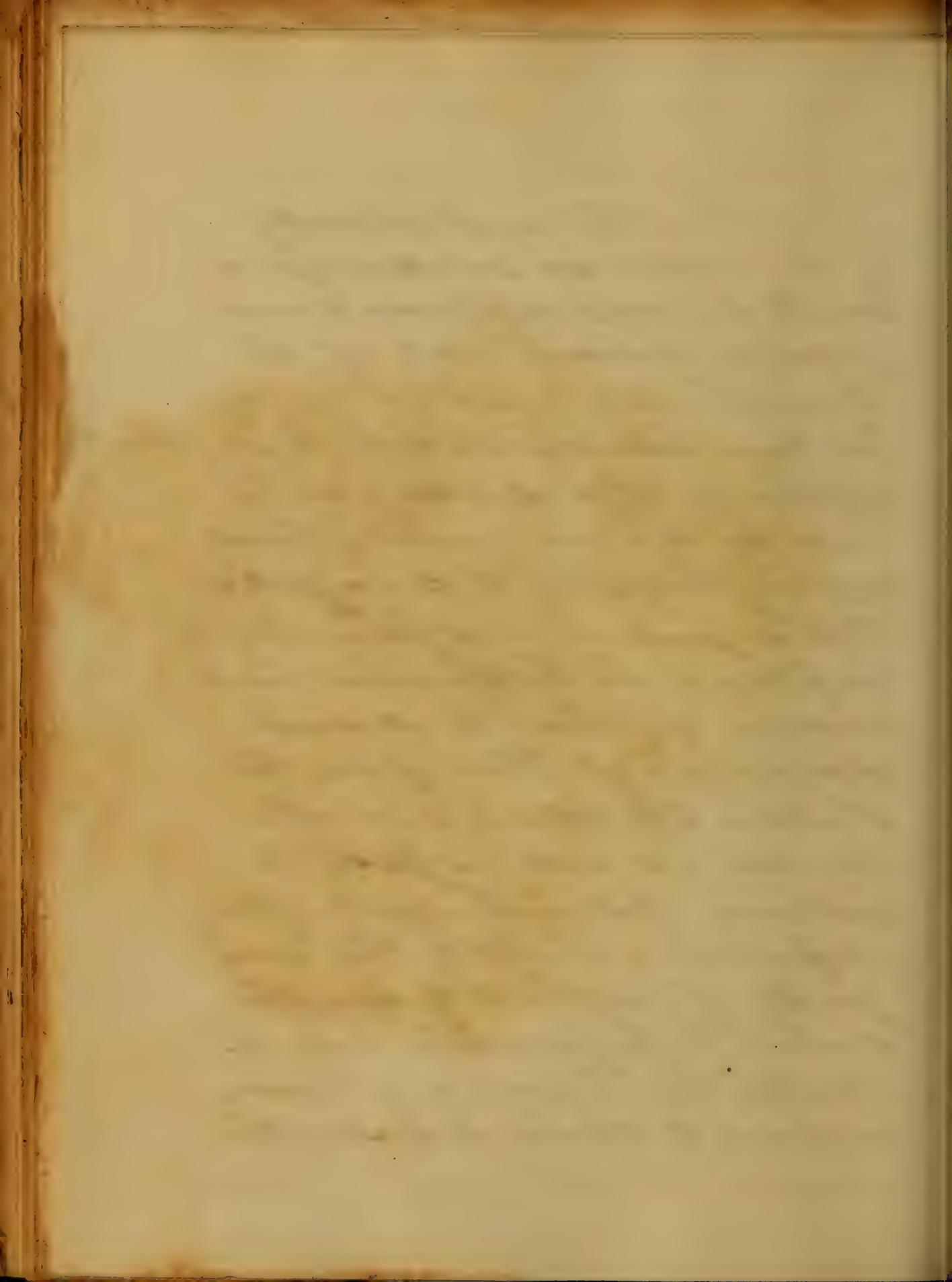


An
Original Dissertation
On Gemmology.
submitted to the Examination
of the
Provost, Professors and Faculty, &c.
of the
University of Maryland
for the
Degree of Doctor of Medicine.
by
Joseph Smith, M.D.
of
Maryland
1819.



Near the anal extremity
of the rectum we sometimes find
small tumours, supposed to arise
from a varicose state of the
hemorrhoidal veins.

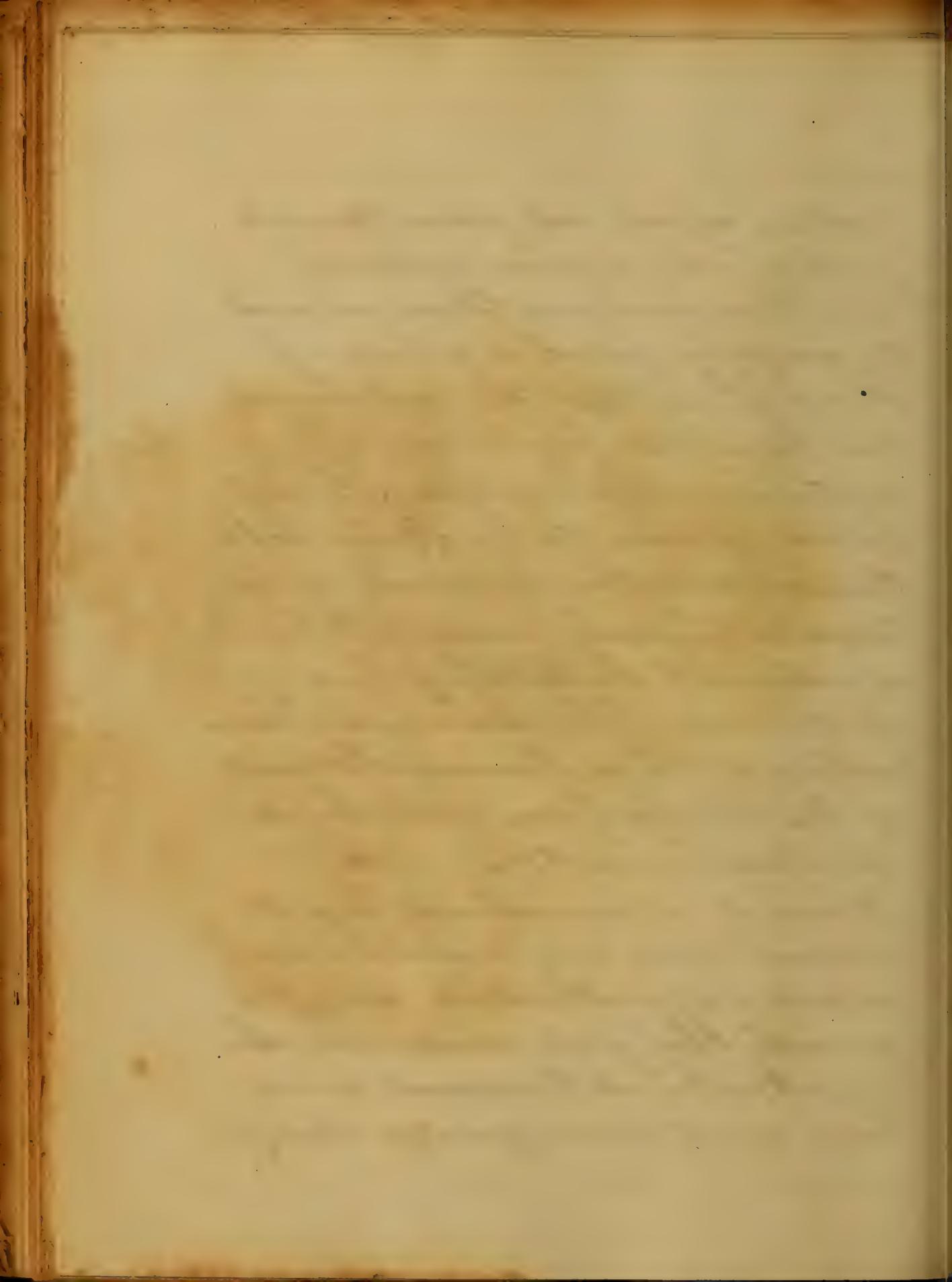
The term hemorrhoids has been
applied to this disease and is
now by common consent almost
entirely limited to this affection.
But we find it was formerly
employed by both ancient and
modern authors to describe
discharges of blood from the
bladder, the uterus, and other
organs, as well as from the
rectum. Notwithstanding the
exceptions alluded to, the ma-
jority of authors, from the
time of Hippocrates, have re-
stricted the meaning of hem-
orrhoids to those diseases of the



rectum which will form the subject of the present article.

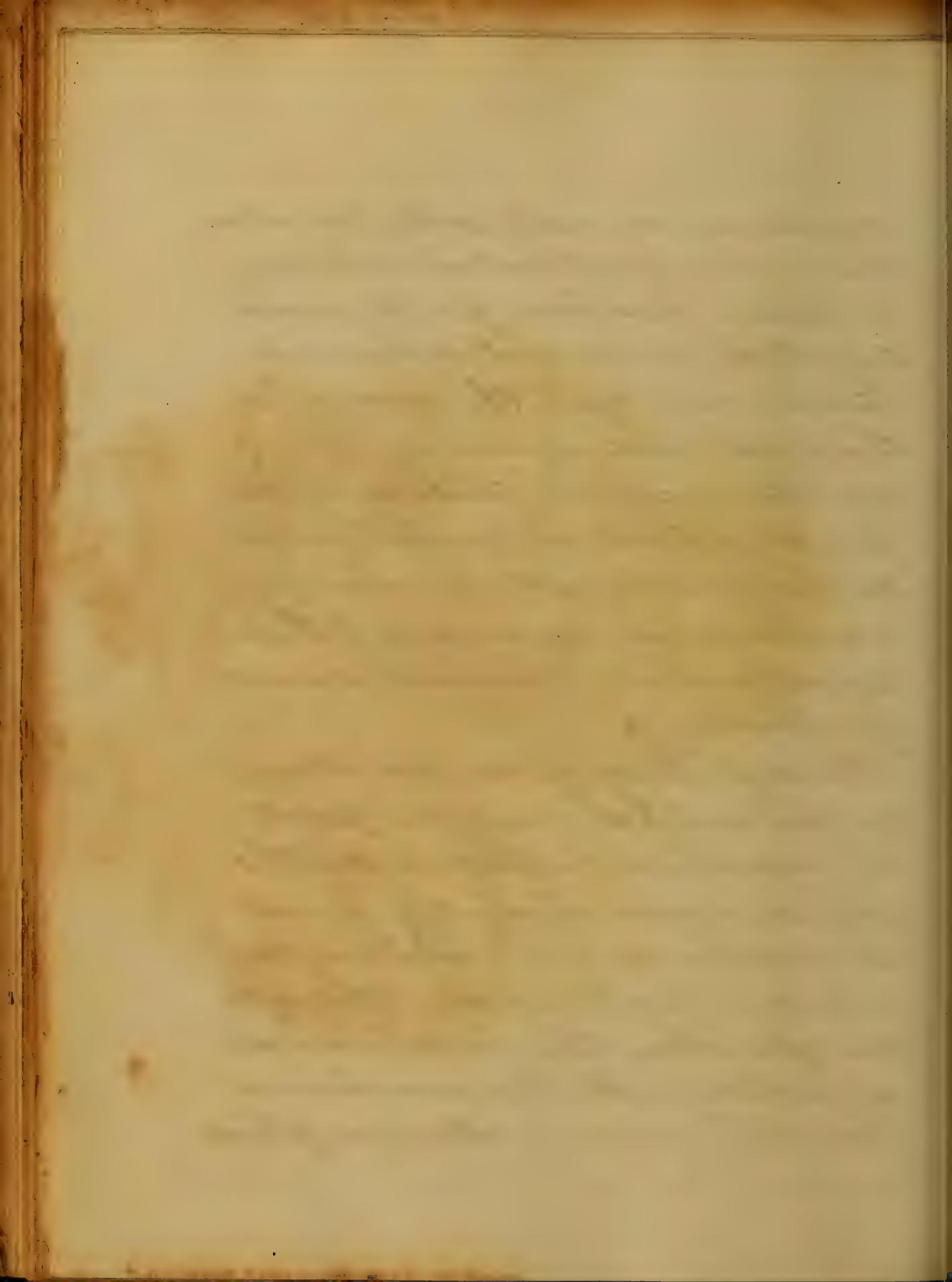
By Hemorrhoids. Chem. we wish to imply, first a flux of blood from the rectum without any tumours internal or external; secondly a flux of blood from the rectum with tumours either internal or external; thirdly tumours internal or external without flux of blood. The discerning characters of these tumours and of the blood-flux will be described hereafter.

"When it is remembered" says Dr. Burne, "how very common hemorrhoidal affections are, how frequently they fall under our observation and treatment and how great the sufferings they



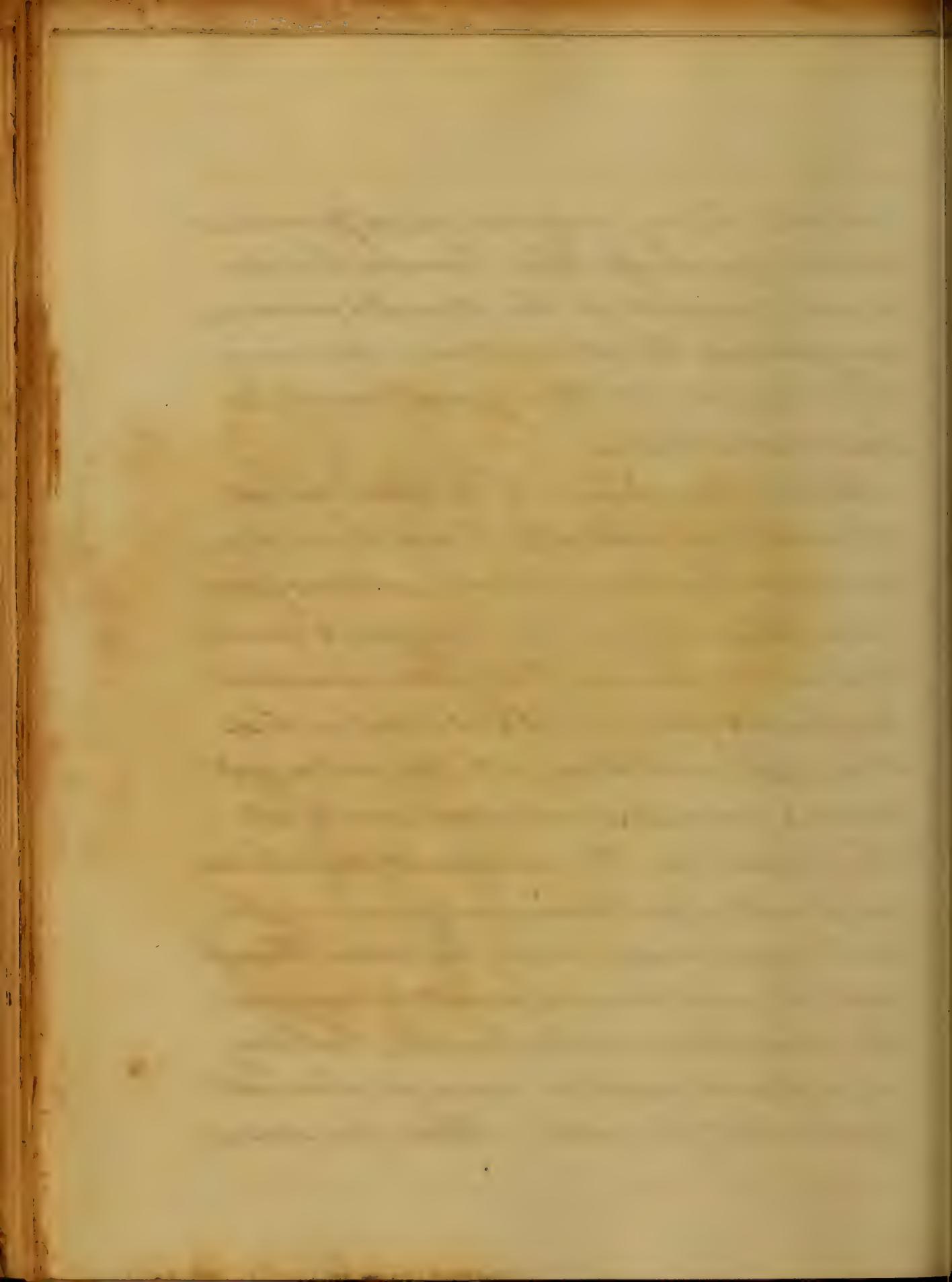
occasion, we naturally conclude
that every particular relating
to them has been fully inves-
tigated and satisfactorily
made out; yet the reverse is
the fact; and innumerable as
are the dissertations and other
publications on Hemorrhoids,
we have sought in vain for
accurate information of their
anatomical characters and
pathology.

The deficiency of information
on this subject may in part
be ascribed to the few deaths
which occur absolutely from
Hemorrhoids; for, excepting the
cases which prove fatal after
an operation. The individuals
affected with Hemorrhoids
usually ^{the} of some other complaint.



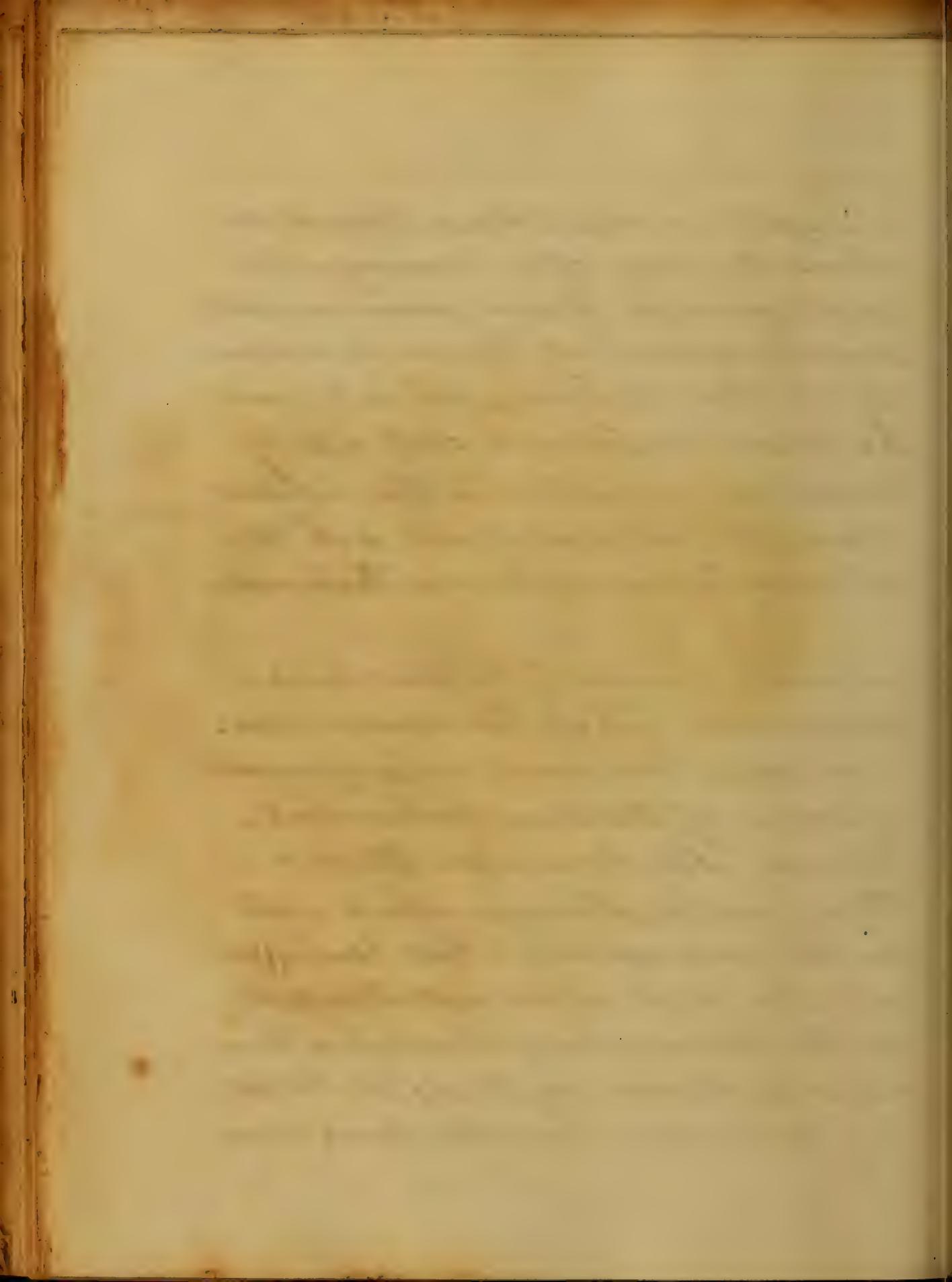
which, being urgent and prominent, while perhaps the hemorrhoids have ceased to be troublesome, engrosses the attention during life, and at the post-mortem examination.

State of the rectum - The anatomical characters which have been discovered by dissection, are excessive vascularity of the mucous membrane covering the tumours and hypertrophy of the cellular tissue. The irritation of the enlarged veins causes various morbid changes in the mucous membrane and cellular tissue adjoining. The enlarged veins may be seen through and lying immediately under the mucous membrane, taking a perpendicular course almost parallel to each other for seven



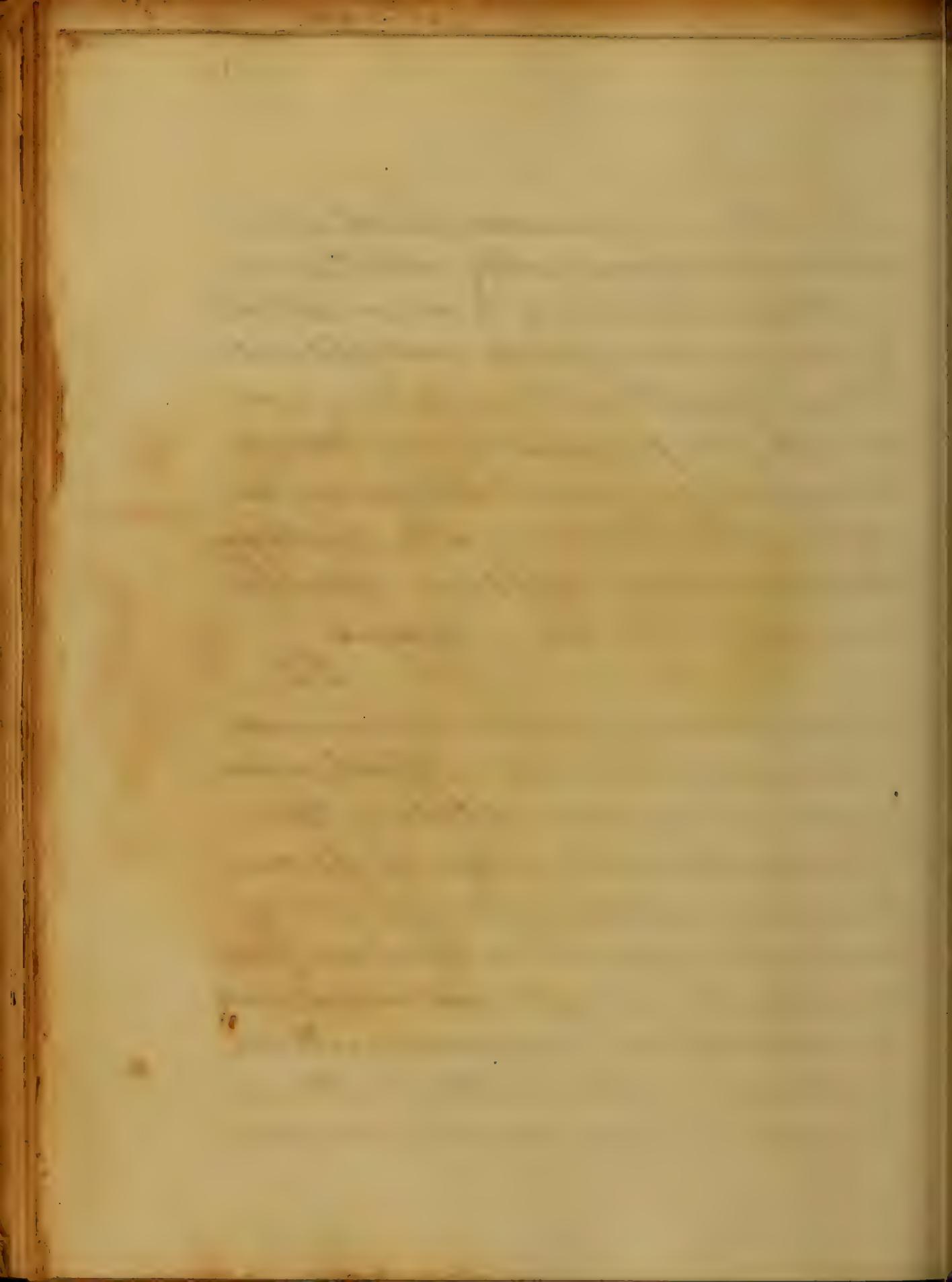
or eight inches, their trunks are about the size of a crow-quill, and formed from innumerable small veins at the anal extremity of the rectum, which cause the bowel to become intensely vascular. Sometimes there is found a small varicose knot with the cellular tissue around thickened.

Anatomical characters of the Hemorrhoidal tumours. These tumours consist of varicose enlargements of some of the hemorrhoidal veins. By some authors they are distinguished into such as discharge blood, bleeding piles; and into such as are not attended with hemorrhage, blind piles. Farages proposes calling the bleeding tumours hemorrhoids, and



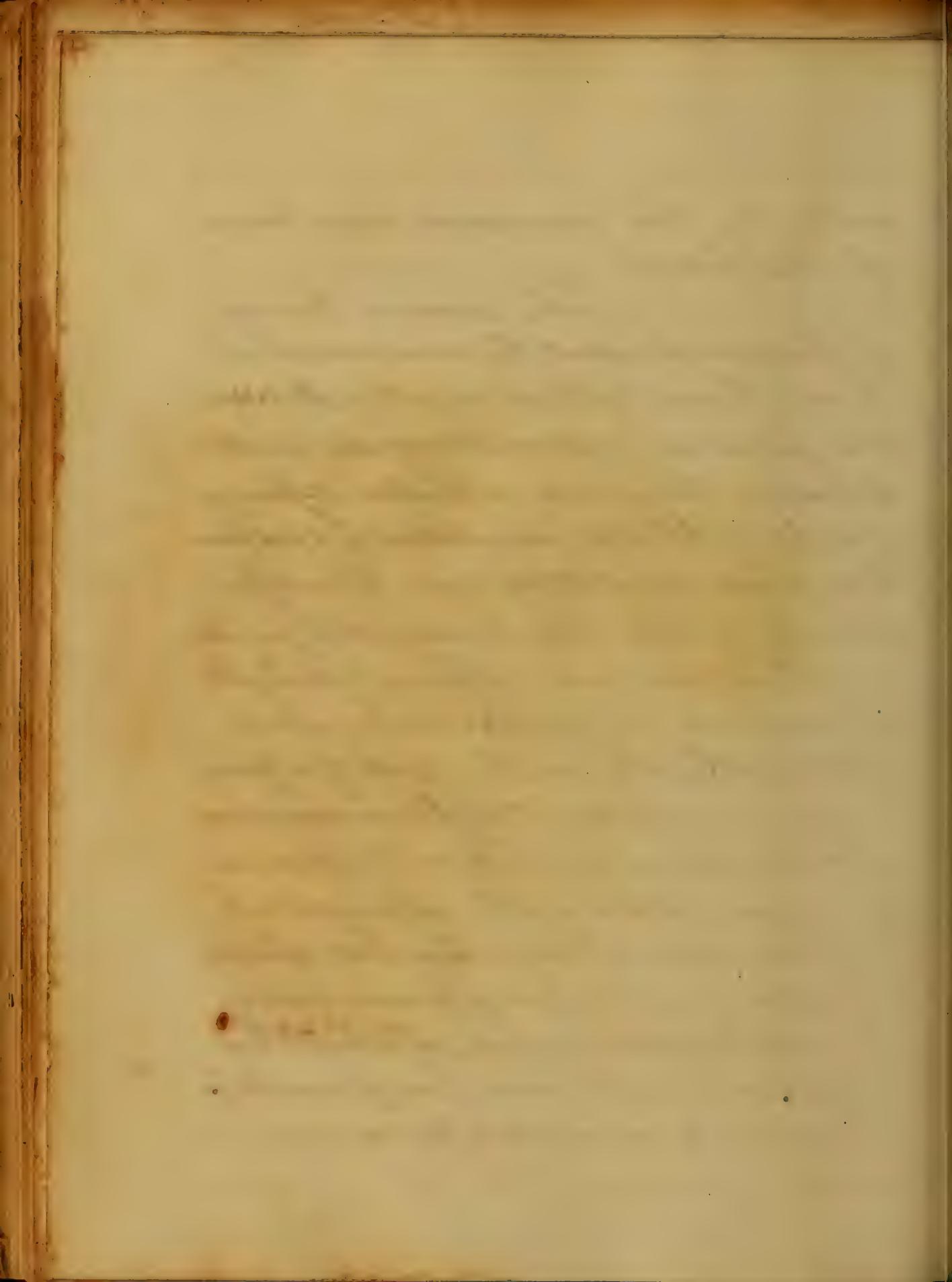
the blind manœvra. Such are
the notions usually entertained
of these tumours, notions which
give us very little insight into
their exact nature, seeing as
we shall presently do, that
they differ so materially in
their structure as to justify
the division of them into the
several following kinds.

The
first kind (generally termed
varicose) is that which arises
from a varicose state of the
hemorrhoidal veins, or from
the accidental enlargement of
a small vein at a certain point
by which a cyst distended with
venous blood is formed without
rupture of the coats of the
vessel, and is covered



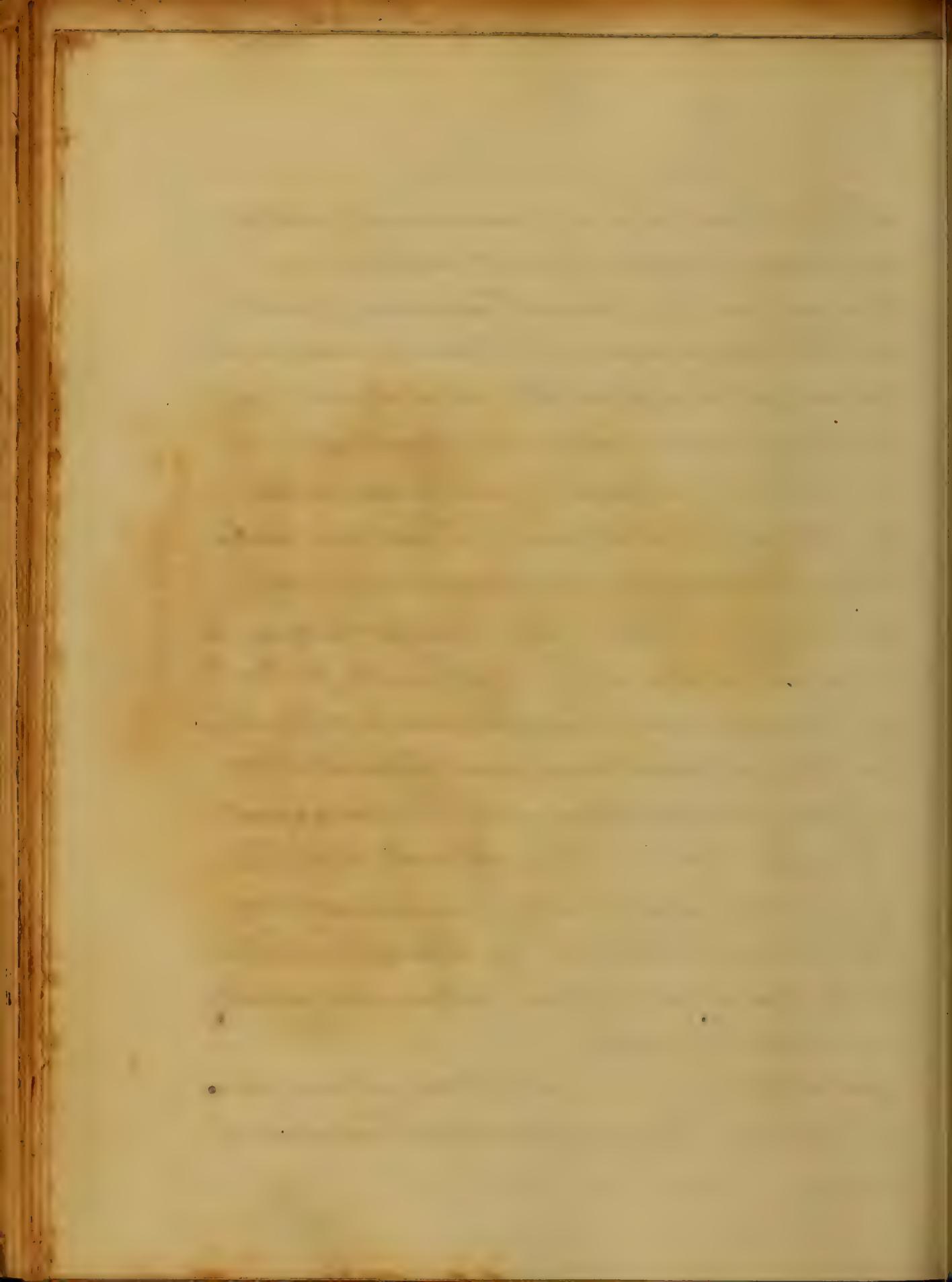
only by the mucous membrane
of the bowel.

The second kind
of hemorrhoidal tumors which
have been called erectile,~~& ~~dark~~~~
are found resembling an erectile
tissue: they are cellular, spongy,
full of blood, excessively vascular
and sensitive, and bleed profi-
fusely from innumerable points
on their surfaces: a fine example
of which is furnished by Sir
James Earle, in the case of a young
lady, in whom the tumor was
about nine inches in circum-
ference, separable into several
lobes, and altogether like a piece
of sponge, weighing from one
pound. It was however, of a rather
appearance, soft, and compressible.
Observations of Hemorrhoidal Externities



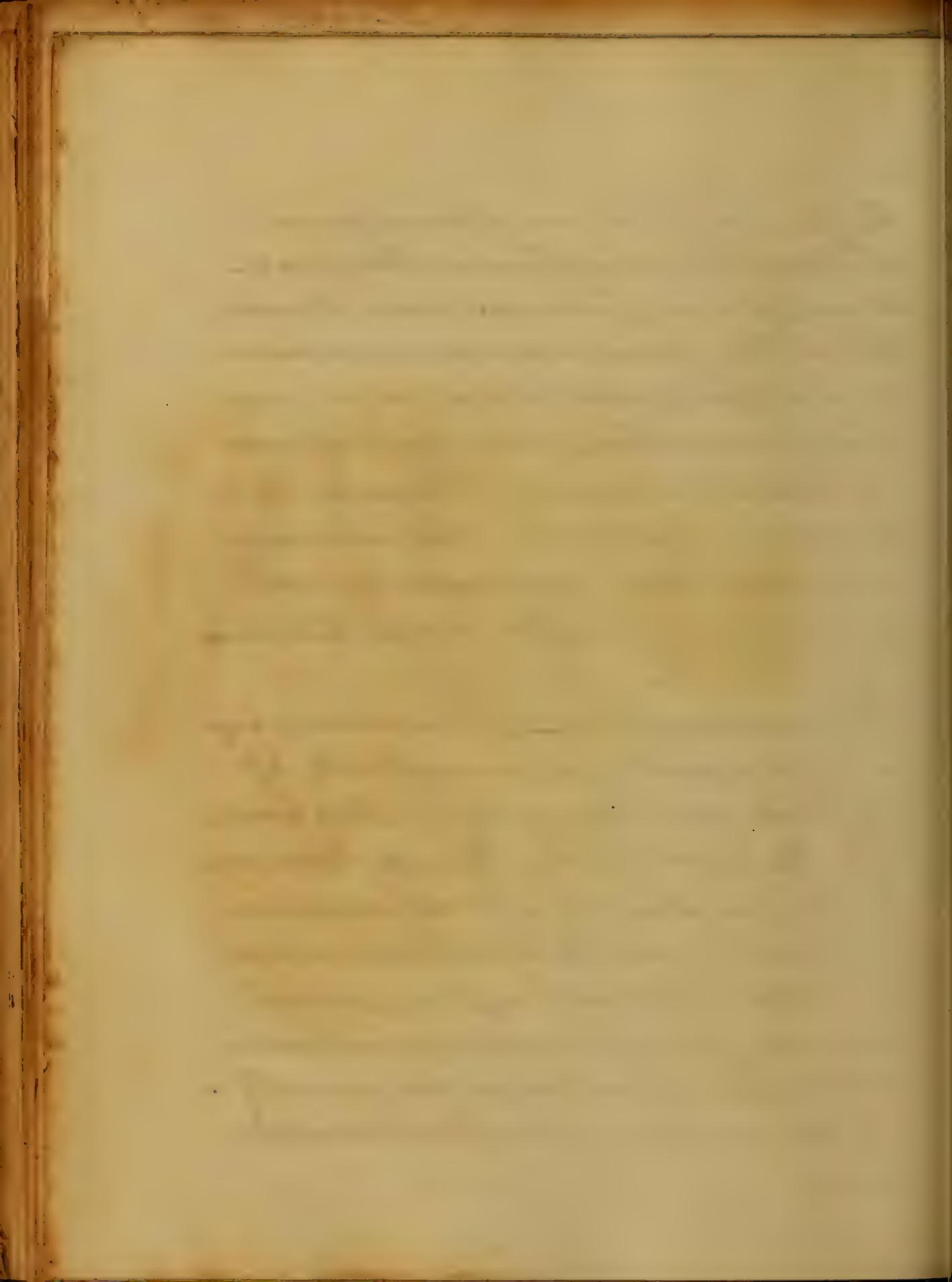
The third kind of common piles called
marises may be met with in
the form of small tumors just
at the margin of the anus and
covered half with skin and half
with mucous membrane; or
of folds of integument external
to the sphincter. These are cal-
led blindfolds because they
do not bleed. At their origin
each is merely a small fold
of mucous membrane, which
with its subsequent concretion
has formed through the anus
by efforts of the closest stool
passed, and being pinched by
the contraction of the sphincter
is prevented from returning with
in the bowel.

Another all the same
second humeral tumours



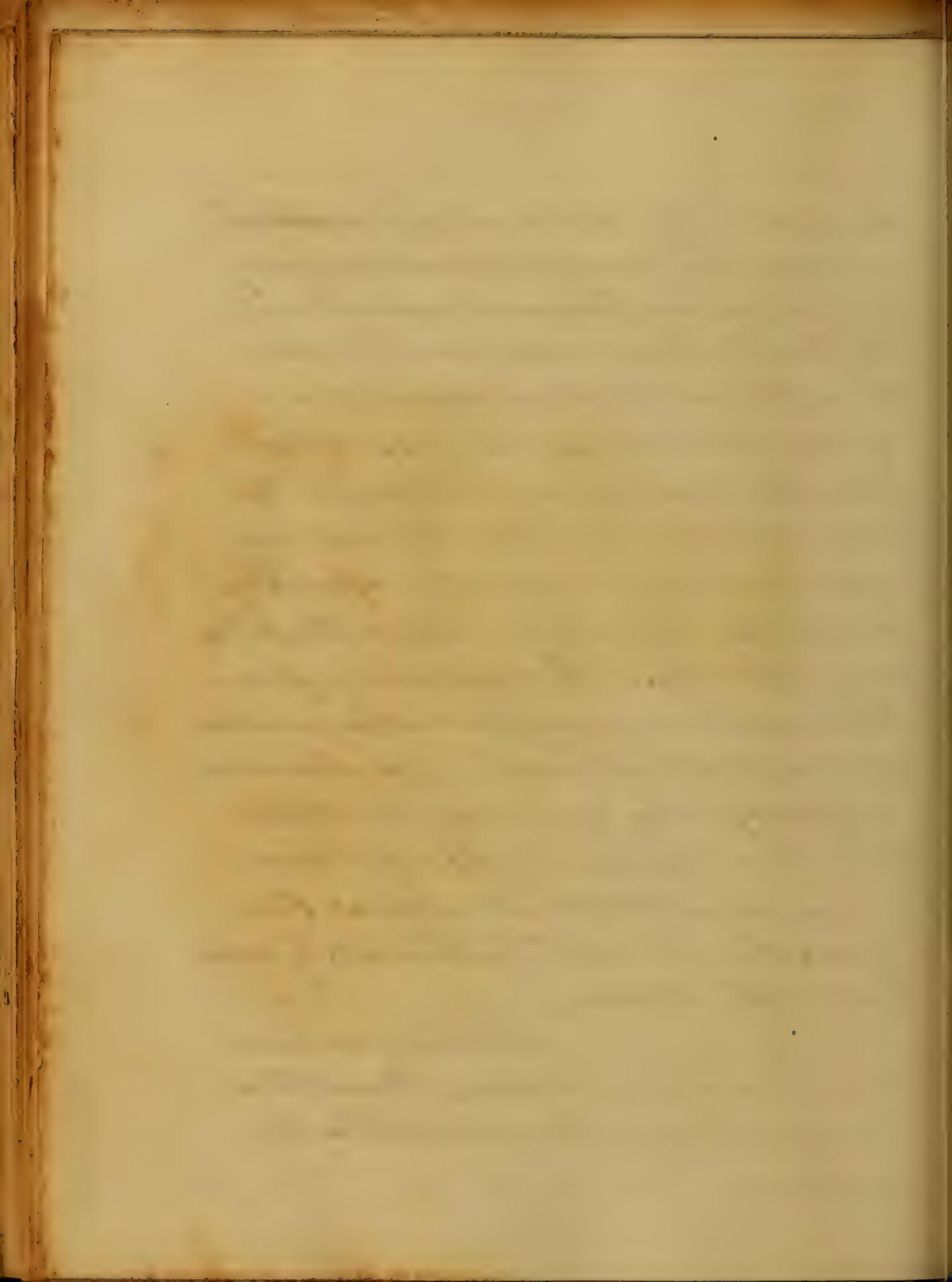
difference in form and
color. When it becomes they become
slimy, fulvous, and tensive
about the nose, and are red ~~and~~
or purplish; and when in an inde-
pendent condition they will be more
or less pale and glutinous,
merely producing the inconve-
niences that necessarily result
from their bulk and situation.

The hemiphallicus - This humor has
is a frequent concomitant of
epilepsy, and may be of two kinds.
In the first place it may be caused
by the bursting of a varicose vein
in which case the blood is venous;
and the hemorrhage is generally
seen only at intervals inter-
vals. But far more commonly
it proceeds from the vessels,

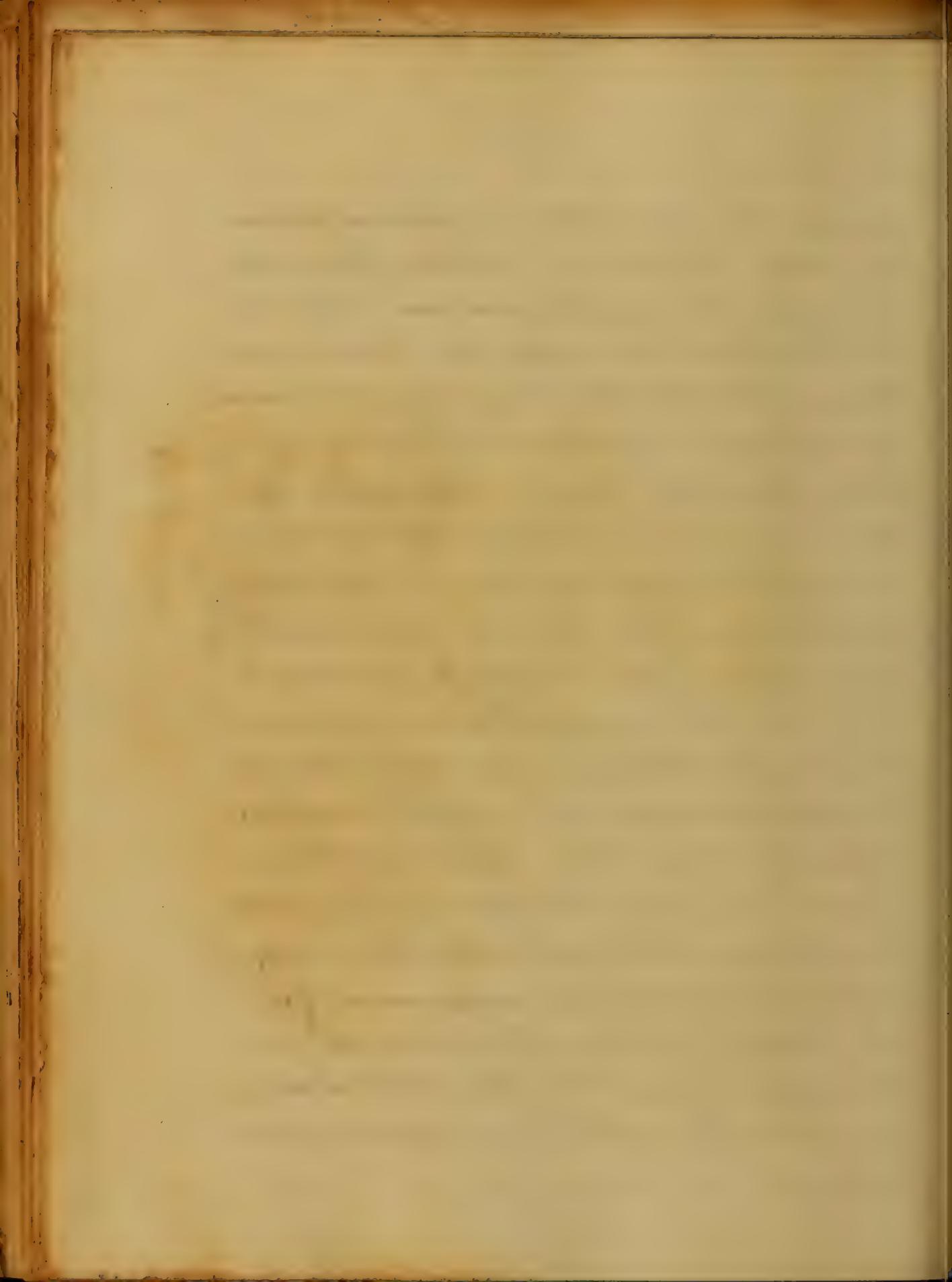


surface of internal pieces; which
gives way under the staining
which accompanies degeneration.
In the latter case the blood
is arterial; it is squirrelled
from the veins in jets, when
the palmar is staining at the
water abscess, and the bleeding
occurs very frequently, especially
when the body is wornish, or the piles
inflamed. Hemorrhage from
the rectum may be distinguished
from that which has issued
higher up, by noticing that the
blood is generally of a florid
hue, and that it covers the
faeces but is not intimately mix-
ed with them.

The loss of blood
is greater than in any
hemorrhage other we relate to

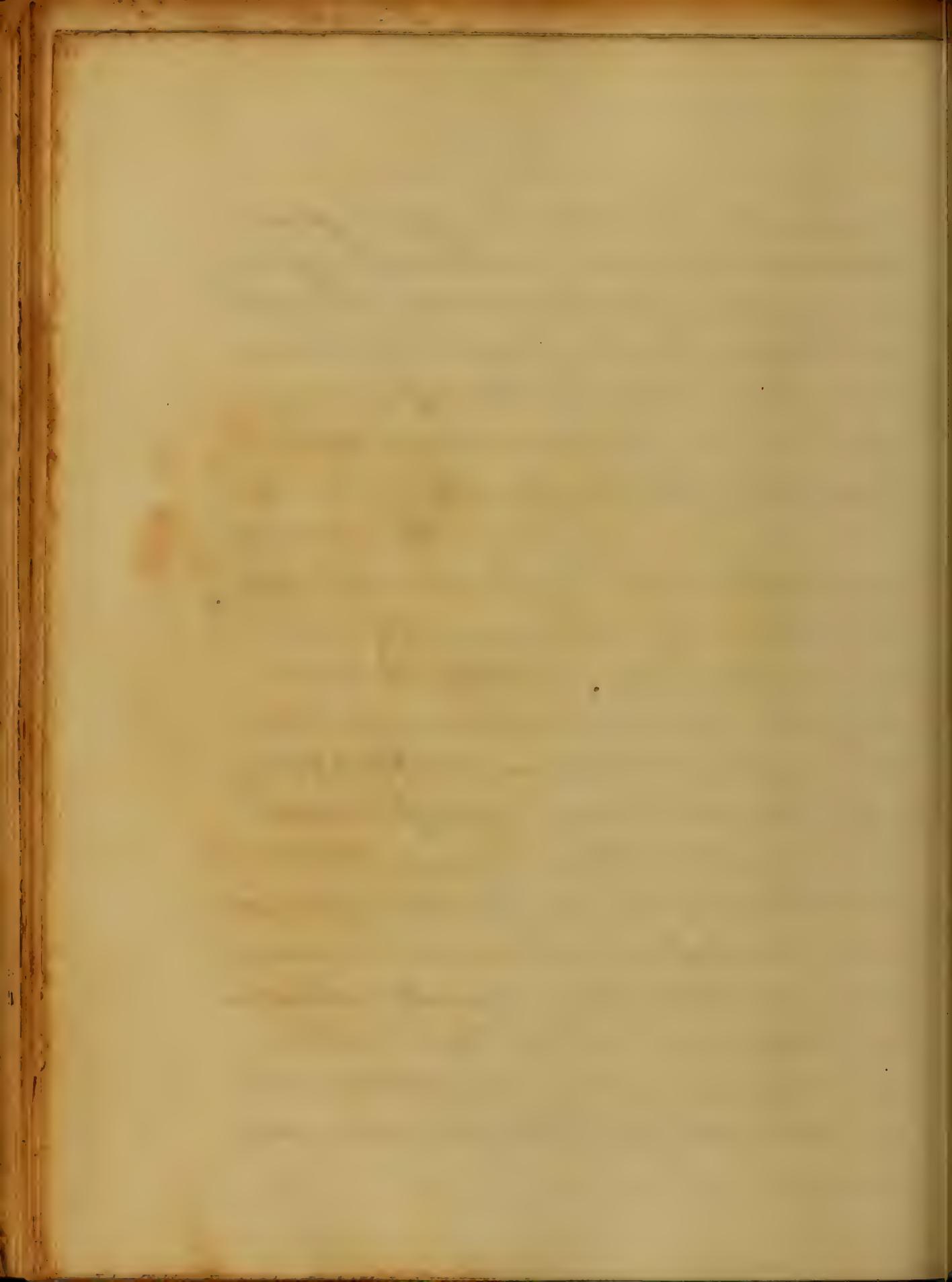


accordingly to the circumstances
under which it takes place.
The most simple form occurs
without any sign or symptom;
thus, without any hemorrhage
or mucus; without loss of
any kind, if an exceptado-
mination of blood to the
rectum; and here the hem-
orrhage, it may be reasonably
conjectured, is the product
of a vital exhalation from
the capillaries of the mucous
membrane. Several drops
of pure red blood may be
lost at the colostomy the
rectum, the patient having
experienced no uneasiness for
no pain either previous or
subservient to the discharge,
and without pain or

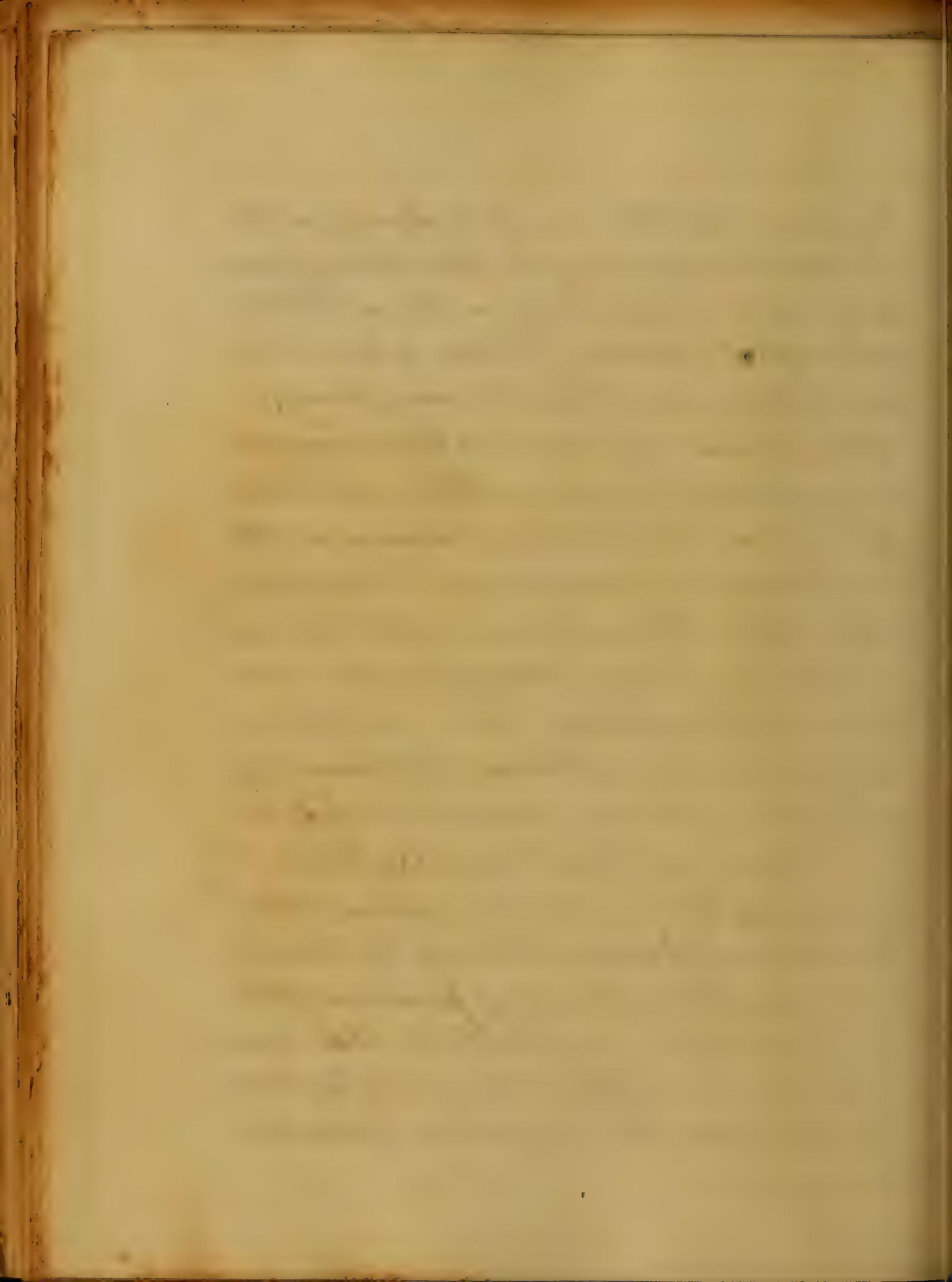


segm ent Hemorrhage, pa-
tients subject to bleeding fits
at intervals of a week, month,
or longer, may lose blood in-
conscious ly, and in place of
a stool to the amount some-
times of half a pint.

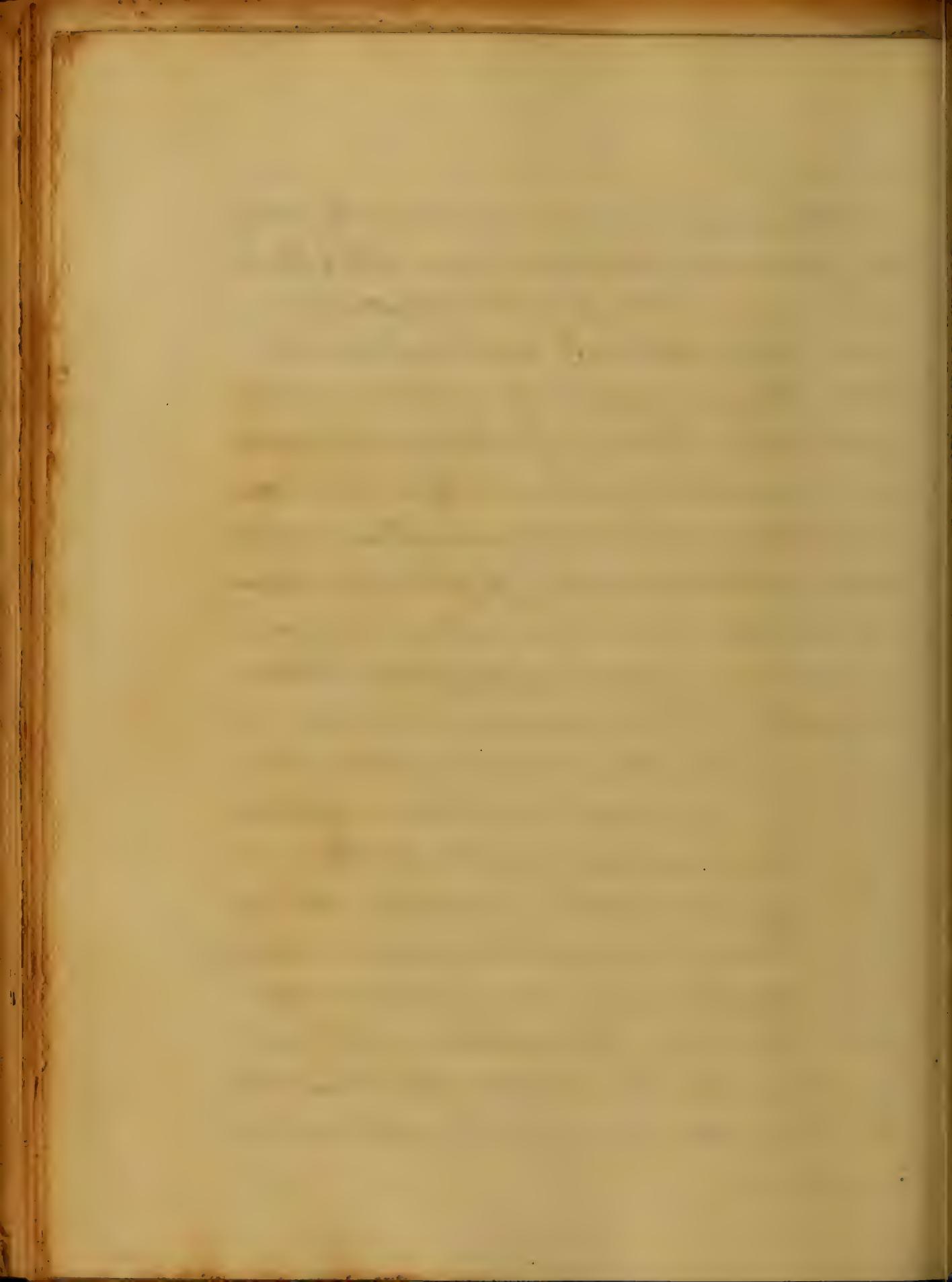
On some
occasions the hemorrhage
will occur frequently and
in such quantities to in-
duce an alarming bil-
ity and anaemia, without any
attendant local symptoms;
while at other times a copious
discharge will be accompanied
with signs of internal hem-
orrhoids and of great tetani-
zation; & bleed the patient.
In my opinion it would be
dangerous to give a general



tumours of the erectile kind, or the
hemorrhage may be small in quantity,
not exceeding a tea or table-
spoonful, taking place after every
dejection and for many days.
Then ceasing, and returning at
certain and rather distant
periods, attended always with
internal, or external hemorrh-
oidal tumors; or the hem-
orrhage may assume a period-
ical character, more or less ir-
regular nevertheless, but occurring
once in 3rd or 2nd nights, &c
in three or four months, produced
by an abdominal congestion, which
is immediately relieved by the re-
laxation. Very many persons who
live grecly go to bed at the time
of going to sleep disturbed, Nature
having loaded the system with

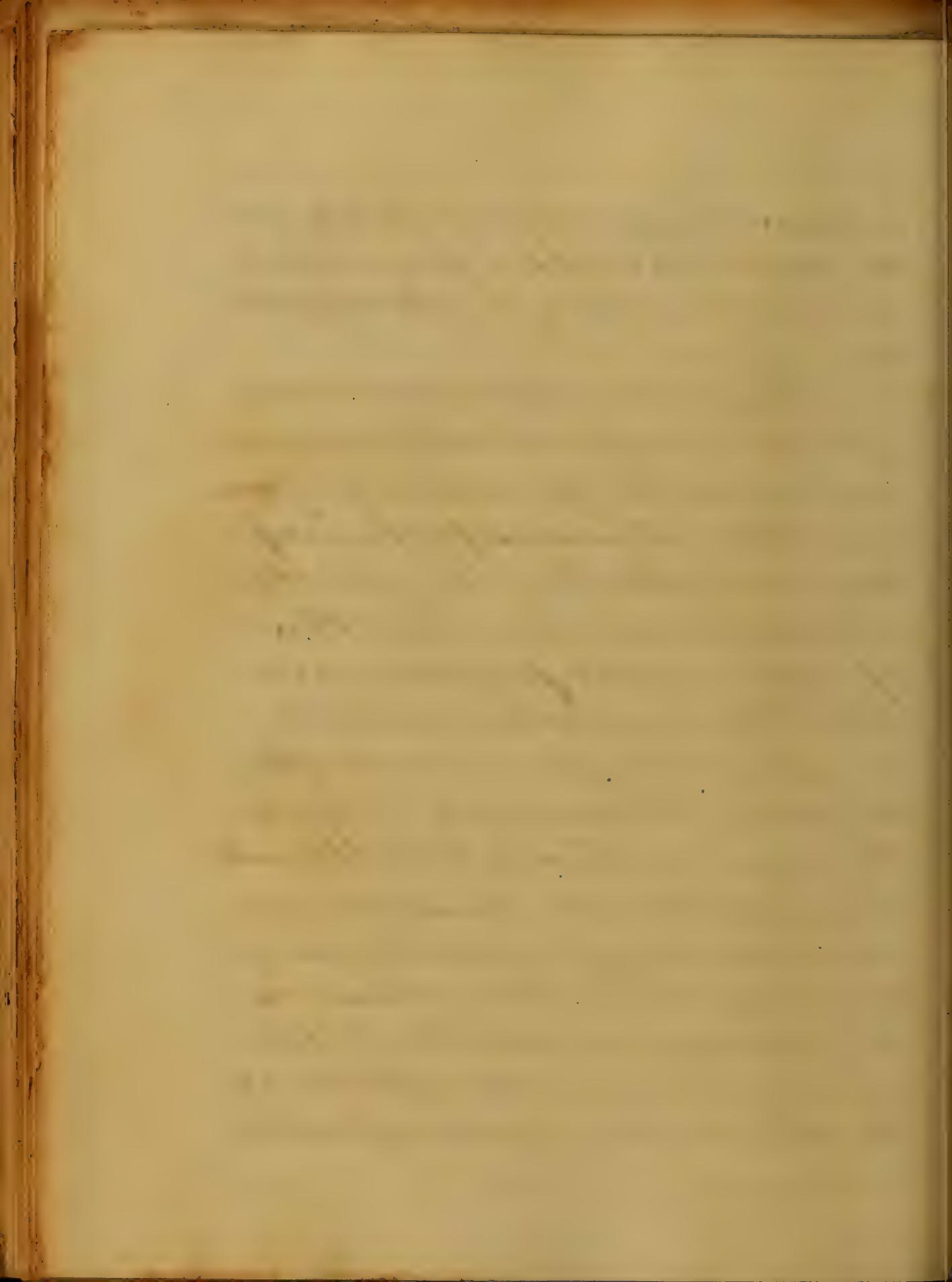


pelvic, and so to preserve health.
Experience teaches them that this
periodical loss of blood, even if
not too copious, is beneficial,
and they regard its return with
satisfaction. If the accumulated
discharge causes a circula-
tion of blood to another organ
will ensue, and if pleuritis, dis-
ease of liver, or some other malad-
dious organ affection be the
result. There are instances in
which the tubercles become
tireless in attacking the individual
being aware of no violent or
irregular action in the system, the body
will become pale at first, then
hot, mortifying, dry, stiff, and
weak, and finally
exhausts the strength, exhausts
the flesh, and, &c. &c. Most

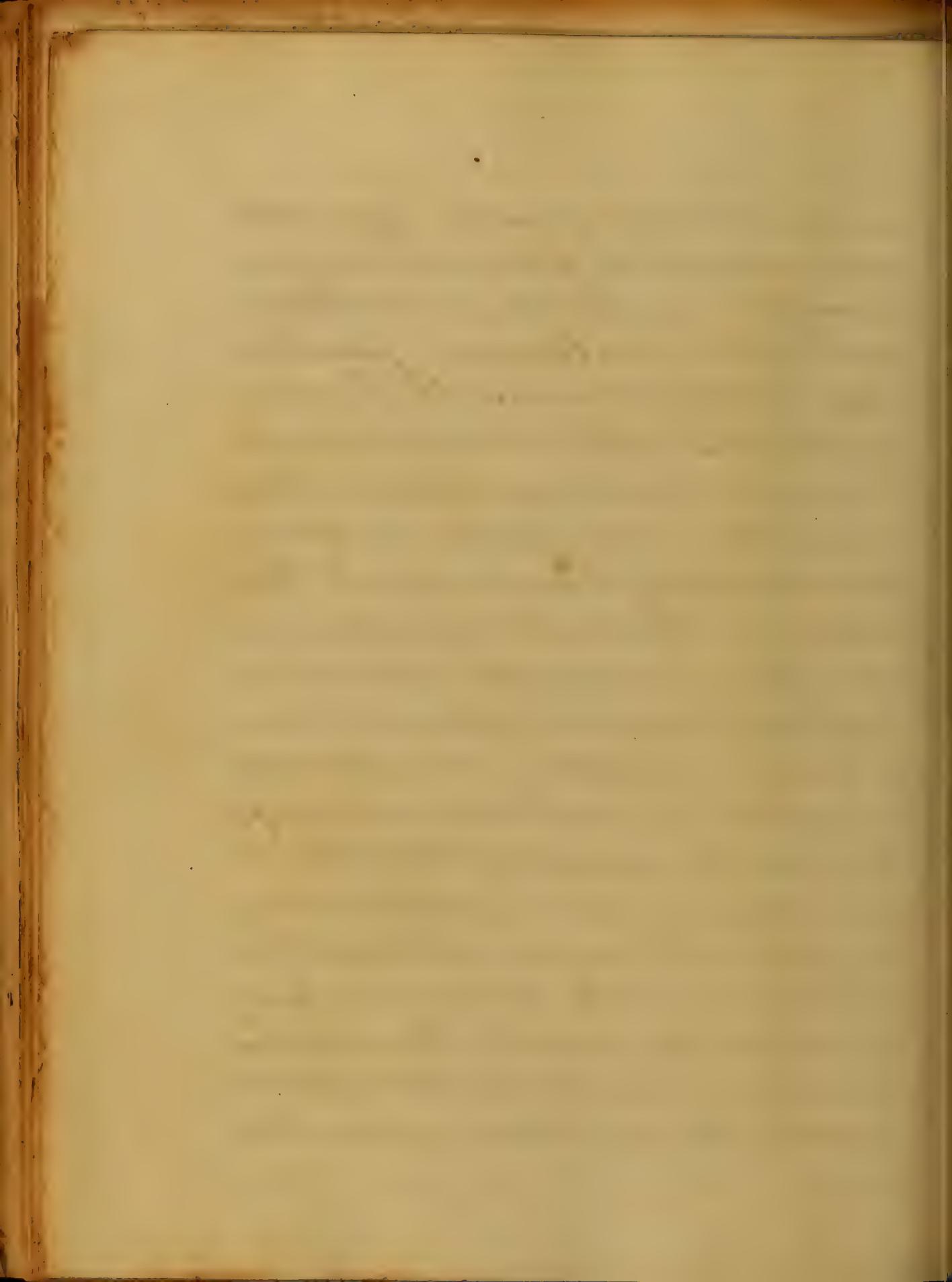


in years, being about double under
which he sinks or faints, which
he recovers slowly with diffi-
culty.

The source of the hemorrhoidal
flux is much estimation various,
yet it is the prevailing opin-
ion that it arises from a rup-
ture or bursting of the varicose
hemorrhoidal veins. That this
opinion is well founded, and
that the varicose or dilated
veins are the trueso ^{source} of the
blood in the majority of cases,
there can, certainly, be little doubt.
The fact that the hemorrhage
occurs very frequently in a
strain, while the patient is
straining at the stool, the
strain being intermitted as
the straining is suspended,

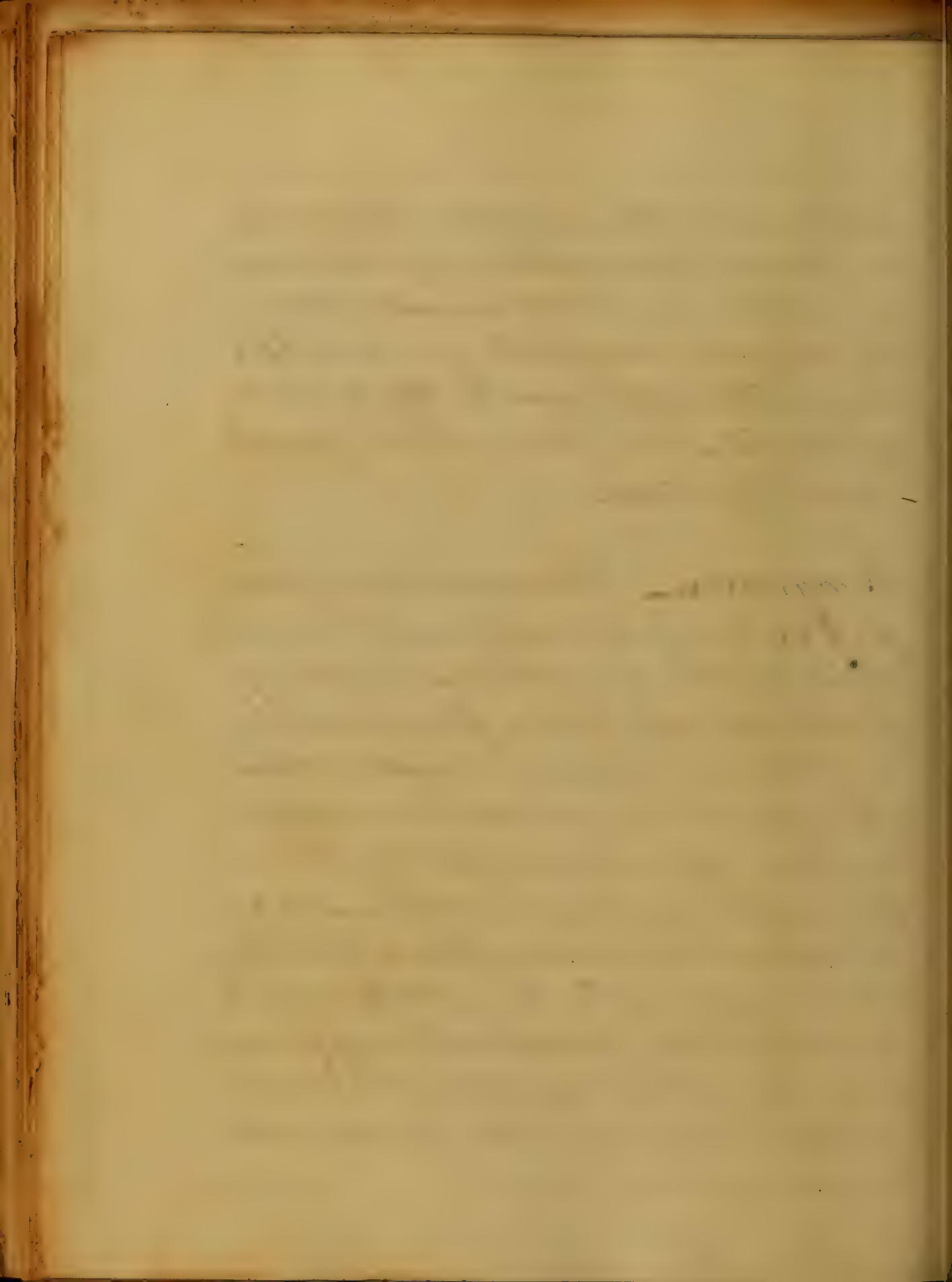


and returing as the efforts
are repeale^d, from strong pre-
sumptive evidence, consisten^t
with the anatomical peculiar-
ties of these veins. It has been
stated that the homomimetic
veins take a perpendicular course
from the anus up the rectum,
and as they lie nearly parallel the
veins of the portal system, are
not provided with valves; an
orrhage from a rupture of one
of the se^r veins when unoccluded
dilated, in a stream interrup-
ed, as the vessels at the cloaca
are continued over suspended,
is probab^{ly} once intelligible;
and it may take place as a pro-
digious accident. It much
more may occur from the capilla-
ries of the rectum, or from the



surface of the brittle timorous, or from laceration of the concreta mucous membrane by hard scyphata forced through the sphincter by great efforts, the body being much constipated.

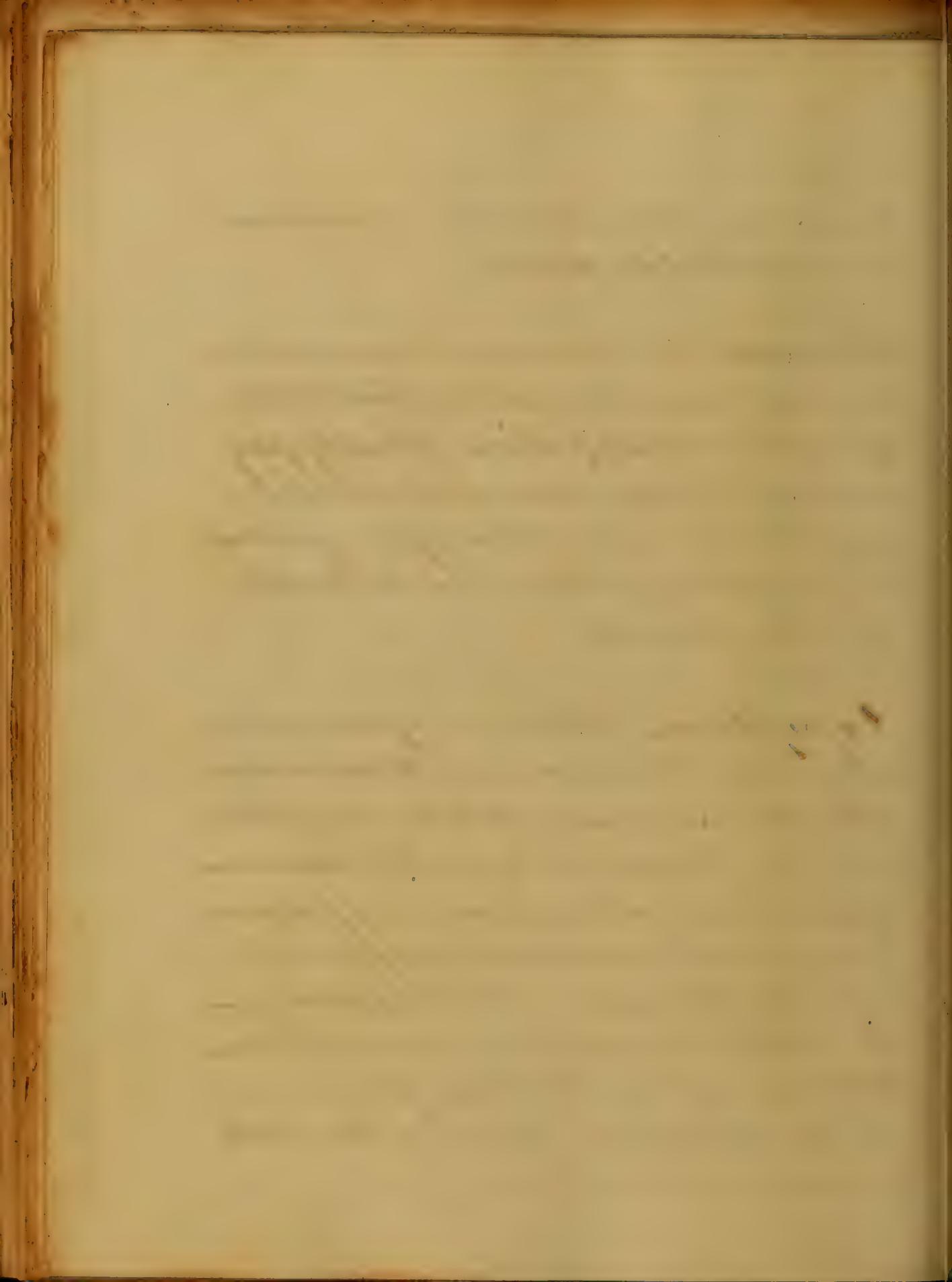
Diagnosis. - Hemorrhage from piles may be distinguished from that of the rectum either by the blood being fluid and of a dark hue, coagulated humor, & thick mucus, & by the liquor being manifested by the blood being black and coagulated. Hemorrhage arising from laceration is mixed with mucus which gives it the characteristic appearance of portioned flesh; and coherence is produced by mucus



Kinds of ulcerations it is common-
ded with the feces.

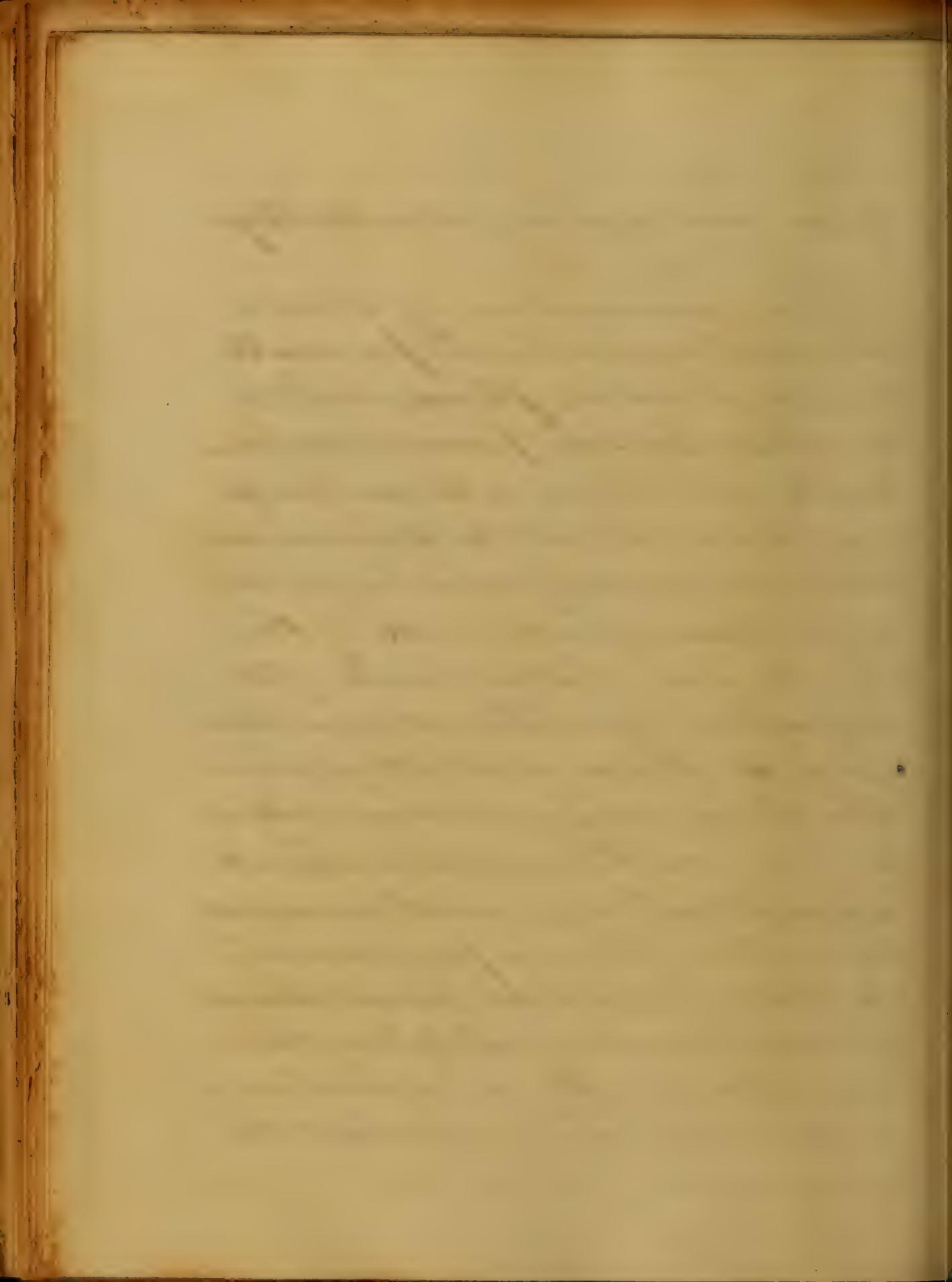
The causes of hemorrhoids are lux-
urious and sedentary habits, ba-
bilial constipation, obesity, preg-
nancy, large doses of alcohol
and other irritants, purgatives
or anything that irritates the
lower vessels

Symptoms.—There are pain, heat,
itching, fulness and cushion about
the anus, a sensation as if there
were a foreign body in the rectum—
pain and straining on passing
concrecations accompanied
sometimes with bleeding.
In violent cases there may be in-
tation of the bladder, or a sort
of micturition, pain in the back,



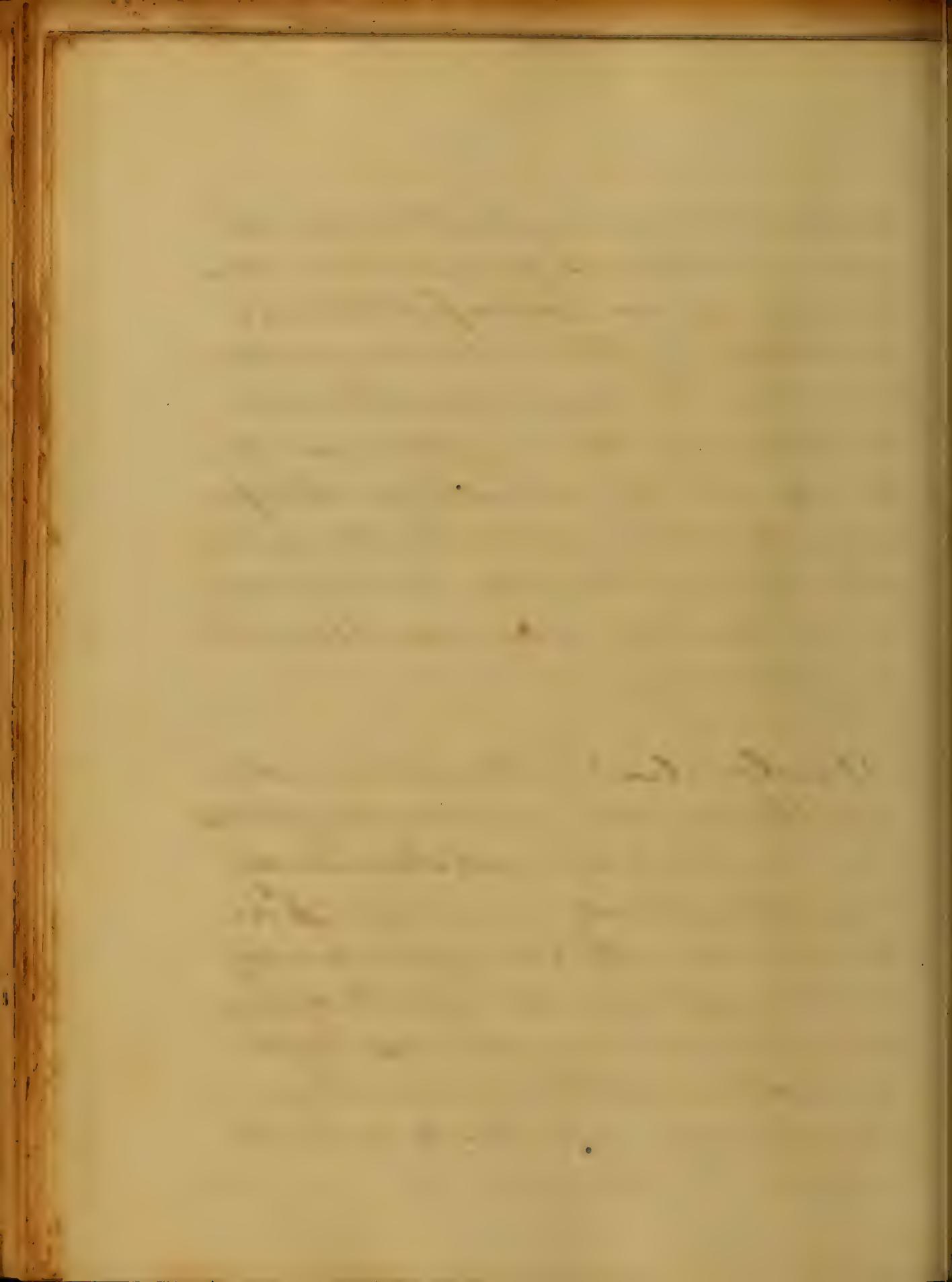
Pain and aching do on the thighs.

The determination of blood to the rectum which precedes the hemorrhoidal flux, will be marked by dull pain about the back and loins, a sense of weight and heat about the sacrum and rectum, earache and high fever, red urine, throbbing of the head and disturbance of the digestive functions; in which persist for several days, even the flux subsides and rarely relieves the patient. These symptoms are most manifest before the flux is periodical. In those who have hemorrhoids from habitual constipation, there will be weight and heat, and a sense of fulness about the

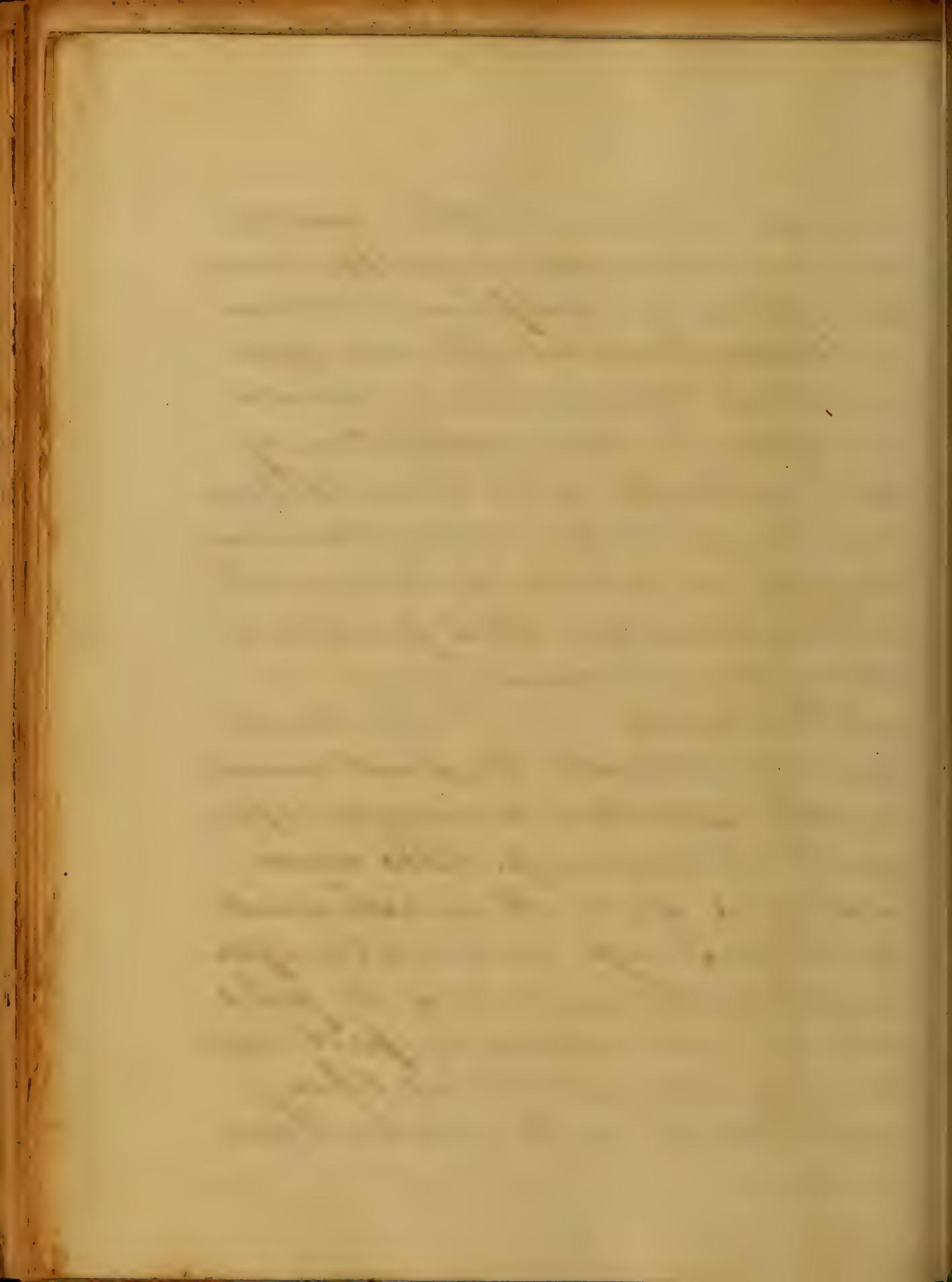


reclaim very constantly, or
some lessened, & evident mielu-
nition from sympathetic in-
ritation of the bladder, and in
cornea. From a similar irri-
tation of the vagina and u-
terus: all of which are tem-
porarily alleviated by the dis-
charge of blood but are now
or surely removed, the cause
remaining.

Treatment - Of the habitual
plethora, and of sedentary habits
he ought to live abstemiously
and take plenty of exercise. The
bowels should be regulated by
mild aperients, capable of pro-
ducing daily & copious & yet
evacuations without straining or
grunting. For this purpose he

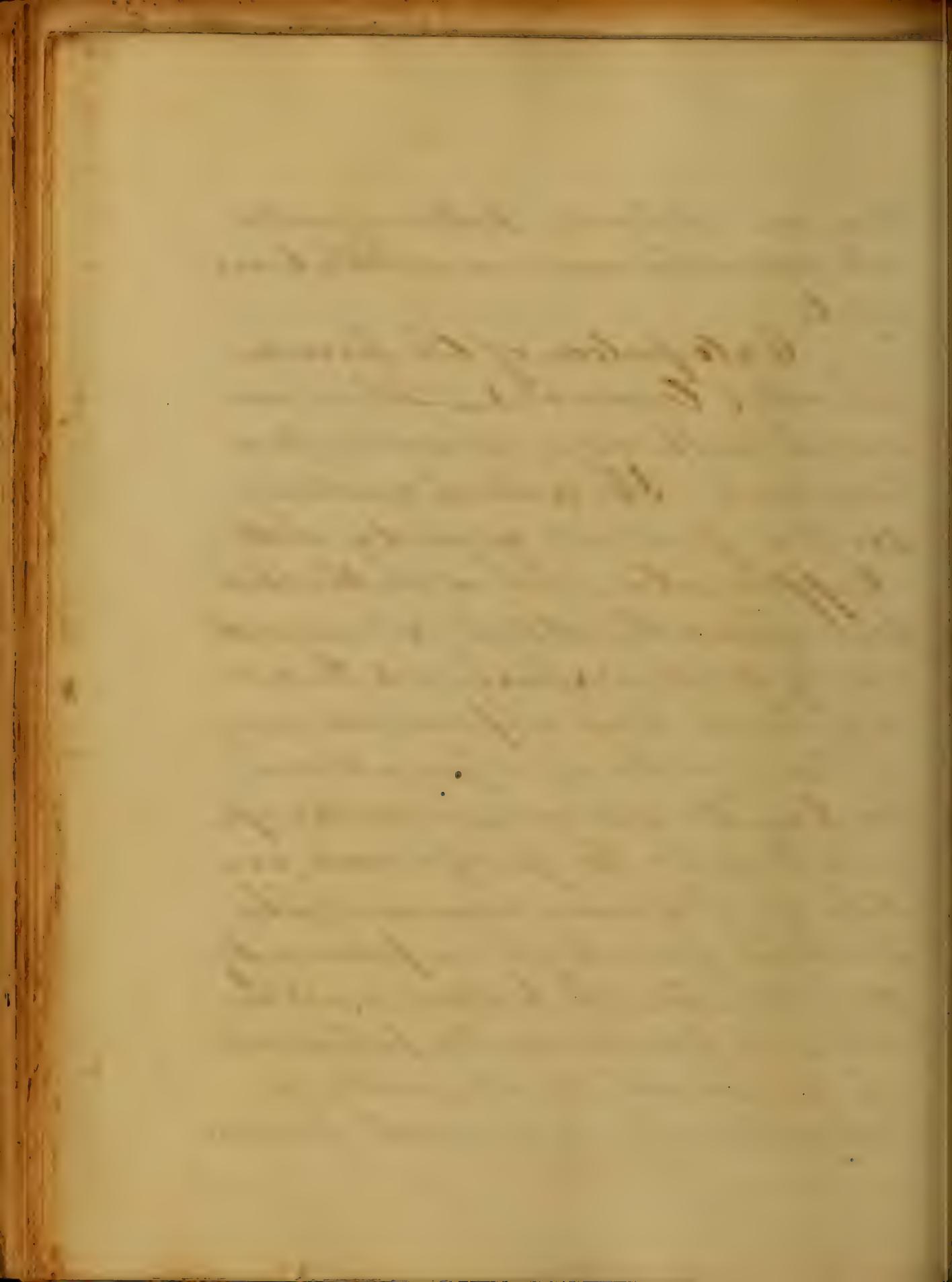


may use Anna, Sulphur, castor-oil, and the neutral salts - a combination of Sulphur and cream of Tartar have been found efficacious. Prescription is to do as is adapted to the constitution of the patient. The pouuds should act once daily - and the evening, it is said is the much better time for this purpose than the morning.
cal treatment In the cal treatment the first and most essential measure is perfect cleanliness. The anus should be well washed with yellow soap and water after each motion - and if the piles which are internal, protrude during evacuations, they should be well washed for

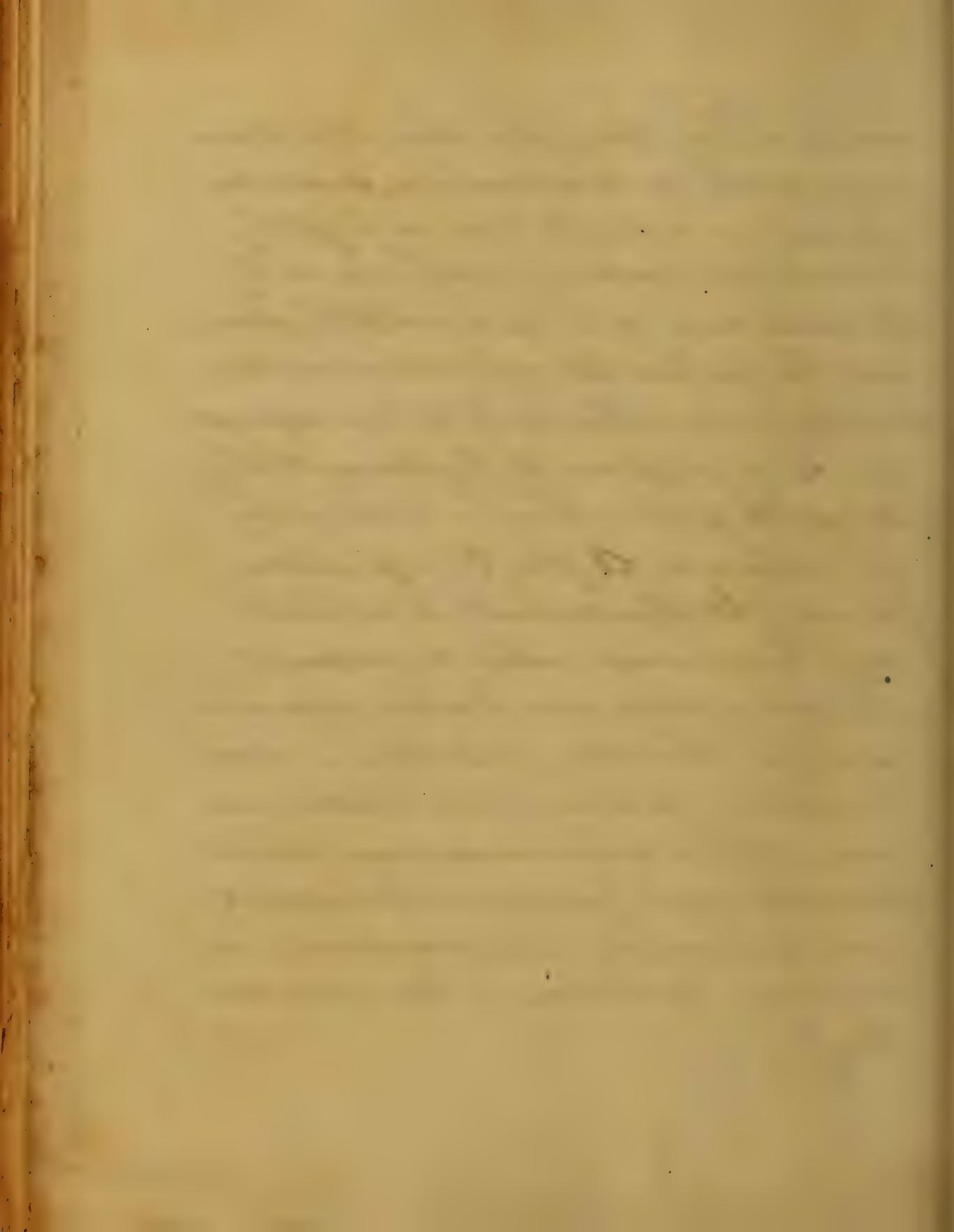


they are returned. Asluniments
are sometimes used with ben-
efit.

Extrication of the humerous
thyroid tumours.—There are
several methods of removing these
tumours. The actual cautery
was a favorite remedy with
Hippocrates. This method has
been almost entirely relinquish-
ed by modern surgeons, and the
ligature has superseded every
other mode of separation.
Dr Drury recommends the op-
eration to be performed in
the following manner: The
bowels having been previously
well cleared. The patient must be
told to protract the scutum; and
if he cannot do it easily, he
should sit over a vessel of warm



water. Then the piles should draw
out with a constrictor, and a lig-
ature (not so fine) be tied as lightly
round the base of each. If one of
the tumours is larger, a double ligature
may be passed through its base with a
needle, and either tie or be tied separate-
ly. Before finally tightening the lig-
atures, the piles should be slightly
practiced. After the operation,
ends of the thread should be cut short,
and be returned within the rectum." "
The use of nitric acid has been recom-
mended by Dr. Weston, of Dublin, in order
to destroy the tumor, and bleeding sur-
face, of the mucous membrane which
covers internal piles, and which gives
rise ultimately to the formation of a
variose condition of the diseased
part.



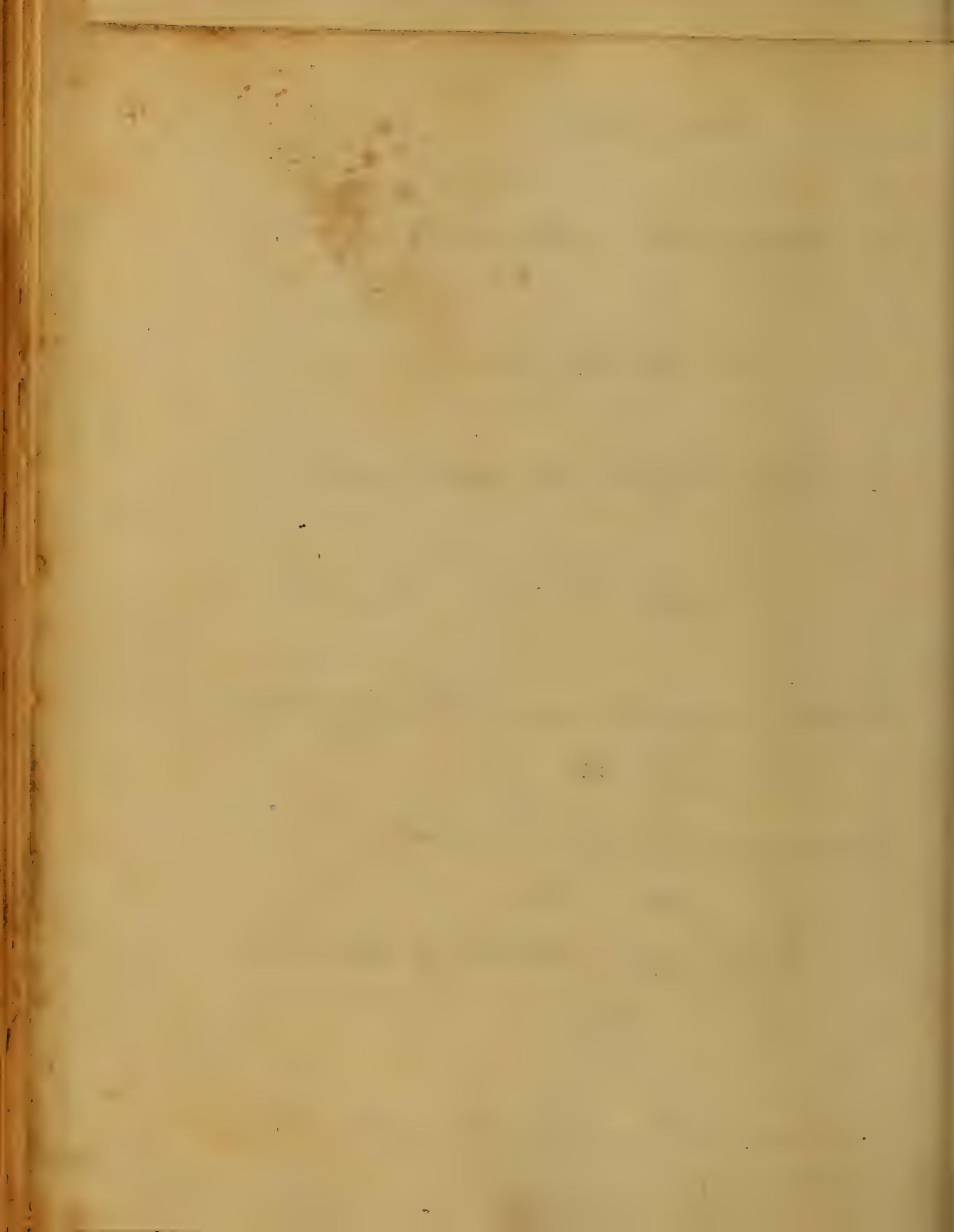
An
Inaugural Dissertation
on Carlatina

Submitted to the examination

of the

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

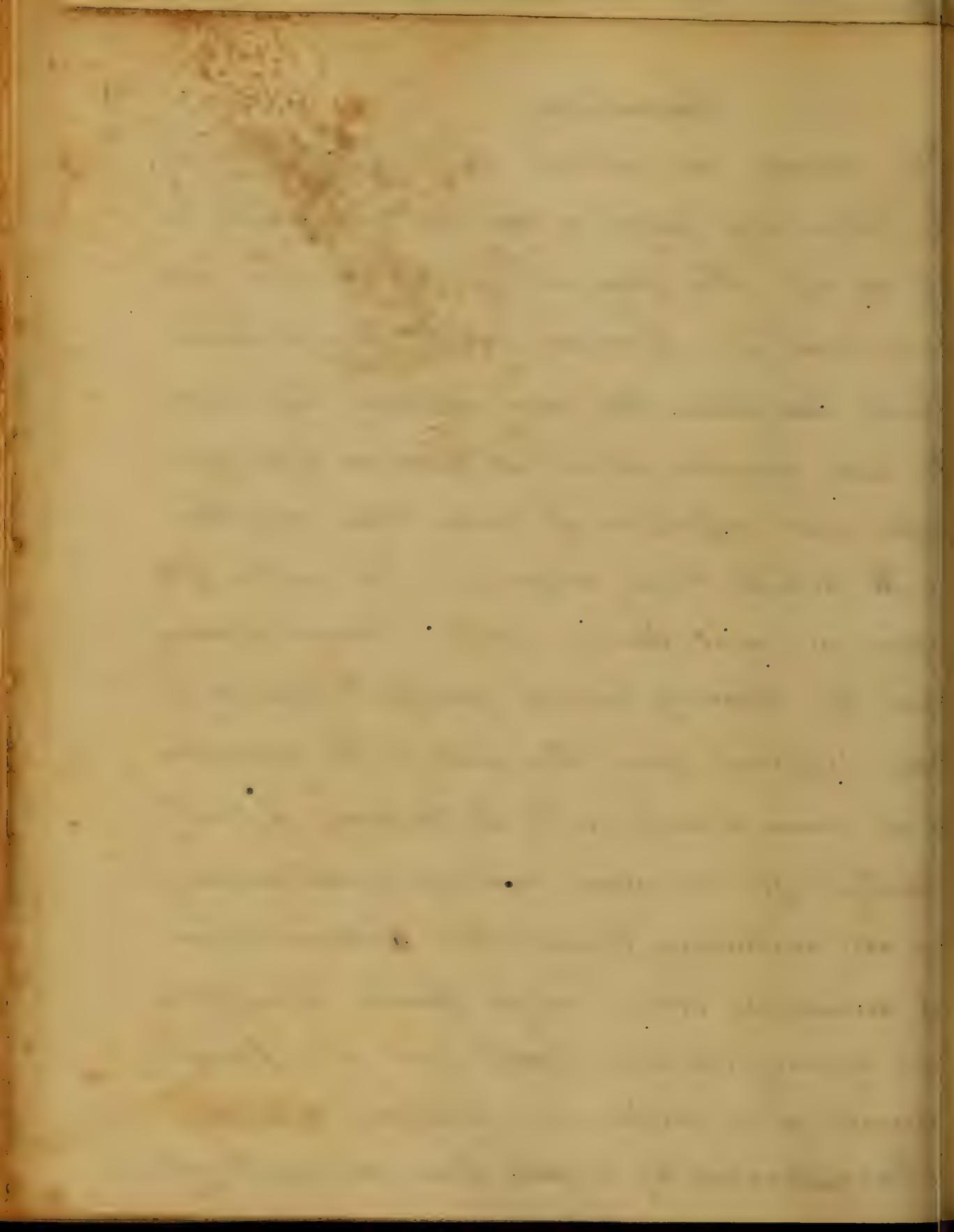
George C. Peeler of An
Sept 15th 1858



1

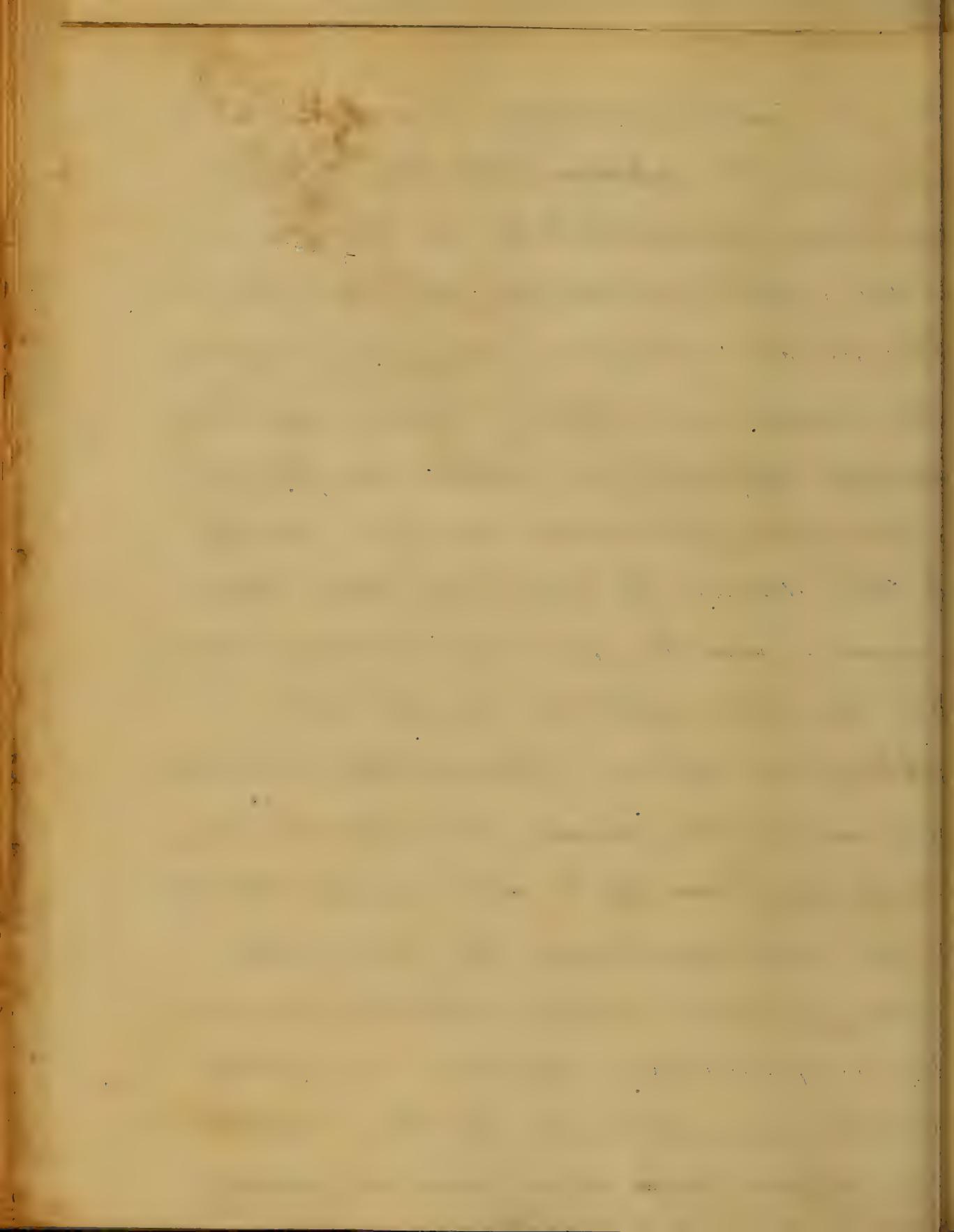
Scarlatina

The disease on which I propose to write
the following page, is one that has defied the
art of all the physicians who have been called
on to treat it. I mean Scarlet fever a disease
which has been the cause of more loss over
the sad wrecks which it has made of the purest
hopes and affections of mother than any other
with which I am acquainted. The name of its
name in most familiar cases is shadow of death
over the passing hour of quiet. In others who
have suffered from the doctor or the executioner
of its name brings with it the image of some
beautiful flower whose loveliness perishes entirely
in its withering presence. It is a name in full
of dreadful omen in all families where there
are young children. Scarlet fever is a febrile
disease of a conley - nature and is
characterized by a rash fever and sore throat.



The fever rash and sorethroat are three prominent points in this affection. Not that the three are always present, but two of the three are in every well marked case of Scarlet fever.

This disease was for a long time confounded with measles, and after it had been distinctly described, appears from names applied to have been considered merely a variety of that disease. Dr. G.B. Hood states that Ingrassia was the first who alluded to it as a peculiar affection in a work published in 1556. I think there are but few cases of the disease so mild as to be exempt from two of the three points alluded to just a moment ago. They may be exceedingly mild in their character, but still they are present to a greater or less extent. Authors generally talk of three varieties of this disease and it is more than I can tell what



3

that many have been led into the error of supposing that there were three distinct diseases; while the fact is they are merely different forms of the same disease. It is a matter however of considerable importance to pay attention to these varieties though they merge into one another so nearly that it is often difficult to make them out.

I will therefore speak of them separately, and shall begin with scarlatina var. 1st. Dr Watson scarcely considers the simple variety as a disease and Sydenham considered it dangerous ^{only} through the "efficiency of the Doctor". The fever often sets in without any premonitory symptoms. But more frequently the patient drops for a few days or a few hours before the occurrence of the febrile condition. The child (for I should have stated the disease is one almost peculiar to childhood) complains

1. *Chlorophyceae*

2. *Chlorophyceae*

3. *Chlorophyceae*

4. *Chlorophyceae*

5. *Chlorophyceae*

6. *Chlorophyceae*

7. *Chlorophyceae*

8. *Chlorophyceae*

9. *Chlorophyceae*

10. *Chlorophyceae*

11. *Chlorophyceae*

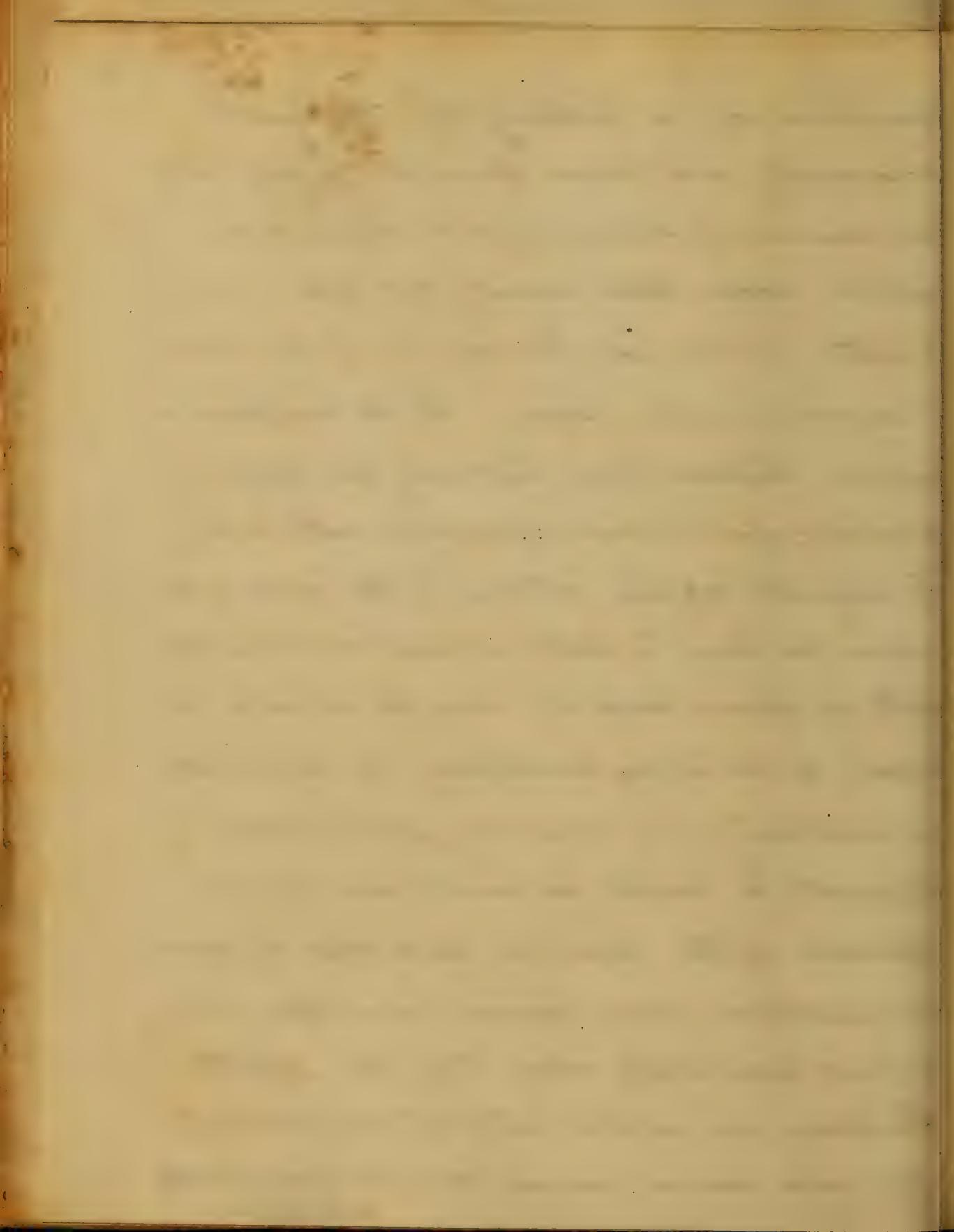
12. *Chlorophyceae*

13. *Chlorophyceae*

14. *Chlorophyceae*

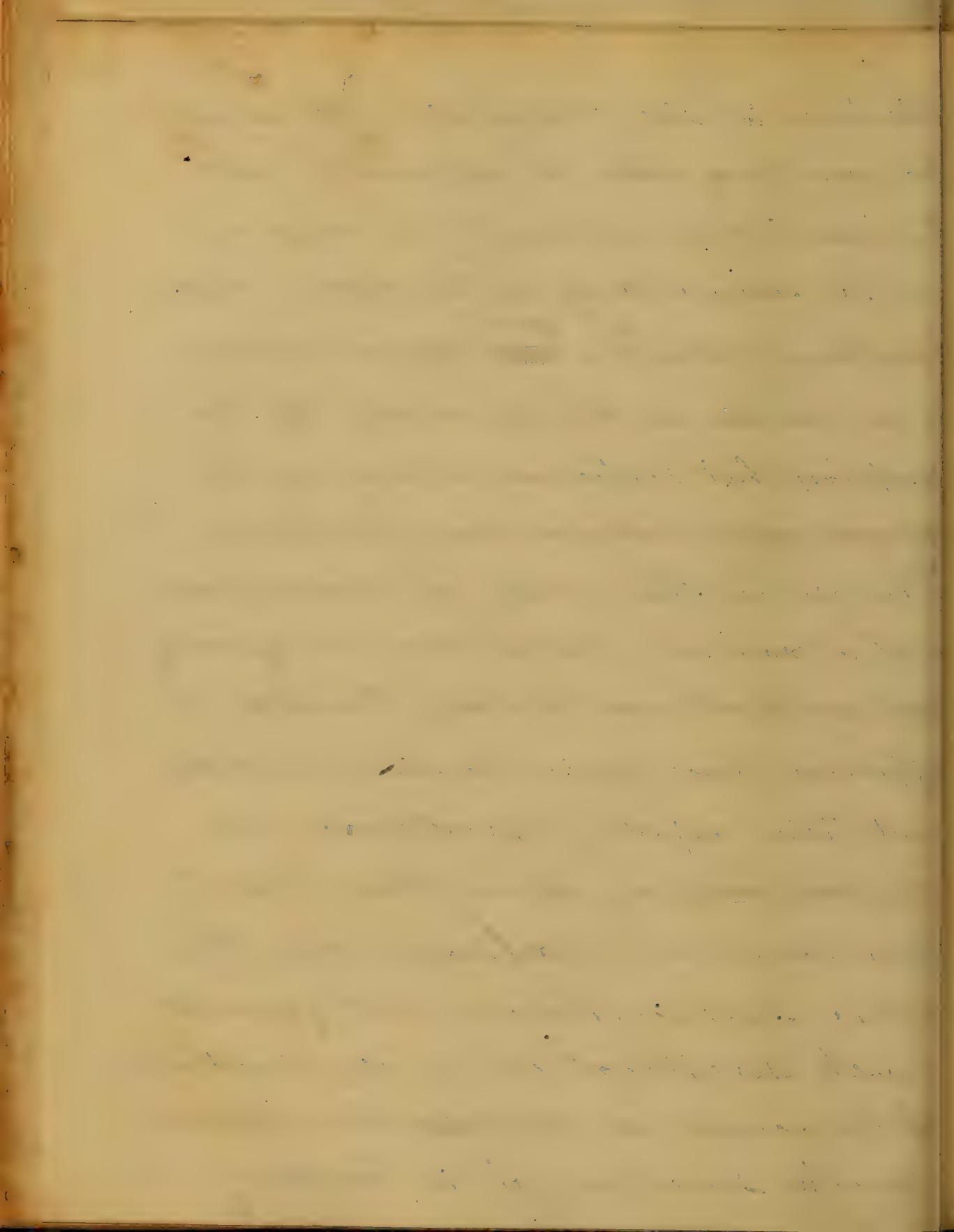
15. *Chlorophyceae*

complains of a feeling of fatigue -
occasionally, and turns from its sports with
an expression of suffering, and desires to be
noticed more than usual, but after staying
a little while in the arms of the nurse
it desires to return again to its companion
and its childish toys, but only for a few
moments; for it soon, perhaps with a cry
of anguish again returns to the arms of the
nurse, this time to fall asleep and awake
with a fever, and it may be a rash over
a part of the body. Sometimes the fever sets
in without any warning, but I am
disposed to think in most cases the
approach of the fever is indicated by some
circumstances; these however are often not
noticed, particularly when they are slight.
Children are in the habit of running
often and hence nurses should pay much
attention



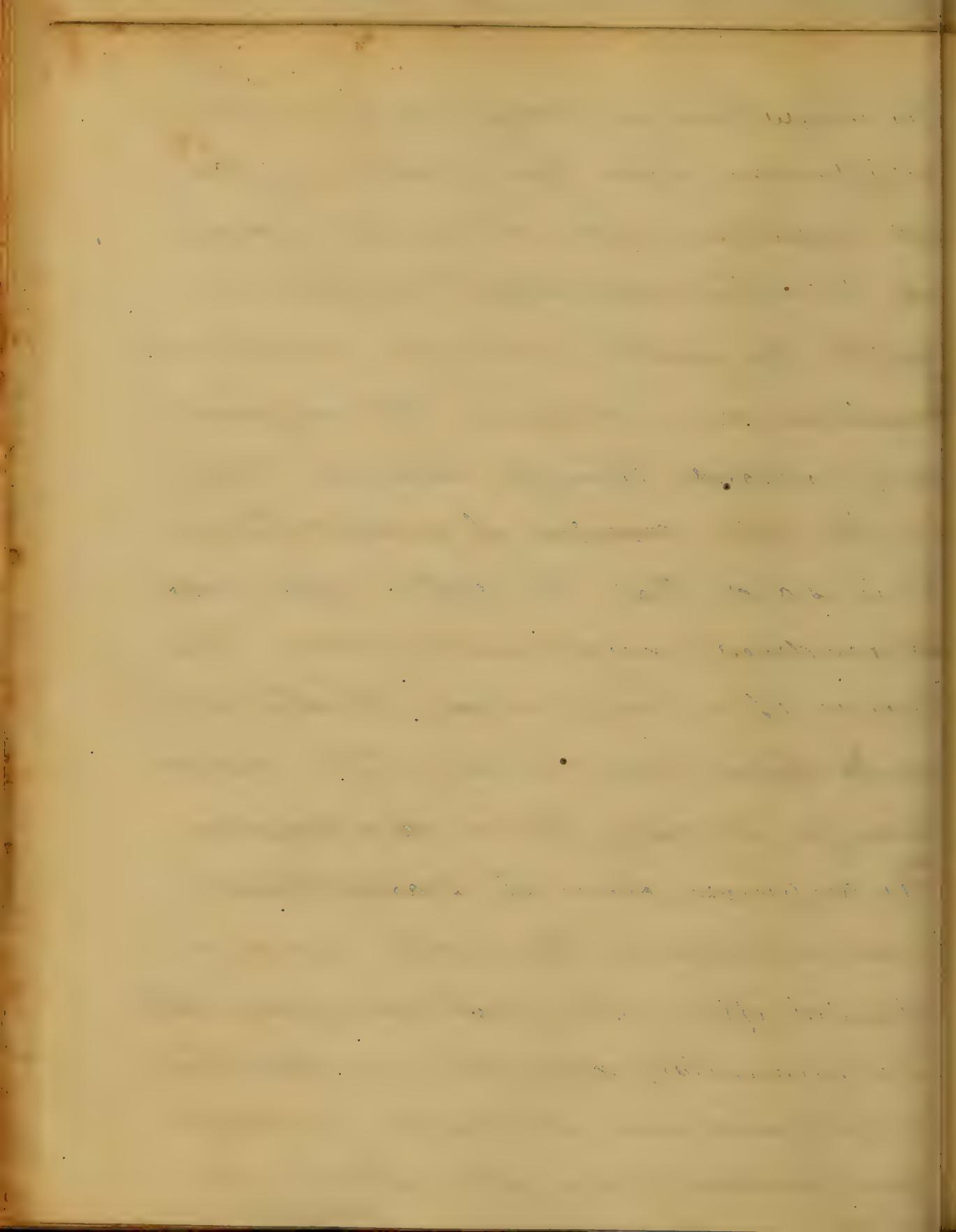
attention to slight symptoms of indisposition. The rash may make its appearance with the fever, but more frequently it comes out on the second day of the disease and sometimes later. The ~~rash~~ ^{my fever} does not subside as in variola on the appearance of the eruption but continues as long as the disease and sometimes even longer.

The rash in this variety of scarlet fever is of a beautiful scarlet color, and generally comes out all over the body. It makes its appearance first upon the face and neck and then rapidly spreads over the surfaces, occupying from three to nearly four hours in diffusing over the entire surface. There is not generally much sore throat; there is slight redness of the tongue in all cases and considerable swelling of the mucous membrane.



The tongue though coated with a white or yellowish crust, has a slight projection; red papillæ upon its surface, and is red at the tip and edges. The pulse is quick, frequently 130 to the minute and sometimes more frequent but not generally very resistant, though more so than in the other varieties of scarlet fever. It is said that the color of the rash is rendered more intense when the fever is of a high grade. Death often results from this variety of the disease though it may follow as a sequenee.

The anginose form of Scarlet fever is not so mild as the simple and is attended often with great danger and death. The premonitory symptoms are often transient; and one which is perhaps more constant than all others is a



disposition to emesis. The rash may main-
its appearance shortly after the commencement
of the ~~disease~~ fever but it does not as a
general thing come out quite so early,
as it does in the simple form of the disease.
The rash is not so bright a scarlet and
comes out in many ^{cases} imperfectly, sometimes
however it is diffused over the entire surface
and feels like coarse flesh (after a scald) to
the hand applied to the skin. The throat is
always sore, and indeed is often full of
pustules. The tonsils are more or less enlarged
and abscesses often form in them containing
acid purulent matter. The odor of the breath
is fetid, and the secretion of the glands
and mucous membrane of the air passage,
is often so acrid, that it abrades the
skin with which it comes in contact
These points are sufficient to distinguish the

1. *Leucosia* *leucostoma* (Linn.)
Linn. 1758. *Leucosia leucostoma*. Sp. Pl. p. 20.

2. *Leucosia* *leucostoma* (Linn.)
Linn. 1758. *Leucosia leucostoma*. Sp. Pl. p. 20.

3. *Leucosia* *leucostoma* (Linn.)
Linn. 1758. *Leucosia leucostoma*. Sp. Pl. p. 20.

4. *Leucosia* *leucostoma* (Linn.)
Linn. 1758. *Leucosia leucostoma*. Sp. Pl. p. 20.

5. *Leucosia* *leucostoma* (Linn.)
Linn. 1758. *Leucosia leucostoma*. Sp. Pl. p. 20.

6. *Leucosia* *leucostoma* (Linn.)
Linn. 1758. *Leucosia leucostoma*. Sp. Pl. p. 20.

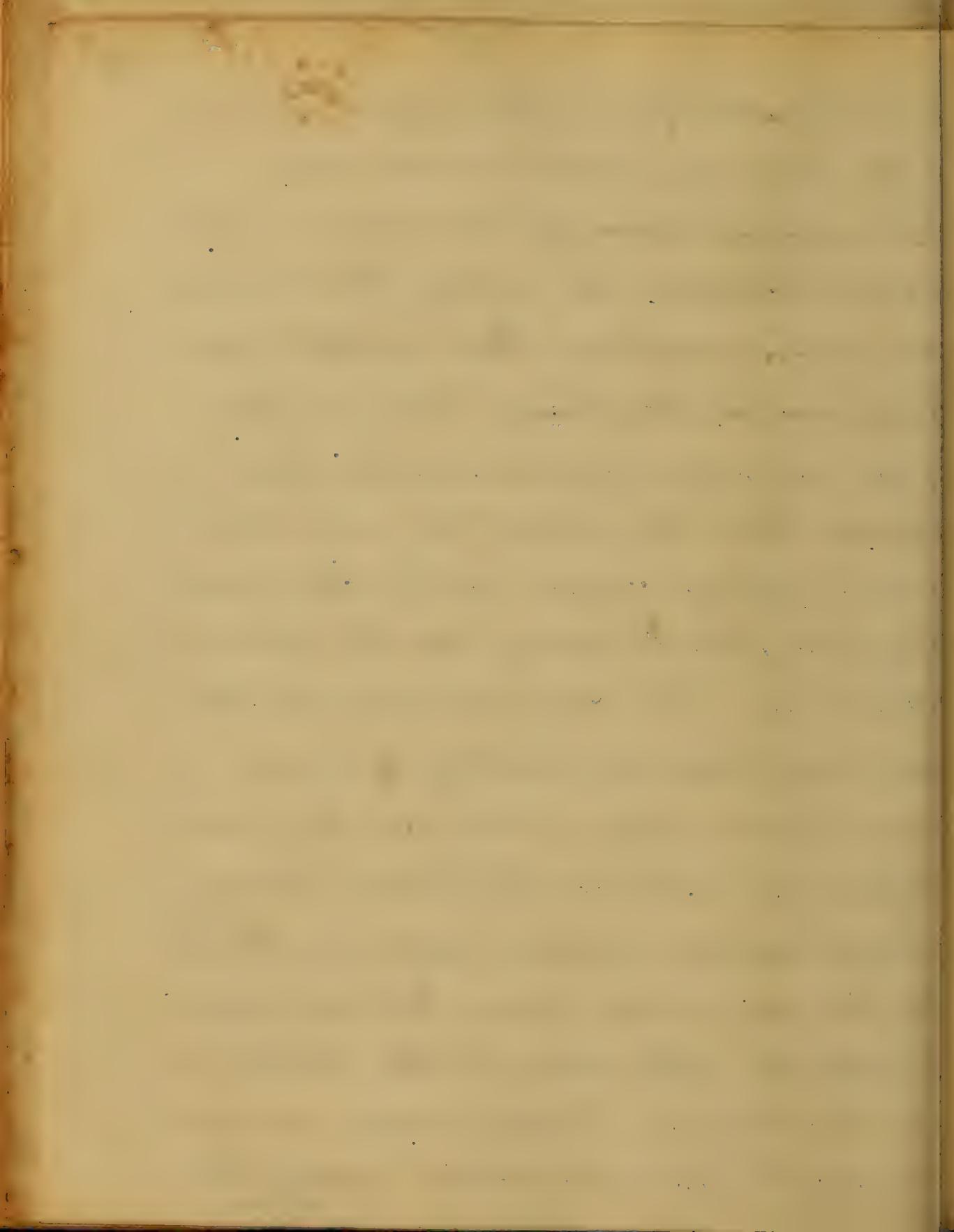
7. *Leucosia* *leucostoma* (Linn.)
Linn. 1758. *Leucosia leucostoma*. Sp. Pl. p. 20.

8. *Leucosia* *leucostoma* (Linn.)
Linn. 1758. *Leucosia leucostoma*. Sp. Pl. p. 20.

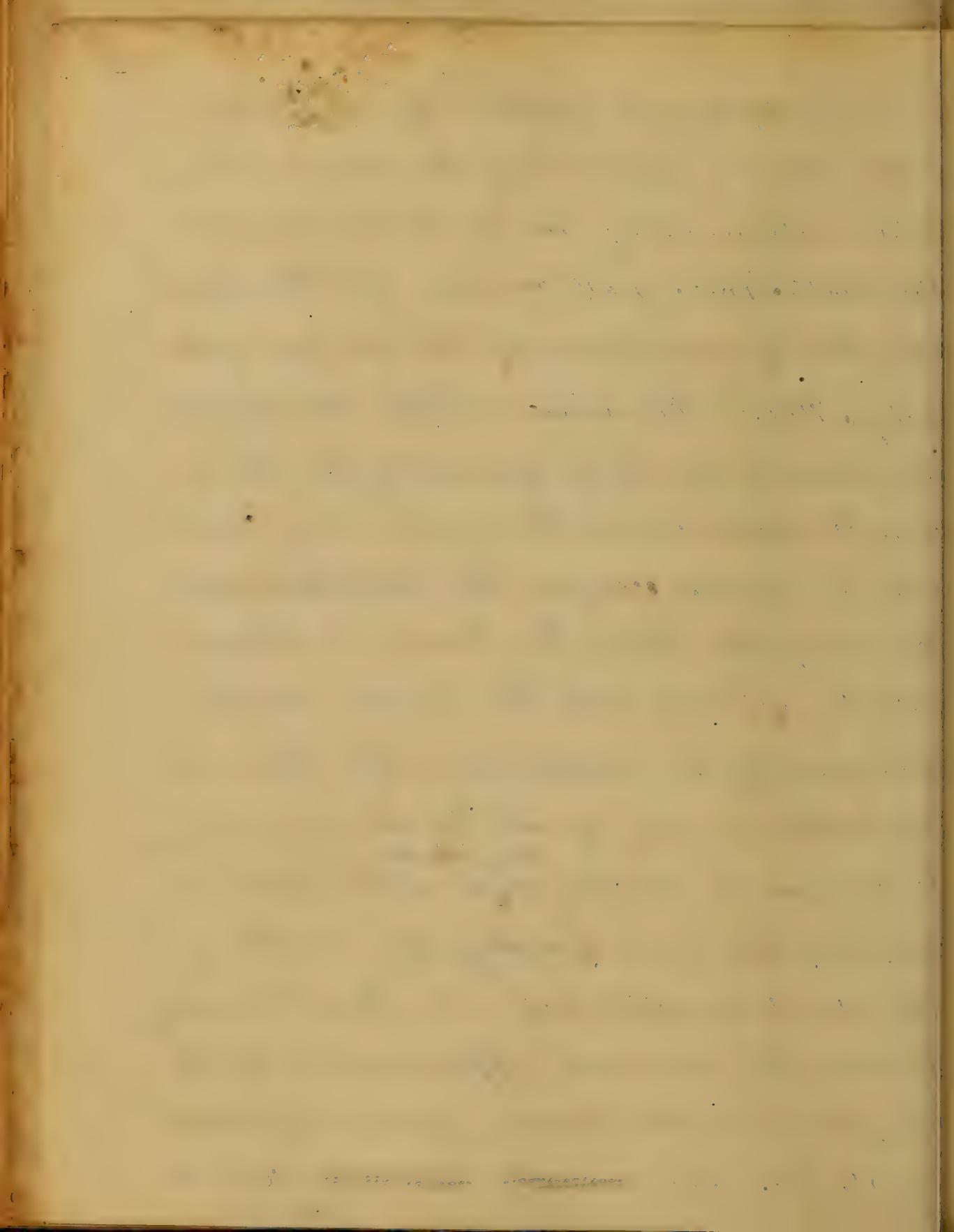
9. *Leucosia* *leucostoma* (Linn.)
Linn. 1758. *Leucosia leucostoma*. Sp. Pl. p. 20.

The anginose form the simple form of the malady, under consideration.

The malignant form of Scarlet fever is the most fatal form in which the disease can occur, sometimes there is little or no fever, and at other times there is fever of a very high grade and it often happens that the patient dies in a few hours, reaction never having taken place from the first. In many cases the attack is ushered in with convulsions and the case may terminate fatally in a few hours in this manner. But in the great majority of instances the first things complained of are pain and sore throat. In the anginose form the rash mostly precedes the affection of the throat but in this the sore throat may always precede the rash. In many cases the exception



eruption does not make its appearance at all during life, but if the patient die kind spots usually make their appearance after death. These post mortem patches may cover the greater part of the surface of the body. When the disease of the skin vanishes itself during life it is generally of a dark color. It seldom covers the entire body and more frequently occupies the chest and back than any other part. The throat is always violently affected and the tonsils swell enormously, in most cases. The power of the breath is very great. In the first place the tongue is moist and white, ^{then it becomes brownish white} and beef like and finally dry looking like dried roasted beef. The throat ^{which} presents the various appearances of the tongue, but the larynx generally remains moist. They are ~~mostly~~ ~~generally~~ covered with



with a morbid secretion and mostly
in great abundance. A purulent discharge
frequently comes ~~from~~ ^{from} nose and is so
violent as to excite inflammation of those parts
with which it comes in contact. It may
happen that owing to the position in
which the patient is permitted to lay, that
a portion of this matter will find its way
into the eye and then we may have severe
inflammation of that organ. The lymphatic
glands about the neck and throat often
enlarge and suppurate. The patient may
live only a few hours or a few days or even
for weeks and then die from the suppuration
of some affection of the lungs, lungs or heart
or from the shooting discharge from large
ulcers which may form in various
parts of the body. The eruption of all the
matters to appearance late often not until

✓ *Thlaspi arvense* L. ssp.

L

Thlaspi arvense L. ssp.

arvense L. ssp.

L

arvense L. ssp.

arvense L. ssp.

arvense L. ssp.

arvense L. ssp.

until the fourth or even sixth day, of the disease. The inflammation of the throat frequently, extends to the cætrachian tubes. The pulse is always exceedingly quick without much resistance. The diagnosis of scarlet fever is not difficult excepting those cases which occur during an epidemic in which there is no rash and but little sore throat. Many such cases are said to occur at such times. These cases often resemble closely attacks of catarrh, and indeed are frequently complicated with lachitis and such cases can alone be recognised after long experience. The occurrence of an abrasion at the close of ^{the} attack is tolerably certain evidence that the disease was scarlet fever. My friend Dr. G. L. Banks formerly of Pennsylvania but now of this city in a paper on the subject-

1870-1871

1870-1871

1870-1871

1870-1871

1870-1871

1870-1871

1870-1871

1870-1871

1870-1871

1870-1871

1870-1871

1870-1871

1870-1871

1870-1871

1870-1871

1870-1871

subject states that he can in most cases when in doubt decide the case from the appearance of the tongue "the papillæ of the tongue are enlarged and look as though they were distended with a clear fluid". I have seen upon such cases and am disposed to think that the above statement is in many and perhaps in all cases correct. The mild form of the disease is more likely to be confounded with measles than with mumps and the benign and malignant forms are more frequently confounded with measles. It may generally be distinguished from measles by the symptoms of catarrh which always precede the attack of the latter disease. The evanescent arrangement of the rash in measles is another point of distinction.

Constituents

of the plant.

Properties

of the plant.

Names of parts of the plant

and their medicinal uses

of the plant

of the plant

of the plant

But after seeing a few cases, the eye will in most cases where the rash is present make out the case. I think it a matter of great importance to make out well every disease which we may have to treat and none more so than - Scarlet fever.

The prognosis of Scarlet fever, except in the very mild form is always unfavorable. Those cases which seem mild sometimes assume a most malignant character and the patient die suddenly, when one would suppose them quite free from danger. While on the other hand cases which seem desperate often recover better even when cases end fatally, there is danger of fatal secondary affection. There is in certain individuals an inveterate tendency to the most violent and fatal forms

1900

July 1900

1900

July 1900

1900

July 1900

1900

forms of Scarletina and these individuals
are often closely related in S. W.ord. It is often
the case that a number of children are in
the same family and even whole families
are desolated at times and this may
happen at different times. In families
of this character the prognosis is very
unfavorable. When the disease attacks
pregnant women there is always some
danger. To judge correctly of the trouble
result in a given case reference must
be had (besides other circumstances)
to the character of the preceding epidemics.
A late appearance of the eruption may be
regarded as not favorable or its sudden
interruption. But it is always the more
safe plan to give a guarded prognosis
in Scarlet fever. For it often happens
that cases get well after having been give-

the following series

of the following

the following

the following

the following

the following

(and continuing in the same) way

the following

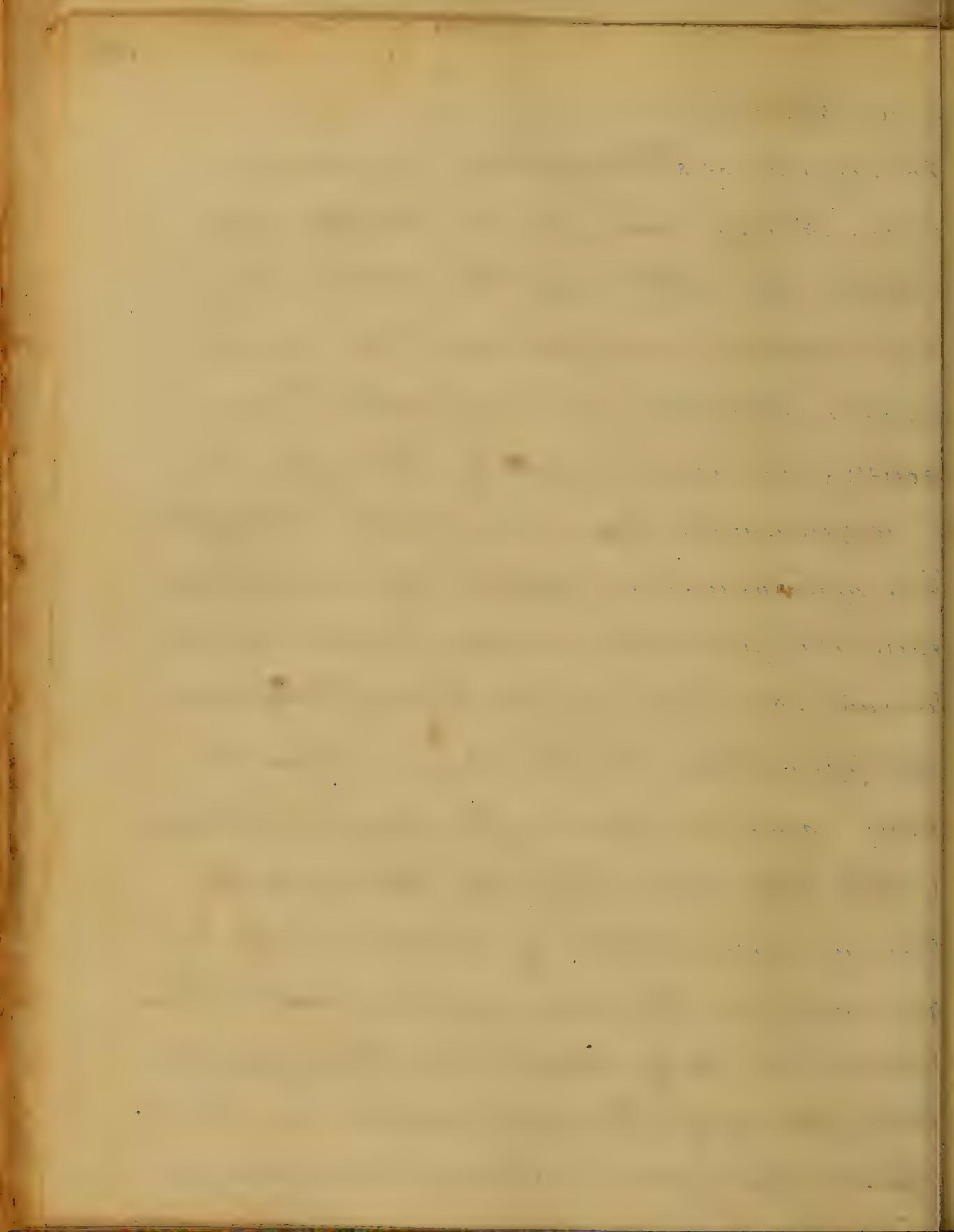
the following

the following

the following

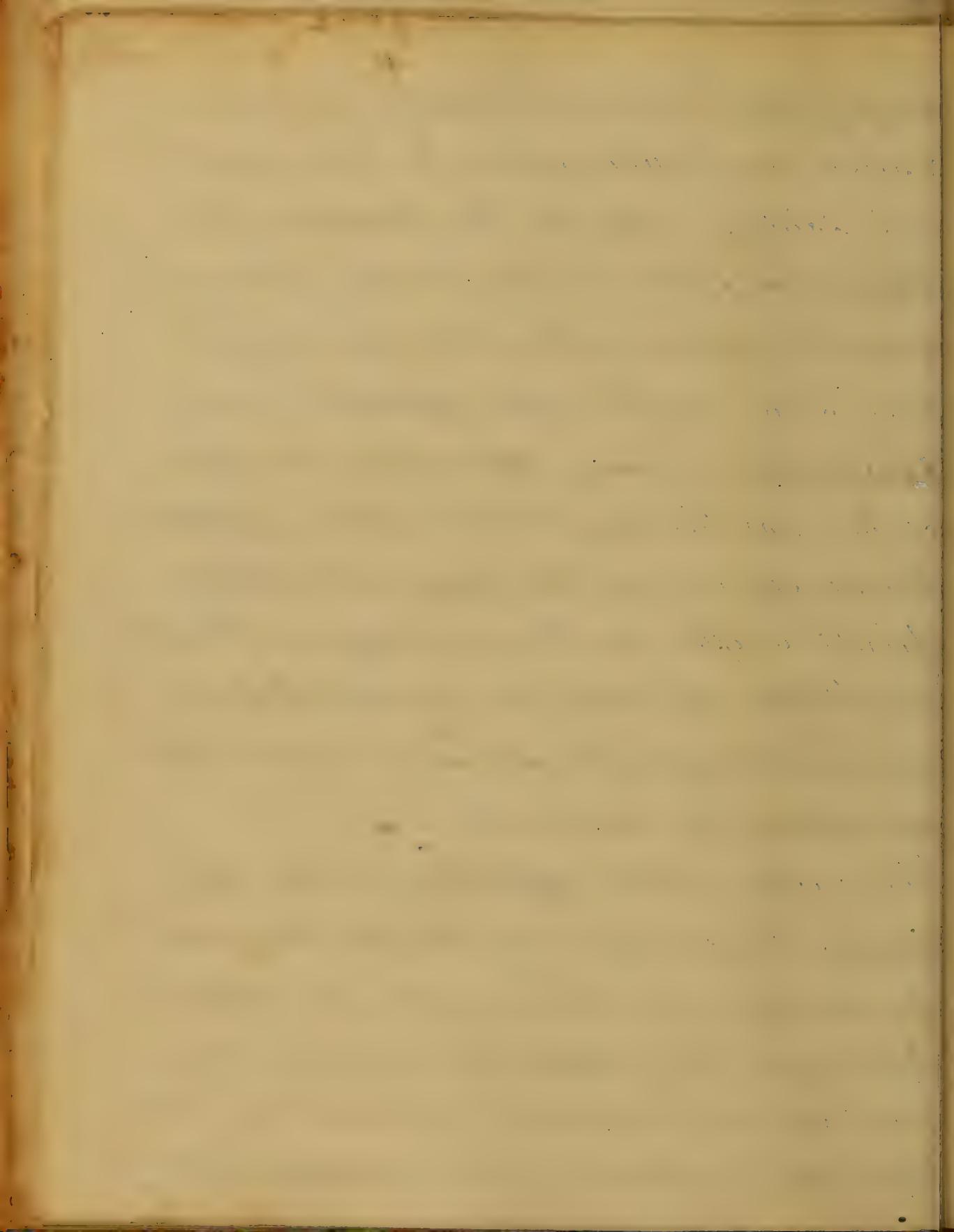
up as hopeless.

The sequelae of ^{distemper} Scarlet fever a passing notice. A long train of evils are often left behind an attack of this disease. The most common and perhaps the most dangerous consequence of which is dropsy; this occurs during the course of desquamation and sometimes a considerable time after and it is supposed by some a disease upon the premature exposure of the new and delicate skin to the air. Dr. Lind of Vienna does not think this the true cause at least in many cases. He says another has found dropsy to take place more frequently after a mild than a severe attack of the disease. It is generally in the form of edema and however we may have it in the frequently fatal form of Right side pleurisy in both espous. Before and during the evolution of dropsy



drophy, the urine is scanty and often
loaded with albumine. In the expect
it is said to resemble Bright's disease. The
drophy, that follows this disease generally
yields to proper treatment. Besides drophy we
have as a result of the affection under
consideration large abscesses in the region
of the parotid and submaxillary glands.
Disease of some of the large and important
joints is often another consequence. The fact
is a child can never be considered fully
out of danger for at least a month after
an attack of Scarlet fever.

The cause of this affection is not well
understood, and I do not feel disposed
to venture an opinion on the subject.
It is generally supposed to be of a con-
stitutional character, but the disease
has been imported by an insect, but,



I have little faith in these statements.
The disease often occurs epidemically and
there is a vast difference in the violence
of different epidemics. Whether the difference
depends upon the nature of the contagion
or upon other causes which have been
and now are operating, in the human
system has never been fully submitted to
satisfaction of medical men. The disease is
often confined to a small district but it
is apt to travel from one place to another -
during one epidemic nearly all die
and at one time vast numbers take it
while at another comparatively few
It happens at one time that a great
many deaths have a similar cause,
at another but few sufficient to or
any other way. This one throat is often
accompanied with febrile symptoms.

big birds and

other animals too

If this may be called scarlet fever then it is a disease common often to adults. The disease prevails at all seasons, but I am disposed to think, that it is more fatal during cold than warm weather.

As a general rule it occurs but once in the same individual, though there are many to this rule. The period of incubation is from one to five days.

The treatment of scarlet fever has ever been a subject of dispute among medical men, and all kinds of treatment have been recommended from time to time. Nearly every medical man who has had an opportunity to treat the affection has been induced from his want of success to change his mode of treatment every few years if not oftener. Some have placed all confidence in blood letting,

1939 - 10 - 1

1939 - 10 - 1

1939 - 10 - 1

1939 - 10 - 1

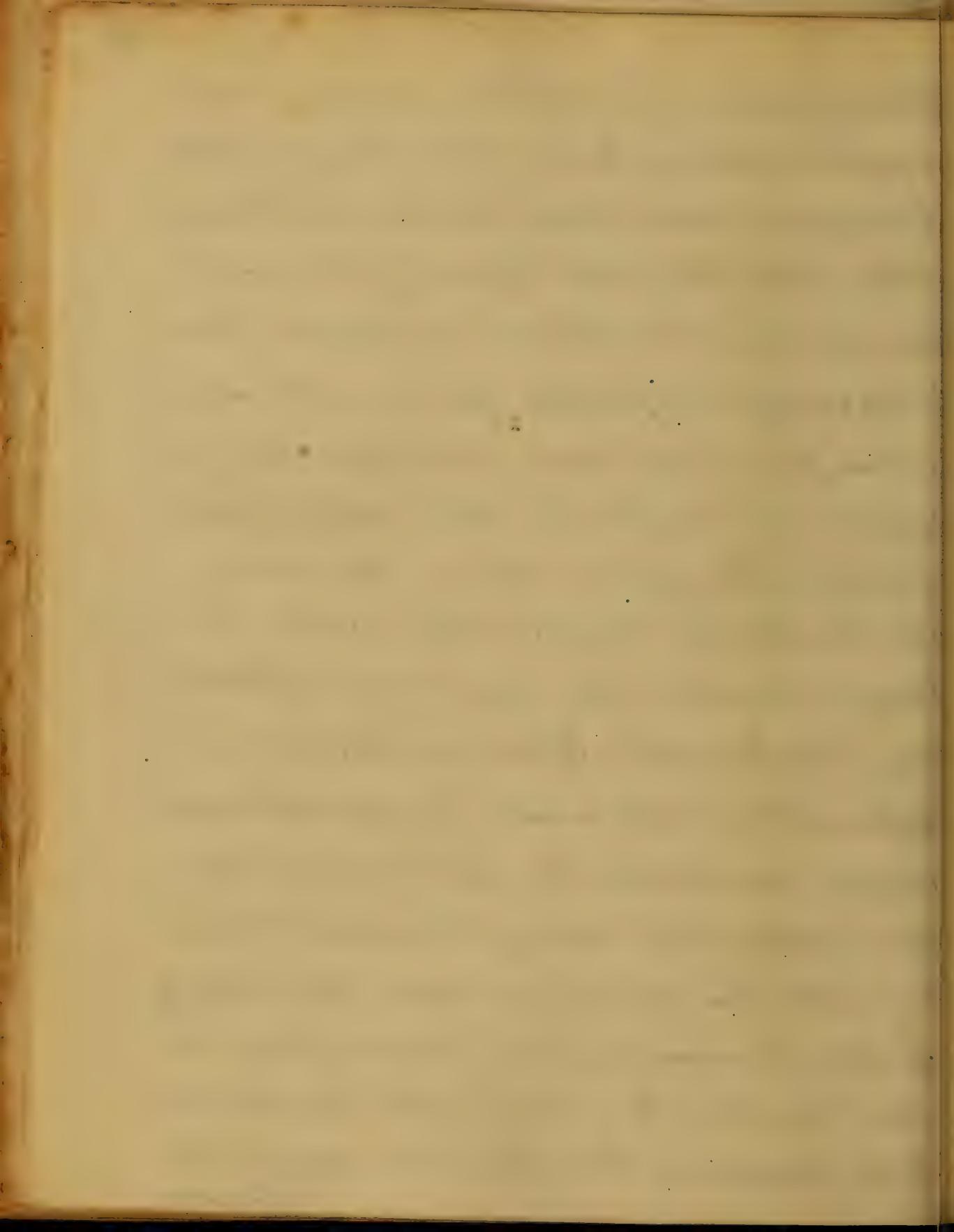
1939 - 10 - 1

1939 - 10 - 1

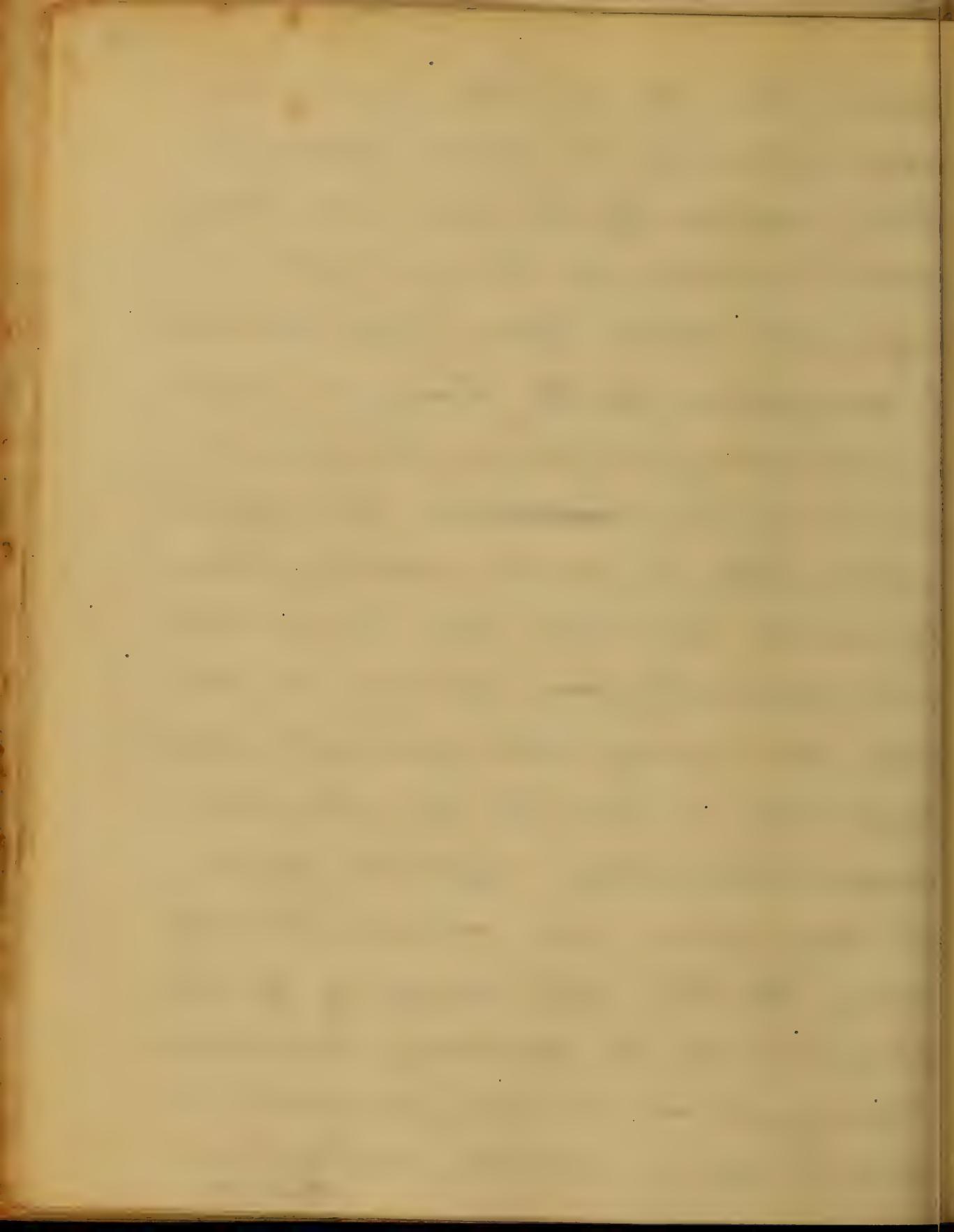
1939 - 10 - 1

1939 - 10 - 1

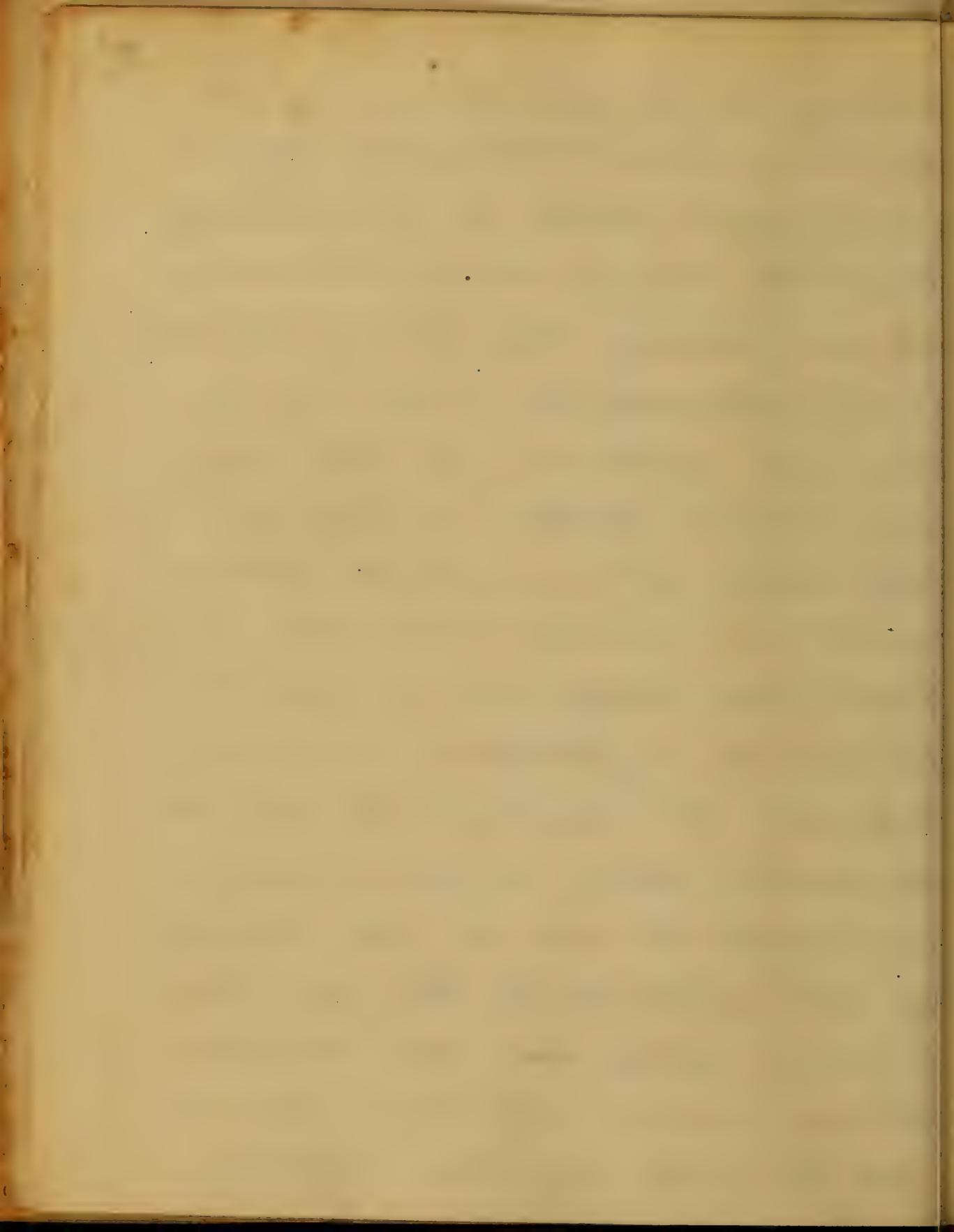
letting others have been satisfied with purgatives alone. Many have tried gland alteratives, and have recommended Galon as the best. A great variety of medicaments have been presented at different times as having a specific effect on the disease, but a few trials have been generally sufficient to prove their inutility or of value. The fact is, many, the authors all kinds of treatment and a large number of them will go through any treatment at all, so that it is difficult to tell what particular scheme may be considered the best. I would be more afraid of doing too much than too little. In speaking more particularly of the management of small pox I shall notice the treatment I conceive to be proper in the three stages of the disease.



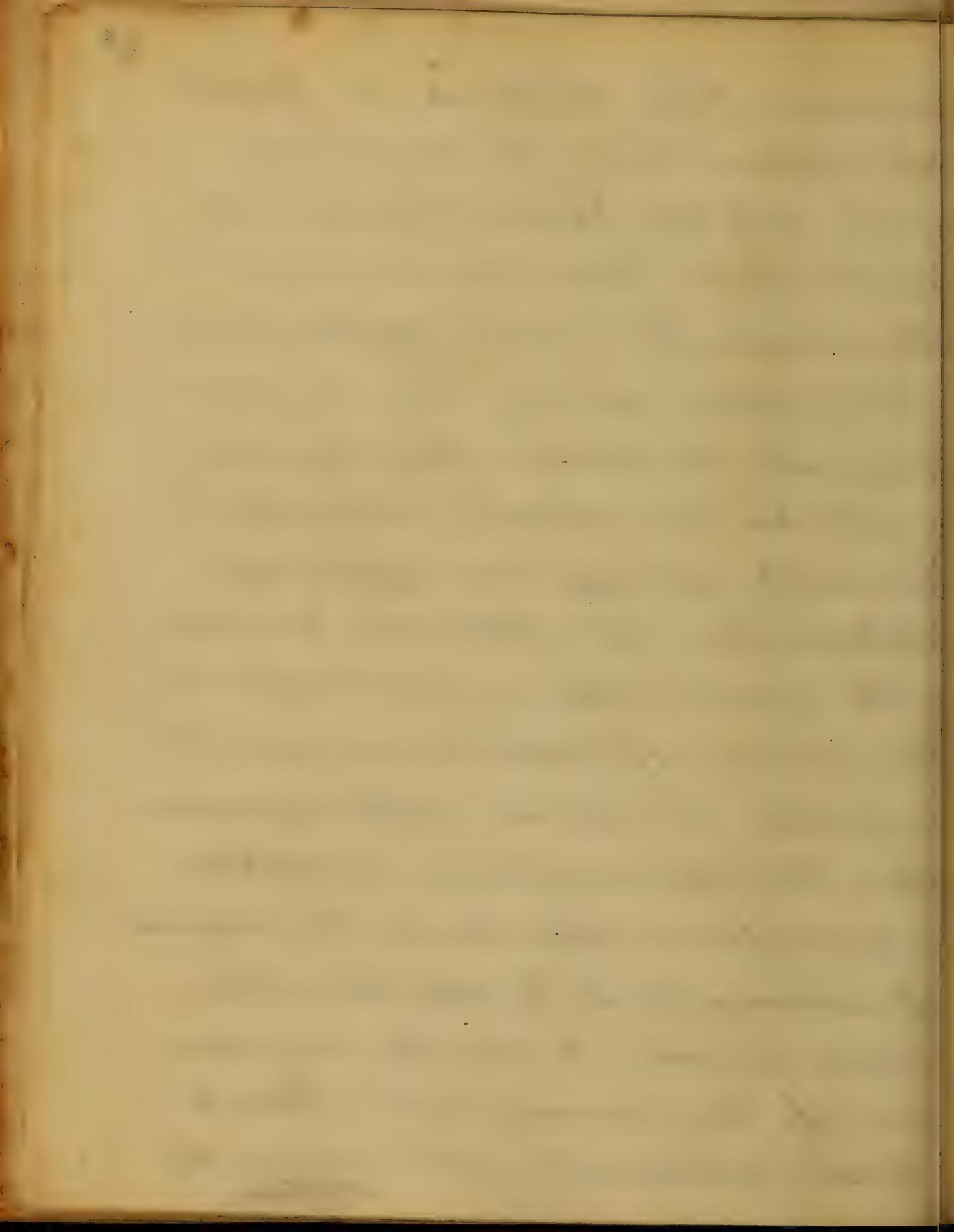
disease. First then in reference to the simple form. This is indeed fatal if left to nature. If the fever soon subsides and the system is strong and vigorous and there is a disposition to congestion of the brain it will be necessary to purge frequently, and in some few instances it may be well to take a small quantity of blood by leeches from the head. The patient will generally bear despatchion much better than in any other form of the disease. But it should never be forgotten that the disease will not bear despatchion well in any form in which it may occur. In the vast majority of cases it will not be necessary to do more than give one or two purgative doses of some mild cathartick during



during, the whole course of the affection and I should think a very good article to give during the entire disease, to have it said we are doing something would be. Gig. Summer does in small doses at intervals of three or four hours. Should complications take place of course the treatment must be varied to suit Scarlet fever angina is more fatal and is therefore more difficult to manage. We must be careful here we use measures calculated to reduce the strength of the patient for though the vigor of system is considerables yet in many cases it will not bear even the slightest depletory measures.

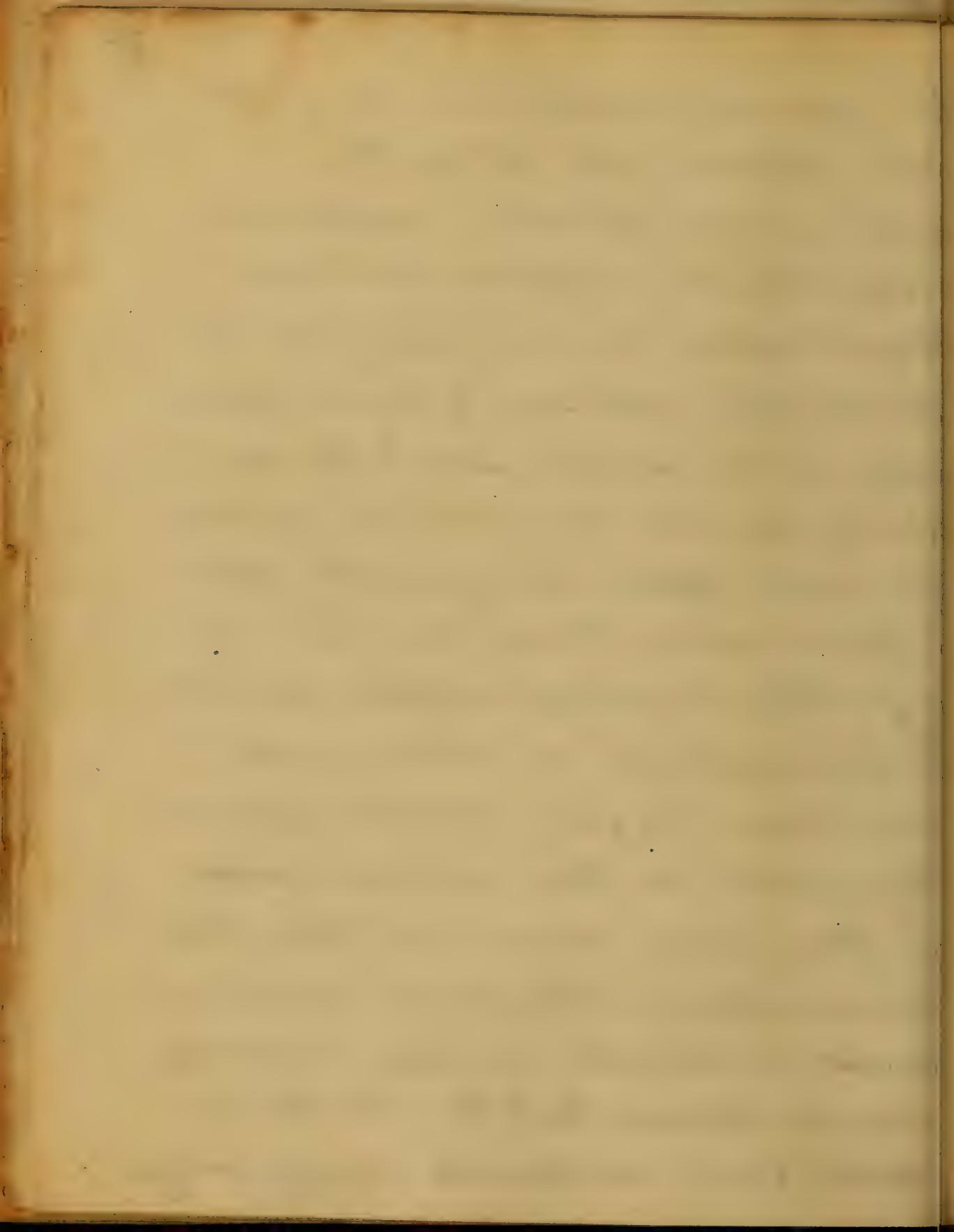


measures. You disposed to think, that nature will in most cases point out the proper course to be pursued in this, as in most other diseases. The great matter to be settled before using any measures calculated to reduce the system is whether the arterial excitement is the result of real or apparent plethora, for we often have pulsation with great arterial excitement, in this variety of neuralgic fever; and it is certain if we use depleting means when the last mentioned condition is present, we shall incur the chances of recovery; and if on the other hand we fail to make a proper use of those means when there is great excitement with no other

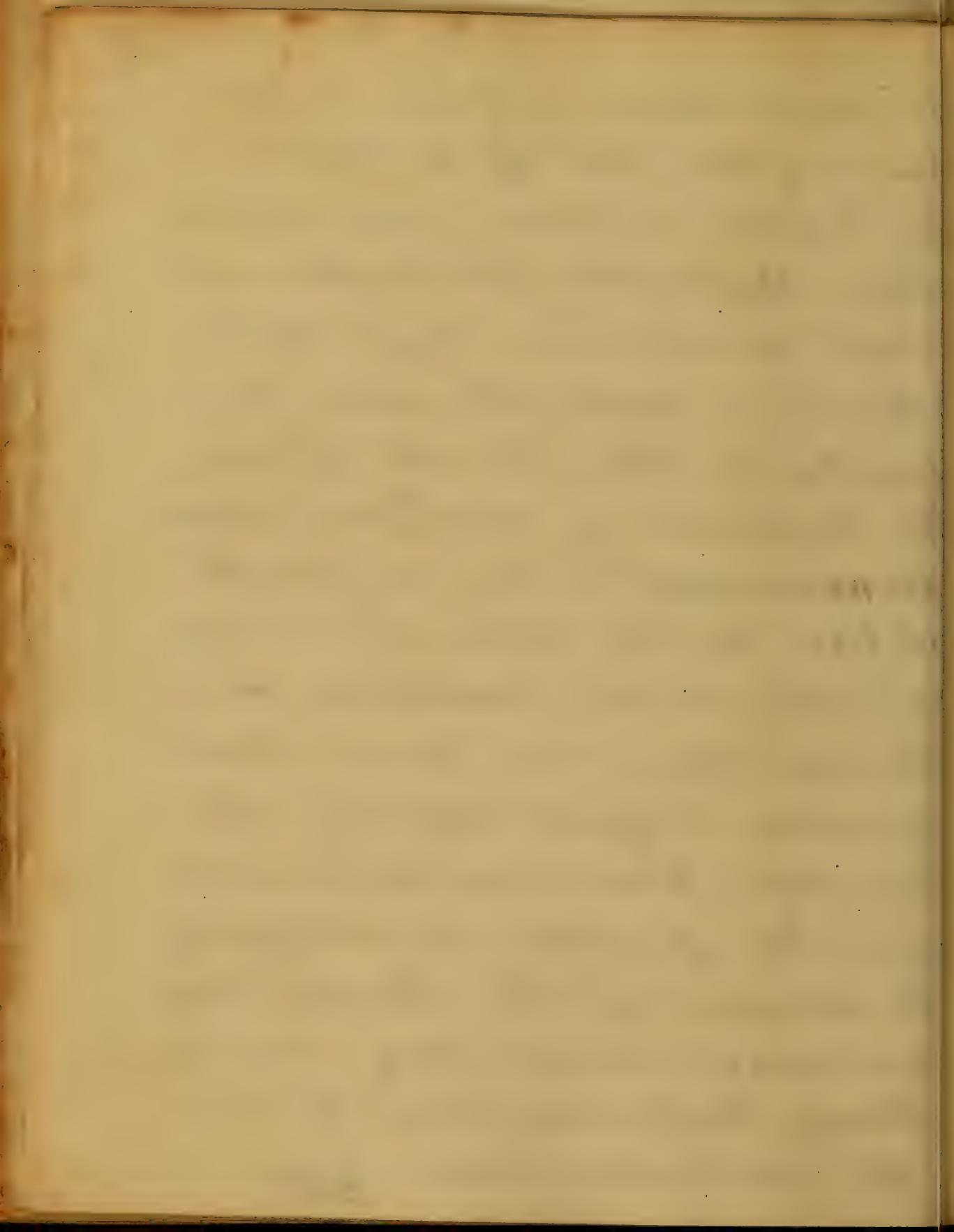


the general system, we may let our patient die from the supererogation of some internal congestion or inflammation.

It will often be necessary to use stimulants, particularly in the latter stages of the disease, and I think Whisky would be a good one because we can more frequently obtain a pure article than we can of any other form of ardent spirits. The preparations of this article have been highly recommended as stimulants in this disease and of these none more so than the Ammonium tartar. This form I have no doubt is valuable under many circumstances. But the throat in Scarlet fever requires perhaps



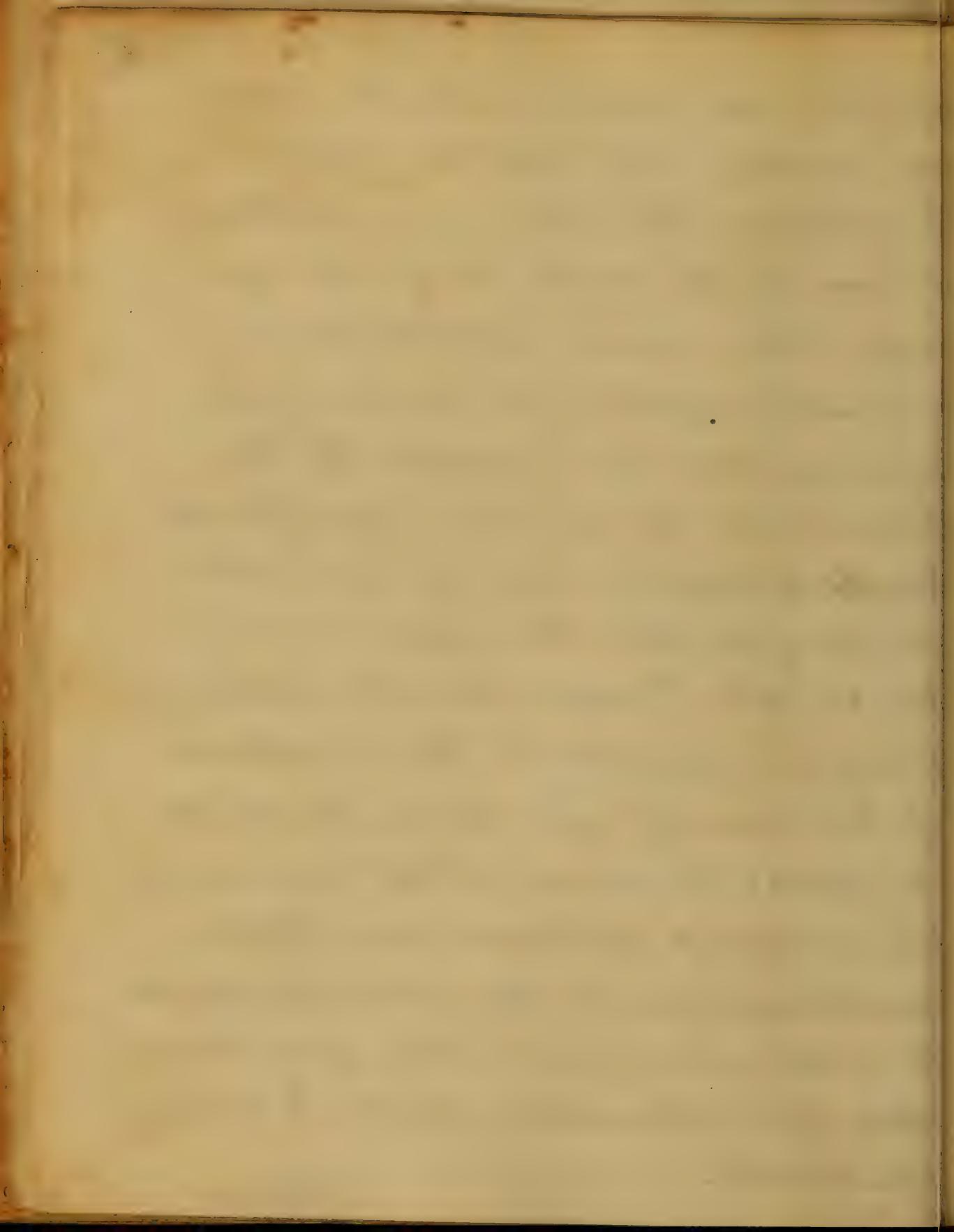
as much attention, if not more
than any other part of the system.
The tunics as I have said before
often suppurate if the inflammation
be not arrested in a day, or two;
attention must therefore be
directed to the throat from
the beginning, and it must never
for one moment be lost sight of;
at least for the first 24 days;
or until we are satisfied no
danger can come from that
quarter. A great variety of
remedies have been recommended
for the purpose of subduing
the disease of the throat and
we may select any one of
these that may seem to suit
the particular case. But



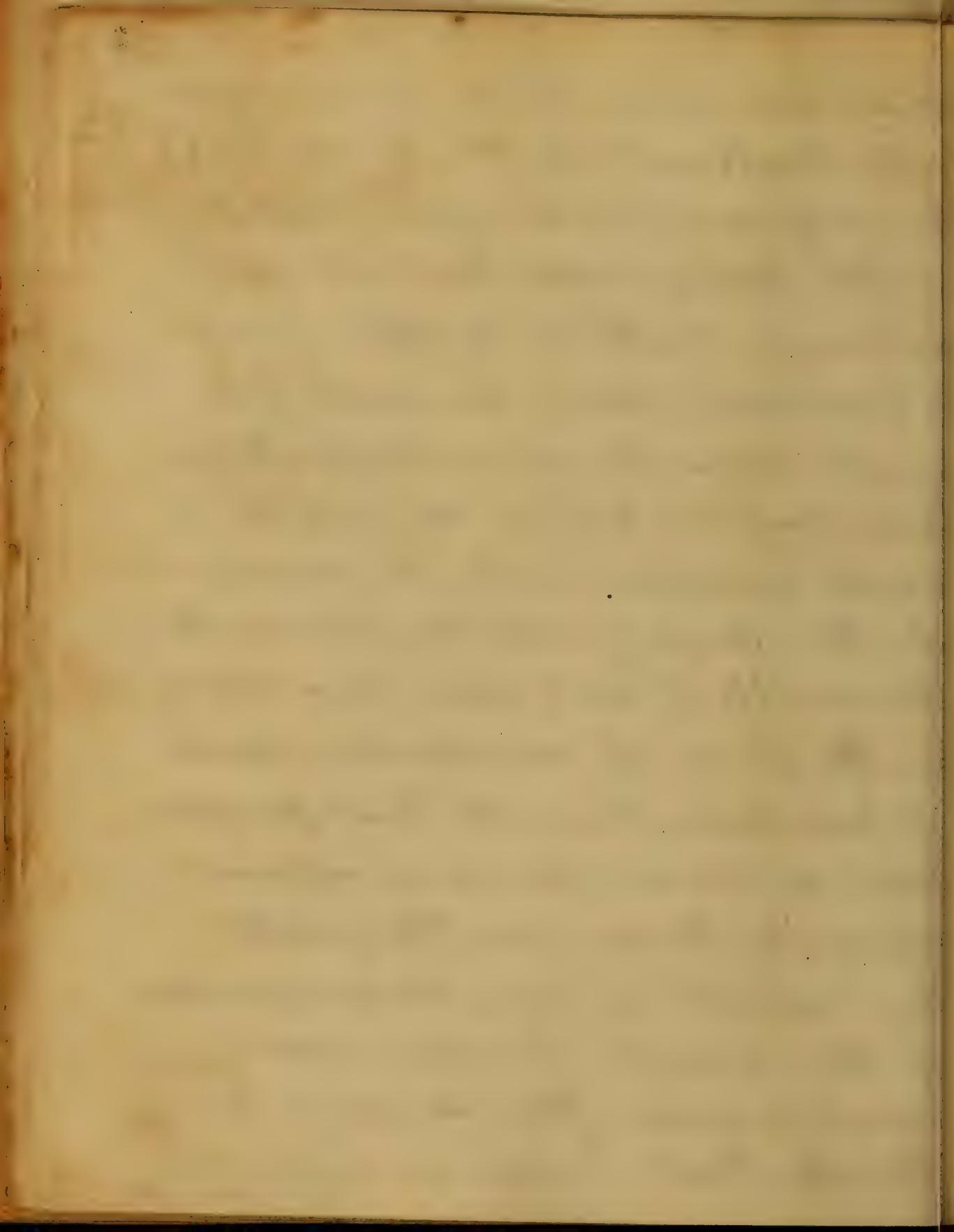
But let us select what one we may, it must never be forgotten that to be effectual it must be used vigorously.

I refer here more particularly, to such agents as have been recommended as gargles. If the child be too young to gargle its throat a mop or sponge must be employed for the purpose. This is all I consider it necessary to say in regard to the treatment of this variety of Scarlet fevers for it must be clear that in many points and perhaps in these most essentials it must be modified to suit idiosyncrasies of constitution and the character of the prevailing epidemic.

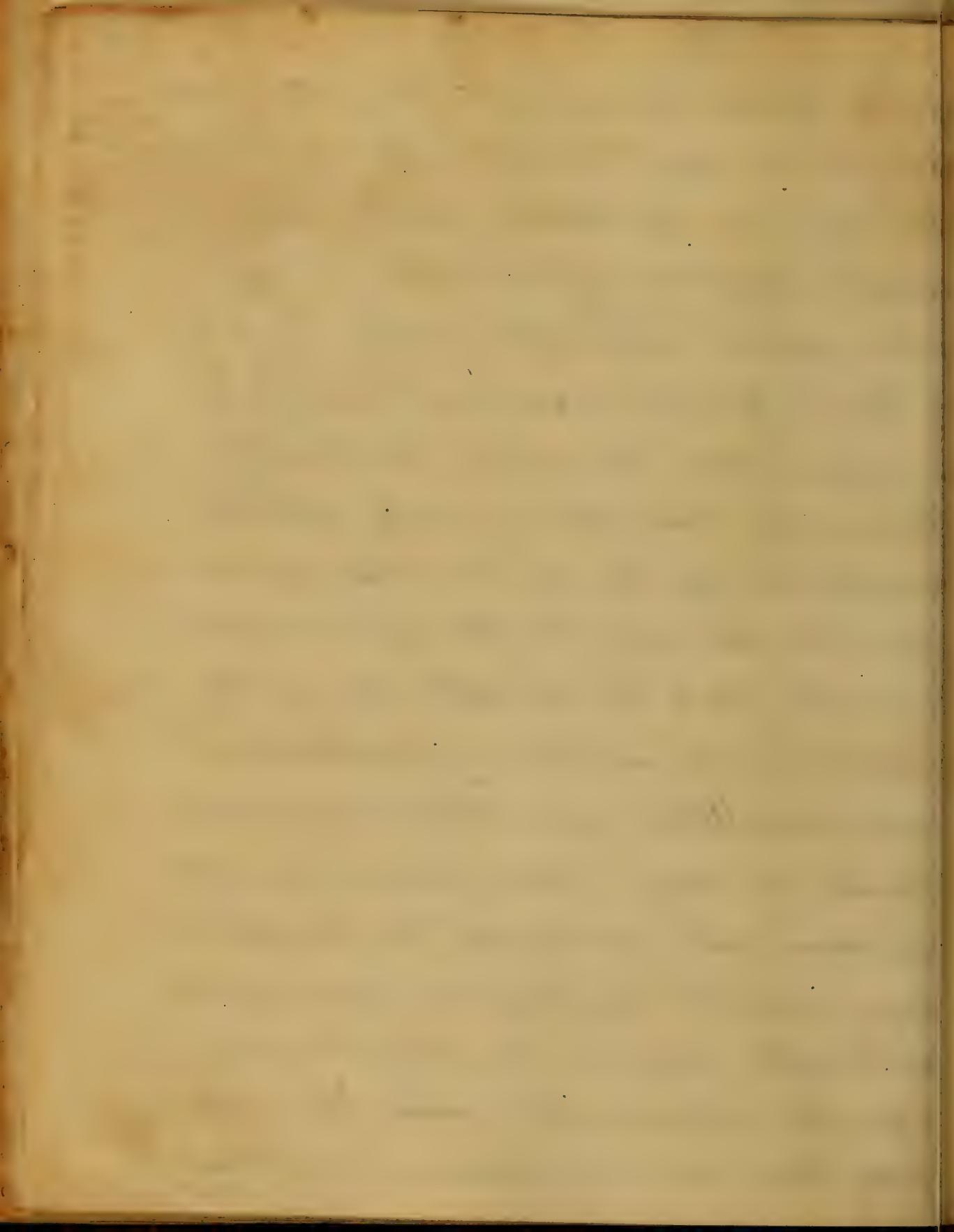
What



What has been said in regard
to the treatment of the throat in
the anginose form applies equally
in the malignant. But do what
we may death will often result.
The treatment must be modified
in all cases to suit circumstances.
In conclusion I will say a few
words in reference to the management
of the dropsy which follows the
disease. This is as I have said mostly
in the form of anasarca and
it has been found that purgatives
have a more decided influence
upon it than any other agent.
The effect of one large operation
of the bowels is often very
great upon the dropsy. I
think that Calypso contains
with

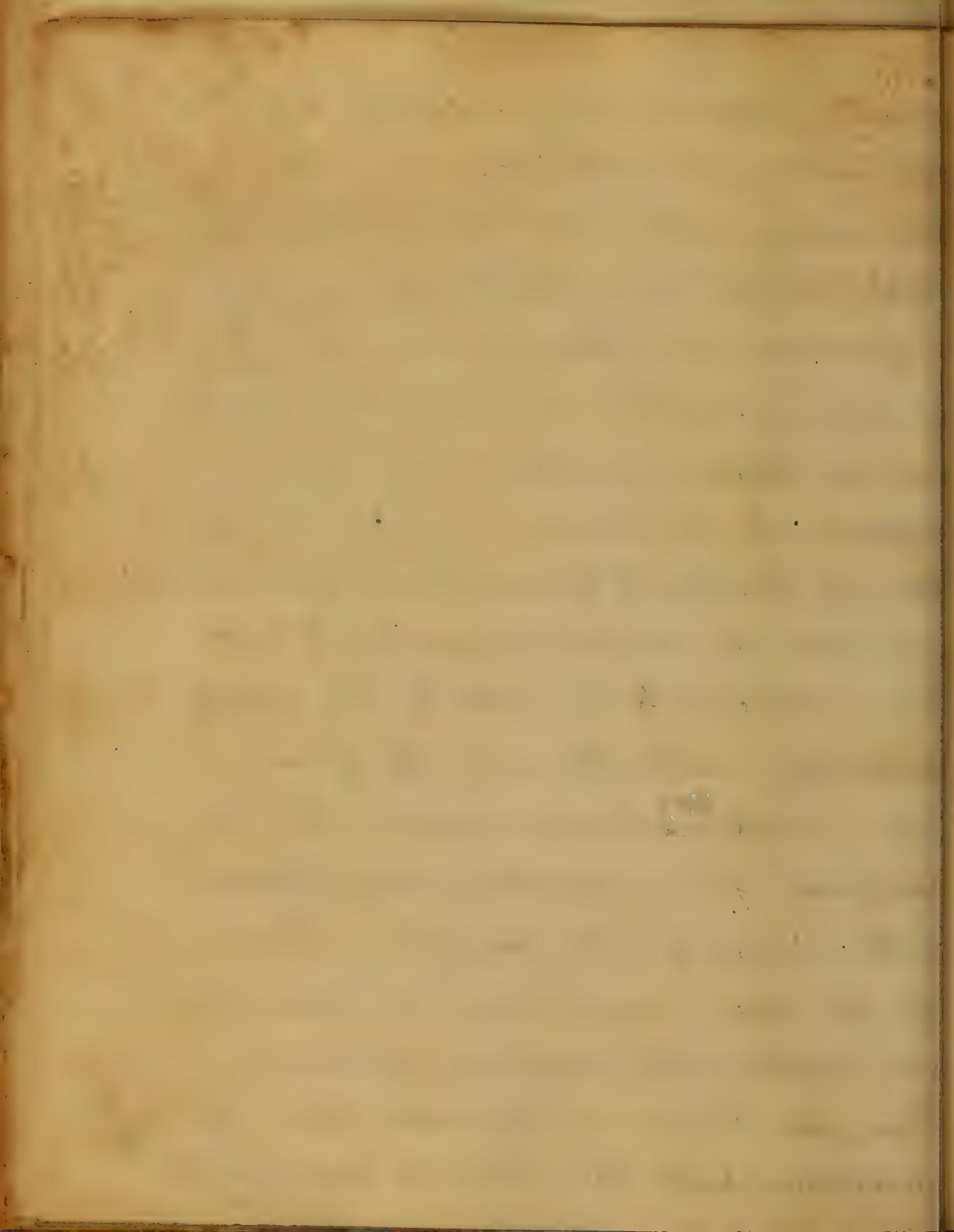


with Petass. Bitart. and Ant. Mart. will
in most cases be found sufficient
to have a decided effect. The
Iulap must be given in large
doses and repeated every two
or three hours until it begins
to move the bowels briskly.
There is in these cases generally a slight
constipation of the bowels and therefore
must be had regard to the size of the dose
so much as to the susceptibility of the
system to the impression of cathartic
medicines. What under other circumstances
would be nearly a dangerous dose of the
substance last mentioned in the form of
dropsy which results from such doses
will often have but a slight effect
upon the alimentary canal. The safe
plan then in my opinion would be to give

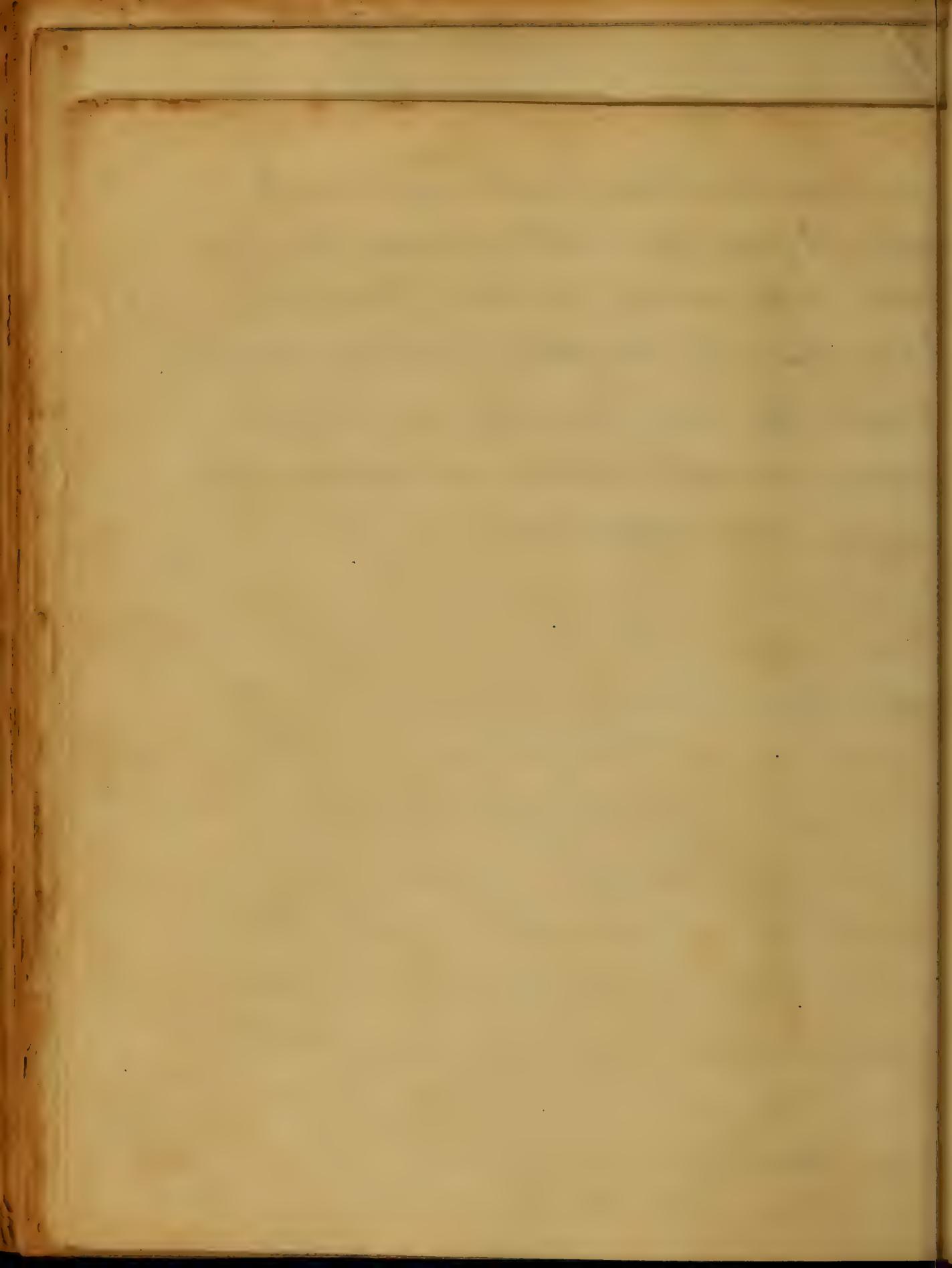


give the medicine in moderately large doses and repeat the dose every two or three hours until we have a decided effect. But as I have hinted before the details of practice are always to be modified by circumstances; and these circumstances are so numerous, that it is almost impossible to lay down any particular plan of treatment, from which we will not have to deviate frequently. I have thus endeavored to the best of my ability to comply with the rule of your honorable ^{body}, which requires that every candidate for graduation shall present to the Dean of the Faculty a thesis of his own composition on some subject connected with medical science.

Now far the views presented are in accordance with the best I can do,

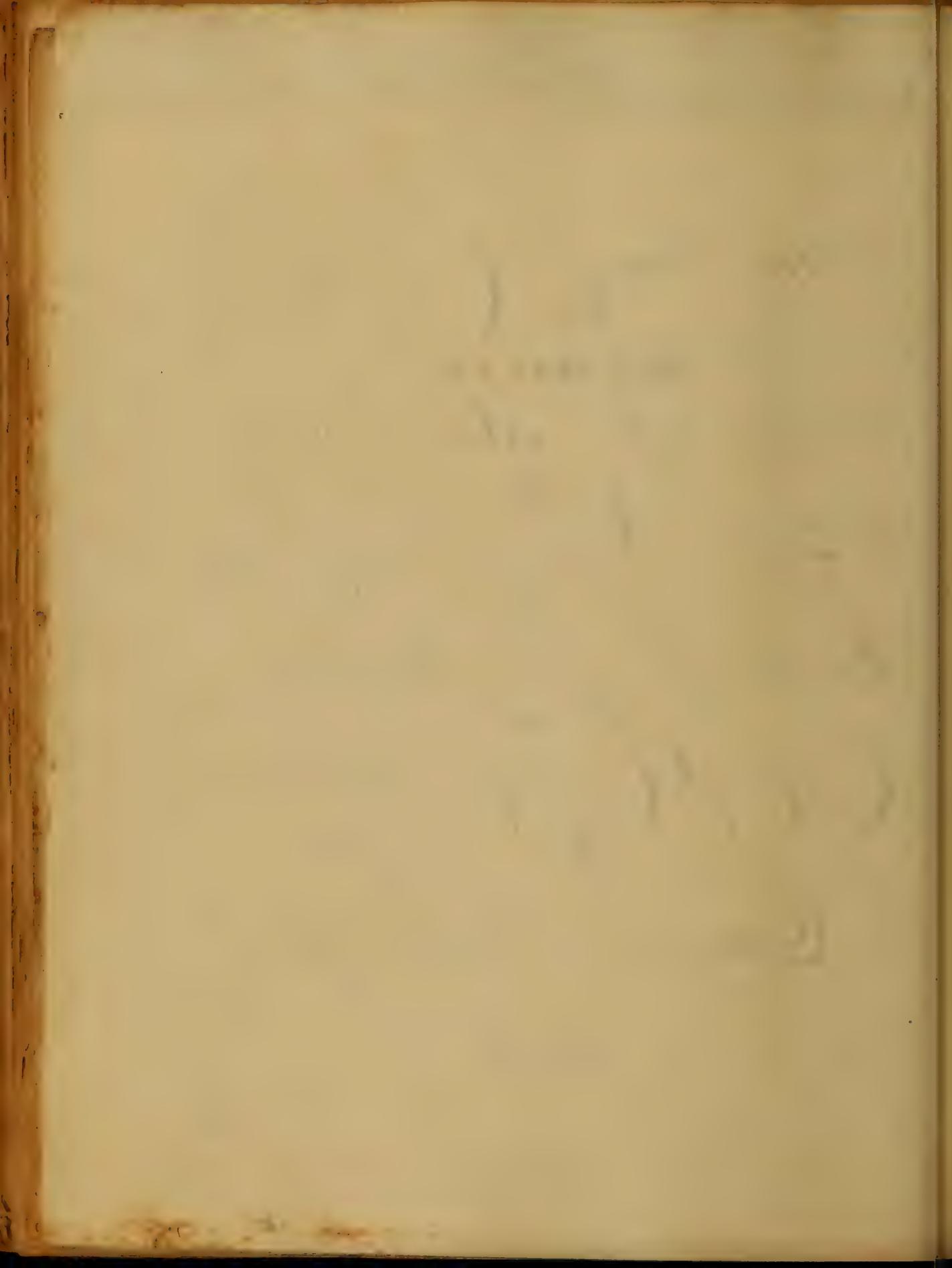


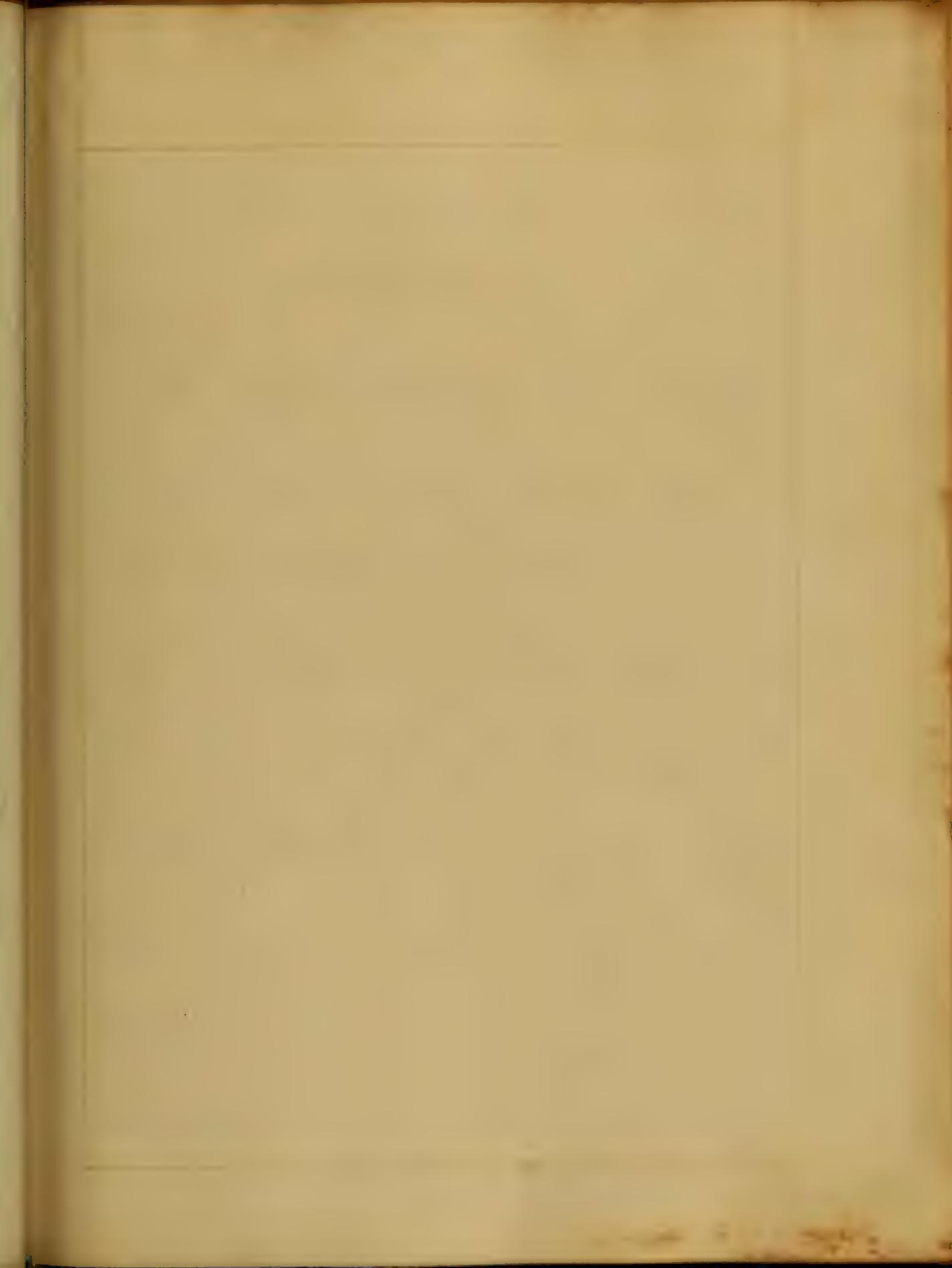
You who have had ample experience to decide. I hope you will pardon the errors and imperfections in these pages when I say that by constant attention to science I will try in the future to acquire more correct notions of disease from reading and experience.

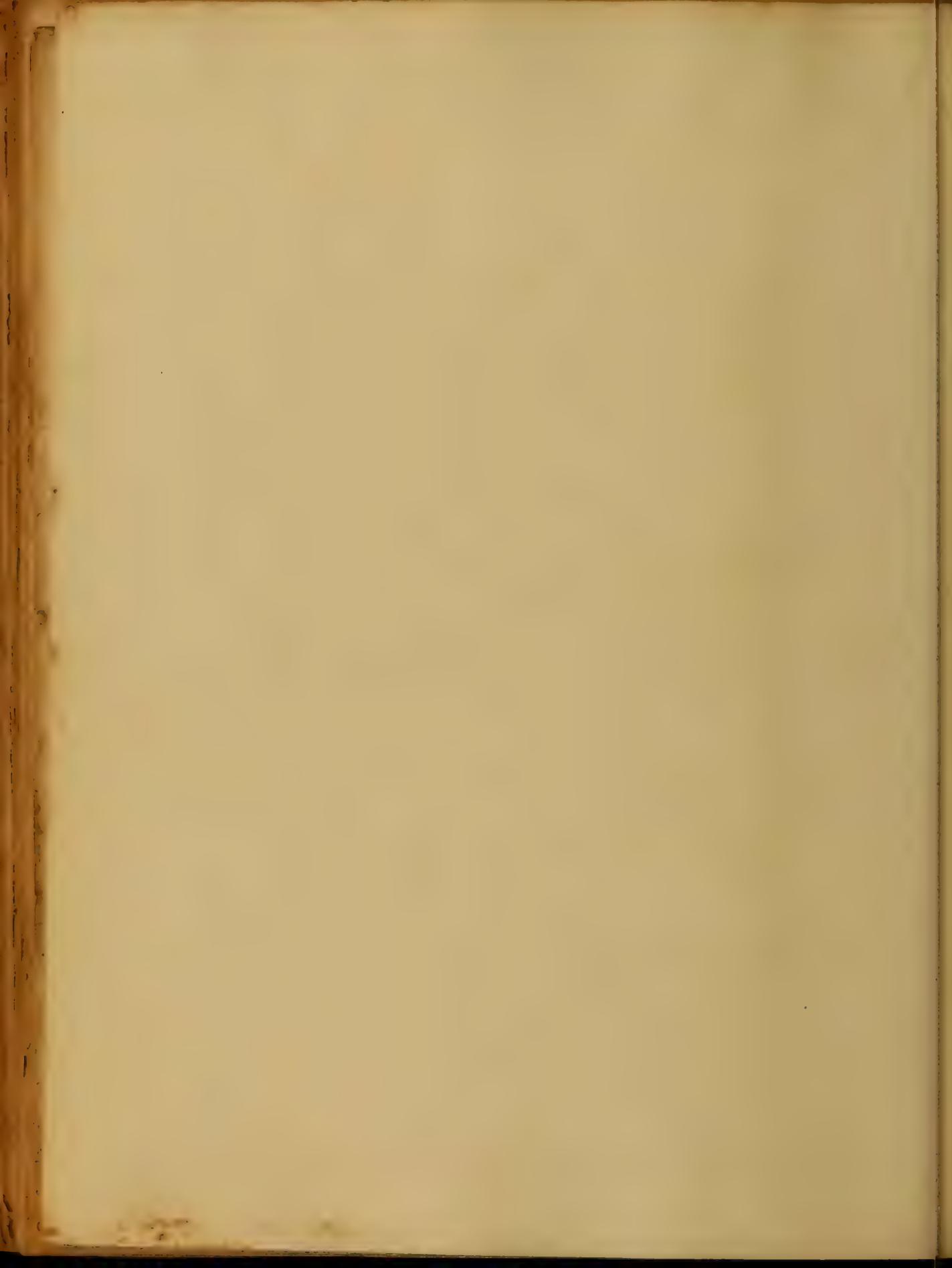


John Thompson
en
Mercury
submitted to the examination
of the
President Regent & Faculty of
the
University of Maryland
College Park
October 1863

1000

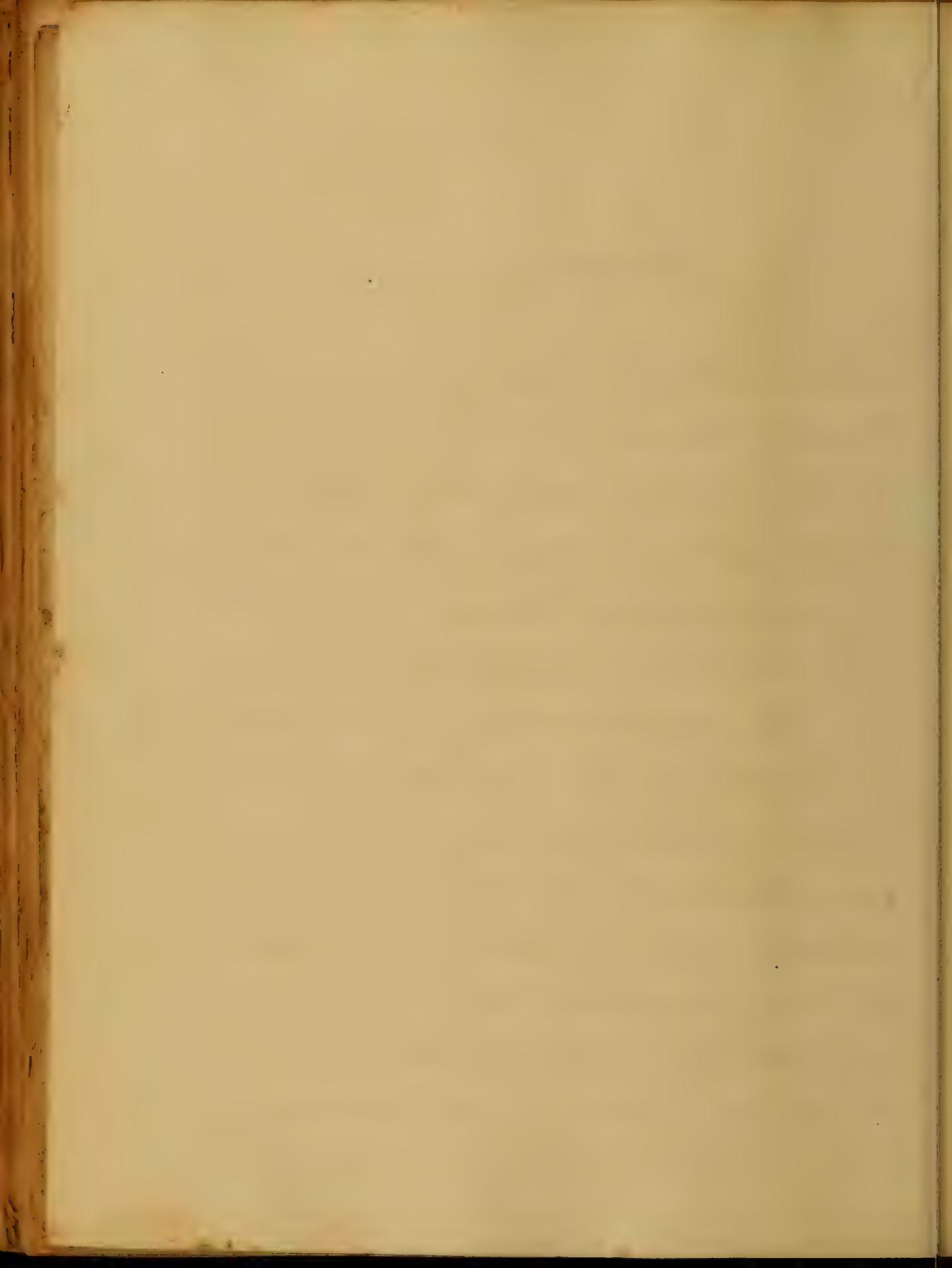






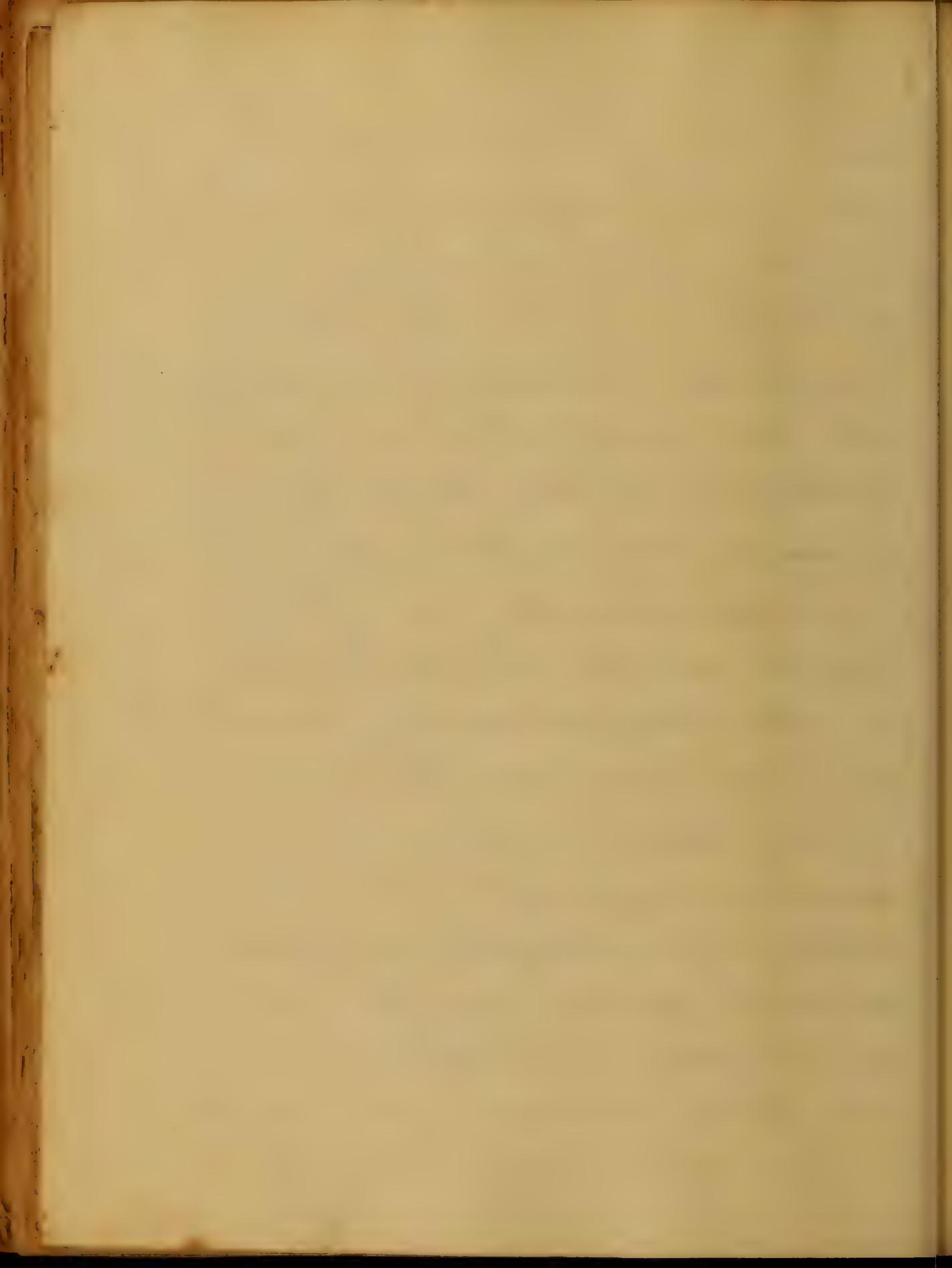
in which there was no
real difference,
but of which the
one or two in each of the
jewelled boxes were
all sand-dipped.

The first of the
sand-pots is the
firkin of the
old man's
cupboard, and
the second is
the same
firkin of the
old man's

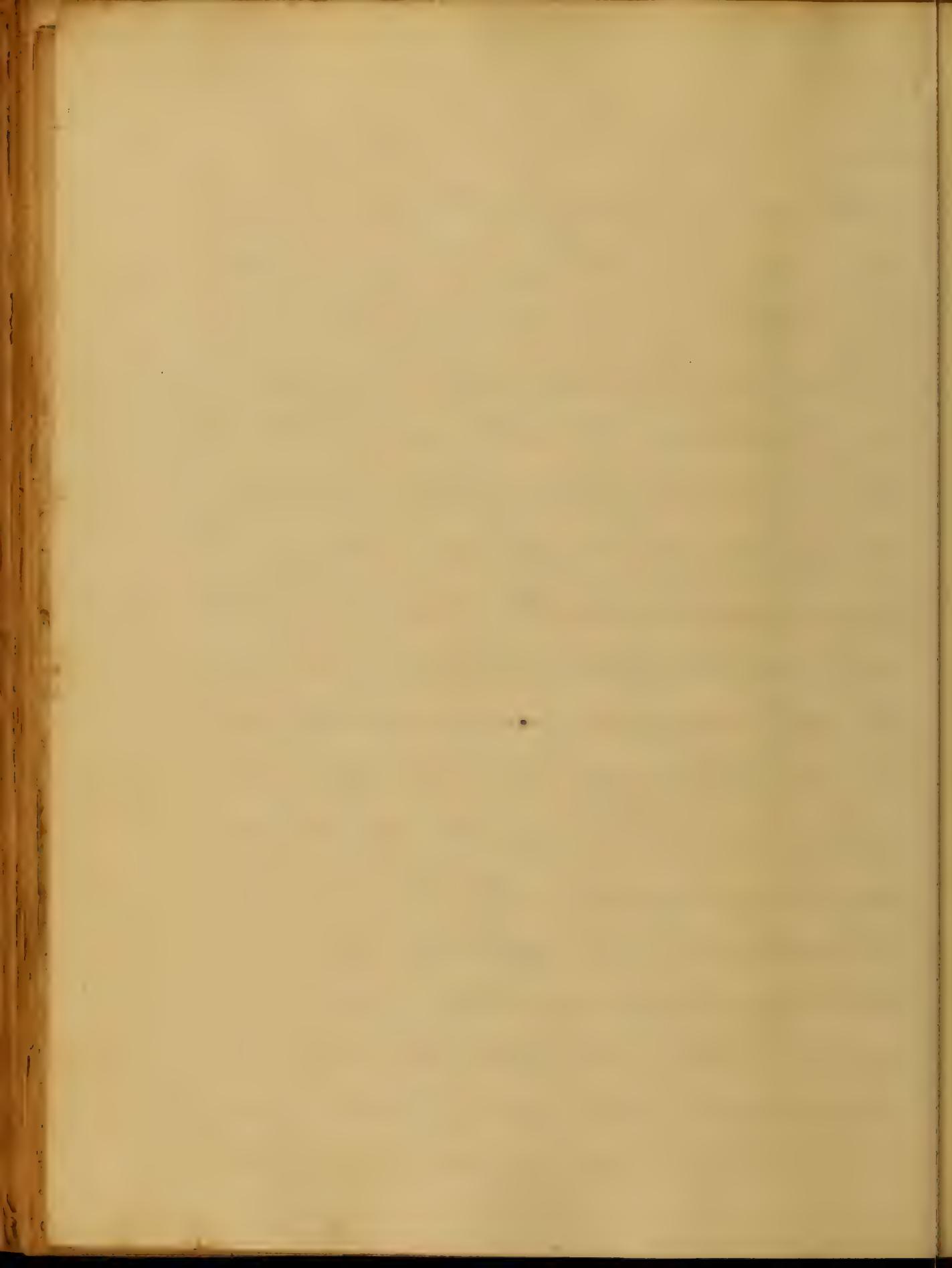


the war it dedicates a vast sum
second and private fast expenditure
to gratify their little whims,
and a large amount to
keep a storehouse of material, and
make the most frequent and
expensive in its accomplishments.

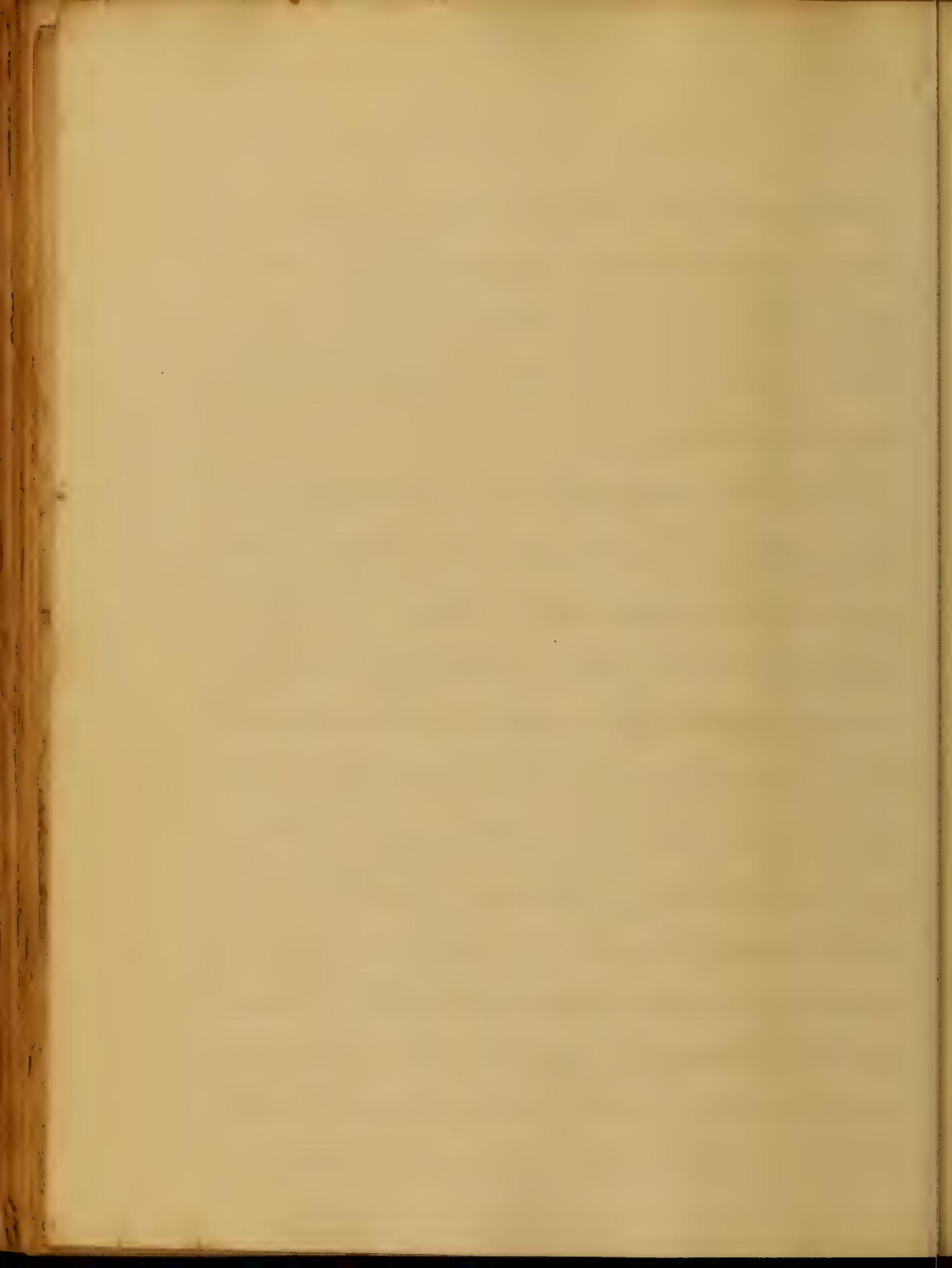
In taking a cursory view of the net
expense incurred within the first
~~one~~ ^{two} years of the rebellion
we find that the
whole, with which we are
wield a powerful influence or con-
trolling the disorders of our own - been
expenditure of \$100,000,000.
which may be divided into
the following heads:



the science of the
concrete, and the
organization of
the government,
and the economy,
each with its
independent
and exclusive
sphere available to the
more universal object of
impartial justice; and
the backwardness of
the country in
the development of
its material resources
and its political
and social institutions
is the chief cause
of the poverty and
misery of the
people.

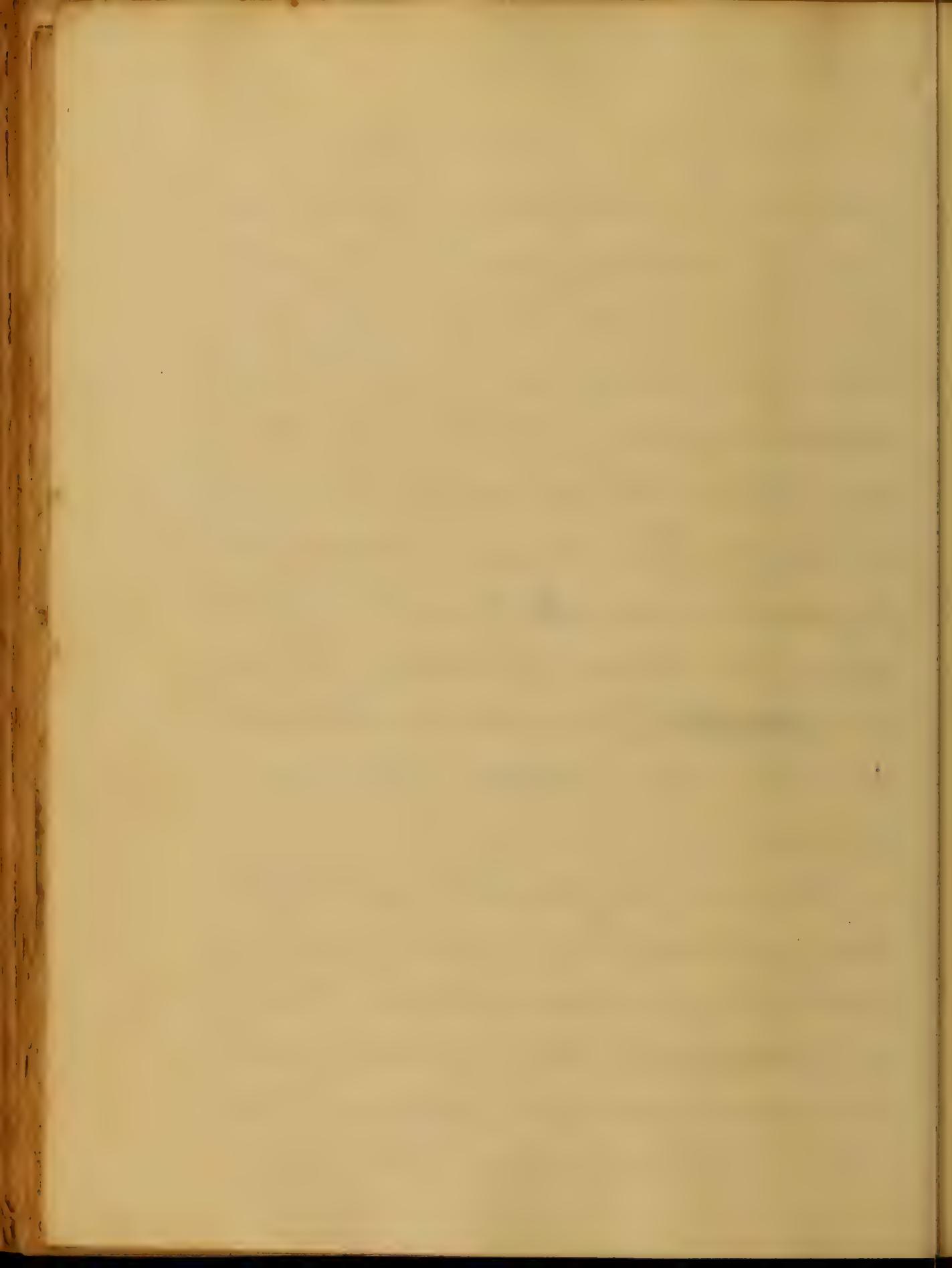


the 27th of October
I had the pleasure
of receiving your
kind letter, and will
answer it at once.
The first point
you ask about is
whether the
newspaper
is to be
published
in the
United States
or not. I am
not quite
certain
about this
matter, but
I think
it will be
published
in the
United States.



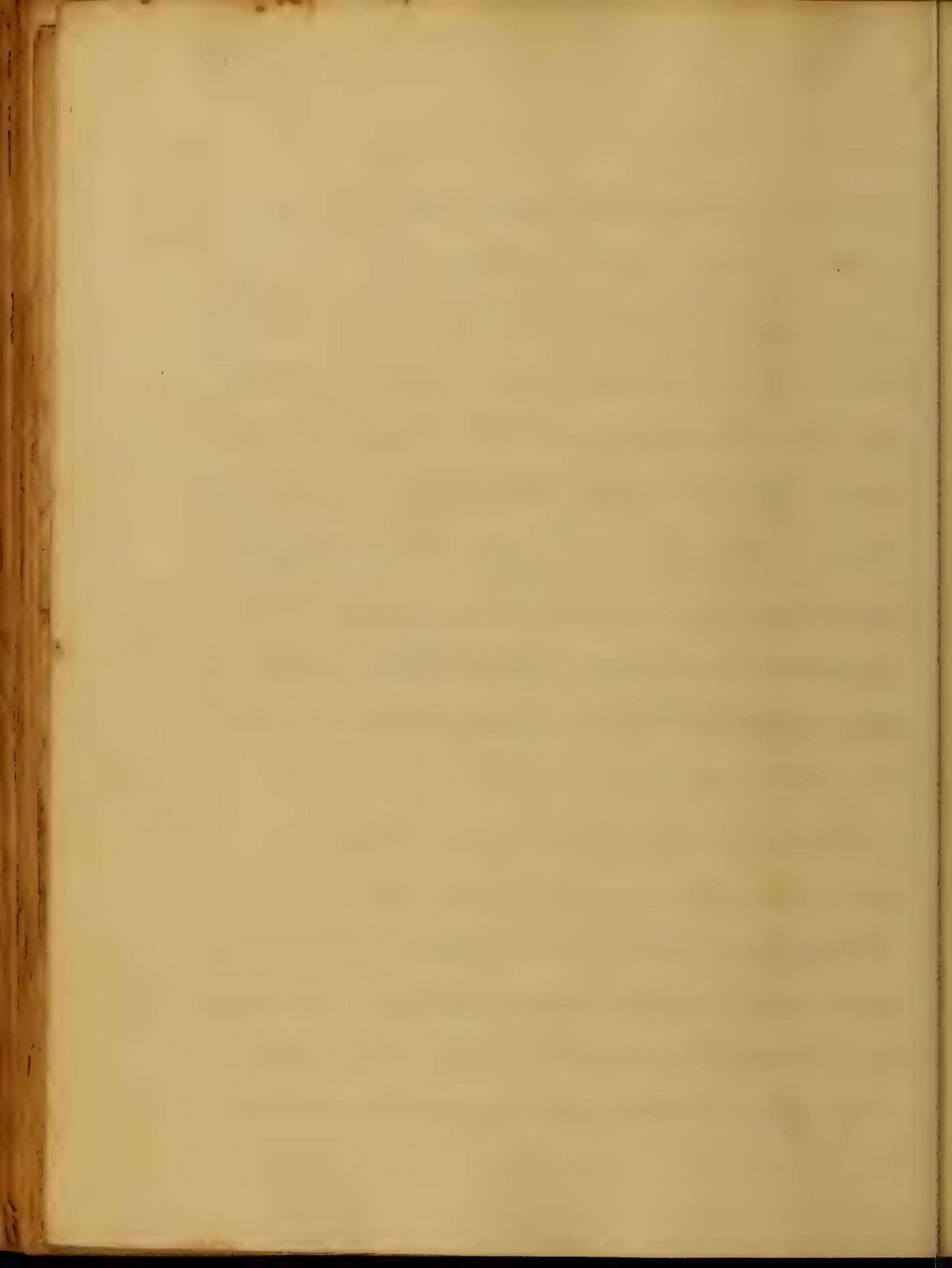
We see the following facts. The
fugacity exhibits the same behavior
as the vapor pressure of the
molecules. But the effect of the
coagulation of the
preparations. In this case put on coagulation
at the time of the experiment.
The effect of the coagulation
is to prevent the
and particles from assuming the gaseous
state. This is the reason
surface.

The second effect of the coagulation
is to increase the vapor pressure
of the system. The third
advantage no doubt comes in the
chemistry forcing a passage to the

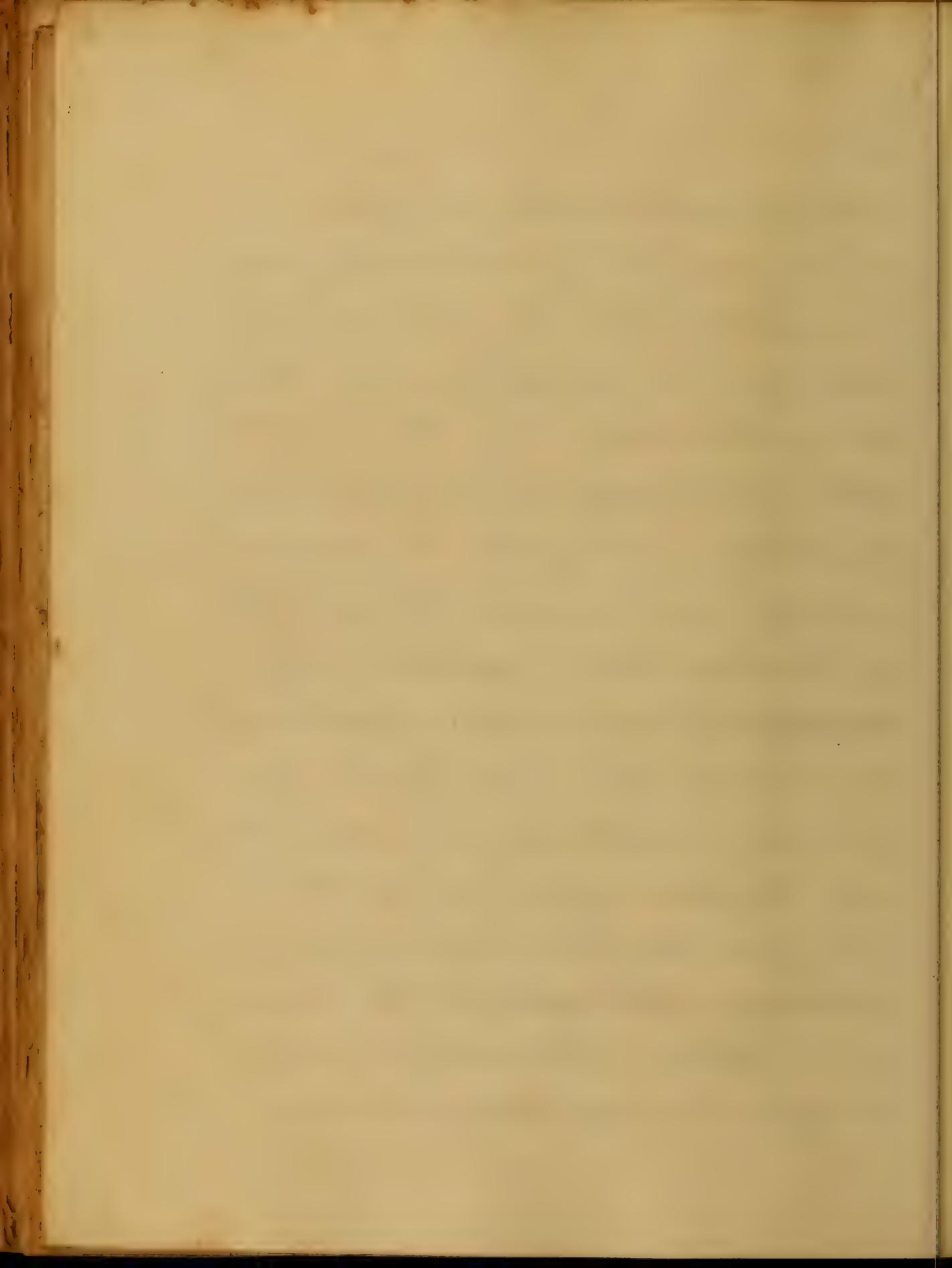


we all go to the church
at the time appointed.
After the service we go
out to the Bay of Fundy to
have a walk along the
beach. After the walk we
have a good meal at
the Bay of Fundy Inn.
I am very much interested
in the history of the place
and I am most
interested in the history
of the Bay of Fundy.

The next day we take a boat
to the Island of St. John. The
island is just across the water from
the city of Fredericton. We go
to the city of Fredericton and
then we go to the Island of St. John.

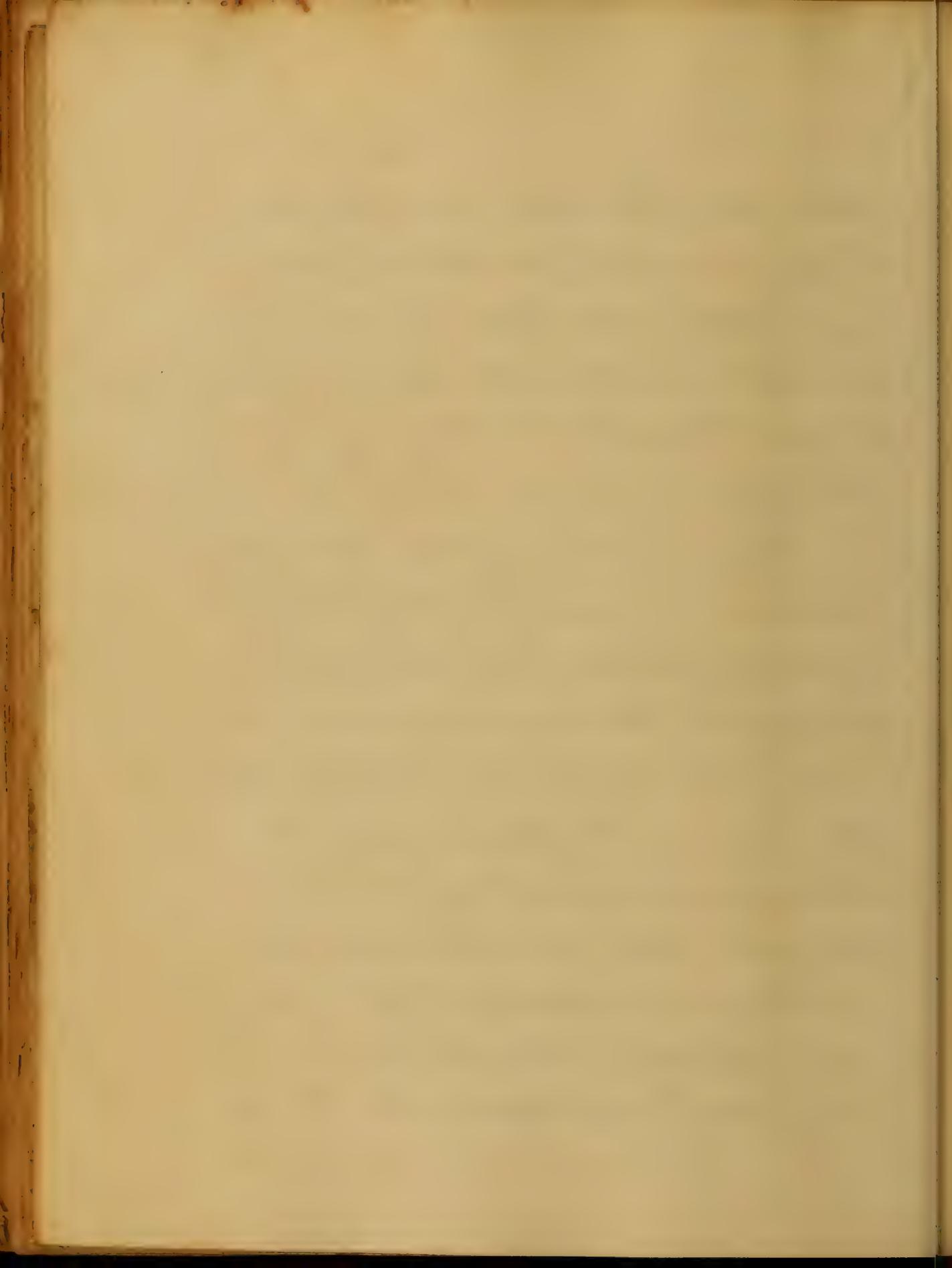


moderates arises, it may act in the most
imperceptibly for a time, some or even
several, a decided influence upon the
people. This arises from the fact that
with its suggestion the public
opinion is stimulated to increased
activity, and the organization of
of the mass into a directory, &
exciting the same to collect every
its members together, & with the
immediate sanction of General W.
H. The first negotiations took place
at the residence of Mr. Miller
of the day. But attempt to turn
to the expense to the community
one of a number of the members by a



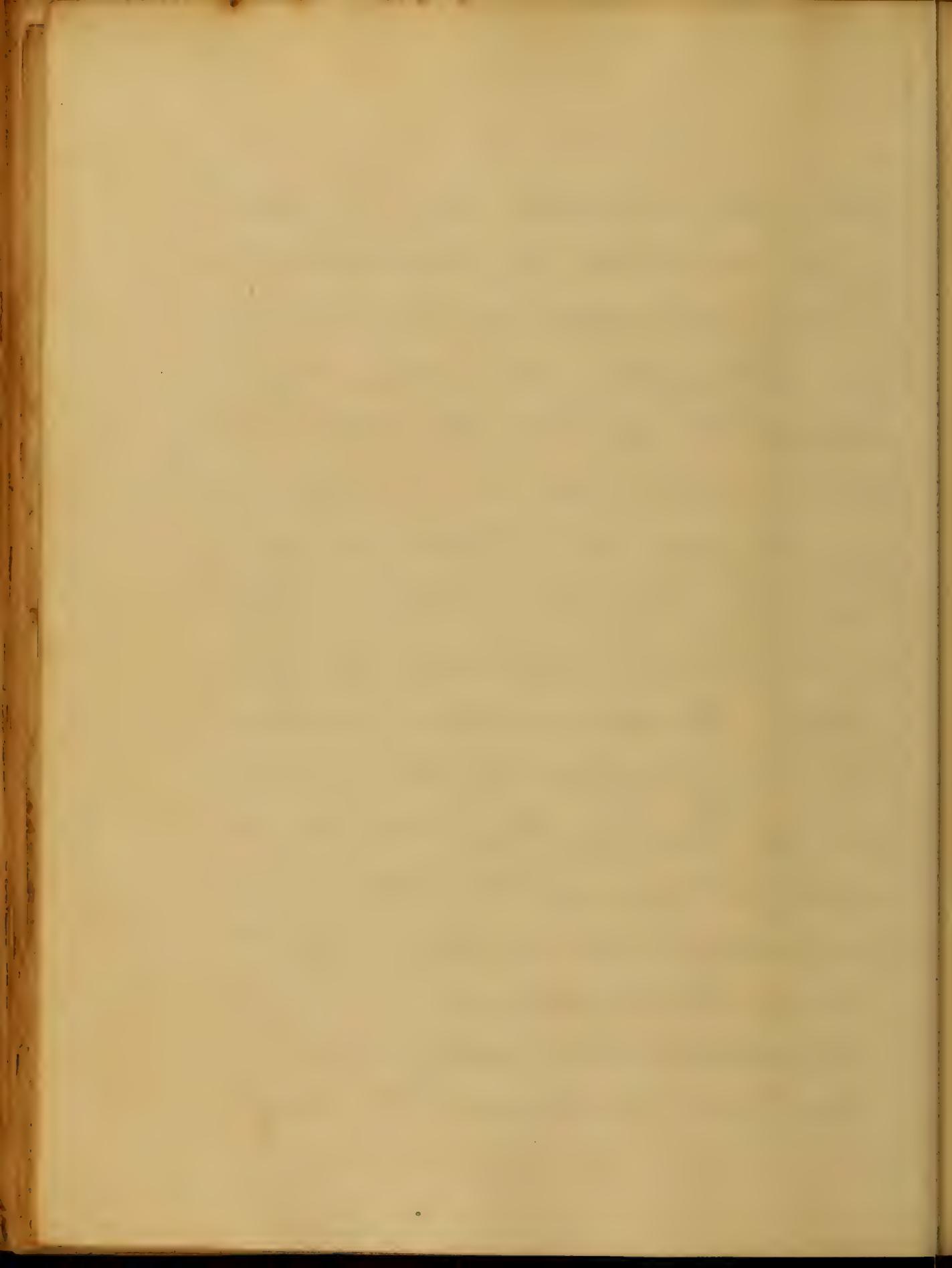
task of the removal of the
appendicitis, and the ex-
aggeration of the hepatic function is a
prominent symptom of its influence, yet
it is ~~not~~ ^{to be denied} that it acts upon
that organ.

And here it may have an interest
to inquire how it does physi-
ologically affect this viscus. To explain
satisfactorily the manner in which me-
dicinal treatment influences the liver
of a patient suffering from ap-
pendicitis is so extraordinary, so
striking and so extraordinary, we must con-
sider the fact, now, that that affec-
tion is a disease of the liver,
and of all the viscera connected to
it. And we can resolve the whole s-



of the liver into ultimate portions, containing the cells which appropriate to their own nutrition the effete constituents of the circulating fluid, and by them may eliminate the same from the system; so it is observed that those functions attending the dissolution of these cells, augment the particular secretion which it is their duty to eliminate from the blood. We can understand also how the alimentary elements of the particles of the alimentary tract, are conveyed by the vena portae to its ultimate destination, after passing through the hepatic artery, so as to be eliminated by the excretaries.

These portal trunks and the hepatic

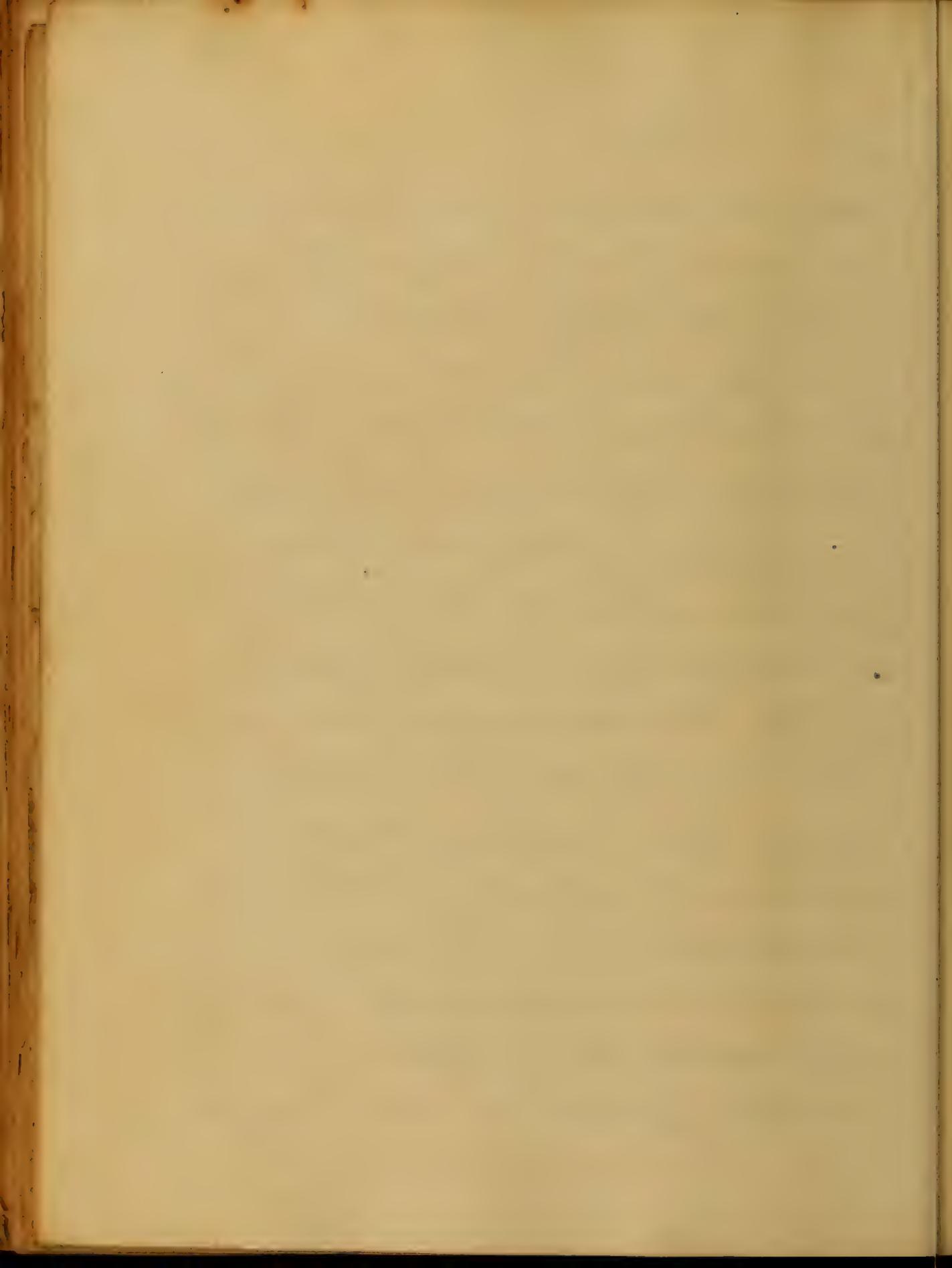


cells, which bursting set free their contents—the biliary secretion.

In the course of the disease the liver becomes enlarged, the vessels of the hepatic and capsular structures; the increase a few being due, in part to the distension of the vessels of the liver, but the greater part to the increase of the cellular tissue. The enlargement would reasonably antedate the increase of the number of the vessels.

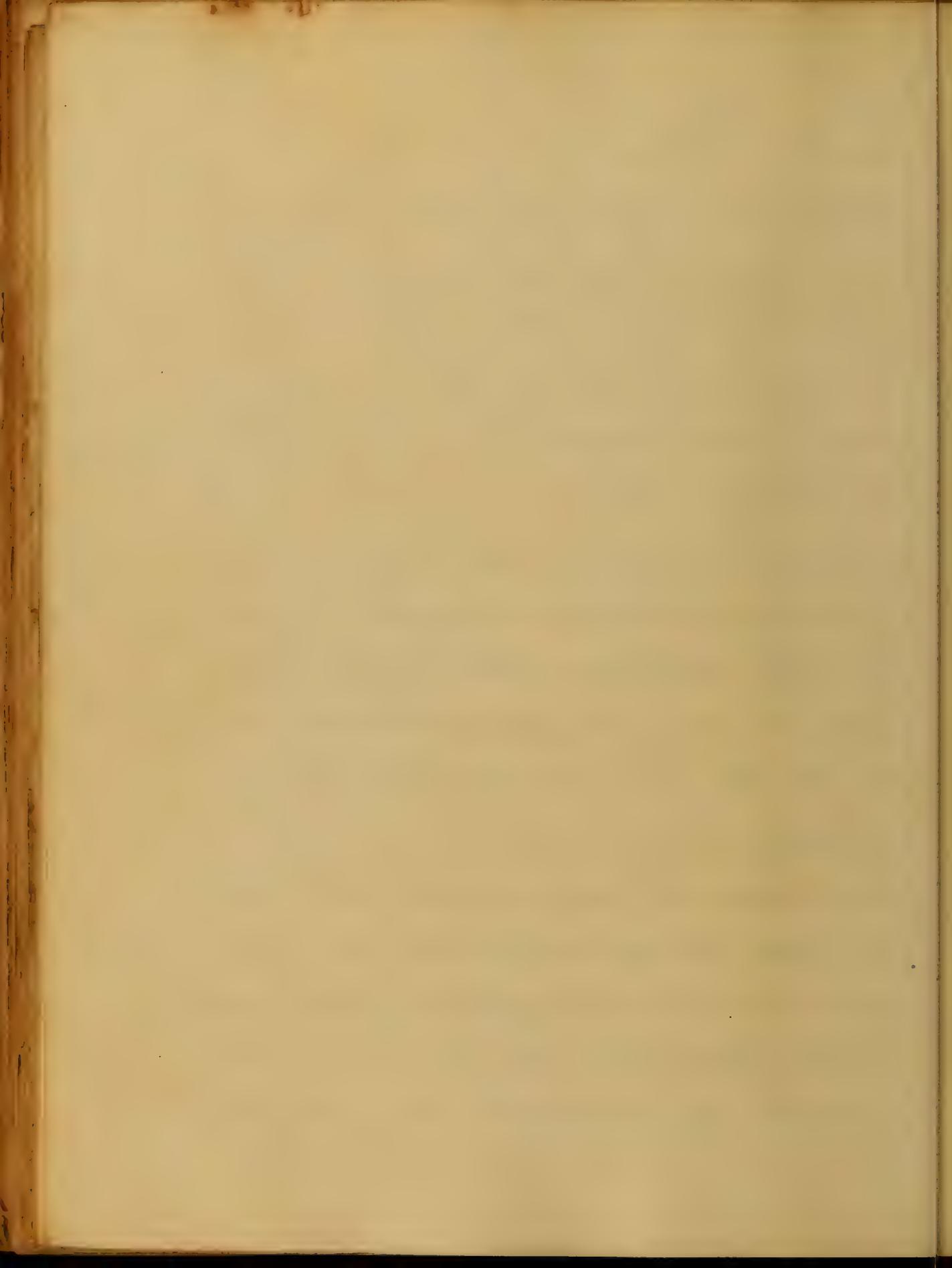
—

—



ta, then, we may claim for meadow an extended sphere of usefulness from its influence over the secretions almost without referring, on this plane, to its action similarly exercised upon the solids and fluids of the body.

The following is a general rule of action greater or less activity, according to the quantity taken or the susceptibility of the patient, it will all the more rapidly remove the excretions of the body. But of course, when the disease is of a chronic character, the treatment must be protracted, and the patient must be gradually accustomed to the new condition of his system. In such cases, the following plan of action will afford the best guarantee of success.

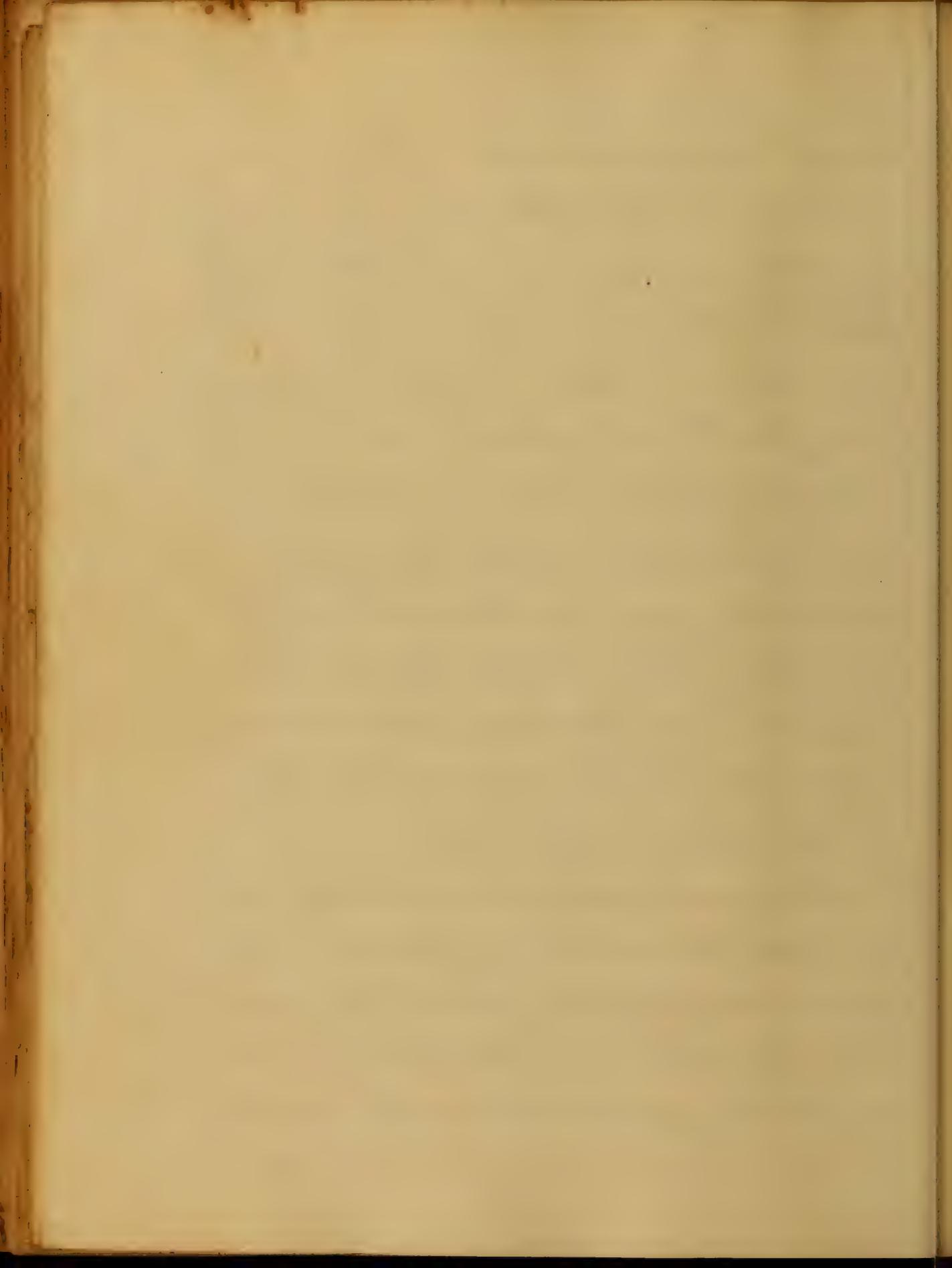


nowever this exhibition by the virus as regards the rapidity or violence of the attack, are controlled, of course, by the mode of transmission.

The removal of the virus from the system from the stomach and intestines is a necessary condition of recovery.

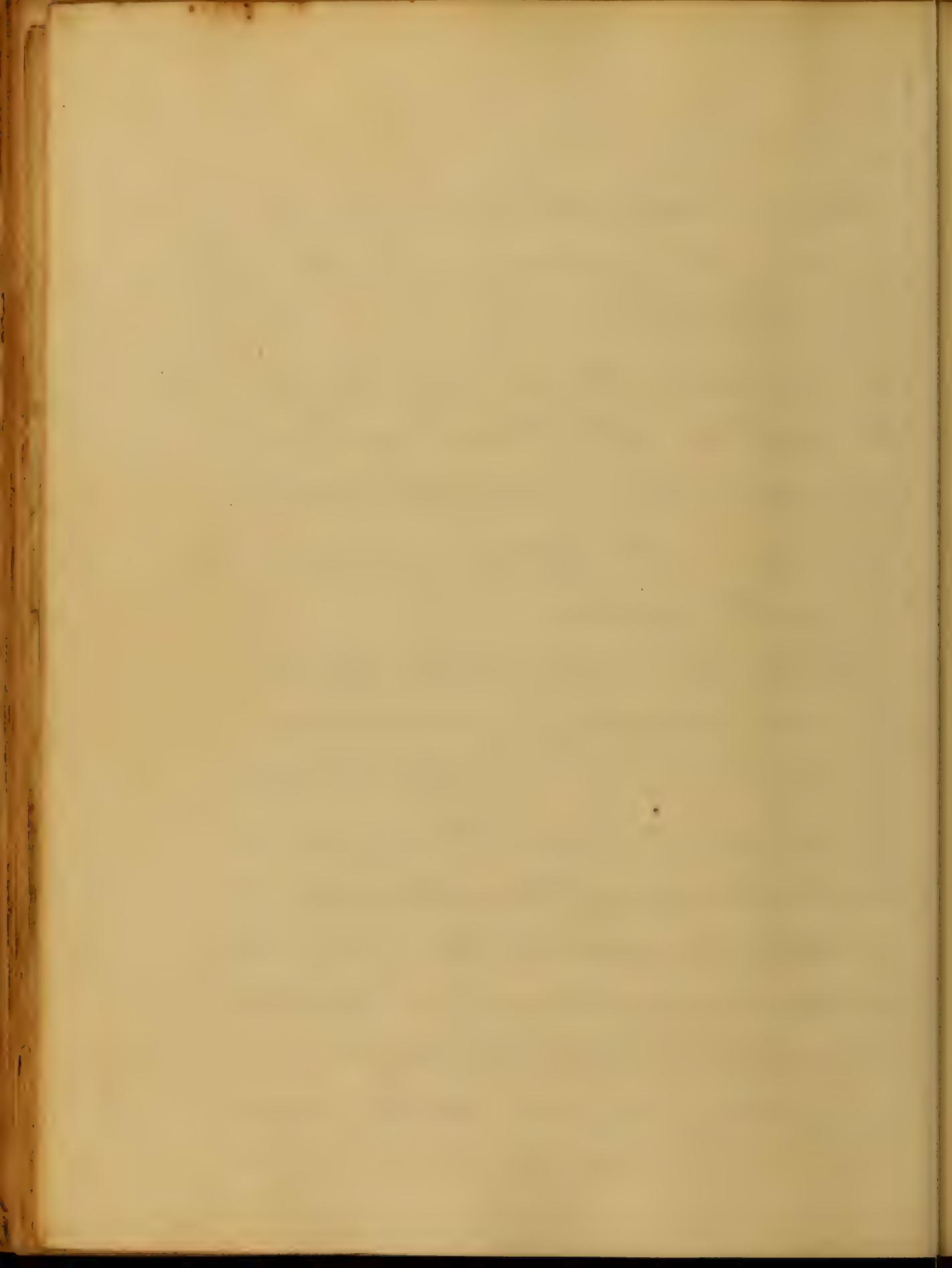
differently caused by this. If first the system if its progress through the intestinal, be accelerated by an irritant causing

This may be exemplified by the case of a child of three years old, who had been taking opium, with the affection known as salivation, with phenomena, similar except in intensity, to those



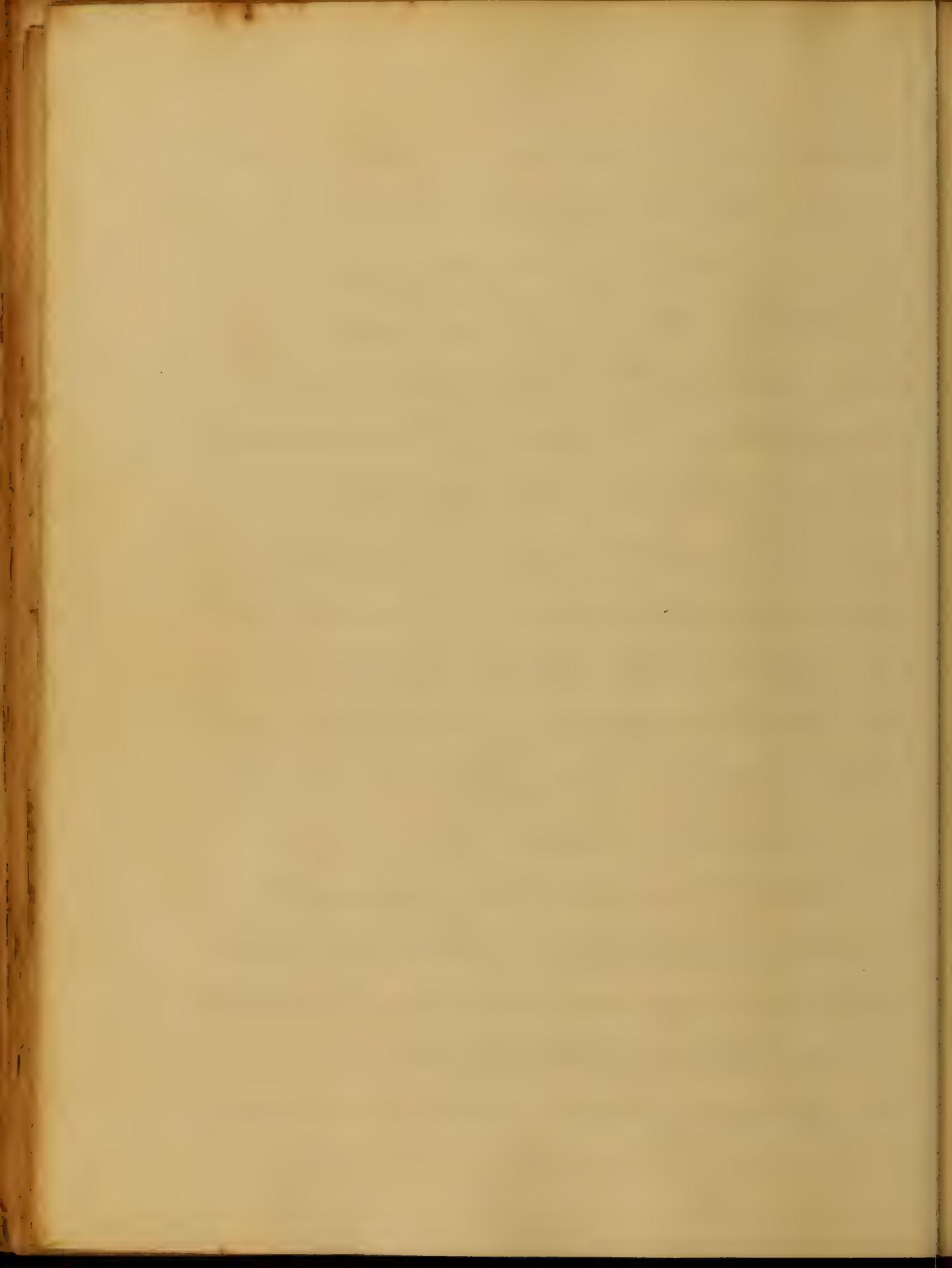
the effect of the
electrolysis
also upon the
its energies upon the parts of it.
and the effect of the
with regard to the effects
ing upon the system.

The first induction that
it could be known by the action
by the upulsive force of the earth.
so peculiar, so characteristic, as to give
it with the name of the metal itself. it
is also known that with the
the effect of the earth - the
force of the earth - the
acting of the laws now. & that it

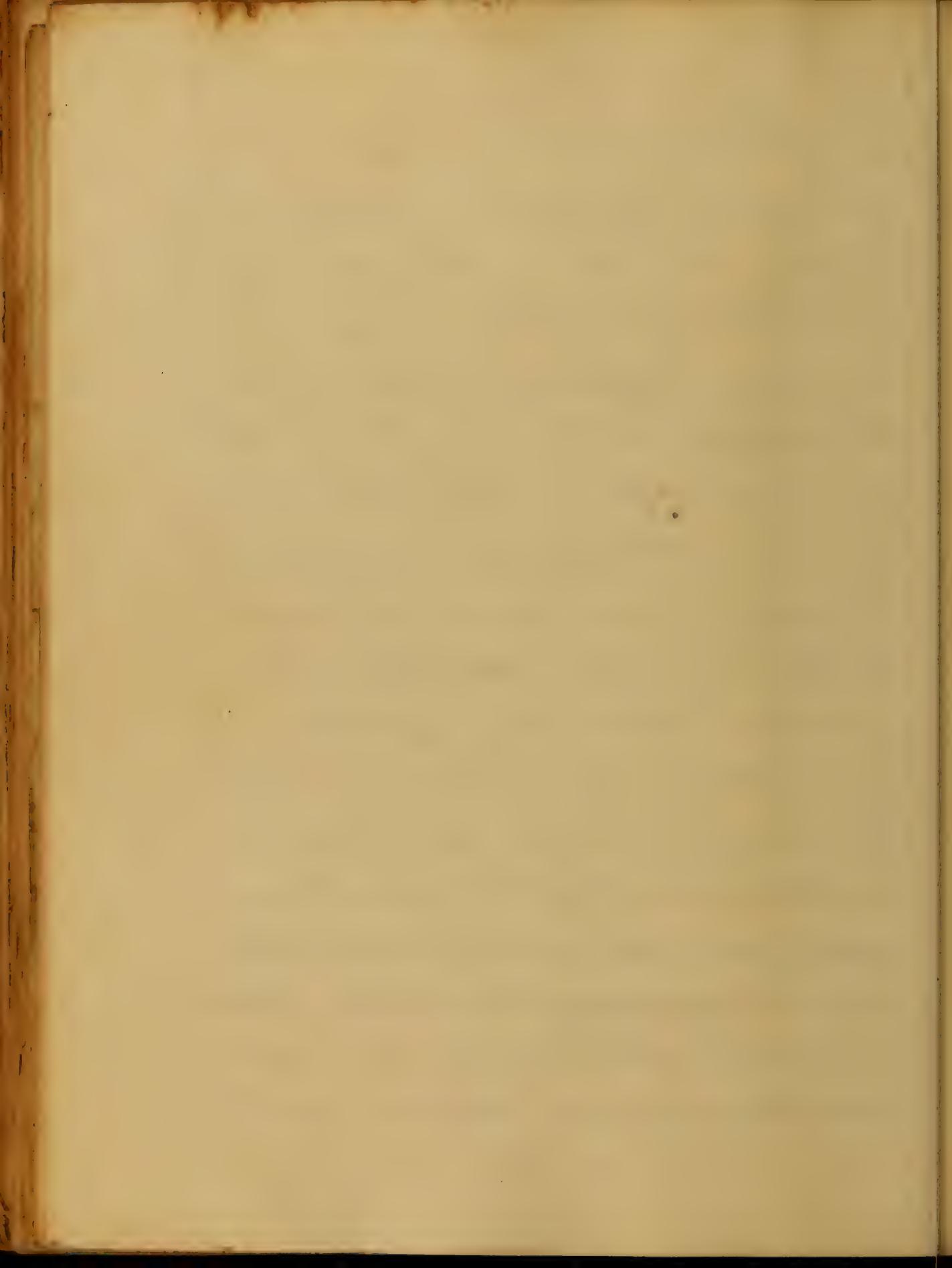


again than are experienced as the
cursors of salivation, a soapy taste
and the desire to swallow, the act of
firmly closing the jaws. These signs with
the mouth full, are the first
of the convulsive movements of the body,
which do not commence till a few
minutes after the action has been com-
menced; and they are followed by a
series of violent fits which can
never be arrested.

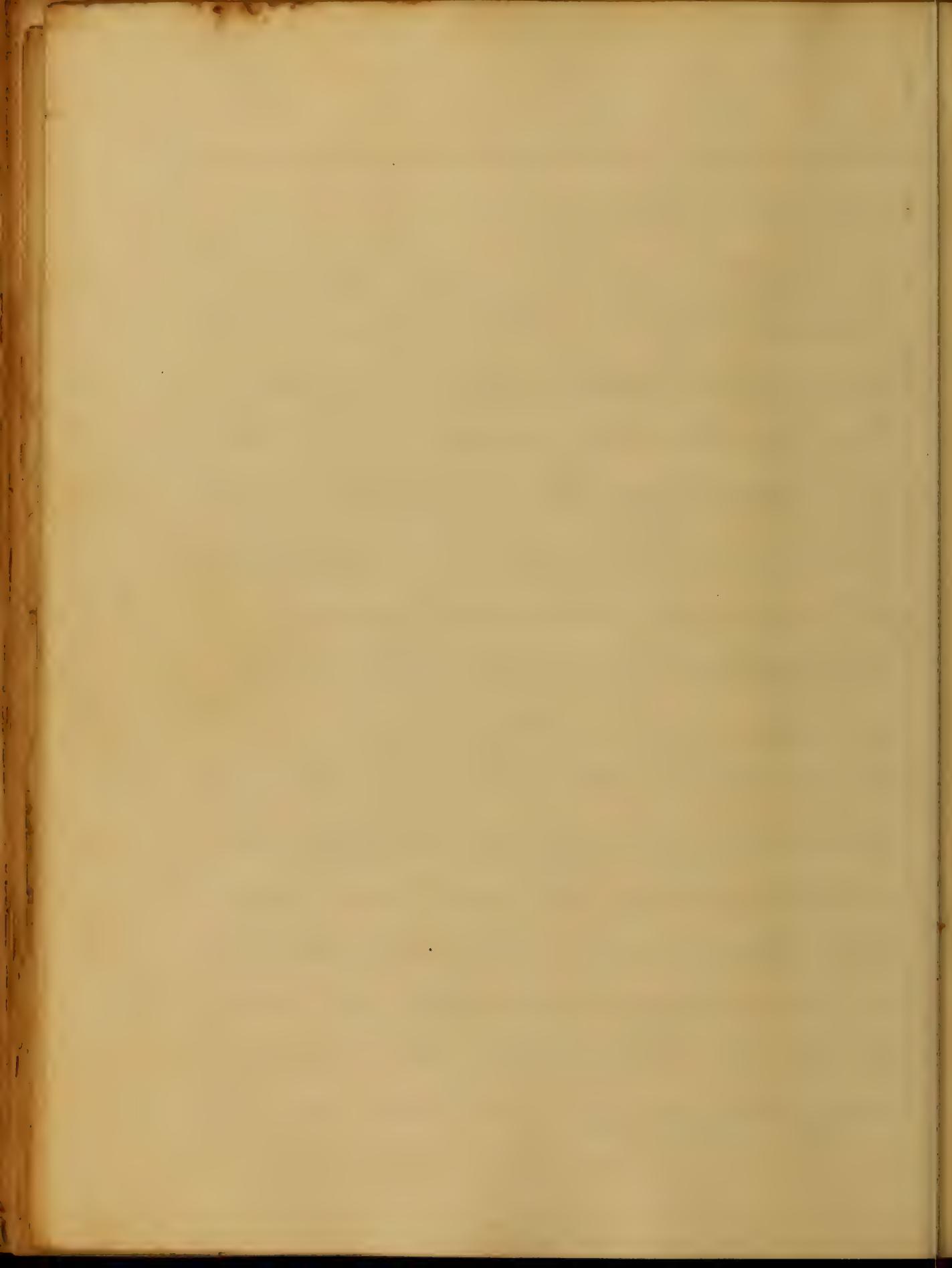
But the most remarkable and salient
results pertaining to a full expression
of the disease are the convulsive
actions of the voluntary muscles
and the convulsive action of the



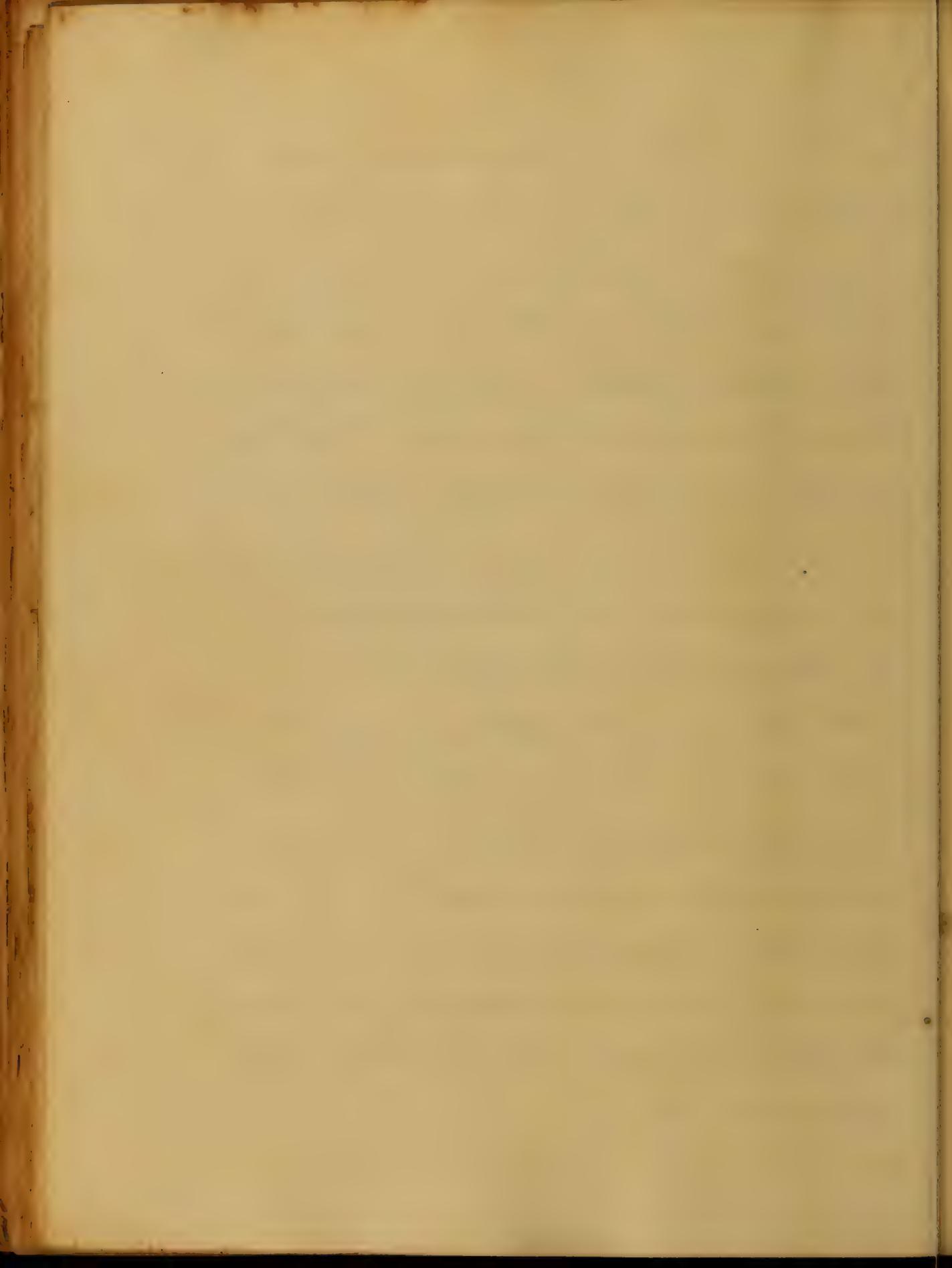
ent upon or against the body.
It is a common disease. The
circumstances of life have a great
measure of its fibrin. It is
its red corpuscles; breaking the
capillaries, which leads to
the absorption of blood and
a tendency to passive hemorrhage and sepsis
inflammation. Omaciation, especially in
young children, is a natural conse-
quence of the disease. The
easiness with which it is
caught, is also a very natural cause. The
child can easily get into the
disorder with a sprig of wheat and
instinctively eat it.

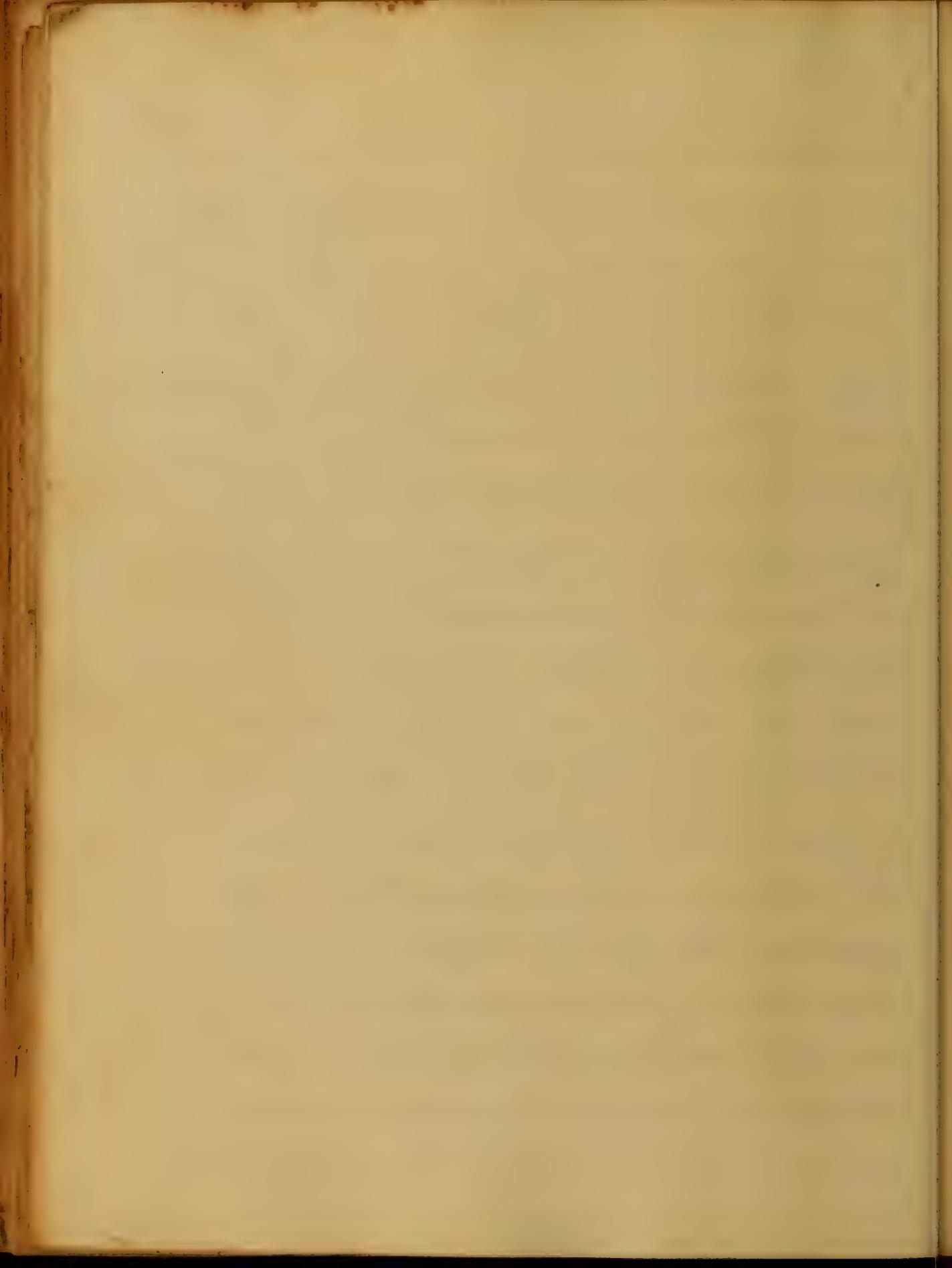


As stated above, the main function of
medicine is to cure disease, and the
principle of all medical treatment is
to remove disease. Sometimes however, a
surgeon performs an operation which
removes the cause of disease, but does not
cure the disease. This is called removal
of disease, and it is often done by
removal of a tumor, or a diseased
terminally, if the disease is of the
disorganized type, and cannot cure
itself. In such cases, the removal
in this fashion is often the best method
of life saving.



the first time I have been
so much interested in a
book. It is a very good one
indeed. The author has
checked up his facts very
carefully. He has
written a very good book.
I think it will be
of great value to
the world.

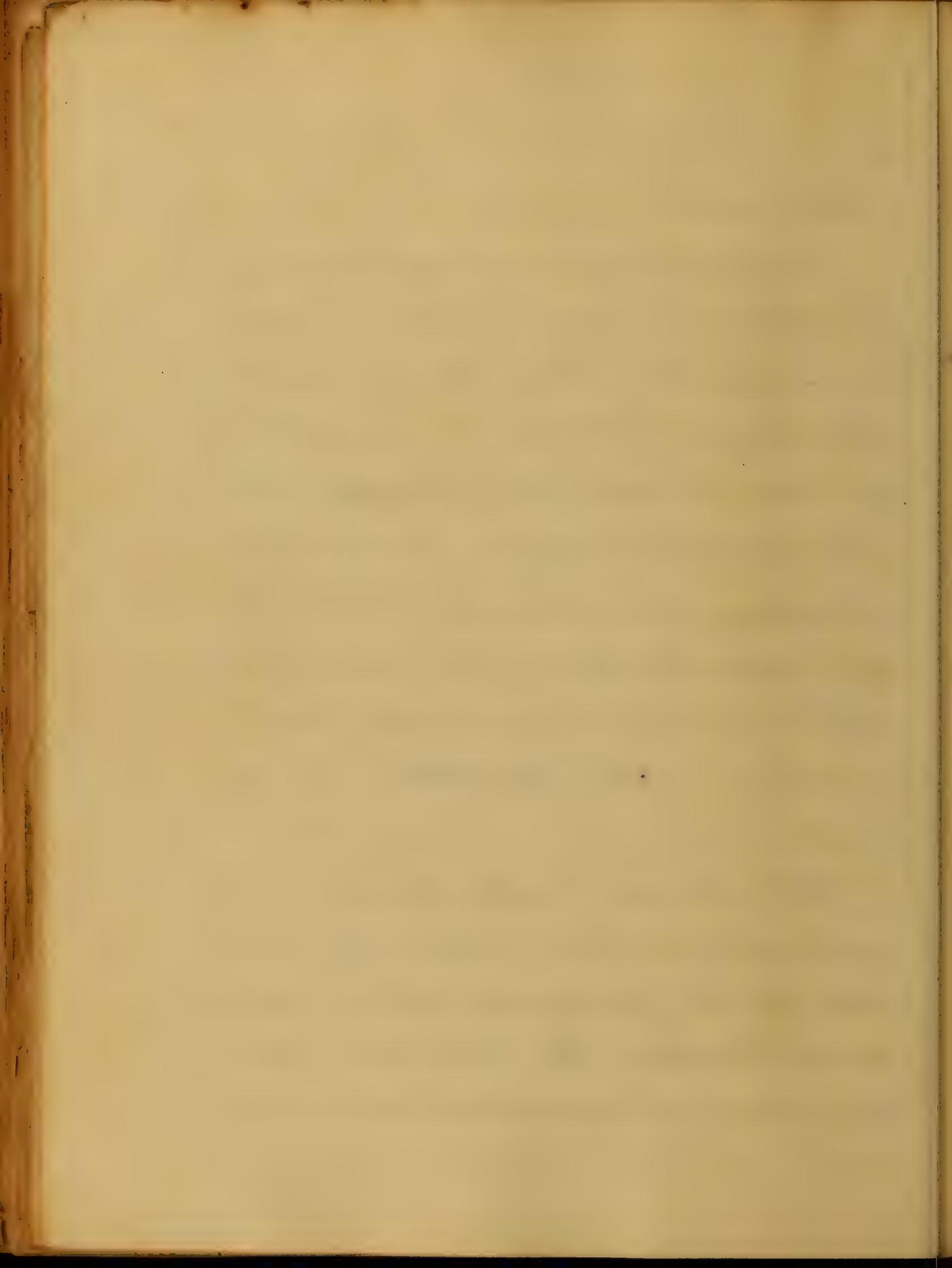




possible to induce a

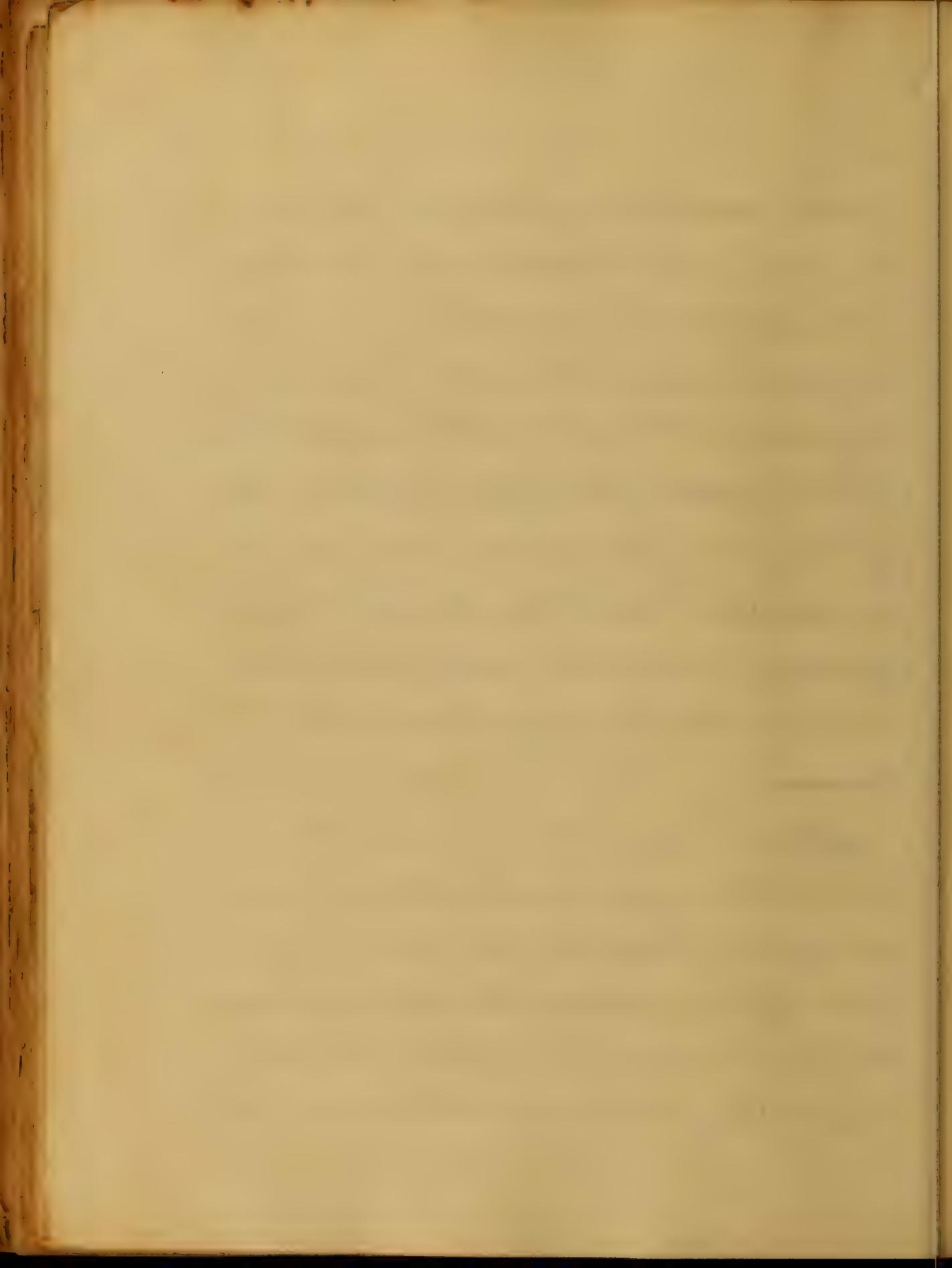
Should it become necessary to employ treatment in cases of scrofulosis, we ought to consider the state of the skin and the later stumps. In the former the moisture is dry and inflamed, calling for applications to remove the exudate. The latter will require the application of astringent dressings from the rectifying agent, and the direction of a strong emetic to remove the accumulated mucus. To reduce the temperature, the patient may be exposed to the sun's rays.

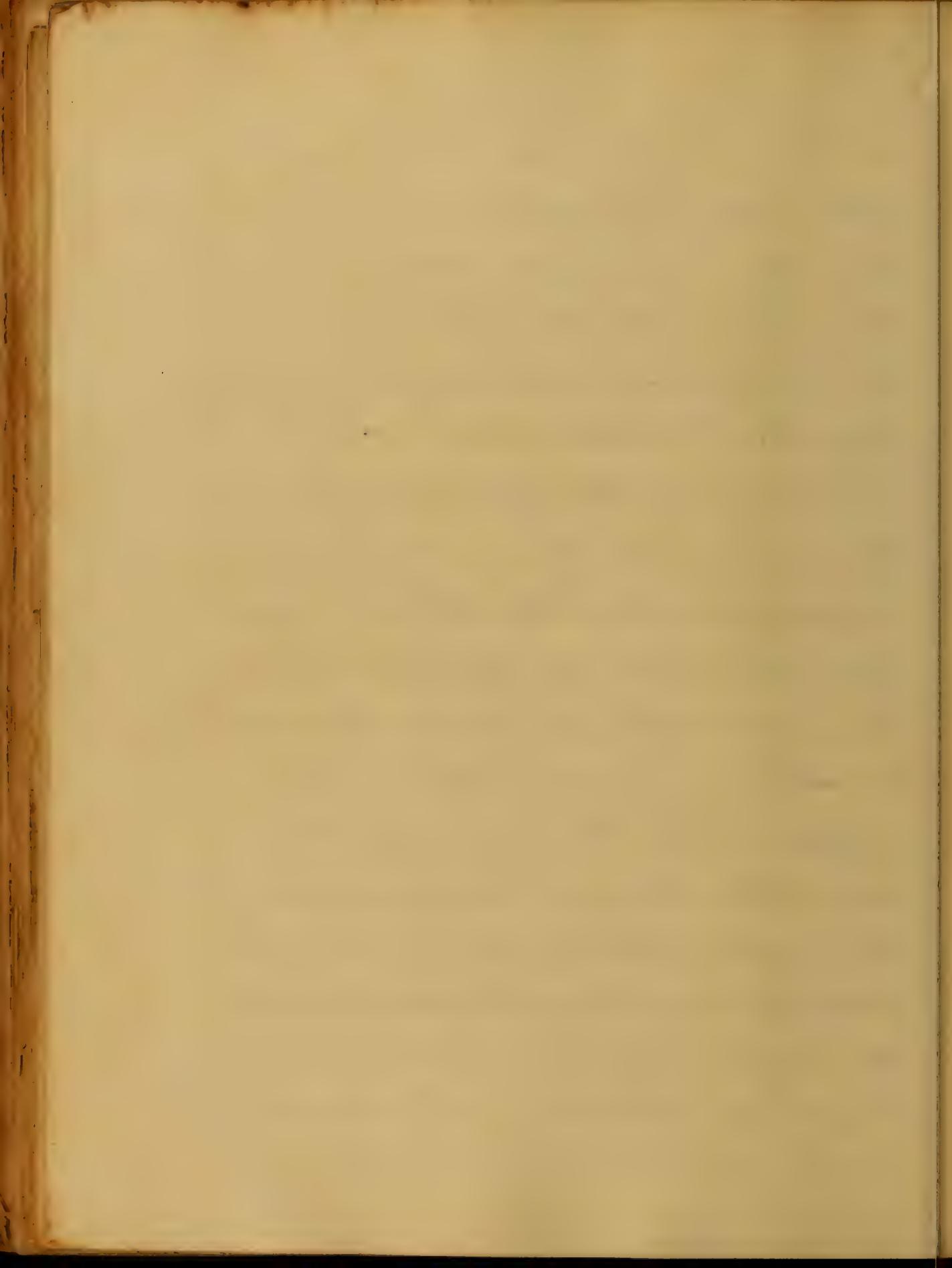
Of the therapeutic application of mercury to disease, a complete article would be derived from its physiological action, briefly as follows. It is a stimulant, a diuretic, of the skin, a laxative, &c. It has the



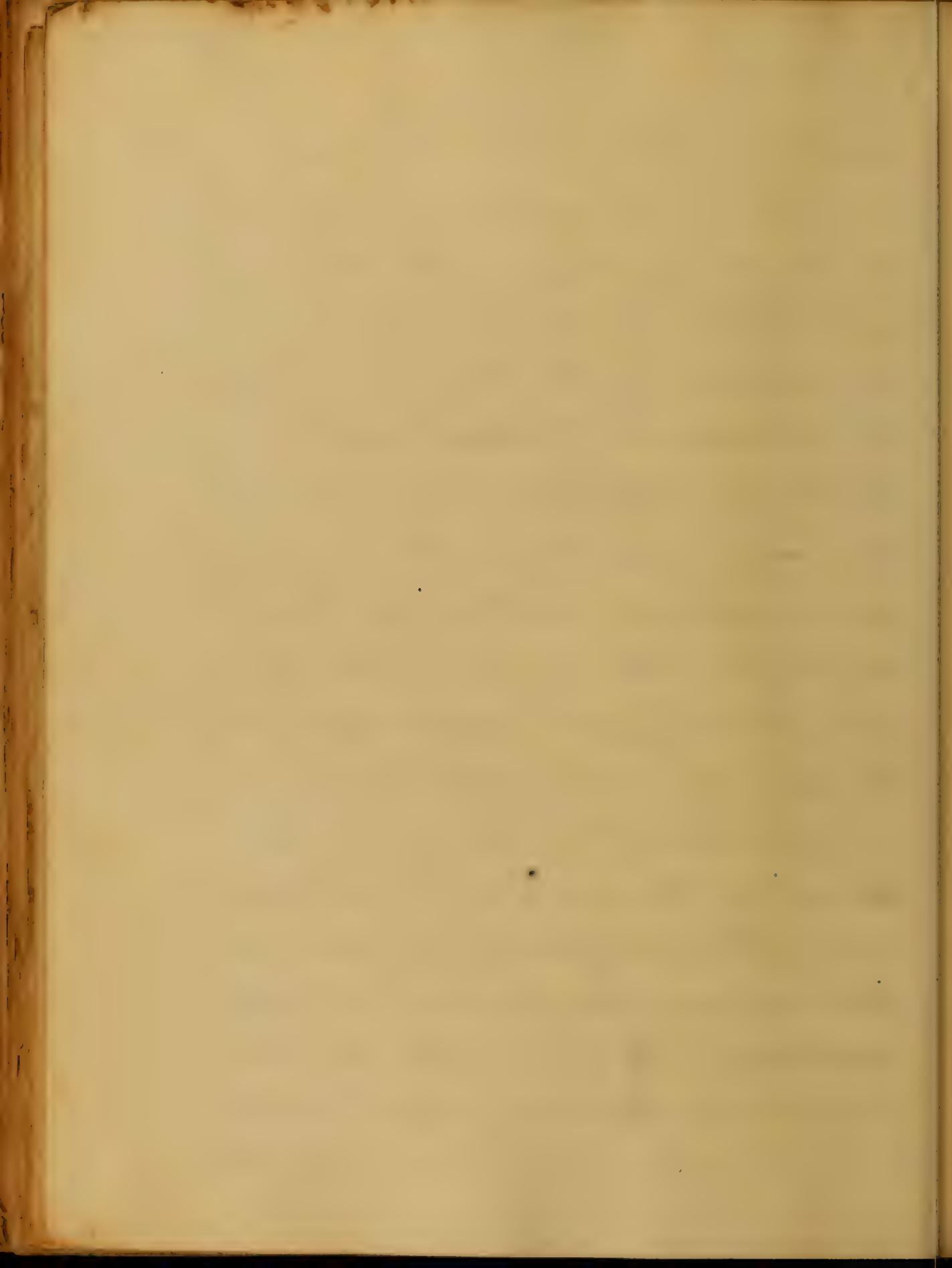
answer, would be impracticable; and even
then, in the first instance, the various
ailments in which it is daily emplo-
ed, would involve the necessity of enumerat-
ing all the details of them.
Let it suffice then briefly to say
of the most important in a country
in which it will be the opinion
of the people that it is the cause of
imperial ambition, base and
treacherous.

The only way to do
this, is to go directly
and openly against
the principles of the
whole system of
the empire.

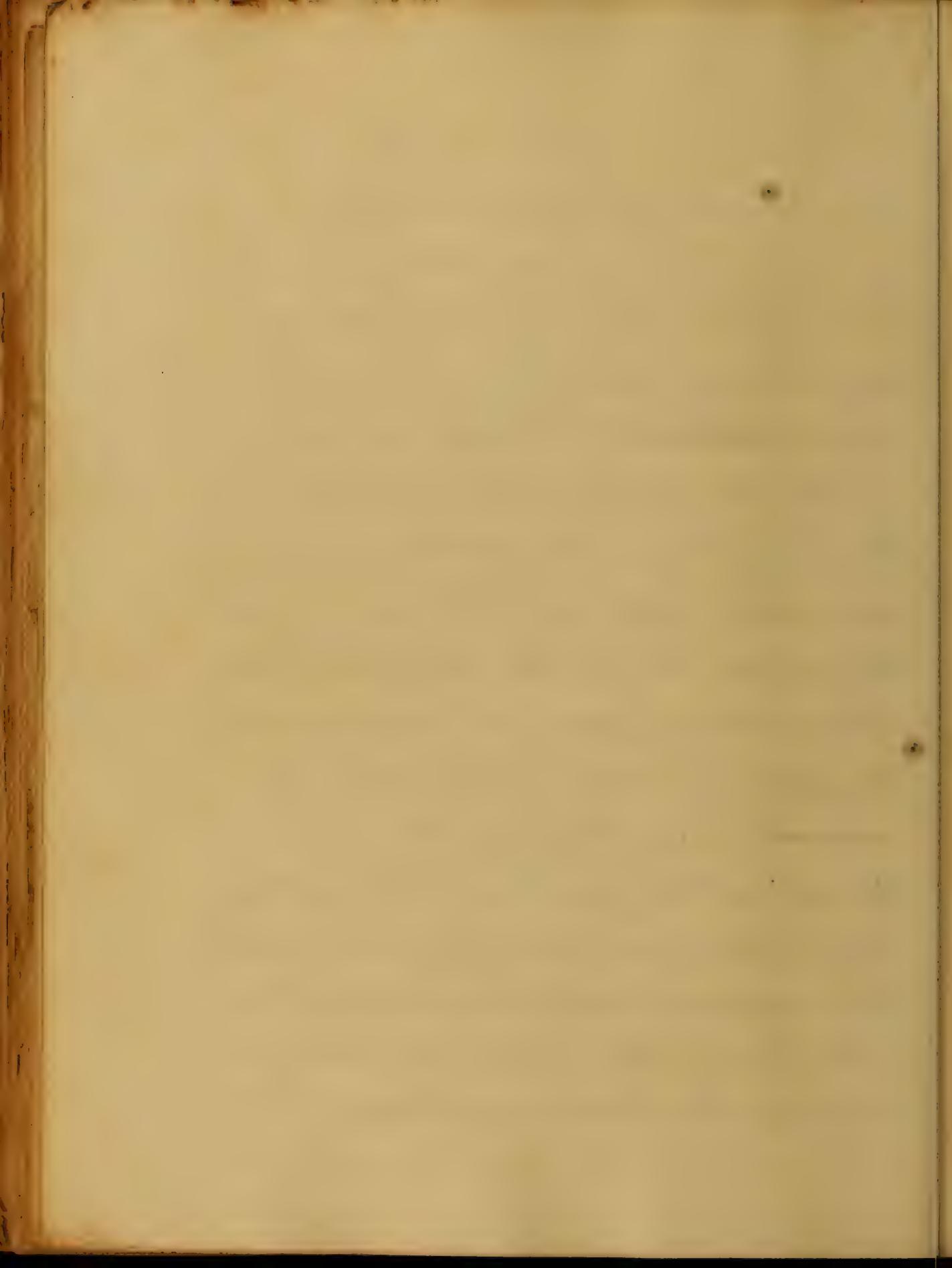


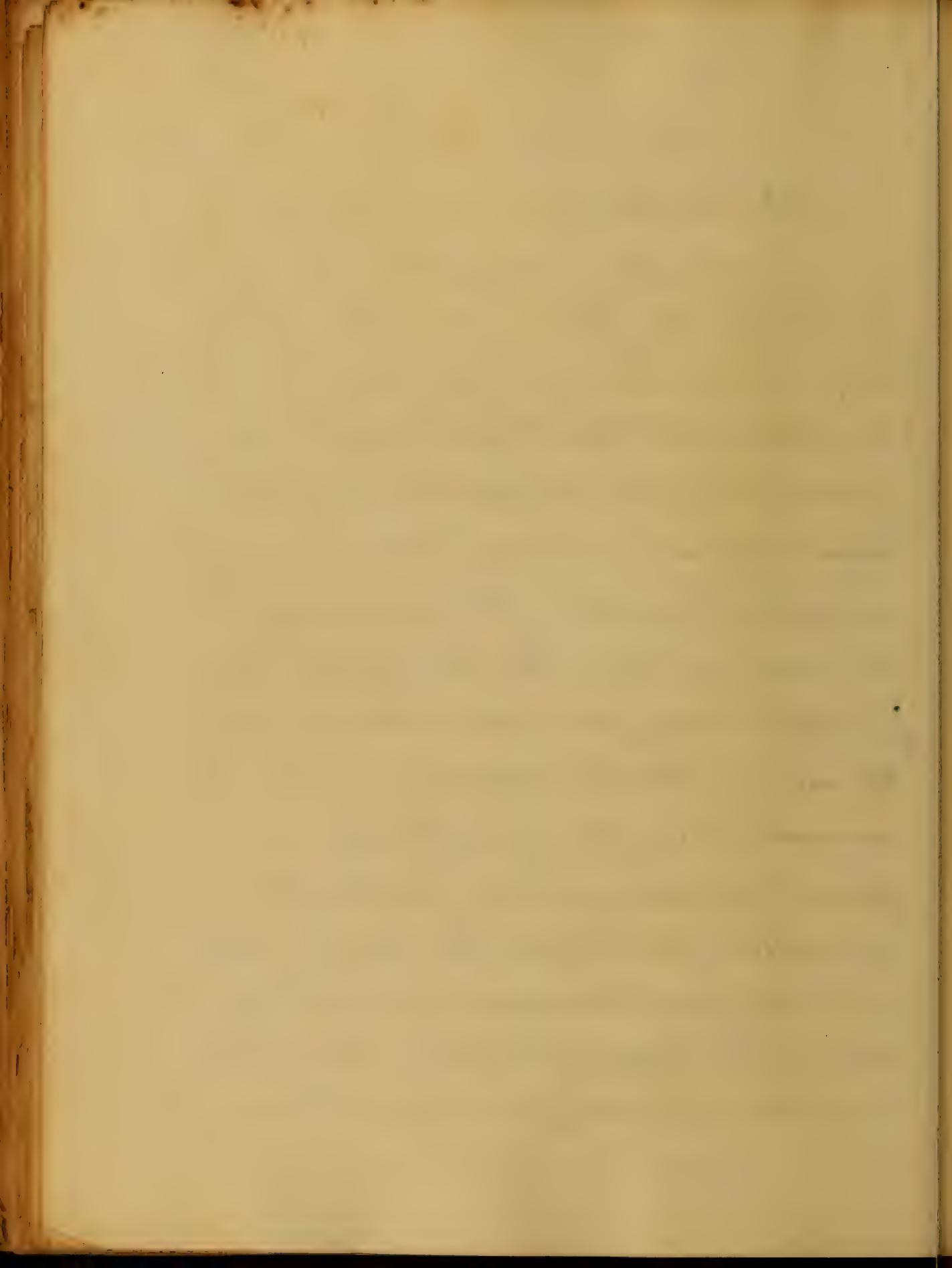


the following
are the
most
likely
to be
fish eaten
by the
conch shells



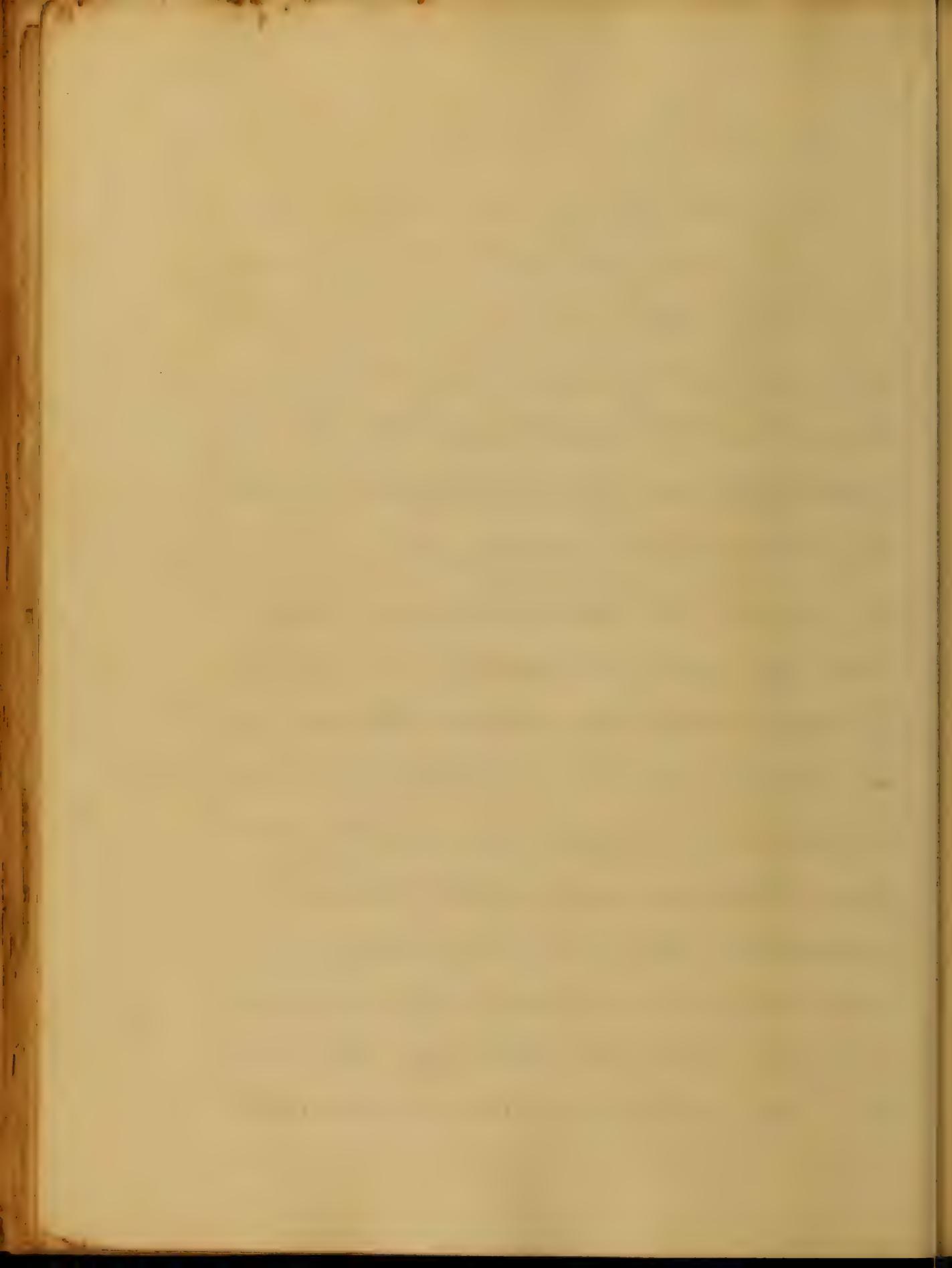
in the morning
and the
poplar ailment.
This topic
has been
the subject of
supervision
by the
authorities
of the
University
of Michigan
during the
last year.





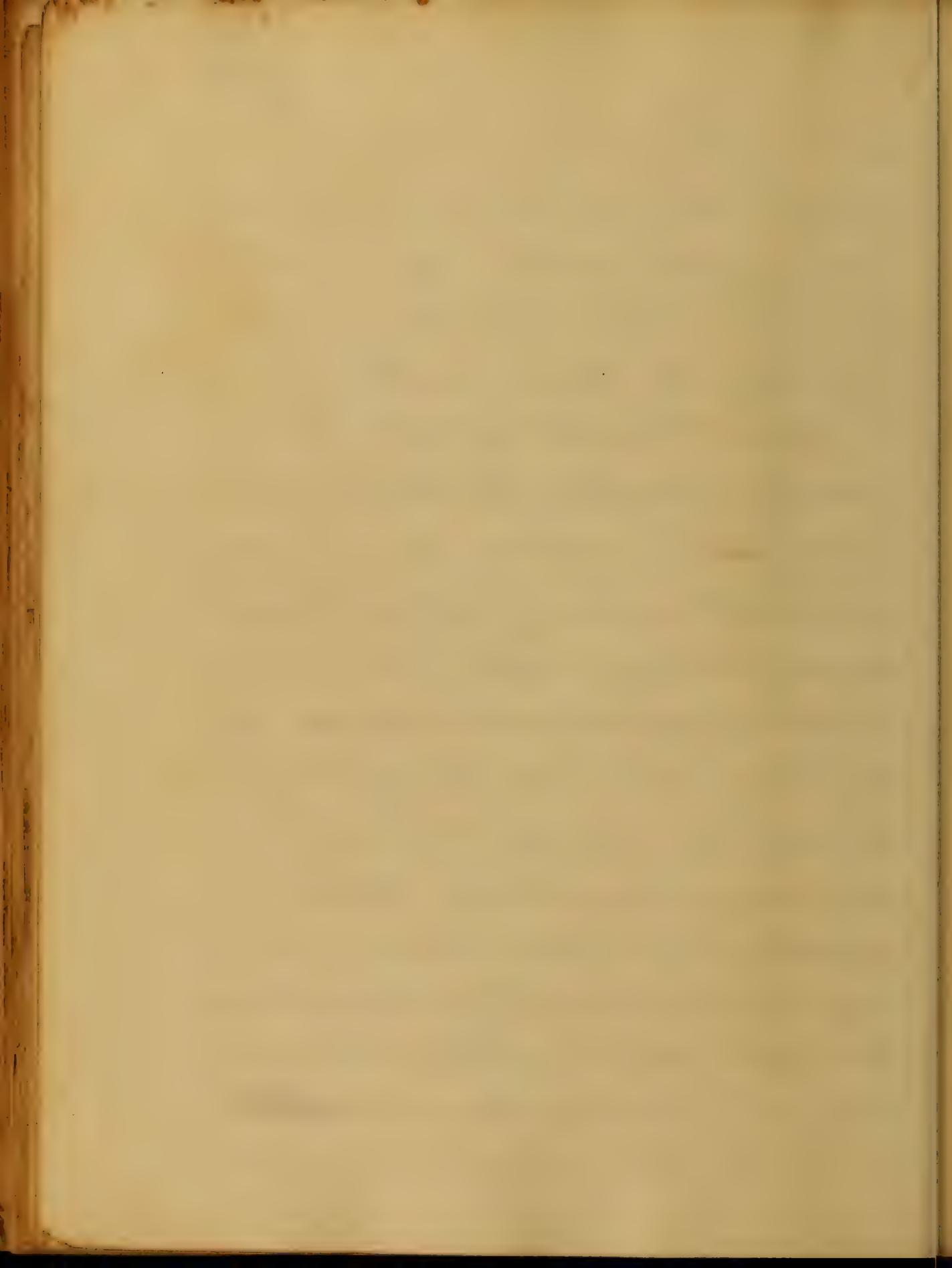
the time of the trial, and the
time of the execution, we will have
fully considered the case.

REMARKS ON THE PUNISHMENT OF DEATH.
In such a case, we should be too apt to, in our
desire to inflict a punishment,
be anxious, to administer quiet & pain,
but as we with great caution in rate to
execute (years) we increase the punishment
by the addition of some additional
and incur the hazard of inflicting, by un-
skillful hands, a punishment of
excessive severity, and thereby
spare the. You must be desirous of
the infliction of a punishment which
you, or your associates, will be
able to execute without any alter-

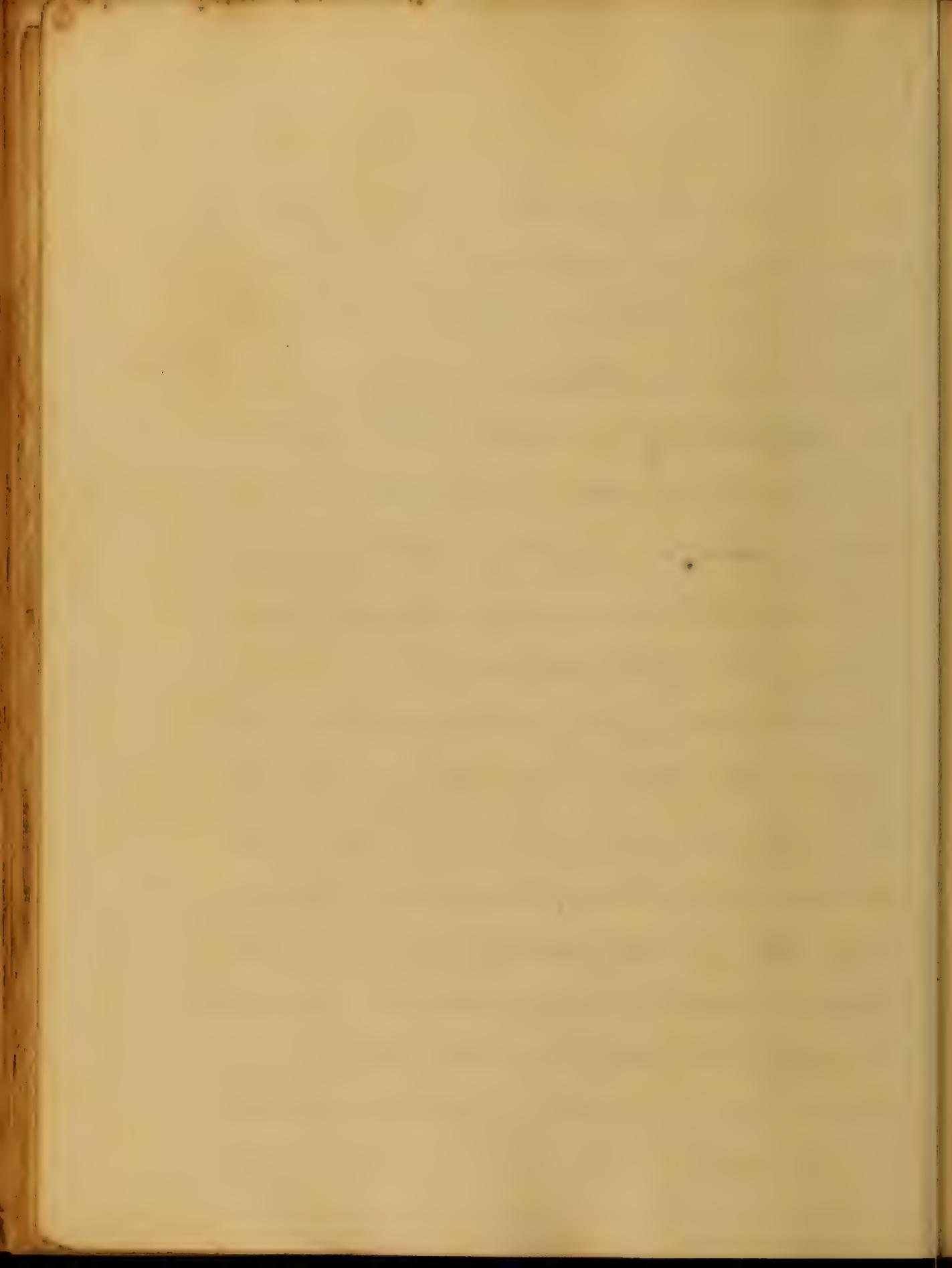


area or combination of agents, capable of producing disease, either by
injury or a irritation or a hinders
well as of causing recovery.

Thus these diseases of the liver,
existing primarily as the result of the dis-
eased condition or as an symptom
of another disease, are
acute, chronic, simple, & compound.
thus in tropical climates - attacked by
malaria, the liver becomes enlarged &
swelling thus it is a hepatic swelling
of the liver, & the cause of the
inflammation, will be considered in
individual cases, & the treatment
will be directed to the cause.
The acute disease except as a constant

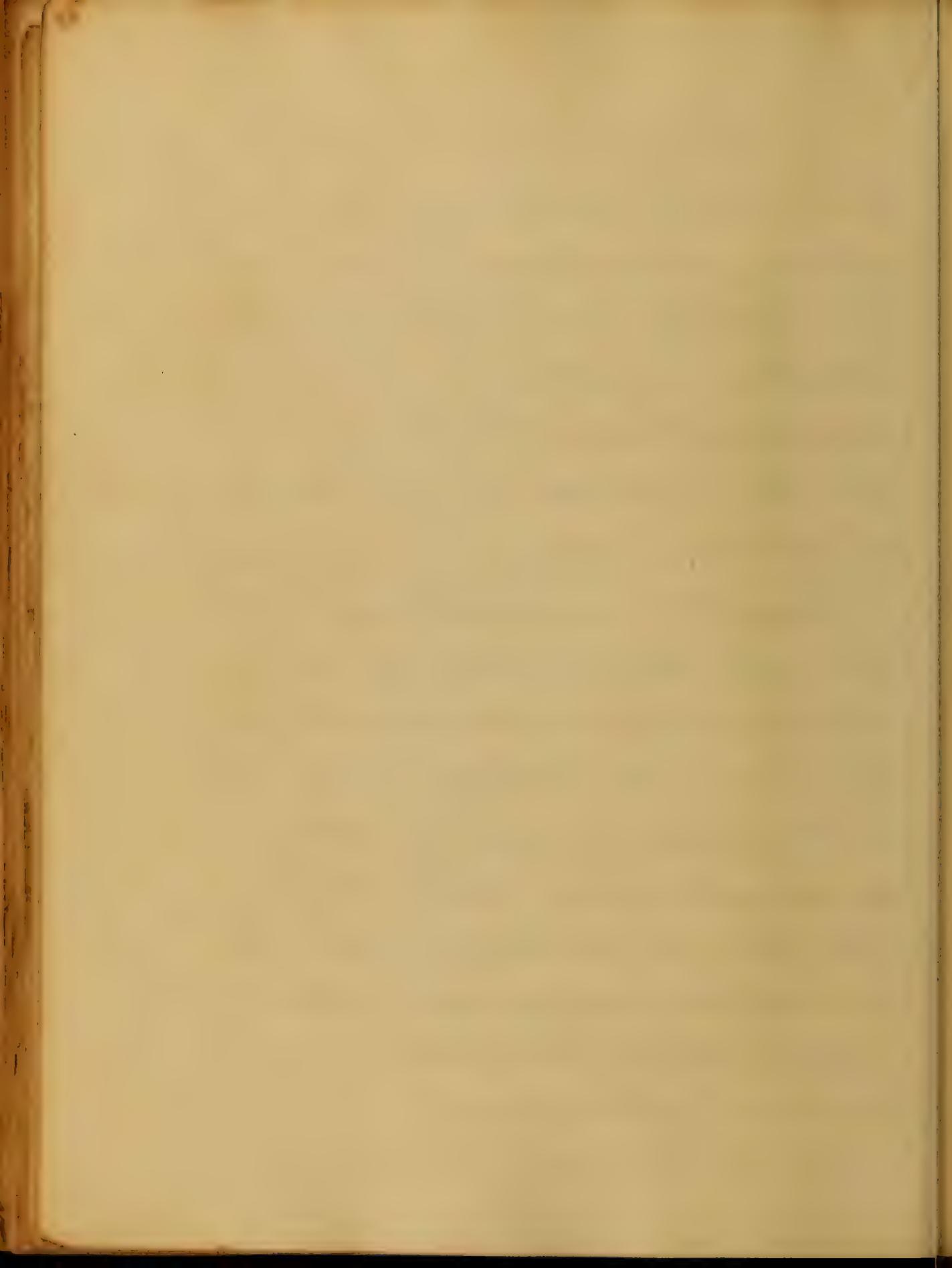


the same time, the water was
so shallow, that it could not
be crossed, so I went back to
the boat. It was now about 10
o'clock at night, and I had
tried to get across the river
though ~~an~~ ^{an} interested number of
times, but had always
been turned back by the
current. At last, however,
I got across, and I
was soon at the edge of a
plain. This plain is the continuation
of the basin, & is
the only one.



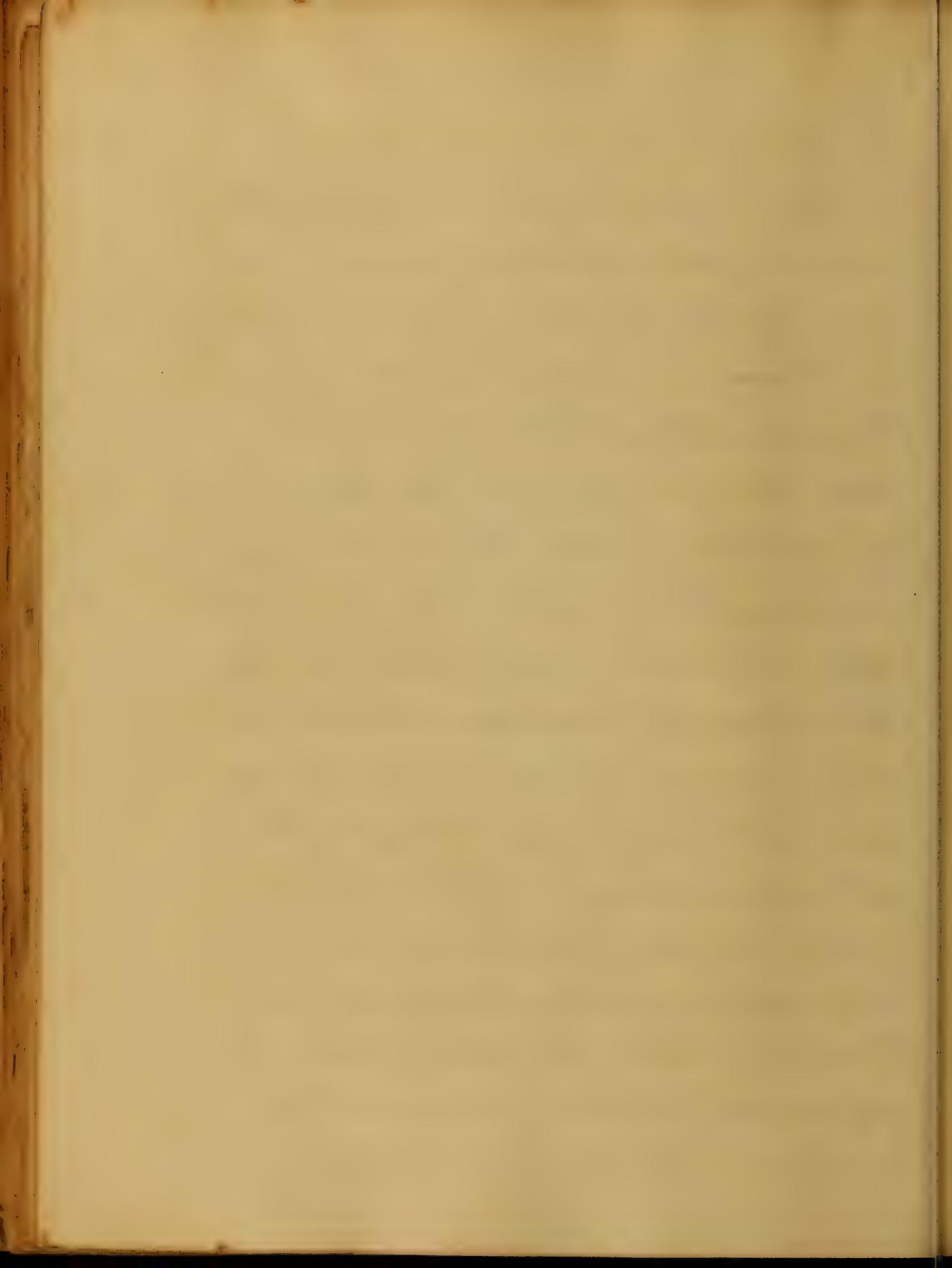
the example,
and by action
and by compulsion
of the author
or agent of the
event of the offense,
is the ~~agent~~ ~~agent~~

of the ~~agent~~ ~~agent~~
through other individuals
in the execution
of the offense,
or through an individual
as an accomplice
or through
agents to
the manner of it.

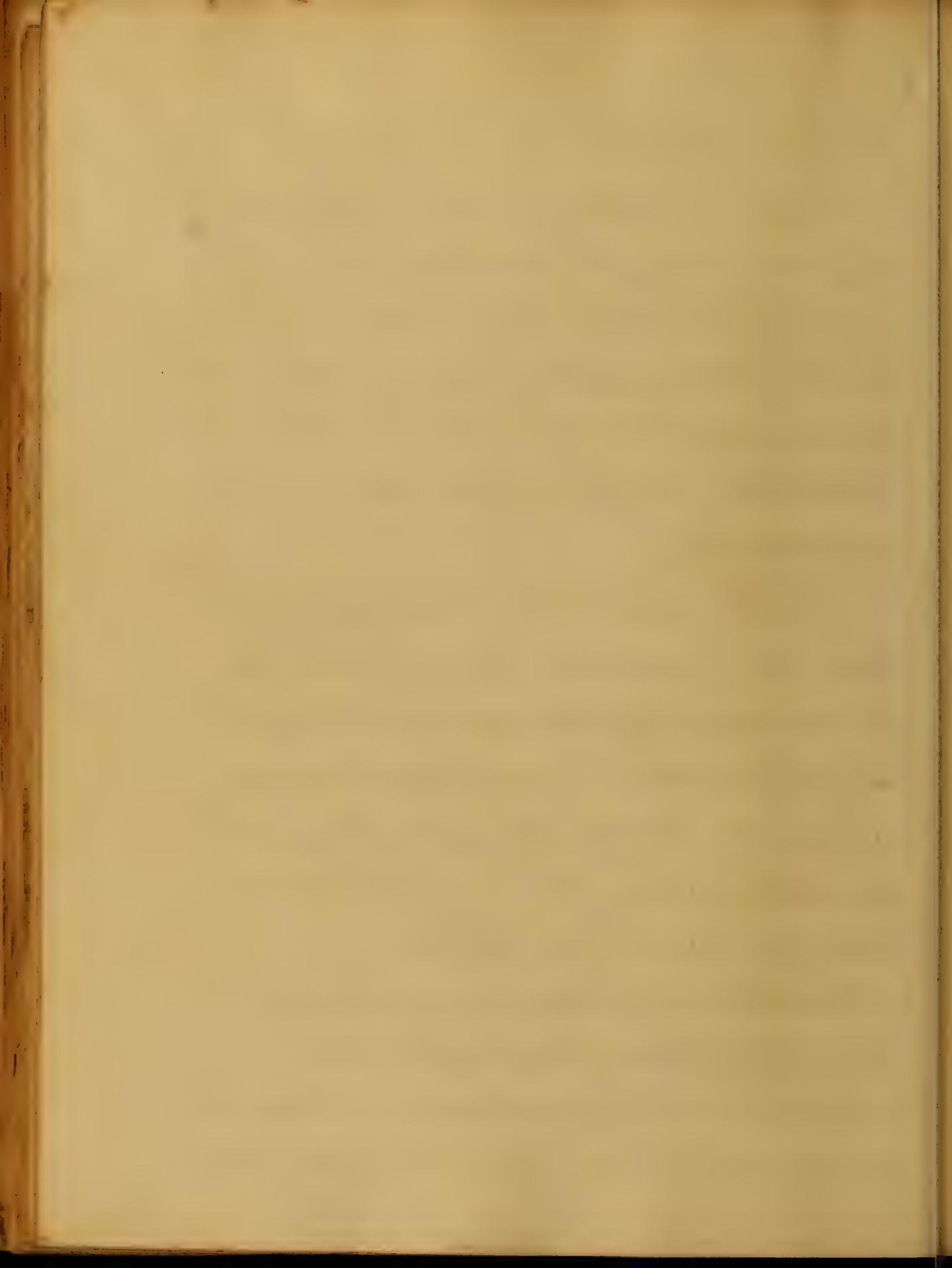


The following are the
most important diseases of the mucous
membrane of the respiratory tract, the
bronchial inflammations and catarrhs,
these having a tendency to the excretion
of mucus, & phlegm. In particular,
instance, the diseases resulting from the
effusion of mucus into the trachea.
The following are the
Aggravative or adulsive actions of the respi-
ratory organs, & the diseases they
will give rise to.

The following are the
diseases of the respiratory organs.



the following observations
on the subject of the
natural history of the
country.
The first object which
attracted my attention
was the great number
of birds which were
seen flying over the
country. I observed
that they were
mostly of the species
which are found in
the United States,
but there were also
several species which
were new to me.
I also observed
that the birds were
mostly of the species
which are found in
the United States,
but there were also
several species which
were new to me.

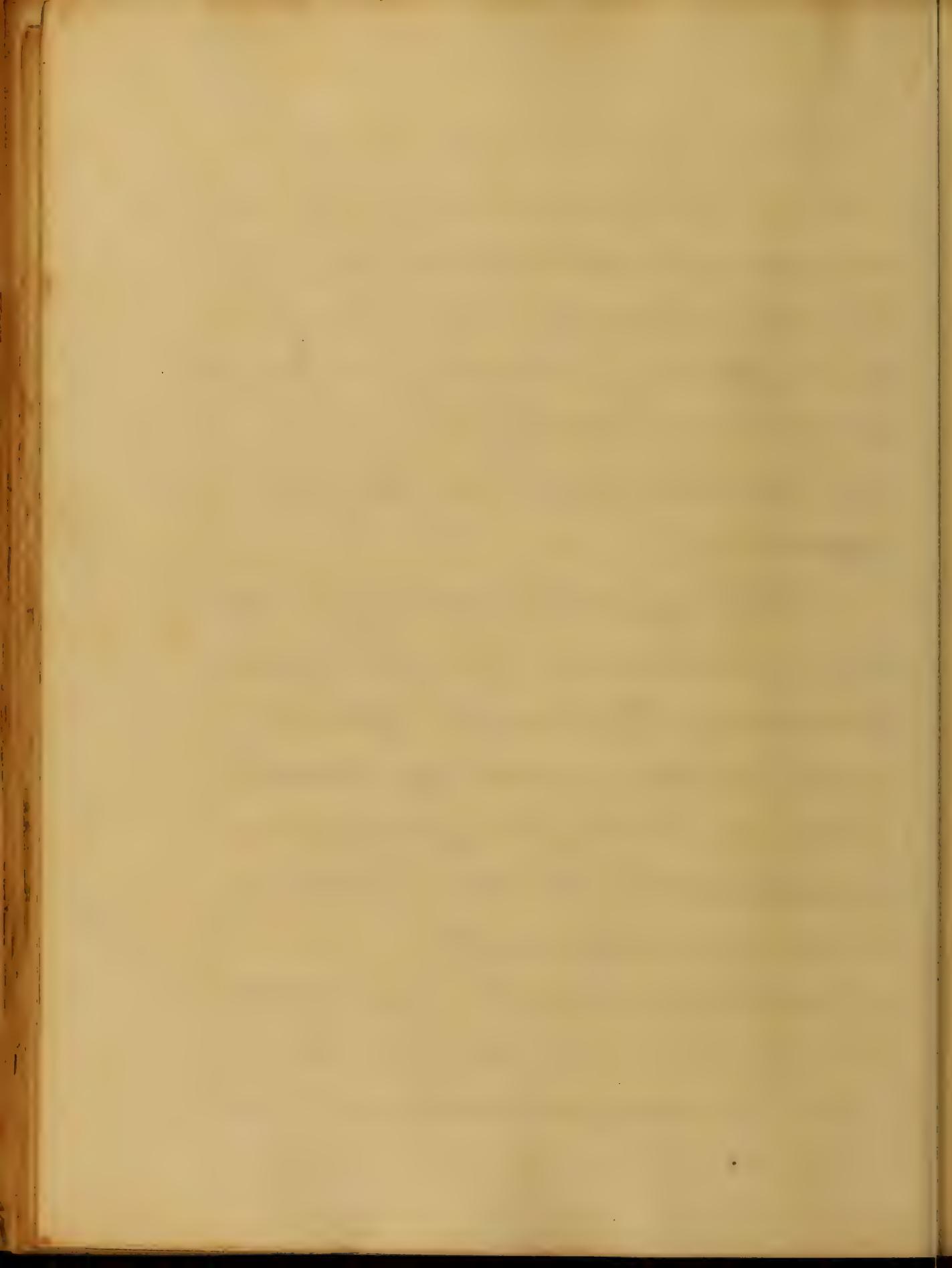


the of the money or need more
and even approach the same, &
would be of great service, not
as it sufficiency in meeting the above
as it is in indicating the
state of the mind.

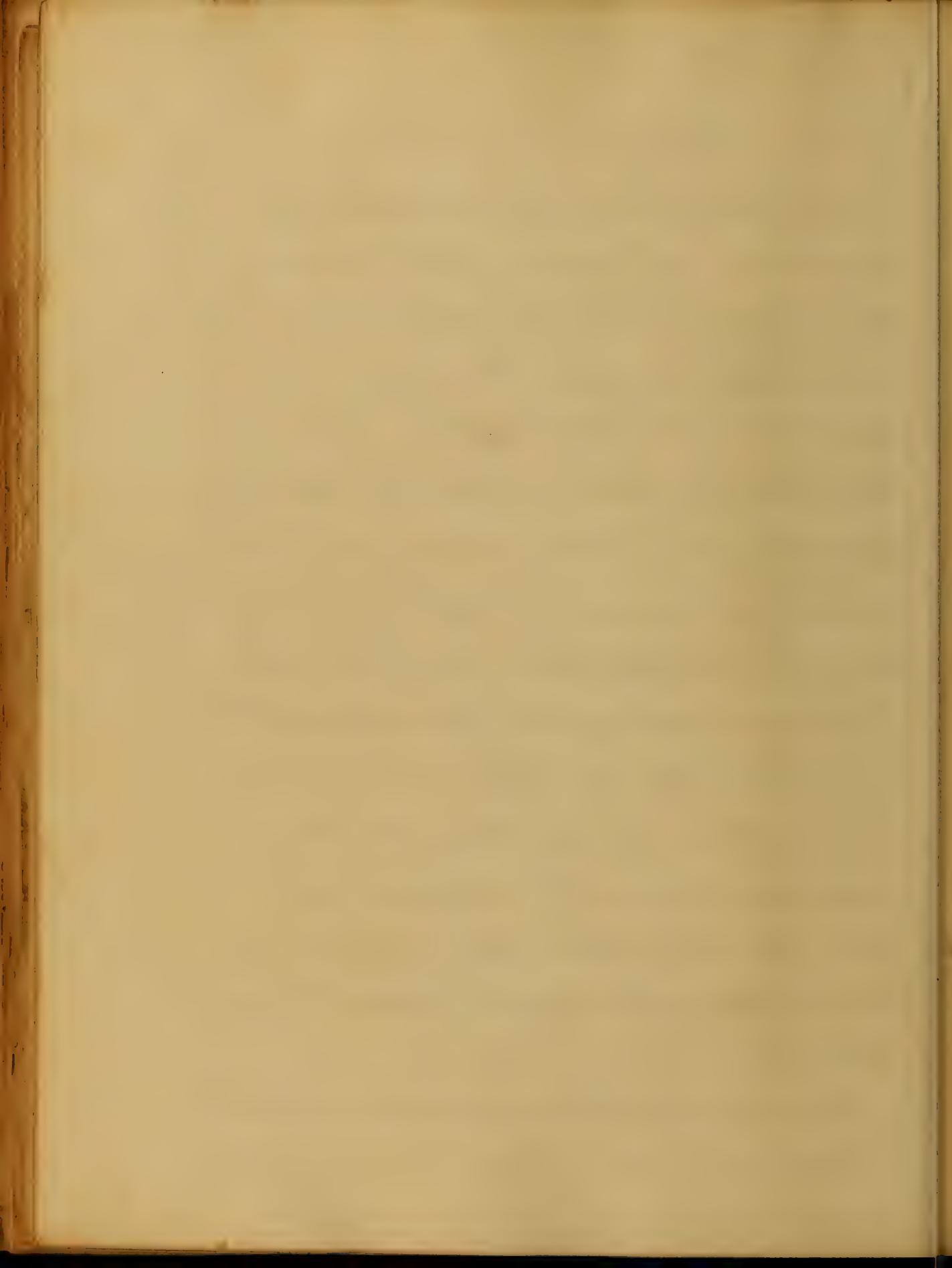
On the 2^d and 3^d of Decr. he
appeared.

With regard to its origin, in
arising; it is enough to say the mere
appearance of the disease
is probably a symptom of
some disorder, and the disappear-
ance, is a the property of the
symptom, while the cause perhaps con-
tinues in being.

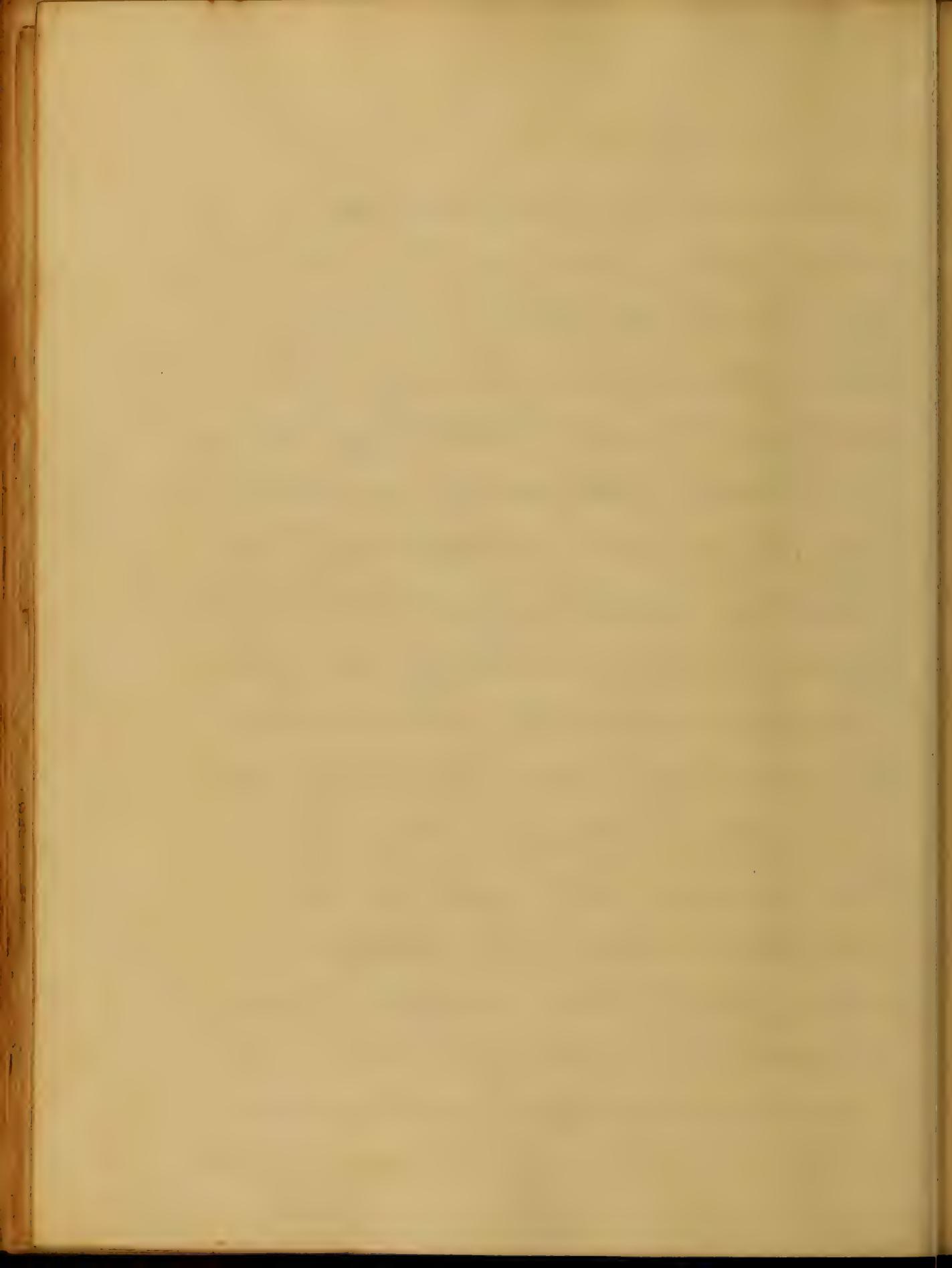
It is of great importance
first to discrimination. This often
leads it away, and a great part,



to the same extent
it is not in a peculiar form of
expenditure. But it is to be hoped
expeditors may abate the violence of its
action, so as to make it less obnoxious.
It is to be hoped that the
circumstances will not be such
as to render it necessary to
call in the services of
the military force
in order to
put down
the rebellion.

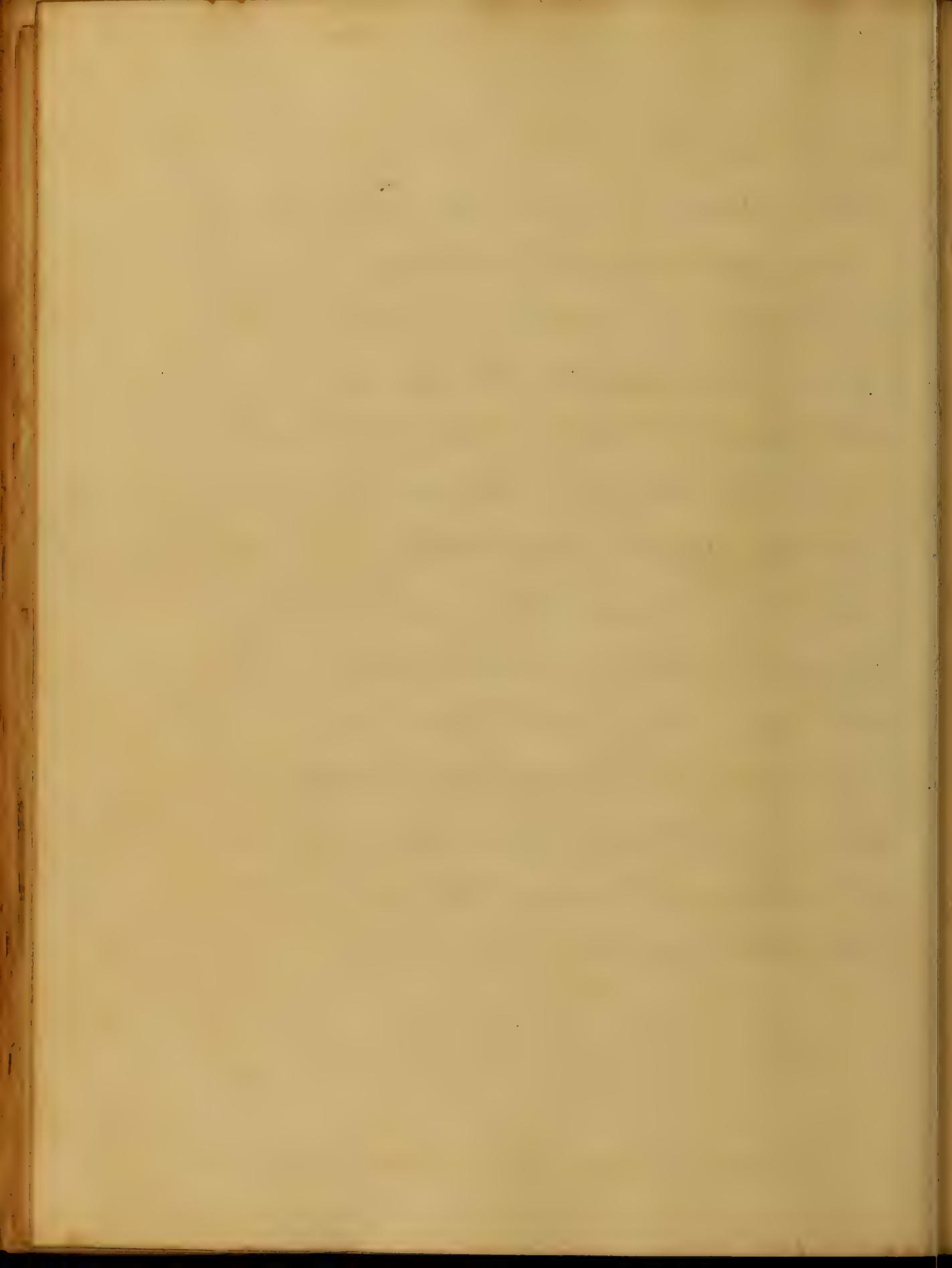


the same time
of the first
for the
in proportion
Finally he
all other medicines in order
waited suspiciously
Lyndale Hospital
and the
He died at 2 P.M.
The doctor
He was
He was
He was
He was



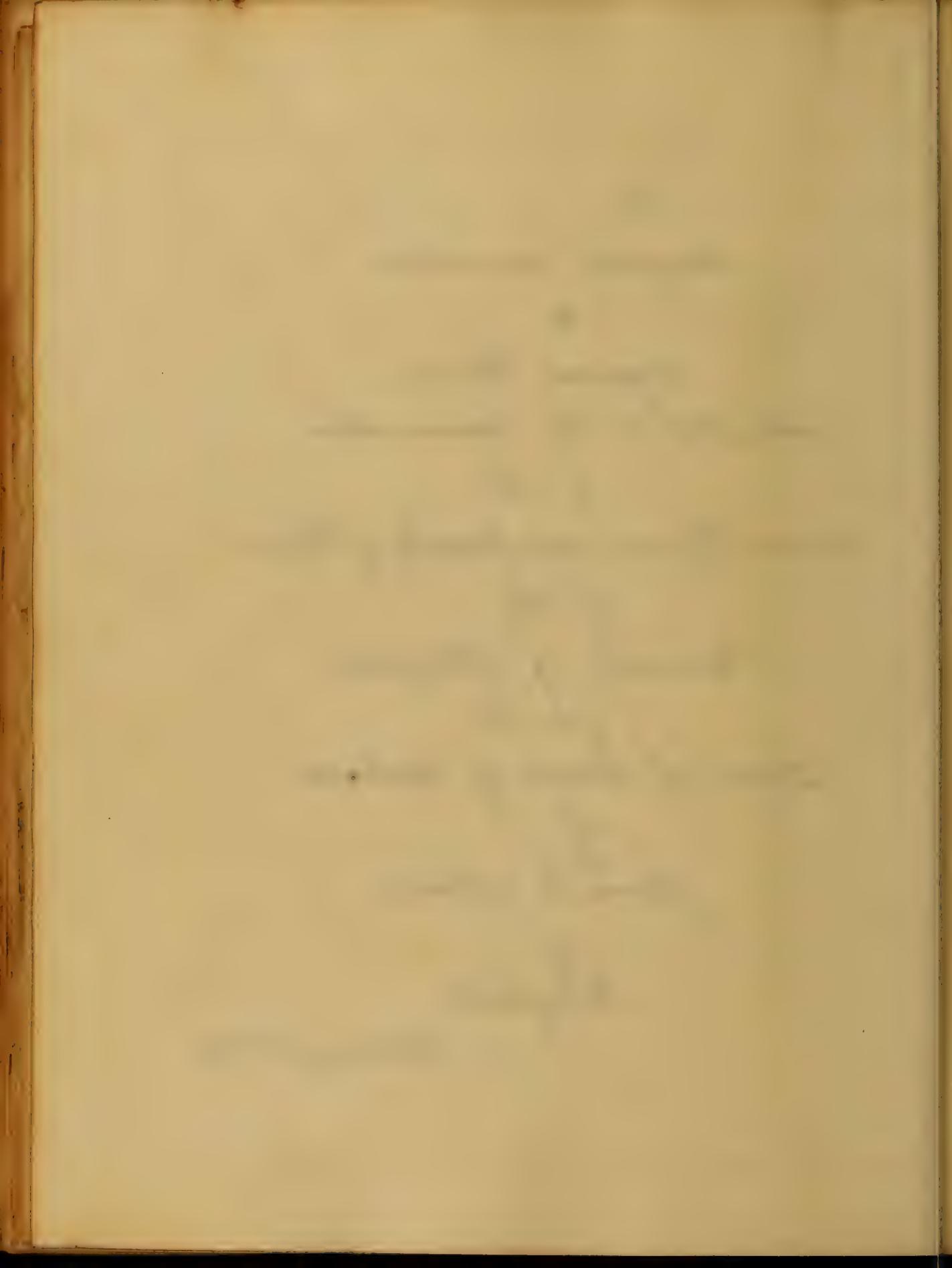
He to lead a life in
later periods, when he could
devote all his time to his work
and the care of the money,
fully understanding what
such a course would do
as an addition to the letter.

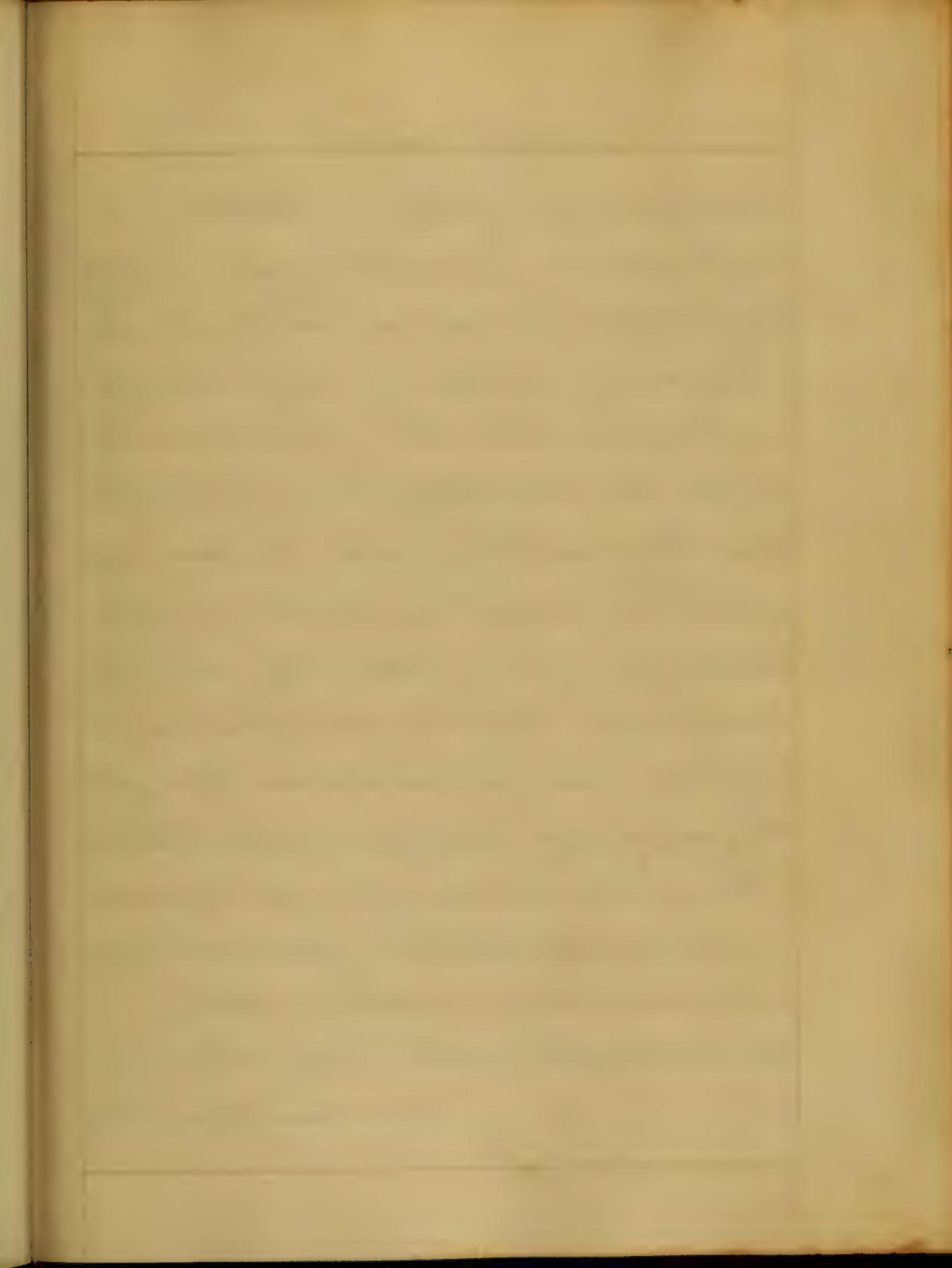
Opposition was strong.
dissident and
the majority were in full sympathy
with the proposal to have a
General Assembly in the same
place.

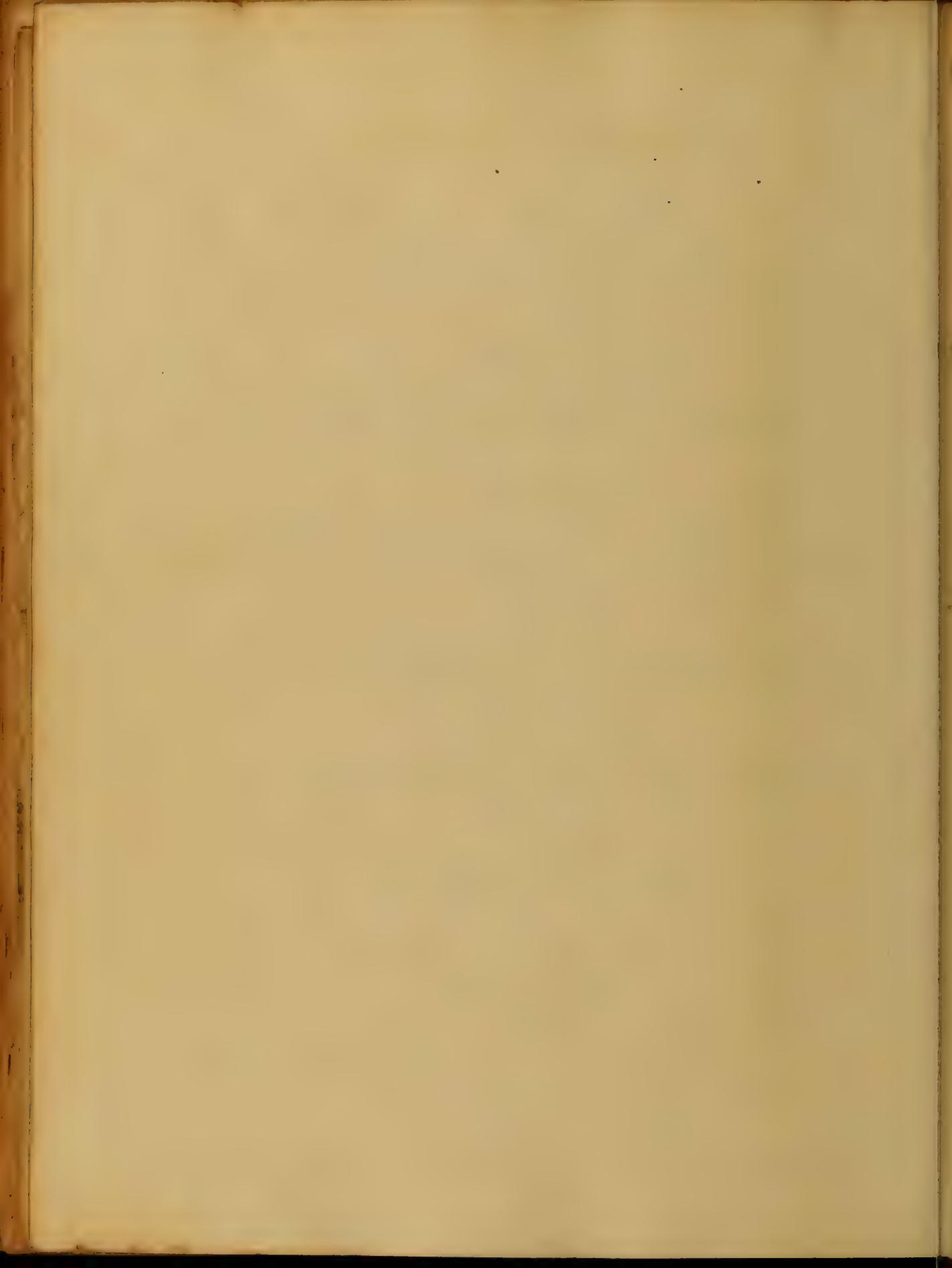


An
Inaugural Dissertation
on
Inguinal Hernia
Submitted to the Examination
of the
Provost Regents and Faculty of Physic
of the
University of Maryland
for the
Degree of Doctor of Medicine
by
James T. Williams
of
Maryland

February 15th 1858



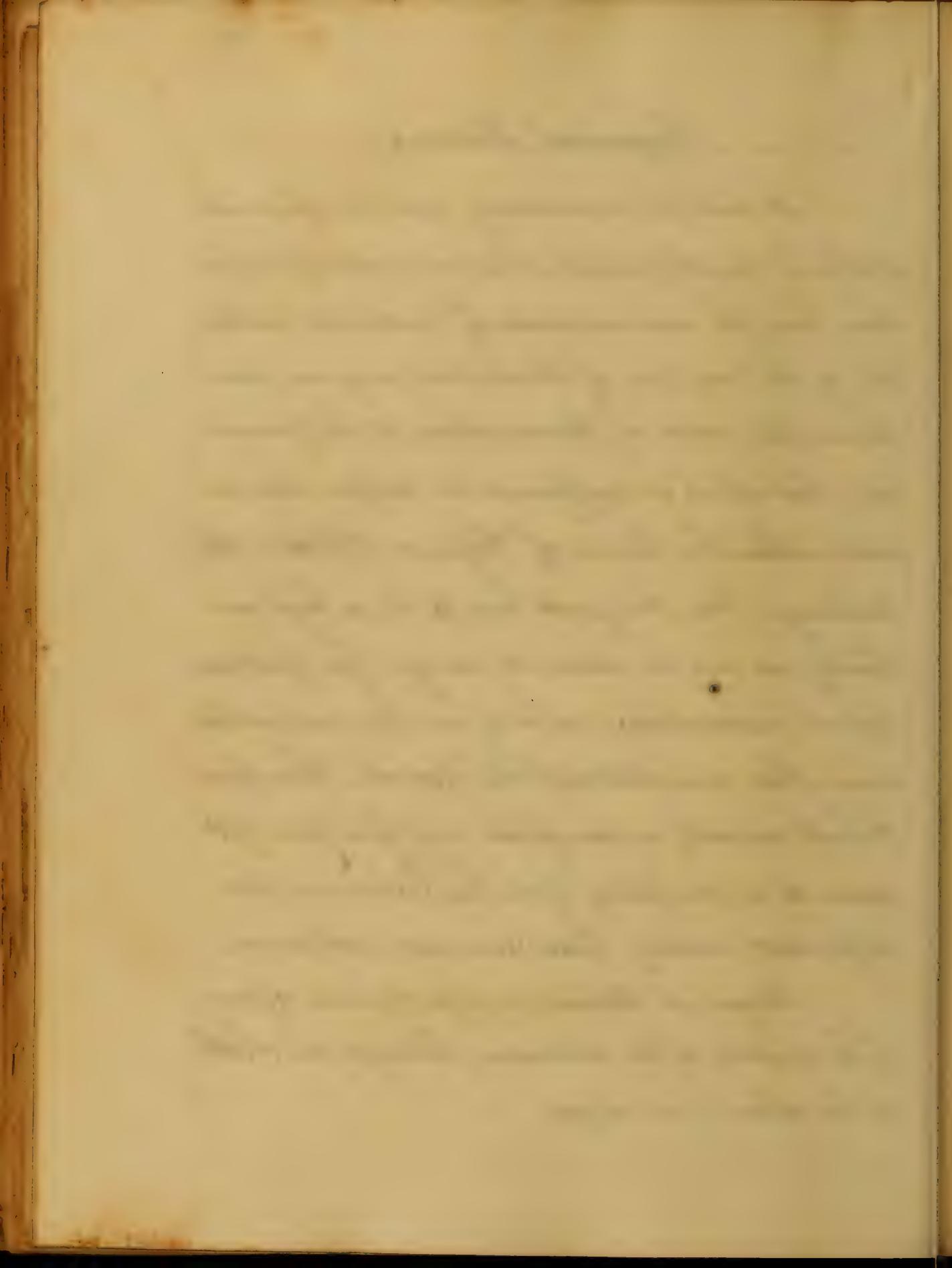




Inguinal Hernia

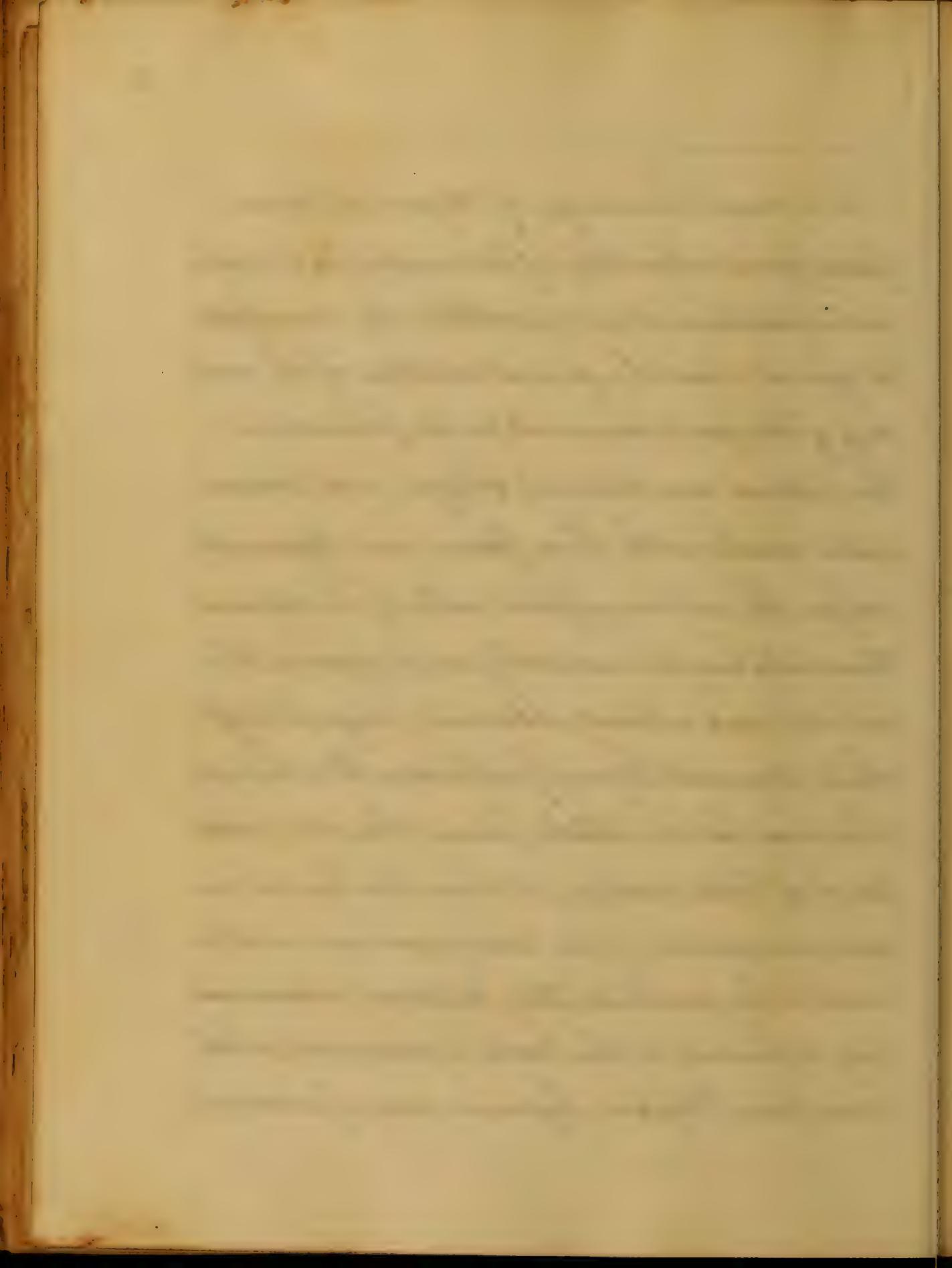
I deem it necessary and important to offer a lengthy introduction, as I attempt to give here, the various modes of treatment indicated by the long series of illustrations in gears, from the earliest notion of Hernia down to the present time: but think it sufficient to confine this article within the limits of Professor F. R. Smith's teachings. Nor regard him to be as high authority as any to whom I can go for full and correct instructions; not only on his subject but every other connected with his branch. Therefore I shall entirely accomplish my purpose if I succeed in compiling from his lectures on this important malady, this sum and substance.

Inguinal Hernia is a protrusion of some of the contents of the abdomen, through one or both of the abdominal rings.



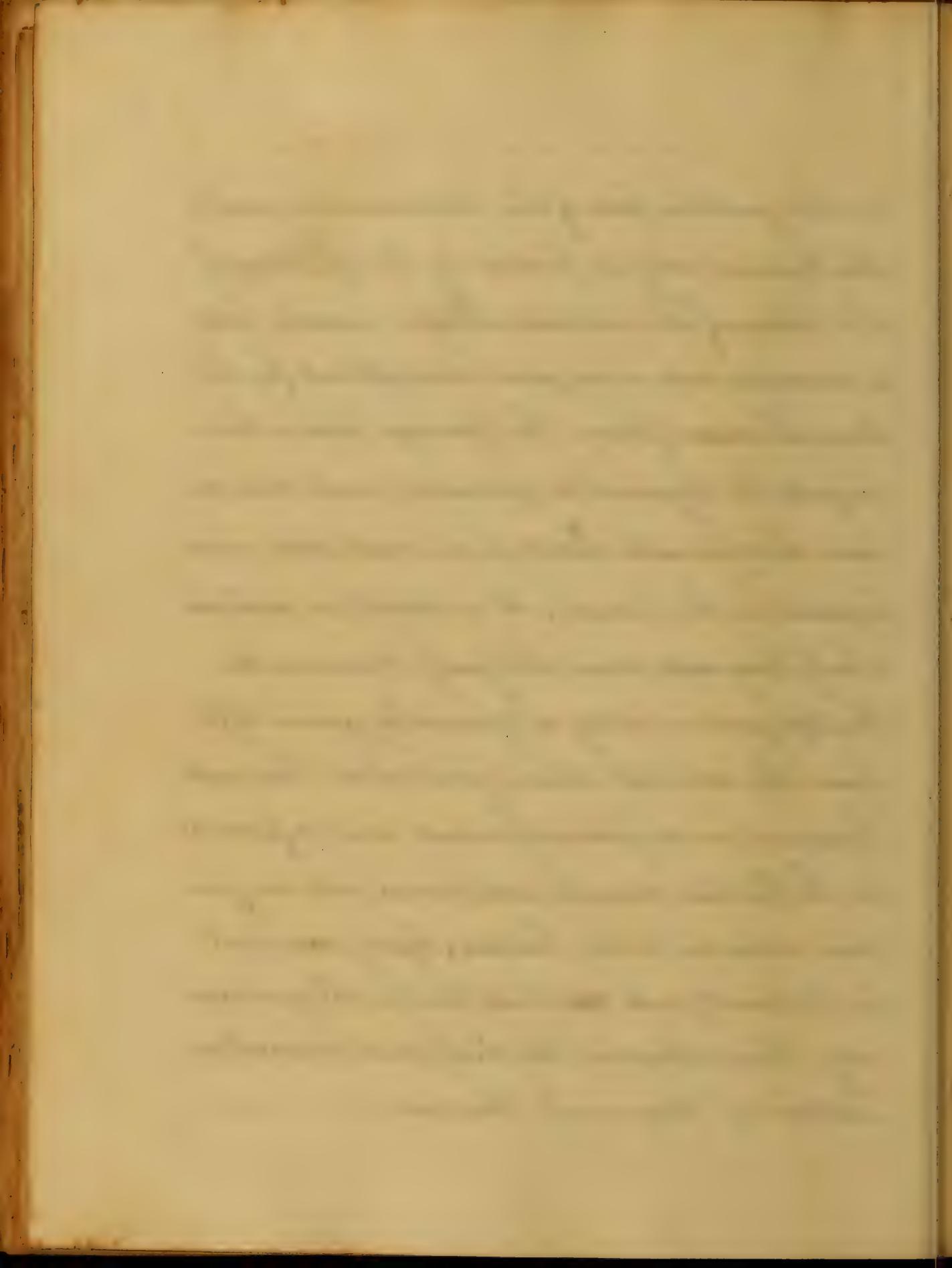
As a correct knowledge of Inguinal hernia presupposes a knowledge of its anatomical relation and dependences it will facilitate the description to give at least the general outlines of the anatomy of the parts concerned in its formation.

The External and Internal Oblique and Transversalis muscles with their fascias and ligaments compose the anterior inferior walls of the abdomen. These walls have two naturally weak points, the external and internal abdominal rings, through which Inguinal hernia protrudes. It is through these rings that the testicle passes, when, at a certain period of foetal existence, it leaves the lumbar region, and guided by the Gubernaculum testis descends to the scrotum. The Internal abdominal ring is formed in the Fascia Transversalis, which arises from Pecten pubis ligament and spreads out



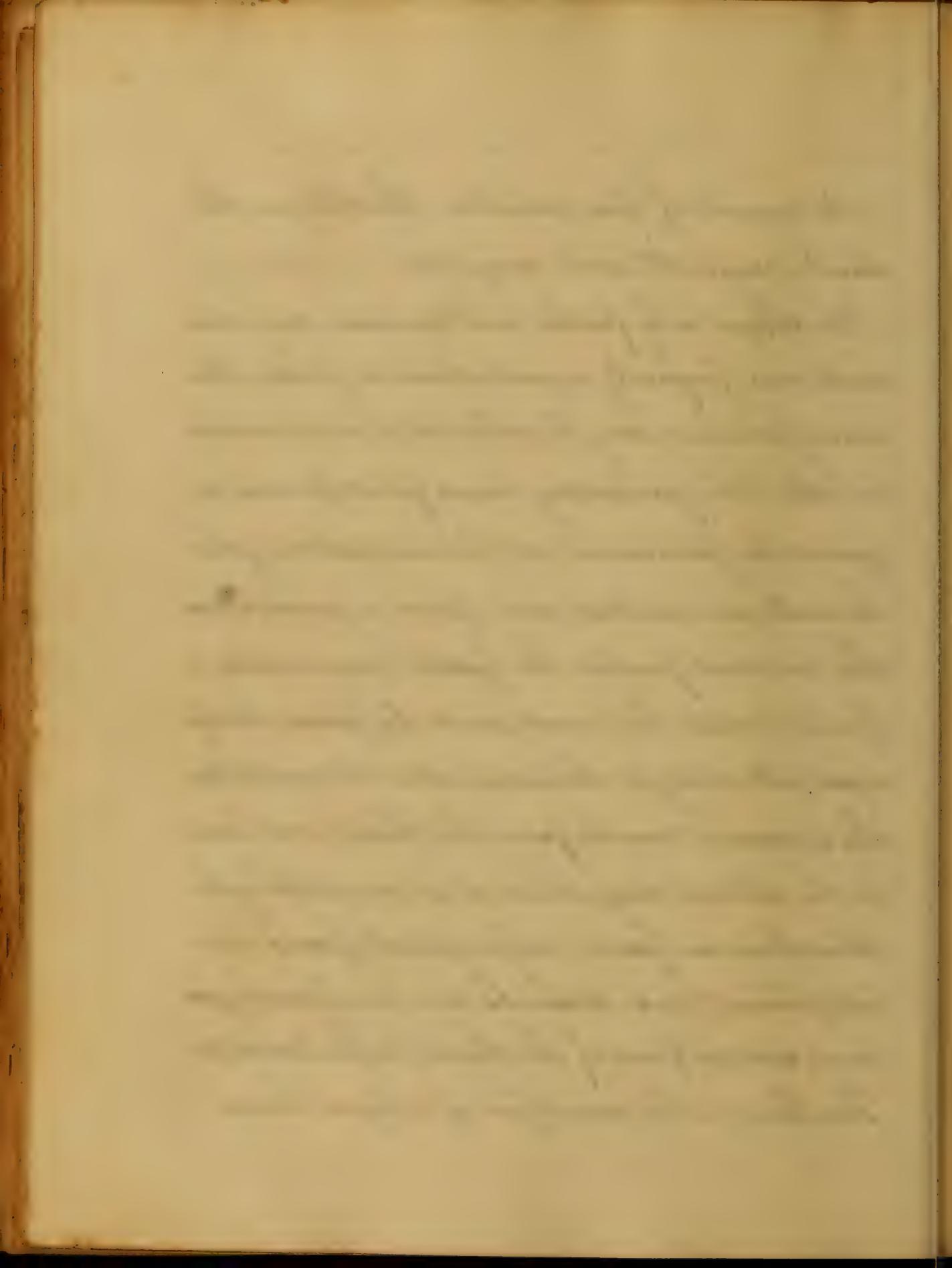
over the posterior face of the transversalis muscle. The External ring is formed by the splitting of the tendon of the external oblique muscle and is converted into a ring, and strengthened, by the Anterolateral fibres. The passage between these rings is the Inguinal or spermatic canal and contains the spermatic chord in the male and round ligament in the female. It is about an inch and a half long and runs obliquely downwards.

The Epigastric artery is generally given off from the external iliac just above Poupart's ligament, and passes forwards and upwards to the Rectus muscle and comes into important relation to the hernia, lying external to the direct, and internal to the oblique artery. These then, are the chief anatomical relations of Inguinal Hernia.



It consists of four varieties. The oblique - the direct - congenital - and encysted.

The Oblique is by far the most common, and occurs much more frequently in males than in females. The viscous protrudes may be either intestine or omentum, or both. The protruding viscous first presses against the peritoneum at the internal ring where the walls are weakest, and forms a pouch or sac, this sac next pushes the fascia transversalis before it; enters the canal, and displaces the epigastric artery to the inner side: it next strips the cremaster muscle from the chord and issues at the external ring, where it is invested by the intercolumnar fascia, superficial fascia and integument, and descends over peritoneal ligament; and in front of the chord, to the Scrotum. These, then, are the envelopes of oblique hernia.

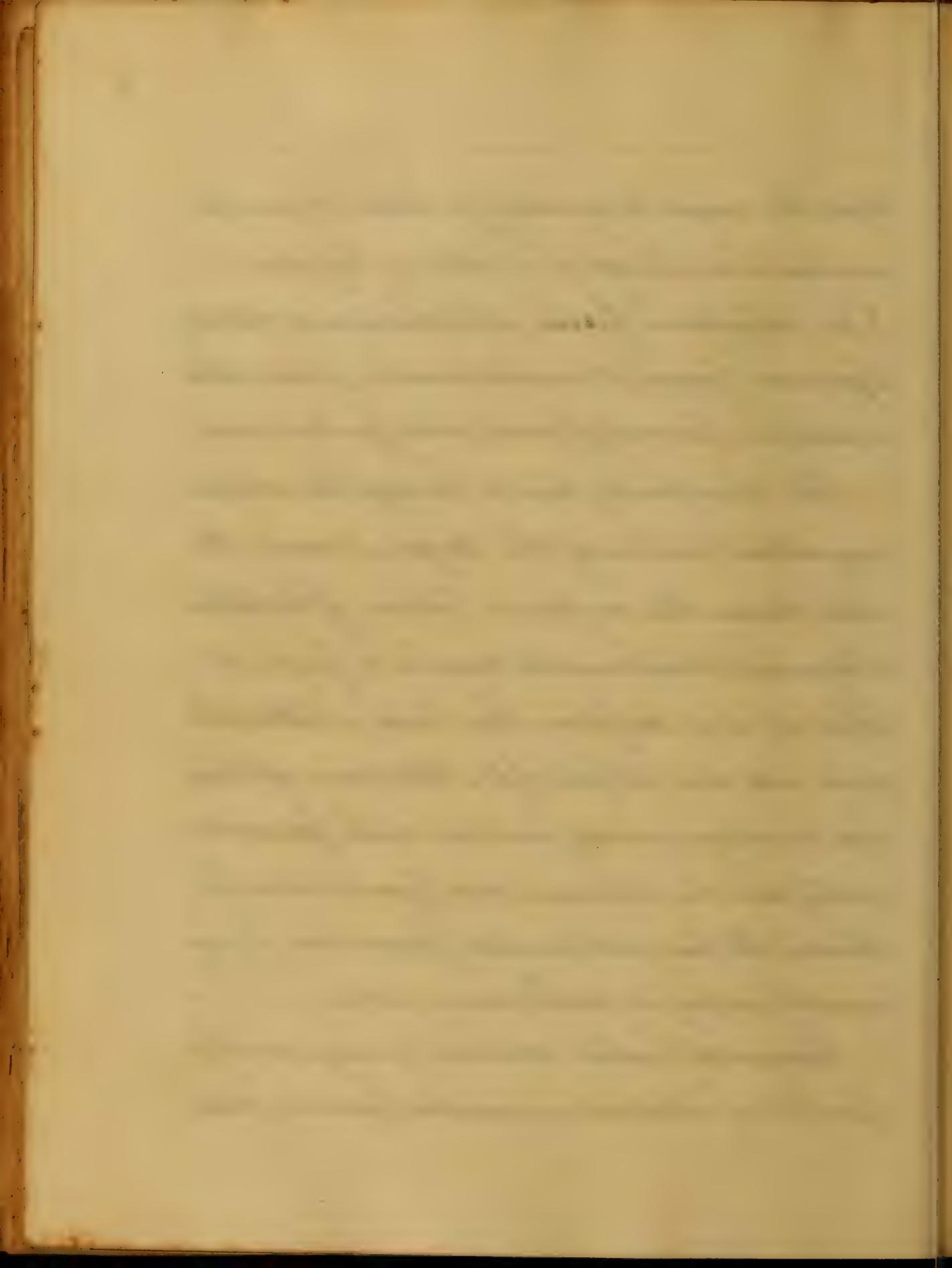


Hence, the surgeon in operating for hernia encounters
and has to cut through the following layers:-

Skin, superficial fascia, intercolumnar or external
spermatic fascia, cremaster muscle, transversalis
or internal spermatic fascia, and peritoneum.

The Direct-variety bursts through the external
ring without traversing the inguinal canal. It
either divides the conjoined tendon of the internal
oblique and transversalis muscles or passes it
before it; and displaces the chord a little to the
outer side and in front of it. It is more globular
than the oblique variety; and its neck passes di-
rectly into the abdomen and posterior to the
chord. It has no cremaster fascia and the ep-
igastric artery is on the inner side.

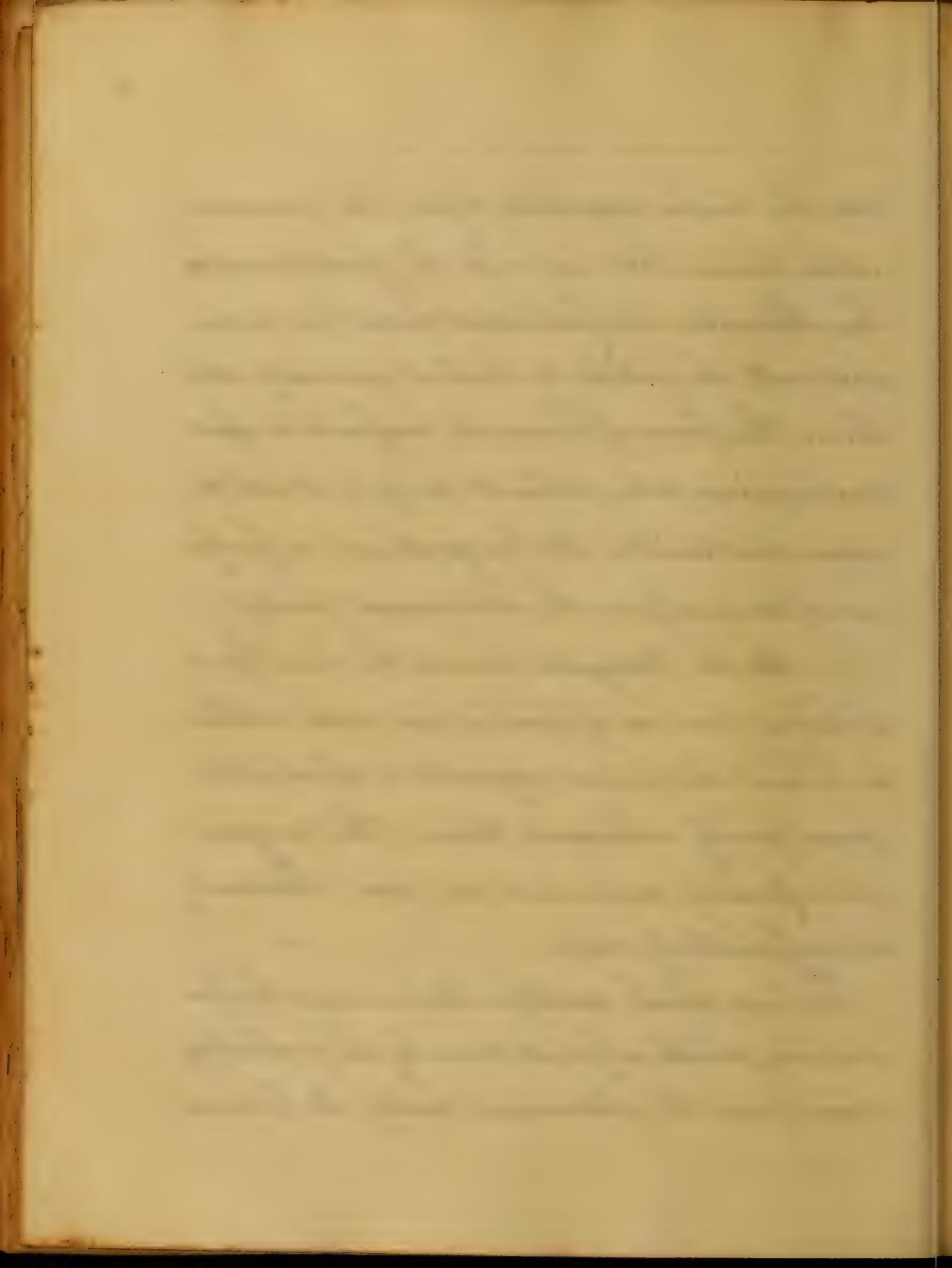
Congenital hernia occurs in consequence of a
portion of intestine or omentum passing down



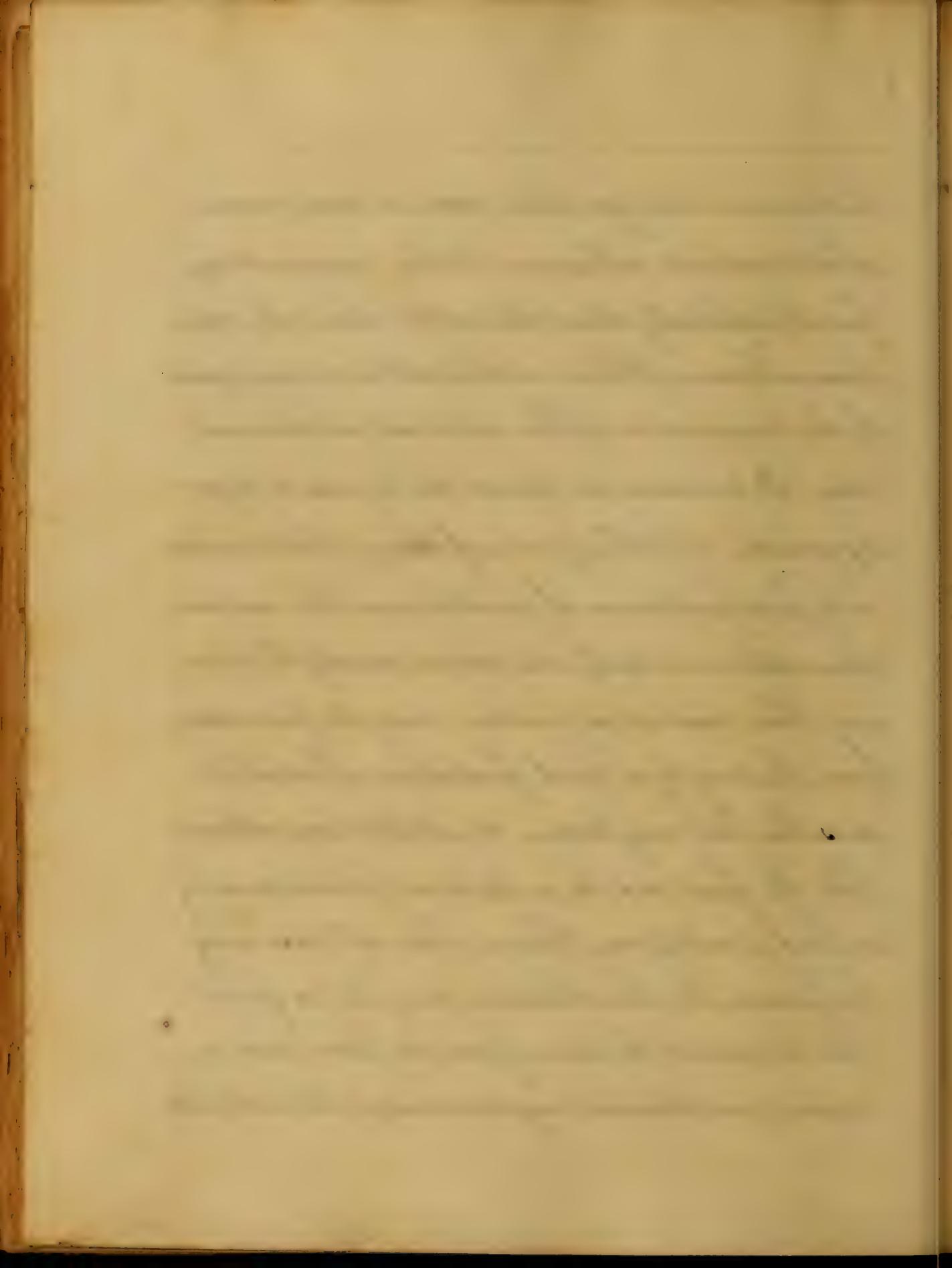
into the Tunica vaginalis before the communication between that sac and the peritoneum has been obliterated. The protruded viscous lies in contact with the testicle to which it generally adheres. This form of hernia is confined to infants and requires to be returned early, or it will become irreducible. It brings down no proper sac of its own from the abdominal cavity.

In the Encysted hernia the bowel pushes before it a sac of peritoneum either within or behind the tunica vaginalis in which it becomes firmly adherent. Hence, the surgeon when operating encounters two sacs. This variety is comparatively rare.

The sac which envelopes the hernia, is the peritoneum, which is forced down by the protruding viscous from the abdominal cavity. It becomes



thicker and stronger than natural and sooner or later contracts adhesions to the surrounding parts; especially about the necks where the membranes become folded on themselves in consequence of the constriction of the external abdominal ring. It increases in size as the hernia enlarges by growth, stretching or unfolding of its membranes or by fresh protrusions of peritoneum. The sac sometimes adheres to itself and closes entirely so opening. This constricted portion may be forced away from the ring by a fresh protrusion of intestine; and this last may become constricted and adherent like the first and be in turn forced away by a third protrusion. Thus a chain of sacs may be formed. Or the adhesion may be so firm that it cannot be torn from its place, and a second protrusion may descend by its side and

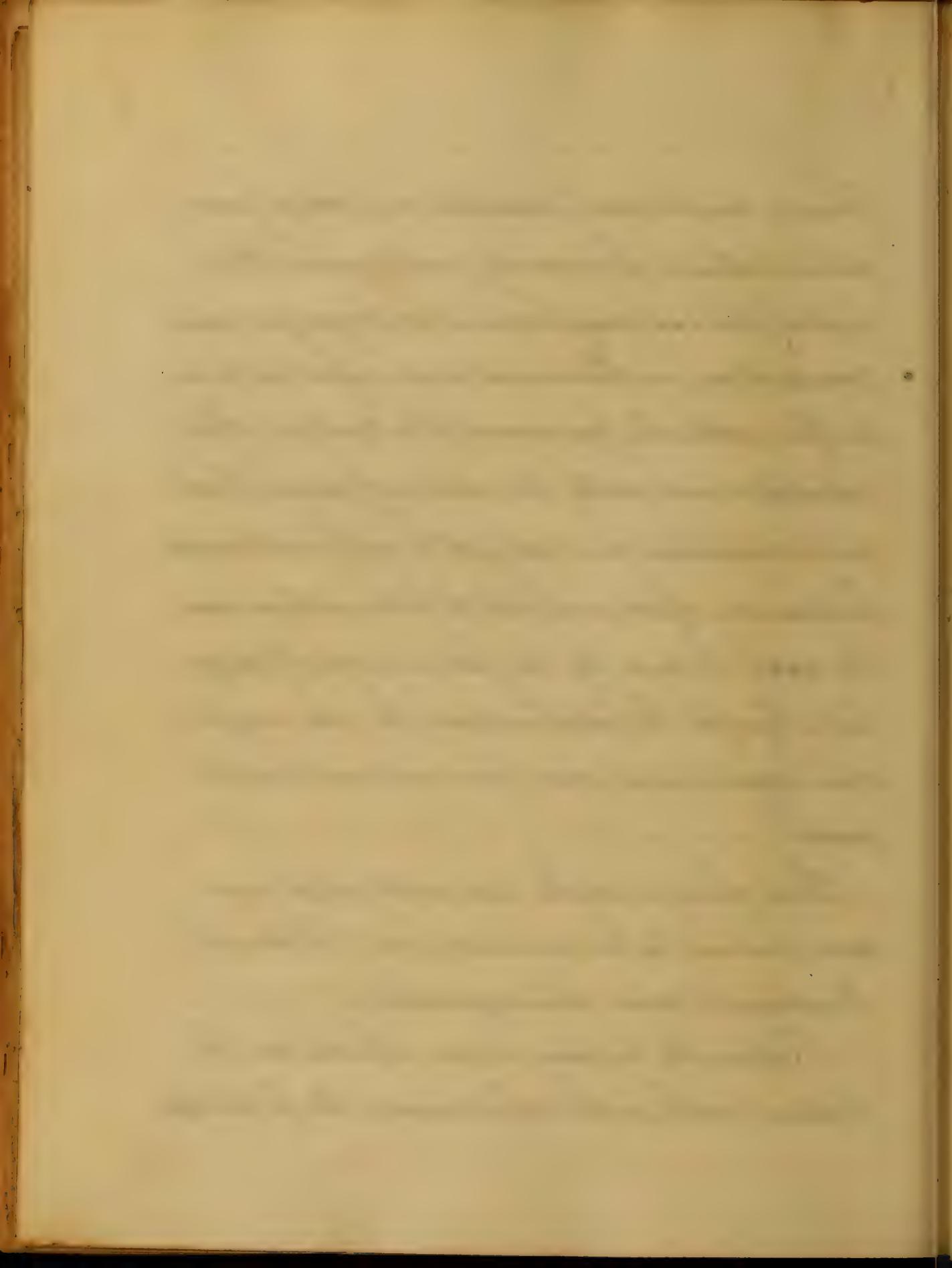


5

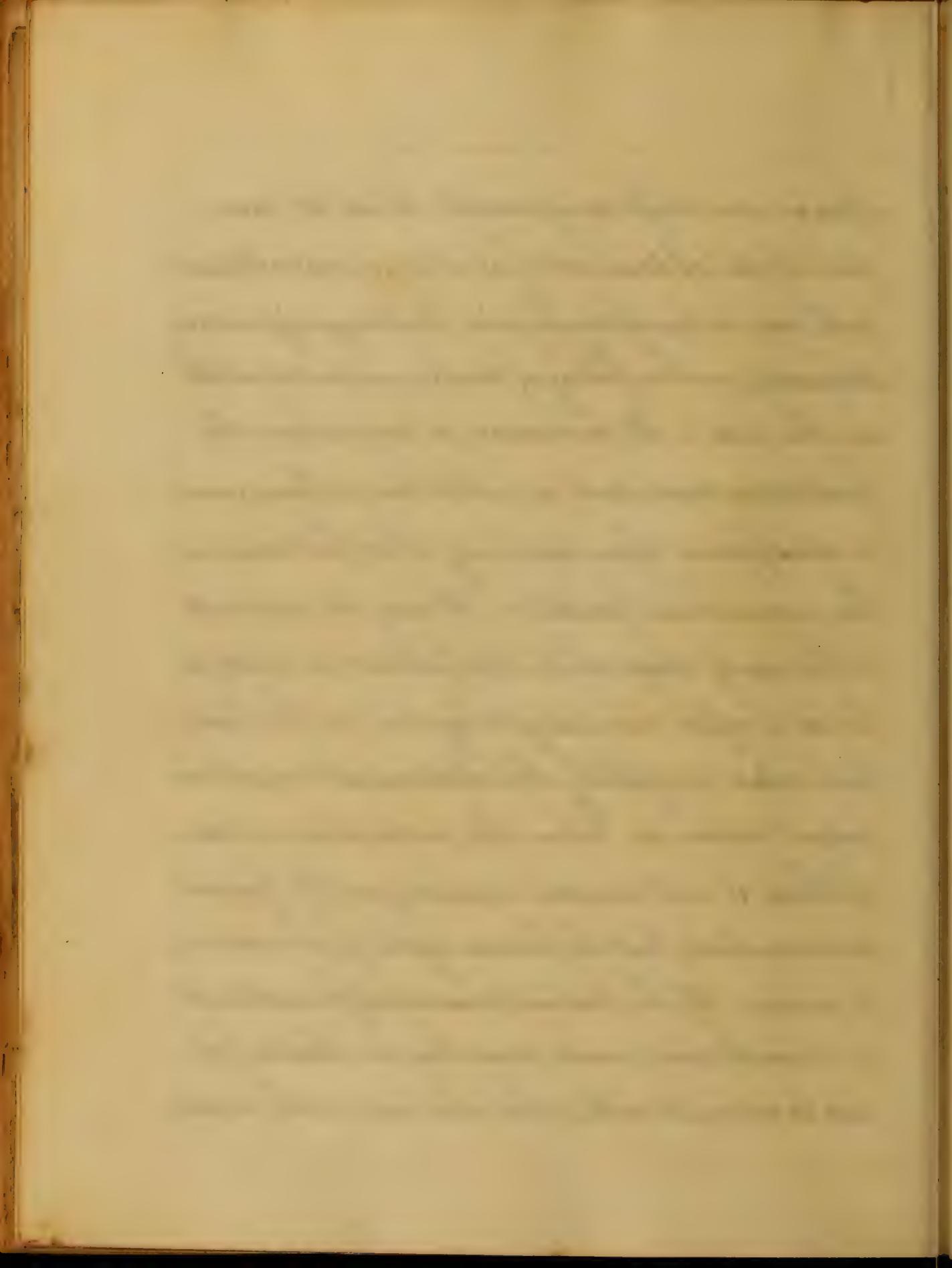
form a double sac. Sometimes one sac is forced down within a previously existing one. The neck of the sac may become so engorged and constricted, so thickened and rigid as to interfere with the passage of the contents of the intestines and with the return of venous blood so the intestines are subject to inflammation and fusions are often contracted between them and the sac. Indeed by the pouring out of coagulated lymph the intestines and the sac may become agglutinated and form an irreducible mass.

These changes in the sac and intestines cause hernia to be divided into Reducible Irreducible and Strangulated.

Reducible hernia is one which can be returned within the abdomen. If first ap-

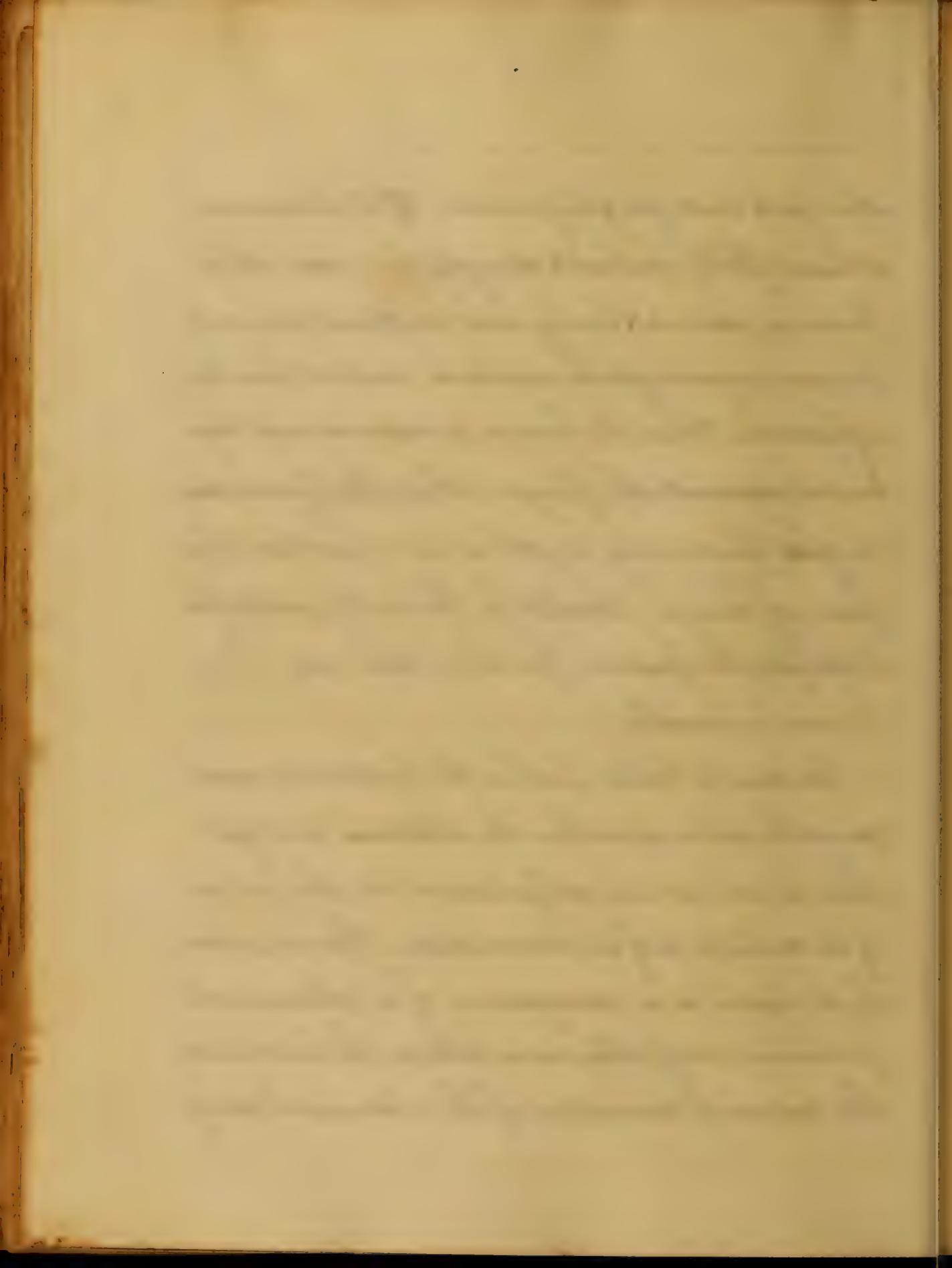


appears as a soft compressible tumor at some part of the abdominal paroxysm, and is attended with more or less of dyspepsia, hæmorrhage and constipation, with a feeling of weakness and a stick in the side. It increases in size when the patient is erect; and is either less voluminous or disappears spontaneously when he assumes the recumbent posture. It may be returned in its early stage while the patient is erect; later it is often necessary to lay him on his back, and relax completely the abdominal muscles in order to return it. When the reduction is accomplished it will remain so, as long as the patient is recumbent, but the hernia again protrudes when he arises. If the hernia consists of intestine it is smooth and round and has an elastic feel and is returned within the abdomen with a sud-



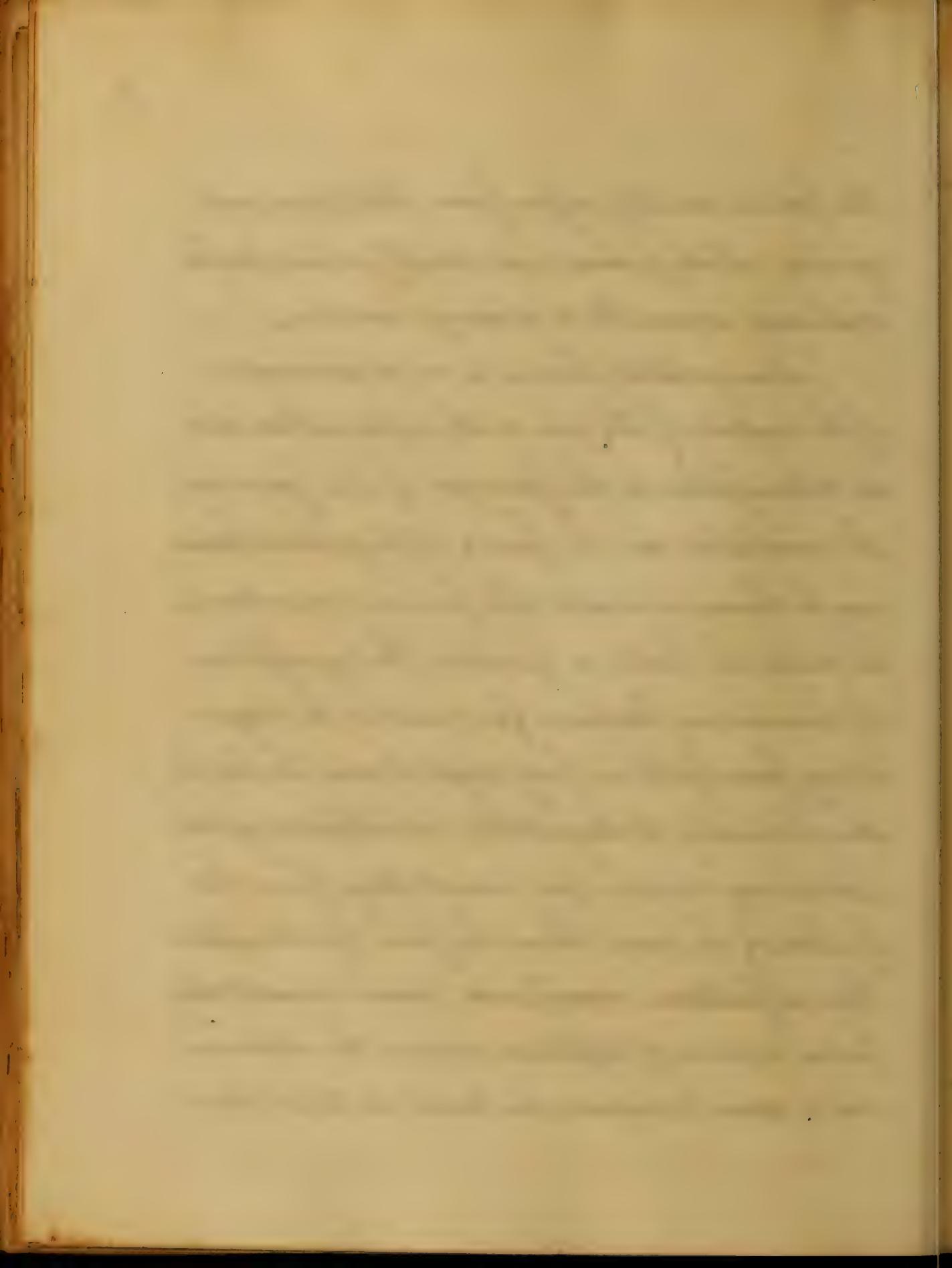
-den jerk and gurgling noise. If it be omnentous it has a flabby inelastic doughy feel, and when pressed, returns slowly and without force: the pressure requiring to be continued until it has disappeared. When the hernia is reduced will be protruded against the finger when the patient ~~is~~ enough producing a vibratory sensation. This form of hernia should be promptly treated for it unfitts the patient for labor, and may soon become irreducible.

Inreducible hernia is when the protruded viscera cannot be returned within the abdomen and yet there is no serious impediment to the passage of its contents or of its circulation. This condition of the hernia is a consequence of a voluminous protrusion, or of adhesions between the intestine and the sac, or of contraction of the abdominal cavity

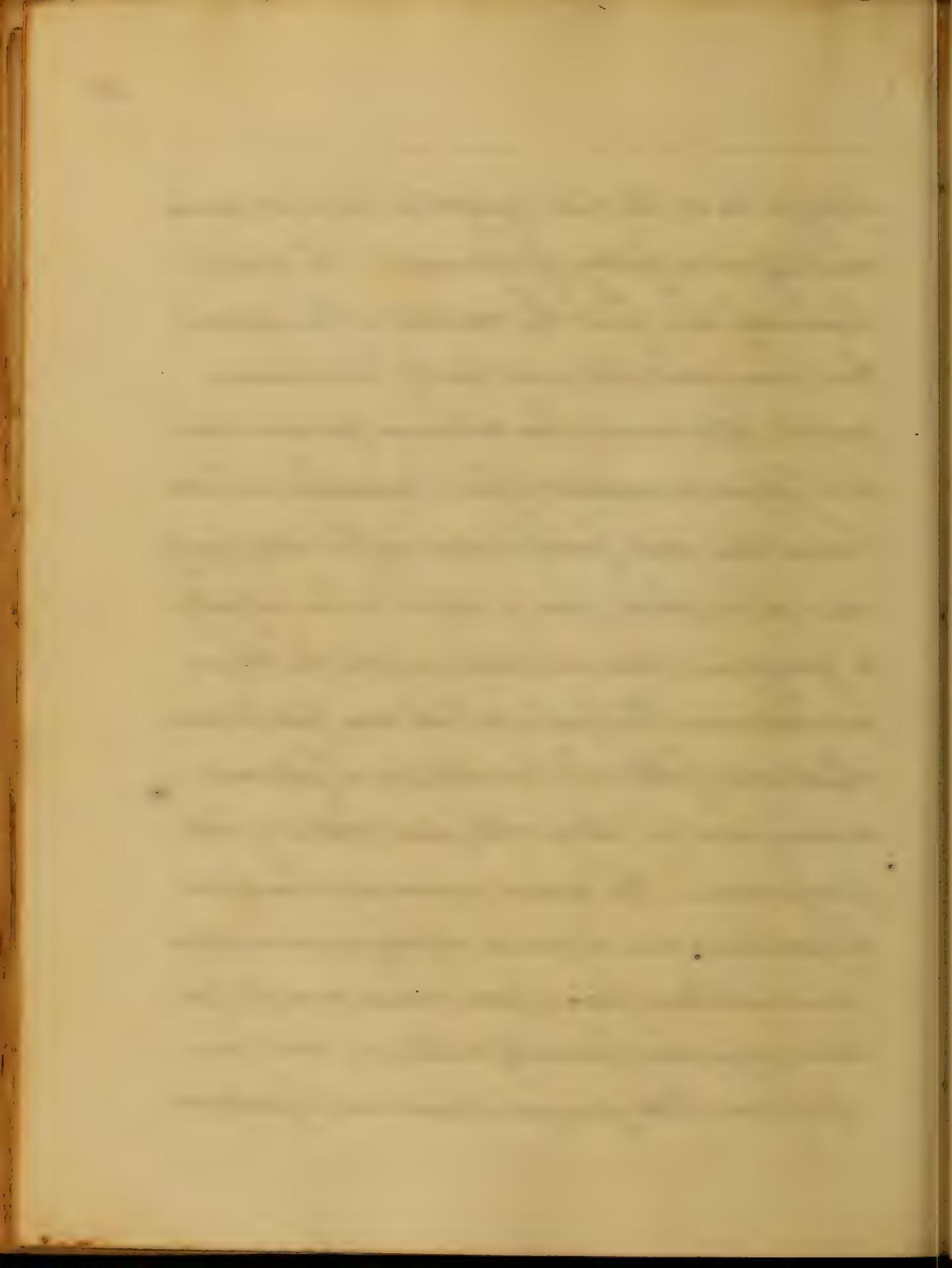


The patient usually suffers from flatulence indigestion, colicky pains and constipation. He feels weak and is unable to undergo exertion.

Strangulated hernia is an incarceration of the contents of the sac with inflammation and an interruption to the passage of the faeces and the circulation in the part. Strangulated hernia may be chronic or acute. The former is more common in males the latter in females. The symptoms of chronic may continue for a week or ten days or it may prove fatal in forty-eight hours. The bowels are obstinately strangulated, notwithstanding evacuations may continue for several days, from that portion of the bowel below the point of strangulation there is flatulence constipation severe constricting pains, a sense of lightness across the abdomen and a desire to evacuate the bowels without hea-

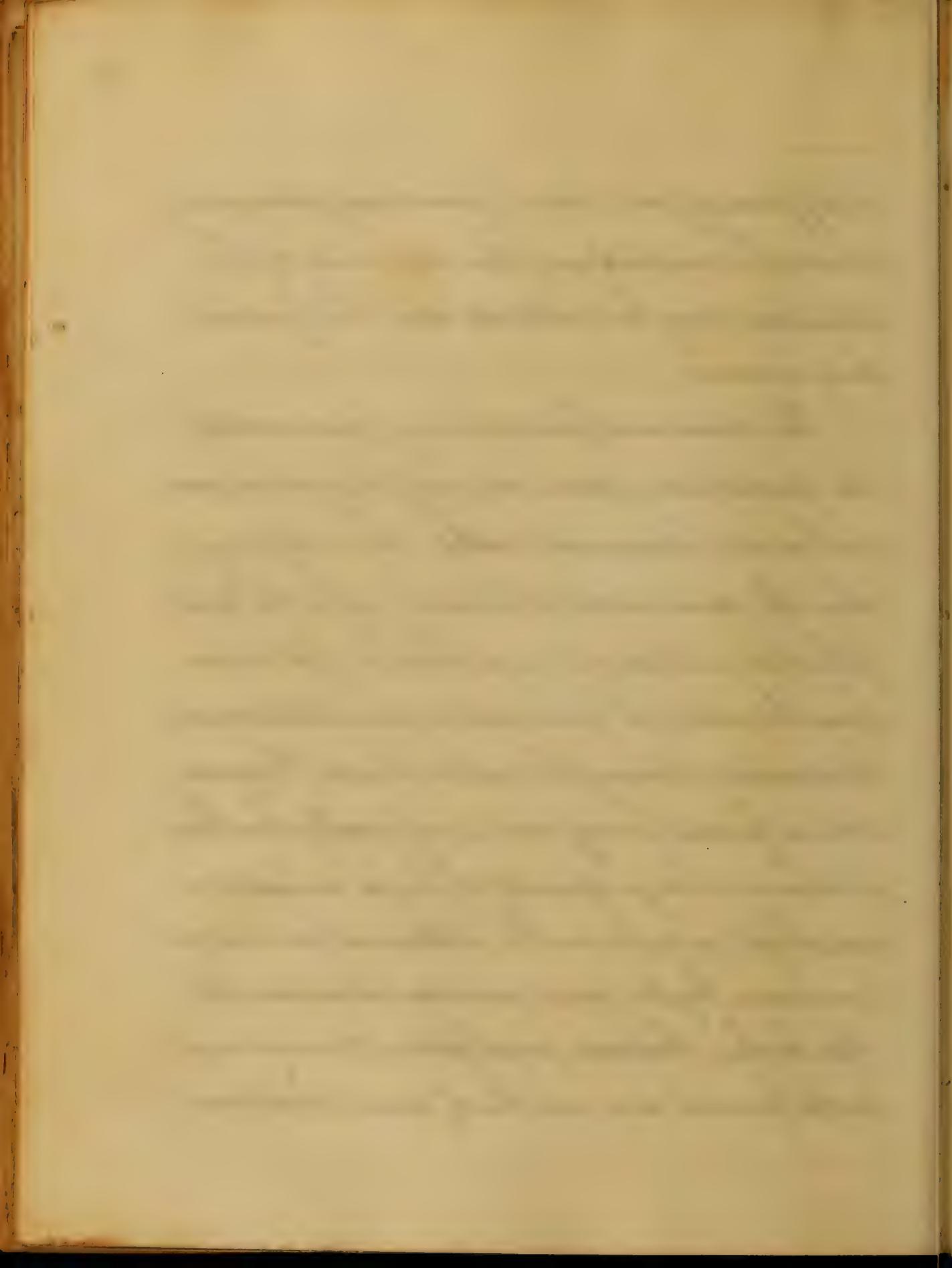


ability to do it. These symptoms succeed nausea
vomiting and a feeling of depression. The matters
thrown up are first the contents of the stomach
then mucus and bile, and lastly serous
matters. After vomiting has continued for some time
it is performed without effort. Meanwhile the tumor
becomes tense and painful, and inflammatory sym-
ptoms set in, which goes on more or less rapidly
to gangrene. There is tenderness over the tumor
and abdomen; the pulse which was full becomes
rapid and feeble; the countenance is pale and
anxious, and the skin cold, and clammy with
perspiration. The tumor assumes a dusky red
appearance, and becomes engorged: gen-
-grene has taken place, pain ceases, and the pa-
-tient expresses himself relieved, but soon
after dies. But gangrene sometimes produces



a different effect. For the part may elongate and relieve the constriction; the continuity of the intestine may be restored, and the patient may recover.

The causes are predisposing and exciting. The predisposing causes are any thing which weakens the abdominal walls. As in infancy when the canal is not obliterated after the descent of the testis. Or in old age, when the fat recedes from the external parts and accumulates around the omentum, leaving the walls relaxed. Pregnancy acts as predisposing cause, especially when there is twins or a large quantity of liquor amniotic amni, which so distends the abdominal parietes, as causes hernia by the great muscular relaxation left after birth. Obstinate constipation, chronic cough in old persons, and articles of dress which com-

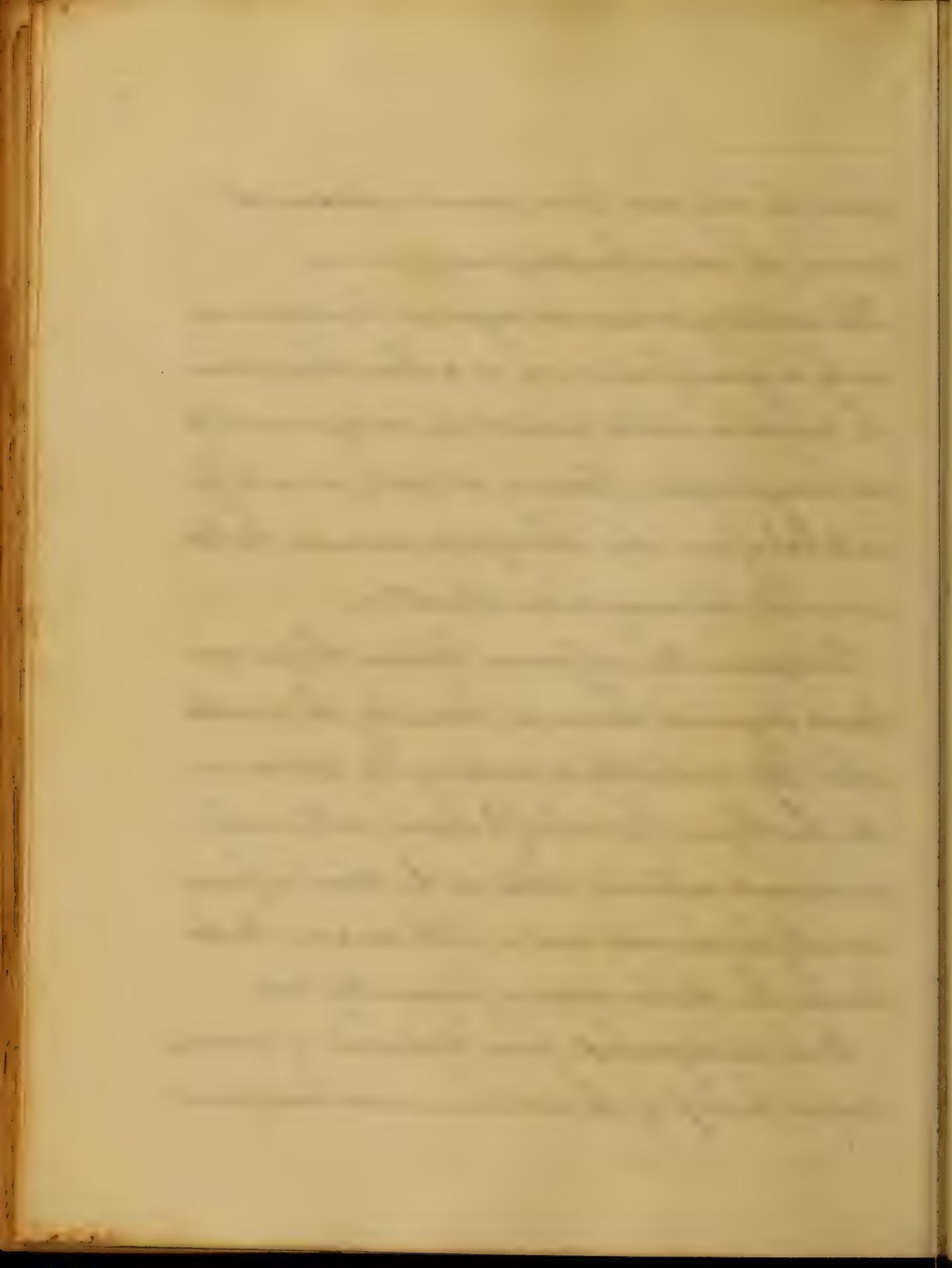


spresso chi ribs and force down chi abdominal visera, all act as predisposing causes.

The exciting causes are injuries to the abdomen, as by a gore from an ox, or a blow which divides the muscular evalls, and not the integument-lifting heavy weights; straining at stool, or in difficult labor, and the attempt to evacuate the bladder while laboring under stricture.

Diagnosis. The difference between oblique and direct inguinal hernia is shown by the direction which their necks take in entering the abdomen. In the oblique the neck of the tumor inclines upwards and outwards, while in the direct it passes directly backwards and a little inwards. In old hernia this distinction is frequently lost.

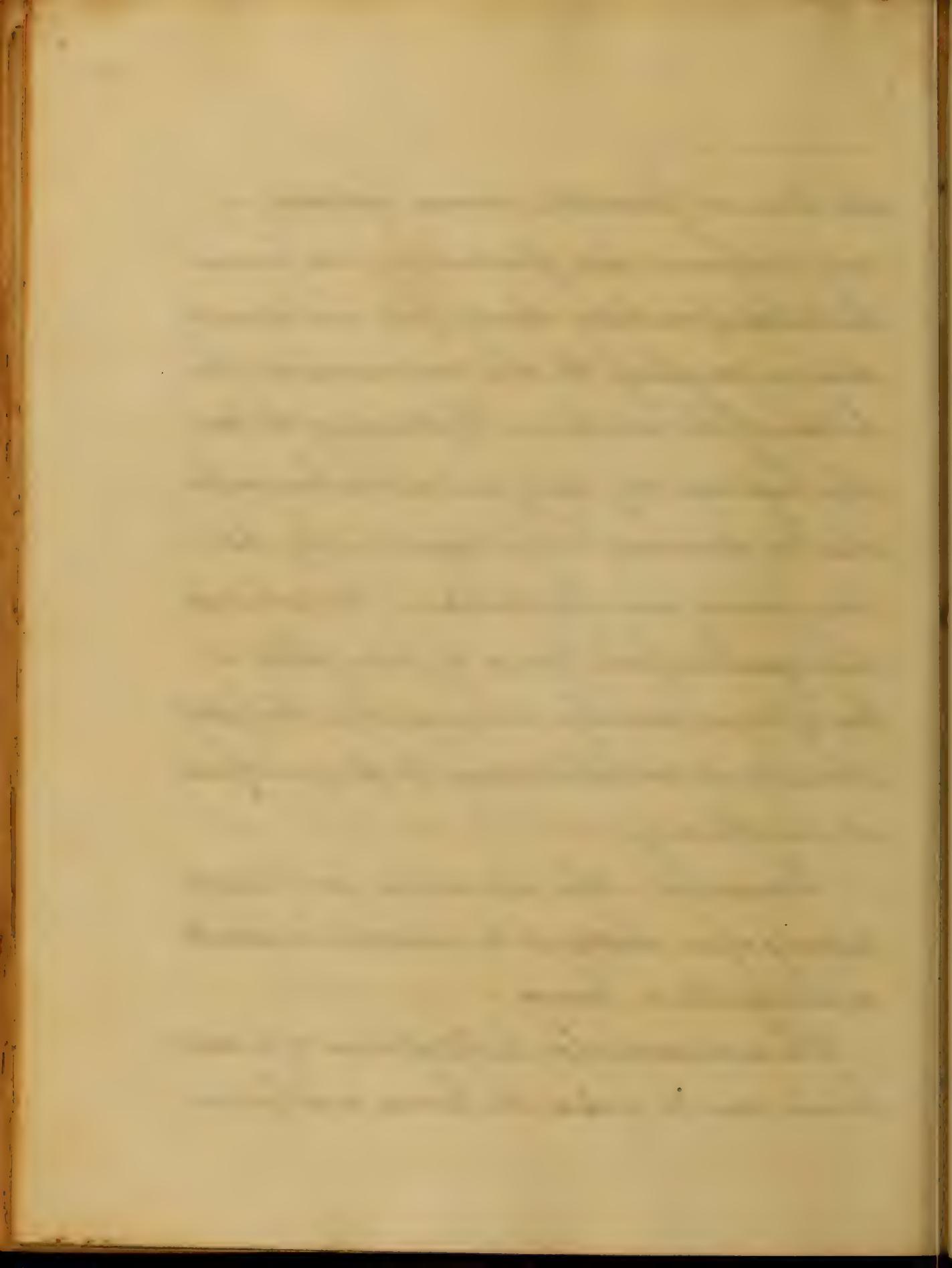
It is distinguished from hydrocele by concreting at the top of the serous; is not transparent.



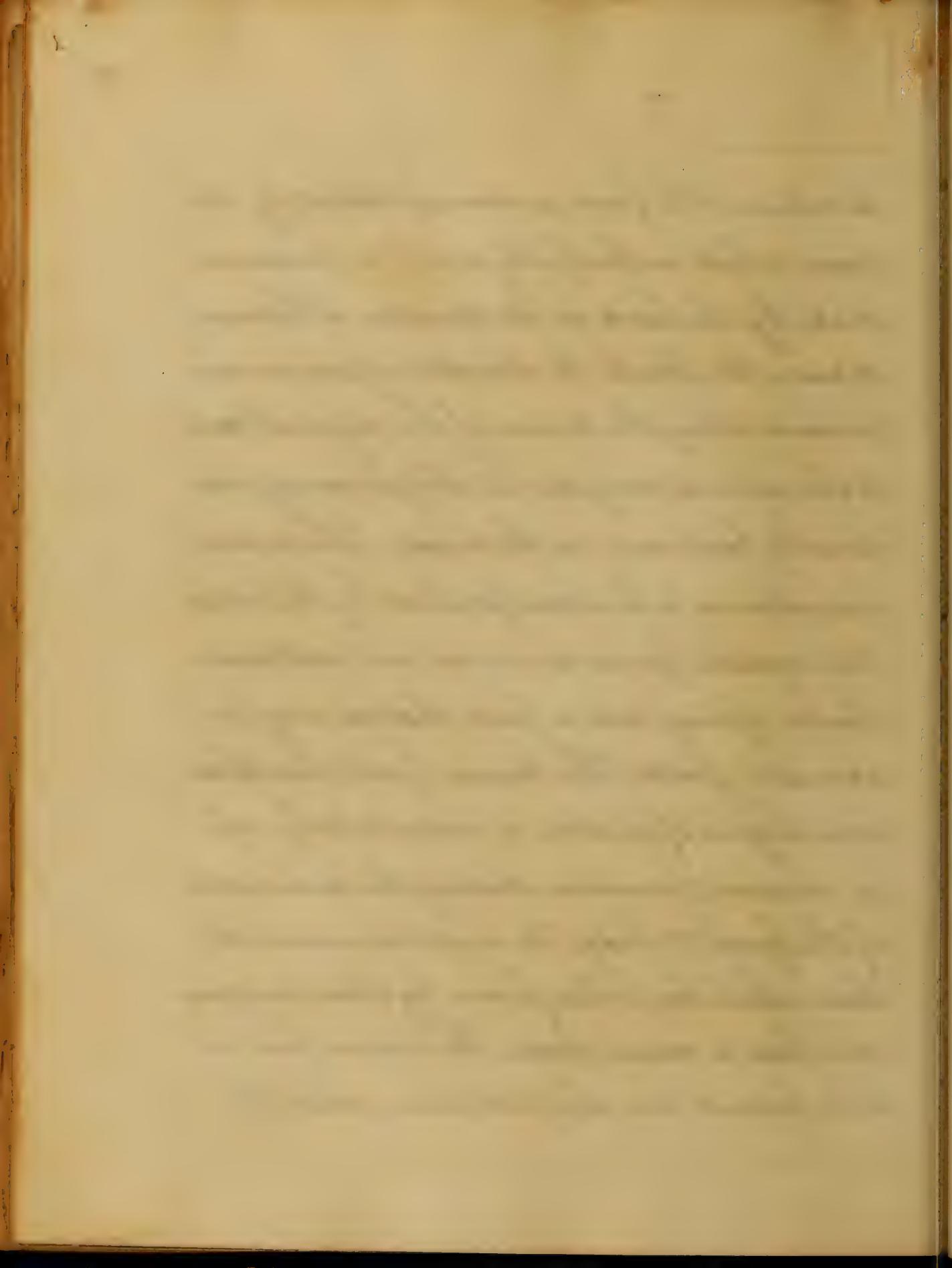
and does not fluctuate; whereas hydrocele is semi-transparent and fluctuating, and prevents the testicle from being clearly felt; and does not dilate on coughing. It also commences at the bottom of the scrotum. Hydrocele of the cord when high up very nearly assimilates hernia, but when low down may be distinguished by its transparency and fluctuation. Hydrocele is distinguished from hernia by feeling like a bag of worms, and by returning when the patient stands erect - not so happening the finger is pressed over the ring.

Treatment. The indications for treatment depends upon whether it be reducible irreducible or strangulated hernia.

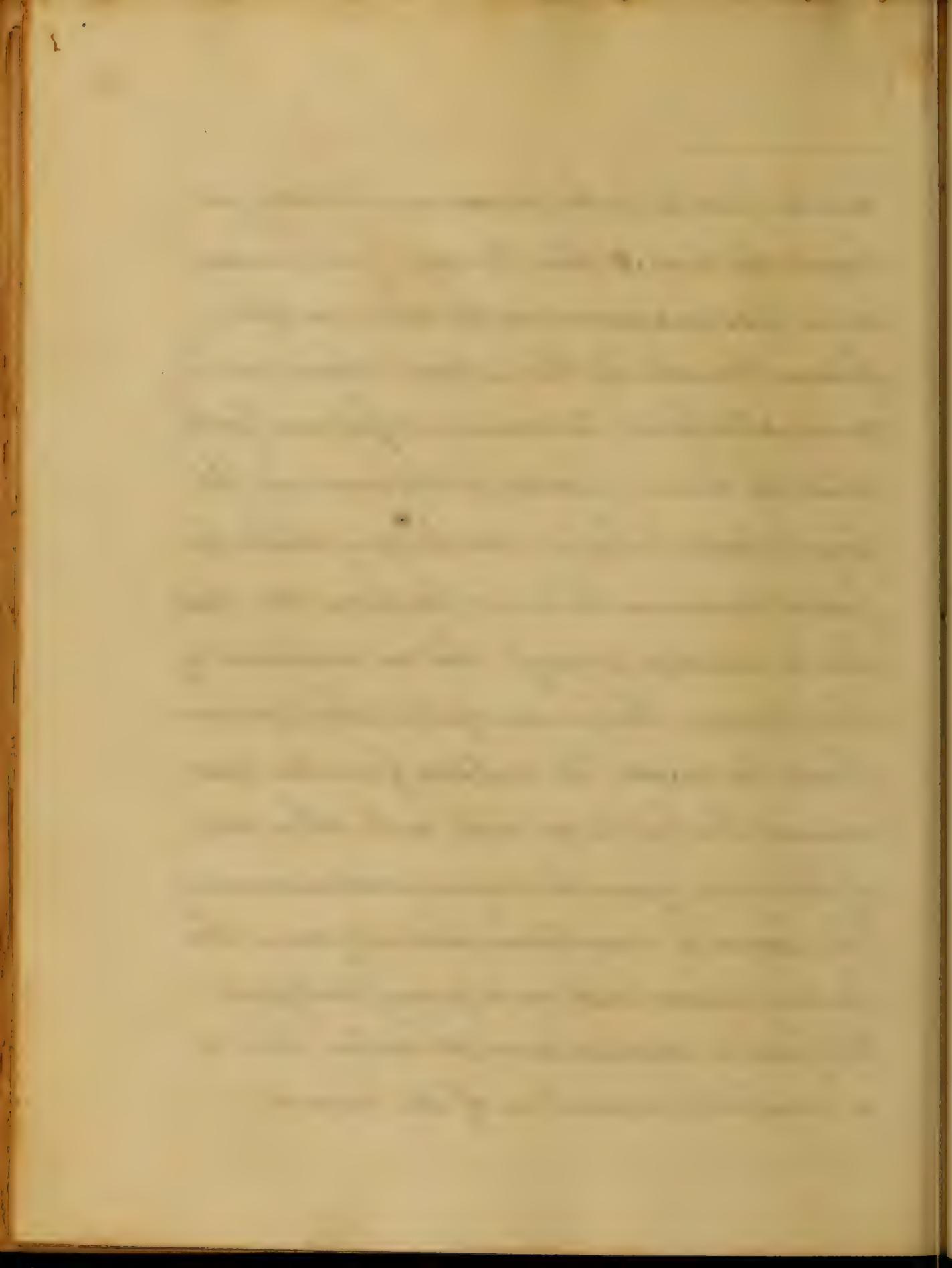
The indications for the treatment of testicular hernia are to reduce the hernia, and prevent



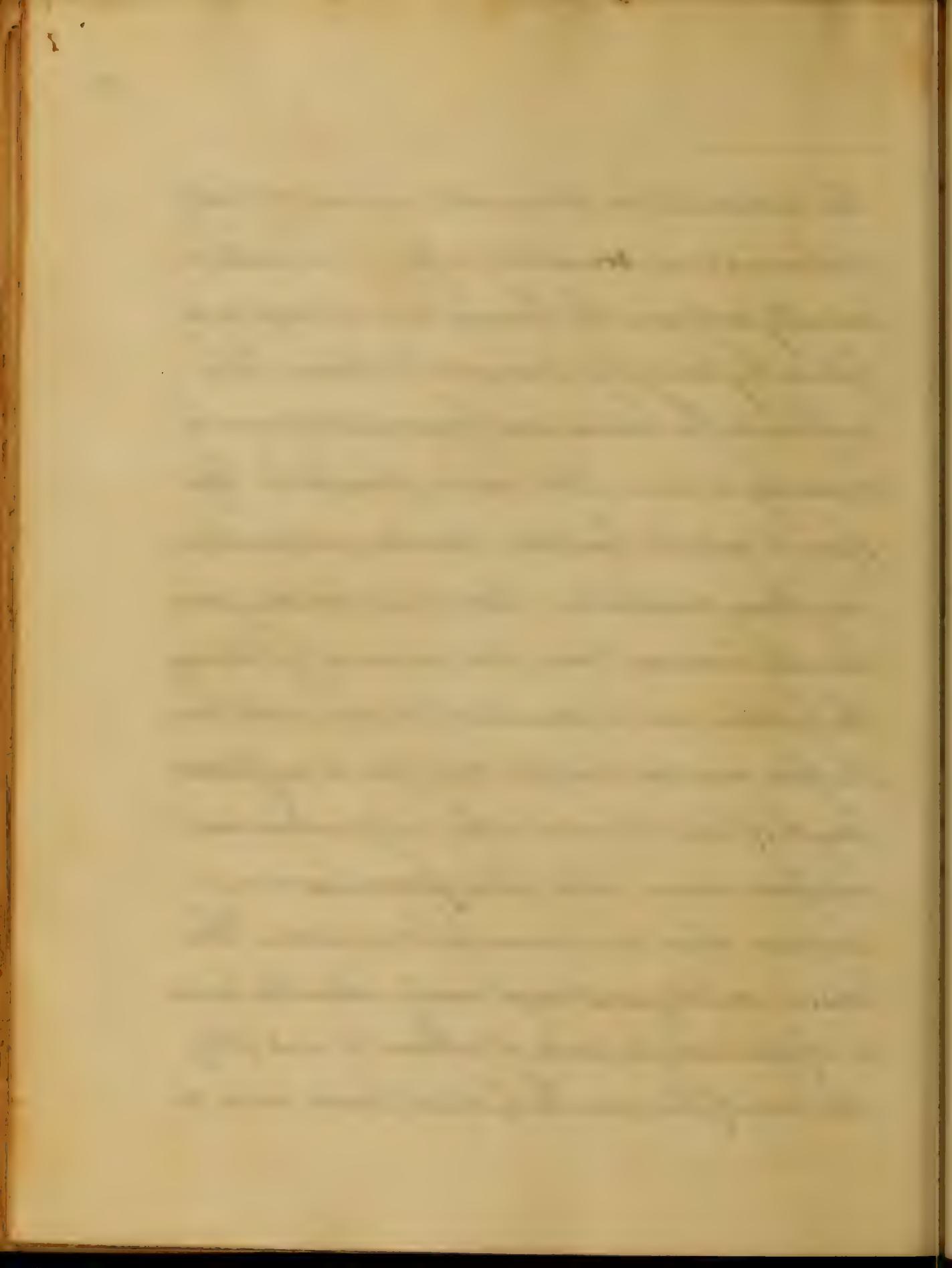
its return. The first is accomplished, by the Taxis; which is properly directed pressure made by the hand in the direction of hernial decent. It should be directed upwards and outwards along the course of the inguinal canal to the internal ring in the oblique variety, and directly backwards in the direct. The second indication is to be accomplished by the truss. The requisite points in a truss is a well made elastic spring and a lead that can may be accurately fitted. The hernia lead should have some degree of motion in order to keep up an accurate pressure during the movements of the patient's body. The most convenient are those which keep their place by their own grasp and have a counter lead. The hernia lead is to be placed over the protrusion, while the



counter lead, is to be placed, on the back, just beyond the midline. Wooden pads concave on one side and convex on the other are often placed beneath the hernia pad, when a radical cure is attempted. To measure a person for the braces the hernia should be reduced and the finger should be kept over the ring while the patient assumes the erect posture. He should then be directed to cough that we ascertain by the dilatation the precise spot to which pressure should be made. The distance from this spot around the hip to an inch on the other side of the spine gives the required admeasurement. The hernia is sometimes radically cured when it is recent and in a young subject. The pad is contraindicated unless there is a complete reduction of the hernia.



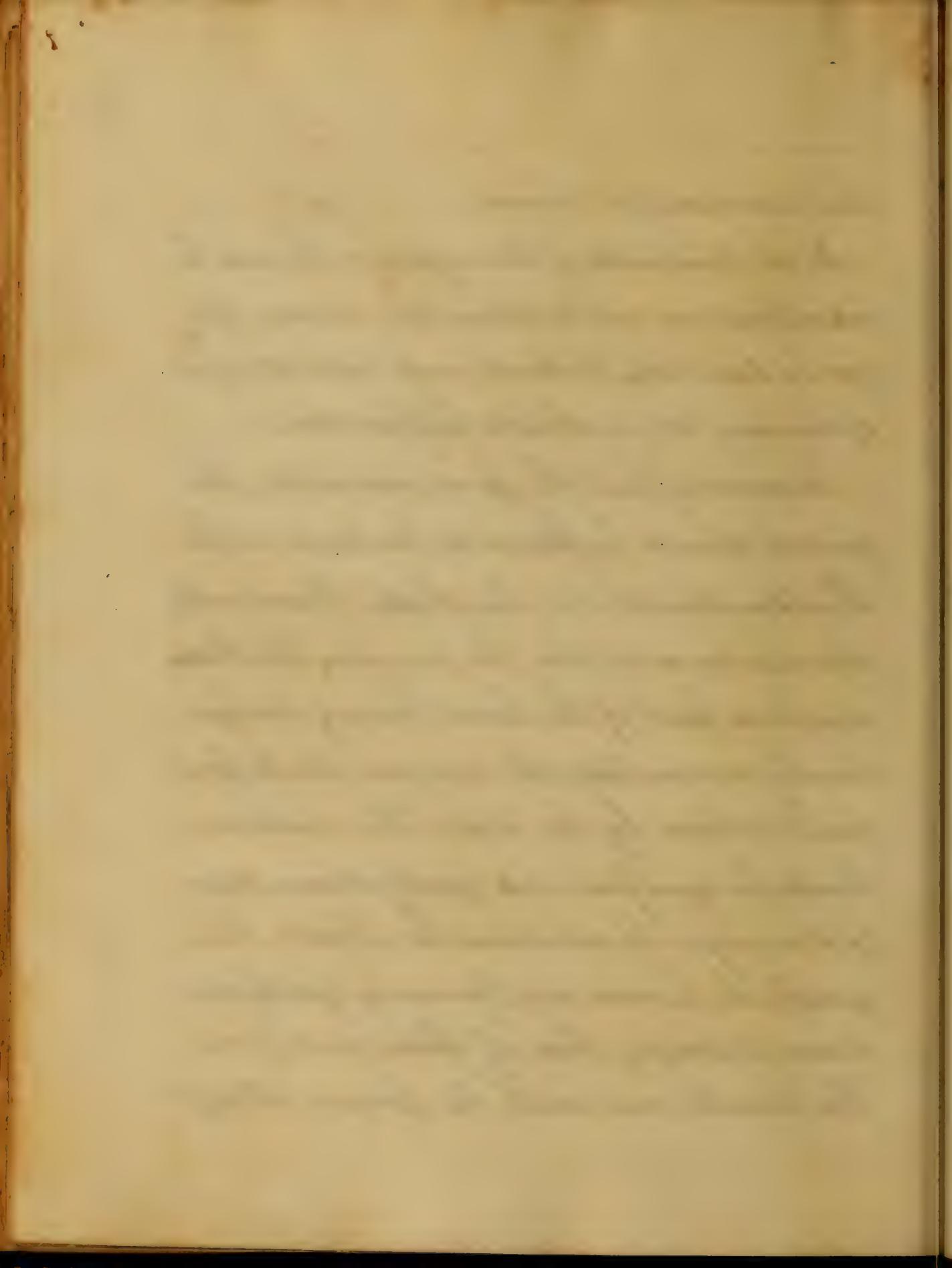
The treatment for Irreducible Hernia is slightly mechanical: it consists of a bag brass which accurately embraces the hernia, and is kept in its place by being tied around the loins. This suspends the hernia and prevents it from increasing in size. The bowels should be kept open, and the patient should not swallow any thing insoluble. But long standing irreducible hernias have been reduced by keeping the patient in a recumbent posture, with bowels free, and on simple diet - for a sufficient length of time to remove the superabundant adipose tissue. This plan promises most success when the viscera is omentum. The brass is employed (though rarely) when the hernia is epiploic, to make it adhere to, and plug the neck of the sac. The patient should avoid vi-



violent exercise of all kinds

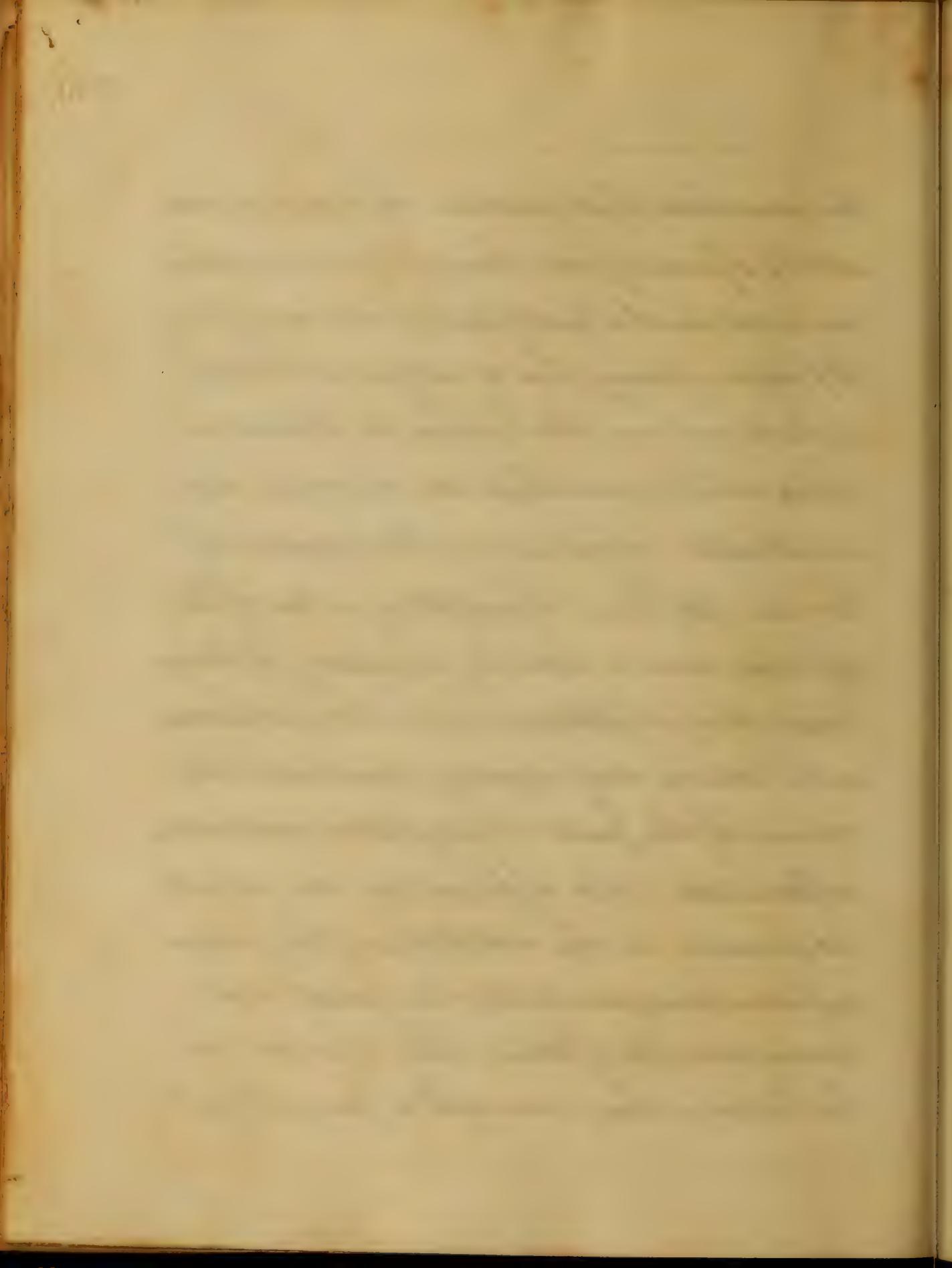
In the treatment of Strangulated Hernia the indications are, 1st. to return the intestine if it can be done. 2dly. to divide any constricting part if necessary; 3dly. to obviate inflammation.

To accomplish the first indication, the patient should be placed on his back with his shoulders elevated, and his thighs flexed on the abdomen so as to relax the muscles. The bladder and lower part of the bowel having been previously evacuated, the surgeon should proceed to return by the tarsis. The seroletum should be grasped and gently drawn down to dislodge the intestines: he should then grasp the hernia and pressing gently endeavor to empty them of flatus, and feces. He should next with his fingers attempt



to press back that portion of intestine nearest the opening, and then the nurse, endeavoring to return the last part, gradually, first.

If after giving this a sufficient trial, he fails to reduce the hernia, he should use those other means which are recommended as valuable adjutants in the reduction of hernia. Of these bloodletting is one of the effective, and is actually necessary if the patient be of a plethoric habit. It relieves muscular tension and rigidity, diminishes the volume of the parts strangled and retarded inflammation. Cold applications are valuable adjutants in the treatment. They reduce inflammation, constrict the parts and drive out the flatus. They should not be kept on long enough to freeze the parts.



Large doses of Opium or morphia are used when there is obstinate vomiting or severe pain.

Tobacco enema (grxv to 3vi of water allowed to stand fifteen minutes and one half to be used at a time) has been successful in many cases, but it is a dangerous remedy sometimes producing immediate death, at others rendering the patient unable to survive the shock of the operation. It produces great muscular relaxation and alarming prostration of the powers of life. The hot bath has been used to produce muscular relaxation.

These latter agents have been superseded by Chloroform, which obviates pain, controls involuntary contractions, and produces complete muscular relaxation.

1900

1900

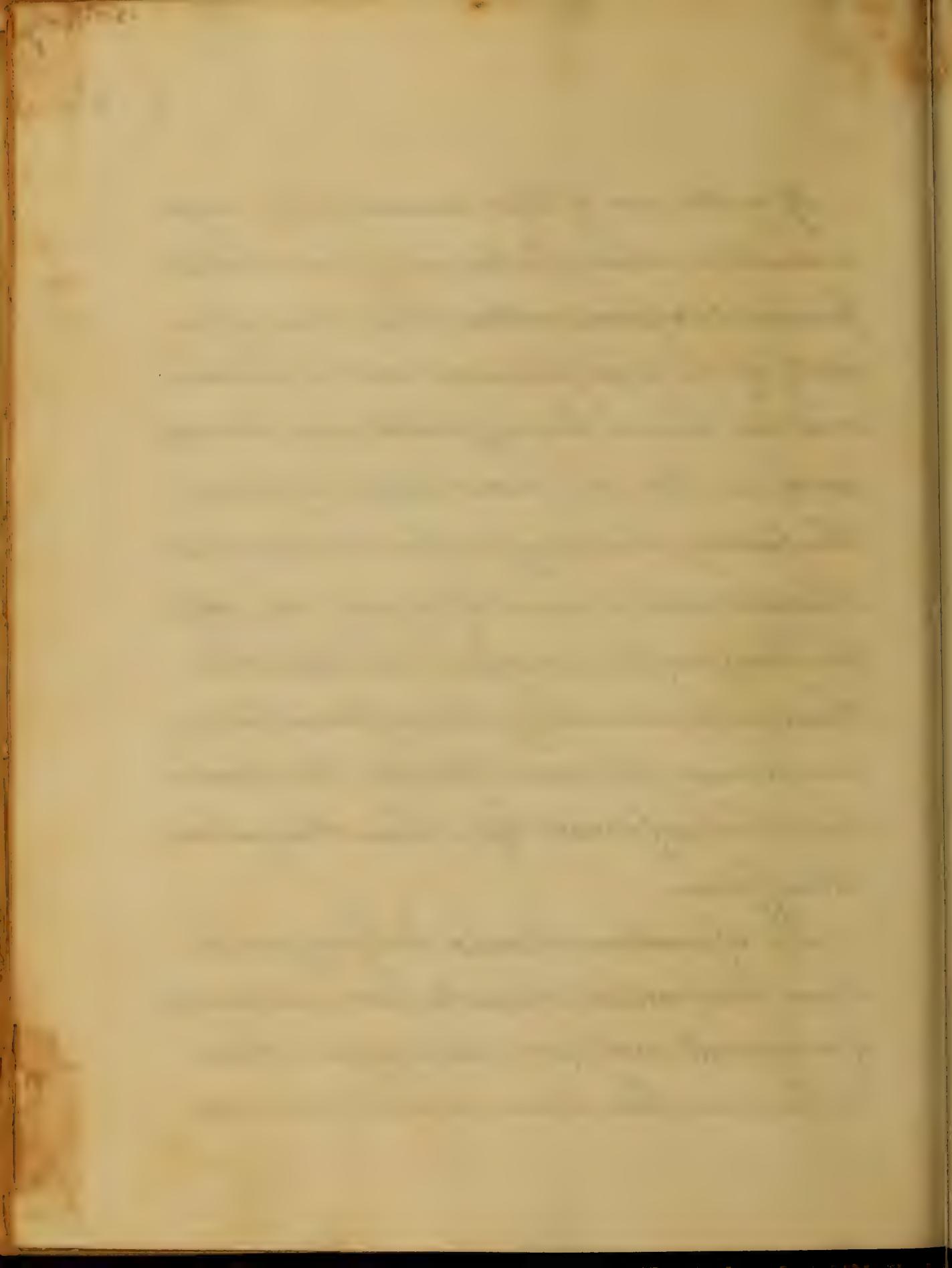
1900

1900

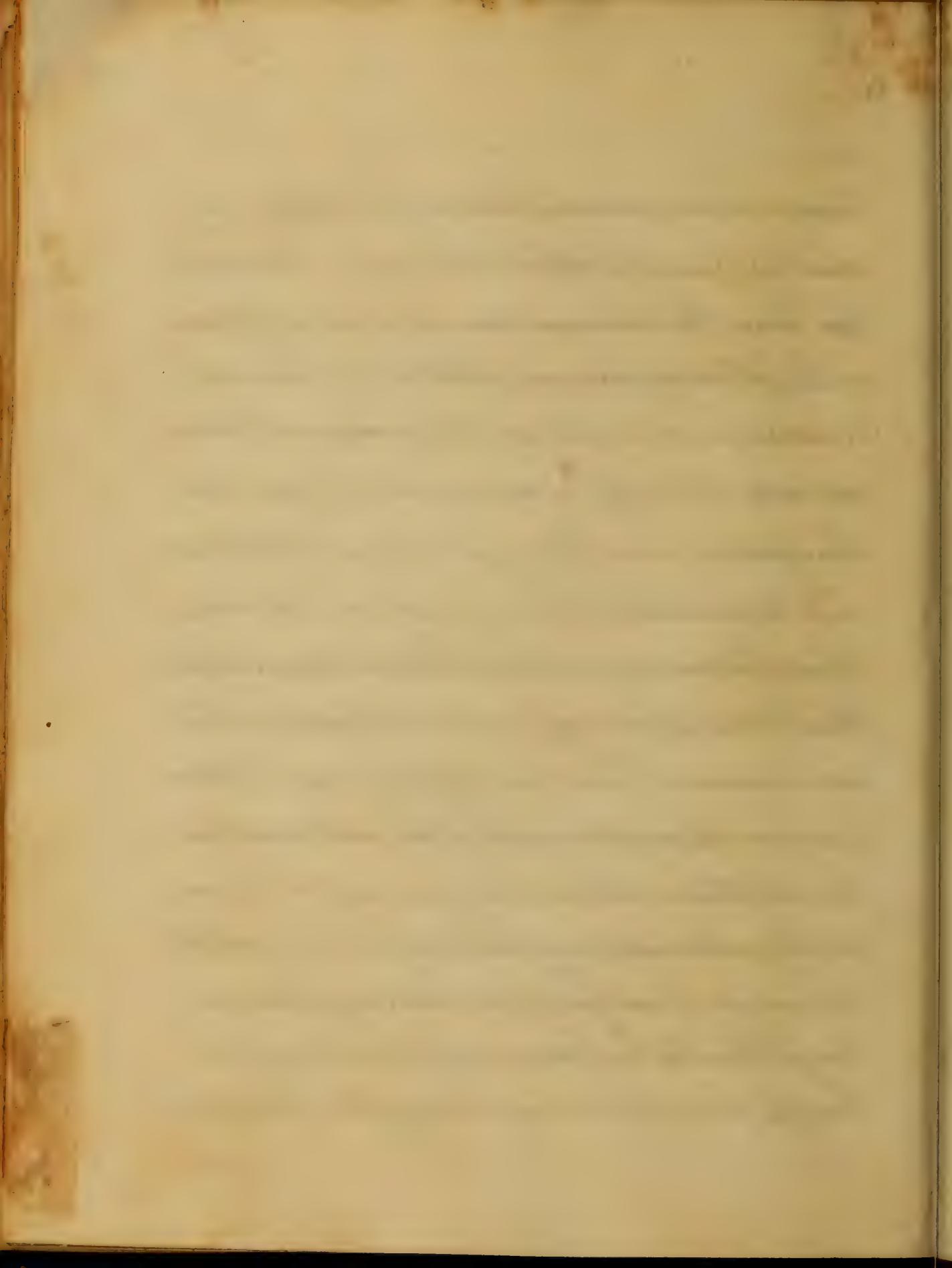
If by the aid of these remedies the surgeon is unable to return the hernia by牽, he should proceed to operate without delay, more especially if the symptoms are acute. The treatment here should be very prompt; and the indication is that immediate relief be given.

The fatality attending the operation does not depend on the amount of injury done by the knife of the surgeon, but upon the changes produced by the inflammation in hernia and its sac. Therefore the operation should be performed before these changes have taken place.

The operation should be performed thus:- The patient should be placed on the edge of a bed with each foot resting upon a chair. The parts are then shaved, and the skin made



lens, and an incision three or four inches long must be made through the skin along the axis of the tumor. The successive coverings are to be divided in the following manner; - a little bit of each is to be divided pinched up with the forceps and to be cut into with the knife; a director is to be passed into this aperture, and the layer is then to be divided on it to the extent of the incision in the skin. When the sac is reached, which is known by its bluish transparency it is to be opened in the same manner. Then the left forefinger should be passed up into the neck of the sac to seek for the stricture which will generally be found at the internal ring, but it is sometimes at both. A curved blunt-pointed bistoury or hernia knife should be passed up flat on the finger through the stricture and its edge be then turned



up so as to divide it; and in every case the division should be made directly upwards parallel to the linea alba, to prevent wounding the epigastric artery. The stricture being relieved, the gut is to be returned, and the edges of the wound approximated, and a compress applied to support the part and prevent accidental reperforation. No cathartics would begin within the first twelve hours. Should the intestines be extensively mortified they should be slit open and not returned, leaving the patient with an artificial anus. When the omentum is gangrenous it should be cut off and its vessels secured by fine ligatures. It may then be returned in the abdomen, or left to plug up the sac. Inflammatory symptoms should be relieved by appropriate remedies. A compress should be applied before the patient gets up again.

