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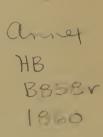
OF THE

CITY OF TROY, N.Y.

For the Years 1858 and 1859.

BRINSMADE, M. D., BY THOMAS C OF TROY. 4398

A L B A N Y : PRINTED BY C. VAN BENTHUYSEN. 1860.



Reprint from the Transactions of the Medical Society of the State of New York, for 1860.

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REGISTRATION OF DISEASES.

Perhaps I ought to apologize to the Society, and to the public, for again offering to them another small contribution of statistics; at least, I feel that it is due to myself to say, that although I am an advocate for the systematic registration of facts, for the advancement towards positivity in medicine, I do not wish the Society or the profession to infer that I believe statistics are entirely reliable sources of accuracy in science, or that I attach an undue importance to them.

I have no expectation that absolute positivity will ever be found in medicine, but an *approach* to it is an advance in the right direction, and one of the steps in that way is to make facts available; and these cannot be presented to the profession, if they are not written. They may seem, at the time, small, unimportant, and isolated, but some industrious individual, skillful in deducing generalizations, may find even in the record of the humblest physician, materials worthy of being added to others. Returns, even lacking in accuracy, afford some approximation to truth, and throw eonsiderable light on the fluctuations of disease, on the influence of weather, and on the retrograde or progressive state of the public health.

The registration of births, deaths and marriages, was originated two hundred years ago by Capt. John Graunt, of London, and since incalculable benefits have resulted, and deductions most interesting to science have been made, although there are immense deficiencies in the care and eompleteness of records.

The suggestions of Drs. Orton and Palmer, although seconded by the action of several State Societies, and of the American Medical Association, seem not to have been adopted by physicians in their individual capacity, or if they have, no returns, that I am aware of, have been made to the committees to whom the subject was assigned. It is probable, however, that some individuals have been induced by the recommendations of these societies, to make more notes of cases, in some form; and I still hope that there will be a gradual accumulation of registers from various parts of the country, furnishing a large stock of materials which will eventually ripen into a valuable harvest.

I have persisted in the practice of making the daily record, of what has eome under my notice, and am willing to submit the result of my labors to the profession, and leave the effect to be seen.

It will at least be an instance, that a man of moderate industry, with a full practice, may be able to make some minutes of his daily observations,

and arrange them in order, and the example may excite similar or better efforts in others of more leisure and ability.

To cite an illustrious instance, I may mention the fact that Sir John Pringle, the earliest health reformer in Great Britain, deposited in the library of the Royal College of Physicians of Edinburgh, in 1781, a year before his death, ten large folios of MSS., entitled "Medical Annotations," forming a most remarkable record of the active intelligence and industry of a physician, in the course of an immense London practice.

I submit the tables, therefore, without much comment, to the committee on publication, and rely upon their judgment in regard to the utility of printing them.

If my practice may be taken as typical of that of other physicians in the city of Troy, it will be seen that no serious epidemic has prevailed during the years 1858 and 1859. This has been the case throughout the country, with a few limited exceptions, as far as I have been able to learn.

While diptheria was extensively prevalent in Albany, only five miles distant, there was only a very few sporadic cases with us.

Bronchitis, and other pulmonary affections, were as usual most frequent in the winter and vernal months, and diseases of the digestive organs during the summer and autumnal months.

The fatality from cholera infantum and dysentery was less than for several previous years.

This paper, and through it, the Transactions have been delayed by the sickness and death of Dr. Wm. C. Rogers, of Green Island. I cannot, in justice to my own feelings, or the memory of a most worthy member of the profession, let this occasion pass without a short notice of the life of one to whose unwearied and intelligent industry I was largely indebted, in preparing the results of my practice, as presented in my annual address in the Transactions of 1858.

His intimate friend, Prof. W. P. Seymour, has kindly written, at my request, the following brief tribute to his memory, in which I cordially join; and from my almost daily intercourse with him, for several years, I can testify to his honor as a physician, his nobleness as a man, and his inestimable worth as a friend, whose loss I deplore with the deepest sorrow.

Dr. Rogers' disease was acute pneumonia, which he attributed to violent exertion, in exercising with heavy dumb-bells, at a gymnasium. He was in perfect health until the moment that he was conscious of a severe pain in the right side of the chest, while trying to raise the bell, causing such a shock as to produce a feeling of faintness. The pain continued for two or three days, but as the inflammation was confined to the right lung, it was hoped that he would recover, until about thirty-six hours before his death, when evidences of the occurrence of the disease having invaded the other side of the chest, became manifest, it extended rapidly, and he expired just eight days after the first attack. Dr. Rogers was born in Utica, October 3d, 1830. He moved to Sehenectady while quite young, and entered Union College. Leaving college, at the end of the Sophomore year, he spent a number of months teaching in Scotia. He began the study of medicine with Dr. Vedder, of Schenectady, and after six months came to Troy in September, 1849, to take charge of St. Paul's Parish School, continuing his medical studies under the direction of Dr. Brinsmade. In the fall of 1852 he commenced attending leetures at Albany, and was assistant physician to the almshouse, while an undergraduate. After graduating in June, 1854, he settled on Green Island, and began the practice of medicine in July of that year. From that time to the day of his death, on the morning of the 7th of April, he was untiring in the prosecution of his studies and the practical duties of the profession.

His natural inclination, and the pressure of limited means, led him early to write for various literary publications, and for the daily press, as a means of acquiring books, upon professional and kindred subjects. These were highly valued—perhaps the more from the difficulty of their acquisition—closely studied, and their contents systematically stored in a remarkably retentive memory, until he became a strong example of the truth of the aphorism, "Beware of the man of one book."

Being chesen health officer of the Island, he was led to the study of disease, in the broader relations of its classification, causes, and savitary prevention; and possessing a philosophical mind of the highest order, with a ready pen, great power of expression, and a love for statistical investigations and deductions, he was gradually laying up the materials for future contributions to our medical journals. He had already opened a correspondence with many leading members of the profession in other States, and written articles for the journals upon subjects of general interest and practical importance. To many of his correspondents this notice will be the first, of the death of one who bid fair to throw new light upon old fields, and open up the investigation of new. His more private virtues, and social qualities, this is not the place to dwell upon, and his intimate friends will be the first to feel the difficulty of my adequately expressing his loss.

TROY, April 26th, 1860.

ABSTRACT of cases occurring in the practice of DR. T. C. BRINSMADE, in 1858.

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ABSTRACT of cases occurring in the practice of DR. T. C. BRINSMADE, Troy, in 1859.

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Norz.-Erythema.-Under this name is included eyrthema of the throat, which has been quite prevalent for the year 1859, and which I have noted in my case book as the mild form of diphtheria. In most of the cases there has been general feverish symptoms, attended with pain in the head, back and limbs, so marked as to be characteristic, and in some of them there was a deposit of the diphtheritic crust like a delicate pellicle, diffused to a greater or less extent, removed by the ings with niftate of silver solutions, sometimes tincture mur. iron and chlo. potash, and rest, constituted the treatment under which all recovered within from three to slightest touch of the pencil, or the gentlest gargie. I estimate, with tolerable accuracy, that fifty of the sixty-two cases were erythema of the throat, attended with such constitutional symptoms, as to justify the name of the erythementous form of diphtheria. A laxative, followed by Tully's powder, alum gargle, or a few pencilsix days. I think I may possibly do a kindness to some, by giving a formula for a compound which justly bears the name of its distinguished inventor, and which is now extensively used in many parts of the country, as a substitute for Dover's powder. For those who wish to know his reasons for its value, I will refer them to Tully's Materia Medica, Vol. 1, page 1260.

R. morphia sulphatis, gr. ii; pulvis glycyrrhize; creta preparata camphora, of each two scruples. Pulverize and mix carefully.

It will be seen that ten grains contain one-sixth of a grain of sulphate of morphia, equivalent to one grain of opium.

#### REMARKS.

#### ZYMOTIC DISEASES.

#### Chol. Infantum.

A German child, cleven months old. It was in a small and badly ventilated room. The surroundings were such, and my directions so imperfectly carried out, that treatment was ineffectual.

#### Diarrhaa.

A female child four months old. It was nourished with milk, &c., from a bottle, and did tolerably well until within the last month, when it had chronic dysentery, purely local, cured by N. Arg. injections. On the 14th of February it seemed much better. On the 18th, I was again called and found it with moderate diarrhœa, without bile, and the discharges very offensive. Hyd. cret. and op. cret. was given; the next day tr. rhei. and carminative, and at nine o'clock, P. M.,  $\frac{1}{8}$  gr. cal. camph. and 1-40 gr. C. M. At that time, its countenance was haggard; the discharges very offensive, and destitute of bile. The left hand and arm were entirely cold; the other hand and feet only slightly cool. It had taken a little more food during the day. It died from exhaustion, at six o'clock, A. M., the next day, soon after a discharge from the bowels.

This coldness of one arm and hand is almost a fatal symptom.

#### Dysentery.

An old gentleman aged 78 years. For years he had been subject to diarrhœa, which had been moderated by careful diet and opium. For some months his health had been failing.

#### Typhoid Fever.

A young man of the age 32 years. The attack was mild, and progressed without any unfavorable symptoms until within three or four days of his death. Cerebral determination then became more marked, and hemorrhage from the bowels took place, but not to so large an amount as often occurs. He became more delirious, with partial spasms, and a few hours before death, a general tonic convulsion This case, probably, partook, in some degree, of the cerebro spinal meningitis, which, at the time, prevailed in Waterford.

#### Scarlatina.

An Irish boy, twelve years old. I saw him about twenty-four hours before he died. He had been ailing about twelve hours, with soreness of the throat, fever and scarlet-rash. He had vomited, and complained of headache; gentle stimulants were advised, and astringent gargles. The next day I found him sinking from general congestion, and ordered stimulants, but they were probably not given. I learned from his mother, that he seemed well and bright until six o'clock in the morning, when he became stupid, and since then, had been unable to swallow.

He was in a damp basement, and was probably badly nourished and neglected, his mother being intemperate.

#### Small Pox.

A female child of four months. It had never been vaccinated. The discase was confluent on the face, and it died on the eleventh day of the eruption. It was not well nursed.

#### SPORADIC DISEASES.

#### Cancer of Womb.

This occurred in a woman of forty years of age. I was consulted about four months before her death. The nature of the disease was apparent; the uterus being large, hard and pressing upon the rectum and neck of the bladder, so as to interfere very seriously with the evacuations from these organs. At first there was leucorrhœal discharge, but this soon ceased, and the suffering arose principally from the pressure of the tumour upon the adjacent parts. Six days before death, an opening took place, into the rectum, allowing the passage of several matters through the vagina.

#### Dropsy.

Case No. 1, a farmer seventy years of age.

He had had disease of the heart, ossification of the valves of the heart, &c., for several years, and had been dropsical for a year or more. For the last nine months, he was insane, during which time the dropsical symptoms disappeared entirely, and returned only within a few weeks of his death, The mania was acute, and he once attempted suicide by wounding his throat.

Case No. 2, a shoemaker, aged seventy.

He had chronic disease of the heart. He first consulted me in June, and then he suffered from hurried breathing after exercise, cough and anasarca. Diuretics and alteratives had but little effect; the anasarca continued to increase, and effusion into the chest and abdomen ensued. He sunk about two months after I first saw him.

No. 3. A girl of the age of fifteen years. In this case there was general anasarca from rheumatic disease of the heart; also pulmonary ædema; rheumatism occurred about ten months before her death, in a feeble scrofulous constitution.

No. 4. A married woman, 33 years of agc. The dropsy, in this case, was from disease of the liver, of several years' duration. There was an abscess opening externally and into the lungs, and she expectorated pus, from this source, for months. I attended her only during the last few days, and considering her case hopeless, used only mild alteratives, diuretics and anodynes.

DISEASES OF NERVOUS SYSTEM.

Apoplexy.

Case No. 1, a gentleman aged 70. Palsy had come on gradually for six or seven years; and for the last year or two, he had been unable to walk or feed himself. He had never suffered from pain or distress of any kind.

The apoplectic seizure was sudden, while asleep, at three o'clock in the morning. I saw him an hour or two after. The insensibility was complete, and he seemed to be sinking for twelve hours, when reaction took place. Leeches and sinaplasms were used, but he was never able to swallow, nor was there the slightest manifestation of sensibility. He died sixty-four hours after the attack.

Case No. 2. A female, forty-eight years old. I saw her on Friday evening December 10th. She had a boil on the nose, and some erysipelas extending towards the eye. She had taken cathartics, having been ill a week. I gave her Tully's powder at night. On Sunday, at 3 o'clock, P. M., I found her with neuralgia on the back of the neck and head, but no extension of the erysipelas. She had not slept much, but was not delerious; I gave her valerian at bed time. On Monday, at 10 o'clock, P. M., she was entirely insensible with stertor respiration, frequent and feeble pulse. I bled her a little, applied sinaplasms, and administered carb. ammon., cal., &c., but nothing had any effect in relieving the congestion.

#### Epilepsy.

This case occurred in a man aged 62, of somewhat intemperate habits, excited by indigestible food taken at bed time. The convulsions returned frequently for three or four days, and resulting in apoplexy 48 hours before death. As there had been amurosis and partial palsy of some other nerves, for some months, there had, probably, been chronic softening of the brain.

#### Phthisis.

Case No. 1. A female, 31 years of age.

Disease of two years duration. She came under my care four months before her death. There was then tuberculosis, but no excavation. I treated her with mild tonics, anodynes nutritious food, iron, nux. vom., cod liver oil, &c.

 $N_0$ . 2. A laborer in a brewery, aged sixty years. Of intemperate habits and had tuberculosis for more than a year, and large excavation. Life was prolonged, and made tolerable by moderate stimulation with ale and S. C. rum. He died very suddenly in the brewery, where he had worked for more than twenty-five years, from hemorrhage from the lungs. He had previously had several attacks of hemorrhage of a profuse character.

No. 3. A mulatto girl, four years old.

She had fever and gradual decline for some weeks, with hurried breathing and slight cough. Symptoms much aggravated during the last week, and nothing seemed to arrest the steady progress of tuberculosis of the lungs.

No. 4. A merchant aged, forty-eight years.

He had been treated by quacks a long time before I saw him. Cod liver oil benefited him for a time; afterwards anodynes, tonics and exercise in the open air relieved some of the symptoms. He then fell into the hands of a clairvoyant "doctor," who purged him, &c.; diarrhœa ensued, and he sunk rapidly. Extensive obstruction from tubercular deposit was manifest when I first saw him, and finally excavations followed. When he died he was unusually emaciated, and probably there was tuberculous ulceration of the intestines. No. 5. A married woman, aged thirty-five years.

This ease was of more the three years' duration, but some of that time she was comfortable. The symptoms were worse and steadily progressive for some six or eight months before the fatal termination. Diarrhœa had been severe and persistent for several months, held in check, temporarily only, by means of various astringents, tonies, and anodynes.

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No. 6. A German, thirty-five years old.

He was in the last stage of the disease when I first saw him, five weeks before his death. Only palliatives and stimulants were indicated.

No. 7. A merchant, aged forty-eight.

This case was of two years duration, and there was hereditary predisposition to the disease. He spent the first winter at Aiken, S. C., and exercised much in the open air. He took tonics and anodynes, and cod liver oil was useful for a time. He tried no nostrums or new systems, and was under my charge from the first. His mind was clear till the last minute of his life, and during the whole progress of his disease there was no delirium.

## DISEASES OF ORGANS OF RESPIRATION.

#### Pneumonia.

A poor man, aged sixty-five years. He had been ill for seven or eight days, before I saw him, with double pneumonia, without any medical advice, or any remedial means. He was almost suffocated and very feeble. I gave him stimulants, expectorants, wine, and beef tea, but with only temporary benefit.

#### Congestion of the Lungs.

A negro, aged sixty years. He was a broken down servant, of intemperate habits, was sinking when I saw him, and I am unable to say what was the previous disease, of which the congestion was the sequence and termination.

# DISEASES OF THE ORGANS OF CIRCULATION.

# Angina Pectoris.

A man of the age of forty-five years. This man first consulted me on the 14th of October, for neuralgic pain on the left side, extending from the cartilages of the short ribs around to the spine. This had troubled him for more than a year. There was no swelling or dullness on pereussion, but some tenderness of the muscles. The bowels were very costive, but there was no irregular action of the heart, or difficulty of respiration. I advised tr. of Actosa and Stram. and Nux vomica and Al. pills as lax., and anodyne liniment. I visited him three or four times at his house, and at one o'clock on the 20th left him very comfortable. He sat up during the afternoon, talking quietly with his friends, when he suddenly appeared faint, and soon ceased breathing.

#### DISEASES OF THE DIGESTIVE ORGANS.

## Gastritis. 📲

Case No. 1. A married woman of thirty-cight eight years of age. She died just fifty-eight hours after her confinement with her fifth child, which occurred prematurely six weeks. During her pregnancy she had suffered from various symptoms, such as local neuralgia of the thigh, and of the head, and some nausca, during the first months. From the third to the sixth month, she had irritation of the rectum, with bloody mucous discharges, without much pain, and with no constitutional symptoms. This was nearly cured by tannin and laudanum injections, laxatives of magnesia, rhubarb, &c.

No. 2. A boy five years old. He had been sick three weeks before I saw him, and I, therefore, cannot say what was the cause of the disease.

No. 3. A female child, eleven days old. It had convulsions for the first thirty-six hours of its life, and was then permitted to nurse freely a woman whose milk disturbed the stomach, and induced inflammation, aphtha, &c.

### DISEASES OF THE URINARY ORGANS.

## Cystitis.

A male child two years old. This case was chronic, of several months' duration. The child was very much reduced by the long continued pain, and finally sunk from cerebral oppression and spasms.

#### FROM EXTERNAL CAUSES.

#### Coup de soleil.

An Irish laborer, aged 30 years. He died within three hours after the attack. He came in from his work, in the hot sun, about 3 o'clock, P. M., complaining of "weakness all over." I saw him at 7 o'clock, P. M., in a very small, hot, illy ventilated room. He was perfectly conscious, suffered no pain, but a feeling of weakness; pulse frequent, not feeble or full, but soft and without any capillary attraction. There was no diarrhœa or vomiting. He had taken brandy enough to flush his face. I advised him to take blue pills, cooling drinks, and to get into a better ventilated apartment. At 10 o'clock, P. M., I was sent for, and found him insensible, and dying from congestion of the brain, caused, I think, by the brandy and the heat of the room.

#### KILLED ACCIDENTALLY.

An Irish laborer. An iron casting, weighing two tons and a quarter, fell upon his chest and abdomen, causing intense distress in the abdomen, extensive emphysenca, and great prostration. Anodynes, stimulants, fomentations, &c., were used, but no reaction ensued, and he died twelve hours after the accident.

This brief condensation of notes made at the time of recording fatal cases in 1858, is presented as a fair statement, to show how few deaths are caused by acute and uncomplicated diseases, and in how many instances the result is attributable to influences which are well known to the profession to be detrimental, and which it is not in the power of the physician to prevent.

The percentage of fatality, for 1858; was 1.34 per cent of the cases noted; the examination of the register, for 1859, exhibits a similar list of diseases incurable in their nature, according to the present state of medical knowledge, and about the same rate of mortality. MORTUARY RECORD of the city of Troy for the year 1858.

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MORTUARY RECORD of the city of Troy for the year 1859.

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# NOTES ON THE CAUSES OF DEATH.

There is a law of the city of Troy requiring physicians to give certificates of the causes of death, but in some instances they fail to comply with its requisitions, and then the returns are made by the undertaker, or friends, and in other cases the so called "practitioners" are not especially qualified to make out an accurate diagnosis, or an intelligible certificate.

This may account for some indefinite terms, as "unknown," "hemorrhage," "disease of the throat," &e., for which *physicians* are not *directly* responsible. During the year 1859 there were 861 deaths in the city of Troy, which is six more than in 1858, and 137 less than in 1857. The estimated population of the eity is 40,000, making for the year a mortality of 17.16 in every 1000 inhabitants or one in about 46. An average mortality of one in 50 is assumed by statisticians as a fixed and natural standard, and such would doubtless be the standard in Troy if proper sanitary measures were adopted and carried out, still it is not a high rate for cities of this size. The mortality of the eity of New York according to the census returns of 1850, was 1 in 43, for 1859 1 in 26; of Albany 1 in 39.9.

The average mortality of the eity of Providence is 1 in 51. The following table shows the total number of deaths in the eity of Troy for the five years indicated.

1855.	1856.	1857.	1858.	1859.	Total.	Average.
886	770	998	855	861	4,369	873≛

It is thus evident that 1859 was slightly above the average standard of health.

There were no prevailing epidemics, not a single death from cholera is recorded, and but twenty-eight deaths from diarrhœa, twenty-three from cholera infantum, one from cholera morbus, twenty-five from dysentery, the chief source of mortality in cities, especially during the summer months. The number of deaths from scarlatina was forty-nine, which is rather less than the average. There was but a single fatal case of small-pox, and from diligent inquiry, I am of the opinion that the disease prevailed much less than in other years, notwithstanding so much was said of its prevalence in the city in the last quarter of the year. The epidemie sore throat, diphtheria, which prevailed to such an alarming extent in the city of Albany in the years 1858 and '59 has spared our city. But two cases of "disease of throat" are recorded, while disease of the throat in a very mild form has been very prevalent for a number of months.

The number of deaths from consumption for five years are shown in the following table :

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The past year has thus been favorable for those afflicted with this seourge of our race.

Accidents, there were nineteen deaths in Troy in 1857 from accidental causes, or about 2.72 per cent of all the deaths from known causes; of this number sixteen were males, three females. Apoplexy.—There were eleven deaths in 1859 from this eause, of whom there were seven males and four females.

Cancer.—Five deaths in 1859, one male and four females; the local appearance of the disease in 1859 was as follows: Stomach 1, womb 1, neek 1, breast 2.

Croup—deaths from this disease in 1859 were 29, of which there were 18 males and 11 females. During the two years 1858 and '59 there were 63 deaths, 37 males and 26 females.

*Fevers*—including intermittent, typhoid and typhus, eaused 30 deaths in 1859, or two less than in 1858; of these 17 were males and 13 females.

Heart, Diseases of.—There were nineteen deaths from this eause in 1859 which is six more than in 1858; of this number there were 10 males and 9 females.

Whooping cough—was not as prevalent in 1859 as in the preceding year; there were but 7 deaths from this disease, 3 males and 4 females.

*Measles*—but few deaths occurred from this disease during the last two years, there having been but 3 in 1859 (2 males, 1 female), and 2 in 1858, (males).

Old age-8 deaths from this eause in 1859, 2 males and 6 females, in 1858 there were 28 deaths, of whom 11 were males and 17 females.

Scarlatina.—There were 49 deaths from this disease in 1859, of whom 28 were males and 21 females, 8 more than in the preceding year; 48 of the deaths in 1859, were children under 10 years of age.

Suicide.-One male destroyed himself in the year 1859 by hanging.

Still born.—During the year 1859, there were 67 still born ehildren in Troy, 2 more than in 1858; of this number there were 38 males and 29 females.

Unknown cause.—This head includes 6 deaths in 1859, 2 males and 4 females; 3 were under the age of one year.

