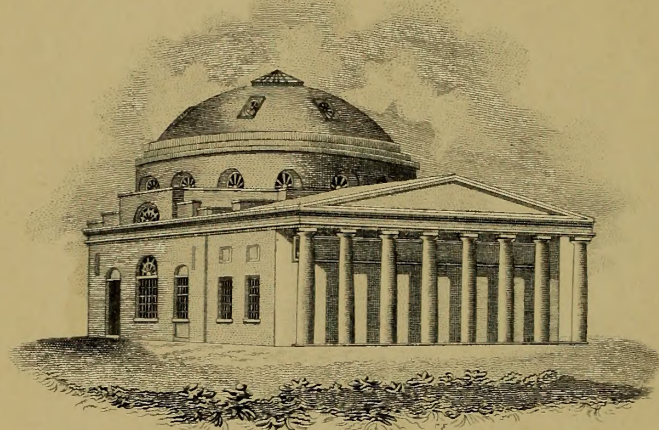


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Early Doctor of Medicine and Doctor of Public Health Theses with
Corrected Tables of Contents

These manuscripts described as either an *Integrated Dissertation* or an *Integrated Essay* were presented to the University of Maryland for the Degree of Doctor of Medicine and/or Doctor of Public Health during the years 1813-1857. The individual dissertations were bound together during the 1940's. The original tables of contents in the bound volumes contained various errors in volume numbers, sizes, and/or years. To address these errors, an additional "Corrected Table of Contents" has been inserted at the beginning of each volume.

The project team who investigated and corrected the tables of contents were: Richard J. Taylor, Historical Library/Preservation Office; Maria Milagros Padua, Metadata Management Librarian; Angela Cochran and Carol Harding-Henry, Research Division; Susan Hinkle, Anne Schmitt and Megan Wolff, Services Division.

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

University of Maryland Theses

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

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(CORRECTED TABLE OF CONTENTS)

UNIVERSITY OF MARYLAND

THESES

1826

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Harris, George William	Indigestion *
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McKay, Haines	Phlegmasia Alba Dolens Puerperarum
Jacob, George P.	Asthma
Bayne, John H.	Physiology of the Liver (partially faded ink)
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Keene, John	Rheumatism
Penn, Richard T.H.	Hydrocephalus Intenus

*Text lost in inner margin during binding process

HSHSL 2011 for the UM Digital Archive. Sources consulted for corrections: Original Dissertation; University of Maryland Medical Faculty, Matriculation List, 1821-1851; Cordell, Eugene F. "University of Maryland, 1807-1907" (New York : The Lewis Publishing Company, 1907), Volume 2.

Waters, Franklin	Cholera Morbus
Barclay, Francis B.	Bronchocele
Author Unknown	Respiration (incomplete)
Author Unknown	Dysentery (incomplete)

UNIVERSITY OF MARYLAND

THESES

1826

Stewart, Benjamin F.	Cholera Biliosa	12p.
Robertson, James B.	Enteritis	9p.
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Bayne, John H.	Physiology of the Liver	8p.
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Miller, Edward	Ophthalmia	9p.
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Stephens, ^{William} Thomas	De Effectibus Ebriositatis	14p.
Grammer, Frederick L.	De Rheumatismo	26p.
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Claggett, James H.	Cynanche Trachealis	9p.
Biser, Tilghman	Non-Contagion of Measles	16p.
Keene, John	Rheumatism	9p.
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A dissertation on

Cholera Biliosa

Submitted to the examination
of the

Right Rev.^d Bishop Kemp D.D. Provost

of

Represents and the Faculty of Physic of the
University of Maryland.

for the

Degree of M.D.

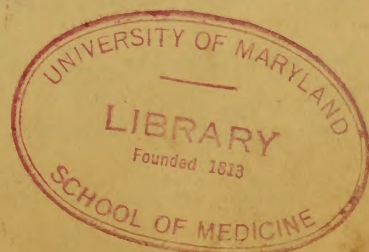
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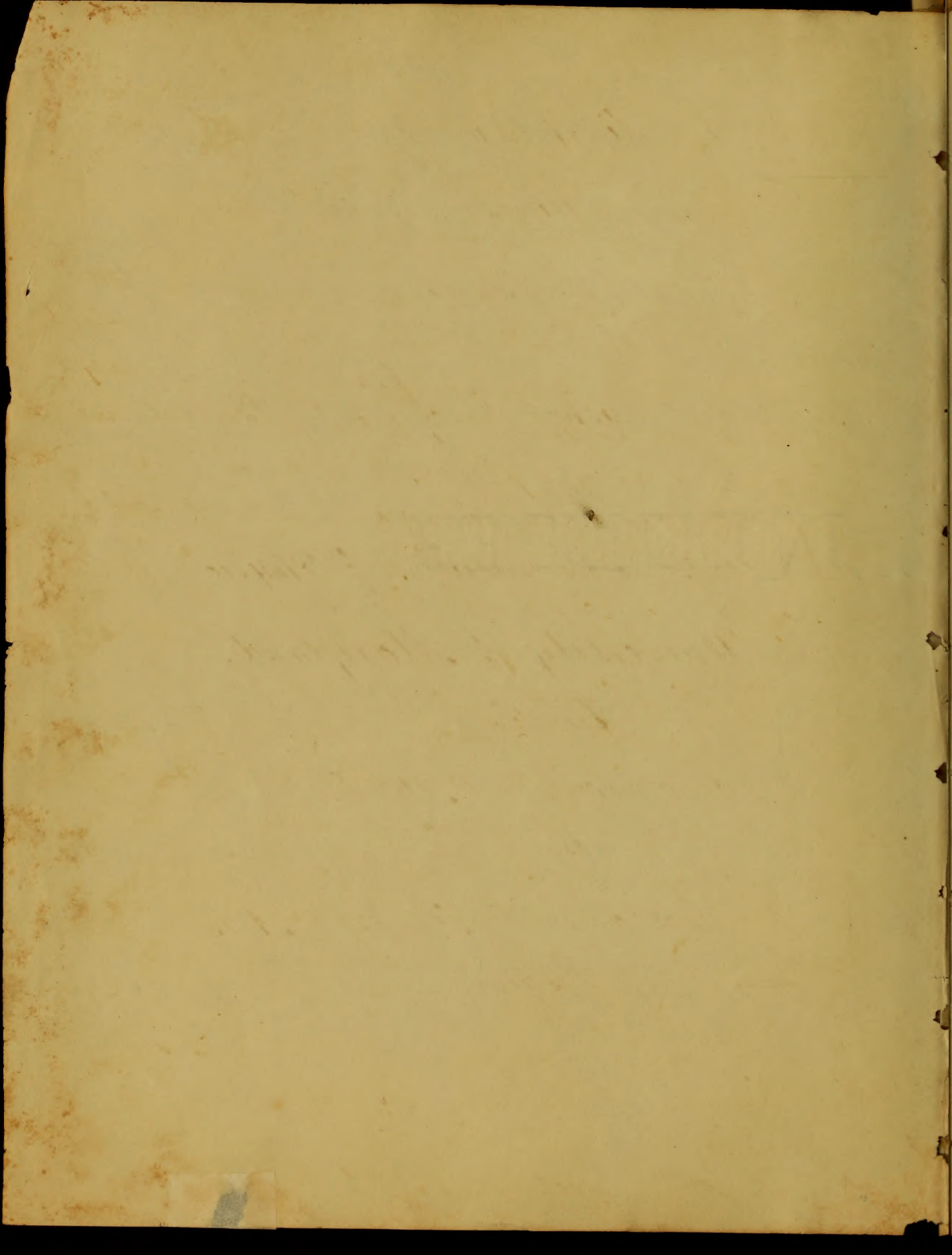
Benjamin F. Stewart A.B.

of Virginia

19837

1826





Cholera Biliosa

Under whatever aspect we contemplate the Liver, its importance is apparent - The complexity of its texture, the obscurity of its functional utility and the diversity of its morbid phenomena all equally excite our admiration and command our attention - Fortunately for mankind the labours and inquiries of the Pathologist have been more fruitful than those of the Physiologist - No facts incontrovertibly shew what the final cause of the biliary excretion may be in the animal economy - It is true much speculation has been indulged in in all ages by medical philosophers on this subject; but, even at the present period, the reasonings and arguments employed can be considered in no other respect than as ingenious hypotheses, wanting that solid foundation, fact, which alone can constitute the basis of sound theory - Notwithstanding, however, the darkness which involves the office executed by the Bile in the healthy animal, as the index of disease in its parent organ or its appendages, it is sufficiently demonstrative - It is not merely from its effects exhibited in the alimentary canal that we deduce our opinions as to the condition of the Liver, but at various and remote points of the body, we are admonished by our senses of this circumstance by its actual presence - In the Skin, Conjunctiva, Tongue, Serum of the blood, &c we remark it - This extensive & palpable expression of diseased Liver

Faint, illegible handwriting on aged, stained paper. The text is mirrored across the page, suggesting bleed-through from the reverse side. The paper shows signs of wear, including foxing and discoloration.

certainly claims our thanks to divine wisdom, as there is no viscus whose range of morbid susceptibility is so great. From the slightest functional disarrangement to the highest organic lesions, we observe the scale almost indefinitely divided. Diseases of this viscus, however, are not alike frequent in all countries or in all seasons: but, it is in tropical climates, miasmatic districts and latitudes subject to great and sudden vicissitudes of temperature that we are to find ^{them} in their most appalling living -

With these preliminary observations, let us now proceed to consider in detail that form of hepatic disarrangement denominated by Doctor Good "Cholera Biliosa" - The term "Cholera" is of ancient use - Celsus derives it from the two Greek words *Chole* and *ra*, meaning literally bile flux. The adjective biliosa is subjoined by that learned author to designate its specific difference, having comprehended under his genus Cholera, three distinct species - He objects to the old appellation, Cholera morbus, that it is pleonastic - might not his epithet be adjudged tautologous? - on the present occasion, however, *de verbis non est disputandum* - either cognomen being sufficiently intelligible

Doctor Good thus defines Cholera Biliosa - "The vomiting and purging frequent and copious, with a redundancy of bile." Cholera is both epidemic and sporadic; idiopathic or symptomatic - It is of idiopathic

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cholera that we chiefly propose to treat at present. In this form, it does not belong to the class of febrile diseases - the distress, without signs of fever, as increased heat and vascular action, foul tongue &c being absent. The pulse, nevertheless, is a valuable guide to the practitioner for it instructs him by its variations in force and frequency how to adapt his therapeutic means to the urgency of the case -

Symptoms - Cholera generally commences its attack by nausea, or a desire to stool - Cardiac pain - a sense of weight and fulness is felt in the region of the liver - accompanied with great commotion in the alimentary canal. But a short interval intervenes before violent emesis and catharsis follow - the contents of the stomach and intestines being first ejected, succeeded by the rapid evacuation *parvum et deorsum*, of a bilious fluid, attended with excruciating torminae - Soon the abdominal muscles are brought into sympathetic contractions and if art do not interfere, spasms seize upon the muscles of the extremities. The strength is rapidly exhausted, frequent syncope, in excess, colligative sweats, and cold extremities in brief succession appear, hurrying their victim to the tomb - The matter evacuated is frequently so acrid as to excoriate the fauces and rectum producing violent tenesmus - So vehement is this affection sometimes that the most vigorous constitution will succumb

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to it in 24 hours. Rarely, however, are its symptoms so extreme; or its event so lamentable under its worst form. Frequently in the course of two or three days it will abate spontaneously. But as this issue is always problematical, it would be a criminal degree of hardness and inhumanity which would prompt us to confide in it. For admitting that life may not be prominently hazarded, our duty prompts us always to avoid the consequences of disease by curing, if possible, the exciting malady. And in the present instance, we surely may look for effects violent in proportion to the cause. The English Hippocrates, Sydenham, in his enumeration of symptoms, mentions the additional one of "inflammation of the intestines and abdomen". That enteritis may supervene upon Cholera, as it not infrequently does, upon Spasmodic colic, is very possible - but it can then be no longer cognizable as Cholera - it merges itself in another class of diseases generically different. When Cholera occurs in Bilious Remittent fever as it frequently does, then this complication no doubt does occasionally take place - Whether indeed there be an actual inflammation of the intestines - even then is by some respectable writers disputed - When this state of the bowels exists in the fever alluded to, the condition of the Liver is generally very different from what it is in Cholera - it is locked up - its secretion, if it exists at all, is obstructed - But what more particularly distinguishes this symptomatic Cholera from the idiopathic, is that there is pyrexia in the former and not in the latter. For when it occurs in bilious fevers, it is most commonly

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seen in the hot stage, coming on as Reaction takes place. As a sequela of Cholera, it is presumed, inflammation does not often happen. Death in many cases too soon interposes for such an effect - and even where life is not thus rapidly destroyed - when the morbid irritability of the Liver and its consentaneous parts is allayed, we are not to expect inflammation except from imprudence during convalescence. In this state there is undoubtedly a strong predisposition, but it should be the care of the Physician and the patient equally to guard against exciting causes.

Causes - The causes of Cholera divide themselves into Remote or predisposing and exciting -

Solar Heat is the most common remote cause - That this subtle agent lays the cornerstone of Cholera, is inferred from that disease appearing epidemic in that season in which its intensity is greatest and longest continued. Hence in the warmest latitudes as the East and West Indies and in the hottest seasons as June, July and August, Cholera is most prevalent - gradually disappearing as the diseases of March Minima approach - So potent and so certain did Sydenham esteem this cause, that even in the latitude of Britain, he looked forward with as much certainty for Cholera in August as "the appearance of Swallows in the Spring or Cuckoos about the dog-days -

Has Heat any elective attraction for the Liver impairing its powers, or is that organ weakened pari passu with the rest of the body? We have no reason to suppose any

elective affinity between Heat and the Liver - How then do the best authorities depend the position that Heat alone will sometimes produce Cholera? Where are all the powers of the system are duly balanced, whether in a state of debility or vigor, we can not see how disease of our part more than another should occur, where the cause acts equally on the whole - But if we suppose the Liver or any other part to be diminished in its relative tone in the smallest degree, then as it is less capable of resisting morbid impressions, as is it proportionably liable to be first attacked - It must be in this way that Cholera is accounted for when heat alone produces it - an undue capacity being previously induced - There is but little difficulty in conceiving the principle upon which heat exerts its predisposing power. Like other powerful stimuli, when excessive in degree or quantity, it will produce indirect debility slight additional causes in this state are adequate to excite disease especially where these additional causes act unequally - But why in this state of proclivity to disease, have we Cholera rather than any thing else - The truth, I believe, is that it depends much upon the nature of the exciting causes, and the relative capacity of the different viscera, whether we shall have Diarrhoea, Dysentery, Typhus Febris or Cholera - all the modifications of disease being occasionally produced by the same remote cause, Heat, acting on the body under different circumstances -

The exciting causes are very numerous. Suppressed perspiration from exposure to a damp or cold atmosphere after the long continuance of hot and dry weather. by wet feet. by damp linen, &c. Here again we must suppose an undue dilatation in the vessels of the Liver previously excited, in order to account for this product, rather than Pneumonia or some other acute disease. The consequence of suppressing the cutaneous secretion, is that the debilitated vessels of the Liver become impacted and the Portal circulation impeded. The excitable secretions are provoked to a more violent action, and as the quantity of secreted fluid is increased, so by the agency of the same morbid influence, its equality is disturbed. Besides the causes acting from without, there are many which produce their effect through the stomach and intestines - such as various acerbent and indigestible vegetables as greens of different kinds, especially of the Phytolacca in some habits - unripe fruit. Corn-bread in those not accustomed to it - putrid meats. Mucous oils. all the variety of shell-fish as Crabs, Lobsters, Oysters, &c. So commonly is it produced by shell-fish that in those sections of the country where they abound, Cholera is not unfrequently endemic from that cause alone - Many habits have an idiosyncrasy in relation to some particular article of diet which is never indulged in at any season without exacting the penalty of this formidable affection. Hence we account for its sporadic appearance - In a highly predisposed state any thing

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which weakens the stomach either directly or indirectly will induce it, as except either in eating or drinking - especially after great fatigue, fasting, &c. The justly celebrated author of the Study of medicine enumerates with the causes "a superabundance of viscid bile". According to the view of the present writer, this constitutes the principle diagnostic of Cholera; and cannot, he conceives, without a total perversion of our ideas of cause and effect, be admitted as giving origin to it - Supposing even that considered "superabundance of bile" as the proximate cause in the sense given that phrase by Wilson Phillips and others, still it is equally objectionable; for, the morbid action does not consist in the fluid secreted, but in the gland secreting that fluid. In the language of Pathology, he is the causa causata and not the causa causans - "Medi- cet Homero nonnunquam dormire".

Pathology - Writers all agree that Cholera has its seat in the Liver. That the stomach, intestines, Muscles, &c are brought consecutively into morbid action - This is not doubt the fact in a majority of cases - but we may doubt whether invariably. For instance, where from idiosyncrasy, is it not probable that the chain of morbid phenomena may commence in the stomach, bringing the Hepatic system secondarily into disease thro' the influence of that powerful sympathy which connects the alimentary canal with all its collateral organs? In whatever way the causes act, we must suppose a congested state of the Liver to be induced. This causes

tion may sooner or later be succeeded by the symptoms already enumerated according as an adequate exciting cause is applied - or, it is possible, that counteracting causes may exchange the state of the system so that an equilibrium in its powers be produced without any obvious expression of disease. Why the stomach and bowels so readily consent with the liver is manifest from their close anatomical connections; but, why the muscles of the abdomen and extremities should be involved can only be accounted for on the principle of that inexplicable sympathy which pervades the animal machine, binding its several parts together - a principle often recognized, but little understood - As to the character of the fluid evacuated, there is but one opinion among authors, viz: that it is vitiated bile. Celsus uses the following terms in speaking of it: "Bilis supra infraque crumpit, primum aque similis, deinde ut in ea recens cura lota effundatur, interdum alba, primumquam nigra, vel variata." Of the modern writers, Cullen, Good & others express similar sentiments. The venerable Cullen writes as follows: "The matter rejected both upwards and downwards appears manifestly to consist chiefly of bile. From this last circumstance says he that the disease depends upon an increased secretion of bile, and its copious effusion into the alimentary canal; and, as in this it irritates and excites the motions above mentioned, I infer, that the bile thus effused in larger quantity is at the same time of a more acrid quality" - We here readily perceive the rationale of the priapic and tenesmus incident to the disease - Similar senti-

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ments might be quoted from the Study of Medicine, but these are judged sufficient -

Prognosis - There are few affections in which the countering influence of Medicine is more predominant. If the Practitioner be opportunely called, possessing a proper Knowledge of his enemy and the weapon most efficient in laying him prostrate, he may generally without hesitation pronounce favorably as to the issue - In the worst cases neglected even till the paralyzing arm of death shall almost have severed the vital thread, we are not to despair. But with vigilance and care, sedulously cherish the remaining spark. Knowing by experience that appearances are often deceitful and that the powers of life have a wonderful recuperative energy when the causes that trammel them are removed -

Treatment In the whole Nosological catalogue, there is scarce a single disease which requires, in ordinary cases, so simple a apparatus Medicaminum as Cholera - Our object is to check the excessive action of the Liver and to allay the irritability of it and its associated organs - To effect this, we immediately have recourse to Liquid Laudanum, which better answers our purpose than any thing else - By its peculiar tendency to check all the secretory processes, except that of the Skin and Lungs, it is admirably adapted to the first indication. And by its anodyne and soothing quality it is no less effectual in the second - It should be our object to restrict our patient to an entire abstinence from drinks, if possible, as they generally aggravate in proportion to their quantity. If any be allowed (and it is difficult to prevent their use altogether) they should be such as

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by their stimulant influence give a temporary tone to the stomach. They should be cordial and agreeable to the palate lest they offend. Perhaps strong brandy sweeten is the best auxiliary to the Laudanum. As to the dose of Laudanum, no definite quantity can be fixed on, as it must be proportioned in quantity to the violence of the symptoms. Several ounces have been given in some extreme cases with the most salutary effect - nor are we suddenly to discontinue the medicine on the cessation of the symptoms - they are apt to reappear.

We therefore should gradually withdraw it - Opium in the solid form is of no use, as before it can exert its influence on the stomach, it will be rejected - Pills are too slow and so are all the preparations of Mercury were they admissible on other grounds - But sinapisms to the epigastric region; and in the latter stage to the extremities will often render effective service - When the patient is seen early and there is much plethora, blood-letting will often avail much - in some instances greatly abridging the violence and duration of the disease -

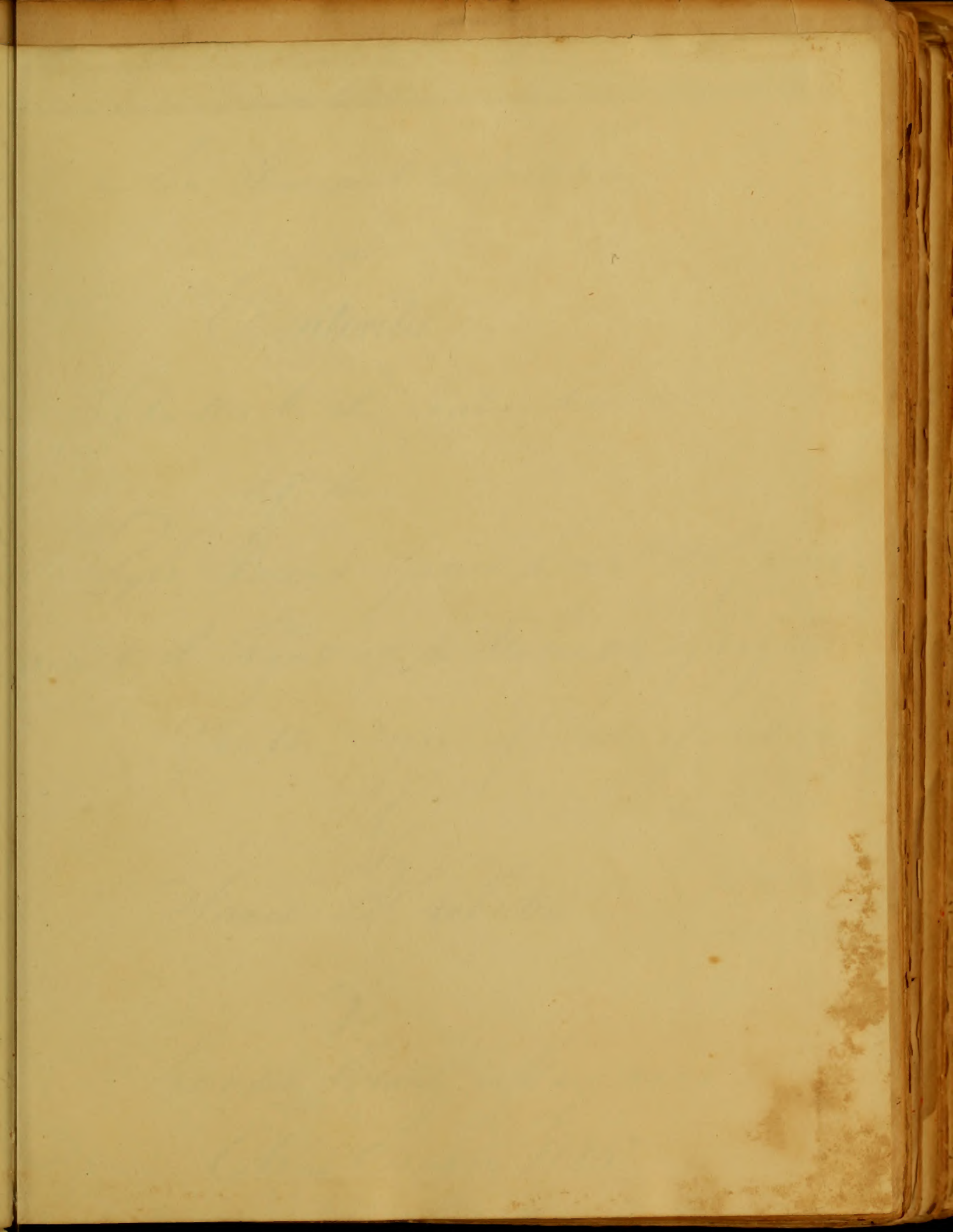
These are the principal remedies worthy of trial - What are we to say of the debilitating plan of Sydenham and his followers men of the present day? Does it not seem preposterous to be employing agents to debilitate, when we wish to remove debility? To increase secretion when our object is to restrain it? Let it not be inferred that we would detract from the high reputation of that great patriarch in medicine science - Considering the era in which he flourished, we must view his wisdom in deciding and successfully prosecuting in practice so far ex-

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calling that of his predecessors - It is true Sydenham em-
 ployed Laudanum, but both as to time and quantity, it would
 seem to be defective - Possibly Cholera might have been of
 a milder type in his age than now - For certain it is
 that the Physician who would now depend on twelve or
 twenty drops of Laudanum given at considerable intervals
 would often to his chagrin and confusion, witness the tri-
 umph of the fell destroyer - But the treatment of Sy-
 denham is perhaps the least exceptionable of the plans
 of care laid down in Authors - He went only so far as
 thoroughly to wash out the irritating contents of the Stomach
 with Chicken water among the mildest fluids
 which could be selected - Not so with Doctor Ferri-
 er - improves on him by recommending Antimonials?

Linnis -

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An Inaugural Disputation

on

Enteritis

Submitted to the examination

of the

Right Reverend James Kemp D.D. Provost.

and to the Regents of the University of Maryland.

For the Degree of Doctor of Medicine

by

James B. Robertson

of

Somerset County Maryland,

Anno Domini 1826.

Handwritten text at the top of the page, possibly a title or header, appearing as "The Journal of..."

Central handwritten word or phrase, possibly "Journal" or "History".

Second line of handwritten text, possibly a date or location, appearing as "London, 1780".

Main body of handwritten text, consisting of several lines of cursive script, likely the beginning of a journal entry.

Handwritten signature or name, possibly "John...".

Final handwritten text at the bottom of the page, possibly a date or a concluding phrase, appearing as "The end of the world".

7
Dr Henry C. Hyland

Dear Sir

My Course of
Medical Studies having at length brought me
to the Composition of my Thesis; permit me Sir,
to dedicate it to you as a small mark of
respect for your Character as a Gentleman and
Talent as a Physician; and for your politeness
and attention towards me, whilst prosecuting
the same under your Care

I Remain

Sir
Your grateful Pupil
James B. Roberts

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

Enteritis.

There is perhaps no disease in the whole range of Nosology requiring more prompt and energetic treatment than the one now under Consideration.

I am aware of my incapacity to treat of this disease in a manner which its importance requires and therefore hope that the Gentlemen to whose inspection this treatise is submitted will not condemn it with rigour. Enteritis is an inflammation of the intestines accompanied with pain in the Abdomen, nausea, vomiting, Costiveness and Fever.

The disease for which enteritis may be most readily taken is Colic, but it may be easily

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distinguished from it. In enteritis there is fever, a quick, hard and tense pulse, the pain is increased by pressure which is not the case in Colic.

The Causes of this disease are poisons, vitiated Secretions, Irregular Costiveness, Intus-susceptio, Strangulation of any part of the intestinal Canal; vicissitudes of the Atmosphere or the application of Cold to the body whilst in a state of perspiration, it may also be caused by Cold drink taken whilst the body is heated. Enteritis commences with pain in the abdomen especially in the Umbilical region, which is very much increased on being pressed, it is also accompanied with Sick Stomach, nausea

Faint, illegible handwriting, likely bleed-through from the reverse side of the page. The text is mirrored and difficult to decipher.

and Vomiting, costiveness, white tongue, heat, thirst,
great Anxiety, hard small and tense pulse.

After this disease has continued for sometime the
bowels are affected with spasms and the whole
region of the abdomen becomes exceedingly painful
and the muscles of the abdomen rigidly contracted.

This disease may end in Ulceration, Scirrhus
or gangrene; or it may terminate in resolution.

Enteritis should always be considered as a
dangerous disease, as it frequently terminates in
gangrene in a very short time from its attack,
its termination in gangrene may be known by
a sudden cessation of pain, sinking and

regularity of the pulse, Cold Sweat, Syncope & hiccup. Its termination in resolution may be known by the following marks, gradual abatement of the pain, the passage of natural stools, universal diaphoresis with a firm equal pulse. Its termination in recuperation may be known by the remission of the febrile symptoms, periodical pains and rigors, and by Pus being found mixed with the discharges from the bowels. Dissections after death evidently show the ravages of this disease in the intestinal Canal there are frequently found adhesions of the diseased portion of the intestines to the contiguous parts in

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Some cases the intestines are found in a gangrenous
 ulcerative state, inter^{ceptio} and Constrictions are
 also found, the Vestiges of inflammation of the peri-
 tonium, mesentery and Omentum are also found on
 dissection in this disease.

In the course of this disease our first object should
 be to lessen the impetus of the blood and remove
 obstruction from the intestines, In the Commence-
 ment of this disease blood letting is the first rem-
 edy indicated which may be repeated accor-
 ding to the violence of the symptoms regardless
 of the apparent debility of the patient, this rem-
 edy will frequently supersede the necessity of all

The first of these is the fact that the
 government has been successful in
 its efforts to reduce the deficit
 and to improve the economy.
 The second is the fact that the
 government has been successful in
 its efforts to improve the
 quality of education and to
 improve the health care system.
 The third is the fact that the
 government has been successful in
 its efforts to improve the
 environment and to protect
 the natural resources of the
 country.

these remedies, if carried to a sufficient extent
in the incipient stage of the disease, the pulse in
any cases of this disease will not become soft
until the inflammation be entirely subdued,
after general bleeding has been carried to as
great an extent as the strength of the patient
will admit, we may then resort to local bleed-
ing by leeches applied to the Abdomen, these
remedies being carried into effect and the
inflammation subdued, a large blister applied
to the Abdomen is the most efficacious remedy,
after which we may resort to purgation, to re-
move the Contipation, Calomel has been used

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this is perhaps not an eligible practice unless
 lives be concerned, Castor Oil and Sapo tartaric
 potash are among the best purgatives in this disease.
 emollient and Opium Injections should be
 employed. In the last stage of the Disease when
 inflammatory Action is entirely subdued, Warm
 mentations to the Abdomen and the Warm bath
 may be beneficially employed. We should be
 very Cautious in the administration of Opium in
 this disease, but in the last extremity Opiate
 Injections perhaps would not be inadmissible.

And now Gentlemen, having imperfectly
 stated of a Disease which Calls forth the ex-

entions of the Physician as much as any other
sees in the whole nosological Arrangement,
permit me to make my grateful Acknowledgments
the instruction I have received from your in-
valuable Lectures, Receive my best wishes
for Your future Welfare and Happiness,
and may you ever maintain that standing which you
now hold in the Medical Trade.

An Inaugural Dissertation
on
Indigestion
Submitted to the Examination
of the
Right Revd James Kemp D D Provost
the
Regents and the faculty of Physic
of the
University of Maryland
for the
Degree of M. D.
by
George Wm Harris

April 3rd 1826

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Two diseases are less understood, or treated upon more incorrect principles, than the one known under the vague and indefinite term, Indigestion, which is the more remarkable, when we consider, the frequency of its occurrence, its consequences, and its connexion with other diseases. In the present dissertation, we propose to treat, first of its symptoms, secondly of its cause, and lastly of its cure. The symptoms are either such as arise from the undigested food itself, or from that state of the stomach, and bowels, which causes the disease, and the irritation, of their nerves, occasioned by the undigested food, or their own vitiated secretions. The symptoms arising from undigested food, are heartburn, flatulence, painful distension of the stomach, torpor of the bowels, and eructations of various kinds. From that state of the stomach and bowels, which causes the disease of which we are treating, symptoms of a greater variety arise. The symptoms caused by undigested food, are often for a long time, the only inconvenience experienced by the patient, which goes to prove, that the stomach may for an indefinite time suffer, without involving the general system. Persons, after eating, frequently experience a sense of oppression, flatulence, and acid eructations, whose general health is in other respects very good; these symptoms readily yield, upon observing a more obnoxious diet; or using one of a more digestible quality; and if the constitution be unimpaired, and other causes, calculated to debilitate, be obviated, the stomach readily recovers its healthy action, without the aid of other means. But from inattention on the part of the patient, or some other cause, a constant repetition of

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The above symptoms continue to take place, which, sooner or later in different cases, involve the great of the alimentary canal, in the disease. Their secretions suffer in quantity, and very probably in quality. The bowels become irregular, and are moved with more difficulty than formerly, and are frequently distended, and tense some hours after eating. But as these symptoms are easily removed by some gentle aperient, and the patient restored to his ordinary state of health, they give but little uneasiness; and the first circumstance, that alarms him, is a sense of general debility, which at first occasional, soon becomes permanent, and then so far from considering his disease as one of little importance, he views it as one attended with the greatest danger; his mind becomes anxious, and desponding, and he imagines, nothing less than some important derangement, can produce the anxiety, and despondency which he feels. After a continuance of a shorter or longer duration, of these symptoms, a manifest change takes place in the alvine secretions; which change is evident, from the different colour of the discharges at different times: sometimes they are very dark, approaching to black: at other times pale, and in a short space of time, exhibit all the intermediate colours: occasionally, the food passes through the digestive organs, very little altered by the digestive process. The sensible, ^{alteration,} which takes place in the appearance of the alvine discharges, is generally attended, by corresponding changes in the other symptoms. The stomach is more easily, and more frequently oppressed. Diarrhea frequently attends, followed by fits of constipation, which are

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more or less early relieved, according to the duration of the disease. Dr Wilson
Phillip, than whom higher authority cannot be quoted, mentions, that after
the state of things has continued for some time, a permanent spasmodic
or stricture of the Rectum takes place, giving a tape-like appearance
to the feces, and suggesting the idea of organic derangement, until an
examination proves the contrary. The same author mentions, that a less
permanent stricture is ^{more} frequent occurrence. As it is impossible, for so impor-
tant a part of the animal economy, as the alimentary canal, to suffer long,
without involving the general system, other symptoms soon manifest themselves.
These are different in different cases, Pains are felt in various parts of the body.
The patient is harassed, with frequent spasms of the trunk and extremities; and
occasionally experiences, temporary loss of power in the latter. Feelings, of
endless variety are experienced, by those labouring under this most distressing
disease, to describe all of which would far exceed the narrow limits of our
treatise. The system, exhausted, and worn down, by the frequent attacks of the
disease, finally sinks a victim to its ravages, unless timely aid be brought
to its assistance. Having given as full, and as correct a history of the
~~symptoms~~ symptoms of the disease, as our imperfect knowledge of the subject
will admit, we shall now, agreeably to the order we proposed in the
commencement, proceed to consider its causes.

In considering the causes of Indigestion, we shall
find, they are as much influenced, by the sympathy of the alimentary
canal with other parts of the system, as its symptoms. The causes of

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Indigestion may be treated of under two heads. The first is, of those which act directly, and immediately, upon the stomach itself. The second is, of those which act upon the whole body, or particular parts of it, but in consequence of which, the stomach, chiefly, or almost wholly affected. In considering the causes of this disease, we do not think we could do better, than give a transcript of those given by Dr Cullen: the accuracy of whose observations, upon this and every other disease of which he treats, is conceded by all.

Of the first kind, are certain substances taken into the stomach; such as tea, coffee, tobacco, ordent spirits, opium, bettes, aromatics, putrids, and acerbents. The large and frequent drinking of warm water, or of warm watery liquids. Frequent vomiting, whether excited by art, or arising spontaneously. Very frequent spitting, or rejection of saliva.

Those causes, which act upon the whole body, or particular parts of it, are an indolent sedentary life. Negation of mind, or disorderly passions of any kind. Intense study, or close application to business of any kind, too long continued. Excess in venery. Frequent intoxication, which partly belongs to this head, and partly to the former. The being much exposed to moisture, and cold, without exercise. In fine so extensive, and intimate, are the sympathies of the stomach, that whatever cause produces considerable derangement of any organ of importance, it may be ranked, as one of the causes of indigestion. Having treated at some length, of the symptoms, and causes of indigestion, we shall, in the last place, consider its cure.

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The primary object, in the treatment of this and all other diseases, is to remove, so far as it is practicable, the remote causes whenever present. As many of the remote causes of this disease are particularly apt to recur, it requires great attention on the part of both Physician, and Patient, to prevent such recurrence. The first part of the treatment of this disease relates to Diet, and a proper regulation of the exercise of both mind and body; a due regard to these, with an occasional aperient will frequently in the forming state of the disease, effect a cure without the aid of other means. In regulating the diet of a Dyspeptic, we frequently have to encounter peculiarities of constitution, to which no general rule will apply. But as experience has taught the diet best adapted to a stomach enfeebled by disease, by this experience, in all ordinary ^{cases,} we must be governed. A person, labouring under indigestion, must not only select food most easy of digestion, but he should, with the most sedulous care, avoid repletion, as a cure is impossible without attention to this point. It will not be sufficient, for the patient to confine himself to a regulated diet, only for a week, or a month, but very frequently he will have to continue it for years, if he expects his cure to be permanent. No disease is more liable to a return, than the one under consideration; and for this very obvious reason, the causes which first give rise to it, ^{are} of constant application, without the precaution which we have enjoined. All tough, oily, and acerb substances, particularly when taken

in combination with fluids, are most difficult of digestion; consequently a diet, the reverse of this, is best calculated for a dyspeptic. In the first stage of indigestion, a ^{diet} consisting mostly of animal food, and stale bread, is best adapted to the condition of most patients. With few exceptions, the flesh of old is much more easy of digestion, than that of young animals. Most kind of game is easy of digestion. Fish is an improper article of diet, as it is difficult of digestion, and affords but little nourishment. Eggs, when not boiled too hard, is an agreeable change, if the patient will avoid excess. The fat of meat is much more indigestible, than the lean. High seasoned food is particularly injurious, as it excites a morbid appetite, which inducing the patient to take more food, than the stomach can digest, he is troubled for a considerable time after eating, with those symptoms, which we mentioned when treating of this part of our subject. Vegetables are generally improper, owing to their tendency to fermentation. But in this class of substances, as in all other, some are more easy of digestion than others; and which these are, a slight attention, on the part of the patient, will readily point out. Fruit of all kind are to most patients oppressive, but as we more frequently meet with peculiarities of constitution with respect to fruit, than other articles of diet, it is impossible for us to give rules of general application. With respect to liquors, none can be so proper as water, but in regulating this part of the treatment, we must be governed very much by the habits of the patient, as it would be worse than folly, to deprive a patient enfeebled by disease, of a stimulus,

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which, in health, his habits had rendered necessary to the support of his usual vigour of body, unless we have positive assurance, that the most limited quantity aggravates the disease. Since then it is frequently necessary to indulge our patients with Alcohol in some form, it becomes necessary to consider under what form it is least pernicious. The imported wines are the best, & suited to the majority of Dyspeptics, and of these, Port, from some peculiar quality, which it possesses, is best. but not unfrequently, this is found to disagree with patients, and then we are compelled to give the preference to some one of the other wines, and still more rarely, owing to Idiosyncrasy diluted spirits is the only form, in which Alcohol can be administered. Of this, and many other circumstances in diet, every individual must be his own judge, as no rule can be given of universal application. The exercise of the patient in the treatment of this disease, is of equal importance with the diet. The exercise of the patient may be of various kinds, viz. friction, gestation, and that, which requires the exertion of the patient. The last, when the strength will justify, is of all exercise the best. There is none, which produces such uniform, and regular exercise of the muscles and joints; none, which better promotes the circulation, and consequently invigoration of all the functions of the system. The gentlest kind of gestation is sailing, which is serviceable in all cases of debility, and particularly so in debility of the alimentary canal. Riding, on horse back, or in a carriage, is a very agreeable, and useful mode of exercise: particularly the former, and ought always to be indulged, unless

particular circumstances forbid. But very frequently the debility of the patient is so great, that he can only use the exercise of friction, and even when his strength will admit of either of the other kind, it is found a most powerful adjuvant. Whatever kind of exercise is adopted, the great object, demanding our attention, is to avoid carrying it to the point of fatigue; for when taken to that extent, the injury it produces, counterbalances all the good that can possibly result from its employment. The rules, recommended for the regulation of the exercise of the body, are equally applicable to that of the mind. As the mind becomes irritable and desponding, when the disease leads a life of idleness, his employment should be such, as will abstract his attention from his situation, and engage it without fatiguing it. Nothing is better calculated to dispel the despondency, which is a never failing concomitant upon this disease long protracted, than the company of friends, who constantly present to the patient, the fairest side of his future prospects. The time of day, at which the exercise of either mind or body is taken, is of the first importance. Exercise should be taken in the forenoon, or in the debilitated, there is always some tendency, to fever in the evening. Early to bed, and early to rise is a maxim in the treatment of this disease, from which, none can long deviate with impunity. Rules, given with respect to diet, and exercise, are seldom of themselves sufficient for the removal of this disease; more particularly after its continuance for some length of time. We shall now consider, what is

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termed the medical treatment of Indigestion. Upon this part of the treatment, we shall be very concise, and condense what we have to say in as few words as possible, as we have dwelt at some length upon that part, which relates to the regulation of diet, and exercise: upon a strict attention to which, the cure (as we have more than once mentioned) of this disease principally depends.

When we first undertake the cure of a case of Indigestion, the first symptom, generally which we have to contend with, is a feeling of oppression about the stomach, the removal of which is easily effected by a gentle emetic followed by a mild aperient, and a proper attention to diet dictates the necessity of a repetition of the emetic, which is of first rate importance, as frequent vomiting (as we have before mentioned), is one cause of the disease. Dyspepsias are harassed by no symptom more than acidity, the removal of which is generally easily effected, by some one of the Alkalies or alkaline earths, but the practitioner should be governed, by attending circumstances, in his choice of these articles. When acidity is accompanied with torpor of the bowels, Magnesia is the corrective, when the contrary obtains, some preparation of chalk is necessary. But should neither Diarrhea, nor constipation be present, Soda is the best Antacid. As simply neutralizing the acid generated in the stomach, and relieving its attending symptoms, can in no manner restore the digestive organs to their original state

The most common form of this disease is the acute form, which is characterized by a sudden onset of symptoms. The patient usually complains of a severe headache, fever, and a general feeling of malaise. In some cases, the patient may also experience vomiting and diarrhea. The acute form of the disease is usually self-limiting and resolves within a few days. However, in some cases, the disease may progress to a chronic form, which is characterized by a long duration of symptoms and a more severe course. The chronic form of the disease is usually associated with a more severe headache and a more pronounced fever. In some cases, the chronic form of the disease may also be associated with other symptoms, such as weight loss and fatigue. The exact cause of this disease is still unknown, but it is believed to be caused by a virus. The disease is most commonly spread through contact with an infected person or through the air. There is no specific treatment for this disease, but the symptoms can be managed with rest, fluids, and over-the-counter pain relievers. In severe cases, hospitalization may be required. The disease is most common in children and young adults, but it can also affect older people. It is important to seek medical attention if you experience any of the symptoms mentioned above.

of health, the principal indication of the physician must be to remove that state, which gives rise to these symptoms: which indication is best fulfilled, by restoring tone to the digestive organs in particular, and the system in general, by the administration of Medicines derived from the class of Tonics. Of these, the preparations of Iron are considered the best. The Muriated tincture of Iron has been recommended, but I believe, has never received a very extensive trial. Bark, and in fact all the bitter Tonics, (as we might have concluded reasoning a priori) have been successfully used in this disease: but in the use of these medicines, we should always bear in mind, that their long continued use will produce the very disease, which their judicious administration is so efficacious in removing. Of the numerous remedies employed in this disease, none, perhaps, has equal claims with Mercury, given in small doses. No medicine can so effectually remove those bilious symptoms, which are sooner or later induced, through the medium of that sympathy, which exists between the Liver and the organs of digestion. The bowels should be regulated, by the occasional administration of some mild cathartic. Should all our remedies fail, and the disease in spite of our best endeavours continue to progress, it sooner or later, extends to other organs, giving rise to a new and complicated train of symptoms, no longer partaking of the character of that idiopathic disease, which we proposed only to consider in this treatise.

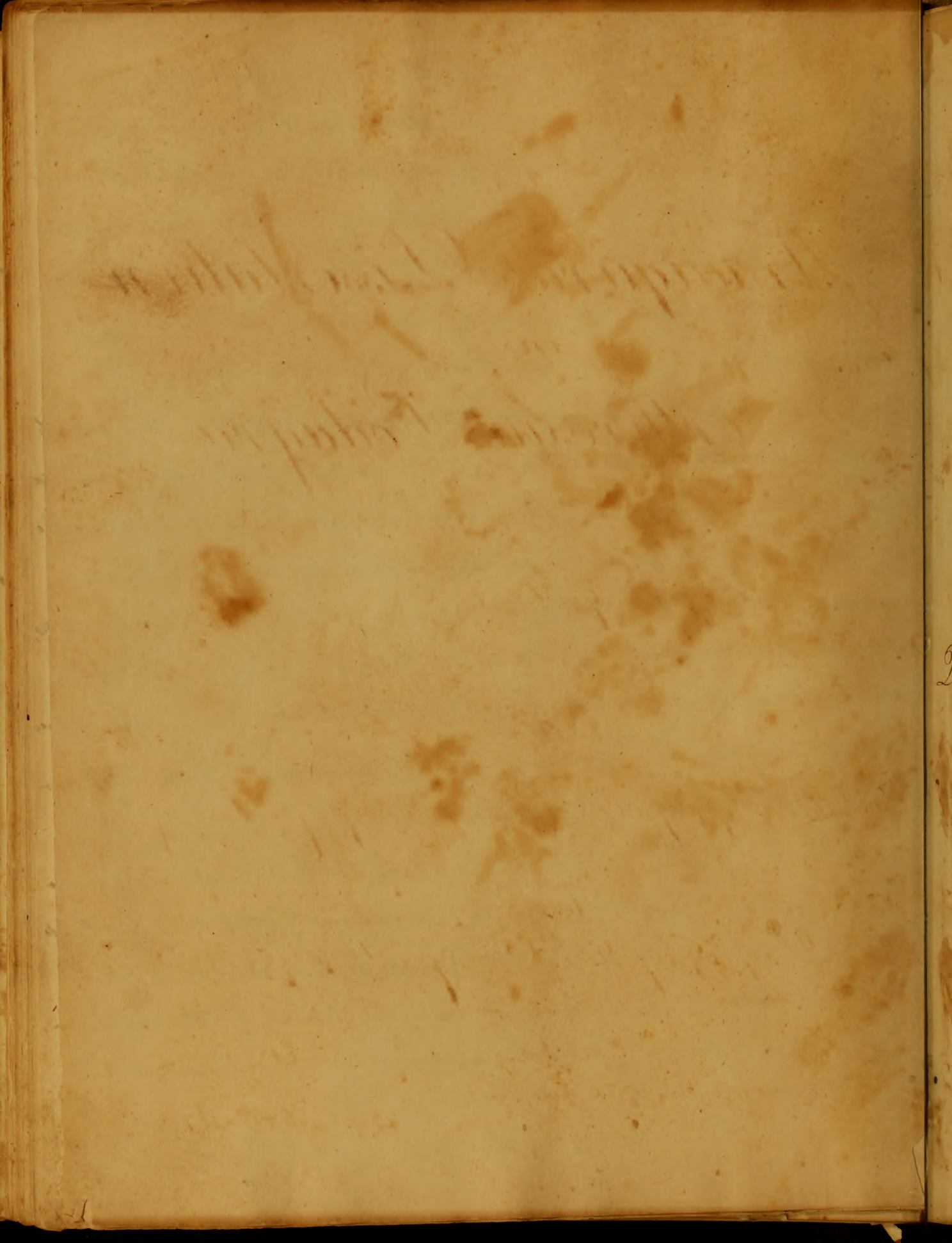
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An
Inaugural Dissertation
on
Arthrosia Podagra
Submitted to the examination
of the
Right Reverend James Kemp D.D. Provost
and the
Faculty of the University of Maryland
for the
Degree of Doctor of Medicine
by
Silas Larsh
of
Baltimore - Anno Domini MDCCCXXVI.

James Keble Esq

James Keble Esq

of the University of Cambridge

to the Honorable

of the

of the University of Cambridge

and the

of the University of Cambridge

for the

of the University of Cambridge

James Keble

To
Samuel^{sr} Baker M.D.

Dear Sir

Permit me as one of your pupils, to
dedicate to you these few and imperfect lines as
a mark of respect, (though trivial) arising from a
sense of consciousness of your ~~unparalleled~~ virtues
as a Christian, and your talents and dignity, as a
Physician and Teacher.

The Author

Introduction.

It is not my intention to endeavour to investigate the validity of the Theorist, nor to attempt to unravel and render visible any of those Arcana of the science of medicine, which we may contemplate as being ^{hid} within her temple, not to be brought into view by the pen of the youth, nor the vain attempts of the inexperienced Theorist; but only by that indefatigable industry, & perseverance of application which has characterized the lives of many of our predecessors: For vanity would fall to the lot of him who would attempt to pry into the secret paths of nature, without being acquainted with her highway's. —

I must therefore be content with describing that which has already been described, & the subject which I have chosen for this dissertation is that of Pout, the affects of which are as well known by the Epicure, as its Pathology & Therapeutics is by the Physician.

Introduction.

It is not sufficient to have a good
the quality of the paper, but to
understand and make use of the
of the science of medicine, which
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Particular reference is made
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On Arthrosia Podagra.

This disease manifests itself, in persons of robust and large bodies, of large heads, and of full and corpulent and more especially in those of gluttonous habits; though this is a description of persons who are more obnoxious to Gout, yet it may make its appearance in others who exhibit a life of great regularity and abstemiousness, and when this is the case it is from hereditary predisposition.

This disease, has been confounded with rheumatism, in consequence of its apparent resemblance, but the difference upon examination is very manifest; it is a hereditary disease, and in this it differs from rheumatism, and in the latter disease there is seldom or never a metastasis, which frequently occurs in gout: Rheumatism

Dr. Robert P. Taylor.

This disease is manifestly less in nature of itself
and large bodies of large blood, and of full and
copious and more especially in that of yellow
-colored bile; though this is a description of persons
who are more inclined to heat, yet it may occur
in appearance in others who exhibit a life of
great regularity and abstinence, and when
this is the case it is their peculiar predisposition.
This disease, has been confounded with
the rheumatism in consequence of its attendant
inflammation, but the difference upon examination
is very apparent, it is a localized disease and
is this it differs from rheumatism, and in the
latter disease there is seldom a more a quotidian
which frequently occurs in fact; Rheumatism

seizes the large joints, the smaller are generally affected with gout, they differ also in their remote causes, for some of the causes which give rise to gout, could never produce rheumatism; another diagnostic mark between rheumatism and gout, is the dyspeptic state of the stomach

This disease may be acquired and transmitted to Posterity: It affects women as well as men, and generally appears in them about the period of menstruation; Children have it when hereditarily predisposed; Eunuchs are seldom troubled with it, they are supposed to be fortified against it by castration.

It attacks by paroxysms, generally in the Spring, and comes on but once in two or three years, but after it has occurred for some time

...the large joints, the smaller are generally
affected with gout, they differ only in their
nature, for some of the cases which give
rise to gout could never produce rheumatism;
another diagnostic mark between rheumatism
and gout, is the typical state of the stomach
this disease may be recognized and distinguished
to Gout: it affects women as well
as men, and generally appears in their youth
the period of involution; Gout is more
commonly hereditary; Rheumatism is not
connected with it, they are supposed to be
produced against it by coarctation.
It attacks by paroxysms, generally in the
evening, and ceases in the morning
...but after it has ceased for some time

it appears annually or oftener, and the parosyism is of longer continuance, it is also more easily excited, and less inflammatory.

It generally comes on about one or two o'clock in the morning, and when it attacks the big toe or foot, it is called Podagra; those persons who have experienced the parosyisms of gout are generally warned of its approach by the following premonitory symptoms, such as a coldness or numbness of the lower limbs, also a sense of pricking or formication, slight shiverings, and a sediment in the urine, the part which it seizes upon is very painful and of a pale red colour, it is tense, swollen and of a shining and smooth appearance, but it never suppurates (except in protracted or neglected cases where the calcareous

it appears usually in places, and the first
is of large continuance, it is also more easily
excited, and less inflammatory.
It generally comes on about one or two o'clock in
the morning, and when it attacks the leg the
foot is called Pedeget, this disease will have
appeared the first signs of foot are generally
swollen of its appearance by the following symptoms
of inflammation, such as a redness or tumour
of the toes first, also a sense of itching or
pruritic, slight throbbing, and a redness
in the vein, the first which it acquires is
very painful and of a pale red colour, it is
then swollen out of a shining and smooth
appearance, but it never suppurates except in
children or aged persons.

secretion is supposed to be formed, then you may have an ulcer, produced by the irritation of this deposite) and in this it differs from common phlegmonous inflammation: The stomach in this disease, is not necessarily affected, there is fever, the skin is dry &c. and sometimes there is a calcareous matter deposited under the skin consisting of urate of soda. The kidneys are also attacked with the gout & from these it is translated to the extremities and vice versa; the Brain, Liver, Stomach, Lungs and Rectum are sometimes implicated, also the Bladder and when this is affected you have acute pain at the neck of this organ, also strangury, and a discharge of thin acid mucous from the urethra.

The terms Tonic and Atonic are used

the tongue thick and white
this acid mucus from the
this organ, also the discharge of
affected you have acute pain at the neck of
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phlegm and inflammation: the throat in this
disease) and in this it differs from common
have an ulcer, produced by the irritation of this
throat is affected to be found, then you may

by author's, the former where it is highly inflammatory, and the latter where the inflammatory symptoms are not so manifest.

When the gout comes on in the usual way (attacking the extremities) and is translated from these to any of the viscera, it is called retrocedent; but when it attacks some of the viscera first, it is then called misplaced gout; and when the gout does not confine itself to one part, but moves from place to place it is then called irregular.

The causes which excite gout are various, such as intemperance in eating and drinking; Indolence, sometimes ceasing from hard labour will produce it; much application to study; also the sedative passions; excess in venery; a

sudden change from a spare to a full diet, or from a full to a spare diet; a sudden cessation of an habitual discharge; also sudden exposure to cold, when the skin is in a state of perspiration, or wet applied to the feet, they all however concur in producing either direct or indirect debility. A sprain will produce it where the person is predisposed.

There is no disease perhaps within the bounds of nosology, about which Authors differ so much as respects the treatment in this; for we find some who recommend it to be treated with cordials and a phlogistic regimen, while others directly opposite, treat it with evacuants and an antiphlogistic regimen; Patience and flannel have also had their share in the jargon of the

day; the limits of this dissertation will not admit of my noticing the demerits or merits of the above diversified treatment, I shall therefore confine myself to that which is most generally approved.

The treatment of Gout may be divided into Paroxysmal and Interval.

In a regular paroxysm of gout, where the extremities suffer, and where the constitution is in other respects healthy bleeding from the arm, or the application of leeches to the inflamed part is of great utility, also diaphoretics, emptying the bowels and dipping the part in cold water, or a frigorific mixture, though some object to this, for fear of a metastasis, but there is no danger of this, if it be used discrim

day, the limits of this dissertation will not admit
it of any furthering the details or merits of the
above described treatment, I shall therefore con-
fine myself to that which is most generally
approved.
The treatment of heat may be divided into
paroxysmal and intermitent.
In a regular paroxysm of heat, when the ex-
cessive heat, and when the constitution is
in other respects healthy, bleeding from the arm,
or the application of leeches to the inflamed
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conspiring the vessels and dissipating the heat
in cold water is a specific mixture, though a
more effect to this for fear of a metastasis, but
there is no danger of this, if it be used before

-inately; for this treatment is to be avoided when there is any thing like debility in any important organ, although we cannot bleed generally in this case, we may apply leeches, and the pain may be palliated by epithems, such as cloths wet with ether or alcohol and applied to the part, to be renewed when they become dry; also a liniment made by triturating opium with oil of almonds and applied to the part, at the same time gentle aperients or injections may be used; when the pain is very acute, & the inflammatory symptoms have in some degree subsided, opium may be given: The diet is to be reduced gradually, and stimulating drinks should be avoided.

In Irregular gout, the indication is, to transfer

... for this treatment is to be avoided when
there is any thing like debility in any part
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to the part to be treated when they become
... by the treatment much by the nature of the
... and applied to the part, at
... or injection
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the inflammatory symptoms have in some
degree subsided, opium may be given: but still
it is to be reduced gradually, and administered
... be avoided.
In the former part, the indication is to...

it to the extremities, and there fix it, and in order to do this we must stimulate by warm tonics; and a generous diet, the feet are to be put in warm water, which weakens and debilitates them, for if they be weaker than other parts, the gout will fix upon them.

In misplaced gout, we must use brandy, ether, musk or opium which is the best, it should be given freely; and in addition to these we must apply external irritating articles, such as sinapisms, the camphor liniment, & even the moxa itself, and the extremities should be put into the warm bath. In retrocedent gout the treatment is much the same, for we must use external irritants, a light but generous diet with wine, & keep the bowels open with rhubarb or magnesia

it to the extremities, and there fix it, and in
order to do this we must stimulate the
tissues, and a general diet, the feet are to be put
in warm water, which excites and debilitates
them, for if they be excited, then they heat,
the feet will give upon them.
In misshapen feet we must use surgery,
but make an opinion which is the best, whether
to give first, and in addition to these we
must apply external exciting articles, such as
oil of turpentine, the compound spirit of rose
marie, and the extremities should be put
into the warm bath. In misshapen feet the
treatment is much the same, for the spirit of
turpentine, a little oil of juniper, with
some of the other spirits, will do much to

During the interval, temperance in eating and drinking is to be strictly adhered to, regular exercise is to be used, taking care not to carry it so far as to induce fatigue; In the young and corpulent it is necessary that they should abstain from animal food and wine; fermented liquors are to be avoided, though in elderly persons who are habituated to the luxuries of the table it is necessary to reduce their diet and manner of living gradually; The bowels should be kept regular; Going to bed early, and rising early should not be omitted; Hard labour is recommended by some, in short every thing should be attended to during the interval which will strengthen and invigorate the system.

During the intervals, however,
in eating and drinking is to be chiefly addressed
to, regular exercise is to be used, taking care not
to carry it so far as to induce fatigue; In the
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is recommended of course in that every thing
should be attended to during the intervals when
will strengthen and invigorate the system.

1841
Annual Report

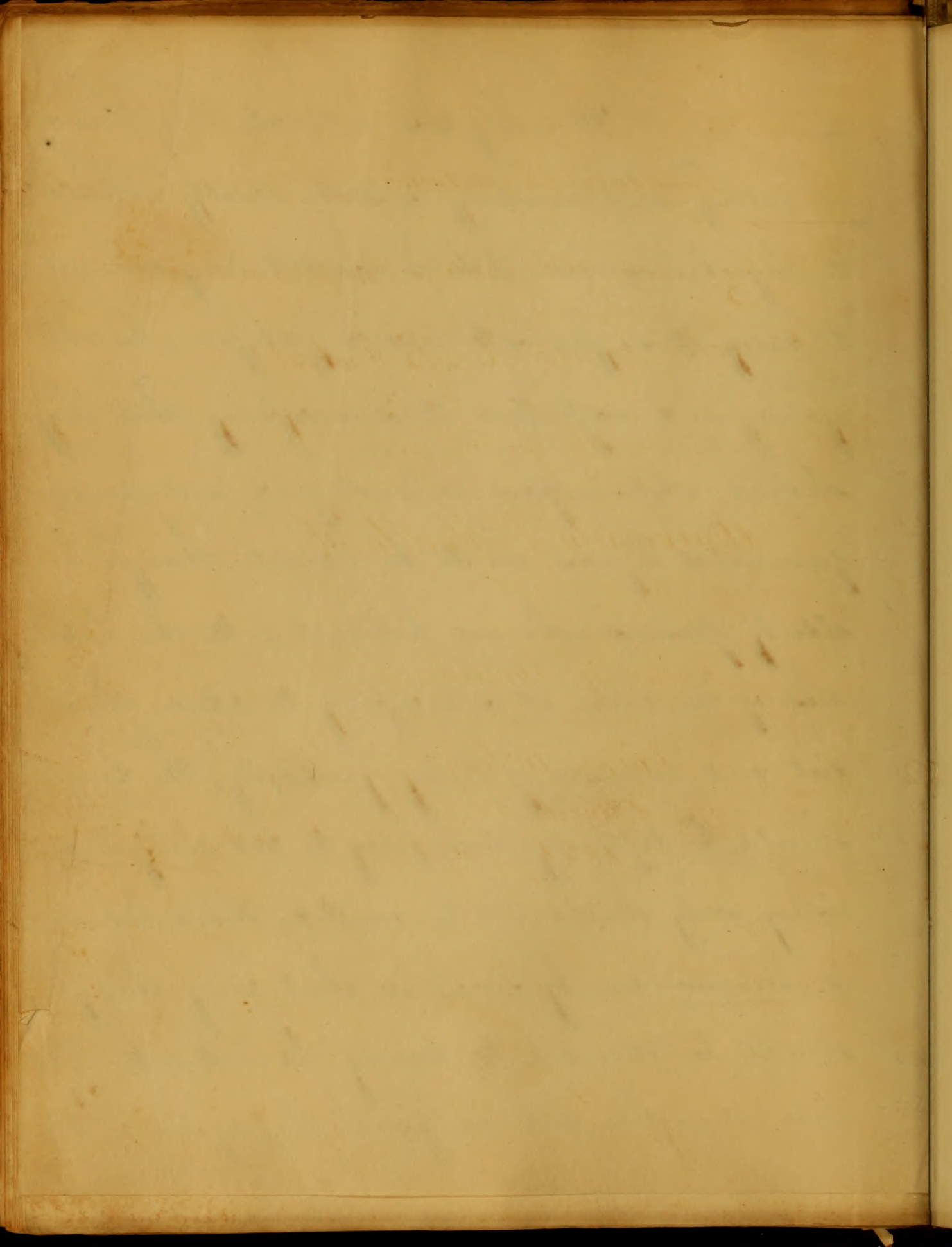
Albany, N.Y. 1841
J. C. Smith, Secy.

Wm. C. Smith, Secy.

1841

1841

1841



An
Inaugural Dissertation
on
Phlegmasia Alba Dolens Puerperarum
submitted to
Doctor James Kemp Provost
and
the Faculty of Physicians
of the
University of Maryland
for the degree
of
Doctor of Medicine
by
Haines McKay.
March.
1826.

University of Cambridge

Presented to the Senate
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in the year 1798

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1798

Phlegmasia Alba dolens Puerperarum

This disease commonly known under the designation of Phlegmasia alba dolens puerperarum from its being supposed peculiar to the puerperal condition, is one of very great importance whether we regard the interesting subjects of it or the great diversity of opinion entertained respecting its pathology. On this latter account it is rendered a subject also of no little difficulty. It has of late years engaged the attention and employed the pens of some of the most eminent members of the profession whose different productions are not less characterized by discrepancy of sentiment and contrariety of statement than ingenuity in speculation and ability of execution. To inculcate from these discordant and distracting representations and theories the truth and present it in its native simple & art perhaps will be deemed no easy task for one just treading the vestibule of the temple of medicine. And when it is remembered that the rare occurrence of the disease and the retiring delicacy of its ordinary subjects secludes it from the observation of the student of medicine, a failure to

As this will meet with indulgence from the liberal
and candid critic.

Notwithstanding this disease cannot be supposed
of more modern origin than many others of the puerperal
state, it does not appear to have challenged the close ob-
servation of the ancient writers. Mr White about forty years
ago appears to have been the first who wrote a regular Treatise
upon this subject, since which time the attention of the Profession
has been more particularly called to it and we have been favour-
ed with the speculations of Drs Ferris, Hault, Deuman and others.
A critical examination of the views of these gentlemen
is precluded by the nature of the present essay. In the course
however of our review we shall take the opportunity to touch
some of the prominent points which their performances present.

The disease before us appears to consist in a peculiar in-
flammation of the lower extremities and parts adjacent: ~~The~~
~~French~~ From the white appearance of the swelling the French
call it *depôt du lait*, and hence the term milky leg regarding it
as a translocation and deposit of the milk in the affected member.
In this idea they were confirmed by observing in some cases that
the breasts became flaccid not reflecting that the secretory process of

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the mamma was suspended by the attendant fever. Besides in many cases the breasts are overflowing with milk and the child is nourished at them. It is said only to occur in lying in women and never during pregnancy and to appear in no other part of the body than the lower extremity. The state of the lochia exerts as little influence over it as the milk and it attacks every variety of subjects, neither rank, age, employment nor habit furnishing an exemption from it; and season or local situation occasioning any difference in this respect; as already remarked however it is a disease of comparatively very rare occurrence. According to the records of the Westminster General Dispensary says Mr White out of 1894 women only five were attacked with it and of 8000 in Manchester only four. It usually makes its appearance in twelve or fourteen days after delivery though sometimes much later and sometimes reaches a considerable height in twenty four hours. It generally commences with pain in the groin, or some neighbouring part as the hypogastrium, hip or loins. The pain winds around along the inner part of the thigh and is accompanied with a sensation of stiffness or weight descends to the Gastrocnemii and becomes very severe and often excruciating. The parts soon begin to swell usually commencing

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above and spreading down the thigh and leg until the member is distended throughout its whole extent to double its natural size; the swelling presents a white smooth and shining appearance, its temperature is greater than the sound limb; it is very elastic to the touch not pitting like the oedematous affection and is exquisitely tender when handled, If scarcely little or no fluid escapes from the punctures, and when the limb is placed in the horizontal posture the swelling does not subside as in dropsy of the cellular membrane. The conglobate glands especially of the ham and groin are also swollen, knotty and hard. The accompanying fever is seldom considerable or of long continuance and upon its subsidence and the diminution of the pain and tenderness the limb feels heavy stiff benumbed & weak. It rarely is reduced to its former size and most commonly is considerably enlarged during the life of the patient, also ~~more~~ she is more liable to cold in the affected member which feels weak and stiff after exercise. After one limb recovers it sometimes seizes on the other; but according to Mr White never attacks the same member a second time. The last named gentleman regards the swelling of the labia pudendi of the side affected as ~~another~~

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ognomonic symptom and says that it never crosses a line pass-
ing down to the gluteal sulcus from the nasal depression.

This disease is often of long continuance but seldom
if ever terminates in suppuration or gangrene and is very rarely
fatal.

In approaching the investigation of the pathological part
of this subject we feel no little timidity and hesitancy.

The lymphatic vessels which all agree are chiefly interested
in the proximate cause of this disease, pass from the inner and
outer side of the foot in the course of the saphena veins, whilst
a deeper set accompany the great arteries of the limb.
They all however concentrate at the inguinal glands and pass-
ing over the brim of the pelvis go to form with the set from the
opposite side the common receptaculum. Most if not all the writ-
ters on the subject agree in an inflammation in these vessels whilst
they all differ more or less in regard to its cause and extent.
The idea of Dr Denman is that this inflammation depends up-
on an absorption of some acrimonious matter secreted by the uterus
which he supposes is in a state of morbid action and that this ac-
rimonious irritates, inflames and produces an obstruction of the glands.
But in reputation of this view it is maintained that cases occur

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where the uterus is healthful and its secretion unvitiated.

The theory of Doct. Hull so far as we have been able to learn it from the statements of others does not appear very distinctly to exhibit the proximate cause. She supposes the inflammation to extend to the muscles, cellular membrane and cutis and that there is an effusion of coagulable lymph instead of the proper fluid of the lymphatics and also that the large blood-vessels and nerves participate in the inflammation. But this description appears far better to suit a description of phlegmonous inflammation, and were it correct instead of a glabrous white tumefaction we should certainly witness a swelling of area appearance and attended with constitutional symptoms far more serious and dangerous than are usually found to accompany the present affection.

Mr White who has the merit of first calling the attention of the profession more particularly to this subject supposes that the continued pressure of the child's head in labour upon the lymphatics where they lie between the uterus and the brim of the pelvis might produce a rupture or laceration of them and consequently extravasation, especially as the anterior edge of the pelvic basin is sometimes very sharp. She has sustained this opinion with

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much plausibility and ingenuity. The length of time which elapses before the inflammatory symptoms appear he argues, sustains the probability of this lesion having taken place. For the inflammation extends gradually from the point of injury to the glands which become obliterated, and the pain and swelling ensue. He also supposes that the protracted recovery results from this lesion and obstruction of the lymphatic trunk and that the effused fluid cannot be absorbed until by inoculation and anastomosis a new channel is provided. But the argument on which he appears chiefly to rely is that as the new channel lies beyond the action of the injurious agent in future parterient efforts the disease can and does never occur a second time in the same limb.

If this be the state of the fact it is difficult to obviate the force of the reasoning.

But Mr White finds in Doct. Ferriar an ingenious and formidable opponent. Doct. Ferriar's opinion is that the disease consists simply in an inflammation of the absorbents of the limb; that they are rendered incapable of performing their function by the thickening of their coats and the obstruction of their glands; but the arteries being in a sound state, the ischalaunts continue to pour out their fluid which must accumulate in the cellular membrane. He supposes this state of things to differ from oedema only in the inflamed state of the lymphat-

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ies and the complete suspension of absorption which proceeds though imperfectly in the latter disease. He impugns Mr. White's doctrine on the ground that the swelling does not always begin in the groin and brings forward a well attested case in which it was confined to the calf of the leg and did not extend above the knee, and another in which the swelling began in the foot.

The rupture of a lymphatic he maintains if it could produce distention of the limb would produce it immediately, at least in the neighbourhood of the rupture. But he contends that when a lesion of a lymphatic trunk does take place, as it often must, in dislocations when the capsular ligament is extensively lacerated, as such swellings follow, though the luxation be not reduced for months. He also adduces the case of a lady aged 53 who never had a child & of another in whom it occurred twice in the same limb. The last case mentioned is given in the words of the patient Mr. Bellot, surgeon of Old Swan which is very interestingly detailed; and constitutes one of the two cases in which it occurred in a male.

Doct. Ferriar supposes that cold and moisture may be the remote cause of this affection and that there are circumstances attending parturition abundantly sufficient to account for

it without supposing a laceration of the lymphatic trunk. For during the last months of gestation the uterus pressing upon the venous trunks of the lower extremities produces a venous congestion in the extremity. This by the laws of the constitution must ^{be} followed by increased effusion of the exhalant vessels which imposes an increase of duty and consequently action on the absorbents. The absorbent vessels then stimulated he thinks may be occasional causes, readily be thrown into inflammation - such may be ~~the~~ ~~violent~~ considered the violent pressure which takes place on the part during delivery. The constitution also he argues is much more irritable after than before. The balance of the circulating fluids is suddenly changed: there are new determinations and new sympathies produced in a state of great debility agitation and anxiety. In circumstances so peculiar he thinks it not surprising that inflammation of the absorbents should take place.

Doct Good appears disposed to entertain nearly a similar opinion on this subject and indeed if we admit the cases adduced by Doctⁿ Ferriar McWhites theory cannot be maintained and the opinion of his opponent presents fairer claims to our adoption than any other that has come under our notice. In treating this disease conformably to this pathological view he states that it will be removed in

two or three weeks instead of continuing several months or longer.

As this disease is evidently of a local affection and where the constitution becomes implicated it is only secondarily involved, generally measures of a very active character are seldom required indeed the fever would hardly ever call for the lancet which is more indicated by the excruciating ^{pain} than the arterial excitement. In some cases one or two moderate bleedings may be advantageous particularly in intonic habits; but it should be remembered that this remedy will not alter the state of the limb as regards the swelling - gentle purgatives will be most proper. Dr. Ferriar recommends particularly the acidulous tartrate of potassa from the decided influence it appears to exert over the abscess. In the phlogistic diathesis the antimonial diaphoretics would appear to promise advantage also after proper evacuations should there remain much irritability pain and restlessness anodynes may with much propriety be resorted to, of which perhaps the Pulvis Spicae. Compos. as uniting the soporific and diaphoretic properties seems to possess the strongest claims and is very generally recommended.

The preparations of Mercury appear not to succeed so well as we would be disposed to imagine whether exhibited internally or locally applied by inunction. The most important

and efficient means however are of a local character as
we may infer from the nature of the disease; local bleeding
by leeches repeatedly applied according to the urgency of
the symptoms often affords immediate relief. To this may
be added after sufficient depletion with great advantage
the use of blisters - an eminent professor of the University of
Maryland states that he has often found much benefit
from them by applying a small epispastic immediately
over the seat of the pain and so much relief has been affor-
ded by this practice to the sufferer as to induce them when
the pain shifts & reappears to request a recourse to the same
remedy. Some practitioners envelope the whole limb in an
emollient poultice and anodyne fomentations as of poppy heads;
promise to be of service. But what is better a swathe of flannel
wrung out of hot vinegar may surround the whole limb
and be renewedly applied warm whenever it becomes cold. This
last mentioned means aided by gentle aperients is said to have
been adopted with invariable success in all cases; in one of the
most regulated lying in Hospitals in London. When the acute

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stage has passed over and the limb is merely affected by
swelling and sluggish stiffness indicating debility and inaction
or when as is sometimes the case Oedema is the result we must
have recourse to more stimulating means and in delicate
habits a prudent course of tonics with generous diet may be re-
quired to rally the exhausted energies of the constitution and
through that ~~of~~ the part. Doct. Good states that he has found
the common vol. liniment with laudanum the best application
doubtless it is very proper. The oleum Camphoratum or linimen-
tum Saponis Compositum perhaps might be usefully subjoin-
ed - But what is perhaps of more importance than either
long continued and gentle friction with the hand or flesh
brush should not be omitted - a laced stocking or elastic flan-
nel bandage skilfully applied should be constantly worn till
the part is able to support itself. Bathing with sea water will also
be advantageous. But bathing in the sea itself promises singu-
lar benefit in all cases as it unites with it necessarily change
and purity of air with exercise and mental diversion and
recreation which are very grateful to the invalid after her

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ing so long secluded from society and confined to the precincts of a sick chamber -

In concluding I cannot take leave of ~~you~~ of this institution without giving expression to the grateful sense I entertain in consideration of the many valuable lessons both theoretical and practical that have been taught me by its enlightened professors, and their unexceptionable deportment and kindness toward me as a pupil.

H. C. Hoag

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An Inaugural Thesis
On Asthma

Submitted to the examination of the
Right Rev. James Kemp, Provost

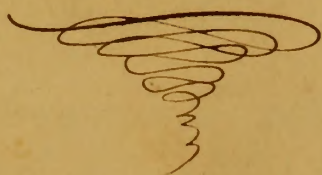
And
The Faculty of Physic
of the

University of Maryland
for the

Degree of Doctor of Medicine

By
Geo. P. Jacob

March 1826



October

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Thesis

Every one who is at all conversant with the usefull and all important Science of Medicine, will at once admit, that it is far from perfection, in consequence of the many different and new causes which are daily generated to produce new diseases, or different types of the same disease.

In saying that there are different types of the same disease, I do not wish to be understood that those regularly organized diseases which invariably present themselves on the application of certain poisons, are changed in their essential character; but are only modified in consequence of the different circumstances under which they present themselves. Still they possess those characteristic symptoms by which the Nosologist may form a perfect diagnosis, although there may be

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as much difference in the same disease, at different times and under different circumstances, as there is in the size and stature of different men: or between the expanded mind of a Newton and the contracted sphere of that of an Idiot.

Here, however, I would wish to draw a line of distinction, between those regularly organized diseases, which are invariably the consequence of the application of certain poisons, as before stated, and those which are merely the effect of contingencies and which will even operate to baffle the attempts of Nosologists to arrive at a perfect diagnostic or characteristic system of Nosology.

We can readily conceive, that the Nosologist can point out those diagnostic symptoms which will always and under all circumstances distinguish Canine Madness from Syphilis; and we will as readily admit, that they can no more be changed

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from the one to the other, than that the offspring of a Cow can have the characteristic marks of a Horse. But will the Nosologist contend that he can invariably distinguish inflammation of the lower part of the Trachea from Bronchitis, or that of the Meninges of the Brain, from that of the Brain itself, or a slight affection of the Pleura from that of the Lungs themselves with as much certainty, as the Botanist can distinguish an Oak from a Tulip, or a Zoologist can, a Horse from a Sheep?

These are the circumstances which will ever operate to render abortive, any attempt to form a perfect diagnostic system of Methodical Nosology.

But although we cannot look for a perfect system, yet we are not insensible of the inestimable value even of those very ingenious, though we must say imperfect ones, which have been

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presented to us at different times and by some of the most distinguished and most devoted cultivators of Medical Philosophy.

Among the most conspicuous of those we will find one, in whom talent, industry, and youth will ever find a friend, more especially, if devoted to the cause of that science and from whom (than from none better) I will take the character of the disease of which I propose to treat.

Asthma, the subject of the following essay has been confounded with many other diseases which are totally different in their causes as well as their essential characters.

Every difficulty of breathing or shortness of respiration, whether from exercise, strangulations, hysteria, or any other cause has been denominated Asthma and here as in other places we

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Have cause to regret that authors have been so fond of lengthening out the catalogue of diseases, as to enumerate, merely the symptoms of diseases for diseases themselves.

Asthma, has been considered by the illustrious Cullen, as well as by many other authors, as a spasmodic disease and we very readily agreed with him in thus considering it, in some cases, but we think that the symptoms of Asthma may be accounted for (and probably Dr Cullen wd have accounted for them) without the aid of spasm had he not been haunted by ^{this} his favourite theory. But he seems determined to have the influence of spasm to help him out of all difficulties and he might have done very well if had placed the spasm in the right place, for of all the parts of the body, the Bronchiae and Trachea are the least calculated to be affected

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by Spasm. The Scalpel of the Anatomist can not find muscular fibres in the Bronchia, sufficiently powerful ^{in which} to authorize us to place the power of producing the phenomena which present themselves in Asthma; but we can very readily conceive how the spasmodic affection of the diaphragm, intercostal and other muscles of respiration, may diminish the capacity of the Chest and thus produce the phenomena of Asthma.

We can also conceive how the debility of the vessels of the Lungs and consequent accumulation of blood in them may also produce Asthma.

Thus we may have two kinds of the same disease, presenting nearly the same phenomena but totally different in their causes and requiring different treatment.

We will then divide Asthma into two species, viz; Spasmodic and Plethoric. Although

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Dr Cullen seems to think that "a preternatural and in some measure a spasmodic action of the muscular fibres of the bronchia", are always concerned in Asthma yet we think that he almost understood the pathology of Asthma when he says "As asthmatic fits seem thus to depend upon some fulness of the vessels of the lungs, it is probable that an obstruction of perspiration and the blood being less determined to the surface of the body, may favour an accumulation of blood in the lungs and thereby be a means of exciting Asthma." Probably had the Dr not been prepossessed by his favourite theory, as before observed, he would have accounted for ^{the} phenomena of many of the paroxysms of Asthma without the aid of Spasm, though we are of the opinion that there are some cases of Asthma, presenting different symptoms, to explain which it would be necessary to call in the aid of Spasm.

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Asthma is thus defined by a late and highly approved Nosologist of whom I have already spoken.

"Spirandi difficultas, per intervalla subiens; cum angustia in pectore sensu, et respiratione cum sibilo strepente, tussis sub initio accessus difficilis, vel nulla, versus finem libera; cum spu to mucoso saepe copioso"

Symptoms— From the definition already given of this disease it is understood that a difficulty of breathing, recurring at intervals, with a sense of narrowness in the breast &c are the most usual symptoms. According to Dr Cullen it is very often an hereditary disease and seldom appears sooner than the age of puberty. The paroxysms sometimes attack very suddenly; sometimes they approach gradually, attended with a sense of suffocation and the patient is not able to rest in a horizontal position. If the patient attempts to

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talk he makes short sentences as he is almost exhausted for want of air in attempting a long one. There is a tickling in the throat which excites coughing, which is done with great difficulty, but when expectoration takes place it is a source of much relief. According to Dr Cullen the attacks of Asthma are generally in the night, which may be accounted for in the position of the body being recumbent, as well as the deeper state in which the system is during sleep; the pulse is variable but most generally depressed; the face in the first paroxysms is tumid and the eyes are protruded but in the advanced stage of the disease the face is pale and emaciated. A paroxysm is excited by exercise, by walking up stairs, by walking facing the wind, by anger & sometimes, by joy; in consequence of which, the patient is rather disposed to sadness and ^{to} avoid exercise or any thing which may hurry the cir-

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culatation of blood through the lungs. Sometimes however the patient is very much related immediately after the operation of a paroxysm, in consequence of the great relief obtained.

When the disease has progreded sometime the vital as well as the natural functions are impaired in consequence of the blood not being properly decarbonated by the lungs; hence dyspepsia and all its consequences.

This disease according to Dr Cullen though often threatening immediate death, seldom occasions it and persons often attain to old age in this disease.

When it does prove fatal, it is by a congestion of blood in the lungs, which compresses the air cells and thus by cutting off a communication between the lungs and atmosphere, causes suffocation. Dr Cullen says that in young persons, it sometimes terminates in Phthisis Pulmonalis, which probably is not the case unless

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The patient be Strumous. It sometimes ter-
minates in Hydrothorax by debilitating the
Vessels of the Thorax and causing an accumulation
of blood with an effusion, of what is generally
called Serum, but is rather a peculiar dropical
fluid, the consequence of a morbid secretion.

Asthma has been divided into many species
as, the moist, the dry, the Spasmodic and many
others, ~~we~~ choose to comprehend them all under
two species viz Spasmodic and Plethoric.

The Spasmodic Asthma, is the consequence of cau-
ses applied to the nervous system, of which Dr
Cullen enumerates, passions of the Mind, particu-
lar Odours, frights &c "And," says the Dr "that this
is an affection of the nervous system appears
pretty clearly from its being frequently attended
with other spasmodic affections, as Hysteria - Hyp-
ochondriasis &c. This variety of Asthma is
to be treated by venesection, which will relax

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the muscular fibres and thereby, subdue the spasm, and afterwards with antispasmodics - such as Musk, Camphor and particularly Opium to regulate the action of the Muscles. After which exercise and tonics will restore the tonicity of the Muscles.

That variety of Asthma which I have called Plethoric may arise from an opposite state of the body, for the body may not be in that nervous state which causes the other, but may have causes to act on the lungs debilitating them and thereby produce local plethora. For the system may be in the highest plethoric condition, but if we have no point weaker than another we shall have no disease. So when I speak of Plethora in this instance I mean a local plethora or a removal of blood in the lungs.

Proffesor Potter viewing this disease analogically has denominated it Apoplexia Pulmonium, which

Memorandum

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is very expressive of the state of the lungs in
Plethoric Asthma

Diagnosics.

Asthma as we have already said has been Con-
founded with many other diseases, as well as sym-
ptom, of diseases; as Dyspnoea, Aneurism of
the Aorta, Angina Pectoris, Pneumonia, Hydro-
thorax &c. It is unnecessary to point out the
distinction between Asthma and Dyspnoea; as
the latter is only a symptom of the former, as
well as of many other diseases.

Asthma may be distinguished from Aneurism by
the gradual approach and constant presence of
the symptoms of Aneurism, while Asthma recurs
at intervals. There is a pressure and constant
uneasiness in Aneurism, while in Asthma there is a
peculiar tightness of the thorax; and when the
Aneurism has enlarged considerably, the pul-
sation of a tumour may be felt in the situation

it Occupies, which no longer leaves a doubt as to the Character of the disease.

From Angina Pectoris; By a numbness down the arms which is an attendant on Angina, which is not on Asthma. - By the symptoms of Angina suddenly going off and the sufferer becoming quiet, while those of Asthma go off gradually.

From Pneumonia; 1st By pyrexia being an attendant on Pneumonia which does not attend Asthma, and it is an extraordinary fact "says F. Potter that Asthmatics feel more Comfortable in an atmosphere where the Yellow Fever prevails". 2nd. By being more easy in a recumbent posture in Pneumonia and better on one side than the other which is not the Case in Asthma, but this is not a Certain diagnostic for sometimes the patient feels more at ease in an erect position. 3^d. By the pain being generally on one side in Pneumonia, while it is deep seated, and not well defined in Asthma. - From Hydrothorax, By a dropsical

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diathesis and edematous swelling of the legs and feet which generally attend the latter disease, with a scarcity of urine. In Hydrothorax the patient is often seized in his sleep with a difficulty of breathing by which he is awoken with a violent palpitation of the heart, which are removed by placing the patient in an erect posture, In the advanced stage of Hydrothorax a fluctuation of water may be perceived, which does away all uncertainty.

Causes of Plethoric Asthma.

We will divide the causes into predisposing and exciting, and first of the

Predisposing Cause

Which is debility of the lungs, by whatever Cause produced, whether by mechanical injuries, as fragments of stone or any other foreign body received into the lungs, a great shock of the thorax attended with injuries of the lungs, the reception of dust in the lungs from attending mills, Cotton factories &c. By Phthisical or scrofulous state of the lungs, or by repeated attacks of

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Cataarrh or any other diseases which weaken the lungs.

Exciting Causes.

The exciting Causes are such as accelerate the circulation of blood through the lungs, as violent exercise, walking up stairs, a sudden change from a denser to a rarer atmosphere, by ascending a mountain or burning coal or any other combustible substance in the room.

By the repulsion of an eruption from the surface of the body, which causes a determination of blood to the viscera and consequently to the lungs, By a suppression of any accustomed evacuation as the menses, hemorrhoids &c.

Asthmaticus generally live better in Cities than in the Country, in low valleys, than on mountains, in consequence of the greater density of the atmosphere in those situations.

Prognosis.

Our prognosis will be formed according to the urgency of the symptoms, If the patient be seized suddenly and seem almost exhausted for want of Air, and if those attacks are very frequent; and either will not submit

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to or from peculiar circumstances cannot obtain medical Aid, the prognosis is unfavourable, but if the patient be in such a situation as to obtain assistance this disease hardly ever proves fatal.

Method of Cure.

We have already noticed the treatment of Spasmodic asthma and it only remains for me to point out the most approved and successful method of treating that variety which I suppose to arise from local plethora; and from the pathological views which we have taken of this disease, the remedies very naturally present themselves and first in rank is bloodletting, the *modus Operandi* of which is obvious to every one, by taking off that load under which the vessels of the lungs are labouring and equalizing the circulation; this is the most prompt and only certain remedy in a violent fit of Asthma, Sometimes from a long continuance of the disease, the vessels of the lungs are so much debilitated that they cannot contract and empty themselves after Venesection.

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section has been used and the Vesicary taken off,
in this case blisters act very beneficially by strength-
-ening weakened vessels, From the conclusions we have
already drawn viz. that the symptoms of Asthma are
dependant on the want of the sufficient expansion of
the lungs and free Circulation of blood through them,
Emetics appear likewise to be useful, by Causing those
long inspirations which are Consequent upon the violent exer-
-tions made in vomiting, as well as the general relaxation
and evacuation they produce. All tight bandagings
and other Causes which may excite this disease should
be avoided, and the patient should live abstemiously
and take moderate exercise - the exercise of sailing
is the best, and a voyage to sea has been known to cure
it. Hannels should be worn next the skin which keeps
up a termination to the surface and thereby diminishes
the flow of blood to the lungs. Changing the Climate
together with labour and abstemious diet will
well almost certainly cure it in the first stage.

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The patient should go to a more moderate and uniform climate, keeping the bowels regular and preventing the irritation of accumulated feces in them is a good practice. In the paroxysm our remedies should be prompt and energetic, if it arise from plethora, Copious bloodletting should be immediately enjoined and a blister over the region of the part affected is generally preferred by Authors, but as I suppose they act through the medium of the nervous system, if they be applied on the inner parts of the thigh or arms as being the most sensible parts, they may prove equally if not more effectual.

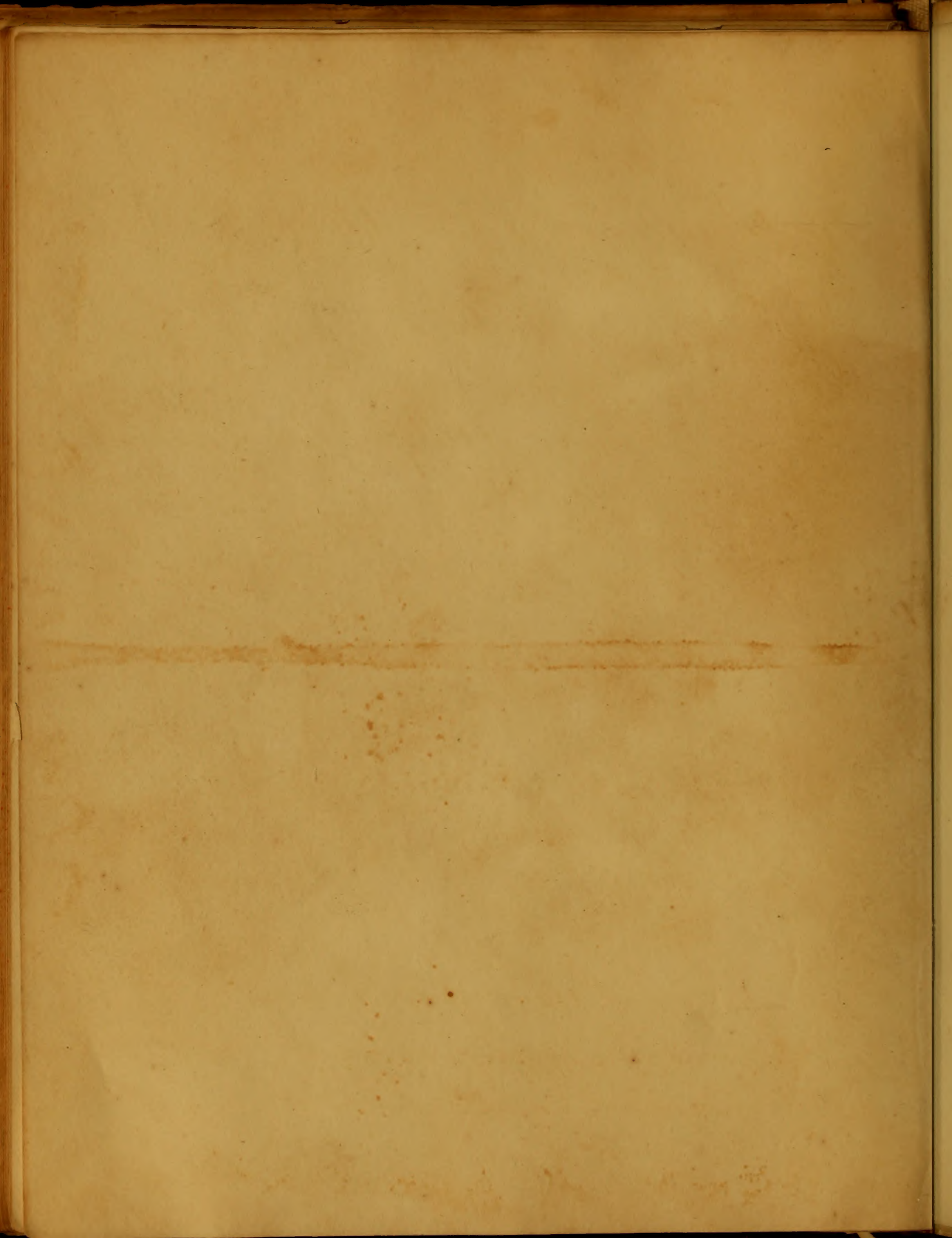
If the disease be of that variety which I have called Spasmodic, Venæ Sect. may likewise be necessary for the reasons I have already stated after which Opium, Musk, Camphor &c. should be used.

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In Conclusion they leave most respectfully to
give expression of the very high esteem and
respect I entertain for the Professor, to whom
this imperfect essay is, with sentiments of the
highest esteem, gratitude and affection most
humbly dedicated, for their very amiable and
unexceptionable deportment to me, for which
I shall ever feel a high sense of gratitude

George P. Baker

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On the
Physiology of the Liver

an

Inaugural Dissertation

submitted to

Doctor James Kemp Proost

and the

Faculty of Physic of the
University of Maryland

for the

degree of Doctor of Medicine

By

John H. Payne.

March

1826.

To

Thomas Sumner M.D.

This is respectfully dedicated by his
friend and pupil
the
Author

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On the physiology of the Liver

From the most remote period of medical antiquity up to the present day, we see the physiologist directing his attention to the investigation of the functions of the liver; which from its situation; the proportions which it bears to man as a whole; and from its peculiar and interesting conformation, has been productive of conclusions the most opposite in character— Each one endeavouring to deviate in some measure from his predecessor, has either adduced some rational opinion or has hazarded some absurd hypothesis; every one tenacious of his own production has been anxious to give it publicity, and at the same time has been equally zealous in its propagation. But, without giving countenance to the absurd speculations of some, and degrading doctrines of others, we are unhesitatingly constrained to say that we are indebted to our ancestors, and cotemporary preceptors for every particle of knowledge

(The Philosophy of the
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which we presume to think we possess on the subject.
Yet we are conscientiously coerced to say that we feel
ourselves obligated to that unprejudiced examiner of
physiological opinions in the University of Maryland
for the recitation of numerous facts, as well as,
for the eradication of many preconceived false im-
pressions. — To enter into a regular detail, or our
attempt to generalize the multiplicity of theories
now before the world on this subject would be
negatory and would greatly transcend the limits
assigned this ephemeral dissertation — We see one
writer making it supreme director of the system;
another has made it an apparatus for the secre-
tion of a fluid to be eliminated as useless; another
supposes it to have efficient agency in the
process of animalization; another supposes it
to produce unequivocal and important phys-
ical changes in the animal economy; another
supposes it to combine with excrementitious part
of the chyme, and then to act as a stimulus to,

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The propulsive power of the intestinal canal, by which it is evacuated, thereby preventing the noxious consequences which result from fecal accumulations. When we view, the extreme vascularity of this viscus; the two distinct sets of vessels which carry blood to it, the one set for the secretion of bile the other for ~~the~~ ^{its} sustentation ~~of the viscus~~; we must be instantly struck with a belief, that it performs an office eminently useful to the animal. Bell believes from the immense quantity of blood which circulates through the liver, from the slowness of its motion which is peculiar to venous blood, after having gone through the circulation of the intestines, is a provision of nature ~~of nature~~ for the discharge of carbon, besides the secretion of a fluid to stimulate the intestines. In this position he has the support of Fourcroy - Dr Rush in his essay on the functions of the liver and spleen speaks thus, "The design of the liver I believe to be, to receive the blood from every part of the body, ~~and~~

In order to subject that which has not been completely analyzed or deprived of its chylous properties, to a secretory process, and after, to pour the product of this secretion into the duodenum, to be absorbed or otherwise taken up by the lacteals and conveyed with the chyle into the blood vessels in order to be completely converted into red blood, for the purpose of serving the various and important uses for which the fluid is intended in the human body — Another one of our most intelligent and beautiful writers [Dr James Johnson] in his invaluable work, to show the necessity and use of the hepatic secretion, says, "This immense gland is the largest in the human frame; for neither the brain, lungs, heart spleen nor kidneys can be compared with it; and now since nature has never been accused of supererogation through out her works, we may safely conclude, that the importance of this organs function, is

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the animal economy is commensurate with its
magnitudes." — "That this organ performs an office
indispensible and salutary every one must admit.
It is through the regular functional action of the
liver, that the healthful operations of the animal
is perpetuated — It is through the medium of the
liver that the skin, intestines and by that im-
plicable relation which exists in the system,
every part is stimulated to the performance of
their respective functions. For from a torpidity
of the liver, or from obstruction of the excretory
ducts preventing a free egress of bile into the du-
odenum we have a train of the most unplea-
sant consequences; we have its characterizing
tinge; a sense of lassitude; inaptitude to motion,
depression of spirits; indigestion; anorexy &c. &c.

On the other hand from a redundant and
retained secretion of this fluid, by its acridity
produces incessant intestinal action; tenesmus
tormina; inflammation; prostration of strength

The original manuscript is now in the possession of the
British Museum. It is a very interesting document
and contains many valuable details. The handwriting
is in a cursive hand and is very legible. The
document is written on a single sheet of paper and
is dated 17th century. It is a very important
document and is of great value. The original
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is dated 17th century. It is a very important
document and is of great value.

emaciation &c. both tending to prove the
bad effects arising from a disarray in the liver.

The Ancients believed the liver to be an organ
by which the nourishment was prepared; and
Foucray has attempted to revive the doctrine;
supposing the long protracted circulation through
the liver was destined to unite more intimately
the molecules of the blood with the new nou-
rishment - But late writers seem to have over-
sightly these speculations.

It seems yet to be a disputed point among
some of our most scientific and distinguished
Modern writers, whether the bile is excrementitious
or not. The bile certainly is an excretion as far
as relates to its presence in the liver, biliary syst
and ducts. But its mere entering the duodenum
at the point where chyle is separated, seems to argue
powerfully its subserviency to digestion, not that
here as some have said that a separation of
the proximate principles of bile takes place.

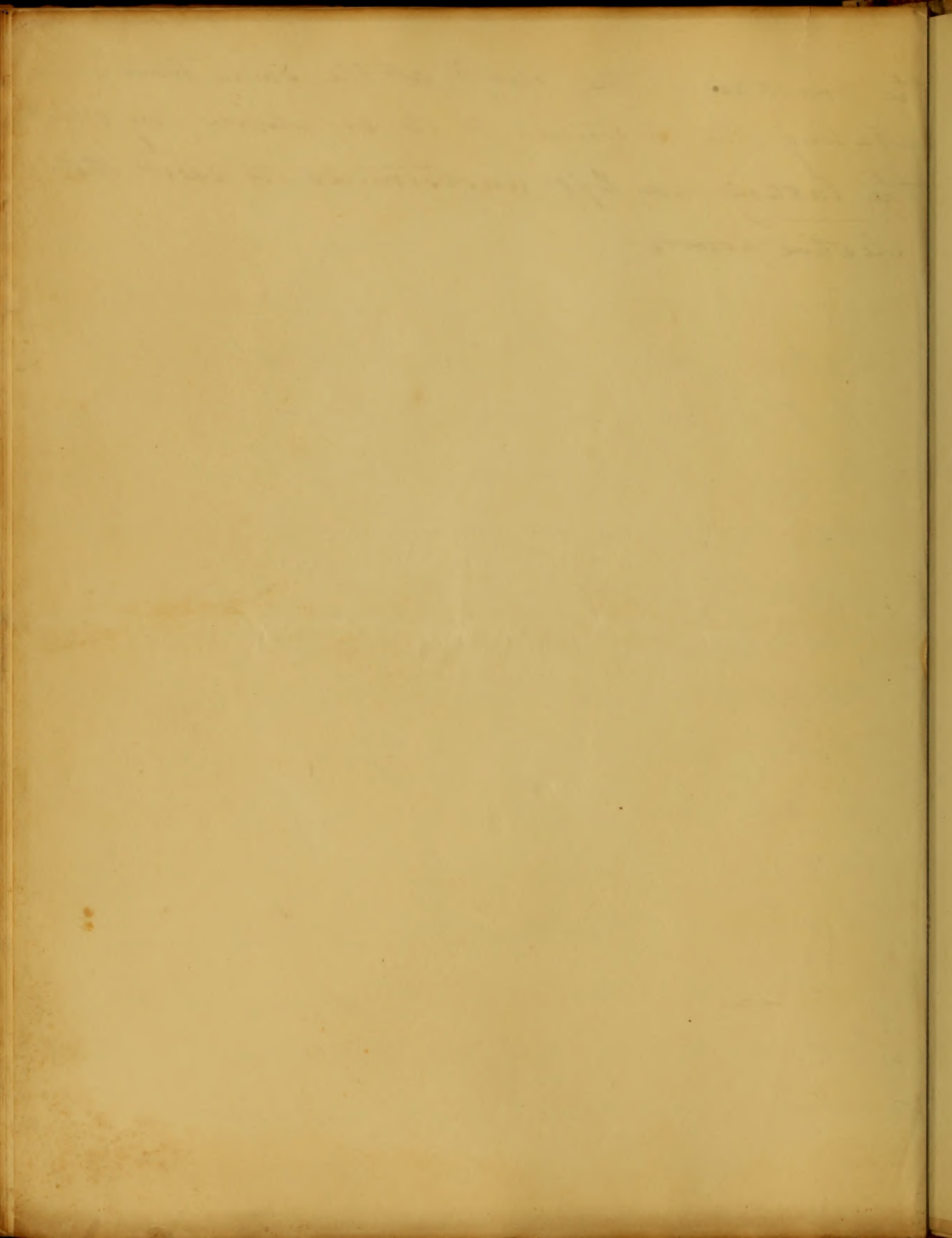
the portion enters into combination with the
nutritious part of the chyme and bestows
upon it the sensible qualities of the chyle,
whilst the other portion unites with the ex-
crementitious part, and is expelled by the peri-
staltic action of the intestines. The experiment
of Dr G. Fordyce proves incontrovertibly the fu-
turity of such argument. He tied the du-
ctus choledocus communis, which evidently ex-
cluded the bile, and yet he found chylous
fluid in the lacteals. Calculi have also
been formed in the ducts preventing the
discharge, and yet the assimilatory process
has continued for some time, but not so
well in consequence of the intestines being
deprived of their wanted stimulus.

We therefore, conclude by saying that in our
humble belief, the chyle is formed by the
peculiar secretory process of the lacteals alone;
and that the bile merely combines with

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the crueties of the shaft, at the same time stimulating the intestines to its expulsion, by which the lacteals are left unobstructed to exert their elective power.



2

An
Inaugural Dissertation
On the

Vivis Medicaltrix Natura.

submitted to the consideration

Of the
Protest and Medical Faculty

Of the
University of Maryland

For the

Degree of Doctor of Medicine

By

Stephen Wesley Rossier

of

Baltimore

March 1826

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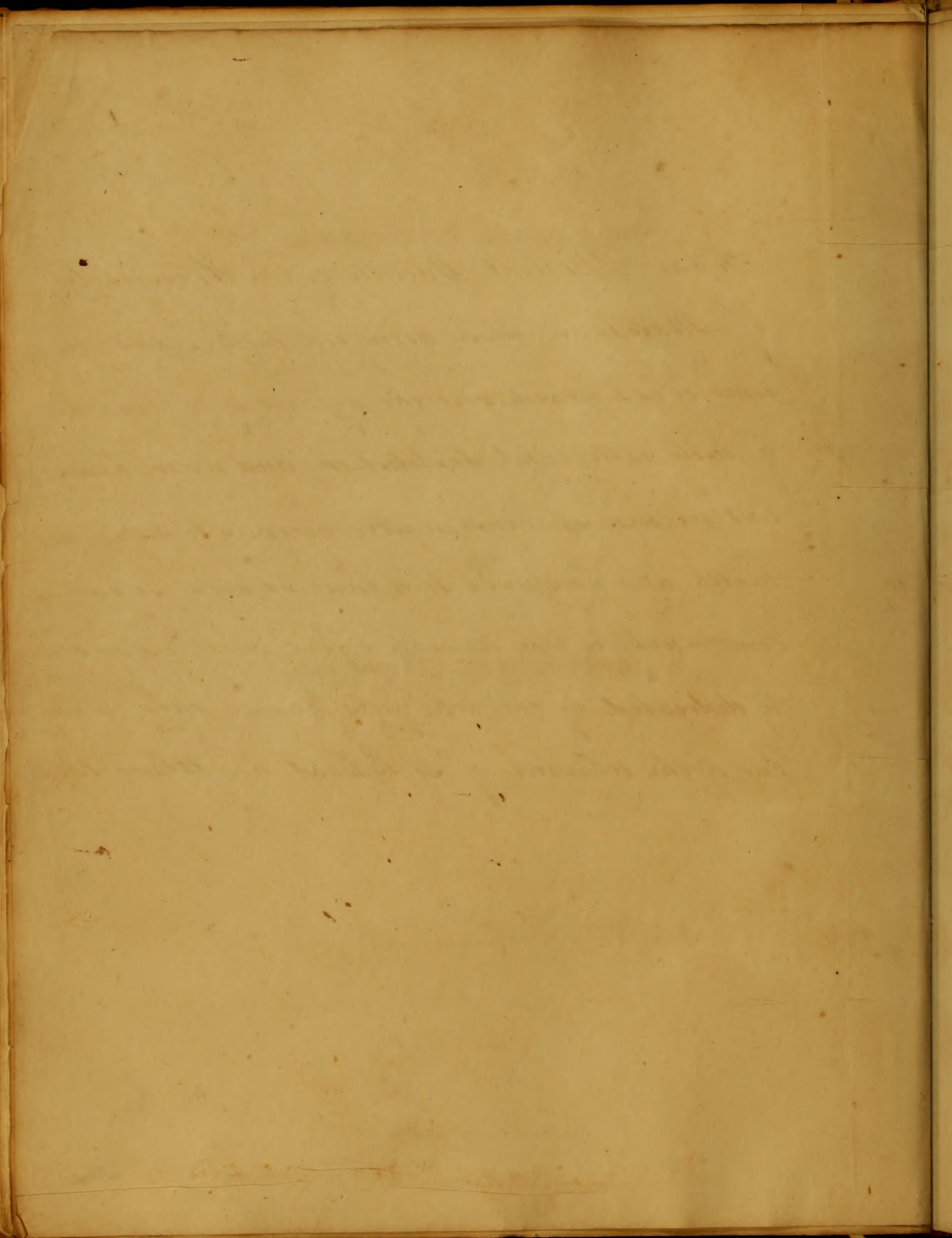
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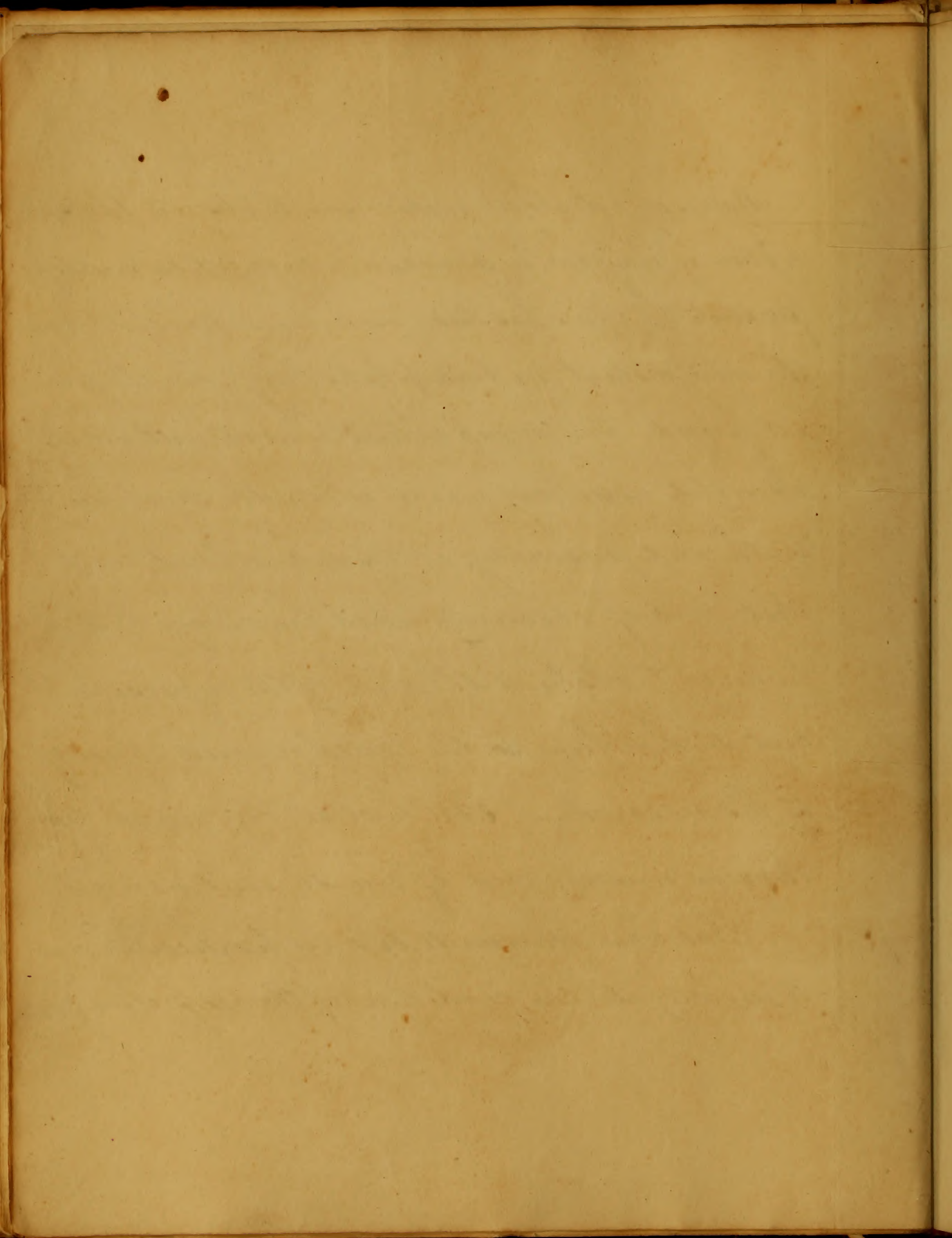
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To the Medical Faculty of the University
of Maryland, whose dignified and exalted pro-
vince it is to preside over the affairs of a great and
a justly celebrated Institution, and whose benevo-
lent relation it consequently becomes to dispense
Health and Happiness to a thriving and populous
community is this humble effort, most respect-
fully dedicated by one who feels proud only in being
one of the Alumni of so beloved an Alma Mater

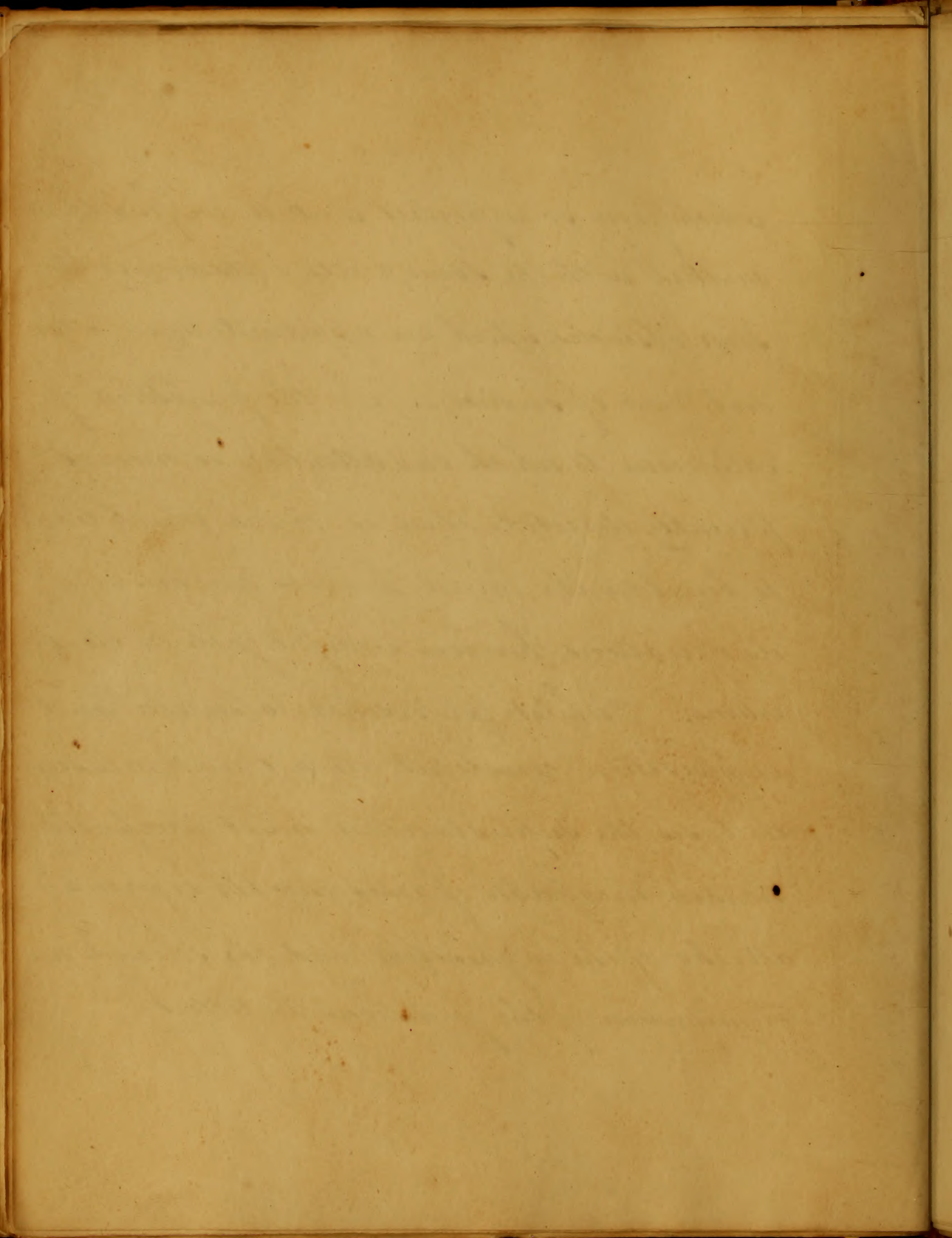


Matters of a doubtful nature seem to obscure the perception of every one, in a measure, engaged in scientific pursuits - This has been more remarkably the case the more distant we trace philosophy from the present period. The progress of time however with all its associated auxiliary means is rapidly developing truth and presenting it less encumbered with that garb of obscurity which has always had a tendency to obstruct the view of the inquisitive and to hide from him the much desired object of his research - Still however very much yet remains unseen and of course unknown.

But when we come to be more particular, and to investigate the condition of the respective parts

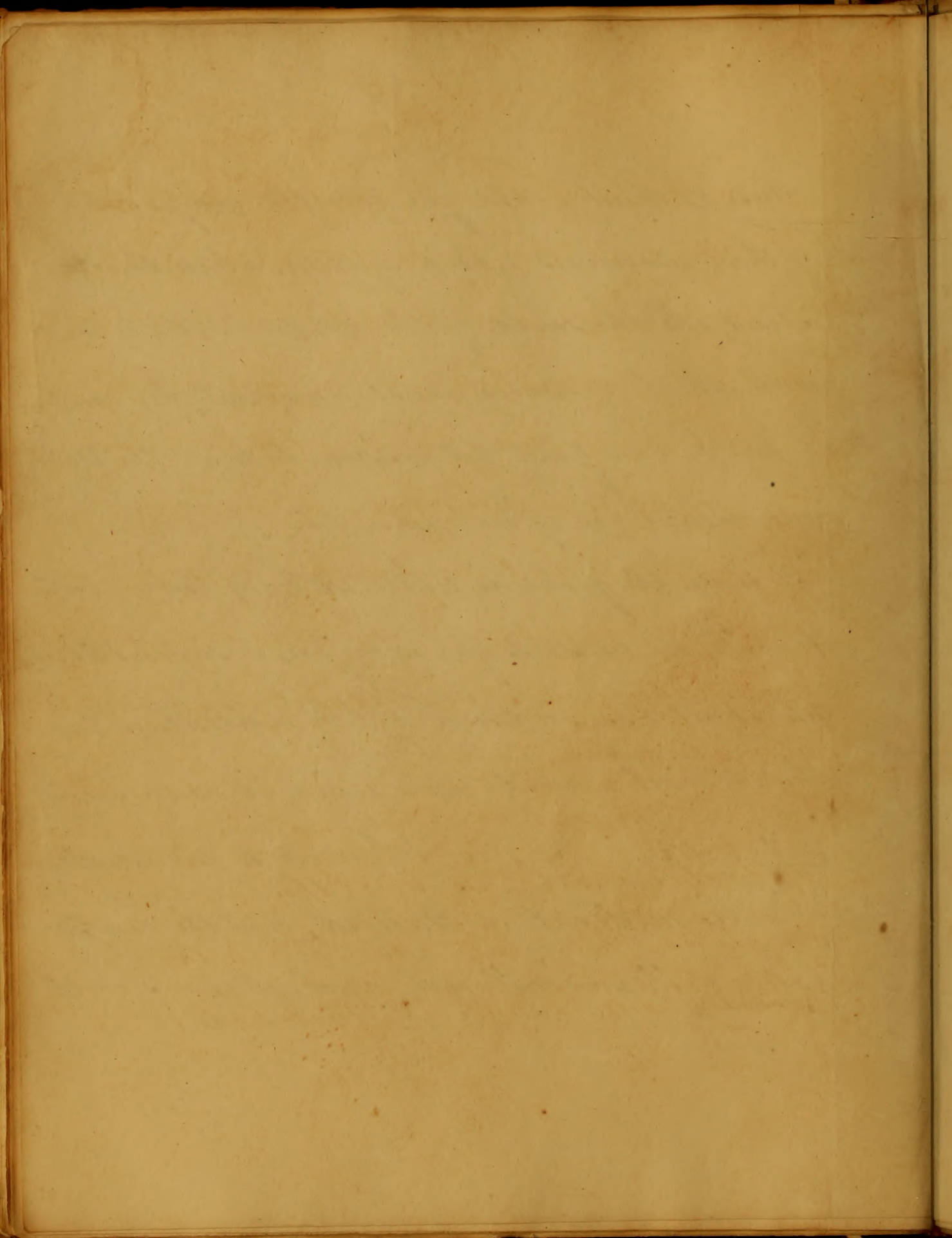


which form so imperfect a whole, we find them marked with the same traits, & presenting the same obstacles, which are apparent upon a general view of science. In the profession of Medicine to which our attention is more especially directed, there is much which tends to bewilder the mind, however energetic in its operations, however indefatigable in its exertions. Whilst proposition, assertion and supposition constitute in a great measure the basis, the superstructure must necessarily remain incapable of resisting the vigorous attacks of the inquisitive and the shrewd discrimination of the judicious intellect.



These I think enter far into the composition
of those materials which appear, abundant ~~ly~~,
about the threshold of the Medical Area and
with which a novice must unavoidably contend
before he can gain admission to enjoy the rights
and privileges of an indweller.

To make the grounds which we have taken more
tenable, let us state for example, a subject which,
whilst it has produced much contention in
the medical world, still remains as it were
sub judice. I have reference to the existence
of a *Vis medicatrix* nature, and the compa-
rative influence or *influence* which it exerts with



the Healing art in the preservation and res-
-toration of health. Let it not be inferred how-
-ever, that I presume, that any attempt on my
part can accomplish what infinitely more force
could be productive of no decided impression.
Our object is merely to draw the inference, af-
-ter summing and comparing a few argu-
-ments; and after the result of this comparison
the inference will show what impression is left
upon our minds.

The existence or non existence of a vis
medicatrix natura is one of those interesting
questions which fall under our notice as es-
-pecially fraught with all that tends effectual-

ly to elicit warmth of discussion and consequently to attach importance to the reply.

Haller appears to have been looked up to by his contemporaries, as a strenuous advocate for this power; which we contend to be inherent in the entire animal creation.

The success he met with in supporting this doctrine, every one conversant with Medical History must at once laud and even be surpris'd at. — His *Vis Insita* we believe is one of the first allusions made to the existence of this principle — a happy hint and one which has resulted I may say in the confirmation, or in the least, in the probability that

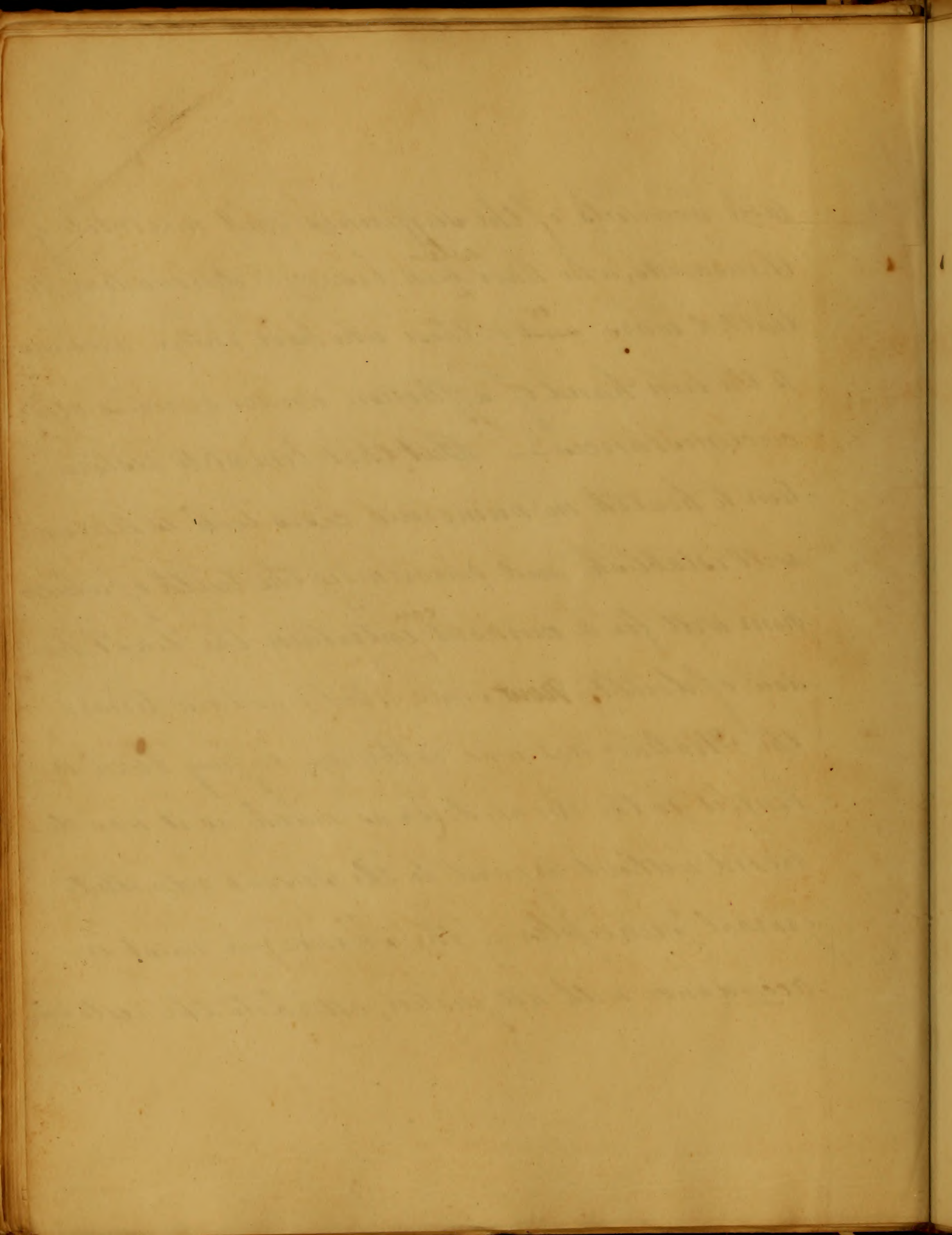
the affirmative of this question is correct.

If we indulge in a liberal and unprejudiced consideration of the animal creation, notice the almost, innumerable liabilities ^{labours under} to the many and unavoidable invasions that may be made upon it by external causes, acting both physically and mentally, we may readily and reasonably infer, how great the necessity for every unbiased mind to admit of the innate existence of some almost supernatural agency in the animal economy, capable of acting the part of the defensive and of warding off the unsparing attacks of such insidious and merciless invaders -

To establish in a great measure the existence
of such a power and the influence which it ex-
erts, it is only necessary to take a glance at the
condition of the Healing Art, centuries past
and gone and the result of disease upon the sys-
tem during this period. We might even trace
back in our minds (and be plausibly supported
too by analogical deductions drawn from just rea-
soning) a period, in which a pretension to the heal-
ing power of Art was rather a curse than a bless-
ing to the objects <sup>because it was not administered with judic-
ment and correctness</sup> of its administration, — that
it benefitted Society but little at that period
the authenticity of the records of history corrob-
orates — for example in stating the many lamen-

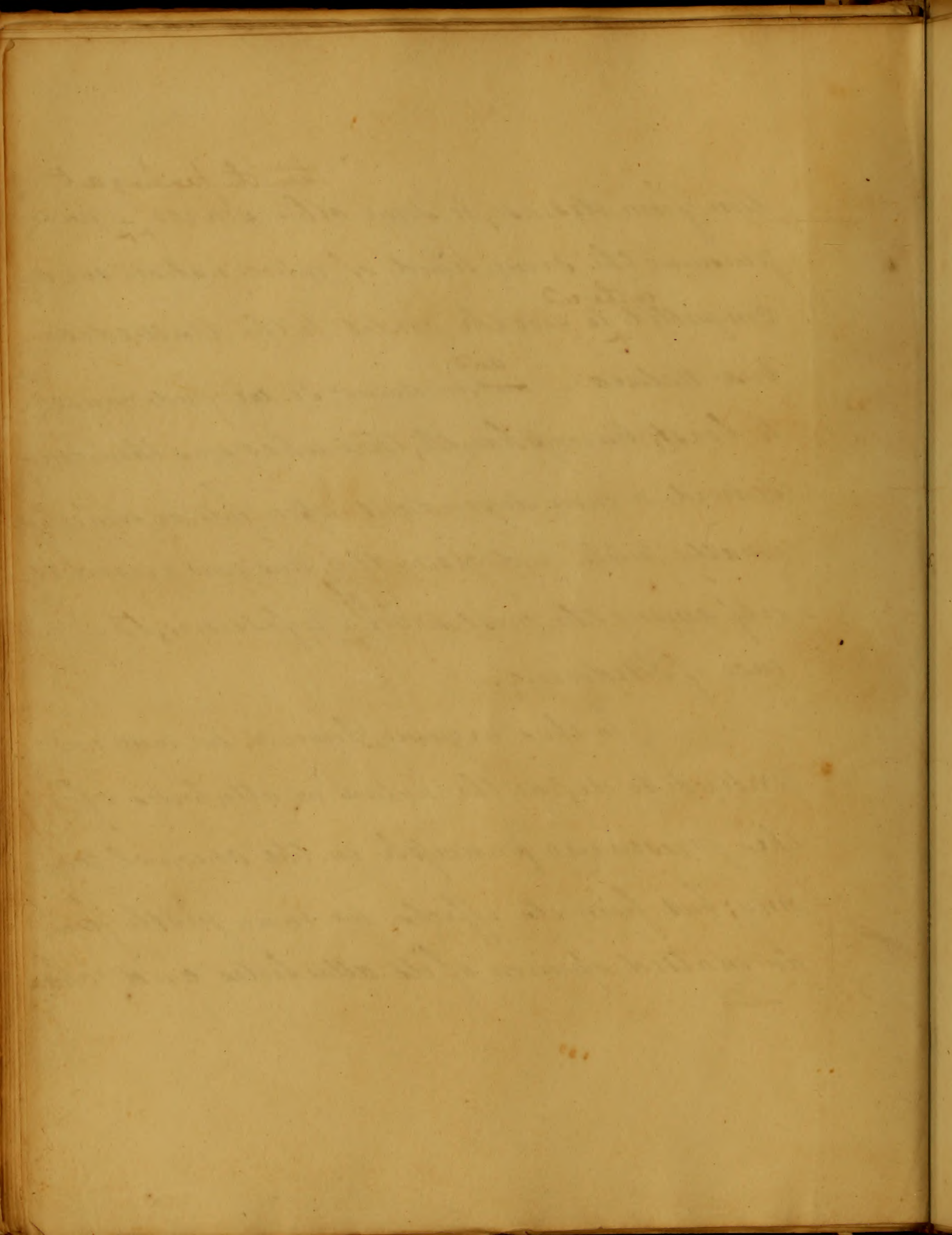
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table accounts of the sufferings and mortality of
thousands, who have ^{either} been besieged during long pro-
tracted wars ^{or} of those who have fallen victims
to the iron hand of affliction under various other
circumstances — But that complete restora-
-tion to health in numerous cases took is likewise
well establish and concerning the truth of which
none will for a moment ^{can} entertain the least sha-
-dow of doubt. Now since what was then termed
the *Malum* art was rather an injury than a
benefit to the invalid (in as much as it was de-
-rected without regard to the present admitted
general principles of the Science) we must in
accordance with all justice, attribute the restora-

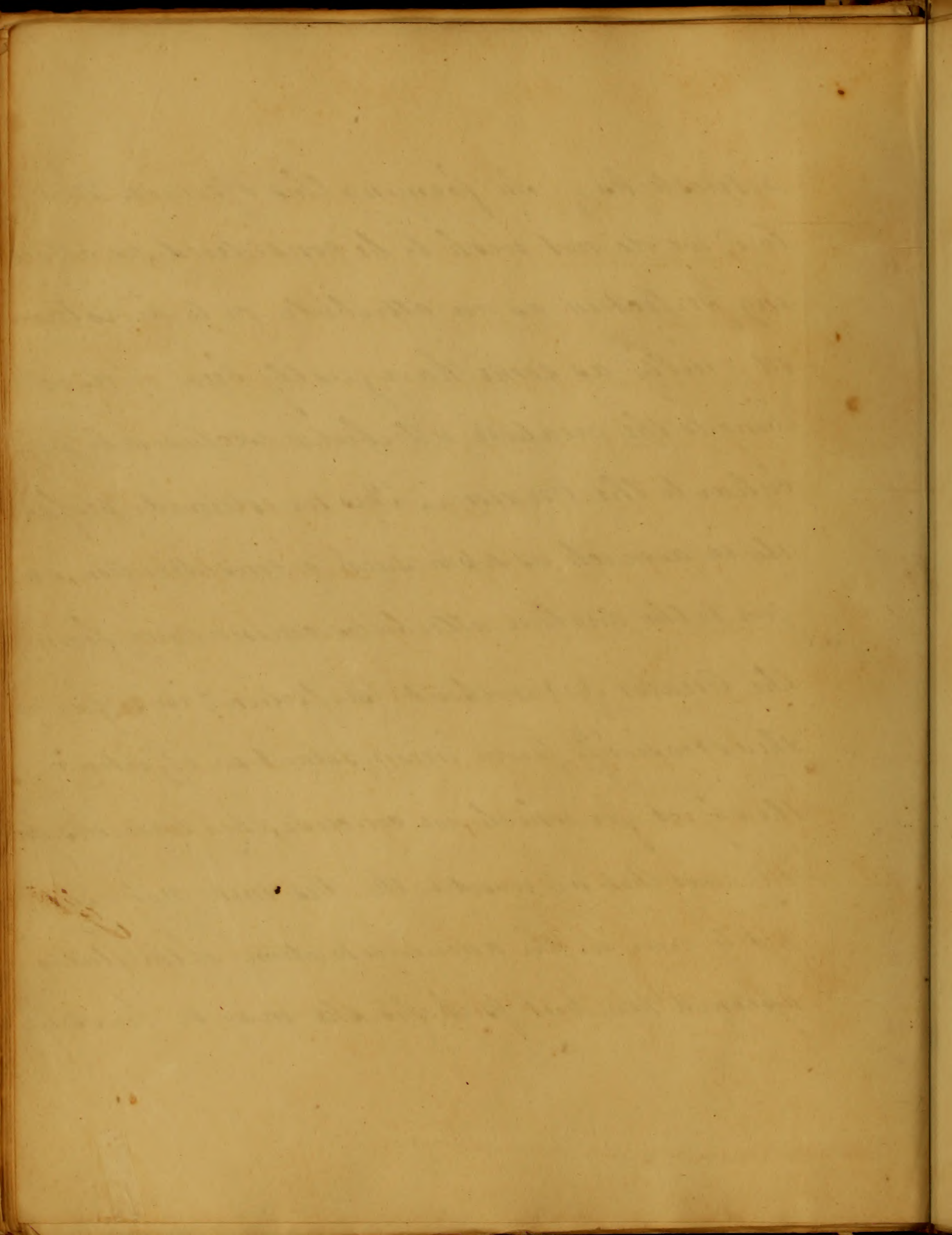


tion from disease, to some other source ^{than the healing art} - and
pursuing the same kind of ratiocination we are
compelled ^{in the end} to give the credit to the us medica-
ture nature - ^{and} but in doing so we find cause
to boast triumphantly, that what was then con-
sidered a mere dependant upon fate, or something
equally futile and groundless, has now reared it-
self among the most noble ^{of} Professions, the Sci-
ence of Medicine. -

In thus arguing, however, we will not
pretend to define the nature or attributes of
the preserving principle in the animal econ-
omy; but from its effects, we may justly form
an exalted opinion of its attributes and char-

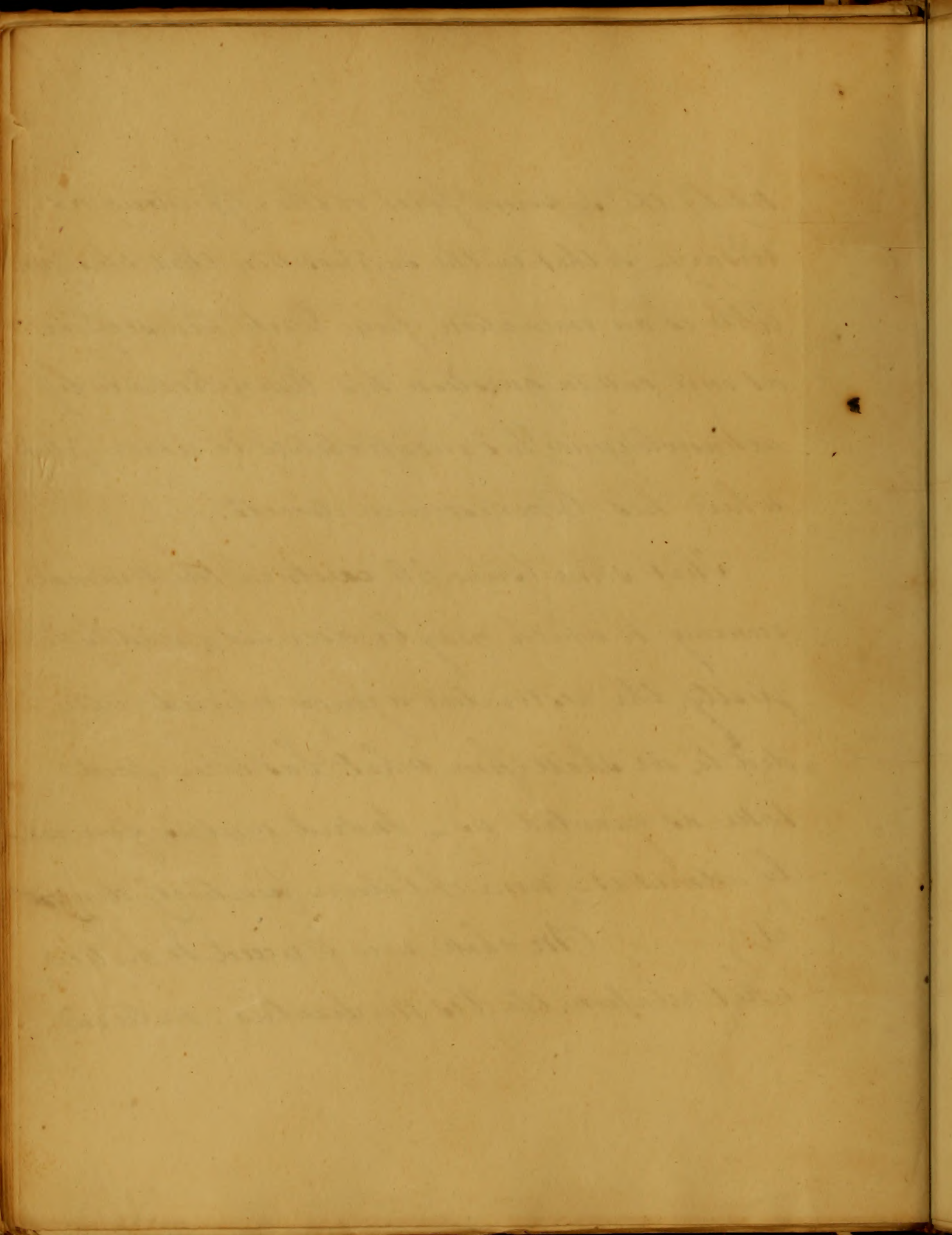


- acturistics - In forming this opinion how
- ever, we do not wish to be considered, as attack-
- ing perfection as an attribute or to be esteem-
- ed guilty as some have justly been of ascri-
- bing to the creature attributes exclusively pe-
- culiar to the Creator - This we esteemed profan-
- ity inasmuch as upon such a consideration, we
- give to the creature attributes emanating from
- the Creator, yet without perfection; in so far as
- they occasionally ^{at} prove incompetent in effecting
- the object for which, we conceive, they were design-
- ed. not that we consider the Vis. Mro. nat. sub-
- ject to error in the administration of the duties
- assigned her, but perhaps she may be frustra-



ted by the superior force of the offending ad-
versary - so that in the supposition that this prin-
ciple is an emanation from Duty himself we
at once call in question His Omnipotence by
acknowledging His incapability to accomplish
where His Omniscience directs.

That some principle exists in the animal
economy to which may be ascribed, readily and
justly, the restorative agency already allu-
ded to, we shall from what has been said
take as granted us - Indeed writers general-
ly admit it - none I believe positively deny
it. We shall now proceed to notice
what relation, the *Vis medicatrix naturae*



bears to the *Ves Artis* as it may be termed, in
point of success and efficacy of operation.

In entering this field of controversy, we
are aware that many have preceded us not
less inquisitive nor yet perhaps with less reluc-
tance - Few have however left it entirely satis-
fied that their struggles have been crowned
with the comfortable assurance of the Truth un-
sullied by doubt or misapprehension - we boldly
follow their example nor shall we be disheartened if
we but meet with the same success

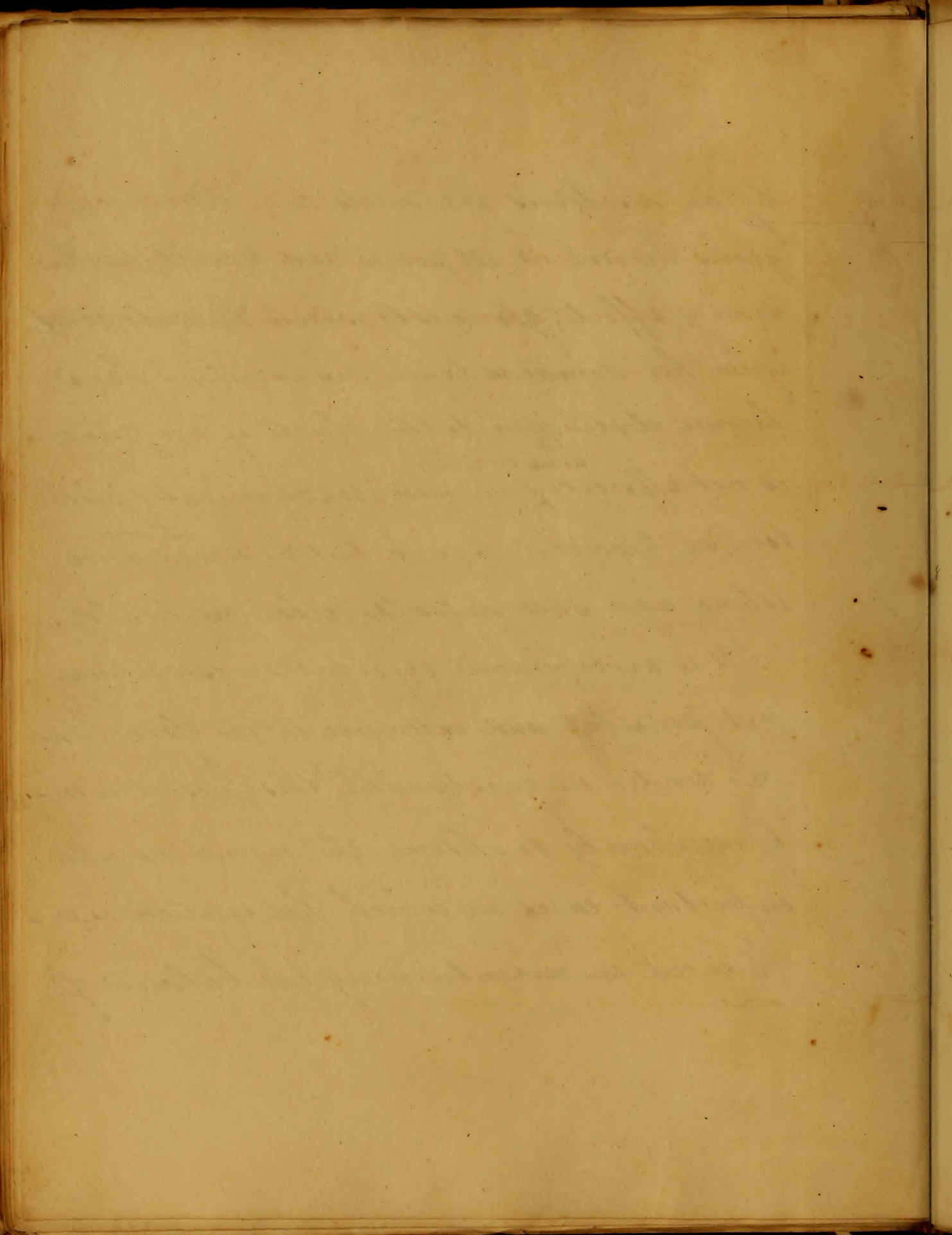
The existence of a principle by means of
which the system is ^{either} wisely protected against the
inroads of disease, or when unwarily surprised

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by an insidious foe, melts them like a con-
gious heroine at all points, and paralyzing her
deadly effects, gloriously expels her antagonist
from her domains before her exertions have
become destructive to the objects of her charge,
is not effected ^{as we conceive} by a mere mechanical opera-
tion or Chemical process, but by means ^{at once} aston-
ishing and still not altogether explicable.

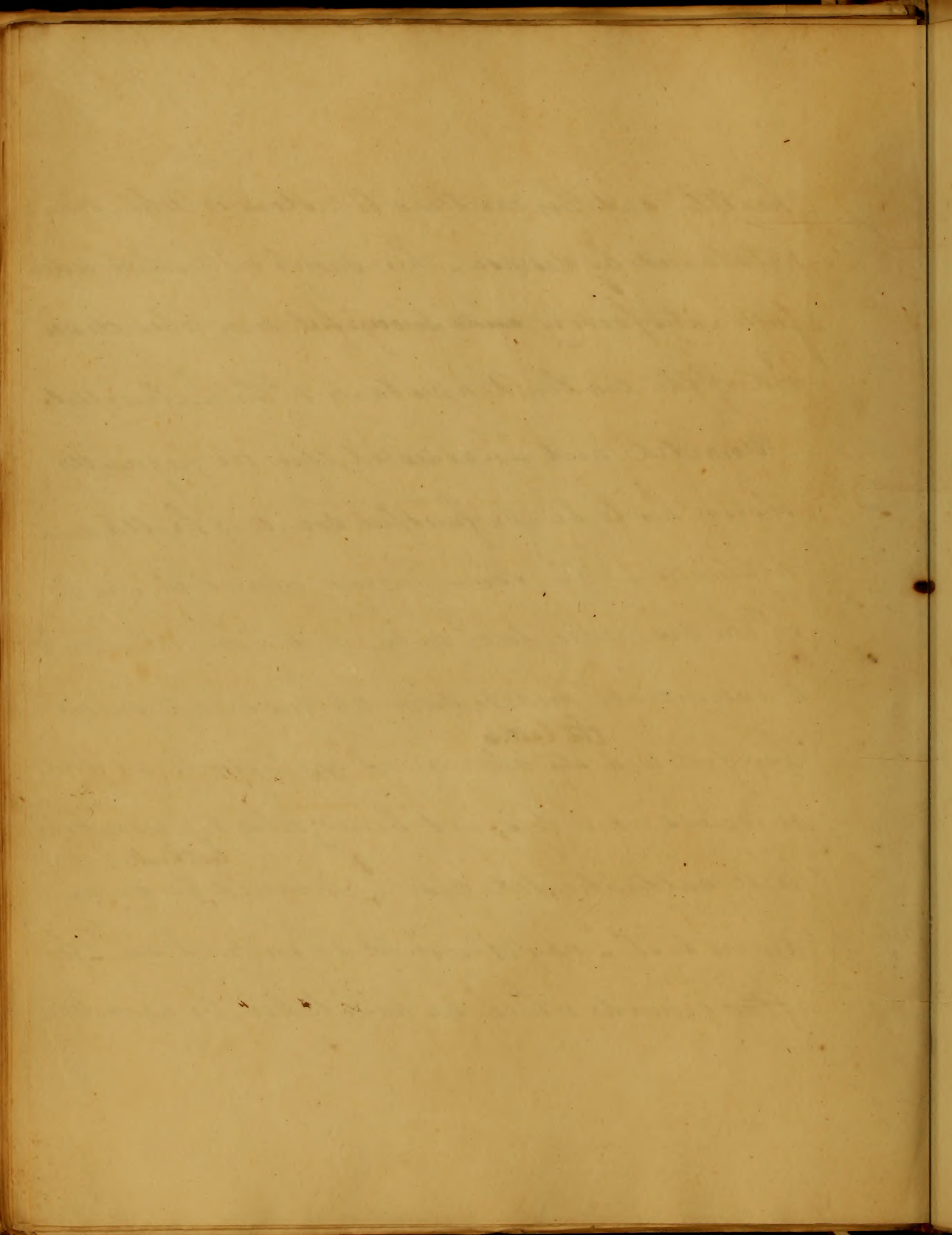
It is an influence vigilant in executing -
yet powerful and extensive in its operations.

To render unquestionable this fact it is in-
evitably necessary to observe the numerous and
important cases in which her exertion is in-
fluenced in maintaining the balance of



Health, and her exertions to restore it when coun-
-terbalanced by disease - Her success we find wonder-
-fully satisfactory and successful even when depriv-
-ed of the combined assistance of the healing Art.

Unaided and unassisted, then, we frequently
observe her to be the fruitful source of health and
Happiness - The same however cannot be said
of the ars medicatrix actus - and when we attempt
to enumerate and to sum up cases where success
has followed ^{the latter's} operations exclusively, we find
ourselves at a loss, not being able to present one
well authenticated case - ^{we think} It would be an ar-
duous task - nay it would be impossible - for
if the grounds which we have taken be granted



us, we look upon the principle in the animal economy as continually exerting its influence, and the Healing Art of course cannot, at any time, be directed unless with the Cooperation of the *Vis med. natura*. Here then we must deduce an insuperable inference in favour of our position - that since nature unaided by art is competent to the restoration of health and that art effects nothing exclusive of the assistance of nature, we are bound to acknowledge the superiority of the ^{former (vis natura)} ~~latter~~ over the ^{latter (vis art)} ~~former~~ as a preserver and restorer of health.

Respecting our subject we have thus far argued generally - But if it were ne-

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copy we might ~~refer~~ ^{carry} our reader to the An-
nals of Surgery - to the general principles
of Pathology and ^{in fine} to the entire circle of Med-
ical Science - When we might gather a Co-
pious stock of collateral arguments, by which
we might strengthen and embellish the com-
prehensive position we have taken - we might
deduce for example the Writings of a broken
bone, the repairment of breaches of continui-
ty and innumerable other conditions of the
system, in which disease is repelled or effectually
eradicated - These might be urged most
forcibly (and most explicitly too) in support
of the Opinion that the *Vit med. nat.* is superi-

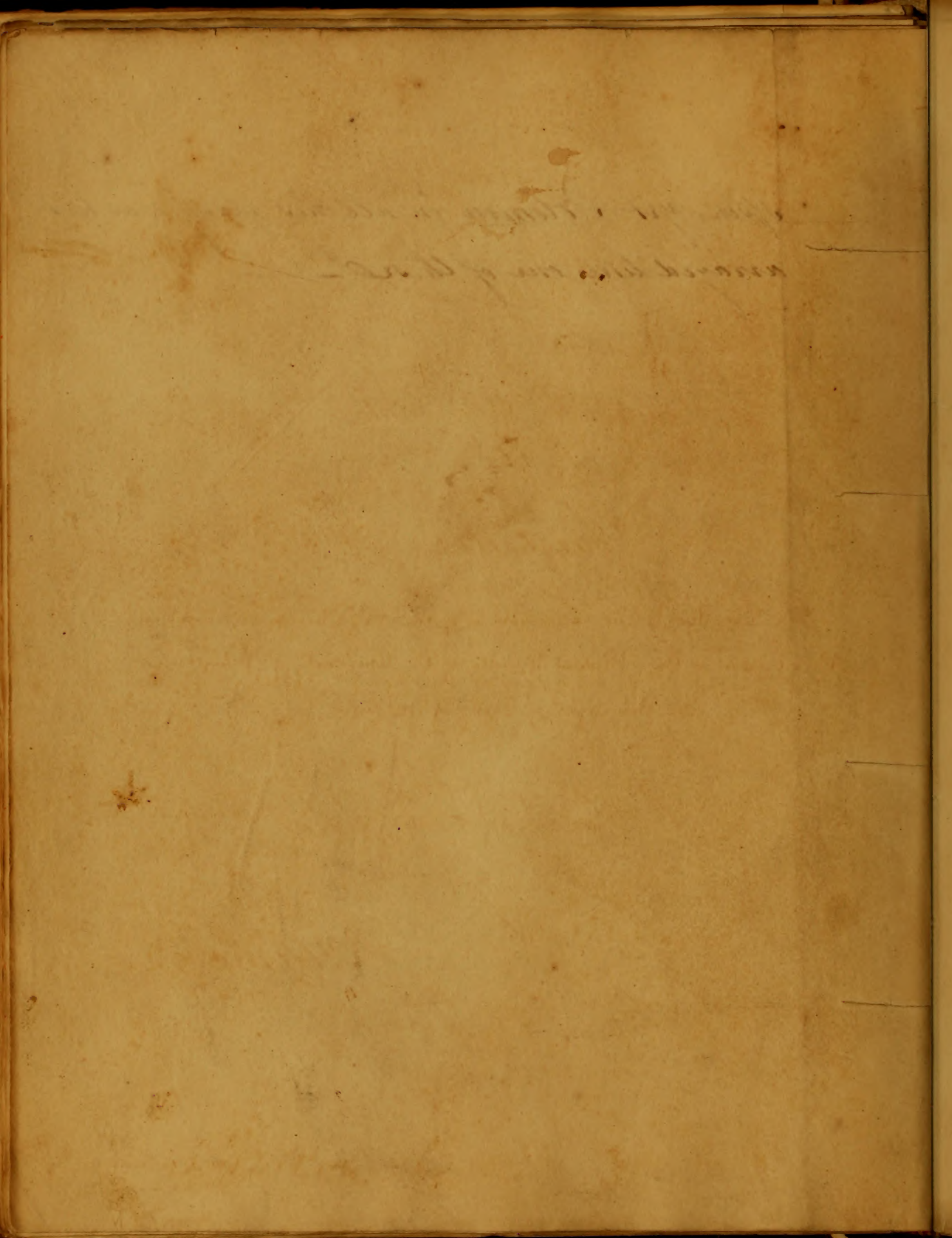
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or in point of efficacy in preserving the ordinary
health. To complete the comparison between
the two great agencies, the *Arts Med. nat.* and
the *Arts Med. Art.* we may familiarly repre-
sent the former, to a frugal and industri-
ous Housewife, whose constant and un-
fatigable exertions are all directed in the
most prudent and successful manner to
the preservation of order, neatness and regu-
larity in the administration of the various
duties devolving upon her; The latter with the
same propriety we may represent as a no-
ble hearted consort whose only duty in
relation to the affairs of his fair bride is

is in fact a reflection of the
state of the mind of the
the first of the two
the second of the two
but the former is a
and the latter is a
let the writing be
with the same
the former is a
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to relieve Her when she is oppressed with bur-
dens, either directly or indirectly, and to afford
such auxiliary means, as will be conducive to the
accomplishment of the object to which their mu-
tual concern is so solicitously and so happily
directed. In the close of my dissertation, I
wish to remove any thing like a suspicion that
I have spoken in a manner derogatory to the
cause of one of the most noble of Sciences - This
~~I have~~ ^{I have} ~~has~~ ^{has} not been my object - I have ^{only} ~~designed~~
to support the principle, that Nature does no-
thing in vain; and that Art although admira-
ble cannot be Supernatural - "Behold the
lilies of the Field they toil not, neither do they

spin, yet Solomon in all his glory was not
arrayed like one of these — —



An
Inaugural Dissertation

on

Gastritis

Submitted to the examination of the Right Reverend James Kenys D.D.
Provost, and of the Medical Faculty of the University of Maryland
For the degree of Doctor of Medicine

By

Joshua Soule Esq

of

Baltimore

March 25. 1826.

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To

Henry W. Bassett. M.D.

W. S. Barry.

This treatise is inscribed

as a tribute of
Friendship.

March 25th. 1826

Henry W. Stephens, M.D.
1840

The doctor is interested
in a volume of
epidemiology.

March 25, 1840

Of Gastritis



Dr Cullen places this disease in the order Phlegmasia of his nosological arrangement; and defines it, a typhoidal pyrexia, attended with anxiety, heat and pain in the Epigastric region, increased upon taking any thing into the stomach; - a propensity to vomit, and immediately throwing up what is taken - with a hiccup.

An objection has been made to the first part of this definition, the fever bearing little resemblance to typhus, except in the general debility which attends it; for when the pulse, if we except its fulness, is different from typhus, and the more marked symptoms very rarely show themselves -

Dr Cullen divides Gastritis into two varieties - viz: Gastritis phlegmonodes, and Gastritis Erythematosa

1844

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Symptoms

The definition just given comprehends the chief parts of them - The pain of the stomach is extremely acute, and accompanied with a sense of burning heat - It is not always confined to the Epigastric region, but extends as low as the false ribs, and often shoots to the back - a considerable increase of pain is experienced upon receiving any thing into the stomach, and also upon even the slightest perspiration

The pulse is frequent, small, contracted, more or less hard, and sometimes intermitting. Cullen also mentions a strong pulse, but it is very rare

The thirst is urgent, and upon receiving a mild fluid into the stomach, there seems to be an abatement of the pain. The fluid however is soon rejected, and but a transitory relief is obtained

The depression of strength in this disease

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is very general and sudden. Syncope sometimes takes place, and the patient complains of great anxiety about the praecordia.

The bowels are costive, though not obstinately so, unless the inflammation has spread to them; but the constant vomiting opposes an obstacle to moving them.

Gastritis is occasionally attended with more than the usual symptoms — sometimes the patient complains of difficulty of breathing, which does not arise from the inflammation having spread to the lungs, (for then the other symptoms of Pneumonia are present), but from the inflammation of the stomach rendering the descent of the Diaphragm painful. The degree of Dyspnoea will depend in a great measure upon the part of the stomach occupied by the inflammation.

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General convulsions have been enumerated among the symptoms of Gastritis; but these probably arise more frequently from irritations of the prima viæ, which sometimes produce Gastritis, than from the disease itself.

Hydrophobia has also been mentioned as a symptom of Inflammation of the stomach; and one or two cases are reported, as attended by this symptom.

There are instances on record, in which it appeared on dissection, that inflammation of the stomach had existed, when few or none of the foregoing symptoms had appeared.

Gastritis may be distinguished from Cardialgia, though many of its symptoms attend the former disease. In Cardialgia there is no vomiting, or fever, as in Gastritis.

In spasms and flatulent pains, the pulse is nearly natural, nor do we have the sudden

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depression of strength which attends inflammation of the stomach. In them we seldom have vomiting, nor is it so constant, nor so constantly excited by the ingesta. The increase of pain upon receiving any thing into the stomach is much less remarkable, nor is there any increase of pain upon pressure, one of the best diagnostics of Gastritis.

In Spasm of the stomach, a case most likely to be mistaken for Gastritis, there is such a sense of suffocation and contraction, that the voice is often suppressed, which in the latter is not the case.

Sauvages observes that it is almost impossible to distinguish Gastritis from inflammation of the Epigastric muscles. The pain, as in Gastritis is increased on pressure, but it is also increased, and in a greater degree by the motions of the muscles, which is not the case in inflammation of the

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Stomach - The state of the pulse in the former is also very different - Instead of being small and full, as in Gastritis, it is frequent, full, and hard. There is little or no tendency to vomit in this case, as in Inflammation of the stomach.

Some degree of swelling of the muscles may be observed, but this symptom is not constant, and there is often a fulness about the stomach in Gastritis.

The Erythematous inflammation of the stomach comes on more insidiously than the Phlegmonous, and is best characterised by the inflammatory colour of the face, the lowness and rapidity of the pulse.

The inflammation often extends through a great part of the abdominal canal, as well as the oesophagus, and after a subsidence of the sickness, produces Diarrhoea, and mucous discharges from the bowels. It is sometimes so gradual, and tardy in its progress, as to produce little fever, or even local disturbance for,

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many days, or even weeks. — In some instances, where the inflammation is of the Erythematic kind, the symptoms are such as characterize Phlegmonic inflammation of the Stomach; for the Erythema spreads to the stomach from the mouth, and produces the usual symptoms of Phlegmonic Gastritis; but they are generally less violent.

Resolution is to be considered the only favourable termination of Gastritis, a tendency to which may be known; by the general mildness of the symptoms, and particularly by their yielding to the proper remedies. When the symptoms are severe, and do not remit, the period of resolution is past, within twenty four hours; but in less violent cases, it may happen after the disease has lasted several days.

Gastritis seldom terminates in suppuration. When the symptoms continue without any considerable

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remission, and at the same time without a great degree of violence, for a week or two, we may expect the termination. When an abscess is formed, there is a remission of pain: generally preceded by rigor; and great anxiety, and a sense of weight about the pæcordia, and complained of by the patient. The febrile symptoms are milder than those which accompany the inflammatory stage, and by degrees they assume the hectic form. Abscess of the stomach generally proves fatal, unless it opens into the stomach, in which case the matter is discharged by vomiting and stool, and the ulcer soon heals.

When the symptoms are unusually violent, and do not yield to the proper remedies, we may expect gangrene to take place. The presence of gangrene is indicated by remission of pain - the pulse becoming more frequent,

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and feble, the anxiety and debility increasing, with cold, clammy, and partial sweats - it is always fatal.

Causes of Gastritis

In both varieties of inflammation of the stomach, the causes are the same - There is no cause so common as checking perspiration by drinking cold fluids; as cold water, ice water, ice punch &c. Going suddenly into the water, while the body is much heated, or passing suddenly from a high to a low temperature, will excite this disease.

Acid vegetables taken into the stomach, as raw cabbage and turnips will sometimes excite this disease.

Acid substances taken into the stomach may excite Gastritis - under this head may be arranged the drastic cathartics, as jalap scammony, Elixerium &c. The drastic emetics, may also be arranged under this head; as well as certain poisons as the oil of vitriol; Corrosive sublimate & Arsenic large doses of Nitrate of Potash, or large quantities

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taken by mistake, as an ounce, or more has produced this disease.

The more irritating articles of diet may be ranked among the causes of this disease. Animal food, and fermented liquors, often renew it in those who have lately laboured under it. The excessive use of the latter will excite it in those least predisposed. Pickles constantly used have also been enumerated among the causes of Gastritis.

Inflammation of the Stomach may arise from acrid matters generated in the body, as sometimes happens in ulcerous affections of the fauces and oesophagus.

Dr Cullen thinks that erythematous inflammation of the Stomach, is occasioned by the application of acrid substances.

Few things apply a more hurtful irritation to the Stomach than overdistension. When food is taken in too great quantity, and at the same time of difficult digestion, so that the distention is kept up

a considerable length of time, it may occasion inflammation of the stomach,

Blows upon the region of the stomach, or wounds in the stomach or neighbouring parts, may excite the disease

Inflammation of the neighbouring parts, as the Liver, Kidney, and Peritoneum, and particularly, of the Oesophagus and Duodenum, may extend to the stomach, and give us Gastritis

In eruptive fevers, it sometimes happens on the sudden disappearance of the eruption.

Treatment of Gastritis

Gastritis has often been represented in a more dangerous light than is perhaps altogether correct, for in neither variety is it frequently attended with fatal effects under judicious treatment.

Bloodletting is the remedy upon which

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we chiefly depends, and there is no case in which it is carried to a greater extent, than in Gastritis. Copious venisections have been very generally recommended, and found of the highest advantage, particularly in robust and vigorous habits. To be of any decided avail, however, this plan should be commenced as soon as the symptoms show themselves; and if they do not yield, it should be carried as far as the habit will bear. In this instance we employ bloodletting with the view of increasing the strength of the pulse, and it is only as it produces this effect, that it gives relief. Sometimes the circulation is so feeble in Gastritis, that it is impossible to procure the proper quantity of blood. This languor of the circulation occurs even in the space of a few hours - hence the necessity of early evacuations.

It is frequently the case that the symptoms of Gastritis immediately disappear on a large

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quantity of blood being suddenly taken away; but
a recurrence almost, always happens to a greater or
less extent.

They are to be governed altogether by circum-
stances with regard to the repetition of the bleeding.
If the symptoms do not remit after the first blood-
letting, it should be repeated, the effect produced
upon the pulse being our guide respecting the quantity
to be drawn.

As it respects evacuations from the bowels, they
must be solicited by cathartic Clysters, as the condition of
the stomach prevents the exhibition of medicines by the
mouth, which serve only to increase the disease. But
there are exceptions to this. In cases where Gastritis has
been produced by over-distention of the stomach, the pa-
tient is often tormented by ineffectual efforts to vomit,
We should then, at the same time, that we employ

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the usual remedies of Gastritis, have recourse to means of opening the contents of the stomach. Emetics and Cathartics taken by the mouth, are the only effectual means of accomplishing this object. Emetics produce too much irritation in this condition of the stomach. We, therefore endeavour to relieve the stomach, by the exhibition of those cathartics which do not irritate; at the same time we make use of Cathartic injections, or solutions of the neutral salts. This practice as stated by Ellen has often proved successful.

The drink of the patient should be attended to - Mild acidulous drinks, given frequently and in small quantities may be allowed - but they seldom fail to increase the vomiting

Local bleeding is seldom recommended in Gastritis, although good effects are to be expected from it, and particularly in those cases when general blood-letting

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is no longer admissible.

Blisters are obviously improper in the first stage, but after the inflammatory action has been reduced they should never be omitted.

When Gastritis has been excited by exposure to low temperature, the patient is seldom relieved, until the secretion of the skin is restored. Hence the necessity of friction. It has been recommended to rub the whole body with warm oil, and the practice has been found very useful. The warm bath has been found of great benefit in the treatment of this disease. The patient should remain in the bath until he begins to faint, he should then be wrapped in flannel, and a sweat will generally be produced.

In the event of suppuration, and the abscess bursts, a milk diet, with the mildest food, and in small quantities at a time, is the only plan to be pursued.

I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the
 matter of the estate of the late John Smith deceased and in answer to inform you that the
 same has been referred to the committee on the subject and they have reported that the
 same should be referred to the court for their consideration and that they have no objection
 to the same being so referred. I have the honor to be, Sir, your obedient servant,
 J. B. Smith

Yours respectfully,
 J. B. Smith

In the case of the estate of the late John Smith deceased the committee on the subject
 have reported that the same should be referred to the court for their consideration and
 that they have no objection to the same being so referred. I have the honor to be,
 Sir, your obedient servant,
 J. B. Smith

Medicine is of little use, and if the patient be saved
it is by the accidental seat of the abscess.

If a gangrene take place, all further exertion will
be in vain.

When the Erythematous variety of Gastritis is occa-
sioned by acid or poisonous substances, a brisk
emetic should be speedily exhibited, and afterwards
such antidote as the character of the poison may di-
rect. When the cause is internal, mild, diluent, and
cooling diluents are to be employed. Blisters should be
applied, and the bowels kept cool by laxative clysters.

Inflammation of the stomach is occasionally found
as a symptom of Eruptive fevers, as Measles and Small-
Pox.

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An Inaugural Essay.

on

Ophthalmia

Submitted to the examination of
The Reverend James Kemp D. D. Provost

and the

Regents and Medical Professors

of the

University of Maryland.

For the degree of Doctor of Medicine

by

Edward Miller

of Maryland

1826.

The University of

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To

John Beale Davidge A. M. M. D.

This essay

Is most respectfully inscribed

as a testimony of respect & esteem

By his sincere friend

and Pupil

The Author.

No.

John Smith, Esq.

Dear Sir,

I have the honor to receive

your letter of the 10th inst.

in relation to

the matter

of which

Ophthalmia.

The eye being a very vascular and delicate organ is subject to a number of diseases and among which ophthalmia is the most frequent and not the least formidable, there are several species of this disease, and may be either idiopathic or symptomatic depending on some other affection of the eye or parts in its neighbourhood, but it is generally idiopathic, it is also seen modified by specific constitutional

Philadelphia

Dear Sir

I have the honor to acknowledge the receipt of your letter of the 10th inst.

in relation to the matter of the ...

of the ...

and the ...

of the ...

with ...

and ...

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is ...

and ...

diseases as struma, syphilis &c. There
is a species called Egyptian ophthal-
-mia which is said to be contagious.

There is also another variety of this
disease in which there is little or no
redness or apparent inflammation
but in which the pain is very acute
in this variety the membrana hya-
-loides is primarily affected.

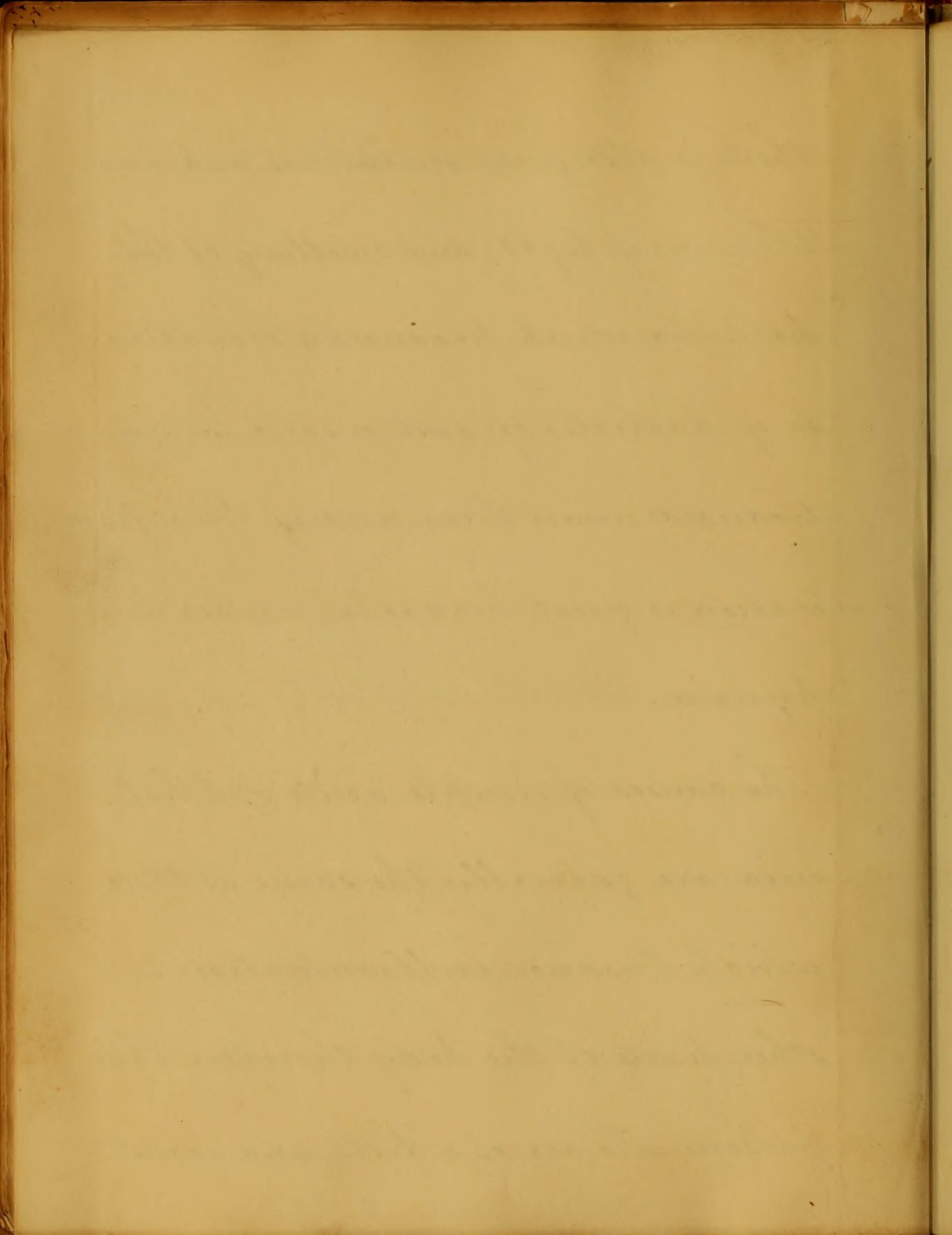
The Symptoms
of this disease are great heat, pain, red-
-ness of the tunica conjunctiva owing

to the red globules of blood entering
the small vessels which in health car-
-ry only lymph, the coats of the eye
are not the only parts affected hence
the glands in the neighbourhood are
more or less affected which in the first
stage impairs their functions and
causes the secretions to be lessened
but after the inflammation has some-
-what subsided the vessels become
relieved and a præternatural and
morbid secretion is the consequence

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There is also great uneasiness and in-
tolerance of light, and swelling of the
palpebra which produces a sensation
as if particles of dust or sand were in-
troduced under them, and if the inflam-
mation is great headache, nausea and
pyrexia.

The causes of simple acute ophthal-
mia are generally the same as those
which produce inflammation in
other parts of the body therefore these
persons who are of a full and robust



habit of body or irritable tempera-
ment are most liable to it, debility
from other disorders sometimes pro-
duce it, disorders of the digestive or-
gans, blows, sudden changes in the
temperature of the atmosphere from
heat to cold, exposure to an intense
light or heat, violent and long con-
tinued exertion or straining of the eye
acid vapours coming in contact with
the organ, foreign and acrid substan-
ces lodged under the eyelids a severe

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cold in which the fauces and pituitary cavities are affected has caused this disease, the suppression of any habitual discharge is said to have caused it &c.

In the treatment of ophthalmia we should in the first place remove any predisposing or exciting cause which may have produced or tend to protract the disease, where it is depending on any disorder of the general system or any other apparent

cause we should in the first place attempt the removal of such cause or all our endeavours to remove the disease will prove ineffectual. If the disease is mild and simply local it can generally be cured by low diet and mild purging but if it be a violent case and the general system sympathetically affected we must carry our antiphlogistic treatment to the fullest extent by bleeding, purging, low diet and

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by keeping the patient confined to
a dark chamber and after the inflam-
-mation has somewhat subsided we
may bleed topically, blister, and
moisten the eye occasionally with
the saturnine lotion. in the other
varieties of ophthalmia we must at-
-tend to the primary constitutional
disease or we never can accomplish
a complete cure.

By looking the subject over

a short & plain manner

the author has endeavored

to give a plain & simple

account of the subject

the reader is desired

to read it with

attention & to

observe the

principles

of the

subject

with

An Inaugural Dissertation

On Syphilis

Submitted to the Examination

Of the, Right Rev. James Kemp D.D.

Provost

The Regents & the Faculty of Physic

of the

University of Maryland

for the degree of A.D.

by James Watson

April 3rd 1826

The University of Cambridge

On Application

Submitted to the Examiners

of the Right Hon. James Simpson Esq.

Master

of the Faculty of Divinity

of the

University of Cambridge

for the degree of D.D.

by James Watson

April 3rd 1855

The scepticism which prevails with respect to Medical science, is such, as to strike the most casual observer. The feelings of its votaries (excited by the disbelief, with which they too often perceive their favourite science to be regarded) would very naturally induce them, to enquire, into the cause of the scepticism, which prevails with respect to Medicine. Many there are, who seem to take a pride in the disbelief of every thing, which is not capable of mathematical proof; & their want of application too often induces them to deny the existence of things; which might perhaps be made evident by their favourite mode of demonstration. The character of this class of disbelievers is such, as to give no weight to their objections & no uneasiness to the followers of medicine. But there is another & a more respectable class whose character, & whose talents, are such, as to command our respect & esteem & to whose good or bad opinion, we are by no means indifferent.

How often do we see men whose abilities have exalted them to the highest rank in their several vocations, & whose virtues have gained them the esteem of their fellow men; how often are such men seen, to regard the truths of our science with a smile of incredulity, or to inveigh against them, with all the bitterness of disappointment. The characters of many engaged in the medical profession are frequently such, as to give no favourable idea of their vocation. But we suppose that it would be no ~~very~~ ^{very} hard task to distinguish the faults of an individual, from the defects of this profession; & there are surely few communities, in which some redeeming spirits are not to be found, whose merits

will atone for the general faults of their brethren, however numerous they may be. It is often the case, that men with organs naturally defective, or whose constitutions have been ruined past all hopes of recovery, appeal most unreasonably, to the physician, the one, expecting him to be more potent than nature herself; & the other requesting a restoration of that, which he has destroyed & lost forever. The man of dissipation expects a cure in spite of his excesses. The man of business, is unwilling to forego the prospect, of fortune & of splendour. The student who has gained knowledge, & renown, at the price of a pale cheek, & sunken eye, appeals to his physician for some elixir; which shall restore freshness to his cheek & brightness to his eye, even while inhaling the fumes, & exhalations, from his midnight lamp. Often these errors are discovered too late, & medicine & its followers, are reproached with a keenness, sharpened by disappointment & despair. However satisfactory it may be to the votaries of medicine to trace out the causes which give rise to scepticism on the subject, the doubts of their opponents will be more readily removed by examples taken from the list of diseases; which when uncontrolled by the physician, carry devastation & death in their train, but which, by the aid of medicine may be deprived of their noxious powers, & rendered temporary in their duration. Some might deny the existence of diseases, thus under the controul of medicine, & would quote the old adage, that doctors will differ, in confirmation of their opinion. But such difference often relates to matters of so little importance, that the welfare of the patient, is not interested

in their decision. That there are many diseases then completely within
the control of medicine, cannot be denied, even by the most sceptical;
& of this we have a most striking example in Syphilis.

This disease when left to the powers of nature alone, is one of the most terrible
with which mankind has been afflicted. The *Vires medicatae naturae*, (which
in other diseases, often puts the physician to the blush, & restores to vigour & to
health, him, on whom the physician had placed the seal of destruction,) here
stands disrobed of all her power, & leaves the patient, to die a death, the most
loathsome & disgusting. But medicine steps in to the aid of the unfor-
-tunate, & restores to health & to happiness, him, whom nature had left to
death & despair. As a stumbling block then to medical scepticks, & as
an example of the worth of our profession, I have chosen Syphilis, for
the subject of my Thesis —

With respect to the derivation of the term
Syphilis, authors seem to be very much at variance. One is inclined to derive
it ^{from} *SUS* (porcus) & *ΦΙΛΙΑ* (amor) *amaporcinus*. Syphilis the individual supposed
to have been first affected with it, is said to have given his name to the
disease. By others it is derived, from *ΣΥΦΛΟΣ* filthy; & again by some, from *ΣΥ* &
ΦΙΛΕΩ, importing, mutual love. To the last derivation I would give the pre-
-ference, it being indicative of the most prominent circumstance attend-
-ing the propagation of the disease; for however incompatible the malady,
inflicted might seem to be, with the sentiment implied in the original;
it is never the less certain, that but for the sentiment therein expressed, the

in this manner. That there are many reasons why...
 the method of procedure, cannot be named, nor by the most...
 that this is not a mere...
 this reason...
 with which...
 in other...
 health...
 various...
 doctor...
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that subject to the...
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1700

disease would soon be at an end. With respect to the origin of Syphilis the most discordant opinions have prevailed. According to the whim, or caprice, of authors, it has been made the offspring either of ancient or of modern times; has been bandied about, from one country to another & though too common in all, has been held too loathsome, to receive a birth place in any. Poetry whose province it has usually been to sing the praises of SO, PLEAS; has in this instance, deviated from her usual course & through the pen of PROCASTORIO; has given some insight, into this disease arising from the improper indulgence of mutual love. But the poet in the very commencement, either disdaining an earthly origin for his theme of song, or more probably being ignorant of the place of its nativity; has with the genuine poetical license, called in the gods to his aid, & has represented the disease under consideration, as a punishment, inflicted by APOLLO, on a shepherd Syphilus, for some insult offered to himself. But the origin of this disease is not attributed to the wrath of offended deity by the poet alone. By a German divine, it is said to have been sent as a visitation from heaven, on Charles 8th for having violently deprived the emperor Maximilian, of his betrothed bride. But the infliction of this curse on a single individual & on one too, kept aloof from the people, by the dignity of his station, was insufficient to account for the rapidity, with which it spread through all orders of society. Hence by the same divine, that curse, which in justice ought to have been confined to the king alone; was extended to his subjects, so that we might say with Homer, that "for the kings offence the people died." By some

less exalicious, with respect to the direct interposition of providence in this instance; & certainly more learned in the history of their profession, the disease in question has been considered, as one of very great antiquity. By them it has been traced back to the times of the Romans, & of the Greeks, & even the old Testament itself, is said to furnish evidence of its existence. By many however Syphilis is considered as of much more modern date; & the year 1493, is the time it is supposed by them, to have first made its appearance. In 1794 it made considerable ravages in the French army engaged in the siege of Naples, & at the breaking up of that siege, it is supposed to have been disseminated by them, through a great part of Europe. Many of the advocates for the modern origin of Syphilis in Europe have not stopped here, but connecting the time of its first appearance, with the return of Columbus from America; they have attributed its introduction into Europe, to the followers of Columbus, who they say, contracted during their intercourse with the inhabitants of the new world. Thus connecting the discovery of America with the introduction of a disease, which at that time, was considered as more than an equipoise, for all the advantages to be derived from the discovery of the new world. To this opinion of the introduction of Syphilis into Europe by the followers of Columbus, we are by no means willing to subscribe. There is good reason for believing, that the disease existed some time before the return of Columbus & his followers. Suppose it however to have existed amongst these men, at the time of their return; is it credible that from so small a number of persons (& those confined to the neighbourhood.

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of the seacoast; that the disease could have extended so widely, & to regions so remote, in so short a time, if such had been its origin. But was there any such disease prevailing among the crew of Columbus, at the time of their return. There is not the least reason for believing this to have been the case; for no such disease is mentioned as prevailing among them, at the time of their return, & such was the type of Syphilis at that period, that it is quite improbable that it should have prevailed, without attracting the attention, & exciting the fears, of every one. Did Syphilis exist among the aborigines of America at the time of its discovery by Columbus. It might or it might not. Certain it is, that there is no positive proof that it did. Why then pass from the old, to the new world, in search of the origin of this disease; why pass by nations overwhelmed in debauchery & vice, who are notorious for those courses, most calculated to continue the disease & therefore to be considered as most likely to produce it; & look to a nation, of the most simple mode of life, whose wants & necessities left them neither time, nor inclination, to plunge into the depths of debauchery. Under such circumstances, we think it much more reasonable to look to the old world, for the origin of this disease. As has been before observed the Old Testament is said, to hint, at some such melody, & perhaps even the kings of Israel, were not entirely exempt; for who more likely to contract it, than a man with 300 wives & 500 concubines.

However authors may disagree with respect to the origin of Syphilis, there is one circumstance in its history, in which they very well

agree, which is, that the disease at this day, has lost much of that malignancy, which rendered it so formidable, at the time of its first appearance. By Linnæus it was arranged in the same class with Small pox Measles &c. on account of the febrile symptoms, that attended it. By most authors who describe its first appearance, it is not only represented, as being attended by febrile symptoms of a most violent type, but by them, it is compared to & even called the plague; being not only attended with carbuncles, buboes, & other glandular abscesses, belonging to plague; but like it also, proving very quickly fatal. By ages however the disease appears to have assumed a chronic form, & is thought by men of experience & observation to be still continuing, in its course of amelioration. This amelioration has been accounted for in different ways, by different individuals. The virus has been said to lose much of its virulence, by passing through different individuals, & generations, & having to cope with the strength of sounder constitutions. The remediate powers of mercury have also been supposed, to strip the ~~virus~~^{virus} of much of its power, & to hand it down, in a much milder form to succeeding generations. A late author of high standing in the medical profession, has attributed this change in the virulence of Syphilis to an instinctive principle in the constitution, which is perpetually labouring to subdue the disease. We hope the labours of this instinctive principle, will not be confined to the eradication of Syphilis alone, but will be extended to other maladies, with which we are afflicted, & which (according to this author) we might hope to see effaced, from the long test of human afflictions, by the aid of this principle. It was long a matter of controversy

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with medical men whether, Syphilis & Gonorrhoea were distinct diseases, or whether, they are only different forms of the same disease, differing a difference of appearance, in consequence of the difference, in the nature of the surfaces to which the venereal virus, happens to be applied. The arguments & experience of Mr. B. Bell, confirmed, & strengthened, by the observation of the most judicious surgeons of the present day, have nearly put this question beyond dispute; so that few are found at this time, who contend for the identity of the two diseases. Of the nature of the Syphilitic virus, nothing more is known, than of the nature of any other poison; for the essence (if I may so speak) of any poison, seems quite beyond our comprehension. Concerning the circumstances necessary for its communication, our information is rather more accurate. It is now very well ascertained, that the disease can only be communicated, either by the direct application of the matter of the virus, to some part of the body; or that it must be transmitted from parent to child, like other hereditary diseases. The virus cannot be communicated from one person to another, through the medium of the atmosphere. Most generally the disease is given by one person to another, during sexual intercourse; the poisonous matter being directly applied to the organs of generation. A child may be infected during parturition, by Syphilitic sores on the pudendum of the mother; & a diseased child, will infect its nurse; & a diseased nurse, will infect a child taking suck from her breast. Midwives in attendance on women, who have Syphilitic sores on the pudendum; & surgeons while dressing sores of that description, have been known to contract the disease especially, where the hand happens

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to have any portion of the cutis abraded, thereby bringing an unprotected
= a surface, into contact with the virus. Although Syphilis is generally
communicated, by the application of the virus, either to an abraded surface,
or to one covered with a very thin cuticle, as the glans penis, inner surface
of the prepuce P^o; still, from the experience of eminent surgeons, there
is not the least doubt, that the virus cannot be applied to any surface
of the body, without considerable danger of exciting the disease. Cases are
mentioned in which the disease has been excited, by wearing the apparel of a per-
= son who had been infected & who had permitted some of the virus to attach ~~it~~
itself to the apparel; & these too, some months, after the virus had been applied to the
clothing. Usually the matter when applied to a surface, excites inflammation
& ulceration, before it is taken by absorption into the system; but it is well ascertained
that the matter may be taken up by the absorbents, & carried into the system, without
producing any previous inflammation, or ulcers, on the part to which it had been
applied. This no doubt would happen most readily, where the virus was applied to parts
covered by a very thin cuticle, as the glans penis, prepuce P^o. In this way the
disease has been communicated by matter left on the lips in kissing & a person has
been infected by drinking out of the same cup, with an infected person. It is acknow-
= ledge that the virus cannot contaminate the system after having been taken into
the stomach, for this as all other animal poisons, seems to be destroyed, by the action
of the gastric juice. There is no fixed time (after the application of the virus) at
which the ulcerations (which are usually the consequence), may be expected to appear.
The time of their appearance, will depend much on the nature of the surface to which

I have very faintly of the court records, these being as usual
- as to be, into contact with the river, although I believe in general
- common knowledge, by the application of the river, water in an artificial manner
- or to be crossed with a very thin water, as the plan shows in the
of the project, I think, from the experience of eminent engineers, that
as not the least doubt, that the river cannot be allowed to flow
of the bridge, without considerable danger of overtopping the river. Can we
maintain in water the same in any manner, by means of the plan of the
river, has been indicated, I have been informed, that the river is to be
kept at the height of 10 feet above the natural level, and the water is to be
collected, through the water which applies to a water, and is to be
the same, before it is taken to the river, but it is to be in a
that the water may be taken up by the river, I have in the water, water
proceeding and passing, I have in the river, the fact I think in the
of the river, this is not only a great advantage, but it is also a
concerned by a very thin water, in the plan, I have in the
river, has been indicated by the plan, and it is to be in a
then indicated by the plan, and it is to be in a
I think that the river cannot be allowed to flow
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of the river, there is no doubt that the application of the river, to
which the river, which is a great advantage, and it is to be
the river, this is not only a great advantage, but it is also a

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the poison is applied; on the constitution of the patient, & on the virulence of the poison; for it is well ascertained by experience; that the poison of Syphilis is not equally active, & powerful, in every instance. The disease after exposure during sexual intercourse, may make its appearance in 24 hours, or in six weeks or later. The most usual time, is 4 or 5 days. At first, a titillation is felt over the whole glans penis, producing a frequent desire to void urine. The whole glans appears more tender than usual; but there is one spot, more painful & tender than the rest, & on examination, we find a small pimple containing a serous fluid. This in a short time, clears a sore, ~~from~~ sloughy, & foul at the bottom, with hard & elevated edges. This sore has been called chancre, by the French, & the term has also been adopted, by the English & American surgeons. The glans & preputium are the parts most usually affected with chancre, but any part of the genitals, perineum & pubis are occasionally affected. The number of chancres varies much, generally there are two or three, but sometimes, the whole of the preputium is covered by them. The matter discharged by a chancre is of a dirty green hue, often tinged with red, of a thin consistence & large in quantity, considering the size of the ulcer, from which it is secreted. Chancres on those parts of the body covered by firm thick skin, are different in appearance, from those on parts covered by a thin cuticle. The skin appears red for a short time then ulceration breaks out, without any previous swelling or elevation of the skin into vesicles, & a thick factitious matter is poured out, which becomes dry & hard, forming a crust on the ulcerated part; this crust when removed, discovers a foul ulcer, of a very red colour, with irregular jagged edges. Chancres are generally of small size & not inclined to spread or to penetrate deeply. In some cases however

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They assume a phagedenic character, & destroy the parts on which they are situated extensively, & rapidly. This has been attributed to some peculiarity in the constitution of the patient, & in some cases, to an uncommon degree of violence in the infectious matter, for many cases of this character have been traced to one individual as the source of infection. The next symptom, & one which generally succeeds to Chancre is Bubo. This consists ⁱⁿ a painful swelling of one or more of the lymphatic glands, & is supposed to be produced by the absorption of the venereal virus by the lymphatics. Chancres as we have just said usually precede bubo, but this is not invariably the case. It seems necessary for the formation of a bubo, that the venereal virus should be absorbed, and conveyed by the lymphatics, to the gland; & this it is well ascertained may happen without the existence of chancre. Bubos are most likely to be produced by Chancre, where there is a moderate degree of inflammation. Hence they generally occur in the early stage of chancre, or where inflammation has been excited by the application of some irritant, as caustic. Very high inflammation, & an indolent state of chancre, are alike unfavourable to the production of bubo. Bubo is most frequently situated in the glands of the groin, these being the glands nearest the part generally affected. Ulcers on the lips, tongue & cause enlargement of the glands under the tongue & at the angle of the jaw. Ulcers in the throat, cause enlargement of the glands of the neck; & ones on the hands, affect the glands of the axilla. The glands whose lymphatics are derived immediately from the surface, are those which are always affected. That they should be primarily affected is plain from the manner in which the virus is usually applied, but why the internal glands should not become affected during the progress of the disease, is not so plain. The first symptom of bubo, is a slight degree of pain. On examination the gland will be found a little

The first of these is the fact that the
 government has been unable to
 secure the necessary funds to
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 funds to carry out its policy.

enlarged, & sometimes, the lymphaticks extending from the gland to the chancre, are
 tense & inflamed. Generally the gland continues to enlarge until the 8th or 10th day,
 when it will have attained the size of a pigeons egg. The pain which was at first
 slight, is now more severe, & extends to all the neighbouring parts. Having arrived at
 this state, unless interfered with, it goes on to suppuration in the usual manner.
 Syphilitic tubos suppurate much more quickly than other glandular ^{swellings,} ~~abscesses~~
 but not so soon as common abscesses.

The two symptoms already discussed; Chancre, & tubo; are those, produced by the venereal
 virus before it has entered into the general mass of the circulation, & have been
 called, Local symptoms. There are others which arise from the introduction of the
 virus into the circulation & have been called constitutional symptoms. The former have
 also been termed primary, & the latter secondary. The first of the secondary symptoms
 usually makes its appearance in the throat, & this occurs soonest where the virus
 passes from a chancre into the system, without producing a tubo in its course.
 The throat at first is affected with a slight soreness, such as generally arises from
 cold, to which it is usually attributed at its first appearance; but on examination
 a small ulcer will be perceived, situated, commonly on one of the Tonsils. This
 ulcer is at first small, foul, & attended with some swelling & an erythematous ~~redness~~
 redness of the surrounding parts. In most cases, these ulcers progress slowly, but
 sometimes they extend very rapidly, passing from the Tonsil along the arch, and
 destroying all the soft parts in its progress. In some cases the throat is affected
 with a raw inflammation of a copper colour, which shifts from one part to another
 without producing any ulcerations for some length of time. Ulcers of the throat

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are not very painful, even when they are of large size. At first the soft parts alone are affected, but unless some remedial measures be adopted, the bones of the palate become diseased, & will be destroyed. After Syphilis has existed for some time in the throat, we begin to perceive some signs of it in the ~~throat~~ nose. Sometimes it attacks the nose before the throat, but this is not its usual course. The patient at first complains of a stoppage, in one of the nostrils, with pain & soreness on one particular spot. On examination it will frequently happen that no signs of disease are apparent to the eye, for the spongy bones are very liable to be affected, & if so, they cannot be seen. But if the diseased parts be visible, together with a swelling of the Schneiderian membrane, a small ulcer is perceived, covered with a brownish crust, which when removed, is very quickly renewed. As the disease progresses a large quantity of thin foetid matter is discharged. If the spongy bones be affected, the matter is of a dirty dark appearance, & still more foetid. These symptoms are accompanied by an epiphora, which is attributed to the obstruction of the nasal duct, emptying into the nostril of the side diseased. If the septum be diseased, the bones soon give way & the nose becomes flattened, nearly to a level with the face. The internal parts of the nose are oftenest diseased, but the external are not exempt. Venereal ulcers often arise in the mouth, & in every part of it. The soft palate is oftenest diseased, & ulcers in this part, often proceed very rapidly, destroying the soft parts first, & then the bony structure underneath. The skin is liable to be affected with Syphilis, in the form of copper coloured blotches, about the size of the finger nail. They give little pain, but their appearance is attended with itching, in the parts where they break out. When rubbed a purulent matter is removed, from their surface, leaving the blotch of a more lively

red colour. They are most likely to appear on the breast & arms, but are not confine-
-d to those parts. At first they disappear, without doing any apparent inju-
-ry to the skin; but they soon reappear, & after having returned several times, a
-scab is formed, on the removal of which, an ulcer is found underneath. Those parts
that are usually kept covered, are those on which the blotches are most likely to appear.
They will from the breast & arms, proceed down the extremities to the toes, the
-spalls of which, are often destroyed by the ulcers which succeed, to the blotches, about
their roots. When the constitution has been tainted for any length of time with
the venereal virus, ulcers will occur on any part of the body. Generally they are
-preceded by blotches, & may be considered as the symptoms in which blotches are
likely to terminate. The bones of a person who has been long infected with the ven-
-ereal virus, often become affected with nodes, by which are understood, hard firm
-tumours, arising from the spongy part of the bony structure. The first symptom of
their approach, is marked by some uneasiness in the part. On examination a
small firm tumour may be felt, which is very hard & immovable. This continues to
-enlarge till it attains to the size of a small walnut, by which time the ~~two~~ integu-
-ments inflame & ulcerate, exposing the bone beneath, in a state of disease. During
the enlargement of the node, the pain increases until the patient suffers the
most excruciating torment, which is attributed to the distension of the periosteum
-since a free incision into this, relieves the pain. Nodes are most likely to occur on
those bones that are most thickly covered, as the os frontis, tibia, &c. Nodes when properly
-treated seldom cause ulceration of the soft parts, tho' no treatment is capable of
removing the enlargement, when it has once taken place. Independent of nodes

the bones of venereal patients, often give great pain, especially when they are warm in bed. We early observe on the anus, alopecia deafness, blindness, clefts in the palms of the hands, & soles of the feet, are enumerated among the consequences of syphilis.

The time when syphilis may be expected to appear in a person after exposure to infection, depends much on the constitution of the patient. The same individual is not equally liable to infection at all times & some have been known to be entirely proof against infection. The disease is supposed to be very much influenced by climate; & either extreme of temperature, is thought to be alike unfavourable to its continuance. It is said to be propagated much more readily in the East, than in the West Indies; & Dr. Ford supposes it to be much more prevalent in England, during the warm season.

In taking view of the treatment of Syphilis from the time of its first appearance to the present day, we must be struck, by the great variety of remedies, that have been resorted to for its cure. Mercury was early adopted; but either from some imperiety in the mode of exhibition (whereby very injurious consequences were often induced) or from the immense nuisance necessarily attendant on its use, it was laid aside for other remedies, thought to be equally efficient & less dangerous in their use. Of the many remedies which have been extolled as specifics, by far the greater number, are now supposed to be possessed of no virtue & of the few that are now used one only perhaps can be viewed as a specific. Opium, Conium, Belladonna & Palsy pain & retard the progress of the disease, but they are not to be relied on for a cure. Among the diaphoretics mercury, Guaiacum & Sarsaparilla are chiefly used. Sarsaparilla is relied on for a cure by some surgeons of eminence. Others view it only as an adjuvant to mercury & to the opinion of these last I more willingly subscribe. The mineral acids may be considered as good tonics & so of the generality of metallic preparations that have been recommended.

The first thing I should mention is that the weather was quite good today. We went for a walk in the park and saw many beautiful flowers. The children were very happy and played for hours. We also had a picnic under a big tree. The food was delicious and everyone enjoyed it. We spent a very pleasant day and it was a great experience. I hope to go back soon.

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The fifth thing I should mention is that the weather was quite good today. We went for a walk in the park and saw many beautiful flowers. The children were very happy and played for hours. We also had a picnic under a big tree. The food was delicious and everyone enjoyed it. We spent a very pleasant day and it was a great experience. I hope to go back soon.

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Within a few years past the English surgeons have adopted a practice, which consists in confining the patient to the strictest antiphlogistic course, & many cases are said to have been treated successfully, in this way, without much aid from medicine. The treatment of the disease in Spain & Portugal (where it is said to be cured without mercury) has also been brought forward, as additional evidence, that Mercury is not indispensable for the cure of the disease. Whether the cures said to have been effected by this new practice will prove to be complete, time alone can determine. Even the warmest advocates of this mode of treatment acknowledge, that the cure is much more tardy than under the use of mercury.

The secondary symptoms are also much more frequent where no mercury has been used; being in the former case as 1 to 10, & in the latter only as 1 to 15. The experiment is at least a dangerous one, & until the efficacy of the plan is better established by further trial, we are still justified in declaring mercury to be the only antidote for the disease, known at this day. Of the modus operandi of mercury in the cure of Syphilis, much has been written though nothing appears to be known. Some have considered it as stimulating the secretories & thus causing the virus to be thrown off from the body; others have assigned it an antitoxal power, supposing it to come into contact with the virus, & by its chemical power destroying its activity. The advocates of this doctrine have urged in support of it, the fact, that the poison of Syphilis when mixed with mercury, is no longer capable of communicating the disease. In the conclusions drawn from this fact we feel but little faith, for we do not consider it as proof of the antitoxal properties of mercury.

That Mercury is a cure for Syphilis however, is sufficient for our purposes, whether we understand its modus operandi or not. It does not seem to be a matter of very great importance what preparation of mercury we use in the cure of Syphilis.

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The main end to be attained, is to introduce a sufficient quantity into the system for the cure of the disease; & that, in such a manner, as to avoid any of the injurious consequences, which are apt to arise from the incautious use of mercury. These are most apt to occur from the use of very large doses; hence where time does not press it is best to use small doses & to bring the system under the influence of the medicine gradually. The extent, to which mercury must be used, & the length of time that it must be continued, will depend very much on the virulence of the disease. In cases of mild Chancre, if the mouth be made sore, & kept so, for 8 or 10 days after all signs of the disease have disappeared, the patient may be reckoned safe. But in more obstinate cases a slight ptyalism should be induced; & the medicine continued for a longer time. In cases of secondary affection, we are advised by Mr. B. R. ell to continue the use of mercury, six weeks, after all signs of the disease have disappeared. When the disease is progressing very rapidly; mercury may be used in larger doses until it is checked, & then it must be continued in small doses, till the cure is complete. While a patient is under a course of mercury more especially if ptyalism be induced, care must be taken to avoid cold; & the flannel should be worn next the skin, & the diet must be light & not of a stimulating kind. The treatment of Chancres has given rise to some debate, some wishing to heal them up, as soon as possible, by local applications; while others have trusted to the use of mercury internally; I have not however viewed the chancres as signs, by which they can judge of the progress of the cure.

It has been objected to mercury, that it is not always a cure for Syphilis. But in such cases it will be found that Syphilis is combined with some other affection, in which mercury cannot be used. But when no such combination

exists & the patient is able to bear the remedy, it is known rarely to fail.

It might happen in cases purely syphilitic that the disease has been allowed to progress so far, as to be beyond the reach of the remedy. But in such a case, the patient might be said to be in the grave, even while living; & the only objection to the remedy would be, that it could not raise the dead.

and the patient is able to see the things, it is a common case of fact.

of which habits in our knowledge that the same has been done
I propose to do, and to show the end of the things. But in such a case
it will be said to be in the case, and will be said to be
of course in the things, and that it was not said to be.

[The remainder of the page contains extremely faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

Dissertatio Medica Inauguralis,
De

Effectibus Ebriositatis,
Quam,

pro gradu Doctoris, summiſque
in medicina honoribus ac privilegiis rite
et legitime consequendis, Nobilissima fac-
ultatis medicae Universitatis Marylan-
diae examini ſupplicat.

Gulielmus Thomas Stephens

Anno Domini MDCCCXXVI

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Main body of handwritten text in cursive script, consisting of several lines of text that are mostly illegible due to fading and bleed-through from the reverse side of the page.

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Viris Eximius,

Samueli Baker M.D. Baltimore
dilecto suo praeceptori;

Nec non

Reverendo Isaacu McCallas Philadelphi-
-ae. Hanc dissertationem inauguralem

grati quidem animi summaeque observan-
-tia, testimonium libens offert

Auctor

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Handwritten text at the bottom of the page, possibly a concluding note or signature.

De effectibus ebrietas.

Res, de qua nunc agitur, cum medendi sci-
entia, tum reipublica, mihi permagni esse
momenti videtur. Igitur eam indagare
conabor. Noster patrius Rush in clarif-
simis inquisitionibus hoc subjectum solertif-
simè illustravit. Inter multos nosologos ^{vero},
qui varios morbos descripserunt, nullus in-
veniri potest, qui ebrietatis paroxysmum
designavit. Sive quod percognitum, sive
eum memorare non opera ^{pretium} fore arbitrabantur.

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Vertical handwritten text on the left margin, possibly a page number or reference.

Main body of handwritten text in cursive script, consisting of approximately 12 lines of text that are significantly faded and difficult to read.

Cum autem consideremus effectus fatales
 nonnunquam esse, certè nos oportet ea reme-
 dia indicare, quæ maxime valeant eos
 mederi. *Paroxysmus et effectus.*

Si aliquis non magnam quantitatem
 accipit, rustionem scrobiculi cordis, cerebri
 plenitudinem, vultus ruborem, pulsus
 frequentiam auctam, et titubationem se-
 =tit. Hi, sunt effectus quum magna
 quantitatem non bibit, sin magna
 quantitas accipiatur, indicia simil

Handwritten text at the top of the page, possibly a title or header, written in a cursive script.

Vertical handwritten text on the left margin, possibly a page number or reference.

Main body of handwritten text in cursive script, consisting of approximately 12 lines of text that are significantly faded and difficult to decipher.

ia apoplexiæ sunt; et effluuium vini non
 redolet, quare non dignoscamus, siue ager
 verâ apoplexiâ siue ebrietate afflictus est.

Hinc in duas varietates ebrietatem
 dividerem, excitantem et apoplecticam. Pro
 priorâ nihil prescriberem, sed posteriori sangui-
 nem a brachio detrahere, donec emesis in-
 citatur, et parvo tempore sanabitur. Nunc
 si hic paroxymus primus sit, non volet
 repotare, et hæc esset tempestivitas ut
 persuadere usum vini omnino relinquere, quod

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Vertical handwritten text on the left margin, possibly a page number or reference.

Main body of handwritten text in a cursive script, consisting of approximately 12 lines of text that are significantly faded and difficult to read.

cupiditas libendi ei gradatim revertit, qui
 se indulget. Donec diuturna consuetudine
 fit, quod dicamus, perditus est, quotidie par
 =oxysmum habet, sine cura se ad lectum
 confert, mane gravi capite surgit, mentem
 nec corpus volens exercere. Similis viro sep
 =tuaginta annorum locum in eius domo oc
 =cupat, familia eius ei non placet, amor
 conjugis non refertur, liberi sine amore
 eum timent. Facultates mentis functi
 =onesque corporis morbida fiunt; ergo eas des

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scribere enitar, et nulla animatio est nisi
 ebriosus, veré animal sui generis, qui nulli
 usui vel ipsi vel alii; sed reversum est, ullo
 morbo chronico afflicatur, qui ebrietate fertur
 quae sors eorum qui magnis poculis se ingur-
 gitabant. Epilepsia, Apoplexia, Dyspepsia,
 jecoris morbi, Hydrops, Stomachi densa-
 tio, Paralysis, Raucitas et Sussis, Diabetes,
 Diarrhoea, et Mania, rex morborum, qui
 proprii ebrioso sunt, et quos transmittet
 posteris. Sed fortunatè humano generi

17
This is the first time I have seen the name of the author in any of the books.

17
17
17

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ebrietas non immedicabilis est; modus preven-
 -tionis; quotidie quantitatem diminueret, ^{et} ex
 -ercitationem commendarem, et mentem ab-
 -icui gratiori gustu vini attrahere eniterer.

Quamquam certe scio me differere ab doctore

Rush qui dicit, ebriosos usum Alcoholis re-
 -pentē relinquere oportere, paucaque pocula
 veteris vini quotidie potarent; quae pres-

criptio vere discors mihi videtur. Quia ebriosi
 -repentē usum vini impunitate relinquere
 non possunt, in conformatione cuius

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7
sententiae Armstrong in febrem temulen-
tam inspicit. Ebriosi nonnulli usum ardentioris
potus pro usu vini relinquunt, hac commutatio
sapiens mihi non videtur, quod alcohol om-
nes potus fermentatos pervadit et aliquis qui
ebrius fieri disponitur, usu Zythi ita fiat. Hinc
necessitatem bibendi nil stimuli videmus, Acidi
potus utiles in aetate sunt. Romani milites
etiamque duces acidam aquam potare
solebant, dictum est. Catonem qui oc-
toginta annos vixit, in pugna nil nisi

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acidam aquam potare. Antediluviani, ubi
 ullum temulentum videbant, obstupefacti
 sunt. Noë primus ebriosus erat de quo leg-
 imus. Samuel eum succum pini bibisse
 et factum inebrium esse dicit. Fortunatum
 fuisset si ultimus ille vir qui inebrius
 fuerat. Respublica profecta esset et non
 est serò, si medici et legislatores novum
 conatus facerent ebrietatem suppresserent.
 Infeliciter nostra alma patria ita hoc
 potu profusa est, ut omnes procurent

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Quamquam usum sanitate reprobis, tamen in morbo advocatus sum, et sapissime parcius in multis morbis, praesertim in ultima scena uti contendo; magnas quantitates frequenter nobis dare oportet, quod non agrum ebriosum facere possumus, sed hoc loco prescriptio medici et non aegri, et ille semper prescriberet; propterea medici poli morbos noseunt, quibus ebriositas originem dat. Agrotatione solum usum admittam, meam opinionem defendere me decet, sciens opiniones multorum clarissimorum mihi oblectandas esse, multi nos stimulare

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priusquam unus vicinitatem malarie, pro intentione
 nos ipsos defendendi viru recommendant. Quamquam
 ullam theoriam contra hanc dare non possum pro-
 -ter hominem tam frequenter, dum sub impulsu stin-
 uli, respirare; circutatio aucta est, et quid systema
 non imbutum est cum viru, non video, quod certum
 est, debilitas excitationem succedit et tunc corpus
 non posse virus resistere, et mihi bonum est, quod
 meos antagonistas scriptoribus Tropicorum et
 devastationibus quas morbi malarie ebriosis in nostra
 patria commiserunt, referre possum; quot juvenum

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videmus mori Biliosa febre ebriitate contracta et
 quot illustrium virorum uno morborum quos supra
 memoravi, mortui sunt. Est mihi per magna
 copia, sed contentus ero motem Alexandri et
 Paracelsi et multorum aliorum qui in acme
 vite Baccho sese immolaverunt, designare.
 Hactenus de ebriitatis effectibus noxiis et cor-
 -pori et menti, scripsi; et nunc parvas ^{sim-}
 lineas in illud felicitati domesticæ quod necesse est,
 occupare eritari. Imprimis ebriosus eius res negligit,
 obliviscitur res alienum dissolvere, eius seruos non

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recognoscit, domus rimosae fiunt, agri incultisunt,
 raro domi invenitur, quia illic foratur, quarit
 illos qui participant excitantque, sic vivit donec unus,
 morbum ebriositatis eum arripit, et tunc inter eum
 et sepulchrum non longum tempus est, cui gradatione
 appropinquat. Ebriositatis hos effectus dicere desinem
 et pauca dicam quae mihi bona visa sunt. Saepe me
 ditatione, cum nostri legistatores hoc malum non
 conati sunt suppressere, Stupui. Variola et Typhus
 Seterodes saepe considerationem occupaverunt, dum ebrio-
 sitas, sepe in unum vitium cui humanum genus sub-

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Vertical handwritten text on the left margin, possibly a list or index of items.

jectum est, vix unquam animos ullius senatus occupavit.

Ebrietatem reprobata[m] frequenter ab rostro divino solo audimus, et si nulla templa habebamus, nusquam ebrietatem culpata[m] audiremus; et hic unicuique equum dicit me dare et dicere, Clericalem professionem liberam esse ab ebrietate quam ulla alia, non faciens meam secundam, quanquam noxios effectus noscit, at usus immoderatus liquoris spiritui cursum tenet.

Politia parvo pretio alembicos censent, tabula eburna[m] magno pretio et illa unum vitium tantum sed tabula vinosa parvo, illaque parva omnibus vitis

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sunt. Ebricitate quot urbium captae sunt, quae parvum
 requiem procurantes in habitores ebricitati sese committunt,
 et obsequibus facilis praeda fiunt. Regnae
 versa sunt, vicina depopulatae sunt et ebricitas
 mota causa solennis epidemici, uno verbo, pauci ebrii
 si dimidium decem suorum vivunt; et nunc
 his paucis paginis quas in hoc subjectum scripsi, finem
 dabo, dicendo pauca verba illis infelicibus hominibus qui
 Bacchum adorant (quae sunt) Deum adoratis, qui in progrepu
 temporis tuum animum disturbare causabit, ut si pro
 unico filio flebatis; et volis qui procul stant non vadete
 propius, ne captemini.

N^o 2
13
10

Dissertatio Medica Inauguralis
De Rheumatismo
Quam

Examini Admodum Reverendi Jacobi Kemppii

Præfectoris

Professorumque Universitatis Marylandicæ

Pro Gradu Doctoris Medicinæ

Sertio Nonas Aprilis

Anno Domini 1826.

Submittit.

^{Wing}
Frederick L. Grammer
of Annapolis
Maryland

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1826

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Memoria,

Guillemi C. Pinkney M. D.

de Annapoli,

Hac imperfecta, Dissertatio dicata, est,

Amico et discipulo,

Auctore.

1777
Linnæus

Philippus C. ...
in ...
...
...
Linnæus

Litus Rheumatismi

Rheumatismus affectio fibrata textura corporis esse definitus est, et tendinae majore ex parte ~~partes~~ affecta sunt. Universa sententia "affectionis articulorum" a Doctore Gulielmo Cullen utitur. Sed in dissertatione de hōc morbo a Doctore Carolo Leclamo Londini, nimis indefinita esse fertur, quippe aliquas partes structuræ complectitur, quae in dubium vocatae sint, utpote certa sedes morbi. videlicet Ligamentum Capsulare et Cartilaginem?

Ligamenta, quae frequentius infestantur, sunt ea quae ad tendines et musculos attinent. Theca tendinum, fascia, aponeuroses et bursae mucosae, sunt partes quae frequentius ligamentis infestantur. Doctor Carmichael Smith in ejus dissertatione "de inflammatione" definit, Rheumatismum acutum esse

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inflammationem fibrarum ad musculos pertinentiam.

Sed Pseudamœ hanc perceptionem argumenti nimis indefinitam, si non plane falsam esse putat.

Si fibrae ad musculos pertinentes, essent communis sedes inflammationis, essent tumor et teneritas in ipsis musculis, expressius quam accidere sentimus, et necessarie nonnulla densatio fibrarum aucta determinatione sanguinis producta.

Huic contraria, in hoc morbo fere accidere invenimus.

Quamvis accessum magnitudinis in portione tendinosa sentimus.

Nervi interdum afficiuntur, ut ex morbo, qui dicitur Ischias et Periosa, quae affectio Coxendicis est, cognitum est. De hac forma morbi nihil dicam. Professor Nathaniel Potter hujusce universitatis, tendines et fascias praecipuam sedem morbi esse putat. Hujus eruditi sententiam magni

The first part of the book is devoted to a general
description of the human mind, and its
powers, and the manner in which they are
exercised. The second part is devoted to a
description of the human body, and its
parts, and the manner in which they are
connected together. The third part is devoted
to a description of the human soul, and its
powers, and the manner in which they are
exercised. The fourth part is devoted to a
description of the human mind, and its
powers, and the manner in which they are
exercised. The fifth part is devoted to a
description of the human body, and its
parts, and the manner in which they are
connected together. The sixth part is devoted
to a description of the human soul, and its
powers, and the manner in which they are
exercised. The seventh part is devoted to a
description of the human mind, and its
powers, and the manner in which they are
exercised. The eighth part is devoted to a
description of the human body, and its
parts, and the manner in which they are
connected together. The ninth part is devoted
to a description of the human soul, and its
powers, and the manner in which they are
exercised. The tenth part is devoted to a
description of the human mind, and its
powers, and the manner in which they are
exercised.

estinas, et has esse partes crebrius affectas, ut in eam
magnopere me juvat.

Inutile amplius de hâc parte mei argumenti dicere
censeo, quemadmodum non dubito, quin quæ dixi, ampla
descriptio morbi esse putabuntur.

Causæ Rheumatismi

Mos est auctoribus plerumque causas hujus morbi, in
tria genera partiri. Videlicet, Predisponentia vel
Remota, Excitantia et Proxima. Sed quoniam
causam excitantem et proximam unam et eandem
esse censeo, nihil de his separatim dicam

Causæ Predisponentes

Predisponentes causas quinque hujus morbi enumerabo.

1 Quæcumque cause debilitatem inducunt, vel
universam vel localem, huic morbo antedispouunt.

2 Insalubris conditio functionum digestivarum,

confundens systema nervosum, et irritabilitatem et debilitatem producens, Rheumatismo antedisponeit.

3 Perspiratio profusa, quae corpus noxia impulsioni humida et frigida atmosfera male disponit, efficacissima predisponens causa putatur.

4 Tempus anni predisponens est causa, plus minusve actiosa, secundum gradum humiditatis et mutabilis temperiei quae tum praevalent. Autumnus auctoribus plerumque putatur tempestas quae Rheumatismus crebrius occurrit. Quia tunc vestimenta aestiva nondum omittuntur, et vicissitudines caloris et frigoris occurrunt. Hic morbus certe occurrit crebrius hac tempestate anni sed nonnunquam vere occurrit.

Aetas inter causas predisponentes hujus morbi
 numeratur. Homines omnium structurarum, moerum
 et temperamentorum, ex aetate pubertatis ad
 triginta quinque annos, hoc morbo indiscriminatim
 invaduntur. Homines temperamenti sanguinei huic
 morbo maxime disponuntur. Viri frequentius feminis
 ab eo affectantur. Et causa non latet, quia humori
 et frigori magis exponuntur.

Causa Excitans

Immutatio temperiei sola causa excitans hujus
 morbi mihi esse videtur. Hinc quamvis morbus in
 omnibus regionibus existit, praecipue in his regionibus
 occurrit, in quibus vicissitudines caloris et frigoris
 occurrunt.

Diagnosis

Hic morbus saepe pro Arthritide acceptus est,
sed Symptomatibus sequentibus discernatur.

Remissiones a dolore et febre per diem non sunt
aeque distinctae in Rheumatismo acuto ac in Arthri-
tide acuta. In aggreffione primâ Arthritidis raro
plus quam una pars et rarissime plus quam una
pars eodem tempore afficitur. In Rheumatismo articuli
maiores sunt partes, quae frequentius infestantur. Sed
in Arthritide articuli pedum et manuum invaduntur.
Et usus eorum praepeditur, non secus ac si fracti et
contusi essent.

Stomachus in Arthritide item invaditur. In Arthritide

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est effusio serosa in membranam cellulosa[m], foveam digito cedens, inflammatione subsidente, et turgescens conditio vasorum vicinorum. observatus quam in Rheumatismo.

Symptomata Rheumatismi

Acuta forma hujus morbi variis symptomatibus discernitur. Plerumque incipit algæ, qui succeditur calore, siti, anxietate, impatentia et divo, plenus et celere arteriarum pulsus. Dolore acuto fere instante quendam magnum articulum. Dolor magnopere augetur motus. Articulus paulo post cruciatus afficitur, et etiam nonnullo rubore et tumore, qui tactui dolorificus est. Tumore incipiente nonnunquam levatur

dola, Sed in toto non removetur neque articulus a reditu morbi defenditur.

Urina, in principio hujus morbi, tincta est rubro colore et est sine sedimento, sed ut morbus procedit et remissiones febris sunt majores, deponit lateritium sedimentum.

Hoc a nonnullis auctoribus criticum esse putatur.

Sed Doctor Cullen dicit, non esse semper in toto criticum. Nam morbus pergit multo post tale sedimentum in urinâ observatum est. Ego, nihilominus, puto, se non sit in toto criticum, ut Symptoma proprium sit.

Dolores manifeste per noctem augentur, corpore servato calidiore. Cum his symptomatibus est anorexia, universa lassitudo et oppressio animi. Languis extractus.

hoc in morbo venæ sectione, crustam inflammationis
 exhibet. Lingua alborem ejus conservat. Sunt quoque
 dolor capitis, ardens calor cutis et tenebræ.

Methodus Medendi

In tractandis medicamentis quæ hoc in morbo utun-
 -tur, nihil prorsus a me addi potest. Jam antea
 tam multum de hoc dictum est. Attamen, inter
 prima medicamenta, venæ sectionem et applicati-
 -onem hiæudinum, ponere deberem. Commendantur
 omnibus auctoribus, et profecto sunt nulla medi-
 -camenta excellentiora in tractatu hujus morbi, et
 nunquam omittenda sunt. Professa Potter justissime
 observat. Est nullum remedium tam efficax quam

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venesectione tempestiva. Cum inflammatio increbrescit, utilissima est, et nulla pro causa omitti debet.

Repetenda est, dum dolor, cum pulsus tensione et duratione sit. applicatio hircudinum, in tractando hoc morbo, commendatur, ubi dolor et tumor articulorum extant, post febris diminuitur crebris venesectionibus. De his nihil dicam, quoniam de usu earum experimentis nihil conscriptum habeo.

Proxima remedia quae commemoro sunt cathartica.

Catharsis est utilis hoc in morbo, temperando impetum circulationis, subigendo inflammationem et excitando systema absorbens. Est utilior cum catharticò salinò producitur. Lules et neutrales sunt optima cathartica, propter qualitates

refrigerantes. Calomelas est utilis, cum datur
 consilio purgandi, sed saepe uti non debet. Calome-
 las prescripta nocte, consecuta cathartico salino
 postredie, hoc in morbo utilis est.

Emetica. De usu Emeticorum paululum dicam,
 his nunquam a me adhibitis. Feruntur esse
 utilia, cum adhibentur principio morbi. Non
 dubito, observat Scudamore, quin emetica, adhi-
 bita initio morbi, sint utilia moderando vim
 symptomatum, quae formata sunt. In casibus
 hujus morbi, concomitantibus symptomatibus
 plane biliosis, laudantur, et sine dubio utilia
 sunt. Essent prima remedia, nisi benesectio
 postularetur.

Ludovicica. Hæc sine dubio sunt remedia pretiosiss=
 =ima in tractando hunc morbum. Conjuncta Cathar=
 =ticis utilissima invenientur. Pulvis Antimonialis
 parvis ~~par~~ portionibus bonum diaphoreticum est.

Pulverem Doverii, qui compositus est ex Specae=
 =uanha, opio et sulphate Potassa utilissimum
 inveniri. Non debet adhiberi, donec arteriarum
 actio succumbit.

Opium adhibetur hœc in morbo ubi aucta actio
 cordis et arteriarum oritur ex irritatione producta
 dolore. Conjunctum aliis medicamentis, videlicet,
 Catharticis et Diaphoreticis opinor, tuto adhi=
 =beatur. Non debet adhiberi in principio morbi.

Sed ubi dolor augetur, et paucilla vel nulla febris extat, magnô cum commodô adhibetur.

Epispastica et Fonticuli. Prima horum remedium, puto, tuto adhibita et inventa esse utilia, ubi applicantur parti dolore affecta. Usus sum iis magnô cum commodô. Posterioribus nunquam usus, de iis nihil dicam.

Linchona, in hac formâ Rheumatismi, a multis auctoribus laudatur. Haggarth notat, post stomachus et intestini satis expurgati sunt a pulvere antimoniace, dedi, per multos annos, pulverem Corticis Peruviani, dosibus quinque, decem et quindecim granorum, quâque secundâ, tertîâ vel quartâ horâ, et gradatim auctis ad viginti, triginta.

et quadraginta grana. dicit, ut, ^{sub} hoc tractatu,
 in multis casibus, dolores, tumores, sudores et
 alia Symptomata inflammationis, expresse
 et celeriter subsideant, donec valetudo penitus
 restituitur. Notat longius, præter Hydrargyrum
 in Syphilitide, sunt pauca aut fortasse nulla
 exempla, ubi remedium tam celere solatium
 et absolutam convalescentiam, in morbo tam
 terribili, præbet. Hæc, in acuta formâ hujus
 morbi, laudatur, sed duco credere, eam raro
 utilem esse. certe est remedium pretiosissimum,
 cum adhibetur consilio impediendi debilitatem
 solam, dummodo intestini nacti essent naturalem
 conditionem et cutis facta esset relaxata.

Regimen et Dieta. Agrotus in hoc morbo aequè
 ac in aliis morbis, ex algore defendendus est,
 corpore calidis vestimentis tecto. Temperies dor=
 =mitorii eius esset teporata. Ignis est utilissimus
 ut tempestas qua morbus occurrat, eum postulat.
 Dieta aegroti esset perlevis et potissimum dilu=
 =entibus consistere debet. Pulmento tenui, thea
 et fructibus subacidis, videlicet, aurantiis et
 uvis sustineretur. Febre subsidente, reditus ad
 usum cibi animalis per gradum esset, et permitti
 non debet, donec ulla febris extat.

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Rheumatismus Chronicus

Nunc ad secundam partem mei argumenti procedam.

Morbus vocatus Rheumatismus chronicus cum forma acuta per longum tempus procedere permittitur.

Ex Acuta plerumque oritur praecipue cum venesectione non utitur ita ut reducat inflammationem.

Chronica ex acuta forma symptomatibus sequentibus decerni potest. In Chronico Rheumatismo pauxilla vel nulla febris existit, tumor et rubor evanescent, sed dolores adhuc invadunt quosdam articulos torpidos. Termini, atthamein, inter Acutam et chronicam formam non sunt apte notati. Cum dolores concomitantur febre, tumore et rubore

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articulorum et sunt severiores nocte, forma
 est consideranda acuta. Sed cum articuli
 dolore affecti, non sunt rubri, cum sunt fi-
 gidi et torpidi, cum sudari non possunt,
 et nulla febris manet, considerandus est
 Rheumatismus Chronicus. Haec forma diversos
 articulos afficit, sed crebrius afficit eas
 partes, quae leguntur multis musculis,
 et frequentia utuntur. Habemus, exempli
 gratia, morbum, qui vocatur Lumbago,
 affectio musculorum vertebrarum Lumbor-
 um, et Ischiadem vel Sciaticam, quae
 affectio Coxendicis est.

The first part of the paper is devoted to a general
 description of the country, its climate, soil, and
 the principal occupations of the inhabitants. It
 is then divided into three parts, the first of which
 contains a description of the country, the second
 of the climate, and the third of the principal
 occupations of the inhabitants. The first part
 is divided into three sections, the first of which
 contains a description of the country, the second
 of the climate, and the third of the principal
 occupations of the inhabitants. The first part
 is divided into three sections, the first of which
 contains a description of the country, the second
 of the climate, and the third of the principal
 occupations of the inhabitants.

Diagnosis

Sententiae propositae de hoc argumento tam satisfactoriae sunt, ut distinctio difficilis mihi non esse videtur. Rheumatismus chronicus a chronica Arthritide facile dignoscetur, aetatem et consuetudines discendo. Facillime agnosceretur partibus, quas invadit, ut hic minores articulos nunquam afficit, sed ille semper. Stomachus non adeo invaditur in hoc morbo quam in Arthritide. Censeo inutile, de hac parte mei argumenti, ampliare, ut in priora parte meae dissertationis, symptomata diagnostica Acutae formae

hujus morbi et Arthritidis dedi, quae
 majore ex parte applicabunt ad Chronicam
 formam duorum morborum. Nunc mem-
 -orabo medicamenta quae in hac formâ utun-
 -tur.

Methodus Medendi

Medicamenta, quae in tractatu hujus formae
 morbi utuntur, memerosa sunt. Ea memo-
 -rabo, quae frequentius utuntur. primum
 quod memorabo, est Calomelas. Quavis
 hoc medicamentum in Acuta formâ
 hujus ^{morbi} raro utitur, est magis in Chronico.
 Exhibitus minutis in dosibus, ita ut pro-
 -ducat moderatum Ptyalismum, invenie-

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Mr. Robert M. ...

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etur utilis ita ut alterationem in Systemate pro-
 ducat. Frictio Mercurialis, ubi sunt nullus acutus
 dolor, nulla organica lesio partis et parva
 vel nulla generalis febris in hoc morbo
 laudatur, et sine dubio, esset utilis, sub-
 talibus conditionibus. Calomelas conjuncta
 Opio, in hac formâ, bonum remedium est.
 Epispastica et Fomiculi, in tractatu hujus
 formâ morbi etiam laudantur. Prioribus
 magnô cum commodô usus sum, et opinor, esse
 medicamenta magni pretii. Utiliora sunt in
 hac quam in Acuta formâ morbi. Posterio-
 res, ~~non~~ non dubito, etiam utiles invenientur.
 Sulphur junctus cum Guaiaco magnô cum

commodô in hâc formâ morbi utitur. Fertur
 esse utilis, in excitando perspirationem et
 quando circulationem generalem. Multa
 alia Diaphoretica commendantur in hâc
 morbo, quae censeo inutile commemorare.

Camphora efficacissime exhibeatur ubi
 cutis est arida et dura. Preparatio, quae
 vocatur Linimentum Saponis Compositum,
 est bona localis applicatio, mitigat dolorem
 et diaphoresin excitat.

Colchicum Autumnale in magnis dosibus
 fertur esse utilis in Rheumatismo Chronico.
 hâc usus sum saepe numero cum magnô
 Commodô.

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

Datura Stramonium necnon ^{laudatur} in hoc morbo;

~~non~~ concomitatur irritatione, celere sed debili arteriarum pulsu, tumidis articulis, et incomitata ullâ dolore nisi ^{sit} motu. Praeparatio hujus remedii, quo frequentius utitur, saturata tinctura est.

Arsenicum etiam habet locum inter medicamenta que in tractatu hujus morbi utuntur. Fertur esse praecipue utile in Rheumatismo Syphilitico et in eo, quo nonnunquam imprudenti usu Mercurii producitur.

Balneum tepidum fertur esse remedium magni pretii in tractatu hujus morbi. In hoc ac in aliis morbis caute uti debet. Balneum

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page. The text is mirrored and difficult to decipher.]

frigidum etiam commendatur. Hôc usus sum
 magnis cum commotis, et opinor, esse remedium
 pretiosissimum. Aqua saturata Sale sola-
 tum prebet.

Anchona. De hâc in priora parte meâ differ-
 = tationis, ^{dixi.} actionibus cordis et arteriarum super-
 = ratâ, adhibeatur consilio impediendi debi-
 = litatem, et utilis invenietur. Sub talibus
 conditionibus nunquam omitti debet.

Extractione Sanguinis per sectionem et hiru-
 = dinibus lauda^{ntur} tractatu hujus forme
 molli. Sed opinor, sunt utilioris in acuta
 formâ.

26.

Sunt multa, alia remedia, quae in hoc morbo utuntur,
quae censeo inutilia commemorari

Finis

An
Inaugural Dissertation

on Opium

by

James C. Eliason of Geo. Town D.C.

for the degree of
Doctor of Medicine

Submitted for Examination
to the

Right Reverend James McKemp T.D. Provost

and to the Regents

of the

University of Maryland

1826

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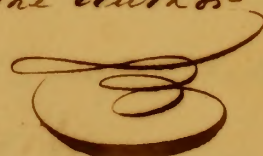
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1
P. S. Dr Sam^l Baker

Dr Sir

Permit me to dedicate these few
lines to you as a mark of respect not only for your
talents as a physician and professor in the Univers-
ity of Maryland. but also for your virtues as a Ch-
ristian and private Gentleman.

You will please to accept my thanks for the very
polite attention ~~with~~ which you have always
treated me with.

I remain Yours
Very Respectfully
The Author


Wm. D. ...

P. ...

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Among the many articles of the materia Medica daily employed in the practice of medicine, none are more frequently exhibited, none affects the human frame more powerfully, and fewer are more frequently the subject of medical reasoning, than Opium.

It is of the utmost consequence to the practising physician to have a thorough knowledge of such medicines as affect the body either in a healthy or diseased state. Therefore the investigation into the nature of medicines of noted efficacy cannot be superfluous but on the contrary be productive of the best effects.

Almost every circumstance relating to this remarkable medicine has been the subject of dispute and that authors have differed materially not only as to its component parts and modes of action, but in their accounts of the facts relating to its natural history. Late experience has however so far ascertained the manner of its production and preparation as to remove every difference on these points.

Opium is placed at ^{the} head of the class of medicines termed narcotics it is the inspissated juice obtained from the capsules of the papaver Somniferum a plant indigenous to Persia, Arabia, and Egypt. It is also cultivated in gardens in this country, a piece of ground six yds square yields half of a pound in all those countries where opium is manufactured large fields are carefully tilled for the purpose of producing it, and its sale constitutes no inconsiderable branch of commerce. The manner in which the opium is obtained from the poppy is by making longitudinal incisions upwards at Sun set, these incisions are to be made and repeated for several evenings until each capsule has received several incisions and then they are allowed to ripen their seeds, the juice which exudes is collected in the morning and being inspissated to a proper consistence, and made into cakes of from four ounces to a pound, by working it in an earthen pot in the Sun's heat, these cakes are sometimes covered with the dried leaves of the poppy, which is a test.

The first of these is the fact that the
 amount of the interest is not
 fixed but varies according to the
 amount of the principal. The
 second is that the interest is
 not paid until the principal is
 repaid. The third is that the
 interest is not paid until the
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 is that the interest is not paid
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of its quality, the Turkey opium is of a dark brown colour externally, internally, or when reduced to powder of a dusky red, its smell is peculiar, faint and disagreeable, and its taste bitter, pungent and acrimonious.

Chemical Composition. The peculiarities of Opium are Resin, Gum, Glutin, Sulphate Lime and Potash, Narcotin, an acid and a peculiar alkaline crystallisable substance to which the name of Morphia has been given, and which substance is supposed to possess the narcotic principle. The acid principle has been denominated the meconic acid, and exists in a state of combination with the morphia, forming a meconiate or Supermeconiate.

The effects of Opium on the living system are produced in a greater or less degree, according to the parts of the body it is applied to it is a Stimulant in the first instance and afterwards acting as a sedative. If a strong watery solution of Opium be made, in the proportion of ʒi. to an ʒss. of water, and a small quantity be poured into the eye, it occasions immediately pain, and lasts

for several minutes, occasioning inflammation both of the tunica adnata and palpebrum, attended with an effusion of tears, after elapse of twenty or twenty five minutes, if we pour a small quantity of Spirit diluted with water into both eyes, the pain is more considerable in the eye in which none of the solution had entered, which proves the position laid down.

It does not appear to have much action on ^{the} abraded surfaces. Some suppose it to exert no power whatever. I Cullen's remarks on this subject are entirely in favour of the external application of Opium, and his opinions should ever be looked up to, and indeed my own observations almost justify me in believing its utility. Unodyne balsams liniments &c. are still used in our hospitals -

the effects of Opium internally appear to be in proportion to the quantity given, in small and regular doses it increases the force and frequency of the pulse, in large doses its excitant operation is transient, but renders the pulse fuller and stronger, and afterwards slower than at the time of taking it, secretions and excretions are

impeded in every part of the system except the skin
 the discharge from which is evidently augmented -
 Opium at first excites the sensorial powers but afterwards
 lessens it. if given in a large quantity. it produces torpor
 insensibility and sleep. tremors convulsions &c -

In the Eastern Countries opium is used like wine and
 spirituous liquors in civilised Europe and America.
 an Eastern traveler gives an account of its effects in the
 Turks. speaking of those who give themselves up to its im-
 moderate use. he says. " destined to live agreeable only wh-
 en in a sort of drunkenness. they assemble in the market
 of Opium eaters. arriving in the evening by different
 streets. their pale and melancholy countenances would
 inspire compassion. were it not for the distorted figures which
 are the consequence of the disorder. presents the most lu-
 dicerous and laughable picture. pills of Opium are some-
 times distributed. the most experienced swallow larger
 quantities. they wait in some particular attitude
 for an agreeable reverie. which at the end of an hour
 or two at the most never fails to animate those animal

machines, and make them gesticulate in a hundred
different manners. This is the moment when the ac-
tors are happy, each of them returning home in a state
of total inebriety, but in the full possession of a happi-
ness which reason is not able to procure him. deaf to
the hootings of the passengers they meet with, who div-
ert themselves with making them talk nonsense -

The same thing happens in private families when the
master sets the example of this strange debauch -

previous to entering upon the use of Opium in partic-
-ular diseases. a few remarks upon the preparations and
-doses. and modes of exhibition seems requisite.

Opium is generally employ^d. either in the solid form
-or tincture if we wish to produce a sudden impression
the tincture should be given. in this form it is imme-
-diately diffused through the stomach. in pill form,
it requires a considerable time for its solution. in
some particular habits. given even in very small doses
its action is very distressing. to obviate this different
preparations have been given. ʒi of Opium rub^d up with
xʒ of the Carb potash. and dissolved in an oz of water m-
-ay be taken without the least inconvenience. the
black Drop. is an excellent preparation. and may be
taken by those who cannot endure opium in its solid
form. Doses must vary according to the intention
of the prescriber. the constitution of the patient and
the nature of the disease. i. e. if given acts as a narcotic
if frequently repeated will keep up its exhilarating
influence. from habitual use it renders the system

less sensible to its impressions and larger doses are required to produce its effects. than those who are not addicted to its use

Incompatible Substances Oxy Muriate of Mercury
Hydrostate of Lead: Alkalies infusion of Sassa and
Yellow Cinchona^s infusion of Green Coffee -

The first thing to be done for counteracting the injurious effects of too large a dose is the exhibition of a powerful Emetic and for this purpose a large dose of Sulph Zinci ʒi. or Pulp Cupri. dissolved in water should be swallowed immediately and the vomiting kept up for a considerable time and urged by titillation of the fauces, large draughts of vinegar and water or other acidulated drinks and the power of the habit kept up by brandy and water Coffee and cordials. the Sufferer should be kept awake and if possible to be in continual motion.

Milk and water thrown into the Stomach and pumped out again by means of a Stomach pump such as invented by Dr. Physic of Philadelphia

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All medical writers agree that Opium is inadmissible at least, while inflammation continues in any degree considerable. Many physicians do not use Opium even after copious depletion in inflammatory diseases, altho Stimulants are to be avoided in active inflammation by lowering the excitement and diminishing vascular action, by Venesection and other evacuations and adhering to the antiphlogistic regimen we may then employ Opium, in combination to advantage, when excitement depends on morbid irritability and sensibility it acts very beneficially.

D. Armstrong used Opium with great benefit in Peritonetud, his mode of practice, was to bleed his patient ad deliquium, after recovering from fainting he gave 3 grains of Opium, if in three or four hours there was much excitement he bled a second time, as before and repeated the Opium 2 grains, this practice was continued the 3^d time if necessary, after which Calomel and Opium was given, which was generally attended with Sleep, a free perspiration, and the patient woke with perfect relief —

The first part of the book is a history of the
 of the world which is divided into three
 parts. The first part is a history of the
 world from the beginning to the present
 time. The second part is a history of the
 world from the present time to the
 end of the world. The third part is a
 history of the world from the end of the
 world to the beginning of the world.
 The first part is a history of the world
 from the beginning to the present time.
 The second part is a history of the world
 from the present time to the end of the
 world. The third part is a history of the
 world from the end of the world to the
 beginning of the world.

In Pneumonic affections. after inflammation has been subdued. Opiates in combination with antimonials are universally admitted to be serviceable -

In Chronic Coughs they are almost indispensable to allay irritation -

In Chronic Bronchitis after proper evacuation. Opiates are remedies of great utility. See Cough &c

In Rheumatism. after the violence of inflammation is subdued by venesection and other usual means. the skin dry the pulse soft. Opiates are used with great advantage particularly in combination. Dover's powder or which is perhaps a better preparation. Nitrog potash $\times \frac{1}{2}$. Speac. $\frac{1}{2}$. Opium $\frac{1}{2}$. the Neutral Salt com- interact the Stimulant effects of the Opium. the ipsec - ac determining to the skin. Silently can be used do.

In Typhoid forms of fever to relieve subsultant tenderness. Tremors. wakefulness &c. in most cases in most cases Opium is not so good as the more diffusible Stimulants. Camphor. Ammonia Ether Musk &c. They do not produce Stupor. Opium does

The following is a list of the names of the
persons who have been admitted to the
membership of the Society since the
last meeting. The names are given in
the order in which they were admitted.
The names of the persons who have
been admitted to the membership of
the Society since the last meeting are
as follows: [The following names are
faded and difficult to read.]

and thereby destroy^s intercourse with friends. when used in such cases, it should be given in regular doses and at regular periods, to prevent relapse when it acts too freely, by diaphoresis, the mineral acids counteract that defect.

In Intermittents, where visceral obstruction has been removed Opium has been given to stop the paroxysm. writers have differed at what time it should be given, some say a half an hour before the expected paroxysm, the feelings of the patient clearly indicating its approach, one or two hours before is the proper time of exhibition before the expected paroxysm. Combined with Camphor, it generally stops the chill. Lind & Wrotter recommend Opium in the hot stage of intermittents, it should never be given at that time.

In Gout, when affecting only the extremities, it is best to trust it to patience and flannels as is commonly done, in that species called irregular atonic or retrocedent, commonly call^d Gout of the Stomach

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no doubt remains as to its utility. by fortifying
and Supporting the Stomach - Opium has been given
in large quantities in such cases.

In Haemorrhages of increased excitement Opium
is injurious. depending on nervous mobility
it is useful -

Haemoptesis after phlogistic diathesis has been
alleviated and Opium may be employed.

Uterine Haemorrhage succeeding delivery and in
the unimpregnated State Opium is particularly
useful -

In Diarrhoea unaccompanied with fever its astrin-
gent effects are highly useful. combined with Ipecac
rendering it more valuable -

In Cholera of infants in the second stage after
febrile symptoms are subdued. if the disease is properly
treated from the first onset. Opium is hardly necessary
in any stage. generally given in combination with
calomel in irritable states -

Cholera Morbus. Cholera of adults - Opium is

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an invaluable remedy should be administered in large doses ʒi of the Tincture every half hour, aided by strong brandy and water. Mount Stung Sinapiem, &c Johnson on diseases of tropical climates recommends large doses of Opium & Calomel &c. - if Cholera is connected with diseased Liver, we can give Calomel in small doses and Opium, which is more suitable to this climate -

In Colica Pictonum Opium is highly extolled, used in large quantities from ʒi to ʒiij. Oculum Recini used freely. S.B. recommends it in ʒi grain doses, followed by Calomel ʒiij and Oculum Recini. This to be repeated until the disease yields. in Billious Colic Opium is inferior to ^{no} remedy except the Laxative, it should be combined with Calomel -

In Dysentery after the inflammatory action has been subdued, and there is tenesmus remaining the Dover's powder is a good formula, or Opium & iijgr combined with Speacemanna ʒi - exhibited frequently, followed by Laxative, Oculum Recini -

In Tetanus. Opium is used to a great extent. Dr
Wheber gave 1800 grains in as many days in a case of tetanus.
Several other physicians have used it very freely & Baker
recommends 5 grain doses every 3 hours to be increased.
in all Lacerated and Gun shot wounds, where there is
reason to fear tetanus, Opium should be used as a pre-
ventative. freely to produce tranquility - an interes-
ting case is related by Dr Baker. in his lectures showing
the value of Opium in this disease - where amputation
had been proposed by Dr Gibson. but was overruled by
Dr B. who forfeited his reputation if he did not cure the pat-
ient without amputating -

In Mania a potu. Opium is useful in those cases
which arise from suspension of Stimulus. attended with
frequent weak pulses, trembling tongue, watchfulness,
and debility. should be given in 5 grain doses every 2
or 3 hours, until the patient is composed, when in this
state he will fall asleep and when the patient awakes
he will be quite rational. potu Mania arising
from too much Stimulus ^{sometimes} then it is necessary to treat
it in a different way -

In Gangrene. that species, attending on old age
call'd gangrene of the toes, which begins at the toes and
travels upwards, caused by a want of energy in the
system. mild astringents applied to the parts,
and Opium given internally, to give the constitution
time to recover itself.

In Diabetes Mellitus opposite views have been
given of this disease, for its treatment from the
blogetic to the stimulating remedies. ^Q
There is great irritability quick
en with great advantage. do
for me below.

An
Inaugural Dissertation
on
Cynanche Trachealis

Submitted to the examination of the
Rev^d Bishop Kemp.

For the degree of Doctor of Medicine

By James H Claggett
Member of the medical society
of Baltimore.

April 3rd 1826.

The
Honorable

Members of the

Senate of the United States

Washington

In the Senate Chamber

of the United States

Washington

of the United States

Washington

To the Medical professors of Baltimore
This dissertation is respectfully
inscribed as a Tribute of Esteem
for their Virtues. & admiration
of their Talents by
The author

To the Honorable Professor of Baltimore
The Honorable Professor is respectfully
referred as a student of Baltimore
for the Honorable Professor's attention
of the Honorable Professor
The Honorable Professor

Introduction.

Among the many disorders to which the human frame is subject to, there are few that require of medical men more attention than the Subject of this Essay. And though it be a disease which is not so common as most others, it is so deceitful, quick and terrifying in its approach, that it sometimes proves fatal before there is any ^{suspicion} of its nature or danger. And is usually far advanced when discovered, as to be beyond the reach of medical assistance. Of late years physicians have paid particular attention to this Subject but they differ widely with respect to its nature & treatment.

As the institution of Maryland requires a thesis to be written on some Medical ^{subject} by every candidate for a degree of Doctor of Medicine. I have with diffidence undertaken this Subject not with an intention of offering any thing new, but merely to comply with the rules of the institution, which I hope will be satisfactory.

Introduction

The history of the world is a long and varied one, and it is not possible to do justice to it in a few pages. The purpose of this book is to give a general outline of the main events of the past, and to show how they have shaped the world of today. It is written for the general reader, and is not intended as a technical treatise. The author has endeavored to make it as interesting and readable as possible, and to give a clear and concise account of the most important events of the past. It is hoped that it will be found useful and interesting to all who read it.

Cynanche Trachealis

This is a disease very difficult to be defined, owing to its attacking so many different parts. It may consist in a difficult respiration and peculiar shrill noise in respiration attended with cough & inflammation of the wind-pipe or Glottis with no apparent Swelling in the fauces, and in most cases a perfect and natural deglutition is enjoyed by the patient.

In speaking of persons subject to the disease it has been considered until lately to be entirely confined to children. It is said that General Washington died with this disease, and there are cases of this kind repeated noticed by practitioners of this country.

Children are sometimes affected with this

Opinion of the Court

The Court is divided 5 to 4 in its opinion. The majority opinion is written by Justice Brandeis and is joined by Chief Justice Taft, Justice Brandeis, Justice Cardozo, and Justice Sutherland. The dissenting opinion is written by Justice Holmes and is joined by Justice Brandeis, Justice Cardozo, and Justice Sutherland. The majority opinion holds that the Government's action in seizing the property of the defendant is not a taking for public use and therefore is not subject to the Fifth Amendment. The dissenting opinion holds that the Government's action is a taking for public use and therefore is subject to the Fifth Amendment.

disease while sucking, but are more liable to it after they are weaned. Children are subject to this disease between two & twelve years old. but are most subject to it from two to seven years of age.

of the history of the disease it has been generally supposed that this disease was unknown to the ancients, they did not describe it with accuracy. Dr. Home observes that there is little to be learned from inquiry & still less from Books. It is true that before he favoured the world with his most excellent treatise on this disease & his dissections of those who have died of it. Physicians were ignorant of its nature. But that the disease was till then unknown seems very improbable.

Many circumstances in early times prevented

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Its discovery. The age of the patients ~~commonly~~
commonly affected with it, from whom little
could be learned; the slow & insidious approach
of the disease in some instances, from which
circumstance the physician was seldom called
to visit the patient until it was too late;
and above all the great aversion that people
had to dissections, which alone could have
unfolded the nature of the disease, were in-
surmountable difficulties. However of late
years parents have been apprised of the danger
of neglecting the complaints of children and
have applied to physicians much sooner.

I have said this disease seldom attacks
infants till after they are weaned. after
this period, the younger they are the more they
are liable to it. the frequency of it becomes

[The page contains extremely faint, illegible handwriting, likely bleed-through from the reverse side of the paper. The text is mirrored and difficult to decipher.]

less as children becomes more advanced: & there are
no instances of children above twelve years of
age being affected with it. It attacks children
of the midland countries as well as those who
live near the sea. it does not appear to be
contagious. & its attacks are frequently repeated
in the same child. It is often manifestly the
effect of cold applied to the body. & therefore
appears more frequently in winter & spring seasons.
It commonly comes on with the ordinary symptoms
of a catarrh, but sometimes the peculiar sym-
-ptoms of the disease show themselves at the very
first.

These peculiar symptoms are the following:
a hoarseness with some shrillness & ringing sound
both in speaking & coughing as if the noise came
from a brassen tube. at the same time there is
a sense of pain about the Larynx some difficulty

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Part.
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of respiration, with a wheezing sound in inspiration
as if the passage of the air were straitened.

The cough which attends it is commonly dry
& if any thing be spit up it is a matter of
perulent appearance. & sometimes films resembling
portion of a membrane. Together with these symp-
-toms there is a frequency of pulse a restlessness &
an uneasy sense of heat. When the internal parts
are viewed they are sometimes without any appearance
of inflammation. but frequently a redness & swelling
appear. & sometimes in the fauces there is an ap-
-pearance of matter like to that rejected by coughing.

With the symptoms now described & particularly
with a great difficulty of breathing & a sense of
strangling in the throat the patient is sometimes
suddenly taken off.

There have been ^{many} dissections made of infants
who had died of this disease & almost constantly

there has appeared a puerperal membrane lining
the whole internal Surface of the upper part of
the trachea & extending in the same manner
downwards into some of the ramifications. This
puerperal Membrane may be easily separated
& sometimes has been found separated in part
from the subjacent proper membrane of the tra-
chea, this last is commonly found entire
that is without any appearance of Erosion or
ulceration but it frequently Shows the vestiges of
inflammation & is covered by a matter resembling
Pus. Like that rejected by coughing & very often
a Matter of the same kind is found in the Bronchus
sometimes in considerable quantity.

From the remote causes of this disease from
the catarrhal Symptoms commonly attending it.
from the pyrexia constantly present with it.
from the same kind of puerperal membrane

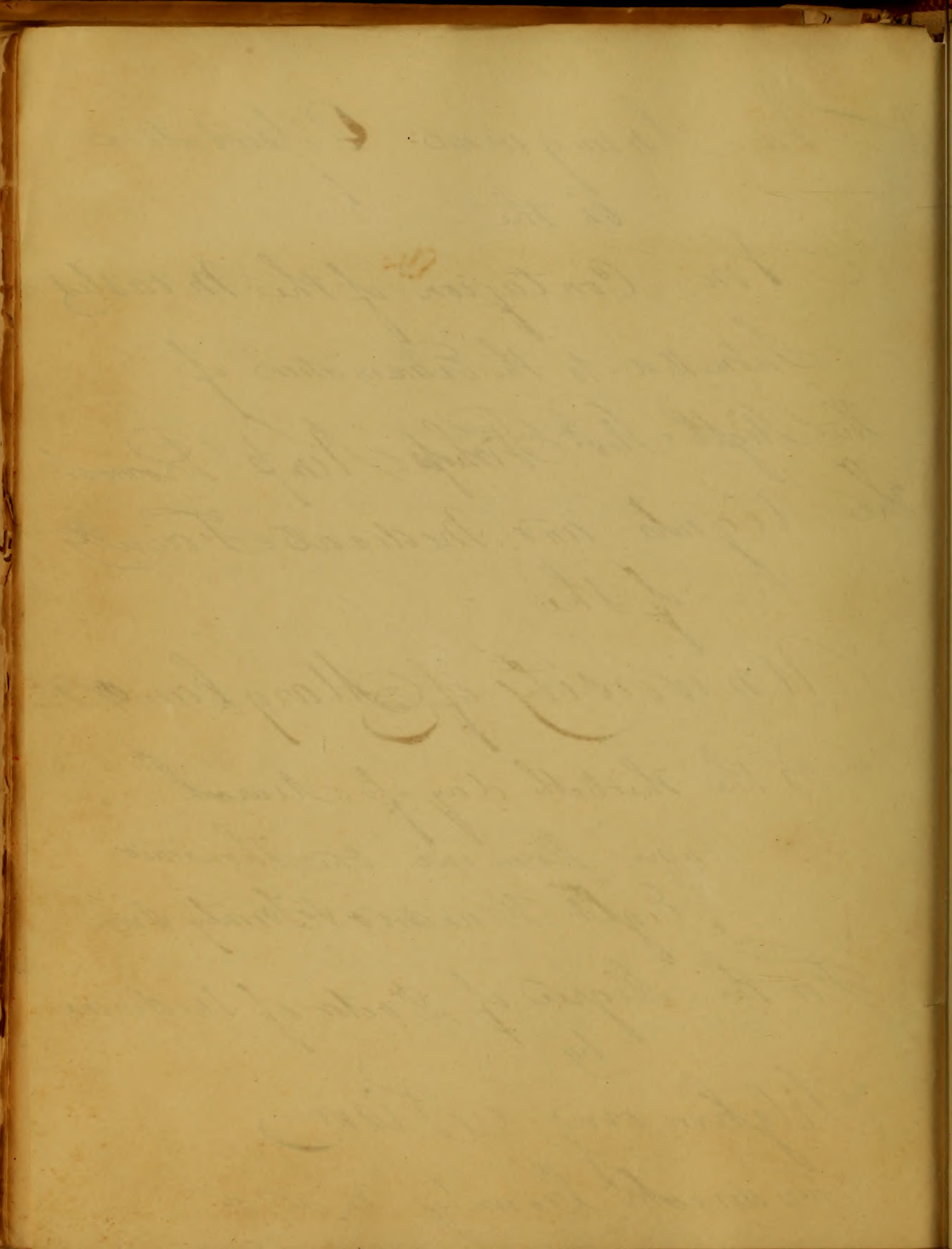
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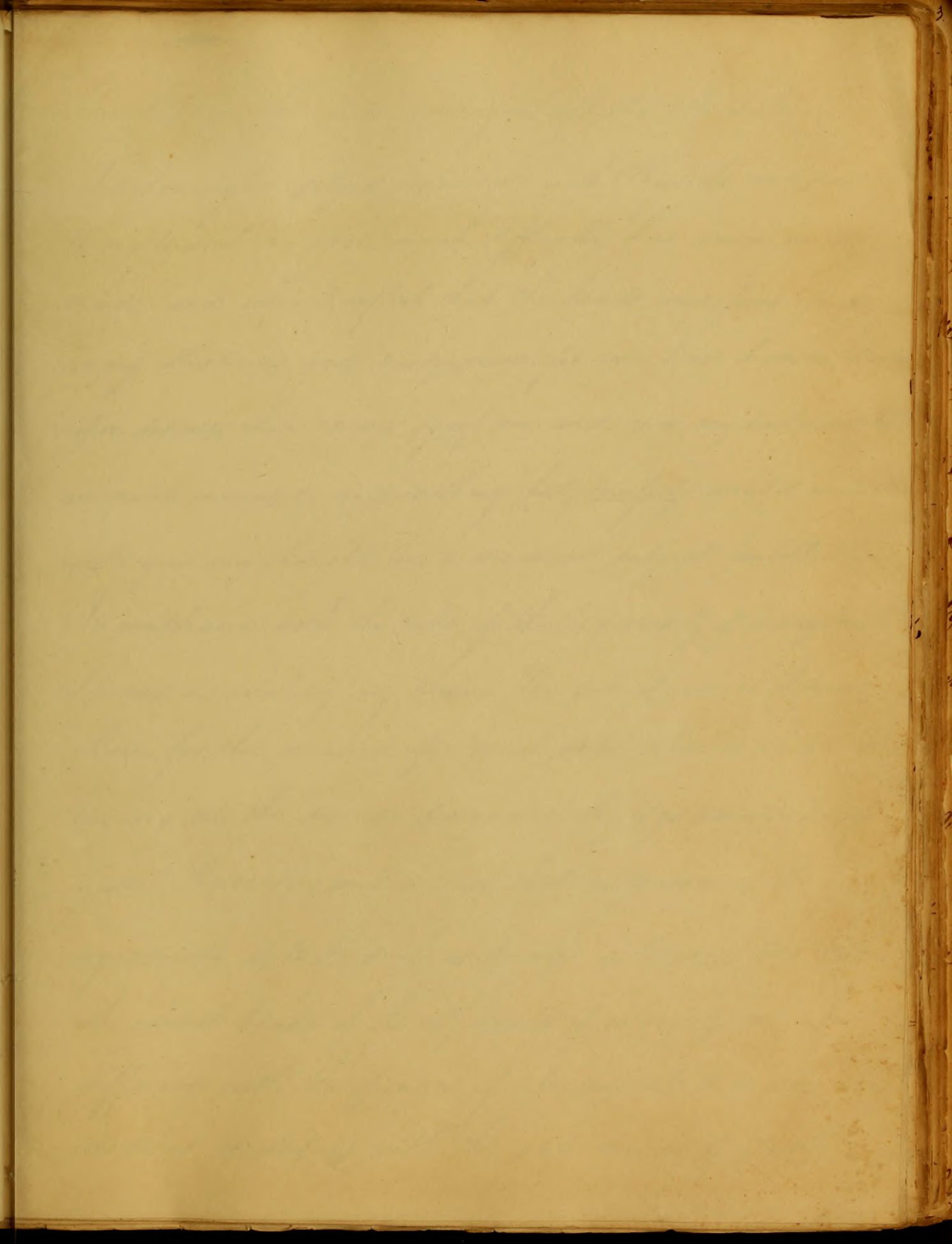
being found in the trachea, when the larynx
Maligna is communicated to it. & from the vestiges
of inflammation on the trachea discovered upon
dissection we must conclude the disease
consists in an inflammatory affection of the
mucous membrane of the trachea & larynx
producing an exudation analogous to that
found in the surface of inflamed viscera
& appearing partly in a membranous crust,
& partly in a fluid resembling Pus.

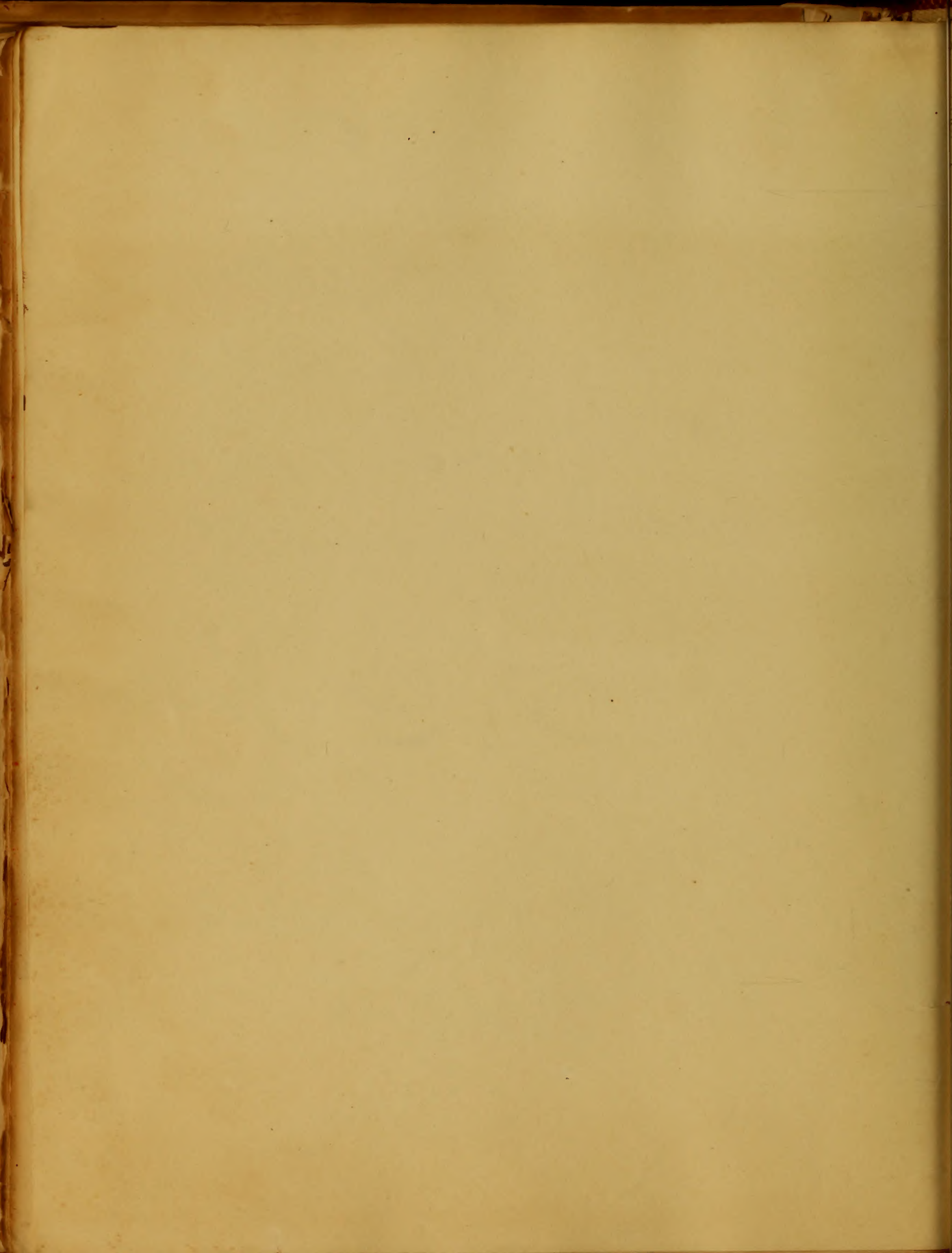
Though this disease manifestly consists
in an inflammatory affection it does not com-
monly end in Suppuration or gangrene.

The peculiar & troublesome circumstances
of the disease seems to consist in a Spasm
of the muscles of the Glottis which by in-
ducing a Suffocation prevents the common
consequences of inflammation.

An Inaugural Dissertation
on the
Non-Contagion of the Measles
Submitted to the Examination of
The Right Hon^{ble} Sirs Joseph Kemp Provost
The Regents and Medical Faculty
of the
University of Maryland
On the Thirtieth day of March
anno Domini one Thousand
Eight Hundred & Twenty Six
For the Degree of Doctor of Medicine
by
Silphus D. Dorr
Frederick County Md.







Thoughts on the non-contagion of the Measles-

In choosing a subject, connected with Physick, and suitable to my present purpose, much difficulty has arisen in my mind; and when I reflect that the heads and pens of so many illustrious and truly scientific men; have been employed upon diseases their causes, symptoms and cure, my embarrassments are much increased, and nothing but Necessity would induce me to give my thoughts (on a medical subject) publicly-

In compliance with the rules of the University of Maryland I proceed in delivering my thesis - The subject which I have chosen for this occasion after much deliberation is an humble enquiry into the disease designated by systematic nosologists "Rubrola"; and I trust that in pursuing this enquiry my remarks will be such as become a learner, and one who cannot boast of the experience of many years - In differing with the opinions of all ancient, & most modern medical writers, is with the sole view of truth

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and when engaged in discriminating between truth and error, it is the right of every man to dissent from the opinions of all men, if he conscientiously believes that incorrect views have been taken as facts, because sanctioned by a great name; and to differ is not to detract. — To demonstrate beyond a doubt is not my object, but I shall be content with the humble hope, to awaken the attention of others to the research. I have for a considerable time seriously doubted the contagion of the Measles, and when I read the work of Professor Toller on contagion, my doubts were considerably strengthened; and in pursuing my subject I hope to give such reasons for my dissent from a general opinion; as to acquit me from the charge of vanity or chimerical speculations, and place my views into a much stronger light than plausibility. I shall confine myself chiefly to the nature of the disease under consideration

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and point out briefly the difference of Measles from known and indisputably contagious diseases. In the first place I must be indulged to promise that no disease is strictly contagious unless its exact similitude can be produced on the healthy subject by the secretions of the body under morbid laws. Thus in diseases which are truly contagious, this impression can be made on the healthy subject either from the contagious effluvia arising from the morbid secretions, being received into the lungs; by actual contact of bodies, and by inoculation; I therefore view Variola a contagious disease, because it can be communicated by inhalation, by contact and by inoculation. I hold Pora a contagious disease for it can be communicated in the two latter modes; and Syphilis is communicable in the same way. Thus three diseases are strictly contagious; and when communicated to the healthy body they produce their offspring whose features it is only

The first part of the paper is devoted to a
 general consideration of the subject, and
 to a statement of the objects of the
 institution. It is then divided into
 three parts, the first of which
 contains a description of the
 building, and the second of which
 contains a description of the
 grounds. The third part contains
 a description of the
 library, and the fourth of which
 contains a description of the
 museum. The paper concludes with
 a list of the names of the
 donors of the building, and of the
 names of the donors of the
 grounds.

4

necessary to be held and we recognize their common parent
Contagion. All diseases of the class contagious, are governed
by fixed and unalterable laws, not controlled in their
appearance by climate or season, not to be arrested in their
progress till they find no more materials to act upon
and attack alike the young and old, the plump and
the emaciated, the man of ease and luxury, and the
peasant who toils daily for his bread; neither age
sex, place nor climate are exempt from the laws of con-
tagion. In support of my ideas of contagion I will
add the definition given by the learned & scientific
Professor Potter in his memoir on Contagion

I define, says he, contagion a vitiated secretion brought
in contact with the nerves by inoculation, or a morbid secre-
tion emanating from a sick to a healthy ^{body} & received into the
lungs giving rise without the agency of any other cause
to its own similitude in a body previously healthy.

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I trust that the fact is now established that the disease can be considered contagious unless it obeys the laws of known contagious diseases and produce its own similitude on the previously healthy body without the agency of any other cause. I will now proceed to show that the Measles obey different laws. 1st that they are controlled by climate and season 2nd that they do not attack indiscriminately 3rd and that they cannot be propagated by the effluvia arising from the secretions of the body, by contact, or by inoculation. In support of my first assertion it will only be necessary to appeal to the recollection of every practicing physician who will bear testimony that the Measles appear uniformly in our country, as an Epidemic disease; at about every six years - (vide Rush & Potter) the seasons when they appear are about the month of January & cease about the last of May & the Autumnal season from October to December is the usual time

6
when the Measles appear in our country. That acute
observer of diseases Doctor Cullen observes "that the
Measles commonly appear as an Epidemick first
in the month of January and cease soon after
the summer solstice" it thus appears that Rubiols
are controlled by the temperature of the weather
never prevailing in the summer season, and returning
at regular intervals, therefore differing from all contagious
diseases as materially, as a fit of Podagra differs
from an attack of Cholera - In support of my second
proposition I cite the authorities of Rush, Currie, and
Cullen, who all observe that children are the most
frequent subjects of Measles, herein they again differ
from all contagious diseases, whose attacks are indis-
-criminate, increasing in proportion of the surrounding
healthy bodies - This brings me to my last and
most important proposition, that the Measles

cannot be propagated by the effluvia arising
from the morbillous secretions, to the previously
healthy body; without the aid of other causes,
and that they cannot be communicated to the
healthy body without the agency of other causes
either by actual contact or by inoculation. In
proof of my last proposition I will detail a few
out of many cases that will establish the fact
clearly; that a contaminated atmosphere or other
predisposing cause, is as essentially, and absolutely
necessary as the presence and operations of miasmata
is to the generation of our common Billious
fevers. The following details I have from a med-
ical gentleman of unquestionable veracity who
then practiced medicine in Tennessee - A number
of Boatmen went to New Orleans in the
Spring of 1815 - and many of them contracted

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the Measles, they returned to their homes; many of them had families with whom and their neighbours, they had constant intercourse during the whole course of their disease, but in not one single instance did they communicate the Measles - Can it be supposed that if the Measles were contagious, they would not have infected the greater part of those who came in its sphere of action, no one however sceptical but will admit that such must have been the inevitable consequence. Why did not the disease spread under such circumstances? I answer because it is not capable of producing its similitude without the agency of some other cause, and therefore not contagious - But farther, the Measles were prevailing in Baltimore in 1816 as our Epidemick, a gentleman who was in the City at the time contracted the disease he went to Caroline County unconscious of his

complaint, the eruption not having appeared
 the day after his arrival the disease was devel-
 oped, and during its whole course, six children
 were exposed to it in the same room, and no
 one became diseased. Could this have been the
 result, in a case of Variola or Poxa? no one
 will answer affirmatively. An auxiliary cause
 (the constitution of the atmosphere as in most
 epidemick diseases) was wanting here to propa-
 gate the Miasma. I will close this part of my sub-
 ject by the corroboration of some facts taken from
 Professor Gollers memoir on Contagion. He says
 'in the fall of 1844 the Pennsylvania militia
 were marched to the encampments near this City, many
 of whom had the Miasma, but the disease was not
 propagated to any of the Maryland or Virginia troops.
 It would appear from these facts, that a general-

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diffusion of the cause through the atmosphere is essential
 to their multiplication. He further says "that solitary cases
 of Measles have often been introduced from the contam-
-inated atmosphere of a neighbouring state into this
 City, but on no such occasion have they become
 epidemick, nor have they been thus communicated
 to any individual within the sphere of my observation."
 When we reflect on the frequent intercourse of the
 Soldiers, stationed only one mile apart, and under
 the same general orders, performing the duties of
 guards, where they must of necessity be confined
 for some hours in the same quarters - and Gentlemen
 acquainted with the insubordination of Militia
 cannot doubt but the Soldiers were possessed under
 the most favourable circumstances to receive a
 disease of a contagious nature. But not one
 solitary case occurred of their propagation.

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so that not a "hook remains whereon to hang a doubt" - If this disease was contagious it must have multiplied "like the locusts of Egypt" and spread destruction and death amongst our soldiers.

The only rational deduction that can be drawn from the above facts is, that the Rubiols are not contagious, but are Epidemics requiring a peculiar Constitution of the atmosphere, to make an impression on the healthy body, therefore differing from the unalterable laws of contagion -

This brings me to the latter part of my last proposition, that the Rubiols cannot be propagated by inoculation and therefore not a contagious disease. Here I will have to contend with the authority of a Gentleman who stands high in the medical world for science and investigation, and whose benevolence of disposition entitles

to that not a word from our nation is heard
that of the things that are done in our
name in the world like the society of Jesus and
the other religious orders and that in our
name from the other parts of the world
we are not better known but our enemies are
spread all over the world and the more they
in our name in the world they are the more
they are from the world the more they are
the more they are in the world the more they are
propagating that the Order is more and more
spread by translation and they are not a word
from our nation that we have a word to say
the authority of a Pope in our name is
in the world and they are more and more
spread in the world and they are more and more

him to the respect of all who know him, in differing
 with this Gentleman, I hope to avoid the charge
 of presumption, and give such reasons as shall
 make my dissent laudable. Dr. Watson institut-
 ed at Edinburgh a series of experiments, to render
 the Measles milder by inoculation as had been
 done previously in the small pox; the Doctor be-
 lieving Rubiola as contagious as Variola entered
 on his experiments with every certainty of success,
 and in giving the result he says - "the success of
 the operation was equal to my hopes" the erup-
 tion appearing six days after the inoculation,
 and the symptoms milder than they usually are,
 in the casual measles. That many of the twelve
 persons on whom Doctor Watson experimented took
 the measles is certain, but that they did take it
 in consequence of inoculation, is to me more than

problematic - My reasons for this conclusion, shall be
 given in the investigation of the time, place, and
manner of the Doctors experiments - The first mode
 of experimenting by the Doctor, was to receive on
 cotton the secretions of the morbillous patient ~~and~~
 introducing it into the nostrils of a healthy person
 but he failed in communicating the disease in
 this way - In pursuing his enquiries, he observes
 "then applied directly to the Magazine of all Epi-
 -demical diseases the blood, taking it from the eruption
 when most fur is present, and receiving it on
 cotton and applying it over the incisions made into
 the arms of the persons to be inoculated" - He took
 the blood from the most cutaneous veins, and took every
 possible precaution to give success to his operation -
 We have admitted that many did receive the disease,
 but when we reflect that at the very time he was

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conducting his experiments, the measles were prevailing as an Epidemick disease in Edinboro', it will be far from a satisfactory conclusion, to say that it was from inoculation the disease was produced; but in pursuing the Doctor in his experiments, as to the place and manner of his operations; we shall find reasons strong as "Holy writ" to satisfy us that the disease was not propagated by inoculation - Many Edinboro patients were confined in a room of the Hospital; and into this room the Doctor brought his patients, and inoculated them - Now the atmosphere in, and about the City, was such as to produce the disease in thousands, and to predispose others to its attack; then taking persons already predisposed into the room of a Hospital, crowded with patients, it can easily be supposed what the effect would be, this confined atmosphere in the room was

Conducting an experiment the results were
as on the 1st of March a further 1000
for the 2nd of March 1000
for the 3rd of March 1000
for the 4th of March 1000
for the 5th of March 1000
for the 6th of March 1000
for the 7th of March 1000
for the 8th of March 1000
for the 9th of March 1000
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for the 28th of March 1000
for the 29th of March 1000
for the 30th of March 1000
for the 31st of March 1000

was sufficient to kindle the embers of a disease lurking in
 the body, as a glass of wine at dinner has often
 been the exciting cause of yellow fever, in the system
 of a person who had been exposed to the inquinated
atmosphere - But to place the impossibility of
 propagating measles beyond a doubt, it is
 only necessary to state that many similar exper-
iments to Doctor Helmer's have since been made
 and in no one single instance have Rubiola been
 communicated by inoculation - I will add one more
 fact proving the total dissimilarity between measles
 from any known contagious disease, for instance Varicella
 if the Variolous Virus, be introduced into the arm of a per-
 -son (who has had the disease) we will produce a local
 disease - Now take the secretion of Measles, and introduce
 it into a persons arm, who has never had the disease
 and we produce no greater inflammation than scabies

dipping the lancet in cold water & making a puncture
I have pursued the enquiry as far as time and
opportunity will allow and now most cheer-
fully resign it with a hope that a con-
siderable allowance will be made for the im-
perfections contained in this my first
essay -

When matism

John W. ...
of Baltimore.

Respectfully submitted to the consideration of the
Medical Faculty of the University of Maryland

March

1826

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And
Inaugural Dissertation
And

Rheumatismo

By
John Keese.
of Baltimore.

Respectfully submitted to the consideration of the
Medical Professors of the University of Maryland

March
1826

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1.
Rheumatism.

There are two species of this disease, one the Acute, the other Chronic, of these there are several varieties, when the pain is confined to the loins it is called lumbago, and sciatica when the hip is affected, when the pain is confined to the joints of the extremities it has been called articular rheumatism. The common remote cause of all these varieties is the same, long exposure to cold, wearing damp clothes &c. This disease is more frequent in cold than in warm climates, it appears more frequently in autumn and spring than in winter or summer, it may however occur at any season if there are frequent vicissitudes of heat and cold. - The causes producing this disease may affect persons of all ages, but those from the age of puberty to thirty five are more generally its victims, children from long exposure may have the disease. All constitutions are liable to be attacked with rheumatism when exposed to the cause, but it more frequently seizes those of a sanguine temperament. This disease is particularly distinguished by the pain in the joints, the muscles, fascia &c. are also often affected. The pains frequently run along the muscles from one joint to another, the pain is increased when the muscles belonging to the affected joints are brought into action. The smaller joints as those of the fingers and toes rarely suffer, the larger are generally attacked as the hip, knees, and of the superior extremities the shoulder.

The first of these is the fact that the
 human mind is not a tabula rasa, but
 is filled with ideas and impressions
 from birth. These ideas and impressions
 are the result of the influence of the
 environment upon the child. The child
 is born with a certain amount of
 intelligence, and this intelligence is
 developed by the influence of the
 environment. The child is born with
 a certain amount of intelligence, and
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 is born with a certain amount of
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 a certain amount of intelligence, and
 this intelligence is developed by the
 influence of the environment.

= and elbow joints. Rheumatism is sometimes confined to one particular part of the body, but it often affects many parts of it at the same time, in this case it is ushered in with a chill, which is succeeded by symptoms of fever, the pulse is frequent and hard. The fever sometimes is formed before the pains are felt but commonly the reverse of this takes place. There is sometimes but one joint affected there is then not much fever. The pains do not generally remain long in the same joint but wander from one to another, and often return to parts that were formerly affected, in this way the disease may continue for a long time. The disease sometimes seizes on internal parts as the lungs, pleura, diaphragm &c. in this case we have symptoms of pleurisy, sometimes the head is affected. The fever attending rheumatism has an exacerbation towards evening and is more considerable through the night, the pains are also more severe when the patient is warmly covered in bed. When the pain in the joints continues for some time, they become swollen, red, and extremely painful when touched, the pain is increased by motion. The swelling is said to often relieve the pain, it does not always do so. Rheumatism is generally attended with some sweating which takes place early in the disease.

it is seldom free or copious. The urine is often at first pale but soon becomes high coloured depositing a red sediment. Blood drawn in this disease presents the same appearance as that in any other highly inflammatory affection. Rheumatism rarely terminates in suppuration it may do so in scrofulous habits. The disease sometimes produces effusions of a gelatinous fluid which is generally absorbed. The disease in the acute form runs on from two to three weeks, as the fever abates, the severity of the pain in the joints is diminished, should the pains continue after the removal of the fever they are not so severe, and are generally confined to one or two joints, having but little disposition to shift their place. This disease may be mistaken for gout from which it may be distinguished by the diathesis and habits of the patient, the stomach is not disordered in rheumatism as in gout, rheumatism affects the larger joints, and gout the smaller as the toes and feet. The above are the symptoms generally attendant on acute rheumatism, the chronic differs from it chiefly in the degree of inflammation and continues a much longer time. When there is no fever, the joints being painful without redness, cold, and stiff.

not easily made to sweat and when the pain is increased by cold and relieved by the application of heat, the case under those circumstances has been considered as chronic. The pain and stiffness is increased by changes of the weather, it is said that persons affected with this disease can often predict a change of weather before it is indicated by the barometer. Chronic rheumatism is not so apt to seize on the internal organs as the acute, it most frequently attacks the loins, hip and knee, its symptoms are in most respects like those of acute rheumatism, with the exception of the fever and redness of the joints. The skin in the chronic species seldom exceeds the natural temperature and the pulse is rarely above eighty strokes, the joints are not so swollen as in the acute species. The disease continues to an indefinite period, and sometimes only ends with the life of the patient, hold, the common cause of the acute is also the cause of chronic rheumatism. Strains and violent spasms are also mentioned as causes producing the disease. Pains resembling rheumatism may arise from deep seated suppuration, the pains from such a cause resemble the lumbago and sciatica. Lumbago has been confounded with Nephritis, or Calculi in the Kidney, the proper

The first of these is that all who are engaged in the study of the
sciences should be well versed in the principles of logic and metaphysics
before they attempt to enter upon the study of any particular science
for it is only by a knowledge of these principles that the mind can be
prepared to receive the truths of any science and to distinguish between
the true and the false. It is also necessary that the student should be
well acquainted with the history and principles of the various sciences
and should be able to apply the principles of logic and metaphysics to the
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nephritic affections are distinguished by some irregularity in the secretion of urine and by a subfebr extending down the thigh. —

In acute rheumatism there is an inflammation of the parts affected and a phlogistic diathesis of the whole system. When the disease is very inflammatory (which it always is in the acute form) it requires all the powers of the antiphlogistic plan to subdue it. The first indication in the cure of acute rheumatism is to reduce inflammatory action, to accomplish which there is nothing so effectual as timely blood-letting which should be often repeated and drawn in quantities proportionable to the degree of inflammation present. Whilst the pain, fever, frequency, and tension of the pulse continue the lancet must not be sheathed but used with freedom. Cases may be met with in particular habits which will not bear much general bleeding, in such local blood-letting may be employed with considerable advantage for which purpose leeches may be applied to the affected parts. Blood-letting is not always carried to that extent which the acute form of the disease requires to effect a cure. Local bleeding may be used in some of those ^{cases} called chronic with considerable benefit. If inflammation is not completely subdued the patient will often have chronic rheumatism, distorted limbs &c. —

6.

Purgings is not so useful in this, as in many other inflammatory diseases, certain neutral salts are useful from their cooling nature such as the Sulphate of Soda, Sulphate of Magnesia &c. a combination of Nitre and Calap is said to be a useful purgative in this disease. Calomel has been recommended in the acute form of rheumatism, I think it a medicine of doubtful efficacy and would not employ it in this form of the disease. Where the joints are much inflamed there is no local application with the exception of leeches that appears to be of much benefit, next to blood-letting and purging, I think diaphoretics merit particular attention, they are useful in rheumatism in common with all these diseases, arising from the influence of atmospheric vicissitudes. In diseases from this cause, there is torpor of the perspiratory vessels and whatever has a tendency to re-establish that important function, may be considered as generally useful in the treatment. In the selection of diaphoretics we must be governed by the degree of inflammation present, where there is high febrile excitement, we must select those that have a tendency to reduce the action of the heart and arteries, for which purpose Nitre, Speacrauha, preparations of Antimony &c. may be used. Dover's powder is a valuable diaphoretic in cases unattended by much fever.

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When the joints remain stiff after the removal of inflammation, friction with mercurial ointment will often remove it. Chronic rheumatism requires a plan of treatment very different from the acute, this is considered a disease of debility, and is treated on a tonic plan. There is perhaps no disease in which the remedies recommended are so numerous as in this. Among which are the following. Stimulating diaphoretics may be employed with advantage in cases attended with a languid circulation, cold skin &c. Dover's powder may be employed. *Eupatorium perfoliatum* is very useful. It may be given in infusion, made by pouring a quart of boiling water on three or four drachms of the leaves, of which the patient may take a wineglass full every three or four hours, this article is said to be used with advantage in the decline of acute rheumatism. *Guaiacum*. The volatile tincture is a good remedy, it may be given in doses of one or two teaspoonfuls. An infusion of the *Laurus Sassafras* is said to be useful. Dr. Sigelaw informs us that he gave the bark of the *prickly-ash* (*Xanthoxylum Fraxineum*) with great advantage in chronic rheumatism, he gave it in doses of ten or twenty grains. The *Saponaria officinalis* is useful, a decoction made by boiling two ounces of the

root in three pints of water, all of which may be taken in twenty four hours. Stramonium. this article is a remedy of considerable value in this disease, a teaspoonfull of the bruised seeds may be put in a quart of spirit the patient to take from ten to sixty drops, sweating the parts with the leaves is also said to be useful. The bark of the common Holly, is highly spoken of, it is given in decoction made by boiling one or two ounces of the bark of the root in a gallon of water for forty or sixty minutes, it may be taken in doses of a wine glass full twice a day. The juice of the berries of the Phytolacca Decandria. is very useful, it is to be used in the same manner that cherries are used in making burree, this article is said to have cured some of the worst cases of this disease. I have used the bark of the Black Hawthorn with considerable success in several severe cases of chronic rheumatism, one or two ounces of the bark of the root (recently obtained) is to be steeped in three pints of spirit, of this the patient may take a half to a wine glass full morning and evening, it is an agreeable bitter and used as such by many of the country people. Bark may be used with advantage in many cases of this disease. Arsenic. in the form of Fowler's solution is recommended as being useful.

in this disease. The powers of this remedy are said to be more decidedly evinced in syphilitic rheumatism, and in that variety which is sometimes the consequence of the imprudent use of mercury. In rheumatic pains from the latter cause it is said there is no remedy more effectual. Although mercury is an improper medicine in the acute form of rheumatism, it is one of considerable value in the chronic, when carried to sufficient extent it frequently cures the disease. Opium is a good auxiliary to mercury, it allays irritation and pain, and prevents it from acting too violently on the bowels, a copious discharge from which is generally hurtful in cases of this kind. In that variety of rheumatism brought on by exposure to colds, when under the influence of mercury, a second mercurial course is said to be our best remedy. Friction with mercurial ointment may be used with advantage in chronic rheumatism. Among the external applications which have been useful are blisters, the stimulus must be kept up. Mustard. Oil of Sassafras. Oil of the *Monarda punctata*. *Oleum Serpentinae*. Lincture of Cantharides, Camphor. a liniment composed of sweet oil and Camphor is useful. The patient must wear flannel and avoid exposure to cold &c. &c.

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2000

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Inaugural Dissertation

Hydrocephalus Internus

Submitted to the Inspection

of

The Faculty of Medicine

of

The University of Maryland

By

Richard S. H. Prinn

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To
Doctor John F. Weeny

This inaugural dissertation on
Hydrocephalus Internus is respectfully
dedicated as a small specimen of
Esteem and friendship by his friend
and paper

Richard, J. F. Penn

Baltimore

March, 13th

1820

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Hydrocephalus Internus

It is as we might most naturally suppose, a general
without one exception, among all sects of men, that in treating
any subject to lay down some general principles, upon which
foundations of the subject in question. Might be derived
sh, and these principles should be so arranged as to afford
sufficient support for the subsequent description — Even so with
Physician — He should in the first instance lay down one
mental head, from which make some subdivisions, from which
he might naturally make such inductions, as the sub-
ject in question might admit —

In treating upon Hydrocephalus internus, from the above
mode of reasoning, the most proper subdivisions of this
disease would be three, to wit, Pathology, Symptomatology,
Aetiology and Therapeutics — each of which we shall endeavor
to say something of, as they respectively stand
the first of which has given rise to many and various
and we may almost say fruitless descriptions —
We are now to speak particularly, as give a more detailed
account of that effusion of fluid which

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place in the Structure or cells of the Brain, demon-
strated by the Anatomists of the present day. By accepting
this - In treating of this subject we shall be guided
chiefly by the views which have been entertained, by some
of our predecessors, of the true nature of its pathology
we were aware of the many and various opinions
which have been entertained concerning this disease
and are deeply conscious that it is veiled and clouded
in many obscurities, we know further that it is a
disease which has been acknowledged by very many
to be an incurable Malady, one that baffles the
efforts of the Physician, and ninety nine cases out
of a hundred takes off the poor sufferers, in the
greater and larger Majority of Cases, the poor little
sufferers are hurled into Eternity, in the bloom of
youth - Therefore the importance of the subject in
some Crisis aloud upon the Physician for a mature
consideration -

This is a disease, as we before said, that attends
the younger part of Society, more particularly a
disease of infants attending Childhood from

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the time of Birth to or soon before, to the age of puberty
we are naturally prompted to ask the question why they
are more particularly attendant on infancy? The
most natural inference is that it may be owing to the
imbalance or structure of the head or that age when
in the most part labours the effusions in the Brain
the head is naturally the largest part of the infant
containing the most blood and therefore naturally the
weakest part of the body - Moreover it seems to be
a law of the animal Economy, or system, that where
there is the most blood, or where there is a determina-
tion of blood to any part, there an
effusion or a secretion is most likely to take place
because the part rendered more excitable to the
operation of the exciting and remote Cause from
the capacity of the parts concerned - Any Cause
that will tend to weaken, or diminish the energy
of the Brain and nervous system; will throw the
System into such a state that will favour the
effusion of this particular fluid, which is said
to be by some, and there are not few at this

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time but who will subscribe to this opinion in every
respect resembling water and by others the Serum of
the Blood, we are inclined to subscribe to the
opinion that it is neither Serum of the blood or water
but a particular fluid vis generis, which differs
in many respects from them both as Chemical
Analyses has sufficiently proved, it differs
from the serum of the blood in this one respect
if not more, that is Serum will coagulate by
the application of heat and acids, but this fluid
will ^{not} coagulate by heat or any other agent
that we can employ — Neither is it a secretion
from the exhalans, as it is supposed by many — For
if that were the case it would form an excepti-
on to this one general rule, that in proportion to
the ~~activity~~ energy and life of ^{any} system of vessels
will be its activity in performing its office — Now
it is admitted on all hands, that in Hydrocephalus int-
ernus there is a chronic inflammation of the brain
where there is inflammation there must be of
necessity a certain degree of activity of the

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Parts, this state followed by disability, and lastly
a diminished action in the function of the parts
Concerned is the consequence is the consequence
of Disability, and who is there that will deny
that the Opthalmi are seriously Concerned
and involved in this Chronic inflammation
upon which the disease strictly depends —

It appears (says Dr Eberly in his treatise on the
Materia Medica) to be generally admitted that
this disease is of a Gastric Origin or irritation.
The alvine discharges afford unequivocal proof
of great functional disorder of the Liber, they
very commonly consist of large quantities of
black or green and glairy Matter de Bile, &
Seldom if ever exhibit the appearance of Natur-
al and healthy Evacuation. This we have no doubt
is something the Case in such Cases, it may be considered
as symptomatic purely depending upon organic derangement.

This Effused fluid is deposited in the Tunic, or Cels, of
the Brain, sometimes Considerable, and at others but
a small quantity, is deposited, Some have been

[The text on this page is extremely faint and illegible due to fading and bleed-through from the reverse side. It appears to be a continuous block of text, possibly a letter or a page from a manuscript.]

So far (I mean in the pathology of the disease) as to suppose
that the deposition was really the Cause of the disease, and not
the effect. This dangerous hypothesis has been long eradicated
from the pages of the Enlighten'd Medical history,
Why it is no more the Cause of the disease than the
mere and quantity of Morbid secretion of the Liver
is the Cause of Bilious fever — They are both the
effect and not the Cause, nothing more than Con-
founding Cause and Effect to the great disadvantage
and disgrace of the Enlighten'd Practitioners of
Medicine —

This disease is either symptomatic or
Idiopathic, its Nature is governed solely by the
Action of the remote and Exciting Cause, all of
which act either by directly or indirectly diminish-
ing the Energy of the Brain and Nervous system and
ultimately producing Chronic inflammation attended
for the most part by fever, this fever does not
amount to that height as to produce an Effusion
if it were Phrenetic, would ^{be} lighted up in lieu
of Hydrocephalus — Dr Rush Calls this grade

The first part of the book is a history of the
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the forty-ninth part is a description of the
the fiftieth part is a description of the

of Febr Phrenicula as indicating a local state of fever.
it is as certain that if the inflammation & the high mor
diffusion can take place, This is the distinction between
Hydrocephalus internus, and Phrenitis,

The fluid varies in quantity from one Ounce to
four or six or more, & here there is such a large quantity
collected a portion of the Brain must be absorbed or
met with as it were — What shall we think

of an opinion, supported by many, that there are
no absorbents in the Brain, but that the process of
Absorption is carried on by the Veins, of Encephalon
The argument if it may ^{be termed} ~~end~~, is that there
cannot be discovered by any Microscope any such
system of Vessels as Absorbents, This is a very
lame Argument indeed, scarcely worthy of a
Moment's refutation, Query Can or can there
not exist any regularly Organized Mass of living
Matter, more especially such an important one
as the Brain without such a system of Vessels?
No one will dare deny the existence of en
cephalans in the Brain which serve to secrete

[The page contains approximately 25 lines of extremely faint, illegible handwriting, likely bleed-through from the reverse side of the document. The text is too light to transcribe accurately.]

a habit, for lubrication — if there were no Absorbents, the Head would become insupportable —

This disorder is generally Connected with some general Periphaly, Habit, But it may be produced by other Causes which may Act either Directly or Indirectly —

The Direct Causes are, Fatigue — Exposure on the Head — Certain postures of the Body — as stooping on the head, &c — or anything that tends to produce inflammation of the Brain —

The indirect Causes are more numerous the following disorders appear to produce this disorder indirectly, such as, intermittent, Remittent & continued Fevers, there are very common Pneumonia, Pulmonary, Consumption, Morbid of the ruptive Disorders, Worms, Dentition Colic, Palsy, Melancholy, Dysentary, Scrophulous, The sudden stoppage of any habitual discharge & when the fluid suddenly collects it resembles Epopley, and is the effect of a sudden, whether a gradual Collection —

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The Symptoms of this Disease ^{are} very various, sometimes attended by very many, and at other times comparatively very few. The Patient is for the most part, tame, with some degree of languor, and sluggishness, often drooping & prostrated, but at intervals cheerful, & apparently free from disorder, loss of appetite, they now become sick at the Stomach and purge once or twice a day. Skin for the most part hot & dry, during the evening & a continuation of the disease, soon after these symptoms have come on, the patient often feels some pain in the head, generally the pain is in the forehead sometimes in the side of the head which causes the patient to rest his head on his shoulder, the head reclining on the affected side, the affection of the head frequently alternates, with that of the Stomach, the vomiting being less when the affection of the head is greatest & vice versa at this time other parts suffer pain, as the Bowels, extremities, Back & neck, between the Scapulae at this time the head is free

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When the disease has proceeded thus far the patient suffers much from the impatience of light - the eye then becomes much excitable and the too brilliant light gives much pain from the sensible state of the retina caused by the extension of the inflammation - Cry much, very restless - much watchfulness at night - sleeps but little, broken slumbers - often interrupted by frightful dreams, grinding the teeth - picks the nose, Confined bowels, something soluble, the pulse at this time does ^{not} indicate much cerebral derangement, differs little from the natural state - at this period the system is extremely fluctuating, the eyes of one or both eyes are turned inwardly to the nose - the pupils dilated from the insensibility of the retina - much emesis - pain in the head increased frequent pulse - Breathing quick & hurried - flushed face, Epistaxis of the tertiary place - delirium more especially if the patient has arrived at the age of puberty - the patient at this period becomes much more ⁱⁿ sensible

The first part of the book is devoted to a general
description of the human mind, and its powers
and faculties. The author then proceeds to a
detailed account of the various faculties of the
mind, and the manner in which they are
exercised. This part of the book is
very interesting, and contains many
valuable observations on the nature
and operations of the human mind.

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and operations of the human mind.

The interrupted plumbies are now succeeded by
an almost total charge of pale or torpor, the strobism
or dilation of the pupil, increases, the patient
lies with one or both eyes open or half closed which
when minutely examined are found to be insensible
to light, the vomiting now ceases, the food offered
is now taken with eagerness, the bowels costive.

The eyes now become suffused with blood, the face
deadly pale & a spot & blotchy about the surface
The patient gradually sinks and death finally
closes the scene ——— " ——— " ———

Treatment ———

With regard to the treatment of this formidable malady
very little has as yet been said concerning it, owing we
do presume to the erroneous impression of its being an in-
curable disease; for such has been its fatality wherever it has
made its appearance, that it has baffled and bid defiance
to the treatment of the most eminent and successful pra-
ctitioners: It has been almost universally believed that
this disease is not to be cured by medical art. There have
been some, however, who have treated this malady with

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the most gratifying success. Dr. Rush has made reference to several cases he treated with success; and Dr. Black - all has ~~with~~ ^{and} others, of high respectability in medical science, have recorded cases they treated with similar success. ~~But~~ That doctrine which inculcates the impious, there are maladies which the Father of our being has destined to resist the influence of medical art, should now be discarded. ~~With~~ Rather let us concur in that theory of Rush, the bright-luminary, in the American medical republic, which breathes ~~that~~ ^{this} sentiment of humanity; that there will at once, and in hope, no distant, day, be but three outlets to life.

The disease, the subject of this Thesis, being one of a high inflammatory grade; consequently demands the most energetic antiphlogistic treatment. As in all inflammatory cases, our object must be to keep down the inflammatory action of the arterial system, and restore the ^{lesened} ~~tone~~ of action in the vessels of the part affected. The most immediate and powerful remedy to which we can resort, for ^{reducing the} inflammatory action of the arterial action, is, the use of the lancet. This then should be our first-step in the plan of treatment.

By the operation of Venesection, in Hydrocephalus, we not only prevent, in a great measure, ~~the~~ a farther effusion of the fluid; but also to restore the equilibrium of action in the arterial system; and thereby strengthen the absorbents of the part affected. There can be, no in the employment of this remedy, no established rule laid down, as to the quantity of fluid to be drawn. This must be left entirely to the judgment of the Practitioner.

It must determine only by the state and condition of his patient: and the ~~force~~ ^{grade} of the disease. It may be laid down as a general rule, that whenever we employ a remedy, we must should ~~employ~~ ^{carry} that remedy to such an extent, as will produce the desired effect. For, otherwise, we ~~would~~ not only be doing no benefit, would accrue from the remedy used; but a material injury might, probably, ^{be the} result from it.

The second remedy in the incipient stage of this disease, to which we should resort.

is cathartics. All writers of celebrity, who have treated of this disease, have dwelt considerably on the importance of this remedy. With regard to the extent in the use of this remedy, the ^{remarkable} general rule we ~~have~~ ^{made} while speaking of venesection, is no less applicable here; namely, we are to be guided by the state of the patient and virulence of the disease. The modus operandi of cathartics, has a peculiar effect in promoting the absorption of fluid in the animal system. Dr Eberly in his invaluable work of on *Chetina Medica & Therapeutica* has treated of their effects in the promotion of absorption, with his usual accuracy and discernment. Their effects, says the learned Dr, in promoting the absorption of fluids, are principally confined to the internal cavities. This effect they produce by a twofold operation, to wit— by first depleting the bloodvessels of a portion of their serous contents, and secondly by augmenting,

The reabsorption of serum from the cavity in which it may exist in a state of morbid accumulation. It is an incontrovertible fact, established on the solid basis of direct experiment, that absorption is accelerated in proportion as the quantity of fluid circulating through the sanguiferous system, is diminished. There is doubtless a constant effort in the system to preserve an equilibrium of action in the arterial action system: an inordinate loss by one excretory is counterbalanced either by a greater absorption from some of the internal cavities, in which it may be accumulated, or by the diminished action of one or more of the other serous excretories: Thus when a brisk cathartic is given administered, the circulating system is deprived of a large portion of its watery fluid; In

consequence of
of, ~~when~~ this, the absorbents are called upon
to supply the deficiency. They go to work
and take up the fluid that may be effused,
and carry it - into the circulating system;
from whence it is conveyed out-^{of} the system
by some of the natural excretories. Having
thus defined the effects, ~~produce~~ cathartics
produced, in Dropsies, ~~why~~ we can no longer
entertain a ~~reason~~ rational doubt of their
efficacy & in Hydrocephalus Internus.

The most usual cathartics employed in this disease
are the neutral Salts, Calomel Jalap and others
of the same class. These are the chief reme-
dies upon which we mostly rely for the cure
of this complaint, but we may bring to our aid
some other class of medicines, which are comp-
aratively speaking of minor consequence.

The best of these are Diuretics, Diaphoretics
Blister, Cold application, and ^{not} the least impor-
-tant, Mercury, in such a form as to produce
Syphilism. The Moans, Aparandi of each

of these remedies are sufficient to recommend
them to the attention of Practitioners, Digitalis
the once highly Esteemed medicine, among the
Ancient Practitioners, has now fallen very much
in Estimation of modern Physicians, yet it is
Entitled to some Consideration among all —

Mercury in such a form as to produce Syphilis
is of inestimable Value in certain Cases, it has
at times produced a desired effect when all others
have failed, — The use of active Stimula
nts in the last stage of the disease, are neces
sary, merely to support the system as long as possi
ble, to mitigate the pangs of Death —

An Inaugural Dissertation

on

Cholera Morbus.

Submitted to the consideration
of the

Right Rev'd James Kemp D.D. Provost,

and of the

Medical Professors of the University of Maryland,

For the Degree of Doctor of Medicine,

By

Franklin Waters

March 1826

in the year 1736

John Smith

of the County of York

do hereby certify that

the

above named

is the true and correct

copy

of the

1736

Preface

It being customary and even necessary for those who are candidates for the degree of Doctor of Medicine in Universities, to write a thesis on some subject, connected directly or indirectly with medicine; it has ~~been~~ fallen to my lot to submit to the medical professors of the institution in which I have had the honour to be a pupil, a dissertation. And not being able to advance any thing ^{new}, I have for this purpose chosen Cholera Morbus, and in treating this subject I have first noticed the most common phenomena, and their proximate cause, secondly the remote or pre-disposing and exciting causes, thirdly the appearances on dissection as mentioned by authors, and last of all what from a limited experience and observation appeared to be the best plan of treatment.

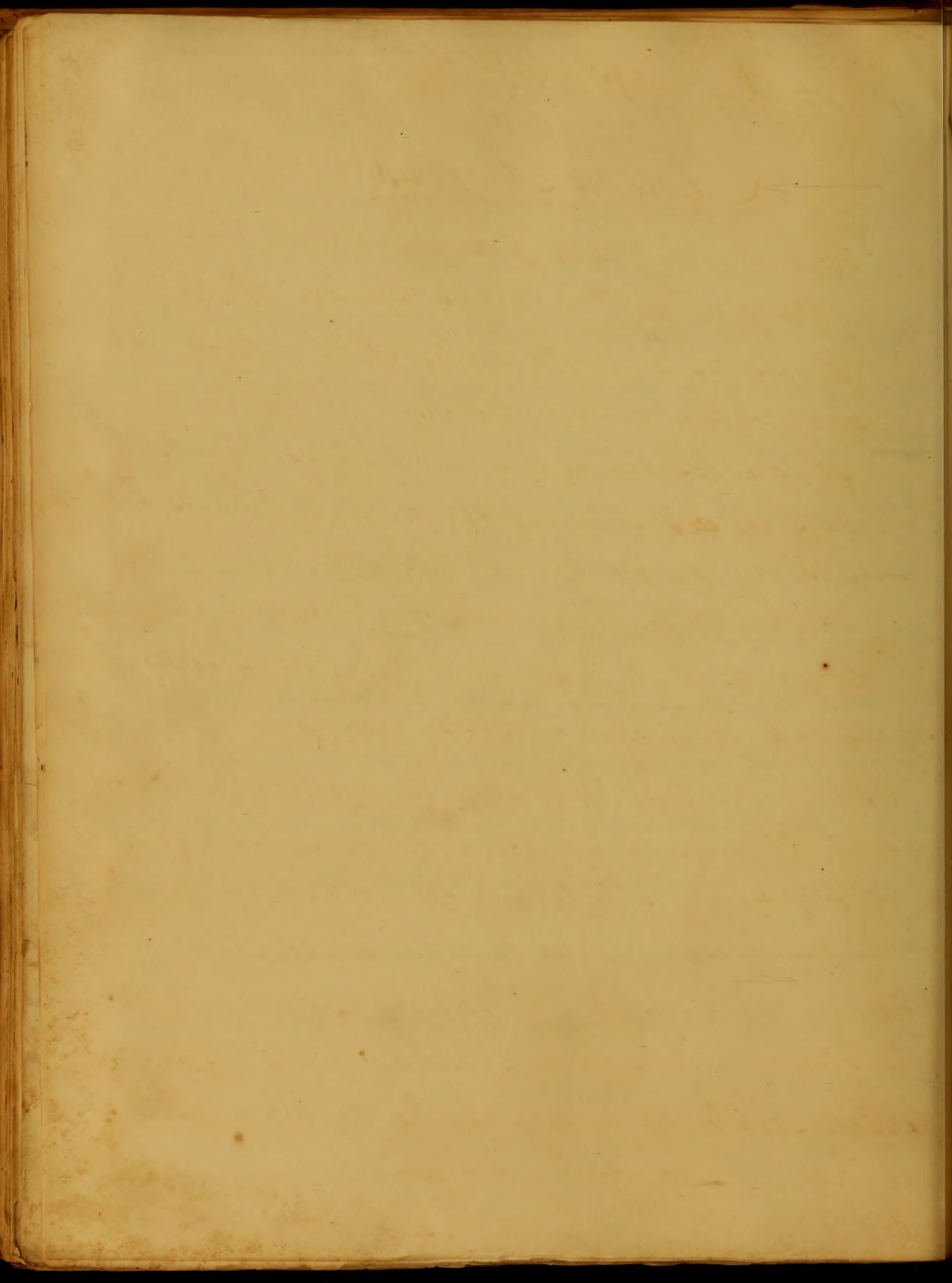
Cholera Morbus

Cholera Morbus

It is a disease of the stomach and bowels, characterized by a profuse discharge of watery stools, and is attended with a sense of cold, and a sinking of the spirits. It is most common in the summer and autumn months, and is often fatal.

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A Dissertation

on

Cholera Morbus

A violent vomiting and purging of a bilious matter, with painful gripings, Spasm of the abdominal muscles, and of ^{the} muscles of the inferior extremities, constitute Cholera Morbus.

It is a disease of warm climates, in which it appears in all seasons of the year, and its occurrence is very frequent; but in cold climates it appears generally in the warmest summer months, particularly in the month of August. and the violence of the disease seems to be in proportion to the intensity of heat.

From what we have said it would appear, that our disease consists in a preternatural secretion of bile, the quality of which is vitiated, The circumstance of the bile being more acrid than in health, is rendered clear we think, by the violently painful gripings, and spasm attending this terrible malady. For in a healthy state of the biliary organs the bile appears to be an inoffensive fluid, and is by some Physiologists even

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It might be urged in opposition to our views of the subject, that the presence of a preternatural quantity of bile effused into the intestines, unaltered in quality, might produce all the phenomena of the disease. This is in our view (as will appear from what we have already said) quite problematical.

The agency of the bile is altogether (by some authors) denied, in producing this disease; they make the stomach its primary seat, and the increased quantity of bile a mere symptom, in evidence of which, they bring forward the circumstance of the bile not appearing in the first ejection from the stomach.

This argument proves nothing, and to us appears futile: for it is by the very effort of vomiting itself that the bile is pumped up into the stomach: hence it can not appear until some efforts have been made, by which the former contents of the stomach is thrown up. The bile then begins to appear.

Those efforts are excited in the following way. The acid bile is effused into the duodenum, which it irritates, the stomach sympathizes and is brought into action.

Further in opposition to the stomach's being the

The first of these is the
the presence of a few
as the matter is
all the specimens of the
will appear from what we have already said (but for
the matter.)

The species of the bill is
in the (second) series, in
the thickness of the
it is also a more
being formed the
as in the first series from the

This argument
but for it is by the
the bill is
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these species are
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primary seat of this disease we would ^{add} the improbability of a mere irritation in the stomach ~~stimulus~~ producing such an enormous secretion of bile, so immediately, without the biliary organs being first predisposed, how such an event could occur we cannot easily conceive.

Perhaps it may be proper before we proceed further, to notice the symptoms and progress of our disease more particularly. It usually comes on with soreness and pain, (which we think may always be referred to the duodenum in the first stage of the disease,) flatulency of the stomach, and acute griping pains in the bowels, succeeded by a severe vomiting and purging of a bilious matter; a burning sensation is sometimes complained of in the alimentary canal, great thirst, a hurried respiration, and frequent but extremely feeble pulse, which, if the disease continues uninterrupted, soon becomes extinct.

When the disease is not very violent these symptoms after continuing for some hours, cease gradually leaving the patient in a very weak and exhausted state; but where the disease proceeds violently, there follows great ~~and~~ depression of strength, cold clammy

[The page contains several paragraphs of handwritten text in cursive script, which is extremely faint and largely illegible due to fading and bleed-through from the reverse side. The text appears to be a letter or a journal entry.]

sweats, considerable anxiety, cramps of the legs, coldness of the extremities, and hiccups, with a sinking pulse which soon closes the scene.

We shall now proceed to enumerate some of the most common causes of cholera; at the ^{head} of which we shall place heat. Great heat is perhaps the only predisposing cause of genuine cholera: it produces not only congestion about the portal system, and consequent increased secretion of bile, but perhaps that change, which renders it more irritating than the ordinary secretion.

Though it will appear from what we ^{have} said, that cholera depends for its existence on a congestion of the liver; yet, it is equally certain, that certain articles taken into the stomach, will call the disease into action, by their irritation there, being imparted to the liver, which is already predisposed by the remote cause.

The articles above alluded to, are, unripe acid fruit over quantities of ripe fruits, in short vegetables of every description, will occasionally excite cholera; fermented liquors, stale meats, rancid butter, crabs, oysters, and lobsters, are said to have frequently excited this disease.

The Diagnosis of Cholera is certainly simple, and may be given in a few words, for ^{the} symptoms already mentioned, are sufficient to enable us, to distinguish it from any other disease. Although, all, or many of the symptoms of Cholera frequently take place in Yellow Fever, and in the common remittent bilious fever, yet the fever itself (which is not proper to ~~the~~ Cholera) the season of the year, and the local situation of the patient, will at once, teach us the true nature of the disease.

From diarrhoea and dysentery. From the latter it may be most easily distinguished, for dysentery is always a febrile disease, attended generally, by bloody mucous stools. The absence of vomiting in diarrhoea, the violent pain and cramp, together with the matter discharged in cholera, are sufficient diagnostics.

Cholera may be distinguished from Colica pictorum by the state of the bowels, which, in the latter disease are obstinately constipated, though a large quantity of bile is sometimes thrown up by vomiting.

The appearances generally to be observed on dif-

must be mischievous.

Large quantities of warm diluent drinks has been employed for the purpose of allaying irritation, and facilitating the discharge of the bile, this also in the two well marked cases which fell under our care appeared to be quite unnecessary: the indication as appeared to our view, was, to counteract the irritation speedily, which was successfully done by large quantities of opium, which is decidedly the most efficient remedy ~~extract~~ ^{seems} in this disease that we possess; it to answer all the indications of Cholera, it allays irritation, suppresses spasm, and counteracts the debility induced by the disease. In this I am warranted by the experience of our very able and distinguished Professor of the Theory and Practice of Physick in the University of Maryland.

All drinks should be proscribed except a

3
little brandy and water, which should be made strong
and cautiously ~~administered~~ administered; notwith-
-standing caution, all fluids are sometimes rejected;

For such is the irritable state of the stomach in some
cases, that ~~the~~ even laudanum, both liquid and solid
are thrown up immediately on being taken into ^{it}

In one of the cases which I have had occasion to see,
the tincture was rejected while solid pills of opium
remained quietly on the stomach, and produced the
desired effect; but should these be rejected it may
be given per enema.

Sinapisms applied over the region of the stom-
ach, and to the extremities, are said to have done
much towards the relief of patients in Cholera; though
a more eligible ^{plan} is, to allow them to remain until
the excitement is in some degree raised, then, re-
move them, and to the same parts apply epispas-
-tics, the permanent effects of which are generally
desirable

the body and mind, which should be
and carefully examined; and
standing caution, all these are motions of
for such a the suitable use of the stomach as
case, that even barium, both liquid and
the theory of immortality or being taken into
the use of the same which I have had occasion to
the stomach was rejected while full of
remains quickly in the stomach, and produces
the same effect; but that this is rejected is
be given for curative.

Insipidum afflictae over the region of the
and, and to the extremities, as has been
much however the relief of patients in these
a more eligible, to allow them to remain
the excitement is in some degree, and
more than, and to the same part apply
the, the permanent effect of which are
the same

Green mint bruised and made wet with brandy, applied to the epigastric region, is recommended by very high authority as a very useful remedy in this disease, rubbing the patient all over with a sponge wet with warm Spirit, has been recommended as a very useful practice in Cholera.

The End

AN
Inaugural Dissertation
ON
BRONCHOCELE.

Submitted to the Examination of

THE RIGHT REV. JAMES KEMP, Provost,

and

THE REGENTS OF THE

UNIVERSITY of MARYLAND.

For the DEGREE of DOCTOR of MEDICINE.

By FRANCIS B. BARCLAY, of

PENNSYLVANIA.

London, 1750

of

BROZCHOO ELLI

Printed by J. Baskin

THE RIGHT HONOURABLE THE KING'S

of

THE LORDS OF THE

UNIVERSITY OF MARYLAND

AND DEPARTMENT OF THE ARMY

BY WILLIAM BARTON

AND OTHERS

To
Dr. William Watson M. D. Honorary Member
of the Philadelphia Medical Society
Bedford,
Pennsylvania.

Dear Sir,

Accept as a tribute of gratitude and esteem,
the first fruits of that study, which commenced under your
patronage; and be assured that a lively recollection, of the
many favours received from you, can only be terminated
with the life of

Dear Sir,

Your very sincere friend,
& ever affectionate pupil

Francis B. Barclay.

William Watson
of the University of Cambridge
Cambridge

Cambridge

Received of the Treasurer of the University of Cambridge
the sum of five pounds for the year ending at Michaelmas
1788

Witness my hand and seal
this 10th day of October 1788
John Watson

Non fingendum aut excogitandum sed

Inveniendum.

To rescue from oblivion, those important truths which have hitherto eluded medical research; to investigate and explore the intricate phenomena which for a long lapse of ages, have obscured the fair field of Medical science, and to enable the mind of man, to comprehend such subjects with ease and facility; are the sole motives of an inaugural essay. —

Although in medicine as in other sciences, the limited faculties of man precludes the probability of his arriving at perfection; still it gives him pleasure to reflect, that by experience, and the judicious exercise of reason, he may be conducted to the attainment of grand and important truths, by which the evils incident to human life, may be ameliorated or destroyed. — Unfortunately the advocates of medical science have floated too long on the tide of theoretical speculation, neglecting to confine their attention to the narration of simple facts, substantiated upon the broad and immutable basis of experience and observation. In order that no possible objection may be offered, to the opinions supported in this essay, the Author assures his reader, that the strictest attention will be paid, to facts, deduced from the highest Authorities, rejecting all those opinions, which may in any

degree partake of novelty, unsanctioned by the sober dictates of reason and philosophy. As the disease termed Bronchocele has for some years past, been making considerable progress in the interior of our Country, without Physicians being perfectly acquainted with suitable remedies, for its eradication and cure; it may not be deemed, "useless proposition to make a few remarks, relative to this singular affection.

All surgeons of the present day mean by Bronchocele, an enlargement of the Thyroid gland (ab ἄγορτος trachea et χυμῶν tumor). It would be superfluous to describe the situation of this viscus, as every one in any degree familiar with Anatomy, is sufficiently acquainted with those important parts. A variety of names have been given to this disease as it occurs in different countries. The french & swiss have called it Goiter, it has also been called Boccinum or Botium. The celebrated Heister called it Trachoccele. Prosper has treated this disease at considerable length as it appeared in the mountainous parts of Derbyshire, call it Derbyshire neck. The greeks gave it the more applicable appellation of Bronchocele. In enumerating the symptoms which characterize this disease, it would be proper to proceed with caution & circumspection as all authors, that have written upon the subject, have described it with different modifications. Notwithstanding this seeming discordance they all agree, that women are more exposed to its attacks, than men,

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young subjects, more than grown up persons; those of a loose and relaxed habit of body, than those of a robust and sanguine temperament. In those districts bordering upon the Alps, and other lofty mountains, where the disease is endemial; it occurs frequently at the period of 8 or 10 years of age, and gradually increases in magnitude, developing the most prominent features which mark its destructive progress. The swelling is at first soft, without any fluctuation, and free of pain; the skin retains its natural appearance, but as the tumour advances in size it becomes unequally hard forming projecting prominences, upon the anterior part of the neck. Sometimes the skin puts on a copper colour, the veins of the neck become varicose, the face is flushed and there is frequent headache accompanied with lancinating pains through the body of the tumour. Frequently it affects the voice and impedes respiration, by its pressure upon the recurrent nerves and muscles of the Hyoid bone & Thyroid cartilage; the voice is generally hoarse and the breathing performed with a wheezing noise; Idiocy is sometimes a companion of this disease, as particularly noticed by Saviy in his passage through Maurienne, a valley surrounded by the Alpine mountains; almost all the inhabitants were affected with Goiter, which deformed the face and rendered its features hideous. The skull was diminutive in form and peculiarly hard and thick. - Fodue who is among the most enlightened authors, that have written on this subject,

and who investigated its causes with more than common industry; and application proves to the satisfaction of all, that the mental faculties were considerably weakened and enervated in many cases of this singular disease. He says that children previous to its appearance are uncommonly beautiful, possess a fine skin, with red cheeks, large blue eyes, and light hair, with a lovely agreeable disposition.

Every thing changes when Bronchocele appears; the eyes grow dull and heavy, the cheeks are pale & wan, the speech and breathing difficult, and the whole countenance manifests hideous deformity. The same author has seen the disease hereditary. Many physicians of great eminence in their profession have considered all affections of this gland, under the appellation of Bronchocele, which practice is not only injudicious, but highly injurious to professional fame. All those sudden enlargements of the Thyroid gland which may originate from difficult parturition or proceed from injuries on the neck; will be excluded from the title of Bronchocele, as they generally speaking disappear spontaneously. The following symptoms cannot fail to distinguish it from all other affections of that viscus. According to the language of Baillie, its growth is slow and gradual, it is capable of acquiring an ~~enormous~~ ^{enormous} magnitude with little or no pain or inconvenience. It commonly occurs at an early period of life, the peculiar sensation it yields to the touch, being that of more or less firmness; but not of

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great hardness, and by the health being uninterrupted; It has also been confounded with scrophula, without being in the most distant manner related. Scrophula depends upon general debility and relaxation of system; in the other the patient complains of no weakness and performs the ordinary avocations of life, with the alacrity of a person in the best health. Scrophula is a universal disease, and seldom fails to manifest its effects in several parts of the body, at the same period; the other is exclusively a local affection of the neck. A strong healthy person becomes affected with Bronchocele by residing a few years in those districts where it is Endemic. Scrophulous attacks, are never in this way. One appears in particular countries; the other invades all without exception: One affects most particularly women, the other all sexes alike. Scrophulous tumours end mostly in suppuration; Bronchocele never does, unless means have been resorted to, to produce that effect. In short those medicines which cure one, are insufficient to check the rapid progress of the other. In some rare cases, where a section was made of this gland; it was found to consist of a number of cells, which contained a viscid transparent fluid, these varied in size in different parts, some were as large as a pea, others infinitely smaller. In several dissections of this gland by the celebrated Hunter, the subject has been more fully elucidated. The causes of this disease are involved in considerable obscurity, in consequence of the different forms which it as-

assumes in the countries, where it is most prevalent. We shall briefly enumerate the principal opinions on that head, and then proceed with the most approved methods of cure.

The notion that snow water occasions Bronchocele, is totally void of foundation, and manifests great want of penetration and discernment; in those historians who inconsiderately offer their opinions to the public, on subjects that demand the investigation of medical minds; For on that supposition, why is the disease, common in the Midland & lower countries, and extremely unrequent in more elevated situations, & particularly; what reason can be assigned, why the inhabitants of those districts that lie contiguous to the glaciers, and who drink no other water than what descends, immediately from those immense reservoirs of Ice and snow; are not subject to this malady. Even in the environs of Naples, the Island of Samatra and the East Indies; this disease reigns, uncontrouled and uninfluenced by the vicissitudes of weather, or the singularities of the inhabitants. This last argument alone will be sufficient to lay aside any further controversy. An opinion has long prevailed, which was first promulgated by Mr. Prosser and afterwards advocated by Dr. Hunter; That Bronchocele was nothing more than a dropsey of the Thyroid Gland; This bold and unwarranted assertion was adopted by the illustrious Bœllæ, long celebrated in the annals of

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medicine for his Anatomical knowledge, as well as persevering industry in the
promotion and advancement of general literature. - With great deference
to these high opinions, we may be permitted to remark; that their premises
are as false, as their conclusions are erroneous, and have a greater tendency to
involve the disease in obscurity, than remove the veil which at present en-
velopes it. To support their favourite hypothesis Mr. Prosser produces a case
where upon dissection, cysts were found containing a transparent watery fluid,
and on this single instance, they have bottomed their groundless assumption. -
If it depended upon this cause, our indications of cure, would be demons-
trative and easy; perforating the Gland to evacuate the contained fluid,
and the liberal use of invigorating medicines; such as strengthen, and give
tone to the general constitution, rousing into action the relaxed fibre;
would ultimately overcome the Dropsical Diathesis, and effect a perm-
anent restoration of health. But no one instance well authenticated has ever
been presented to the public, of a cure being effected under such circumstances.
It is admitted by all Physicians, that Dropsy is a disease of the general
constitution; consequently general remedies, will be requisite for its prevention
and cure, it is always accompanied with more or less debility, and oftentimes
insupportable anguish to the patient. Bronchocele as before mentioned, is
exclusively a local affection of the neck. We feel assured that these dis-
tinctions will be sufficient to prevent future opinions from sliding into pop-

popular estimation, which are unworthy the consideration of dignified science. It would be unjust to pass by the opinion of Th. Saussure & M. Foodue whose accurate researches and profound examination on Philosophical subjects deserve to be weighed with the greatest respect and liberality. They attribute the production of Goitre, not to the waters, but chiefly to the concentrated heat of the climate and stagnation of air. They seldom observed the disorder in elevated grounds, but mostly in damp moist valleys, surrounded by trees, impeding the suns rays and free ventilation. But the theory most consonant to reason & supported by the greater majority of facts deduced from superior source supposes, that the disease termed Goitre proceeds from a deposition of calcareous matter in the substance of the gland, thereby causing a gradual evolution and morbid enlargement of its structure texture. As Switzerland has been the seat and throne of this disease for many years; as there is no country so open to its extensive ravages and depredations, it will be proper to examine with scrutinising accuracy its appearance in those regions, so hostile to the health of its inhabitants. The springs that supply drink to the natives are impregnated with a calcareous matter, called by the Swiss Tuf, (similar to the incrustations in Derbyshire) so minutely dissolved, as not in the least to affect the transparency of the waters. It is therefore not

improbable that the impalpable particles of this substance, thus minutely dissolved, should introduce themselves into the glands of the throat. We ground this opinion upon the following facts and observations. In all those districts where Goitre abound, this calcareous deposition or Tuf, is invariably present in the waters, as well as in the vicinity of the springs.

In Derbyshire, in the valleys of Savoy & Piedmont, also near Turin & Milan great quantities of Tuf are observable. The inhabitants of Friburg are much addicted to guttural excrescencies, the principal springs supplying the Town with water; Issues from a stone quarry, upon which are formed large depositions of Tuf. The pipes that convey the water to Berne, are charged with the same calcareous sediment. Instances are recorded of persons who laboured under guttural excrescencies, which are much increased in magnitude, while they resided at Berne; but invariably diminished on removing to other places, where the waters were not so loaded with Tuf.

All the springs at Lucerne are impregnated with tuf. (one excepted) Those persons who drink of this spring alone are entirely exempted of any swelling, whereas the surrounding villages exhibit marks of its effects. Although these waters appear perfectly transparent, yet the vessel in which it is boiled, becomes speedily and thickly incrustated, as to render it necessary to be cleared twice a week. The waters which yields this deposition, are as clear as crystal. A still stronger proof is that

Surgeons have frequently extracted concretions of *Sul* from several Goitres. The same substance is often found in the stomachs of cows and in the Goitreous tumours to which even the dogs of the country are subject. Removing the person from the country, or forbidding him the use of the waters entirely, unless purified first; this is an effectual method of removing this affection. Those who have resided in the western parts of Pennsylvania can furnish repeated instances of the recovery of persons from Bronchocele by removing to others parts of the country, where the waters were more pure. This we have from respectable authority. Mr. Sauford & Fodur observe that Goitres are seldom to be found a certain distance from the level of the sea. This is no doubt owing to the springs being too near their sources to have sufficient dissolved a sufficient quantity of calcareous matter, or so minutely as to be necessary to the generation of Goitres. -- But though the causes enumerated by these gentlemen may not produce, they may assist in producing guttural excrescences by relaxing the fibres, and disposing the glands of the throat, to admit more easily the introduction of the impalpable particles. Thus women and children whose frames are more feeble and enervated than men; are most liable to be afflicted with these swellings, and the natives of those districts

most subject to Goitres, are extremely wan & livid and much addicted to Intermittent fevers, and other disorders proceeding from great relaxation. It appears therefore from the preceding observations that the arguments of Saussure & Fodur are insufficient for the effect in question without the intervension of some more powerful agent. If the concentrated heat of the climate and stagnation of air, are essential to the formation of Goitres; those excrescencies could never be found where these causes are wanting, which is not confirmed by fact and observation. If waters impregnated with Sul; or with certain calcareous substances, produce goitre; wherever there are Goitres the Natives must drink waters so impregnated; and this accords with fact and experience. To the same causes may we attribute the case of Idiots; for the latter generally accompanies the former, such is the nice and inexplicable connections between our bodies and minds; that the one ever sympathizes with the other. It is by no means an ill grounded conjecture to suppose, that the same causes, which affect the body, affect likewise the mind; or that the same waters, which create obstructions and Goitres, should also occasion mental imbecility & derangement. We are also informed from the most creditable authorities, that in all those parts of Europe, where this disease abounds the same calcareous deposition is perceived about the springs & other

places; so that viewing this opinion in every light, appears to agree with our just ideas of the subject.

Having thus briefly discussed the principal theories connected with this remarkable disease, and justly exposed to the eye of censure, the incorrect views and unstable foundation on which many of them have been reared, we flatter ourselves that all further disquisition will be laid aside, as trivial & useless, compared with the theory which experience has induced us to lend our feeble support. As every disease has its proper antidote no matter how unfavourable the auspices, under which it has been generated; no matter if the first applications, however timely administered, be rejected as unimportant & injurious; still a rigid enforcement and perseverance in the course, best calculated to effect its final subjugation, are the only rational prospects of producing a cure. Thus it is that all those improvements so essentially necessary to the promotion of a science, has elevated that of medicine to the conspicuous rank, which it now maintains. The principal medicine which has been so successfully used, and the efficacious results, manifested by its operation on the system, so extolled by all eminent practitioners is the *Burnt Sponge*. To enhance the beneficial operation of any medicine, it is necessary

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that it be repeatedly given, by every one at least baffled, in those complaints
where happy effects have been witnessed from its judicious and careful
exhibition. By this attention many important & useful discoveries
may be added to the acquisitions already made. It is thus that the
burnt sponge, has been brought into such general notice. Different
formulas have been proposed by different practitioners in testimony
of its permanent and lasting impression on the enlarged gland.
Dr. Chestow of Gloucester has found the following formula invaluable
℞. Spongia Usta ℥ss, Gum. Arab: q. s. M. ft. Trochis: He has also
given saline purges, occasionally, combined with Calomel in small
quantities; in all stages of the complaint, with the happiest effects.
Mr. Prosser cured the majority of his cases with the Burnt Sponge
combined with Calomel in small doses, and not unfrequently the
tacticious Cinnabar was used with evident advantage. He generally
gave a purge, previous to commencing ^{with} the sponge, ℥ss was then
taken morning and evening, for 6 weeks together, with Laxatives
to avoid costiveness. Some physicians have resorted to burnt cork
and Pumice stone in combination with the sponge, when other
remedies had failed. The London Medical & Physical, abound
with innumerable examples wherein the medicine overcome all
opposition, effecting a complete restoration, after being persisted in

for a considerable length of time. Doct. King an eminent surgeon in London, has given it to the extent of ℥ss at a dose, without in the smallest degree impairing the other functions. In delicate habits it sometimes excites nausea and other symptoms disagreeable; and in such cases an immediate omission should be practised for a time. It is a general established rule, that in persons rather advanced in years, Bronchocole is not easily overcome, therefore it would be advisable, that all persons apply as soon as possible, before the most prominent features manifest themselves. In Ireland they give the Sponge in form of Lozenges, with more decided advantage, it can also be given in the form of pills, electuary or Liquid. Particular care should be taken, that the medicine be not left off too soon, as unpleasant consequences has resulted from such imprudencies. Doct^r. Erdman and Pierson of London both, highly recommend the use of Lozenges. In some rare cases, where all the preparations of Sponge, were used in vain, the following has succeeded to the great satisfaction of the patient & Physician. ℞. Sponga Usta Zij ℥ij: Arab: Zij Pulv: binam ℥ss Syrup: Simp: q. s. M. ft. Pil. xxv. Care must be taken that no more syrup, be used than is absolutely necessary to make the ingredients cohere. The Lozenges must

then be well dried before the fire, on an oiled plate to prevent them from sticking and bottled up tight. One to be taken twice or thrice a day according to circumstances. The worst cases of this disease have been cured by this formula, even where deglutition & respiration had been greatly impeded. In the 13th Vol. of the medical Commentaries Dr. Lane mentions his having administered the sponge in the form of Lozenges, to two young Ladies with the desired success, & twelve years afterwards he saw them without the least return of the complaint. Besides this truly valuable article, there are several auxiliaries of leper note, well worthy of notice as Blisters repeated & long continued. External applications, as rubbing the part with a dry towel or Aqua Ammonia acetata, two or three times a day. Burns recommends topical detraction of blood, as highly beneficial. In the 15th Vol. of the medical commentaries, Mr. Copeland relates several cases of children at Leith, being cured in a few days, by the application of oil, saturated with camphor to the tumour, assisted by the internal use of Burnt Sponge. Dr. Hamilton in his treatise on scrophulous affections, informs us, that he removed entirely, a swelling of the Thyroid Gland in the short space of a month, by directing Zi Bathast: Amar: every morning and the same portion of Bark, during the day,

with the external use of Mercurial Ointment. Scatons have been advised, drawn through the gland, and Issues in the vicinity but with what success we are not informed. Muriate of Baryte, Belladonna & Digitalis have all been exhibited. Our learned Professor of Surgery has advised the Vicina as eminently calculated to arrest the progress of Goitre, as well as to eradicate it when once formed. Calcin'd eggs, with red wine, are also among the list of remedies. This disease is one of that description, which frequently continues incurable, from the great length of time generally necessary to produce any change. We have no doubt, but the Point Sponge would prove much oftener successful, but persons have seldom the resolution or patience to persevere in its use. Every case wherein a long course was established, bear witness to this fact.

It has been recommended by several celebrated Surgeons, when every other remedy has failed; to extirpate the enlarged gland, as the most speedy and effectual method of Cure. The elegant Latin historian *Celsus* adopted this practice. The experienced M^r. *Gooch* opposes it as unwarrantable & dangerous in every point of view, but particularly, on account of the large & very numerous bloodvessels, which are diffused through its texture.

In the 2^d Vol. of the medical commentaries, his objections are stated at large. He relates two, cases, one of which he was forced to desist in the midst of the operation, from the profuse hemorrhage, that took place and the patient died on the 8th day. The second person whom he operated on, was only saved by continual pressure on the parts, after many fruitless efforts to secure the bleeding vessels. - Other surgeons have taken out the gland, with success; and among these Mr. Pallataw, who boasts of finding no more difficulty in this operation, than any other he ever performed, so that we have men of undoubted abilities in the healing art, both for and against its extirpation. In the present enlightened period, all surgeons are inclined to place implicit confidence in the opinions of Mr. Gooch, whose rank as a surgeon, the scientific world acknowledges. Another plan has been adopted which is more rational; that is, to cut down and tie, the superior Thyroidal Arteries, which at once diminishes the volume of the tumour, and the source whence it derives nourishment, is destroyed. Whether any cases have been cured by this method, we have not been able to ascertain. ~

On concluding this dissertation, I should do injustice to my own feelings, were I to omit mentioning, in

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terms of peculiar satisfaction & many obligations I am under
to the worthy Professors of this University. To be particularly
grateful to either ~~one~~, would be acting unjustly by the remainder.
for you have all with paternal advice & laudable precept, di-
-ected my pursuits, encouraged my labours, and promoted my
advancement in the acquisition of truth. Long may you con-
-tinue to receive the grateful acknowledgments of your pupils,
and be regarded, as their respected instructors, while you re-
main the Patrons of Industry and the Promoters of
Medical Science.

"On Respiration"

March 1826

The subject of Respiration presents a field the most interesting and inciting of any, over which the Physiological inquirer is called to expatiate. And although in the language of a recent and very eloquent writer many of the questions it involves have to the present hour descended in a mantle of Cimmerian darkness, and the Commerce cum mentis et rerum has not hitherto led to any established doctrine still the interest it inspired is rather heightened than diminished.

The researches and discoveries of modern Chemistry have likewise imparted new attractions to the subject, which, whilst they may have allured the visionary theorist to venture out into the Sea of unprofitable speculation, furnish to the philosophic mind ample encouragement to proceed in the path of accurate observation.

The following

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and rational deduction. When we take a view of the purposes, to which the organ concerned in the respiratory function is subservient, as primarily employed in furnishing us with the means of vocally communicating and interchanging our ideas, and ventilating and filling for the purposes of nutrition the vital fluid we cannot fail to be struck with its importance in the animal economy. Occupying a place midway between the digestive and assimilatory functions, it bears a striking analogy to the principal organ engaged in the process; for whilst the Stomach draws on the animal & vegetable Kingdoms for supplies to repair the daily waste of our corporeal frames, the Lungs obtain from the air of our atmosphere a pabulum Vita not less essential to the Comfort, the Happiness and Subsistence of the animal.

The connection existing

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between these important organs in the ultimate intention of their respective functions is not less intimate than might be inferred from this obvious analogy. And the extraordinary and wonderful phenomena which the persevering and labourious researches of the Philosophers of the present and recent times have brought to light, have almost imparted to the air of Romance and registered, as the sober deductions of a sound philosophy what before was only supposed admissible in the fanciful fables of the Eastern Nursery.

It would argue vanity in me, upon the present occasion to travel over the whole of the extensive field that lies before us. The ablest most experienced and best disciplined minds have not enjoyed the privilege of traversing it, with a steady and unflinching step, and whilst those masters in philosophy

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have often been obliged to proceed with a cautious and timid advance it becomes the Fyoo to content himself with ascending some of those eminences, which they have securely attained, and from these prominent points to view the field as far as the steady light of reason will permit him.

It is impossible in my very humble opinion to obtain an adequate and comprehensive view of this subject without taking a hasty glance at the Digestive process, the important fluids, which is the result of this process, and which cannot pass to the manufacturing departments of the economy without being at first submitted to the ordeal of the pulmonary function ought to claim my attention but the very short time allotted me proscribes the possibility.

The Respirable Gas which is the efficient agent in the production of

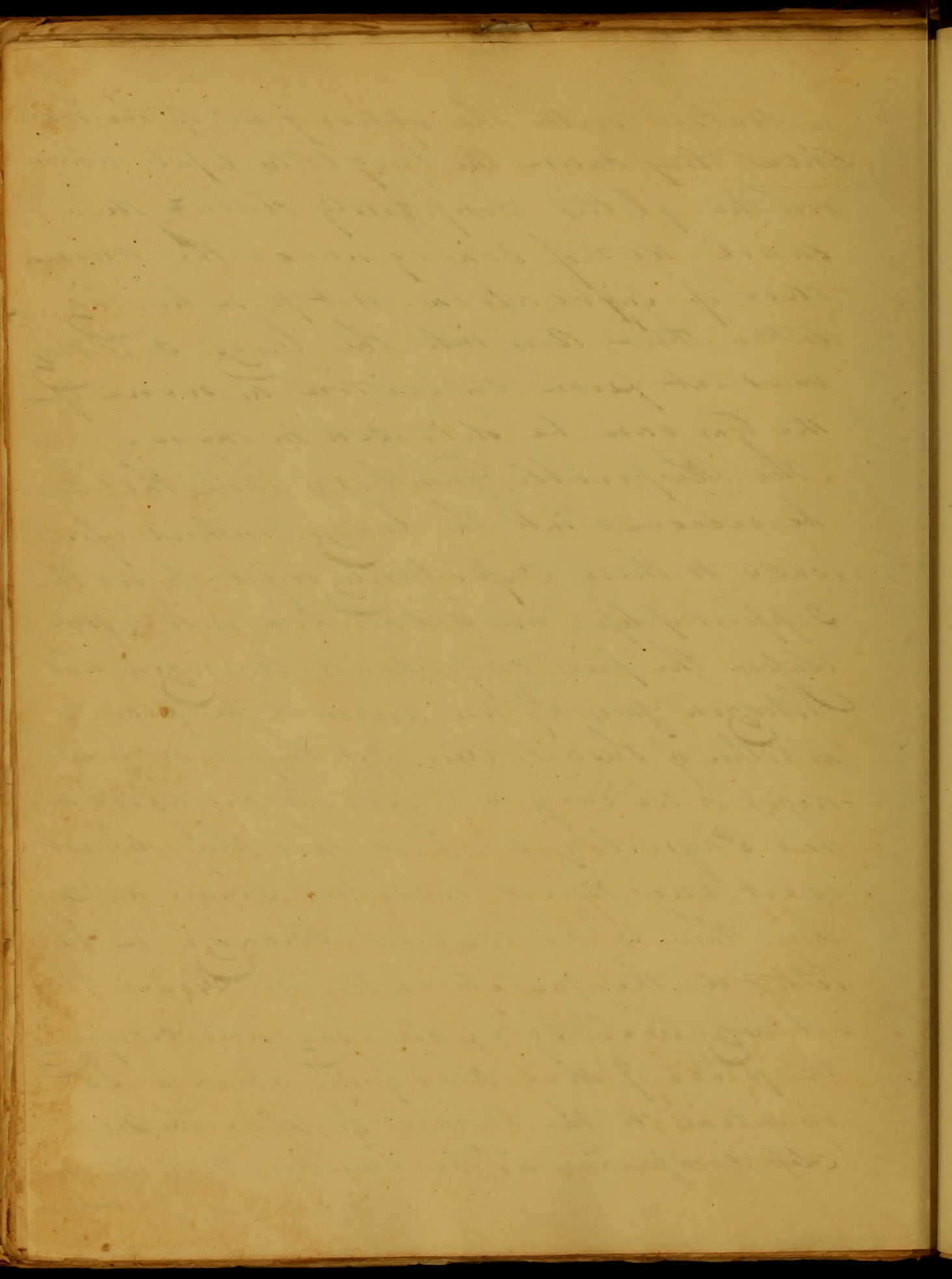
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tinctly, all communicating with each other
 and enclosed in a delicate investment of
 cellular tissue, which is a Diaphragm of separation
 between them & the adjoining
 lobules. One of the divisions of the ~~Trachea~~
 and One of the Pulmonary artery enter
 into each lobule. the latter appears to
 be metamorphosed into innumerable
 radicles of the Pulmonary Veins. The
 Surface of the Lung is covered by the
 pleura, a Serous membrane similar
 to the Peritoneum in its structure,
 and throwing it out again. We are
 also all well acquainted with the
 fact that without Air they cannot exist.
 What then is the Nature of Respiration?
 Physiologists have divided the Gases
 into the Non-respirable or those which
 cannot be taken into the lungs, and the
Respirable, or those that can. Of the
 first class there are only two, Carbonic
 Acid Gas and ammoniacal Gas. If an
 animal be placed in an atmosphere
 of either of these, the moment they come

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in contact with the upper part of the Tra-
chea they cause the Epiglottis to fall down
over the glottis, completely closing the
canal and of consequence the animal
dies of suffocation. not from having
taken these Airs into the Lungs, as is very
widely supposed as none of
the Gas can be detected in them.

The Respirable Gases, that is those that can
be received into the Lungs, without refer-
ence to their Capabilities or fitness for the
Support of life, are subdivided into 4 or 5
classes. The first comprehend Hydrogen and
Nitrogen Gases. If an animal be placed
in either of these it dies. Yet they have full
access to the Lungs as is evident on dissection
and Physiologists assert that they do not
exert any direct noxious power, at least
they, there is no apparent Change in the
Blood, the muscles or Nerves. Hence they
act negatively by excluding and occupying
the place of that kind of Air which is so
essential to the Support of life. The second
class comprehend the various sorts of Hydro-
gen



~~known~~ Carburetted Hydrogen Gas Sulphu-
 rited Hydrogen, Carbonic Oxid and Nitric Oxid then
 can all be inhaled but the animal inhaling them
 dies. In this case the Blood is found to be materi-
 ally altered. the muscular fibre is changed
 in relation to its irritability, and some ex-
 periments they can perceive a change in the
 nervous System. This then acts not only by
 excluding Atmospheric Air but by exerting
 a positive noxious influence. With regard
 to One of them, the Dry carburetted Hydrogen
 it changes the blood from a dark to a fair
 colour. The third class consists of those that
 are not fit for respiration, because they
 are too stimulating. these are Oxygen &
 Nitrous Oxid Gas. animals will live in
 these for a considerable time and have
 the power of life in an increased degree
 but eventually die. That they do not die
 from a deficiency of air in quantity is suf-
 ficiently manifest from the circumstance
 that if they be made to breathe the air in a
 receiver till they die, a second animal
 placed in the receiver will live for some time.

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when they have breathed, the circulation becomes more vigorous and active and all the usual effects of stimulation are manifested. The only Air that can be breathed with security and safety is that in the fourth Clap. the Atmospheric Air such is the Constitution of this from the great quantity of Nitrogen obstructing the activity of the Oxygen that it is eminently suited to the Support of Animal life. A very important question now presents itself. Does any change take place in the Air that is inspired? Doct. Black was the first who observed that Carbonic Acid Gas was given out during expiration. This is easily proven by breathing into lime water through a tube and the water will become turbid from the precipitation of Carbonate of Lime. An other question now arises, "is any of the Air inspired entirely lost?" and it is now stated that it is liable to considerable Variety. although all agree that some is lost.

It indeed had long before Black's time been observed that atmospheric Air always suffered deterioration by being breathed but

no.

no accuracy of opinion on this point could be expected when they were unacquainted with Oxygen and the constitution of the Atmospheric Air. When Carbonic Acid was discovered by Doct. Black and the constitution of the atmospheric Air by Lavoisier, then the Doctrine of Phlogiston was introduced into the Case - They supposed that as charcoal imparted to the atmospheric Air phlogiston, so according to their notions the Blood imparted to it phlogiston. But they soon found that carbon was given off by the animal, to effect which, Oxygen must be introduced into the lungs - and this was found to apply to all unanimated nature - even insects and fishes - They found it necessary to determine how often a man respires in a given time, observe that by the term Respiration we include inspiration and expiration - It may also to be noted that by expiration we do not throw out all the Air contained in the Lungs and consequently by inspiration we do not receive a sufficient volume of Air sufficient to fill their whole capacity - but it appears that the number

made by one man was very different from that made by another. Hales thought there was 20, twenty in a minute. According to Sir Humphrey Davy, twenty Six or twenty seven times in the same time - Taking twenty in a minute for the mean this will give 28800 inspirations in 24 hours - the reason of this great contrariety of opinion on this question was that in any particular person the number of inspirations must depend on his constitution and the state of his body and mind at the time of making the experiment - How much Air is taken in at each inspiration? This depends in any particular case upon the size of the person the Capacity of the Lungs, the State of his health.

The average quantity is about 40 cubical inches. In an ordinary sized man the Lungs are capable of containing 280 inches and by expiring forcibly he may throw out 700 or 800. but by an ordinary sized expiration he throws out about 40 and on inspiration takes in 40 cubical inches - Hence in One minute he takes in 800 cubical inches - in an hour 48,000, in a day 1,152,000. By weight he takes in about 52 lbs of Air in

in 24 hours. a considerable portion of the air is thrown out again that is inspired, but in a very different state. it is not Oxygen and Nitrogen only but is mixed with carbonic acid Gas.

Where did the Carbonic Acid derive its Oxygen from? Was it from the Air? This is ascertained with facility. We know that when Oxygen unites with Carbon forming this Acid there is no increase of Volume in the Gas. Hence if a portion of the Oxygen of the Air inspired enters into the constitution of the Carbonic Acid, the Air expired including the Carbonic Acid Gas ought to be equal in Volume to the Air inspired in any given time and this is the state of the fact. How much Oxygen is consumed in Respiration according to some 36 cubical inches in a minute, or 51840 in twenty hours. If this much Oxygen is then consumed and is wholly occupied in forming carbonic acid. if this be equal in volume to the Oxygen gas used, there ought to be 45000 inches of this thrown out of the lungs in 24 hours. This will make the Carbon thrown out in that time equal to 1/4. If then man consumes 45000 cubic inches

or twenty five cubic feet in a day of oxygen and it constitutes $\frac{1}{5}$ part of the Atmosphere. The must render unrespirable or unfit for Combustion in that time 125 cubical feet of the Air - for this much is necessary to burn $\frac{2}{4}$ lb. of Charcoal or carbon as I have just stated, will be thrown off.

The Arabian Tale, it has been fancifully supposed heroglyphically or rather perhaps allegorically the history of alchemical or other eastern science. Be this as it may the Eastern story of the Nursery which relates to a young Lady from whose lips Diamonds fell whenever she spoke certainly contains appears to be some connection with our present views of the Subject of Respiration.

The only changes in the Air that is inspired are its losing a portion of its Oxygen and becoming mixed with carbonic acids.

Now what are the changes induced in the Blood by respiration - In the lungs the blood comes in contact with a membrane, which is not more than $\frac{1}{100}$ part of an inch in thickness & it is at least equal in extent to the external surface of the Lungs. On one side of this membrane

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we have the Blood, on the other side. It is difficult for any one to conceive how the air can act upon the Blood through this membrane. Let him recollect that animal membranes are very easily penetrated by the Gases. So that when Oxygen is attempted to be retained in Bags composed of animal membranes the Gas invariably escapes, though the membrane be doubled, and this membrane when compared with that of the Lungs is found to be three or four times as thick.

The Atmospheric Air then is applied to the Blood through the medium of this membrane, and at this moment several important changes take place in the Blood. Its Colour is changed from a Black or Venous to a florid red Colour, and the Chyle, which could be traced to this point, disappears. Synchronous with these changes is the appearance of Carbonic acid and a little water.

Can these changes be produced in the Blood out of the Body? Some of them can partially?

If we put Venous Blood into a Dish and allow it to stand sometime exposed to the Air, we will find the Surface of the Crapamentum in contact with the air of a much lighter red Colour than that

in

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in contact with the skin or if we put ~~bladders~~ ^{bladders} according to Lavoisier's phlogisticated blood in a bladder and hang it up in the air, the external part of the blood will be of a redder colour than the central - and this effect will be more evident if we use a moist bladder, in which state it approaches more nearly to the character of the membrane of the lungs. There is at the same time the disappearance of the oxygen and the formation of carbonic acid. But there is an important change which cannot be produced in this way out of the body; the disappearance of the Chyle. If we take a portion of blood from between the termination of the thoracic duct & lungs and expose it to the air, the Chyle does not disappear. This circumstance plainly proves that there is something peculiar in the lungs upon which the effect depends. What is the source of the carbon which enters into the constitution of the carbonic acid? The celebrated and much lamented Lavoisier was engaged in the investigation of this subject at the time he was dragged by his brutal executioners to the scaffold. From the papers which he had left behind

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behind, it was found that he had arrived at this conclusion, that the Venous Blood arrives at the Surface of the Lungs charged with a large portion of Carbon & Hydrogen, that it comes to the Lungs only to throw off these, that it accomplishes this end by the Aid of the Oxygen of the Air, a portion of which unites to the Carbon converting it into Carbonic Acid & a portion with the Hydrogen forming Water. But if all the Oxygen that is consumed is found in the Carbonic Acid, where is the Oxygen for the formation of water? Hence it behoves us to look to an other source for the Water.

Afterwards it was supposed by Lavoisier & Laplace that the Blood in the Lungs possesses the power of separating the Oxygen and Nitrogen of the Air. Combining with the Oxygen and carrying it along throughout the System, at the extremities of the Arterial circulation where the process of assimilation is going on, Hydrogen & Carbon are developed unite with the Oxygen of the Arterial Blood and enter the Venous System in the form of Carbonic Acid and water, which are brought to the Lungs and thrown out.

But this theory is in diametrical

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opposition to every known principal of
Chymical investigation. The question is
easily decided. If Carbonic Acid Gas exists
as such in the Venous blood, we might by
a portion of this blood and applying a
very little heat, yea even exposing it at
the ordinary temperature occasion the
extrication of the Gas. But this cannot
be effected in the smallest degree.

Murray supposed that the great point
of difference between venous and arterial
blood was that the former contains much
more carbon. One reason he assigns for this is
that if we examine animal matter & com-
pare it with the food we shall perceive that
the former contains a larger proportion of
Nitrogen and a smaller proportion of Carbon
and consequently as we take in more
Carbon than is requisite for the support
of the system, that the superabundant
portion must be separated at the places of
assimilation, that is at the extremities of the
arterial system that this rejected portion is
found in the Venous system, brought to the
Lungs

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Lungs, and is thrown out by the instrumentality
 of the Oxygen of the Air, and this is the only change
 necessary to the Conversion of Venous into Arterial Blood.
 If the Carbon floats along uncombined in the blood
 there can be more difficulty in the Oxygen uniting
 with so much Carbon, at the temperature of the lungs,
 unaided by any thing. But the Carbon cannot
 be simply mixed in the Blood, but that it is
 bound by Chemical Affinities, which are not to be
 overcome simply by the weak attraction of
 Oxygen at this temperature. How is it accomplished?
 There are some results which cannot be obtained
 by one or two principles but may be by three
 four or more. For instance there are some
 results which are not to be produced by Sim-
 -ple elective, which may be by double elective
 attraction. The result here is not from the
 action of one or two, but all the principles
 engaged, remove one of them and you can
 not obtain the result. Now when we consi-
 der the Character of the Chyle I find it
 contains every principle necessary to
 every part of the System. We must take
 into consideration the power exerted by each
 =prin-

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principal. The Chyle disappears when it arrives at the lungs; its principles have entered into other combinations, which are preliminary steps to the ultimate results.

When Venous Blood arrives at the Lungs it contains a superabundant portion of Carbon, which must be separated. ~~But~~ this cannot be done merely by the Agency of the Oxygen. It appears then that the Carbon of the Venous blood is in a state of Chemical combination with a portion of Iron and that the Carburet of Iron is being combined with the other principles of the blood; this is followed to the lungs by the Phosphoric Acid of the Chyle; the Oxygen exercises its affinity for the Carbon and at the same moment the Phosphoric Acid its affinity for the Iron. In this way the carburet is decomposed, carbonic acid is formed and eliminated, subphosphate of Iron is formed which gives the Arterial blood its florid colour - This salt is not found in the Venous but arterial blood. The Blood now proceeds to the extremities
- of the

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of the arterial circulation to form them by the process of ossification, fibrine, bone, and every other part of the System. The sub-phosphate of Iron is decomposed here, the acid unites with the lime to form Bone at the same moment there is an evolution of Carbon, this combines with the liberated Iron which gives to the Venous Blood its dark reddish colour and is brought by it again to the Lungs.

Doctor Black believed that when Oxygen combined with carbon Heat was evolved; Crawford found that the capacity of carbonic acid for heat was less than that of these uncombined and hence a large quantity must be evolved in the lungs from the formation of Carbonic Acid. This was ascertained to be too much to be actually liberated in the lungs as it was more than would under ordinary heat. Crawford ascertained that the capacity of Venous Blood for heat was less than that of Arterial Blood is formed it absorbs as it were the Heat evolved from

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the formation of carbonic Acid, before it
 can become sensible. When the Blood arrives
 at the extremities of the Circulation and is
 changed to Venous blood, it returns to its former
 capacity for heat & hence gives out all the
 heat which it had received in the lungs, and
 which had become latent heat in it. These exterm-
 ities being at every point of the system, heat
 consequently is given out at every point.
 Some of late years have been so obstinate
 as to assert that the principles on which
 Crawford built his theory were gratuitous
 assumptions; for instance the fundamental
 principle of the theory; the difference of
 Capacity between the arterial & Venous
 Blood. Those who thus opposed the theory
 were John Davie and Boole; but if you
 examine the experiments of these men
 you will find them totally insufficient to
 overturn Crawford's principles. According
 this is the theory which is at present a-
 dopted by nearly all the Scientific Physicians.
 Man's temperature is about 98° and he
 preserves this uniformly in a high or low
 =^{temp}

Temperatures. It was for some time sup-
 posed that ~~men~~ it was impracticable for
 man to tolerate a heat above an 100°.
 But this was controverted by the following
 ingenious experiments of Priestly, Forde³
 and Sir Joseph Banks. These Gentlemen,
 "clothed in naturals garb" entered into a
 Room at the temperature of 260° when they
 remained still for a short time and felt
 their skins it was cold, when they walked about
 it was scorching hot. Their breathing was very
 refreshing. So hot was the Room that water
 placed in a bowl evaporated so rapidly that
 it refused to rise, about 140°. They poured
 oil over it and prevented its evaporation.
 In 20 minutes Eggs in the Room became
 hard. In 13 minutes Perf was done by
 blowing the air upon it. The Gentlemen
 suffered as we felt no deleterious effects
 and the temperature of the System
 was preserved at nearly its natural
 points. It was at first supposed that
 the System was Capable of destroying
 heat or that it had the power of generating
 cold.

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3

An Inaugural Essay
on Dysentery.

In submitting the following essay to the inspection of the Faculty of the University of Maryland, as a necessary step for obtaining a medical degree, I cannot forbear following the example of many of my predecessors, in soliciting indulgence for the imperfect performance of a task, imposed by necessity, and undertaken with much anxiety and apprehension. The variety of pursuits which necessarily occupies the mind of the medical student, must in general prevent him from paying such exclusive attention to any single subject, as will enable him to elucidate what was before obscure, or to throw any light upon what was already known. In general, therefore, he must content himself with the more humble office
of

of arranging the observations and experience
of others, in such a manner, that the practice
of industry may be granted him, although that of
invention or originality be denied.

History of the Disease.

The Dysentery generally makes its appearance about the end of summer, or the beginning of autumn, at which period intermittent fevers are most prevalent. It frequently begins with great lassitude, and inability to motion, chilliness, thirst, loss of appetite, headache and other symptoms of fever, as great heat, nausea, vomiting and an uneasiness at the pit of the stomach; it sometimes however appears with various affections of the alimentary canal, costiveness, and pains resembling those arising from colic, these symptoms generally usher in the disease. By neglecting these symptoms the disease gradually gains strength until the patient is attacked with flatulency, griping, and an inclination to go to stool, in attempting this however, little is voided, but a degree of tenesmus attends, and every stool is preceded

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proceeded by sharp gripings, after this there is
 generally a short respite from pain, this, however, is
 but of short duration indeed. The matter voided
 by stool is various, at first it resembles a
 simple purging mixed with bile, and more or less
 tinged with blood sometimes indeed a pure and
 unmingled blood appears to be voided. The griping
 continues to increase and the tinea mus becomes
 more considerable, the fever also increases, which
 is mostly of the remittent kind. The stools also
 become more frequent, and painful, accompanied
 with a vomiting of a bilious matter. Unless the
 disease be checked at this period, the stools be-
 come still more frequent attended with a very
 foetid smell, the tinea mus also increasing, no-
 thing excrementitious is voided except when the
 the patient is under the operation of a cathartic.

and

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and even then it is voided in the form of scybala
or round balls, after this there is an allevia-
tion of the pain, griping and an inclination to
go to stool: this however is but of short duration;
for the troublesome symptoms soon return with
increased violence, small filamentous or seb-
aceous matters appear in the stools, accompa-
ned with an extremely foetid and cadaverous
odour. The pulse, which until this period had
been hard, tense & full, now becomes small & fre-
quent. The countenance appears dejected, the eyes
lose their accustomed lustre, the tongue & teeth be-
come very foul, and covered with a tenacious slime
and the patient is troubled with heave & great
prostration of strength. The debility continuing
to increase the pulse becomes weak, quick &
almost imperceptible; the stools become smaller
and more frequent and are often passed involuntarily.
The

and can be used in the form of a
or round balls, after the time is
tent of the form, giving out an
go to blood. The hair is a
for the production of
examined over the, small
some matter appears on the
with an extremely fine and
The fibres which enter the
two feet, and I feel, now
The countenance appears
two feet, and I feel, now
one very fine, and
the patient is troubled with
The history of
the patient is troubled with
the patient is troubled with

7

The pain & griping which until now had tormented the unhappy sufferer, suddenly ceasing, both the patient & friends are elated with joy at the prospect of a speedy recovery. Their hopes, however, are but transitory: for the nausea vomiting & hiccup returning, the pulse exceedingly weak, & frequent, deglutition difficult, gangrene takes place, delirium, and subcaltus tendinum come on, the extremities grow cold, and "death like an insidious enemy" comes and relieves the miserable patient from all his sufferings.

Of the appearance on dissection.

The dissections of Pringle, Cleghorn, and others show that no part of the alimentary canal, escapes the ravages of this disease, but that the stomach and intestines have all at one time or other, been found affected. In some places the intestines appear flaccid

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flaccid, while in others there is inflammation, sup-
 puration and gangrene. The villous coats of the
 colon & rectum are often either abraded or changed
 into a slimy substance. The liver, gall bladder,
 pancreas and most of the abdominal viscera have
 been found in a diseased state. From the above
 appearances we are able to determine with certainty
 the inflammatory nature of the disease.

Diagnosis.

There are but two diseases I believe with which Dy-
 sentery may be confounded, these are Diarrhoea &
 Cholera morbus; on account of which a few dia-
 gnostic symptoms may not be totally useless.

Dysentery may be distinguished from Diarrhoea
 by the stools in the latter being composed of
 thin excrements, whereas in the former nothing
 excrementitious is voided, except when a brisk
 cathartic

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Diagnosis.

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castartie has been administered and by a diarrhoea being seldom attended with fever whereas Dysentery is accompanied with an evident degree of pyrexia. Dysentery may be distinguished from Cholera Morbus by the more violent and frequent purging which attends Cholera & by Cholera seldom being attended with fever.

Prognosis.

It would indeed be fortunate for us, could we always form a just prognosis in any disease. But as long as diseases continue to change so frequently, and during the present imperfect state of this part of medical knowledge, to attempt, hastily to prognosticate, is only to expose ourselves to the ridicule and contempt of our patients. For Doctor Rush has seen persons recover after the appearance of those symptoms which

Colours being returned with face.
Proposed.

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which have been set down by authors as fatal & marked beyond our remedial power. While on the contrary he has seen many die, in whom all the most favorable symptoms were present. This alone should ^{prevent} our prognosticating rashly.

Causes

Dysentery is more a disease of warm than of cold or temperate climates, hence we have various causes which will produce this disease. Warm days succeeded by cold evenings, or any other cause that tends to obstruct perspiration, hence we see it more prevalent in those persons who lead a military life exposed to all the changes of weather; improper articles of diet will cause the disease: Doctor Potter says that a whole regiment of soldiers, during the late war, was seized with this disease, in consequence of being

which have been by nature or
nature's design our essential
nature he has but many are
most favorable symptoms
nature's own propensities
correct

Phlegm is one of the
or impure climates, there are
which will produce the disease. These
caused by cold winds, or any other
leads to obstruct functions, there are
more frequent in those persons who
military life exposed to all the
then, entirely articles of diet will
the case. Doctor Potter says that a
symptoms of phlegm, during the
correct with the disease

Treatment of Dysentery.

It must be evident to the most superficial observer, that the cure of this disease must in a great measure be regulated by the duration & violence of the symptoms above enumerated. When the disease is recent and the fever moderate gentle purging and diaphoretic medicines, will generally be found effectual in removing the disease.

But when (as not unfrequently happens) the pulse is hard full or frequent, the heat, thirst, or headache considerable, accompanied with a great degree of tenesmus, and inclination to go to stool, distressing sickness at the stomach, and intolerable pain, the disease instead of being light & transitory, is frequently extremely violent & obstinate, and requires the most powerful remedies to subvert
 which

Section of the ...

The first ... that the ... to ... from ... amount ... and ... and ... found ... But ... value ... in ... a great ... to go ... show ... subject ... greatly ... requires ...

which we shall now proceed to consider.

First of bloodletting: When the pulse is full, quick or hard or where the patient complains of excruciating pain in his head or bowels, bloodletting will be the most useful remedy; in determining the quantity necessary to be taken, as no positive rule can be laid down, much must be left to the Physician's own judgement, we must therefore be entirely guided by the habit of the patient, season of the year, but above all by the state of the pulse, and should be pursued as long as the pulse will bear it.

Secondly Emetics. In the beginning of the disease, if the stomach is affected with nausea & vomiting an Emetic should be administered which by evacuating the contents of the stomach will procure an alleviation

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alleviation of the troublesome symptoms, & allow time for the application of other more powerful remedies; as it respects the most proper Emetic in this disease, some have lavished great encomiums on Speacuanha, it has been considered a specific by some, but although a very useful remedy in this disease it can never be considered a specific at least if we judge from the observations and experience of practitioners on this subject. Small doses of tartar emetic may be given every half hour until vomiting be produced; this will act both upon the skin and intestines. So as to prove cathartic & diaphoretic. Purgatives: These are a principal remedy in dysentery, and upon their judicious employment, the cure will in a great

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a great measure depend; they act very powerfully in reducing the morbid excitement in the blood vessels; they also relieve the griping & tenesmus, and bring away scybala, which if allowed to remain, would irritate the intestines, and prove a source of harrassing pain to the patient.

The neutral Salts have been employed with great advantage oleum ricini, is another purgative, indeed from its oily nature, it appears peculiarly suited to the cure of dysentery.

The Rheum Palmatum was formerly a very favorite remedy but it is too astringent and is very apt to increase the griping.

Injectons. When the pain, griping & tenesmus are violent oily injections are of peculiar service they appear to sheath the intestines and defend them from acrimony. The injection of

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