University of Maryland Theses

Early Master of Medicine and Doctor of Physic Dissertations with Corrected Table of Contents

These manuscripts described as either an Inaugural Dissertation or as Inaugural Essay were presented to the University of Maryland for the Degree of Doctor of Medicine and/or Doctor of Physic during the years 1812-1837. The individual dissertations were bound together during the 1940's. The original order of contents for the bound volumes consisted of eight volumes in alphabetical order, which another 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 table of contents were: Richard L. Bebler, Historical Libraries Preservation Officer, Charles Millegrew Pulkas, Metadata Management Librarian, Jacqueline Chambers and Chad Harding-Henry, Preservation Division, Thomas Scott, Head, Public Services and Digital Services Division.

These dissertations were digitized in 2011-2013 and are available in the UM Digital Archive (archive.lib.umd.edu/) and the Internet Archive (www.archive.org).

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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.

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(CORRECTED TABLE OF CONTENTS)

UNIVERSITY OF MARYLAND

THESES

1881 (a)

Author	Title	Notes
Neale, L. Ernest	Maryland University[1]	
McMillan, J. Luther	Physiology of Vision	
Baker, C.D.	Traumatic Hemorrhage	
Willetts, J.E.	Thermometry of Disease	
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Donnelly, J.C.	Different Methods of Applying Plaster of Paris Splints	
Falls, Oliver G.	Intermittent Fever	
Jessop, C. Ashton	Rheumatism	(no title page)

[1] Noteworthy color calligraphy on title page.

Author	Title	Notes
McNatt, Henry Wise	Diphtheria	
Long, B.L.	Intermittent Fever	
Vance, William T.	Typhoid Fever	
Butler, William W.S.	Syphilis	

UNIVERSITY OF MARYLAND

THESES

1881 (a)

Neale, L. ~~E.~~ Ernest	Maryland University	19p. 1. Notgwerony calligraphy, color
McMillan, J. ~~L.~~ Luther	Physiology of Vision	21p.
Baker, C. D.	Traumatic Hemorrhage	39p. (partially faded ink)
Willetts, J. E.	Thermometry of Disease	27p. (partially faded ink)
Blanding, A. ~~L.~~ Louis	Diphtheria	39p.
Webb, C. C.	Hereditary Syphilis	30p. [illegible]
Baird, ~~W.~~ William J.	Puerperal Eclampsia	32p.
Myers, Z. C.	Pelvic Cellulitis	30p. (partially faded ink)
Meierhof, E.	Vertebral Caries	38p.
~~Tounsdel~~, Truesdel, B. J.	History of Six Cases	14p.
Donnelly, J. C.	Different Methods of Applying Plaster of Paris Splints	18p.
Falls, ~~O.~~ Oliver G.	Intermittent Fever	25p.
Jessop, C. ~~A.~~ Ashton	Rheumatism	28p. no title page
McNatt, ~~H.~~ Henry Wise W.	Diphtheria	24p.
Long, B. L.	Intermittent Fever	16p.
Vance, ~~Wm.~~ William T.	Typhoid Fever	19p. (partially faded ink)
Butler, ~~W.~~ William W. S.	Syphilis	33p. (partially faded ink)


MARYLAND
1851
University

Gentlemen

Having now attained the first goal of my labors among you in this the last term as a pupil and teacher, I have preferred in lieu of some prosy Aesculapian discourse and as better suiting my humble status as an author, simply to write my little valé to the old school and its seniors.

Truly I appreciate no little degree of hesitancy as to the proper mode of addressing your learned body, but as a son in the presence of his aged sire bows in humility to his best-loved and favouring counsel so do I humbly beg your leniency and criticism and clemency in judgement, upon this my last study the utility of which is far better appreciated in the coming than the past. Pardon me, when I say it is with many misgivings and great timidity I leave this my studentship to assume those duties that await me in the higher sphere of a medical practitioner. Yet that your arduous and most essential teachings have been entirely fruitless or lost on me in a state of utter incompetency or inability, but that the magnitude and extensiveness of the work now before me is well calculated to overwhelm one, one not a child in experience rather upon a point where mighty sires of love and learning have labored and perished.

I shall the respect of the entire practice of medicine to
and little inviting to the most gradual. The am I met
with the depressing consequence M.D., the number Received
of some one hours instruction lacking the strength of a war
rior the craft of a statesman and possibly on the most
ignorant of men. I am most assured to boldly stand
forth to combat with the idea that human pride is sacrilege
and yet I am authorized questioning to enter into that
continued struggle twixt life and death where the ranges
of disease press so hard upon the little stere-house of the
soul. till the grave body though not destroyed is metamor
phosed to a lifeless sermless cadaveric mass.
Can I be sustain him who from the first moment of earthly
existence to the present hath corporal man it ever been
an gradually wasting away. No. such is the method pro
the doctor. Ca body where every pore and opening where
every respiratory secretory excretory passage or the alimentary
tube through which the continual physiological process of
const and decay never cease are like unto the open pores
the moral corporal temple of Genius that hath founded
the absence of histological force and quickness
A body literally dying by every breath it lives
If such be the normal physiologically healthy body, at

Indeed science has actually demonstrated it to be most
sure needs be the condition in disease when all things
go amiss, and death seeks the usurpation of the tottering
throne that life but feebly maintains.
Verily this view of the practitioners field is little calcu-
lated to conduce to the successful issue of an entirely
logical M.D. practice, the primitive stages of science
though scarcely experimental are necessary and actually
somewhat tentative to both doctor and patient.
Now as it is an indisputable and universally admitted fact
that prevention is infinitely preferable to cure — it seems
to me that the public as well as professional eye has
not been sufficiently alert to penetrate the obscurity
of this Prevention of Disease! In a review of the entire
history of our art and science until within a comparatively
few years it is most deplorably obnoxious to myths
and oracles, saints, seers, theories, speculations,
quacks & extra, have taken place and surrounded our pro-
fession in a part of most intelligent ignorance & most
desirable though not attained wisdom. Happily it
is allotted to our modern and present era, with its
matured data and vastly improved methods of study and
examination, to secure more for the cause of disease and cure

a result, its preservation. Now I study the animal as such but that man solely and entirely as such. Rather will we devote our study more to man as well or worse, that we may the better anticipate and certify ourselves against the major portion of human maladies. Indeed to me this seems a great cause of the slow progress of the sciences in the earlier periods. viz hiso-physical study.

Disease is neither a necessary concomitant with, nor a natural consequent upon, life. Endowed with a vital force capable of resisting physical and psychical impressions, man is born lives and sleeps quietly through a process more innocent, more serene than the most excruciating and cruel death imaginable. At that period when his psychical functionings are least developed, nature most beautifully works out the mysterious cycle of his existence. Anatomically constituted to imbibe and retain only readily assimilable matter of a most typically highly nutritious character, he is spared a most amount of bodily waste and expenditure that would result from the ingestion and digestion of different materials. Enveloped in a tributary covering of most exalted sensitiveness his nervous reflex excitability and internal automatism thus stimulates and spurs him on to a degree of activity comparatively surpassing an adult most actively pursuit intent.

Thus his unsuccessful endeavours to overcome
resulting in the growth of attainment and improvement
of his physical being whilst his rational is so in
abeyance most beautiful points out the coordinate
action the mutual dependence and cooperation of the laws
of nature and of man = truly exhibiting the design of a
God. — Surrounding impressions have
their and just upon him rudely disposed his mental
pathway till his superior inherent rationalité speedily
dereliques to that self will, self government and reflec
tion that characterizes man as an autonomous individual.
Thus whilst embryological fœtal and infantile states
were marked rather or regulate than animal movement
throughout childhood, youth and manhood the crucible
than in his life cycle there is predominant a rational
and volitional being as surpassing all subordinate systems
Bolide journeying through life, bearing among perilous
prevailing elements his 15 lb to the sun. or see as
the entire body with the case of a mythological titan,
with head and mind ever soaring beyond things of the
astral origin, increasing a sense to find the causes
he leaves incomplete, whilst the infirmities of age com
to his system up his end and has now lost the

Patch an old building not a new create."

The play of nature — with whose rules the medical man should be familiar — is each moment again progressing before our eyes, enacting things of momentous import on this little corporal stage. It would be well if we might comprehend it! Did every member of our community discard the false idea that great discoveries are only made by so called great men and observe closely, study, and record to the best of his ability, what most of him — the individual experience of any one of us, however humble, pathological or other abnormalities he may meet with, might be helpful to record the very face of most valuable information. Surgeon, let us watch and wait: and some day be due penetrating more clearly through the veil that shrouds all human intellect these realms of hidden lore wrapt in the mysteries of causeless natural phenomena, we may hope be the radiant light of positive sciences and our urgent knowledge for the speedy discovering of that era, wherein every man may live his life exist as far of mistake as because the finite being with the same is remarked with a sharp.

Having thus as briefly sketched out in its sense, that
the being with which a physician is to deal - having essayed
a few remarks as to the relation between physiological un-
matity, as well as pointed out the great goal of all our
tentative labors in the field of medicine & trust at least
as tending to the procurance and promotion of that salutary
effect already alluded to a little suggestion from an humble
neophyte in our professional ranks may not be considered
misapropos. I will not cant upon the vital and physical
degeneration of our race as compared to the ancients, etc.,
nor the great human depravity morally, physically
and otherwise as conducive to disease. I will not
decry the deleterious effects of the present & too much
restricted education, growth, development and activities
or pursuits of our females as a great predisposing
and exciting cause of mortal phenomena. These are
things for the present at least to be endured, perhaps
modified, but not cured.

When that our health boards, commissioners, sanitary
hospital authorities are strenuously laboring and using
extraordinary pro bono publico it seems to me in this
or prosperous city of 350000-400000 inhabitants when in the

[illegible] [illegible] [illegible] [illegible] [illegible]
in our great and urgent need, both on the ground of the
duty and the mission of a proper institution devoted
to the wants and exigencies of the comparatively
helpless sick female. I mean a hospital devoted to
obstetrical and gynaecological practice exclusively.
That these special branches constitute a large perhaps
major portion of our medical practice is known to all,
and it needs but a casual observer to perceive the rapid
progress of the newer branch — gynaecology — both
in the field of science and general advancement of
public health. Yet it falls far to outstrip any other
department of medicine. Both practically and theoretically
so closely united, methinks that the sister branches
might well be treated in separate buildings of the
same institution. I have been unable to procure
any statistics of the relative proportion of uterine
diseases among our women, as compared to the female
population of other metropolis, but I am
convinced from my own little experience and the
far weightier accounts of practitioners of extended
observation that such a hospital is truly a desideratum

among all classes of our individual female society, and particularly that of our sister southern states.

I see no reason why Baltimore should not compete and compare more favorably in her hospital facilities with those of more northern cities. Certainly it is not from lack of talent or able men (in several senses of the word) in the profession. I believe a small outlay of capital on the part of individual members of the profession, of the municipal state or city government or of certain private citizens of our community — single or collectively would in time well repay the necessary expenditure.

Its advantages both to the public and the profession may be better observed in the results of similar public and private institutions in other cities than by any perhaps exaggerated portrayal of me own.

Seniors: be this suggestion practical or not, it can elicit at least the consideration on our part of your profounder interests and more far seeing intellects the which I am convinced a subject of so much importance requires — my principal object has been attained and my most sanguine hopes fully realized.

Although deficient of the "finis coronat opus" yet hitherto the case in topic may afford at least a fraction of that interest to those of varied experience as to your humble writer I shall close this little manuscript with the recital of a case which I may term the fons et origo of my practical knowledge in the management of dystocia.

8 P.M. June 2d 1880 a messenger to class hastily summoning assistance from our city "corps d'Esculapians" to a case of "difficult labor" in married — to one of those untidy dwellings of the African race that so thickly infest the non-aristocratic localities of our city. En route permit me to state a few words concerning the case which occurred at a later period.

Mrs. S. Colored Æt. 30 Laborer married Children 4 & 6 miscarriages 1 & 2. Last miscarriage 3 yrs ago which she attributes to overwork during entire period of gestation. Last pregnancy 3 yrs previous to date resulting normally. Last menstruation 20th Sept 1879 Has never carried ~~[illegible]~~ any time during pregnancy

gestation - suffered slight pains during latter week
at present high swelling - varicose veins over entire
& unusual distension of the same. First pains very feeble
occurred June 1st 6 P.M. whilst engaged in clothes
washing, continuing slightly throughout night & fol-
lowing morning until 2 P.M. June 2nd when at commencement
occupations was seized with heavy bearing down pains
causing her to cease work & retire to room.
Strong pains continued at intervals & at 3 P.M.
whilst kneeling in pain beside her bed - (a custom in
labor I have repeatedly observed among this class of
people) with no attendant a small yet viable child
was born - vertex presenting - & was immediately delivered
by protruding left elbow of 2nd child. Having hastily
scrambled into bed amid the gushing of waters &
heavy bearing down pains, a fellow student was over
at hand to tie cord - cover first child from its maternal
connection & send for further assistance.
Upon entering the room for the second & 4th
healthy recent was my welcoming voice.

Found me on a dirty & disordered bed in the tenement writhing in the throes of labor, natural presentation down, displaying body & limbs of a very adipose proportion. From the vulva protruded the left hand of the child, palm downward, thumb to mother's right thigh & was much black & blue from compression above. Prior to my entrance there had been administered a fluid injection. My first duty was to place the woman in bed under chloroform & proceed with the examination. Finger proving somewhat ineffectual & parts being quite large & dilated, my entire left hand was introduced into vagina & using the child's arm as a direction was found it the pelvic cavity, fetus being quite low in pelvis. The difficulty of turning felt by protruding arm, my hand passed down into cavity of womb with intention of turning position & delivering child by most readily attainable extremity. The large breech made of child's feet lay directly across the plane of superior strait.

passing towards right side of pelvis & discovered head forcibly extended upon dorsum with chin turned about one right posterior superior could pass finger around chin & feel eyes, nose, mouth. Another inspection of left maxillary plexus along lateral surface of child to left side of uterus & neck in vain to find the foot, my hope being in podalic version, endeavor as I would I could only succeed in locating my index finger in the flexure of a knee joint, but I could easily reach the foot which was thrown upon the front of the uterus. At second examination of the right lateral plane dorsoposterior variety. Strong & rapid uterine contractions rendering my hand powerless & decided from further manipulation, & after a few moments wait & a little more chloroform I reintroduced my left hand & arm in hope of grasping the knee, & finding by my right hand over abdomen & using the child's inferior extremities to a point of precipitation.

Every attempt at this manœuvre producing such violent contractions as to fix the child so firmly in the pelvis, I sought the cephalic extremity & fruitlessly tried to raise the chin over the sacro-pectineal line, but subsequently draw the head into the inferior strait. All to no avail. I then sought by extracting the entire right arm - which I thought to be thrown off along the side - to make the left arm from without to force up the shoulder & head while pressing with my right hand through the abdominal walls over hindered the descending the feet from their pendant position towards the inferior extremities to descend. This likewise failed. What was next to be tried? There were the two arms dangling from the vulva, the head in its same old position, & uterus still contracting freely. My rule being "perseverentia omnia vincit" I now determined upon its extraction with the forceps - since I thought it was the most instrumental assistance minimum being a double curved forceps. I was the application of

which to the general feeling of the child was beyond my power). I was trying to decide with other means to extract the foetus when the unexpected arrival of Dr. Hoff — our resident physician somewhat relieved me of my responsibility. Being myself nearly exhausted I cordially resigned the further management of the case to my senior colleague, but fearing Dr. Hoff, however well versed in my former having moved the woman near the edge of the bed, I relieved the mother completely with attendants, he again essayed the operation of version in which I had anticipated success but with no better success than myself.

I then suggested to him a strong cord (a frontal or even a chain saw would have been the thing) around the child's neck by forcible traction either to separate the head from the body or bring it to the perforator. Dr. Hoff mentioned the hook as a desideratum, but as none was obtainable at the strong cord was not immediately [illegible] the idea occurred to me of substituting the cord as [illegible]

handles of the forceps. If the head could be brought
down it might also be extracted — otherwise a further
step we might resume — if deliverance ensued. Best approved the idea, but
holding the handle of one blade frequently to step
introduced the second, & hooking each around either
side of child's neck & firmly grasping the ends of the
blades with both hands made steady & gentle traction
thus grasping a head around both protruding ears of
the child. To prevent slipping of forceps both sides
with all commendable force — on continuing of
pulls — a fourth & the other contractions & the
neck gradually descended to the original orifice and
so the head could not be forced to a better position
it was but a moment work to extract the foreign
part, which then rapidly followed the
operation of Decapitation with a blunt knife &
the head shot up in the cavity of the pelvis, but
leaving my proof on the mind of unbelieving
[illegible] & [illegible] a few minutes [illegible]

[illegible] delivered the entire body & arms without [illegible]
[illegible] difficulty. Without intermediate [illegible]
large double placenta membranes head [illegible]
during the latter 3-4 minutes of the above manipulation
[illegible] Version & superfoetation, the Ext. Cigt
[illegible] were introduced into the subdermal cellular [illegible]
tissues. I can not attribute the failure of one of [illegible]
version due to alone unnatural [illegible]
[illegible] Pain & had been administered [illegible]
[illegible] 2 hrs previous to extraction of child & feetus
[illegible] contractions resembled in no wise those resulting from
[illegible] use of such a drug. —
It was now about 20 min. of 10 Sec. P.M. June 2d the woman
having been in labor since 6 P.M. June 1st — Placenta
[illegible] delivered at 7½ P.M. June 2d [illegible]
[illegible] described in 2 hrs & 10 min. patient being under
[illegible] — having [illegible]
[illegible] & feminine long in back [illegible]
very light colored male of unusual size & weight
[illegible] least 10 lbs. limbs turned [illegible] well developed —

ough the old & time honored advice in cases requiring in
been to "introduce the hand - turn & deliver
ustom I regret to say, may even now be more
the breech than the observance. & I must confess
illy adapted to the unfortunate hand
ometers in cases of the above description.

Trusting the examiners may pardon
the inefficiency & probable lack of laconic brevity in
this little manuscript - unworthy the title of thesis
feeling much indebted to you for the instruction &
facilities afforded in & about our old University &
pray the tree may incline as you have bent the twig
& pledge myself ever to honor & reverence
mater & humbly to plod along in that field a
professional labor inaugurated - long before the adven
of a Priot Lincoln, & in which the world of women
do truly partake of the [illegible] bounty of God.

J. Luther McMillan
Mora. N.C.

Physiology of Vision.

To understand, perfectly, the physiology of vision we must first know something of the structure of the organ of vision, its anatomy, and the function of its different parts, its physiology.

The Eye, then, is a spherical organ situated in the open end of a bony cavity called the orbit, and resting upon a cushion of fat is moved in different directions by six little muscles attached to its surface. From external injury it is protected by the prominent margin of the orbit, the eyelids, the lashes which fringe them, and the highly sensitive character of the delicate transparent membrane covering its exposed surface and lining the inner surface of the lids called the Conjunctiva, which gives instant

warning of the presence of anything hurtful so that it may be promptly removed.

The globe of the eye, or the eye ball proper, is composed of three coats or layers and three humors.

Commencing from without, we come first to a dense, white, opaque membrane called the sclerotic which, being firm and resistant in character, serves to retain the proper shape of the globe and to protect the more delicate structures within. It is the white glistening surface of the coat seen through the conjunctiva that constitutes the white of the eye. The front portion of this coat which lies in the line of sight is perfectly transparent, owing to a different arrangement

of its element. It is more prominent than the rest, being a segment of a smaller sphere, it has been compared to a diminutive watch crystal and is called Cornea.

The next coat, the middle of the three, is called the Choroid, and is made up chiefly of blood vessels and black pigment, a kind of natural paint which absorbs any excess of light. In front the membrane is thicker than elsewhere, corrugated into folds, and is called the "Ciliary body". The Choroid at its anterior part is separated from the internal surface of the sclerotic by the Ciliary muscles. This muscle arises from the inner wall of the canal of Schlemm at the junction of the

sclerotic and the cornea. This muscle is the active agent in the adjustment or accommodation of the eye for different distances.

Roughly speaking, an extension of this coat is the Iris. It assumes in different individuals a variety of colors, from pale blue to black. It is a circular elastic curtain suspended vertically from the junction of the sclerotic and cornea, with a central window in the centre called the pupil, which varies in size according to the amount of light contracting or dilating as it is much or little.

The internal layer or Retina is the nervous coat. It is exceedingly delicate and complex in structure, and

its function is to receive the impressions or pictures of objects that are then conveyed to the brain by the optic nerve, which penetrates the sclerotic and choroid coats at the inner side of the posterior pole of the eye. The central part of the retina — that part situated exactly at the pole and consequently in the axis of vision being always employed when we look directly and acutely at an object, is more sensitive than the rest. It is depressed into a little pit, and being of a slightly yellow color is called the yellow spot or macula lutea.

Next to be described is the Humors of the eye. They are three in number.

The Crystalline humor, or Crystalline lens, as it is generally called

from its shape, being supported by a delicate sac just behind the iris: the Aqueous humor, so called because it is nearly pure water, occupies the space in front of the crystalline lens and between it and the cornea: and the Vitreous humor, which fills the body of the globe behind the lens.

The most important and interesting of these humors is the crystalline. It is of the most brilliant transparency, and it is also of great elasticity. In infancy and early childhood it is nearly fluid in character, but at about the age of ten or twelve it begins to get hard or stiff in the centre and continues to become more and more so until

increasing years. It's function is to bring to a focus exactly on the retina the rays of light emanating from any object at which we may look, to make an inverted picture there.

According to the laws of refraction rays of light passing through a convex lens are refracted towards its axis, an imaginary line running perpendicular through its centre. Parallel rays, therefore, passing through a convex lens are rendered convergent, and the point at which they meet is called the principal focus, and the distance between that point and the centre of the lens is focal length.

The refractory power of every lens bears a fixed ratio to the curve

ature of its surfaces, the greater the curvature the greater the refraction — and consequently the shorter the focal length.

When a perfectly normal eye is at rest, that is when the lens is in a relaxed or passive condition, it is adapted to distant objects or parallel rays, and consequently all parallel rays come to a focus exactly on the retina, and, of course as long as this occurs the more divergent rays will come to a focus behind the retina and thus for near objects will be blurred. But the eye abhors indefinite vision as much as nature does a vacuum, and immediately the ciliary muscle contracts and by slackening the arc

which contains the lens causes or allows it to bulge forward and thus making it more convex or stronger shortens the focal length and brings up the focus of divergent rays also to the retina.

This change in the lens by which the eye is adjusted for both near and distant objects at will is called the accommodation of the eye; and the ciliary muscle through whose instrumentality the change is effected, the muscle of accommodation.

But like every thing else in nature, the power of the muscle is limited and it is unable to focus on the retina rays of a certain divergence; in other words

one can not see within a certain distance.

The nearest point at which we can see distinctly is denominated our "near point" and it is closest to the eye in early childhood when the lens is soft and most easily changed in shape.

At about the age of ten years the lens begins to get hard, and continues to become more dried more so with successive years until generally at about the age of forty, it is so stiff that the muscle of accommodation is no longer able to produce the necessary tension to form one of the sharp focal images on object by those [illegible]

distant. The natural near point then receded to 9 or 10 inches, and the fractional near point to 14 or 20. Assistance is then needed in the shape of convex glasses, which by rendering the rays less divergent will bring up the fractional near point to a comfortable distance.

Distinct vision remains for lateral, oblique, or far that no additional convexity of the lens is required, and this old sight or Presbyopia, is therefore simply an affection of the accommodation and which can be relieved by glasses. There are other defects in vision, that are owing not to any fault of accommodation, but to

irregularities in the shape of the eye ball. These defects are called Errors of refraction. They are three in number; the hypermetropia, Myopia and Astigmatism.

As the name of the first two imply, they result from opposite conditions, the former, hypermetropia being due to a flattening of the eye ball from before backward, and consequent displacement of the retina forward, within the principal focus or nearer than the focal length of the lens, exactly at which, in the normal eye, it is situated; and in the latter by an elongation of the globe in the same direction, bringing the retina beyond another point

the lens than its focal length or beyond its principal focus. This power is remedied by convex glasses which by converging the rays of light somewhat before they enter the eye, assist the accommodation, supply the deficiency and correct the error. In the latter the retina is displaced beyond the focal length of the lens; therefore, the rays are brought to a focus in front of the retina. The only remedy is a concave glass which by rendering the rays divergent before they enter the eye, causes them to come to a focus further back and on the retina.

Astigmatism is a defect of vision in which the rays of light

emanating from a point are not brought to a focus in a point but in a line, and that is due to a difference in the refractive power of two meridians of the eye perpendicular to one another, caused by a want of symmetry in the curvature of the cornea, that structure being more sharply curved for example, from side to side than vertically — like the back of a spoon. The vertical meridian of an eye may be far-sighted, and the horizontal meridian normal. It is evident that the rays refracted by the vertical meridian will come to a focus behind the retina, while those refracted by the

horizontal meridian would come to a focus exactly on it. Or it may happen that an eye may be far-sighted in one meridian and near-sighted in the meridian at right angles to it, we then have mixed astigmatism.

The remedy for astigmatism is a glass that will refract rays of light in one direction and not at all in the one at right angles to it. Such a glass instead of being the segment of a sphere the ordinary concave and convex glass are, is the segment of a cylinder cut parallel to its axis.

The causes of these defects are various. Some are congenital and

frequently, benefiting, some are brought on by disease and are worse of the organs, but the causes of these defect, and the treatment cannot be spoken of under this subject further than to illustrate the principles involved in the mechanism of vision.

Now we have spoken of the eye as a stationary or fixed organ having only rotary motion. At the beginning of the subject, it is being moved in different directions by six little muscles, four rectus and two oblique. The movement and the muscles

by which they are produced have been tabulated (by Dr. Mitchell) in the following manner.

Movements	Muscles
Upward	Sup. rectus + inf. oblique
Downward	Inf. rectus + sup. oblique
Inward	Internal rectus
Outward	External rectus
Upward + inward	Sup. + int. R. + inf. oblique
Upward + outward	Sup. + ext. R. + inf. oblique
Downward + inward	Inf. + int. R. + sup. oblique
Downward + outward	Inf. + ext. R. + sup. oblique

In short the movements of the eye are those of the ball and socket joint; except that of rotation round the visual axis which is very limited and can only be brought about indirectly

These actions take place with the most precise coordination. Even in the movements of one eye a considerable amount of coordination takes place. Except when the eye is moved in the vertical and horizontal directions there are at least three muscles thrown into action which at once produces the required inclination of the visual axis. But the coordination of both eyes are still more astriking. If the right eye looks to the right while the left look to the west or if the left looks to the left the right

will also look to left, and so in every other direction. So true is this that it is impossible for one to move one eye in any direction without at the same time moving the other eye in the same direction except when we look at an object that is very near the eye then the visual axes are converged by the action of the internal recti; and when we look at distant objects and bring the axes from convergence to ward parallelism we use the external recti of both eyes and when we look to the right

we use the external rectus of the right eye and the internal rectus of the left, or when we look to the left we use the external rectus of the left eye and the internal of right eye. Bearing this in mind we must conclude that these various movements are dependent on visual sensations. When vision is directed to an object, the head is moved from side to side the eyes do not move until they remain stationary as the magnetic needle remains stationary when the compass is turned

This constant or fixed axis gives us steady vision. This steadiness or fixation of the visual axis is also brought about by visual sensation.

To control such a complicated organ and such a complex coordination must require for its carrying out a distinct nervous apparatus. It may be difficult to show and locate all the centres that make up this nervous machine, but a sufficient number have been shown by direct experiment to give us good reason for declaring its existence and also its location.

J. Luther McMillan,
Dora,
Robeson County,
Jan. 1st 1881. N. C.

[illegible] A loss of blood caused by the rupture of some vessel, either external or internal. It may be either traumatic or idiopathic. Secondary hemorrhage is caused by an inflammation of the vessel [illegible]. As a rule the operator's knife over a [illegible] the vessel [illegible] sharp instrument [illegible]

[illegible] more [illegible] and
[illegible]
or more [illegible] [illegible]
Pneumatic [illegible]
may be either [illegible] or
[illegible]
[illegible]
[illegible] the [illegible]
[illegible]
[illegible]
[illegible]
[illegible] and [illegible]
[illegible]

[illegible]

When he dies from the section
of a femoral artery or an [illegible]

[illegible]

gasping for breath.
with great anxiety; the lo[illegible]
continues, the drawing cong[illegible]
circulation, the fingers [illegible]
[illegible] to turn
red for [illegible] the contin[illegible]

[illegible] of the [illegible]
tail of the sheep and [illegible]
on which the [illegible]
[illegible]
Cattle. And the [illegible] of
[illegible] which is commonly [illegible]
[illegible] for the [illegible]
[illegible]
a piece of cloth [illegible]
[illegible]
[illegible]

Which [illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible] cattle.

Extravasation of blood within the tissues, so that it is usually extravasated in [illegible] [illegible] Traumatic Hæmorrhage may be divided into two divisions, viz. Primary, occurring at the time of injury, & Secondary Hæmorrhage, that is the bleeding from the wound at a later period. Primary Hæmorrhage may be immediately, if from an artery the blood is bright red & spurting, and if from the venous system, it may be from both venous and arterial and at the same time as in bones.

[illegible]
hand. The blood which
flows from wounds of ar-
[illegible]
[illegible]
in a steady stream
[illegible]
or spontaneously arrest
[illegible]
[illegible]
[illegible] while the sides of the ar-
[illegible]
[illegible] Occasionally [illegible] the [illegible]
[illegible]
Receiving an intermittent
[illegible] due to [illegible]

[illegible] of the [illegible]
[illegible] reaction, to the displacement of
[illegible] which [illegible] [illegible]
[illegible] the vessels when the circu-
[illegible] was [illegible],
[illegible] looking of vessels during the
dressing of the wound or the
some imperfection in the [illegible]
[illegible] operation. This kind of [illegible]
[illegible] 24 – 60 hours. The [illegible]
[illegible]

Secondary [illegible]
caused by giving away [illegible]
[illegible]

alone or with the tissue around, by the accidental application of a ligature, injury or [illegible] [illegible].

The vitality of the foot, below the occluded artery, whether by disease or injury, is kept up by the collateral [illegible] [illegible] [illegible] throw the force of the circulation [illegible]. And should the parts below the seat of the occlusion [illegible] continue [illegible] blood for a short time [illegible]

[illegible]

[illegible] are in

[illegible]

natural state.

The arteries of the epiphysis

[illegible] have the same

collateral circulation [illegible] being

established through the intermediate

ration of the anastomosing branches

[illegible] from the affected

vessel either [illegible] and [illegible]

ly from the anastomosing branches

below the [illegible]

Anastomosing branches [illegible]

[illegible] return [illegible]

of the arteries, and [illegible]

veins and which connect

divided into [illegible]

occasionally [illegible] [illegible]
[illegible] [illegible] [illegible]
channel of communication [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

Treatment of Wounds.

It is the duty of the surgeon to
immediately [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
mankind and all [illegible]
and especially to the Medical
Profession.

The temporary [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

[illegible] the contraction and dilatation of the cells of the [illegible] Delta. The formation of the cleft is greatly facilitated by the diminished force of the heart's action.

The contraction of a cicatrix may well be attributed to the [illegible] when it is divided, the fibres of the [illegible] would allow the blood to come in contact with the irregular surface of the clot, and thus [illegible] the external compression which its contraction is apt to [illegible] entirely diminishes the right side

[illegible] and avoids the formation
[illegible] of the [illegible] which
[illegible]
[illegible] viz: 1st the divided
[illegible]
2nd by contracting, diminish the
caliber of the canal. 3rd blood
circulates in the sheaths around
the fibres of the [illegible]
[illegible] is [illegible] up to the
[illegible] in the [illegible]
4th plastic lymph is formed
[illegible]
[illegible] and [illegible] the
[illegible] closure of the [illegible]
[illegible]

[illegible]

In a large proportion of the cases that have been effected by the use of the bleeding [illegible]

[illegible] in the hospitals and [illegible]

[illegible] that any surgical [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Often in case of large arteries

[illegible] that has been [illegible]
the artery will be found [illegible]
[illegible] and the artery will be
found [illegible] [illegible]
bleeding. When an aneurism
contained or shelled out [illegible]
suffer [illegible] [illegible] [illegible]
complete rupture [illegible] and
it may become [illegible]. The de-
position of the clot taking place
within the sac of the aneurism
coats and [illegible] a complete
complete occlusion of the [illegible]
The vessel may rupture some
days after the original [illegible]
when the vessel has been [illegible]
contained within a feeling [illegible]

[illegible] giving [illegible] bleeding [illegible]
[illegible] under such circumstances
[illegible] the [illegible] the day [illegible]
applied to the [illegible] [illegible]
[illegible] as [illegible] of such the
[illegible] [illegible] [illegible] of [illegible]
[illegible]

Arrest of Hemorrhage.

1st By application of cold [illegible]
when hemorrhage occurs from
[illegible] [illegible] [illegible] [illegible] [illegible]
a stream of cold water on the part [illegible]
be sufficient to arrest the bleeding.
If [illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]

[illegible]

[illegible] surface will cause the ends to be

[illegible] contracted and the skin

[illegible] to be wrinkled again the dem-

[illegible] when the skin

has been cleared away and the

surface exposed to the air. [illegible]

[illegible] the

[illegible] level applied to the al-

lowance. Also water should be in

[illegible]

[illegible] and

lower extremity the foot should

[illegible]

[illegible]

circulation results are much better

[illegible] venous hemorrhage

[illegible]

[illegible] the emptying of the veins.

[illegible]

(Indirect)

Direct pressure will stop bleeding

[illegible]

[illegible]

[illegible] the blood and held until a

bandage is applied.

and the
compressor
at the tide.

[illegible]
[illegible]
[illegible]

Observations

[illegible]

[illegible]
that the present in
stance [illegible]
[illegible]

can be [illegible]

[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Leiner

[illegible]

und [illegible]

William Cattle

Lichfield

Bigarelle
ichson_ère
au_siècle


Thermometry
1881
J.E. WILLETT'S,

Mana Pa. of Gimes

[illegible] to and encouraged [illegible]
[illegible] to the recognition of the [illegible]
[illegible]

[illegible] and more [illegible] experience
[illegible]
[illegible]
[illegible] in the distance [illegible]

[illegible] sensations can never lose
[illegible]
[illegible] that not only thought, or [illegible]
[illegible]
[illegible] in [illegible]
[illegible] are invented and [illegible]

[illegible] diffidence of the subject, it is with a feeling of, that I will be able to give the [illegible] the [illegible] of the Original Phenomena, referred to the [illegible] in the earlier ages. Nothing, the significance of [illegible] is a [illegible] [illegible] was fully recognized by Hippocrates and more of the [illegible] of his age. Hence we [illegible] the [illegible] of [illegible]; and the Greek and Latin names for fever signify elevation of temperature. After centuries of apparent neglect of temperature as a [illegible] sign, the [illegible] was [illegible] in the sixteenth century

[illegible]

[illegible] importance of temperature in [illegible]

Boerhaave [illegible] was [illegible] known to have attached a chemical importance to [illegible]. But [illegible] De Haen [illegible] the honor of having introduced thermometry into the [illegible] practice of medicine.

Experience had led De Haen to have the thermometer in situ for over a half minutes, and add one or two degrees for the registered temperature. However imperfect his instrument as well as his method of procedure,

afforded him valuable data, which has been confirmed, and enlarged since. De Haaen, observed the temperature of healthy people of various ages, and was the first to secure the high temperature of the aged. In various parts of his works, he has the proof of his application of thermometry in the diagnosis and prognosis of Disease. He knew the constant relation of subjective feelings of warmth and cold as appreciated by the patient. He and the change of temperature as a symptom, mechanic, and gave to the thermometer its clinical importance as a means of finding out hidden diseases, and thereby more

under the circumstances, [illegible]

[illegible] Curie, [illegible] (1895-96) [illegible]

published [illegible] on [illegible]

in the Philosophical Transactions and

was the first to convince the scientific

[illegible]

for the first time since [illegible]

[illegible] Curies [illegible]

[illegible] Transmission, towards the

[illegible] Curies [illegible], [illegible]

[illegible] influenced the medical profession

[illegible]

and Physiologists [illegible]
refer to the ultimate source of all
chemical processes, especially
to clear conductors. Thus it [illegible]
[illegible] the recent discoveries [illegible]
establishing and illustrating all chemical
[illegible] of the [illegible]
[illegible] Thus
[illegible] recent [illegible]
Liebig on [illegible] and [illegible]
[illegible], [illegible] a [illegible] fundamental
evidence established beyond all
controversy [illegible] all [illegible]
[illegible] on [illegible], [illegible]
[illegible] of the [illegible] further-
[illegible] [illegible] [illegible]
Quantity, [illegible]

-bered however that Franke and many others about the same time, published their investigations confirming the already advanced, & by additions to the deductions drawn from them, advanced into a wider field of therapeutical [illegible] that [illegible] ory, but also in science, are not accepted as

authority. Nor is [illegible]
Hypothesis or Deduction, [illegible]
[illegible] and accept [illegible]
[illegible] family of health, thus [illegible]
[illegible]
Even [illegible]
[illegible]
[illegible] feels inclined may repeat the
[illegible]
reason [illegible] which led to the [illegible]
[illegible]
[illegible] criticism and [illegible]
observation [illegible] to [illegible]
the progress of [illegible]
[illegible]
an error. After the endurance of a
[illegible] that it is that it has to stand

the test of criticism and experiments, and if the deductions [illegible] then that it is accepted as the great [illegible] of truth, [illegible], has derived more lasting benefit, from the investigation [illegible] of truth, [illegible] than from the original [illegible], the [illegible] [illegible] and [illegible] is the place of Ex-

Old Testament and
[illegible]

now making compare the one-
[illegible] of bring forth the dis-
[illegible] in the Bible, the great
doctrine: Christ's teaching to [illegible]

[illegible]

difference between the animal and
vegetable kingdom, I will [illegible]
the call, the difference!

[illegible]

some parts of the world, that [illegible]

and on them it will undergo a gradual [illegible] and will be [illegible]
[illegible] forever that he and he-
-ween the [illegible] world, as becoming [illegible]
[illegible] to be avoided as
[illegible] on the right [illegible] and
placed by [illegible] the
[illegible] and [illegible]
[illegible] the more [illegible]
[illegible]
-ter and that the [illegible]
[illegible]
and [illegible] minute, is a man [illegible]
[illegible]
present [illegible] [illegible]

now [illegible] a
and wider view, a view that
[illegible] but that extends
the call doctrine [illegible]

[illegible] even through his amusements
[illegible]
coordinates the great truth with the
[illegible], that knowledge
may be derived from it and the
[illegible]
[illegible]
[illegible] read his name of [illegible]
[illegible]
[illegible]
Lavoisier, the discoverer of [illegible]
the father of modern Chemistry, [illegible]
[illegible] with [illegible]
[illegible]
[illegible]
with Hydrogen [illegible]
[illegible]

[illegible] ulations: respiration which [illegible]
[illegible] increases heat: transpiration which
is conducted to increase of the
[illegible] the temperature and cools the
skin and depurates which reduces
the [illegible]

[illegible] connection [illegible]
[illegible] certainly [illegible]
[illegible] and [illegible] [illegible]
[illegible] still it is not accepted by our
most clinical teachers as an hum-
[illegible] adjunct in our diagnosis
[illegible] disease [illegible]

[illegible]

[illegible] study of the Homeowner [illegible]

[illegible] of an [illegible] the [illegible]

[illegible] ness, one might [illegible]

[illegible] that there are several disadvantages connected with the [illegible] of the Stereometer. Which unless

[illegible] after a few [illegible] which fall in the [illegible] as it [illegible] fact [illegible]

[illegible] delicate and [illegible] [illegible] construction [illegible]

to be denied that [illegible] may and does give us much [illegible] lagnosis and therapeutics [illegible] and [illegible] measure [illegible] superior. While we [illegible] necessary to yield just and [illegible] results, the [illegible] [illegible] [illegible] consequently [illegible] on the hands of the [illegible] [illegible] [illegible] must restrict thermometry [illegible]

than
a morning and evening measu
taken in private families and
was taken when possible in de

Ca.

medallion being prefixed for i

health or limited physique an
weather, comparing the
with the growing measurem
in disease, intemperance or overwork

instance for exceptional cases, such
fevers, internal
ration or a
weight of the

improvement or [illegible]
[illegible] the presence of complications,
[illegible]
[illegible] the development of complications &c.
[illegible] one who has done much to
[illegible] the subject has said. While
[illegible] signs modes of Exploration
[illegible] only of conditions that are
[illegible] which change but slowly
[illegible] supervises a train of action
[illegible] changes. [illegible]
changes that are only slowly made
[illegible] now by other signs. It is therefore
[illegible]
[illegible] modes only of changes are
[illegible]

phenomena which depends for many of their
upon increasing power or [illegible] [illegible]
[illegible] [illegible] register its relations with
[illegible], the [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] in the [illegible] of
[illegible] [illegible] [illegible] [illegible] [illegible]
~~[illegible]~~ is the only thing [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] that the physical symptoms are
sufficient that death must be [illegible]
[illegible] which [illegible] [illegible] [illegible] [illegible]
[illegible] no room for doubt, but which [illegible]
[illegible] [illegible] The [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] as well as the [illegible]
[illegible] [illegible] we have found the
[illegible] [illegible] [illegible] Ito testimony called.

[illegible] and physical [illegible]
[illegible] but [illegible] be [illegible]
[illegible] [illegible]
[illegible] mental diagnosis of fever

[illegible] the thermometer
quickly [illegible] the [illegible]
[illegible] the [illegible]
[illegible] the standard the normal temperature
of a child, taken on the [illegible] is
[illegible]
[illegible] be searched for. Temperature is a
[illegible] guide [illegible] than the pulse
[illegible] should be on hand to correct it.

[illegible]

[illegible]

[illegible]

[illegible] that the usually [illegible]

in the evening amounting 1° 2° or even 3° Fah.

[illegible] fall may take place before day

[illegible]

3 It is usually greatest between the hours

[illegible] and 9 P.M.

[illegible] The minimum is at or before 2 A.M.

5 After 2 A.M. it again rises and that

[illegible] greatly.

[illegible]

The fluctuations between morning

[illegible] are usually trifling.

[illegible]

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2d In typhoid a gradual increase for the first [illegible]

a drop with evening increase [illegible]

3d (Wunderlich's)

[illegible] In Tubercle the evening Temperature is [illegible]

[illegible] or according to Ringer, [illegible]

[illegible] In taking observations we have to note carefully the number of the instrument, the hour, day, month, and season, [illegible] or [illegible] time, [illegible] instrument may be [illegible] must be accurate, It may apply on the Axilla, Anus, vagina, mouth, [illegible] accidental or surgical cavities

[illegible] C [illegible]

[illegible]

[illegible] Some after birth the temperature [illegible] in the next few days, [illegible] little higher than in [illegible] act of crying will cause [illegible] the temperature, the influence of Race, [illegible]

[illegible] Oliver [illegible] his own. Aitken, says in science and practice of Medicine, That 1° Far an increase of 1° Far above 98 corresponds with an increase of ten beats of the pulse [illegible] Dr Rutherford, [illegible] observations on the effect of the [illegible] Paris, [illegible]

[illegible]

[illegible] the site of the [illegible]

[illegible] Lower extremities the temperature

[illegible] be [illegible]

[illegible] in such ways as to cover

[illegible] cutaneous surface corresponding

[illegible] airstream or [illegible] air [illegible]

[illegible] and notable lowering of the

[illegible]

thinks that the [illegible] [illegible]

[illegible] the temperature [illegible] [illegible]

[illegible]

[illegible] science, the purpose of which

[illegible] investigate the origin and [illegible] of

[illegible]

[illegible] to make them [illegible] to the [illegible], [illegible]

With the thermometer [illegible]

[illegible] hope that [illegible]

[illegible] knowledge [illegible]

[illegible] every word [illegible]

[illegible] and [illegible] the present

[illegible]

[illegible]

Diphtheritis: its Etiology and its identity in point of causation with so-called Croup.

Graduation Thesis

By

A. Louis Blanding

University of Maryland, School of Medicine.

Session 1880-81

In the following pages I purpose to consider, in the brief space that is here allotted me, some of the views, now rife, in regard to the Etiology of Diphtheritis and that the materies morbi or contagium, whatever that may be, which is concerned in the production of Diphtheritis is one & the same with that which we allege to be the exciting cause of Croup. The term Croup is not here used to designate any laryngeal affection in which a shrill cough or a crowing inspiration is present, as is

by far too frequently done, but strictly the pellicular inflammation of the larynx or that form of Croup which is commonly designated <u>true Croup</u>.

In considering the Etiology of this disease it is most important at the outset to settle the question whether Diphtheritis can, under any circumstances, originate <u>de novo</u>. Notwithstanding the opinion of many very distinguished clinical observers to the contrary I fully agree with Dr. MacKenzie of London & think that the proofs are in no wise

sufficient to warrant us in asserting that this malady is ever produced *de novo*. Although the disease so often arises in connexion with bad drainage, impure water supply, &c: and although it so often seems impossible to trace the remotest source of contagion, yet the whole tendency of Sanitary science is opposed to the doctrine of the spontaneous origin of specific diseases. It must not be forgotten that in those cases where the disease appears to enter the system through

the use of drinking water, contaminated with excrementitious matter, the specific germs of the disease, derived from patients previously suffering from it, may have found their way into the water. "I have frequently known", says Mackenzie, "the disease to occur suddenly in remote country districts, where careful inquiry have failed to discover the smallest evidence of infection. But similar phenomena are often observed in connection with scarlatina & small-

sor – diseases which no one would now attribute to spontaneous origin".

It is universally conceded that childhood is the grand predisposing cause of the malady, but any disease of a lowering type had more or less influence in invoking an invasion when the peculiar materies morbi exist in sufficient quantity. The accidental existence of pharyngeal catarrh during an epidemic probably increases the individual susceptibility.

It is an interesting fact that in a patient suffering from diphtheritis, the specific inflammation is apt to occur upon such surfaces as are already the seat of inflammation. A catarrhal inflammation however produced is liable, under the influence of the contagium, to become diphtheritic and pseudo-membranous. Family constitution has more or less influence as a predisposing cause.

But the grand point of dis-

pute in the Etiology of the affection is as to the exciting cause. Volumes have been written in support of opposing doctrines, and the candid scientific student of Medicine must feel the necessity, in deference to the brilliant array of opinion of such eminent opposing clinical observers, of still considering the question sub judice to a certain extent.

But we are happy to say that during the past few years new lines of investigation have been followed by cheer-

ing results, so much so, that most of the great microscopists of Germany believe that they have arrived at the real exciting cause of Diphtheritis, standing, as Oertel says, "on the very borders of the visible" with a high power of the microscope. And while these investigations have led to the confirmation of facts already ascertained, important discoveries have been made and more important ones are probably in waiting. But we

feel compelled to side with our American Brethren, the illustrious scholars of Germany notwithstanding, that there are too many unexplained and unexplainable questions involved in the "Bacterian Theory" to allow us to except this as the one exciting cause of Diphtheritis. It would give us pleasure to enter into a detailed account of this Theory, to trace out the authors most prominent in its support, &c. but our space will allow of a mere

statements.

The minute objects, which the microscopical observers allude to, have discovered in patients affected with diphtheritis and which, they suppose, cause the disease, are endued with life and motion. They belong to the class of microscopic vegetable parasites which have been designated Bacteria. The Bacteria have been divided into genera, with species.

The micrococcus and the micro-bacterium, it is thought, are the principal genera

which stand in a causal relation to diphtheritis.

It is true that in every tissue which is the seat of diphtheritic inflammation and in every diphtheritic pseudo-membrane, the micrococci occur in immense numbers, accompanied by a smaller number of the other kind. In severe cases they are found also in the blood.

Now, the mooted question is simply whether the Bacteria sustain the relation of cause or effect to diphtheria.

itis.

Two distinct propositions are evidently included in the bacterian theory, to wit: that bacteria cause diphtheritis and secondly, that this disease is at first local and that afterwards it becomes constitutional by the entrance of the specific principle into the blood.

It is evident that the truth regarding the relation of bacteria to diphtheritis is either that they are the specific principle and therefore cause the disease or that

the cause is something more subtle, not yet discovered, which produces such deterioration of the tissues and blood, that they become a medium, in which bacteria are early and rapidly developed. This latter position appears to me to be the true theory and that those who believe otherwise have mistaken an effect for a cause.

The following considerations go to substantiate this position —

1st J. Lewis Smith of New

York and others have found the micrococci in abundance in pharyngeal inflammation whether diphtheritic or non-diphtheritic.

2nd It is also now known that bacteria which seems to be identical with those in diphtheritis are frequently found upon the gums and between the teeth in health.

3rd Moreover, in localities where diphtheritis has not occurred or has occurred rarely, the microscope discloses the existence of bacteria, which resemble in

form & activity those found in diphtheritic products and in sufficient numbers to justify the belief that they frequently pass over the fauces in the inspired air.

4th. Why is it that the bacteria do not irritate the lungs? If during inspiration they are carried along the current of air and certain of them lodged upon the fauces where they produce the specific inflammation, a larger number must enter the lungs, where we would suppose,

from the delicate structure of these organs, and their proneness to inflammation, they would produce severe results, yet this is rarely, if ever, the case.

5th Again, does not that common sequel of diphtheritis, paralysis, indicate that there is something peculiar in the diphtheritic virus, that is distinct in nature and action from the bacteria and from septic poison? — for those who recover from septicaemia, as it occurs in surgical

and other cases, and in which diseased condition bacteria are abundantly developed in the throat, have no peculiar liability to paralysis.

If the views expressed above be correct we think they at least justify us in casting grave doubt on the conclusion that Bacteria are the sole exciting cause of Diphtheritic inflammation.

The other proposition which we stated as showing the bacterian theory to be incorrect

was essentially different in its nature from the one we have just been discussing, but, we think, equally pointed in demonstrating the fallacy of the above theory.

The advocates of the Bacterian theory found themselves compelled from necessity to deny the primary constitutionality of the affection — for if the affection be caused by the bacteria penetrating from without inwards there must have been a stage in the course of the disease when it

was purely local and hence amenable to local treatment.

The following facts make it conclusive to my own mind that the reverse of this is the true position —

1st It is a law in pathology that those diseases which have, or may have, a long incubative period — as is the case in diphtheritis — are constitutional.

2nd Another fact, which indicates primary blood poisoning in diphtheritis, has been observed in certain cases, where severe consti=

tutional symptoms occurred for a longer or shorter time before the appearance of the usual inflammation.

3rd Again, "local treatment of the inflammation by the most reliable and efficient antiseptics and disinfectants, which we propose commenced at the earliest possible moment and repeated at short intervals, does not prevent the occurrence of indubitable symptoms of blood poisoning in cases of severe type" (J Lewis Smith)

4th The quick succumbing of the system in some malignant cases, where there is insufficient dyspnoea or laryngitis to compromise life, is obviously due to diphtheritic toxaemia

All that is really known about the exciting cause of diphtheritis is that it is a specific contagium, acting mostly after the fashion of the genus of other specific diseases. The natural history of the contagium has not yet been elucidated and in all probability never shall be.

Some information has been obtained as to the atmospheric conditions and temperature under which the poison exists and flourishes, but considerable uncertainty exists as to the laws which govern its development and effect its diffusion. The mode in which the disease-producing virus enters the system and its period of incubation have not yet been determined.

I have entered into these details because details must always carry with them a certain amount of significance; but it is more satisfactory to look at the question from a broad and philosophical point of view. Classifications are, after all, mere arbitrary arrangements by which knowledge may be placed in an accessible form for future use. The oldrich classifications in Medicine were purely symptomatic, but when anatomy came to be more thoroughly mastered we find an au-

atomical basis for classifica
and even at the present time
this is much in vogue.
But as medical science pro-
gresses, the disposition is
to track disease to its origin
and to seek out its hidden
causes. Hence we see ani-
mus at the present day an
etiological classification.
The cause of disease, when
it can be discovered, is now
regarded as the essence of its
specific nature.

I find that my limited
space will not permit of
any

thing like a full discussion of the latter part of my subject and I'll have to be content with a very dogmatic statement of the views of different observers. It is a pity that such an interesting question cannot be entered into at length, for though the question is not one of paramount importance as regards treatment, it must be of immense interest to the Profession, the more so, as we find many eminent scholars, even yet, contend=

ing for the non-identity of the two affections. It would be as instructive as interesting to trace the ~~xxxx~~ history of the two diseases, to point out some of the authors who first advocated their identity and at what time, but all this must be left for some other enterprising thesis-maker, while I proceed to delineate, as best I can, some of the different views held in regard to this topic.

The French physicians were the first to raise the point

of the unity of diphtheritis and croup and since then the whole tendency of modern investigations go to show that cases formerly described as typical examples of croup were in fact examples of isolated laryngeal diphtheritis.

The advocates of the duality theory have based their opinion (1) on the supposed pathological differences and (2) on the alleged clinical differences —

(1) The supposed pathological differences in structure

of the two kinds of false membrane were at one time put forward as matters of great importance.
Virchow, the originator of this hypothetical distinction, though admitting the two exudations to be very similar, maintained that the one was poured into the mucous membrane, whilst the other was a mere coagulation upon its surface. Had this hypothesis been true there would have been founded on it one of the most

important points in the differential diagnosis. But, as many authors tell us, Virchow's distinction was purely hypothetical, "as it was found in practice that the two forms of exudation passed into each other by insensible gradations" (Mackenzie)

And being compelled to surrender this position he and his disciples promulgated the view that death of the subjacent tissues was a pathognomonic feature of the diphtheritic exudation.

Practically, however, this distinction was found to be no more satisfactory than the former, for cases came under observation which clinically answered to croup, but in which there was distinct death of tissue.

It is plain from the above considerations that the pathological differentiation of the two affections must be abandoned.

(2) The alleged clinical differences may be most conveniently discussed under the captions, (a) the sup-

posed differences in the site of the affection and (b) in its manifestations — (a) Diphtheritis is said to be an affection of the pharynx, sometimes spreading to the larynx, whilst Croup, it is asserted, is essentially a disease of the larynx. This trouble is readily combated by the fact that differences of site in constitutional diseases do not constitute specific difference. Cancer is always cancer whether we find it in the pharynx or in the

larynx. and Rheumatism is still Rheumatism whether it affects the heart or ankle.

(b) as regards the manifestations of the disease — (1) Croup is said to be a local disease. (2) a sthenic inflammation, (3) the lymphatic glands not affected, (4) no albuminuria, and (5) no paralysis.

Whilst.

Diphtheritis is a constitutional disease, (2) of an asthenic type, (3)

the cervical glands are involved, (4) with Albuminuria and (5) paralysis.

To discuss these briefly-

(1) The constitutionality of the two affections differs only in degree. The anatomical relation of the pharynx, on the one hand, favors the absorption of septic material, whilst; on the other, the comparatively isolated situation of the larynx, in regard to the lymphatics, materially retards absorption. "When the

primary septic poisoning is powerful the constitutional symptoms are, however, as marked in so-called Croup as in Diph. theritis" (Mackenzie)

(2) I find many authors asserting that cases of sthenic croup are rarely met with -

(3) The cervical glands are not affected in croup because the mucous membrane of the larynx has no communication with the superficial cervical glands - A Clin-

ical fact going to show further that this is the case, is found in the law which governs the involvement of the lymphatic and cervical glands in cancer of the pharynx or larynx. When the pharynx is affected the cancerous products show themselves in the lymphatic and cervical glands, but in cancer of the larynx the glands do not enlarge.

(4) In croup albuminuria is often present.

(5) Cases of recovery from

laryngeal diphtheritis (croup) are exceedingly rare and hence paralysis, as a sequela, is rare, but there are recorded cases of it.

The ordinary inflammation of mucous membranes is attended with ulceration of the tissues and the formation of pus on the surface; under the influence, however, of a certain poisonous contagium, the inflammation, instead of being attended with the formation of pus, leads to the exudation of layers of lymph, which

become adherent to the free surface of the mucous membrane. This pathological process is called Diphtheritis, and whether the lymph is deposited on the mucous membrane of the pharynx, or larynx, or trachea, or bronchial tubes, or any other mucous membrane, or on a wounded surface, the disease is still diphtheritis. To suppose that there are two kinds of pellicular inflammations of the larynx, one in which the cause is the diphtheritic poison, and the other in

which the cause is some other undiscovered influence — both giving rise to exactly the same concomitant phenomena and symptoms — is totally opposed to all probabilities.

I have been compelled in stating the pros and cons of the foregoing question to be very concise. I would have preferred, for the sake of perspicuity, to have entered more elaborately into the discussion, but, perhaps, the few, whose misfortune it shall be to peruse these pages,

may discern any meaning.

Baltimore Md.
392 W. Fayette St.
Feb. 5. 1881.

Hereditary Syphilis

A Thesis

by

C. C. Hall of Iowa

Submitted for Examination

to the Regents and

Faculty of the University

of Maryland for the

degree of M.D.

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Hereditary Syphilis is that form of the disease transmitted to the offspring by diseased parents. It is very irregular in its mission and no definite form can be given and the symptoms of one man not such other. The constitutional lesion or chancre is not present in this form of the disease as it is acquired. The secondary and tertiary lesions are often found at the same time on the diseased child and in one succeeding the other.

From the time that syphilis was generally known to the medical world it has been admitted that it varies in its nature by most

observers. But this has been
denied by some. Hunter thought
it impossible Rice claimed it
to be the exception. Yet we might
say this has been the general recei-
ved theory of the matter of observers.
Now it is almost universally admitted.
The main dispute seems here then
it is engendered — in the child and
which parent exercises the more
influence or do both take a hand in
the transmission. The first explanation
was that the disease was only gene-
rated in the child through the
influence of the father and the
mother had nothing to do with it
formation. But from the fourth

accepted theory is when the mother is diseased the ovule and the child is affected also - and the transmission by the father is the exception and some cases far or to-denies the fathers influence in affecting the child. While there can be no question of the mother's power to transmit the disease more readily than the father somewhat not wanting when the offspring has been the victim of hereditary syphilis where the father alone is diseased that both parent can do harm the malady is proven as clearly as anything can be in medicine Hardly all observers that have

both parents are the subjects of Syphilis then the child is almost certain to be diseased. Also if the father has no influence on the child at all? Besides I have the fact that has no influence in the very cases that have been thought to be negative but this will not be confirmed by any competent observer and only one case where the child was born through the influence of the father. The child has no chance for proof of the transmission could be sufficient to prove the father's influence.

But examples are not so many as I produce only one case for many cases have been reported by Comptes

observers who [illegible] has
undoubted syphilis through the
fathers infection.
There is a question of much interest
in the transmission of this disease
as to what time the mother may be
diseased and the child escape and
whether the contracting the disease
after conception has taken place
will the child be diseased. The
affirmative is admitted if the mother is affected
by syphilis in the early months of
pregnancy she will always have a
clean and the child may be born
but this does not prove that it had
had syphilis unless it [illegible]
[illegible]

It only seems that the child
aborted as the result, have there
had, the womb been influencing
by any other disease affecting
the section of society. This mode
of transmission is generally
admitted by authors. The extent
(of this mode of transmission) are
very exaggerated as to when the dangerous
period is for the mother to become
diseased in order to affect the child.
Some claim that the mother must be
diseased during the first half of
pregnancy while others regard the
latter half as the dangerous period.
The question seems to be
very simple one if the

Syphilitic virus of the mother be communicated through the blood to the child? Pellizzari says the toxic which of the specific virus is the or albuminoid molecules derived from an active syphilitic virus." If this should be confirmed by subsequent investigation there it will be shown that the child is not contaminated by the mother. if the chancre the source of the infection has taken place. Yet it is pretty generally admitted that the fœtus is not suffering from any kind but is suffocated by a wounded- thrombosis membrane

Demarquay says after describing the experiments of Pelizzari

he thinks are known. Thus the after conception is possible the transmission of syphilis and further says "The literature furnishes not a single reliable case in proof of the theory." I do not pretend assent either way in this controverted subject and will leave it to those who enjoyed the more ample facilities for making extended observations. The strong chance that the child is often diseased or becomes affected at birth from some lesion in the genital organs of the father is far from being known. For in order to establish this it must be proven that the mother has

healthy at conception. The [illegible]
syphilitic after the [illegible] begins
and at the birth of her child she
had a contagious lesion and the
child must subsequently [illegible]
chance as [illegible] no other way [illegible]
syphilitic show itself after [illegible]
been acquired [illegible] this [illegible]
be followed by [illegible] symptoms.

The mortality of syphilitic
children in your good [illegible]
third is said to be abortions and
in these cases abortions take
place about the sixth month
of gestation. Nearly [illegible]
half of these [illegible]
premature. The [illegible]

other signs of syphilis are seen
in some of its victims —
The integument may then
sign of the disease or large
characteristic bullae may be found
on the palms or soles of the feet
The time at which the
disease may then itself in the
child is very uncertain. In one
hundred and twenty four cases
observed by Rasseuig it varied
from one week to three months
While this is sufficiently definite
outlines the time at which the
disease may become manifest
in the child it usually about
three weeks after birth —
or perhaps little later

The first indications of the disease in the child, apparently on the 8th or 9th day, is perhaps a mucous discharge from the nostrils with a slight degree of coryza followed by the characteristic symptoms which cause great discomfort and in many cases death ensues from obstruction to the breathing. Emaciation is the progressive & particular result as it leaves the skin loose and wrinkled. The nostrils are dilated, the nares are drawn tightly over the bones of the face and it assumes an earthy shallow look. The eyes become prominent and the fontanelle sunken is lost and the child is

[illegible] children. But the degree of emaciation is not [illegible] siably observed for we frequently see children who are internally diseased, when the nutrition of the child is perfectly well maintained. With this exception the most important first symptoms of such pulmonary tubercles are the spasmodic cough, the speed — with the severe than doubling coming on the fever which follows and the sympathetic [illegible] or nausea the [illegible] the vomiting the [illegible] the [illegible] &c.

With certain modifications these symptoms are the [illegible] [illegible]

occasionally form in the adult.
They appear in both the left
Cava. But are less numerous
in the hereditary form and are
more likely to be [illegible] in
veins not so much [illegible] as a
general rule accompanied the
crash of hereditary syphilis and
the general condition of health of
consumption of the [illegible] of the
[illegible] and other conditions
in the environment of the infant
These conditions are brought
[illegible] and [illegible] [illegible]
[illegible]. Thus with the [illegible]
[illegible] Congo [illegible] and further
great [illegible] of the [illegible]

crusts form on the lips, with
these [illegible] seems for these
appear in the mouth and throat but
these may lose their characteristic
appearance quite early. The first
appearance of these in the throat
of the infant differs but little
from the same lesion in the adult
except they are less frequent and
their outline not so well marked.
They are usually more numerous in
those where the disease "accumulates"
These have a tendency to appear late
in the disease and Bouchut says
he has seen them as late as the
sixth year. They appear in any
part of the mucous membrane of the

mouth, soft palate and fauces and other parts — ulceration of the throat and inside of the ulcerations are not so extensive as in adults or infants as in adults when the disease is advanced. At the end of the month ulcerations are often extensive and very painful the serous secretions from them are quite free and equally as infectious as that of the initial lesion. Hence their early suppuration is very desirable. Secondary Eruptions as well mucous are both infected with the disease hence the syphilitic discharge which the Mother invariably receives infection

from necessity the outset in making diagnosis of these lesions [illegible] often be some difficulties [illegible]. But the history of the case and the appearance of the lesion and its [illegible] with the previous history of the patient will then be sufficient to make the case clear so as to enable us to distinguish it from any affection with which it might be confounded. Gummatous infiltrations about the uvula or anterior pillars of the soft palate and posterior pharyngeal walls. In the early cases of hereditary syphilis the larynx and upper air passages may be the seat of simple [illegible]

patches or ulceration. These may involve the mucous membrane of the oesophagus & such an extent as to result in stenosis. The lungs are often involved in bronchiectasis. Dupont called the attention of the Society in 1891 to the fact that children of syphilitic parents were often affected by a peculiar form of lung disease resembling with necrotic pulmonary tissue which presents a soft & pulpy appearance and very different from that of the natural lung tissue. He describes it as containing small cells which differ from those of cancer and tubercle and which

resembles in every respect those seen in syphilitic gummata.

Weber in a case where there was evidence of constitutional syphilis of a bending nature found in the lungs a general enlargement of the superficial lymphatics which were filled with a thickened chylous lymph, which could be expressed from their interior. The interest of this case presented in addition the appearance of small spots scattered through the lungs, which consisted of granular corpuscles with multiple nuclei. Dr. H. Fox says syphilitic growths in the lungs certainly have a close resemblance to the gummata

formation than to presuming upon any other morbid change in the organs as tuberculous and scrofula are so intimately blended it would be a subject of interest for inquiry how far the prevailing tuberculous or scrofulous constitution may aid in the development of these local morbid [illegible]

These formations may be regarded as the early stage of pulmonary Gummata which first appears as an indurated mass and then assumes a yellow and pulpy appearance. When the tissue is softened and fully developed the lungs is partially reduced in size, increased [illegible] and then [illegible]

than normal. The [illegible]
and bronchi are seen scattered
over the surface of the lungs and
through its substance, most dense
and look like yellow tubes
surrounded by numerous nodules
of various size. The first step in
the process says Fox is called
active congestion followed by cell
proliferation around the bronchioles
and perhaps to a less degree, the
walls of the capillaries resulting in
partial or complete obstruction of
their calibres and consequent destruc-
tion of the function of the lungs.

Lesions of the skeleton or of
the bones are so numerous that

It will be impossible to give more than a passing notice, having to the publication of Hunter of Paris our knowledge of the operation of syphilis on hereditary syphilis was very limited. He described certain changes found at the junction of the diaphysis and epiphysis of long bone in hereditary syphilis which had previously been attributed to rickets or osteomalacia. Since that time many other important discoveries have been published concerning these bones by Wagner in the main and showing the nature and knowledge respecting the history and description of these specimens.

[illegible]

[illegible] in hereditary syphilis. The formation of the spongy and feathery of the long bones are affected in the early months of infancy. Sometimes during the first year of the disease the small bones of the fingers and toes are affected and frequently. Later on in the disease the shafts of the long bones and the surface of flat bones are invaded. The bones are affected it is claimed more commonly in hereditary syphilis than in other forms with which we meet. It may be frequently the only lesion observed and the lesions often resemble or be details on the

syphilitic nature of these [illegible] lesions. A knowledge of the fact that these affections are caused only by syphilis has been of great service in the study of this affection. By these lesions the normal development of long bones are often greatly interfering with and this is obvious when we remember that the growth in length takes place from the epiphysis of these bones. The different bones of the body are commonly affected and almost all of them may be diseased when the affection is intense in the infant and deformity may be produced [illegible]

[illegible] time and the child gain its health and the deformity [illegible] year. A deformity often [illegible] and one which is [illegible] can not be [illegible] of the most [illegible] marking that features of the [illegible] observed in persons who are the subjects of hereditary syphilis. This and the syphilitic taint are [illegible] explained by different writers and the malady will in most cases be sufficient to make the diagnosis clear.

Symptoms of the more [illegible] character are produced by syphilitic affections of the brain, spinal cord

the internal organs as well as all the functions of the body. Symptoms simulating a variety of cerebral diseases headache is a prominent symptom in all stages of syphilis.
Early in the disease it is most likely meningeal in character. Later in the attack it implies lesions of the form of the meninges the brain or its membranes. We learn in a comparatively recent period that we have known [illegible] of the lesions of the brain [illegible] centers. Before the cerebrospinal [illegible] [illegible] [illegible] [illegible] [illegible]

knowledge of these affections being
in hereditary syphilis are mere
fragments and very incomplete. This
was due beyond doubt largely to
the fact that nearly all affections
of the brain in infants and young
children have been for so long as
considered to be of tuberculous origin
that so little attention has been paid
to the influence of hereditary
syphilis in their causation. Hence
the pathological facts which have
been learned concerning the effect
of this diathesis are far from
complete. They are so confusing
that their importance is greatly
increased. The fact that we

[illegible] the disease is found [illegible]
[illegible] of [illegible] [illegible]
as. Thickening and [illegible]
of the [illegible] by the [illegible]
[illegible] of fibrous tissue and [illegible]
[illegible] material and that of [illegible]
arteries so frequently found in
the acquired form has also been
observed in the hereditary variety
bears out the statement that the
nervous system is often involved.
From these considerations [illegible]
that the form [illegible] [illegible]
may occur in [illegible] by syphilis
during life [illegible] as one factor
is [illegible] the [illegible] for
the development of [illegible]

[illegible] children affected with the disease [illegible] liable to Chorea. This may be slight or very severe. In several cases it has existed both simultaneously with other epileptic fits [illegible] to come on. Lastly [illegible] hemiplegia is caused by plugging up of the middle cerebral artery. That chorea is due to the occlusion of the middle cerebral branches. While epilepsy is due either to thickening of the vessels or gummatous [illegible] or near the cortex [illegible]. Epilepsy has been observed to occur in young children [illegible]

without neighbors when they have
epitheliums of a healthy nature
and this may occur in early
life or later in life.
[illegible] The proper
morality of handling epithelium
and in general it is in our
days thought not to pay
[illegible] to it in and of it
cannot be entirely eradicated
and made to disappear it might
be greatly lessened and the number
of innocent victims who
are having to suffer for the
sins made transmitted under
is merely personal. But let
us use the most enlightened

foremost nation in civilization
doing [illegible] to
remove it from our beloved land
nothing may criminally [illegible]
but instead of this it is fastened
right under our eyes and [illegible]
in the very shadow of the
house of God. For we are
known that Washington is the
great centre from it which
radiates and these houses
number both churches and
schools together in every [illegible]
city in the land and we are
an intelligent and religious
people daily work at these
things and [illegible]
number of its victims

19

Thesis on

Puerperal Eclampsia

by

M. J. Baird

Alabama

Surgical Consulations

In attempting to write a Thesis upon the above subject I feel very sensibly my almost total lack of knowledge of the subject, it having never been my good or bad fortune, to witness a paroxysm of the malady.

I shall therefore be compelled to devise all the ideas expressed in the following few pages from our best textbooks such as Leishmans & Hemmytreichifery and Brunis Therapeutics

ion puerperic Convulsions
and our own Professor of
Obstetrics lectures upon this
malady. but I will try
to express them in my own
language and to treat the
subject with as much ac-
curacy as the time and
resources of the average stu-
dent admit of
under the head of puerperal
Convulsions is to be consid-
ered not only the malady
as it occurs during the
parturient act but also
examples of the same
malady occurring during

the course of a pregnancy and immediately after parturition with the exception of the paroxysms of the pretty much analogous malady Epilepsy occurring during the above mentioned periods in a confirmed Epileptic. The latter can not properly be considered as puerperal convulsions but it is reasonable to suppose that the pregnant state favors the development of the malady in those who are predisposed to it

Definition. Puerperal Eclampsia is according to the definition given by Braun an acute disease of the motor portion of the nervous System characterized by sudden and complete loss of consciousness and sensibility and by first tonic and then clonic spasms used by affecting the entire muscular System and occurs only as an accessory of another disease, namely Bright's disease of the Kidney occurring

Acute form which under certain circumstances affecting its toxaemic effects upon the brain and whole nervous system produces those fearful results generally speaking more or less persistent albumen in the urine or more proper speaking albuminuria is supposed to denote, some one, of the forms of bright's disease of the kidney at least Braun seems to consider albuminuria, as essential to the,

occurrence of Puerperal Convulsions admitting this Fever to be the only cause of the malady it becomes very difficult to account for those cases in which Albumen occurs in more or less abundance, and women thus affected go to full term and are delivered without any accident whatever occurring. The Cause of the disease, is pretty generally admitted to be the presence, of some Toxic substance, in the blood this substance

Has been very satisfactorily proven to be due to the product of the decomposition of the urea in the blood by a process supposed to be similar to that of fermentation the nature of which is but little known. The product of such change in the blood is usually carbonate of ammonia. Pretty much similar fever germs have been induced by the deficient elimination of carbonic acid from the lungs. Supposed to be due to an excess of blood

substance in the blood, irritating the great motor centers but this view is combated by Professor Miles who holds that the convulsions are produced by a deficient amount of oxygen in the blood. Various other causes such as retention of bile in the blood (cholaemia) the nature of which are but little known have been supposed to be quite capable of producing the, related, the occurrence of similar phenomena

preceding dissolution in cases of death by Hemorrhage has given rise to the opinion that anemia may give rise, to the malady in an article in the Boston Medical and Surgical Journal Volume 110 for 1884 by Dr Becker he advocates the theory that puerperal Convulsions are caused in those predisposed by local anemia of the Medulla oblongata produced primarily by an insufficient supply of blood to that

Great Center on account of the heavy demands of the pelvic organs and secondarily by an impoverished condition of this limited supply. Admitting Prof. Miller's theory this secondary cause becomes a very plausible one he contends as mentioned before, that the convulsive movements are produced by an insufficient supply of oxygen to the great centers and that the oxygen is carried by the Red Corpuscles of the blood and it is

known that the number of red corpuscles is diminished in anæmia and thus rendering the supply of oxygen to the centres deficient excessive irritation of the alimentary canal or uterus and Rectum have been known to produce paroxysms paroxysms here occurred for the first time, during the act of coition in these predisposed It is probable also that the excessive development which the nervous system

is supposed to undergo during pregnancy predisposes to the development of the malady such a development is probably limited to the nerves supplying the uterus.

They are supposed to occur in order of frequency most often during pregnancy next in or during labor and last by during the first four days after delivery.

They have been estimated to occur once in about 350 or 400 labors

Clinical history. Although the attack is very often sudden and not preceded by premonitory symptoms which attract attention in a certain proportion of cases such may be observed the principal cases. That have been observed are Cephalalgia derangements of vision and Epigastric pain.
The headache, is usually acute and intermittent at first but becoming more continuous as the paroxysm approaches

The disorders of vision consist principally in a dimness or cloudiness which may lead to considerable impairment of vision for the time being. Epigastric pain is usually when present very acute, and is considered as a valuable premonitory symptom. Oedema of the feet and legs is very often observed to precede the development of the fatal convulsions occurring during the course of a pregnancy. It should

Immediately lead to an examination of the urine, which will generally be found abundant in albumen

The attack usually commences by rapid and convulsive movements of the muscles of the face Eyes and Eyelids these twitchings give place to tonic contraction of the muscles of the back and neck which become rigid from the head and neck the convulsive movements extend to

other parts of the body which likewise become rigid the muscles of the trunk becoming involved there is usually a tendency to opisthotonos the limbs may be in a state of extreme extension or one of semiflexion
The thumb is drawn into the palm of the hand and covered by the other fingers
The Diaphragm and muscles of respiration become involved respiration is suspended the face becomes

bited the tongue if it chance to protrude from the mouth is torn or bitten by the spasmodic closure of the jaws the blood which escapes in consequence communicates a bloody tinge to the saliva
The muscles of the larynx and Glottis are contracted and if there is any escape of air it gives rise to a hissing sound
There is complete insensibility with total loss of sensation

Clonic Convulsions
supervene upon the tonic,
and usually involve the
entire, muscular system
there, are jerking movem-
ents of the muscles of
the head neck and
limbs irregular move-
ments of the muscles
of the face give rise
to frightful contortions
of the countenance, and
respiration gradually becomes
re-established.
The pulse becomes accele-
rated at the onset of
the attack and during

It's height becomes very frequent and feeble, as the attack passes off they or it resumes its normal frequency. The face assumes its normal color the movements of the muscles of the trunk and limbs become less frequent and finally cease.
The Tonic convulsions usually last for about 20 or 30 seconds, and the clonic from one to five minutes. The chief danger is during the first or Tonic stage, from suffo-

of respiration
After the spasm passes
off the patient usually
remains in a state of
stupor for a few minutes
or it may be for several
hours There is a feeling
of languor and headache
from which the patient
is usually in the course
of an hour or two relieved
provided no other paroxy-
isms occur on the con
trary if other paroxysms
occur they may do with
such rapidity as to produce
death in a very short

Fever by exhaustion and
Suppression of respiration

Pathology. In attempting
to consider the Pathology of
this affection I shall say
but very little as there
is but very little, definitely
known with the exception
of the theory of the produc
tion of the Toxic condition
of the blood by an over
accumulation in it of
urea or the product of its
decomposition namely
Carbonate of Ammonia.
The cause of the symptom

of urea in the blood is as has been supposed to be due to some one of the different forms of Bright's disease, as shown by the Albumen in the urine, which is usually abundant and there, is usually deficiency of the urates. We admitted in considering the causes of this revolad, that Albumen more or less abundant and persistent in the urine, might be considered as offering very good reasons for suspecting

some, one of the different forms of Bright's disease, but admitting this for argument's sake, it becomes very difficult to account for the numerous cases in which Albumen is present in greater or less quantity throughout the greater part of pregnancy and immediately disappears after pregnancy ceases never to return again. The latest theory with regard to the Secretion of Albumen and casts is that the Epithelium

lining the Glomeruli in a normal state of the Kidney prevents the escape of albumen from the blood and that the tubuli uriniferi leading from the Glomeruli are lined with an Epithelium totally differing slightly from that lining the Glomeruli and that in their normal condition they have their function in the secretion of urea in other words the urea is supposed to be secreted exclusively by the Epithelium

lining the Tubuli uni-
ferij and it is thought
necessary to have an in-
creased blood supply and
thereby and increased blood
pressure in order to keep
albumen in the urine
it being compared to
or said to be a kind
of filtering from the
albumen under the
increased blood pressure
being as it was pressed
through the epithelium
lining the Glomeruli
why an increased blood
supply should increase

The secretion or excretion of Albumen and diminish the excretion urea I can not with my superficial knowledge of the subject conceive, without saying more, upon the subject in admit that the various forms of Bright's disease may cause the development of the malady but I am far from attributing all cases to that source, neither is the mere presence of Albumen in the urine an unfailing sign of,

organic lesion of the kidney it has been shown that a highly albuminous diet may cause the appearance of albumen in the urine, to immediately disappear on discontinuing the diet of the various other possible causes it will not be necessary to speak again as I mentioned some of them in speaking of the causation of the malady probably whatever cause that produces the affection

Let it be what it may
involves an excessive,
irritability of the Spinal
Cord of the various
tests by which we may
detect the presence or
absence of albumen
and the salts I shall
not speak as they are,
more or less familiar
to every medical man

Morbid Anatomy I
shall have to deliver
most of my ideas of
this affection or morbid
anatomy of it rather

From Kiarns Morgagni
an. anaemic, Condition
the brain usually presents
an anaemic aspect with
oedema and diminished
consistency
The Lungs are more or
less atelectatic and
Emphysematous supposed
to be caused by the fits
The heart is but rarely
changed, the spleen is
usually slightly enlarged
a Condition which is
very common during
pregnancy

Prognosis According to our
text books heretofore about
one in three women
attacked with this malady
died and more half of
the children the death
of the foetus has been
supposed to be due to an
extension of the Toxic
substance from the
blood of the mother
to its own Brain has
stated that if after a
series of convulsions
occurring in succession
the child be born alive,
we can detect a considerably

amount of urea in the blood taken from the umbilical cord but that if the child be handled we can immediately detect the presence of Carbonate of Ammonia in the blood of the cord unfavorable symptoms are albuminuria in the urine, violent fits, with short intervals and prolonged coma the prognosis depends much upon the condition of the patient and the time at which it is

attacked whether during the course of a pregnancy during labor or immediately after delivery occurring during labor will is thought to increase the activity of the pains and thereby probably rendering a rupture of the Perinaeum more probable than in those cases in which the course of the Labor is normal.

Treatment Nothing connected with medicine has undergone a more marked change than the treatment of Puerperal Convulsions

within the past half century it was formerly invariably the practice to bleed every woman attacked with puerperal convulsions the remedy is now likely to fall into undeserved neglect it is to be employed upon the same principles that regulate its use in other diseases namely a plethoric robust subject bounding pulse and throbbing temples Chloroform should be employed to arrest the paroxysm opium should be given to allay excessive irritability it is not advisable during

The Cause excessive irritation of the stomach bladder or uterus is to receive appropriate treatment accruing during labor and after the first stage we may rupture the membranes and turn or apply the forceps or practice Craniotomy Cabel should be applied to the head and spinal cord. Respectfully submitted by W. J. Guiteau

An Inaugural dissertation
on
Pelvic Cellulitis.
Respectfully 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
J. C. Myers
Pennsylvania
1881

[illegible]

[illegible]
[illegible]
[illegible]
[illegible] been suspected.
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible] of the [illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
the attention of the
[illegible]

the disease consists of a

[illegible] is lined by a thin [illegible] [illegible] the [illegible] [illegible] to the [illegible] [illegible] [illegible] [illegible] [illegible] opposite side of an organ [illegible] [illegible] interposed between the [illegible] [illegible] connections and [illegible]

of the pelvic fascia betw

if it occurs between bu

ossous ridges it pass

[illegible] the [illegible] with
fluid and common human
[illegible] continue to [illegible]
[illegible] the [illegible] through
[illegible] you will find it
[illegible] [illegible] though [illegible]
and [illegible] [illegible] to [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
the [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] the [illegible]
[illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
the first a large swelling

the disease proceeds

the disease will not in

the knowledge of

superficial opening
same point of the

superficial opening

today, We are informed

that

and the absence

by the two lagoons

[illegible]

[illegible] remembered, passing [illegible]

[illegible] the blood

<u>causes</u> The causes of the [illegible]

[illegible]

[illegible]

[illegible] also inflammation [illegible]

[illegible] the blood [illegible]

[illegible] may also be caused [illegible]

[illegible]

[illegible]

attended with [illegible]

[illegible]

[illegible]

the difficulties in passing
the urine
bladder and its neck
with a great desire
to micturate and the
real pain attending
less difficulties are
the urine
passed the water
public pain slight
induction, urine scant.

Diagnosis. The diagnosis

[illegible] fingers [illegible] the [illegible] section. pressure [illegible] also made by the left hand over the uterus externally by making the [illegible] [illegible] than [illegible] may select the [illegible] [illegible] [illegible] [illegible] first but [illegible] [illegible] to [illegible] the fingers [illegible] [illegible] of the [illegible] the [illegible] which [illegible] [illegible] wound it. If [illegible] from [illegible] the first [illegible] shall cause great [illegible]

patient will recover and
[illegible] in size and [illegible]
[illegible] fever and pain [illegible]
[illegible] if the pa-
[illegible]

[illegible] are the patient

[illegible] other parts

of the body the effect

[illegible] to be [illegible]

[illegible] of the

[illegible] also may be seen

[illegible]

[illegible] of height and [illegible]

[illegible] characteristic of contin-

[illegible]

[illegible] a Phthisical pulse

[illegible]

side when fever is

[illegible]

of the broad ligaments

[illegible]

into the abdominal cavity
specially [illegible] if
by [illegible] [illegible]
[illegible] in such case [illegible]
to further [illegible] [illegible]
the [illegible] of [illegible]
for a [illegible] [illegible]
[illegible] [illegible] [illegible]
distress at the [illegible] but
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
behind if [illegible] [illegible]
[illegible] [illegible] [illegible] the [illegible]
[illegible] [illegible] [illegible] [illegible]
patient be [illegible] [illegible]
for a long [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] vaccination whether

[illegible]

performed as generally

[illegible]

[illegible]

[illegible]

[illegible]

be done by the

[illegible]

[illegible]

[illegible]

[illegible]

the bladder, menstruation
[illegible]
[illegible] complicated by
[illegible] although the functions
of the [illegible] the [illegible]
affected this [illegible]
[illegible]
[illegible]

The treatment of the
disease varies according
to its stage. The [illegible]
[illegible] the [illegible]
to [illegible] the
[illegible]
[illegible] that
the [illegible]

[illegible]

case as far advanced you may also use [illegible] that from the calomel may be used [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

on the alimentary canal

the colonial [illegible]

her carry to its contents

to pass out of the rectum

there is little benefit

[illegible] the only benefit being

[illegible] as a cathartic and it

[illegible]

to the [illegible]

but [illegible] the

bowels is by an enema

[illegible]

[illegible]
le advantage such as
[illegible]
[illegible]
[illegible]
[illegible] which are relieved
by [illegible]
[illegible]
[illegible]
[illegible] enema of hop
[illegible]
[illegible] also [illegible]
[illegible] carbonate, accord
[illegible] to some authors, the
[illegible]
[illegible]

[illegible] [illegible]
[illegible]
the [illegible]
[illegible] the [illegible]
[illegible] to [illegible]
[illegible] the [illegible]
of [illegible] to [illegible]
[illegible] [illegible] to
to [illegible] [illegible]
of the disease continue
for [illegible] [illegible]
[illegible] [illegible]
of [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
the [illegible] [illegible]
[illegible] [illegible]
[illegible] to [illegible] the

water for drink of the
[illegible]
[illegible]
[illegible]
[illegible]
[illegible] Quinine to cure
[illegible]
[illegible]
[illegible]
[illegible] The
full share of alcoholic
[illegible]
[illegible]
[illegible]
evacuation often takes
[illegible]
[illegible] the disease [illegible]
make an artificial open-
ing [illegible]

1. Open the abscess in the vagina or rectum when it discharges spontaneously it is best to [illegible] you may have an [illegible]

P. C. Myers.
Pennsylvania.
1881.

A
Dissertation on
Vertebral Caries. -
E. Meinhof.
1881

1

The word caries which literally means rottenness, is a badly applied one, to such a condition as caries is intended to imply and I suppose it is for this reason that Mr Bryant says that; "no word in surgery has been used with greater carlessness and with a greater variety of meanings than caries, nor is there one that conveys a less definite idea." For if caries meant rottenness, and as this means putrefaction or decomposition such is not the true state of affairs, for while there is a disintegration we do not

necessarily have decomposition for when we come to study this condition we see it is unlike gangrene where parts die for want of the connection of the vascular bond which connects all living tissues in the animal organism, but that it resembles the inflammation with its succeeding ulceration which is the molecular death of the soft tissues, now caries is said to be an unhealthy inflammation of bone and by some termed scrofula of bone, I think unhealthy inflammation and scrofula in bone arise;

being; thus termed from the fact that this process of ulceration resembles the cold abscess and other forms of chronic inflammations which are seen in scrofulous individuals, I do not think this is the case altogether in caries, for while caries is a chronic inflammation, it is so not on account of its cause being dependent on some constitutional trouble but because it lies inherent in bone on account of the density and composition of its tissues to undergo a chronic inflammation, and

further that inflammation in bone is not dependent on its vitalizing membranes (periosteum and endosteum) for the morbid action of caries, that there is something which prevents the proper union of the organic and inorganic substances is also recognized, and this something is supposed to exist oftenest in those bones or parts of bones which are most vascular and cancellous, caries often takes place with little or no pain for the reason I suppose that the nerve fibres which are involved in this process

are not put in a condition of tension or compression as is the case in ostitis, the appearences of bone affected by caries wherever it is possible to obtain a view of the affected bone ~~covers~~ where it is compatible with the safety of the individual; is that of morbid vascularity which readily bleeds on being irritated and is often associated with an open sore or ulcer sometimes one or more sinuses exists in connection with a carious bone, which give vent to a sanious purulent more or less offensive fluid and which possesses a peculiarity differ-

ent and is characteristic of pus issuing from carious bone, in its being of a gritty nature caused by the presence of particles of earthy matter chiefly composed of phosphate of calcium, and where there is a great quantity of this substance present the bone becomes doughy and pits on pressure of the finger being applied upon the diseased surface; in other cases where the presence of earthy matter is at a minimum, the bone takes on the appearance of worm eaten and is readily fract

ured, again in some cases the bone may entirely disappear, the animal matter in stronger persons being absorbed, the remaining substance excites inflammation in surrounding softer tissues and is then gotten rid of by means of fistulous channels, although it would appear as if particles of bone were also absorbed, as there often exists caries of the vertebra without any external manifestation of any suppurating process going on, such as a swelling or fistulous channels, although a small

quanity might find its way into loose cellular tissue without making its self known. The causes of bone caries are various, as the simple form which might result from an injury to an individual apparently in good health, the scrofulous which is the most common, and syphilitic, and according to Mr Stanley a phagaedenic form, caries may also be superficial or deep ~~or deep~~ seated, of which the superficial is the most commonly situated, Caries may attack any bone, but it usually selects

the vertebrae, those of the wrist and foot, and the soft ends of long bones forming articulations. To this terrible disease many deformities, not congenital, are owing. The carious vertebrae, "to which I will subsequently confine myself," yeild under the weight of trunk, and the spine bends or curves in various directions. In the joint-ends of bones, the part or parts become smaller from loss of substance, such as I saw in several specimens exhibited by Prof Tiffany in his lectures on treatment for deformities of diseased

joints, however though, in the early stage of this disease especially where the disease is general in the cartilaginous surfaces of bones forming a joint and before there exists outlets for the escape of the products of inflammation the heads of the bones might be expanded, with this condition there often exists hectic fever with attendant nightly sweats, during which tuberculosis whenever there is a disposition to the formation of tubercles attack the patient, that caries may be accidently determined

to some particular part of the body by any irritation such as a blow, or exposure to atmospheric vicissitudes is quite evident. Scrofulous persons, those who have had syphilis or mercury in excess at any period of their lives, are more subject to it than others. also it is frequently found in the offspring of parents one of whom is Caucassion and the other African or they may both be mixed. now having spoken of caries generally I shall continue in the balance of this essay to confine myself principally.

to caries of the vertebral column. Disease of the nature of caries in the structure of the vertebrae does not differ from that in any other locality of the body, but the circumstances and results attendant upon caries of the vertebrae are of more vital importance than in many other parts of the body, which is due to the important organ lodged in the vertebral canal. Vertebral caries, also designated Potts disease, occurs chiefly in childhood, but is said to affect adults, although I do not remember ever seeing a case

in a grown individual, it begins as an osteitis, which subsequently becomes ulcerative or carious. it would appear to me that it chiefly attacks the articular surfaces and then involving the vertebra proper by the extension of the inflammation it also attacks the intervertebral cartilage which in some way becomes softened and diminished in size.

With the development of the osteitis, the body of the vertebra which is mainly affected becomes hyperaemic, and the spongy tissue is soon infiltrated with blood and pus. The bone becomes swollen and

softened, and, therefore, less resisting than it was in its previous healthy state, so that it yields under the weight of the shoulders and head, which it sustains. Therefore, after the disease has continued a certain time, there begins to be a posterior prominence which may be more or less convex or angular, the amount of convexity may be due to various circumstances attending the disease, In those cases where disintegration, that is the separation of the earthy substances from the animal, and in those instances where

the disease attacks the one or the other or both surfaces of the articular faces of the bodies of the vertebrae, an approximation of the surfaces takes place especially in the dorsal region at the anterior portion of the bodies, there will then be a curvature which will more generally represent an angle but if there are a number of vertebrae involved the curvature will be more general the number of vertebrae that may be involved is varied, Mr Bryant mentions a case where there were twelve vertebrae diseased

and that the patient recovered. The complications of vertebral caries other than curvature are various, and among them are two very important ones, not that I mean to say that they are all not important but that the ones I have reference to are dangerous from the fact that they are liable to threaten immediately the life of a patient so involved, those complications to which I have reference, are, where the disease is high up in the cervical region, the danger which might result from compression of the

cord thereby producing paralysis of the nerve which control the functions of respiration and circulation thereby producing death, and the other complication is that known as retro-pharyngeal abscess caused by pus, the result of caries of the lower cervical vertebrae, finding its way into the connective tissue behind the pharynx, pressing there on producing dysphagia and still more by the abscess if it is large enough pressing on the larynx producing difficult breathing or suffoc

ation; paralysis of the upper extremities might also be produced by compression of the cord in the vicinity of the lower cervical region, as well as paraplegia when the disease is lower down.
Large abscesses are also found in the lower portion of the trunk which are known by various names according to the region in which they are found; There are those known as psoas, lumbar and gluteal abscesses which are in general termed spinal abscess, the pent up fluid which escapes from such

abscesses the result of caries is found to possess a gritty nature due to the presence of earthy matter, among other attendant phenomena present besides those already mentioned are constriction of the thorax which increases the respiratory movements as well as increased heart movements, a subject of spinal curvature especially a young one, who should be affected with capillary bronchitis pneumonia or pleurisy would be in much more danger than if he was not so affected. It is believed now

more than formerly that many of the cases of caries of the vertebrae are due to local injuries which do not necessarily develope into any symptoms to ~~develop~~ attract attention of the individual so affected or those by whom he is surrounded. but which nevertheless will soon make itself manifest, but it must not be supposed that every injury to the spinal column will be followed by ulceration, but in those so disposed like those predisposed to other maladies it only requires a cause to have

an effect, but I do not wish to be understood to mean this disease is dependent altogether on a cachexia, although I have no doubt but that the majority of cases are dependent on the constitution for the maintenance of the effect of caries. One of the most interesting effects of caries in the vertebrae is its mode of recovery and for the purpose of illustration I shall make use of some of the specimens exhibited by Prof Tiffany in his lectures this winter, among one of the specimens was a portion of

of the spinal column consisting of about six vertebra which were more or less coalesced, in two of the articulations either on the surface or sectionally it was impossible to find the place which was occupied by the intervertebral substance so completely were the articular surfaces fused into one another. In another specimen portions of the vertebrae were eaten away the cavities in some of the places left would have caused a much greater amount of displacement were it not that there was a provisional osseous structure formed

perpendicularily to the articular surfaces which acted as a brace therby partially acting as a means of stiffening the joint, I believe this latter is the most common process in which a cure is effected although if were to depend on this bridge of bone we would be much disappointed for it would not require much exertion in some cases to break this newly formed tissue. The most interesting specimen it has been my pleasure to see was one which is in the possession of Dr. Tiffany through whose kindness

I am indebted in permitting me to see it. The specimen was taken from a male adult pauper, the disease which this individual was affected was located in the lower dorsal region and confined mainly to one vertebra the disease commenced as caries and terminated in necrosis so that what was left of the bone, that is the body, was equal to about that of two twenty five cent peices placed upon one another, there was but a fragment of the spinous process left, upon the ant

terior aspect of the vertebral column opposite to the diseased vertebra as well laterally there was formed a sac about the size of a lemon which was filled with pus the wall being formed of the anterior common ligament which was much thickened the space left between the contiguous surfaces of the vertebrae between which the diseased one existed was almost equal to that of two vertebrae, In the latter weeks of life signs of compression of the cord came on which manifested itself in paraplegia

and so complete did enova-
tion result that the infer-
ior portion of the trunk
below the point of disease
rested mainly on the
heads of both femora, so that
synovitis which resulted
from pressure, caused such
dissolution of both hip
joints that the great troch-
anters rested on the bed.
Another example of one of
the results of vertebral
caries is that popularily
known as "pigeon breast"
the anterior extremities
of the ribs become approx-
imated caused by an up-

ward and downward pressure respectively from the angle caused by the carious portion of the spine. The diagnosis may sometimes become difficult from the nature of the disease being obscure and uncertain for a time. The long continuance of pain in the chest or abdomen, or perhaps in the thighs, without any cause which we can detect, located at the seat of the pain should excite suspicion of spinal disease. Such pain may also be produced by spinal irritation, but in

this malady pressure on the spine is generally is badly tolerated, and when a certain part is touched a neuralgic pain is produced or if pain already exists it is greatly intensified. In caries, firm pressure upon the spine is generally tolerated and does not increase the pain. At a later period in caries, there may be spinal pain and tenderness, but there is now spinal deformity, by which alone the diagnosis is clearly established; stiffness observed in the movements of the spine, pain in the spine

on sudden movement or jarring the body, impaired appetite and general health, and desire to sit or recline in such a way as to relieve the spine partially of the weight of the head and shoulders, are symptoms which, if they coexist, afford strong evidence of the presence of caries, although there is as yet no deformity. There is also a deformity of the spine, the result of rachitis, this is distinguished from caries, by the fact, that it occurs slowly without pain or tenderness, and is rounded instead of

angular. In a case of rachitic curvature, we find also enlargements of the ankles and wrists, keel shaped thorax, prominent abdomen, rachitic head, etc.
A case that came under my observation was one that offered some of the peculiarities of vertebral caries. The case was that of a male mulatto act 8. The child was brought to the university hospital dispensary by its parents for the treatment of paraplegia. when the child was examined it was found

to have an acute curvature in the ~~lower~~ middle dorsal region which would correspond to the 5th and 6th dorsal vertebrae, the treatment was, that a Sayre's plaster jacket be put on the child as it was necessary to do this at the child's residence I was asked to do it, which I gladly did. Upon examining the case myself I observed that the respiratory movements which were accelerated as well as a quickened pulse with a slight rise in the temperature of the body, these symptoms caused me

to examine the thorax for any possible trouble but as I could not discover any lesion in this locality and as there was inflammation existing in the vertebrae I attributed the aforesaid symptoms to the trouble in this locality, for if there had been any organic trouble discoverable I would have hesitated to put the jacket on. Among the nervous symptoms present was an exaggeration of the tendon reflex excitability in the paralyzed limbs due to the pressure on the lateral columns.

Paralysis was complete, at times especially at night the paralyzed limbs would become spasmodically contracted in a flexed position, and the urine would be ejected spasmodically whenever an attempt was made to urinate. The mother of the child attributed the curvature to a kick in the lower part of the back received two months previous to noticing any trouble as the child had a previous bend in the spine some fifteen months previous to the one which it had higher up, whether the present condition was

due to the injury caused by a kick which by a continuity of structure was manifested higher up than the point at which the blow was received. I am unable to say, whether the kick was the cause or not, judging from the child's general appearances it appeared as if such a trouble as caries might be easily induced. In putting the jacket on the child its parents were very reluctant to having this done but finally consented. In order to extend the body I improvised a couple slings

made from long towels, as I had not Sayre's sling, after wearing this jacket for three weeks the nervous symptoms which were mentioned became somewhat modified sensation began to return but with slight pain this served as an indication of some improvement caused by some withdrawal of the constrained position of the cord especially the posterior columns where from its position being the convexity of the curve, the reflex excitability was also somewhat diminished

another jacket was applied a short while after the first was removed a couple weeks afterward the child passed into hands of a physician who slightlenou ed the jacket by a jury mast. I forgot to mention that tonics viz: cod liver oil iron and cinchona were given to the patient, I saw the patient a month ago when it was able to stand for a short while after a period of eight months treatnement. In speaking of treatment of spinal curvature Mr Bryant says

that it is a clinical fact that the worst examples of this disease are to be found amongst that class of patients who have never had any chance of receiving any proper treatment; who have never had rest or any care; in whom the disease has run its course unattended and uncared for, and yet, in whom a cure has taken place with firm anchylosis, although with deformity. The majority of the cases being examples of disease of the dorsal vertebrae.

In the attempt to offer these few remarks, I have tried to make them as original as possible, and if I have failed in doing this, it is due to the limited amount of observation or opportunities that a medical student such as your humble writer possesses. Hoping therefore that these remarks may meet your kind indulgence, they are most respectfully offered.

E. Meierhof.

To the Faculty of the school of medicine. University of Maryland.

History of six cases

Respectfully submitted to the
Faculty of Physic
of the
University of Maryland
by
W. J. Truscott.

Case 1st. Nov 28th 1880

Conway McGarrity aet 21 years.

Came into the Hospital on the 23rd Oct 1880.

When a boy his leg was injured would heal, and occasionally break. About four months ago a tumor formed near the upper third of the tibia in consequence from the same fractured bone. He became very weak and anæmic. On the following Monday, 25th Oct upon an examination the tumor bled profusely necessitating amputation immediately as the only alternative to obviate a fatal termination. The operation was performed by Prof. Johnson in

the Amphitheatre before the class.
The amputation was by lateral flaps.
Tumor was found to be osteosarcomatous. Lymphatics extending up the limb were found to be much indurated. After the operation on the following night, secondary haemorrhage set in, necessitating close watching, bandages sticking plaster and injection of cold water to stop the flow of blood. Anodynes were given, but little rest obtained.
His stomach was very irritable and vomiting frequent. Stimulants were freely given, milk and whisky every half hour. Thirst was intense, pulse full and frequent, heat

hot. and general irritation. respiration frequent. Treatment.

Anodynes, stimulants and supporting treatment were persisted in with close watching night and day, improvement gradually took place, and now four weeks after the operation he is sitting up. Appetite good, his stumps in a very good condition, very little discharge, and healing. Lymphatics still involved and indurated, but improving, and altogether the patient is in an excellent condition. The night after the operation his temperature was 102, pulse 120, and respiration 25.

Case 2. Dec. 4th 1880

Patric Cooney. Chronic rheumatism

First had an attack in the left arm in subacute form, but was not troubled long with it. Three months ago he had an attack in both feet ankles and knees and came into the Hospital on Nov 24th. Left Eo two ago he could do his usual work, since which time he has been in the Hospital under treatment for subacute rheumatism. He has had no inflammatory fever, but his arms and wrists are much swollen and pain bothersome at night than daytime. His general health

good; the family subject to the rheumatic diathesis.

Twenty years ago he had venereal disease with chancre on his penis. Treatment

He is under a course of Iodide of Potash and has greatly improved. can walk better and is improving rapidly, but his joints are still swollen and painful. His wrists were enveloped in cotton and his knees were painted with several coats of iodine every day. Appetite and general health good. heart not complicated, the sounds are clear and distinct, but weak.

Case 3rd. Dec 10th 1880

Andrew Gibson 20 years of age, sailor. While at sea 3 months since he was taken with a dysentery, stools being small and frequent some ten to fifteen and twenty for day, bloody in character and giving great pain. He was in the Hospital six weeks at and was much improved. When he left, but was compelled to return in about two weeks very much invalided, not having entirely recovered from dysentery, since coming into the Hospital he has had several operations a day with considerable pain and tenesmus

on going to stool, and becoming greatly reduced in flesh and strenght. The dysenteric row under control, and he is much regaining his flesh with good color. He has been on ¼ grain of opium with oxide of zinc in pill form three times daily with frequent enemata of starch and tinc. of opium with satisfactory results.

Case 14th Nov 16th 1880
Martin Harrolson, Sailor,
age 31 years. Came into Hospital
10th Nov with chronic pneu-
-monia: three months since
being up all night on watch,
he was taken sick. For four
weeks days he was not confined
to bed, but remained at work
until no longer able to continue
when he came into the Hospital
complaining of cough, headache
and pain in the chest and left
side. About three years ago he
had hemorrhage from the
lungs. Since which time he has
on he has had a hacking cough;

he was put on Bromide mixture and carbonate of ammonia which allayed the cough somewhat. Has also been taking Cod liver oil and whisky, is improving, but still coughs much, is pale and appetite poor.

Physical signs indicate prolonged expiratory murmur on left side, most rales on inspiration and also on expiration with dullness on percussion, indicating tubercular condition of lungs, general history good.

Case 8th Jan 7th 1881

George Colleton a negro 31 years
Sailor, Came into Hospital on
13th Dec 1880 with malarial fever
of the tertian form which he
contracted on the coast of South
America, says he had fever
for about one month before
he had any chills, he also
administered quinine to
three times daily for some time
without any good results, but the
contrary, says he had to stop taking
quinine as the effects were very
disagreeable, the fever seemed
somewhat to be abating when chills
came on about the 15th November

appearing every third day, he was the second time put upon quinia with the same result of nausea and dull aching pains in the head, when the treatment was again suspended and the head troubles left him for the second time; after coming into the Hospital quinia was again administered to him and on the disagreeable effects of this treatment returning it was abandoned and he was put on tincture of iron bromide of potash and cinchonidia with better results, appetite good bowels regular sleep well and he is in manner well, though still taking iron

Case 6th. January 14th 1881
J. W. Woodly 29 years of age a
laborer, engaged in rolling mills
in the city. Three months ago
while attempting to get off of
a boat he slipped between the
boat and wharf his foot was
caught considerably crushed and
pierced by an iron spike. He was
removed to the University hospital
in the course of three hours, bleeding
considerably. He was seen by the Resident
Surgeon and given proper
treatment. The limb was suspended
with Smith's anterior splint, the
foot poulticed and a drainage
tube put in. He was seen by the

visiting surgeon, and amputation seriously considered, but it was thought advisable to wait awhile and save the foot if possible. The patient was quite sick, pulse and temperature high, respiration frequent with general inflammatory symptoms, was given antiphlogistics, and deline purgatives administered with gradual improvement; he also drank Cod liver oil with iron and other tonics.

Locally, the limb was treated with carbolized oil with calm and other antiseptic dressings. He remained in bed for eight weeks, but gradually improved until now he is able to walk around without crutches, has

convalescence in the foot and limited motion with every prospect of a satisfactory recovery.

Plaster of Paris recommends itself to the surgeon as a material for making splints in being easily made into a splint & then - the splint when made, is strong & indurated as well, being capable of the most perfect adaptation to the parts in need of support.

A patient was sustained a fracture of one or both bones of the leg or arm of the former, was put to bed conducted to bed during the period of the time necessary for the fracture to heal, which under ordinary circumstances will be from six to eight weeks, thereby enjoying

course with the retention, is not indeed preventing the union of the frame, but as well as being in continual danger of contracting troublesome bed sores, but may, by the proper application of such a splint as will be described hereafter, be placed in such a condition as to be able to move about quite comfortably, with the aid of crutches, even to attend to business if it be not too laborious. The important main will be the ability to take exercise in the open air, thus preventing the general health from becoming impaired.

desisting [illegible] to improve & repair what [illegible] instituted.

The different forms [illegible] application will be briefly described here [illegible] found in [illegible] use.

[illegible] method to be described [illegible] most [illegible] in the following manner:-

Heller

[illegible] from [illegible] [illegible] up again & placed in a [illegible]

water where they are allowed to remain
until they become thoroughly soaked.
As soon as this point is [illegible] the
bandage is taken out, & any excess of
water pressed out of it. [illegible]
applied smoothly & carefully to the
affected limb, over a flannel band-
age or layer of willow wadding or some
other soft elastic material which
has previously been applied
to protect the limb from undue
pressure. [illegible]
[illegible] plaster bandage, make no
"turns" [illegible]
[illegible]
the plaster will not have dry

the most important application.

As many more layers of bandage are to be applied over this first layer as may be considered necessary but, generally, one or two will be found sufficient. The side splints should be applied with a view to the appearance desired to be produced by the application of a splint. If care be taken it can be made to look quite neat. The bandage will not interfere with the position of the splint, and when it is remembered that the patient will generally [illegible] a splint to walk by, it is the duty of the surgeon to make the splint as neat as possible.

Another method of making a splint of this material for the leg, called the "Bavarian splint" from having been employed in the treatment of fractures in the Bavarian army during the Franco-German war of 1870-71, may be described as follows:

Two pieces of flannel are taken for each side of the leg, and sewed together down the back of the leg allowing the two edges to meet in the middle in front where the inner layers are fastened to one another by means of long pins thus forming a sort of stocking for the limb. A layer of plaster of Paris paste is then worked

of cream is now applied over this
inner layer of flannel to the depth
of about half an inch and the
outer layers are brought up over
this on each side and dressed
over the plaster before it dries.
When the plaster has set the
pins are removed in front and
the splint is taken off & the
the edges trimmed and remedy
any defects which may exist in
it. When this has been done it
is required to keep a foot in
place by a few turns of bandage
It may be removed at any time
during the treatment supplies
without injuring the [illegible]

at the foot with a hinge on which it may be opened or shut at pleasure.

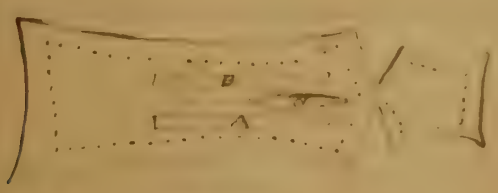
A third method may be considered a modification of the Chinese consists in employing Canton flannel cutting one large piece which will be large enough to surround the leg and extend from the foot to the base of the toes. This is cut so as to fit the leg snugly at one point as well as surround the foot. Another piece of the same material is then cut but somewhat smaller than the first & will lie inside it throughout its whole extent

These are soaked in a paste of plaster of Paris & water which will be absorbed by the flannel to make a superficially strong splint. They are then taken out & spread out smoothly on a table or some other convenient surface, the larger piece being outside & strips of the same material may be placed between the two layers at points which may require additional support.

The edges of the outer layer are then turned in about a quarter of an inch all the way around & sewed to make the edges stiffer.

smooth. It will, generally be found necessary to cut out an oval spaced piece from both layers, at a point which will correspond to the tense chilblain when the splint is applied to the leg. This is done in order to secure perfect adaptation of the splint & will not at all detract from its strength.

The following diagram will serve to convey some idea of this splint when ready to be applied.



Here the outer line will

the outer layer of the splint, the inner, dotted line the inner layer. A & B two strips placed between the two layers for the purpose of giving additional support and to the oval shape since cut out of both layers.

When everything is in readiness the splint, thus prepared is spread out under the leg & the edges brought toward the middle line in front & the whole is secured by an ordinary bandage which must be put on tightly so that it will not adhere to the splint. As soon as the plaster has

it may be removed, as in the former case, or the bandage only may be removed & new one substituted for it.

This makes a very convenient & durable splint & while it has no hinges like the "Bavarian splint" can still be taken off & replaced very easily as it is elastic enough to admit of this. The edges should not come quite together in front, but should have a space of from half to three quarters of an inch between them, as the spine of the tibia. By this means the force can be

throughout its whole length without removing the splint.

This form of splint is also here with respect to the treatment of fractures of the bones of the forearm. In fact it seems to be more suitable for such cases than for those fractures of the bones of the leg in which it is generally used.

The Hawarian splint, on the other hand, seems best suited for fractures of the bones of the leg, from the great ease with which it may be applied

removed & readjusted.

Of the three forms mentioned, that described first in which the plaster bandage is used is best adapted to fractures of the femur & humerus, & in cases where great strength is required it may be made of any given strength, without increasing its weight by placing strips of wire-gauze at the points where additional support is needed. If necessary the wire-gauze may almost encircle the limb & extend the whole length of the splint

By means of the last method described — that in which the Cantor-tube is used — a very neat & efficient splint may be formed for the lower jaw in cases of fracture of the inferior maxillary bone. In compound fractures when this splint is used care must be taken, more so perhaps than when the roller-bandage is employed, that the wound be covered over before the splint is applied, with lint, cotton, or other material.

location of the wound be accurately noted, so that while the splint is yet soft & just before the plaster has completely set the surgeon may cut out a portion of the splint, directly over the wound, large enough to expose the whole of the wounded surface for the purpose of applying the proper dressings &c.

This will in no way weaken the splint as a whole & the edges should be covered over with chamois skin or some other yielding

inserviceable substance, so that the dressings or bichloride may not soil the Splint.

Great care should be taken at all times that the limb be not unduly constricted by the Splint, for when this occurs the most disastrous consequences will ensue such as mortification, gangrene &c. The limb should therefore be frequently examined & if the Splint is found to cause any undue pressure on the limb it should be at once removed. By a careful

attention to most important point, the [illegible] of his [illegible] will be found of immense value to the surgeon, but if this is overlooked or neglected or the [illegible] to be [illegible] in the first place [illegible] of the whole or part of the limb will almost certainly follow its employment.

J. H. Kennedy

Of the different methods
of applying
Plaster of Paris Sp

By F. C. Donnelly
February 1881

A Thesis on
Intermittent Fever.
By
Oliver G. Falls
of
North Carolina.
Class of 1881.

Intermittent Fever.

An Intermittent Fever is characterized by the occurrence of febrile paroxysms in regular succession, and by the absence of febrile movements between the paroxysms. The intermission is the distinctive feature of this form of fever, as its name implies.

Popularly, this disease is known as fever and ague, chill fever, the shakes, and by various other names according to the locality in which it is produced, as in Louisiana, Swamp fever, Panama fever, &c. All essentially the same disease. Intermittent fever, as commonly met with in practice is unattended with dan

get to life, but occasionally it is one of the most dangerous of maladies.

Anatomical Characters: The Spleen presents the most notable changes, being at an early period much enlarged from congestion, softened, and sometimes pulpy. After while it becomes permanently hypertrophied and firm, constituting the so called "ague cake." The liver is also congested and soft. In persons who have resided for a long time in low, marshy, malarial districts, black pigment is often found in the spleen, liver, and kidneys.

"The blood is unhealthy, and may also contain black pigment" (Roberts).

Clinical History. The clinical history will embrace an account, first, of the paroxysm & secondly, of the intermission.
In the majority of cases the attack is sudden. In a certain proportion of cases, however, there are premonitions for some time.
The premonitions are not very distinctive of this disease, consisting of pain in the head, yawnings, stupidity, loss of appetite, and general malaise. Although, these are not very definite they sometimes suffice to lead patients

who have been repeatedly affected with intermittent attacks of fever, to anticipate an impending attack. (Prof. McSherry)

A paroxysm, or fit of ague consists of three successive stages, named respectively the cold, the hot, and the sweating stage.

Cold Stage. This stage commences with a feeling of chilliness, beginning in the loins, and extending over the back and limbs, the teeth begin to chatter, and finally the entire frame shivers. At the same time the general surface of the skin appears pale and shrunken more particular that of the face,

the features being, as it were, pinched and sharp. The tips of the fingers and the lips are blue, while in severe cases the whole surface assumes a purplish hue.
Cutis anserina, (Goose skin) The familiar appearance are often observed.
The patient often complains of pains in the back, and limbs, as well as headache, the tongue is usually pale, moist, clean, and cool; appetite is lost, but thirst is a frequent symptom.
During this stage the patient frequently sighs, the pulse which is usually accelerated, is small and feeble, the countenance has an expression of anxiety, the

proboscis and face are pale. The general appearance is as if the person had been exposed to intense cold.

The duration of this stage varies from a few moments to two or three hours, or even longer. The average, according to (Flint) is from a half to three fourths of an hour.

The transition to the next stage is sometimes abrupt; but generally gradual; flushings of heat are felt, the rigor ceases, the coldness, as it were, melts away, fr brute movement is developed, and the cold is then ended

Sometimes, it is said, "the cold stage is wanting, the paroxysm beginning with the hot stage." "I have known," says Flint, "of intense nervousness take the place of the cold stage." Gastralgia and gastric irritability as denoted by incessant vomiting are other morbid conditions which sometimes occur instead of the stage; also drowsiness, or stupor and a condition resembling hysterical coma.

Congestion of internal organs must necessarily be involved in the cold stage, inasmuch as there

is less blood in the vessels of the surface, and the whole mass of blood is not diminished. On account of an active contraction, or spasm of the peripheral vessels the blood is driven from the surface of the body to the internal organs causing congestion of the latter.

Hot Stage. The transition to this stage may be sudden, but it is generally gradual being indicated by alternate flushings and chilliness, or by parts of the body becoming warm. When this stage becomes fully

developed the skin feels burningly hot and dry, is red and turgid, and sometimes a patchy rash appears.
The face is flushed, eyes injected and sparkling. Mouth dry and hot, thirst intense.
Tongue white, and sometimes nausea, or vomiting.
The heart and large arteries throb, and the pulse is generally strong and full, or bounding. The thermometer in the axilla indicates a rapid increase of heat usually from 102° to 106° F.
The febrile movements varies considerably in different cases.

It is evident, in this stage, the contraction, or spasm of the vessels of the periphery, which existed in the cold stage, has ceased, and in place of that morbid state the distributing vessels of the surface of the body are abundantly dilated. Whether the dilatation be due to a paralyzed condition of the vessels, or to an increased attraction of the tissues for blood: I am unable to say. My text books failing to make it plain in this respect. The duration of this stage ranges from a few moments to 4, or 5 hr.

Sweating Stage: Perspiration breaks out first about the forehead, and then extends over the body, and extremities. Its amount varies, but it is generally considerable so that the bed clothes become saturated and sometimes the bedding The duration of this Sweating Stage is variable, the average is from three to four hours The sweating is evidence that the febrile movements are about to cease, but it is, by no means, evidence of bringing the paroxysm to a close. it is only a sign of the approaching intermission.

During and succeeding the paroxysm, urea, uric acid, and the chlorides in the urine are increased. The urine is sometimes albuminous.
The febrile movements abate and finally disappears.
The heat of surface, headache, thirst, restlessness, all cease.
The thermometer indicates a rapid defervescence, the heat falling to the normal standard. The patient falls into a refreshing sleep.
With this stage the paroxysm ends. Intermission: At first a person suffering from ague

may feel quite convalescent during the periods intervening between the paroxysm, but soon he becomes depressed with neuralgic pains, and loss of appetite, pale and anæmic. The intermission, called also the apyrexial period, is the space of time between two successive paroxysms.
The period from the beginning of one to the beginning of the next paroxysm is called the interval in distinction from the intermission.
By the duration of the intervals, we get the rarely or dif-

ferent types of the disease.
I. Quotidian in which there is a daily paroxysm, with an interval of twenty four hours. II. Tertian, where a fit occurs every other day, the interval being forty eight hours.
III Quartan, a paroxysm taking place every third day, thus making an interval of seventy two hours.
As a rule, the paroxysms are uniform in each individual case as regards the commencement of the cold stage, the duration of the several stages respectively, the severity of each &c.

but different cases present considerable diversity.
Of the three simple types, quotidian and tertian are by far the most frequent. The quartan type are comparatively rare.
As to the relative frequency of quotidian and tertian cases, either may predominate at particular seasons. In the same locality the majority of cases are, at one season, of the quotidian and at another season, of the tertian type. In an aggregate of cases occurring in a series of years the quotidian type predominates. Of 98,387 cases in the

United States Army, 51,625 cases were of quotidian, and 44,557 of tertian types." Flint" Besides the above types there are on record cases in which the paroxysm has recurred on the fifth, sixth, seventh, and eighth day: and they are called: quintan, sextan, septan and octan types of intermittent fever.
"Such cases, are among the the rarest of the rare curiosities of clinical experiences." "Say, Dr Wishing" "Also" says he, "The types changes the quotidian succeeding the tertian or vice versa, tertian succeeding the quotidian." Such cases are rare. Cases are presented in the same

in which one of the simple types is duplicated; that is two sets of paroxysm of the same type coexist. Thus, one compound type is called a double quotidian, is two paroxysms occurring daily. In the same way we may have the double tertian, or double quartan &c. In double tertian a paroxysm occurs daily, but the paroxysm on successive days takes place at different hours and may differ in various ways, whereas on alternate days they occur at same hours and correspond in every respect.

Causes: The fever is chiefly

inhaled, and then absorbed by the pulmonary membrane. It may also be taken up by the stomach and possibly by the skin. The period of incubation is indefinite; it may be a few days, or a few weeks: but sometimes months and probably years may elapse after the reception of the malaria before its morbid effects are manifested.

This disease has no respect to persons: it affects both sex, and at all ages.

Diagnosis: In well marked cases the diagnosis of ague

difficulty. The type is to be determined only by the duration of the intervals and a comparison of the paroxysm. Locality must be considered, if in a malaria country, suspect intermittent fever. The effect of treatment is sometimes considered in arriving at a positive diagnosis. In tuberculosis we have febrile paroxysms sometimes like intermittent fever; they may present the three stages and recur at regular intervals; but they occur, for the most part, in

the evenings, whereas the reverse is observed in intermittent fever paroxysm being in the mornings generally

The treatment in intermittent fever, sometimes, arrests the paroxysms in tuberculosis.

If the observations of Dr. Salisbury be accepted as accurate, the presence of the, so called, ague plant in the urine is a diagnostic evidence of the disease.

Prognosis: Simple intermittent fever, is not often directly fatal, it can usually be cured.

It may become serious, if it continue long, or recur frequently

by inducing anaemia, general dropsy &c. Death may result from the association of intermittent fever with other affections. The remote effects of the disease, however, are very rarely fatal in themselves.

The quartan type of ague is the most obstinate form to get rid of. Those who have suffered from this disease are liable to future attacks without exposure to malarial influence.

Treatment:- Quinia is the great sheet anchor, for the cure of intermittent fever, if any medicine

possesses specifics, the salts of quinia are entitled to this appellation, of which the sulphate is the one almost universally used.

The sulphate of quinia will promptly interrupt the recurrence of the paroxysms of intermittent fever in the majority of cases. It is always best to arrest the disease as soon as possible. There is no need of preparatory treatment. Administer the quinia as soon as possible. It has a better effect when given immediately after the paroxysm

in moderately large doses" Prof. C.
As regards doses, there is much
difference of opinions as to
the mode in which it should
be administered. By some it
is recommended to give one large
dose (grxx xix) either before, or at
the close of the paroxysm.
Some recommend small doses
(III- IV gr) every four, or six hours
during the intermission.
The quinine should be given
for some time after the paroxysm
ceases, in small doses, from three
to four gr. daily.
Various substances have been
employed as substitutes for

quinine. Such as: cinchona bark, cinchonin, salicin, and arsenic. The arsenic is decidedly beneficial, it is best given in the form of Fowler's solution, beginning with four, or five minims three times a day. The great remedy is quinine, and it rarely fails to bring about a speedy cure.

Palliative measures are indicated during the paroxysm. A full opiate at the beginning of the cold stage often appears to shorten and modify the severity of the paroxysm. If anæmia exists, a chalybeate

should be confined. The citrate of iron and quinia is an eligible preparation.
Relapses are prevented by the after treatment. The diet should be nutritious, and a little wine with meals is advisable. If there be constipation it should be remedied by mild laxatives, or enema. In protracted cases where the malarial cachexia, & anæmia exists. Give the carbonate of iron, bi-ioid made, with a grain of quinine in each pill. This should be continued for several days, or weeks.

Rheumatism from Rheumatic
a flow under or a humor
constitutional affection of kind
of a shifting [illegible] to
which all parts of the system
are liable, attended with
peculiar irritation or inflammation
shown by the shifting
character, and [illegible] absence
of suppuration. This peculiar
[illegible] [illegible]
the nature of Rheumatism
[illegible] [illegible]
[illegible] [illegible]
Rheumatism is different
[illegible] [illegible]
to have a tendency only to

certain tissues, as the fibrous, muscular and serous, but I believe judging from its peculiar character and general description given by Flint and others, that any tissue of the body may be affected by it. It is divided by writers into four varieties, viz. Acute, Sub Acute, Chronic, and Nervous.

Acute Rheumatism is a violent local inflammation attended with considerable constitutional disturbance and usually attacks the large joints. Sub Acute has an inflammation less violent than

the acute, with little or no constitutional disturbance occurring mostly in the muscles, and may also attack the joints. The chronic form is characterized by low duration and the lowest grade of inflammatory action and is most apt to fix upon the joints and synovial membranes.
The nervous variety consists in an irritation of nerves especially to the nervous tissues in which inflammation & fever are entirely absent.

symptoms of the acute form. Acute rheumatism may come on without any previous febrile symptoms, but fever & believe generally and almost invariably starts this form of disease and being present during the whole period and severe most of the time. It is said sometimes to precede the inflammation, but this is not often the case, the primary symptoms are generally local. The febrile symptoms that generally precede the acute disease are languor,

chilliness succeeded by heat, thirst, anxiety, restlessness, and full quick pulse, seldom exceeding a hundred and ten per minute.
The tongue usually coated white, occasionally red and dry. Sometimes on waking, the skin though warm is less heated than in other fevers, and is covered with a profuse perspiration of a peculiar odor, frequently sickening smell, notwithstanding the profusion of perspiration the skin feels extremely hot and the pulse

is in no way influenced by it; nor has it any effect in relieving the pain or inflammation, being an essential symptom of the fever it therefore affords no relief. The bowels are generally constipated and the secretions are little diminished with the exception of the urine, which is quite high colored and depositing a thick dark colored portion of a [illegible] The pain and other symptoms become more severe toward evening and abate

considerably in the morning. These exacerbations are accompanied by an increase of pain, consequently they are worse at night, but relax somewhat with the fever in the morning. The fever rends lasts over two or three weeks, but the pain and swelling may last a much longer period. The disease may run its course without benefitting any of the joints affected, or may fix itself upon some internal organ, by a transition of inflammatory action, as the liver, lungs, Diaphragm, Liver, stomach,

Bowels, Uterus &c. &c. when the heart is attacked we may have Endocarditis or Pericarditis, there is acute pain over the organ with palpitations difficult breathing, partial fainting, great anxiety pale distressed countenance & delirium. When the brain is attacked there is acute pain in the head intolerance of light, a wild & anxious expression, and sometimes delirium, it is as delirium is one of the most prominent symptoms, without any cerebral inflammation has taken place. When the disease fixes on the stomach there

is great pain in that region with nausea & vomiting &c. When it attacks any of the internal organs it is liable to terminate fatally unless prompt and efficient treatment is adopted. Pericarditis like endocarditis occurs without pain or sensibility to the patient, the heart should therefore frequently be examined with the stethoscope & proper measures adopted if there is indications of the same. Pericarditis & Endocarditis may be looked on as an extension and not as a transfer of the disease.

The decline is indicated by the disappearance of fever, inflammatory action ceases, or if it does occur exhibit a much milder character. The excessive sensibility to impression from without is almost entirely lost, & the febrile symptoms are attended & wholly disappear, pain, swelling & soreness are left to remain for a time after the disease has passed & the patient is weak & stiff in the joints & muscles. Local symptoms, excruciating pain may be felt in different parts of the tube at first or after the febrile action has

taken place, the pain shifting from joint to joint, with great rapidity, attacking in its progress neighboring parts in succession. Sometimes the affection commences with an uneasiness & stiffness in several parts particularly in the knee joint, joints of the toes, ankles, wrist, elbows, & shoulders, the pain changes about from one joint to another accompanied with redness & swelling, & extreme tenderness on pressure, it is at times so great that a

patient can not leave to have a person to walk across the floor of the chamber. There is sometimes an effusion, but this the pain is somewhat mitigated, except when there is great distension, the fluid is generally absorbed after convalescence & recovery takes place, when this has been accomplished the joints retain their natural functions, but when the fluid is not absorbed the ligaments remain thickened & the motion of the joints are decidedly impeded.

The swelling is greater in the knee, ankle, & elbow than those that are protected by muscles, as the hip joint, shoulder &c. the pain is of a lancinating nature, rending, burning & throbbing. Sub-Acute, This is a modified form of the acute variety, so limited in extent & attended with little or no constitutional disturbance, it cannot be ranked with the acute, while its chief distinction excludes it from the chronic form, & differing in intensity, symptoms & causes, this consists

is particularly liable to the latter, more so than the acute or chronic, in the latter, it is so severe as to give rise to constitutional disorder, in the chronic it seems to be more local with no disposition to change. In subacute the constitutional tendency to rheumatic disease is so strong while the local affection is feeble, the variety is intermediate between the subacute and the acute forms. Subacute rheumatism may continue for an indefinite period & depends greatly on the treatment as do some of the other

forms of the disease, it is very often relieved in two or three days but may run on for an indeffinite time two or more joints may be inflamed but in the majority of cases it is confined to one joint at a time local, local symptoms do not differ much from the other forms of this disease. This disease may attack any of the external muscles, & is named in accordance, as in the muscles of the neck it is called Torticollis. Rheumodynia parts of the chest. Lumbago this occupies the muscles situated in the small of the back, sometimes running down to

legs & thigh. sometimes shoots down the Sciatic nerve when this is the case the hip is involved.

Diagnosis, suddenness of the attack, the severity of the local symptoms the sharpness of the pain, and the utter absence of any tendency to sluff or suppuration. Prognosis, Rearly otherwise than a tendency to favorable results, unless it seats itself in some vital organ as the heart, brain, stomach, &c. The greatest danger is the sudden seizure of the muscula structure of the heart, arresting the movements of that organ.

Chronic Rheumatism.

This form usually appears as a sequel of the acute or the subacute. may appear as an original affection, without without any previous acute attacks, it bears some resemblance to the acute, the principal difference between the two forms of the affection lies in the less activity of the attack and the inflammatory fever, and the indefinite duration of symptoms of the chronic form.

It is often limited to a single part sometimes to several, & may be fixed or moveable.

generally however it is more apt to be fixed firmly in its original seat, than either of the other varieties, the effect upon the joints are very near the same as in the acute Ligaments become thickened, the joints are changed in form & the motion injured, when the muscels are effected they often waste away & become shortened, & when examined after death have been found to contain a yellow transluscent gelatenous secretion in the cellula tissue connecting their fibres.

The pains are usually confined to the large joints, mostly the knee, hip ankles &c, though every joint is liable the pain is usually worse at night & more severe in moist weather than dry. some persons are nearly ever free from pain in this disease, while others suffer only at the approach of cold & bad weather & improper exposure. The joints are not so much swollen & extended as in acute nor there is not the same redness of the skin.

with the great tension as in the Acute. The patient remains at rest for a while but will experience pain and stiffness in the affected part on attempting to move it, but on exercising until the body is warm both pain & stiffness will disappear. The fever is generally quick and strong, & more particularly toward night. The effects are more lasting, bowels irregular with a tendency to coldness of the hands and feet, numbness of the limbs and not infrequently a partial impotency. Often chronic the

omitism is permitted to progress without attempting a permanent cure, it causes organic disease of the tendons, permanent stiffness of the joints, with a wasting and hardening of the muscular structure about the joints with considerable deformity. There is generally a complete absence of fever in this form of the disease, unless disorganization of the joints takes place or has taken place. In acute & very acute cases there is often stiffness or immovability

This is caused by the contraction or thickening of the ligaments. It is a very tedious and obstinate disease to cure on account of the ~~tendency~~ inattention bestowed upon it during the absence of actual suffering, but when early and properly attended to it is rapidly & certainly cured as most maladies. This I think is about all that I can say of any great importance of the so called form Chronic Rheumatism & one will take the rest.

somewhat in the mornings
but where you have
a violent acute attack,
& the person is previous
predisposed to rheumatism
they often go for days
& weeks without any
comfort, until the disease
has seemed to have
run its course or the
weather changed &
got warmer, this
has a great deal to
do with this disease,
and especially the old
and chronic form in
the aged of long standing.

Nervous Rheumatism.

This form of the disease evinces itself by pains or other disordered sensation and by irregularities of the motor powers. It may affect any portion of the body as do all the other forms. The disorders of sensation and function falling under this head are peculiarly similar to nervous gout & to any neuralgia it is nervous gout or nervous rheumatism. To be determined which of the two it is apt to be associated with, the demand is irritation may possess a

hemalgic pain in any part of the body. Vertigo, Dizziness, Headaches, perverted vision &c &c when it affect the brain. When it affect the respiratory apparatus there is difficult breathing & even indeed dyspnoea. When the heart is affected we have palpitation, and pain between, dyspnoea, sensations as cold & sinking when it is in the stomach, obstipation and especially so if the bowels are impaired disordered.

Causes

Rheumatism it is said by all the eminent writers that it comes from cold which is the principal cause of [illegible] and [illegible] are the [illegible] causes, Although the disease may occur without a [illegible] of this kind, & I as many others think there is a [illegible] cause in the diathesis, & what [illegible] is has not yet been discovered. If [illegible] excess of Lactic Acid [illegible] the [illegible] is gotten by an impure sexual intercourse, Syphilitic [illegible] a congenital affection.

Treatment

In nervous rheumatism the practitioner must be guided by the symptoms and treat them according by alterative medicines should be given a colchicum, Gelsemium, & Iodide Potash &c. Anemic conditions require the use of Iron Simples, Bitters, & Tonics &c. When the disease takes on an intermittent character, sulph: Quinine should be employed freely & in the neuralgic form it may often absolutely necessary to have recourse

to anodyne.

During the acute stage the patient should be kept in the recumbent position, & the room should maintain a moderate temperature. Hot cups may be applied if joints much swollen or tender or painful. Put the patient on salicylic acid, & a very light diet until the fever has abated then give them a mixed nutritious diet. You may give a little stimulants if the patient is very weak.

C. Alston Jennings

H. W. McNatt
of
Fayetteville
N.C.
Feb. 12th 1881

Diphtheria is a disease of antiquity, the history of which, takes back as far as the commencement of the of the Christian era. It has been described by authors of different ages, under various names we have a description given by Bretonneau in the early part of the present century under the name Diphtherite, from which was derived the present title Diphtheria, which a comparatively recent period the disease was rarely met with in this country; at least from it is one of the most common and fatal maladies of childhood.

As to cause, according to the views of various authors, this is a disease of specific origin, depending upon a living poison the nature of which is not understood. There has been discovered by Hueter and Coll., minute germs in the excretions, pustules, and blood of diphtheritic patients, but these are rather the result, than the cause of the affection, and are found in the excretions of other diseases. Diphtheria is clearly catching, to dread from it may be shewn during the course of an attack of Scarlet fever, Measles or Typhus

fever, [illegible]. It is often limited in its prevalence to certain sections, or, perhaps, to low marshy districts, and in regions where malaria abounds the disease is much more fatal, than where malaria does not exist. Scarlet Diphtheria prevails to a great extent in many of the towns, during the winter months, it may even happen at any time, but by proper dwellings, together with ventilation, increases its fatality and lessens its frequency. Type, Bronchitis and pneumonia, are not generally fatal, at all periods of life, but the aged, the very young

of persons between the ages of
5 and 9 years, at this period,
also the disease seems to be the
most fatal; persons cannot
free from an invasion at any time
in life, neither does it attack
free the natives from a [illegible]
one. [illegible] [illegible]
[illegible] [illegible] [illegible] Mode of
Diphtheria, that is, [illegible]
is, has not been shown, because
of the diversity of opinions
being in [illegible] [illegible]
have a good deal to say to the
of the disease, causing death by
obstructions; others to blood poison,
and gangrene, while a) 8 $\frac{2}{10}$. Mass,

the prairies bears the attack, and
Compositors, with little inconvenience.
These forms have been described by
Writers, under different names,
but for want of space, they will
be discussed in this Thesis.
Communication, the modes of
Communication are numerous. Persons
employed in nursing the afflicted
ones, often contract the disease,
by breathing the exhaled breaths
of the patients. Many cases have
been proved by Chemists, through
a Bricks Chemistry, and dwell
in the Tissues the diseased Mat-
ter of and of the diseased Mat-
ter of the field of action, to the tissues

latency, in this way it has been
said to have been propagated, by
articles of Clothing, or carried
in the atmosphere for considera-
ble distances. Period of Incubation
it is very difficult to ascertain
with accuracy, the incubative
period of the malady, as it is
affected, by the condition of the
individual, and the nature of
intensity of the poison, by which
the contagion is given, by
some authors, as from 5 to 10
days. Pathologic anatomy,
the various formations of the
pus in first Hypothesis, the
it becomes intensely red, injected,

and [illegible] may be seen
in fillets of the fauces, on the
tonsils, one or both, more often
the [illegible] affected, or
irregular, minute spots, sometimes
confined to a certain extent,
looks like bits of [illegible] on the
fauces, [illegible] found at the
time [illegible] with [illegible]
[illegible] of the [illegible]
[illegible] [illegible] [illegible]
by Nature, [illegible] [illegible] too as
at any other point of inflamma-
tion [illegible], [illegible] the
[illegible] great [illegible], and after
this fibrin is formed and, when
[illegible] the [illegible], [illegible]

from a false membrane, from 1/8 to 1/4 of an inch, in thickness, another layer may be formed beneath the one, and the blood supply being cut off, by the crowding together of newly formed cells, the surface will become necrosed, or softening hemorrhage, may occur beneath the membrane, due to congestion which gives to the membrane a mottled appearance. The synthesis becomes destroyed, pus, fistulæ, and the shelling of bones, are formed, extensively, and surrounded by rings of inflammation. Opposite, the organs in the brachial and sciatic regions

During an attack of Diphtheria, the membrane lining is soft and flabby, easily torn, by seventh hours, the fibrillae are in a state of fatty degeneration. The kidneys, they become soft congested, and their tubes contain granular casts. The liver is diphtheritic and enlarged, and in its substance is found oil globules. The Blood is dark from the presence of carbonic acid, there is a notable diminution of fibrinogen, and fibrin ferment, the white corpuscles are increased in number, while the red ones are decreased.

large masses of transparent material, are seen floating in the fluid, which is believed to be the product of red blood corpuscles that are destroyed by the diphtheritic poison. Symptoms an attack may come on suddenly beginning with a chill, followed by fever, the temperature rising 104°. There is headache, nausea and vomiting, there may be delirium, especially at night. The pulse frequent, and strong, becomes weak, and irregular. The tongue is coated, though usually moist. Sometimes the throat is first affected

membranes red, and swollen, with small white spots at different points on the surface, most of which they appear first, on the left tonsil. When may be inflammation of the Pituitary membrane, it is turgid, and the patient can not breathe through the nose associated with this is an acrid discharge, which in Children especially excoriates the upper lip, and on the surface this irritated false membrane is completed, by the tonsils first the tonsils and fauces therefore forming a membrane gradish

in appearance, which soon becomes
a dark-ground dark, giving a leading
look. This can be stripped off
leaving a raw, and bleeding
surface, which will be again
covered in a few hours, the
fever ceases after the end
of 45 hours, and the general
symptoms improve, or may
become more intense, the erupt-
ion extend, the neck becomes
swollen to a hypertrophied degree,
sloughing to a great extent the
seat of inoculation. Bubonoes
may now occur and become in
some instances a great source
of danger.

air passages the disease may extend down involve the lungs, causing death in a very few hours, by obstruction, or it may extend to the lungs causing pneumonia. Alimentary tract, the epithelium most cases is notably diminished, or entirely lost. There is extreme ~~among~~ children a repugnance for all articles of food, and when forced to take food it is immediately vomited, thus there is ~~tion~~ of so much importance to the favorable termination of the disease, is seriously interfered with. Diarrhoea is not an important symptom, [illegible]

which often becomes a great source of annoyance, as well as of danger, to the patient. The Urine. The amount is small and contains albumen, there is an excess of urea, hematuria sometimes occurs, though this is an exceptional symptom. Vaccination, Ulcers, pustules, and pyelitis costs, Sequelae, The changes of the nervous system are shown by paralysis of the sensations the deafness, though the peripheral fibres may also be changed by the disease, the sequelae of diphtheria, and probably the most often affected, which causes

difficulty of swallowing, and we have regurgitation of liquids and sometimes solids through the nostrils. Death may be hastened by food passing into the lungs when the muscles are paralyzed; the lungs may also be affected causing difficulty of breath, the voice has a peculiar sound lasting for some time after the patient has regained perfect health.

The heart is relaxed in feeble and its contractions are seldom or notably diminished, being in some cases reduced to 40 beats per minute, this too without changes that to result in

This affection differs clearly in many instances from the diphtheritic exudations. Elongated Diphtheria may be confounded with tonsillitis, or inflammation of the throat in fact, but small spots, or patches should be found at the opening of the follicles on the surface of the inflamed tonsils. These exhibit no tendency to spread to other parts or membranes, as in diphtheria, although the exudation sometimes extends downwards from the tonsils. Scarlatina throat affection may prevail therewith only in the same community;

hence importance of correct diagnosis. In scarlatina there is a diffused redness over the whole fauces and surrounding, which is the ground of the affection. The exudation which occurs on the fauces and tonsils is of a soft pulpy character, not in diphtheria it is more firm and tenacious, [illegible] crouph; and the authors differ, some contend that diphtheria and croup are one and the same, while others on the other hand, hold that the one is a constitutional disease, caused by a specific infection, while the other is merely local, partially, and non-contagious.

Prognosis. The death of diphtheria however mild is not free from immediate or remote dangers: so in old cases from Fluid the prognosis should be guarded.

Treatment. As there is no known specific for diphtheria, the indications for treatment are to sustain the patient by nutritious diet, by stimulants and tonics, and to employ remedies both general and local, as symptoms indicate; the strength of the patient being guarded by the administration of wine, beef tea, and nourishing articles of food.

at regular intervals, so the doses time to avoid overloading the stomach. Alcohol in some form is of paramount importance in the treatment of the disease; first because it retards the waste of the tissues, and rallies the past failing powers of life. Secondly because it has a beneficial action upon the poison; it should be administered boldly, yet cautiously. Quinine is a valuable remedy its efficacy first as an antipyretic, secondly, it is one of the most valuable, as well as agreeable one of the bitter

tonics. Iron should be given freely so it acts locally, as well as through the system, the Br of the Chloride, being the best adapted, it may be administered with Chlorate of potash, the potash acting principally upon the inflamed mucous surface. Cod liver oil may be be given in combination with iron, if well borne by the stomach. Locally according to authors of the present day the local treatment should be irritating and directed to prevent infiltration changes in the tissues affected,

and subsequent septic poisoning of the patient. The old practice of the application of caustics, the use of rough mops, and instruments for the purpose of burning, or tearing away the false membrane has given way, to the more humane and scientific practice, our medicaments now being applied by means of the atomizer spray, and gargle, we may use such solutions of carbolic acid, the permanganate of potash, or the Hydrate of Chloral as antiseptics and disinfectants, for the solution of the false

membrane the application of lactic acid, inhalation of lime water in the form of vapor, Salicylic acid has been used by many both internally, and as an application. Special attention should be paid to frequent change of air in the room of the patient, it should be kept moderately warm, and moist. If a case of diphtheria occurs in a family where there are a number of children the patient should be isolated, and all linen, sponges, clothes, and discharges should be thoroughly disinfected before

being avoid from the apartment, and the nurse should not be allowed to come in contact with the children that are not contaminated, the patient should be kept absolutely quiet, and free from any excitement during the disease, and also especially during convalescence, as the heart is weak and death very frequently caused by its failure. Symptoms incidental to the disease should receive attention as occasion, calls for the use of Lysol, Creasote or small doses of hydrocyanic acid, if there is diarrhoea, injections

or some of the astringents.
Nervousness and vigilance
require Chloral, and Bromide
of potash, if there be imminent
danger of suffocation by
obstruction of the larynx,
tracheotomy as the last resort
should be performed.

Intermittent Fever

Thesis
by —

B L Long —
of
North Carolina —
for —
Degree of M.D.

Feby 10, 1881.

This is a noncontagious endemic disease induced by a poisonous influence or malaria which pervades certain districts and seems to be manufactured under certain conditions of the soil by the action of an elevated temperature caused by solar heat and is exhaled from the earth principally at night. As this disease is most prevalent in warm low countries we may reckon among the most important factors the excessive heat of the contracted summer.

fall for few persons can
expose themselves to the
influence of our August
and September sun with
impunity unless they are
acclimated and take every
precaution to protect them-
selves from the miasm
by not going out in
in the morning with
an empty stomach nor
after night as this seems
to be the time when the
miasm has most pos-
sible power. Solar heat
produces only a prostrat-
ing while terrestrial radiation
can not [illegible]

principal diseases of warm climates. The mode in which solar heat contributes to the production of disease seems to be - either by augmenting the general irritability of the system or more generally by exciting inordinate action of the skin and liver and thus rendering them more susceptible to the influence of disease. Between the skin and liver there exists a close and powerful sympathy in consequence of which whatever excites one organ has a

excitement of the other
this however I accept
guardedly. Much confusion
has been hazarded and many
hypotheses been given by
investigators concerning the
causes of this disease which
is not necessary for me
to mention or notice as
it serves my purpose
well enough to know that
Intermittent fever does
exist and prevails more
extensively in the climates of
of warm climates there.
I infer that the miasmatic gas arising from
these effluvia

remote cause and the intense heat of a long summer, together with the cool-foggy nights of early fall predisposes to this disease in what particular manner these two combine to produce their effect I must leave for those who are more advanced in our noble science to say. Of the different forms of this disease the Tertian is most common and occurs every other day. The quotidian and quartan are met with less frequently sometimes but for the

double form but not often. The symptoms of an abscessing intermittent are not widely different from those which we allegate the forming stage of other fevers a dry skin somewhat of a drunken appearance of the face. a sense of lassitude and frequent yawning will be experienced at a certain period of the day if the disease is to be of the tertian form these symptoms could not be felt on

succeeding day but on the second day after at the same time of the day they will again be experienced the paroxism will then hereafter come on sometime however several days may elapse before the disease fairly develope itself and at others the paroxisms will immediately follow the first symptoms of the disease

Each paroxism of an intermittent when regular and fully formed consists of three stages viz. Cold Hot and sweating stage

which succeeds each other
in the above order
When the convulsion is at
its worst it is often
followed by delirium
hemiplegia &c. &c. such
as failing of Cancer
weariness stretching and
yawning and occasion-
ally pain in the limbs
and back. These pains
go on for some time unno-
ticed though it is very
important they should
be as the as the longer
intermittents have lasted
the more difficult

they are to cure and
certainly more apt to
produce visceral trouble
In the Cold or first
stage after some
yawning and stretching
the patient experiences
a chilly sensation
especially in the limbs
and along the spine
these increase and spread
over the whole body
often the patient trembles
and to be violently and
the teeth chatter badly
the hands feet ears and
nose are cold the face

of the tongue and the
blue while the tongue
is worn even more so
than in health the hands
and feet have a bluish
look complain of fatigue
and complain of pain
the eyes are often dim
through the tongue is foul
and moist there is great
thirst loss of appetite and
occasionally nausea and
vomiting of bilious matter
the pulse is small and
frequent the mind feeble
and delirious of tremor
pale and exhausted.

such are the ordinary phenomena of the cold stage. After a period varying from twenty minutes to three or four hours the average being about one hour the first stage passes gradually into the second stage the sensation of coldness yields to a feeling of marked heat the skin becomes intensely red and the face bears the flushed expression and becomes animated and flushed the lower [illegible]

increased the urine full and strong first increased urine first colored, the stage lasts from one to eighteen hours and then gives way to the third or sweating stage which completes the convalescence.

As the surface becomes moist the fibrin hardens into patches on the surface of the skin and desquamation the face becomes pallid the local pains and uneasy sensations disappear from the general feeling of

and restoration of health.
The lungs being the terminating point of this and the most dangerous is limited to inflammation and in many cases when the disease is quite simple with no local irritation or congestion this afflicted lungs seems to be one of entire freedom from disease.
It intermittents and thus checks the flow of other unpleasant consequences which a depletion

to return; but if allowed
to run on they produce
very disagreeable results
The most common of
which is enlargements
of the bowels and liver
which is apt to prove
on dropsy. Ordinarily
no more treatment is
needed in the first
stage than to keep the
well and active and
and bathe the
and feet - and
the
In the
fever and
after

draughts as they quiet the stomach, and promote diaphoresis. — I am thoroughly convinced from experience that full doses of Quinia given in the febrile state is most effective. The Quinine may be given broken down or a full dose about four hours before the paroxism — When the disease becomes chronic Fowlers Solution in 5 gtt doses ter-die except on the 7th 14th & 21st days. On these days should give Quinine 10 gr —

Where there is enlargement of the spleen and torpidity of the liver I know of no treatment that acts so well as the Hydro-acid and Taraxicum internally or the Lobelia and sponging over the region of the spleen and liver with the Hydro acid bath. This is a pint of water apple night and morning. I shall not go into the preventive treatment but will conclude with a knowledge of the imperfect manner in which this subject has been handled.

B. L. King
North Carolina

July 10 1881

Bell's Cross
Of Orangeville
Columbia County
Pennsylvania

the commencement a feeling of

of food as that commence, the will

ugh of considerable accompan

ceed of business by an

ivals of variable duration in

The disease [illegible] the time
[illegible] the patient shall have la-
in this bed then more symptom
will be developed fever of
considerable violence the pa-
changed in appearance becomes
ashed and assumes a dark
[illegible] of the patient
[illegible]
[illegible] the day this [illegible]
[illegible] becomes [illegible]
[illegible]
[illegible] approaches this is [illegible]
[illegible] restlessness wakefulness and [illegible]
[illegible]
[illegible] reduction this time [illegible]

[illegible] would be [illegible]

[illegible]

[illegible]

[illegible]

[illegible] before passing a line will

be applied for one or two weeks,

[illegible] the abdomen still

a line-line will find in the right

[illegible] region tenderness [illegible]

[illegible]

[illegible]

[illegible] over the chest, [illegible]

[illegible] the patient will have

fever for a period of [illegible]

[illegible]

[illegible]

[illegible]

[illegible] period [illegible]

[illegible]

convalescent in about one month in severe cases as the disease progresses we will have dicrotic pulse sub [illegible] of urine [illegible] from the bowels and if death occurs [illegible] convalescent difficulty may [illegible] tissue, glands or deep tissues, are [illegible] of Peyer's patches with ulceration and consequent [illegible]

or perforation of intestine is
feared, it seems to me quite evi-
[illegible] the disease [illegible] been estab-
lished the Physician should be
particular in his directions and
the nurse faithful in the discharge
of her duties. [illegible]
this [illegible]
[illegible]
[illegible]
[illegible]
the study of [illegible]
[illegible]
from the normal 98.5 to 104.5 on
the evening of the fifth day of
in the morning [illegible]
temperature should [illegible]
[illegible]

[illegible] should not be such a diff[illegible]

[illegible] much of a difference in tem[illegible]

[illegible] between morning and even[illegible]

is not a good sign. I am not awar[illegible]

[illegible]

[illegible]

[illegible]

I found valuable constantly [illegible]

[illegible] 1. The discharge from the bowel[illegible]

[illegible] liquid and brown; there is great

susceptibility to action of [illegible]

[illegible] Through the attack the urine

will be scanty, highly colored and

excess of urea, deficiency of chlorides

and in severe cases the urine [illegible]

[illegible]

[illegible]

[illegible]

not common, if uncommon in the typhoid form. There is a [illegible] among writers as to [illegible] it being claimed that a [illegible] [illegible] [illegible] the [illegible] of [illegible] of the [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] paralysis and necrosis of the [illegible] bones.

Morbid anatomy.

The [illegible] [illegible] [illegible] [illegible] affection in a case of typhoid fever is the ulceration of the agminated glands [illegible] [illegible] [illegible] glands and [illegible] [illegible] [illegible] [illegible]

glands are thickened and [illegible]

[illegible] The surrounding mucous [illegible]

[illegible]

[illegible] ulceration and [illegible]

[illegible] formation in favorable cases the

glands heal by granulation the

[illegible] glands are affected also

[illegible]

[illegible] many granular [illegible] and

[illegible] granulation [illegible]

[illegible]

[illegible] previous diseased in the [illegible]

[illegible]

Conclusion [illegible]

[illegible] conditions of [illegible] [illegible] a tendency to [illegible] at [illegible]

[illegible]

[illegible]

[illegible]

dor, the inhabitant of Infected [illegible]

[illegible] their almost perpetual

[illegible]

[illegible]

[illegible]

[illegible]

promoting the spread of the

disease overcrowded [illegible]

foul air closed cellars, cooking

[illegible]

[illegible] typhoid bacilli, yellow

wells of drinking water, and [illegible]

[illegible]

[illegible] definitely as to

the producing causes

will enable us to distinguish the

and we will not have recourse

to Infusoria or to Bacteria

will be a slower process but

[illegible] sinuosities and the

[illegible]

but from these observations

guide us in future when we

chlorosis or bronchitis in

and we have been able, in the

constitution in the latter

[illegible]

[illegible] days. Prognosis. different [illegible] will cause a rapid mortality in this disease, the fecal perforation by ulceration of [illegible] so uncertain in prognosis that it would account the [illegible] in determining the indication [illegible]. Treatment.

When drawing discovered that [illegible]

medicine, good nursing will do a
[illegible] more than any little medicine if
fevers are active at first a large
[illegible]
dose will be required to produce
[illegible]
is at its height with bleeding
[illegible]
with Ipecac and at the same
time
give liquor ammonia acetatis
diluted, in table spoonful
[illegible]

[illegible]

[illegible]

[illegible]

be given the first three or four
days with a small amount
of milk [illegible]
[illegible]
many cases [illegible] be required
[illegible]
whey at first, later brandy,
whiskey punch a table spoonful
of whiskey every [illegible]
[illegible] or even every [illegible]

[illegible]

[illegible] second week a [illegible]

The most and so alarming,
be necessary sometimes to
use the patient in a deep
produce the annihilation of
mind, this course we may be
obliged to pursue both night
and day otherwise the patient
might sink from lack of
nourishment as a cumulative
Dr. Irwin has no place in the
life are as a barrier it is in
[illegible]
and we barely fear chan
[illegible]
grain doses may be given.
[illegible]
ll call for extra or different
[illegible]

[illegible]

degrees and about of the [illegible]

[illegible] the body the [illegible]

[illegible] and [illegible] [illegible]

[illegible] tepid water and with

[illegible] [illegible] [illegible]

[illegible] would tend to prevent

[illegible] [illegible] [illegible]

[illegible] [illegible] and a length, [illegible]

[illegible] [illegible] [illegible]

[illegible] [illegible] [illegible]

[illegible] [illegible] [illegible]

I would not practice it more

than once. There will be tendency of

the [illegible] [illegible] [illegible]

[illegible] I would rather be [illegible]

[illegible] [illegible] to be greater [illegible]

[illegible] [illegible] [illegible]

[illegible] in which [illegible]
[illegible] which mustard is stirred [illegible]
[illegible] effectual [illegible]
[illegible]
[illegible]
[illegible] full of tannic acid
[illegible] opium with three grains
[illegible]
[illegible]
will generally arrest it. [illegible]
[illegible] the bowels [illegible]
[illegible] occurs and if dangerous
calls for astringents and opi[illegible]
[illegible]
[illegible] occurs the effusion of [illegible]
[illegible] will be found [illegible]

[illegible] medicine

[illegible]

[illegible] adapt three or four times a day in succession. The state of the bowels would [illegible] each day. Bed sores in fractured cases are to be feared so much care can not be taken to prevent them. Frequent change [illegible] be bathed with whiskey, [illegible] of camphor mixed with [illegible] oil or soap liniment, [illegible] [illegible] be tried. [illegible] follows when a fact to [illegible] of

[illegible]

[illegible] with soap plaster or a [illegible]
[illegible] will be good, when [illegible]
[illegible] specialities occur we will
[illegible] at like can when with dem
[illegible]
varied to meet the conditions.

My object has been to give a
plain short description of it
[illegible] case under consideration with
the [illegible]
only pursued, of course each
day may call for some change
in treatment the disease will [illegible]
a problem which the physician
will solve as each [illegible]

[illegible] profound [illegible], a [illegible] of the original condition of society would seem to [illegible] [illegible] of the disease may be [illegible] time, it is [illegible] already existed from a period [illegible] become [illegible], [illegible] when in greater force, for men, [illegible] not in a state of nature, did not [illegible] to obey blindly, [illegible] [illegible] of the [illegible] [illegible]

[illegible] to affections of the genital organs, and among them syphilis, which all the care and [illegible] of modern times, at last [illegible], have been made to [illegible]. This [illegible], of course, [illegible]; and it is certain that [illegible] must trace the origin and propagation of all infectious diseases of the genitals, in all ages, [illegible] infection of [illegible], [illegible] by the act of [illegible] [illegible] found in later times [illegible] [illegible] [illegible] [illegible]

[illegible] thereby the [illegible] of [illegible], [illegible] of the [illegible] lines and [illegible] or four wires, called [illegible], and a great number of [illegible]. From the foregoing [illegible] of the disorder of a [illegible] which has [illegible] from its earliest dawn, we may safely [illegible] that the disease existed prior to the time of Columbus.

The theory [illegible] refers the origin of syphilis to [illegible] [illegible] the first [illegible] [illegible] in Spain, in [illegible], only a year before the [illegible] of the [illegible] in Italy, [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

the West Indies, or brought there by

the Spaniards, [illegible]

necessary to enter into a lengthy

discussion on this point, [illegible]

think I may safely say that the

those authors of the present day

who have paid the most attention

to the subject, regard the Red

man from of the unbroken American

[illegible]

Pandemic is to be classed as a

recent entry, Chinese Medicine

[illegible]

[illegible]

[illegible]

many years before the birth of Christ.

Syphilis is a constitutional disease caused by the absorption of a secretion [illegible] manifesting itself [illegible] appearance of [illegible] where the [illegible] after [illegible] by a [illegible] which is [illegible] organ in the body.

The [illegible] of the [illegible] exclusive what it is, has not [illegible] microscopic [illegible]

[illegible]

the belief by which the action is dictated, the kind of agency is, as above, varied according to the belief's tendency, if we compare the [illegible] of [illegible] of many authors, giving their opinions, holding [illegible]

[illegible] of [illegible]

[illegible] imagined an [illegible],

[illegible] not aware of any [illegible]

[illegible] will be [illegible]

[illegible] [illegible], at [illegible] side of these at the same time, passing it from mouth to mouth. Some interesting examples of [illegible]diate [illegible] have been [illegible], [illegible] [illegible] [illegible], [illegible], after [illegible], [illegible] [illegible], [illegible] these [illegible], without [illegible], he submitted [illegible] intercourse with the [illegible] [illegible] [illegible], [illegible], [illegible].

[illegible]

[illegible], [illegible]

[illegible] of the stone in the

[illegible] form of the [illegible]

keratitis and a peculiar

[illegible] condition of the [illegible]

[illegible], particularly of the upper

[illegible].

As to the character of the [illegible]

[illegible]

[illegible] it [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] the Chancroid, [illegible]

[illegible] are the following,

Chancre [illegible]

[illegible] incubation, and usually [illegible]

[illegible]

[illegible] incubation and usually

[illegible] Chancroid [illegible]

Chancre [illegible]

[illegible]

[illegible] chronic

[illegible]

[illegible] external causes. Chancroid

[illegible]

[illegible] to [illegible]

[illegible]

[illegible] another, Chance [illegible]

[illegible], and attack [illegible]

[illegible]

[illegible] be incorporated.

[illegible]

Chance [illegible] subsumes,

[illegible] [illegible] [illegible]

[illegible], Chance [illegible]

[illegible]

Exhibitions, or similar affairs [illegible]

[illegible] Little Testament,

[illegible] festations, [illegible] appearance
[illegible] should also be used,
[illegible] will [illegible] the [illegible]
[illegible].

[illegible] treatment of syphilis in [illegible],
[illegible], and [illegible], and [illegible]
[illegible] be [illegible] when [illegible],
[illegible]
[illegible] the ordinary [illegible] of [illegible],
change of air will [illegible]
[illegible] of [illegible]
[illegible] the [illegible], change

[illegible] claims, or from disease
[illegible] includes all substitutes
[illegible] and quinine and acids is
[illegible] at least half of the treatment
[illegible] any cause, [illegible]
[illegible] but, the home remedies
[illegible] have been left untried or the
[illegible] and [illegible] shine. But not
[illegible]
[illegible] excess and the prophylaxis
[illegible] of [illegible], the treatment was
[illegible] divided for [illegible]
[illegible]

[illegible]

[illegible] after the

appearance of a [illegible],

[illegible] in [illegible] manifestations

[illegible]

[illegible] book, [illegible]

[illegible] a little [illegible]

[illegible] the [illegible]

[illegible]

[illegible] paper this stage of the [illegible]

[illegible] are without [illegible], the [illegible] of [illegible] [illegible] [illegible] [illegible] is [illegible], [illegible] the methods in common use are as the following, by the [illegible] [illegible] and hypodermically, all of [illegible]

[illegible]

The prob-

[illegible]

[illegible]

[illegible]

[illegible]

where it is desirable to bring
the patient
the influence of mercury,
[illegible]

[illegible]

[illegible]

[illegible] syphilis the treatment of
the disease with mercury
should be continued, but the
iodides should be given in
large doses, as these appear
to have more effect on the

[illegible]

End