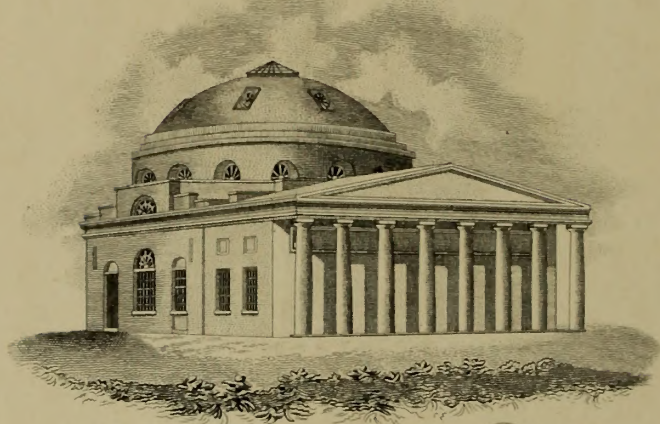


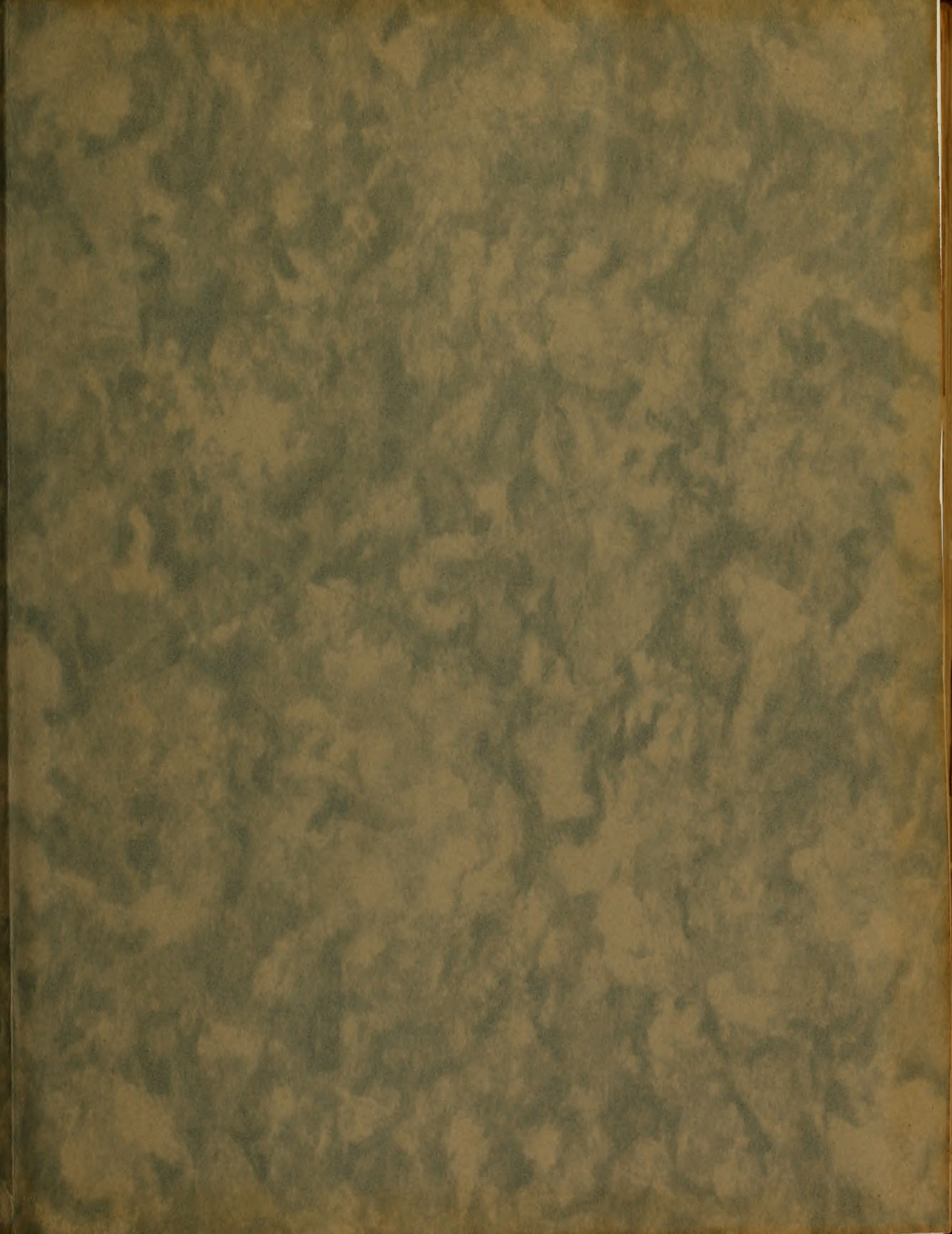
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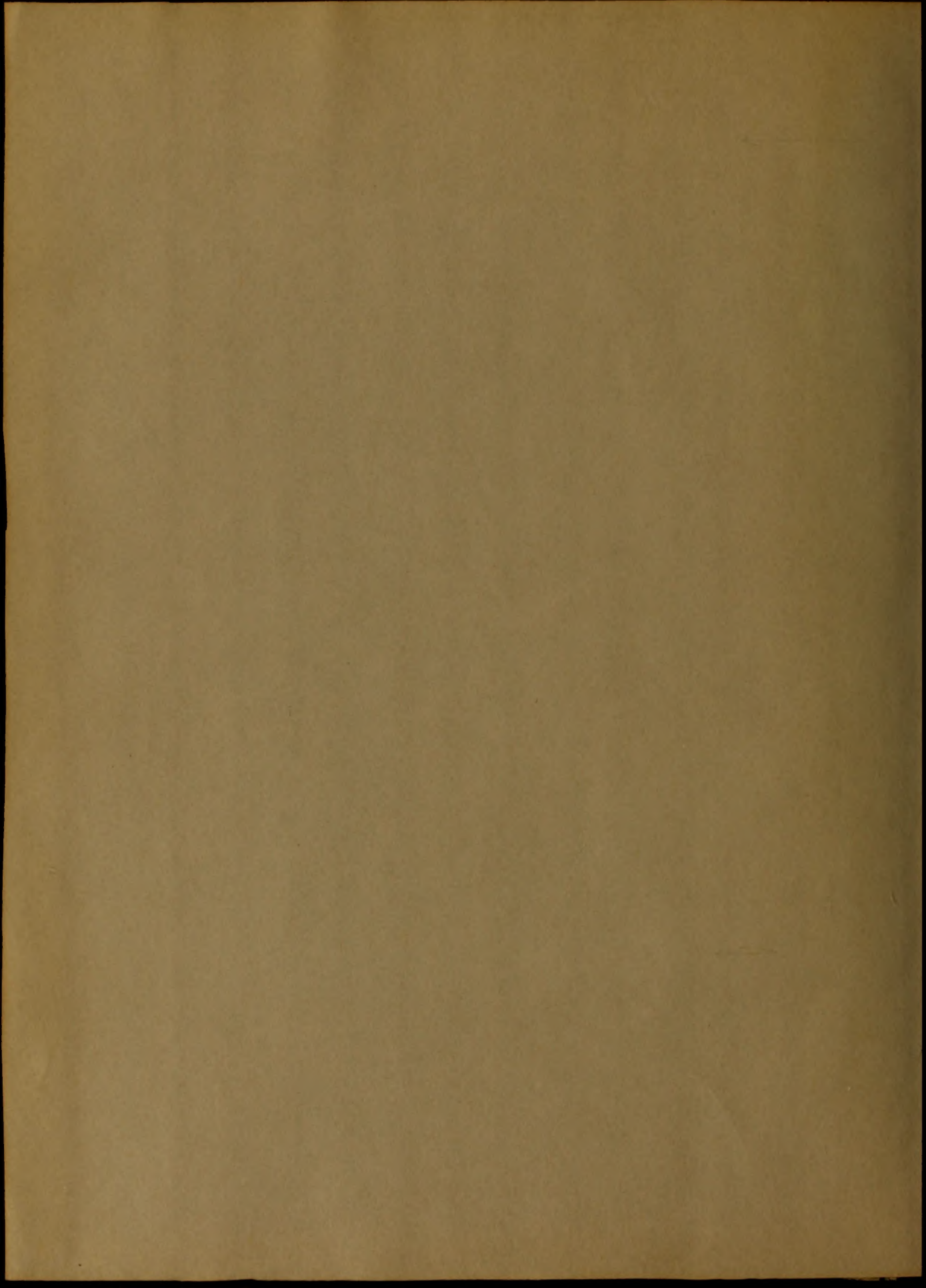
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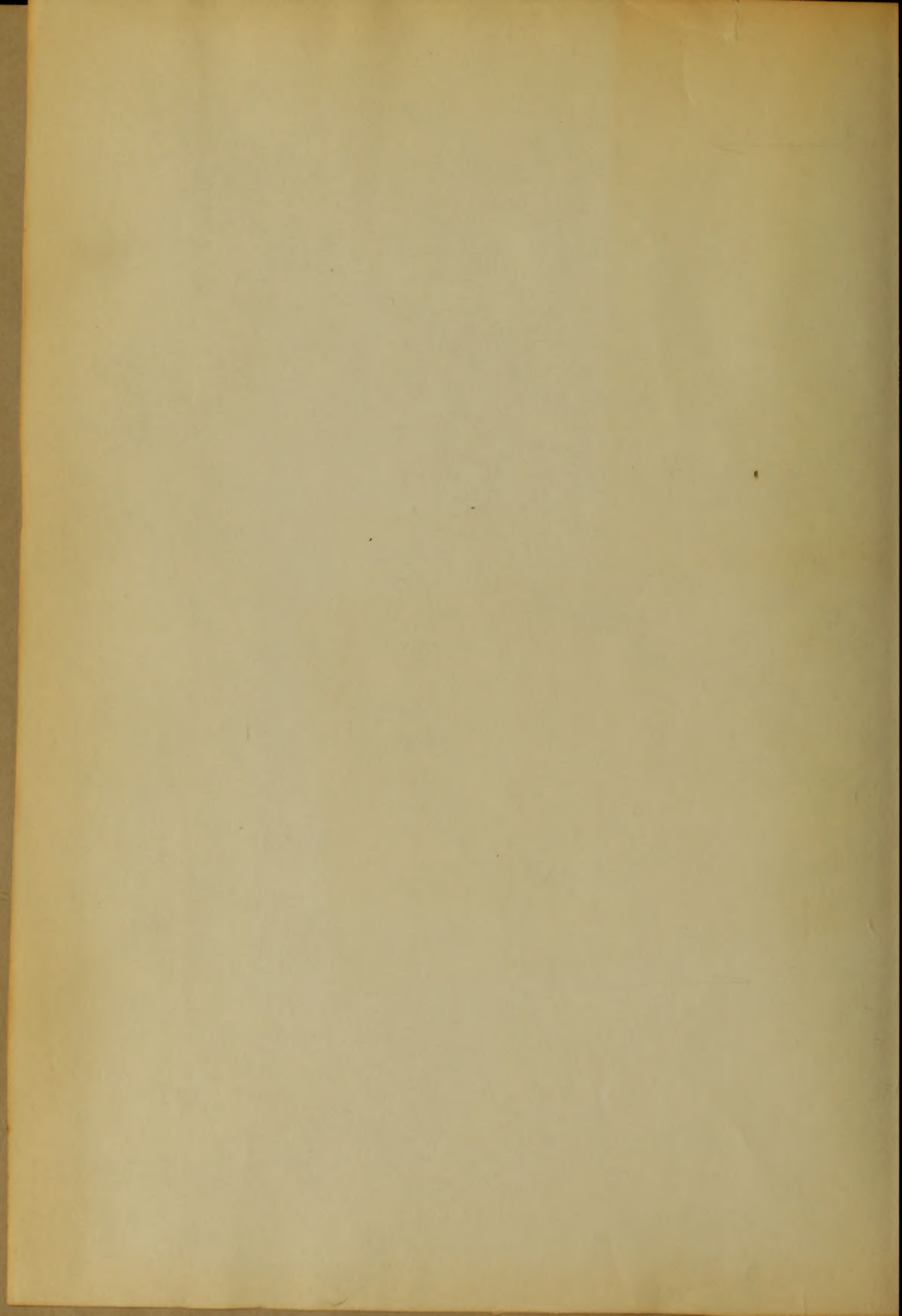
University of Maryland Theses

Early Indexes of Manuscripts and Theses of Physical Degenerations with
Associated Tabular Contents

These manuscripts described as either as *Manuscripts of Physical Degenerations* or as *Manuscripts of Physical Degenerations* were presented to the University of Maryland for the Degree of Doctor of Medicine and/or Doctor of Philosophy during the years 1813-1887. The individual manuscripts were bound together during the 1940's. The original library of contents for the books contains multiple copies of subject names, titles, and/or years. To address these errors, an updated "Corrected Table of Contents" has been inserted at the beginning of each volume.

The project team who researched and corrected the original contents were: Richard F. Giddens, Historical Librarian, Progression Officer, Maria Mignolo-Palmer, Academic Management Librarian, Angela Chiffelle and Carol Barbara Harris, Research Services, Anne Thoms, Archivist, Scholar and Megan Wolf, Services Division.

These descriptions were digitized in 2011-2012, and are available in the Old Digital Archive (archive.umd.edu/old) 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

These manuscripts described as either an Inaugural Dissertation or an Inaugural Essay were presented to the University of Maryland for the Degree of Doctor of Medicine and/or Doctor of Physic during the years 1813-1887. The individual dissertations were bound together during the 1940's. The original tables of contents for the bound volumes contained multiple errors in authors' names, titles, and/or years. To address these errors, an additional "Corrected Table of Contents" has been inserted at the beginning of each volume.

The project team who investigated and corrected the tables of contents were Richard J. Behles, Historical Librarian/Preservation Officer; María Milagros Pinkas, Metadata Management Librarian; Angela Cochrane and Carol Harling-Henry, Resources Division; Sarah Hovde, Abra Schnur and Megan Wolff, Services Division.

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

Crawford, Wm. Fisher	Proseman
Franklin, Josiah P. C.	Typical Essay
Dorsey, Edward J.	Typical Essay
Ebert, Edwin	Classic Essay
Kelley, Wm. H.	Proseman
Boon, Wm. Henry	The Poet
Power, Melvyn	Academic
Fitzhugh, Wm. Hugh	Academic Essay
Maginn, Deville M.	Academic Essay

University of Maryland System

Faculty Senate on Academic and Student Affairs Committee with
Consistent Interest in Education

The committee was organized in 1967 as a result of the merger of the Faculty Senate and the Board of Regents. The committee has since that time been responsible for the coordination of academic and student affairs. The committee has been instrumental in the development of the University's academic and student programs. The committee has also been responsible for the development of the University's policies and procedures. The committee has been successful in its efforts to improve the quality of education at the University of Maryland System.

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(CORRECTED TABLE OF CONTENTS)

UNIVERSITY OF MARYLAND

THESES

1850 (a)

Author	Title
McMaster, John T.B.	Oleum Iecoris Aselli
Anthony, Joseph J.	Pneumonia
Baldwin, Mahlon K.	Dysentery
Rider, Noah S.	Influence of Climate Disease
Hays, George Thomas	A Report of Four Cases
Robbins, D. H.	Asiatic or Epidemic Cholera
Digges, Robert	Pneumonia
Harris, Adam Clarke	Fractures
Belt, Upton Heath	Rubeola
Berry, Wm. H.	The Malignant Typhus Epidemic of 1849
Spindle, Philip S.	Measles
Clendinen, Wm. Haslett	Peritonitis
Fendall, Joshua F.C.	Typhoid Fever
Dorsey, Edward J.	Typhoid Fever
Ebert, Edwin	Enteric Fever
Keffer, Wm. H.	Pneumonia
Boon, Wm. Henry	The Pulse
Brewer, Marbury	Aneurism
Fitzhugh, Wm. Hughes	Scarlet Fever
Blanton, Orville M.	Report of Cases

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UNIVERSITY OF MARYLAND

THESES

1850

McMaster, John T. B.	Oleum ^{Securis Asellæ} Isœnis Ascitii	Md.	16p.
Anthony, Joseph J.	Pneumonia	N.C.	16p.
Baldwin, Mahlon K.	Dysentery	Va.	23p.
Rider, Noah ^{S.} T.	Influence of Climatic Disease	Md.	20p.
Hays, George Thomas	A Report of Four Cases	Va.	22p.
Robbins, D. H.	Asiatic or Epidemic Cholera	Md.	28p.
Digges, Robert	Pneumonia	Md.	27p.
Harris, Adam Clarke	Fractures	N.C.	35p.
Belt, Upton Heath	Rubeola	Md.	13p.
Berry, Wm. H.	The Malignant Typhus Epidemic of 1849	D.C.	32p.
Spindle, Philip ^{S.} N.	Measles	Va.	21p.
Clendenin, Wm. Hasslett	Peritonitis	Md.	29p.
Fendall, Joshua F. C.	Typhoid Fever	Md.	25p.
^{Dolsey} Dusey , Edward ^{J.} V.	Typhoid Fever	Md.	21p.
Ebert, Edwin	Enteric Fever	Pa.	44p.
Keffer, Wm. H.	Pneumonia	Va.	23p.
Boon, Wm. Henry	^{Pulse} The Puke	Pa.	19p.
^{Brewer} Brown , Marbury	Aneurism	Md.	20p.
Fitzhugh, Wm. Hughes	Scarlet Fever	Md.	20p.
Blanton, Orville M.	Report of Cases	Miss.	20p.

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Theses
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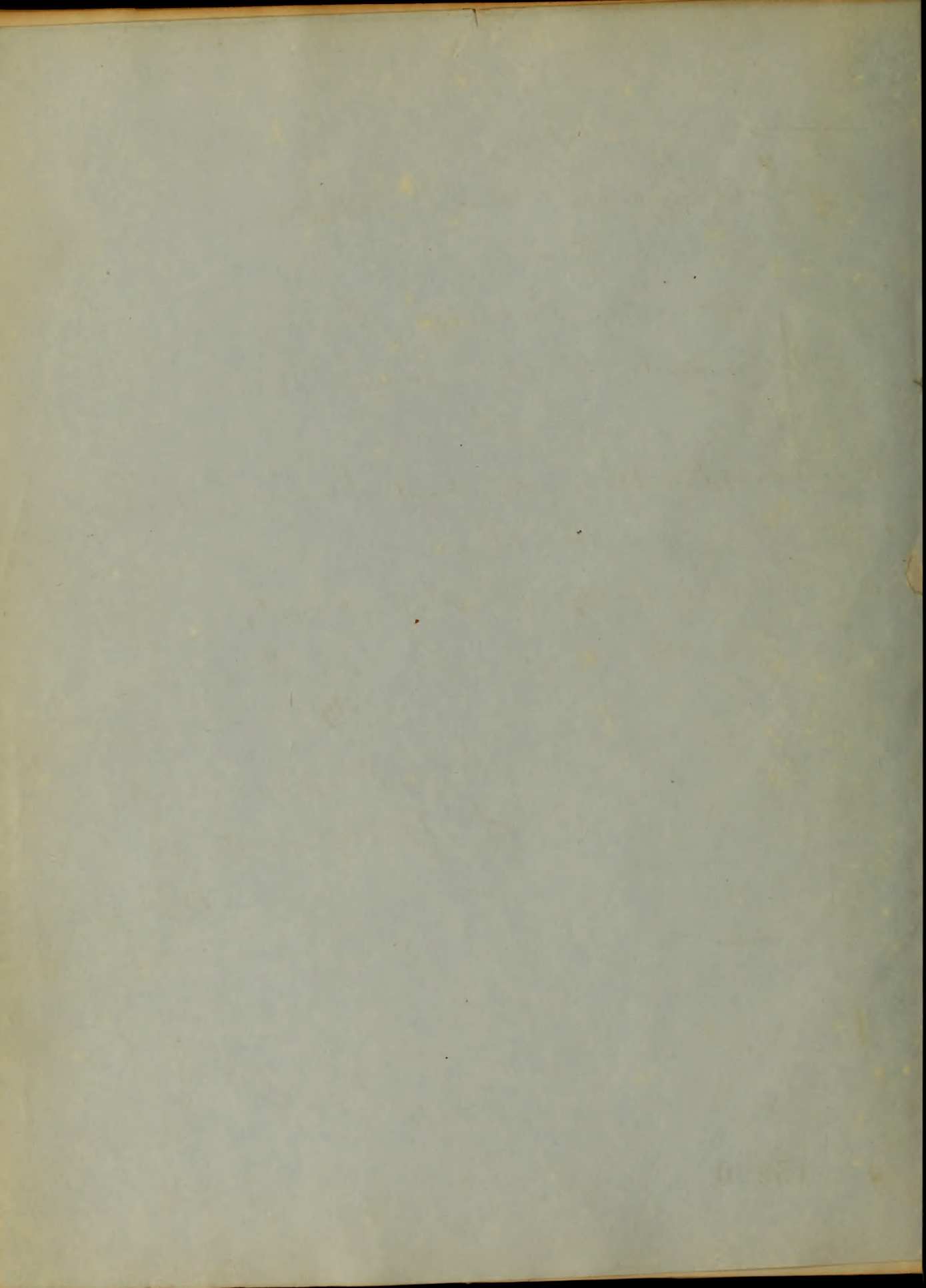
An
Inaugural dissertation
On
Oleum Scoris Asulis,
Submitted to the Examination
of the
Provost, Regents, and Faculty of Physicians,
of the
University of Maryland,
for the degree of, M.D.

by
John T. B. McMaster,
of Maryland.

1850.

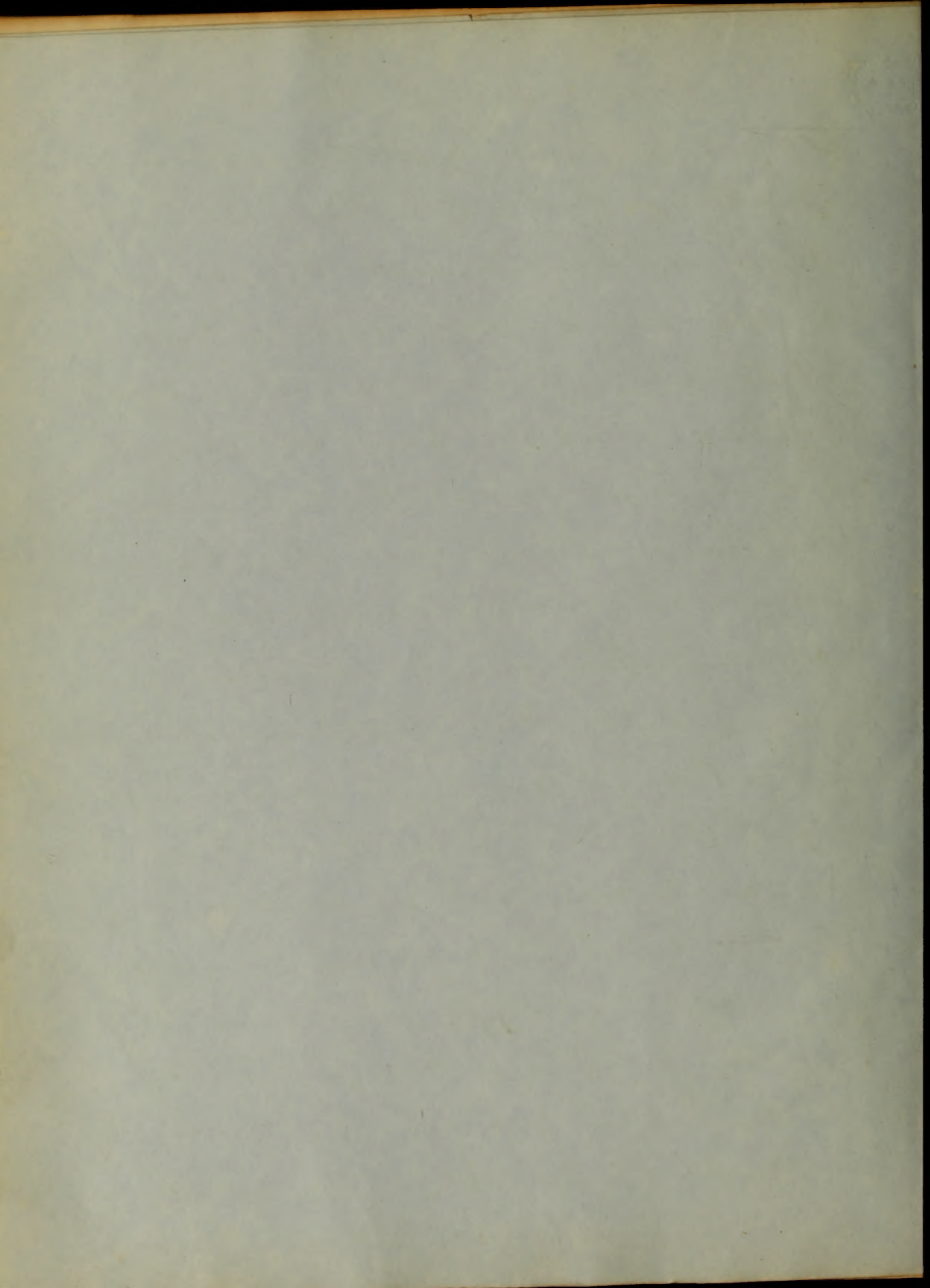
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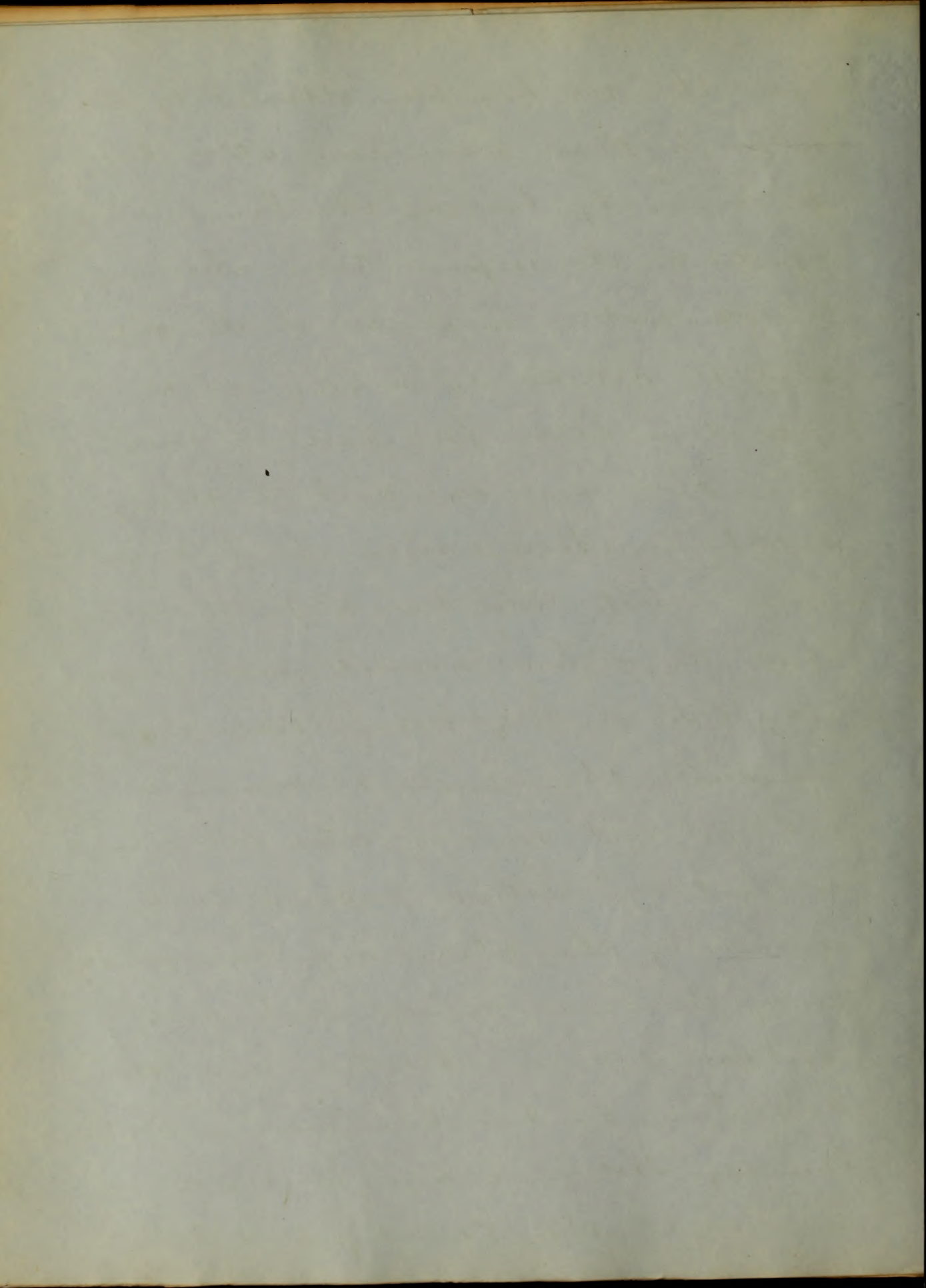


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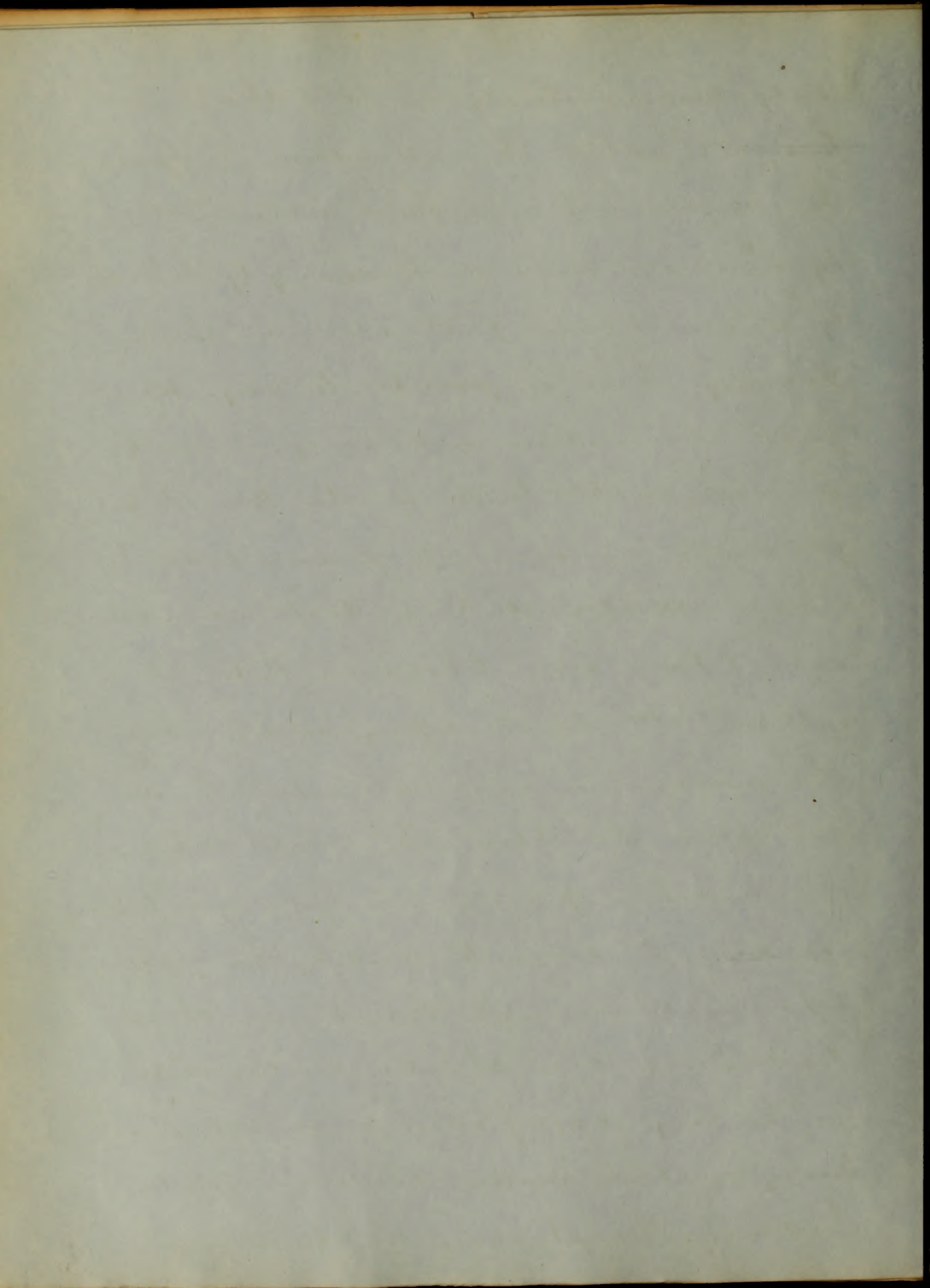
This is a fixed oil obtained from the Livers, of the Cod Fish, the Sables Morrhua, of Naturalist, Several varieties of this oil are met with in Commerce which differ from each other, by their lighter, or darker, hue, the clearest sort is more palatable, but several Physicians affirm that they have found the darker variety more efficacious. According to Rieseke the Livers, of the Fishes above mentioned are cut in slices and exposed to the rays of the Sun, and the oil collected as it runs out in suitable Vessels; that which is first obtained resembles fine olive, or Poppy oil and is called the Yellow Cod Liver oil, if the Livers are running gradually down into putrefaction the oil becomes of a brown Chestnut color, and again



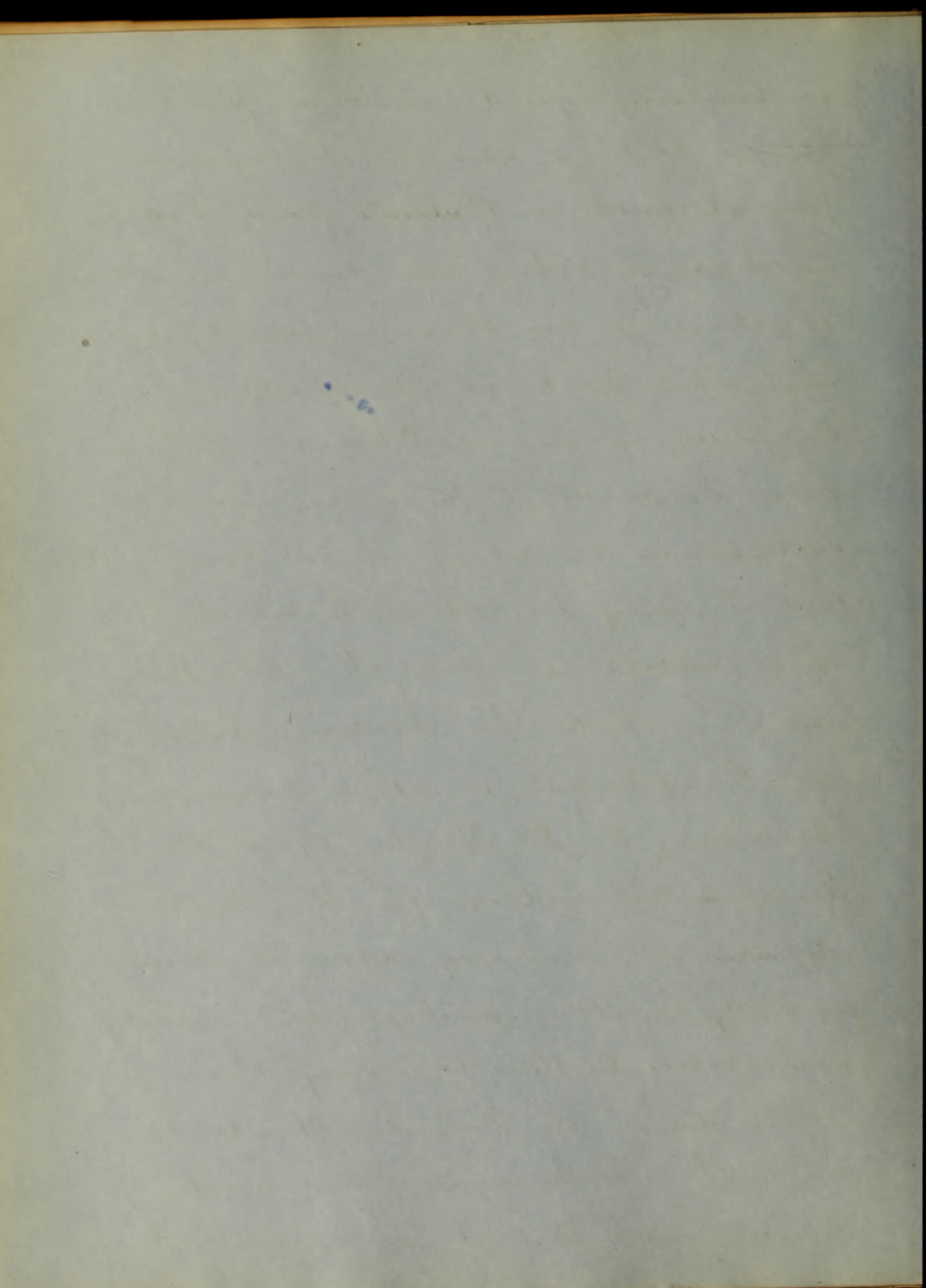
after the oil has been obtained by the
 above method some can still be
 procured by boiling the Livers, which
 constitutes the impure oil. According
 to Mr Mackin impurities of the oil
 may be detected, by mixing on a
 porcelain Slab, four parts of cod
 Liver oil, and one part of strong
 Sulphuric Acid, when if it be genu-
 =ine a rich Violet hue is produced
 which in a few moments passes gradu-
 =ally into a dirty brown color this
 remarkable characteristic he observes, "is
 not met with in any other oil animal
 or Vegetable." Litmus paper is fully
 redened by the clear, and considerably
 so, by the brown variety, both sorts
 are soluble in Alcohol and Ether.
 Cod Liver oil has been used in Northern
 Germany, Holland, and England as
 well as in this Country; but it is



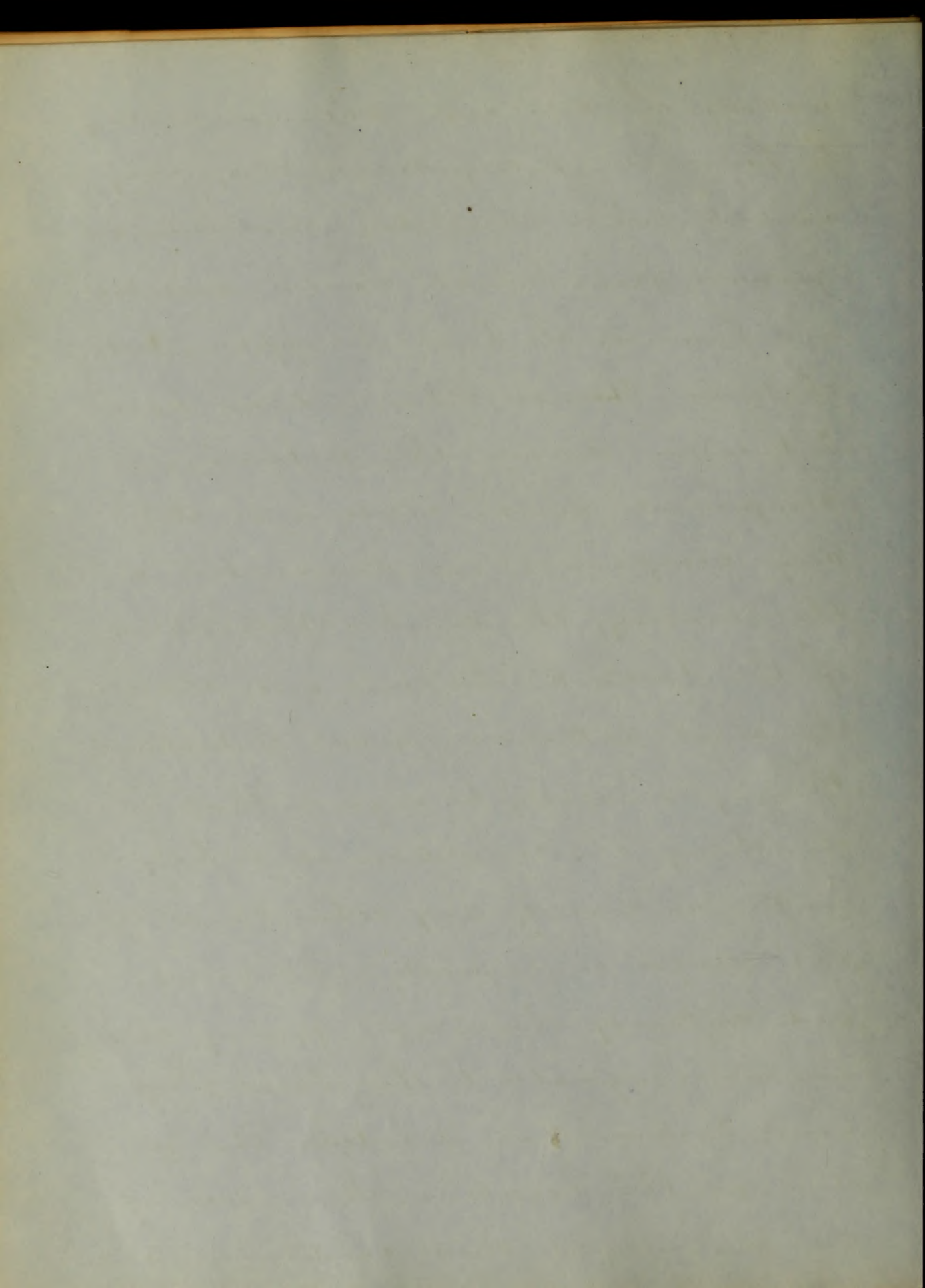
only comparatively of late, that it
 has attracted the attention of Physicians.
 In England it was first recommended
 by Percival and in Germany by Schenk,
 by whom it was first used in this
 Country, it is impossible to say. When
 first administered internally it excites
 a disagreeable taste in the Mouth and
 produces nausea, yet persons soon be-
 come accustomed to its taste and smell,
 and I have seen Children take it
 without the least repugnance; when
 the nausea is once overcome it does
 not oppress the Stomach, except when
 the digestive powers are greatly impaired,
 nor does it seem to destroy the appetite.
 Chemical research teaches us that
 Cod Liver oil should be considered
 as a very compound substance,
 being neutral matter, Billious matter,
 Iodine, Phosphorous, each known



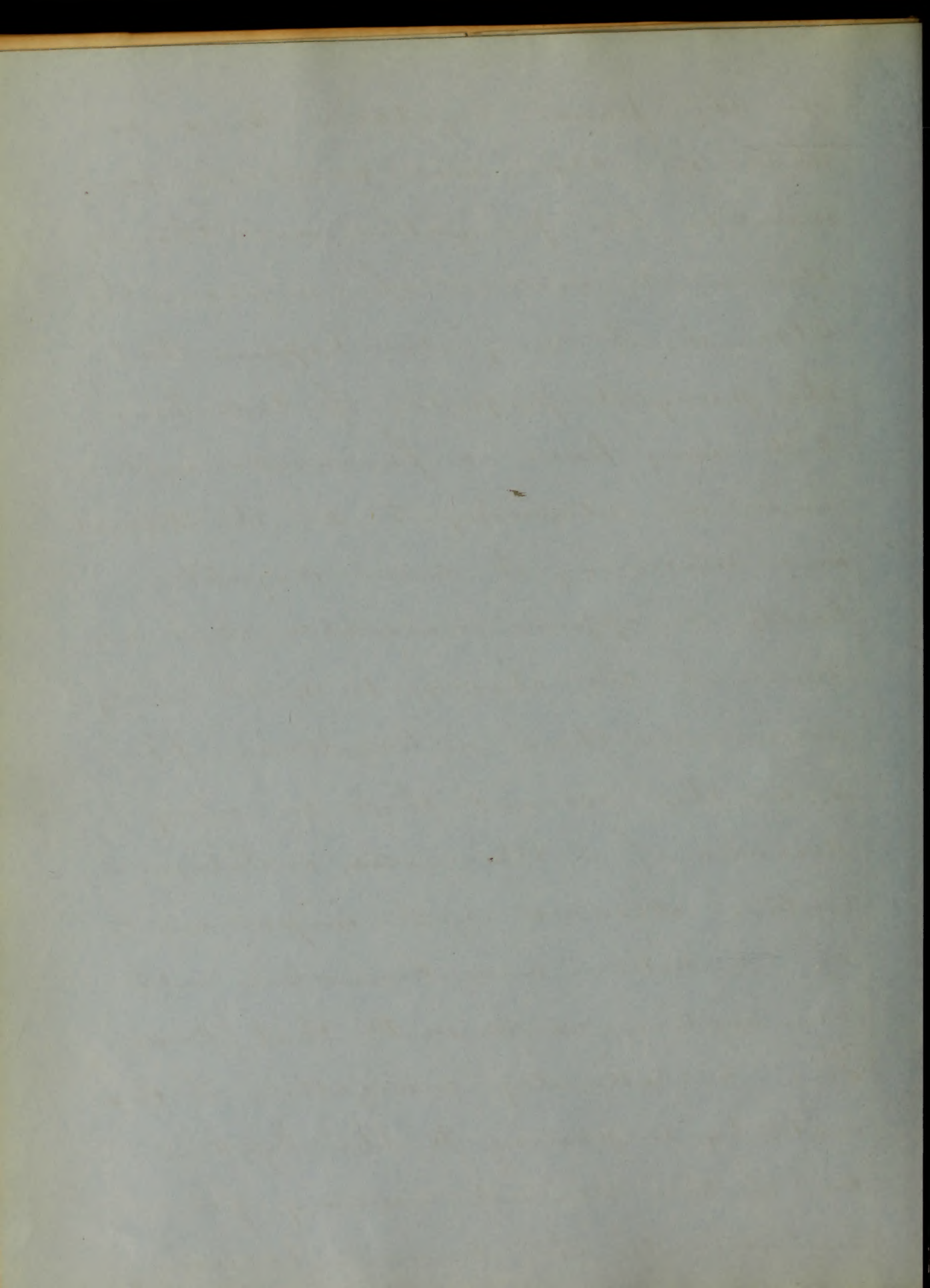
as possessing great remedial powers,
 also a certain number of organic
 elements—such as Butyric Acid, Glycerine,
 and some others the medicinal action
 of which is less known; finally various
 inorganic salts—as Phosphate, and
 Sulphate, of Lime. Chloride of Lime,
 and Sulphate of Magnesia, are the
 substances of which it is composed.
 But it may be asked to which of
 these substances does the oil owe its
 virtues, is it to the Iodine, Fatty mat-
 -ter, Phosphorus, or other principles?
 According to Dr. Hughes Bennett, the
 Therapeutic action of the oil is
 dependent essentially upon its being
 a Fatty matter, perhaps more easily
 assimilated to the economy than any
 other kind of Fat, he thinks the
 views of Ascherson, fundamentally
 correct, with this difference, that



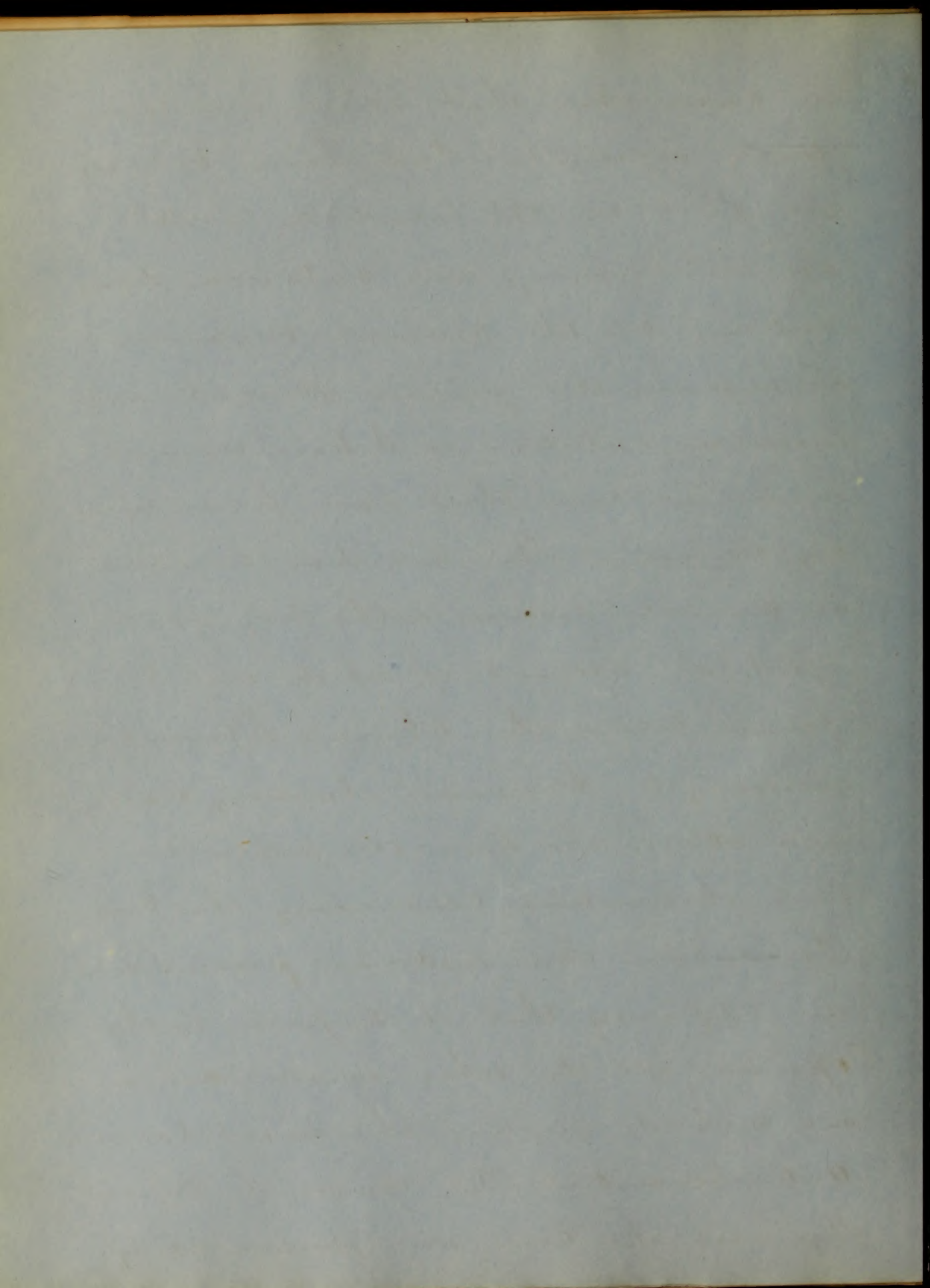
instead of oil and Albumen uniting
 to form elementary cells, they only
 unite to form elementary molecules and
 granules, from which nuclei and cells
 are formed. To him it appears certain
 that in Chronic Rheumatism, and
 Tubercular diseases, the albuminous
 compounds are in excess, and the
 oily compounds are diminished in
 the economy; the direct application
 of the latter, to the former, is therefore
 the most rational mode of treatment.
 It may reasonably be argued that if
 the theory of its action as a fatty
 matter, be correct, any other kind of
 Oil would be equally efficacious,
 and certainly there are many which
 are more agreeable to the Puella; Expe-
 rience however has decided this ques-
 -tion in the negative. The reason of
 this probably is, that continued dose



of the purest Vegetable Oils as that of Olive, and Almond, are more or less purgative, and thereby diminish, instead of improve, the Strength; it may also happen that the purgent properties of Cod Liver Oil may have a favourable influence in retaining it on the Stomach and rendering it more digestible, lastly it appears reasonable that an Animal Oil should be more easily assimilated than a Vegetable. It is on this account that in every disease of a Rheumatic, or Tubercular nature, attended with impairment of nutrition and connected with Emaciation weakness &c, that Cod Liver Oil is directly indicated; it operates by imparting to the System one of the Elements necessary for the nutrition of the Animal Economy

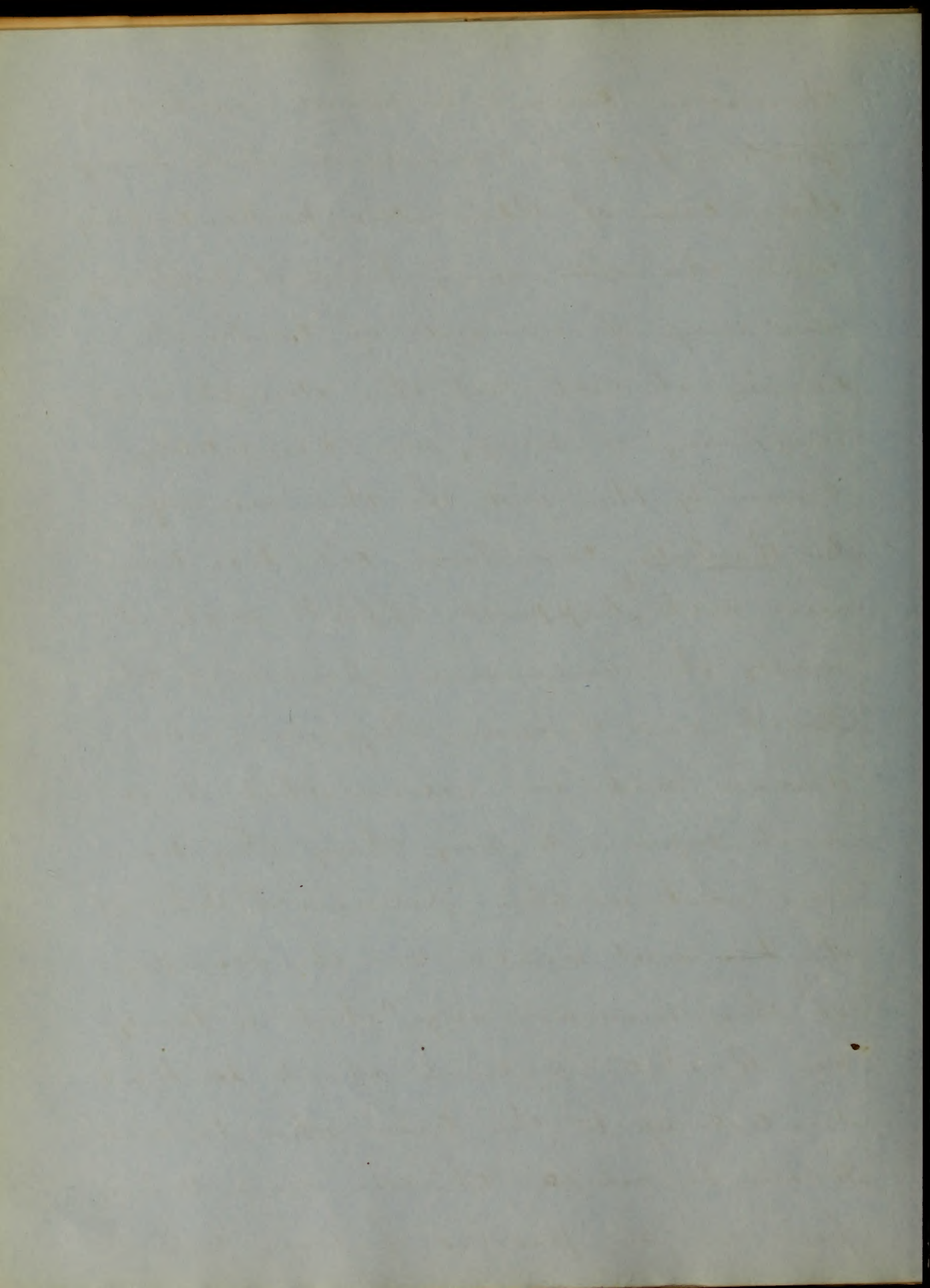


in cases when that element is essentially deficient. Cod Liver oil has no effect on the secretions except on the Urinary, and Cutaneous, excretions, on the Animal Organism it improves the general Health and increases nutrition as I have observed in several cases that have fallen under my observation, This oil has been used in several diseases with very good effect, an account of which will be found below. In Chronic Rheumatism, according to Alexander, Amelung, Basse, and others, who have all published their observations concerning the Cod Liver oil; this medicine possesses such an efficacy that it surpasses in their opinion all the other remedies now in use, without excepting the most lauded Anti-rheumatic. This opinion of different Physicians who have all experimented by

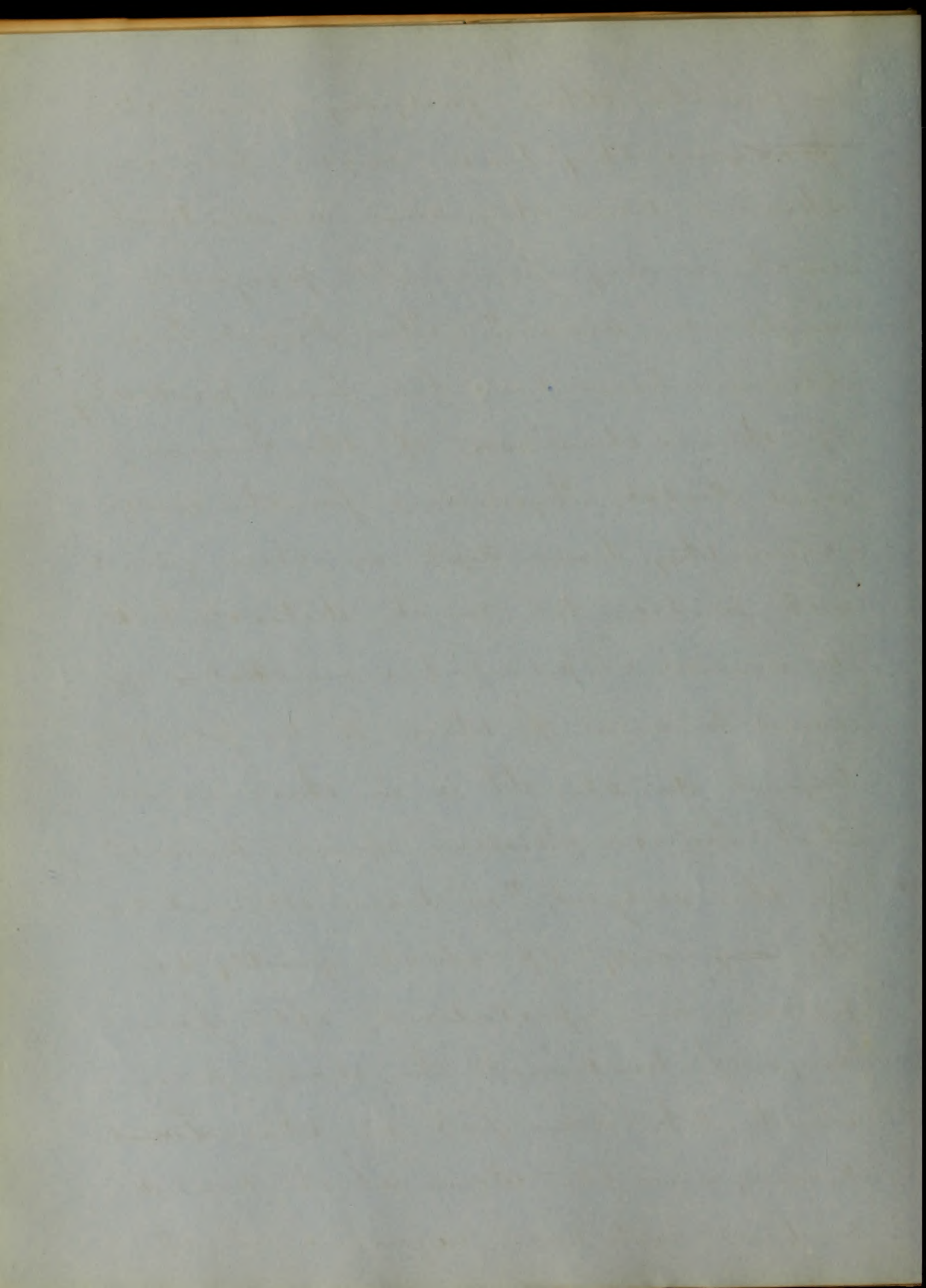


themselves, cannot be taxed with exaggeration if it is considered that amongst these, cases of Rheumatic patients—being cured who after many Years of suffering, and usage of all sorts of treatment having at last lost their strength and despairing of relief, were completely cured by the aid of this remedy.

In Rachitis Cod Liver oil has been used with ^{the} happiest effect, such is nearly the unanimous opinion of the Dutch, and German, Physicians who declare with one accord that it is much superior to any thing they have ever used in this disease. Dr Schmidt who has most insisted on the advantages of this medicine says, "that in twenty-one Rachitic patients—whom he had treated up to the time when he made known his results, thirteen were cured, four were in process of being cured,

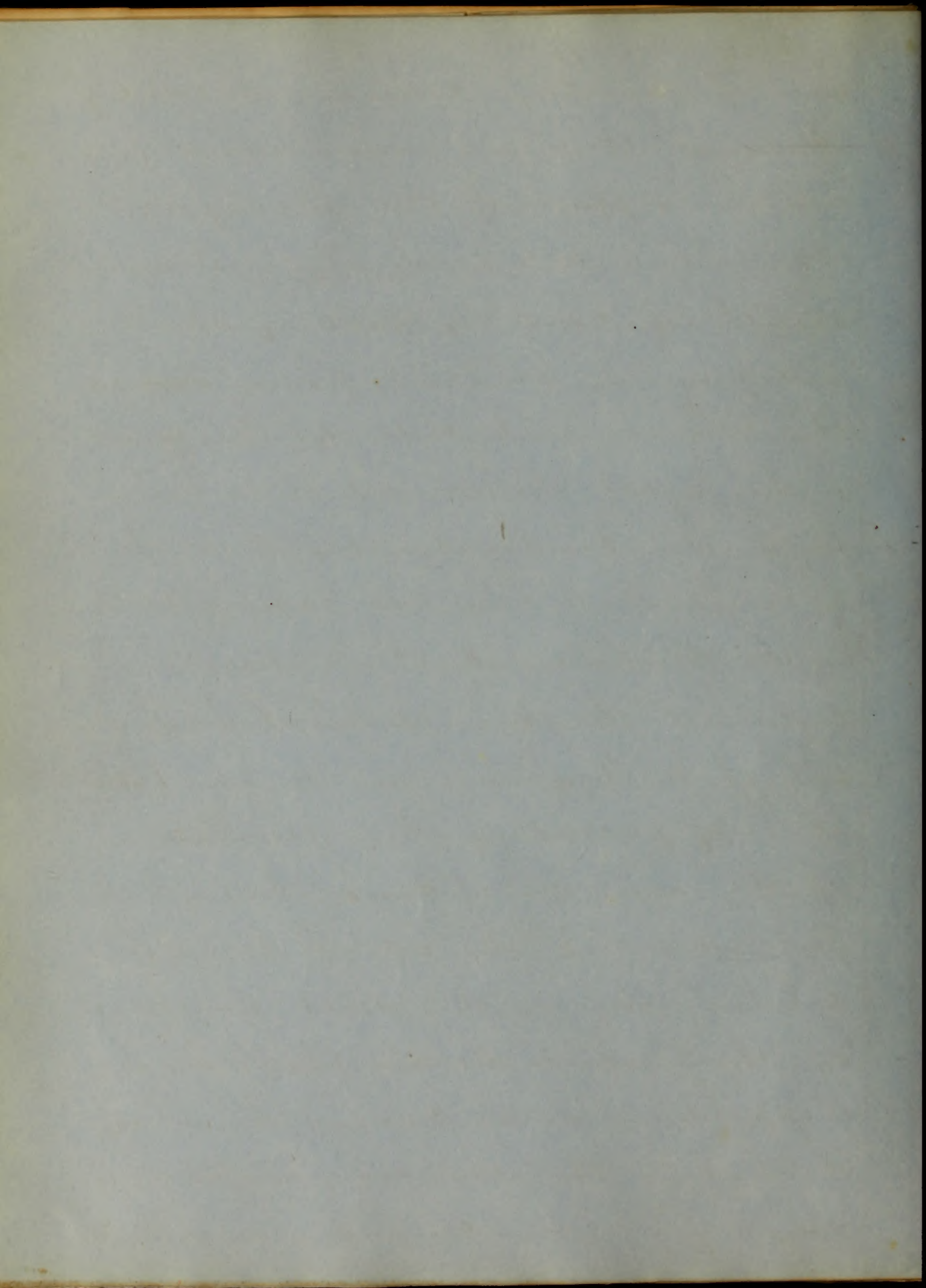


as for the others judging from the
 progress they had made for so
 short a time they were under treat-
 ment, a very favourable prognosis
 might be drawn." The French Prac-
 titioners have been far from partaking
 of the enthusiasm of the German,
 and Dutch, Physicians, for this medi-
 cine, they have kept on their guard
 with perhaps too much distrust, but
 its remedial power has nevertheless appa-
 reared to some of them to be placed
 beyond doubt. It is in these words
 that Professor Troseau expresses himself
 on this subject, "we have obtained cures
 the rapidity of which greatly sur-
 passed our expectations, after four
 Days of treatment the sharp pains
 which children felt in their Limbs
 ceased; and the Bones which could
 be bent with ease require at the

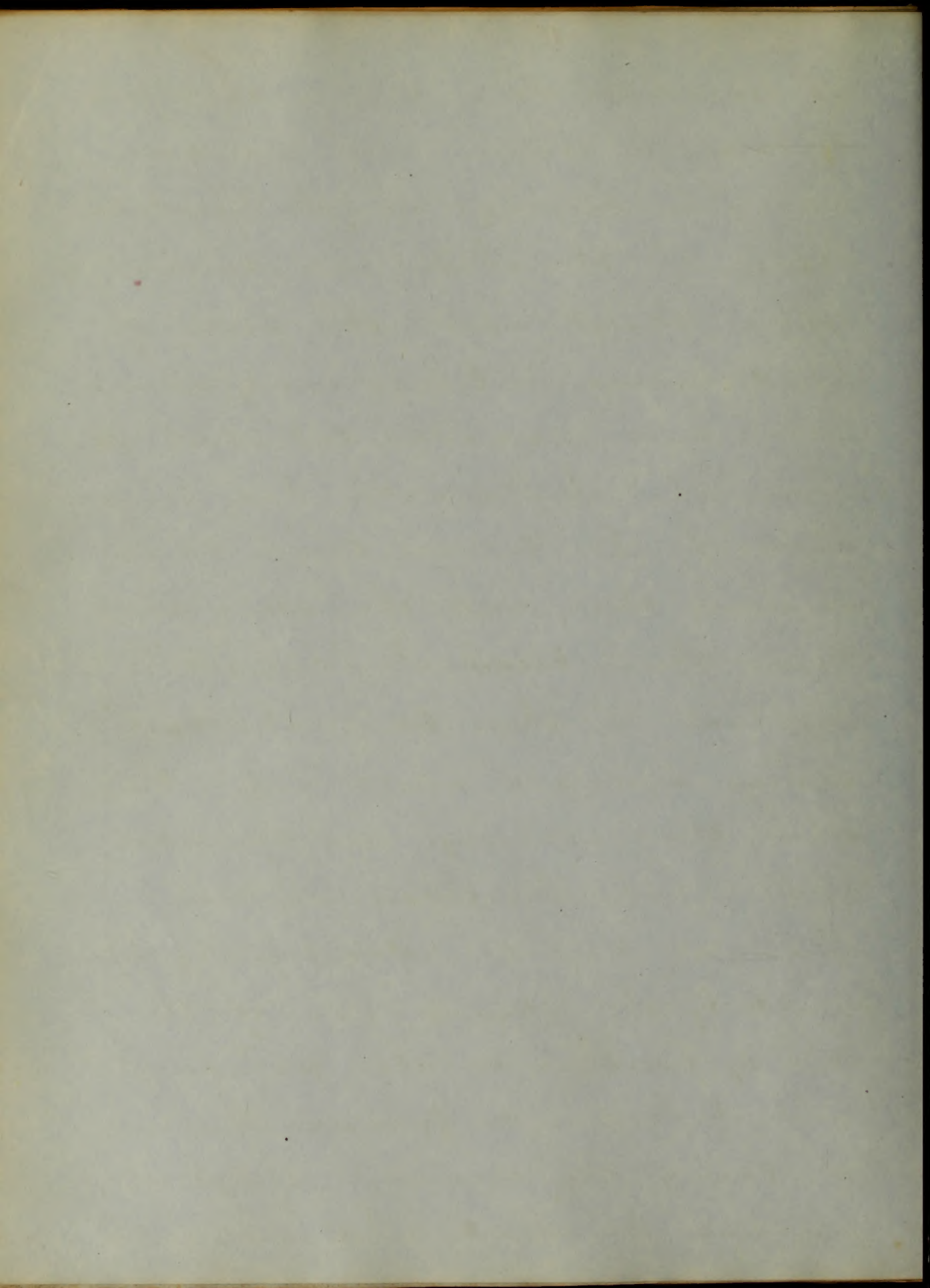


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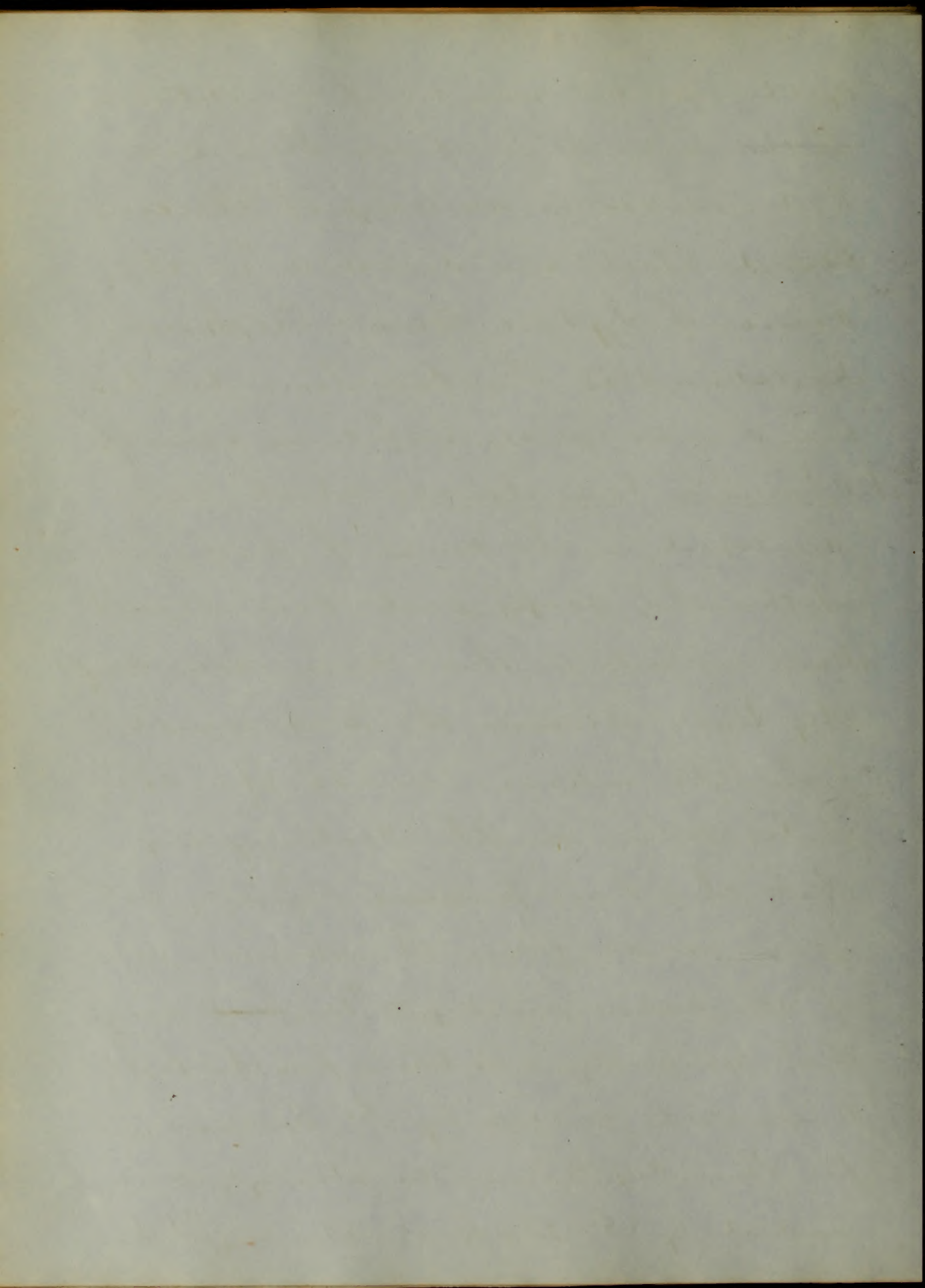
end of five Days considerable solidity." Although there are various reports published in support of the efficacy of Cod Liver Oil in Scrofula, it requires something candidly speaking, which will prove its remedial power ~~in~~ in this disease with certainty. The cause of this doubt should not be looked for in this circumstance, that the Cod Liver Oil is less applicable in the Scrofulous diathesis than in certain of the more severe ^{form} of Scrofula, but that Physicians are in the habit of only publishing their observations of the more severe cases. Amongst the facts relative to the use of Cod Liver Oil in Scrofula, the most remarkable are those which Doctors Bampfey, and Rappé have made known, the result of which is that this medicine universally is fit for all forms and kinds



of Scrofula. This oil is considered by them a certain and infallible remedy in swellings of the Lymphatic glands, of the Neck, and Axilla which appear oftenest under the form of hard unequal tumors, nearly immovable, and insensible, but which afterwards when Inflammation has laid hold of the Cellular tissue, which surrounds them, and the Skin which covers them, become Inflamed and suppurate in their turn; the Case always requires a much longer time when these swellings are connected with a firm Scrofulous diathesis, this also can be advantageously influenced by the External use of the Oil by frictions on the painful and Inflamed tumors. This mode of using the medicine is that which has been practised, and which is recommended

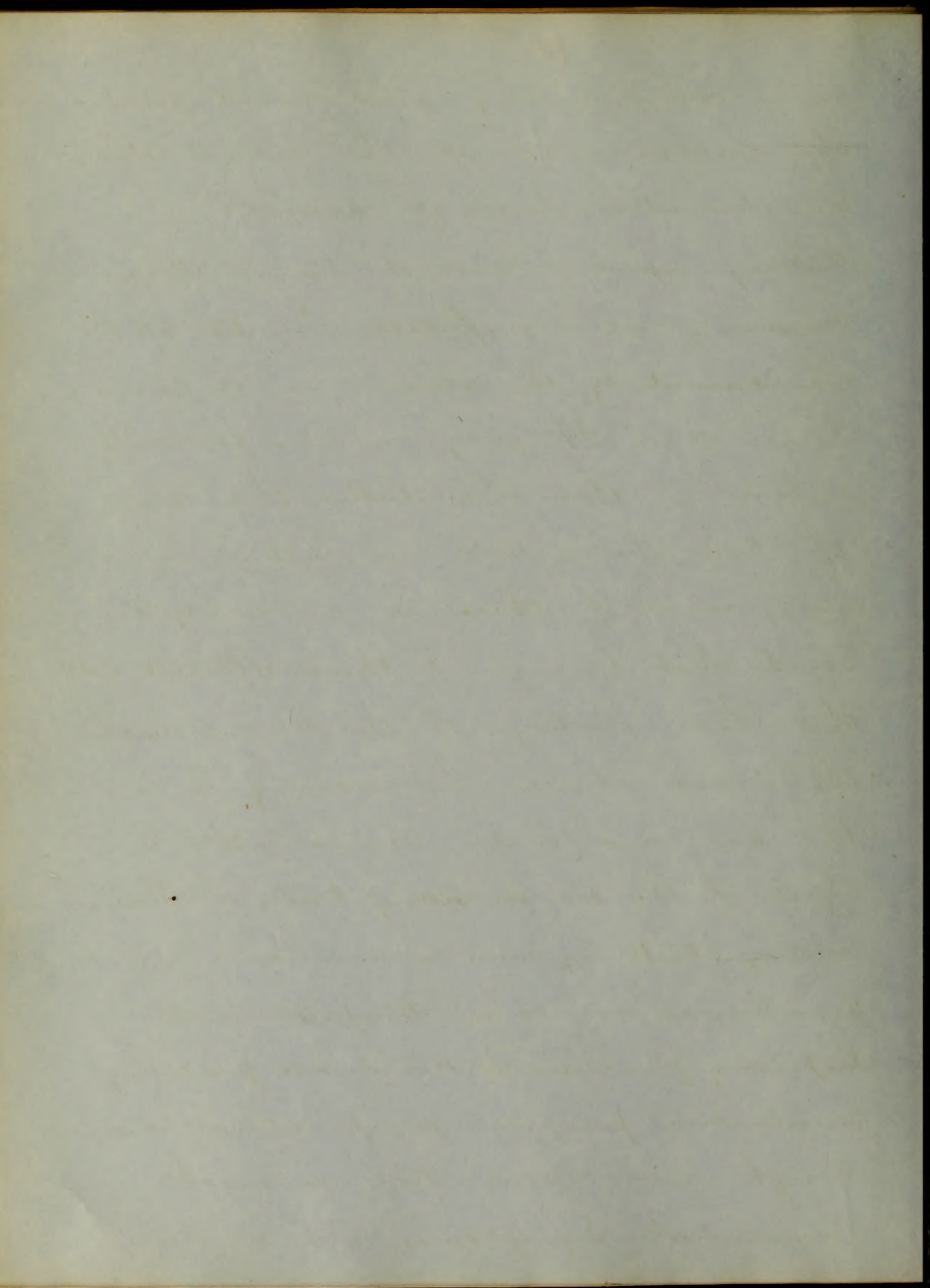


by the greater number of Practitioners in this form of Scrofula. It is said to be useless in swellings of the same kind, which are developed in the course of Syphilis, Small Pox, Measles, Scarlatina, &c. The Cow Liver oil, has been found equally useful in some of the Chromia & anthermata which are developed in the course of Scrofula, whether they occupy parts covered with Hair or not, in these cases some say they have obtained the best results from the internal use of the oil, while others on the contrary say that they have procured equally as good results from the external use of the same remedy. The ~~first~~ usage of it externally, was tried for the first time with success by Dr Saurand, for Tinea Capitis, and is strongly recommended by Dr Broussais who says "I have

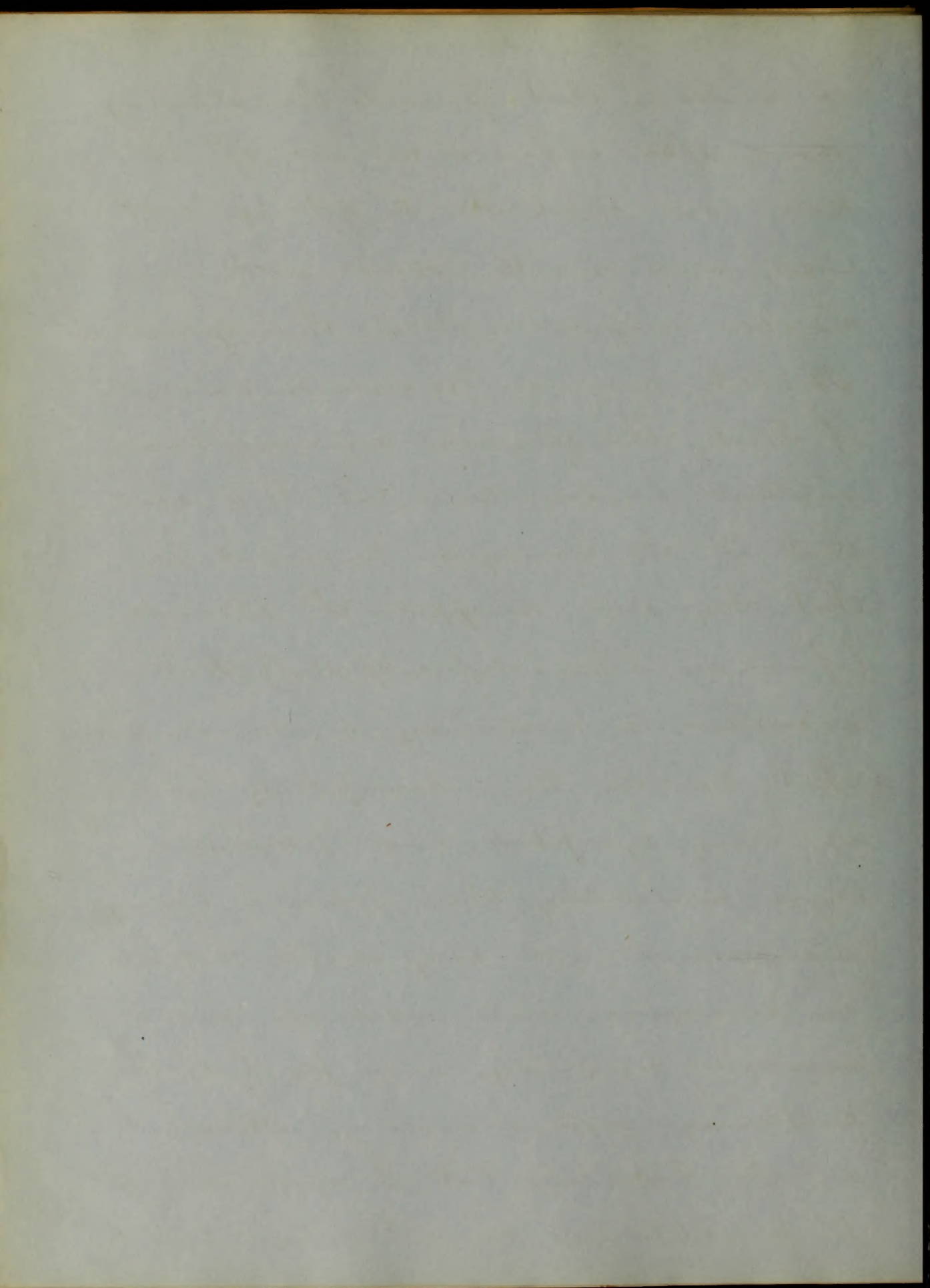


never obtained any good results from the internal use of the oil in the "Gonorrhoeal forms of Scrophulæ".

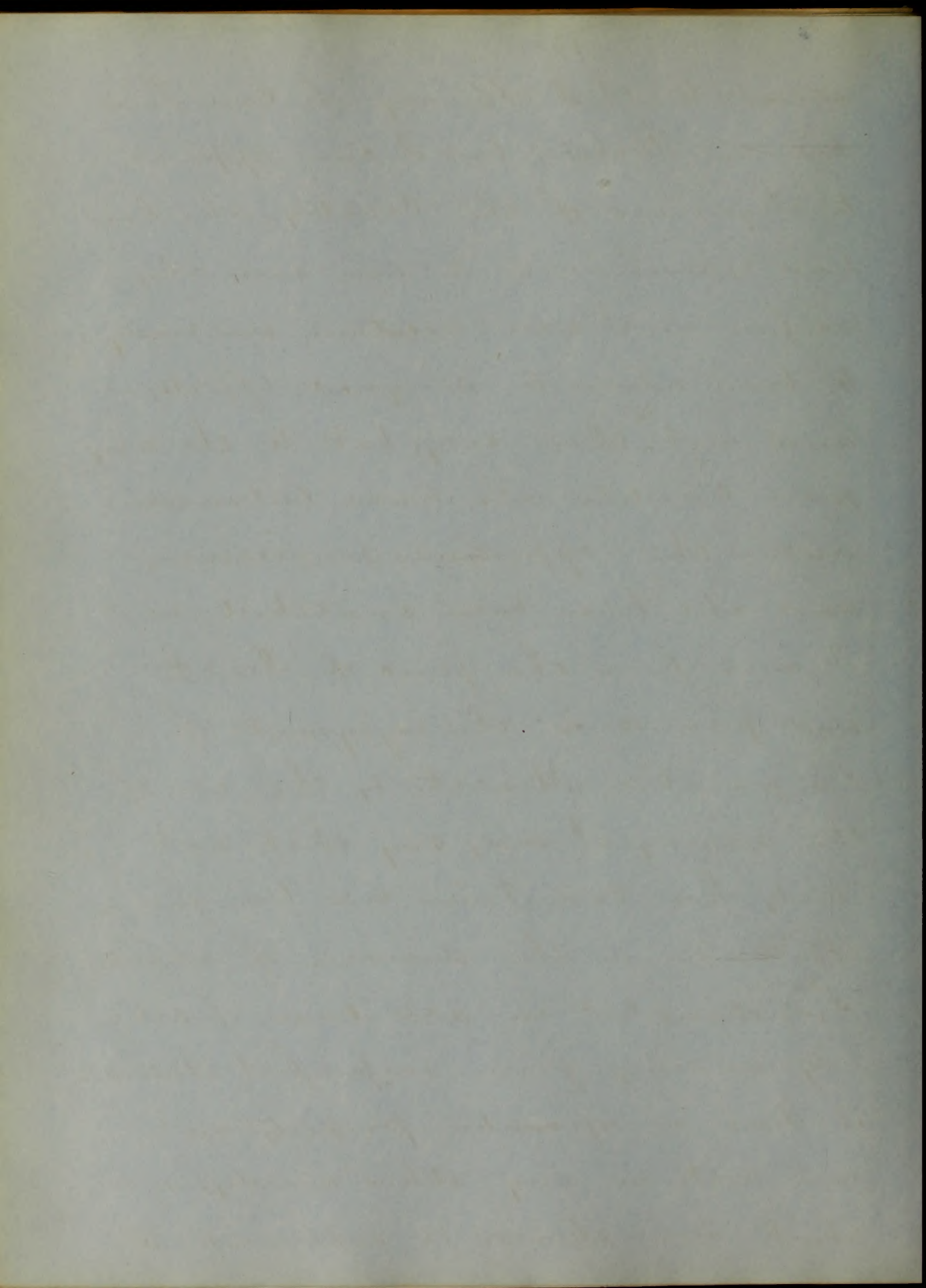
Dr. Nauf reports a case of *Lumia Herpes* causing an incurable *Trinitis*, which was cured by the external use of Cod Liver oil. It only remains for me to notice in this dissertation the use of Cod Liver oil in *Phthisis Pulmonalis*, and if there is a remedy on Earth that can give to those afflicted with this "flee destroyer of the Human Race", the least chance for recovery, it is the one now under consideration. The effect of the oil in many cases of *Phthisis* is very striking, and is well seen in private practice, as well as in Hospital and Dispensary practice. Individuals presenting emaciation, profuse perspirations, constant Cough and expectoration, as most prominent Symptoms, with a degree



of weakness that prevents their standing alone, after a few weeks use of the Air, and enabled to get up with ease, and walk about with a visible improvement in their general Health, and an increased amount of Flesh; the physical signs may remain unaltered for some time, but it is said that if the remedy be persevered in, that they also disappear. Dr Bennett (of whom I have before spoken) has succeeded in ascertaining, in several cases that Cavities have completely filled up, every symptom and physical sign indicating their presence having disappeared and only slight dulness on percussion, and increased vocal resonance remaining, as a proof of the puckering, and induration, attendant on the Cicatrix; but I need not refer to practitioners of other Countries to



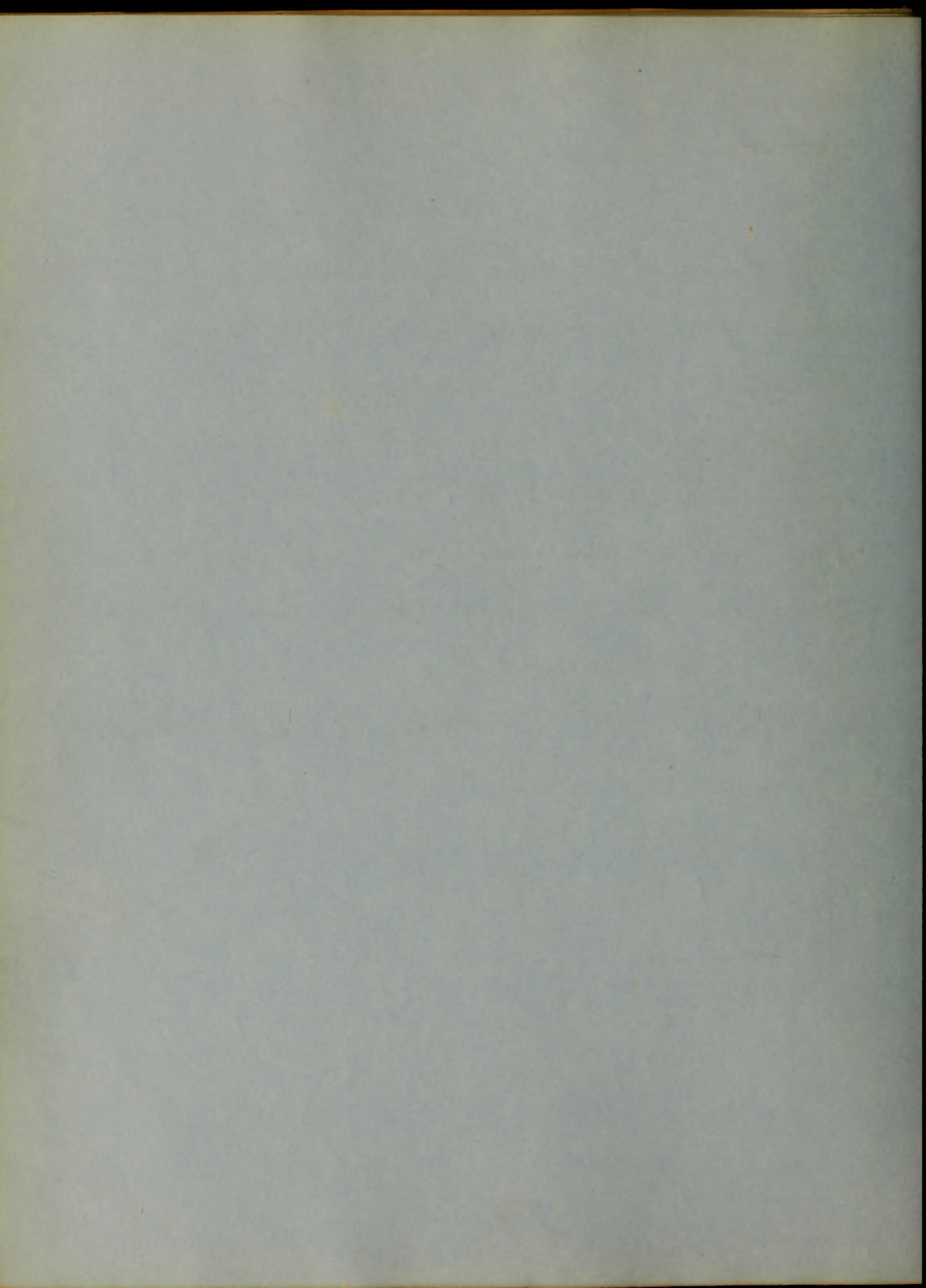
attest to the efficacy of Cod Liver
 oil in *Itchisis*, but I can appeal
 to Physicians of this Country, who have
 had experience in its use, and who,
 as far as I can ascertain, are ready
 to bear witness to its good effects;
 and not ^{to} them only, but to the many
 poor Creatures who have laboured
 under this *opprobrium medicorum*,
 and who have been snatched, as
 it were from the jaws of Death
 and placed in the enjoyment of
 comparative Health, by the use of
 this remedy. I may say that not
 only has Cod Liver oil been found
 efficacious in the diseases, of which
 I ^{have} spoken, but in all cases of debili-
 -ty arising from imperfect Nutrition,
 it has a reparative property not
 met with in any other remedy, and
 which alone should be sufficient to

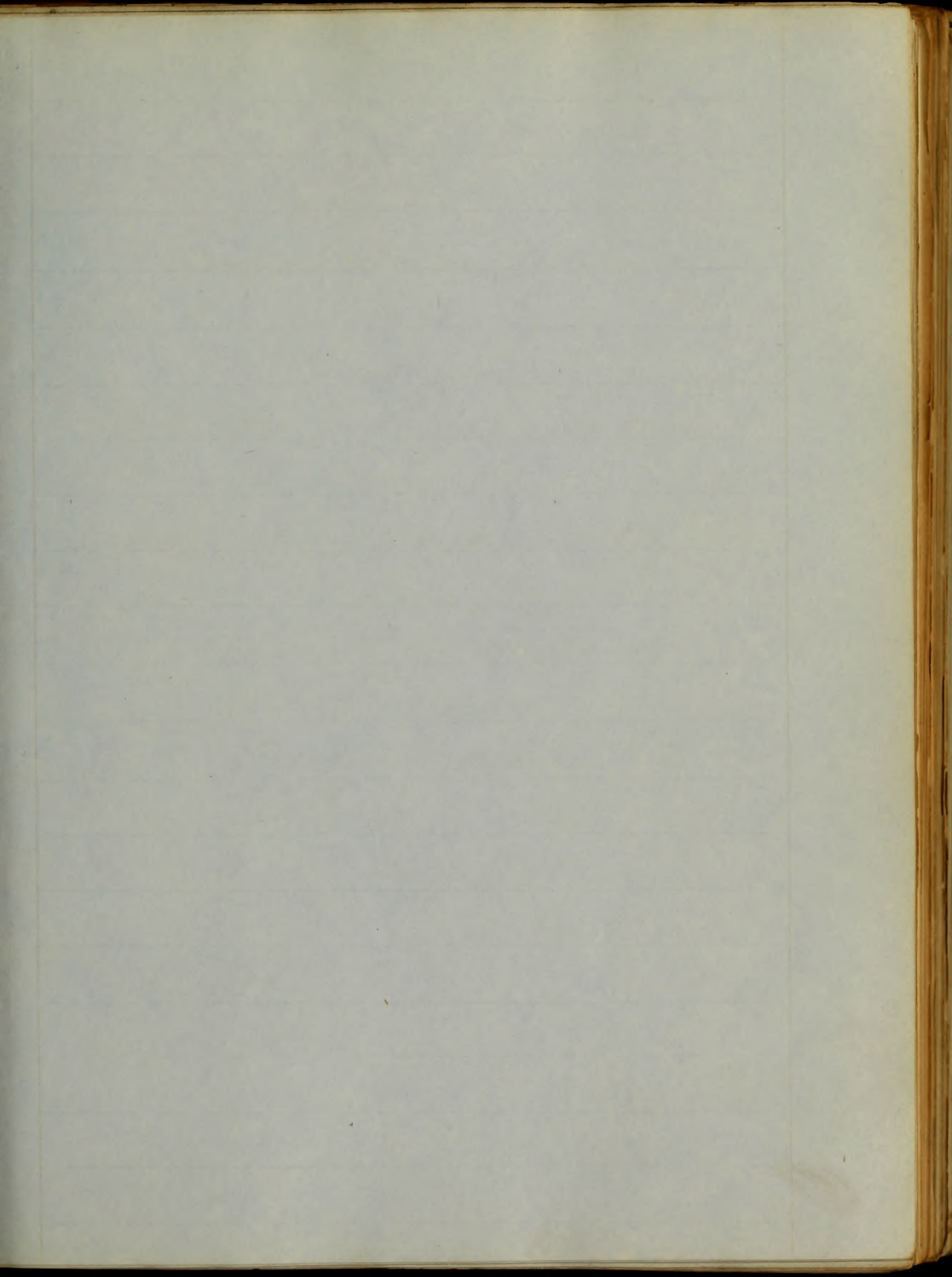


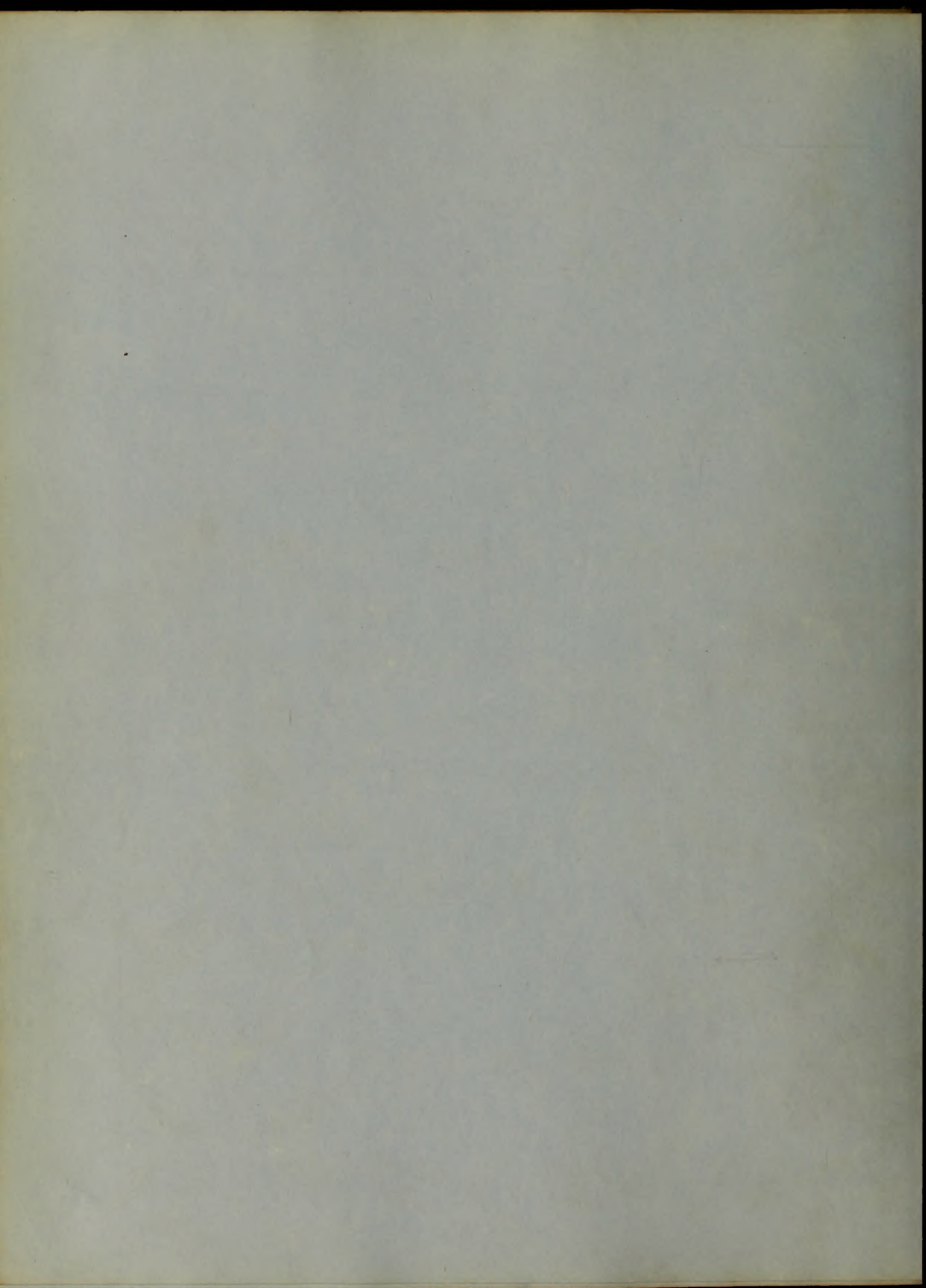
recommend it to the favourable notice
of the Profession.

With these remarks
on Cow Liver Oil, Gentlemen, I must
bring my dissertation to a close,
fearing that in many parts it is
imperfect, but unable to make it
more acceptable to you, I leave it
for your consideration, hoping that
if you find any thing out of place
you will excuse it.

John T. B. McMaster.

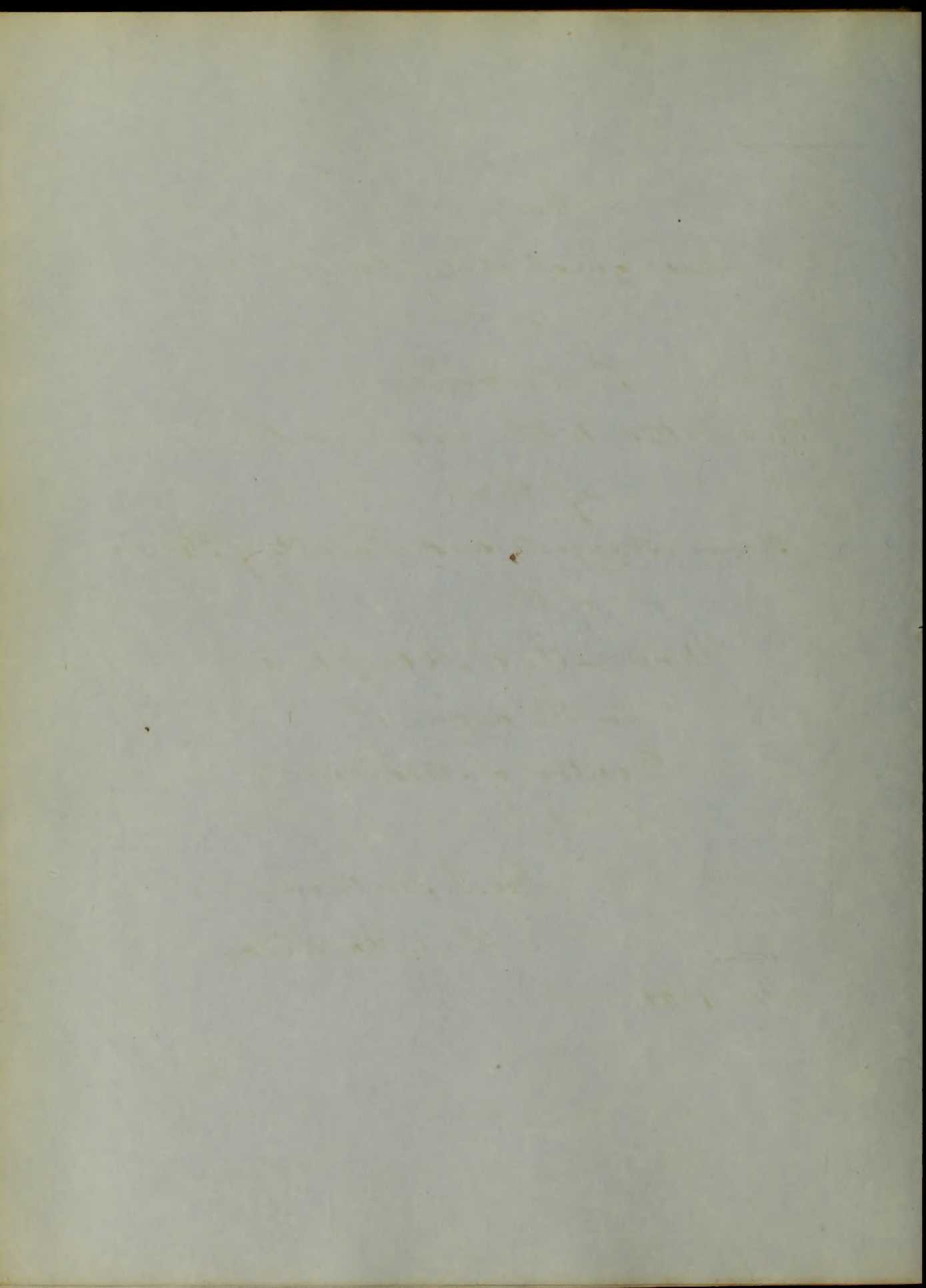






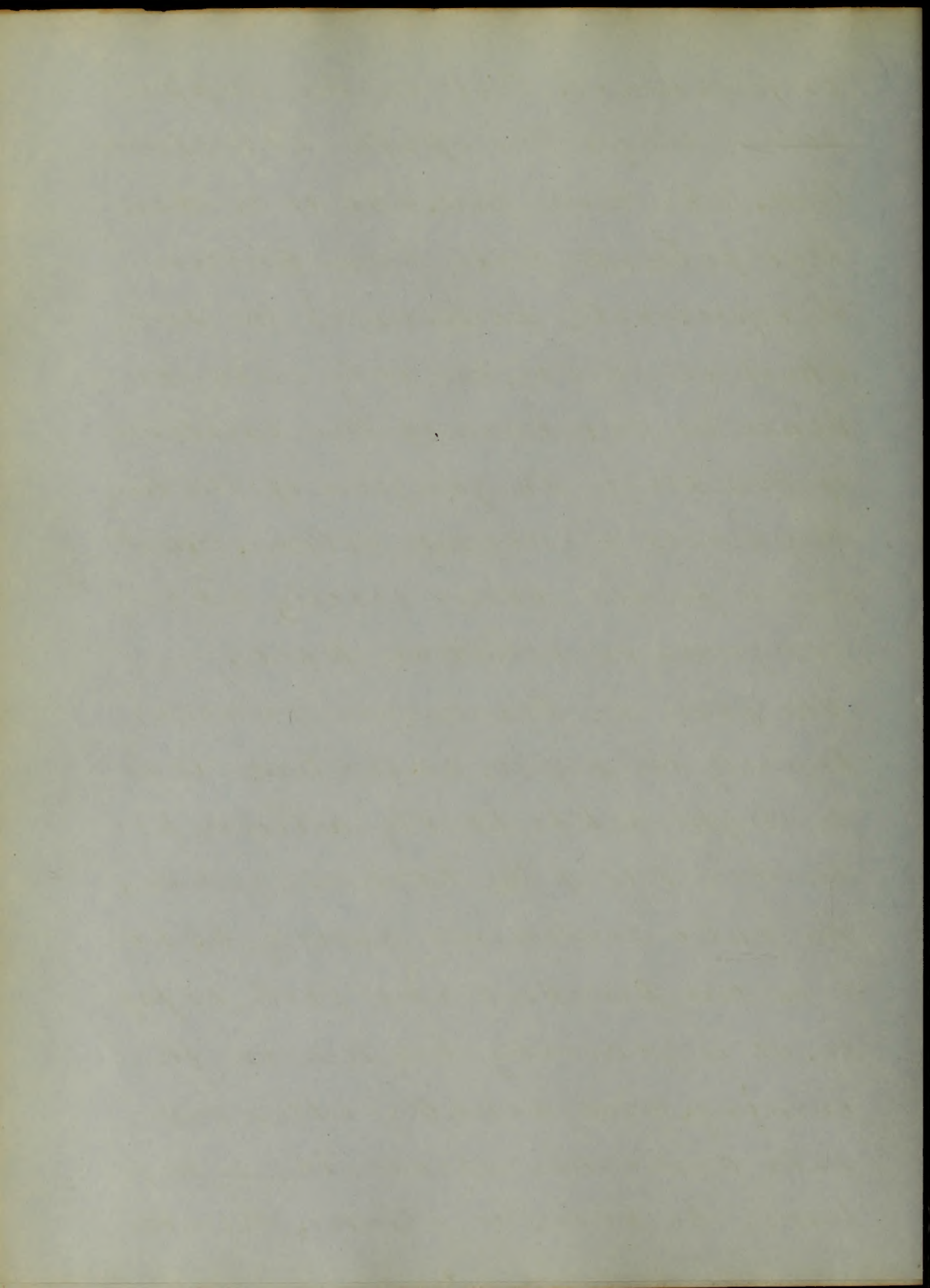
An
Inaugural dissertation
on
Pneumonia
Submitted to the examination
of the
Provost, Regents and Faculty of Physic
of the
University of Maryland
for the degree of
Doctor of Medicine
by
Jos. I. Anthony
of N. Carolina.

Feb. 1850.



crepitation is lost - in the suppurative stage the sputa sometimes look like true pus, and it is said that patients have been known to expectorate portions of the lung which in fact is, the only sure evidence we can have of the existence of this stage. In gangren of the lung they are of a greenish colour, emitting a foetid odour exactly like gangrene in external parts.

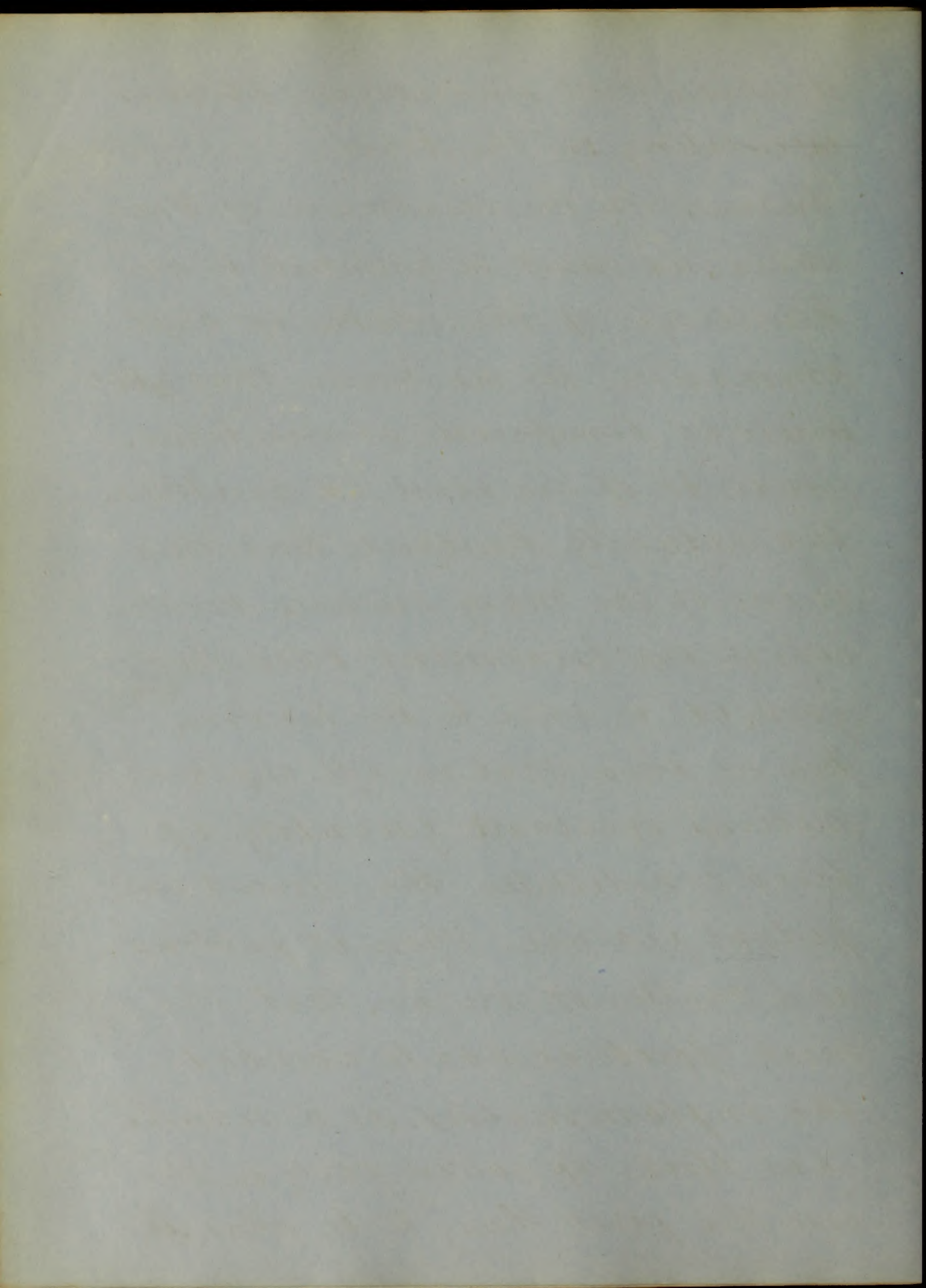
The fever in Pneumonia vasica extremely in degree. At one time it is so slight as to be hardly noticed, at another it is of the highest grade, the pulse sometimes rising as high as one hundred and forty, or fifty. It is generally higher in the evening, and usually attended with aggravation of all the symptoms. The pulse is strong, the skin



it shows that unoxidized blood is circulating in the brain.

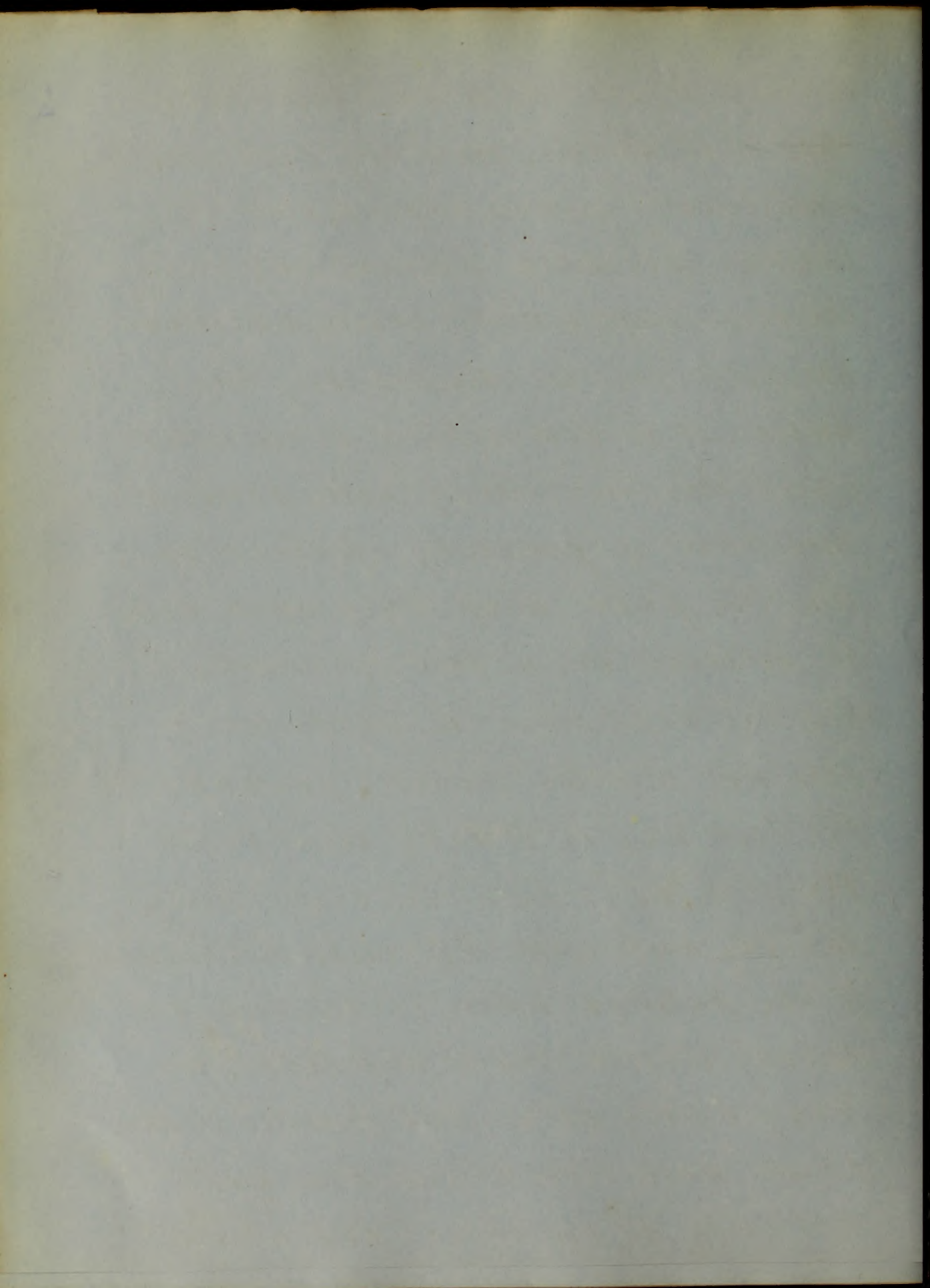
Treatment, In the treatment of Pneumonia, we must be governed by our knowledge of the state of inflammation. For we know that what would be beneficial at one time, would be of no avail at another, but actually hurtful. And this is one of the many diseases in which if our treatment does no good, it is sure to do harm.

Now we know that in all inflammations increased quantity of blood constitutes the most important feature. Then it follows as a matter of course, that the most effectual way to combat the inflammation, is to remove that blood. If called early in the case the first thing to be done, is

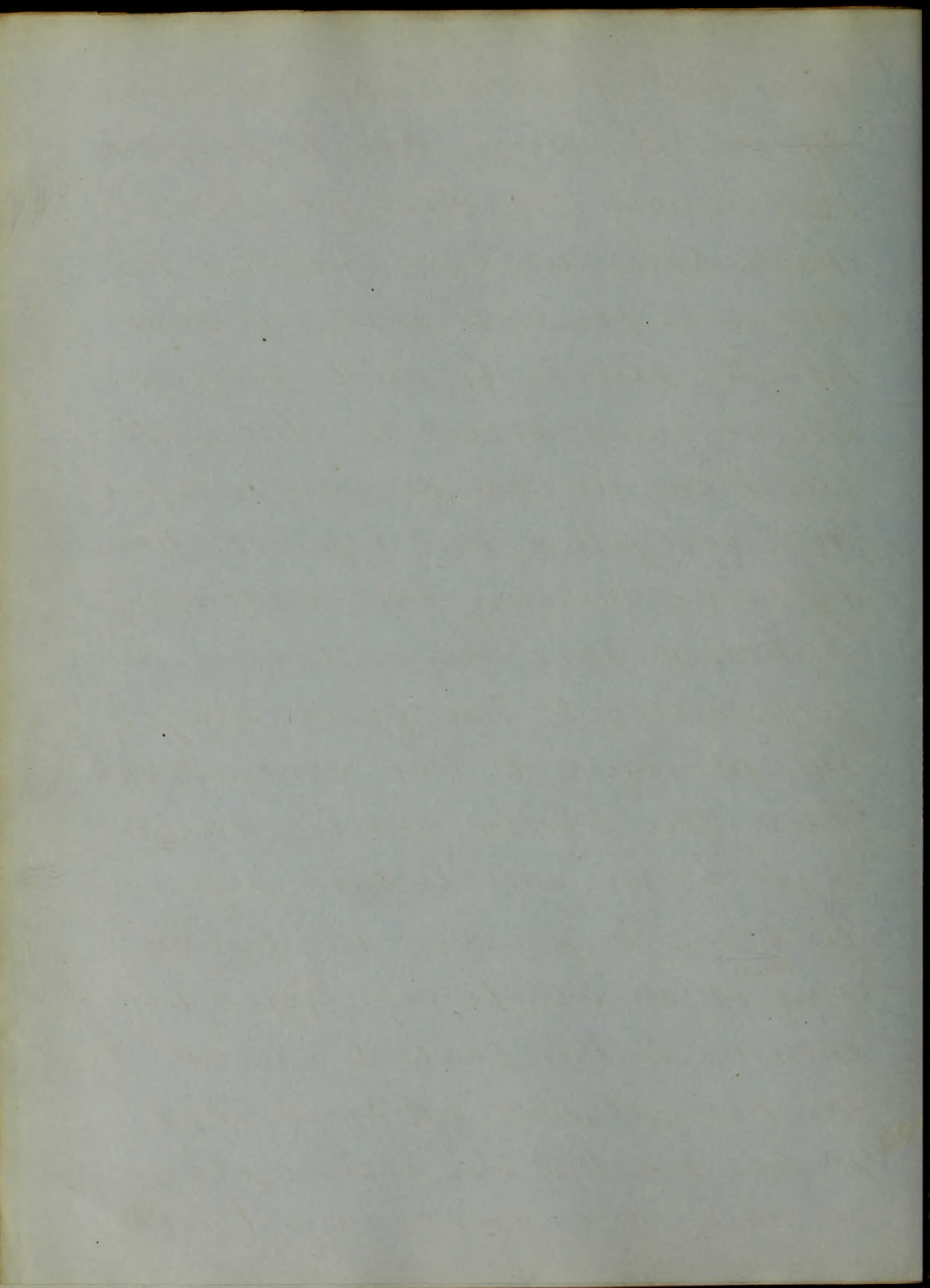


to bleed freely, as to the quantity of blood to be taken, some say fifteen, some twenty ounces at first, and repeat if necessary. I would say let the blood run until some decided impression is made on the pulse. It is astonishing to see what effect this bloodletting will sometimes have if properly applied. Often the pain and dyspnoea will be relieved in a few minutes.

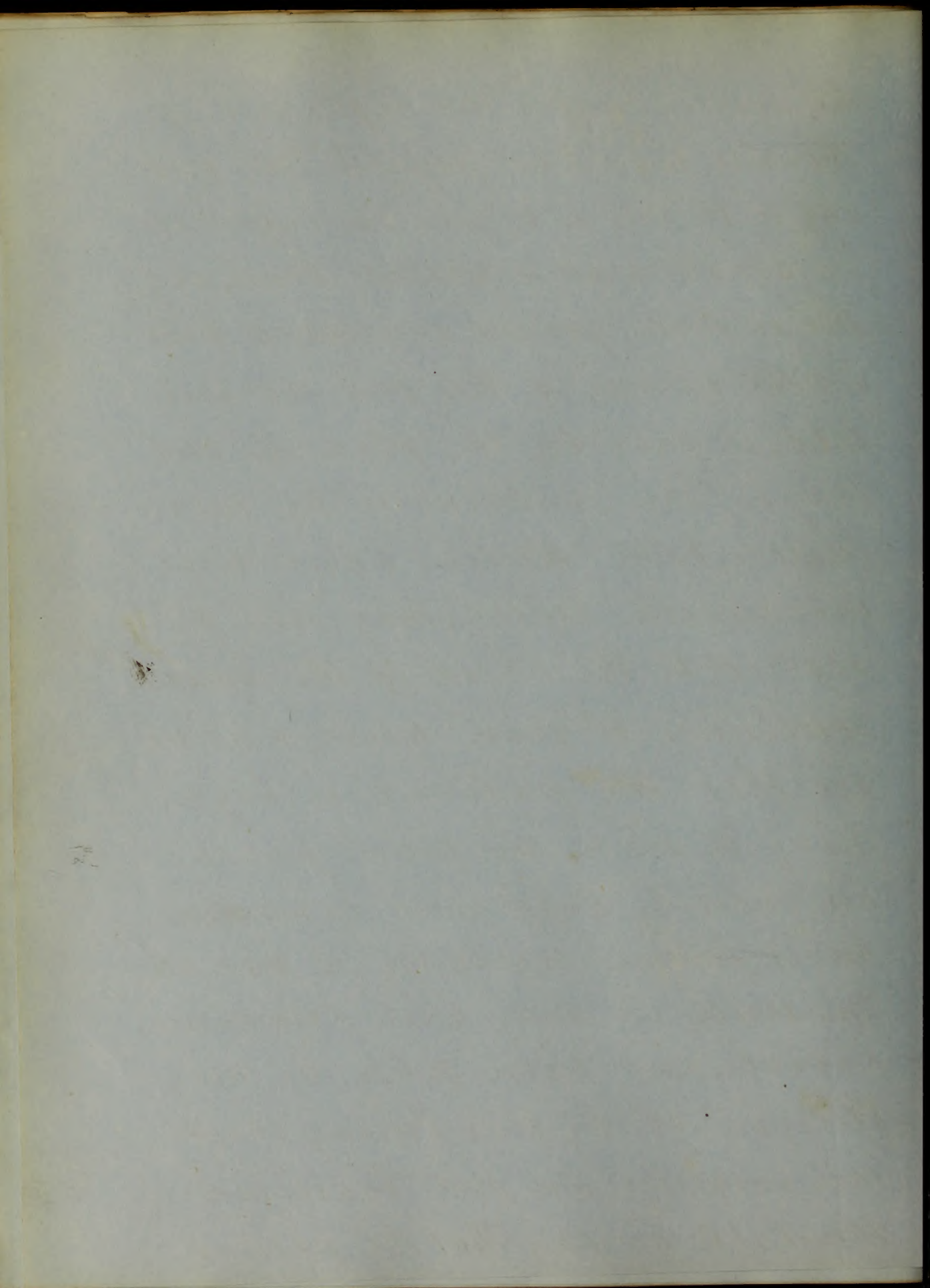
How the depletion is performed does not matter much, perhaps the best way is to take blood from the arm, as it can be done more rapidly and with less inconvenience to the patient. When it becomes necessary to use more caution, we may apply cups and leeches to the chest. Here bloodletting does good not only as in other inflamma-

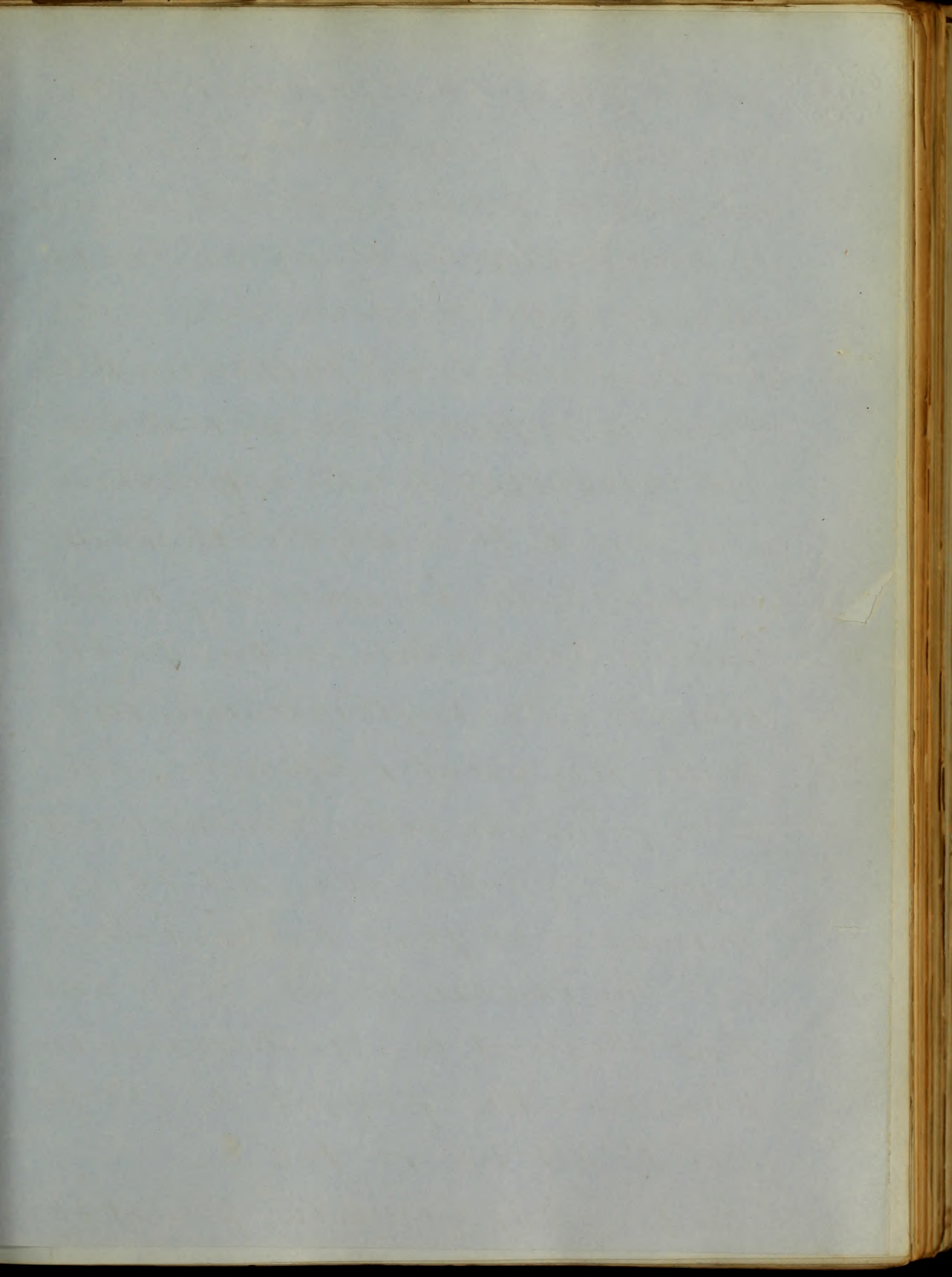


tions but it diminishes the labour, which the Lung has to perform in aerating the blood for other parts. After we have pushed this means as far as is safe, and find that the disease is still progressing, we must resort to others. The best thing we can do now is to promote absorption and expectoration, by using mercury and antimony. Dr Watson says, the antimony is best suited to the first stage, the mercury to the second, and third. The tartar emetic should be given in small and repeated doses. To prevent its producing ^{emesis,} it should be combined with opium. If this fails to check the disease, and we find that it has reached the second stage, we must now endeavour to bring



The system under the influence of mercury as soon as possible. The best way to do this is to give the colomel in small and repeated doses, say two or three grains combined with a little opium. If this does not succeed, we may try the plan of substituting in the ointments - or the mercurial bath. Blisters which were inadmissible before, may now be applied to the chest. If the disease continues to grow worse, and we see that the patient - is beginning to sink, we must pursue an entirely different course, now it becomes necessary to use stimulants, we may give ammonia, cordials, and wine. when we may also give strong teas. During the disease purgatives are not required. Though it is necessary that the patient -



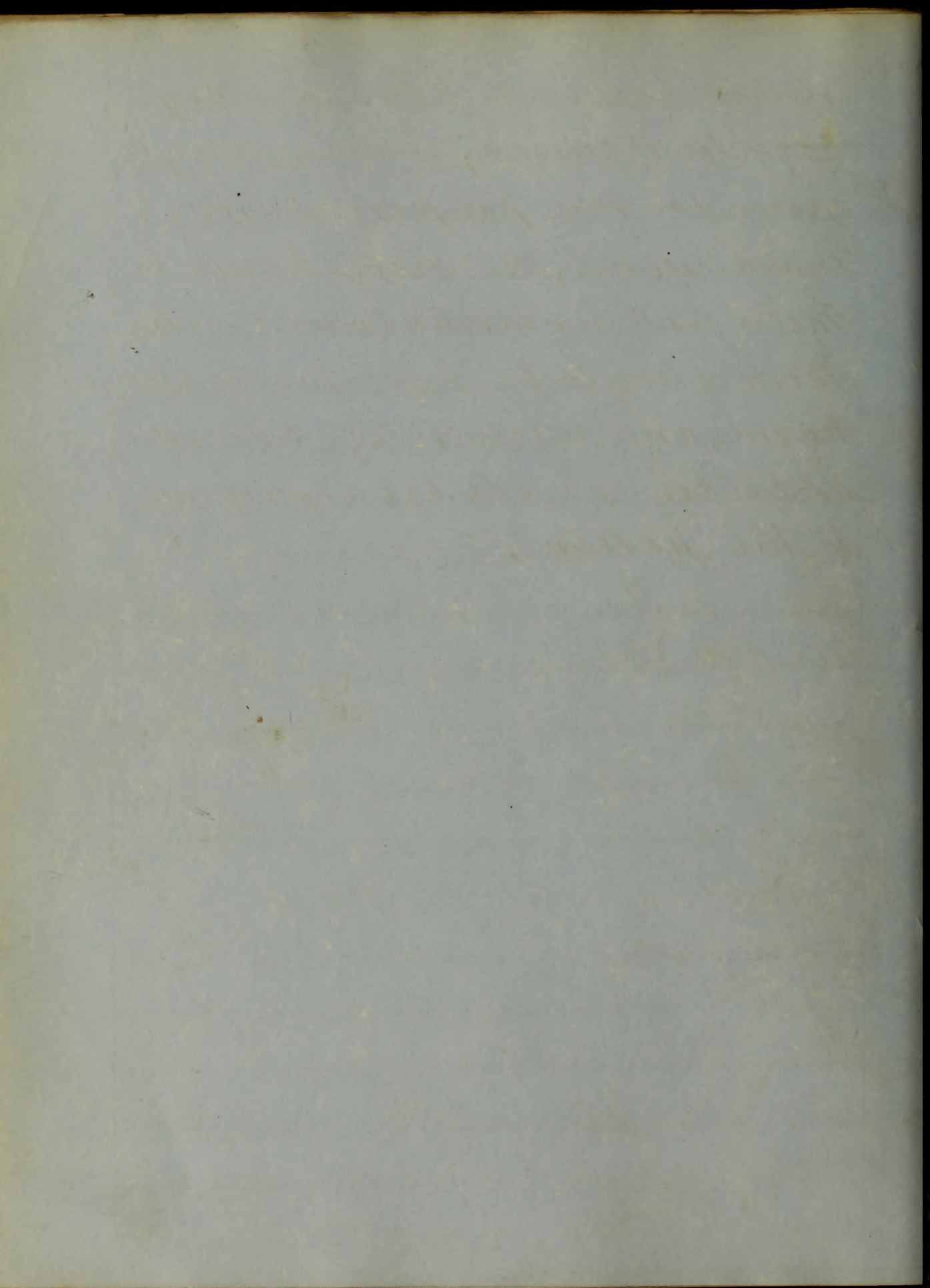


several hours. It is increased by the movements of respiration, by coughing, and by pressure. It is also greatly exaggerated by lying on the inflamed side.

The dyspnoea is in proportion to the extent of inflammation, and varies according to its situation. It is said to be modified in some measure by the idiosyncrasy of the patient. Thus while in one individual little inflammation will cause very great dyspnoea, another from the same amount will suffer very little. It is not very prominent at first but increases with the disease. In the second and third stages it is sometimes so intense that the patient is compelled to sit up in bed.

The cough is generally present ear-

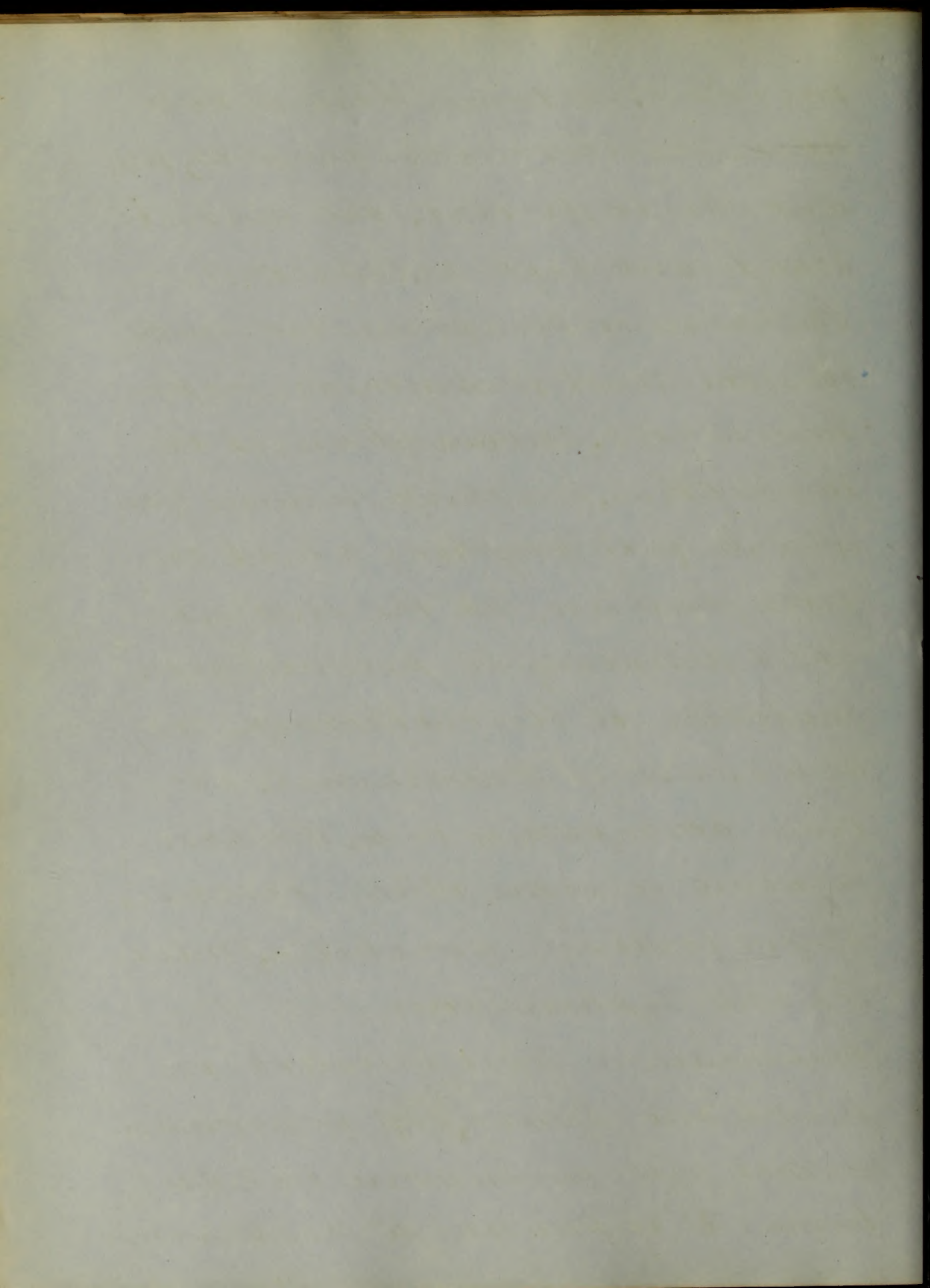
should have one papage every
day. If required, enemae may be
given for this purpose. During
convalescence, the diet should be
mild and unstimulating. The
room should be kept moderately
warm, and visitors not admitted,
as talking is always injurious
to the patient,



ory, and sometimes there is deli-
rium. The blood will generally pre-
sent the buffy coat, the urine is
scanty and high coloured.

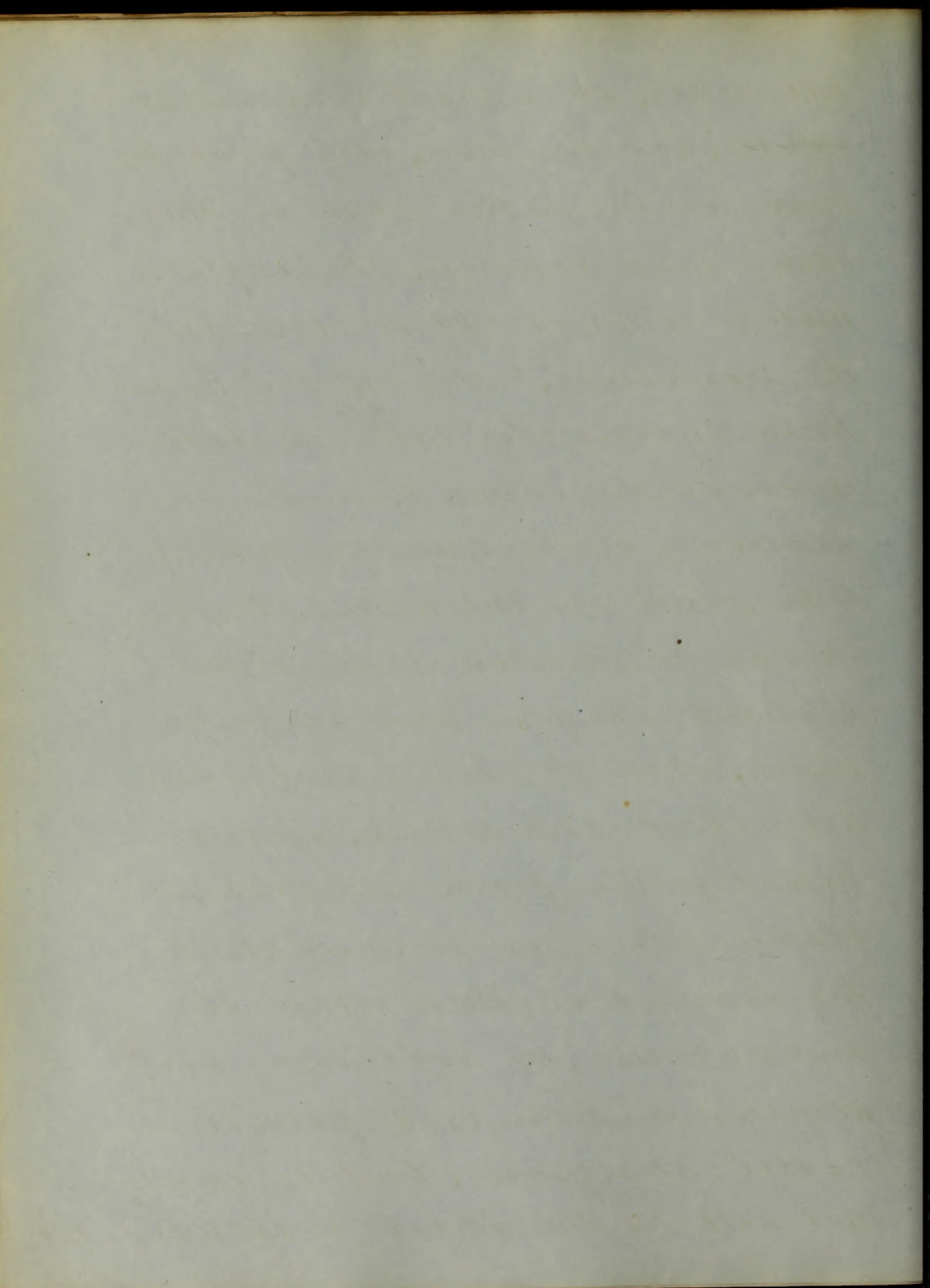
The causes of Pneumonia are nume-
rous. The most common are expo-
sure to cold, sudden changes in
the weather, breathing noxious gas-
es &c. In fact anything which im-
plicitly irritates the lungs, or
has a tendency to produce accu-
mulation of blood otherwise, may
be a cause of Pneumonia. It
often accompanies or is the con-
sequence of some other disease,
as for instance Bronchitis, meas-
les, and Typhoid fever.

Pneumonia is most prevalent in
winter and spring, but is sometime
met with in summer and au-
tumn. It is peculiar to neither



age or sex. It is most common in adults, and in men, very probably owing in the latter case to their being more exposed. The inflammation is most apt to occur in the right lung, but why I do not know. It may also exist in both lungs at the same time.

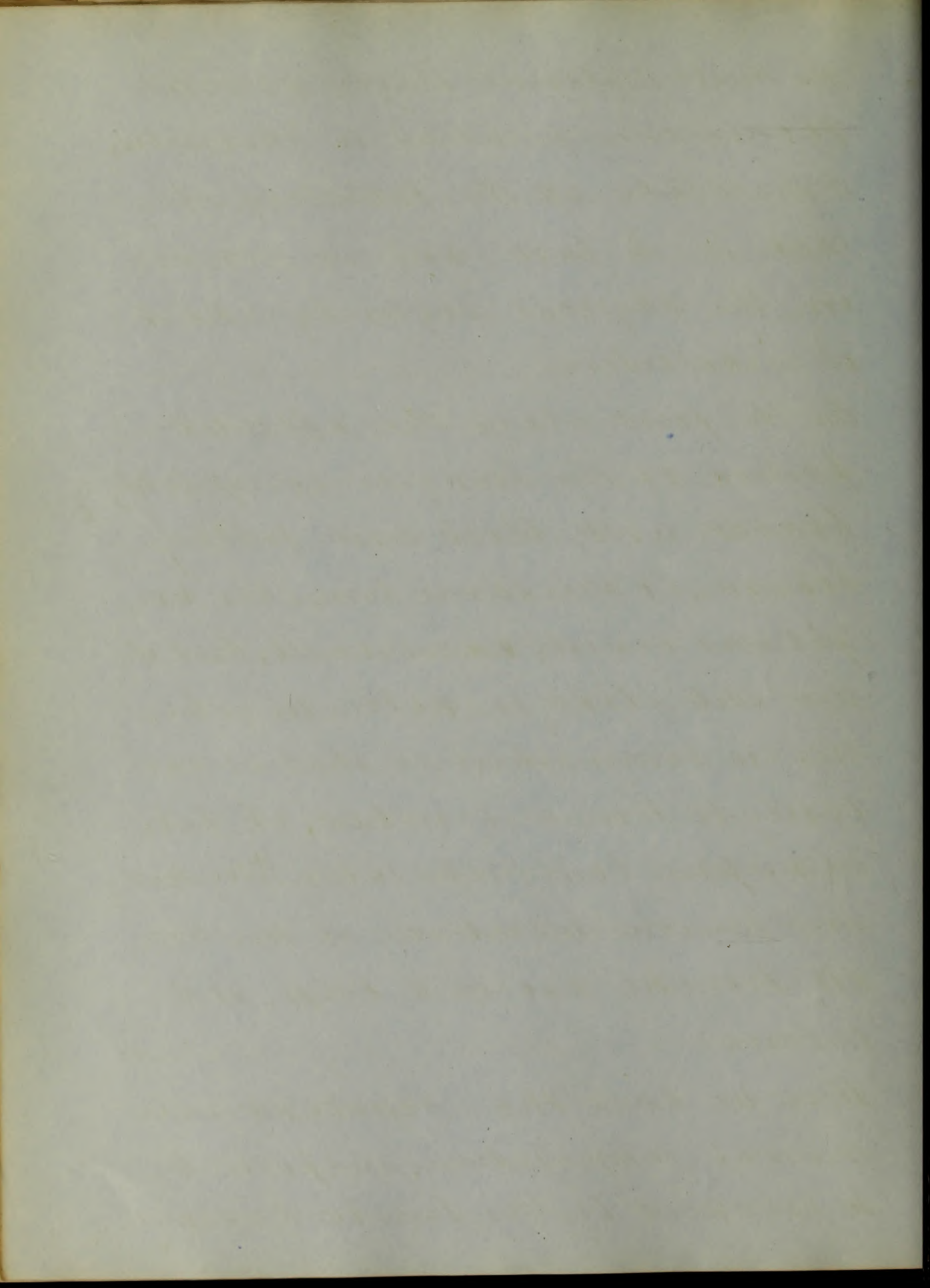
According to the changes which take place in the lung, Pneumonia is divided into three distinct stages. First engorgement, when the lung is loaded with blood and serum, second hepatization, from its resemblance when in that state to the liver, and third into the suppurative, or softening stage. Sometimes there is a fourth called gangrene, but is rarely met with as the third is apt to be fatal.



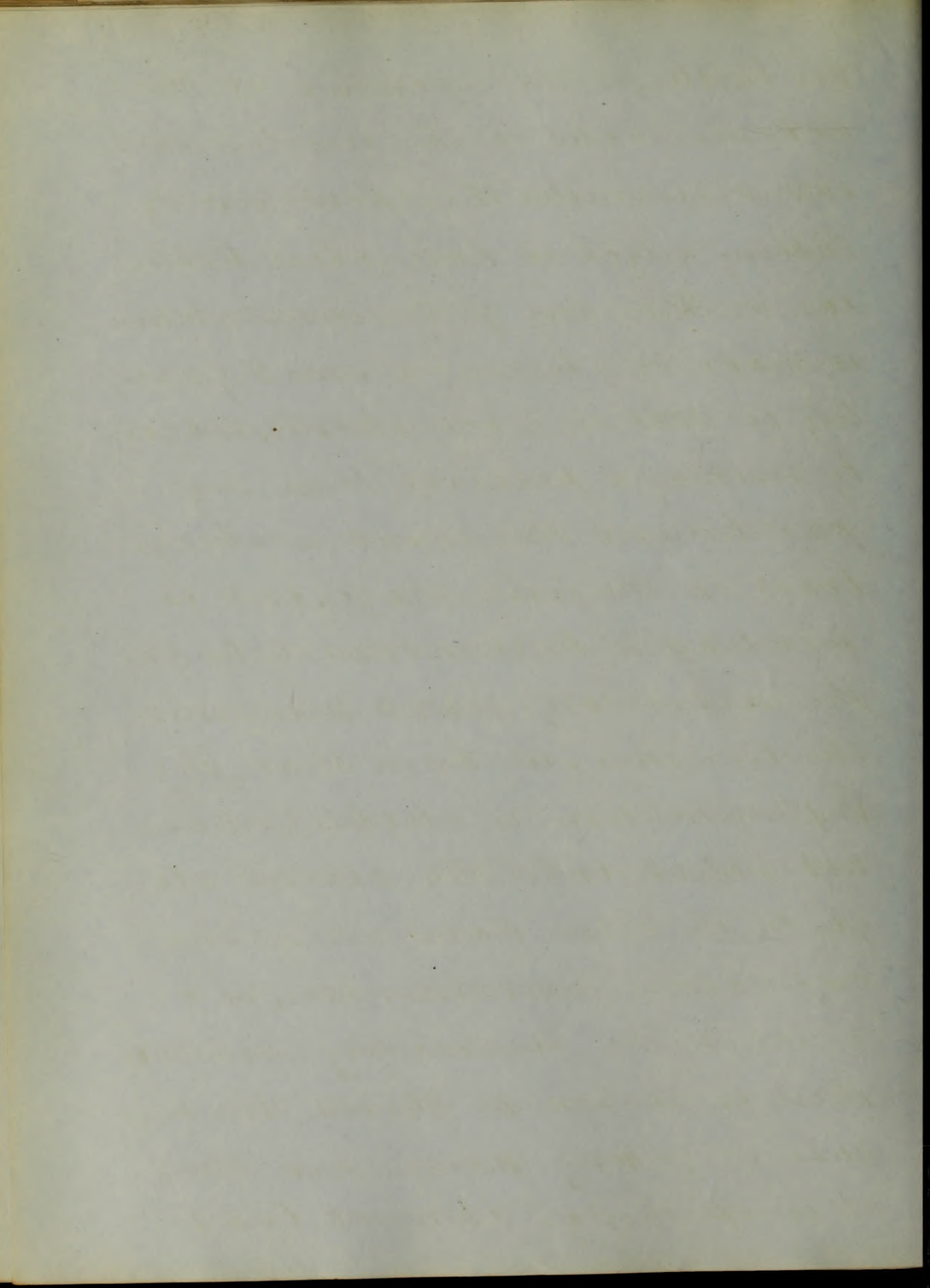
As these different stages present phenomena peculiar to themselves, I shall take up the pathology of each in its turn, and in connection, the physical signs by which it is detected.

In the first stage the affected portion of the lung is completely loaded with blood and frothy serum, at the same time its weight and density are increased, but it will still float in water. Its cohesion is diminished so that it can easily be torn or crushed, it pits on pressure but crepitates. The lungs and mucous membrane of the small bronchi are of a deep red colour.

Here we have the crepitant rale or small crepitation, supposed to be produced by the bursting of small

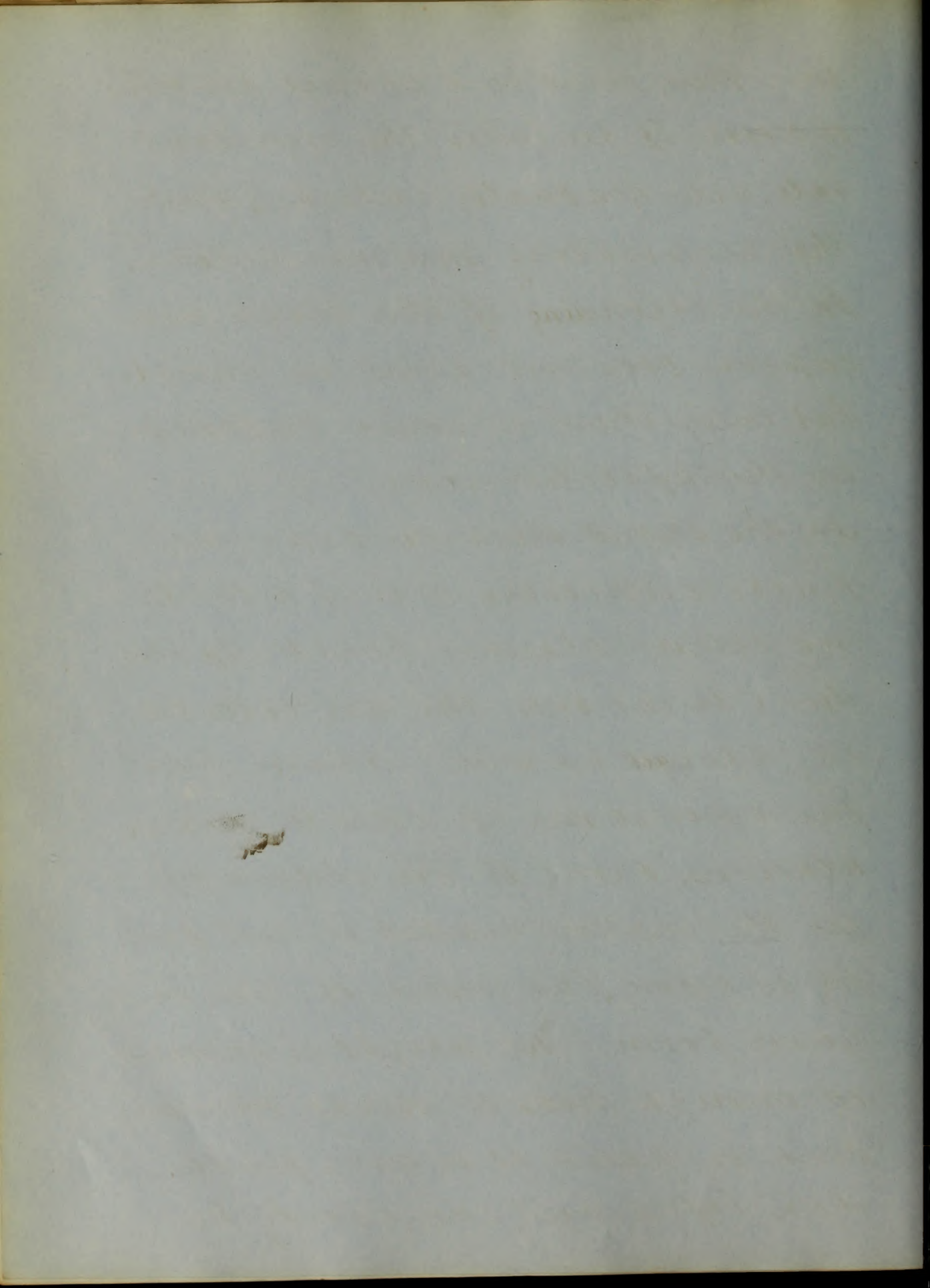


air bubbles, or the separation of the
adherent walls of the vesicles. This
sound resembles that produced by
rubbing a lock of hair close to the
ear. Another very good representation
is made by placing a small quan-
tity of salt on a hot shovel, or again
by rubbing a piece of thin dry
parchment. This sound is always
heard in the first stage, and is
peculiar to Pneumonia. As long as
the respiratory sound predomi-
nates over this, we know that the
inflammation is slight and has
not passed into the second sta-
ge. On the other hand when the
crepitation predominates, so as
to mask the respiratory murmur
there is reason to think the dis-
ease is getting worse. Now this
state of things cannot last



long. There must be a change for better or worse. If for better the crepitant rale will gradually subside, and the respiratory murmur return. In the beginning of this stage percussion does not avail us much, but later there is some dullness on the affected side.

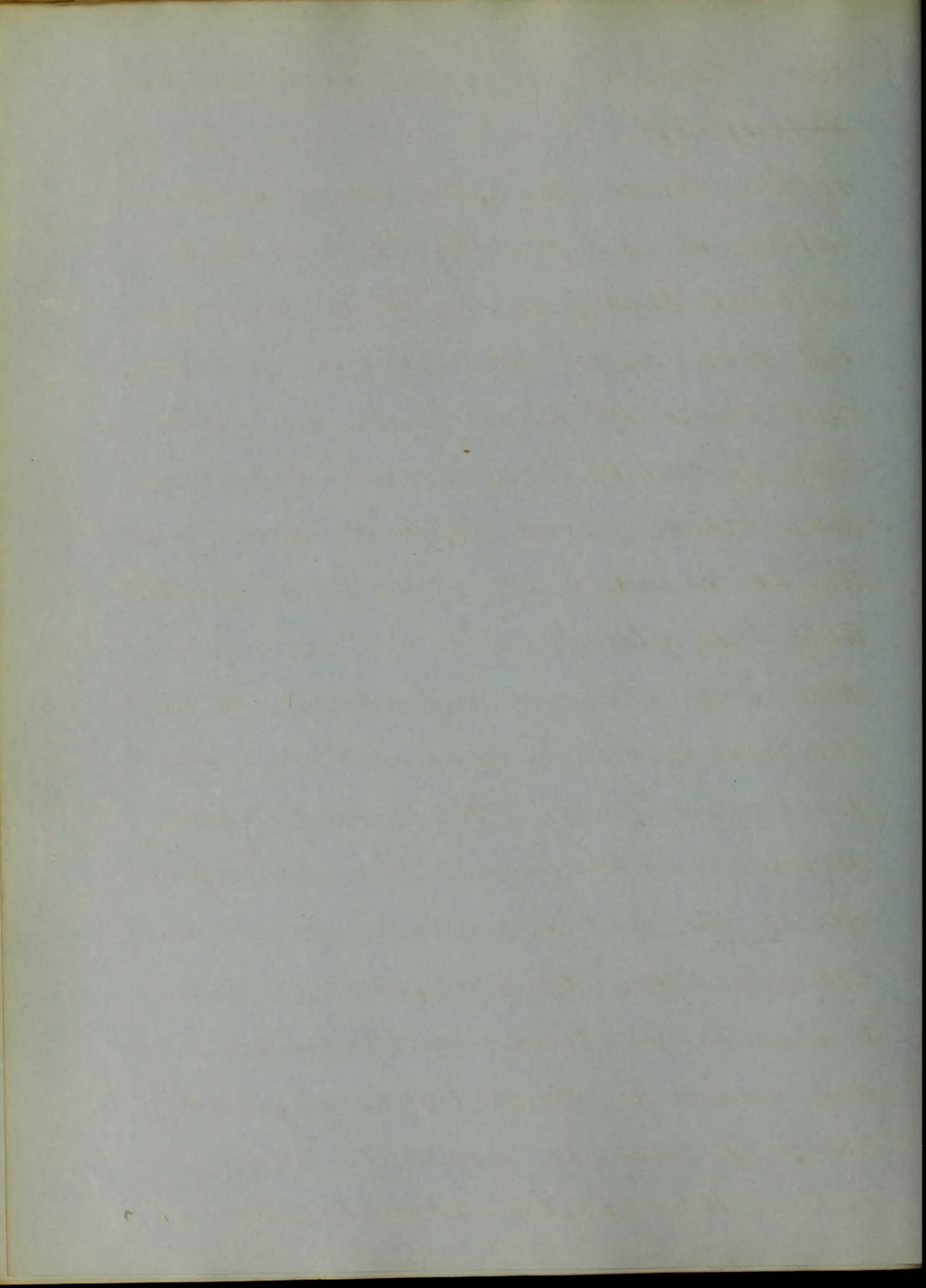
In the second stage the lung no longer crepitates. It is of a dark red colour almost black. If the lung be cut into the air cells being clogged up with serum, have the appearance of small granulations, owing to the absence of air the matter exuded is not frothy as before, but more of the liquid form. The weight is increased enough now to make the lung sink in water. It is more friable than before, and can easily be



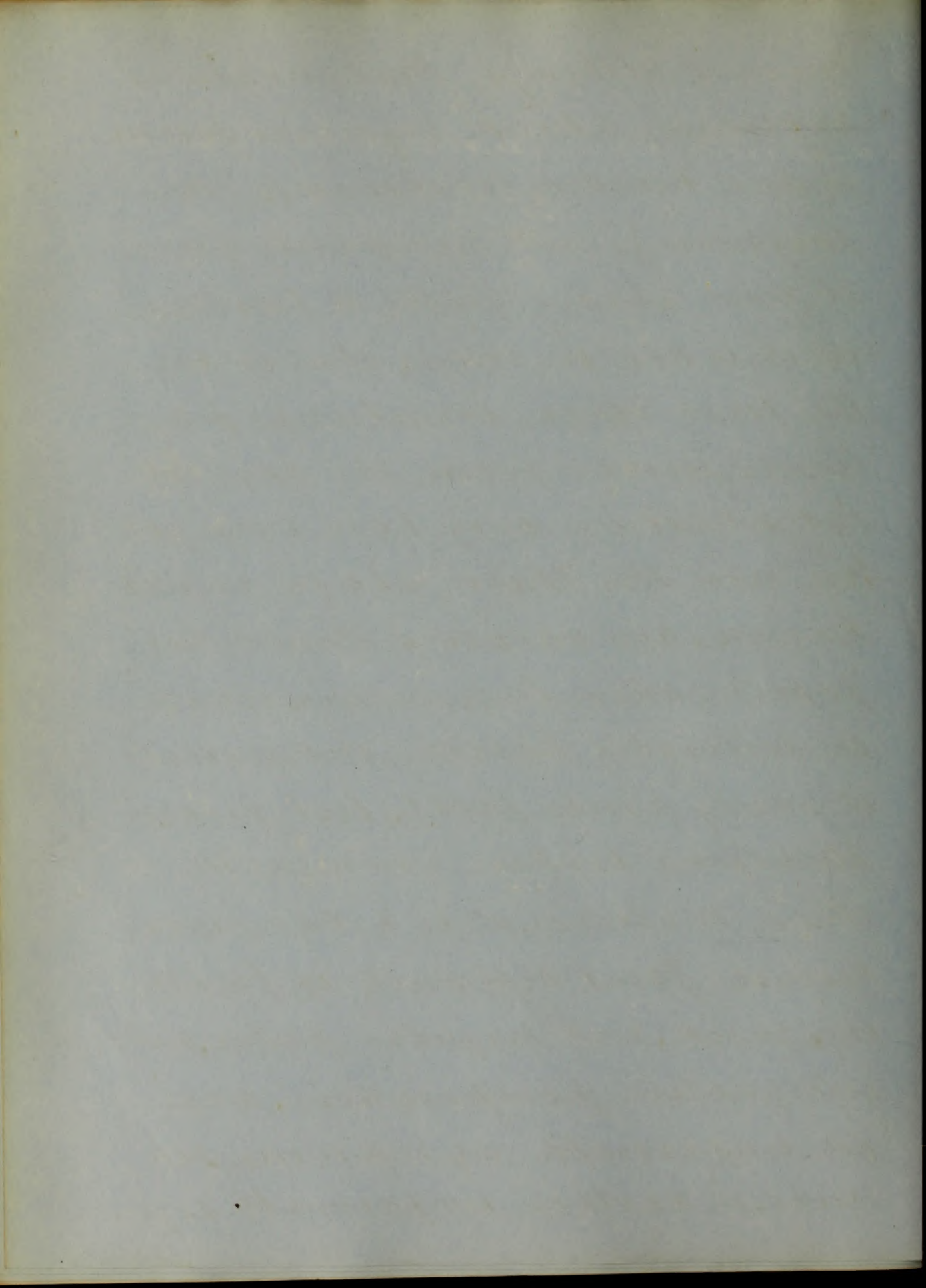
Here there is decided dullness on percussion.

In the third stage, the lung is so rotten it can hardly be handled without being torn. It is not so red now as in the second stage, but more of a greyish or ashy hue. If cut or torn small drops of pus issue from it, and if a cavity be made in it - it is soon filled with this fluid.

Now it is almost impossible to distinguish this stage from the preceding ^{by} any physical signs, however besides all the symptoms of the second stage, there is expectoration of pus, and in some instances portions of the lung are said to have been expectorated. Of course such a thing as this would be conclusive.



Prognosis) Although Pneumonia is a disease which requires prompt and decided treatment, the prognosis is not necessarily grave. It most always yields to treatment if taken in time, that is in the first stage. Sometimes patients recover from the second but whether any have ever gotten over the third stage is not known, nor should I think this possible. When Pneumonia occurs in tolerably healthy individuals it rarely proves fatal, but in constitutions broken down with other maladies, it is a dangerous disease. Great difficulty of breathing, quick, and irregular pulse, and colligative perspiration, are all unfavorable symptoms. Delirium is another unfavorable sign.

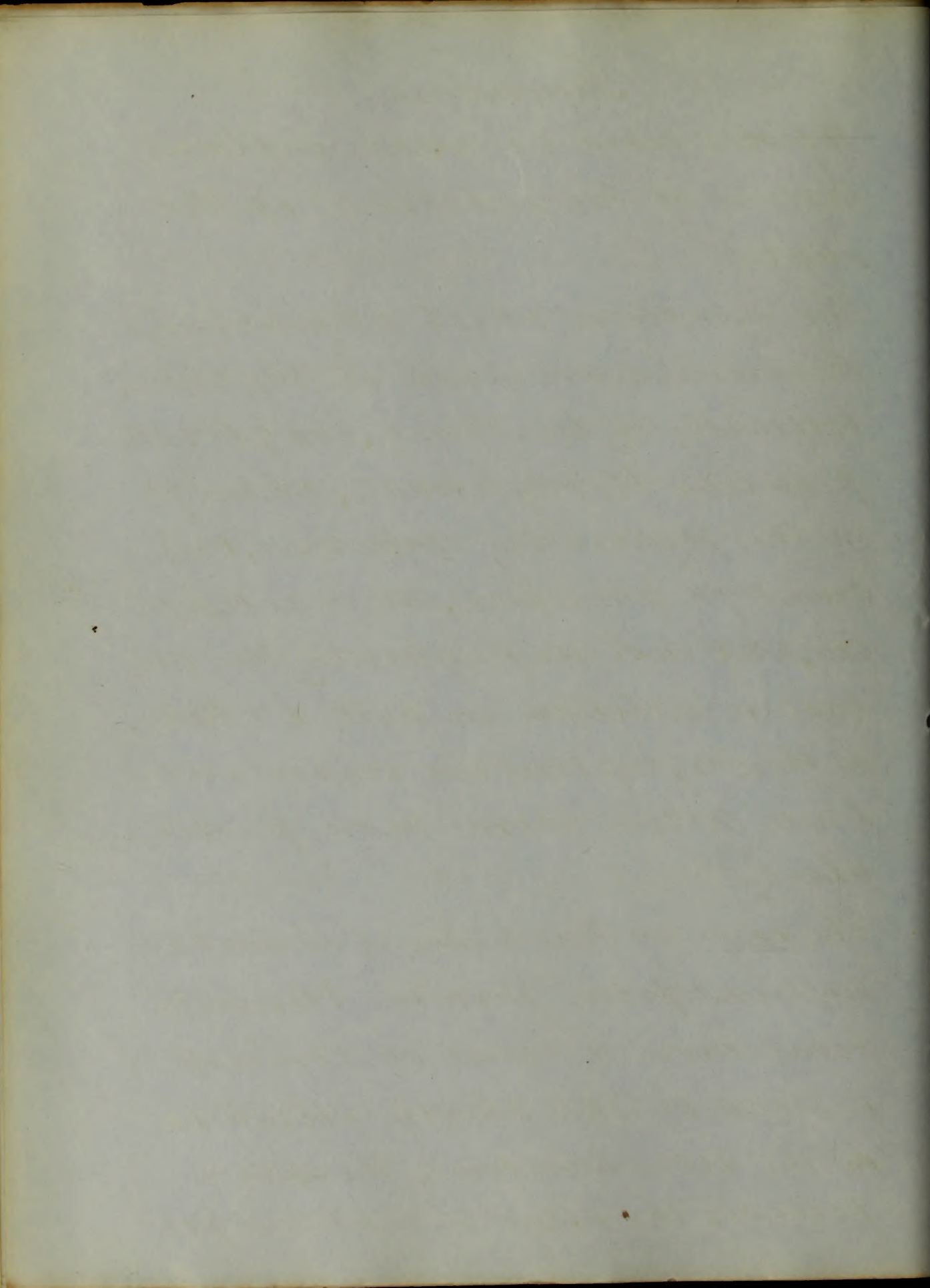


Pneumonia

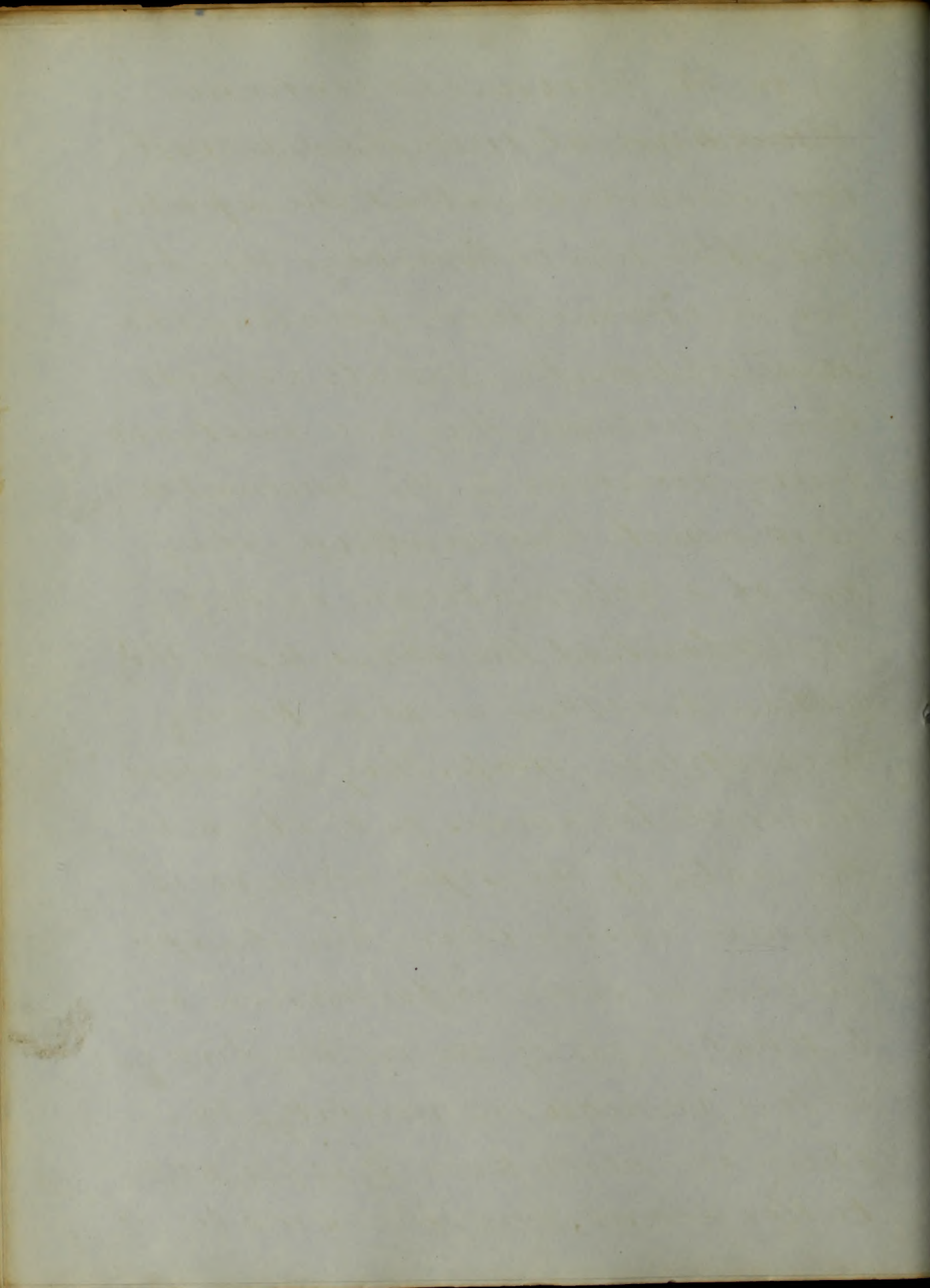
By this term we mean inflammation of the substance of the lungs.

The symptoms which characterize Pneumonia are, pain in the chest, difficulty of breathing, cough with peculiar bloody sputa, change in the respiratory murmur, dull sound on percussion, more or less fever, and not infrequently the disease is ushered in with a chill. As these symptoms are important, I will notice them more particularly.

The pain in Pneumonia is somewhat different from that in Pleurisy, being more a sense of soreness instead of the sharp stitch in ~~the~~ the side. Sometimes the pain precedes the other symptoms for



ly in the disease, and continues throughout. At first, there is nothing remarkable about the sputa, but after two or three days they begin to assume their peculiar character. When the small crepitation is distinct, they are rusty and viscid. According to the amount of blood which they contain. They are of a yellow, brown, or deep red colour. at the same time they adhere together so as to form a complete mass. They are sometimes so tenacious as to stick to the walls of the vessel when it is turned upside down. Now the sputa give us some information as to what is going on in the lung. As they increase in viscosity, the chest on percussion yields a duller sound, and the small -



An
Inaugural Dissertation
on
Dysentery

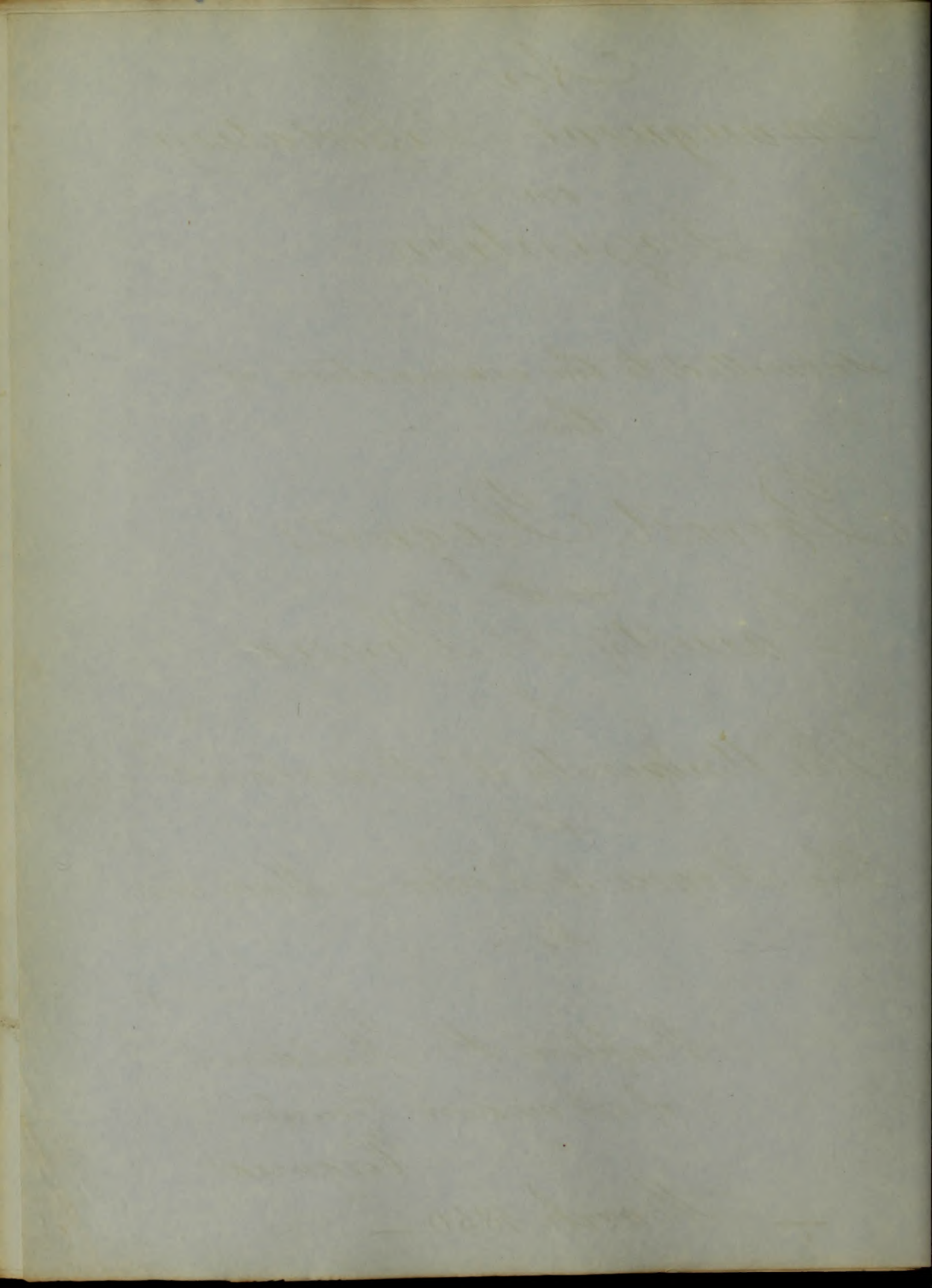
submitted to the examination of
the

Provost, Regents
and
Faculty of Physic
of

The University of Maryland
for
The Degree of Doctor in Medicine
by

Mathon K. Baldwin
of Loudon County
Virginia

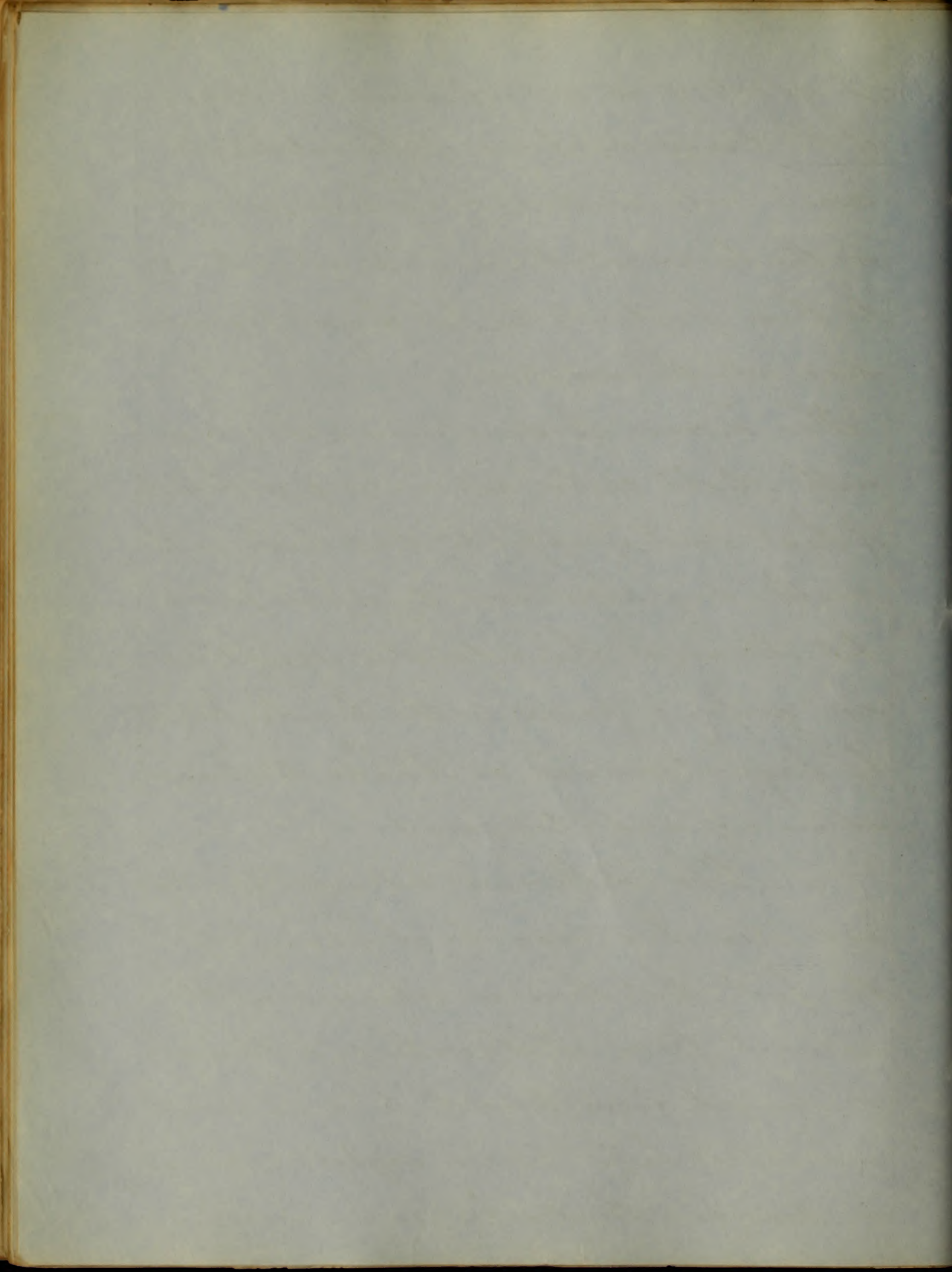
— March 1850 —



Dysentery is an inflammatory disease of the lining membrane of the intestinal canal, inflammation being first set up in the large intestines, and not restricted to them particularly but frequently extending into the smaller.

This disease is sometimes ushered in with slight chills alternating with flushes of heat, want of appetite, bad taste in the mouth, dry skin and depressed pulse, but its more characteristic symptoms are griping pains in the bowels followed by frequent mucous or bloody discharges straining and tenesmus.

The difference between Dysentery and diarrhoea may be obvious, from the fact, that there is retention of the natural faeces in Dysentery, or they are discharged from time to time in small indurated balls (termed scybala) whereas in diarrhoea the discharges are always faecal-



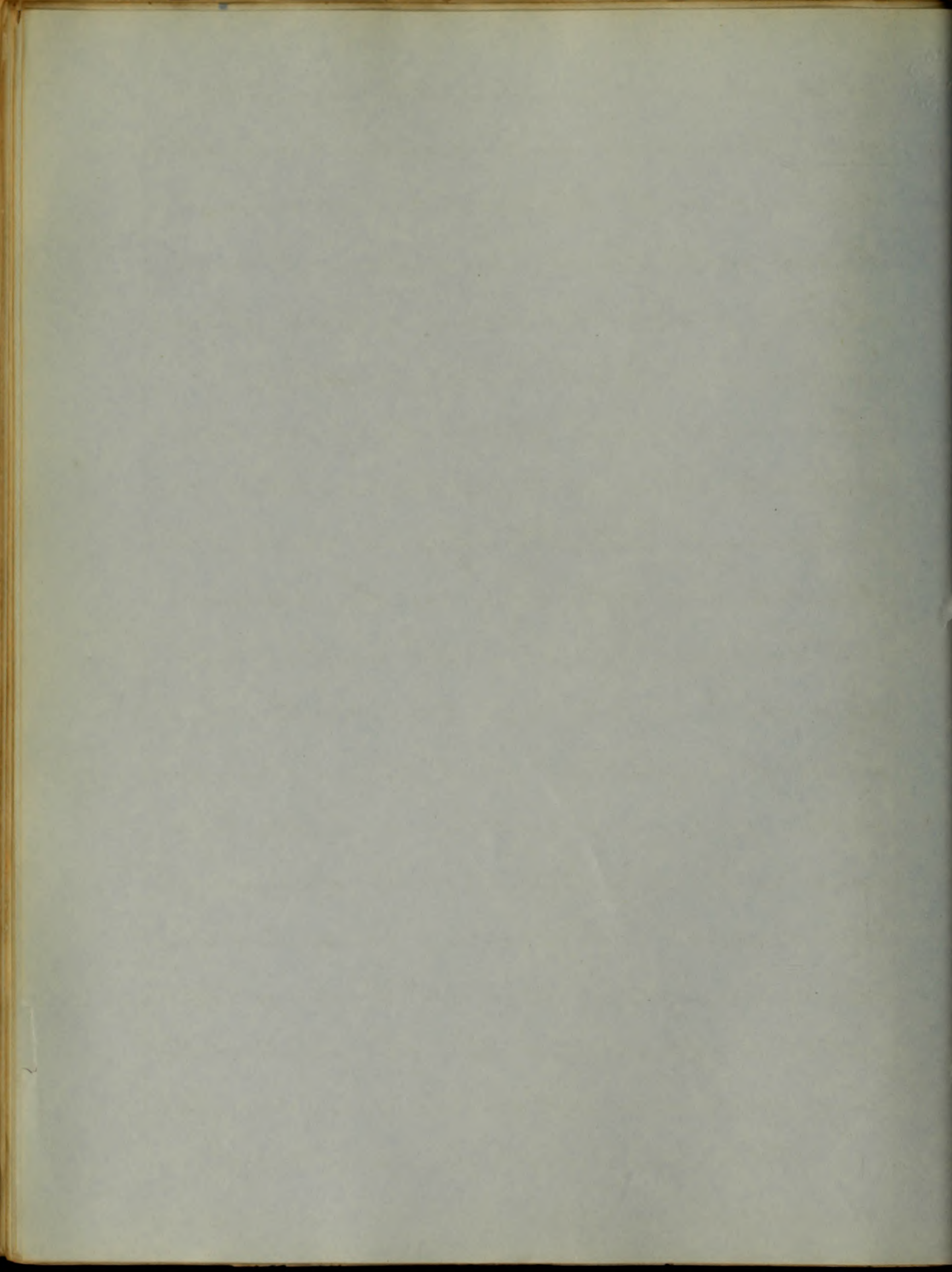
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Again, in Dysentery the symptoms most prominent and constant, are stools combined with the excretion of mucus tinged with blood, accompanied with straining and tenesmus which form no necessary features in diarrhoea.

These nosological distinctions are useful and also true, notwithstanding they are not always strictly observed during the practitioners attendance in this disease.

Tenesmus is one of the most violent and characteristic symptoms attendant upon this affection, and by an observance of this painful symptom a pretty true idea may be afforded of the danger of the disease. Dysentery is said to consist chiefly in inflammation of the large intestines, yet it is apprehended that the whole of that long surface is not indiscriminately affected.

Observation of the course of the disorder during life connected with the morbid appear

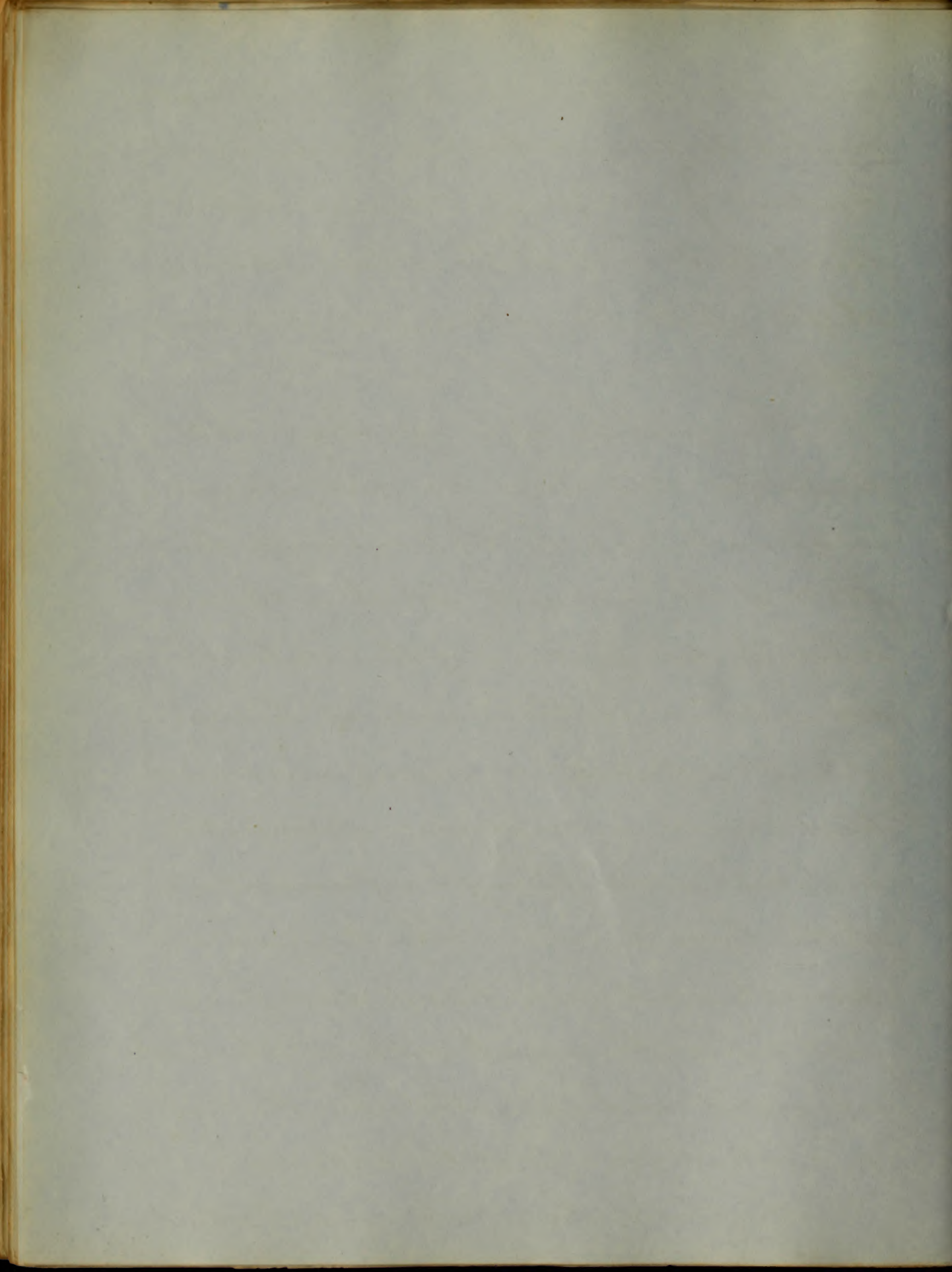


anus after death will teach us (in Dysentery marked by tormina tenesmus and frequent dejections of sanguinolent mucus without faecal matter) that the inflammation chiefly affects the rectum and descending colon

In speaking of the symptoms that constitute dysenteric diarrhoea reference is generally had to the unnaturally fluid state of the excrement which is the case when earlier portions of the intestines are involved in the disordered process.

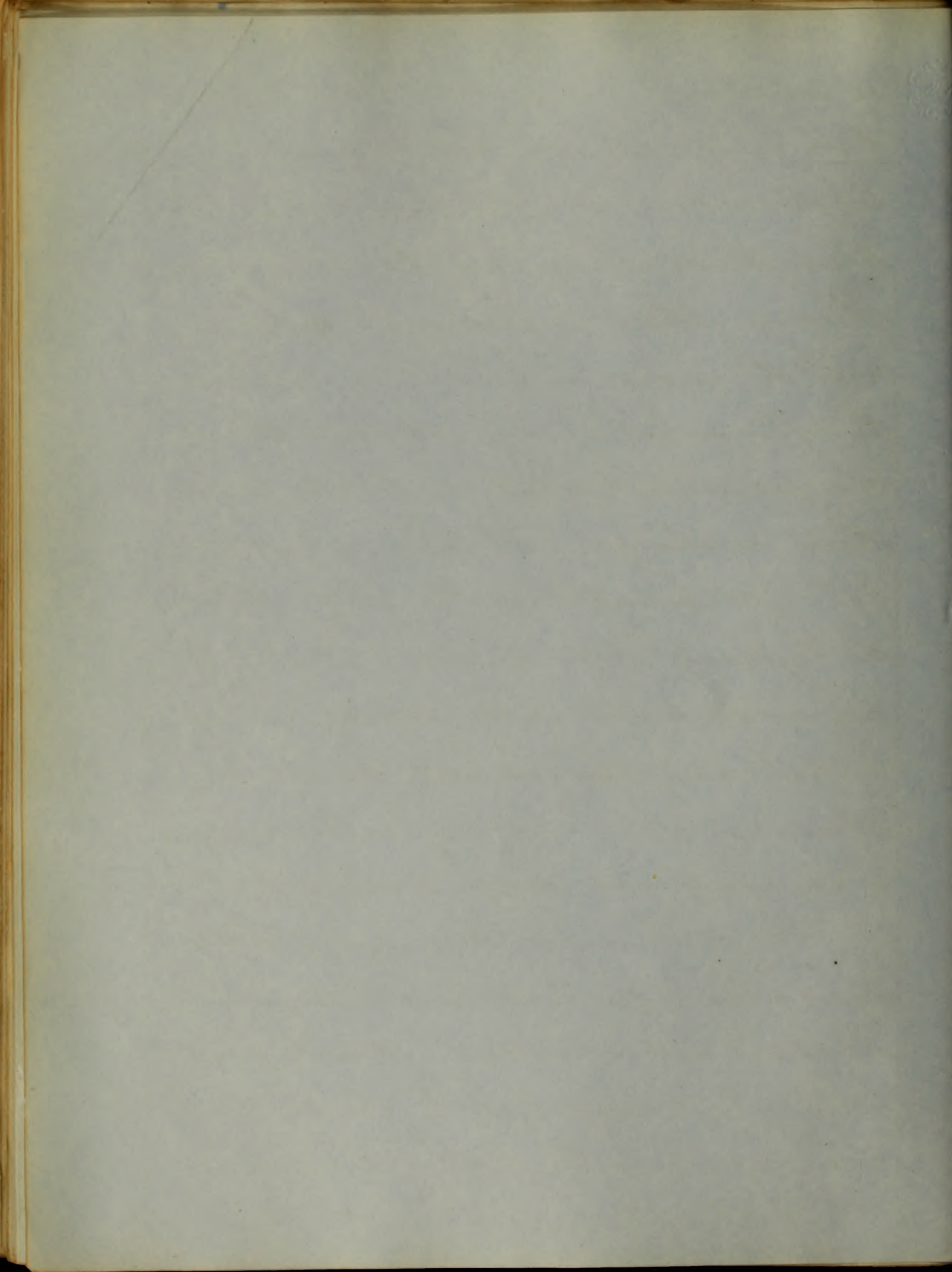
Great difficulty in voiding urine sometimes occurs in consequence of sympathetic irritation excited through inflammation of the lower bowels. The tormina are generally most violent and distressing just before the urgent calls to stool are experienced and especially when there is a constant soreness of the abdomen.

Sometimes the stools consist entirely

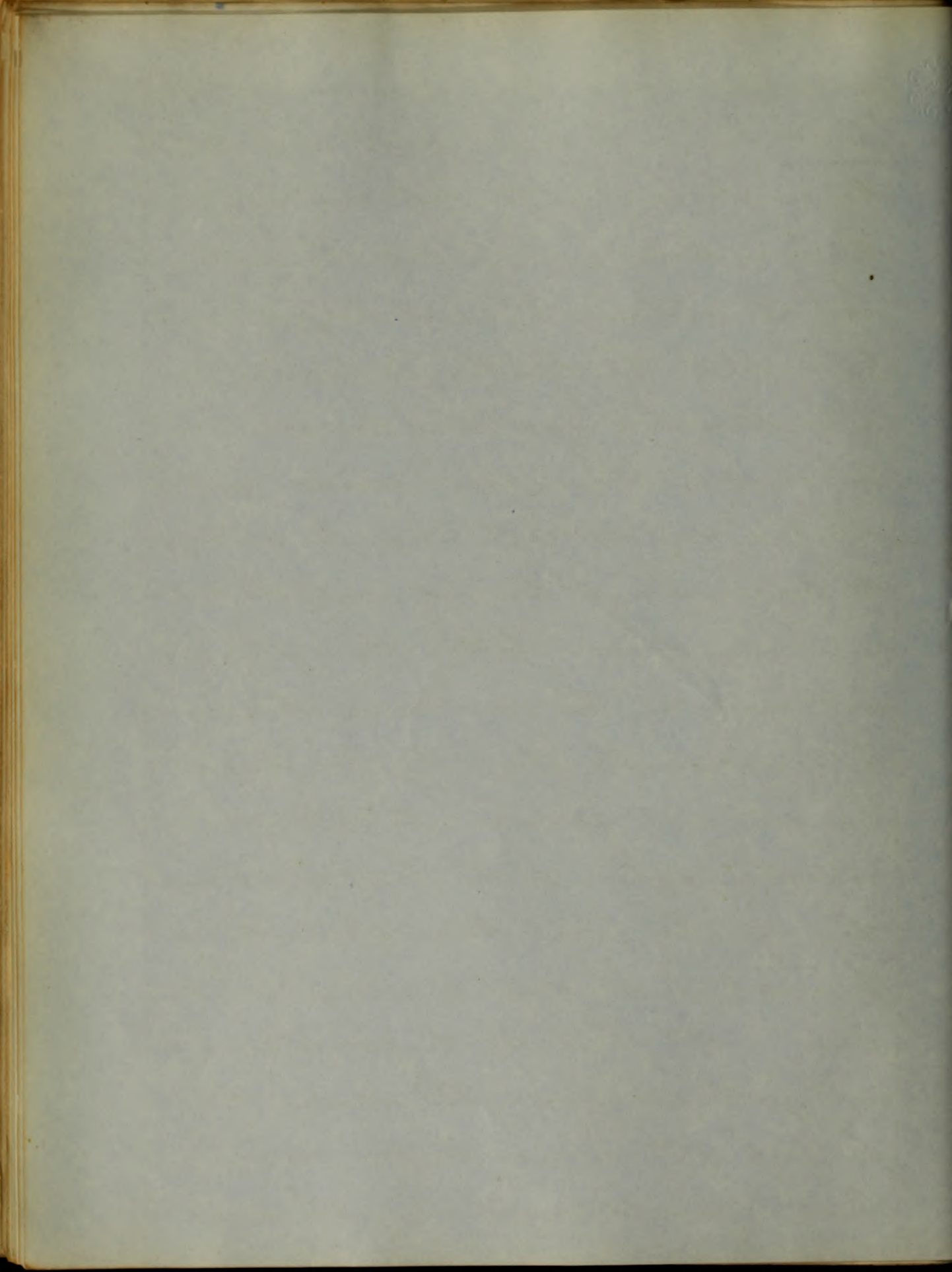


of intestinal mucus, even when there seems to be a considerable degree of inflammation which is most probably more diffused than where the discharges are tinged with blood. However blood is frequently discharged with the mucus and in some cases when the inflammation is very extensive the discharges consist wholly of blood, now these discharges will have a very peculiar disagreeable smell, yet no factor in the beginning of the disease. But in the advanced period of the disease or in violent cases, they generally have a very offensive smell, and frequently acquire a corroding and sanious character.

In some cases there is very little sympathy of the heart and arteries with the local mucous inflammation, the febrile phenomena being hardly perceptible but more commonly the fever is of a high grade. In protracted cases where the disease is



unsubdued, great prostration ensues, the pulse becomes frequent, small and corded, the countenance contracted, and cadaverous the gums tender and swollen, the skin harsh and the abdomen tender, elastic and sometimes flat, the breath offensive and even after these bad symptoms have come on an occasional amendment occurs, yet this respite does not last long, for although the tenesmus and tormina remit, the pulse rises and becomes better, the restlessness will increase, the countenance then becomes hippocratic, the stools liquid, dark pungent and offensive, the extremities cold and the surface of the body moist and clammy, the fatal termination being preceded a few days by colligative diarrhoea. At first the tongue becomes covered with white fur, but during the progress of the disease the fur becomes brown, dry and rough along the middle



with red and moist edges.

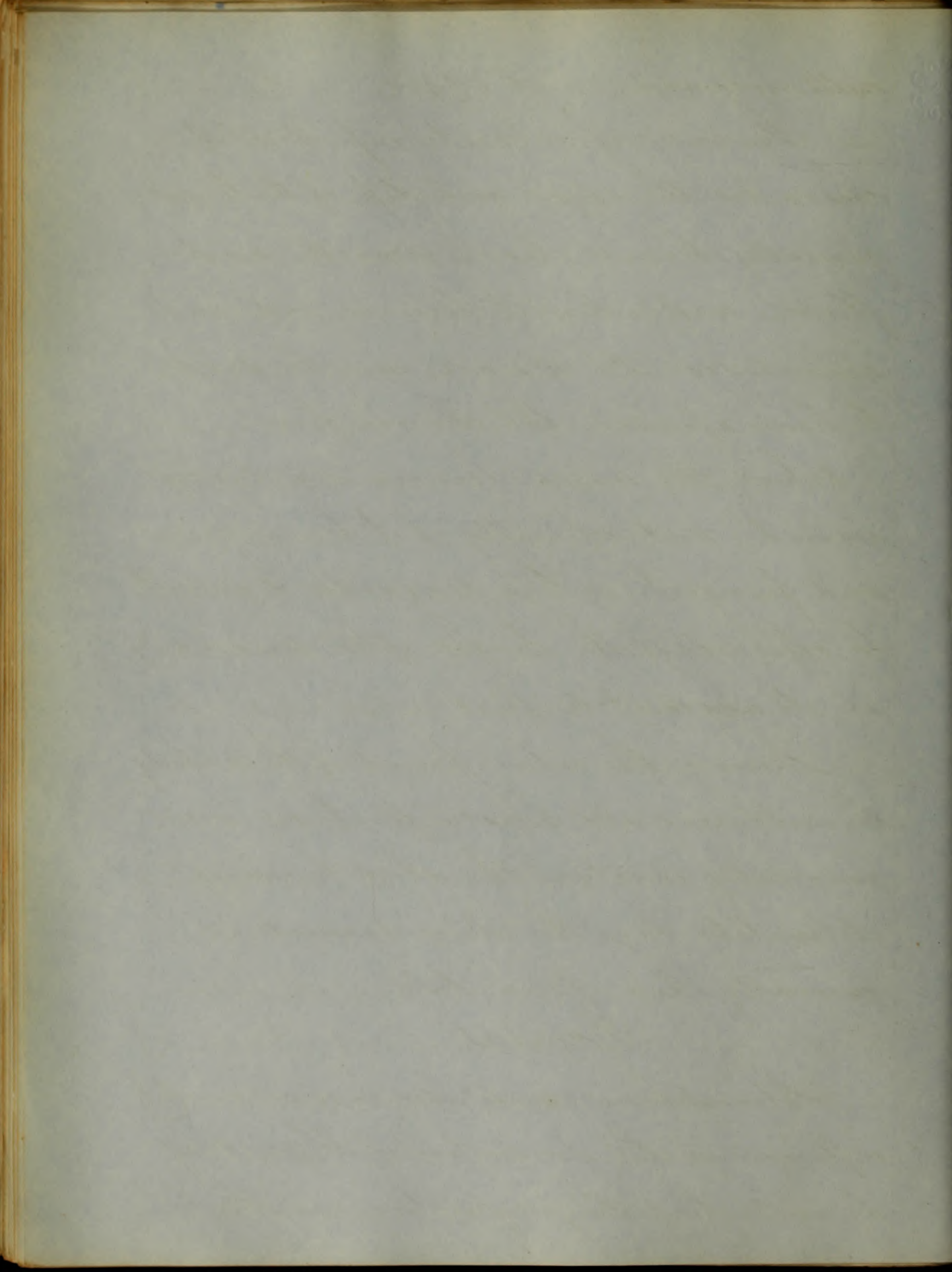
In cases of subacute or protracted character the edges and tip of the tongue generally become clean, smooth and florid, and when it becomes red and granulated, the disease may be said to have assumed the chronic form.

When the urine becomes scanty high colored, and especially if it become green and pungent, a true diagnostic sign will be afforded of the danger of the disease and of its aggravated form.

During the active period of the malady the cutaneous and hepatic functions are invariably inactive, the skin becoming obstinately dry, the alvine evacuations generally free from bile.

Causes

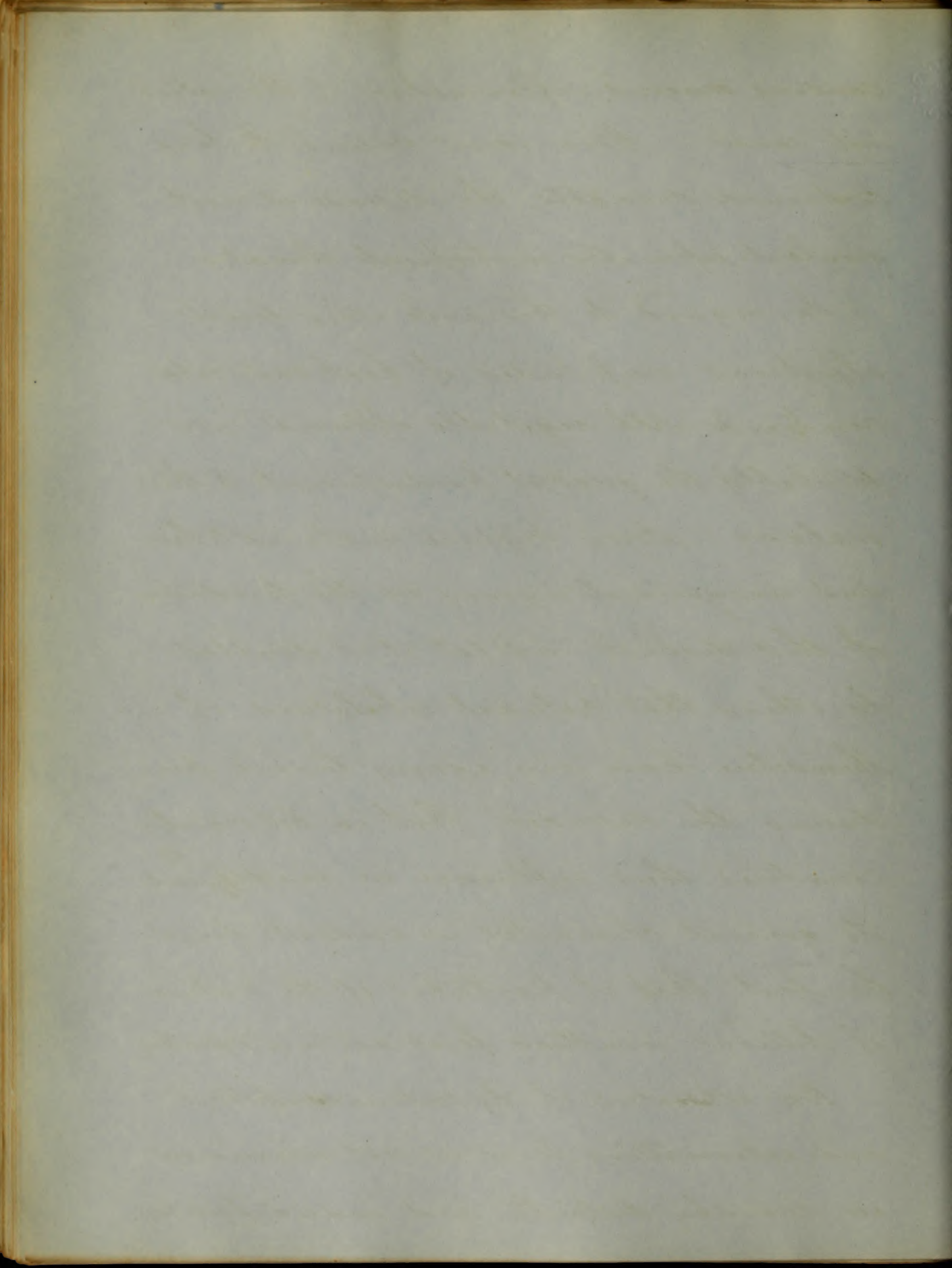
Atmospheric vicissitudes have a manifest influence in the production of Dysentery by obstructing the perspiration, and thereby



causing mucous inflammation of the intestinal canal. When rains succeed to long continued droughts, the disease is most virulent especially in tropical climates

In regard to this and other bowel affections vicissitudes of heat and cold combined with vegetable effluvia are probably the greatest predisponents to this malady. Some suppose malarial to have an unequivocal agency in the production of this disease, whilst it is doubted by others that paludal exhalations of themselves have any agency towards producing the disorder. But in hot marshy countries their influence in modifying its general character is evident, from the fact that it partakes of the nature of bilious remitting fever and pure Dysentery

An alternation of Dysenteric symptoms, and intermitting fever is not uncommon in marshy districts, and indeed Dysentery

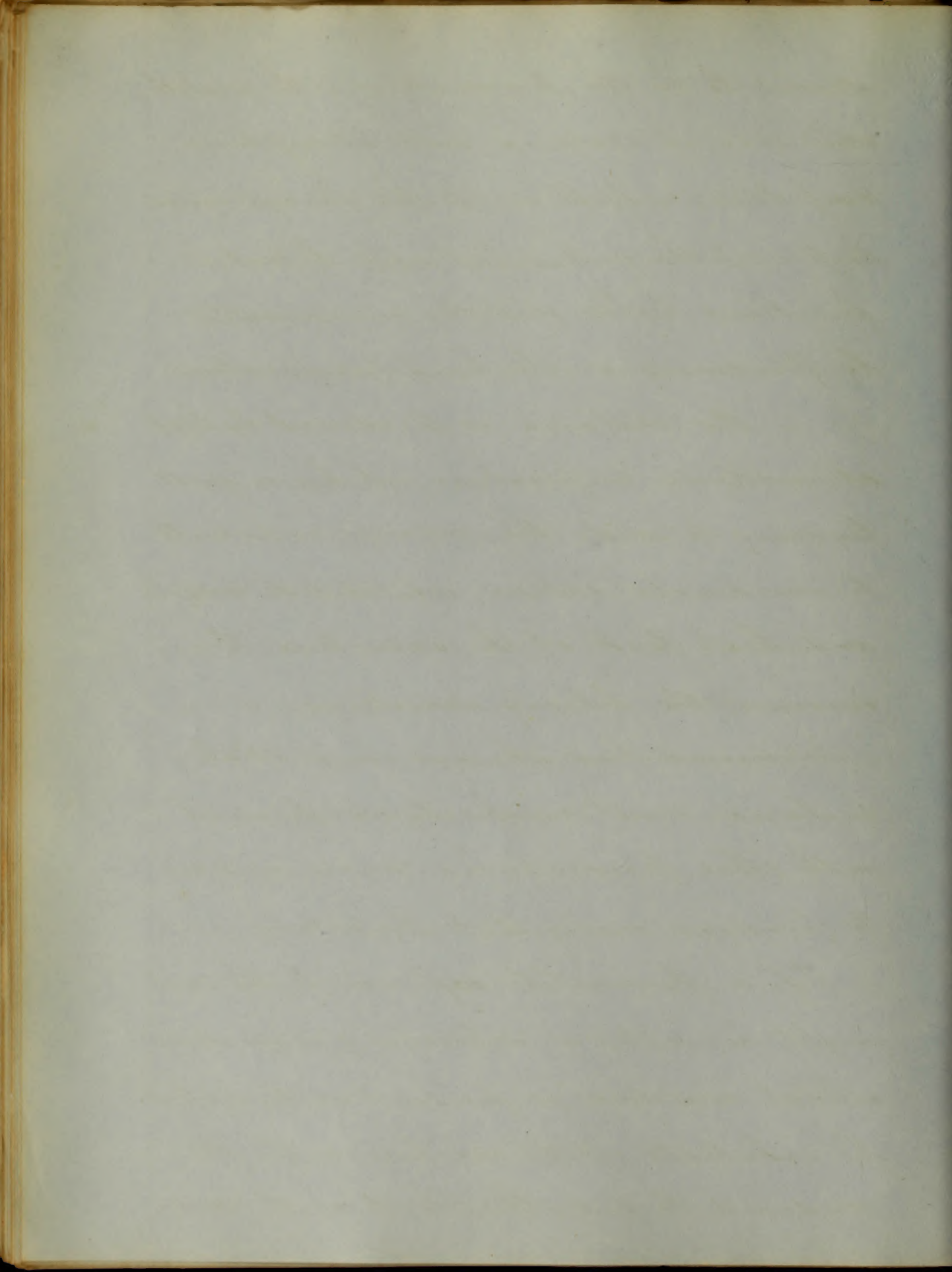


seems to be the production of the united influence of malarial and atmospheric vicissitudes which no doubt always cause torpor of the cutaneous and hepatic functions either directly or indirectly by producing or checking perspiration.

As malarial is produced by high atmospheric temperature, it has a great tendency to excite the mucous exhalents to inordinate action, whilst both malarial and heat tend at the same time to increase the biliary secretions.

Experience has shown some that malarial must necessarily be present with other predisposing causes, in order to produce malignant Dysentery

If a person be exposed to the cool night air after a scorching days sun, whilst malarial is present in the system the exhalents of the surface will be rendered torpid the blood will consen-



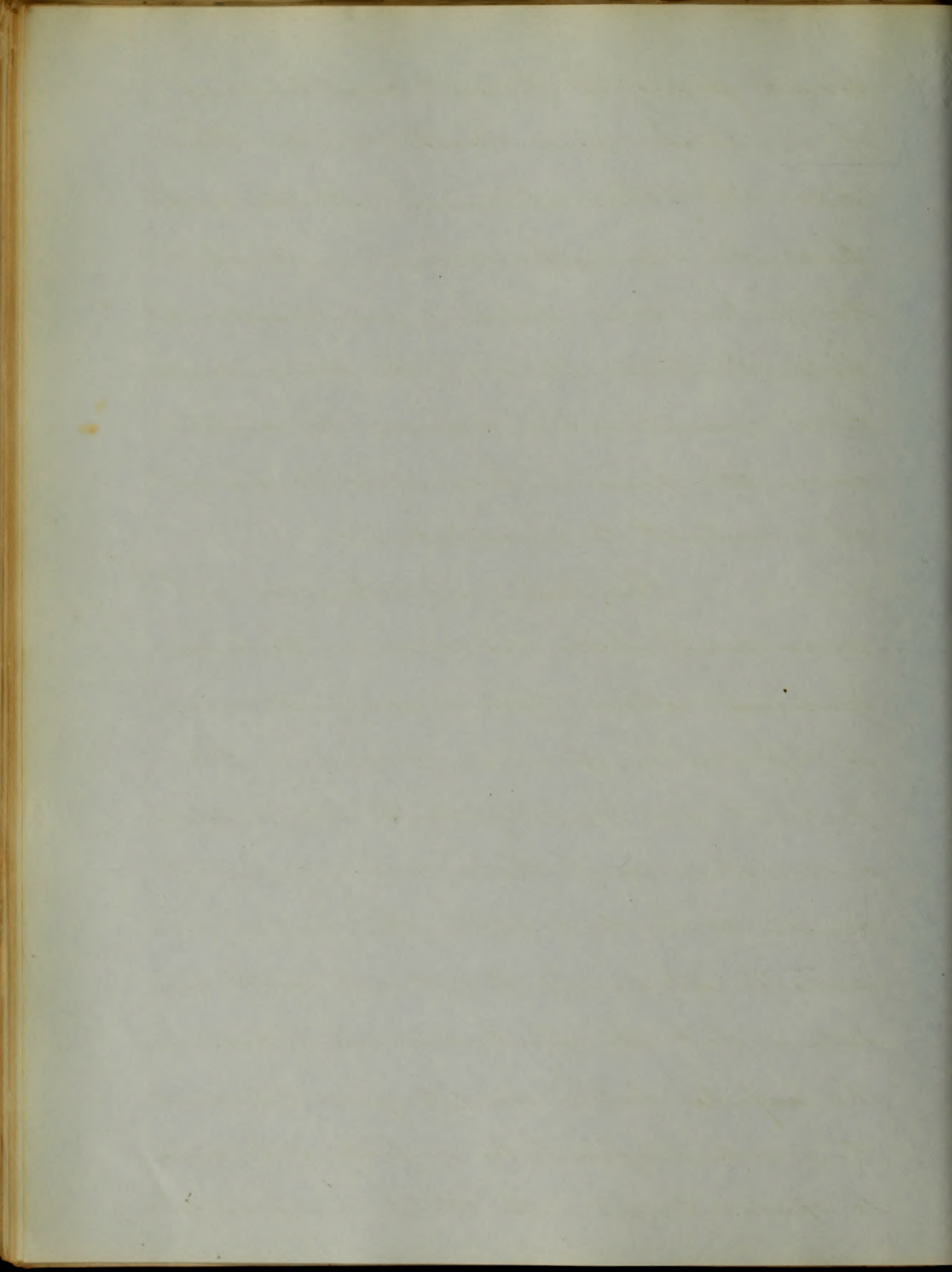
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- trated to internal organs, the liver with
other internal organs will become congested
and this congestion of the portal system
will give rise to intestinal inflammation.

There is no satisfactory evidence
that Dysentery is a contagious disease
for in its sporadic form in our country
we never see it spread from person to
person notwithstanding in some of its
epidemic visitations of continued fever
(which undoubtedly is contagious) it may
be regarded as a prominent symptom,
and from this fact, some might be led
to believe that simple Dysentery is a
contagious disease. The pyrexia that
is attendant upon Dysentery occasionally
commences, before the local symptoms make
themselves manifest, but more frequently
it succeeds their occurrence.

Sometimes the fever runs high, the
skin becomes hot, the face flushed, the

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tongue furred), the patient complaining of headache and thirst (but in this like all other abdominal diseases) the patient's strength declines rapidly, the pulse soon becomes small and weak, and the temperature of the body sinks to a considerable degree. In acute cases the pain is frequently severe yet it is subject to exacerbations.

The pain is situated in some part of the colon or in the hypogastrium where there is generally more or less tenderness upon pressure, the patient goes perpetually to stool, feeling a sensation as if there were excrement ready to be dislodged, this causes insupportable straining to get rid of the irritation, but the efforts are almost in vain he expels but a small quantity each time which assimilates a jelly like mucus or mucus tinged with blood, mixed with



membranous shreds, that resemble flesh.

There is no faecal matter in many of the evacuations, and they sometimes come away in small indurated balls. Now the ejected mucus frequently becomes horribly fetid, and of a variegated color, green, black, or redish, like the washings of meat. There is often pain and difficulty in voiding urine in consequence of the irritation of the rectum concentrating upon the bladder through the reflex action of the lower portion of the spinal cord.

Sometimes nausea & vomiting ensue from sympathetic influence exerted by the stomach. Obstinate vomiting will general ensue, if there be stricture or invagination of any portion of the intestines.

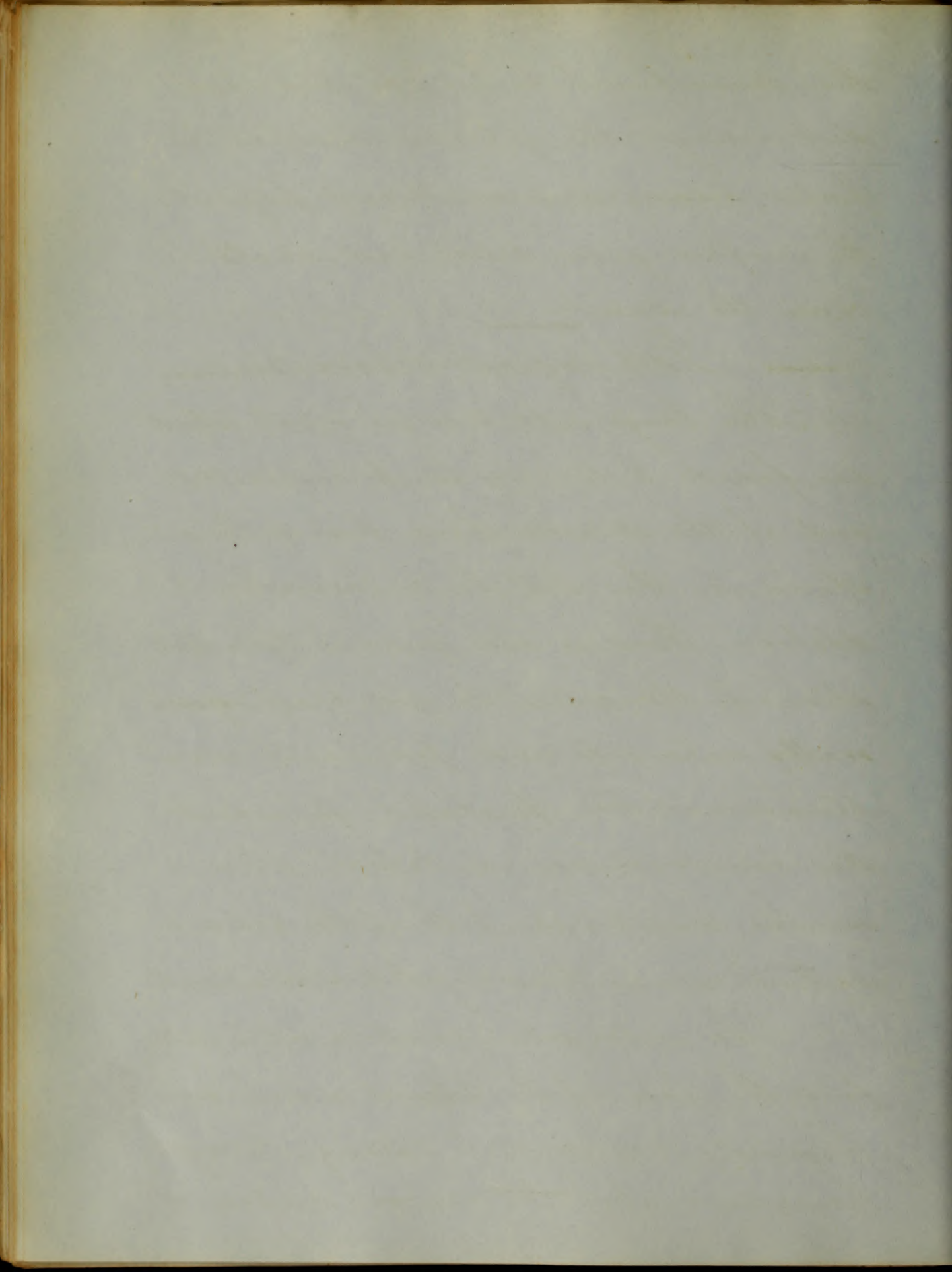
Connected with all these local symptoms there is much febrile excitement and distress, the patient sleeps but little, has bad dreams,

that cause him to be low-spirited and desponding, the features sharpen, the pulse becomes very small and frequent, the surface grows cold, and death closes the scene. —

— Pathological Characters —

The large intestines in recent subjects are found to be very much contracted, and if the disease have been of long standing, they will be considerably dilated. There is also more or less ulceration of the colon, its glands are generally enlarged and prominent, resembling small pox pustules, for which they are sometimes mistaken. The mucous membrane both of the colon & rectum is sometimes injured and ulcerated.

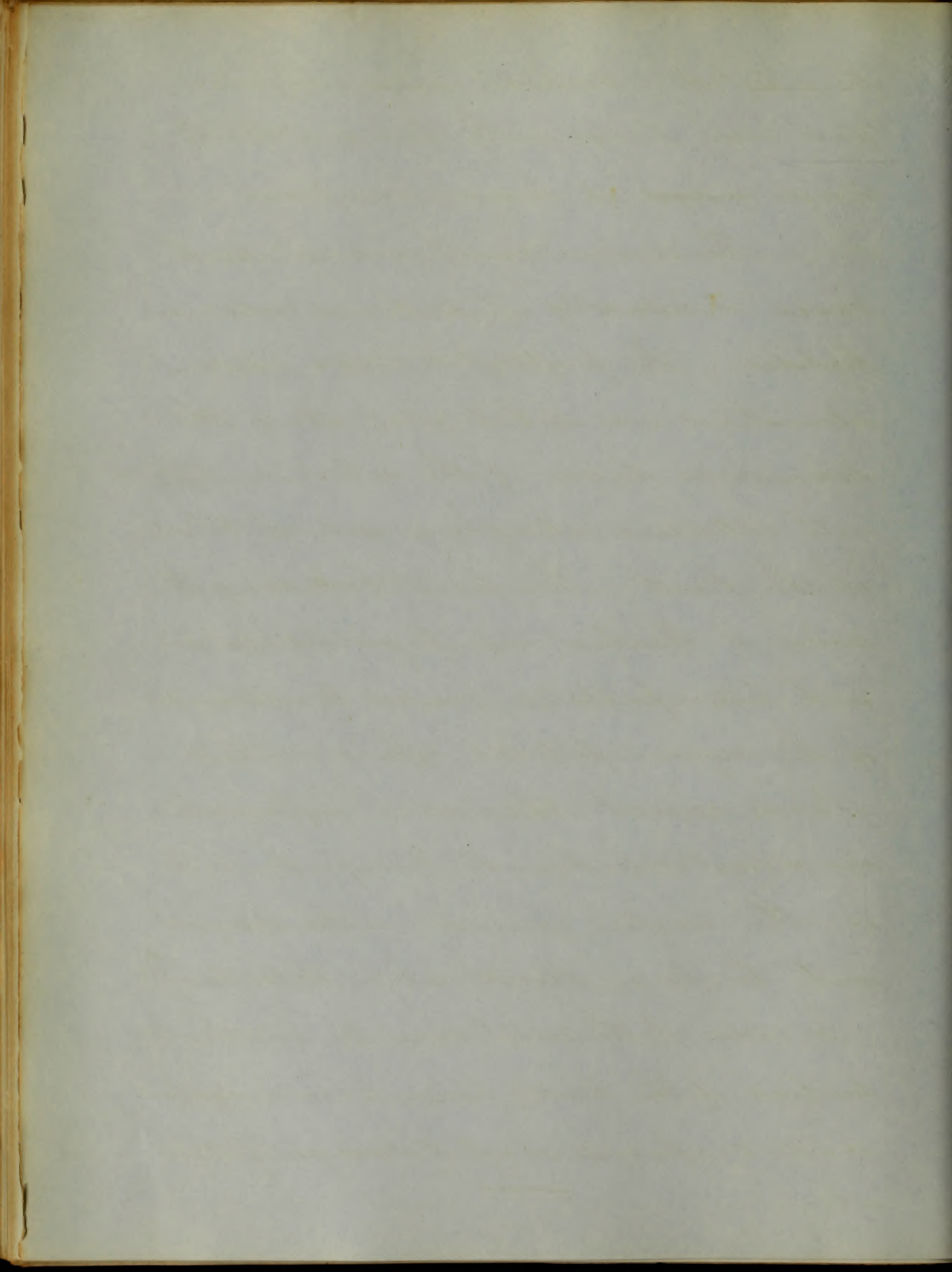
The enlarged glands most probably form the foci of the ulcers which are frequently narrow and oblong, lying transversely upon the mucous surface of



13
The intestine, sometimes quite irregular
and very large with here and there
ridges ~~ridges~~ of mucous membrane.

The mucous membrane in such
cases is usually of a brown color, in
patches. In protracted cases deep
ulcerations are apt to exist along the
transverse bands of the colon, sometimes
with extensive sloughing and mortification
of the part. The parts bounding the
valve of Bauhin, are frequently studded
with brown pustules, caused by inflammation
of the mucous follicles. The mesenteric
glands opposite the seat of inflammation
are sometimes found tumefied, red
in the earlier periods of the disease
and brown or black at a later period.

In some of the worst cases, the internal
portion of the bowel presents an irregular
and confused map of disorganization

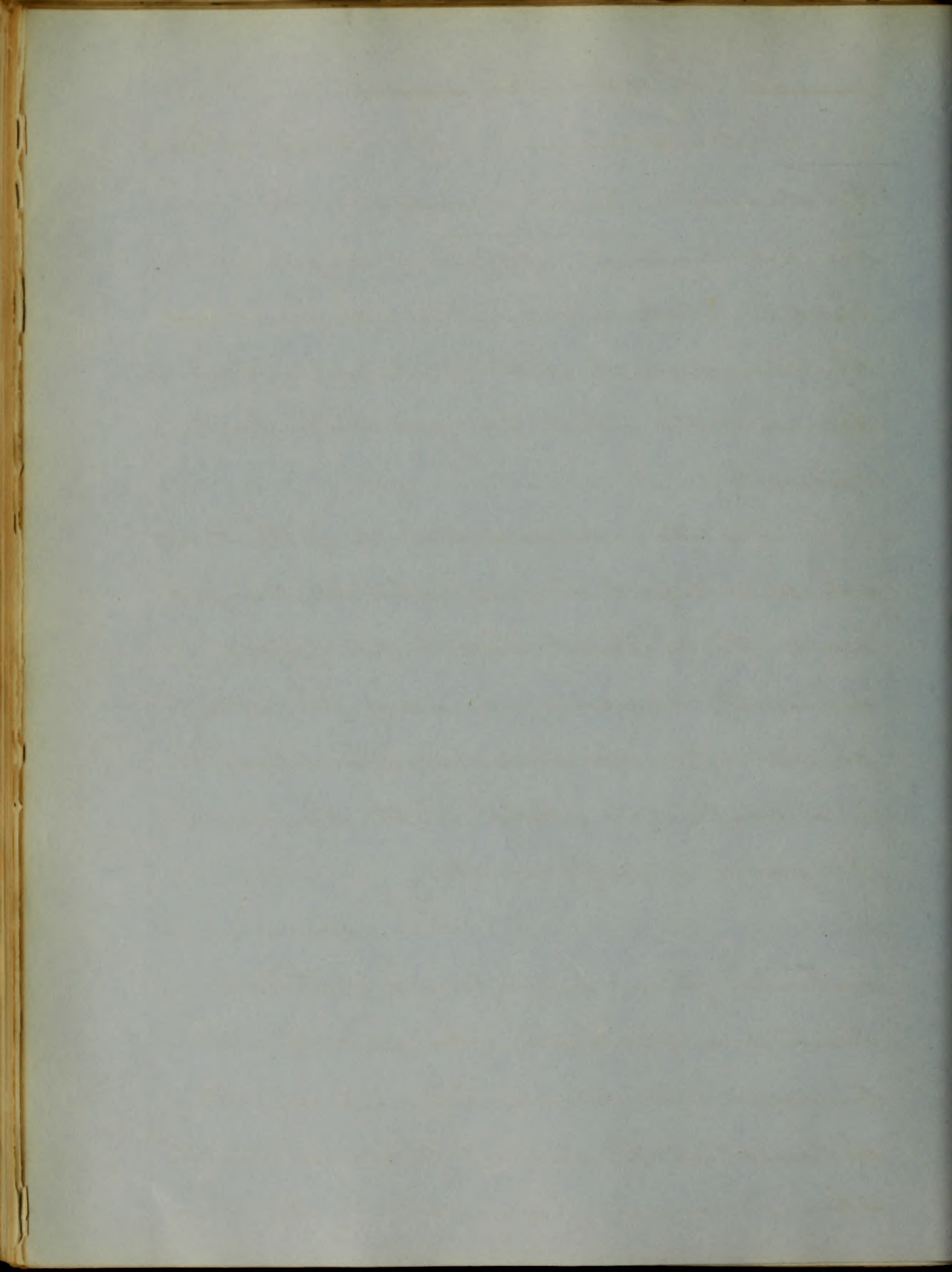


Prognosis

If the discharges consist chiefly of blood the disease is more manageable than when they are composed of mucous tinged with blood. Copious evacuations of blood in the commencement of the disease are favorable because of the relief they give to the portal system.

In the advanced periods of the disease where colliquative and foetid discharges occur the patient may be considered in imminent danger, also when the stools consist of a mucosaneous fluid, and there is a tympanitic state of the bowels, the prognosis is unfavorable.

The appearance of natural faeces accompanied with bile denotes a favorable change. If the tenesmus terminates and tenderness in the abdomen abate, and at the same time the skin becomes uniformly moist, the disease



may be regarded as tending towards convalescence and especially if the stools have assumed a natural appearance.

Treatment

When this disease is submitted to early treatment and when its exciting causes can be averted, it is not considered an intractable disorder. Dysentery may be divided into two stages, the inflammatory stage & stage of ulceration, both requiring opposite modes of treatment. It may be advisable in sporadic and sometimes in epidemic cases, to resort to general depletion in conjunction with local bleeding over the region of the colon by means of cups or leeches.

In simple cases of the disease has frequently yielded after the administration of a few doses of *Oleum Ricini* which frees the intestines from the morbid matters that are continually poured into them.

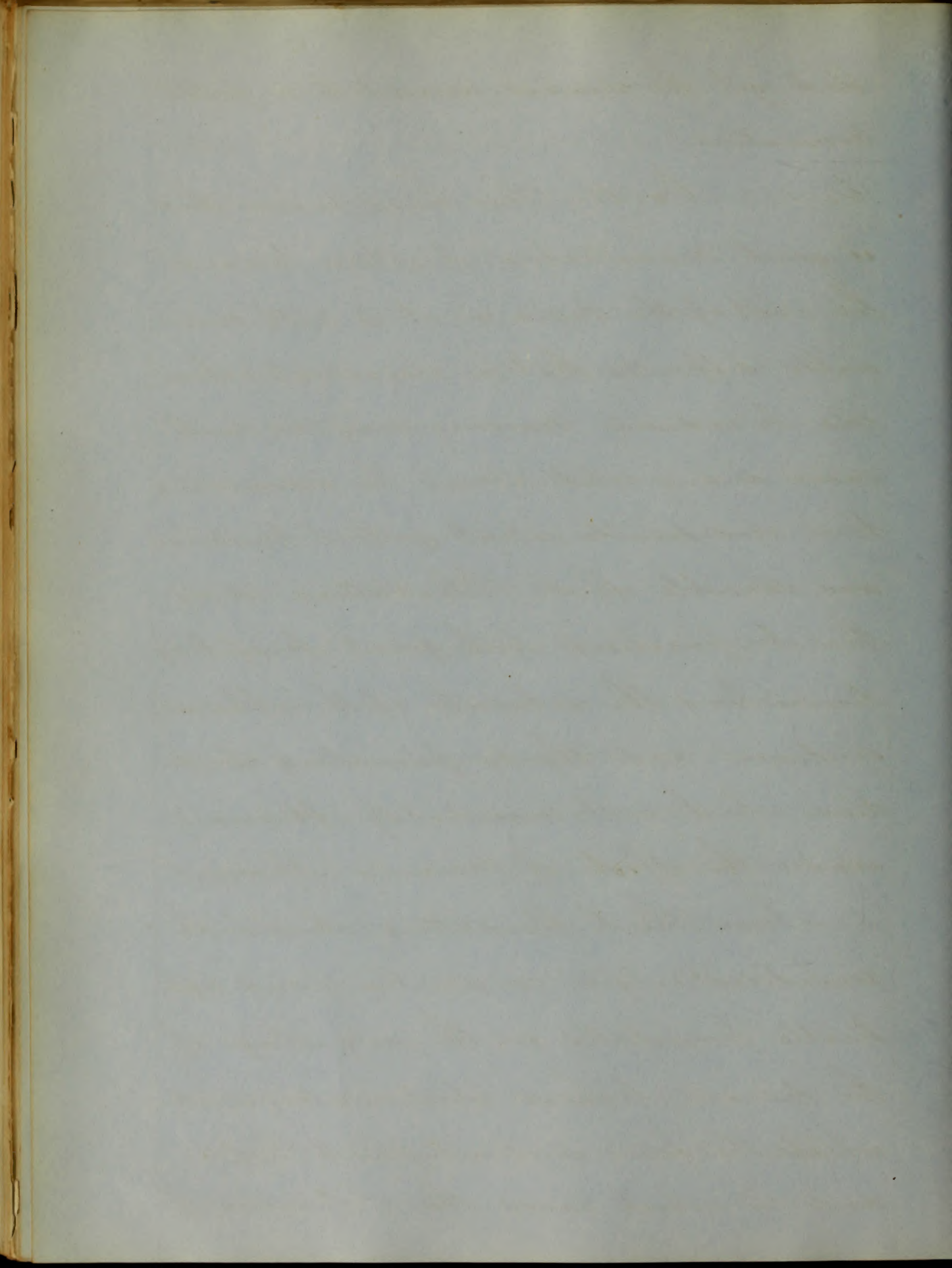
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But in epidemic cases the treatment must be regulated according to the exigencies of its prevailing characters and in cases that are accompanied by signs of great prostration and that run their course to a fatal termination so rapidly (as was witnessed during the past summer in the district in which I resided) that the strength may have to be supported. Upon the one hand whilst upon the other, every effort will have to be made to induce a new action upon the system by mercurials.

It is a common remark with some practitioners, that if they can only touch the mouth with mercurials (in cases that prove obstinate) that the disease will yield. But such has not always been the result of my Preceptor's experience. Indeed observation (during the last summer) has taught me that the system may be brought under the influence of mercury

and yet the disease proceed to a fatal termination.

On the other hand where there is great concentration of action towards the seat of the disease, it is with considerable difficulty that a mercurial action can be induced. Mercury may (in such cases as are cited above) be administered to a considerable extent without producing any sensible effect. Bloodletting may then be practised with great benefit by diminishing the intensity of the inflammatory excitement and thereby promoting absorption, which will immediately afterward render the effects of mercury apparent.

Some think bloodletting should be considered only as an auxiliary and applicable principally in the early stage of the disease, because epidemics occur in which the fever is of a typhoid type, and in which cases, the abstraction of



Blood would be entirely inadmissible, or the concomitant fever so slight as not to elicit bleeding at all. However, if the disease be of an epidemic or malignant character, a full bleeding should first be procured from the arm, and then laxative medicines alternating them occasionally with opiates which will generally arrest the disease,

but if such form of disease be left to purgatives alone, without previous depletion it not unfrequently terminates unfavorably

Some authors express their belief that epidemic Dysentery may be cured by opium alone if administered in the incipient stage of the disease, and that boldly, from one to three grains every three or six hours until its narcotic influence begins to display itself.

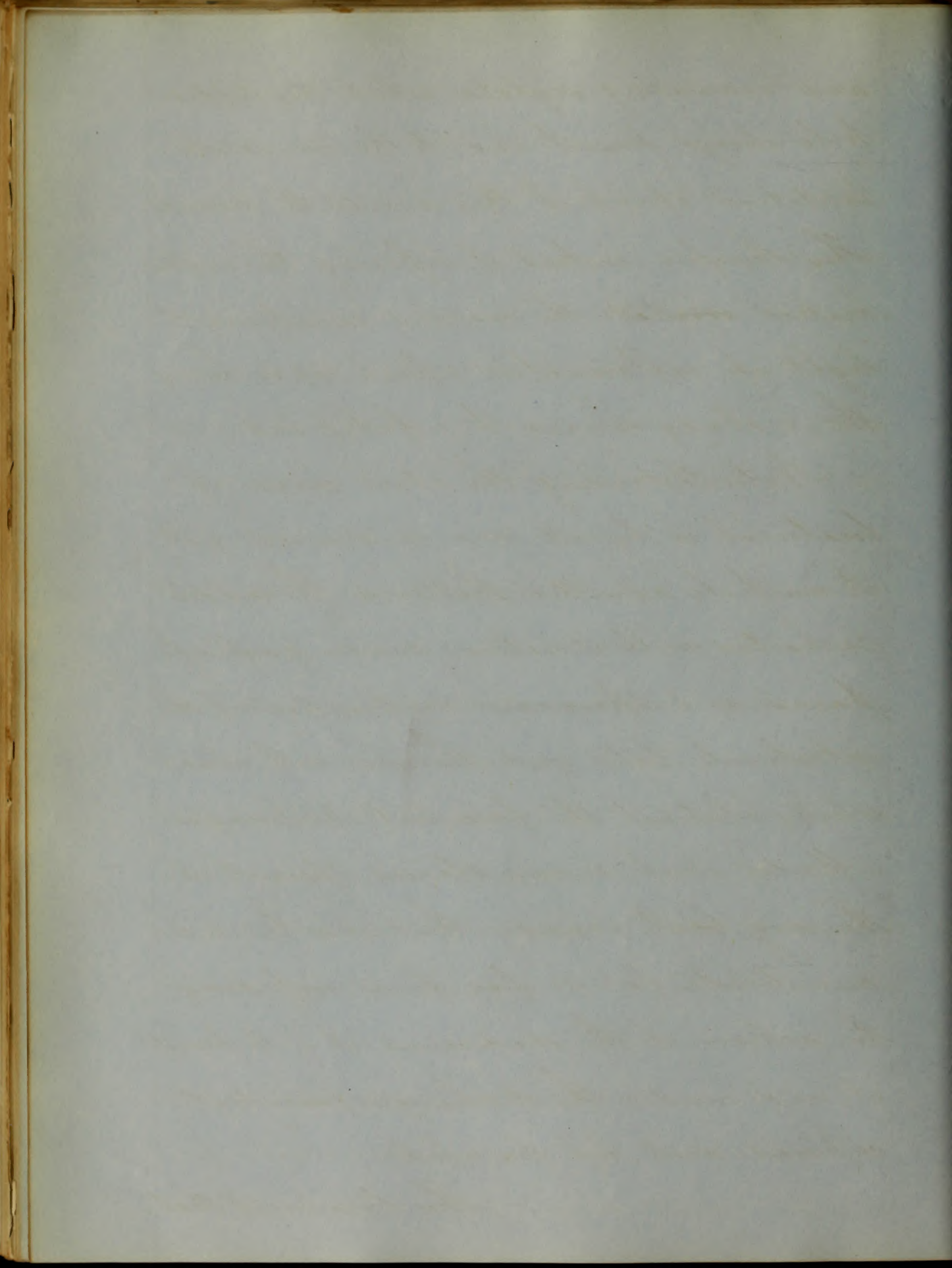
Others take drastic purgatives as their sheet anchor in this disease, and therefore think to cure by dislodging

and evacuating scybala which they suppose to be always present and to the immediate irritation of which they ascribe the disease. They therefore instead of lessening the inflammation irritate the mucous membrane & light up inflammation afresh, and hurry the malady onward, to a fatal end.

Notwithstanding the above mode of treatment is by all now condemned yet it must be admitted that even the mildest cathartics will sometimes cause griping pains and spasmodic contraction of the intestinal tube and therefore will almost wholly obstruct the faeculent discharges.

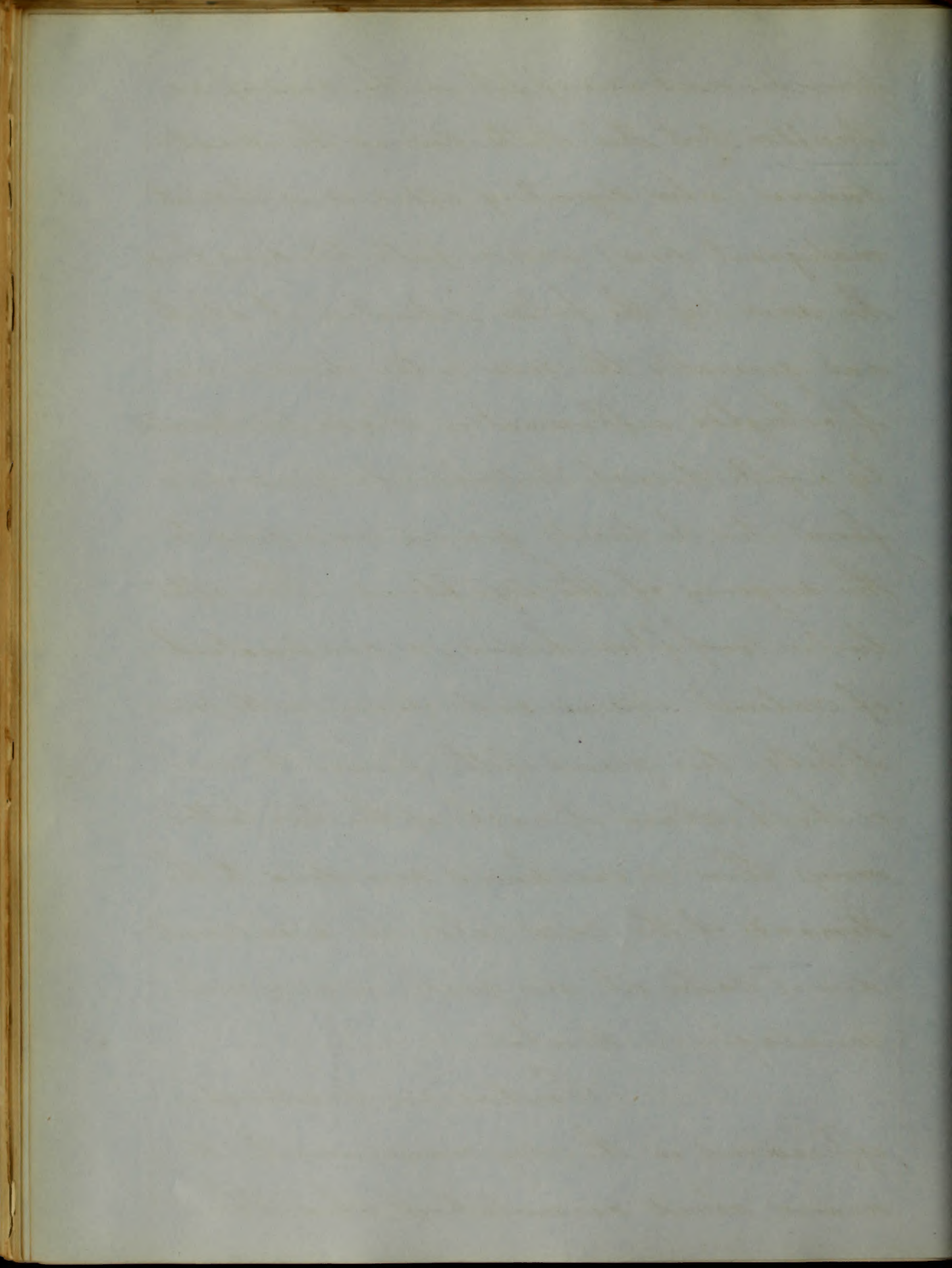
Under such circumstances Opium is the very best remedy that can be administered, for so far from impeding the action of the medicines it will promote it, and render the discharges faeculent copious and less painful.

The treatment that



proved most successful in the hands of my
 Preceptor (Doct. Theo. Smith) during the past
 summer (when dysentery appeared in its most
 malignant form) was a full bleeding from
 the arm (if the pulse indicated it which
 was generally the case as the disease was
 of a highly inflammatory character) succeeded
 by a full dose of Protochloride of mercury,
 from ten to twenty grains according to
 the urgency of the symptoms. Then after
 twelve or fifteen hours, a combination
 of calomel, Ipecac and opium, in the form
 of pills, two grains of the former to one
 or half grain of each of the two latter
 every three or six hours according to the
 demands of the case, also an occasional
 dose of castor oil was given, ice and cool
 mucilaginous drinks.

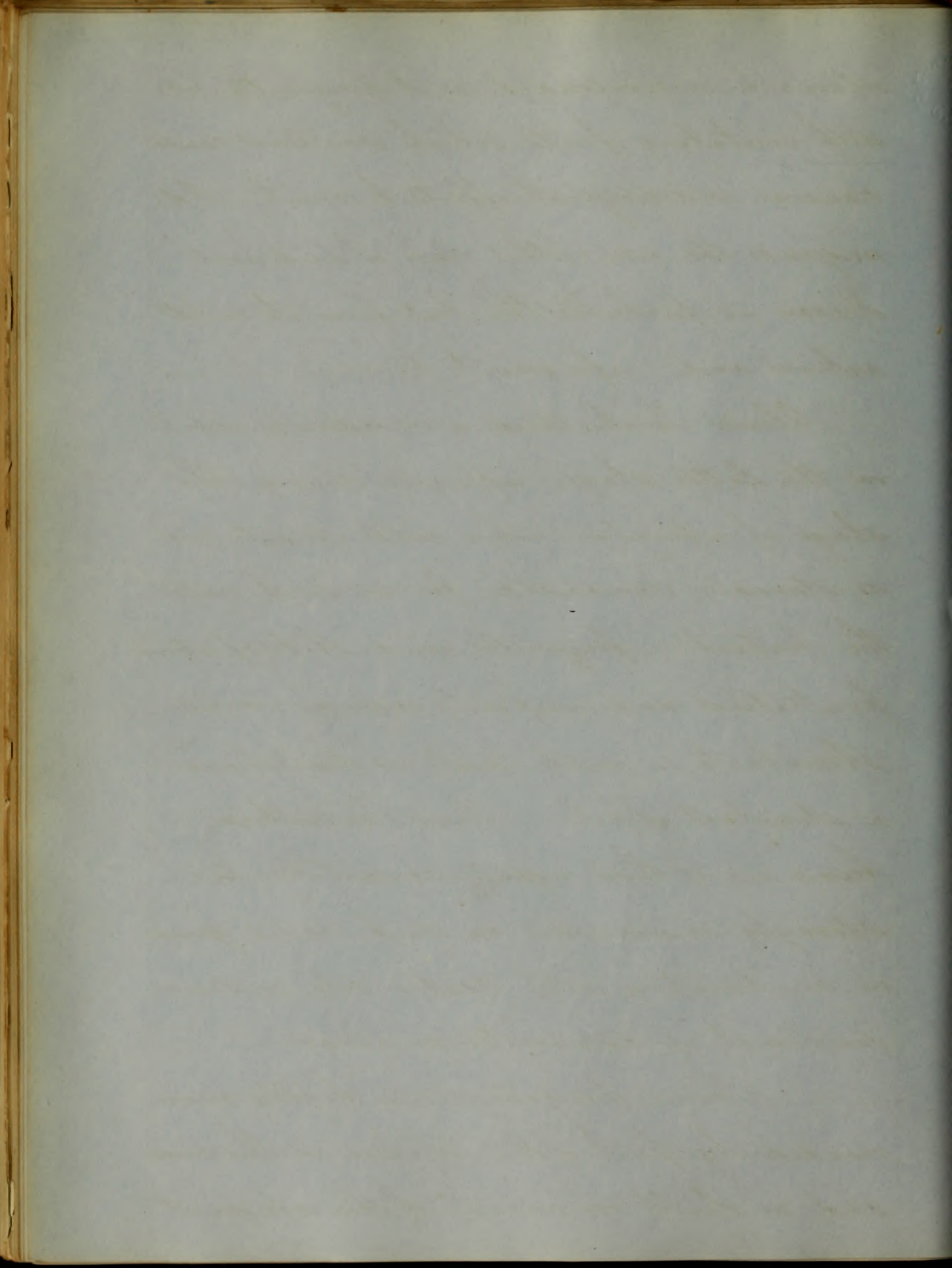
Emetics are sometimes
 efficacious in the very commencement, to
 remove acrid accumulations when the



stomach is overloaded (as it frequently is) with irritating fruits which sometimes cause nausea and frequent efforts to vomit. As regards the use of this class of medicines *Specac* is probably the best, from its mild action and refrigerent power

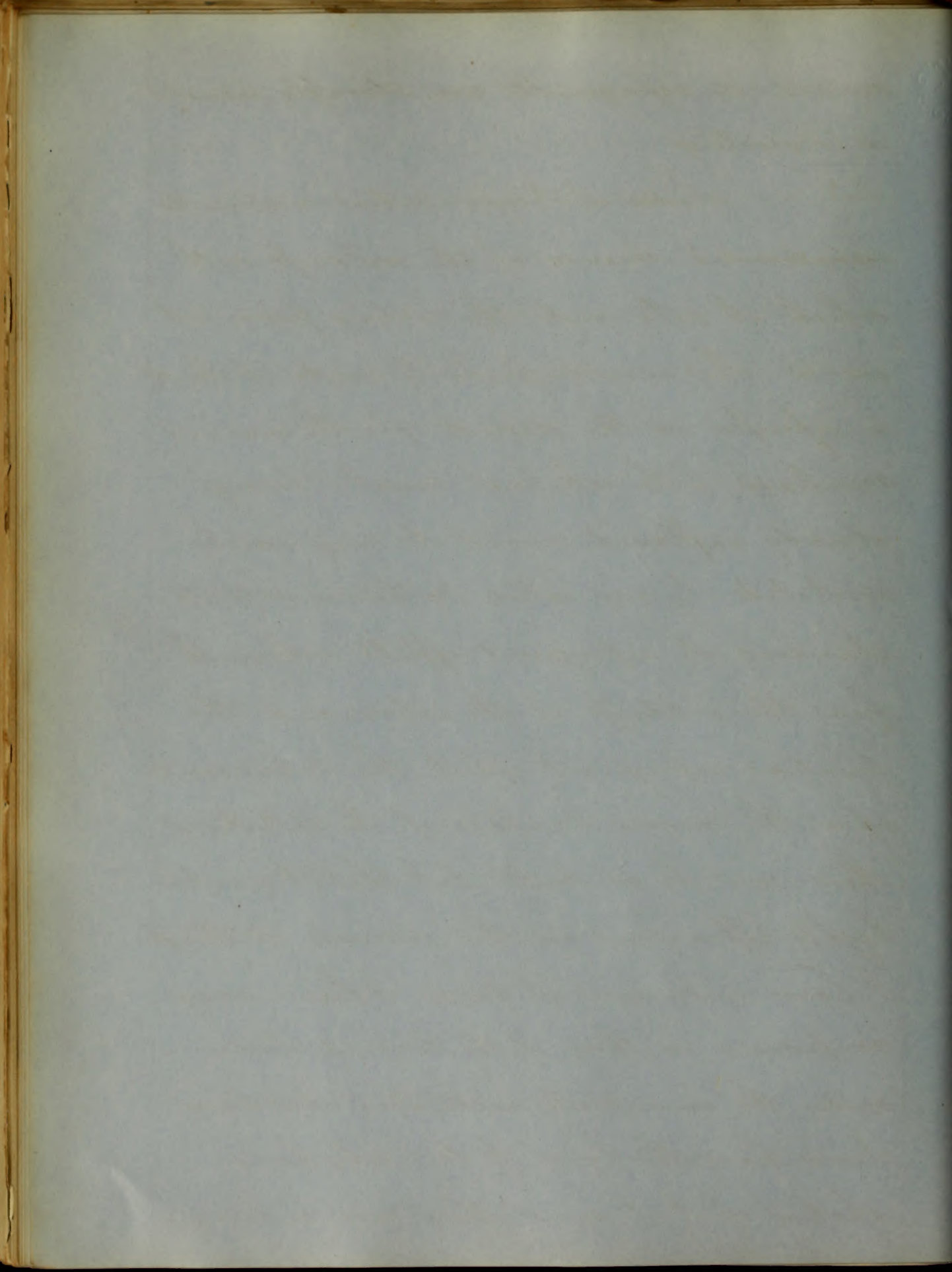
Oleum Terebinthinae is exceedingly useful in the latter stages, especially during the stage of ulceration when mild stimuli are so strongly demanded, for in such cases the patient is frequently in a state of extreme prostration and necessarily requires mild stimulants or mild laxatives that have a stimulant effect. *Oleum Terebinthinae* being one of those agents, cannot be too strongly recommended in such cases, given in combination with castor oil, or some demulcent if administered alone.

Saline purgatives are highly recommended by part of the Profession in this disease and no doubt on account of their refrigerent



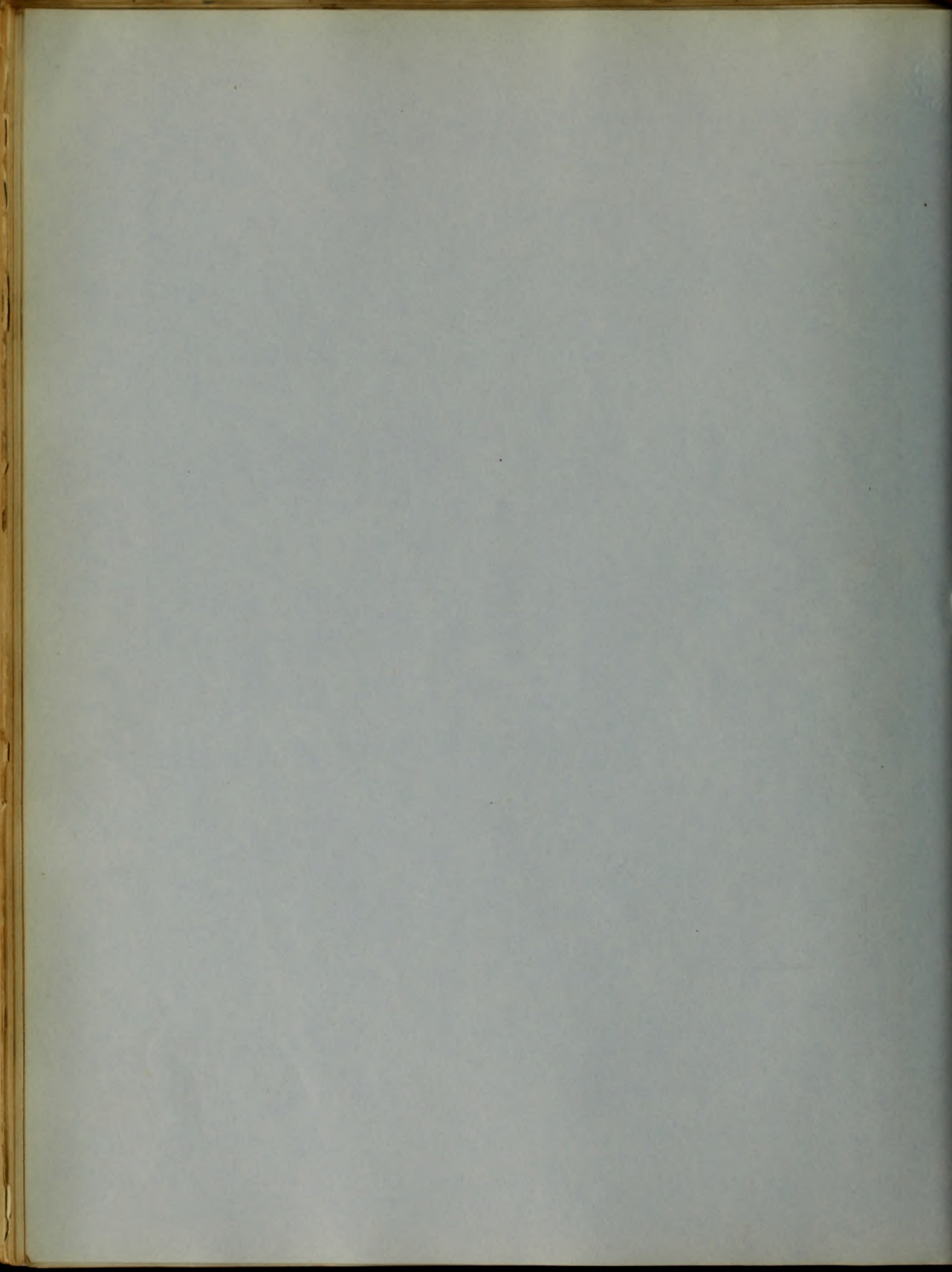
virtues. As refrigerents are strongly indicated
in Dysentery.

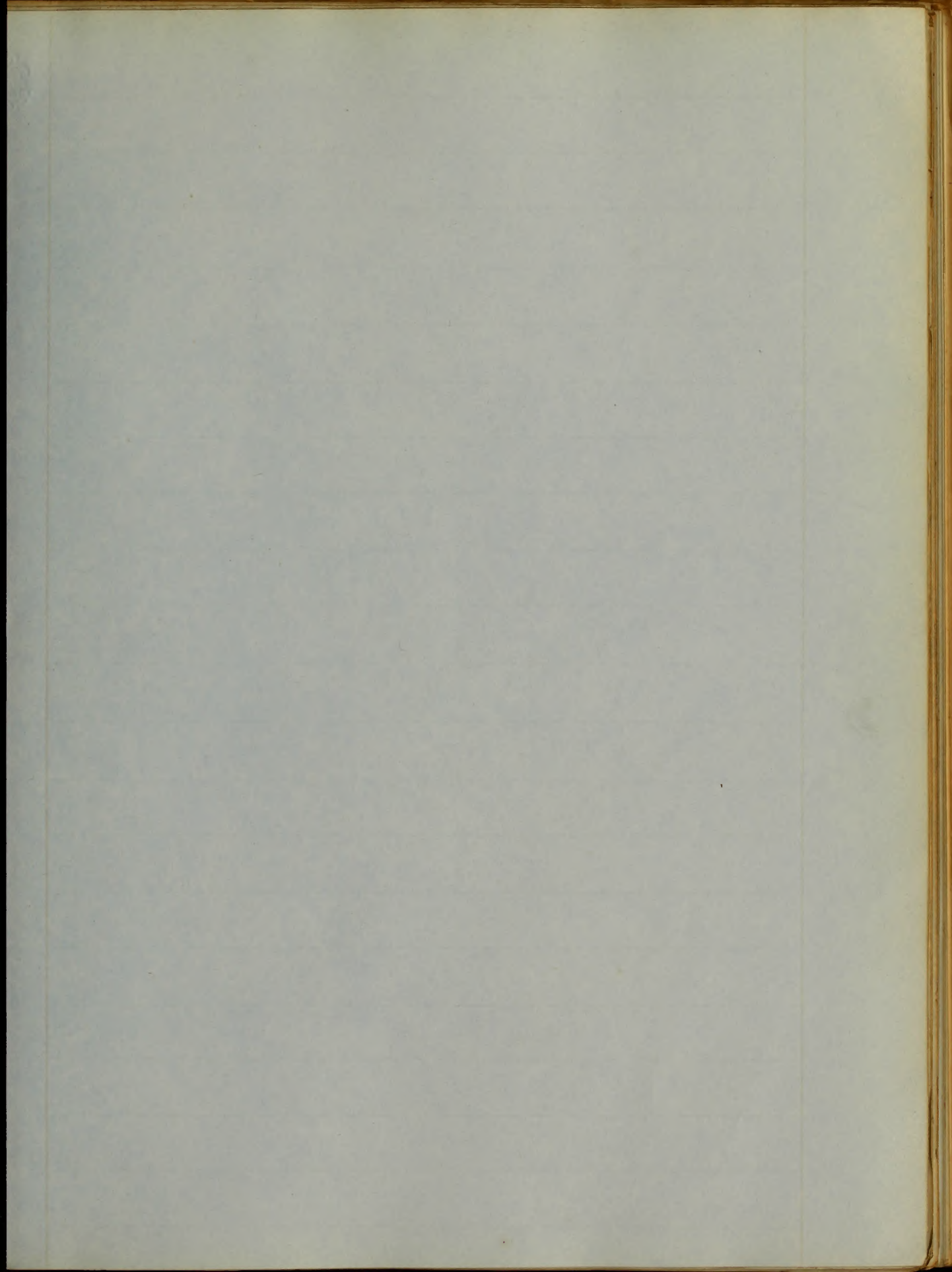
Sodae et Potassae Tartras is especially
recommended because of the mildness with
which it acts and the cooling power it
exerts. This would probably make it almost
a specific in this disease, for the mucous
membrane of the intestinal canal, being
already inflamed would be very easily
irritated by any active cathartic notwith-
standing its refrigerent effects, whereas
from the mildness of the action, and the
peculiar refrigerent effect: this saline exerts
upon the mucous surface of the intestines.
There can be no doubt but that it must be
highly efficacious in this disease. Although
I have never seen it tried I have every
confidence in those of the learned body
(under the immediate instruction of whom
I now have the honor to be) who have
spoken of it more than once as being

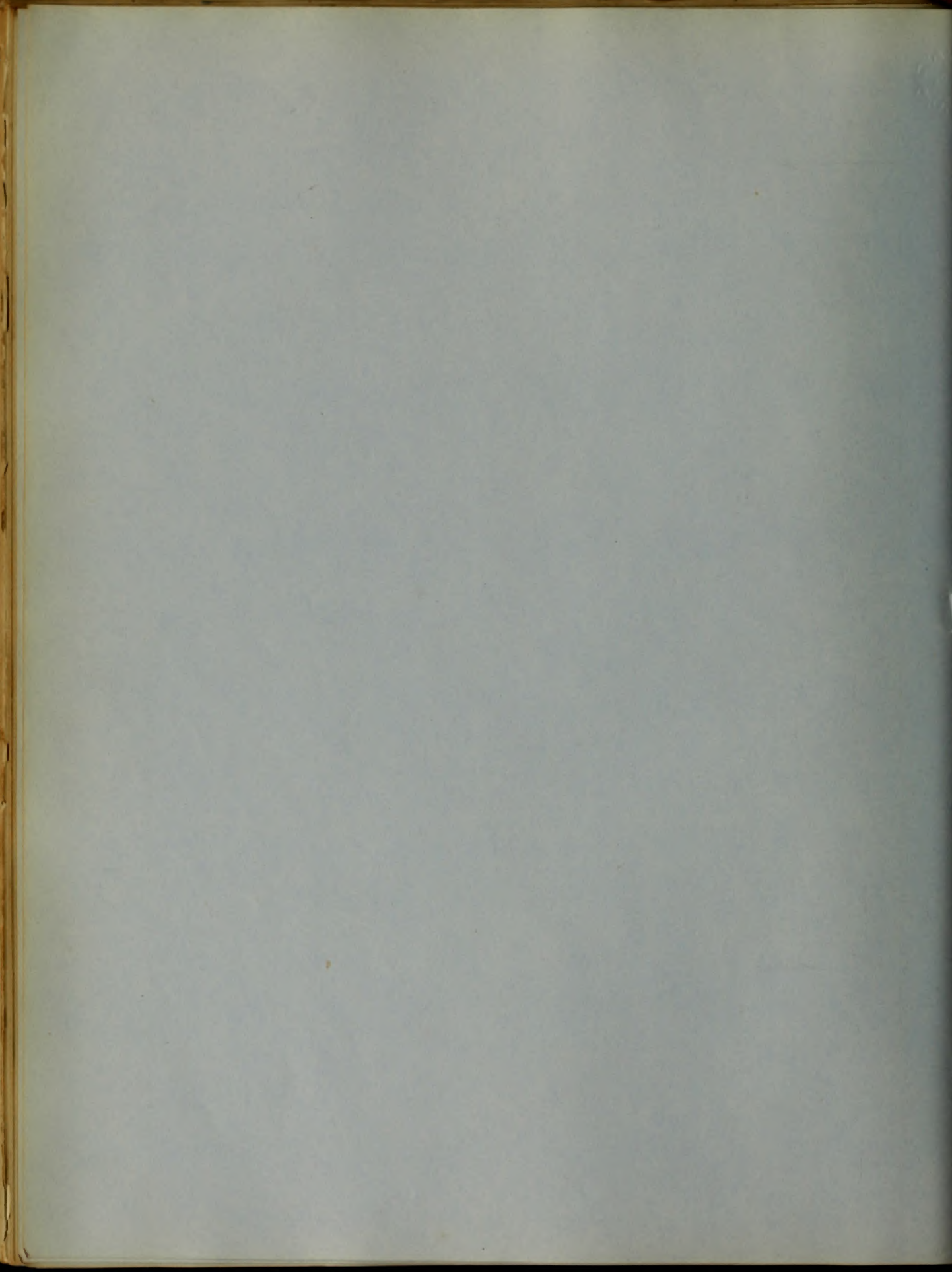


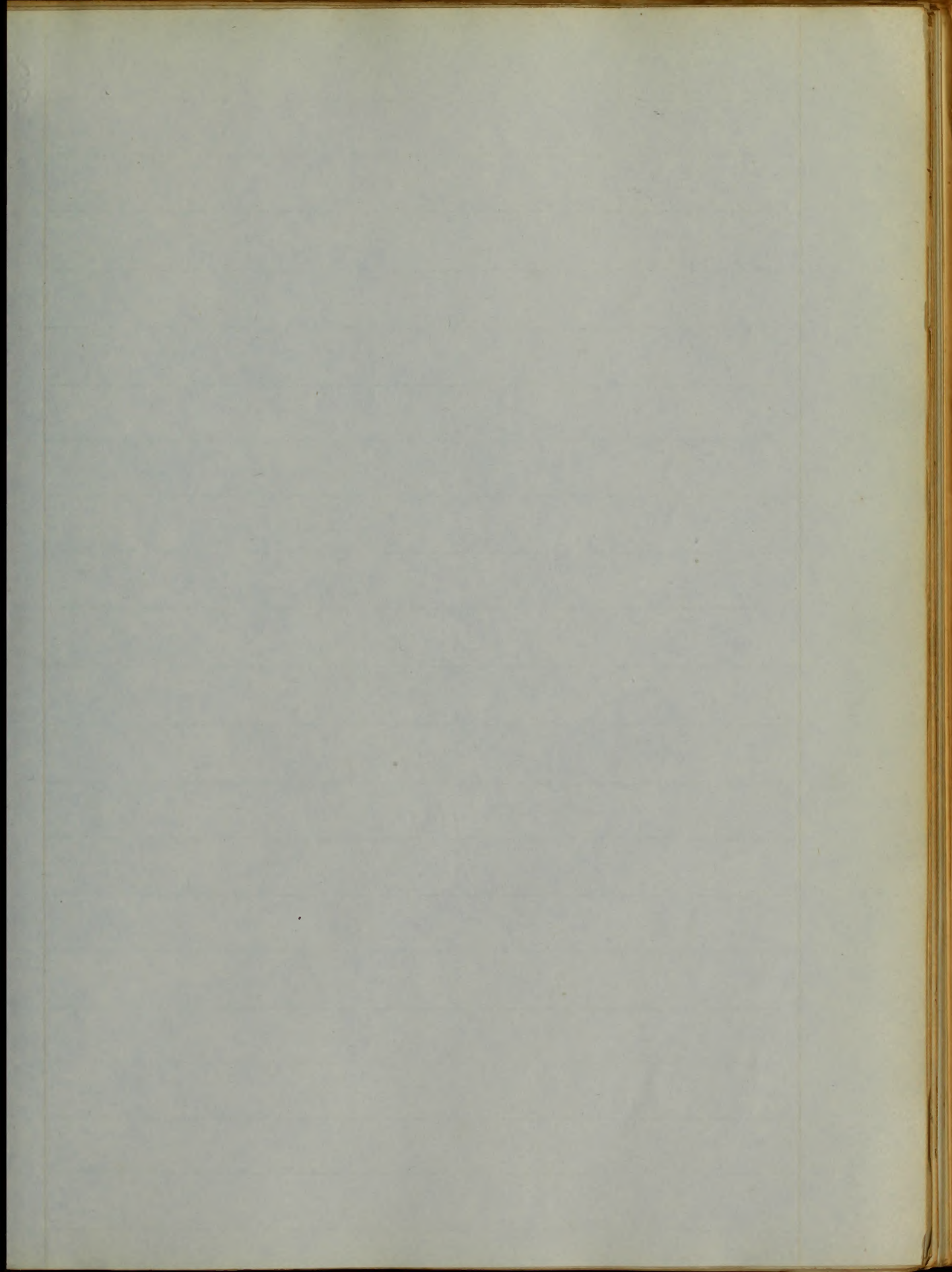
an invaluable remedy in Dysentery

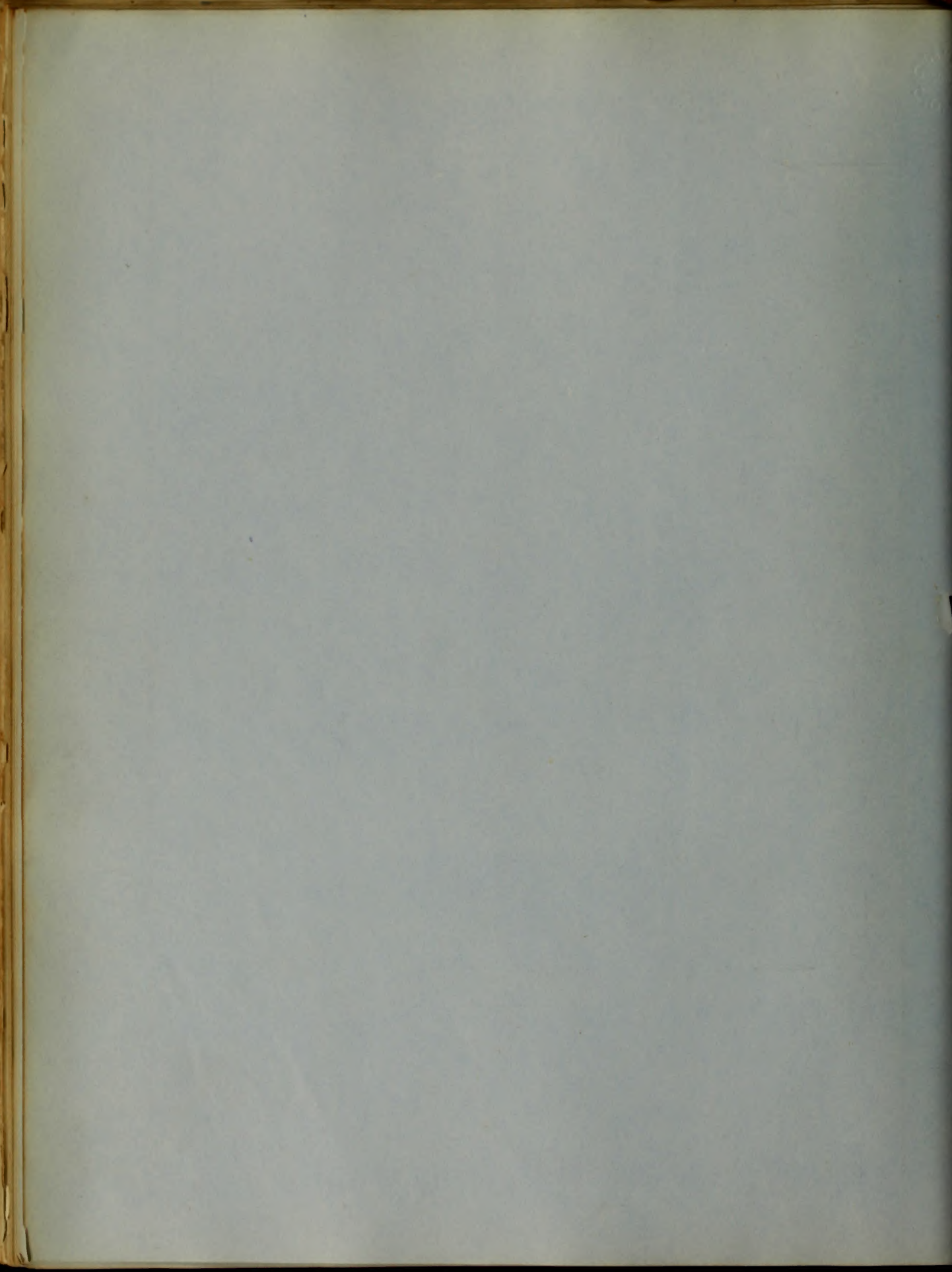
I could mention numerous other remedies that have been recommended in Dysentery but deem it unnecessary, trusting that you will think it only requisite to keep them in mind, and resort to them after those mentioned have failed.

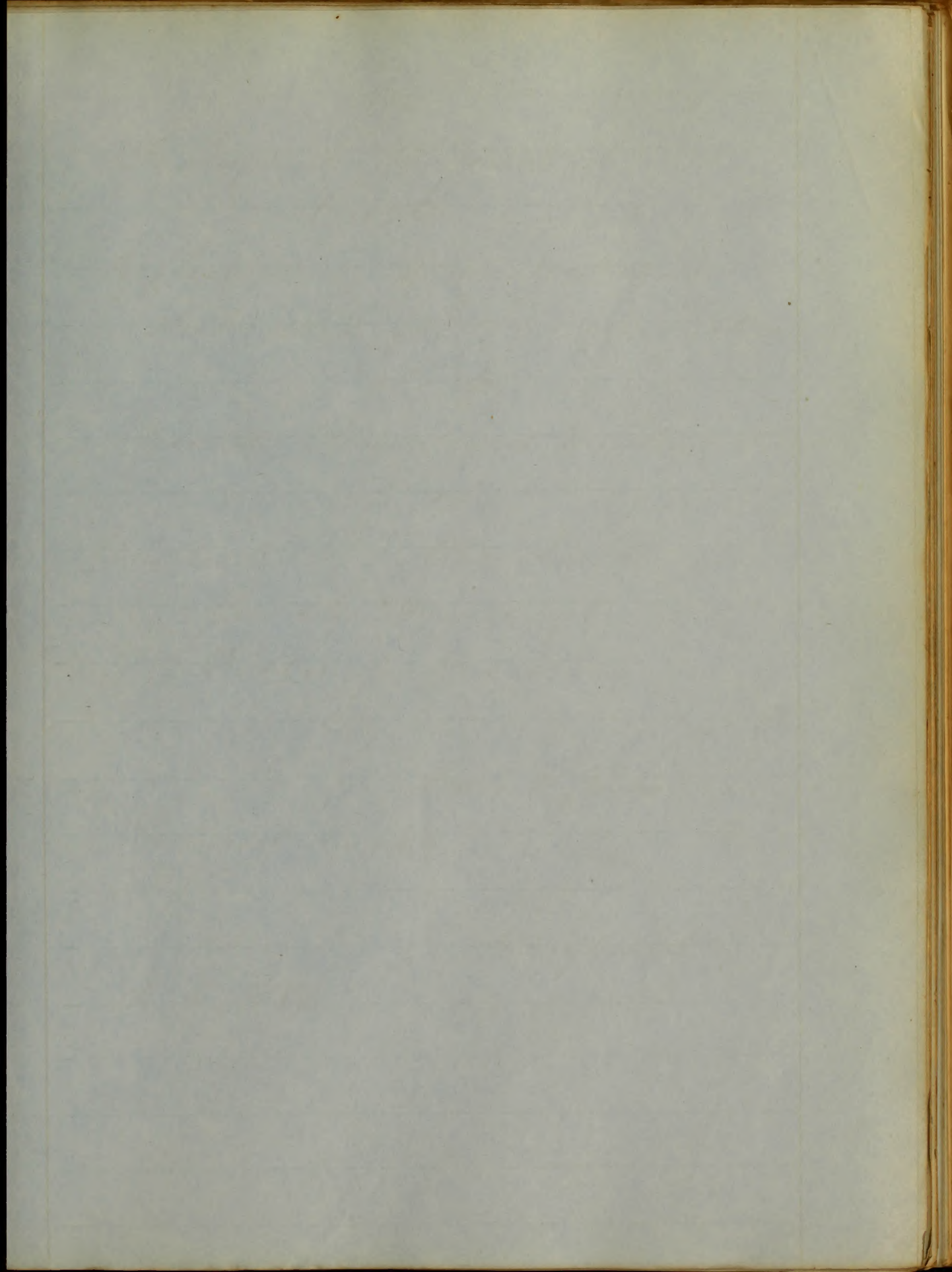


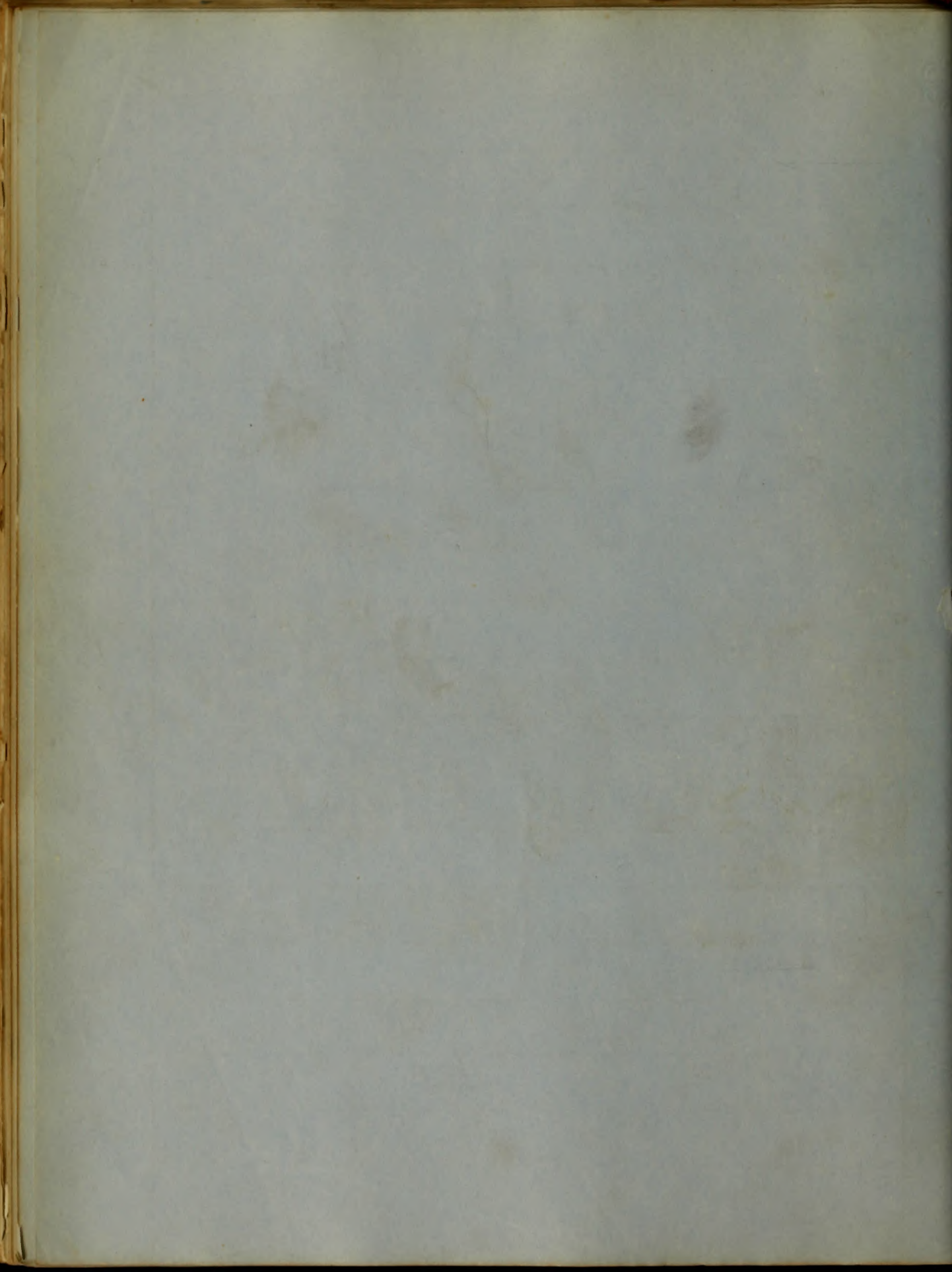










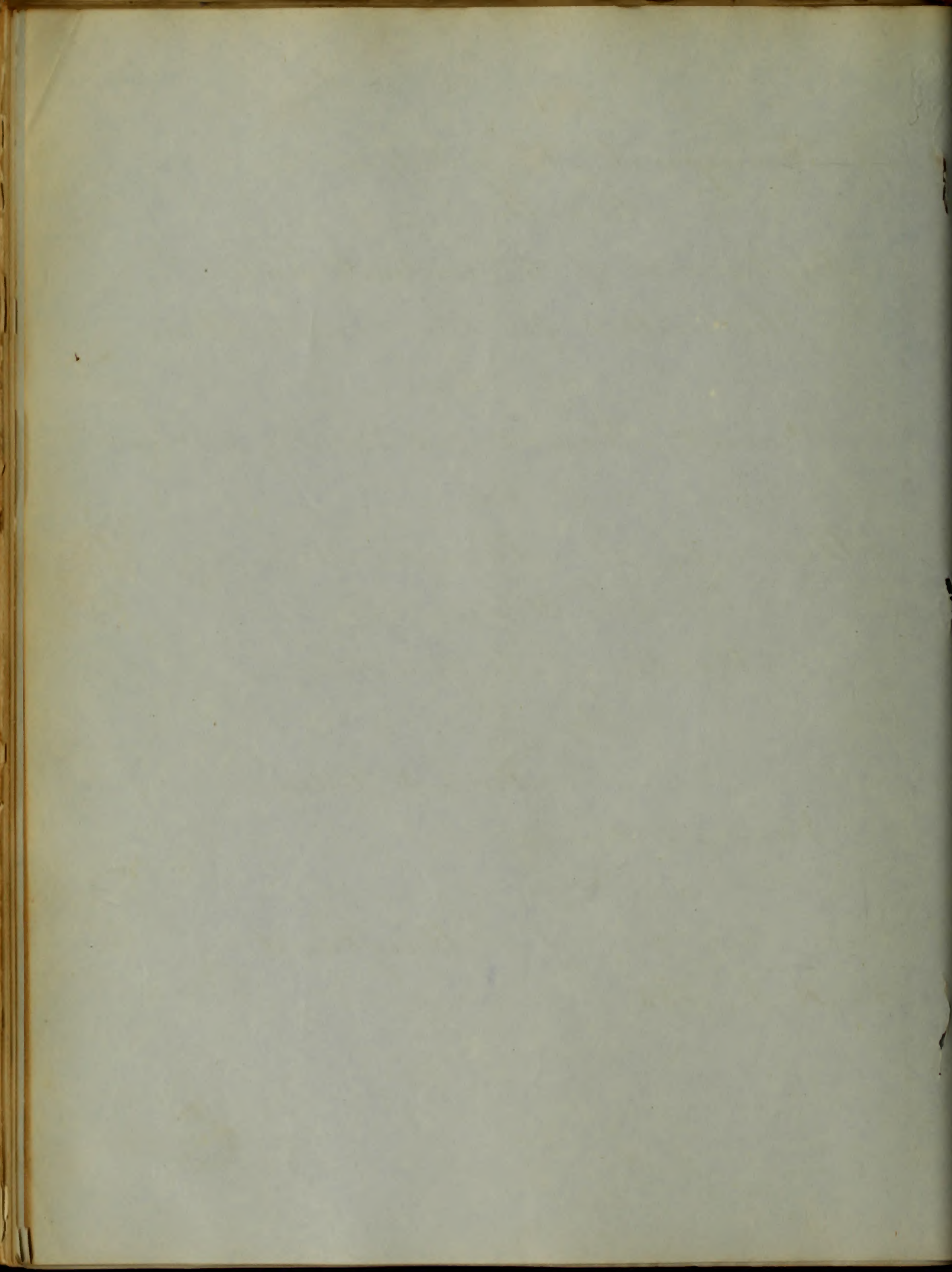


An
Inaugural Dissertation
On the
Influence of Climate on Disease
Submitted for the examination
of the
Provost Regents and Faculty of Physic
of the
University of Maryland
For the Degree of
Doctor of Medicine
By

Noah S. Tiden
Somerset County

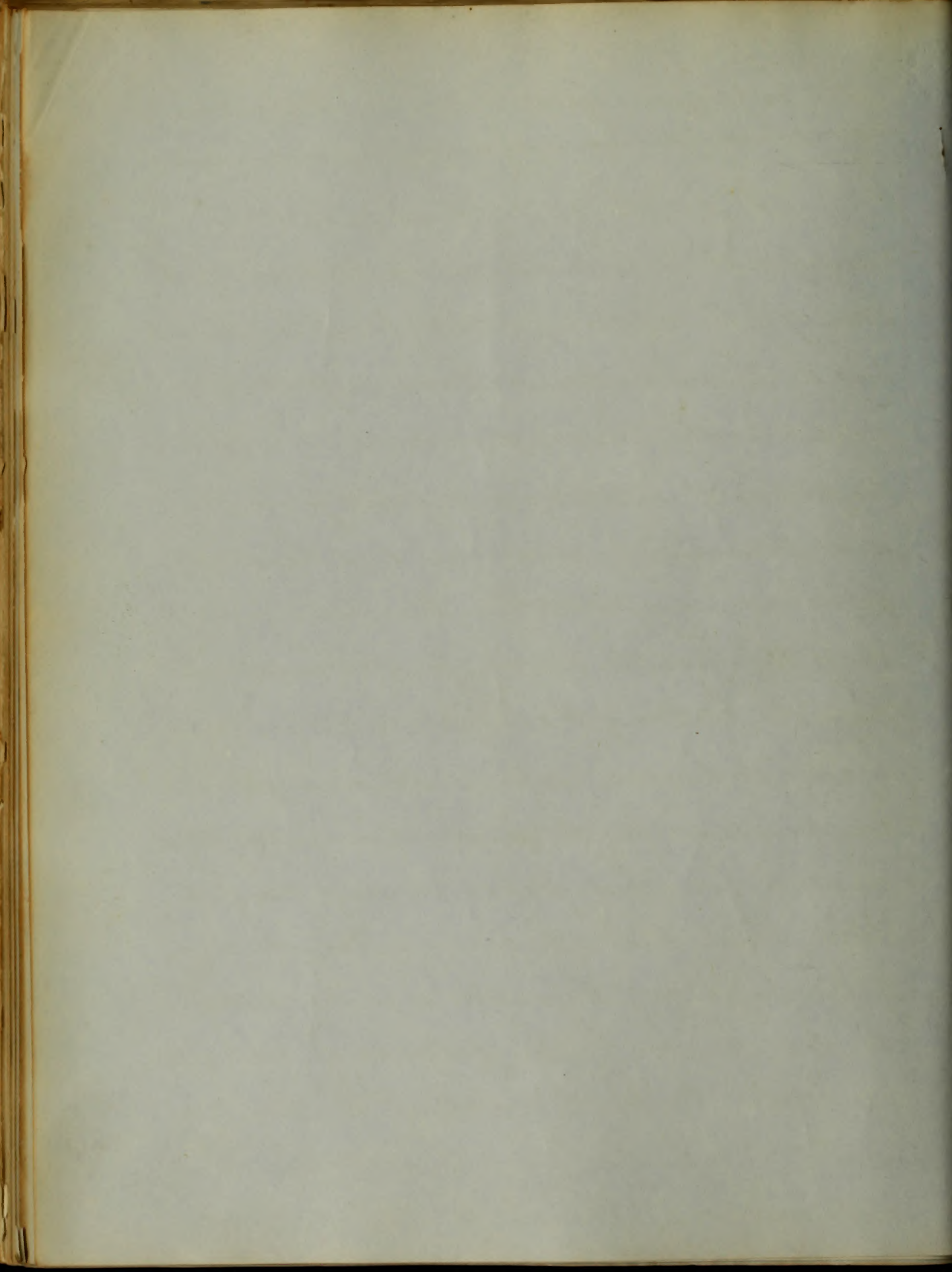
Maryland

A. D. 1850



The influence of Climate on Disease.

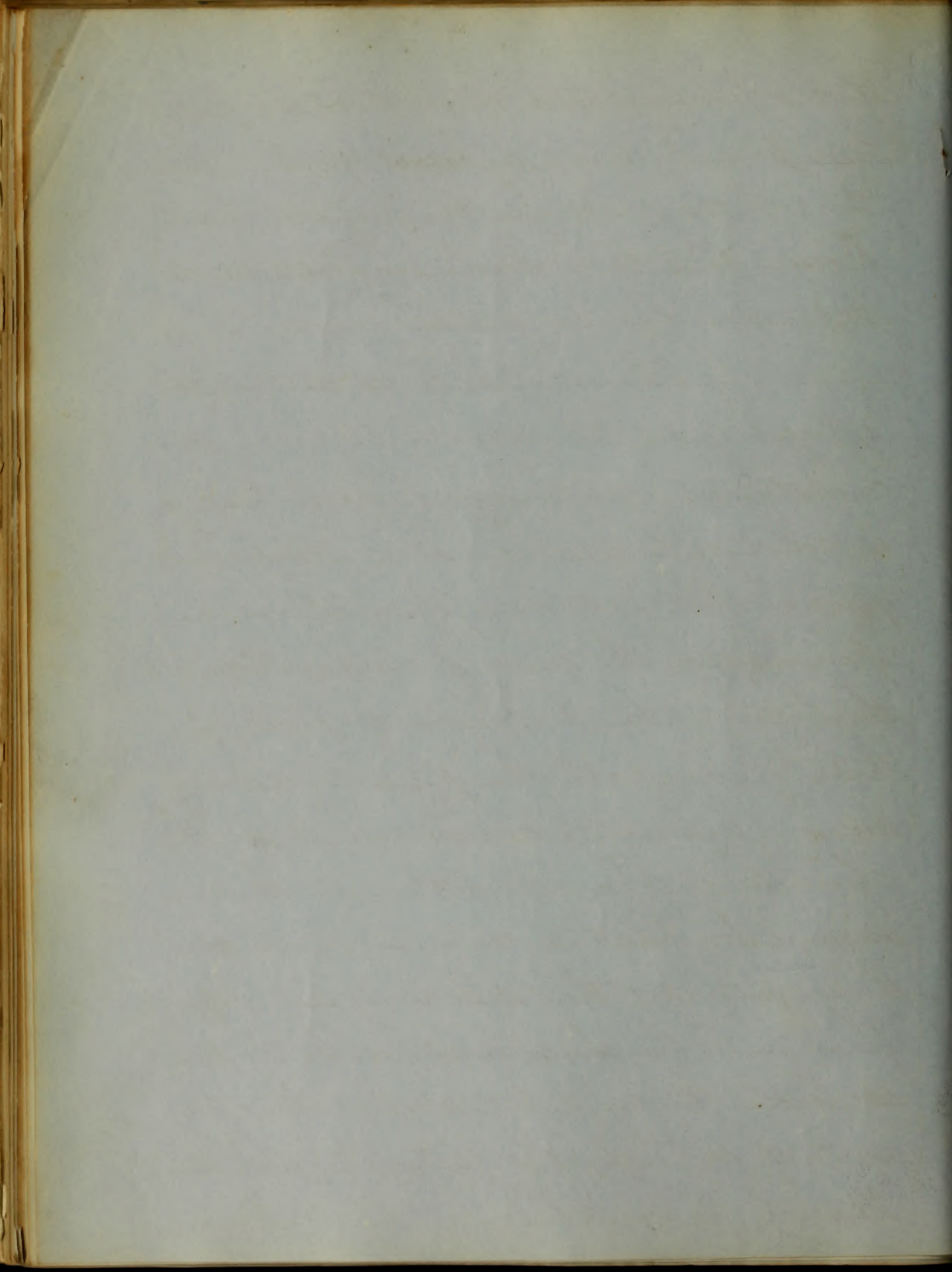
It is with great pleasure, that I comply with the time honored custom of the Faculty of the University of Maryland, in presenting a "Thesis written on some subject connected with medical science". The perplexity of selecting a subject from the wide domain of medicine, has been one of no ordinary anxiety. In choosing any one of the "Special Diseases," a student must from the nature of the subject, be little else than a copyist, because experience and practice are necessary for the production of an original a finished paper on any one of the "Ills to which flesh is heir". The adoption of the subject of Climate, was suggested to my mind by the perusal of Doct. Forry's work "On the Climate of the United States," to which I am indebted for much information. Though to one of my lim-



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ited experience and observation, the question presents many embarrassments. Bating, however, all further preface, I will proceed to detail such impressions as its perusal has suggested.

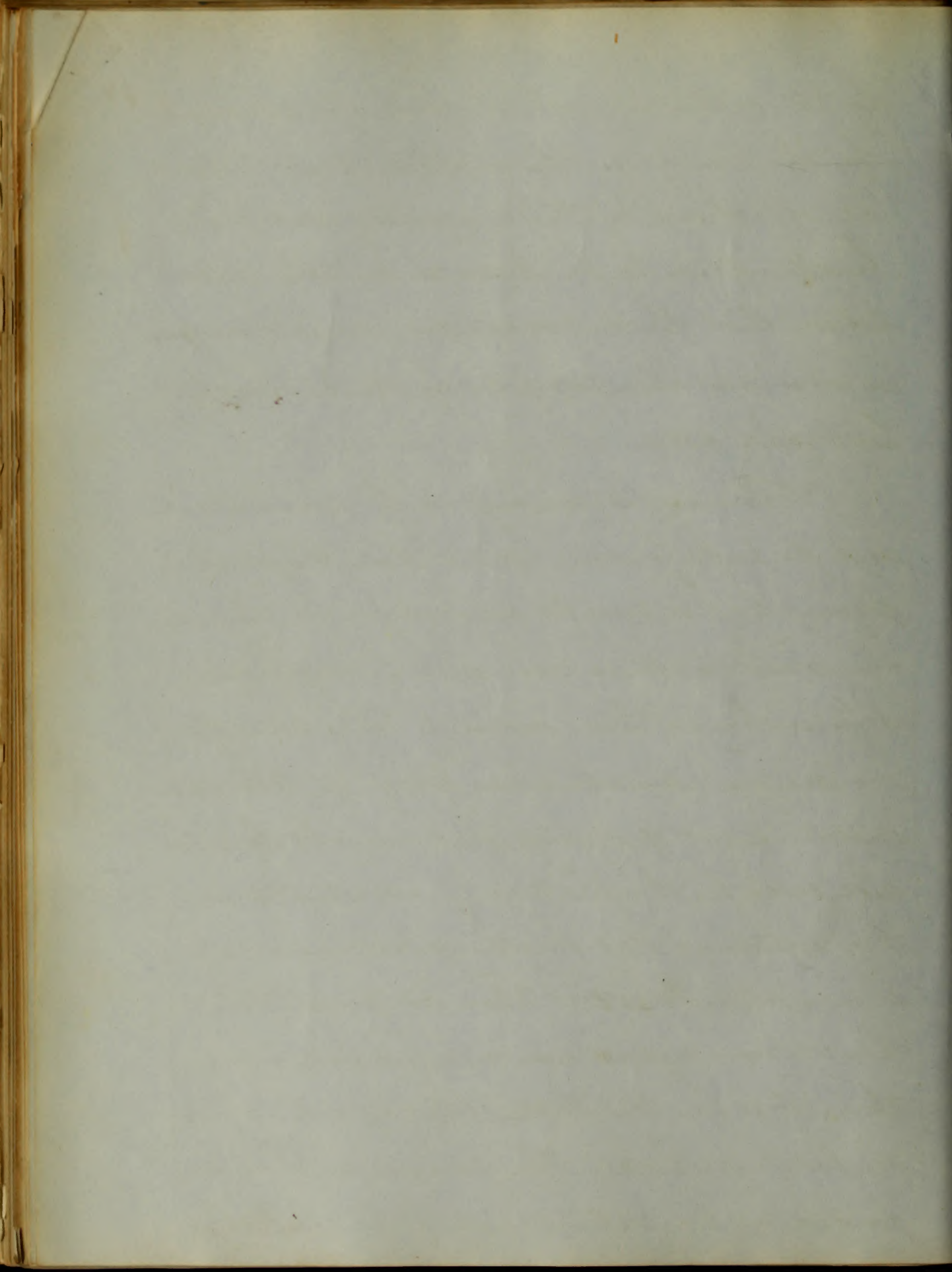
By Climate is to be understood the aggregate of all the external physical circumstances, appertaining to each locality in relation to organic nature. The amount of rain that falls in a given time depends upon the energy of evaporation, and the latter upon the degree of heat;— these together with the prevailing winds, are very intimately connected with the character of Climate. Although the mean annual temperature decreases, as we leave the equator, yet there is scarcely any difference in the thermometer under the polar circles. Hence it follows that the climate of the tropics is characterized much more by the duration of heat than



by its intensity;— which perhaps accounts for the rarity of Rheumatism and Pulmon-ic affections, in those regions, as it will be attempted to be proved in this dissertation, that those diseases are more common in climates characterized by the extremes of heat and cold.

Climate is modified by various causes and perhaps by none more than the physical geography of a country or locality: for this reason mere latitude can not be regarded as furnishing a true index to the state of an average climate— in proof of this, one instance out of many, that might be cited will serve for the purpose of illustration.

For instance, Fort Snelling (Wisconsin) which is in latitude $44^{\circ}53''$. Here we find the heat seven degrees warmer in summer, than it is in Key West (Florida) which is in latitude $24^{\circ}33''$. The former may be regarded as an extreme, and the latter a



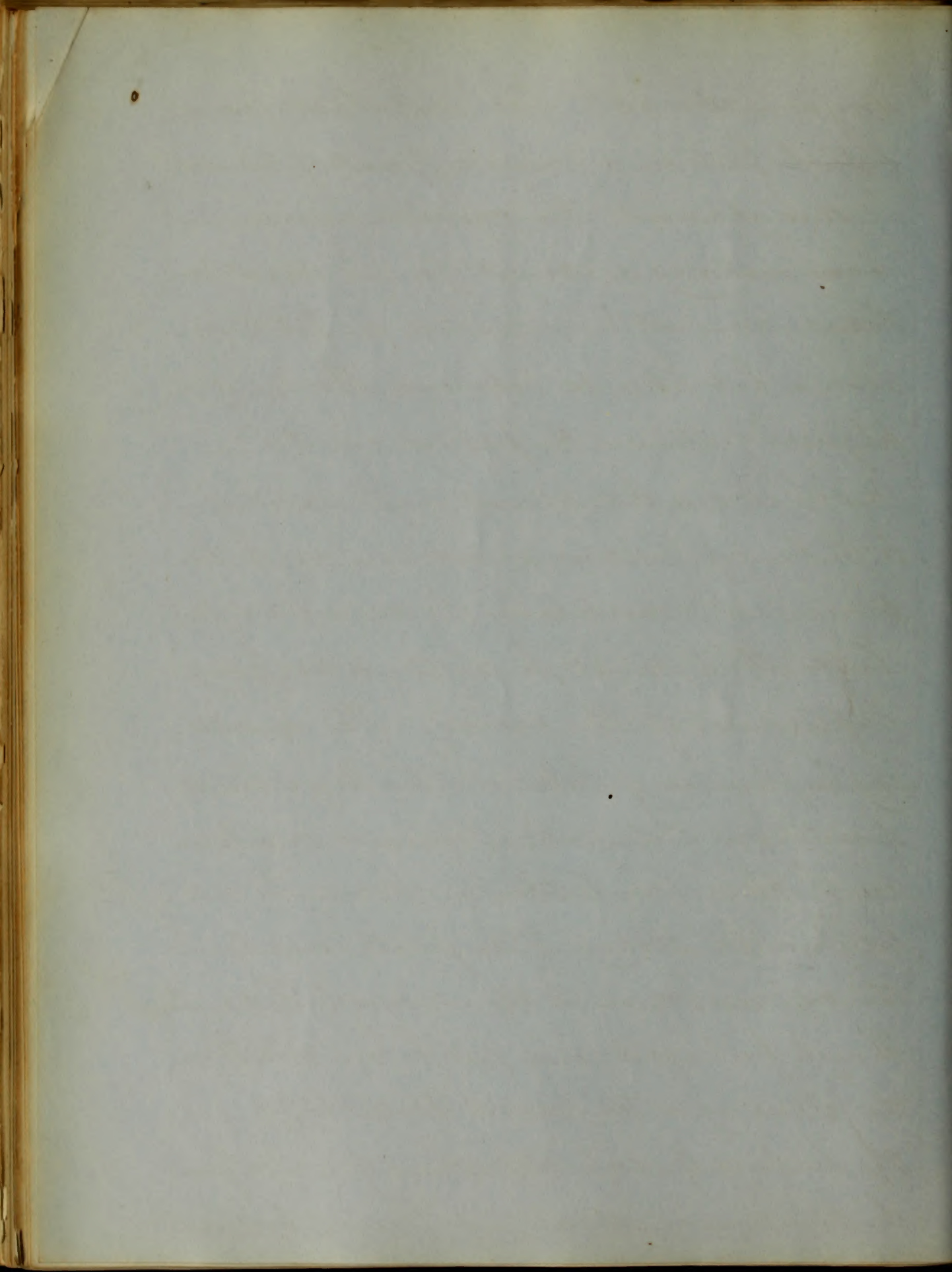
uniform climate. The important bearing of such facts on a medical point of view is at once apparent. The medical adviser in recommending a climate for an invalid, should never rest his judgment on latitude alone, but likewise take into the count the physical features of the proposed country. —

But how can this apparent contradiction to the laws of latitude, as noticed in the two places just mentioned be accounted for?

Evidently it must be in the modifying influence of the ocean. The equalising influence of lakes or other large bodies of water on climate is equally marked in high or low latitude. I might rest satisfied in stating these facts, and leave the explanation to the natural philosopher.

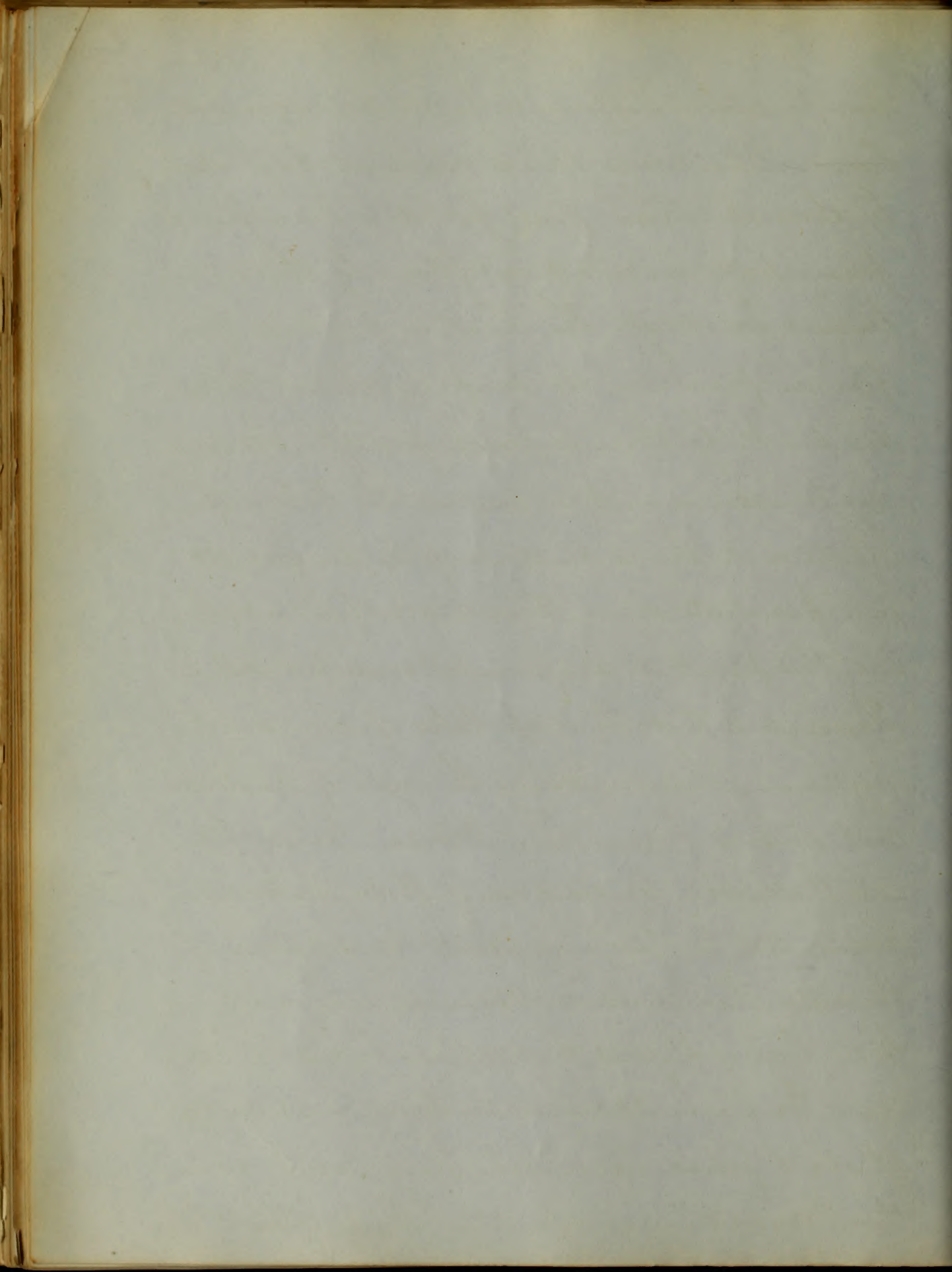
Though perhaps it may not be amiss to offer the following as the modus operandi:—

The surface of deep collections of water, from the peculiar constitution of fluids, has a



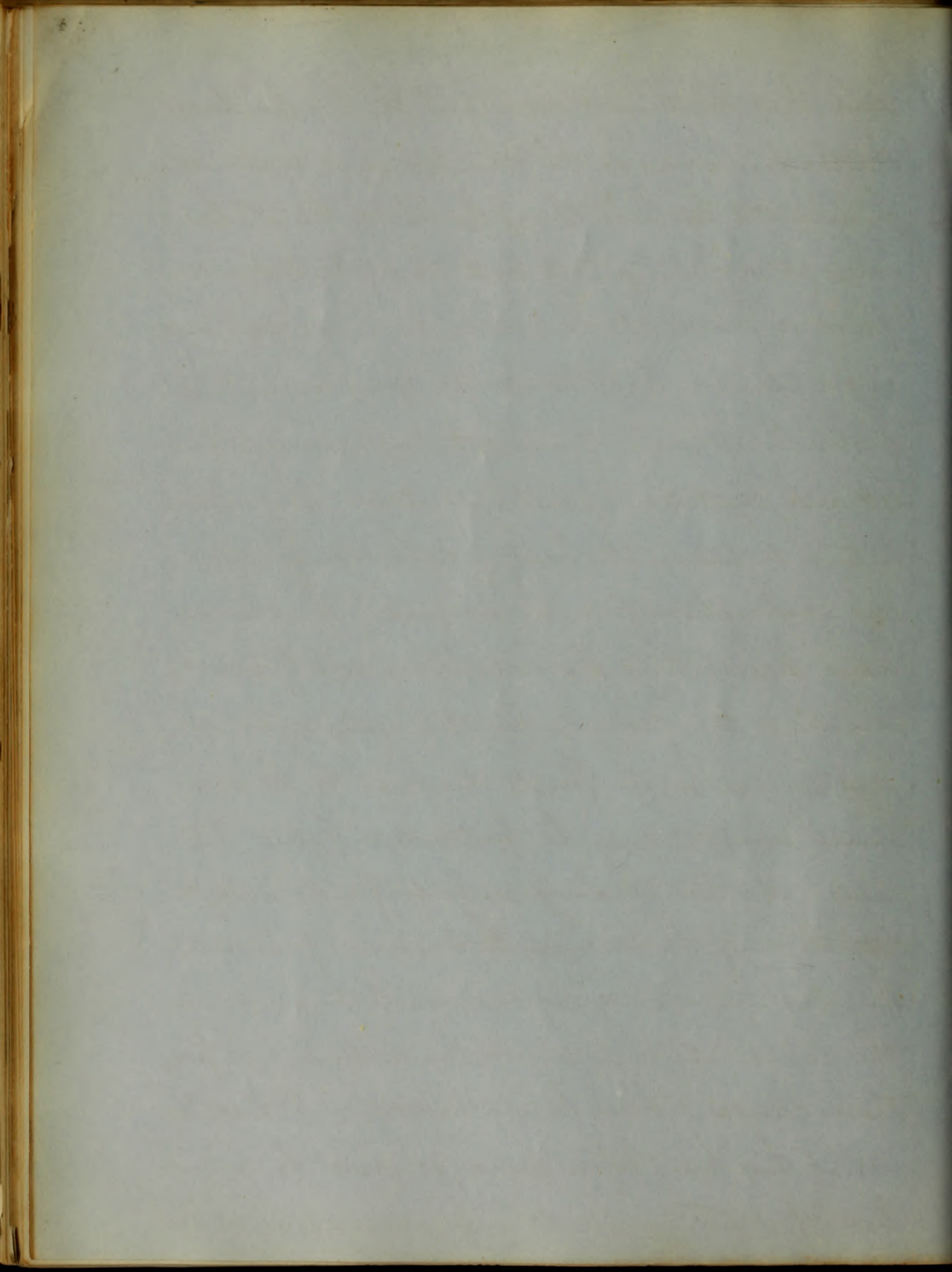
temperature different from the adjacent land. Like solids fluids conduct heat slowly through their mass, yet it is transferred principally in a copious flow by their internal mobility. The heated portions of a fluid float on the surface, whilst the colder sink by their superior gravity. According to experiments made on the lakes of Scotland, the impression of the seasons, do not penetrate more than 15 or 20 fathoms; below this point, a uniform coldness prevails.

Hence it is that the deep lakes of our most northern latitude, during the rigor of winter are not entirely frozen over. Hence too it follows, that when the cold air of these lakes approximates the freezing point, the surface of the water thus chilled descends, and according to the law of physics, that no two bodies can occupy the same space at the same time, the deep strata is forced up, which being much warmer than the superincumbent air, parts with its heat,



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and thus materially modifies the temperature. In the summer on the other hand, as water accumulates less heat than the land, the air becomes cool by its contact with the water, vapor is formed, which absorbs caloric from all surrounding nature. Another modifying cause, though of much less importance is the influence of forests and vegetation upon temperature. They certainly tend to lessen the heat of summer by affording evaporation from the surface of their leaves, and preventing the caloric rays from reaching the ground, for this reason snow lies longer on the forests than on the plains, hence winter may be protracted from this cause. As the clearing away of forests and the cultivation of the soil, ~~in the~~ would facilitate the absorption and reflexion of the sun's rays, the temperature of winter and summer from these causes would be increased. From what has been before said, it must be admitted that ~~the~~ climate to a great extent, is in-

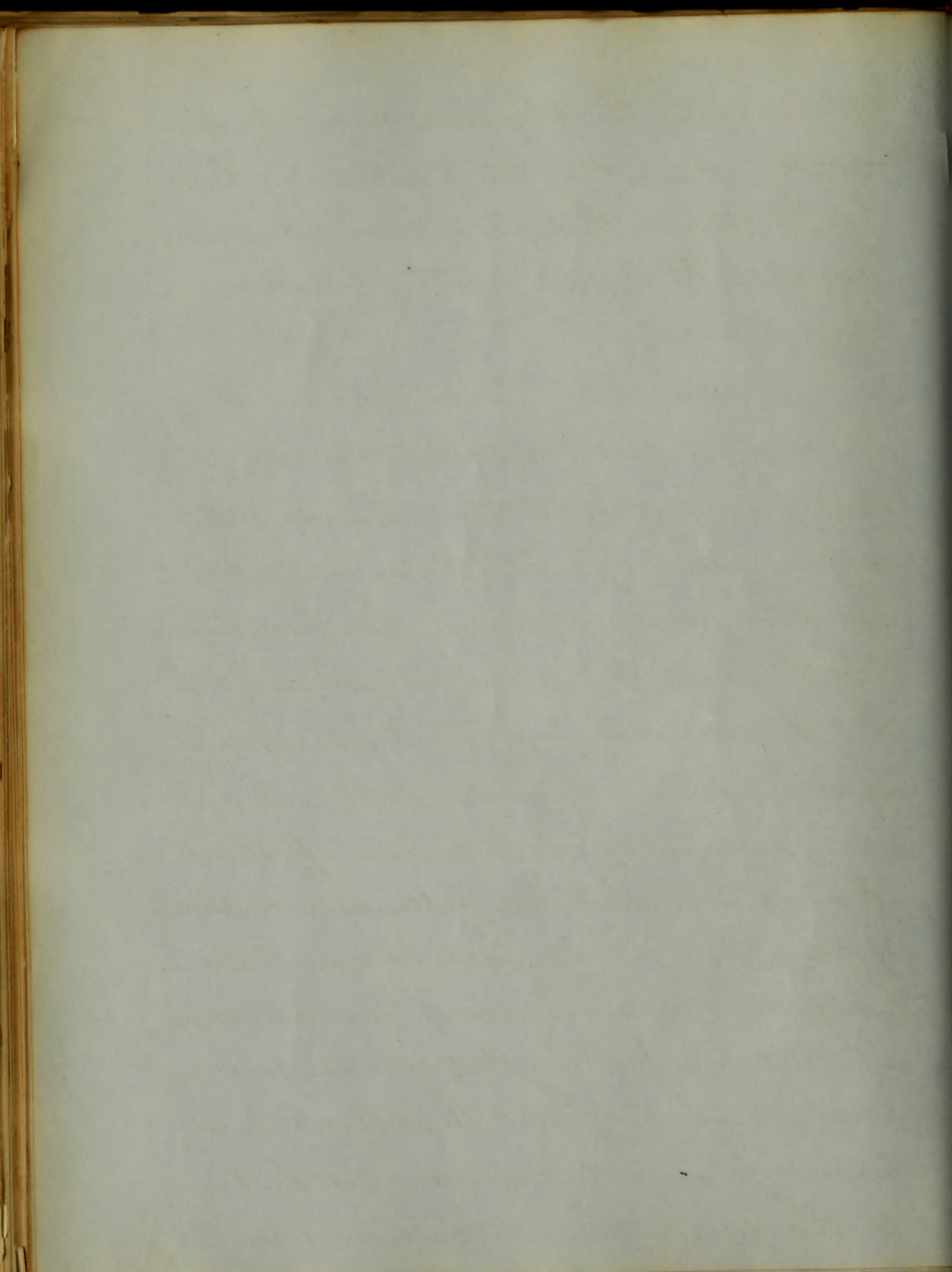


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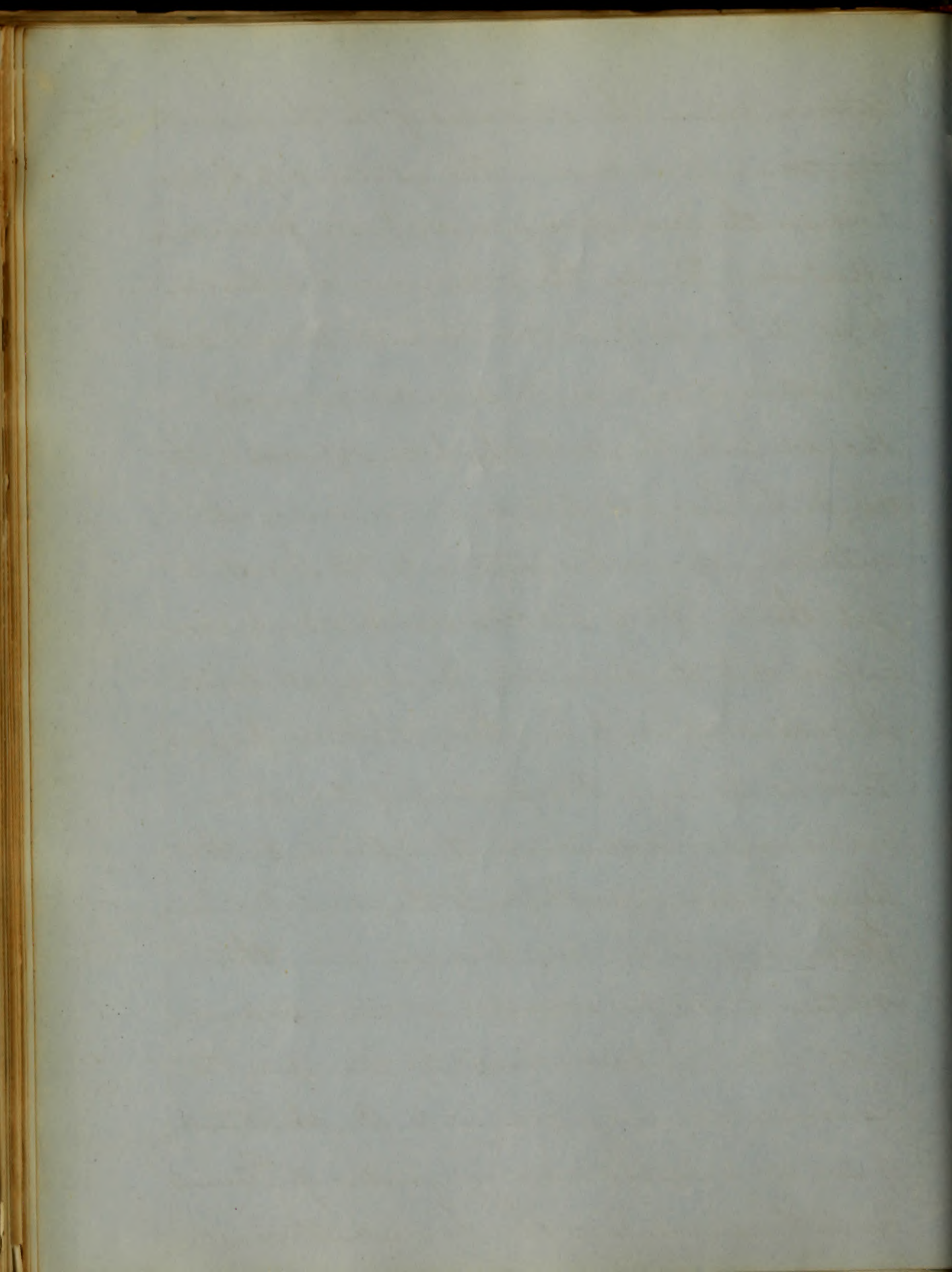
fluenced by the physical geography of a country. Admitting this position it is but fair to assume, that climates are ever unchangeable, where the physical features of nature are immutable.

Having thus far considered some of the elements that constitute climate, I will proceed to notice, the operation of these complex agents upon the living organs, which are still more complex in their functions.

As the limits of this essay will not admit of a systematic arrangement, I will merely mention some of the more important diseases, premising with pulmonic affections. It would seem that changeableness, or vicissitude of climate, is not so apt to produce Catarrhal affections as the extremes of heat and cold. It is stated by Dr. Ford, that after ten years close observation, that the Atlantic coast and region of the lakes, are less liable to this disease than the interior, where the



~~extension, where the~~ extremes of the thermometer
 are more marked. The extremes of the sea-
 sons are the predisposing causes to all pneumonic
 affections. Hence the pneumonic Southerner,
 to get the benefit of his own climate should avoid
 all extremes, and as the summer advances
 should seek the North, which corresponds to the
 winter he has just left, and vice versa, as
 autumn approaches, return to the South to
 get the benefit of his own winter, which cor-
 responds to the summer he has just left.
 It would appear to be a law, that in propa-
 tion as the high temperature of summer
 makes an impression on the system, do the
 lungs become susceptible to the malarious in-
 fluence of the opposite season. In the
 Northern States for example, as cold predomi-
 nates, little impression is made upon the
 animal economy, owing to the shortness
 of summer; the annual ratio of Pleuritis
 and Pneumonia is low, because there is



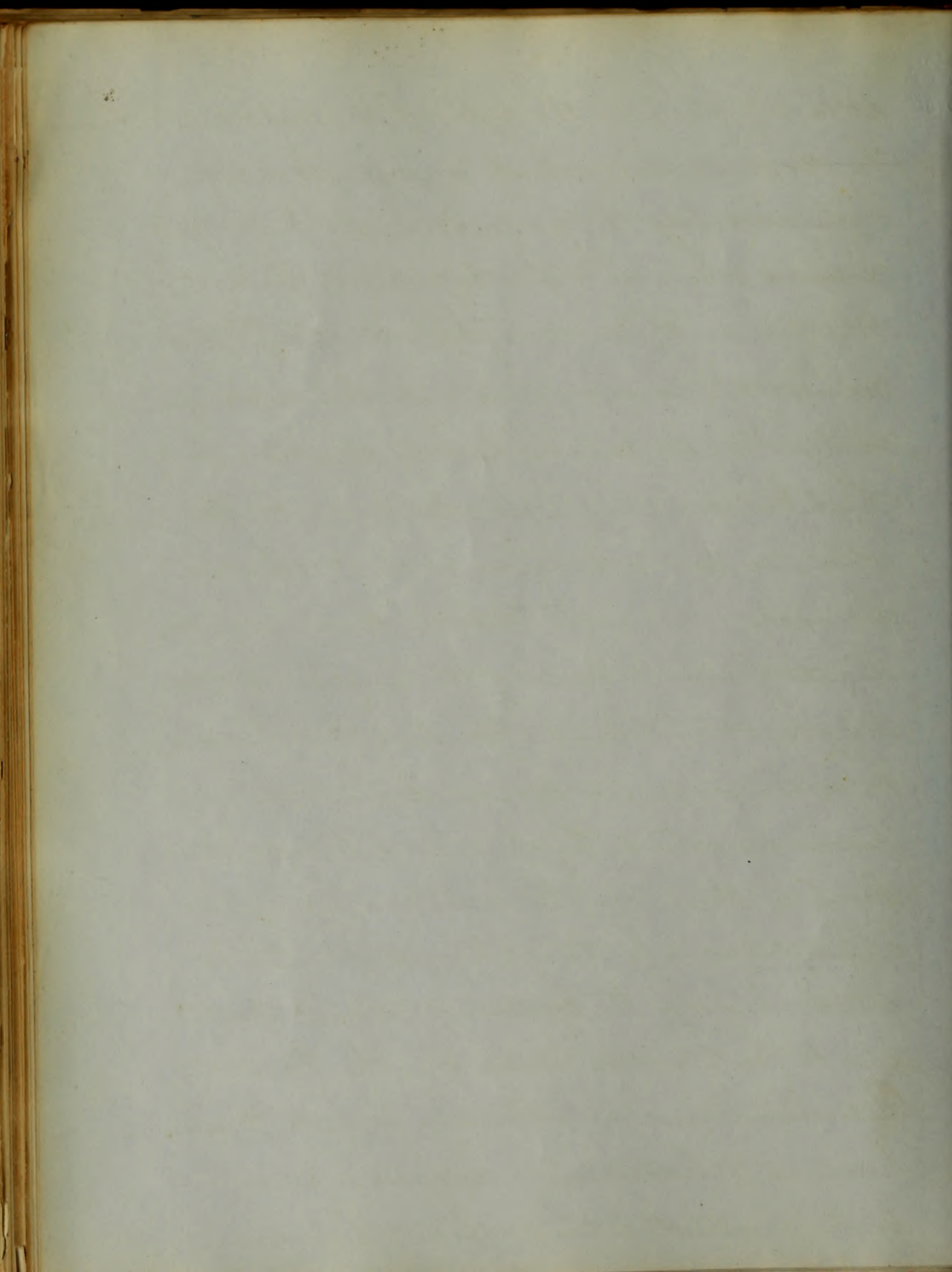
little difference in the ratio of the seasons. —

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In the South-West, which is remarkable for high and long continued summer heat, these diseases occur in twice the ratio of the North.

It is thus seen ⁱⁿ Pleuritis and Pneumonia, ^{that} it is necessary to consider not only the degree of contrast in the seasons, but the duration of high temperature; — in other respects, the climatic law is the same as in Catarrhal diseases.

In British America the deaths from diseases of the lungs is less than in Great Britain. The law that Pneumonic diseases are less prevalent in those regions in which high or low temperatures prevail, than in the intervening regions characterized by the extremes of both, is established by the system of climate pertaining to the United States. In the British Possessions and in Florida, as little predisposition to pulmonary diseases is induced by the contrasted temperature of summer

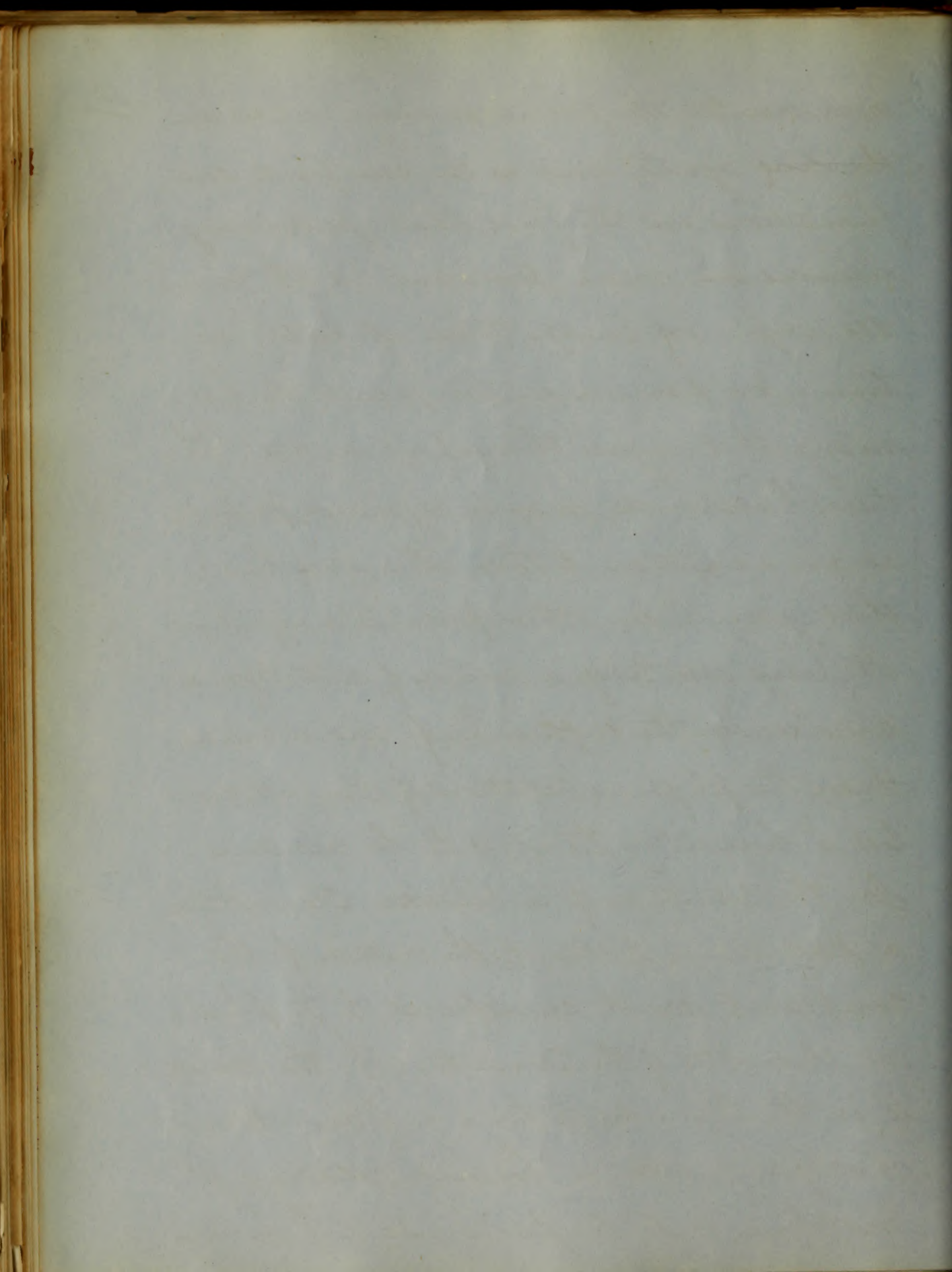


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and winter, the usual exciting causes are the chief agents; and as the law finds confirmation in the fact, that pulmonary diseases are more prevalent in the middle regions of Europe, than at either extreme, we perceive in these results, the harmony that reigns throughout nature. Phthisis Pulmonalis, may be regarded, perhaps, as an exception to those climatic laws, that govern in other pneumonic affections.

It being essentially a disease of nutrition is more under the influence of moral causes, than the physical relations of climate, unless a hereditary taint is to be avoided.

In the selection of a suitable climate for a pneumonic patient, the nature of the complaint must correspond to the physical character of the climate. If the disease is in the Bronchial tubes, or of an inflammatory character, a humid pleasing atmosphere is to be preferred. If how-



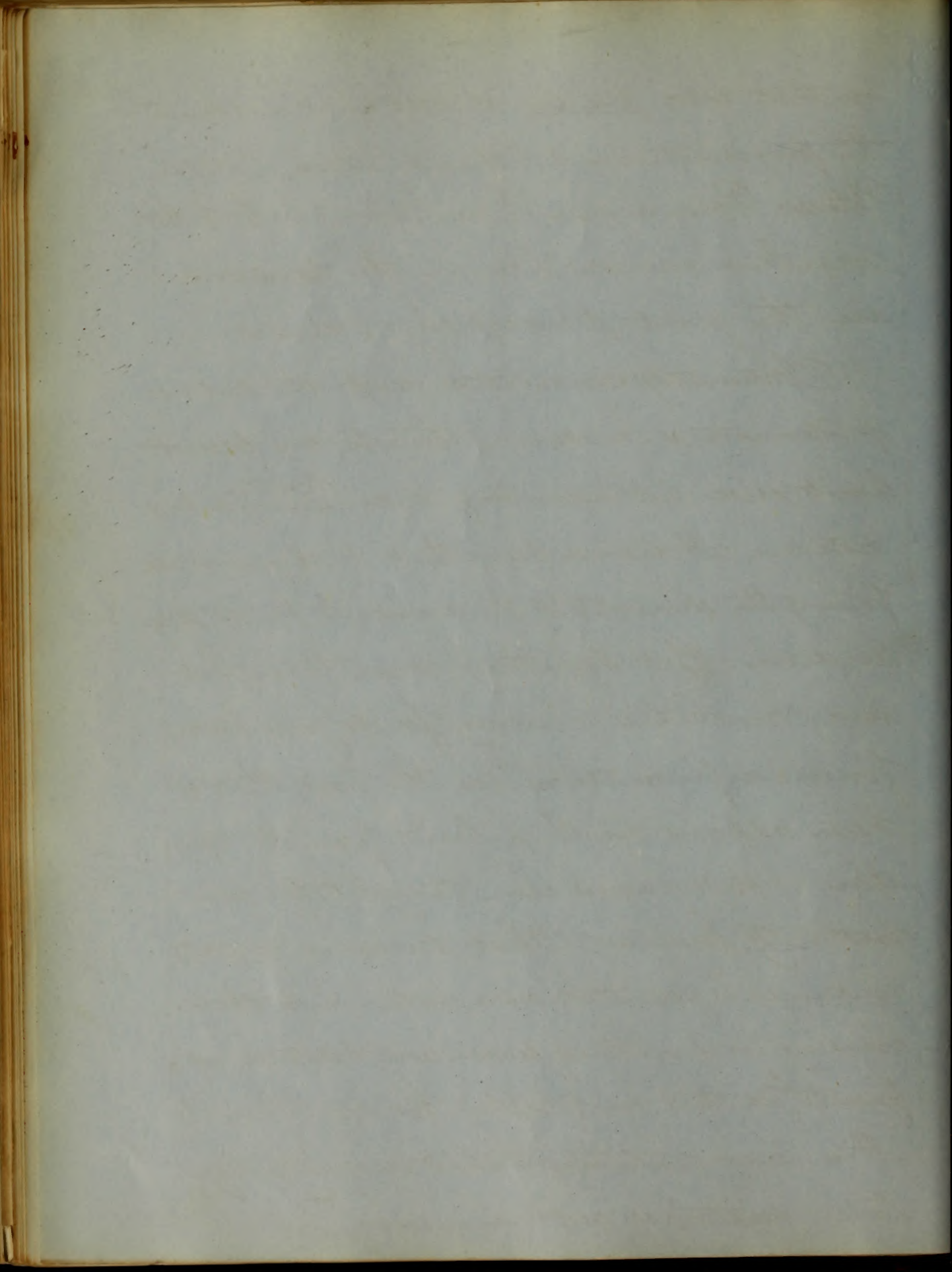
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even it be one of *interia*, Marasmus a debility, the uniformity of the climate must likewise be secured, but avoid the sea-coast, and get the dry bracing air of the interior. Both of which systems of Climate can be enjoyed in Florida.

The climatic laws that govern in Pneumony diseases, appear to equally obtain in Rheumatism. The old idea, that moisture and vicissitude, were the sole causes in the production of these diseases, appears now to be pretty well exploded. In Canada, when the cold becomes so severe that the Mercury freezes in the thermometer, Rheumatism is much more frequent, than in the moist humid atmosphere of Nova Scotia and New Brunswick, where the thermometer is seldom below zero. — The main points thus far insisted upon

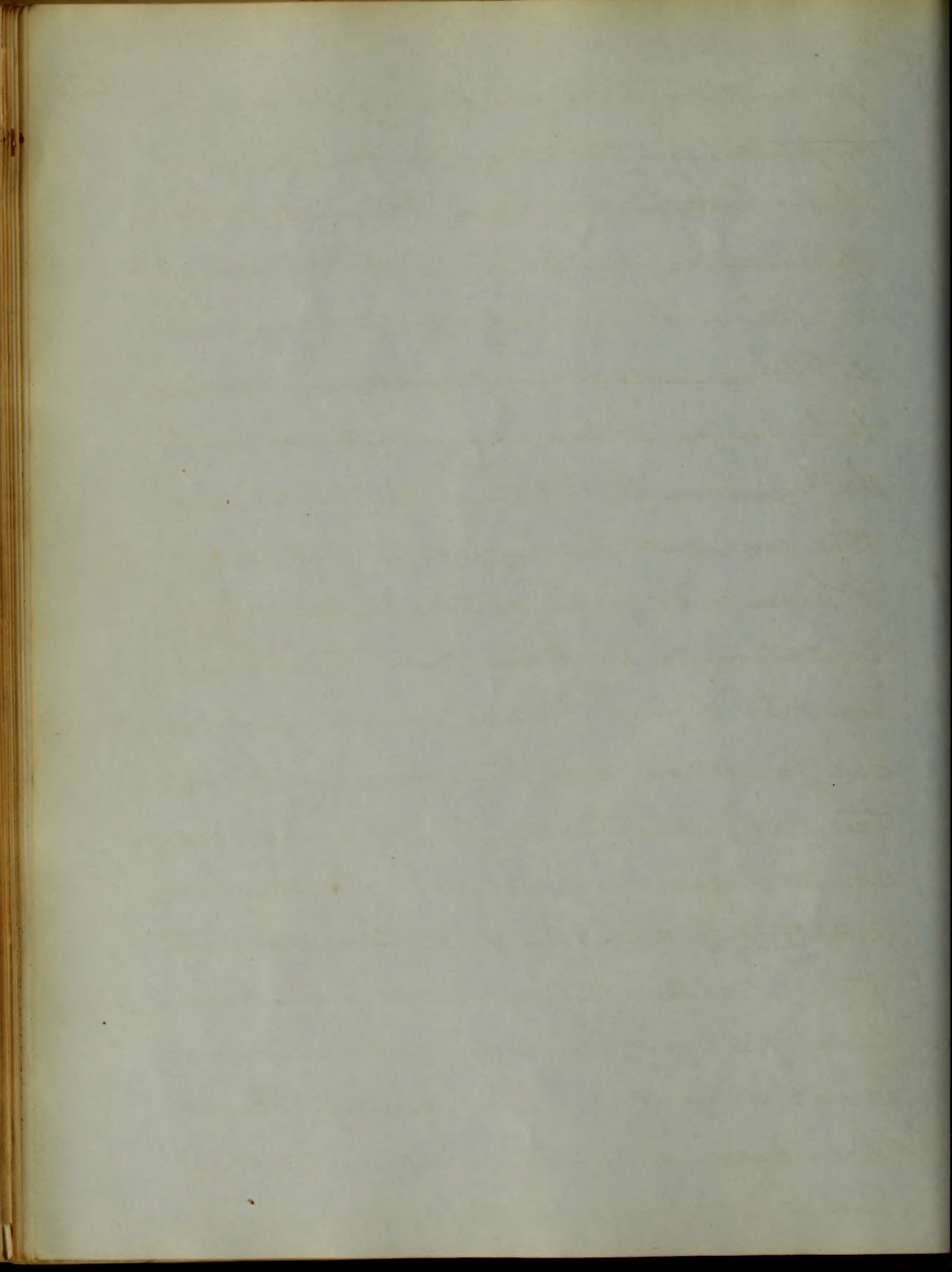
one that exa per se, is not favorable to the production of Rheumatism, Catarrh Phthisis, Pneumonia, Pleuritis &c. but the marked excesses between the seasons, are the great predisposing causes.

Intimately connected with the subject of Climate is malaria, though my present limits will not admit of its receiving ^{more than} a brief notice. It would seem that it requires all four of the elements of the ancients for its production. That something more than heat and moisture is necessary for its generation, finds confirmation in the fact, that it never appears on ship-board, from the operation of these causes alone, though they are constantly present. That malaria, mutatis mutandis is generated in a ratio with the increasing temperature of season and latitude, appears to be all that we positively know about it. It is now contended that decaying vegetable matter is not necessary for its



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production. It is conclusively shown from the published statistics of the British army, that Intermittent and Remittent Fevers, appeared among the troops, whilst encamped in Spain on dry rocky ground, and sandy Plains — evidence of vegetation nowhere to be seen. So convincing to the mind of Dr. Fergussou, (the Reporter of these facts) did this circumstance appear, that he says: "Whoever waits for the evidence of decaying vegetation for the production these fevers, waits too long!" Perhaps peculiar geological formations, may throw some light on this subject, as there are few soils that do not contain organic remains. Without attempting to solve the mysterious character of this Miasm, I will pass to the continuation of some of the more important malarial diseases. The identity of the Bilious Diarrhoea, Dysenteria, Intermittent and Remittent Fevers in their origin, ap=

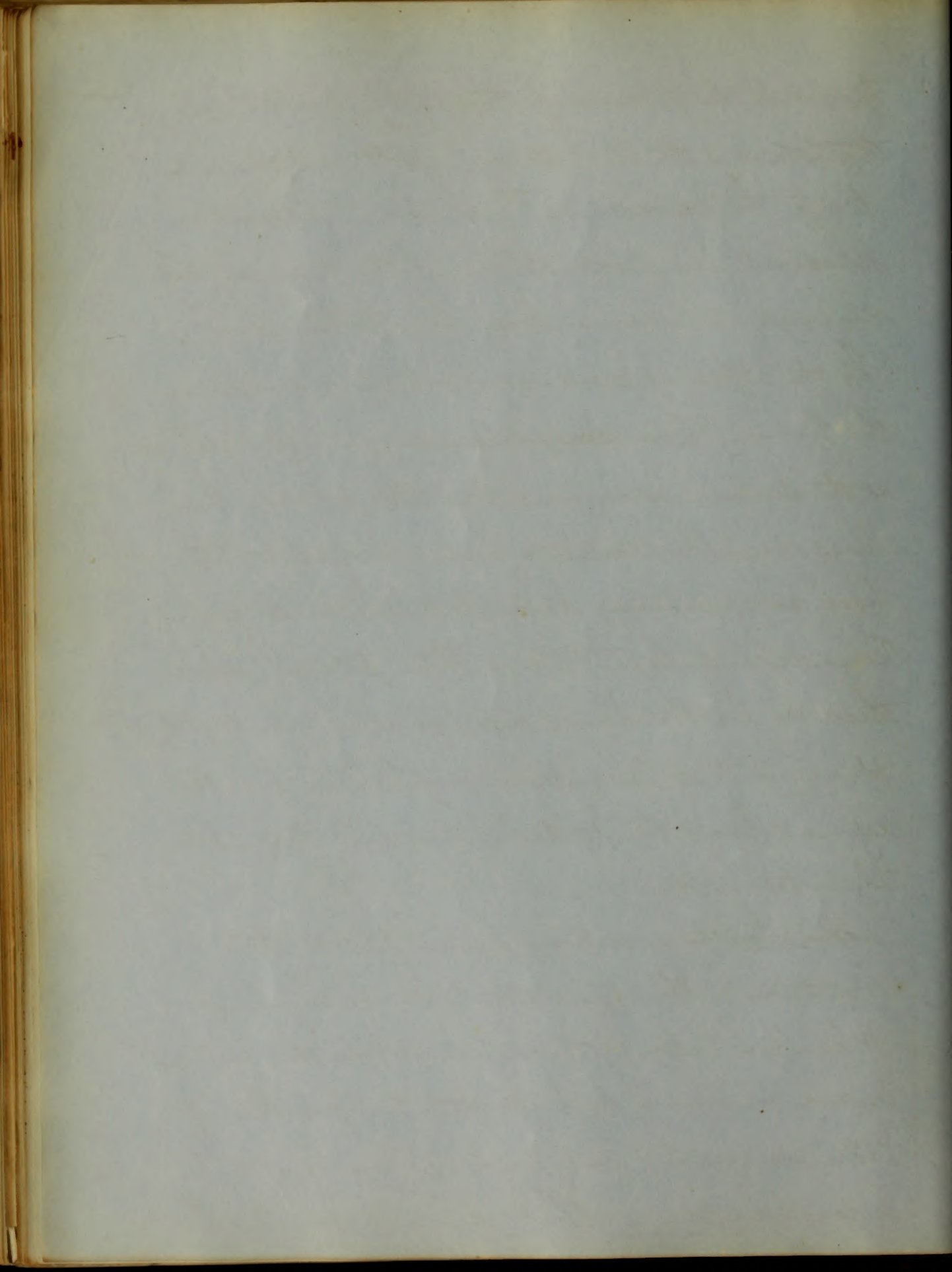


seems to be proved by the lately published statistics of the U. S. Army. At malarial posts, these diseases have been absent or present, in proportion as the causes that develop malaria have been abundant.

In the spring and commencing summer the former ~~have~~ generally prevail:— as the season advances and the poison becomes more concentrated and abundant, they have disappeared, and Intermittents and Remittents have taken their places, and that too in the same order as above mentioned, showing that Remittent requires a greater degree of heat for its development than Intermittent &c.

Are Southern diseases more fatal than northern? The affirmative is the answer. —

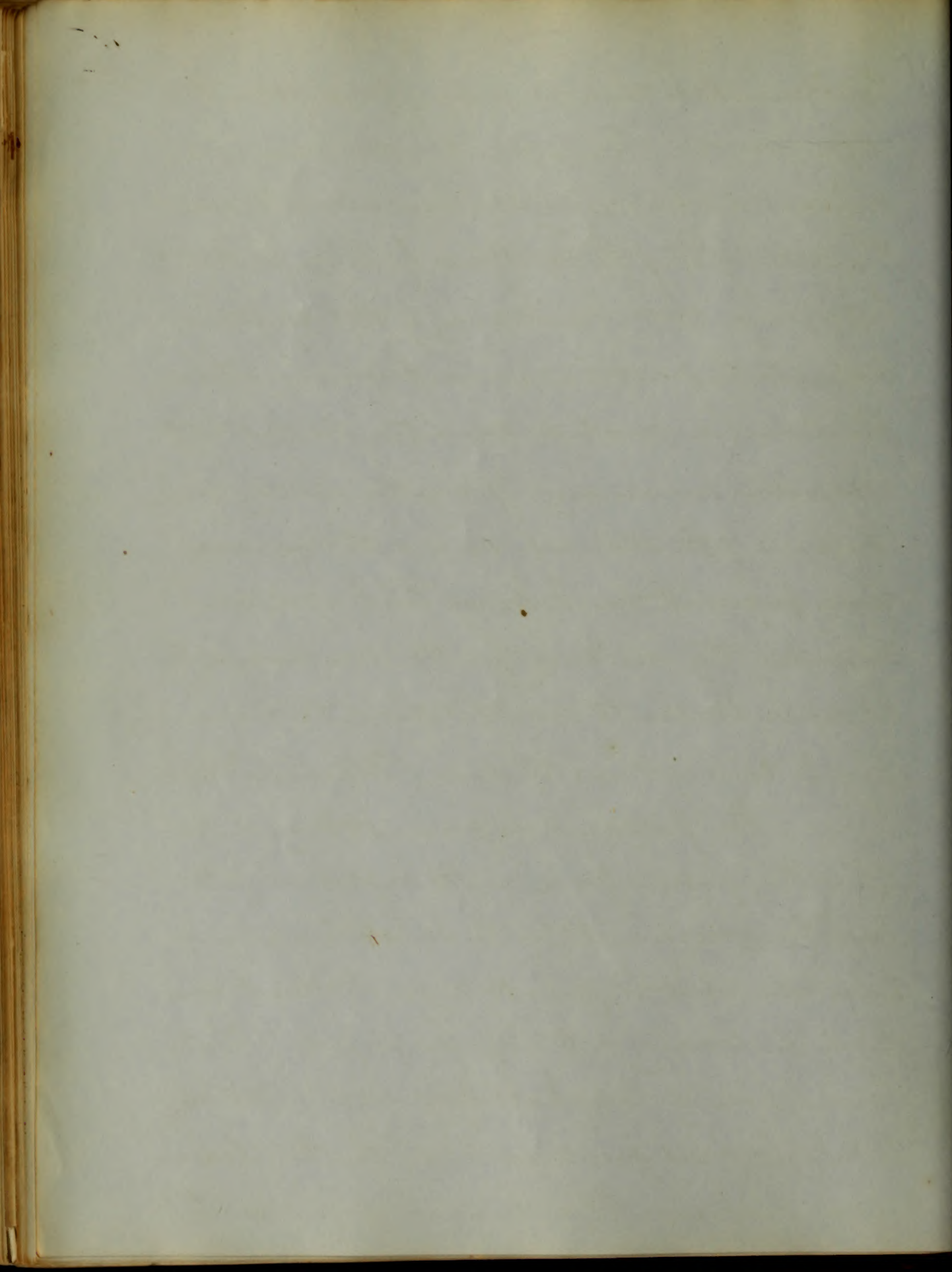
When we take into consideration the concentrated malaria, and elevated temperature of tropical regions, it would be reasonable to infer, a priori that diseases of high



Southern latitude are more fatal than those of the North. Elevated temperature, independent of other causes is detrimental to health. The assulents of the intestines by being constantly kept in a state of erithism, by the constant evaporation of cutaneous and pulmonary transpiration, a morbid condition is constantly assumed - unan any favorable exciting cause.

Diseases of the stomach and intestines are more frequent in Tropice than northern climates; they are here for the above reasons to be more liable to complications; the same may be said of Fevers, Cholera, Hepatitis &c.

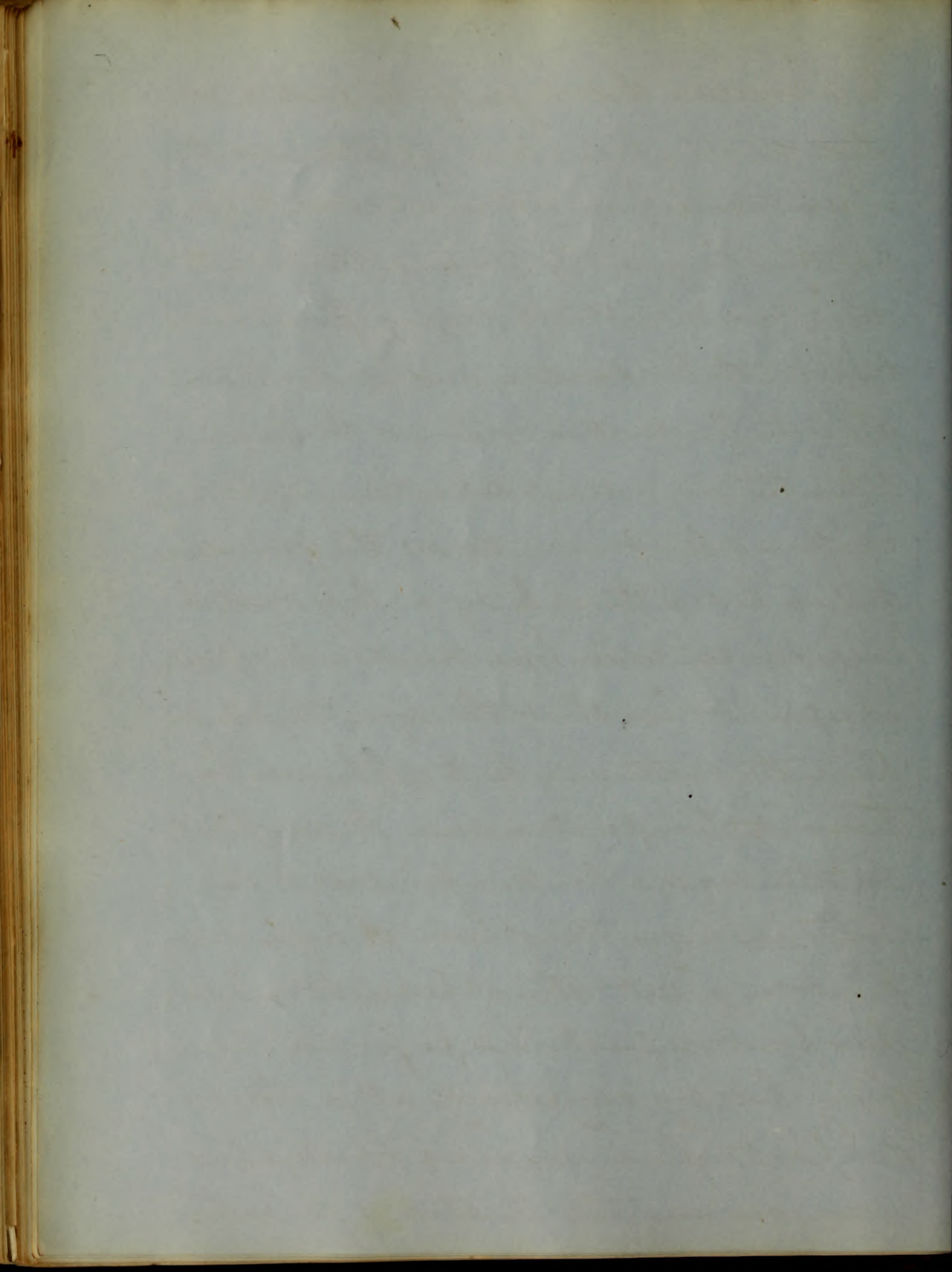
The following ingenious theory of Dr. Chas Lee, of New York, on the influence of the Dew-Point, accounts for the same phenomena, in a somewhat different way. Without entirely subscribing to this beautiful hypothesis, I give it for what it is worth. It certainly possesses great interest to the scientific reader. By the dew point is to



be understood that degree of temperature, at which moisture begins to be deposited, and this is ascertained by an instrument called the hygrometer. The quantity of vapor or steam in the atmosphere is constantly varying from variations in the temperature, and it even varies when the temperature continues the same.

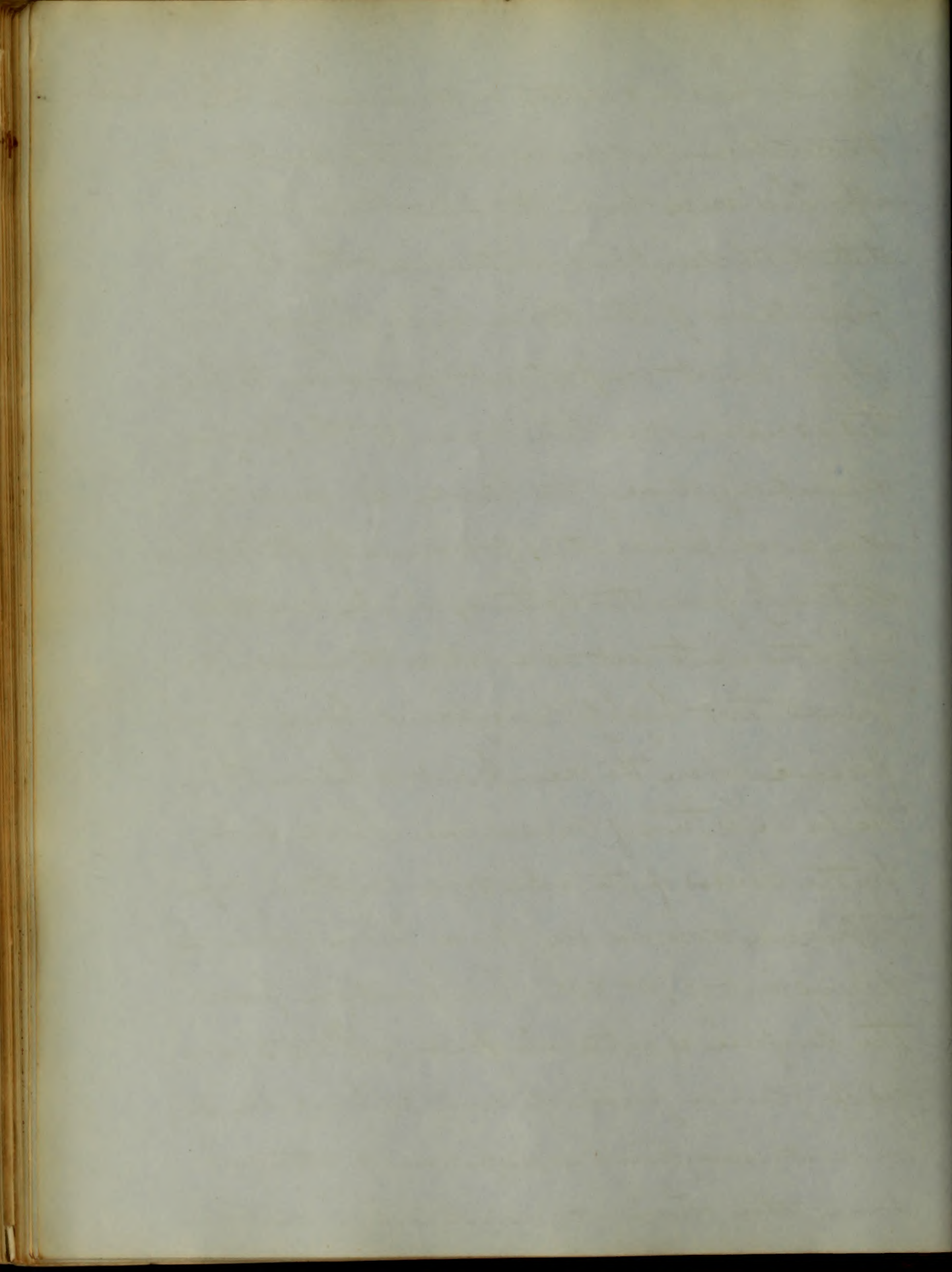
When the air is nearly saturated, a slight diminution of temperature, causes the formation of dew, but if the air be dry, a body must be considerable colder before moisture is deposited upon it; in short the dryer the atmosphere, the greater will be the difference between its temperature and the dew point.

In other words, a low dew point is to be found in a dry atmosphere. A high dew point in a wet atmosphere. At a high dew point evaporation is performed very feebly but very energetically at a low dew point. Some medical philosophers now advance, that the state of the dew-



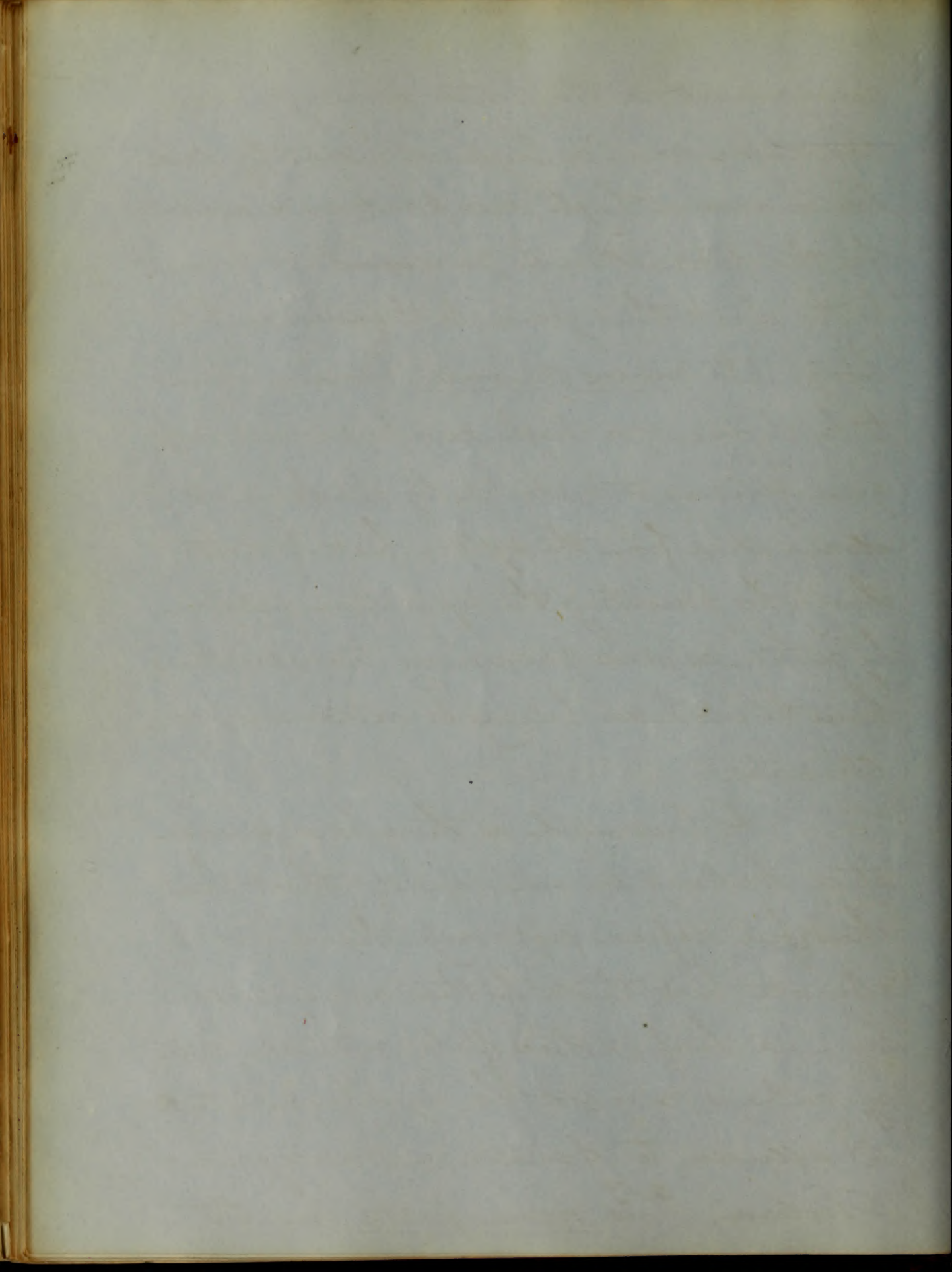
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point, has a greater influence in the production of disease than temperature itself. This arises from the fact, that a high state of the dew-point, interrupts the healthy functions of the skin and lungs, two of the most important organs in the body; this excessive moisture prevents the proper decarbonization of the blood. As moisture is a good conductor, it carries off the vitæ and electricity from the system, which doubtless is intended to act as a vital stimulus. We find that highly malignant fevers, do not prevail when the dew-point is below 60° . — The same is true of malaria. If we seek for the causes of the excessive mortality of tropical diseases, we shall find it in a dew-point of 70° 80° . Evaporation from the surface is either checked or the 53 ounces of fluid given of daily (24 hours) in a moderate dew-point is disposed of through some other channel, constituting material

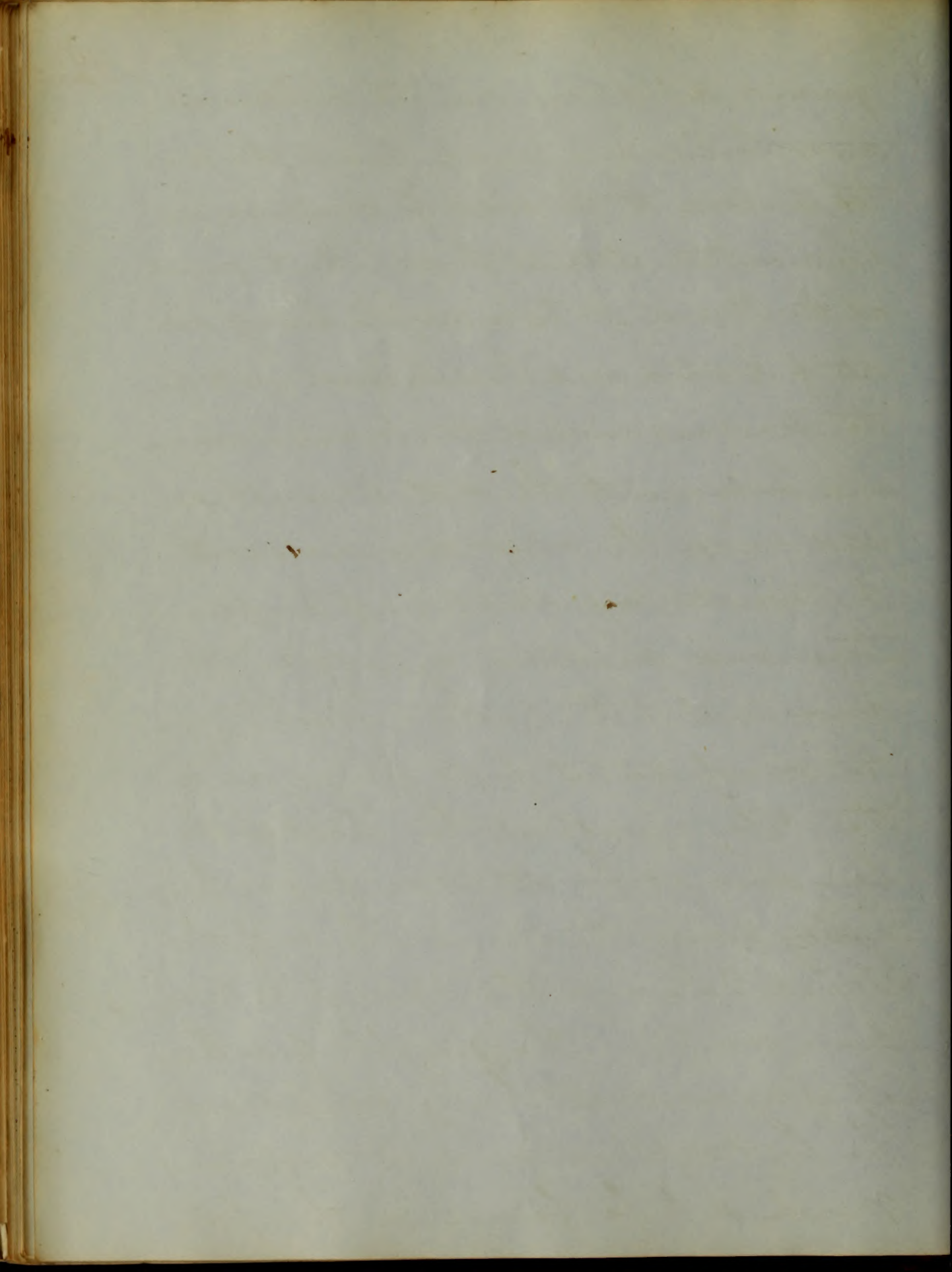


derangement to the vital economy. Many scientific men in England identify malaria and a high dew point, and account for the production of malignant fevers by the check thus given to the surface of the body. Its modus operandi, however, appears to be different, a high dew point, not only gives efficiency to malaria by checking its elimination from the system, but it acts chiefly by preventing the separation of Carbon by cutaneous and pulmonary transpiration; hence the increased biliary secretion in hot climates.

Inasmuch as there is a disease still lurking in our midst, that has thus far defied not only the laws of climate, but those of the art of medicine, a brief notice of its natural history, perhaps may not be inappropriate. I allude to Asiatic or malignant Cholera. This mora pestis, in its



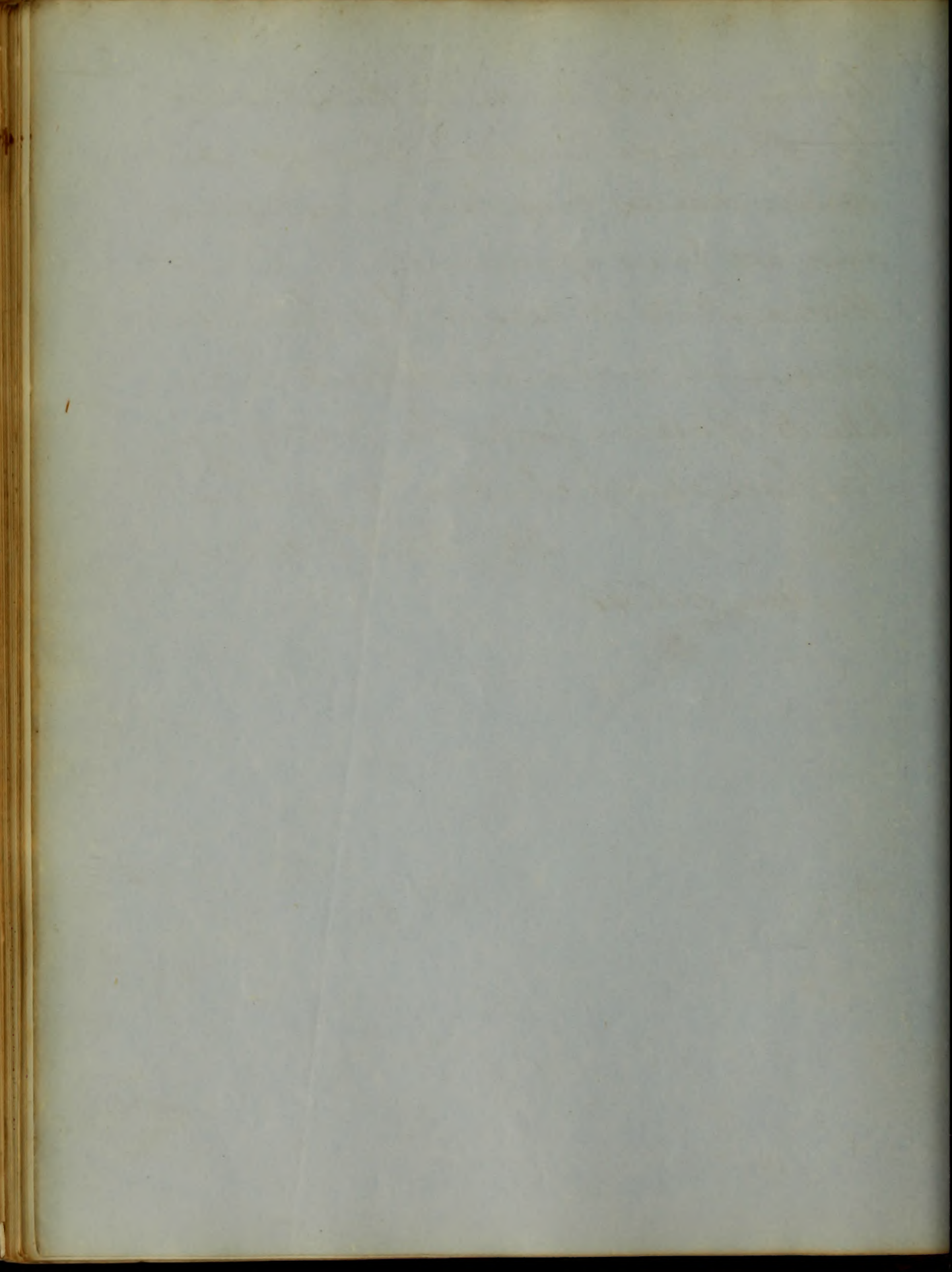
gradual diffusion over the civilized and barbarian world, from the centre of Asia to the sides of America, has surmounted obstacles that hitherto arrested the Plague. It traversed the sandy deserts of Arabia and Persia, and spite of the Monsoons, crossed the Indian ocean, and subsequently the Atlantic. It existed under the most diverse conditions of Climate, Soil; elevation of temperature and moisture; equally on the arid soils of the Eastern deserts and the marshy deltas of the Ganges and the Nile; equally at the level of the Sea, and at an altitude of 500 feet; equally during the summer heat of the Torrid Zone and the rigors of a Russian winter. The weight of authority is against its being contagious. The best explanation of its mysterious march, is to be found in the fol-

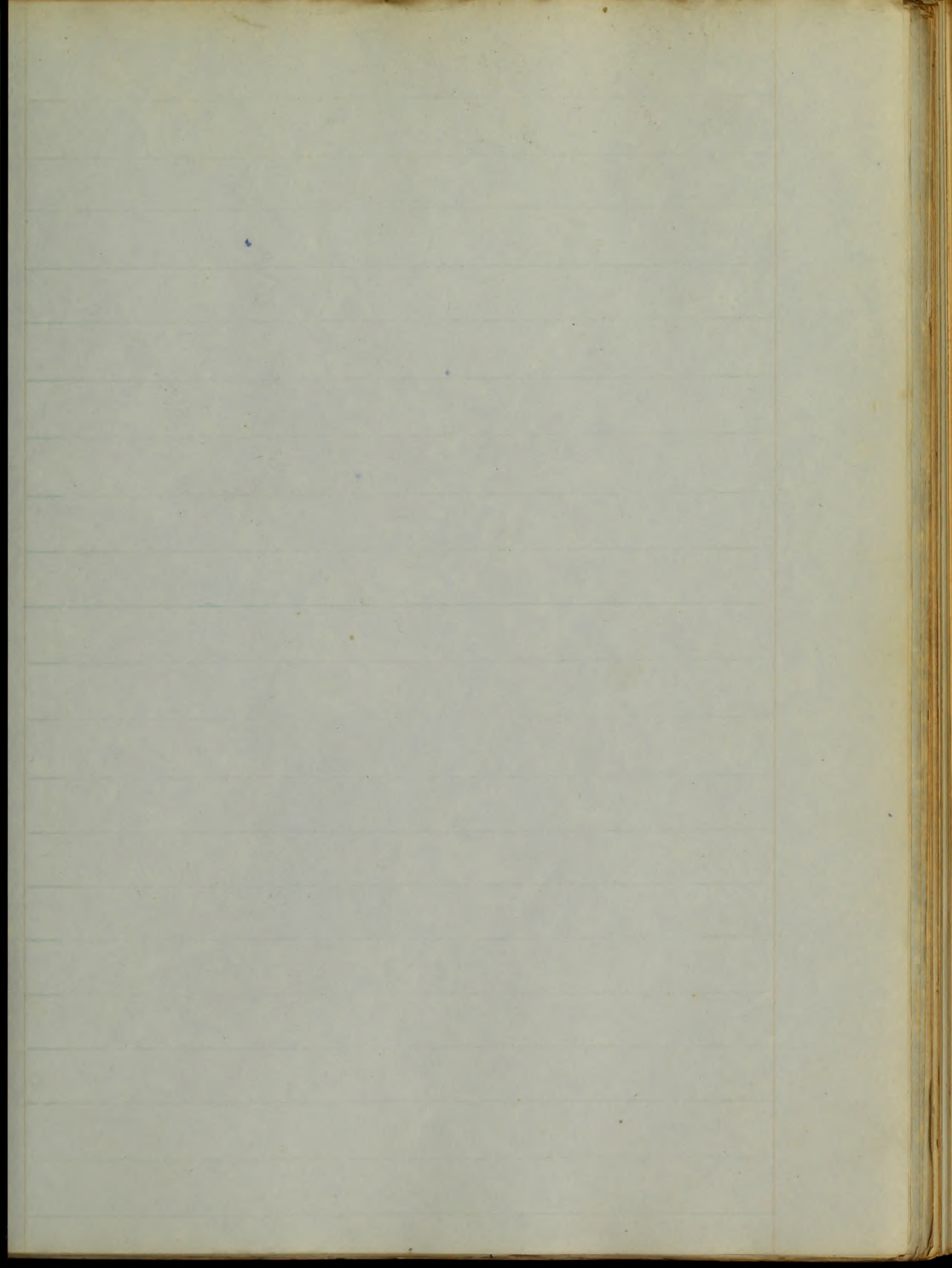


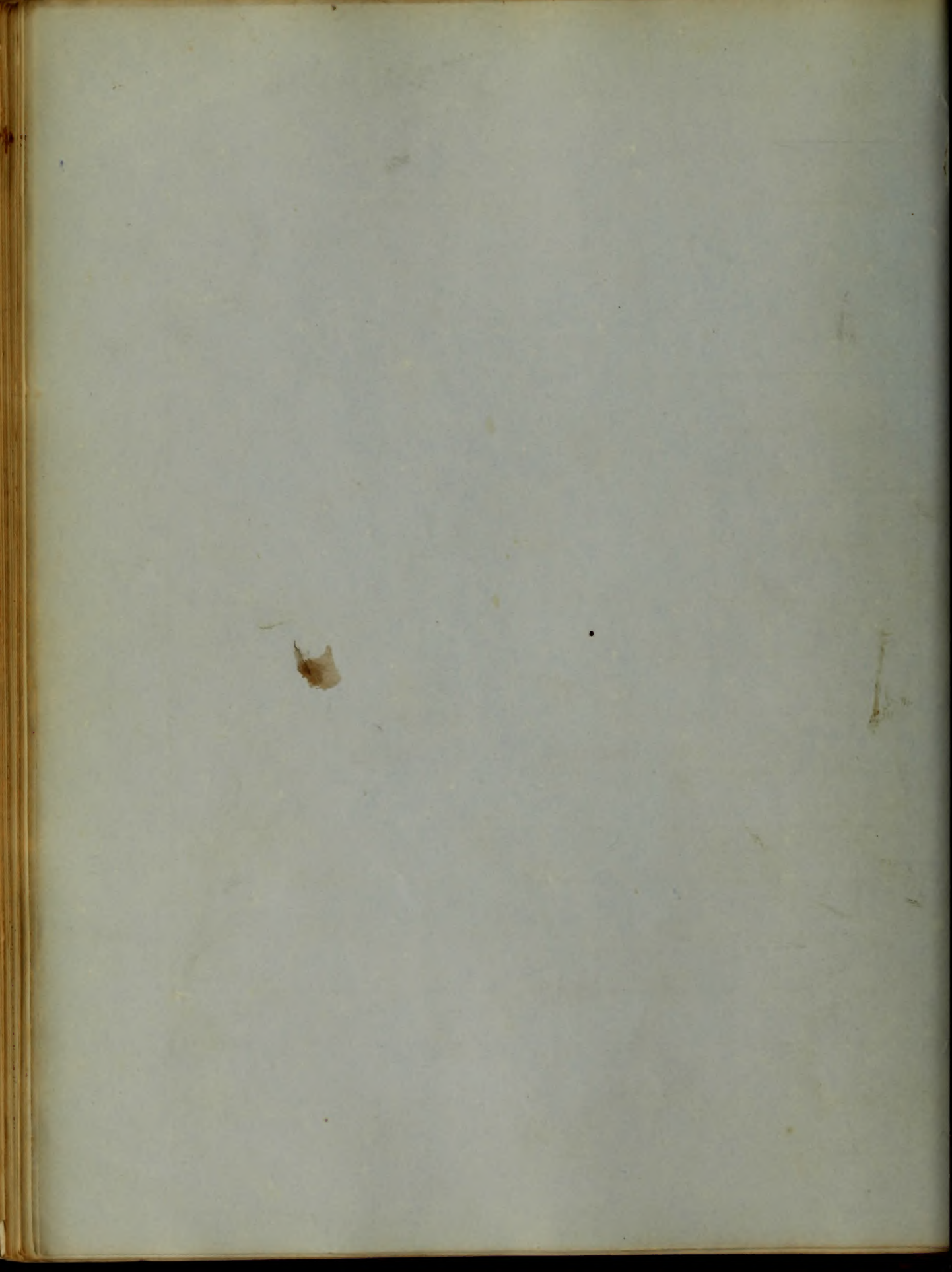
loving remark made in the 14th century
by Chalm de Binario - "That all epi-
demic diseases may become contagious,
and all fevers epidemic!" In the
United States its severity has been in-
creased in malarious districts, but un-
like its Russian peates, the frosts of win-
-ter have always checked its course.

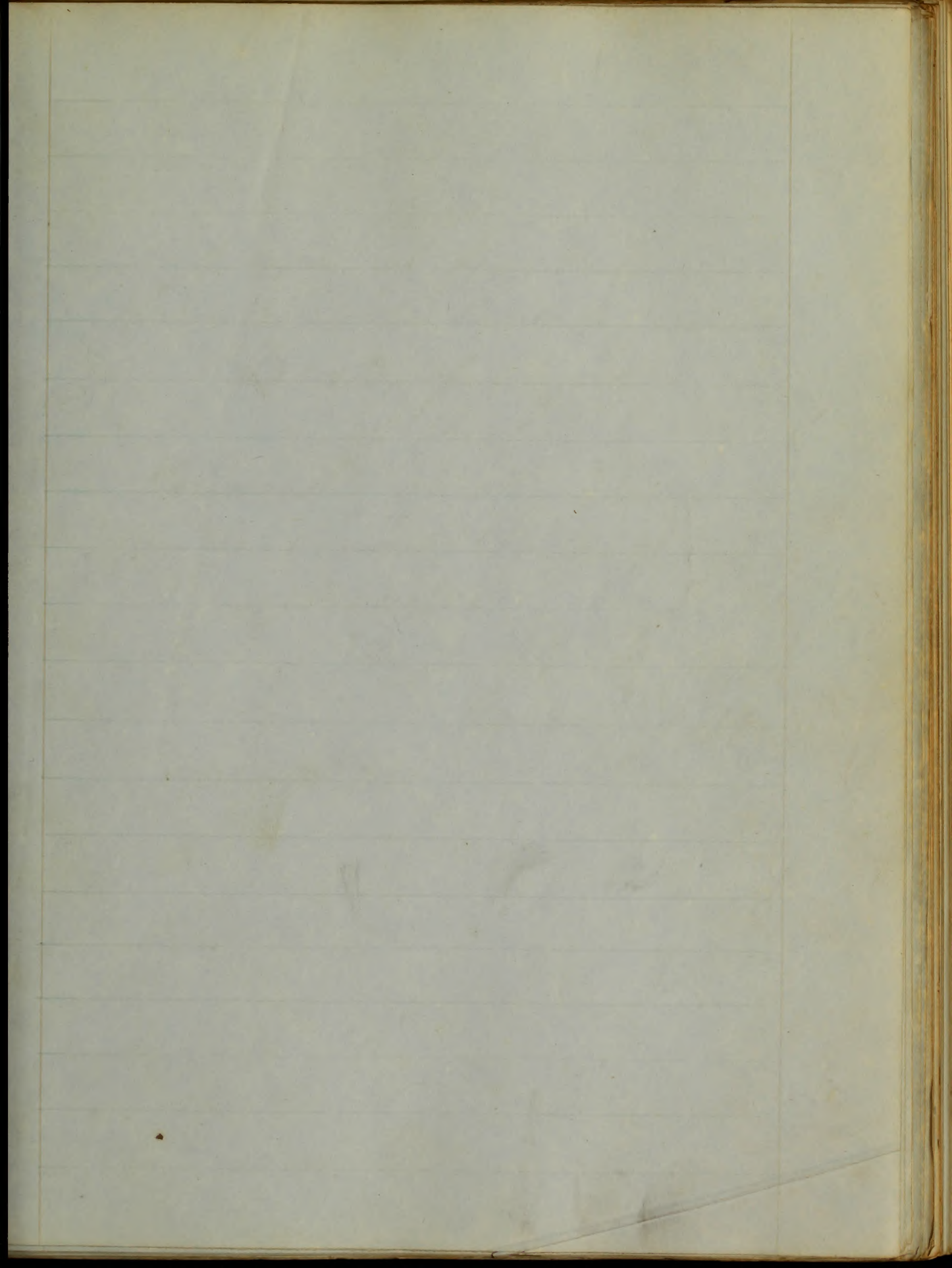
By Noah S. Tides

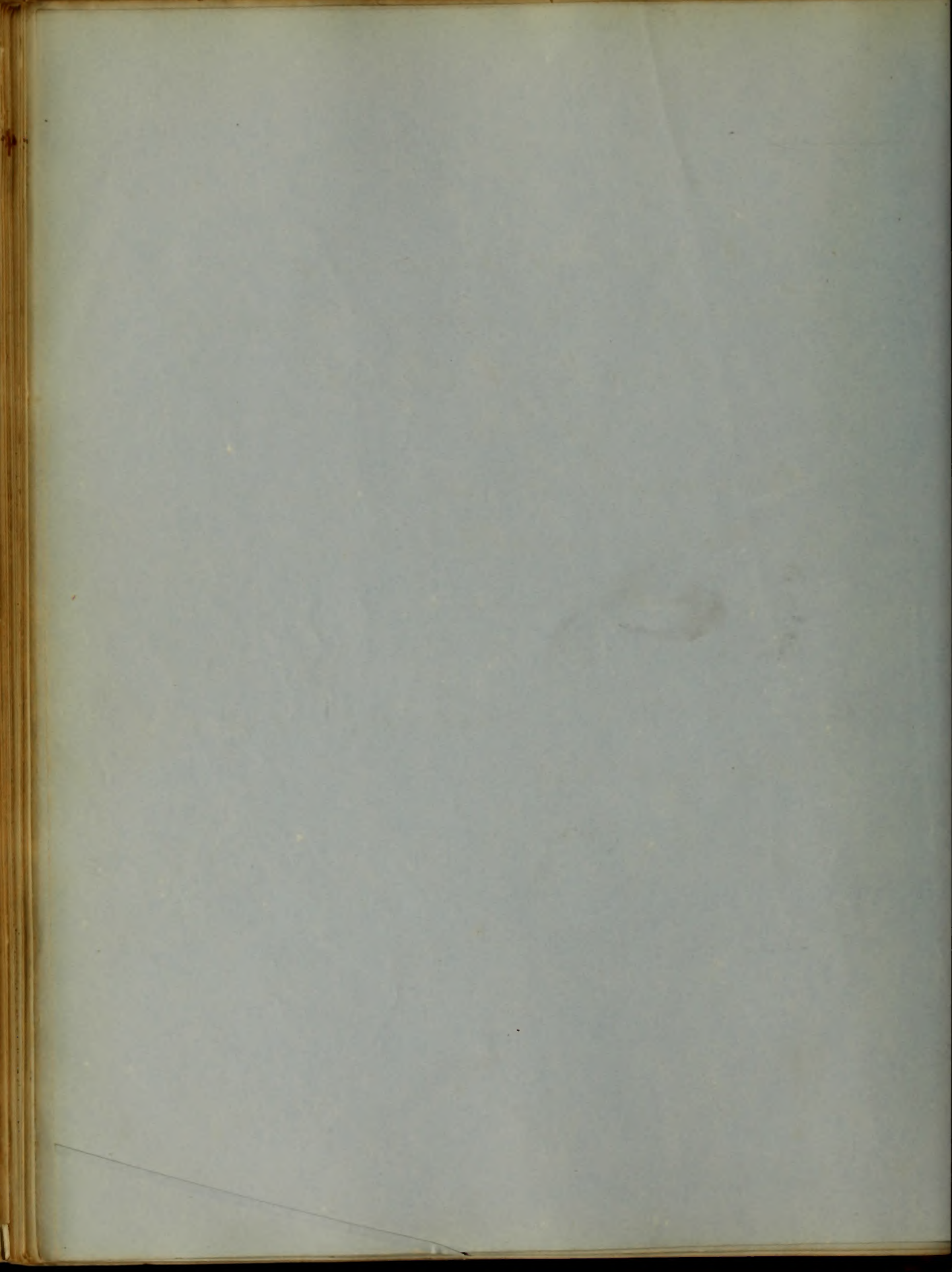
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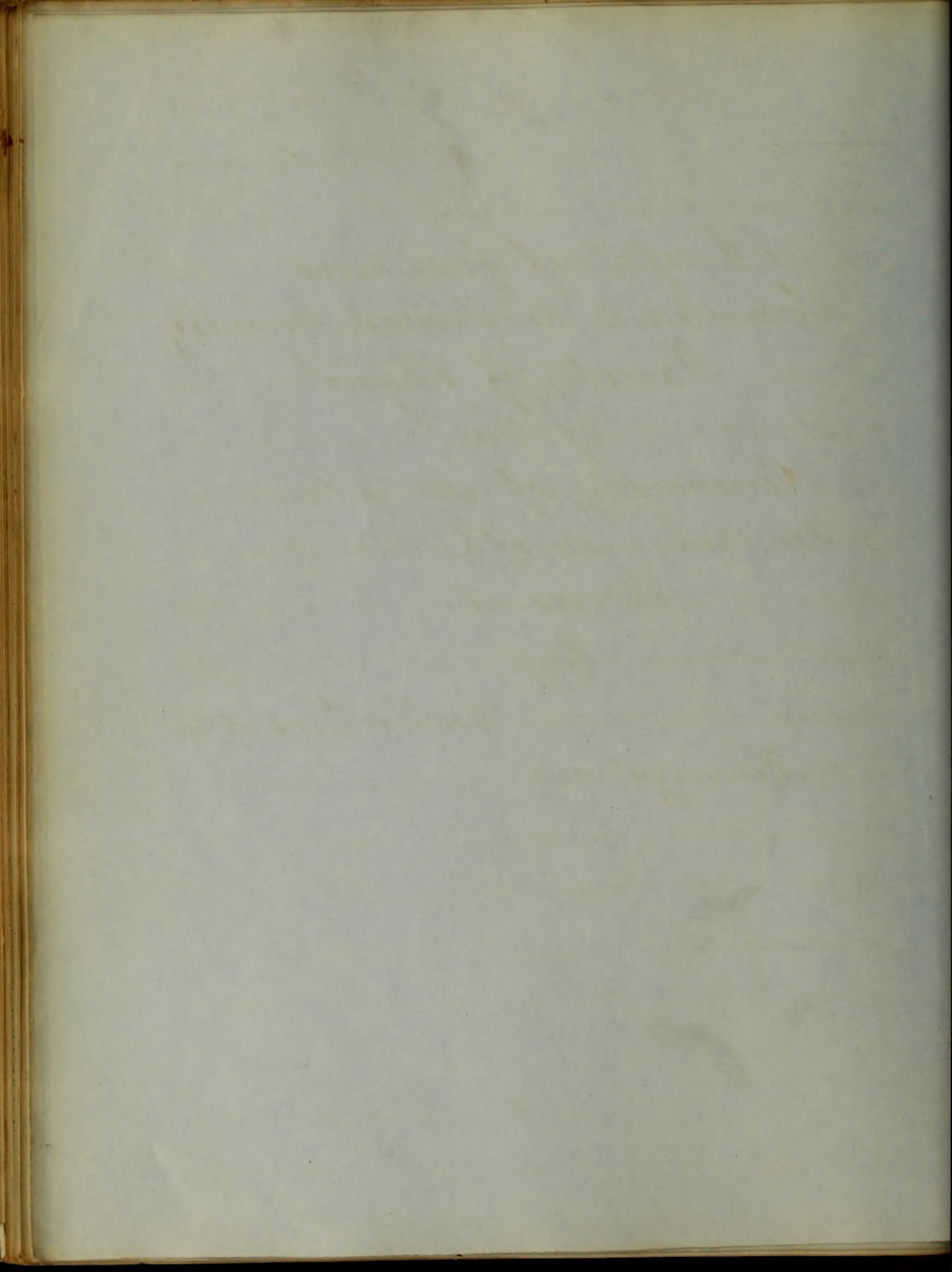


A report of four cases
Submitted to the Provost, Regents &
Faculty of Physic
of the
University of Maryland
For the Degree of Doctor of
Medicine

By

Geo. Thos. Hays of Va.

February 15th 1850



Gentlemen, I am about to submit to your consideration, the Management and treatment of a few cases which fell under my notice. I will merely state what was done. Choosing remedies which time, and experience have proved most efficacious, as taught me by my Preceptors, in the University of Maryland, Men, in whom I repose the greatest confidence, and for whom I have the most sincere respect, who do not suffer prejudice to exclude from them, that which is founded on experience, science, and fact, because it does not coincide with their views, but except good coming from any source, and ^{is not} wrong though it should spring from the highest.

I am well aware Gentlemen that but little can be expected of one, who has not yet embarked upon the Practice

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of his profession. The respected Professor of Therapeutics and Materia Medica (during the course of 1848-9) truly said "that it took a lifetime to make a Physician", this, lends a hope, that slight mistakes will not cause a student, that which is more dreaded by him than death; a rejection!

I am aware I have much to learn, a great deal of which experience, alone can teach, and which requires time, and close attention, to the changes in Nature to obtain it.

I would not have troubled you with cases, so uninteresting, but have chosen one, as the bases of a Thesis upon which I would have written, but thinking with Cullen, and Watson, "that it's unfit for a person who has never seen a disease, to attempt its particular history" this lead me to report a few cases I have seen

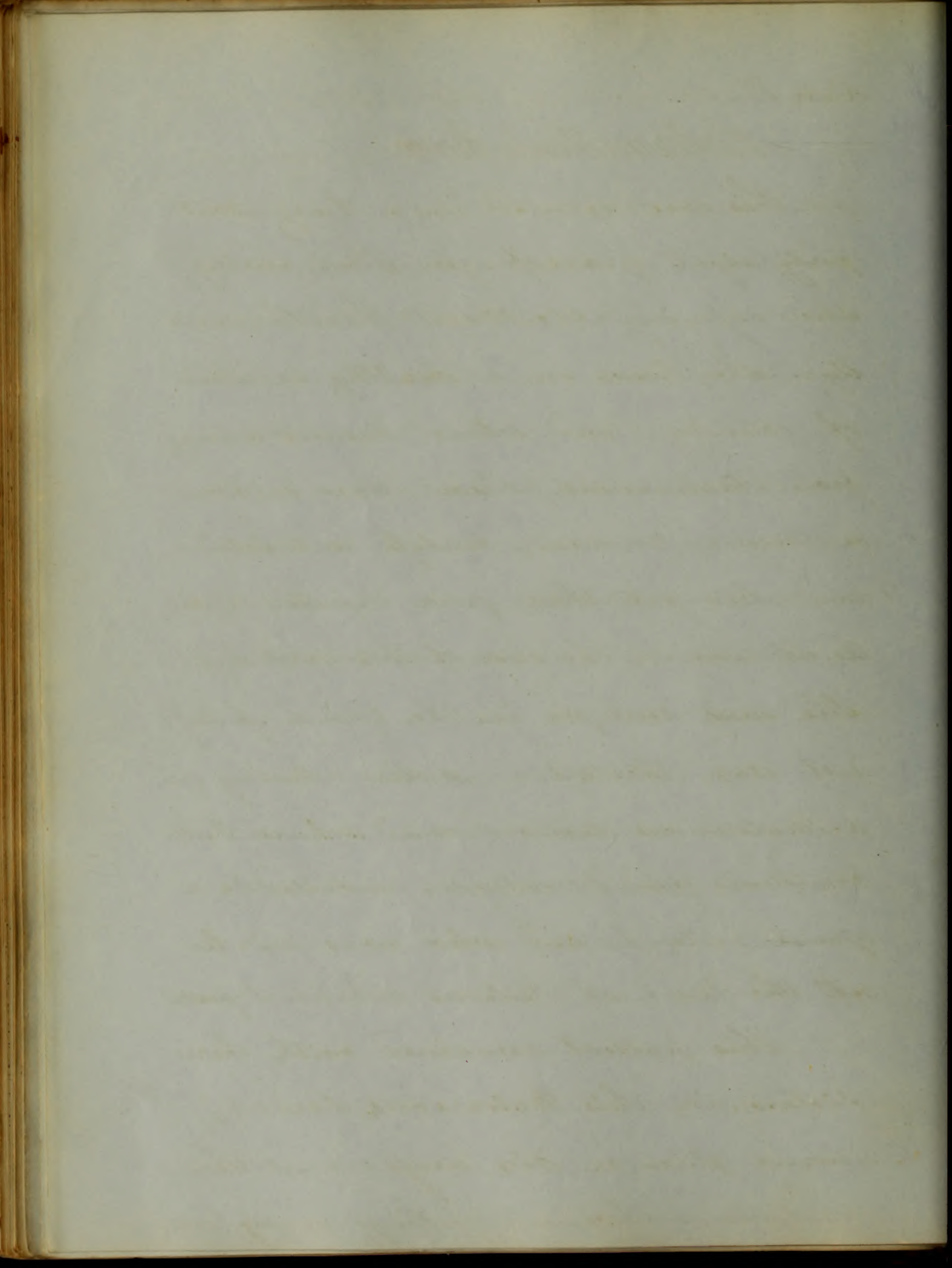
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Case 1st

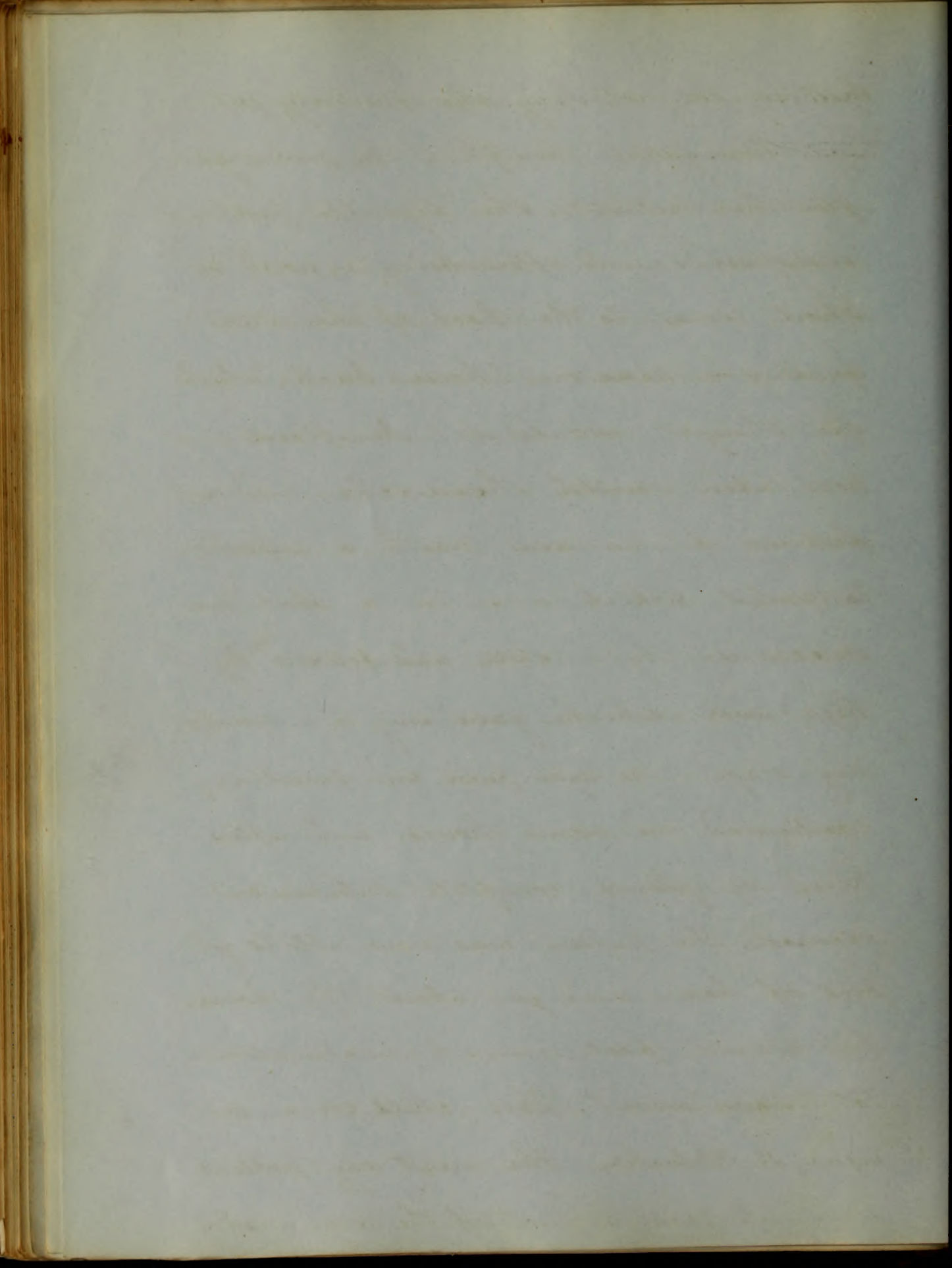
Intermittent Fever

This case occurred in a Lady about forty eight years of age, stout, fleshy, and enjoying excellent health generally, she lived in a healthy section of country, and where diseases arising from Malarious poison, were seldom or never known, unless contracted and brought there from infected regions, as it was, in the case of this patient, she was sent for in the month of August 1849, to visit a sister living in a Malarious section, and where Intermittents, and Remittents, prevailed to a great extent, and who was sick at the time of Bilious remittent fever.

This patient remained with her sister, in this Malarious locality some five or six days, and then returned home, feeling pretty well,



but could not say she positively felt
in her usual health. A few days
after her return, she began to feel
indisposed, and after being exposed a
short time, to the heat of the sun
during a ride on horse back, which
she thought would be beneficial,
was taken with headache, and a
feeling of nausea, with a disposition
to vomit, which was in a short time
succeeded by a chill, and followed by
high fever, which gave way to a sweat-
ing stage. The ague, fever, and sweating,
continued for some hours, and after
these symptoms, complete intermission
occured. The patient was now able to get
out of bed, and go about the house,
but did not feel much inclination
to move about. This chill came on
near 12 O'clock. The next day patient
was up greater part of the day, but-



feeling very much indisposed, Second day
after Paroxysm, got up in time for break-
fast - eat but little, as she had not much
appetite, Near ten o'clock felt much
more indisposed, Towards eleven o'clock
felt so unwell, she was obliged to
go to bed, and near twelve, felt nau-
sia, and vomited a small quantity of
bilious mater, and was immediately
attacked with a rigor, much more
severe and of longer duration than
the first, and was followed by intense
headache, great heat of skin, and
restlessness, lasting for some hours
and which gave way to a third, or
sweating stage, and leaving the pat-
ient much more prostrate than the
first - In this second Paroxysm all
the symptoms was aggravated and of
longer duration than the first one

Seen the patient the day after

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she had the second ague, found her lying down, and complained of feeling worthless, dull, and good for nothing. (To use her own language) Tongue a little whiteish, though not much changed, Pulse, small, and rather slow. Expression of Countenance, pale, and languid, with a dejected look, did not examine the Spleen and Liver, but do not suppose they were enlarged, as the disease had not gone on a sufficient length of time for them to be

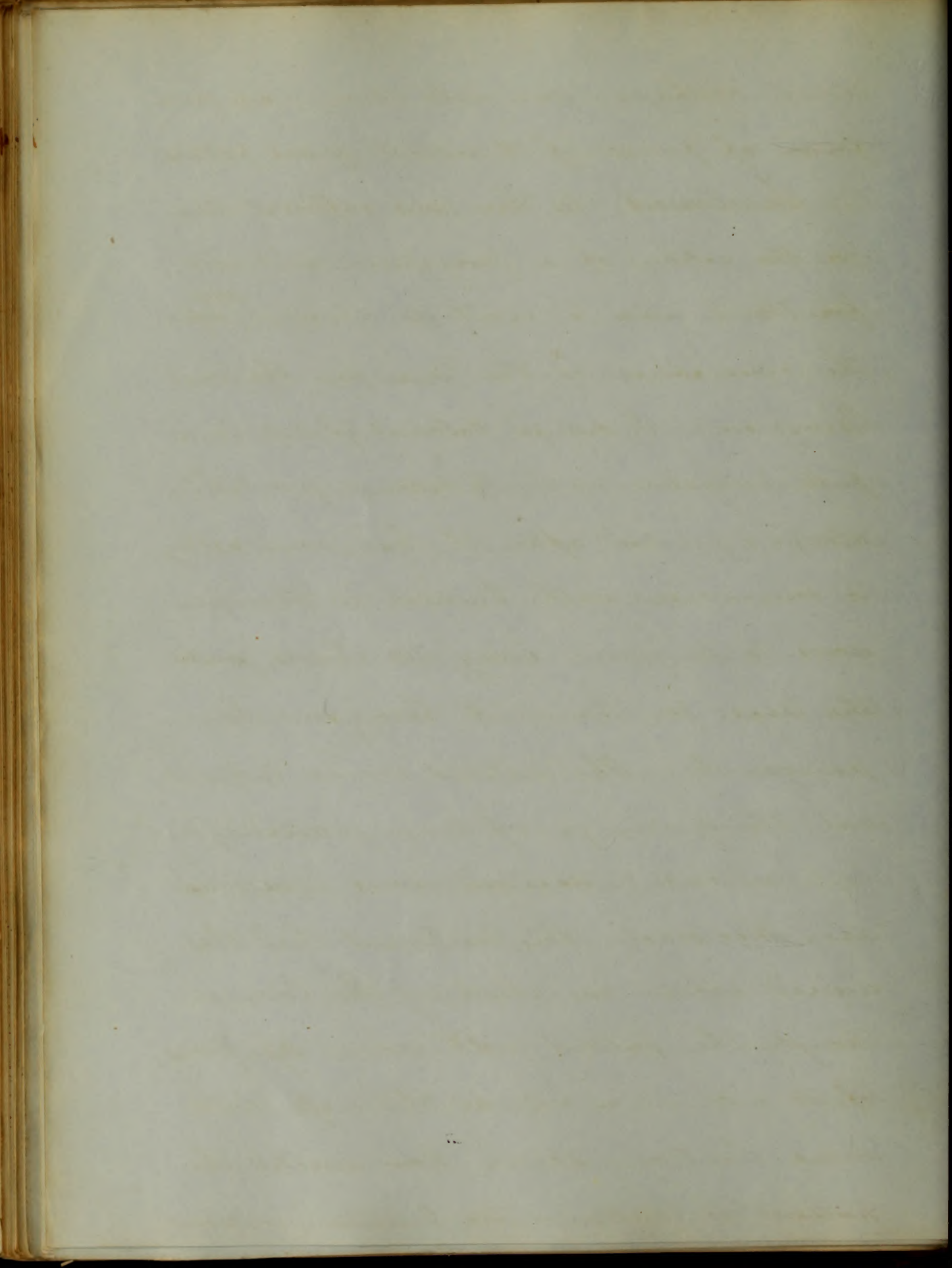
This was a well marked case, and the diagnosis was perfectly plain and easily made out, Intermittent fever of the tertian type.

The Paroxysms in this case were to be cut short if possible, as each succeeding one had a tendency to grow worse, and if not checked by the use of remedies, would in a short

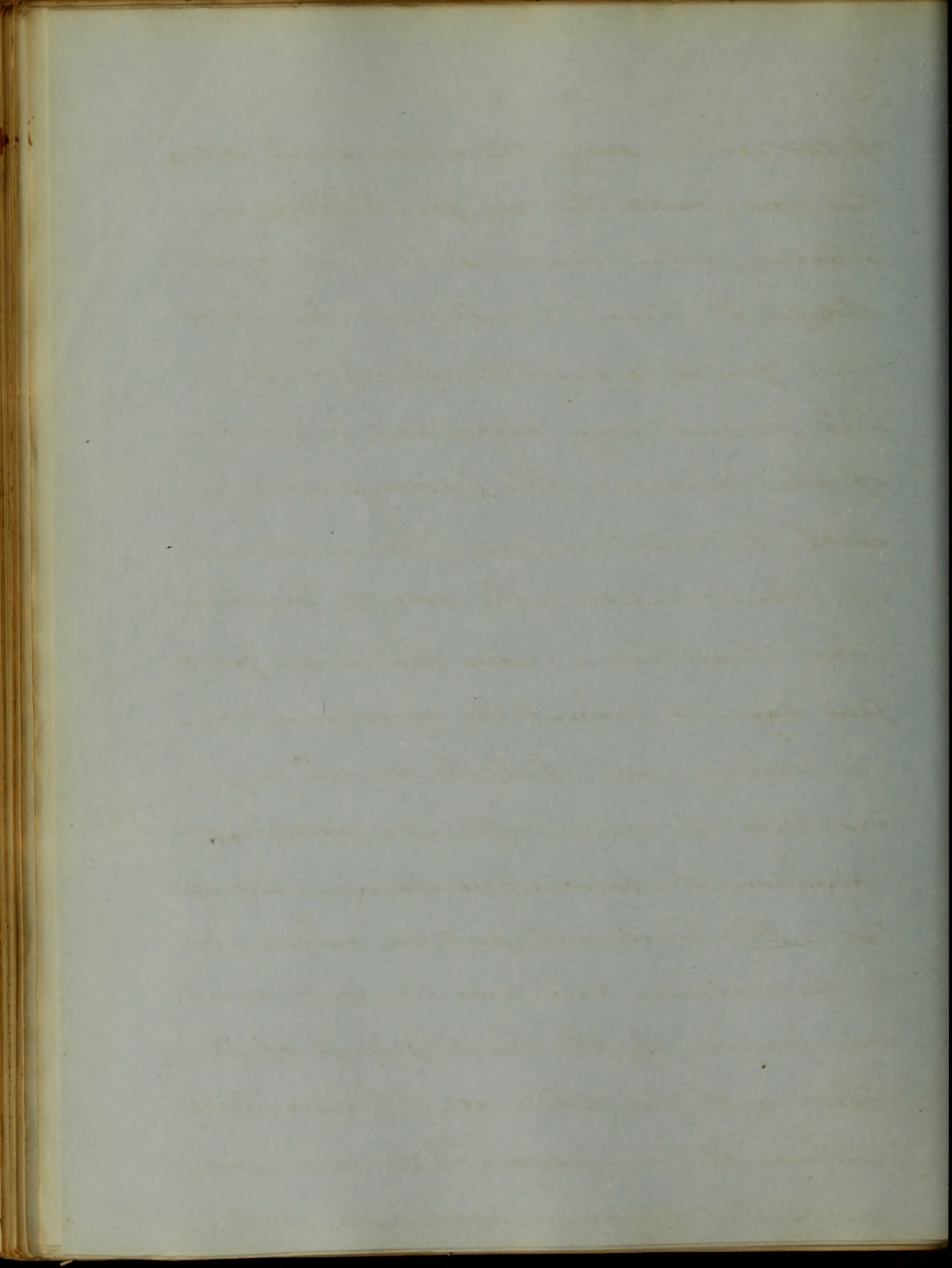
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Time perhaps, run into some more grave form of fever, if it did not prove fatal,

Treatment. As there was sufficient time for the action of a purgative, and also for the Quinia, to exert its specific ^{effects} before the occurrence of the time for the next Paroxysm, I ordered Calomel & Jalap in a full purgative dose, ℞ Calomel gr v. Pulv Jalap gr xij. and after it had done acting, to commence with Quinia, in three grain doses, to be given every two hours, until the time for the next Paroxysm had passed by - The patient would take about thirty six gr of Quinia during the intermission, decided doses were considered necessary. This treatment had the desired effect in checking the Paroxysm though the patient felt some symptoms of its return as slight chilliness, with some heat of skin. Now directed the patient to continue the Quinia, in doses



of two grains, every three hours, and continue
this dose, until the day for the Paroxysm
to occur when one, or two doses, of 2 grains
should be given a sufficient length of
time for it to exert its specific effects
and prevent any disposition to a return
of the disease. This period passed by
with^{out} the least tendency to a return
of the Paroxysm, the dose of two grains,
every three hours was continued, for a
few days, to prevent the recurrence of
the disease and that the Quinia might
exert its specific influence (as stated abo-
ve) upon the Poison remaining in the sy-
stem. This treatment put an entire stop
to the disease, and was no doubt aided
very much by the healthfulness of the
Locality of her residence. This is a striking
instance of the poisonous^{nature} of Malaria, and
proves that persons exposed to its effects

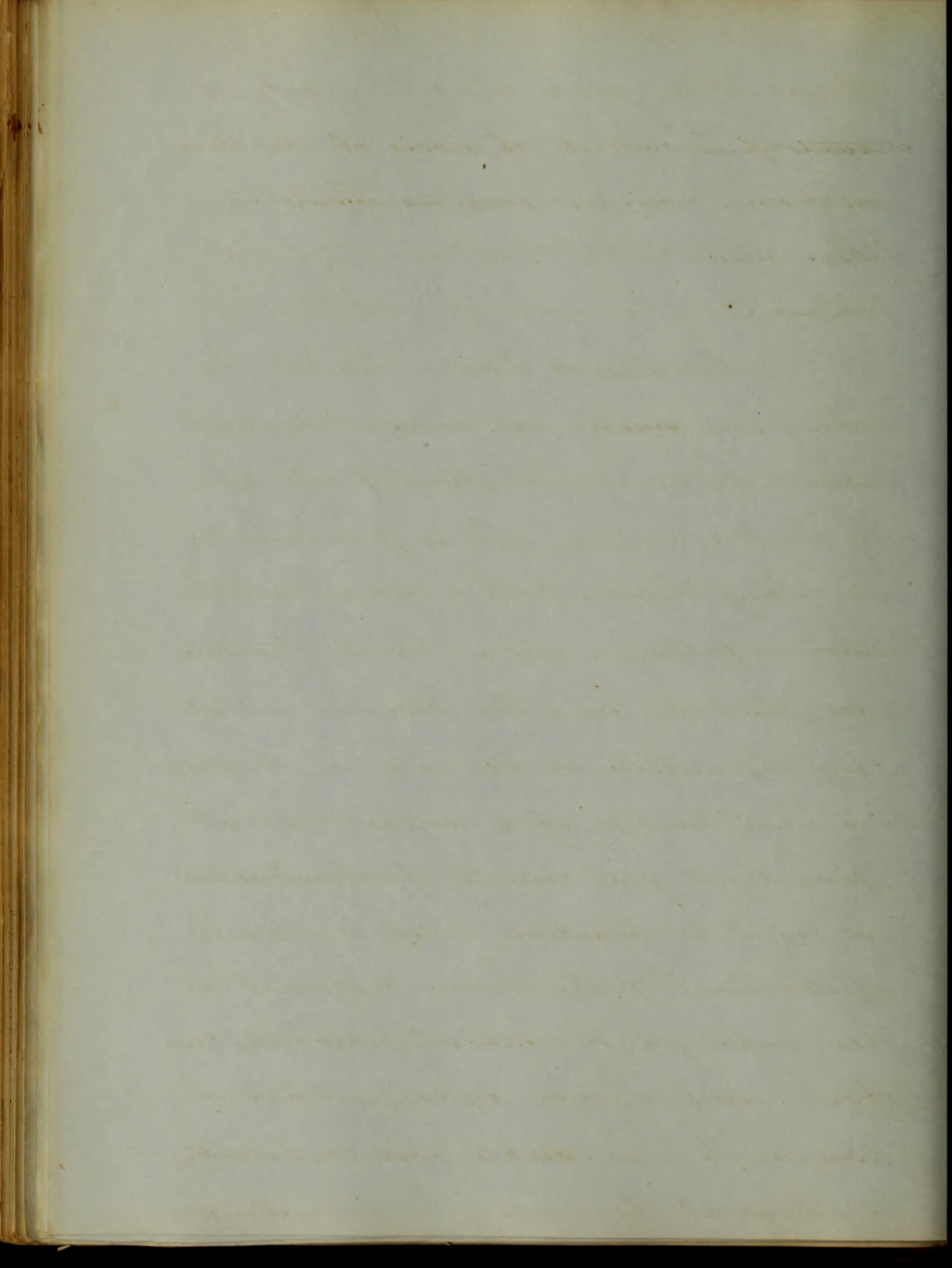


though it be for a short time only, is
sure of an attack of some of the diseases
arising from its poisonous ^{influence} effects upon
the system

Case 2nd

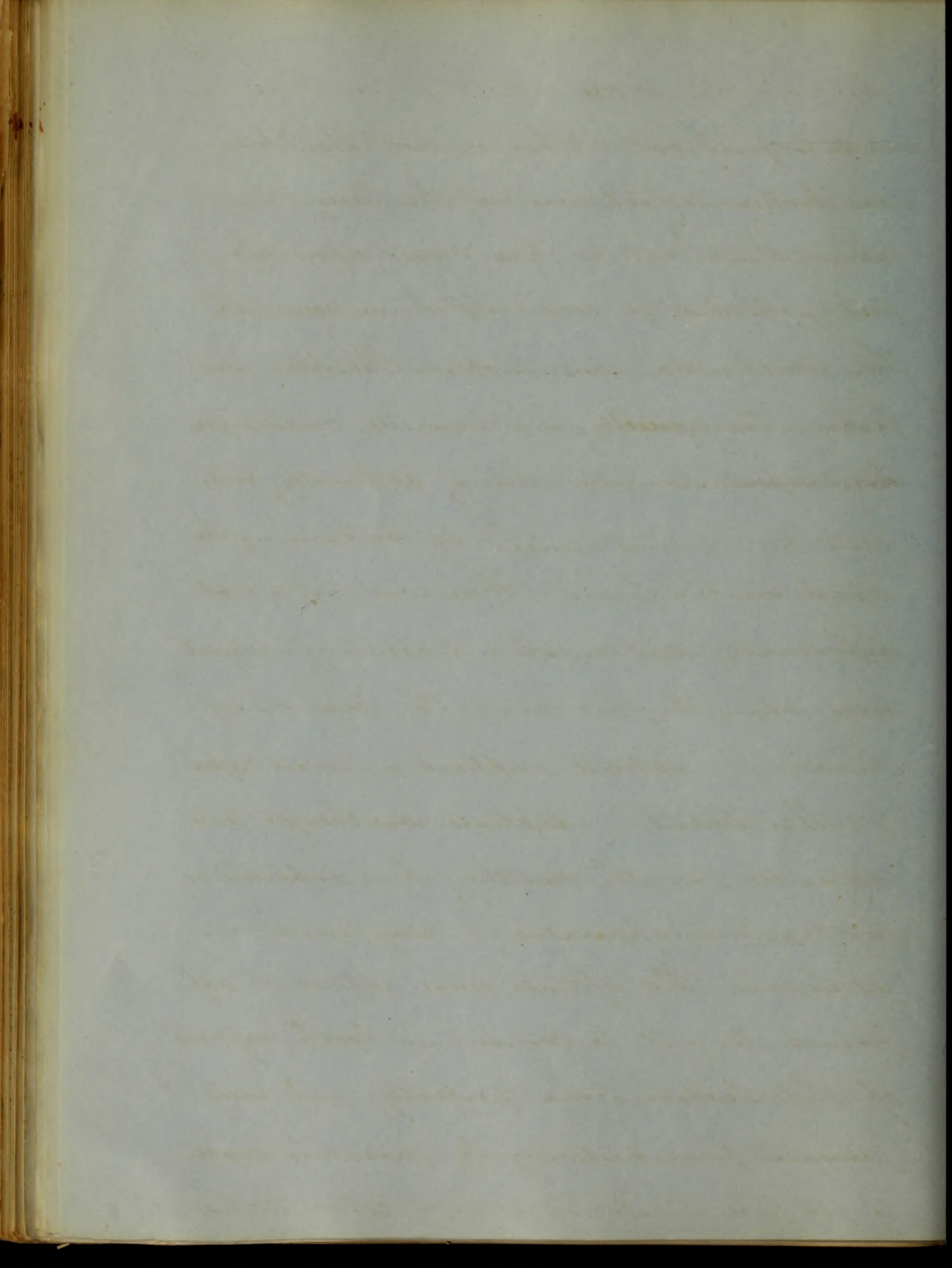
Fracture of Tibia

This case occurred in a Negro boy, aged
about fourteen years, stout of his age,
good constitution, and in good health,
by being thrown from a horse, and the
horse falling upon his leg, fracturing
the Tibia, near the middle, and rub-
bing the cuticle of the internal Malleolus
to about the size of a dollar, and at
first sight gave rise to apprehensions least
it might be fracture, with compound
dislocation of the lower fragment at
the ankle joint - which fears were rem-
oved upon careful examination of
the parts, the ankle was considerably
swollen at the time, Examination was



made to find out whether or not the Fibula was broken, which was not the case. The Patient stated that he had raised upon his feet, which he could not have done, if the Fibula had been broken. The Tibia was broken transversally, and near its middle (as stated before) Crepitus being distinctly felt, and pain was caused by ballancing the limb on the hand. There was but slight deformity, not much ever occurring in fractures where they are near the middle of the bone. Patient suffered a smart rigor.

Treatment. Splints was thought to be advisable, until ^{the} swelling had subsided, as no fracture apparatus of any kind was at hand. The splints were applied of sufficient length to command both fragments of the broken bone perfectly, and was prevented from irritating by pads, and made to fit the limb. by folds of cotton cloths.



The splints were kept on for three days and was then removed, the limb being washed well, with soap and water, the starch bandage was applied, the limb being first wrapped with a roller, and the pastboard, smeared with starch, applied, and adjusted to fit in the neatest possible manner. (leaving a sufficient space to dress the ankle where the skin was rubbed off) and the bandage applied over the pastboard, keeping them in their place. The starch bandage was not removed until perfect union had taken place, which time accomplished about six weeks, union taking place without any deformity whatever. Attention was paid to the circulation of the limb to see that it was not interrupted or interfered with by the starch apparatus.

Patient needed no constitutional treatment

Could I have obtained Professor

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Smiths, fracture apparatus, I certainly would have used it, as I am convinced of its superiority. The ankle was dressed with Simple Cerate, and afterwards with Basilicon Ointment, and healed in a reasonable space of time —

Case 3rd

Henry Bane, Aged twenty eight years, lived until March 1849, in a healthy section of Country, and enjoyed good health never having been sick of any of the diseases arising or coming on from the poisonous of Marsh Miasma. In March, of the year above named, he removed to a Locality, where Intermittent, and remittent fevers, prevail to a great extent, during the Summer^{and} Autumn. This man being altogether unaccustomed to the poison of Malaria, rendered him more susceptible to its influence, than persons who had lived all these lives, in those

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regions, who become as it were accustomed to the poisonous effects, and who suffer far less than strangers, particularly the Negroes. They appear from some peculiar Idiosyncrasy to be exempt to a great degree from its effects, and can live in districts with apparent impunity, where it would be certain death to a white man.

This patient had an attack of Intermittent fever in the latter part of August, and had the Paroxysms checked by the use of Quinia, as he informed me, for some two weeks, when he had a return of the disease, which was more severe than the first attack, the paroxysms occurred every other day, and at the same hour, going through the Cold, hot, and sweating stages, and leaving the patient with an entire intermission.

Symptoms. Tongue but little altered, ^{the} rather whitish, Spleen enlarged

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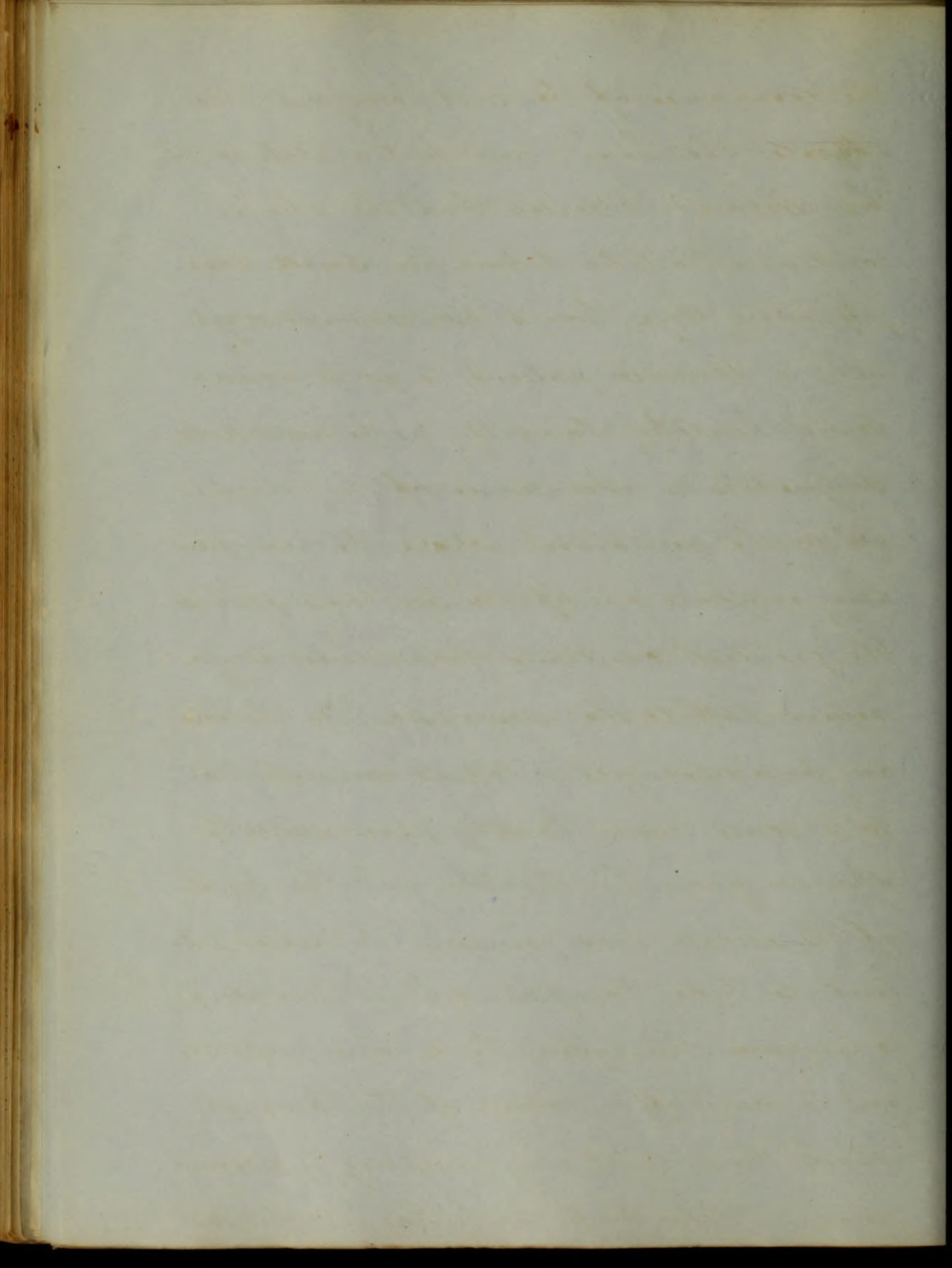
and protruding below the edge of the ribs. No enlargement of the Liver, that could be discovered by the touch, or by percussion, some pain in the left side, pulse small and rather weak, and Conjunctiva slightly jaundiced

Treatment, Calomel gr. v. Pulv. Rk. ii. gr. xv. This acted well. Quinia, was now given, in three grain doses, every two hours, until the time for the Paroxysm to occur, this treatment did not prevent its return, though the symptoms were not so bad, proving the medicine exerted some influence, directed patient to continue the Quinia in the same dose he had been taking, until the morning of the day when the ^{next} Paroxysm might be looked for to return, when the dose should be increased to vgrs and given a sufficient length of time for it to exert its effects, say, six hours before the time for

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The occurrence of the next Paroxysm, This affected the head, and put a stop to the disease. Directed, that he should continue to take Quinia, in small doses gr̄ij, every three hours for several days.

Advised patient to go to some more healthy Locality, as he would be subject to a recurrence of the disease while he remained where he was, from any exposure, or imprudence, and perhaps the greatest cautions not preventing a return, while he was exposed to the Poison producing it. Patient consented to go to some more healthy place until he should again gain his health, and the Sequela of the disease was removed. Directed patient to take Compound Tinct Cinchona, to improve his system by its tonic properties, and to ward off a return of the Paroxysm should there exist any tendency to a recurrence. - Blue Mass, was given in gr̄ doses



every night. for three or four days, as it acted
~~two~~ or three times a day upon the bowels, which
was disposed to be costive.

Patient improved very rapid after
he left home, and the spleen also decre-
ased to its natural size, aided no doubt
by the Compound Sine Bark, which he
continued to take for some ten days.
He was then so well, that he considered
the further use of the Bark useless

Had the Paroxysm been severe,
and interference requisite, Opii, Bleeding
warm Infusions, as *Eupatorium perfoliatum*
& I might have been had recourse to

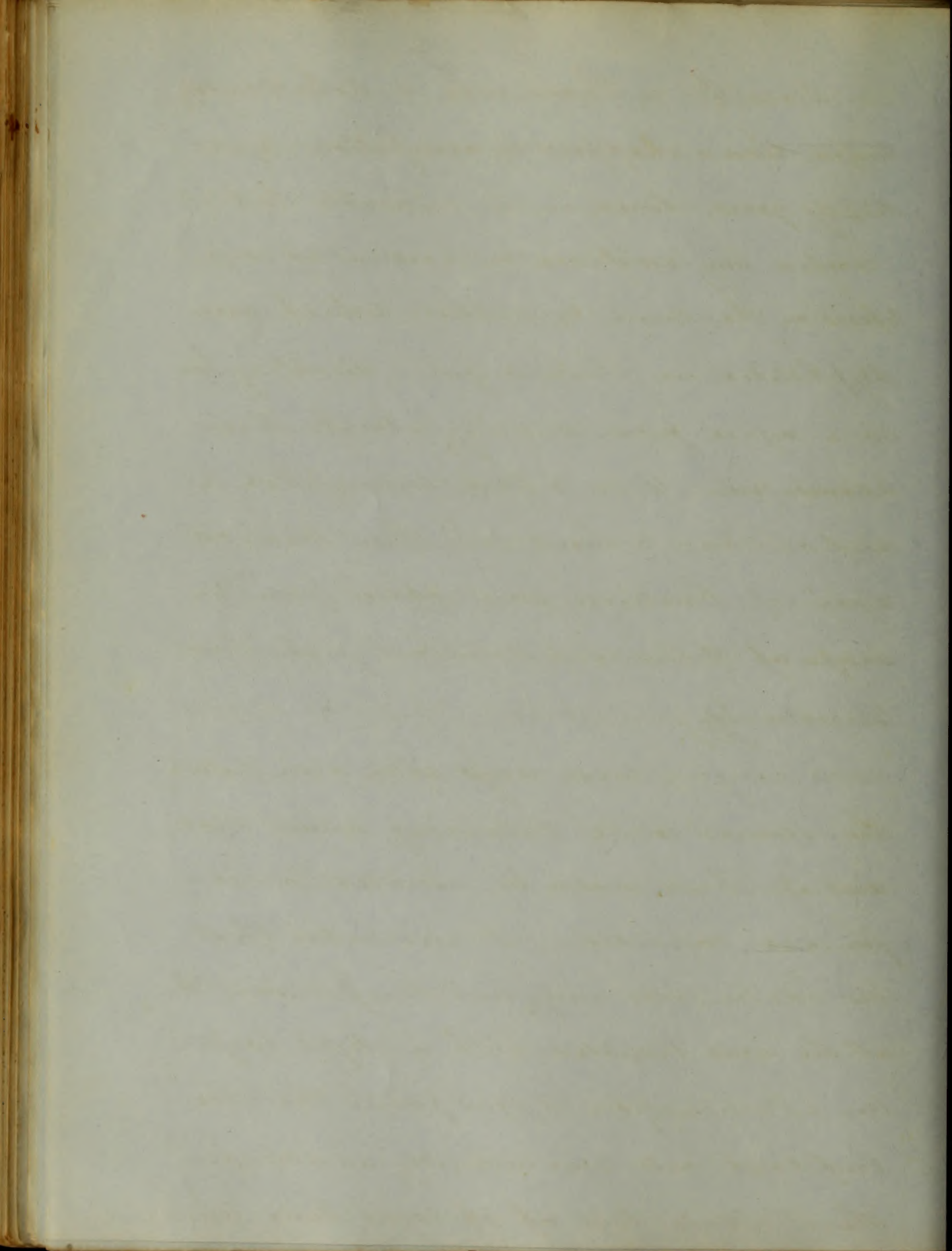
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Case 4th Pneumonia - John Dempsey

Negro, woodchopper by occupation, aged sixty years, lived in a miserable hut.

Wished my assistance on account of some ulcers on the lower extremities, which were syphilitic in their origin, disabling him in a degree from moving about - These ulcers from time to time manifested a disposition to heal and then break out again, Poultices were applied, and ten drops of Donovan's solution, given three times daily.

Several days after seen patient he seemed to be labouring under more distress than could be ascribed to his general condition. I remarked that his sputer, was rusty and sanguineous - that he was troubled with a slight cough. On examination it was found that the crepitant rale was distinctly audible, in the medial lobe of of right lung, on



The same side there was some bronchial respiration - vocal resonance, the sibilant rales was heard in the upper lobe of left lung - He complained of some dizziness of the head, face presented a dusky or purplish hue, skin hot - Pulse frequent and not very full, R^x Pulv. Spicac. gr. i - Quinia gr. i - to be repeated every three hours. I had some doubt about the propriety of bleeding, for it seemed from the nature of the sputa, and the information elicited by auscultation that the disease was carrying on a warfare against the cellular tissue of the lungs, which had not been attended to, This patient's strength was depressed, and his pulse by no means solicited the lancet, Donovan's Solution was suspended

Next day (Monday) He slept but little last night, pulse is small and frequent - skin cold and perspirable, appetite impaired

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Tongue excessively red - Has some nausea.
Bowels are open. The same physical signs
in relation to the chest as was heard yesterday.
Has a troublesome cough, accompanied with
a free expectoration. At night he is restless
and insomniac. R^{ij} Calomel, Pulv Rhei aa
grs x. Ext Hyoscyamus grs v mc. To be given
at bed time Tuesday. He says he slept
more last night and rested better than
he has for some time. Bowels have been freely
moved. Has had three thin evacuations to day.
Pulse full and frequent. Skin of a natural
warmth. Expression dull and anxious. Cheeks
deeply flushed. Complains of some heaviness
in his head. Respiration accelerated.
Expectoration free and abundant and still
of a rusty colour. The crepitant rale, and
vocal resonance still distinct. Has some
bronchophany. Cough not so harassing but
short. No appetite. Tongue red and dry, free
from any gastric distress. R^{ij} Tart Antimony grs ʒiʒ

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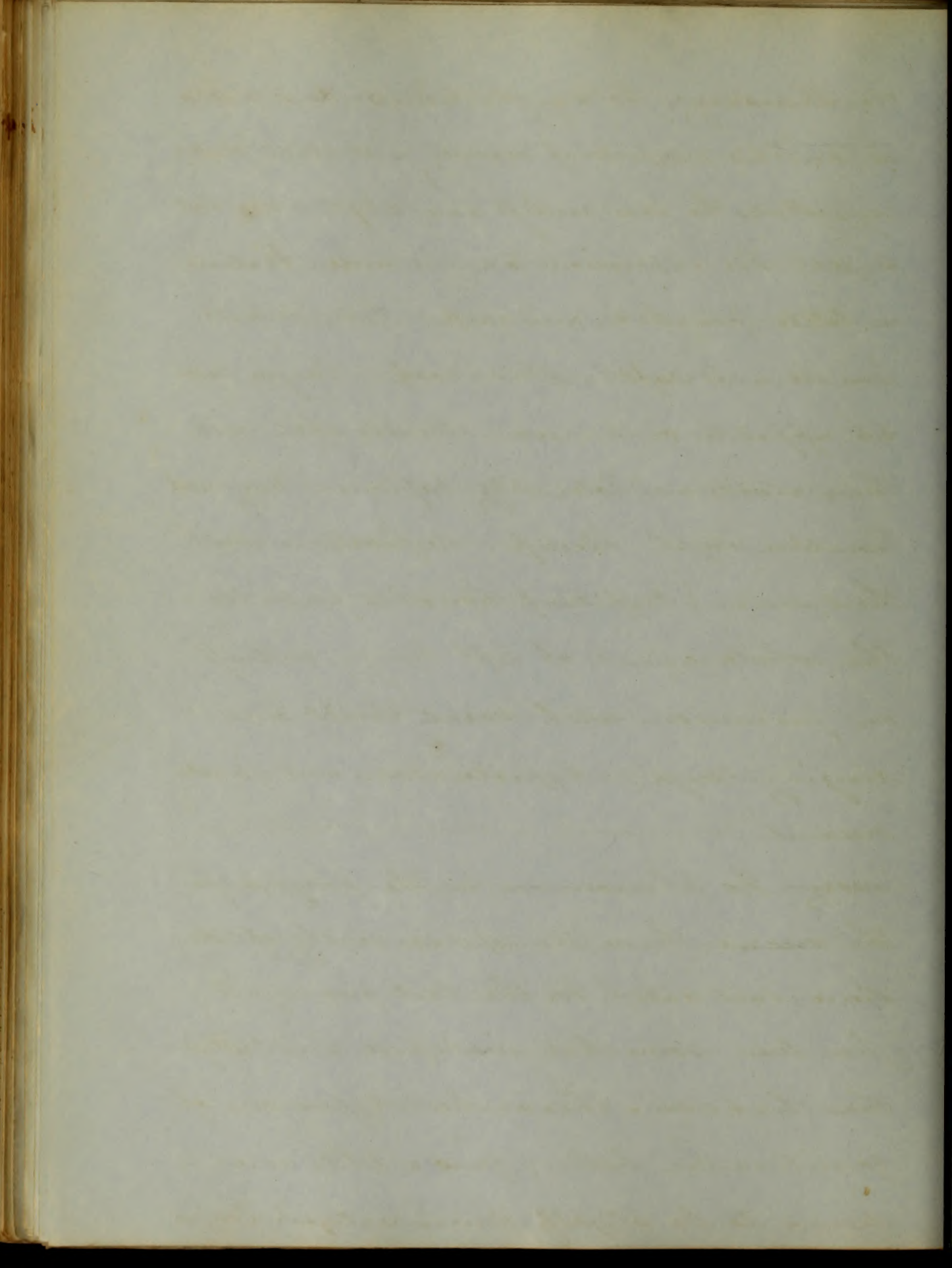
every 6th hour, R^o Pulv Ipecac Calomel aa gr^{ij}
Potassa Nitras gr^{ij} M. to be repeated every 6th hours
alternated with the Tarter Emetic.

Wednesday, This morning says he
feels no better, pulse soft and feeble, and
his surface moderately warm and relaxed
Face presents the same condition of things.
Tongue elongated, dry and red at its tip,
^{and} eyes, with a parched layer of brown fur
in the middle, No appetite, bowels open,
Urine of a high color, The crepitant rale
is more diffused. There is obvious dulness
on percussion over the affected lung, Expec-
torations not so free and plentiful, it is
ropy and sticky, Has been very much
affected with hiccups, The powders of
Ipecac. Calomel &c continued, and the
Antimony suspended, Blister on the Chest
At night Ext Glycyrramas groo - Musk gr^{ij}
at bed time for the purpose of calming the
nervous system, and of controlling the hiccups,

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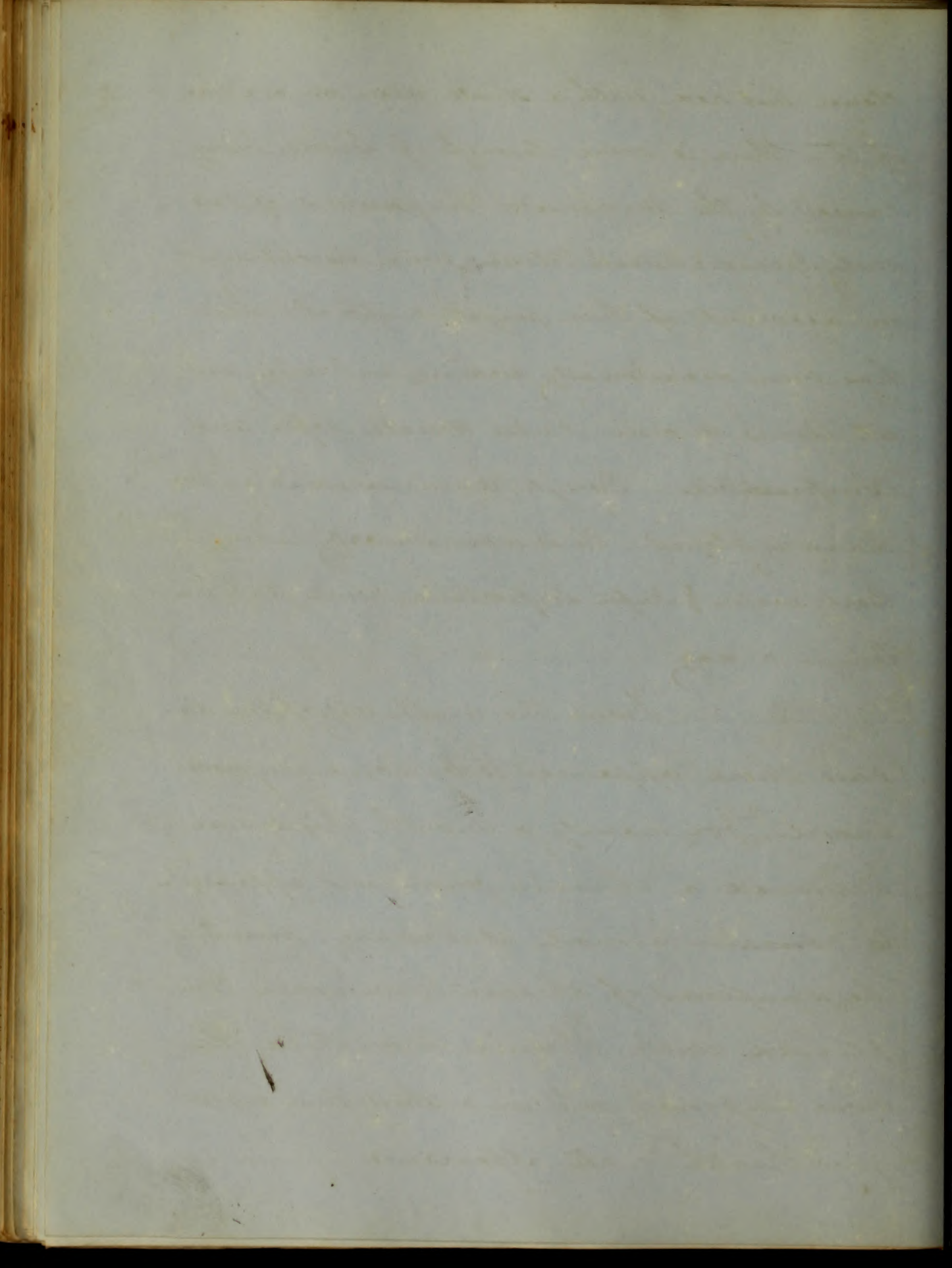
Thursday. To day he seems more distressed
and his prospects of recovery not at all flattering.
States he was restless and slept none last
night. His expression to day is worse. Features
a little pinched, and dark. Pulse 110 beats,
small and soft - Skin cool - Tongue red -
No appetite or nausea - Bowels open with
thin stools and tolerably copious - Very much
troubled with hiccup. Respiration about
the same - Crepitant r^honchus pervades
the whole extent of left lung - dullness
on percussion with vocal thrill and
ringing cough - Expectoration not so abun-
dant

Tuesday - No phenomena in the progress of
the disease have transpired worthy of note
since last date - For the last few nights
has been somewhat wakefull and restless -
has had some headache - Expression of
countenance better, gums a little sore, he
seems to be slightly mercurialized - Tongue



clean but red, with a small ulcer on one side,
of it - There is some looseness of bowels, being
caused by the medicine - The powders of Calo-
mel, Ipecac & Nitrate Potassa were discontinued
on account of their purgative effect - Skin
has been occasionally warm and dry, and
at times moist, Pulse small soft and
compressible - Cough diminished and loose
Brandy stoped - He is now nearly taking
Barly water & Infus Serpentaria wine glass three
times a day

From the ninth day of the dis-
ease there appeared to be some improve-
ment ^{But} for nearly a month (his disease)
assumed a chronic form, and appeared
to remain almost stationary, presenting
the symptoms of chronic Pneumonia, com-
plicated with chronic Bronchitis - He
now improved and in a short time enjoyed
good health to all appearance

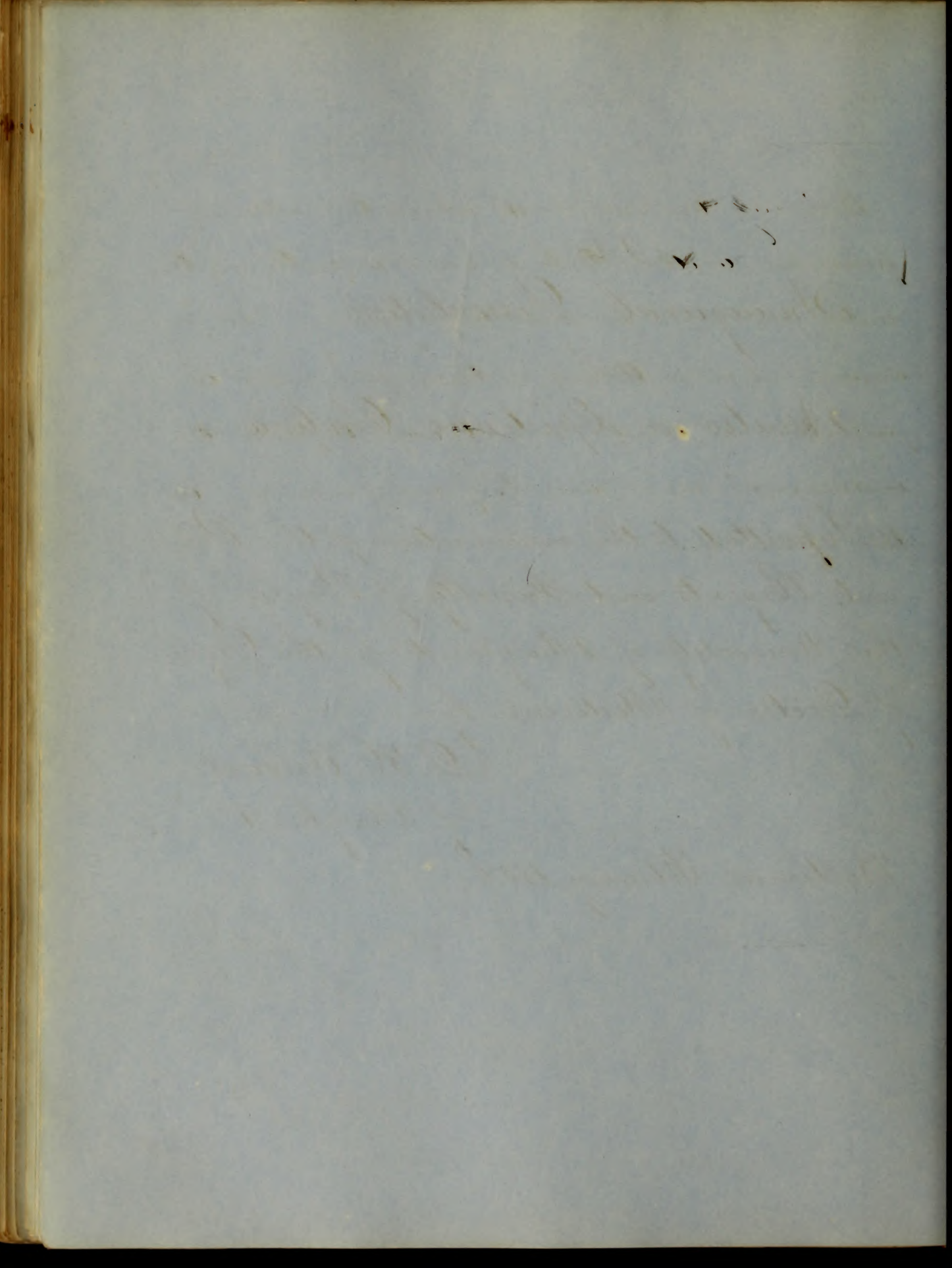


An
Inaugural Dissertation
on
Asiatic or Epidemic Cholera

Submitted to the examination of the Pro-
-vost, Regents and Faculty of Physic of
the University of Maryland for the Degree
of Doctor of Medicine by

D. H. Robbins
of Maryland

Baltimore February 1850



Believing the subject of which the following
pages are written to be of great importance, the
writer has made his own improvement, his par-
amount object. Aware of their numerous im-
perfections he would respectfully bespeak the
indulgence which will be found necessary in
their perusal.

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1
Altho Cholera as an epidemic is believed to have been a great while known in the East it is only within the last quarter of a century that circumstances have made it necessary for the Medical profession generally to devote any considerable amount of attention to its nature, pathology and treatment.

Its early history is involved in much doubt and obscurity. As it is the purpose of the writer to be as brief as the subject will allow, and a due consideration and respect for the long established customs of ^{the} University of Maryland in requiring a thesis from each one who presents himself as a candidate for its honors will justify: he proposes to omit what might be said of the early history of the disease, and commenced his notice with its first appearance in America in 1832. The extensive prevalence of Cholera in Europe and Asia and its gradual western march, for a few years preceding that of its appearance in this

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2

Country filled the minds not only of the people at large but also of the medical profession here that the Continent of America would ere long become a part of the theatre of its fearful ravages, Indeed that it was destined to embrace the world in its ^{train of} explorations. The extensive and intimate commercial intercourse existing between the two hemispheres, it was apprehended would inevitably furnish a ready mode for its transmission across the Atlantic. These apprehensions were too well founded as was proved in the summer of 1832 by the disease appearing first in the two cities of the Canadas, from whence notwithstanding the prompt establishment of quarantine and other sanitary laws in the seaport cities, as well as principal cities and towns lying interiorly, it travelled in almost every direction, extending west and south and appearing almost simultaneously on the borders of the northern lakes, and western rivers

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and the seaport places as well as interior towns and villages, In fact no laws seemed to govern or restrain its marches, Sometimes passing whole tracts of country it unexpectedly broke forth in greatly remote places from those of its last attack, and not infrequently after having visited and almost depopulated a certain locality, and left the remaining few with the hope of exemption from any further encroach^{ment}, it would reappear and recommence its work of destruction. It pervaded thus, the United States, uncontrolled and comparatively unobscured during the latter half of the year 1832, leaving the northern States with the earliest winters and to a great extent confining itself to the South during the cold months of more northern climates, It returned however with the succeeding summer to the North but with diminished fatality and less malignancy than was exhibited in its previous character, Thus it lingered, occasional

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4

ally appearing, then receding, and appearing again first at one point, then at another during the year 1833 and in still fewer instances in 1834 when its strength which had been gradually growing weaker and weaker seemed entirely exhausted. In the foregoing sketch of the history of Asiatic Cholera in our own country, much of detail has been omitted. It would require more space than is necessary, and much more than could be appropriately occupied, to follow it in all its capricious movements. It might have been remarked that its visits in some places in 1833 were ^{characterized} ~~marked~~ by even greater fatality than in the year preceding, and at no time from the period of its commencement in Canada till the autumn of 1834 when all traces of it disappeared ~~and~~ was its ravages confined to the States of North America, but the contrary all parts of ^{the} continent ~~included~~ as well as the West Indies experienced more or less its desolation. When its ravages in South

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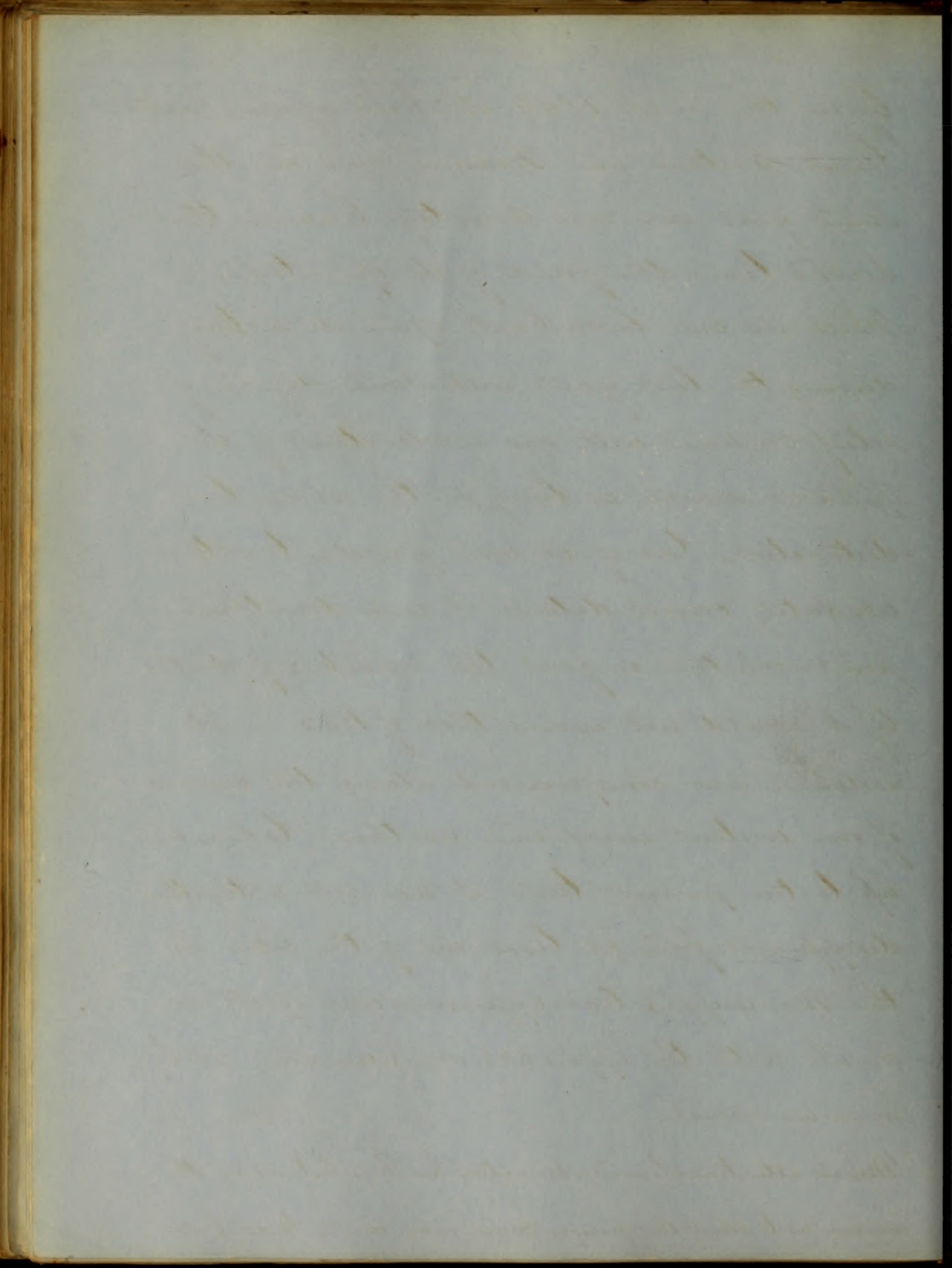
America was severest, some time after its most fatal fatal period further north.

From the year 1834 when it wholly disappeared until that which has recently closed an undisturbed repose was enjoyed, from every thing resembling a frank and well marked case of this disease amongst us, or within the limits of the United States, so far as any authentic account has reached the knowledge of the writer. Still the densely populated countries of the East which has appeared to be so long its favorite abode, is said to have had no ex-emption from its existence. From those countries again in 1847 it was observed to commence another march of invasion into contiguous parts which during the intermission already alluded to had been more or less freed from its destructive visitation. Gradually passing westwardly, with anxious eyes, it was observed to be stealthily encroaching ~~and~~ ~~and~~ ~~and~~ upon western Asia and the eastern empires of Europe, and ear-

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6
ly in the year 1849 it had again reached
Great Britain and France, and in the
same year our own country became the
second time the field of its operations.
While we can look back upon its history
during the last year with some degree of
relief, compared with our recollections of its
previous march, as being on the whole less
destructive. Yet if it were possible to obtain
absolutely correct data, it is a doubtful
point, whether in fact the number of deaths
by it would not exceed that of 1832. Its
violence was conspicuous along the courses
of our western rivers, and northern lakes, and
up to the present time it has not altogether
disappeared from at least one of the cities on
the Mississippi; and apprehensions of its re-
vival with the approaching summer are by
no means absurd.

Much attention & learned observation has been bestowed on the
inquiry as to what the specific cause may be. Yet but



little is absolutely known of its true source. Many opinions have been held and expressed on this doubtful and difficult subject. Indeed scarcely any theory, either on the one hand plausible or ~~xxxxxxxxxxxx~~, or on the other purely hypothetical and speculative but has had its advocates

The supposed presence of infinitely small insects in the atmosphere was the basis of one set of opinions, Another, that the soil of the earth was the abode of the poison from whence it issued in periodical emissions, And again a mysterious influence was spoken of, exerted by distant planets, or sweeping comets and other celestial phenomena. All these and numberless other superstitious and vague causes have been attributed, and in their turn have been long since rejected on account of their absurdity, or dissipated by the application of known facts to their test, sometimes even beyond the exclamation of "Eureka" "Eureka" had ceased to be echoed, At the present time the minds of many of the profession seem

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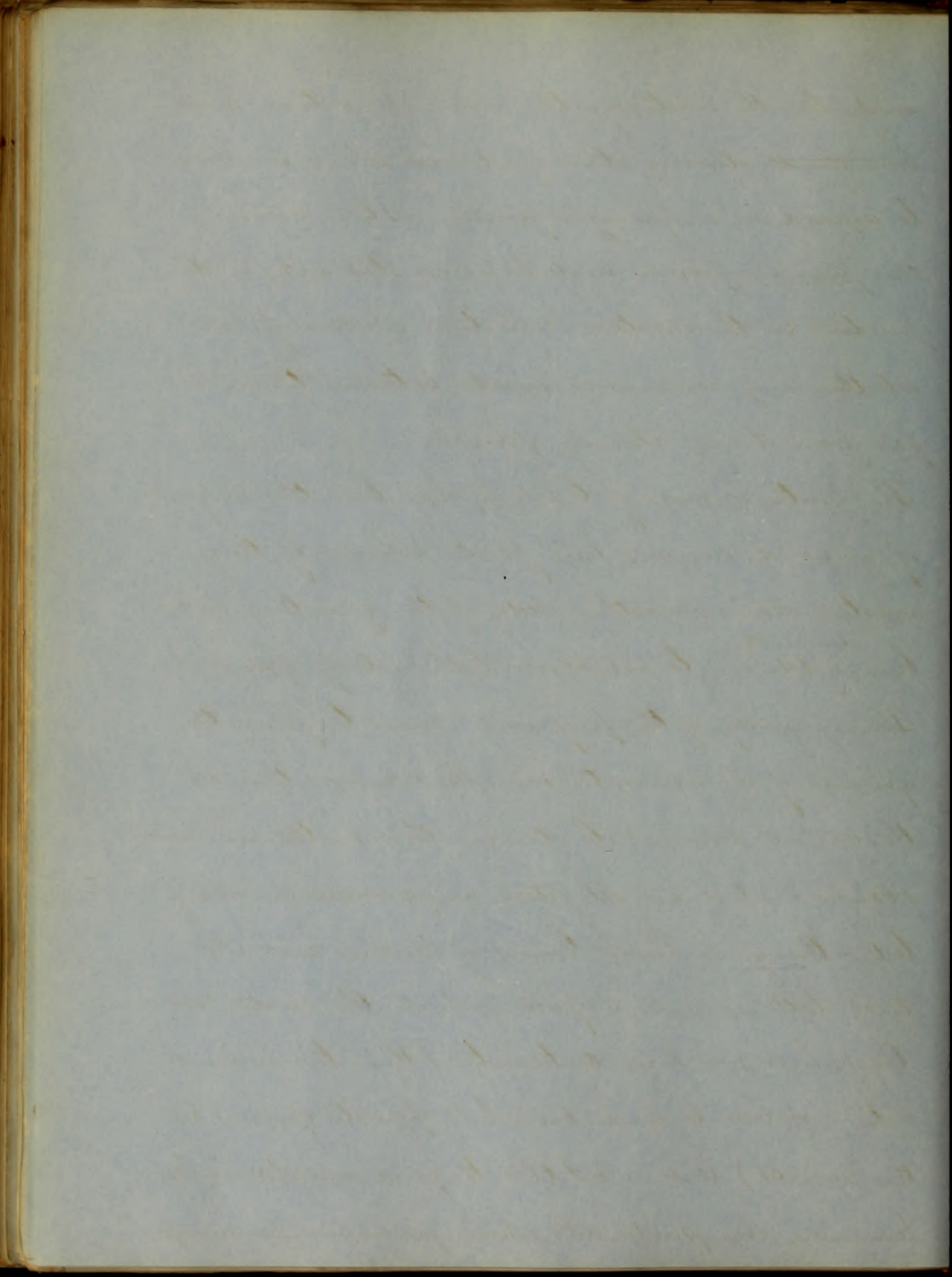
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engaged with the idea, of a peculiar electric condition of the atmosphere, as being in some way connected with the disease, and doubtless further investigation & experiment awaits this subject, which may eventually lead to important discoveries, The unusual diminution of the quantity of this agent which has so often been deemed to exist, just previous to, and during an epidemic, may exert a greatly sedative and depressing influence on the nervous system, & thus give rise to disease, This however is yet theoretical, but to the mind of the writer at least not an absurd hypothesis, while he will look with interest to the results of future investigation on a subject so full of interest and importance. It has been shown by experiments abundant and authentic that there is not in the chemical composition of the atmosphere at the period of an epidemic any alterations from its natural and healthy standard, This however does not prove that a morbid poison may not

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exist. On the contrary the same observations have been made during other epidemics which are known to depend on a specific poison. Still however this peculiar poison may be associated with, or dependent on the electric condition spoken of, or whether any connexion exists between them is far from being clearly shown.

The contagiousness of Cholera has been the subject of great discussion; and facts which if they existed alone on either side of the question, have been ^{abundantly} adduced, to establish both sets of opinions. The majority of the profession seems to favor the opinion of its noncontagion. But while this is the case it cannot be denied that instances have occurred which are altogether inexplicable according to this theory. Doct Graves of Dublin and Dr Wood both remark a fact, which the writer (at least) has not seen controverted, (that two eminent authors it will be remembered hold opposite opinions on this subject) that is entitled to great weight in determining this point, and which furnishes a presump-



far evidenced that upon which ^{might be} based a pro-
 tracted argument, They say "It is a remark-
 able circumstance that Cholera has in no
 recorded instance appeared in any place, sooner
 than the ordinary modes of communication
 might have brought it from infected stations"
 If on the other side a great array of instances
 are adduced where persons who have been ex-
 posed for days and weeks to its contagion, have
 escaped its influence, we humbly conceive that
 such evidence is altogether negative, and if
 our well established instance is found ^{with or}
 without any personal predisposition, the disease
 has been contracted by an exposure to contact
 it is sufficient to disprove all ~~such~~ negative
 evidence to the contrary, That such instances
 have occurred and have been recorded the writ-
 ter is inclined to believe, with all respect, and
 great deference to the authority on the other
 side, He humbly thinks that Dr Wood than
 whom we can entertain a more profound re-

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spect, in selecting what he calls "one of the stron-
gest cases that has occurred to prove the conta-
giousness of Cholera" for the purpose of explain-
ing ^{it} on other principles - has not adduced
as good an instance, as the private experience
of many whose authority is far above a doubt
would furnish. Doubtless a predisposing condi-
tion of the system facilitates the communication
of the disease, and as some believe is perhaps
essential to it. Of such condition of the system
is that brought on by the use of unwholesome
food, diet, or food insufficient in quantity or
quality to furnish a supply of healthy aliment
Want of cleanliness of person, previous dis-
ease - great mental depression - such as from
excessive grief, or fear - the use of ardent
spirits or other lascivious indulgences, which
tend to a depression of nervous or vital ac-
tion, Indeed all influences which abnormally
depress the nervous system, or derange the di-
gestive functions may during an epidemic

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frequent & excessive purging soon follows
 The discharges which are more or less at first
 of dark color, sometimes bilious assumed a
 lighter hue, as well as a more thin fluid
 consistency until they present a white and
 watery appearance. When suffered to remain
 a while undisturbed these matters separate into
 a colorless liquid, and a white floccula from which
 they have been called "rice water" discharges

These discharges become not only alarmingly fre-
 quent but at each effort at vomiting, or at stool
 which are frequently simultaneous, and sometimes
 almost incredible in amount. The spasms increase
 so that the patient is only able to express their se-
 verity by loud shrieks, while their violence is also
 exhibited by various distortions of the parts thus af-
 fected. The pulse frequent & hurried: respirations
 labored; and the countenance so altered & sunk
 as ^{sometimes} to forbid recognition by the patient's own friends
 The healthy secretions are all diminished greatly, or
 perhaps entirely suspended, A burning pain is

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felt in the epigastrium, accompanied with extreme
 thirst, and dryness of mouth and fauces. While at
 this stage the sensation as of that produced by the
 pressure of some hard unyielding body in the stom-
 ach is apt to give rise to the most impassible tor-
 ture. This latter symptom the writer will never for-
 get as the most prominent and troublesome (to him-
 self) of all others in his own case in 1834. at a
 time when he was so young as to forget almost
 all other painful accompaniments. The patient
 now sinks into the stage of Collapse. The pulse
 is imperceptible, the diarrhoea perhaps ceases, and
 a colligative sweat breaks forth, & the surface
 more or less general, but especially of the face
 and extremities exhibits a dark blue, or leaden
 appearance, and becomes at the same time cold.
 These phenomena are explained by the nature
 of the evacuations which consist of the serum
 of the blood with its contained salts together with
 some fibrin and uncoagulated albumen. These
 materials being withdrawn the blood is no long-

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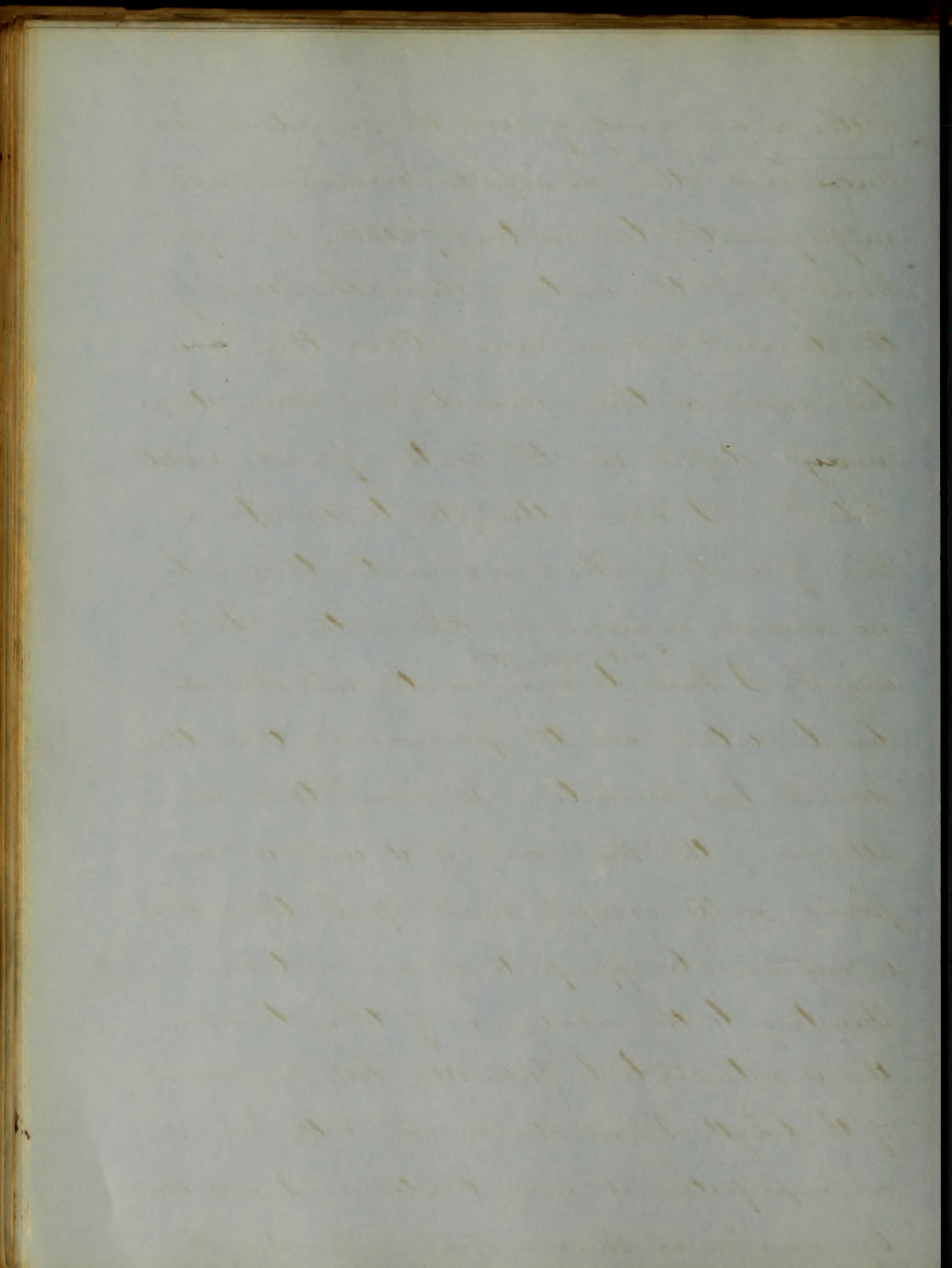
(?)

or capable of becoming oxygenized and consequently
 incapable of sustaining a healthy temper-
 ature, or of stimulating the heart to con-
 traction. The fluid portions of the circula-
 tion have been consumed by the morbid
 thirst and drain set up in the alimentary
 canal by the altered condition of its mucous
 membrane. A viscid, dark & heavy fluid is
 left behind consisting principally of red cor-
 puscles, which even in an otherwise healthy
 condition of the system (such a supposition if it
 were possible) would be incapable of flowing
 with the natural vigor of a healthy circula-
 tion, now adheres to the vessels thro which
 it moves; the Capillaries become engorged &
 circulation finally impeded; and cyanosis is
 exhibited more or less general over the en-
 tire surface. In this condition the suffer-
 er lies unconscious generally of every thing
 around him & hapily of his own situation, till
 death finishes the work so frightfully commenced.

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Altho in a majority of cases the symptoms suc-
 ceed each other in rapid succession, & not
 infrequently terminating fatally in a few
 hours from the earliest observable signs of
 the disease: yet in many cases they are
 less rapid in their march, and some days
 may elapse ere the system finally yields.

I have attempted to describe a
 case of a somewhat aggravated, though by
 no means infrequent character. In do-
 ing so I have ^{not attempted} to enumerate, and much
 less to detail all the phenomena that this
 disease has presented. Knowing that an
 attempt of this kind, even if it were in my
 power, would occupy more space than could
 in any view be appropriate or warrantable -
 Trusting to the indulgence of those to whom
 this is intended to be submitted, both on account
 of the length I have already gone & the numer-
 ous imperfection it may contain - I will close
 by giving in as short a space as possible the



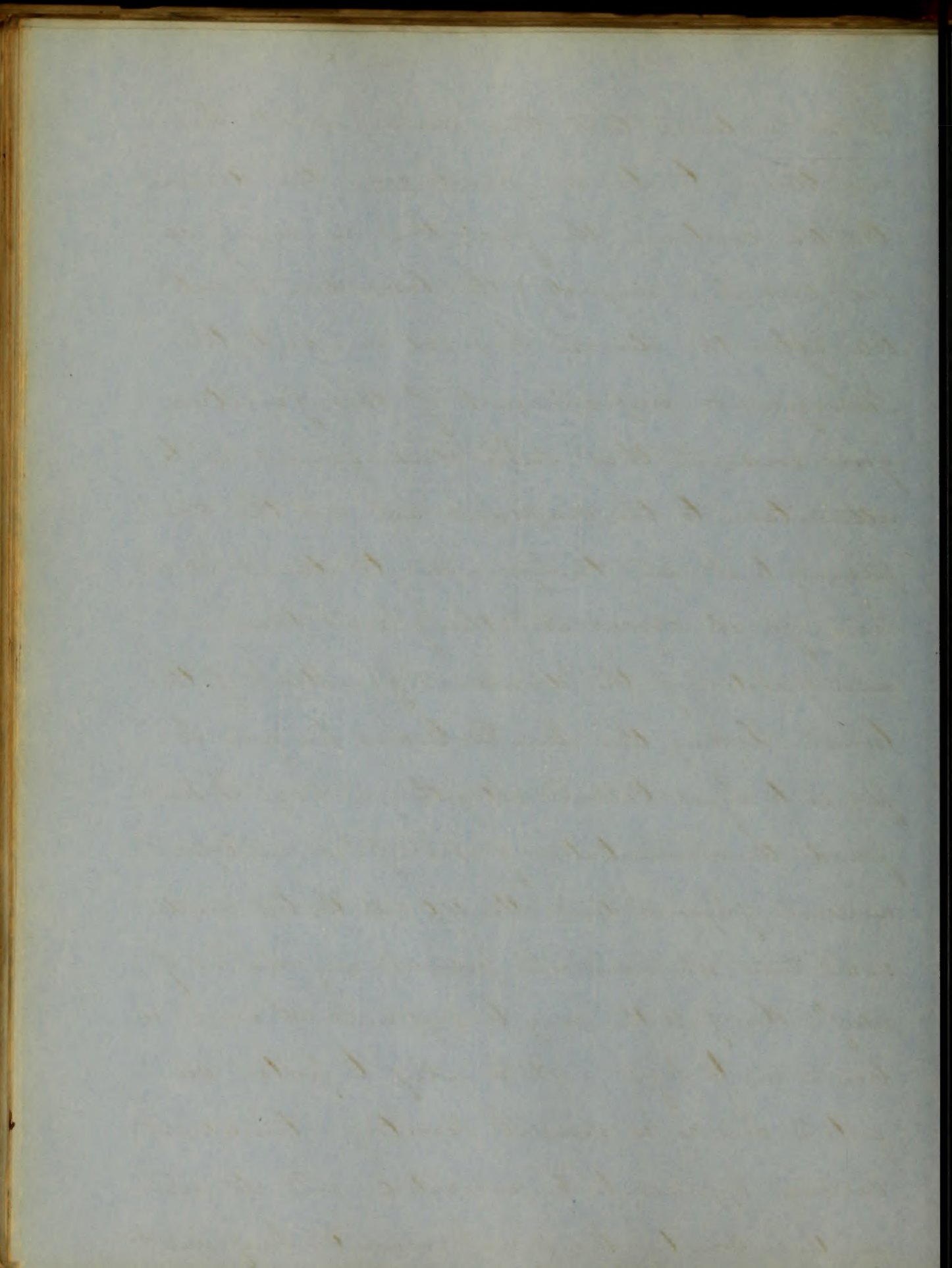
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treatment which seems to me to have the best authority for its adoption and success in its results.

No specific has ever yet been discovered for this disease. Various, and almost numberless modes have been tried, varying according to notions of the practitioner, the symptoms presented, the stage in which the patient has been found, and the indications that seemed most demanded. At one time Calomel was used without stint, and often without measure. This was the great means universally applied in the East, where the disease so long existed & was recommended by the physicians of those countries. While this practice is adhered ^{to} by some, the experience of the profession generally, has proved it to be unsatisfactory, and the supposed indication which was intended to ^{be} met by the inordinate use of that agent erroneous. While, thus is found in all cases a suspension of the functions of the liver, there

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it is no evidence that this derangement has
 any thing to do in producing the disease
 On the contrary, the fact, that in many ca-
 ses, (perhaps a majority) the liver does secrete
 bile after the disease has set in: and the
 subsequent impairment of this function,
 gives evidence that such derangement is to
 be attributed to the complaint, and not the com-
 plaint to it: and therefore our treatment should
 have for its object something more than a
 mere correction of the disordered functions of the
 liver. Taking this view Dr Graves has gone so
 far as to reject Calomel altogether, he says "I have
 found the administration of small doses of Lead and Opium
 in small frequent doses attended with the best results
 in all cases where medicine promised any chance of
 relief" How far this may be sufficient it would ill
 become me to say. As a relief to portal con-
 gestion, and as a general secretory stimulant
 calomel appears to be indicated, and its use
 in this country has proved eminently beneficial &



has seldom been entirely dispensed with
 In the absence of any acknowledged specific
 treatment a resort to general principles, is
 not only the best course ~~that~~ ~~can~~ be pursued
 but the only one which can be justly followed.
 The first enquiry then that suggests itself is
 what are the indications? They are two con-
 sider First, to arrest as quickly as possible the
 purging and vomiting, in other words to ar-
 rest the morbid secretions of the stomach and
 alimentary canal and to relieve the irritation
 of its mucous membrane.

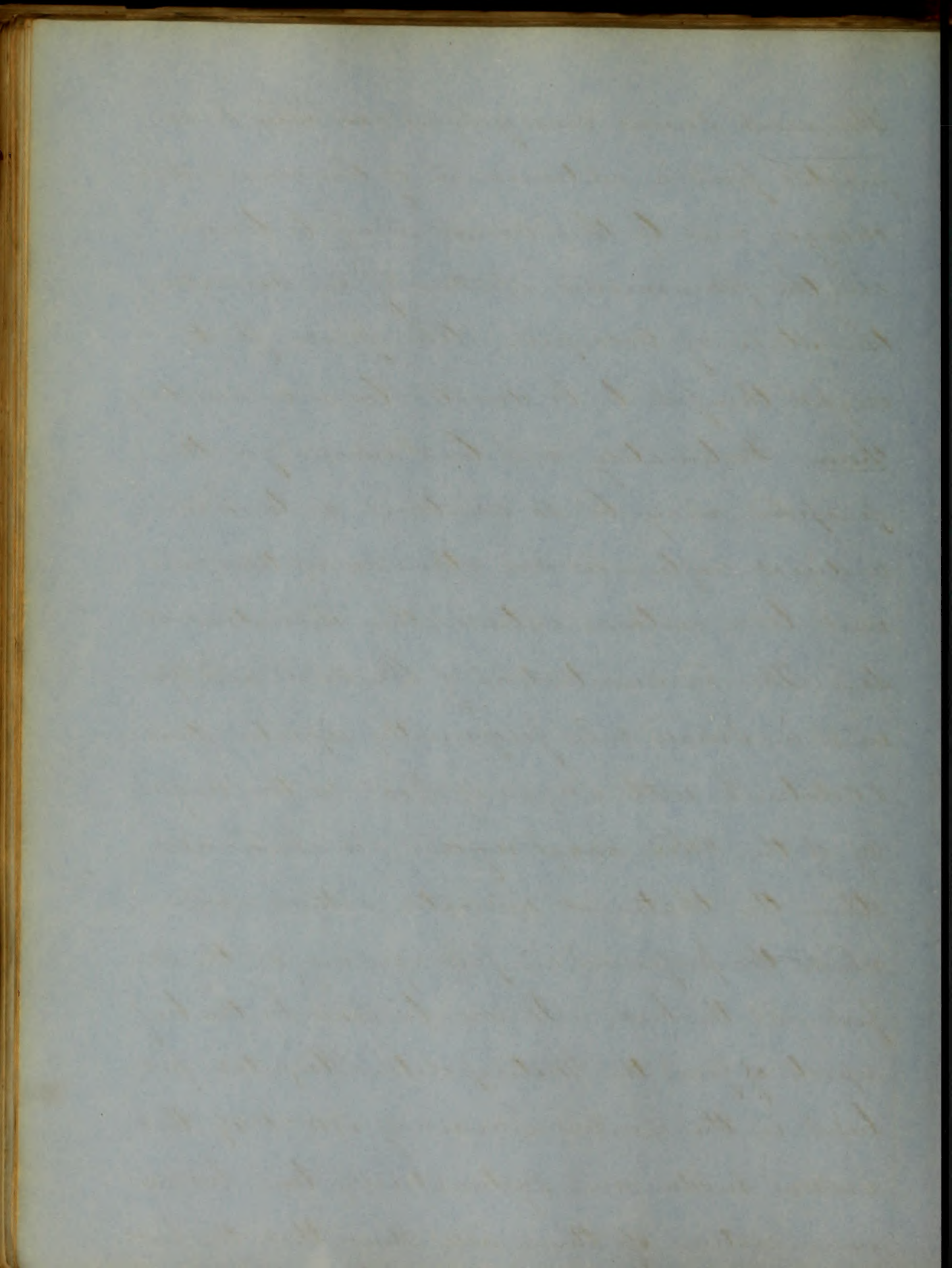
Secondly to excite the secretory organs, to a
 healthy action, especially the liver
 Thirdly, to restore to the circulation its fluid
 portions that have been drained away, together
 with the salts which have also been lost.

Fourthly to equalize the circulation by stim-
 ulating applications to the surface,

Lastly, to relieve pain & spasms, and support
 when necessary the "vis vite"

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The most serious consequences can ^{alone} ~~only~~ be expected from a continuance of the above discharges, and to this cause may be traced all the phenomena spoken of in describing the stage of Collapse. Our first efforts ought therefore to be directed towards arresting them. Fortunately our best means for this purpose may be so combined as to have a direct influence over other symptoms, and must to a certain extent other indications also. The administration of Calomel and Opium in small and frequently repeated doses & combined with Sugar of Lead as the urgency of the Case may require, is above all others the treatment indicated & that upon which the profession are fast agreeing as the safest and the best. It will be seen by the brief reports of from the Metropolitan Hospitals published in the London Lancet of Novr 1849, that various modes were systematically tried, but an examination of them will show that the best

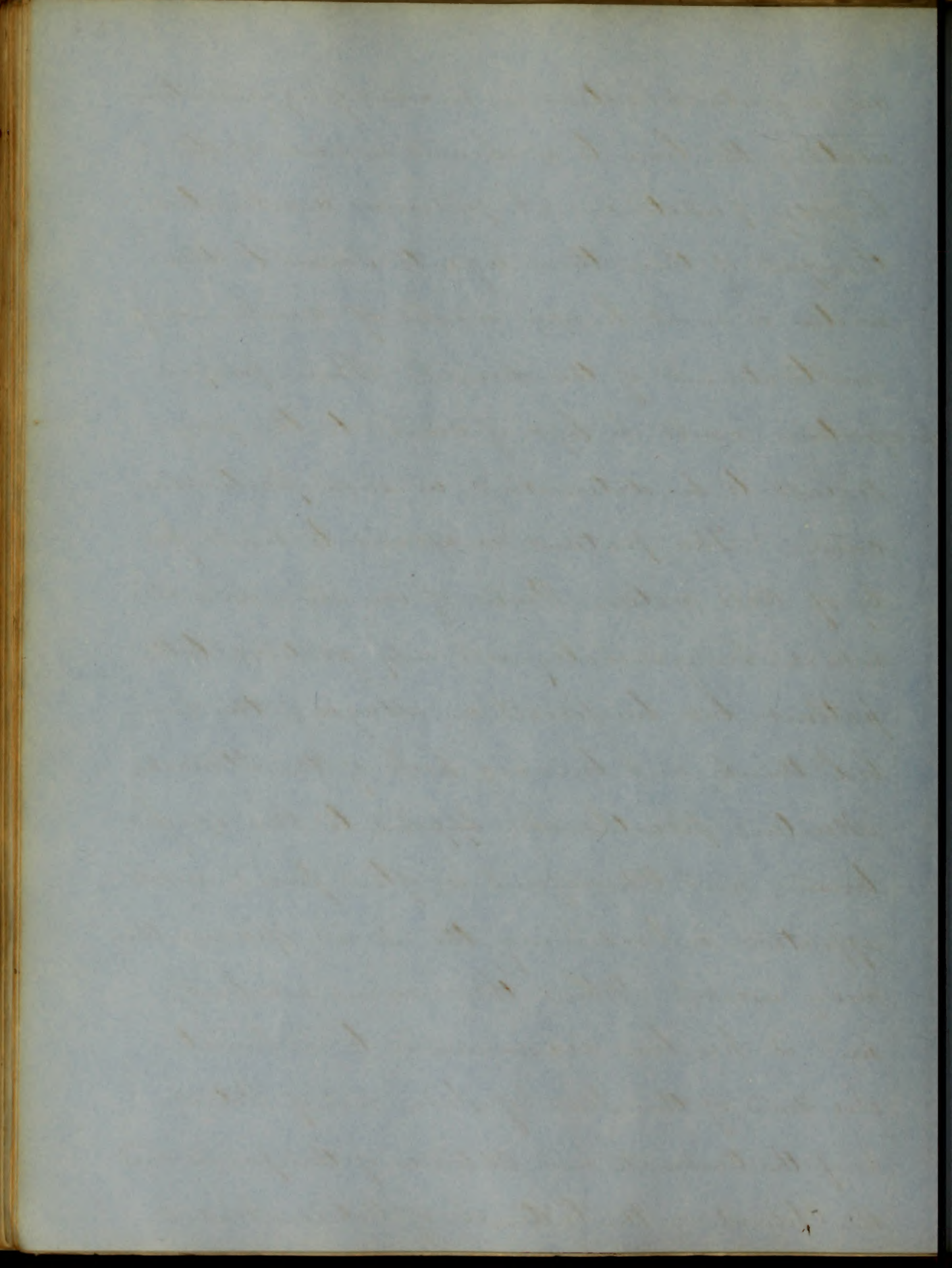


results that were known to follow any mode of treatment then tried, were derived from this.

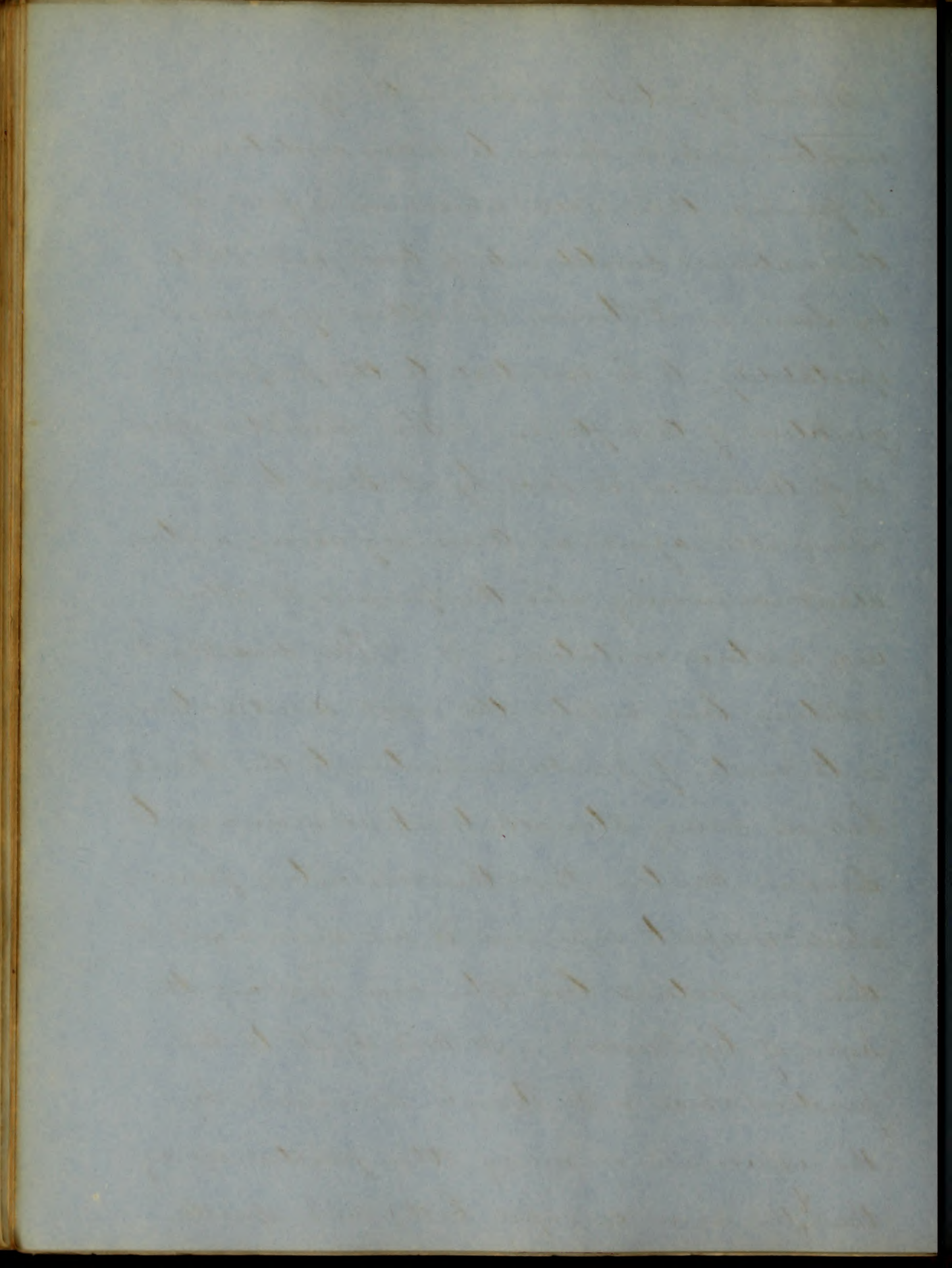
— Large doses of Opium would probably be injurious (even if it could be retained) by its action on the brain and its tendency to favor congestion of that organ, In small & frequent doses it is best borne by the stomach, and its influence in checking diarrhea and relieving pain and irritability is secured without serious danger from cerebral congestion — Acetate of Lead exerts a directly sedative influence on the gastro-intestinal mucous membrane, while at the same time it acts as a prompt and powerful ~~stimulant~~ astringent, and may be administered freely without producing any unpleasant symptoms, (Dr Gerhard has mentioned a case in which he used it in gr^{ss} doses every hour for 24 successive hours without any bad effects) Calomel given in small doses in the combination already named, while it assists, ~~as~~ in calming irritation, also exerts

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an important action in encouraging and stim-
 ulating the liver to a renewed exercise of its
 healthy functions, A judicious combination
 therefore of these three agents seems to the
 writer, a most happy means of commencing
 our treatment of the disease, Their proper
 proportions must be left of course to the phy-
 sician to be determined in each particular
 case - The patient is allowed to drink freely
 of Cold water, Pieces of ice are given also
 which are generally not only grateful to the
 patient, but beneficial in allaying the mor-
 bid thirst, and burning heat of the Stomach,
 Mustard plaster are applied to the epigas-
 trum, and Chloroform is often found most
 effective in relieving the severe Spasms that
 may exist, While these means are being
 used it has been recommended to administer
 also, some of the Salts of Soda and of Potash
 as of the Carbonate and Chloride of the former and
 the Oxide of the latter, or of Citric Acid &



+ Bicarb of potash, known as the effervescent
 mixture, which serves to allay irritation &
 to furnish those salts which are a part of
 the natural constituents of blood, and said
 by some, as Dr Stevens and others of great re-
 spectability, to be essential to the proper oxy-
 genation of that fluid. The aromatic Spir-
 it of Ammonia is said by Dr Wood to be an
 admirable agent in Cases requiring a stim-
 ulant answering also the purpose of allay-
 ing gastric irritation. The diarrhoea &
 vomiting being arrested the next desideratum
 is to excite if possible an action to the Skin;
 but in using Stimulants it is necessary to
 exercise caution, that the consecutive fever
 which is apt to supervene is not encouraged &
 thus our patients lost after one ^{mod} having the
 hopes of life revived, Dr Wood objects to the
 practice which is so strongly recommended by
 the experience of many other practitioners viz
 that ^{of} the warm or vapor bath; and speaks



more favorably of friction with the hand alone
 or in combination with subfacients, Dr Witt-
 chow says, ^{on the contrary} in speaking of the use of the hot
 bath "This plan has had a most marvellous
 effect when used early enough, and indeed
 in some cases even when used in a per-
 fectly collapsed state of the patient" Great
 discrimination seems necessary, and though
 but personal experience can determine
 this difference, which the practitioner
 must possess, and apply that which after a
 patient examination of the two plans, is to
 him best suited, Friction with hot turpen-
 tine and other stimulating or subfacient sub-
 stances has much authority for its useful-
 ness, But the ~~proper~~ ^{proper} of stimulating appli-
 cations depend so much on the particular
 case under treatment, that it would be im-
 possible to name them all, without protracting
 my essay which is already much beyond the
 limits I had at first designed to occupy, to

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too great a length. If prostration is great diffusible stimulants must be used, & those person who have been accustomed to artificial stimulants, especially require the use of these agents - and Reaction once commenced these remedies are generally inadmissible, And great attention & judicious care becomes requisite in order that this reaction be neither on the one hand too rapidly encouraged, or on the other retarded, For the one would almost surely lead to some dangerous local inflammation ~~which~~ or a fatal consecutive fever, while the other ought to be not less feared, as tending to a fatal relapse - These agents & many more of a similar character which will readily suggest themselves to an intelligent practitioner must be adapted in the extent of their application to the severity & special symptoms of the disease. If treatment can be commenced in the insipient state, or that called cholera, simple remissions and

The first part of the book is devoted to a general
description of the country and its inhabitants.
The second part contains a detailed account of the
history of the country from the earliest times
to the present day. The third part is a
description of the natural history of the country,
including the animals, plants, and minerals.
The fourth part is a description of the
arts and manufactures of the country.
The fifth part is a description of the
commerce and trade of the country.
The sixth part is a description of the
education and literature of the country.
The seventh part is a description of the
religion and customs of the country.
The eighth part is a description of the
government and laws of the country.
The ninth part is a description of the
military and naval forces of the country.
The tenth part is a description of the
public works and improvements of the country.
The eleventh part is a description of the
climate and seasons of the country.
The twelfth part is a description of the
population and density of the country.
The thirteenth part is a description of the
language and dialects of the country.
The fourteenth part is a description of the
monuments and antiquities of the country.
The fifteenth part is a description of the
topography and scenery of the country.
The sixteenth part is a description of the
mineral resources of the country.
The seventeenth part is a description of the
agriculture and husbandry of the country.
The eighteenth part is a description of the
commerce and trade of the country.
The nineteenth part is a description of the
education and literature of the country.
The twentieth part is a description of the
religion and customs of the country.
The twenty-first part is a description of the
government and laws of the country.
The twenty-second part is a description of the
military and naval forces of the country.
The twenty-third part is a description of the
public works and improvements of the country.
The twenty-fourth part is a description of the
climate and seasons of the country.
The twenty-fifth part is a description of the
population and density of the country.
The twenty-sixth part is a description of the
language and dialects of the country.
The twenty-seventh part is a description of the
monuments and antiquities of the country.
The twenty-eighth part is a description of the
topography and scenery of the country.
The twenty-ninth part is a description of the
mineral resources of the country.
The thirtieth part is a description of the
agriculture and husbandry of the country.

generally sufficient to arrest the disease
 Opium in a dose of grj with or without Calo-
 med as may be indicated by the color of the
 Stools, especially if combined with a little Acet.
 Lead will in most cases answer this pur-
 pose if immediately resorted to. But on the
 contrary, if the State of Collapse has super-
 vened before medical aid has been obtained
 recourse, ~~to~~ immediately to Stimulants is
 our only alternative, and ~~even~~ ^{even in the} these ^{hands}
 of the best practitioners, are seldom efficient
 in restoring the patient. Altho the dis-
 ease is in a great degree, beyond the reach
 of medical art, when once fully formed, ex-
 perience has taught that much may be
 expected from judicious management in
 its earliest stages or symptoms; and still
 more be accomplished by a careful observance
 of proper prophylactic measures. In seasons
 of an epidemic great attention should be
 paid to a healthy diet. All irregularities &

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excesses should be avoided; and fatigues of
 body or mind carefully guarded against;
 cleanliness of person & places as well as
 good ventilations by day of our habitations
 should be scrupulously attend to; and com-
 posure of mind, than which nothing is better
 calculated to bestow than a confident reliance
 on the wisdom and goodness of an overruling
 Providence, "These & other like means intel-
 ligently exercised will do much in warding
 off this fearful malady, to which we think
 may be justly attributed our own escape as
 Citizens of Baltimore in a great measure
 during the Summer last past, These then
 are our great means of defence, for it should
 be born in mind that altho we have per-
 mitted to us by the Materia Medica powerful
 agents which are prompt and decided in their
 character and action in ordinary complaints
 of a like kind, yet of the very best of these it
 may be said in this disease their efficiency

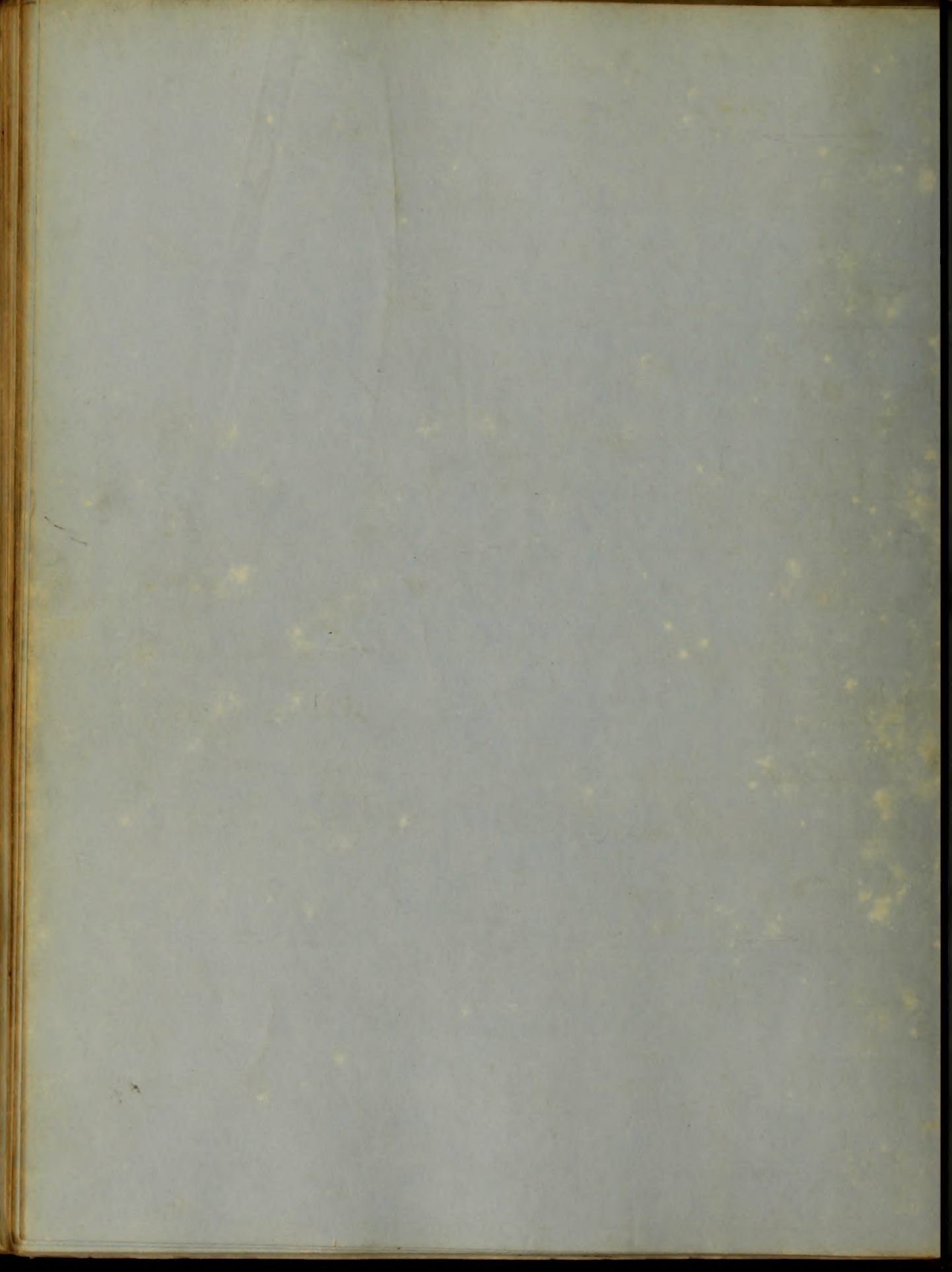
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is ^{sometimes} ~~generally~~ uncertain, and in very violent cases wholly wanting. Were it possible that in all cases medical aid could be procured, with the appearance of the first blush of the disease, there is good reason to believe that its fatality would be very materially diminished. But so long as its prevalence & malignancy is almost "pari passu" with those conditions which accompany ignorance, poverty and degradation, we cannot expect to be able to strike so directly at its root. Hence it has been admitted by most authors on the subject that in spite of all treatment about one half the cases terminate fatally. And hence general experience has too well accorded with London Hospital report which says "As the experience of this hospital, and others, it seems but too certain that no treatment yet adopted is of any avail in arresting death, or the progress of disease; in the really severe cases a few hours

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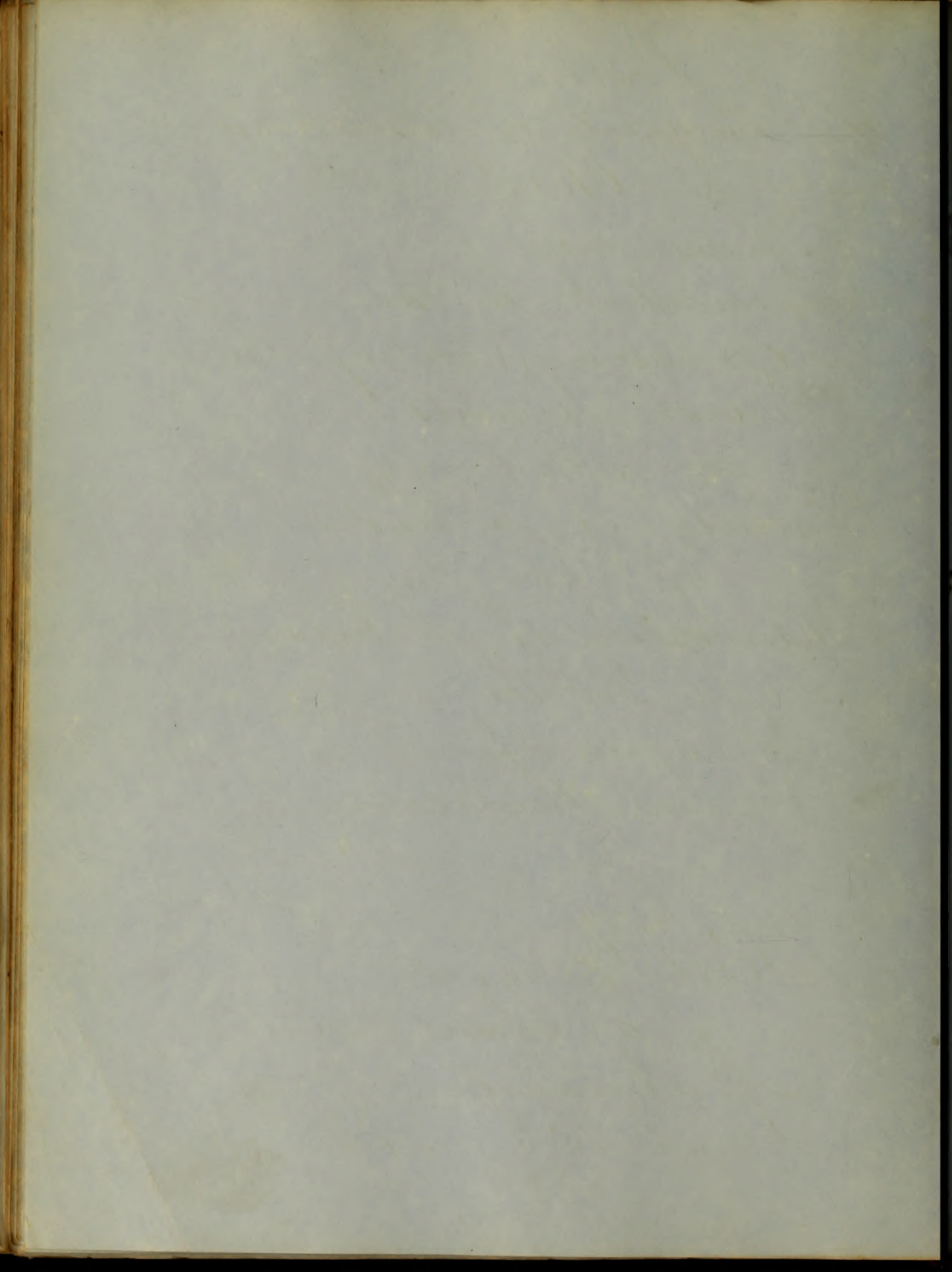
concludes the whole affair." On the other hand
 Dr Sydenham of Hull, whose treatment with Calomel
 alone, (or associated with the most minute quantity
 of Opium,) has been attended with a degree of suc-
 cess, rarely attained has declared "that there is no
 period even in the stage of Collapse, short of a
 visibly moribund state, that should make us
 despair of restoring the patient," or "The duty
 of the physician in all cases that may come
 under his observation, is in view of all things
 plain, viz. Resort to those means in which
 he himself places most reliance as best calcula-
 ted to correct existing disturbances, and restore
 the system to a healthy condition."

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An
Inaugural Dissertation
ON
Pneumonia
Submitted To the
Examination of the
Provost Regents
And Faculty of Physic
of the
University of Maryland
For the
Degree of
D^o in Medicine

By
Robt Digges
of Charles County.
Maryland.
February 15th A.D.
1850.



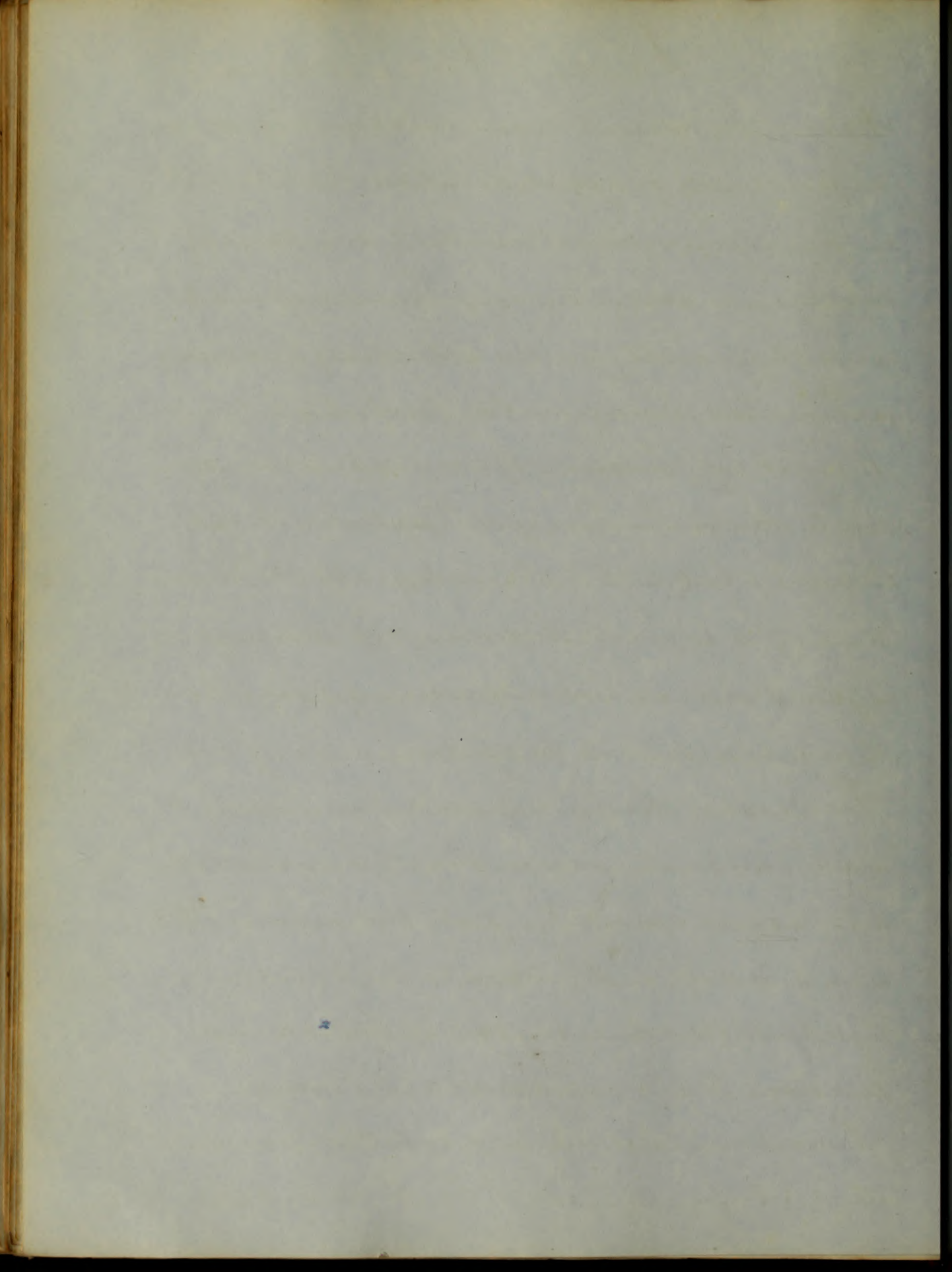
Acute Pneumonia

From the voluminous catalogue of diseases presented for consideration, the Student of Medicine must almost necessarily experience some degree of Embarrassment and difficulty in the selection of a subject for his inaugural dissertation.

Whilst we perceive the numerous maladies to which the human ^{System} subject, we cannot fail to be struck with the importance of a correct knowledge of those affecting the Thoracic viscera, whose functions are so nearly allied to the continuance of life.

It neither being my desire nor duty to write concerning more than ^{one} disease, I do not design speaking of all the diseases that are seated in the chest; but will confine myself to the consideration of that common Malady; Inflammation of the Lungs.

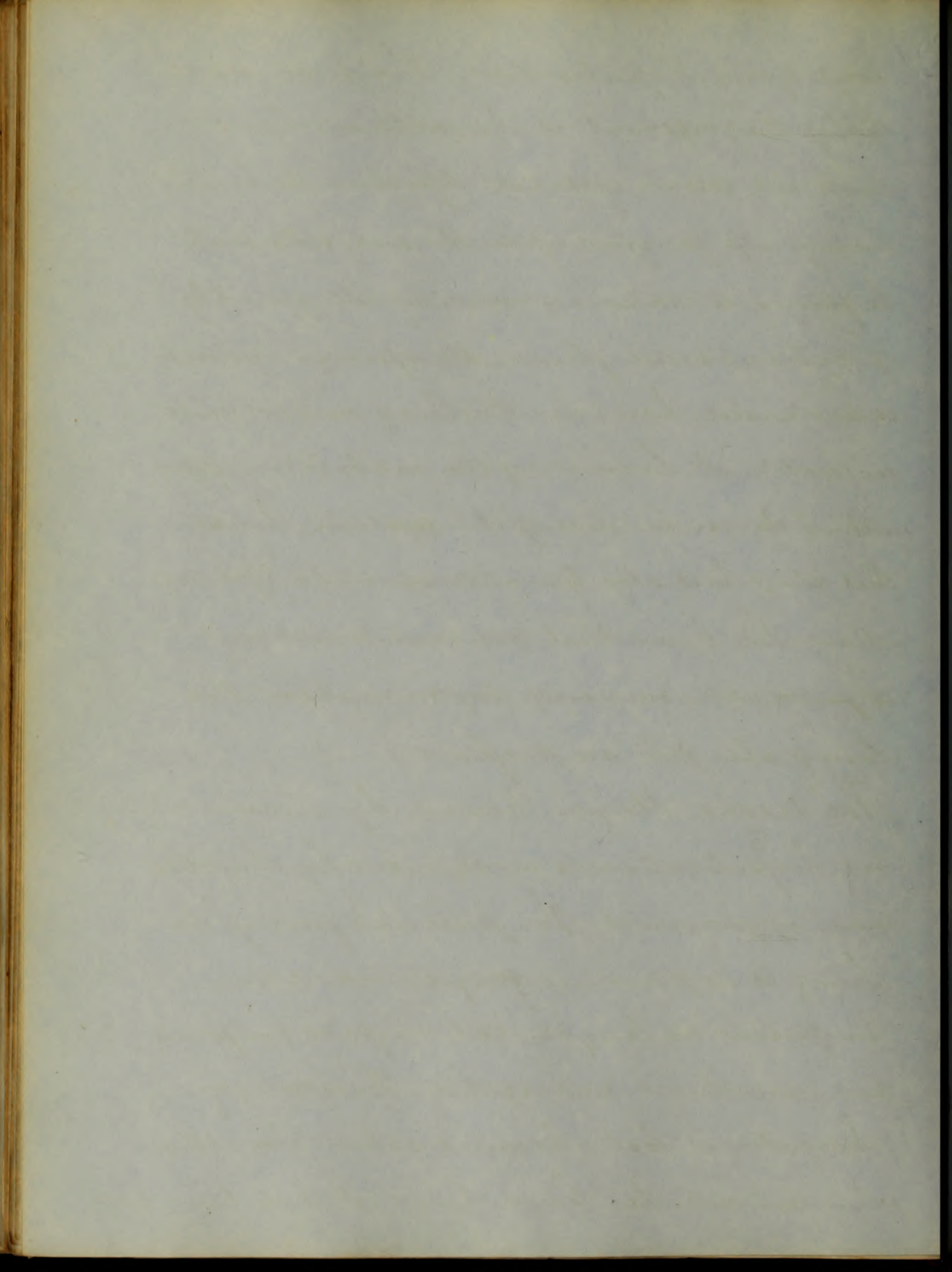
Pneumonia is divided into three distinct stages, viz Engorgement. Red Hepatization



and, gray Hepatization. The first stage, that of Engorgement, is characterised by a dark red colour, crepitates less than the healthy lung. If pressed upon the air cells will be found to contain a considerable quantity of extravasated fluid. The specific gravity is increased, however the lung does not sink in water, it becomes softer, easily torn, approaching the consistence of the spleen, hence this stage has also been denominated Splenization. The bronchial mucous membrane is found red, evincing Inflammation. The lung also puts on pressure.

The second stage. named by Laennec red hepatization, is recognised by the following appearances. The parenchyma of the lung is deep red, or grayish red colour.

Crepitates no longer, cut surface uniformly red; sometimes variegated. The spongy character is lost, becomes solid, resembling when cut into the liver, hence it has been called.



Hepaticization. When freshly cut some red fluid still flows on pressure, but less than in the former stage. There will sometimes be found thickened yellowish matter indicating incipient suppurative

The lung is swollen and does not collapse when the thorax is laid ^{open}. An account of this swelling the marks of the ribs are sometimes ^{found} upon the diseased lung. In this stage the lung is very friable and easily crushed. Hence the name, Ramollissement rouge.

The swelling is produced by congestion & effusion of blood or bloody serum, destroying the permeability of the lung.

In the third stage, that of Gray Hepaticization, or gray softening; the lung is found solid, dense, and impervious to air, as in the preceding stage. There is a marked alteration in colour, it presents a grayish or yellowish gray, straw or drab colour. The granulations seen in the second stage, are in this

1

Lecture 1

The History of the British Empire

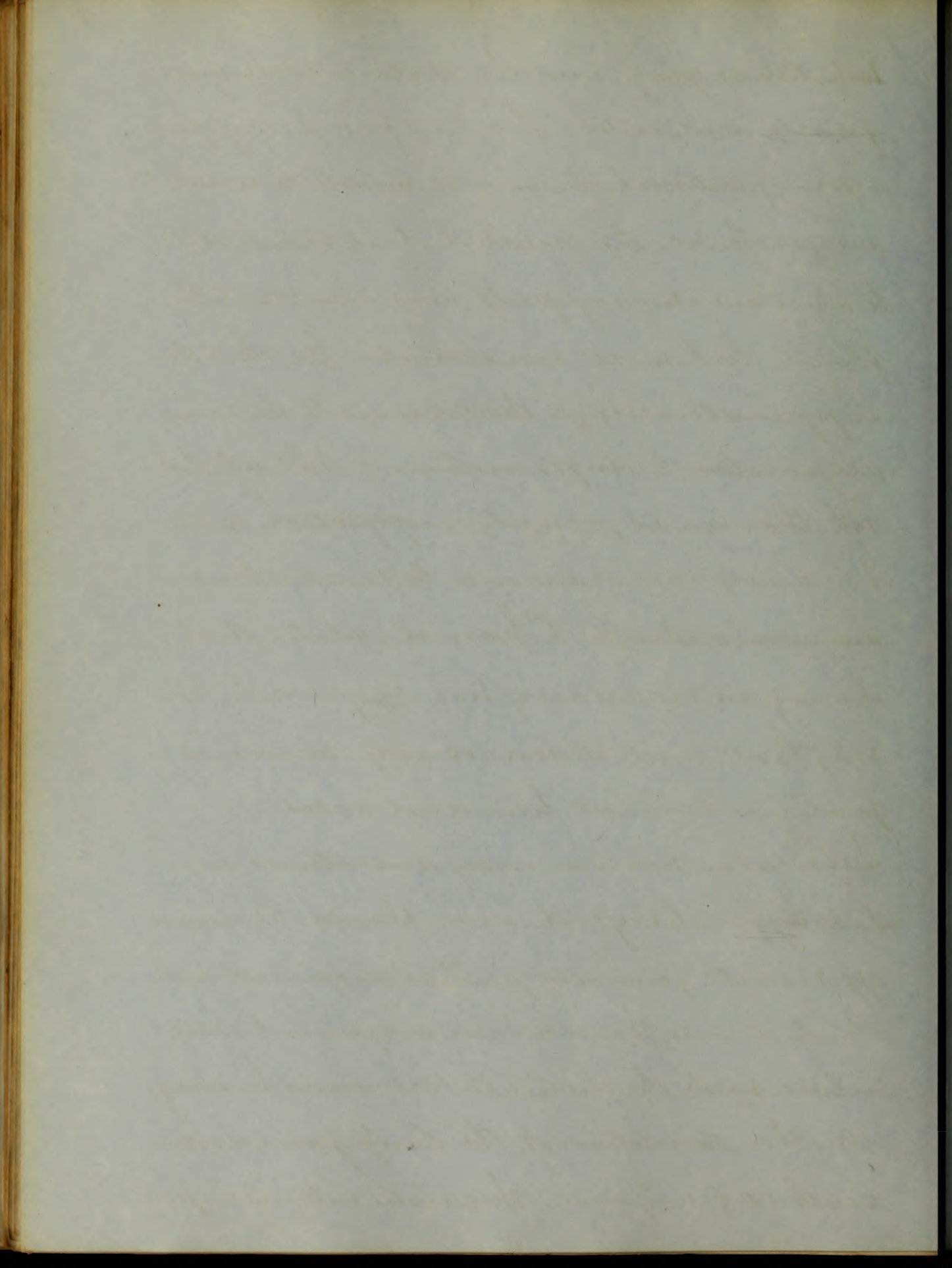
The British Empire was the largest empire in history, covering a quarter of the world's landmass. It was formed through a combination of trade, exploration, and military conquest. The empire's growth was driven by the desire for new markets and resources, as well as the need to protect British interests abroad. The empire's decline began in the late 19th century, as other powers emerged and challenged British dominance. The empire was finally dissolved in 1947, with India and Pakistan becoming independent. Today, the British Commonwealth of Nations remains a significant international organization.

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whitish or gray, and the texture still more friable and rotten. The lung is full of puriform matter which may be made to exude on pressure. If crushed it is reduced to a yellowish gray pulp very similar to the fluid, but more consistent. In this the suppurative stage there seems to be some disposition to the formation of Abscess; but less than was formerly supposed. In fact it is a very rare occurrence to find a true pneumonic abscess. Chomel, states that, during an experience of twenty years, he had only ^{seen} three, and Laennec only discovered five in several hundred cases.

Tubercular vomica may sometimes be mistaken for abscess, this we should be aware of & will generally find it no difficult matter to decide provided we acquaint ourselves with the patient's previous history.

Another condition of the lung found after death is gangrene. This state may be infer-

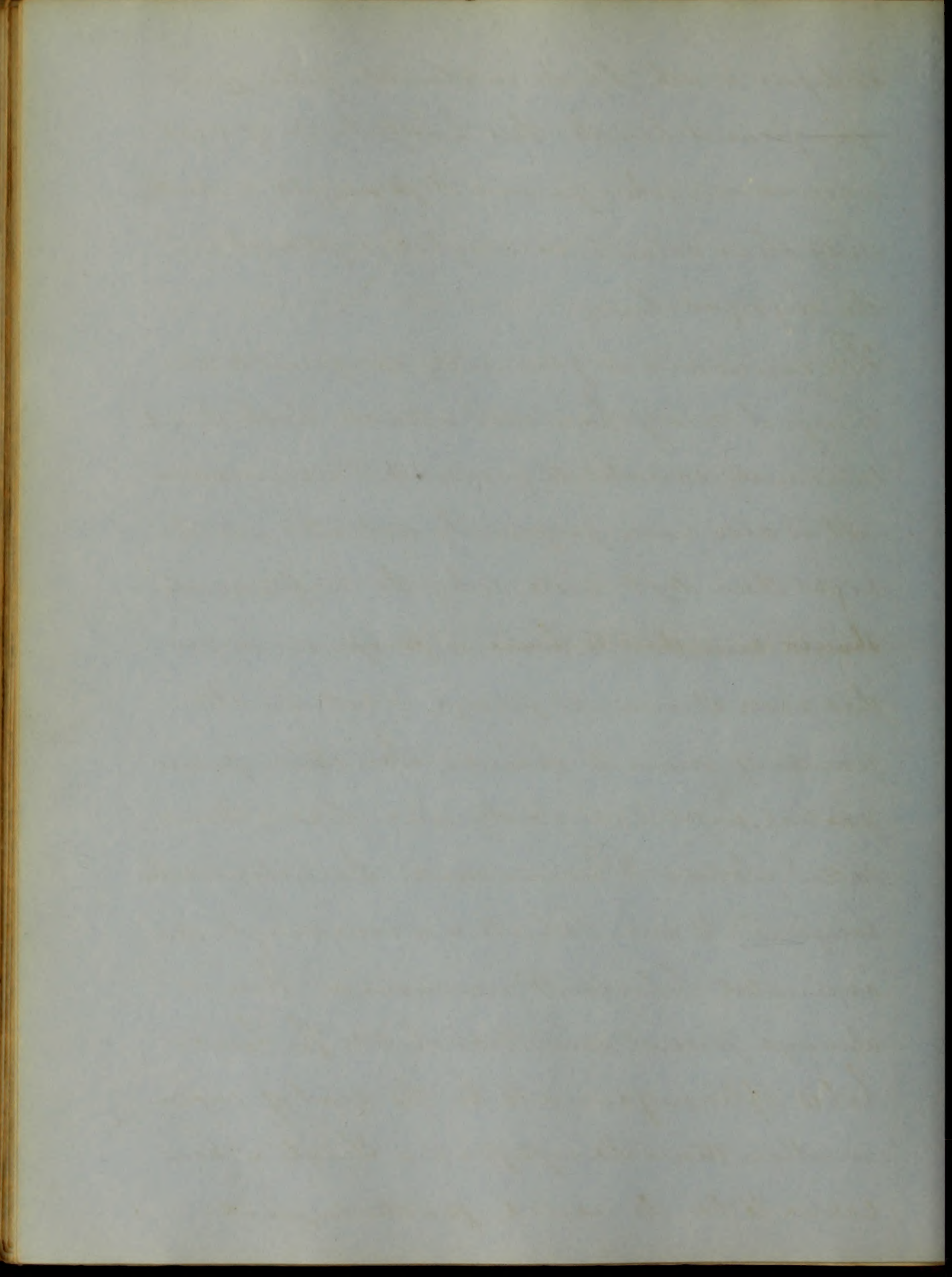


3

ed before death by the intolerable fetid and
gangrenous breath, this happily is of rare
occurrence, when found it presents a dark
dirty olive colour, somewhat softer than
the engorged lung.

Pneumonia is generally confined to one
lung, it may however attack both simul-
taneously, constituting double Pneumonia.

It is also more frequently detected on the
right than left side, why the inflammation
should seem thus to have a preference for
this side, I would judge is not in the
power of man to divine. Sometimes found
partial, implicating only one lobe, thence
called Lobar Pneumonia. Sometimes also
confined to one lobule & accordingly den-
ominated Lobular Pneumonia. There is
always present some Bronchitis. The lower
lobes oftener found to be the seat of inflam-
-mation than the upper. Such I can-
-cieve to be the usual pathological



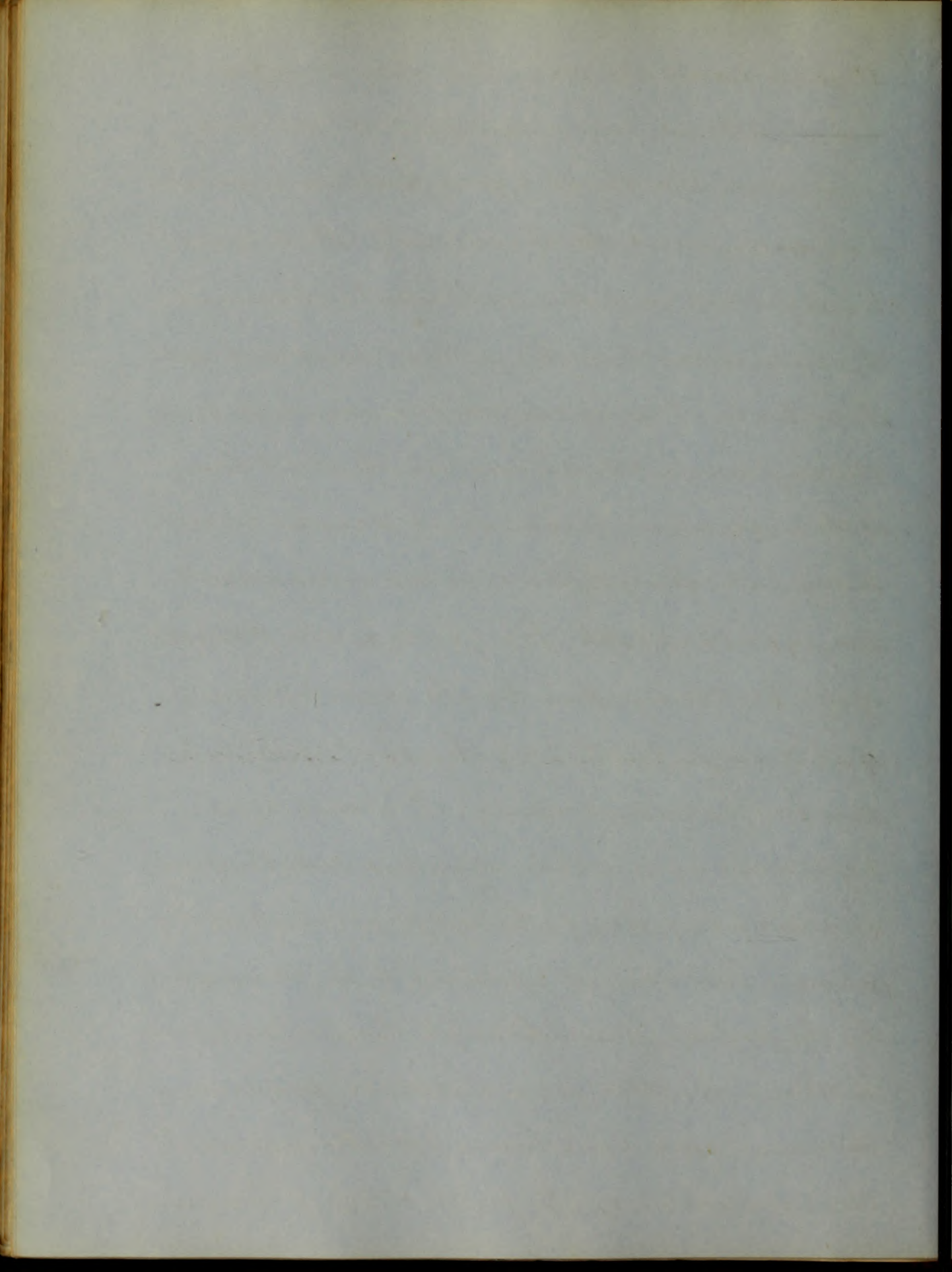
appearances of a case of acute pneumo-
nia. In order to foresee that these changes
are taking place in the lung we call
to our aid certain symptoms, which
we shall next proceed to consider -

First of these & the most important are
the auscultatory signs. By the aid of this
mode of investigating disease, particularly
those of the chest, we are enabled to say
with certainty, what change has taken
place in the viscera and, thereby no longer
doubt as to the proper treatment to
pursue. In the first stage on apply-
ing our ear alone, or the Stethoscope to
the thorax, we perceive a crackling noise,
this is the crepitant Ronchus or Dry rattle.
This sound is similar to that produced
by sprinkling salt on red hot coals.
Andral compares it to the noise produced
by rambling a piece of parchment
Williams illustrates it by rubbing a lock of

11
The first part of the paper
is devoted to a description of the
method used for the determination
of the constants of the
equation of state of the
gas. The results are given in
Table I. The constants are
found to be independent of
the pressure and temperature
of the gas. The values of
the constants are compared
with those obtained by other
investigators. The results
are in good agreement with
those obtained by other
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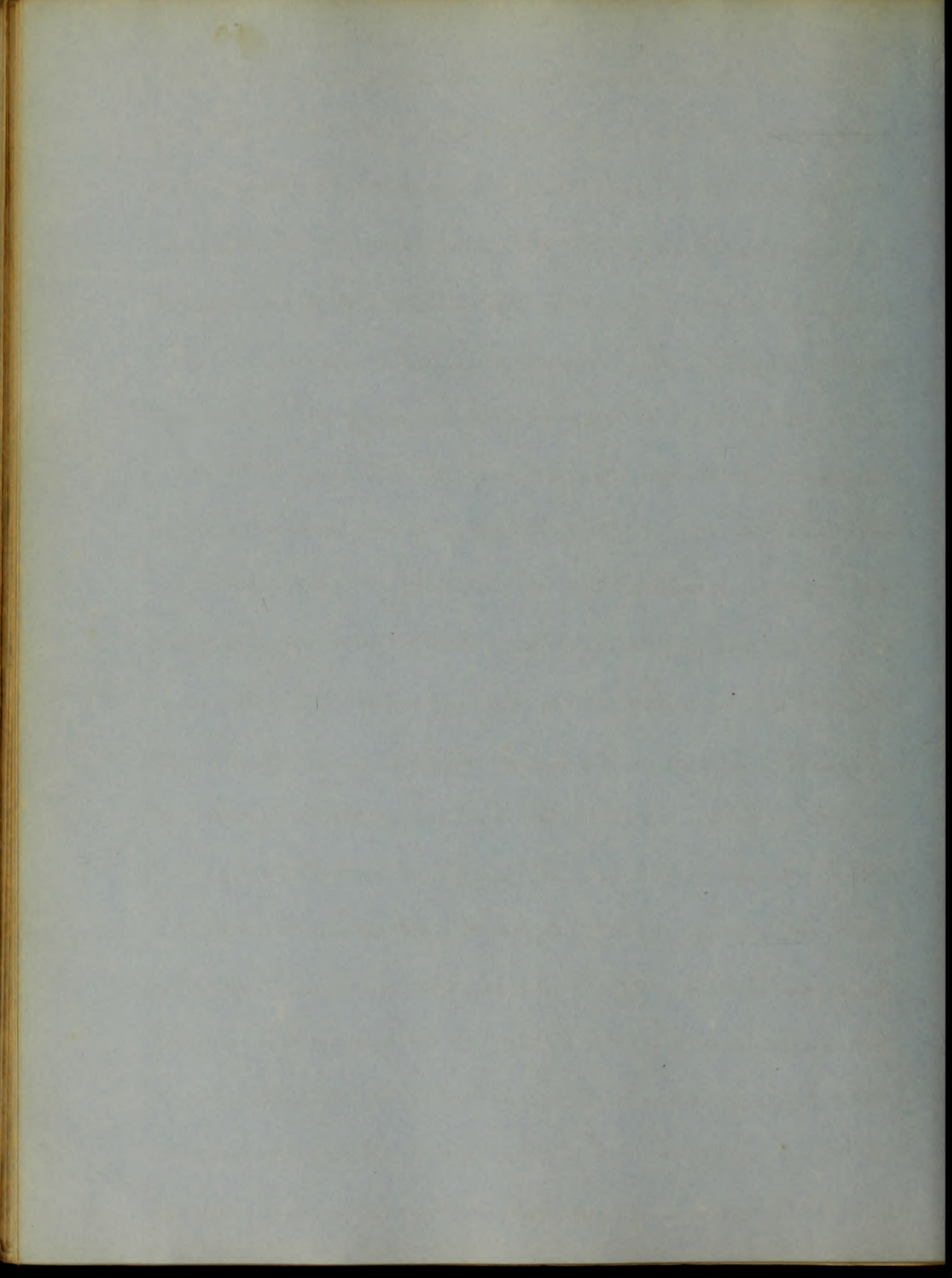
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of hair near the ear. This sound when heard tells us immediately what is transpiring in the chest & give positive information ~~as~~ regards the treatment. It is sometimes heard in a limited spot, obscures the vesicular breathing, but does not destroy it entirely, it is more & more developed as the inflammation advances, but as long as the vesicular murmur is audible we may feel assured there is no immediate danger of death. We judge the progress of the Inflammation by the development of this crepitant ratchus, it however does not remain long, it being soon replaced by another denoting resolution, or warning us of the approach of Suppuration. This sound appears to be produced by the passage of air through liquid, numerous little air bubbles form & explode producing the same noise have been speaking of as characteristic of the first stage of Pneumonia



8

C. J. B. Williams, gives a different explanation for the cause of this sound but this is a matter of secondary importance provided we are aware it is produced in the minute ramifications of the Bronchi & know what it signifies. The inflammation increasing and passing to the second stage, the lung becomes more dense in texture, there is obliteration of the air cell and all sound of vesicular breathing. In the natural condition from the spongy texture the lung is a bad conductor of sound. Having now become dense, is a better conductor, transmits the sound passing through the Bronchi and offers what we might naturally expect; Bronchial respiration, this sound resembles that produced by blowing through a quill so loud sometimes as to amount to a whistle. We are sometimes unable to detect any sound after the Crispitation, but generally

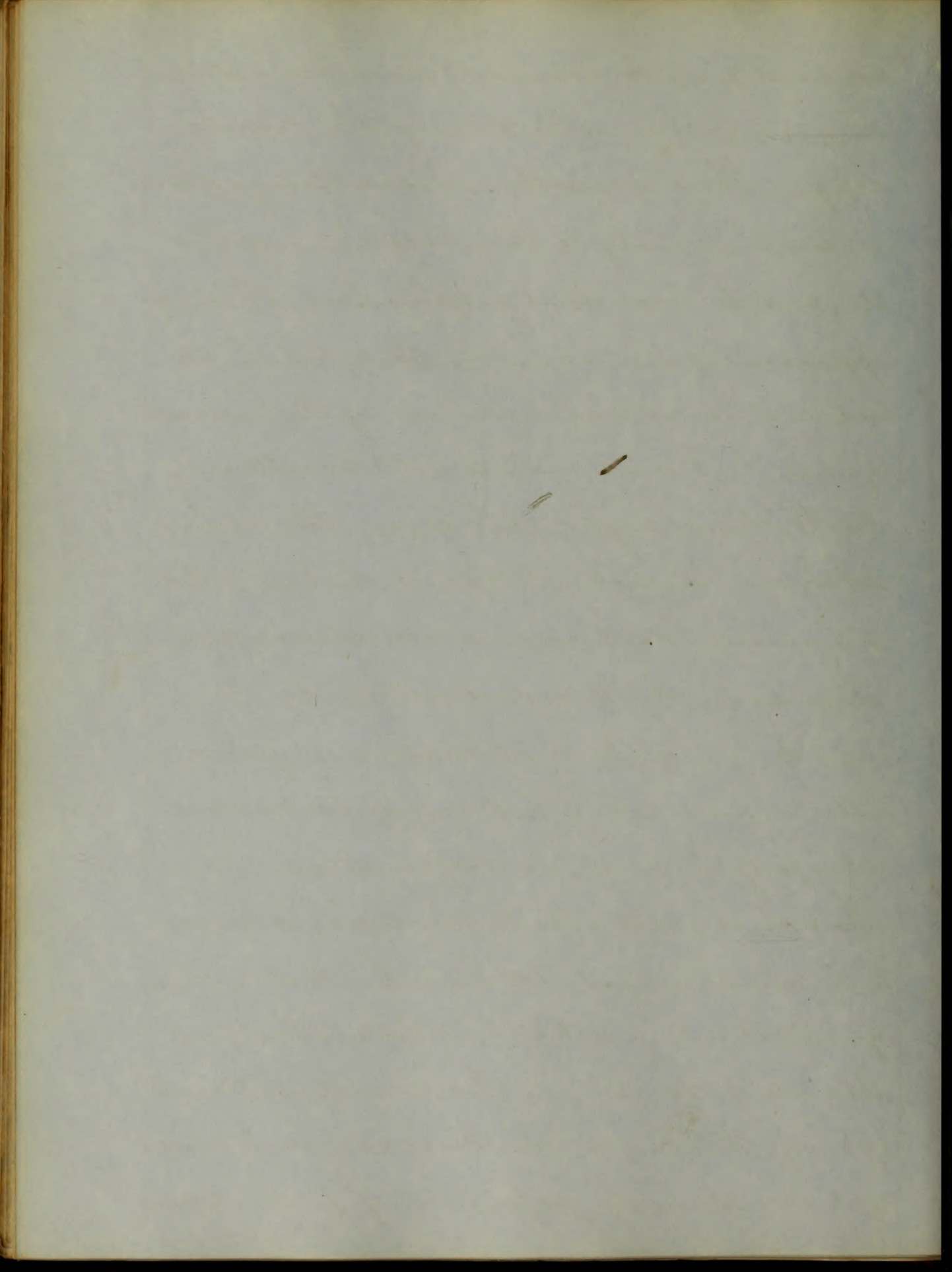


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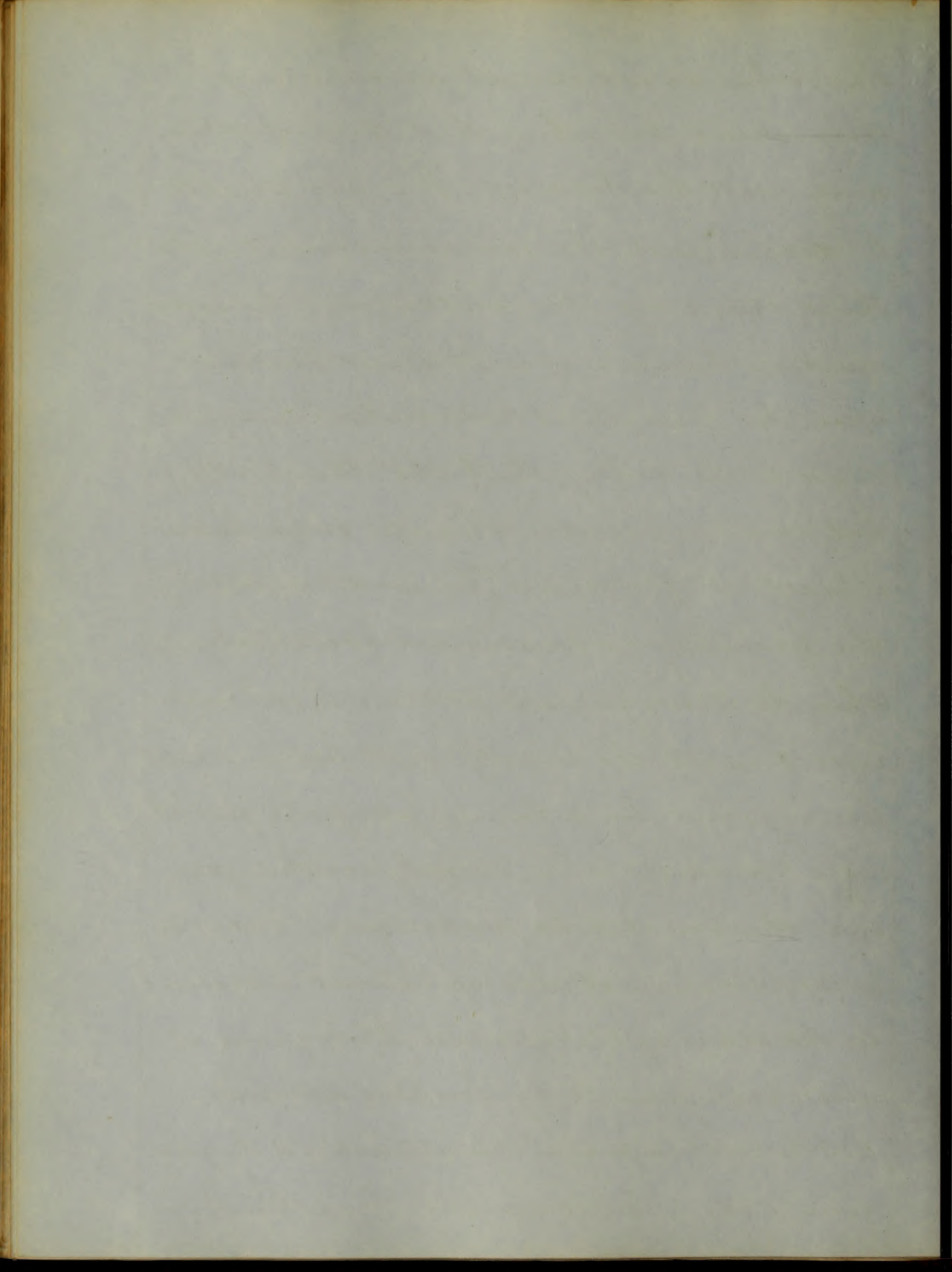
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we will find the sound I have been speaking of as characteristic of the second stage. There is another auscultatory phenomenon nearly as characteristic of this stage as the bronchial respiration. The voice appears as if one speaking through small tubes, it is not ^{the} same sound of the ordinary voice, but more indistinct & muttering. Dr Williams says of this sign, the voice is not heard in distinct words, but in notes of various continuance, not always synchronous with the words uttered by the mouth, and the intervals are often alternated with what may be called whiffs of bronchial respiration.

The sound will also be modified according to the number of tubes in which it is heard greatest when detected in the vicinity of the roots of the lungs. This sound is Bronchophony, The lung is sometimes so much swollen as to preclude the possibility of further expansion.



sion, when so we cannot perceive any
 Branchial breathing, but Bronchophony
 may still be heard. We are unable
 to distinguish the commencement of the
 third stage by Auscultation, the super-
 -vention however of a Mucous Rancidus
 upon the branchial respiration might
 lead to the belief, that the third stage
 has commenced - Should there be an
 abscess its presence ^{will} be indicated by
 the gurgling or cavernous rancidus, and
 when the disorganised portion has been
 expectorated the cavity left behind will
 be inspired by a sound as if the patient
 were speaking immediately within your
 ear. this constitutes pectorilology, Caverno-
 us respiration is also sometimes discovered
 in this stage of the disease, Gangrene is
 also accompanied by similar sounds
 but the most important characteristic is the gan-
 grenous odour emitted whilst breathing

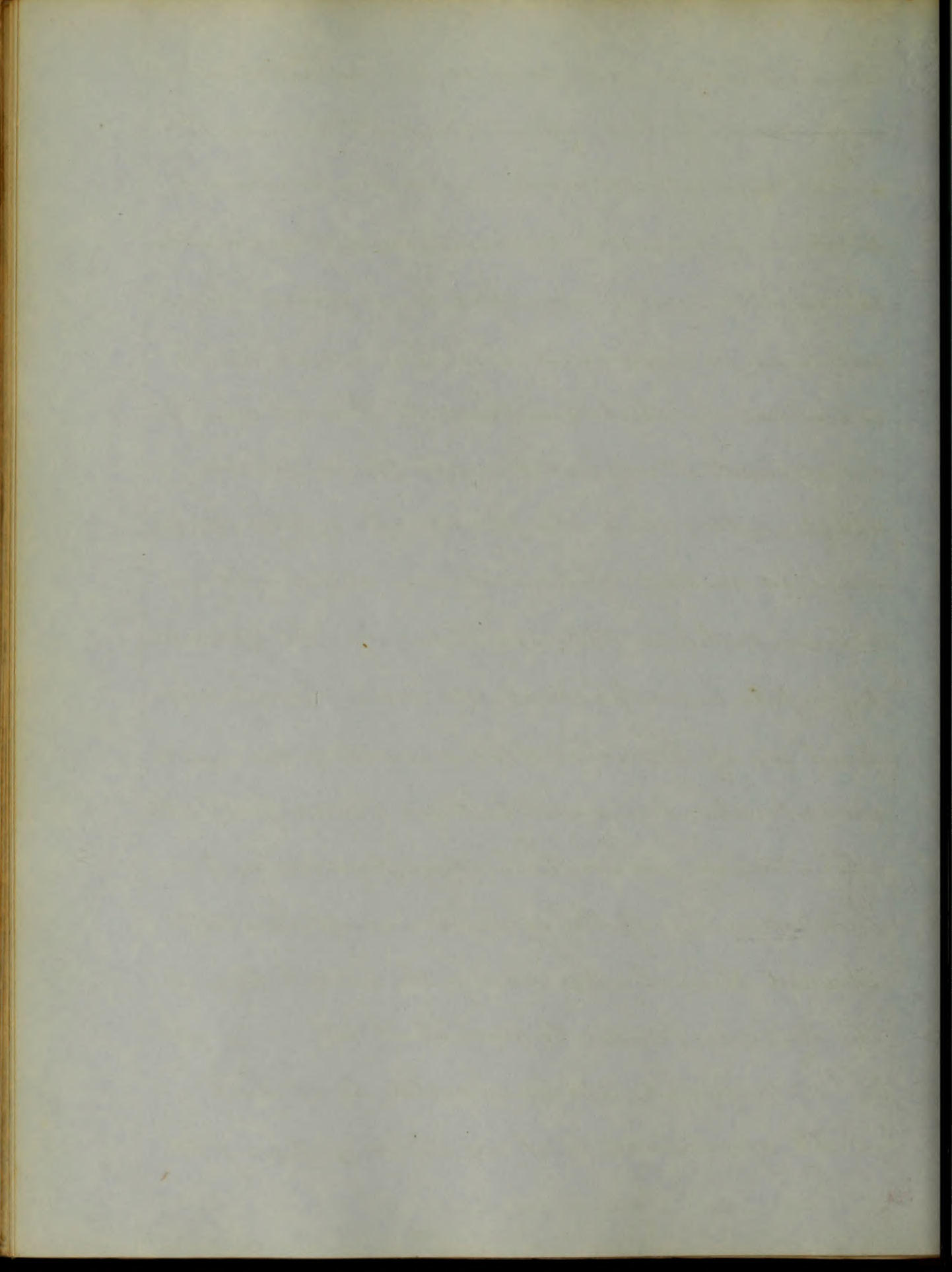


In this advanced period auscultation is of much less assistance than in the more recent attack, in an incipient

Pneumonia the experienced auscultator will require no other symptom than such as is afforded by the ears, he is enabled by this method to trace with a correct diagnosis up to the second stage, after this the progress of the disease is more obscure, and he also requires the intermission of the general symptoms, which will now be of important use. There is also another condition in which auscultation gives but little assistance, as in lobular pneumonia.

This variety of the disease may be deep seated thereby causing the inability of the auscultator to detect it.

Percussion alone would be of but little assistance, but as an auxiliary to

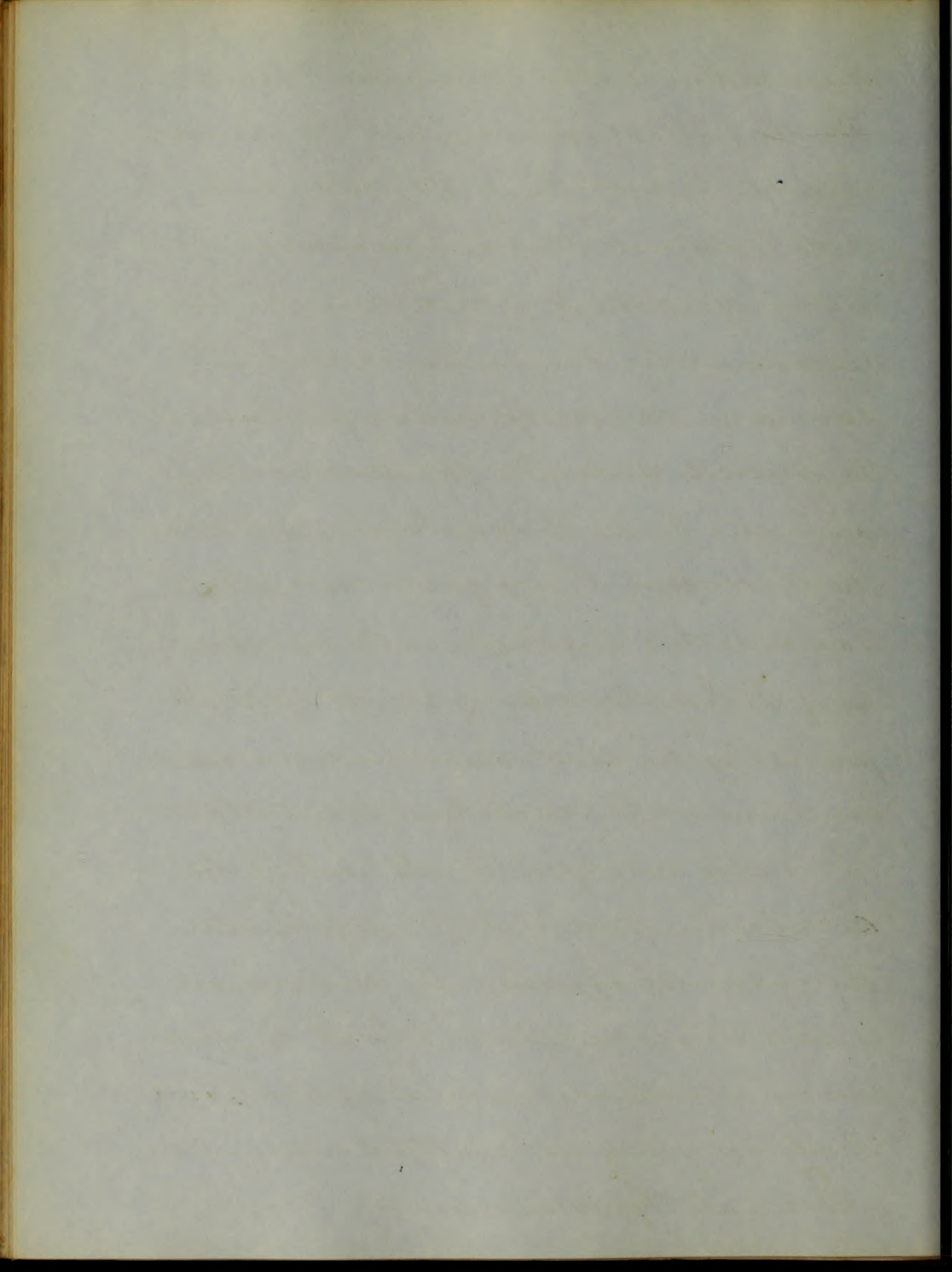


auscultation is often of very great value.

In the first stage we have the sound elicited by percussing the chest but little modified, there is however some degree of dullness, which may be best discovered by comparing it with the sound on the corresponding portion of the opposite side. In the second stage when we have bronchial respiration the percussed lung gives out a dull sound, this dullness will be increased if the hepatized lung comes up to the parietes of the chest, this deadened sound continues until resolution takes place.

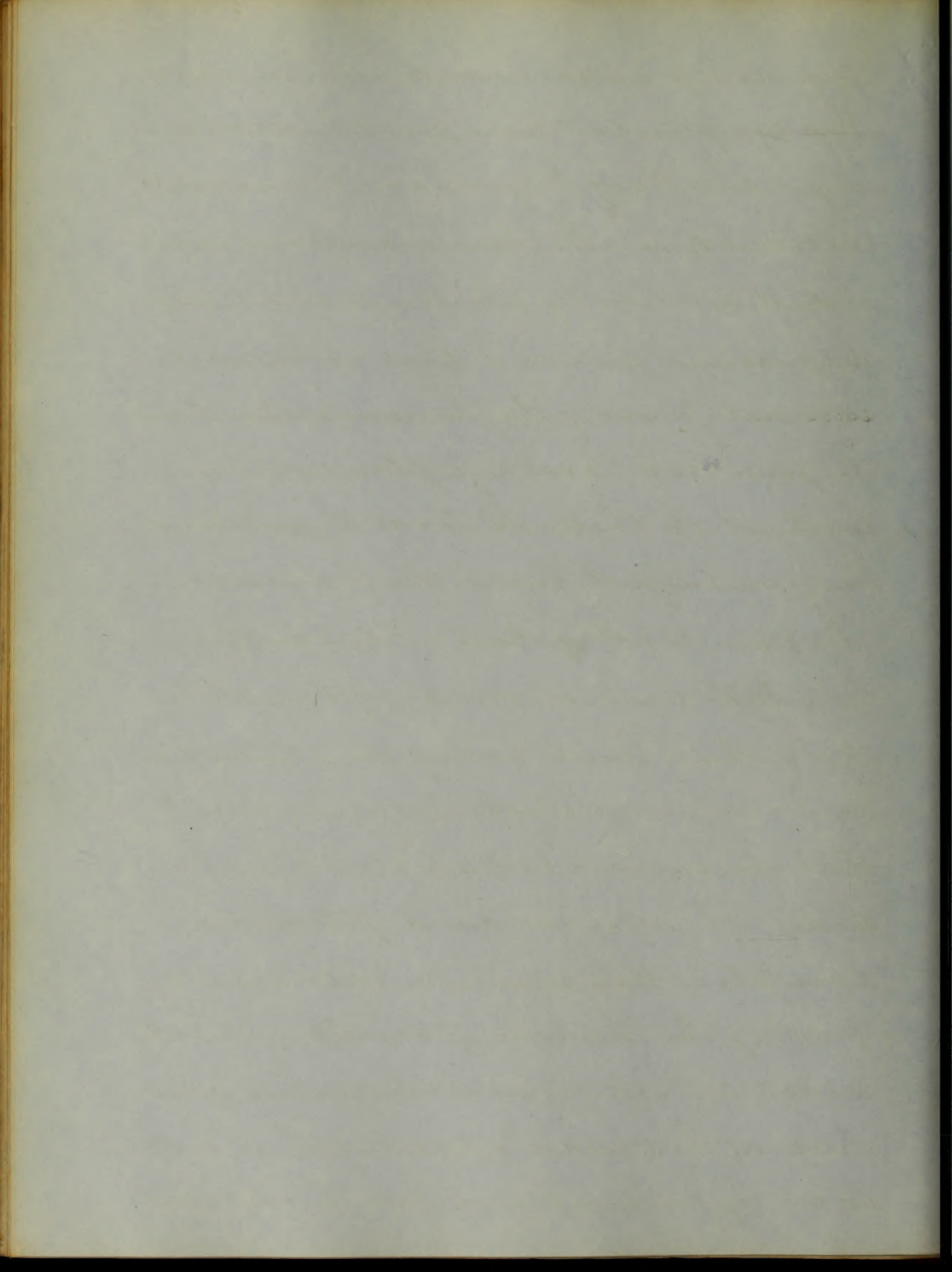
It is also modified by the seat of the inflammation, if it be deep seated the evidence afforded by percussion is still more negative, about the posterior and lateral margins of the lung it always yields us doubtful information.

General Symptoms: are pain, cough,



dyspnoea; a peculiar expectoration and fever. These symptoms all have peculiarities rendering it necessary to give each a separate consideration. The disease is ushered in with a chill, followed by febrile reaction, cough, dyspnoea and pain on a level or below & external to one of the mammae. Sometimes the fever and local symptoms occur without the chill, the local symptoms being manifest before the general.

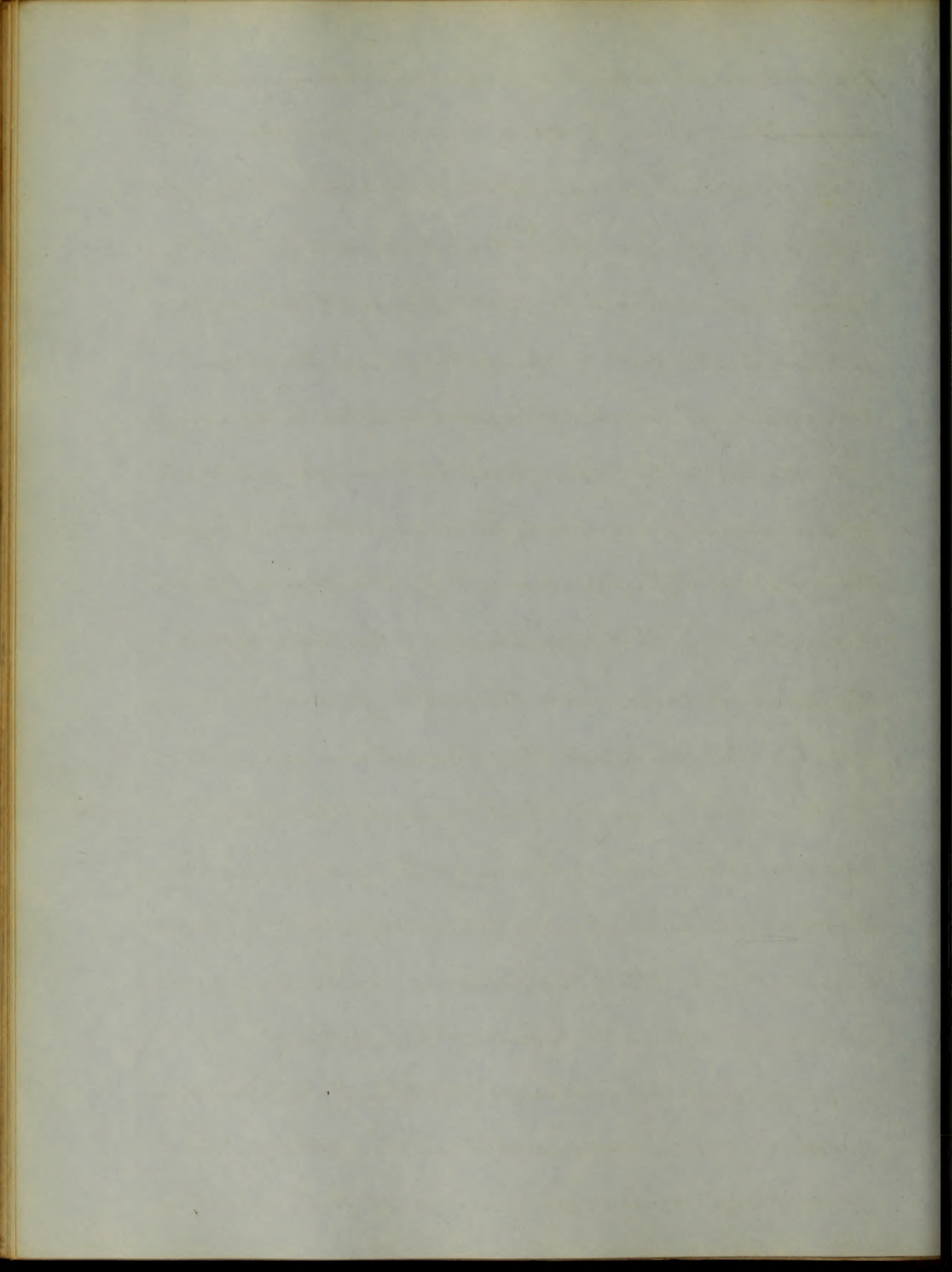
The pain is not ~~so~~ sharp & lancinating like that accompanying pleuritis, it is rather a dull heavy pain, sometimes however very distressing, giving rise to that sensation called a stitch in the side. It depends on a pleuritic complication, and may exist in any part of the thoracic parietes, generally most distressing in the beginning, & declines as the disease advances. It is increased by pressure made upon the ribs and,



intercostal spaces, sudden changes of position, cough and a free inspiration

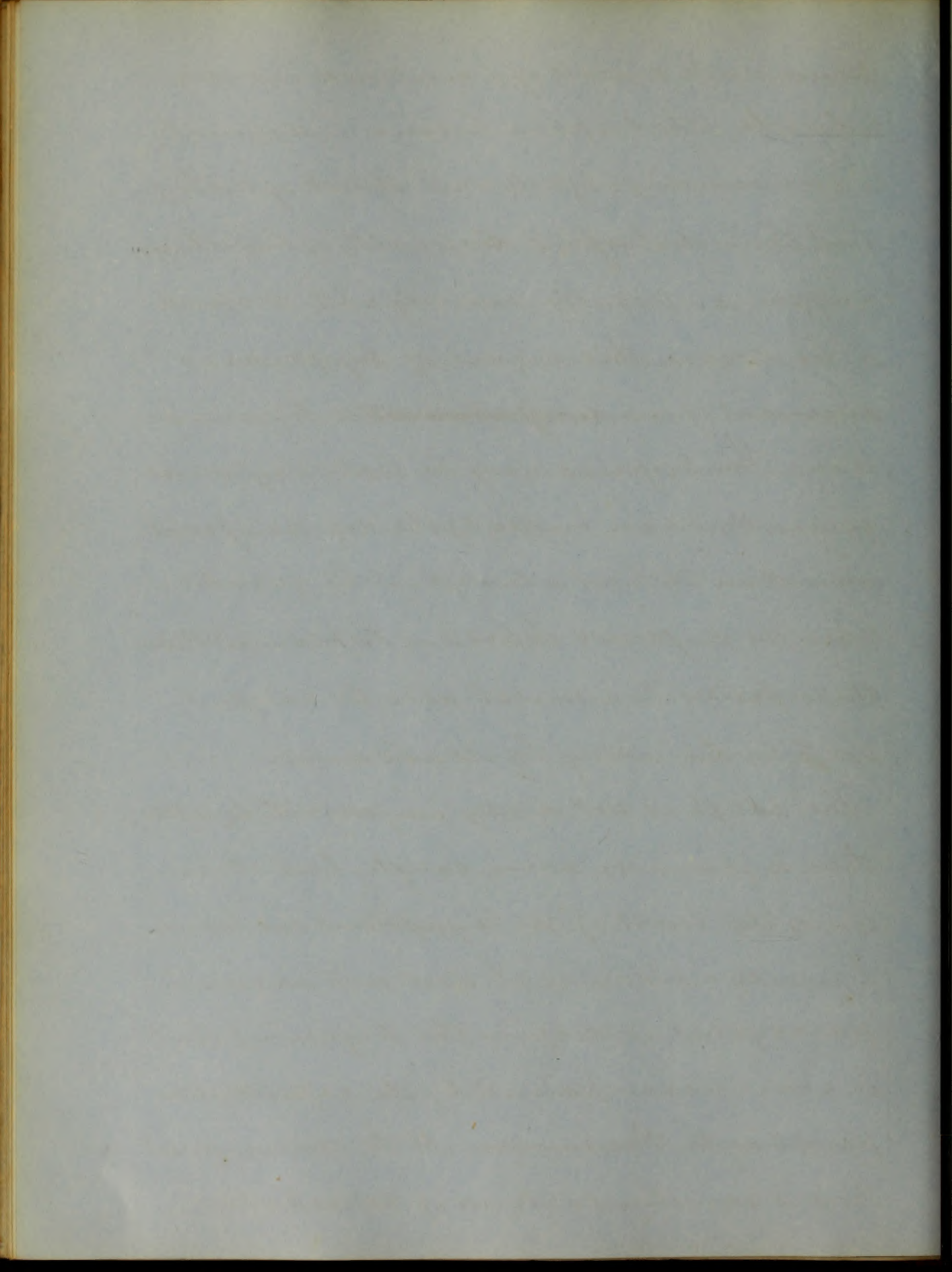
The patient is unable to lie on the affected side from the ^{pain} produced by this position, there is not always sharp pain but; we generally find some uneasiness, sense of heat weight or soreness.

The decubitus of a patient suffering with Pneumonia, is dorsal, he cannot rest upon the affected ^{side} on account of the pain produced by that position, if he lie upon the sound side his breathing is embarrassed by the obstacle this position offers to the full expansion of that side of the chest in consequence of having to overcome the superincumbent weight necessarily imposed upon it in this position. The Dyspnea is a very valuable and often distressing symptom, sometimes patients do not complain of any difficulty in breathing, but if noticed carefully you will perceive they

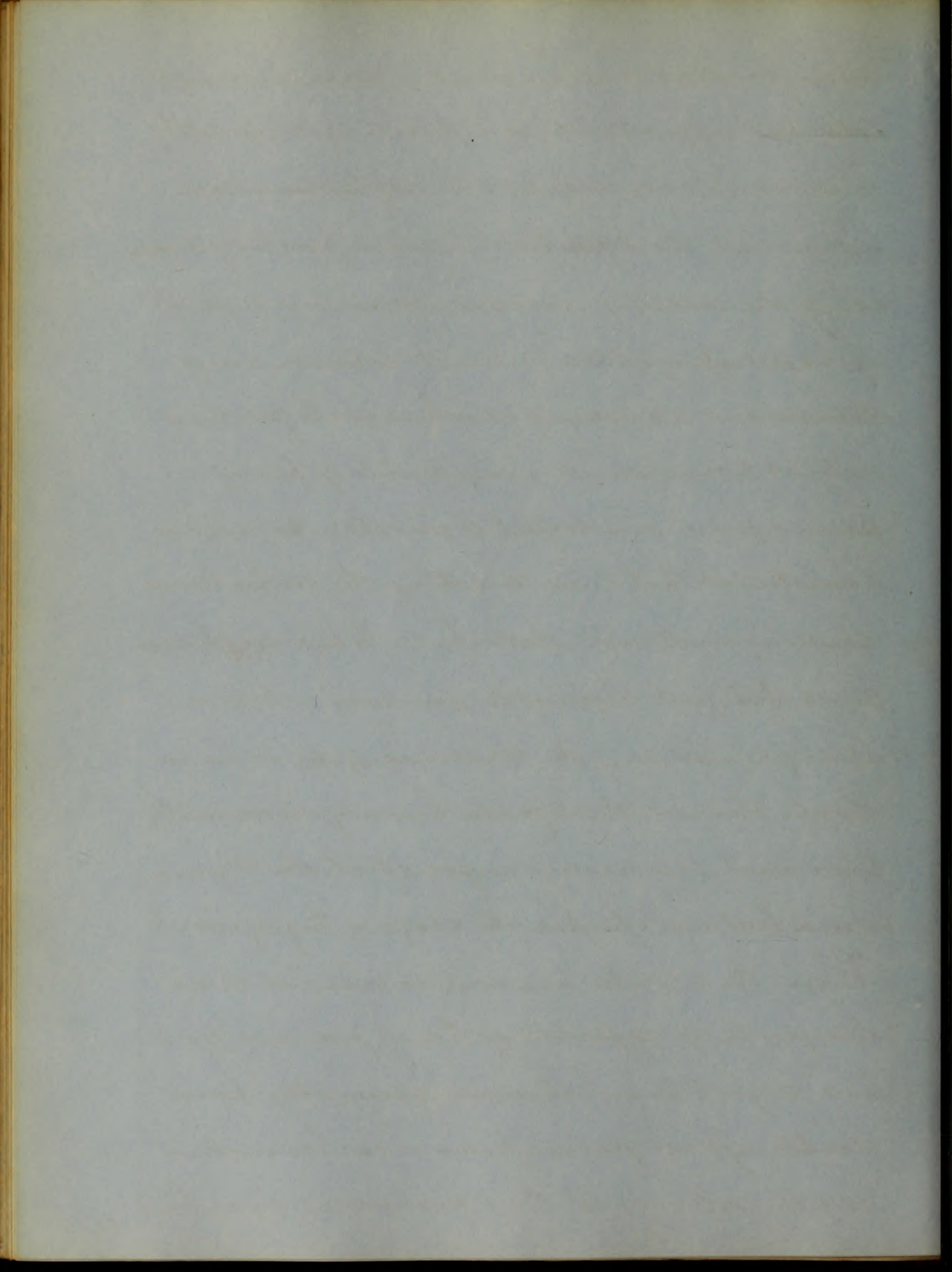


pause in the middle of a sentence in order
 to breathe, other again become indifferent
 to surrounding objects and think of nothing
 but their distressing difficulty of breathing,
 suffer dreadfully scarcely able to speak
 or lie down, this degree of Dyspnoea is
 ominous of an ~~unfortunate~~ termina-
 tion. The Dyspnoea may be looked upon
 generally as an index of the degree of infl-
 ammation but, not always, it is greater
 when the superior lobes are inflamed than
 the inferior. We must also be careful
 not to be led astray by its absence.

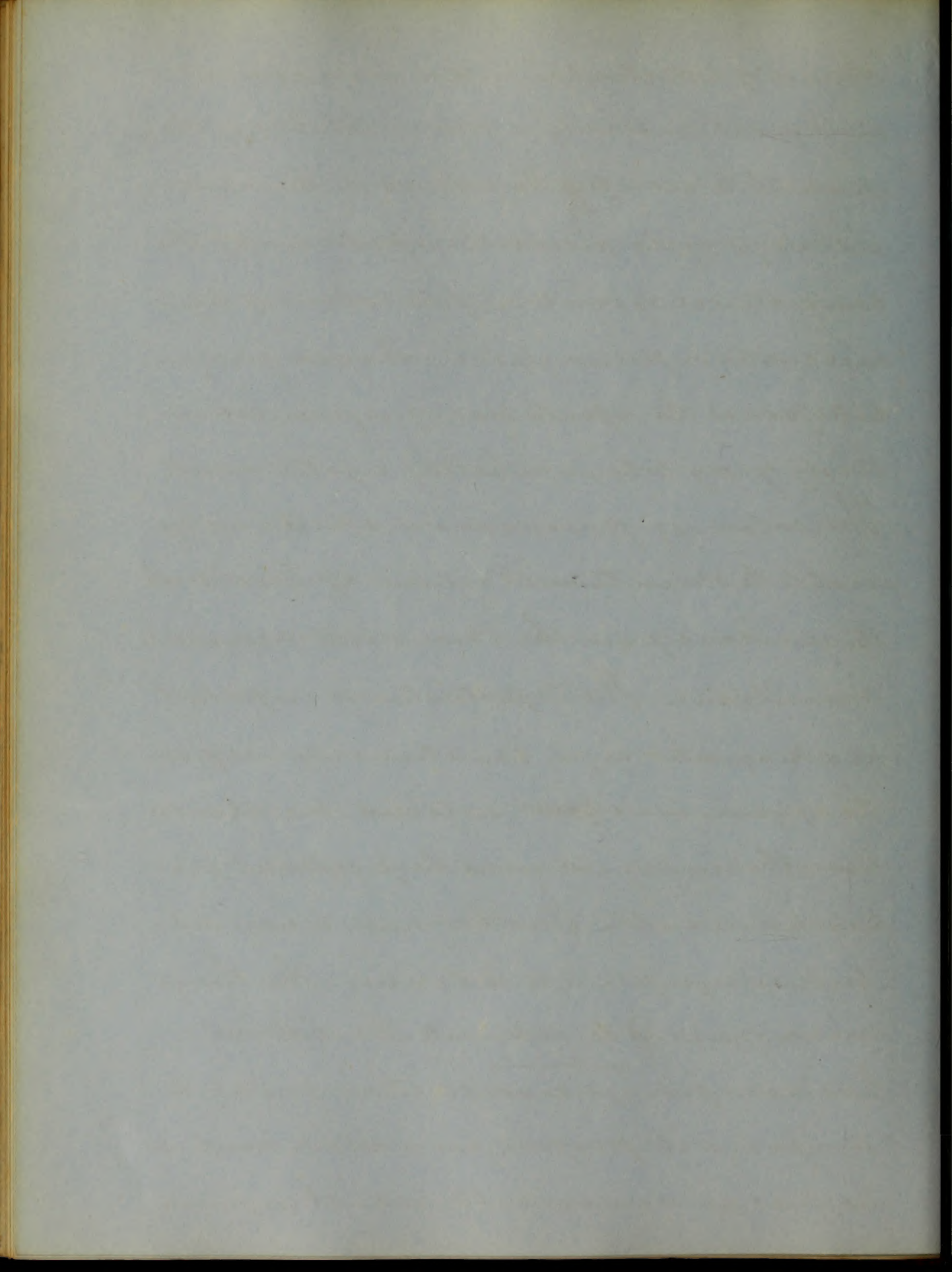
The cough is not a very important symptom
 there is generally some cough but it is
 one of the least of the symptoms we have
 been considering, it does not occur in
 paroxysms, is dry in the beginning, but
 is soon accompanied by the expectoration
 peculiar to Pneumonia. At the commencement
 there is sometimes absence of expectoration,



when present it is such as is seen in simple
 Catarrhal affections, composed of moderately
 tenacious mucus, as the inflammation
 advances, the sputa become pathognomonic
 of the existing disease, forming a mass
 of reddish yellow or rust colour, very
 tenacious adhering with such pertinac-
 -ity as to render it incapable of being
 poured from one vessel to another, so viscid
 sometimes that even inverting the vessel and
 shaking will not detach it. When such spu-
 ta as that just referred to are seen, it is a
 strong evidence of the presence of the second
 stage, should the sputa be only moderately
 tenacious, we may infer that the Pneum-
 -onia has not passed the stage of Engorgement.
 When the sputa become so viscid as no
 longer to be capable of being poured from
 one vessel to another, we generally have
 dullness on percussion and bronchial
 respiration, At this period we may have



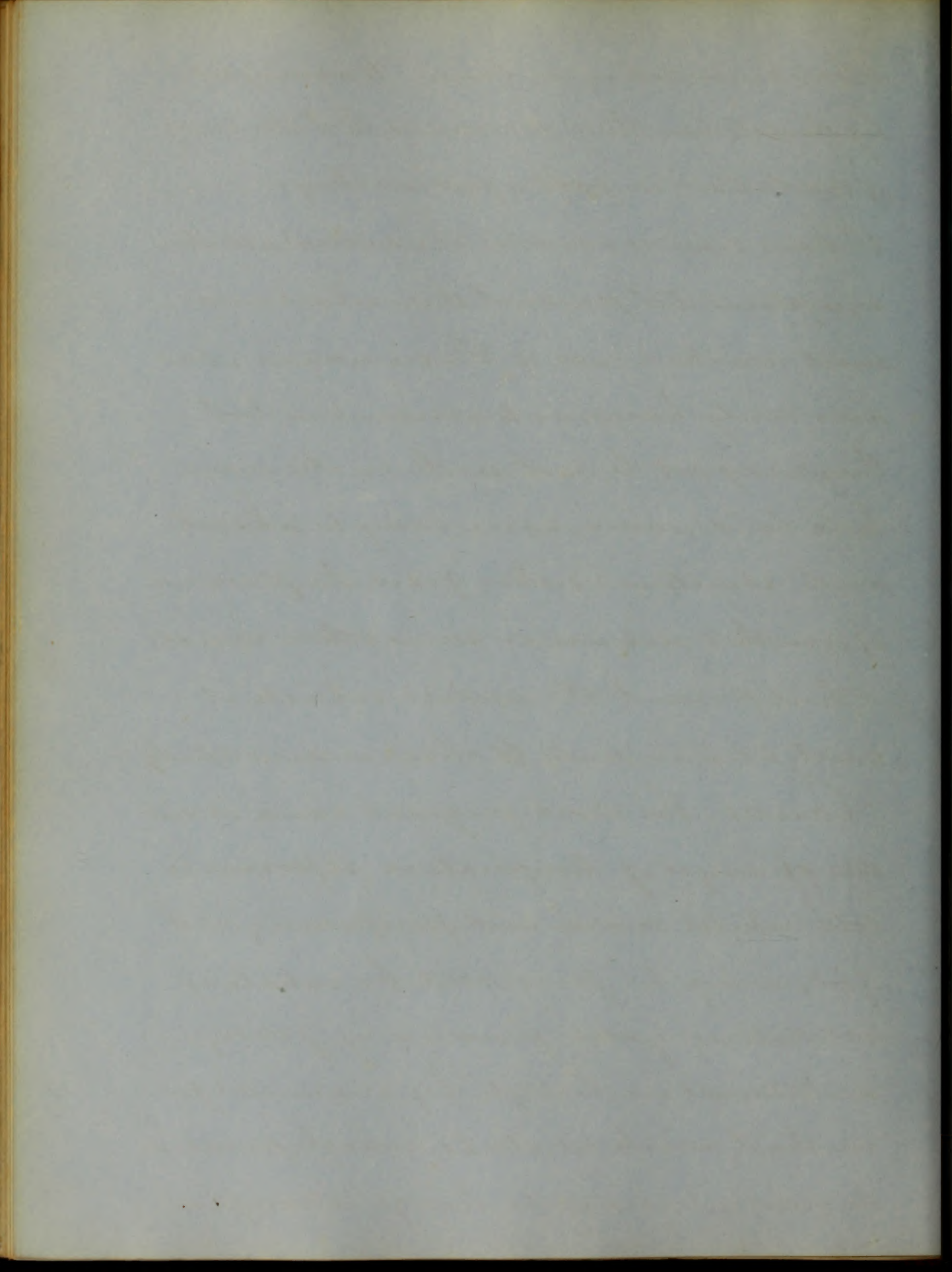
absence of expectoration, either on account of its great viscidty, or from inability of the patient to excrete. Sometimes in the advanced stages of the disease the sputa are of the consistence of water, of the colour of liquorice water or prune juice. Should gangrene take place the sputa are of a greenish or dirty gray colour, exhaling a fetid smell. The colour of pneumonic sputa is referable to the intimate union of blood with the mucus from the Bronchial Mucous membrane. The expectoration so important as a diagnostic sign, sometimes varies from the appearances first detailed. We should bear this in mind and be prepared for such a result. Another and a very distressing symptom is delirium. The lungs whose office ^{is} to separate the blood has now from ^{continued} diseased action failed to perform its proper function, and, we have as an unavoidable result impure



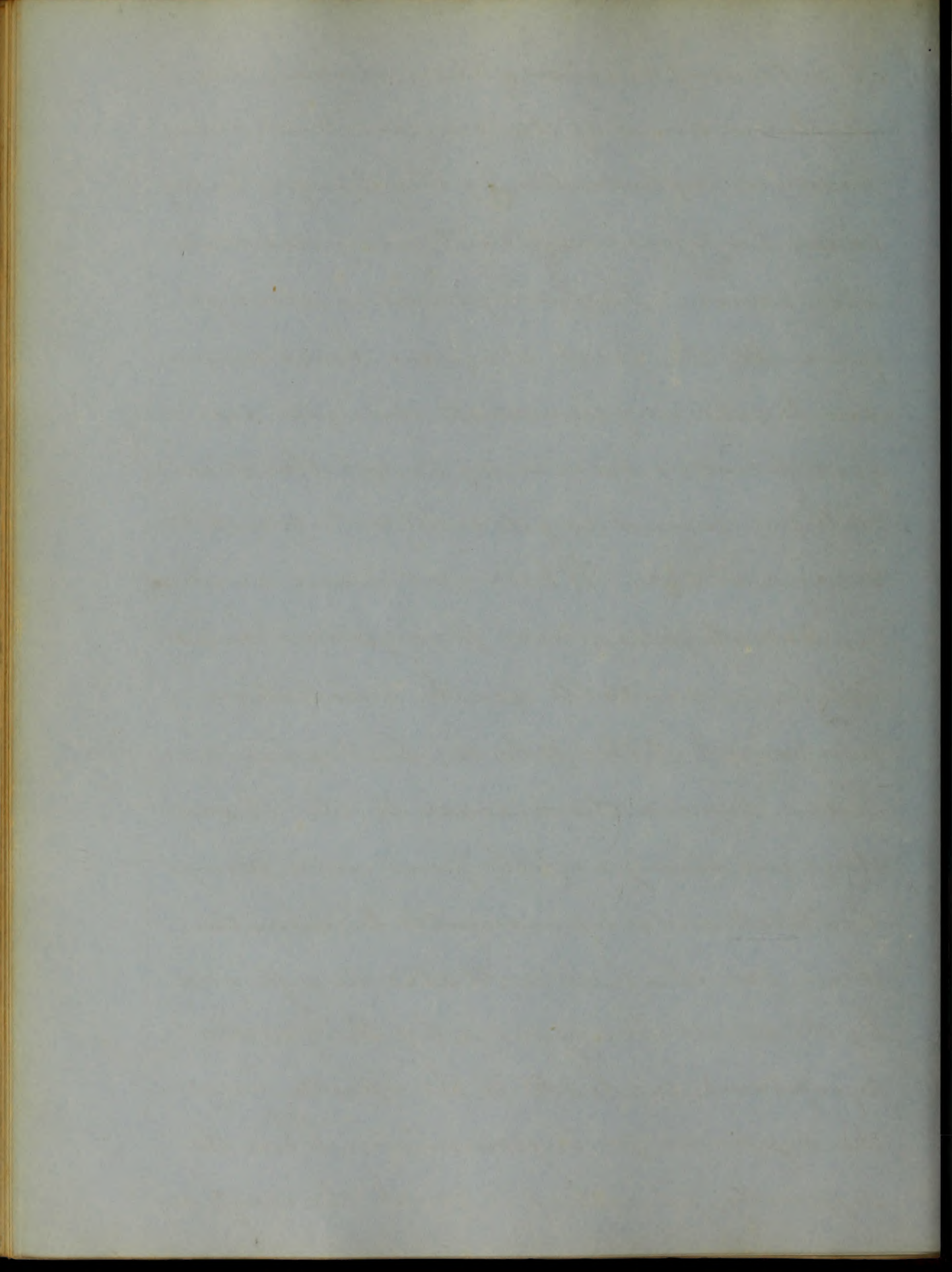
blood circulating in brain. Warning us by the delirium thus produced that the time of dissolution is fast approaching.

I have now considered all the symptoms that present themselves in a well marked case of Pneumonia, it is our duty however to remember that they may not be met with in the order here laid down, some may be absent and, sometimes either from the presence of another disease or some other cause; others present themselves, which it will be our duty to observe and study.

Causes. The most frequent cause is sudden changes of temperature, exposure to cold whilst warm and perspiring, wet feet; may be produced by inhaling irritating gases, presence of foreign substances in lungs, by wounds from without such as stabs which penetrate the parenchyma of the lung, retrocession



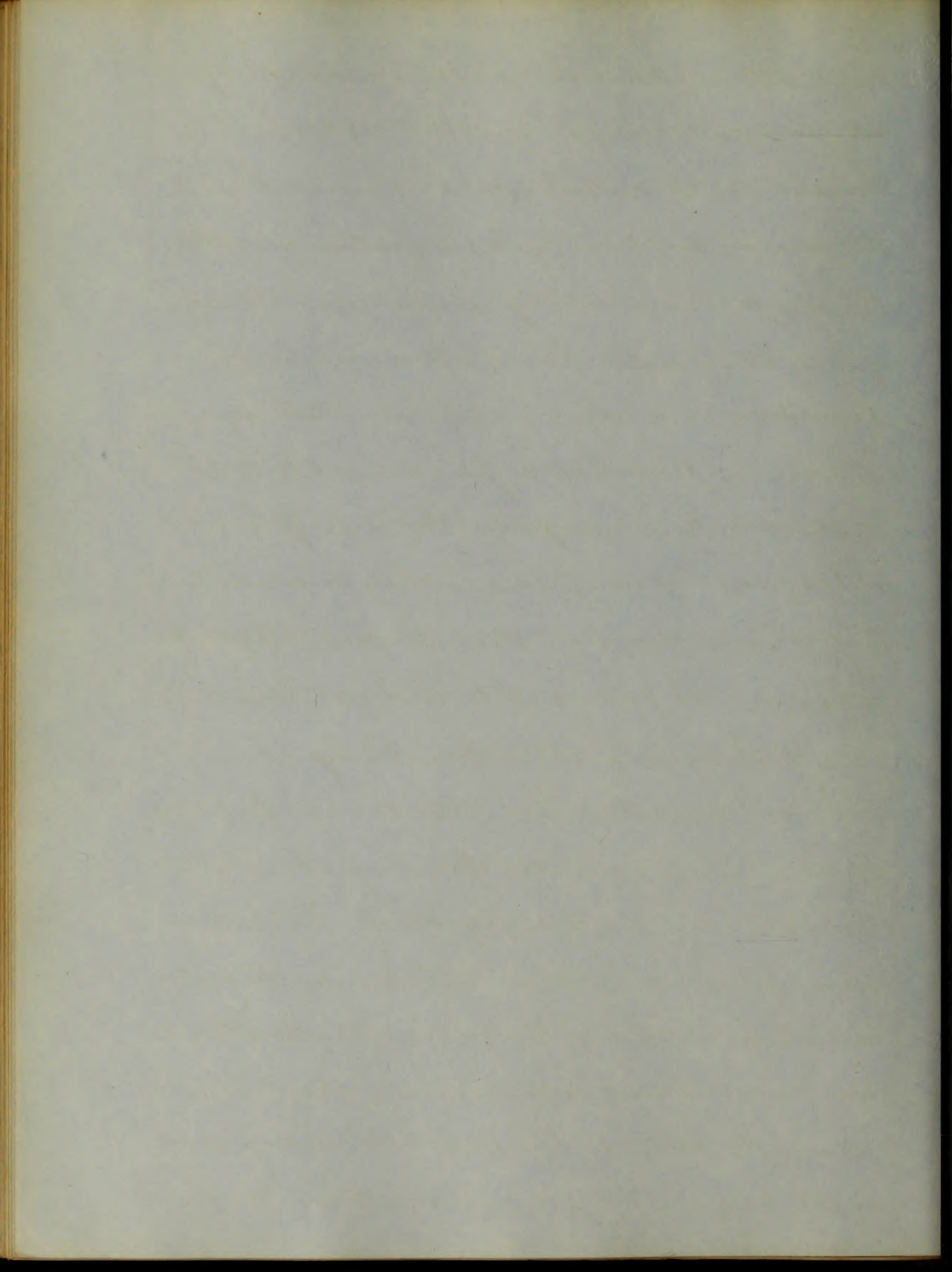
of cutaneous diseases, Rheumatism & Scurvy
 Such are some of the causes which may
 produce inflammation of the lungs, many
 cases happen without any discover-
 =able cause. The prognosis is always
 grave, In the first stage we have no rea-
 =son to fear any immediate danger, and
 good bleeding here may arrest the disease,
 still we cannot say it will not reach the
 second stage. When we have evidence
 of hepatization our prognosis must
 not be inevitable death, resolution
 may yet take place, but when we
 have traced the disease to the third
 stage we may rightly fear and prog-
 =nosticate an unfavourable termination
 Our conclusion will also be assisted
 by the evidence afforded by the general
 symptoms, we look to the sputa and
 the dyspnoea for information. When the
 difficulty of breathing is great, the cough dry



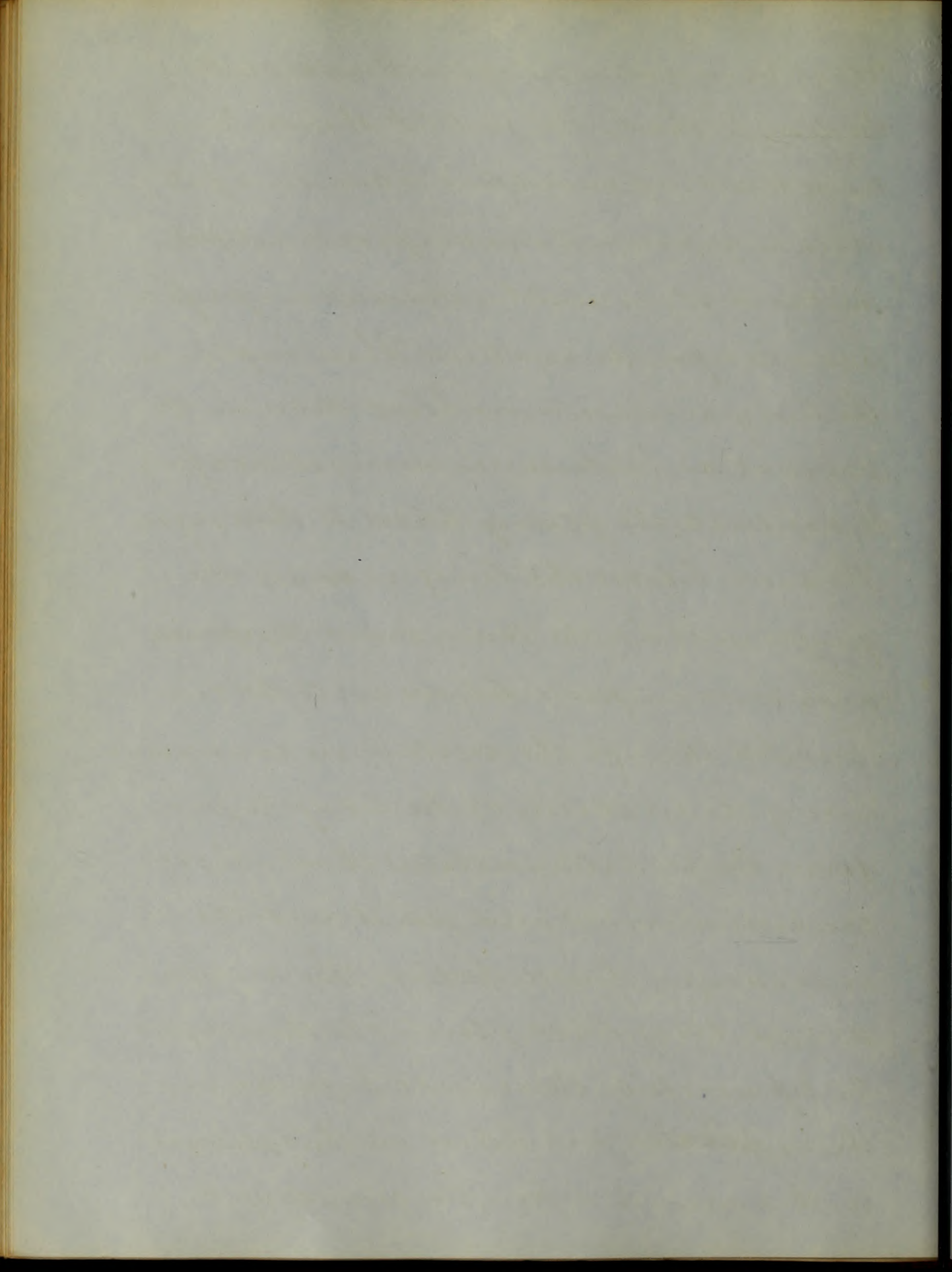
and, attended with rusty or dark liquid sputa, pain diffused throughout the thorax; the countenance becomes livid the pulse soft and, irregular, with the superintention of delirium the danger is eminent. The appearance of Diarrhoea is a very unfavourable symptom.

We may predict a favourable termination when we find the symptoms retrograding as we saw they would in a former part of this paper, they take a course the converse to that we have assigned them in this malady.

^{my}Treatment. The disease is essentially inflammatory and, the treatment must be strictly antiphlogistic. We have three great agents in subduing this disease, viz: Blood letting; Tartar Emetic & Mercury. Blood letting is our chief dependence, the patient should be bled copiously in the beginning, when resorted to in the first

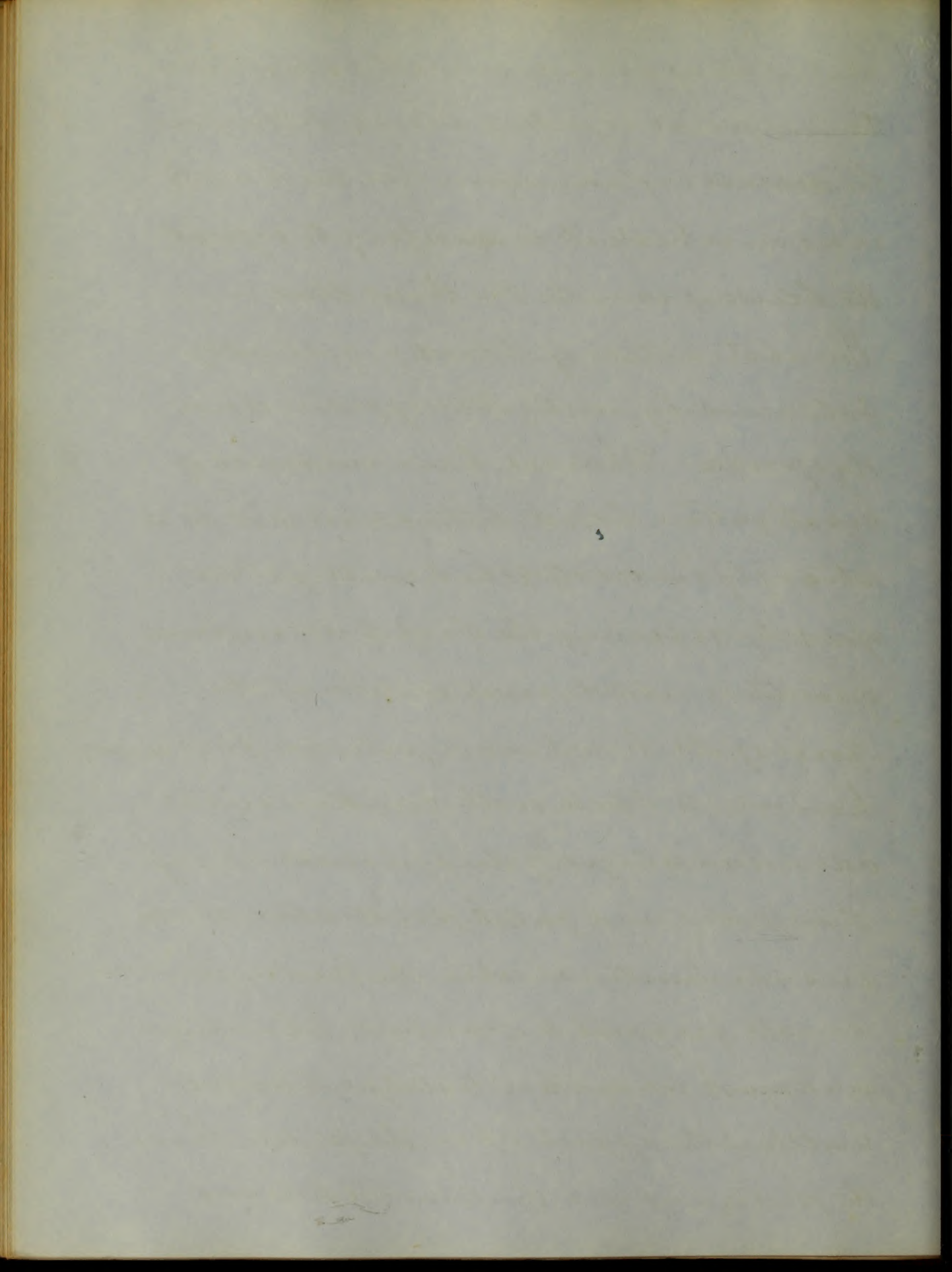


stage resection is often heroic, cutting
 the disease short, the patient should be
 made to sit up and blood taken in a full
 stream from a large orifice and per=
 =mitted to flow until a decided impulsion
 is made upon the system. When inflamed,
 the lung receives more blood than in its
 normal condition, rendering it necessary
 to moderate the flow of blood to these organs.
 The more blood the lung receives the
 greater will be the pain and dyspnea
 and more impure blood will be cir=
 =culated through the system, in consequ=
 =ence of the inability of the lungs to per=
 =form the function allotted them. These
 considerations at once point out the
 efficacy of blood letting. The smaller
 the quantity of blood flowing to these organs
 the less necessity there will be for exciting
 them. We therefore bleed in this disease
 with a view to lessen the quantity of the



circulating fluid, as well as to obtain the beneficial effects of blood letting over the ~~disease~~ inflammation. We meet with cases in which it is necessary to repeat the bleeding even to the third time.

The abstraction of blood is generally followed by mitigation of pain and dyspnoea. When we have evidence of hepatization, blood letting will not be so strongly indicated, but will yet do good by relieving the lung of its unusual quantity of blood, and reducing the force of the heart and arteries. It is necessary however to bleed with caution in the advanced stages of this disease, unless dangerous and fatal prostration should ensue. Sometimes when the pulse is small frequent & oppressed, other things justifying; we make a tentative bleeding watching the effects upon the pulse, should the pulse improve continue the bleeding

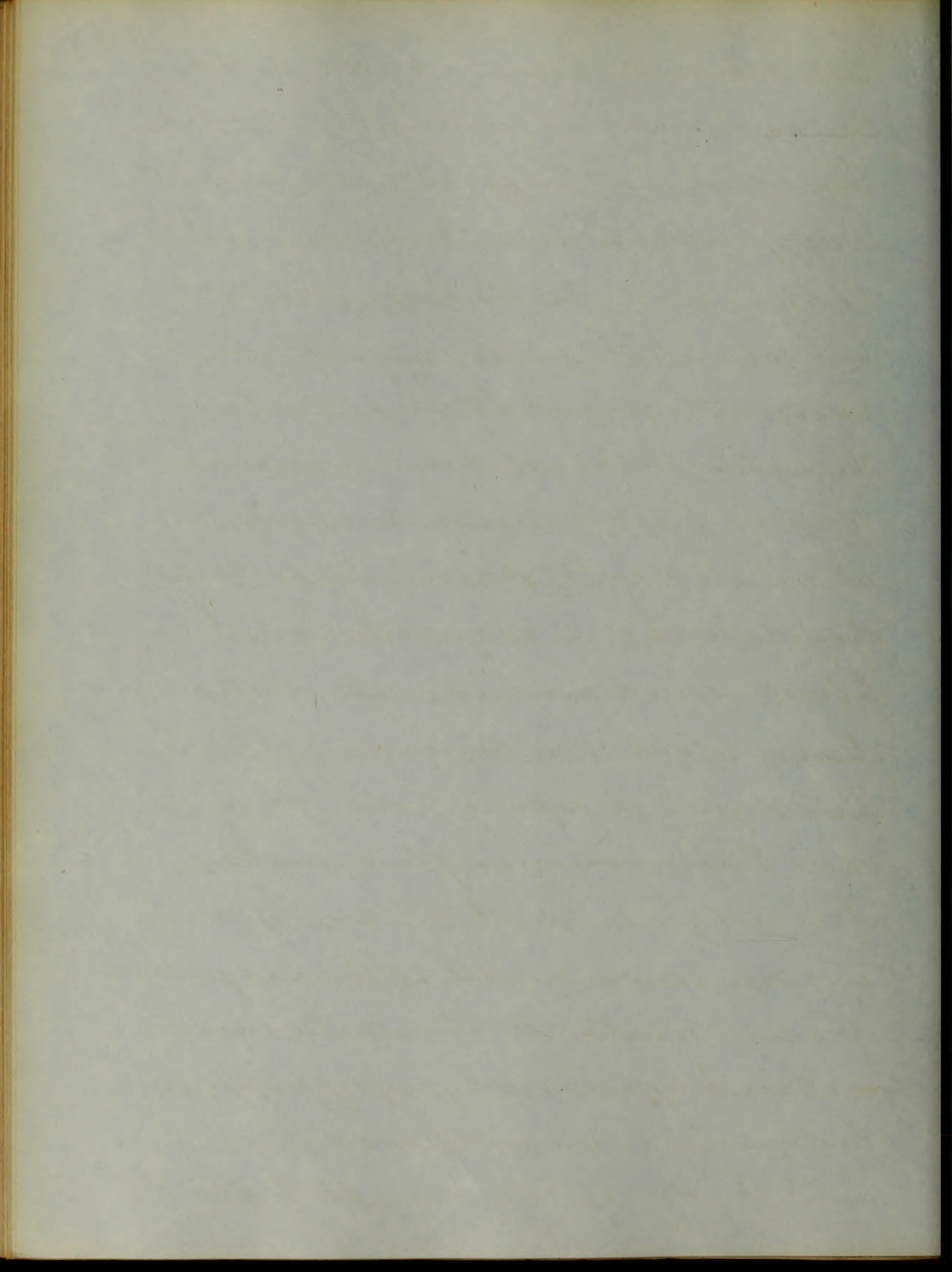


but if the pulse becomes still weaker
the blood must be immediately stopped.

The blood is not buffy at first; from
excess of carbonic acid, the second or third
bleeding will give the buffy coat.

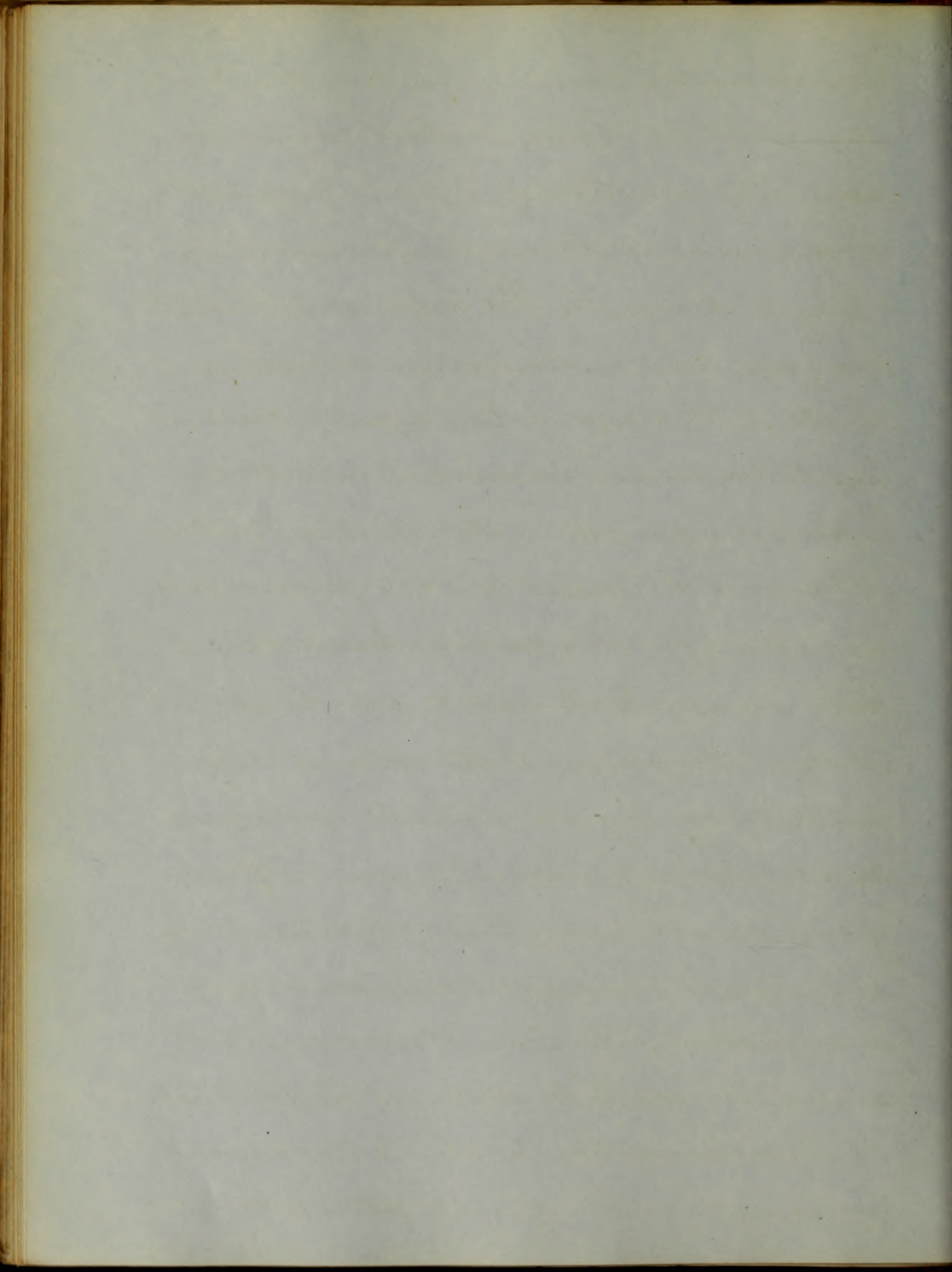
Local bleeding often affords great
relief, after general bleeding, or where
the system will not bear venesection.

Cups or leeches should be applied
about the seat of pain. Tartar Emetic
should be used in conjunction with
bleeding and even when the abstrac-
-tion of blood is no longer admisi-
-ble. This agent possesses great influence
over Pneumonic inflammation,
it is not given with a view of produ-
-cing nausea or emesis, if these effects follow
its administration, it should be combi-
-ned with opium or syrup of poppies,
best given in small doses at first;
until the stomach becomes able to bear it.



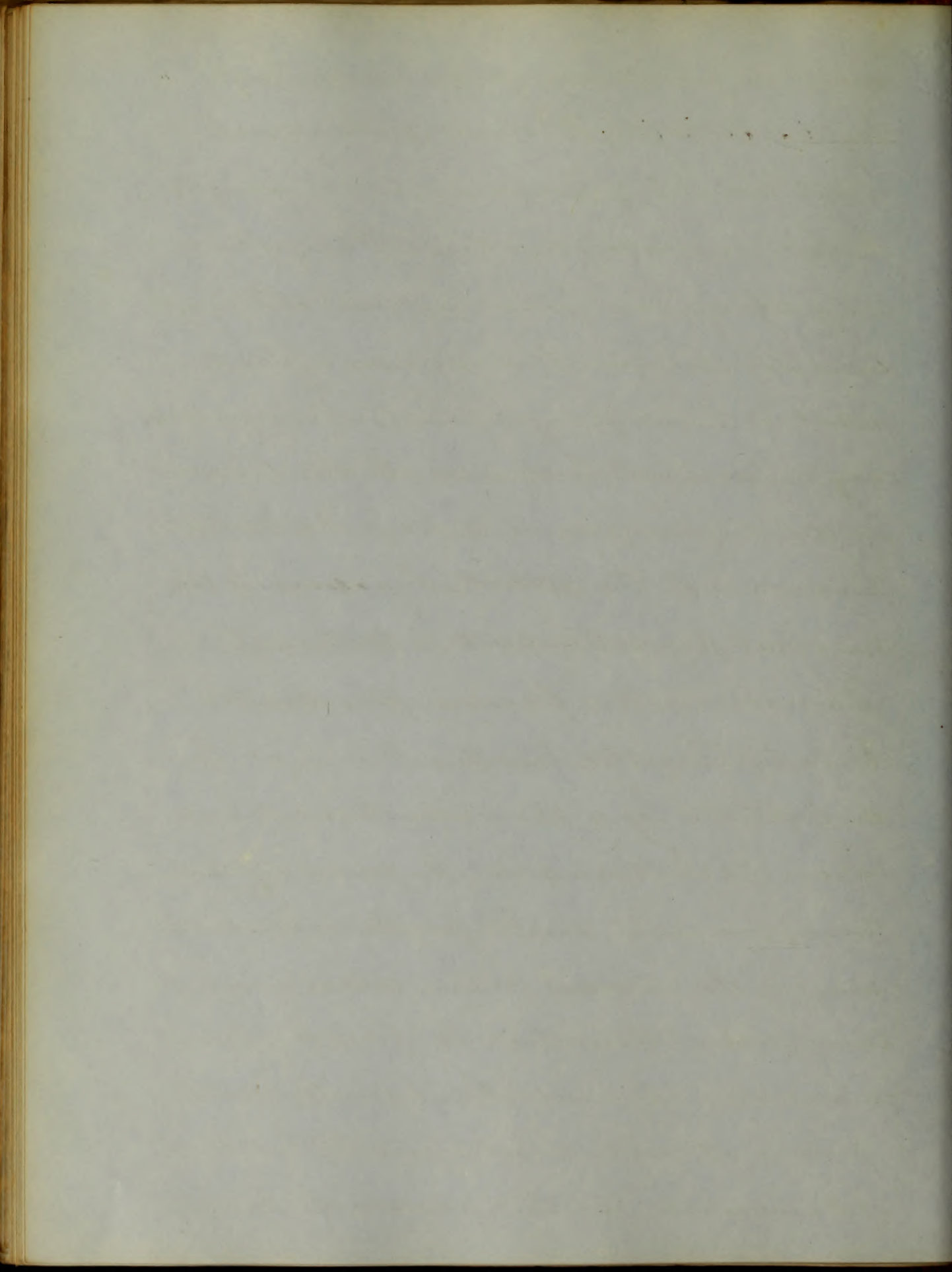
Sometimes surprising doses of this medicine will be borne without nausea or vomiting, one third of a grain sufficient to commence with and, increased according to its effects. The calomel treatment is a good one but inferior to Antimony in the first stage, when hepatication has taken place calomel is more to be depended upon than the Tartar Emetic.

It must be given so as to produce its specific effect speedily, should there be pain an opiate should be combined with it, this also prevents the calomel from running off by the bowels, dose small and frequently repeated, one or two grains with one grain of Opium a very convenient and efficacious mode of administering it. Sometimes well to combine with the calomel tartar Emetic or Ipecacuanha. Cooling diaphoretics are sometimes beneficial, particularly by



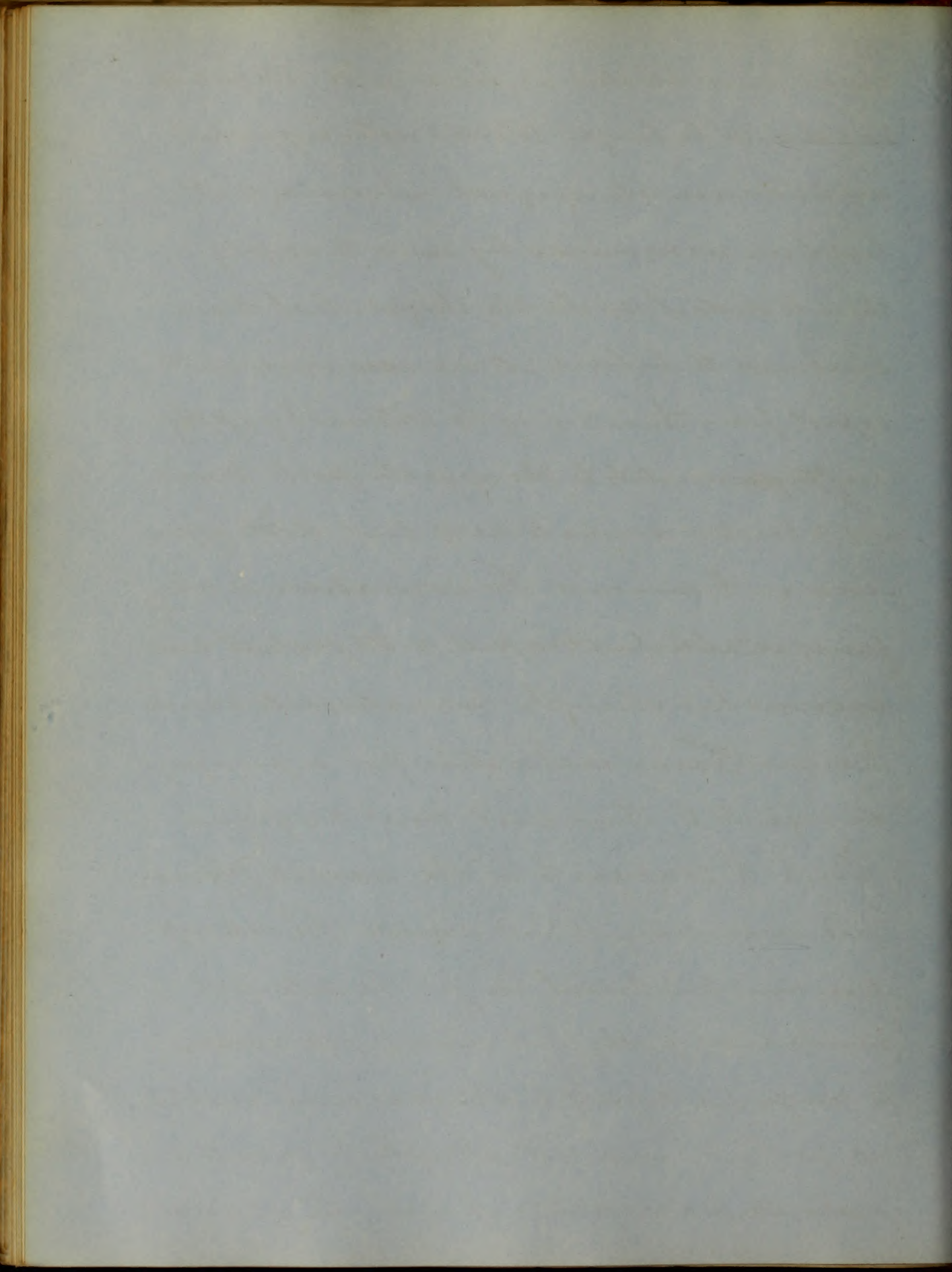
when the febrile symptoms run high, Nitrus potasse, Pulvis antimonialis, and Muriate of Ammonia are among the the best remedies of this kind. Purgatives are of less efficacy than in most other inflammatory diseases, it is never necessary to resort to hard purging but, always ~~very~~ ^{is} important to evacuate the bowels in the beginning and to keep them soluble through out the attack, by some of the neutral purgative salts or castor oil.

When the system becomes prostrated the antiphlogistic treatment must be substituted by a stimulant one, wine whey, Carb Ammonia, Infusion of serpentaria, are well suited for this advanced stage of the disease, when relaxic symptoms present themselves Carbonate of Ammonia is strongly indicated. Counter irritation form a valuable auxiliary in the treatment of Pneumonia, for this purpose Stokes line-

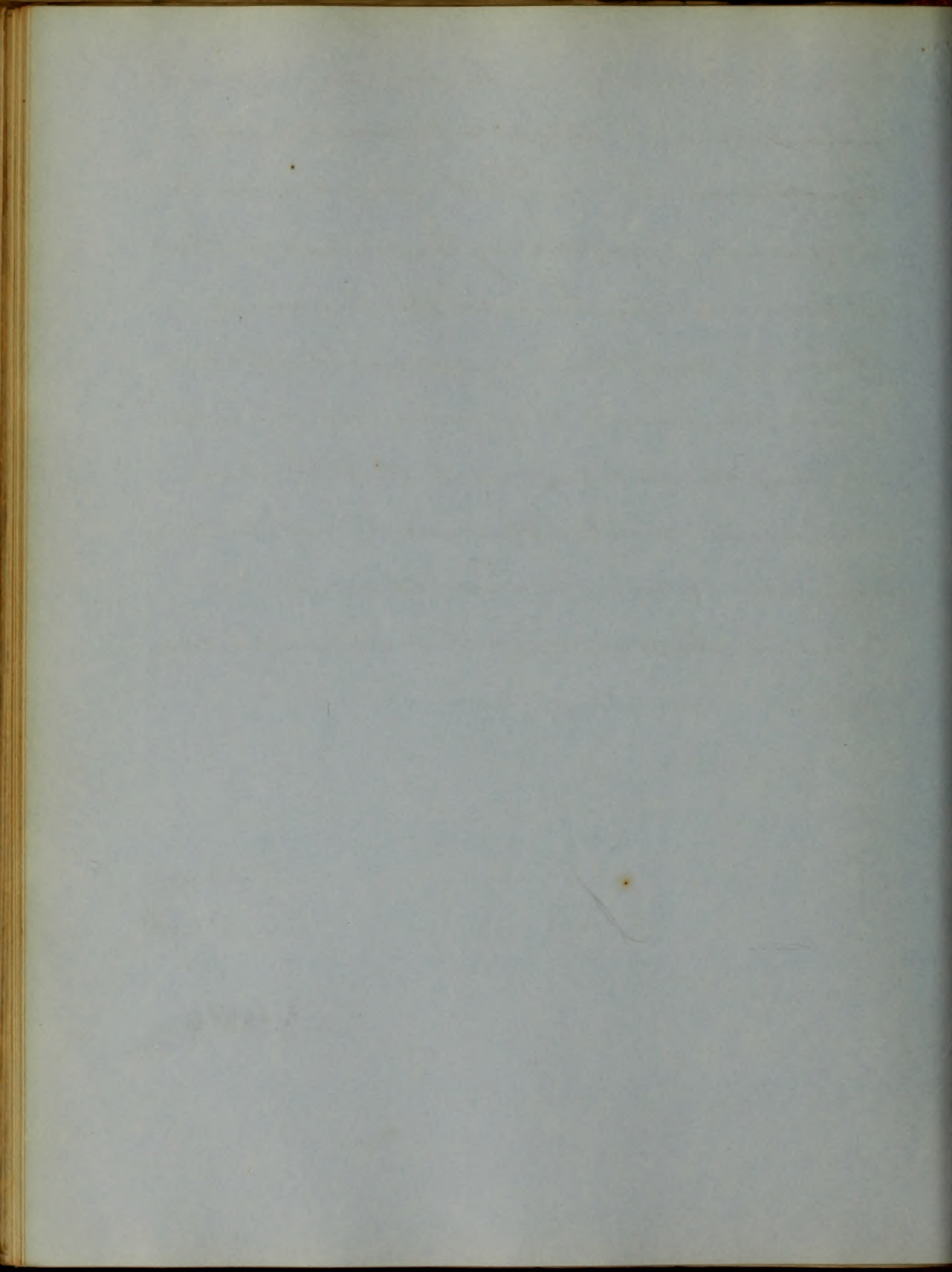


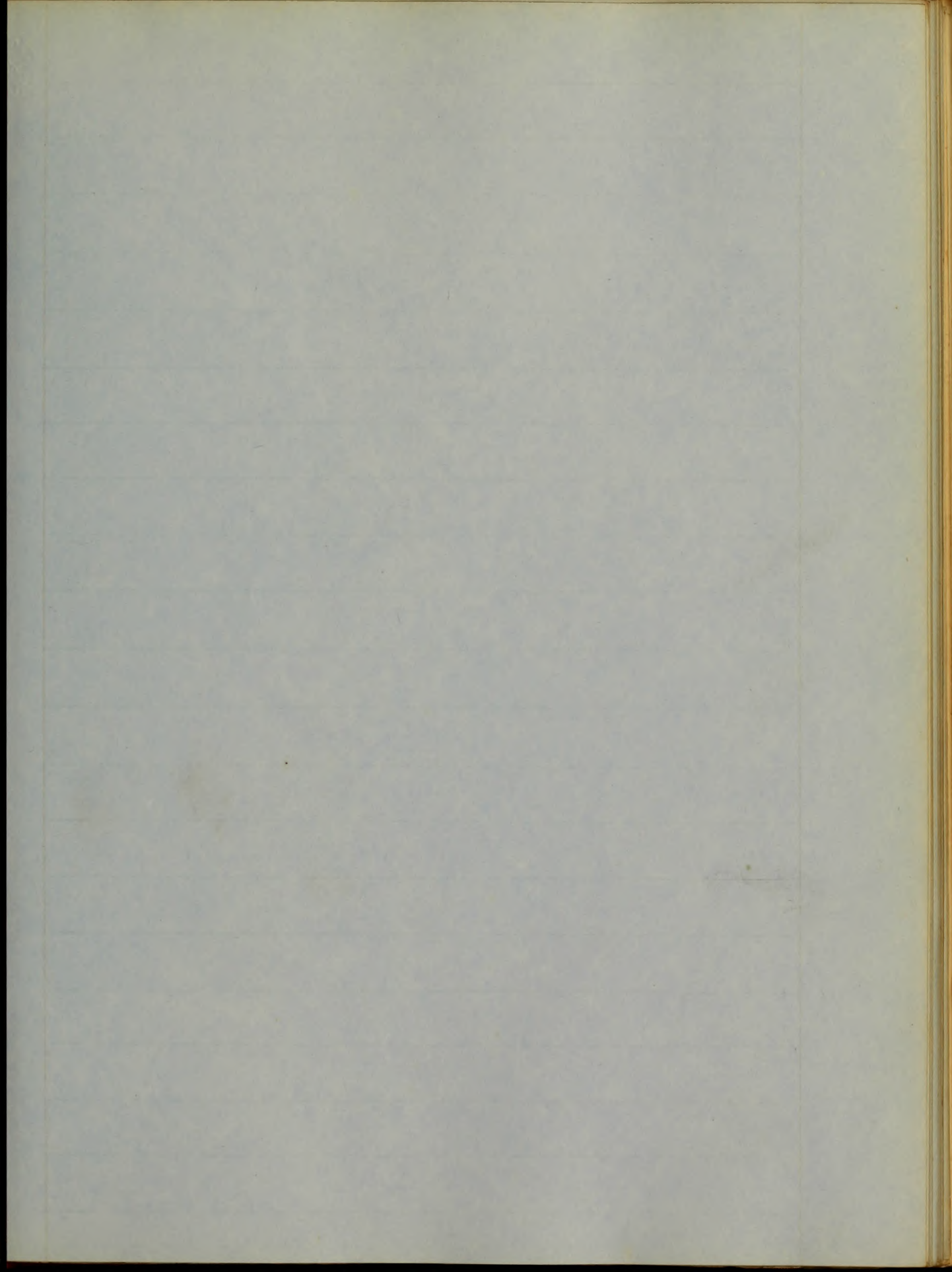
26
ment and blisters answer well. The vesica-
tory should be large. Blisters after sufficient
depletion are often of signal advantage, it
has been recommended by some to apply
them to distant parts, the thighs, but I am
inclined to believe, all we can reasonable
expect from them may be obtained by apply-
ing ^{them} immediately to the affected part. Diuret-
ics & Emetics seems to be of but little effi-
cacy in Pneumonia. The convalescence when
fairly established is rapid, & the patient soon
recovers his strength, Convalescents should
however ^{observe} some restriction for a few days
in regard to their diet and hygiene.

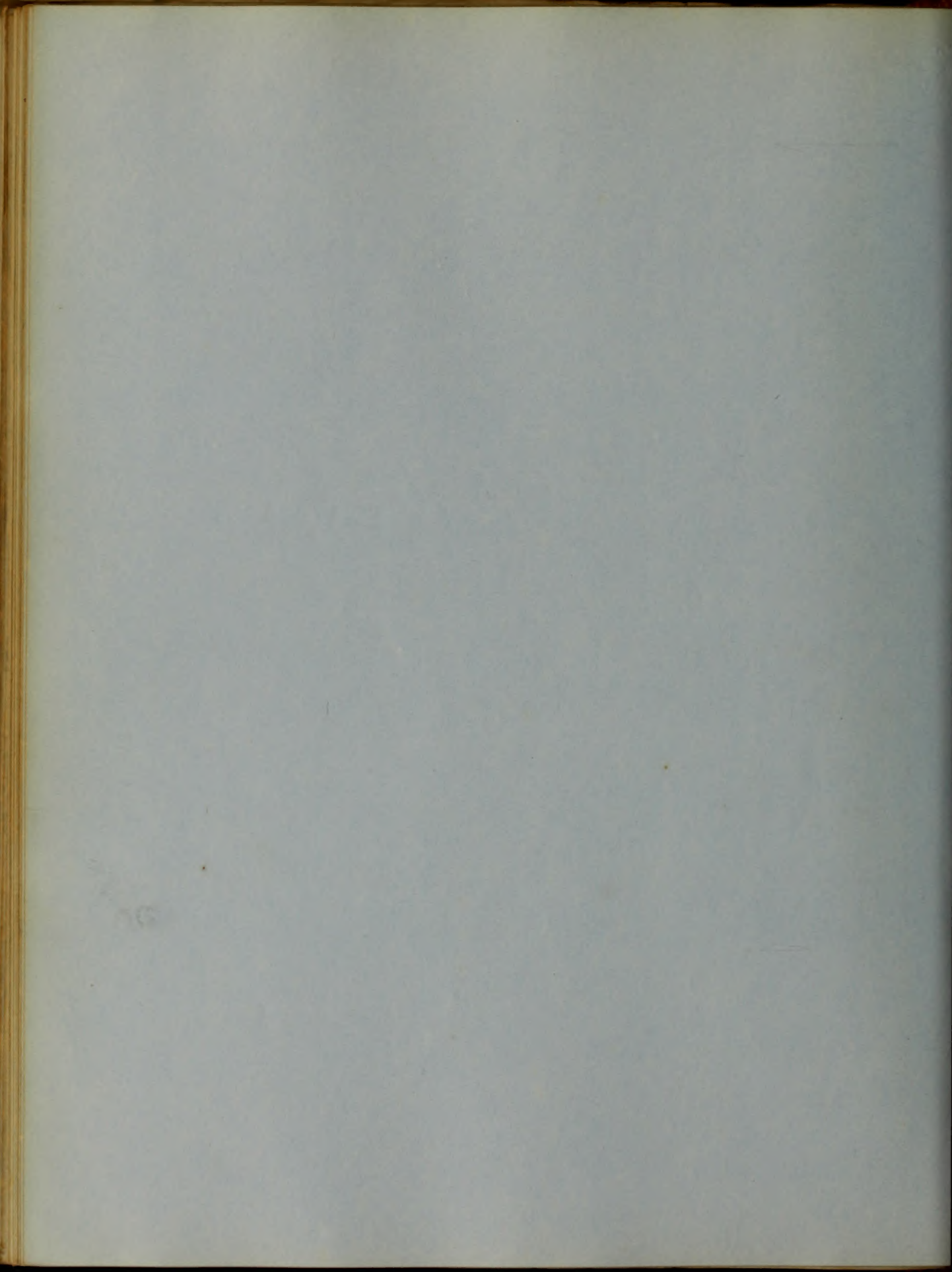
Such I conceive to be the usual phenom-
ena accompanying this disease. The descrip-
tion and treatment might be detailed
much more fully, but deeming it wiser
to confine myself to obvious and establish-
ed facts, I have not attempted to go into an
elaborate description of everything connected

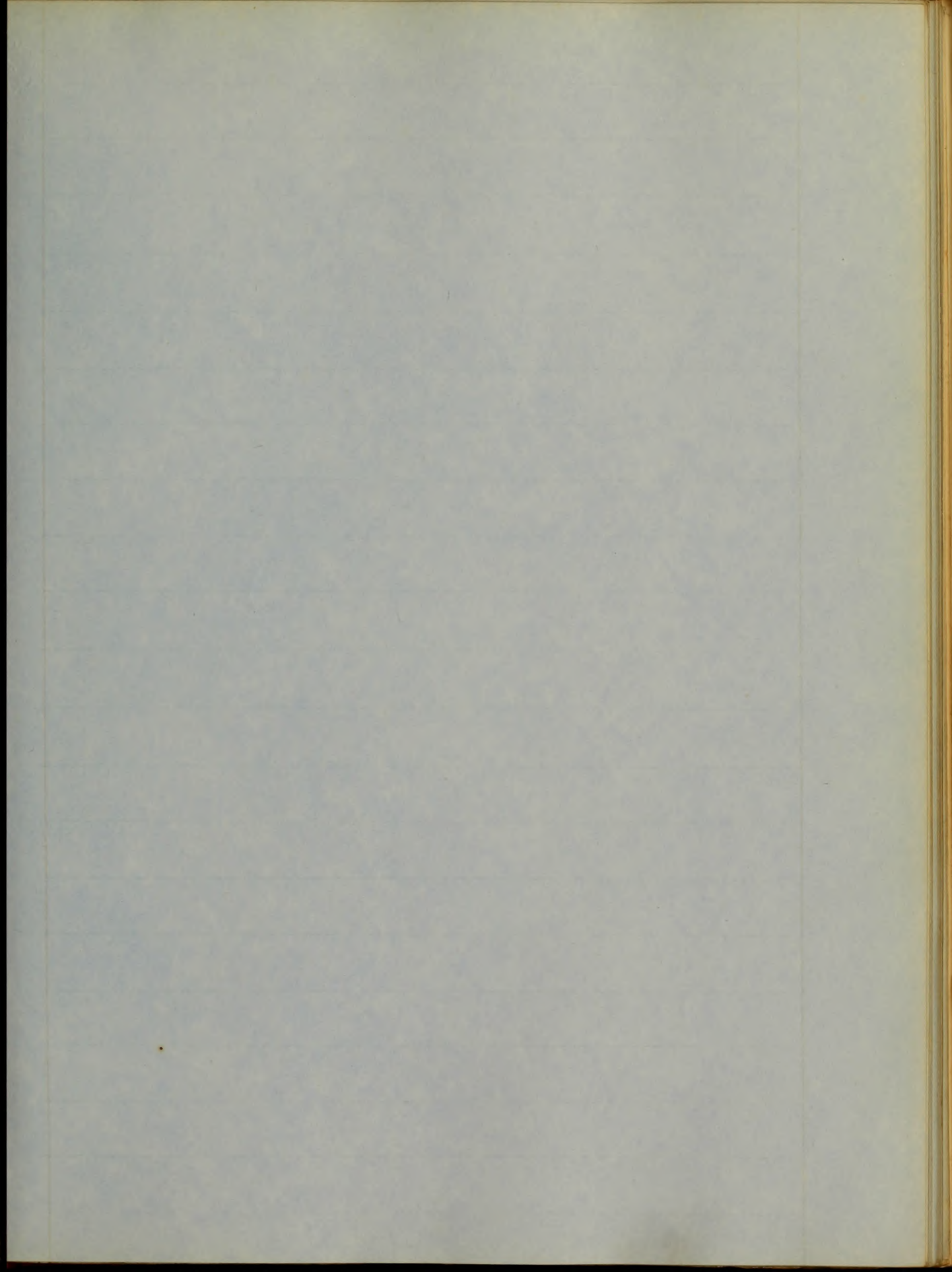


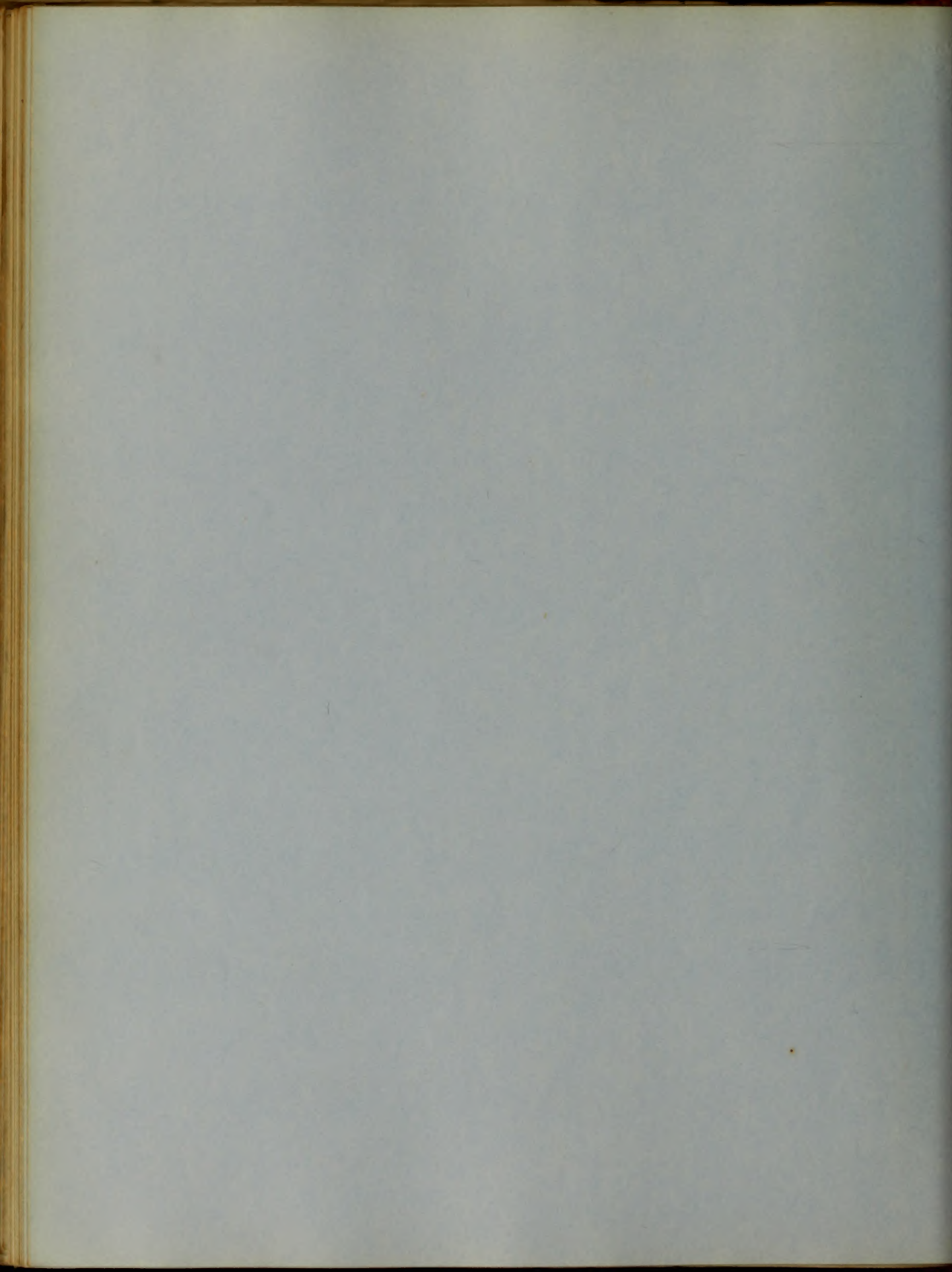
ted with the subject. In my arrangement
of the different stages & characteristic
symptoms, I have ^{chosen} that which seem to
be generally adopted by Medical Authors
of eminence. Should the learned
Faculty think ^{this} an imperfect sketch,
I hope they will remember the inexpe-
rience of the writer and, that to become
a medical writer, it is necessary to observe
and study much more than it has
been in the power of their humble ser-
-vant.

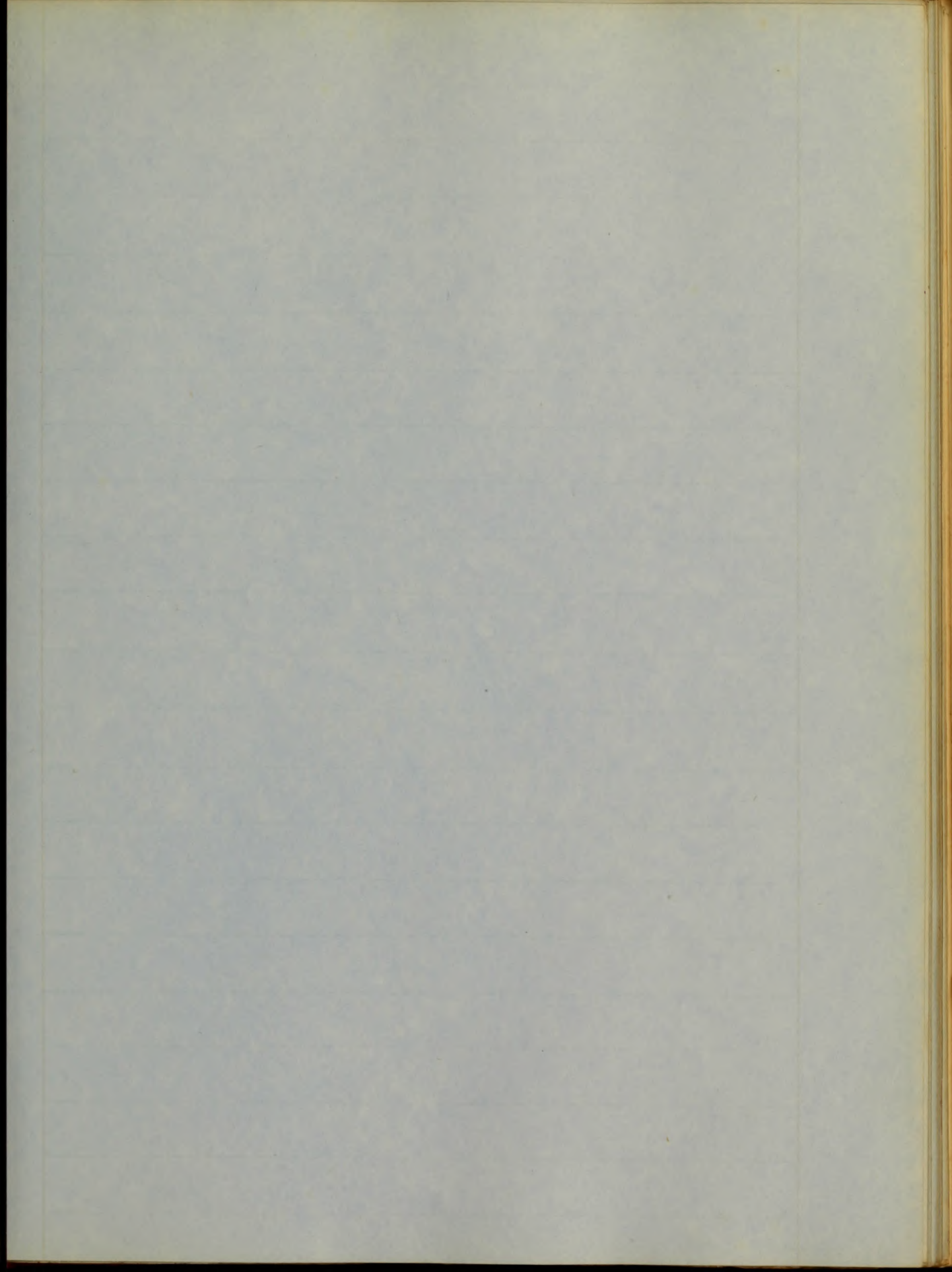


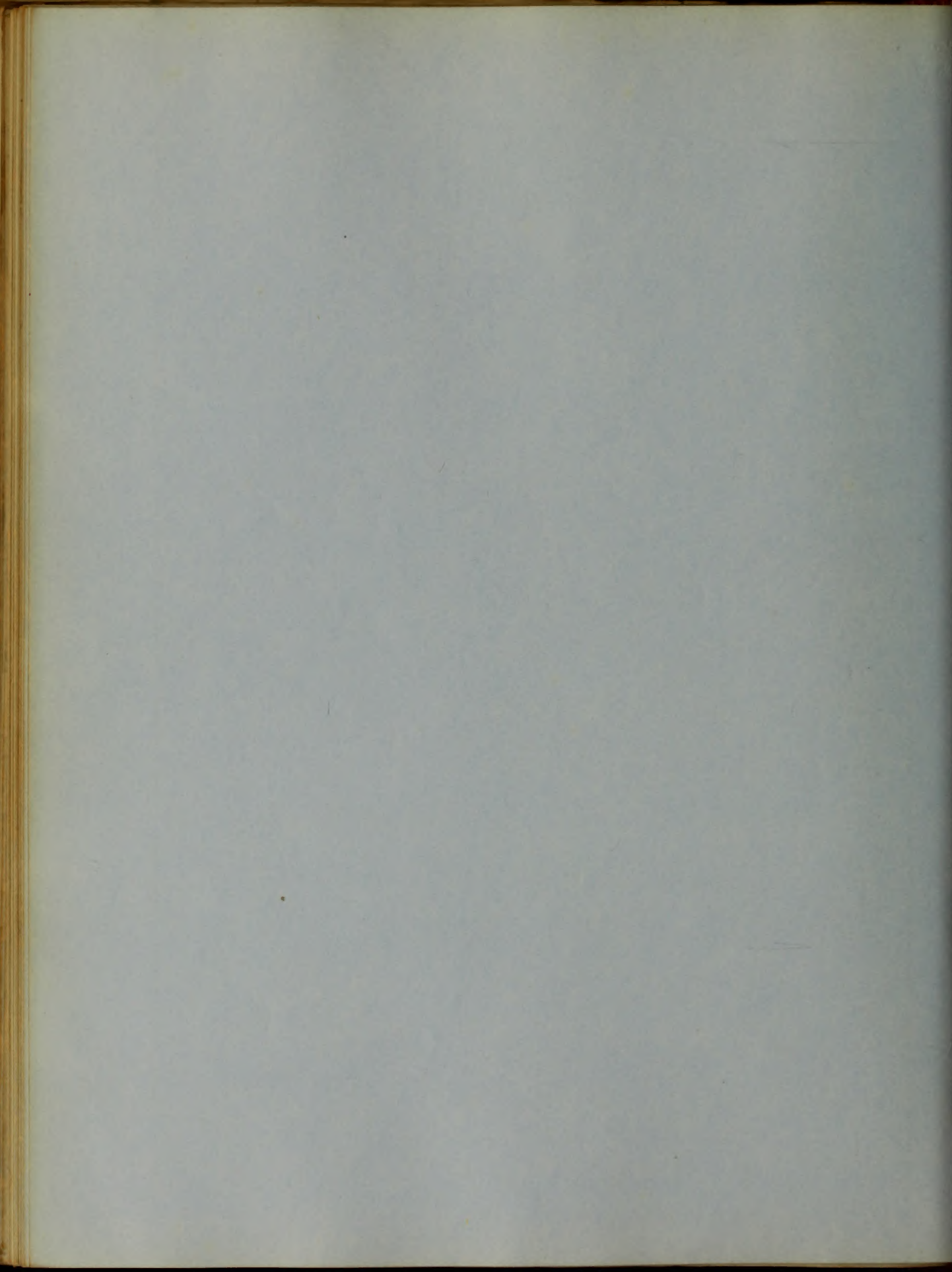


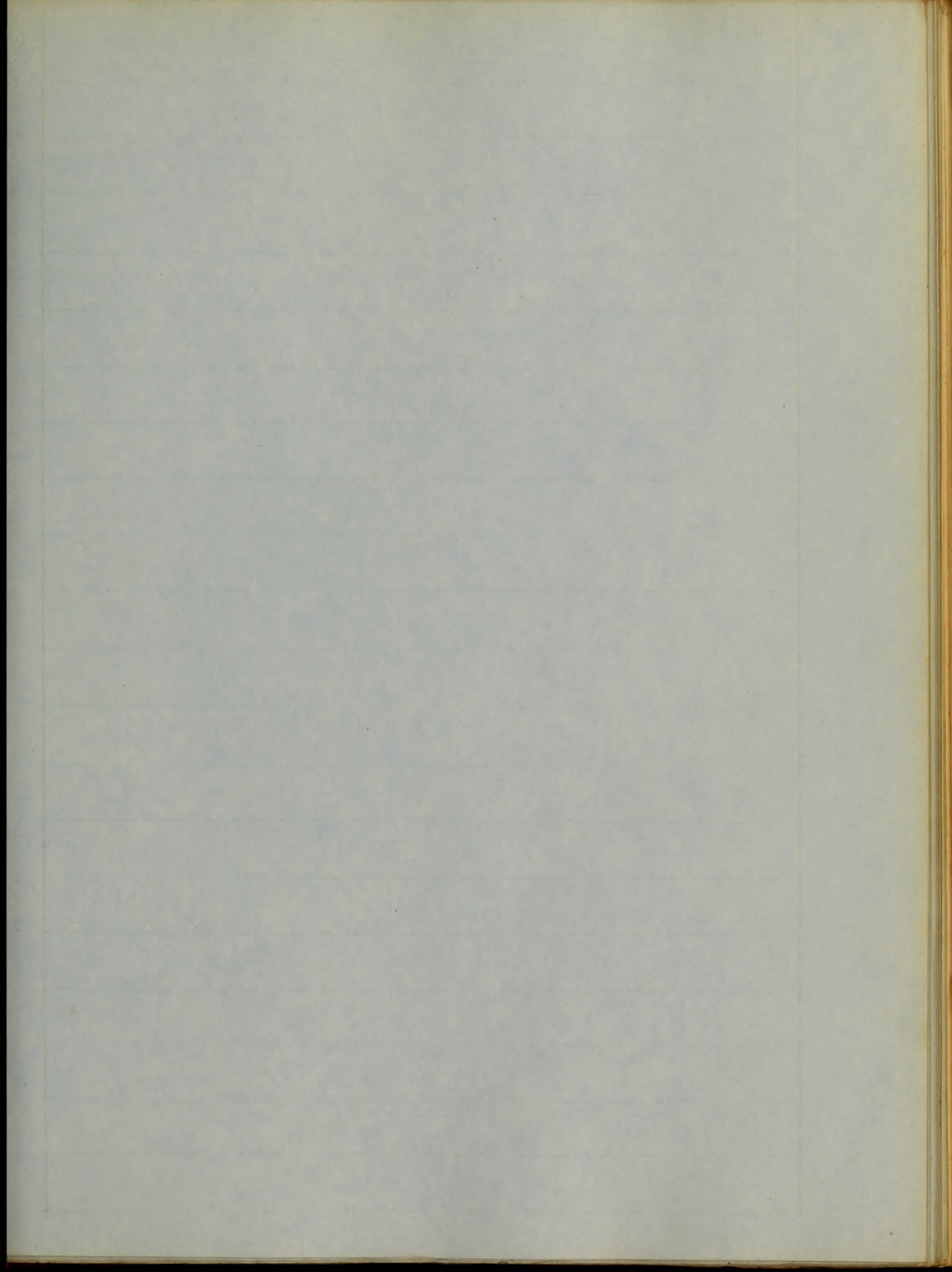


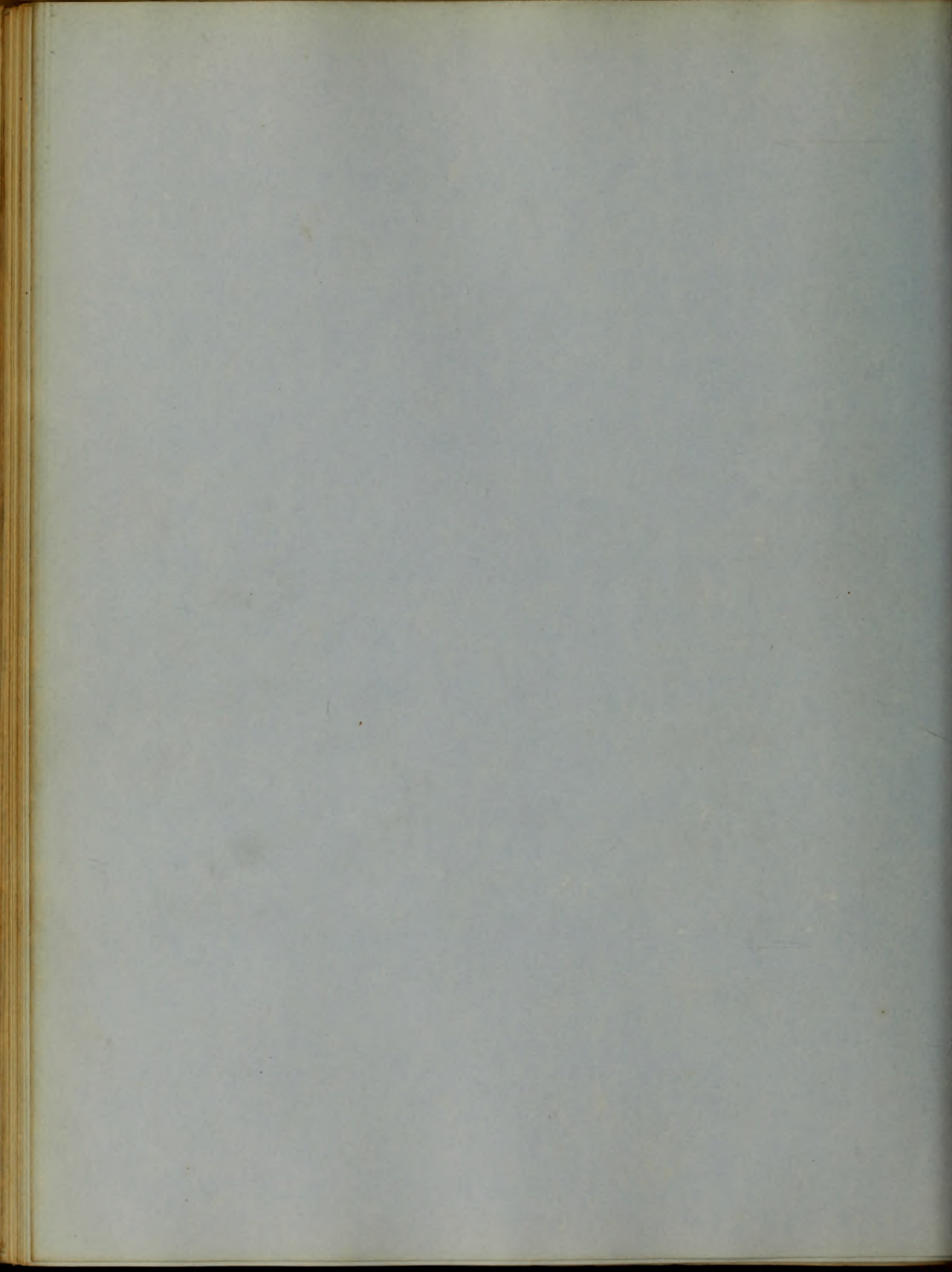


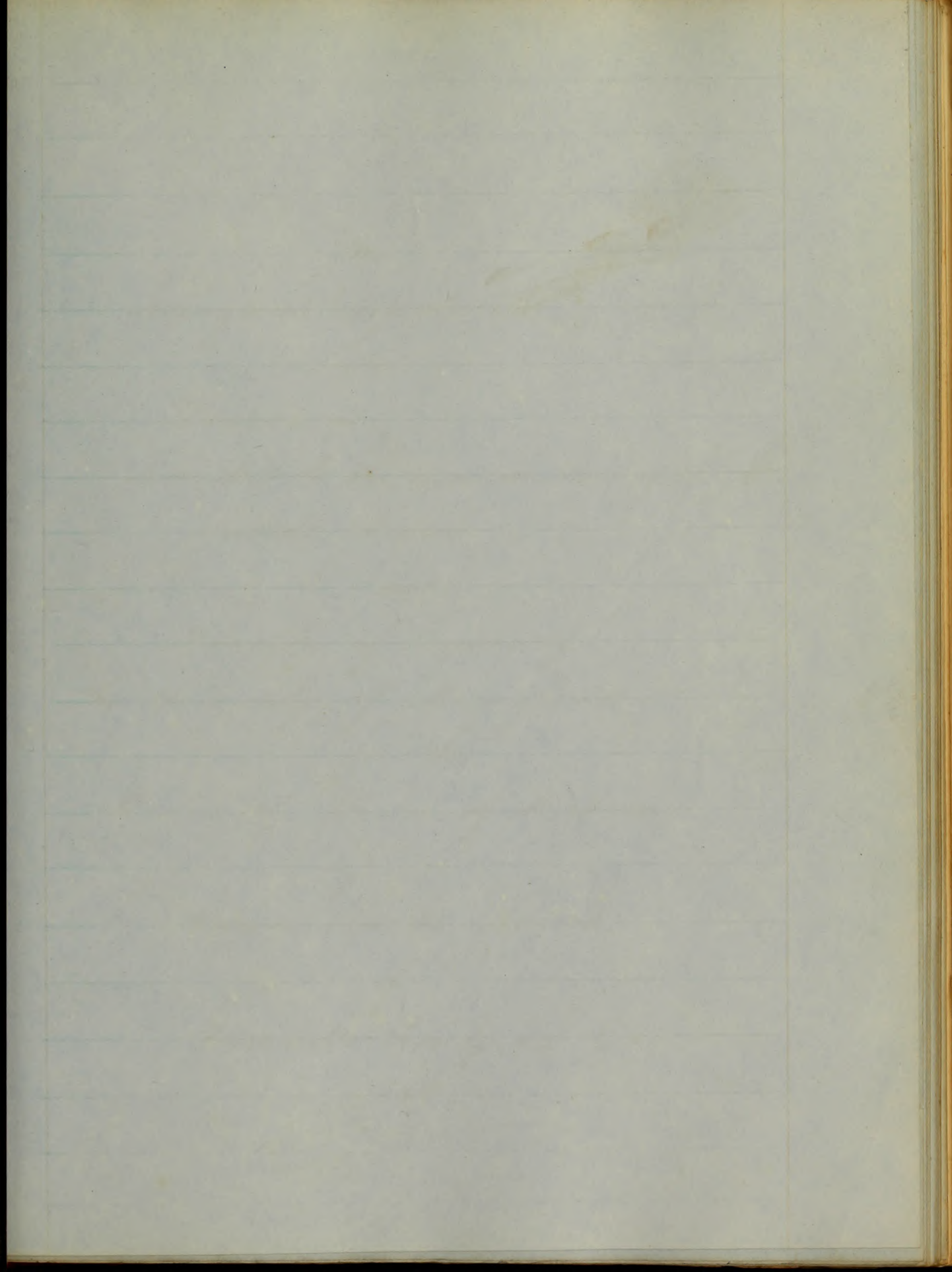


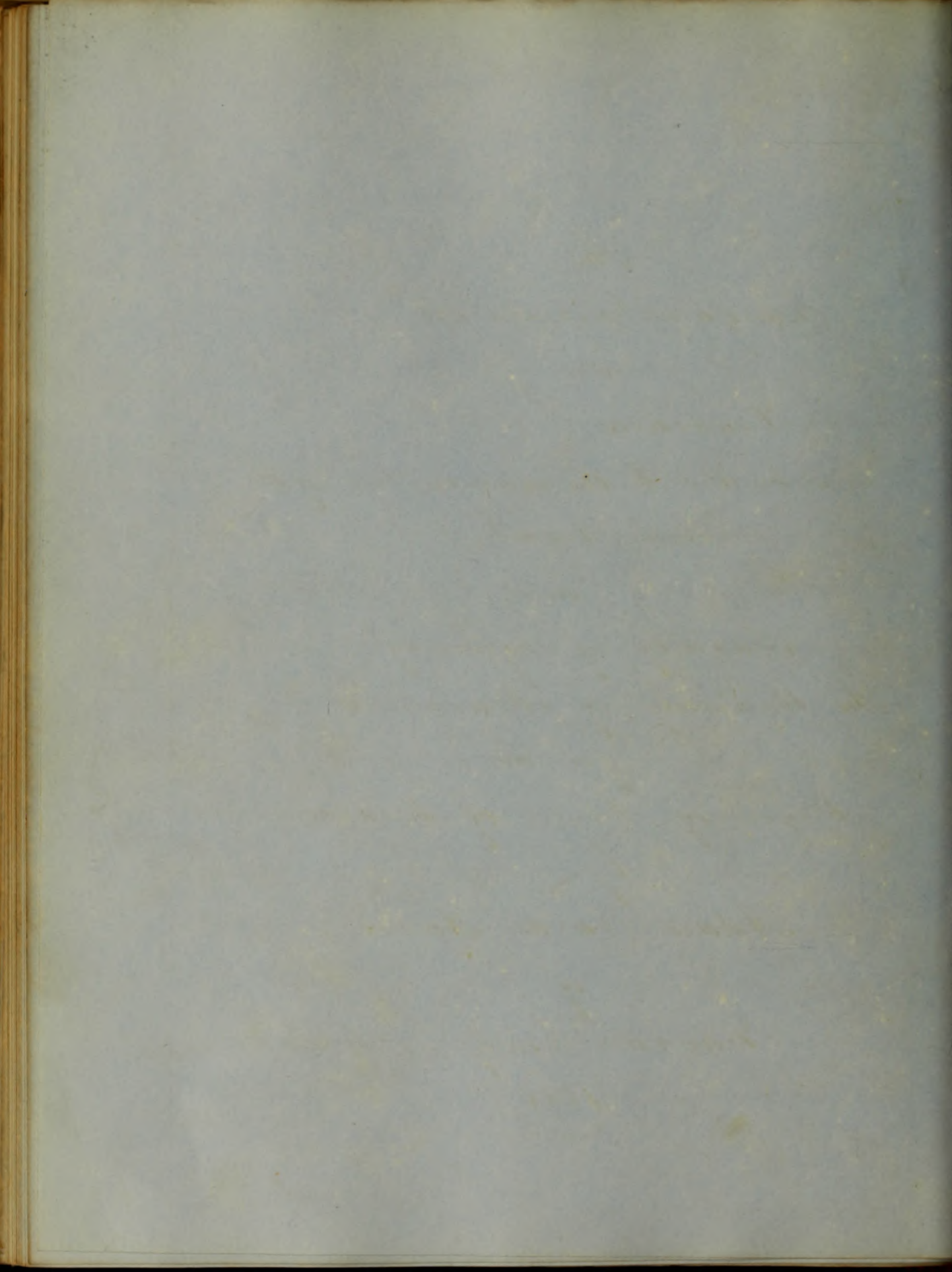




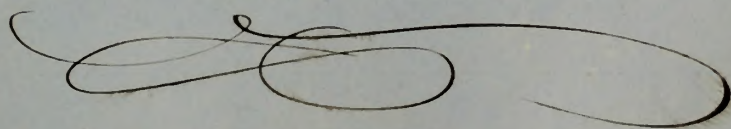








An
Inaugural Dissertation
on
Fractures
Submitted to the examination of the
Provost, Regents,
and
Faculty of Physic of
The University of Maryland
for the
Degree of Doctor of Medicine
by
Adam Clarke Harris
of
Granville County N. Carolina
1830



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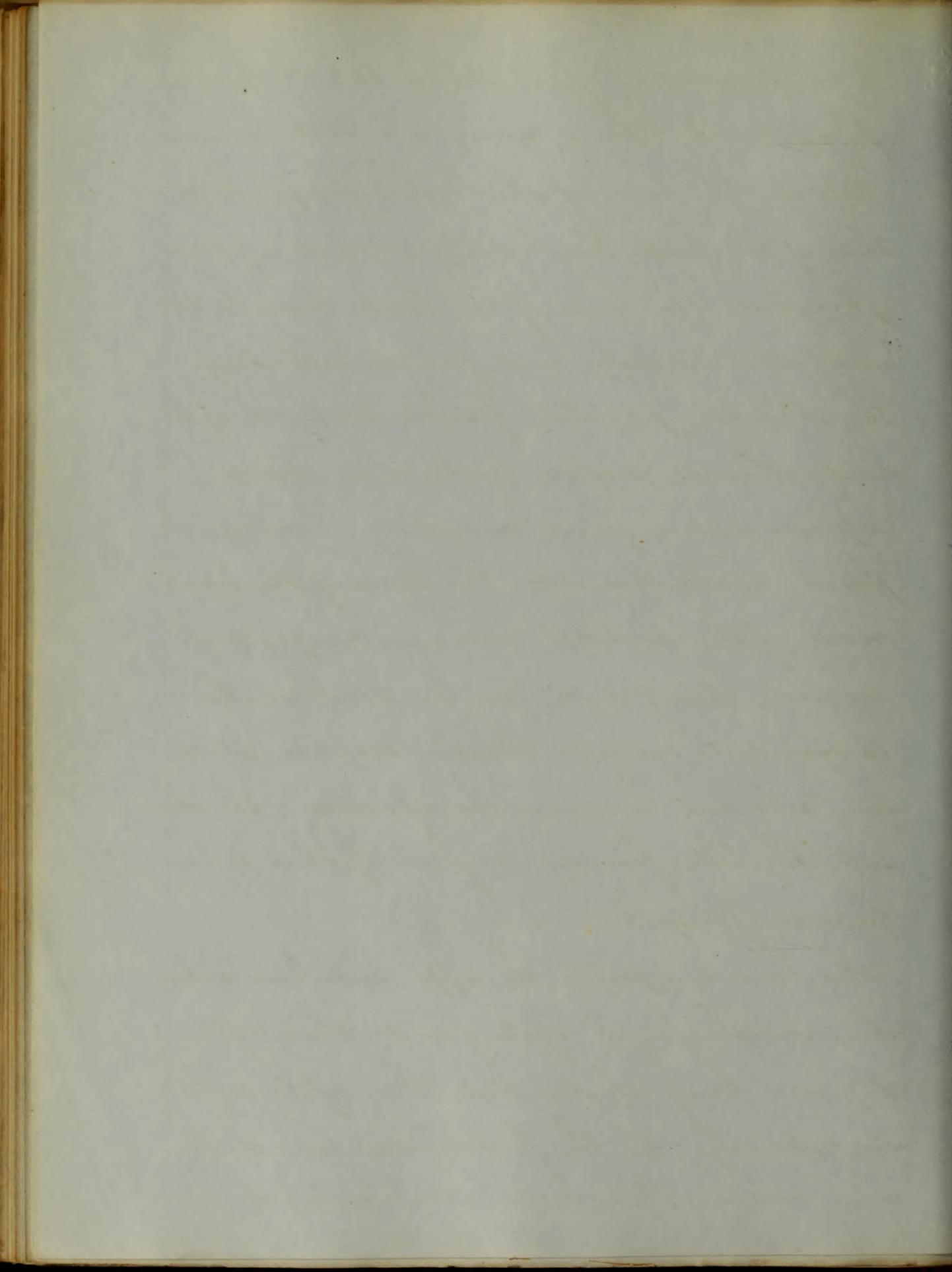
Professor of Surgery, Clinical
Lecturer &c. &c.; the author's friends
and the friends of humanity,

This Thesis

is respectfully dedicated.

In the prosecution of this subject it will be necessary for me to take a cursory view of the human skeleton. The bones of which it is composed, are those of the head, Trunk, superior and inferior extremities. The bones of the head may be divided into cranial, and facial; including the occipital, parietal, frontal, Temporal, sphenoid, ethmoid, maxilla, turbinated, nasal, superior and inferior maxillary, lachrymal palatine and the vomer. The bones of the Trunk consist of the vertebral column - composed of cervical, dorsal and lumbar vertebrae - the sacrum and coccyx - clavicle, scapula, sternum, ribs and innominate, of one and the other side; the latter forming in front by their union the arch of the pubis.

The bones composing the upper and lower extremities, are the longest of the frame. Those of the superior being shorter than those of the inferior extremity. In the first class we have the humerus, radius, ulna, carpal, metacarpals and



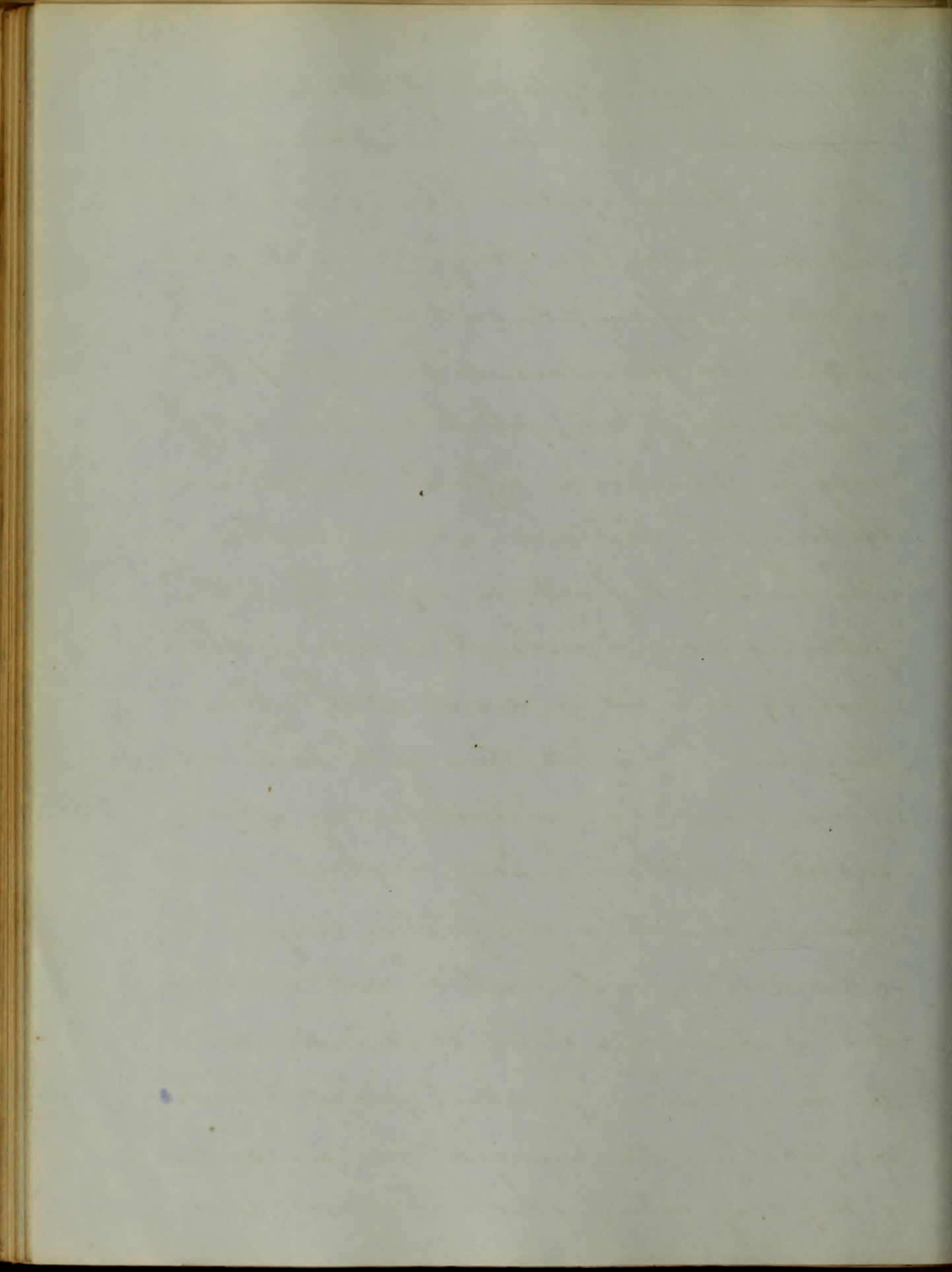
The phalanges of the fingers of both sides.

In the second class, or the lower extremity I include the femur, patella, tibia, fibula, tarsals and metatarsals bones of the foot, and the phalanges of the toes of one side, and of the other.

To these add the sesamoid bones (the patella is of this class properly,) which are found differing in number in different skeletons, and the bones of the skeleton are all enumerated.

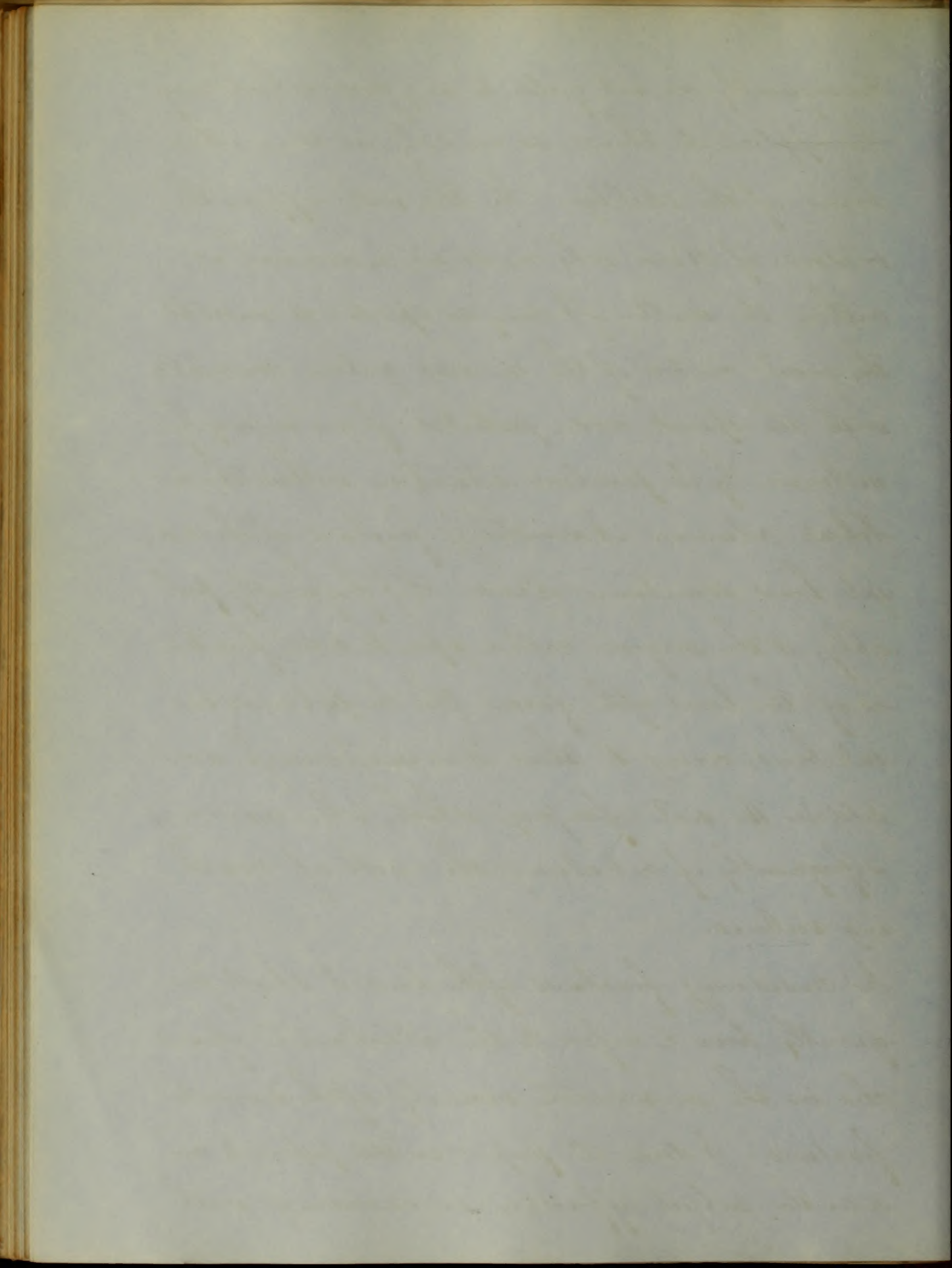
The liability to fracture is probably in the following order; their length increasing the liability over others, as well as the offices they have to perform; those of the thigh, arm, forearm and leg. Notwithstanding all are subject to fracture by being crushed.

This arrangement or classification, may be altogether arbitrary, as it is not the result of observation. I should have classed the clavicle among the bones which are peculiarly subject to fracture, probably. The bones of the cranium, uniting as they do by sutures, form a strong arch, and



consequently do not yield to any force which may be applied to them, so readily, as some other bones of the skeleton. In this will appear the wisdom of Him who made us, inasmuch as within its vault - if I may so speak - is concealed the great centre of the nervous system, connected with the spinal cord, protected from injury by violence, by its peculiar situation within the vertebral column. Nevertheless fractures of the cranial bones sometimes occur. Less frequently, probably, is the surgeon called upon to treat fractures of the bones of the face. The carpal and tarsal bones, owing to their diminutiveness, are seldom the seat of injury; which, when occurring is frequently if not always the result of crushing violence.

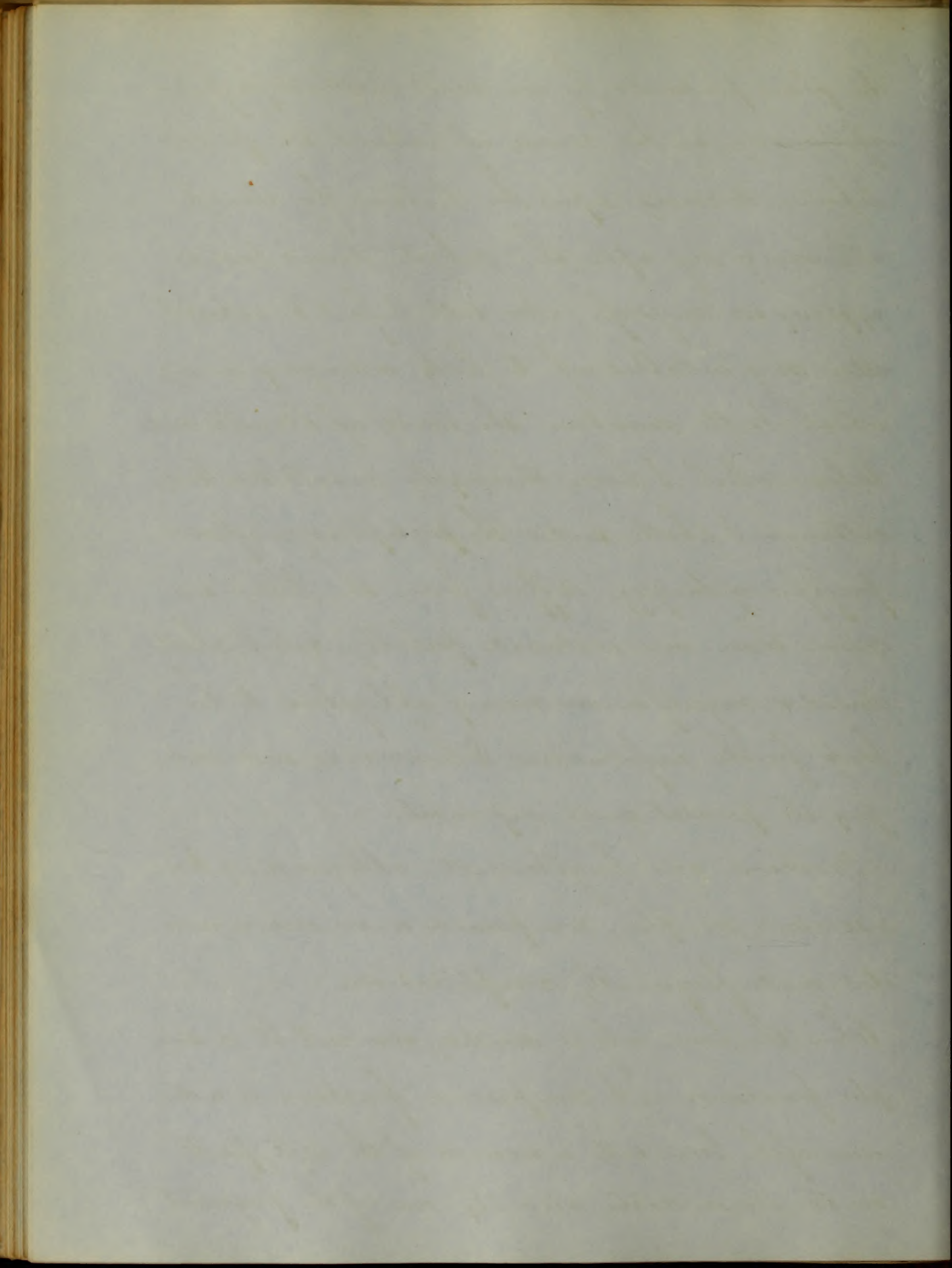
In considering fractures of the bones, I shall frequently have to refer to the attachment of muscles in the immediate vicinity of the several fractures. I deem it proper in this paper, to consider the subject of fractures in accordance with



The plan pursued by our most excellent professor of Surgery, in his course of lectures the present session, drawing upon his lectures for almost all I may say upon the subject, having had no experience myself. Nor will I fail to acknowledge my indebtedness to books on surgery - among which I will mention the works of Druitt and Gibson - which I have thoroughly consulted. And although I shall, under the preceptorage of our professor of Surgery, differ from the latter in more than one instance probably, yet I shall consider myself under many obligations to his book for the information I have received during its perusal and re-perusal.

Fractures are longitudinal, oblique and transverse; - simple, compound and comminuted, and frequently complicated.

When the bone only is divided, we call it a simple fracture. A compound fracture is a division of the bone, with a wound of the soft parts in its immediate vicinity, one of the fragments



(it may be in some cases, both) protruding.

Compound fractures are generally oblique.

By the term comminuted fracture we understand one in which the bone is broken in several pieces, for indeed we cannot have a fracture of this character unless there are three or more fragments. In a complicated fracture there is in addition to the injury done to the bone a lesion of some considerable blood vessel, nervous trunk &c.

As a general rule in the treatment of fractures, we have to reduce the fragments when displaced, maintaining them when reduced, preventing the symptoms which may be likely to arise and combating them when they occur. The first of these, the reduction must be operated by extension, counterextension and coaptation.

By extension, I mean an operation by which we draw (strongly if necessary) either with the hands or by straps, and this is the opposite of counterextension.

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By coaptation I mean the act of adapting the two extremities of a fractured bone.

The second of these means of general treatment is accomplished by position, rest and an appropriate apparatus.

To be successful in the last two of the above mentioned indications in the general treatment of fracture, one shall have to draw on our knowledge of and skill in Therapeutics appropriate agents always producing the desired effect, if there is no impropriety in the conduct of the patient.

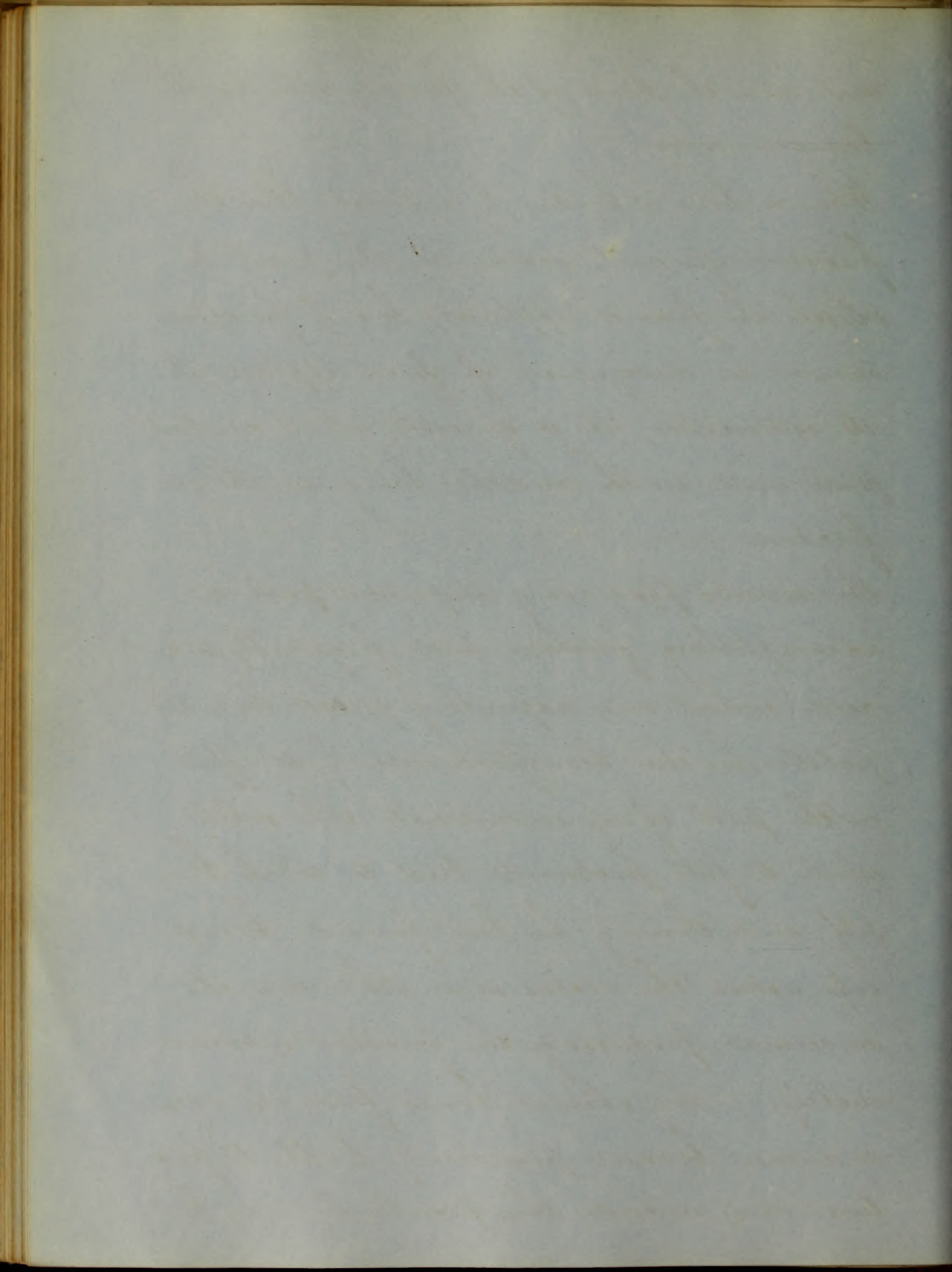
From what I have already said it may be stated that although all the bones are subject to fracture, the long or cylindrical suffer more frequently than the short ones, for they are under the influence, commonly, of large and powerful muscles, and have to serve a greater number of purposes. Hence in my classification at the outset, I placed the femur at the first of the list, The humerus

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out, and the bones of the forearm and leg following in order.

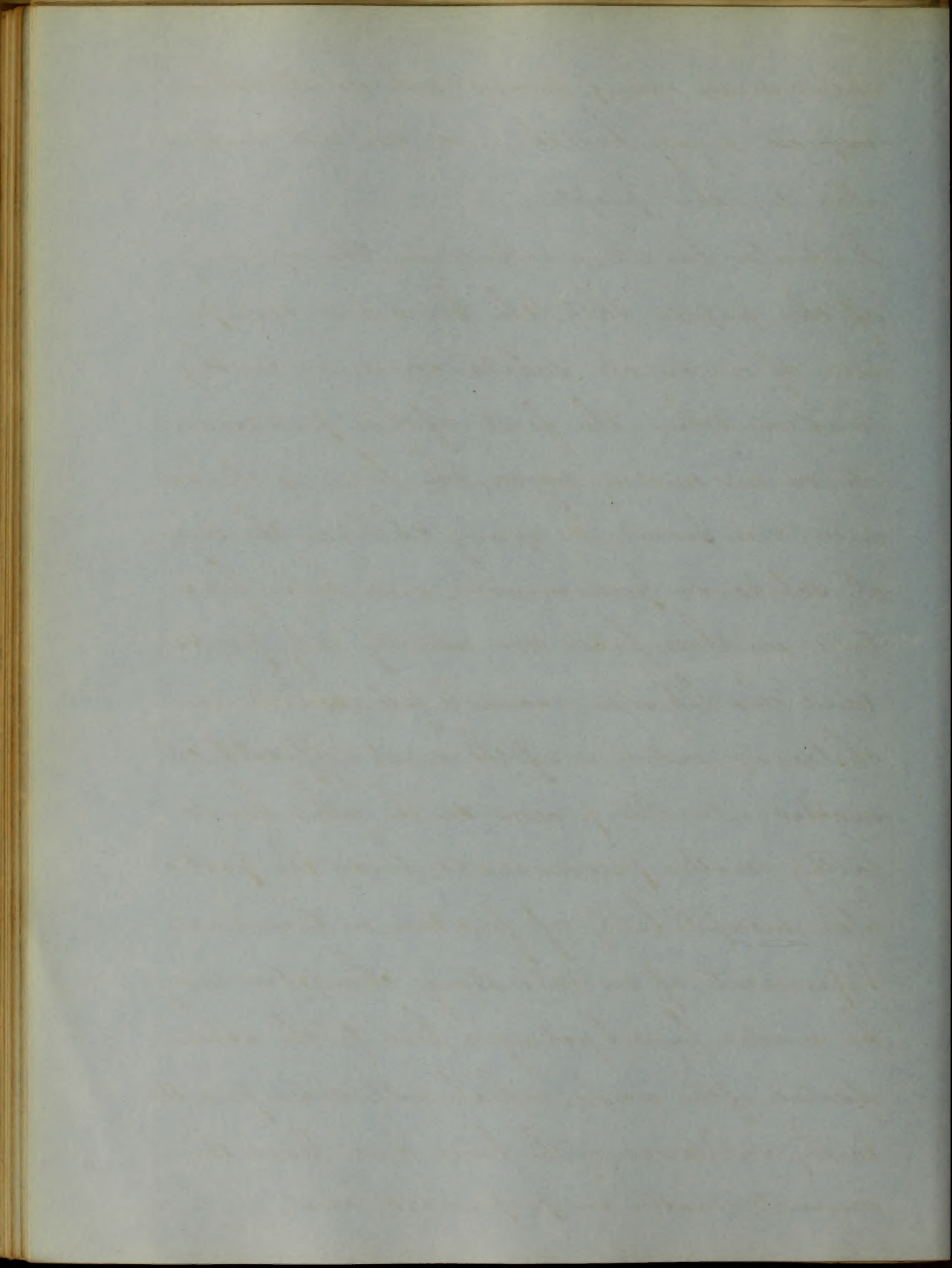
When a bone is broken by a direct blow the fracture generally occurs at the point to which the force is applied - but if fracture occur in consequence of force applied at its extremities, it is generally at its weakest point, and in the middle, being an oblique fracture.

The muscles play a very important part in accomplishing fractures, and frequently succeed without any co-operating power. Even the patella has thus been fractured, by an effort on the part of an individual, who while about to fall backwards, tries to catch himself, and throwing his body forwards, brings into action the rectus and other muscles concerned, producing the fracture intermediately. Sometimes bones from old age or disease become peculiarly liable to fracture - and indeed this peculiarity may be



observed in young persons - who in all other respects enjoy health and are not dissimilar to other people.

I should have remarked in the opening of this paper, that the bones are composed of animal substance and earthy matters; when the first of these predominates in an undue degree, the bone is elastic; and "vice versa" In young children the animal substance predominates, and hence fractures in their bones are usually only partial, (and this likewise accounts for rickets in children) and are of the most difficult character. In old persons, on the other hand earthy matter predominates, hence the particular susceptibility of fracture in their bones. Experiments of an interesting character may be made by subjecting a bone to the action of some of the acids, which will decompose the earthy substance of the bone and leave the animal matter in preponderance.



Take another bone and subject it to the action of the fire, which will destroy the animal portion and leave the earthy substance in excess. On the one hand you will have an elastic bone and on the other a brittle crumbly mass.

Owing to the extraordinary state of brittleness of which I have just been speaking, many are subject to, I may say, continual fractures, from the slightest causes, and sometimes from no apparent cause, the muscles in these cases, doubtless acting as the agents. This peculiar susceptibility is technically termed "fragilitas osium", several cases of which are mentioned by Dr. Gibson in his work on surgery to which reference has already been made. One, a young man who died at the age of twenty three years having experienced twenty four fractures.

Another, Martin Stephenson, who at about twelve years of age, had received fourteen fractures. His mother and her brother had suffered

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in the same manner. Two other cases of fragilitas ossium are related by Dr Gibbon, one of which was that of an old man about eighty years of age. - The other occurred in a middle aged man. Before leaving this subject I will advert to the circumstances which occurred in the practice of our professor, and related to the clasp. Two old ladies, sisters?, sustained three fractures in the following manner - by missing the chair in attempting to sit down and falling - also a fall from catching the foot in the carpet - and on another occasion by stepping upon the ped of an apple or peach in the market.

Superficial observers, in consequence of the frequent occurrence of fractures in the winter time or cold weather, might be disposed to attribute it to the immediate effects of colds, which would be foreign from the truth.

The true explanation seems to be this "persons while walking when the ground is frozen and slip-

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-jury, make unusual efforts to sustain themselves, by which the muscles are thrown into full action, and if they happen to fall, the two powers combined - The resistance of the frozen earth, and inordinate muscular exertion very readily produce fractures and sometimes more important injuries."

The diagnosis is not always easy, but if crepitation is distinct and deformity obvious, men are generally warranted in pronouncing it a fracture. The diagnosis of the several fractures will be considered in their proper places.

Of the prognosis I shall have little to say, if any thing, in pursuing the subject.

"The time necessary for the reunion and consolidation of fractures, must vary according to the age and constitution of the patient, the situation and extent of the fracture, and some other circumstances. From two to eight weeks usually elapse, before consolidation is established, but a much longer time will be

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required for the perfect restoration of the inju-
-red parts."

Paying over a consideration of the fractures of
The bones of the face, upper and lower maxilla-
-ria &c, I commenced with a particular desc-
-ription of the fractures occurring in the clavicle.
These occur frequently, and are consequent upon
some violence upon the shoulder arm and ha-
-nds. They are generally oblique and near the
middle of the bone. This bone is frequently frac-
-tured by violence directly upon it, caused by
firing a gun heavily charged. A case of this
sort occurred in the little village in which I
live, during the month of the last summer, and
was successfully treated by Dr. J. O. Marshall.

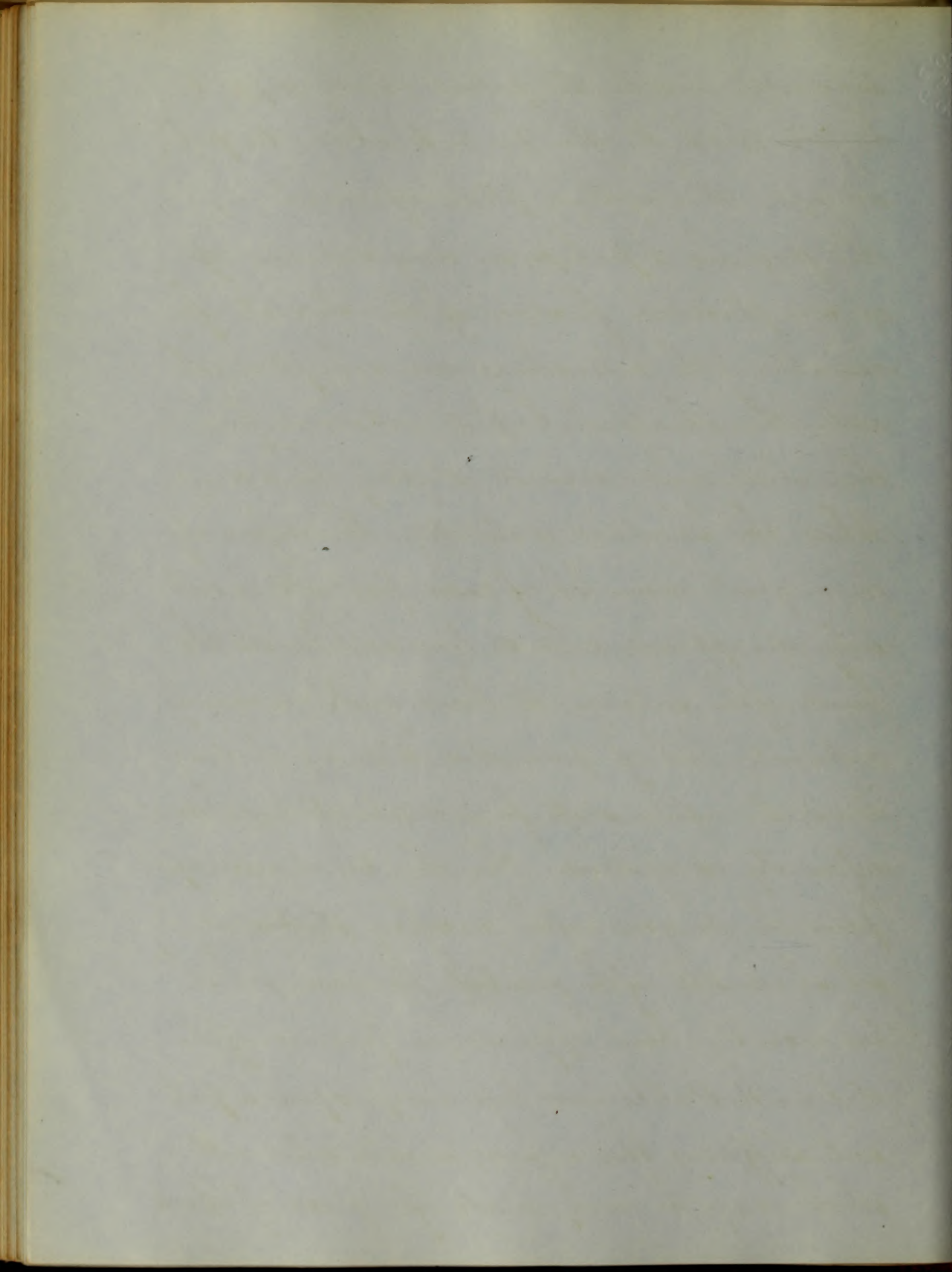
The part is necessarily painful and swollen,
and every attempt, at motion produces pain.

The shoulder is sunk down and drawn to-
wards the sternum. The acromial fragment
is drawn downwards by the weight of the arm
and forwards and inwards, by the action of the

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subclavian muscle, the patient usually supports his arm with his other hands, to relieve the pressure upon the axillary plexus of nerves."

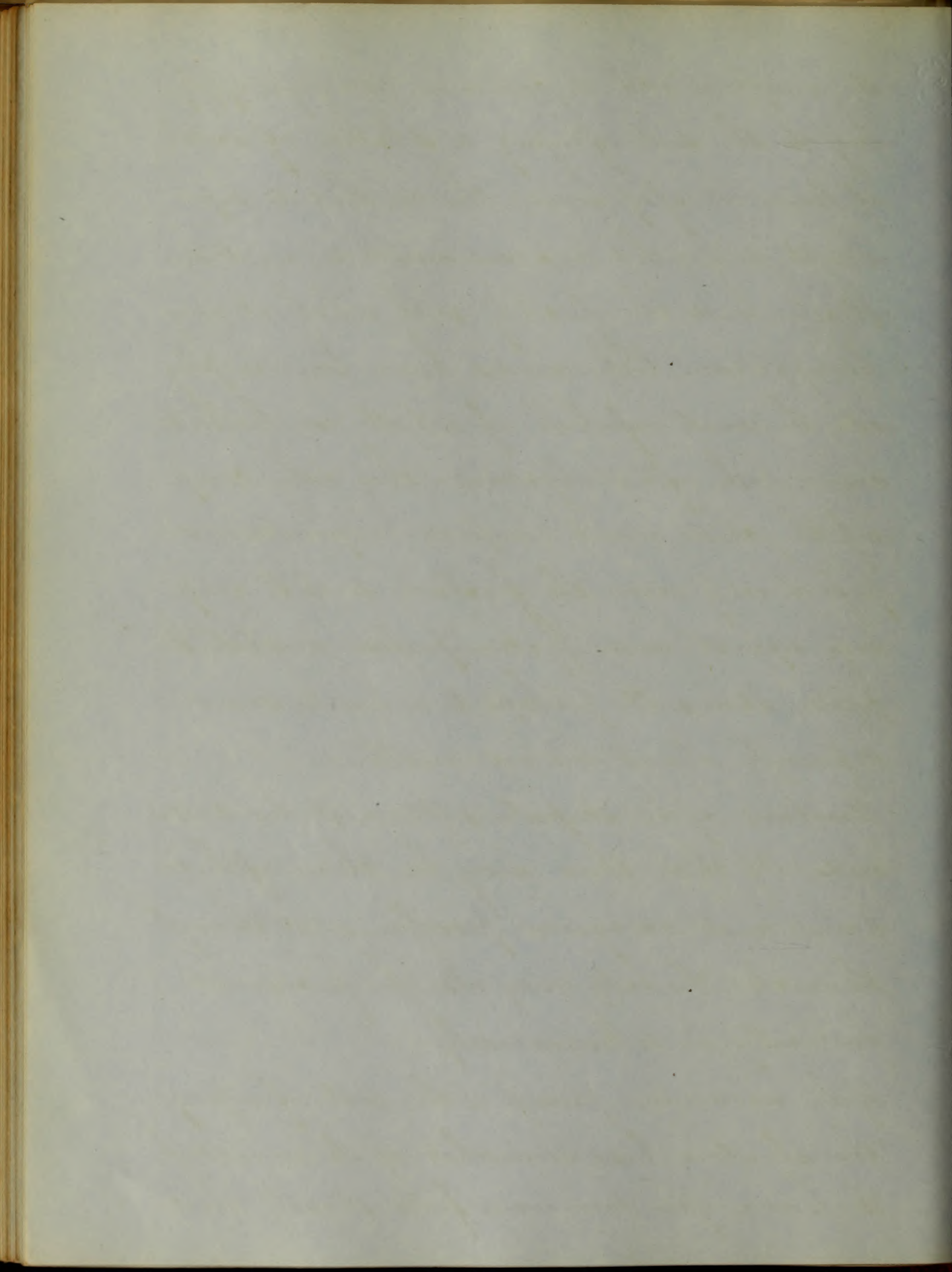
The prognosis is perhaps, in every instance of an uncomplicated fracture of the clavicle, favourable. The indications are very plain—elevate the shoulder, keep it outwards from the chest, and draw it slightly, backwards. When the shoulder is elevated, the deformity, in a great number of cases partially or entirely disappears, and so long as held in the hands of the surgeon it looks quite or nearly natural; but if permitted to swing or drag down, it resumes its former situation, and deformity is obvious. This should at once apprise the surgeon of the necessary treatment, which consists of the four tail bandage, which has recently been applied, in presence of the class, in the Baltimore Infirmary, upon a patient suffering this injury; and a solid roll which may be easily made of a piece of blank



-it, wrapped with a common bandage; apply-
ing to the seat of injury a solution of acetate
of lead or of opium. This method is super-
-ior to any other recommended, in its sim-
-plicity, and the facility with which it may
be applied. Other modes have been employ-
-ed, the most of which, if not all are liable to
one or both of the objections - they either compr-
-ess the chest so as to impede respiration, or
-pass directly over the fracture so as to imp-
-inge upon it, and by compression irritate the
parts. It is well perhaps to remark, some
deformity almost always results.

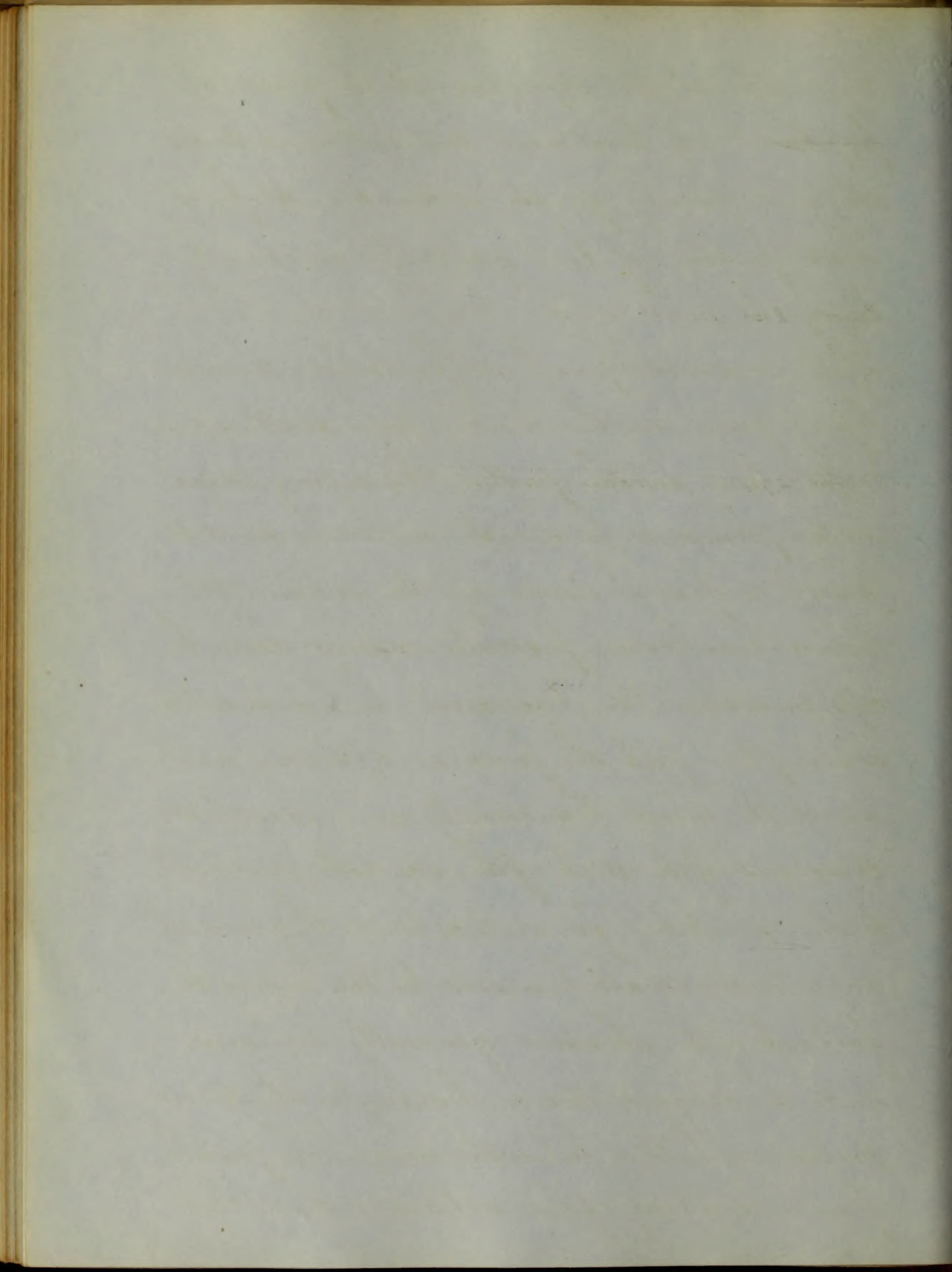
Fractures of the scapula will next be consid-
-ered. Of these there may be three, of the cor-
-acoid and acromion process, and through
the neck. The body may also be fractured
vertically and transversely.

If the acromion process is the seat of injury,
the shoulder loses somewhat of its roundness,
The head of the humerus falls slightly, and



there is a slight depression at the point of fracture." The treatment indicated, is to elevate and firmly fix the os humeri, the fractured portion of bone generally uniting by ligament.

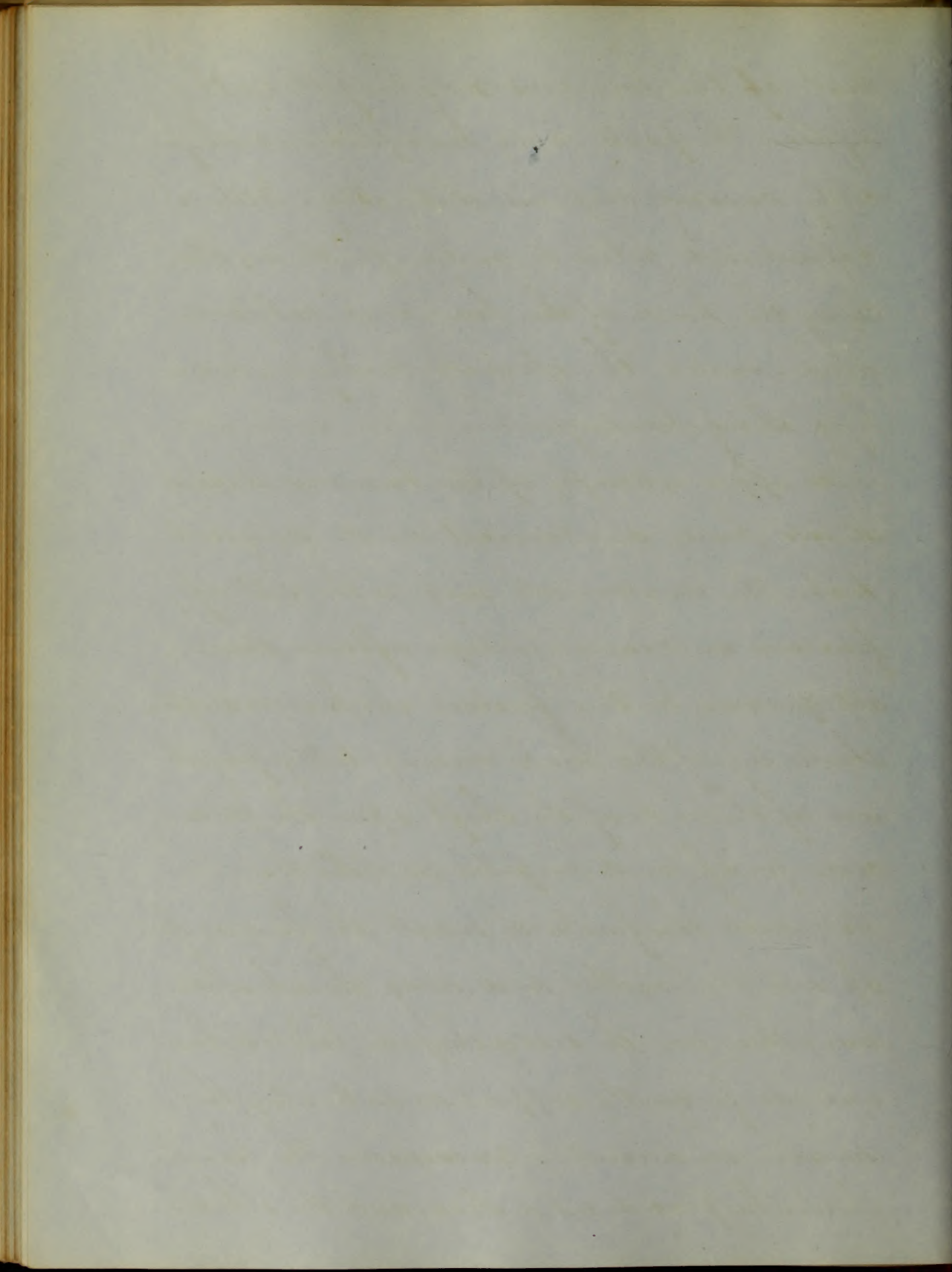
If the Coracoid process is fractured, there is loss of power in the limb; pain, swelling and crepitation in the part. This injury is generally produced by direct violence, and the process is drawn down by the action of the coraco-brachialis, pectoralis minor and biceps muscles. The treatment here indicated is simple - pass the forearm upwards, and across the breast transversely, and secure it. Fractures of the neck of the scapula, are liable to be mistaken for dislocations; they are of rare occurrence however. In this injury the fullness of the shoulder generally remains, and is dragged down, leaving a slight depression or hollow below the acromion process, from a sinking of the deltoid - and the



head of the humerus may be felt in the axilla. The parts may be replaced with facility causing crepitus distinctly. With a cylindrical roller or cushion in the axilla, carry the head of the humerus outwards, and raise the glenoid cavity and arm by a sling bandage.

The upper extremity of the humerus is divided into head, anatomical and surgical neck. The anatomical neck is the seat of fracture in young, perhaps oftener than old persons. In this fracture we have a slight shortening of the limb owing to the projection of the end of the shaft upon the coracoid process, and crepitus is distinct.

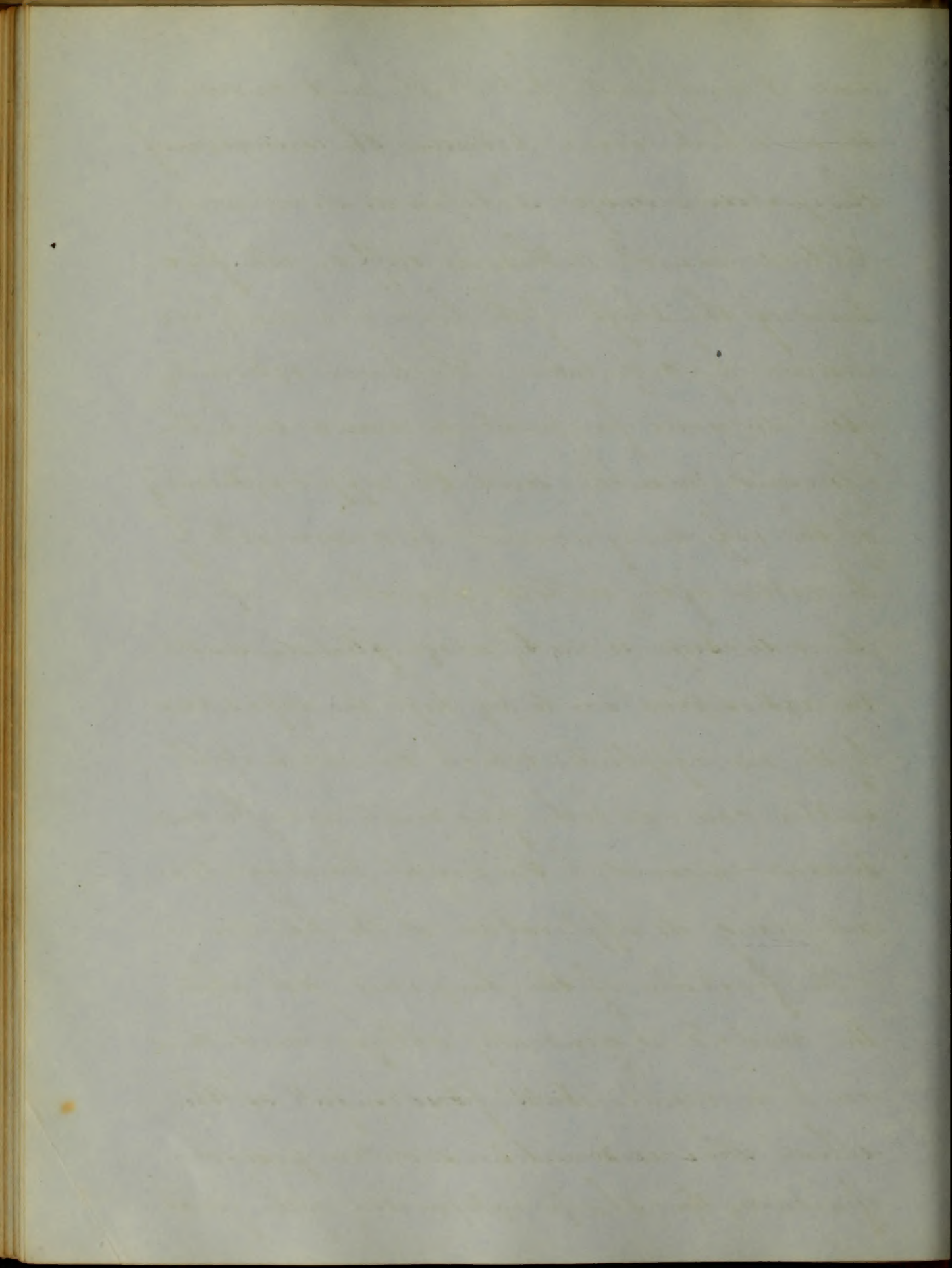
To reduce this fracture, insert the fingers far up into the axilla and drag the shoulder down; then use the wedge shaped splints, base upwards, for gentle support and to relax the muscles immediately concerned. The hand should be placed in a sling, and the elbow



left free. Some surgeons direct the use of splints, but here let me say that in this case, as in all others when both extremities cannot be embraced, splints are utterly useless, as has been most successfully demonstrated by our professor of surgery.

If the fracture is through the surgical neck there exists prominence forwards, by the action of the muscles inserted into the tubercle dragging the superior extremity upwards and outwards, the upper extremity of the inferior fragment being drawn upwards and inwards under the pectoral muscle - the limb is shortened about one and a half inches, and the elbow generally abducted. In this case we likewise use the wedge shaped splint, base upwards, the hands supported by a sling and the elbow left free. Here for the reasons above stated splints are entirely unnecessary.

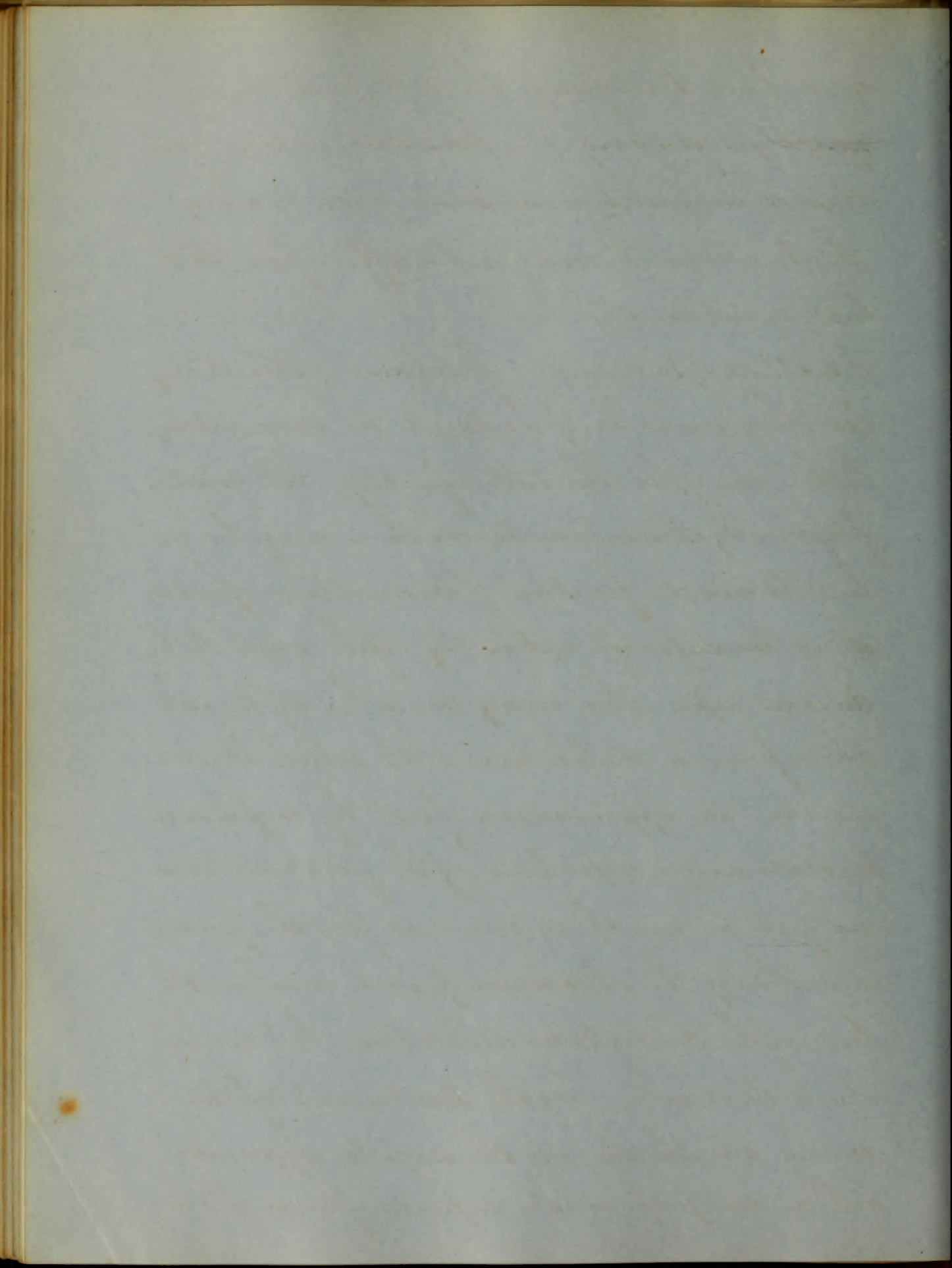
The shaft of the humerus may be fractu-



ured bone transfixing the soft parts and frequently wounding the humeral artery - rendering amputation in some cases necessary.

The treatment may not differ from that last mentioned.

I will next consider fractures of the condyles. They may be fractures in various ways. Either may be the seat of injury, but most frequently the internals - or there may be a longitudinal fracture between them, permitting the superior extremity of the ulna to be driven up. This injury may be distinguished from a dislocation, with which it is similar in appearance, first by crepitus on traction and depression of the forearm - secondly in as much as we can flex the forearm and thirdly the olecranon process is above the line of the condyles in dislocation, but in fractures it is not. In the treatment of this injury we should use the angular apparatus with a compress on the superior fragment and

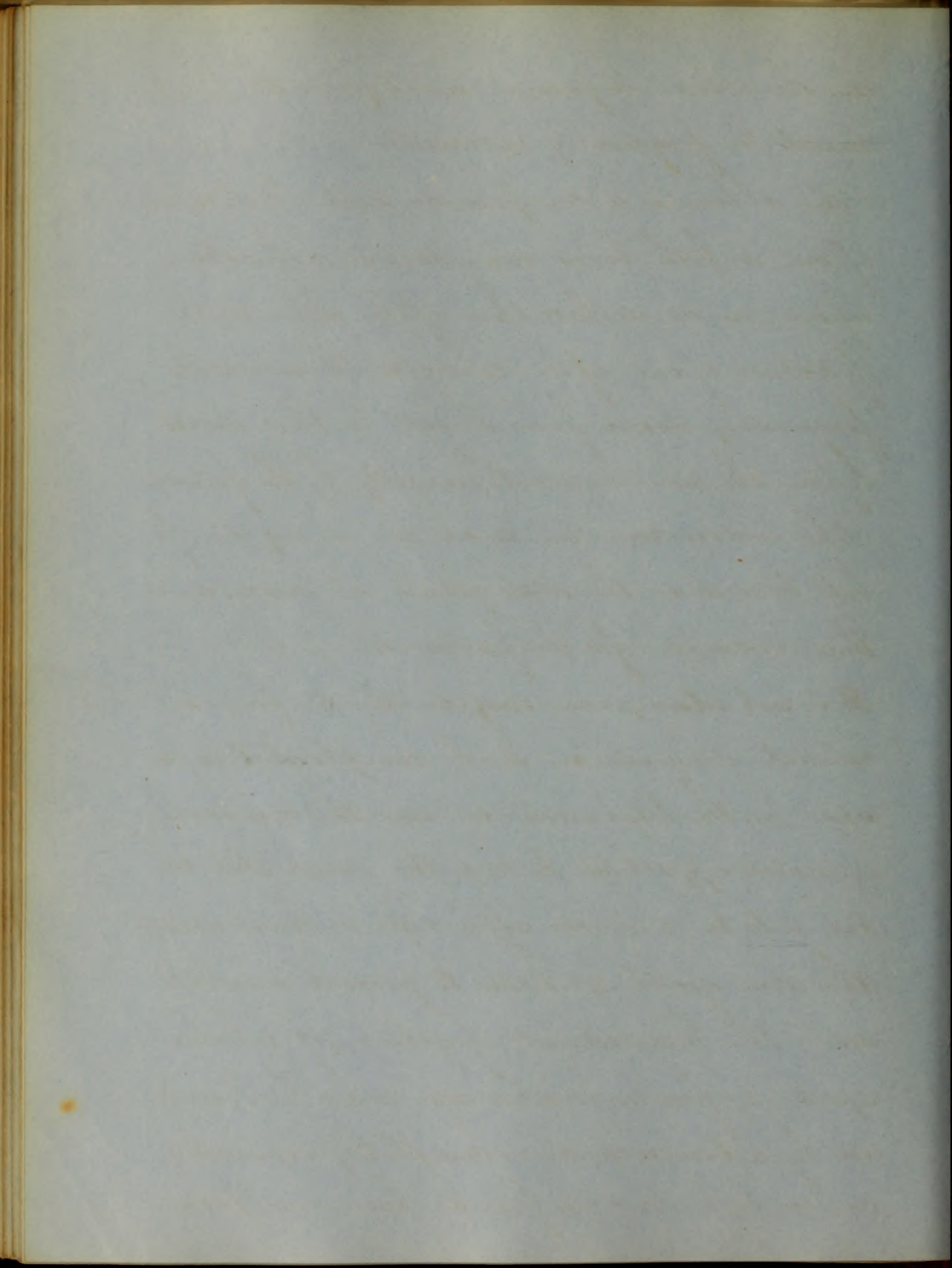


in the elbow. To prevent ankylosis, the limbs must be frequently exercised.

The elbow is a compound joint. Dislocation of one or both bones may occur - or fracture of one, and dislocation of the other, with fracture of one of the condyles. These results frequently occur from a fall or blow directly on the joint - most usually by the former.

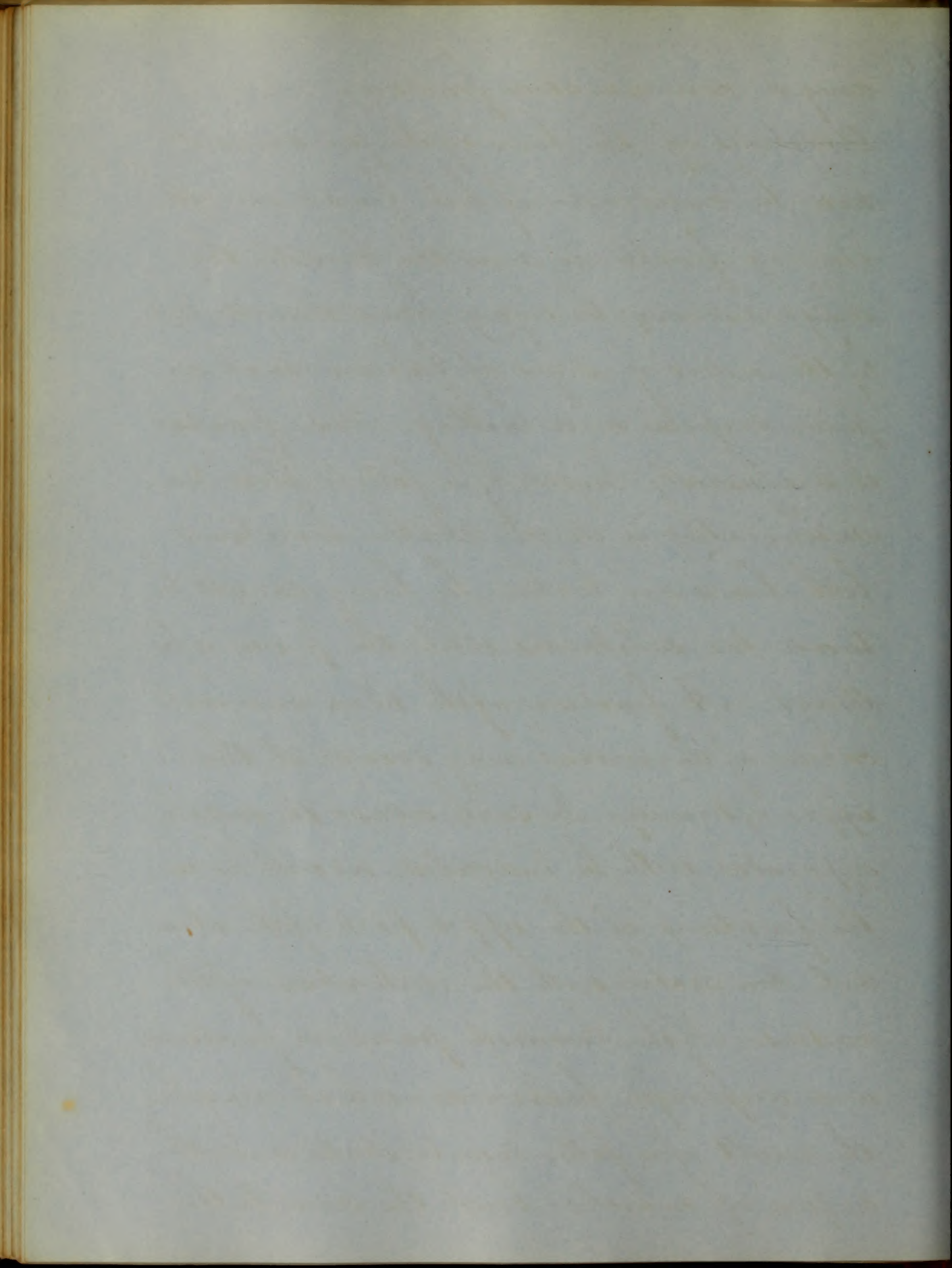
The indications in such an injury are first to reduce the dislocation at once, and then examine for the fracture.

It is not always an easy matter to form a correct diagnosis in such complicated injuries. In the treatment we use the common angular apparatus, to keep the joint still, which is to be removed after eight or ten days and the arm gently exercised to prevent ankylosis. The longitudinal fracture, of which I spoke a few minutes ago, may be succeeded by a transverse one, completely separating one or both condyles from the humerus, produ-

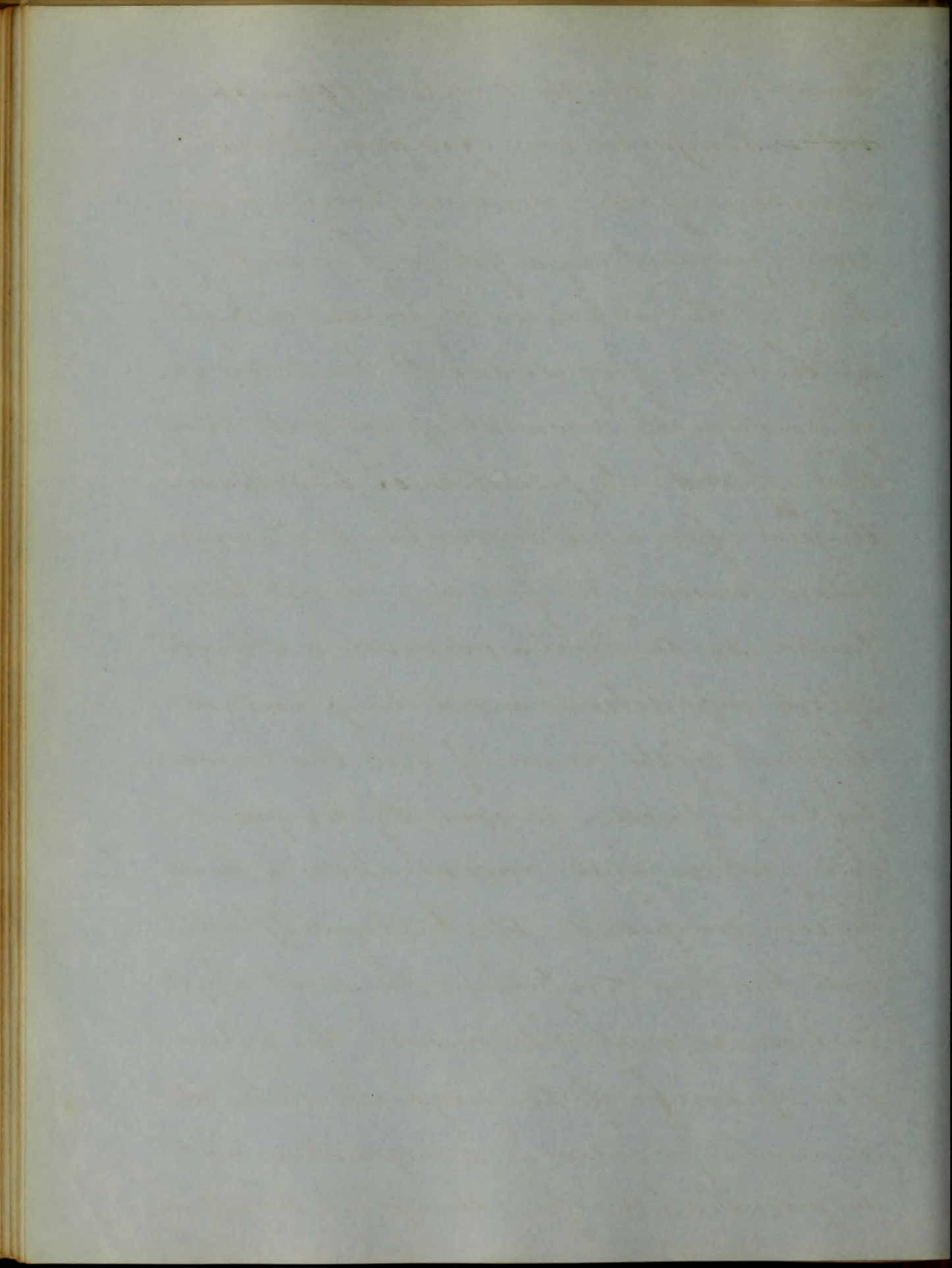


-cing a comminuted fracture.

Fractures of the bones of the fore-arm, will now be considered. If both bones or one of them are fractured near the middle the diagnosis easy, the injury being characterised by the ordinary signs of fracture, such as pain, crepitus and swelling. These fractures are usually caused by a fall or blow, communicating a direct stroke. Sometimes both bones are broken by being caught between two substances while the person is falling. A fracture of the ulna and dislocation of the radius may occur, at the upper extremity. In such a case the angular apparatus will be indicated, as well as in the fractures of the upper part of the ulna not connected with the dislocation of the radius. If the Coronoid process, is fractured and displaced backwards - which may be the result of a fall, counterstroke and the action of muscles - bend the arm to the



breast, and use the angular apparatus at will. Compresses are of no avail here. Fractures of the olecranon process are generally produced by a fall or blow on the elbow. If the olecranon is fractured high up the upper fragment will be drawn up, if low down the ligaments prevent its being thus effected. To prevent anchylosis, exercise the joint after a few days, although it might retard union. The fore arm must be extended in the treatment and a straight splint on pasteboard must be placed on the front of the arm. If both the bones are broken the fracture is generally compound, but fracture of the radius alone is hardly ever compound - use two broad splints with two long compresses. The great object in these injuries is to preserve the interosseous space, for if the fragments unite at an angle pronation and supination will be prevented; therefore, the splints should be

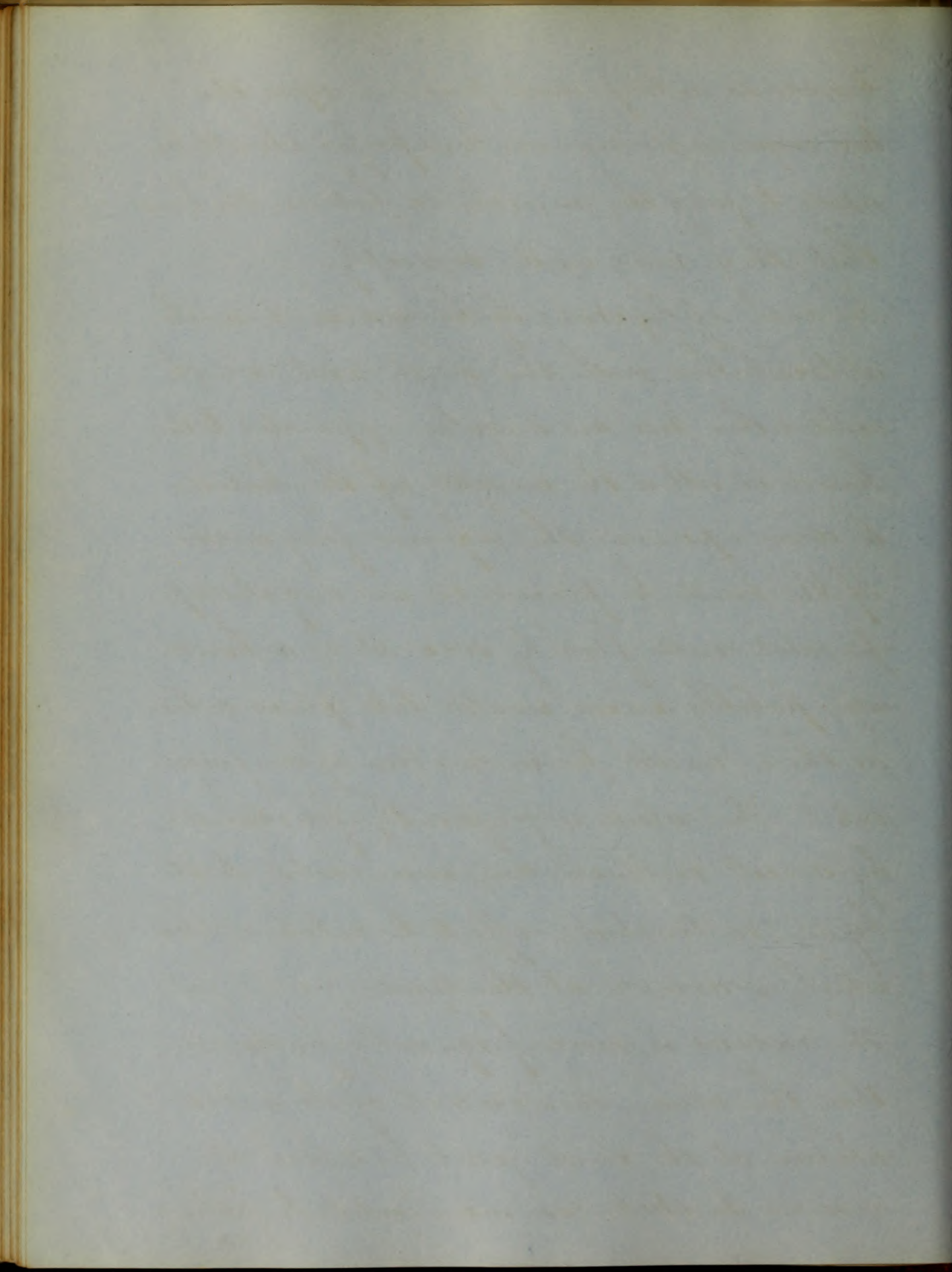


broad so as to prevent pressure upon the
two edges, and narrow compresses should be
used to press the muscles *te* between the bones
that they may unite correctly.

In case of fracture of the radius near its
articulation with the wrist joint, we sh
ould either use an angular apparatus to the
hands or allow the weight of the hands
to draw upwards the inferior fragment.

If the hands be placed in an angular ap
-paratus, and firmly secured by a bands
age, probably union would take place earlier
as there would be no motion of the fragmen
-ts. The ulna is frequently fractured
by direct violence communicated to it
by an instinctive effort to catch a blow
which is aimed at the head.

The radius is more frequently fractured
than the ulna, on account of its articu
-lation at the wrist joint by which it
receives the stroke communicated by falling
etc.

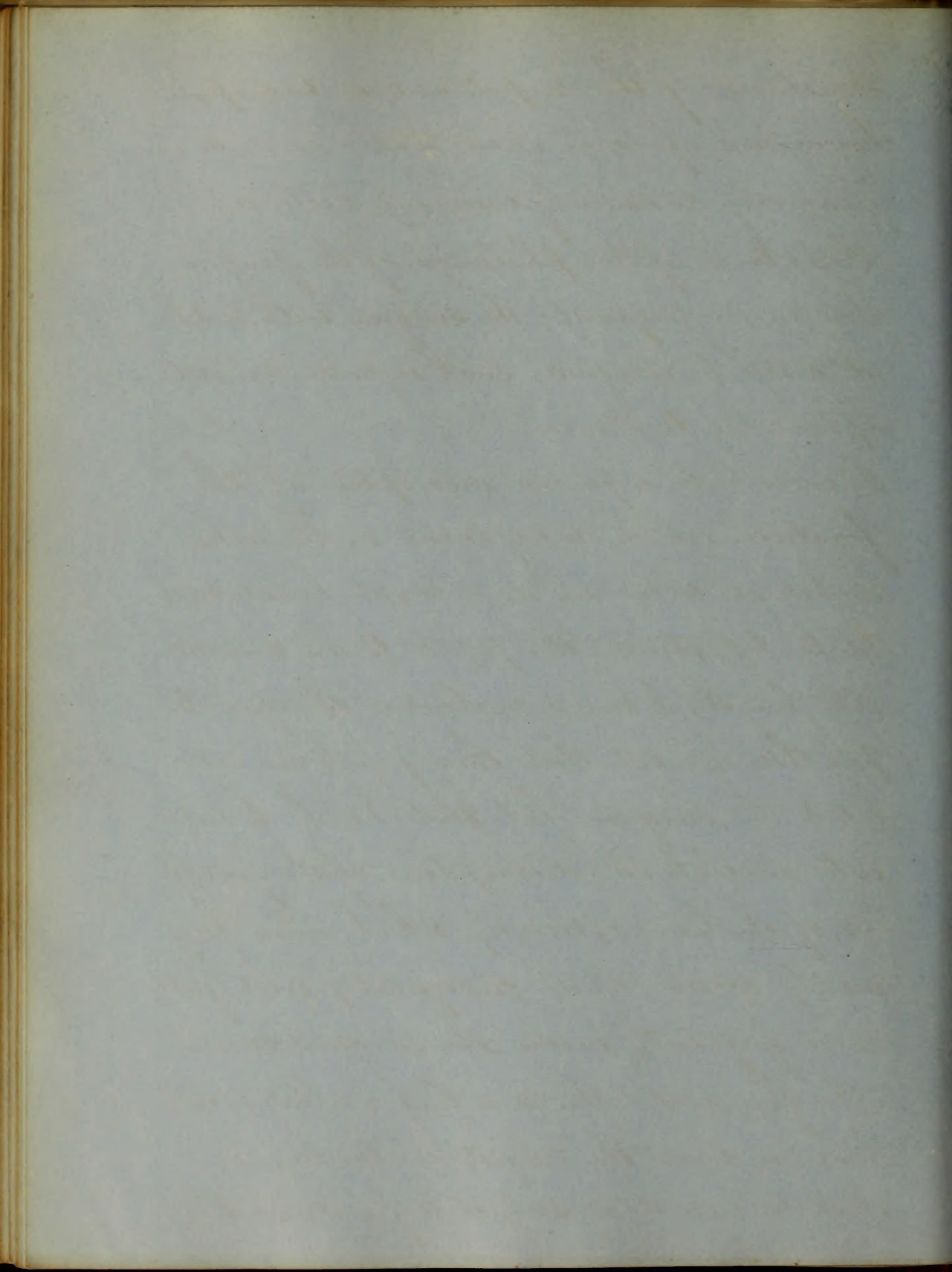


Fractures of the carpal and metacarpal bones are of rare occurrence and are generally caused by crushing violence.

Fractures of the phalanges of the fingers are more frequent; The surgeon will not be at a loss to recognise such injuries, nor adapting his treatment.

To enter into a precise description of the fractures which may occur in the ribs, vertebral column, and Coxal bones, would be to extend this paper to an unreadable length. I have concluded therefore, to pass these by - not that they possess no interest to the surgeon, but that I wish to enter into an elaborate description of the fractures, of the lower extremity, which more frequently occur, and consequently will fall more frequently under the surgeon's care.

Os femoris. This is a long cylindrical bone, indeed the longest in the human skeleton, and is subject to fractures thro'



throughout its whole extent. Considering the offices it has to perform, its great length giving such a large amount of leverage, we are not surprised at the frequent occurrence of fracture in this bone. In consequence of the anatomical difference in this bone, in the male and female subject, females are far more liable to fractures of its neck than are males. Its neck may be fractured within its capsular ligament, and this accident often occurs in old persons, as in young persons the same violence may produce dislocation instead of fracture.

This accident may be produced by slight falls, muscular contraction, blows &c.

The symptoms are often obscure. We should enquire first, into the mode the injury was inflicted, and secondly examine the attitude of the patient when we visit him;—the knee and toe will be turned out owing to the action of the rotator muscles, and the limb

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shortened, the trochanter being one or two inches higher than its fellow - 2 sensations, there is pain through the region of the groin and a want of voluntary motion, the function of the part being impaired - and 3^{rdly} By manipulation, insensibility, traction and rotation causes crepitus, and motion of the great trochanter which rotates on the axis of its shaft. The arc described will, however, be of a much smaller circle than that described by the rotation of its fellow.

When this traction is discontinued, the limb assumes the same position as before.

There may occur cases in which there will be no shortening of the limb, these forming the exceptions. "Union is possible but improbable, 1 on account of the difficulty of coaptating the fragments - 2 the want of provisional callous. 3 the fractured extremity being bathed in an increased quantity of synovial fluids - and 4 the feeble nutrition

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of the head of the bone through the round
ligament. Yet in a young person of a
good constitution, where the perosteum
is not completely severed there may be bony
union." In the treatment of this acci-
dent the limb must be placed in the
apparatus used by our professor of surgery
- of which I will take occasion to speak more
at large before I close this paper - or if that
is not at hand, the limb should be sup-
ported by pillows and motion restrained.

I will take occasion here to remark once for
all, that care should be taken, during the
treatment of this and all other fractures
confining the patient to the horizontal
posture, with reference to bed sores, sloughs &c.

The neck of the femur may suffer fracture
by direct violence or by counterstroke from
a jump or fall, and the superior extremity
be driven into the cancellated structure of
the inferior, constituting an impacted frac-

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generally about the middle.

I will consider first those which occur in the upper third of the bone. The abductor muscles, which are short and strong, are inserted near the trochanter, while the adductors are inserted in the inner part of the bone. Fractures of the upper third of the bone, may be divided into higher and lower - in the former case the superior fragment will be tilted or raised up, and it often occurs - by the sliding down of the patient in bed - the inferior fragment is driven under the superior. In the latter case wherever the bone is broken lower down - within the region of the upper third - the superior fragment is generally dragged out, and the lower upwards and inwards, by the action of the muscles immediately concerned. Fractures in the middle of the femur are of easy diagnosis - those occurring in the lower third, are sometimes

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oblique, and almost always the inferior fragment is dragged inwards and in the region, or under the superior.

The apparatus before mentioned, is appropriate for all fractures of the femur, inasmuch as it gives to the leg what is requisite and necessary, accurate support in every part - and by the application of the hip piece, and suspension from the centre of gravity, which should never be omitted in these injuries - identifies the limb with the body. In the application of this apparatus, in the treatment of these accidents, flexion, traction and elevation are generally necessary. If this apparatus is not at hand the surgeon will have to exercise his mechanical skill in preparing such splints as will accomplish the ends desired, as far as he may.

Fractures of the condyles of the femur are next in order, pursuing the course I have adopted.

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These are generally comminuted, although we may have fracture of one condyle only - which is generally the inner one, as it is longer and oblique. Great deformity and pain exist and crepitation is distinct - the knee expanded and the patella sunken. This is a serious injury. Ankylosis must be prevented, or at any rate guarded against, by the establishment of passive motion, after the fragments are somewhat consolidated by rest and position. The leg - unlike the thigh - has two bones; the tibia and the fibula. The tibia enters alone into the upper articulation, with the femur, while both enter into the lower articulation, the fibula however in a minor degree. The tibia is more frequently fractured on account of its exposed condition or position, and sustaining the weight of the body; the fracture may occur at any part.

It is rare for the tibia to be broken without the fibula, inasmuch as the shock or stroke

The first part of the book is devoted to a general
description of the country and its inhabitants.
The second part contains a detailed account of the
history of the country from the earliest times
to the present day. The third part is a
description of the natural history of the country,
including the animals, plants, and minerals.
The fourth part is a description of the
arts and manufactures of the country.
The fifth part is a description of the
commerce and trade of the country.
The sixth part is a description of the
education and literature of the country.
The seventh part is a description of the
religion and customs of the country.
The eighth part is a description of the
government and laws of the country.
The ninth part is a description of the
military and naval forces of the country.
The tenth part is a description of the
public works and improvements of the country.
The eleventh part is a description of the
climate and seasons of the country.
The twelfth part is a description of the
population and density of the country.
The thirteenth part is a description of the
languages and dialects of the country.
The fourteenth part is a description of the
monuments and antiquities of the country.
The fifteenth part is a description of the
topography and scenery of the country.
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mineralogy and geology of the country.
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astronomy and meteorology of the country.
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ethnology and anthropology of the country.
The twentieth part is a description of the
ethnology and anthropology of the country.

which is communicated with such violence as to produce fracture of the greater, will generally produce the same result in the lesser; and more particularly are we led to this conclusion when we consider the diminutiveness of the fibula.

On the contrary however the fibula is frequently broken, while the tibia sustains no injury, or if any it is slight. Both bones may be fractured at once, by falls or blows - being generally a compound fracture, and occurring in the middle of the leg, higher or lower, sometimes together, at other times below and above, and "vice versa". The most frequent seat of fracture of the fibula, is from two to three inches above the malleolus: and indeed the tibia is more frequently fractured by counterstroke, in the lower than in the upper portion, the fracture being generally oblique. The reasons are two, first the bone above is sustained by muscle, and secondly the

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blow laws its force. The malleolus is some-
times fractured. Existing with some of these
fractures, we may have dislocation.

In treating these fractures, we should use - if
it is convenient - the apparatus referred to
above, minus the hip-piece. Extend and
elevate the limb, keeping it quiet.

Several apparatuses, with as many modifi-
cations are recommended in our works on
surgery, of which it will not be expected of
me, to give a description.

In the treatment of simple fractures, the star-
ch bandage will, in a majority of cases, an-
swer every indication. For its simplicity, ad-
aptation to the limb, and the accurate sup-
port which it gives to every part, it deserves
the loudest praises. I have seen it again and
again applied by our indefatigable professor
of surgery, - while I have been attending his cl-
inics, and always perfectly to my satisfaction.
I could only wish I was as expert both in prep

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-uring and applying this apparatus, as well
as the tens of thousands of other manipu-
-lations in surgery, the acme of which art,
if any have, he surely has attained. This
is not undeserved praise. Would it be too
much for me to aspire to such preemin-
-ence?

Fractures of the tarsal and metatarsal bones
with the phalange of the toes and the patella
only remain now to be considered. Inasm-
-uch as this paper is extended far beyond
my first expectation - as injuries of the tars-
-al & metatarsal bones and phalange of the
toes, are similar to those of the carpal & met-
-acarpal bones and phalange of the fingers
-and inasmuch as, these are all, particular-
-ly those of the tarsus and carpal. The result of
crushing violence, generally demanding
amputation, will close what I have to say
in regard to fractures. It only remains for me
now to say something about the apparatus alluded
to above.

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If I should undertake to describe its minute mechanism, I am confident would fail, and be very tedious; suffice it therefore for me to say, it may be divided into four very important portions, The hip, the thigh, the leg and the foot pieces. The first being so arranged as to enable the surgeon to remove it at pleasure, the second so as to slide upon the third gaining the important point of shortening or lengthening at will; the fourth so as to elevate, extend or flex the foot - which is readily accomplished by the thumb-screw attached, in a moment of time - and in addition to this the foot is identified with the foot piece by means of a shoe which lies upon its dorsum, and the application of a bandage, thus gaining one of the essential requisites in the treatment of fractures, gentle traction. This very important means cannot be so conveniently and easily secured by the use of any other appa

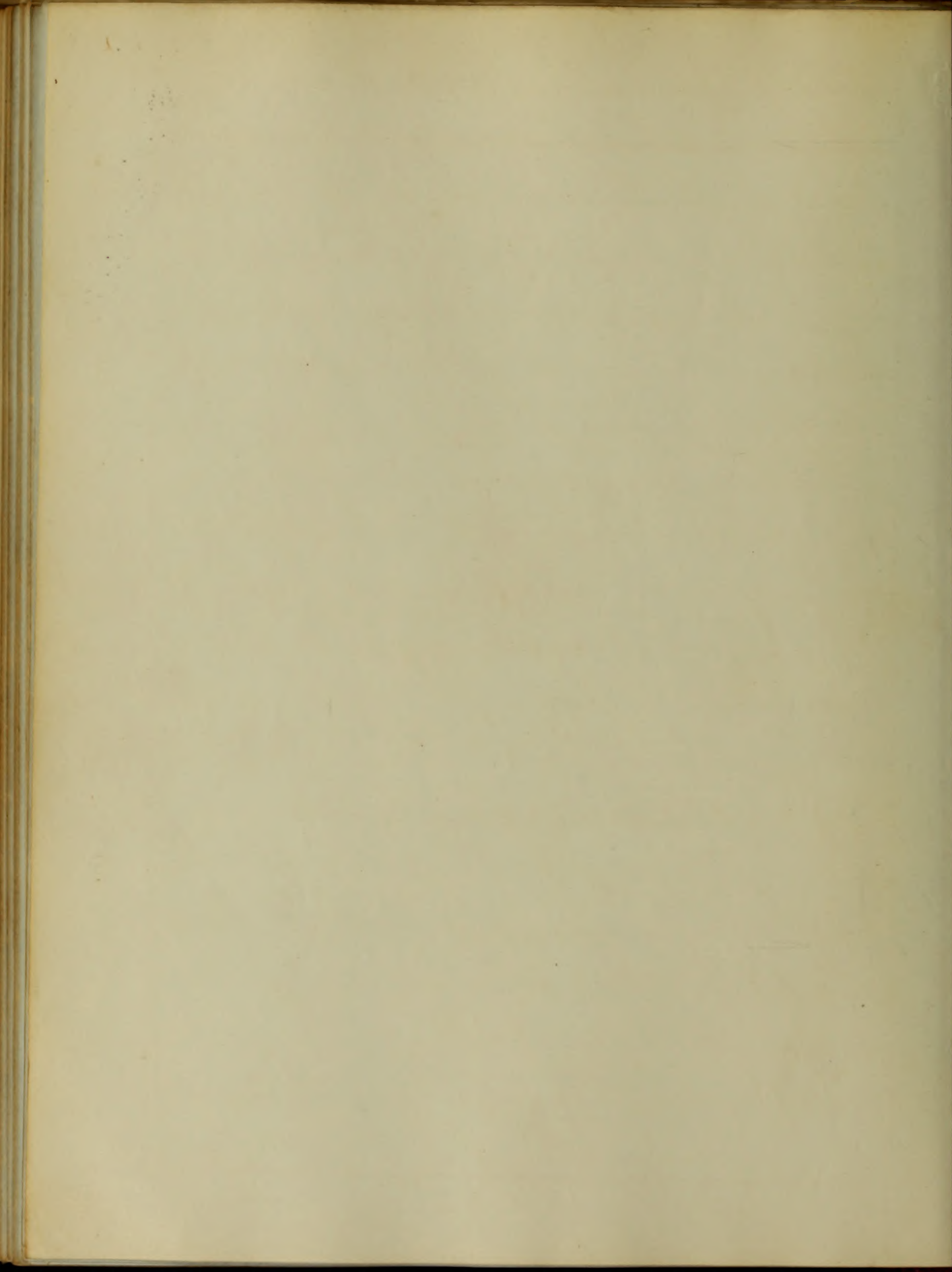
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rates of which I know any thing. And again
by the use of the hip piece, the body is identi-
fied with the limb - and when the whole is
suspended by means of a cord and staples -
from near the centre of gravity, if the pa-
tient should move, the apparatus will also,
and thereby prevent the disturbance of the
fracture. This apparatus may be used in
a straight or angular form and is consequ-
ently suited to all the injuries of which
I have spoken above, occurring in the lower
extremities. The limb is placed in this, susta-
ined by slings which may be accurately
adapted to its form, thereby rendering the
patient as comfortable as practicable under
his injury. I say it with pride, this is the ap-
paratus of Prof. A. C. Smith, who is favoured
by thousands, whose posterity will
rise up to call him blessed. I am dem. Accept
of my gratitude for the assiduity with which you
have imparted instruction to the medical class
of which I am an humble member. A. C. S.

[The page contains extremely faint, illegible handwriting, likely bleed-through from the reverse side of the paper. The text is mirrored and cannot be transcribed.]

Handwritten text, likely bleed-through from the reverse side of the page. The text is extremely faint and mostly illegible, but appears to contain several lines of a letter or document. Some words are difficult to discern but seem to include "The Board of Trustees", "of the", "University of Maryland", "at College Park", "Maryland", and "1850".

1850



An
Inaugural Dissertation
on
Rubeola.
Submitted to the examination
of the
Provost, Regent and Faculty of Physic
of the
University of Maryland
for the Degree
of
Doctor of Medicine
by
Upton Heath Belt,
of
The City of Baltimore
Maryland

1850

The
Proprietors
of
The
City of
Boston
1850

To the Faculty of the University
of Maryland.

Gentlemen

In offering this the
usual valedictory consisting of a few unfin-
ished pages on one of the eruptive diseases
called Rubiola, I cannot but appeal to
the leniency of Gentlemen who are as justly
distinguished for their indulgence when
deserted as for their learning. During
the prosecution of my studies at your College,
I became afflicted by an insupportable visita-
tion of Divine Providence in such a manner
as both physically and mentally to deter me
for a time from attending strictly your
teachings of your invaluable precepts;
under the influence of which complaint I am
still suffering in a measure, and which
I hope will be a sufficient apology for
the imperfect manner in which these
few pages are drawn up.

To the Society of the Friends
of the Cause.

Dear Friends,

I have the pleasure to inform you that
the Committee of the Society have
been successful in their efforts to
secure the aid of the Legislature
in the purchase of a tract of land
for the purpose of erecting a
school house for the use of the
colored children of the city of
New York. The sum of \$10,000
has been appropriated for this
purpose, and the land has been
purchased. The school will be
opened in the month of January
next. It is hoped that the
Society will be able to secure
the aid of the Legislature in the
purchase of a tract of land for
the purpose of erecting a school
house for the use of the colored
children of the city of New York.

The disease known at the present day by the term Rubella, or the more common name of scarlet, is one characterized by an inflammatory condition of the system, affecting particularly the blood and mucous membrane of the respiratory organs, which owes its origin to some peculiar morbid poison existing in the atmosphere. The nature of which we are not as yet acquainted with, of a decidedly infectious & contagious nature reigning generally as an endemie and frequently as an epidemic affecting more particularly young persons, giving rise to a set of symptoms hereafter to be described, the most prominent of which is a peculiar eruption of the skin strictly pathognomic of the disease.

Causes. The great and only efficient cause of the disease is either being exposed to the atmosphere in which the peculiar morbid poison which gives rise to the disease is disseminated. Or by

coming directly in contact with a
 person who is affected with the disease.
 In proof - of its contagious character
 it is only necessary to state, that many
 experimenters have given accounts of pain
 produced the disease by the introduction
 of a small quantity of blood taken
 from a person labouring under it, and
 introduced into the system of a person
 who is in perfect health; and although
 some have failed, the experiments of
 Dr Hoone of Edinburgh and an Italian
 Physician named Speranza are decidedly
 conclusive... It is ^{also} capable in a measure
 of being propagated by families
 As to its contagion, then, and its capa-
 bility of being produced by inoculation
 there can be no reasonable doubt,
 but as the disease is not, ⁱⁿ the small
 pox rendered milder by such a pro-
 cedure we can have no inducement
 to urge ^{us to} its performance, but rather leave
 the child to acquire the disease in the

Faint, illegible handwriting covering most of the page, likely bleed-through from the reverse side.

ordinary or arrier or entirely escape
an attack

Symptoms. Like all other in-
flammatory affections Rubiola is generally
 ushered on by a decided chill followed
 by fever, generally of the stroma or as Cullen
 terms it the synochatype, the eyes are in-
 flamed, watery and sensitive to light; there
 is a copious flow of limpid mucous from
 the nostrils; The fauces presents a red appea-
 rance, the whole of the mucous membrane
 lining the Larynx trachea and bronchal
 tubes highly inflamed, as is shown by the
 harassing cough which always attends it,
 a cough which has a peculiar hoarse or
 ruddy sound, which has often been
 mistaken for the coming on of an attack
 of croup. —

We find also a great feeling of uneasiness,
 considerable pain in the back loins and
 limbs, always more or less headache. Some
 times very severe. furred tongue heat of
 skin acceleration of the pulse. —

The bowels are generally constipated, but on some instances there is diarrhoea indicating a simultaneous affection of mucous membrane of the intestines: frequently we have vomiting owing to the irritable condition of the stomach which ceases however on the appearance of the eruption.

These the catarrhal symptoms continue generally for four days but sometimes for a much longer period.

When the eruption makes its appearance it first shows itself as minute papules which multiply and run to gether as it were and form blotches of arescentic or semilunar form leaving portions of healthy skin existing. Between these eyes and not like scarlet fever affecting the appearance of the whole cutaneous surface.

It is generally from two to three days from the time of the first appearance of the eruption before it is wholly out, beginning

The books are generally overrated
but in some instances there is no doubt
of their value as a source of information
and as a means of extending our
knowledge of the world. It is
generally admitted that the
study of books is one of the
best means of improving the
mind and of acquiring a
liberal education. It is
also a means of cultivating
the taste and of refining
the feelings. The study of
books is a necessary part
of a liberal education and
one which should be
encouraged in every
school and college.

6
over the face first, then affecting the body,
then extending to the upper extremities
and finally over the lower extremities.
On the seventh or eighth day of the disease
(should none of the serious complications
as pneumonia pleurisy dropsy &c. which
are frequently complicated with or remain
a sequel of the disease occur) the erupt.
tion begins to decline disappearing first from
those parts on which it first made its
appearance. desquamating in the form
of very small brany scales differing in
this respect from the desquamation of
scarlet fever. which occurs in flakes of
appreciable magnitude; sometimes but
very seldom I believe, we have together
with or intermixed through the eruption
a few small milium vesicles.

Diagnosis. It will be in many instances
impossible to form a correct diagnosis of
Rubicula during the earlier stages of the
disease, from the close resemblance of
the symptoms existing between them and

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and those of the other exanthematous diseases; all the various circumstances of the case must be taken into account. If we are certain that the disease exists anywhere in or near the locality, and a patient is seized by the various symptoms usually found to exist in the beginning of measles, as cough hoarseness watering of the eyes running at the nose general feeling of uneasiness or pains in the limbs &c &c it is proper to infer that the case will probably be one of the diseases in question, and direct our treatment accordingly - if the case be not well marked in other respects, when the eruption makes its appearance, we can no longer doubt the true nature of the disease.

The chief points of difference between the Rubella, and Scarlatina are in the first stages the more general existence of catarrhal symptoms in measles than in scarlet fever. The eruption being of a sericulous form, coalescing and leaving

portion of healthy skin between these
 ruggins, and the differed redness of the
 skin in scarlet fever. - The skin too in
 scarletina is much hotter and the pulse
 much more frequent than in Rubiata
 The length of time which elapses from the
 beginning of the two diseases till the ap-
 pearance of the eruption is very different
 and furnishes valuable information when
 we are in doubt. The eruption in scarlet fever
 is very seldom delayed longer than the
 second day of the disease while that of
 measles never occurs before the fourth day;
 From the small pox there can be no
 difficulty in discriminating it when we
 take into consideration the peculiarities
 of the eruptions attending each disease.

Prognosis

When we have simple uncomplicated
 measles to deal with we are warranted in
 a large majority of cases in giving a
 favourable prognosis.

But as it frequently happens we should
 have an intercurrent inflammation of the

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

bronchial membrane pulmonary tubes
 the termination is at the best doubtful,
 sometimes we have during the progress
 of the disease an attack of true mem-
 branous croup and when such a com-
 plication does come on, the case very gen-
 erally terminates fatally. It is a remark-
 able fact from what cause I am not
 acquainted, that this affection occurring
 in a adult or old age is more apt to prove
 fatal than in children and from the
 liability to thoracic affections more
 fatal in the winter than in the summer
 months. It is said that in pregnant &
 more particularly puerperal females the
 disease assumes an aggravated form.
 The superintention of affections of the bowels,
 as diarrhoea dysentery &c or of the brain
 necessarily give rise to more or less appre-
 hension, according to the character and
 severity of the complication.

Dr Wood says "Among the unfavourable
 signs are unusual severity and continuance

of the early fever. with past poverment of the eruption, a sudden disappearance of the rash in connexion with evidences of internal irritation or great prostration; severe dyspnoea and other symptoms of considerable pulmonary inflammation; great restlessness, delirium, or coma; a continuance of fever, cough and dyspnoea, after the regular decline of the eruption; a complete loss of voice with dyspnoea, and evidences of malprognosis such as a weak pulse & loud colour. of the rash, petechiae and passing hemorrhage.

Treatment In the treatment of measles, we should always bear in mind, that it is one of the specific inflammatory diseases, and will run a certain course in spite of all the medicines in the whole materia medica, therefore it is useless to attempt to cut short its progress by blood letting and the administration of drugs &c, which can have no influence in producing a good effect and may in many cases prove highly injurious

of the soil for the full amount of
 the seed, a small quantity
 the soil in common with the
 intended vegetation in a good
 amount of care and attention
 consistent with the nature of the
 culture, during a season, a
 of four or five years, after which
 a regular culture of the
 the of soil with the
 of vegetation of light and
 a quantity of the seed
 the soil.

the soil - the
 as the soil
 one of the
 will not
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all we can do is to manage the case, and watch carefully for any complications which may arise, and apply the proper remedies to such complications.

When the attack is very mild, perhaps nothing more will be requisite, than to confine the patient to the house or more properly to a single room. the temperature of which should be kept about the same both day and night, at the same time keep him on low diet; so that the bowels are kept soluble by mild laxatives, and prevent all exposure to a cold or draught of air; from the great tendency to pulmonary and bronchial inflammations a patient labouring under measles as a general rule should be kept in a warmer apartment than one labouring under either small-pox or scarlet fever. but caution must be exercised in order to prevent oppression from too great a degree of heat, or by the use of too much bed clothing. Children require to be closely watched, to prevent them from

All we can do is to measure the amount
of work done by the engine in the
course of the day, and apply the
results to the calculation of the
amount of work done by the engine
in the course of the day. The
amount of work done by the engine
in the course of the day is the
product of the amount of work done
by the engine in the course of the
day and the amount of work done
by the engine in the course of the
day. The amount of work done by
the engine in the course of the day
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day. The amount of work done by
the engine in the course of the day
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the day and the amount of work done
by the engine in the course of the
day.

throwing off the clothes and thereby rendering themselves liable to attack of cold which may result in disastrous consequences. In a very mild case if the above precautions are strictly attended to the case will generally terminate happily.

When the case is more severe, the proper mode of treatment consists in giving the patient Cascaries or mild purgatives of a saline character, of which there are none better than Raschelle salts or castor oil; give him demulcent drinks, such as elder blossom flaxseed tea a solution of gum arabic slightly acidulated, the infusion of slippery elm bark to which a very small quantity of Antimonial wine may be added, or we may give some slightly stimulant & cathartic as borsset tea. When the skin is hot and the patient restless great benefit may be derived in some instances by giving some of the neutral non purgative salts, as citrate of potassa, by bicarbonate of soda or potassa &c, cold

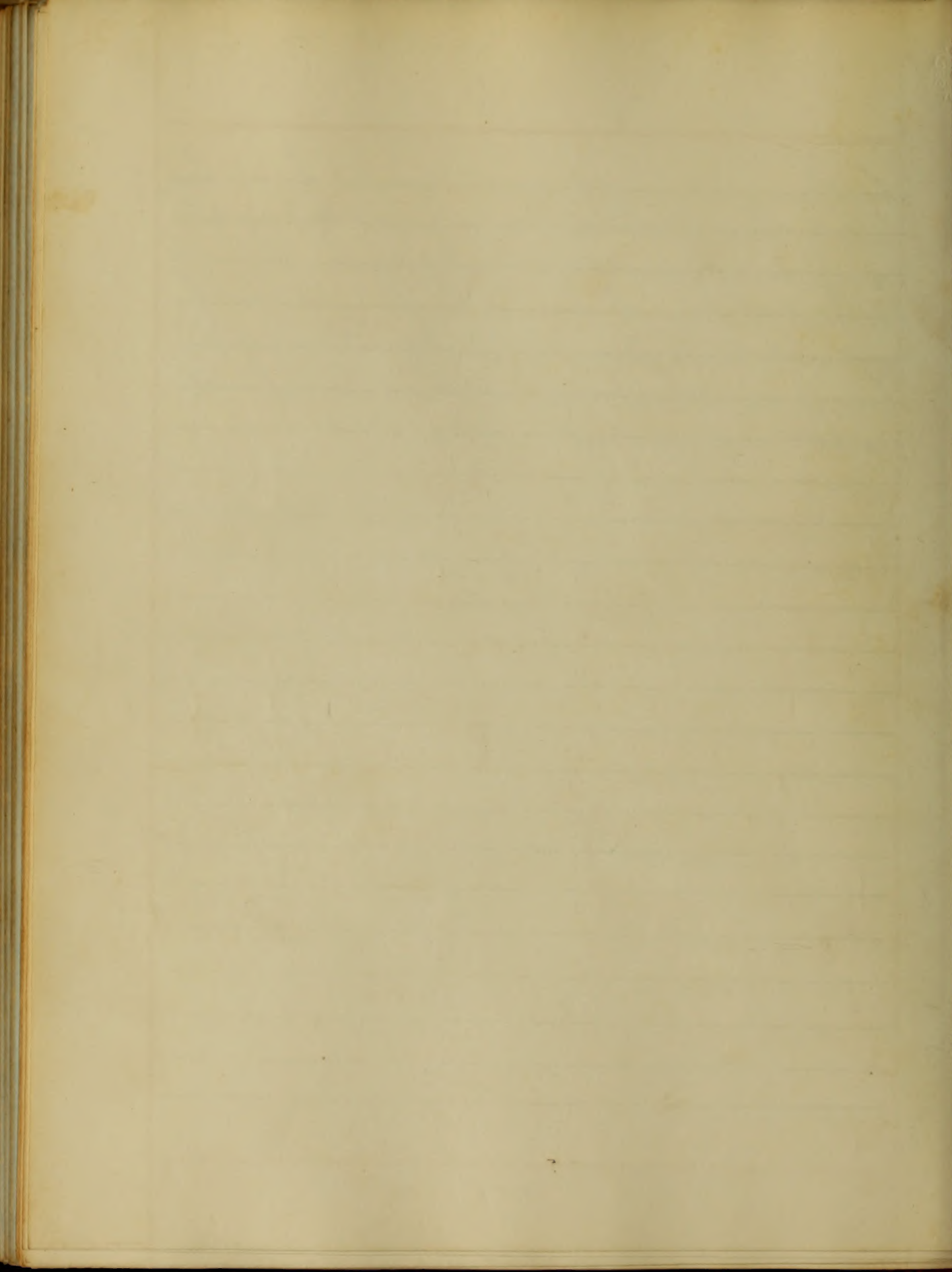
I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the matter of the ...
 and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.
 I am, Sir, very respectfully,
 Your obedient servant,
 J. M. ...

bathing cannot, as in scarlet fever, be used but if the distress is great tepid sponging may sometimes be employed.

Should much bronchitis come on or if we obtain evidence of inflammation of the lungs we should treat the case as we would an idiopathic attack

7
I have no objection to your
using the name of the
company in any way
you may think proper
in connection with
the business of the
company.

[Faint, illegible handwriting on lined paper]



An Inaugural Dissertation,
On
"The Malignant Typhus Epidemic
of 1849
At Balt Alms House," submitted
to the Examination of the Provost,
Regents and Faculty of Physic
of The University of Maryland,
for the Degree of
Doctor of Medicine. By
William H Berry - A.B.
of Georgetown
District of Columbia

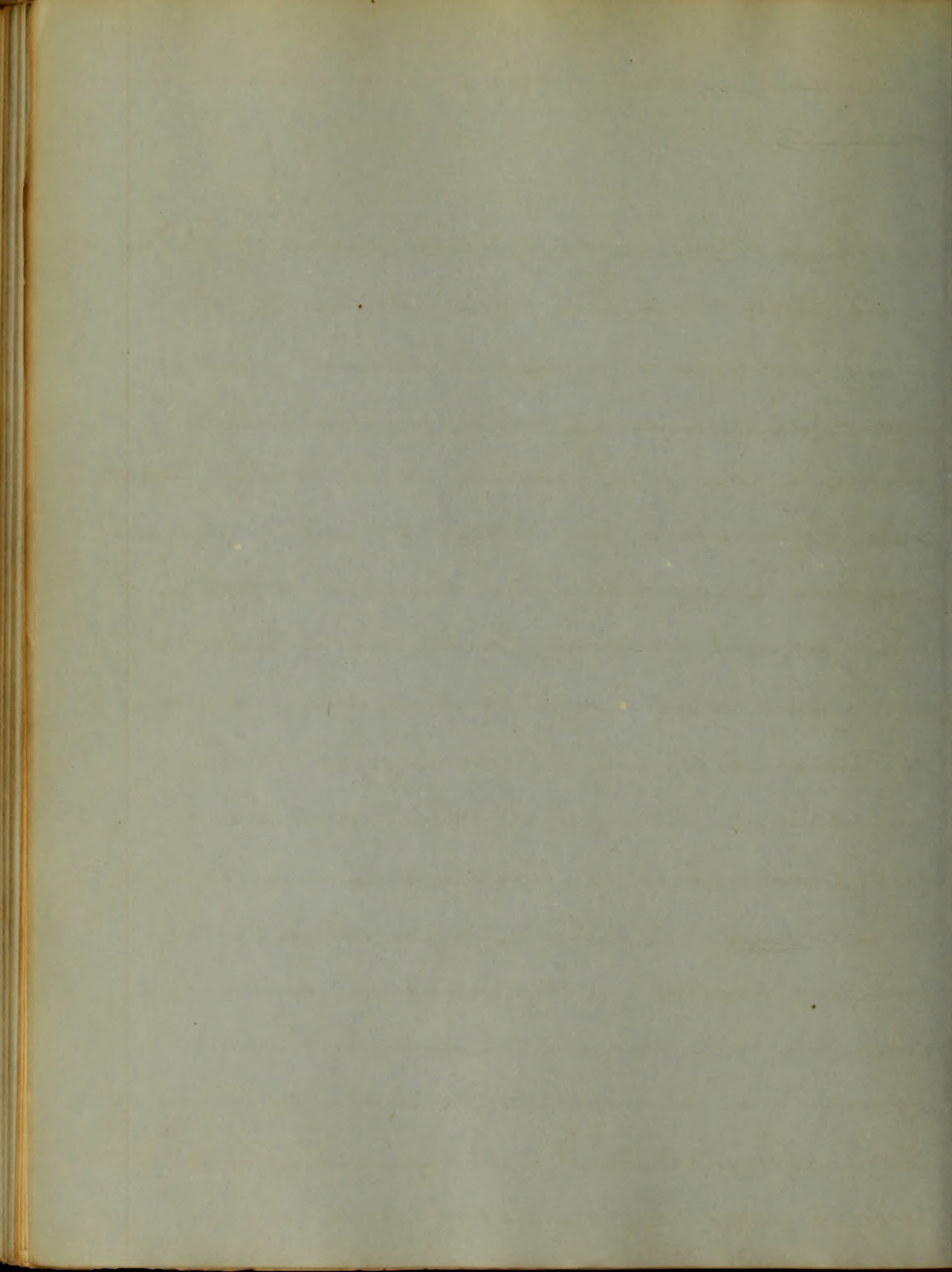
January 1850.

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Malignant Typhus Epidemic at the Paupers House - 1849 -

Name of the Disease. - Some difficulty existed for a time at the Paupers House, as to what should be the title of this new and complicated disease, which so unexpectedly manifested itself in our midst. As will be seen from perusal of its History, progress and Termination, that to define exactly what it was, was a difficulty of no trivial Character; Intelligent and eminent Physicians debated for a long time what should be its name, and finally determined to christen the new Pest with the appellation of Malignant Typhus, modified by race, circumstances of life and season of the year.

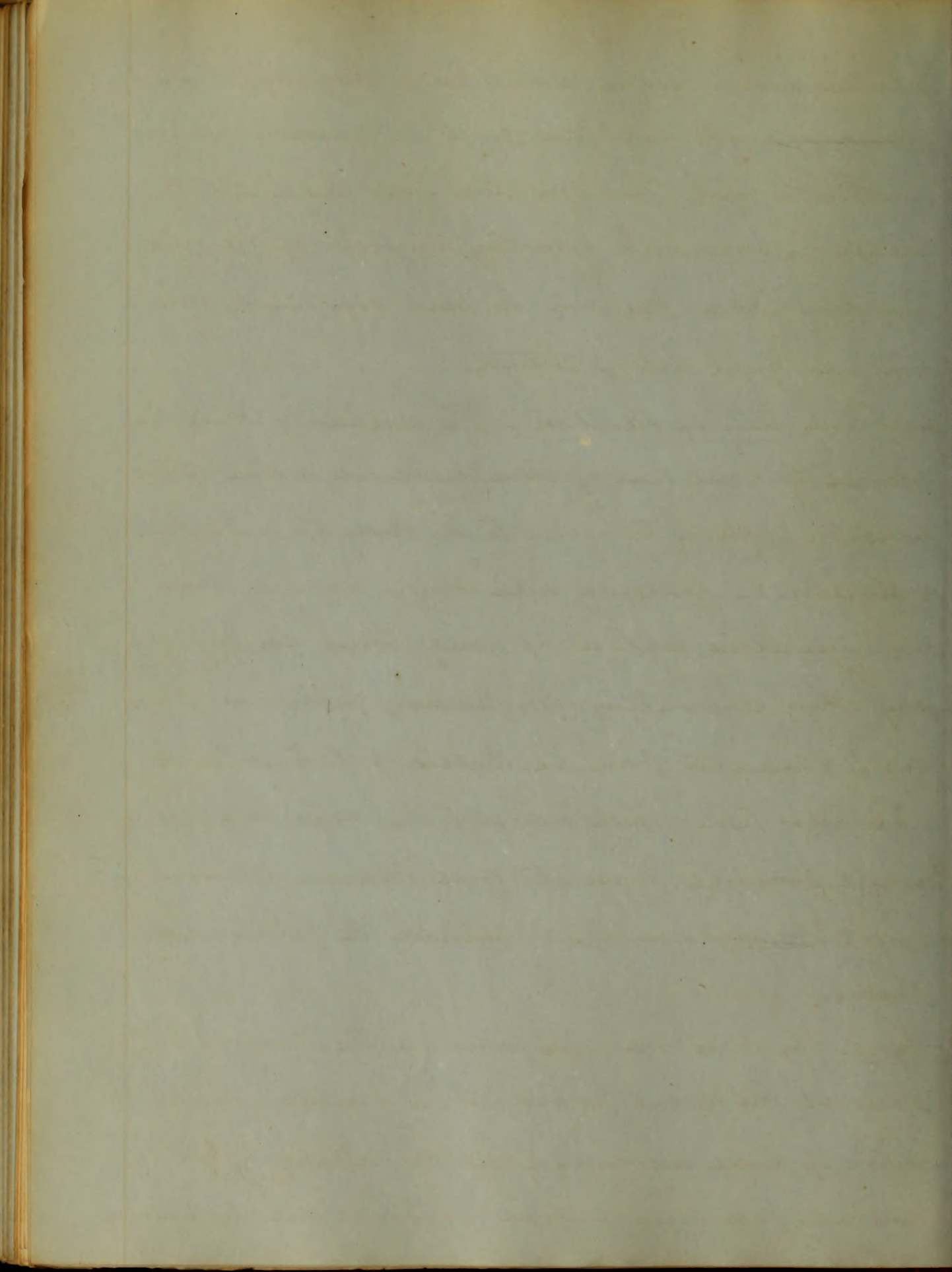
Mode of access. - The initiation of an attack of this fever was constant in its nature in almost every case. In a large majority of cases, the Patients complained of an indescribable condition of ill-health for some days previous to its formal attack, such as vague pains all over, weakness, loss of appetite and



willingness to exertion, which in a few days was followed by a well developed chill in most cases and in others by rigors. This condition was succeeded by nausea in some and vomiting in others, of bile and food last taken. Pain in the Head and Back, prostration and great loss of strength.

Heat and State of the skin - The initiatory Chill was followed by great heat of skin, increased action of the pulse. On applying the hand to the Body of a Patient, a sensation of pungency and crispy dryness was communicated, such as we rarely find in fever of any other character. No peculiar fetor was observed to emanate from the Bodies of Patients sick of the fever, than what belongs to the negro race, which in all probability from its well known character, might obscure any that should be produced by disease.

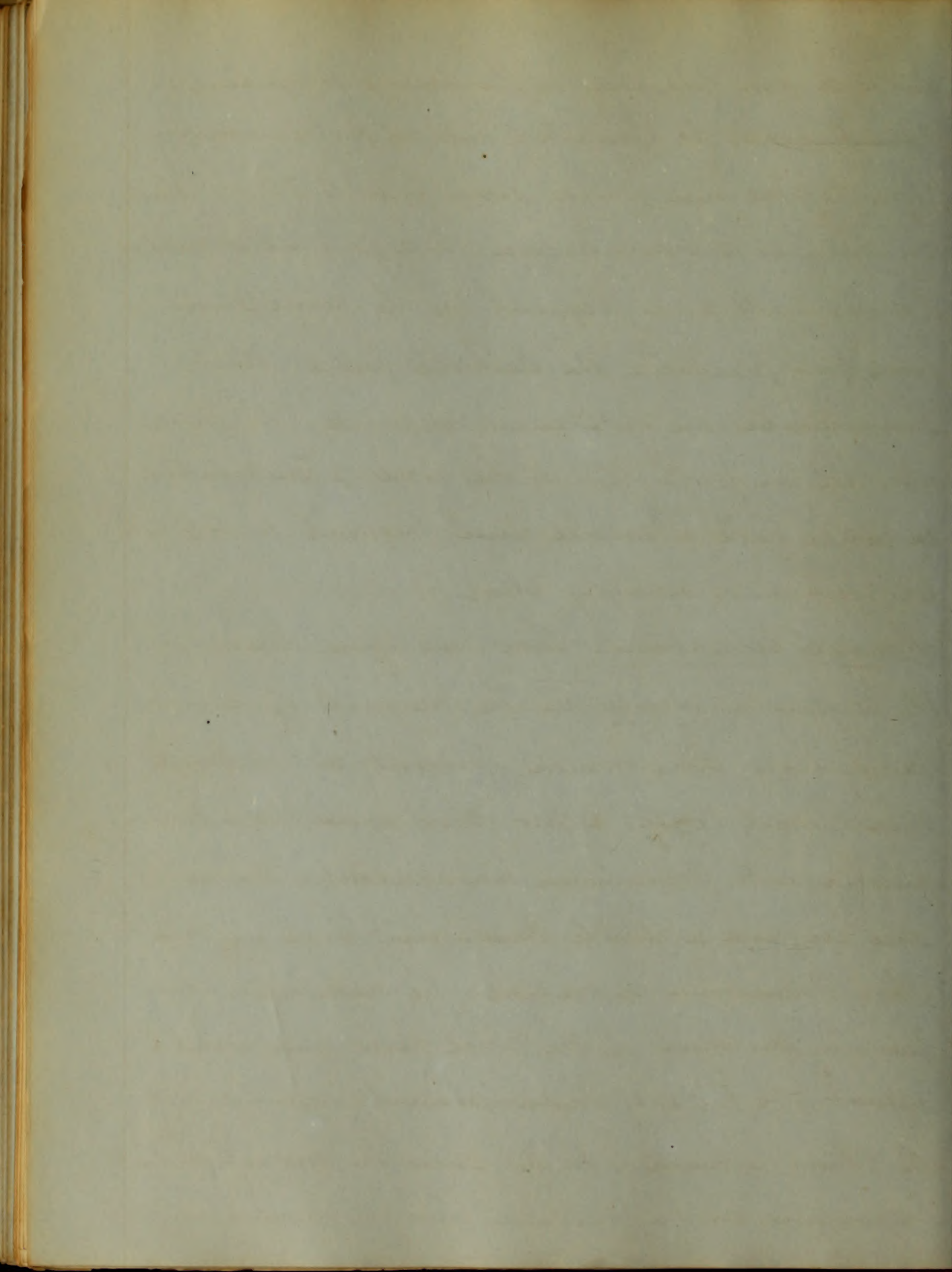
Pulse - The Pulse was uniform in the majority of cases at the same period of the Disease. The condition of pulse accompanying the attack was generally full and of good volume, but diminished



in force and frequency as the disease progressed - Patients would be admitted with a pulse ranging from 90 to 130 and would soon fall to 75 or 80 and continue so to Convalescence - As a general condition it was small and frequent in the severe cases.

Some few presented the Sclerotic pulse - Other characteristics are not easily defined - The pulse was not in proportion to the excess of temperature, we would have a small and frequent pulse with a moist and clammy skin.

Thoracic Symptoms - There was some lesion of the respirator organs in the majority of cases. Nearly every case would present a rchilant and moist rale - a few others again were complicated with Pneumonia, an accidently - In one case we had a double Pneumonia and in five others Pneumonia on one side - The respiration was fearfully increased in the most cases and would appear to be the only embarrassment under which the Patients laboured - In two cases the number of respirations in the minute were as many as 70 or 75 -



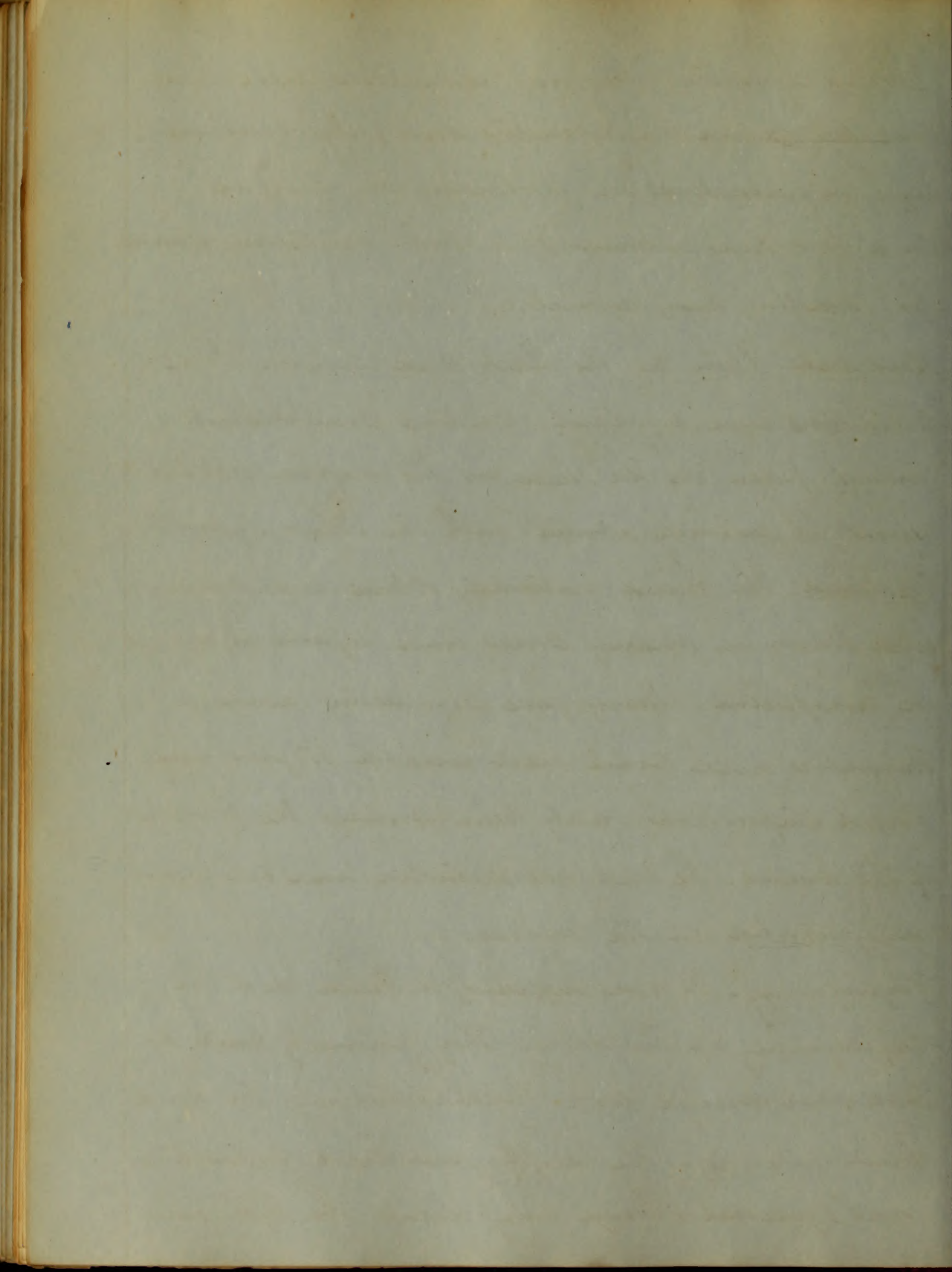
Nervous Symptoms - Nervous symptoms were very rare; we observed no convulsions and only occasionally slight tremulousness on protruding the Tongue; in a few cases delirium of a low muttering character preceding their demise.

Head-ache. Pain in the Back and limbs - These conditions were constant - Patients complained of violent pain in the Head, in the supra-orbital regions. It generally abated with the other symptoms.

The Mind - The mind naturally obtuse, was confused and cloudy in many cases and again it would be unaffected - Many gave conflicting accounts of themselves and some were unable to give any.

Perfect Stupor was rarely seen during the progress of the disease. The sleep was disturbed and imperfect: rarely refreshed in the morning.

Physiognomy - It was difficult to decide as to the Physiognomy of the negro - They generally had a dull unexpressive look. Notwithstanding the dark colour of the negro, the deeply jaundiced condition was apparent through every tissue. The lips, gums,

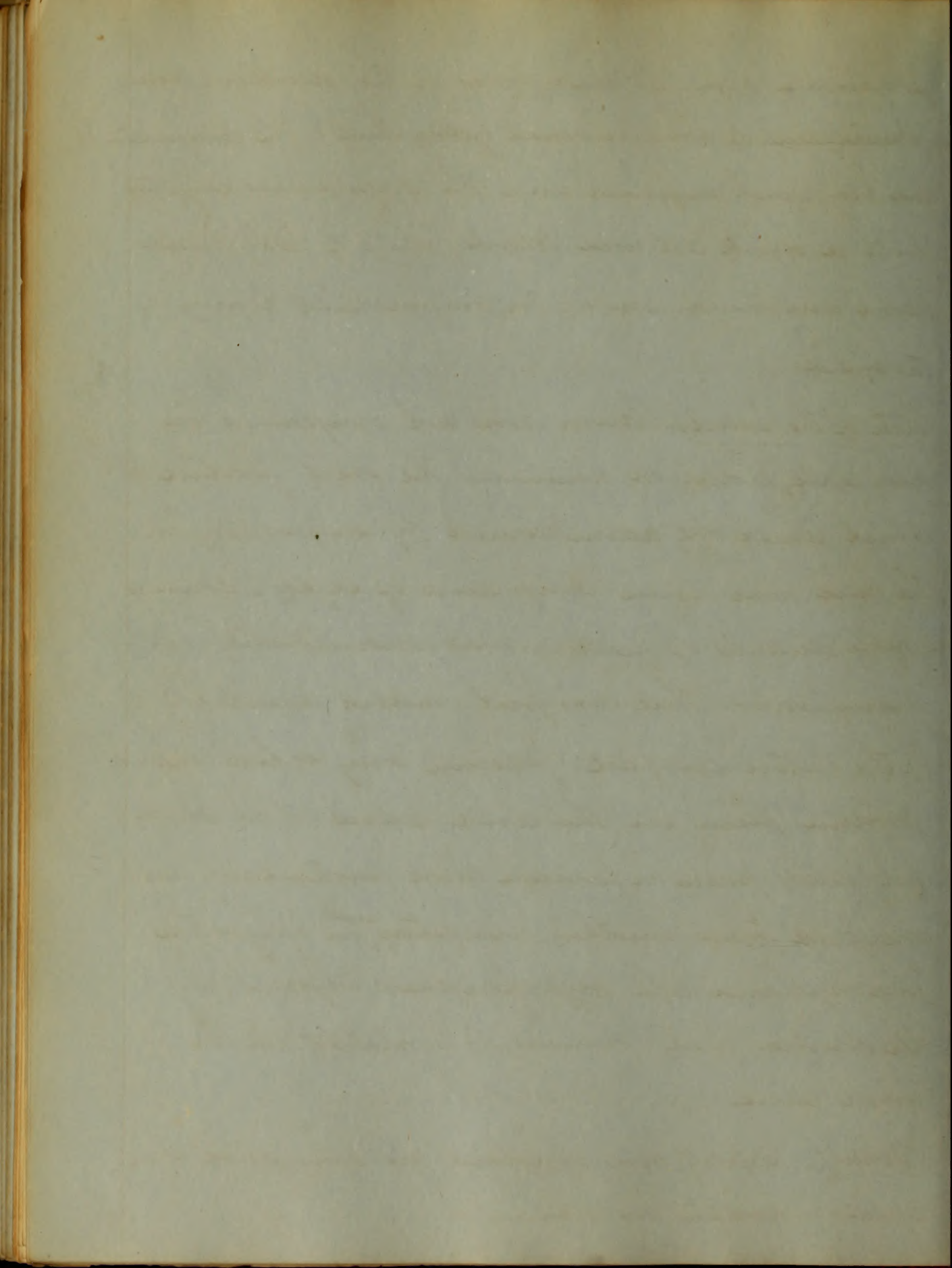


conjunctiva, arm-pits and groin of the darkest. Con-
-pulsion seen of an universal yellow hue. The conjunctiva
was very much suppurated and the capillaries injected
with a dark coloured blood. Spots of ecchymosed
Blood were found under the conjunctival lining of
the eyeballs

State of the Senses. Vision was not impaired in
any case, except on assuming the erect posture,
which would be accompanied by swimming in
the head and some compression of sight. Conside-
-rable dullness of hearing was manifested in
many cases. There was great morbid sensibility
of the entire surface; pressure any where would
produce pain in the worst cases. You could
not detect pain on pressure more particularly in
one place than another, excepting ⁱⁿ the epigastric
and right and left hypochondriac regions.

We observed great muscular irritability in the
worst cases.

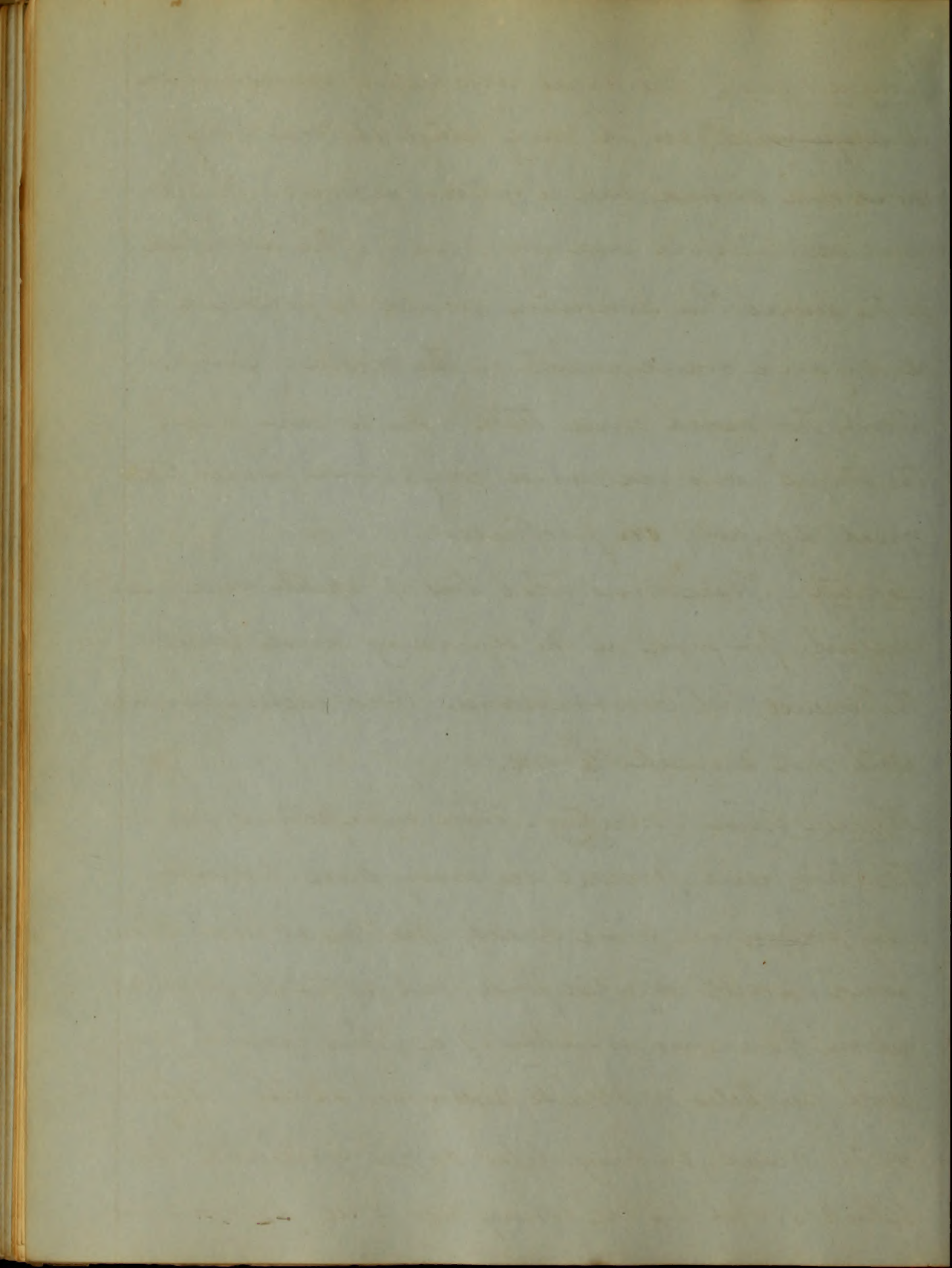
Stability. Stability was constant in every case; Con-
-pulti prostratio in many -



Tongue & Mouth - The tongue was nearly uniform in its appearance; in the early stages it was very viscid and covered with a yellow deposit. The tip and edges were red and dry and in the advance of the disease this condition would be followed by a dry and cracked state of the organ - Sores about the mouth and teeth. In a few cases the tongue was red and dry - and presented great difficulty in protrusion.

Appetite - There was total loss of appetite and great disgust for food at the beginning and some of the disease, but convalescence was accompanied with an insatiable one.

Nausea and Vomiting - These symptoms, one or the other were present in every case. Vomiting very profuse in some cases; matters at first composed of half digested food, but after the disease set in, there was vomiting of a thin, watery fluid, with particles of black sediment at the bottom of the vessel, looking like copper ground. This Black vomit, if we may so call it, was not

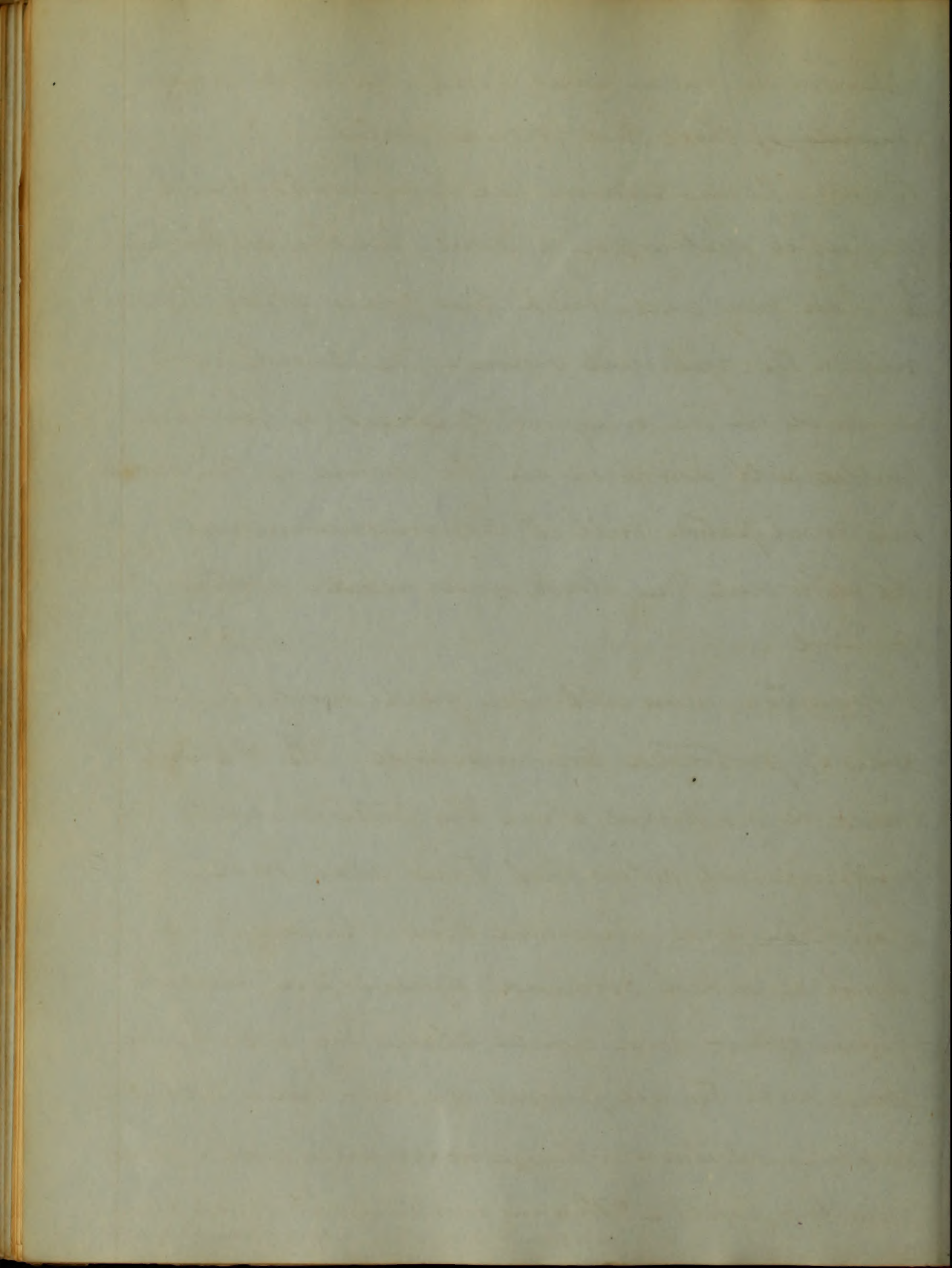


apparent in many cases, about one third and generally of those that proved fatal.

Bowels. - They very seldom had tympanites - great epigastric distress on pressure - tenderness over the Liver in every case - in a few cases slight tenderness in the right-iliac region - The Bowels were constipated in the majority of Cases; a few were troubled with diarrhoea in the course of the disease, but Constipation with its commencement - The stools were thin, black, and viscid - preternaturally offensive.

Evacuation. - was not very great - excepting in cases of protracted Convalescence - The Patient would be improved about the tenth or twelfth day, improvement after that time was rare -

State of the urine. - The urine was observed to be scanty and high coloured; again of a perfectly yellow colour and would stain the sides of the vessel with the all present yellow hue - Chemical analysis detected nothing* uncommon with fevers of other types - *The urine was tested with nitric acid and found to contain a large quantity of bile.



Epistaxis. Hemorrhage from the nostrils was quite common and in some cases very profuse & would so, as to demand the use of the Lempson ana sponge.

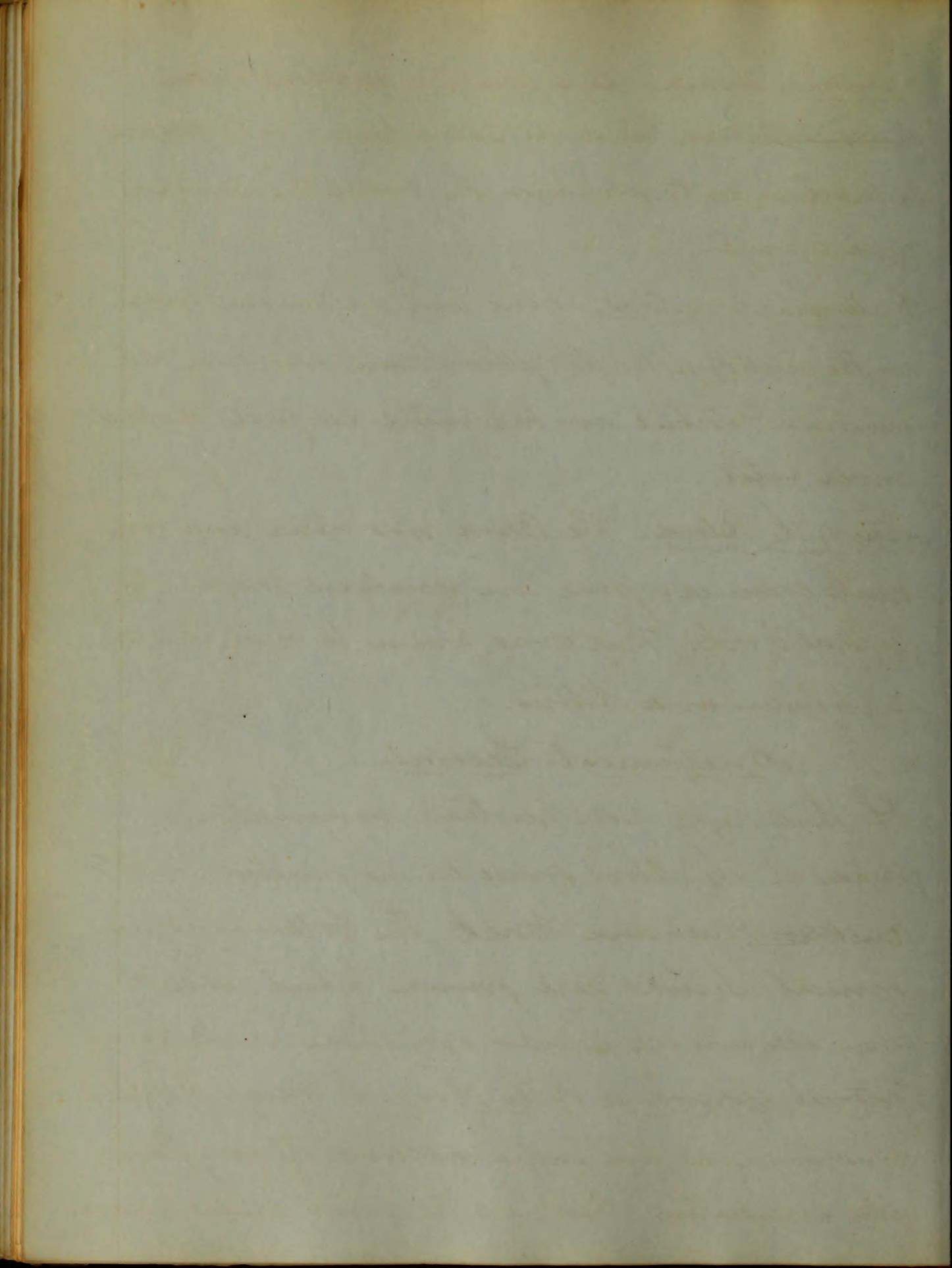
Ectaneous Eruptions. None were apparent except in the case of a Bright Yellow Man, who had well marked Petechiae over his entire surface. The case proved fatal.

State of the Blood. The Blood was viscid and very dark coloured. From an analysis made by Dr Chas Frick, there was found to be an excess of globulin and fibrin.

Anatomical Lesions.

Of thirty eight post mortem examinations made at The Almshouse in the presence of Drs Buckler, Power and Frick. The following anatomical lesions were found, which possibly may occasionally savour of a slight inaccuracy.

External appearance of the Body. A most constant condition was an entire absence of any thing like emaciation. Nearly all the fatal cases presented.



their usual endpoint: when a case was fatal, it was generally in so short a time, as to allow of but little wasting of flesh. An universal yellow hue was marked on looking upon the surface of the Body, and even in the darkest it was perceptible at certain parts. The arm-pits, neck &c. The conjunctiva preserved its yellow hue after death. Rapid decomposition took place in from ten to eighteen hours, showing the alteration in the fluids and solids. The cut surfaces presented the yellow appearance and the lining membranes of all the splanchnic cavities. The muscles were soft and flabby and tore readily before a dull knife -

Thoracic organs - The Pleural investment of the Lungs presented the jaundiced appearance over its entire surface; some points of ecchymosis were apparent under this investment. The condition of the parenchymatous structure was not very constant; in many cases splenization was present, again congestion and passive pneumonia, in a few

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cases we had Pneumonia of the most active type to deal with. Points of apoplexy in various parts of the Lungs was very frequent. The Bronchial tubes presented appearances of various degrees of inflammation. From the cut surface of the parenchymatous structure we found on pressure an abundant pouring out of frothy serum.

Heart - Yellow hue externally and beautiful points of ecchymosis in the region of origin of large vessels. Muscular structure very flabby in all cases and of the consistence of Liver - in some cases we found it almost decomposed, so much so as readily to allow the finger to be thrust through it. Right Cavities of Heart generally free from clot, occasionally a small one in the Left - Blood fluid and very dark.

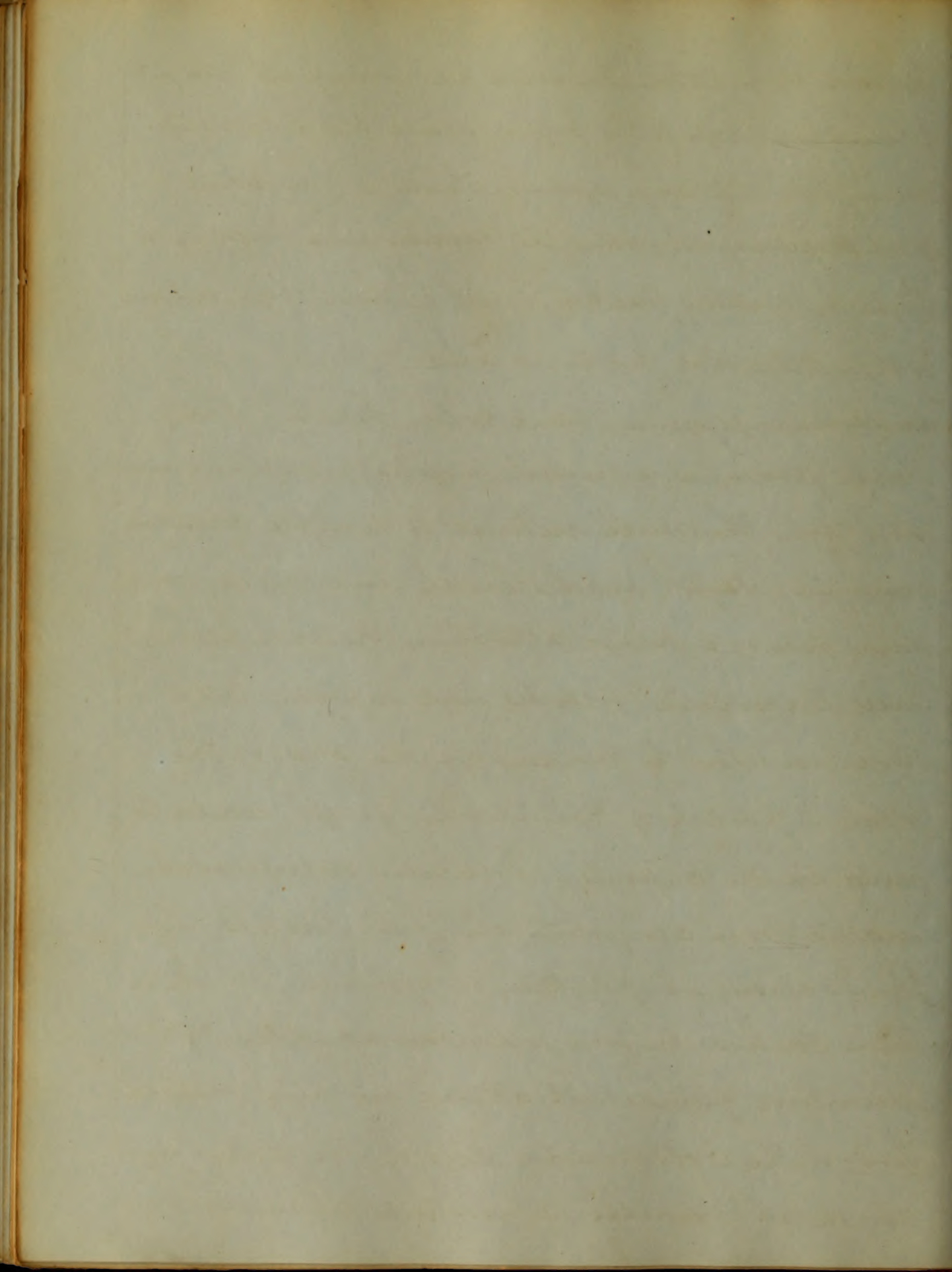
Brain - presented a healthy condition, the membranes of the Cortex yellow tinged.

Stomach approached every degree of inflammation; pointed injection about the Cardiac and pyloric orifices. Softening of the mucous Coat and

* The Swoolenum presented different grades of inflammation at times and again it would be perfectly healthy. in the majority of cases it was affected.

excessive corrugation. In some we found a quantity of fluid similar to the coffee-ground fluid vomited during life. In some again we had in addition great capillary congestion, the mucous coat being of a bright vermilion tint, as though it had been exposed to the atmosphere for some time.

* Stomachum, jejunum and colon healthy. The Stomachum presented different grades of inflammation, from the most intense to simple capillary congestion. Peyer's patches healthy and never presented a trace of typhoid alteration. In some severe cases, the isolated follicles were engorged with blood. In others by scraping off the caps of the follicles, a particle of coagulable lymph would be found in the capsule. "Follicular enlargement resulted from congestion in their vessels and from occasional particles of effused blood in their centres, in fine follicular apoplexy." Dr. H.B. Mucous glands not altered in any respect. Liver. The colour and size of the liver was somewhat variable. Consistently changeable.



The torn edges were generally more jagged than usual. On squeezing the cut surface a quantity of Blood of the consistence of cement juice was exuded, this was invariable - Gall Bladder full and sometimes distended - Bile dark coloured, grumous and viscid.

Spleen, presentia various conditions, abnormally large in some; in one case four times the natural size. Colour staly when first cut into, but in a moment looking more like rusty iron. Capsule readily stripped off -

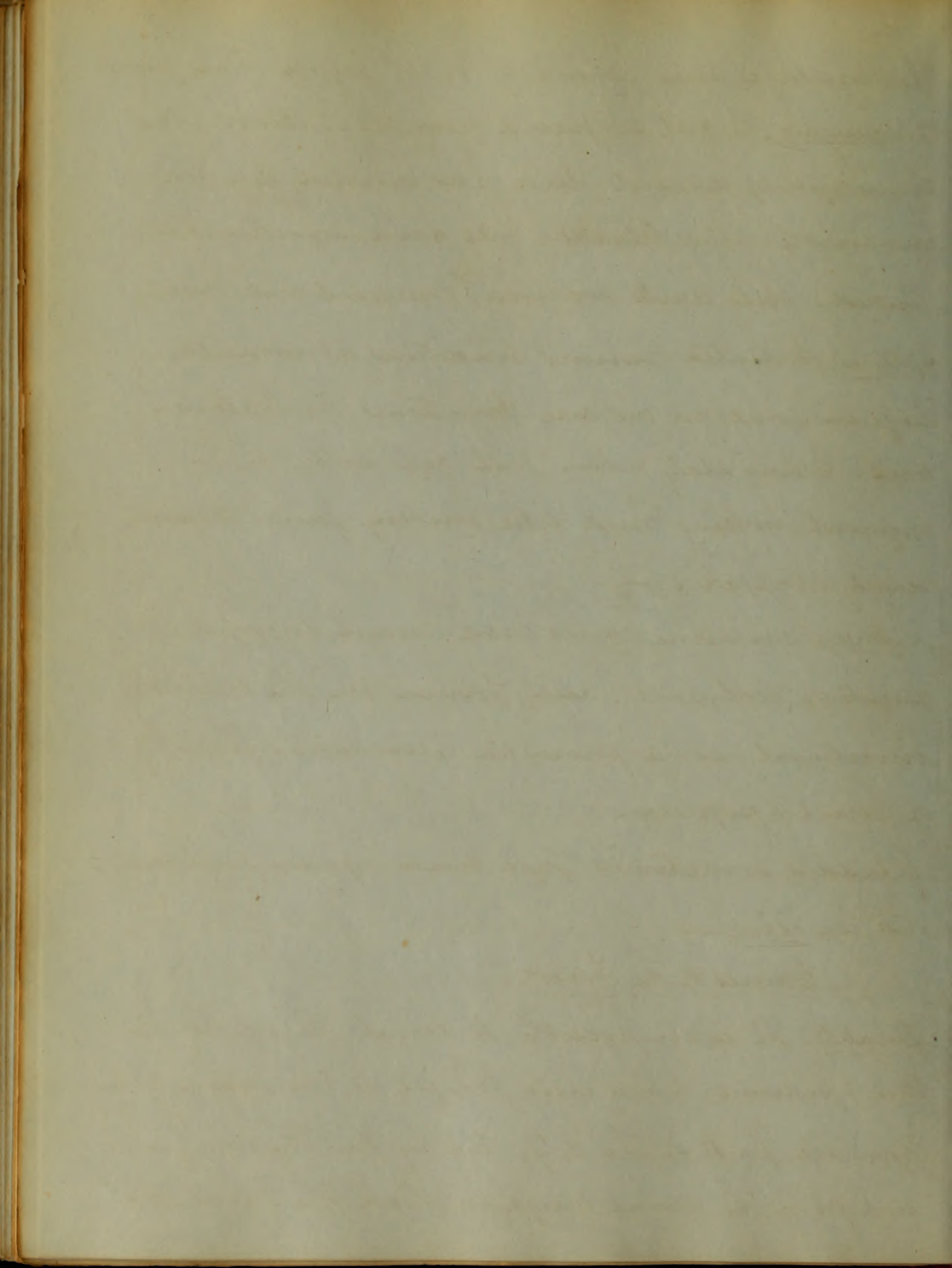
Kidneys in some cases were much enlarged.

points of ecchymosis were found on the external investment - some presentia numerous points of renal apoplexy -

Bladder sometimes full and again contraction in itself -

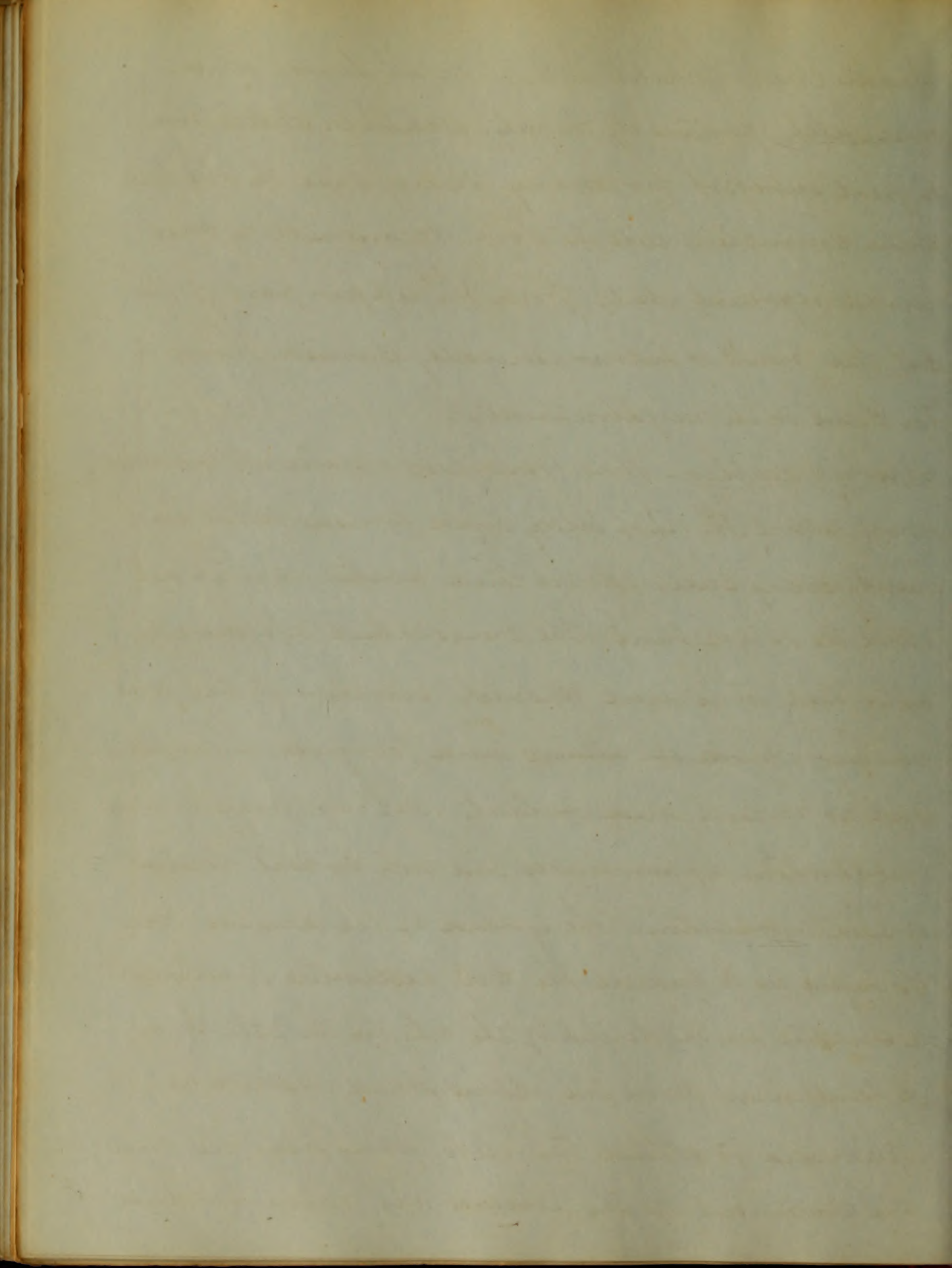
Causes of the Fever.

Locality - It is impossible to limit the sphere of this epidemic. Cases were brought to the Almshouse from all parts of the city; but by far the majority were from the same neighbourhood the Point, from



Mikes Street, Tripolito alley and the broad and most filthy portions of the City. Mehliak's Castle was a great entrepot for many. In every case the one had some connection with the other. Occasionally a case would represent itself from the upper part of the city, but friends or labour generally carried them to the Point or its neighbourhood.

Season & Weather - This Epidemic made its appearance about the 1st of May and proved fatal in nearly every case; its violence abated somewhat about the 12th of June. The cases which appeared after that time were precisely similar to the first in their mode of attack and progress; symptoms not as violent and fatality not as great by half. Post-Mortem appearances did not exhibit lesions of such aggravation. The spread of the Disease was so rapid as to induce the City Authorities to establish a Hospital in the limits of the city on the 25th June. A Gentleman from the Almshouse, St. Jenkins, was appointed to attend the sick. From him we learn the abatement of the Disease in number and

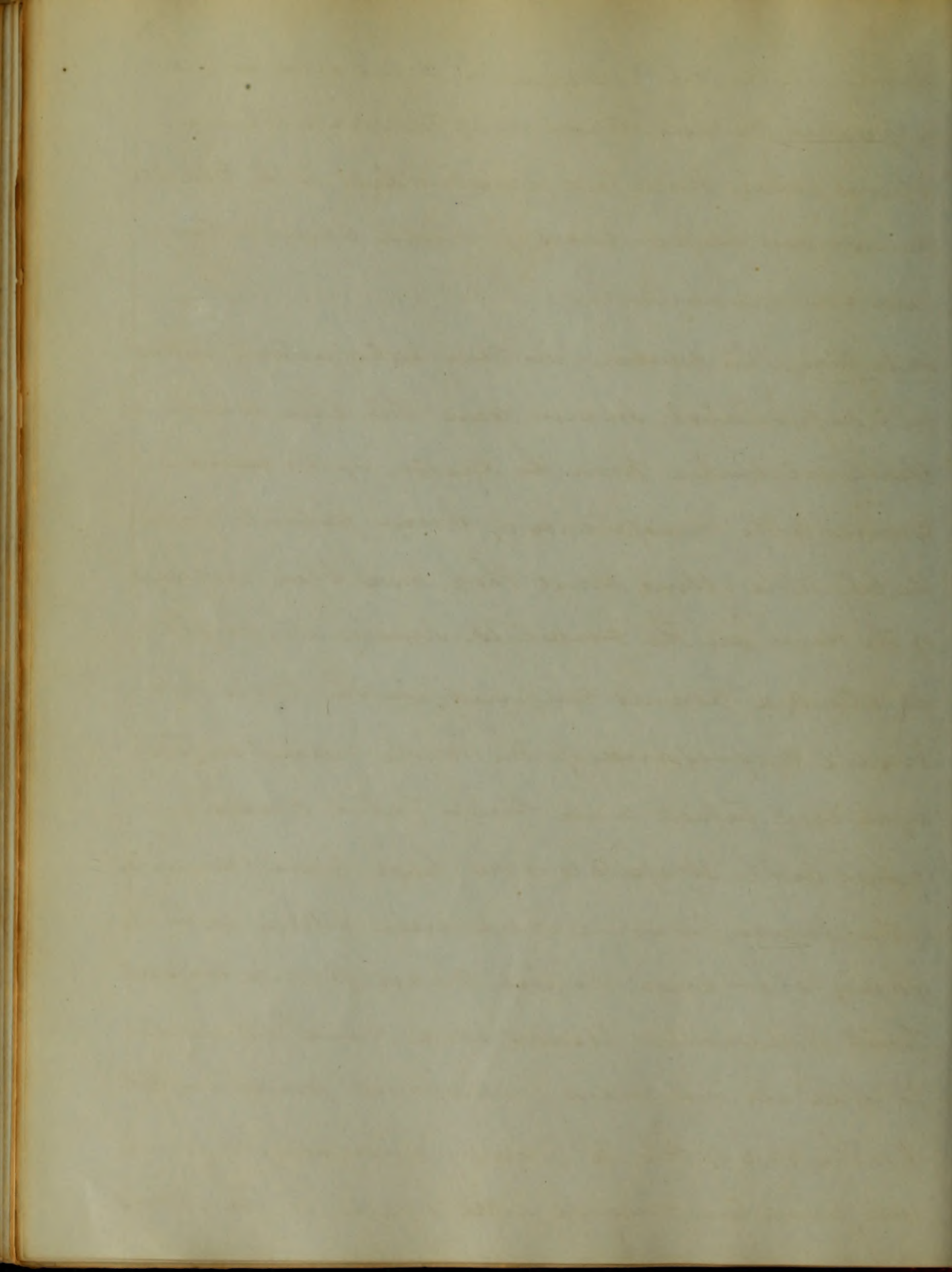


severity. On the 10th of August the cases were so few
as to cause the discontinuance of the Hospital in
Venus Street. From that time (10th Aug) to the 3rd Oct
we have had a few cases of mild character
and very manageable.

Inspection - This question has been satisfactorily settled
in the affirmative. In every case this has could be
clearly established from the history of the same.
Previous to the transference of Fever patients from
the City to the Almshouse, there had been nothing
of the kind in the Hospitals. During its height
it attacked persons, confined in the Cells for
insane negroes, and of the whole number, ten,
eight were taken and four fatal cases.

Prisoners in the Hospitals who had been inmates
of the House for some time, were taken with the
same fever and in two cases proved rapidly
fatal. Post mortem lesions were found similar
to those in the cases transferred from the City.

On the 3rd of Oct. a family consisting of man
wife and two children were brought to the Almshouse



House, the Wife was labouring under an attack of the Fever. Husband taken sick two days previous to arrival here, had been nursing wife. His condition precisely similar to that of his Wife. The two Children were comparatively well: Three days after their admittance to the House, both Children were taken with the same fever and very well marked.

These cases were of a mild grade and all recovered. Coexisting. Spleen & Heart. These conditions were found accompaniments in nearly every case. The victims of the Fever were the worst of their race in every respect; addicted to vices of every description, and from an examination of the premises which they occupied, they were more fit for the quadruped than man. The Apartment at the Alms House, wherein so great havoc was committed, was the darkest, dampest, most ill-ventilated portion of the whole place and the occupants were fit subjects, from their close confinement and almost necessarily filthy condition.

Age. None were exempt. Patients were attacked

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from five years up to old age. But most cases were
those of adults and persons addicted to every vice.
Sex. The number of cases were nearly divided. The
disease was much milder in the female and
the mortality not half as great.

Duration and March - The acme of the fever was
generally about the eighth or ninth day; in favour-
able cases a gradual improvement would
commence from that time. Unfavourable cases
would prove fatal in from ten to fourteen days.
Mortality - During the first outbreaks of the epidemic
the mortality was truly formidable. From the
1st of May, the date of the appearance of the first
case to the 30th of same month, twenty two
cases of males were brought from the City and
eighteen of twenty two cases proven fatal - at
the same time it was more fatal among
the female colour than at any other.

The Total number of males exported was 38

Total number. fatal 23.)
got well 15 } 38

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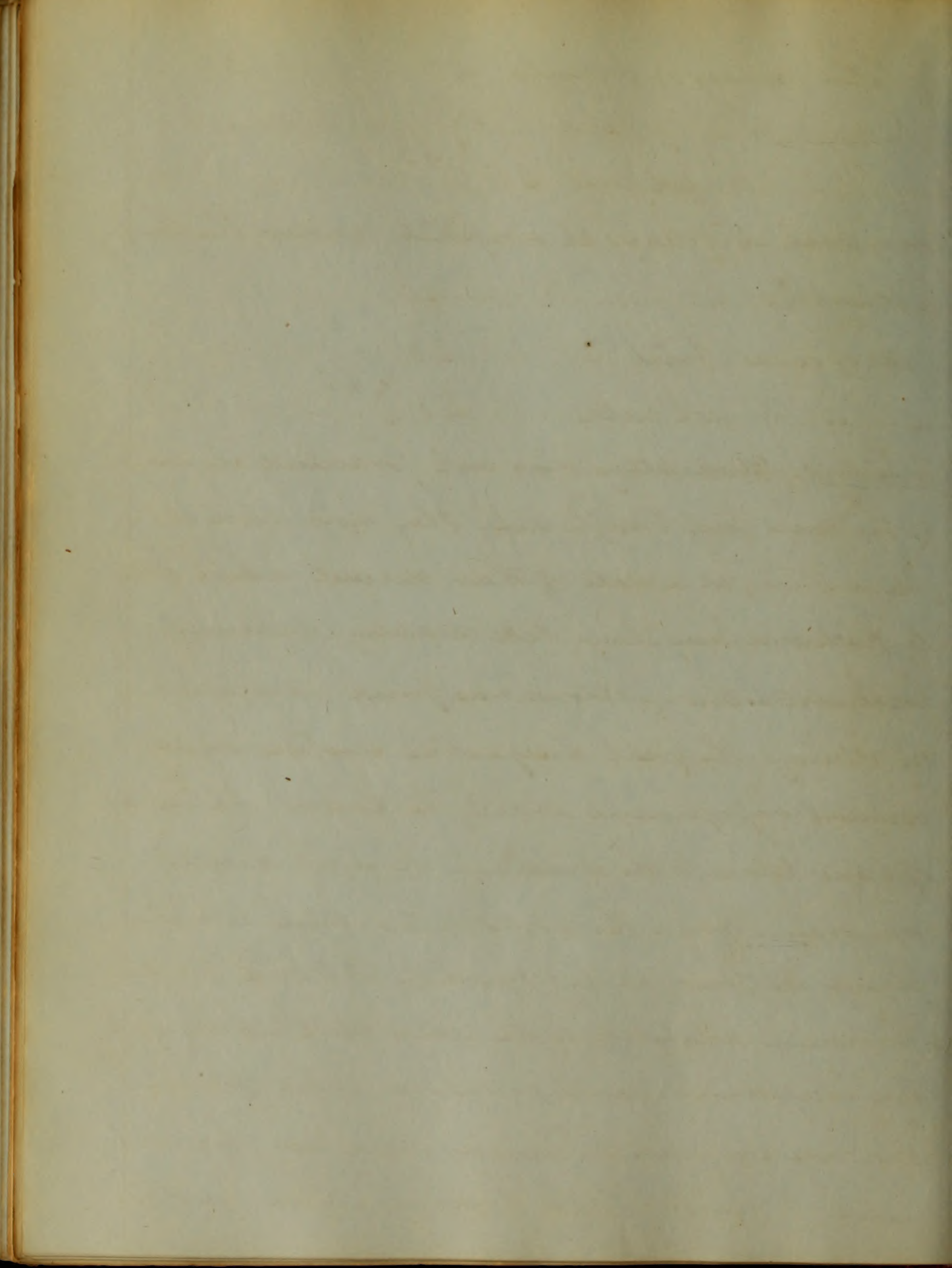
Total number of Lomas 40

" " " fatal 15 } 40.
" " got well 25 }

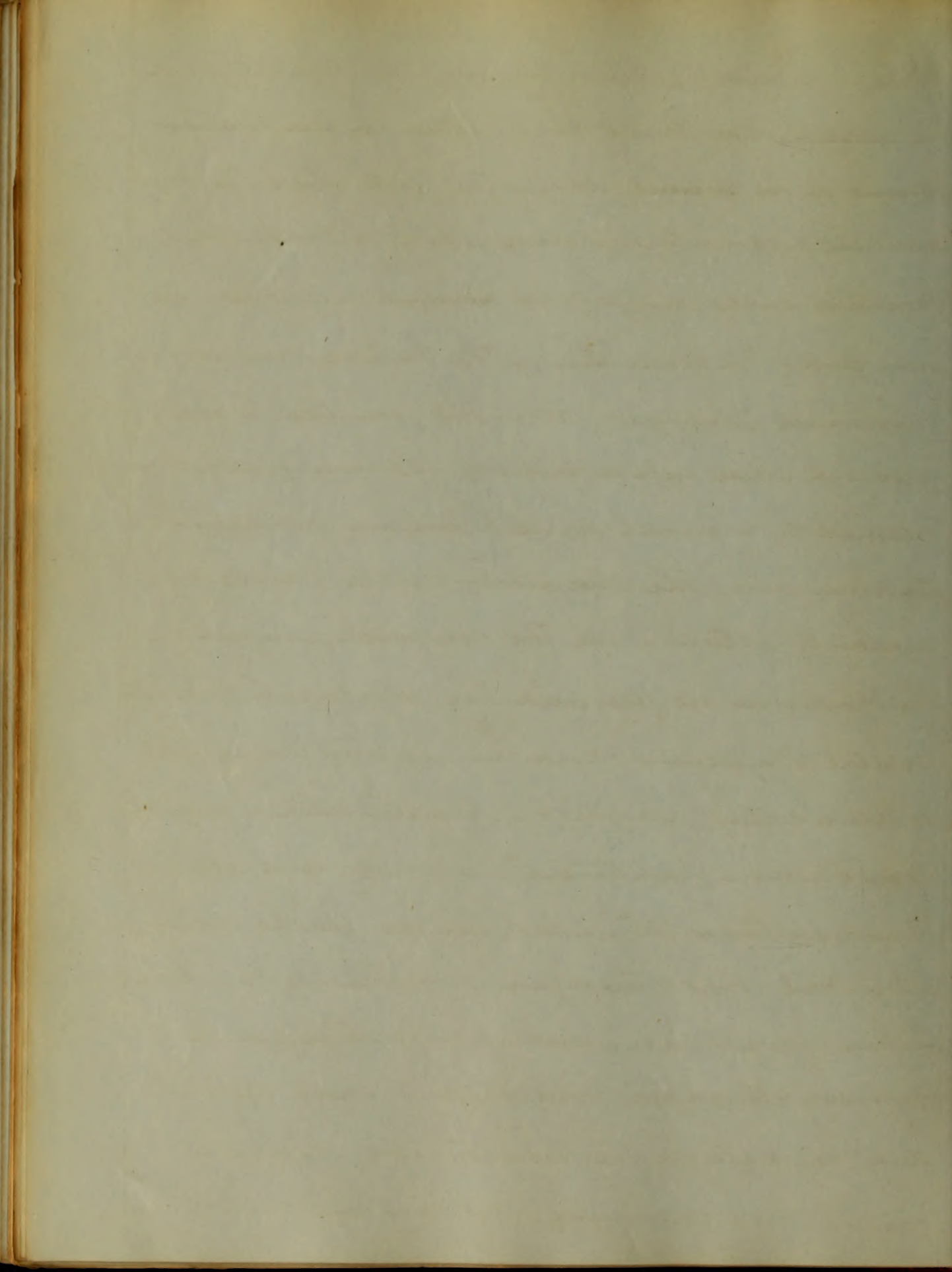
No of cases at Orleans St Hospital under the charge
of Dr Jenkins 60

No of cases fatal 20 } 60.
" " got well 40 }

Treatment. Blood-letting was not practised in any
of the cases first brought out. They were sent to the
Alms House at a date of their disease, which entire-
ly precluded any thing like depleting measures.
Local abstraction of Blood was found beneficial
in relieving the great epigastric distress and
excessive enjoyment about the Liver. On the 16th
of June, Blood to the amount of eight ounces
was drawn from the arms of two men labouring
under the fever, at the request of Dr Frick, for the
purpose of analysis. Both cases were severe and
they improved much for a few days following,
one case rapidly recovered. The other proved
fatal. From this time, Cases were sent out by the

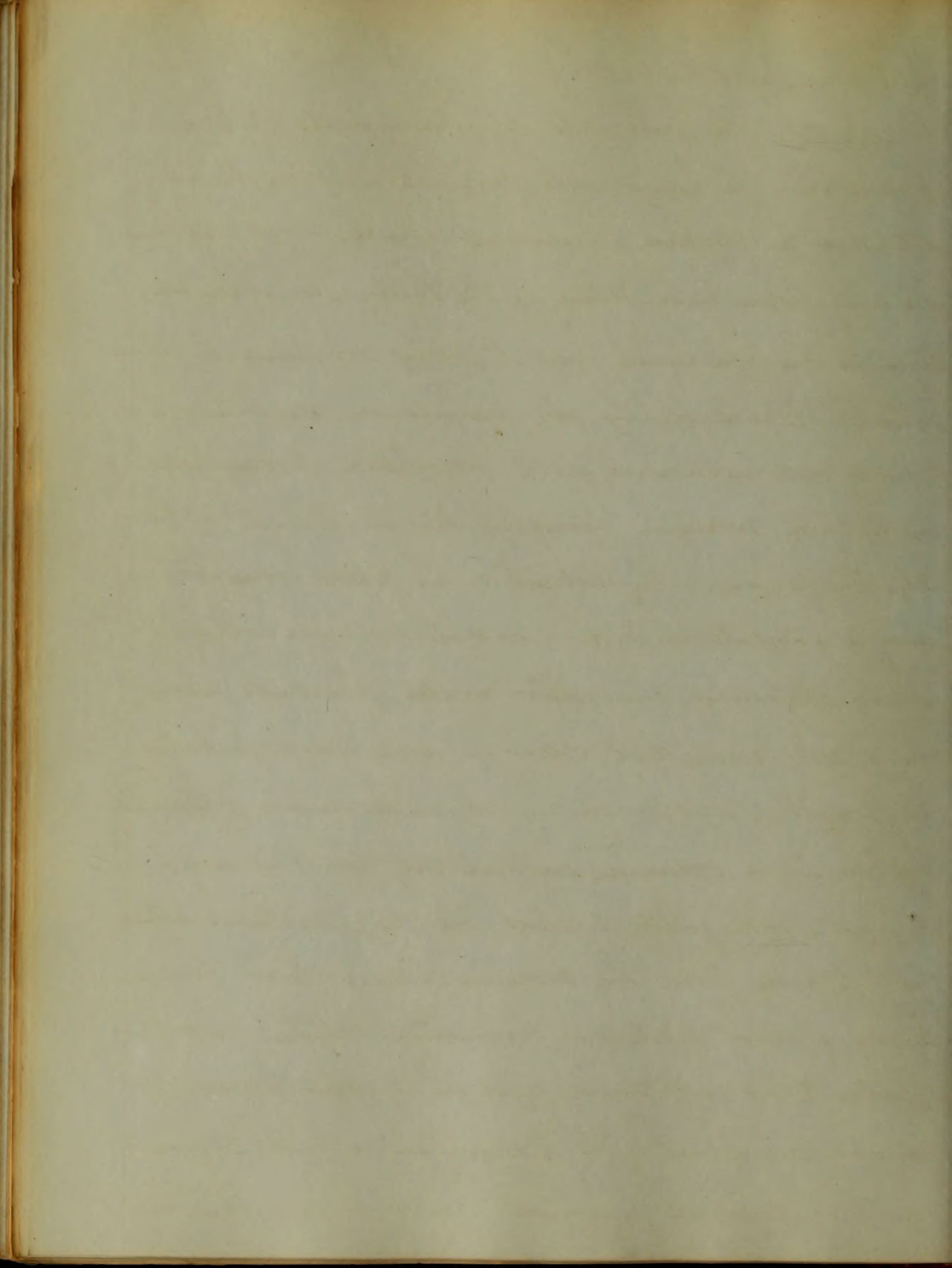


Policies at a much earlier period of the disease, and
we were enabled to use Blood-letting at several
periods of the ~~disease~~ during the first stage; it proved
unusually advantageous and where it could be
practised early enough was ~~almost~~ successful in
every case. The condition of the Patient was very
materially changed after this practice. A hot
purgent skin with a pulse of 130 and quick was
followed by a moist and pleasant condition of
the skin and the character of the pulse very
materially altered. At the commencement of
the Epidemic, we pursued the treatment of Conti-
nental Physicians, and no depleting measures
as Blood-letting, purging &c. but stimulated entirely.
Men & Women habituated to Drink were allowed
their accustomed stimulus, but no benefit being
derived it was changed for treatment, which
proved more successful. Turpentine as a
Capillary Stimulant was used to great extent
and very satisfactory results were derived.
Quinine proved beneficial. Mercury in small doses,

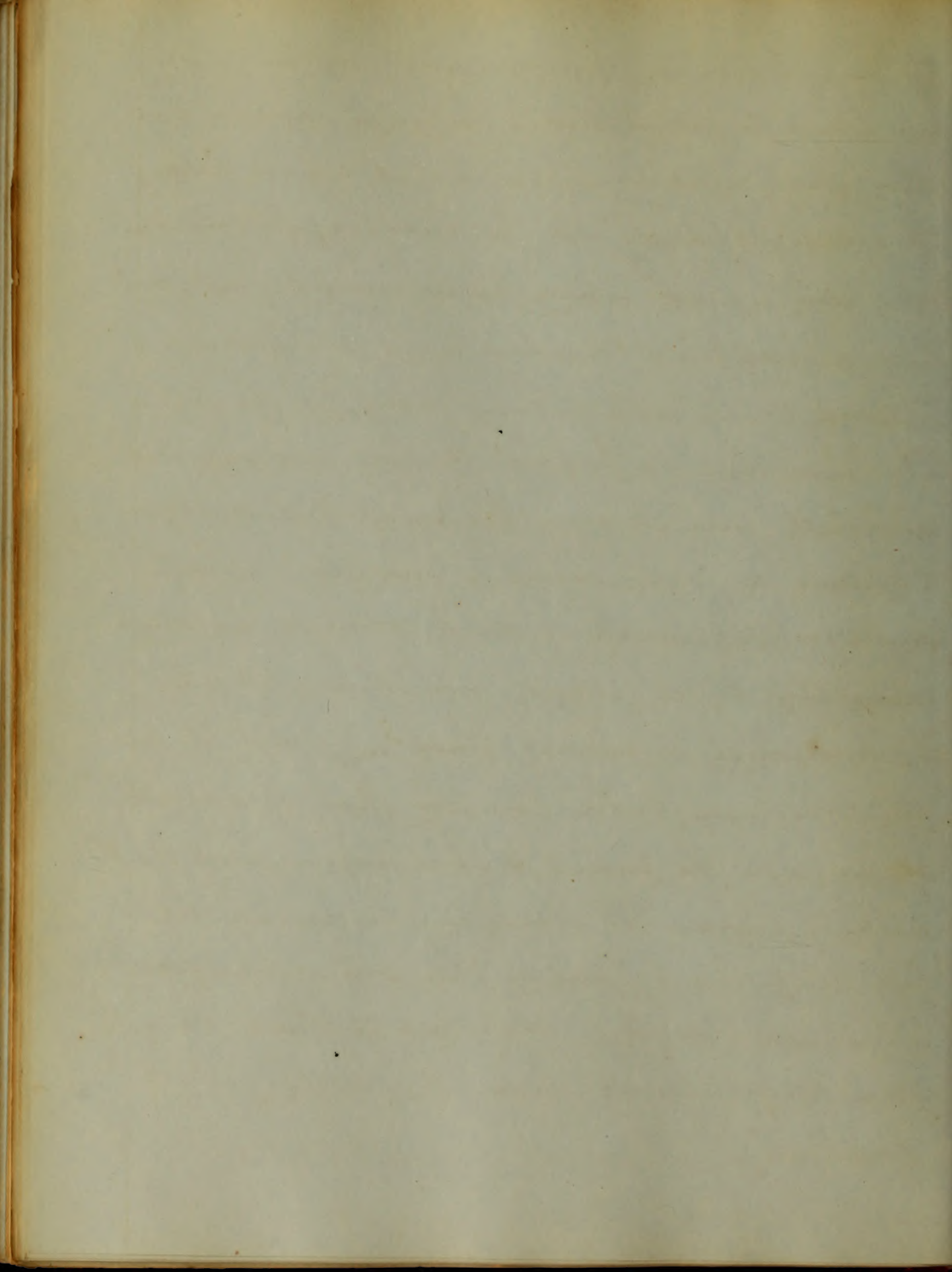


nona vomica &c.

Remarks. The principle characteristic of this disease was the invariable condition of the liver, attended by profuse jaundice, which was apparent in every tissue and fluid of the Body. Another feature in the Epidemic was its being confined to negroes entirely. We had during its prevalence, one case of Typhus accompanied with jaundice. It occurred in a white woman residing in the limits of the City. The reason of the outbreak of the fever was too early to attribute it to a malarial origin and its strong infectious character would preclude any thing like Remittent fever of any modification. Dr Graves of Dublin, in his remarks on an Epidemic Typhus, which occurred in that City in 1827, says "It was a bad gastro-Typhus. The chief interest attached to it arose from the circumstances of its forming a very striking link of connection between the ordinary gastric fever of Ireland and the yellow fever of warm countries. The Pneumonia, which characterized this Epidemic convinced me and every one, who

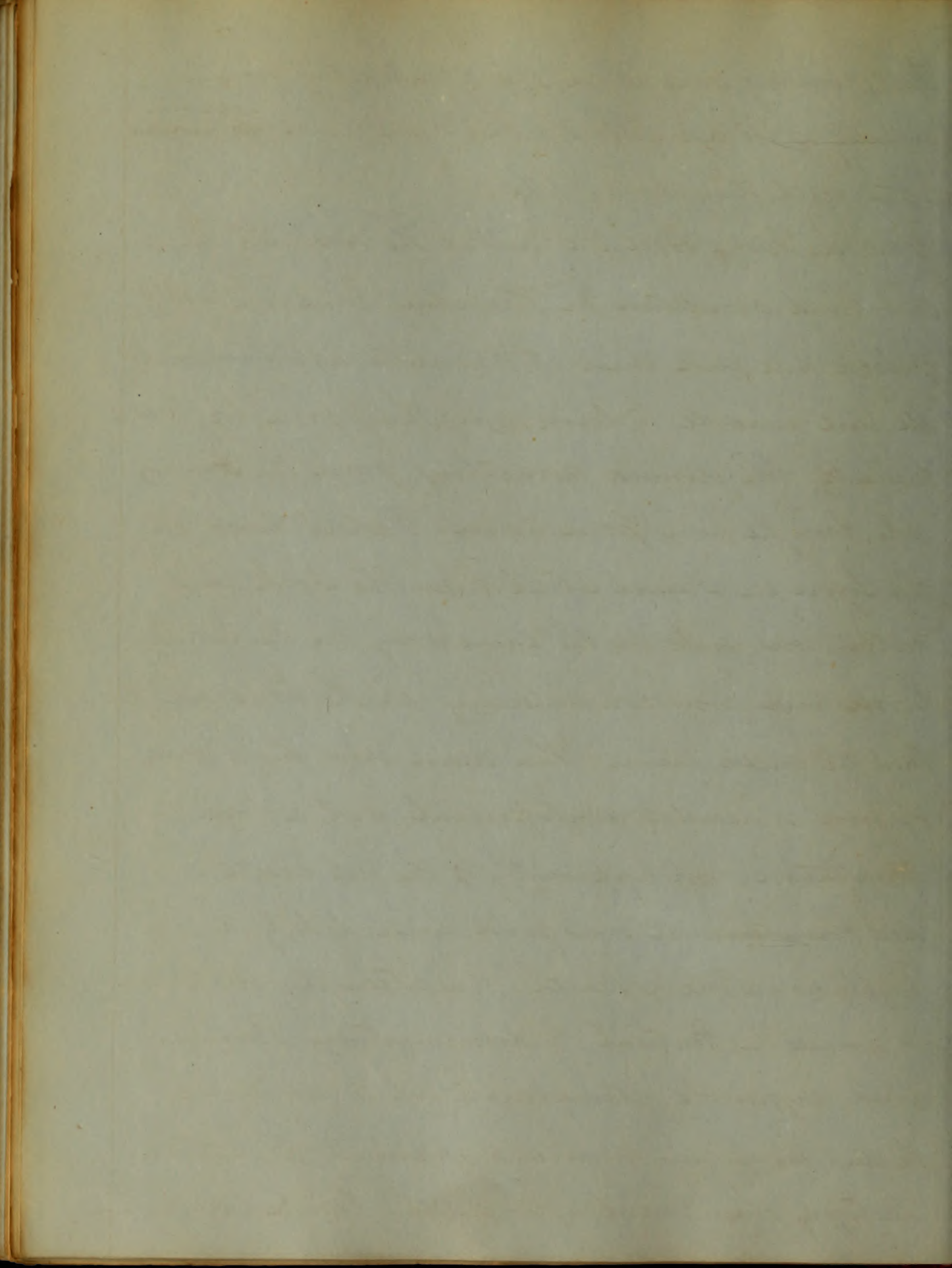


witnessed it, that the Common gastro-Typhus of this
Country and the yellow fever of America, Barbadoes and
other places, differ only in degree and not in nature.
The disease set in with all the usual symptoms, violent
heat of skin, a quick small pulse, sweating, restlessness
thirst, nausea and vomiting and abdominal
tenderness; This state of things went ^{on} for two or three
days and then the Patients became suddenly and
universally jaundiced. The symptoms now began
to assume a greater degree of malignity; vomiting
came on; a quantity of dark coloured substance
resembling coffee ground was thrown up and
the case most commonly had a fatal termina-
tion. We may observe, that in that Epidemic,
as well as in the present, a close inquiry into the
History of numerous Cases has convinced us
that the gastro Typhus of this Country as well
as the yellow fever of warmer Latitudes may
arise spontaneously and be propagated by
Contagion."



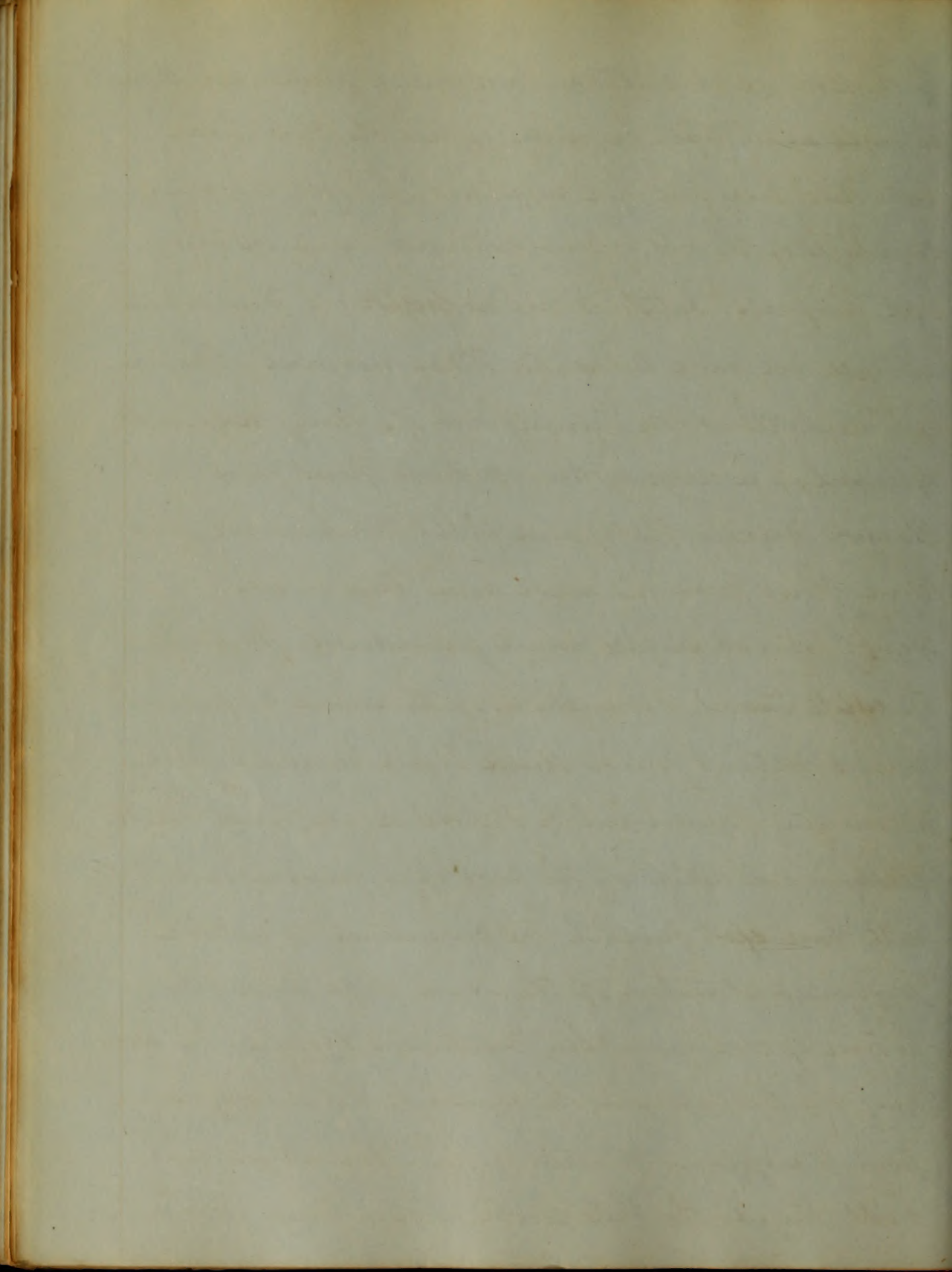
The following case is one, chiefly interesting for the intensity of its symptoms, which were more ~~marked~~ ^{apparent} after death, than during life -

Case 1st. George Hall, Col. entered the Hospital in a moribund condition, on Thursday, June 14th at 9 o'clock A.M. and died 15 minutes after arrival. We were unable to learn any thing from the Patient himself, but derived something from the Driver who brought him from Town. Patient lived in Old Town on Canal Street, near The Dock. His Father was sick in the same way in the same room and was convalescing at the time; all that we could learn. This man was large and of good muscular development - not a trace of emaciation, but apparently of the best health - His countenance was good and lively, eyes as bright as in one of health. An attempt was made to arouse the Patient by administering Brandy and other dissipable Stimulants, but to no avail. He died in a few moments apparently Comatose. Autopsy Three hours after death. External appearance

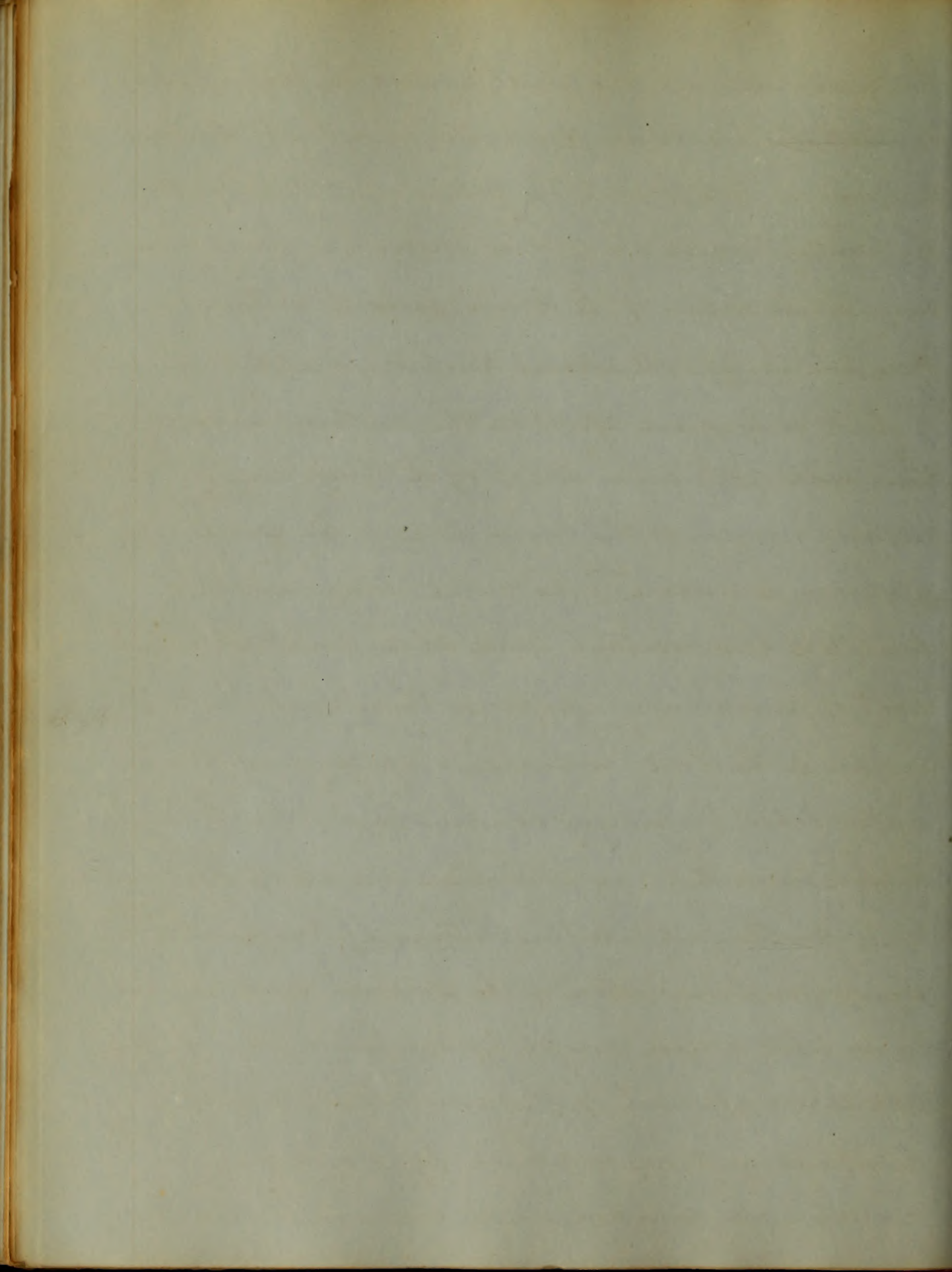


of The Body as above stated. Eyes much jaundiced. Cornea
as bright as in life. Impression of all the cut tissues
with bile. every pore and substance thoroughly injected.
Cartilages of the ribs yellow externally and on their
cut surfaces. Intestines not as bright on their external
surface, but more lubricated than normal. Peritoneum
of a deep yellow. On turning over the Body, a quantity
of wind of a deep yellow colour flows from his
Bladder. Muscles flabby and soft. Much dark fluid
Blood flows from his Heart and large vessels.

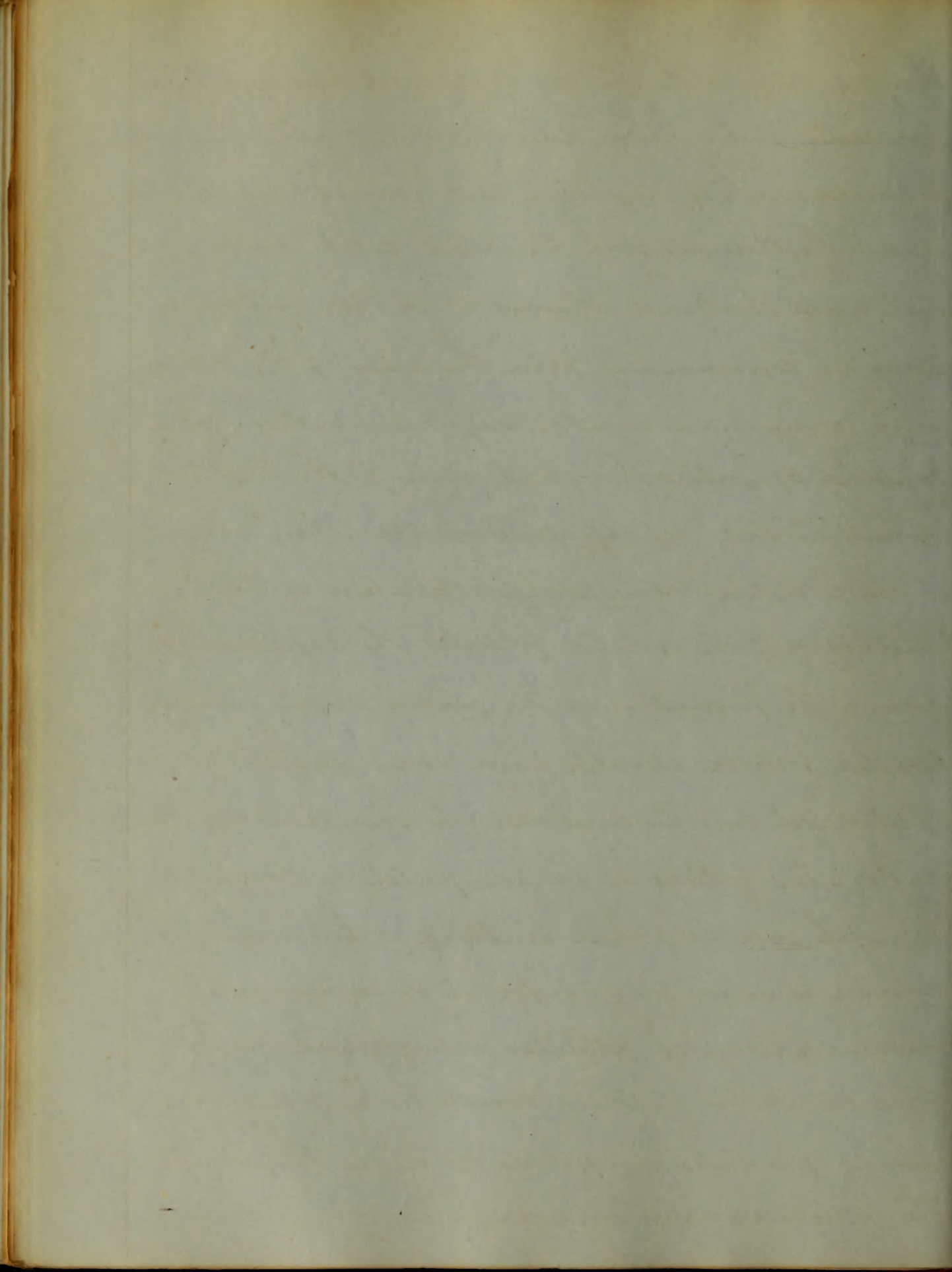
Heart. External surface much jaundiced. particularly
the white tissues. Pericardium of the same appearance
and contains more fluid than normal. Under
the investing membrane of the Heart, we find dark
ecchymosed spots of the size of a pea; when cut
into these spots present the consistence of a clot.
Muscular structure of the Heart soft and flabby.
No trace of clot in either ventricle. Brain. On rem-
oving the Calvarium the inside of the dura mater
presents a yellow matter of thin consistence and
highly tinged. The falx-cerebri is of a deep icteneal tinge.



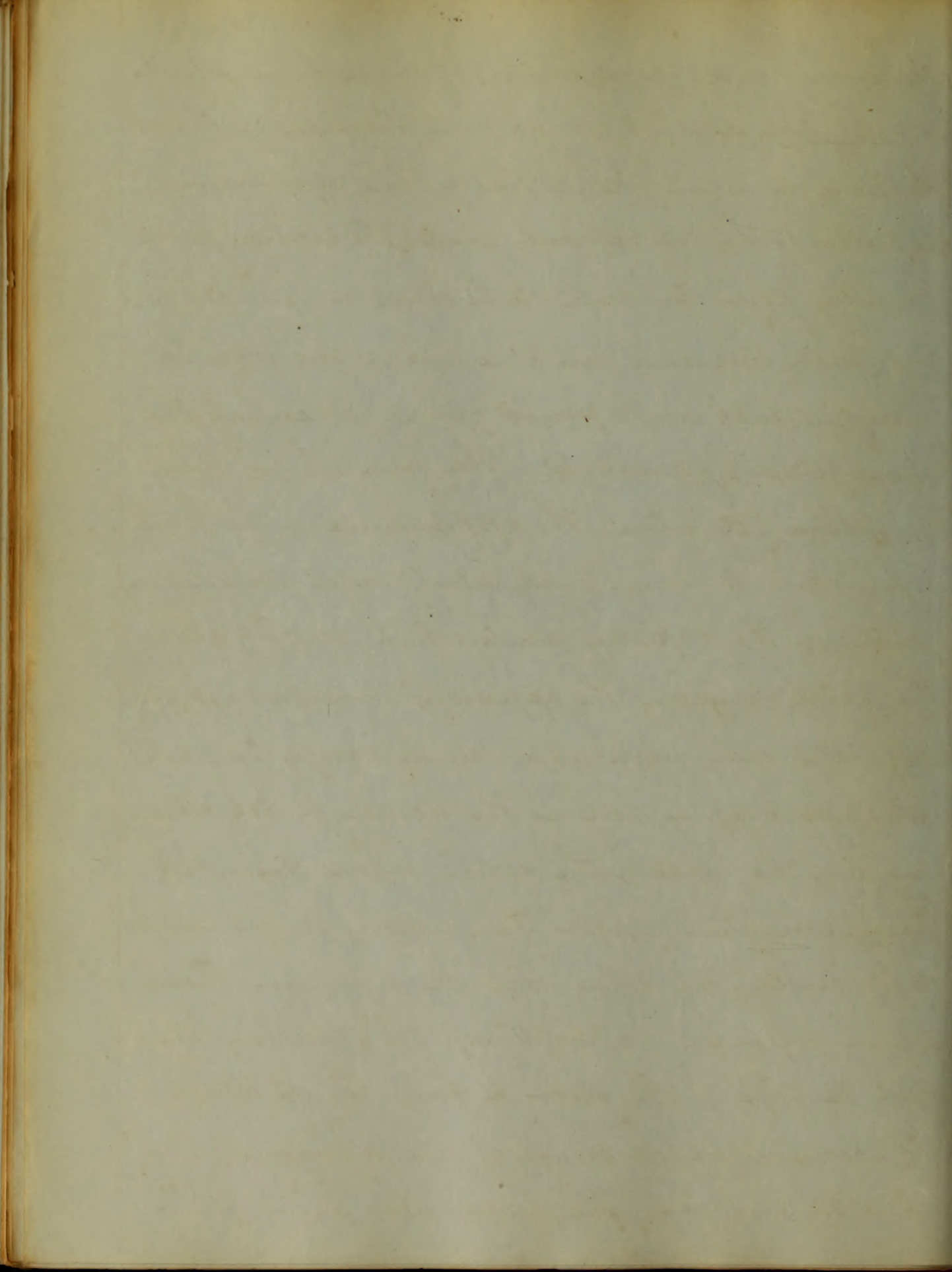
its appearance not materially altered by wiping away
the blood. The arachnoid, pia-mater and convolutions of
the Brain do not present the yellow tinge, but hardly
the faintest orange. The Corpus Callosum, Pons-vulvii
and white tissues of the Brain present no traces of
yellow. Lungs - The external surface presents a number
of dark ecchymosed spots on the anterior and pos-
terior sides of the lower lobe of right lung and on the
inferior margin of the lower lobe of the same. The
upper and middle ^{lobes} of the same lung crepitant -
lower lobe less crepitant and at a point splenific.
Points of pulmonary apoplexy throughout the cut
surface of the lobe - no similar appearance in the
upper lobes. Pulmonary hemorrhage from transpiration
and extravasation very common in all of the cases
and particularly in this. Stomach - Exaggerated
signs of inflammation of the stomach, such as occur
in no other disease except Typhus fever. Hardly an
appreciable quantity of fluid in the stomach, of thin
consistence and dark colour. Signs of capillary
congestion very marked and unusual, being as



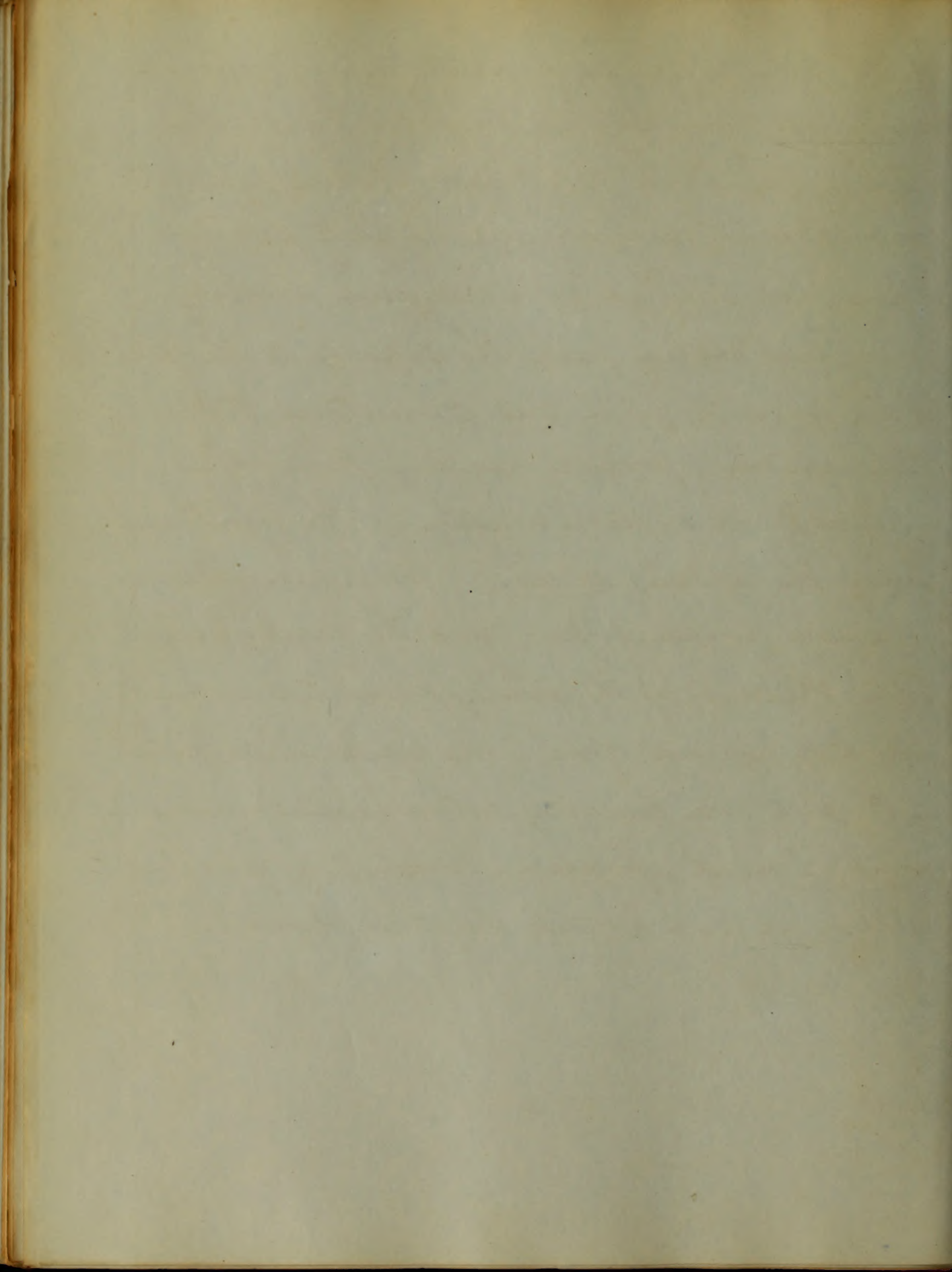
Though exposed to the air for some time and of a bright
vermillion tint - Mucous membrane congested and
puckered on itself as though earth-worms were crowded
under the mucous coat. The same coat much soft-
ened and thickened. Ileum - about three feet were
taken out commencing from the head of the colon -
most uncommon signs of inflammation - great
capillary congestion throughout and of the brightest
vermillion tint - velvety appearance when brought
to more light - No typhoid alteration of Peyer's
patches or of the isolated follicles. The capillaries
going to the formation of the patch deeply injected
Isolated follicles elevated and some larger than
others. deeply injected and red. by scraping off the
caps of the follicle a small patch of coagulable
lymph will be found enclosed; others when their
caps are removed present points of extravasated
blood - we suppose follicular enlargement results
from congestion of their vessels and from occa-
sional particles of effused blood in their centre.
The follicles are more enlarged as we go toward the



Ileo-caecal valve. The alteration of the isolated follicles is nearly lost at about 2 1/2 feet from the base of the colon. The blood in a cut follicle has a thin appearance similar to that of current juice. The serous patch extending from the base of the colon is of a deep salmon tint and mottled hue of red from its mingling with dark points giving somewhat the shorn beard appearance. They present no trace of typhoid alteration. The appearance of the mucous membrane is remarkably velvety and much congestion of the capillary vessels which supply it. The patch occupying the appendix vermiformis is injected every where and much congested, but not of so deep a red as the serous patch extending from the base of the colon, before described. Liver - somewhat larger than usual. seems as firm as in health, but when torn more jagged than usual. we find no softening. On squeezing the out surface of the liver a quantity of blood of the consistence of current juice issues from its entire surface. The hardness of the liver



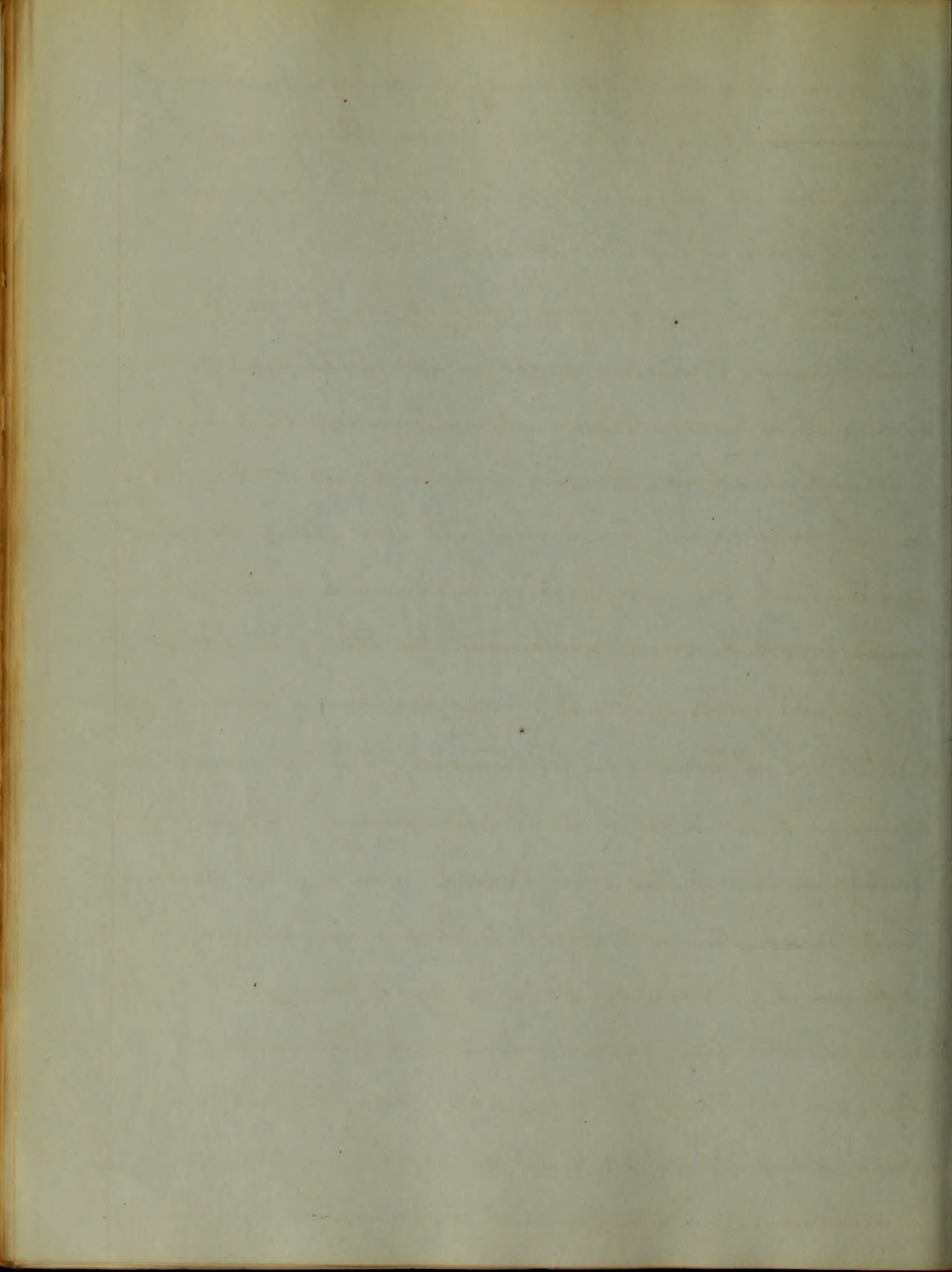
results from supposed Hepatitis having occurred during life, resembling the lung in the fourth stage of Pneumonia of Stokes. Spleen presents four times its normal size, of slate colour when first cut, but in a moment looking more like raspberry jam. The Capsule of the Spleen is torn off with great ease. Consistence firmer than natural, probably resulting from old Splenitis - old inflammation of the peritoneum lining the spleen. Kidneys. Transfused blood of a deep purple colour near the Malpighian tufts. The Centre of the Kidney presented numerous points of effused blood to all appearance outside of the tuft and evidently extravasated. Numerous points of renal apoplexy. Mucous glands yellow, but not altered in other respects.



Case Ind. Charles Cooper. Coloured Boy - aged 10.
entered the Hospital to day June 19th. has an
intelligent countenance and good muscular
development. has enjoyed good health previous
to the present attack. This Boy is from Ell alley
on the Point, near the wharf. His Mother has been
sick of the prevailing epidemic for the past
three weeks at the Strus House and stopped the
morning that her son was brought out. Patient's
Father died two weeks since of the Fever. a woman
has been sick in the same House with this little
Boy and is dead. He also tells us that his sister
a few years older than himself is sick at
home. Patient occupied the second story of a small
Bricks with his Mother Father & Sister in one
Room. His lodging & fare have been very good. A
number of persons were sick in the same neigh-
-bourhood, some of whom we have in the house
at this time. This Boy came to the Strus House on
Friday last to see his mother. He says he was taken
with a severe pain in his head back & throat.

* N.B. When Patient first entered The Hospital, we observed
The remains of a blister on the back of his neck, with
large vesications containing a quantity of deep yellow
serum -

neither preceded nor followed by a chill on the 16th -
his bowels were loose and open four times on Saturday
on that day he says he vomited a great deal - well
since - Present symptoms - Tuesday 19th. fourth day of
sickness - Pain in the head, more severe in the morning
than evening - vascular injection about the eye and
conjunctiva increased - Countenance expressive
of much distress - Tongue white and red about
the tip and edges - tenderness all over the abdomen,
particularly the epigastric, right and left Hypochon-
driac regions - more tenderness in the right than
left iliac region - Bowels open five times to day, but
a little at a time - no meteorism of abdomen - Urine
abundant and high colored, leaving a yellow
margin around the vessel - pulse 134 and
full - respiration 45. slight rhilus and emphysema
note in the middle lobe of right lung - Dr. Buckler
saw him to day and ordered R. Quinine Sulph ʒj.
Syrupus Scirpales ʒj. aqua ʒi. ℥ss - Tea spoon full
every 3 hours. R. H. Torbath ʒj. x. ʒss every four hours.
Venisection q.s. - Pulse previous to venisection 134 and of



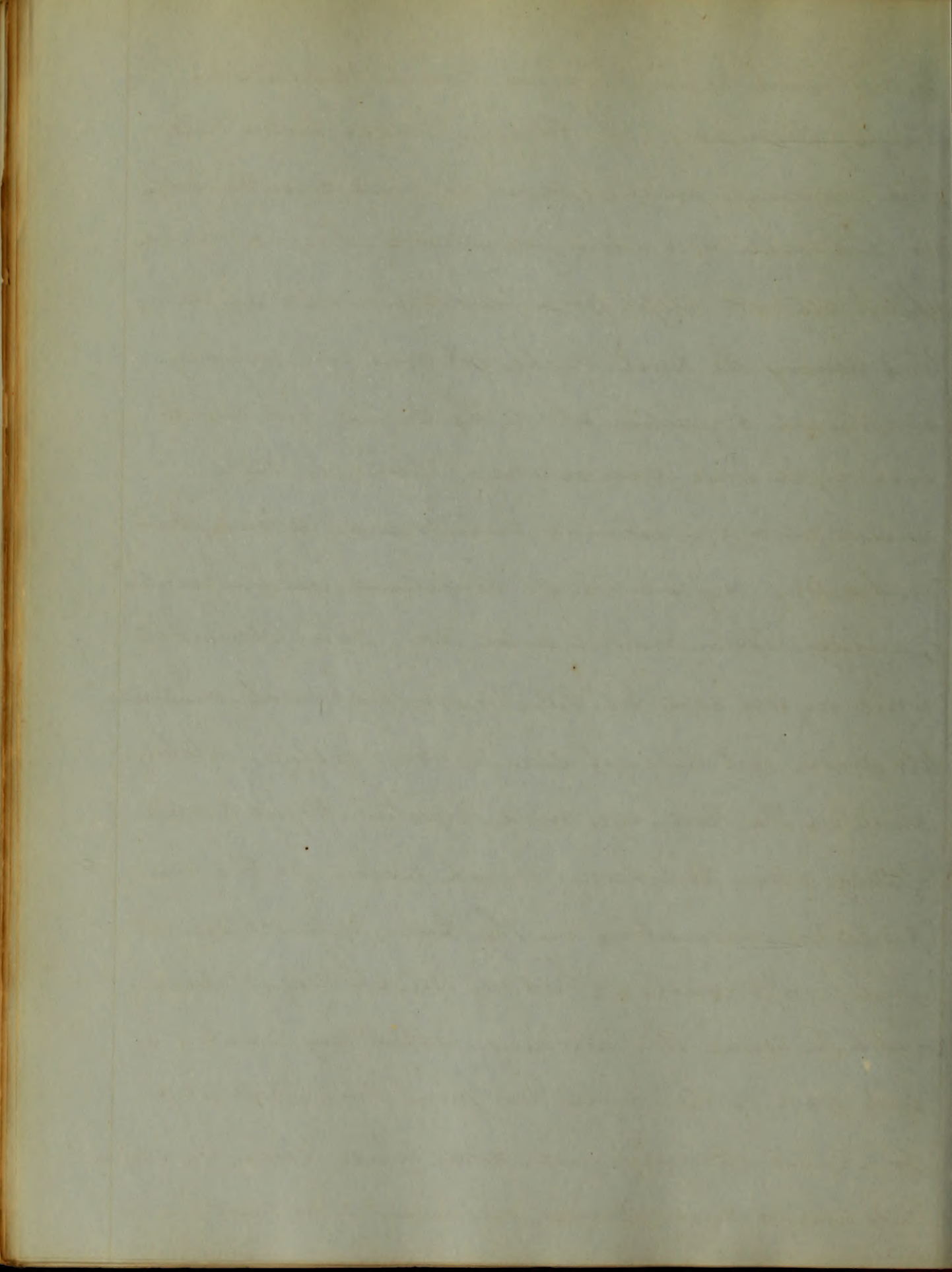
good volume. after 132 and much reduced in strength - Wednesday 20th. 5th day - Patient seems better

This morning - pulse 118 smaller and compressible - no head-ache. eyes more jaundiced - tongue furred

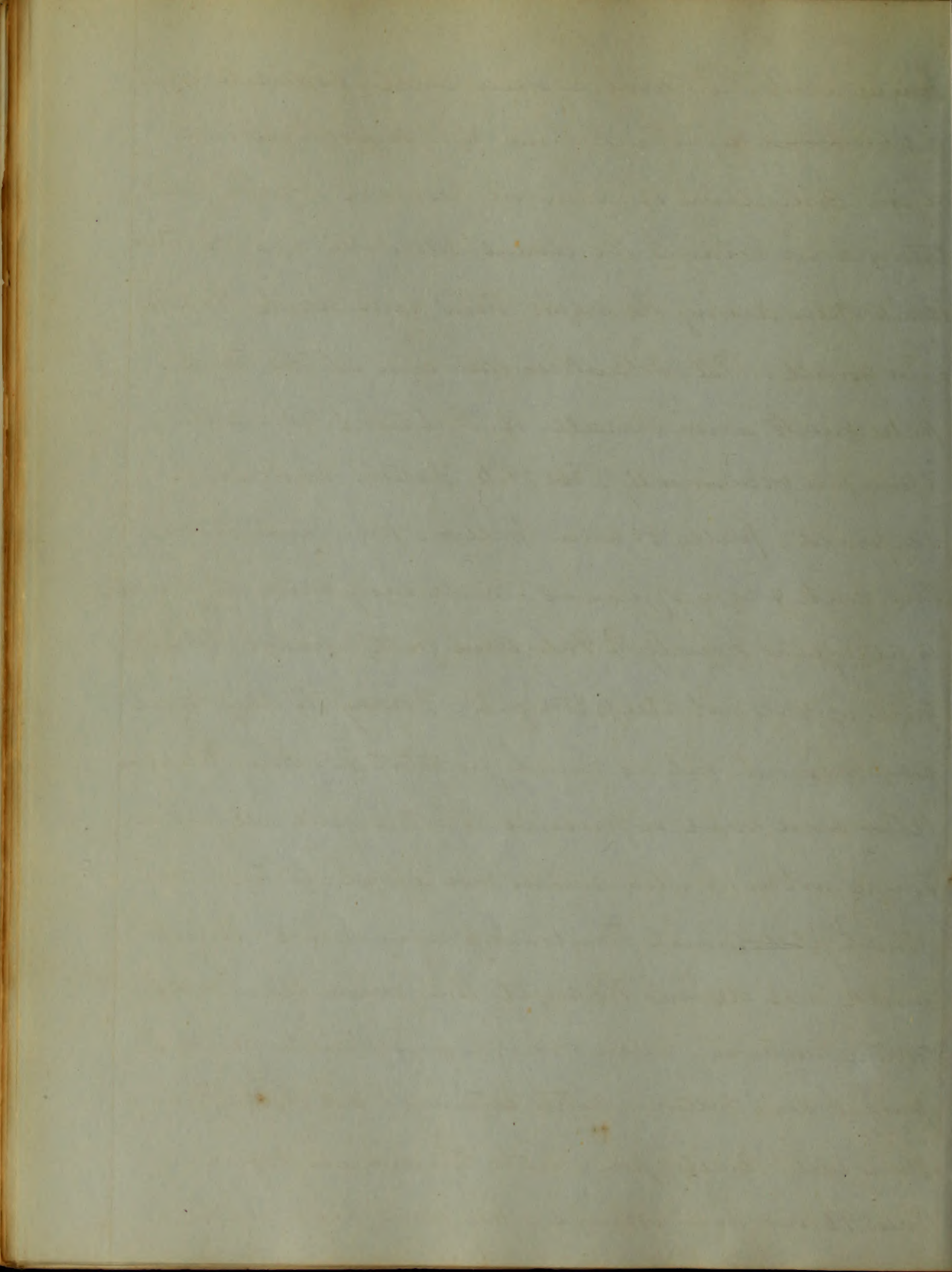
whitish all over. Slept for a few moments at a time during the past night, but was very uneasy - abdominal condition about the same - two stools last night and passed one of them in Bed.

passed also an ascariis lumbricoides about four inches long. respiration 40. countenance indication of distress - skin warm and dry - complains of noise in his ears. Ev 7 P.M. - no improvement - disposed to be drowsy but cannot sleep - very restless - pitching about in the Bed - eyes more injected - tongue coated yellow - skin hot & dry - much pain in the head.

passes his evacuations in the Bed - pulse 136, small and compressible - Thursday 21st, 6th day - Patient nearly the same this morning - rested very badly the early part of the night, but from that time slept for a while - countenance dull and insipid - eyes heavy & drowsy, much jaundiced - no head-ache



Tongue about the same appearance - exquisite sen-
sibility over epigastrium and right Hypochondriac
region - Complains of pain in his back - great fucti-
tation and retains the stool decubitus all the time.
Bowels open during the night, thin and dark - Pulse 112
and small - 1 P.M. Dr. Buckler saw him at this time -
pulse quick and small - R. Pot. Uil ℥vi - Tulle
Spem full occasionally - Eve 7 P.M. Patient somewhat
improved - pulse 96 and fuller - four stools to day -
thin dark & very offensive - more easy and at present
is sleeping quietly - R. Pot. Senn grs viij - pulse 1 - to be
given if does not sleep tonight - Friday 7th day - Great
improvement - not as much fuctitation - Countenance
better and more expressive - Rictus well all night -
Tongue not as pointed nor as red about its tip - not
much abdominal tenderness any where - Bowels
moved well during the night, thin and dark - Respi-
ration natural - skin warm and more moist -
pulse 110 and fuller - appetite returning - Eve 7 P.M. Patient
doing well - Bowels open - little tenderness remaining -
Pulse 96 and good volume - free from head-ache -



Saturday 8th day. This Boy is doing well. Countenance good -
tongue clearing - Bowels open - appetite much improved

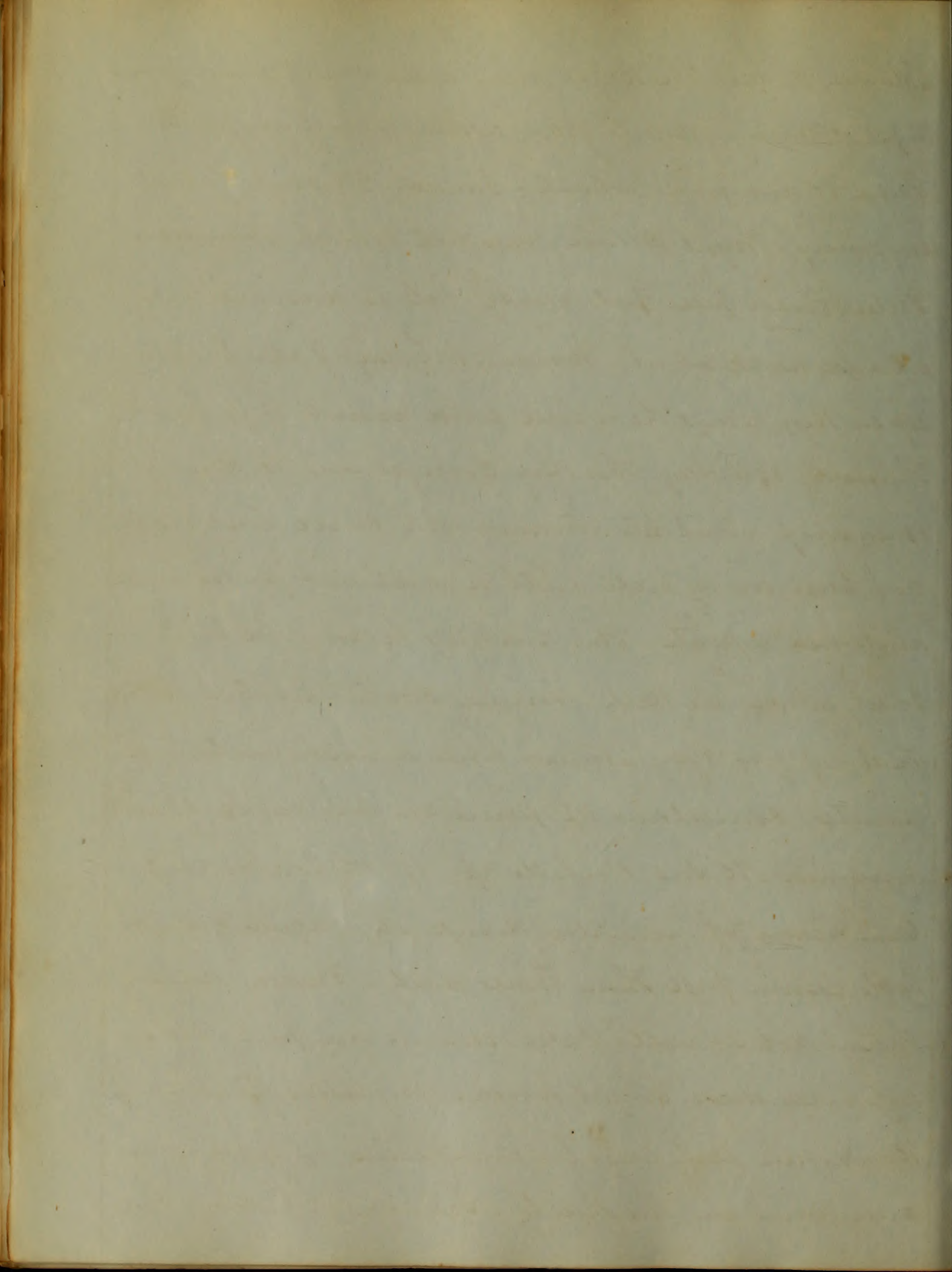
Pulse 90 and force voluminous - Sunday 9th day - Patient
improving - Tongue Clean - eyes not much jaundiced.

Pulse 88 and full - feels weak, but is anxious to get
up and walk about - Monday 10th day - Patient sitting
up in Bed, says he is well and wants to go home.

Thursday 13th day - This Boy complains to day of
uneasiness about his stomach, but since last date
has been doing well with a natural pulse and
improved appetite - This morning he says he feels
badly about his Belly - Tongue coated whitish - Some
tenderness over epigastrium and considerable tym-
panites - complains of pain in his back. Bowels

confin'd - R. Sal Rochelle ℥j - R. ℥L Turbith ℥ij -
Lum acacia ℥ij - simplex Sympus ℥ij - Aqua ℥iv - m.

Table spoon full three times daily - Friday 14th day -
Patient not so well - Pulse 130 and very full - Skin
hot and dry - Tongue fur'd - Epigastric tenderness -
Bowels open last night - complains of head-ache
and pain in his Back - Saturday 15th day - Patient

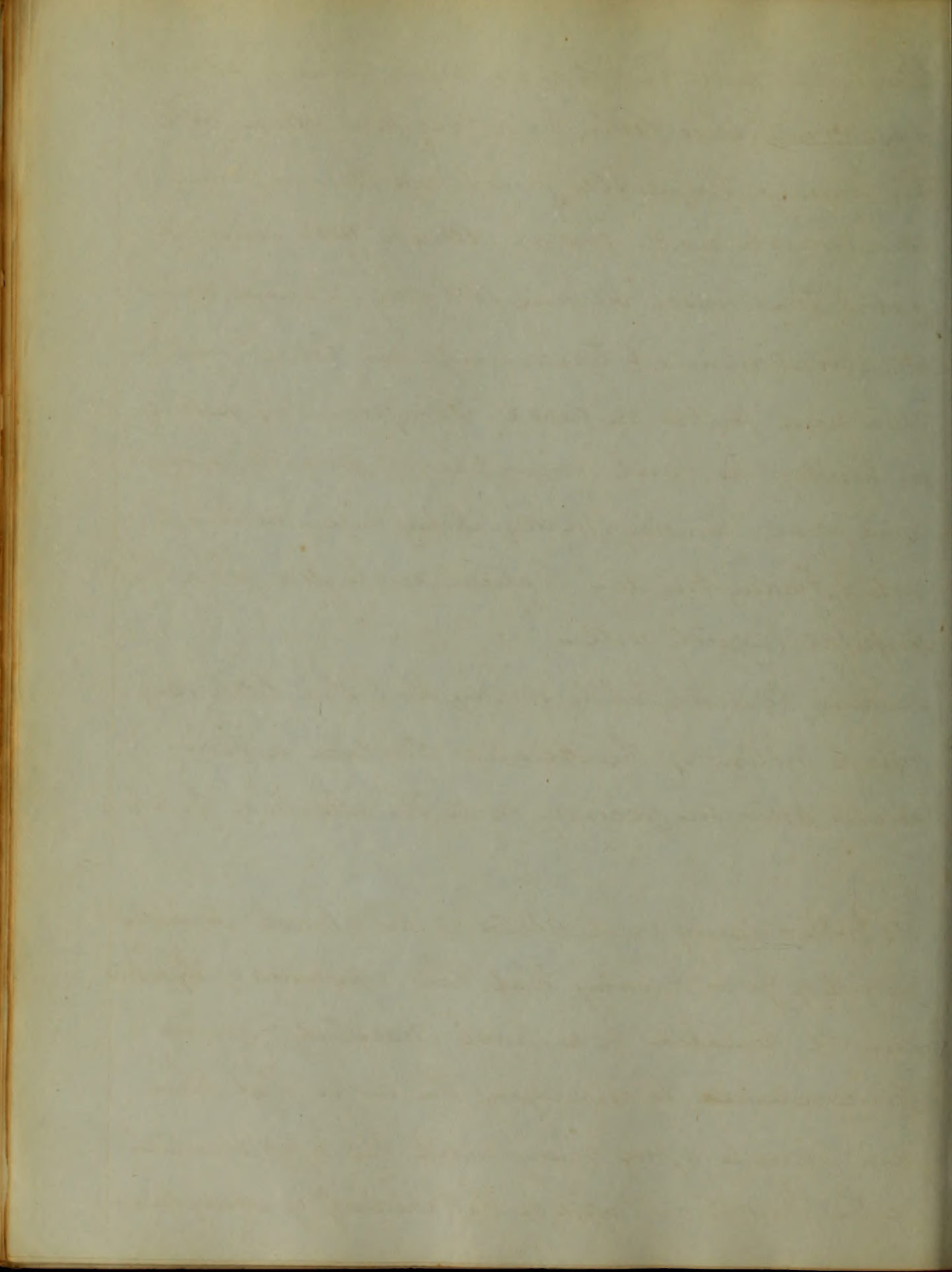


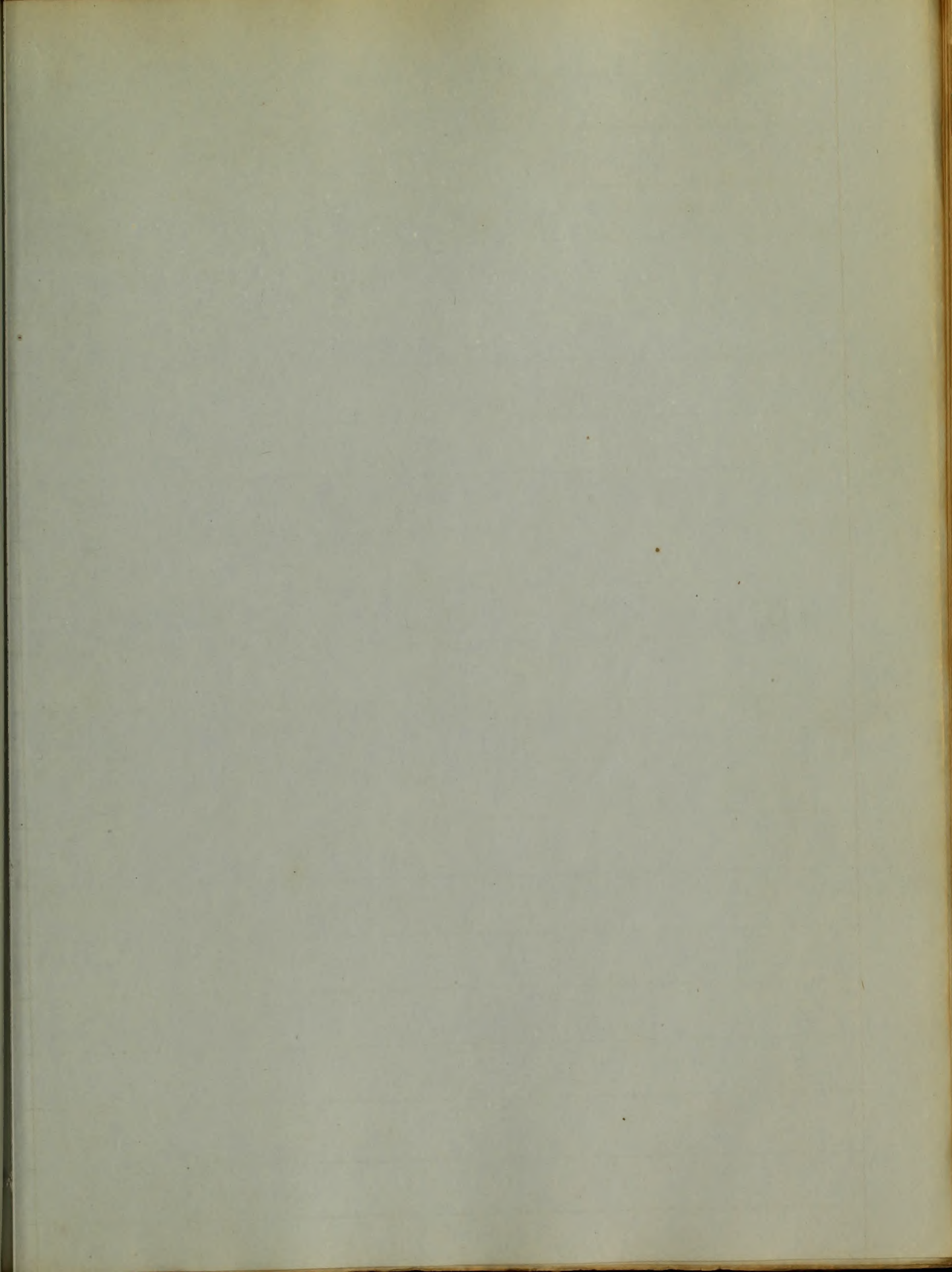
better to day. pulse 92 not of as much volume as yester-
day. Countenance better and free from Head-ache
this morning. Tongue still furred. appetite improving.
skin warm and moist. Bowels free. some epi-
-gastric tenderness. Sunday 16th day. Patient doing
well. no abdominal tenderness. no head-ache.
skin and pulse natural. Complains of pains
in his legs as most convalescents from this fever
have done. Monday 17th day. Doing well. nothing to
note. Friday 21st day. Patient discharged from the
Hospital perfectly well.

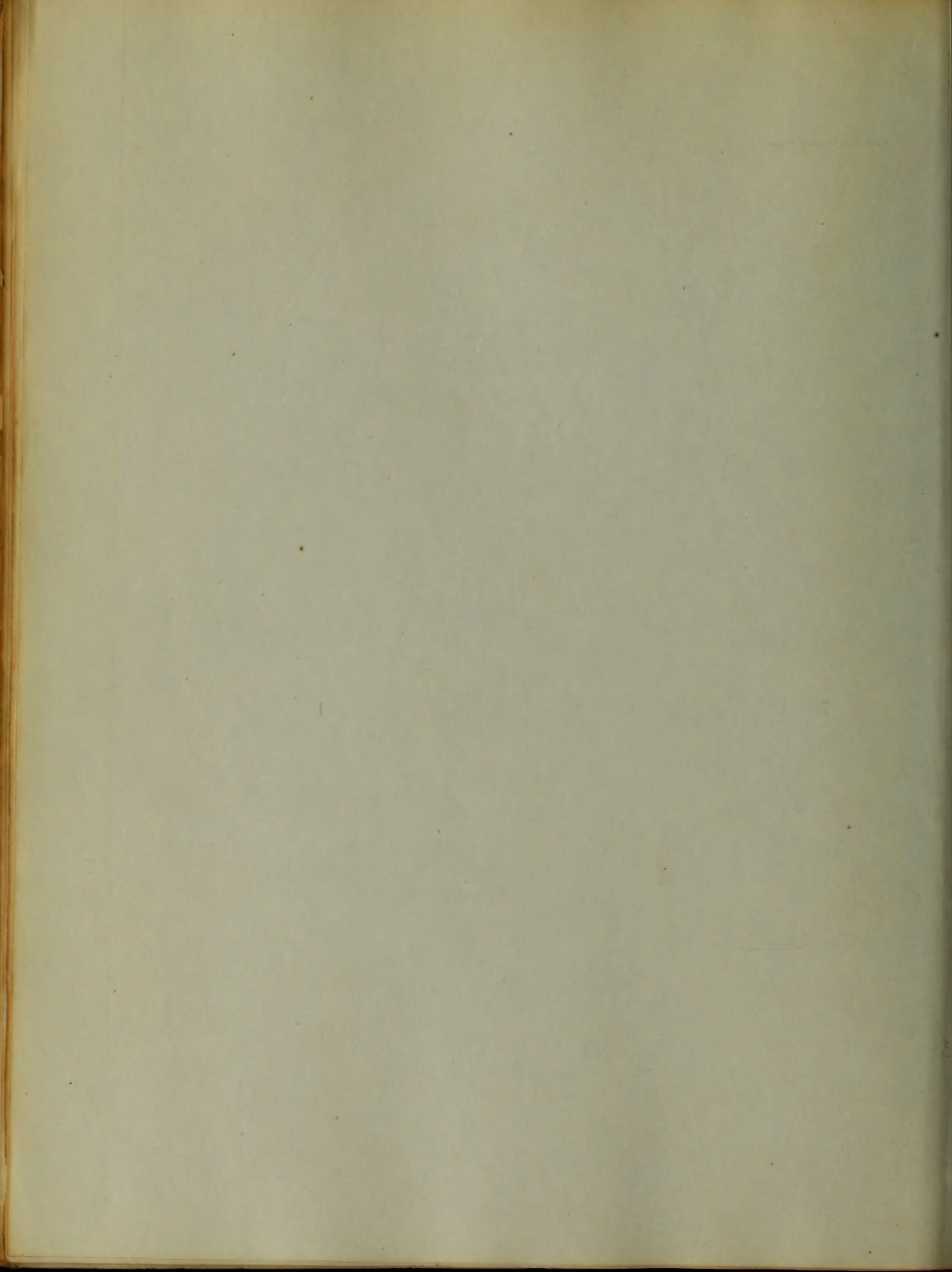
It may be worth while to say, that this little Boy
was a victim of the Asiatic Cholera a few
weeks after his recovery from the attacks of Typhus.

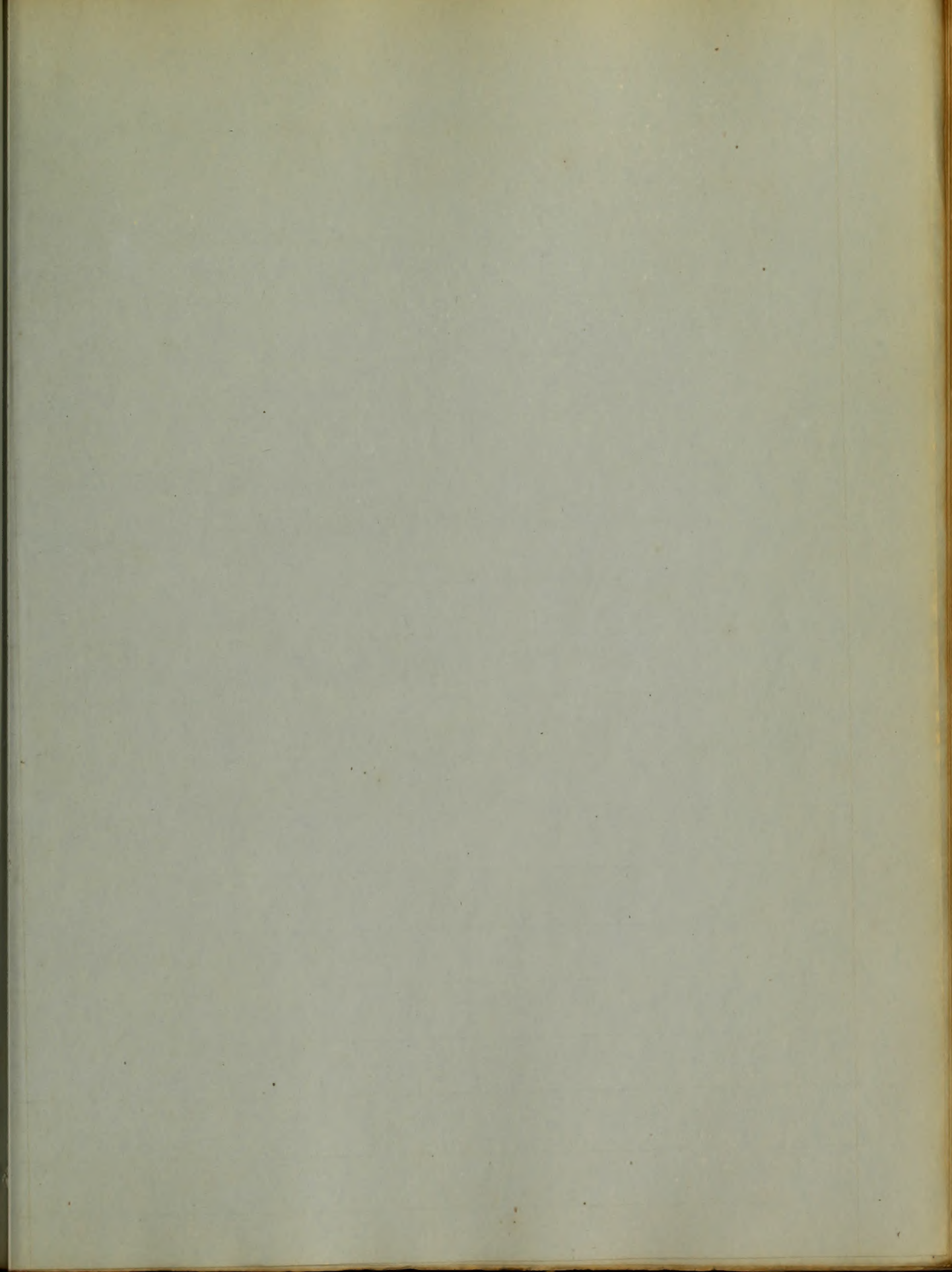
We forbear saying more, relative to this almost boundless
subject of fever, knowing that this epidemic of Typhus
will be handled by a most masterly mind.

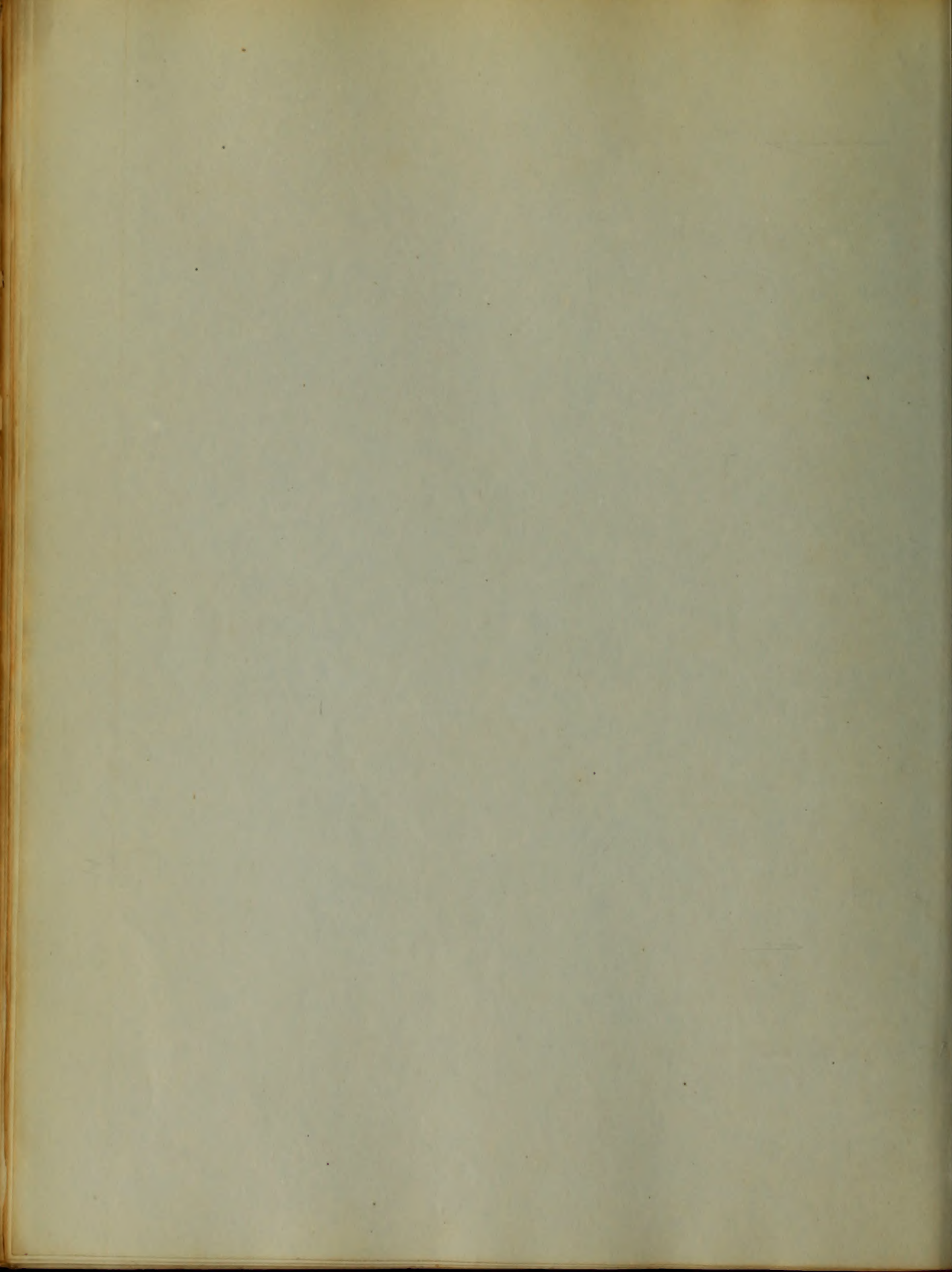
We conclude, by indulging the hope, that this
our humble effort, may meet the approbation
of the Faculty of Physic, of the University of Maryland.

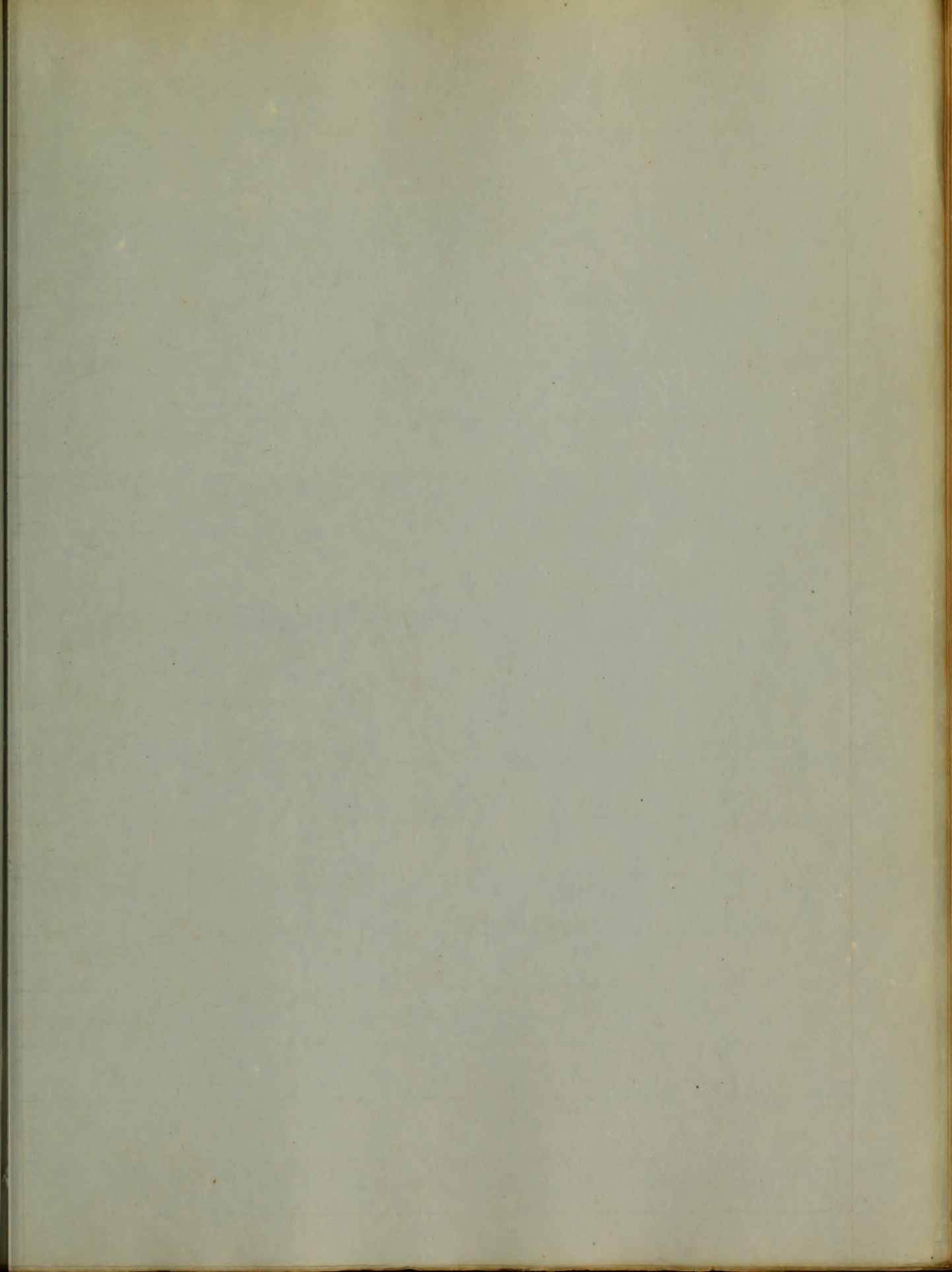


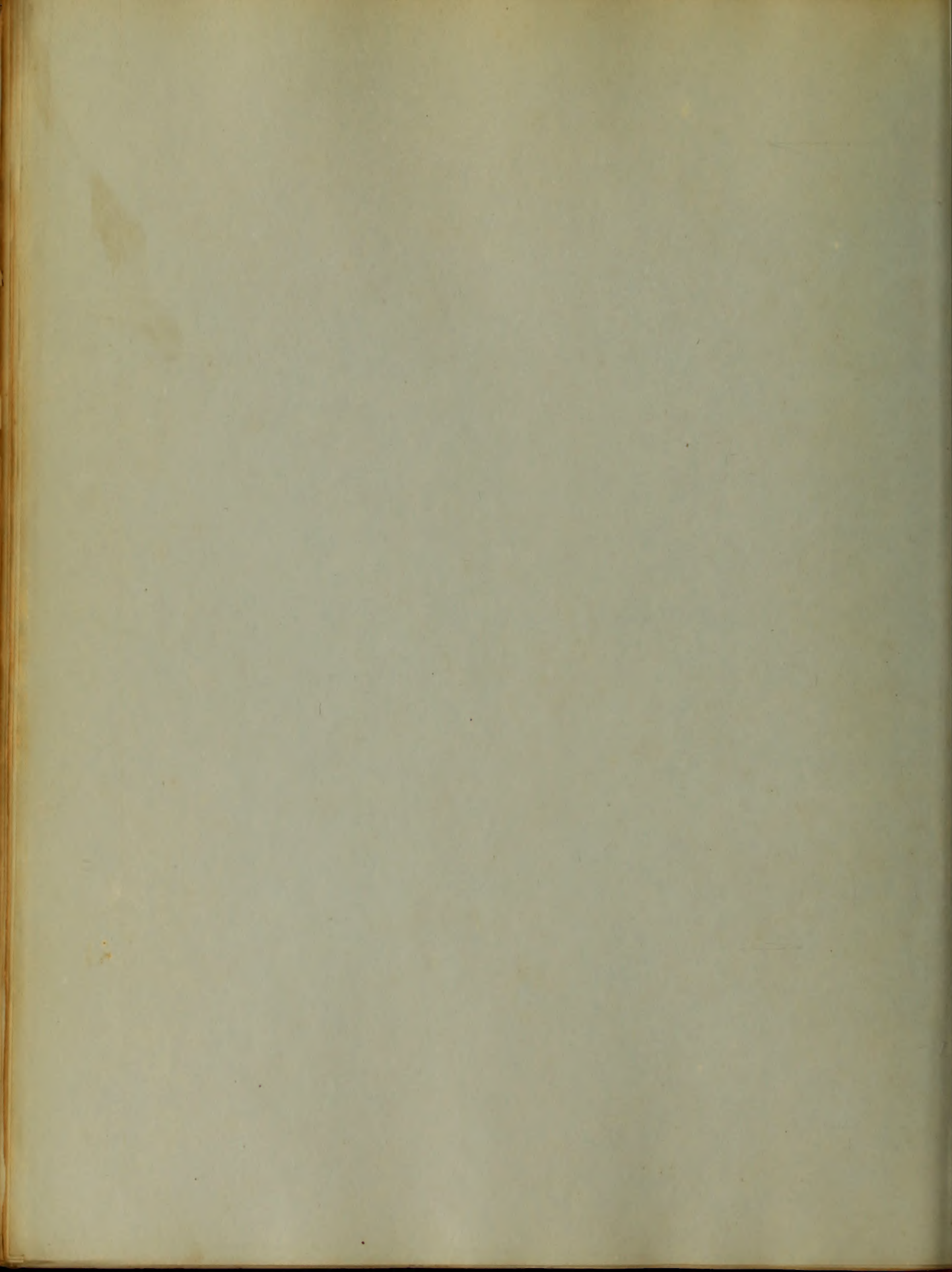


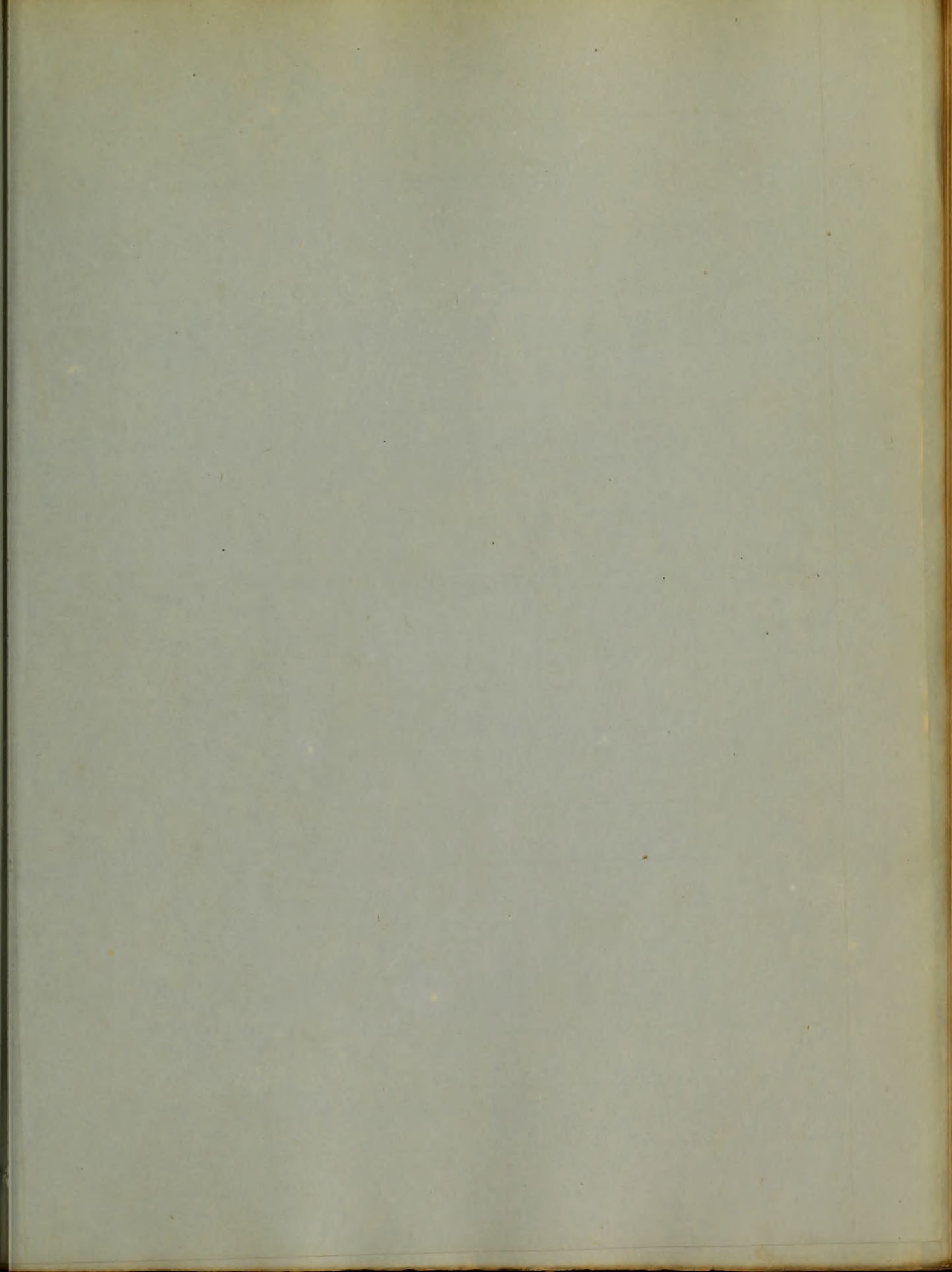


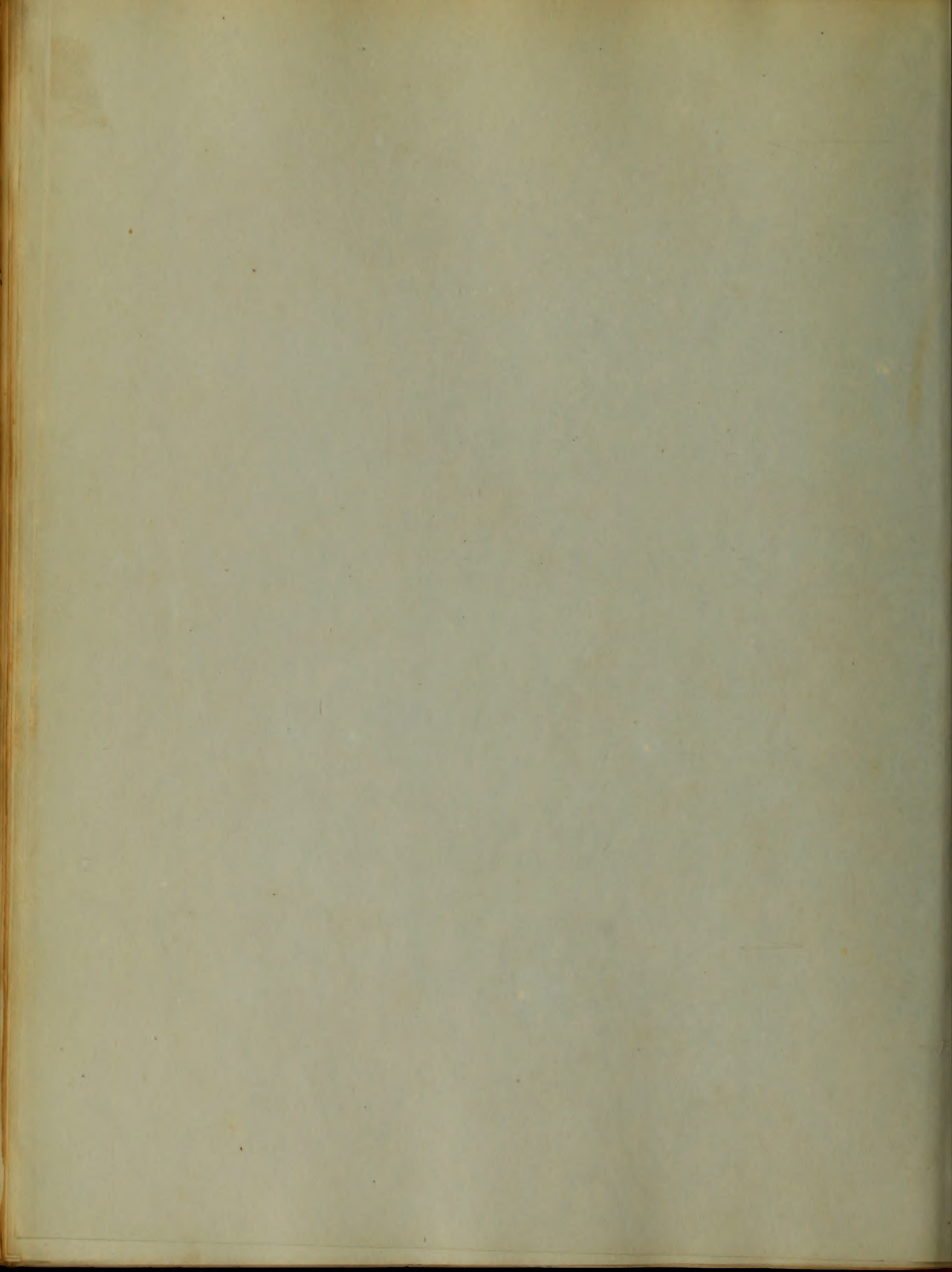


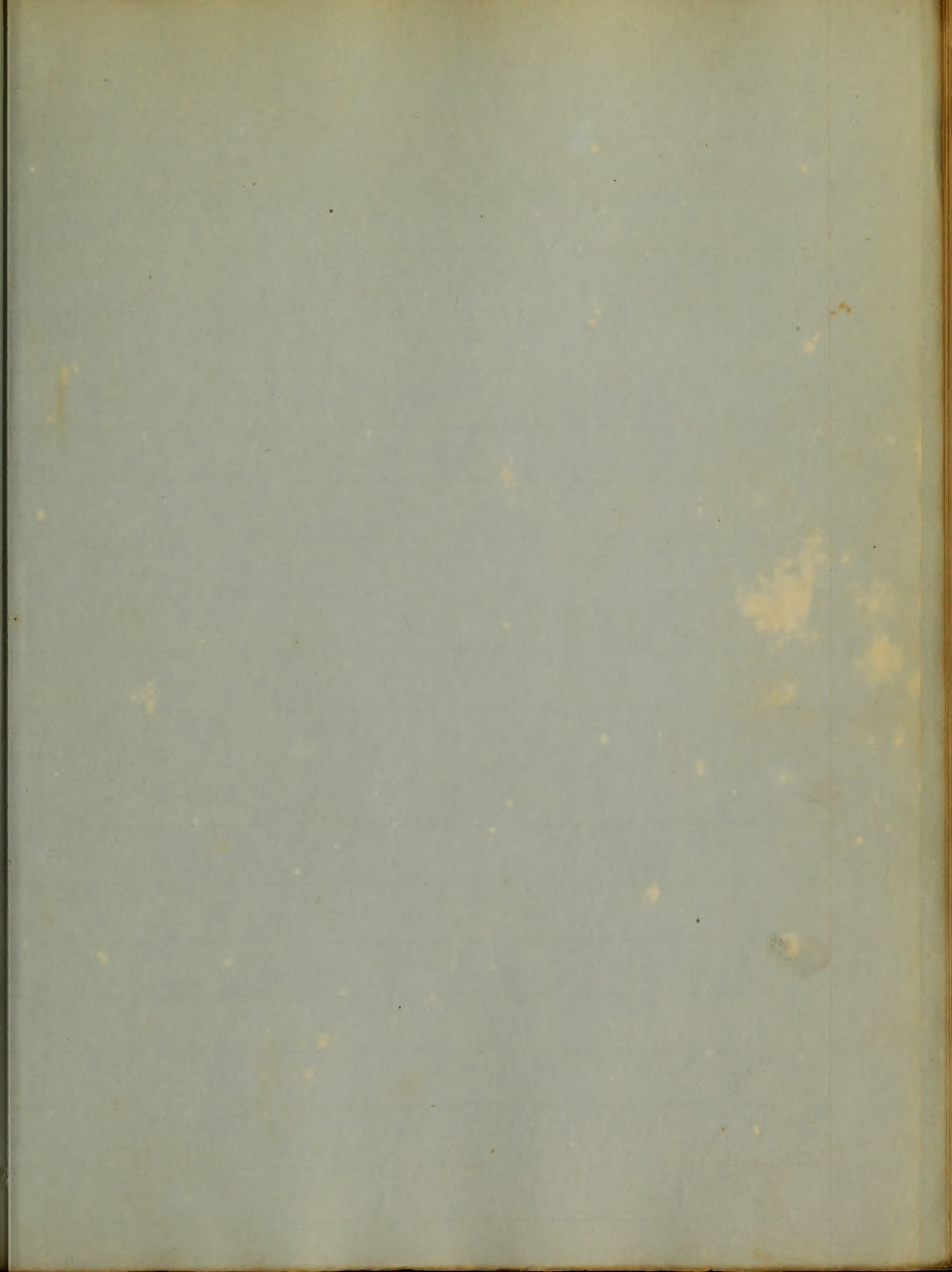


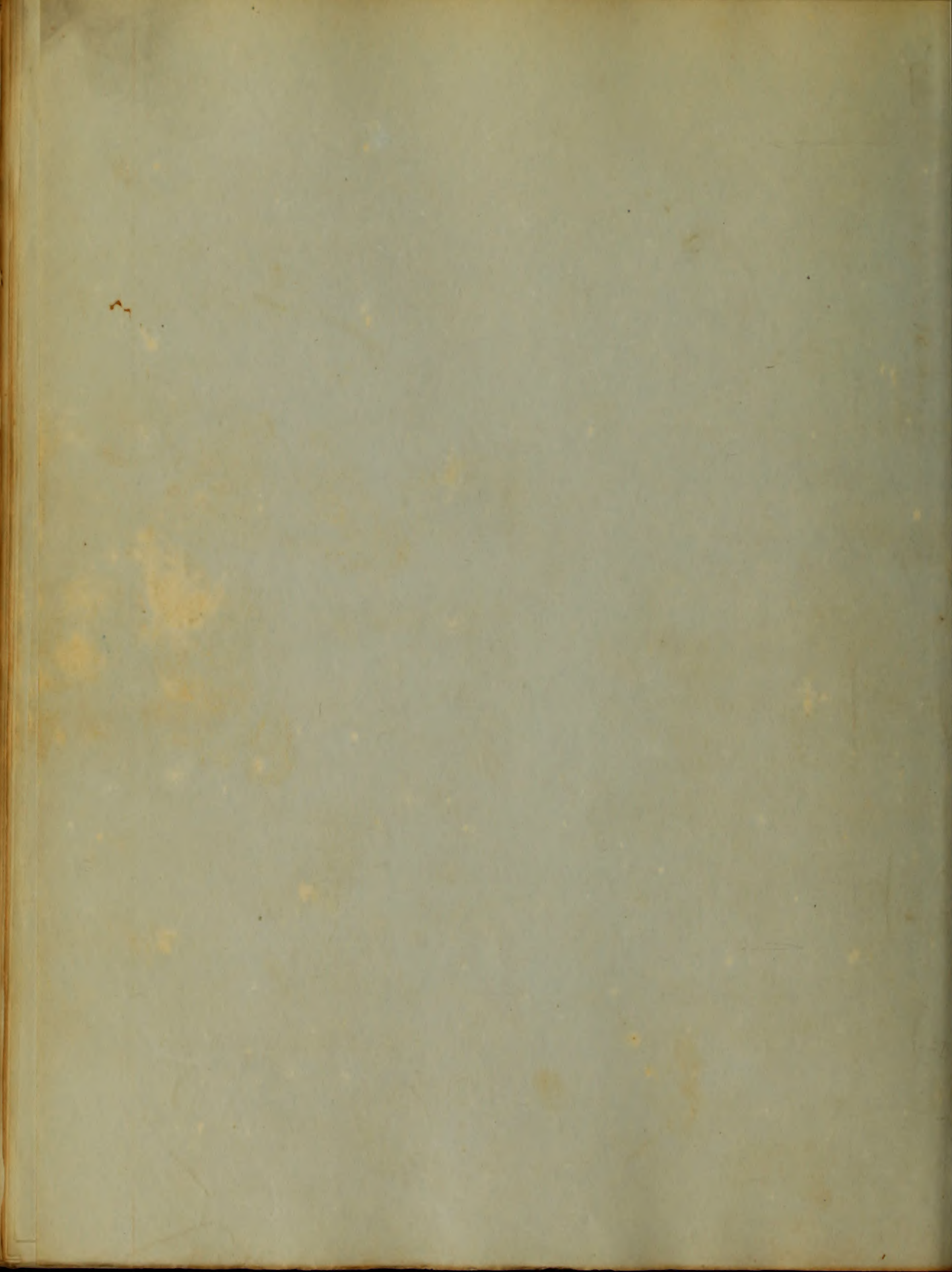


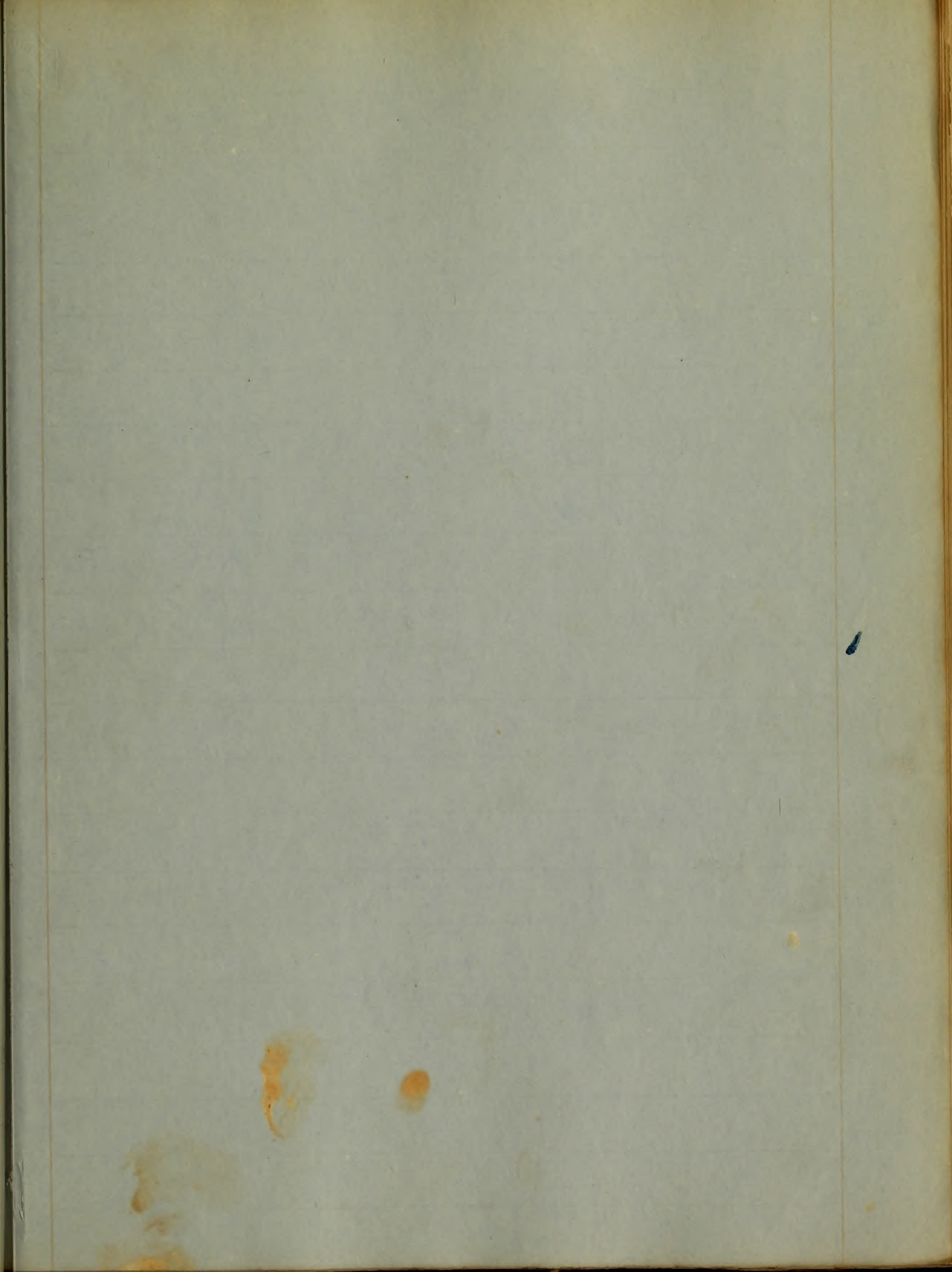


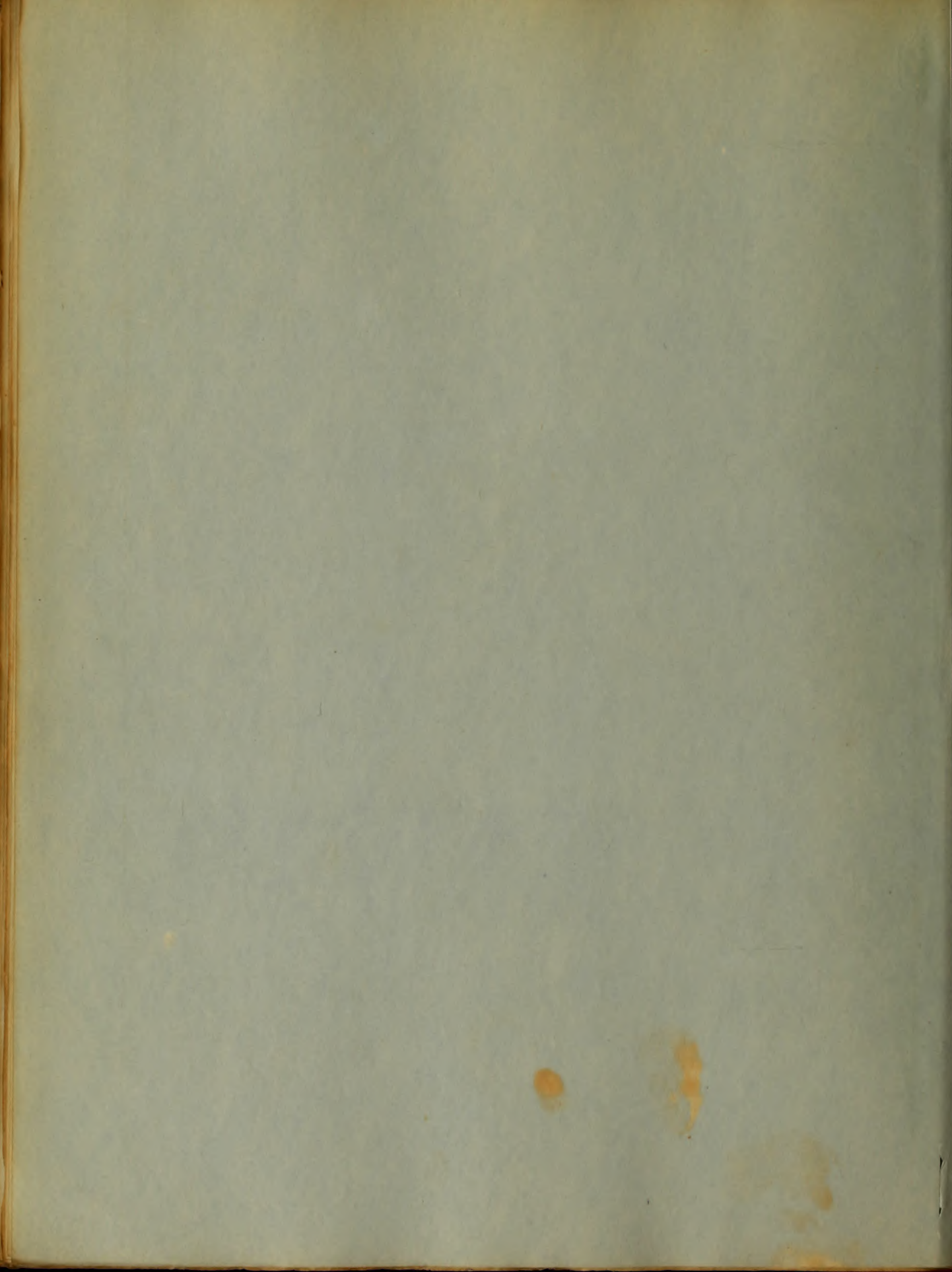












1840

John Smith

of the County of ...

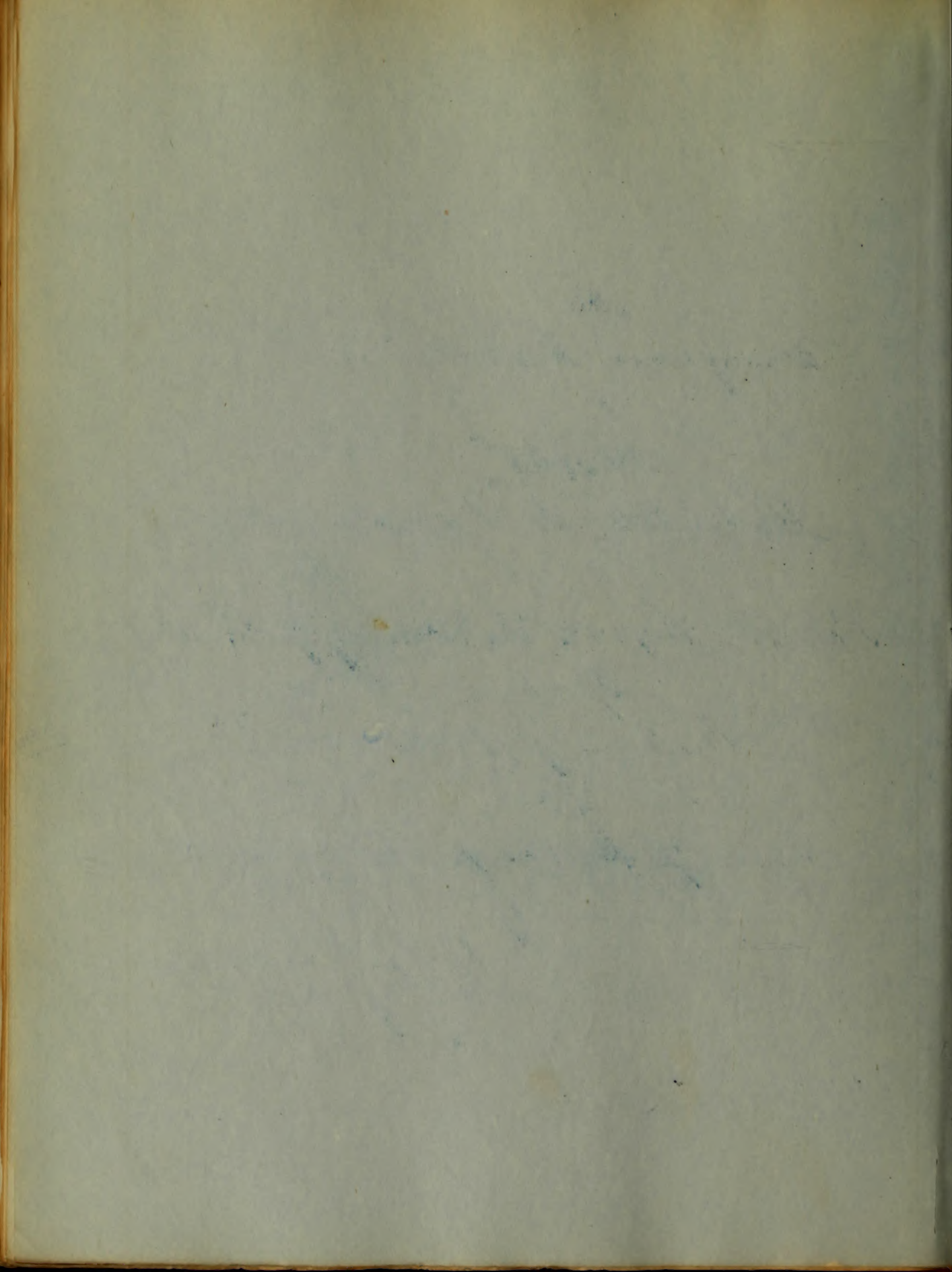
do hereby certify that

the within and foregoing

is a true and correct copy

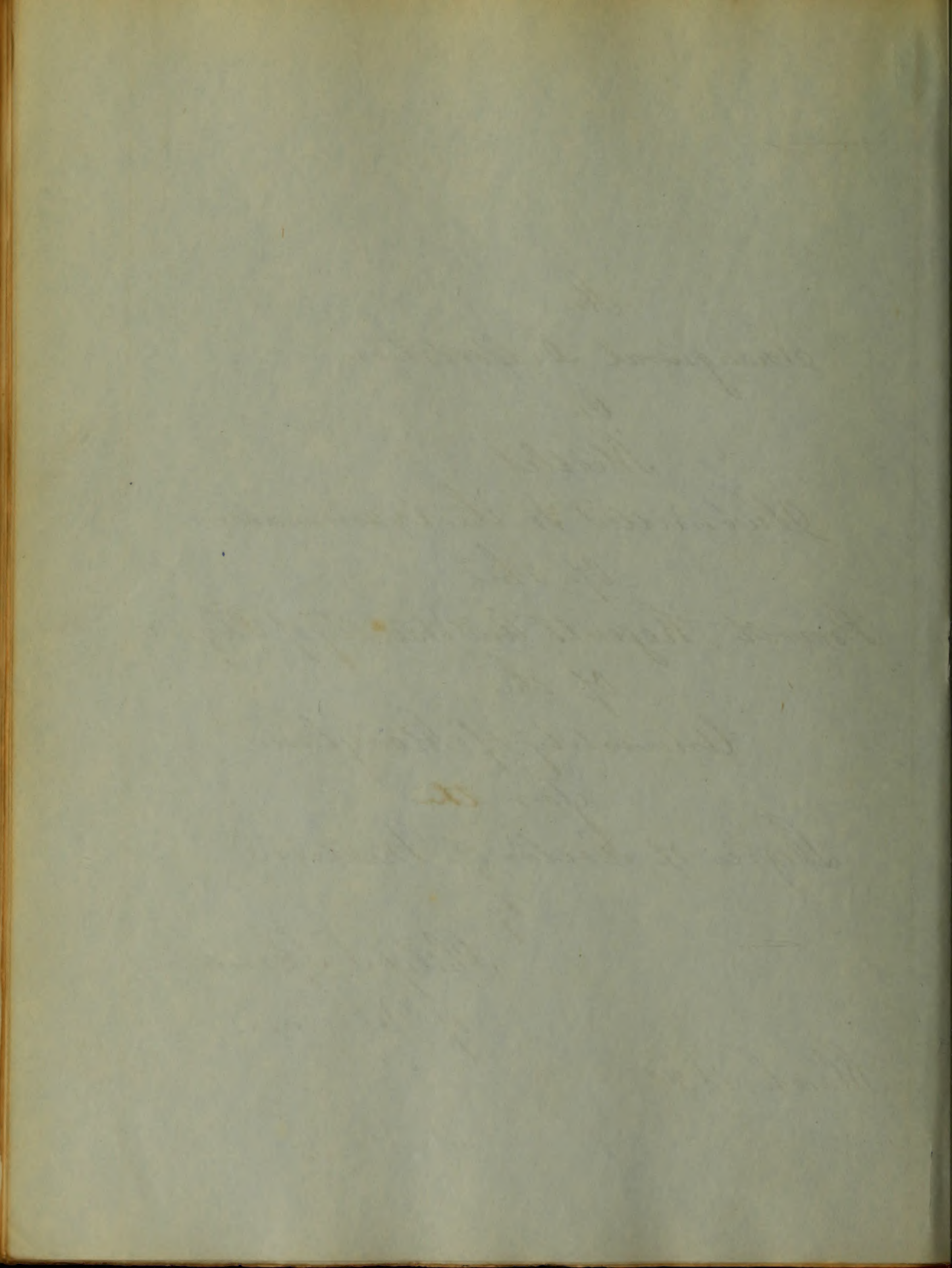
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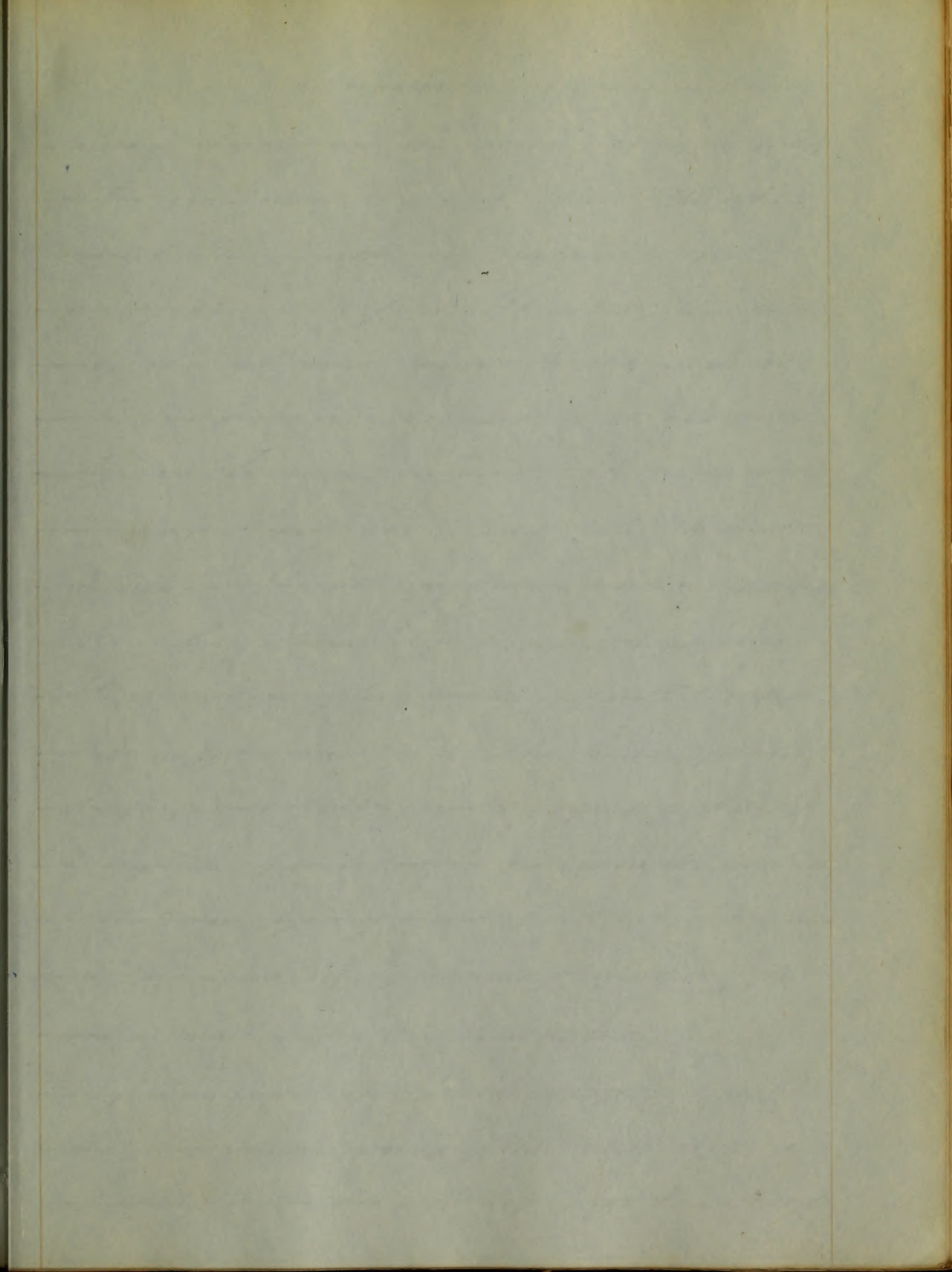
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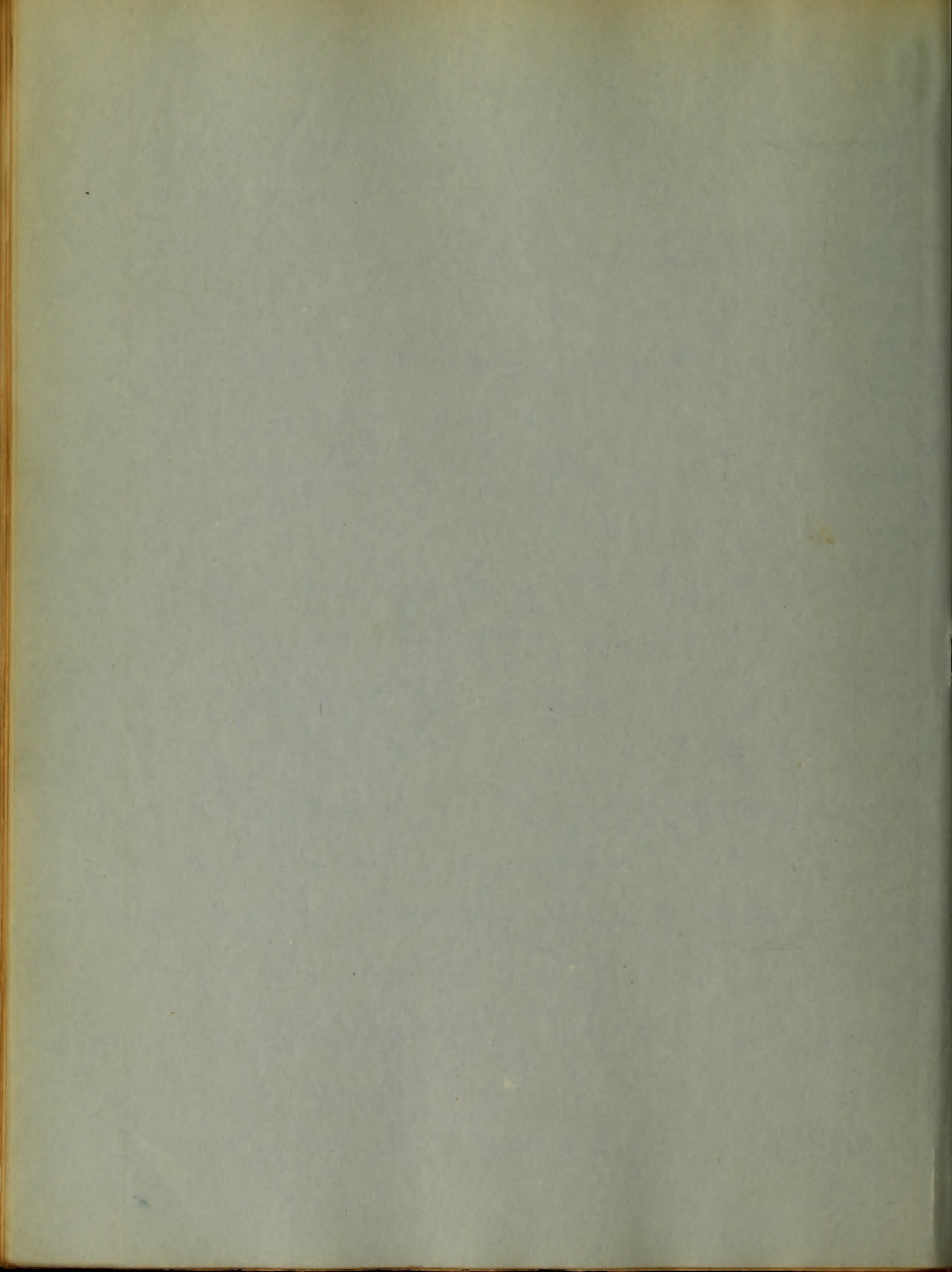


An
Inaugural Dissertation
On
Measles
Submitted to the Examination
Of the
Provost, Regents, and Faculty of Physic,
Of the
University of Maryland
For the
Degree of Doctor of Medicine
By
Philip S. Spindle
of Virginia.

March. 1830.







Measles is a contagious febrile disease, characterised by catarrhal symptoms, & the occurrence of a rash upon the skin about the fourth day, without the disappearance of fever. There is no certainty that it was known to the ancients. The first accurate accounts of it are given by the Arabian writers. Rhazes described it under a distinct name in the ninth century. It was confounded with smallpox for a long time by modern physicians. The symptoms often commence with lassitude, chilliness, & aching in the limbs, followed by frequent pulso, heat & dryness of skin, loss of appetite, purged tongue, & occasionally headache, & the other signs of fever. But not unrequently antecedent ^{to these} symptoms of irritation of the mucous membrane of the eyes, nostrils, fauces, larynx &c, such as profuse discharge of tears, sneezing, slight soreness of the throat, roughness, & huskiness of the voice, a dry hard & hoarse cough

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& occasionally tightness of the chest & dyspnoea
make these appearances. Sometimes epistaxis,
epigastric pains, nausea & vomiting occur.

The bowels are usually constipated, but sometimes
the reverse. In young children, convulsions are
not rare especially during ^{the period of} ~~the~~ ^{the} eruption. In the early
stage of measles, the symptoms vary much in
character; generally there is nothing more than
symptoms of catarrh; & again the febrile
action may run very high; there may be
symptoms of severe bronchitis & pulmonary
disease. The symptoms increase for a few days,
remit, & return upon the breaking out of the
rash. If you examine the fauces a little before
this event, the fauces & uvula will often present
a punctated appearance. The eruption generally
begins about the fourth day; though sometimes it
does not appear for a week or ten days after the
invasion of the disease. The rash is at first in small
distinct red spots like flea-bites; which disappear on
pressure. The rash first shows itself on the face

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& neck, & then on the trunk & finally on the extremities. There is often, an interval of two days between the appearance of the eruption on different parts of the body. The rash soon loses its isolated character & becomes more confluent, arranging itself in irregular clusters, which are often crescentic, & always leaving intervening spaces of the skin, little if at all affected. The eruption feels slightly rough under the fingers, & though red has a somewhat darkish tint.

The colour of the rash is by no means uniform, being brighter when the fever is higher, & more so on the face, than elsewhere, on account of its vasularity. In some cases, a minute papular eruption mingles with the rash, & sometimes, minute vesicles are observed. The amount of eruption varies very much; sometimes, very few spots ~~present~~ present themselves, and at others the whole frame is covered. Sometimes instead of commencing on the face, it commences on some other part of the body, especially if previously

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irritated, or inflamed. In some cases, it does not spread, but confines itself to the part upon which it first appeared. When at its height, which is the second or third day, it is frequently attended with an itching & heat of the skin.

Whether the catarrhal symptoms, or the fever pass away on the appearance of the eruption, or the contrary they in some instances are increased.

The eyes are now red, the lids are tumid, & in a great degree the whole face is swollen.

If nausea, vomiting, abdominal pains, convulsions, & other signs of nervous disorder show themselves, they often cease when the rash is fully out.

The cough still hoarse, now become more loose & a transparent mucus is expectorated. About the eighth day, the rash, fever, & catarrhal symptoms begin to disappear together. The eruption declines in ^{the} same order that it appeared, first from the face, & lastly from the extremities. Sometimes the whole duration of the eruption is not more than a day or two, & at others, it lasts for a week or more.

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The red colour gives way to a yellowish hue, & the cuticle separates in fine scales. But desquamation is not uniform; occasionally it is observable on the face, & breast alone; it is always limited by the extent of the eruption, & sometimes it is entirely wanting. As the fever & the eruption decline, the expectorated matter becomes thicker & more opaque. Considerable stress has been laid on the appearance of the sputa as a diagnostic sign. Occasionally, the pectoral symptoms instead of diminishing at this stage, which is the regular course; become aggravated, & auscultation reveals all the signs of bronchitis & circumscribed pneumonia; This is the greatest danger of measles. Instead of bronchial & pulmonary inflammation, a diarrhoea sets in; when moderate this may be considered favourable, but it is sometimes obstinate & troublesome.

Diversities

There ^{are} numerous diversities besides those

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mentioned. The following are worthy of notice. 1st The eruption is not unfrequently delayed on account of some irritation about the stomach bowels, or brain. Any thing that debilitates the system, such as excessive purgation, or any previous vice of constitution, may have the same effect. Under all the circumstances, we should seek for the eruption as a favourable sign. Any thing that will retard it, or cause it to recede after it has appeared, renders the case more unfavourable. (Not unfrequently pains in the bowels, diarrhoea, dyspnoea, coma, & convulsions follow recession. Sometimes the rash returns again spontaneously with the relief of alarming symptoms. Though the retrocession here alluded to must not be confounded with the early & favourable disappearance of the rash, which sometimes occurs in ^{slight} ~~simple~~ cases. 2^d Some think that rubulous fever, may occur without an eruption, while others think

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it is difficult to prove it. It is certain that several individuals of the same family may have the fever at the same time with precisely the same symptoms, course & duration, with the exception of the rash. The inference is at least plausible, that the affections have their origin in the same specific cause.

3. Another affection frequently seen during rubiculus epidemics, is an eruption, having all the characters of measles, without fever & catarrhal symptoms. This has been called *Rubecula spuria*, or *Rubecula sine catarrho*.

The opinion of some writers is, that it will not protect the system against measles.

You very often see such eruptions on the skin ~~when~~ when any irritating substance is taken into the stomach, when measles are not prevalent.

May it not have a similar origin during the epidemics of that disease? But there ~~there~~ is another affection which some

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authors believe is ~~more~~ frequent & has a greater resemblance to the measles, it is a rubiculous eruption without catarrh. Measles occasionally appear of a malignant character; Some cases of this kind may be combined with common measles, proceeding from a depraved state of constitution, or predisposed to a typhoid condition, or an accidental combination of some powerfully depressing cause, with the specific cause of measles.

But frequently it is the result of some peculiarity in the epidemic influence; but this is very rare in this country.

The early stages may not differ ^{much} from ^{those of} simple measles; there is greater frequency & fullness of pulse, more dyspnoea, & epigastric oppression, & a greater tendency to delirium, stupor, & other nervous disorders. Often prostration commences in the onset of the disease & only feeble & imperfect signs of reaction take place. The eruption is very apt to be irregular; appearing & then disappearing.

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The rash is often of a livid, purplish, ^{or black} colour; interspersed with petechiae, & accompanied by a disposition to hemorrhage. The abdominal, & cerebral symptoms, are those of malignant typhus; & affections of the chest, when they come on, assume a congestive character with febrile & inflammatory action & impairment of function.

When the patient survives the danger of syncope, coma or asphyxia, he may be carried off by the diarrhoea, or the bronchial disease that remains. This has been called *Rubeola niger* or black measles from the darkness of the rash. Though the same may be said of the disease occurring in connexion with purpura & scurvy. Measles are liable to many complications, and the diseases that are likely to accompany them, are bronchitis, pneumonia & enteritis; ophthalmia is common & sometimes severe. Perhaps the most dangerous complication is pseudo membranous inflammation

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of the larynx. It is said to be most always fatal, but happily it rarely occurs. Rubella is sometimes connected with scarlatina, adding to the danger of that disease, by directing the inflammation to the larynx. It is said to exist with smallpox too, though the affections seems to supersede each other, one being checked while the other runs its course; while being completed, the disease observed ^{used} will set in, & run its course. Measles are said to have the power of relieving, or permanently displacing other diseases; especially cutaneous & nervous affections; among the latter, is hooping cough; though generally it is much more apt to leave disorders behind it. In some instances complete loss of voice & other unpleasant consequences, as inflammation of the eyelids; inflammation & suppuration of the ear, swelling of cervical glands, boils on upper part of the body, & chronic diarrhoea. Measles it is said favours the development of tubercle & scrofula in persons pre disposed to them.

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Causess

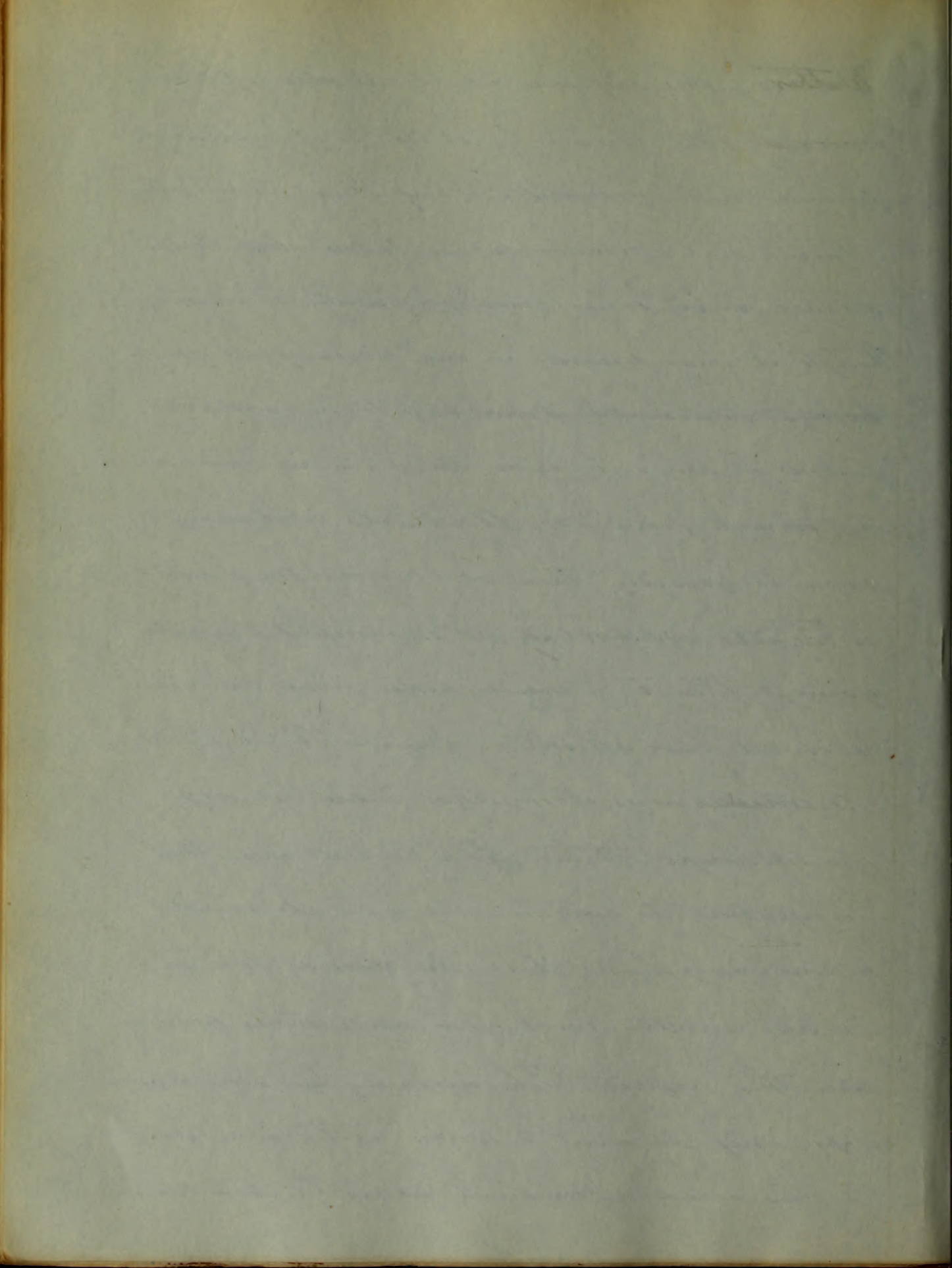
It can scarcely be doubted, that there is a specific cause of measles, generated in the body of those who are affected with the disease & that it is capable of communicating a like affection to others through the atmosphere. Therefore it must be infectious. Some doubt whether the disease can be communicated by inoculation. A great many experiments have been made, some were successful & others were not. It is asserted that the disease has been imparted by introducing blood taken from the eruptive spots, into the skin of healthy individuals. Some think this unsatisfactory, because the experiments were made during an epidemic; but there have been so many successful experiments that those who ^{do not} advocate the affirmative of the proposition should yield the point. I thought capable of being propagated by contagion, measles may be more prevalent at one time than at another; this is probably, owing to some peculiar epidemic influence.

1848

The first of the month of the year
 was a day of great importance
 to the community. The
 meeting was held in the
 hall of the school house
 and was attended by
 a large number of
 the friends of the
 cause. The
 speakers were
 all of high
 standing and
 their addresses
 were well
 received. The
 meeting was
 a success in
 every respect
 and the
 cause was
 advanced
 in a
 most
 gratifying
 manner.

Whether this influence is capable of pro-
 -ducing the disease by itself; or of rendering
 persons more susceptible of infection is uncer-
 -tain. Cold weather appears favourable to the
 disease, as it occurs more frequently in winter;
 though it may prevail in any season of the year.
 No age is exempt from it; It may attack
 persons at any ages, even the fetus in utero is
 not exempt from it. It attacks children
 more frequently than old persons, one reason
 is ^{that} adults are probably not so susceptible as the
 young; though a much better reason is, that
 nearly all have it when young. The susceptibility
 to measles is so strong, that there are very
 few who escape them. As a general rule the
 susceptibility is destroyed by a single attack &
 persons rarely have them a second time.

Measles resembles most other infectious diseases
 in this respect. The disease generally devel-
 -ops itself in about a week after exposure
 to the disease; sometimes earlier at others later.



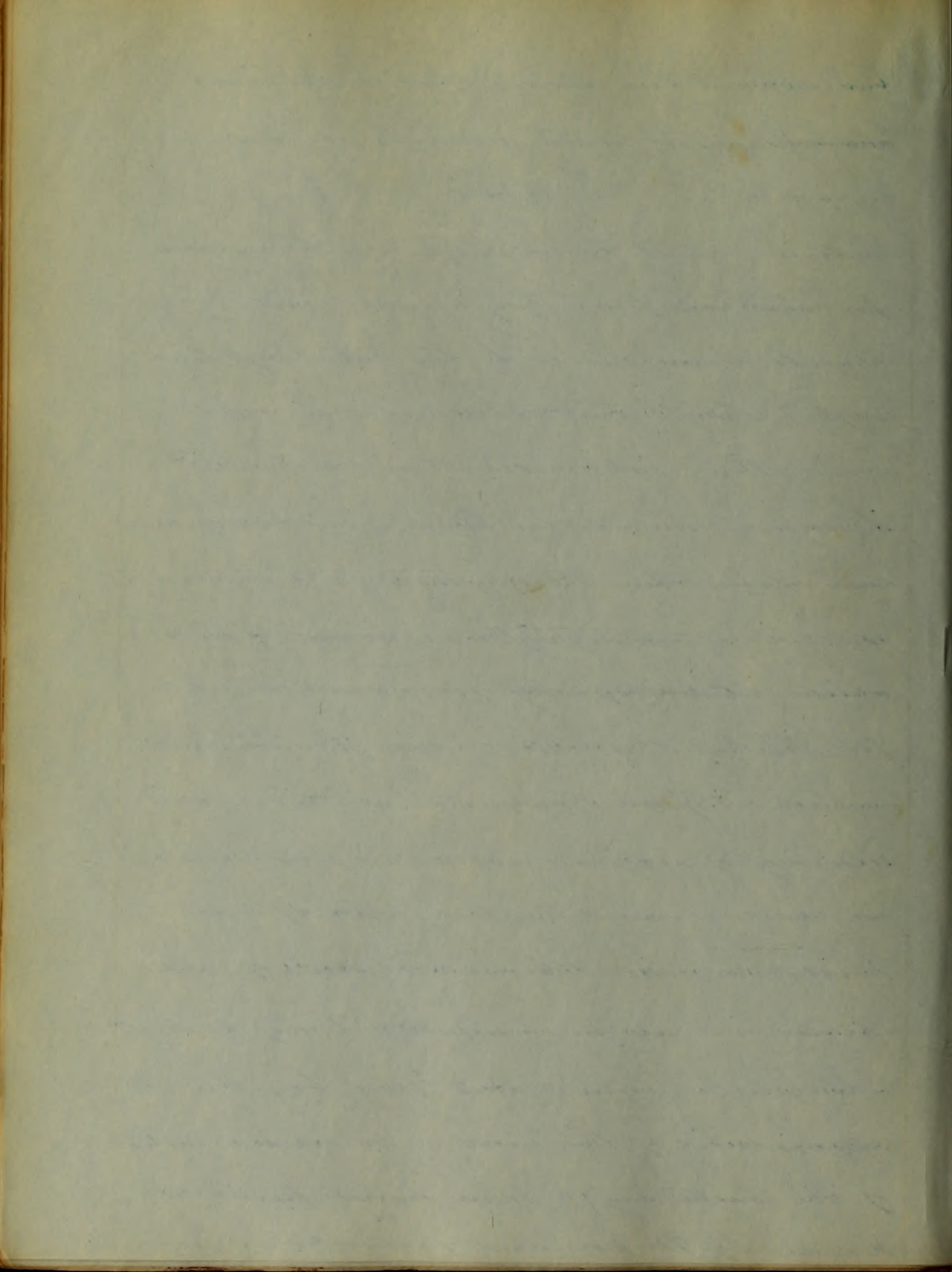
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There have been cases in which the disease
did not appear for two or three weeks after
exposure.

Diagnosis

Rubeola in its early stage may be mistaken
for catarrhal fever, though some think they
may be distinguished by the hard dry, loud
cough, though there is always some doubt
until the rash makes its appearance.

Smallpox, roseola & scarlatina, may be confounded
with measles when the eruption first makes its
appearance, though the subsidence of fever
which not infrequently occurs about this time
in the latter affection is enough to distin-
guish it from smallpox. But there is more
difficulty of diagnosis when the fever persists,;
in measles however the rash does not project as
much, nor does it become circled & umbilic-
ated as it does in smallpox. It may be dis-
tinguished from scarlet fever by, the
appearances of the rash on the second instead
of the fourth day, & from scarlet fever &
roseola by the presence of catarrhal symptoms,



but when these symptoms are absent in
mild cases the diseases may be confounded in their early
stage. ————— Prognosis

In ordinary cases the prognosis is not always favour-
-able. The greatest danger to be apprehended is
bronchial & pulmonary inflammation & these are
perhaps to be more dreaded after the disease
begins to decline. When pseudo membranous
inflammation occurs & especially if it is extensive a
fatal result may be anticipated. When the
measles assumes a malignant form it is very
dangerous; sometimes the patient is carried off
by disease of the bowels, or brain. It is much more
dangerous in the old than the young; & more so in
cold than in warm weather, & is aggravated by
pregnancy & antitoxins, & the purpuric state.

If it comes on in the advanced stages of other
diseases, it is very apt to carry the patient off.
Among the unfavourable signs, may be men-
-tioned, severity & continuance of fever, prostration
of the eruption, the disappearance of the rash

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sweats, great prostration, or internal irritation,
 dyspnoea, or other signs of pulmonary inflammation,
 delirium, coma, restlessness, continuance of fever
 after the eruption disappears; weak pulse &
 lividness of the rashes; petechiae & passive humor
 = raze are evidences of malignancy.

Treatment

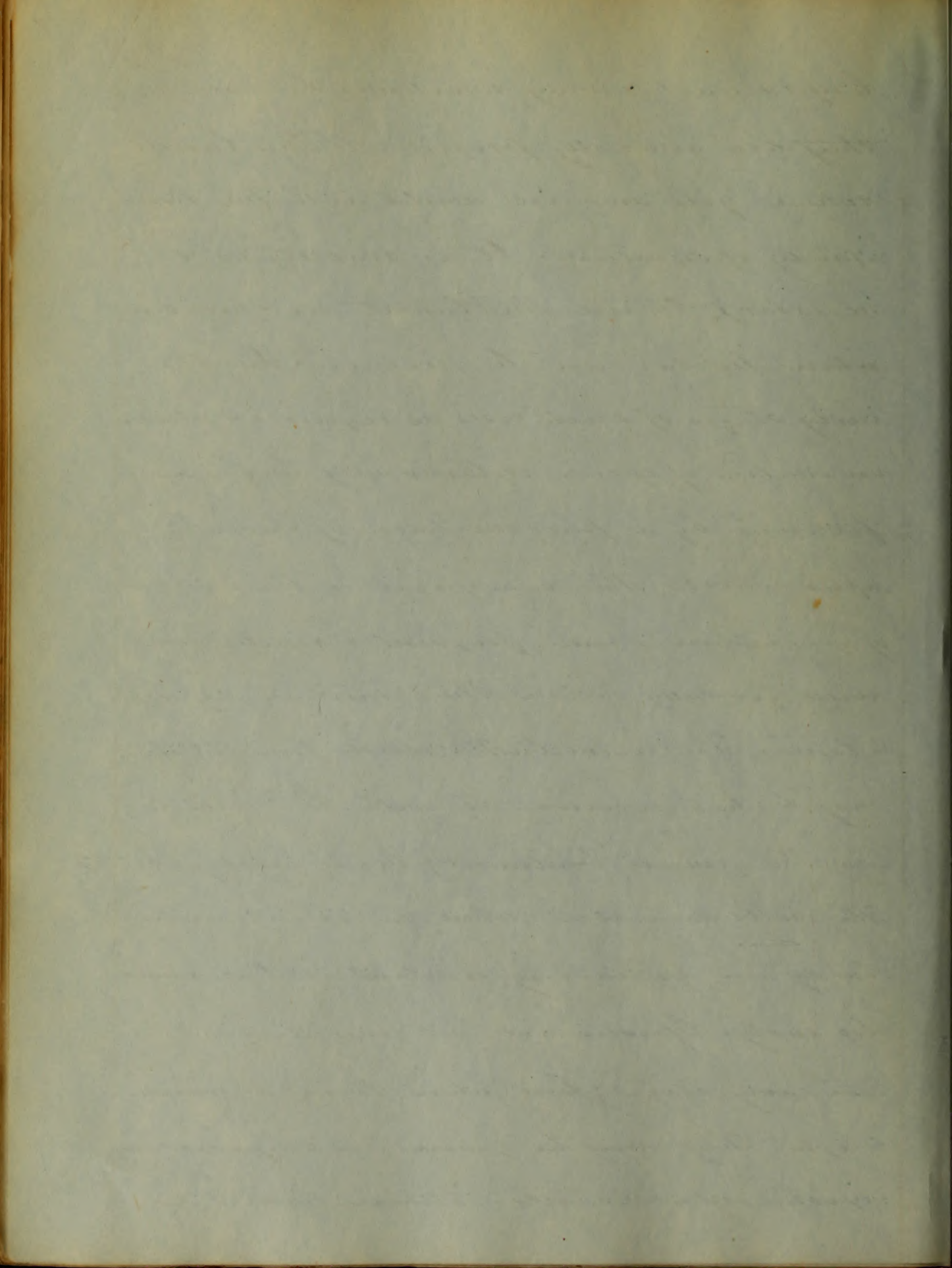
In mild cases, nothing more is necessary than
 to keep the patient on a low diet, attend to
 the bowels, & prevent exposure to cold & wet.
 It should be borne in mind that measles
 will not bear exposure to cold as scarlatina
 & smallpox will; great care should be observed
 in this respect, or the bronchial & pulmonary
 inflammation which is likely to follow will be
 greatly aggravated. On the other hand the room
 should not be kept too warm nor should the
 patient be oppressed with bed clothing; he
 should be kept comfortably warm; his pulse,
 being the guide in all cases. Children
 require more attention than grown persons

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because they are apt to throw the cover-
 ing off. And when the air of the chamber
 is cool they must be watched night & day.
 When there is need for treatment, saline
 laxatives; demulcent drinks, such as flav-
 -seed tea, a solution of g^m arabic, infusion
 of slippery elm, or a decoction of saccharine
 fruits may be given, to which you may
 add small quantities of antimonial wine,
 when the patient has a very hot dry
 skin the neutral mixture of op^o pressing
 draught may be administered. Blood
 may be taken pretty freely when signs
 of decided bronchial, pneumonia, or
 laryngeal inflammation is at all
 threatening, or should convulsions
 with stupor supervene. No more blood
 should be taken than to guard against
 the above symptoms, because excessive
 bleeding sometimes retards the eruption,
 & causes its recession when out.

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leeches & leeches may sometimes be used &
they are generally preferred to the lancet,
when you are in doubt as to the pro=
=priety of depletion. It is scarcely ever
necessary to use the lancet in chancres,
when leeches can be procured. In the
early stages of such cases as require depletion
an emetic of ipecac or tartar may be given,
followed by a purgative dose of calomel;
after which, the vin ipecac or the syrup
of ipecac in small frequent & repeated doses
will generally relieve the catarrhal symp=
=toms. The warm bath & warm fomentations
may be had recourse to, with the view to
aid the general treatment, but especially is
the bath advisable when the eruption is
tardy in appearing, or when it has receded
too early. Opiates are not generally good in
the early stage; but when there is much
cough they may be given in conjunction
with expectorants. When there is



much inflammation about the eyelids the
 mucilage of sasaparilla may be advantageously
 employed & it may also be used as a collyrium
 in inflammation of the conjunctiva.
 In the latter stages of the disease, when
 the eruption is on the decline, if the cough
 is troublesome opiates & expectorants, such as
 antimony squills & seneka are impoatically
 demanded. If a fresh attack of bronchitis
 or pneumonia supervene, it must be met
 early with bleeding blistering & antimonial.
 The loss of blood will subside inflammation
 better at this stage, than during the erup=
 tive fever, & the patient will bear it as
 well. Should all these means fail recour=
 se must be had to calomel with ipecac &
 opium. The recession & retardation
 require attention. If no unpleasant
 symptoms occur it is better to leave the
 case to nature; but when you have
 signs of intestinal inflammation, or

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depression of the vital powers, prompt treatment is necessary; & the principal object is, to bring the eruption to the surface. The best means for this is the hot water or vapour bath. If it is not convenient to administer it the hot & stimulating pedicure may be used instead, together with warm drinks, such as calum & chamomile tea.

If there is any gastro intestinal or nervous irritation, without stupor or bronchial disease, opium powder may be given.

Blood should be taken from the arm, when you have any signs of inflammation of the internal organs. In cases where there is no nausea, an emetic may be given with great benefit. When the system is debilitated from loss of blood, a typhoid tendency or other causes, warm wine, & preparations of ether, or ammonia should be administered, while sinapisms stimulating frictions & artificial heat should be applied.

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When children have convulsions in the first stage, often nothing more is necessary than a hot pediluvium, warm bath, sinapisms to the limbs; & if the bowels are constipated, an enema; it often subsides spontaneously, but when persistent with stupor, blood may be taken from the arm or temples; & cold applications made to the head & a dose of calomel exhibited. Sometimes an emetic of ipecac may be employed with great benefit under these circumstances. The practitioner should always try to dis criminate, whether the affection arises from irritation of the bowels or gums in dentition. And always in such cases, the treatment must be directed to the seat of disease. Caution should be observed in the abstraction of blood in such cases. In the advanced stage of the disease when convulsions occur, it is most always from some nervous disorder; & if as apoplexia, camphor must, or

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opium is given, it will prove of more
advantage than depletion; but the prac-
titioner must be governed by the symp-
toms of the case. Malignant measles
should be treated like other typhoid
diseases; with tonics; & stimulants, & the
judicious use of laxatives; when atten-
ded with inflammation, local deple-
tion, blisters & opium with calomel
may be resorted to. The diet should be
strictly antiplogistic, when fever
exists it should consist of farinaceous liquids;
but when evidences of a typhoid condition
prevail animal broths should be allowed.
During convalescence the patient should be
guarded against cold; & in winter should not
be allowed to go out of the house, until dis-
quamation has been for several days com-
pleted & the catarrhal symptoms have
disappeared.

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An
Inaugural Dissertation
on
Peritonitis,
Submitted to the Examination
of the
Provost, Regents, & Faculty of Physic,
of the
University of Maryland;
For the Degree
of
Doctor of Medicine;
By
William Haslett Glendinen
of
Baltimore, Maryland,
February 19,
1850.

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To

Nathan R. Smith, M.D.

Professor of Surgery

In the University of Maryland;

The able, & enlightened Promoter

Of Medical Science;

To whose skill, ingenuity, & liberality,

Surgery is indebted

For some of its noblest Inventions;

And the Profession, for many

Improvements, & Practical Suggestions;

Whose Success as a Lecturer, & Practitioner,

Has been such;

"That when he dies, he'll leave a lofty name,
A light, a landmark, on the cliffs of fame?"

With admiration of his Talents; but greater respect
For their application, & with unfeigned thanks

For repeated acts of Friendship received

At his hand, this Thesis, is

Most respectfully

Dedicated,

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Peritonitis.

This Term, (derived from the Greek περιτινω, to invest or surround, or less remotely from the Latin Peritoneum) is now, universally used to designate an inflamed condition of the serous membrane, that invests the abdominal parietes, and viscera,

It is generally divided into acute and chronic; also, into puerperal, Erysipelatous &c. In the following pages, I shall speak of the acute and chronic forms, simply, as they occur in the different periods of life.

Introduction

The following is a list of the names of the persons who have been admitted to the office of the Secretary of the Board of Education since the first of January, 1870. The names are given in alphabetical order, and the date of admission is given in parentheses. The names of those who have been re-elected are given in italics. The names of those who have been elected to the office of the Secretary of the Board of Education are given in bold type. The names of those who have been elected to the office of the Secretary of the Board of Education are given in bold type.

Acute Peritonitis in the Infant:

This disease may attack the infant in intra-uterine life; but here the exciting causes are difficult to ascertain; It may possibly be transmitted from the mother to the child; or it may proceed from an internal Strangulation of the intestines: of which, M. M. Ducis & Legoues have seen examples.

That this does occur, has been proved by the Post Mortem examinations of M. Billard, who found a few hours after birth, effusions, solid adhesions between the intestines, & false membranes in the abdomen; effects which must have been produced during the abode of the infant in utero.

M. Billard has detailed five cases in which the above

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appearances were discovered a few hours after birth.

In one case, the infant was greatly emaciated & pale, & old, & solid adhesions were found in the abdomen, indicating that the disease had existed for some time prior to the birth of the child; & had probably become chronic, before it terminated fatally.

In the four other cases, the infant presented nothing unusual in external appearances.

The causes that excite peritonitis during lactation are not very discernable; they are probably those that operate in after years. Infants are exposed to the same impressions from external agents, & their organs are at least susceptible of morbid actions.

Symptoms.

Pain is a prominent symptom, and is

greatly aggravated by pressure - the abdomen is distended, & this causes the infant to suffer from difficult respiration, in consequence of the pressure of the flatus up against the diaphragm - the countenance exhibits distress, the features are contracted, & the little patient cries almost incessantly; Vomiting is common - the bowels are generally constipated, there is great restlessness, with general debility - a hot & dry skin, & a frequent, small, & hard pulse - - If these are prolonged into the chronic stage, the Child becomes exhausted & dies.

There is a disease to which infants are subject, which is liable to be mistaken for this - namely Infantile Enteritis, In this, there is pain over the abdomen which is increased by pressure, as in peritonitis, but the tongue is different, it is red along the edges & coated with fur

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through which the papilla are seen projecting. In peritonitis the ^{tongue} is generally clean. In Infantile Enteritis the bowels are generally loose - The reverse is true in peritonitis. The latter is not so frequent in infants as Enteritis, & not so likely to be produced by irregularities in diet & by other injurious agents to which children are liable.

It may be distinguished from Pleuritis by the sonorousness of the chest; from Colic by the remittency of the pain in the latter affection, & by its ceasing on the expulsion of gas. The Post mortem appearances do not differ from those in the adult, of which I shall hereafter speak.

Children of Scrofulous diathesis are subject to a chronic form of peritonitis, which requires distinct notice. This is characterized by great tenderness over the abdomen with acute pain

The following is a list of the names of the persons who have been admitted to the office of Justice of the Peace for the County of ... in the year ...

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occurring in paroxysms which appear at first, only twice a day, but afterwards more frequently. The pain is limited at first, but gradually spreads over the whole abdomen, which in the early stage becomes tumid, tympanitic, & tense; but afterwards subsides; - The pulse is usually about 100 with some strength & fullness; - The tongue is variable; the appetite irregular, but generally good, & frequently voracious; - There is also some thirst;

The bowels are generally open - Stools large, & the excrementitious matter presents a peculiar appearance, being of a whitish brown color of the consistence of pudding.

The bowels may continue in this state for one or two months with progressive emaciation, until diarrhoea attended with petechia puts a period to the life of the child. The head seldom suffers; but cough & dyspnoea occa-

The first part of the paper is devoted to a
general survey of the subject, and to a
statement of the objects of the present
inquiry. It is then divided into three
parts, the first of which contains a
history of the subject, from the earliest
times to the present. The second part
contains a description of the various
kinds of the subject, and the third
part contains a description of the
various methods of the subject.

sionally attend. The usual duration of the disease is from four to five months, but the child is not generally confined to the bed till the last month.

Dissection exhibits the mesentery, bowels, & the peritoneum lining the parietes, united together in one thick mass - the peritoneum thickened & containing large masses of scrofulous matter - with perforations of the mucous membranes.

The causes of this disease are unknown, & it generally terminates fatally.

Treatment.

In the first place leeches should be applied to the abdomen; afterwards mild purgatives, alteratives, tonics, chalybeates, & absorbents may be exhibited. Laudanum affords the only relief from pain.

Acute Peritonitis in the adult.
The causes which predispose to peri-

tonitis in mature years are involved in some obscurity. Probably they are identical with those which produce other inflammations. It is more common in women than in men - in adult life, than at any other period - in plethoric, than in weakly constitutions - & in the cold season of the year.

The exciting causes may be arranged into three classes; the Mechanical, the Chemical, & the Vital.

The Mechanical include all injuries inflicted on the abdomen by blows, falls, or compression; pressure of a gravid uterus, extra-uterine conceptions, enlarged ovaries, & morbid growths in the abdomen.

Under the same head, may be included, all wounds of the peritoneum, whether by accident, or surgical operations, or strangulations, produced by hernial protrusions, or invagination of a portion of the intestines &c &c.

The Chemical causes include all extravasations into the cavity of the peritoneum not quickly absorbed; as bile, blood, urine, chyle or feces.

The Vital causes, comprehend all aberrations of healthy actions, as the transmission of morbid action from an affected part to the peritoneum; & also those, where the functions of the system are interrupted; as suppression of the perspiration, catamenia, & retention of the Lochia. The remote causes arise from the operation of cold, moisture, or both applied to the surface; or from drinking cold water while the body is in a heated state. Metastasis may be ranked among exciting causes. The retrocession of rheumatic, arthritic, erysipelatous inflammations, is often quickly followed by peritonitis.

Extension of inflammation from

a contiguous texture or organ to the peritoneum is a frequent cause of this affection; Thus, when the gastro-intestinal mucous membrane is inflamed, the inflammation may extend itself to the peritoneum; The same may take place when the uterus or any other of the abdominal viscera are similarly affected; or, the two diseases may exist together.

Symptoms of Acute Peritonitis.

It generally commences with lassitude, pains in the limbs, & chilliness; then a reaction takes place, & the patient complains of headache, weight in the epigastrium, pain in the abdomen, at first, confined to a small space, & gradually extending over the whole surface.

The pain is acute & constant; sometimes fixed, & sometimes wandering from place to place. The pulse is frequent, & hard,

or, small & quick; the tongue is white & moist, the edge & raphe, being sometimes very red. Nausea & vomiting generally occur in the early stage, & the face is usually pallid, with a peculiar sharpness of features; - The bowels are constipated, & are moved with difficulty; Sometimes, however they are in a relaxed condition,

Constant wakefulness, prevails throughout the whole course of the disease; but delirium is rare, except towards its termination. The patient lies on his back with his knees elevated, & his shoulders raised; Inspiration is very laborious; Suppression of urine is common; & sometimes the patient is jaundiced from the inflammation being principally seated over the liver.

This disease is generally very rapid in its course.

The world is full of people who are not
happy. They are not happy because
they are not living in the way that
God has intended for them. They are
not happy because they are not
loving God and their neighbors.
They are not happy because they are
not following the commandments of
God. They are not happy because
they are not trusting in God.
They are not happy because they are
not living in the way that God has
intended for them. They are not
happy because they are not loving
God and their neighbors. They are
not happy because they are not
following the commandments of
God. They are not happy because
they are not trusting in God.

Acute Peritonitis may terminate by resolution, effusion, gangrene, or, it may assume the chronic form.

Resolution may take place between the sixth & the twentieth day.

It is indicated by the cessation of the inflammatory symptoms, such as pain, fever &c - & by the organs assuming their natural functions; by the patient's being able to turn on his side, - breathing being less difficult, & pressure upon the abdomen being borne with less inconvenience.

Sometimes there is a critical evacuation, such as diarrhoea, abundant flow of urine, & copious perspiration. The pulse becomes soft & the patient obtains refreshing sleep.

Effusion generally takes place in fatal cases. It may consist of pus, or serum & in some rare cases

blood or these may exist together.

The symptoms denoting effusion are, softness of the pulse, coldness of the extremities, & irregular chills; & a feeling of weight in the hypogastric region.

Its existence may be ascertained by percussion, but it is difficult to detect it at first, on account of the smallness of the quantity effused & it is only to be resorted to, in the advanced stage of the disease.

When pus & lymph are effused, it is doubtful whether it is ever absorbed, & such combinations, generally, terminate fatally.

Mr. Gase however, has seen patients recover, in whom the purulent matter, escaped through the umbilicus; & Dr. Stokes has seen ascites consequent on peritonitis cured by the aid of

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medicine.

Gangrene is indicated by sudden & entire cessation of pain - smallness & frequency of the pulse, which becomes intermittent; - great prostration of strength; Hippocratic countenance & speedy death. Dr. Abercrombie considers this termination rare; & in Post Mortem examinations it is seldom found.

When acute peritonitis does not prove fatal in fifteen or twenty days, it usually passes into the chronic form. It may however, continue acute a much longer time, even thirty or forty days; & then prove fatal.

Diagnosis.

In some cases it is extremely difficult to distinguish peritonitis from other diseases affecting the viscera of the abdomen; also from Neuralgia

& Rheumatic pains affecting the muscles of the abdomen &c.

Colic, the passage of calculi along the ureters & biliary ducts, have been said by some writers to be liable to be mistaken for peritonitis.

In Gastritis the pain is confined to the region of the stomach; & vomiting is more urgent, & more easily excited by drinks & food; Thirst is more intense, & desire for cold drinks stronger.

The tongue in gastritis varies; but when it presents a thick white coat in the centre, and intense redness of the tip; it will assist in the diagnosis, as this appearance is not met with in Peritonitis.

It is more difficult to discriminate it from Enteritis. Some practitioners, & among them Dr. Cullen, think it absolutely impossible.

The manuscript is written in a cursive hand, and the text is extremely faint and illegible. The page appears to be a single sheet of paper, possibly a flyleaf or a page from a book, with a light beige or cream color. The handwriting is dense and fills most of the page, but the individual words and sentences cannot be discerned due to the low contrast and fading of the ink. The overall appearance is that of an antique or historical document that has been poorly preserved or is simply too faded to read.

The most important diagnosis between them, is, the difference of sensibility on pressure over the abdomen.

In peritonitis, pain is elicited by the least pressure; whereas, the same would produce but slight inconvenience in Enteritis. The action of the diaphragm in full inspiration, or coughing, does not produce such intense suffering in the latter, as in the former.

The pain is of a more acute character in peritonitis, & is more frequently accompanied by constipation. Enteritis presents some peculiarities, according as it affects different parts of the intestinal canal, the presence or absence of which will assist us in our diagnosis. If the duodenum is inflamed, pain in the region of that viscus & occasionally jaundice, are present. In inflammation of the large in

The first part of the paper is devoted to a
description of the apparatus used in the
experiments. The second part contains
the results of the experiments, and the
third part contains the conclusions drawn
from them. The paper is divided into
three parts, the first of which is devoted
to a description of the apparatus used in
the experiments, the second to the
results of the experiments, and the third
to the conclusions drawn from them.

testines there is generally diarrhoea, or dysentery, but neither of these symptoms is present in peritonitis; When however, the jejunum or illium is inflamed, it is more difficult to make out the distinction, because we have both pain & constipation; though the pain is not so severe, & is principally in the region those intestines occupy.

Rheumatism, affecting the abdominal muscles, may sometimes be mistaken for peritonitis. It presents the same pain in motion & on pressure; but it is generally felt at the origin & insertion of ^{the} muscles; thence shooting to the spine of the Ileum.

The existence of this symptom, with absence of the other predominant symptoms of peritonitis, such as vomiting or constipation & fever, will guide us in our diagnosis.

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Hysteria frequently simulates peritonitis, & it requires nice judgment to distinguish the one, from the other.

By watching the progress of the disease however, & obtaining an accurate history of the case, we may be able to make a correct diagnosis.

In hysteria the tenderness over the abdomen, indicates inflammatory action, beyond what the pulse, or the tongue, would authorize us to infer. The respiration is quick & less laborious, than in peritonitis.

A sudden subsidence of the symptoms, & their sudden return; a shifting of the pain, & sometimes, the decided intervention of hysterical symptoms, & the frequent accompaniment of some mental cause, or of irritation of the uterus itself, will enable us to distinguish the one from the other.

The following paper is a
manuscript of a book written
by the author in the year 1780
and is now in the possession
of the author's family. It is
written in the English language
and is a very interesting
work. The author is a
man of great talents and
has written many other
works. This is one of the
best of them. It is a
very valuable work and
is worth reading. It is
now in the possession of
the author's family and
is a very interesting
work. The author is a
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best of them. It is a
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is worth reading. It is
now in the possession of
the author's family and
is a very interesting
work.

Colic may be distinguished from peritonitis by the absence of fever & also by that of pain when pressure is applied; & by the suddenness of the attack. There are other affections, which have some resemblance to peritonitis, but it is useless to enter into a detail of them since the principal ones have been named.

Prognosis.

This disease is always attended with great danger; - but if active treatment is early employed a cure may generally be effected; especially if the patient be young or not far advanced in years. Abatement of the pain - endurance of pressure - a soft & moderately full, & not very frequent pulse - ability to turn in bed - warm

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Dissertation

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skin-free evacuations of feces and urine, and good refreshing sleep; all indicate a favorable termination.

In advanced age, debilitated constitutions, or when arising from perforations of the stomach or intestines, or rupture of the viscera of the abdomen - from surgical operations or wounds, & from external causes the prognosis is unfavorable.

Complications.

The fever which accompanies peritonitis may present either an inflammatory, typhoid, or gastric type.

An inflammatory type is mostly met with, in persons of a robust, and plethoric habit; the typhoid in those of a debilitated state; and the gastric whenever the stom-

The first part of the manuscript
contains a list of names and
addresses of the members of the
committee. The names are written
in full and the addresses are
given in detail. The list is
arranged in alphabetical order
of the surnames. The names
are written in a clear and
legible hand. The addresses
are also written in a clear and
legible hand. The list is
complete and contains all the
names and addresses of the
members of the committee.

ach and intestinal mucous membrane, are in a state of inflammation. The symptomatic fever will also be much modified by the constitution of the season.

Sometimes, as Mr. Andral observes, it will be complicated with intermittent fever, disappearing during the interval, and returning at each paroxysm; - and in some instances it assumes the tertian or quartan type; as related by Robert Samson.

But these cases are rare; - It is most frequently, with affections of the abdominal viscera, that it is found complicated, especially, of the stomach and intestines; the inflammation spreading from the peritoneum to the neighboring viscera, or first attacking some one of these, & then extending to the peritoneum.

The first part of the book is devoted to a general
description of the country, its situation, extent,
climate, soil, and productions. The second part
contains a particular description of the several
counties, and the manner in which they are
governed. The third part is a description of the
several cities, towns, and villages, and the
manner in which they are governed. The fourth
part is a description of the several rivers, lakes,
and seas, and the manner in which they are
governed. The fifth part is a description of the
several mountains, hills, and valleys, and the
manner in which they are governed. The sixth
part is a description of the several islands, and
the manner in which they are governed. The
seventh part is a description of the several
ports, and the manner in which they are
governed. The eighth part is a description of
the several harbours, and the manner in which
they are governed. The ninth part is a
description of the several rivers, and the
manner in which they are governed. The tenth
part is a description of the several lakes, and
the manner in which they are governed. The
eleventh part is a description of the several
seas, and the manner in which they are
governed. The twelfth part is a description
of the several mountains, hills, and valleys,
and the manner in which they are governed.

When there is a complication with some of the neighboring organs, the symptoms will vary; for instance, if with the liver, the patient may become jaundiced, with yellow coating of the tongue, and discharge of bile from the stomach and intestines, which state, is denominated by Chomel; "bilious peritonitis". And M. Broussais observes, that the brain may suffer from the acute pain the patient experiences, and that, in the latter stage of the disease, the coma, convulsions and delirium, are the effect of disease of the brain itself.

There may be some thoracic complications in which the cough, dyspnoea, and pain in the chest, are the result of inflammation of the pleura,

The first part of the manuscript
is written in a very elegant
hand with the letters well
proportioned and the lines
of the paper very neat and
from the above it is evident
that the author is a person
of great talents and abilities
and that he has spent much
time and labour in the
composition of this work
which is a very valuable
contribution to the science
of the human mind and
the history of the human
race. The author has
been very successful in
his attempt to explain the
principles of the human
mind and to show how
they are affected by
the various passions and
feelings of the soul. He
has also shown how the
mind is affected by the
body and how the body
is affected by the mind.
This is a very important
subject and one which
has been treated in many
different ways by different
authors. The author of
this work has taken a
very different view of
the subject and has
shown that the mind
is not affected by the
body in the way which
is generally supposed.
He has shown that the
mind is affected by the
body in a way which is
very different from what
is generally supposed.
This is a very important
discovery and one which
will be of great service
to the human race.

This is not uncommon,

In two hundred and forty cases of peritonitis treated by Mr. Queis, he found on Post Mortem examination, forty cases, in which the pleura was inflamed.

It is very rare to find the parenchyma of the lungs affected; or the pericardium.

Other complications do occasionally exist, but the principal ones have been stated and therefore it is inexpedient to enter into further detail.

Autopsic Phenomena.

The peritoneum will generally be found to be reddened, & thickened, there will be false membranes, collections of fluid, sometimes turbid, or whey like, & sometimes limpid & reddish, but very seldom bloody.

The first part of the paper is devoted to a
general survey of the subject, and to a
statement of the objects of the
present inquiry. The second part
contains a description of the
method employed, and a statement
of the results obtained. The
third part is devoted to a
discussion of the results, and
to a comparison of the present
results with those of other
observers. The fourth part
contains a summary of the
results, and a statement of the
conclusions to which they lead.

Adhesions between the intestines, gangrenous spots, and red dish flakes adhering to the peritoneum are common.

The dissections of Broussais, Abercrombie, and others, show that the peritoneum investing the stomach, intestines, liver &c. may be inflamed, and even gangrenous, whilst the structures of those organs themselves remain perfectly sound.

Treatment.

The general principles in the treatment of this disease, are the same, with some modification, as in other internal affections. I shall speak first of its treatment, as it occurs in infants, & afterwards as it occurs in the adult. Treatment in infantile peritonitis, One all-important remedy is blood letting both general &

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local. In infants under six months, it will be better to leech on the foot or hand, as the bleeding will be easier controlled, than on the abdomen. In infants between six & twenty months, from two to four ounces of blood may be taken; and when over four years of age, six or eight ounces may be taken according as the case may require.

After bleeding, our attention should be directed to the bowels, and here, we may employ purgative medicines of moderate properties.

The best I believe, is small doses of Calomel combined with opium, if the stomach is irritable, followed by castor oil. Emollient enemata will generally be found to answer sufficiently well.

The first part of the book is devoted to a general
description of the system of the British
Empire, and the manner in which it is
governed. The second part contains a
detailed account of the various parts of
the Empire, and the manner in which they
are governed. The third part contains a
detailed account of the various parts of
the Empire, and the manner in which they
are governed. The fourth part contains a
detailed account of the various parts of
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the Empire, and the manner in which they
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are governed. The seventh part contains a
detailed account of the various parts of
the Empire, and the manner in which they
are governed. The eighth part contains a
detailed account of the various parts of
the Empire, and the manner in which they
are governed. The ninth part contains a
detailed account of the various parts of
the Empire, and the manner in which they
are governed. The tenth part contains a
detailed account of the various parts of
the Empire, and the manner in which they
are governed.

The application of warm fomentations to the abdomen is of utmost importance and should be frequently repeated.

The warm bath has been used with advantage.

Some authors, recommend the application, of counter irritants to the surface of the abdomen; such as spirits of Turpentine sprinkled on warm flannel; which I think would answer very well; better no doubt than blisters, as they often produce injurious effects on infants.

The Child ought to be kept at the breast, as the sudden change of diet might produce serious results.

If the acute symptoms subside, and the patient continues to have a weak pulse, abdominal tumefaction, hot skin

The following is a list of the names of the
persons who have been appointed to the
various offices of the Board of Education
for the year 1850-51. The names are
given in the order in which they were
appointed, and are taken from the
minutes of the Board of Education.
The names of the persons who have
been appointed to the various offices
of the Board of Education for the
year 1850-51 are given in the
order in which they were appointed,
and are taken from the minutes of
the Board of Education.

and dry tongue, we may judge that it has passed into the chronic stage; and then we should not keep the bowels too open; but we may occasionally apply a leech or two to the abdomen.

The child's strength should be supported by animal broths, arrowroot &c. The bowels should be regulated by calomel, according to circumstances, and general attention paid to the whole ^{system} by warm bath, counter irritation to the abdominal surface & the whole body by dry rubbing.

Treatment

of Acute Peritonitis in the adult

Prompt and efficient bleeding in the commencement of the disease is the principal measure to be relied on; This should be followed by small bleedings,

as recommended by Dr. Abercrombie,
to keep up its impression on the sys-
tem.

From thirty to forty ounces
drawn soon after the developement
of the disease will often subdue it
so much as to secure a speedy re-
moval of it. The benefit de-
rived from depletion is confined
chiefly to the first twenty four hours,
during which time, the bleeding may
be repeated, two, three, four, or more
times, according to the violence
of the inflammatory symptoms.

Leeching the abdomen is high-
ly beneficial. After leeching
light emollient poultices & warm
fomentations should be ap-
plied. The addition of laudanum
to the poultices is often highly
salutary.

After bleeding we should administer an active ^{cathartic} on account of the torpidity of the bowels; for this purpose a dose of Calomel should be given and followed by a dose of castor oil and spts. Turpentine, decidedly the best purgative in peritonitis.

After the general and local symptoms have been subdued by the means already mentioned; Opium in combination with Calomel used until slight ptyalism is produced, is a remedy of great efficiency. If vomiting be urgent the effervescent draught should be exhibited. Mild cathartics may be used to keep the bowels moderately free.

Diet throughout the disease, & in convalescence should be of the simplest kind.

If symptoms of debility ensue, wine & ammonia should be given; beef tea & quinine injected into the rectum.

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42

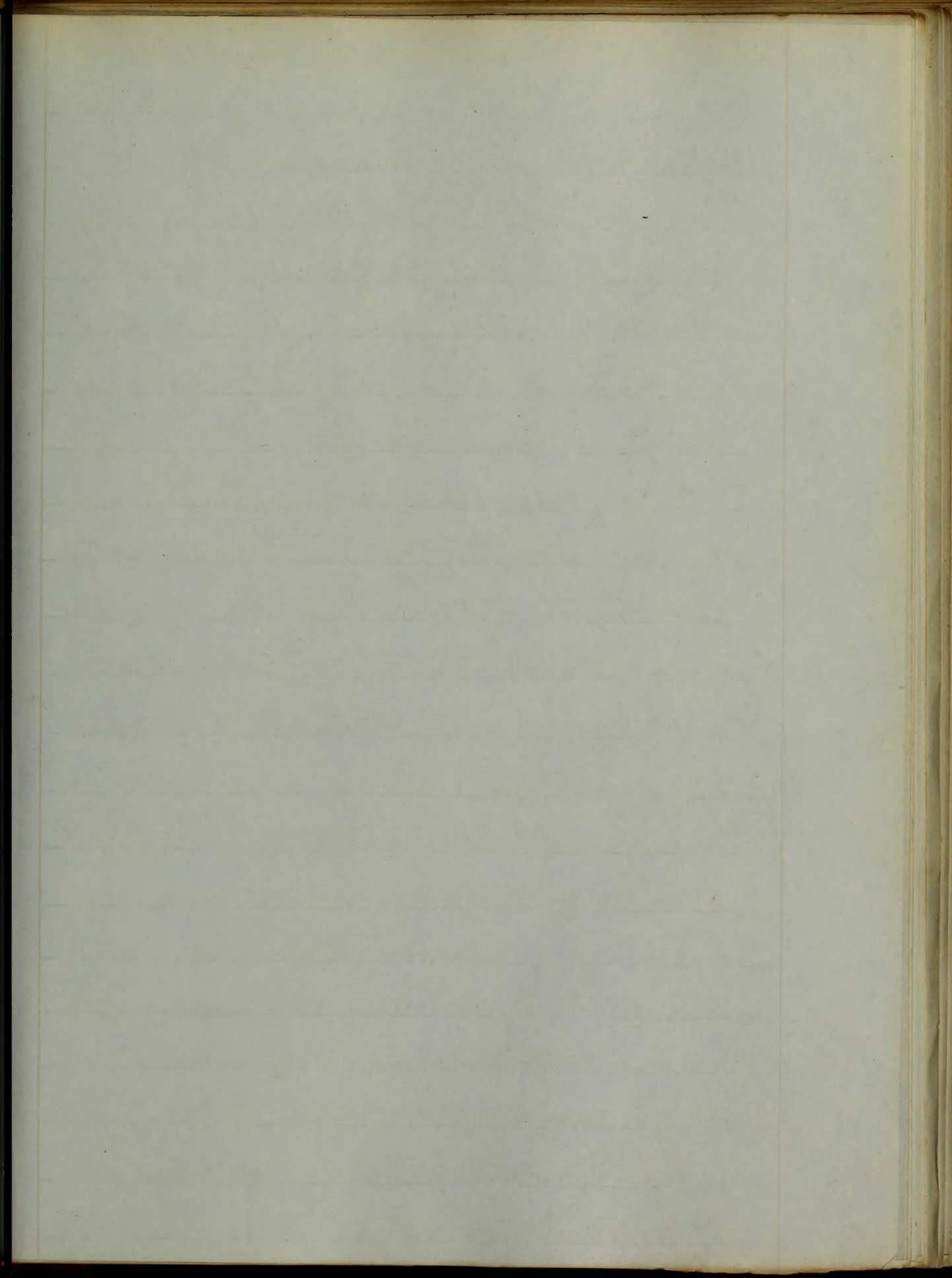
An
Inaugural Dissertation
On Typhoid Fever,
Submitted to the examination
Of the provost Regents,
and Faculty of Physic,
Of the

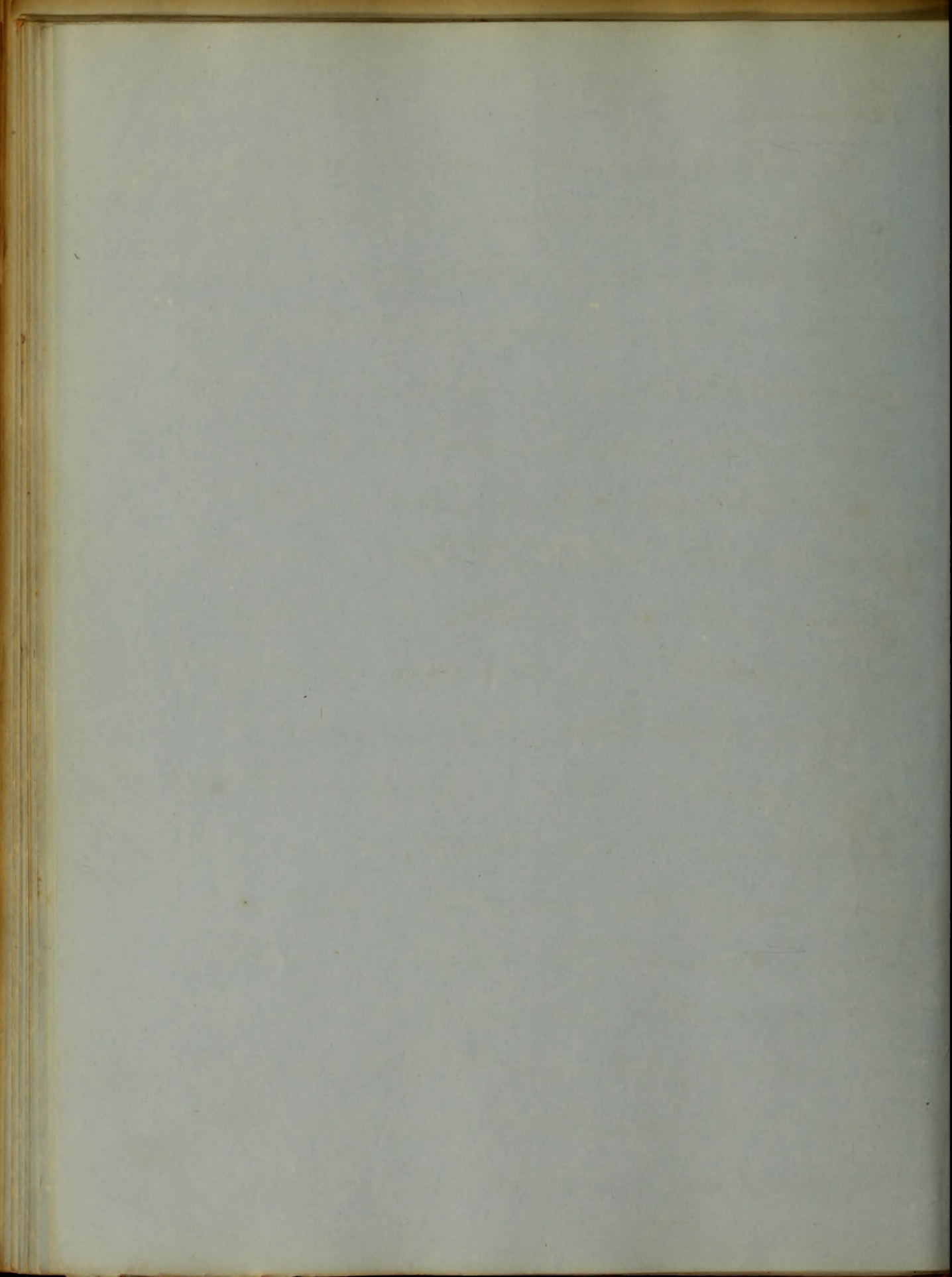
University of Maryland,
for the degree of Doct of Medicine
By

Joshua F. C. Fendall

July 5 1850,

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1
Gentlemen,

In conformity with the custom of the institution, which I have the honour to be a student, I make a full effort to write for your inspection a Thesis, and have selected for my subject, Typhoid Fever. Fever has, and must in future ages present an extended, and fertile field for the investigation, and reason of man. Yet after eliciting this interest, and intellect, it seems to have escaped a correct definition. Therefore without an attempt to define it, we know it to be a deviation from health, or an irregular, and unnatural condition of the vital organs, characterized by various symptoms. The cause, that give rise to this disease, is unsettled, and uncertain, we cannot trace it to inflammation, nor can we detect the miasmatic agent, which I presume has insinuated itself into the blood, or

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other fluids of the body, in such an insidious
 and injurious manner, as to diminish
 that active vitality on which inflammation
 seems to depend, then in the absence
 of inflammation, and in the absence of those
 finer faculties by which alone we can
 take cognizance of this evanescent gas
 or fluid, we are compelled to allow it to
 remain for a while, unseen and unknown,
 But no matter what it may be, or where
 it may be found, we can expect an
 acquaintance with its nature, only by
 an observation of those fixed and immutable
 laws which govern all matter, whether
 organized or in its previous and inorganic
 state, For under their influence we see
 the ultimate elements of the subject of
 disease, gathered from the surrounding
 inorganic world, and beautifully
 commingled, and breathed into motion,
 Under the same influence we see it,

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nourished, and developed with parental solicitude, as long as it is susceptible of such stimulating nourishment, the duration of which period, depends upon the perfection of its organization, as well as the predisposing circumstances, or morbid causes by which it is impressed. The pathology of this fever, is various, and complicated, we may have the lungs, the brain, or indeed all of the organs involved in this disease, or we may have many of them absent, they do not constitute the pathological anatomy of the disease, but we have other lesions, which are not accidental, but essential, they seem to be necessary to the disease, and always enter into its composition, This is the case with the illiptical plates of the small intestines, and the lymphatic glands of the mesentery, corresponding to these altered states, the relative importance of the

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several lesions, accidental, or essential,
 is a question of controversy, though
 we must presume that the essential and
 constant lesions, are the most important
 or for as identifying the specific disease,
 But as it is probable that life is destroyed,
 or the disease rendered dangerous, and
 severe, by the development of the
 secondary alterations, rather than by the
 extent and gravity of the essential -

It would seem impossible to determine
 which exerts the most powerful
 influence, upon the duration, and danger
 of the disease, I shall however only
 speak of those alterations which seem
 to be the most constant, and those
 which are essential to its presence,
 The spleen is almost ~~always~~ always
 more, or less, altered, the most marked
 change consists in its volume, in many
 cases it is three or four times its natural

size. It is often diminished in consistancy, this softening is sometimes extreme, so that the parenchyma of the organ is reduced almost to an inorganic mass. The color of the spleen is often changed from its healthy appearance, it is generally darker than natural of a deep bluish brown, and sometimes almost black -

The stomach is often altered the mucous membrane of the organ is generally removed from a healthy condition.

The alterations to which it is subject, is various. The most common consists of changes in its color, its consistancy, its thickness, and ulceration, these alterations may exist seperately or as happens most frequently two or more of them and found together, the most common change of color consist, of redness which is of various shades, and occupying different portions of the stomach, and seem to be dependant.

6

on different causes, sometimes it is probably the result of inflammation, but in many cases there is sufficient evidence that such is not the case. Softening of the mucus membrane sometimes exists as a simple lesion, but frequently associated with a diminution of its natural thickness. This alteration either simple or complicated is found in all parts of the membrane, but it is oftenest confined to the cardiac extremity. In some cases it exists in separate bands, in others it spreads over a continuous portion of the stomach. The thinning occasionally extends through the membrane resulting of course in its destruction. Ulceration of the mucus membrane is found present in a few instances, they are small in size superficial and not very numerous. There is another condition of the gastric mucus surface to which the name of

an apparent cause, but it is not
the real cause of the disease
because there is a sufficient
cause in the body of the
patient. The disease is not
caused by the external cause
but by the internal cause
which is the real cause of
the disease. The external cause
is only a secondary cause
and it is not sufficient to
produce the disease. The
internal cause is the real
cause of the disease and it
is sufficient to produce the
disease. The external cause
is only a secondary cause
and it is not sufficient to
produce the disease. The
internal cause is the real
cause of the disease and it
is sufficient to produce the
disease.

mammulation has been applied. This lesion consists of small elevations of the membrane circular or oval, in their form, and scattered thickly and in considerable number over different portions of the stomach, this peculiar condition generally exists in connection with other alterations, In all cases of Typhoid Fever, we have lesions of the small intestines the lesion is peculiar, It is found in no other disease and generally extensive, constituting the characteristic and of course, the most interesting and important pathological element, of this fever, we have in a majority of cases, The mucous membrane exclusive of the elliptical spots more or less changed in color, in many it is red, this redness is sometimes continuous, and extends through a large portion of the intestinal tract, at other times and more frequently

The manuscript is a Latin text, written in a cursive hand. The text is arranged in approximately 25 horizontal lines across the page. The ink is dark and the paper shows signs of age, including some staining and discoloration. The text is written in a dense, flowing script, characteristic of the late Middle Ages or early modern period. The lines are closely spaced, and the overall appearance is that of a well-used, historical document.

it exists in patches, occasionally the color
 is grayish this is the case when the disease
 has been protracted, the consistence of
 the membrane, like its color, is found
 in a moderate proportion of cases
 quite natural, oftener however it is diminish-
 ed sometimes so much so, as to resemble
 a pulp spread over the subjacent tissue,
 The invariable lesion found in the small
 intestines, to which allusion has been
 made, consists of alterations differing
 of course, in different cases, of the elliptical
 plates, or Peyer's glands, the condition in
 which these bodies are found, varies
 with the duration of the disease, and
 the distance of the plates themselves,
 from the ileo caecal valve, and with
 the other circumstances, in connection
 with the disease, In a small proportion
 of cases consisting of those which terminate
 early, the elliptical plates, together with

It was in 1848, the year of the
independence of the United States
that the first proposal for a
national university was made
in the form of a report of the
National Education Association
to the United States Congress
in 1848. The report was
entitled "Report of the
National Education Association
to the United States Congress
in 1848." The report
recommended the establishment
of a national university
to be known as the
National University of the
United States. The report
also recommended that the
university be located in
Washington, D.C. and that
it be under the control of
the United States Congress.
The report was a landmark
document in the history of
higher education in the
United States. It led to the
establishment of the
National University of the
United States in 1862.

The subjacent cellular tissue, and merely
 increased in thickness with rigidity
 and softening, this increase of thickness
 is such that the edges of the plates project
 to a distance of from one to two lines
 above the surrounding mucous membrane,
 This lesion like all the others, is invariably
 found most advanced, and most strongly
 marked, at the lower extremity of the ileum,
 each successive plate, as we go upward
 along the intestinal tract, from the ileo
 caec valve, is less, and less profoundly
 altered, till we arrive at those which
 are in a natural condition, The number
 of plates thus changed is various, sometimes
 as many as fifteen or twenty, and at others
 only one or two, and have also an alteration
 in the isolated follicles or Brunners glands,
 they are subject to the same changes as
 those of Peyer, and like them they are
 most numerous and most profoundly

The first part of the book is devoted to a general
history of the world, from the beginning of
time to the present. The second part is
devoted to a history of the British Empire,
from the reign of King James I. to the
present. The third part is devoted to a
history of the British Colonies, from the
beginning of the settlement of Virginia to
the present. The fourth part is devoted to
a history of the British Empire in the
East, from the reign of King James I. to
the present. The fifth part is devoted to
a history of the British Empire in the
West, from the reign of King James I. to
the present. The sixth part is devoted to
a history of the British Empire in the
South, from the reign of King James I. to
the present. The seventh part is devoted to
a history of the British Empire in the
North, from the reign of King James I. to
the present. The eighth part is devoted to
a history of the British Empire in the
West Indies, from the reign of King James I.
to the present. The ninth part is devoted
to a history of the British Empire in the
South Sea Islands, from the reign of King
James I. to the present. The tenth part is
devoted to a history of the British Empire
in the Pacific, from the reign of King James
I. to the present. The eleventh part is
devoted to a history of the British Empire
in the Indian Archipelago, from the reign
of King James I. to the present. The
twelfth part is devoted to a history of the
British Empire in the East Indies, from the
reign of King James I. to the present. The
thirteenth part is devoted to a history of
the British Empire in the East Indies, from
the reign of King James I. to the present.
The fourteenth part is devoted to a history
of the British Empire in the East Indies,
from the reign of King James I. to the
present. The fifteenth part is devoted to
a history of the British Empire in the
East Indies, from the reign of King James
I. to the present. The sixteenth part is
devoted to a history of the British Empire
in the East Indies, from the reign of King
James I. to the present. The seventeenth
part is devoted to a history of the British
Empire in the East Indies, from the reign
of King James I. to the present. The
eighteenth part is devoted to a history of
the British Empire in the East Indies, from
the reign of King James I. to the present.
The nineteenth part is devoted to a history
of the British Empire in the East Indies,
from the reign of King James I. to the
present. The twentieth part is devoted to
a history of the British Empire in the
East Indies, from the reign of King James
I. to the present. The twenty-first part is
devoted to a history of the British Empire
in the East Indies, from the reign of King
James I. to the present. The twenty-second
part is devoted to a history of the British
Empire in the East Indies, from the reign
of King James I. to the present. The
twenty-third part is devoted to a history
of the British Empire in the East Indies,
from the reign of King James I. to the
present. The twenty-fourth part is devoted
to a history of the British Empire in the
East Indies, from the reign of King James
I. to the present. The twenty-fifth part is
devoted to a history of the British Empire
in the East Indies, from the reign of King
James I. to the present. The twenty-sixth
part is devoted to a history of the British
Empire in the East Indies, from the reign
of King James I. to the present. The
twenty-seventh part is devoted to a history
of the British Empire in the East Indies,
from the reign of King James I. to the
present. The twenty-eighth part is devoted
to a history of the British Empire in the
East Indies, from the reign of King James
I. to the present. The twenty-ninth part is
devoted to a history of the British Empire
in the East Indies, from the reign of King
James I. to the present. The thirtieth part
is devoted to a history of the British Empire
in the East Indies, from the reign of King
James I. to the present.

altered in proportion to their proximity to the
 ilio cecae vessel, The ^{blood} is also altered in this
 fever, we have a diminution of the natural
 proportion of its fibres, which seems to be
 in proportion to the severity of the disease,
 The blood drawn from the veins rarely
 exhibits the buffy coat, and when present,
 it is generally soft, gelatinous, or infiltrated
 and of a grayish or greenish color, This
 change in the blood seems to be ~~constantly~~ present
 in this fever, But whether the poison
 first makes its impression on the blood
 or other newly formed, and sensitive
 fluids of the body, I will not inquire,
 But content myself, by recognizing the
 intimate connection between the solids
 and fluids, their mutual action, and reaction
 upon each other, The vessels and their
 contents seem to have a similar or
 rather identity of interest, and it matters
 but little, on which the morbid agent

The first thing I noticed when I stepped
 out of the car was the smell of
 fresh air. It was a relief after
 being stuck in traffic for an hour.
 The sun was shining brightly, and
 the birds were chirping happily.
 I took a deep breath and felt
 a sense of peace wash over me.
 The world seemed so much more
 beautiful when I was finally
 able to move. I smiled and
 continued on my way, feeling
 grateful for the simple pleasures
 of life.

makes its first impression, since there is so strict and uniform reciprocity kept up between the fluids and solids. If the impulse is first imparted to the solids, the change they undergo, soon effect, new relations among their fluid contents, and in a like manner, if the fluids are first thrown into disorder, the solids are very soon forced into a participation.

Symptoms, This is an essential or continued fever, because it is symptomatic of nothing which we can detect, and has a course to our peculiar to itself. There is a good deal of difference in the different cases of Typhoid Fever. It may come on suddenly but in a large majority of cases, it is slow and gradual. In many cases it is impossible for the patient to fix with any truth, on the day when the fever commenced, and often he is unable to describe the feelings of his own indisposition

The first part of the paper is devoted to a
 general survey of the subject, and to a
 statement of the objects which it has
 in view. It is then divided into three
 parts, the first of which is devoted to
 a description of the nature and extent
 of the disease, and to a statement of
 the causes which give rise to it. The
 second part is devoted to a description
 of the symptoms which attend the
 disease, and to a statement of the
 progress which it usually makes. The
 third part is devoted to a description
 of the treatment which is usually
 resorted to, and to a statement of the
 success which is usually attended with
 it. The paper concludes with a
 summary of the principal points which
 have been discussed, and with a
 statement of the author's conclusions.

he feels a sensation of mental and bodily
 languor, or an inability to accomplish
 either mental or physical labour, He
 has a slight chill, or a sensation of chilling
 alternating with heat, and to accompany
 this a slight and dull pain in the head,
 or in the back and limbs, with a general
 feeling of soreness and fatigue, The appetite
 is diminished or lost, we have a moderate
 thirst, with a dry or clammy condition of
 the mouth, The expression of the countenance
 becomes anxious and haggard, the eye
 loses its usual animation, and the mind
 becomes either indifferent or apprehensive,
 we may have moderate diarrhoea, which
 depends more upon the quality, than the
 quantity, or we may have an opposite
 condition of the bowels, we may have
 a mucus or a bilious indigestion, In
 this stage the commencement of the fever,
 the tongue is but slightly altered, it is

sharp at the tip, and covered with a slight
fur, and not as moist as natural, or it
may be covered with a yellowish coat,
At other times, apparently, under the same
circumstances, it may be smooth, slightly
red at the tip, and edges, The pulse is
almost always more frequent than in
health, and in other respects modified, the
frequency of the pulse during the disease
may be said to range between seventy
and one hundred and forty, it is more
frequent in females than males, and its
frequency is usually in proportion to the
severity of the disease, in mild cases
the pulse maintains its softness and
volume, in severer it is sharp, irregular,
small and compressible, we often have
a dry sonorous rhonchus over ^{the} chest, we
have the respiration increased, and with
this condition we most frequently have
increased heat of the skin, which is variable

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.

It may be moderate and uniformly diffused, or it may be high, burning and unequally distributed. The head and trunk may be excessively hot, while the extremities are cold, or the extremities hot, and the head and body but moderately so.

We frequently have Epistaxes, if it exists to any extent without a predisposition, it is a grave symptom. It may occur at different stages of the disease, but most usually during the first stage. We have a characteristic eruption upon the skin, which consists in what has been called lenticular rose colored spots, on the abdomen; this is a common symptom in Typhoid Fever and rarely if ever seen in any other disease. These pimples are slightly elevated, not always sensible to the touch, of a bright red color, about the size of a pins head. They disappear on pressure, and readily return again when removed. Stultent

The first thing I did was to
 go to the bank and get
 some money out of my
 pocket. I then went to
 the office and saw the
 manager. He told me
 that I had to go to
 the bank and get
 some more money. I
 then went to the bank
 and got the money.
 I then went to the
 office and saw the
 manager. He told me
 that I had to go to
 the bank and get
 some more money. I
 then went to the bank
 and got the money.
 I then went to the
 office and saw the
 manager. He told me
 that I had to go to
 the bank and get
 some more money. I
 then went to the bank
 and got the money.

distension of the abdomen, is a very common
 symptom. It varies from a slight rigidity,
 to extreme distension, we have a gurgling
 sound produced by pressure on the abdomen
 especially in the right iliac region over the
 caecum. Later in the disease about the last
 of the second, or third week, and sometime
 later, the nervous symptoms are increased,
 we have great mental instability. The patient is
 sometimes impatient and irritable, sometime
 listless and indifferent, and sometimes timid
 and apprehensive of immediate danger,
 we frequently have delirium, the expression
 of the countenance is strongly marked,
 it is dull and vacant, the eye heavy and
 languid, we have dulness of hearing,
 dizziness of vision, and ringing in the ears,
 we have irregular, spasmodic contraction
 or permanent rigidity of the muscles, most
 usually, those of the fingers and wrist, we
 we often have spasmodic contraction

of the bladder, or its neck producing its
 distension, The respiration which was
 comparatively unaltered, becomes now irregular
 and hissing, we have physical signs connected
 with the Thorax, consisting in a circumscribed
 crepitous rales, with other signs of
 secondary complications of the chest, we
 have as a common complication the bronchial
 mucous membrane thickened, and otherwise
 altered, especially those cases occurring
 during the winter season, we often have
 pneumonia, which is difficult to recognize,
 we may have it, without much pain or
 spate, because of the nervous energy
 becoming so far diminished as to benumb
 the sensibility of the patient, we may also
 have a passive congestion of the lungs,
 and may have Erysipelas without much
 redness, or swelling, we often have
 Otitis, Paratitiss, and Eschara, or we may
 have perforation of the intestines - This fever

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is a grave disease, made so by its extreme susceptibility to dangerous, and often fatal complications, condition in life has but little influence in this fever, neither has sex much influence, But age seems to exert much, In the young, it is not so fatal neither are they so often the subject of an attack, as those from sixteen to thirty find. Treatment; - This disease is excited by a poison, which cannot be modified by any specific treatment. It has a course of its own, which it seems unwilling to relinquish, Then our object should not be so much to treat this fever, as to place the system in a position, favourable to contend successfully, with the poison present, as well as to resist, and meet the secondary complications, as they intrude, themselves upon an injured system,

By this judicious management, our learned and eloquent professor thinks, we may

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modify the character of the disease, and in
 a large majority of cases, conduct it to a
 happy termination. In treating a case
 of disease we should act with decision
 and energy. But with a sense of our
 responsibility, and impressed with the belief
 that our treatment may accomplish much,
 either for good, or for evil. We should
 use every exertion, to procure a large
 and well ventilated apartment, and
 competent nurse, for the comfort of our
 patient. Keep the room, well ventilated
 by fire, in cool and damp weather, and
 fresh air in warm and dry, remove all
 useless articles of furniture from the
 room, and keep it silent. We should be
 particularly careful not to alarm our
 patient, or permit them to be depressed
 by the desponding and insinuating manners
 of others. If the pulse is full indicating

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congestion or inflammation, and the general
 condition of the patient will allow us, we
 bleed to relieve the congested condition
 of the capillaries, and take from twelve
 to fifteen ounces of blood, sometimes
 more and sometimes less, or we may
 apply local depletion, by cups or leeches,
 We should not bleed because we do
 not know the nature of the disease, or
 what better to do, It should not be
 done with the belief, that if a little blood
 will do no good, it can do no harm,
 But with the belief that it flows in a
 living stream, from an already depressed
 system, whose vital energy can best
 contend with the formidable foe that
 has invaded it, If we bleed it should
 be in the first stage of the fever, or we
 may under some circumstances, bleed in
 the second stage of the disease, In the
 first week, we give our patient very

The first thing I noticed when I stepped
 out of the train was the fresh air.
 It felt like a warm blanket after a long
 journey. The sun was shining brightly,
 and the birds were singing in the trees.
 I took a deep breath and felt my
 heart rate slow down. It was a relief.
 I had been so stressed lately, and
 this was exactly what I needed.
 I walked towards the park, feeling
 a sense of peace. The children were
 playing happily, and the old man
 was sitting on a bench, watching them.
 I smiled and felt a sense of joy.
 This was the life I wanted. Simple
 and beautiful. I had found it.
 I had found my home.

little food, we give cooling drinks, a little
 barley water, a little lemon ade, and if
 agreeable to the patient, we sponge the
 body with cold water, or cologne and
 water, we may lay a fomentation over
 the abdomen, If we have a mucous or
 bilious indigestion, we treat it, we give
 a gentle emetic in the first, and a gentle
 dose of mercury in combination with

Pisii in the second, we must pay
 strict attention to the bowels, if we have
 a slight diarrhoea, we give a gentle purgative
 to assist the operations of nature, or on
 the other hand, if we have a profuse
 diarrhoea, we give something to arrest it,
 give at little morphia, or ten or fifteen
 drops of black drop, or an enema of
 starch and laudanum, If the bowels should
 be disposed to costiveness, which is however
 rarely the case, we give a mild purgative,

[The page contains extremely faint, illegible handwriting, likely bleed-through from the reverse side of the paper. The text is mirrored and cannot be transcribed.]

such as rhubarb, blue mass, or magnesia, we must be careful not to use gentle purgatives - we may give the carbonate of soda, or any of the more spurgated salts, as a cathartic or they may act as a diuretic. In the second or third way we generally use stimulants, such as hart of amoniac, apply stimulating blisters to the extremities, we sometimes give quinine or wine, or we may give Brandy or Turpentine.

The turpentine seems to be a valuable stimulating diuretic in this fever, but we should be very careful how we use any stimulant in this disease. The best indication for their use is the condition of the tongue, and the action of the heart. If the action of the heart, is feeble and slow, we stimulate, if its action, is frequent and full, we withhold them, when using them, if the tongue become moist and clean. Their use is indicated, If on the other

The first part of the book is devoted to a description of the various species of plants which are found in the country. The author has been very particular in his descriptions, and has given many interesting particulars concerning the habits and properties of the several kinds. He has also taken notice of the several diseases which are common to the country, and has given a full account of the several remedies which are used to cure them. The second part of the book is devoted to a description of the several minerals which are found in the country. The author has been very particular in his descriptions, and has given many interesting particulars concerning the habits and properties of the several kinds. He has also taken notice of the several diseases which are common to the country, and has given a full account of the several remedies which are used to cure them.

hand, the tongue should not improve, but
 assume a dry and fixed condition, we
 should withdraw them, If we have
 perforation of the intestines, we place the
 patient upon his back and let him have
 nothing to eat or drink, all we can do
 in such cases, is to administer large doses
 of Opium to keep his bowels quiet if possible,
 and give the uterus an opportunity to unite,
 If we have Epistaxis to treat, we may
 use cold to the head and back of the
 neck, or saturate a piece of cotton with
 turpentine and introduce it in the nostrils,
 If we have hemorrhage from the intestines we
 give the acet of lead, or turpentine injections,
 and in addition to this, give a little laudanum,
 If we have delirium, we apply leeches
 to the back of the neck, and cold to the
 head, we at the same time, apply warm
 applications to the legs and feet, In
 this stage of the disease we have only to

depend upon the sustaining system, and
 prevent your patient from sinking from
 the many drainings which he is suffering
 we use laudanum to quiet the system,
 and tonics to sustain it, we use Brandy,
 quinine, or wine, we give as an important
 drink, and tonic, Beef and chicken Tea,
 change the position of the patient often,
 to prevent eschars and if they should
 occur, we touch them with nitrate of
 silver. If we have bronchitis, we use
 Sump of Speer, or we may cup between
 the shoulders, and sometimes use blisters,
 If we have pneumonia, we cup and
 leech, we must examine the bladder and
 draw the urine off if necessary, the
 convalescence from this disease is slow,
 and we frequently have a relapse, we
 sometimes have paralysis of the lower
 extremities, but this subsides as the patient
 gains his usual health, If the patient

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is predisposed to tubercular disease, the
often see an indication of it after this
fever, or we may have the pleasure
to observe, a full constitution improved,
during convalescence, we use the vegetable
tonics, moderate exercise, and unstim-
ulating diet, If required the saline
purgatives are recommended, because
of their mildness, and tendency to
allay febrile action.

Gentlemen, In conclusion, allow me
to express my gratitude, for the many
advantages which I have received
from your tuition, It is only by a
comparison, of the most perfect, with
other objects by which we are surround-
ed, that we are enabled to conceive
ideas, or arrive at just conclusions,
And our happiness depends, and must
progress, in proportion as the mind matures
that it may properly appreciate its own

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conceptions. Of these objects then, can we
remain unmindful. It is not in
accordance with the primitive
constitution of mind, nature has
decreed otherwise, and we are
compelled to obey, we must be compara-
=tively, grateful, to the innocent and placid
smiles of infancy, and childhood, and
the orator and philosopher, who binds
us by his eloquence and genius, or leads
us, by his astute, and philosophic reasoning.

Handwritten text, likely bleed-through from the reverse side of the page. The text is mirrored and difficult to decipher due to its orientation and fading.

An
Inaugural Dissertation
On
Typhoid Fever
Submitted
To the Examination
Of
The Provost Regents
And Faculty of Physic
Of the
University of Maryland
For the Degree
Of
Doctor of Medicine
By
Edward J. Dorsey
Of
Maryland
A. D. 1850

The first of these
is the...

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Typhoid Fever

We have many different names by which this fever is called, sometimes bilious or gastric, also slow nervous fever, frequently enteric mesenteric, follicular enteritis and enteritis. It is an acute, exanthematous disease, characterized by swelling and suppuration of the enteric follicles, as the post mortem examinations show us.

By fever, meteorism, gurgling tenderness in the left flank, rose spots and sudamina, restlessness and low delirium.

This disease is always dependant on animal poison of the same kind, as we always find it producing the same anatomical lesions. These changes

Upper part

The first part of the
of which the first part
the second part of the
the third part of the
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the seventeenth part of the
the eighteenth part of the
the nineteenth part of the
the twentieth part of the

we find principally and first in the glands, of Peyer and Brunner.

They also have changes, in the lungs, heart, small intestines and stomach.

It is not certain whether we have the fever or the alterations in the glands first.

We find the alterations first appearing, in the last two or three feet of the ileum. There is however, no ulceration before the 9th day and the disease may run its entire course, without any ulceration or suppuration.

Or, a patient may have the worst form of the disease, with ulceration and perforation bringing on peritonitis, from which he may perish about the 9th or 12th day. The alteration is generally deepest about the ileo-caecal

The first paragraph of the report
describes the general situation
of the country at the time
of the revolution. It mentions
the various parties and
the state of the country
at that time. The second
paragraph describes the
course of the revolution
and the various events
which took place. The
third paragraph describes
the result of the
revolution and the
state of the country
at the present time.
The fourth paragraph
describes the
present situation
of the country and
the various parties
which are active
at the present time.
The fifth paragraph
describes the
future prospects
of the country
and the various
parties which are
active at the
present time.

valve. If the patient dies about the fifteenth day, the mesenteric glands are enlarged and changed in colour; if about the twentieth, we will have the alteration more marked; and if from the 25th to 30th, they will be found gradually resuming their size and colour.

But although, we sometimes have a fatal termination about the 12th day from perforation, we may have death resulting ~~from~~ without any ulceration.

We may meet with small ulcerations, all along the alimentary canal, with the exception of the stomach whose mucous coat is softened. We also find softening in the mucous coat of the large intestines. There is atteration of the spleen.

[The text on this page is extremely faint and illegible, appearing as a series of light-colored lines across the page.]

It is enlarged, from the 5th to the 20th day, to twice or four times its size and altered in colour and consistence.

The kidneys are sometimes softened in texture, from alteration of nutrition.

The bronchial tubes, are filled with a fatty mucus.

The lungs are altered in texture and congested, with splenization of the lower lobes, as sort of Hypostatic congestion. But this condition, is of course not peculiar to typhoid fever.

We have the heart pale, flabby and soft. The muscular system, seems to have lessened its tone and softened. There are a good many nervous symptoms, but the brain and spinal marrow is little altered. The blood is changed but not so much as in typhus

The first thing I noticed when I stepped
 out of the train was the cold air.
 It was a relief after the heat of the
 city. I looked around and saw
 people walking in all directions.
 Some were carrying umbrellas, some
 were wearing coats. I felt a little
 lost, but then I saw a sign that
 said "Hotel" and I followed it.
 The hotel was a grand building with
 many windows. I went up to my
 room and unpacked my things.
 I looked out the window and saw
 the city below. It was so beautiful.
 I had heard that the city was
 wonderful, and now I knew it was
 true. I was in luck. I had found
 a great place to stay. I was
 going to have a wonderful trip.

or yellow fever. The fibrin, is rather diminished and we have no buffy coat, or will it clot easily.

I shall now endeavour to give a description of an ordinary case. We may have, the disease appearing, without any premonition at all, but generally speaking, the person about to be affected, will complain of loss of appetite, lassitude, coldness, slight colicky pains and a general feeling of indisposition, for two or three days before the regular onset of the disease. We then have him taken with one or more decided chills, headache, generally severe, great weakness, bleeding from the nose, colicky pains with a little diarrhea, or the bowels may be constipated.

The first part of the paper is devoted to a general
 consideration of the subject, and to a statement of the
 objects to be attained. It is then divided into three
 parts, the first of which is devoted to a description of
 the nature and extent of the disease, and to a
 statement of the symptoms which attend it. The second
 part is devoted to a description of the nature and
 extent of the disease, and to a statement of the
 symptoms which attend it. The third part is devoted
 to a description of the nature and extent of the
 disease, and to a statement of the symptoms which
 attend it.

6

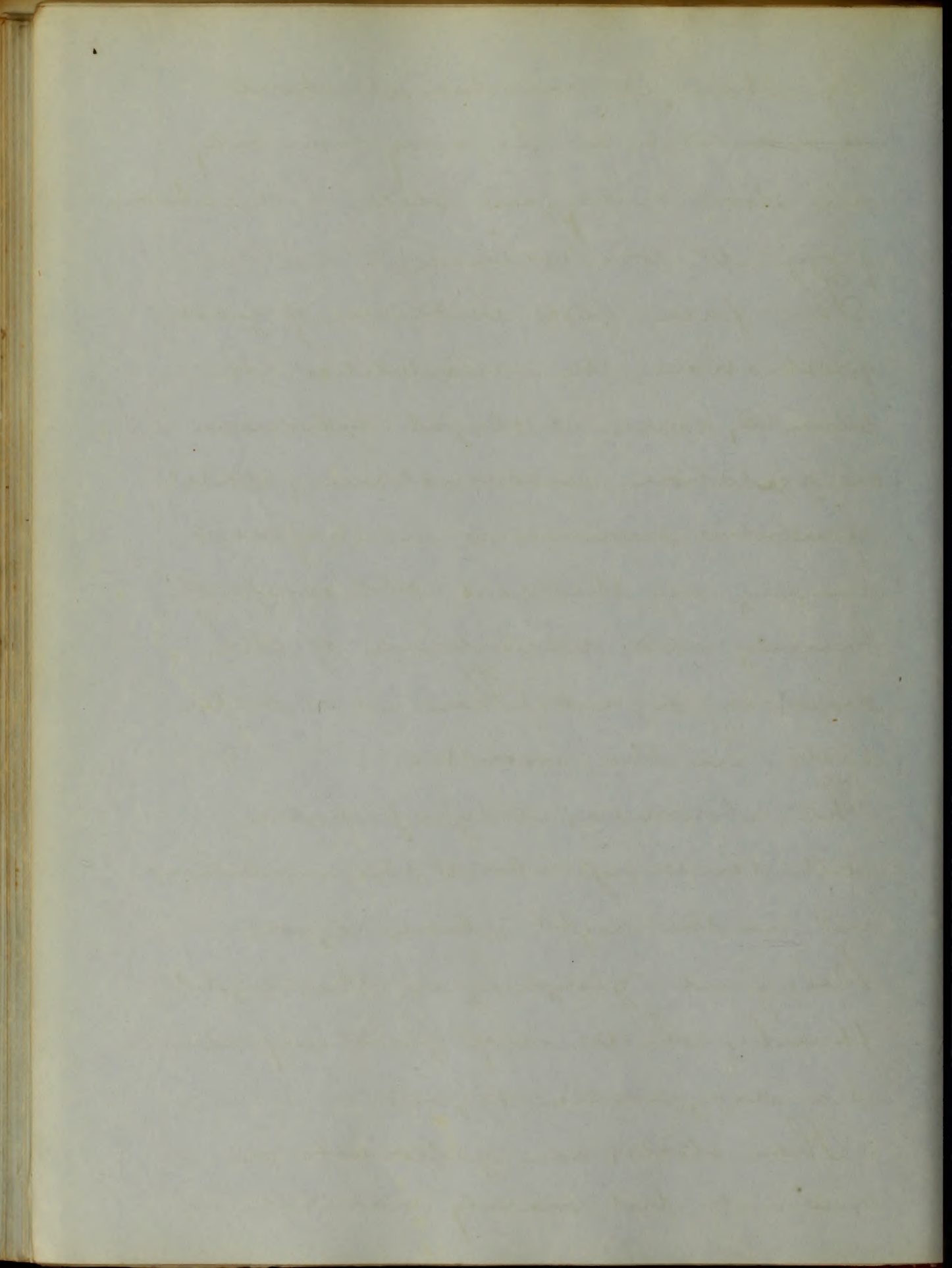
If there is diarrhea, it should be attended to, as we may have only one stool a day, and still a diarrhea, from its consistence.

The face gives evidence, of great prostration, the sensibilities are blunted, there is slight delirium or agitation, insomniacence, dorsal decubitus, swimming in the head, ringing in the ears, obtuseness of hearing and disturbance of the digestive organs. There is a bitter taste in the mouth.

The abdomen, is tympanitic, with tenderness about the umbilicus and in the right iliac region.

We find gurgling in the right flank, which is of great importance as a diagnostic sign.

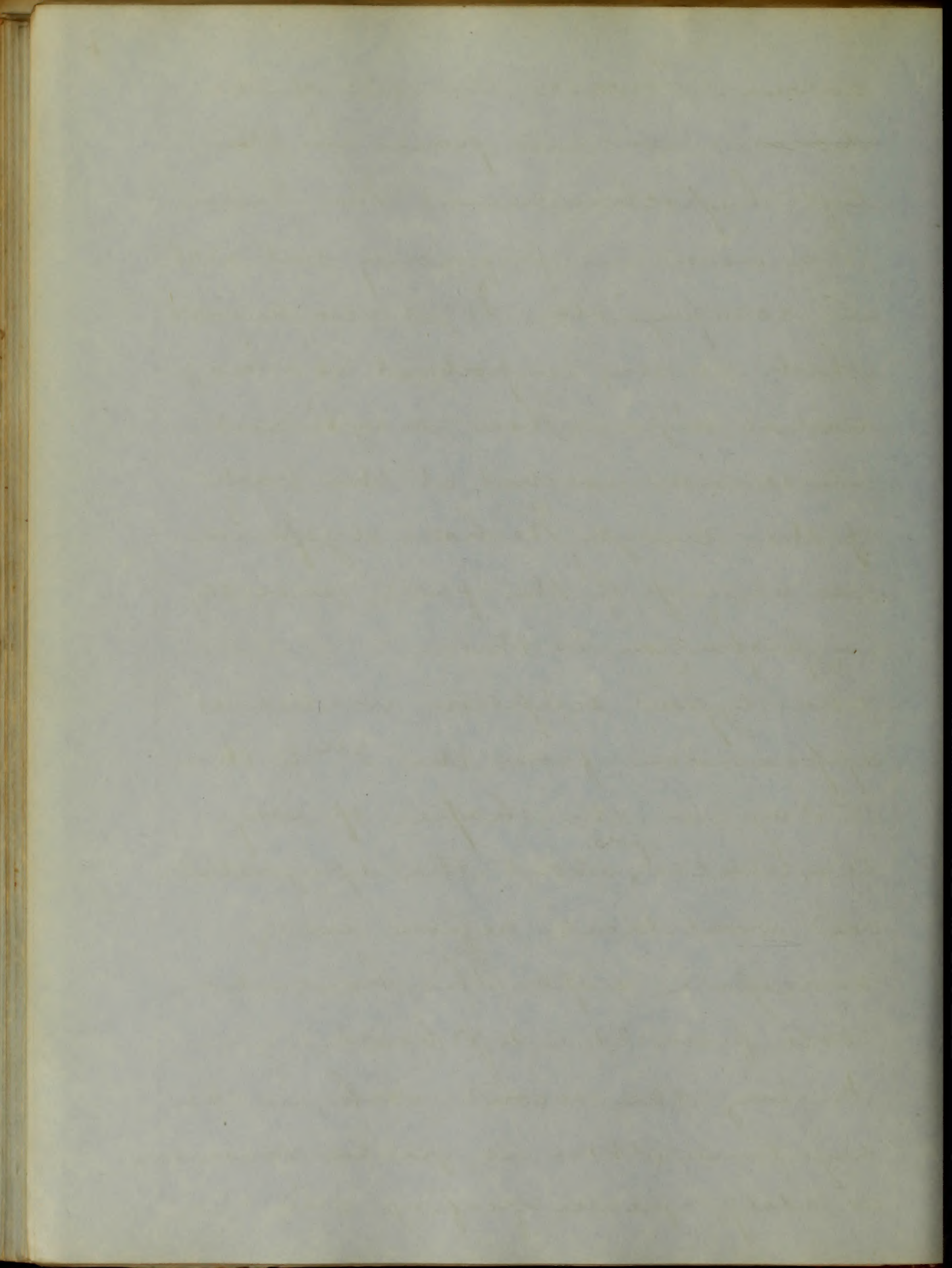
The stools, are yellowish or brownish, but nearly natural in



colour. Towards the end of the disease, we find pain in the left-hypochondrium. The pulse is increased in frequency but soft and compressible. It is also dicrotic which is very important as a diagnostic sign. There is sybilant and sonorous rouches at the back of the lungs. We have dyspnea and blueness of the face, generally in proportion to this.

The typhoid eruption, makes its appearance from the 7th to the 9th day, in the shape of rosy, lenticular ^{spots,} about the epigastrie and umbilical regions in successive crops. The headache lasts from 24 to 28 hours.

During the second week, in the day time, there is greater muscular debility, greater deafness and



subcultus. At night, there is increase of muscular strength, with delirium and Coma Vigilans.

The tongue, during the first week, is marked in the center, with a white pasty fur and the edges red. In the second week it becomes tremulous and more of a strawberry colour, it is dry, sometimes there is inability to protrude it, and sometimes it is covered with a brown paste. The lips are dry and there is sordes. If there is less thirst than before it is a bad sign.

On the contrary, if the patient continues thirsty, we generally consider him doing well.

There is difficulty of swallowing in the second week, also more tympanitis, causing the diaphragm to ascend, thereby increasing the



The first part of the paper is devoted to a general
 survey of the subject, and to a discussion of the
 various theories which have been advanced to
 explain the phenomena observed. It is shown that
 the most satisfactory explanation is that which
 is based on the assumption that the particles
 of matter are composed of atoms, and that
 these atoms are in constant motion. This
 theory is supported by a number of experiments
 which have been performed, and which show
 that the particles of matter do indeed
 move, and that they do so in a
 regular and periodic manner. The
 results of these experiments are in
 complete agreement with the predictions
 of the atomic theory, and it is therefore
 concluded that this theory is the most
 correct one.

dyspnea. The bladder is distended.

Great tympanitis and involuntary stools are unfavorable signs. The colour of the urine is also to be attended to. If it continues turbid or muddy, very good, but if it becomes clear, we may calculate the patient is growing worse. The pulse increases in quickness and becomes more dicrotic.

If it gets very low it is an unfavorable symptom. From about the 15th to the 20th day a miliarary eruption appears about the fleshy of the joints, and sides of the neck called sudamina.

In bad cases we have true petechial spots like those in purpura, and bed sores. Or blisters or cups or any wound the patient may have had may degenerate into bed sores.

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About the 3rd week, if the patient is to die, the symptoms become aggravated, or if to get well, they ameliorate. There is no critical discharge, or any critical day upon which this disease breaks up. In different districts, say malarious, for instance, there is predominance of one or more symptoms. The symptoms differ much from each other.

They may be inflammatory, bilious, mucous, ataxic or adynamic.

The inflammatory type presents the symptoms of inflammatory fever for the first weeks, after that it sinks into the typhoid form. The bilious or gastric form, is met with in malarious districts, with symptoms of bilious indigestion, in conjunction with the typhoid. The mucous,

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appears in persons who have been confined for sometime with catarrh, which will run down into a very low form of typhoid. We have the adynamic form secondarily.

The ataxic may be primitive or secondary. He may have this disease so slightly as not to confine the person to his room, only suffering from headache, slight increase of pulse, loss of appetite, and a little diarrhoea.

In malarious districts, it may simulate intermittent fever, this character, seldom lasting beyond the first week. This fever, interferes greatly, with the processes of nutrition and assimilation.

The patient emaciates rapidly and greatly. We have the appetite returning suddenly, on the

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breaking up, of the disease and it is very imperious.

There is oedema of the lower extremities, in convalescence as a sequel of this disease and paralysis or pain in these parts especially in children. This may last for two or three months, but is never permanent.

There is loss of hair, insanity or idiocy, but the patient nearly always recovers his intellect entirely. The deafness clears up if there has been no suppuration from the ear. As a general rule, this disease never attacks the same person twice, but relapses are common from some indiscretion. The duration is considerable, generally from fifteen to thirty days, or it may last longer.

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If convalescence begin before the eighth day, the probability is, there's been a mistake, in the diagnosis.

In regard to the peritoneal pain from perforation, it is more intense over the spot of perforation, which pain increases on pressure. There is chilliness, coldness of the extremities, and suppression of the diarrhea.

Perforation is less common in children. The ratio of deaths from perforation, is about one out of every fourteen or fifteen fatal cases. When there is much hemorrhage from enteritis, it is a grave symptom, or if there is gastritis, as a complication increases, the chance of the patient. This must be treated as in a healthy person, only not quite so actively. The enteritis also

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demands treatment in its own right. We have in all typhoid cases more or less bronchitis; this is generally diffuse. As this sometimes carries off the patient it must be attended to. Pneumonia is a secondary complication in about one out of every six cases. This is generally obscure, as the sputa is not so much to be depended upon, and there is not so much pain on account of the low nervous state of the patient. Fully one half of those having Pneumonia as a complication perish. Erysipelas is also a secondary complication. Blisters, cups, or wounds of any kind may degenerate into it, or we may have it coming on without any abrasion of the cuticle. Nearly all die from this. It is almost

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impossible to recover. There is also
Otitis, especially in children.

Parotitis is more common in adults.

This is a grave symptom as suppuration generally takes place. If
eschars come on early it is a bad
sign. As to the diagnosis, there
is no pathognomonic sign. The
rose spots are the most so. There
is diarrhea, generally four or five
stools a day or the bowels may
be constipated for five or six days.
Epistaxis is an important symptom
when we have had a chill.

Eschars, meteorism, increase in
the spleen and great depression
of the nervous system are all
diagnostic signs. The diagnosis
is not very clear in the first
week. In the second we may
make it out by the continuance

1

The first of these is the
the second is the
the third is the
the fourth is the
the fifth is the
the sixth is the
the seventh is the
the eighth is the
the ninth is the
the tenth is the
the eleventh is the
the twelfth is the
the thirteenth is the
the fourteenth is the
the fifteenth is the
the sixteenth is the
the seventeenth is the
the eighteenth is the
the nineteenth is the
the twentieth is the

of the disease or examinations of the blood during this stage may satisfy us. When we cannot find any evidence of secondary inflammation we go to typhoid by exclusion. The differential diagnosis is commonly easy. When allied with plethora this is generally a cause of ephemeral or inflammatory fever. This we treat in mild cases by mild antiphlogistic means - low diet and cooling drinks or if there is much excitement, general depletion or local bleeding, or if a discharge has been suppressed we may bleed. The prognosis is always grave. If the patient is from 20 to 40 years old, the mortality is about one in eight; over 40 more. The mortality is also greater in summer than winter,

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or in some seasons, than others.

All complications, decrease the chances of the patient.

Treatment. This consists in managing the disease. We must combat, the complicating inflammations. There are many specific treatments, but they are all humbugs.

In regard to bleeding it may be practiced with great care, in the first four or five days, when the disease comes on suddenly, with inflammatory symptoms, in a plethoric patient. But if you do not see the patient thus early, do not bleed if it can be possibly avoided, as we must husband the strength, knowing the disease to be long in duration.

In the first week, the diet should be very strict. We may give cold,

The first part of the paper is devoted to a general
 consideration of the subject. It is shown that the
 theory of the subject is not yet complete, and
 that there are many points which require further
 investigation. The author then proceeds to a
 detailed examination of the various aspects of the
 subject, and shows how they are interrelated.
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 study of the various methods which have been
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 investigation. The author then proceeds to a
 detailed examination of the various aspects of the
 subject, and shows how they are interrelated.

iced or warm emollient-drinks, as the patient may prefer. Emollient-poultices over the abdomen are good.

At this time we may give a laxative, but never any irritating drastic-purgatives. A good laxative is a little rhubarb and magnesia or a blue pill or two. We merely wish to clear out the intestines.

Or we may give, an enema of flaxseed tea every day.

If there is too much diarrhea, substitute an enema of starch, with a little laudanum. The gastric symptoms are to be attended to.

Exhibit some one of the neutral salts, these having the advantage of being a little refrigerant and diuretic. In the second week we must use stimulants if indicated. Carbonate of Ammonia, with serpentaria

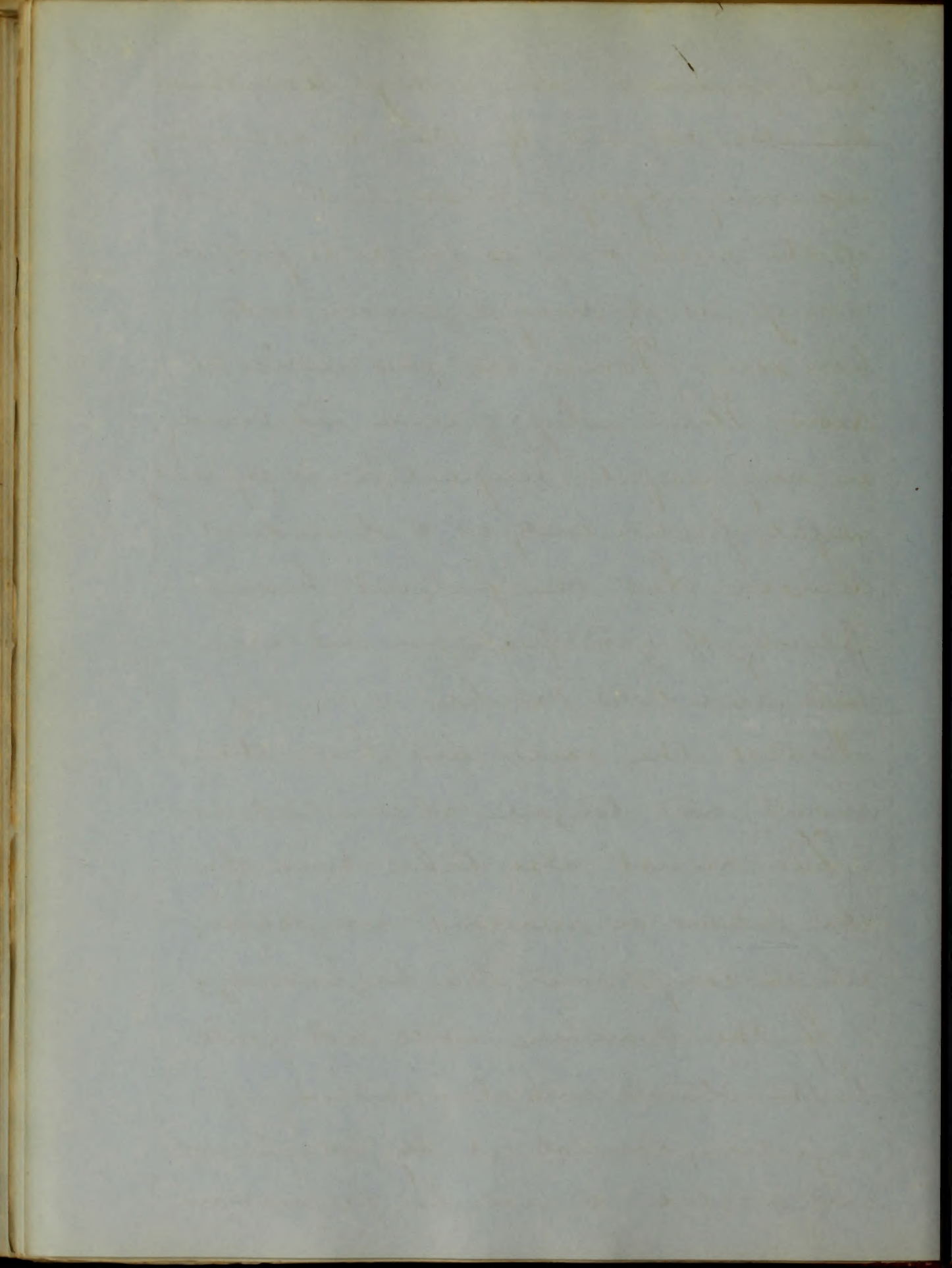
The first part of the paper is devoted to a general
 consideration of the subject. It is shown that the
 results of the experiments are in accordance with
 the theory. The second part is devoted to a
 detailed description of the apparatus used in the
 experiments. The third part contains a discussion
 of the results and a comparison with the theory.
 The fourth part is devoted to a summary of the
 results and a conclusion. The fifth part contains
 a list of references. The sixth part contains a
 list of figures. The seventh part contains a list
 of tables. The eighth part contains a list of
 appendices. The ninth part contains a list of
 errata. The tenth part contains a list of
 acknowledgments. The eleventh part contains a
 list of footnotes. The twelfth part contains a
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 a list of figures. The fourteenth part contains
 a list of tables. The fifteenth part contains
 a list of appendices. The sixteenth part contains
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 a list of acknowledgments. The eighteenth part
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 contains a list of tables. The twenty-second part
 contains a list of appendices. The twenty-third
 part contains a list of errata. The twenty-fourth
 part contains a list of acknowledgments. The
 twenty-fifth part contains a list of footnotes.

and quinia or wine, whey. Purgatives
 are also required. If there is delirium,
 we may apply a blister to the back
 of the neck, only so far as to produce
 redness, as it may degenerate into
 bed sores. Tonics are also indicated
 now. Wine whey, quinia and brandy
 are very useful. ^{Top} Turpentine is especially
 useful, particularly as a stimulant
 diuretic. Let the patient have
 plenty, of good fresh air and ice
 and acidulated drinks.

Detach the scabs and keep the
 mouth and tongue clean.

We must also take care of
 the bilious or mucous indigestion,
 which complicates the beginning.

If the diarrhea will not yield
 to the starch and landanum
 injection, control it by black drop
 and acetate of lead. In perforation

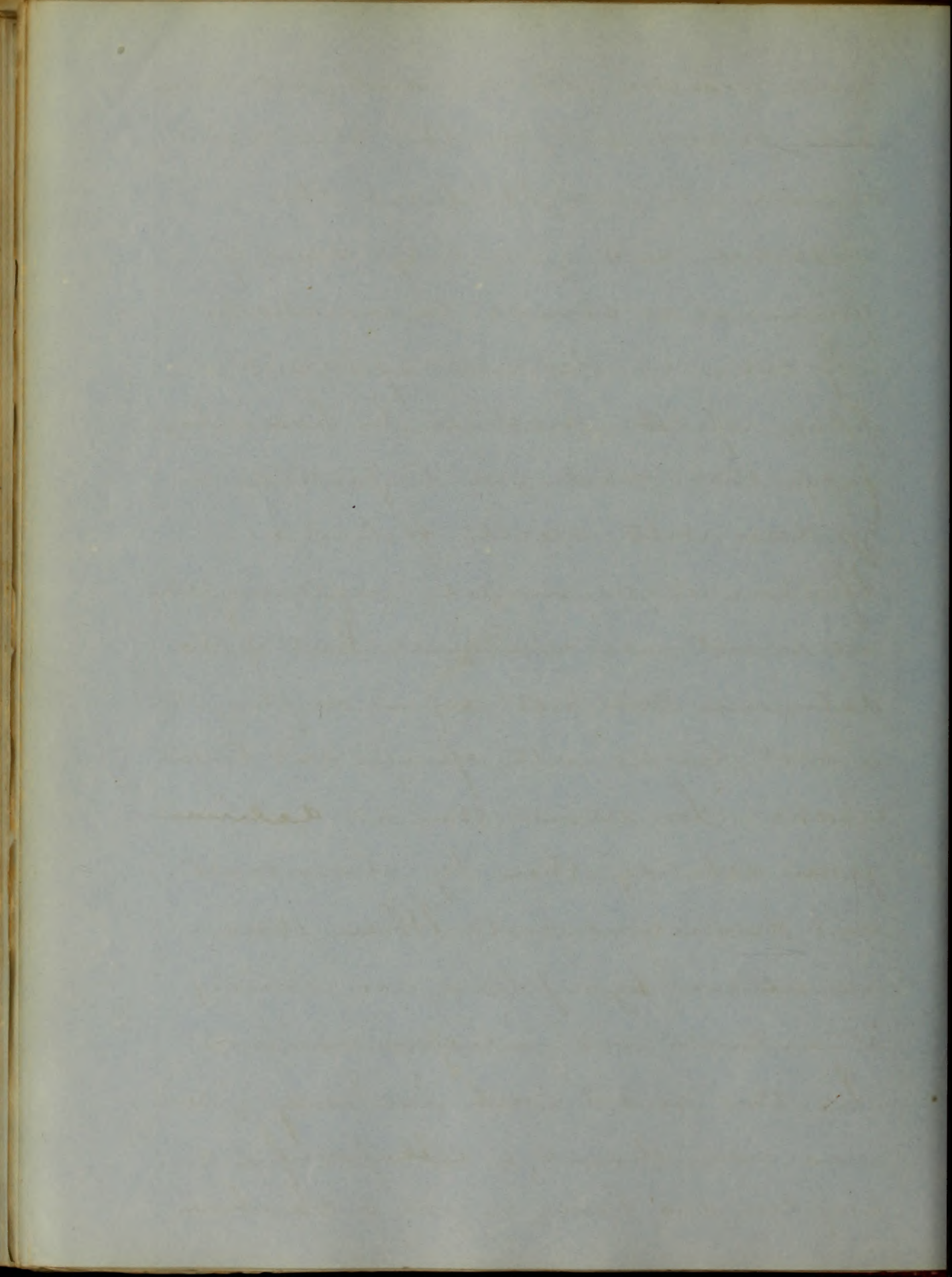


give neither food or drink, let him have perfect rest, on the back and remove all weight from the abdomen and give large doses, of opium so as almost to narcotise.

If there is obstinate epistaxis plug up the nostrils. In hemorrhage from the bowels give turpentine in 3^d doses with acetate of lead.

If there is meningeal inflammation we must use resuscitants. But if the delirium does not depend on this, it is best treated with opiate and tartar emetic. Sometimes there is delirium from debility, then by stimulants and nutritious diet. When there are ataxic symptoms use tonics, stimulants and antispasmodics.

In the second week we may give some nourishment, a tablespoonful of beef tea two hours, or jelly or chicken



broth. The position of the patient is to be changed 8 or 10 times a day.

Give syrup of ipecac for the bronchitis or dry cups. If there is pneumonia and strength enough to bear it, we may take a little blood.

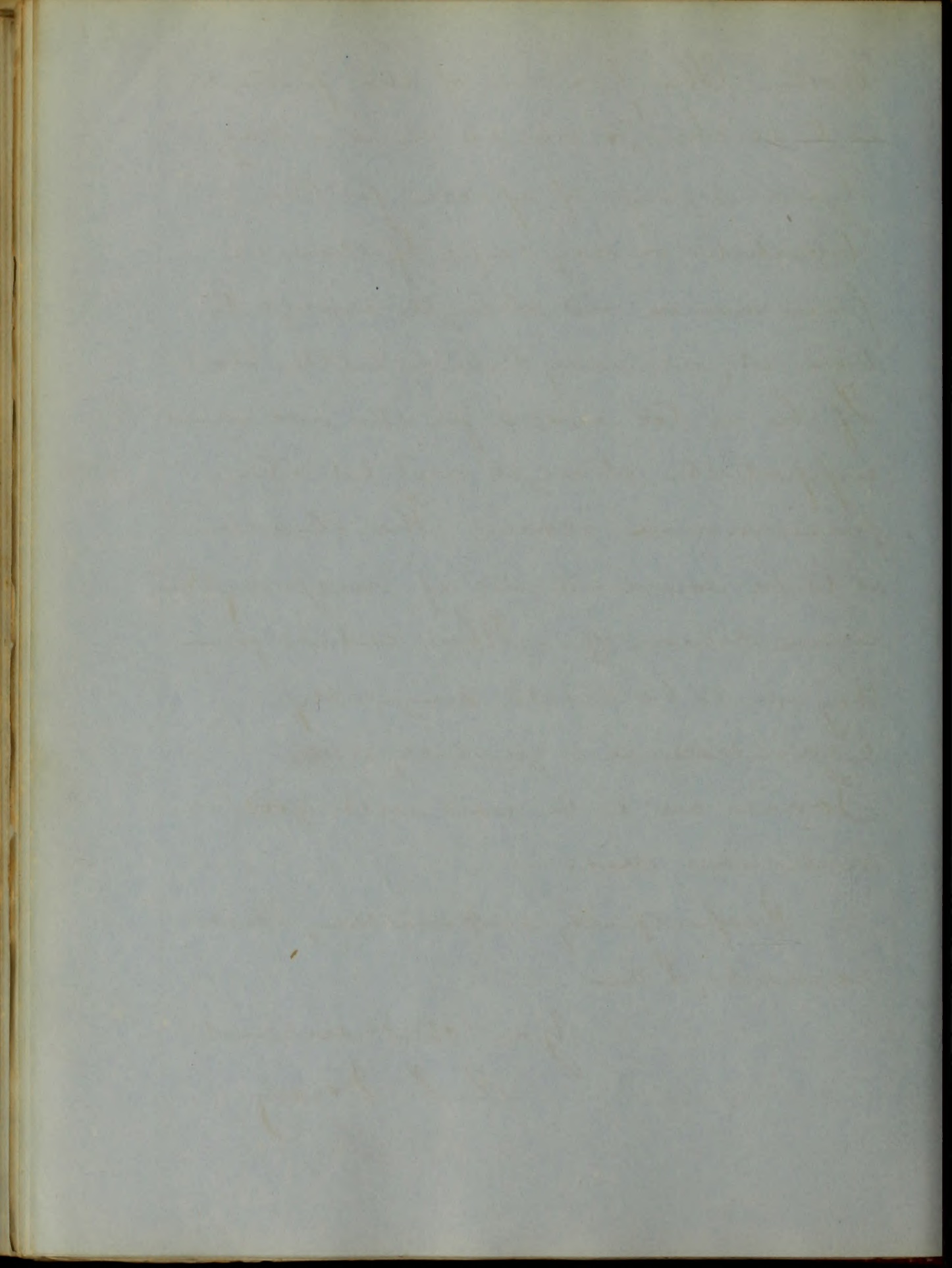
If he is too weak for this we must support the strength and let the pneumonia alone. The bladder is to be examined and if necessary the urine drawn off. When eschurs form they are to be treated surgically.

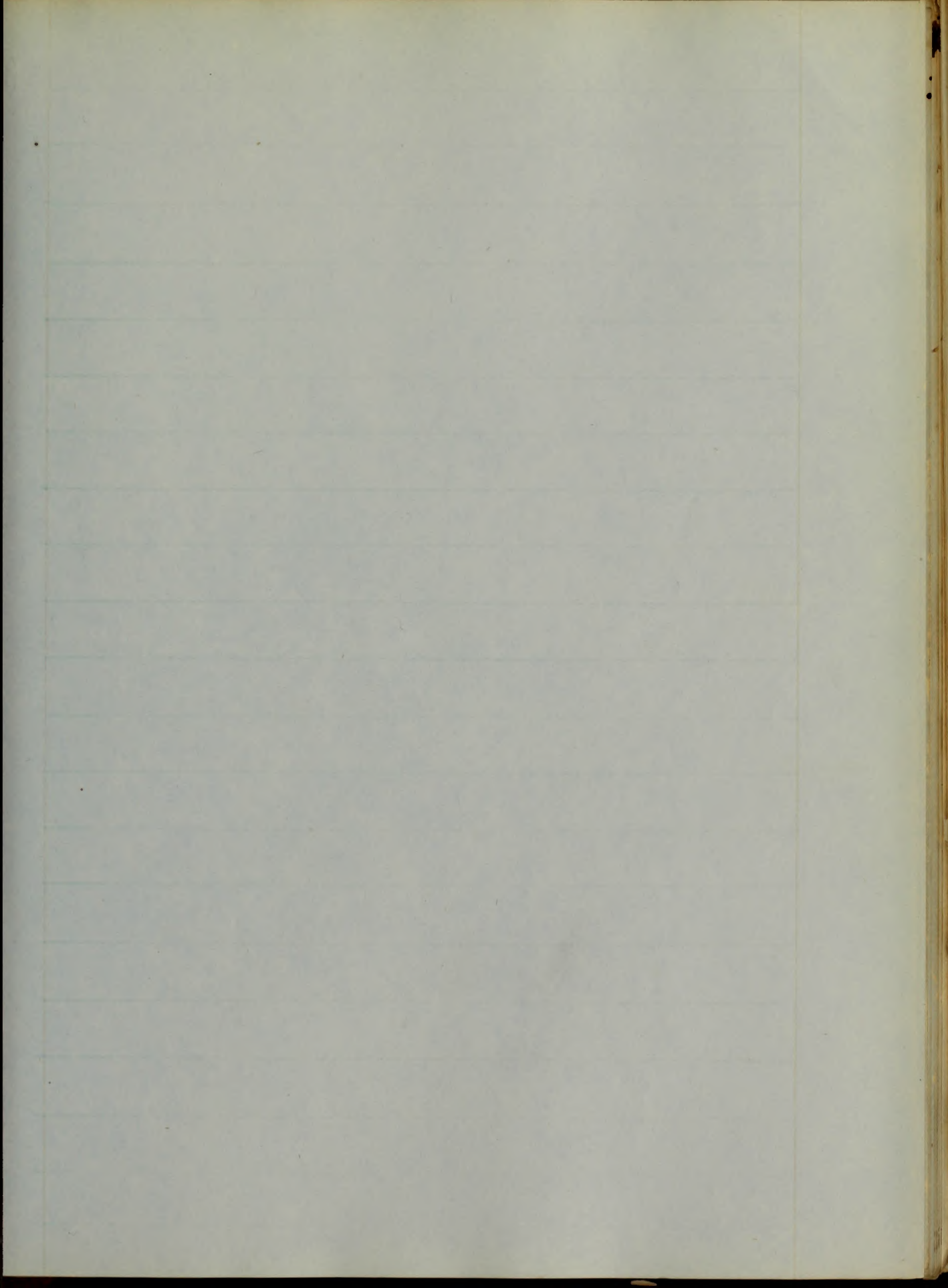
Convalescence is generally slow.

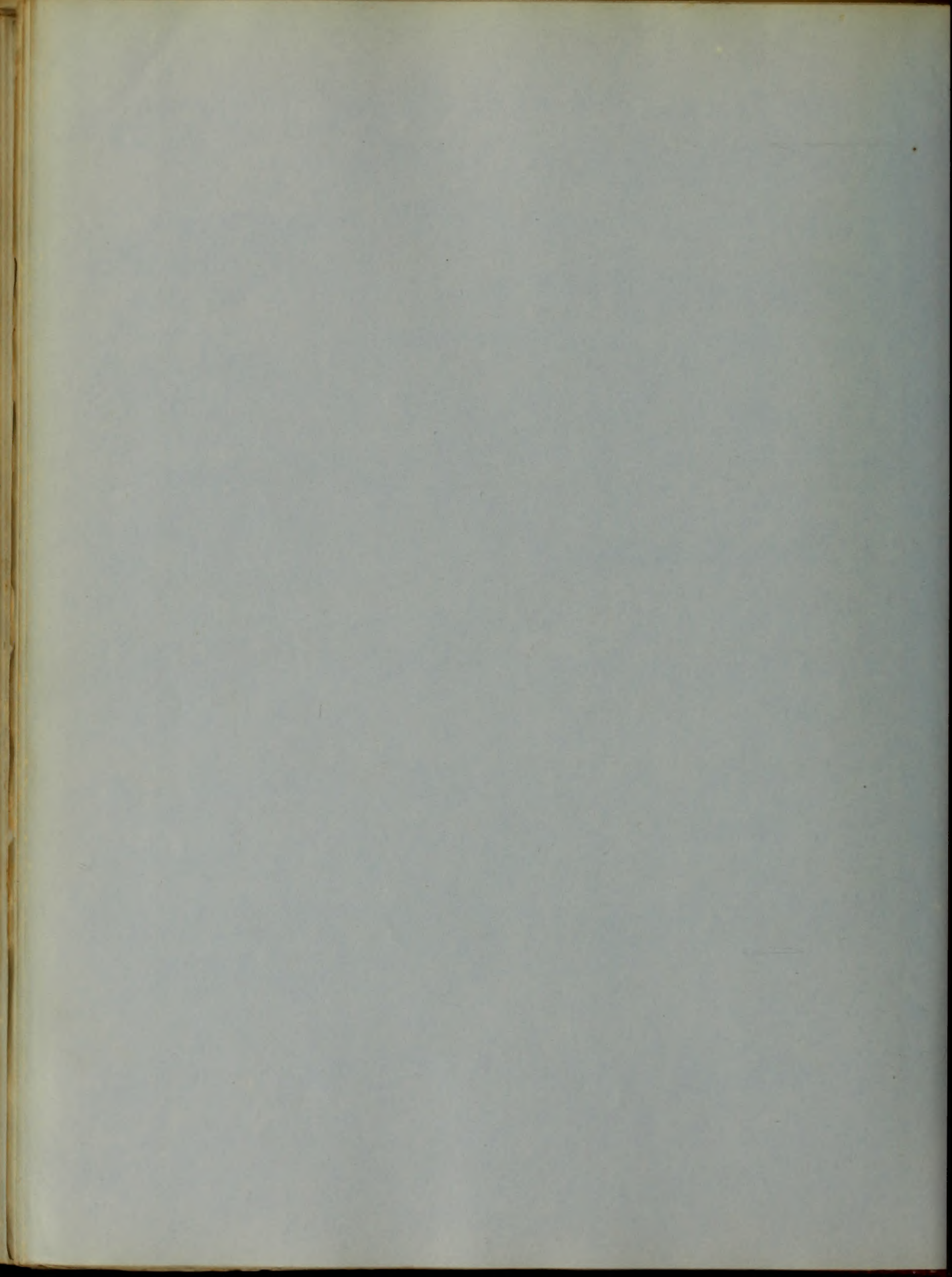
Tonics are to be used with good nutritious diet.

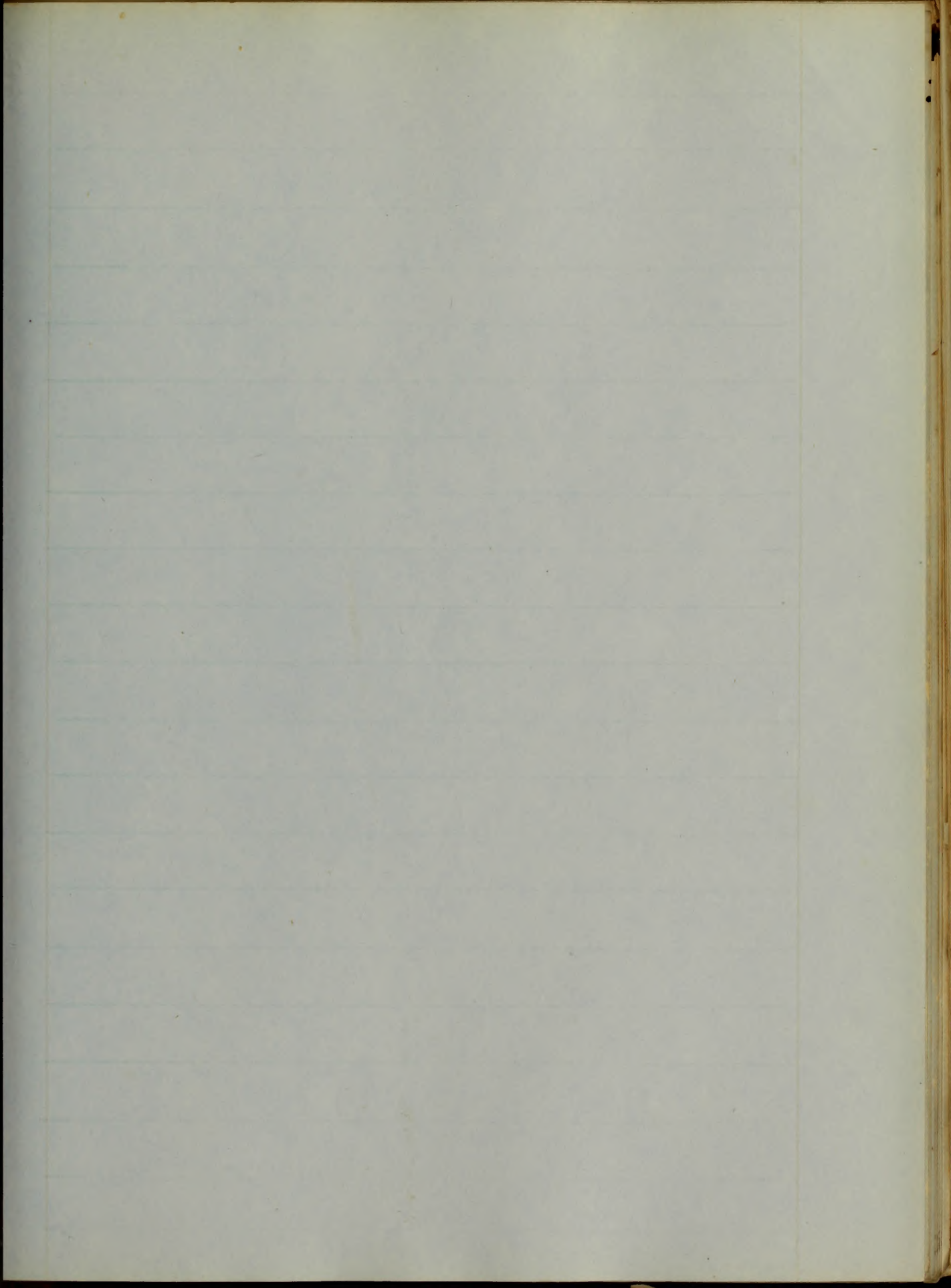
Respectfully submitting these remarks, I am

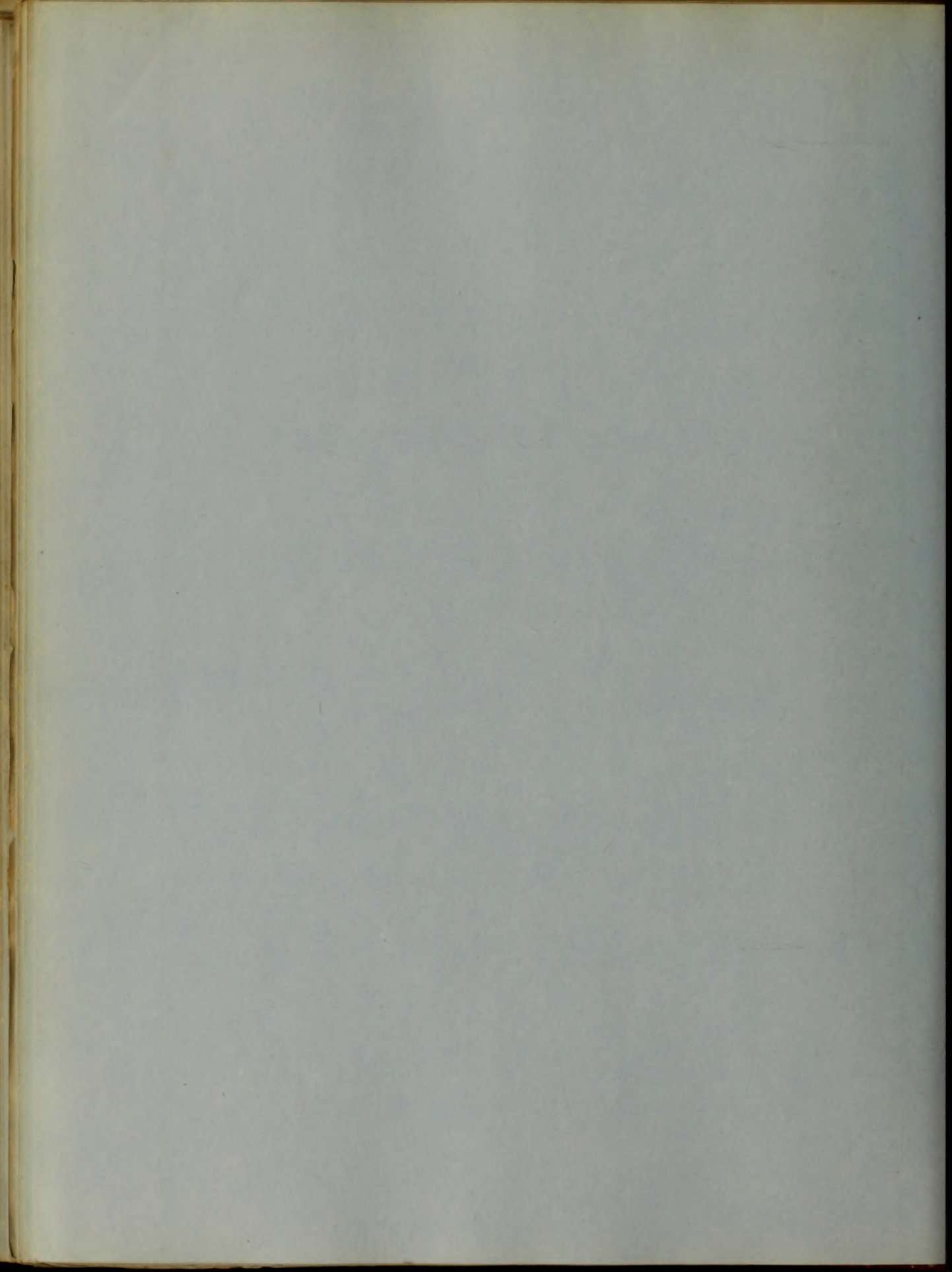
Your obed^t-servant
E. L. Dorsey

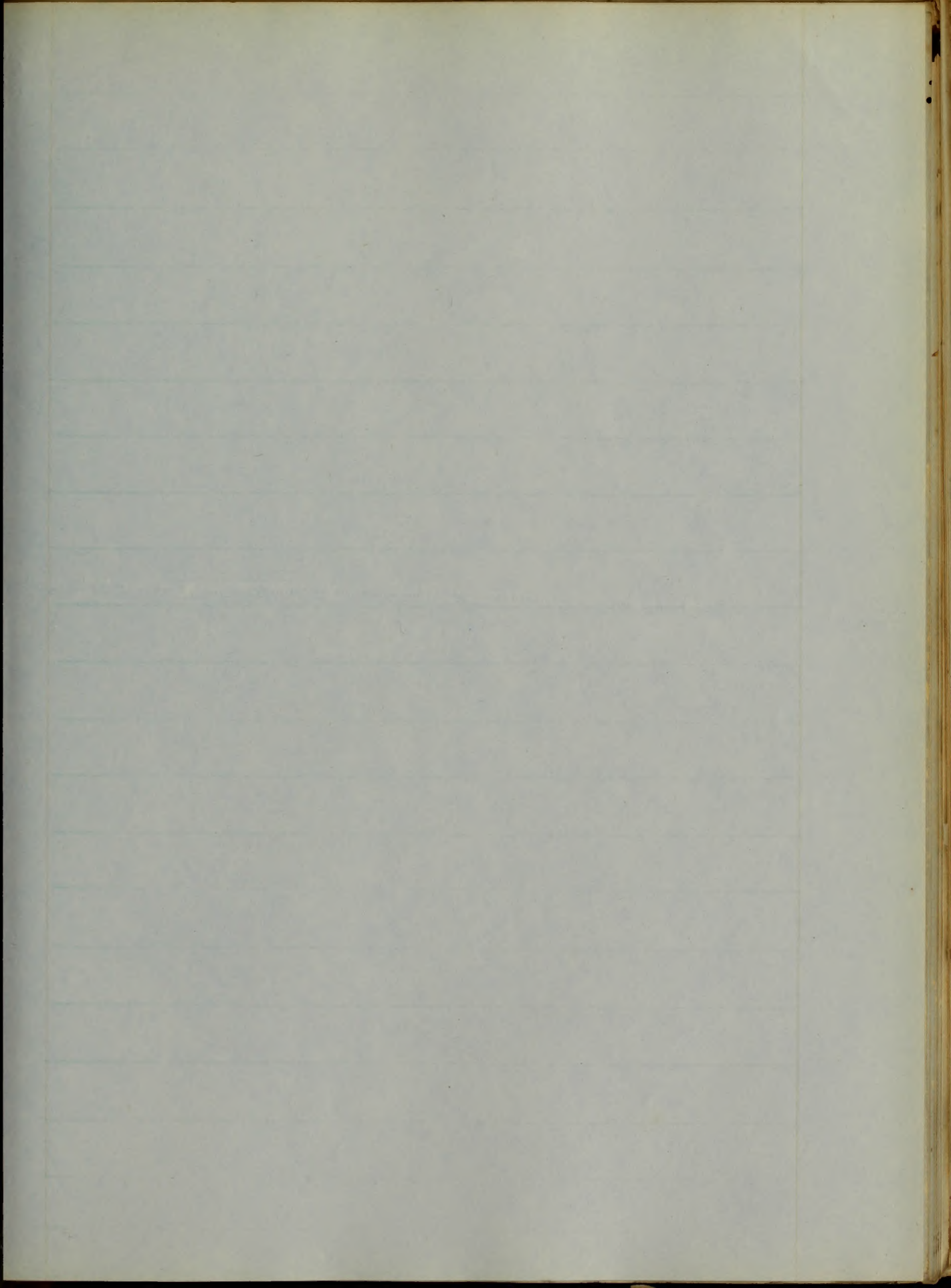


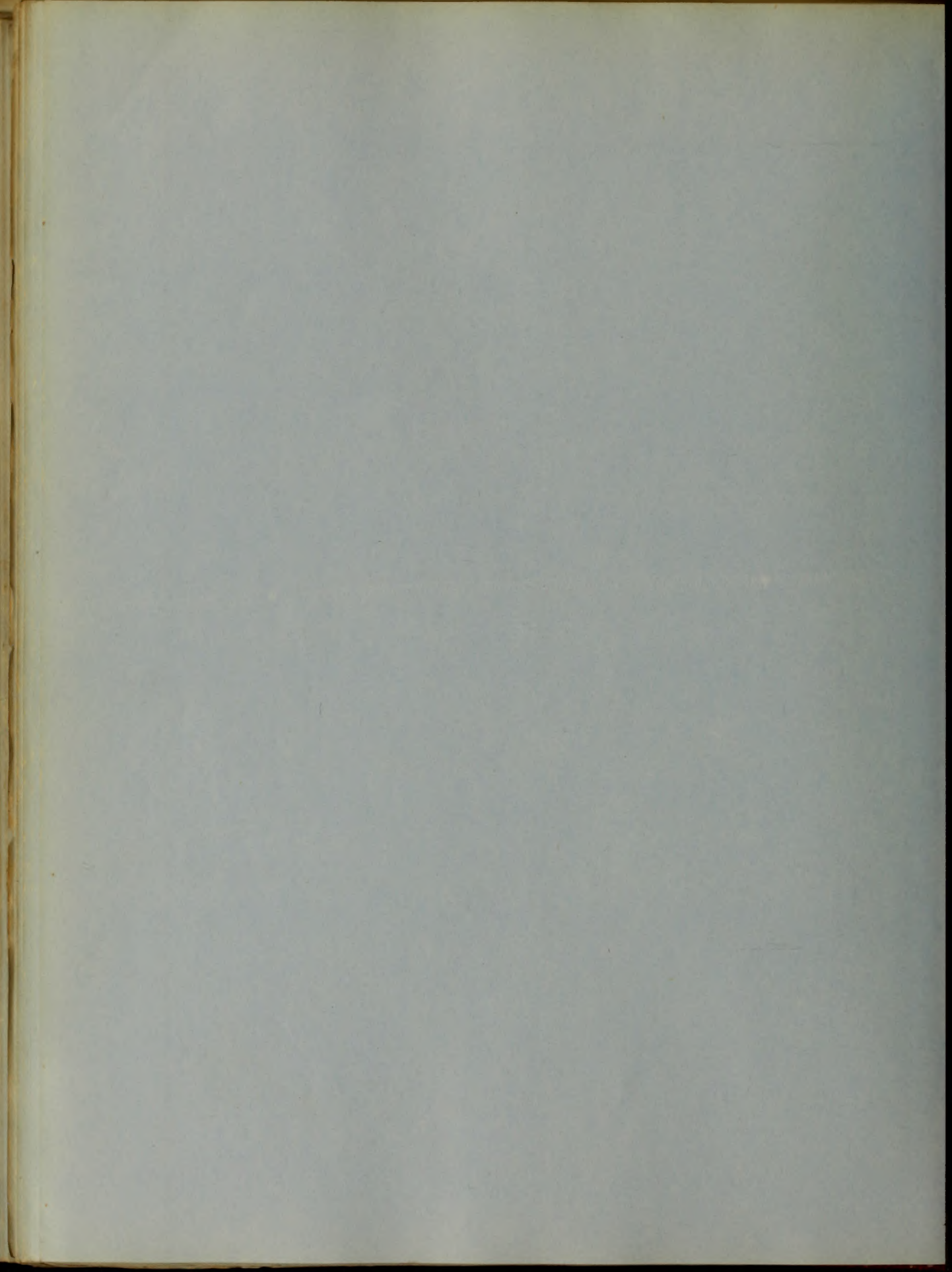


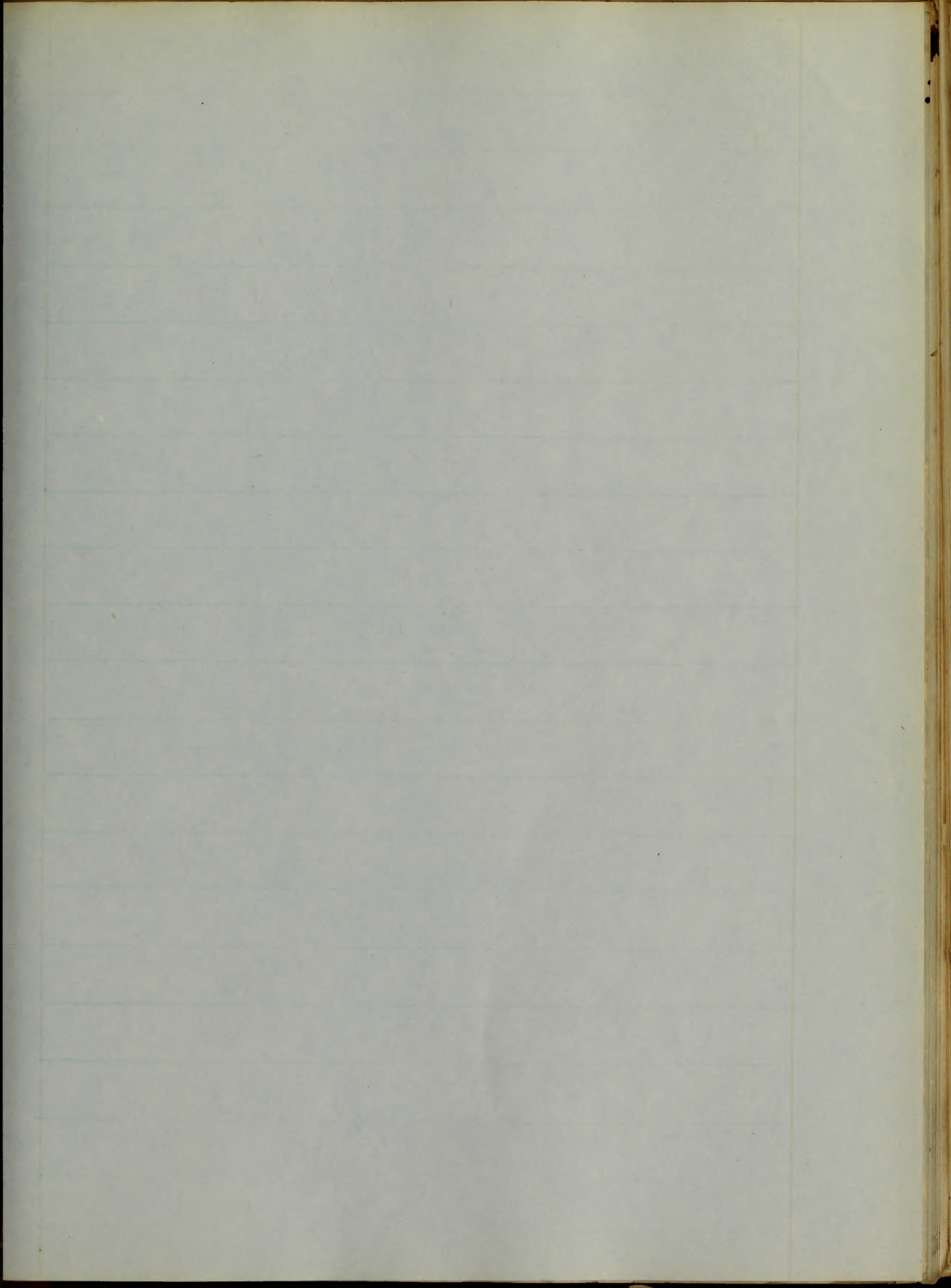


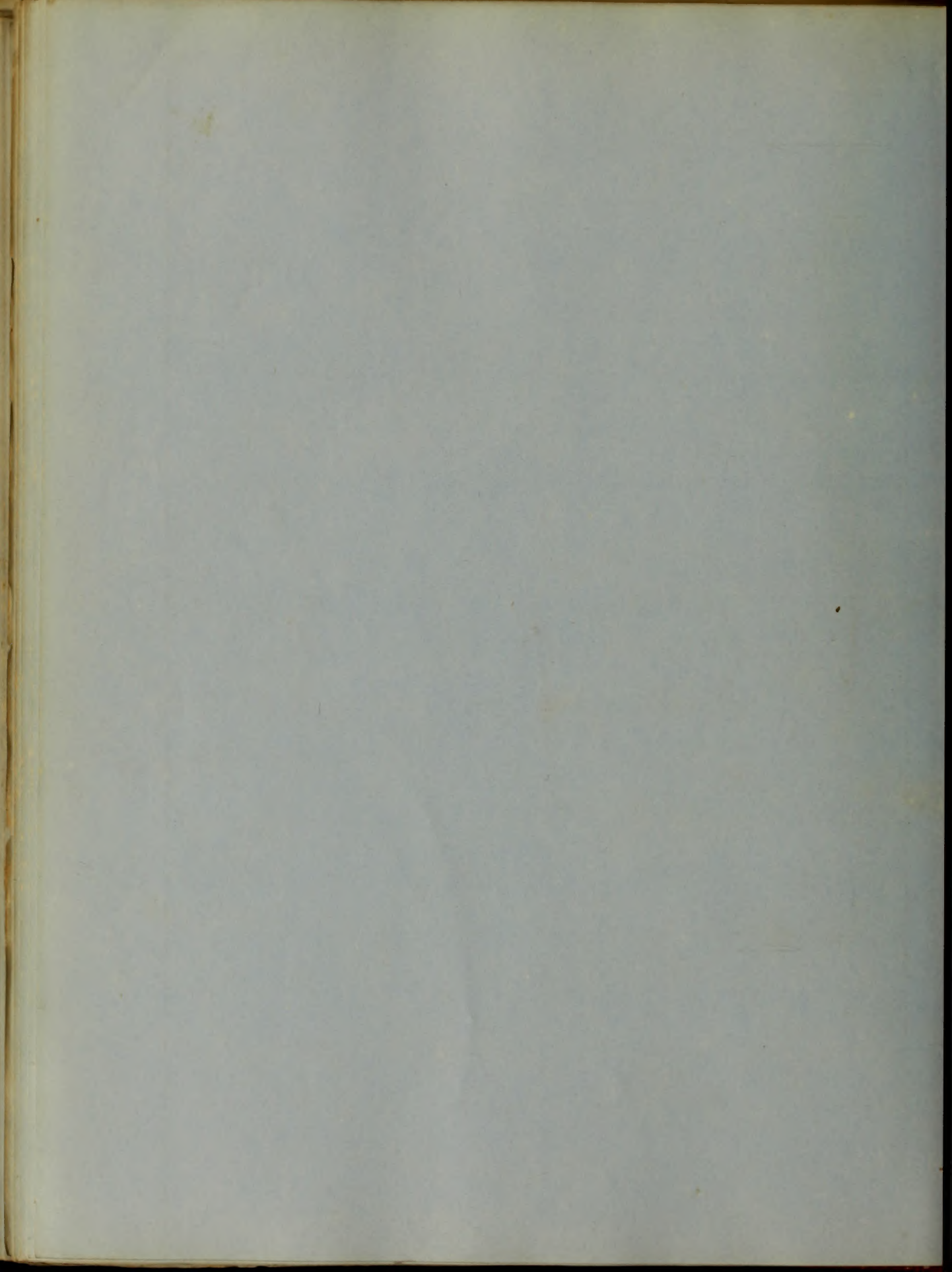


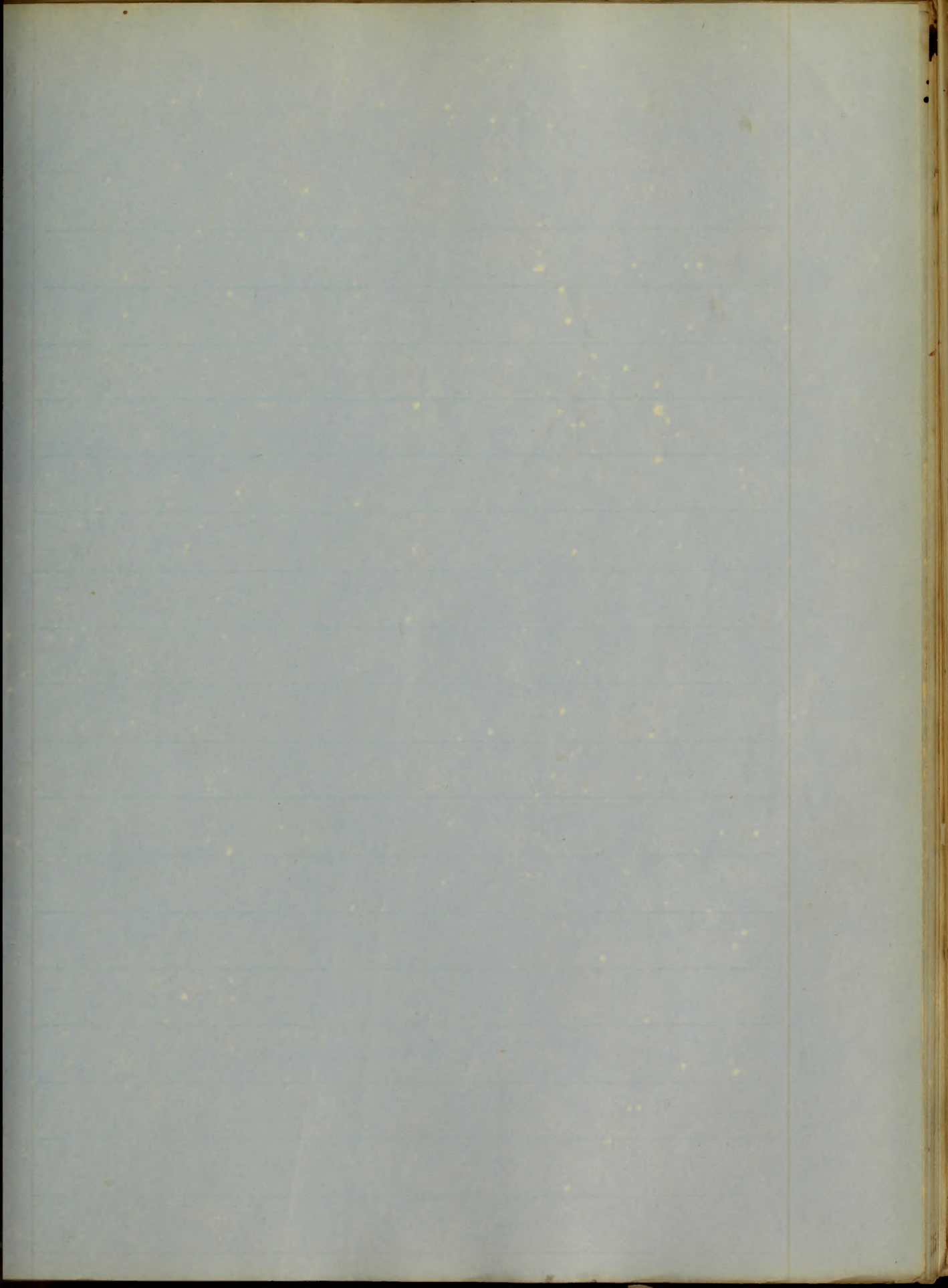


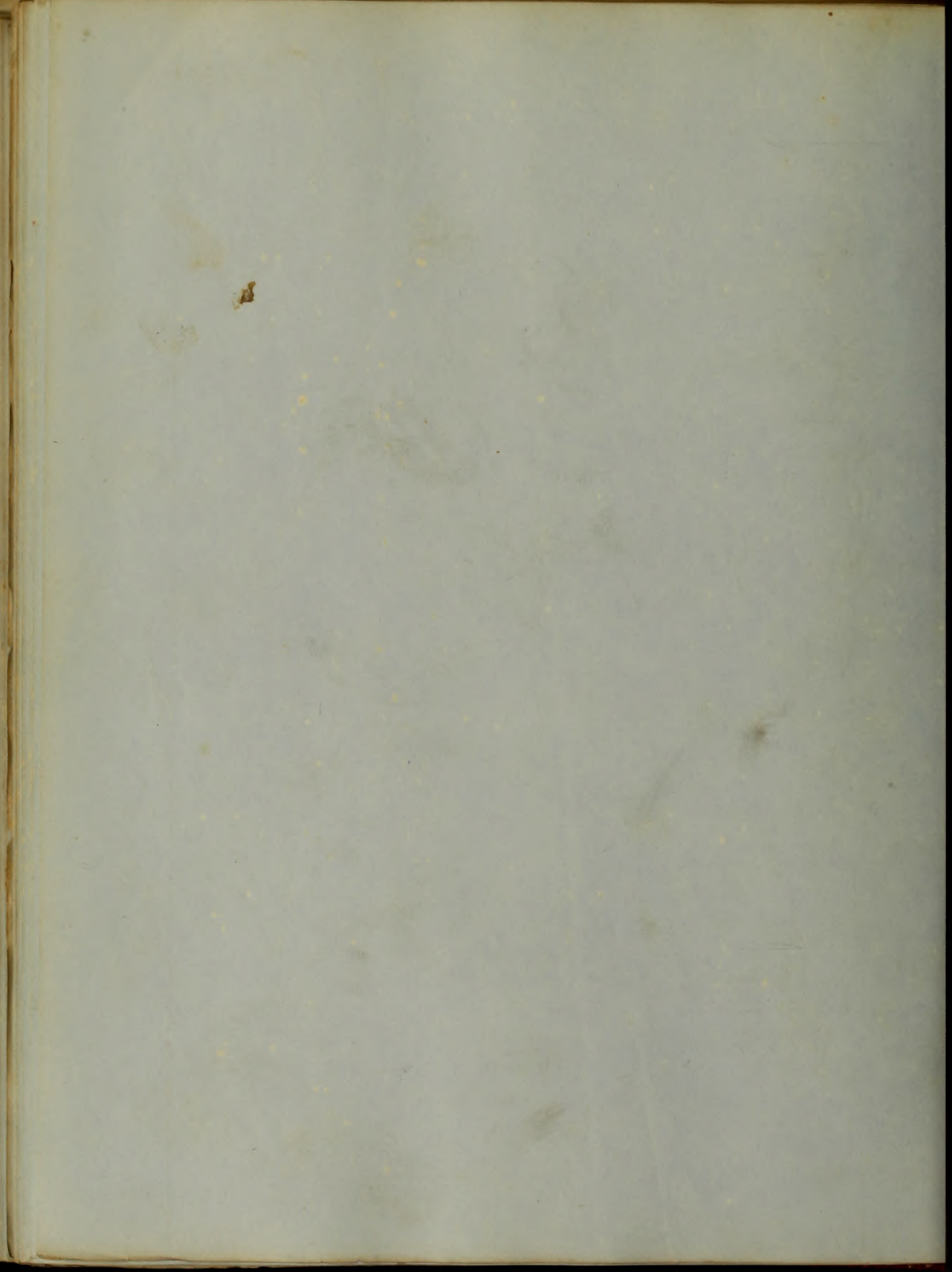












Journal of the
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October 1860

Monday
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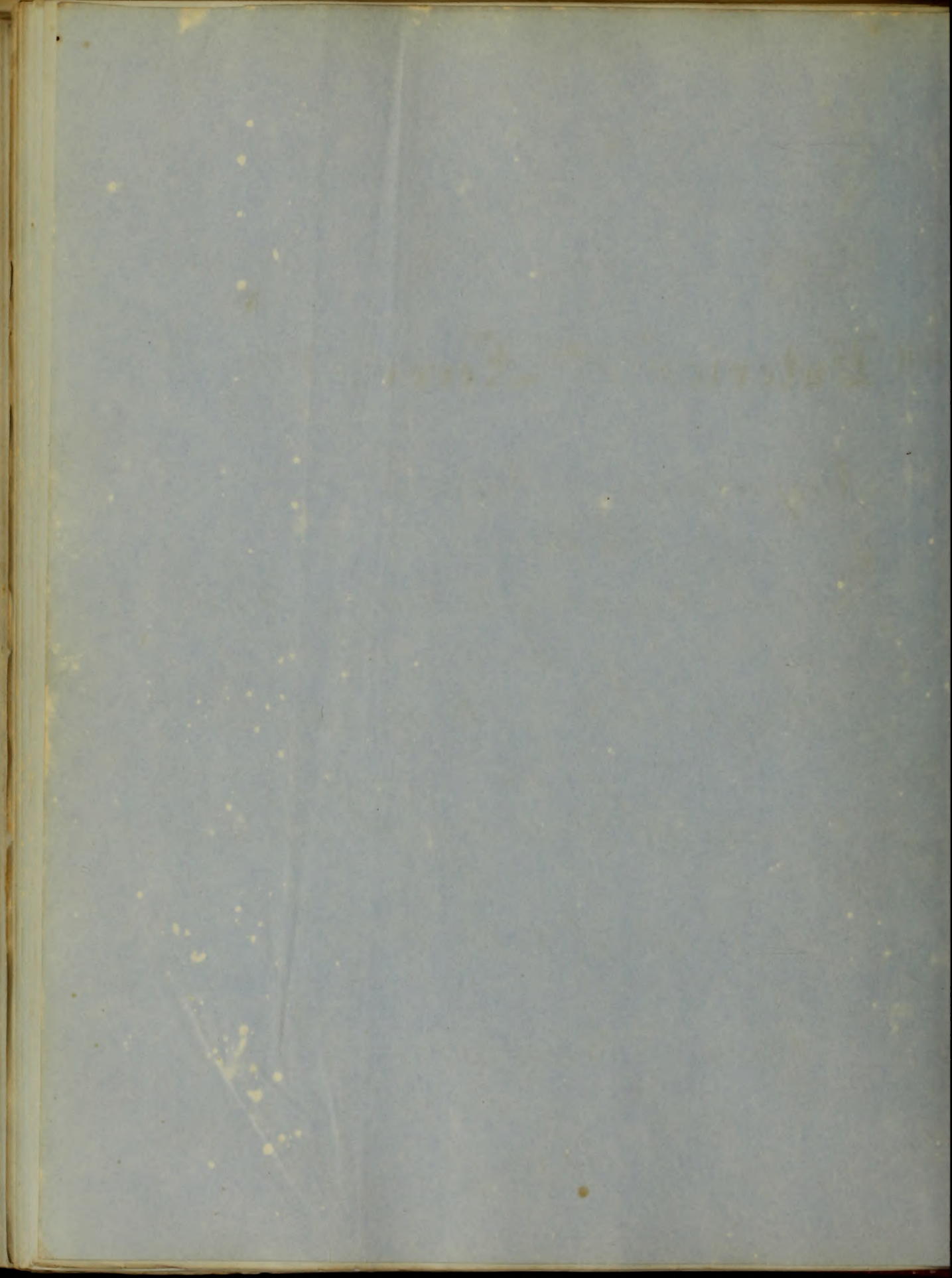
Tuesday
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Wednesday
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Saturday
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An
Inaugural Dissertation
on

Enteric Fever,

Respectfully Submitted
to the
Provost, Regents & Faculty of Physic
of the
University of Maryland
for the
Degree of Doctor of Medicine
by
Edwin Ebert
of
York, Pennsylvania

1850

Mr. Christian
Lampson

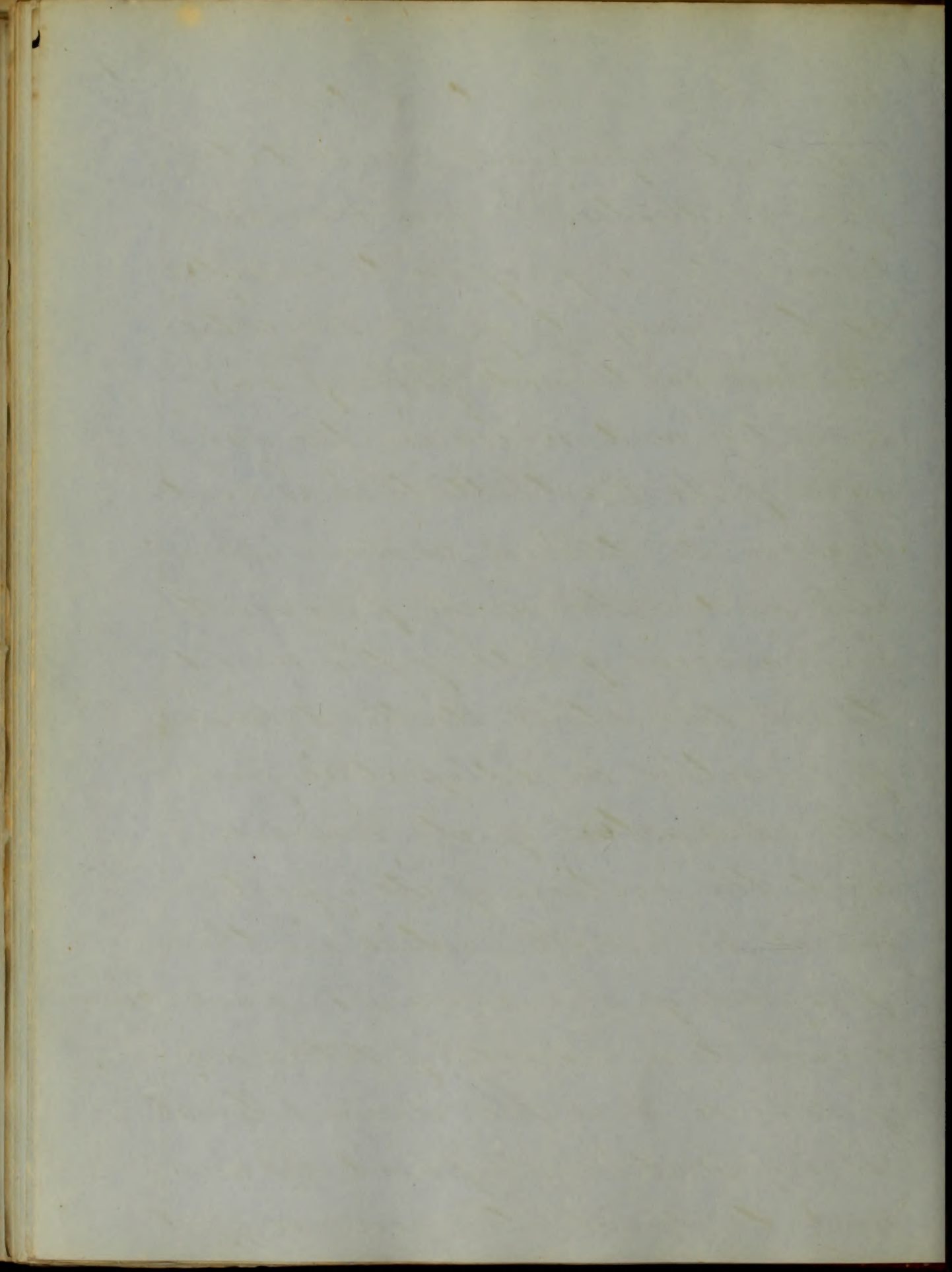
Ferris, Nov. 1850

My dear Sir,
I have the honor to acknowledge
the receipt of your letter of the
10th inst. in relation to the
matter of the estate of
John Smith deceased.

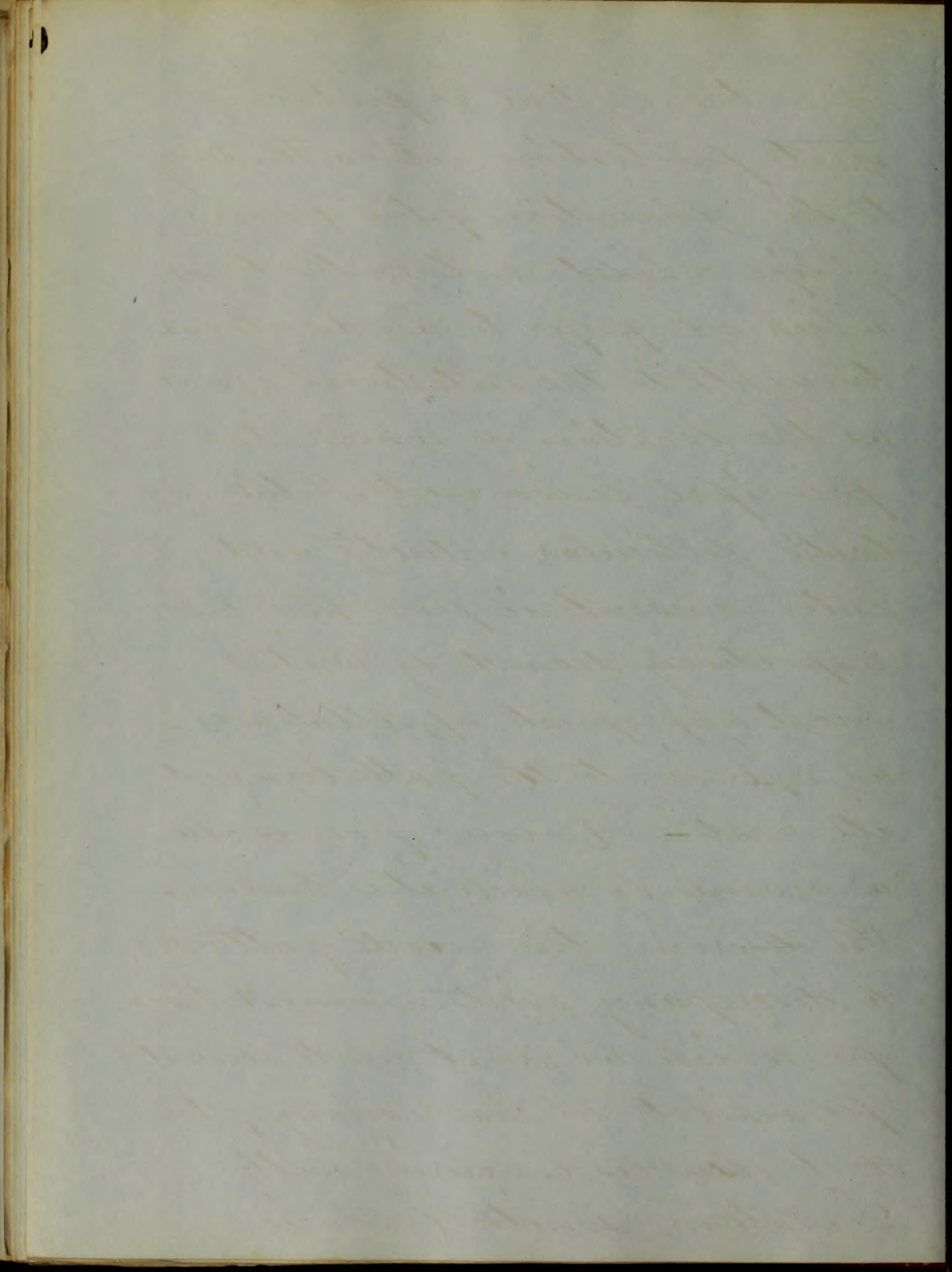
Very respectfully,
Your obedient servant,
John Smith

1850

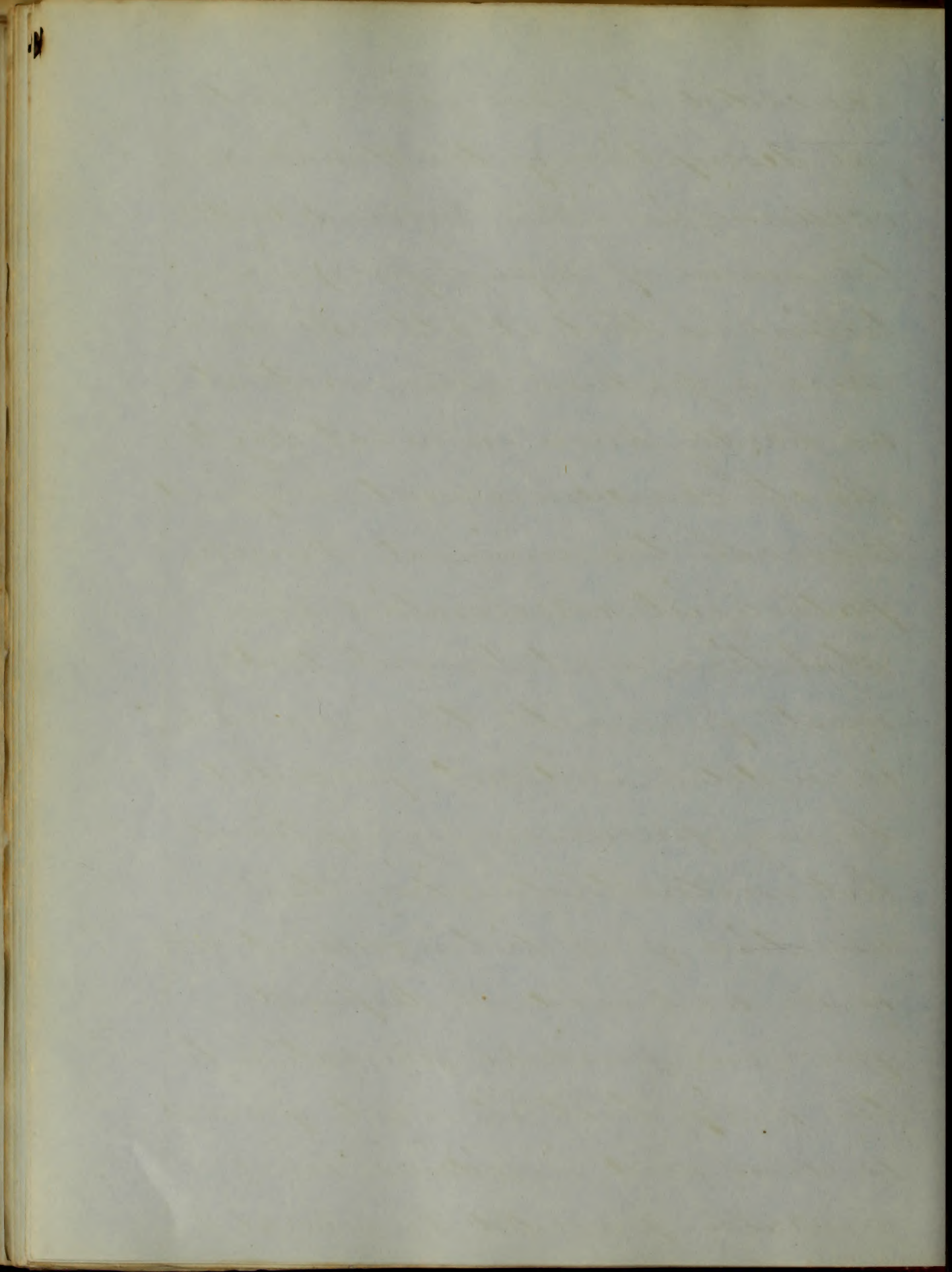
In conforming to a duty
imposed upon all candidates
fore graduation in our venerable
University; I propose to consider
as the subject of my Thesis, the
common continued fever of our
country and which in the lang-
uage of Dr Bartlett there is good
reason to think is more gener-
ally and extensively prevalent
in various parts of the world
than the other distinct forms
of essential or idiopathic fever.
The characters of its lesions,
and the nature of its effects
which we shall notice in the
progress of our remarks; have given
origin to a variety of titles all
of which bear the same ultimate
signification; Typhoid has been
used to denote the general effect



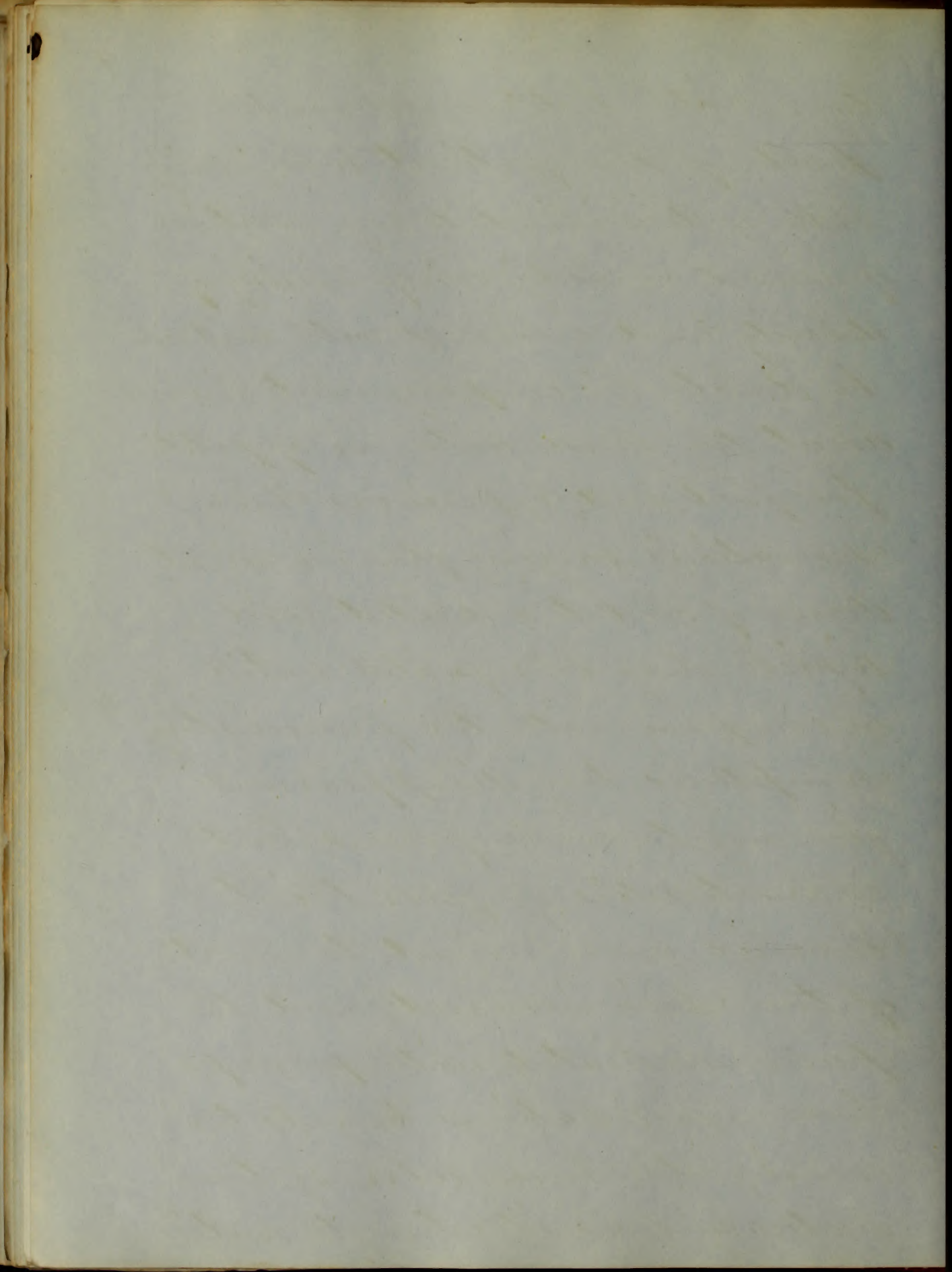
upon the system of producing great prostration with a tendency to the exhaustion of the powers of life whilst enteric the term which we prefer to use directs our thoughts to the intestinal canal as the location in which the principal lesion exists, Sothenenteritis follicular enteritis and entro-mesenteric fever have been respectively deemed by writers most appropriate appellations; as referring to the pathology and its seat - Nervous fever is also a name by which it is known - In describing the mode of attack; a discrepancy exists among Authors for which we are at loss to account; for whilst we have many of the best observers concurring with Dr Nathan Smith (who is



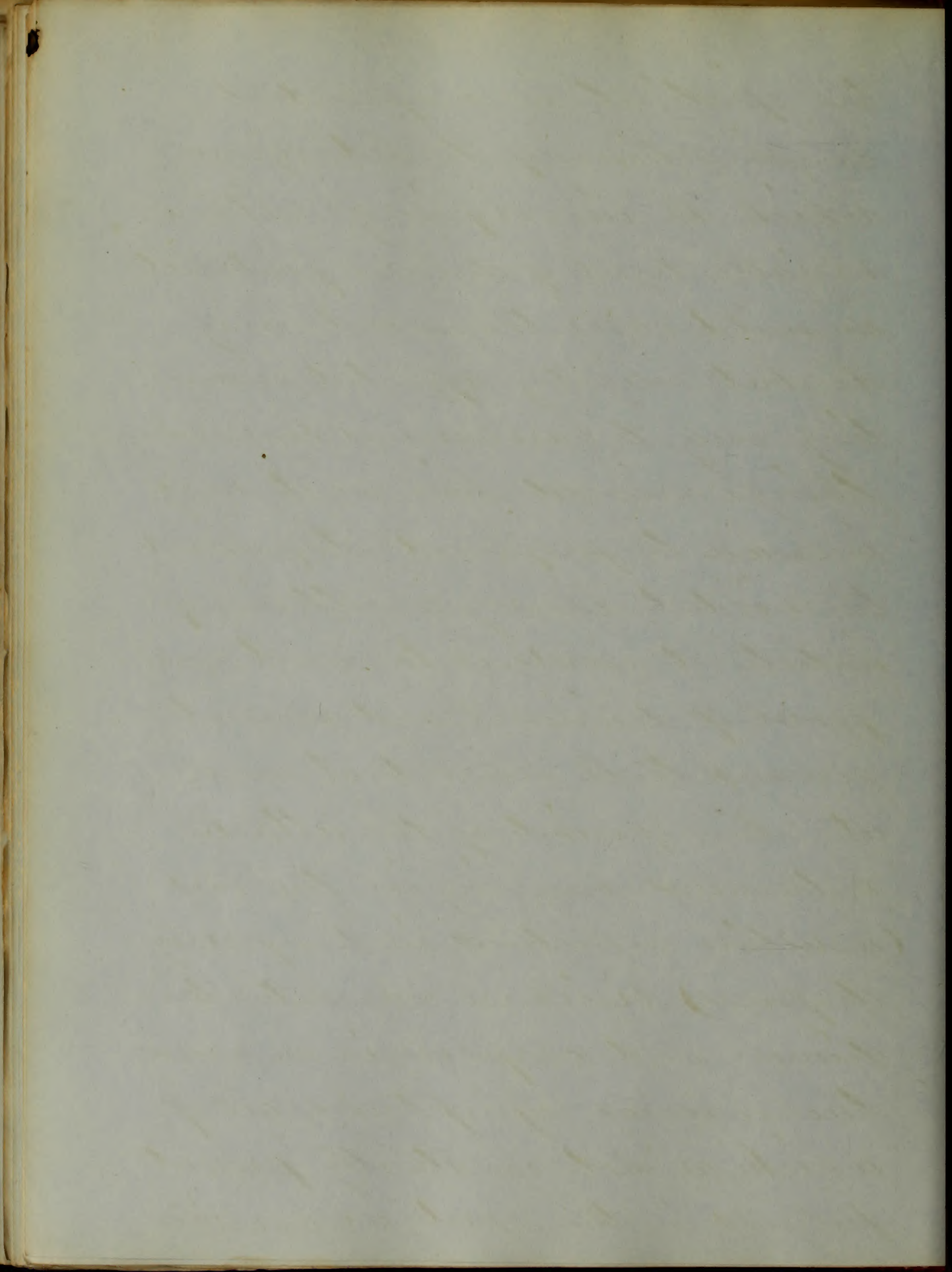
conceded to have given a faithful description of the disease as occurring in New England under the name of Typhus fever) in telling us that it attacks in such a gradual manner that we hardly know on what day to fix its commencement; we find Chomel the eminent French pathologist corroborating by statistics, a statement that most frequently the invasion is sudden and not preceded by any precursory symptoms but notwithstanding the assertion of so distinguished a man we would be disposed from our personal observation to the belief that its mode of access is slow and insidious being generally preceded by several



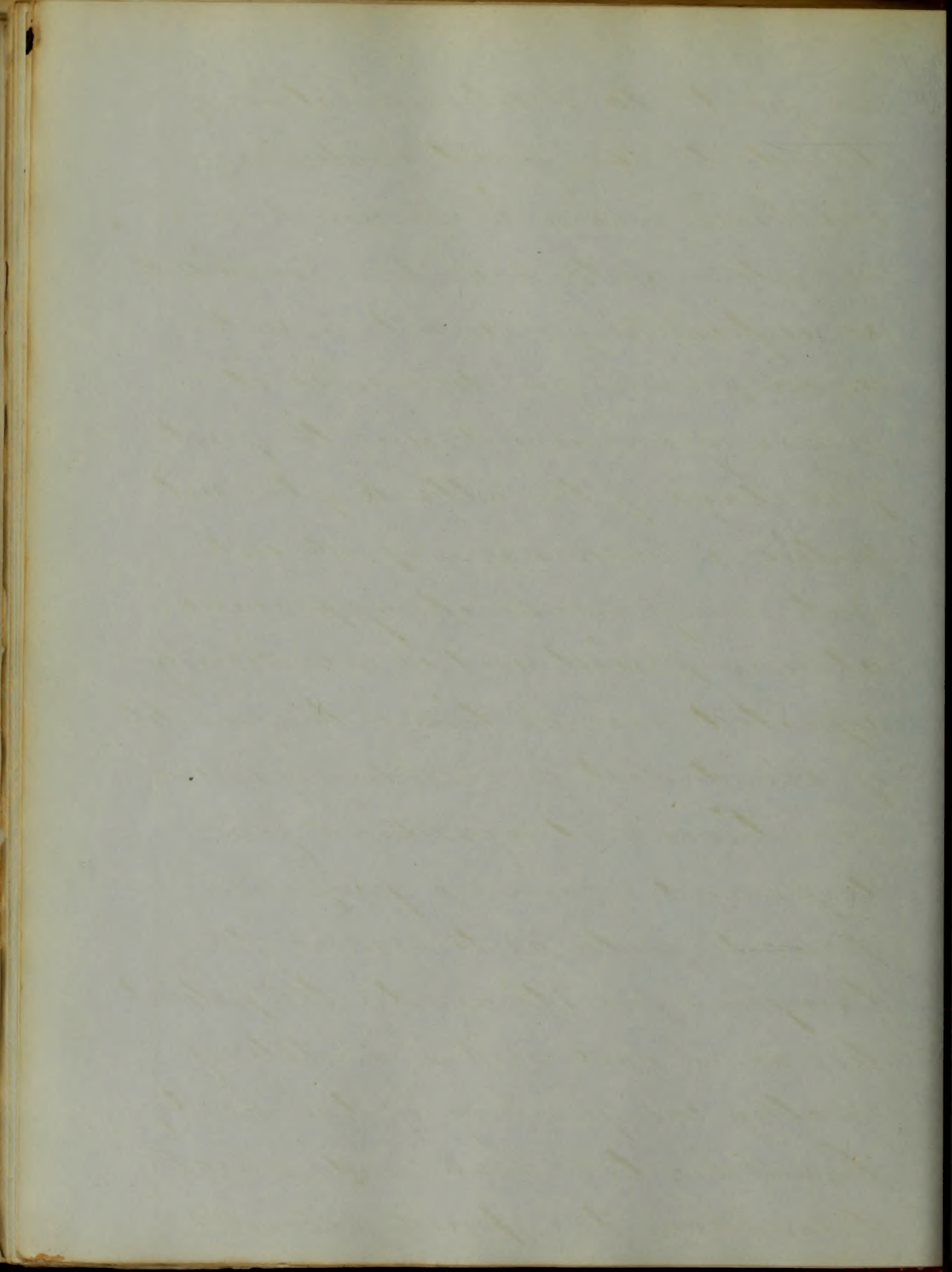
days with listlessness on the
 part of the patient who feeling
 badly is disinclined to any exertion
 of mind or body complaining of
 debility and soreness with headache
 he deserts his employment lounges
 about the house with no appetite
 for food and experiences chilly
 sensations varying from a slight
 degree of cold to a decided chill
 which may be repeated untill
 in company with the premonitory
 symptoms they disappear and
 give way to more permanent
 characteristics of fever thirst
 becomes more urgent, the heat
 of the skin increased, and the
 pulse accelerated, with perhaps
 some exacerbation towards the
 evening the muscular system
 gradually loses its strength untill



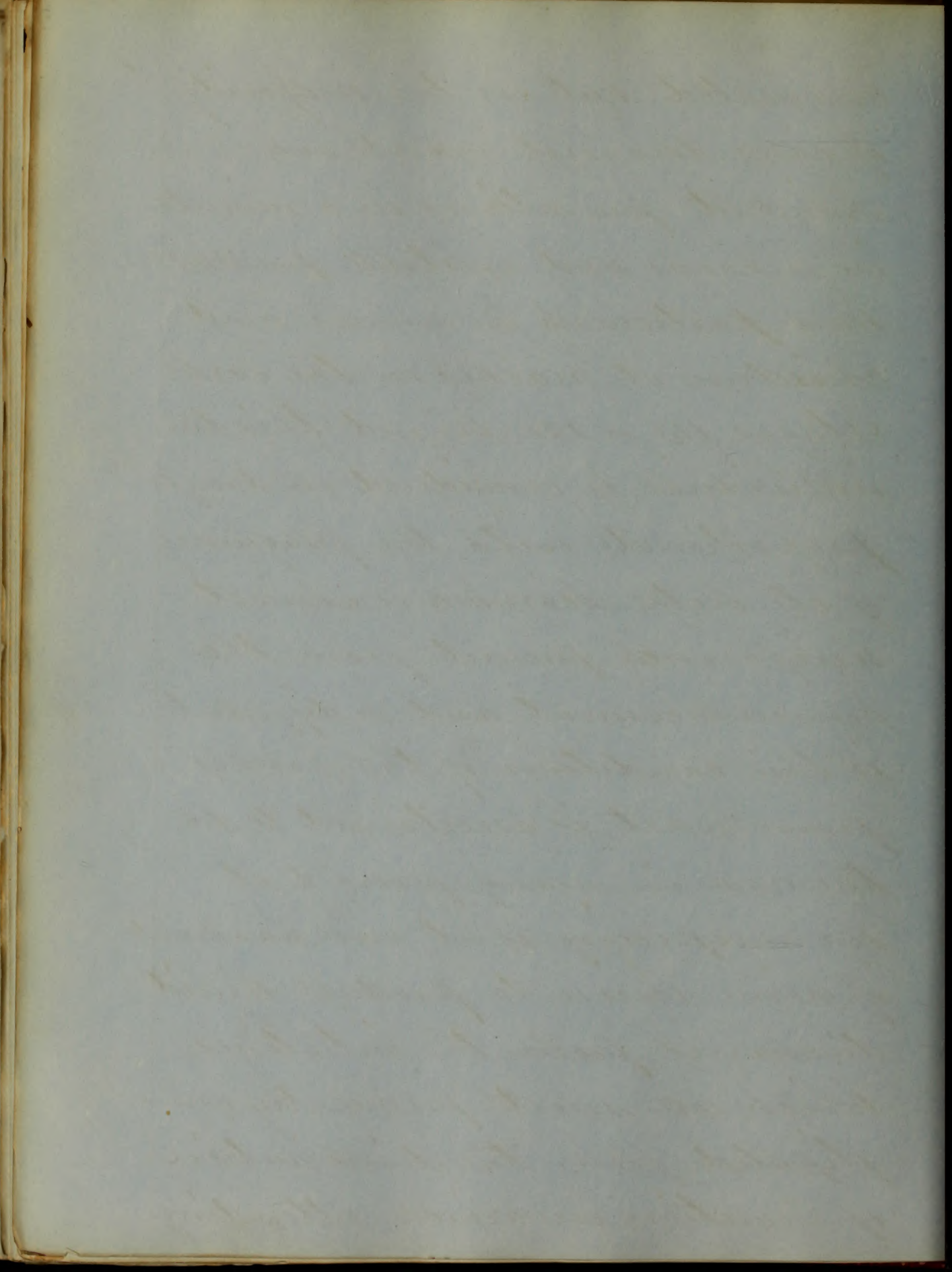
the patient is compelled to
 confine himself to bed upon
 which he lies supinely; with a
 variable degree of dulness of intellect;
 in mild cases the mind may
 be but slightly affected amount-
 ing only to carelessness concerning
 things around him or it may
 increase to profound stupor and
 the wildest lunacy, muttering of
 indistinct words is the most usual
 form of delirium and almost
 always to be observed at some
 at some period of the attack
 restlessness buzzing in the ears
 (resulting sometimes in temporary
 deafness) vigilance subsultus tin-
 -dium and carphologia are among
 the nervous symptoms; all of
 which are not constantly present
 fulness in the head we ascribe



6
in part, to a determination of
blood to the head inducing
epistaxis which is so usual a
symptom as to have been considered
as contributing much to assist
us in forming a diagnosis; it
generally occurs during the first
few days of the attack often not
until a week has elapsed but
but may make its appearance
at any period and is occasionally
repeated several times; the quantity
of blood lost is exceedingly variable
sometimes not exceeding a few
drops and again so profusely
poured forth as to require the
tampon for its arrest; the patient
lies as we have said in a state of
apathy complaining of the head;
pains in the back and general
depression the pulse becomes

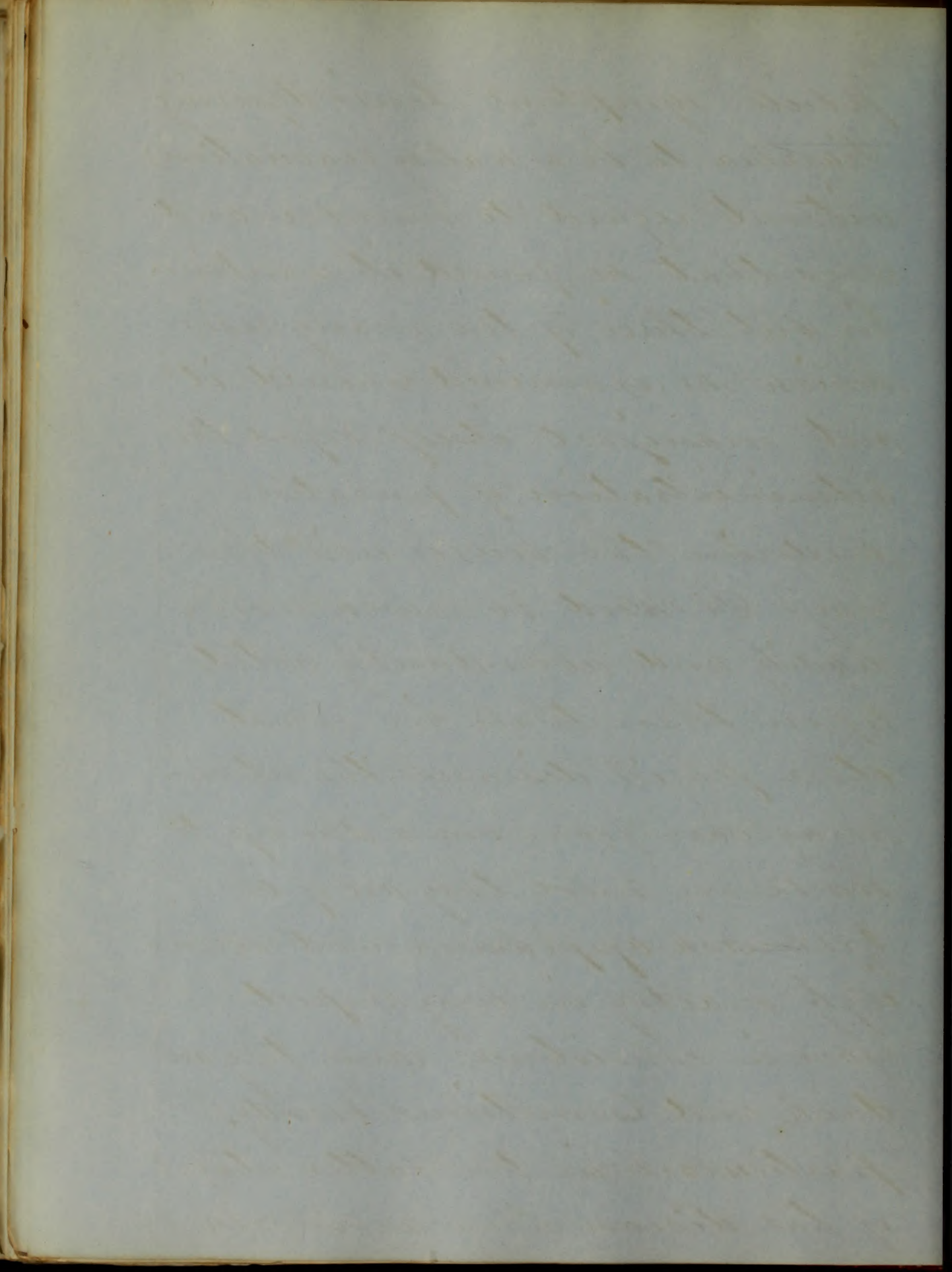


7
accelerated but in the majority
of cases does not exceed one
hundred pulsations in a minute
in nervous and excitable persons;
more particularly in women and
children it reaches in the early
stages 113 or 120 beyond this the
individual is considered in danger
proportionate with the frequency
of its beats; Diarrhea is almost
uniformly present from the
commencement and so different
is this condition of the bowels
from what is ascertained to be
the case in many fevers that
our suspicion is at once awakened
of some lesion to produce liquid
discharges from the intestines
which are most frequently con-
-stituted from the diminution
of secretion invariably attending

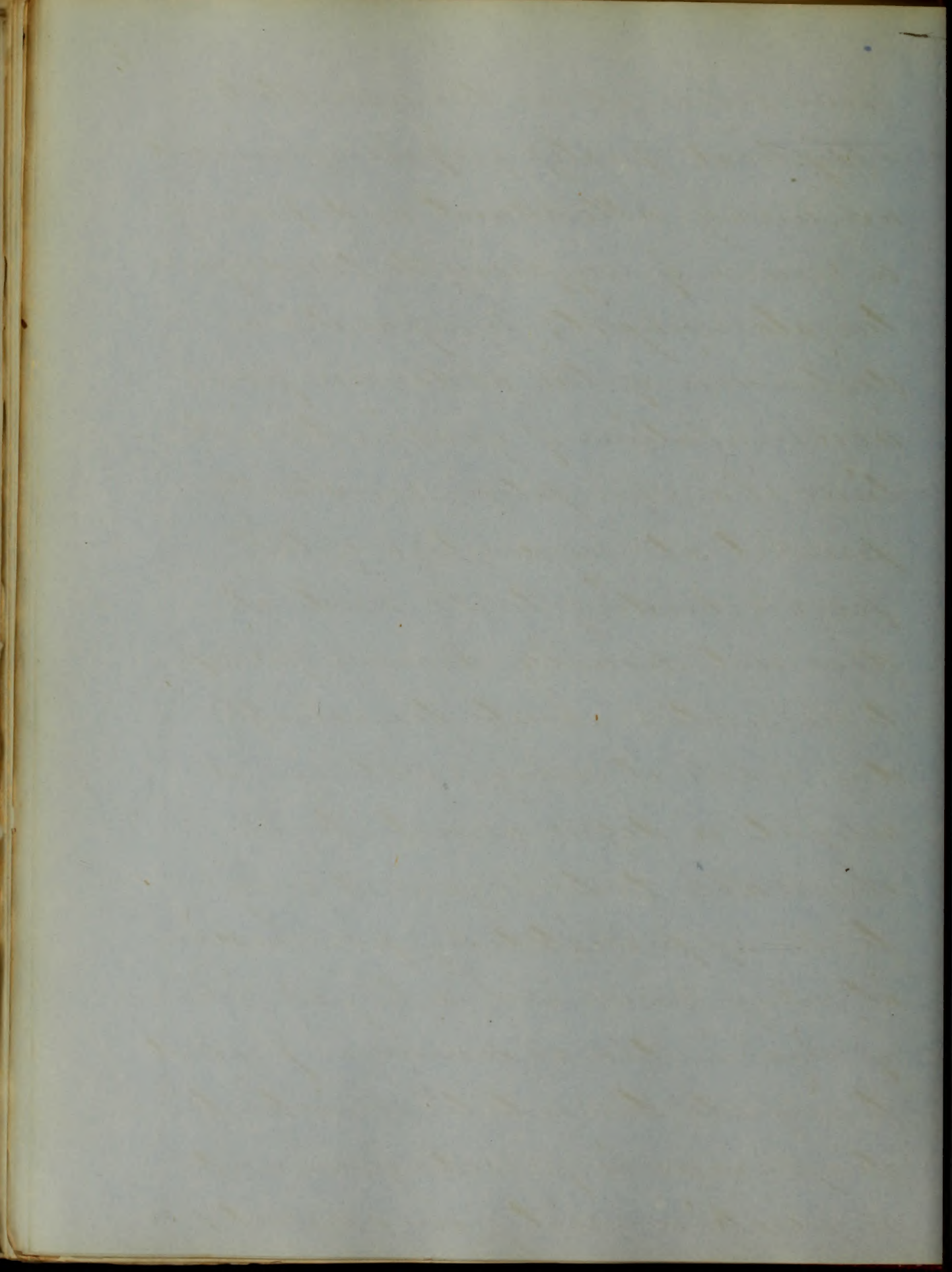


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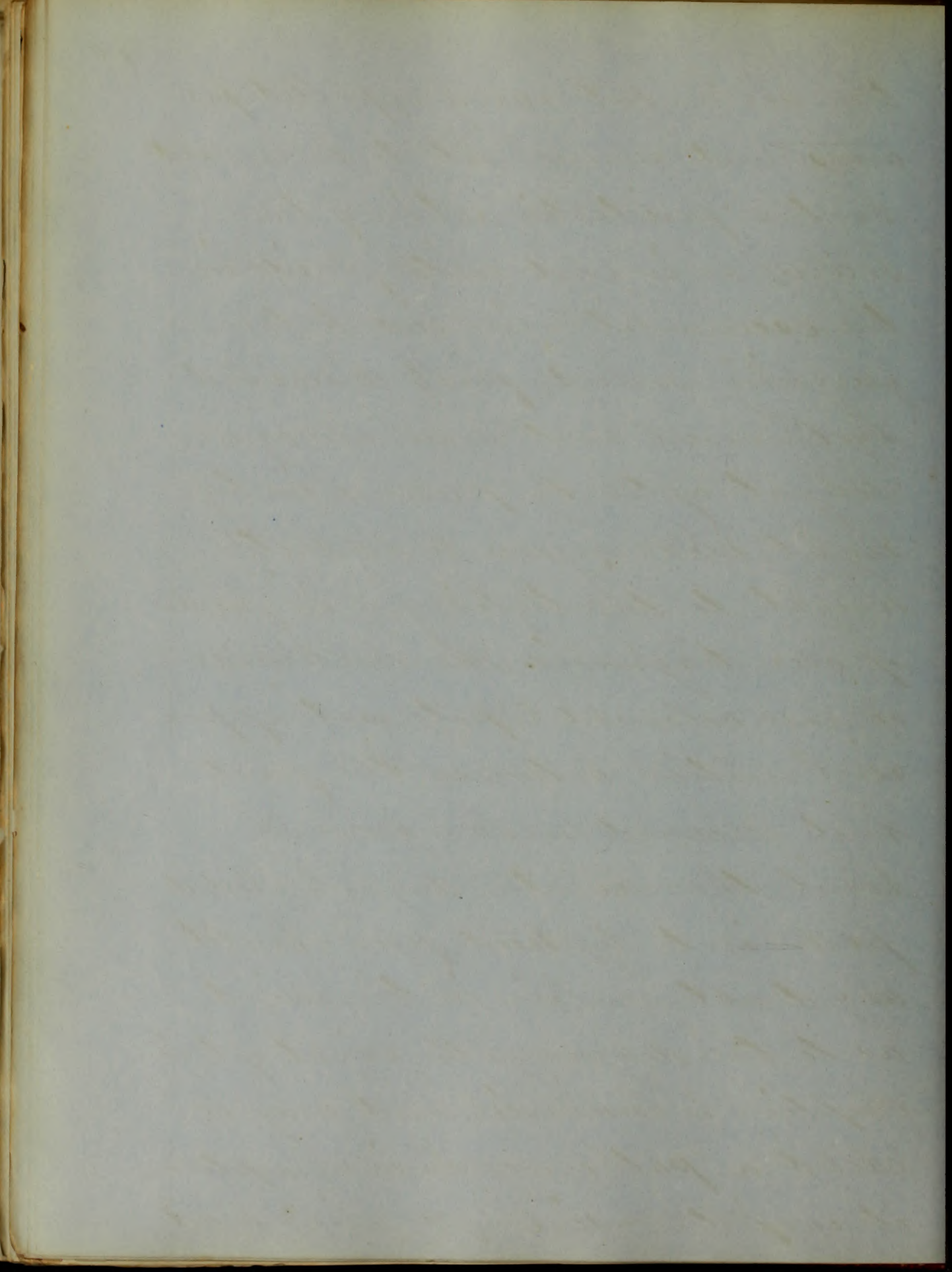
febrile symptoms Louis defining
Diarrhea to be a watery evacuation;
without regard to number—and
says that he found it wanting
in but three of the many cases
which he examined should it
not manifest itself before the
administration of purgative
medicine the bowels will then
say Dr Wood be much more
readily and abundantly acted
upon than than in most
other febrile diseases; the stools
may vary from one a day up to
100 or 120 or more they are of a
yellowish appearance and seem-
ingly healthy in every respect
save in consistence; rarely they are
dark and sometimes bloody;
particularly in the latter stages
of the disease when hemorrhage



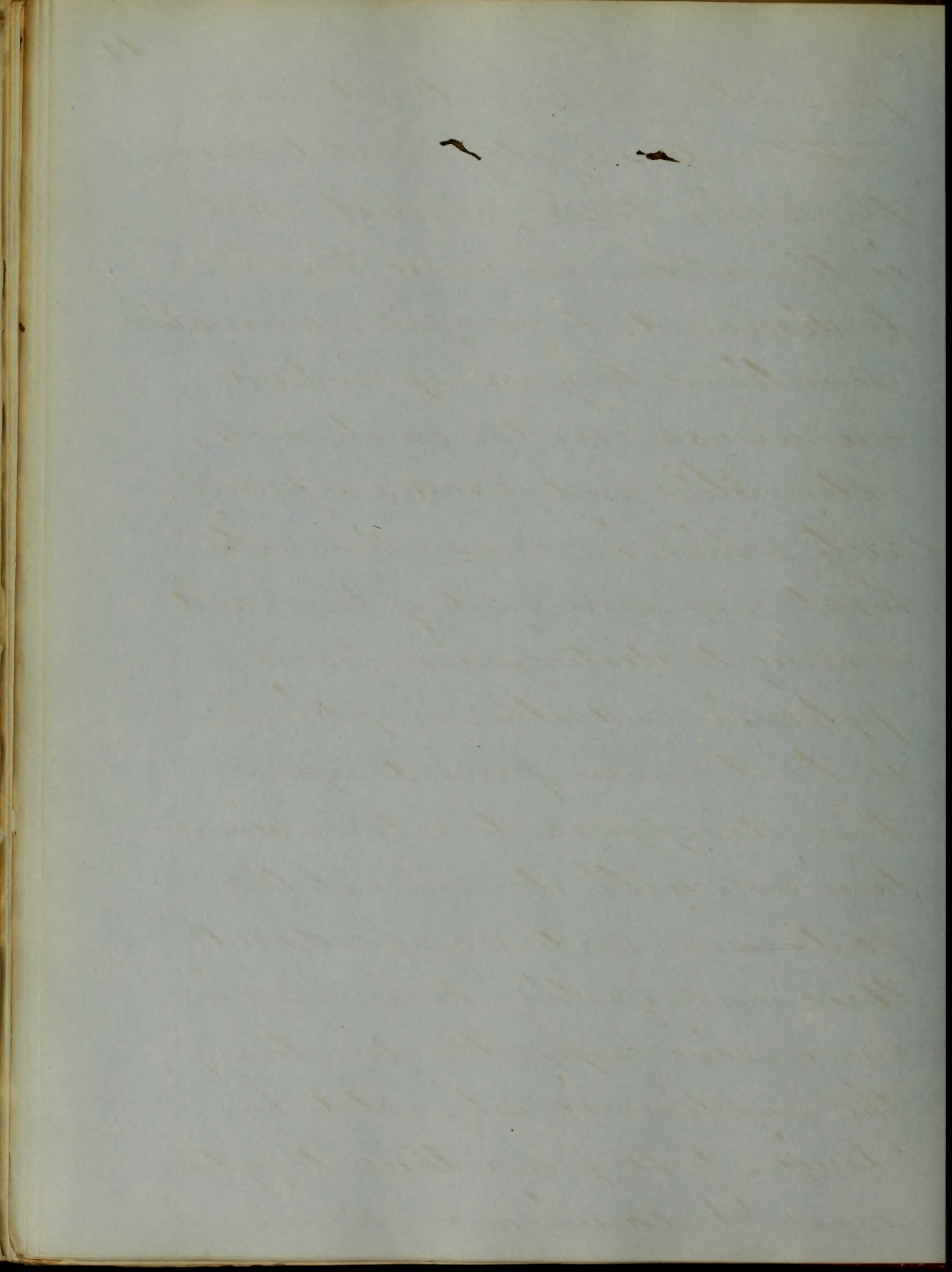
may occur from the ulcerated
 elliptical plates griping pains
 are usually attendant and proving
 a source of suffering to the unfor-
 tunate subject; Tympanites or
 distension of the abdomen from
 accumulation of gases in the intes-
 -tines is a symptom constantly
 present at some stage of the
 fever according to Dr Wood it
 does not usually become percep-
 -tible untill about the seventh
 day when it may exist in so
 slight a degree as not to be
 observable to the eye and only
 to be appreciated by percussion
 it may cause only a slight increase
 of size in the abdomen or proceed
 to inflate the intestines until the
 diaphragm is pressed upon and
 respiration greatly embarrassed;



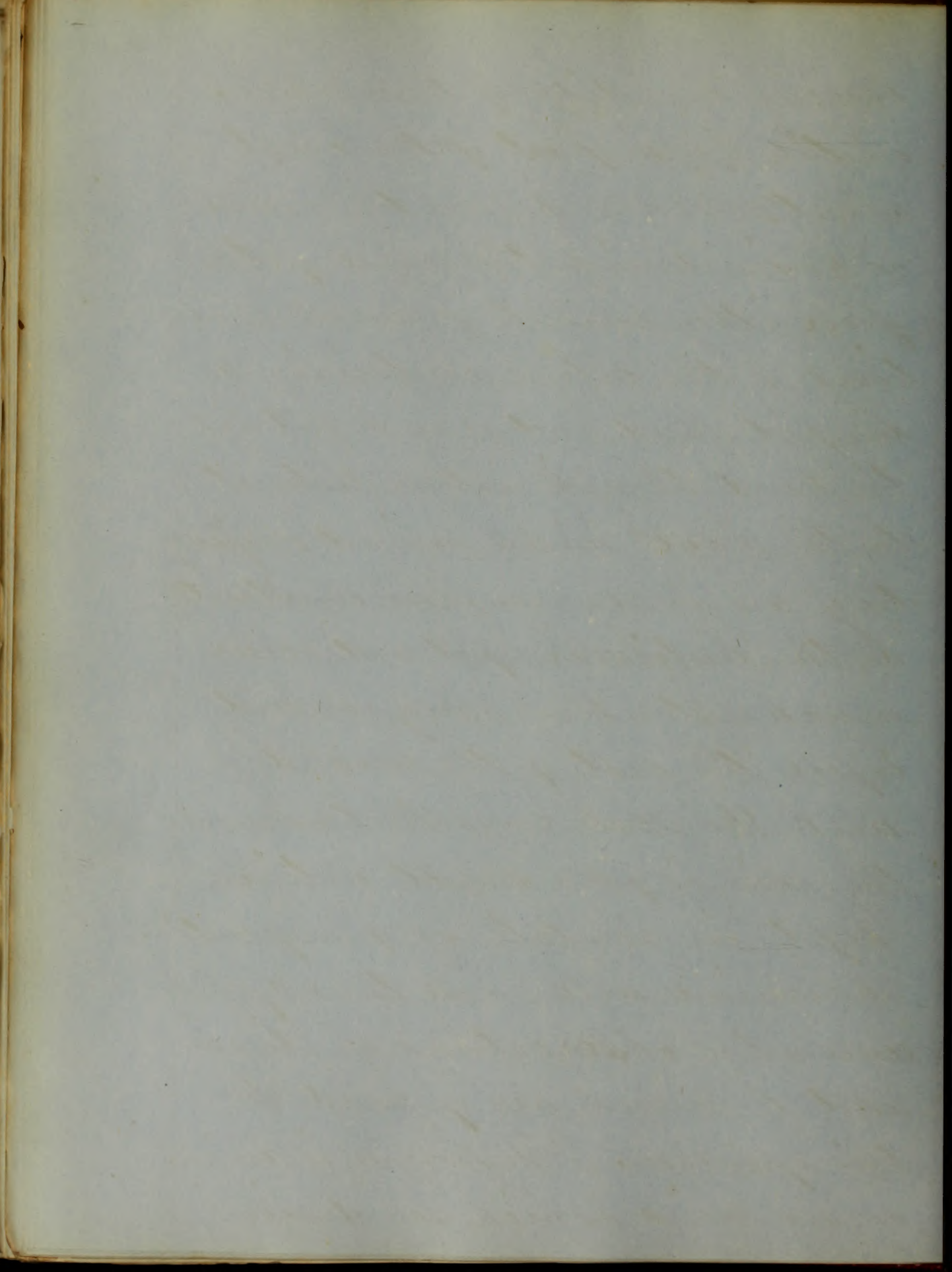
the air is but rarely expelled per
anus, and seems not to be removed
by the peristaltic action of the
bowels; mingled with fluids in
the caecum it gives rise to the
gurgling sound, first described
by Chomel and now always
sought after by pressure in the
right iliac region to add its
weight to the testimony in favour
of our diagnosis. The lenticular
or rose coloured spots not appear-
ing until between the first
and second weeks generally
about the seventh day is regarded
peculiar to typhoid fever should
any doubt remain in the mind
as to the diagnosis; the sight of this
eruption is conclusive and may be
called a pathognomonic symptom,
it is of the size of a pin's head



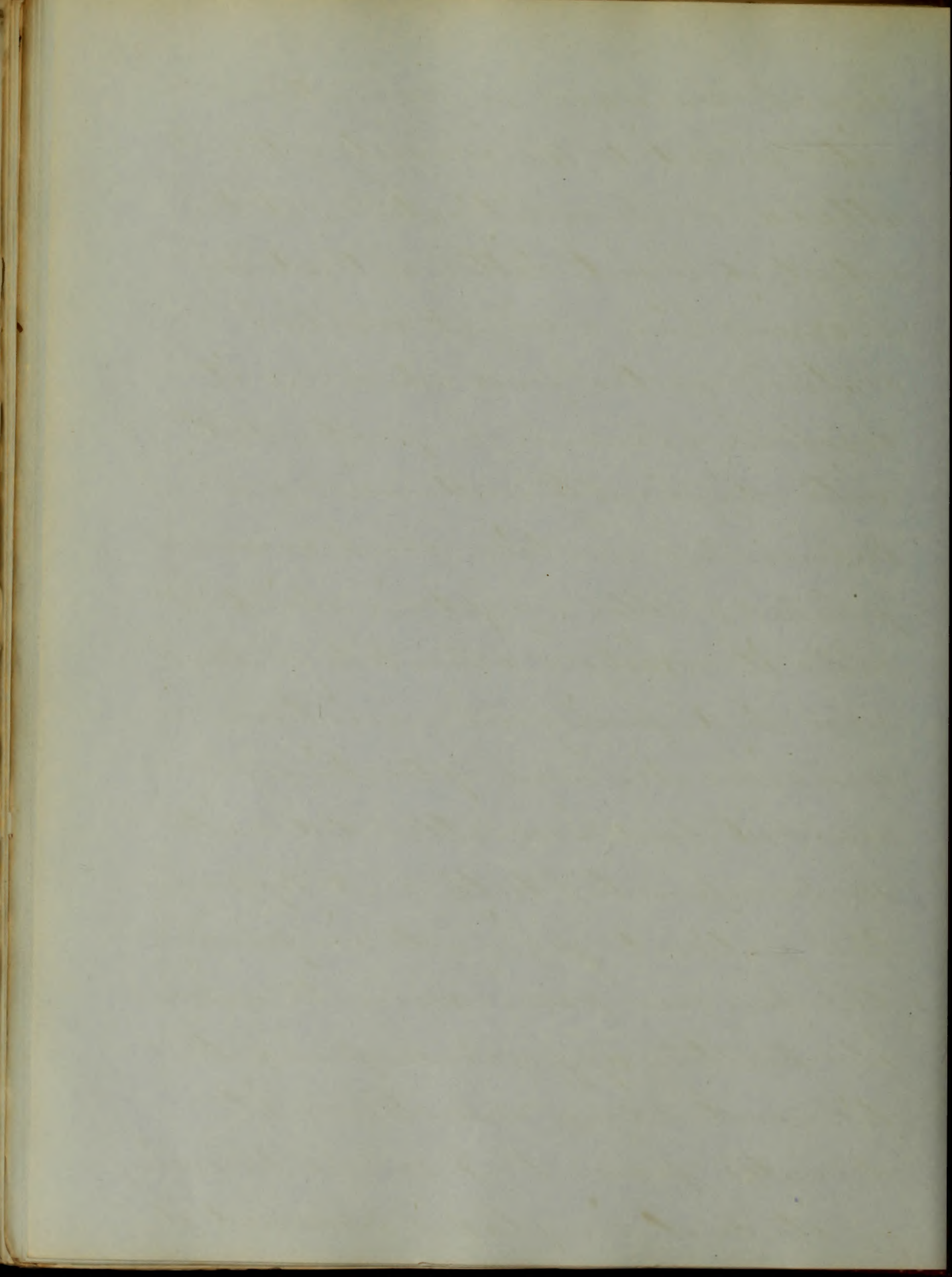
presenting a bright red rose color and slightly elevated above the skin their favourite seat is the abdomen where they can be discovered by careful examination sometimes they are sprinkled numerously over the chest, neck, extremities and back - a peculiarity which in connection with what has been said of them, and serving to distinguish from petechia and other eruptions; is that when pressed upon they disappear to return simultaneously with its removal they fade away and are reproduced they manifesting themselves in successive crops; the duration of the eruption is estimated by Louij - to be from three to fifteen days - Sudamina or small



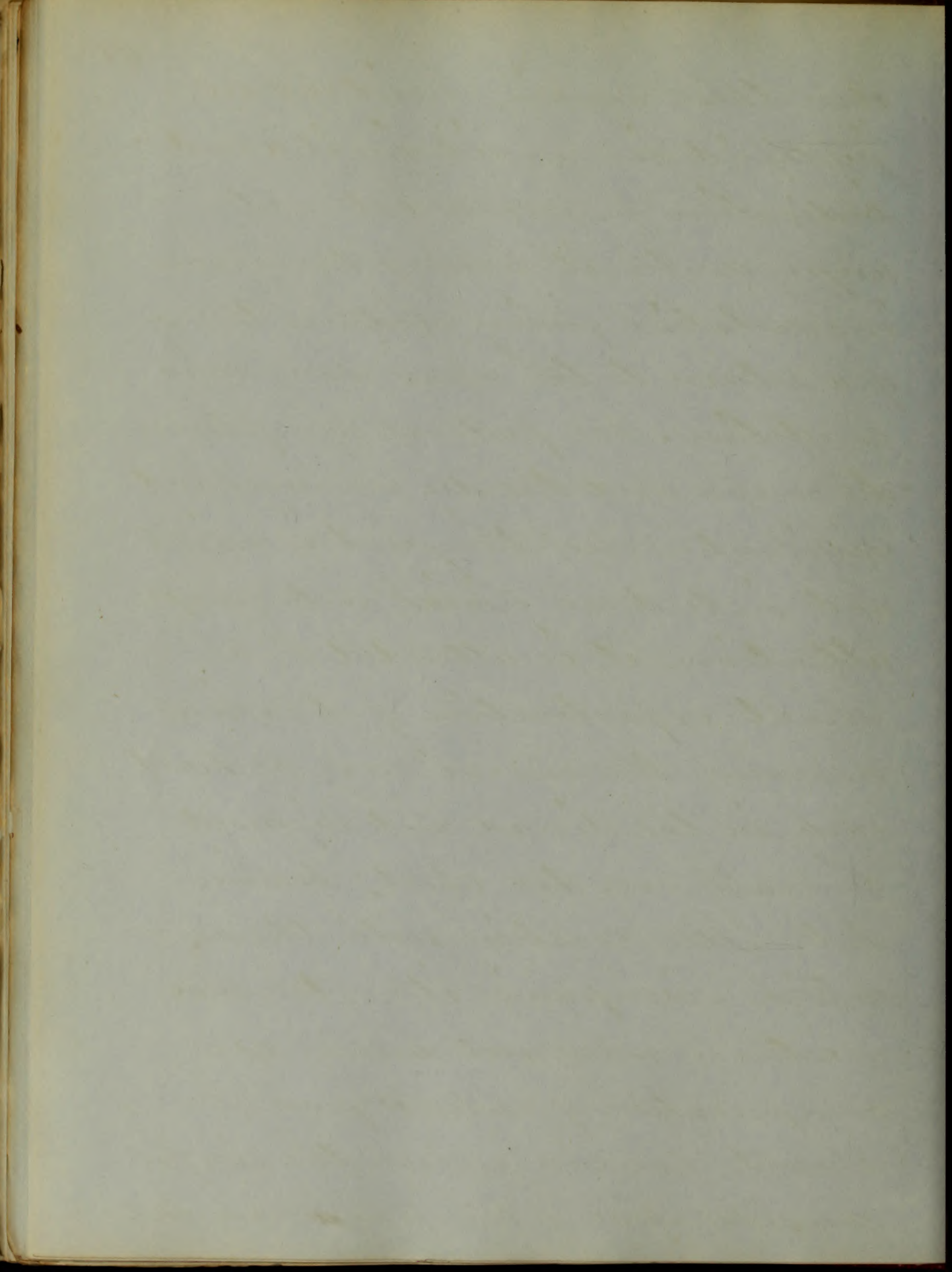
vesicles also display themselves,
 on the upper part of the chest
 about ^{the} neck and near the axilla
 or groin during the course of the
 fever - they consist of small eleva-
 tions of the cuticle containing a
 limpid fluid and may be felt by
 the hand though not so distinct
 to the eye unless viewed obliquely,
 they are by no means so constant
 as the lenticular spot and occur
 much later being rarely observed
 before the last of the second
 week Dr Hall says that whenever
 the skin is for a length of time
 kept in a state of perspiration
 sudamina will make their appear-
 ance - the observations of Louis
 and Chomel are opposed to
 this opinion. The Tongue is an
 organ from which we derive



much valuable information with regard to the severity of the attack, or its mitigation, at the outset it is but little altered or bearing only a slight whitish coating; as the fever advances it becomes clammy; is protruded with difficulty and evinces a tremulous motion when accomplished; later except in mild cases it receives a brownish or dark color and losing all moisture remaining dry and oftentimes cracked and sore attended withordes upon the teeth and lips when the patient begins to improve the tongue commences to resume its healthy appearance from the tip and edges; sometimes it deviates from this course throwing off its coat in flakes should it

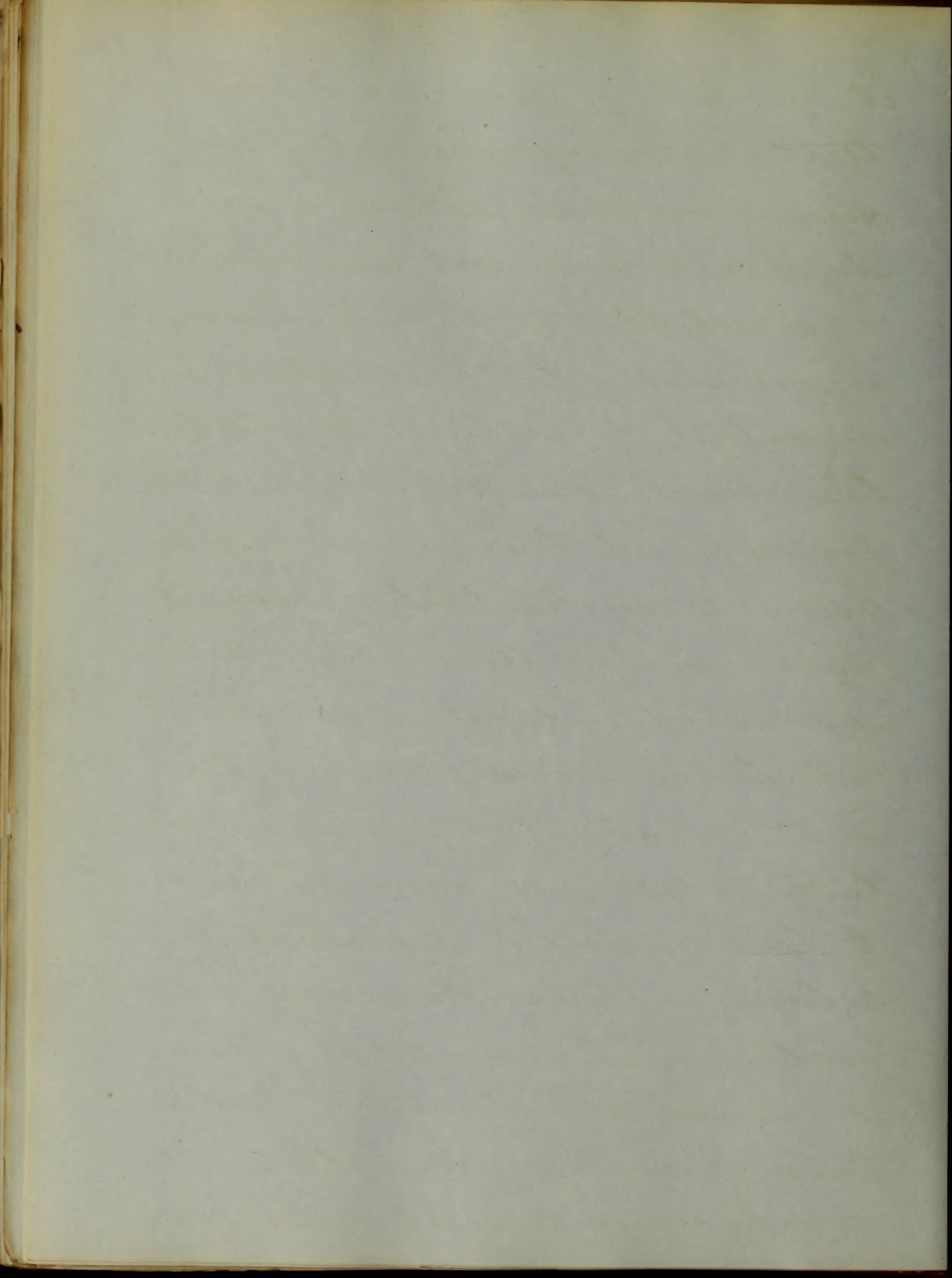


even then remain moist, we are justified in considering it a good indication of recovery but not un frequently it recovers the brown incrustation giving evidence thereby of a return to the same dangerous condition. The pectoral symptoms are cough and the dry sonorous and sibilant rales; the first is slight and indeed so trivial as to escape attention; it is attended by a slight expectoration of tenacious mucous; the rouchi may be heard early in the disease and diffused generally over the chest; bearing but little relation with the danger which accompanies its extensive existence when not arising as a complication of enteric fever it should however receive the careful consideration of the physician last



13)

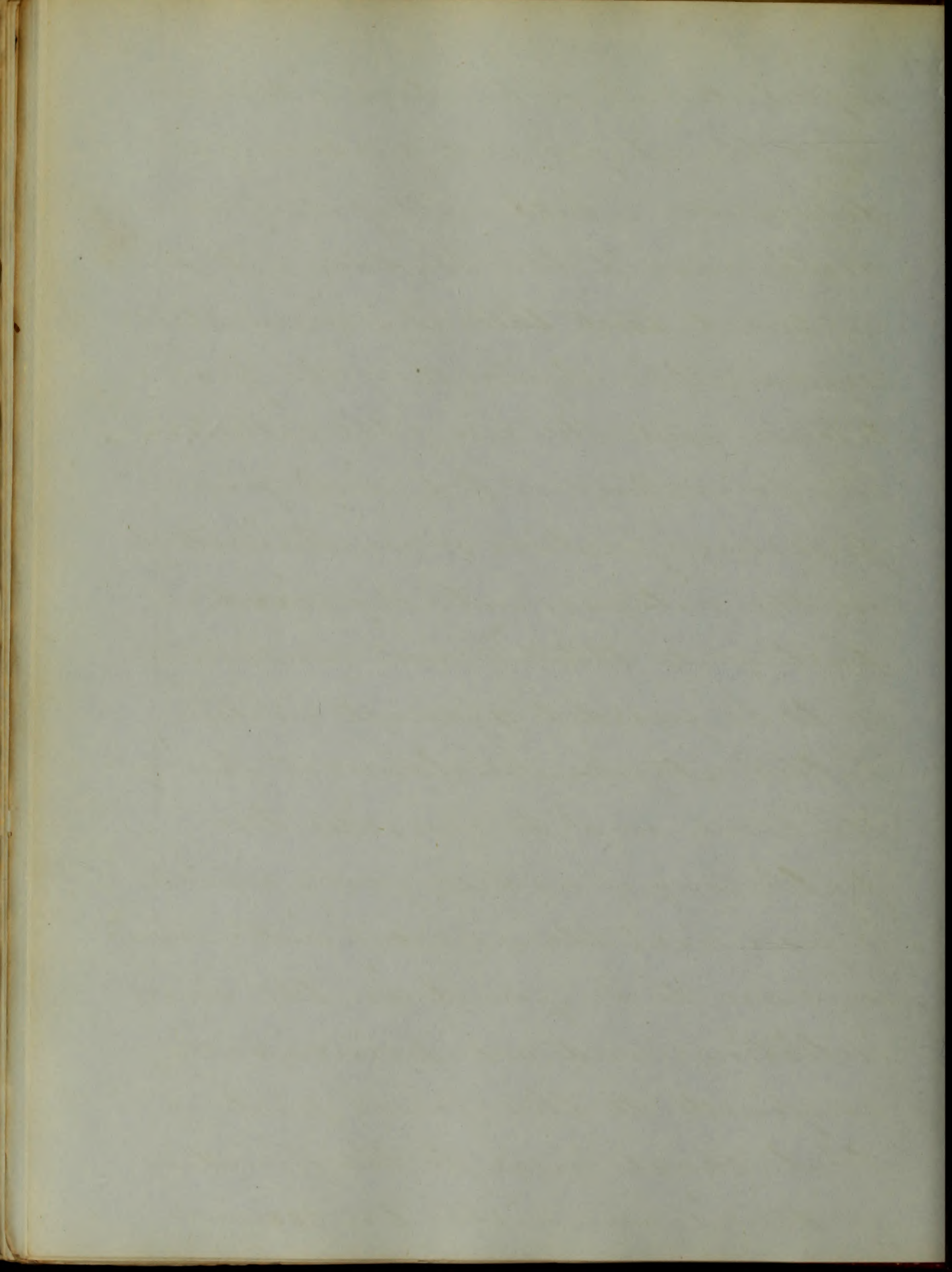
it run into pneumonia a most
fearful accompaniment of the
disease under consideration; from
stupor and consequent diminution
of sensibility the patient becomes
unconscious of the instinctive call
of nature to evacuate the bladder
the urine accumulates; distension
follows and the muscular fibre
losing its contractibility renders it
impossible for the contents to be
discharged without mechanical
assistance stillicidium or the
flow of water drop by drop usually
takes place and may give rise
to the impression of inability to
retain; whereas the reverse is the
fact if such a condition of things
is allowed the absorption of urine
ensues; which circulating in the
blood comes to exert a baneful



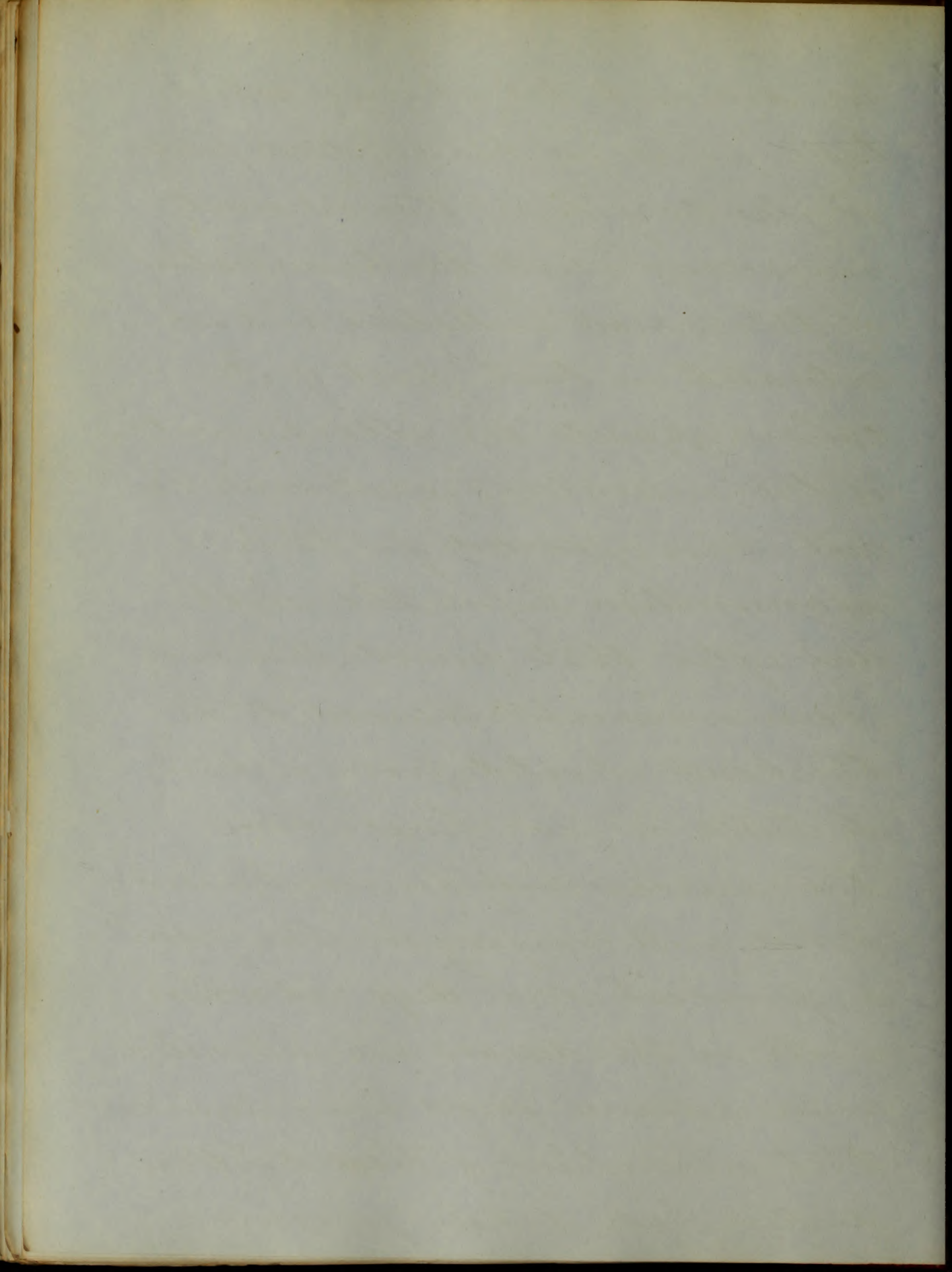
influence upon the brain; by incre-
 -asing the stupor and producing a
 depression which will of itself cause
 death should the bladder not be
 ruptured ~~then~~ there is a circumstance
 requiring the vigilance of the prac-
 -itioner and the use of the catheter.

The formation of bed sores from
 pressure friction or counterirritants
 on the integument; deprived in
 part of its vitality and sensibility
 is to be guarded against in the
 latter stages - anatomical lesions.

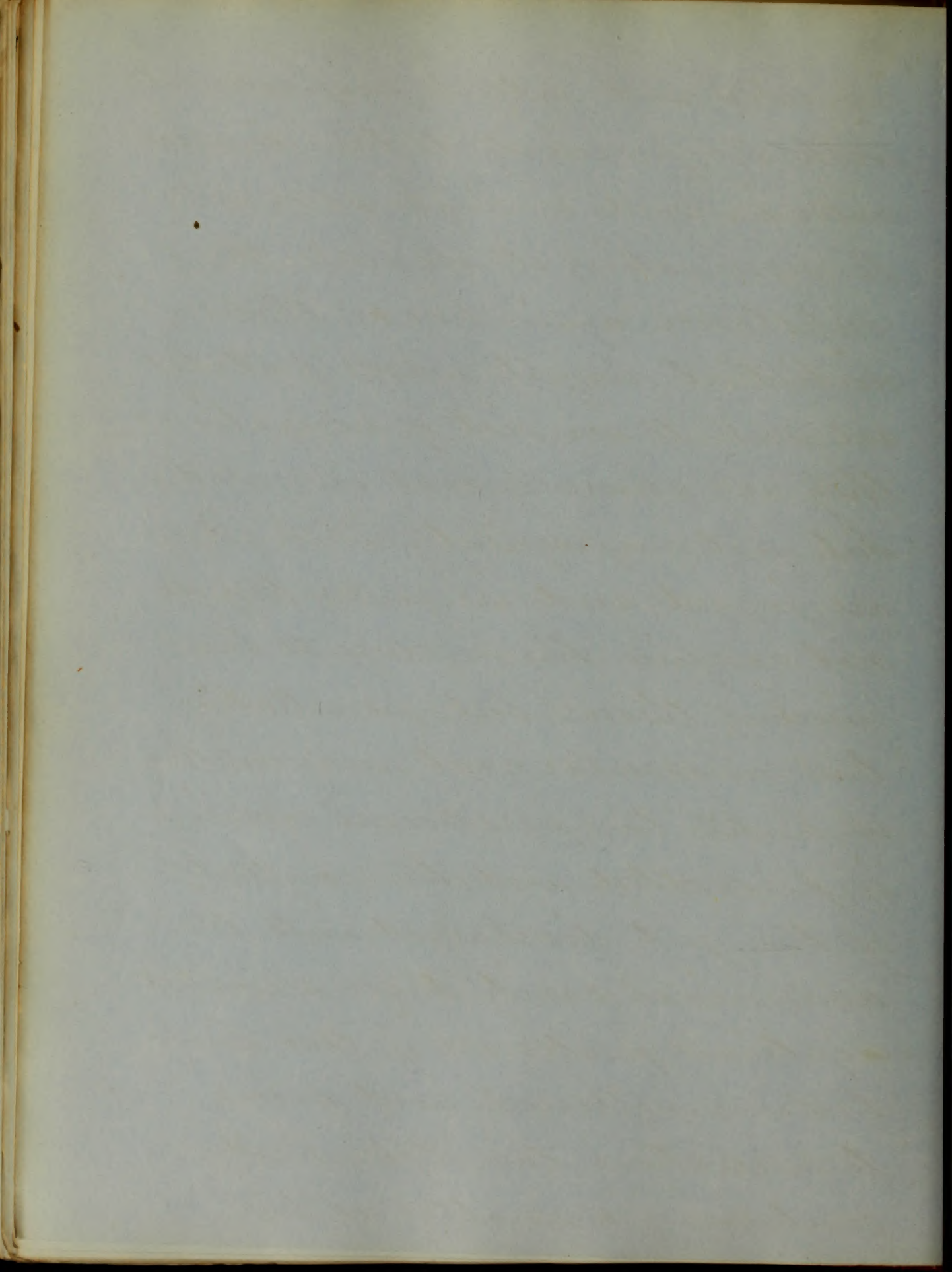
We come now to consider the
 pathology of enteric fever which
 is peculiar; the characteristic les-
 -ions are to be found in the small
 intestines and are principally
 confined to the lower part of
 that canal near to the junction
 of the ileum with the caecum



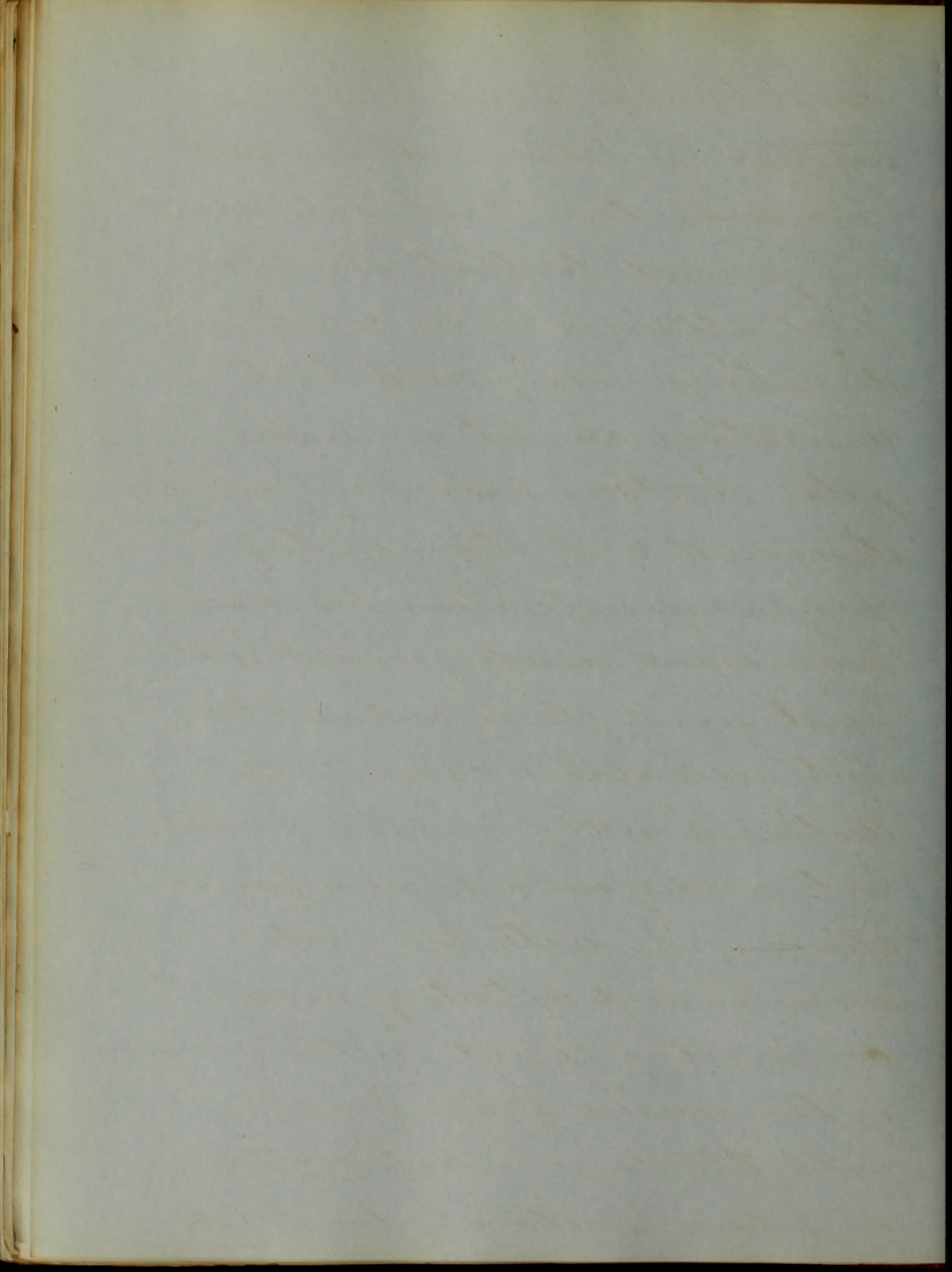
we allude to the changes which take place in the elliptical plates or glands of Seyer; they are most numerous about the termination of the small intestine and are situated in that part of its calibre opposite the attachment of the mesentery; opportunity has not been afforded for their examination before the sixth day after that period they have been invariably observed to be thickened elevated from a line to three or four lines above the surrounding mucous membrane and varying in hue from a pinkish to a deep red colour later in the disease we will notice as we advance from above downward that ulcerations of these elliptical plates have taken place in



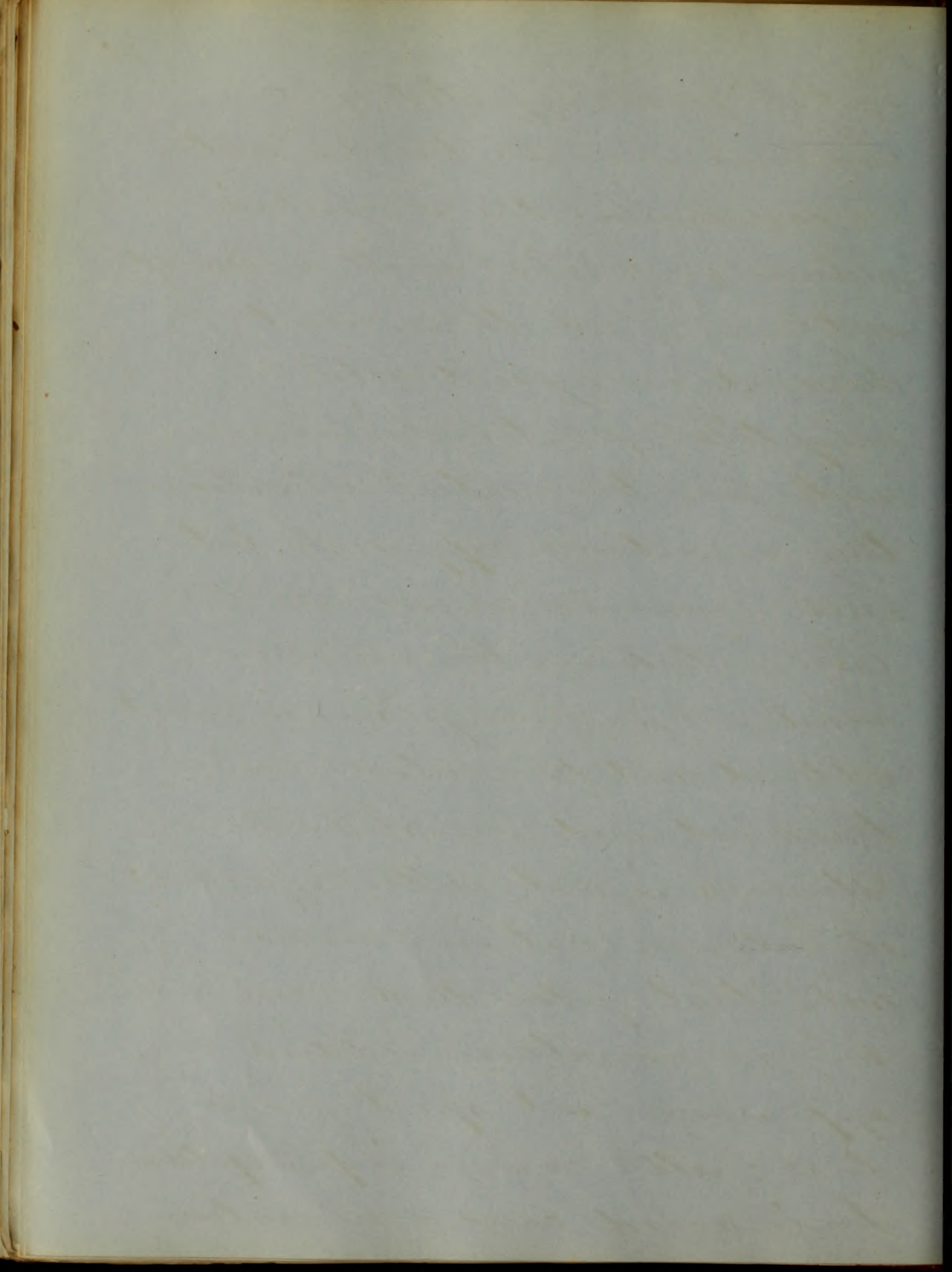
number and extent proportionate with the proximity to the ileo ceecal valve in some a single ulcer will be seen eating its way into the substance again two or three untill at length whole patches are seen to consist of ulcerations they are generally oval or round; but not unrequently their edges are jagged and irregular they do not confine themselves to the mucous tissue but penetrating the muscular coat may continue until the peritoneal covering is perforated and the contents of the gut discharged into the abdominal cavity these elevated elliptical plates are of two kinds the one softened and prone to ulceration the other hard containing a matter of the



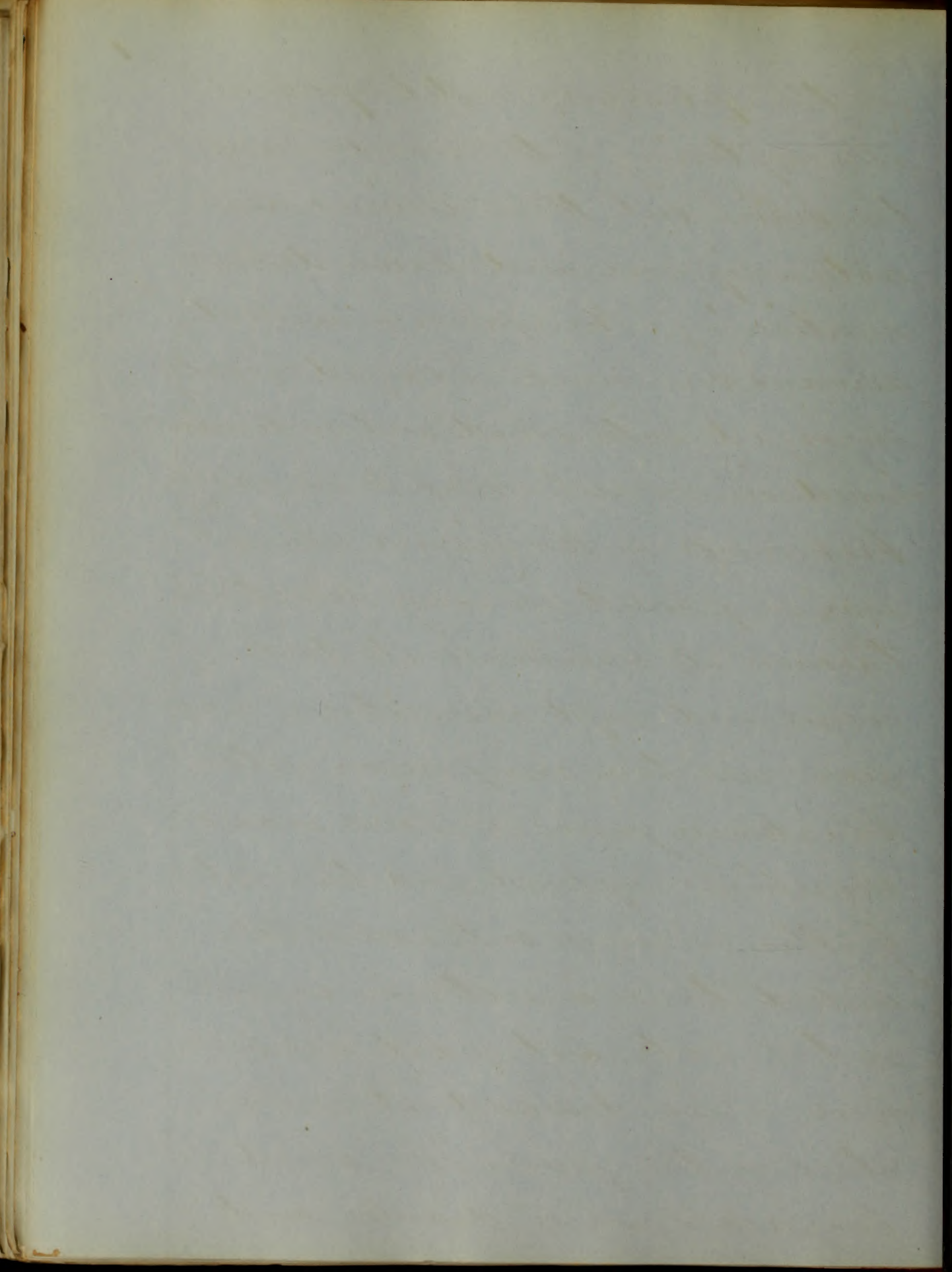
consistence of tubercle they may
 undergo resolution and are much
 less liable to ulcerate but should
 they proceed to that stage they
 first attain a softer consistence
 dissections have proved that
 ulcerations are not necessarily
 fatal cicatrices have been frequently
 discovered and others in the
 progress of restoration the mucous
 membrane newly formed is at
 first more glossy and smooth
 but ultimately cannot be
 distinguished from such as had
 not undergone a change perfor-
 -ations alike with the great
 number and extent of ulcers
 are most frequent in the region
 of the union of the smaller
 with the large intestine the
 glandula solitaria of the large



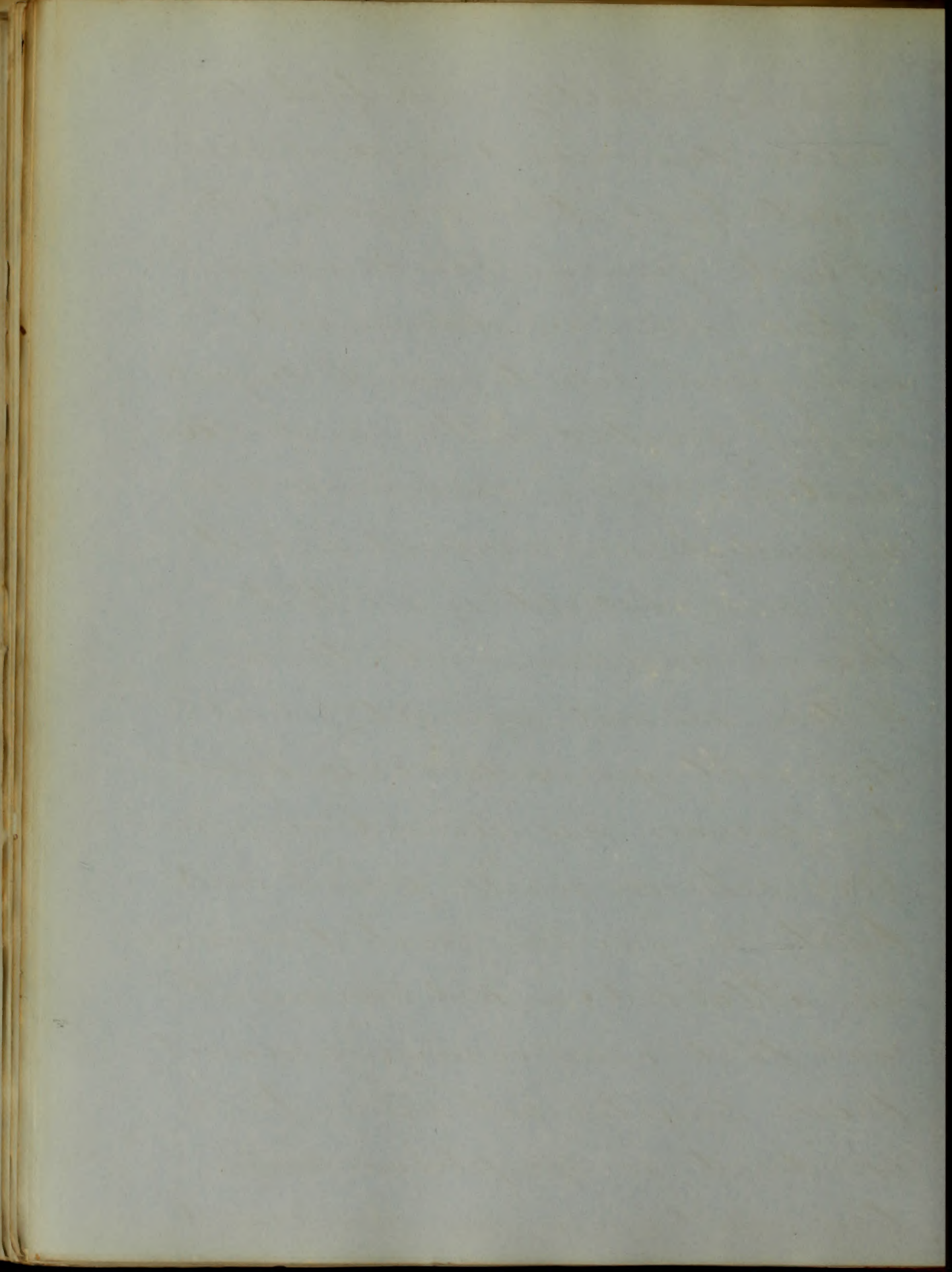
intestines are affected in a similar manner though not so constantly; the mesenteric glands are greatly swollen hardened and usually red those most diseased correspond with the elliptical plates which have undergone the greatest alteration they sometimes suppurate but rarely form an abscess. In the large intestine the mucous membrane in some places is found reddened and the solitary glands thickened and ulcerated. The stomach is but little affected; its internal coat in common with that of the duodenum may be of an unnatural reddish appearance but apart from that; little change is perceptible Louis records cases of ulceration



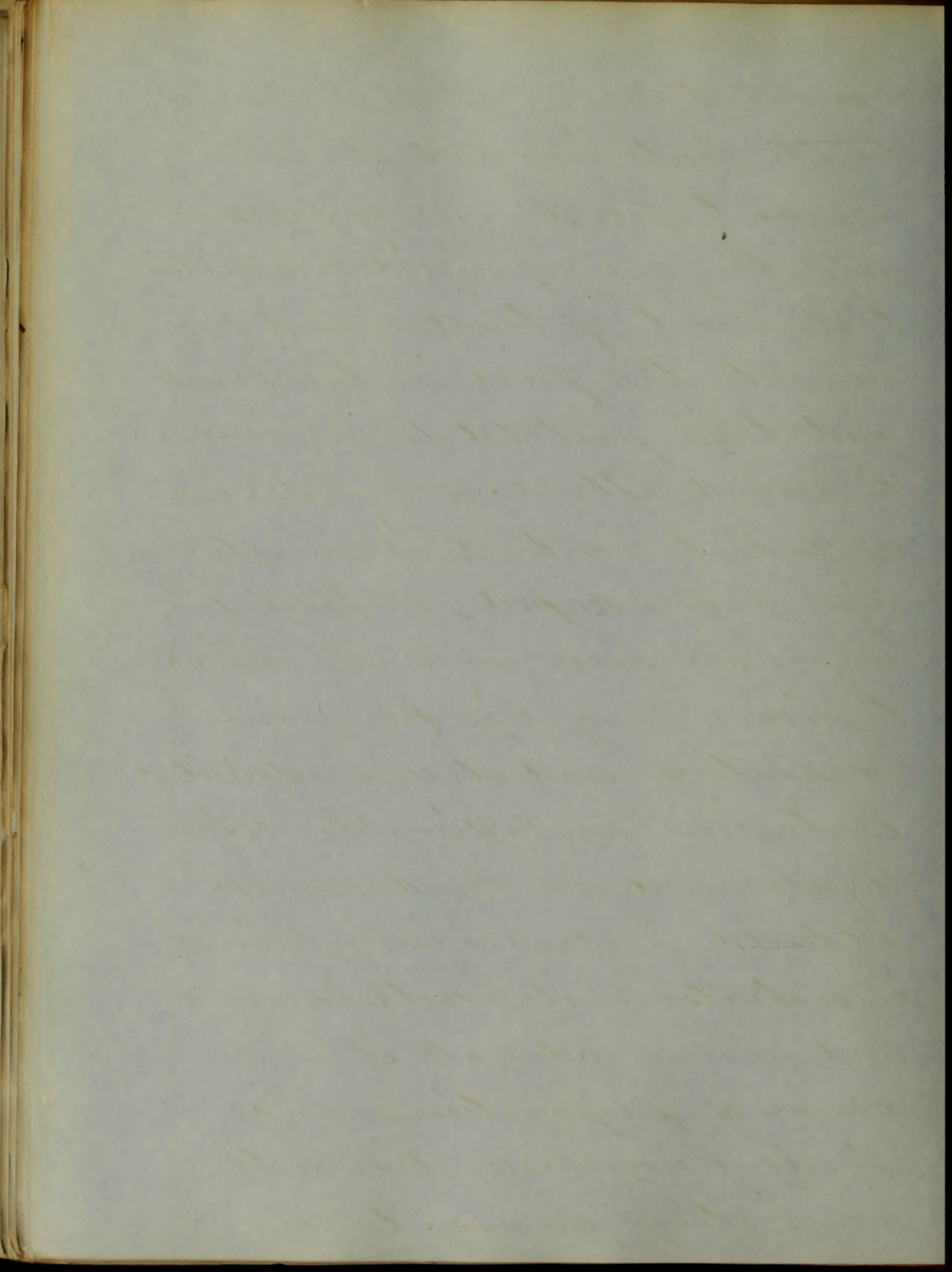
in the pharynx and Oesophagus
also softening of the meninges of
the brain but these lesions are
not uniform and barely deserve
mentioning. The spleen is almost
always very much enlarged, greatly
engorged with blood and so dimin-
-ished in consistence as to be easily
broken up by the finger which
may be passed in every direction
through its substance its dark
colour and soft consistence have
given rise to a comparison with
blackberry jam; The Liver is also
sometimes softened and the seat
of other changes but rarely so;
indeed there is not an organ
in the body but what has been
more or less diseased at some
stage of the fever. The blood
coagulates when drawn and



remains healthy save that the
 fibrin diminished in some mal-
 -ignant cases, it has refused to
 coagulate firmly. The causes of
 Enteric fever are obscure and
 have given rise to much dispute
 among writers in this and other
 countries. Age is considered to be
 a predisposing cause; at best it
 has been observed by all that
 though children under the age
 of ten are not exempt yet it
 does not generally occur before
 the person has reached his fifteenth
 year between which period and
 thirty by far the greatest number
 are attacked; indeed we might
 say that cases occurring without
 these limits are rather to be
 considered as exceptions; from
 this fact; age has been classed



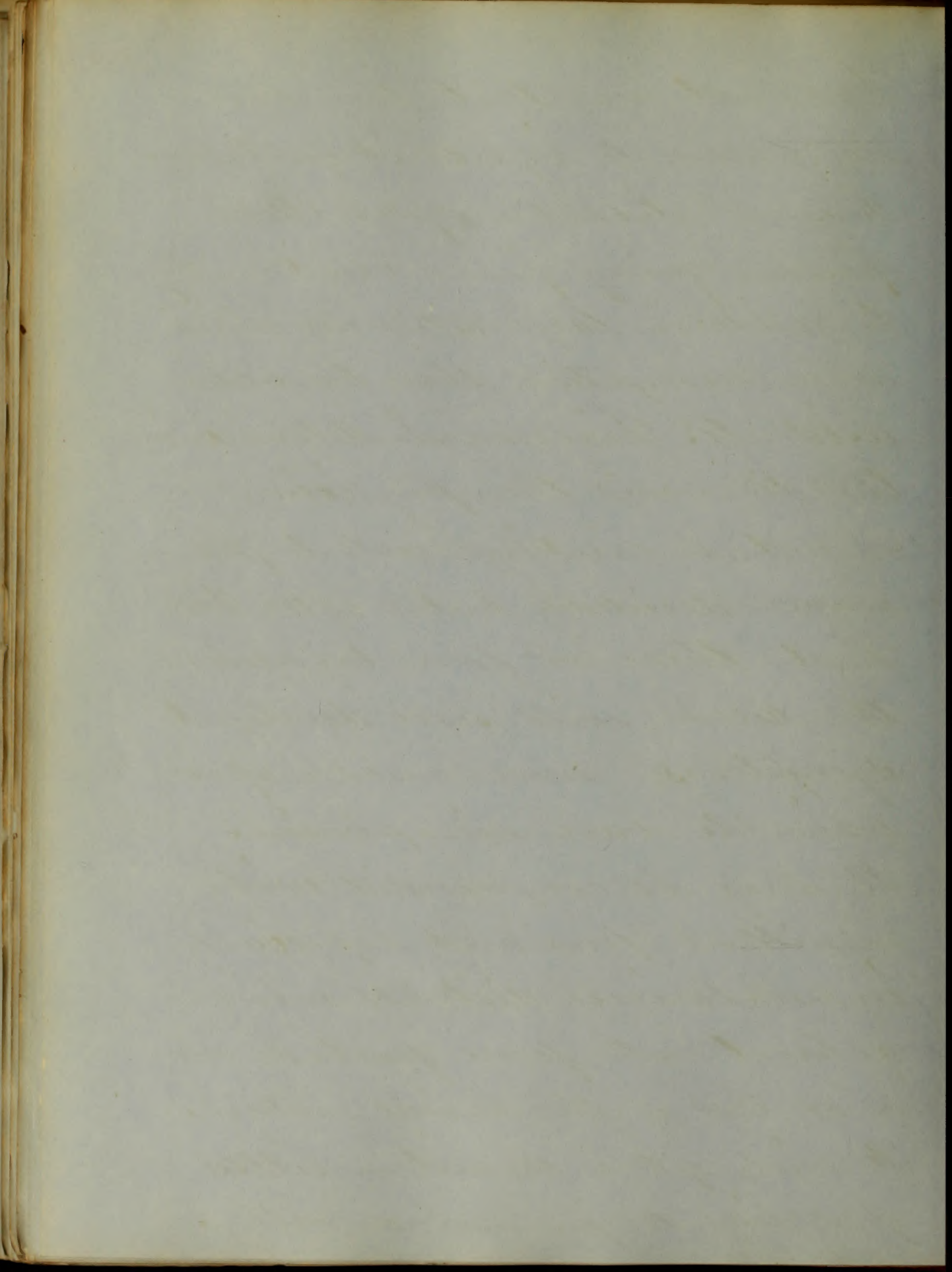
among the causes. Such as believe
in the contagion of the disease
account for its rare appearance
after the age specified by asserting
that most of those exposed have
caught the fever in their youth
and this protected them from
a second attack; and that such
as do not contract it in after
life have escaped; as those do
who have been fortunate enough
to live a long life free from
scarlatina and other undoubted
contagious maladies. Dr Nathan
Smith and Mr Gendron have
adduced instances strongly
illustrative of its contagiousness
and firmly advocate it as one
cause of propagation whereas
Louis, Chomel, Andral, with
many others among them



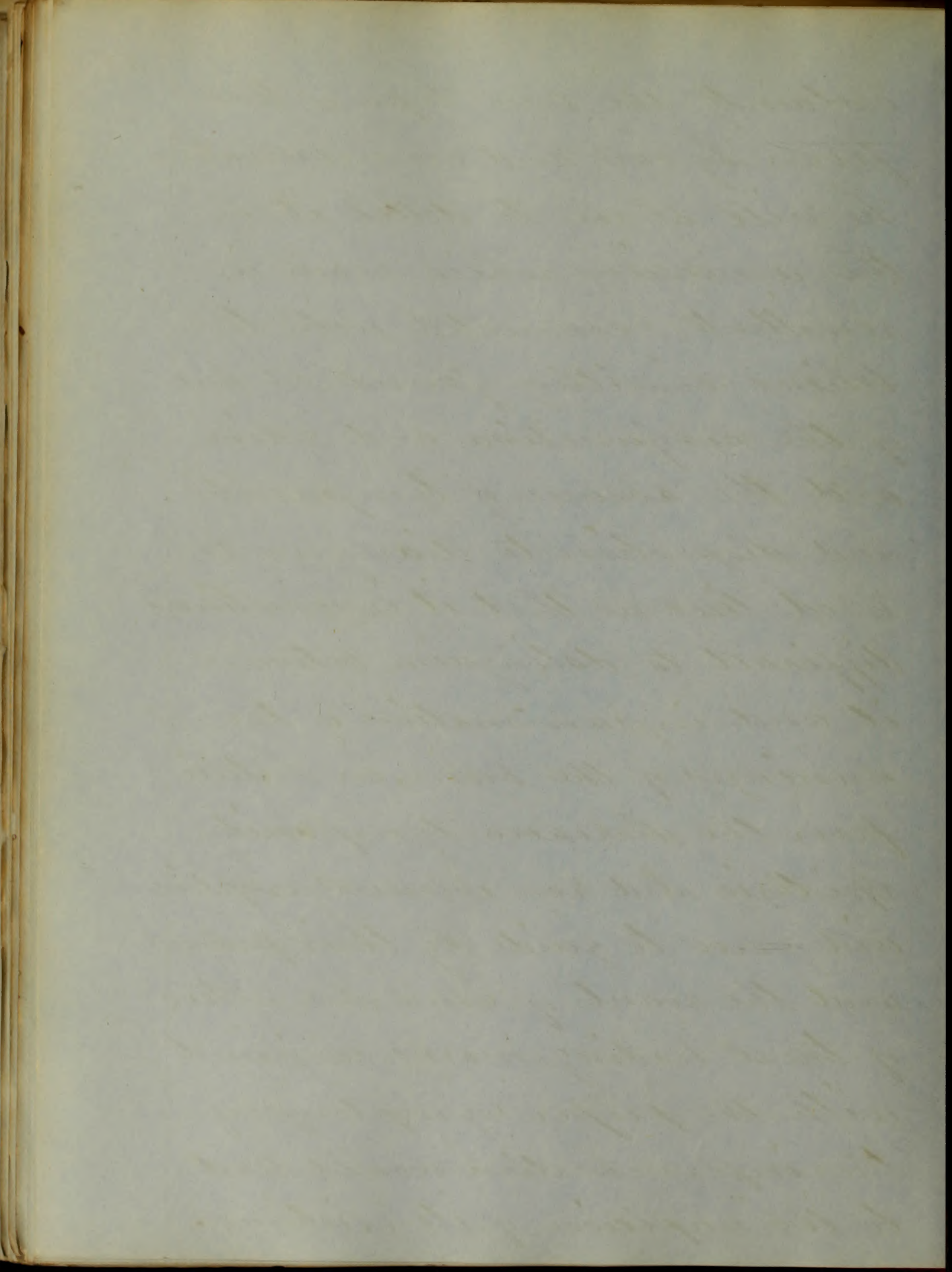
Dr Wood say that they have
no reason to regard it contagious.

It is an established fact that
persons going from the Country
to reside in large cities are much
more susceptible than the older
residents. In determining
the diagnosis the physician
should be cautious not to pro-
-nounce decidedly until after the
first three or four days when
the disease will have developed
symptoms more reliable upon
which to base his opinion.

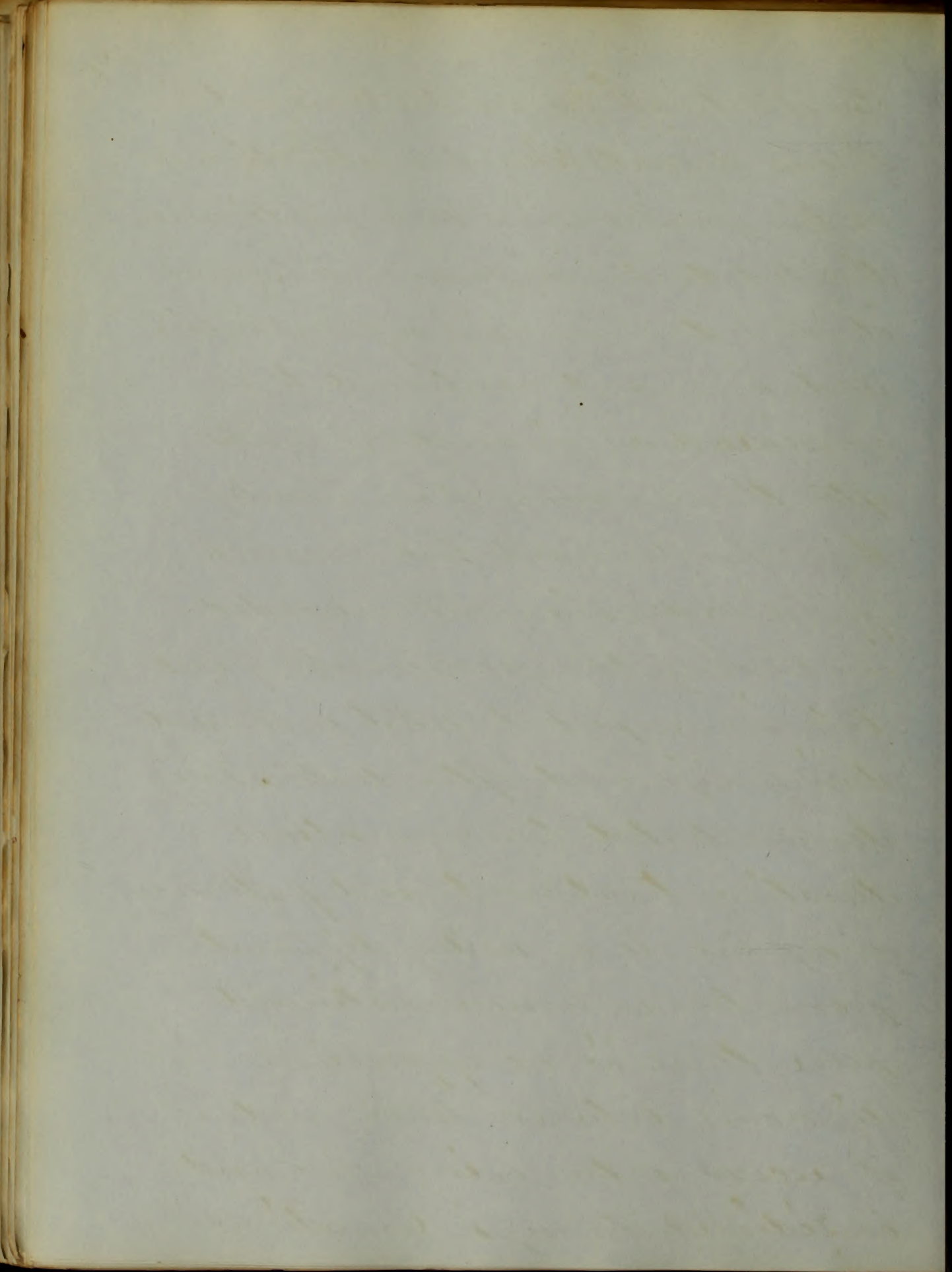
It may be confounded with
remittent fever and especially
in malarious districts where
almost all fevers partake mo-
-re or less of the bilious nature.
It will often be not a little
puzzling to pronounce with



certainly the true type of the fever: by care and close observation he will be able to detect it by the remissions which occur in remittent / connected with the bilious vomiting jaundiced hue of the conjunctiva and skin and the absence of tympanitis and disposition to diarrhoea Dr Wood tells us that it is sometimes difficult to distinguish between it and inflammation of the meninges of the brain, in enteric fever the diarrhoea tympanitis epistaxis and rose coloured eruption will serve to guide by their presence and the want of some one or two of these leading marks conjoined with the proper symptoms of the inflammation would lead to the suspicion of its existence.

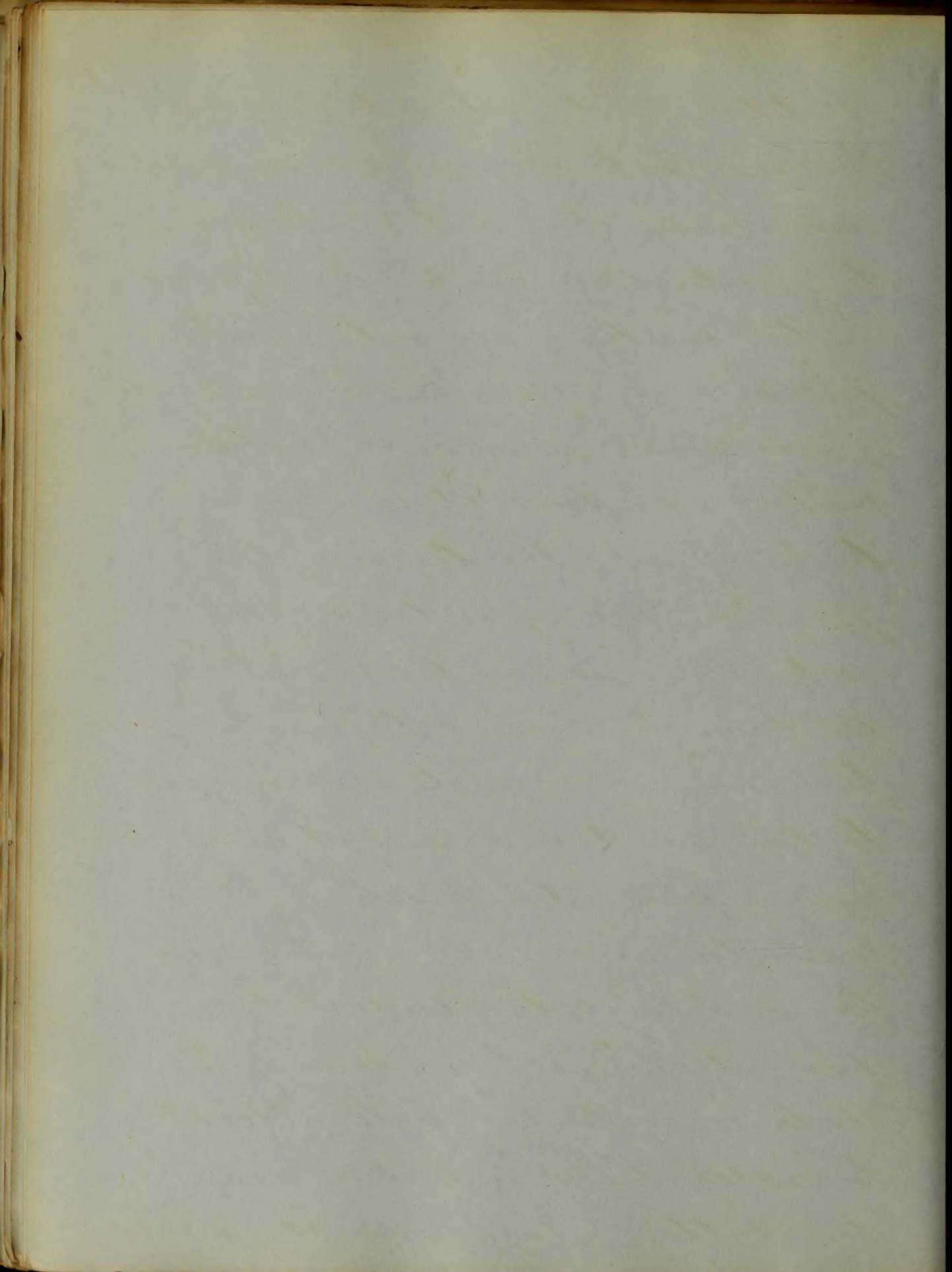


In all treatises on the subject of our dissertation the attention of the writer has been particularly directed to the difference between it and the genuine Typhus which had been and continued to be considered as identical until after the researches of our countrymen Drs Gerhard and Penrock of Philadelphia who succeeded in showing the peculiarities of each both in respect to what is observed during life and after death. They demonstrated the symptoms duration treatment and pathology of Typhus to be widely different from the common continued fever there is no appreciable difference between their mode of access both being slow and insidious though sometimes

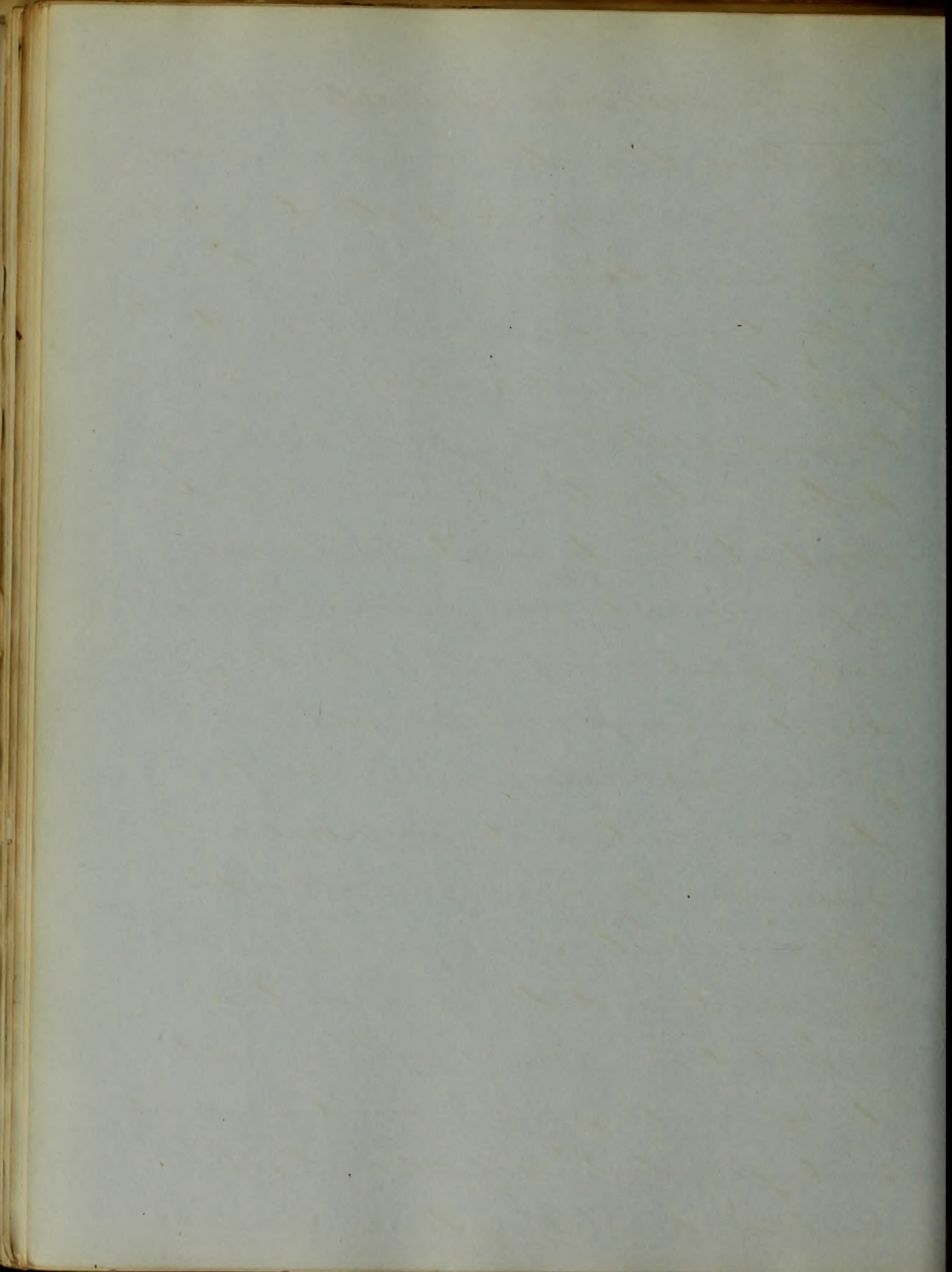


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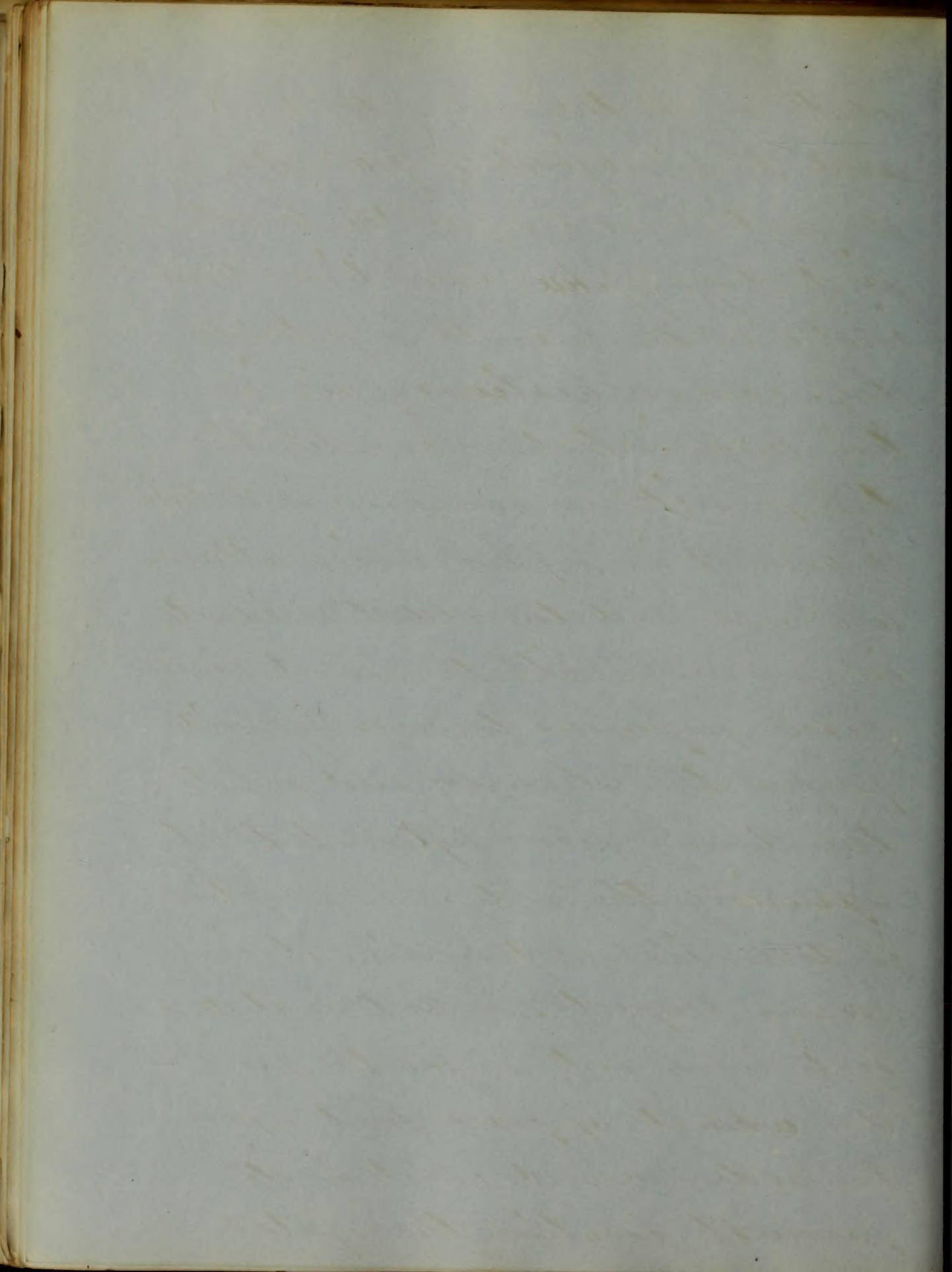
Sudden and without premoni-
-tion. Typhoid occurs in communities
endemically it is but seldom known
to produce an epidemic. Typhus
on the contrary almost always
prevails as an epidemic; instances
of which are recorded by British
writers in which it is shown
to have been the terror of the
people and almost as fatal
and alarming as the Asiatic
Cholera. In Typhus the heat of
the skin is so great as to impart
to the hand of a second person
an unpleasant sensation of
warmth and fully greatly below
the healthy standard as the
fever declines the odour of the
body is not likely to attract
the attention in interior until
the latter stage when it partakes



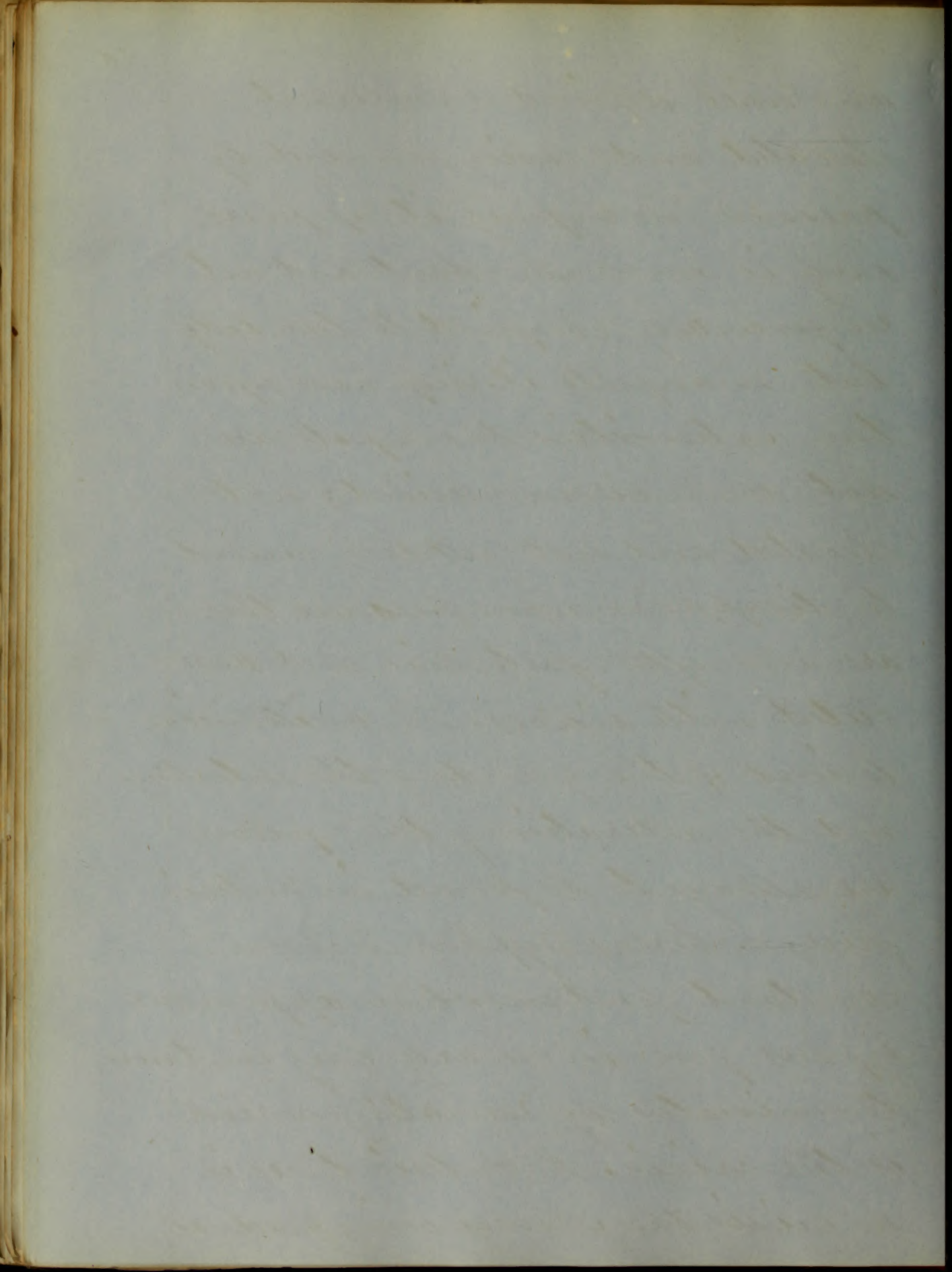
of a cadaverous character on the
contrary the strong ammoniacal
smell of a Typhus patient salutes
the practitioner on his entrance
into the sick chamber and
points to the diagnosis. The bowels
are also costive in Typhus requiring
active cathartics to remove their
contents. In Typhoid diarrhoea is
a prominent symptom. The base
and posterior parts of the lungs
are dull on percussion with a
feeble respiratory murmur the
dry rales and sonorous rales
have been spoken of as attending
dysenterically. The face is more
suffused and the conjunctiva
injected in Typhus with a great
degree of stupor, morbid sensibility
and prostration of strength. In
Enteric the symptoms seldom



abate before the end of the week
 and the majority of patients
 do not recover before the twenty
 first day. Typhus some times term-
 inates by the seventh or fortieth
 day. accumulations of air in
 the large intestines constituting
 tympanites so common in Enteric
 is absent in Typhus which attacks
 all ages and the oldest residents
 in common with the recent visitor
 of our populous towns. Typhoid
 prefers the stranger and selects
 the young from fifteen to thirty
 sparing the old. The eruption
 is dissimilar and unlike it in
 many respects. In Enteric it does
 not come out before the 7 or 8
 day when it appears first upon
 the abdomen and chest as its
 favourite location the spots

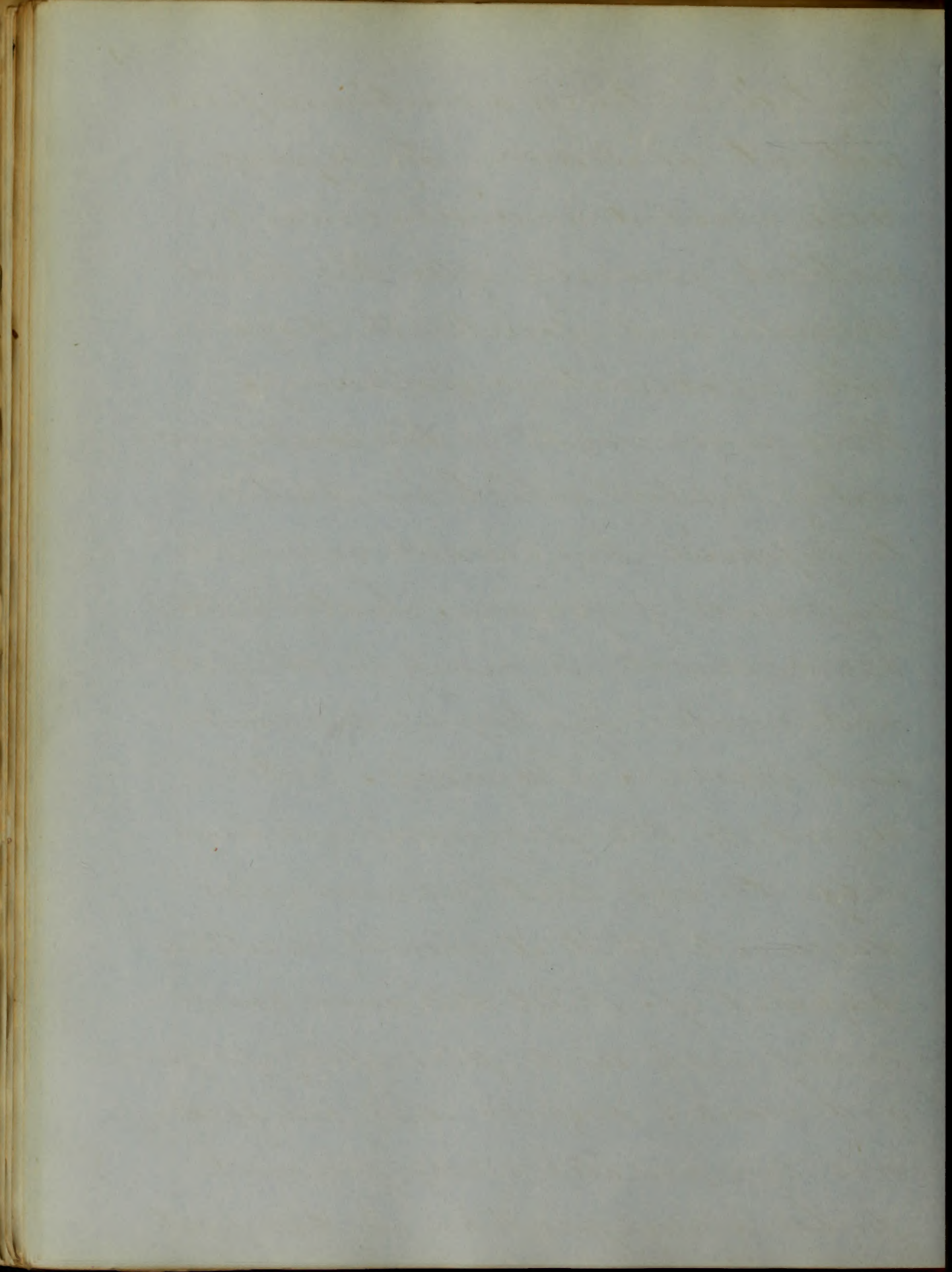


are well defined somewhat elevated and easily removed by pressure in Typhus it appears early is more abundant and not so generally confined to the body but manifests it self also upon the extremities the spots are not well circumscribed; not elevated and not readily caused to disappear upon pressure they are also often petechial and associated with vicices. The anatomical lesions of the glands of the intestines and the alteration of the spleen are always to be found in Enteric fever, whereas Typhus has no constant postmortem appearance Typhus fever in nearly every instance terminates by sweating which is the crisis. In Enteric there is no crisis the recovery being gradual

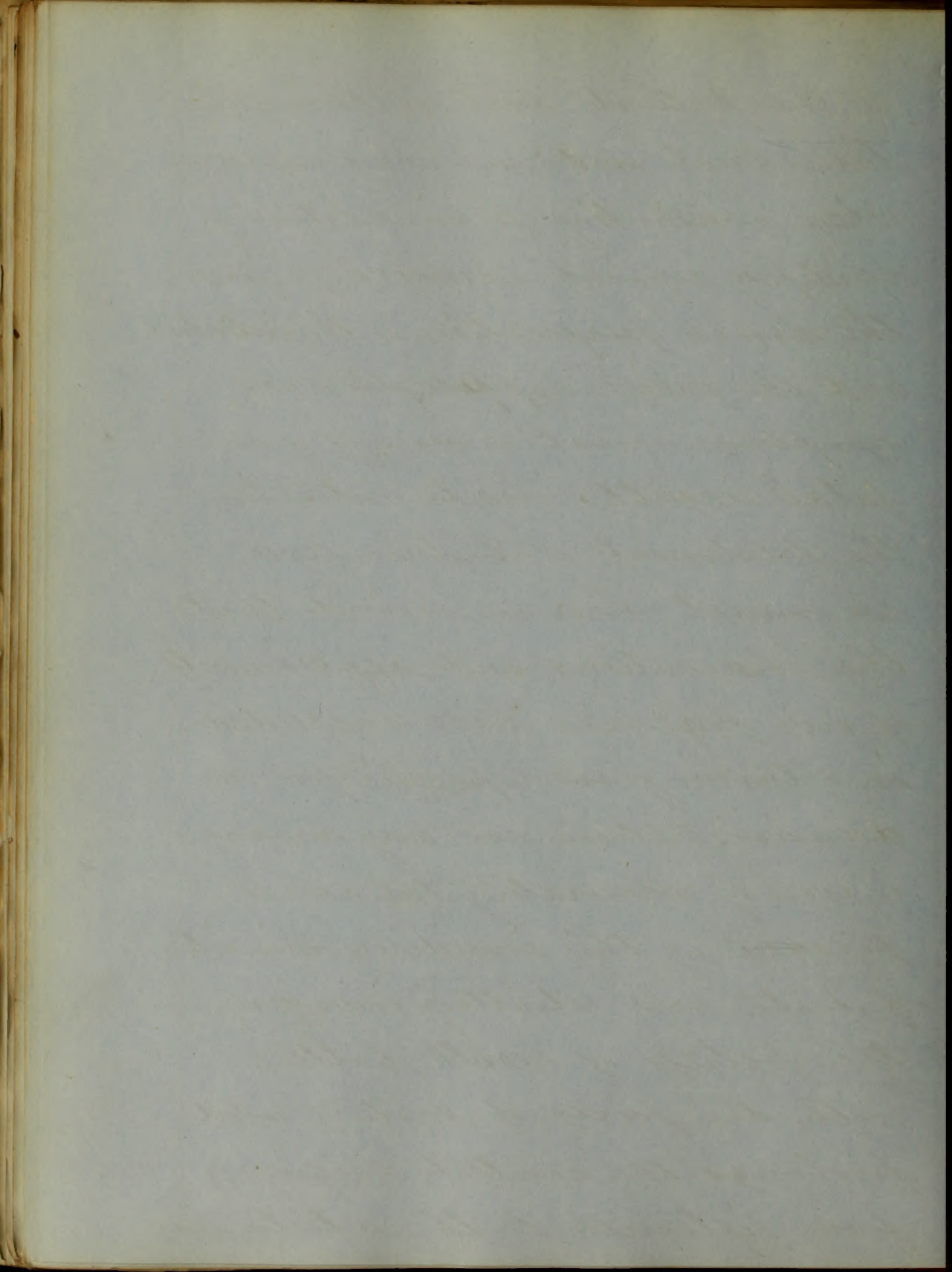


Enteric is truly a continued fever without abatement. In Typhus well marked remissions may be noticed generally after the third seventh and fourteenth days with exacerbations following.

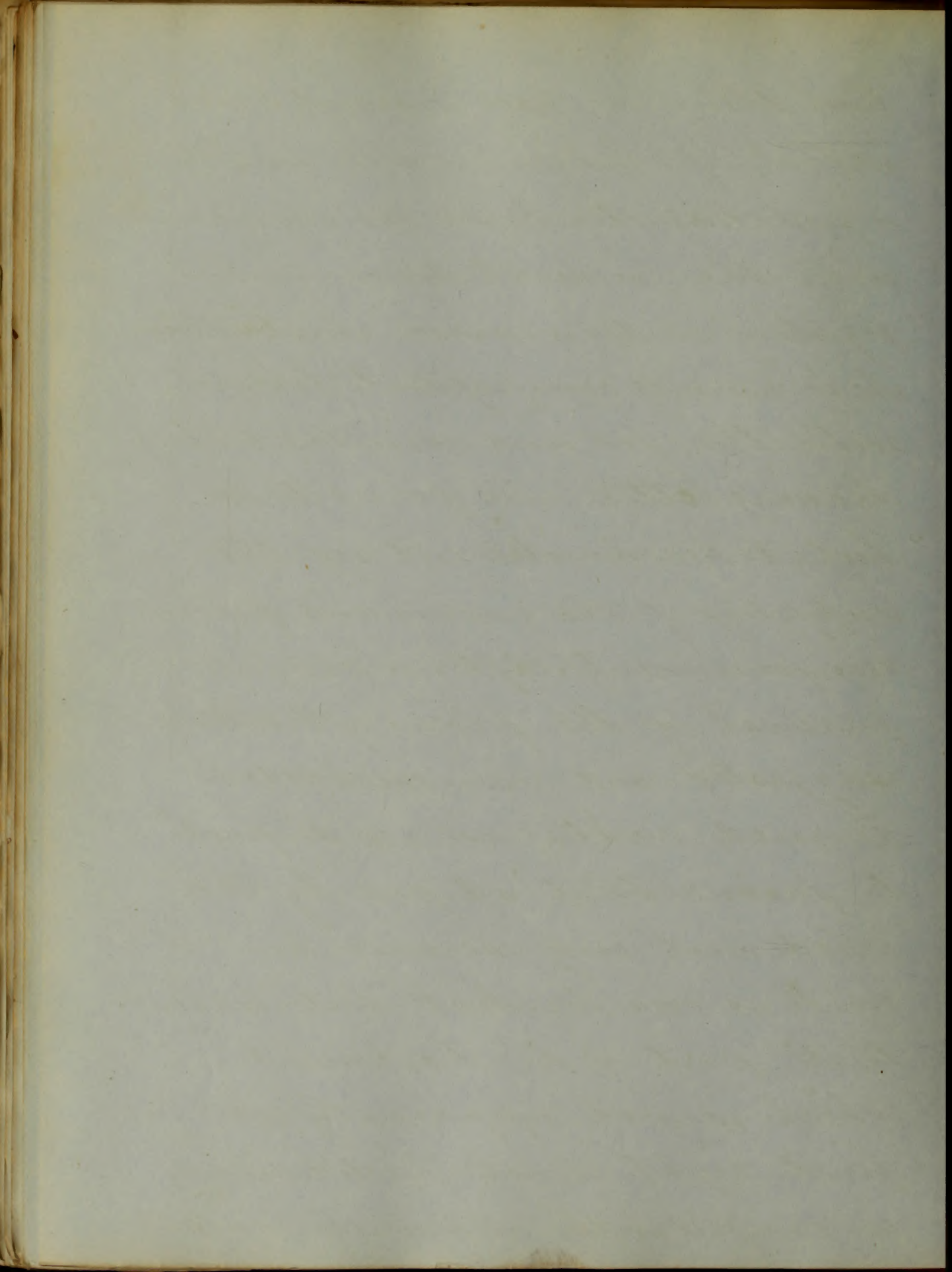
There is no doubt of the contagiousness of Typhus which in relation to Typhoid has caused so much difference of opinion. Lastly Enteric occurs most frequently in the fall and winter Typhus in the winter and spring. Prognosis. With regard to the prognosis we have only to say that no case is so desperate that it should be utterly despaired of. Wild delirium commencing early and persisting profound and coma. profuse diarrhoea excessive tympanites a very frequent pulse a supposition on the part



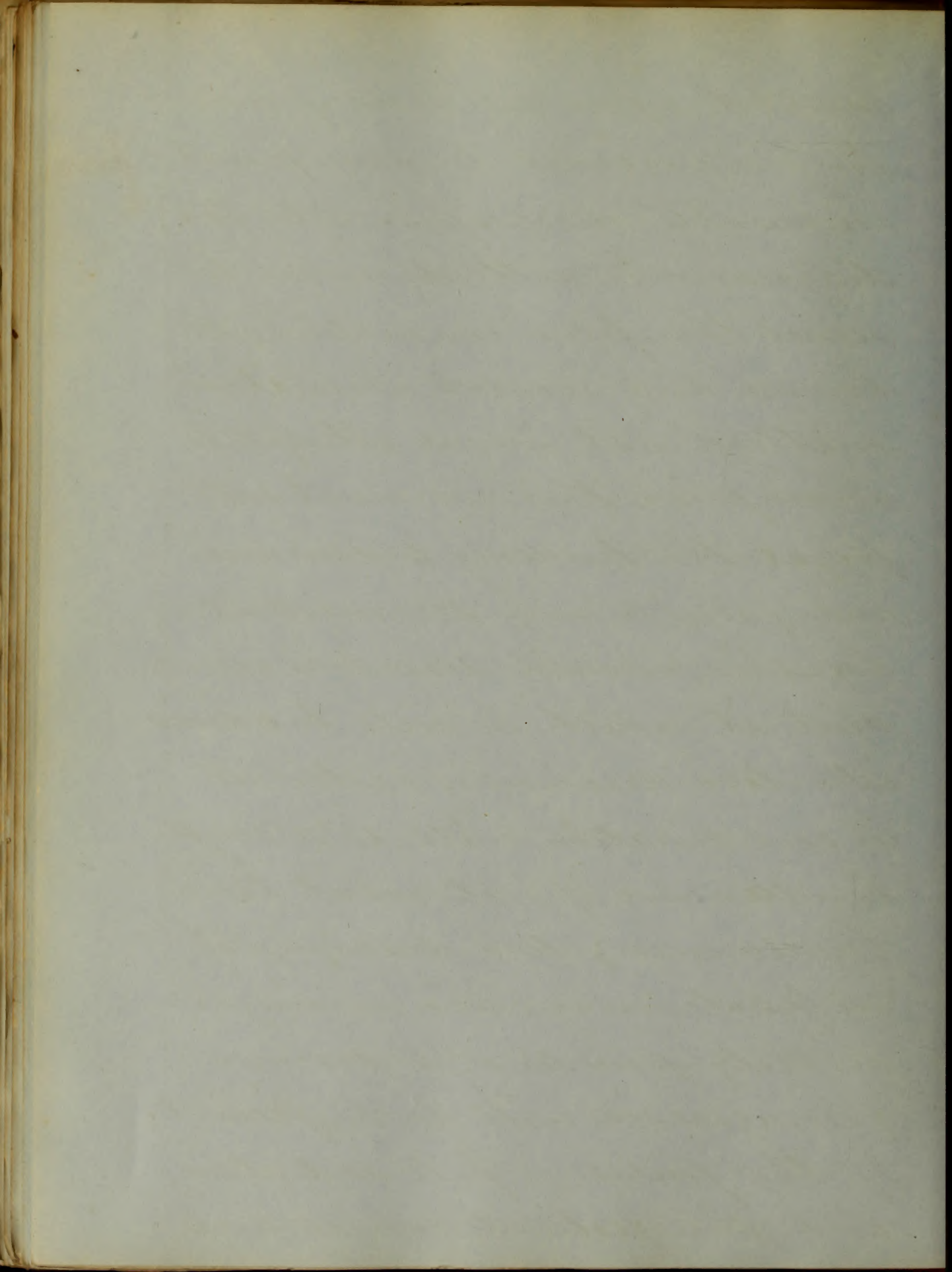
of the patient that nothing ails
him great ~~and~~ ^{and} ~~subtly~~ especially
when amounting to simulation of
epilepsy copious hemorrhage from
the bowels perforation of the intestine
and the facies hypochondriaca are
symptoms most ominous of a
fatal result. Treatment. In
the treatment of Enteric fever
we must bear in mind that
the observations and experiments
of our profession have succeeded
in obtaining no specific for our
administration nor any means
in even of abbreviating the course
pursued by this insidious minister
of death who stealthily invading
the fortress of health battles
with the forces of nature and
prolongs the contest varying
from fifteenth to the sixtieth day



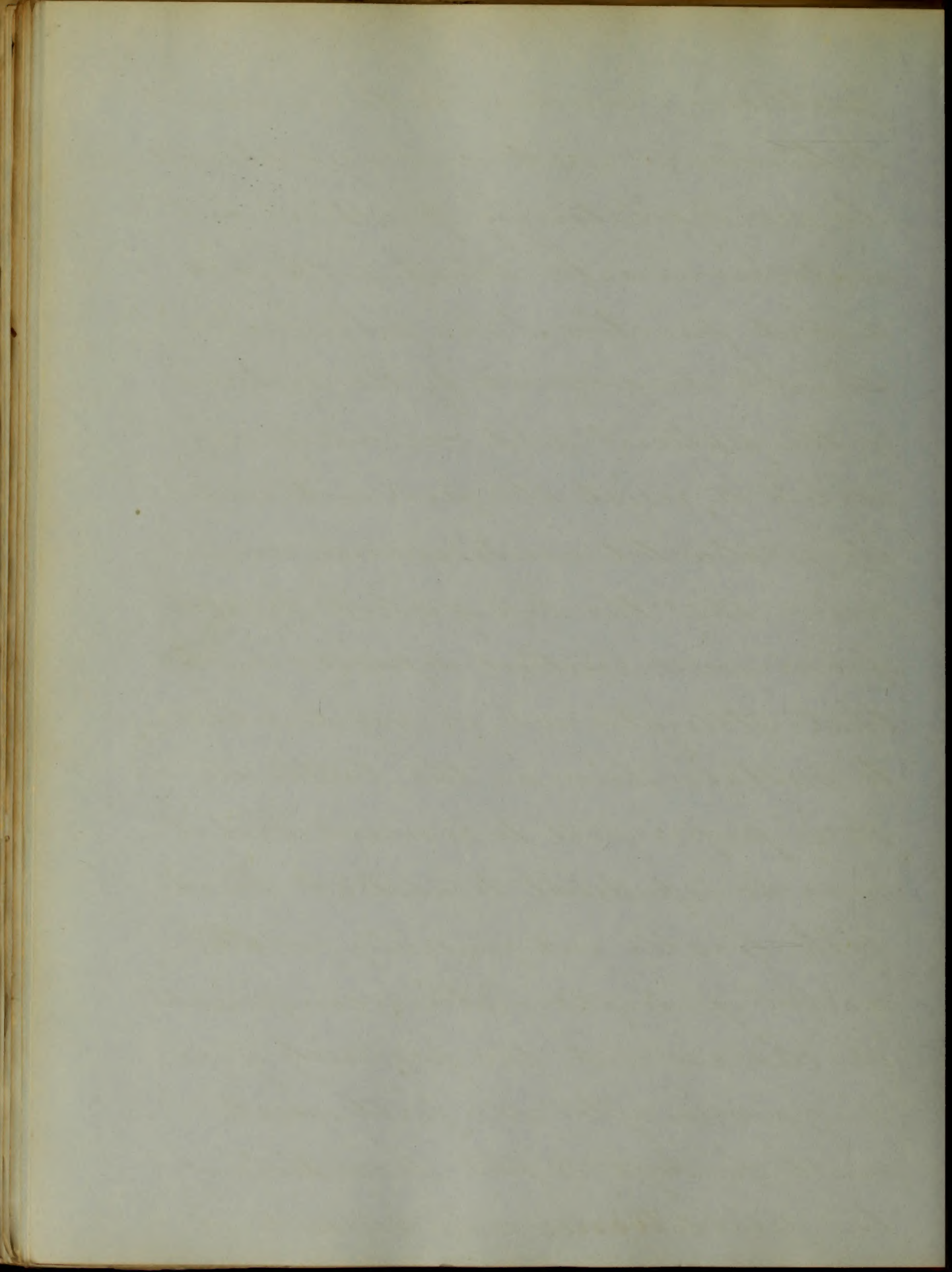
One thing we have learned which is that if General health has been of good character before the engagement with the forces at his command fighting under a sound constitution he is usually competent to cope with the foe and win the victory leaving little else for us to do but to reconnoitre cut off the supplies of the enemy and prevent reinforcements. After a careful perusal of the plans of treatment suggested and recommended by learned writers we are disposed to favour that adopted by Dr Wood not only because his work is our textbook but because that part of his treatment which is not apparantly at first sight most judicious is confidantly and unequivocally



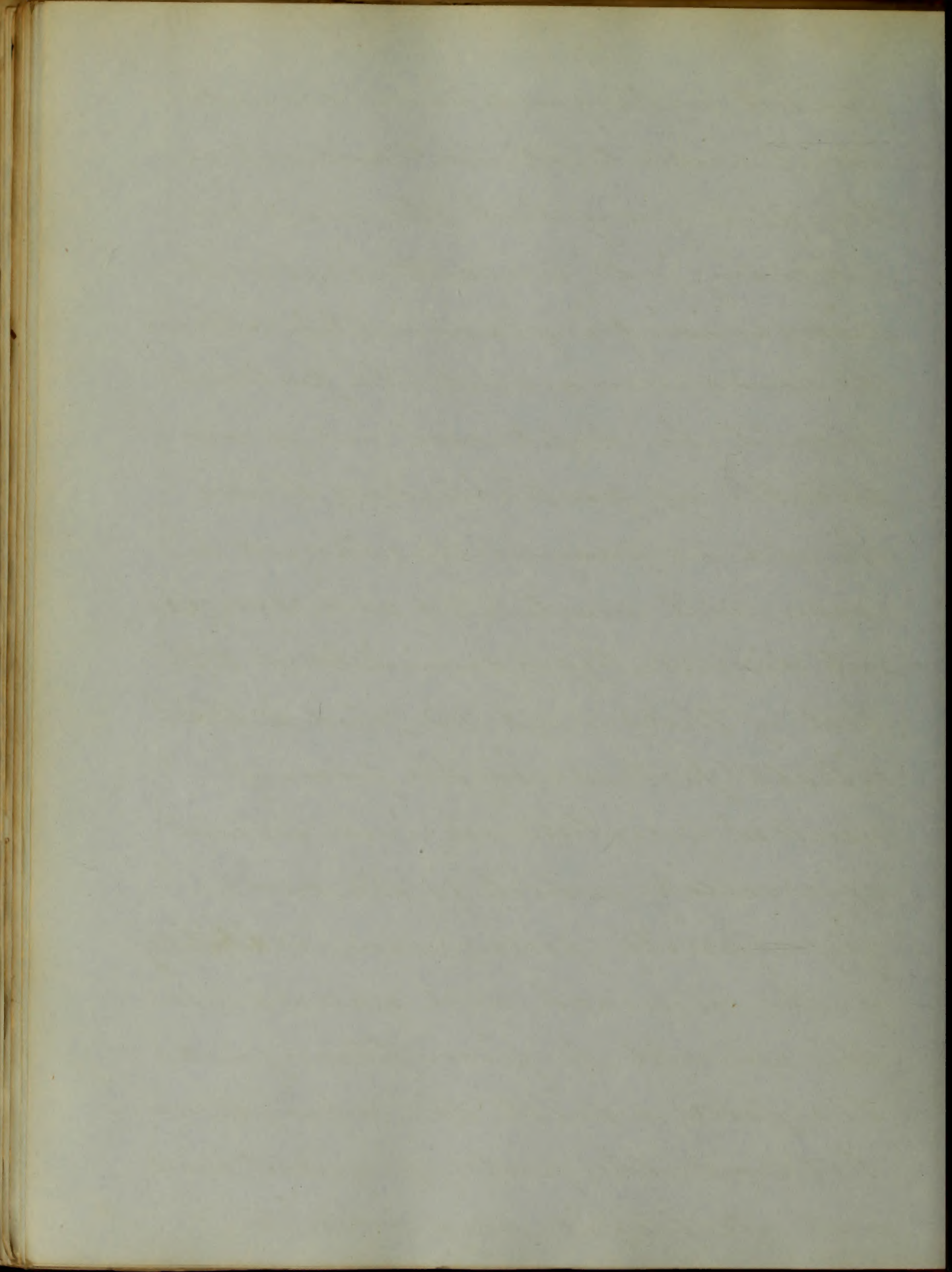
asserted upon the basis of a long experience to have proved eminently successful. After the diagnosis is settled we are to secure the free evacuation of the bowels and remove all irritating matters but in our attempt to accomplish this we must not forget the tendency to diarrhoea and prescribe only the mildest laxatives; should diarrhoea already exist it would be well to administer two drachms of castor oil in combination with ʒss or ʒoʒss laudanum if not omit the laudanum; two drachms of sulphate magnesia a single scidletz powder or a drachm of magnesia will be sufficient. If the pulse is full and strong and the patient robust and



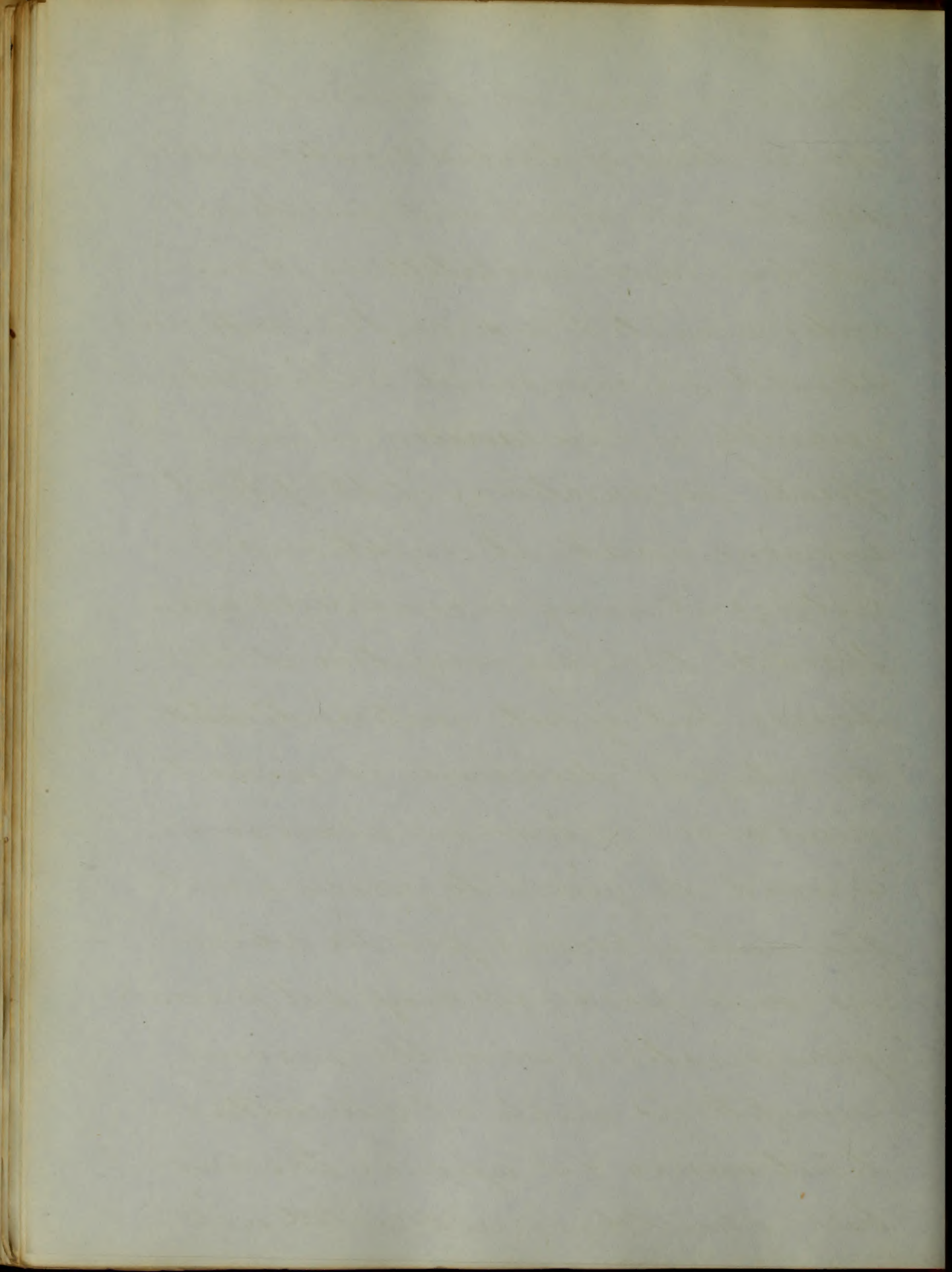
plethoric; bleeding to the amount
 of twelve or sixteen ounces should
 be unhesitatingly practised but
 indiscriminate blood letting is
 a bad practice. The physician
 should be governed by the system
 of the patient and calculate his
 ability to resist the fever and endure
 its protracted continuance remem-
 -bering that the loss of blood drawn
 from mere routine deprives him of
 that strength which may be necessary
 to sustain him in the latter stage.
 It is proper here to remark that it
 may be expedient to abstract blood
 both locally and generally for the
 arrest of inflammation^m complicating
 the disease but the propriety of ope-
 -ning a vein after the first week
 must be left to the discretion of
 the practitioner who should be



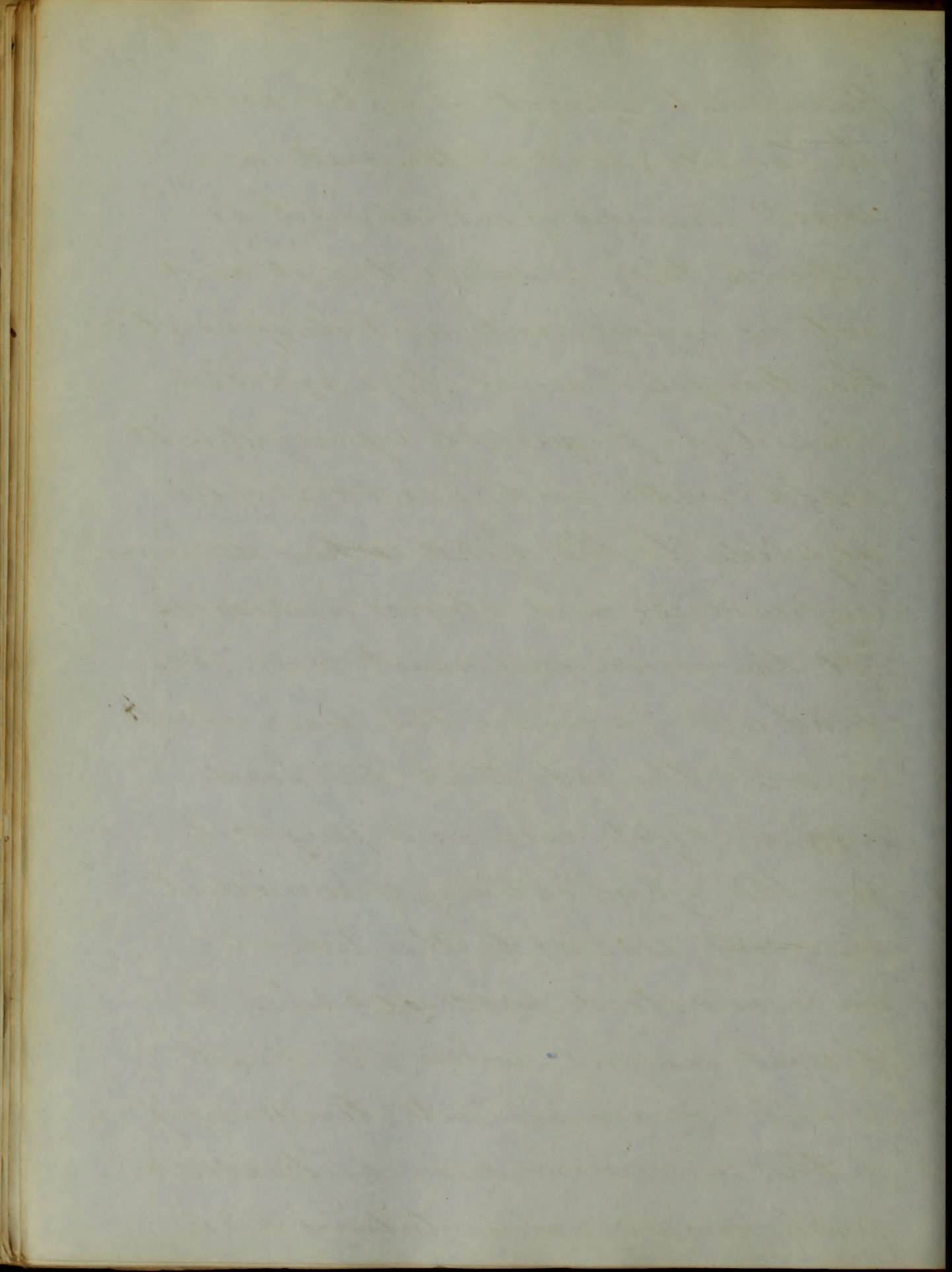
guided by the condition of the individual under treatment and not by the edict of any book the main use of bleeding is to prevent local and disorganising inflammation. From the commencement the patient should be kept cool and as comfortable as possible; his linen should be frequently changed his room well ventilated and refrigerant diaphoretics administered the best of this says Dr Wood is the citrate of potassa in the form of neutral mixture or given whilst effervescing which is the most appropriate form when irritability of the stomach and nausea exist this should be given throughout the fever whilst the skin remains hot and the pulse frequent and not feeble, it may when the



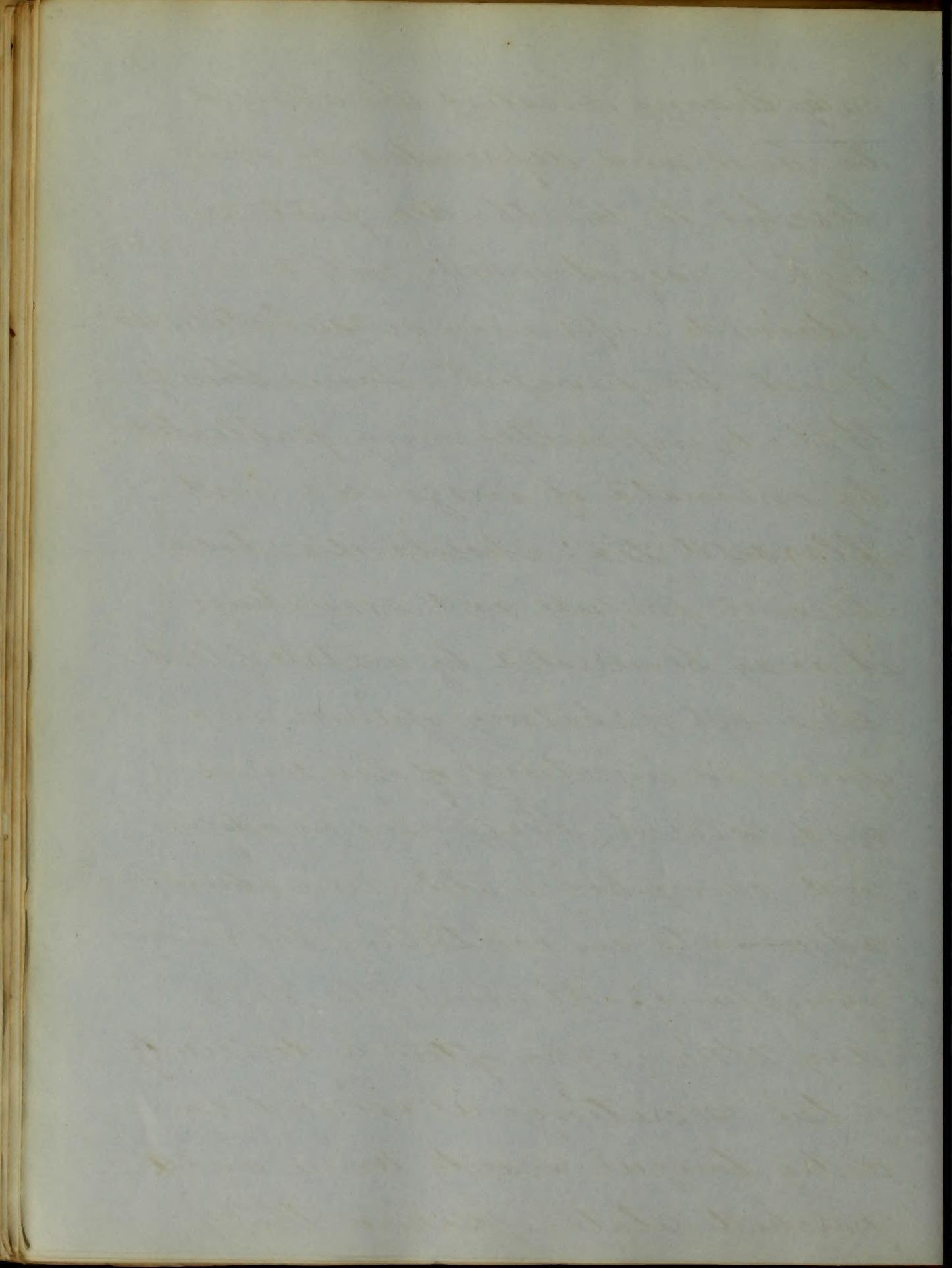
pulse is firm be combined with small doses of tartar emetic provided the stomach and bowels are not too much irritated by it in order obviated which, the antimony should be combined with a small quantity of laudanum or some opiate preparation, if the patient remains awake at night and is restless it may be continued as through the day every two or three hours; but if not contraindicated by stupor delirium or violent headache opium in some form should be given to procure rest the best is dovery powder which not only produces sleep but promotes perspiration; when the nervous symptoms such as subsultus tendinum &c appear the mixture should be associated with



the sweet spirits of nitre cold
 lemonade: iced water and even
 small lumps of ice should be
 allowed they assuage thirst and
 act as refrigerants and diaphoretics
 the temples arms legs and body
 should be frequently sponged with
 cold water and bladders of ice
 applied to the head when delirium
 supervenes and stupor increases.
 At the commencement when the
 head ache is violent the hair should
 be well thinned that the head
 may be kept cool and prepared
 for the applications of remedial
 measures leeches to the temples
 and mastoid processes will be
 found useful when the head
 symptoms are violent tenderness
 of the abdomen may be treated
 with warm fomentations and

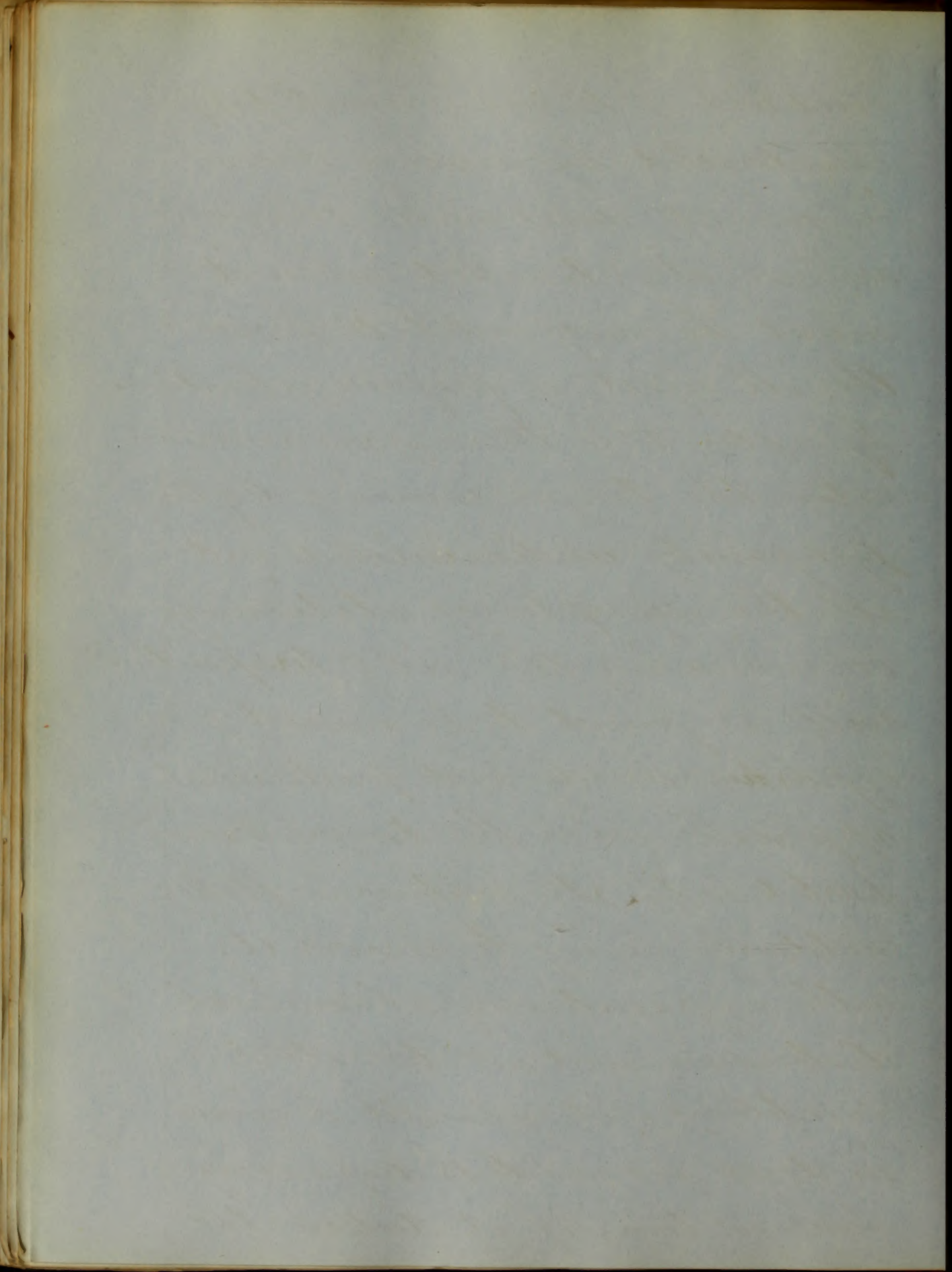


cataplasms blisters are advised
 by some and deprecated by others
 leeches to the tender part are
 highly useful when not to be
 obtained cups may be substituted
 if not too painful Louis thinks
 that tympanites may palliated
 by enemata of magnesia and
 flaxseed tea; should diarrhoea
 become profuse and exhausting;
 it may be arrested by acetate of lead
 kino ext^s of rhubarb opium and
 ipecac or injections of laudanum
 and starch Hoffmanns anodyne
 and camphor water are valuable
 adjuvants in controlling the nervous
 symptoms. At about the 7 or 9
 day there is very often a deficiency
 of the secretions as evinced by
 a dry tongue scanty urine and a
 parched state of the skin this

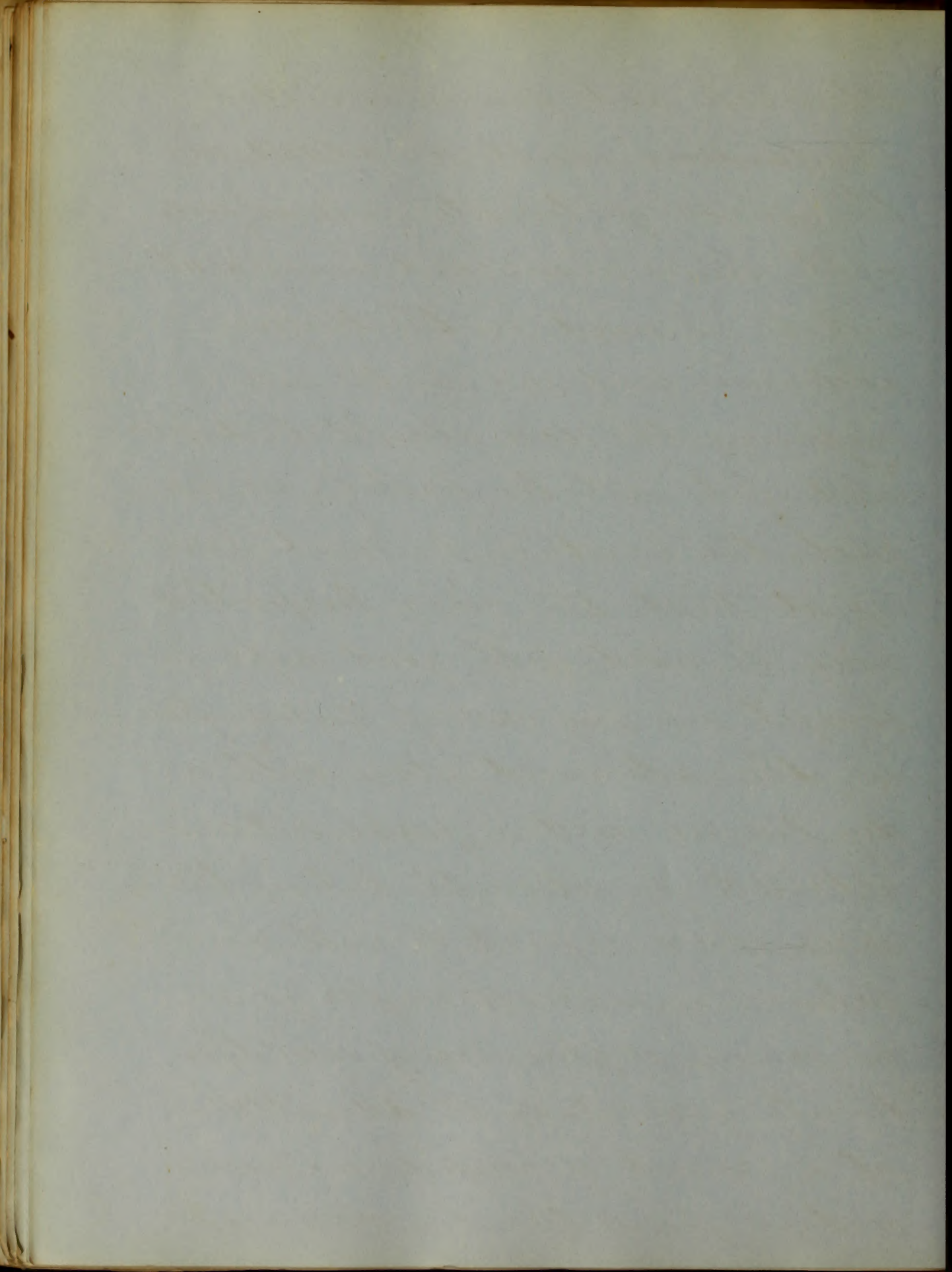


condition of things is most happily counteracted by mercury given in minute doses until the gums are slightly touched when it must be suspended to prevent the ill effect of profuse salivation.

If after this there is no amelioration the tongue remaining dry the tympanites undiminished and all the symptoms stationary or increasing the oil of turpentine will be found to be a most efficacious remedy and particularly applicable when the tongue having parted with its coating in flakes suddenly begins to recover it; with aggravation of abdominal distension and all the other symptoms, it should be given in doses from 5 to 15 drops every hour or two, if it disturb the



Stomach and bowels a little
Laudanum must be added; in
the course of twenty four or forty
eight hours a marked amelioration
will be observed in the tongue
abdomen and &c. As the case
improves the dose should be dimin-
-ished but not too hastily. we here
quote the words of Dr Wood. I will
repeat that the oil of turpentine
may be used with good hope of
benefit in any case of Enteric fever
in the advanced stage with a
dry tongue and a pulse not char-
-acterized by strength but in the
cases above refered to with a con-
-fidence of success so far as a
uniform experience of more than
twenty years may be admitted
as a ground of confidence. Hoem-
-orrhage from the bowels may be

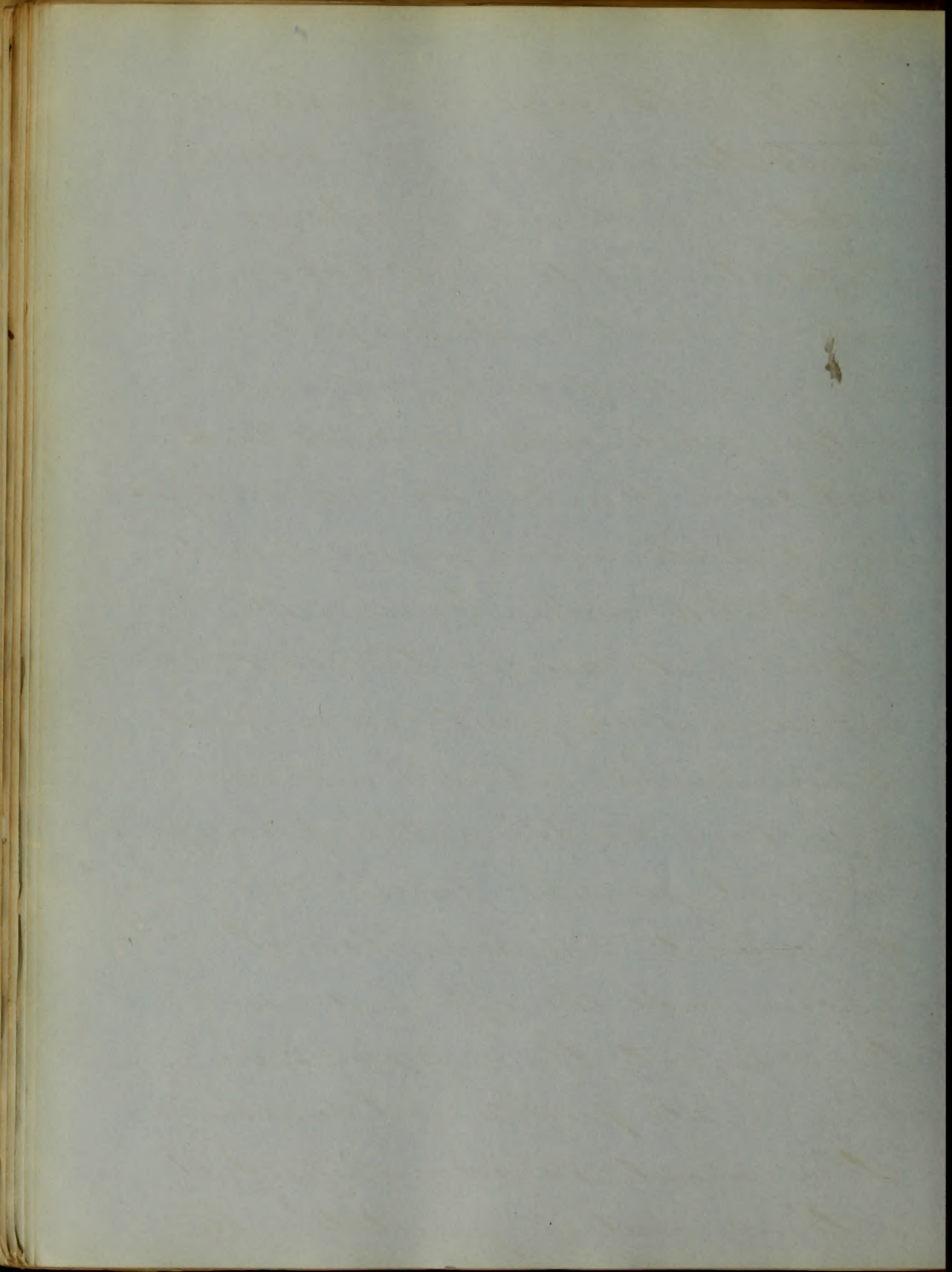


treated with cold lemonade or ice water cold over the abdomen acetate of lead and injections.

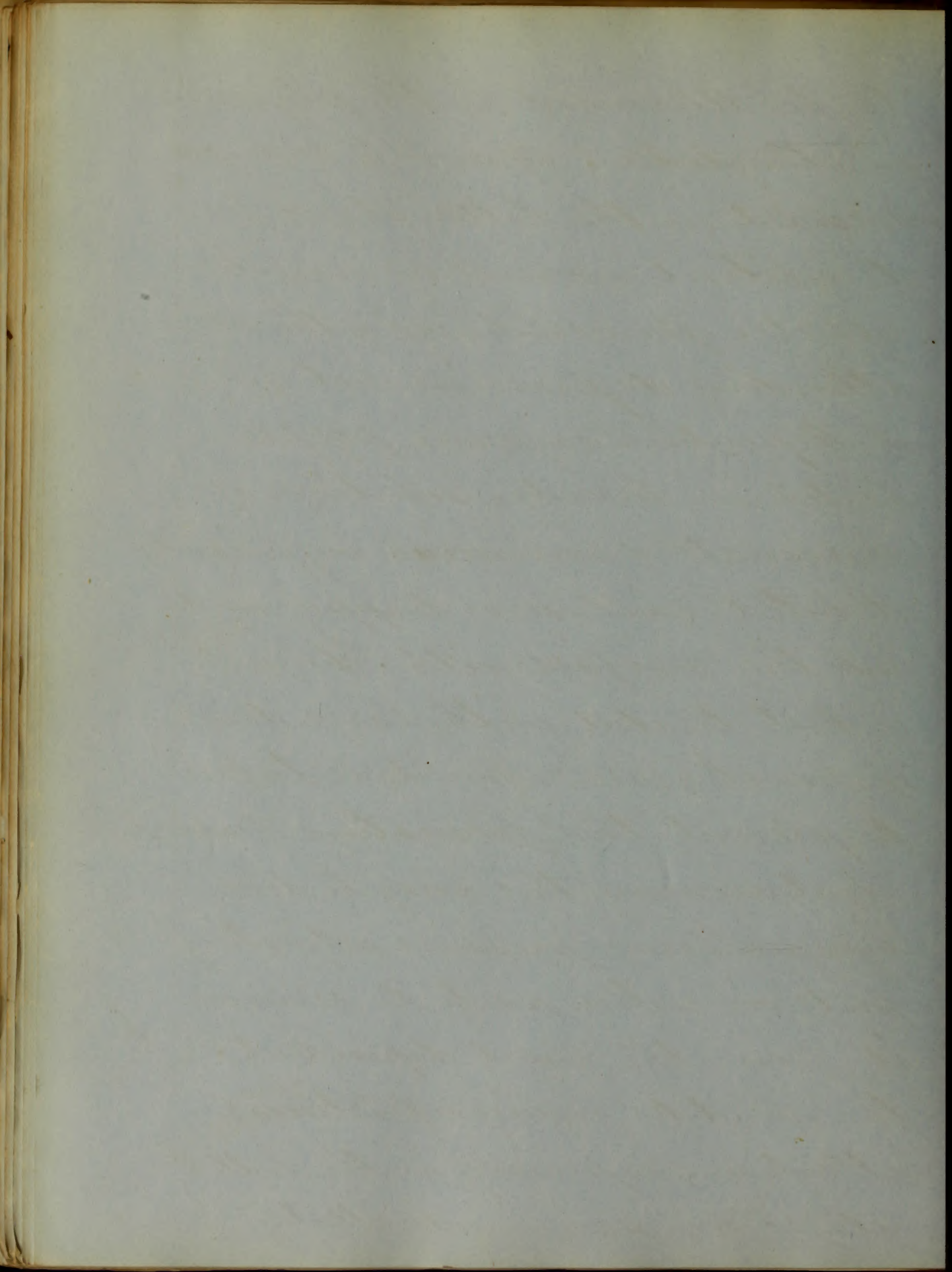
Perforation of the intestine can only be met with large doses of opium perfect repose and entire abstinence from all food and even drinks for several days.

The debility which occurs must be treated with tonics and stimulants among the best are infusion of serpentaria carbonate of ammonia extⁿ and infusion of cinchona or the active principle.

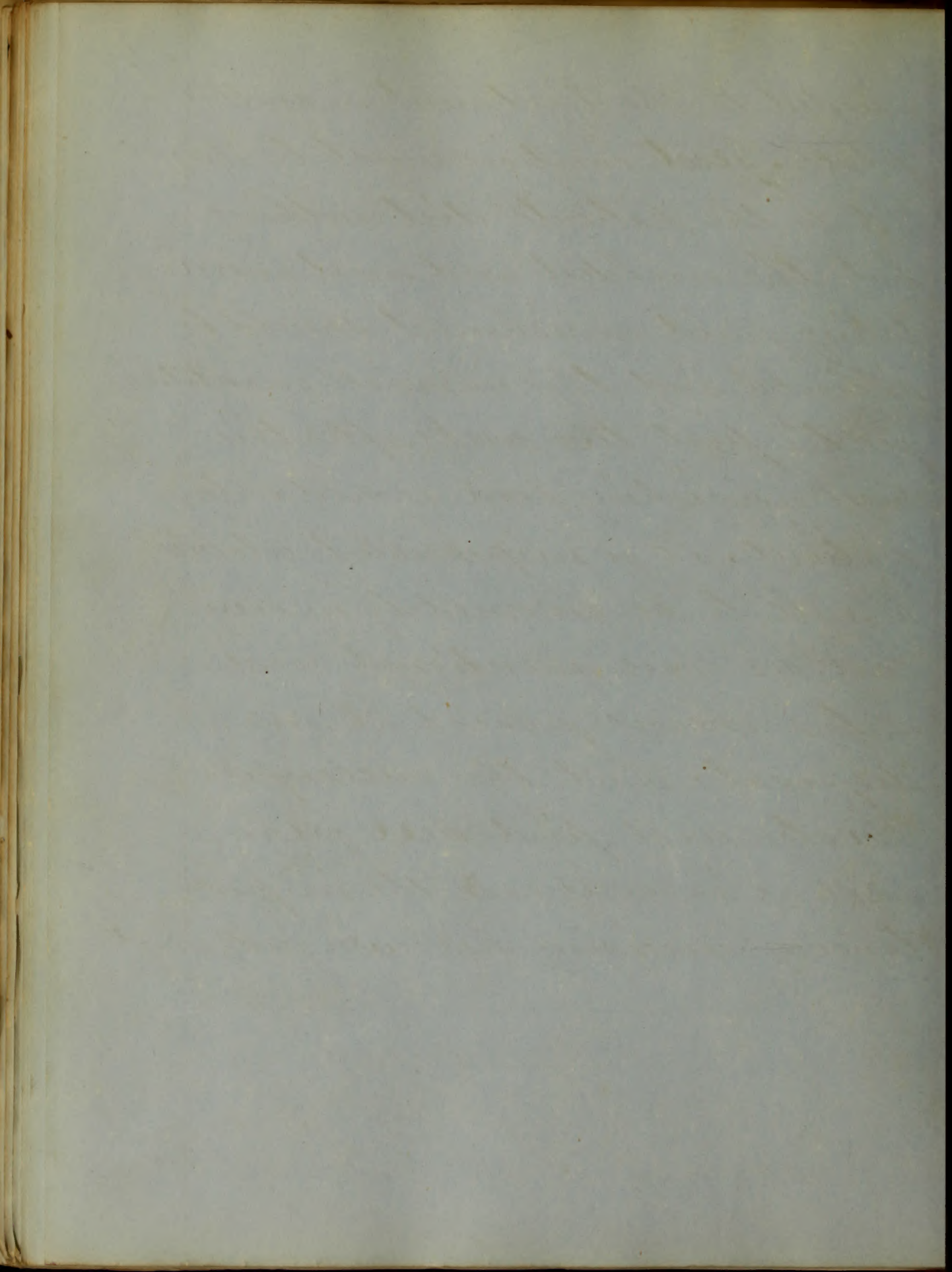
Dr Wood prefers small doses of sulphate Quinia. Chomel recommends the extⁿ and some times injects the infusion. Wine whey milk punch and sulphuric ether must be administered at a time and in quantity only

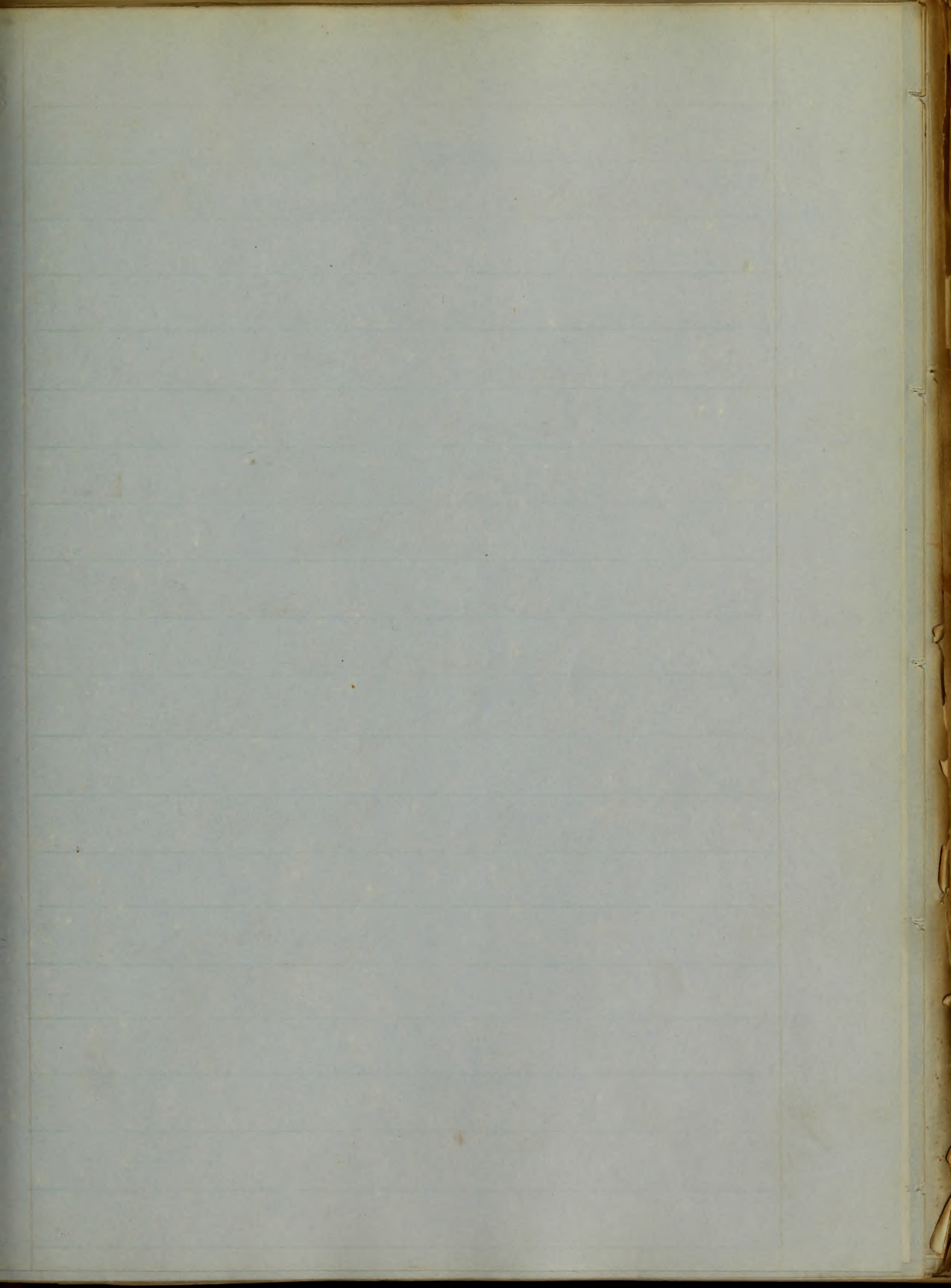


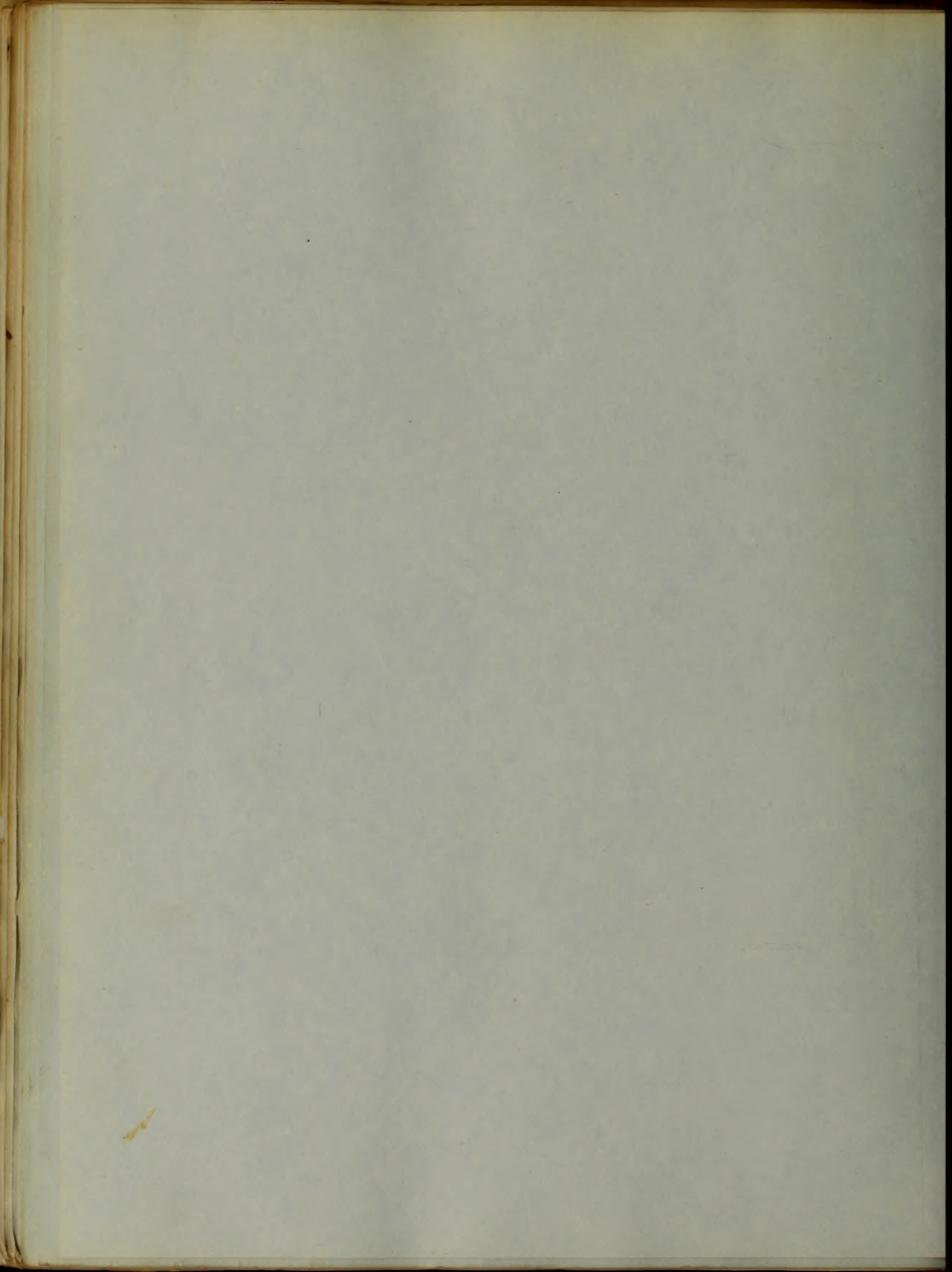
to be determined by the physician
in attendance. Opium is recom-
~~med~~med in the latter stages for
its excitant as well as narcotic
effects. For coldness of the skin
attending depression hot oil
of turpentine cayenne pepper
heated in brandy, solution of
Carbonate of ammonia sufficiently
diluted will serve to apply and
rub the surface with. Singultus
is best treated with large doses
of musk, care should be taken
to prevent the formation of sloughs
about the sacrum this may be done
by equalizing pressure adjusting
pads on certain parts to remove
it from the most dependent.
The bladder requires particular
attention, especially in the latter
stages we have inadvertently



alluded to the treatment in another
 place. Great caution must be obser-
 ved to the patients diet nothing
 but the mildest and most unirri-
 -tating fluid nourishment should be
 allowed and this in small quantities
 for the first two weeks, after this
 more nourishing food should be the
 patient. It is impossible to establish
 a rule to be governed by in every
 case, we have mentioned some
 of the means placed at our
 disposal. But the successful
 Doctor will find here, as
 well as in every case the impor-
 -tance of exercising his own judgment

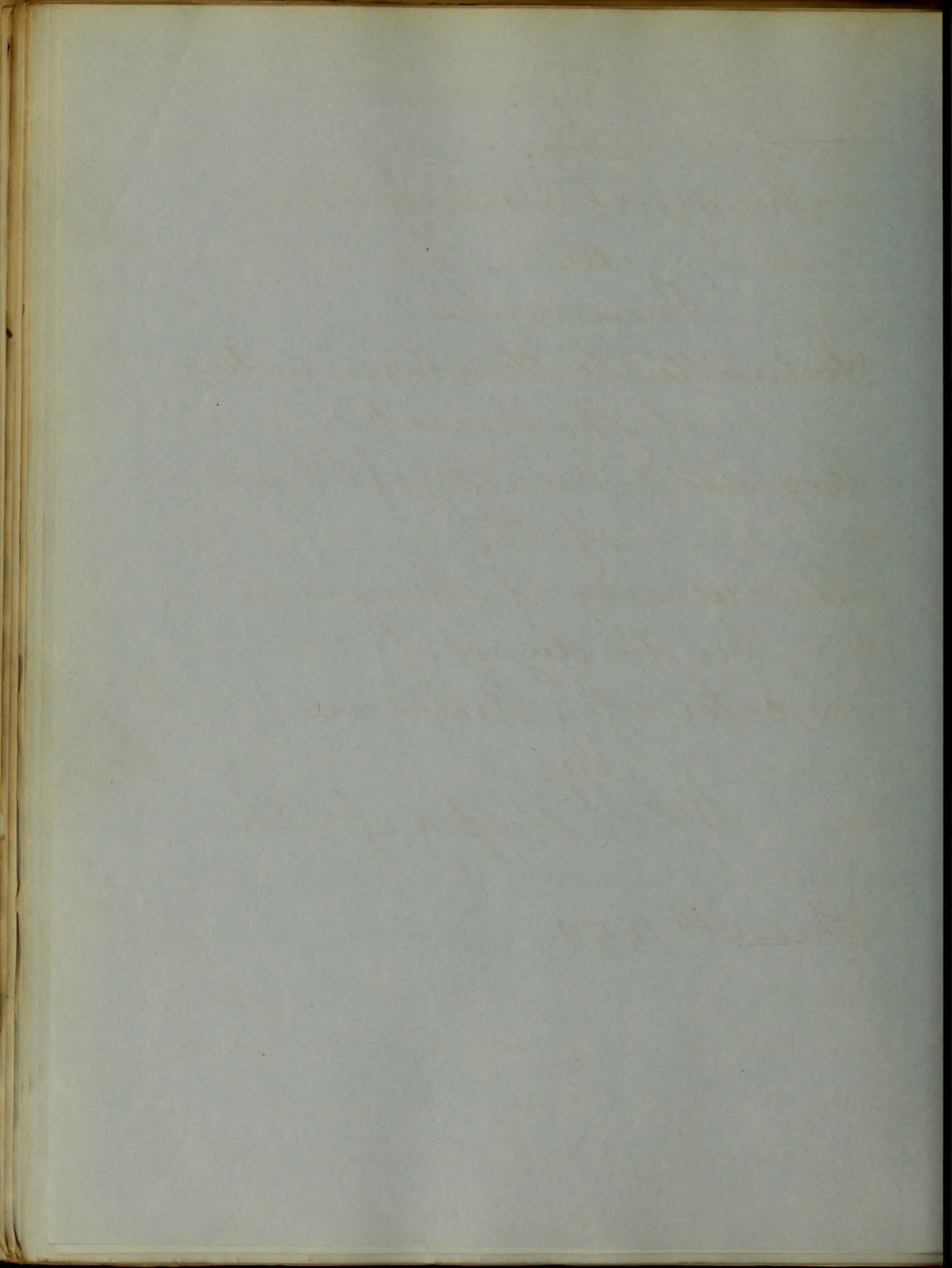






An
Inaugural Dissertation
on
Pneumonia
Submitted to the examination
of the Provost
Regents & Faculty of Physic
of the
University of Maryland
For the degree of
Doctor of Medicine
By
Wm H. Keffer of Va

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On Pneumonia

In compliance with the time honored custom of our medical schools I have put together in as good order as my time & attainments would admit my thoughts & information on the subject which I have chosen

There is no disease to which the physician is called upon to treat which so much demands his attention & none of so much importance to him as Pneumonia & it is a disease to which he will be called upon perhaps to treat during the colder seasons of our climate more than any other & certainly it should demand his attention were he ought to be acquainted thoroughly with the symptoms & progress of the disease that he may be able to treat it in the proper manner whenever called upon so to do & it is for this purpose that I have chosen it for the subject of my thesis that I might better inform myself upon the subject & from my inexperience I shall of course have nothing new to write but will have to depend upon the gleanings of others who are more experienced than myself

It was not until within the last half century that Pneumonia was spoken of as a separate disease & names

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ly there was no distinction made between it & pleurisy & hence the reason that in former times there were so many cases of pleurisy & more of pneumonia. But it is different now since the distinction is made between the two diseases there are a great many cases of pneumonia & not so many of pleurisy

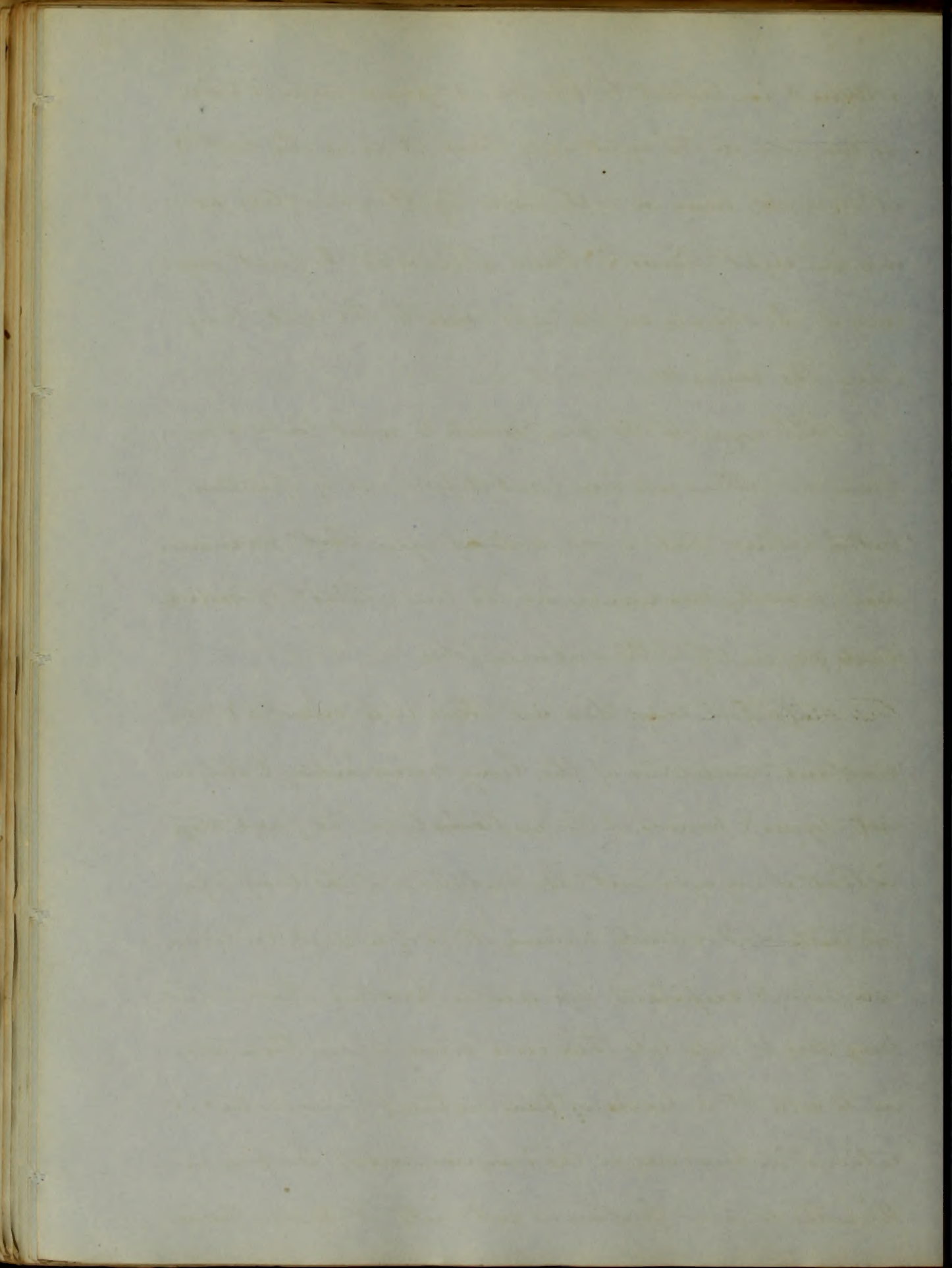
Pneumonia is an inflammation of the lungs or technically speaking of the parenchyma of the lungs Questions have been raised as to the precise part or texture of the lungs in which the inflammation begins but I shall take Watsons opinion upon that who says that in pneumonia all the textures composing the pulmonary substance in the parts inflamed are involved in the inflammatory process There are two lungs & inflammation may affect ^{both} organs at once or it may affect one of them alone technically speaking it may be either double or single The inflammation may occupy a part of one lung or the whole of it in other words it may be partial or general But it does not affect all parts or both sides indifferently It is more common on the right side of the body than on the left by the statistical accounts made by

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Suchal in respect to this point pneumonia is twice as common on the right side than it is on the left & it does not occur on both sides together so often as once in eight times Dr Power attributes the great frequency of the disease on the right side to the right lung being the largest

With regard to the part which is most liable to inflammation there are very great differences of opinion but I believe that most authors agree that pneumonia generally commences in the lower lobes & spreads upwards frequently to the superior lobes

Watson says there are three well marked & very constant conditions of the lung corresponding to different degrees & periods of its inflammation The first stage is that of engorgement the substance of the lung is gorged with blood or bloody serum it is of a dark red colour externally & crepitates less under pressure than sound lung does It feels like there were more liquid than air in its cells It is heavier than natural & inelastic & it retains in some degree the impressions of the fingers When the engorged portion is cut into it presents a red



colour & great quantities of a reddish & frothy serum
 flows from it its cohesion is greatly diminished & it is
 more easily torn than sound lung. It is like the spleen
 & hence the term splenization of the lung has been
 given to this stage of its inflammation

The second stage or condition is that of hepatiza-
 tion the lung is still red externally & within but it expe-
 rates no longer under pressure it sinks in water & contains
 no air It loses its spongy character it is apparently solid
 & the cut surface very much resembles that of the liver
 & accordingly, the term hepatization has been given to
 this stage of the inflammation The hepatized lung is den-
 ser & more solid than before but it is more friable &
 more easily crushed & broken than in the first stage
 the marks of the ribs are frequently visible on the
 surface of the distended lung The texture of the lung
 in this condition is sometimes so rotten that a mod-
 erate degree of pressure between the fingers will suffice
 to reduce it to a state of pulp

The third stage of the inflammation is called grey
 hepatization or purulent infiltration The lung presents

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a reddish yellow or straw or drab colour or it is of greyish hue sometimes mottled with red or with ~~white~~ the black pulmonary matter The texture of the lung is still more rotten & friable than before it is full of puriform matter which is sometimes so abundant that it oozes out plentifully when incisions are made into the lung The grey pus shows itself upon the cut surface in the form of minute drops When crushed between the fingers & thumb it is reduced to a yellowish grey pulp exactly like the fluid itself only rather more consistent & by gently forcing the finger into any part of the parenchyma in this stage a small cavity may be made which soon fills up with pus & which might readily be mistaken for a recently formed abscess

Abscess of the lung was formerly spoken of as a very common thing but it is now a very rare thing In several hundred dissections made by LARROQUE during a space of more than twenty years he only met with five or six collections of pus in the inflamed lung so we see that it is a very rare occurrence

Gangrene is sometimes the result of acute in-

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plamation of the lung but it very seldom happens yet it does now & then occur as a consequence of acute inflammation of the pulmonary substance. Sometimes it occupies a large portion of the lung & unincircumscribed & sometimes it is more limited. The colour of the part is dark of a dirty olive or greenish brown colour. The gangrenous portion is moist & wet sometimes of the consistence of the engaged lung commonly softer & even diffluent & it stinks most abominably. This horrid odour during life is the most distinctive character of gangrene of the lungs it sometimes renders the room in which the patient is lying scarcely endurable.

The majority of cases of pneumoniae are attended also with a degree of inflammation of the investing membrane of the lung. There is some pleurisy present. This is so frequently the case that some writers call the disease by the compound name of pleuro pneumoniae. But it does sometimes occur without any concurrent pleurisy.

In most cases the commencement of pneumoniae is marked by shivering followed by heat & increased fre-

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quency of the pulse or as it is termed inflammatory fe-
ver At the same time or presently after a stick in the
side comes on with cough & a sense of oppression in the
chest In some instances the disease steals on more in-
sidiously & succeeds to some other disease as from bron-
chitis for instance when the inflammation appears
to propagate itself by degrees from the larger to the small-
er bronchi & ultimately to reach the air vesicles them-
selves & the interstitial textures & this may be accom-
plished with or without the sharp pain or stick in
the side At first the cough may be dry but it soon
is attended with a very characteristic sort of expectora-
tion The dyspnoea is sometimes slight in the outset &
sometimes very severe The pain in pneumonia is most
commonly felt on a level with or a little below one or
other breast but it may exist in almost any other
part of the parietes of the chest Generally it is most
severe at the beginning & declines by degrees & ceases altogeth-
er for sometimes before the pneumonia ceases It is aggra-
vated by cough or by a full inspiration often by a sud-
den change of posture by pressure made upon the ribs

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or intercostal spaces or by percussion of the part For the same reason the patient cannot lie on the painfull side Andral attributes this pain in all cases to an inflamed pleura & he has been sustained by the post mortems which he has made of subjects dying of pneumonias

As to the decubitus of the patient there is a difference of opinion among writers some assert that they lie upon the affected side & some upon the sound side but it is generally agreed that it is neither for the breathing is more oppressed when the patient lies on the sound side than when on the diseased one But patients labouring under this disease almost all lie on their backs & the decubitus is dorsal

The difficulty of breathing is deserving of some notice It generally bears a direct proportion to the extent & severity of the inflammation But there are many exceptions to this for in some persons the inflammation of a small portion of one lung will greatly embarrass the respiration while others may have a much larger portion of the lungs intensely inflamed & the dyspnoea will be but slight Inflammation of the superior lobe

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causes greater dyspnoea than the inferior. But we cannot always trust to what patients say about their breathing for they will always deny or say after that they have any shortness of breath when any one can see them respiring with unnatural rapidity or observe that in their discourse they pause between every three or four words they speak to take breath.

The dyspnoea produced by pneumonia varies greatly in its degree in different cases. Sometimes it is so slight that the patient is not conscious of it & the physician scarcely perceives it & sometimes it is so extreme that the patient entirely regardless of what is going on about him seems wholly occupied with respiring. He is unable to lie down & can scarcely speak. His face becomes lividly red or pale & is expressive of the utmost anxiety. His nostrils are expanded & full of action. The respiratory movements are very frequent & very short or shallow as if the air was not able to penetrate beyond the primary divisions of the bronchi. From this state of extreme dyspnoea few patients ever recover.

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Delirium very frequently occurs in the course of an attack of pneumonia & it is a very bad symptom. It measures the quantity of mischief which is going on within the thorax & it is a direct evidence that the pectoral mischief is telling through the circulation of venous blood upon the brain.

There is no particular character in the cough of pneumonia except in some cases when it is a single short cough & not so violent as the cough of catarrh & bronchitis & it affords but little information. It does not usually take place in paroxysms & its severity & frequency are not proportioned to the intensity & extent of the inflammation. It is usually dry in the commencement but in a few days it is accompanied by the expectoration of a peculiar sputum which constitutes one of the most certain indications of the presence of pneumonia. The expectoration when well marked consists of a transparent & creamy or rust coloured sputum uniting in the vessel which contains it & it is of such viscidly that the vessel may be turned upside down & strongly shaken without its being detached from the bottom or sides. At the commencement of the disease either nothing is spat

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up or simply some bronchial mucus but on the second
 or third day generally the matters expectorated assumes the
 characteristic appearance they are composed of mucus intim-
 ately united & combined with blood The sputa becomes of
 a yellow or rust colour or of a decided red & at the same
 time it becomes glutinous & tenacious & it adheres together
 so as to form one transparent homogeneous mass When
 ever the sputa assumes this character the disease is at its
 acme & the expectoration remains for some time stationary
 When the inflammation recedes the sputa will become again
 in less tenacious less red or yellow & more like the expec-
 toration of simple catarrh But if the disease gets worse
 the rust coloured sputa may continue until the end
 commonly there is less expectoration in that case or even
 none at all The sputa then accumulates in the bronchi
 trachea & larynx in succession & it fills up the air passages
 & suffocates the patient In some instances the expec-
 toration in the advanced stages of the disease consists of a
 fluid having the consistence of gum water & of a brown-
 ish red gelidous like liquorice water or plum or prune
 Juice Sometimes during the third stage very perfect pus

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is excreted & sputa composed of very red mucus indicates pneumonia less surely than such as are tawny The very red sputa in which there is more blood than mucus often belongs to pulmonary apoplexy When pneumonia passes into gangrene the expectoration becomes of a greenish or reddish or dirty grey colour & exhales a fetid smell resembling that which proceeds from gangrene of the external parts

In forming our diagnosis in this disease one of the most important means is auscultation If the ear be applied to the surface of the chest during the first stage of the inflammation that of engorgement we can hear a peculiar crackling sound the smallest & finest kind of crepitation which has been illustrated by saying that it resembles the multitudinous little crackling explosions made by salt when it is scattered over red-hot coals & another resemblance for it is the noise like that which is produced by rumpling a very fine piece of parchment - & another is like that of rubbing between the fingers & thumb a lock of crissum hair close to the ear This is called by Laennec crepitation

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rhoncus but Watson calls it minute crepitation & the
 crackling of pneumonia & this is a very important
 sound It is a direct symptom having immediate
 reference to the structure of the part It gives the ear-
 liest & surest intimation that such a disease has be-
 gun as tends to disorganization & the inevitable loss of
 life unless quickly arrested by its counteracting remedies
 In the early stage of the inflammation the minute cre-
 pitation which announces commencing engorgement of
 the part is heard mingled with the ordinary vesicular
 breathing the natural sound is obscured though not entire-
 ly but as the inflammation advances the crackling be-
 comes more & more pronounced until at length it total-
 ly supersedes it Whenever the crackling sound becomes
 predominant & masks the murmur of respiration en-
 tirely that denotes the progress of the pneumonia & tea-
 ches us that it tends to pass from the first to the
 second degree But the crackling sound does not remain
 long in any part As the case proceeds the sound is less
 & less heard & at length is not heard at all in that
 spot Its place may be taken by the natural respiratory

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The first part of the book is devoted to a general
description of the country and its inhabitants.
The author then proceeds to a detailed account
of the various tribes and their customs.
He then describes the different kinds of
agriculture and the various kinds of
livestock which are raised in the country.
The book concludes with a description of the
different kinds of minerals which are found
in the country.

murmur again when this is so it denotes the resolution of the inflammation. But if the crackling cease & no sound at all is heard in its stead or another morbid sound this teaches us with absolute certainty that the disease is growing more severe & serious & that the lung is becoming or has become hepatized.

When the lung has passed from the first into the second stage of inflammation & become solid or hepatized instead of the natural sound or the minute crepitation which belongs to the first stage of the inflammation we either hear no sound at all although we feel the chest heave up against the ear or we hear the bronchial respiration that is a puffing sound which is conveyed to the ear from the larger & still previous branches of the bronchi through the solid walls of the chest & when he speaks his voice is heard much more resonant than is natural. It is much more than in the corresponding spot on the opposite side of the chest. These are two sounds which are never heard in the healthy state of the lungs. Bronchial respiration & bronchial voice or bronchophony. They are more distinctly heard when the infla-

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mation occupies the upper part of the lung or the central parts & when it extends from thence to the surface than when it occupies the lower & if hepatization should be so general & complete as to prevent the chest on the affected side from expanding there will be no bronchial respiration but bronchophony may remain when there is bronchial respiration there is usually dullness on percussion whenever there is purile respiration it is a strong symptom that a part of the breathing apparatus is spoiled & that the remaining part is endeavoring to compensate for its deficiency

The period in pneumonias when no sound but bronchial breathing is audible during respiration is one of painful & anxious interest We cannot tell whether the lung ^{will} revert gradually to its healthy state or whether it is passed into the third stage that of purulent infiltration

By auscultation we can trace the disease through its stage of engorgement & into the stage of hepatization but it cannot be traced further with any certainty We cannot say whether it remains in a state of

The first part of the paper is devoted to a general
 consideration of the subject, and to a statement of the
 objects which it has in view. It is then divided into
 three parts, the first of which is devoted to a
 description of the nature and extent of the
 disease, the second to a statement of the
 causes which give rise to it, and the third to
 a description of the symptoms which it
 produces. The first part is the most
 important, and the most difficult to write,
 because it is the foundation of the whole
 system, and it is upon it that the
 rest of the paper is built. It is therefore
 necessary to be very accurate and
 precise in the description of the
 disease, and to be very clear and
 concise in the statement of the
 causes and symptoms. The second part
 is also very important, and it is
 necessary to be very accurate and
 precise in the statement of the
 causes, and to be very clear and
 concise in the description of the
 symptoms. The third part is the
 least important, and it is necessary
 to be very accurate and precise in
 the description of the symptoms, and
 to be very clear and concise in the
 statement of the causes.

heparization or whether it has passed into the third stage. But if the structure of the lung breaks down & a portion of it is expectorated air finds its way into the vacant spot & gives rise to a large gurgling crepitation.

In forming our prognosis in this disease of the general symptoms the most important independently of auscultation as a prognostic sign is the respiration. Considerable dyspnoea is always a bad omen. We cannot get but little information from the state of the pulse. If however a feeble pulse goes along with great difficulty of breathing & if it does not develop itself after the first bleeding we must conclude that the inflammation is intense & forms therefore an unfavourable prognosis. Delirium is always a discouraging symptom. Great viscidility of the sputa & a deep rusty colour announces intensity of inflammation. Its return to the catarrhal condition indicates that resolution is going on. Watery sputa & hemorrhagic mucus or lep like plum or prune juice should induce us to suspect suppuration of the lung & is therefore of bad augury.

In the treatment of pneumonia the great ins-

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instruments to be employed are bloodletting tartar emetic
 & mercury of these bloodletting is the chief In the first
 place it tends to restrain or extinguish the inflammation
 and in the next place it has the effect of relieving
 the particular functions of the lungs And the result
 of the free abstraction of blood in this disease fully vindic-
 ates the value of a practice which has been pursued for
 ages The late Dr Gregory of Edinburgh said that provided
 he was called early to a case of pneumonia he would
 be contented to dispense with all other aids than those
 of a lancet & water gruel And a distinguished french
 writer M Louis has endeavoured to show that venes-
 section has no control over the progress or event of pneu-
 monia But so far as my own humble opinion is en-
 titled to respect in regard to bloodletting I should not be
 willing to agree with him The abstraction of blood will
 be effectual in proportion as it is early, during the
 first stage & before the spongy texture of the lung has
 been obliterated The patient should be bled in an upright
 position by a large orifice & in a full stream & should be
 continued until some sensible impression is made upon

The first thing I noticed when I stepped
 out of the car was the smell of
 fresh air. It was a relief after
 being stuck in traffic for hours.
 The sun was shining brightly, and
 the birds were chirping happily.
 I took a deep breath and felt
 a sense of peace. The world
 seemed so much better when
 you could finally breathe.
 I walked towards the park, and
 the children's laughter was
 everywhere. It was a beautiful
 scene. The grass was green and
 the flowers were in full bloom.
 I saw a dog running happily
 and a cat sitting on a bench.
 The air was so fresh and clean.
 I felt like I had found a
 new world. It was so peaceful
 and beautiful. I had never
 felt like this before. It was
 a wonderful experience. I
 had found a place where I
 could finally relax and enjoy
 the simple things in life.

the system until the pulse becomes softer or if it were contracted until it becomes fuller until the sensation of constriction is abated & the dyspnoea is relieved or until syncope appears to be at hand Bleeding in the early stage will often give very speedy relief both to pain & to the dyspnoea Sometimes the pain does not cease at once but goes off a few hours afterwards But if the breathing is not at all relieved at first the case generally though not always ends ill One bloodletting will not always suffice even when it is done early But such favorable cases does happen sometimes The patient should always be seen within four or five hours after the first bleeding that it may be repeated if necessary

As an auxiliary to the lancet cupping & leeching is sometimes advantageous & particularly if there be pain The part to which they should be applied should be determined by the situation of the inflamed portion of the lung The whole of the antiphlogistic regimen should be rigidly enforced & the patient should keep his bed & all superfluous exertions of the lungs should be avoided

When the inflammation has gone on into the second stage bloodletting will not have so decided an influence upon the inflamed & solid parts. But if duly moderated it will even then be of some advantage. It will diminish the force of the heart & arteries & so tend to prevent the extension of the inflammation & it will lessen the quantity of blood circulated through the lungs & thus it will relieve dyspnoea. But there is a time when bleeding is no longer of any use when it is heartfull & it ceases to have any good influence on the local disease & has an injurious influence on the whole system. A remedy therefore will be needed to assist the lancet or to employ alone when the lancet can do no more. And there are two such they are tartar emetic & mercury. The tartar emetic plan is best adapted to the first degree of inflammation that of engorgement. And the mercury to the second that of hepatization.

Tartar emetic is not given with the object of vomiting. It should be given & repeated in small doses so as to produce nausea & retching & if it produces sickness & purging a few drops of Laudanum should be added.

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Dr Thomas Davies says from his own experience that the tartar emetic always acts best when it produces no effect except upon the inflammation itself. That is when it does not cause vomiting or purging or a general depression of the powers of the system. When the depression has been relieved by the antimony it should be intermitted. But if the inflammation should show any disposition to rekindle it must be again extinguished by a repetition of the tartar emetic.

When the inflammation has gone on into the second stage that of hepatization Watson says that mercury is worthy of more confidence than tartar emetic. It should be given with the object of making the gums sore & this should be done as speedily as possible. It should be given in small doses & repeated at short intervals until the gums are affected. If the internal use of mercury should be contraindicated in any way or it appears slow in producing its specific effect the emperic liniment of mercury or the strong mercurial ointment - may be rubbed in.

Local irritation by means of blisters is of

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some importance But they should not be applied too early in this disease In the commencement while there is yet considerable fever present they add to the irritation & probably tend to aggravate the existing inflammation & destroy the patient - When the fever is no longer burning but the expectoration is still difficult & the dyspnoea considerable & a sensation of pain or tightness or oppression is experienced in the chest Then a large blister is often productive of very sensible benefit But the blister should be very large one so as to cover a large portion of the chest or it will be of little benefit in this disease

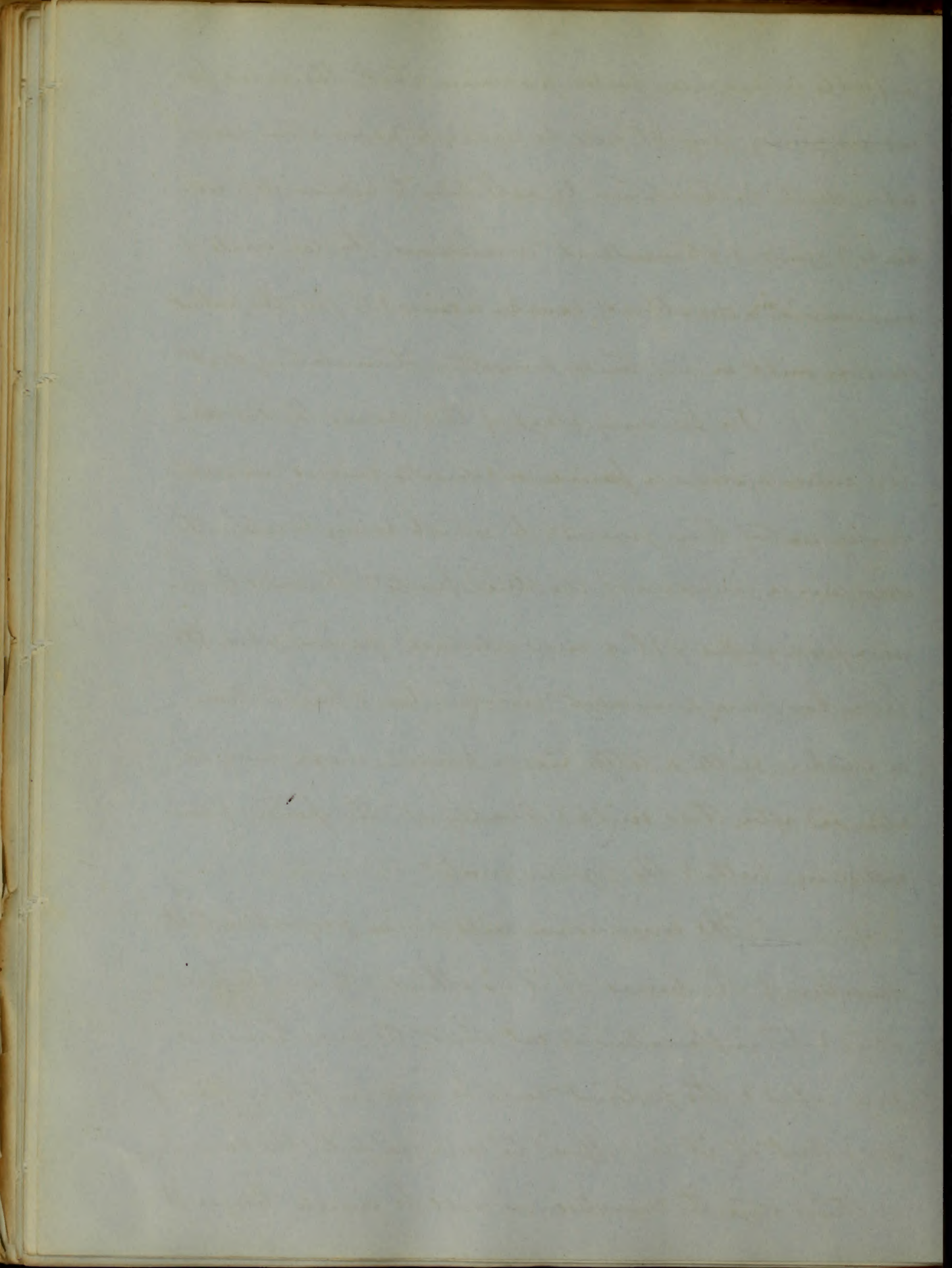
After the lung has become solid & impermeable the treatment must be regulated rather by the state of the system at large than by the actual or presumed condition of the lung We must look for guidance more to the general symptoms than to the physical signs If the pulse continues steady & firm we should wait patiently the effect of the mercury But when sunken features a fallen face coldness of the surface of the extremities & above all

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a feeble or irregular pulse proclaim that the vital processes are giving way. It will be requisite as in other cases where death is threatened by asthenia to administer cordials & wine & stimulant medicines the carbonate of ammonia ^{or} a decoction of sarsaparilla or wine & to feed the patient well on milk or beef tea or some other stimulating diet.

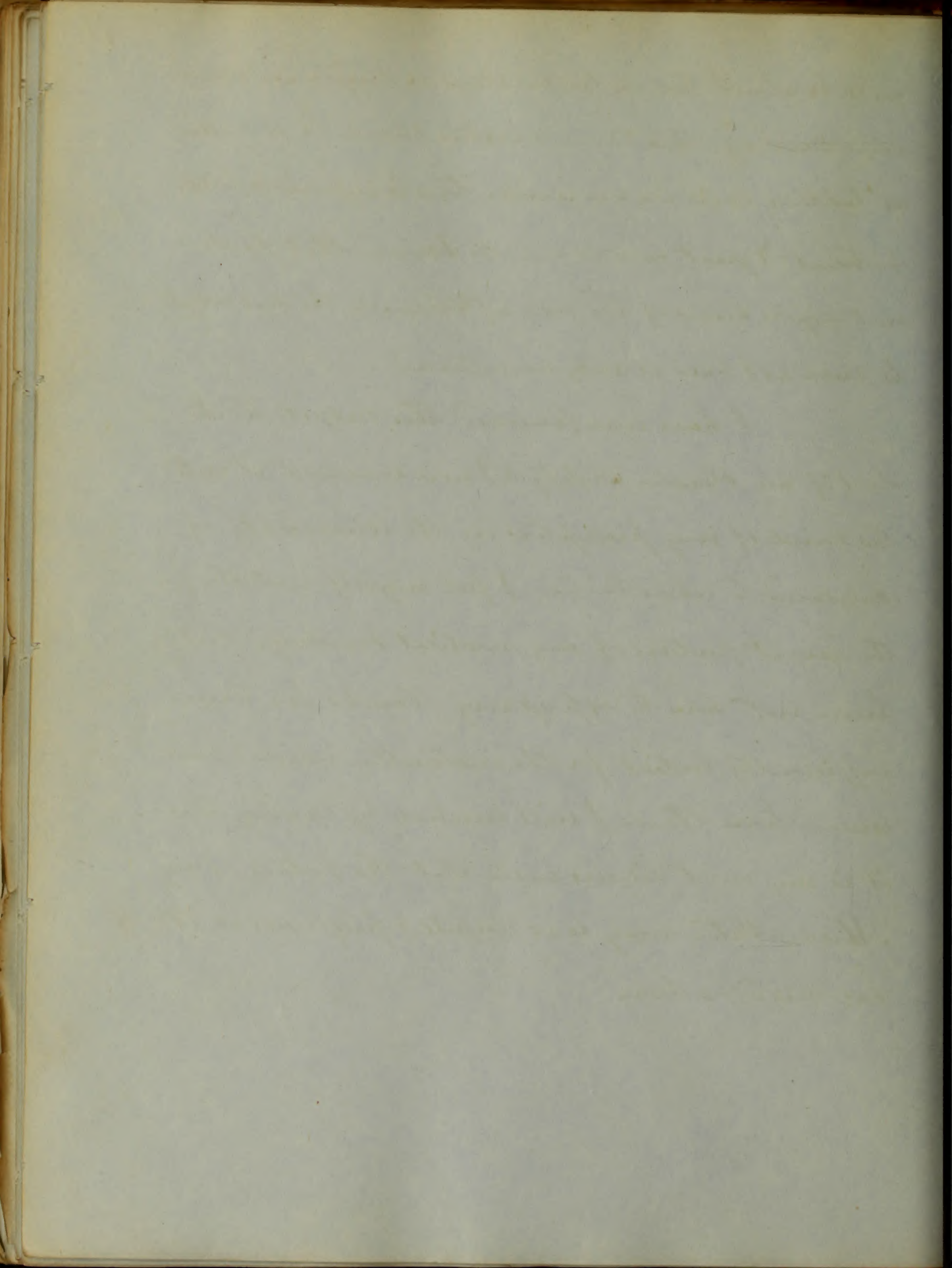
In the early stage of this disease the diet should be of mucilaginous or farinaceous drinks such as gum water barley water thin gruels &c to which may be added the decoction or infusion of the dried fruits & the juice of oranges or fresh grapes. At a more advanced period when the fever has been somewhat subdued tea & toasted bread or crackers with a little rice or Indian meal may be allowed after the milk & finally at the period of convalescence both & the lighter meats.

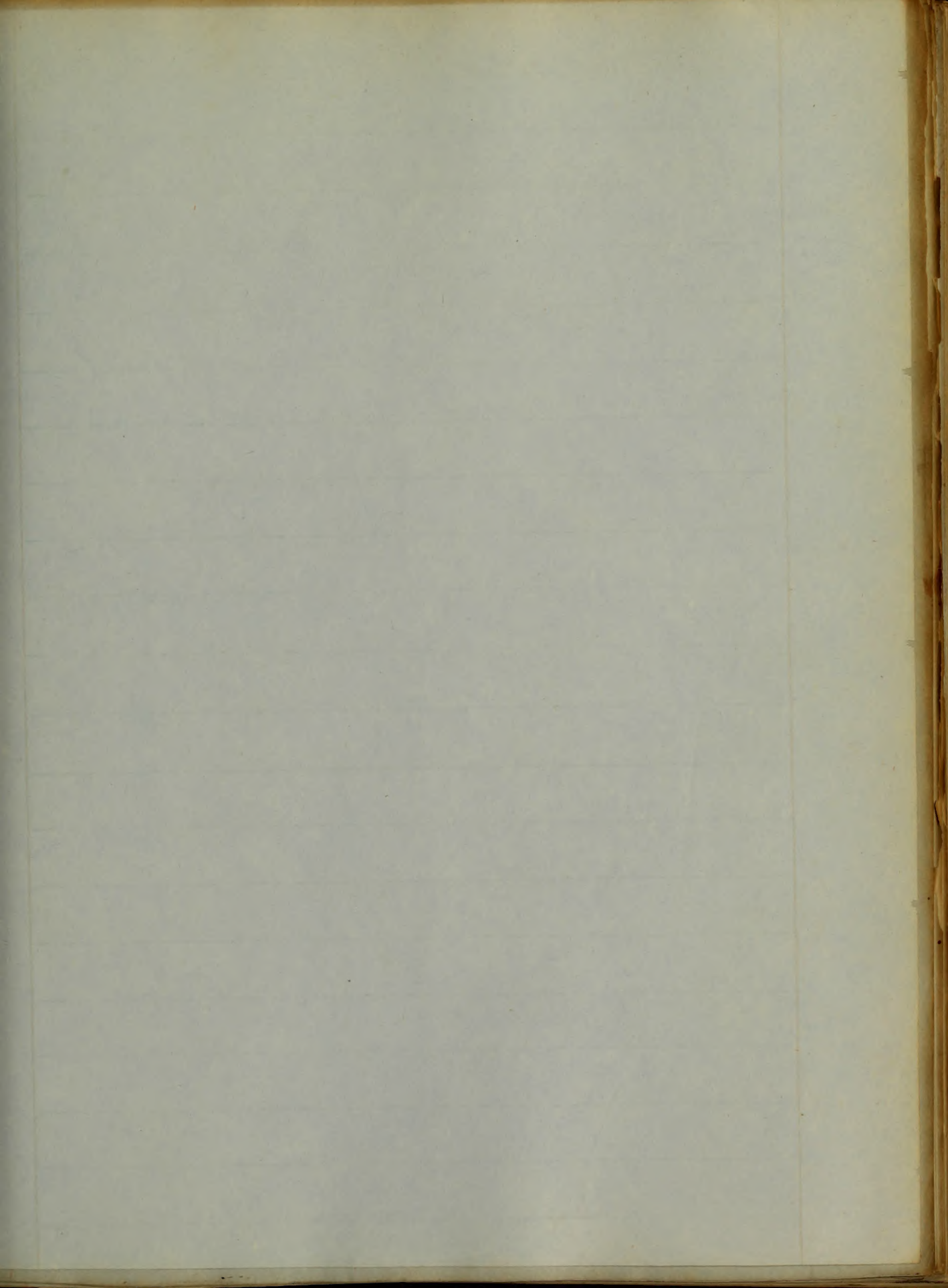
The convalescence will be in proportion to the duration of the disease. If it is attended to in the first stage & the inflammation is cut short the convalescence is very rapid & the patient will be well in two or three days. But if it is suffered to run on into the second or third stage the convalescence will be much longer. It

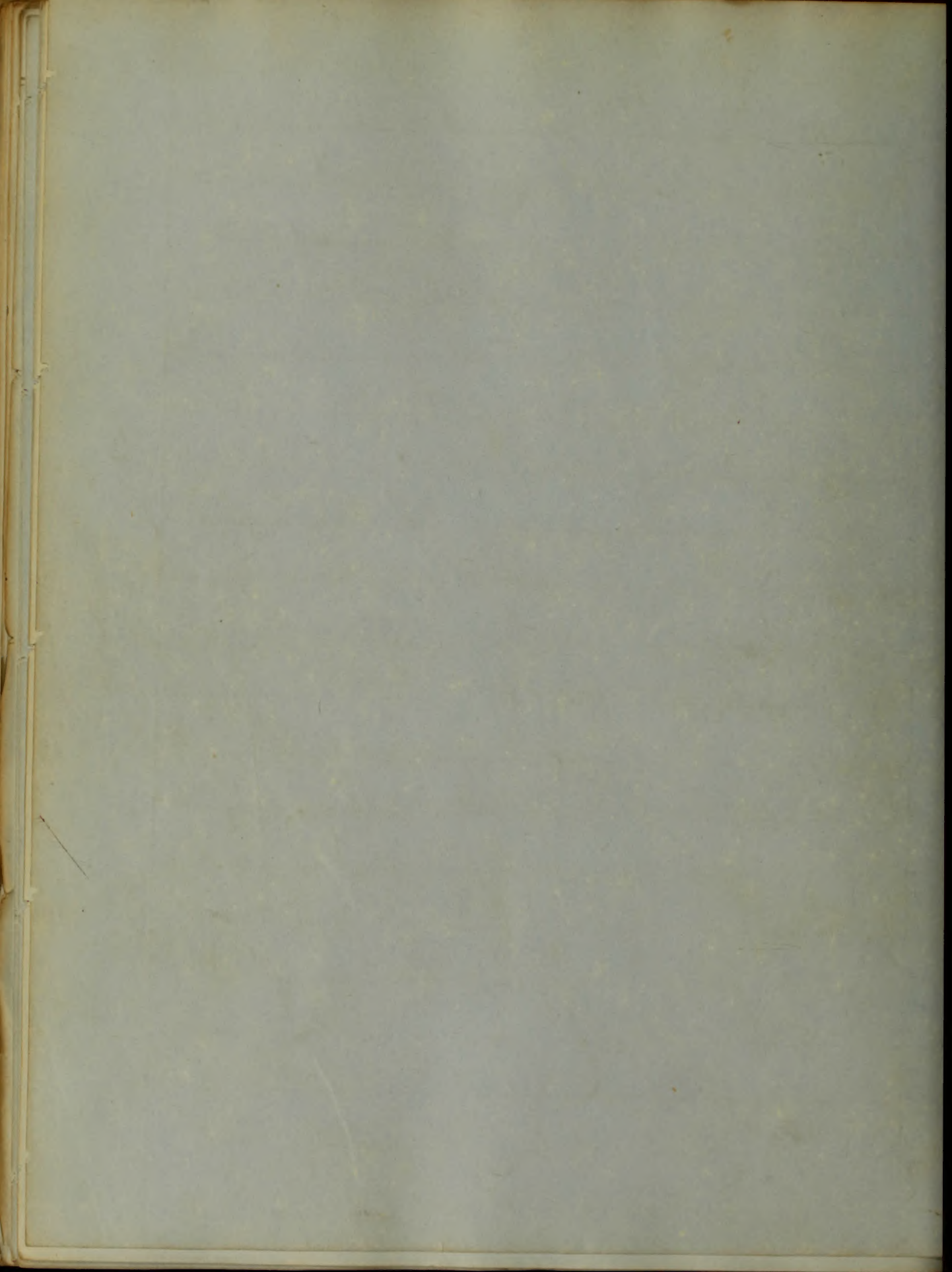


will be about ten or twelve days or longer in some cases During this time visitors should be excluded as talking even in an under tone is injurious to the patient & great care should be observed that he does not expose himself too soon afterwards The diet should be such as I have already mentioned

I have now finished this subject to the best of my slender ability & I now commit it into the hands of my preceptors in the University of Maryland to whose tuition I feel myself indebted for the largest portion of my medical knowledge And I know not how to express my thanks in terms sufficiently cordial for the instruction which I have received from them I will conclude by saying that it is my most sincere wish that the future of my *Muse Mater* may be as usefull & prosperous as it has heretofore been







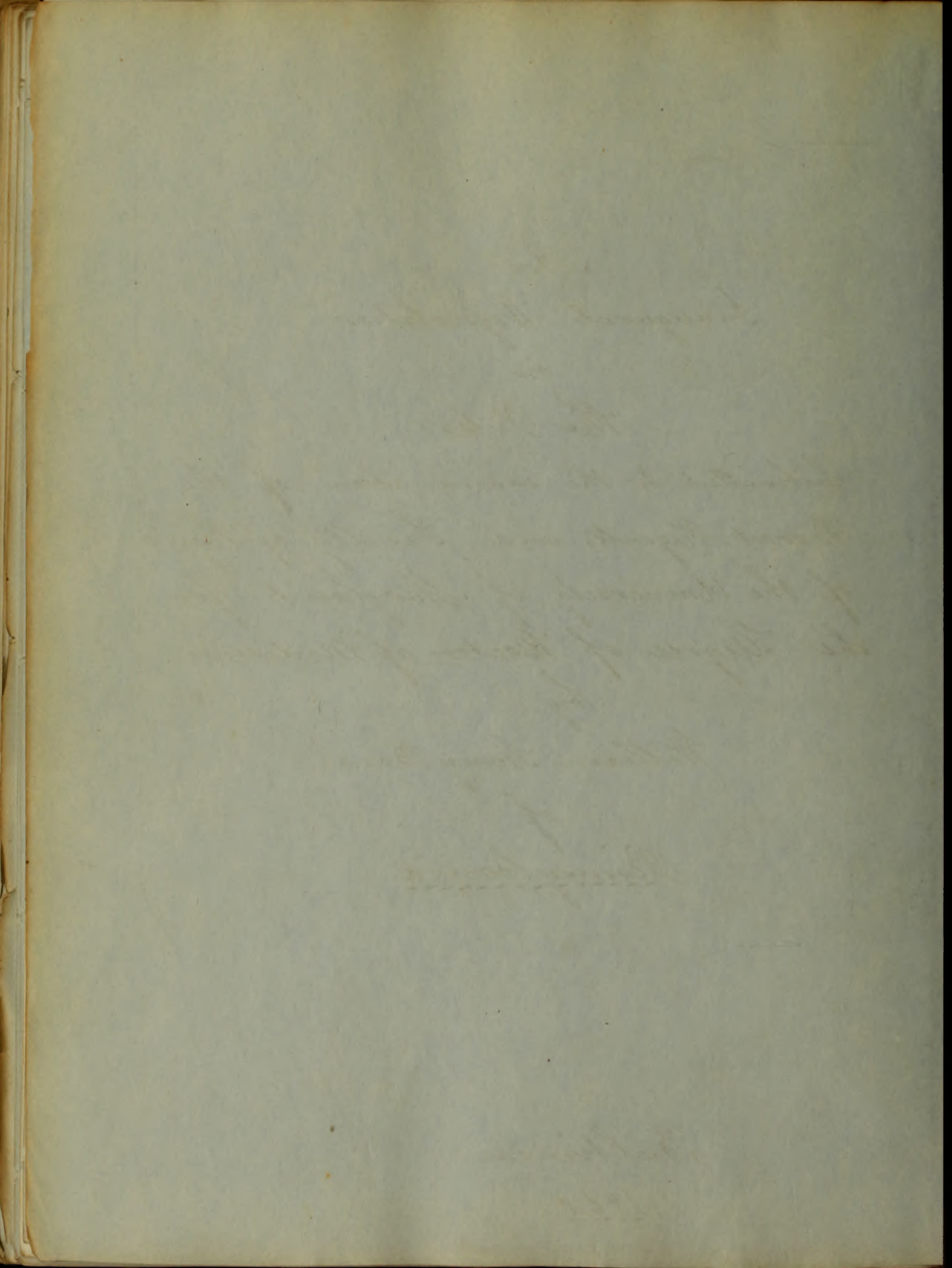
An
Inaugural Dissertation
on
The Pulse

Submitted to the examination of the
Provost, Regents, and Faculty of Physic
of the University of Maryland for
the Degree of Doctor of Medicine
by

William Henry Boon
of
Pennsylvania.

Baltimore.

1850.



1
Since the time of Galen, much importance has been attributed by physicians to the phenomenon of the pulse; by which term is meant, the beat felt by the finger when applied over any of the larger arteries.

Its cause has been a matter of dispute amongst physiologists ever since their attention has been called to it; whilst some refer it to distension of the artery caused by contraction of the left ventricle of the heart: others are of the belief that these vessels possess a contractility peculiar to themselves sufficient to explain the whole phenomenon.

It is unnecessary however for us to enter the field of discussion, and argue the merits and demerits of each theory which has been advanced, suffice it to say, that although the majority

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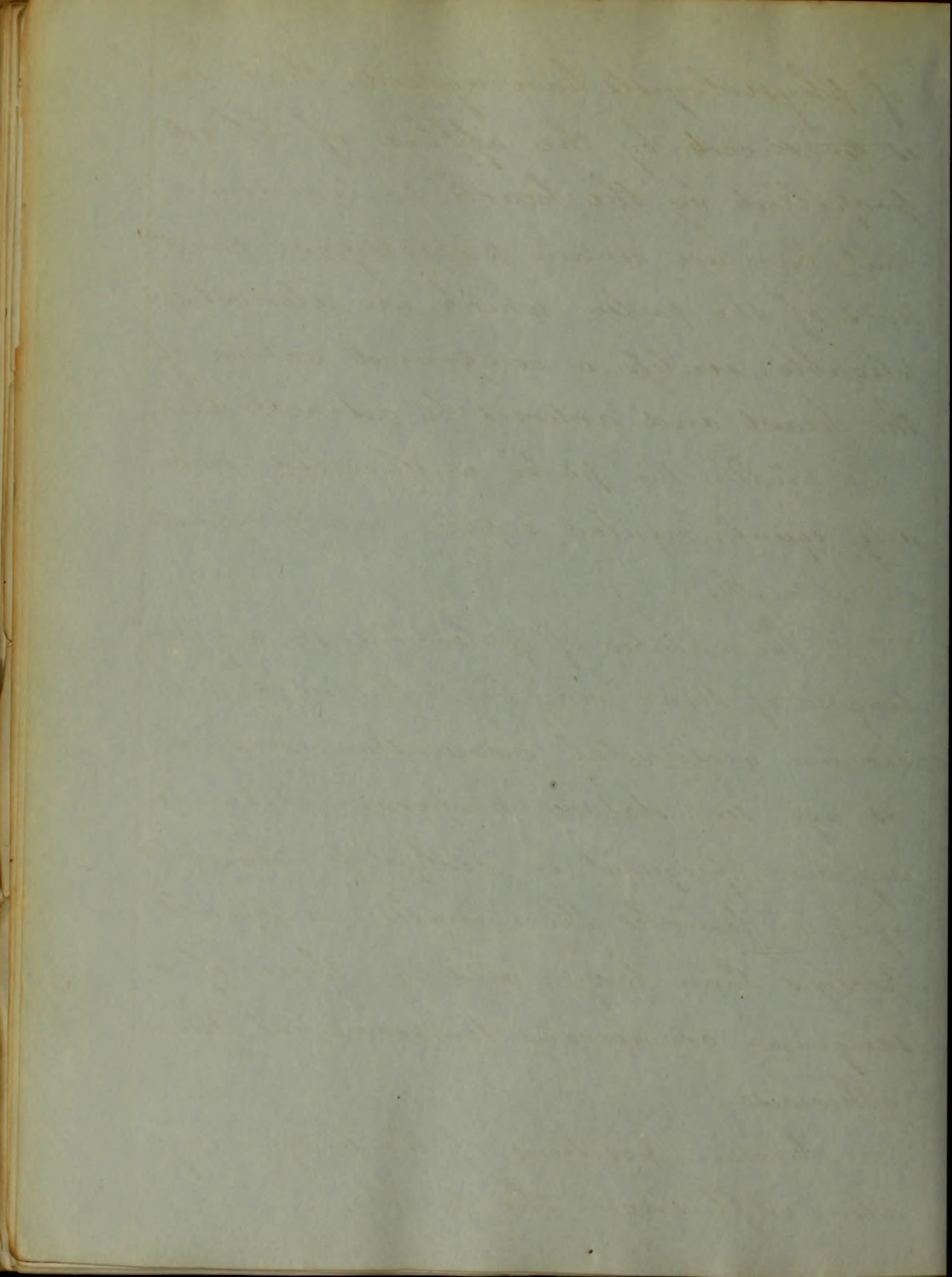
of physiologists have agreed, that it is produced by the afflue of blood propelled by the heart's contractions:

that there are certain pathological conditions of the pulse which are almost inexplicable, unless a compound action of the heart and arteries be admitted.

In health the pulse is described as being equal, regular, supple, and moderate in strength.

The number of pulsations in a given length of time, may be influenced by certain accidental circumstances: such as age, sex, stature, temperament &c. - being more frequent in early life than old age; in females than males; in small persons than large; and in those of a sanguine or nervous temperament than otherwise.

Certain positions of the body, may also influence the pulse.



Its beats are said to be more numerous in the standing than in sitting posture; and in the sitting than in the recumbent.

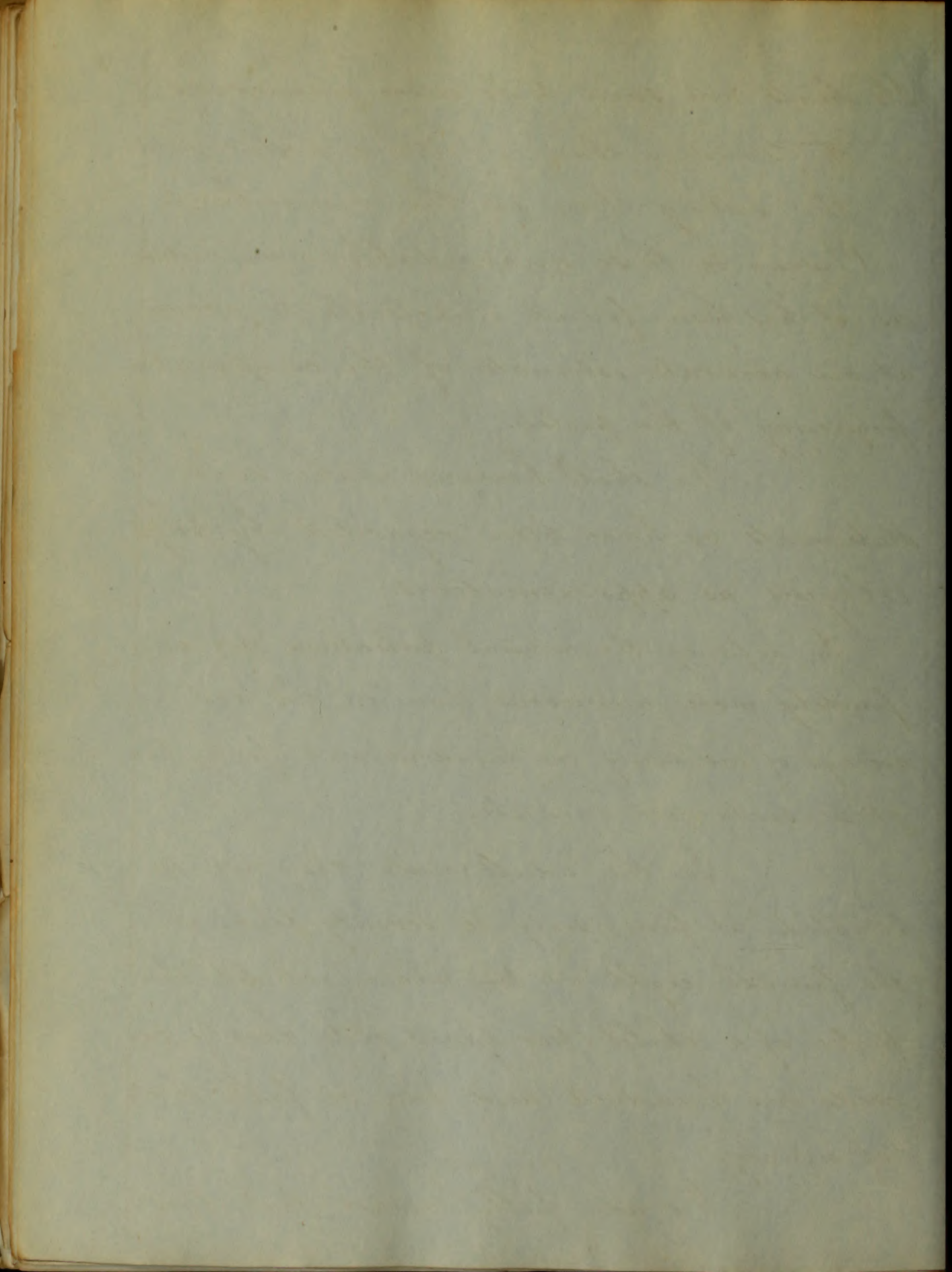
Owing to these unavoidable circumstances; it has been found impossible to arrive at an accurate estimate of the comparative frequency of the pulse.

We shall however make such statements as have been regarded by physiologists as approximations.

In infancy the arterial pulsations are infinitely more numerous than in old age; the average of one, being one hundred and forty—the other sixty per minute.

In the adult male they are estimated at from sixty to seventy five; in the female eight or ten more, whilst the pulse of a child two years old rarely exceeds one hundred and ten, or falls short of ninety.

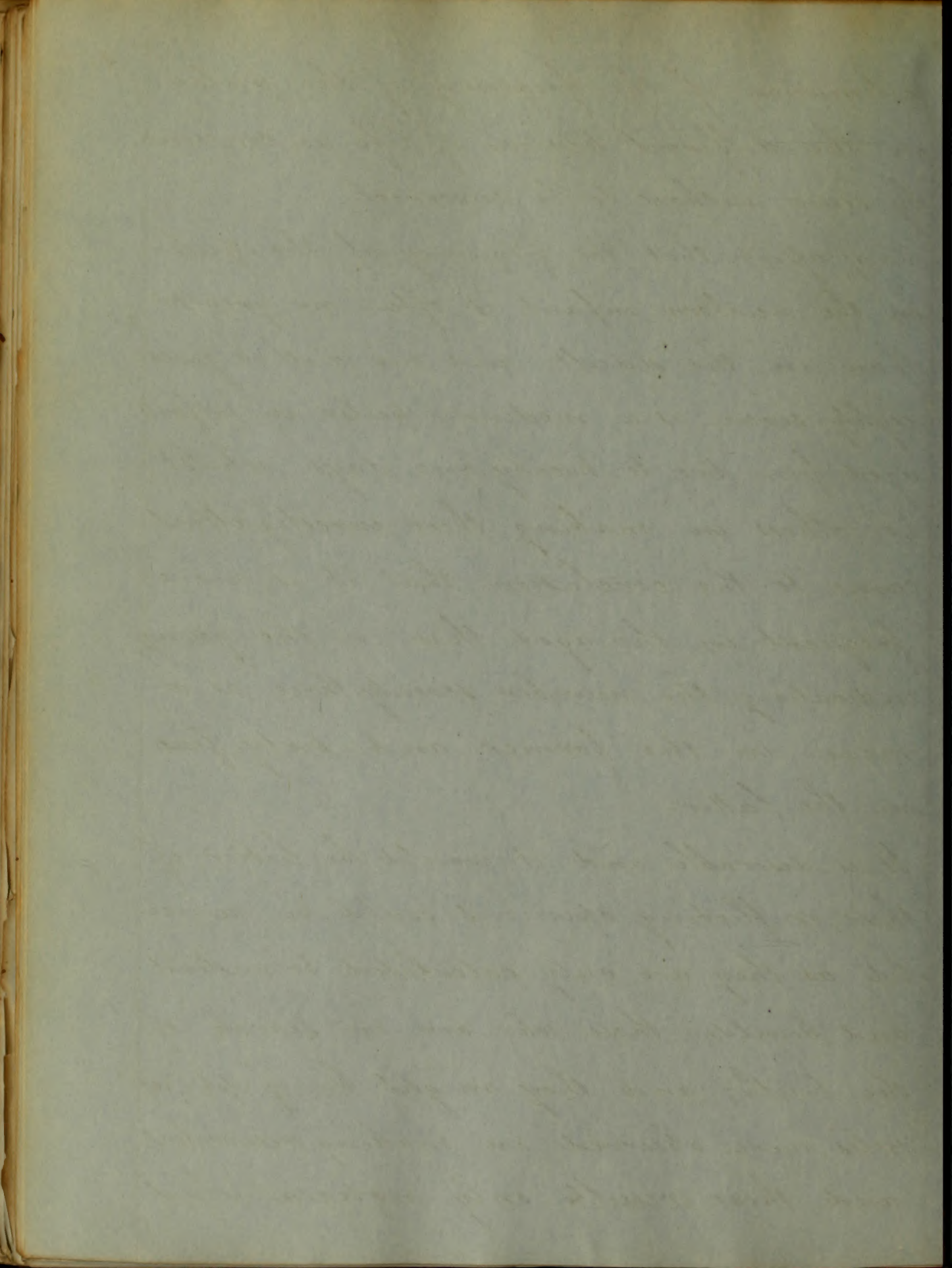
We are fully aware that this



estimation of the frequency of the pulse in the different periods of life is conceived by some authors to be incorrect.

They assert, that the frequency of the pulse in the newborn infant is often no greater than in the adult; and one author gives eighty seven as a medium pulse in infants aged from two to twenty one days, whilst two others in making their investigations came to the conclusion that it is more frequent in the aged than in the young; indicating the number seventy-three as a mean in the former, and sixty-five in the latter.

It is desirable and it would be better if these conflicting opinions could be reconciled as they are only calculated to mislead and bewilder those who are in search of the truth; and they might be if proper rules were observed in making researches, and those results only noticed which



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are deduced from a great number of facts; all others being discarded as nugatory and mischievous.

But whilst the phenomenon of the pulse is to the physiologist (apparently) only a subject of curious inquiry; it is of vast importance to the pathologist.

The information obtained by its careful examination, is often to him of the most interesting and instructive kind.

But in order that he may more fully avail himself of its assistance, it will be necessary to premise a few rules relative to its examination. Nothing is more common than for a physician to feel the pulse of his patient: in fact it is considered almost "sine qua non" to prescribing; yet notwithstanding it is a duty very often as

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carelessly performed as it is imperious-
ly demanded. 6

That the physician may more fully appreciate the changes effected on the arterial pulsations by the influence of disease, he should wait until any emotion produced by his presence shall have subsided, at the same time requesting him to become perfectly composed and quiet: after which the patient should be placed in a position, that would be little likely to impede the circulation of the blood in the arteries.

A sitting or horizontal posture is the best.

All clothing or bandages making the least compression should be entirely removed.

The pulse may be examined any place where the artery is sufficiently large and superficial.

Choice is generally made of the wrist or

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the radial artery where it becomes superficial, or ceases to be covered by the muscles of the forearm.

After making choice of the artery, the physician should proceed carefully to the examination; using his right hand on the left side of the patient and "visce versa" all four of the fingers should be used; and so placed as to be parallel on the same line.

Thus arranged apply them over the track of the vessel, the index finger being next the patients hand.

The fingers so applied may be firmly supported by placing the thumb or palm of the hand on the back of the forearm.

Gentle pressure should now be made and withdrawn several times in succession, in order to learn its effects and at the same time ascertain the

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8
different qualities of the pulse.

After being fully satisfied in regard to these particulars, the examination may be suspended; to be repeated however, several times before leaving the patient.

By strictly adhering to this plan of examining the pulse: we may in a short time acquire such skill as will enable us to detect the most minute quality; and always judge of its true character: at the same time avoiding all those perplexities that would be likely to occur as a consequence upon careless and imperfect examinations.

The changes effected on the pulse by the influence of disease are many. Those however most attended to by physicians are its frequency, its regularity, its fullness, and its force.

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Frequency of the pulse is determined by noting the number of beats occurring in a given length of time.

This can be done with great precision by means of a watch; which mode should be resorted to in all those affections where it is important to note the slightest alteration from day to day.

In ordinary cases however this rule may be dispensed with; not being absolutely necessary it remains open to this grave objection—viz— that it involves some ostentation, and may consequently expose the practitioner to ridicule, which should in our day be scrupulously avoided.

The precise time to be occupied in counting the pulse need not be defined, one minute is always enough; whilst a half or even a quarter may do.

In some extreme cases however it will

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be found impossible to count correctly the number of pulsations occurring in any of these periods.—

This difficulty may be overcome by dividing a quarter of a minute into periods of five seconds each, and then counting the number of beats occurring in each one of these periods separately.

As the lower numbers can be told more rapidly than the higher ones; physicians, by resorting to this stratagem have been able to count accurately two hundred pulsations in the minute.

On the other hand if they had attempted to count for a whole minute, it would have been impossible for them to have detected more than one hundred and forty or at the farthest one hundred and fifty pulsations.

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Frequency of the pulse in disease is extremely common. 11

It occurs in almost all acute diseases, and in some chronic affections.

This quality of the pulse is often accompanied by another called quickness, in which the beats themselves take place with celerity.

This quality however is extremely difficult of detection after the pulse reaches ninety or one hundred beats per minute.

Although these two qualities generally accompany each other they may exist separately—i.e.—frequent without being quick, or quick and at the same time rare.

Infrequency or rareness of the pulse is not so common in disease as the quality just spoken of;

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seldom occurring except in some cerebral affections, and in some organic lesions of the heart.

The pulse is described as being regular, when the pulsations succeed each other at equal intervals; and irregular, when they return at unequal intervals.

Irregularity of the pulse, is a condition full of interest to the pathologist.

It may, however, exist in perfect health; but is generally symptomatic of some organic disease of the heart, or important lesion within the head. It is sometimes also, caused by the slightest affections; such as simple disorder of the stomach, the presence of worms, or the accumulation of gas, in the alimentary canal.

This condition of the pulse is also present in the last fast

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hours of life, in most diseases. The intermittent, and recurrent pulses of some authors, are but varieties of the irregular pulse. The characteristics of the former is the apparent failure sometimes of one of the pulsations; whilst in the latter a pulsation sometimes, though rarely occurs in the interval between two regular pulsations.

The pulse is full, when when the artery strikes a large portion of the finger, or gives to it the impression of being larger and fuller than natural. Hardness of the pulse is characterized by great tension of the artery during pulsation; the sensation conveyed to the finger resembles that which would be produced by a hard body striking it.

The two qualities just described frequently occur in combination,

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constituting the strong or forcible pulse; and from the successful resistance which it makes on being subjected to pretty firm pressure by the fingers; it is also sometimes called incompressible.

This condition of the pulse, is generally present in acute inflammations; and is often the best warrant for bloodletting, which circumstance has rendered it of much practical importance.

Frequency of the pulse is a quality, which mostly obtains in inflammatory diseases; but it must not alone be looked to in ascertaining the expediency of bloodletting. It is hardness of the pulse, "ceteris paribus," which always indicates this measure; and whenever the condition can be fairly made out, it should of course be adopted.

But, unfortunately this

quality of the pulse is not as easily detected, as some might imagine: in short it is not every one who can tell a hard pulse when he feels it.

In order, in any case, to be able to do this correctly, the finger requires to be educated or trained by frequently examining such a pulse, and comparing your own perceptions of it with those of other individuals.

There are some other varieties of the pulse, which though of less importance than those just described may be mentioned— such as the soft, feeble, slow, depressed, unequal, cordy, tense, resistant, contracted, vibrating, trembling and dirotic.

Softness of the pulse is that condition in which the artery strikes the finger gently, and is easily compressible. This quality of the pulse is said

The first of these is the
 fact that the human mind
 is not a blank slate at birth
 but is filled with ideas and
 feelings which are inherited
 from our ancestors. This is
 the doctrine of the innate
 ideas, which was first
 advanced by Plato and
 later by Descartes. It is
 the doctrine that the mind
 is not a passive receiver of
 impressions from the world
 but is an active power which
 can create ideas of its own
 accord. This doctrine is
 in direct opposition to the
 doctrine of the tabula rasa,
 which was first advanced
 by John Locke. According
 to Locke, the mind is a
 blank slate at birth and
 all ideas are derived from
 experience. This doctrine
 is the basis of the empiricist
 philosophy of the eighteenth
 century.

to be present in several pathological conditions; it is perhaps as well marked in "delirium tremens" as any other.

When the pulsations are weak and slender, or when the artery strikes but a small portion of the finger, the pulse is small; and these two qualities (that is softness and smallness) existing simultaneously, constitute the feeble pulse.

Slowness of the pulse is the opposite of quickness; which has been described above.

This term should never be confounded with infrequency or rareness, as the meaning they are intended to convey is essentially different. The former quality is appreciable in each pulsation; whilst the latter is perceptible only, by comparing a certain number of beats.

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The depressed pulse is simply a very feeble one.

The pulse is said to be equal, when the pulsations resemble each other in some of their attributes—such as fullness hardness &c.—

An unequal pulse, is the opposite of this; or that condition, in which the beats differ from each other in these respects.

The term contracted, is applied to that condition of the pulse, which is at the same time small and hard.

A vibrating pulse, is one that is extremely hard; it is sometimes called a jarring pulse: the sensation conveyed to the finger by the artery, has been compared to that which would be produced by a musical string striking it.

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Trembling of the pulse, denotes that condition in which the artery seems to strike the finger twice; or in which it is difficult to ascertain with precision, whether it strikes once or twice; in short it is a pulse which oscillates.

A dicrotic pulse, is that in which two beats are distinctly perceptible in each pulsation. -----

— Having now given each variety of the pulse known to us, a cursory examination; we will draw our remarks to a close.

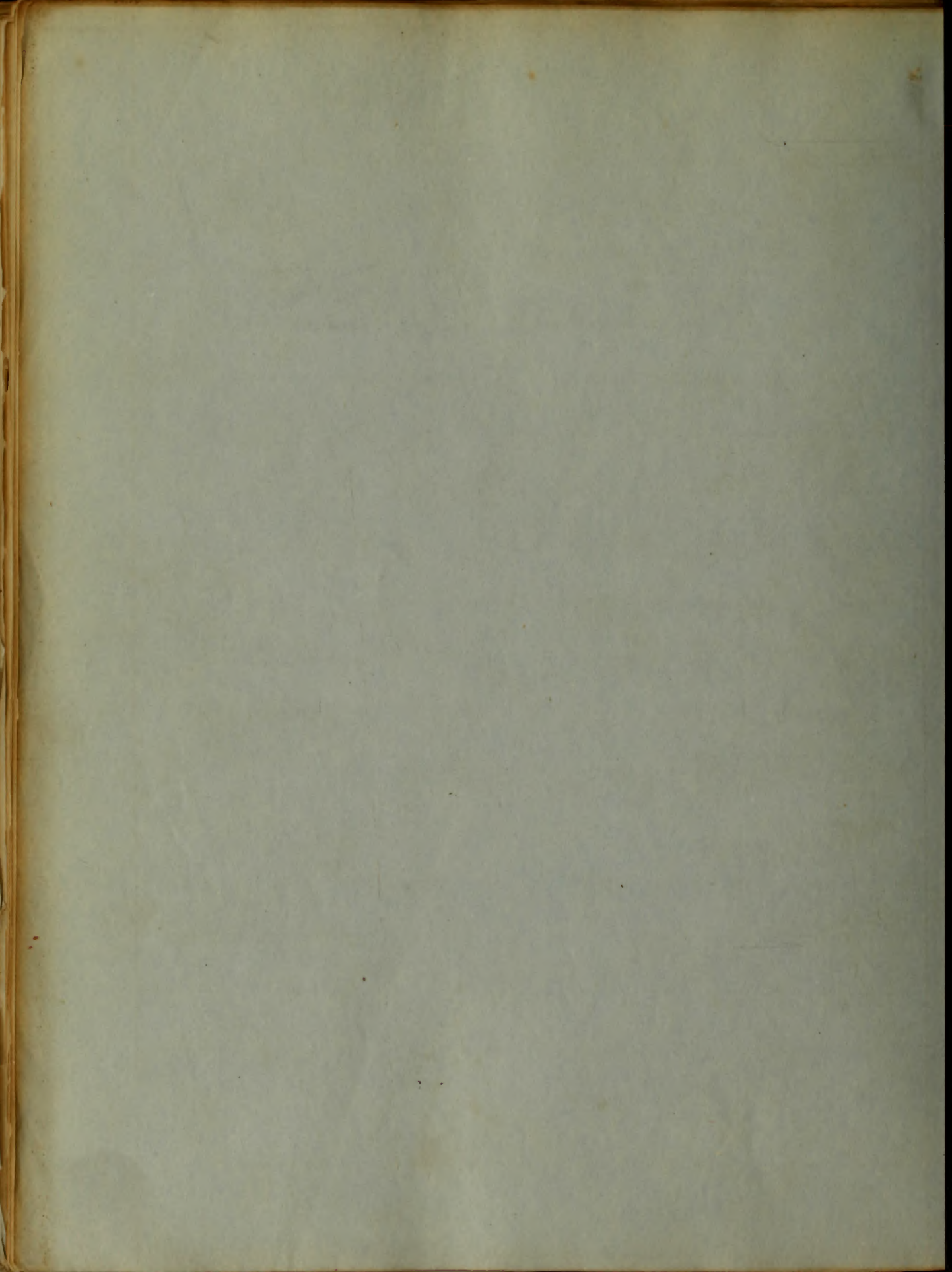
It will be seen, that in the foregoing pages it has been our intention, to give a simple and unassuming description of the phenomenon of the pulse; as it presents itself to the physician; and urge upon him the

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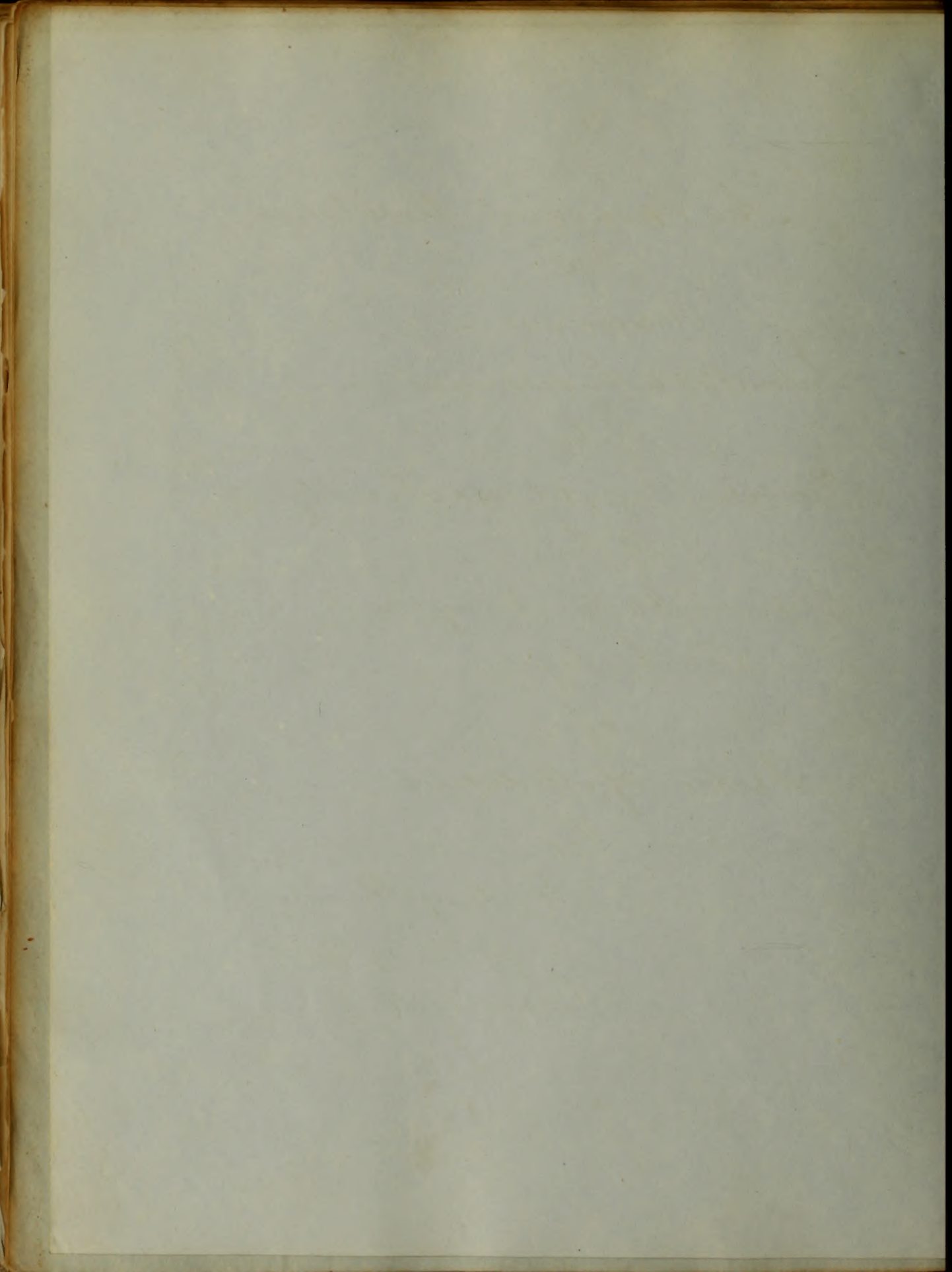
importance of having a true perception
of the many changes, wrought upon it
by the influence of disease.

How far we have
succeeded in our humble design, is
left to your superior judgments to de-
cide; all we dare hope is that it may
meet with a share of your approbation
and accomplish the end for which
it was intended. — —

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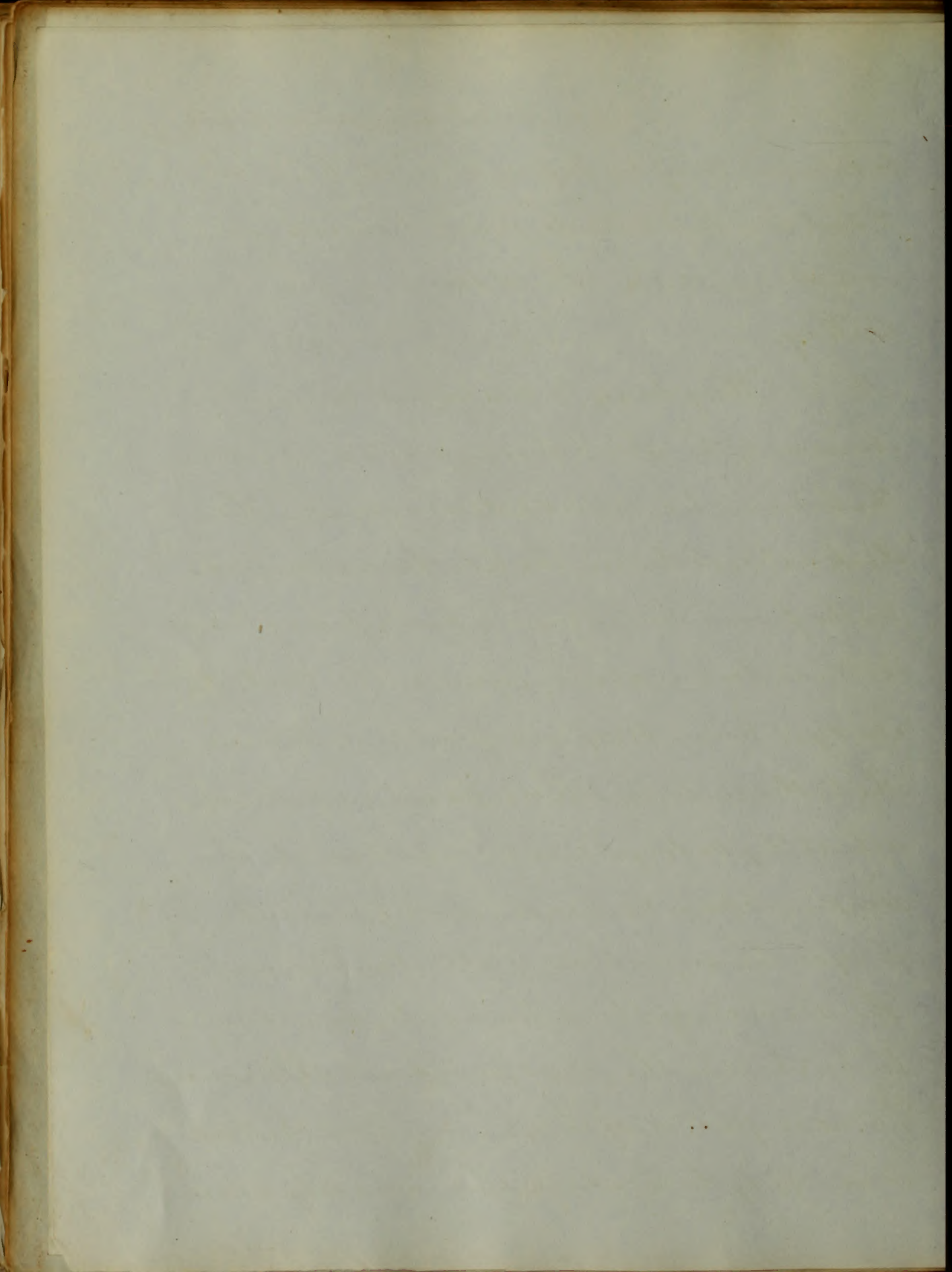


An Inaugural Dissertation
On
Aneurisms,
Submitted to the examination
of the
Proctors, Regents and Faculty
of the
University of Maryland,
For the degree
of
Doctor of Medicine
By
Martiny Brewer,
of Maryland,
Session 1849. 30



An Aneurism (aneurisma,
to dilate) may be defined - A tumor,
containing blood and communicating -
- eating into the interior of an
artery.

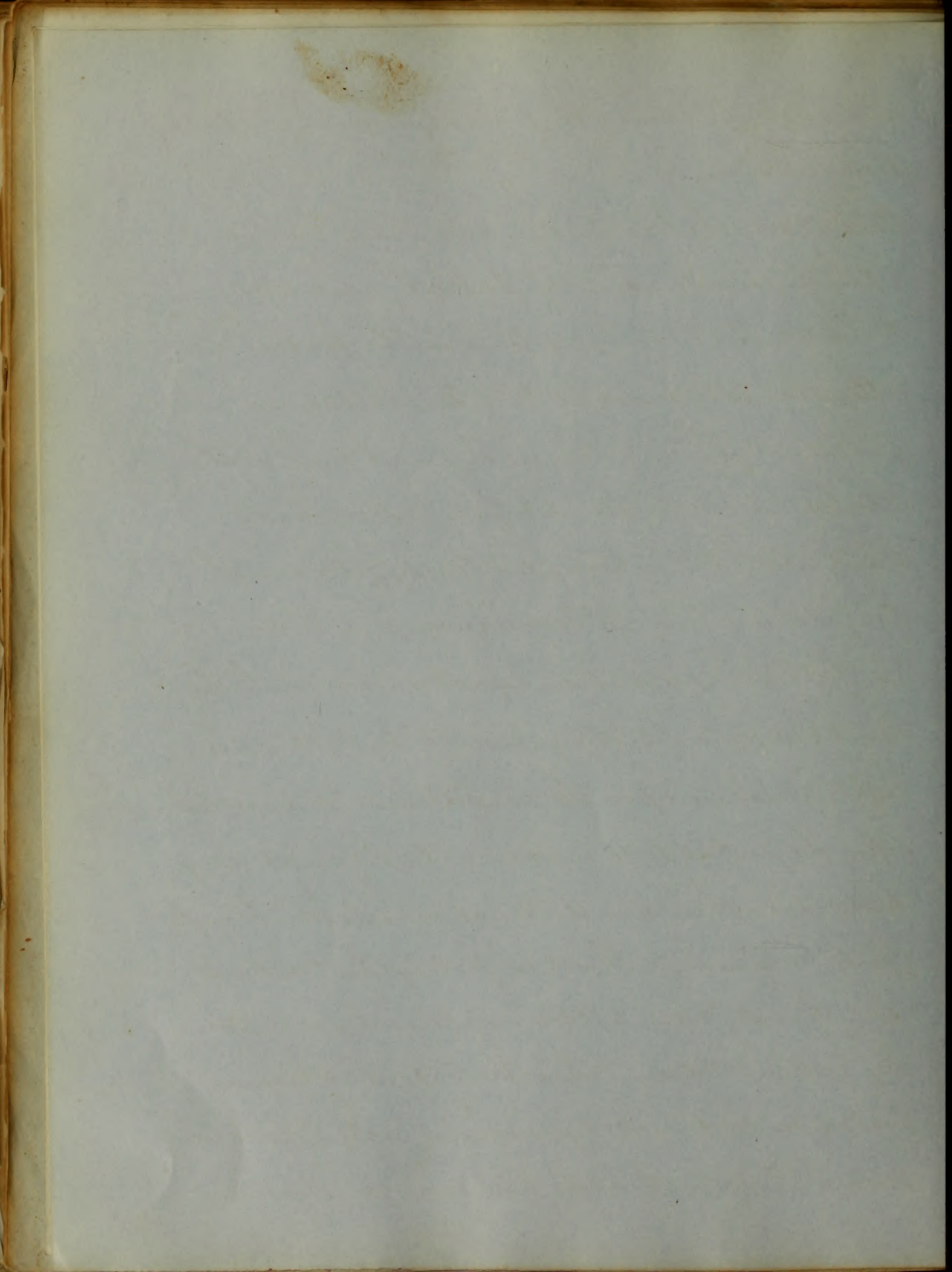
They may be arranged under two
divisions, the spontaneous or true, and
the traumatic or false aneurisms. - The
distinction between the two classes consists
in the former having as a predisposing cause
arterial degeneration, and in the coats of
its cyst being composed of arterial tunics.
The latter embraces those cases in which
a healthy artery having been opened, the
escaping blood condenses and forms into
a cyst the surrounding cellular tissue.
The absence of the arterial degeneration is
to the Surgeon the great practical difference.
In consequence of this, he can open the cyst,
and apply the ligature immediately above
and



and below the tumor, confidently expecting a happy termination.

Passing over the traumatic Aneurism, we enter upon the consideration of the true, and will mention first its symptoms - The patient's attention is attracted to a small tumor, gradually increasing in size - at first soft, containing only fluid blood, afterwards hard, its interior being partially filled with Coagulum - from the commencement there is in the tumor pulsation, synchronous with the heart's impulse, distinguishable by tact and sight - Pressure upon the cardiac side diminishes, upon the distal side increases its size - at every pulsation there is a distinct expansion through - out the tumor, a thrill is felt by the compressing hand, and a blowing sound revealed by auscultation - This pulsation is diminished or destroyed by pressure upon the cardiac side - The growth of the tumor is gradual but

constant

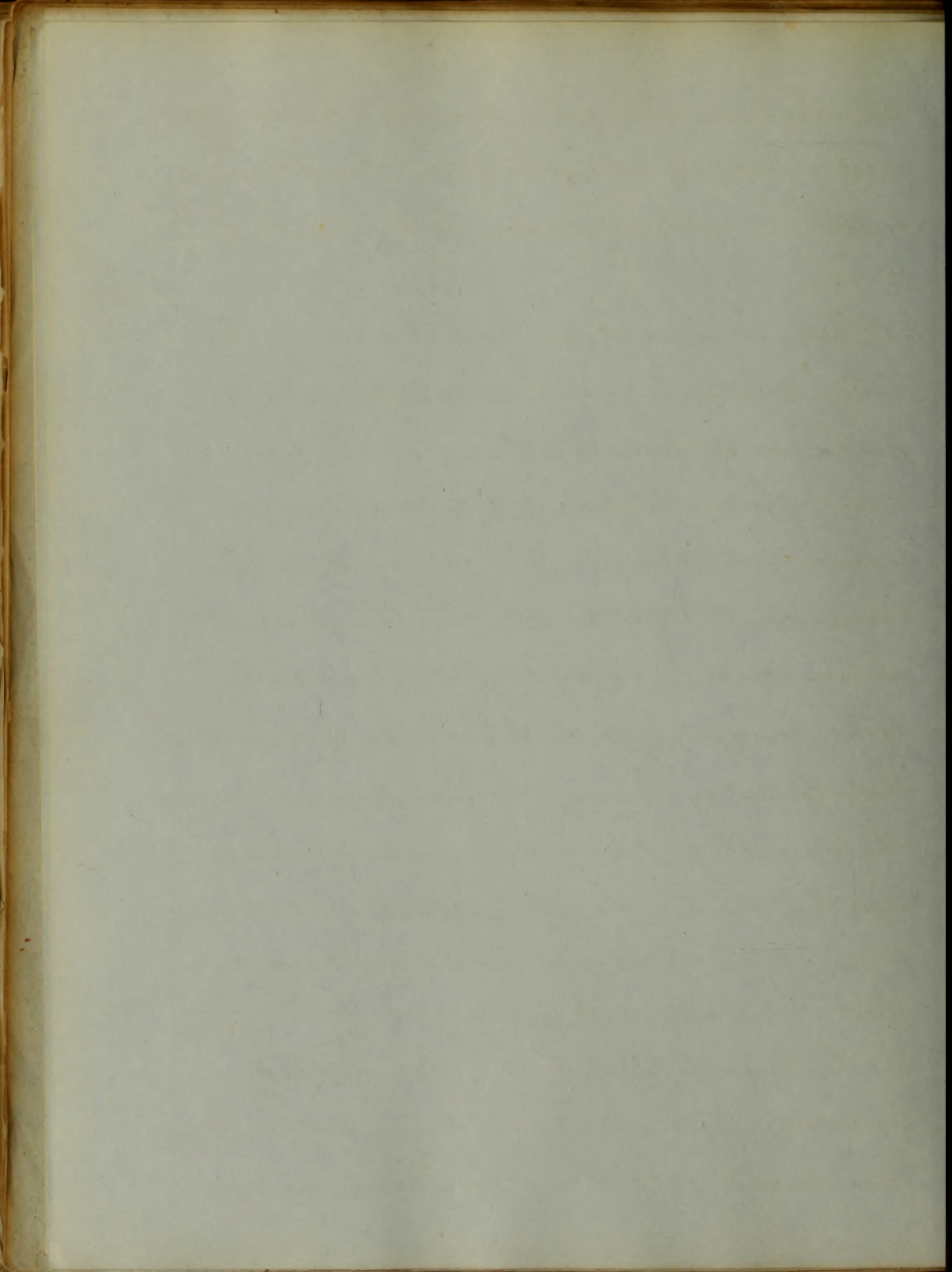


Constant; pain is not a necessary concomitant, and is felt only when the tumor has attained sufficient size to press upon the surrounding parts.

As the aneurism enlarges the distal side of the artery decreases, and if the parts below depended for their nutrition altogether upon the affected vessel, their vital powers would be greatly reduced. But nature has provided for this emergency. Collateral branches, though small, always existing, are now called upon - enlarging they offer to the blood an easier passage than that afforded by the main channel, passing around the tumor they at some distance below empty into the primitive trunk, restore it to its normal size, and the circulation is thus equalized, only passing in a more circuitous route.

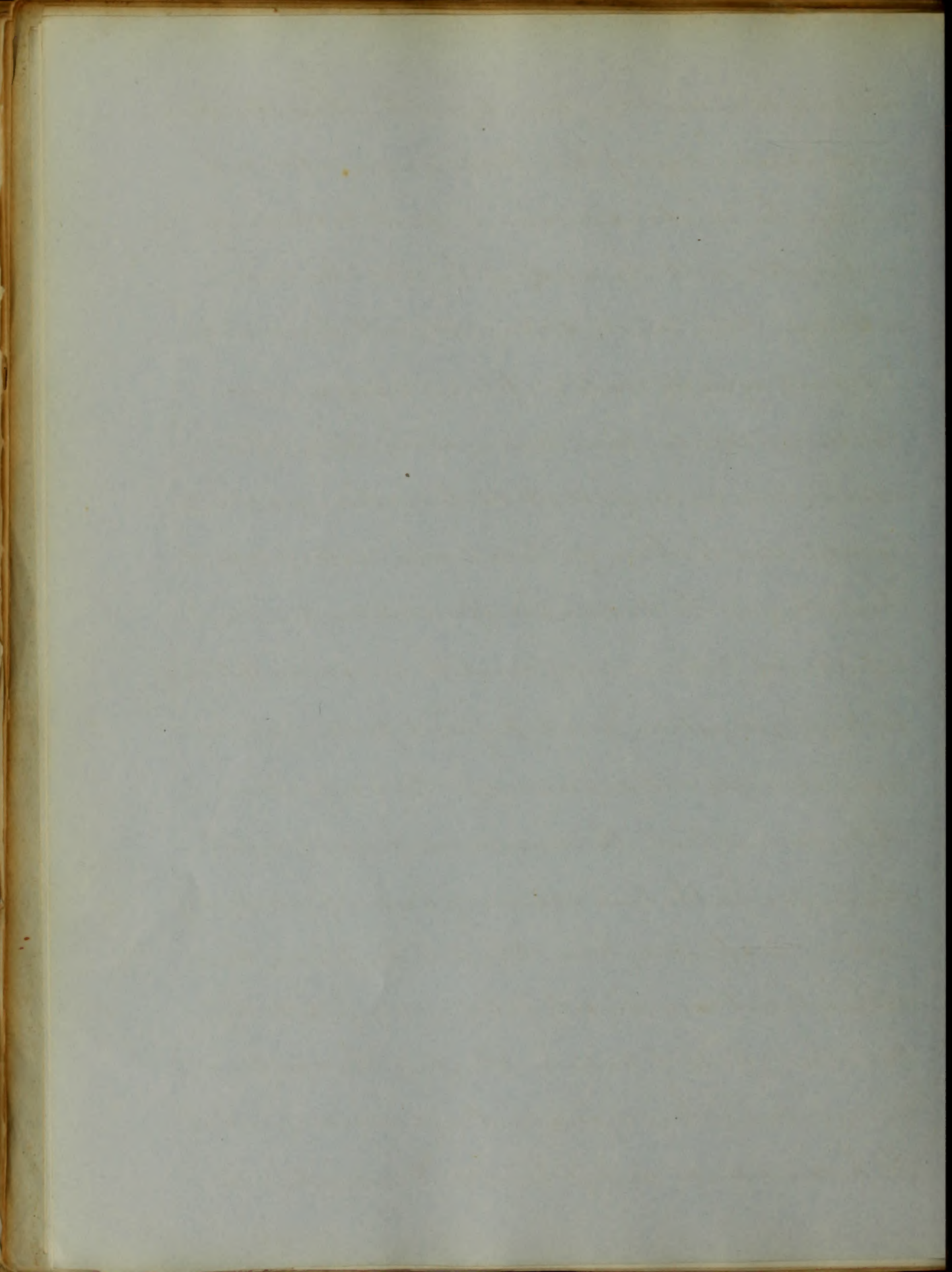
As the tumor enlarges, the neighbouring parts, as we have before said, are displaced; but displacement and impairment of functions are not

The



The only evils resulting from its growth - these structures are changed - part of their textures are absorbed under the constant pressure - part become incorporated with the walls of the cyst - no viscus or texture can resist its progress - all however do not yield equally readily - fibrous tissues give greater resistance, bone less - as the tumor thus advances in spite of all obstacles, other symptoms, in addition to those of a local character present themselves - The patient suffers under pain, numbness, edema and constitutional irritation - failure of digestion, weak frequent pulse, and loss of strength all supervene - But even this state cannot last, the aneurism finally reaches the surface - the last opposing tissue yields - an opening is effected, hemorrhage takes place, and although not immediately fatal - owing to the curative efforts of nature plugging the aperture by coagulum, they again and again recur, until the patient sinks under their combined influence -

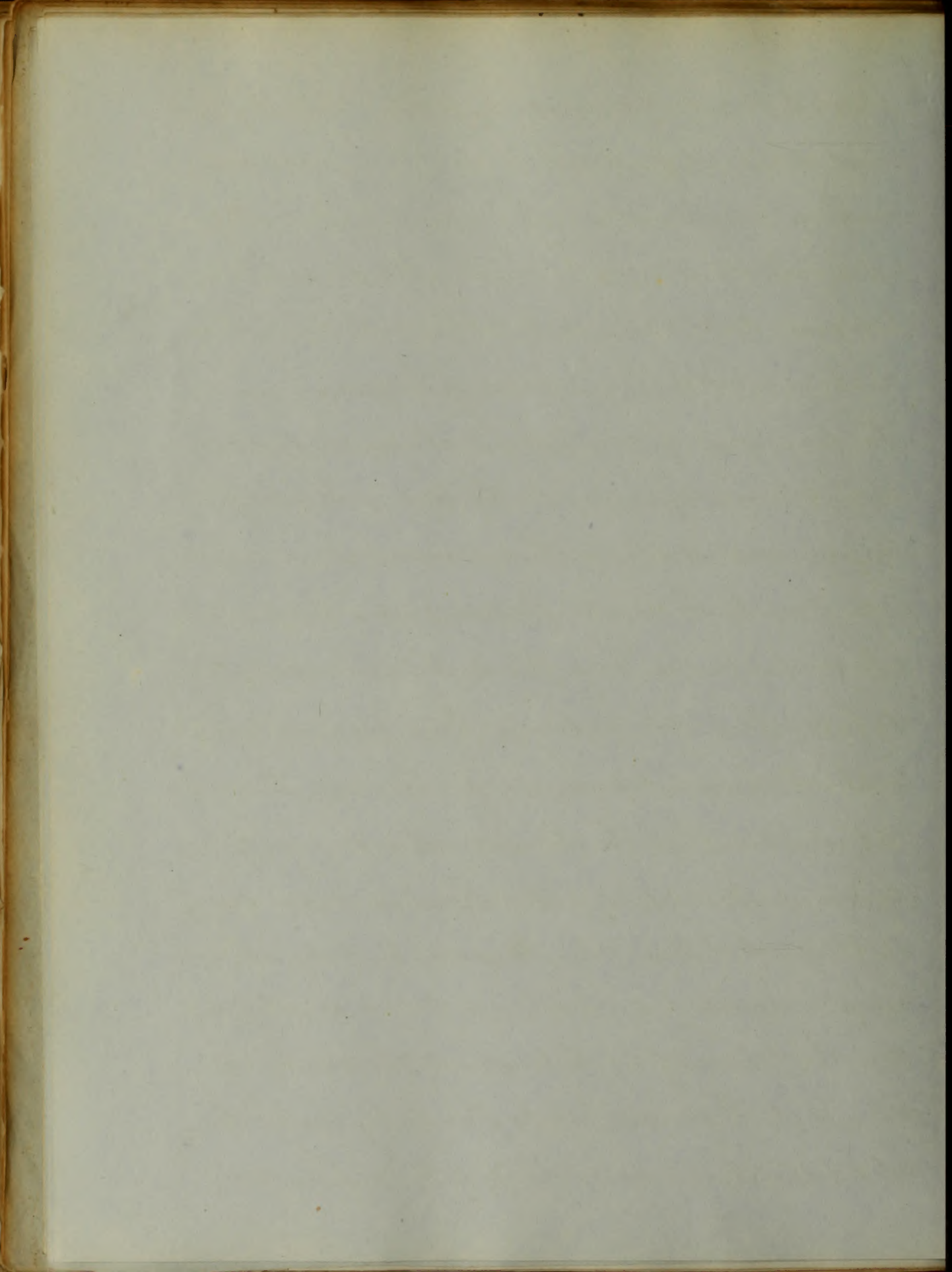
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But it does not necessarily follow, that the cyst must be opened for death to result; a fatal termination may ensue in other ways — by pressure upon important organs — by Constitutional irritation and its consequent hectic; and by inflammation and suppuration of the sac.

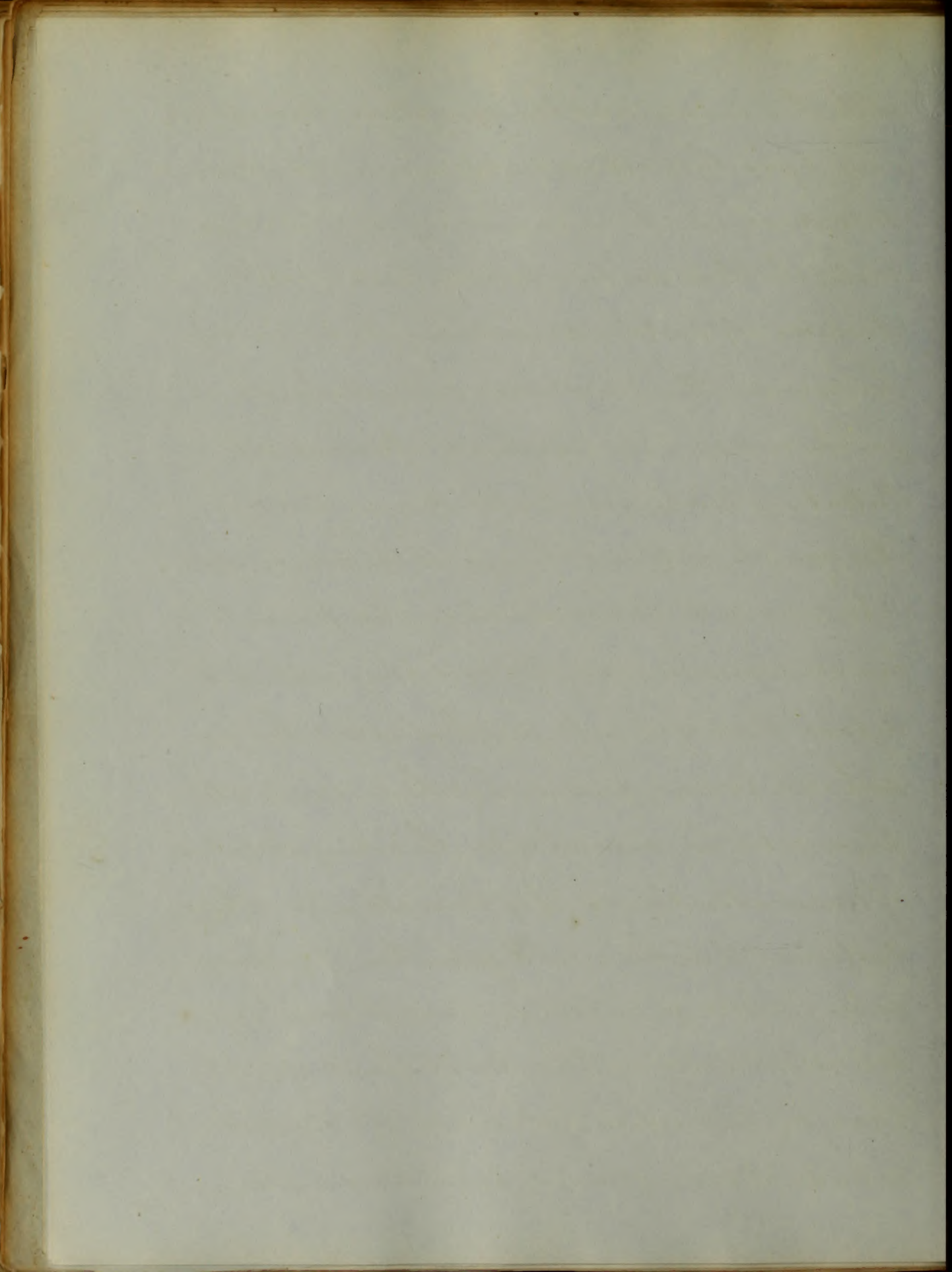
The diagnosis of aneurisms is always important, and at times requires all the tact of the skilful Surgeon, and instances have occurred, in which even these have been mistaken, and acting under a false diagnosis, have found their error only when too late, after their patients have been subjected to painful and dangerous operations — It would at first seem that the characteristic signs of Aneurisms, pulsation and expansion would easily distinguish it from other diseases; but even these may be simulated, as when a tumor is situated over the course of an artery and moved by its every beat. Chronic abscess, glandular and other solid tumors, are most likely to be confounded with

with



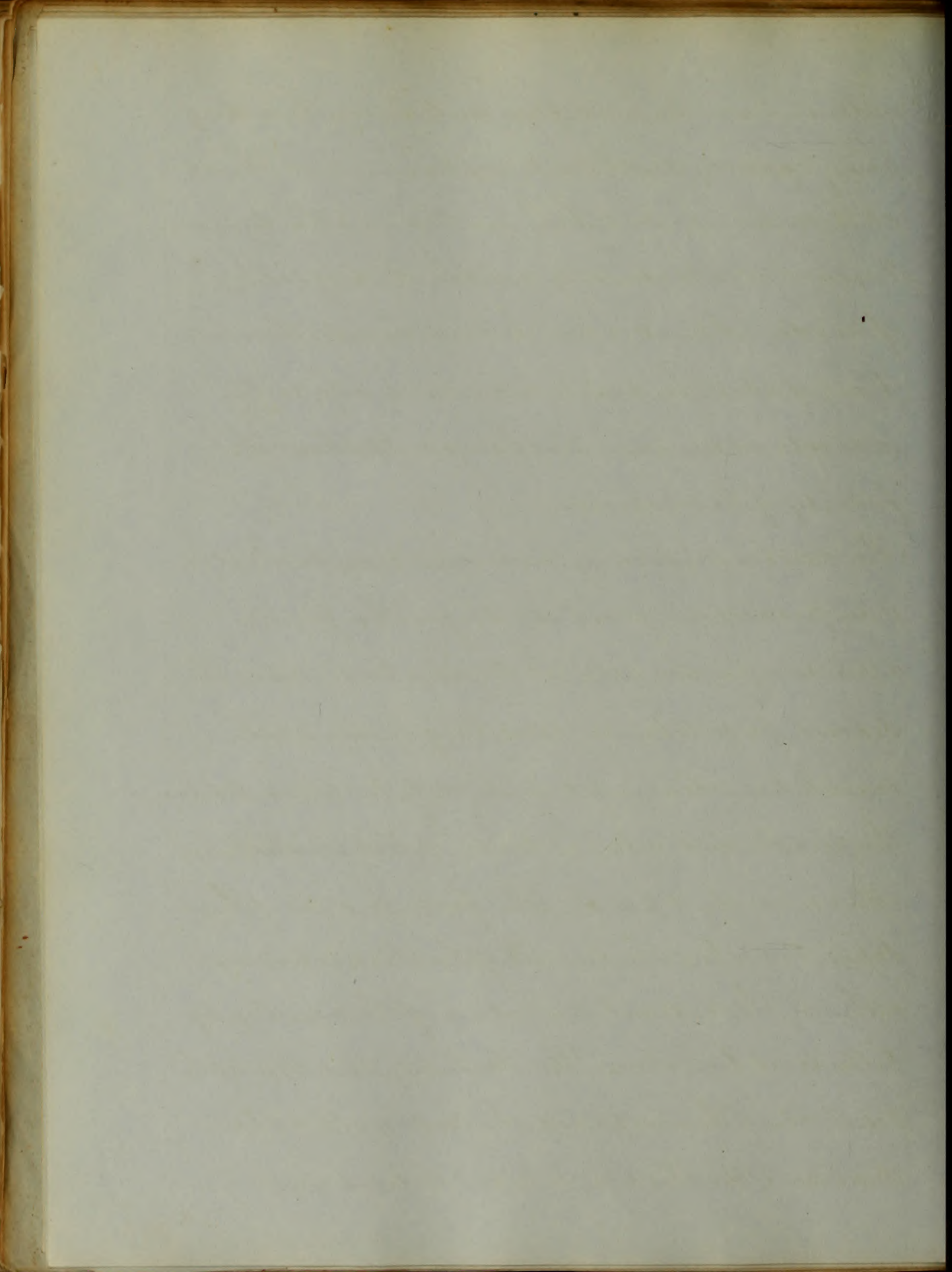
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with this disease, and the symptoms distinguish-
-ing it from these affections, require a more minute
Consideration - Aneurism during its first stage,
whilst the blood remains uncoagulated, is soft and
compressible, but hardens during the progress of
the disease - Chronic abscess, enlarged glands &c
are the reverse, primarily hard, afterwards soft -
Pulsations is also a valuable diagnostic sign,
it is equable, diffused throughout the tumor, syn-
-chronous with the heart's action, and present
from its commencement, the cyst being expanded
by each throbb of the artery - Such is not the case
with other tumors, pulsation in them cannot take
place until they encroach upon the artery, and it is
of course absent until they have attained a size
sufficient to do this; - And even then they can
undergo no change in volume, cannot be enlarged,
but only elevated by the arterial throbbing; - by
changing the position of the tumor the distinction
is rendered more obvious - pull it to one side and



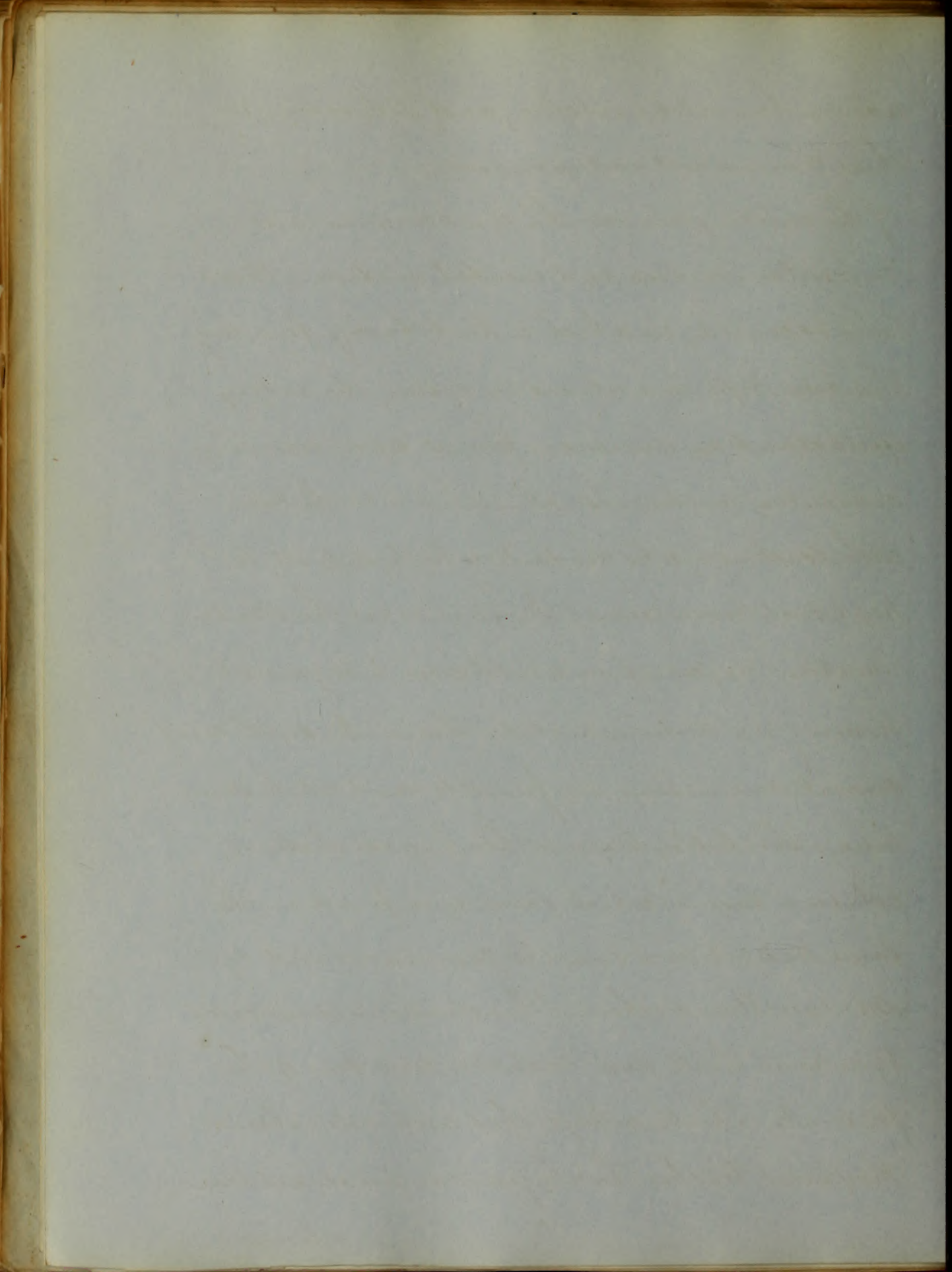
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in aneurisms the pulsation continues, the artery
being equally displaced, expansion and thrill
still continue;—but these are lost in other tumors.
Pressure also materially assists the diagnosis;—
if made;—if made upon the cardiac side, diminution,
—tion, if upon the distal, increase in size, will
indicate aneurism—no change will show the
falsity of the suspicion.

The causes producing aneurisms may be divided
into predisposing and exciting—The former
depends upon an arterial degeneration—upon the
deposit of a substance, resembling in chemical
constitution ordinary fat, in the cellular tissue between
the middle and internal coats, called the steatomata—
—toma or earthy deposit—The favorite site of this
deposit is where the current of the blood is turned
either by the natural curvature of the vessel or by
collateral branches. The elasticity and tone of the
vessel being thus impaired, the coats yield to the
impulse of the blood, but do not contract and
recover



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recover their calibre as before, and dilatation is
thus commenced and increased,

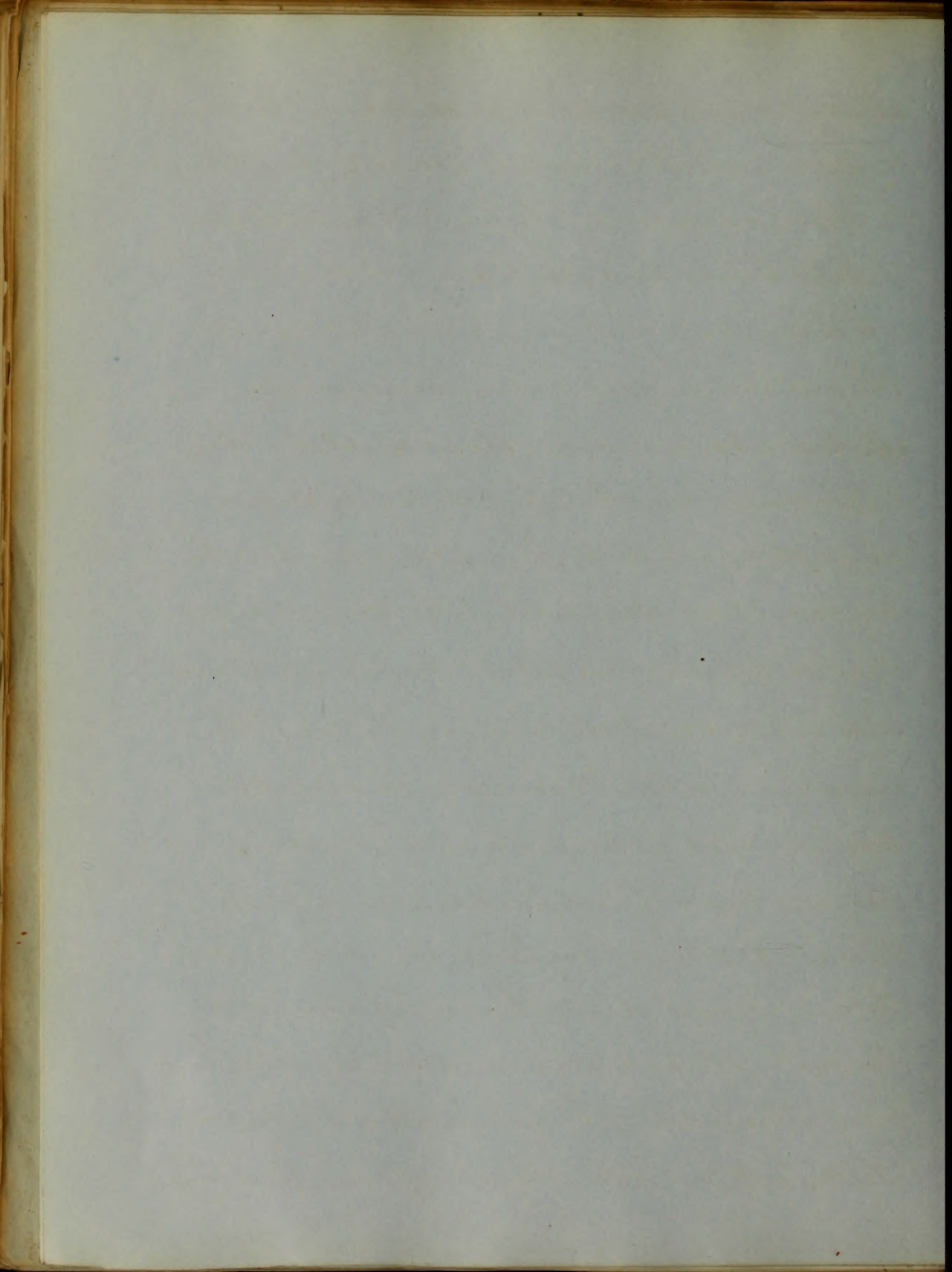
Of the exciting causes, the most common are
muscular exertion and mental emotions - Cases
have occurred, in which a limb having for a long
time been kept in a relaxed condition, the artery
yields and an aneurism formed upon ordinary
muscular exertion - such is said to be the case
with Coachmen, who are particularly subject to
popliteal Aneurisms. - In some cases the stroma -
-matous degenerations would seem to be general,
forming an aneurismal diathesis - In such cases
several aneurisms are found to exist at the same
time; - Sir Astley Cooper, in his Surgical Lectures,
relates a case in which seven were found in the
same patient, and similar cases are related by
Mr Syrell and others - This diathesis is indicated
by arterial thrill and cachectic conditions of the
patient. The knowledge that such a diathesis
may exist teaches the Surgeon one practical lesson,
always



always previous to operating for ~~an~~ external Aneurism, to examine whether one exists internally, for although he succeeded in curing the former, he would hasten the fatal termination by the latter.

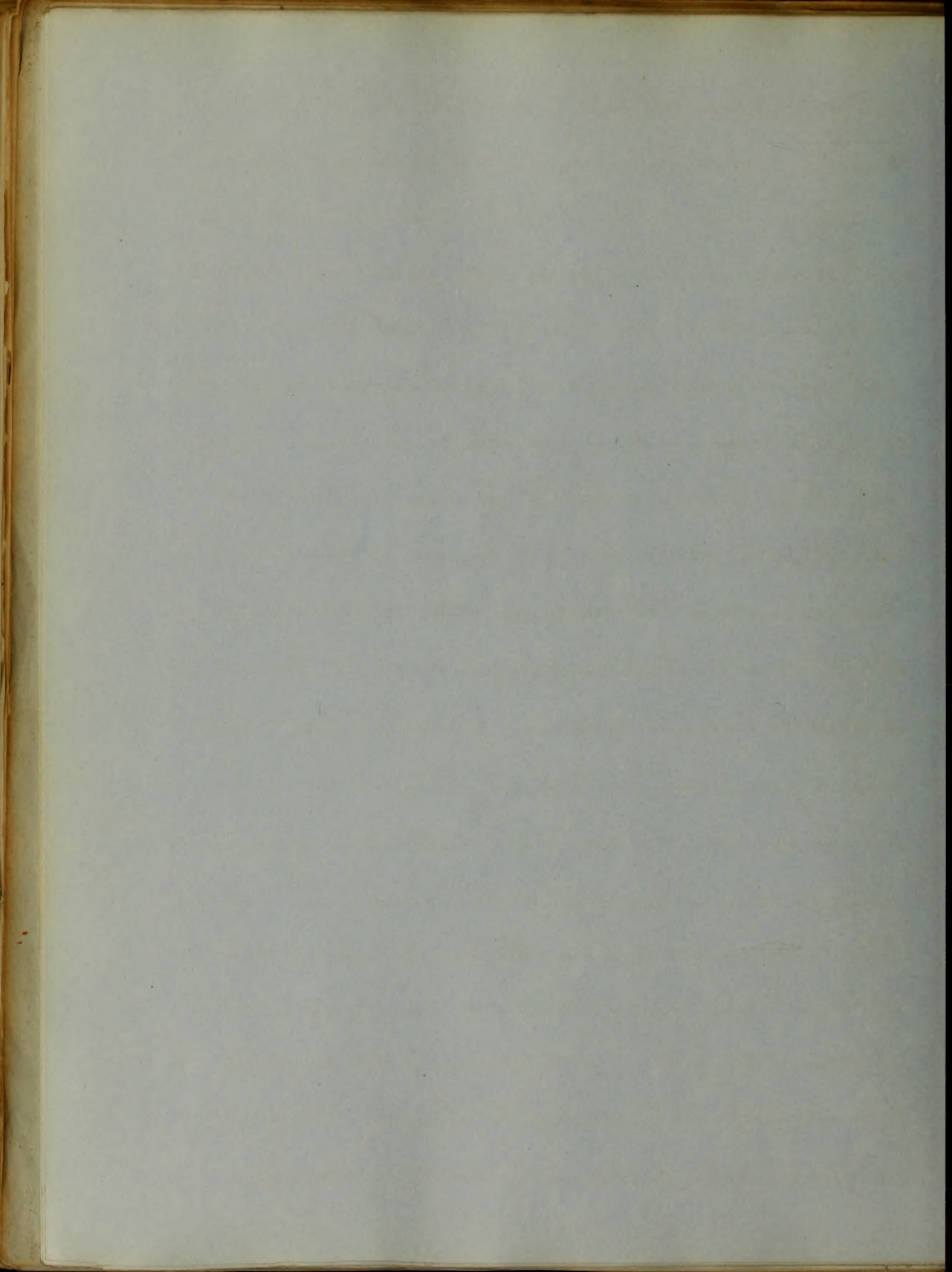
Although, as a general rule, this disease requires the assistance of art, nature occasionally effects spontaneous cures - she accomplishes this in two ways, - one, the safer of the two, by the same principle on which the Surgeon operates, the other more severe and often fatal. The former depends upon the deposit of lamellated coagula on the interior, and gradual obliteration of the sac. The tumor having attained some size, the blood flows more slowly at its fundus than at its neck, a fibrinous coat is thus deposited, upon this, as a nucleus, additional layers are formed, and if the internal deposit exceeds the external absorption, the cyst is filled, and the arterial tube above and below obliterated to the nearest collateral branch, - the circulation is thus turned into another but

more



more circuitous channel - so desirable an event as the deposit of coagula is indicated by the increased hardening, and gradual diminution of pulsations in the tumor. The second way in which nature endeavours to relieve herself, is much less successful - it is by an inflammation being set up in the sac, and running on to gangrene; a dense bloody Coagulum is formed within the vessel closing its canal and preventing the ingress of blood into the sac - Hence its ensuing sphacelation and sloughing is not accompanied by fatal hemorrhage, and if the patient possesses a Constitution able to bear so great a derangement of health as is the inevitable consequence of the inflammation and gangrene he is cured of his disease.

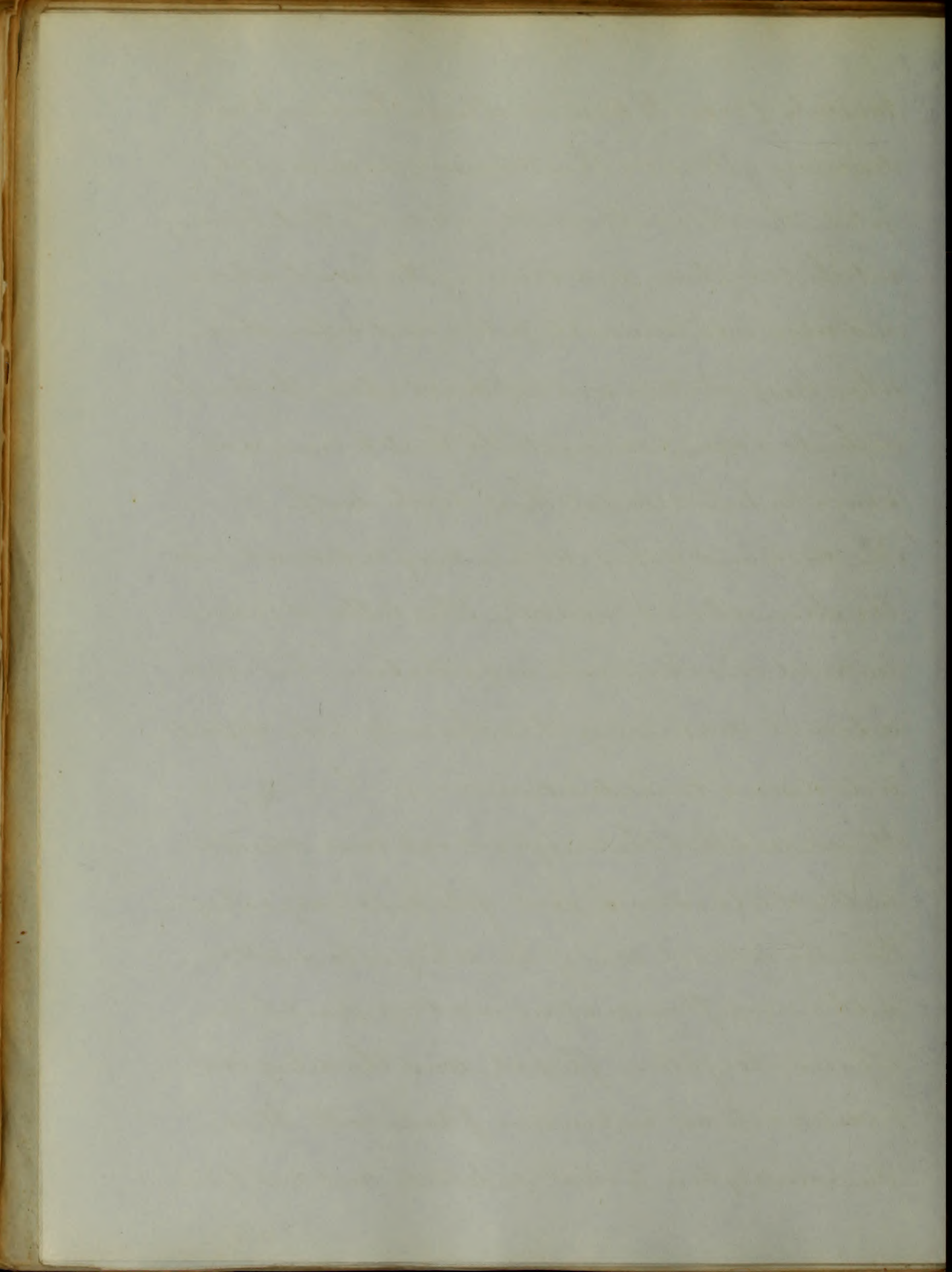
But little reliance however can be placed upon the unaided efforts of nature - the progress of the disease, as a general rule, is onward to a fatal termination - The aid of the Surgeon is indispensable, and he fortunately is able in the great majority



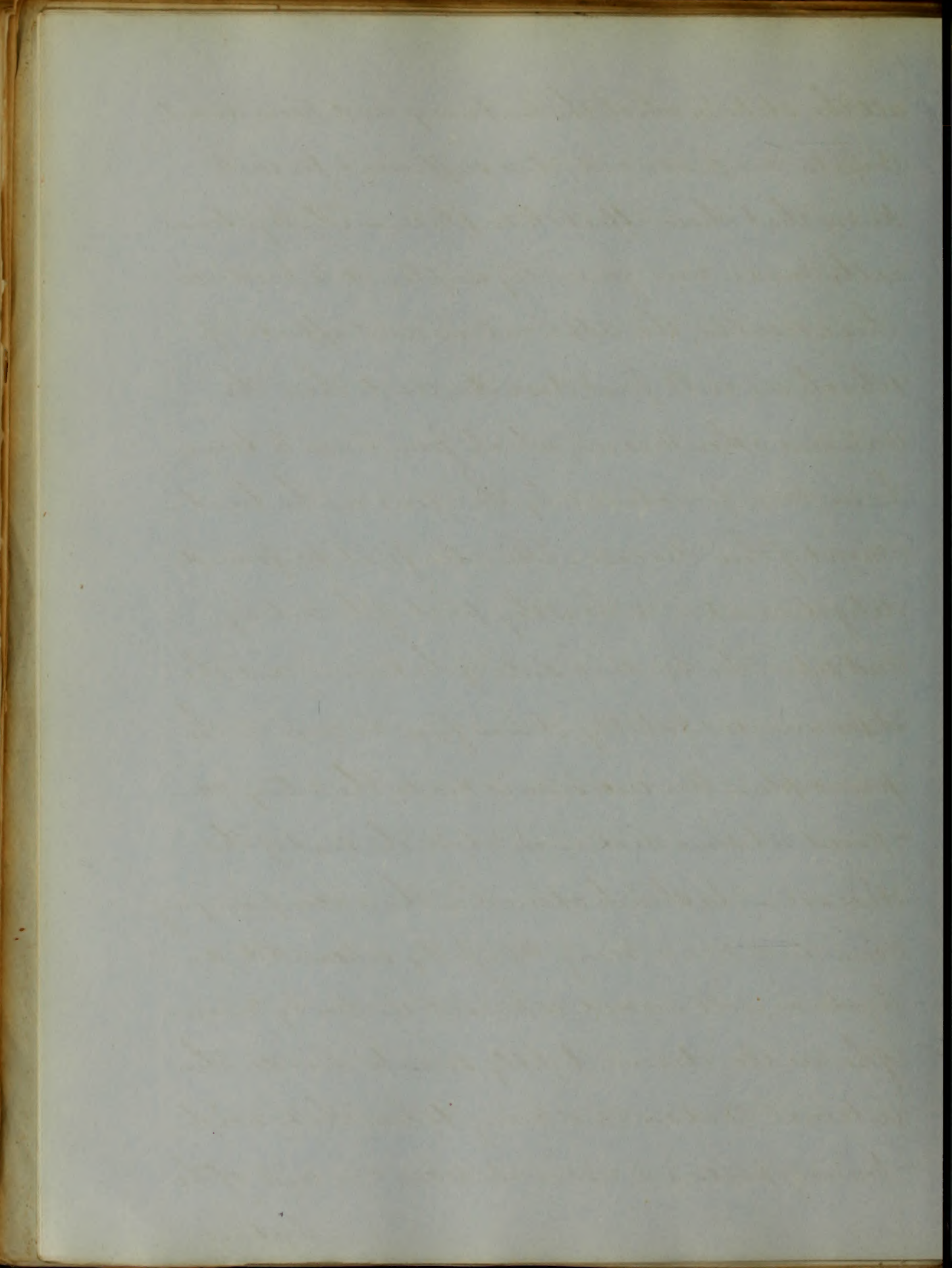
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Majority of cases to promise relief. Previous to the discovery of Hunt's this disease was eminently fatal - the operation of cutting into the cyst, turning out the coagulum, and securing the vessel above and below was eminently fatal, and before this, when Amputation was depended upon, the knife with its accompaniment, the heated iron, was scarcely less dreaded than death itself.

The treatment of this disease may be divided into the Surgical and medical. The latter, it is true, in most cases can only be palliative; but as in internal Aneurisms it is the only hope offered will deserve consideration.

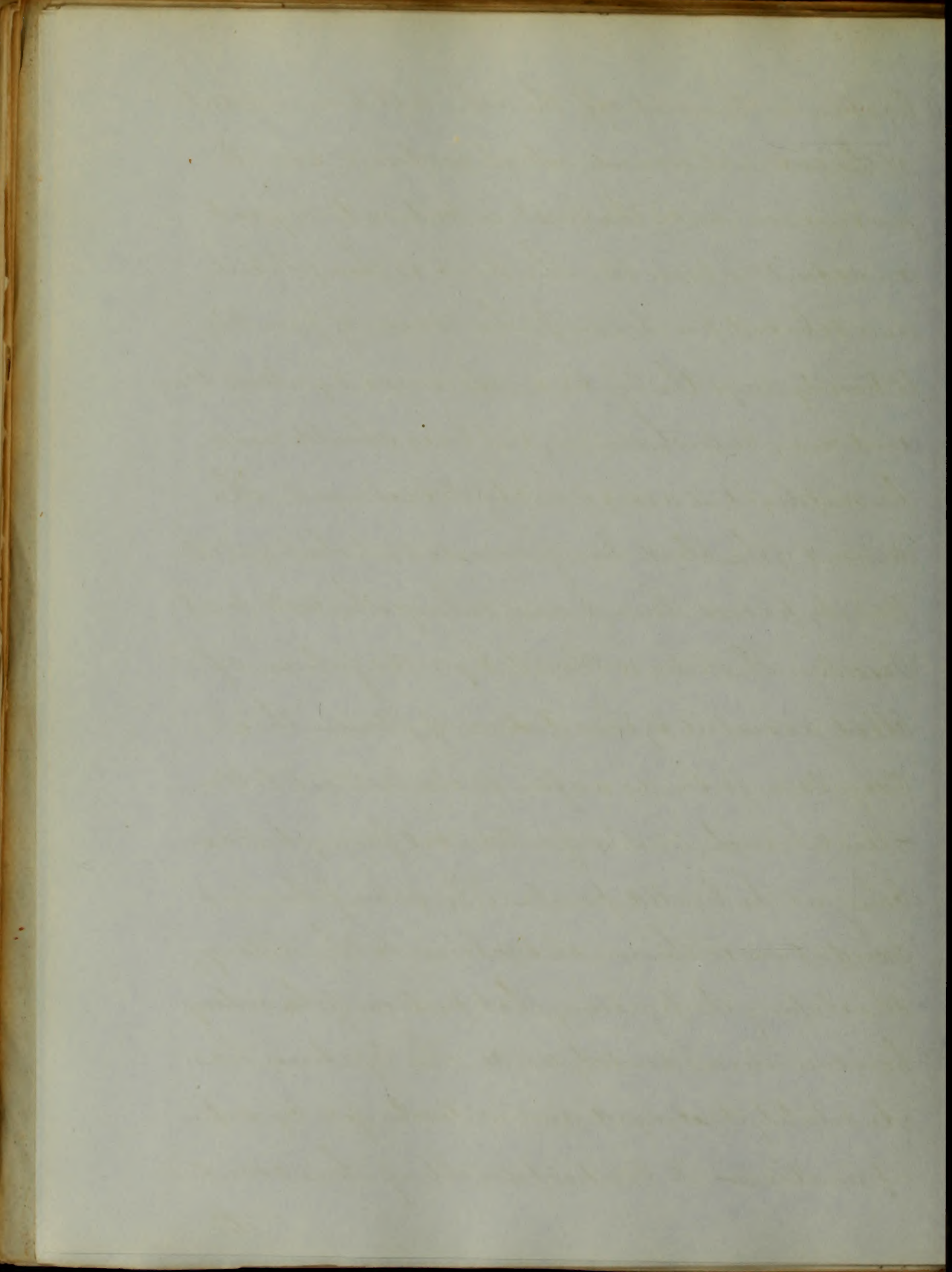
It is evident that the only radical cure consists in the obliteration of part of the supplying artery - When the internal coat of an artery is lacerated, adhesive inflammation is set up, lymph is effused, coagulum formed, and the artery converted into an impervious fibrous cord. It is unnecessary here to deal in details, and mention



all the steps by which the temporary and permanent
 Coagula are produced, it is sufficient for us to
 know that these effects take place. — The ligature
 is the mode now generally employed to produce
 these results, the application and effects of
 which we will first describe, and then the
 various other means, which, from time to time,
 have been practised by Surgeons in the treat-
 — ment of this disease. Hunter first performed
 deligation upon a healthy part of the artery,
 and upon the Cardiac side of the tumor, and tho'
 it terminated fatally, it was from no error in the
 principle — An incision is made, the artery ex-
 — posed at some distance above the seat of the
 disease — its sheath opened — the accompanying
 vein and nerve being carefully separated, a
 ligature, well waxed, is passed under by means
 of the needle, drawn lightly so as to divide the
 internal coats — Care being taken that neigh-
 — boring parts are not included — one end of the
 ligature



11
ligature is then cut off, the other left hanging out
of the external wound, which is closed, so as to
procure union by the first intentions to as great
an extent as possible - The limb is then placed
in a relaxed position - In the course of from ten
to twenty days the ligature is loosened by ulceration,
and may be withdrawn, but force should never
be employed to assist in its detachment. The
current of the blood being arrested at the ligated
point, passes through and enlarges the collateral
vessels - The tube is closed by a coagulum of
blood assisted by exudation of fibrin - This
coagulum extends as far as the nearest colla-
-teral branch, and is of a conical form, its base
being at the ligated point - The same fibrinous
exudation is thrown out exterior to the artery,
enveloping the ligature, that portion of the artery
however immediately under the ligature has
its vitality destroyed and is discharged by sup-
-puration - A compact swelling thus occupies
the



The place of the artery at the ligated point. The fibrinous mass is gradually absorbed, and the artery contracts to the nearest collateral branch above and below. Such are the effects of the ligature upon the artery when applied upon the Hunterian's plan. In the tumor it immediately arrests pulsation, diminishes the swelling and hardens it by coagulum. At first the temperature of the limb falls, but as the circulation through the collateral channel progresses, it again rises.

We have thus described the principle, the mode of application and the effects of the ligature. This is but a part however of the treatment, - There are preparatory and subsequent steps of great importance and to the careful regulation of which may be ascribed much of the success attending the operations of one surgeon compared with those of another. It would not be safe to carry the laboring man direct from his daily occupations to the operating table - for some days previous

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to the operation he must be kept in a state of repose - his diet and secretions carefully regulated, use of stimulants prohibited and vascular excitement allayed. After the operation has been performed, the patient must still be kept in a state of mental and corporeal quiet, a gentle state of the circulation maintained, and anti-phlogistic regimen employed, the limb placed in a comfortable and relaxed position and no pressure upon the tumor allowed - Stimulating frictions or applications are also inadmissible for fear of producing too great vascular excitement and consequently inflammation and gangrene.

Though the ligature may have been successfully applied, it does not necessarily follow that a cure will be obtained - Ulceration, phlebitis, sphacelus, Secondary hemorrhage may occur, and carry off the patient - Thus in 185 cases of femoral and popliteal aneurisms operated upon (collected by Dr Edward Crisp) the following were

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were the results

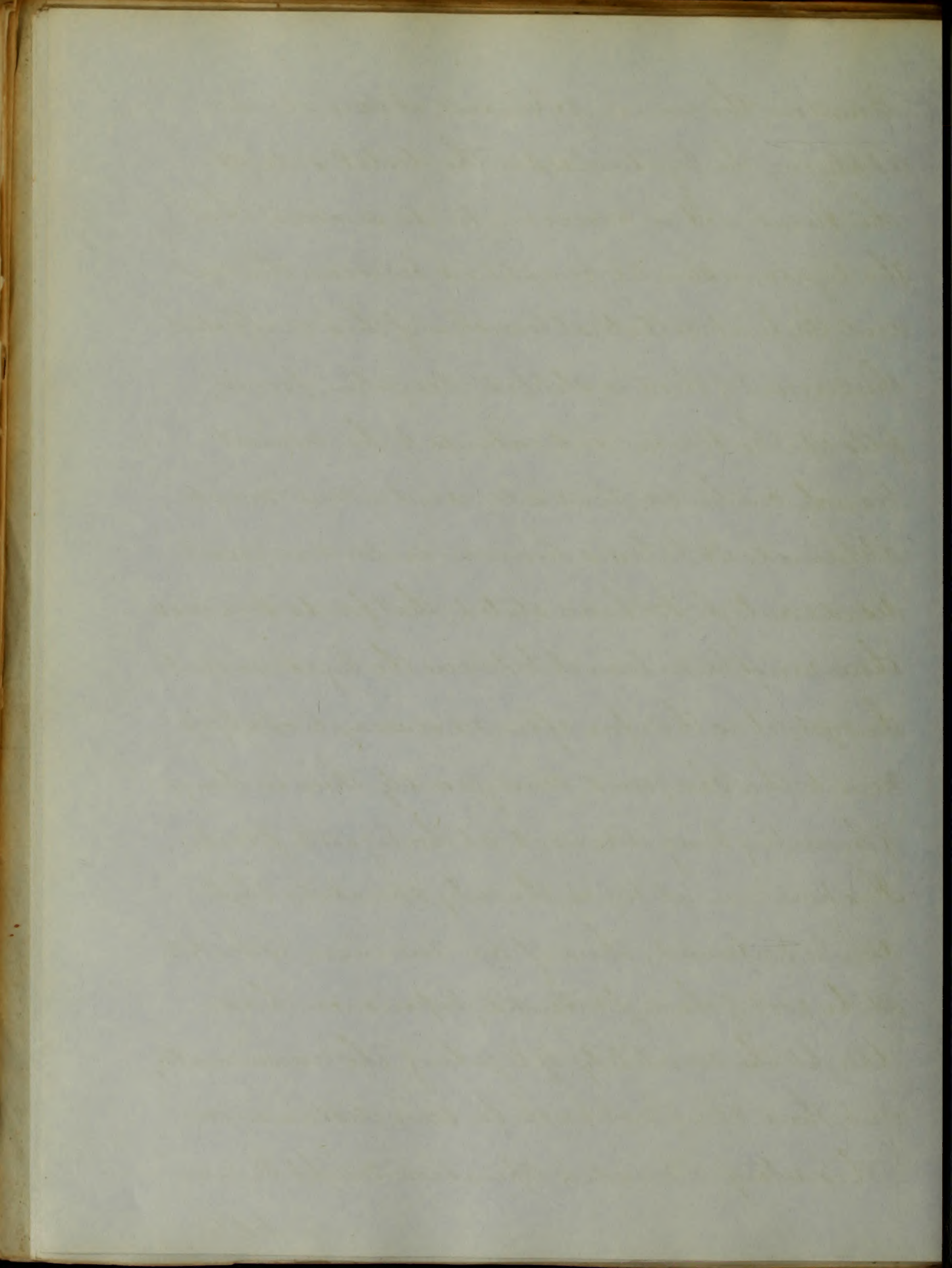
Died from the effects of the operation - 33 - being one
 in every 5 cases. — of the 152 that were cured,
 Recovered after subsequent amputation — 10
 " " Sloughing of sac — 3
 " " " of integument — 1
 " " Mortification of toes — 1

Seeing then the fatality attending the application
 of the ordinary ligature, the minds of Surgeons have
 been directed to such a modification of Hunter's,
 or the discovery of some new remedy not liable to
 this objection. None of them however have suc-
 -ceeded. Dr Jones, in his experiments with the
 ligature, came to the conclusion, that a cure might
 be obtained by the temporary application of the
 ligature; in the hands of other Surgeons failed —
 Another plan was, to use a flat, broad ligature,
 instead of the round one — this though bearing the
 high name of Scarpa never came into practice.

There is an operation, bearing the title of
 Brastor's

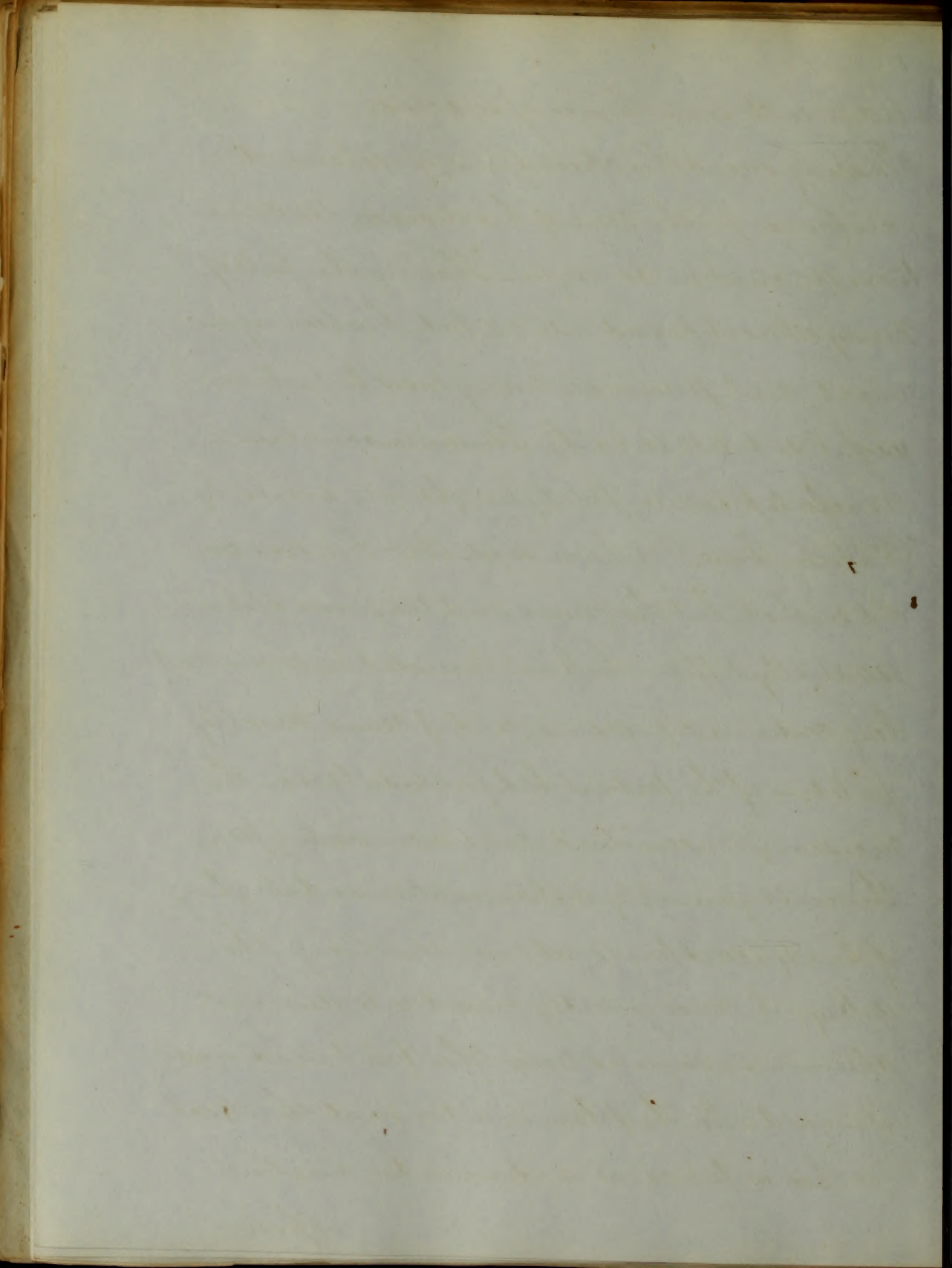
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Brasdor's, the reverse of Hunter's, it consists in
 applying the ligature upon the distal side of
 the tumor - It is necessary for its success that
 the ligature should be applied between the cyst
 and the first collateral branch - if this is effected,
 the current of blood is stopped; Congulum forms,
 fills up the tumor and extends to the nearest
 branch on the cardiac side, and a cure may be
 obtained. It labours however under one great
 disadvantage; We have stated, that for its success
 there must be no branch between the ligature and
 the cyst; it is therefore often necessary to apply it
 near to the sac, and consequently there is danger
 of the artery being diseased at the ligated point.
 It is however at times the only operation that
 can be performed, thus if an Aneurism is seated
 at the root of the right Carotid, Experience has
 taught the inutility of ligating the innominata,
 but there being no branch for some distance on
 this artery, Brasdor's Operation might be resor-
 - ted to



-ted to with some chance of success.

Passing over other operations, of ephemeral existence, for the cure of this disease, We come to one ancient in its origin - Sharing the fate of many others it passed into neglect, has been again revived, and promises in many cases to prove a useful substitute for the Hunterian operation - We refer to pressure, lately brought into notice by Dr Bellingham. We have said that this was an old method, but the former and the present plan essentially differ - The first consisted in severe and long continued pressure, and of course mostly failed; - if the patient had fortitude to bear the necessary concomitant, most excruciating pain, the result generally inflammation and sloughing of the adjacent parts, at times involving the artery; it consequently passed into deserved oblivion so soon as any other treatment was devised. In the plan now pursued the object rather is to assist nature in her curative efforts



efforts. As with the ligature, so with pressure,
 a healthy part of the artery is chosen, and upon
 this pressure is applied, not constantly, but
 removed so soon as the pain and tumefaction
 become distressing to the patient; again and
 again applied until a cure is obtained. The
 object now is not, as it formerly was, to press the
 two sides of the artery completely together and totally
 obstruct the flow of blood, but rather by lessening
 the size of the tube, to diminish its force and
 quantity, and thus favor the formation of coagu-
 -lation, and obliteration of the cyst. To obtain a
 successful result by this method preparatory
 treatment is as necessary as it is before liga-
 -tion; in addition to this compression should
 only be applied over the course of the artery, so as to
 allow the collateral circulation to go on; the
 whole member should also be uniformly bandaged.
 It is evident that this method of treatment
 cannot in all cases be substituted for the
 ligature

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ligature = It can only be useful in cases of Aneur-
-isms occurring in the extremities - But in
these it has been eminently successful, and
is well worthy of a trial before proceeding to the
last resort, the application of the ligature -
Since 1842, 37 cases of popliteal aneurism
have been treated by this method - of these
33 were cured - of the remaining four, 2
died, one from disease of the heart, one from
erysipelas, two were operated upon = Thus
the proportions of deaths to cures was as 1:16.5 =
Compare this result with the treatment of
the same aneurisms by ligature of the femoral
artery - for this purpose we avail ourselves
of the cases collated by Dr Norris, reported in
Hay's Journal - 188 operations were performed -
of these 142 were cured, 3 after amputation,
46 died - being as 1:3.19 = The greater proportion
of cures by pressure, would certainly serve to
direct the attention of Surgeons to the former; it

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is yet however in its infancy, and a greater application and wider experience is still necessary for a fair decision to be made between the two.

It only remains for us now to consider the medical treatment of this disease. We have mentioned the most important modes by which Surgeons have managed those occurring externally - but there are many in which his art is unavailable, in these by suitable medical treatment, the patient's life may be prolonged, if not preserved, - Upon this plan Valsalva relied, - by frequent bleedings and low diet he kept the patient as low as was consistent with the preservation of life; his objections, the same as we have mentioned in another part, by diminishing the force and velocity of the blood, to favour Coagulation - He went however to extremes, and must doubtless at times have increased rather than diminished the disease - His constant bleedings caused, what he was endeavouring to prevent, excessive arterial reaction,

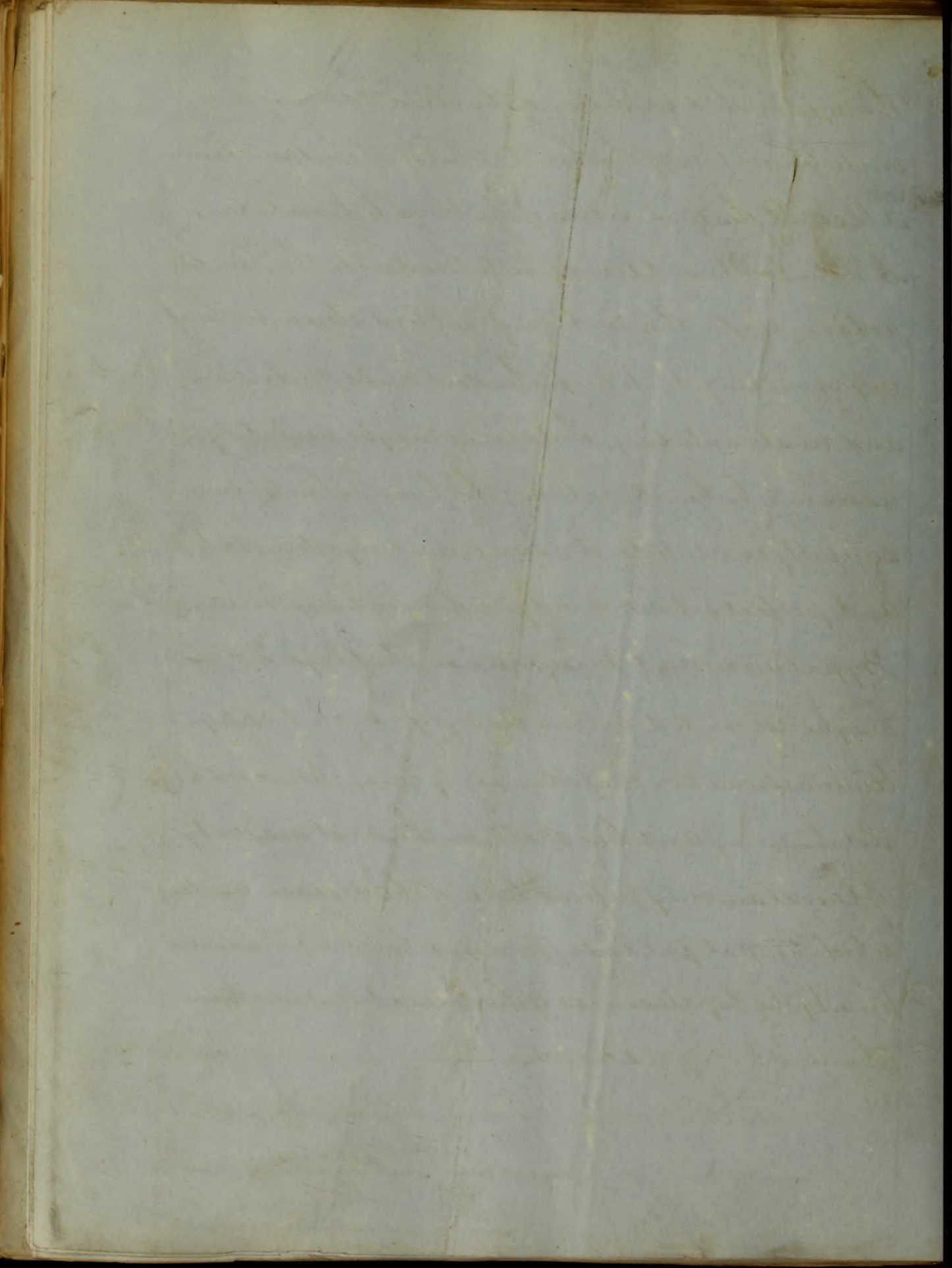
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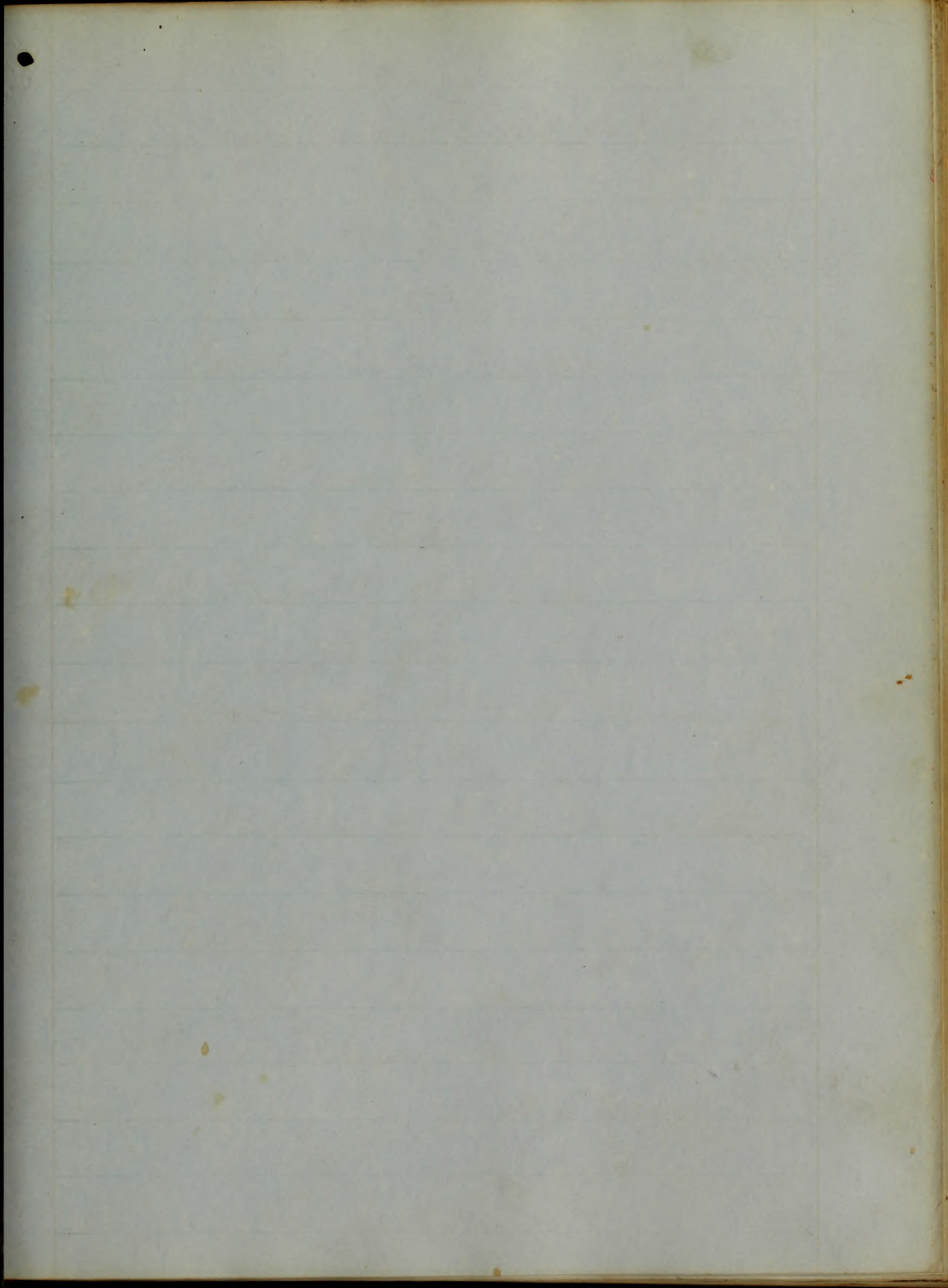
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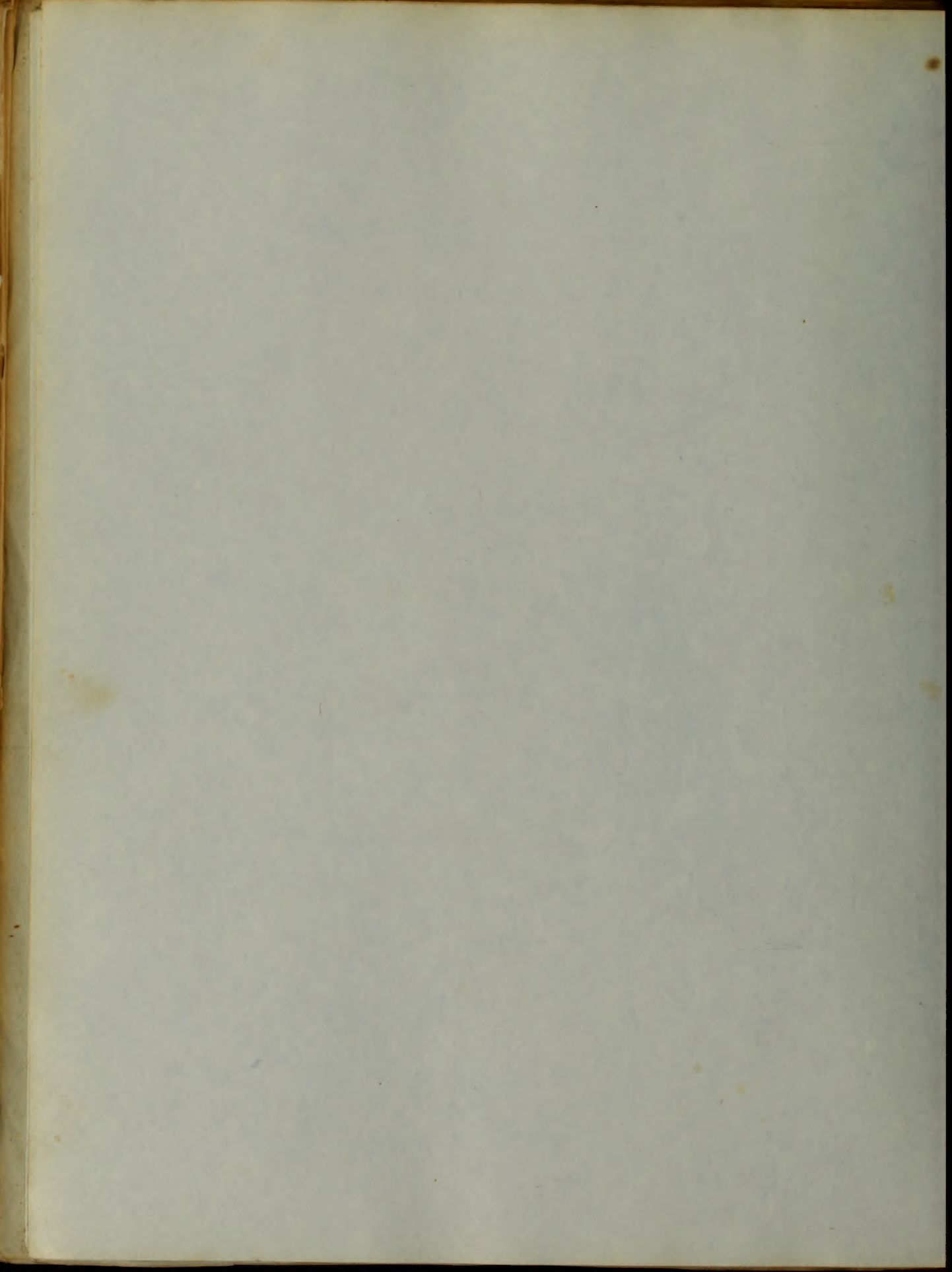
The impoverished condition of the blood causing an irritated action of the heart, whilst at the same time it lessens the disposition of the blood to coagulate.

A better treatment would be to moderate the heart's action, render the motion of the blood slower, without impoverishing it; to keep the diet mild, nutritious, and unstimulating. Sedatives may be useful by lessening the heart's action; the bowels should be carefully regulated - the secretions duly attended to - and perfect repose of body and mind enjoined.

By patience and perseverance, the physician may be rewarded with a cure, but such happy terminations are unfortunately rare, the exceptions not the rule; and his skill in the vast majority of cases can only inform him of the disease under which his patient is suffering, whilst at the same time by the hopelessness of the case, it teaches him the weakness of science.

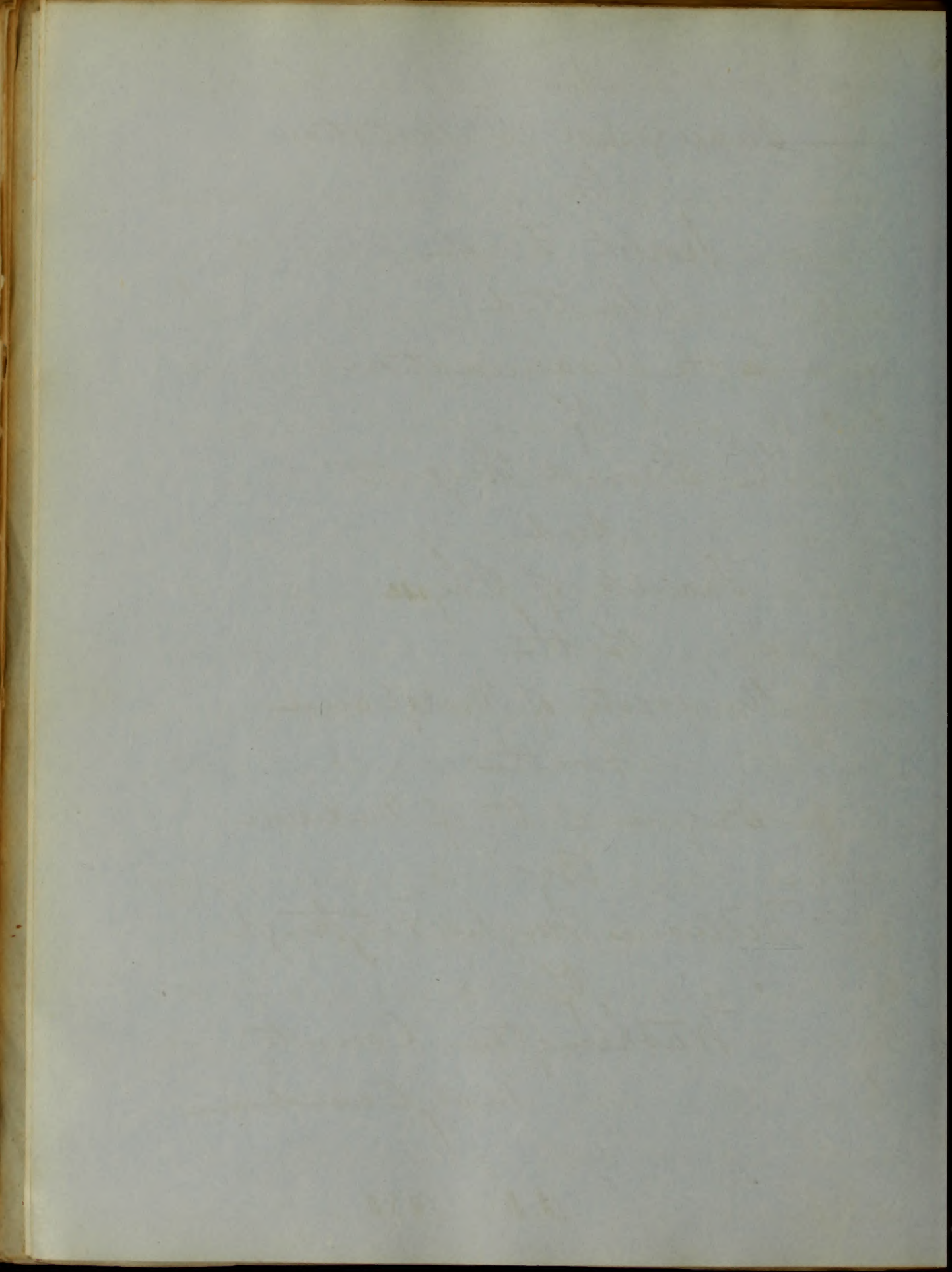






An
Inaugural Dissertation
On
Scarlet Fever
Submitted
To the Examination
Of
The Provost Regents
And
Faculty of Physic
of the
University of Maryland
For the
Degree of Dr. of Medicine
By
William Hughes Fitzhugh
Of
Washington County
Maryland

A. D. 1850



Scarlet Fever is a contagious exanthematous febrile disease, owing to the action of a peculiar morbid poison; and characterized by inflammation of the fauces; and by a scarlet rash, appearing usually upon the second day, and terminating in desquamation about the sixth or seventh. It is a disease to which children are peculiarly liable; and as few are capable of contracting it a second time we find comparatively few suffering from it in adult age. Scarlet fever has been divided into three forms according to the different symptoms which present themselves most prominently. Scarlatina Simplex in which the skin is principally affected the throat suffering scarcely any if at all. Scarlatina Anginosa in which the throat is principally affected and Scarlatina Maligna in which the throat is affected although not so deeply as in Scarlatina Anginosa and the nervous ^{system} deeply prostrated: There is still another form Scarlatina Sive. Eruptione

The first part of the book is devoted to a general
description of the country and its inhabitants.
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2nd

in which we have the affection of the throat alone without the rest still about the usual time we have desquamation showing the skin to have been implicated in at least a slight degree. The period of incubation is from three to four days then either with or without the ordinary precursory symptoms of fever such as languor weariness rigors and pains in the back and limbs the fever sets in with a frequent pulse, hot dry skin, flushed face, furred tongue, anorexia, thirst, and great muscular weakness. Sometimes there is nausea and vomiting or epistaxis; sometimes also more or less headache or other symptoms of nervous disorder such as restlessness, morbid vigilance, delirium, stupor, coma, or convulsions. In relation to the severity of its symptoms the fever is of every possible grade from a mildness scarcely amounting to disease up to the highest point of violence and danger. Along with the fever some times beginning with it and sometimes a little after its commencement

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there is almost always more or less irritation or inflammation of the fauces which upon being examined appear red and not unfrequently swollen; The same colour is diffused over the interior of the mouth and the tongue though coated with a thick creamy fur is red at the tip and edges and shows its papillae enlarged and red projecting through the frothy coat looking not unlike a strawberry covered with cream; then generally upon the second day of the fever we have the eruption making its appearance first upon the face and in the course of about twenty four hours extending over the trunk and extremities. It commences in small red points which rapidly coalesce in broad red patches and in the course of a few hours generally form a continuous scarlet blush over large portions of the surface. The skin is generally smooth or at most only a little roughened not amounting to more than a rough feel like that of

The first thing I did was to
examine the ground on which
the house stood and to see
whether it was a good place
for the house and the garden
to be built. I found that
the ground was very good
and that the house could
be built on it without any
difficulty. I also found
that the garden was very
good and that it could
be planted with many
kinds of fruit and flowers.
I was very pleased with
the result and I decided
to build the house on that
spot. I then went to the
builder and told him what
I wanted. He was very
pleased to do it and he
started to build the house
at once. It was a very
good house and it was
very comfortable. I was
very happy with it and
I lived there for many
years. It was a very
good house and it was
very comfortable. I was
very happy with it and
I lived there for many
years.

goose flesh. The eruption is generally more pro-
 -fuse and of a deeper colour about the flex-
 -ures of the joints. Along with the rash we not
 unfrequently have vesicles making their appear-
 -ance upon the neck and in the flexures of
 the joints at different stages of the disease.
 Small pimples and pustules also sometimes
 mingle with ^{the} rash towards its decline. The
 rash is attended with a sense of burning
 and itching which often annoys the patient
 very much and may interfere with sleep.
 The fever does not abate upon the appearance
 of the rash but continues with various degrees
 of violence throughout the whole of its course.
 The pulse is usually very frequent: it is often
 as high as 120 or 130 in the minute and
 sometimes still more frequent. Occasionally
 it has considerable force but this is not its
 predominant character. The skin is dry and
 burning hot and is not unfrequently as high
 as 105° or 106° Fahrenheit and has been asserted

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Desquamation generally begins with the decline of the eruption. The cuticle comes off in small scales and where it is thick as upon the palms of the hands and soles of the feet it comes off in large flakes. The cuticle of the palm of the hand or sole of the foot has been known to come off in one large flake forming a complete mould. Desquamation is frequently attended with irritation and itching and great tenderness of the skin. It is usually completed by the end of the second week at which time if no unpleasant complication has occurred the patient may be considered as well though not yet exempt from liability to unpleasant and even dangerous disease. But the course of the disease is often much less favourable. From the beginning to the close it is not free from danger. Death sometimes takes place in the first stage from the

overwhelming shock upon the nervous system; and at any subsequent period the patient is liable to the same result from coma or other cerebral affection. Inflammation of stomach and bowels or affections of the Larynx have also been the cause of death. The patient may sink from debility consequent upon the malignant character of the affection; the occurrence of gangrene of the throat or the exhausting purulent discharges incident to the local inflammations which often remain after the proper disease has subsided.

In scarletina simplex we have the fever and the rash and generally the throat implicated in a slight degree complete exemption from inflammation of the fauces being very rare; redness and some degree of soreness of the fauces being scarcely less common than the rash itself. This simple variety is often very mild. In some cases the patient is not even confined to bed

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The first sign of disease which ~~attracts~~ attracts attention is a scarlet blush upon the face and neck attended with slight febrile movement which declines upon the fifth day or sooner. But in other cases it is more severe; There is an universal diffusion of the rash which is of an intense redness the heat of skin and frequency of the pulse are extreme and frequently a slight delirium occurs especially during the exacerbations of the fever at night. But unless from some intercurrent inflammation or concealed malignant tendency or dangerous sequelae there is little risk of life. In scarlatina Anginosa the poison seems to expend its violence upon the throat the precursory symptoms are more severe; stiffness of the jaws with soreness of the throat and pain in swallowing are often experienced from the commencement of the attack; on the second day

off with an instrument. Formerly they were thought to be the surfaces of ulcers or gangrenous portions of mucous membrane, but when removed they leave the surface merely reddened and without any organic ^{change} in the largest number of cases. Sometimes however they do really cover ulcerated surfaces and may even be gangrenous. Occasionally they extend into the Larynx producing symptoms of pseudo membranous croup, but this event is rare. They often impart a very offensive odour to the breath. On the second Third and Fourth days the temperature of the skin is very much elevated; the pulse more frequent smaller and unequal; exacerbations of fever at night; difficulty of breathing; great thirst nausea and vomiting; great restlessness from the difficulty about the head. The eruption upon the skin comes out later than in scarlatina simplex and is only partially diffused: generally about the wrists elbows and knees: it is very irreg-

It will be understood that the
the purpose of which is to
of various matters but the
that it is not intended to
any other, in the least
intention being to
before and may even be
all of them are of the
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11th

-ular in its appearance; may partially appear and then disappear to make its appearance again at a later period; the eruption lasts longer than in scarlatina simplex and the desquamation is less regular. The lips are often cracked covered here and there with crusts and painful when parted. The mucous membrane of the nostrils sometimes swells and closing the nostrils obliges the patient to breathe the mouth thus producing dryness of the lips and tongue. At a more advanced stage a yellow and exceedingly offensive liquid is discharged from the nostrils which is sometimes very acid and excoriates the nostrils and upper lip. A similar secretion from the fauces is swallowed and probably conduces to the irritation of the stomach and to the diarrhoea which are occasional features of the disease towards the close; the discharges from the bowels are also sometimes so acid as to excoriate the anus.

The tongue is apt to lose its fur at an early period becoming deep red smooth and glossy or somewhat rough with projecting enlarged papillae. The excoriations upon the fauces spontaneously separate or undergo a gradual absorption and the surface is left red and sometimes though not generally excavated.

The fading of the eruption begins a little later than in the simple form and the fever and sore throat often continue in some degree for a few days after the eruption begins to fade. When there has been much swelling about the throat recovery is sometimes considerably postponed by the suppuration which takes place occasionally the symptoms assume a typhoid character. This variety is much more fatal than the simple form.

Scarlatina Maligna is the most terrible form of this disease. Cullen calls it Cyanche Maligna

The first part of the book is devoted to a general
introduction of the subject and the author's
purpose in writing it. The second part is
devoted to a description of the various
kinds of rocks which are found in the
country. The third part is devoted to a
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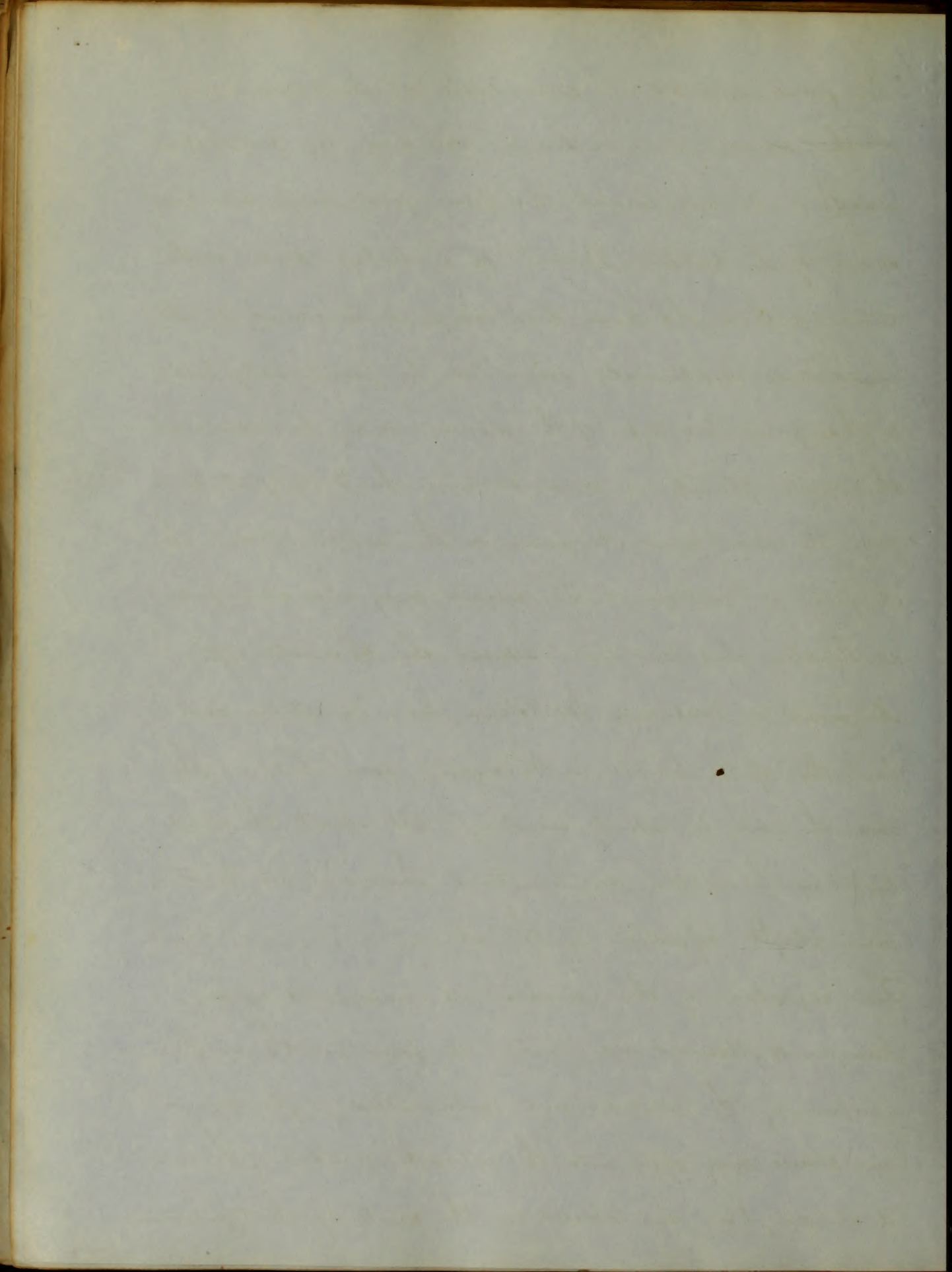
it was also called Gothergill sore throat from a description of the disease by a physician of that name who treated and wrote of this affection as a disease sui generis. It commences with extreme violence the system seems to be at once overwhelmed by the force of the disease; or the symptoms wane in their course an extraordinary degree of weakness and depravity. Either the simple or Anginose variety may present this form: the affection of the throat not being essential to the production of Scarlatina Maligna. Early in the disease we have adynamic or typhoid symptoms: the action of the poison seems to be principally upon the nervous system: there is an acid discharge from the nostrils early in the disease; the eruption comes out later than in Scarlatina Simplex is sometimes postponed until the fourth day it is more partial and is of a darker hue. In the fauces also the redness is deeper and more inclining to the purple hue than in any other form of the disease. The tonsils are not so much swollen but present this

The first part of the paper is devoted to a
discussion of the nature of the problem
and the methods which have been
employed to solve it. The second part
contains a description of the apparatus
used in the experiments and a
summary of the results obtained. The
third part is a discussion of the
results and a comparison with the
theoretical predictions. The fourth
part is a conclusion and a list of
references.

livid appearance and are covered with dark brown crusts even in the first day. In adults we have delirium and often deafness: and in children restlessness, coma, and convulsions: the deglutition and respiration are both difficult. As the disease advances the symptoms assume a more decidedly typhous or malignant character: The pulse becomes feeble; the skin cool in spots; the eruption disappears or assumes a more livid character: petechiae and ecchymosis appear; the exudations upon the fauces assume a darker colour; true gangrenous eschors and deep ulcerations form; the odour of the breath is foetid; sordes form about the tongue and teeth; blood oozes from the fissures in the tongue and lips; the urine is bloody and hemorrhage may take place from any one of the mucous surfaces; an exhausting diarrhoea sets in: bed sores may form on the sacrum and hips: and at length collapse takes place ending in death towards the close of the first or commencement of second week.

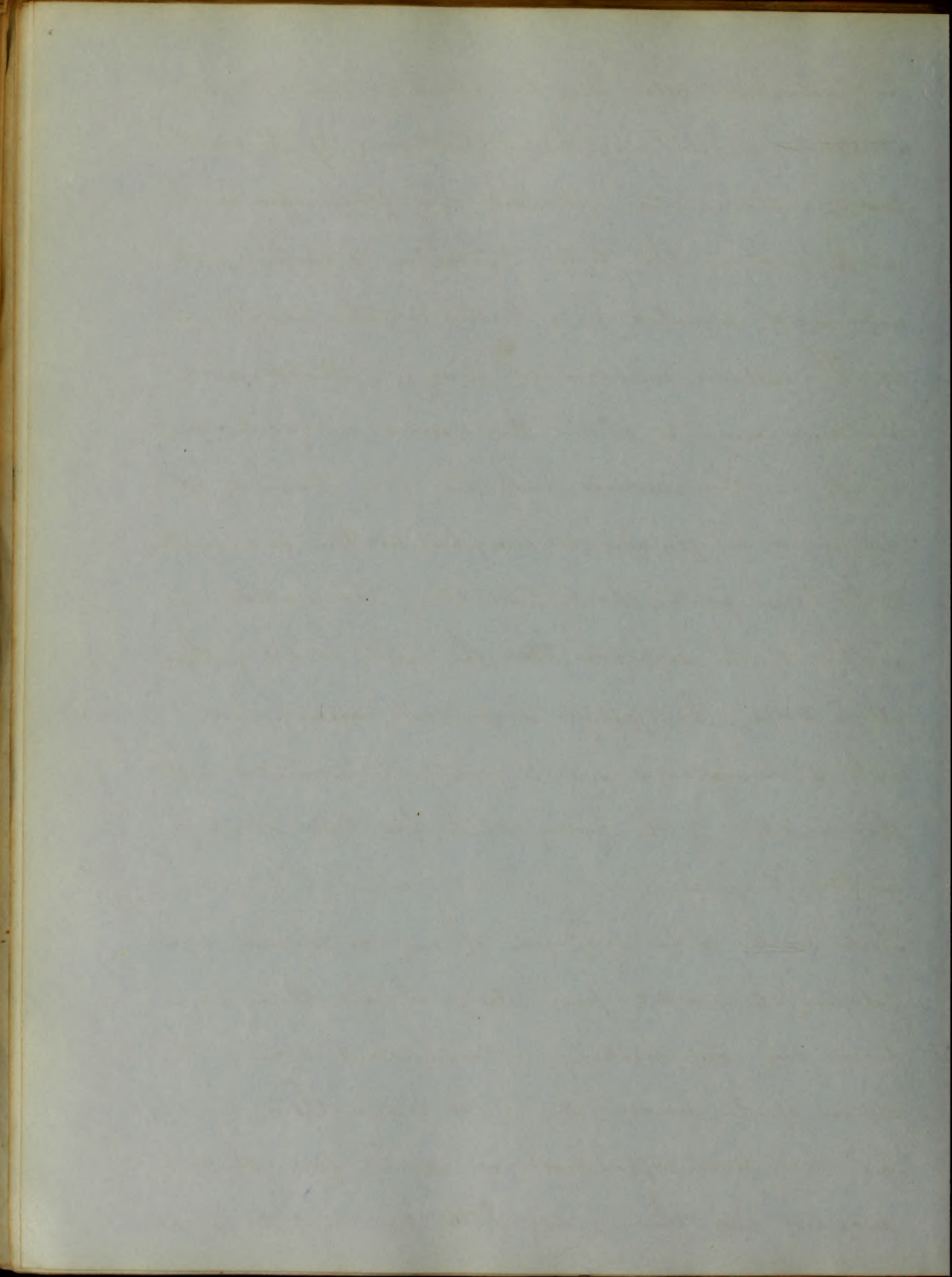
This form appears in some years as an epidemic, or the disease may assume this form in wet, damp places; or it may present this form from some idiosyncrasy of the patient; Persons of a broken down constitution or those who have been confined in crowded ill ventilated apartments seem to be peculiarly liable to this form. Every type of the disease may be seen in the same family a person taking the Malignant form from the Simple or Anginose or the simple from the Anginose or Malignant. The disease may also commence as Simplex and suddenly assume the character of Anginosa or Maligna. Scarlatina sine Eruptione may be either of the Simple or Malignant form but in either case the rash is entirely wanting still about the usual time we have the desquamation showing at least some slight affection of the skin.

The sequelae of this disease are numerous and dangerous; Abscesses are liable to form in the neighborhood of the parotid and submaxillary glands; or an abscess may open into the external meatus of the ear; or we may have an abscess in the cavity of the tympanum



The Eustachian tube may be closed by union after ulceration or we may have thickening of its coats from inflammation. Abscesses may form also in the joints and in the testes. Diarrhoea is another not unfrequent sequelae: or a Gastro Enteritis may be set up. The serous membranes may be attacked by inflammation to which there seems a great proclivity in this disease and we may have a peritonitis or a pleuritis or encephalitis. Pain and swelling of the large joints closely resembling rheumatism is another of the sequelae. But the most serious of them all is Dropsy; this affection is generally accompanied with Albuminuria and is said to be associated with that condition of the kidney which has been observed in Bright's disease.

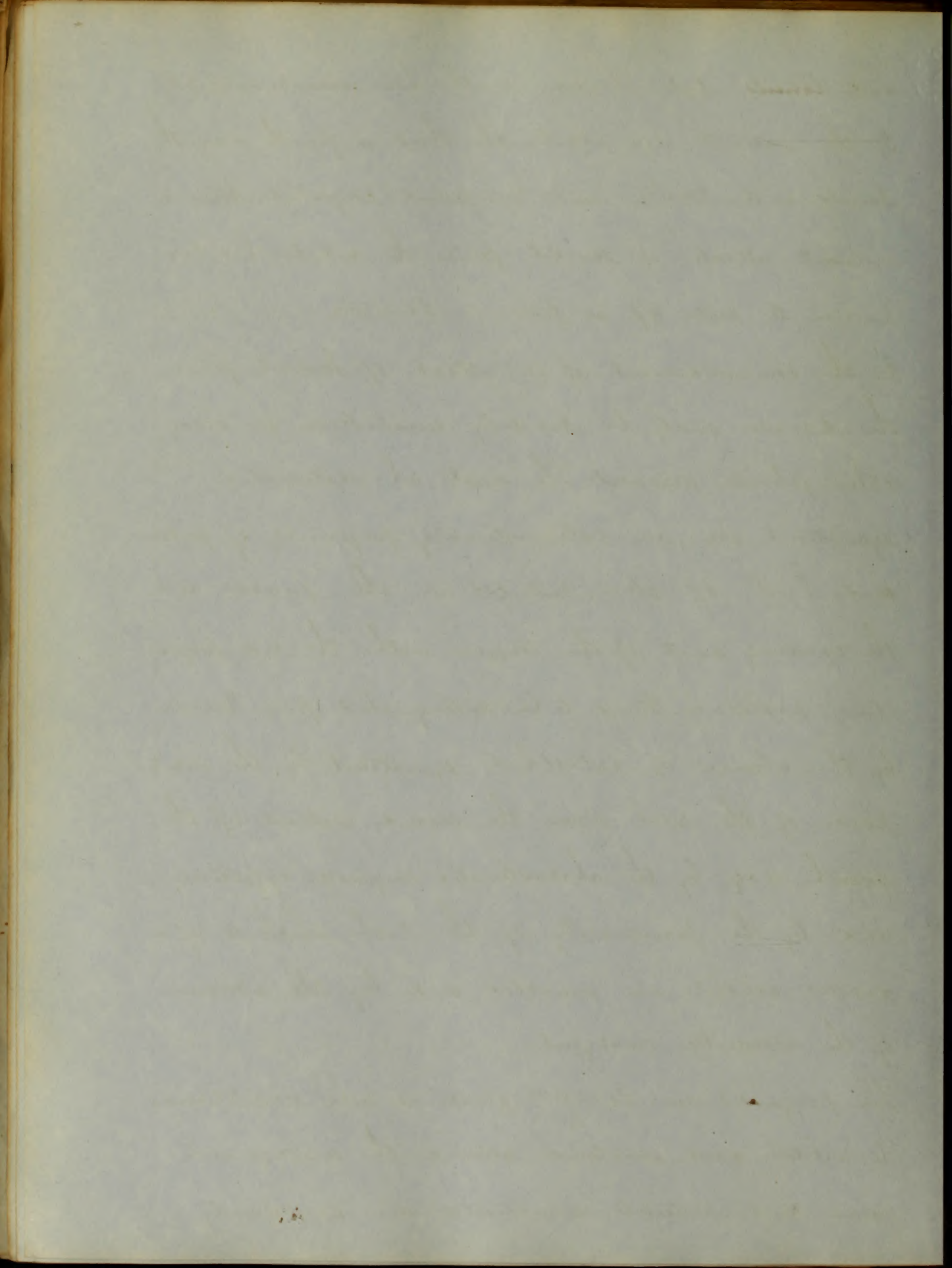
There seem to be very few if any anatomical lesions belonging to scarlet fever itself; should there have been any complicating inflammations during the course of the disease they will leave their own peculiar traces. After death in scarlet fever the rash disappears and there is very little redness of the fauces



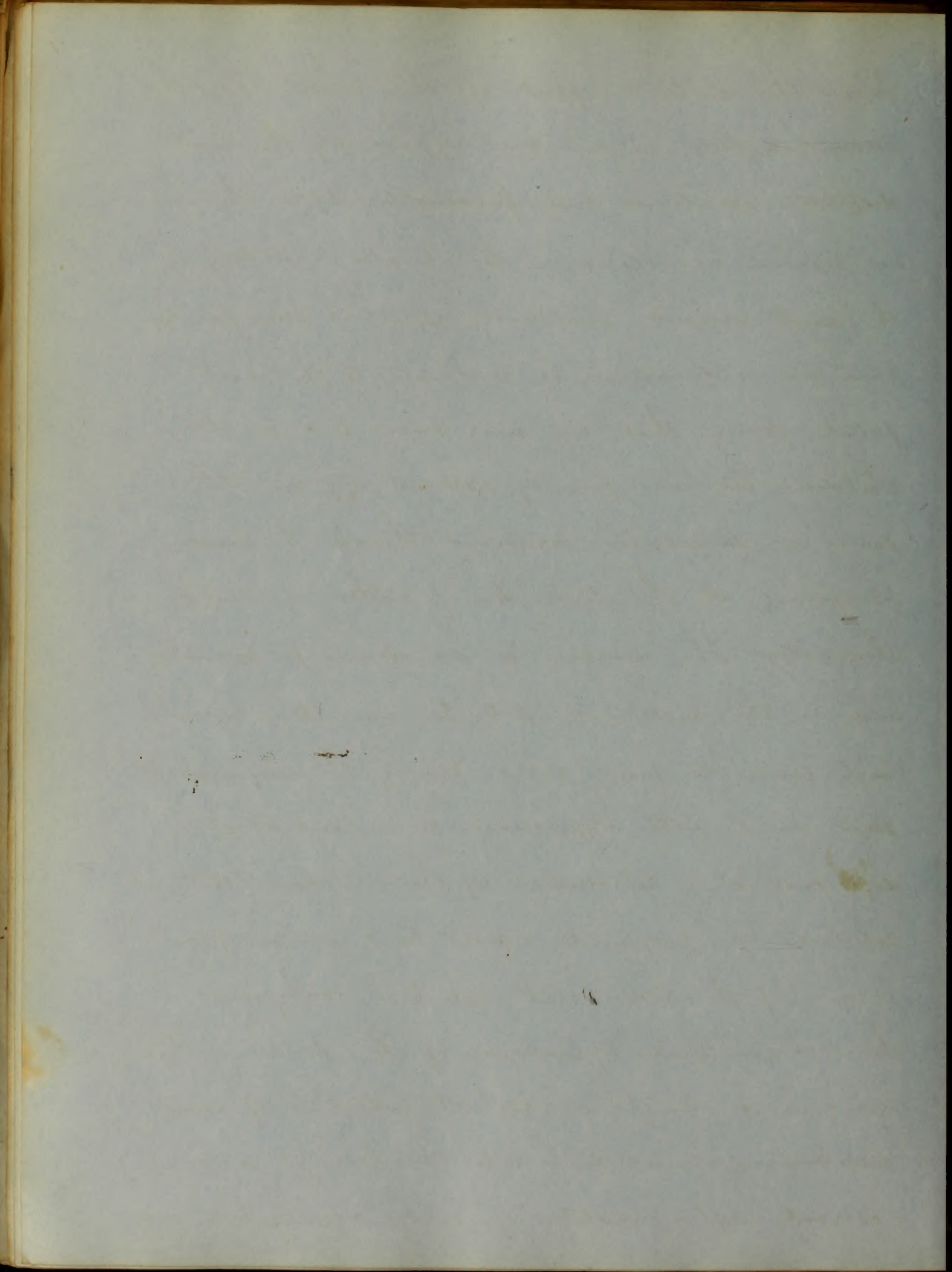
and tonsils left should death have occurred early. If the patient die about the third or fourth day the fauces and tonsils will be found congested. After a violent attack of scarlet fever the cuticle has been known to peel off as from a blister.

In the commencement of an attack of scarlet fever the disease may be readily mistaken for many other febrile diseases. The most characteristic symptoms are an extraordinary frequency of pulse and heat of skin, redness in the fauces and the creamy coat of the tongue with the red projecting papillae. It is to be distinguished from measles by the absence of catarrhal symptoms by the occurrence of the rash upon the second instead of the fourth day, by the characteristic anginous affection and by the peculiarity of the rash which is of a darker colour in measles and by the absence of the crescentic margins.

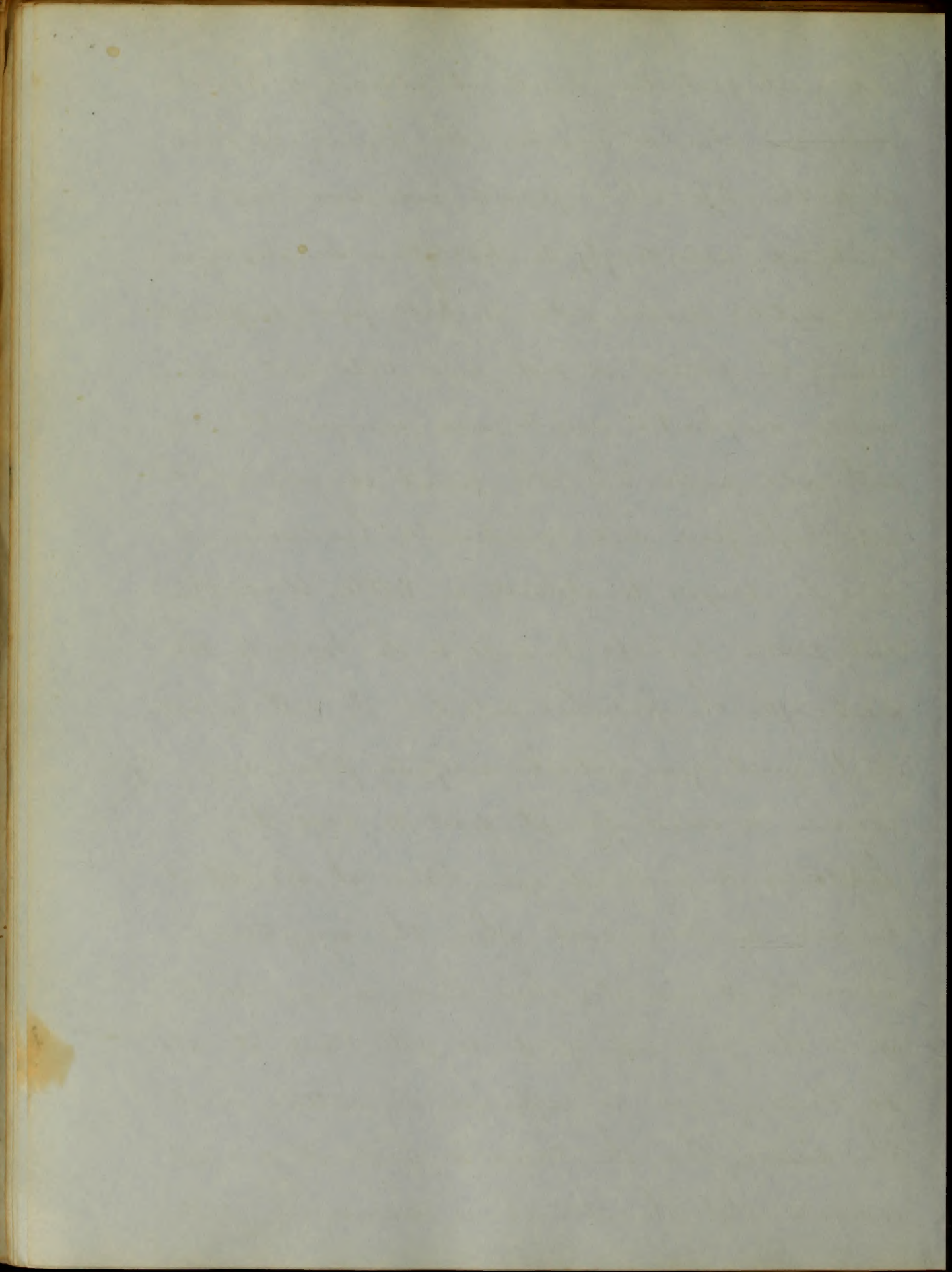
The prognosis in scarlet fever is very uncertain; the mildest cases sometimes assume the malignant form and patients sometimes die suddenly.



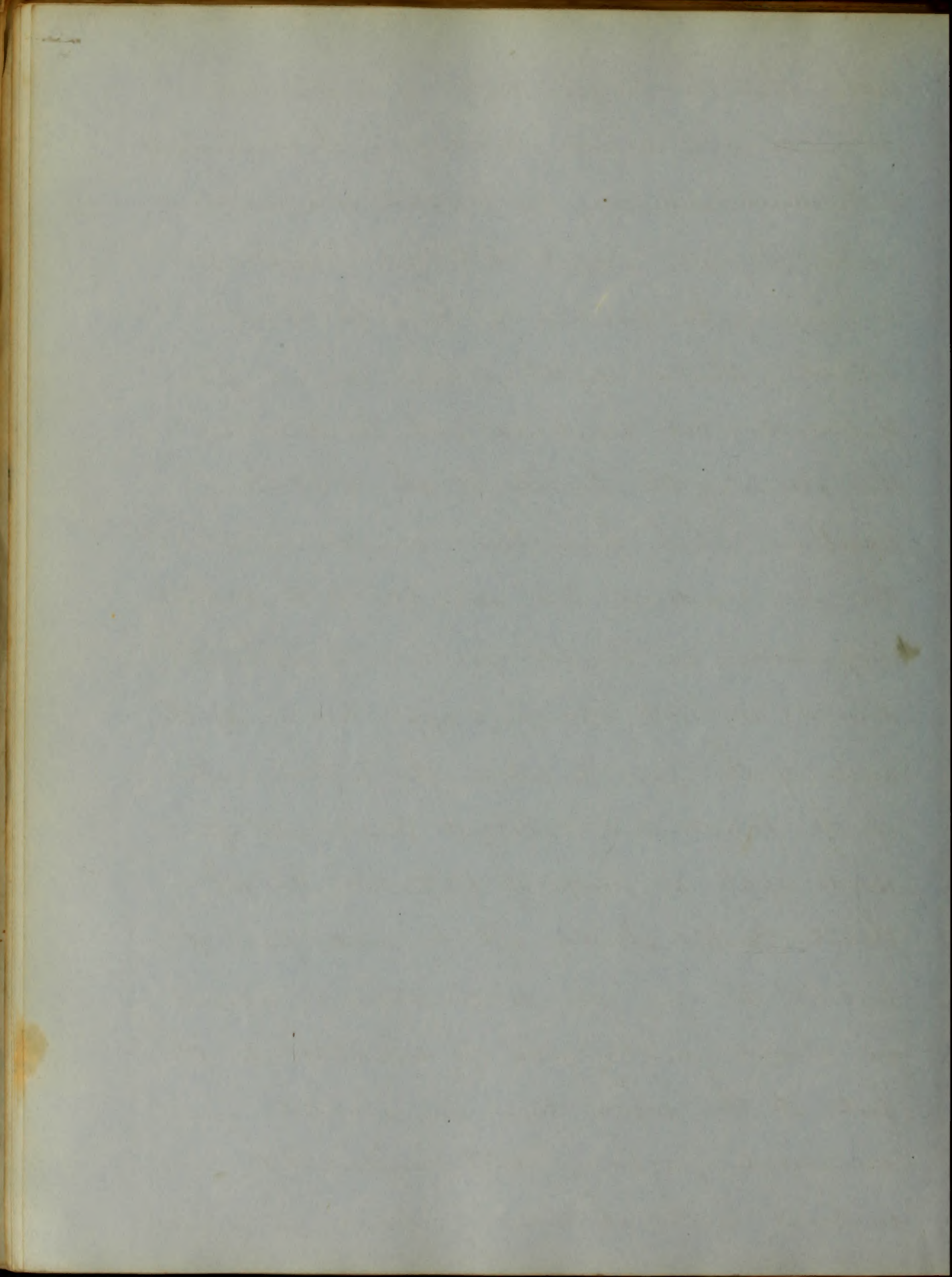
from the violent effect of the poison upon the nervous system. Again cases apparently the most desperate sometimes end favourably. After the case has reached convalescence there is also liability to the most serious secondary affections. Some families have an extraordinary tendency to the most fatal form thus we may have two or three children in one family carried off on the same or successive occasions though the disease prevailing at the time be of rather a mild character. The disease is dangerous in pregnancy and in the puerperal state. In men it is exceedingly prone to prove fatal. Among the unfavourable signs are a late appearance or a considerable deficiency or a retrocession of the eruption; continued delirium or profound coma; livid or purple colour of the rash with petechiae ecchymosis or hemorrhage. livid appearance of the fauces with gangrenous sloughs or eschars; extension of pseudo-membranous exudation into the larynx; inter-current inflammation of vital organs; bed sores



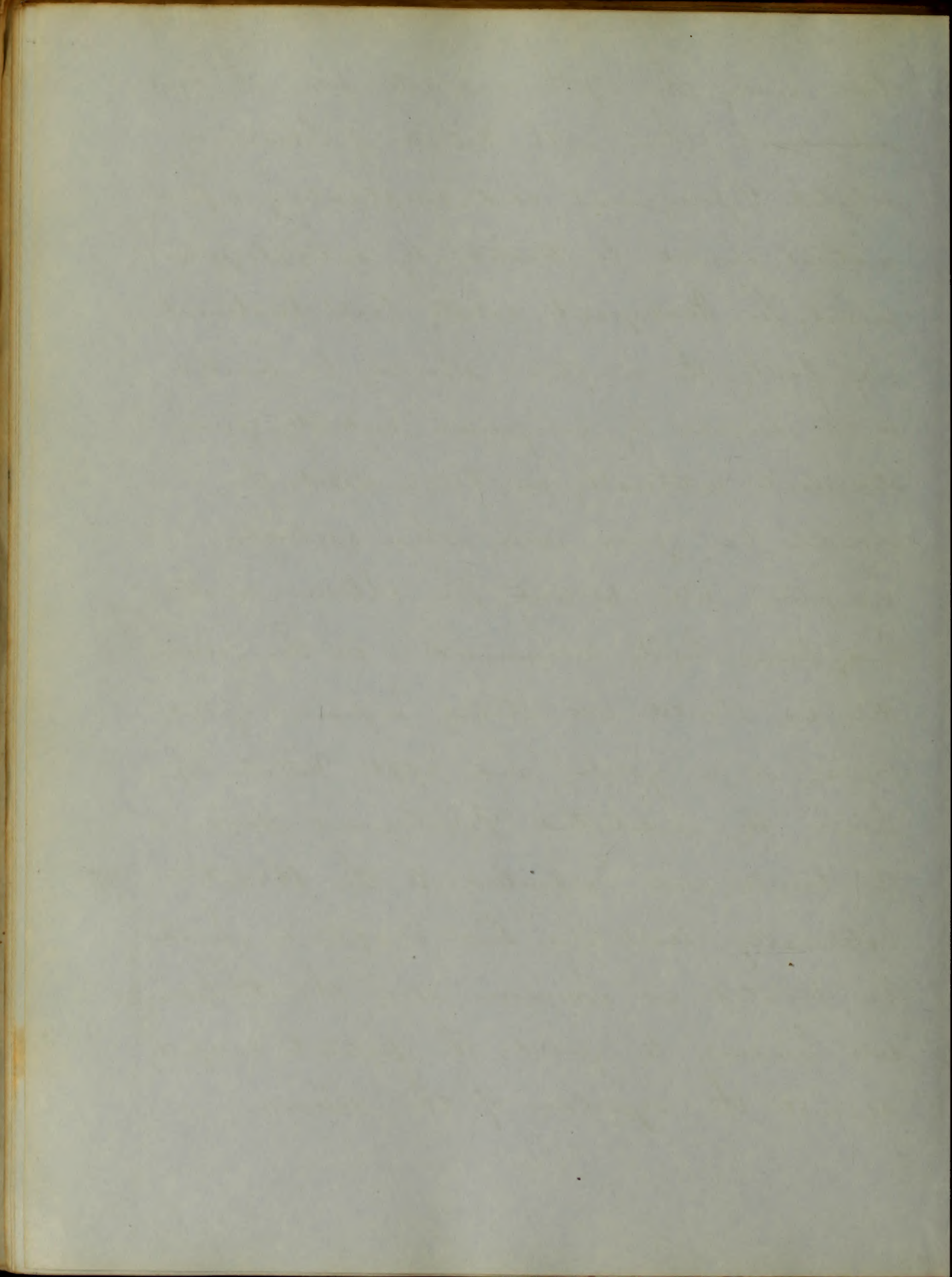
and great prostration. In the treatment of scarlet fever we should consider the reigning epidemic as to the type which prevails and direct our treatment accordingly. In *Scarlatina Simplex* hygienic and dietetic means will generally prove sufficient. Keeping the patient at rest on a light diet giving cooling diaphoretic drinks and sponging the body with cold water. When the patient is very robust with high fever and considerable headache it may be proper to abstract a little blood; this best taken perhaps by cups to the back of the neck: after the fever has subsided it will be proper to guard your patient carefully from any exposure or excess for at least 30 days. In *Scarlatina Anginosa* if you bleed at all let it be only in those cases where the symptoms absolutely require it: where there is any doubt as to the propriety of it do not bleed at all as bleeding has no influence in cutting short the disease. When the tongue is foul it does not indicate that the stomach is disordered but

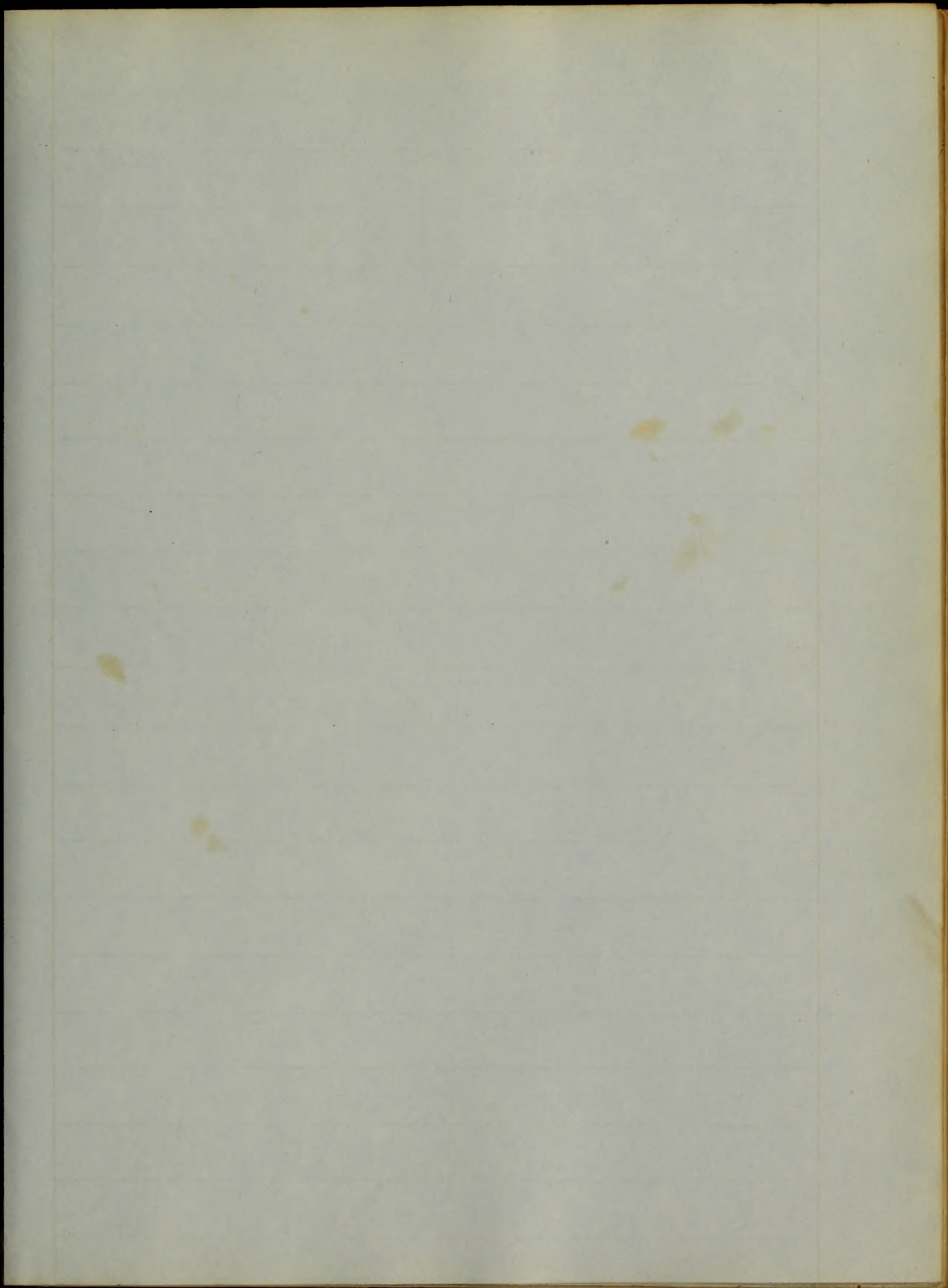


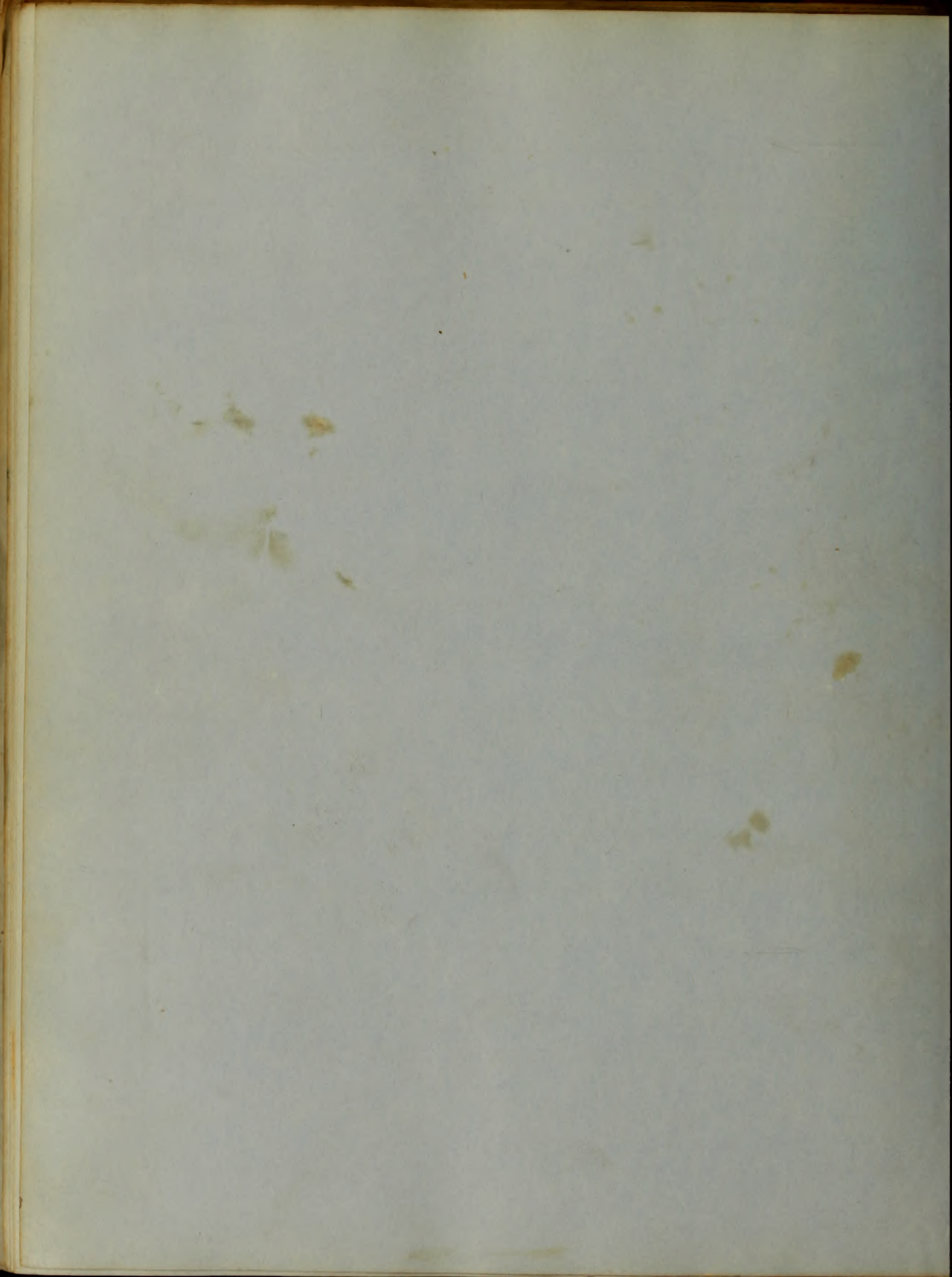
rather that the tongue itself is inflamed
An emetic is of decided advantage in the commencement
of the disease and may be repeated as circumstances
require they are useful but not necessary.
We give gentle laxatives to keep the bowels
soluble; should diarrhoea come on we may
give castor oil combined with Laudanum
thus cleansing the bowels of the irritating
secretions which have been swallowed whilst
they are rendered less sensible to the irritant
impression: we should give cool diaphoretic
drinks: use cold sponging: apply leeches to the
angle of the jaw to relieve the inflammation
of the fauces and enlarged tonsils; and after-
wards apply a stoup of turpentine to the
throat. Blisters should not be used from their
liability to give rise to troublesome ulcers.
we should make use of derivatives to the
feet; at the same time we should use
demulcent gargles a little acidulated or
combined with chloride of sodae; we should

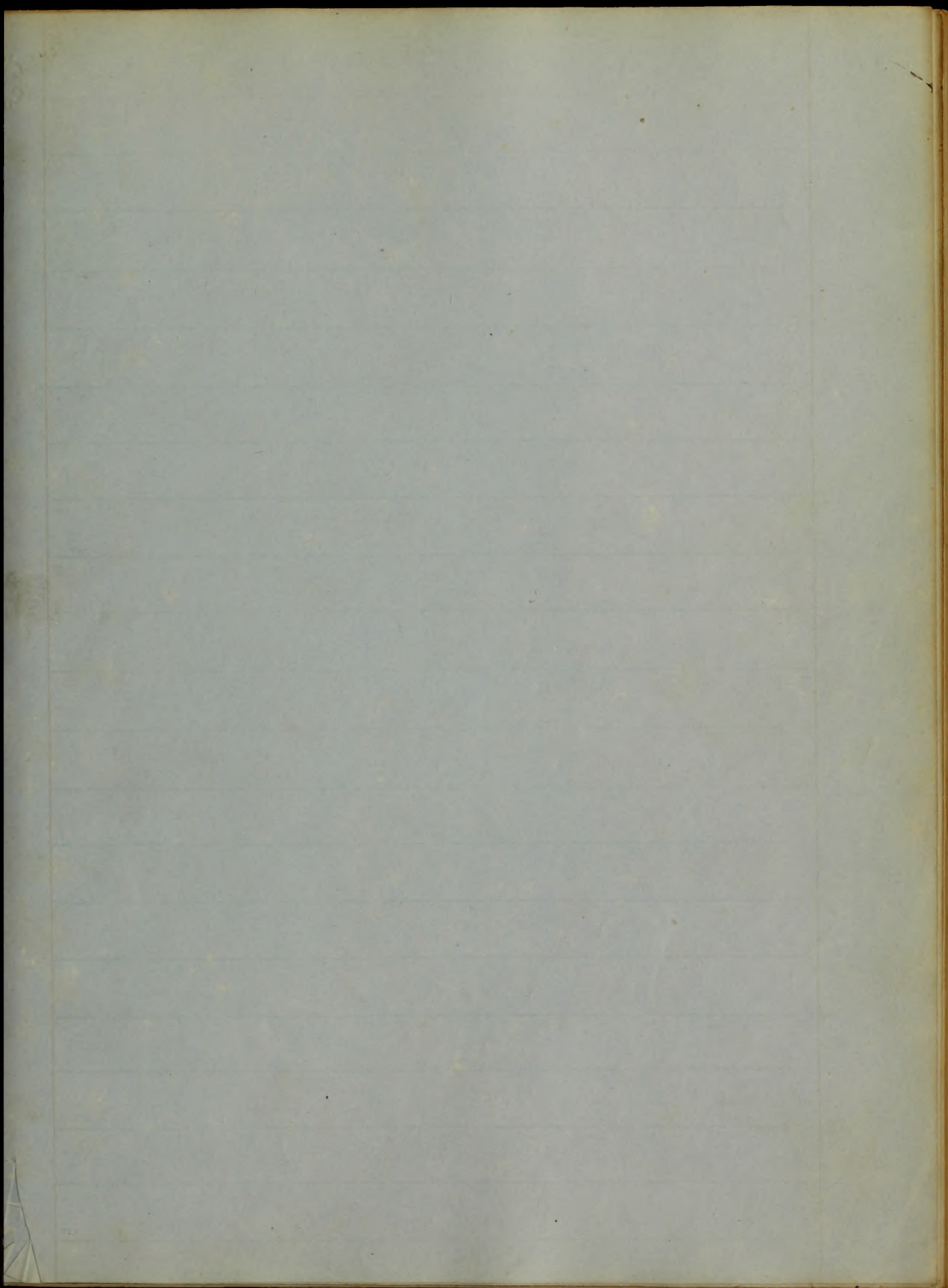


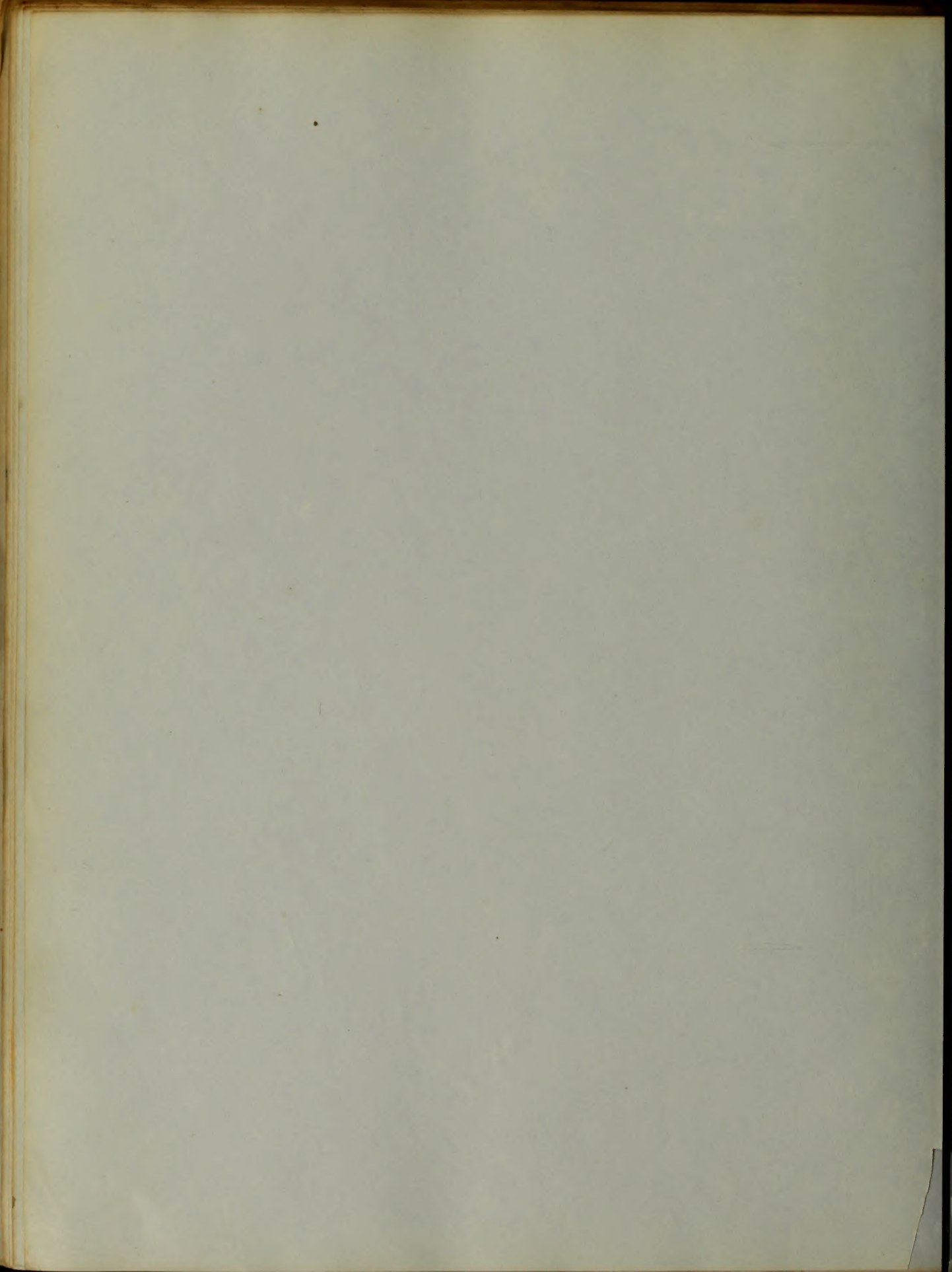
clear away the aphthous crusts from the tonsils and touch them with Nitrate of Silver or diluted Pyroligneous acid; complicating inflammations should be treated by antiphlogistic means. The Malignant variety bears treatment very badly; the eruption should be invited to the surface by rubefacients and by giving stimulants internally in large doses; they should be given even when cerebral symptoms are present. The chlorine mixture has been highly recommended in this form. Here we should use strong infusions of red pepper as a gargle and apply Nitrate of Silver or undiluted Pyroligneous Acid to the tonsils; and Turpentine to the throat externally. Scarlatina sine eruptione should be treated as common sore throat taking care however to guard the patient carefully against the sequelae of the disease.

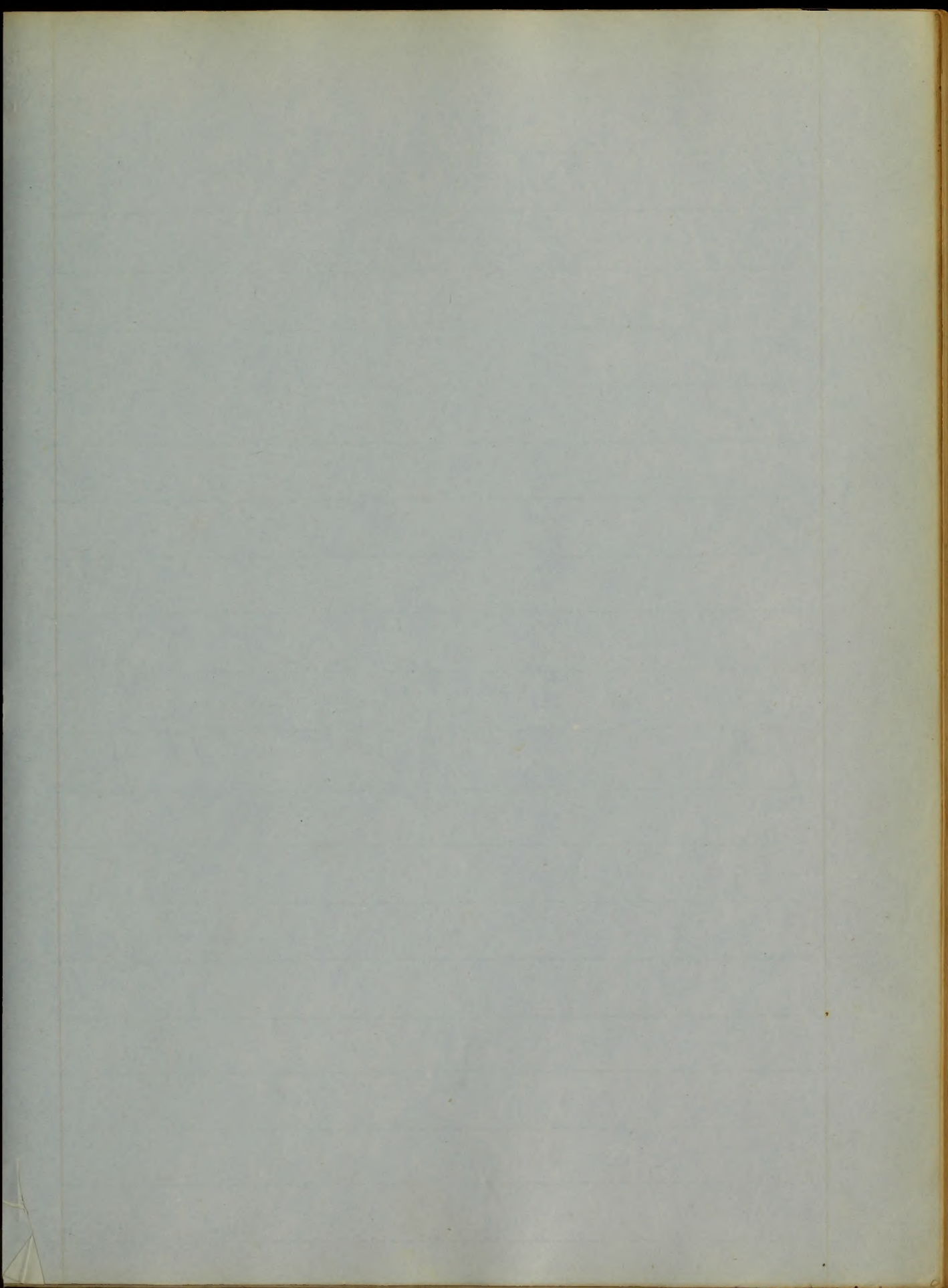


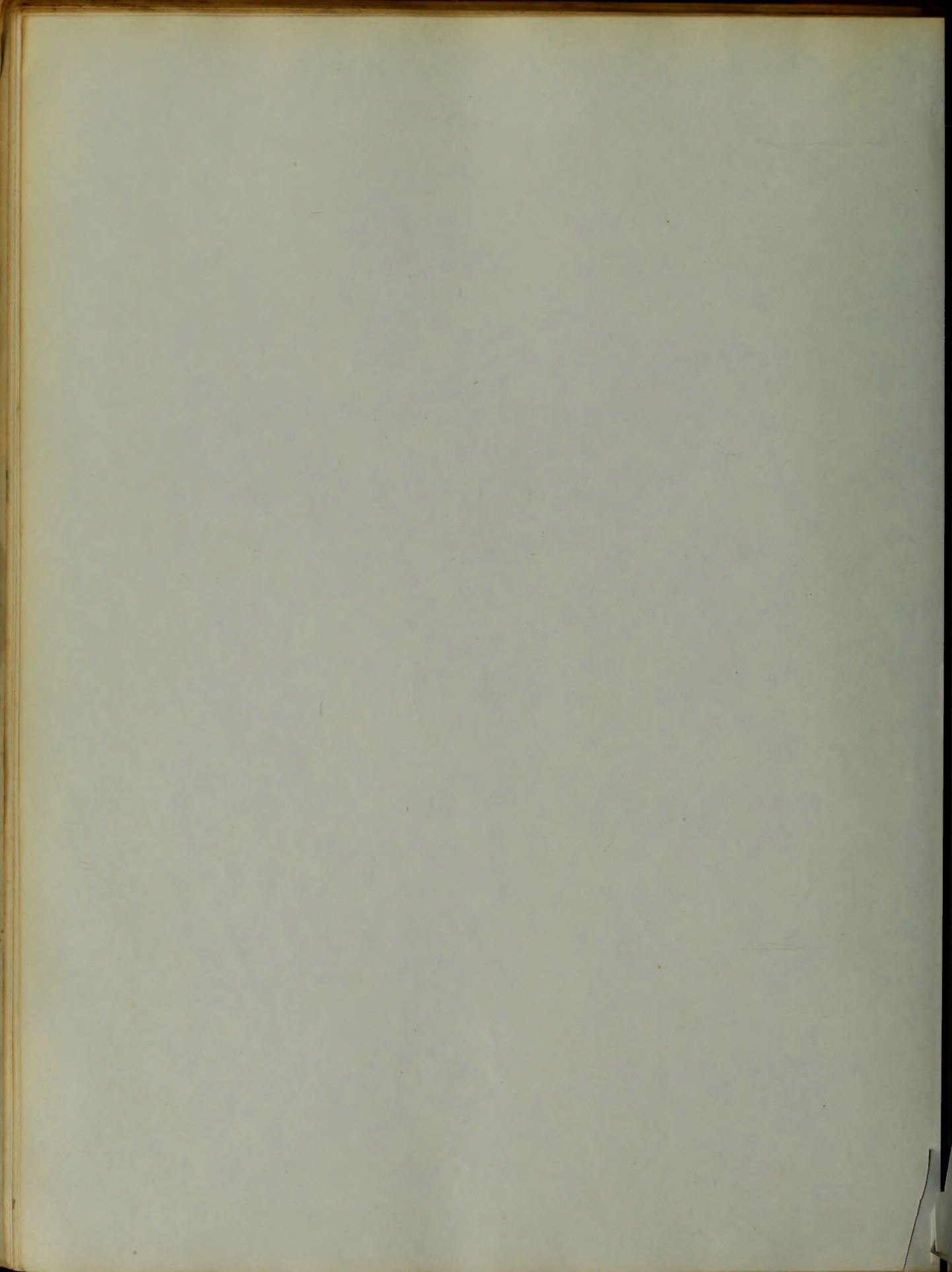


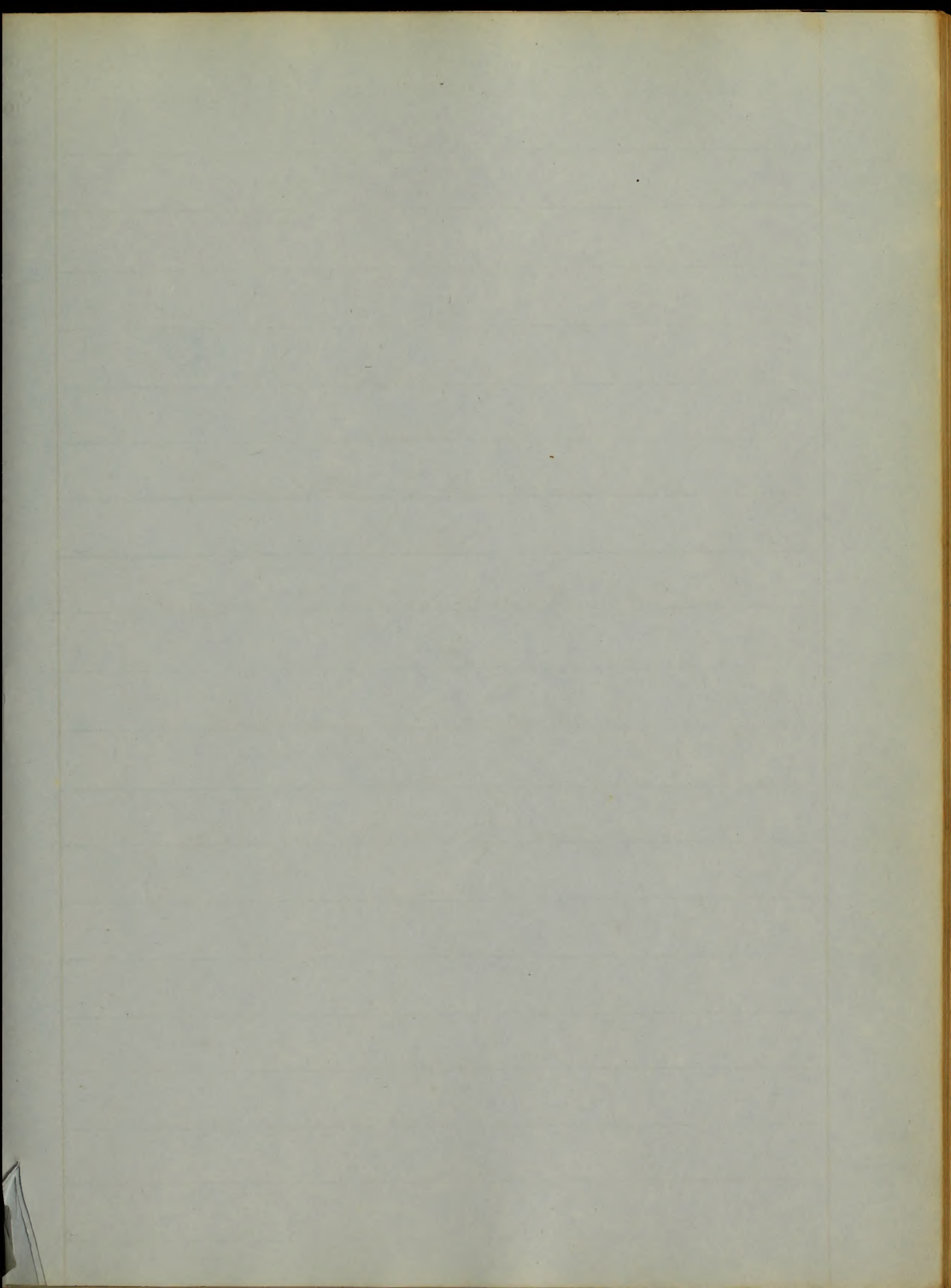


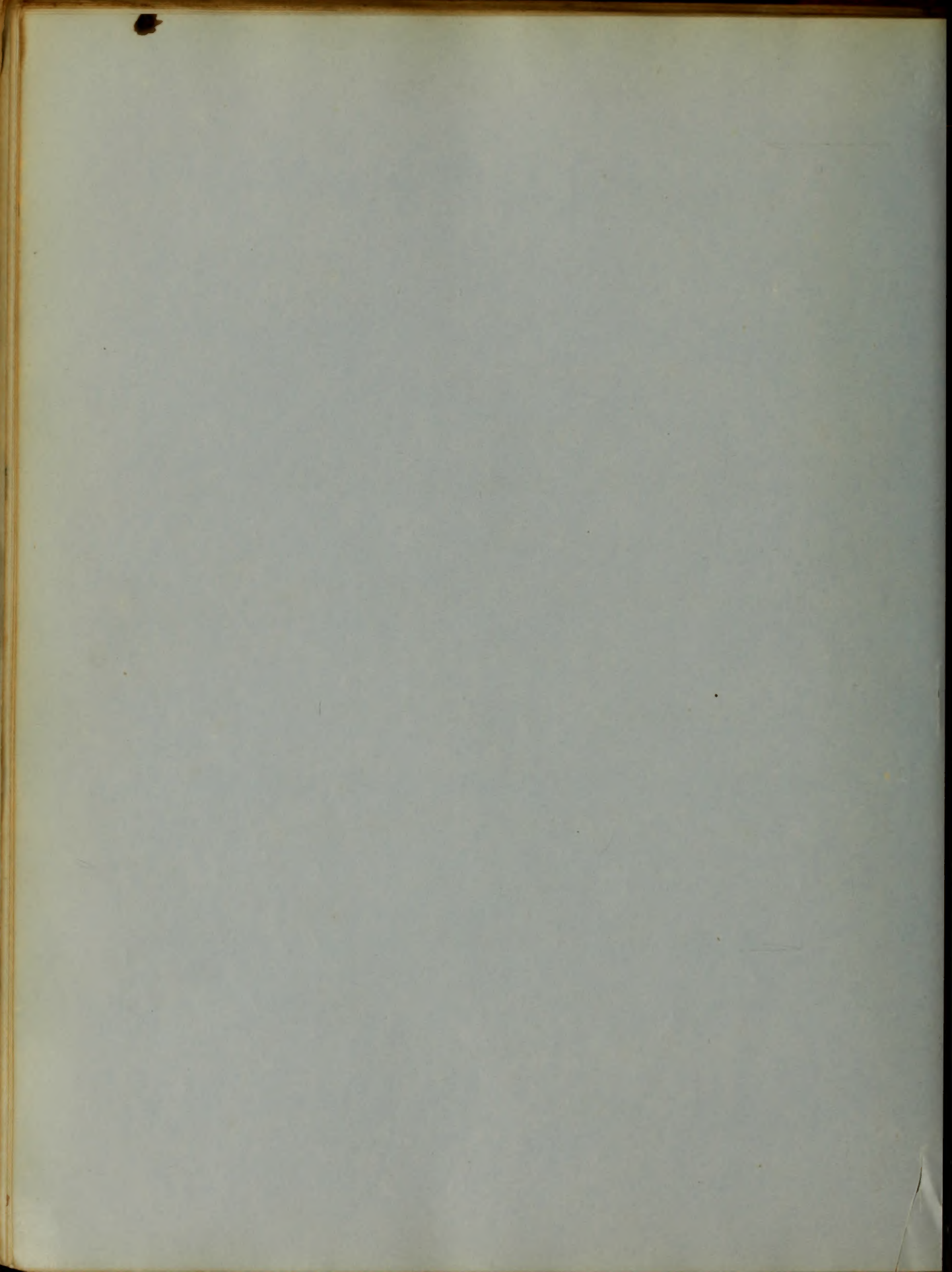






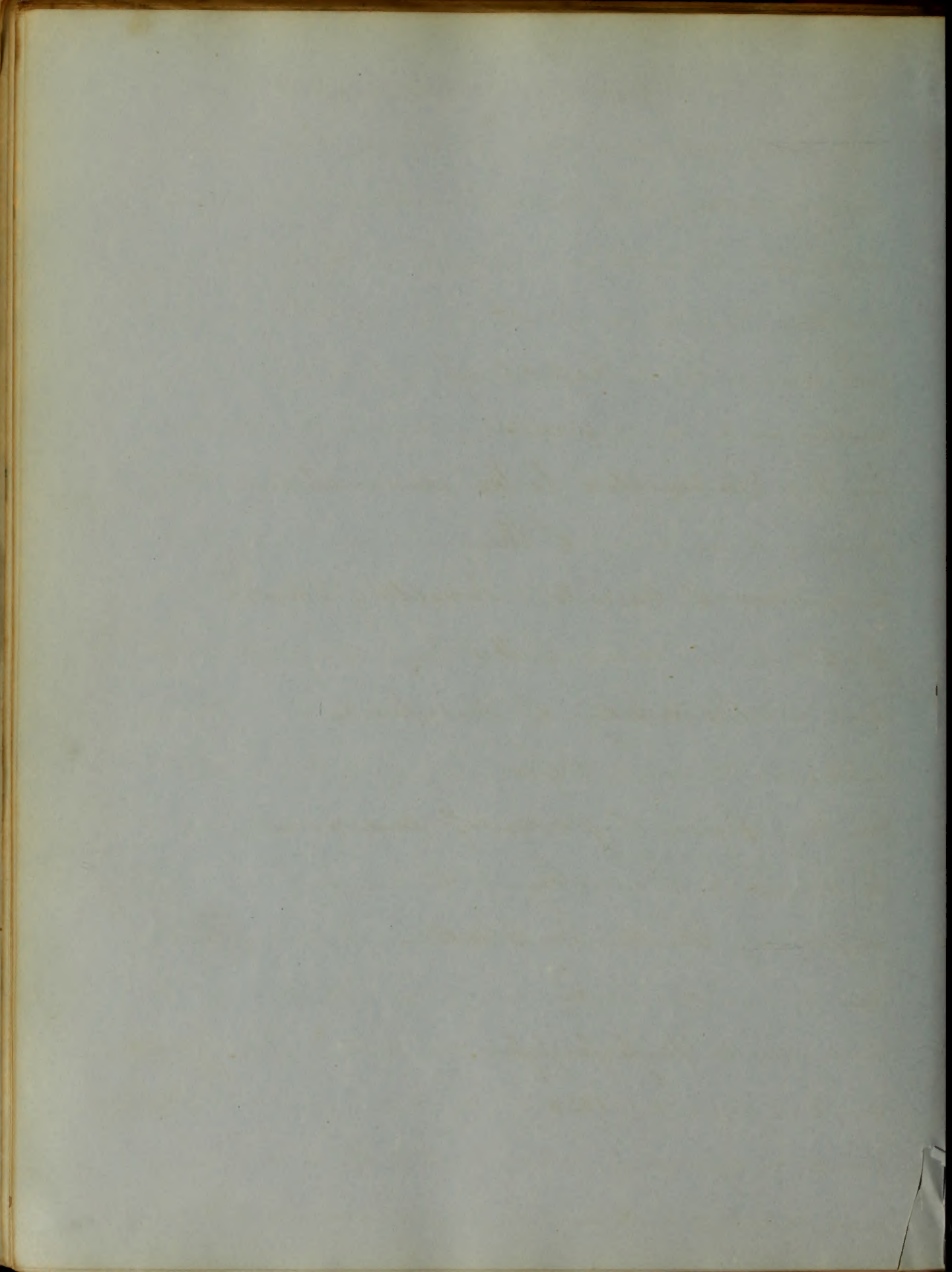






A
Report of
Cases
Submitted to the examination
of the
Provost, Regents, + Faculty of Physic
of the
University of Maryland
for
Degree of Doctor of Medicine
by
Owille M. Blanton
of
Mississippi.

1850



1
Case N^o 1. Intermittent Fever.

John Burke, aged 24, a native of Ireland, province of Connaught, came to the United States two years ago; since which time he has been employed on the Baltimore and Ohio Rail-road as a quarryman. Burke is five feet nine inches in height, well proportioned and muscular. He has generally enjoyed good health, having had but one spell of sickness before, and that previous to his coming to this country; on that occasion he was sick for two or three weeks. — His location on the B + O, R. R., was 28 miles east of Cumberland upon the head waters of the Potomac river, where he was taken sick. At this point there is a stagnant pool, and the drinking water is very bad. His work required him to be exposed, ^(for the most part) to the direct rays of the sun. —

Aug' 28th 1849, admitted into the Baltimore Infirmary. He states that he was attacked, eight days ago with pain in the head, above the frontal sinuses, and in the occipital region; about 12 o'clock M on that day, he had a slight chill followed by high fever, which lasted two or three hours, and passed off with profuse perspiration. On the following day

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day, and every day since he has suffered with a par-
oxygen. He ~~had~~ had no medical treatment until ~~since~~
he came into the Infirmary.-

At this time he has no fever, skin pleasant & perspiring;
no tenderness, or gurgling in the right iliac region, or tympi-
tites; no enlargement of the spleen, or liver; and no ab-
normal sounds discoverable about the chest. He com-
plains of some pain in the back of his head, & ringing in
his ears; vision good; tongue covered with a white fur; pulse
115 full & soft; bowels constipated.-

Rx. Sulph Quinine gr̄vi every two hours, & Zij ℞ Ricini
to be given at 5 o'clock P.M.-

Aug 29th 11 o'clock A.M. Patient feels greatly better; rested well
last night; pulse 66, full & soft; skin cool & pleasant;
slight pain in the back of the head, & ringing in the ears;
centre of the tongue covered with a white fur, edges red;
he had one free evacuation from the bowels in the course
of the night.- Rx. Quinine continued.-

30th Passed a comfortable night; pulse 64 full & soft;
skin pleasantly cool & moist; tongue slightly furred;
some ringing in the ears, & slight pain in the back of
The

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the head. He has had no paroxysm since day before yesterday; & has some appetite. — *R.* Sulph' Quinine grs iij. every 2 hours. —

31st Rested well through the night; has had no paroxysm; appetite improving; skin natural; pulse 64; bowels moved this morning; says he perspires a great deal; some pain in the head, & ringing in the ears; tongue still slightly coated in the centre, & red around the edges. —

R. Quinine as before. —

Sep 1st Rested well; feels greatly improved; skin natural; pulse 76, & otherwise healthy; appetite good; tongue as yesterday; free from head-ache; & has but slight tinnitus aurium; he is still rather weak, but his strength is rapidly returning, & he has been walking about the room. —

R. The Quinine every three hours. —

Sep 2^d A good night; spirits fine; skin & pulse natural; appetite good; and says he feels perfectly well. —

R. Quinine continued every 3 hours. —

3^d Improvement continues. —

R. Zij Cold infusion Eupat' perfol' 3 times daily. —

4th Entirely recovered from his Intermittent fever,
 but

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but continues in the hospital on account of a violent attack of Conjunctivitis.

Intermittent Fever. - Case N^o. 2. -

James Belfrey a labourer, came into the Baltimore Infirmary on the evening of the 12th September. He is a native of Ireland, 25 years of age; 5 feet 7 inches in height, stout, & muscular; and rather intemperate. -

He has been in the United States some five months, & working on the Balt^o & Ohio rail-road, about half a mile distant from the Patapsco river. He does not remember ever having been sick before. -

This patient has been complaining of indisposition for four or five days; in the first instance, he was seized with slight chill, which was followed by a fever attended with severe frontal, occipital, & lumbar pain, all of which passed off with profuse perspiration after the expiration of four hours, since which time, he has felt more or less out of health, & has rested badly at night. - At noon on the day of his admission into

The history of the Republic of the United States of America is a story of the struggle for freedom and justice for all. It is a story of the brave men and women who fought for the principles of liberty and equality. It is a story of the triumph of the American spirit over adversity and oppression. It is a story of the enduring values that have shaped our nation and continue to inspire us today.

The American Revolution was a turning point in our history. It was a time when the people of the colonies declared their independence from Great Britain and established a new government based on the principles of the Declaration of Independence. This was a bold and courageous act that laid the foundation for the United States as we know it today.

The American Civil War was another defining moment in our history. It was a time when the nation was divided over the issue of slavery. The war was fought between the Union and the Confederacy, and it resulted in the preservation of the Union and the abolition of slavery. This was a great victory for the principles of liberty and equality.

The American West was a land of opportunity and adventure. It was a time when the pioneers ventured westward in search of a better life. The West was a land of freedom and self-reliance, and it played a vital role in the development of the United States.

The American Industrial Revolution was a time of great change and progress. It was a time when the nation was transformed by the power of the machine. The Industrial Revolution brought about the growth of cities and the rise of the middle class. It was a time of innovation and discovery, and it laid the foundation for the modern world.

The American Civil Rights Movement was a time of great struggle and sacrifice. It was a time when the people fought for the rights of all Americans, regardless of race or color. The Civil Rights Movement was a great triumph for the principles of liberty and equality, and it inspired people around the world.

The American Space Program was a time of great achievement and exploration. It was a time when the United States became the first nation to send humans into space. The Space Program was a great triumph for the American spirit of exploration and discovery, and it opened up new frontiers for humanity.

The American Bicentennial was a time of reflection and celebration. It was a time when we looked back on the history of the United States and celebrated the values that have made us a great nation. The Bicentennial was a great opportunity for us to reaffirm our commitment to the principles of liberty and equality.

The American future is bright and full of promise. It is a time of great opportunity and challenge. We must continue to uphold the principles of liberty and equality, and we must work together to build a better future for all Americans. The American spirit is our strength, and it will continue to inspire us to reach for the stars.

into the Infirmary, he suffered with another paroxysm, attended by the same phenomena as the first, and after a like duration passed off. That night his rest was disturbed as usual, & he perspired freely. -

Sep 13th. Belfrey has a rather a melancholy expression of countenance; respiration 26 & easy; pulse 74 soft & full; skin moist & clammy. - He complains of severe pain in ^{the} frontal, occipital, & lumbar regions, & slight deafness, with tinnitus aurium. His mind is clear, & he answers questions promptly. Tongue has a slight whitish fur upon it; he has but little desire for food; with an unpleasant taste in his mouth; & his bowels are constipated. Physical signs reveal nothing abnormal. -

R Salicin gr vi every 2 hours. -

14th, 4 o'clock P.M. Did not rest well last night; has had no paroxysm to day; expression of countenance more animated; pulse 74; respiration 24; skin of good temperature, & less clammy. He still suffers, though in a less degree, with pain in the head & back, ringing in the ears & deafness. The tongue presents the same appearance it did at last visit, & the unpleasant taste in the mouth remains, although

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although his appetite has improved somewhat. His bowels have not been moved. - \mathcal{R} Ol Ricini Zij at 5 o'clock; + Salicin gr \mathcal{V} ; every 2 hours. -

15th 4 o'clock P.M. Passed a restless night, unattended however, with profuse perspiration; has had no return of the paroxysm; his skin now is pleasant & moist; respiration 22; pulse 72, regular, soft & full; tongue cleaning off in the centre, & his appetite is very good. He complains of a slight pain in the head still; & also of a stitch in the epigastric region; bowels have not been evacuated. -

\mathcal{R} . An enema immediately; + Salicin continued. -

16th 4 o'clock P.M. Our patient has been gradually improving since we last visited him; his physiological condition appears good, with the single exception, that the skin continues to pour out perspiration too profusely. - \mathcal{R} . Salicin as before. -

19th 4 o'clock P.M. Has rested well the two past nights; still perspires too freely; the bowels have not been acted upon for 36 hours. - \mathcal{R} . Enema immediately; + the Salicin every 4 hours. -

20th Discharged Cured. -

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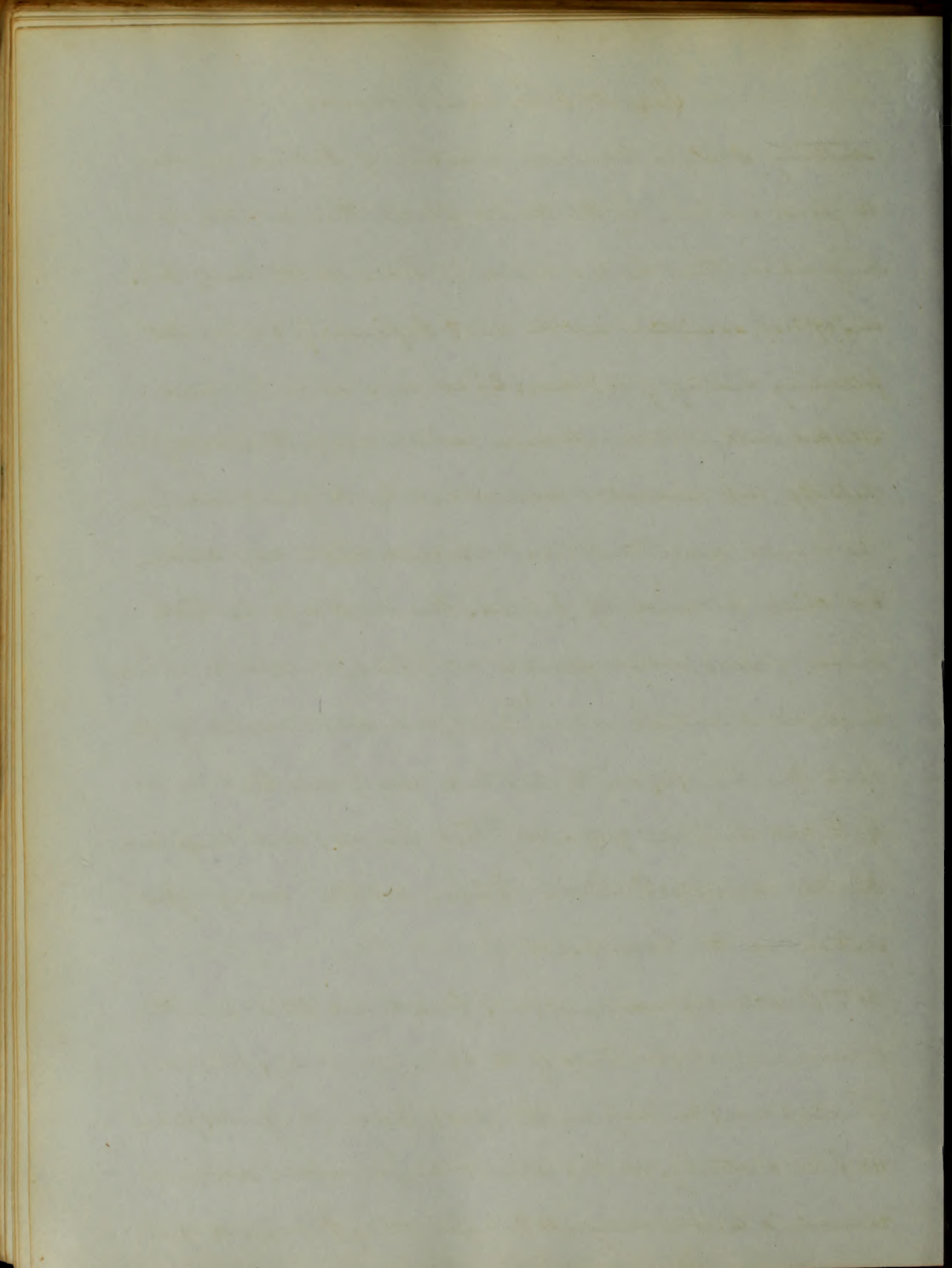
Case No. 3. Typhoid Fever.

Anthony Daily, - labourer, a native of Ireland, aged 16 years; has been in the United States three months, during which time he has lived in Texas Balt^o County Md^o.

Aug^r 27th 1849, admitted into the Balt^o Infirmary; & gives the following history of his case; Eight days since he was attacked with a chill at noon, which did not entirely pass off, but moderated somewhat by the next morning. The same symptoms have recurred each day since, i.e. chill followed by fever. Three days ago he took a dose of salts, which operated very freely, & left him with a slight diarrhoea, which ^{has} been gradually increasing upon him up to this time; to day he has had seven stools.-

Rx. Sulph^r Quinine gr*ij* every two hours; and Compound Chalk mixture to be taken, after every operation on the bowels.-

28th. Continuance anxious; face flushed with a sensation of burning; slight heat of the skin generally; tongue pointed & red; ringing in the ears; vision perfect; pulse 110 full & strong. He has slight cough, with a sibilant rhonchus in both lungs, & the respirations frequent. A few



faint red points, disappearing on pressure, are to be observed
 on his chest & abdomen, looking very much like rose-
 spots; there is slight fullness in the left hypogastric region;
 the liver is of normal size; moderate tympanites; gurg-
 ling in the right iliac region, together with pain on
 pressure; as is also the case in the regions of the spleen,
 umbilicus & stomach. There is irritability of the biceps mus-
 cle. He says he feels very weak, & complains of severe
 aching pain in the head. He lies mostly on his back,
 but changes his position from side to side for relief.
 He answers questions quickly, & intelligibly, & presents
 the appearance of having a robust constitution. His bowels
 have been so frequently acted upon to day, that he could
 not keep a correct count. -

Rx. Pulv' Opii grj. Pil' Hydrarg' grj. Pulv' Specac' grj. Gum Arabic
 pulv' ʒ. M. - ~~℞~~ d + ft pil xij. One to be taken every 2 hours;
 the Chalk-mixture to be given after each operation; & the
 Quinine to be discontinued. -

29th. Rested badly last night; great pain in the head;
 face flushed; tongue red & pointed; increased cough; so-
 norous rale; pulse 108; skin hot & dry; bowels very free. -

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Q. Continue the pills, & Chalk-mixture. Cupes to the back of the neck, & under the Clavicles.—

30th A bad night; head-ache; great heat & flushing of the face; slight delirium through the night. The tongue remains the same; has no appetite; several stools during the night & two this morning; pulse 114; skin hot & dry; cough very troublesome; sonorous rale; gurgling in the right diac region; irritability of muscles; & rose-spots are very distinct on the abdomen & chest.—

Q. Pills & Chalk-mixture as yesterday, & ice applied to the head.—

31st Uncomfortable night; slight delirium with head-ache; flushed & hot face; tongue red & pointed; great thirst; rose-spots distinct on chest, abdomen & arms; pulse 108 quick & soft; skin moist but warm; respiration 40; mucous rale in both lungs; has had nine stools since last visit.—

Q. As yesterday.—

Sept 1st Our patient says he rested tolerably well last night; talked considerably in his sleep; annoyed very much with head-ache; face flushed & hot; tongue as before

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-fore; great thirst; skin dry & warm; respiration 44; pulse 115- small & corded; no appetite, but takes a small quantity of tea & bread; rose-spots; gurgling; pain on pressure in the iliac region, & tympanites; cough better; slight expectoration of viscid mucus; crepitant rale to a limited extent in both lungs. -

Rx. Gum Arabic pulv' ℥ss. Bicarb Soda, ℥ij. Vin Ipecac.
Syrup Squills aa f ℥ij. Aqua distill ℥vii℥ss. M. Take a table spoonful every two hours. Ol Ricini ℥ij at 4 o'clock P.M. -

2^d Did not rest so well as the night before; talked a great deal in his sleep; face flushed; skin hot & dry; no head-ache; tongue as before; great thirst; pulse 106 soft & weak; respiration 44; considerable cough; sonorous rale; rose-spots, & gurgling in iliac region very distinct; slight tympanites; no pain on pressure; intellect dull; had two stools yesterday evening & one this morning. -

Rx. The mixture as directed yesterday; & resume the pills of Opium, Mass Hydrarg &c one every 2 hours. -

3^d Uncomfortable night; ringing in the ears, & difficulty in hearing; skin hot & dry; tongue red & pointed; thirst; no

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appetite; rose-spots & gurgling continue; does not complain of pain any-where; coughs a great-deal, especially at night; sonorous rale in both lungs; respiration 44; pulse 120 small & weak; no stool since yesterday.—

Rx. The same, & ^{to} eat ice whenever he desires it.—

^{about 5 o'clock P.M. on yesterday our patient}
4th Being delirious, ~~our patient~~ got hold of his medicines & took ℥iv. of the Cough mixture, & four of the pills of Opium, Maps Hyd &c before he could be checked; he rested badly, & was violently purged all night; skin hot, face flushed; tongue red & pointed; great thirst; eats ice freely; no appetite; sordes on the teeth; hearing imperfect; ringing in the ears; haziness of vision; mind confused, has no conception of time; declares he has had no tea for six weeks; pulse 112 weak & small; thoracic & abdominal symptoms as yesterday, except that there is pain on pressure in the right iliac region; there is great irritability of the muscles.—

Rx. As yesterday.—

5th Slept rather better last night, although attended with a good deal of restlessness; face flushed; skin hot & dry; very deaf; considerable somnolency; pulse 120 weak & soft; cough troublesome; respiration 58; great

throat; sounds of respiration as yesterday; gurgling & pain in right iliac region; tympanites; great debility; one stool last night. -

Rx. As before; + Sinapiam to the Chest. -

6th Symptoms much as yesterday; slept a good part of the night; pulse 124; skin not so hot, & rather moist; respiration 60; great deal of cough; one stool this morning. -

Rx. Mass Hyd' grs XVI. Creta ppt grs XXIV. Pulv' Antimonialis grs XII. An. d & ft pil viij. Take a pill every two hours. Discontinue the pills of Opium Mass Hyd' &c. -

7th. Rested badly; mental faculties much disturbed; troubled by visions & unpleasant fancies in his sleep; he is incoherent, & mutters in his sleep; there is great debility & drowsiness; pupils dilated; deafness considerable; edges of the tongue red; ^{its} surface white & moist; pulse 144 rather full; respiration 62; sonorous & sibilant - rale over both lungs anteriorly & posteriorly; cough troublesome; expectoration free & easy with very slight rusty tinge; some pain in the chest at the time of coughing; much tympanites; Bowels moved twice last night. -

Rx. As directed yesterday. -

The first thing I noticed when I stepped
 out of the car was a warm blanket of
 sunlight. The air smelled like fresh
 bread and the sound of birds chirping
 was everywhere. I took a deep breath
 and felt a sense of peace I hadn't
 felt in a long time. The world was
 so beautiful and I was so grateful
 to be here. I walked down the street
 and saw people smiling and waving
 at me. It felt like I had come home.
 I stopped at a cafe and ordered a
 coffee. The barista smiled at me and
 said, "Welcome back." I looked at
 her and felt a lump in my throat.
 I had missed this so much. I had
 missed the simple things, the small
 moments that made life so special.
 I took a sip of my coffee and
 smiled. It was perfect. I was home.
 I walked back to my car and
 drove home. I was so happy and
 I knew I was never leaving again.
 I was home.

Sep 8th. A good night's rest; says he feels much better; face flushed; skin hot; pulse 108, soft & weak; pupils slightly dilated; deafness continues; still dozes a great deal, & mutters in his sleep; gums swollen & tender, the effect of mercury; tongue as yesterday; respiration 56; sputa slightly rusty. —

Q. Discontinue the pills & give the Cough mixture

9th. Rested tolerably well; skin hot & burning; mind still confused; respiration & pulse as at last visit; tympanites; slight gurgling; cough improving; rhonchi persistent; sputa rusty; two stools in the night. —

Sep 10th. Skin & surface generally hot & burning; light white fur on the ^{surface of the} tongue, edges red; pulse 132 with some irregularity, but soft; respiration 48; coughs up a viscid slightly rusty coloured sputa; some pain on pressure in the right iliac region; rose-spots disappearing; he slept well last night; bowels moved once this morning. —

Q. Continue cough mixture. —

11th. Patient says he feels better; rested tolerably well last night; skin moist, but very warm; pulse 120 & weak; there is great debility; tongue slightly coated

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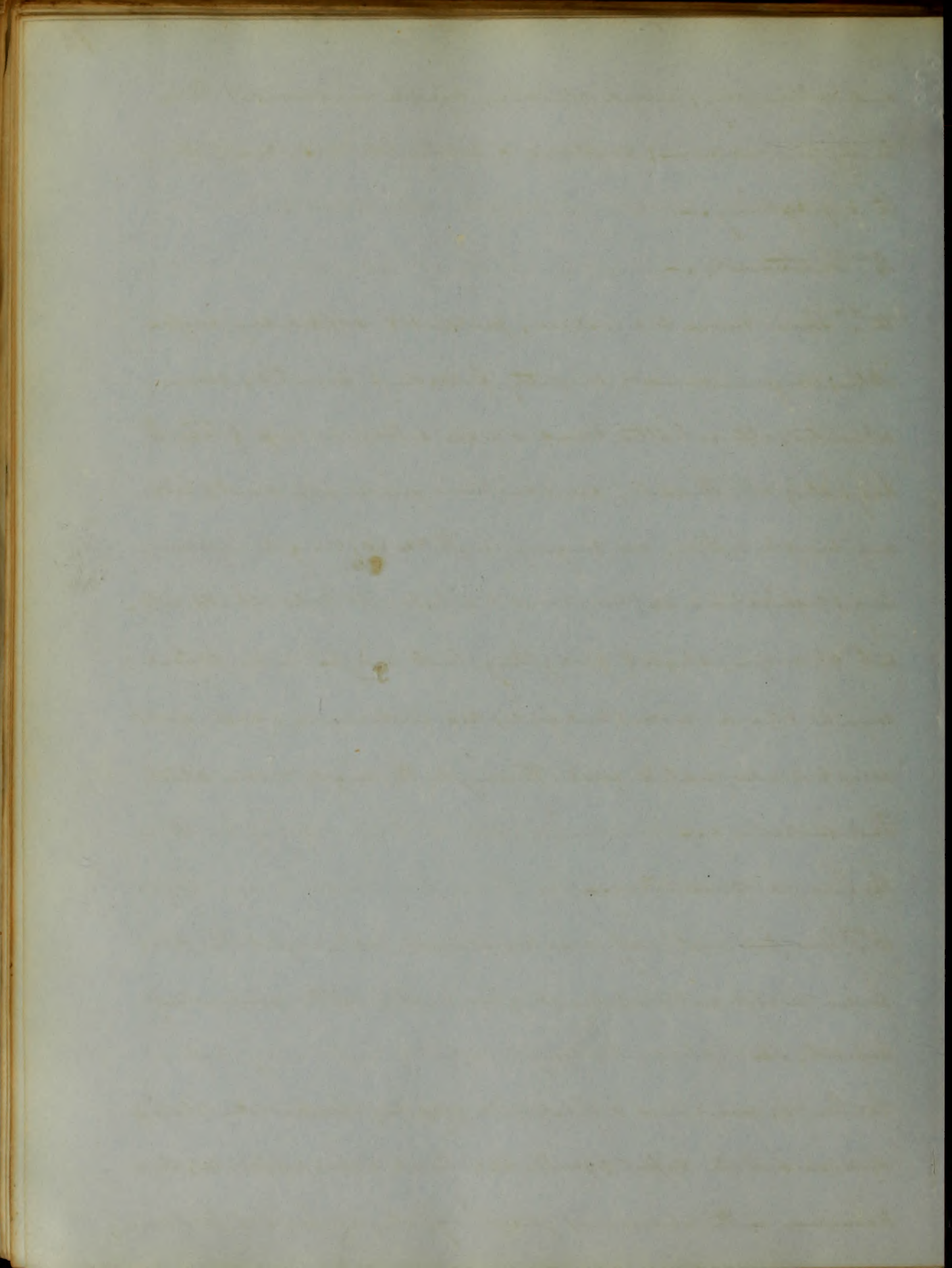
and rather dry; mind clearer; cough improved; there is *tinnitus aurium*; sonorous & sibilant rals; rusty sputa, & gurgling. —

Rx. Continued. —

12th " Skin moist & warm; pulse 118 soft & compressible; tongue moist, slightly furred & pointed; some appetite, ate a little bread & rice, & took a cup of tea to day; slight thirst; emaciation quite apparent; hearing much better; no ringing in the ears; cough improving; respiration 42; sonorous & sibilant rals; sputa without change; slight gurgling, but no pain on pressure; mind clear; more cheerful; no sudamina; rose-spots disappeared; rested well through the night; one stool this morning. —

Rx. Cough mixture. —

13th " Our patient's rest was disturbed last night by profuse perspiration; his tongue nearly clean, somewhat pointed; skin pleasant; cough rapidly improving; respiration 40; sonorous & sibilant rals; expectoration viscid & adheres to the vessel; pulse 120 weak & compressible; sudamina on the abdomen; gurgling; slight pain on pressure;



numbness of the feet; appetite improving; some thirst.
Diet, tea, bread & rice. Had no stool this morning. —

Rx. Alkaline solution & cough mixture. —

14th Rested well; perspires freely; sudamina on the neck;
thin light fur upon the tongue; cough lessening; respi-
ration 40; pulse 104; great irritability of the muscles; com-
plaints of pain in the small of the back, & a stitch in
his left side, when he takes a deep inspiration; ap-
petite gradually improving. —

Rx. As before. —

15th Had a comfortable night's rest; spirits buoyant;
says he feels a great deal better; has been walking
about his room; cough rapidly improving; voice very
indistinct; respiration 38; slight difficulty of breathing,
owing to the stitch in his side; sudamina have disap-
peared; no gurgling or pain on pressure over the ab-
domen; tongue almost clean; strength returning
rapidly. —

Rx. Vin Spicac. Elixir Paragoric $\mathcal{R} \mathcal{R}$ ʒij Gum Arabic ʒij.
Aqua distill ʒiv. ~~℥~~. Take a table-spoonful every
3 hours. —

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16th Rested well; pulse 96 soft & rather full; but little cough; sonorous rale scarcely perceptible; perspires freely especially at night; two boils have appeared on his face; slight irritability of the muscles.—

Rx. As before.—

18th Has rested well the two past nights; is in good spirits; his strength & appetite are rapidly on the mend; complains of a blowing sound in his ears; tongue slightly furred on each side of the fissure; pulse 96; has been walking about the room for an hour; respirations 32; cough almost disappeared; sounds of the chest natural; has had no stool for 48 hours. A dose of Peps' was given to him on Sat. Last, yesterday, but it failed to move his bowels.—

Rx. Alkaline Solution; if the bowels are not acted upon before 4 o'clock P.M. take a dose of Ol. Ricini.—

19th The oil taken yesterday, acted so frequently, as to disturb our patient's rest last night having had seven stools in the course of the night; he complains of the blowing sound in his ears; pulse 88 small & weak; skin pleasant; appetite very good; tongue clean & moist.— Rx. Continue Alkaline Solution.—

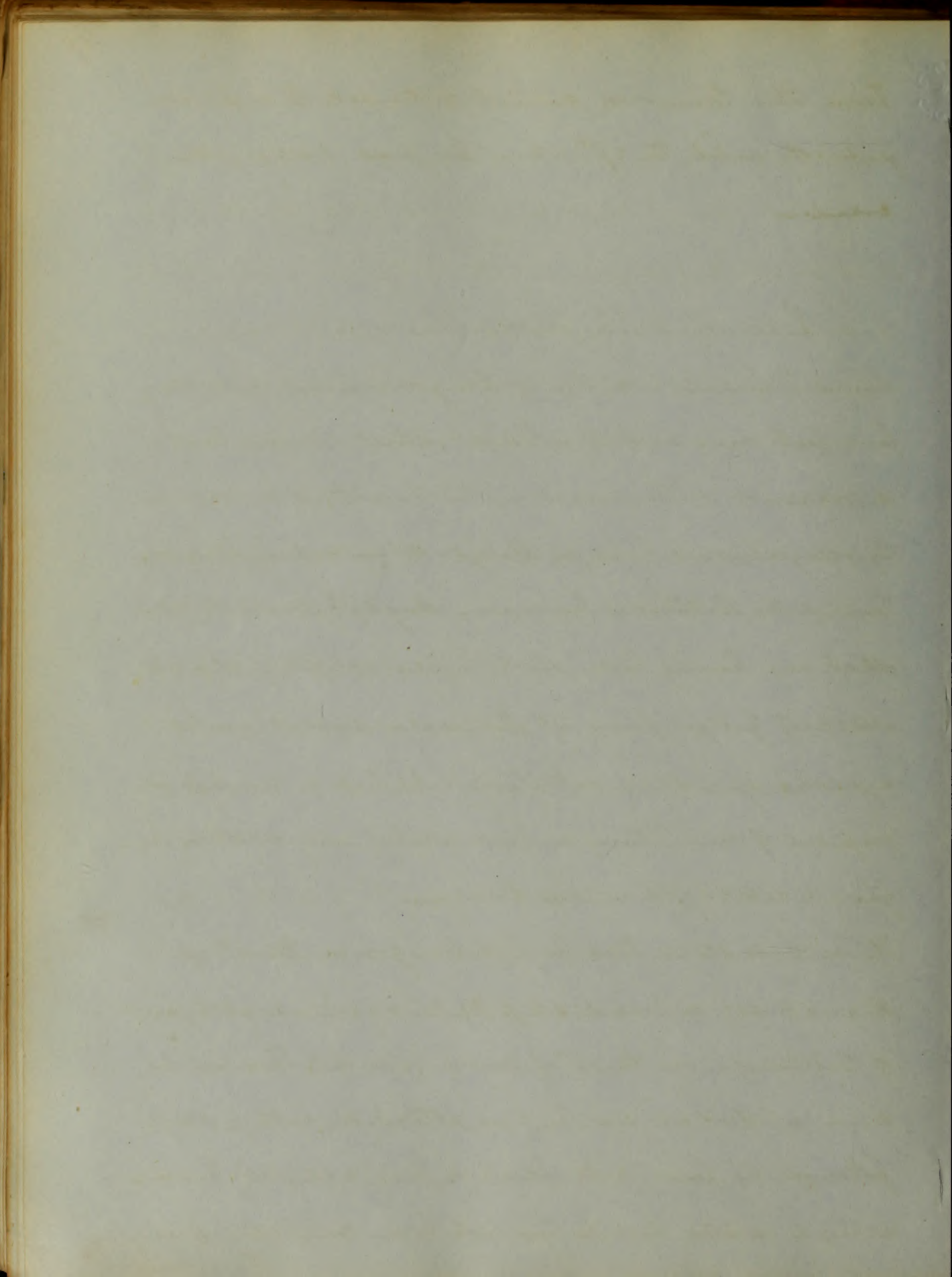
Faint, illegible handwriting, likely bleed-through from the reverse side of the page. The text is arranged in approximately 20 horizontal lines across the page.

From this time, our patient continued to improve gradually until the 29th, when he was discharged cured.

Case N^o. 4 Typhoid Fever.

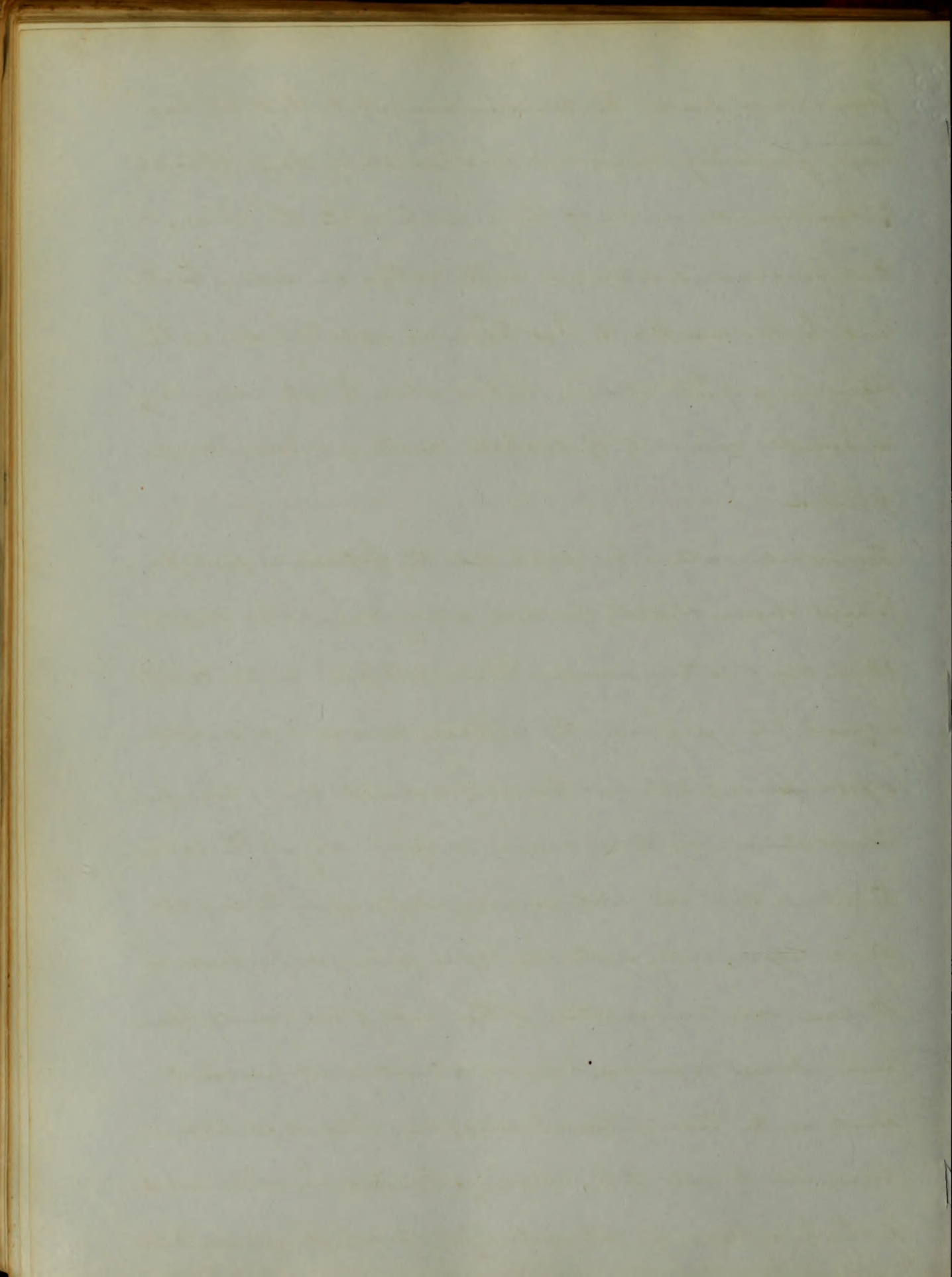
James E. Lemar a native of Bangor Maine; aged 40; five feet nine inches in height, stout & muscular; is married & temperate in his habits; is a sea-man by occupation, & lives in Bangor when not employed. Entered the Baltimore Infirmary Aug '29th; Does not recollect ever having been sick before, except a slight attack of Yellow Fever at Semarara several years ago. His spirits are depressed & he has a careless expression of countenance, indicating considerable languor & debility. Scumbites dorsal.

The patient states that he left Bangor on the 12th of August 1849, on board ship Ocala, & arrived at the port of Baltimore on the 24th of same month. Two weeks since whilst at sea, he was attacked with a chill followed by fever, with flushed face, & slight head-ache; he states that he has not been completely free from



from fever since the commencement, & that he has been growing weaker, & weaker every day, although he continued on duty for a week after the chill, & that he always suffered with vertigo on arising to attend to his work. He has had no appetite since the beginning of the attack, but is able to eat, every day, a small quantity of soaked crackers or corn meal gruel.

On examination he presented the following symptoms; tongue slightly furred & red around the edges; skin dry & rather warmer than natural; pulse so soft & weak; lungs giving the natural sounds to auscultation & percussion; spleen & liver of normal size; rose spots very distinct on the abdomen, & especially on the back; tympanites of the abdomen; gurgling in the right iliac region very distinct; has no pain on pressure or otherwise over any portion of the body; his bowels have been always regular, having about one consistent stool in the twenty-four hours; had two evacuations from his bowels this morning. Whilst on ship-board, he took a dose of Calomel & jalap, which produced
only



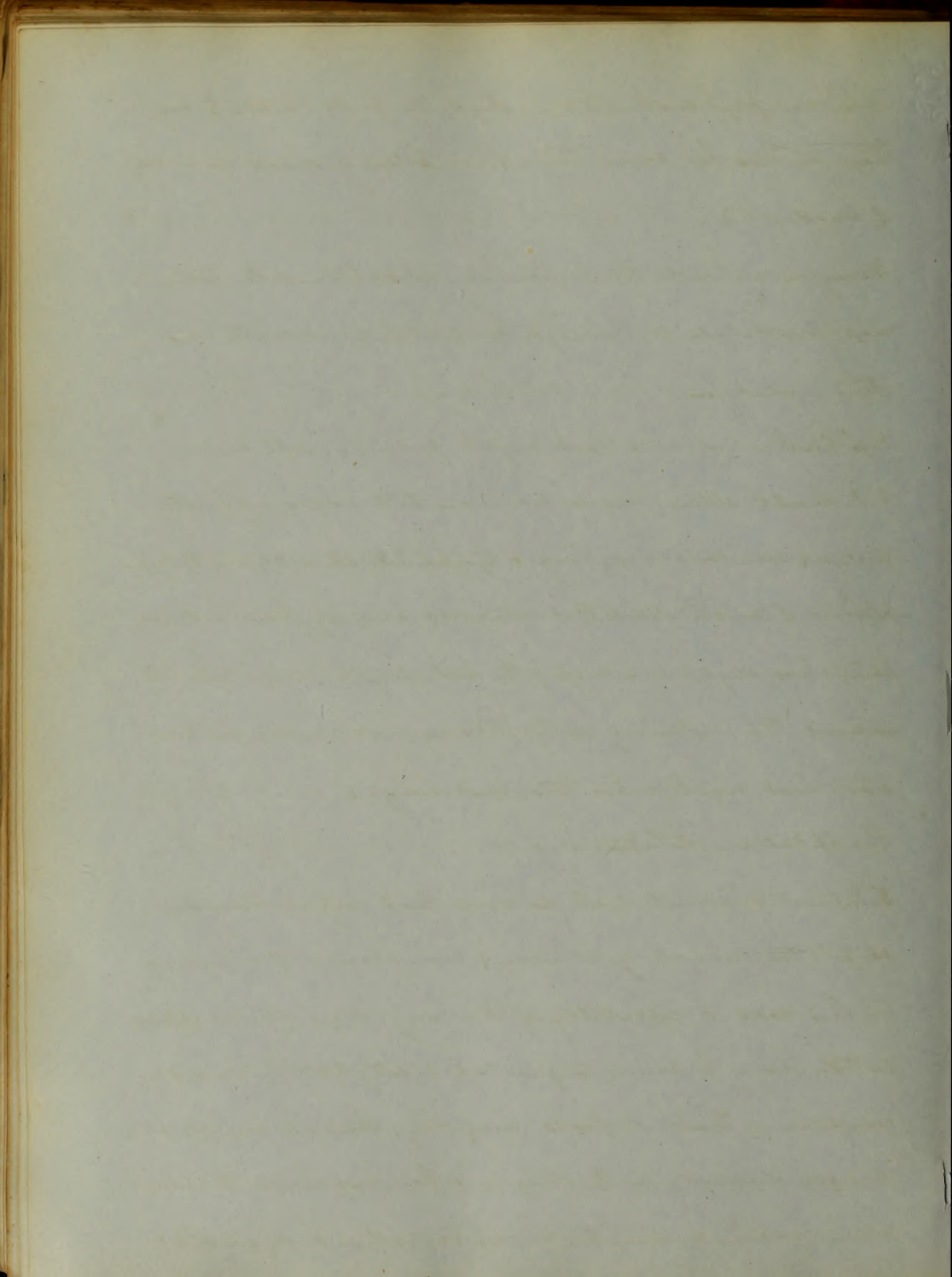
only one free evacuation. Says he feels better to day, than he has for some time; has eaten a small quantity of bread & tea.

When he entered the Infirmary alkaline solution was prescribed for him, & he continues it with no other remedy.--

2^d Patient rested well last night; pulse 76; soft, warm but moist skin; tongue red around the edges, & slightly furred; rose-spots; gurgling, & tympanites still present; complains of much debility, & vertigo on arising from bed; no pain; has slight numbness of the feet; says he does not feel as well this morning as yesterday; had one consistent stool last night, & two this morning.--

Rx. Alkaline Solution.--

3^d Patient did not rest so well last night, having slept too much yesterday; complains of ringing in his ears & difficulty of hearing; says objects appear rather hazy to him; tongue red & slightly furred & he complains that it feels very dry. Several small ulcers are observed on the tongue & fauces; some thirst; skin warm & moist; pulse 82, rather full & soft;



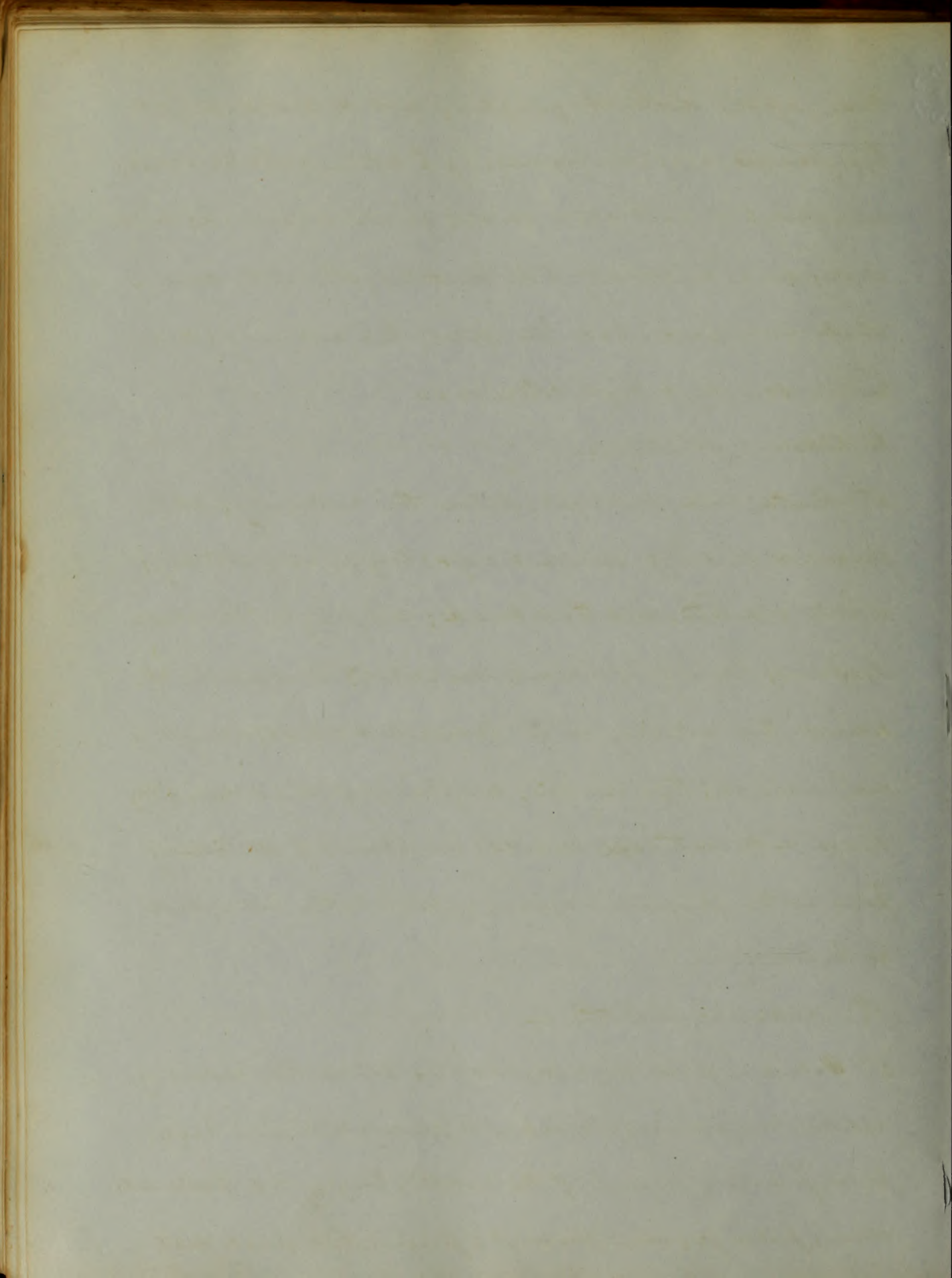
Rose - spots distinct; gurgling not detected; slight tympanites; appetite beginning to return; diet tea & bread; numbness of feet still exists; spirits improved; mind clear; some irritability of the muscles; strength somewhat increased; had two stools this morning; urine rather scanty, & high colored. -

R. Alkaline Solution. -

4th Rested well; had one stool this morning; skin pleasant; pulse 76 small & soft; tongue as yesterday; a little appetite, diet tea & bread; ringing in the ears, & deafness; haziness of vision; rose - spots; Sudamina observed this morning on the abdomen, & chest; gurgling very distinct; tympanites; complains of great debility; lungs with natural sounds; complains of stitching pain in the epigastric region; appetite rather better; diet as before. -

R. Alkaline Solution. -

5th Passed a good night; had two stools this morning; appetite improving; hearing difficult; vision hazy; he complains of dryness of the mouth; tongue red, & almost clean; pulse 72; skin pleasant; perspired a great deal
through



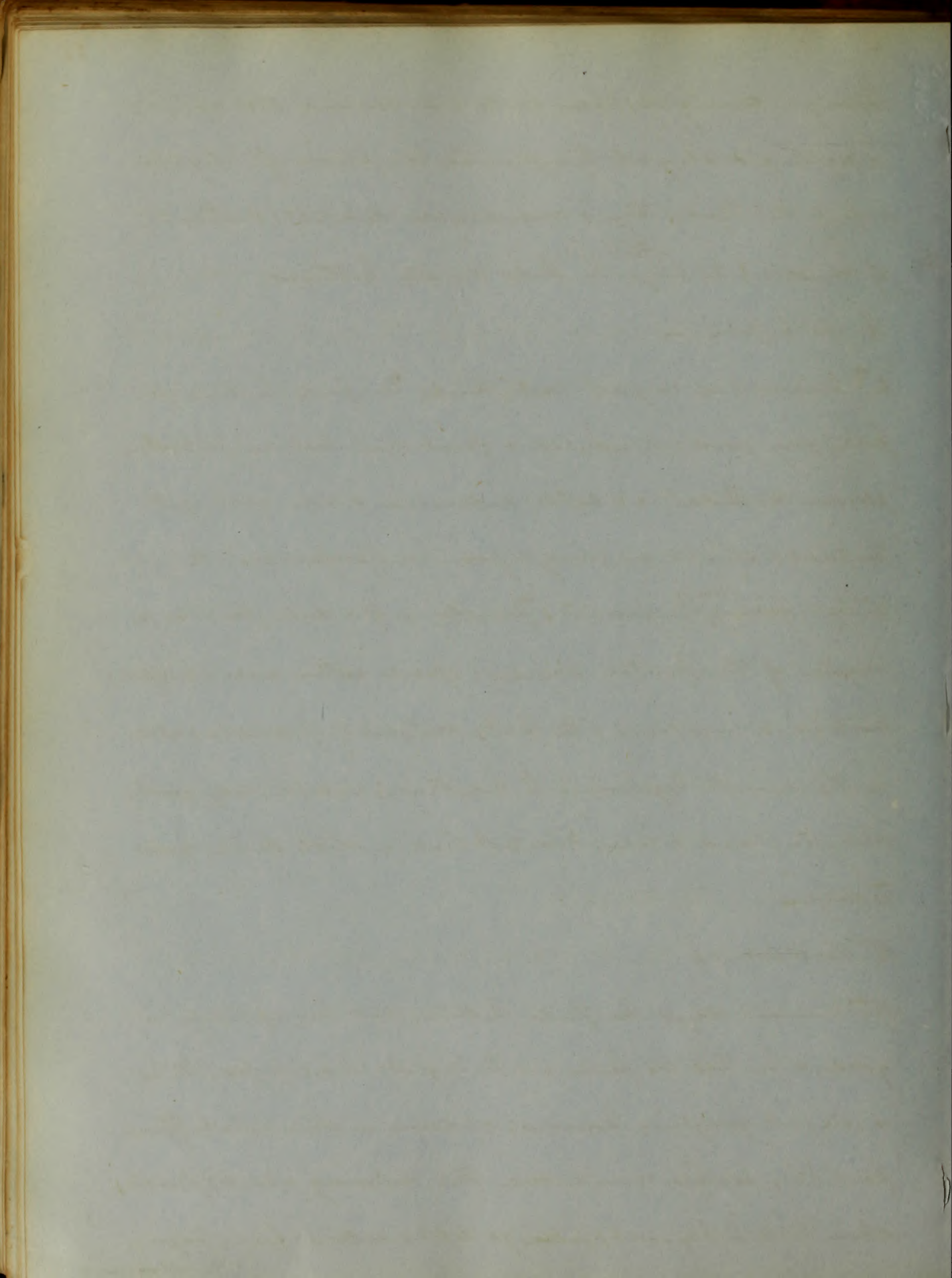
through the night; rose-spots & sudamina still distinct; gurgling; & slight tympanites; complains of lightness of the head; there is considerable debility; irritability of muscle; he says he feels much better.

R. As before.

6th Comfortable night's rest; thinks he feels better; appetite very good; perspired a great deal last night; skin pleasant; pulse 72 + soft; sudamina, & rose-spots yet distinct; slight gurgling, & pain on pressure in the right iliac region; ^{there is} tympanites; ^{he} complains of a dull pain in the region of the frontal sinuses; spirits rather more cheerful; vertigo, & numbness of the feet; irritability of muscle; ulcers in the mouth beginning to cicatrize; appetite very good; diet, tea, bread & rice; has not had a stool since yesterday.

R. As before.

7th Linnæus says he feels better; that his appetite is good, & he has no pain in the right iliac fossa; there is slight gurgling however; abdomen somewhat tympanitic; bowels moved once this morning about 5 o'clock; skin cool & pleasant; pulse 70 soft & rather full; tongue ^{cleaning}



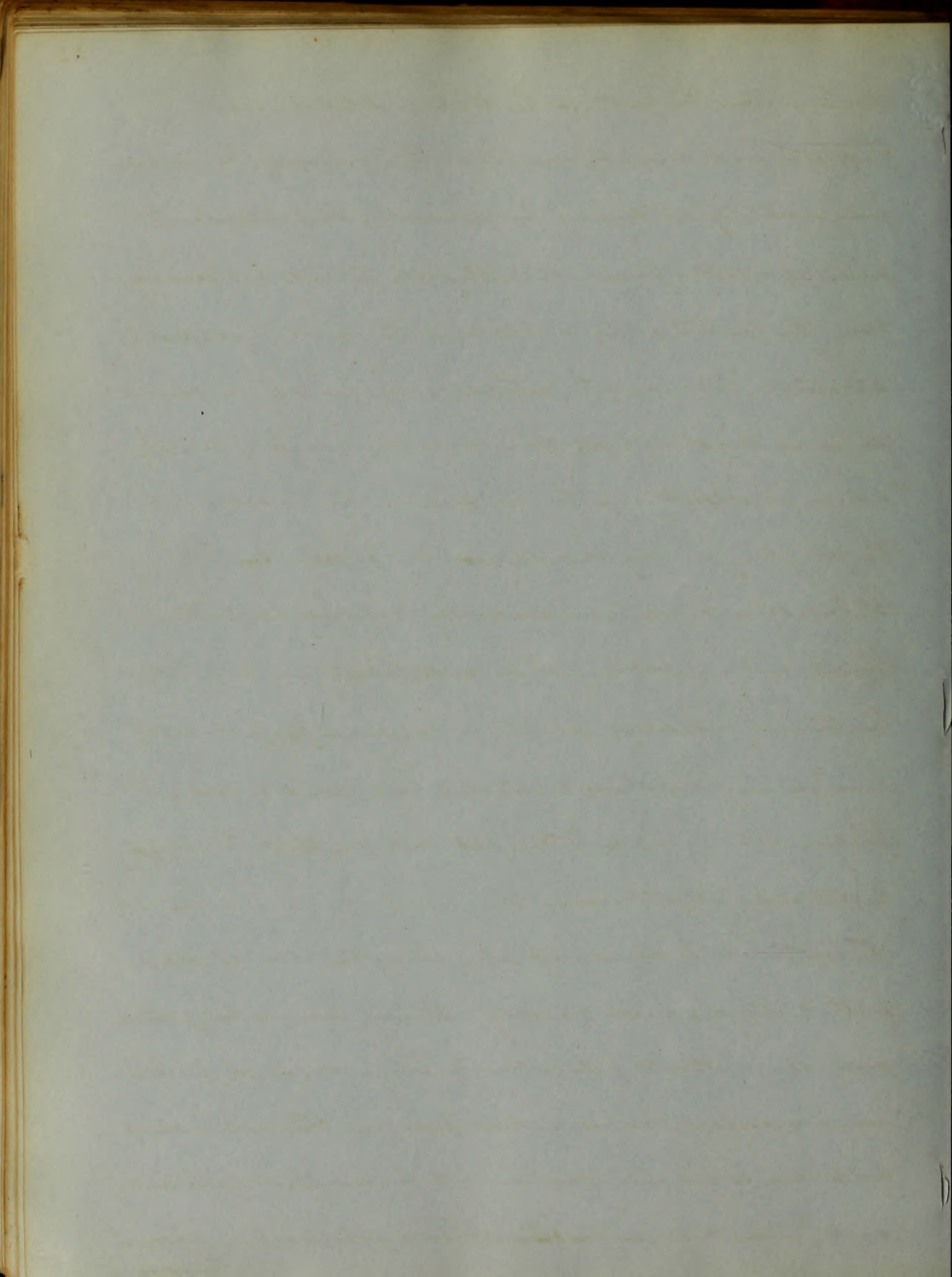
cleaning from the centre. — R. Alkaline Solution. —

8th. Had a good night; one stool this morning; he is cheerful, & sitting up sewing his garments; skin pleasant; pulse 70 & soft; tongue still slightly furred & cleaning from the centre & edges; ulcers in the mouth disappeared; secretions of the mouth natural; complains of a slight pain in his shoulder; still some numbness of the feet; has an excellent appetite; no pain in the abdomen, & the gurgling is very trifling. — R. The same as

12th. Our patient has been gradually mending up to this time; last night he rested well; perspired but little; his tongue is clean; appetite good; pulse 76 full & soft; he is ^{re} gaining his strength; his eyes look red, & he complains of weakness in them; had had no stool to day. —

R. Alkaline Solution. —

16th. Continues to mend rapidly; strength almost perfectly restored; pulse 76, full & strong; takes a long walk every day, without feeling much fatigued; as yet his hearing is imperfect; he has a dull pain in the right shoulder & arm. — Directed Friction with Ammoniacal liniment over the seat of pain & the alkaline solution to be discontinued. —



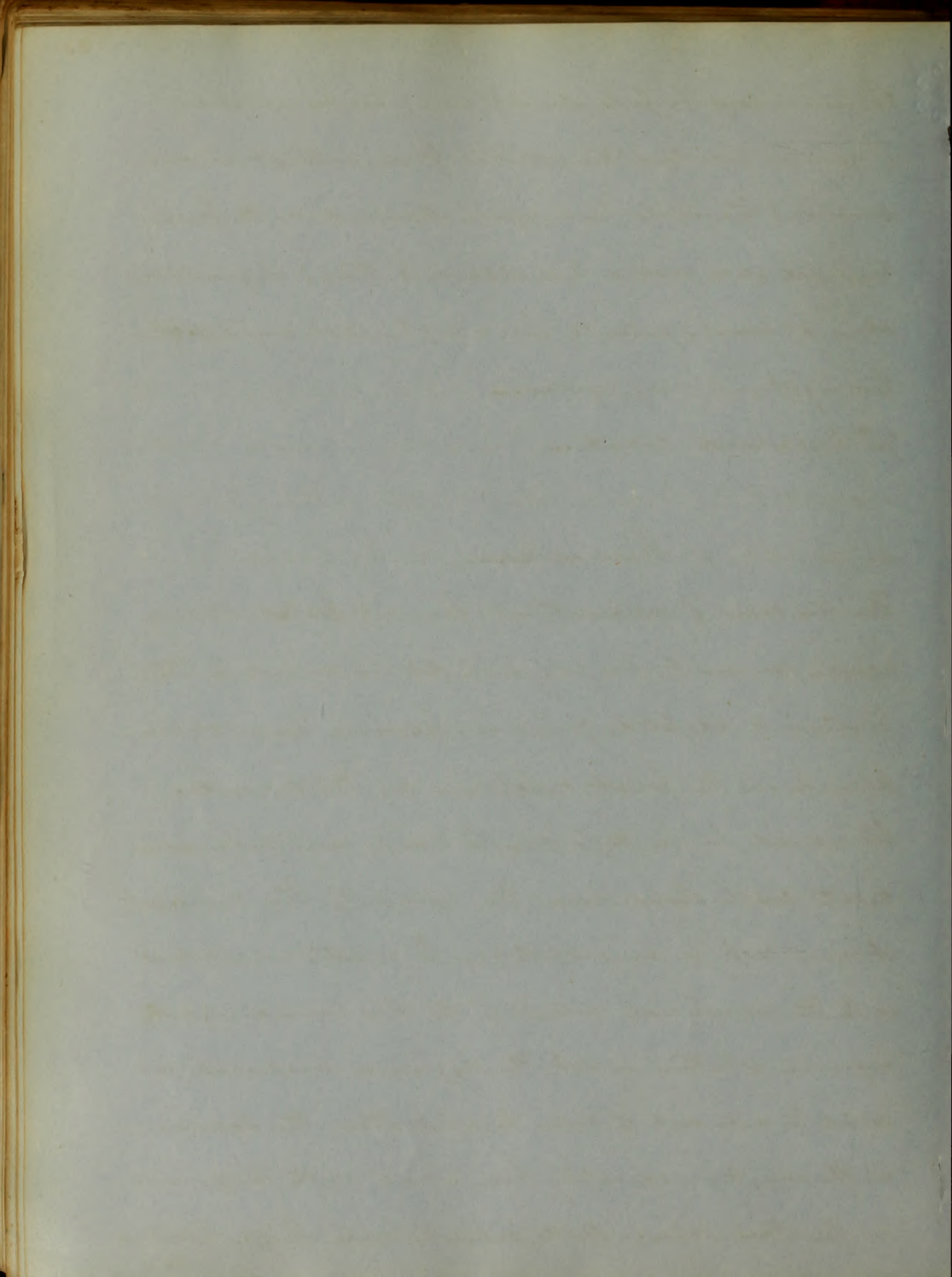
22^d Patient says he feels almost well; has no irritability of muscle; indulges his appetite freely without inconvenience; two ulcers have, again, appeared on the fauces; muriatic acid directed to be applied to them; tongue clean; skin pleasant; pulse 80 full & soft; still imperfect hearing; bowels very regular. —

24th Discharged cured. —

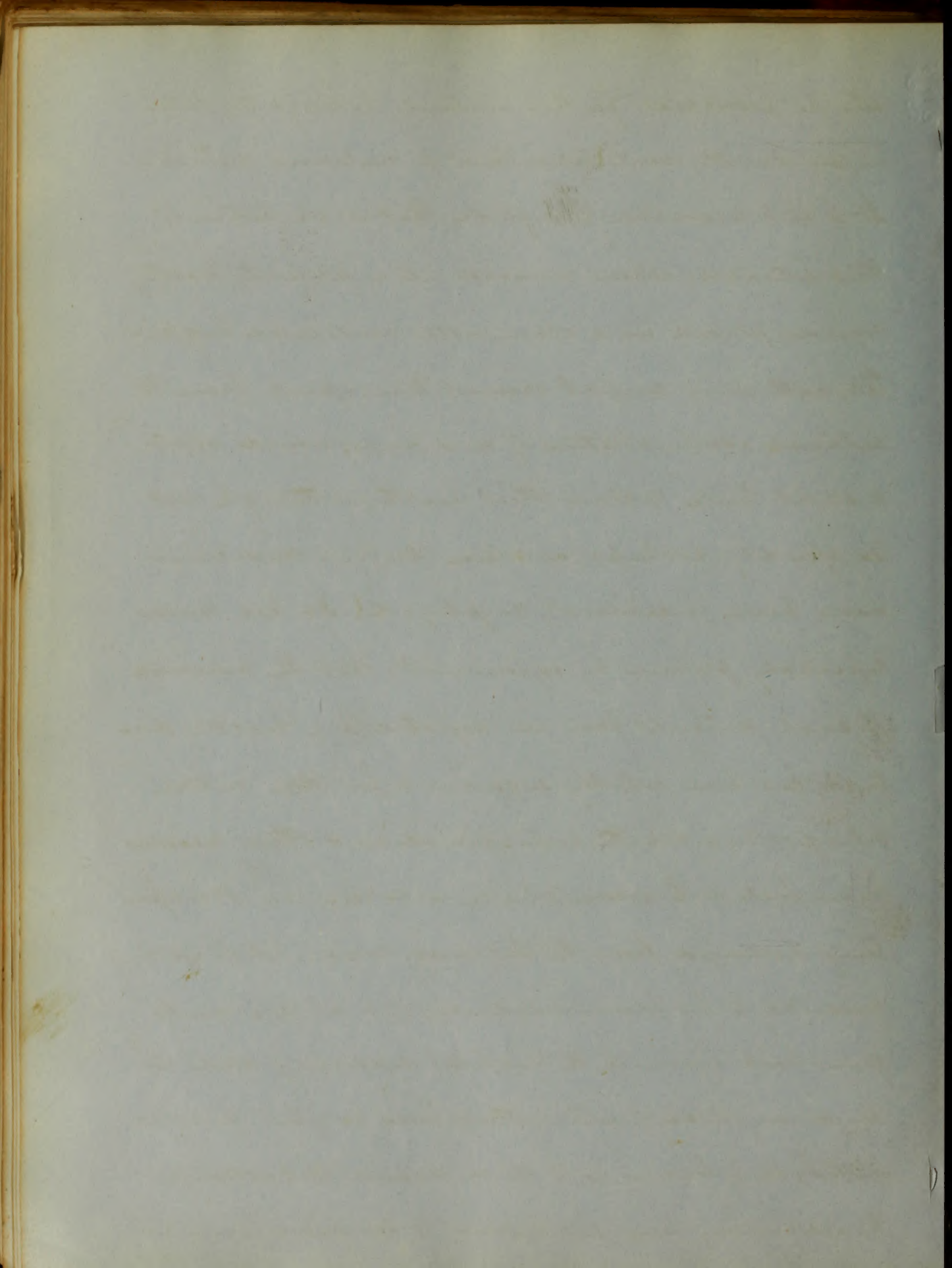
Remarks. —

The two cases of intermittent Fever reported, scarcely require comment, except, perhaps, in regard to the treatment adopted; quinine having been employed in the first, & salicin in the second.

It would be impossible to draw any very accurate conclusions from the report of two cases, yet, it may not be unprofitable to question ourselves as to the beneficial extent of the two remedies; & to inquire whether or not, the hygienic measures resorted to, were not of more benefit than the salicin in the one, & equally beneficial with the quinine in the other case. — Both patients were Irish labourers,
who



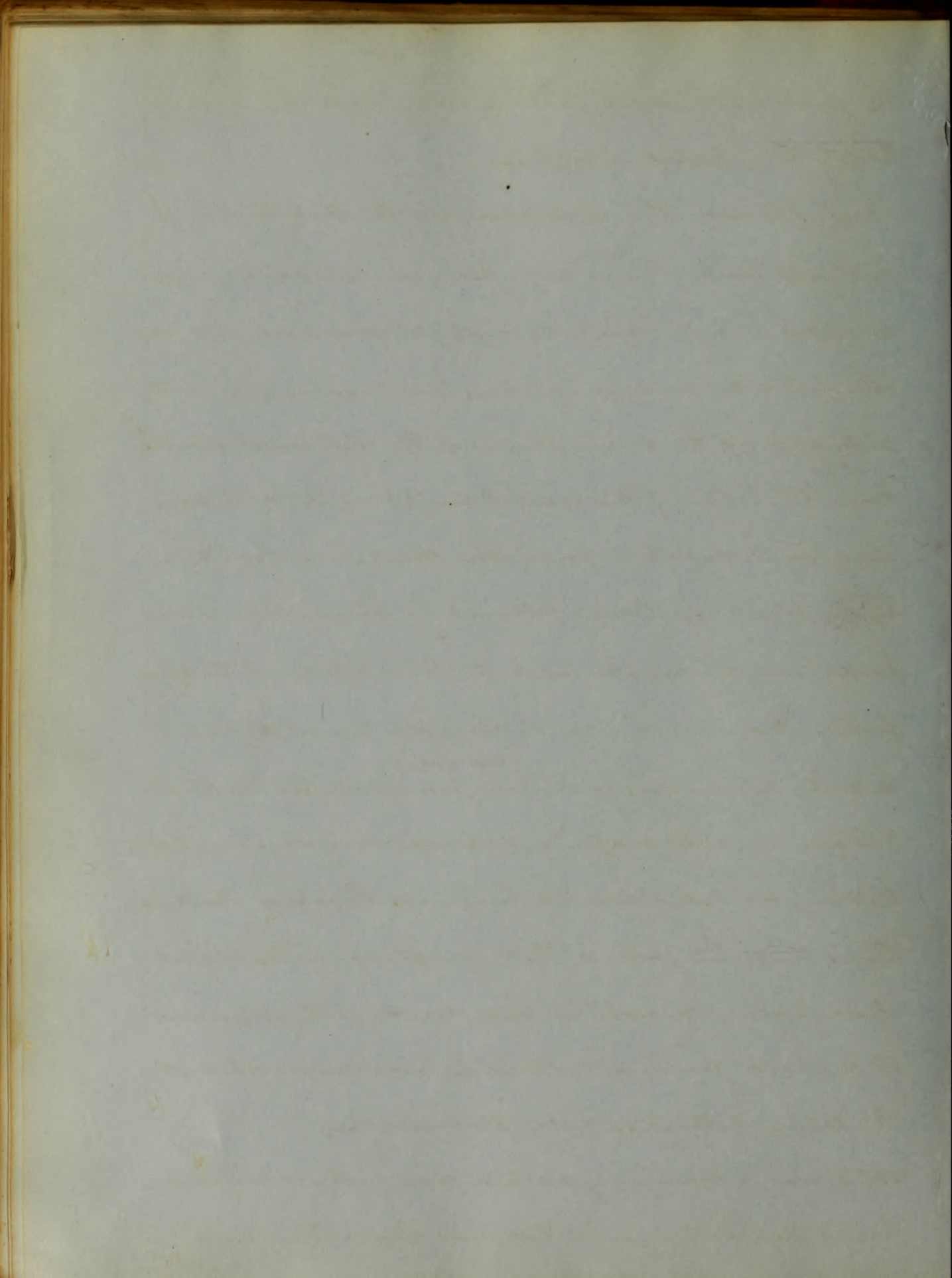
who are proverbial for their uncleanly habits, & they lived
 in small, ill ventilated huts in malarious districts:-
 It is but reasonable to conclude, that such patients,
 thus situated, when removed into a perfectly healthy
 region, placed in a clean, well ventilated hospital,
 with every comfort around them, apart from the
 internal administration of medicines; would after
 a short time recover their health; although not
 so speedily, perhaps, as where proper medicines
 have been judiciously employed? It has been
 repeatedly proven by experiment, that the removal
 of such patients from an infected to a healthy dis-
 trict, has been wholly sufficient for their entire
 relief; when all the anti-periodics, & other measures
 have failed to accomplish a cure. Case N^o 2 upon
 being discharged from the Infirmary cured, returned im-
 mediately to his former residence, but in two weeks
 came back again to the hospital suffering under as
 severe an attack of intermittent fever, as when first ad-
 mitted, thus leading us to the conclusion, that although
 the salicin may have put an end to the paroxysms in
 the



the first place, it did not do away with his susceptibility to a second attack.—

Cases N^o 3 and N^o 4, presented all the characteristics of Typhoid fever. N^o 3 as will have been observed, was complicated with bronchitis, & slight pneumonia; & was attended with severe diarrhoea; these were as promptly controlled as the circumstances of the case would admit. From the history of this case, it might in its first stage, have been mistaken for intermittent fever, as there was a chill every day followed by fever. There could have been no mistake as to the true nature of the affection, however, a day or two after his admission into the Infirmary; as he had ^{well marked} rose spots over his chest & abdomen, with gurgling, diarrhoea, considerable prostration, & a red & pointed tongue. Previous observations have taught us, that gurgling in the right iliac region cannot be considered pathognomonic of Typhoid fever; as cathartic medicines & especially the saline cathartics will produce it.—

N^o 4, was a beautifully marked case, without complication, & passed through its different stages to a happy termination.

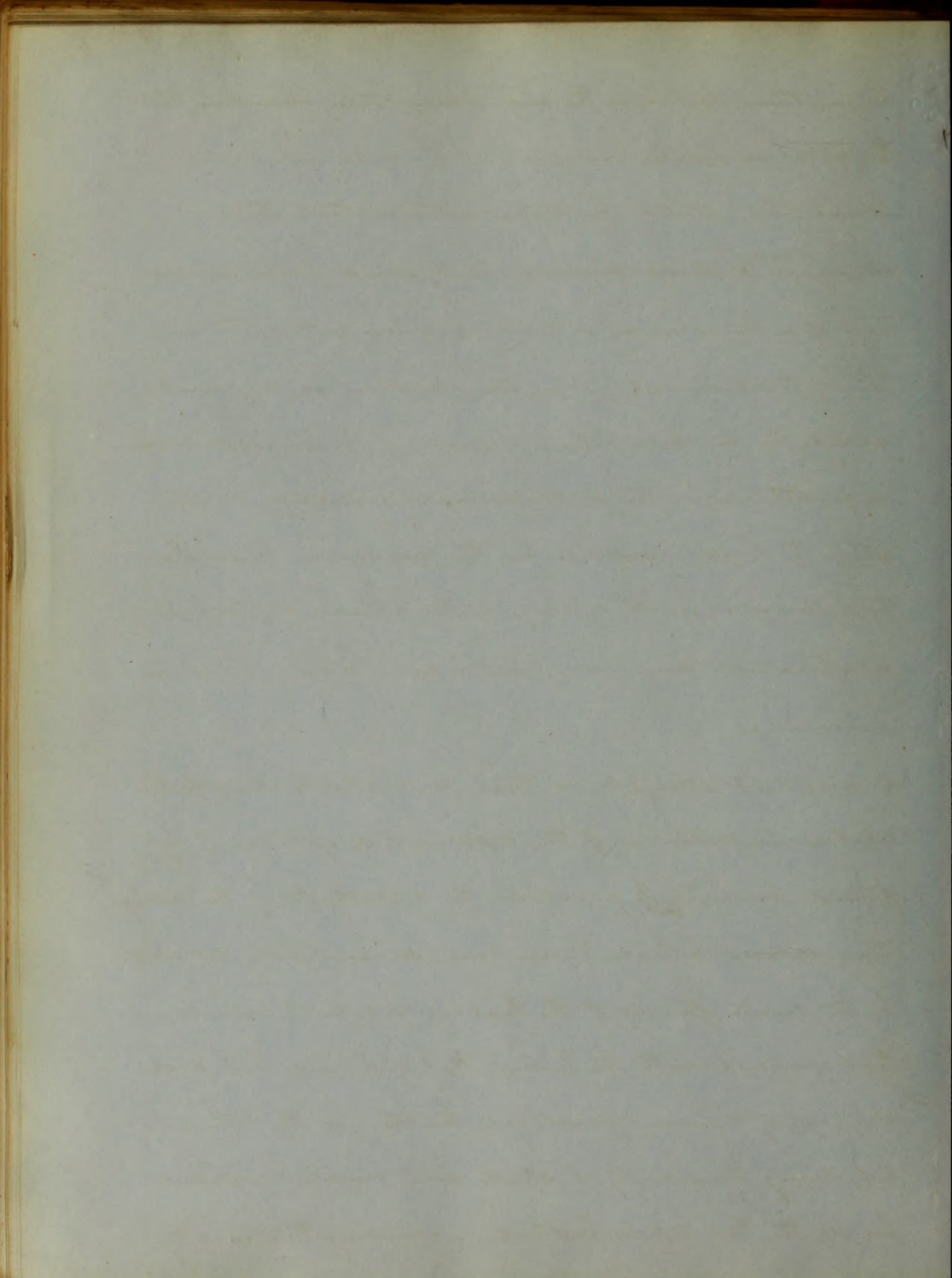


mination, without the aid of any other medicine than the alkaline solution.

It has been stated by some authors, that there always ^{occurs} a critical discharge in typhoid fever, indicative of a favourable, or of an unfavourable termination of the disease; but, as this assertion has been controverted, by the observations of many of the most scientific gentlemen in the profession, it is scarcely worth while to dwell upon it. In the case under consideration, however, on the 19th day of the malady, a profuse perspiration came on, from & after which time he improved.

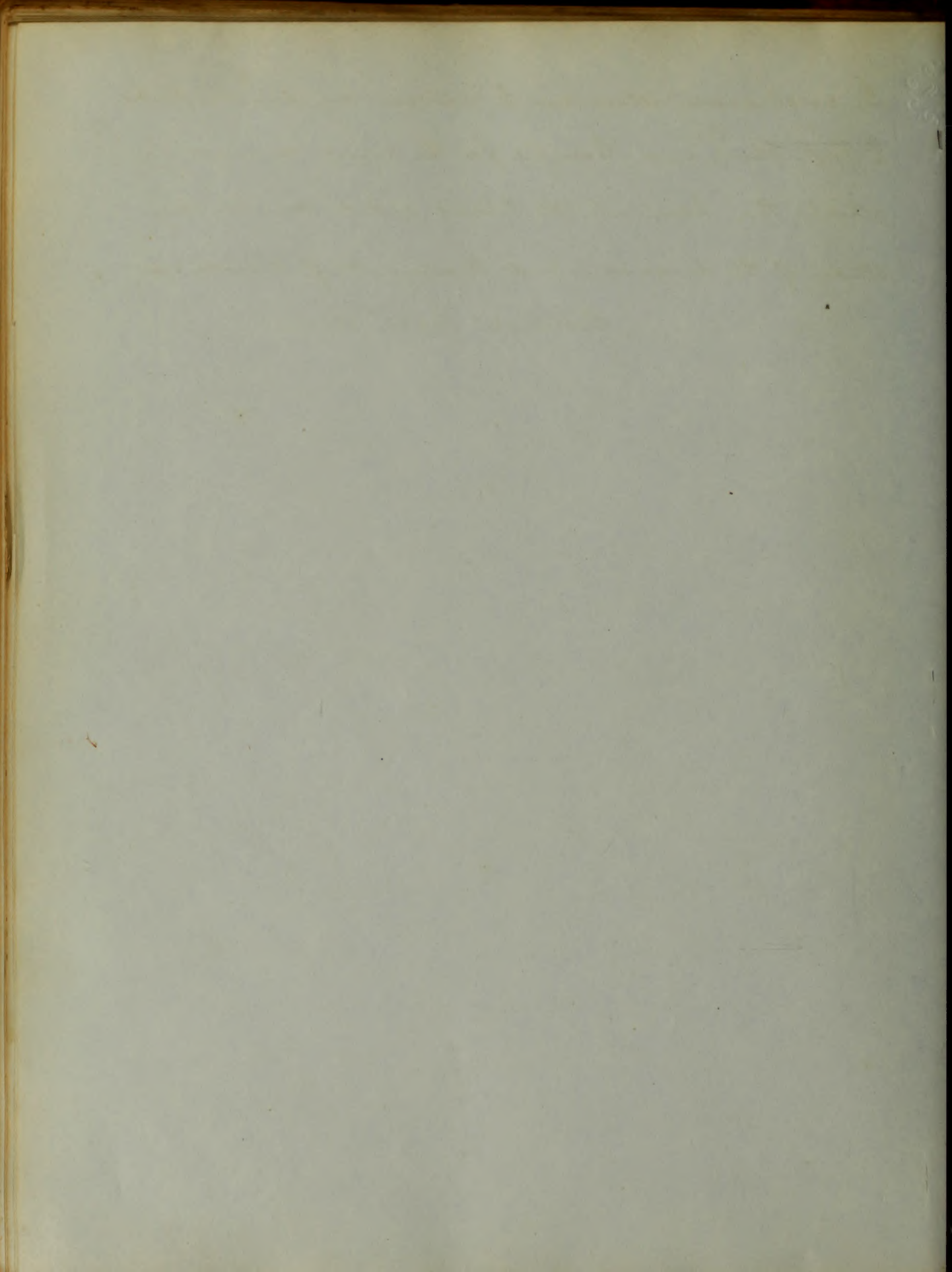
I will not attempt, in these remarks, to discuss the relative importance of the different symptoms of typhoid fever; or to question the correctness of the curative means which have been so beautifully set forth by the master spirits of the healing art; but will content myself with the belief, that if I can but properly apply known practical truths, for the relief of suffering humanity, I shall feel amply rewarded for all the toil & care bestowed in acquiring them.

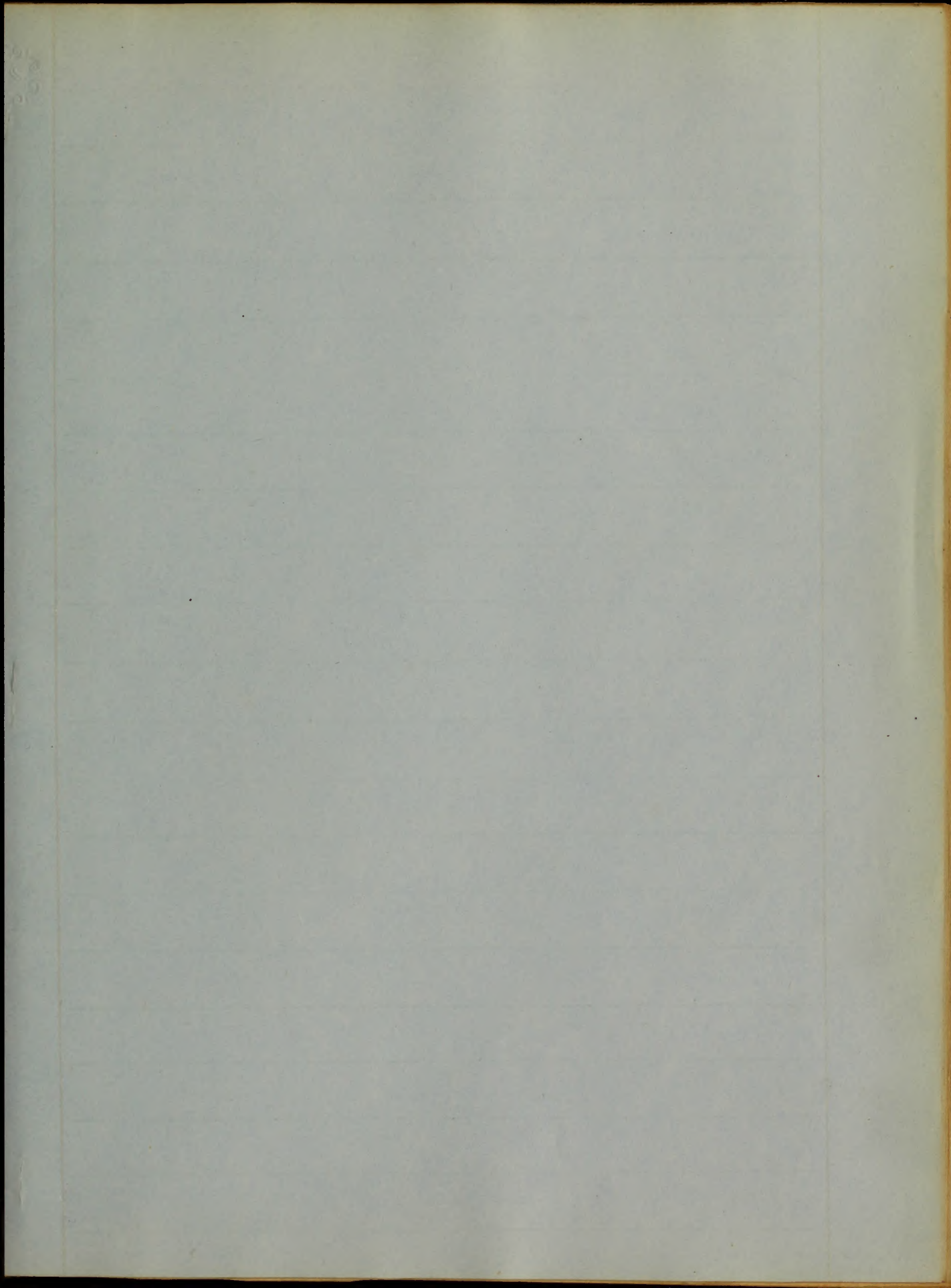
Dr.

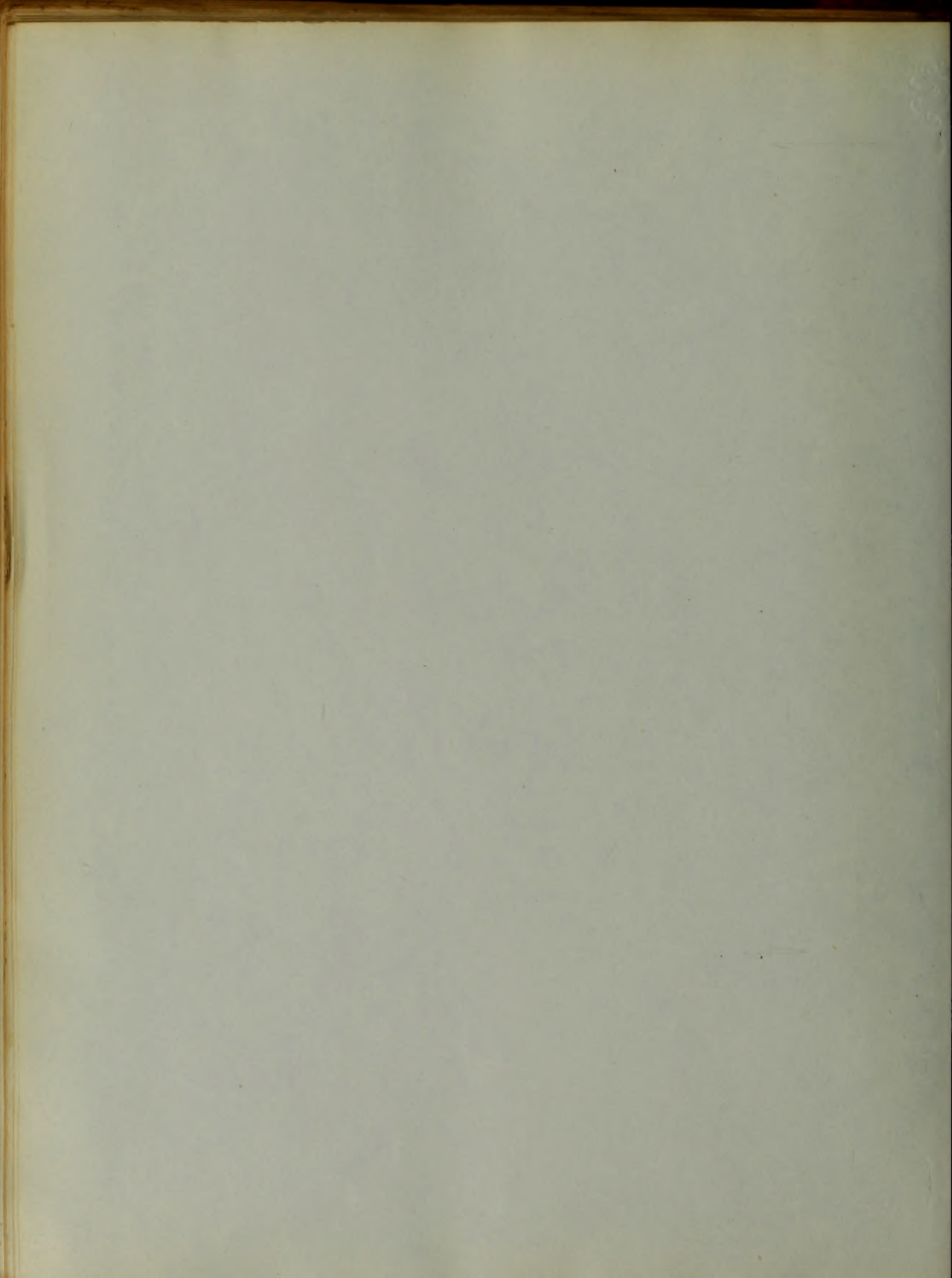


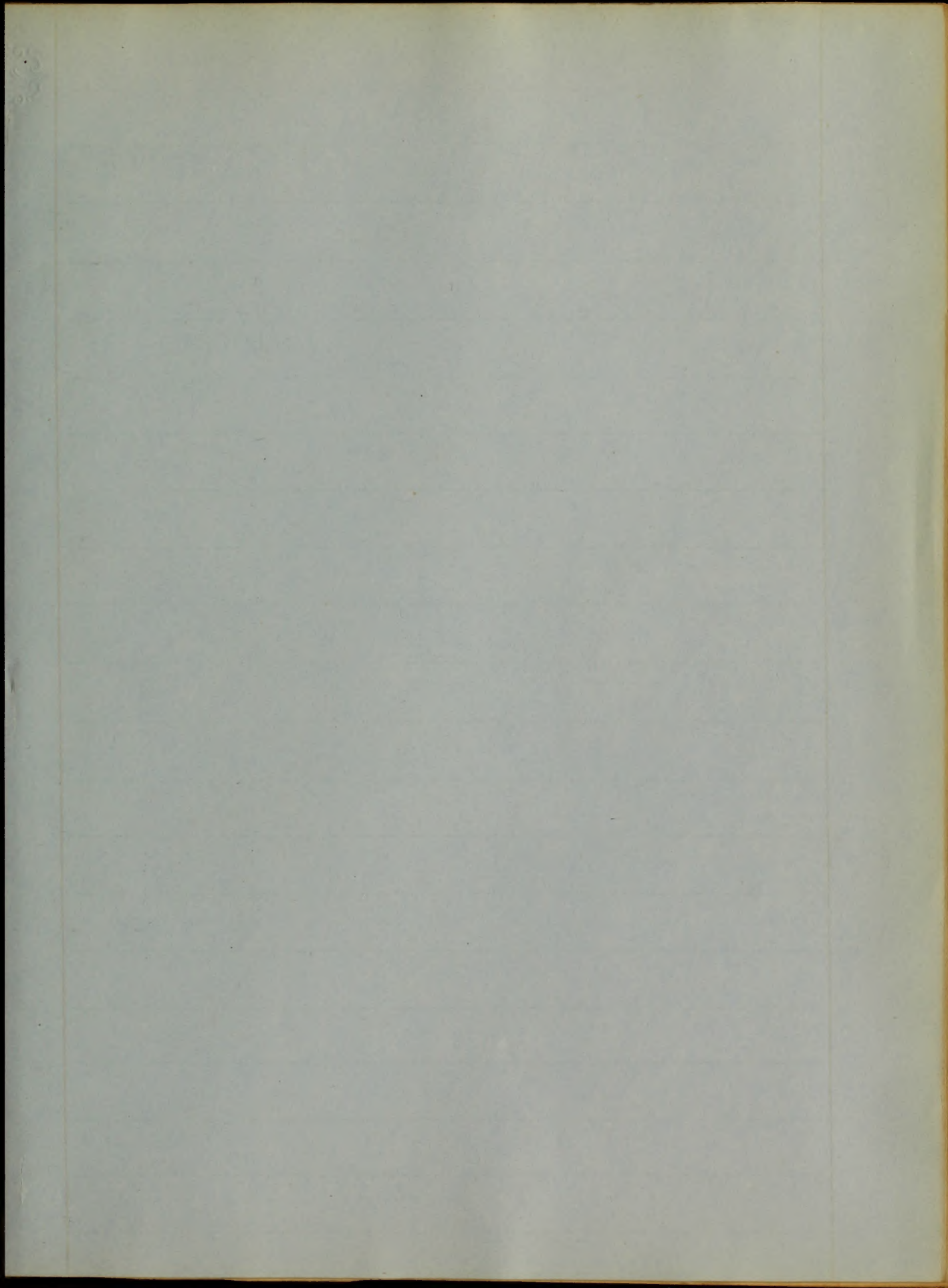
In conclusion, allow me to return my sincere thanks
to Prof's Chew,^{Power,} and Thomas for the kind manner in
which they have at all times aided me in my
study of the diagnosis and treatment of disease.—

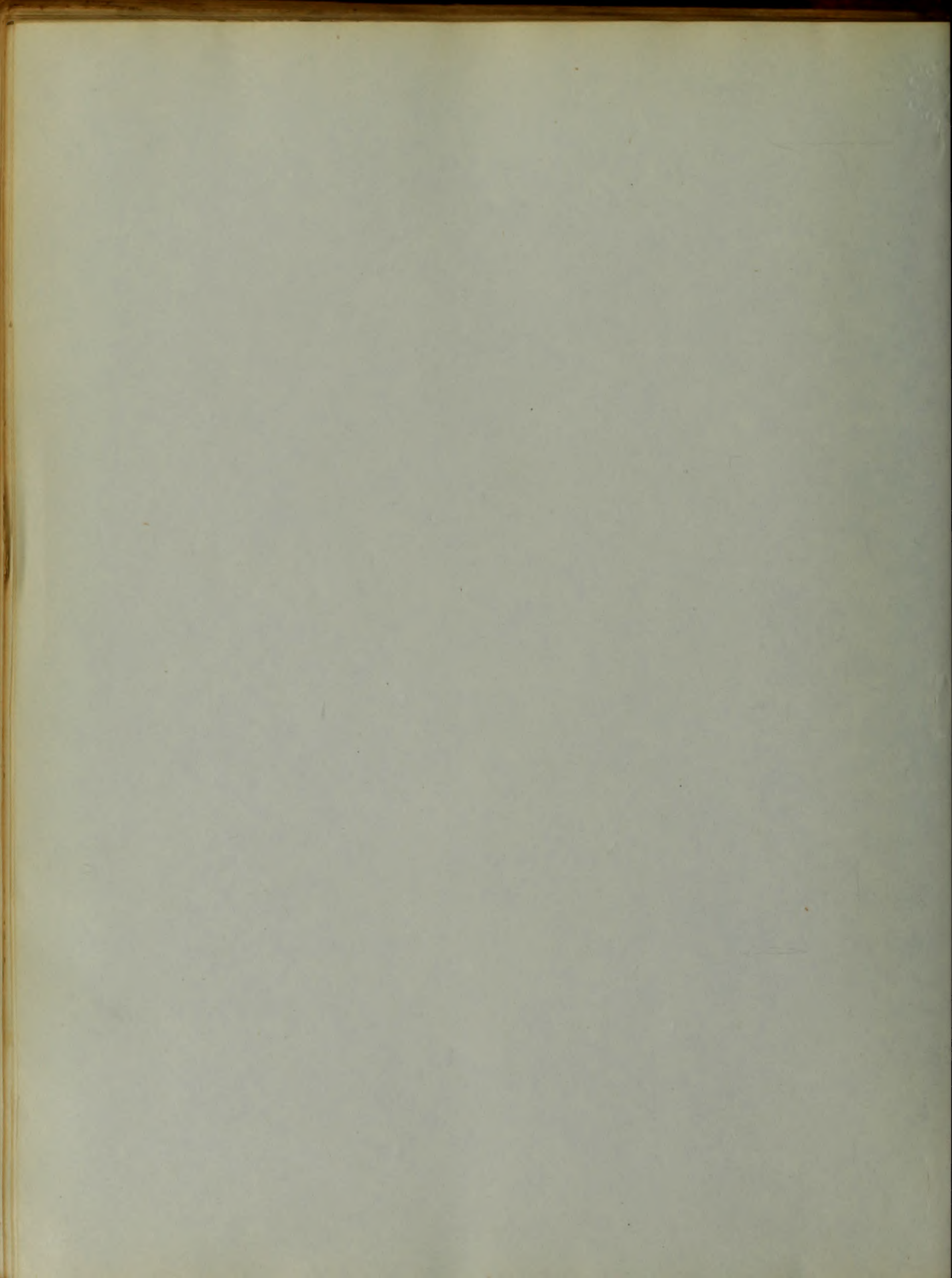
Baltimore Feb 19th 1850.—

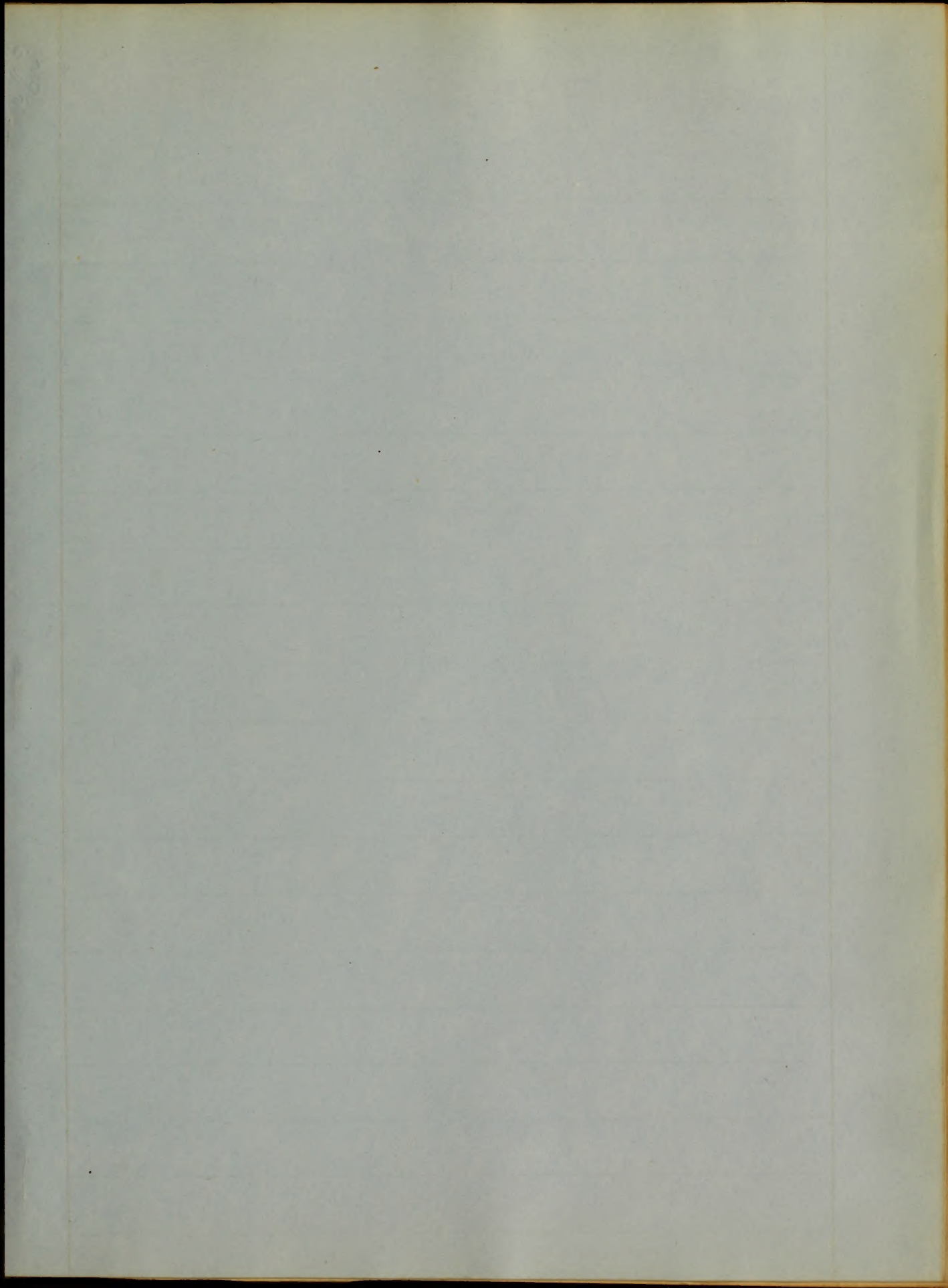


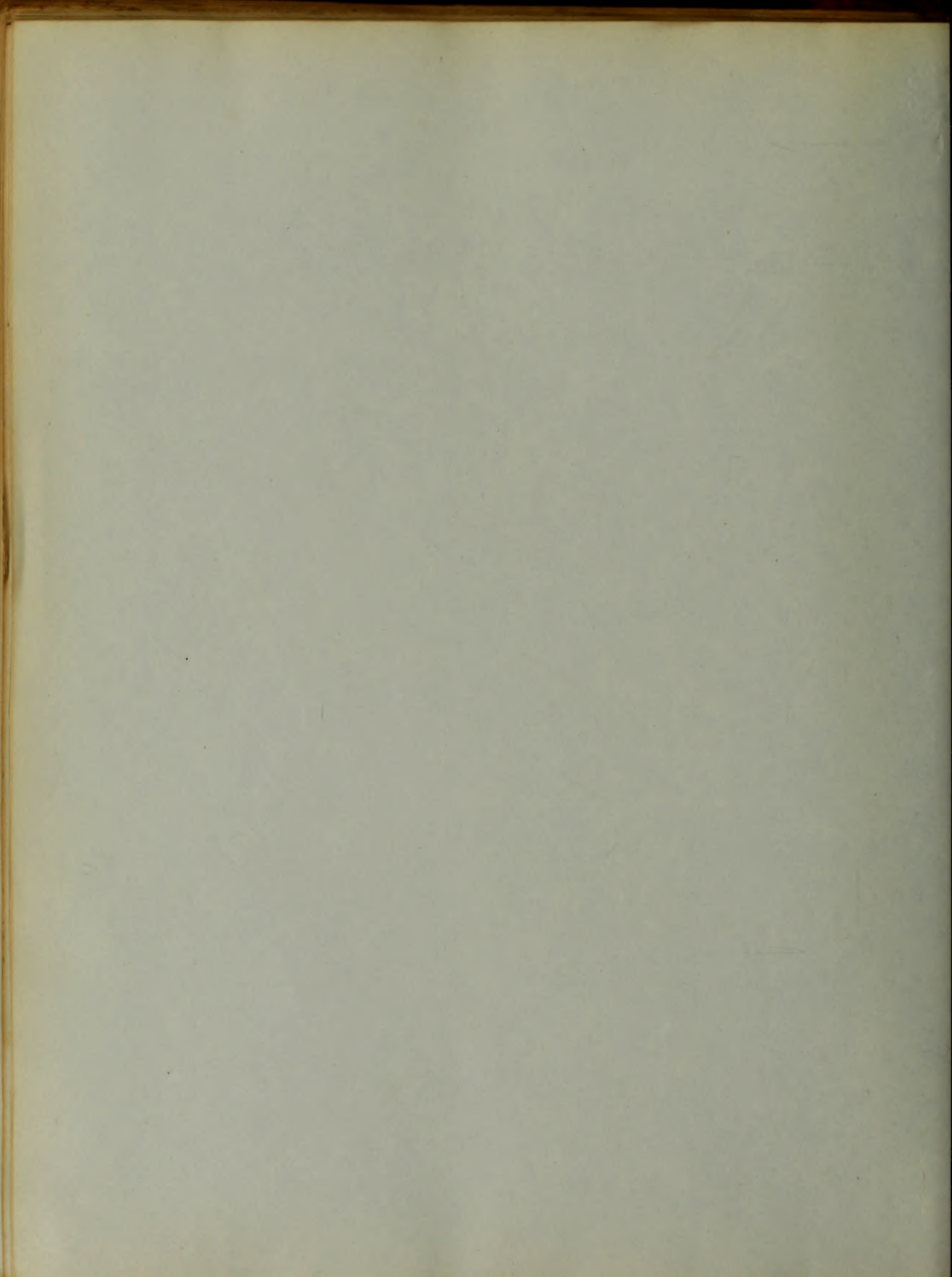


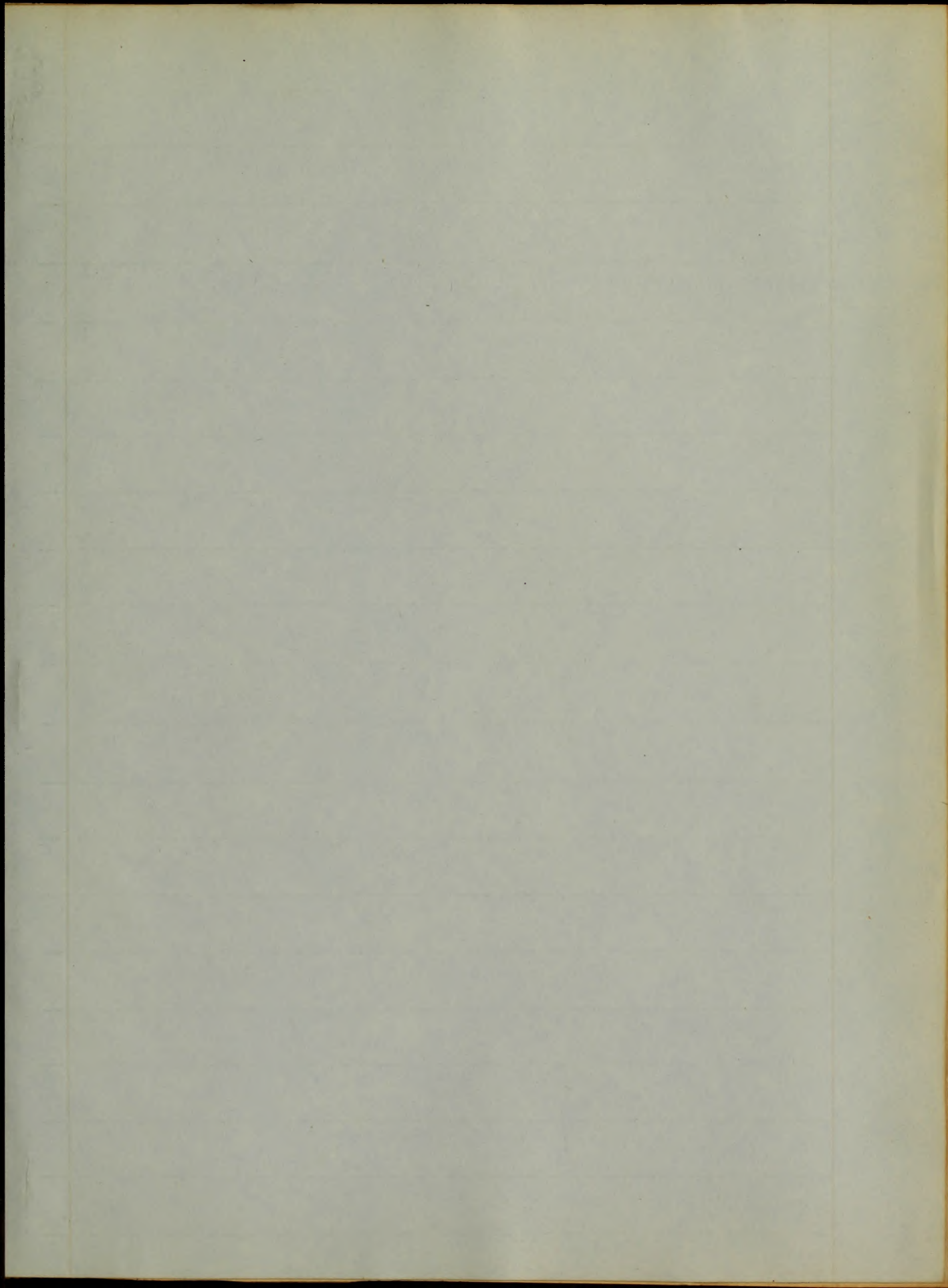


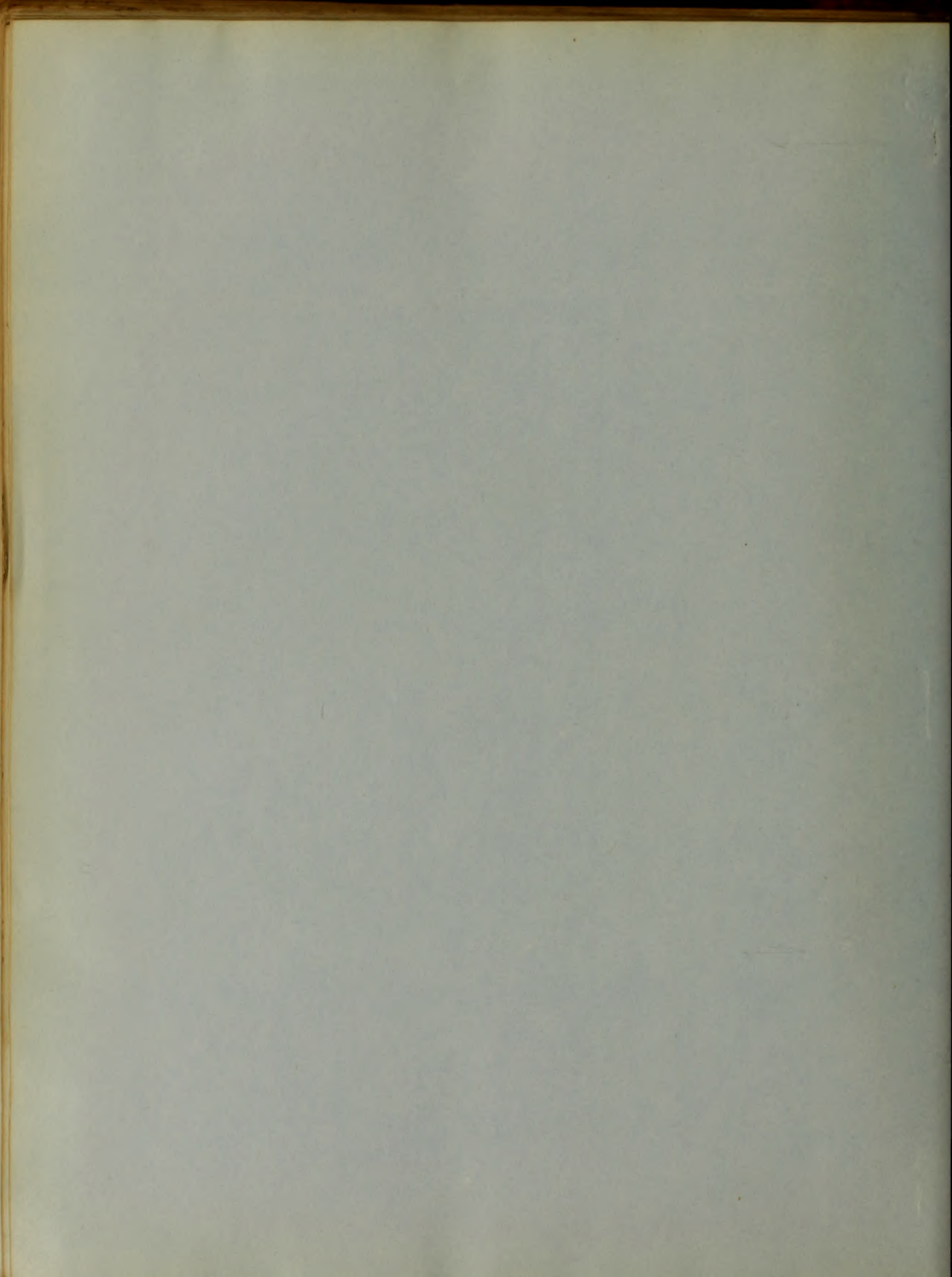


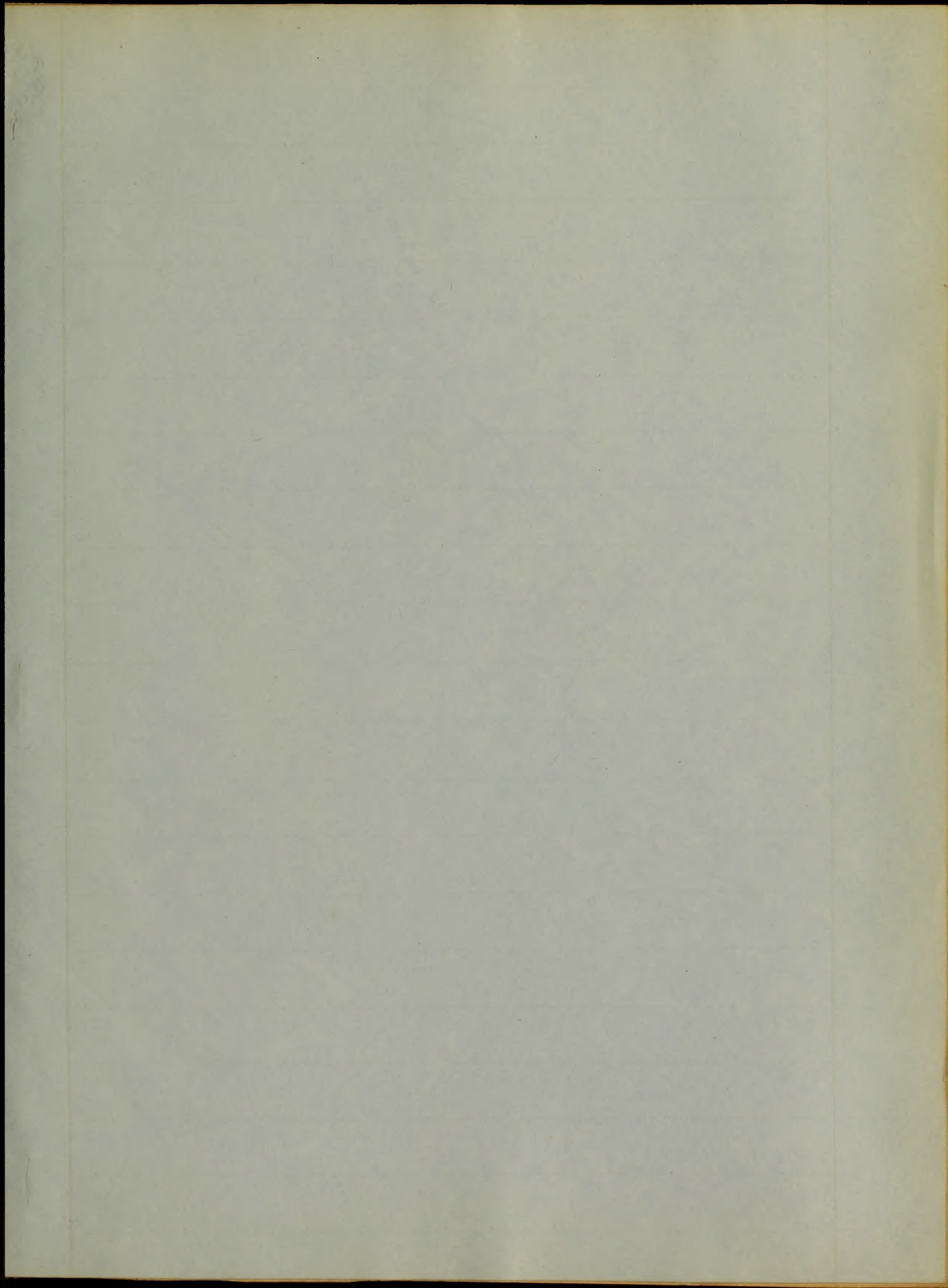


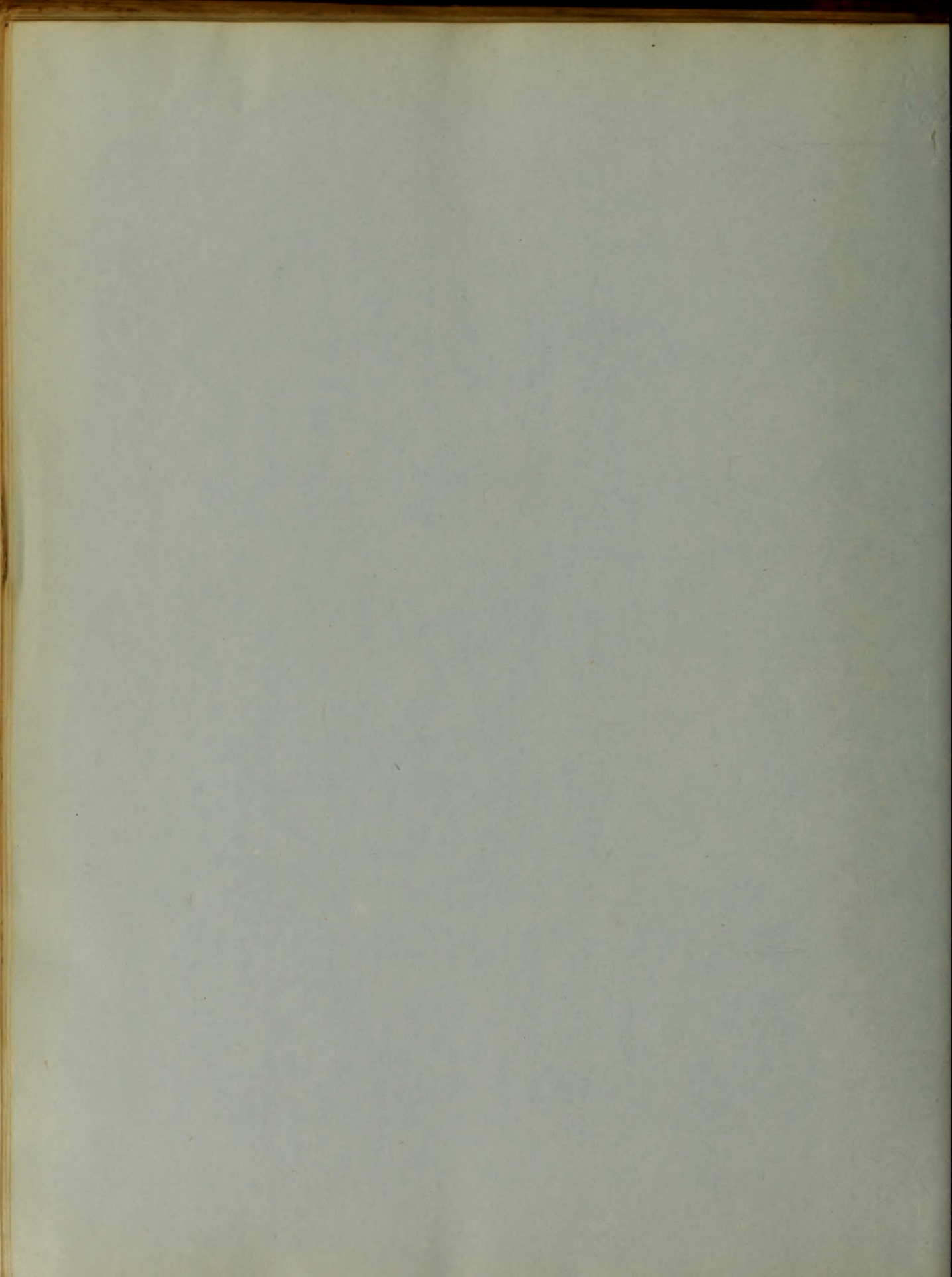


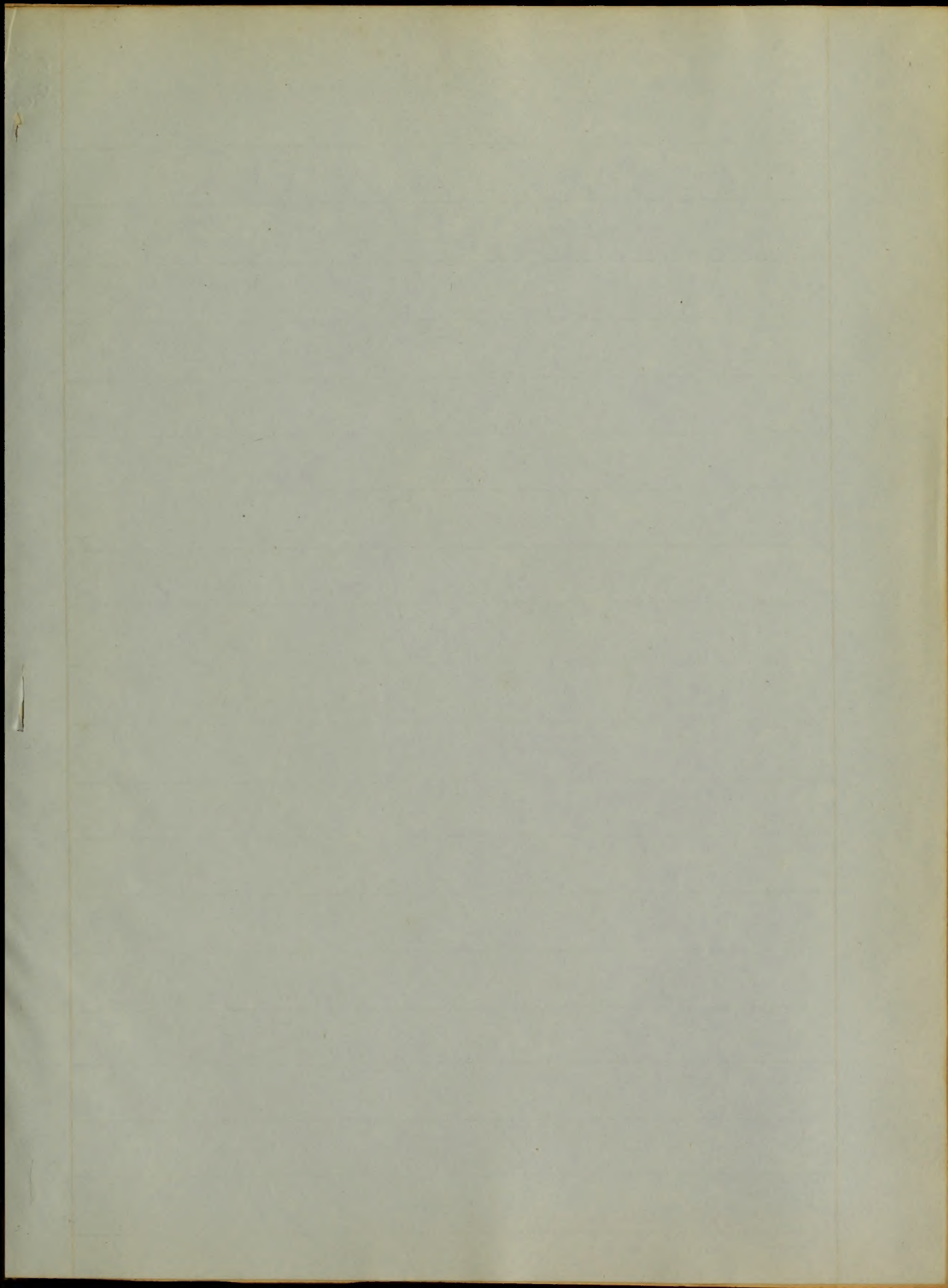












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