These manuscripts described as either an Inaugural Dissertation or an Inaugural Essay were presented to the University of Maryland for the Degree of Doctor of Medicine and Doctor of Phyisc during the years 1843-1847. The individual dissertations were bound together during the 1840's. The original edition of contents for the bound volumes contained multiple errors in authorship names, titles, and years. To address these errors, an additional "Corrected Table of Contents" has been inserted at the beginning of each volume.

The project team who investigated and corrected the tables of contents were: Richard J. Maginn, Historical Librarian/Preservation Officer; Maria Milagros Pineda, Metadata Management Librarian; Angela Crooks and Carol Hunt-Beeny, Reprint and Division, Sarah B. McLoone, Librarian and Megan Wolfe, Services Division.

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University of Maryland Theses

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

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An Inaugural Dissertation
on
Stranex
Submitted
to the examination
of
the Present Regents of the Faculty of Physic
of the University of Maryland
for the degree of Doctor of Medicine
by
DeWitt Snowden
Prince George County
Maryland

February 1878
Tetanus consists in violent tonic seizures of the voluntary muscles, with the power of sensation and thought unimpaired. There exists, therefore, a radical difference between this disease and the affections which are properly called convulsive, for in the latter forms of spasmodic diseases, more or less disorder of the sensorial and intellectual powers almost always exist, and the spasmodic affection is characterized by sudden contractions and relaxations of the voluntary muscles, alternating in quick succession, giving rise to violent, convulsive motions of the body and extremities.

Tetanus is divided, by neurologists into different varieties, according to the particular set of muscles chiefly affected. When the affection is confined to the muscles of the jaws and throat it is called trismus or locked—jaw. Sometimes the extensor muscles of the trunk and inferior extremities are principally implicated, causing a rigid recurrance of the body, so as to bend it violently backwards in to the form of an arch, and this variety is denominated spastotonic.

The term emprosthotonic is applied to the disease when the body is curved towards, and pleurosthotonic designates lateral incurvation. These distinctions perhaps of practical importance, the disease being essentially the same in all of them.
There is another distinction, however founded upon etiological circumstances, which is of more consequence, both in a prognostic and therapeutic point of view; to bear in mind, namely, the division of the disease into idiopathic and traumatic tétanos. The former term is applied to those cases which arise from the operation of general causes, such as cold, or narcotic poisons; the latter designates those instances which occur in consequence of some mechanical injury, such as wounds, bruises, burns, and other organic lesions. Tétanos almost always approaches gradually, so that several days often elapse between the first manifestations of its invasion, and its state of complete development.

At first, a slight stiffness is perceived in the back part of the neck, which, after a short time, becomes considerably increased, and at length renders the motion of the head both difficult and painful. With the rigidity of the head there is likewise an uneasy sensation at the root of the tongue, together with some difficulty in swallowing, and a great tightness is perceived about the chest, with a pain at the extremity of the sternum. Shooting into the back, a stiffness also takes place in the jaws, which soon increases to such a height, that the teeth becomes so closely set together, as not to admit of the
smallest opening. This is what is termed the locked jaw or trismus. In some cases, the spasm of the affection extends no further, in others it remains at this stage of the disease, returning with great frequency, and becomes likewise more general, and not only the muscles of the neck and jaw, but likewise those of the whole spine, too to bend the trunk of the body very forcibly backwards, and this is what is called spastic tone. Where the body is bent forward, the disease is called imprint tone. During the whole course of the disorder, the abdominal muscles are violently affected with spasm, so that the belly is strongly retracted, and feels very hard, most obstinate constipation prevails, and both the flexor and extensor muscles of the lower extremities are commonly affected at the same time, so as to keep the limbs rigidly extended. The flexor of the head and trunk become at length so strongly affected as to balance the action of the extensors, and to keep the head and trunk rigidly extended and straight, as to render it incapable of being moved in any direction. The arms, which were little affected before, are now likewise rigidly extended, the tongue also becomes affected with spasms and being convulsively darted out, is often much injured by the teeth at that moment snapping together.
It is this state of the diseased that the term tetanus has been
strictly applied. The disorder continuing to advance, every organ
of voluntary motion becomes affected, the eyes are rigid and immovable
the countenance is terribly distended, and express great
distress: the strength of the patient is exhausted, and the pulse
becomes irregular, and one universal quiver puts an end to the
most miserable state of existence.

The usual mode of termination in fatal cases is by suffocation;
in some instances, all the muscles become completely relaxed
a short time before death takes place. The patient seems to
have emerged from his terrible malady. Every part of the
body joins in the ordinary state of relaxation.

Suddenlly, however, extreme prostration of strength ensures
he becomes insensible and comaetizes: the countenance assumes
a cadaverous expression, and death speedily follows.

The mind is very rarely disordered in tetanus. The appetite
and the digestive functions, also are generally but little affected.

The duration of tetanus is various, although it commonly
terminates before the fifth or sixth day, and not infrequently
as early as the third day. In some instances, however, it continues
much longer and occasionally it assumes a chronic character.

When the disease is about terminating favourably, the remissions
become more complete and protracted, during which, the patient frequently experience a sense of paresis in the extremities. It always passes off very gradually, and in general the postural and abdominal muscles are the last to regain their healthy condition. An increased irritability of the nervous system and general weakness continue several months after recovering from an attack of tetanus. According to the statement of some writers, tetanus sometimes passes into other forms of disease. Stark states that it has been known to terminate in remitting and intermittent fevers.

Instances have also been recorded, in which, paralytic symptoms remained after the subsidence of the disease.

Causes: Tetanus arises more frequently in warm climates than in cold ones, and it is very apt to occur when mud rains or moisture quickly succeeds excessively dry and sultry weather. Tetanus attacks persons of all ages, sexes, temperaments, and complexions, but the male sex more frequently than the female, and those of a robust and vigorous constitution than those of a weak habit.

An idea is entertained by many, as Thomas observes, that negroes are more predisposed to attacks of tetanus than white people, they certainly are more frequently
affected with it, but this circumstance does not arise from any constitutional predisposition, but from their being more exposed to punctures and wounds in the feet, by nails, splinters of wood, pieces of broken glass, &c. from usually going barefooted.

Tetanic affections are occasioned either by exposure to cold or by some irritation of the nerves, in consequence of local injury by puncture, incision, or laceration. Accidental wounds of tendinous parts prove in warm climates a never failing source of these complaints.

In cold climates, as well as warm, the locked-jaw frequently arises in consequence of the amputation of a limb. Attacks of tetanus are seldom attended with any fever, but always with violent pain, and the spasm do not continue for a constant but the muscles admit of some remission in their contraction, which is frequently renewed, especially if the patient makes the least attempt to speak, drink, or alter his position.

When tetanic affections arise in consequence of a wound, puncture, or laceration, in warm climates, Dr. Thomas observes they are almost sure to prove fatal. The locked-jaw in consequence of an amputation, likewise proves fatal.
When these affections are produced by an exposure to cold, they may in most cases be removed by a timely use of proper remedies, although a considerable space will probably elapse before the patient will be able to recover his former strength.

Tetanus is particularly apt to follow wounds in which a nerve is partly divided or lacerated without being completely divided. The insertion of an artificial tooth, including a nerve in a ligature passed round an artery; the excision of tumours, compound and comminuted fractures; gun-shot wounds; cutting too close the foot too closely; the sudden access or introduction of cold air into wounds, particularly of gun-shot wounds when the clots of blood are about being thrown off.

Traumatic tetanus frequently does not come on until the wound which gives rise to it has cicatrizied.

Tetanus may also be produced by drinking cold water, while the body is in a state of free perspiration from fatigue or exercise in warm weather. Tetanic spasms sometimes occur in the latter stage of severe forms of fever.

Pathology: From being those muscles particularly affected which derive their nerves from the spinal marrow whilst those which are supplied with ganglionic nerves are, in a great measure, exempt from spasms, as well as
from the undisturbed state of the sensorial and intellectual functions, tetanus was at an early period of our science, referred to the spinal marrow as its primary and essential location. This pathology of tetanus is moreover supported by the fact that tetanic spasms may be artificially produced in animals by thrusting a slender wire along the spinal canal, thus to irritate the marrow without materially compressing it. This experiment has been frequently performed by Dr. Walther of Berlin, with the most striking results. The fact therefore that strong marks of inflammation in the spinal prolongation of the encephalon are very common post mortem phenomena in tetanus appears to be sufficiently established. It may be doubted, nevertheless, whether these morbid conditions of the spinal cord be the proximate and essential cause of the tetanic spasms, or only secondary and one of the ultimate consequences of the disease. If, on the one hand this view of the nature of the disease be favored by the occasional successful employment of topical bleeding, blistering, irritant, and cauterizing applications along the course of the spine, it is on the other hand as strongly discredited and by the equally frequent beneficial effects of alcoholic liquors, and other powerful internal stimulants.
hands proved most successful. These facts may be irre-
severable, according to our imperfect views of the pathology
of this affection, but they are not withstand ing facts,
and there is therefore something in the nature of the disease
which, in spite of theory, renders both exciting and depth-
ening measures, at times, decidedly beneficial.
Paralysis is manifestly an irritative disease. In the
traumatic variety, it would seem to be the result of
a peculiar irritation passing from the extremities
of the wounded nerves to the origin, giving rise to motor
action in that part of the nervous center which more
immediately presides over the powers of the voluntary
muscles. Hence opium or whatever is capable either
of blunting the irritability, or causing a stronger
counter-excitement in the nervous system, may
overcome such excitement and ultimately subdue
the disease.
As however, all violent local irritation tends to produce
conjection, and finally more or less inflammation in the part
this may, at times be an early consequence. These general
and local depletions will be proper and, if promptly and
efficiently practiced, in conjunction with other suitable.
remedies, before effusion and disorganization have taken place, may prove successful. They, even direct depletion, and the liberal use of opium, are not incompatible, for while we diminish the momentum of the circulation on the one hand, we lessen, on the other, the morbid irritation upon which the disease and the inflammation depend.

A small number of cases may be cited in which copious blood-letting was decidedly beneficial. Cases of traumatic tetanus have been successfully treated by copious blood-letting, opium, mercury, and the warm bath.

Local bleeding by leeches, wraps along the track of the spine, is decidedly indicated in this affection.

Purgatives also are important auxiliaries in the treatment of this affection, and we are advised by some to rely on them as a principal curative means, which I think, will strike all at the height of folly. In all instances, perhaps, it will be proper to exhibit active cathartics, not only with the view of removing the ordinary sources of intestinal irritation, but also as revulsive and depletory measure. Calomel followed by oil may be given in the commencement of the disease, and repeated according to circumstances of the case.

There is no remedy whose good effect in this disease is so frequently
mentioned as opium, its good effects are, however, not to be produced from a small dose, the quantity of opium which has been advantageously given in some instances is indescribable. It should be continued until it either produces sleep or stoppage of breathing. The bowels should always be well regulated by active cathartic and injection, previous to resuming the opium. Mercury also has been a good deal employed, and according to respectable authorities, with decided advantage in tetanus. By placing the patient in a warm room, and then rubbing in large quantities of mercurial ointment over the limbs and body until feverishness was raised, opium should always be used with the mercury. Sarrey, however, reports that mercurial friction during the French campaigns in Egypt, almost uniformly, did harm. Dr. Ritch cured a case in the Pennsylvania Hospital by copious salivation, injected by herbs and wine.

Wine and other alcoholic liquors, though apparently contra indicated, have been much used, and successfully too, in tetanus, in conjunction with barks, mercury, and irritative applications to the wound. Various other stimulants have been employed in tetanus. The spirit of turpentine, in particular, has late years attracted considerable
attention as a remedy for this disease. Tobacco is an old remedy for this disease, and has lately gained a very great reputation to be used either as an injection or incantation, but I think I would rather employ an injection of theovic bactrin in a sufficient quantity to produce artificial mebicca. It will of course produce a relaxation of all muscular power and employed with blood-letting and opium I think would be an excellent remedy.

The purgative acid seems to have gained some reputation in this disease also, the injection of cantharides, both must be given in large doses. The application of blistering, caution along the spine is an old and very good remedy, natural is sometimes employed, but I think it might as well be let alone for when it is employed, there is no hope.

The application of moxa along the spine might not doubt be used with advantage. From all that has been said concerning the treatment of tetanus, it appears manifest, therefore that, epions bleeding, leeching, and cupping, along the spinal region, mercury, large doses of opium, tobacco enemas, active purgatives, the use of wine, and caustic applications over the cervical and dorsal vertebrae, constitute the most important curative means in this affection.
It is highly probable notwithstanding, that there exist, as an
essential link in the chain of causation, strong irritation
in the spinal marrow and its membranes which in most
instances, gives rise to vascular congestion, and in the
progress of the malady, to inflammation and its conse-
quences are I presume, not essential to the production of the
disease, but a consequence only of the spinal irritation
upon which the spasmodic affection depends.

On dissections of this disease, slight effusions within the
cranium have been observed in a few instances, but in by far
the greater number, nothing has been discovered either in
the brain, or any other organ.

Prognosis. The prognosis in this disease is always highly,
unfavorable. Traumatic tetanus is particularly fatal in its
tendency, cases that depend on general causes are usually,
much more under the control of medicine. That variety of
tetanus which occurs in new-born infants terminates,
amost universally, in death.

Barry states, that if the pulse becomes very frequent on the first
day of the disease, if it rises above one hundred and twenty
beats in a minute, the case may be regarded as inevitably
mortal. When on the contrary, it does not yet beyond one
hundred or one hundred and ten beats by the fourth or fifth
day reasonable hopes may be entertained of recovery.
When the disease commences gradually, and the muscles of the
jaws are alone affected during the first three or four days;
when the abdomen is not prematurely hard, and the bowels
obstinately constipated, when the skin is moist and moderately
warm; and above all, when the patient enjoys sleep, we
may entertain strong hopes of an eventual recovery.
An increased flow of saliva, where mercury has not been
used, is always to be regarded as favourable; and the slight
general expression of the countenance is changed, the better.
On the other hand, where the attack is violent and sudden;
when the muscles of the neck, back, and abdomen are rigidly
contracted; when the patient complains of a shooting pain from
the sternum towards the spine; when the belly feels hard and
the least pressure thereon produces spasmodic twitchings or con-
tractions of the muscles of the neck, jaws, &c., or when the same
effect is brought about by the presentation of any substance
solid or fluid, near the mouth, we may have much reason to
fear a fatal termination.

Treatment. When a wound or injury has been received from
which tetanus may be apprehended, efforts should be made to
prevent its occurence, by a proper management of the local injury. Experience has fully established the fact, that the best means for preventing the disease is the production of free suppuration in the injured part. When this proves can be fully established in wounds, even of the most unfavourable character, the occurrence of the disease will almost certainly be prevented.

It has been frequently observed, that the less inflammation there is in the injured part, the greater will be the liability to tetanus. This circumstance has suggested the propriety of exciting inflammation in the injured part by means of irritating applications. For this purpose we may apply spirits of tarzen, lunar caustic, caustic lea, cantharides, or, according to Larrey, the actual caustic, followed by warm stimulatag preservatives, or the part may be incised or sacrificed, and afterwards further irrigated by some applications of this kind. When nerves or tendons are but partially divided by the injury, the division should be completed by free incision.

General remedies have also been recommended with the view of preventing this disease. Larrey insists strongly on the importance of preventing the access of cold and damp air to wounds, particularly, gun-shot wounds, as a prophylactic measure. Dr. Thomas states that in the British army opium
is mixed with the digging as a preventive of this affection.

Dr. Clark advises a slight mercurial fomentation after unfavorable wounds more especially in hot climates. An equable and comfortable temperature, with a simple diet and rest, are important auxiliaries in preventing the disease after wounds.

A very great variety of remedies and modes of treatment have been proposed, and occasionally employed with success in this frightful malady. Any one who consults the records of medicine for light on the immediate management of tetanus will probably find himself very much perplexed.

He will find the doctrine of its dependence on spinal and ganglionic inflammation strongly, countenanced by examples of post-mortem phenomena; and yet he will read on the one hand, the laconic, but sweeping, denunciation against the most powerful antispasmodic—bleeding, is to be condemned; whilst on the other hand, he will find stimulants and tonics repudiated, and prompt and copious depletion pointed out as the sheet anchor of our hopes.

He will find Bougainville and others ridiculing the idea of treating tetanus with stimulants and antispasmodics; and then turning to Morrison and other respectable authorities, he will find these are the very remedies which in their
An Inaugural Dissertation

on

The Congestive Fever of 1839

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

L. W. Miltenberger

15th February 1840

of Baltimore Md.
This disease first made its appearance in the Infirmary on May 1st, and continued from that time till the middle of September. The first case that was brought to my notice was a woman of the poorer class, not only appear among the patients, but also among the patients. The name or about the Infirmary.

The Congregate Fever of 1839


as seen at

the Baltimore Infirmary.
This Fever first made its appearance in the Infirmary on May 17th, and continued from that time till the middle of October. The first cases that were brought in were among the seamen; the disease did not appear among the citizens-patients till near or about the middle of June.

This form of Fever was a cause to all engaged in the medical department, one of the most absorbing interests. Being a disease which was liable to be presented to us, in this section and indeed throughout the southern portion of our country annually caused by a specific agent, the results of which we would be called upon to treat oftener than any other form of disease. Being more violent than the fevers of the same type, which had occurred in the house for many years above every other consideration requiring such constant attention and much discrimination in the treatment, as to render the progress of every case, a continued scene of instruction and excitement. Besides, the first case, appeared to
the student of the house, to be one of such deadly and fatal power as to impress it upon their minds forever.

Case 1. — The cause of this fever was evidently Malaria. Every patient, without exception, who came in with it, had been residing in a malarious district. They were mostly labourers who were exposed to the heat of the sun during the day, their systems thus becoming more debilitated and more liable to be deeply affected by the poisonous malaria of morning and evening, to which, in most cases, they exposed themselves or others who would be still more exposed to the same predisposing and exciting causes, which were doubtless aggravated by the free use of ardent spirits, by almost every one of them. The action of the exciting cause was certainly modified by all these causes which are known to affect the action of malaria upon the human system, thus giving rise to more or less irregularity in each individual case.

Proceeding the development of this fever, there were numerous cases of Intermittent Fever of unusual severity and uncommonly intractable, accompanied
always begin with marked 3 deep congestion, together with those many cases of hepatic toper and functional derangement of the digestive organs. This circumstance is important as regards the history of the disease, showing that the "miasma" must have been received in a more concentrated form than usual, from the fact, that all or nearly those cases of intermittents to which I have alluded, as occurring previous to the time of its development, were generally more difficult, than in other years to relieve and more constantly the marks of deeper congestion. The cases also of hepatic toper and functional derangement, coming under our notice before its breaking out and during its prevalence were extremely obstinate. So very powerful indeed was the impression of the morbid cause upon the brain, that in one well marked case, (a patient who appeared to have been a strong, hearty man), the pulse for four or five weeks, never rose above forty strokes in the minute, although during the whole of that time, he was kept constantly upon tonics, after passing through a proper mercurial course.
Symptoms.—The patient never entering the
chance till some days after being attacked, be-
fore this deprived of the opportunity of following
the disease through all its stages from first to last;
but judging from the cases of intermittent, prevailing
before at the time of the prevalence of this disease,
and from the usual cause of fever of the kind,
we may conclude that the following was the train
of symptoms, occurring with slight modifications, in
every case:—Exposed to the constant action of
this mischief making agent (Malaria), which acts
like a narcotic poison first attacking the brain
and nervous system, the patient first experiences
a slight sense of lassitude— an inability to engage
the operations of his mind, to any particular subject
with his accustomed powers of concentration— a
general uneasiness, loss of cheerfulness, muscular
weakness, &c. These symptoms continue for some
time—that perhaps the next step in the disease,
which attracts the attention of the patient is a
loss of appetite & derangement of the digestive
functions and now is indeed the morbid disease.
fully commenced; at this time the heart excitement begins to show themselves by these and other symptoms: The tongue becomes covered with a fur which at first light, gradually darkens through every succeeding stage; the pulse becomes slower and suppressed; there is a sense of weight and fullness about the right hypochondrium and the epigastrium; there is a want of bile in the evacuations (if any) from the alimentary canal and almost constant constipation. These symptoms are thus produced: Malaria in its primary action is now almost universally acknowledged to be a sedative and upon this principle alone can the phenomena of fever arising from Malaria-miasma be explained. This primary depressing influence is exerted upon the brain, the energy of that organ is diminished, and it is no longer enabled to communicate the usual nervous power to the nerves proceeding from it. Hence arises the delirium, sense of weakness, want of power of the mental faculties, etc. The cardiac plexus of nerves not receiving from the brain these nerve stimulations the power of the heart is reduced to contraction expelled.
The blood not being impelled with ordinary velocity by the heart, is not driven throughout the capillary system; the contractile power of the heart being so much diminished that it can not force the blood out of the larger blood vessels and consequently congestion is then formed, or if we believe that the circulation in the capillaries is carried on by their peculiar power of vital extensibility, this power is so much lessened, that they can no longer contribute to relieve this congestion. From the condition of the system thus briefly described we can readily see how the slow depressed pulse, the sensation of weight and tension in the hypochondrium and epigastrium &c. &c. &c. from the physiological fact, that the peripheral circulation is further removed from the centre of the vascular system than any other equally important part of that system and that consequently when the action of the heart is diminished at all, this circle is among the first to be sensible of and to suffer from the change, we would naturally conclude, that in such a state as was above mentioned, this would be the first point, where we should
Affect to find congestion of this to actually the case.
Now, at the same time that this occurs, the force of the
circulation being of course, depended in every part of the
system, the brain falls into a state of congestion
and consequently becomes more infected, imparting
depth to the nervous fiber and increases the evil by
which it was condition was caused. Be thus have
great disarrangement of both the nervous and vascular
systems and from these may be traced all the
phenomena of the disease. The excretory and secreting
apparatus depend for the proper performance of their
functions upon the nervous influence they receive and
upon the quantity and quality of the blood distributed
among and as it has been shown that these organs
do not receive their full share of nervous energy as
the blood, which come if the organs are absolutely
turgid (those connected with the portal circle) whilst
others are almost entirely deprived of their usual
quantum of the circulating fluid — differs as much
in quantity from their ordinary supply, the guilt
also being charged we should look for these very
disarrangements, which are constantly present.
May the quality of the vital fluid be changed and for this reason—from the condition of the nervous system, the lungs do not act with their usual force, the respiration being laboured—afford at the same time, that from the decreased action of the heart, the common usual quantity of the circulating fluid is not sent through them and there can not, of course, be affected that necessary change in the character of the blood, which takes place in health.

Having thus seen the reason for the disarrangement of function of these secreting and excreting organs—

a step farther and observe, what organs are particularly affected. Think we perceive the want of bile in the stools if any evacuations do occur, we find the sensation of weight, before escape of gas in the region of the liver and in the advanced stage, we have the yellowness of the conjunctiva and sometimes the yellow tinge of the skin, now known not to be caused by the bile being absorbed and carried into the circulation and thus throughout the system, but by the elements of the bile not finding their usual outlet from the secreting vessels of the liver, being
retained in the blood and carried in the course of the circulation to every part of the system. All these widely differ from the liver as being in a state of deep congestion.

The next point is the constipation and how to account for it. To produce the regular alvine evacuations, two things are essentially requisite—first, that the muscular coat act with its usual energy in order to do which it must receive its full share of nervous power so that its tonicity be preserved—but this we have seen to can not receive in the state of the system, which I have been endeavouring to depict. And secondly, that the mucous glands, the glands of Brunner and the glands of Pancreas perform their function of excretion with their natural activity—but this also we have found to be impossible whilst the system is labouring under this incalcul (Congestion). But we must also remember that the liver is not now throwing off its bile, which, whether it be, as supposed by some, the natural evacuant or not, is certainly absolutely necessary to the proper performance of this function. It is but further the state of congestion with the arrangement consequent upon it, giving rise to irritability of the stomach.
Das war ein sehr wichtiger Punkt. Er sollte nicht unterschätzt werden. Die Konsequenzen für die Zukunft kamen nicht in Betracht. Es war notwendig, dass wir uns darauf konzentrierten, und die Ergebnisse lagen vor uns. Aber die Wirkung dieser Maßnahme war deutlich zu sehen. Es war eine Herausforderung, aber wir waren bereit, das Risiko einzugehen. Es war wichtig, dass wir die richtigen Entscheidungen traf...
The tongue at the same time by its appearance evinces plainly the deranged conditions of the secretions of the alimentary canal and is hence one of the most important indices to the state of the disease, it is one of the first to warn us of the approach of danger from this quarter and is the first to inform us of any change for the better which may take place in the course of the disease.

Next the skin: From the fact that the process of calcification is performed by the capillaries and keeping in the mind the state of the circulation the inability of the heart to force the vital current through its usual channels and the depressed condition of the nervous system, what would we be led to expect? Paleness and coldness of the surface and such is constantly the case, except upon the lips and cheeks, where the cuticle is more delicate and there from the excreting we find a bluish, livid tinge, another invaluable index of the morbid condition. Farther than this and the we would anticipate from what has been said above of the exhalent function, we find the skin dry.
Lack and constipated — no peristalsis, being entirely that softness and pliancy so observable in health, except in the last stage of the disease, where we sometimes see a discharge from the orifice of the orifice, and at other times an analogous discharge from the mucous membrane of the intestines; freckles. This however is not a natural operation, it is not an excretion, it is a mere giving away of the extreme vessels from excretion and an expelling from their patulous extremities of the fluid parts of the blood, from mere debility, and consequently heat; and opus discharges are both of a demes character.

That from the mucous membrane of the intestines is thus caused — the portal circle is in a state of deep excretion, it has but two outlets by which to relieve itself, — the liver and the uterine veins from the intestinal canal, which communicate with the Time Portes. The liver can not secrete bile, it natural excretion, in its present situation and the only other outlet is into the intestines, through the extremities of the veins, and the manner I have just stated, —
This congestion of the portal circle, cutting off one great avenue for the blood, through which it naturally flows, the circulating fluid must take some other course and a still greater quantity is forced to the brain, already overloaded, not more than it usual supply, further increasing the congestion and want of power of that organ and consequently the nervous debility already existing. Thus one morbid condition is continually exaggerating the other, until finally the powers of the system are worn away, and death from debility.

Post-mortem appearances. — Upon examination after death, of these few cases, which terminated fatally (for only six died out of eight or a hundred patients), there were, as was expected, no appearances of structural lesion sufficient to produce death, in only one case did we find enlargement of the glands of Broussau and Payer, in most cases we discovered – some appearances of congestion to the Liver and Brain, but upon the whole, the result of these examinations was such as to lead everyone to attribute the fatal termination of the case, to want of
nervous energy to support the powers of life.

The pathology of this Fever consists in a deep congestion, chiefly of the Liver and Brain, and of nervous debility.

Treatment:—We have two therapeutical indications to provide for—the to relieve the existing congestion—The other to arouse the nervous energies and to attenuate the system.

Blood letting!—Pneumatics has never employed—after the patient came to the Infirmary. It is certain a valuable means in the removal of congestion by equalizing the circulation and requires as much discrimination and judgment in its employment in such cases as any other point of practice. Blood

powerful had been the primary depressing effect of the fever, so far had the powers of life been weakened by it, and so slight was the tendency to reaction, that the employment of the lancelet was entirely contra-indicated. It had been used in some cases where the patient entered the house, and as far as my recollection serves me, every man who had been re-

pleted, died.
In some instances where great instability of the stomach was a prominent symptom, local bleeding was resorted to, but in many cases it could not be regarded, for fear of exhausting the little nervous energy which appeared fit to fan the lingering spark of life.

Cosmetics:—These may possibly have been used and with great advantage in the very first or forming stage of the disease; when by their action they would have forced the circulation to the surface, thus equalizing it and tending to remove local congestion and also by their mechanically compressing the liver, had forced that organ into secretion while its functions were still but slightly damaged, but in the stage of the disease, in which it came under our notice, it was far too late to expect any good results from their employment.

Purgatives:—More but seldom prescribed, on account of the already great tendency to prostration except when it was found discovered that the patient had not been properly purged in the commencement of the attack and even then but few persons
...
was given of the following character:

Protocol 1st. Hydrastis, as the cyst
form, tinct. 24 per lb. of water
Pulv. Jalape — at qn. x every
hour.

Protocol 2d. Hydrastis 1 oz. x
in all cases
followed in four or five hours by

b. Al. Rie. — 3 z

With the exception of these cases, it was seldom
found necessary to administer a purgative, trusting
to the next remedy. I shall mention to produce a
slight evacuation at a proper time.

Mercury — I now come to speak of the remedy
which was the very sheet-anchor of all hope in these
cases, without which the hand of the physician would
have been paralyzed, but with the aid of which, the
disease was most successfully combatted and trium-
phantly conquered — I mean Mercury.

It would be more than useless to go into any
explanation of its action in these cases, the indica-
tion to be fulfilled and the manner in which it was
fulfilled by this remedy are too plain to escape the
glance of the most superficial observer.
It was administered in the forms of the
Perchloride in grain doses, every two, three
four hours or even at longer intervals, as the system
seemed to demand a more a deep prompt and speedy
relief from the existing congestion. In all cases,
the relief, upon phlegm becoming manifest was
almost instantaneous, and in no case, where the
constitutional effect of Mercury could be produced
was the patient lost. Practiced, indeed, like a charm
and after the induction of phlegm, all that;
generally were to be done was to strengthen
the patient gradually and with care. This remedy
was always administered in combination
with the next noticed.

Stimulants: Such were the state of the
system, as must have been already inferred
from what has been said, that while local deple-
tants, as the Mercury, were given with the one
hand, this class (Stimulants) had to be presented
with the other, so nicely balanced in most cases
was the scale of life and death. The stimuliants
almost universally employed were
Carb. Ammon., Camphor & Infus. Perpetuar. with
Rulp. Quinin. The usual form of administration
was

Botulinum. Hydrol. —
Rulp. Quinin. — 36 gr. j
Rulp. Ammon.; Carb.; — 50 V
each every four or six hours, alternately,
Together with itage—

Rad. Perpetuar. — 3 j
Aq. Fervent. — 60 j

Made nine flocculi; intermediate with the above
pills.

Almost as much benefit was derived, in
every stage, from Bleuets as from any other indi-
vidual remedy, and perhaps the safety of the patient
was as much to be attributed to them. Applied on
the region of the liver they were very valuable—
advantageous—and also over the stomach, in that
case, accompanied with gastric irritability. In the
latter stages of the fever, they were exceedingly
important as stimulants. Cold applications to
the head, were also of great service.
In the advanced stages of the disease, when
the powers of the system were very much depressed
and also when there was still evidence of some
source of irritation being lodged in the canals
an enema of Dr. Archibutt was found decidedly bene-

ficial in its operation. Practiced in three
ways—by dislodging from the canals any
offending substance, by exciting the nemo
extremities of the part to which it was applied
and arising also the whole system and by
acting as a sedative to the brain.

In cases where a diarrhea came on,
antiphlegm and anodyne enemata were prescribed
or tant. Rins & Snell's April combined.

In these cases in which during the latter stage
a diarrhea of that spasm character to which
I have referred in speaking of the symptoms
occurred, it was at times with very great
difficulty, that the patient could be sustained
under the exhausting character of these
discharges, especially to the depressing influence
of the disease.
null
In such cases, in addition to the above-men
tioned remedies, a favorite prescription and one
which proved very beneficial was:

**Pulv. Conchæ.** — 3

**Rad. Rub.** — 3

**Rad. Bolton.** — 3

**Syr. Lentis.** — 6

A minge glassfull every three or four hours.

After: In the earlier and indeed in almost
all stages of the disease, caution on this point
is almost superfluous, as the appetite is destroyed
and there is seldom if ever any desire for food.

In the commencement of convalescence a little
beeftea and like articles may be allowed.

During the whole period of convalescence, the
diet should be of the lightest, most digestible
and least irritating description.

Finis.
An
Inaugural Dissertation
on
Milk
Submitted to the Examination
of the
Provost, Regents & Faculty of Physic
of the
University of Maryland
for the
Degree of M. D.
by
Thomas E. Worthington
of Maryland.

February 1848
I intend here to consider the milk of Asses, Horses, Cows, Goats, and the human person, as they are very similar in all their parts. Milk is of a much greater consistence than Water, its specific gravity and it is expelled by certain Vegetables that do not repel water, it freezes at a lower temperature and requires a greater one to boil it. It consists of oily Coagulum and aqueous or Cream, and they when first drawn is a simple or homogeneous fluid; but when decomposed by boiling etc., we discover it to be the above compound, the oily part separates first, the broader the vessel the more cream we obtain. When exposed to the air becomes acid and then coagulates, Thunder and a certain disposition in the atmosphere to produce it has long been observed to assist the coagulancy and coagulation of it and consequently retards the separation of its component parts. Vegetables which are very natatory produce little milk and this of a very inferior quality and cattle that eat them require more salt for their support than those that live on a more dry diet. Vegetables praised in
place subject to the action of light afford more milk
and of superior quality to those raised in the cold
or cellar as potatoes, turnips, &c. I do not suppose
with Dr. BULLET that the formation of butter depends
on the agitation of the cream, but on the extraction
of air. Carbonic Acid gas in the state of Parme
it was and I believe is still a common practice
for the dairy maid to immerse her naked arm
into the cream, which she is about to churn and
this hastens the separation. The heat of the arm
discharges the Carbonic Acid gas. There is still
Professor CHAPTAL'S increase of four degrees
of heat during the extraction of this gas. This
extrication accounts for the less tendency the milk
part has to acidity when in the state of butter
than when contained in the milk. Butter has a
great tendency to rancidity. If melted when
first made is said to remain longer without
acquiring that property, but the best way to preserve
it is to put it up with sea salt. Salt in some sugar.
The cheese is made by the addition of Burrett, the
coagulating part is not supposed to depend on an
acid but on some peculiar substance contained
in the stomach of the calf in which it is coagulated. Madder, the Arctchoke &c. coagulates the cheesy part of milk. Lime water occasions a very imperfect coagulation. Milk or cheese when distilled gives us a portion of volatile alkali, this may be easily accounted for since we know that most if not all vegetables on distillation as the mustard, horseradish &c. contain it. Generally cheese made by the coagulation of milk from the addition of linseed the guality and color depends on the manner of making it. The aqueous part, the whey or serum, factum of the Chemist, enters fully into the composition of all kinds of milk. According to the experiments of L. H. Balm and Young the matter of the aqueous part is 7/8 of the given quantity of milk the residuum of four ounces of cows' & human milk was precisely the same. In the operation of churning the aqueous part is separated. It is called butter milk it contains an acid some of the oily part, or butter and some of the cheesy part or curd, the oily part of goat's milk does not separate so soon as that of cows.
The whey contains a lactaoid matter similar to sugar it is obtained in the following manner.
the cream is separated as usual the curd is then separated by means of a fire or acid the whey
is then set by to evaporate and we obtain the lactaoid matter in white cakes at the bottom of the vessel, these cakes dissolved in boiling water, precipitates in hexagonal crystals this is good and similar to that obtained from the sugar cane to. It contains a peculiar acid called by chemists the lactate lactic acid. The whey contains sugar the muriate of potash, the muriate of soda and the phosphate of lime. The sulphate and muriate of lime is found in mars milk, the addes milk affords the most sugar, this is the reason whey is the most nutritious, the mars milk next, the human persons next, the cows next, the goat next and the sheep's least of all. The milk of cows have been found on chemical analysis to contain, cream, curd, whey, gelatine, muriate of soda, muriate of potash, carbon dioxide and the phosphate of lime.
The phosphate of lime I think is a necessary component part of all milk. The Harris's is a more obtained from the milk of cows and mares by the Tartars, and that obtained from the milk of mares they prefer; they obtain the vinous fermentation by means of agitation, acid and heat. The caseous or cheesy part of milk is greatest in the Animalia Luminentia, as the goat, and least in the Animalia non Luminentia as the human female. The seer milk contains most of the cheesy part and the older milk least, the milk of the whale contains more of the oily part than that of any other animal as has been proved by Dr. Jenner of London. A whale was accidently thrown on the shore in England with her young ones and she obtained her milk while alive. The milk of a human differs from that of the cows in the three following particulars: 1st. It contains more sugar, 2nd. It milk will make butter unless the woman is restricted to a diet solely vegetable, which is very rarely the case, and 3rd. it contains less curd, the more
Oily or animal diet the animal eat, the
more cream the milk contains, this accounts
for the whale affording more cream because it
diet is purely animal. The milk of a woman
unless restricted to a vegetable diet only, is not
developable by any of the vegetable acids. The
Chyle after being conveyed to the thoracic duct
by the lacteals is carried into the subclavian
vein where it is generally intimately mixed with
the crimson fluid that this vessel contains
it is then carried to the right ventricle of the
heart and from thence distributed to the mamma.
When it is exerted, blood when drawn after taking
in a large quantity of aliment or from a person
labouring under diabetes, Meleitus, Vertigo, palpitation
of the heart, gout &c. sometimes have discovered a
white Chyle floating on its top, says Dr. Barton.
from 20 ounces of blood drawn from my own arm
When labouring under a gout, Affection after
eating I obtained an ounce of pure Cream or the
bily part of Milk and an ounce of milk by similar
is that of milk, this is certainly not agreeable to the
healthy law of the Animal economy, but does most
generally take place in the disease I have mentioned. The milk is afforded by the chyle obtained from the aliment last taken in that such is the case I infer from this. If a cow eat mild onions or any powerful denergizing substance, milk drawn a few hours after will taste of this peculiar odor, and it will even be found in the butter obtained from it. A cathartic given the mother if it is detained long enough in the intestines without purging her, for a part of it to be taken up by the lacteals, the milk will purge the child violently. We may readily account for this.

When we know that it bring natives up with the chyle by the lacteals in conveyed by the usual capillaries and thus secreted with the milk, a grain of calomel (says Dr. Warner) gives the mother when put more than 1/2 of it could be taken up by the lacteals has been known to produce purging. Drugging in the child when taking taken in the common may would produce no effect. If such be the case would not we be led to infer that in Hydrochephalus internus of
suckling children, a disease in which the
bowels are always very constipated and
consequently difficult to be moved, that it would
be better to give the Cathartics to intended for the
child to the mother in small doses, so as not
to purge her, but to be taken up by the lacteal,
and conveyed to the child through the agency
of the mother’s breast. I believe the purging of
children frequently depends on the aspiration
of the mother conveyed to the child whilst at the
breast, we know if the mother is much heated
and the child sucksh as it immediately becomes
very sick and languid ; a purging purging
frequently follows. It has been asserted by Dr.
Cowper that children sucking nurse laboring
under Salivation also become Salivated, but does
not believe that it is caused by the perspiration
and breath of the nurse but by the Milk.
If a nurse takes Mercury it diminishes the
quantity and quality of her Milk, the Atmosphere
of rooms in which a Salivation is going on will
affect some persons. Dr. Hampson of Hagerstown
(Maryland) has proved that it is more difficult
to salivate children from one to three years old than at any other period. Globules of Mercury have been discovered in milk of women who were under its influence by evaporating it very slowly. Notwithstanding all that has been said, I believe that attempts to cure children of syphilitic affections by giving the mother the medicine intended for the child would always be a precarious and uncertain method. If a woman is fond of ardent spirits and frequently becomes intoxicated her milk will not affect the child, but if the child of this drunken woman is carried to the breast of one who did not indulge in the evil it would become emaciated unless the woman always gives it a little toddy before or after feeding. A nurse ought to be very regular as to the time of taking her diet and as to the quantity and quality of what she takes. Dr. Cullen supposes the sugar of Milk is afforded by the Saccharine Matter of the Vegetable Matter the Animals diet is composed and that it floats for a considerable time in the vascular System unassimilated with the fluids they contain.
With the former part of this opinion I perfectly agree, but I cannot believe it ever floats, for any considerable time, unassimilated, with the fluids of the vascular system, as this is sometimes the case as in the disease formerly mentioned. I doubt not, but if the body is in perfect health I cannot believe it is ever the case. Milk of Carnivorous Animals containing less sugar than the Milk of Herbivorous—But that of Carnivorous will occasion in us great thirst, whereas that of Animals whose diet is entirely vegetable, will only partly supply the place of water. Milk is certainly the only proper aliment for Children, we see them a short time after birth searching as greedily for the nipple of the breast as if they had been already accustomed to taste the food it affords. This appears to be kindly directed by the Supreme Being to prevent the retention of the meconium, the matter first discharged from the intestines of the newly born infant, for the expulsion of this the Milk of the Mother continues laxative for two or three days after its birth. The Children of Most of the Indians continue at the breast from one to two and not unfrequently
to three years, Dr. Callen says the longer a child
continues at the breast of its mother the greater is its
fondness to Bacilli (or Rickets), but I think necessary
his say. I never heard of such a disease among the
children of the American Indians. I do not think
children may be weaned when five months old
if circumstances make it necessary, but all
should be continued at the breast of the mother
for at least 9 or 12 months. Milk is the best,
very nutritious—it is the best diet that can be
used in all diseases, where the fluids are vitiated
or in any chronic emaciation except arsenicate
Assy Milk particularly was much recommended
for consumptive patients, and I believe may be
sometimes good, but often injurious. Dr. Sydenham
did a great deal of injury by his indiscriminate
use of this article in this disease. I have not about
he relied solely on it and exercised for the cure.
Dr. Celebrated Beauty in the West of England
took a cold and went into a rapid consumption
Dr. Sydenham was called and recommended a
course of Assy Milk, diet bleeding—about six
hours before her death she said to another Whately.
Article. Atte, milk is so much recommended by physicians nowadays for consumption, for I find by experience I have had of it that the uses of milk in the case, namely, milk increases the frequency and fullness of the pulse, it is too many consumptive patients an indigestible aliment, particularly to those who are unable to take much exercise. Cyst is a disease often found in a plethoric state, but much less frequent always. I cannot think, with Dr.4 Buller, that milk is the best diet for stout patients, he contends that milk and milk preserve a plethoric state to the system. This is an assertion that has always surprised me, as any thing that affords much nutriment to the system, will produce this state. Milk is certain a very nutritious fluid, with those remarks I conclude the subject.
An Inaugural Dissertation
on
Cholera Infantum,
Submitted to
the Examination of the
Provost, Regents, and Faculty of Physical
of the
University of Maryland,
for the
Degree of Doctor of Medicine,
by
Gideon P. Smith,
of the City of Baltimore, and State of Maryland.
February, 1840.
The Cholera Infantum being one of the most fatal diseases with which the children of our cities are afflicted, it has attracted the attention and called into requisition the skill of more gentlemen of the profession than perhaps any other infantile disease, if we except Scarlatina. And yet the disease holds its own, unobstructed in its progress, unimpaired in power, and certainly with little decrease in the number of its victims. The number of deaths by this fell destroyer increases gradually and steadily with the number of the population of our cities; every year our bills of mortality furnish the increased number as certainly as does the Census that of the population. This state of things does not appear to be attributable to any want of skill in the profession, much less to the ob-
...
sense of known remedies, but rather to the
failure in proper and prompt attention on the
part of parents, and others having the care of
children, to the protection of their little charge
from the heat of the sun, to offering them
the benefit of cool, pure and free air on all
practicable occasions, to the regulation of
their diet, and to the prompt calling in of
medical advice on the first symptoms of the
disease making their appearance? It is be-
lieved, if these were attended to timely and
ergetically, the disease would be rendered
as harmless as dentition itself.

How often do we hear mothers excusing
themselves for not calling the physician
by saying—"O it only cutting teeth, and will
get better as soon as the teeth are through," 
"It is Fatal error! The time when medical
advice and remedies could be of any avail,
is thus allowed to pass away. The child
is suddenly seized with the violent symp-
toms of the deadly disease, and in a few
hours, before any remedy can be applied
with effect, it lies upon its heart-broken mor-
then's lap a lifeless corpse. Sometimes, and not
seldom either, it is enabled to pass through
the more violent stage of the disease, and
with a prostrated system and almost entirely
disorganised functions, it enters upon the
second or chronic stage, incapable of receiving
aid from the more powerful remedies, and left
almost entirely to the reno-
vating powers of nature, when these have not
been subdued by the previous ravages of the
disease. In this condition the little sufferer
lingers on from day to day, and from week
to week, and not unfrequently from month
to month, and at last sinks in death, or re-
ceives, on the approach of cold weather, some
portion of strength, and finally gets well
during winter. All this suffering and
death, it is believed, might be saved by the
course on the part of parents just pointed out.

Medical writers generally attribute
the remote cause of Cholera Infected
to Miasmata to the foul air of crowded cities.
and confined and badly ventilated houses, and to solar heat. The proximate or exciting cause is believed to be the inhalation of Zion or, and unpropitious, in combination or separately in different individuals. Solar heat is considered the grand primary predisposing cause, and the impure air of our cities only one of the agents of this cause in producing the effect. The nature of this predisposition is not entirely manifest, but debility, especially of the liver and digestive organs, and probably of the nervous system, may be considered as very probably the character and location of it. We have seen the disease in all its form, in the houses of the rich and of the poor, in confined tenements, and in the unventilated and freely ventilated houses, and we have seldom failed in tracing its immediate origin to some fault in diet, or to destitution, but most generally to both combined. In- improper diet, and especially the premature use of strong food, while under the
degrading influence of solar heat, and the irritation of digestion, may be considered as originating a great majority of cases of this disease. The premature feeding of children with strong food is believed to be the most common error in the management of children. It seems to be in vain that nature plainly indicates the time when a child may be permitted to take strong food by supplying it with teeth, when its digestive organs have been adapted to its digestion, and not before. Is it not the intention of nature to secure its valuable object by withholding teeth from the infant, and providing it with a supply of food from its mother's breast, until a considerable period after birth? If it is, do we not do violence to her laws, and frustrate her economy by attempting to give them any other food during that period? Why is not the infant provided with teeth at its birth, and why is it provided with the mastication of its food?
that it is intended expressly to prohibit the use of any other food than the mother’s milk until the proper period? Nature never conceived of the ingenuity of mothers and nurses, as she would have deprived them also of teeth, that they might have been prevented exercising their masticatory powers in behalf of their delicate charges! That the delicate digestive organs of infants, therefore, might not be encumbered with stringy food, the infant is not supplied with teeth. The mother’s milk is the only proper food for the child until it shall have made such progress towards maturity as to enable the digestive organs to operate on more solid matter. This progress is also indicated by the progress of dentition. The stomach does not become suddenly prepared for digesting solid food; hence the teeth are very gradually produced, and the molars or grinders, last of all, evidently with the intention that solid food shall be very gradually taken. But what is the practice of mothers? We even
day are then putting food into the infant's mouth, even before it has learned to swallow anything but milk. But especially is this the case as soon as dentition commences, and if improper food, it is much more so than, though from other causes. Dentition generally renders the stomach and intestines of a child more or less irritable from sympathy, probably, of the mucus membrane with the gums; and if at this time improper food be taken, a diseased state of the whole canal is most certain to follow. Hence the reason why children are more subject to Cholera Infantum during the period of dentition than at any other.

It is believed that those children that are permitted to continue at the breast till they have passed a second summer, are never affected by this disease. Certainly no such case has fallen under the observation of the writer. Neither has the writer ever known the disease to occur when simply food such as bread and milk was the
It has been intimated that the prompt application of proper remedies will generally remove the disease. Small doses of Colonel Jonhson's powder, at intervals of two to four hours; the application of small blisters to the region behind the ear, in case of cerebral affection; blisters over the right hypogastric region, generally proved effective.

In the secondary stage, in which the disease assumes the form somewhat of chronic diarrhea, it is equally formidable with the first, though not so rapidly fatal; and it is believed that much the largest number of deaths occur in this stage. It is with great deference that we differ thus in opinion with Doctor Obediah and most other medical writers; but our observation is our authority.

In the chronic form of the disease, the patient has been prostrated, and is now little able to withstand the further, though slow, encroachments of the disease or the accepted specific remedies. It is observed
to temperize here; to palliate where possible, and by slow approached and gentle means allure the monster from its victim. There is always hepatic derangement, as will be indicated by the absence of bile in the discharges, and hence small doses of calomel at short intervals are proper. To induce action in the skin, small portions of ipecacuanha may be given with the calomel. This should be continued, if the patient's strength permit, till the bane is completely relieved; after which, gentle astringents, a decoction of blackberry root, rubus biltis, being the best, may be given with great advantage.

In this stage, however, there is a remedy of great and singular power. It is the rhizome of the common garden rhubarb, Rheum Rhabarbareum. A simple conserve prepared from this plant, with leaf sugar, has proved effective in numerous cases that have fallen under my obser-
The following is the history of the first case in which it was used under my care.

In August 1829, my little daughter, aged seven months, was attacked with Cholera Infantum, caused by entinitis, and she died from taking solid food. The more violent symptoms soon subsided; but either from improper treatment or the continued irritation of ditinitis, the disease persisted into the chronic form, and she rapidly sank, notwithstanding all medical advice was obtained. She lingered on, however, till the approach of cold weather, which put a stop to the disease. But during the winter the slightest deviation from the simplest diet, or allowing her anything but her mother's milk, induced a severe diarrhoea or dysentery, and as soon as the warm weather of summer returned, the old disease returned in a violent form; but again soon subsided into the chronic form. It continued during the whole summer of 1830, resisting all the remedies prescribed.
much left to walk. About 9 o'clock on the 4th of July, incaniously presented to her little brother an apple in her presence, where she immediately asked for one also. Feeling the impropriety of gratifying her, took her brother by the hand and went into the garden, that the might not be fretted by seeing him eat the apple; and on passing a large Island of Rhubarb, it occurred to me that I would gather some pedicles and make a tart made for my daughter (under the impression that that might not injure her). The tart was made and she ate a small piece at 12 o'clock. Her discharge had been as frequent as twice or thrice a day previously. It was observed by her mother that she had no discharge from the time she ate the tart till 4 o'clock, which was so remarkable. I was induced to examine it, and found that it was highly bilious, though otherwise composed of highly offensive mucus and fecal matter. I immediately caused her to eat some more
extensively and in various parts of the country, and as far as I have heard, with distinguished success. It is only in the chronic stage that it appears to be applicable.

I am unable to explain its mode of action. Does it act upon the bowels promptly and efficiently, I have no doubt. It possesses a slight astringent principle, and an acid which is very abundant and agreeable.

It is also, when prepared, highly medicinal, and this may exert some salutary influence upon the mucus membrane of the stomach and intestines. I have used it in various other diseases and disorders, and in some with good effect, but in none with such decided advantage as in Cholera Infantum. In a toxic condition of the bowels, where constipation is so troublesome I have always found it a most salutary and agreeable remedy. In the few cases of dysentery in which I have used it (and in my own person particularly, it had an excellent effect).
After I had given simple cold water
instead, and the result was not changed.
I have, in another case, reversed the experi-
ment, giving the cold water first and the
Bene water afterwards (and there appeared
no difference). The effect of the Bene leaf
on the water is singular, and, so far as
I have heard or read, unaccounted for.
In a few minutes after its immersion,
the water becomes muculent, being quite
sticky to the touch; but this is not per-
ceived by the patient when drinking it,
nor is there any other quality than that
of water perceptible either to the eye or
taste. This would indeed be an invisi-
able property, if there were any other
medicinal virtues in the liquid, as
after taking the leaf from the tumbler
the child supposes it to be water, for
which it is almost continually thirsting,
and takes it greedily. The water loses
all this mucilaginous property in about
thirty minutes after the leaf has been D
be injurious in Cholera Infantum. I have found children labouring under this disease in the chronic form, that had not tasted water for weeks, and I heard them calling in their infantile and feeble accents for drink, and on directing water to be given as much as they would take, and as often as they desired, it have never failed to witness its beneficial results. If it did not relieve the child of the disease, it certainly did of most excruciating misery.

In the treatment of this disease, as in most others, it would seem that the mind of the patient exerts no small influence, and for that reason all its little cravings should be gratified as far as practicable and consistent with the nature of the case. It is believed that the fever in the chronic form of this disease is often caused by the child's thirsting and fretting.
for water. True, the fever may cause the thirst in most cases; but it may be equally true that long continued thirst will cause fever.

Conjointly with other remedies, free exposure to pure air should always be availed of where practicable. For this purpose removal to the country, to some high and salubrious situation, always proves beneficial, and will generally, with other proper treatment, restore health.
Inaugural Dissertation

on
Aluminuria and Bright Diseases
Of the Kidneys;
Submitted
To the Examination of
The Provost,
Receits, and
Faculty of Phiels
of
The University of Maryland;
For
The Degree of Doctor of Medicine,
By
Mr. H. Turner.
Of
St. Mary's County, Md.
February, 1840.
To
Alexander B. Robinson M.D.,
One of the Physicians of
The BALT. CITY COUNTY ALMS HOUSE,
This Thesis
is gratefully
Dedicated

By
An admiring Pupil
A Remembrance in connection with Bright's Diseases

Of the kidneys.

Until very recently, the pathology of the urinary apparatus was comparatively neglected, consequently little understood. The importance of the due performance of its functions to the health of the animal economy, has, however, been known since the time of Hippocrates.

When we take into consideration, the constant activity of the kidneys, the great quantity of solid fluid substances, which they daily secrete from the blood, the means by which, many agents, external, as well as internal, alter the character of the secretion, it would be reasonable, to expect to find these subjects to mortified processes. The investigation of the subject, by pathologists, by high repute, has satisfactorily shown that such is the fact, to a much greater extent than was formerly supposed—animals chemistry has contributed much to the improvement of this branch by pathology: And to it principally are we to look for its perfection.—Without its aid it could be, almost impossible to detect the various calculous diseases. Afterward equally so, to adopt the appropriate remedies, prophylactic or treatment. In Bright's
disease is obvious, if not a pathognomonic, at least the most probable symptom of this
existing malady. In a variety of other appetites
according to some good authorities, it bears precise
resemblance. The importance of Animal Chemistry
in diseases of the urinary organs, has, strongly, urged
on the clap of our University by Dr. J. E. Bates.
The appetite of the kidney, known by the name of
'Bright's disease,' is decided by the most interesting of
this whole clap. Although only a short period has
 elapsed since its discovery, notwithstanding the
curious fortune, almost, pay the reluctance, with which
the profession generally, received Dr. Bright's observation
on this subject, the mass of facts accumulates in
confirmation of these observations, is greater than was
ever before made, in the same time, in relation to
being one disease, in the history of Medicine. The disease
is, however, one now very far from being familiar,
acquaintance with this disease: this account is particularly
applicable to our own Country. I do not know, that
any one this side of the Atlantic has devoted particular
attention to it. A few scattered贯通wise observations
have been made this time, but in such a manner,
As to its being a disease liable to the negroes. This is to be regretted, since doubtless, the disease will be found, as extensively prevalent in this Country, as in Europe; our climate and habits of a certain class of our citizens strongly predisposing to it. In 1831, it is known, not less than 320 died of it annually in London; I should think this estimate far too low, as the keepers of Catholic hospitals have always found it to be a disease prevalent there. Dr. Eberhard's views on equally prevalent there. Dr. Eberhard has established the same fact in relation to Dublin. Mr. Rayner's account of the numbers dying (which speaks I have not seen) has proved this equally often. With such an array of high authorities on the common occurrence of this disease, in the perfect localities, one can see for a moment doubt, that if attention was turned to it; in our climate it would be found of frequent occurrence. Also, the most important interesting feature of this affection, is the remarkable change which the urine undergoes in its chemical constitution; while its peculiar properties are frequently (unattainable by nearly natural). The specific gravity of the urine, gradually diminishes,
as the degeneration of structure progresses. The urine also gradually loses its healthy proportions to the other constituents; after a time, may be detected in the albuminous principle (albumen) making its appearance in more abundant in the first middle stage than in the last. This symptom is by far more important than any that occurs in the whole course of the disease. It is best marked in the early stage, when most of the others are absent, and therefore calls for our closest attention. For by its only, so far as is yet known, can be detected the commencement of the morbid process: the only time when it appears to be amenable to treatment.

It is the presence of this albuminous principle in the urine, which has given origin to so much contradiction and discussion in the medical world. Dr. Hall, Blackall found, that in inflammatory diseases the urine was frequently albuminous, some time ago. But Dr. Briggs is the merit of having discovered the relation that albumenuria led to a peculiar granular degeneration of the kidney.

This symptom is regarded with various
degrees of importance. While some look on it as almost pathognomonic, others attach little or no importance to it. In the last class we rank Dr. Grove of Dublin, and Dr. Chatterton of London, with many others of equal reputation. In Dr. Grant's opinion I have the highest confidence. But the following case (which I have studied and read with careful accuracy and as my limited experience of the symptoms merits) was so peculiar as to make me adopt the opinion that the albumenuria is pathognomonic of any disease, but that taken with the other symptoms of Bright's disease, as I have, it affords strong ground for diagnosis. We are pressed, therefore, in all circumstances, to draw our attention to the kidney. I have not the patience of perseverance to satisfy my mind on this subject as it has only been half a month since I turned my attention to it. It would be presumption in me to give an opinion (trust high authorities having carefully investigated the subject for 13 yrs) without having studied the symptoms of Bright's disease, which, for the best reason in the history of this disease, are exceedingly interesting, and important, as they are in mine case among ten the causes of the fatal termination. That they depend on the kidneys in their origin remains the proof. Much has
been said of albumen occurring in the urine in various diseases & conditions of the body. At least thirty that its presence, as a critical discharge in many acute afflicting cases, is a favorable prognosis. He detected it frequently in intermittent fevers, in the febrile stage of typhoid fever, in erysipelas, &c. T. in the urine in 12 cases of intermittent fever (4 of them had dropsy at the time) in none of them could I detect the slightest trace of albumen. In one case of typhoid fever the urine was slightly albuminous for a few days before the death of the patient, only. There was no appearance of disease in the kidney after death; I saw none during its any stage of pulmonary inflammation. Hence that albumen is present with the urine, when the system is under influence of the mercuryis degenerating; in 8 cases by salivation, it was detected in one only, when it was acute. A case of abscess quisto at the same time. This albumen disappeared with the febrileism. In 25 cases of dropsy depending on varying causes, including the cases given before, dip complicated by back & vitreous acid known by back vitreous acid & acetic acid; one case was a case of pregnancy & dropsy, with hemorrhages of the liver & spleen. The precipitate must have been calcium; it could not have been
Albumen, as Actin and Decotto Corroborate this principle.
This is the only instance (but of few, if any, frequency) this presents this kind of precipitation. Mention this fact,
(though not connected with any subject) because the precipitation of albumen, in the urine, is regarded by some as
a sign of pregnancy. Lately, as matter of curiosity,
I examined the urine of 120 patients, laburnum under
various Actin, & chronic disease (Mostly of the latter nature)
only 5 presented any trace of albumen; of these and was
the case of typhoid fever (menorrhagia above), one the case of
pyelitis, one a case of albuminous hematuria, in which the
albumen disappears in a day or two, then were cases of
Bright's disease given below;— These observations
are too scanty, to justify any inference: I shall therefore
measurably—

There is diversity of opinion as to the most
delicate reagent for detecting the presence of albumen.
Mr. Rayen thinks muriatic acid the most delicate, while
Dr. Christian thinks caloric the most delicate, hence
liable to cause error. Mr. Rayen says that 50% acetic acid
in large quantities, phosphoric in large or small quantities,
in small quantities affects albumen by the property
of being decomposed by caloric; but that of being
Daleton Temperance Scott.
precipitated by Nitric Acid. It is certain that in some cases Nitric Acid added in excess will precipitate albumen, which has been present in large quantity. If an alkaline urine a precipitate is thrown down by boiling, it is usually due to the presence of phosphates; in this case a few drops of Nitric Acid will precipitate the transferrin. If urine be muddied from the deposit of Albumen, heat will remove the turbidity—Nitric Acid will cause a precipitate of the Albumen of Ammonia. It is evident from these facts (established by Chadwick and Bayley) that the convenience of coagulation by both of these agents is enormous, in proof that a precipitate is albumen. Even this idea is sufficient to all cases, as the urine of the pregnant woman, which was coagulable by Acell Acid, as well as by the two last agents—Acell Acid will deposit Albumen by the possibility of coagulability of Albumen in large quantity. So that if we have Albumen coagulating by Acell Acid and Nitric Acid and by Acell Acid, it is proof of the presence of Albumen. In my fourth case, the urine, at the time, coagulated by Heat and Nitric Acid also. Now there is a small precipitate formed by boiling the urine changed by Nitric Acid or Acell Acid, boiling Sublima and Bicarbonate causes the urine turbid and milky. It was at a loss to explain the cause why Nitric Acid turned it
(as formerly) coagulate this wine. I once tried to explain this experiment to any of the authors. Here is the following experiment: I took some clear serum from the sphenicter of a patient that had lately died. I put a few drops in a bag of my own wine (which was not affected by any of the reagents) I then divided the wine into equal parts. I added eight drops of nitric acid, one drop without the least sign of a precipitate, boiling caused a precipitate readily. Cresote and strontium nitrate also caused a precipitate if the same quantity of serum mixed; one drop did not mix. I tried this experiment repeatedly with serum obtained from other sources with the same result. When I added a large quantity of serum, the nitric acid coagulates the albumen immediately. This satisfactorily proves that Caloric is a more delicate test than nitric acid.
Case 120

Blighted: Pneumothorax; extensive gangrene of the brain; fibrous tumour of the heart; fatty atrophy; chronic inflammation of the stomach, intestines, with fatty deposition under the peritoneum coats of the jejunum. Hepatitis, coli, degeneration of the kidneys, Conclusions; death.

Temperature. Scott. At 28, the subject of this long chapter of disease, came to the Assembly, some time ago, labouring under the usual symptoms of this disease namely, cough, tubercular expectoration, hectic fever, night sweat, constant great weakness, diarrhoea, vomiting with nearly total loss of appetite. She states that she has had several consulting she was stupid, childish, as to the intellect, incapable of giving a rational account of herself. As the case was manifestly hopeless, she was put on a mere palliative treatment. The first signs of attention was paid to her, upon to relieve the symptoms as they occurred. My attention was attracted to this case in the first instance by giving her urine a large quantity of albumen. In addition to the usual symptoms, I found that his legs were alternately; that she complained of constant pain in the back. The spot quantity of urine contained an excessive amount of the albumen. She complained of no pain in the legs,
the firmness of all the tissues; the condition of the lungs
flexible. The paralysis in the extraction of the limb—.
This wound was natural, as to colour, consisting constantly
by Colonic Peritoxin. The crural muscle occupied about
one third of the fluid on standing; the blood had a peculiar
bulletin about two weeks before her death; and after a
grey fluid, showing that latent. These were the only
conclusions that she has while in hospital.

Post Mortem. 48 hours after death. Body much
emaciated. Lower extremities edematous. There was a fatty
lesion larger than a hen's egg below the patella ligament.
There was also a fibrous tumour, about the size of an almond
in the middle of the arm; growing from the fascia. On
cutting into the bursal cavity, there was an accumulation
by air from the right side. By forcing the air into the lungs,
by means of a pump, the left lung was fully expanded;
while the right remained collapsed (the air continued
leaving escaping) from it. The anterior-lateral portion of the
tube being carefully removed, a fistulous opening as large
as a goose quill, was discovered between the second and
third ribs. The lung adhered to the umbilical of the pleura;
there was also a broad band just anterior to the fistulous
opening. The lung was considerably compressed. Its surface
My coveredlets semi-organized lymph. There was a small quantity of purulent matter in the bottom of the pleural sac, not spreading thick or furrowed. The apex of the heart contained one large cavity, lined by a complete visceral membrane and had a large bronchial tube opening into it. Where the pleural opening flares, the wall of the cavity was about two lines thick. The left lung as here superiorly and had one small cavity to many air-filled tubercles in the upper lobe. Heart Normal. In the head there was a firm tumor as large at a palm, attached intimately to the dura mater, over the middle lobe of the right hemisphere of the brain. It was very dense and felt like cartilage. The brain around the tumor was completely disorganized with the confidence of this dream. The whole of the outer flower portion of the middle lobe was in this state of disorganization. It extended to the lateral ventricle, to half of the corpus striatum to the surface of the optic thalamus. Every other portion of the brain had grown healthy, disappeared. The pituitary was slightly congested.

Abdomen—The mucous membranes of the stomach were pale grayish, but the whole surface studded with a vast number of globular, greyish, opaque points.
The free epitheliums of the appendices were found to present no appearance of an opening. Later on into these solid and firm structures. The mucous membrane was thickened and a matted. It could be stripped off to any extent. The putreaneous tissues also suffered in these in the commencement of the ulceration. Between these the mucous coat. There were only four or five little tumours of the same character in the cecum as well. The kind of deposition under the mucous coat is grey and heavy. The fluid has only been distilled. The fluid is not mentioned by any author as far as he is concerned. There are a number of minute muscular abscesses in the small intestines (probably in the glands of Peyer) with a little necrotic deposit on their bases. Besides the fatty tumours in the cecum there were several long ulcers, with elevated papillary edges and a landing canopy. The colon was extremely elevated. The follicles were very much enlarged. The liver apparently healthy, spleen small. The heart placed much enlarged. The right weighed 9 oz 2 quarters. The left lights 5 three quarters. The pituitary covering was delicate and adhered slightly. The surface was smooth, regular, present the mark
Distinctly beautiful yellow granulations. The longitudinal section of the kidney presented the same character in the cortical part. This portion of the kidney was considerably enlarged as was also the tubular portion. The contrast between the yellow of the cortical and red of tubular was strong. The bladder contained 4 oz. of urine, which contained as before death. The bladder was normal. There was a calcaneous tumour in the round ligament of the uterus as large as a marble. Uterus healthy, with the exception of a small hydatidita.

Remarks.

This case is one of exceedingly interest. It is to be regretted that the previous history could not be obtained, as it would, no doubt, have thrown some light on the organics being found after death. The lesion of intestine and the convulsions were the only symptoms that marked the condition of things within the brain;—with respect to the grief, it was impossible to say whether it was natural or the result of disease. She had only two convulsions in hospital, each of which occurred during the last two weeks of her life. All the other symptoms which usually characterize confinement having of the brain, were absent. The pneumothorax must
I have observed previously the admission into the hospital, as there were no symptoms to indicate its occurrence. The fistulous opening was lined with a perfect membrane, that evidently had formed some time. The fistula of which I refer to here was not cited in the case I wrote, undoubtedly have detected the presence of the fistula.

The degeneration of the preceding membranes of the rectum intestinal canal was sufficiently indicated by anuria, irritability of stomach and substernal and rheas. As to the nature of the membranes in the lining membranes of the stomach, I was disposed to think that they were composed of circular or simple enlargement of the follicles. However obscure the pathlogy of Knight's disease may be generally; the enlargement of the kidney, the yellow color of the distinct granulations of the glandular portion in this case, was sufficiently characteristic, but to be overlooked by any one. It gave me pleasure to exhibit the specimen of disease taken from this portion to Dr. Baxten and to hear his opinion as to the disease of the kidney. If it be possible to get the previous history of this case, I will do so at the earliest opportunity.
Case II.

Pneumonia, Dyspny, Degeneration by Henry Booth. Rich. Hawk, 41 years old, Came to the Bate's Clothing House on the 20th of Oct. 1839, labouring under the following symptoms: Siles, small, frequent spits; cough disturbing, Dyspny. Copious expectorations of a dull whitish mucous purulent matter; face slightly cadaverous, the face looking pale; abdomen palmarly tending a distinct fluctuation; Liver externally infiltrated with worms; Tains as dull characteristic in the postumous of the back; which the lay had few considerable tine.

This Mr. Hawk has only respiration yields a dull sound over the base of chest, taken in a sitting posture; also over the posterior paries. The respiration is both long, reaphragm tubulation, with large expectorations. The lower lung the right lung gave Bronchial Respiration & Bronchophony to a very marked degree. His body was emaciated, uniformly, in colour & quantity; Colonic motions died down a precipitate equal to one fourth of the bulk of this. He was a native of Baltimore City; trade a waterer. He has for many years, in his last, been in the shop in a state of intoxication, all night; after which he was attacked with Cough, fever & violent pains of side.
The Mr. ble, at the time repeatedly received other medical aid, but without effectual relief. She was made subject to frequent complaints of great distress. For this detail of symptoms, he was placed on pills, with wine, and ordered, to take Potas. Chlorid. Syr. at. P. d. s. h. a. r. q.j, three times a day, also Sulfur Locris. q.j. B. /&. Pot. zyj. daily as a drink, until Convulsions past at last times.

Oct. 3° slept a little in the latter part of the night; countenance as usual; other very few, and frequently; urine does not coagulate today. Medicines except the Due's powder, discontinued after Serpentine with 2 p. Sicca zq. Fr. Opia. Camph. 3q. Ducal. P. h. Q. substitutes. Oct. 4°° Breathing lively, better better last night;煨the 3 parts of urine in 24 hours, which deposited a few sediments on standing; coagulates today as at first. For a day or two he seemed to improve, but afterward grew worse, and died on the 10 by Oct. His urine was repeatedly examined and always coagulated with the exception of the day after his admission. In the last 20 hours of his life he passed home.

Autopsy 30 hours after death.

Body emaciated, muscles without rigidity, some drops of blood, under the integuments of cranial bones.
Divided, also a slight eruption from the surfaces by the inner mater. The pale, glistening cellular, edges are infiltrated with serum. The convolutions of the brain were deeply convoluted by the pla mater between them. May, distended with serum. The achromatic white matter, a little thickened, the opaque, coherent substance of brain plate; ventricles contained a fluid. Thorax—There was about a fluidity of both the back pleural space. Both lungs were compressed. The left compression slightly; the right did not in any portion. The lower lobe of the right lung was perfectly solid and considerably stiffened. It adhered strongly to the diaphragm. The cut surface presented the granulated appearance of Lpatisation. The Bronchial lining membrane was dark red. The Heart was increased in substance very much dilated. The Valves were healthy. The pericardial fat was marked. The thickened tissued was of a dark colour. There was no particular marked appearance in the intestines. The abdomen contained some fluid. The brain tissue was of a greenish colour. The liver was smooth to a mottled yellowish colour. The gall bladder was filled with dark bile. The right kidney was larger than the left; one weighed 5 oz, the other 6. The right
Kidney, some portion, till the contrasted portion, a yellow
brown, growing by, which occupied a greater space, was
ruled out in this portion, because to supply the lateral
portion. There was not the slightest evidence of gross
latins. When the left kidney was cut into, it was of
a dark appearance, and blue, freed freely from the cup, free
years. The bladder contained very y urine, which Conjectur
as before; it was healthy.

Case. III.

Spray, extraneous degeneration of kidney, Death—
Mary Franklin, Oct. 32. Born in Bost: Habit full
vitali capacity. She states that her health had good
until 5 years ago; that the menstrual function was
regularly performed; at this time she suffered from
a severe attack of remittent belong fever. During
convalescence, she was affected, usually, in consequence of
which, she had a frequent attack of rheumatic fever. From
this period, till the time of her death, she never enjoyed, being
vital health. She has been in the Altes Hospital over
than 12 months. Convalescence at the time she accompanied
for a recollection; face, finger, the ability to write
lines; ondering a lower extremities, flight, the elbow joints
the right arm, was red, swollen very painful. Then
Intelligences of the forehead became less animated. Violent
reactions to an erythematous face. The throat became
rather an equivocal appearance; the tonsils were enlarged
in the fauces, there were spots of pappenheimer
She feelingly denies, that she has ever incurred the risk
of the venereal disease. Then denying has been but by her
general good character. Cure not examined at this time.
She was put on a mild mercury, antiphlogistic &
anaesthetic treatment. After a while, the affection of her
forehead yellow acne pleased. In other respects her health
was not improved; though she left the hospital, was capable
of doing some light work; about 6 months after her admission
(during which time she was constantly troubled with pyrexia,
pains in the back, Cough, vomiting, pneumonitis, depression
of a chest of other symptoms). The typhoid effusion
increased to such an extent, that she returned to
hospital. The diuretic + anaesthetic treatment
failed, in spite of all that could be done, acute
pyrexia, hydrothorax, pericardial furs, infiltration, pneumonia,
and menstruation. In mid-winter disappeared. Her urine was
examined 2 months before death. Reconstituted
byｊａｏｋｕｎｉｔｉａｃｉａｌ．Ａｄｉｂ；ｉｔｉｎｇｐｏｌａｒ；ａｂｏｕｔｎａｔｕｒａｌ
to rather under the usual quantity.
In the last few days of her life, this secretion is greatly suppressed. On the day of her death, her stomach was very irritable and she threw up bile very frequently. Autopsy 24 hours after death.

Surfaces pale, opaque from the universal distention of the coliciform membrane by serious exsudation. Thoracic effusions contained a quart of clear serum. They were healthy in appearance, with the presence of some edema in the right. The lungs were compressed & yielded only slight expirations. The bronchial mucous membrane was in a state of chronic inflammation, though not many marked. The heart & its appendages normal. The abdomen contained nearly two gallons of clear, brownish peritoneum. The peritoneum looked healthy. The liver weighs 2 lbs.; its surface is irregular & ulcerated back & forth, peeling, originally, to have consisted of many smaller ones. The right side is not more than half the size of the left. The whole substance internal visera presented a yellowish aspect. The gall bladder was filled with healthy bile. The stomach & intestines in normal state. Kidneys by the second ship, weighing 400 lbs. each; their surfaces were smooth & regular; when the fibrous coat of the kidneys was removed, the parenchyma...
of a yellowish-brown aspect. They distinctly granular. The bladder was not much enlarged. Both were alike. There was no urine in the bladder; its coating thickened. The freckling lining has brought up numerous broad black patches of eczematosis. The lining of the appendix formed part of the retained gall, developed upon it to some extent from atrophy.

The appendix was not as large as a finger nail.

The original membrane near the appendix was punctured with minute points of eczematosis. Rector and examined. The sericarium of the appendix by the finger nail thickened the bone of the bone apertured.

Remarks—How long this from an urine up colonizing, I do not know. It was not examined until a short time before his death, the kidney as might have been expected, from the nature and duration of the disease, presented the appearance described by Dr. Bright in the 26th degree. It is likely the alteration in structure began 5 years ago after the attack of bilious fever. —
Case IT.

Hypertrophy of Lungs & Spleen: absence of catarrh unaccompanied by transpiration for 12 years, with increase of the urinary secretion & albumuniasis. Symptoms of chronic jaundice—

Jas. Dalton Oct. 14, 1837, aged 60, Virginia. Parents of healthy longevity. He is rather under the medium size naturally, of weak constitution. He says, that his health was good, until the age of 32, when he arrived at this age, while living at James River, near Richmond, he had a severe attack of quotidian ague, for 1 year, afterwards the tertiaries for 14 months. He was attended by a medical gentleman of Richmond, without relief. He at length, went to Richmond, in company with another lad, who also had the ague; they drank a decoction; his companion died immediately; this latter was killed the ague afterward. At 33 he had gonorrhea, badly for 3 months, when he was getting well, he frequently noticed blood in urine. Subsequently he was laborer on one of the canals, where he was constantly exposed to cold wetter; having frequently to work in water, up to the middle of his body, with every precaution, he drank freely. His health was soon, completely broken.
up, the hay compelled to leave his occupation.  

He suffered principally from pain in the leg of the lumbar portion of the back.  In 1833 he came to the Allen House.  D. Powers informs me that his new habits were very much enlarged at this period; these were some and elevated state of very considerable hyperesthesia, when he first came under my notice in 1838.  Under the judicious of the operations first referred to, these organs were much reduced, by the external ventricular use of mercury.  

I notice, that he had not retreated for regret, that during the same period he had, formed urine in large quantities at frequent intervals.  As far as he can recollect, his last first settled 4 years ago.  For the last three or four years he has been much troubled with cephalalgia, crania, occasional vomiting, typhoid in constant cerebrins in the lumbar portion of the back.  He also had an attack of dysuria when it prevailed technically in the house, during the two last summers.  10 months ago this ceased amounted to very, in 94 days.  Then, for a short time this winter, he albumen could be detected.
in the wine by any means. These tests it very
often lately found the difficulty in producing a small
coagulum by boiling, or to do so. But in the
acet acid the wine, without any other sensible change.
Acet acid has no effect. In this case, while sitting near
the stove, in the evening, he was seized with a Convulsion
which lasted 10 minutes and then became inexcusable for 3 hours.
He was relieved by 
, to look of back to and about.
He was frequently has slight Convulsive movements of the
facial muscles, distorting the function, rendering his vision
participation indistinct. This occurs when he party for a
short time, or sits near the stove, or having chills.
Present Condition—Somnolent; slight dysaesthesia
epistaxis, thin husky, coughing, dry throat, abdomen.
Prominent vessels. Peristaltic dull in left hypochondriac;
more so in the right. The margin of the liver felt conical
downly below the ribs. Mild dull distended; pain over the
from head, more so of memory; most one or twice a day;
Stools thin and fatty. Pulse 70. Radial arteries of fire.
Congere clear; pulse short. Taffy, a gallop, by urine of deeper
colour than formerly in 24 hours. It is slightly impregnated
with albumen. Retries Aids, has not caused a precipitation,
Treatment palliative only.
marked half the length. Perspiration gives a dull pain on the right side of the chest below the mammary.

Bronchitis, cough & Bronchitis Perpiration, with some
lungs. Expectoration had the same duration, very distant.
The respiration of the left lung is a little more, the expiration
prolonged. The sound of the heart beats indistinctly in
Cardiac region dull. Sounds seem to come from the abdomen too
the lumbar region. Treatment: Pisto. Chlorid. Hydr. 3/47
Lat. Antiseptic Potas. Pula Opis. 50q. 1/3 tis. daily; also Loper
Metaphor. 1/20. Loper. 3/4 daily. Also two cups over the chest.

Aug 17th No Material Change. Treatment Continued by
a blister applied to chest—The Constitutional Mania of
the Colonel was soon manifest by full and complete
salivation. There was no relief of the symptoms. The drooping
effusions increased to a great extent. The extremities were
bandaged & covered with pliable reliefs. The blister was
left discharging by cavity treatment. As he rested badly
he was ordered to the Pile. Taking 1/2 of Pile twice a day;
then 1/4 at bedtime. The Dean's powder made him sleep
better & produced pretty free action of stools. In the last
week of his life, he had frequent bloody stools, with
severe pain, the other symptoms of Megalonyx, for
which he took small repeat doses of canto. vic. to
"
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Aug. 14th - Respiratory difficulties; disposed to sleep constantly. Bowels frequently moved; stool bloody, & frequent. Urine, as before.

Aug. 19th - Profuse coma, involuntary discharge of stools, urine; Death.

Post Mortem Appearance - Subcutaneous cells hypertrophied enormously, distended. The right lung adherent to the pleura; chest; the lower lobe very solid & impermeable. The left lung comparatively healthy. The pericardium contained a little serum. The heart was extensively aderent; its wall being thinner than natural. The kidneys were large & flabby; there was a large quantity of serum in the abdomen. The colon was often glistening ulcerated from one end to the other - there was a large quantity of serum across the Aorta; this membrane was thickened, with the fat beneath could be stripped off.

This was the first case of albuminous urine that attracted my attention & as at the time I had no intention of studying disease of the kidney, particularly, the history & autopsy appeared among these notes written before death. I have written only what I distinctly recollect.
An Inaugural Dissertation

On

Plague, Fevers, and Chronic

Submission to the Examination of the Provost,

Regents, and Faculty of Physics of the

University of Maryland

For the Degree of Doctor of Medicine


1840
Pleuritis.

Pleuritis, or inflammation of the pleura, is a disease of the pleura or membranes lining the cavity of the thorax, and enveloping the lungs. Its name is derived from the Greek word signifying the pleura.

The pain in the side is in general its most prominent, and is properly pathognomonic of the disease. We are not however in proportion of any diagnostic, which can be seen, and under all circumstances, determine with certainty the exact location of inflammation situated within the cavity of the thorax.

The term pleuritis formerly was used to signify every kind of pain situated within the lungs or its membranes, particularly those of considerable violence, continued and accompanied by acute fever. The true seat of the disease was formerly a subject of much discussion by some. Recited are as an inflammation of the pleura.
proper, by others as a disease of the lungs. By others as locates in the lungs and pleurae. The location of the disease at the present is fixed to the Membrana from which it derives its name.

Plenitis may be intimately connected with pneumonitis, and with difficulty distinguished from it. When the lungs and pleurae are simultaneously the seat of active inflammation, it may well be supposed that a difficulty of diagnosis will embarrass the medical attendant, and leave his mind under Terminus as to the exact seat of the disease. When however different grades of inflammation exist in the lungs and pleurae, the diagnosis is much less difficult, and with more certainty be determined.

Plenitis, in its acute form, is generally ushered in with symptoms of coldness, rigors, chillings, and not unfrequently with a chill in very particular simular and not to be distinguished from an attacks of-intermitting fevers. In these Cases
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rom so without precurary symptoms, stealthily
and as insidiously as the approach of her incendiary
particularly when it is marked by habits of
intemperance—when preceded by a cold stage the
prominent symptoms develop themselves almost
as soon as the hot stage succeeds. When the cold
stage is left decided, the characteristics of the
disease are longer in their course of development—
sometimes only a few hours only occurring, in other
cases ten or twenty hours elapsing. The violent pressure
lancination, in the majority of cases, much more intense
in some than in others, now fastens itself to some
particular spot, or extends itself over a great portion
of one or both sides, changing from place to
place, making the location of the inflammation—
its intensity corresponding with the signs of inflam-
mation. Accompanying the pain in most cases, there is
a dry hard cough, or cough in the attempt to inhale.
The cough is not an invariable attendant, and in those
The attempt to inflate the lungs is more troublesome, particularly in cases of violent inflammation. The cough at first is dry and hard, or if attended by expectoration, it is glairy and almost colourless. When the lungs become implicated, the character of the expectoration changes, and in most cases is situated below the diaphragm. Flatus in its appearance is clear, as the disease advances the expectoration becomes more frothy, the breathing is hurried and difficult, pulse quick and frequent, their more hot than natural and dry. The tongue comes with a thick white fur, in the more advanced stages of the disease, sometimes albuminous or purulent. The arms are diminished in quantity and length, and in colour. Respiration is performed principally by the diaphragm and abdominal muscles, the portion of the ribs being restrained by the patient as much as possible, to avoid the increase of pain occasioned by the opposition of the chest. The pain is increased by any attempt to lie on the affected side.
Various causes have been alleged by writers for an attack of this disease. The action of cold upon a body weakened by disease, or confinement in an unventilated apartment, cold and damp air acting on a constitution debilitated from any cause, does often produce it; and not in frequency do attacks arise not assignable to any particular cause. It may arise from the metastasis of other diseases; as West India maladies, and Erysipelas. Volpeau says that those who die of acute disease, recovering to surgical operations, or progress suppurations, generally fall victims to this diseased or to the formation of abscesses. Most of the membranes in the lungs. Persons of a vigorous constitution and plethoric habit are more subject to attacks than those of a different constitution and life languid.

Appearances after death. The pleura is generally found with a reddened surface, or punctuated with small red specks, irregular in shapes, approximating each
other very closely, and tied by bands to occupy the
whole thickness of the membrane. Leaving those
intermediate portions of the natural clefts. The larger
peripheral blood vessels are more engorged and more
distended than in their normal state. Accompan-
ying the inflamed state of the pleurisy, there is at
always an up the disease be cut that in its very
commencement was of extravasation of serum in its
internal face. Believed to be the kind of extravasation
proper to serous membranes. This extravasation is hap-
pened by some to commence with the inflammation itself
and to consist of two distinct and different fluids.
The one semiclear, in others termed false membrane,
the other more watery and termed true effusion.

Prognosis. Acute pleurisy is at generally a long
slow disease in persons of good constitution, less
accompanied by habits of dissipiation or other diseases.
Of all inflammatory diseases, this is perhaps as con-
stantly controllable by active antiphlogistic
treatment as any other. The tendency to destroy life is not great, but its indirect action is much to be dreaded from its tendency to develop a disease from which few recover. Pulmonary consumption, particularly in those already debilitated and having lingering in their systems a predisposition to phthisis pulmonary.

Before the introduction of the stethoscope the distinguishing diseases of the chest was a matter requiring much practice and skill, and it was not unusual in the earlier days of medical nomenclature to club them all under one head. The modern improvements in the sciences have rendered that comparatively easy, which formerly was of all other distinctions the most difficult to make.

The diseases which most closely approximate pleuritic and are with most difficulty distinguished, are pneumonia and bronchitis. The most prominent symptoms in which these diseases differ from each other, are
The character of the cough, expectorations, pain, and pulse.

The first, perhaps as important as either of the others.

In pleuritis it is hard and dry, in pneumonia it is

harsh and making a peculiar rough noise, situated

deep within the cavity of the chest; in bronchitis, it

is loose, dry, and diffused. The expectoration in pleu-

ritis does not commence with the inflammation, but

deprecates after the disease has erupted for some

short time, and consists at first of a small portion of

poty transparent mucous. In pneumonia, it is also

clear, and coughed up with difficulty, and in yellow

ish patches, having streaks of blood mixed with it; it is by

times rheumatic adhering to the clots and glassy when turned

bottom upwards. In bronchitis it is more copious, appear-

TROTED with brown sand, mixing intimately with the blood

and forming a homogenious mass. The pain is the third

phenomenon requiring attention. In pleurisitis it is acute, lancinating

and increased by distention of the chest, and depression.

The patient is drooping a deep and full inspiration as
as complete apposition. In pneumonia, it is not acute, and the chest can be expanded and contracted without producing the acute piercing tenacious oppression in pleurisy. In bronchitis, there is little or any pain. Giddiness if at all increased by inspiration or opposition. The pulse connected with these begins small and in forming a correct diagnosis, and without attention to it the pain would seem to lead to an incorrect opinion, as Neuralgic and rhematomatic affections of the superficies of the chest often simulate pleurisy in their character. The pulse in pleurisy is quick and thready, and imparting the sensation of a tightness and cold in pneumonia it is depressed and struggling for the impeded passage of the blood through the lungs. In bronchitis, if accelerated, soft and yielding, easily compri"mped and entirely different as to the sensations imposed to the finger.

The Chronic form of pleurisy may result from the acute, or it may be chronic from its denomination. The anatomical character of the two are materially the
which have been spoken of after death. This seems not only to illustrate the appearance connected with the disease, but also the symptoms, frequency of the recurrence of the disease, in almost any case followed after such time bands or attachments of the pleura, or found deposit to a certain or left upper—clearly showing that a pleuritic had once existed. Chronic pleuritic, as we have always remarked, is in its early stage materially different from the acute, approaching insidiously, creating the circumstance, pushing pain in the side in the majority of cases, when present, more slight, appearing and disappearing at intervals of longer or shorter duration. Excoriation approaches with more or less rapidity according to the constitution and habits of the patient or individual.

The digestive apparatus is impaired in its functions, great difficulty of breathing, with an inability to assume the most recumbent posture. Life is sometimes suddenly destroyed by an opening of an opening of abscess into the bronchies, excluding the air. The configuration of the
The chest is materially attended, the affected kid perceptibly larger than the contralateral space created by the accumulation of the fluid. In the cavity, the pleura the increased being depending upon the quantity of fluid. The lungs are compressed, and in some instances to the point to be punct a danger is the compression that they, larger offers sufficient air into there to sustain life.

The compression generally takes place towards the mediastinum and spine. The following case is at without intent illustrating some points of the disease and showing how completely it may be marked, and how difficult in the diagnosis even when all the best lights of the disease are made to bear upon it.

Case. M. R. at 20. A woman of pleasure, profiteer in every respect, admitted into this Pteutinan City and County Alms House May 24th 1839. The complaint when first admitted of pain in the right hypochondrium, aggravated by pressure, with a pain at the top of the right shoulder, running down the biceps, descents
on the right side, slight cough, no dyspnea. Complete
collapse of nearly the whole of the right side, some resis-
tance under the clavicle. Total absence of the respiratory
movement. Sacrifice respiration of the right side. Palpably,
arm and whole lung were coated, but moist, said that
she had been ill only one week, the was cupped on
the right hypochondrium with entire relief of the pain
there. A few days subsequent the was cupped on the
right side of the spine and over the shoulder with
the effect of entirely diminishing the pain in that
region. She was ordered grape, figs, and apricots
and prepared herself better from their operation.
Her pulse became continued of the same frequency,
but with firm resistance, with new marked monoton-
ous and monotonous movements. The cough increased
and copious purulent expectoration came on; she
continued to grow worse and died on the 7th day.

Autopsy—Body very fat. Thorax. The right side of the
thorax was filled with yellowish purulent matter, mixed
with large flakes of lymph amounting to more than half a gallon of fluid. The entire surface of the pleura was covered with an extremely thick coating of fluid membrane. The lung was compressed into a space forming a small at the top of the cavity, and contained no tubercles. There was slight widening of the mucous coat of the bronchial of both lungs. On turning the body over previous to the examination a large quantity of purulent matter flowed through the mouth, evidencing a communication between the cavity of the thorax and the bronchus. The posterior surface of the heart and corresponding pericardium was thickly coated with coagulated lymph. The base of the pericardium containing a small quantity of blood. The liver was enlarged to twice its natural size. The peritoneum covering its upper side, especially by the right lobe, was found with a thick layer of coagulated lymph of recent formation. The middle and costal substance having a natural appearance.
The stomach exhibited strongly evidences of chronic gastritis. The mucous coat thickened and, by turning into its interior surface, and of a yellowish-gray color inclining to blue in many parts, with many large patches intensely reddened.

Treatment. The remedies generally used in the acute form of phlebitis are comparatively few and simple, but when properly and judiciously administered, as iliacase proves more submissive than this. In the treatment of the acute form, bleeding, the natural enemy of inflammation, holds the most conspicuous place, formerly more to than at present. It is truly said to be the best anchor in inflammatory diseases, but like all other good things may be the instrument of evil in the hands of the illiterate and prejudiced. It reduces inflammatory action, and when carried too far, not only reduces that, but the depressant power of the constitution with the inflammation, particularly in the weak and debilitated, and more especially in delicate females.
In the early stages of the disease, if and if bleeding is not only advisable, but in many cases absolutely requisite. As a general rule the first may be carried to syncope if the pulse does not hatred materially before, or the distemper's pain is not sooner alleviated or entirely removed. Most authors recommend that blood should be drawn from a large orificed, and that the patient should be, whilst being drawn in this letting patient. In slight attacks the abstraction of blood may be advantageously dispensed with, particularly in delicate females. If the bleeding and cupping are but secondary and inferior methods of reducing the first grade of phlegm inflammation, but when the latter has been carried to the extent that prudence dictates, these more latter methods come to our aid with much promise of good. Their action is twofold, that of depletion and counter irritation. When the first genuine blood-letting
has failed to produce permanent relief. A new
nerve is again to be had to it, and even the third
or fourth time. The pulse, pain, and condition of the
patient should always be consulted, for no one can
say with any degree of certainty how often it will
be necessary to bleed or how much blood should
be taken before this inflammatory action is entirely
ceased. After the first few bleedings, if it should
be again necessary to resort to the general abstraction
of blood, it should be done with great caution and
sparsely. Engaging and leeching are methods of
reducing the circulation which should be resorted
to when necessary. The former is perhaps the better
of the two. It can be performed any where and at
any moment, and by almost any person. Leeching
is not attainable in this country. They are bears
and bears, often not to be procured, and when
obtained, frequently much difficulty arises in
inoculating them to late. The bite of the leeches too
A remedy which presents itself, is the internal administration of antimonii at Octavo L. and only to the lanent in this disease, as well as those of inflamations of serous Membranes in general. It acts on the heart and arteries which the eye of observation is alone is willing to admit as being to modify operations. It is not exactly comprehensible, for the effects and cannot but our eyes to the fact that it does in some manner control, and lessen inflammation. Its action is not only to harden the force of the heat and arteries, but it also has a direct tendency to the thin, producing diaphoresis, the clear performance of which
functions is one of the most essential in the whole system of this remedy. It is, therefore, a useful agent in severe cases of fever and chills. In general, it is recommended for use in cases of fever, chills, and sweats, especially when the fever is accompanied by delirium. It is often prescribed for patients who are suffering from acute respiratory conditions, such as pneumonia or bronchitis. In these cases, it is used in conjunction with other medications to reduce fever and promote sweating, which helps to relieve the symptoms of the disease. However, it is important to note that the dose should be adjusted according to the individual's condition and response to treatment. It is also important to monitor the patient's progress and adjust the dose accordingly.

When using this remedy, it is essential to consider the patient's overall health and the specific symptoms they are experiencing. It is not appropriate for use in cases of severe dehydration or electrolyte imbalances, as it can exacerbate these conditions. In such cases, it may be necessary to use alternative therapies or medications to address the underlying issue. It is also important to be aware of any potential side effects of the treatment, such as dizziness, nausea, or vomiting, and to take appropriate precautions to minimize their impact.

In summary, this remedy is a valuable agent in the treatment of fever and chills, and it can be an effective treatment for patients suffering from acute respiratory conditions. However, it is important to use it with caution and to monitor the patient's progress closely, adjusting the dose as necessary to ensure the safety and effectiveness of the treatment.
Canal. Part of this being generally necessary, there is such a variety in this class of medicines many having equal claims to notice, and few of any being expressly specifically applicable to this disease, that it may be left to the patient himself to make selections from the least nauseous.

Counter irritation must present itself as one of the means of combating inflammation of the plaque. It is contended by most authors that have written upon inflammation that there is a point at which it arrives in its course termed the blistering point. If I understand the idea intended to be conveyed, it is that point in the course of the disease, when the contending forces are nearly if not equally balanced, that is when the force of disease, and the recuperative powers of the system are about equal. As a general rule as to the particular time when counter irritation is advisable, it is advised by best authority to apply it immediately after the blood-staining. Cupping is so far as prudence
dictates. The opinion is that usually employed is the
cantharides, but in cases where the immediate effect
of a blister is wished to be produced, the preparation of
amphetamine as recommended bybeam is in practice
their active and effect produced analogous to that
of the fly, and preparing the advantage of effecting in
a few minutes, what requires hours for the fly to accom-
plish.

The following plan of treatment I have been successfully
employed in the Baltimore City and County Almshouse
first and full bleeding from the arm, a large compress
immediately applied to the affected side, and an
ounce to a half grain dose every two hours, that:

1. Mercury: fifteen grains. Conjunctive with five or six
pula antimoniaci at the third hour: 
2. Bicarb: in the morning of the last. 
3. Mercury: has not
had a very salutary effect. After the anthracine
has had the effect desired, it recurs again to
the duty and as on the previous day.
The brand might be used as a third time, assuming the face and spine in the morning and the
Downs powder at night. At the appearance of the
third week, a fifth day the antimony diminishes
in suspended. The antimony in most cases before add-
ing the use of a second cathartic, and in very few
cases was it necessary to resume the same. or to
apply cupping.

The treatment in chronic pleurisy must depend
upon the duration of the disease previous to its ame-
yng under care. Some of the nature's constitution,
habit, employment, and mode of living
It may be that the laxant will be requisite.
Cupping in almost all cases. Counter irritants fre-
quently applied. Diaphoretic, digitalis, cathartic,
mercury sometimes called to moderate phleg-
em. Doctor Atkins speaks highly of lodine
and says its effects are sometimes singularly
quick in promoting the absorption of the fluids.
Die Übungen [fortsetzung]

...
Next, a restrained diet, but not carried quite so far as starvation either. Nature is not so impotent, although powerful to combat disease, the must therefore be laid open when she is discovered to be working. As the latter stages there for a general diet is absolutely necessary; the quantity and quality to be regulated by the practitioner whose eye must ever cease to watch over the constitutional progress of this [illegible]
To my gentle president,

Sedulo F.(signature)

I submit to the consideration of the Board of Regents and Faculty of the University of Maryland for the degree of Doctor of Philosophy.

By,

Alfred J. Donaldson

Baltimore, Maryland

April 20, 1860
An Inaugural Dissertation on Small-Pox
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

Miles J. Donaldson
Baltimore
Maryland

Feb 27 1840
The origin of this diseased state, no further back than the year 640; it being entirely unknown to the Greek and Roman physicians. The manner of its production, though admitting of much speculation, must, like all the points of the same character, be forever an object of fruitless inquiry. It was probably introduced into Europe by the crusaders, when its ravages were peculiarly destructive. It might be supposed that the observant and ingenuous mind of mankind would have been excited in the endeavour of discovering some agent capable of counteracting the intense fatality which everywhere marked its footsteps: such an agent was found, though, as far as we have reason to believe, it was the result of fortuitous circumstances. The practice of inoculation, though known to some nations from their earliest traditions, was only introduced into the more civilized parts of Europe at the commencement of the 18th century. This prophylactic which consists in the introduction of the matter of the various pox into the system, was
found not only to secure the constitution from a
second attack of the disease, but to render those
thus inoculated less liable to have it in a severe
form. This practice tended greatly to lessen the
mortality occasioned by the unrestrained rage
of variola. I was only distinguished for one far more
brilliant & successful in its results. I mean, that of
vaccination, which depends upon a singular pro-
perly preserved by a disease incident to the cow &
communicable to man, of depriving the system of
its susceptibility to the impression of the poison of
small-pox. The principle of pathology, which
enables us to explain the mode by which the induc-
tion of the vaccine disease wards off the small-pox,
is, that when the morbid influence of that poison
comes within the reach of the system, it meets
with a diminished susceptibility, by which the
 tendency to its production is obviated.
That vaccination is not always antediluvian, is ow-
ning to the manner in which the vaccine virus is
applied, to peculiarity of constitution, & to the sys-
tem's not being properly schooled for its full
Small-pox belongs to the class of exanthematic fevers, which are characterized by being specific, that is, having their origin from one cause, and arising from no other. They are all contagious, forming a regular course, the exanthema being merely a consequence of the fever, and partly a mode by which it is relieved.

Small-pox is generally divided into two kinds, according to the appearance presented by the eruption. When the pustules are separated from each other, it is termed distinct, and when they run into each other, confluent. In the latter, the pustules are more numerous, and the symptoms more dangerous or severe; the distinction, however, does not always hold, as the pustules are sometimes confluent in one part of the body, and distinct on another.

Symptoms. Stage of Invasion.

Nine or fourteen days generally elapse from the time that the contagion has made its impression on the system, till the appearance of the disease. At the end of this it is believed in with
chills, followed by fever, nausea, and always vomiting. The patient complains of lassitude, of a sense of heaviness in the back of the head, pain in the back of loin which soon extends to the extremities. There is found at the same time pain in the epigastrium, which is much increased by pressure, and a sense of soreness exists in the throat, attended with whooping respiration and cough. As the disease advances the symptoms become more marked, the tongue is covered with a white fur, except at the edges and point. The stomach rejects every kind of food, if the bowels are generally constive in adults, while children are for the most part affected with diarrhoea. The urine is small in quantity, and when passed off deposits an ash-coloured sediment. At this time the breath is peculiar of the patient may be found to possess a peculiar odour, which is easily distinguishable upon entering the room. As the stage of consumption comes on all the symptoms are increased in violence; the eyes become watery, the tongue of mucous membrane of the throat
assume a brilliant red colour, the face is scorched, and haemorrhage takes place very frequently from the nose. In some cases, a short time previous to the appearance of the eruption itself, a roseo-jaundiced efflorescence covers the face & neck, which has caused the disease to be mistaken for measles.

2nd Stage - Period of Eruption.

The eruption, which makes its appearance about the third day from the commencement of the disease, consists at first of small points or papules, about the size of a pea's head, very much like flea-bites, of a red colour & circular form which are at first few in number, but afterwards increase with great rapidity, & at the end of the second day generally complete their number. The febrile symptoms which just before their appearance were exaggerated, now abate. At the end of the second or third day from the first appearance of the lepantema, & the fifth or sixth from the commencement of the disease, the eruption begins to undergo a change from the papular to the vesicular form. The tops
of the pimples are now occupied by small vesicles containing a drop of diaphanous fluid of a serous character; their bases can be seen to have hardened a little. The fluid in the vesicles increases in quantity as the pustules enlarge. This change in the size of the pustules produces a corresponding effect on the cutaneous surface; the eyelids are so swollen as to close the eye, the face is not to be recognized, and the whole surface of the body is affected in proportion to the number of pustules. About the sixth or seventh day the fluid in the vesicles gradually becomes turbid, and about the ninth has changed from a serum to a turbid nature marking the approach of the stage of suppuration.

The fever which had remitted reappears the appearance of the eruption now returns with greater intensity. The tongue becomes flourished, the pulse is quick and hard, there ensues a disposition to sleep and coma. The hands and feet become swollen, the patient is troubled with a profuse salivation, the secretion of which
is attended with pain & hoarseness. The evacuations
now are generally liquid, the worst symptom at
this point of the disease being the supervention of
diarrhoea. These symptoms continue until the
pustules commence to dry, which takes place
sooner in those which are most ripe, giving to
the skin a variegated appearance. When the
pustules have arrived at an age of maturity,
the coverings of some of them burst, & a portion
of the contained fluid escapes out. This matter
upon coming in contact with the air dries up
forming a crust upon the top of the pustule. Those which remain unburst contract
in size, & their fluid assumes a solid form.
The pustules now become hard & dry, and
being changed into scabs fall off leaving be-
hind them scars corresponding to their size
& number. The symptoms of constitutional
affections which have been here described
as attendant upon small-pox vary greatly
in different cases, being in some more severe
and violent, in others considerably milder and
less distinctly marked. The papules also present a remarkable difference in size, which is dependent chiefly on the severity of the disease. They vary from the size of a buckshot to that of a pea.

The confluent small pox. In the confluent small pox, all the symptoms are indicative of more severity, and the pains in the back, extremities, & epigastrium are more violent than in the distinct variety. The fever most always assumes a typhoid form, while in the distinct variety it is generally of an inflammatory character. The eruption in the confluent form besides appearing with greater rapidity is developed every where at once, & as soon as the papules exhibit themselves they may be observed to touch each other upon their bases, the tongue is covered with a black fur, showing evidently a more severe form of fever than in the distinct variety, where the tongue is generally at the commencement thickened by red & indicates a more active degree of fever.
There is another variety of small-pox called the crystalline or watery, which has been noticed by Sydenham as being so peculiarly fatal. In this variety suppuration does not take place in the particles, as the fluid in the vesicles scarcely undergoes any change; consequent on the exanthema is not suspected, and that inflammation which ought to have relieved itself by a regular eruption on the surface, by which the vital powers have not sufficient force to accomplish owing to the fever's always possessing a typhoidal character, is transmitted to the internal organs, particularly the brain, as the post-mortem appearances always exhibit congestion of that organ.

Prognosis. The fatality of small-pox is always in proportion to its severity, to the state of the constitution on which it makes its attack. The distinct form is far less dangerous than the confluent. Death sometimes takes place so early as the fifth day, though the secondary or supplicative fever constitutes the
most critical period of the disease. Our prognosis is to be drawn from the appearance of the eruption, the period at which the natural changes take place in the pustule, and the general attending circumstances. When the pustule are red & slow & late in their progress, if suppurate perfectly, we are led to apprehend a favourable termination; on the contrary, when they are livid and flat, & disposed to be haemorrhagic, if dry up without an encrustation of pus in their surface, it is a sign of weakness & inability on the part of the system to produce & resist an exanthema, I argue badly for the patient. Female, when attacked by small-pox during the period of pregnancy, are frequently liable to abortion; fatal results are always to be expected from its occurrence in patients affected with syphilis, a fact which strongly recommends the danger to be apprehended from inoculating them while labouring under that disease.

Treatment: The old method of heating small-
Joy by stimulants is to be reprehended for many reasons, it is evidently based upon a false pathology. Stimulants were administered to a great extent under the view that the blood was completely purged, and that unless it was relieved of its impurities at once by inducing a rapid & copious crop of pustules, the patient would inevitably succumb. Hastening the eruption only increases the fever by adding a new source of irritation, it would be apt were a typhoid state to ensue to transplant it to the internal organs; the experience of many teaches us that a slow & gradual eruption is indicative of the disease taking a more natural & favourable course. The decided marks of inflammation evidenced by the state of the tongue, the hard quick pulse, & the pain in the loins & chigarrum point out the necessity of antiphlogistic treatment. By the use of the laun-
net we create a less copious crop of pustules, and at the same time subdue the fever. Blee-
-ding is pushed to too great an extreme, however, may cause the excretion to return, it thus produce internal congections. The diaphoresis which attends the suppurative fever is not only the result of the want of bleeding, but the cause of purgatives on the commencement of the disease, but it is induced by the deep sympathy exciting between the skin & mucous membrane of the intestines; the irritation excited in the formed by the presence and suppuration of so many purulescent leads to depraved secretions on the part of the latter. Caustics hereby have an important place in the treatment. Great benefit is to be derived from keeping the patient in a dark room, though the mode by which the exclusion of light prevents scars from occurring after the desiccation of the purulescent is not very evident. When the diarrhoea is troublesome, particularly in the typhoid form, it should be gently checked by the pure moderate astringents, while tonics & stimulants are necessary to support the system.
An
Inaugural Dissertation
on
Scarlatina.
Submitted
to the examination
of
The Provost, Regents, and Medical Faculty,
of the University of Maryland.
For the degree of M.D.

By John Engle Helzer.

Of

Jefferson County,
Virginia.

February — 1840.
To

W. Potter M.D.

and

J. G. Baker M.D.

This thesis is dedicated as a testimony

of respect, by the

Author.
Scarlet Fever.

"Sed ex toto pari ambulant popa."

The study and practice of medicine involve various and important considerations. They require the highest mental endowment, while they impose the most awful responsibilities. The brightest geniuses have engaged in this respectable art; but the sum of medical science is yet in its horizon, notwithstanding the trophies that have been laid at the altar in the temple of healing. After the physician has made his noblest efforts, by the most judicious application of his remedial agents, yet his fair prospect will too often be blasted, and his hopes disappointed; for cases of supranatural medicine still continue to occur even in youthful life, until some new remedy shall be discovered, or some new application shall be made of our old one. Shall that farseeing wisdom, which ascribes every thing to supernatural agencies, and nothing to natural causes, triumph? The feet and minds of mankind were made in darkness? No; the oceans and the continents; the moun-
towns and the fields, still furnish us with herbs and
minerals; fruits and flowers, possessed of medical virtues;
and by their proper application, tend either directly or
indirectly, to mitigate human suffering, and to prolong
the life of man.

From the researches of some of our
most able writers on this subject, the disease seems to
have reached us from the East, and to be of comparatively
recent origin.

The three varieties, into which our latest
authors have divided this disease, namely, Scarletina
Dimplzy, Scarletina anginosa, and Scarletina Maligna, are
identically the same disease, differing only in degree of
seriousness.

Scarlatina Dimply:

This complaint is more
 prevalent in winter and spring, than in the summer
or autumnal months; and attacks children in preference
to those of more advanced age.

Scarlatina Dimplzy has been noticed by
Sydenham and de Gorst, without any inflammation
of the internal juices; and to terminate spontaneously.

But inflammation of the internal juices may be considered as an essential characteristic of the disease. The pre-monitory symptoms of fever in general either in this disease. After an indeterminate period varying from one, to three or four days, the patient is seized with slight chill; fullness of the head, and lassitude; pains in the head, loins, and lower extremities; to which succeed great prostration of strength, and nausea, or vomiting; attended by a hot and dry skin, and frequent and quick pulse. In about thirty-six hours after the fever makes its appearance, a profuse scarlet eruption comes out, first on the breast, arms, face, neck, trunk and extremities in conception, and finally spreads with rapidity over the surface of the mouth, nostrils, and fingers; the latter of which turn red, and not infrequently in the more malignant varieties ulcerate. The rash gives a diffusing blush to the skin, which is represented as resembling the shell of a boiled lobster. "In some cases," says Dr. Armstrong, it is uniformly diffused over the whole surface of the body; in others it appears only in large irregular blotches, leaving the intermediate
Portions of skin of the natural color. &c. or soon after
the accession of the fever, the faces become sore and
tumefy, with some difficulty of deglutition; and in some
cases the voice is remarkably changed. The tongue is
covered with thick white fur, with red edges; the face
presents a flushed appearance; the skin is very hot and
dry; the pulse is frequent and quick, and sometimes tense and
rigorous. The patient has little or no inclination to take
food or drink. The fever, as in many other febrile diseases,
remits in the morning, and gradually increases through the
day, and reaches its highest point about last time, when it
sometimes happens, that a slight delirium occurs. The
stage of excitement frequently terminates on the second
or third day, from the first appearance of the fever; but
occasionally not until the fourth or fifth day; when the
stage of collapse supervenes, the fever disappears; the pulse
becomes slower and softer, and the skin relaxed. About
the time that the stage of excitement gives way, the
rash begins to recede, and entirely disappears about
the seventh day; about which time desquamation commences.
This variety sometimes suddenly passes into the second,
or that denominated Scarletina Anginosa.
Scorbutina Anginsona

In Scorbutina anginsona, the fever and inflammation of the fauces are much more violent than in the mild form just described. The Scorbutina anginsona embraces all the symptoms of the simple variety in a more aggravated form. It is ushered in with considerable headache; and the patient also complaining of great precordial oppression, nausea, and vomiting harass the patient. The eruption comes out about the third day, in very irregular blotches, or about the same time redness and swelling make their appearance in the internal fauces; and the muscles of the neck and lower jaw become stiff, so that the patient cannot move those parts without pain. Inflammation frequently makes its appearance in the fauces, tonsils, and soft palate before the eruption of the fever.

The voice acquires a considerable degree of hoarseness; the patient complaining of a difficulty of swallowing food or drink. There is considerable difficulty of breathing, attended with a disagreeable sensation of constriction in the throat. The fauces acquire greater frequency in this than in the former variety, but is not so rigorously tense or full. The
fever being very high, and soon reaching its climax, there is intense heat of the surface, and the patient is covered with an unquenchable thirst; tongue dry, and very red along the edges. The urine evacuations are very black and bilious. The patient complaining of headache, and is very restless and languid, and is extremely prostrated. Throughout the entire course of the disease. The delirium symptoms increase in severity as the evening approaches, giving rise to a species of delirium, in which the patient talks to himself if left alone, or in the dark. The rash frequently reaches the day after its appearance, and reapplies at uncertain intervals, and in this way protracts the decline of the disease. In consequence of the sudden recession of the efflorescence to the internal parts, dangerous and even fatal congestion might be the consequence. When the fever begins to decline (about the fourth or fifth day) the constancy and palatine seldom alulate, and the dwelling and inflammation of these parts keep up with the fever; but when the fever is unusually violent, or is protracted beyond three or four days, ulceration and sloughing are the consequence. As the arterial excitement declines, the ulcers throw off their sloughs, and generally heal without much difficulty. Sometimes instead of exudating...
kindly, they put on a malignant appearance, the sloughing extends and destroys the neighboring parts; the glands of the neck become enlarged and painful, and occasionally suppurate. In children, swelling of the parotid gland is of common occurrence, but supuration rarely happens. The inflammation sometimes extends to the trachea and bronchia, and the patient dies under symptoms resembling those of acute bronchitis. In some cases there is inflammation of the brain and its membranes, in which case, the patient dies with symptoms resembling those of phrenitis. (about the fourteenth day) Sometimes thoracic and abdominal inflammations supersede; at first slight, but finally become very distressing; and to render the patient misery complete, he is tormented with vomiting and acid eructations. The abdomen becomes distended with flatus, and the patient becomes more restless; and the system begins to sink under the disease. In the course of six or ten days, the pain and soreness of the belly subside or entirely disappear; the pulse is so quick that it is with difficulty that it can be counted; the breathing become more anxious, and the vomiting more horripilating to the patient. The surface becomes covered with a cold clammy sweat,
followed by an entire prostration of the whole system and the patient lies exhausted.

Scarlatina Maligna.

This is the most aggravated form of scarlet fever, and soon betrays its malignant character. The morbid virey appears to be particularly directed to the throat, though occasionally the liver, lungs, or stomach is the part principally affected.

Dr. Armstrong describes three such varieties of Scarlatina Maligna—viz., The Inflammatory, The Congestive, and The Mixed. The first of these modifications resembles the Scarlatina anginosa for a day or two after its commencement; but it soon betrays its malignant character. It assumes the highest grade of inflammation and excitement to which the system can be subjected. It usually comes on with shiverings; great dejection of spirits; more severe pain in the head and back than in the former varieties; the patient complaining of a dizzying or swimming of the head, and much general oppression; nausea and vomiting hereat the patient from the time of attack. Sensation of chillings and heat alternate each other, until the stage of excitement be fully
developed, when the efflorescence makes its appearance as in the preceding varieties. The efflorescence makes its appearance at uncertain intervals, varying from the second to the fourth day of excitement. Arterial excitement may be so high as to cause much more inflammation than in the preceding varieties; slightly form in the throat at an early period of the disease; at first of a white, and finally change to a dark brown or black color. In some very aggraved cases, the disease ends mortally in four or five days.

Delirium comes on at an early period, often succeeded by an imperfect stupor, etc. In some instances the abdomen is principally affected; pain, soreness and tension of the belly is complained of; breathing laborious short and quick; pulse very quick and counted with difficulty. In other cases the pulmonary system seems to be the part principally affected. But whatever part may be affected the stage of collapse soon supervens: the power of the system give way; the pulse loses its strength and becomes more vanishing; the skin becomes relaxed; the tongue, palate and tonsils acquire a dark color, and the disease assuming a more putrid character, convulsions, vomiting, and sometimes even suffocation take place.
according to the region principally affected, and put an end to the patient's sufferings. In case the patient recovers, the disease does not put on the malignant character above described. Armstrong asserts, recovery is sometimes protracted even for several months.

The irregular form is a mixture of the highly inflammatory, just described, and the regular congestive or typhus variety. It is ushered in much like the preceding forms; but in the forming stage, the rigor, headache, indiesia and languor are more protracted; while the stage of excitement is shorter, and lip fully developed. The hand and feet become cold; and the patient complaining of alternate sensations of heat and cold. The anginose affection is usually manifested in the course of a few days. The eruption is much less regular in its diffusion over the surface of the body, than in the preceding variety, and it is of a lighter color. The eruption sometimes disappears, and returns at uncertain intervals. The morbid poison overwhelming the brain and nervous system, at an early period of the disease. The alvine evacuations are unnatural and of a disagreeable smell.

In consequence of the imperfect excitement, the pulse does not acquire much frequency, or pullency in the second stage.
The gangrenous ulceration in the throat spreads rapidly, and bleed issues from the gums and nose. It is frequently protracted, (when allowed to take its own course) to the end of the third week. In children the suffering is more frequently from congestion of the liver, spleen, lungs, stomach and intestines, than in the preceding varieties. This modification is still more fatal than the preceding forms.

In the regular Congenital, or Syphus form, the vital functions are so much oppressed in the first stage, with internal venous congestion, that reaction cannot take place. The fever is typically from the beginning of the disease. It for the most part makes its attack suddenly; the patient's face first on a cadaverous appearance, and he complaining of nausea, cephaladen, and great oppression at the pit of the stomach. The breathing is quick and short, or slow and laboured. The eruption occasionally recedes, and does not return again. The face is pale and the eyes dull, and he finally becomes delirious or stupified, under which the patient dies. From the appearance of the disease and through its whole course, the pulse is slow, irregular, and pulse; though in some cases there is a very slight degree of reaction, then the pulse is quicker and stronger.
for a time, but it soon becomes thick and irregular. At first the tongue is covered with a thin white fur, but as the disease advances, the tongue becomes rough, and changes to a brown color. The bowels are constipated from the beginning, but towards the termination of fatal cases there is diarrhea. This modification of Scarletina Maligna frequently terminates fatally in the course of two, three, or four days. The eruption through the whole course of the disease is of a pale purple, or copperish hue; and sometimes reappears without ever appearing again. Towards the termination of fatal cases, blood seizes from the gums or nostrils; and the patient passes blood from the bowels, or bladder, or from both, and colored or gangrenous spots are occasionally observed on the skin. In this modification, the affection of the throat is rarely very violent. Congestions of the Lungs, Liver, Splen, and brain, are of frequent occurrence, and the patient dies of visceral degeneration. In the stage of oppression, nature employs arterial excitement, as a means to relieve herself of venous congestion, and thereby relieve the right side of the heart, and large venous trunks of the supravencumbent load of venous blood under which the system struggles. Simple excitement, or an increased action of the heart and arteries,
with an increase of heat, and a regular distribution of blood throughout the system.

Treatment of Searletina Simplic.

This is more of the exanthema more difficult to treat with success, than Searlet fever. In some cases, the patient scarcely complaining, and the parents of the child affected, are not aware that it has the disease; in another case, it is in the most inflammatory type; and in a third case, the fever is a typhoid, and has to be treated accordingly. The grade and character are important considerations in the treatment.

This form of Searlet fever, though mild, undoubtedly requires medical attention. As no one can tell with certainty, in the initial stage, what will be the character of the disease, it should be strictly attended to; no one should delay the combat with an enemy until he has grown formidable; for the longer the disease is suffered to prey upon the system, the more troublesome will it be to eradicate.

When the face is pale, and the patient complaining of cephalalgia, nausea, and delirium; a brisk cathartic should
administered, and followed by an antimonial emetic, and the warm bath. By this practice we equalize the circulation, and under the subsequent course of the disease, milder and much more manageable. The heat of the skin and quickness of the pulse, may be promptly reduced by the administration of an emetic cathartic, composed of tartar emetic and sulphate of magnesia, or the fulvic antimonials with hydrargyri sublimis, which acts briskly as an emetic and cathartic. When the head or any other organ of vital importance to the animal economy, seems to be principally affected, a brisk cathartic should be administered, and the patient put into a warm bath, containing a large quantity of common table salt; and a few hepar should be applied in the neighborhood of the affected part; or a small quantity of blood should be taken from the arm. This practice in no inconsiderable degree to moderate the subsequent reaction. When the arterial reaction is fully established; an emetic of Dracaenica or antimony, should be administered, or a mercurial cathartic, followed by some one of the neutral salts. Thileotomy may be had recourse to; in case there is much pain and fulness of the head; and mild diaphoretics, such as, spiritu min. deri, spirit of nitre, or nitrous powder should be
administered pro re nata. In case arterial excitement runs high, it should be moderated by cathartics; tepid affusions, cooling drinks, such as, lemon-ade, muriatic acid largely diluted with water, should be taken freely during the affusions; rest and cool air should be admitted into the patient's room if it be warm weather. If gargle composed of sage-tea with alum, or horat, sweetened with honey, should be used frequently through the course of the day, in case the throat becomes sore. A strict antiphlogistic diet should be enjoined; and the patient should be kept within doors for several days after all pain and inflammations have subsided.

Treatment of Scarlatina Anginoso.

This variety of Scarlatina requires a decidedly more energetic course of treatment. Strong antiphlogistic remedies are required.

One naturally concludes that emetics are highly valuable remedial agency in this as well as in the other varieties of
deceleration. The earlier they are had recourse to, the more
advantageous will be their effects. Given in the first stage, or
at the beginning of the stage of excitement, they will fre-
quently moderate the subsequent course of the disease;
and not unfrequently, cut short the whole train of
morbid actions. Their efficacy is confined to the early
part of the disease.

Of all the various means, calcu-
lated to reduce arterial excitement, the cold affusion
is the most prompt and beneficial in its effects. Cold
water moderates the action of the heart and arteries; reduces
the burning heat of the skin; and induces a gentle diaphoresis,
and refreshing sleep. By soon as the stage of excitement has
commenced, the patient should be immersed in cold
water; or what is & better; cold water should be freely
dashed on the patient; and repeated for the first twenty-
four hours, as often as the heat of the surface and pulse
rise above the natural standard. The body and extremities
should be frequently stunged with cold water. In general cold
water should not be used after the third day of excitement.

This patient agent is often sufficient to arrest the disease
of itself; but no one should trust to it alone, when he has
other valuable remedies. The efficacy of cold ablutions, in general, will be much augmented, by the administration of mild cathartics during the day. Purgatives may act beneficially by the removal of irritating matters from the alimentary canal; by exciting intestinal expulsi on, and by reducing the action of the heart and arteries.

Little can be said with regard to the employment of diaphorotics. The temperature of the body is too high to admit of diaphoresis; but it may be reduced by cold ablutions.

In case visceral inflammation supervenes, and the stage of collapse is not near at hand, it would be advisable to draw blood either generally or locally, or both, according to circumstances. Should symptoms of cerebral inflammation supervene, the patient's head should be shaven, and kept elevated; cold water should be applied to the head, by means of towels, and blood drawn, according to the state of the pulse; an active cathartic administered; and blisters applied to the neck of the neck, or cups to the temples; in addition these, warm fomentations, or sinapisms should be applied to the feet. In case any other visceral inflammation,
attended with collapse, should arise, Dr. Clarke recommends laudanum and opium internally, and dry cupping, and large emollient poultices to be applied to the affected part.

In case the eruption should recede, or if tardy in its appearance, recourse should be had to the warm bath, and some mild stimulating diaphoretic should be administered. In the eruption stage of Scarlet fever, where the rash has made its appearance, or is appearing, and receding, Professor S. G. Bache warns us against the use of purgatives, the correctness of which, I readily perceive. In mild cases Spirit of Turpentine or sal volatile liniments, with or without Laudanum, should be applied to the throat; in more intractable cases, blisters should be applied, as soon as, the anginose affection is manifested.

Gargles should be used to cleanse the ulcer in the throat: a solution of Fervusian Bark and tincture of myrrh; or barley-water acidulated with Sulphuric, or muriatic acid sweetened with honey; or an infusion of Cayenne Pepper, alum, or liquor deflected in sage tea; either of which may be used advantageously.
The content of the image is not legible due to the quality of the scan or the handwriting style. It appears to be a page from a handwritten document, possibly containing personal notes or a letter. Without clearer visibility, the specific content cannot be accurately transcribed.
Treatment of Scarlatina Maligna.

The initial stage of this variety of fever presents us with the same, or nearly the same symptoms, as the other varieties; and therefore should in its incipiency be treated in a like manner.

The mode of treatment which I would suggest is as follows, viz.: at an early period of the disease to evacuate the Stomach and bowels, by the aid of emetics and mercurial purgatives. Cold affusions if resorted to during the stage of excitement, may prove highly beneficial. But in case the above treatment does not effectually reduce the fever, the lancet should be resorted to. Dr. Armstrong observing, in his very valuable discourse on fevers, that "Whenever the lancet is resorted to, we should always bleed repeatedly, in the first instance." In case we fail in taking a sufficient quantity of blood at the first bleeding, the mistake cannot afterwarrants be rectified; though we should blame double the quantity required in the first instance.

When the stage of collapse ensues the system must be supported by stimulants; such
as rain, why, ammonia, infusion of serpentina, yellow
hurt, mild, diet, rest, and cool air. In cases of alarming
prostration, powerful stimulants should be administered,
in frequently repeated doses. In case the brain is
most affected, we should use instead of the above,
carbonate of ammonia, nine, compound and quinine; or
infusion of serpentina, with large doses of elixir of
argent, quinine and capsicum. To gargle composed
of alum, borax, and sage tea, sweetened with honey,
has been found of signal service. The blackwash,
and pyrogallic acid have also been used with suc-
cess. Friction applied to the throat, with camphorated
spirits, turpentine, or a mixture of both, is highly recom-
mended. I am convinced from experience, that
the above receipt is productive of good effects. The
antiphlogistic regimen, should be enjoined during the
Stage of excitement; but a mild and nourishing
diet should be allowed, as soon as the stage of collapse
supervenes. In cases where there is much debility present,
the patient should take an infusion of serpentina, col-
umba, gentian, or calimia, aromating with a small
quantity of sulphuric acid.
An Inaugural Dissertation on The Disease of the Frontal Sinus. Submitted to the Examination of the Provost, Regents of Medical Faculty, University of Maryland for the degree of M.D.

By

[Signature]

Baltimore City Maryland

February 1840
Hominis ad Deum nullæ de propria
accequent quam salutem hominibus dando.
To the Professor of the Regents Faculty of Philosophy

in the

University of Maryland.

Gentlemen,

Armed by those feelings of respect and esteem, which your professional acquirements and benevolence have called forth, I have ventured to dedicate to you the following inaugural dissertation; and Gentlemen, permit me at this time to utter those congratulations which, if they have not leapt to the lips, have been treasured in the heart; and to hope, that as you are now restored to your ancient privileges within your Literacy Home, your University may soon react its head to the Heavens (not Babel-like to again be known by Confusion.)

And let that your useful line be prolonged; and that Happiness may walk hand in hand with you through Life's mean derings, will be the prayer of your Pupil and Friend;

The Author.
History.

Since our first mother sat of
the fruit
of that forbidden tree, whose mortal taste,
brung death into the world and all our woes;
all that had startled abroad; and death
had swoon down with his icy restless,
the silver haired, and the jovial youth; this
she, and the bow; the matron, and the
bright eyed daughter, despite the enthralling
effects of the jealous members of the
stealing Art.

"and till one great Man
Recto us, and again the blissful seat
such will often be the mortifying result of
our labors; but by the permission of a kind
Providence our fellow beings frequently owe
their lives to the skill of the Physician;
Since the importance of treasuring up the
experiential knowledge of our forefathers,
Stone cist, that as the light of Science has been
approaching more and more to the perfect day,
the progress of improvement in Medicine
has been such, that we contemplate with pity the delusions of those, whose medicines were rendered efficacious by the memorials of the Black Art, and whose faith only made them whole: but although gigantic strides have been taken, we are forced to confess, that much is yet to be gained in the march, and over the long vista of futurity.

Before giving a history of the very frequent diseases of the Molontal cavities, it will be proper to premise an anatomical description. Their anatomy has engrossed the attention of the most eminent writers, but I have been unable to find a more lucid description than that contained in a compilation by Dr. Turner of the works of the late Dr. O'Meara.

Anteriorly, the Cavitums of the nostrils are formed by the Cartilagenous appendages to the Superior Maxillary and the Nasal Bones: In the posterior part, we have the Superior Maxillary, the Palatine and the Sphenoid Bones forming the boundary
walls. The partition being the nasal plate of the Ethmoid Bone, closed out by the Orifices, and by cartilages at the superior part of these cavities or roofs by the dehiscence plate of the Ethmoid Bone. Upon these walls is hung a tapestry, or lining pituitary membrane, which has been described by Schneider has been called Schneiderian Membrane. This commences upon the upper part of the Septum Nasi, and clinging around the threads of the olfactory nerves, which passes through the Cribriform Plate of the Ethmoid Bone; as it passed over to the outer side of the Cavity; it is next reflected into the superior Meatus of the Nose, into which, the duct of the Sphenoid cells empties, thence, passing over the turbinated Bone it again contains the sept or middle Meatus, in which, we find the Foramen Communicating with the Anterior Sphenomaxillare; and from anterior and superior, the duct...
from the Frontal Cavities is apparent—
below the next laminated bone, over which it also palled, we have it spreading over the inferior Earth, in which, the Canal from the Sphenoidal Sac enters, the different channels to which these orifices lead, have been also examined by able Physiologists.
The Frontal Bones are formed by the separation of the two tables of the Frontal Bone, the outer of which, we find recedes part next from a perpendicular. Frequently, there is a communication between the two Cavities; but this is not always the case. All the other Cells it may be said, are formed in like manner. The preparation of the interior of the Bones, their utility has been the subject of controversy; the great Bellanti denying that they can be useful in giving a surface for the expansion of the Brain; or that they are useful in smelling, as no stream of air can pass through them to prove which he instituted his new
Beautiful experiment upon the man who was wounded, so that, the frontal sinuses were laid open, and to the orifice of whom would he held a cup containing some highly aromatic liquor; and found that no odour whatsoever was perceived. — Magendie on the other hand, implied that such is their use; for he says, "that a considerable extent of these sinuses is always found in those persons who, prowled the sense of smell to a great perfection;" their most obvious use appears to me to be for modulating the voice.

I find these sinuses lined by a very delicate membrane, extending from the nose, into their cavities; and the peculiar province of which appears to be to secrete a peculiar mucus for coating the delicate filaments of the olfactory nerves; and for protecting them from injury by foreign bodies, inhaled into the nostrils. The importance of this defence is indicated upon by Magendie; for he observed, "that it is necessary that the mucus should
present the same physical properties: as every time they change, the sense of smell is either lost, or, essentially impaired. The nostrils answer well both for a surface upon which the noses may be spread, or, displayed; and as a passage or funnel for the transmission of air into the trachea, that it becomes necessary for air to pass currently through the nostrils, in order that the sense of smell may be enjoyed, it is proven by the fact, that those subjects into whose trachea the air is admitted by a wound, do not possess any ability to distinguish odors; and hence the great importance of preserving the integrity of this excruting membrane, so that too much moisture may not be suffered to exude, and the nares become plugged up, and obstruct the passage of air; or that too little may not be excited; and the olfactory membrane deprived of that covering which, Nature had intended to be applied to it, in a moderate degree.
The Prescribing Caused.

are, First. That peculiar habit of the system which has been called febrile, in which condition the circulation in the capillary and does not appear to go on regularly and actively; but are often observed in which

conjectured; and we find a debilitated state of the remote members; the glands and joints are most commonly the seat of scrofulous diseased; but any organ remote from the great center of malignancy action are obnoxious to this chronic inflammation. For this habit of Body the greatest pains have been taken to ab-

seize Caused: a great number of which, Dr. Paget thinks are entirely groundless and nonenatical. But, that such a taint does often exist and that it is hereditary; and lies dormant with deep

ten waiting only for a stimulus to awak

it, and cause it to strike its venom into some weakened point is a matter

of daily experience in the practice,
secondly. Any cause which creates
general debility and atony: protracted
fevers, exposure to cold, damp
atmosphere. 30. 31.

It may be expected that, will call
syphilis as one of the premedicative causes,
but as we generally find that there is
an overgrowth of bones: viz. Os a rhen-
giosa, whenever syphilis reaches this
dreadful extent, and as I do not
think such to be necessary in order

to constitute a genuine Poison; but
will go on to consider chaos alone conne-
ted with consumptive diseases.

The citing Causes.

May be: A protracted fever;
after which the system is left without
from, and is liable to this degeneracy.
Cold frequently produces it—
It often follows Measles, &c., and
it may be caused by any foreign
articles which produce irritation
and consequent suppuration.
Symptoms.

As the Capillaries carry on the circulation alone in these limuli, we find them quite as liable, as the glands, and the joints, to the inroads of that Puerperal Fever, &c., and we generally find Syphoma attacking those persons who have the same distinguishing marks, which we find in that disease; light hair, swollen upper lip, florid complexion, thin veins &c. &c. &c. This is to be expected; as Syphoma is generally one of the forms which Serosulfa assumes.

When Syphoma has continued for some time, the Schneiderian membrane becomes relaxed, and bursf to exude from its surface, a quantity of that fluid, which (as has been before said) Nature intended should be poured out in a moderate quantity, to shield the delicate puncta of the olfactory nerves. The decoction, as seems to be a rule in the Animal economy, is Carried on
in the exact ratio of the exudation, and
after it remained for sometime in the
Cells became putrid, this is very com-
mon in anthrax disease. But in the
more aggrivated form of Ozaena, we
have not only a relaxed state of the
Schneiderian membrane, but aub
olutive impregnation, ulceration of
and purulent discharge. these dis-
charge when deflected; instead of
being of the colour, consistence, and
colume of the nasal mucus, it is al-
tered as to appear dark, tawny, foetid,
guised; and as it had remained some
time contagious to the turbinate
bones it is often blown from the Anterior
bones, moulded after their form; and
presenting on that surface, which
was next to these bones, a
surface of this greenish, purulent
matter, of which we have just spoken,
whilst that face presenting to the Epidem.
Marin is dried and hardened by the Air.
together with these local discharges, we have other symptoms. Namely, extreme nervous excitability of the con
tiguous organs; forming a decided contrast with the obtuseness of the olfac
tory nerves; further, this obtuseness Dy Good assigns as a reason, that by the infla-
mation which is so extremely chronic the membranes are thickened; this is probably one cause, but the great-
ness collection of the matter is certain by another strong reason, occluding the air, and sealing the filaments of the nerves; and preventing the odor.
ous particles from having access to them. — Head Ache is symptomatic and it generally is found to be located in the Anterior Cerebrum. Also a numb
ness over the eyes; giving a sensation of weight, sometimes from the collection of matter amounting to an oppressive
feeling of suffocation; and the sufferer has an incessant desire to rid himself
Together with these local discharges, we have other symptoms, namely, intense nervous excitability of the contiguous organs, forming a decided contrast with the obtuseness of the olfactory nerves; for this obtuseness Dr. Good assigns as a reason, that by the inflammation which is as extremely chronic the membranes are thickened; this is probably one cause, but the great quantity of the matter is certainly another strong reason, occluding the air, and healing the filaments of the nerves; and preventing the odorous particles from having access to them. — Head Ache is symptomatic and it generally is found to be seated in the Anterior Cerebrum, although a numbness over the eyes; giving a sensation of weight, sometimes from the collection of matter amounting to an oppressive feeling of suffocation, and the sufferer has an inconstant desire to rid himself
of this mucus — by forcing the air out through the external Nostrils, the eyes are often suffused with moisture, as the wind to the lacrimal sacs is occluded: when the Patient stoops, dizziness is felt, and a congestion of the vessels too heavily laden continues the giddiness of headache: when the head reclines backwards the matter is frequently swallowed, and produces nausea of the stomach. Often times dyspeptic symptoms attend, and the sympathetic of the head into the stomach aggravates the intensity of the pain, but does not very materially, if any, increase the discharge. The ears are often painful, and a disagreeable sensation of roaring (as the patient describes it) is felt.

The voice is rendered heavy and monotonous, the throat is often somewhat dry from the constant efforts to raise the matter which runs down the posterior, trachea.
From the weak state of the tonsils, the velum Pendulum palati is ever
hend & dependent, & gives additional weakness in the throat.
All the foregoing symptoms are
aggravated by the slightest altera-
tions in the temperature of the body. And its appearance is the disease at
times, that I know patients declare
that, it is worse and intolerable—

It is possible, that a caries of the
bones might take place in this dis-
 ease, as well as, in other similar
affections, but unless combined
with syphilis, this is not very often
the case.
I believe, that I have succeeded in
detailing the most prominent if not
all of the local, as well the general
symptoms of the disease; & I
shall now proceed to give a gen-

eral detail of the two most common
diseases, with which it might be confounded.
The first of the diseases, with which this peculiar disease of the frontal sinuses might possibly be confounded, is that syphilitic ulceration of the bones of the nose very often the result of badly treated syphilis; but as we may generally have a clue to the labatory, either by finding other ulcers, subevis; or by the confession of the patent himself, or even if he denies the fact; and we should be so fortunate as to possess the acute discernment in discovering syphilitic Caries, which our venerable Professor of Practice is said to possess; we need have but little apprehension of being deceived.

The second is a disease of the Antrum Highmoreanum, which would be very likely to be mistaken for some, but in this disease, the pain is generally felt about the root of the teeth at first; subsequently extending up the nostrils; and to the eyes.
whereas, the pain in Ozena is mostly felt on the superficial skin ridge, and generally continues about the whole of the diseased area. As Stewart. And again, the disease of the Anticum, although it does sometimes evacuate the matter through the foramen in the middle meatus, more frequently forces it through the alveolar plate of the maxilla, or pit towards the floor from the front of the same on the cheek, both of which characterize the disease, and distinguish it from Ozena.

The Prognosis.

Will be favorable; if the general tone of the system is good; the disease of recent appearance, and the occupation one which is calculated to increase the toxicity of the system, and does not present any imitation to the seat of disease. Unfavorable; as a general thing, if circumstances be otherwise...
Treatment.

It will be necessary to direct attention to the general state of the system, as well as, to the seat of the obvious disease. And for convenience, I will divide the treatment into General and Topical.

The General treatment should be such as will improve the tone, strength & vigor of the body; and at the same time produce that alteration in the secreting vessels, which are somatically impaired. For this purpose the patient should have the advantages of free circulation of air, good nourishment; but at the same time to eat only the most digestible articles.

For the purpose alluded to above, namely the alteration treatment, it is probable, that Podalic the next most important article in that class to Mercury, would have as decided an effect in this as well as in other morbid affections but Mercury
in the form of the Blue Pill combined with Pyro-glaucine and Colocynthish.
Rhubarb has been successful in the hands of my Father in overcoming this disease; assisted as it was by the local application to be mentioned under the head of local treatment.

Exercise cannot be insisted upon too much; if the patient can beaid

Graduating the length of the ulcer to the strength of the system.

The Local treatment

Various have been the injections used, intended as local applications; but from the fact that they rarely if even reached the ancieas part, they were of no avail in a number of cases; in those in which they did as good; it was merely by the trans mission of the effect from the point at which they stop to the ulcer; and hence they must always be inferior to the introduction of a vapour carrying
with it, the stimulating effect of the medicine, to the diners themselves. From the
branched success attending the injection of the Carrrum Muriate of Mercury in Solution, the Levozota, the
Aqueous Solution of Nit Argenti; and in fact all the stimulating injec-
tions. My Father was led to adopt another plan of treatment, when
called upon to treat this disease in a patient who had labored under it for a number of years. In this
case Physicians of America in this, and adjoining cities had failed to cure; although they at times did relieve
her partially. Drakes were also tried without avail. And her
constitution, a poor one at first, had become entirely broken down by the
manages of disease; and the effects of the same dies used to restore her.
Consultations were held; and the lady ordered to resort to watering.
places, and again to use Cupping
Blisters and the internal injections,
but she returned from the Springs,
without material benefit. After this stage
of the Case, the fact that these injec-
tions had not reached the ulcerative
induced him to try the effect of Rubbing
Raisin, combined with the Golden
Sulfur bath of Antimony by placing
these articles upon a Red Hot Stone.
And covering the head over, the fumes
being inhaled, as they arose; this plan
was pursued for several weeks, three
times a day, with perfect success;
the discharge gradually lessening and
becoming more healthy; and from this
time, she began to convalesce, and has
not relapsed after a period of two
years. In another case, the same
topical application together with
was used for 3 months, proved entirely suc-
cessful; and after a lapse of three
years she has never been troubled
with this disagreeable affection. In a third case, the above mentioned
management had the desired effect.
to check the excessive discharge,
to cure the patient, after he had suffered
for 15 years. But about one year after,
this had been effected; a Tumour made
its appearance in the Cheek, which
proved to be a Fungus Haematoide;
and from the malignancy of which he
died, in the course of 3 or 6 months.
This case shows the danger of checking
any discharge, which has continued
for a length of time; and to which the
system has become accustomed, without
taking due care to establish
another else where. Some authors
have doubted the propriety of
attempting to heal up such discharges;
if we were to attempt to do so,
without altering the state of the
system, then theory would be a fool.
but when one change the condition of the decrections, and institute a new action, there can be no changes. this theory has arisen from the habit of Empirics using certain parts & shutting up all flood gates, which Nature has made to relieve the system without, as I said before taking care to open others.

Having determined in a very hasty manner to come before the board of examiners, this evening, the many imperfections which have necessarily been introduced into this thesis, whilst endeavoring to embody my crude idea of the Diseases of the Frontal Sinuses, need some apology, the only one which can be offered with truth & candor, is that:

"Necessitas urged non Capitum mandata"

Dissertatio Inauguralis
de
Haemorrhoides,
ad Gradum Medicinae Doctoris
adequendum, Conscipta,
Rapporto, Commissariis, et
Facultati Medicinae
Universitatis Marylandiae
oblatæ,
sumque judicis permitta.

Justæ
Juliana B. Moore
Baltimore
A.C.
A.D. 1840
Professoribus Universitatis Marylandianae

S. D.

Vobis, excutis abmodum vivis, et nulla non renunciatione dignis, Inauguralium
haec dissitatioque qualemunque,
honoris vestri causa

Dat, Deat, Dedicat,

Actus

Data in sedibus Academiciis

16 mo. Kal. Martis. A.D. 1840
Dissertatio Inauguralis
De
Haemonhoide

Imprimis, ut mihi quidem videtur, spatii ut ad Haemonhoidem, quippe modum qui tam saepe Medicos abstinunt et qui praecedent tam difficili est, ut plurimum. Curatius, quique, ut de his "Hydropho" aut Horatius poste, "Crescit bibi indutgen", quam maxime attinet nos praebeamus, tum ad Cautes eque et sequelas constaudias et quae limandae, quem ad nexum eque cum alius morbis, restigis omnibus iudicandum.

Sicco, si hac dissertazione, quantum in me est, carabo, ut quae de hoc modo medici ut praecepti, "perfecti homines planeque sapientes" pluribus disseruerint, plane explicis, quae omnia et de ipso morbo et de eque tractate, quam facillima
sint intellectu.

Haemorrhoidis et Haemorrhoides
of etiam Haemorrhoidum fluxus a 20e a qua
i. g. sanguis et i. g. haeare alinctun.

Medici nondum consentiunt quod haeare male
matricam constituent. Nuncorum l'Intentia est
Haemorrhoides, ade quaeotae expansiones venaeum
intestini recti, sed quod proprion ad hecitatem
accedere inditum est hoc quod alunctur ab
etiaratate sanguine subter tegumento muro
intestini recti et quod Secules tumoris nihil
est nisi membrana, sanguinis gravitati tinda.

Complura auctores Haemorrhoidum quæra
definierunt in externum et internus. Eccas et
sanguinaris, sed melius, ut hocibus utur, in
functionales et structurales, vel stiam
accidentes, et permanentes nisi possunt.

Longo tempore spatii, ea quae in tumore
continuavit, Coagulantium, et inducuntur, atque
integrante in amplitudinem adolescent.

Quod attrici ad formam et magnitudinem,
Haemorrhoides valde sunt detector, interdum
aegres, nonnullum aor amplitudinem habent.
null
Symptomata, quae haemorrhoides accidentales indicant, sunt: sedes quidem praeceps et doloris circa extremitates lumborum partis, cephalalgia et vertigo, inflatio ventris, et saepius indicia generalia actus febrilis deliri et secutae vitiem facieum, urinae suppressio et sedimentum subfusceum cum frequenti impulso urinam faciendo et facies emittente. Facie inflamatae, Sphincter ani comprimente.

Haemorrhoides permanentes, etiam si penitus internae sint, amplitudine eis faciem exinanitionem impetum et haemorrhagia tali periculo est. Hi modi status vitae, ab hebetatem causis, longis durnmodi ostentatur, quae accidentales profere solent. Deum membrana interna recte in perpetuum obduravit, modum non nisi operatione chirurgiae curari potest.


Namque auro leni et frigali victus ratione eravercunt. Haemorrhoides aequant se quibus impedimento functionum regularium intestinorum
magnorum, quod constitutionem et pressuram proest. Et
Quae aut obstructione abeunt, aut diaphora generatur.
Fitas latius solutaria et sedentaria maxime demina, moti
jus, frequens et Continuus abeunt, non minus quam medicamentum dentis, laxansim cas
primum probent. Hic supplexa evacuat
sanguinem qui membranae cellulare cinerea
extrematorem ducti propellit, et tumour
Hemorrhoidalem proest. Haemorrhoides,
ab quandx originem capturis et minus
execrando ducit in equestando, et longius in
una caderaquie Corporis positione planaendo,
est quoque aurum ex adhibendo frequentis
congum vel clysterem, et denique creatae
sunt Canalis variis, quae liberam sanguinis
circulationem per venas abdominales impediunt.
Propterea, sanguem symptomata graviditatet et
jeerosis mobi statuenda sunt.

Therapie Haemorrhoidum generaliter diaetaticis
partibus tractanda est; sed delicat, therapic del
indicatia curativa, et palliative. Morbo a totius
systematis static inflammatum originem deute,
dentur gr. x pulv. Antimonialis; alio gr. ij Calomel.
si vis moeas subsequentes, una cum haustio
delens aperiente manœ tales quod ut by. Dux ir. pip. 3v.
Magus Lucph 3v. Conserv. avv. 3v. At et cotia friv hausti,
apoeria  Dicaetica solummodo vegetabilis Substitut,
recepta est. Hae traffic duiio, plane quadrin aperius
preaeteratus, sed ea Conditione uti dui magna ventris
sitututum efficax est. Sulphur a nonnulli commendation
est et et lac fama dari licet, 7v. 7v. Consp. Lune 3v.
lumat cockleara duc (vel tria) minora. Mane Aquæ quæ dii.

Excitazione ambulatoria regolariter utendum est.

Therapia localis ser palliativa consistet in Subido
membran et lotionis frigidus, praecipue, quem inflammatio
ser magno. Positio horizontalis capitis utinenda et tumo-
caut uræ Uheretem ani eprimendus, ei prolapsus
facerit. Medicina adstringens adhibitatur, sequenti
forma: 7v Ang. Tamuse, Puto sulfuran æ aquæ 3v. Lignum
Plumb. Superacetatæ 3v. friv Ang. Applicetur, ut
membrae Lecti proflavio duæquinis elaxata fuerit.

Est vid memorata utina, quod Æsopos koides uti on
se animi perturbationibus rhemeniibus nascuntur et
minor in modum crescent. Cum quaæ urinariae
procula irritationem et dolore urinando producunt.

Tumores parici intestini, quando dixit, resistent ant exsanguide sunt aut cultos aut ligatina. Eodem sane cultos eos exciendi praefenum, quem ligatina applicata, inflammationem peritonaei, convulsiones urinae suspensieron et ipsum Titanum procescerit.
Hæmorrhoides uterumium usqueviscentiæ magnitudinem fœmi, nec est valde probabilis. Solum varicem
unquam tantum in mollem exstusescere.

Hæmorrhoidibus cultis accidit tanguis
taupe pariter promanat, quae est in varicibus,
nunquam haberet locum. Alequando cystis
Hæmorrhoidum incurritus esse vacua. Quod factum
ad varicis minime applicandum foret. Terna
Hæmorrhoidum multum et tali modo variari,
et variee, nequequam eodem naturae esse statuamus,
et derique, quandis accipius, accus est
Columnodo membrana formatur e§e apparet.
Tanguis frequenter conculcat ut venas partitum et
tumor valde inflammatus, dolorem vehementem
perhibet. Conculsum eciride absorbetur sed
integumentis concupiscente venae non minus quam
partes circumjacentes formant tumorem inflam
matum et multum dolories afferunt. Sintetidinem
fracturum tumourum fluctuantum et crescencion.
Dixit C. Heiba. Eblanæ, dicit: "Non pulem pro certo
habere, quod Hæmorrhoides varicosa distinctiæ
magnæ Hæmorrholidi venæ formentur.
Nam quotiescunque Haemorrhoides extenuae propter tumour, tumors esse sibi debatur a prolongatione substantiae cellulariae minus condensatae et concrescere, quae aliquot venis circa multabatur et integumentis complicabatur. Non est quod dubitum, tumores interdum amplificatione varicota tamquam densae Haemorrhoidali consistere.

Haemorrhoidum est diversitas quod attinet a magnitudinem numerum, formam et sitam. Dangunis praeclae emiit copis crepe sitae pelliculae cumduri; nec non inflammatis partum, adpecantium abscessus vel fistulas occurrat et renique strangulati gravem cruciatus cive solit. Pleurique Haemorrhoidis alius in ano sitae, non multum doctos afferunt, non patiens eorum sacae non est Consciens usque dum dangunis profutum animum adsentat. In Col. Howship mi Casibus, ubi inclinatio spasmodica in ephynctre Ani Cum Vitalitate nimia in intestino Conjuncta et introducendam Stygii metallicae cui Actum temporis spatium Commentat.
Quum numerus et magnitudo Haemorrhoidum tales sint, ut faciam evacuationem obstreuant, quem acus dolorem mosus est et profudit tumorem occum faciant, quem aestruit, de negotiis suis proficiendi detineatur denique quern omnia, quae ad locandos dolores adhibentur, invita sint, tum chirurgus eas removendas et extirpandas esse censetur.

Quando Haemorrhoides occidendae sunt nec plane sideri postunt, aestruit tamen album cracavae vellet, intestinum adstringendo propullo, ita ut tumor magis apparet, partes dividendae eulero.

qua Haemorrhoides excurrent

sit color alii esse pigmentata, non vero alcin.

Tenduit, tumores tenaculis prostrecti extirpandi sunt.

Sed haec cura maxima cura esse utinendum et multum utilitatis cuiusque hemorrhagie liceat derivari prope, quia facilior hemorrhagium eo modo supprimeri licet.

Quando complures Haemorrhoides removandae sunt, tum minus substantiae circa annum
amittet et segruitus non tantum Contractionem
harum partium afficietur quantum altior fieri
solum. Si Hæmonkazium inseguitum intestinum
distinctum Spongiam, vulnere Comprimenti et
Cataplasmata fugieta circa nates et Sacrum
applicentur.

Non videtem eorum minus similis modo
approbatæ frize, qui Hæmonkizes ligatam
removendas esse censent. Duc, Cel. Horskip
ligatam praefit, sed ceteris paribus, Hæmon
multe melius Cultre execuantur, excepto columno
casu, ubi minus alti in intestinos sitae sint.

Sunt ligatam applicanda et circa basin
tumores, camillae duplex adhibita.

Hæmonkizes inveteratae, quae daepius
inflammatae fuerant, ad ultimum permagnum
duritiam acquirunt. Membrana intima
recta induratur, propriam et Kristinam
molliem amittet et cystem quandam format,
quae tumoris eruptionem et Sanguni effusion
prohibet. Posternum ulcerat et foetidam
effluviem emittet et
Staque nihil mihi exspectio praevalet
Opera maxima divulgata est, sanguinis
profusum ex Haemorrhoidibus emissionem.
Ex eis salutae vel saltum signa pristina
indicant. Quae multo dolores accentuos
subire maluerunt, quam morte Anationem
plenariam additusus. Quando accessit huc,
quae statuim, accipit nomen hortorum curati,
detenus valetudinis statum nactus est.
Vera sit, et quando firmis argumentis
probari possit, Haemorrhoidum fluxum
salutae quoddamumentum afficium
docet, supra dicta, signa foret
quae ab unoque viso medico
approbaretur.

Finis
An Inaugural Dissertation on
Dysentery.

Submitted to the Examination of the Provost, Regents & faculty of Physic of the University of Maryland for the degree of M.D.

by
Richard E. Wilson

of Windsor Bertis County North Carolina

February 1840.
It is with no small degree of embarrassment that I undertake the performance of the office allotted, by the laws of the institution, under whose auspices I am to every candidate for a degree of Doctor of medicine. But when I consider the high and noble character of the faculty, under whose indulgent criticism this is to appear, I feel my confidence not a little prompted. I flatter myself also, that my feeble attempt will stand in bold relief to any failure on my part, in the critical judgment of my distinguished preceptor. It will be taken for granted, that I do not write from any practical knowledge, but entirely from theory. And I stand in the same relation to the faculty of medicine to whom this dissertation is dedicated, as the branch does to its parent vine. I presume that a
The thesis is intended, merely, as an index of the medical attainments of the candidate, and it will, therefore, be perceived, that I write with less respect to style, than to a discovery of what little I know.

I propose dysentery, as a theme for discussion.

Dysentery is principally a disease of the large intestine, consisting of acute inflammation of the mucous membranes of that part of alimentary canal attended with intense pain, tenesmus, or an irresistible desire to pass the feces, great tenesmus, and frequent discharges of mucus consisting of mucus and blood.

I think this disease, may with propriety, be divided into simple, compound, and bilious remitting dysentery, and a low typhoid (Dr. Potter).

The symptoms will, of course, vary according to the form it may
assume, which also will depend upon the causes producing the disease. In the mild or simple form, the blood and mucus discharge will perhaps be accompanied with urgent and frequent calls to the close stool, and griping, which will increase as the disease advances, and consequentially much fatigue and prostration may ensue. Frequently the disease is preceded by alternate chills and fevers, colic, flatulence, nausea, constipation, and other symptoms indicating manifest derangement of the alimentary canal. Notwithstanding the frequent attempts at the close stool, not much else is passed than blood and mucus, which, when opinion is a favourable sign, as it ameliorates the disease by depleting the blood, results of the mucus coat of the bowel. The torments and griping are generally very severe just
before going to bed. All these symptoms increase in intensity as the advances.

Most commonly there is considerable fever, but sometimes the heart and action appear to take little notice of the diseased bowel. If the disease is not checked, and proceeds to a fatal termination, colliquative diarrhea proceeds.

The compound or bilious symptoms of diarrhea modify its symptoms of fever, and according to its pathology. I have not seen this form of diarrhea mentioned in the body, though Dr. Horle described it without giving it a name. (name of importance sometimes). Dr. Potter describes this form of the affection, and gives it the nomenclature I have adopted.

The symptoms which characterize this form of the complaint, will, in addition to those connected with the simple form, such as indicate a manifest diarrham
of the liver. In this condition, the original disease will be much more embarrased for all the experiential relations are more or less suspended; such is the sympathetic relation which this important organ bears to those secretions which perform this function. The liver and skin appear to possess a mutual sympathy for each other in this disease, for the secretion of one is suspended nearly in the same proportion as that of the other is destroyed. The urine is greatly diminished in quantity as well as in quality; it is red. The urine matter through scarcity indicate an embarrased condition of the liver. The liver is in a state of more or less congestion. Thus we see that the whole system is under the influence of the disease, which inflammatory in its character. In the typhoid stage, the patient is
found in a low and prostrated condition, and evacuating nothing from the rectum, but blood and mucus. The whole animal economy seems to be subduced and overcome by the disease. The cause of this disease may be considered as consisting of two distinct classes, viz., the spread-out and those which act on the general system. By these agencies constituting the first class, the disease is produced in its most simple form. They are substances taken into the stomach as food, such as crude fruits and other indigestible articles of diet. As substances introduced into the stomach, capable of producing digestive action either by coming in contact with the part affected or by generating an acrid gas by a process of fermentation or decomposition. I conceive it probable that the disease is seldom caused by such agencies for
I cannot see why the upper portions of the alimentary tube should not be as obnoxious to their irritant properties as the lower, and therefore, in every instance become the seat of the disease from such causes instead of the bowel. Would it not be more proper to refer the cause of this form of dysentery altogether to cold?

The causes which act on the general system, giving rise to bilious, remitting dysentery, are atmospheric incipitities and malaria. In this case, the disease is one of indirect dibility. Heat first acts as a predisposing cause, and when the system is suddenly exposed to cold, the blood, in consequence of dibility created by excessive heat, is cooled from the surface to the centre and is sent to those organs which are rendered more susceptible by the preceding cause. The malaria expands...
its force in giving rise to the pathological condition of languid fever system. The liver seems peculiarly obnoxious to the influence of malaria. The same degree of temperature which cause the cephalation of miasmata may be insufficient to act as a predisposing cause, while the malarious exhalation act as the exciting, thus giving rise to the combination of symptoms characterizing the disease. May not the disease be produced by the combined influence of the sporadic and those causes which act on the general system? Dysentery most frequently occurs in cold damp fall, succeeding dry, and hot summers. When the system has been exposed for some time to a high temperature in conjunction with Rein's miasmata, and then subjected suddenly to cold, the cold and
chilly night air for instance, the
epidemic, in consequence of the previous
suppression by heat, become weaker, and by the centrifugal motion of the
blood thus acquired, the liver in
common with other internal organs
are engaged with blood, constituting
inflammation.

Dysentery consist in acute inflammation
of the mucous membrane of the colon and rectum.

Dysentery is not necessarily a dangerous
disease, particularly the simple
form. The bilious, remitting variety,
cannot be said to be undattended
with danger. The disease in the
typhoid state it attended with
considerable danger.

The treatment of dysentery will of
course be modified according to the
form it may assume. The
simple form is not very difficult
to manage. There are those indications
to be attended to, viz., to reduce vascular excitement, to remove any irritating substances deposited in the alimentary canal, and to correct the cutaneous exhalents. The first indication is fulfilled by general bloodletting and purging. Bleeding is not always necessary. By bleeding the moment of the circulation is reduced and the bowels relieved by a determination of the blood from them towards the surface in order to restore the equilibrium. Purging cannot be dispensed with. They not only relieve the bowels of their irritating and irritant secretions, and other foreign substances, but also lessen the inflammation of the mucous membrane of the bowel itself by inducing an increased secretion from the arterial extremities of the internal coat. For this purpose the sulphate of magnesia answers
better than any other article, for it not only has the properties of evacuating the contents of the alimentary canal and reducing inflammation by inducing watery discharges, but it is refrigerant and is not irritating in its action. The watery discharges are produced from the arterial extremities of the mucous coat. These kinds of evacuations tend to lessen inflammation, which shows the beneficial effects of the remedy employed. Dr. Potter recommends the Sulphate of magnesia, the high dose when I first got the idea. Calomel and opium combined is generally recommended. The opium, I imagine, intended to the severe pain generally attendant upon the disease (as in any spasm) Opium has a tendency to suspend the secretions. When the patient suffers from intense pain and
gripping would not be described under any
letter as a substitute for opium. If anodyne
and laxative while opium is constitutional.
When the skin is dry and hot, diaphora-
tesis may be promoted by a few doses of
the pelvis Peroni. When there is great pain
accompanied with a hot and burning
perspiration, relief may be obtained by
injecting into the breast a watery solution
of starch, an anodyne being added. The
patient should be allowed to eat nothing
but mildest and most digestible articles
of food. Mucilagines may be given
with propriety during the course of the
disease.
The treatment of bilious remitting dys-
entry will be modified according to the
indications to be fulfilled. Here the largest
and one of the most important organs
of the animal economy is conspicuous
by implicated the liver. The liver is
torpid and in a state of congestion, and
all the symptoms of the disease are aggravated. The skin sympathizes with the liver; its evolutions are suspended and it is hot, the pulse is high. The first thing to be done in the treatment is to practice prompt and decided bleeding, which equalizes the circulation and relieves congestion of the liver and limbs. Purging is the next object, and for this purpose, calomel is the agent which produces its specific effects by irritating sympathetically. The lining membrane of the gall-duct and gutting the liver to discharge itself of its depressing load in order that it may return to the discharge of its important duty. In other respects, this form of the disease is treated like the simple. The diarrhea which sometimes attends dysentery will be obviated by the same means adapted to cure the original disease.
Sometimes perhaps some astringent medicine will be necessary. While the patient is convalescing, the mildest and unirritating diet is to be employed, such as gruel made of rice, barley, tapioca, or animal broths, the best of which is mutton soup, made by cutting the mutton up fine and boiling it well with water and seasoning it according to the condition of the stomach requires. When the disease has been severe and the patient much reduced, some mild vegetable tonic should be employed during convalescence. The low and dyspeptic form attended with discharges of nothing but blood and mucus, is to cured by stimulants such as opium, wine, whey and the mild salt and nutritious diet.

Of course the chief is to be attended to in the cure of dysentery. The warmest and most comfortable clothing should be worn.
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Submitted
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of
The Provost, Regents, and Faculty
of Physics of the University of
Maryland
in
the degree of Doctor of Medicine
by
Grattan Cabell
of
Richmond, Virginia

February 1840
Dysentery or inflammation of the large intestines. This disease has been termed bloody flux but this is when it is particularly characterized by bloody discharges. This disease is divided into acute and chronic form. It appears in its most malignant form in warm countries and is much more prevalent than in more temperate climates. The remark of this is that in these hot regions there is a greater susceptibility to disease of the digestive system from the extraordinary nerve excitability of the digestive mucous membrane of the stomach and intestines, and of the organs connected with the digestive tube. This appears to be true as is evinced by the great number of cases of this disease.

Hemorrhoids have been mistaken for this disease; between the two there is a distinct distinction, viz. that in the former there is no discharge of mucus, which is generally prevalent in this disease.
The predisposing causes are various.
From its prevalence in warm latitudes we are justified in asserting that heat is one. This is especially the case when heat is aided by marsh malaria, but either may produce it changeable whether, but more especially from dry to cold and damp.
Any crude and indigestible article of diet, or any article of diet in a state of putrefaction.
In an attack produced by Malarias of heat, we have all the symptoms of bilious remittent fever, hard pulse, head ache, pusking of bile, and if here, it is not relieved, it will run on until we have the Black vomit of yellow fever. This is most of frequent occurrence, although it has been seen by good authority.
Symptoms of course vary according to the exciting causes, and the impression which these exciting causes may have made upon the system. The attack is generally ushered in, with the symptoms feeling
of general lassitude, want of appetite, slight chills, thirst, dry skin, irregular pains in the bowels, costiveness & diarrhea. When the disease is likely to be rapid in its progress, the gripping pain, bloody mucous discharges soon manifest themselves. Fever is generally established before the peculiar discharges are manifested, but these there are exceptions, as we occasionally find them before any fever is set up. The severe twisting pains usually called turning are most excessive, and are plain indications of the severity of the attack. There is an almost constant desire to evacuate the bowels which is called tenesmus, and the patient will persist in urging and remaining on the close stool for some length of time. The two last symptoms distinguish this disease from diarrhea for although there is pain in diarrhea it is of a different nature, but it is not easy to describe the difference, unless a person has suffered from the two diseases.
There is great variation in the pulse. In the beginning, there is not much variation from the natural healthy pulse, but, as the inflammation is gradually established, the pulse is accordingly altered, becoming fuller, harder, and more frequent, according to the severity of the attack. There are cases, however, in which the heart's activities appear to symp-

those not at all or at least in a very slight degree with the local affection of the mucous coat of the intestine. Hence, since it is not, as generally supposed by some to be the chief distinguishing mark between this affection and diarrhea, we can have neither with or without it. When the attack has been permitted to run its course for some time without being subdued, the pulse becomes slow and weak, and very frequent.

The discharges are at first watery and copious, or they may be scanty. They then become bloody and mucous, and acquire a peculiarly disagreeable odor, to which the name of dysenteric has been
given applied. They frequently contain
shreds of mucus, and it has been asso-
tied that mucus assuming the shape
of the bowels. If one or two inches in
length has been voided with the pas-
sages. The passages resemble very much
the washings of putrid meat. When
the disease is far advanced the dis-
charges are frosted or mucous putrid
mixed with blood.
The tongue at first is painted with a
white coat, which afterwards becomes
a dark brown colour, gradually leaving
the edges which are then very red.
The urine is sanguineous. There is fre-
quently a difficulty in voiding the urine
as is asserted by most writers; but in ad-
vanced cases, if this symptom should super-
vene, we might attribute it partially
to the use of blisters which then become
necessary. The attack may end
in a catarrhal diarrhoea.
We stated this was a disease of the bulky
intestine; this is frequently evident
before death, as is evinced by pressure
on the bowels over the course of the large intestine, which is then very tender. We can in this way trace the extent of the disease, it occasionally being only on one side, but frequently and twice attacks this tenderness occupies the whole course of the colon. The bowels frequently become so tender that the least pressure will bring on a passage.

When the liver is complicated we have either a new bid secretion, none at all, the passage being white. Post Mortem appearances. When the attack terminates speedily, more from the violence of the febrile symptoms we find numerous red elevated patches in the mucous coat of the large intestines; the disease not having as yet run into ulceration. The inflammation is generally confined to the large intestines, but the small intestines may be inflamed slightly from the inflammation extending by sym pathetic. They will hence be found more inflamed near the caecum...
But the most probable cause of their inflammation is the passage of acid fluids over their surface; but these fluids being longer confined, would prove more irritative to the larger than to the small intestines. When the attack has lasted for a length of time we may expect to find, elevated spots with well defined raised edges. These edges are generally hardened, and hence present an obstacle to the speedy healing of the ulcer. The ulcerations occasionally extend through all the coats of the intestine, and the contents of the bowel are forced out into the abdominal cavity, producing peritonitis & death. The ulcerations do not generally through the coats of the intestine as the patient is carried off before it could be affected. In many cases the whole mucous coat as forms of a deep red, or brownish red.
colour, elevated at different points. These points frequently contain some thing of a tuberculous matter, this is especially the case in persons who were suffering at the same time under Phthisis. This tuberculous matter differs from an enlargement of the mucous follicles from irritatin. In this disease we find an enlargement of these follicles. The mucous coat is softened in some places, while in others it assumes a thickened and hardened feel. When this is this softening the mucous coat can be detached by the nail. The liver when complicated in this disease may be engorged, but we should not expect this in a case where there had been sufficient depletion. In epidemic diseases, the disarrangement of the liver will be more evident than in similar cases, especially where the disease is prevalent in hot and malaceous districts.
In chronic cases many of the ulceration may be in a state of process of healing cases which I have seen, the patient being carried off by another disease, but the disease still continuing masked the symptoms of the other diseases.

Treatment. This being an inflammatory disease, and the inflammatory symptoms manifesting in almost all attacks very suddenly, we would naturally take in the aid of blood letting, the enemy to inflammation to subdue it. In all attacks we do not require the aid of blood letting, as in a mild attack and before inflammatory action is set the use of a purgative will most probably arrest the disease. But in more violent attacks it is generally admitted that the use of the lance is the best means of subduing the disease. It is impossible to know exactly, and how often we should bleed, and our only guide is the subsidence of all inflammatory symptoms. We will frequently be obliged to
draw blood from the arm for several successive days. But one decided day
bleeding, caused so far that we pro-
duce syphilis, will be found more
destructible than small and repeated
abstractions of blood. Blood letting.
The use of blood letting in this way
will not be found beneficial after
the case has run on for any length
of time, and become in other words
chronic. It is impossible to state
for how many days, after the disease
has lasted that general bleeding
would be inadmissible, we can only
judge by the symptoms of each attack.
Local blood letting will (after the
use of the other) be attended with ben
eficial results; but it should not
be resorted to prior to the use of the
general bleeding. In chronic cases
this will have to be substituted for
the other more powerful means of de
flection. we can for this purpose
use either the cupping glasses or
the leeches, but the former will not
generally have to be resorted to, from the difficulty and expense of obtaining the latter. The cups should be applied along the course of the vein. The leeches may be used in the same way, and should also be applied around the anus. We frequently have to resort to the use of leeches after repeated bleedings, from the fact that the bowel becomes so tender that the application of cups would be impossible. We can then use relays of them with benefit.

The next most important remedial means is the use of cathartics. Formerly this disease was mostly treated with oil to the exclusion of the rest; but it is now the general practice, to make use of some of the neutral salts, and sulphate of magnesia is usually selected. There is no doubt but that this change is beneficial, especially in attacks to which you are called early; but when the disease is further advanced I would
Prefer the use of bitter oil. The use of oil was tried very extensively during the past summer at the Baltimore Dispensary, and it was attended with very happy results both in acute and chronic cases. An objection has been raised to this remedy, viz. that it has a tendency to grip. This objection might have been urged against its use when it was used as it formerly was, but it can not possibly now be; its mode of preparation rendered it diabolic to it, but now both of these are obviated. We should look upon cases in which it gripped as exceptions. Another advantage is its use is that it acts more slowly than a mineral oil lubricating the intestinal canal, or a irritated bowel in its passage through it. When we commence with this article it should be given in doses of two ounces. If we use the Sulphate of Magnesia it should be combined with a small quantity of Tantony glycerin to the ounce.
If salts dissolved in eight ounces of water the patient being directed to take a tablespoonful of the mixture every two hours until free perspiration is produced. This mode is preferable to taking a large dose of salt at once, as by the above combination the patient is kept mastsed up, and as a consequence we have a qualitative cure of diarrhoea is kept up.

If the case does not yield to the above means we must continue the use of cathartics, and here I would lessen the doses, and would use oil. Colonel is especially serviceable in cases in a melanious neighborhood, and should then be preferred to either of the other remedies that I have mentioned. And even in any case after using other cathartics of the disease was suddenly a dose of this article would be found useful, following it by salts or oil. But in inflammatory attacks where we do not think
the liver implicated it will be unnecessary to resort to this remedy, as it acts principally on the liver and upper intestines. It is usual in prescribing this remedy to combine with it gr

ern six doses of one grain to ten or twenty of the former, or using the dose's powder in its place. When the attack has continued for some time and

the liver is not secreting healthy bile, small doses of calomel should be used.

These are the principal cathartics now used for this disease, and, after the use of them, the bowels should be softened & quieted. I will not mention the analgesics used.

Opium in its various forms is the only one which is now prescribed. Dore's powder from its action on the skin is extensively used, and is well deserving of the reputation which it has acquired; but as it will occasionally produce vomiting it cannot be used in all cases. It should be
given in doses of 10 grains. Opium may be used in the solid state by itself. The tincture of Opium is also used, and by combining it with carbonate soda and some of the essential oils we have a very pleasant anodyne mixture. The proportions are of Carbongas Soda as 3:1 Tinctura Opizi

Menta Menthace 7th in Aqua 3viii the Patient being directed to take a table spoon of the mixture every 2 hours, the quantity of the Laudanum can be increased according to circumstances. Laudanum can in this way be used by the mouth; but it frequently becomes necessary to apply it to the Rectum, mixing it with a small quantity of starch well boiled, and warm water it can be used as suppositories, the solid Opium can be used as suppositories with almost equal benefit.

When the discharges become very frequent, and we cannot arrest them by Opium we must call to our assis-
stance, the various mineral and vegetable astringents.

Among the mineral astringents the
acetate of lead is the most preferable, and should be administered both by the mouth, and instillation. We should commence with a small dose gradually increasing it, until we administer five grains by the mouth and ten by instillation or we could carry it beyond this without fearing unpleasant consequences. The instillation should be repeated after every evacuation, and should be combined with the starch and laudanum.

What is given by the mouth should also be combined with quina.

Some of the other mineral astringents may be used with advantage, but the chief reliance is placed in this remedy.

Among the vegetable astringents, there are many which are used with advantage but I am inclined to give the preference to the Bulbus Willdenowii, the Rino.
The fruit should be used in the form of
decoration. As there is an official
preparation of the kino with the Tur
Tree, it can be used in this state;
but from its strength, and liability to
produce pain, the infusion can
be advantageously used. The Kino
is used in a mixture of chalk and
ludurum. Here the chalk acting
as an antacid would remove any
existing acidity in the stomach, and
slowly pass out in this way the din
churn. It has also in my opinion
a constipating effect and is to be at
tributed to this mode of its action.
It should have mentioned outside the
head of the mineral that Divine Wa
ter is frequently used with advantage.

Emetics are recommended by some.
There is no doubt, but, that in the early
stage of the disease they would prove
useful. They are principally used in
the southern States, and might with
equal advantage be used in malarias
districts farther north.
As we usually find the skin hard and dry, we improve its functions or at least in an imperfect manner we should try and to restore it by the use of diaphoretics. I have already spoken of the use of Tantin emetic. It should be given in fractional grain doses as merely to keep up nausea. The celebrated Davie's powder I have alluded to under another head, but its diaphoretic properties are very great. It is now very generally used in this disease. I mentioned when I how it should be used. The warm bath is highly serviceable; and even the hot bath will tend to relieve the patient very much.

The application of flannel wrung out in hot whiskey or salt, a even in warm water, and applied to the bowels is a soothing measure both the pain, and moister sensibility of the bowels, astringes or emollients, the same if help in fomentations, and poultices.

Blisters in affected cases are useful in the inflammatory attacks which have run
their course very rapidly, and are like to exhaust the patient before necessa-
ry. They should be applied over the bowels at first, following by poultices. After
one covering the whole bowels should be used.
They can be applied on other parts of the
body after wards, if it becomes necessa-
ry.

Stimulants of other kinds, for a like reasons,
can become necessary. We should con-
bine them, in acute cases with avodps.
In chronic cases they should be com-
bined with tonics. Belladonna and
Pemannine and Pernumphen are recom-
mended, and these can be no doubt but that
they are useful. In this form of the disease
Bopaiba is useful, its action being directed
principally to the mucous membranes.
From the action of nitrate of silver in all
chronic inflammation of all the other
mucous membranes, I am led to believe
that injections of this substance in
solution would be useful. In these
cases the disease can not generally
produced by the inflammatory condi-
tion of the mucous coat, but rather from a morbid and unnatural irritability of it, and hence we should stimulate it to an altered action, and perhaps silver acts so beneficially when applied to the other mucous membranes there is no reason why it should not be equally useful here.

Prepared charcoal is a remedy which is greatly lauded by some physicians for cure of this disease. I have seen it used on several occasions in this disease and with benefit. I have had 5 cases cured entirely by the use of this remedy. Its absorbing qualities being so manifest we can understand its mode of action, by removing or rather rendering inert the acids fluids generated in the intestinal canal; and removing the gases by absorption, which from their pressure on the coat of the irritated and inflamed bowels is likely to produce pain.

In this disease especially, as in all in inflammations of the intestinal tube, the
diet should be strictly attended to. The articles of food should be easy of digestion, and in acute attacks it should be our aim to procure as much quiet and rest for the bowels as possible. The patient should be directed to be as abstentious as possible, living upon barley water and articles of this class. Meat must be strictly prohibited. Warm drinks are preferable to cold. When there is evidence of the patient sinking, we must allow articles of a very nutritious character, but which are at the same time easy of digestion. We must follow the same course in chronic cases.
An Inaugural Essay, 1841

on

Delirium Tremens.

Submitted to the Examination of the Provost, Professors and Regents, and Faculty of the
Department of the

University of Maryland

for the degree of

Doctor of Physic

by

Bemi Rush Hall

of

Baltimore, Maryland
To the
Professors of the Faculty

Physic
of the

University of Maryland
This
Inaugural Essay
is
Most Respectfully
Inscribed & dedicated

By
the
Author
Delirium Tremens

This singular variety of mental alteration engaged my attention particularly during my residence as house pupil at the Baltimore Infirmary. There is no disease more likely to interest the young practitioner than the one under consideration. Its character and the peculiarity of seeing such active cerebral agency, create great anxiety on the part of the practitioner, seldom equalled in any other disease, which falls under this notice. There seems to be much difference of opinion as regards the pathology and treatment of this disease.

Etiology. The most common cause of this disease is the abuse of alcoholic fluid, or the abstraction of them after long indulgence. It also occurs in those who have been addicted to the inordinate use of opium, or other narcotic stimulants. It seldom occurs in those who keep up the effect of the ordinary quantity of stimulæ, but if from sickness, disgust or necessity, the usual quantity of stimulæ be withdrawn,
the attack generally follows. The activity of the brain becomes morbidly increased, and mental disorder generally ensues. "Boag," says, that this disease is the result, not of the application, but of the sudden interruption of the use of these alcoholic articles.

Symptoms. The disease usually commences with headache, lacrimation, urinary difficulty, the ideas follow each other in rapid succession, nausea and vomiting, giddiness, tremor of the hands, paresthesia, short and disturbed. After a day or two total want of sleep, the patient now appears anxious, subject to hallucination, the tumour of the hand increases, he becomes irritable, extremely restless, his eyes acquire a wild appearance, with the pupils generally contracted; she is not able to hold her tongue steady, with protrusion (but this occurs in all hard drinkers). The tongue is frequently red, along the edges, and
almost always coated with a dirty white
fur. The pulse in some instances is
hard, full, and frequent, but most
commonly soft, full, and quick.
He now begins to manifest mental
disorder, is tormented with a suspicion
of alarming, disgusting and ludicrous
apparitions. He sees men shooting at
him, hears birds whistling at him,
beasts, robbers, insects, devils and uncouth
shapes, play a conspicuous part in their
waking dreams. He is constantly en-
gaged in picking up something, or in
freeing himself from the vermin
which he conceives are crawling
over him. A rational answer may
be obtained when he is kindly dealt
with, he is rarely vicious, on the
contrary pleased to be in company.
Talks incoherently, takes medicine
willingly, very few require restraint.
Patients affected with this disease
do not appear to be susceptible of
much bodily pain. In a case which fell under my observation, where a man jumped from a two-story window, upon the front door steps, fracturing his lower jaw bone, he did not complain, but pursued his usual occupation of a loafer for two or three days. When he was brought to the Infirmary and his fracture dressed, he tore the splints off as they prevented him from chewing tobacco and would not allow them to remain until confined by tying his hands to his bed. The muscular system is also in an active state of excitement. He sung to the doors to admit his friends, who he imagines wish to enter. The symptoms are not so severe during the day as at night. The skin is sometimes hot and dry, but is generally covered with a profuse clammy perspiration. The symptoms described above contain
Dr. Coates, Johnson and others consider it as a purely nervous affection having no connection with inflammation of any other organ and say—That whatever appearances of inflammation that are met with on post-mortem are secondary and have no influence in the production of the disease. The abstraction of a stimulus which acts directly on the stomach and through it on the brain and ganglionic system, to which stimulants they have become so habituated as absolutely to require them to perform its functions, gives rise to irritation of the stomach, which is radiated sympathetically to the brain, and to the whole nervous system, then suffers from this cause, and also for that stimulus which gave it tone. And the abstraction of which has thus thrown it
intouch an irritable state. May we not consider this disease dependent upon an irritible state of the ganglionic, brain, and nervous system, and accompanied with an irritability of the stomach?

TREATMENT. If we say that this peculiar condition of the nervous system is almost invariably the not consequence of the application of the sudden abstraction of the customary stimulus, we infer then that the best mode of effecting a cure is to supply a stimulus which will at once allay the irritation of the nervous system. For this purpose we must use opium in sedative doses. But in many cases opium will not produce its sedative effects in sedative dose; it may be given. I have seen at in place of allaying nervous irritation increase
every symptom of the disease. But notwithstanding this it is one of the
best remedial agents in the treatment of this disease. Direct Opium is the best
form in which to use it, in most cases from 3f to 3f. The dose of the
Opium in substance is from two to four grains. Where there is great
irritability of the stomach some of the preparations of Morphia
may be used instead, from half to a grain.

Dr. Coates says I have seen, read or
heard of a case in which Opium
was productive of harm. But
Dr. Eberle mentions a case of delirium
tremens, where four grains doses were
given every two hours. In twelve
hours the patient was comatose,
became convulbed and soon
expired.

Authorities are very useful in this
disease, we often find the bowels
extremely corpulent, among these we may mention Col. McHenry, Col. Selden, and also the late Maj. General Hale.

With regard to the employment of blood letting in this affection, many of the old practitioners in constitutions that have not been shaken by pestilential diseases, have recommended the greatest advantages from the use of the lancet. The experience of Dr. Gregory, Shield and Stewart is decidedly against the use of the lancet. I think I have seen the use of the lancet of decided benefit in a case, where the patient was young and robust. Scraping about the temples and on the back of the neck is of considerable benefit. Blistering will sometimes act beneficially when applied to the back of the
Emetics in patients who have good constitutional vigour. I have seen emetics produce very favourable results at the onset of the disease. Dr. Eberle mentions a case where divided doses of antimony as an emetic killed his patient.

Besides Opium various stimulants have been employed in this disease, as camphor, Apofootida, camphorated tincture of Opium, Ammonia, Hoffman'sodype. Cold and tepid affusions have been recommended in this disease. Dr. Armstrong speaks favourably of dashing tepid water strongly impregnated with salt over the patient. He also used cold water with decided benefit in young and robust patients.
Hydrops. Reflectedly submitted to the acce-

 rentalion of the Rev. W. W. and R. H. of the University of Maryland.

 Dr. J. P. Hedley of Baltimore.
Ifropsy or rather the effused and accumulated fluid which constitutes the most conspicuous external character of this disease, must be considered only as an effect of a primary morbid condition of the solids. The condition which gives rise to this morbid effusion is the point to which the medical man must direct his attention, in order to acquire a rational view concerning its nature, remedial treatment etc. The cure of this disease does not depend upon the evacuation of the watery fluid effused, which as I have before remarked is the effect not the cause of the disease, but to remove the cause or causes which may have given origin to that disorder of the vascular system upon which dropsical effusions are mainly dependent, according to the late celebrated Dr. Rush, the diseased condition which gives rise to dropsies are seated in the arterial system, and are in their nature closely allied to inflammation. Dropsical collections according to his view are caused by the increased action of the exhalent vessels, attended with a general pyrexial condition of the system. The correctness of this doctrine is
now very generally, we might perhaps say universal-
ly admitted. The impuiling of dropsy to the
Parapsychial and cachexial state is one of the most
important improvements in modern pathology.

That the increased secretion or effusion of serum
which occurs in dropsy, is dependent on an excited con-
dition of the exhalent system closely resembling inflam-
mation receives the greatest degree of probability from
the following circumstances. Any one who has obser-
ved the progress of inflammation, knows that at the
period the inflammation is subsiding or passing
into the subacute or chronic form, an effusion of
serum is apt to take place either in the cellular
fissue or contiguous cavity. Thus a number of di-
seased parts are by effusion of serum. It is well known
in inflammation of the pleura, we have an effusion
into the cavity of the chest or hydropic thorax— and from
arachnitis we have hydropsyphalus. Indeed the patholo-
gical fact that all cases of inflammation affecting the
serous membrane if not very violent or terminating
by resolution must end in effusion of serum is strictly
corroborative of the correctness of this view of the pathology
of the disease. The tissue from which the dropsical
That there is a middling grade of excitement which gives rise to dropical effusions is beyond a doubt, for we never find dropisy originating, even there is great inflammation, it is only when the excitement is reduced to that point, bordering on irritation that serous exhalations take place, thus may the good effects of a blister—be accounted for when applied after the excitement is reduced. To this doctrine of the nature of dropisy a great many objections have been started, many of them very plausible in their native untill strictly examined. Some writers have made the cause of dropisy in some instances to depend on profuse hemorrhages producing thereby exhaustion or wise depending on inflammatory excitement. Against this however it may be observed that a local irritation or inflammatory action and great dulness and exhaustion may exist at the same time. But inflammation may exist in one viscus whilst the whole system exhibits all the phenomena of exhaustion. Dissections after death from loss of blood have exhibited in a great many instances local inflammation in the
meningeous of the brain, and watery effusions in the substance of that organ, thus showing that exhaustion from loss of blood is attended by more or less inflammatory excitement. That eddies are mainly dependent on the activity of the exhalent vessels pouring out the serum more copiously, but there must exist a simultaneous decrease of absorption in the surface from whence the secretion takes place, to account for the immense accumulation of fluid, which often occurs. To constitute inflammation there must be an undue determination of blood to the part, and consequently congestion. Now, it follows as a matter of fact that the capillary system of vessels belonging to the part from which the diarrhœal effusion occurs must be in a state of congestion. Physiologists have come to the conclusion that absorption from the cavities and cellular tissue is performed chiefly if not entirely by venous excretories. This is also another well attested fact if we may judge from direct conclusive proof, that is, that the process of absorption is increased or retarded according as the capillary system contains more or less blood. I think the result indicated by refraining from the use of stimulating articles of diet
which must necessarily by their action on the general circulation increase the quantity of blood in the capillary system of vessels, go far towards proving that the process of absorption is materially governed by the quantity of blood contained in the circulatory system. That the process of absorption is increased to a great degree when we reduce the circulatory system, the action of the talarized antimony will show, which by its depilatory influence on the sanguiferous system lessens the quantity circulating in the capillary system, and thus about hem proceeds rapidly. Now when it is considered that the tissue or tissues from which the dropeical effusion occurs are in a state of inflammatory excitement, and the capillaries belonging to that tissue or tissues are in a congestive state, the process of absorption must be considerably diminished. Hence there must be two morbif conditions present in every case of dropsey, namely Increased exhalation and diminished absorption.
Etiology—Mechanical obstructions to the free circulation or return of the blood from any particular organ or organs, suppression of the ordinary secretions from the skin, kidneys, etc., disease and loss of tone in the latter organ, profuse hemorrhage, excessive indulgence in spirituous liquors, unseeded cutaneous eruptions, particularly scarlatina and measles, the influence of cold, venous obstruction, producing anasarca of the lower extremities. Dr. Ayre in his treatise on hydroscopy denied that mechanical obstruction ever has any direct agency in producing hydroptic effusions, while hydroptic effusions or scirrhous of the liver he considers it the consequence of the slow inflammation of the indurated viscera extending to its peritoneal covering and thence along to the abdominal peritoneum. Now Eberle says that it seems more likely that the congestion which necessarily occurs in the portal system in such cases produce by degrees that irritated condition of the peritoneal capillaries which gives rise to the effusion; but how did the irritation get to the peritoneal capillaries? It must have acted on peritoneum covering of the liver, and communicated through it to the abdominal peritoneum. Thus Eberle by assuming Ayre's theory, fails to
explain his own. But that mechanical obstruction
contribute dropsy directly, I think can be explained
in this manner. When an organ receives an undue
supply of blood, the capillary vessels of that organ
must be in a state of congestion or inflammation,
which inflammation must either end by resolution
or effusion of serum. Cold as a direct agent rarely
produces dropsy without there is a predisposition to
the disease. The predisposing cause occur more espe-
cially in consequence of an attack of Scarlatina or Measles,
and particularly after the mercurial excitement, but
these affections cannot themselves give rise to pleurisical
effusions without the occurrence of cold, or atmospheric
changes of temperature. All the serous excretions
leak the surface of the body excited and irritate to
a great degree, and the cutaneous exhalation is carried
on rapidly. Hence decrease of temperature or cold
produces its effect by the sedative influence excited on
the cutaneous exhalations and thus causing their
secretion to disappear by this means producing
congestion of capillary vessels of the contiguous
cellular tissue. This tissue being already predispo-
sed to the disease from the previous exanthematous
affection will, under the combined influence of cold, sometimes take on that state of inflammation bordering on irritation which gives rise to second effusions. Some writers suppose that it is not improbable that the chytrical effusion is produced in consequence of the inflammation attendant on the eruption, extending directly from the skin to the subadjacent cellular tissue. But that cases of this kind are rare, where the patient is properly protected from cold during the paroxysm of the eruption would seem to show that the extension of inflammation to the cellular tissue does but seldom give rise to the disease.

That form of chytrical effusion in the cellular tissue denominated anasarca, is the one most commonly produced by cold attended with catarhal symptoms of an inflammatory character. Where long continued discharges a excessive hemorrhages produce chyrophy, these are two modes by which their etiology may be explained. Both anatomists and physiologists have observed a uniform occurrence which takes place when animals are bled to death, that is, that an accumulation of blood always takes place in the serous mem-

branes of some organs, most particularly the meninges.
of the brain. Thus a profuse haemorrhage then is an accumulation of blood in the serous membrane of an organ, thereby producing congestion in the capillary vessels of that organ, and thus ending in the effusion of serum. There is another circumstance more worthy of observation, namely, that after excessive loss of blood, albumen proceeds much more rapidly, so that crude articles taken into the stomach, are at once seized upon by absorbers and thrown into the general circulation, thus by those means increasing the quantity of watery fluid in the blood, which by its irritative effect on the heart and the capillary vessels being dilated to such a degree as to permit the effused fluid to pass off rapidly by the exhalent vessels.

General symptoms. - A dry and rough skin is almost always present, the appetite is usually deficient, except when the disease originated from excessive haemorrhage, when the appetite is sometimes very much increased - in all cases of dropsy the thirst is extremely urgent; the bowels are most commonly torpid, but readily moved by the appropriate agents. The pulse is indicative of the nature of the
disease, the renal secretion are decreased and of a mucid character, much attention has been paid lately to the state and appearance of the urine in this disease. The principal point of investigation as regards the nature and character of this secretion is the absence or presence of serum. It has been observed in many instances of this disease, that is more or less coagulable serum in the urine, whilst in the discharge of others that is not the least sign of coagulable matter to be discovered. The quantity of serum contained in the urine will indicate the degree of inflammatory excitement attending the disease. Professor Potter in his lectures on this disease says, in all cases when the urine is coagulable by heat the condition of the system will be found to be of an inflammatory nature, and in that variety of the disease depending on diminished absorption, when the inflammatory symptoms the urine will not coagulate by the application of heat. H. Ayre says in chrysides which occur after scarlatinia the urine contains a large quantity of serum, in cases which take place from local causes, and in which the
vascular system does not participate the urine contains no serum. But after all that has been said of this secretion and its nature by so many writers, some of whom rely wholly on the appearance of the urine, and in their treatment not considering the origin of the disease direct their agents solely to the kidneys: that Professor Potter calls them "piss doctors," every case of dropsy must be of an inflammatory nature, so far as to occasion a local excitement which gives rise to the effusions. The general system may not always indicate inflammatory diathesis, for the local excitement may not be sufficiently intense to influence the heart and arteries, in such, the general circulation is slow and to pulsate, showing that debility and relaxation which marks the diseased. But when the local excitement is great, the heart and arteries receiving the impulse communicated from the over excited organ, we have that manifestation of the system indicating a high degree of inflammation, characterized by the fulness, activity and frequency of the pulse.
Ascites, or dropsey in the abdominal cavity, is dependent on mechanical obstruction in some of the viscera, which may by the obstacle offered to the return of the blood produce congestion of the capillaries thus giving origin to inflammation ending in effusion of serum. Whatever has a tendency to produce congestion in any of the viscera may thus give origin to the disease. The abuse of stimulants peritonitis, hepatitis, and in fact inflammation of all the serous membranes constitutes the most essential cause of dropsey. We find in affections of this membrane the surface exhibiting all the marks of inflammation, an injected state of the vessels, chronic thickening, deposits of earthy matter taken place. All causes which give origin to peritoneal inflammation may give rise to dropsey, such as injuries inflicted over the surface of the stomach, translation of chronic diseases, change of temperature, suppression of long standing issues. Diagnosis. There is a condition of the abdomen which is often mistaken for ascites, namely, that enlargement which takes place in consequence of pregnancy. From this it can be distinguished by the sense of fluctuation
the regularity of the tumour, the distention of the lateral varieties of the abdomen while lying on the back, the difficulty of breathing in the recumbent position in consequence of the lower half of the body being raised higher than the head, also by the thirst, urine, and the absence of the cutaneous transpiration which always marks effusion in the abdomen, and by the nonappearance of the peculiar symptoms of pregnancy. When the accumulation of fluid exists to any great extent we have much pain and disturbance on account of the mechanical irritation which this vast volume of fluid must occasion by its pressure on the different visceræ. This must necessarily be a great difficulty of expanding the lungs by the breathing becomes laborious, and the stomach can receive but a small quantity of nutriment, for its capacity is diminished by the pressure of the effused fluid. The varieties of the abdomen become tender in consequence of the yielding of the fibres of the abdominal muscles. Ascites is rare, without producing anasarcan swellings, most commonly diffused cellular effusion ensue. The bowels become torpid and the secretion from the kidneys are much more
Hyloricthorax. This form of the disease is most insidious in its incursions on the system. It can exist for a great length of time without exciting suspicion relative to its true nature. Cullen in his clinical lectures delivered at the Royal Infirmary gives the history of a case, which was supposed to be indigestion in its severe form for the space of five years, till accident developed its true character.

Thus is in this variety of dropsy, the same oppression of breathing, which we have seen exists in asthma, but in a much greater degree, in fact so intolerable is the difficulty, that the sense of suffocating is often experienced, and the patient is obliged to lie with his upper extremities considerably elevated, to allow the pressure on the lungs to be diminished; by this some sleep may be attained, but the slightest exertion so increased the dyspnea and sense of weight about the chest as almost to produce suffocation. In the advanced stage of this disease the pulse is hard and irregular, the thirst urgent, urination scanty and high colored. The symptoms are so numerous and well known as to preclude the necessity of my
mentioning them. But the statement made by Baglivi is worthy of attention, namely that the
starting in the sleep is one of the most certain signs of this disease. Hydrothorax may occur ei-
ther as a primary disease or secondary. The symp-
omatic is the most common form. Organic disease
of the heart is the cause most ordinarily producing
this variety, chronic pleuritis and a congested
state of the vessels of the lungs produce this
disease very often. Prognosis. Yarne considers
the cause of death from the fibrodiathetic form as
now as one in two thousand when properly treated.
Under the symptomatic form, evacuation of the
serous fluid will not lead to the cure of the disease,
for the original cause still exists. But mitus on
this affection gives rare instances when it has
removed the original disease. Diagnosis. If the
effusion has taken place on one side only the pa-

tient can lay on that side alone, cough, sense of
suffocation when pressure is made below the ribs
so as to push the viscera against the diaphragm.
If with these symptoms we have starting in the
sleep, lassitude and an irregular pulse, edema of
the feet, agitation and sense of suffocation when ascending an incline, we may at once come to the conclusion that there is effusion in the cavity of the thorax. Analoga, This variety consists in a morbid collection of serous fluid accumulated in the subcutaneous cellular tissue. Diffused in some cases over the surface of the body. The most ordinary sign by which this form may be distinguished, is the edematous condition left by pressure of the finger, effusion in the cellular tissue generally commencing in the feet and legs and thence rapidly spreading in some cases over the whole body. This form of the disease is the one most commonly connected with a sluggish and torpid state of the circulation, and this is the variety which is apt to take place from excessive loss of blood or other debilitating causes. When simply arising from abdominal or thoracic effusion, it is more frequently removed than any other form. The more rapidly according to Eberle the disease subsides, the more easily it is removed. The causes giving rise to this form are the same as before mentioned in the other varieties.
Treatment of Dropsy. According to the principles of pathology, it would be to subdue the sub-inflammation of the organs or organs affected. And secondly, to promote absorption and the removal of the exhaled fluid. The first of these general indications are to be accomplished by lessening the force of the circulation and relieving the congestion of the capillary and thus equalizing the circulation. The next general indication is to be fulfilled by promoting the activity of the various organs concerned in serum secretion. Secondly by decreasing the quantity of blood circulating in the venous structure of the part from which the edemaeal fluid is forced out. Thirdly by arousing the activity of the absorbents. It has already been shown that by decreasing the general circulation we lessen the quantity of blood in the veins. And it has been found to be a fact that by diminishing the amount of fluid in the venous system, absorption is materially increased. And thus we account for the great benefit derived from bloodletting in this disease. We cannot diminish the excitement in an organ by local bleeding, if we allow the general circulation to remain
Muscular dulness according to Ebuly does not constitute any objection to bloodletting, provided the pulse be active, tense, or hard and frequent. The arterial may be irritated to vigorous action, whilst the muscular system manifest long run and dulness. Local bleeding may be employed where the inflammation is local without producing excitement of the general circulation. Biotics have been used in Hydrothorax and ascites with great success, but those used in anasarca or when there is anasarcomous effusion, is attended with some risk of mortification. Influenza, Seaweed and the Tartar Emetic tincture have been used with advantage in Hydrothorax. The application of leeches and cups to the surface of the thorax have been found to be of essential service. Cathartics have been recommended in this disease from the time of Hippocrates. They have been held in high respect by a great many writers on this disease; but some evidently attach too much benefit to them to the exclusion of in some cases more valuable agents. Hydrogues are more available in cases of abdominal effusion, for the debilitated state of the peritoneum is more directly and powerfully
affected in consequence of the contiguity between the peritoneal covering of the abdomen and the mucous membrane of the bowels, than upon the more distant part which may be the seat of the disease. Cathartics are frequently beneficial in many forms of this disease. There has been cases related where the affection was cured by the use of these agents alone. There has been considerable doubt among practitioners which of this class of agents are the best suited to the the disease. Most writers on the subject give the preference to the Mepodrag quid, or those which give rise to watery stools. But when these articles are very violent in their nature, which many of them are accordingly so, they give rise to a morbid state of the intestinal tract, which ends in subinflammation of their mucous coat, by which these watery discharges take place not in consequence of the effused fluid, but from the mucous coat of the intestines. The Süber Tartrate of Potassa as the fashionable cathartic as Allen calls it, has been highly recommended as an article which will produce a discharge from the bowels, and at the same time increase the secretion from the kidneys. The common prescrip-
tion of the day is the following: By penicillin 3155
Hypophosphite 30 35
Bicarbonate 311
Part antimonial
110 to a tea spoon full from o five times daily.
Elatinum has also been recommended as another
very valuable Hage drogque, but the violence of its
operation is such as to make practitioners very
cautions how they administer it. I have seen it ad-
ministered while student at the Maryland Hospital
but with very little success. The Camphor has also
been given in this disease and it seems with con-
siderable success, it is usually administered in com-
bination with some other article. It appears to me
that Cathartics have been too indiscriminately giv-
en, particularly those of so drastic an nature as the
two last. No attention being paid to the state of
the alimentary canal at the time of the adminis-
tration of the remedy, giving rise as they do in some
cases to violent inflammation of the intestinal
coats, or extending by contiguous sympathy to the
peritoneal coat of the abdomen, lighting up an ex-
citement by this means which is extinguished but with
the death of the patient. The combination which is
generally made is Rem-extrct 31 to Gamb two to four
grains. Diuretics are the remedial and most generally employed agents, which we depend on for the cure of this disease. The kidney is the organ most direct and manageable as an outlet for the effused fluid. And the treatment depends on exciting the renal apparatus to increased action. It has been shown that an inflammatory state of the system opposes the operation of diuretic remedies, then bleeding and purging is indispensable, necessary. When the blood is drained of its serous portion, and the effusion is extensive it is difficult to get these remedies to act, hence the benefit of diluent drinks. Cases are on record where the disease has been cured by the administration of these articles. The use of diluent drinks in diabetes has caused a great deal of dispute among writers on the subject, whether the patient should not wholly abstain from the use of liquids, or on the other side he might not take them ad libitum. Now it appears to me that the intermediate course would be the one best to pursue, to allow sufficient to allay the thirst. If the desire for drinks is intense, why not allow the supernatrate of potash, made into a weak solution, which satisfies the thirst, is pleasant to the taste,
and also acts as a diuretic. But in cases of dropsy
from hemorrhage when the blood is deprived of its
crassamentum, the use of fluids would be detrimen-
tal by diluting the blood already too much so.
The diuretics most commonly employed are Scille
maritima, digitalis, acetate of potash, nitrate of
potash, cantharides, juniper berries, colchicum,
&c. turpentine niger or heterophyllum and partly.
Squills is never to be administered till the inflam-
matory symptoms are reduced; it is a principal
remedy in Hydrothoraze. This article is generally com-
bined with some other, Colocem is perhaps the best.

P/ Cal v g5. Pulv scille 3 i. Nitrat potassa 3 ii.
At divide in ten equal parts, 5 grains one every four
hours. The addition of a grain of opium for the
purpose of quieting the irritation the squills may
have produced. The Cal acts by decreasing the circu-
lation to the salivary glands of the mouth, causing a
derivation from the exhalent flava and lessens the
dropsical exhalation, excite the salivary discharge,
and thus promotes absorption. The squill is useful
on account of its expectorant effects. The Nitrate of potash
has both a diuretic and diaphoretic effect.
Digitalis. This article is one which appears to suit better where there is considerable phlegmastic diathesis, than where the system is much reduced. According to Blackall digitalis is more suited to those cases of dropsy, where the urinary secretion is very scanty and congealed by the application of heat. This agent is very seldom employed alone but is generally combined with squills or nitre. The dose is from one sixtli to a four a grain, till the peculiar effects are produced, cantharides are also employed. This action is to stimulate the kidneys to increased vigour. The following formula has been recommended

R/Pulv cantharis 3 ii
Amyd. alc. 3 i
Sacch. Alb. 3 i/ss M 13 i3 times daily until symptoms of straining supervene. Colchicum has lately been used according to some writers with considerable benefit, dose, the vinous tincture is given in the quantity of forty drops every six hours. Nitre-as Potassæ is more employed than any other remedy. It may be combined with every diuretic article to advantage. There are a number of the remedies which have been used in this disease. The Gallium
Apresives. This remedy is highly approved of by Professor Potter, who has used it with great benefit; also the
elaeus carota, erigeron heterophyllum was the farom-
ec remeedy of Dr. Weister. Diaphoretics are very use-
fut when there is a dry skin attended with disease of
the cutaneous evacuation. Antimony constitutes
one of the most important of this class of remedies.
Sydenham used it in this affection, although he went
to the extent of exciting vomiting, an effect which
tometimes produced the speedy absopption of the
effused fluid. But the general employment of this
remedy is as a diaphoretic. For which purpose it is
mixed with nitrate of potash. Humor speaks
very favorably of the combination of Sulfur and
Antimony when the disease is connected with a
rheumatic habit. But it must be remembered that
when the secretion from the skin takes place to a great
extent, that from the kidney must be proportionately
decreased, Mercury. The greatest gift to men bes-
towed, and one of most invaluable of all the articles
of the Materia Medica, is used in this disease in a great
many forms. It may be combined with almost any
agent mentioned before. Mercurial friction over the
abdomen in ascites have been used with advantage. Tonics were once used to a great extent in this disease, when the mistaken pathology of the affection was that it depended on a lax state of the fibres of the aterial coats. Tonics are useless in most cases except when the long un and debility is great and the system much exhausted, then tonics may become beneficial by the stimulus that they occasion to the general system. The tonics mostly used are the sulphate, carbonate, amoniate and prussiate of iron. Salphate of zinc, and the sulphate of copper, the ammoniate of iron is the preparation mostly used in consequence of its not constipating the bowels.

But when there is an inflammatory state of the system, many local excitement. Tonics are manifestly injurious. To enumerate the different remedies offered in this disease would be useless; for they consist of so numerous a class as to occupy more time than could be devoted to it. We must always suit our remedies to the state of the system at the time of administering them. The application of diuretic medicines to the surface of the skin will stimulate the kidneys to increased secretion, this mode is of
he entire benefit when there is great gastric irritation. Dr. Gilbert recommends friction with the following fluid, Rj Pinet Tinct.

Digitatus Pinet

Tem calcius tinct 2 adip. 3 ss

0/3 camphorat 3 ss. the friction to be applied with flannel three or four times a day to the chest, thighs, and abdomen. The application of tight bandages is of considerable service in some cases. Tapping is necessary when the effusion has taken place to a great extent, but it can never cure the affection when the disease originated from excitement in any organ or organs.
In the name of the University of Maryland, and Faculty of Medicine, the
Degree of Bachelor of Medicine,

 Granted to

John Smith

of Carroll County, in the State of Md.

1827
An Inaugural Dissertation
on
Luxation
submitted to
the examination of the
Provoet, Regents, and Faculty of Physic
of the
University of Maryland,
for the
Degree of Doctor of Medicine,
by
Thomas G. Henry
of Charlotte County and State of Va.
February
1849
In the whole catalogue of diseases and misfortunes to which man is liable, there is none which merits a greater share of our attention and study than dislocations. A dislocation is defined to be the removal of articular surfaces of bones, from their natural positions. From this brief pathology of luxations, any person would at once see how very important it is, for every surgeon, to be accurately acquainted with the anatomical structure of the human body, so as to enable him when called upon, to act with promptness and credit, both to himself and Alma Mater. It is a breach in the animal structure, which above many others ought to be attended to immediately after the mishap, else the patient will
be a living memorial of the
surgeon's ignorance or inattention. The
following passage from Sir Astley
Cooper cannot be too strenuously
impressed upon the surgeon's mind.
"A considerable share of anatomical
knowledge is required to detect
these accidents, as well as suggest
the best means of reduction;
and it is much to be lamented,
that our students neglect
to inform themselves sufficiently
of the structure of the joint.
They often dissect the muscles
of a limb with great neatness
and minuteness, and then
throw it away, without
any examination of the ligaments,
the knowledge of which
in a surgical point of view,
is of infinitely greater importance; and from hence arise the numerous errors of which they are guilty, when they embark in the practice of their profession, for the injuries of the hip, elbow, and shoulder, are scarcely to be detected, but by those who possess accurate anatomical information. Even our hospital surgeons, who have neglected anatomy, mistake these accidents; for I have known the pulleys applied to an hospital patient in a case of a fracture of the neck of the thigh bone, which had been mistaken for a dislocation, and the patient cruelly exposed through the surgeon's ignorance, its a violent and protracted ex-
Tension. It is therefore proper, that the form of the ends of the bone, their mode of articulation, the ligaments by which they are connected, and the direction in which the larger muscles act, should be well understood.

Dislocations like fractures, are divided into simple and compound; simple when the head of the bone does not rupture the capsular ligament, compound when the injury is accompanied with a wound of the description. They have also been divided into ancient and recent, complete and incomplete, primitive and consecutive. But the most important differences are first, with respect to the articulation in which they occur, second
the extent of the accident, third, the length of time it has continued, fourth, the direction of the injured limb, fifth, whether it is a simple or compound displacement, sixth and last, with respect to the causes which produced it. Every kind of joint is not alike liable to luxation. Common sense teaches us that the vertebral column, is not as susceptible to dislocation, as the shoulder or hip joint. It is not their situation which shields them from external violence sufficient to produce a luxation, but it is their form, mode of articulation, the mass-tery manner in which they are bound together by broad
and powerful ligaments, and
lapse the small extent of motion
of which they admit. Displace-
mint of the vertebral column
usually occurs with fracture which
corner or later causes a displace-
mint of the patient’s life and
body. Sometimes the extent to
which a dislocation occurs, occasion
inflammation, with some one or
other of its unwelcome conseque-
cees, and if the head of the bone
should fail to induce inflama-
tion, it will frequently produce
Hemophilia, on account of the
head of the bone resting upon
some important blood vessel or
nerve, thereby injuring the patient
seriously if not for life. The
length of time a bone has
but dislocated makes a material difference; if the bone has been out of its place a short time it is very easily reduced, but if the luxation has existed many days, weeks, or months, it is very hard to bring back again to its proper place of repose; and sometimes utterly impossible; the bone and the adjacent soft parts having assumed a certain relation, the muscles sitting themselves in length, to the unnatural position of the bone to which they belong, will not allow of sufficient extension to render the reduction possible.

In the different kinds of joints there different luxations, according to the violence of the injury received. The cause of dislocation be
external and internal; a predisposition to this misfortune sometimes exist, either from a natural or accidental cause. The motion which the joint admits of, the extent of the articular surface, the looseness of the ligaments, and the formation of the articular cavity, are some of the natural predisposing causes. A paralytic state of the muscles surrounding a joint, together with a looseness of the ligaments, have frequently been the cause of luxation. There are cases reported by Sir A. Cooper of this kind, where the patient can throw the head of the bone out of its socket, at his pleasure, but could not replace it without assistance. Some persons cannot raise without luxating the lower jaw, and others cannot make a lateral motion with the arm, as in swimming, without a dislocation of the humerus.
Joints thus easily luxated are much more liable to this accident, than joints which have never suffered from it. Disease which destroys the cartilage, ligaments, and articular surfaces of bone, also occasion dislocation.

**Symptoms of Luxations.**

In order that a dislocation may occur, the limb must be in a favourable position for receiving the external violence. If the force be applied immediately over the joint, it is very probable there would be fracture instead of dislocation. In dislocations of orbicular joints, and complete luxations of ginglymoid joints, the end of the disarticulated bone, becomes elevated or depressed, being off of a level with its natural cavity. This readily accounts for the change of length in the limb. Shortening is the change common to ginglymoid joints, and in orbicular joints, there can either be shortening or lengthening of the limb accor-
According to the nature of the luxation. In almost all complete luxations, the direction of the axis of the limb is much altered, owing to only one half of the capsular ligament being ruptured, as well as from the action of the muscles. Dislocation occurring in ginglymoid joints, laterally, the direction of the axis of the limb is not altered, from the total rupture of the ligaments and even a part of the surrounding soft parts. Nor is this alteration observable in incomplete dislocations of these joints, on account of the extent of articular surface. But it is very apparent when there is displacement, forwards or backwards, although the ligaments are totally ruptured. The inability to perform certain motions, with a limb, is a very sure symptom of dislocation, though there are cases upon record, where there was an ability to move the limb remained for some hours after the occurrence. In elongation of a limb arising from luxation, the muscles belonging
To it, are consequently pressed nearer the circumference of the bone, which gives the limb the appearance of being smaller than its fellow. The soft parts which surround the joint are also susceptible of much change; for instance when the thigh is dislocated, the head of the bone going inwards, there is a depression upon the buttock, the reverse when the head of the bone is outwards.

The prognosis of dislocations is generally favourable though in general every unreduced dislocation deprives the patient more or less completely of the use of the limb; for motion cannot re-establish the primitive functions which are lost.

Heurtonine, the first and most important step in an attempt at reduction, the longer it is delayed the worse it is for both the surgeon and patient. When the patient is very muscular, great force must be applied in order to overcome the contraction of the muscles, and this difficulty will increase in proportion to the length of time allowed to
post, between the date of the injury, and an attempt at reduction. The chief difficulty in reducing dislocations is the powerful contraction of the muscles. Other causes than the contraction of the muscles impede the reduction of a dislocation. The head of the bone adheres to the surrounding soft parts, and the cavity fills up with new matter, which destroys the possibility of reduction.

Constitutional means as well as mechanical all to be resorted to, namely bloodletting, warmbath and nauseating doses. Extension should always be made in the directions of the limb, either by the aid of assistants or by pulleys, the latter I think preferable.
An Inaugural Dissertation

on

Gastritis

Submitted to the Examination

of the

Provoost Regents & Faculty of Physic

of the

University of Maryland

For the

Degree of M.D.

by

Samuel A. Davidson

of Baltimore

Maryland

Feb 1841
Gastritis

Having frequently reflected on the various diseases affecting the digestive organs, and their important bearing on the system at large; those reflections are heightened when we find the principal seat of digestion, the stomach, attacked by so formidable an affection as inflammation. The suddenness of the attack in this affection frequently occurring in the regrowth of health at which we can often by personal observation although he must confess that his opportunities have been rather limited. This disease has received from authors the general appellation of Gastritis, which renders it difficult to determine its precise pathological condition.

By Gastritis I mean to express an inflammation of the mucous
membrane, of the stomach, often involving the sub-mucous tissue, and sometimes the muscular coat. Inflammation of the mucous membrane of the stomach frequently exists in various degrees of intensity, from the most acute to the slightest sub-acute form, it may also be chronic. Acute inflammation of the mucous coat is unfrequently it sometimes makes its appearance in a sub-acute form, but not unfrequently assumes a chronic form.

The symptoms of Gastritis, usually commence with a burning sensation in the region of the epigastrum, which is aggravated by pressure; an insatiate desire for carbonated drinks which are immediately rejected by the stomach, nausea and vomiting are incessant, the heat over-
The surface is augmented, especially over the region of the stomach, while the extremities are disposed to be cold. The patient frequently complains of sore throat, attended with slight inflammation of the face. This gullet is often troublesome. The state of the tongue is not always a correct criterion in this disease. In general, it is very red, at the tip, and edges loaded and sometimes very rough in the center, and towards the root, in long standing inflammation, it turns into a red glassy and smooth surface, although I am disposed to believe, that this last condition appears more frequently when the intestines are inflamed and ulcerated than the stomach. The respiration is anxious and quick, and the patient restless.
Pulse small and the prostration of the vital powers soon become apparent; the countenance is expression of the greatest degree of anxiety, the individual resents his situation. Towards the termination of the disease, the features shrink, and the patient—reclining on his back. The malten vomiting in the early stages consists of the ingesta taken into the stomach, matted with bile and mucous, but at last the back vomits in secre, which is an indication of autolysis of the coats of the stomach; this state of things is attended with constipated bowels.

In addition to the symptoms a bone enumerated by Professor Potter in his Lectures on Gastroctis; in treating of the peculiar form of pulse differs with other writers.
on this disease. In dwelling on
the formidable character of this
disease, the says such is the in-
fluence of this organ over the w-
hole system, that it is dangerous
to permit inflammation to proceed
to any considerable extent. The
pulse in the acute form of Gastri-
tis is feels low and depressed,
the more it is pressed the grea-
ter the resistance will be found.
An enteritis may become a Gas-
tritis and vice versa, and as in both
we may have peritoneal inflam-
mation; when the intestines
are first injected the pulse is
small, an adhesion by the lam-
ceal is as inapparent in this dis-
ease as any other. At first it does
not appear to be a release of toxi-
action. The pulse always rises
after bleeding, we must then-
seance is by the same means.
There are but few acute diseases which so rapidly exhaust the vital powers, and hence it is said the symptomatic fever is of a phlegmatie type. It appears occasionally, however, that the symptoms are remarkably mild, when the disease is the product of mineral poisons taken into the stomach; these symptoms may cause great danger as not appear until within a few hours of a fatal termination.

Moorhead states a case in treating of Gastritis of a sailor who had taken 2 drachms of Opiiurum of Mercury, and who died unexpectedly eight or ten days afterwards on a close floor, having been able to get out of bed and walk unsupported.

It has been already stated that the acute form of this disease
seldom occurs, it more frequently exists in a chronic form, and sometimes in fevers. Dyspepsia, and the last stages of Phthisis.

Diagnosis

Acute Gastritis in its most ordinary developed form, can be distinguished from pains arising from flatulence or Cramp by the succeeding marked circumstances. In Gastritis, the pulse is small and feeble, tense and quick, and occasionally apprehensive and jerky. To compress affords great resistance; in Spasm or flatulent pains it is generally sensel or nearly normal. In Gastritis violent vomiting often occurs particularly after taking warm drinks. In Cramp vomiting rarely takes place, and warm drinks do not readily effuse or aggravate it. The pains are seldom of an intermittent character in Gastritis, except immediate
tely after taking cold fluids into the stomach, on for a short time after vomiting, in cramp the pains often intermit for several minutes, independency of the effects of cool drink, or vomiting. In Gastritis the patient manifes a great disposition to be on his back; and moves his position with reluctance. In spasm he sits up or walks with the body bent forwards, or is constantly tossing from side to side of the bed Let to the other. The pain in Gastritis is burning and lancinating; in cramp it is heavy twisting, aching, and torturing. In Gastritis the skin is hot and dry; in spasm it is generally moist and disposed to be cooler. In Gastritis the slightest pressure on the Epigastrium is attended with great tenacity and increase of pain. In spasm the pressure allures pain.
Causes

Substances of an irritating character, taken into the stomach, suddenly suppress perspiration, over this through of the stomach by stimulating on many suitable foods, clear drinks when the body is

The exterior application of coca, the suppression of certain

cases of fever, states of gout, rheumatism, exterior injuries.

Treatment

From the views already advanced

I am led to regard copious veno

section one of our most important

means, as short intervals, topi

case bleeding by means of leeches, after the violence of acute inflammation has subsided, on which

further use of the lance—we may

vain, excessive prostration, topi

spasms are to be employed in

obstinate cases; investing medi

ing one of great importance
but it is injudicious to administer
them until the violence of the inflam-
matory action is somewhat subdued.
until the irritability is allayed.
Therefore it would be proper to ex-
pand the bowels by means of
Enema, as they have no tendency
to irritate the stomach. Opiates
are highly recommended in this
case; but should be judiciously
administered, as they have some
tendency to increase the irritability
of the stomach, particularly during
the primary stage of the disease.
But after inflammatory action is
somehow subdued by adequate
depletion, they may occasionally
be given in combination with
laconic doses of belladonna with ad
vantage. The warm baths and
cold fomentations to the epiga-
trium are means that should not
be neglected; it is also necessary to
restore and support the natural heat of the extremities. Ice water
given in small quantities, often-
repeated, lessens the irritability
of the stomach. Mucilaginous
aromatic drinks are highly recommen
ded.
An Inaugural Dissertation
on Dysentery
Submitted to the Consideration
of the Provost, Regents & Faculty
of the
University of Maryland
for the Degree of
Doctor of Medicine
by
Thomas B. Gantt
of Maryland

March 1841
To
Samuel George Baker M.D.,
As a token of high regard and esteem
This Thesis
is inscribed by his
Pupil.
Dysentery.

The name of this disease being derived from do, difficulty and órGEPA the bowels, it is very appropriate as points out the seat and character of the disease. It is exceedingly frequent and dangerous in the latter part of summer and autumn, and frequently prevails as an epidemic in Malarious districts, at the same season of the year, that Intermittent and Remittent fevers prevail—arising from the same predisposing causes; hence Malaria is one of the remote causes in such situations.

From its often appearing epidemic, it has been considered by some Contagious, but it only becomes infectious in the same manner as other Autumnal diseases do. Very by neglect of cleanliness, impure air, crowded houses, especially when they are ill-ventilated and the effluvia from the evacuations and other impurities are retained. It will, therefore, be well that no excretaitious matter should remain in the sick chamber, which should
be kept clean and freely ventilated. As regards
the Contagion of this disease, I am not positive
ly prepared to speak, but from the slight
insight which a few occasions have thrown
upon my observation, and from the opinion
of our learned Professor, drawn from a close
and accurate research in the nature of Diseases
whose authority I shall always appreciate,
I would presume that it was non-contagious.
Even Armstrong himself is in doubt when he
thus expresses himself: "If diseases arise from
a common occasion it is not contagious,
When it arises from a peculiar occasion
as malaria or Marsh-effluvia I will not
positively assert that it is not contagious.
I feel that I require to pay far closer atten-
tion to it than I have hitherto done, before
I can take upon me, unhesitatingly, to say
that it is or is not contagious.

Symptoms — This disease is often ushered
in with symptoms resembling those of Common
diarrhoea, the evacuations being fluid and
bloody, sometimes mixed with a little blood.
As the disease advances, the symptoms increase in violence - great uneasiness in the stomach; violent griping pains in the intestines, called tenesmus, followed by a frequent desire to evacuate the intestines, take place.

The disease comes on sometimes very suddenly, with fever preceded by a chill, with bloody and mucous discharge, with little or no fecal matter, in violent cases, and sometimes with blood alone. The tenesmus is the most constant and distressing symptom and the tenesmus more particularly distressing just before going to stool. There exists soreness of the abdomen, which increases under pressure.

Sometimes the fever is mild, but more frequently it is of a high inflammatory or typhoid character. The heat of the body is not higher than usual except over the abdomen, and the extremities, sometimes below the natural temperature. The skin is always dry - the tongue is at first white, but becomes brown and dry as the disease advances - the urine high-coloured and small in quantity.
In some cases the distress remains, but if he takes any thing to eat it is soon evacuated undigested. If the disease is not checked by medicine, and if nature fails in her efforts to restore the system, the patient is soon reduced—his strength is lost and is unable to obey the distressing calls to stool and he passes them involuntarily in bed; his spirits become greatly depressed and his pulse frequent and small, and at last death—a cold clammy sweat comes on which is the signal of death.

Sometimes some difficulty may arise in distinguishing Dysentery from Hemorrhoids, but they may be distinguished by the fact that in Dysentery the blood is first evacuated and then the faces, whereas in the Colitis former the faces precede the blood is.

Causes of Dysentery—Heat is the remote cause of this disease and it is sometimes produced by the double remote cause of Heat and Malaria. It has generally been ascribed to Malaria, independently of Heat, but that heat is a remote cause of this.
disease is proved by the fact that the disease is produced in places where malaria does not exist; and we find too that same cause heat exciting a powerful influence on the liver, and consequently that virus is connected with the existence of the disease, sometimes. There is a variety of causes which excite this disease, where the system is under the influence of the predisposition, such as cold, unripe fruit, bad diet &c. Heat, as a predisposing cause of Dysentery, seems to act on the system in the following manner. During the continuance of warm weather the blood is invigorated by the heat and relaxation of the vessels on the external surface of the body to flow outward. And the internal large vessels are left in a state of eminence and relaxation. By this means they are weakened and become more susceptible of the operation of stimuli applied to them; or, in other words, their excitability is accumulated, so that very slight causes will produce the disease, such as alternations from heat and cold, which
The predisposition seems to exist in some persons more than others. It sometimes (i.e., dysentery) occurs as a serousious discharge and relieves inflammation in some other part of the body.

Pathology - The proximate cause of this disease was considered by Dr. Cullen to be "a preternatural constriction of the colon occasioning these spasmodic efforts which are felt in severe gripings, and which efforts propagated downwards to the rectum, occasioning the frequent stools and tenesmus," and he asserts further, "that it is certain that hardened faces retained in the colon are the cause of the gripings, frequent stools and tenesmus." And it was believed that dysentery depended on the irritation caused by dyspsia or hardened faces retained in the large intestines; hence strong purgatives were administered to evacuate them which added greatly to the disease, by causing the muscular fibres of the intestines to be thrown into violent and painful contraction. But these false theories and the fatal practice founded on them, like many
others in Medicine are now exploded by the
light of pathological anatomy; and Dysentery
is now known to depend upon an inflammation
in the large intestines, affecting the mucous
coat of Colon, Cæcum and Rectum, and in
very violent cases all the coats of the inter-
tines except the Serous and terminates, their
ulceration and sloughing. The small
intestines are generally in a state of health
though sometimes they are found to be inflam-
ed and in severe cases the Stomachs also;
but these are of rare occurrence and hence
we place the seat of the disease in the large
Intestines. The Liver is often in a state of
congestion and its function deranged; and
when it is produced by the double remote
causes, Heat and Malaria we find it
invariably the case.

Treatment of Dysentery — This disease may
be cured by different means, and to treat
it successfully attention must be paid to
the Cause and Variety of the disease and the
type of the attending Fever.
The disease may be divided into three varieties and treated accordingly. First, when it is accompanied with little or no fever, commencing with languor and nausea and the liver is not affected or very slightly, with pain in the bowels and tenesmus; — in the beginning of such a case and emetic or emetic-cathartic may be given with advantage. The patient may take a wineglassful of the following mixture every hour until emesis or catharsis are produced:

Salph. Magnesia. Æq.
Ag. Arsen. Æq.

If there is much tenesmus and pain and anodyne may be given. Opium may be given when there is no fever and if there exists fever it may be given in combination with small doses of the Prot. Chlor. Hydrog., which makes the opium much safer; but in mild cases there is no necessity to administer opomograph. If the pain and fever continue, laxatives of the neutral salts should be repeated.
every second day so as to keep the bowels soluble and evacuate the acid content of the intestines. The sulph. magnes. is a medicine of great importance in this disease, as it not only evacuates the intestines but acts locally on them, producing a large secretion and thereby lessening the inflammation, and also reduces the action of the heart and arteries. The Oleum Acini, which was formerly so much employed in Dysentery, seems to produce an irritation on the mucous glands in the intestines.

Emetics are, by some, highly recommended in the beginning of mild cases, where there is not much irritability of the stomach, and when the tongue is not dry and furred and the abdomen not hot and tender, when there are also nausea and retchings and there exist putrid or indigested animal articles in the stomach. When there exist fever and much looseness of the abdomen, with a dry and furred tongue, the
treatment may be commenced by bleeding from the arm or the application of leeches to the abdomen, which will be sufficient when there is not much general excitement, followed by Grae of Calomel, and if it fail to produce free discharge of feces, mixed with bile and mucus, we should follow it with a small dose of Salts of Magnesia or if there should be great irritability of the Stomach an enema may be given instead of the Salts.

The second variety of this disease is that produced by the double remoto cause Heat and Malaria, which is a bilious remitting Dysentery, in which the Liver is in a state of Congestion, and is only cured by blood letting and Calomel. Astringents and Stimulants are, of course, inadmissible in this form of the disease. A liberal use of the lancet followed by Calomel may be had recourse to. After the high inflammatory excitement has been subdued by these means, leeches or cups may
be applied to the abdomen to lessen the pain and tenesmus. After this enema may be given every three hours in the following formula:

\[ \text{C\text{u} Pot. Chlor. Hydrarg. Vj} \]
\[ \text{Pulv. Opia } \text{ Vj} \]
\[ \text{P. G. Opia } \text{ Vj} \]
\[ \text{Mo in Pill. No. XX } \]
\[ \text{One every three hours. } \text{Vol.} \]
\[ \text{C\text{u} Hydrarg. Mafa } \text{ Vj} \]
\[ \text{P. Opia } \text{ Vj} \]
\[ \text{Mo in Pill. No. Vj. } \]

One of which may be given every three hours. In this stage great benefit will accrue to the patient from a few hours sleep which may be produced by the following enema:

\[ \text{C\text{u} Tinct. Opia } \text{ Vj} \]
\[ \text{Amph. } \text{ Vj} \]
\[ \text{Sy. Servent. Zvij. Mo. } \]

Leeches have far greater power than cupping in reducing inflammatory action. The indiscriminate uses of trisac, Rhabar-
and astringents, which always render the
disease worse, when given in the height of
the disease, increasing the pain and fever, and
which have therefore been the cause of much
unsuccessful practice and fatal termination,
should never be given until free evacuations
have been produced. Astringents may stop
the disease, but as soon as the patient indul-
ges in eating, the disease will frequently be
renewed with increased violence. All Mortification
terminates his existence. Calomel should be
continued until the Liver is exanerated and the
healthy cecotions of the intestines are restored; but
it be seldom necessary to continue it until
phyalism is produced.
The third variety of this disease is that of a
low typhoid type, in which there is great
languor of the Vital offices — with a weak,
frequent pulse, black tongue &c, which
occurs in jails and in damp filthy places
and is sometimes produced from the preceding
Varieties not being freely evacuated. In Inflam-
ination of the intestines there is always a
tendency to prostration and a typhoid condition of the whole system. In some cases the disease progresses gradually and the patient may seem to be doing well, when the disease may suddenly assume a violent and dangerous aspect and then the patient requires prompt treatment. The patient passes his stools involuntarily on the bed, extremities cold, pulse frequent and sable and the tongue dry and black. In such cases the patient may not probably be able to bear an evacuation, but if his strength permit, he should be leached and evacuated. But here the principle treatment is to support the patient by the administration of Wine, mutton soup, beef tea, &c.

A blister may be applied over the abdomen and we may give astringents of which the Vine, Vinegar, and Aec. Plumb. are the best. Anodyne and astringent injections may also be given. Here the Pulv. Doveri may be given with advantage, in full doses and if the patient sustain an evacuation Aconite may be given, as it clears out-
the intestinal canal, and by its astringent properties has a tendency to put a stop to the frequent evacuations. In every stage of the disease the patient should take freely of mucilage snowy drinks such as Barley water, flaxseed tea, a decoction of the Slippery Elm bark, a decoction of the Rubus Arcturus or Blackberry root, a mucilage of the Benz leaf etc. During convalescence the patient should be very cautious as regards his diet, which should consist principally of arrow root (any preparation) Rice, Boiled milk, mutter, soup, beef, mutton etc.
Inaugural Dissertation

on

Subject

Submitted to the examination of the

Course of Reading in the Faculty of the

University of Edinburgh

for the

Degree of Bachelor of Philosophy

By

Philip C. R. Biddle

of the Village of Westmoreland, New Hampshire

1813
An Inaugural Dissertation
on Inflammation
Submitted to the examination of the Provost, Regents and Medical faculty of the University of Maryland for the Degree of Doctor of Medicine by Philip B. Edelen of St. Mary's County and State of Maryland March 1841
To Professor, W.F. Baker

[Handwritten text]

[Signature]
Inflammation

There is no part of the human system that under certain circumstances is not liable to attacks of inflammation.

Inflammation from the symptoms manifested may be divided into acute and chronic; acute is characterised by more intense pain, heat and throbbing; chronic inflammation has generally attending its heat, and but seldom any throbbing and but little pain, but general loass and particularly when subjected to pressure it is more frequently the consequence of acute inflammation. Inflammation is also termed healthy and unhealthy. Healthy is that which causes the reunion of fractures, the adhesion of wounds, and healing of ulcers. It is termed unhealthy when it is carried to a degree beyond that, which is requisite for
such purposes. The strongest and most unequivocal sign of inflammation is redness, though it is
asserted by some to be absent in inflammation;
but to this opinion I am unwilling to subscribe,
I cannot believe that there was ever any point
of really established inflammation where
there did not exist redness to a more or less de-
gree, and this opinion is founded upon the
phenomena exhibited by post mortem exami-
nation. Those parts which during life were in
a state of inflammation, and which grade
of inflammation was so intense as to cause the
death of the patient; after death manifested
the strongest symptoms of inflammation.
Indeed, when inflammation of any organ
has been of so high a grade as to cause the
death of an individual, there are always the
strongest marks of inflammation after death,
such as ulceration, mortification, and in
many instances entire destruction of some
part of the organ. They who differ from me give
as an instance of inflammation without redness
the appearances of the aneurism and other mem-

by the larger arteries sympathizing with the capillaries of the affected part, and thereby having their action increased. I, therefore, think, that this throbbing is dependent upon the want of the equilibrium of the circulation, and as soon as that is restored the throbbing ceases; that is, after the capillaries have received as great a quantity of fluid as the capacity of their coats for dilatation will admit of; for we see that when the inflammatory action is very high, and an organ very essential to life is the seat of inflammation, that the whole circulatory system is distended, and consequently the sympathetic excitement of the constitution; and that after the inflammation has become established in some part, the violence of the symptoms abate to a considerable degree. The question whether swelling, as a symptom of inflammation, is always present during inflammation has been for some time a point of considerable discrepancy of opinion; but for myself I do not entertain the least shadow of doubt with regard to this question, and, therefore,
afset that I do not believe that there ever was, or ever will be any point of established inflammation that was not attended with enlargement to some degree. In the first place, what causes the swelling and redness at any time of inflammation? A mechanical injury may have been reflected upon a part, and the capillaries of the part in consequence of the injury inflicted may have become detilated, and are therefore no longer able to resist the force of circulation. The action of the heart and arteries is increased and a fluid greater or in quantity and somewhat different in nature from that which they received before, is propelled to the inflamed part. And I might ask how do the red globes of blood enter those minute vessels? In consequence of their coats being detilated, dilatation takes place in obedience to the force of the circulation, and since they dilate, must not the parts surrounding there give way for their dilatation. This is what I consider the true cause of inflammation, and consequent
Swelling. The opinion that swelling is caused by
the effusion which takes place in the surrounding
tissues, on the part of the vessels to relieve them-
elves, as one can doubt, but that the swelling
is dependent upon this wholly, and does not
take place until the effusion takes place,
as is the opinion of some, is by no means correct,
for a considerable degree of swelling takes place
in consequence of the mere dilatation of the
vessels themselves, before they have emptied them-
selves. The extent of swelling is in proportion to
the degree of resistance offered by the surround-
ing parts. The nature of the effusion varies
according to the degree of inflammatory ac-
tion, the higher the action, the greater is the
quantity of blood affected. This inflamma-
tory action may be increased in consequence
of too great a resistance being offered by the
cellular tissue, both vessels to relieve themselves
of the accumulated fluid, which being there
as a foreign body adds to and keeps up the
irritation. The effusion which takes place in
the common cellular tissue is generally bene
ficial, but if it should take place in any vital organ, it is very apt to be attended with the most detrimental consequence, endangering the structure of the organ, and in many instances, causing entire destruction of its functions. It is said, that in inflammation, the action of the exhalents is increased, while that of the absorbents is diminished. The power of the former may be increased, and those of the latter remain in their natural state; and in consequence of an increased quantity of matter being thrown out, are unable to take it up with sufficient rapidity. Pain has always been enumerated among the symptoms of inflammation, but it is not by any means to be considered as indicative of inflammation in every case; nevertheless, it is present in the majority of cases, and particularly in the first and second stages of the affection, there is generally a cessation of pain after suppuration has ensued, though it may be kept up and increased if an egoist to the contained matter. And
This affords an instance in which pain on the other hand, is not to be relied on as a symptom, as some maintain always indicative of the presence of inflammation, for we see to soon as the matter is discharged, that there is an immediate cessation of pain; but deep inflammation yet exists, and as is manifested by inflammation in some internal organs, such as the stomach, liver, and lungs; in which organs it may assume the chronic form, and continue for weeks, and even months, and commit its ravages, and may cause almost the entire destruction of these organs, without being attended during the greater part of its course, with the least pain whatever.

Therefore, do not think that pain is an unequivocal symptom of inflammation. The phenomenon of pain in my opinion may be explained from the fact, that the vascular and nervous systems are so intimately connected in every portion of the whole body; are enveloped with the same sheath; and the function of each dependent upon
The reciprocal influence of each other. So that this increase is caused by an unusual compression made upon the nerves, accompanying the highly excited arteries; this impression being conveyed to the brain, is then perceived by that organ, whence it is reflected to different parts of the system, and hence the constitutional affections of a local inflammation. Heat is considered as an unequivocal symptom of inflammation, by some of the most distinguished of the profession, but, I have heretofore expressed my opinion with regard to it, as an unequivocal symptom, and heat therefore, according to my opinion, cannot be the only one, and it is not by any means a constant one, though it is more frequently present, than absent, and I think it is always present, and greater when there exists general fever, the consequence of a local injury. To the most ignorant know that fever is produced by such a cause. Heat is said by a very distinguished author to be rather an abstraction, than an increase in
temperature, that is, it is not dependent upon
an increased temperature. I should like to
know what he means by this, for he gives an
effect, without a cause; and might just
as well say, that a common fever takes place
without any cause, and that a man walks
perfectly independent of any muscular
power. Now what is the cause of this sensation;
it is the increased temperature of the affected
part, and the sensation is produced by this
cause, and is translated by the nerve to
the brain, where this sensation is perceived,
and it is by this means, and this only, that
we are apprised when we have received a
different quantity of heat, to render our-
delves comfortable, and which causes us to
remove from the source of heat; and if such
were not the case, we would always be liable
to serious and fatal injuries. The effects
of inflammation upon the constitutional,
ways are in proportion to the violence of the
inflammation, the power of the exciting cause,
and agreeably to the vitality of the parts affected,
for the more is the part affected to life affected, the greater will be the shock inflicted upon the general constitution. Symptoms indicating the constitutional affection, are a general diminution, or a partial suspension of the sensations and emotions; and hence the dry and hot skin, great thirst, scanty and high coloured urine, and the dry and frequently foul tongue, the tropic of the bowels, and the strong and full pulse. In very violent cases, the sensorial power is also much impaired. It is said that the system sympathizes much more with some parts than with others; this is certainly the case; some parts may have sustained a serious injury, and be followed by violent inflammation, without affecting but, to a very slight degree the constitution, while there are other organs whose functions and structure may be but slightly injured, and more likely, reflect a severe shock upon the system, this is, as I before said, dependent upon the vitality of the organ, which is the seat of the disease, so that we cannot in all cases judge
correlly of the degree of inflammatory action
from the constitutional symptoms. Inflam-
mation, and irritation, have been by some
confounded together, without showing
a correct distinction between them, and
that where there is irritation, there must
be inflammation; this is more frequently
the case than otherwise, and although
inflammation in all cases wholly
depends upon irritation, the latter may
exist for a certain length of time
without the superintendence of the former;
for irritation is strictly confined to
the nervous system, and inflammation
to the vascular system. They, therefore,
both cannot be brought into play at
one and the same time, though ir-
ritation cannot exist but a very
short time, without the occurrence of
inflammation, and may be extinguished
before, the occurrence of inflammation.
Irritation may be local, and consti-
tutional. Local, by any mechanical
injury being inflicted upon the part, as for
instance, the irritation caused by diseases,
would be. Constitutional irritation may
be the consequence of a debilitated state
of the system from some previous disease.
Irritation, though apparently trifling
on some instances, is nevertheless, followed
by great constitutional disturbances; such
as from amputation, and the introduc-
tion of the bougie, the latter of which
frequently caused syncope. Therefore,
to form a correct prognosis of inflam-
mation, we must be guided not by
the violence of inflammation alone,
but also, and principally by the impon-
tance of the organ which is the seat
of disease.

Cause of inflammation. There is no
joint connected with the subject of
inflammation, nor do I think there can
be any within the sphere of the medical
science, that has given rise to more frequent,
and vives discussion, and has offered to
as a more extensive field for the future
search, and grand discoveries, than the
cause of inflammation. Considerable
discrepancy of opinion yet exists, with
regard to the state of the vessels in
their healthy and excited state. In
the first place; many different opin-
ions are entertained concerning the
relative share which the heart, large
arteries, and capillaries possess, in
propelling the circulating fluid when
in a state of health. Some Physi-
oblogists maintain the opinion, and
which I shall at once pronounce
to be erroneous; that the circulation
throughout the system is exclusively
dependent upon the power of the heart.
Now, if this be the case in health,
we must suppose it to be in disease,
and that this is not the case, and that
the arteries are possessed of a muscular
coat and consequently a contractile
power; I will endeavour to prove. In the
first place, I believe that it was the
will of Providence that any and every organ
in the human system should be endow-
ed with a power to relieve itself, of
any disorder with which they may be
afflicted, for the welfare of the animal
economy; and if such is the case, while
no reasonable man can doubt, why
do they deny that the capillaries are
provided of a muscular coat, for we
see instances every day in which the
proof of their contractile power is man-
ifested, and this could not be the case,
were they not provided of a muscular
coat. The manner in which inflam-
matory action is subdued, and the
mode by which the effusion takes
place in cases of inflammation, are,
different proofs of their contractile
power, and again, how is it that the
blood flows in a direction so diamet-
rically opposite to that of its own gra-
avity, for I cannot believe with some that
The heart does in the least degree perform the office of suction. We find by diminishing the quantity of blood in the system, that all the symptoms of inflammation begin to abate, which were kept up by the increased quantity of blood, which was thus an obstacle to the free return of the blood from the inflamed part, and therefore, by partially evacuating vessels in the neighbourhood of the inflamed part, they are almost immediately filled again, by the fluid of that part being forced out by the contractile power of the vessels therein, we see blood poured out from small arteries in the commencement of a surgical operation, and for a considerable time does this not depend upon contractibility? Again, if the circulation is solely dependent upon the power of the heart, upon what does the circulation depend in these animals which have no heart; some human monsters have been known
to be born and live for some time without
hearts, must not the circulation in them
depend upon the power of the arteries.
The assertion that the circulation
is dependent upon the heart is at ab-
surd, as the theory is unfounded.
The causes of inflammation are various.
The immediate cause of inflammation,
may be mechanical injury
inflicted upon any part, and
injuring the vessels of that part, then
by dilating those vessels, which
debility is followed by irritation,
and consequently inflammation;
local inflammation may be caused
by this, and many other means, such
as irritating applications to the
external surface.
Constitutional inflammatory
action, may be sought on sympa-
thetically by local inflammation.
The true theory of inflammation
is therefore, I think, dependent upon
a debilitated state of the vessel, in consequence of an injury inflicted, which prevents it from reieta the power of the heart and larger arteries, and consequently they expand for the grasp of a fluid increased in quantity, and altered in colour, and hence the redness and swelling.

Chronic inflammation, is a term used to designate that which is slow in its progress, and may exist for a considerable time without doing violence to the parts subject to its action, and without manifesting any very prominent symptoms. It is not to be considered to be the consequence of acute inflammation exclusively. It may be brought on by some agent whose power is less than that required to cause high arterial action, and by the repeated action of such an agent may keep up inflammation, without manifesting any very prominent symptoms.
Inflammation may likewise be brought on by cold, by its debilitating influence upon the system. Inflammation is said to terminate in resolution, suppurations, and mortification, gangrene. But these are rather injudicious terms, for either of these phenomena may occur without the suspension of inflammation in the immediate neighbourhood of the part, though supuration is generally a favourable sign, if we can not suspend inflammation without it; that is, in resolution. Abhelin is also another termination of inflammation, though I do not think it is wholly dependent upon inflammatory action, nor do I think, it occurs after, until the inflammatory action has greatly subsided. Mortification is caused by so high an arterial action as to cause the death of the part. In the treatment of inflammation, we must inquire into the cause. This
Foreign bodies are to be removed, and fractures relieved, and unnatural accu-
mulation of fluids withdrawn, and according to circumstances, local
and general blood letting must be
resorted to. Local applications,
such as evaporating lotions, internal
remedies, tonics or sedatives, such
as circumstances may demand,
and keeping the bowels soluble by
purgatives, if the digestion organs be
not the seat of inflammation, if
so, injections must be substituted.
Mild and digestible diet, and
rest, must also be be strictly enjoined.

Respectfully,
(Philip P. Eckelz)
An
inaugural dissertation
on
ulcers
submitted
to the examination
of
the Provost, Regents, and Faculty of Physicians
of
the University of Maryland
for
the degree of Doctor of Medicine
by
Elisha B. Pendleton
Berkeley County
February, 1841
Ulcera.

In casting around me for a subject, upon which to write an inaugural thesis, my first object was, to single out one, from the long list of ills which flesh is heir to, characterized both by simplicity and importance. Whether the one above selected pertains to the former or my divisions I do not to entertain so little doubt, but having had frequent opportunities of witnessing the disease in many of its various forms, especially as it affects the lower extremities to which situation of ulcers my remarks more particularly have reference. I feel emboldened to persist in my intention, however intricate I may find the path.

If the importance of this class of diseases is premuin I can in no question. Yet, in misunderstanding their nature and admitted importance, I think it may safely assert that there is no disease in the whole collection but which the ignorant is so willing to accept by a
inference, and leave the scientific means, which
he alone should suspect, in the hands of some old village druggist. Within this unfortunate neglect arises from the apparent absence of the necessity for the employment of scientific means for the cure of the disease, or from the want of medical aid in those places where contagious diseases, in which they are usually found, in the lower classes of people, and thus increasing the latent insu-

pance of the surpresse and thereby influence making him to refuse the superannuation to all the walks of life. I am unable to say; but such is the part and the disease is often passed by, without paying it the due respect of a proper glance.

I have not chosen this subject because I expect to offer anything new, either in its observations or treatment, but simply for my own improvement, and the rectifying, so far as I am concerned, the neglect which I have, prior to my residence in the rural country. Among houses, too frequently, unfortunately, interrupted. I have seen physicians in the county,
physicians for to such mean services, both would cons 
ider it almost an insult if a patient were to
request them to dress a wound, or apply a roller,
where, at the same time I have been convinced
that if an attempt had been made they could
not effect the adjustment of the letters with
any degree of advantage. True gentlemen is
display'd in small things as well as great, and
this applies with peculiar fitness to the honourable
profession in which I seek to be an humble
labourer.

Before I proceed to the consideration of
each particular class I will remark, that
the same cause, may, in different individuals
induce either of the forms of ulcers of which
I propose to treat. That is, while in a healthy
man, in the prime and vigor of manhood, a
burning would produce a trivial ulcer, if
what shall. The same cause acting on a
man of naturally bad constitution or one ad
dicted to intemperance, might develop the
wound from a irritableness or indurated ulcer,
mor likely, however, the latter.
I shall speak of wheats under the heads following:

1. The common simple wheats, or those wheats which display just a sufficient degree of action for its own recovery.

2. The indolent wheats, which is that class of wheats in which, through action is indolent, weak and stipite or tendency to a frame the action requisite for its own respiration.

3. The inelastic wheats. This wheat is the reverse of the last mentioned class. The action is severe, and all the granulations are produced. They are not of a healthy character.

It will be perceived that I have not only excluded those wheats depending on a variable state of the wind, but all those which depend on some specific cause, as it appeared that the mere enumeration of all the varieties and shades of differences which exist under each variety, would be sufficient to fill a volume.

The simple wheats first claims attention. It may be recognized by the mildness of the character it usually affords, and by its not in the
general, inducing an appreciable degree of constitutional disturbance. The granulations are characterized by a healthy, florid appearance, which is attributed to the free circulation of arterial blood in the parts. The pus is of a thick, opaque character; and resembles it as far as the appearance is more than any thing I can mention. The surrounding parts are in a much better condition than accomplishes the infection or irritable ulcer. When, therefore, we meet with an ulcer thus marked, there can be little hesitation in declaring such ulcer to be in a healthy condition. After we have reached this point in the treatment, by the application usually of the common practices, which are temporarily by slightly stimulating the foot granulations, which as soon as they have risen to the edge of the zone or a line or two above it, are to be treated according to their state. The practice is to be laid aside and the surface is to be protected, clean linen is to be employed. All sources of either break or general irritation are to be removed from
The patient, a rather liberal but unimpeachable diet, are the principles of treatment applicable to the simple form of ulcer usually met with.

The second class is the indolent ulcer. The simple ulcer, if improperly treated or not treated at all may degenerate into this variety, and, for the most part, it frequently exists independently much appearing to depend on the habits of the patient. This ulcer is characterized by its glistening appearance, thick and elevated edges. The granulations differ from those in a healthy ulcer, being larger, more rounded and not so firm. Also by the absence of the healthy scarlet hue which usually accompanies the simple granulating surface.

When these granulations reach the level of the surrounding parts, they fail to form skin, and from their lax, weakened condition are frequently absorbed leaving the base of the bone exposed and this process is repeated as long as the condition of the bone remains unchanged.

It is certain that the irritation of a bone in phlegmasia, in no inconsiderable degree the healing...
If a person in bad health should have an ulcer just above the ankle and one immediately below the knee, as his general health improves, under the means resorted to, the surface of the ones will present a better appearance. This change will not be applied, however, to the same extent in both. The one nearest the centre of the circulation will take more rapid strides toward recovery, while the other will follow in the same path, but they are humble and respectful distances. Besides, whatever influences the general health will be reflected on the condition of the one.

This ulcer is met with in various degrees of intensity and in its mildest form is liable to be mistaken for the simple ulcer. The only manner in which they can, with certainty be distinguished is, the inapplicability of the treatment for the one to the other. When we bear in mind the changes that are continually taking place between the different forms of ulcers, we can readily imagine why the one should be mistaken for the other. These changes are produced by
any process. This fact is to be found from experience.

If a person in bad health should have an ulcer just above the ankle and one immediately below the knee, as his general health improves, under the means resorted to, the surface of the wound will present a better appearance. This change will not be attributed, however, to the same extent in both.

The one nearest the centre of the circulation will take more rapid strides toward recovery, while the other will follow in the same path, but kept at a humble and respectful distance. Besides, whatever influences the general health will be reflected on the condition of the two.

This ulcer is met with in various degrees of intensity and in its mildest form is liable to be mistaken for the simple ulcer. The only manner in which they can, with certainty be distinguished is, the inapplicability of the treatment for the one to the other. When we bear in mind the changes that are continually taking place between the different forms of ulcers, we can readily imagine why the one should be mistaken for the other. These changes are produced by
the improper use of the limbs, by improper food, by exposure to cold, by bad treatment, and in short, by any of the thousand agents that will influence the general healthy condition of the patient's system.

In the treatment of these cases of ulcers, general remedies are as essential as local ones. In fact, the cure cannot be secured without due attention to the state of the patient's constitution. But which we are employing those means which give energy and tone to the system and which are being about an all-around action in its various organs by the prudent and careful use of mercury, the free exhibition of balsam parilla, and a generous diet, we are not to lose sight of local remedies, as the one will accomplish little unless aided by the other. Where, however, from various habits, general stimulation is to be regained, as is often the case in these ulcers, particularly in the illy fed and interminable classes of people, much can be obtained by adapting our remedies to the natural prevailing habits of life. No precise rule on this point can, however, with propriety be
laid down, as I conceive, that in all cases it would
be proper to supply the particular stimulants to
which the patient had been accustomed. This
would seem to me to flow from the fact, that
not only are the different stimulants of the
Materia Medica endowed with a separate and
peculiar action, but that each alcoholic liquor
is peculiar of an action essentially its own. I will
not attempt to account for this apparently un-
intelligible supposition; but from the known fact
that such differences of action do exist, it would ap-
pear proper in this case to supply the par-
ticular stimulants to which the system had become
habituated, instead of that for which it was un-
prepared.

Having laid down the general treatment
in this class of cases we are most likely to inquire into
what our local remedies are to consist.
And first the particular is to be adopted in order
to cleanse the surface of the wound, and after
its use for two or three days is to be laid aside
and the stimulating treatment resumed. Of all the long list of local applications that
have been employed, the nitric silver is undoubtedly by the best. It seems to act by directly stimulating the part and thereby causing the granulations to the wound and ill-conditioned, to assume a more healthy appearance. Frequently in ulcers of this class, the indurated and callous edges of the wound do not respond to the stimulation of the nitric silver, under these circumstances, I have witnessed the happy effects following the use of the Potsdam green, the most active of the elaps. From its powerful nature, care should be observed not to penetrate too far. This is easily prevented by applying vinegar which neutralizes the caustic and any bad consequences avoided. In the use of any of these remedies, the proper plan is, in the first place, to employ a weak solution, and gradually to increase the strength to any degree the case may require. This should be done, because the application may be injurious and ulcerous this class, usually from their inactivity, to the continued use if any remedy of one unvaried strength. Another class of remedies,
which are prepared from various ferments is the mineral acids. The only one, however, which has been used with advantage is the dilute nitric acid. The sulphate of zinc in solution is also recommended, also the sulphate of copper. The sulphate of mercury (copper subgallate) in conjunction with lime water, in the proportion of a pint to the ounce, has been employed as a wash in ulcers of this class. The length. Hydrochloric (cutaneous subcutaneous) has also been used with benefit as a stimulant and antiseptic application in thin old and ill-conditioned ulcers. These are the local applications which experience has settled upon as the most useful, though there are others which have occasionally been found beneficial. In addition to this treatment the surgeon has still in reserve the roller, which of all others is the most useful. It should be applied with moderate and equal firmness from the foot, if the ulcer is on the leg, until the sore is entirely covered. Adhesive straps are also of great benefit in ulcers of this class.
In addition to the above treatment the pa-

tient should be allowed a liberal diet

and be soon on his general health will

enable him to leave his bed in a short time

allowed to the exercise always with the roll

naturally and perfectly applied.

The last division which we have yet to as-
in the evil the growth. The condition of this

is the reverse of that complained of and unpleasant

appearance which attends the indolent

plaque.

I have stated that the same cause may

under different circumstances give rise to a dif-
frent condition of things. We can explain

this in no other way than by referring it to

the influence, which the state of the system

exerts over any part of that system. The

collection of things which usually produce

changes in the character of feelings in, where

the system is thrown into a disturbed state,

from appearance to cold or any other cause,
giving rise to disease in some important or-

gan. The irritation in this organ is reflected
upon the weakest, and this point is that when we
are already quiet, under these circumstances
the character of an ulcer will rapidly be chan-
ged, when in the absence of this irritation it would
doubtless have been of the simple form.

Ulcers of this class are recognized by the pres-
ence of great pain in the part, frequently by
standing up the limb. The granulations are no-
more highly inflamed and frequently blind under
the most-unmitigating application. The discharge
is of a thin ichorous character imitating the
surrounding part if neglected or careless of it should
come in contact with them. The pain is often intense
and I have seen ulcers of this kind inflict as much
suffering and distress as almost any case that pre-

cents itself for the interference of The Knife of
The surgeon. When called upon to treat an ul-
er, the first object is to ascertain, with as much
certainty as may be, whether the case is proper
for the ulcer is of this kind. The treatment is
much simplified and the case attended with
little difficulty by this knowledge. In the treatment
of this sort of ulcer we are in the first place,
to call to our aid all those means usually em-
ployed in the reduction of inflammation. The
patient is to be kept at rest and confined to Reps
in his bed in its ancient bent posture. The limb
should be elevated in order to retard the flow of
blood to the fest: The point in all whatever
kind is to be reached, by the current, point time is
often used with benefit. Fomentations are also
to be employed. Under this treatment the ulcer
will throw off its vitiated unfavorable ap-
ppearance. The granulations will discharge a more healthy
discharge and the bone will gradually approach
the condition of the flux as marking the simple
ulcer. The state of the alimentary canal should
be attended to, and for this purpose, the best
cathartic is colocynth in combination with
the compound of chalk of coloynk. If the sur-
rounding parts are too much inflamed, beakers should
be applied near the edge of the sore.

There are many more local applications
which have been used in these cases. The most
important of which is opium. The best mode in
which this can be used is the watercy solution
by means of lint. I have seen this application of signal service in a case in the Baltimore infirmary.

The above imperfect remarks pretend to be nothing more than a mere outline of the principles of treatment in the three varieties of ulcers of which I have spoken, much of course, being omitted. Which might, at times, be absolutely required in the course of all tenderness on the disease, and which would suggest itself to the good sense of the surgeon with the case before him.
An Inaugural Dissertation on cynanche Frachéalis
submitted to the examination of the Provost, Regents & Faculty of Physic, of the University of Maryland, for the degree of Doctor of Medicine.

by William Henry, Roberts, of Baltimore, Maryland.
February, 1841.
To Dr. Samuel, George, Baker

This present, is dedicated as an act of mutual justice. I sincerely regret that I can lay no just claim to its being considered as a sufficient expression of the gratitude, I shall ever feel, for the very great kindnese invariably shown to.

Dear Sir,

Very Respectfully yours,

W. H. R.
Cyanosis Trachealis, or acute inflammation of the mucous membrane of the trachea, was but imperfectly described by the ancient authors. Martin Ghisi gave the first regular history of this disease, in his letters, written in 1749. Twenty years later Dr Home of Edinburgh made it known to the practitioners of England, by his "Essay on the cause published in 1765. We are indebted to Dr Ogborne for the most satisfactory account of the disease that has since appeared. His notice of it was published in 1829 under the title of "The Pathology of the membrane of the larynx and Bronchiae."

Croup sometimes comes on suddenly, runs its course with violence, and terminates fatally in thirty six or forty hours. Usually, its approach is gradual, the first symptoms being those of ordinary catarrh, difficult breathing, dry hoarse cough, change of voice, being the first intimation of an attack. These symptoms may continue for several days, before the disease puts on its characteristic form, and violence, where or left fever is generally present from the commencement.
The respiration soon becomes laborious; the fever increases; the voice becomes indistinct and whispering; and the cough commences and sometimes, The disease now advances with fatal rapidity, and all the symptoms acquire an alarming degree of violence. The countenance is flushed, the eyes injected and heavy; the respiration more difficult, and attended by a peculiar crowing sound; the skin is hot and dry, the pulse tense, frequent and quick.

The cough is sometimes dry; at other times it is attended by a copious secretion of a tenacious fluid in the trachea and bronchial, from the commencement of the attack.

If the violence of the disease is not checked, the act of respiration soon becomes insensibly, distressing and the countenance and actions of the patient indicate the greatest degree of anguish and suffering. The head is thrown back, and the mouth is kept open; the voice is distinct; the face pale and covered with sweat; the eyes have a most peculiar and imploring look. Sensibility diminishes, conversation, the extremities become cold, and finally death closes the distressing scene.

There are the ordinary symptoms of cough, but much diversity exists with regard to the degree of their violence, and rapidity. In some cases, a few hours are sufficient to terminate life, in others, the disease proceeds more slowly, and is protracted for days and
even weeks, assuming a chronic form. The ordinary duration of the disease is from two to five days.

In speaking of the causes of this fatal anomaly, the first in importance, is a congenital predisposition. The children of some families are particularly disposed to attacks of croup, while others are entirely exempt from it. This probably depends on some peculiar condition of the trachea, though it is impossible to say in what this peculiarity consists. It is improbable that there is some peculiar condition of the air tube prevailing to puberty, is evident from the change that takes place in the tone of the voice. This may or may not be dependent on the size of the aperture.

A still more remarkable peculiarity is the fact of its being confined almost exclusively to children, most commonly between the ages of one and five years. There are however many well attested exceptions to this rule, though Dr. Stobbe thinks they may all come under the head of what he describes as "Secondary Croup."
In endeavouring to account for this circumstance
we may suppose it owing to the above mentioned
peculiarity in the condition of the mucous
membrane of the larynx and trachea, though
of course this is mere speculation and brings
us in reality no nearer the truth. Dr Chale
thinks it more readily accounted for by the
exposed condition of the throat and breast of
children, the present mode of dress not being
calculated to protect them from sudden
changes of temperature. I cannot think this
has much if any influence in producing
the disease, for as far as females are concerned
they go through life with the same amount
of exposure and are no more liable to
the disease than males who have their
throats well protected. A plethoric habit
of body is the most favourable for the
development of this as well as all other
phlegmasial diseases, observation going to show that florid robust children are more liable to this disease than those of an opposite character.

Cold is the principal exciting cause of croup, it being more prevalent in the cold damp months of spring and fall. It is said to have prevailed epidemically, but it is more than probable this occurred after the prevalence of some exanthematic disease, some of that class of diseases leaving children peculiarly liable to attack of croup. Experience proves that persons who have once suffered an attack of the croup are much more liable to it ever afterwards.

Croup is a phlegmasial disease consisting in an inflammation of the mucous membrane of the upper portion of the air tube, though this inflammation frequently extends to the bronchii, producing a complication.
of cancer, and bronchitis exceedingly to be dreaded. In some instances the inflammation terminates after a longer or shorter period in the formation of a false membrane, the duration of this period depending both on the violence of the symptoms and the activity of the treatment. This false membrane is said to consist of a concretionalbuminous secretion. Sometimes the inflammation terminates in the secretion of a purulent matter without the formation of a false membrane. But by far the most common cases are those in which we have neither matter or membrane formed, in these cases the inflammation terminates with the expiring secretion of a frothy mucus.

The appearances most frequently found on dissection are congestion of the mucous
membrane of the larynx and trachea. The passage of air being sometimes excluded by a formation of false membrane, the glottis is frequently narrowed by a thickening of its lips. The bronchial cells are sometimes blocked up by a serous effusion; a mode of termination that almost always occurs when the inflammation descends to the bronchi.

With regard to the prognosis, care is always to be regarded as a very dangerous affection, and the prognosis is extreme by hallucinating sometimes all the symptoms yield and promise a speedy convalescence, when contrary to every expectation a total issue, and the symptoms returning with redoubled violence, the patient is very speedily destroyed. On the other hand, when hope has ceased, and we are expecting death as the termination of the case, by expulsion of a membrane, the symptoms...
are relieved and the patient rapidly recovers.

There are two points to be kept in view in the treatment of croup. 1st To subdue the inflammatory action. 2nd To remove the secretions from the air passages.

To remove the inflammation our principal reliance must be placed on the "Canast," general blood-letting must be actively employed, and continued so long as the pulse will justify it. This is the most important indication, and he who neglects it, can have but little hope of success. Local bleedings are not to be relied on, and even as an auxiliary to the Canast they are of doubtful utility. External irritating applications
have been highly extolled by some authors, and in the single case that makes the sum of my experience, I had every reason to be gratified with the result. I should prefer the use of turpentine to any other application. Blistering I have seen used but never with any apparent benefit. Dr. Stokes considers them injurious in most cases. They certainly should not be used until after the pulse has been reduced by active depletion. Next in importance to the lancet is the use of large doses of Galsonel and Sant航线. When this combination is given in sufficiently large doses, it is hardly second even to the lancet. In cases where there is but little febrile action, and more especially where the cough is attended early by a copious secretion of mucus
active blood-letting is seldom required
and in some cases may be altogether dis-
pensed with. Emetics are among our
most valuable remedies in this disease
and can never be altogether dispensed
with in its management. In those cases
which are attended with a copious
secretion of mucus, emetics are
especially useful, they not only
expel the viscid secretions from
the throat, but they equalize the
circulation, and promote the action
of the cutaneous exhalences. The
best emetic is the combination of
Calomel and Antimony, in addition
to its emetic effect we have the advan-
tage of the continued nausea produced
by the Antimony and still more impor-
tant, the constitutional effect of the
colonel. Where the object is merely the expulsion of the secretions in the trachea by any of the class of Anta's maga-aurae, the sulphur linox has been highly extolled, and no less praise has been given to the polygala seneca.

Purgatives are useful in this disease as auxiliaries but should not be too frequently used, a brisk cathartic in the onset of the disease, followed by gentle laxatives sufficient to give one or two evacuations daily, during the continuance of the inflammation is probably all that will be required.

The warm bath has received much praise as a remedial agent by some practitioners and is warmly condemned.
by others. It must be confined to the earlier stages of the disease. Besides the remedies above mentioned many others have been recommended under the title of specific, but they are generally of little use, and should never be relied on alone. As the exudation of the fluid which forms the false membrane frequently commences on the tonsil, it has been proposed to wash them with a solution of Nitrate of Silver and those by whom it has been used speak in the highest terms of its good qualities as a remedy; others have proposed the inhalation of powdered silver.
by others. Its use should be confined to the earlier stages of the disease. Besides the remedies above mentioned, many others have been recommended under the title of specifics, but they are generally of little use, and should never be relied on alone. As the exudation of the fluid which forms the false membrane frequently commences on the tonsil, it has been proposed to wash them with a solution of Nitrate of Silver, and those by whom it has been used speak in the highest terms of its good qualities as a remedy. Others have proposed the instillation of Powdered Alum.
The most powerful emetics have been proposed in the advanced stages of croup with a view of expelling the false membrane; judging from the cases on record the success of this practice is extremely doubtful.

When every other means have failed and death is inevitable the operation of tracheotomy has been recommended, as a last foundation for hope, but the best authorities are now agreed that this operation ought never to be performed in this disease.
An Inaugural Dissertation
on
Puls Equinum
submitted to
the examination of the
Presby Regens and Faculty of Physic
of the
University of Maryland
for the
Degree of Doctor of Medicine
by
Edward A. Murie
of Baltimore
February
1841.
that which is: entering all friendship in
not with that unhallowed and therefore frighted
not, and hence, and which might at once to do,
free and elate, and which might not to he.
and nothing is inexcusable in such a child.\nAs to cause, where there like have the
sight, the parochially by the parochial, the parochial
are inexcusable in, the parochial, the parochial
in the parochial, and, attentive in and his
thereafter and otherwise, but then manifest in
some of the very few, for another, which, which
in the, becoming, or else, by the, and this
are not greatly altering, the parochial, with,
functioning, alterable, there, too, which a
known, therefore, thought that was expected and
had been here a child for先生, or also to
family situation indulged in the, the inducement to
if, then, become my study, and so
gations, have admitted and advocated the fear of the operation and dubiously have frequently performed it. The history of the attempts of the tendo Achillis is brief. The first authentic suggestion appears to have been made by Théroux of Frankfurt in 1784; although there are some who contend that the initial idea, of curing deformities of the feet by division of the tendon, was known to Hippocrates, but the statement, upon which their opinions are based, is too vague and incorrect to be relied upon with confidence. It is said that veterinary surgeons had long been in the habit of dividing the tendons of deformed members. Leuettaz still preserves the reference from a publication of M. Abé Atligné and Delcœur, "It is long since the practice, of dividing the flexor tendons of the feet in cases of recent inclinations of the members, was adopted, although no one has yet been at the trouble of prescribing rules for performing the operation methodically. Probably the indolence of some and want of success in others have hitherto prevented veterinarians from making known their operative proofs." Thus we perceive that the
operations upon animal sexes have suggested a trial upon the human subject. Next to Whitewall, some Reckwels in Berlin, did not divide the whole tendon, and Tartorino in 1812. Delphe afterwards performed it in 1818. He reported his case, and the editor of a journal, speaking of it, astonished that the author had seriously proposed such an operation. But whether from the difficulties of the case or the same appreciation of its importance he never performed it again, and in the publication upon distorted feet did not even recommend it. To Dr. Louis Ivereigh the merits partly due of having given the operation its proper value. He first performed it on the 25th February 1831, and again on June 12th 1832. This memoir was published in Paris Magazine for 1833. In 1834, he wrote to the editor of the Archives Generale communicating the results of 4 new cases, three of which were successful. In the Medical Chirurgical Review for 1834 (page 572) Sir Johnnie, after publishing the report of Dr. Stromeyer's cases in the Archives Generale, made the following remark. "We give this note-
weir as we find it. We do not pledge ourselves to 4.
the opinions expressed by the author in this fore- 
weight article. In absence of criticism must not be 
considered as actual agent." At the time when 
this operation was brought into notice, the plan 
applied to the treatment of deformity of the foot 
was prepared by means of a roller and apparatus; 
but will be stated by referring to the Lancet of 
1832-3, in which were two articles, one a New Van 
for treating Deformity of the Foot by E. B. Bryan, 
Surgeon Southwark (page 749). Then other is a 
"Clinical Lecture" by Mr. Let Bordeaux, Subyntrin. 
The credit of having performed the operation for 
the first time in this country is awarded by 
Asemeyer to Dr. Detmold of New York, former 
by a surgeon of the royal Hanoverian School; 
but Dr. D yields the priority to Dr. Dickson of 
North Carolina, who operated in 1835, and 
Prof. N. R. Smith of Baltimore who operated 
in 1835. Dr. Thornton, however, of Richmond 
Vie, seems to have divided a tendon of club 
foot, as early as 1814. The evidence proving are 
derived from his day-book, in which he charges
Mr. Walker, a carpenter of Richmond, for an operation on child for club foot, by dividing the tendon of the tibialis anticus; the foot having returned to its natural position. The next under order of Prof. Smith and Dr. Dernedt who have divided the tendon Achilles in one hundred and sixty-three cases. Afterwards it was performed by Dr. George W. Norris, one of the surgeons of the New Hospital, and next under order by Dr. Mattei, who reports in his work, twenty-eight cases operated on. The operation since has been frequently performed by surgeons in different parts of this country. Mr. Volpeau, in a recent discussion at the Royal Academy on the etiology of this deformity, alludes to the great success which has attended the operation of dividing the tendon Achilles. He states that upwards of 500 cases have been treated in this manner, and that, almost all of them have been cured very quickly and without the least accident. Mr. Duval has operated at least 200 times, Dieffenbach, of Berlin, has often, and Mr. Duval Beurier, sen. in a number of instances, in all with complete success. I regard
therefore he says this operation as a veritable one 6 quite in surgery.

Cause.

Mr. Guerin, whose orthopaedic labours have greatly distinguished him, lately read before the Royal Academy of Sciences, a paper relative to the etiolo

gy of club feet. The main object of the author is, to show that muscular contraction is the immediate cause of the deformity; and that this contraction is always connected with and doubtless owing to, a disorder in some part of the nervous centres. He

founds his belief upon an examination of an immense number of monstrous and deformed foetuses, and assures us that he has been able to follow the step by step, the relation between the muscular contrac

tions and existence of disease in the cerebrospi

nal axis, from a mere spot of morbid alteration at one point, to the complete destruction of the brain and spinal marrow. The primary seat of the mischief, is therefore to be found in a disease of the nervous centres; a spasmodic and perma

nent shortening of the muscles, whose nerves are derived from the diseased part is the consequenc,
and in this manner a deformity more or less considerable is gradually induced and established. That the deformity is really owing to the cause which we have more mentioned, is made evident by an attentive examination of a case of a case of club foot. We find that the muscles of the affected leg, especially of the gastrocnemii, have undergone a complete change. The calf of the leg is found to be flattened, shortened and very prominent, with hard resisting edges. They are always observed twisted and atrophied in comparison with the other muscles of the leg. With regard to genuine congenital club feet, Dr. Quenin remarks that it proceeds from no other cause than convulsive muscular contraction. The pressure of the parietes of the uterus on the fetus, appears, he says, to produce a deformity of the limbs and feet similar to, but not identical with club feet. Dr. Johnson also inclines to the same opinion. We know the says that various distortions of the extremities including that of club feet, are brought on by dentition and other causes of nervous irritation. Then appears to have been considerable discussion at the Royal Academy at Paris,
which was participated in by the most eminent of the faculty. It arose from the reading of a paper by Mr. Martin, wherein he endeavored to prove, that in, or almost all cases of club foot are attributable to the compression of the parietes of the uterus on the foot of the infant during gestation; and that this undue compression is owing to the deficiency of the amniotic fluid. Mr. Cruveilhier was appointed by the Academy to report upon this paper; and his report expressed a concurrence of opinion with the view proposed by Mr. Martin. Mr. Vulpian canvassed the subject at considerable length, and while he admitted that the compression of the uterine parietes must possibly be so great sometimes as to cause a deformity of the limbs, concluded by stating that he was inclined to seek for another explanation in some affection of the nerves supplying the foot, or that part of the nervous centre from which these nerves proceed.

Mr. Breuer, having endeavored to prove that club foot, as well as most other congenital deformities, are to be attributed to an arrest of the normal development of the affected part, Mr. Cruveilhier arose to express his disapproval from his favorite doctrine, at least in a great num-
number of cases which are often adduced as confirmation of its truth; and proceeded at some length to advocate that doctrine, which refers it to compression by the utricle, paraurethra. In looking over Beale on deformities, I find in his article of club foot (page 9), the following opinion expressed, after having reviewed the sentiments of G r a v e i l l e i r . "It appears more reasonable to refer all such defects to some original vice in the primitive formation, the result of which, in some instances, may have been increased by peculiarities of attitude in the uterum. The great variety of form in club foot renders this supposition probable. The many by met with any two cases exactly similar, which also accounts for the discrepancies of opinion among those who have detailed descriptions of these parts." I shall content myself with having enumerated the opinions of the most eminent partizans of the respective theories, at the same time candidly expressing my preference for that, which attributes this deformity to muscular contraction.

Varieties.

Authors have generally divided pes equinum into three varieties. In the first, there is but little deformity of the
part. The heel is but slightly elevated from the ground, and seems to be raised by the contraction of the muscles inserted into the calcaneus. In the second variety, there is still greater retraction of the heel with a contraction of the plantar aponeurosis in a slight degree. The member is bent upon itself, the dorsum anconeum owing to a subluxation of the astragaloid bone. The toes receive the weight of the body and become deformed from constant exercise. In the third variety, the heel is very much elevated from the ground so as to be scarcely visible. The foot forms a straight line with the leg and rests upon the end of the toes which yield whenever the patient attempts to walk, so that the weight is received on the outer or inner edge of the foot. The dorsum is more convex than natural, and the plantar aponeurosis generally contracted. Then is another form described by Blatter. The boy was born with a paraplegia of the right foot, of the third degree, which had been neglected when he began to walk. The toes turned directly backwards so as to bring the dorsum of the foot upon the earth. The foot was much contracted, and the plantar fascia very strong. The parts which received the weight of the body were...
covered with a brown membrane; the muscles were rigid, and the leg wasted.

Means of Cure.

The means, which have been proposed for the cure of pes equinum, consist either in the enlarging or section of the tendon. The first variety may be cured in a short time by a properly constructed apparatus such as that used by Dr. Neusser, which consists of a foot board with holes for the attachment of the strings of a garter and leg irons which extend to the knee. This apparatus will enable us to treat successfully the milder forms of pes equinum in very young subjects; but in those more advanced, it will be a judicious course and expedite greatly the cure if the tendon be at once divided. I refer with pleasure to a treatise on the nature of Club Foot and analogous distortions, including their treatment both with and without surgical operation, by W. Littel, M.D. I shall make very liberal use of Dr. Little's opinions on the manner in which we should perform the section of the tendon as they advocate with very few exceptions the views I entertain upon the subject. He performs the operation thus: The pa-
tient being seated, an assistant supports the knee, while 12 another, drawing downward, the patient's foot with his left hand, and pressing upwards the toes and front of the foot with his right, produces the necessary tension in the tendon proposed to be divided. The operator, after feeling the outline of the tendon with his left fore finger and thumb, passes the bistouri through the skin one or two fingers breadth above the internal malleolus, with one of its sides turned towards the tendon, and the other directed towards the deeper muscles and ligaments, vessels, and nerves. On being satisfied that the point of the knife has passed the external edge of the tendon and has nearly reached the shin on the opposite side, the knife is turned so as to bring the cutting edge to press against the anterior surface of the tendon, which is then divided by the action of withdrawing the knife from the limb and commonly by a single stroke. The complete division of the tendon is known by the immediate separation of the tense resistance, by hearing a distinct snap, and by feeling, before the knife is wholly withdrawn, that nothing remains uncut except the flaccid integuments. The operation does not
as usually not more than a single drop of blood is effused. The division of the tendon of the posterior tibial muscle is best accomplished at the distance of two or three fingers breadth above and behind the internal malleolus. The point of a strong and straight bistoury should be introduced through the skin at the outer edge of the tendon and passed between it and the tendon of the long flexor of the great toe directed towards the tibia. As soon as the knife reaches the bone, the handle should be depressed outwardly and the point carried internally beneath the posterior tibial tendon and continued outwardly until the surgeon is satisfied that the point has passed beyond the inner edge of the tendon. He may then feel that he has the tendon upon the edge of the knife, where by a few slight cutting motions he may divide it without difficulty. No snapping sound, similar to that which follows the division of the tendo Achillis, is heard when the section of the posterior tibial tendon is accomplished; as the fibrous fibers of the muscle take their origin towards the internal malleolus, that they prevent the
occurrence of any considerable retraction of the superficial
peroneal end of the tendons. The most favourable situation
for dividing the tendons of the tibialis anterior and
plantaris longus pollicis muscles are, where the former lies
in front of the ankle joint, and where the latter
is felt most prominently in the sole of the foot in those
cases where division is required. The manner of divi-
sing each of these tendons, is to pass the point of a
knife through the integuments and then with
great care beneath the tendons, avoiding to carry the
knife further than is absolutely necessary, and di-
siding the from within outwards in order not to
endanger any of the neighbouring structures. The re-
cord of these muscles, as their tendons being divided,
is distinctly felt and heard. If they be carelessly
divided, as behind incorrect or injuring the poste-
rior tibial, anterior tibial, internal plantar arter-
ies, or any of the nerves. The wounds made in the
integuments are extremely small and unite by ad-
hesions, consequently all chance of suppuration and
swelling is avoided. After either of these operations,
a strip or two of sticking plaster and a wooden or
pattapaper splint intended to keep the foot in a sta-
formed positions, are to be applied. The apparatus to which Dr. Little refers for the necessary extension of the limb, is the foot board invented by Larrey, and another apparatus constructed in some respects upon the principle of that described, and represented by Lacerpa in his work upon the causes of these deformities. Dr. Little remarks, that the original instrument of Lacerpa, although highly valuable in affording one of the principles upon which a correctly adjusted and efficacious instrument for the cure of these contractions must be made, was entirely defective in providing means for drawing the heel downwards. This Lacerpa anticipated would gradually take place when the patient walked, the tendency of the toes to turn inwards being at the same time obviated, and the foot main-
tained entirely in a favourable position by his appa-
atus. Ermeyer added several improvements to Lacer-
pal's instrument, from which, in addition to nu-
merous private suggestions from him, and Dr. Little's own experience, he has profited by a different adapta-
tion of the screw to act upon the ankle joint, and by altering the arrangement of the straps. The mode of applying Ermeyer's foot board and his own appara-
Dr. Little explains by referring to an examination of his plate. After the healing of the wound, he recommends great caution in the mode of applying extensions. The limb should be protected from friction and undue pressure, by the application of an elastic cotton web bandage, and by filling up with wadding these inequalities of the surface of the tarsi, which arise, in many instances, from unequal projection of the bones. In many cases, says Dr. Little, the slightest pressure exerted by the instrument, will suffice to overcome the deformity without producing pain, provided attention be daily paid and the cramps and straps be tightened whenever they become loosened by the progress which the foot makes in the required direction. In other subjects, where the resistance is greater, more pressure is required, accompanied by a greater of pain; but the surgeon must not always expect to restore the foot rapidly to its natural position, nor must he proceed with any thing but gentleness and caution. He must avoid so far as can possibly be done, the production of excoriations, blisters, or any other operation which might seriously retard or all together prevent the success of the operation. Occasionally the pain in the foot produced by the pressure requi-
site, to bend the ankle it intolerable. Dr Little observed: "I can well appreciate the amount of suffering thus occasioned, having experienced it to a great degree in my own case. After witnessing in many patients the distressing pain felt in the sole of the foot, when the form of the bones or corners caused particular parts of the sole to be disproportionately compressed, about two years since at the suggestion of Mr Robert Darcy Diamond Jr. I placed an air cushion between the sole of the foot and the foot piece of the apparatus, in order to produce an equal distribution of pressure over the whole of the sole. The pain was instantaneously relieved, and I am indebted to the use of the air cushion, for the comparatively little pain with which the cure of numerous cases has been attended." I have given gentlemen somewhat at length, the opinions of Dr Little, because I can find no more treatise sentiments, which are so reasonably based upon clear deductions from well attested facts. I beg leave now, briefly to recommend to your notice an apparatus exceedingly simple in construction, and admirably adapted to the purpose for which it is designed. It was first suggested by my friend and preceptor Dr Thos. H. Buchler to a Shoemaker of this
city, upon whose daughter he was then about to operate. The Dr. was attending another member of this gentleman's family, and happening accidentally to see the girl passing through the house, was at once struck with the deformity and fortunately remarked to her father that there was a simple and easy method of cure. He proposed an examination, which was readily assented to. It proved to be a congenital pes equinus of the second variety, the heel being elevated four or five inches from the ground, the dorsum of the foot considerably arched, and the gastrocnemius muscles somewhat atrophied. Not having the apparatus in ordinary use at hand, it was proposed simply to plane two small pieces of board; to make one piece extend from the bottom of the heel to within two or three inches of the popliteal cavity, and the other the length of the foot. The angle formed by their junction, was smooth by excoriated for the comfortable reception of the heel, and a piece of leather semilunar in shape, tacked on each side for the purpose of retaining the heel in its proper position. The operation was now commenced by making an incision in the skin parallel with the
tendon and afterwards the transverse section. Thoroughly de
retracted with its characteristic snap, and the kid
came down at least an inch. This simple apparatus
was then applied, cotton in some places being interposed
to prevent excoriations. A pliant roller was passed from
the foot to the knee and the patient left to repose. Every
thing went on in the most satisfactory manner. She com-
plained of but little pain and that chiefly confined to
the instep; the external wound healed kindly, and in
the course of four weeks we had the pleasure of seeing
her walk with a foot natural in appearance and af-
ter a little while perfect in use. It has since been ap-
plied in two instances with equally as favourable ter-
minations as the case I have just detailed. In the a-
verage number of cases of club foot, whether congenital
or otherwise, two or three weeks elapse after the opera-
tion before sufficient bending of the joint is obtained;
after the expiration of another fortnight the greater part
of the tenderness of the ankle joint produced by the
stretching of the ligaments subsides. By this time, the
amoeba of the tendon has acquired sufficient firmness to
allow of walking and exercise in the open air. Some
time elapses before the gait of the individual gains the
ultimate perfection of which it is susceptible. Children advance more slowly in this respect than adults, as they limp if they feel the least uneasiness, and cannot take so much pain with their manner of walking. There are many adults who, within two months after the performance of the operation, can walk several miles and have but little appearance of lameness. Dr. Little had a very bad case of congenital club foot which was under treatment nine months; but in the plurality of cases, a case is generally effected in five or six weeks. With these remarks I take leave of the subject respectfully subscribing myself

Your obedient servant

Edward A. Warren.
An Inaugural dissertation on Syphilis,
Submitted before the Provost, Regents, and Faculty of Physician
of the University of Maryland,
for the Degree of Doctor of Medicine,
by John C. Garner,
of St. Mary's County,
Maryland.
1841 - 2.
Syphilis. (Congers — )

The origin of this disease is still involved in much obscurity. Some writers believe that it originated at the siege of Naples, while others contend that it was introduced into Europe by Columbus' men after the discovery of the New World; others, again, among whom may be found Masper Becket, S. Boll, and Dr. Swediauer, maintain the opinion that the disease was well known upon the Old Continent and that it prevailed among the Jews, Greeks, and Romans long before the discovery of America. Even as far back as the days of Bacchus the disease seems to have been known, who ascribed it to the different constitutions of heaven and stars, which but seldom happen, but may effect great matters when they do coincide.
The canvassing of these opinions were of little benefit to science or to the management of the disease; the next is a point of some practical importance, viz whether there is or is not any material difference in the character of the two diseases, Syphilis and Gonorrhea? Until late in the eighteenth century, the character of the two diseases were considered as radically distinct, but the experiments of Dr. John Hunter, Guthrie, Lagneau and others induced those gentlemen to establish an hypothesis which more modern experience is acknowledged to have subverted. The result of their experiments go to prove that ulcers will arise on the penis from gonorrhea, that gonorrhea will in its turn be caused by the matter of these ulcers,
nach den Klassiker gedacht und von der Dichtung hergeleitet.

Die Grundlagen aller Theatergeschichte sind in der Grundform der Dramaturgie.

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and that both occur in consequence of unclean or promiscuous intercourse. That many of the ulcers produced in this manner will occasionally assume every character of ulcer and cannot be distinguished from it. This variety Mr. Guthrie says is capable of producing constitutional effects and can be cured without mercury. This, I conceive, is the syphilitic disease or the pseudo-syphilis of authors, of which I shall treat; firstly, because I conceive the diagnosis of the two diseases to be exceedingly obscure and fallacious; secondly, if such be the nature of those ulcers as described by some writers, they will not come within the pale of treatment for syphilis as it is either honourable or another disease, and thirdly, because the existence of such a disease has if not been questioned strongly denied by some whose opinions I should can be disposed to treat with the highest deference. Yet common sense be the authority addressed in support of the affirmative of
this question, I have little hesitation in saying that the doctrines of those who deny the identity of these diseases, I consider, to be more plausible and certainly more beneficial to the cure of syphilis, and I should even be disposed to treat them with a corresponding distinction.

Syphilis, on the other hand, takes its origin from an uncleansed and promiscuous intercourse between the sexes, and like the fabled Nemesis seems to require for the good derived from such amusement by effects which sometimes present the most melancholy appearance in all suffering humanity. It most generally also demands for the infliction of its loathsome cancer the "bud and bloom" of youth, since it is at that period of life, the passions which are the remote causes of the disease are more particularly alive. It is supposed to arise from a specific morbid poison which, when applied to the human body, has the power of propagating or
multiply it self and is capable of acting both locally and constitutionally. Locally in those parts only to which it is first applied and constitutionally in consequence of its absorption. As regards the length of time it requires for the poison to manifest its effect, after it has been conveyed to its victim, there is no definite period. Five or six days after impure contact is generally sufficient to develop its effects, and but often it requires several weeks, and indeed it is said that those effects may arise two months after the venereal cooperation.

The first symptom of the disease is that of an ulcer or chancre, which usually begins with a slight redness or inflammation on some part of the genital organs, which is accompanied also with a pruritus or itching. Soon a simple or small abscess is formed, filled with pus which upon bursting leaves an ulcer of a circular shape, somewhat excavated, the edge of which are most generally abrupt and hard end.
base of the ulna sometimes becomes, Thicken, thereby converting parts to some extent into a tumour which may be elevated with the fingers, and feels like a hard, movable, subcutaneous body. These changes usually make their appearance in men upon the glans penis, the frenum, the orifice of the urethra, and sometimes also on the scrotum and thighs. In women they generally affect the labia, the symphysis, the clitoris, more venous, the greater vestibular glands, and sometimes also the perineum and thighs. The venereal virus is sometimes arrested by the lymphatic glands within the groins, but these glands which in this disease may be compared to sentinels for this enemy of human health, sometime, suffer, if I may use the expression, the enemy to escape — the venereal virus is taken into the circulatory fluids and thereby perpetrates its constitutional injuries. These constitutional effects are most generally manifested by morbid appearances,
on the skin, such as eruptions, which appear in distinct circular patches, slightly elevated above the surrounding skin, and covered with thin, whitish, lacy scales which are easily separated—leaving smooth, shining, copper-colored blotches. Sometimes, however, the first symptoms of constitutional disorder appear in the throat and mouth, or both of those symptoms may be sometimes seen in the same patient. The throat becomes ulcerated about the tonsils and soft palate without much previous manifestation of inflammation, and with but little pain or swelling. As the disease advances, it seize upon the deep-seated parts, and the bones, fascia, ligaments &c. are frequently sacrificed to its powerful ravaging influence. The most superficial bones are generally selected by the disease as the clavicle, sternum and cranium, which last frequently presents the appearance of worm-eaten wood. As the ulcerative advance in the throat
one or both tonsils, the uvula, columna palate, membranous part of the Eustachian tube and even the glottis may be entirely destroyed, giving rise to permanent deafness and incessant cough and endangering the patient's life from suffocation by permitting solids and fluids freely to enter the larynx. (Gibson)

Sometimes the disease travels along the Schneiderian membrane, undermining the septum and cartilaginous portions of the nose, seizes hold of the pericartium, which is eventually destroyed, thereby rendering the bony structure cavernous which crumbles away, and then the features become horribly deformed. The breath becomes most offensive, and there is sometimes a mucous discharge being continually distilled into the nose and mouth. The voice too is irrecoverably lost, and the patient whilst he presents his disgust presents also an aspect which appeals strongly to the tender sympathies of our nature; indeed he may at this stage of the disease, be said to meet only
death along the path of life.

The first evidence of its approach towards the system is an enlargement of one or more of the lymphatic glands situated in the groins, constituting what is known by the name of Bubos. The lobe resulting from bubos being opened or spontaneously bursting are exactly similar to a chancre in their nature and effect, the only difference being in regard to size. "This general inflammation," says Dr. Gibson, "seldom arises from a chronic chancre but usually make its appearance soon after the chancre is established. It is more apt to follow an ulcer on the prepuce or foreskin than one situated on the glans penis." They sometimes remain stationary for a week, frequently however after assuming a bright scarlet hue and much tumefaction attended with great pain and in suppuration, which is sometimes very extensive.

Another disposition induced by the occurrence
of chancres is that to excrescences, or cutaneous
 tumors called warts. These are considered
 by some not simply as a consequence of venereal
 poison, but as proper to its specific disposition.
 They arise by a small neck or pedicle and
 expand mushroom-like at their apex, are
 exceedingly painful and bleed on the slightest
 touch, which is a characteristic distinction
 between these and the Common warts, which
 possess titles of no sensibility. When the
disease attacks the bone, solid enlarge-
ments are produced, which, when they have
 existed for any length of time, become a
 source of much annoyance to the patient.
 These bony enlargements are generally described
 under the name of nodes. These nodes
 are situated on the skull, both laminae
 of bone are perforated with numerous
 holes, a fine specimen of which may
 be now seen in the Anatomical Museum
 of this University. A great enlargement
 and thickening of bones are often found in
 patients who have suffered long under
The venereal or the abuse of mercury. Atrophy or falling off of the hair is another symptom which accompanies the worst forms of Syphilis.

This disease is sometimes also communicated to the foetus in utero, though in what manner is a question not yet elucidated. An universal disquamation of the cutis, a loose, squaking voice, copper-colored blotches, scaly, cutaneous eruption, and a putrefactive redness of the anus are generally laid down as characteristic features of this being communicated in this manner. Children may also acquire this disease from the nipples of nurses labouring under it, and according to some children having received the disease from their parents, can in this turn convey the poison to the nurse.

System by means of those glands—Pharynx and parapharynx are also troublesome symptoms in this disease.

&c. &c. &c.
Treatment of Syphilis

Owing to the great diversity of opinions of practitioners on this subject, it was difficult to speak confidently as regards any proper mode of treating Syphilis. Many have studied with labour, minute the different varieties of primary ulcers and the conclusions deduced from their disquisitions have been such as to establish an hypothesis which must confound be very fallacious. They maintain that there are certain ulcers the offspring of impure parts characterized by certain external appearances, in the case of which mercury would be inadmissible and highly detrimental, and they sparingly admit, there are certain other varieties in which a moderate use of this mineral would be as certainly beneficial. Dr. Jenner observes ‘we are not in the possession of the knowledge of any invariable characteristic symptoms by which to discriminate the real nature of the primary doc, and we are equally at a loss in many of the secondary symptoms.}
I am aware that some practitioners have assumed to themselves the profession of a 'tactis entitus' by which they can at once distinguish a
Chancere or venereal ulcer or eruption in which Mercury is inadmissible, from one of a different nature, but I have seen too many instances of self-deception to give them all the credit they lay claim to. This high authority would be sufficient
I conceive to justify any conclusion of my belief in the same; that Chancere have no determinate external character, they are exceedingly diversified in their appearance, and absolutely cannot be distinguished by their mere look, from those which are of a common, or at least a very different nature.

Among the anti-venereal practitioners, in the first stage of syphilitic ulcers may be found the gentleman whose opinion I have cited above. The forbids the use of Mercury at first, treating it as if it were a simple ulceration by cleansing, rest and
abstinence, and applying to it the most simple and mildest dressings. If the sore did not put on a healing appearance in a reasonable time, the extent of which must depend upon the circumstances of the patient, he would make use of more active agents.

We admit with Dryden that a change might frequently be cured with external applications, and that as we know from experience, its urine is not always absorbed, the cure might in a few instances prove permanent, but we can never know with certainty whether this would happen or not, while in the greater proportion of cases there would be reasons to suppose that absorption would take place. This, as Prof. Potter remarked when lecturing on this subject, would only be "ignis ex eis eis suppostis." The dislike of bleeding in the cure of this disease seems to be unfounded. When it is carefully employed it is certainly the surest mean of success, but when indiscriminately and
profusely used, like most other remedies, it is oft to leave its own evils for the
demon which it destines to destroy.

The treatment then may be ushered in with
an administration of the mildest preparation
of mercury—the blue Knap, in the dose
of four or five grains daily, applying
in the mean time to the ulcers, what
Mr. Hadzi recommends—macerated linings.

Of these a solution of the Hydrarg. Biellox,
in the proportion of one grain to the ounce
of water, is probably the best, unless the
ulcer be indolent, in which case the Ung.
Hydrarg. Distill. as being more stimulating
is probably preferable. The patient in the
mean time should be at rest and the
mildest articles of diet be prescribed. The
Hydrarg. Prot. Chlor. or calomel is preferred
by some to the blue Knap, the best for
mula for which, as being more capable
of speedily arresting the effects of the remedy
is probably that used by the late Prof.
Baker in almost every case that file
under his protection in the Baltimore Infirmary
of Dr. Hyndman, Post-Graduate of
P.S. Carey — Post-
Dispens — " v. B.C.

Pills. 100 x x

Three of these pills were administered daily
with signal efficacy. The effects were
prompt and seldom failed to produce, what
is necessary in the cure of this disease,—
slight styphism which should be moderately
kept up, until a change is induced in
the character of the slem. The Bi-chlor.

d of mercury has also been used in this disease
when other preparations of mercury failed
to produce the desired effect. It may
be administered in the dose of 1/6 part
of grain three times daily.

With respect to Chancre in woman
the ulceration is more likely to spread
in consequence of the surface on which
the ulcer are liable to form being
much larger. Mr. Hunter remarks that
the matter from these sores is apt to run
the perineum to the anus and excoriate the parts especially about the anus where the skin is thin and where chancre may be thus occasioned. Mercurial solutions are recommended similar to those used for men. When the ulcers extend into the vagina, this passage should be kept from becoming contracted or closed by the introduction of lint. The Luna, Caustic and Caustic Potash are generally applied to the hardened edges of a chancre, which after the system has been used the influence of mercury are of the best means for the cure of syphilis, but prior to the use of mercury their application is said to be productive of mischief by producing laceration which they inflict. When there are ulcers in the throat such an application is of unquestionable benefit in promoting the healing of the ulcers. In due proportion of Calomel and lime water is one of the best
Application to chancre and to bubo after suppuration has taken place. 

A bubo becomes sometimes the most troublesome symptom appertaining to the disease owing to the immense suppuration which sometimes takes place from them. If the bubo be only in an inflamed state, an attempt should be made to resolve the swelling, for which purpose the Camphorated Mercureic ointment is probably the best application. Iodine (in ointment and tincture) has been used to resolve the swelling in bubos but I should not think its application would be salutary where the tumours were very sensitive and they a disposition to suppuration; if the tumours be stationary as they sometimes are, Iodine may be used with some advantage. Cold application are also applied to bubos for this purpose but often despite all our endeavours to prevent suppuration we find it the inevitable result. The propriety of the attempt however to subdue the inflammation depends
on the progress the disease has made. If
the bubo be large and suppurative appear
near at hand, resolution is not likely to be
affected. When suppuration has taken place
there is not much probability of any success
attending the endeavour which now may
only retard the suppurative and protract
the cure. If the Tumour burst not soon,
and spate, exit should be given to the
accumulating pus with the knife, and
cataplasms of bread and milk be ap-
plied. It should be forgotten, however that
a mercurial impregnation should be kept
alive in the system so long as the bubo
suppurative, both with a view to make
the bubo heal and prevent the bad
effects which might otherwise arise from
the matter being absorbed.
The black wask is also recommended for
bubos. When they become stationary and are
inclined to spread attended with sinuses the
cincta with wask may be used both
internally and externally.
In the secondary forms of this disease if mercury did not prove its good effects, I would suspend its use and resort to other remedies. Before however I bidgading farewell to mercury I should have spoken of the Plummers' Pile which has been used by one in Baltimore Informa whose interference is alone sufficient to entitle it to the highest respect. The formula for this Pile is herewith inserted:

Eum. Guina i

Ac Sulph. Atimon. i

(White Sulphur)

This pile is to be administered three daily in the secondary form of the disease. It is said to be particularly beneficial in that form characterized by eruption on the cuticle. The introduct of mercury is also used by many practitioners in the case of syphilis and the solution of iodine as prepared by Dr. Lugol which is particularly efficacious when the disease is present on a strumous habi
Potassium of gold is also used in the cure of syphilis and is said to be highly efficacious. Sarsaparilla and quinine in the form of ptisans are powerful auxiliaries in the cure of the disease also.

As regards the treatment of the wart, or exompholy, the same treatment may be followed internally as is applicable to other forms of the disease. The wart may be removed by a sharp pair of scissors or bistoury and then fixed with pledge of lint confined by means of small adhesive straps.

For the cure of venereal nodes, when not attended with much febrile irritation, the popular says to Euclid, no remedy more frequently successful than arsenic. For this purpose from ten to twenty drops of the Fowler's solution may be given twice or three a day. Pistis are said to aid materially in dispersing the nodes.
I have now written, in a cursory and very imperfect manner, of the application of various remedies to the case of syphilis which when made in time is as certain to succeed as most other remedies of the materia medica recommended in the treatment of various diseases, yet often this powerful disease is suffered to run its course unretouched until the system becomes shattered. It is then that we are frequently called upon to prescribe when "like the voice of the moralist to the heart" our remedies are added to the system too late and the disease as a sword reposing in its sheath gradually wears out its frail and corroded tenement of clay.
An Inaugural Dissertation on Neuralgia
Submitted to the consideration of the Provost, Regents, and Faculty of the University of Maryland, for the degree of Doctor of Medicine

by
Hattensby Worthington of Maryland

March 1841
To

George S. Gibson M.D.

As a grateful acknowledgement of many favors,
this Thesis is most respectfully dedicated by

His pupil,

The Author
Neuralgia

This word, from νευρόν, nervus, et alga, dolor, is very expressive of the seat and prominent symptom of a disease, which, by its increasing frequency of late, has forced itself upon the attention of physicians. From the violence of its paroxysms, its difficult pathology, and consequent uncertain treatment, there are few complaints which could have more claim to our attention; occurring as it does, most frequently in that sex, who, though as physicians we should regard neither sex or condition in our ministration of relief, demands our strongest sympathies as a man.

It would appear from the silence of the older writers on this subject, that the disease was altogether unknown to them; or, we are led to infer, that they paid no attention to it, or rather, that it is difficult to suppose, that pains so agonizing should failed to have arrested the attention of medical men.

Dr. Tothegill, who was the first to write ex professo on this complaint, says, that he "only met with about 14 cases in the course of his observation." It should be remembered, however, that he only speaks of the disease, as attacking the face, whilst
later, and more extended observation, has shown it to be confined to no particular part of the body. It appears to me not improbable, that many cases of neuralgia, were formerly treated as rheumatism, especially, under the name of nervous rheumatism. Indeed several cases of this kind might be pointed out, in the work of Dr. Leesmore; and, even the observant Armstrong, has confounded the two. He says, "Sometimes it — rheumatism — distinctly follows the course of the nerves, existing either in the sheath or in the substance of the nerves, or in both."* We are to look for the principal cause of this confounding the two diseases in the blind servility of men to the opinions of nosologists. These were the bright fixed stars, around which, the lesser luminaries of science revolved, as centres, borrowing all their light, and not daring to wander without their accustomed path. Being a disease whose chief characteristic was violent pain in the external parts, in the seat of the muscles, the only nosological head under which they could clas it was that of rheumatism; and thus, yielding up their own free thoughts and judgement to the opinions of others, they spent that time in vain.
endeavors to find a specific for rheumatism, which should have been given to the investigation of the cause of the complaint, to which they directed their remedies. But the investigating spirit of the nineteenth century has given a new and more philosophical direction to their pursuit of medicine. Men no longer content satisfied with the ipse dixit of physicians and teachers, but desire to draw their own conclusions from facts revealed by the knife of the operator, in conjunction with the clinical observation of disease. And, if the class of nervous disorders have, as yet, in a great degree, defied the scrutiny of their research, that which has been done gives great encouragement to the hope, that something more is still to be revealed.

To this disease, Sauvages, gave the name of trismus dolorificus, and the French term tic doloureux, is still vulgarly applied to the disease, more particularly, when seated in the face; but the term tic is here without application, in most cases; for, spasm is by no means a constant concomitant. Dr. Fothergill headed his paper, with the title "Of a painful affection of the face." The present term, mea-
palgia, it is believed was given it first by Meglin of Trow-
burg. Dr. Good's classification includes three varie-
ties—\_r. faeci, \_r. pedis, \_r. mammame, according
to the part affected. The usefulness of any clas-
fication has already been hinted at, for, it is now
known to be confined to no particular nerve, or
set of nerves. Indeed some late writers, as Teale and
others, do not confine the term neuroalgia, "to af-
fections of the nerves attended by pain," but also
apply it to certain internal disorders, not attend-
ed with pain. Its most frequent point of attack
is the face, in the seventh, and fifth pairs of nerves.
When attacking the second or third branches of the
fifth pair, it is liable to be mistaken for tooth-
ache; and many a fine tooth has been lost, un-
der a false perception of its nature. The nerves
of the extremities are frequently the seat of the com-
plaint; the breasts of females, constituting the
third variety of Dr. Good. The internal organs as
liable to be affected, as external; the abdominal
viscera, the stomach, intestines, etc.; the uterus;
and Mr. Aviale says, the urethra is sometimes af-
fected. Stumps after amputation.
Symptoms: The symptoms indicative of this disease, as far as the sensations of the patient are concerned, are of a violence unsurpassed by those of any other complaint. Its paroxysms come on with attacks of the most excruciating pain in the situation of the nerves, either running along the course of the nerve, or stationary at its extremity. The pain, at times of a violence to cause the patient scream in the agony of his sufferings, and even, in the language of a sufferer, "to draw tears as hot as water from the fire." The feeling is sometimes as though cold water were trickling over the part; again, there is a tingling sensation, or as though something were creeping over the skin. The more acute symptoms are as if so many needles were piercing to the very bone, with a sense of muscular sourness of a degree to render the lightest touch intolerable; again, there is a dull, gnawing, grinding sensation—a feeling which a patient described to me, by comparing it to what might be imagined as the sensation "of a log of wood much eaten by the worms," or "as though something were pricking the very bone, and never would get the instrument fairly inserted." These paroxysms, in some, come and go with the rapidity of electricity, attacking with shocks of momentary dura-
tion, successively for a longer or shorter period, and then going off, and leaving the patient free from pain, until a recurrence of the paroxysms which in some individuals is strictly periodic. But these intervals of remission, and this periodicity, are only to be found in the early cases; for after it has been of some standing the pain continues unabated throughout the paroxysm, which may last for days, and there are here even temporary exacerbations; whilst in some the pain can hardly be said altogether to disappear between the paroxysms. During the continuance of an attack the patient is susceptible of the slightest imitations, bodily or mental; the least noise, the slightest touch giving excruciating pain; the weight of the bed-clothes is insupportable, and even the accidental touch of some one pushing the bed will cause him to scream. He cannot bear the slightest motion, and, especially, where the face is affected, to talk is but to aggravate the pain. These violent symptoms subsiding, leave the patient, sometimes free from pain, but in others a state of great nervous irritability follows, frequently a weak debilitated state, with an apathy to every surrounding object, deprived alike of any affection for friends or family.
These symptoms are mostly confined to one nerve and its branches; in others, several nerves may be the seat of disease; whilst, in one case, of which I am cognizant, the whole left half of the body is liable to the pains. This case, which is one of very great interest, I shall detail in extenso, farther on. Several interesting cases of this description, are given, in the work on spinal irritation by the Prof. Griffin, of which there is an extended critique in Vol. XXVI of the Medical-Chirurgical Review. But I have already stated, that the term neuralgia is not now confined to its literal meaning, but that other nervous disorders, not attended with pain, are included under this name. It has now been found, that many of these internal disorders, which take on such Protean aspects, resembling inflammatory disease, yet exasperated by bleeding, which simulate spasm, yet defy opiate.* Griffin uses affections of the nervous system, resembling and in fact synonymous with external neuralgia. To notice all these complications would extend my thesis to an unpardonable limit. I shall detail but one such case, which has been to me of no inconsiderable interest.

Miss—had been subject, from the age of nine years
violent headaches, accompanied with vomiting, occurring about once in every fortnight, and continuing for fifteen or twenty hours. At about 14, these headaches assumed more of a nervous character, not being accompanied by vomiting. She had been for some time previous to this subject to palpitations of the heart, and an occasional pain in the left side. The palpitation was at first but slight, lasting but a few minutes; it gradually increased and continued much longer. These symptoms continued, the headache becoming more violent, and the palpitations more disturbing in their frequency, until the age of 24, when, the bodily labor, and mental distress, incident to the attendance upon a near relation, in the chiltern, prostrated her nervous energies, to a degree, which they have never since fully recovered from. The following year she was first attacked with the distress in the lower jaw. Her palpitations became still more disturbing, frequently compelling her to lie down, until the "spell" went off; sometimes they were followed by syncope, and, upon several occasions, she was considered as dying by her attendants. After this, neuralgic pains
attacked side, and upper and lower extremity of the left side; to these symptoms are added those of gastralgia. During the paroxysms, her pains affect all these parts, either in conjunction, or successively; now attacking the face, now the side, and again, in a moment, off into a finger or a toe. So frequent have been the attacks of this lady, that she can now foretell, with a degree of certainty, the approach of her "persecutor."

Diagnosis. When occurring in the face or extremities, it is not difficult to distinguish this disease; from rheumatism, it differs in not being accompanied by any swelling, in the suddenness and violence of its attacks, and in its shooting along the course of the nerve. Another symptom, noticed by Mr. Scott, when the disease has been of long standing, is "a tenderness of the nerve," by which "the slightest touch will excite a paroxysm." To these we may add the periodicity of its attacks, in early cases. It is not when the extremities are affected, that the greatest difficulty exists; painful superficial affection of the abdominal and thoracic cavities, noticed by Armstrong and others, as liable to be confounded with internal inflammatory disease, and also many of those
wandering, internal anomalous symptoms, signify the most disturbing organic lesion, are the most difficult of neuroalgia diagnosis. The observations of Segal, of Tarle, of the Griffin, &c. &c. and others, have drawn the attention of medical men, to an almost invariable attendant upon these symptoms, a tenderness on pressure at some portion of the vertebral column, whence the nerves of the part originate. It would be anticipating what we shall have to say of the pathology, to speak farther of this symptom at the present time; we shall therefore leave it, and turn our attention to the causes of neuralgia.

Causes. I think that, in relation to the pathology of this disease, we may, with great propriety, divide the exciting causes into two kinds; first, immediate, or those which act by their direct mechanical irritation upon the nerve, and second, mediate, acting indirectly, through the general system.

Of the first kind of causes, are, the lesion of a nerve, from external violence, disease of the bone, or thickening of the periosteum of bony canal through which nerve passes; not an unfrequent cause of facial neuralgia, lodgment of a foreign body, as a ball on the course of the nerve. The disease from this cause is presented.
in the case of Alby, who was wounded by a ball, which is apparently lodged, among a number of nerves, which go to form the great sciatic. Another cause, somewhat similar to the last is the presence of a tumor, aneurismal or other, on the course of the nerve. An interesting case of this kind was that of Elbe, Nahun Hopkins of this city, who had been for some years afflicted with a complaint simulating lumbago, and also with excruciating neuralgic pains in the sciatic and femoral nerves. These pains were the most violent when standing erect, or in motion; he could not lie down, without being liable to most excruciating pain, and she was frequently obliged to jump out of bed, and to sit in a chair with his body bent forward upon his thighs, in which position he enjoyed comparative ease. The attentions of the most astute of the profession, could afford him no relief; he went through the whole routine of practice for rheumatism and sciatica, without the least benefit. Having died very suddenly, during the last winter, a post mortem examination revealed, at once, the cause of his symptoms and his death, in a large aneurism, near the bifurcation of the aorta.
The irritation of a diseased tooth has produced the disease. There is a case of Dr. Pemberton's, related in some of the journals, in which neuralgia of the infra-orbital branch of the fifth pair, was produced by a bony deposit upon the dura mater, within the skull.

The principal causes of the second variety are sudden changes of weather, a cold damp atmosphere, irritating articles of diet, strong mental emotions of any kind, suspension of some customary discharge, as of the cata
menia, marsh-miasm. To prove the frequent operation of the latter agent, in originating neuralgia, Dr. Black
ish (has written a valuable book: Its effects in this way, has not escaped the eye of Armstrong; he says
"malaria sometimes produces intense pain, either re-
turnig periodically as to the time of return, or peri-
dically as to the time of their duration."

Knowledge of a case of this kind in a lady, residing in Geo. Town D. C., in whom the paroxysms come on daily, at about 9 o'clock in the morning, and con-
tinue, with the most agonizing pain until 11 o'clock.
This lady resided for some time at Greenleaf's point, Washington City, a marshy place, and was there subject to repeated attacks of bilious remittent fever.
account for the pain, noticed by Mr. Hennen as coming on, after a gunshot wound in the proximity of a nerve. A case of the kind we have been considering, familiar to some of the faculty, is that of Mr. Muhl on Hopkins, before detailed.

I cannot coincide with Mr. Scott in the doubts he expresses, as to the capability of these local causes to produce this affection, in a perfectly healthy person, free from any morbid condition or condition of the nervous system. I conceive, that by the continued and repeated action of the ordinary exciting causes, the nerve is brought into a state of predisposition, and finally, of disease, without any necessity of implicating the general nervous system.

Dismissing the consideration of these cases, from my first class of causes, we will turn to the consideration of a more frequent and, in many respects, more unsatisfactory variety of the disease, such as originate from causes acting through the system. In seeking the opinions of authors, on the proximate cause of these cases, we find them divided between attributing it to preternatural vascularity of the membranes or of the nervous substance, or to a functional dis
order of the nerve, whilst, a third party, with perhaps a still greater show of reason, attempt to conciliate both these theories, and find the pathology to consist, in neither the one nor the other theory at all times. There seems to be in all sciences, and in none more than that of medicine, a too great readiness to generalize from a limited number of facts. One pathologist finds upon the dissection of one, two, or a half dozen subjects of a certain disease, certain post mortem appearances, and immediately crying \( \text{\textcopyright} \), publishes to the world the result, and his opinions are received as indisputable, until another man comes forward with a greater number of facts; many of them perhaps 'tortured for the occasion, and thrown into the shade this medecine, and his opinions and rules for this time, sovereign of the ascendant.' How oft, in the history of medicine have we seen this thing repeated, and so it will continue, whilst medical men, too indolent to think and observe for themselves, or to put to the test the facts of authors, suffer themselves to be tricked about, as a foot ball, by every new writer. Indeed, the higher the authority, the closer should our scrutiny be.
The opinion, that the cause of neuralgic consisted in increased vascularity, a vascular action in the neurilema, originated from Dr. Pariy, and has been supported by many able writers in England, and continental Europe. Among the former we may mention Dr. Ivan Ivan Ivan Ivan, whilst on the continent the same opinion, was first advocated by Dr. Vaiti. Andal quotes several cases in which there were signs of previous inflammatory action in the nerves. In a man, who, after running for a long time was attacked with violent pains in the back of both thighs along the course of the sciatic nerve, Dr. Martinet found those nerves not markedly red, enlarged, and firm. "In another, affected with sciatica, he found the nerve of a violet color, with fluid blood interposed between its fasciculi." Dr. Darwin say "I suspect the cause consists in a diseased state of the nerve itself, or of its covering." I have already quoted a sentence from Armstrong, where he speaks of inflammation attacking the nerve, which he calls "rheumatism." A few pages farther on, he says, "it especially attacks the sciatic nerve, and then is called sciatica"; indeed, this is now, almost universally admitted, as the pathology of sciatica, and
This complaint is now classed as one of the neuralgias. When the seat of this inflammation is somewhat superficial, we may detect it by some appearance of redness and an exquisite tenderness on pressure. But, the opinion was perhaps first expressed by Dr. Armstrong, that the disease was not an affection of the nerves of the face, but "a complaint of the brain itself, to which the disease in the face stands in the relation of an effect." He says that this opinion was impressed upon him by the fact, that in all the cases which fell under his eye, the affection of the face was attended and preceded by clear manifestations of cerebral disease: "In a more recent work, he says, when Armstrong in a patient complains of wandering pains, you will in many cases find the origin of them in the brain, or spinal marrow." Mr. Hart, in his work upon "New Lectures on Disease," observes, "the probability is, that the source of irritation is more frequently in a portion of the brain, sometimes in those portions from which the nerves of the face have their immediate origin, and sometimes at the origin of the nerves themselves." Proceeding this last author, the works of Feale, Tate, and the Impey, Griffin had appeared, tracing the origin of
neuralgia, to a condition of the spinal marrow, manifesting itself by tenderness on pressure, at that part of the spine whence the affected nerve originates. What the condition of the spine is, upon which this state depends, is a matter of dispute with writers. Tule is disposed to consider it as depending on inflammation; he thinks it no objection against this opinion, that "inflammation ought to produce disorganization", and cites the instance of chronic ophthalmia, to show that such a result ought not always to follow. He gives, nor could he give, but a few instances of post mortem examinations, to substantiate his doctrine. This disease is so seldom fatal, that we can not often have the experimental crucis of the disector, to test our a priori opinions by; and even should the usual sequela of inflammation escape detection, after death, we are not yet bound to deny the existence of some previous vascular action; the defenders of this doctrine may alike take refuge with the others, behind the minute structure of the nervous matter. We have not yet come to that incontrovertible knowledge of the primary essence of inflammation, as to lay down fixed rules, as to what we should, or should not.
find after death. Even many of those who contend loudest for making neuralgia a disfunctional disorder, speak of it as arising from some minute organic change; but, even, if we are to consider this change to exist in the "ultimate atoms of the nervous matter," we must presuppose some action of the vascular system to produce that change.

Although I am willing and ready to admit that there are many cases of pure functional disorder, yet I believe the cases are not a few which depend on vascular action.

This view of the pathology tends to throw some light upon the connection of many symptoms before difficult to be explained; the occurrence of disordered stomach with facial neuralgia may be attributed to the proximity of the origin of the parasympathetic and fifth and seventh cranial nerves. This tenderness may exist in a small circumscribed space of the spine, in several of the vertebrae, or along the whole length of the cord, according to the extent of suffering; though in the last case it is seldom we find an equal degree of tenderness at all points. The lady, whose case was given in the foregoing
part of this paper, is at all times, even from the contact of her clothes, or the least sudden bending of her body liable to pain in several of the dorsal, and a few of the lumbar vertebrae; but her whole spine is acutely sensible to pressure, and, during a paroxysm she is affected with great soreness in the neck. In this case, although this spinal tenderness is always present, the patient is by no means, inconstant suffering from neuralgic pain; and, the same thing pertains to another case, which has come under my notice. This would therefore seem to stand in the relation of a constant predisposing cause, rendering the part more liable to the action of the exciting agents; but under the influence of those in question, we find the local tenderness increased, at least such is the occurrence in the above cases. It was noticed by the Meigs Griffin that this spinal tenderness is sometimes itself "symptomatic of other irritation, as intestinal, dental &c. But" they show "even in many of these cases, especially when existing for any length of time, the spinal affection becomes a serious and absolute disorder, acting on and increasing the disorder which gave it existence, or producing
a new train of symptoms proper to itself?"

Although my remarks, I say, may seem to warrant the belief that I contend for, what may be called, the vascular theory, exclusively; yet I wish not so to be understood. As limited as is our knowledge of the physiology of the nervous system, and, consequently, of its diseased actions, we are not prepared to say how far it may be disordered in its functions, without organic change; such disorders we daily see. But there is one fact to be kept in view, the connection of excitability of the nerves with general or local debility, a condition depriving the parts of the power to resist morbid influences. Yet we should not be too hasty in charging the disease to this state of the system, for, although it may be a concomitant, it is sometimes, age usually, the effect, rather than the cause, of the long continued sharpening pains.

Treatment. A review of the various exciting causes, and of the progress of this malady will show to us the necessity of a careful and thorough investigation before we pretend to prescribe our remedies. The same consideration will reveal to us how futile is the belief, that any one remitly or class of remedies will avail for the
cure of all and every case of melancholy. Yet do we not yearly see some new nostrum, or article of the materia medica, set forth as an universal and infallible applicant, not only to this, but in many other diseases; and that too by, so called, medical practitioners. Induced by their universal success in some few cases, they publish their practice to the world, without any perfect description of the particular cases, with their peculiar concomitants, in which it was employed; others, with little or no discrimination, adopt the same practice, merely because it came into notice, with a great name appended to it, and continue its use until by the experience of some cases, they are led to throw it aside entirely; thus has many an excellent article been alternately praised and condemned, until it have been lost to mankind. The fable of the archer and the arrow should be ever present in the minds of medical men. In seeking in the books for a correct notion of the practice to be pursued in this disease, with a few exceptions, we find little that is satisfactory; they all, to a greater or less degree, being written to defend some favorite theory, or trumpet some universal remedy; to this, it is true, there are, not a few pleasing ex-
excepted, men, who by patient observation, are enabled to time their remedies to the existing condition of things, who can find no inconsistency in changing their plan of treatment, when the symptoms demand such change, and who will not use this or that medicine, because this or that name has been given to the symptoms before them. Nothing can be more opposed to the true philosophy of medical science than the empirical practice of administering drug after drug, pursued by many in this disease. "The best axion in physic," says Mackintosh, "is to get rid of diseased action as quickly as possible." To this, every man, who wishes to be considered a philosopher in his profession, will give a ready assent, but it surely cannot be considered as any the less philosophical, whilst we direct our main attention to the seat of mischief, to administer such remedies as well, in some degree, blunt the expression of the symptoms excited as secondary to the local cause. Thus it is in the treatment of this disease, our indications are various. Searching with acute eyes, for the exciting and proximate cause, we must, if possible, remove the latter before it has
produced inremiable organic lesion. Having the proxi-
mate cause as we do in most cases to consist in inflam-
mation, our remedies must therefore be such as will
contracept such a condition. Dr. Armstrong, with his Typograph, 351
ideas of the pathology of the cholera, was induced
to try the power of decided bleeding and purging,
using both general and local bleeding; and apply-
ing blisters, occasionally, to the scalp or nape of the
neck." He states that this practice was successful
in five cases of six weeks standing and left; and in
another of much longer standing, by being followed
by calomel and opium. The practice of local blood-
letting, over the affected part of the spine, was fol-
lowed out by Feale. When the patient is robust, and
the disease recent, it is well to premisse general blood-
letting; and then draw blood locally; in many ca-
es, even of long standing, the relief afforded by the
application of leeches, or of seven or eight wet cups
is most gratifying. "I feel like another being after
undergoing the operation," said a patient to me.
As well that the cups be followed by a blister, to
keep up a contra-irritation; with the same view,
but not to be preceded by the bloodletting, some au
those have recommended the use of powerful epi-
epidemics, the tartar-emetic ointment, the cotton oil, 
and of late there has appeared, under the name of 
"Counter Irritant," a powerful article of this kind. Al-
though the efficiency of these articles in giving relief 
is indubitable, yet, forming my opinion from the 
expressions of patients, where there is much tenderness 
and tumidity, the abstraction of blood should pre-
cede the use of these articles. The moro has been used 
with success, in neuralgia. Whist, thus directing 
our attention to the local disease, we may with great 
propriety administer anodynes either internally or 
externally in the form of liniments to both the pain, 
and sooth the excited nerves. The whole class of nar-
seities have been used for this purpose, though 
the preparations of morphia, hydrocyanic and 
conium maculatum have been particularly recom-
ended, indeed, the two last have proved of themselves to have 
 cured the disease. Dr. Fothergill, in speaking of his prac-
tice, says, "the method I had pursued for the most 
part obtained but little relief till I made use of 
exthick in the cases above mentioned. Since that 
time I have had recourse to it, whenever the disease
occurred and for the most part with success. The use of
homeopathic remedies, originated with Anglin; he gave it in
the form of a pill, in conjunction with ext. menthas, and
oxyz. sine equal part of each; this was a good case
were mostly those, in which the disease had not existed
long, and were apparently cases of pure nervous dis-
ease. — When, after the reduction of the local affection
the neuralgia remains in its mitigated form, the use
of tonics become proper, especially where a languid,
state of health, that precluded weakened state like
already described. The best tonics are quinine, or the
preparations of iron. Strict attention to dietetic rules
are here necessary, the food should be nourishing and
easy of digestion; moderate exercise, active or pas-
tive, according to actual degree of strength, in the
open air; where the patient is strong enough
to set in a carriage, travelling, change of air, and
scenery; sea-bathing is also there of the greatest
benefit.
I have no doubt, that, with proper attention to the
attending symptoms, such treatment will afford
relief, if not cure, most early cases. To be sure, where
there are no symptoms of inflammation, where
we are convinced, the case is one purely nervous, we
have not the same indications for the use of anti-
chlogistics. Where the exciting cause, is of the
nature of those, I have called intermediate, we
can, of course, expect to do little more than palli-
ate the symptoms, unless we are able to re-
move the exciting cause.

The practice, formerly recommended and pursued by some
of dividing the affected nerve, has now been restricted to
its proper bounds; observation and experience having
shown its inefficacy, except where the disease arises from
some local cause, and where we can divide it, between
the nervous centre and the situation of the exciting agent.

A review of the various exciting causes, I repeat, will show
us how futile is the belief, that we can relieve, much less
cure, every case of this disease, by any one remedy, or set of
remedies. It is only by a careful investigation of each in-
dividual case and its concomitants, that we can hope to
arrive at anything like certainty, in our diagnostic
and success in our treatment; universal success
we cannot expect; the fallibility of man's judgments
is not competent to the task; but, to render medicine
what it most certainly is, an exact science, can only
be done, by a careful investigation of individual cases.
This I conceive to be the true philosophy of medical science
and, by this alone we may hope to arrive at any degree
of success, in this, or any other disease.
It is not alone in those cases arising from malaria, that this periodicity exists; it is, as has before been observed, to be seen generally, in early cases, even where there is constantly present a local irritant, Mr. Swan relates a case of periodical neuralgia, in a patient, who had a pulmonal aneurism, for which the femoral artery was tied. "For five weeks previous to the operation, pain came on in the leg, about half past ten in the evening, and went off at two in the morning. It never returned after the operation." In fact, the preceding cause seems to have no immediate influence over the type of the disease; in this respect, and we are to look for the cause in that peculiarity in the nervous system itself, exhibited alike, in health and disease, by which all its actions alternate, with periods of inactivity, and all increase of it with intervals of diminished power."

Pathology. The proximate cause of many cases of neuralgia will be evident, from what has already been said upon the exciting causes. It is, in fact, now fully established, that pain, exhibiting itself at the outer extremity, is an effect of an irritant agent, not seated in that part, but we are to look for the cause, either along the course of the nerve, or at its origin, such a cause, in ma
my cases found in the presence of a foreign body, and in
relation to the nerves, we must consider an anamnemal, and
other tumors as such. I am well aware that this opin-
ion has been combatted by some, and even by high au-
thority in this school, from whom I have the most un-
bounded respect, and from whom I would only dif-
fer, where facts bear me out. Constant and excessive
pressure will most certainly give rise to paralyses, as
regards the sentient, or outer extremity of the nerves; but,
the local effect of the irritating agent, may be, and
is, in many cases, inflammation of the inner part
presh on, thus giving rise to pain, which is referred
by the sensezum, to the outer distribution of nervous
filaments, involved in the local disease. But there
is another consideration to be kept in view, that this
pressure may not be of a degree to produce actual distention
of the nerve, which, the experiments of Mr. Evans show,
will generally produce paralysis, but, it may be of a lesser
degree, rather in the neighborhood than upon, or only occa-
nionally touching the nerve, thus, by the irritation of
presence, either acting mechanically upon the nerve, or
exciting inflammation, in its covering or its proper substance.
It is thus, by the extension of inflammation, that we
An Inaugural Dissertation
on Medicine
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 Edward McCull of the City of Baltimore and State of Maryland February 1841.
Of the various remedial agents of modern date which have engaged the attention of medical men, there is none which appears to have so great a claim to their attention as Podium. When we consider the powerful action of this remedy in the treatment of Scrophulous affections, and the salutary aids, which it extends in the treatment of many other diseases, we cannot but express our surprise, and regret that a medicine of such valuable power should be so little known, and so slighted by practitioners in this country. The fact is, that to a large number of practitioners in this country, the therapeutical applications of this remedy, and its mode of exhibition, are so little known, that it is seldom or never used in the treatment of diseases by them. This is owing no doubt to the vague and unsatisfactory manner in which writers on this subject have treated of its various preparations, and modes of administration.
In continuing this subject I shall give a brief sketch of the natural and chemical history of Iodine, its pharmaceutical preparations, mode of exhibition, applications, its effects on the system, and its application to the treatment of diseases.

Iodine was discovered in 1812 by M. Conté of a Soda Manufacturer of Paris. Its nature was immediately investigated by Sir A. Davy and Gay-Lussac; the latter particularly presented to the scientific world a very complete chemical history of it, and showed the great probability of its simple nature. Its powers as a therapeutic agent were shortly after tried, and these, being found valuable, it came into use with many practitioners. In 1826 it was introduced into the Dublin Pharmacopoeia. In 1838 into that of the United States, and in 1836...
into that of the London College. As yet it has not been recognised as official by the Edinburgh College.

Iodine exists naturally in certain marine vegetables, particularly the fuc or common sea-weeds, in the animal kingdom in sponges, the oyster, and various other sea animals; in the mineral kingdom, in sea water, and in certain salt springs. It was first discovered in the United States in the water of the Congress Spring at Saratoga by Dr. William Meeker, and afterwards by Dr. J. H. Meeker, who ascertained it to be in the state of hydriodate of soda. It has also been detected in small quantity in the Kauhawa saline waters by Professor Emmet of the University of Virginia.

Of the mode of obtaining iodine, its chemical preparations, and uses I shall not give here, as it is fully described in most works
on chemistry; but shall only give an account of those preparations which are most commonly used in the treat-
ment of diseases. They are the following:

Hydriodate of Potash 2d

Iodine 2d

Aqua Distilla 3vij Ml

The dose to commence with is thirty drops three times daily, increasing one drop at each dose every day, until the patient begins to experience some uneasy symptoms; where the dose should be reduced to the quantity commenced with, or the medicine laid aside for a few days. This is decidedly the best prescription for the internal exhibition of Iodine that I have ever seen used, and is equally applicable to the different varieties of diseases. The iodine solution for external application is made

Again Destil Ji. this is applied to diseased
parts that require stronger excitement than
usual, and be may be made weaker or strong-
er to suit the sensibility of the part to
which it is applied, and is a valuable lotion
in Scrofulous ulcers, Ophthalmia, &c. Catgut
May be made by adding this solution to live-
and and other meal. The iodinated ointment
is made by Jj. Lodine gr, Jj. Hydroiodate of Potash
Jj. Aqueous Jj. But this is useless for deeping Scrofulous
ulcers &c. By friction on enlarged glands &c.
It may be made stronger or weaker as the case
may require. The following is the prescription
for the protoiodin of Mercurg ointment. Jj. Protio-
dzin of Mercurg Jj. Aqueous Jj. With this as the
above may be strengthened or weakened, and is
used in the same cases, but particularly in Syph-
ilitic ulcers combined with Scrofula. The most
concentrated solutions of Lodine that card
be made to consists of one and a half parts of Iodine, one of Hydriodate of Bismuth, an one of water, known as caustic or action, and used for touching excessive granulations &c. There are the only preparations which I have been used, though there are many others which are of doubt very valuable, but there appear to be the most convenient for private practice, and equally efficacious in the treatment of diseases.

Iodine when taken into the system appears to have an action peculiar to itself. One of the best effects it exerts, is the tone which it imparts to the digestive organs, bringing on a free and healthy secretion of the gastric juice, as evidenced by the increased appetite of the patient. This enables us easily to invigorate the constitution by wholesome nourishment, which is particularly valuable in scrophulous patients, in whom the appetite is most commonly deficient.
When taken into the circulation it acts as a torrefactant and alterative by imparting tone to the systems generally, thereby increasing absorptions and bringing on an attitude and healthy actions in the secretory organs generally. It is also said to be a powerful diuretic in some cases. This I have never seen done, but a slight diuresis is almost always induced.

These are its most common effects when given in small and well-regulated doses, but when given in too large doses or the medicine is too long continued, it gives rise to painful, and even dangerous symptoms such as pain in the stomach, a burning sensation in the oesophagus, dizziness in the head, and a peculiar restless sleep or lying down. But these effects can only arise from culpable neglect, and the dose should be reduced or the remedy laid aside as soon as these symptoms are experienced.
In the application of Iodine to the treatment of diseases, there is none in which its salutary action is so conspicuously evinced as in Scrofula. This malady in whatever form it may make its appearance has always been considered one of the most unmanageable diseases known; hence in its treatment physicians have successively tried every remedy that in their opinions offered any chance of success. The number and variety of which, but attest too strongly the want of a certain method of cure, yet until the introduction of this medicine an efficacious mode of treatment remained to be made known. But since the powers of this remedy have been tested, Scrofula has been divested of most of its terrors. For it is now generally conceded that Iodine approaches as near a specific for this disease when taken in time as mercury for syphilis. In administering this remedy
it should be given in very small doses, commencing with thirty drops three times daily and increasing as before directed.

When the glands are enlarged and inflamed, the ointment should be applied by friction, changing from one to the other as the case may require. When the disease makes its appearance in the form of ulcers the lotion or ointment should be used, and when it attacks the bones friction over the diseased part should be used with the ointment.

Remembering in all cases that it is to the constitutional effects of this remedy that we are to look for the principal source of success. If therefore as is generally admitted iodine has the power of curing scrofulous affections of other parts why should it not cure scrofula of the lungs? I mean before the changes are formed. How many do we see daily who are apparently enjoying the best of health
Whose blooming youth would almost make
us believe that the fell destroyer did not lurk
within a form so fair, but whom we know
to inherit this predisposition from their an-
cestors, or in whom the practiced eye can
detect this formidable disease lurking beneath
this apparent glow of health, and who must
ever long fail a victim to this hideous Malady.
The disease in this form has always been con-
demned incurable, and is therefore a fair
subject for experiments and should the
opportunity ever offer, I intend to try the
powers of Potash in this way. There can
be no objection to it, for reasoning from
the fact that it does cure Scrofula of
other parts, it would be reasonable I think
to expect some beneficial effects when used
in Scrophulous predisposition of the lungs.
The great difficulty would be to induce
persons to take the remedy in time.
for we will seldom find any person who is predisposed to Scrophulous Phthisis that will acknowledge it, and therefore will take nothing to prevent its development. Sulfur has every thing in its favour, it is not nauseating to the stomach, nor does it require the patient to be at all confined, and there are no evil consequences to be apprehended from its proper use, but on the contrary the most beneficial effects may be expected.

In the treatment of Sinea Capitis this remedy has been used with the most beneficial effect. I have only two cases in which it was used, and in both cases an entire cure was effected. It was given in the form of the aqueous solution as before directed, and the iodometric ointment applied to the shaven scalp every other day.

An enlargement of the spleen after the fluid has been under the influence of Mercury.
the administration of the solution, and the application of the ointment by friction over the diseased organ, has had the most salutary effect. Of the many cases that I have been treated in the Baltimore Infirmary by this method, not one has left the institution without being decidedly benefitted or entirely relieved, and what shows still more fully the powers of iodine in this disease, is that more generally cases of long standing, and which resisted all other modes of treatment.

Iodine has been also used in secondary syphilis with the most decided advantage after the full influence of Mercury. I could enumerate several cases that have been successfully treated in the Baltimore Infirmary with this remedy, after all others had failed. These were cases in which the disease had made its appearance in its worst forms, such as ulcerations of the throat.
extremities, palatine and spongy bones, and
brosis on the bone in various parts, in one
case particularly the patient was unable
to leave his bed for four months, who was
almost worn out with pain, his limbs were
unable to support the body, and to whose
sleep had been a stranger, unless obtained
by the use of powerful anodynes. It is
in cases like this that I have seen Podine
acting like a charm, under its influence
the ulcers were healed, the nodes absorbed, the
strength regained, and the disease entirely
eradicated by the simple exhibition of the
dilution, and in ulcers of the throat a gargle
made of about half the strength of the dilution
was used.
Inaugural Debates

Solemn Ceremonies

Submitted to

the examination of the

Vest-Precincts and Historiography

of the

University of Maryland

for the

Degree of Doctor of Literature

Samuel L. Mitchell

of the City of Baltimore and State of Maryland

March 1848
Inaugural Dissertation
on
Skin Cornuca
Submitted to
the Examination of the
Presidents, Regents, and Medical Faculty
of the
University of Maryland
for the
Degree of Doctor of Medicine
by
James H. Bird
of the City of Baltimore and State of Maryland
March 1841.
By

Samuel J. Boker, M.D.
Professor of Materia Medica, and
Therapeutics
in the
University of Maryland
(This dissertation is inscribed
as a slight tribute of respect, and
gratitude, for the many
favors extended to
his humble servant.
James A. Reed
The nature and origin of the Scale Cornulum have given rise to three distinct opinions:

First — It is considered by Deissir, to be a molide change, a modification of the seeds of particular plants, and especially the common rye. His reasons for believing it to be such were, that he found two seeds which were one half sound rye, and the other half eigot — also, that its chemical composition, approximated near to the seeds of the plants upon which it was found, than to those of any other vegetable substance.

The second opinion is, that the ground rye, is an eyperience, produced by the sting, and deposition of the eggs of certain insects. And, thirdly — that it is a parasitic...
The Fungi occurring in the gumbs
of the age, of the genus Heliototium,
and natural Order Fungi of America.
The cultivation generally have coinci-
ded in this opinion. They grow
abundantly throughout the Uni-
ted States, and in most of the
Kingdoms of Europe. It occurs in
a cylindrical form, tapering at the
apertures, occasionally straight, so
sometimes bent, but most commonly
curved, in the shape of a crescent,
with a longitudinal groove, or bo-
the sides, from four lines, to one in-
ch and upwards, in length, and
about two or three lines in diam-
eter; of a violet blue, a blackish
colour, externally, and of a dirty whi-
ite internally, breaking with a sm-
ooth fracture. When exposed to,
it imprimes a peculiar odour, which
stimulates the nostrils, similar to tobacco.
It is of a medicly taste when first taken
into the mouth, becoming disagreeable,
nauseous, and slightly baried, aud pro-
uces a disagreeable impression in the fa-
ces.
When exposed to the flame
of a lamp, it burns witli a white fla-
me, and lets fall an oleaginous sub-
stance, emitting a dense black smoke,
and smelling like toasted, or burnt
leaves. It should be kept in a pit,
al, or bladder. If carried in paper
for a short time, the paper will be-
come nearly satiated with oil.
I am of the opinion, that after the
oil has been taken up by the paper,
the remaining powder is not as pow-
erul as if no oil had been extra-
cted from it.
The powder is of a brownish violet color. Increased moisture favors the production of the scale, and sometimes this production is more abundant in some districts than others.

From the best chemical analysis, it appears that this article contains—

First — a pale or brown yellow colouring matter, soluble in alcohol, and tasting like fish-oil.

Second — a white oily matter, of a sweetish taste, which is very abundant.

Third — a violet colouring matter, insoluble in alcohol.

Fourth — an acid, probably the phosphoric.

Fifth — a viscid animal matter.

Sixth — a small quantity of free ammines, which can be obtained
eds at the temperature of boiling water.

It was known in France as early as the year 1794, and had been successfully used by some female practitioners, and afterwards by a regular practitioner of Germany.

It was not, however, predicated to scientific fame until Dr. Steam of Albany, N. Y., gave an account of its nature and specific virtues. Hence the honor of first introducing it to the medical world, belongs to him.

There is no article perhaps of the Materia Medica, respecting the virtue of which, there has been so much dispute, and such a vast diversity of opinion, as up - on the present subject, of our
consideration: ("Whilst its virtues
and praises have been lauded to
the skies, on the one hand, it
has been condemned, as worthless,
unmoral, and poisonous on the
other."
We have the authority
of some of the most eminent ge-
ntlemen of the profession, that
the Secale Cornutum possesses no
power in expelling the Fatus
from the womb, and that it is
wholly inert; whilst others sta-
nding equally as high on the
Pinnacles of Fame, have declared
that its employment in cases of
this kind, is too much neglected,
and that it is an invaluable
agent. It seems as if all the
gentlemen who have noticed this
article, have been too zealous in
their opinions respecting its utility. They have been too anxious in their descriptions of the effect of this agent— I do not accuse them of giving a knowingly false statement of its effect after the animal economy (some peculiar circumstances might have ascended) to have caused them to vent such conflicting opinions. It is not my desire (if I was capable) to pluck one laurel from the wreath that Fame has placed upon their noble brows. I only wish I was able to dispel the clouds that has but for one moment dimmed their lustre.

In concluding this subject I shall endeavor to avoid all extremes and "nothing extreme, nor sit down."

ought ine mater.

As my experience with this article has not been sufficient to warrant an opinion based upon actual observation, I cannot, of course, add one link to the chain of evidence, either for or against its utility as an ablatif, but reasoning from the evidence already given by others, who have had an opportunity of viewing its effects upon the system, I am inclined to believe it possesses valuable and powerful effects as a Quartus Accelerator.

It has been argued by some gentle men, who stand at the head of the profession (and for whose opinion I have the most profound respect) that the terms is not me.
peculiar, and consequently the uterus not being muscular, this agent cannot exert any influence over it. It is not my place here to discuss the "muscularity" of the uterus; it is a fact generally admitted by the profession, and in my humble opinion, no one who has ever felt the contraction of the womb upon the hands, can entertain the slightest doubt on the subject. But admit that the uterus is not muscular: Does it follow that this article has no power to expel the child, or facilitate its progress from the womb? Certainly not—for if the womb has no muscular fibres, certainly the abdominal muscles must be the principal agents in effecting the delivery? Might not the bees?
Sanitation exert an influence over the

It does; and that it does exert
an influence over the abdominal mu-

sels is easily proved by the violent

and painful contraction of these mu-
sels, when vomiting is produced by

this article, by administering it in

too large a dose. Others of the Prof-

ession urge as an objection to its em-

ployment, that it sometimes produ-

ces much mischief, and frequently

causes the death of the child. If

this be true when administered by

a skillful practitioner, then indeed

would it form a very serious object.

or to its employment; but I am

inclined to think that this is not

the case. That it occasionally does

harm, in the hands of those not skil-

lhed in Obstetrics, I have no doubt;
but purely this cannot be cast into the Balance, and weighed against its employment.

Another argument advanced against its administration, is that it is safe to cause a rupture of the womb. To lay aside this objection it is only necessary to say, that like any other powerful article of the Alchemia Medica it must be given at the proper time, and in a proper dose; it should be given when the os uteri is dilated, and in a proper state to dilate. In the cases in which it seems to be more particularly applicable, and, when abortion is about to take place, with much haemorrhage in early pregnancy. In this case it shortens the suffering of the
patient, and by its contractile influence over the uterus, check the danger of sinking, by closing the mouth of the bleeding vessel. In cases of alarming hemorrhage, near the close of pregnancy, not occasioned by the attachment of the placenta, over the os uteri, and not accompanied by efficient contractions.

In uterine convulsions, in which a speedy delivery becomes necessary, the parts being soft and ready to dilate.

In lingering labour, when depending on the want of contraction, the parts being properly played.

(When the placenta is retained, for want of contraction.
Flogot should be given to patients liable to hemorrhage, after delivery. In this case it should be administered in doses of about 10, about thirty minutes before labor would be expected to terminate.

In all these cases it is of great importance, and of signal service in enabling nature to throw off her burden: and in the language of Dr. Ebute, flogot may indeed be regarded as a fit substitute for the brisk and abrupt in many instances.

Flogot has been used to suppress excessive menstruation, on account of the contraction produced by its use. It has also been used in Tomahoe and glut, but with
little or no advantage: I never
saw a benefit of a case actually
cured by its employment.
When taken in an over dose, first
at first has a mealy, and then
a nauseous taste, bitter, and a na-
useous, causing the patient to be-
come dry. This symptom, may be
relieved by milk. The patient
experiences a feeling of lassitude,
and weakness in the region of the
stomach, vertigo, painful and
developing vomiting, delirium and
sometimes death. When the pati-
ent is under its influence, the experi-
ences a series of continued and unremi-
ting contractions. It should be
given in the dose of 10 every 15 minu-
tes; or in cases of urgent necessity, a lar-
ger dose must be given.
An Inaugural Dissertation on Evysipelas 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 Mills R. Jordan of the County of Isle of Wight and State of Virginia February 1841
The skin is a complex organ composed of several layers. First is the cuticle, next to it we have a layer of lymphatics forming a complete plexus which resembles a silvery membrane. They are vascular and vital organs. Under them is to be found therete mucosum, and lastly the cutis vera. The epidermis or cuticle is membranous in structure and entirely devoid of blood vessels. It has by some anatomists been considered a secretion from the cutis vera. Erysipelas may be recognised by a diffused redness of the skin accompanied with some pain and tenderness. The redness disappears if pressure be made with the finger but immediately returns upon its removal; unless however the cellular tissue be involved then no such
This disease may take place. It is the local or general, sometimes making its first appearance on the forehead, nose, cheek, or chin, and from thence spreading itself over the whole face, or it may first attack one extremity and extend over every part of the body. It is said to shift its place much more frequently than any other species of exanthemata. This disease has been divided differently by different writers, but for our purpose, we shall adopt the simplest plan, that of dividing it into two forms, simple and Phlegmonous. In the former variety certain precursory symptoms usually occur, such as fatigue, indisposition to take exercise, chill, nausea, hard and quick pulse. At a very early stage, the mucous mem
brane shows itself a participator in
the disease, known by the heat ex-
perienced, at the epigastrum, and
by the white fur being discovered on
the tongue, both of which generally dis-
appear in the course of two or three
days. The eruption makes its appearance
about the third day, with an increase of
which we usually have the fever symp-
toms, more fully developed and also
 diminution of fever with a decrease of the
eruption, differing in this respect from the
other exanthemata. But, though this,
is a general rule still it is not with-
out an exception, for sometimes while
the eruption is, but slight febrile symp-
toms are excessive. The eruptions are
of a bright red colour and circumcuted
with the finger you can feel the derma
tumified and injected; there is also
heat and a sense of pain in the part, on the fourth day these begin to decline and the disease terminals in resolution and desquamation, or sometimes, we have the occurrence of vesicles which leave a brown crust. When the disease is slight no danger should be apprehended, unless there be metastasis to some internal or other important organ, which has been known to terminate in death in a very short time; though immediate death is, by no means, a constant result of metastasis even to the brain itself. Vesicles are sometimes formed which produce sloughing and terminate in gangrene: this is not so apt to occur in simple as in the other varieties of the disease. In persons of a lymphatic temperament it may occur from slight scratches; it may
also appear on the mammae of females from suckling tits. When connected with
dropsy it is exceedingly difficult to treat
it with success.
Phlegmonous erysipelas occurs generally on the extremities
differing very much from the simple form
of this disease, the subcutaneous cel-
lar membrane being implicated, its
attack is far more severe than in the
simple form. In phlegmonous erysipelas, we find a full bounding synoches,
pulse. It may terminate in resolution
in five or six days or in suppuration.
There is a pulsating pain owing to the
formation of pus either immediately
under the skin or more deep seated.
The suppuration being circumscribed or
spreading through the different regions
of the body modifies the disease itself.
Thus, when on the face it is dangerous.
and frequently accompanied with
wandering delirium of furious madness
or profound coma. When it travels
from the face to the scalp, on account
of its proximity to the brain active
treatment is called for. This is a symp-
tom of encephalitis of the scalp, which
of all others is, worthy of notice viz
liability of the lower part of the
cellular membrane to take on in-
solation. When it occurs on the mam-
mary we have first a small pimple which
spreads itself gradually and finally
ends in suppuration—in this case
active treatment is also indicated.
In phlegmonous encephalitis of the limbs
the subcutaneous cellular tissue is
involved. This is complicated with a
derangement of the cerebrum with
gastro-enteritis, and sometimes with
inflammation of the parotid gland.

The causes of this disease are numerous; it may be hereditary, as in the various leprosy diseases, some persons are constitutionally predisposed to erysipelas or affections. Climate exercises a predisposing influence over this disease. Thus, the inhabitants of the West Indies are far more subject to it than those residing in a northern climate.

This disease, it is said, sometimes to rage as an epidemic, from the inmates of hospital wards being universally attacked by it. This is doubtless produced by a want of cleanliness and proper ventilation which too often is not sufficiently attended to. Certain articles of diet also produce the disease—Strawberries & milk are sometimes the cause of it. Vegetable acids have a like tendency. Our prognosis varies according to the mildness or severity of the attack; in slight cases we may expect recovery about the eighth or tenth day. When however the disease
is complicated with any other, our prognosis is very unfavourable, with dropsy succeeding by dangerous. The sudden disappearance of the eruption is by no means a favourable symptom. When phlegmonous erysipelas assumes a supplicative and gangrenous form, great danger of losing a limb is to be apprehended, if not the life of life.

In simple erysipelas, our plan of treatment should be strictly antiphlogistic, which, by the aid of cooling drinks, will enable the disease to run its course without endangering the life of the patient. When the face and limbs are attacked, and we have a full bounding pulse accompanied with pain of the epigastrum, the lancet should be had recourse to; in this case we should bear in mind that it is not the skin but the internal organs, in which the disease is seated, therefore our remedies, should be directed to them—not only must
grain doses, every 2 or every hour have proved beneficial. If after copious blood letting there be a determination of blood to the head, the astringent purgatives should be resorted to; among them may be mentioned the astringent preparations. Scammony combined with calomel is said to be a useful remedy. All of these however, should be used with caution since they act by producing resolution. Diaphoretics are not to be very much relied on in erysipelas; the milder articles of this class of remedies are said to be beneficial. In the simple form accompanied with itching, but their place may be very well supplied by sprinkling a little powdered starch over the part affected.

The more severe form of erysipelas is that which occurs in jails, hospitals, and other places, that are ill ventilated, which, when it assumes a typhoid state, accompanied with a total prostration of the muscular system, with low muriatic delirium and foul stools should be treated in a very different manner from that ordinarily
pursued in other forms, of the disease, in this case bleeding and active eruption would doubtless prove injurious. Prevention must now be resorted to. The lower extremities should be wrapped up in blankets previously soaked in hot water but perfectly dry, before being applied to the part. Sitz baths should be light, as gum water, acerulate, drinks, &c. Bark, including all tonics, may be beneficially used in this variety. Stimulants are also useful.

Concerning local applications, there is great diversity of opinion, some suppose that they are altogether useless, if they do not affect the cure they may at least, tend to relieve the disease. At the head of local applications stand blisters, which should be applied when the disease assumes a suppulsive form. When blisters are applied, it should be done with the utmost caution, taking care always to place them in advance of the affection.
in order to arrest its progress. Preparations of lead, serve to cool the skin, foremost among them has been recommended Gourmard's Cera. In the oedematous form bandages have been found serviceable. In the Phlegmonous variety connected with gangrene, incisions are required and in making them the knife should be plunged into the cellular tissue boldly and deeply, though not hastily or rashly.
Inaugural Dissertation

on

Bloodletting

Submitted to the examination

of the

Rownt, Regents, & Faculty of Physic

of the

University of Maryland

for the

Degree of M. D.

by

James J. Stevenson

of

Kentucky

February 1841
It is with much embarrassment that I undertake a duty which devolves upon me, in compliance with the laws which govern the University of Maryland. But when I reflect upon the high and noble character of them, under whose criticism it has to pass, and the object for which it is written, I am admonished to go on. And from the many which belong to the science of medicine, I have chosen bloodletting for the present dissertation, though I feel unable to do the subject justice.

I propose to take a hasty view of its early history, the theories of the present day, and make a few practical remarks upon its use; and in doing this, I must avail myself chiefly of others experience.

Of all the agents which have been discovered and used in the healing art, none seems to be more worthy of attention than bloodletting. Like many other valuable remedies, it has been a theme of controversy, for centuries. Hippocrates was familiar with this remedy, and often used it in the treatment of diseases.
upon principles, some of which, are sanctioned by the best modern writers. Though unacquainted with the circulation, he boldly resorted to this remedy, under the following circumstances:

1st. To get rid of the humors as he called them, when there seemed to be an excess.

2d. To cool the body, when prematurely warm.

3d. To produce a free motion in the fluids of the body when there seemed to be an stagnation, as in apoplectic and paralytic.

4th. To change the determination of the blood from any particular part of the body, as circumstances might require.

Celsus, Galen, and many of their contemporaries, though imperfectly acquainted with pathology, physiology, and anatomy, appear to have had considerable knowledge of its influence. Some views entertained by them were erroneous, yet many reasons they assigned for abstracting blood are worthy of notice.

Hippocrates bled none, but young, and robust subjects. In acute diseases, he bled once to syncope,
or until the blood changed its color while flowing.

Celsus contended with more propriety, that a vigorous infant, a robust old man, and a shrewd pregnant woman bore this evacuation without danger, or inconveniences always considering the strength of the patient, which sometimes will not admit of this evacuation, when the nature of the case seems to demand it. Galen drew blood for the same reasons, but to a far greater extent, than his predecessors, and was the first, who mentioned the quantity necessary to be taken. Under ordinary circumstances, he limited the quantity from eight to twenty ozs.; but when the symptoms were violent, the patient might be bled to syncope, or to the extent of fifty or sixty in one day. This practice corresponds very much with the best modern views upon this subject.

Having thus made a few brief remarks upon the early history of bloodletting, I will pass over many centuries of its history in silence; and speak of the improvements and views entertained upon the subject, at the present
day. It appears from the experience of the most learned, that there are but few diseases in which bloodletting cannot be beneficially employed, under some circumstances. But like other remedial agents, it may be used for the benefit, or harm of the patient according to the judgment of the physiitian. In many cases where this remedy is indicated, and is not used at the proper time, the lives of patients are sacrificed. Or where blood is taken improperly, as in a case of typhus fever, or concussion of the brain, when the abstraction of a few oz. blood would be very apt to place the patient in a condition from which it would be very difficult to rouse him, while the judicious use of this remedy, arrests the progress of disease which otherwise would be difficult to treat or wholly unmanageable.

Now in order to use this remedy successfully, it is necessary to be acquainted with the following circumstances.

The different modes of abstracting blood and
their effects. The circumstances which demand the evacuation of its application.

Several methods of abstracting blood have been used, differing in effects, and consequently in applications: 1st. Phlebotomy or venesection. 2d. Arteriotomy. 3d. Scarification. 4th. Leeching.

The various purposes, for which bloodletting is resorted to, as a medicinal agent, are more effectively accomplished by venesection, than by any other mode of depletion. If, for instance, the object is to take away blood rapidly, so as to produce syncope; or when we wish to abstract slowly by a large quantity of blood at one bleeding, and make an more lasting impression on the system; venesection is the proper mode, for we can make a free, or small orifice as the case may require; and in this way accomplish all we desire.

Inced not dwell upon arteriotomy, for it is seldom used; and I would not resort to it except in cases of apoplexy, and then only after having failed, to accomplish what I wished for, by free incisions in both arms. I would partially di
ride the temporal artery, and apply a cupping glass.

Cupping is the next mode of abstracting blood, and far less valuable than venesection; yet under many circumstances, it is useful both as a counterirritant, and evacuant. After the first use of the lancet, in inflammatory diseases, it often becomes a valuable auxiliary. It is also useful in many local affections of which I will speak more particularly hereafter.

In regard to the use of leeches, there has been and still is a great difference of opinion; some contending for their superiority over venesection in all febrile diseases, while others, with more propriety I think, recommend the lancet until the increased action of the heart and arteries is lessened; then we may resort to leeches for removing local symptoms, which might remain. It also becomes a valuable agent in local effusions and particularly in disease of children, where the application of a few leeches will accomplish all venesection will in
adults. I shall only speak of the most prominent symptoms requiring this remedy. Dr. Coley says, that in all cases, where we have a full, strong, or small, tense pulse, it is proper to bleed, no matter what the disease may be called. This is generally true, though it is shown, that there are cases, where it would lead to erroneous practices, as in aneurism, calcule in the lungs, or liver, effusion in the lung, or brain, where the tension of the pulse cannot be changed by the lancets; hence it becomes necessary, before the application of this remedy, to consider, all the symptoms of a case, the strength, age, and habits of the patient, the condition of the pulse, the stage of the disease, the nature of the organ affected, and the cause that produced it. After properly considering these conditions one of two plans of treatment, are generally pursued commonly called antiphlogistic and stimulation. If the former plan be resolved upon, bloodletting almost invariably is the first and last remedy. Here two questions are suggested by the condi-
tion of the patient, for consideration: What quantity of blood is to be taken? and What mode of depletion will be most beneficial to the patient? Having briefly considered the different modes of bloodletting, their effects, and the circumstances governing its use, will now show of its application to different pathological conditions, and first of them, that occur in the brain and its membranes: from the large quantity of blood, circulated in this organ, the delicacy of its structure, the danger of disorganization, from inflammation, and where this condition exists, characterized by a full, strong, pulse thickening pain in the head, intolerance to light, flushed face, or where the patient has a severe pain in the head, dilatation of the pupils, tears and a tense frequent pulse, prompt and efficient bleeding is our ground of hope. It must be repeated as often, as the symptoms following reaction demand it.

Children require this remedy oftenest, than is generally supposed. During the past summer a case came under my notice, of a child only eight
ten months old, which was laboring under the
symptoms of violent phthisis, and twelve
blood was taken at three bleedings, with the
happiest effects.
In apoplexy, one sheet-anchor, and up
on its fire-ice, depends the life of the pa-
tient.
In phthisic affections, bloodletting becomes
a valuable agent, and if the lancet was used
with more freedom, many cases of phthisis
would be avoided, for no doubt it often en-
sues for no doubt it often occurs for want of pro-
er depletion in the first stages, therefore in all ca-
es, where we have a full, strong pulse, difficult
breathing, dry hot skin, with violent pain in
the chest, the lancet is the agent upon which
I would rely. Perhaps I could not describe the
course, which I would pursue under such circum-
stances better, than by relating two cases which
came under my notice; the first was a man
laboring under phthisis in its most violent
form; he requested me to bleed him, saying he
would die before a physician could be called
I became alarmed, and determined to bleed him. I took twenty ozs. of blood, and the symptoms subsided; but in about an hour, the pulse began to beat hard and they all returned as violently as before. I bled the second time taking thirty ozs. of blood, and causing syncope. Soon after, the patient convalesced, and the next day was in perfect health.

She was a very delicate lady, who was laboring under pneumonia; with a dull pain in the chest, difficult breathing, slight headache, dry, hot skin with a tense pulse. She refused to be bled when I first saw her; but on the following night, about 12 o'clock, I was called to see her again; the symptoms were so violent, that she was unable to breathe in the horizontal position, and with much difficulty in the sitting. I prevailed on her to be bled, and before ten ozs. were drawn, she breathed with ease, and freedom; the blood was stopped, the patient went to sleep, from which she awoke quite well.

Bloodletting is a valuable remedy in most of the
inflammatory diseases of the alimentary canal. Though inflammation, in different parts of the alimentary canal, is differently named; yet the general plan of treatment, is the same, being modified only to suit the particular condition of the case. When the stomach is the seat of high inflammation, manifested by a burning pain in the stomach, red tongue, great thirst for cold drinks, constant emesis, dry, hot skin, with a small, tense, rapid, taut, the use of the lancet is indispensable. I saw a case with the above symptoms, in the most violent form, last summer, when all the attempts to quiet the irritability of the stomach with medicines; twenty oz. of blood were taken which moderated the symptoms; but when reaction came on; they returned twenty, more were taken; more were taken, and the symptoms were suspended, for a few hours; but again they returned with reaction; thirty oz. were now taken, after which, the patient convalesced, and in three days was entirely well, after the loss of seventy oz. of blood in eighteen hours.
The result of this case, proved the correctness of the practice, and also the necessity of prompt action under some circumstances.

In peritonitis, it is equally valuable, the opinion of the French physiologist notwithstanding. Diarrhea, and dysentery are also inflammatory diseases of the alimentary canal, and very often relieve themselves by pouring out blood or mucus, from the delicate vessels yet there are many cases, where it is necessary to take blood from the arm. But when they assume a chronic form; and the patient becomes reduced, by the constant discharge, local depletion is the best remedy. A case of this kind came under my notice, about two months ago. It was of five months standing, and had resisted all the usual remedies; a few leeches applied to the anus with the happiest effects.

In diseases of the liver, whether it be congestion, or inflammation, depletion is of much importance: both in chronic and acute hepaticis and congestion of this organ. Icon-
sider bloodletting of first importance, though calomel is considered so, by some. In acute hep
atitis its is of primary importance and ren-
dees mercury more effectual. In the chronic
form of the disease, it is not often necessa-
ry, but there are cases, which cannot be
managed without it. Bleeding and cup-
ping very often become necessary in cases
where there is not much excitement. In mal
arious districts, where intermitting fevers are
prevailent, the liver, and spleen are very of-
ten enlarged in consequence of congestion
or induration, and when this is the case,
it is always for want of proper evacua-
tion; in the early stage of the disease; and
whether it be of long continuance, or not
if the use of the lancet it should be used
freely before the administration of mercury,
as is proved by the following case. The pa-
tient had been laboring under intermit-
ting fever of the quartan type, for about
five months. He was treated in the usu-
ral way, with calomel and tonics, of va
ious kinds by a medical gentleman of high standing; but to no advantage. The patient became tired of his medical friend, and sent for me and asked my advice. I called the next day and found him in a paroxysm with a full, strong pulse; dry, hot skin, slight delirium, with the liver, and spleen enlarged. I stopped the use of tonics, took about three ty 02 blood, which was repeated at each return of the paroxysm, four times after which the paroxysm did not return, and the patient was entirely well, in less than three weeks. In many febrile diseases, which occur in malarious districts during the austral months, bloodletting is a valuable agent. The mildest form does not often require this mode of depletion, but in all cases, where febrile action is violent, with a full, strong pulse, the lancet is indispensable, and should be used freely in the early stages of disease or not at all; for very often we see fevers in forty eight hours, passing through all the types, syphilitic to typhus, and in the
last stage, bleeding would be inadmissible. It is useful in syphoical fevers. It is also useful in nephritis, cystitis, rhumatism, and gout.

Valuable as this remedy undoubtedly is in the hands of the unskilful. It is productive of much mischief, and this will account for its reluctant use by many. It is my opinion that if the circumstances of the case be properly investigated, and due care taken to adapt the remedy to the particular condition of the patient, it may always be practiced boldly, and without fear of consequences.
An Inaugural Dissertation

On Epilepsy

Submitted to the

Eputation of the Provost, Regents, and

Faculty of Physic

of the

University of Maryland

For the

Degree of Doctor of Medicine

by

Jacob M. Storck

of Baltimore.

Feb. 26th, 1841
The entire design of our profession is the cure of diseases and the regulation of your health, which may be disturbed by these natural healthy states. In the various medical conditions which arise, there are distinct states about which present themselves to the mind of the physician, by the judgment of which they can be relieved and remedied effectually. These are certain organs with whose properties he has become acquainted, which it is necessary that he should employ in making known about the perfect use their employment, it is to understand that he should fully understand all their properties, their effect upon the human system, and the way in which they function that effect. In these adaptations to particular states of disease, it is necessary that he should consider the exact state of their diseases, its nature, and as you at the same, the extent of the issues, it has examined, wherein it has fully understood the nature of these states of information, leaving the difficulty which
The entire design of our profession is the cure of disease, and the restoration of functions, which may be disordered to their natural healthy state. In the various mortified conditions which arise, there are certain indications which present themselves to the mind of the physician, by the fulfillment of which they can be relieved, and a cure effected. There are certain agents with whose properties he has become acquainted, which it is necessary that he should employ in order to bring about the result. In their employment, it is necessary that he should fully understand all their properties, their effect upon the human system, and the way in which they produce that effect. In their adaptation to particular cases of disease, it is necessary that he should ascertain the exact seat of that disease, its nature and as far as he can, the extent of the ravages it has committed. When he has fully possessed himself of these data of information, knowing the difficulty which
excite the agent which is capable of removing that difficulty, and the proper method of using that agent, he is armed with all the material for the full exercise of his profession.

In looking over the class of Narcotics, I see none to worthy the attention as that of Opium, but before I take up this particular article, I will first speak of the "Modus Operandi" of this class of medicines, and then pass to the most important article Opium.

What are Narcotics? They are generally defined to be those agents, which first excite and then diminish nervous action, and in appropriate doses, they affect the action of this whole class of medicines with the action of Opium, the most useful member. Among the Narcotics, we find Hemlock, Henbane, Digitalis and Hydrocyanic Acid, which are all considered important articles of this class, but it appears to me that they exert no perceptible
Stimulant effect, but seem to have a quiet anodyne sedative action.
I should define them to be those medicines, which lessen the sensibility of the nervous system, and which generally produce sleep, and whose sedative effect in some instances, is preceded by excitement. There is no doubt that Narcotics produce their impression principally on the expanded nerves of the surface, to which they are applied, and there is as little doubt in my mind, that they are also absorbed into the circulating fluid, and carried to the brain to produce their impression there.
This is evident from the fact, that their anodyne influence continues and increases for so long a time after their operating, it is well to recollect too, that when any substance is taken into the circulation, which produces so prompt and decided an impression as Narcotics generally do, that they are all the time making this impression on all the nervous extremities so
beautifully and delicately ramified, over the
lining membrane of the vascular system.
Narcothics then operate in two ways, viz.,
1st. By direct impression, produced in the
nerves, and conveyed to the brain through
their means. 2nd. By absorption into the gen-
eral circulation.

What effect is produced when a Narcotic
is exhibited (with some exceptions) if the
dose be small, there will follow an exhilar-
ated excited state of the system; frequent
jitter, a glee in the face, an increased
brilliance of the mental process, and so well
known is this quality, that it is customary
for many persons, both male and female
to use it habitually, and rely upon its
operation to render their conversation lively
and agreeable. If the dose be large the
system generally sinks away without any
perceptible excitement, if it exists at all
into a delightful forgetfulness, then into
a sound sleep, the foibles becoming fewer and
fewer, the skin relaxed, and whatever
source of irritation may exist in the body, is no longer felt, and when the patient awakes, one finds that his mouth is dry, the secretions generally contrary to that of the skin have been suspended, and his nervous energy seems to be protracted, his stomach has lost its wonted appetite; there is a fullness of the head, a fullness of the eyes, and in short the "sweet ensemble" can never be mistaken by any one, who has ever witnessed the operation of a Narcotic; and in those countries where their use is habitual, this appearance becomes almost fatal. If the dose be excessive, this deep sleep is destined to be an eternal one, his breathing becomes slower and a fuller, a perfect torpor, takes possession of his faculties, and it would be as easy to wake the cold marble, as to raise him from the deep lethargy into which he has fallen; his face becomes turgid, his eye injected, his brain is overwhelmed,
and death closes the scene. The most im-
portant article of the class of Narcotics, is
Opium, which is the concrete juice of the
poppies, the Papaver somniferum, of the class
Algandria, order Monogynia, Natural order
Rhadeae. a very common plant. It was tho-
rught to be indigenous to Asia, but it
is now found in many other regions. It
is principally from Persia, Arabia, and
Turkey, that is obtained for our use, that
received from Turkey, being regarded as the
best. The manner in which this drug is
collected, in the east is as follows: When the
capsules are about half grown, at sunset,
they make two longitudinal double incisions,
posing from below upwards, and taking
care not to penetrate the internal cavity.
The incisions are repeated every evening
until each capsule has received six or
eight wounds; they are then allowed to
ripen their seeds. If the wound were
made in the heat of the day, a cicatrix
would be too soon formed, the night dews
Favour the distillation of the juice. Early in
the morning, old women, boys, and girls, collect
the juice by scraping it off, and deposit the
whole in an earthen pot, where it is worked
by the hands in the open sunshine, until it
becomes of a considerable thickness. It is
then joined into cakes, of a globular shape,
and of about four pounds in weight, and
laid into little earthen receptacles to be further
dried. They are then covered over with poppy
or tobacco leaves and this dried, they are
fit for sale. In this, as well as, in all the
vegetable remedies, there has been an
attempt, to separate from the inert mass
of woody fibre, gum, resin, &c., those sub-
stances, which impart to the medicine its
active properties. These have been called the
active principles, and in many cases they
have been almost entirely substituted, the
use of the native article.
Two substances of this nature are found in
Opium, Morphin and Narceino.
It was at first thought that Morphin

...
contained within itself entirely the sedative
powers and Narcotic, the unpleasant exciting
properties. If this were really the case, the
discoverer would have conferred on the pro-
fection, the most perfect control over the
operations, of this most important agent.
But it appears not the fact. For Morphia
is not perfectly free, from the stimulating
properties of the drug itself. It however
has these advantages, it is not so apt to
disagree with the stomach, or to give rise to
those unpleasant consequences, which in
some particular cases it is so desirable to
avoid. But there is one circumstance
which will always exclude it from common
use. Its extreme costliness in comparison
with Opium itself, as long as this drug
produces a certain happy result, in accor-
dance with our wishes. In ordinary cases
the slight advantage gained by the use
of Morphia, would not justify additional
expense. Morphine exists in the form of
Meconate of Morphia, that is in combination.
with Meconic Acid. It is entirely insoluble, which Opiate is partly soluble in Water, Wine, Alcool, Vinegar. The mode by which Morphia is obtained, and principles upon which this process depends, is very important, not only as far as this one Article is concerned, but because the same principles apply to nearly all vegetable substances, and the process of extracting their active agents, is conducted in the same way. These active principles or alkaloids, or vegetable aikaloids, as they have been termed, almost uniformly exist in Combination with some acid, as Morphia with Meconic Acid. We know many substances, which have for these acids a strong affinity, the two most conspicuous of which are Ammonia and Magnesia. If these are brought together in solution, the Bromate of Morphia, and the Bromide of the Meconic Acid prefer the Ammonia, or in other words has a greater affinity for it, they will Combine, and the Morphia itself which is not soluble in water will fall, to the
bottom, or be precipitated. This is actually the case, and if the Morphia is not quite sufficiently pure one can dissolve it again in any other acid, add to it another solution of Ammonia, the Ammonia will again take away the acid, and the Morphia will again be precipitated, this can be repeated, as often as necessary. The Narcotine is seldom if ever used on account of its being found to possess the stimulant and unpleasant, without any of the analgesic properties.

There are three ways in which Morphia is used, alone but seldom on account of its insolubility, and in combination with Sulphuric, and Acetic acids in the form of Sulphate, and Acetate of Morphia. These are obtained, from the Oceonate of Morphia in the pot of Opium, by the combination of Meconic acid with Ammonia. Morphia being insoluble, is precipitated and is purified by the addition of another acid, and reprecipitated by the Ammonia. The combination of the Sulphuric, and Acetic
Acids with the base, form the Salphate, and
acetate of Morphia; the strength of these
preparations is the same; 1 grain of each
being equal to 11/2 of Opium. Dose of Mor-
phia, and its preparations is from 1/8 to
1/2. Opium, being soluble, the different flu-
ids which extract its virtues, are all used
in practice, the most common of which is
the Alcoholic, or tincture of Opium, which is
made, by macerating ziph. in a pint of Alcoh-
ol, the dose of which is from xx to 80 grs.
The tincture solution of Opium is not of suf-
ficient uniform strength, for internal admi-
istration, but it forms one of the happiest
external applications, for the
relief of pain when the surface is too
delicate, to admit of the use of Alcohol.
The Vinium Opii, is made by macerating, for
fourteen days, ziph. Opium in a pint of
Vine, the dose of which is the same as
Pandunum, but constitutes, a much bet-
ter preparation.
Its solution in Vinegar, constitutes thelixir.
Opium Acetate, or Black Drop, which is prepared by macerating, \( \frac{3}{4} \) Opium, in \( \frac{1}{4} \) fluid ounces Vinegar, and 
\( \frac{1}{2} \) pint Alcohol, Ooze of which is from \( \frac{3}{4} \) to \( \frac{1}{2} \) ounce.

It has been thought that it, like the preparations of Morphia, is unattended by the unpleasant after consequences of the Opium itself, but I believe without foundation.

There is also another preparation of Opium, the Comp. Liquid Opium, or Physope, which is prepared, by macerating, Pulp Opium, \( \frac{3}{8} \) Benzoin Acid, \( \frac{1}{2} \) Camphora, \( \frac{1}{2} \) in two pints Alcohol, for fourteen days, and straining, the dose of which is from, \( \frac{1}{2} \) to \( \frac{3}{4} \) pint, and is most usually given to children.

Having given a few of the preparations
of this most important medicine, and thinking it barely necessary, to give every combination of it, we will pass to its therapeutic, application, and even then give only those diseases, in which it is most useful not thinking it necessary, to give its applications, in all cases of disease.
So by so doing, it might be made almost an easy task.

The application of Opium is very extensive, perhaps more so than any other Article in the Materia Medica.

It is most generally given in two ways, viz. in Substance, or in the Form of Tincture.

When we wish to produce a quicker effect in the System, the Tincture should be administered, as in this Form it will be immediately diffused through the Stomach and applied more quickly to an extensive surface of its inner Coat, than when given in Substance, which requires a considerable time for its solution, and its entire application, to the Part upon which it is to act.

In Intermittents, it has been used both in the Hot, and Cold Stages, and its effects, has been highly spoken of in this disease, it has been employed with the warmer stimulants, and sometimes with relaxants, to keep up the discharge.
from the surface, and prevent the forma-
tion of the cold stage. "Reehart's Laxa-
tificum Antipyrineum Rare Fallent," contains
Opium, and the Compotina Puruvor
of Spermacoera, assisted with Ammonia,
is said often to succeed. According to
Dela, in the hot stage, it produces
that relaxation of the skin, which has
three and facilitates, the sweating stage,
relieving by this means, the Headache and
headache, and enduring the Fever last
liable to return.
Its administration in the cold stage, is
spoken of very highly by Dr. Trotter, a free
curse of this article, says he, take an
Hour, or an Hour and a Half, before the
Fevers, exhilarates the spirits, the Con-
tenance, becomes more Calm and cheerful,
the surface more relaxed, and the Fever
from being weak and oppressed, becomes
full and more mature, grows even in the
hot stage, it has been observed to allay
the thirst, Headache, and delirium.
induce sleep, and cure the disease with less risk, and without leaving any abdominal obstruction, but it appears to me that the stimulating properties of Opium would not do so in this stage of the disease when accompanied, with violent Head-ache, Aclumomte.

The principle indications which Opium is capable of fulfilling are supporting the actions of the system, allaying pain, and irritation, relieving spasmodic action, inducing sleep, and checking morbidly increased secretions, being differently administered, as it is designed to fulfill one or other of these intentions. When it is given as a stimulant, it should be administered in small, and frequently repeated doses, and slowly increased, as by these means the treatment it produces is best kept up. But when the design is to mitigate pain, or irritation, or the symptoms arising from these, it ought to be given in a full dose, and at distant intervals.
by which the state of diminished power
and sensibility is most completely induced.
Another general rule with respect to Opium
is that it ought not to be given in any
pure inflammatory disease, at least until
mucosities have been used, or the inflamed
mucous action has been in some measure
subdued.

It is employed with much advantage,
when combined with laxatives, in Colic,
and often prevents flux, and a inflam-
mation, by relieving the spasm, and
is used to promote healthy suppuration,
and is the principal remedy, in arrest-
ing the progress of gangrene, which so
often occurs in old persons, and express
itself peculiar to the body,
Dr. J. Drattow, in a late report of the
Dublin Fever Hospital, speaks in the
highest terms of the employment of
Opium, in the delirium of Typhus.
Where delirium prevails, says he, to a
considerable extent, and no sleep has
been procured; after the lead has been shed, the temporal artery opened once or twice, the
nape blistered, and purgatives administered,
and more particularly should it be near
the close of the disease, an anodyne with
from 2x a xxx qts, of Laudanum, and as many
of the Venet. Opia repeated every third, or
fourth hour, until sleep is procured, will
be found to produce a marked change
for the better. In Diphth. where there is
a flushed face, severe pain in the head,
accompanied with delirium, Opium should
never be employed, but where there is a less
muttering delirium, without pain in the
head at flushed face, Opium Combined
with Ammonium, will produce the most help-
ful results.

In Active Inflammation, some practitioners
are averse to the use of Opium, but others
have recourse to it, even in such cases
even at an early period, especially af-
ter bleeding, and purging, and when
such affections are attended not only with
pain and vomiting, but with watchfulness, and a cough, it is often productive of the greatest benefit, and bringing to the drake of the extreme suffering, quieted Calm restored. Opium in combination with Calomel, has of late been extensively employed in almost every form of acute inflammation, and with the greatest success.

It is found also to be of very great service in allaying the pain, and preventing the symptomatic fever, liable to be caused by wounds, fractures, or similar accidents.

In dysentery after the use of gentle laxatives, or in combination with them, Opium independent of any effect, it may have on the fever is of consequence in allaying the tenesmus, and tenesmus, and in obviating the slaty of the bowels, which so frequently remains after that disease.

In diarrhoea, the disease, generally carries off any remedy, that may be a cause, and thus Opium is used with great effect. Even in the most symptomatic cases, it seldom
ails to alternate. It is of acknowledged use in the different species of Tetanus, doses of which, may be given to the amount of from six to ten grains every one, or two hours, until the symptoms atate, and then the dose should be gradually lessened. If it cannot be tolerated, six times that quantity as a enema, until the patient can swallow.

It is justly observed by Dr. Chalmers, that the quantity taken, can only be limited, by the violence of the spasm.

In James Currie's case of Tetanus, and general convulsions, in which the patient first took, one grain of Opium every hour, but being no longer able to tolerate pills, the fluid was administered, of which in twenty-four hours, he took two and a half grains, without sleep or activity. The dose being increased, in the next twenty-six hours, he swallowed five and a half ounces, of the laudanum, a quantity, which, at that time, says the doctor, was perfectly fatal. He lay now in a state of torpor.
the majority of the symptoms was indeed much lessened, and the general cerva-
\[\text{cels nearly gone, but the activity was extre}\
\[\text{me, a Complete Hemiplegia had persist}\
\[\text{ed, the Patient's eyes were fixed, and his}
\[\text{speech stammering, and unintelligible, it}
\[\text{seemed no longer safe, to continue the}
\[\text{Pandium, and the patient was often}
\[\text{accused by the cold bath and other}
\[\text{remedies.}
\[\text{In Laudanos, Opium in doses of, from}
\[\text{gown to half a saloon. Jails, to allay the pain}
\[\text{and relief in a few doses, but in}
\[\text{some instances even this quantity is not}
\[\text{adequate, to remove the extreme suffering}
\[\text{of the patient, and it becomes necessary}
\[\text{to repeat it in smaller doses, until the}
\[\text{desired effect is produced.}
\[\text{It is not however simply, as an anodyne,}
\[\text{that this Narcotic may be beneficially}
\[\text{employed, in painful cases of Laundries,}
\[\text{unconnected with febrile irritations, for}
\[\text{where the pain and obstruction to the}
flour of bai, into the intestines is the result of spasm of the duct, we can resort to
as remedy, more directly calculated to re-
move this condition, than Opium when
given in effectual doses.
In that species of Mania, brought on by
the use of Ardent Spirits, Opium (to use
the expression of Dr. Eberle) is the demerit
Magnetick, the "Safe Anchor" of our Hopes.
The quantity of Opium, which it is usually
necessary to administer, before the desired
effect is produced, is often times
ammoniac, thirty to forty grains, in divided
but frequent doses, are required, before the
full advantages can be obtained, which
it is capable of affording. My usual
practice "observes Dr. Eberl" has been to
administer it, in doses of two grains every
hour, after free perspiration, until sleep is
produced.
In Colica Pictorum, or Painter's Colic, it
is said to be a very valuable remedy,
when administered in large doses, in
Combination with Sydenham, it affords more immediate relief than almost any remedy
on possum. Dr John Sydenham of Elizabeth-
town, has published the result of a very
large experience, with this Article, in the
present disease. I began "to see" by admin-
istering large doses of Opium, and gen-
erally 3 gr. x at a dose, until 7-10 were taken.
I was frequently required "continued the doctor"
to find, that the symptoms began to quell,
and a few common doses of Oleum Piciini,
or the infusion of Pinnia, would produce
the desired effect. Out of forty cases,
which occurred in his practice, nine ex-
cept one proved fatal, after the adap-
tation of this practice.

In suppression of Urine induced by
a spasmodic contraction of the urethra,
and when it is impossible to introduce
the catheter without danger, Opium
after free bloodletting, purging, warm
baths is our most efficient remedy to
alleviate the spasm, and make sleep.
During the paroxysms of Myselios, Opium may often be advantageously administered in combination with Mulk, Bactin. Alas-recta and other Antispasmodics, and is especially indicated, when the patient suffers tormenting pains, when the disease manifests itself chiefly in the Abdominal viscera, or when the convulsions are obstinate, and violent.

It is a melancholy consideration, that this kind assuager of our bodily pains and torments, is used by the miserable suicide, for the purpose of self-destruction. When an overdose of it has been taken, the only effectual mode of relief, is immediately evacuate the stomach, either by the stomach pump, or by an Emetic, where Opium has been swallowed in substance. Emetics are preferable as the tube of the tube is not of sufficient size, to admit of the passage of the mass, in which the poison is sometimes taken.
The operation of the emetic should be promoted by a free use of warm drinks,\nwitches the fauces with a feather and\nevery means should be employed to pro-
duce emesis.

After the evacuation of the poison, the\nchief indication is to obviate the debility\nwhich generally supervenes. For this pur-
spose ammonia, bire, brandy, etc. may be\nemployed internally, and tinctures, and stimulants applied to the surface.
If all these means fail, artificial re-
operation should be resorted to, which\nhas been successful in several instances,
and the patient's life restored.

Attending the lectures of our learned and\nvenerable Professor of Practice, during\nhis summer course, he was called to\na patient who had taken zi Laudanum,\nand politely requested his clofe to\naccompany him to the room in which\nthe patient lay, on entering, he found\nhim sitting up in bed, his countenance
light up with a smile, and to use his
son appropriate "felt happy as a King."
The usual means were resorted to, an
Emetic was first administered without
any effect whatever. The Stomach Pump,
Warm drinks, decoctions of green Coffee,
and every means more tried, which one
possibly have any effect but in vain.
the patient fell into a deep sleep,
and it was impossible to arouse. 
though whipping was as a last resort used,
but in vain the patient sunk, to rise no
more.
An
Inaugural Dissertation
On
Structural
Submitted To
The examination of the
Provox. Regent & Faculty of Physick
of the
University of Maryland
as a candidate
for the degree of
Doctor of Medicine
By
William E. Dunkin
of the County of Maryland & State of Md.
February
1841
fractured. Divergent results are the effort of fractures whilst S. C. and L. love to pry into the possibility of such fractures but that they do exist and are frequently produced by bullets and bullets is beyond the shadow of a doubt. Divergent results occur most commonly in long bones from the circumstance which they possess that of Lewis. The broad flat bones from their situation and form are not very liable to fracture with the exception of those of the wrist. The short bones are not liable of all because they are not much within the reach of external violence and capable of greater resistance and the force applied by them is referred over the numerous joints. The causes of fractures are divided into predisposing causing and inducing. The inducing the first may be caused by the situation and functions of the bone age and condition as discussed. Superficial bones are
most easily broken than those which are protected by long processes of flesh. Some bones are more liable to fracture than others from their structure as the radius is more liable to fracture than the ulna from its supporting structure. The hand, the tibia, and so on, the fibula from its transmitting the weight of the body to the foot. The clavicle is less so than the scapula from the support which it furnishes to the shoulder. Old age predisposes to fracture from the bones becoming more brittle as the consequences of this decrease in size of calcareous with a diminution of gelatious matter. The reverse obtains in infancy and they can be twisted or bent without breaking. Certain dis-eases predispose to fracture as fragile it as ossium in which cases the bone consist of an undue proportion of car-ny matter though abounding in an sanguineous fluid—Rickets, in which
There is a deficiency of phosphate of lime in their structures. So frail are the thin, scarlet, transparent, and easily broken bones that some have considered Cold as predisposing cause but this is not the case, and this opinion originated from the fact that cow are more exposed to falls during Cold than warm weather in consequence of the grown and being covered with snow and ice.

The New Ta Causet was esteemed viole
- ed as falls, blows, and violent musce

ular in Time, as exemplified by

by int he Patellas, the Blernone, pro
- ces and the Os Calcis, it is also conde
-mended by some that the long bones

are by fracture by the mere actio
-n of the muscles, but the question

is yet sub judice. The general symp-
-toms by which fracture can be

recognized are point swelling, the

swelling, loss of motion, deformity,
Crushed or natural bone brittleness-making use at the same time of comminutive signs and exploration with the fingers when the fracture is superficial it is extremely doubtful whether any one of these signs taken separately can satisfy for the existence of fracture-cases and frequently deceived in one of them. It characteristic, viz., crushed as it is occasionally attended to by Sot A. Cre'sed at dislocations arising from a change in the quality of the synovial a arising days dissimilar from the exterior at the ends of the bone. Congenially may also give rise to it. It may be asked what is this crushed upon which was so much relied? It is a bend caused by the two fractured bone faces rubbing against each other. It is not only sound but communicated to the bone and the sound is similar to that produced by rubbing a piece.
Fractures are defined to be dislocations of continuity in one or more bones induced either by external violence or the action of muscles. They are classified into several varieties. 1st. Simple, when there is mere lesion of a bone without any wound of the integument. To communicate with the fracture, the nature and consequence of this variety, though fully expounded by its name, is the main, is however not always unattended with danger, as with it there may be conjoined considerable contusions of the skin, and partial injuries of the profundum. These, with the contusion of vessels and consequent effusion of blood in the subcutaneous and subaponeurotic tissues, may be apprehended. 2nd. Compound, which together with the fracture there is a division of the superficial and deep tissues produced by the penetration of one or both of the members of the fracture. 3rd. Compound, when the bone is...
fractured in different places and divided into several fragments and there may be simple or compound comminuted. The complicated, when attended with other accidents as dislocations with dislocations as thicks by phthisis scrofula.

Fractures are also distinguished according to the direction into oblique and transverse. The first is generally the consequence of force applied in the direction of the axis of the bone and they are the most troublesome to man.

The obliquity and the degree of the injury produce extension and the body increases the difficulty of maintaining the ends of the bone in opposition after the fracture. The bone is not just that the transverse may result from a twist of the twist applied to the part from the axis of the pivot of or from sudden and is of the upper part of a limb whilst the bone is fixed and in the joint. Bones change and thus are also Long. Judicial
...of a wrong bond. It is known not
to characteristic in all cases as connec-

tural mobility which implies...it is a point of fixation at the seat of fea-
tures. The question may arise upon whe-

at diagnosis should we rely? My answer is

that I would consider implicitly in the

three following signs: Congenital un-
motor mobility and deformity of limbs.
It is sometimes observed in consequence of the
setting supervening rapidly that this ext-

omaly is difficult to demonstrate between

fractured & dislocations. Thus we will have

the no one relying upon one another at learning

upon one knowledge of the manner which

each joint prefers, comparing the symptoms

presenting to each, and by the fact that fi-

tures in most cases are easily reduced

and generally require no power. This is that

difficultly of dislocations in the main now extremity to

reduce in some cases requiring the good

and skill of the exertion of three most

efficient and not un frequently screws
The prognosis varies according to the kind of bone fracture. In the common uneventful, according to the patient's age and health, when occurring in young persons with weak constitutions, is less a matter of favourability than the strain, but according to the age, occurring in old persons with debilitated constitutions and uneventful, leading up to parties with strong vigorous constitutions and in very advanced ages, the curve is also. Eyes attacked with difficulty and some times impossible. Occasionally forting of the neck of the thighbone occurring within the capsule of the ligaments, and proceeding by uneventful, nearly ever writing by a companion, of the possibility
of such a union. Sir A. Cooper concluded:

"very strong doubts" - the prognosis also varied.

"According to the character of the function..." - the composition of the nervous system from the simple to the complex was observed.

"Here is the union between the function of the brain..." - the process by which the original and indelible strength is communicated to the bones after their perfect consolidation. As such, which is observed to take place from the commencement of the embryo state to the completion of the skull and brain... Our knowledge of medical science now is so fully explained in this work... it is a most important and necessary..." - the authorities as advocates for this three..."
opinion and now most for reason, and as to the manner in which nature employs to accomplish the breach of cartilage. By on the one hand, Dubonnet caut... that cartilage is formed by the periosteum; this theory is opposed by Waller and Dithler, who contend that the cartilage is formed by a gelatinous substance which exerts from the extra-membrane of the fractional bond. To demand is the same as to oppose these two opinions and contends that the bones are united by a process analogous to that which produces employ for the union of the divided soft parts. But as compromises are just and by way of reconciling differences we will adopt neither of the three opinions but hold no common ground and adopt that which coincides with it in the sound evidence of truth and as a show of reason. As that of Brechet & Villermé, he says that the union of broken bones is not exclusively owing to the effusion of a gelatinous substance from these ends.
of the bone now to a decree from
the period after becoming of solid
bun
ground and solid product from the in-
sides of the fracture, but it is depend
ed upon all of these circum-
cents and combines. The changes which
balance place in the formation of the
branch are divided into several periods.
As follows. In the first day or two
there is an effusion of blood from the
broken surface. In the period the blood is
absorbed and there is an effusion of gelatin-
ous substance which becomes of solid
extends to the eighth or tenth day pro-
ducing swelling. In the tenth to the
fourth week the day this is a dimin-
ishment of the swelling lymph does abso-
be but a portion of it is more or less con-
ected around the seat of the fracture
and an internal jelly fills the loose
military canal called Callus. From
the twentieth to the seventh day
the callus becomes of solid clumping
The two fragments of the bone, so called, are provisionally called the fracture.

It is not said to be... a... A... the broken bone... of the... is introduced which forms... at the fifth or sixth month... after one year, the fracture, called a... is absorbed. Sometimes it happens that the fracture is... and discerned. It is consequently of the fragments, the being proper... of sufficient... in the bones, so... is not perfect... at the limb... subjected to... much... that the advanced age of the... and... is as it... as a consequence of this... we will have false joint... the indication... be... and... them... to expose... the bone by incision... the ends of which... be... and... This... the bone or other... ends to be... and... with the... or... by the... or... by... the... and... the, the... the, the... ends to be... and... with... the... or... to... Phlegy.
The purpose of this device is to support the fracture of the bones of the limb. The latter is generally preferable and has been tried with complete success. As reported by our clinical board and in our instances, says Brown report this lower fragment. In the treatment of fractures there are other indications. 1st. Reduction of the bone. 2nd. Maintained in the reduced position. 3rd. To prevent or arrest any infection and symptoms which may arise. The first indication is affected by extension counter-extension & compression. Show the proposed by Pott for making extension & counter-extension. In the one now generally accepted. To apply the extending force to the lower fragment and the counter-extension to the upper. The French surgeons prescribe a different plan; they apply the extending force to that part of the limb which is situated with the lower fragment and the
Corresponding to that which is not
related with the upper condensation is
affected by acting either upon the down
fragment os, directly upon the count of
fracture itself, with the above In the
effect of the prop test action of the muscle
is not fail to effect the re-duction that it will
be in consequence of violent spasms of
died action. This we should employ as
measures.- General bleeding nauseated
as grave cries and the hot-baths. The
measures by which the second indicated
is fulfilled and, rest a convenient
position bandages splints and diffe
rent kinds of apparatus when the
case is a fracture of the lower extremities,
the position should be confined
To bed and lay upon a support so that
as far from beds by the foot soft and yield
-ding charact-rs will produce in yeland
dismissed and thus on the deform they-the
position so be preserved is that by which
the muscles are best relaxed and this
appear the only one fibrous as it is the
most convenient, the most rational and
the one which we involuntarily assume
during sleep. Bandages are employed
with a double indication, to confine
the fragments and to prevent eruption.
And for this purpose we use the
single thread of either of several kind
of gauze, the latter is preferable to all other
and particularly in compound fractures
and as it is not necessary to lift up
and disturb the limb every time it is
dressed, or every time this bandage loses
and another advantage it possesses
is that it has very of the pieces which
compose it become troubled by the step
operation. It is only necessary to tack
a clean piece to the one which is abo
side to be removed and thus it is known
under the limb without the least dis-
urbance. Bandages are commonly
not sufficient of themselves to pre-
vent motion, thus comes in one of the
most important and essential parts of the treatment viz splints. They are made
of cardboard or metal. The number of pieces employed varies accord-
ing to the place of fracture generally from two to four, and are fastened
with tape or a spiral bandage. Sometimes they are adapted to the shape
of the limb. Splints perform the office of the provisional callus—they
must be placed not only around the seat of fracture, but one third
and for some distance beyond it in the direction of the limb. Sometimes smaller
splints are placed within the larger which is made of some new material to
serve nearly to provide this injurious
pressure. bags filled with a sufficient
quantity of sawdust or other soft
substance must be placed between
them and the limb.
Sometimes the Immovable appliance
is used consisting of plasterboard
and bandages with a poultice made of flour and boiling water and applied as in other cases. The advantage is that it encases the limb completely and thereby enables the patient to walk about in a few days after its application. Before any extensive apparatus is applied we must employ topical remedies to discontinue the swelling such as cold water compresses, ice spots, emollient calamine plaster and painting the part with turpentine. In the latter I have also used very successfully in cases of fractures attended with much effusion. In some cases we are unable to effect union by the usual means, particularly in oblique and fractures of the thigh. Then the employment of permanent traction has been recommended which implies the operation of a bandage or machine which continually draws
The fragments of the broken bone in con
"any directions at the same time. Which
it restrained them from gliding over ea
of these, and no restraint them in con
back during the whole time success
my for that reason. This practice is
now abandoned in this country and Eu
and comparatively speaking much
it is still adhered to in France how
and if it should be adopted the foll
owing precautions should be observ
ed. Avoid compression of muscles
over the seat of fracture. The force
should be divided upon as large an
face as possible, otherwise the soft
parts will be cut through. The pow
ents should act according to the di
ction of the axis of the broken bone.
The pain in ambulation should be
practised in a slow and gradual
manner. The joints should be defou
ed by covering them with bags of
cotton tow or woole. The appearance
recommend I for permanent weeks
ions and those of Deane, B. Rogers and
Hoge done the latter modified by Ph
ysician who substituted a broken foot
piece to which both feet were applied
and also carried the splint into the
axilla. To Chris Gibson also added a
second splint, which is carried to
the axilla. None of these however
are free from objections and as a
substitute, I would recommend Pose
few months after the first, as by it-use
all the in the joint are answered.
and preserved the advantage of all
saving motion of the whole limb with
thout displacement of the fracture.

Thus having now answered 1st and
2nd indications I wish to speak of the 3rd. While inflammation is very
sharply and consequence practiced the
usual profuse baths. The warm
low-diet. Cauterities and cold appH
at times to the joint. In robust vigour
constituted blood letting—In admixture

During each practice we must use four

instruments in bed—and if to be had

we may use for this purpose Carles

fracture bed—bleeding and purging

and to be employed with carefull—par

ticularly in compound fractures, as

they deprived the patient of the

strength necessary for union and

To withstand the subsequent steps

in time when the body and age she

in this they must be tightened—When

abscesses form they must be opened

and covered with Cerate—When complete

cured with coverings of plaster and

gauze, instead ample of dressings to

wait for the eliminating circle—

When complete with the dislocation

immediate reduction before the face

indeed how our particular eye

ends are distant it would be

impossible to reduce them...
There is a fracture here & it is in this case we must consolidate the fracture as soon as possible, and thence due to the dislocation but it will be extremely difficult at this late period. Dead portions of bone must be removed when detached and the weight supported by you & cord. In compound fractures & where the prognosis is rather unfavourable a nice question arises as to which requires the exercise of the most sound judgment & deliberation, whether it is better to attempt to save the limb thereby endangering the life of the patient or to amputate immediately as there is no great moral evil in the use of a birth. It is an approach to one whom we confine who should violently...
commenc'd as by the presence of
heavy bodies considerable lubrication
of soft parts, and of large
els and exposure of joints. Their
operations, as soon as machinery had
commence'd, and work would be done
round to be fully established, less
inflammation four should be light
and even for this we will induce several
under great disadvantages.
An
Inaugural Dissertation
on
Syphilis,
Submitted to
the Examination of the
Proved, Regents, and Faculty of Physic
of the
University of Maryland
for the
Degree of Doctor of Medicine
by
Vincent M. Butler,
of the County of Jefferson and State of Virginia,
February
1841.
It has long been a point of controversy whether Syphilis originated. The earliest writers in treating of it do not speak of it as a new disease, but as one with which they had long been familiar. Hunter considers it a modern disease. Jordan shows that it must have existed from the earliest period of which we have record, for mention is made of it by Ctesias, a celebrated Persian physician, after having resided in South America for some time positively asserted that it was of American origin. It is said by some to have originated as an epidemic in the army of Charles the 5th whilst besieging Naples in the year 1477. As to its American origin, it is said to have been given to Columbus and his followers, by the Indians of this country; but it is more probable that
They gave it to the Indians; for that it was known in Europe before this time is certain beyond controversy. This disease as all others must have had some origin; but as to finding out where it came from I think is impossible. But I think as Samuel Cooper when he says, "Are we to suppose that the same never had but a single source, and that the disease just spontaneously broke out only in one unfortunate male or female individual? And again he says, if the disease did begin spontaneously, that instead of beginning first in America or in Italy, it may have had myriads of sources and existed in every popular country from time immemorial. Like the yellow fever its origin is shifted from one country to another, each being desirous of avoiding the stigma of its having originated with them. Thus one will say that it
...with the French, whilst they still attribute it to the English, until at last the disease fell upon America.

The views of Von Archaia and Syphilis were at one time considered to be the same, but their effects were owing to the difference of surface to which it was applied, in one it was applied to a secreting, and in the other to a non-secreting surface. The arguments used by Hunter to prove this is that the crew of Bougainville who left

**Mis de la Plata**, and did not touch any where until they arrived at Batahita, after a five months voyage, communicated Syphilis to the natives of the Island. He says that a chance could not exist on the journey long without destroying it. Do it not probably that the natives had Syphilis before Bougainville came there? And again cases have been known, in which a chance did
exist this long, with doing any material injury to the penis. Secondly, he says that he produced a chancre by inoculation on the penis with the mother of Gonorrhea, both experiements by Mr. Bell prove that this is not the case. And if it was so why would we not always have the two diseases in the same person, for the 'tis of a chancre is often in contact with the mother, and the mother of Gonorrhea is sometimes found under the same pre

Rheumatics may be produced by inoculation in any part of the body, also by xiphyz, and by the middle of the mother to the child, and vice versa. Dr. Pottier mentioned a case, in which a child gave it to a nurse and she afterwards gave it to three other children. But by far the most common way in which it is propagated, is in the act of sexual intercourse. Although the primary form of this disease can be propagated, yet the
secondary form does not contain the virus, and cannot therefore be propagated as in the primary form. Hunter says that this disease is found in no other animal except man, but Dr. Potter mentioned a case of a dog having a genuine chancre, which was cured with mercury. A chancre is forming some days before it makes its appearance, there is at first an itching feel, and when the patient examines a small red pimple is observed, which in a few days suppurates and breaks leaving a small ulcer. These may occur on the glands penis, corona glandis, prepuce, frenum and at the mouth of the urethra. When it occurs on the two last named places, it is by far the most painful and difficult to cure. When on the frenum it is very painful when the penis is in a state of erection, and when at the mouth of the urethra, the urine irritates it whenever it flows, this one is cured by the introduction of the catheter. In the female
They occur on the lobes, axillae, and in some instances though very rarely in the vagina.

The chance described by Hunter is small, with a rough edge, and it extends very slowly, but by far the most characteristic sign is the indurated base. Cawthorne also described a chance with a rough edge, and extending very rapidly. These ulcers are very much modified by the constitution of the patient. If the ulcer on the penis is not healed up, we will have absorption of the veins, and in from 7 to 15 days a bubo will appear, which is an inflammation of the glands in the groin, and if it is not stopped it will go on to suppuration and ulceration. It has been thought by some writers, that buboes do not arise as is commonly supposed from the absorption of the veins, but from the inflammation produced by a chance. But it must be remembered that the veins taken from a bubo is infectious and will produce the disease. Very extensive ulcerations some time
D}
follows a tube, I saw a case in the Baltimore Infirmary in which the whole gland was ex-eroded as far back as the tongue. But a tube may arise from cold, and they sometimes are associated with gonorrhoea, in which case they are only symptomatic. He may also mistake a small humerus or aneurysm for a tube.

It is very necessary for the surgeon to examine well and also to enquire into the history of the case; as he may sometimes put the patient on a mischievous course, when there is reason for it. Secondary symptoms, these usually commence on the skin, with copper colored blotches, and we have an ulcer on the soft palate, which resembles very much the primary chancre. It next attacks the bones of the nose and face, and if suffered to run any further without remedial agents, we have softening of the head, especially the parietal, and then we have nodes. The first evidence we have of the disease having reached the bones, is an enlargement

...
called a mole, which increases very slowly and never becomes very large. In a greater or less time the swelling becomes soft and fluctuating, ulceration takes place and a cloudy, ill-conditioned matter is discharged. The bone is now completely eaten, rough and bare. During the secondary symptoms we have more or less constitutional disarrangements; the fever is generally of a hectic form, and frequently appears to be the cause of death. Membranous vesicles sometimes appear on the extremal lobes and some of the female end on the prepuce and glandular parts. These may be told from the common vesicle by their greater visibility.

The also haveRemoval of Tholurine.

Treatment. In the early days of medical science a syphilitic ulcer was treated in the same manner as any other ulcer, occurring on any other part of the body. But when medicines from the mineral kingdom became known, some of them were looked upon as exerting a specific influence over this disease. Among the mineral substances
A remedy was looked upon as exerting a specific influence over it. But it gave way to the more powerful claims of mercury, which is still considered by most of the surgeons of this country to be a specific. But the English, and some of the surgeons, think it to be that this disease may be cured without mercury. And some of them go still further, and say that it causes all the secondary symptoms of which we have spoken. But that this is erroneous is proven by every day observation. If mercury does produce these symptoms in syphilis, why does it not give rise to them in other diseases in which we see it given every day? The first person who undertook to cure syphilis without mercury was Mr. Thomson of Glasgow, a surgeon in the British Army. It was introduced into this country from England. Dr. Harris was the first to give it a trial in this country. But the treatment pursued by most of th
Profession of this country is, when a chance has made its appearance, you must con-}


\[\text{mence with the use of mercury in small quantities, so as to get the system gradually under its influence. You must stop it as soon as the gums begin to feel sore.}

And some advise local applications to the chancre, such as the black rust, which is made by adding hydriate. Pottel, ds. 33, to 333 cubic millimeters. Some recommend the caustic to be used.

But Dr. Potter objects to these applications on account of their being apt to produce bums. He recommends to fill the wound of the ulcer with dry colonel. For external use the prescription of Dr. W. B. Botker is found to be very efficacious. It is

\[\text{Hydriate, Particles 20,}

\[\text{Pulvis Salis.}

\[\text{G. H. Viz. 60, V. C.}

\[\text{to be made into twenty pills three times daily. This mode of treatment will usually effect}
Where a boil appears, it should be treated
by general and local bleeding, by means of luke
and the application of ice; after the luke, hot
have ceased to bleed. But you can generally
drive them away when they begin to appear
by means of the Compressed Mercurial Ointment.
But if you are that it will suppress you
may favour this by the application of the com-
mon borse and rosin poultice. Some surgeons
recommend that you let the boil open
itself. Others again advise the propriety of
opening it; this is done by means of a cautery
or the knife. The better plan is the one gen-
erally followed in this place. You should
make one free incision, then apply poult-
ices; I saw a case in the Baltimore Infirmary
which was healed up by means of pledgets
of lint frequently applied, they acted I suppose
by producing adhesive inflammation.
Treatment of the secondary form. When you are certain that a person has secondary syphilis, you should immediately put the patient under the full influence of mercury. You may during this time apply a solution of Nitre of Silver to the lesions on the tonsils, gradually increasing its strength. But I think that the starch of cassia is preferable to this solution. But sometimes the disease will not yield to this treatment, then I have seen the happiest effects result from the internal use of iodine, which may be best given in the form of Luger’s solution, which is:

\[ \text{Iodine 3i} \]

Hydriodic. Votap. Dzij

Vina jii pari z vii

commence the use of this in XXX drop doses which must be increased one drop daily. Some have advised the
internal use of hydrochloric acid, in two drops doses, I have seen this tried in one case but without effect.
An Inaugural Dissertation

on

Pneumonia

Submitted to the examination

of

The Provost, Regents, and Faculty of Faculty

of

The University of Maryland

for

the degree of Doctor of Medicine

by

Julius Hall

Anne Arundel Co. Md.

February, 1841.
To Dr. M. B. Potterton, Attending Physician to the Bell Hotel House, this thesis is respectfully inscribed by his youthful admirer, and obliges friends.
The term Pneumonia has been employed by authors to designate every acute inflammatory action occurring within the cavity of the thorax, whether of the pleura, the bronchial tubes, or the proper substance of the lung itself; being known by the varying synonyms, of Empyema Pneumonia, Peripneumonia, Pneumonia, Peripneumonia, Pneumonia, Pneumonia and several others. Modern writers, however, as its derivation (from pneuma) would indicate, confine it to an inflammation of the proper Parenchyme of the lungs; and indeed, says Storer, the who would call it a Bronchitis, or the terminal tubes would hardly be guilty of a Pneumonia.

Symptoms. The patient, for several days previous to the full development of the disease, feels listless, dull, insensible to exertion either mental or corporal. In some instances, head-ache accompanying the foregoing symptoms, to violence in its character as almost to forbid motion— and continuing until the disease is ushered in, like most inflammatory, with a chill, as distinct, as an—
Intermittent phrenosis, with the reaction, is
have supervening the characteristic symptoms
of the disease; a feeling of constriction as if a cord
were drawn tightly across the chest; frequent
and laborious respiration; a dull, deep, lasting pain;
with a pulse "thick, struggling and irregular",
and in the advanced stage "weak, soft and irregular." The cough is frequent, hard and hoarse,
attended with a thick, yellow, bloody, brick-red
coloured sputum, so viscous that even upon inverting
the beaker containing it, it adheres firmly to
its surface. These symptoms have been laid
down as enabling physicians infallibly to designate
this disease; but the uncertainty of the pulse
as a diagnostic in any disease is fully admitted,
that he who, like the Chinese Physician, ventures
attempts, with a caution between himself and his
patients, relying upon the pulse alone, to warn
ounce upon the character of a disease, would
render himself truly ridiculous. This cough too,
Dr. Williams pronounces a very uncertain
symptom; "being often very slight in the worst
cases, and may be superposed, depending rather
on the attendant Bronchitis than on the
parenchymatous inflammation itself. In
Regard to the expectoration which has been considered
by all physicians, as pathognomonic of this disease,
Dr. Tracy enjoins it upon us, as a point to be
particularly remembered, that "there may be
Case of Pneumonia without any expectoration
from the commencement of the disease, to the
period of complete resolution," and even when
it does occur. Dr. Williams questions its right
to be distinguished as either a, pathognomonic,
and says, that he has seen it "in cases of Bronchitis
supervening on organic disease of the heart,
causing great pulmonary congestion, and also on
pulmonary apoplexy." These symptoms, thus being
seldom fully developed, and in some instances entirely
absent, causes great difficulty in distinguishing
from other thoracic diseases Pneumonia proper.
This fact being felt and acknowledged by the
profession, led some among them to seek for
agent, through which, they might judge by
hearing, if not by the sight, of the pathological
changes taking place. To Lamarke the profesion
is indebted for the discovery of the Stethoscope, who in 1816, upon listening to the action of the heart through a paper cylinder, received a hint upon which he improved, and finally gave to the world the result of this experiment, which renders the diagnosis of Thoracic disease by signs "certain, simple, and prominent, as decided and inconstant, as the indications furnished to the surgeon by the introduction of the finger or thumb, in the complaints wherein these are used." Diagnosis is now considered by the profession as long as being greatly facilitated by these Physical signs, which indicate as exactly as can be known the extent and character of the inflammation.

The 1st stage, the stage of engorgement or congestion, is indicated by the small Crepitation of Laennec; the Crepitation Rhonchus of Williams, a fine crackling sound heard upon applying the ear to the stethoscope, "like that heard when kitchen salt is thrown upon a hot iron, or like that caused by rubbing between the finger and thumb a lock of hair near the ear." Dr. Aus Im considered it a product by effusion of serum into the minute air-tubes and cells,
and the passage of minute bubbles of air through this denun, the character of the expiration depending "on the smallness of the bubble in the extreme tube." Dr. William Howson considers this expiratory Rhonchus to be produced by the condition of the extreme air tubes and cells, "norrows and obstructed as they are, by the enlarged rapidly distributed between and around them." He continues, "as the smallest tubes are narrower than the cells in which they terminate, may not the obstruction become such in them, that the air can escape itself through the viscid mucus which lines them out in successive minute bubbles, the cracking of which constitutes the Rhonchus in question?" He has also an indication from percussion; "owing to the increased matter of the congested lung, percussion over the diseased lung, gives a sound slightly fuller than over the opposite side."

Dehiscence or staphalization is indicated by complete, closing on percussion, and by the escape of expiration; the sound of the Broca and air being heard only in the larger tubes, known as bronchial expiration and Bronchophony; the deposition of lymph...
which caused desiccation preventing the entrance of air into the minute tubes and cells. This sign of bronchophony resembles somewhat pleurisy, heard in Phthisis, where a cavity exists, but it is to be distinguished from it, by extending over a considerable surface, and also by being greatly diminished by the use of the stethoscope with the stopper in it, which is not the case in pleurisy.

In the 3rd stage, the stage of suppuration or Perurent Inflammation, when the infiltration of pus-like matter begins to take place, we hear the Murmurous rattle of a greater or less degree, but there is very no distinct physical sign of this stage, on which we can rely, and we are therefore rather to infer its presence from the functional symptoms. The previously existing inflammatory fever gives way to great prostration, rigor, cold sweat, a weak thready pulse, whilst the breathing is short, a low, and the countenance exhibits the pallid, watery, anxious, drawn, trembling, feature of ebbing vitality. Dr. Storzy suggests the existence of a stage antecedent to the stage of congestion, before expectoration begins,
Characterized by the condition of the lung being drier than natural, with intense arterial injection. No effusion of blood into the cells. The physical sign of this stage is considered an intense frequency of respiration in the affected part. Sir William in remarking upon this idea doubts the propriety of calling that another stage, which is probably "a smaller degree of the first stage, and which afterwards causes cyanosis—the partial narrowing of the air tubes."

There is one other symptom of considerable importance; the ease or difficulty with which the chest may be expanded. The motion on the unafflicted being free, as much more extensive than on the disease side, existing exactly in proportion to the impossibility of air entering the affected side.

Diagnosis. Two diseases, Bronchitis and Pleurisy are liable from having the same order of symptoms to be confused with Pneumonia; if, however, we attend to the difference in character of these symptoms, we will most probably be enabled to diagnose correctly. Pain in Bronchitis, if it exists at all, is but slight. The cough is loose and flutid, long, attended with a
transparent, liquid, but glutinous erupta, which when the inflammation has been somewhat relieved, becomes opaque and clotted; and "although still viscid, the masses do not coalesce into a glycerine." The pulse is generally soft and easily compressible, in comparison with the pulse either in Pneumonia or Pleuritis. Percussion affords but little information upon applying the ear to the stethoscope however, instead of hearing the natural respiratory murmur, we hear a sound "like the piping or chirping of birds," or says Laccoce, "like the prolonged surge of the bow on a large violin's strings, which is caused by the swollen and dry state of the Membranous Membrane. When secretion comes on, the hear the "Mucus's Voice, produced by the spitting of air through the thiek mucous in the bronchial tubes."

Pleurisy is to be distinguished from Pneumonia, by a full, hard, frequent and resisting pulse; the acute lancinating character of the pain, increased by an attempt at a full inspiration, producing that severe suffocation which the patient themselves term a stich in the side. The cough is frequent, dry, harsh, and short; in most instances lacerated
to prevent the increased suffering caused by it. Expectoration is generally absent, if there be any, it is but a transparent frothy mucous. Neither percussion nor auscultation gives us any indication of inflammation of the Pleura, unless effusion takes place; we then hear Gophony, a sound resembling the blowing of a gun; which is produced by the passage of the voice, through a thin layer of liquid, "which being thrown into slight vibrations by it, trembles and dances in an irregular manner, now checking the sound, now transmitting it with increased force, so that the voice comes through tremulous and low."

Prognosis. In regard to this we should be particularly guarded, for when most we flatter ourseves and our patients, with the hope of a speedy recovery, a train of symptoms unsuspected, may suddenly carry them off. Of fifteen cases of Pneumonia treated in the Wall, along House during the year, eight recovered, and eight died; the majority of those who died however were brought from the city, after having laboured under the disease for several days without medical treatment; two were
by them exposed to the vicissitudes of the weather, in a cold, damp, unventilated house, without food the simplest nourishment. In several of these cases, post-mortem examinations revealed the lung furred from the stage of congestion into gangrene. Thus we find under treatment a return of the now harsh, soft, and dry breath, to a respirable condition; relief of the constricton and difficult respiration; with a gradual return of the natural respirating murmur as heard through the stethoscope, thus and not until then, may we safely promise the patient's restoration.

Pathology—The morbid changes revealed by post-mortem examinations are first the stage of congestion or engorgement, in which the lung is of a violet or livid hue; heavier and much more solid than natural, still however respiring, though much less so than in a natural state.

In the Detrap, the lung has entirely lost its respirating feel under the finger, and resembles in appearance and consistence liver— from which circumstance it derives its name Hepatisation. When cut into, the lung exhibits a mottled appearance varying from a bluish-gray to a blood-red. This is attended with an
Entire obliteration of the cellular structure, presenting a granular aspect dependent upon the conversion of the air-cells into solid granules, says Lassueur, "by the thinning of their pia, and the obliteration of their cavity by a concrescent fluid." Anzal was also of this opinion who continued "Pneumonia," consisting essentially in inflammation of the air-cells, the internal surface of which secretes at first a mucous, languishing, and then a purulent fluid." Dr. Williams from many minute examinations of the granulation of hepatic tubercles, was led to regard them "as tubes, with their coats, distended by an interstitial deposit of lymph, and perhaps containing the same matter in their interior," in which opinion Anzal has since concurred.

The 3rd or Stage of Suppurition consists in the conversion of the semiliquid particle of lymph or blood, which constitute "the solids of the liquefaction into an opaque, light yellowish, straw-colored, fiable matter, and finally into a fluid pus." This pus is generally diffused in the form of purulent infiltration, blooming in the form of a distinct abscess, the very
Porous structure of the lung rendering the circumscription of the matter by the effusion of lymph, such as takes place in general, an unlikely result.

Pneumonia is also a termination of pneumonic inflammation, a lung rare in humans, and arises from the influence of agents, which directly destroy the vitality of the tissue. Post mortem examination in such cases reveal the lungs resembling in part to a dark brown, greenish, or live softening, having a fetid odour, and being probably the result of the poisonous influence of reproving gases on a congested lung.

Treatment. From the acute inflammatory character of this disease, antiphlogistic remedies are evidently particularly indicated; and at the knee of them the laurat, which may be used almost as balsamic, is true. It is that after bleeding once and again to syncope, reaction come on, the pulse rises to its former frequency and jubep, and the are compelled to bleed the third time; even then when the fear to carry the remedy further lest danger, postponement be induced, the patient reliving herself in many instance by epistaxis, it Graver remarks that he had found a repetition of blood letting necessary in but few cases;
And this was complicated with hypertrophy of the heart, the pericardium, considering the principal remedy "local depletion by leeches," which, he says,

"in all inflammatory affections of the chest, are indicated in proportion to the pain and tenderly complained of by the patient." This doctrine of

local depletions would appear to be in opposition to the experience and recommendation of another generally who considers leeches, as indicated only after the acute stage; has been at least partially suffered; the pain and difficult respiration remaining,

operation can no longer be practiced.

Colonel with expectorants and emollients has been very much used; the compound antimonial powder,

and Colonel proc. Mix. Pot.8. pr. x. Tart. ant. pr. 76.

has been more extensively prescribed in this disease,

then any other in the treating and does the power of antimony, though to a limited extent, in many instances, has relieved the disease. Dr. Stokes lays

down a rule which would forbid the administration of Colonel in the congestive stage of the disease, viz.

"that the greater the intensity of a disease, the less is the chance of salvation," and when occurring it
appears to be rather "the result of the same influences which produce the relief of inflammation, and not the cause of that relief." The direct anti-
cholagogic power of Colonel is certainly inferior to that of Antimony; hence therefore, Colonel is used in the first stage of the disease, it should either be
preceded by or combined with Tart. Antimony. To the
stage of effusion, however, Colonel is particularly
adapted; by modifying, according to Wills, the action
of the extreme adhesions, and promoting the absorption
of effused lymph, over which blood-letting has no power,
being applicable to the removal of congestion, and the
reduction of the quantity of the blood to the capacity
of the respiratory organs.

Blistering are very valuable auxiliaries after
the reduction of arterial epistaxis, assisting
very powerfully to return the healthy condition by
the Pulmonary Adhesions.

Rest to blood-letting is the treatment of Pneumonia
must be placed Antimony. This Article of the Maltese
Medica was first used by the Italian physician,
Rapisi, and afterwards by his followers, who adminis-
tered it in the enormous doses of four to a tempera-
to a drachm in twenty-four hours. Laennec adopted the Italian practice in France, giving however much smaller doses, one grain at a dose, repeating for six days; he then ordered the medicine in slow doses, but in severe cases continued it until a decided amendment took place. M. Louis has experimented on the Comparative Efficacy of Antimonium and Blood-letting; and came to the conclusion that 'Blood-letting never cure, to Pneumonia in its progress,' and the physical signs of consumption to for the most part continue to be developed by this cure. He places great reliance on Antimony, and says, 'that the Tartrate of Antimony in large doses, given in those cases, when bleeding has been unlawful successful for a favourable action, and seems to diminish the mortality of the disease.' These results differing so widely from the experience of the profession, are derived from an insufficient number of cases to warrant implicit confidence. For it is certainly true, that Antimony after depletion given in free doses, &c. by Mrs. How, during the twenty-four, will relieve with comparative certainty Pneumonia inflammation; and this effect in the opinion
of D. Williams, is to be attributed neither to
its nauseating, emetic, purgeative or diaphoretic
effects; but to its antiphlogistic power, and we
can only conjecture that it is by a specific
action on the inflamed parts.

An objection has been made to the use of Antimony, viz., its
producing inflammation and irritation of the stomach
and bowels. D. H. Robinson in his report of cases,
treated in the Ball. Alm. Hospital, p. 14, refers to this
circumstance; but gives his own opinion, that it rarely
occur, unless administered in an improper vehicle.

"I have never," says the Dr., "witnessed this effect upon
the mucous coats, although we have repeatedly administered
large doses of Tartar Antimoniac in cases of Pneumonia;
with a single exception, in which distinct Tartar Emetic
particles were seen floating in the sputum. In that instance
the medicine having been administered in a thick mes-
ceilage of gum-arabic, particles of the unisulphured
Antimony had adhered to the surface of the membrane
about the throat."