University of Maryland, College Park

Early Design of Mechanism and Details of Picture illustrations and Corresponding Tables of Constants

These manuscripts described in early 1940's. They were presented to the University of Maryland for the Degree of Master of Science in Physics during the year 1945-46. The individual sections were brought together during the 1940's. The original copies were issued for the bound volumes of content; the regular issues were issued for the volume "Correlated Tables of Constants" also having important at the beginning of each volume.

The project was also supported and acknowledged the efforts of Arthur J. Solomon, Chief of the Historical, Literature and Manuscript Editorial, Library, Manuscript, and Manuscript Editorial, Amory, Charles D. and O. C. K. "Correlated Notes." The volume, edited with Selma and Megan, was selected for publication.

These descriptions were deposited in 2011-2012 and are accessible in the OAS Digital Catalog (http://digital.library.unc.edu) and the University of Maryland Archives (http://www.umd.edu).
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).
### Corrected Table of Contents

**University of Maryland**

**Theses**

1817-1833 (a)

1817, 1821, 1825, 1826, 1827, 1828, 1830, 1831, 1833

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
<th>Year</th>
<th>Page(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott, Oliver G.</td>
<td>Cynanche Trachealis</td>
<td>1833</td>
<td>p. 1-2</td>
</tr>
<tr>
<td>Duvall, Thomas W.</td>
<td>Dropsy</td>
<td>1830</td>
<td></td>
</tr>
<tr>
<td>Norris, Richard</td>
<td>Rheumatism (Partially faded)</td>
<td>1828</td>
<td></td>
</tr>
<tr>
<td>McKaig, Robert Stuart</td>
<td>Vaccination</td>
<td>1825</td>
<td></td>
</tr>
<tr>
<td>Yates, Charles M.</td>
<td>Hydrophobia</td>
<td>1825</td>
<td></td>
</tr>
<tr>
<td>Goldsborough, Edward Y.</td>
<td>Febrile Origin</td>
<td>1825</td>
<td></td>
</tr>
<tr>
<td>Gantt, William T.</td>
<td>Cynanche Trachealis</td>
<td>1826</td>
<td></td>
</tr>
<tr>
<td>Turpin, Walter S.</td>
<td>Hepatitis</td>
<td>1831</td>
<td></td>
</tr>
<tr>
<td>West, George W.</td>
<td>Hepatitis (Partially faded)</td>
<td>1825</td>
<td></td>
</tr>
<tr>
<td>Charmichael, Edward Hackley</td>
<td>Bronchocele (No title page)</td>
<td>1817</td>
<td></td>
</tr>
<tr>
<td>Daly, Anthony</td>
<td>Gastritis</td>
<td>1827</td>
<td></td>
</tr>
<tr>
<td>Scott, Oliver G.</td>
<td>Cynanche Trachealis</td>
<td>1833</td>
<td>p. 3-15</td>
</tr>
<tr>
<td>Lecompte, William B.</td>
<td>Hemoptysis</td>
<td>1833</td>
<td></td>
</tr>
<tr>
<td>Browne, Joseph</td>
<td>Bilious Fever as it Usually Appears in Chester Town</td>
<td>1830</td>
<td></td>
</tr>
<tr>
<td>Griffith, Edward</td>
<td>Pertussis or Chincough</td>
<td>1826</td>
<td></td>
</tr>
</tbody>
</table>

1 Bound out of order; p. 3-15 are found later in this volume.

HSHSL 2011 for the UM Digital Archive. Sources consulted for corrections: Original Dissertation; University of Maryland Medical Faculty, Matriculation List, 1821-1851; Cordell, Eugene F. “University of Maryland, 1807-1907” (New York: The Lewis Publishing Company, 1907), Volume 2.
<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hooper, Jeremiah P.</td>
<td>Rheumatism</td>
<td>1828</td>
</tr>
<tr>
<td>Weems, Nathaniel C.</td>
<td>Phrenitis</td>
<td>1828</td>
</tr>
<tr>
<td>Hall, Benson B.</td>
<td>Dysentery</td>
<td>1831</td>
</tr>
<tr>
<td>Mitchell, John T.</td>
<td>Principle of Life and Action of the Heart</td>
<td>1830</td>
</tr>
<tr>
<td>Knott, William F.</td>
<td>Cynanche Trachealis</td>
<td>1830</td>
</tr>
<tr>
<td>Kennedy, Howard</td>
<td>Necrosis</td>
<td>1828</td>
</tr>
<tr>
<td>Author Unknown</td>
<td>Hemorrhagia</td>
<td>18uu</td>
</tr>
<tr>
<td>Sitler, Joseph McCoy</td>
<td>Effects of Disappointed Love</td>
<td>1825</td>
</tr>
<tr>
<td>McCoy, Francis</td>
<td>Anthrax</td>
<td>1825</td>
</tr>
<tr>
<td>Dorsey, Washington</td>
<td>Diabetes Mellitus</td>
<td>1831</td>
</tr>
<tr>
<td>Ambler, Richard C.</td>
<td>Materia Alimentaria</td>
<td>1831</td>
</tr>
<tr>
<td>Kuhn, Jeremiah F.</td>
<td>Stricture of the Esophagus</td>
<td>1830</td>
</tr>
<tr>
<td>Fauss, George S.</td>
<td>Cholera Infantum</td>
<td>1821</td>
</tr>
<tr>
<td>Garnett, William</td>
<td>Cynanche Trachealis</td>
<td>1828</td>
</tr>
<tr>
<td>Walker, Hales E.</td>
<td>Pertussis</td>
<td>1825</td>
</tr>
<tr>
<td>MacKall, Leonard, Jr.</td>
<td>The Pathology and Surgical Treatment of Some Important Diseases of the Bladder</td>
<td>1826</td>
</tr>
</tbody>
</table>

Text lost in inner margin during binding process.
Scott, Oliver G.  1833  15p.
Brown, Joseph
Griffith, Edward
Hooper, Jeremiah
Weems, Nathaniel C.
Hall, Benson B.
Mitchell, John T.
Knott, William F.
Duvall, Thomas W.
Norris, Richard
McKain, Robert Stewart
Yates, Charles M.
Goldsborough, Edward Y.
Gantt, William T.
Turpin, Walter S.
West, George W.
Carmichael, E. Hackley
Daly, Anthony
Kennedy, Howard
Author Unknown
Silter, Joseph C.
Sitter, Joseph McCoy

Cynanche Trachealis  1833  15p.
Hemoptysis  1833  25p.
Bilious Fever as It Usually Appears in Chestertown
Ferrussis
Rheumatism  1828  16p.
Phrenitis  1828  9p.
Dysentery  1831  13p.
Principle of Life and Action of the Heart
Cynanche Trachealis  1830  10p.
Dropsy  1830  22p.
Rheumatism  1828  14p.
Vaccination  1825  10p.
Hydrophobia  1825  11p.
Febrile Origin  1825  17p.
Cynanche Trachealis  1826  8p.
Hepatitis  1831  15p.
Hepatitis  1825  18p.
Bronchocele  1817  13p.
Gastritis  1827  11p.
Cynanche Trachealis  1833  3-15
Necrosis  1828  10p.
Hemorrhagia  1817  20p.
Effects of Disappointed Love  1825  8p.
<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
<th>Year</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>McCoy, Francis</td>
<td>Anthrax</td>
<td>1825</td>
<td>11p.</td>
</tr>
<tr>
<td>Kuhn, Jeremiah F.</td>
<td>Stricture of the Esophagus</td>
<td>1830</td>
<td>15p.</td>
</tr>
<tr>
<td>Fauss, George S.</td>
<td>Cholera Infantum</td>
<td>1821</td>
<td>10p.</td>
</tr>
</tbody>
</table>
An Inaugural Dissertation on
Cynancha Brachialis submitted
for examination to the Trustees.
Provost, of Medical Faculty of the
University of Maryland by
Oliver, G. Scott
of Huntingdon County, Pennsylvania
1833
According to Lacmae, Balbonius, in 1576, made the first mention of this disease. The best informed critics, however, now incline to the opinion that Croup was not, unknown to physicians of more ancient times.

The particular merit to which Balbonius can rightly aspire, says some authors, is that of having first distinctly described the effusion of coagulable lymph on the false membrane in the larynx & trachea. Lacmae affirms that the first good description was given by Chishii.

Dr. Holmes' Inquiry, which as Dr. Forbes observes, was the first systematic account of Croup in this country, it was published in 1765. This disease appears in the present day to exist in most parts of the world, and in the United States, it not infrequently receives the appellation of hives, supposed by Dr. Mossoch to be a corruption of the word hives; and probably so named from the heaving or violent efforts of the muscles of the chest and abdomen which take place in breathing during its course.

This disease is divided by some Mosologits into Acute & Chronic. It is my intention, however, to confine myself, more particularly, to the acute form.

Croup says Professor Lacmae, is an inflammation of the mucous membrane of the air passages with exudation of coagulable lymph.
Deorum Testamentum in quo sit deberi, nosterque obsequium et adorationem in eis habere, in fiducia et certitudine.

Necesse est ut Deorum Testamentum, in quo sit deberi, nosterque obsequium et adorationem in eis habere, in fiducia et certitudine.
which becoming concrete at the very moment of its formation, lines the inner surface of that membrane to a greater or lesser extent. When this false membrane is removed the subjacent tunic is found of a deep rose red colour, occasionally hair and somewhat thickened. This colour is commonly very uniform over the whole space covered by the false membrane, but is also not unfrequently unequal and occasion allying is altogether wanting, in the greater number of cases, the degree of redness is less than in many instances of any cataract. We cannot therefore attribute the edema of the edematous in group, the distinctive feature, between it and mucous cataract, simply to a high degree of inflammation. The false membrane corresponds precisely to the form of the canal which it invests, its thickness is somewhat greater as a general rule, in the larynx & trachea, than in the bronchial, and varies from less than half line to a line, its consistence is about that of a boiled white of egg, but this generally diminishes towards its extremity. It is of a white colour, sometimes opaque, some days, or even hours, after its formation, it begins gradually to be detached from the mucous coat, to which it had been closely adherent, and after being broken into fragments by the cough is sometimes excreted.

The separation is effected by a more liquid secretion which becomes also concrete and constitutes a second false membrane. This process may be repeated several times in succession, but in general each successive formation is less consistent than the preceding. The laryngeal membrane is most commonly restricted to the larynx, the upper part of the trachea, but in other cases it extends over
An
inaugural dissertation
on
Dropsy
Submitted to the examination
of the
Provost, Trustees, and medical faculty
of the
University of Maryland
for the degree
of
Doctor of medicine
by
Thomas W. Durall
of
Prince Georges County
Maryland.

"nece acunecum, tane tus idco melior, quia, ex a fia
gignum, nece nostre silicor, quia, ex alienis libamus ut appro
Jud. monil. Phil. lib. 14, cap. 14."
Few subjects in medicine have engaged more of the attention of writers than Dropsy. Its frequency, the influence exerted on it by medicine, and the marked character of its symptoms, have each contributed to obtain for it, this share of attention. This subject being one of great difficulty, it is not surprising that the opinions, formerly held concerning it, should have been erroneous. Notwithstanding this subject, has been manifestly improved by the investigations of more modern pathologists, it still remains somewhat obscure and unintelligible. Formerly diminished almost in name was considered, the principal, if not the sole cause of dropsy (viewing it as a disease of direct debility) and the method of cure consisted in stimulating the absorbents. More recently the heart and arteries have been called in question, and increased secretion considered the proximate cause of dropsical effusion. Our knowledge of the Physiology of the absorbents system, is hitherto too
superficial, to decide what share it has in the
production of the disease in question, but its depen-
dence on a disturbance of the blood vessels is in
many instances very manifest, and of primary pra-
critical importance. We meet with dropsy in three
different states of the system, the first consisting in
sluggishness in, or an actual interruption to the
motion of the blood through the veins, the second
in an increased action of the heart and arteries,
the last in which all the functions of the body par-
ticipate to the atom or debility of the whole system.
Oedema may be very distinctly traced in many in-
stances to causes, obstructing the passage of the blood
through the veins, as ligatures, enlarged inguinal or
axillary glands and the gravid uterus. Dropsy
consequent to obstructed or enlarged liver has been
attributed to the same cause. In both instances—
venous circulation is thought to be impeded thro-
gough the body. In hepatic cases (particularly from
neglected intermitents), the head and arteries
are generally, if not universally involved, and
consequently they are of the acute kind. Droopz accompanied by increased vascular action is very frequent, and may be either general or local in proportion as either the heart or arteries are concerned. The morbid action of the vascular system, which produces it, may consist in either, inflammation or congestion, though, in by far the majority of cases it can be ascribed to the first of these. As examples we may mention asthma accompanying very frequently chronie rheumatism, & hydrothorax succeeding long continued asthma. Many instances might be forwarded of general droopz arising from an very intimately connected with this condition of the vascular system. The most frequent are anaemia from exposure to a cold and damp atmosphere, together with the abuse of ardent spirits, uterine disorders &c. This species of the disease has been denominated acute or inflammatory droopz, and in it we find a frequent strong and hard pulse, together with cough, pain in some part of the thorax and head increased by a full inspiration. In these cases, a
certain writer mentions the congeability of the wind
on the application of heat as of great importance.
A phenomenon which others say is very frequently
absent. Inflammatory dropsy is found most frequently
in Young Subjects, and may generally be referred
to cold for its remote cause. It attacks suddenly,
and frequently proves fatal by the supervision of
aereal symptoms. Atonic dropsy, as we before
mentioned, is that, in which every part of the body
participates. This form of the disease resembles that
colliquative sweating frequently produced by profuse
and repeated hemorrhage internal suppuration.
And is very frequently found therefore in the
last stages of Pthues Chlorosis 7 Protracted Severs.
We frequently see it among the poor produced
no doubt by the want of proper aliment, and also
among the higher ranks of Society induced by a
disordered state of the stomach, and imperfect dig-
estion. This form of the disease was a favourite
doctrine with the ancients. They in fact admitted
no other species, and were altogether ignorant that
the doctrine of atony or debility is applicable only
to a very small number of the cases of dropsy,
with which we meet in practice. This form of the
disease is accompanied with a weak and languid
pulse, night sweats, coldness of the extremities, and in
some instances a strong disposition to eczema
pustulose and gangrene. It occurs for the most
part in advanced life and in those whose constitu-
tions are broken down by hardship. It steals on as
it were gradually and is not referable to any distinct
cause. As a high degree of arterial action may
take place in the powers of the system become
much prostrated, without the simultaneous occur-
rence of dropsy, it appears that there is something
yet wanting to render the analysis of the proxi-
mate cause complete. We may remark that, as
under certain circumstances of diseased action
there is a peculiar disposition to hemorrhage, so
in others there is a tendency to hydroptic effusion.
A strict definition of this hydroptic disposition is
totally beyond the reach of our limited abilities.
The hypothesis of its being produce on the veins is ingenious, and apparently confirmed by experiment, but can neither apply to inflammatory dropsy, nor that succeeding hemorrhage or chlorosis. Some have suggested the idea, that it depends on some peculiar condition of the nerves or a want of concourse between the capillaries and large vessels in point of function. We deem it useless to pursue this matter any further as we have nothing more to say than what has been already said concerning it. The symptoms of this hydroptic diathesis, generally enumerated, are penury of urine, thirst, edema of the feet & ankles and a peculiar expression of countenance which has been denominated leuco-phlegmatic. Having now enumerated those divisions of dropsy founded on the consideration of their symptoms, we shall proceed to notice such as are referable to the many morbid phenomena observable after death. On a post mortem examination of those who die dropsical various morbid appearances present themselves. In the thorax we find in some—
instances enlargements of the heart, diseases of its valves, adhesion of the heart to its pericardium, stenosis & aneurysm of the large arteries, with inflammation of their internal tubes, in others the mottled phenomena are seen to occupy the lungs, such as tubers, wormiae, and induration from the effusion of lymph into their substance. Dopey connected with any of the above mentioned conditions of the thoracic viscera generally assumes the form of hydrothorax, anasarca, or their combination. In the cavity of the abdomen we find inflammation and adhesion of the peritoneum, enlargements of the spleen and liver, diseases of the mesentric glands, and in some instances edema of the stomach with ulceration of the intestines. Dopey consequent to any of the above named species of abdominal disease, generally takes on the form of ascites, with which anasarca is frequently combined. Though there are some few cases of the disease in question of merely a local nature, by far the majority of them connected as we have seen with
disease of the thoracic and abdominal viscera, on which medicine exerts so little influence are of a dangerous character. It generally indicates a broken constitution, and a failure of the powers of life. The duration of the disease varies according to the peculiar circumstances, or predisposition of the individual affected. In some instances dropy of the acute kind proves quickly fatal, but in most cases the disease advances slowly to a fatal termination. Of all the forms of this disease, Hydrothorax is perhaps the most fatal, and certainly the one over which medicine has least influenced. As in all other diseases, so in this, much of course depends on the early administration of remedies to obtain a favourable termination. With these remarks concerning the pathology of dropical effusion, we proceed to offer a few observations concerning the symptoms and treatment of the three principal varieties of dropy with which we meet in practice. Of Anasarca, Hydrops Pectoris and ascites, and first of Anasarca from a variety of causes. A natural
deposition of a serous like fluid in the cellular membrane immediately under the skin. This species of dressing is first discovered, by edema of the feet and ankles in the evening, disappearing again in the morning. The swelling is soft and inelastic, and when pressed with the finger, retains its mark for a considerable time, the skin at the same time becoming paler than usual. The swelling gradually ascending occupies the thighs and trunk, and finally even the face and eyes become blotted. The skin is dry and harsh. There is also observed a shallow cup of the countenance with torpor and drowsiness; the mien is scanty, high-coloured, and on standing deposits a red coloured sediment: sometimes however if it is paler and more opaque, the bowels are generally constipated, and a considerable degree of thirst, with emaciation of the body prevails. In some instances the water oozes out through the pores of the skin, in others being too gaseous to pass by these, it elevates the cuticle in the form of small blisters, in deprived habits, hectic ic, ephelides and gangrenous ulcers, pronounced
from many causes which concur in producing debility of the whole system. Hence we observe it succeeding profuse hemorrhages (whether natural or artificial), protracted fevers, and also in the last stages of Rheums, diabetes and amenorrhoea. In these cases, the effusion commences slowly and as if were imperceptibly in others the attack is sudden; and to the causes of the disease in this acute form we next direct our attention. Exposure to a cold and damp atmosphere frequently produces pleuritical effusion. In this variety of the disease the pulse is found for the most part weak and full, together with symptoms indicating an affection of the thoracic viscera. It may also arise from the excessive use of ardent spirits, and in this case if the attack is sudden, it will be accompanied with the symptoms above described of pleuritical effusion acknowledging cold for its remote cause. A disturbance in the functions of the lungs is likewise said to be a cause of dropsy. In this case it is most frequently (but not universally) of the atomic kind, as evinced by the hardness of the
jerk, hemorrhage, pain of the head, and other symp-
toms indicating increased action of the heart and
arteries. This disease frequently succeeds the eruptive
fevers, and in those cases, been thought to depend
on some morbid condition of the cutaneous exhalations
(the consequence of the eruption) a circumstance by no
means improbable. The concomitant symptoms generally
indicate some obscure affection of the thoracic viscera
existing at the same time; and under all circumstances,
probably we will not see in viewing it as a constitution-
al affection, and in being more solicitous about the
state of the general system, than that of the skin.
In the treatment of anasarca three indications are
to be fulfilled; the first is to restore a due state of the
circulation, the second is to evacuate the fluid already
effused, and the third to restore the tone of the sys-
tem, the loss of which in some instances may be consid-
ered the cause of the disease. The means calculated
to fulfill the first object must vary of course, according
as the disease is acute or atomic. In the acute kind
we should endeavour to lower the tone of the head
and arteries, and thereby lessen the impetus of
the circulating fluids upon the capillaries. For this
purpose renaissance is absolutely necessary, though
many authors seem to have overlooked it entirely.
Perhaps under the belief that purging would accom-
plish the object better, but we consider this of second-
ary importance in fulfilling the indication.
In acute dropsy, or that which attends obstruction
of the viscera, the indications of curd consist in
restoring the tone of the system, removing (if possible)
the glandular obstruction and exciting to action the
absorbers. The tone of the system is to be restored
by stimulants and tonics; the glandular obstruc-
-tion may be removed by deaettoment (as mercury) while
also excites the action of the absorbers.
In fulfilling the second indication recourse is
had to punctures, leturts, or epistaxis and to the
excitation of certain serous evacuations. Punctures,
scarifications, letures and blister, are objectionable
on account of the great disposition to gangrene
in parts where chronic affusion exists.
The other mode, in which the fluid deposited may be carried off, is the administration of emetics, diaphoretics, diuretics & purgatives each of which (in proportion to their evacuating effect) tend to increase the action of the absorbents. Emetics have been frequently administered in Hydroptic diseases, with a view of promoting absorption, and cases are mentioned of their proving successful. But in our opinion they should be rejected in most cases, both on account of the unnecessary distress they give the patient, and on the ground of their incompetency to fulfill the desired indication. Diaphoretics have also been frequently employed in the treating of this disease, particularly in cases supposed to arise from suppressed perspiration, and although there are some well attested cases of their proving successful, we think it will be found very difficult, if not impossible, to obtain any decided benefit from the administration of this class of remedies in derisively effecting. Diuretics though universally acknowledged as remedies of great importance
in the treatment of hydroptic diseases, still great diversity of opinion exists as to the modus operandi of some individuals of the class.

Since we are informed of diseases being cured by simple diluents, and being ignorant in what manner they can influence the absorvent, we think it rational to infer that the beneficial effect of diuretics in hydroptic diseases, cannot be solely confined to any direct action of theirs on the absorvent; on the contrary we think the phenomenon is to be explained in the following manner.

By the administration of diuretics in hydroptic diseases, we expect the action of the renal emunctories, and cause them to pour out a large quantity of a serous like fluid, thereby diminishing the general mass of the portion of the circulation, and consequently the effusion from the vessels furnishing the hydroptic fluid. Now if by these means the exhalation from the capillaries be diminished, and the discharge from the renal emunctories kept up, the absorvent will we think drain up the accumulated fluid.
although their action be not increased. But independently of this effect of diminished hydropic accumulation, there are others, which perhaps take place simultaneously with those above mentioned, further increasing the efficacy of diuretics in disease.

We have already mentioned that desitation favours in a decided manner the absorption of diffused fluids, hence when the blood vessels are suddenly deprived of a portion of their serous fluid, by exciting the action of the renal capillaries, nature, endeavouring to sustain the necessary proportion of this component part of the circulatory mass, forces the abdomen to a more vigorous action, in order to supply the then existing deficiency.

With these remarks on the modus operandi of diuretics generally, we proceed to notice the principal individuals of the class.

and first of the salt neutral, that these articles are taken into the circulation, and produce diuresis.
by stimulating the secretory vessel of the kidneys, is we think sufficiently evident from, their being detected in the urine voided after their administration. This is rendered still more portable from the fact, that when they prove negative and are thereby prevented from being absorbed by the rapidity with which they pass through the alimentary canal, they have little or no diuretic effect.

In order to obtain the full diuretic operation of these articles it is therefore necessary to give them in small quantities frequently repeated, to prevent their producing catharsis, and to accompany them with plentiful dilution.

The radix scillae is another article which has been deservedly celebrated from the most ancient times as a remedy in hydrophic diseases. From the well-known fact, that when this root is given in dose large enough to produce vomiting or purging, if fails in its diuretic operation, we think it probable, it is taken into the general map of the circulation, by which it is conveyed to the renal
ommended, that exciting the secondary reflex by virtue of its stimulating properties.
The last article of this class to which we shall advert is the Digitalis Purpurea, concerning the medical agency of which as a diuretic, and its administration in dropping effusion great diversity of opinion exists even at the present day.
By some this remedy has been entitled for its power in dropping affections, and has by them been particularly recommended (considering it to have the specific power of stimulating the abdomen) in cases where the pulse is feebly or intermitting the body flaccid, the skin cold and the Countenance pale. Others considering the diuretic effect of this article to be dependent solely on its sedative influence (as evinced by the latter uniformly preceding the former) condemn its use in cases of general debility and relaxation.

The ignorant in what manner digitalis can act on the abdomen without at the same time stimulating the system generally, a property which no
one who had experienced its effects on his own person

can attribute to it I think, that its diuretic properties
are to be ascribed solely to its power of restraining
the impetuosity of the circulating fluid, on the exha-

lants, and not to any power it can have of stim-

ulating the absorbes, or of exciting directly the action

of the renal emunctories. Before discarding the sub-

ject of diuretics we will remark, that their opera-
tion is generally promoted by combination, and

by the simultaneous use of mercurials, as calomel

externally, or mercurial friction externally.
The task, and perhaps the most important class
of remedies for promoting the evacuation of the

effused fluid in dropsy, are Glaucusis.
These substances by irritating the exhalants of the
intestines, cause them to force out a large quan-
tity of this necessary constituent of the blood, in
consequence of which the absorbes are called upon
to supply the loss. In this way, we think cathartics
prove successful in the treatment of Hydroptic
disease, and not by any stimulant influence as they
can directly exert on the-absorbs simultaneously
with their evacuating effect. In order to fulfill the
third indication in the treatment of this disease, or
to strengthen the system after the evacuation of the
effused fluid, the administration of tonics, together with
exercise and frictions became necessary. Having now duly
sufficiently long on the remedies used, and their mo-
dus operandi in anawaroe, we proceed to the consideration
of Hydrothorax. From von aqua and papa. Notes. a post-natural
collection of a borsce fluid in the cavity of the chest.

Depositions of those who die of this disease, show that the
effused fluid is either collected in one side of the chest,
or that there are hydatids formed in some particular
parts of it, but they more frequently discover effusion
in both sides of the chest, accompanied by a collect-
ion of fluid in the other cavities of the body.

The symptoms indicating the existence of Hydrothorax
are oppressed respiration, particularly on motion and
when in a recumbent posture, a sense of weight or
oppression, referred for the most part to the pericardial
or the sudden starting from sleep with anxiety and
Halitosis of the breath, irregularity of the pulse, and accompanied by expectoration of a matter resembling albumen, lenticular, or amniotic appearance of the countenance, edema of the feet and ankles, tingling, palsy of the mind, which is high colored and on elective deposits and sediment, and in some instances a sense of fluctuation is perceived on motion. Of the pathology of this

thoracic, we have nothing more to state, beyond what we have already said of drooping generally. The method of treatment above recommended for nasarea is equally applicable to this form of drooping, with the exception perhaps, that diversities are more proper in the latter than the former disease. The paracentesis thoracis though frequently proposed has seldom been resorted to in this disease. That it may be executed with safety we have no doubt, and that it has been practiced successfully seems to be well authenticated;

but to what circumstances of the disease the operation is most appropriate we are at a loss to determine.

The next and last form of drooping to which we shall advert is that called urinary from across liter. A particular
collection of a serous like fluid in the cavity of the abdomen. In most cases the water is contained in the peritoneal sack, or general cavity of the abdomen, but sometimes it is found in one or more sacks formed upon and connected with kind of the visera and is then called empyema; during ascites is frequently preceded by loss of appetite, inactivity, dryness of the skin, difficulty of breathing, diminution of the urinary discharge and constipation. Shortly after the manifestations of these symptoms, a protuberance is perceived commonly in the hypogastric region, which gradually increases until the whole abdomen becomes uniformly distended and tense. As the collection of water becomes more considerable the difficulty of respiratio is increased, the countenance becomes pale, a great degree of thirst attends, the skin is dry, the urine scanty, high-coloured, and on standing deposit a watery sediment, the pulse is generally more frequent but sometimes slower than natural. The causes which produced ascites more frequently than the other varieties of dropsy are Peritoneal infla
Inflammation both acute and chronic, a diseased state of the abdominal viscera, particularly the liver, local injuries &c. 

The kind of accidents should we think be commenced with venaesection, diuretics, deobstruents, or cathartics according as they seem to be indicated, and if after fair trial they fail, recourse should then be had to the operation of Puncturae abdominis in order to draw off the accumulated fluid, and thereby give some temporary relief to the miserable sufferer. Knowing as we suppose, spoken sufficiently above of the causes of atomic droppings, it is only necessary to make a few remarks on the method of cure in such cases, which it is evident should be attempted by tonics and stimulants. Among the stimulants the ammoniated solution of Sulphuricum is recommended by Professor Pettee as singularly efficacious in these cases. This, together with dialygates, friction, and moderate exercise on foot or horseback, will universally effect a cure in atomic droppings unless the power of the system be so far proscribed as to render recovery impossible.

Finis
On Rheumatism
A Dissertation,
Submitted for Examination
To the
Proved, Trustees
and
Faculty, of Physick,
of the
University of Maryland.

By,
Richard Norris

1828

T. Virginia
The subject I have chosen for an Inaugural Dissertation is one which has occasioned as much excitement to the Human Family as any other within the scope of a Materia Medica, to Rheumatism. The term itself is derived from the Greek verb ρέω, to flow, hence Preparations a deficiency a name given it when the Humoral Pathology prevailed which supposed the disease to consist in a morbid afflux to the part.

It is divided into the acute, or Rheumatalgia and the Chronic.

The shall first treat of the acute, this disease has been objected to, because it does not indicate the quantity of Fever present in the two varieties. The word Chronic refers to the time the disease lasts and not to its previous duration, or the severity of the symptoms. The common remote cause of the disease is cold applied to the body when it is heated; though if there is a predisposition to it, which produces affection can only arise from the physical conformation.
of certain parts, it may be excited, by any of the causes of Inflammatory Fever.

The subjects of the acute variety are chiefly the Young & Vigorous, though persons of all ages and temperaments may be attacked by it; cold will produce it in any person. The seat of the pain is various, sometimes it is in one joint, again it occupies many at the same time, it shoots along the course of the Muscles, & fixes itself in some one of the Joints.

From the part affected, the disease has received different names. When it fixes on the Lumbar region, it is called Lumbago, when on the Hip, Sartorius; when on the Thoracic Spinae, Spinae Thoracis. Notwithstanding this variety of names, the treatment is pretty much the same in all these varieties. Wherever there are Muscular fibres, this disease may exist. It is principally an affection of the Fascia, & requires the same treatment whether the disease be seated in the Thoracic
in the Muscles of the Arm or Eye, this is apt not to be quite so inflammatory, when it attacks the Hip's Lumbar Region.

Acute Rheumatism is greatly increased by any requiring the use of the Muscles. Hence Patients are apt to remain in that posture requiring the least use of the Muscles, as on the back. If it continues long fixed in one point it is probable that the disease will be obstinate and injury done considerable. If it shifts its place often, it is a better sign; this is apt to take place in the night; when the disease is most severe, it generally remits in the morning and exacerbates in the evening; this is not always the case. When the pain has continued for some time, the parts become red and swollen. The Inflammation is of a peculiar kind, never scarcelyly ending in suppuration. Dr. Blott says
A boil sometimes, and in suppuration in
sorefulous subjects. This swelling, generally
brings relief, though not always complete. These
symptoms are always attended with fever, the
pulse being full, frequent and hard.
Rheumatism as before asserted scarcely ever
ends in suppuration, most generally by
resolution. Critical evacuations seldom take
place in this disease and when they do, they
do not bring that relief which they do in
other diseases.
Authors have dwelt much on the diagnos-
tics between, this disease & Gout, though it
seems to me that they are very plain. The
Ancients supposed there was no difference.
and even the Illustrious Rush considered the
Gout as the rich man's Rheumatism, and
Rheumatism the poor, man's Gout.
Rheumatism attacks the larger joints, Gout.
The smaller, Rheumatism, attacks the strong, and
those who have been exposed to cold and damp.
The great always, the debilitated from mode
of life, or those who are hereditarily predis
posed. It is always preceded by certain
Gastric disturbances. Rheumatism, never, it
has no gastric connections whatever, in short
by attending to the premonitory, general health
premonitory symptoms, seat of pain, subject
of attack &c, we may always very safely & conce
the pronounce what the disease is. It is some
times difficult to distinguish, Rheumatism in the
Lumbar Region from Nephritis. Coccus in the Ureters, may be known, by the burning,
frequent, & painful micturition, &c. In Lumbago,
there is an increase of pain, from exertion of
the Muscles of the back.
It attacks us before observed those of a full, lethargic
habit. The Cachetic are very liable to it, and when
it does supernene to a scorfulous habit it is very
difficult of management, frequently postulating the patient so much, that the recuperative forces of nature cannot restore him; and these are the only cases in which it ever proves fatal.

Cold will produce it in any subject. It is most common in those countries, subject to variations of temperature, changes from a warm and dry atmosphere to a wet and cold will produce it in any person.

Bydenham supposed the use of Persimmon Bark to be a cause of this disease, there is no doubt, but that where there exists a tendency to acute Rheumatism, that it will be aggravated by the use of Bark.

The treatment of acute Rheumatism is plain

tailing, Blood letting, is our main dependence and sheet bandage, we do not bleed so much with a view to allay pain instantly as to quiet excitement of the Heart & Arteries. To subdue action, the employ the Lanceet with the same view that we do in simple synechiae. After this we follow up the indication pointed out by Nature and
give Diaphoresis, & for this purpose nothing answers better than Dover's Powders. Cathartics do not seem to answer so well in this disease. The bowels should be kept regular. Small doses of Cod-liver and Opium have seemed frequently to shorten the disease. Opium by itself is apt to aggravate the symptoms.

There has been, and still is, a great conflict of sentiment among authors and practitioners, with regard to the use of Fever. In very debilitated it seems to be indicated & has been used with advantage undoubtedly: but generally it is very apt to aggravate the disease; if there is any predisposition to the acute variety, but in the decline of the disease when it assumes the intermittent type, it may be administered with advantage.

The Diet in acute Rheumatism should be light, and such as is not likely to excite action. High seasoned food must be avoided: this must be very particularly attended to. Distilled and Malt Liquors must be avoided through out the disease. No person can be restored to
perfect care & health who endures either on that
or drink - Rules with respect to Diet seem not to
be sufficiently insisted on by Authors, Practitioners.
The Temperature of the Apartment where the
Patient is confined, should be as uniform as possible
Some advise that the Patient, should be kept
warm with Blankets, As a general Rule the
Apartment, should rather incline to be cool.
A practice has pursued in Respect of applying
Ice to the affected part in Acute Rheumatism
This practice it seems to me should never be Jef
found.
Most topical Stimulating applications
are improper in Acute Rheumatism. Topical
heating generally far inferior to general
Stimulating applications are apt to produce
a metastasis, from one Joint to another
Should only one means be pointed out by nature of
being the disease, by critical examination,
as by rectifying Hemorrhage, emunctory they should be encouraged

Where the observer has pointed out for the cure of the Acute variety have not been vigorously and properly used, that form of it is very apt to succeed which is called The Chronic Rheumatism. Though it frequently comes on in this form without any presumptive acute symptoms, and on this account it seems that it ought to be arranged as a distinct Genus.

Chronic has several varieties. It sometimes, press on the Spine, Neck, Knee. There is not so much fever in this form, Generally little or none.

Heat of the skin is little increased; pulse very slightly accelerated, skin rather pale red, respiration, with difficulty brought on, and what is very characteristic of this species, considerably, ascends, by the application of ice to the

The continuance of the disease is indefinite, sometimes it comes on only at certain season.
of the year, and at other times, it is felt only at certain seasons of the year, at other it is felt at every change of the weather, from dry to damp, most generally, when it has once appeared in the chronic form, it will continue through life, being more violent in spring and autumn in short at those seasons of the year when misfortunes of temperature are most frequent. Such patients have very justly been called living Barometers, for they can with great certainty predict changes in the weather.

The subjects of this variety are principally those advanced in life; those who have been much exposed to cold and damp. Sailors are not so subject to it as soldiers. In short cold will produce it in any person.

There is a Paralytic benefit of this disease produced by the fascia thickened by disease Expecting on a nerve.
With respect to the treatment of this variety of disease the practice, first adopted and pointed out by Father Gil, is the one that is now pretty much followed and approved of that of giving Calomel and Opium. He says, "my movement to make trial of this method at first was, that this kind of poison acts deeply in the most fleshly parts of the human body, and to which it is extremely difficult to convey the efficacy of any medicine enter, either given internally or applied externally; and that as Mercurius of all remedies, we are so opacified with, most certainly permeates the inmost recesses of the Muscular and Tendinous parts, and removes diseases there seated," he was induced to make trial of them and found them to answer admirably.

Mercury is now given to restore sensibility, when the fever is slow, and the system to find.
Resection cannot be carried to the same extent
as in the acute variety, though where the subject
is of a full habit we can must bleed
It is of the utmost necessity in this variety to attend
strictly to the diet of the patient, but here drink
neither fermented nor distilled liquors.

Capt. Cook, says on Tahiti, the natives cure
the disease by hanging the patient up by the
affected limb. In Africa they cover them up in
the hot sun. which acts pretty much on the
same principle as the warm baths which is not
more sufficiently used for in many cases it is
a powerful remedy.

Tar, a stimulant, is an excellent remedy in
some cases.

Blisters frequently of great service, partic-
ularly after inflammatory action has been
reduced.

The warm bath may be used to induce-
Diaphormia. The warm sulphur spring
Both almost as specific in the Chronic Rheuma-
tion. We should be careful that we do
not use either of these last named remedies
until action has been obtained, for if we
do, we may stimulate our Patient into a
fit of Rheumatalgia.
All persons who are subject to Rheumatism
should wear flannel next the skin, and avoid
as much as possible exposure to Cold or Damp,
especially when the body is heated.
Geniæum is a remedy which has been very
much extolled in this disease, as a stimulant
it is best, in the form of Aromatic Tincture.
Tartar emetic whilst not infrequently used
with great advantage.
Sulphur is a remedy which answers
admirably, in many cases, hence sulphur
thaters are considered, almost. Specifics
in this disease when of the chronic variety.

Artemes was very highly spoken of & recom-

mended by the late Dr. Barton.

The Phytolacca Decandra, or Pokeweed is
a native article which has attained
some celebrity in the treatment of Rheuma-
tism.

The spirit of the seeds of Theammonium
has been used both internally & externally.

The inner bark of the common Holly, in infusion
will increase the perspiration, secretion of urine, and
has cured some of the most cases of Rheumatism.

Banding in cases of chronic Rheumatism
is an excellent remedy where there is nothing
more than weakness.

These are I believe the principal means
that have been recommended for the cure of
Rheumatism.
An inaugural dissertation

in English on Vaccination

submitted to the examination of the
Presort tutors and medical faculty of
the University of Maryland for the
degree of Doctor of Medicine

by

Robert Stuart McIlvaig

on the day of
To

Nathaniel Potter M.D.
Professor of the practice of medicine in

the University of Maryland this first
essay of his friend and pupil is dedi-
cated as a testimonial of his friendship
and affection and an humble acknowledg-
ment of the gratitude he owes for
the many excellent and useful pieces
he has received from him, by the
author.

Rob. J. McPhail
Preface

The author of the following pages feels himself compelled in his own justification to make some apology for the hasty and inelegant manner in which they are composed. Long continuance of indisposition prevented him from writing before the close of the term, and an increased illness left him but a day or two before the commencement to prepare these pages. The author therefore humbly solicits for his best excuse all the favor and indulgence actually granted to the first bow of literary efforts. The author, that he has consulted with the most freedom are Dr. Stephen Brown of New York and the reports of some committees in the medical recorder. But the author claims no higher merit for this production than that of a careful compilation and collation of facts and opinions taken from the best authors to whom he had access, with occasional comments and remarks of his own.

The author.
A dissertation on Vaccina

Opinionum commenta delet die, naturae judicis conformal. Nocs.

Man in a state of health and constitutional integrity, for his ills and misfortunes of life have broken his energy or saddened his countenance, may with propriety be denominated the pride and glory of creation. While he walks tall with grace and dignity as his mein, his fair large front and cpy sublime declare him absolute— the master-spirit of the scene in which he moves, and nature in all her works fondly acknowledges and prays to him the tribute and the homage of her great superior. But as the towering mountain, whose lofty tops survey with proud supremacy the valleys lying far beneath, has its fair sides furrowed and wasted by the streams that spew from its centre, or its very bowels rent by inward fires so man is the subject of diseases, which like the burning earthquake or the electric flash produce immediate ruin and disorganization; or by a slow and more chronic operation, like the descending mountain stream, waste and deform his statly figure, enundine his health, poison his happiness and cut short his existence. Many and various are the outlets of life, but that clasp of diseases denominated contagious from their disposition to become epidemics have in all ages of the world been found most extensively destructive of human life; and for its loathsome and mortality small-pox stands preeminently conspicuous at the head of this clasp of diseases. From the earliest
records we have, it appears that this hideous, fatal scourge of mankind reigned with unabated fury from the beginning of the sixth till the close of the seventeenth century and in its desolating ravages, swept off as with the aid of destruction thousands and tens of thousands, without the healing art being able to oppose one serious or available barrier to its progress. History seems to fix its origin in the east, probably in India or China, from whence it spread into Arabia, where it reigned and spread with its kindred curse Mahometanism. Its introduction into England and the rest of Europe must be attributed to the Crusades formed against the Saracens in the eleventh century for the recovery of the Holy Land. Many nations being engaged in this enterprise, the whole of western Europe and the countries contiguous towards the east, were almost simultaneously inoculated with this loathsome disease. From that time forward, like a foul harpy, it glutted its insatiable ruthless appetite on the youth and beauty of the land; and if by chance our forefathers found superior to its power it left upon his person, the well marked vestiges of dead savages. But this fell destroyer of our race like Lucifer was doomed to fall, for the mind of the immortal Jansen, an aegis or discovered which enabled us to pass unscathed through the midst of its perils. Since the introduction of vaccination by this benefactor of his species, we may ask when are the numerous vestiges of its frightful ravages that once existed. It is now so rare to see a person disfigured with the small-pox as it was common formerly. Let us then rally in firm
phalanx around the standard which Jenner has raised; and defend it from the assaults of ignorance, prejudice, and avarice; but above all let us shield it from the dangerous enemies to be found in that profession, to whom mankind look in the hour of trial; as, to ward from them, by the aid of a benign Providence, the wrath of the destroying angel. Although the history of vaccination has been but the history of its uniform and ascendant progress over all obstacles, whether of ignorance, prejudice or avarice; still there have not always been those who, unwilling or unable to survey the whole subject, have confined their on their own limited experience of a few doubtful cases and reject the boon of Jenner rather than yield to a mass of evidence such as has rarely, if ever been accumulated in any other department of human investigation. The doubts and hesitancy of such individuals ought not, and it is believed will not prevent the extension and ultimate triumph of vaccination; when the variolus contagion like the Jewish leprosy shall cease to deform or destroy the human race, the dogma of Willis "Convenit omni homini omni, soli et semel variola aut morbis affici, hominem tamen esse etiam variolae aut nis non variola, et tamen esse, etiam variola, et tamen esse," which we have been previously to the researches of Jenner, is now no longer true or accepted. In the chief remarks which we have to make on this subject of vaccination we shall consider first the nature and of the Native Fox and the time of its discovery; secondly the nature and extent of its prophylactic power, and the causes of its failure to prevent the small-pox. According to Jenner, who is the best
authority we have on this subject, this disease appears on the
hoofs of cows in the form of irregular pustules. At first
they are of a polished blue, approaching to a livid colour
and surrounded by inflammation. These pustules some-
times degenerate into phagedenic ulcers that prove
troublesome. The animal becomes indisposed and the
secretion of milk is lessened. When the disease is in
this stage it is most readily communicative to the
milkers. Its first appearance in them is in the form
of inflamed spots on different parts of the hand.
At first assuming the appearance of small vesica-
tions, but afterwards going on to desquamation. As
to the nature of the vaccinio disease we are unable
to say anything from our own observation or experi-
ments, and must therefore be content with consult-
ing and citing the authority of others. In former was
of opinion that what is called the kine-pox does not
originate among the cows, but from a disease in
the heel of the horse, termed by farriers the grease.
And here let me observe that there are two diseases
in the horse very much alike, the one called grease
the other the scratchy heel. Experiments having
taken made indiscriminately from these two diseases
have sometimes succeeded and at others failed in pro-
ducing any constitutional impression. The lymph
taken from the scratchy heel of a horse, which is in
every respect like the grease, has been found to be in
capable of producing any effect, and hence we may
account for the discrepancy of opinions and experiments on
the part of the subject. Jenner supposed that the milky
fluid issuing from the nipples in this disease (the cow-

Pox), being communicated by the hand of the last who defec-
the cases to the dogs of the cow produce in them the cow-
pox. Dr. Stephen Brown of New York declares it as his unques-
tioned belief, that the cow-pox is variola of the human
subject, and that it was originally excited in the cow
in the form of cow-pox, and in the horse in the form
of grease by the direct application of the small-pox
virus to these animals. Although there is unquestionably
a great similarity both in the appearance and progress of
the variola of the human subject, and this disease in
the horse and cow, yet we think there are scarcely suf-

cient grounds for believing in their identity. The or-
ganization and function of the tissues of these inferior
animals are in many respects like our own and can be
no good reason for not believing that they are or may
be subject to the same pathological condition. We
know that the inferior animals are subject to other dis-

cases not contagious, that have a virulent in the human
subject. However if they be the same disease the view
must be essentially and materially altered and modi-

fied by rasing this the system of the cow, for the
disease in them is never communicable except by
direct contact and is always mild, safe, and disas-
ted of all the virulence of the human variola.

The existence of the disease now called cow-pox seems to have
been known front time innumerable among those
areas in the easter counties of England, acreeind in
the business of dairies, but the eugergerge
suse of Jenner was the first to take notice of this well-known fact and to make it subservient to the highest interest and happiness of his fellow beings. He commenced his enquiries and experiments on this subject in nineteen hundred and ninety-six and two years afterwards he published the result of his observations in which he fully set forth and established the prophylactic powers of the virus of the cow-pox. From that time forward the cause of vaccination continued to prosper and to triumph over all opposition until this second boon, by our familiarity with it, lost in some degree that respect which its inestimable worth ought to inspire in the minds of physicians who were its sole depositaries, and a long remission from the disease it is calculated to prevent, made them careless in the manner of applying it. We shall now proceed to consider the nature and extent of its prophylactic powers and the causes of its failure to prevent the small-pox. And here we would say that Jenner's immortality lies chiefly due to this that he was the first to discover and successfully practice the art of substituting a mild and safe animal poison, to effect a modification of the human constitution which previously had only been produced by a harsh and often fatal one. It appears then, that the vaccine virus is endowed by a kind providence with such a degree of mildness that it may be introduced into the human system without injury, and that being thus introduced it is capable of so modifying the constitution as in most cases entirely to surmount the influence of various contagion.
We will now proceed to examine the extent of the prophylactic power of vaccination and how we must draw largely from the medical statistics and laboured researches of others. From the inquiries of the Bashor on this head of our subject it appears that the small-pox formerly destroyed from one twelfth to one tenth of the population, now not more than one in one hundred and sixteen die of this disease. This shows a most obvious and gratifying diminution in the general mortality of small-pox effected by vaccination. One of the foreign vaccine vaccine establishments reports that out of two million six hundred and seventy-one thousand and six hundred and sixty-two persons, who had been properly vaccinated then, only seven had the small-pox afterwards, and in the London Foundling Hospital during nineteen years only two cases having any semblance to small-pox occurred among those vaccinated there. Out of forty-two thousand six hundred and sixty-two persons who were vaccinated at the London small-pox hospital, one only had the small-pox afterwards in any form. But it is useless and impracticable here to multiply numbers or authorities on this part of our subject, suffice it to say that all the reports of public institutions abroad and of medical societies and private practitioners in every part of our country hail us with the same gratifying result, establishing conclusively the efficiency of the prophylaxis when timely and skilfully used.

It remains for us now to point out some of the
most common cause of its failure to prevent the smallpox. And here we may observe in the first place that it was the opinion of Sydenham and others conspicuous in the profession of medicine, that there is in certain seasons a peculiar constitution of the air which disposes the body to certain diseases, especially of the eruptive kind. The years 1833-14 were remarkable instances of this kind. During the epidemic constitutions of the air the contagion of small-pox, Rubella varicellata, is not only apparent to be more easily propagated and to spread more rapidly and extensively, but to be much more virulent and fatal in its character. In these seasons when the variola virus seems to be highly concentrated and the susceptibility of the system greatly increased, the vaccination even when properly and skilfully applied has failed to protect those who depended on it. But in these seasons we often meet with second attacks after inoculation with variola matter, or attacks of varioloid and even second attacks of variola itself. This appears also in some persons to be especially those of the phlegmatic temperament, the constitutional insusceptibility to the disease which prevents any of the prophylactic inures from making any impression on the system and which often for a series of years renders the effects of variola. Another very frequent and disgraceful cause of failure may be found in the negligent and careless manner in which the operation
performed either by nurses or by vaccinators who were not physicians and often in the care of regular physicians who never saw their patients afterwards and consequently knew not whether or not it had any effect. The causes of failure as enumerated by Jenner and others may be enumerated to comprise under the following heads: First, inoculating with matter taken from an imperfect putrid or from a patient laboring under some other disease at the same time— from matter taken at an in- proper stage of the disease— from the matter although good being infected and the disease pro- gressing while some other disease existed in the system—from the place where and the manner of inserting the virus—and breaking the ves- sels in the early and forming stage. This is doubtless a fruitful source of failure for those who are vaccinated are generally children and when the pusule becomes tho' they will often scratch it and thus the matter will be discharged before it has had time to saturate the system and thus produce such a modification of the con-stitution as shall protect them from the opera- tion of variolus contagion. The prophylac- tic effects of vaccination have been said to cease after eight or ten years, others that it is exhausted about the age of puberty when the constitution seems to undergo a considerable change. To obviate these difficulties, physicians generally
agree in recommending a vaccination which is said effectually to protect the system even afterwards against the small-pox. From all the testimony which we have had access to and time to examine we are clearly of opinion that vaccination when properly administered and when efficient materials used and the system in a proper state for its reception will in all ordinary cases protect the system against the operation of variola. And in those few cases in which it has failed entirely to prevent the disease, we have this consolation left, that though we may be wounded by its shafts, they are deprived of their venom by the guard we have thrown or may throw around us. In other words, if we cannot always avoid the small-pox, we may protect ourselves by vaccination from much of the suffering and almost entirely from the danger of that disease. 

Fini

R.H. W. Raig
Inaugural Address

To

Hydropcephalos

Intended to the Celebration of

The Twenty-First Anniversary

of the

Regents of the

University of Maryland

In the

Jargon of Medicine, Delivered by

Charles W. Yates

1828
An Inaugural Dissertation

In

Hydrophobia

Submitted to the Consideration

Of

The Rev. Bishop Kemp Prevost.

And to the

Regents of the

University of Maryland

For the

Degree of Doctor of Medicine

By

Charles M. Yates

1825
To the

Professors of Medicine

In the

University of Maryland

This Thesis is Dedicated,

In respect to their talents,

And in gratitude for the benefit

Debted from their instruction—

By the

Author

[Signature]
To

Doctor Samuel Baker

Dear Sir,

The high opinion, which, in common with others, I entertain of the talents which distinguish you as a physician, strengthened by the success of your practice, and by the important lessons received from your instructions, is a sufficient reason for my dedicating this humble attempt to you and expelling my own with feeling to be

Your respectful friend,

and pupil

Chas. M. Yates.
Introduction.

Nothing the combined efforts of Science and experience have been inadequate to clear away the doubts and obscurities which involve the subject of brain and madness. Yet the peculiar malignity of these cases and the interest with which it is felt, this disease demands attention, to make imposing demands upon the attention of the Medical world, and invite their consideration, with the hope that one day or other some more fortunate discovery may clear out this curtain of obscurity and elucidate its pathology. And this type of diseases of all its terrors. If I, in the brief course of my ramblings, have been so fortunate as to offer one fact or suggest one observation on which superior talents or better experience may build, I shall esteem myself sufficiently rewarded.
Hydrophobia.

St. George defines this disease as follows: "Spasmodic constriction of the muscles of the chief superficial veins of the body, consequent on the bite of a rabid animal, preceded by a return of pain and inflammation in the bitten part, great restlessness, horror, and hurry of mind." In the foregoing definition there is not so much as mentioned the prominent symptom from which this disease takes its name: instead of this he uses the Greek word Lyssa, as more applicable because it is the more common.

The dread of water or Hydrophobia is not
confined to canine madness but is common in many other diseases and is produced by many other causes besides the bite of a mad dog.

Rush gives us the following causes cold night air, a wound in a tendinous part, sucked and impure animal food; worms; eating black nuts; great thirst; exposure to intense heat; drinking cold water when the body is very much heated; and many other causes, which are of so great a number to mention. All this seems to argue some thing against the term in common use and the one under which I am writing; but I have not chosen this term because I thought it the most correct but because it is the most common. It has been a question whether this disease co.
n arose spontaneously, I am inclined to think it does in the Canine Species.

Heilary says it is endemical to the dog kind in the West Indies and L'Hours says that it of ten prevails as an Epidemic in the back Country of the United States: but that the same des-case which is communicated by the bite of orat-animal is spontaneous in the Human Specie is very doubtful. A dread of water is some times observable without the true disease yet this is entirely different from the disease under con-sideration.

It is supposed by L'Hours to be a ma-lignant fever and offers the following proofs in support of his opinion: 1st That the disease in said animals is a fever - 2nd The disease
called Canine Madness, prevails occasionally among dogs at those times in which malignant fe-
vers and Epidemics 3.°,rops when they are said to be mad exhibit the usual symptoms of fever, such as want of appetite, great heat, an.
disease, red or watery eye, indisposition to motion, shivering, delirium, and madness.

We believe that this fever is a secondary consequence; the poison acting imme-
diatly on the nerves to which it is applied, its influence over the arterial system and o-
ther parts brings them all into diseased action, and thus we have fever.

With respect to the time of the accession of the disease, after the bite is received, it is def-
It is not accounted for. D. D. M. and D. D. W. suppose it to remain in the heart injured until some cause excites it into action. This cannot be the case for the disease has appeared after the wound has been washed and cleansed, and even after it has been carburized.

This is a subject which is involved in the greatest obscurity. On this subject the severest philosophic scrutiny has amounted only to speculation and fanciful hypotheses. If I were to account for it in any way, it would be by supposing that some habits of body or states of the system were more able to resist the poison which was acting on the body at that time, and while it would act on some in the course of six or eight
days in others it might be resisted for years, and
there are others again having no predisposition
to be acted on or I may rather say irritability
of the nervous system (for on this I believe it acts)
who would resist it altogether. This is con-
firmed by Le Vaught and Van Swieten long ago
remarked, "that the virus produced different ef-
fects upon different temperaments or constitu-
tions" thus favouring the idea of the predisposi-
tion of the system being necessary to the production
of the disease.

On the method of preventing this terrible dis-
ase, and on the treatment of it after it is formed
much has been said and written, and no disease
has afforded more contrariety of opinion than this:
While some have trusted altogether to evacuants and have brought forward cases to attest the success of their practice, others have followed the opposite plan of treatment and have succeeded equal-ly well, if we should judge from the cases brought forward on both sides, but this diversity of opinion on the treatment is owing to the different theories which different practitioners form of the disease. By many the disease is referred entirely to the nervous system and regarded as a fever; Monro describes it as a continued fever; while Rush and many others as an inflammatory affection. There are as many on the other hand who refer the symptoms to the nervous system; of this opinion were Morgagni, Cullen, Perce-
...val and others. All these things shew in how much obscurity the disease is involved, and also shew how easily we might be deceived in the treatment. One or the other of these parties must be wrong, for they cannot both be right. When they are the reverse of each other; and for my own part, I think it most likely, that the most of the cases brought forwards in which this disease has been said to be cured, have either not been cases of Canine madness, or forged by authors to strengthen some favourite theory.

But let these things be as they may, if we judge from what has been written, and from the symptoms of the disease, which are evidently nervous, such for instance, "a yawning and shuck..."
...
ing, homoeopathic, inaptitude to motion and great
irritation of spirits" signs strongly indicative
of Alzoued vigour of nervous energy; and from the
resemblance of this disease to Eleuus Pçeys-
tron which we know to be nervous, I say if we
judge from these things we must believe it to be
nervous.

Although this appears to be evidently a
nervous disease, it acts on the arterial system.
Ordinarily, and as we cannot give any stimulants
which are strong enough to counteract the effects
of the poison, we have to endeavour to find out some
other way of treating the disease, different from that
generally employed in affections of this kind, but
of a lighter character; what these are I cannot tell
they may be mineral or they may be vegetable.
They may act chemically on the poison, or they may not, or they may act in some other way; for it is unnatural how they act. If we could find them to be specific, and think it is the only hope we have of curing the disease.

This may appear strange, but it was the same with syphilis before mercury was found to be a cure and the person afflicted with it was as sure of dying.

But there have been so many medicines said to be specific and the public have been deceived so often, that no one seems inclined to search that they may find them. As the stimulating and the depleting plans of treatment have both failed to cure the disease, we must hope for something of this kind.

Among the Specific (or those medicines supposed to be specific in the prevention of hydrophobia)
as mentioned the Cold Bath of Below (which is not yet exploded) Samper's powders, turpith mineral and a species of anagalee or chicke wind; this last, one of the most inert and insignificant articles in the Materia Medica, has acquired celebrity so great, as to have gained the patronage of the Pennsylvania legi

tature, and trusted to by many who were threatened with the disease,

But these failing should not deter us from the pursuit of such remedies, especially when it appears to be our only hope of success in the cure of Hydrophobia.
A Dissertation
On
Tabula Sinica
Submitted to the
Right Rev. Bishop Henry Dearborn
Professors and Regents of the
University of Maryland
For the Degree of Doctor of Laws

By
Enoch J. Duycking

1825
A Dissertation
On
Febrile Origin
Submitted to the
Right Rev. Bishop Kempe, D.D. Provost
Professors and Regents of the
University of Maryland
For the Degree of Doctor of Physic

By
Edward Goldsborough
Of Fred. City, Md.

1825
To

Doctor John Baltzell
Of Frederick City Maryland

My dear Sir,

I am attaching your name to this petition.

I conceive do nothing more than what is justly due from every pupil to his preceptor, and in doing so there is recalled to my mind the anxious solicitude which you always manifested for my advancement in the sciences; and also the kind and polite attention shown me by yourself and amiable lady, for which you will equally accept my most profound esteem and respect.

That you may live as heretofore useful in public, amiable in private life, and in the
most perfect enjoyment of that health, which you have been so instrumental in restoring to others, is the sincere wish of your ever grateful pupil.

The Author.
Introduction

The only certain method of arriving at truth in the investigation of any subject is to empty the mind of preconceived opinions derived from sources other than its own and endeavour as near as possible to pursue the course of nature, first, in health, and lastly in her diseased state, by adopting this course, science is much simplified and the prospect of success in the study of the phenomena of diseases greatly augmented. The great fault in authors generally is, in the examination of matters of science they forget they are writing for minds of different capacities and these seen into speculations complex, abstruse and difficult in their comprehension.
and throwing over them a veil not to be
raised except by the hand of genius. In this
speculation I have with all possible
care avoided obscurity and have endeavoured
to elucidate as much as I could the object
of my research although much yet remains
to be said on the subject.
Observations
On Febrile Origin

The origin of febrile disease is unquestionably very various, and is often so obscured by incidental and collateral circumstances as to render a correct discrimination of its source extremely difficult. But a line of distinction or demarcation may be justly drawn, as to whether the disease in question is of general or local commencement. The universality of febrile action is such in its manifestations, and the violence of disease so great, as to make it inconceivable that such a general disturbance and violence of disease could have at once arisen, and shown itself compatible with the continuance of life. Disease, as usual, and so sudden, severe, it may be presumed,
involve the vital functions of the animal economy in such a state of embarrassment, as would necessarily, and in fact be natural, true to existence. Deviations from the healthy state, of whatever nature or degree, are for the most part, slow in their approach, gradual in their progress. Seasonable and ample warning is given of the appearance of disease, by the distinct sensations arising from the strange actions and functions of the various parts of the system. The salutary actions of life are bound and linked together by the mutual ties of organic sympathy. The circumstance of one part being in a state of health is an efficient law in the animal economy for other parts to be
in a similar condition; and thus a reciprocity
of vital and healthful influences subsists
between both the contiguous and remote parts
of the animal frame. But for this innate
correlation, there would be neither acting
nor harmony in the various and dissimilar
functions of animal life. The beneficence
of nature has happily provided, in the differ-
ence of structure of the animal frame,
an opposing force to the easy transition of
disordered action. It is not every slight departure
from health that either establishes propaga-
ates itself. The part that may be its seat
reacts on the morbid intrusion, and at least
restrains its threatening mischief if it should
not entirely arrest its action.
The disease on these occasions announces itself in such a way as to render the attack an object of reasonable attention. If the powers of the diseased part should be unequal to its own support, and should give way to the morted circumstances by which it might have been attacked, the system, more or less generally, and with greater or less violence, will partake of the commotion until that which at first occupied, as it were, but a part, may be at length gradually extended over the whole frame. It is in this way it may be presumed that all febrile disease which are commonly regarded as of general nature, originate, and finally become diffused over the system, agreeably to the natural
laws of associative or sympathetic action.

It is evident that febrile affections will in their
cradal, as well as external, character, be considerably
modified by the properties of the agent by which
they are produced. It is also equally evident
that constitution, habit, climate, and other
physical and moral circumstances, will exert
their respective and peculiar influence in
producing the description of fever that might
exist. The external character of fever may
be almost infinitely diversified by various
causes; but the intrinsic nature of the febrile
state admits of the important principle gen-
eralization, that all the forms of that disease
are of a local origin, and are prevalent in their
onset, commencing with the whole system.
The doctrine of fever is much simplified by this view of its fundamental nature; and cannot fail of leading us to the prominent point of investigation, what particular part might have been the seat of the disease that has been symptomatically extended so as to involve the system at large and assume the form of a general febrile affection.

The true nature of fever will be much elucidated by looking to its probable source and origin, instead of devoting the attention withunnecessary calculation as to exact influence, and sharply watching the course of the general disturbance from which the extended mischief had arisen. The importance of the distinction here insisted on refers to...
to focus the production of marsh poison of a low character usually considered as typhoid in which the attendant symptoms do not directly suggest the existence of visceral disease; or at least not in a degree sufficient to have given birth to the affection. Instead of a vital organ being suspected to be the source of such diseases, when any particular viscus is especially affected, it is felt to have been incidental and secondary, due then essential and original. When the commencement and progress of visceral disease is such as to denote active inflammation, no doubt remains on the subject, and the treatment is solely directed to remedy the local affection. This arbitrary distinction which has been raised between inflammatory and febrile diseases bas hin
productive of much mischief: they may differ
but in this respect alone. They are radically
the same, and to dispute the identity of principle
from whence their different forms proceed, would
be to multiply words without distinguishing
things. It does not at all follow, that, because
a vital organ is not agitated with the more
violent pains of inflammatory action, that it
should not still be disturbed by a state of
excitation that may be subservient of its
healthy function, from whence may arise
mortal sympathies, that may be distributed
over the whole frame. The symptoms of this
state may not be evidently inflammatory, but
the suffering viscus has nevertheless to cope
with congestive fulness and disordered action.
of relief, that constitute a very serious state of disease, and will require for its relief and cure, careful attention to its local nature, rather than an unavailing endeavour to alleviate the symptoms, without due reference to the real source from whence they proceed.

Agreeably to the view which I have been taking of the febrile state of disease, it is clear that it is a morbid condition that implies a general affection of the system, resulting from some local arrangement of the healthy condition of some part of the frame. The state of fever, therefore, although of secondary nature, implies a condition of disease always arising from the magnitude of its extent, and specifying a degree of danger proportioned to
the vital importance of the part from which it derives its origin.

The brain is the grand source of sensations, and in some measure distempering the sensibility and associatively disturbing the various functions of the whole frame. It is not uncommon for the brain to be oppressed by vascular pulsations, in a degree not only to disorder its healthy sensation, but also to draw into sympathy with it the heart, stomach, intestines, lungs, liver, kidneys, and other parts, inducing the full form and character of febrile disease.

This affection may run on to an indefinite at least, until either destructive exhaustion disorganization, effusion, or extravasation or
the energies of the system may ultimately restore the healthy condition of the brain, when the sympathetic part of the medulla would subside, and terminate in health. The sensitive nature of the brain, and the various and complicated functions which it has to perform in the animal economy, render it peculiarly susceptible of being affected by slight causes of disease, commence that would be harmless in any other viscus, might be seriously injurious to the brain. The affection may not, indeed, be inflammatory, the morbid action may not go to that extent; yet it alters the healthy function and thereby disturbs the whole system sufficiently to induce the ordinary appearance of bile.
disease. The leading inquiry in all febrile
diseases should be, to ascertain what vital
organ is most affected, and the history of the
case should be sufficiently to determine
within the diseased organ was primarily or
secondarily affected. The danger of fever is
generally to be estimated by the importance
of the vital organ in which it may have
originated. When it occurs in the brain, the
hazard is most formidable; the heart, stomach,
and other organs of frequent disease. The
lungs, liver, kidneys, are attended with
proportionate risk and uncertainty. If fever
of every kind is radically the same or simi-
lar in being of local origin, it is clear
that the indication of cure will partake
of that radical resemblance, from the exaggeration emanating from inflammatory excitement, and occurring in either visceral, muscular, membranous, ligamentous, or any other kind of structure, it becomes equally necessary that the burden of disease should be removed from the affected part, seeing that an its cessation depends the subsiding of the general affection.

Vascular exudation, and intestinal evacuation, to an extent that would be likely to disembarrass the affected parts, will be required; and although a tardy convalescence may be expedited by tonic stimulant treatment, yet, pending fulminate affection, it is probable that the local cause of the
general affection still exist, and that, until it be effectually relieved, the feverish state will not be overcome. As long as the local origin of the disease exists, its extension of course, will remain, and during that time stimulating agents must add to the diseased action, and tend to incur either destructive exhaustion, or irretrievable disorganization.

The abstraction of morbid stimuli is the grand object to be pursued in the case of all disease dependent on either vitiated, inordinate, or excessive action. These morbid stimuli are commonly excessive arterial action, undue vascular distention, unequal distribution of the circulating fluids, irreglar and vitiated secretions, inactive bowels, thirst,
deficient perspiration, intermittent heat, mental anxiety. These should be either moderated or wholly omitted, according to the exigencies of the case; when the order and calmness of the healthy action exists, most likely be resumed and restored. An increased action of the heart and arteries, with deranged secretion, denote an active source of disease, which must be overcome by means of abstention, rather than of supply; or, to speak more medically by sedation rather than by stimulant influence, before the healthy state can be re-established. But, when the powers of life begin to flag, and the evidence of immoderate excitement is wanting, it will be requisite to sustain the drooping state of vital energy in such a
way as may afford a chance of restoring it to
the healthy equilibrium. Pure air, adequate
warmth, aliments, sleep, and mental tranqu-
ility, are the most congenial and salutary
stimulants on these occasions; and when the
local disorder has not mentally injured the
affected part, recovery may be calculated
on as the natural and reasonable result of
such agency.
An Inaugural Dissertation
on
Cynanche Franchetis.

by

William J. Gantt.

1826
In preparing my thesis being necessary to obtain a degree in medicine, I with extreme diffidence enter upon the unpleasant task of preparing for your inspection a short dissertation on some subject connected with the science which has for a long time past exclusively occupied my attention, conscious as I am of my inability to do justice to the disease which I am about to select as the subject of my thesis, and also aware that my limited knowledge of a science, to master which must require a lifetime, will not admit of anything new or original; indeed an attempt to do so would only prove a vain and fruitless undertaking, I sincerely hope that every allowance will be made by this Honorable Faculty for the unfinished state in which I shall present it. Circumstances entirely unforeseen and beyond the reach of my influence, have prevented my devoting even the short allotted time since my examination to the preparation of my thesis, having previously chosen a subject on which I should never
I only have to say more than my time would permit, I have been obliged to abandon it, and select another far less complicated and easier treatment. It cannot be expected by the Faculty of this Institution, who will revise this dissertation, that I can at so early a career of my profession as I have above said, offer anything new or original on a subject after so many men of talent and experience have spoken so preceding to myself. By the trachealies or grooving in the disease which I have chosen as the subject of my thesis, I will therefore content myself merely by describing the nature, symptoms, causes, and treatment. The grooving is an inflammation of the plicate larynx, or upper part of the trachea; it is known by a peculiar singing sound of the voice, by difficult respiration, straitening about the larynx, and by a dyspnea attending it. This disease, although highly inflammatory, does not run the same course as other inflammatory affections generally do, owing in some degree to the parts affected.
it particularly from the high and violent degree of inflammation producing suffocation from a morbid increased secretion of the mucous membrane, and exhalent repelling these parts, thereby preventing the terminations common to other inflammatory disease, except that of resolution. When this disease ends fatally, it is by a stopping up of the trachea, producing suffocation. The causes of this disease seems to be the same as those which produce other inflammatory affections in different parts of the body, sudden vicissitudes of the weather, sudden transitions from heat to cold, lying on the damp ground, &c. are the principal causes of this disease.

Both adults and children are subject to this disease, but the latter much more so than the former, and why inflammatory action in children is so frequently located in these parts is to be attributed to the exquisite and peculiar sensibility of those parts in them and the constant
Exposition to an increased secretion thereby rendering them more susceptible of a disease action. From the delicate structure of these parts in the animal economy it will appear that an inflammation affecting them will be attended with much danger. Accordingly we find the disease to be characterized by the most formidable and alarming symptoms, tending rapidly in most instances to a fatal issue, thereby demanding prompt and early means for the relief of those who may be affected with it preventing the poor sufferers from falling victims to this most formidable disease. This disease although principally confined to children seldom attacks them until after they are weaned, and after that period the younger they are, the more susceptible they are to it.

The symptoms of this disease, as I have mentioned above, are the following, a hoarseness, a shrillness and ringing sound of the voice, both in speaking and coughing, as if the passage of the air was constricted, great difficulty of breathing and swallowing.

These symptoms become more violent from the inco
Action of the parts affected, the mucous glands and exhalents, laboring under an increased action and sensibility which being further excited by a preternatural and morbid secretion, is consequently, as in all other cases of unusual irritation, excited to spasm, which is further increased by the mucous being inspirpated by the heat of the part, and the current of air constantly passing over it, thereby producing that preternatural membrane so constantly found in this disease, from which the cæsarey of the trachea is exposed and co-operating with the spasm in producing that extreme difficulty of respiration, which is so characteristic of the disease. The symptoms that precede a more violent attack of this disease are, drowsiness, inaction, restlessness, &c. the eyes are somewhat suffused and heavy, there is some cough and a hoarse voice, which is soon succeeded by a symptomatical fever, a peculiar wheezing sonorous inspiration, a stridulous voice in cough
up and speaking. As the disease advances, the tonsils, uvula and fauces become inflamed, the face is flushed, and there is much restlessness with extreme difficulty of breathing, the pulse is generally full, hard and frequent. From the causes, symptoms, and nature of this disease, the two principal indications of cure must be first to moderate the increased action of the general system, and thereby lessening the determination of blood to the part affected, the first indication will be most effectually answered by the candied second by vomiting, warm bath, blistering, and the proper application of these remedies I will now endeavor to point out.

When called to a patient laboring under this disease, the first remedy we should use ought to be an emetic, preceded by a large quantity of blood, abstracted either from the arm saphenous, temporal artery or wherever we can most conveniently get it, as we frequently
meet with difficulty in bleeding young children, let us not forget to regulate the quantity drawn to age and strength of the patient, and the violence of the disease, blistering is another valuable remedy and should not be forgotten, when used it should be applied to throat, our purgatives should consist of calomel in large doses repeated at short intervals until it operates on the bowels, after which it may be repeated in small doses throughout the disease. As we meet with difficulty in putting our patients, the emetic medicine should be of the most active kind, such as tartar and corrosive sublimate &c. As the stomach in this disease is very insensible, we must use such medicines as are most capable of making an impression on it, to assist our emetics, we must bear in mind the warm bath, say 96° of hot it will also be proper to administer friction and diaphoretics. Senapa Galpala is one of our best remedies of this kind, and should not
be forgotten. Inhalations such as the steam of warm water impregnated with some acid is sometimes productive of great benefit, by promoting expectoration and thereby relieving the difficulty of breathing. Thus have I given a short sketch of the treatment frequently found necessary in removing this disease, but it is nevertheless not unfrequently the case, that it is so rapid & violent in its progress as to baffle all our attempts for relief, when we meet with cases of so violent a nature as this we may use the remedies which have been mentioned to the greatest extent. Thachotomy has been advised, but whether to any advantage I think not.

William T. Grant
The

Inaugural Dissertation

on

Prepubescent

Submitted to the examination of the

Corporation, Trustees, and Instructors of the

University of Maryland

For the Degree of Doctor of Medicine

by

Walter J. Harper

Maryland

1831
An

Inaugural Dissertation

on

Hepatites

Submitted to the examination of the Provost, Trustees, and Medical Faculty of the University of Maryland

For the degree of Doctor of Medicine

By

Maltez. S. Turpin

of

Maryland

1831
There is no disease to which the human body is subjects, which in former and enlightened ages so much cluded the indefatigable investigation of the speculative physician than the one under consideration; but hopefully for the science of medicine and for suffering humanity many eminent medical philosophers both in Europe and in this country have favoured the profession with invaluable treatises on this subject, which have materially tended to the elucidation of the subject.

The disease which is the subject of the present essay, must in all probability have been coeval with the most antiquated, which attacks animal frame. On looking into the records of medicine, we find it described at that remote period, when the immortal Hippocrates, the great father and founder of physic, lived, and since his day it has been the theme of investigations by most of the medical writers of his nation.
of the errors of the physician's practice, and of the original causes of the malady. The medical investigations of the physicians of the sixteenth century, as those of all other important subjects, have been an equally successful in clearing up the obscurity of the disease. The explanation of the illusive symptoms and the symptoms, as in the case of the celebrated physician, was formerly attributed to the obscurity of the climate, to which it is an easy exercise to attribute the symptoms. It is, however, understood, and not in the obsequies of the physician's practice.
Dr. Girdlestone remarks that adults are invariably the
subject of its attacks, and of those the sanguine
temperament rather than the melancholic.

This disease like all the other phlegmasia exists under
the acute and chronic varieties, both of which are
produced by the same remote and exciting causes and
differing from each other only in the grade of
action; the chronic as frequently preceding as succeeding
the acute stage; this is not only manifest in inflammations
of the liver, but of other organs of the body, for a
neglect of proper remedies, or an accession of morbid
stimuli in the one instance may induce the acute stage,
while in the latter, if the leucity be sheathed too early
and other antiphlogistine means are not properly and
redomously adhered to, or are too early abandoned for fear
of inducing debility; we do injustice to our patients
fail short of discharging our duty as physicians, and
entail on those entrusted to our care that long train
of morbid phenomena which are the invariable
accompaniments of chronic inflammation of the
important viscera of which we are speaking.
Acute Hepatitis—Symptoms. This variety is usually confused with the chronic species in case. It is usually ushered in by a chill, succeeded by a reaction, the pulse becoming quick and small; the reaction is in the ratio of the intensity and duration of the cold stage. the heat of the body is increased, the pulse now becomes more quick, frequent, and tense, sometimes full, hard, and strong, the mouth and fauces become dry, the tongue is covered with a white and sometimes yellowish fur; there is acute pain in the right hypochondriac extending of ten to the epigastic region, and sometimes to the left hypochondriac, which is generally aggravated by a deep inspiration; the pain about either clavical or shoulder, with a difficulty of lying on the side opposite to the one affected, are extremely fallacious diagnoses, and are by no means invariable or pathognomonic symptoms, for in some very violent inflammations of the liver, there is no pain in the shoulder, and the easiest posture is not the back; the countenance during the stage of acute pain is flushed, the eyes red and suffused.
but a few days after the attack of the disease a sallow or peculiar pale appearance commonly supervenes. Sometimes the least degree of pressure under the side margins of the ribs will produce the most exquisite pain, while in others the seat of the pain and also the enlargement will be prominently manifest about the scrobi-calis bursae; the patient complains of violent and rending pain in the head. Jaundice is occasionally a concomitant of hepatitis, but it is not necessarily so, as we often have inflammation of the liver, without any symptoms of jaundice. Dr. Johnson remarks in his excellent treatise on diseases of the liver, that jaundice is more likely, when the concave surface of the viscus is affected, assigning as a reason for this, that as the gall duct is seated on this surface it becomes inflamed, and consequently thickened which obstructs the free flow of bile into the duodenum.—We have also a torpid condition of the alimentary canal, but this state of things is sometimes reversed, and we have a profuse bilious diarrhea, which is very intractable.
An unproductive cough attended. Tinealton, with a
depressed aspect of the urine, an acid and dry
state of the urine also attended this disease; generally
speaking we have nausea and vomiting.

Dr. Johnson also remarks that a pretty constant atten
dent on Hepatites, both acute and chronic, is a heat
or scalding in discharging the contents of the black
derm, which he accounts for by the passage of bile along
the urinary canal.

Terminations of Hepatites. "The most desirable
and frequent termination of this disease is resolution,
a termination which we have a right to look for
under a profuse vigorous and scientific mode of
Treatment, but in tropical climates it must promptly
arrested by vigorous depletion or its terminations are the
most lamentably conspicuous in the black cate-
logue of disease," as an illustration of the preceding
observation we have only to refer the reader to those works
that are devoted to diseases of the liver as they occur in
the tropical climates. Suppression supervenes which is
indicated by an alleviation of the pains, and what
remains is of the throbbing kind, there is a sense of weight
in the part, rigor, hectic, and an irregular
and dysenteric state of the alimentary canal. When the tumour is in the vicinity of the diaphragm, the lungs become irritated, coughing is induced, and pus expectorated. This is an inauspicious occurrence, but the patient may recover. If the matter be discharged into the stomach, gastric irritation is extremely worse, and we are sorry to affirm, that death is almost invariably the result. If it be discharged into the cavity of the peritoneum, death soon ensues. If it be discharged into the intestines, we may generally prognosticate the fatal issue of the case, if there be no other symptoms to counterindicate the prognosis. When the tumour points externally it is recommended to be promptly opened, otherwise the constitution will materially suffer before the pus can be discharged by the spontaneous efforts of nature. It is also said that pus may be discharged through the gall duct, when it does not, no great inconvenience will occur.

Varieties. -- Besides the acute and obscure variety of hepatitis we have three others.

1st. Dyspeptic Phthisis. This variety generally occurs in a suppurative diathesis, in which the lungs and liver
are so implicated, that it is difficult to say which has received the severest injury.

2) Hepatitis from calculi in the liver.

3) Hepatitis from searous. This variety results from long continued inflammatory actions, the liver becoming indurated and no red blood circulates in it, being supported exclusively by the serum; it also takes place when the action of the heart is not sufficient to produce suppuration. The cure of the three last varieties has yet eluded the indefatigable researches of practitioners; we must say to state that their fatality is almost certain invariable.

Diagnosis—on the first appearance of this disease it does not appear to be very important to distinguish it from the inflammation of contiguous organs, as the principal indications in all of them to be seen art
erial action. From thoracic inflammation we may usually distinguish it, by the pain in hepatitis, not being aggravated by a gradual inspiration, and also if we make pressure under the floating ribs, in hepatitis the pain is sensibly augmented; if we are still dubious as to the real character of the disease, the exhibition of a cat
haretic in hepatitis will usually produce a characteristic reaction, which will generally be sufficient to render the diagnostic perfectly plain.
It has been mistaken for gastritis, but it may be distinguished from this disease by the great gastric irritability and the pulse which characterizes it.

From Rheumatism of the intercostal muscles by the absence of bilious discharges in the latter on the administration of a cathartic.

From calculi in the gall duet, by the absence of high arterial action in the latter.

Prognosis—great caution is to be observed in offering a prognosis of this disease, strict attention to surrounding circumstances and experience are required. The appearances are often fallacious, and by a hasty opinion, a physician may involve his future reputations; but if the appropriate remedies have been judiciously and sufficiently used, the most favourable conclusions may be drawn; the following circumstances may lead to a most favourable prognosis.

1st The suppression of a bilious diarrhoea.

2d The return of some periodical evacuation; as an accustomed hemorrhoidal discharge, or evacuation from the urethral vesels.

3d Chestaches, but agreeable to the ancient writers from the right nostril alone, because it was the observation at that day, that inflammatory diseases were
only resolved by the occurrence of hemorrhages from the affected side; thus they conclude that hemorrhage from the right nostril indicated a favourable issue of hepaticis, and from the left of splenitis; this old opinion is abandoned at the present day.

4th. Profuse desphorosis indicates a favourable termination to the disease.

5th. Copious discharges of tubboid humour. When it is ascertained that suppuration has taken place, our prognosis can seldom be favourable, but still with this unfavourable symptom, as has been observed before the case may not be fatal.

Sequela - when this disease is improperly treated the sequelae are truly lamentable; Hydrothorax, Ascites, and all the other varieties of dropsy, which soon or late must terminate the sufferer's existence, if a proper mode of treatment is not properly adopted. Splenitis. In females living in Miasmatic districts, it produces frequent and regular attacks of Menstruation, the portal circle becomes congested, and with difficulty the blood is transmitted to the right side of the heart, in consequence of which it is determined with great violence to the Nerves, producing all those dreadful consequences that result from profuse hemorrhage, such as incision, debility, and ultimately death. This state of things,
cured only by salivation. Inflammation of the liver is said
to be an exciting cause of Apoplexy, particularly when
it has been brought on by excessive eating and drink-
ing, in these cases the organ becomes enlarged and
indurated, consequently makes pressure on the ducts
arising to the free circulation in the lower extremities, and
in this manner becomes the exciting cause of that
dangerous malady.

Predisposing Causes - There causes are numerous, the
following are the most common,
1. A high rate of atmospheric temperature, the de-
version of this cause on the bions appears to be inexp-
ciable, it may act perhaps as a strong stimulus to this organ
producing indirect debility, and consequent deterioration.
To it can the application of the exciting causes.
2. Marsh Miasma, this cause seems to have an electric attrac-
tion for the liver, but acts primarily on the nervous sys-
3. An inordinate indulgence in the luxurious viands
of the table, and the frequent insemination of
inebriating liquors, particularly ardent spirits, are
ranked foremost as the predisposing cause of this dire
case.
4th. The depressing passions,
5th. Violent and long continued exercise.
6th. A phlegmonic habit.
The real sex, and particularly those of a choleric temperament. There are innumerable other causations on the system, as mentioned by authors as predisposing to this disease.

Exciting Causes — When the body is laboured unduly by the predisposing causes, mentioned in the preceding page, and then exposed to cold either local or general it will be found in a great majority of cases to produce this disease. Dr. Johnson in his treatise on diseases of the liver, classifies drinking of spirituous spirits as an exciting cause, and we think when a person has been long exposed to the influence of any of the predisposing causes, (as for instance, Me, effluvium,) a debauch may lead to an examination of hepatic it.

Treatment — In entering upon this important part of our subject, it will be necessary to speak in the 1st place of those remedies that are proper to remove the disease after it has once occurred, and to a few words on the prophylaxis, or the method to be pursued in obviating its recurrence.

1st. As this disease in some instances attacks with such violence as to endanger life in a short time, the remedies should be applied immediately to the exigency of the case, therefore when there is great morbid excitement, the lancet should be unhesitating and energetically used.
This measure of depressing arterial action is by far preferable to all others, in being less circuitous in its operation, which is an important consideration, as it prevents the rapid tendency of this disease to suppuration or gangrene, which is sometimes so rapid as to resist the most antiphlogistic practices; bloodletting must therefore be copious and frequently repeated.

The rule by which we are to be governed in this emergency is that as long as there is any inflammatory action we cannot bleed freely. But resection of itself is not concurrent to the completion of the cure, for the liver being in a morbid condition necessarily secretes an inordinate quantity of vitiated bilious matter, which it is indispensably important—as past as for

med, to answer this indication, the neutral salts and other hydrogogues are the most eligible. Salol

is not only useful, but absolutely injurious in the acute variety of this disorder. The action of the

metal promotes inflammation without producing infla-

sulation, and thus under no circumstances necessitating

necessarily, but when the disease shall have run down

into the chronic variety, mercury is indispensable

to the case. When by these means the inflammation

is materially abated, we should endeavour to promote
diaphoresis by appropriate remedies, to answer this indi-
cation also. Potash may be used with advantage if there is
not much nausea. Acidulous drinks and diluents are
decidedly useful. The antiphlogistic plan should be
strictly enforced, the diet should be barely sufficient
to support life. Emollient enemata are most decidedly
useful as auxiliaries in this disease.

Blisters, these remedies are only applicable at a particular
period of the disease, and this stage has been aptly
called the blistering point; at which time they can only
prove serviceable, for if we apply blisters when the system
is labouring under high arterial excitement, mortification
is very oft to be the consequence.

In accordance with the arrangement with which we set out
we will make a few succinct observations in relation to the
proprieties. For this purpose the remote and exciting causes
must be guarded against; the diet may be nutritious, but
simple, ardent spirits must be avoided under any form;
lemonade, cider, and malt liquors may occasionally indulge
in. The patient should carefully guard against the vicissi-
tudes of weather, and sedulously accommodate his dress to
its transitions. Exposure to the rays of the sun and fatigue
should be guarded against, moderate exercise however may
be indulged in. The bowels should be kept regular. Constipa-
tion relieved by the occasional use of a laziest cathartic.
when on a recurrence of any of the symptoms the
remedies before mentioned should be promptly resorted
too.
An Essay
on
the

Introduction to the

Laws of
Nature and

Physical

Philosophy

In the Light of Common Sense

By

George B. Cuvier

of the Royal Society
An Essay,

on Hepatitis

Submitted to the

Right Rev. Bishop Kemp, D.D. Provost

Professors, and Regents of the

University of Maryland,

for the degree of Doctor of Physic

By,

George H. West

of Frederick County, Esq.
To

Doctor William Wilber,

Of Frederick County, Maryland.

Dear Sir,

In prefixing your name to this essay, I have on

ly fulfilled a duty which every pupil owes to his preceptor;

but should accuse myself of ingratitude, were I to pass

over an obligation of a superior nature unnoticed, as it was

from your friendly counsels, I first learned to apprise

the superiority of medical knowledge. But before conclu-

ding, permit me to hope that you may live, as heretofore,

cheerful in public, amiable in private life, and in a more

perfect enjoyment of that health, which you have been

so instrumental in restoring to others, is the sincere wish of,

Your friend, and pupil,

George W. West
An Essay
On Hepatitis.

When we contemplate the admirable structure and nice balance arrangement of the human body, its delicate form, the number and exquisite fineness of its movements, it cannot be a matter of surprise, that it should so often become the subject of disease, especially when we reflect on the numerous ills to which it is daily and hourly exposed, as well from external causes, as from its own organization, and the operations of its own powers. The general system comprehend within itself many subordinate systems, the proper functions of which must all harmonize to form perfect health, and the constitution of our frame is such, that no one part of importance can be materially disordered without disturbing other parts, which

...
in their turn, likewise give rise to a series of altered actions, 

and thus, the whole system is finally drawn into morbid 

consent.

My object in this essay, is only to notice the acute 

form of hepatitis, which is according to Dr. Cullen's Novel 

erap, placed under, the order Phlegmatia, and Olaf Prin 

ocia. But before entering into the Pathology of the dis 

ease, and in order to explain more fully its nature;

I will give a general view of the situation and structure 
of the liver. The immense size of the liver, the number 

and magnitude of the facts which compose its com 

plicated vascular machinery, its enormous size in 

the early stage of social existence, so well worthy re 

mark, and its especial connection with the circu 

lating organs at that period, all lead us to conclude 

that it answers some of the purposes in the animal.
economy beside the secretion of bile.

The organization of the liver is peculiar; it is in some degree, firmer and drier than any of the viscera, and differs from every other organ of the body, in having the office of secretion carried on by a vein, in the place of an artery, which performs the double office of secretion and nutrition in every other gland, except the liver.

The liver in its most healthy state, is of a reddish brown colour, is composed of a tolerably firm and close substance, consisting of a closely united congeries of different vessels, and is of considerable weight, especially when increased by the accumulation of disease. It occupies the right hypochondrium, in front of the abdomen, extending a little towards the left side, more particularly when increased in substance by the encroachment of disease, and is
situated immediately under the vaulted cavity of the dia-
phragm, or muscle which the chest and abdomen.

Its principal parts are, its ligaments, its surfaces,
its margins or edges, its tubercles, its lobes, and its pos-
sicle. By its ligaments it is attached to the different
parts surrounding; and it is from the influence of these
ligaments, when affected by hepatic diseases, the
irritation, pain, and uneasiness of different parts of
the chest and abdomen arise. Its surfaces are, a
superior one smooth and convex, which is applied
to the diaphragm; and an inferior one, unequal
and concave, which looks towards the abdominal
diagram. Its margins or edges are, a superior or
posterior one, obtuse; and an anterior and infe-
rior one, acute: and its is considered by expec-
 tors, as of particular importance, in judging
of the state of the liver, to know with accuracy the
feet of the anterior and inferior margin or edge in
its natural and healthy condition. Its lobes are right
and left one; and a lobulus hepatici, which lies between
the two former. Its vessels are, the vena portae, the
hepatic artery, and hepatic vein, and the biliary ducts.
Its nerves are small in comparison to the size of the
organ; consequently considerable alterations may
take place without being very sensibly felt by the
patient. This gland may very justly be considered
as the grand reservoir, which receives into its cleft
-lation most of the returning blood of the body, chan-
ged with the several impurities it has met with in its
progress, which are again removed by its secreting
office in the conversion of the properties into that
fluid called the bile.
The gall-bladder is situated, and attached to the lower surface of the right lobe of the liver, and partly buried in its tissues. It is generally of a size sufficient to contain an ounce and a half of bile.

The use of the gall-bladder is supposed to be a more receptacle for reserving a sufficient store of this fluid for the due change to be performed upon the food. The quantity of bile evacuated, is proportioned to the food, which is passing the duodenum.

Whether we should conceive that this is a necessary consequence of the retention of bile in the gall-bladder, or a wise provision of nature, I am unable to say; but it appears, that the longer the bile is retained, or the longer the fast and defecity of food in the duodenum, the more acid and insipid is the bile, and the greater also in quantity.
This inflammation is supposed to take place in consequence of the activity of the lymphatics, which ramifying on the coats of the gall bladder about the thinner part of the bile.

Causes,

Beside the causes which produce other inflammations, such as the application of cold, external injuries from contusions, blows, etc. This disease may be occasioned by certain passions of the mind, by violent exercise, by intense summer heat, by long continued intermittents, and remittent fevers, by an intemperate use of wine, and spirituous liquors, but more particularly by the latter, and by various solid concretions in the substance of the liver. In warm climates, the vesicus is more apt to be affected with inflammation than any
other part of the body, probably from the increased
section of its which takes place when the blood
is thrown on the internal parts by an exposure to
cold.

Symptoms

Generally commences with a rigor or shivering,
followed by a pungent pain of the right side, which
is also felt under the margin of the ribs, shooting more
particularly in the direction of the back, and to the shoul-
der blade; cough, oppression in the vespiration,
nausea, sickness, often with a vomiting of apparently
bilious matter, accompanied with considerable
fever; great watchfulness, and occasional de-
lium; extreme thirst, the tongue generally covered
with a white crust, extending close to the mouth
and fauces; direction of spirits; sometimes hiccup;
loss of appetite, and difficulty of lying, except on the affected side; yet instances now and then occur, where the patient is unable to lie on either side; for sure also on the region of the liver, when there is usually tension, induces considerable increase of pain and tendency to cough, the cough is now generally dry than moist; the bowels are frequently irregular; though oftener constipated than otherwise; the urine secreted is small in quantity and high coloured, and often tinged with bile; the pulse is hard and strong sometimes exceeding one hundred and twenty in the minute, and at times in remitting; it is attended occasionally with a jaundiced skin, arising from the bile being retained in its passage to the common duct, by reason of the cedema of the inflamed liver on the Portal Bile.
...while the continuance of inflammation occasion
ally induces, as a resulting consequence, adhesions
of the organ to the contiguous parts, or considerable
enlargement of particular portions, such as the
lobes, where suppuration ensues, or sometimes acute
shocky. But in every inflammation of the liver,
it may be observed, that the symptoms are more
or less acute, according to the degree of sensibility
in the part affected. When the membranous cov-
ering of its superior-concave part, or the ligamen-
tum which unites it to the diaphragm, be inflam-
ed; the pain, fever, and difficulty of breathing
are much more violent, than when its interior
bulgy substance, or its convex inferior part, is
affected, which being more sparingly supplied
with nerves, are less susceptible to the action of the
moistit cause. When the inflammation acts with
extreme violence, the increased secretion of bile is some-
times thrown into the first, occasioning consider-
able derangement in the state of the evacuations.
Generally the secretion of bile is profuse, though
its passage into the duodenum is oftentimes
impeded; so that jaundice is no uncommon occu-
rence in this disease.

Diagnosis

We may readily distinguish hepatitis from pneumonia
by the pain in the former extending into the shoulder; by
the pallor and of the countenance, by the cough being
unaccompanied by expectoration; and by the loss of
dyspnoea. The heat and pain not being increased
upon taking any thing into the stomach; it being
able to retain whatever liquids or medicines are
derived into it, without the immediate rejection of
them; and the loss of the use of the right limb,
which is from paralytic. Hepatitis may be discerned
from spasm of the gall ducts, by the pain being no
less strong; by the pain being permanent, by the rule
being more frequent, and by the patient always
protesting to keep the body in a straight, quiet
seated posture; whereas the greatest ease, when
there is spasm of the gall ducts, is obtained by bend-
ing the body towards on the knees.

**Prognosis.**

In most instances it appears to be an arduous
task to lay down decided and unequivocal prog-
nostic symptoms; as patients have recovered un-
der every discouraging circumstance, while
others have died when the most favorable
...signs of recovery are present. The most favourable sign, however, is a general abatement of the pyrexial symptoms, an improvement in the complexion, the strength not much reduced by the remedies, return of the appetite, and an increase of the bulk of the body.

Intensity of pain and fever, obstinate constipation, rigor succeeded by flushing and hectic fever, denote suppuration. Continue hiccup, cold extremities, and sinking of the pulse, indicate great danger.

Treatment.

In laying down the treatment of any disease, general principles alone can be communicated; in this case certain variations occur, which require judicious attention, caution, and observation in their application; an exact line of proceeding cannot, therefore,
for be founded, adapted to each constitution and
habit; hence the discretion of every practitioner
must have much to work on.

In the treatment of this disease, the general mean
of obviating inflammation are to be rapidly, enfor-
ced, by strictly employing the antiphlogistic regi-
men. We should view the lancet as our chief an-
chor, not to be influenced by the quantity of
blood drawn; but by the effect which it has on
the system; during the first stage all stim-
luting article should be avoided; the bowels sho
be kept soluble by means of the Muriatic salt,
they will also carry off the bilious matter as far
as it accumulates. After the action of the syste-
em in a great measure subdued, and there still re-
 mains some uneasiness in the side, blisters may
be employed with advantage. Calomel may be used in small doses in the stage of the disease; some times a troublesome diarrhea attends the second stage of the disease, which is supposed to be owing to the same species of inflammation attacking the tubes. To obviate which, the most approved practice is that recommended by Dr. Spitali. Calomel combined with opium. Diaphoretics may be employed with some advantage after the use of the calomel; for this purpose, the Niteri Potas, combined with Hart's antimony, when the stomach is not in an irritable condition. With regard to the use of emetics, they should be altogether discarded.

Hepatica, like all other inflammations may be treated by resolution, suppuration, or ulceration; when suppuration takes place, the case is not
only more unmanageable, but generally proves fa-
tal. This latter termination may be distinguished
by the subsidence of pain, and attended with re-
gain. When pus is formed, it may be emptied into
the cavity of the thorax, stomach, and sigmoid
gesion of the colon by a ligation. Then evacu-
ated into the cavity of the abdomen, it generally
terminates fatally; the pus may be formed in the
substance of the liver, and cut off by the biliary
ducts into the intestines. The abscess sometimes
points externally, and the use of mild embrocation
and pressure, and the pus evacuated by a small
incision.
To

Dr. John B. Davidge

Professor of Anatomy

in the University of Maryland

Dear Sir,

Dedication, made up with prefusions of
Gratitude and esteem, have been a formal appearance: that they
are now considered things of office, but whilst I admit
that the idea is not without foundation, I must declare it is not
consonant with my present feelings.

The opportunity thus afforded me, publicly to acknowledge
the many obligations your attentions have laid me under, compuensates
for the disagreeable necessity of submitting
it the faculty a very imperfect copy.

Accept then my most sincere thanks, and
permit me when I shall no longer be your pupil to
call myself your friend.

Healthy & Eternely affectionate

1817
Bronchocle.

Before engaging in an account of the nature and treatment of the disease which forms the basis of the exercise I am called on to perform, it will be proper to pay some attention to the structure, together with the supposed functions of the parts concerned.

The Thyroid Gland, the peculiar part of the disease known by the term prefixed to this Essay, is placed in front of the Trachea, and consists of two lobes apparently united into one body for some distance above the lower extremity. Each lobe is directed upwards and backwards from the second cartilaginous ring of the Trachea, rising over and under the cartilage and forming a part of the Thyroid Cartilages. Having the greater portion of the lobes applied to the Trachea and cartilages rather laterally than in front. It is of a reddish brown colour and constructed in a manner glandular, but that there is not some intrinsic and essential difference from ordinary glandular structure, is a question which Anatomy has not settled and about which Physiologists are not agreed.

It is supposed by most Anatomists to be a gland, but by many to be a Gland peculiar in its organization and economy.
This body is abundantly supplied with Blood receiving
many considerable arteries on either side; one from the
Laryngeal branch of the external Carotid, and the other
from the Thyroid branch of the subclavian.

Stirring up these etiological structure and conse-
quences of support, I shall briefly advert to the function
which have been attributed to this organ by different writers.

Notwithstanding the large supply of blood the Thyroid
Gland must receive from the numerous vessels which belong
unto a supply or should furnish such quantity. Such
is demanded for the main purposes of nutrition, there is
no evidence that it performs any particular office of secretion.

Reasoning prudently would the animal well escape
the conclusion that such is probably the facts, that part
of the Blood is disposed of by a particular process of
but however this inference may be sustained by general
analogy, and although several anatomists have supposed
they had discovered, secretory ducts passing to the Sinuses
the Larynx, or Tongue, it is now generally agreed that no
such channels are to be found.

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Among the first who entered the field of
philosophy on this sublime subject was our illustrious country-
man Dr. John, whose industry and accuracy many obstacles
which long opposed the search of Medical Adventures had
been removed. Pursuing his contemplations with an ardent
devotion to his profession, and confidence in its resources, he
advances familiarly with the phenomena of nature, and
abolished from his excursions deductions which, if not always just,
were generally ingenious. In his search into the laws of the
animal economy, he was led to the conclusion that the spleen,
whose relation to the general systems had never been ascertained,
was intended as a reservoir for any occasional excess of
blood, which might endanger the neighbouring tissues.
This theory was afterwards extended to the Thyroid Gland.
Professor Rush supposing that this organ held an
relation to the head, the same recipient office which was
performed by the spleen, for the vessels of the abdomen.
for both are supposed to be glands—its not fully explained by
the Professor, as to enable us to contemplate them with
that full conviction, which appears to have produced on his
own minds. Of the opinions of a great an man are
entitled to great deference; and we must not hastily conclude
that every proposition is untrue which we do not immediately
comprehend: I confess, however, that the size and structure of
the gland constitute objections to the Theory of Dr. Rush,
which perhaps are not easily obviated, and we may be
compelled to admit that, for once, a miraculous imagination
has been hurried into some forgeries, so as apparently
unconscionably disproportionate between the means and
ends.

I do not know that there are any other opinions
on the Physiology of the Thyroid Gland worthy of
particular attention, and I shall pass on to such
an examination of the pathology of the disease peculiar
to that organ on my imperfect knowledge of the
subject; and yet, a disease known by the term Bemie
are more generally by Professional men termed
Bronchocele.

It has sometimes been a question whether this disease be
the effect of Climate, of particular local circumstances
of certain habits of living, or of Casualty.

which ever be the fact, the pathology or nature of the
disease must be determined by the causes or the natural tendency of the one and to which its existence is owing. Yet the owing to climateJersey by no means certain that we should be able to trace the particular conditions of the atmosphere on which it depended: Local circumstances there would be still some difficulty in finding on the real agent of the cause, was habitating or on the ones most influential of many agents were combined. A particular or peculiar regimen as to food, or drink, either or both constituent the occasion of this disease, would leave us liable to suspection than the two former alluded causes, in proportion as they were less complex and more susceptible of investigation and further the result of causally by soliciting the instrument, we might arrive at a knowledge of the mephitic phenomena with the utmost facility and precision.

Of all the above enumerated circumstances, in which Dr. H. has been attributed: some for on one which affords any plausible reason why it should be supposed, cause of the malady, with the exception of the last. Casualty? I say are all reducible to absence in their materia that no argument can well be
founded on them probable effects.

When one refers to climate as the cause of particular diseases, one cannot be said to have advanced far in position knowledge, for one speaks a language which conveys no distinct idea as that of which one speaks is un susceptible of any satisfactory analysis.

In like manner, when one attributes a disease to habits of living, as dull days, occupations, etc., one employs terms equally vague and so indefinite, without one can point out some peculiarity in those respects, fitted to produce the consequence to which one alludes. Unhappily one are often reduced to the necessity of indulging those general hypotheses where one are discussing difficult questions in Chemistry; and one can only lament an art possible in its objects, should be thus destitute of any certain means of illustration.

With regard to the many accidents which may be supposed to occasion inter-healthy inflammation in Thryoid glands, and thus creating a gradual increase of growth, it seems enough to say that Bronchitis does not
resemble any species of inflammation with which one
acquaintance. Inflammation has uniformly a tending
in some one of its formations, it is either resolved by
natural or artificial means; or goes on to supersession or
vanquish, it is always attended by some manner of
half sensibility, and other signs of an inflamed
state. While Bronchicula on the contrary consists in a
slow and regular increase of volume on the parts
without any natural tending to either of usual
formations of inflammation, and without any of the
heat tending, or which perhaps are never wholly
absent from any state of true inflammation.

Dr. Leeke is among those who have attributed the
disease to climate and situation; to tensions of this
species as very common in the low valleys of Western
lands; he supposes they may be owing to long
exposure in damp, cold air. Others on the contrary
that the occasion of Bronchicula might be
founded in the general air of know-mahri;
by those who inhabited elevated or mountainous
Professor is inclined to rank it among
operations, and form his opinion on some facts furnished
by dissection, particularly the case reported by Dr.
Hunter, in which the enem found cysts containing a
fluid. Dr. Barbie continues his opinion, for
upon laying open the tumor after death the same
appearance were exhibited.

Treatment

Though I can hope to offer nothing either new or
valuable concerning the treatment of this formidable
malady, it is necessary before concluding this work
to speak of the measures which have been recom-

mended for its cure. They may be properly divided
into surgical and medical, and it has been much
questioned whether bronchocèle be most fitly a subject
for the Operator, or Physician.
It could scarcely be a point for controversy, whether or not this evil should be given over to the knife of the surgeon; once it is not for considerations attached to this particular case and do but little applicable to tumors in any other part of the body. We readily admit that tumors of a permanent character should be subjected to extirpation, when there is little probability that they can be affected by medical measures and that appears to be but in reason why bronchial tumors not fall under the same rule. The grounds of objection in this case, however, of all others the most important and not being less in degree than a presumption resting both upon anatomy and experiment, that extirpation cannot be effected with safety to the patient.

The Thyroid Gland is penetrated by so many blood vessels, as are felt by their near connexion to the heart, so blebb freely if divided, that its safe removal on its natural plate must require great
confide in undue anxiety; but the difficulty must be
calculably increased when it is so far enlarged
in bulk as to constitute a disease calling for
surgical interference. The hazard will thus be
augmented not only by the enlargement of its
own or its parts but by the nature of the parts to which
its relations will have extended.

Mr. Gough has ventured upon the bold measure
of extirpation in two or three cases of the disease,
but the issue of those attempts can have no
theratendency to invite repetitions, and I believe it is
now generally conceded that such tumors must be
allowed to go on undisturbed or confided to a
management, chiefly or altogether medical.

The plans of treatment to which Bronchitis
has been subjected by physicians who have undertak
arrest its progress or reduced its bulk by
Medicine, exhibit the same diversity which we find in
in the experiments on all diseases reputed generally incurable. All the forms of Local Heatedness, and those, variously produced, mine for a long time favourite remedies for the reduction of the tumor, gradually however, cupping, purifications, &c., were land aside, while the eye was returned and frequently constituted a part of the present mode of treatment. Repeated Blistering followed by stimulating applications, to the inflamed surface, so as to produce an inflammation as soon the most usual form of establishing a drain, from the breast, and we are astonished.

To maintain a discharge in this way, long and regularly. However much of this method with some confidence, and although, I have never had a trial of blistering or

or endeavored the possibility of advantage seems to be supported by the brisk, resulting from long continued, adhesion in other tumors of an exudate but nature.

Frequently by various modes has been occasionally preferred to Blistering, with what effect an at

O
considerable doubt.

Dry rubbing, or more stimulating applications as camphorated ointments, by hot baths, etc., have been much used. Cold, long continued, has been employed as a means of reducing permanently the size of the tumor; for this purpose the pounded and wrapp'd up in some convenient form, has been applied and renewed. Occasionally a temperature much lower as the evaporation of Ether's.

All these local measures however are generally considered as subsidiary only to a regimen more strictly medical. The muculent preparations in various states together with the Benzathine Sopnje have for some time held the chief place in the treatment of Bronchitis. The Arsenic is either given as an altavatio, taking one to avoid any very intense impression on the mouth, or it is administered in large and full doses for a few and decided salutary.

The Sopnje is used in the form of a lotion in connection with Arsenic.
I cannot omit advising a trial of the aceta, as it has been beneficially employed by our professor of surgery, in a case which fell under his care in this city.

Right Reverend James Kemp, D.D. Primate
and to.

The Trustees and Faculty of the University of Maryland

In the Degree of Doctor of Medicine

On the Second day of April One thousand Eight hundred Thirty Two

By

Anthony Daly
Of Montgomery County and State of Maryland

1827
Gastritis

Preliminary to the more immediate object of this medical treatise, it is necessary to advert to the function of the stomach, and its relative connection. There is perhaps no other organ in the human system, that possesses a more acute and delicate sensibility, than the stomach. It is supplied with a higher degree of vital power than the stomach. Its symmetrical are various, and minute ramifications; and the diseases that radiate from it, as from a common centre, are as numerous, as different in degree, and diversified in character and state of intensity, as the causes from whence they spring. From this predisposition, the stomach has been styled, and with some degree of propriety, the chief house of disease; for it is the healthy state of this organ, and a regular performance in its functions; depends upon the welfare of the whole constitutional economy. It is not only the fountain of nutrition but the channel through which, by medicinal means, we combat diseases of the most intractable character, when situated upon the very steps of the system. It is by our medicaments of the extent of its relations, how often or in what degree, that we judge upon the particular kind of food (or helix) proportioned for any of its propensities. After quitting the aliment, our judgment is prepared an expression of disease, which influence upon the slightest inquiry and inspection that the material has been of a deficient and improper quality. But there are other diseases which more immediately interest and concern the stomach itself, which are called Gastritis, or inflammation of the stomach, and which deserves the title of either Idiosyncratic or Symptomatic. The term Gastritis was formerly applied to denote any species of inflammation within the abdomen, no matter where situated, whether of the liver, the spleen, intestines, or other. From what has been already said of the function and relative or mechanical of the stomach, it is impossible that it should undergo
Inflammation to any considerable degree or suffer from disease in any form without the whole system being disposed, which cannot be attributed in proportion to the impression and force of the attack. The external and natural consequences must be sudden prostration of the vital powers; a degree of atony seldom or never obtained in other diseases of an inflammatory character. The stomach suffers severely in all cases, whose inflammation of the organ is situated in the vicinity of the acute of phlegmon, desquamation, and rarely or perhaps never regain its former tone. In this respect it differs from several of the other abdomens of the body, because the spleen and the kidney, the intestines, and lungs, without their investing membranes, may allow the contents of the peritoneum may enter.

In all severely attacked by inflammation and no impairs of the general health, follow by innumerable sequelae. remains enfeebled, though a prominent is not a very unmanageable disease of justice, and exquisite tenderness, it may be directed of much of its danger. There is in the management of this disease no time in enemies, the cure must be prompt and sufficient for its own cure and terminates fatally. When the patient is debilitated and the constitution exposed to the antiphlogistic plans of treatment it is to be early resorted to. and pushed to its full extent until, and repeated venesection in the early stages of the disease, has prevented the further march of inflammation and cut short the disease. But if the inflammation has been permitted to progress unabated and in a short period without any efficient attempt to check it, a stage of the disease more dangerous, when general bleeding would only increase the danger and hasten the death of the patient. Under such circumstances, the proper indications is to abstain blood locally by the means usually resorted to, aided by means of colic and gentle purgation, administered in the form of Enemata with the
learn both, from the location on the abdomen, and from their nature. When the
condition existed by any means or chance, and therefore taken into the
stomach either by mistake or design, no regard need be paid to the drug, and
known chemicals or other antidote, because these are not the symptom and
the symptoms and characters of the poison may not

The division of gastritis into the phlegmonous and sepulchral. If the
and followed by subsequent enteritis enteritis, no relief as practised proper
as the callus generally an attendant upon disease, so they approach
a fatal crisis. Such a division was quite unnecessary or unavailing
in the treatment not by the name of any disease but by the symptoms,
the quantity of disease, action and the state of the general system
founded upon observation and the infallible test of its presence. Other
authors have refined upon the classification of callus and have changed
his term into the adhesions and emphysematic species. The fact of
these is known by violent pain, extreme distress, pain and suffering; the
callus is attended with less pain, the few symptoms seldom older
an effusion of the face; the pulse generally low and slow.

No doubt adhesion during inflamed nature of the stomach adhesion, and
formed in some few cases, with the surrounding intestines, with the
walls of the abdomen, and to which patients may often owe their lives.
As Brukhanki in his Anatomy of the lymphatic system mention a case
where the stomach adhered to the small lecy of the bow...as its under
aspect. And had not these adhesions been ruptured by violent efforts,
leaves; the contents of the stomach would have been prevented from
escaping into the abdomen. (A thing which actually happened) through
an ulcerated ouphic, and the life of the patient been saved.

The symptoms usually attending the phlegmonous inflammation
of the stomach are acute pain, a sense of burning and heat in the
Epigastrium.
Sympatrum commonly which is increased upon taking food of any kind from the mischief fluids are rejected the Countenance has a peculiar expression of anxiety and distress the pulses at the end of the attack is small, hand and frequent, but now becomes feebly quick and dejected Toward the termination of life, on in some cases with great elasticity and distension of the vital powers, it is irregular and intermittent. The thirst is urgent and insatiable the looks are cast and a heepp of vomiting a symptom but less constant than those enumerated. There is no other inflammatory disease of the system in which there is such a rapid progression of the vital energies and desolation of strength the pain and anguish are commensurate and, to such a degree that appetite is no more discerned. The pain though generally referred to the region of the abdomen is not always confided to that situation patient will often complain of pain in other parts of the abdomen, from the spread of inflammation along the peritoneum and intestines, there is no remission of pain no interval of suffraged from the exquisite state of suffering. There is no repose, sleep is entirely banished. The relief obtained by drinking and fluid is so transitory, that the mitigation obtained in this way is more than counterbalanced by the distressing efforts to expel it. Nothing will remain in the stomach generally speaking. To this Circumstance is owing the obstinate delay of Constipation which in the greater number of cases prevails throughout the disease. The constant vomiting from an inconsiderable obstacle to the expulsion of pungent by the mouth

It is impossible to mistake gastritis, for any other inflammatory affection of the abdomen. Inflamed. Calt鲈ure is the only disease which readily resembles it in similarity of the symptoms. Into these, there is a rule marked diagnosis the constant vomiting and flatulent, fulness of gastritis is always wanting in Calt鲈ure. Besides the pain and misery of being relieved in the Sympatrum it is always referred to the stomach.
be mistakes for inflammation of the organ; there is no burning sensation in the chest, the strength in not much depressed and the pulse little altered. Pressure upon the stomach affords relief rather than pain. A degre of dyspepsia is another symptom of Gastritis, yet not always present. This is not owing to the inflammation of the lungs or their investing membranes, but to the excessively inflamed state of the stomach, promoting the descent of the diaphragm and a false inspiration. Hence, by repressing its natural motion. Fortunately, Gastritis may easily an Idiopathic affection unless the excite a Connate weakness of the stomach, in such a habit, the mind balancing Caused will produce the disease. The slightest exposure to cold after heat any deviation from an accustomed regimen to female as exciting Cause, these persons are liable with nervis affection are subject to much Gastric distress andreek head ache and are always dry and short of breath.

The Causes of Gastritis are numerous, among these old stands preeminent as so often and lead to omissions from the food effects produced by drinking cold fluids when the body is very nautic after a hot exercise or fatigue, drinking cold damp lemon water, in getting the full effect it predisposes into long or Gastritis. In Idiopathic Gastritis, the attack is generally preceded by a chill and the tongue is not infrequently found before the other symptoms are completely developed. Bowel movement and acid substances thrown into the stomach; such as the preparation of arsenic, the oxymuratic of Mercury, Opiate acid and the mineral acids and alkailes. In those who have taken

in the glands, before or are predisposed to some free use of any strongismetamatomic or endemantics. With cold folk the disease such person should not indulge in the freedom to any high seasoned food. Severe Stickleum, eating Plums to the exciting and repeated use of stimulants, Alkailes and Emetics by their operation upon the stomach these induce little relief, rather it toned and long an inflammation.
This exception made, the use of "Aqua spirit" is another of the
frequent causes of gastritis by an improper use of these irritating pos
don, they really act on the walls of the stomach, become thick and firm
structure is entirely changed in some instances, but most commonly the
pylorus, in the portion which is affected with induration perhaps owing to its
Glandular structure. When the pylorus becomes indurated or dehiscence
a tiny, small portion of the half-digested food is permitted to pass
into the duodenum, digestion nearly ceases immediately ceases, and the
food remains, of indefinite and then of inflammation. It is not unusual for
the mucous membrane of the stomach to slough off and the patient dies
with symptoms resembling cholera. Such cases of gastritis, as are from
mucous poisoning are almost hopeless; they are coming beyond the reach of
Medicine. Food of difficult digestion may be ranked among the causes
of gastritis, such as half-boiled vegetables, raw potatoes, cabbage, and turnips; any sort of food if eaten in too large
quantities. Nothing induces gastritis more frequently than overfeeding of
the digestive organs. External lesions such as wounds, contusions, emo-
tions from grief, or other injuries—the malleolus ulcers in the face, getting
down the diaphragm into the stomach—causing its irritation and injury its
nerve. The stomach becomes inflamed secondarily by the consequence
of inflammation spreading from some neighboring part of the gut. The
duodenum, jejenum portion, the jejunum, an acute condition of Staphylococcus; the decay is gradual from the
up the pentoneum and submaxillary, and finally attacked the colon;
the inflammation appeared in the food after passing up the esophagus. This spread of inflammation cannot be owing to
sympathy; there is a more rational mode of accounting for it. The simi-
larity and in organization and structure of the parts necessarily makes it
inflammation. The pentoneum can seldom escape when the subjacent
mucosa are in a state of inflammation. Now often do we see inflam-
ated.
of Commencing in the fauces extending downwards through the oesophagus and stomach pervading the ileocoe and numerous convolutions of the alimentary canal and appearing at the verge of the rectum

Certain like other inflammation may terminate either by Resurrection or gangrene the latter event rarely occurs the issue is obvious when we consider the importance of the organ involved its functions relation and its high state of life we must expect it will not sustain the quantum of inflammation necessary to bring on gangrene this renders it certain that the system must and will rank under the force of the impression made Modifications can take place. If the symptoms point in the early stage of the attack to the proper remedy the progress unfavorable the tendency to resolution and recovery may be known by the abdomen. But if no remission takes place and every effort to arrest the progress of the disease proves unavailing the patient seldom lives more than two or three days. If not checked in its course the distempers increases with frequent loosenings of the body causing watchings for nothing can prevent a moment’s sleep. The strength fails completely the head awakens and intermittent with hiccups cold chills and chilly sweats and the pulse sinks deeper dyspnoea and death. Resurrection may take place in a week in two if the symptoms are not unusually severe but when the symptoms do not extend beyond this period we may expect the resurrection terminated. When the end later place it may be known by a remission of the pain and other urgent symptoms a sense of weakness about the epigastrium with some anxiety and coldness which always are characteristics of the formation of abscess in any other part of the system, and unless the matter is thrown into the stomach acid excited by burning of the stomach. Many cases are not succeed which terminated fortunately after suppuration the ulcer healed and the
The treatment of gouty ulcers, but my little fear is that of other inflammations of the abdomen usually there are some points of difference which the practitioners must attend to. For the symptoms of gouty ulcers are extremely deceptive, particularly the state of the pulse, for the intensity and acuteness of the inflammation, and state of the pulse at rest, do not correspond. The action of the heart is so weak that an unwise physician would start at the idea of drawing blood as the sure indication in the treatment.

Inflammations of other parts of the system we use the lancet to depress arterial action and reduce the pulse frequency and volume of the pulse but in gouty ulcers we bleed and raise it. This depressed pulse of gouty ulcers is deceptive and palpitating.

The pulse becomes more full expanded and natural in proportion to the quantity of blood cleans and the frequency of repetitions the strength and tension of the pulse system are also raised by it, and the quantity is accommodated to the stage of the attack.

At the onset of the disease we may bleed freely and often but in the more advanced stages it is necessary to proceed with great caution. The blood must be drawn from as small a part and but little at a time. The lancet is an only instrument in this formidable disease for we can do little else than bleed. Abstract blood until the pulse and volume of the pulse are increased. Whenever the pulse rises, raise the pulse. Blending repeat it until the most urgent symptoms are subdued, and the action of the heart brought to its natural standard of the disease is so far advanced and the patient so feeble and debilitated that you cannot take blood from the arm blood locally. Arm the abdomen with leeches after placing your patient in a warm bath use cupping and scarification and conserve.
the abdomen with a blister. Blister are applied in the early stage of this disease as they are of all other inflammatory affections, by their stimulant qualities, and theatura they produce they aggravate the symptoms; To procure a soluble state of the intestines, and evacuate their contents, enemas are the only remedied left; the olive oil and pepper tincture of Podake may be made through the stomach, they have been retained, and the true effects produced from them in the hands of the able professor of Theory and Practice in the amaz of Maryland. When gastricis is symptomatic of an inflammatory affection of the Liver Mercury, muriation should be immediately commenced in conjunction with the other. And if the pills remedies above said to the muriation should be continued until a slight physeum is brought on the mercury's impregnation prevents relapses, while it remains the primary disease. If on distention in the causing a thing which often happens in those persons, whose stomachs are debilitated from intermitted in any other way, I should the natural efforts of the stomach and the parts concerned in the act of vomity be uncom pletly to expect the offending matter comminutes a brisk Cathartic, and means are taken of already at the same time quiet the stomach by muriation and the warm bath. Emetics in such cases are highly improper; they increase vomiting and distress of the stomach, and augment the danger. If to Gastric, be perscribed by any of the poisonous substances above mentioned taken into the stomach, if spontaneous emesis has not already taken place, it must be excelled by some prompt emetic such as the calomel of zinc and Cuprea given in large and repeated doses, until the effect latter, please sheathing the stomach at the same time from the landing effects of the poison by some mucilagina formation exhibiting an opiate occasionally to allay gastric distemp.
of the infected cells may be decomposed in the stomach and then
converted by the pure chemicals and other provided
media of that organ. On the usual means may be pursued for
the rejection. Resulting reactions, often give rise to, pustules, and
infectious vials. To read the symptoms decreases their firmness by
the usual tests. If from large quantities of water, drink while
the temperature of the body is marked by exercise to quench
and brandy, in all such cases, the exertions are rapidly exhausted
and death now follows, unless the remedy is promptly administered.
To allay the raging thirst which constantly harassed the patient
a cold drink of milk and water to do so, and mix it in a
suitably concentrated solution of gum Arabic may begin. Water alone interminably
when all other fluids are rejected, the urine should not be much
below the temperature of the body. To cold drinks in garden-
mixed in the inflammatory diathermia, augment the deadly temperature
the stomach and excite pimple sensation. The quantity of
drink should be ample and frequently given. Milk name from the
cow has been retained in some cases. After the face of the
plague is broken mad and pimple injections with 50 or 60 drops
of water add for and in proofing the patient some sleep.
The patient during and after the attack should be carefully
guarded against external cold and nothing is more injurious, let the
temperature of the apartment be cool and comfortable to the
the feeling of the body. For in this disease it is seldom
that the patient complains of being too warm. Keep the
blister on the abdomen changing for some time after the attack,
10 pints or an epidem producing a determination to the
abdominal surface relieves the engorged films by causing them to
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Scott, Oliver G. —

The following pages continue the dissertation on Cynanche Trachelealis written by Oliver G. Scott— his title page and first two pages of text are at the beginning of this volume.
a great portion or even the whole of the bronchial ramifications. More commonly as has been shown by Brotonace, the inflammation commences in the tonsil, or the pharynx, and from thence spreads at the same time downwards to the larynx, and upwards to the nostrils. The affection usually stops at the pharynx but occasionally the false membrane extends to the stomach. In children the disease almost always begins in the bronchiae or larynx; in adults it more frequently originates in the tonsil or pharynx. According to Laumus, Mr. Brotonace has also shown, that which has been called phlegma epiglotica, has been frequently mistaken for malignant sore throat. While, however, Dr. Forbes admits the correctness of the statement that what has been often considered as gaseous affection of the throat, is merely an inflammation of the same kind as that of the qroup, and characterized by the formation of a membranous exudation of a peculiar kind, he does not adhere to the proposition that simple qroup or qroup unaccompanied by any pharyngeal affection does not exist as a separate disease.

Dr. Good has described the disease in the following manner: 'This disease says the Doctor, usually commences with the common symptoms of a catarrh, but essentially consists in a peculiar inflammation that spreads through different parts, or even the whole range of the windpipe from the larynx to the minutest ramifications of the bronchiae. In this extensive sense the term was called bronchiae by the ancients, and I prefered the

* See Laumus on diseases of the chest p. 119.
term. Pneumonitis, says he, is that of Pneumonitis. A membrane.
imaneous inflammation of the trachea, as such a term would
imply. A delimitation of the inflammatory action to the upper
part of the bronchus alone to which it is not confined in
either of the terms before. The acute. Group, though it extends
thus widely, usually commences in the larger part of the
trachea, during which a peculiar effusion is secreted that
readily assumes a membranous form and sometimes lies not only
the trachea above it, but also its minute branches, though
large parts are always affected first. When
chemically examined says the B., the secretion appears
to consist chiefly of not entirely of coagulable lymph.
of the blood, diluted with its serosity and curiously com-
bined with the peculiar substance of the blood detected
by the labours of the chemist, which form its essential tendon.
early to concret into fibrous & even membranous texture has
been denominated by the name of fibrin.

Dr. Bellan asserts that acute group seldom attacks chil-
dren until after they have been weaned, and there is no
instance of its occurring in children above twelve years
of age. From what little I have seen of the disease, and the
different accounts I have got from different authorities upon
this subject, I am disposed to believe that it may occur
either in the infant at the breast, or in the adult under
particular circumstances. We have good authority for its
occurring in adults. Dr. Bellan's observations will hold

The Gregory's practice Vol.1 Page 289 by C. Pimpernel
to suppose that is why it more frequently occurs in children immediately after they are weaned.

As for the disposition to this disease, I am of the opinion that at some children from the time of their birth and is much increased from the circumstance of their being compelled to subsist on food different from that which had been previously afforded them by their mother.

The case above related as being one reception to Dr. Bellin's general rule, was one in fact which ought only to be considered as a partial reception to the general rule in lieu of a complete one, account of the child's mother being very delicate, not competent to furnish it with the necessary supply of food from the resources of her own system, therefore, the child might be deemed to be partially weaned, as it had to subsist in some measure from food administered by the nurses.

When this inclination is not sufficiently well developed, at the time of birth may call the change with child's mode of living, in the first place, give rise to an increased predisposition to be the predisposing cause itself, and after the predisposition is sufficiently well developed, may it not prove an occasional reactive cause, along with many others, such as cold incipient of weather, or exposure in any manner whatsover.

The application of cold appears to be the general cause which occasions the disease, and therefore it occurs more
frequently in the winter, than in any other season of the year. It has been observed to be most frequent
along the marshy situation, and near the sea coast.
Now this being the fact is it not reasonable for
me to suppose that this disease is brought frequently
into action, by the functional arrangement of some of the
organs concerned in the process of digestion, which give
rise to an interruption of the healthy action of the system,
particularly on the appearance of such an astringent cause
as that of a complete change of diet.
I am not of the opinion, however, that functional arre-
angement caused by marsh effluvia, is invariably unac-
to to the disease. For I believe that change of diet
alone can effect nearly all towards, the development of
the disease, there is effected by marsh effluvia, where
there is much debility & a proportionate degree of moral
excitability, in the part concerned in the disease.
When both these causes are operating, it is easy to con-
ceive what an aggravated form the disease may assume
when as there is an interruption of healthy action, whe-
then caused by suppressed perspiration, or exposure to
a low temperature, or the effects of marsh effluvia,
or change of diet, it is easy for us to conceive in
what manner the disease comes to make its appear-
ances in the mucous membrane of the trachea,
when we know that debility may be present in one
organ than another, or in other words that one organ may be more prone to disease than others, and that in different periods of life different organs are more prone to disease than others.

Physiologists have discovered the true office of the thyroid gland, and what it may throw some light on the etiology or pathology of this disease, as it appears when this organ is present, and generally disappears when the gland ceases to exist. In subsequent periods of life, the susceptibility of other mucous membranes to disease increases beyond that of the part affected in infancy. Children who are much more disposed to this disease, often make their predispositions known to their parents, regarding they are acquainted with one or two of the most prominent symptoms. When they are slightly indisposed to cold, they have that peculiar sound of voice when coughing, which is known only to accompany that disease and a few others that affect the vocal diaphragm.

When this disposition has once revealed itself in this manner, it is desirable that the parents should exercise a vast of care, to prohibit the child from exposing itself to unfavorable disturbances of weather or temperature, and to keep it comfortably clad, also to pay the utmost attention to its mode of diet and state of its bowels. If they perceive that the disease continues to progress they ought immediately to call for medical advice, as there are but few diseases that demand so imperiously demand active remedies under
initial stage to ensure success. This appears to be a disease with which the remedial efforts of nature can do us little toward accomplishing a cure as almost any other. When it is left to travel its own course, without the interference of art, it is terrible in its nature, if deplorable in its consequences. And with the interference of art it is mild in its stages and perfectly manageable throughout. One that is a great consolation to the physician as well as to the anxious mother who is always pleasingly, or alarming, anticipating the arrival or departure of her most beloved. The symptoms of a day or two antecedent to an attack of this disease, the patient appears chomby, inactive & listless; the eyes are somewhat sunken and heavy; if there is a cough which from the very first has a peculiar shrill sound, there is also a slight hoarseness & sneezing as if the patient was about to suffer from an ordinary respiratory. And to these issues in a short time succeed a peculiar shallowness & singeing of the voice, as if the sound were sent through a brass pipe. Dr. Bellman who has well described the progress of this disease, says there is a sense of pain about the lidginus some difficulty of respiration with a wheezing sound in inspiration, as if the passage of the air was straitened. The cough often he which attends it is sometimes dry, and of any thing he spit up it is a matter of frequent appearance sometimes films resembling portions of a membrane, together with the symptoms says he
there is a frequency of the pulse a restlessness an uneasy sensation of heat. When the internal forces are examined they sometimes exhibit no appearance of inflammation, but often redness and even swelling appear sometimes there is an appearance of matter like that expected by coughing. With the symptoms now described and particularly with great difficulty of breathing a sense of strangling in the fauces, the patient is sometimes suddenly cut off. So the above mentioned symptoms may announce that the affection of consumption is very different from that of health as indicative of great distress, from the immense straining on the part of the little patient to inhale some fresh air, the lips and cheeks are of a livid hue which bears unequivocal evidence of the blood not being properly oxygenated in the lungs. The membrane formed in the disease is nothing more than the product of inflammation or increased action of the vessels, that are so minutely ramified throughout every part of the mucous membrane through the medium of the delicate cellular structure which enters into every part of the body that requires any degree of nutrient from the peculiar arrangement of the structure of the parts affected by the inflammation it is prevented from terminating readily in either adhesion or suppuration, but as facilitated in the operation of forming new matter
The component parts of this membrane show that it is regularly organised, and endowed with life and the power of growth, as long as there is sufficient flow of pure arterialised blood to them fronts. When the vessels destined for the nourishment of that adventitious membrane are no longer able to keep up a supply of nutritive matter, the membrane must certainly become languid in its action, and begin to undergo that process to which all dead organised matter is liable, and be detached from the living heart by a process of nature. This disease is to be distinguished from asthma, by the coughing sound, by the shrill voice, the high-coloured urine, and the fulvous heat, which appears in asthma. In asthma there is little or no cough; there is also a remission in the symptoms; in asthma there is also some evacuation, such as belching, vomiting; 

Bome writers have made a distinction between this disease some that is said to be a spasmodic action of the larynx, which is occasioned only by the spasms of asthma. But Bock has asserted positively that no such thing as spasms can occur in asthma, nor in either of the diseases of which the upper appendages of the lungs are the seats, when in a state of inflammation; the irritating cause acts upon the muscles, and pain and tension are excited, but they are so completely antagonised that they cannot close the passage. The sonorous cough says he—
The experiment failed, for the reasons given. The data is incomplete and misleading. Further investigation is needed.

In my opinion, the procedure was flawed. The control group was not properly isolated. The results are inconclusive.

I believe that the hypothesis is incorrect. The experimental conditions were not controlled properly.

My recommendation is to conduct the experiment again under better conditions.
which is compared to the barking of a fox is occasioned by
the rigidity of the inflamed muscles.

Treatment. Every practitioner ought to bear in mind
that this disease demands prompt and active remedies for its
cure. It should not be looked upon with the idea of placing
much reliance in searching for the remote cause or in curing
it. The inflammation preventing the further effusion of
secretions likely promoting the loosening of the
secretion of that which already exists, obstructs the larynx
and trachea. There is a continued effort on the part of the
patient to remove the adherent mucus by coughing,
but the cough is for the most part dry and ineffectual,
nothing more than a little phlegm mucous is expectorated.

Vomiting is very frequent (says some writers), at the commence-
ment of the attack has broken down completely the inflam-
atory action and curbed off the disease at once.

Blood ought not to be much reliance placed in the appli-
cation of leeches, to the hands nor in simply taking away
blood from the arm, as both these remedies frequently break
secretion particularly in convulsed children, as it is a
difficult matter to abstain a due proportion of blood from
these simply by placing a drain in the arm or the appli-
cation of a few leeches to the face, while the application of
outside the stomach. Under these circumstances, where the
breathing is becoming more and more laboured the practi-
tioner ought immediately to proceed to open the irregular
I.

...
view or some method which would enable him to draw blood at delirium. The physician ought always to put into execution such active means before the disease runs on too long; and he has generally to do without permission on the part of the mother, but in the case where death is so frequently the result without the proper remedies it is highly necessary that he should enforce his measures or free himself from being responsible.

Colonel forms a very important in the cure of this disease & without which there would be comparatively few cases cured. This remedy ought never to be neglected if there is the least degree of change attached to the patient's situation & it ought also to be persevered in as long as there is any probability of the patient recovering. When this medicine is administered says Dr. Potter it is prescribed in doses so insignificant that the practice is rather calculated to injure the reputation of the medicine than to cure the patient. And practitioners who have had an extensive practice are favourable opportunities of becoming acquainted with the merits of this drug have asserted that when judiciously administered it is unparalleled by any other for success. If the medicine not help them from 3 to 4 ought to be administered to young children & this continued every two or three hours till there is a discharge of green bleeding matter which is an evidence of its having taking effect. It is said that this not only a salutary coulter action.
but prevents the further secretion of lymph.

Ametics are esteemed highly by some physicians. I have no doubt, but what they are highly beneficial in many instances, but more frequently so when applied in the preceding stage of the disease. They can be given in that stage with considerable advantage, their salutary influence I believe is to be attributed to their restoring the equilibrium of the circulation, I invert the diseased action.

In an advanced stage of the disease it is almost impossible to produce emesis by any of the ordinary classes of medicines intended for that purpose. The stomach is no longer susceptible of their action as to give rise to an increased motion. For that reasonable state of the stomach, which is so often to be observed where the respiration fluid impedes the passage of the air to the lungs, the bi-chloride of mercury forms a safe and efficacious emetic. The remedy often excites a copious flow of the gums, but scarcely ever a profuse salivation. The sublimate I considerd well worth a fair trial. I shall not despair in any case where it has not been exhibited until experienced, teaches me something to the reverse of its being well adapted to such cases.

When emetics are called upon in the first or second stages, I think that the antimony is far preferable to any other substance belonging to that class. Its power of dilating high action in the stomach
...
system is well known to any one who has ac-
ministered it I watched its effects. The article when
combined with calomel as recommended by Dr. Potter
forms in my estimation one of the most effectual me-
chanics that can be given in this disease. If this remedy
when employed conjointly with that of blood letting
constitutes in fact nearly the whole treatment
In short Antimony a strict adherence
to the antiphlogistic regimen constitutes the treatment
in addition with blisters cautious and warm baths
Blistering are not to be applied until bleeding and fur-
ging has been pressed to a certain extent
Brachetomy as recommended by some is considered
a doubtful remedy as yet
Opiation useful in all cases from their general
tendency to relieve the negative & reflex down high
vascular action.
Samuel Baker M.D.

An Inaugural Dissertation

On Hemothypia.

Submitted to the examination of the Faculty.

President and Trustees of the University of Maryland.

For the Degree of Doctor of Medicine.

By William B. Lecompte.

1833
La ciencia y la filosofía.

En verdad.

Busco el amor y la verdad, la verdad.

No me abandone la razón de la ciencia.

Damasco, al mil. 1292.
Samuel Baker M.D.
Professor of Materia Medica and Therapeutics
in the University of Maryland,

SIR,

Since it is to you that I am indebted for a considerable share of the most valuable medical knowledge which I possess, and for a multitude of leading principles and maxims which may serve to guide me in my professional career, permit me to dedicate to you this paper, as an humble, though sincere testimony of my high respect for your person, and exalted admiration for your extensive scientific acquirements, and moral excellence which have been the good fortune to attain, and combination of which only can constitute the truly wise.

William P. Leecey

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When I surveyed the task of producing a dissertation on the subject of \( \text{Hemostasis} \), the difficulties with which I seemed to be associated were almost sufficient to have dissuaded me from venturing on it, and my fears were lightened by the consideration, that the scrutinizing tribunals, to whose inspection my first medical essay must be submitted, was able to detect every fallacy, to perceive every misstep, to notice every imperfection. But a knowledge of the integrity and magnanimity of that tribunal, is calculated to chase away those apprehensions, and even to inspire me with a hope of obtaining some approbation from him whose experience and learning have taught the extreme fallibility of human understanding, the uncertainty of youth and the intricacy of science. By such it cannot be expected that a time in medicine should away himself in the equipage of a censor to impugn the conclusions that have been surreptitiously, by the most preposterous of a learned profession, that he should be able to arrange and harmonize a wide and undigested congeries of opinions; or to build up a bold and regular pathological fabric from a collection of heterogenous materials. If therefore the present undertaking misleads, if I have not good reason to look for indulgence, and if I have not surpassed my utmost calculation, then I succeed in pointing out some of the most prominent traits in the character of the science under consideration, and in deducing from them correct principles of
treatment. For although we are told by the illustrious Roman orator, that a man should aspire to the highest degree of excellence, an attempt on my part to follow at this precept would be justly regarded, as the essence of arrogance and vanity. Because if I attain the houses of stopping at the third, or fourth degree I still have no just cause of complaint. But should this production contain nothing that is excellent, or even tolerable, the disagreeableness of having designed well will be a source of consolation.

An illustrious countryman, Dr. John Brash, whose distinguished philanthropy should be the model of every physician, judiciously remarked, that in no disease, apparently quite trivial, had terminated fatally, even where there was not the slightest sound for apprehending such an event. In no disease was a strict adherence to the invariable maxim, respect the incurable, of more practical importance, than in desmoptics. Although its makes its appearance for the most part in persons of a peculiar delicate habit of body, which we shall treat in regula, yet its occurrence is not infrequently observed in those whose corporeal constitution is by no means delicate, whose original stamina are apparently strong, and whose general appearance exhibit no marks of predisposition.
This fact is worthy of primary consideration, because the disease is often overlooked, when it appears in habi
to, preventing none of the usual indications, of imperfect
salivary organization; and because it often arises
spontaneously without any manifest cause, as ready
appears, or is removed by the most insignificant reme
dies and unaccompanied by any disturbing symptoms.
It is obvious that a malady of so insidious a character
well calculated to evade proper investigation and
continue on disregarded by men of contracted inqui
ry, committing its ravages in the dark, until its direfu
sequences disclose the secret work of death.
Although this may be regarded and even ridiculed
as a magnificent picture, I am conscious, from my
own observation, that it does not deviate from the
tal image and the end to which I allude should
never be forgotten. That hemoptysis is, almost invar
iably, the forerunner of phthisis pulmonalis, the most
shyness of the medical fraternity acknowledge
d maintain; the diseaf. and destructive effects of
a latter disease are too well known to admit of dis
pute, the former then evidently demands the constant
attention of every philosophic and beneficent prac
titioner of medicine. The importance of these truths
being too obvious to escape notice, might we not reason
ably expect to find in the writings of scientific men,
whose researches have consumed the midnight oil
and are now treasured up in perpetuity archives,
and established pathological principles, upon which
we might rely, in the immediate management of the
disease? The discrepant opinions and hypothetical notions
that have prevailed amongst celebrated authors
on the contrary, are calculated rather to embarrass, than to
instruct the anxious practitioners. The one, not surprised
at the doctrine of exsanguination, as maintained by Dutert,
has fallen into disrepute; for it is impossible to
conceive how blood could proccede through the deep
arteries of those vessels which are destined for its recep-
tion and retention. It is easy to conceive indeed that
such an effect could not be produced, without a
degree of relaxation wholly incompatible with their tone,
and with the physiological laws by which they are
controlled; neither do autopsic phenomena present any
thing, in concordance with these views. According to
the opinion of Bichat, whose great ingenuity and exten-
sive research never fail to throw light on every sub-
ject which he touched, the blood is made to circulate
through the vessels, which, from diseased action, are en-
couraged to circulate new blood. It is true, that these
vessels which, ordinarily contain nothing more than
serous fluid, may be directed to such an extent, as
to admit the new globules; but this error loci cannot
be traced, except in cases of violent excitement.
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it is evident, that extreme vasical action does not
thrive hemorrhagic discharges in general. Although this view
is the subject not altogether, in conformity with the laws
of the animal economy, yet they are certainly in a degree con-
formid with the opinion, that all the arterial ramifications
minate in the radicles of the veins. If I were able to ex-
hbit a complete and perfect exposition of the several
claims which have been forwarded in relation to the
character of hemorrhage, it would be foreign to the
recent purpose to enter into detail. A single hint at a
few of them is all that can or need be attempted. Intro-
sory to the consideration of the pathology of hemoptysis,
will be pertinent to remark, that the minute arterial
branches, instead of terminating entirely in the venous
radicles, are partly distributed to the tisperse themselves
in osificr opening into the substance of those tisperes,
which they are destined to sustain. Before we proceed
further, it is necessary for the support of this opinion
to observe that our distinguished Professor of education
here, Trancedent Talents, extensive science and grace-
ful elevation sheds a liuing lustre on our institution,
ready one of the brightest ornaments of the country.
Indeed, that the continuity of the arterial ramifications
with the venous radicles cannot be demonstrated, and
that it is impossible to conceive if such were the
soe in what manner a sufficient quantity of nouc
hment could be derived from the vessels for the suc-
ficiency of the organism. Such is the rapidity of the
transudation that, sufficient time existed not to permit
the vessels to escape for the transudation of the aqueous fluid,
through the vascular tunic; if it were practised under
any circumstances. Hence the conclusion is highly logic
that a multitude of vessels open into the tunicous thin-
line, and thus pour out a quantity of blood adequate to
their nourishment. On applying this anatomical char-
acter of the arteries to hemosthetic effusions, of which
hemoptysis is the most considerable, a new and broad
idea seems to be opened to their true pathology.

Nothing more is essential to the occurrence of hemosta-
such a state of the orifices of those vessels which
minate in the tunicus as just explained, as will enable
in to throw out more blood than is necessary for the
sufficiency of those tunicus. There is no necessity of hasty
secure to an excess (or of supposing the escape of
blood through the exhalents, which amount to the
same thing) or of imagining its transudation through
costs of the vascular emaciations, from deficiency
vital energy in those parts. And co-existent circum-
sstances ever occur to corroborate the latter hypothesis.
Reference to hemoptysis particularly, whenever
ordinate vascular excitement takes place in the
organs, those organs labouring, at the same time, under
a-benedictory or acquired predisposition; whenever they
are rendered the centre of friction, in consequence of
previous relative debility, an increased quantity of blood
rises from the fatigued months of the bronchial vessels,
and being in a state of exasperation, it gives rise to irrita-
tion, or to a kind of inflammation, by which exasperation
is excited and all the phenomena of hemoptysis are developed.

From the aforesaid considerations, it is highly proba-
able that the pulmonary vesels are never the seat of pen-
rinous effusion, except in cases of rupture. Since those
vesels are especially designed for the conveyance of the blood
through the lungs, that it may be brought into contact
with the atmospheric air, for the purpose of affecting its am-
monilization, there is every reason to believe, that all the cap-
nillary twigs terminate in the venous radicles. Some authors
have entertained the opinion, that hemoptysis always
depends upon the rupture of a blood vessel; and there are
a few of the present day who take it for granted, that
hemoptysis never occurs independently of structural
division. Although this may be so in the generality; and must almost
always arise from a violent exciting cause, or from con-
spicuous venereal excitement. The true philosophy of this
species of hemoptysis, therefore, is founded upon a
predominance of the moment of the circulation, over the resistance offered by the vesels, and the
Experience of the discharges will be proportionate to the degree of excitement, the resisting force, and the number of vessels implicated. This will hold good as a general rule, to which there are some exceptions.

It has been observed that hemoptysis most commonly occurs in persons of a peculiar structure and habit of body. Individuals thus constituted are said to be predisposed to pulmonary affection. Predisposition is either hereditary or acquired; the former is frequently observed, the latter but rarely. Of this disease it is generally the harbinger of phthisis pulmonalis, the same characteristic features of a predisposition to the one is equally applicable to the other; and although these marks are observable in infancy, they are not often fulfilled, until the coming on of puberty. The period at which hemoptysis is most liable to occur may be estimated from the age of puberty to the thirty-fifth year, or from the time that the receiver organs of the body rapidly insinuate themselves, until the articular rheuma ceases to prevail, and it seldom arises premenstrually, except in those persons who labour under an original disposition which appears to consist in an unstable condition of the pulmonary system. The latter circumstance perfectly comports with the instability of the whole frame, excitability seeming to be a necessary attendant on rheumata. The blood-vessels are also comparatively large, and are consequently, in the same proportion
nder the influence of the nervous system, hence the
variety of disposition; the instability of temper, the activity
of intellect, and the eminent susceptibility of the operation of exci-
ting causes, so conspicuous in such subjects. The high,
eminence and wing-like phrenodies arise from narrow,
flattened, and deformed state of the chest, and
the latter condition would seem to depend upon an ac-
commodation of the thoracic splanchnic, to the abnormal
formation of the lungs. Whilst the long slender neck,
light hair and blue eyes, thin semi-transparent skin, clear
mucous but not powerful voice, and the general delicacy
organization would appear to be the product of an ef-
sort on the part of nature, to bring the whole system
to a state of equilibrium. Although the above cited marks
are occasionally present in the same individual, yet
a majority of instances many of them are absent, and
sometimes very few of these indications are to be observed.
Indeed cases not infrequently occur the reverse obtaining
with the exception, probably, of a flattened, though not
contracted chest, and fine skin. It is a circumstance
worthy of attention, that the dermoid structure is prin-
cipally affected in predisposed constitutions, as it seems to
show the first-rate importance of that organ in the animal
bodily. We cannot account for the existence of predisposi-
tion in persons of vigorous and athletic appearance, with
opposing the lungs to be of appropriate magnitude, and
the same time, feeble in their organization; and this
infirmity is abundantly demonstrated, by the numerous in-
tances to be met with every where, and it is notorious that
those, in whom these organs are imperfectly constructed,
and hence comparatively weak, do not possess that degree
of constitutional vigour which their general appearance would
indicate, and are incapable of enduring long continued
exercise. This relative deficiency of strength, manifestly
resides, not only upon a defect of the pulmonary organs,
but likewise upon a serofulous taint which invariably ac-
companies the predisposition of which we treat, and which
has for a natural consequence a debility of the pulmonary
libre. The lungs in young children of strumous habit
are frequently found covered with little tubercles; and
when the period of adolescence scarcely arrives be-
fore the disease of which it is the fatal issue is evolved.
Serofulous subjects are often affected with glandular
swellings, especially about the neck, and peculiarly
vulnerable to the influence of sudden acs of irritation,
and are incapable of resisting efficiently
tion of morbid causes, all of which are result
of feeble organization. With respect to acquired predis-
position, I am inclined to believe that it is seldom seen
for when the multifarious organs composing the
human system are in a state of perfect coincidence
is with another, their strong connections nice dependen-
is in complete array; when harmony of structure and harmony of action prevail throughout the whole organism considerable and protruded violence is undoubtedly required to effect a disruption. Nevertheless it may be induced by the causes to be enumerated. Indeed it is the opinion of many conspicuous medical men, whom extensive reading and long experience render them fully capable of forming a correct judgment on this point, that the process itself may be brought on under certain circumstances. Persons who reside in low, damp situations, who constantly breathe an unwholesome atmosphere, deprived of the comforts and necessaries of life, who subsist on coarse, scanty, and injurious food, may create a strumous diathesis, by depriving those vigorous and healthy operations in the system indispensable to its support and preservation. Amongst the causes of acquired predisposition may be enumerated and protruded attacks of Pneumonia which, when injudiciously treated, or suffered to progress without interruption, frequently and in disorganization, or inflict immense injury upon the delicate structure of the lungs. But at the head of this catalogue should undoubtedly be placed the excessive use of spirituous liquors. It is a well established physiological law that when the system has been prematurely excited, a corresponding debility invariably succeeds, and the degree of
supposition will proportionate to the quantity and intensity of the stimulus which has produced the excitement. When therefore an individual has taken a large portion of alcohol, the increased muscular action quickly proceeds, during which a greater quantity of blood is circulated through the lungs; respiration is accelerated, and consequently those organs labor in the performance of their functions. If the draught be not repeated the influence of the first soon subsides, leaving the system in a state of debility. At this period the heart and arteries acting weakly, the blood retires from the periphery of the body to the internal organs and approves them. Most commonly when intoxication has been produced the subject of it falls upon the damp ground exposed to the open air, and remains for several hours in profound sleep, in which when awaked, is languid and phrenic with cold; cutaneous transpiration being chirped, in human souls almost entirely upon the lungs. The essential concern then how those organs may be disposed to hemoptysis by the pertinacious use of alcoholic liquors? Frequent and long continued exposure to in cold damp weather, exceptive increase indulgence, or any kind of overanxiety, all of which weaken the energies of the body, and predispose it to disease; and as the lungs more readily feel the impulse of morbid agencies, than any other organs, probably, in the human
ody, all those causes which came under the appellation
of excitation may occasionally produce a predisposition
for ophryosis. Among these may be enumerated, atmos-
pheric vicissitudes, cold and cold-air blowing; the suppress-
ion of habitue discharges; the sudden repercussion
of cutaneous eruptions; metastasis of gangrenous ulcers, and
irritating particles acting directly upon the lungs. This
species of hemoptysis is not always to be considered
as a primary disease. It is often merely a symptom attending
the disorder, and being sometimes a means by which
nature throws off the excesses load which has appro-
ached, may be hailed as a favourable occurrence.
Hemoptysis frequently gives warning of its approach
by certain premonitory symptoms. The most conspicuous
of these are, a peculiar sensation of anxiety about the precordia; structure and tightness across
the breast, a dry tickling cough; slight difficulty
in breathing, and palpitation of the heart. An increased
flow of blood taking place to the lungs, less space is
left for the inspirations of the air, and a greater quantity of
gases being now demanded, anxiety and difficult res-
biration are the necessary consequence. Palpitation in
the heart may arise, either from the obstruction
at which the blood meets in passing through the
walls, from sympathy, or from its receiving an un-
natural quantity of that fluid. The pulmonary repels
lying in a state of congestion or inflammation, those which
emptied themselves for the nourishment of the organs, being
intended beyond their usual capacity by the reception
of more blood than they ordinarily circulate, and being
ready in a state of delirium, not for their objects to dilate
through which the fluid escapes, tiếtulation and
ting are excited, and the blood then run out at
mouth. The disease is not unfrequently ushered in
by pains in the back and loss of sensation of the dia-
phragm organs, heaviness and lassitude in the extremi-
ties; all of which proceed from the delicacy of
constitution characteristic of predisposition to the dis-
se. The blood is usually of a fluid colour, and pretty
wrong to its admixture with the bronchial secretion
but when it has remained for a considerable length of time
in a state of extravasation exposed to the process of de-
carbonization, it is changed from a reminiscence to a dark
ting, participating in the character of venous blood. Al-
though hemoptee is commonly preceded by the afo-
mentioned indications of its coming, it is sometimes unatt-
ained by any premonition whatsoever; as I once witned-
the case of an individual who a few years afterwards
died of pulmonary consumption. The hemoptee came
at night without any previous manifest indisposi-
tion, so insidiously, that the patient was unable to tell
what was the nature, or source of the fluid which
from his throat. In this instance the predisposition
was so great that the discharge took place without any pos-
itive exciting cause, and such must frequently be the
rule when the original fault in the structure of
the lungs is excessive; for the blood-veins are perpet-
ually in so debilitated a condition, as to offer but little
resistance to the fluid circulating through them, and in
such cases it is often exceedingly difficult and even im-
potently to control the hemorhage. Indeed there is no
better way of accounting for the extreme obstinacy
which sometimes attends these discharges, than by sup-
posing the vessels to be in the atomic condition just de-
scribed. When the exciting cause has acted to vis-
tually as to effect a rupture of some vessel of con-
siderable magnitude, there can be no difficulty in as-
certaining it.
When hemorhage occurs from the respiratory region,
it is not always easy to determine from what par-
ticular part it proceeds, and a correct diagnosis
is often of the utmost importance to the physician
both as regards the treatment of the disease and
the feelings of the patient. When the cavity of the
thorax is alone concerned, there will be no voluntary
shivering or coughing, unless the blood issues from
the posterior part, about the lungs, (and this does not
never escape in cases of wound or disease) and by
are for examination, the source of the bleeding can
often be discovered. So coughing and vomiting often
accompany each other mutually, the difficulty of forming a
diagnosis may be rendered very great by the occurrence of the
former. Indeed this disease is very liable to be confounded
with hematemesis by reason of a similarity between the
symptoms of each. The same sense of anxiety
and oppression about the precordia, palpitation, cold
extremities and constriction about the chest which belongs
the former may also attend the latter; and as the blood
hemoptysis is not always of a bloody colour, the quality
of the fluid thrown up will sometimes fail to assist
in distinguishing between the two disorders. But by a
proper comparison of all their characteristic symptoms;
by diligent inquiry into the history of the immediate cause
by a strict observance of the patient's constitution;
there can be but little difficulty in establishing a cor-
creet diagnosis. It is a well-known fact that there exists
much greater mutual sympathy between the stoma-
cic and arterio-systenm, than between the latter
and lungs; consequently the reduction of the pulse
in hematemesis is much more remarkable than
hemoptysis: in truth it is but little affected in
the latter, unless the flow of blood is profuse,
whilst it is greatly enfeebled in the former. This ef-
fect is likewise owing to the extreme nausea which
accompanies vomiting of blood. When there is any doubt on the subject, all collateral circumstances should be borne in mind.

In relation to the prognosis of this malady it is necessary to say much. Where it is merely symptomatic of other diseases, and more accompanied by any of those signs which indicate predisposition, it is not to be considered as a dangerous affection. Unfortunately this favourable condition of things is seldom to be met with. When it attacks individuals of delicate and relaxed habits, extreme difficulty is always experienced in effecting its removal. Although the immediate consequences of the hemorrhage are not generally alarming, its ultimate effects are apt to be of a most serious character. On the contrary, when it appears in persons of vigorous constitution aloof from predisposition, no danger need generally be apprehended. The bleeding is not often so copious as to prove fatal in the first instance, but when the predisposition is extreme, the frequency of its occurrence may be sufficient to produce exhaustion. Our prognosis is therefore to be deduced from a variety of existing circumstances, such as the nature of the exciting cause, the constitution of the patient, the extent and effect of the hemorrhage. But we are obliged to predict for the most part unfavourably in hemoptysis, for phthisis pulmonalis as has been already observed, is the almost
Preliminary to the consideration of the treatment of this disease, it may be proper to observe that the possibility of hemorrhage has been denied by Dr. Caldwell. He states that the expression 'passive hemorrhage,' as applied to living matter, is a gross misnomer. During life no hemorrhage can possibly be passive. Blood flows from the vessel that contains it, at least in part, by means of the action of that vessel. Nor is it possible for such action to cease otherwise than by the expiration of life in the part. Every hemorrhage therefore that does or can take place from the living body is really an active one. It arises not from the absolute want of action in the part, but from its wrong action. It is true that the vessels continue to act, so long as the system retains its vitality, but it appears to me that if the epithet active can be properly applied to that species of hemorrhage which depends upon increased vascular action, there is the same propriety of phraseology in the application of the term passive to that which arises in cases of diminished vascular action. Therefore the terms, active and passive are equally expressive as those of tonic and atonic recommended as substitutes by Dr. Caldwell; and the attempt to abolish the former division by the strain of reasoning which he has adopted I think be considered as rather ultra ven tendere.
but there can be no dispute in relation to the fact that hemorrhage from the lungs is almost always of an active kind, although the possibility of it being passive is indubitable. In the remedial management of hemoptysis two objects are to be kept in view, first the conduct to be adopted during a hemorrhagic paroxysm, secondly the course to be pursued in attempting to eradicate the disorder. To accomplish the first of these objects the modus agendi naturally suggests itself. The patient should be placed in a well-ventilated apartment, the utmost quietness observed, cooling sedative drinks administered, and every means calculated to subdue excitement should be practised. Of all the means that have been employed in the treatment of hemoptysis none deserve much confidence as venesection. Bulloch observes that the propriety of blood-letting may be useful here, because the quantity of blood poured off from the lungs may be supposed to answer the purpose of evacuation in any other way. An instinctive objection to blood-letting can be prevented by a consideration, for it is obvious that one great intention of the remedy is the prevention of an exiguous discharge from the lungs, which Bulloch thinks may preclude the necessity of venesection in any other way. The blood-retention
the lungs being already too much to prevent the escape of blood from their orifices, must be rendered more important by the fluid's continuing to force its way through them. The principle indication then is to bring the momentum of the circulation upon a level with the assistance of those remedia which are the seat of the hemorrhage as quickly as possible; to fulfil which remedium is the most efficient means, and the propriety of this remedy will be more manifest, when we reflect that the pulse is generally found to be tense and frequent. Indeed it not infrequently becomes necessary to resort to blood-letting several times in order to obtain a sufficient reduction of the pulse, and when this sedation is obtained all our business is at once accomplished. I am therefore persuaded that there can be no question as to the paramount importance of remeasurement in cases of active hemorrhage from the lungs, and in some that are other remedies dwindled into comparative insignificance. It has been observed that conscientious is often one of the accidental symptoms of mephitis. When present it is undoubtedly calculable to aggravate the disease. The state of the alimentary canal, therefore, must be considered; laxatives should be administered, either by the mouth or per os, such as colocynth, calomel, magnesia, or the external salts. The latter I do not admire as they
apt to leave the hands in a more or less costume before reduction, and, although their immediate effects may be seen derive from their refrigerant qualities, their ultimate effects which are most important are injurious. Better to place reliance has been placed upon agents in the treatment of this disease, and when employed to the exclusion of blood-letting incidently with salt disadvantage, extract of lead, which is placed cement in the mouth, is recommended to be given in doses of from one to five grains repeated at intervals upon or shortened according to the expirations of the discharge. It should be given in conjunction with calomel when the eruption is inflammatory, and with tincture in cases attended with a serious combination of the system. In commenting upon the propriety of the use of this medicine, I venture first inquiry, what is intended by it? Is it given with a view to its active propin upon the bleeding vessels? and if so, what quantity would be requisite to produce the desired effect? Secondly, is it given with a view to its reacitive influence upon the whole system? and if so, what effect does it exert, whether any to be dreaded? On the whole, after reflection I am convinced that every prudent practitioner would resort to this remedy with reluctance, more especially as the action of lead is extremely unequal, that it is liable to be modified
idiosyncrasy; and consequently it would not be easy to
regulate its dose so as to obtain its beneficial, without in-
rinsing the hazard of its injurious effects. I am therefore
persuaded to believe that good has seldom resulted from
the administration of acetate of lead alone, but that the
advantage arising from the colchicum and opium with
which it is commonly given in unison has been improperly
attributed to it. That opium may be useful in
cases attended with nervous symptoms there can
no doubt; and when administered in conjunc-
tion with colchicum and ipecacuanha in small doses
may constitute a valuable auxiliary to blood-laxing
when the pulse is irregular, frequent, and small.
The opium is admirably calculated to calm the agita-
tion of the nervous system, the colchicum and ipecac
promote the action of the cutaneous capillaries, keep
a regular healthy secretion, and to equalize the
circulation. When the feet are cold and the cutane-
ous vaso-contracted, warm applications
the feet and diaphraxis to the thorax are useful
in directing the flow of blood from the lungs;
especially when the condition of the patient contra-
dicts the efficient use of the canesct. Exhala-
tion, inspired, dissolved in warm, or a diaphractic
fluid, or taken as phthisis, from its well-known cool-
and diaphoretic qualities may prove a useful

mendy for febrile excitement. When hemoptysis
attended with cold extremities, alternate flushing
or paleness, limpid urine, small hard pulse,
and much anxiety in the chest some authors have
advocated the use of emetics. I am accidently of the opin-
ion that such a practice would almost invariably
produce detrimental, in consequence of the constric-
tion to the lungs by the effort of vomiting. It
seems true that their relaxing effects are calculated to
produce immediate action, but as the latter advantage can
be obtained without incurring the same danger
it can be no doubt but that their employment
also be more disapproved with. If the presence of
mucous in the stomach were likely to create irritation
which might be propagated to the lungs, a
recent of magnesia or castor oil would be pre-
ferable; for the utmost tranquillity is necessary in all
cases. Often the immediate hemorrhage has been arrest-
ated and the patient brought to a state of convalescence,
the sooner necessary to adopt such measures as may be
most effectual in preventing a recurrence of the disease
should an hereditary disposition exist in the system.
It attempts to effect its removal will in general be
always difficult, especially when the habit is persistent. But
there no pernicious taint lies at the root of the dis-
ease hopes may be entertained of its entire eradication.
The most efficient means, for this purpose, consist in regimen, exercise, and occasional medicines. The diet should be light, unirritating, and digestible, but nutritious to support the convalescence. The drink, cooling and free from all stimulants or stimulant qualities except occasionally the purest alcohol, is best. Nothing can be more indispensable to the welfare of the patient than the preservation of an equal or temperature of the surface of the body; hence the necessity of the patient's remaining on elevated ground, either in a house, in a carriage, or on foot according to the condition of the patient; but when he is permitted to go out, the nearer he comes to the surface of the earth, the more he should be exposed to the air and the stronger he should be encouraged to digest his food without hurry. The medicines should be directed to the stomach and intestines; the heat should be used to overcome inordinate action. When no pernicious diathesis exists, mercury is often an excellent remedy, but unless prudence fail to apprise it may be readiness when it does exist. Traveling and a sea voyage are often exceedingly beneficial, as the change of air and company are most beneficial. It may be proper to mention the vast multitude of means that might be employed in the treatment of thrombosis. The most successful are upon general principles, choosing for our only rule the various symptoms as they may be unfolded.
The efficacy of common salt in hemoptysis and
profuse opacities, offering a subject of some im-
portance, I have reserved until the last a few observations
on it. This apparently contemptible remedy was first
tenaciously used by Dr. Rush whose keen penetration and
emulous tenacity enabled him to make useful ap-
plications of many substances which the pride and self-
confidence of some eminent physicians would cause to be rejected.
In observations that a tablespoonful of pure salt will not un-
usually put an immediate stop to the effusion of blood
it becomes an interesting inquiry, how this effect is so
quickly produced. At first sight it would appear that
salt is taken up by the veins and lymphatics of the
mouth and conveyed in the space of a few minutes
into the tube of the circulation, just as we ordinary
find in rhubarb purging out bile urethane in a
very short time. After it has been taken into the stom-
ach. But when we consider the complete continuity
of the passage upon which substances act in their pas-
sage from the mouth to the stomach, the more
probable modus operandi of the salt will appear to be that it exerts a stimulating influence
on the mucous membrane with which it comes
to contact (this membrane being perfectly contin-
uous everywhere with itself,) which stimulates the
activity propagated to the lungs, enables the bleeding
tend to contract, and thus to prevent the further escape of blood. The administration of Common Salt, in that case, is therefore, perfectly consistent with the first principles of medical philosophy.
Dissertation
on
Bilious Fever as it usually appears in
Chester Town and its vicinity
Submitted to the
Faculty of the University
of Maryland, March 20th 1835
by Joseph Brown
Kent County, on the eastern shore of Maryland, is bounded on the north by the River Susquehanna, on the east by a north and south line which separates it from Kent in Delaware, on the south by the River Chester, and on the west by the Chesapeake Bay. The county is a peninsula, the head waters of the Chester and Susquehanna approaching within a few miles, and is deeply incised by broad and navigable creeks; there is probably no house in the county more than four miles from navigable water and the whole county is intersected in every direction with fresh and streams running into the creeks and rivers.

Equally removed from the mountainous and the uniformity of the lands is beautifully undulating, presenting a pleasingly variegated aspect of hill and dale, cultivated fields, and woodland. The quality of the land is generally good, and notwithstanding the evident aspect of improvement yields plentiful crops, the soil is as various as the admixture of sand and clay in differing proportions can make it.

Presenting these topographical features and situated below the 39° of N. Lat. it is not surprising that this county should receive an annual visit from the Bilious Fever—and with this brief preliminary sketch I proceed to give a succinct account of that Disease.
Dr. Rush has said that June is the resting month of febrile disease. Our peripneumonic and catarrhal fevers, together with other cognate diseases, gradually become less frequent after the middle of April, and cease altogether about June. The weather is usually mild; the thermometer generally ranges from 55 to 72° F. and all nature seems to enjoy that repose which usually follows a storm. Accordingly, towards the close of this month, this disease makes its appearance in some cases of mild remittents, always invading children first. In July some adults are seized with a fever of the same form and of a character more durable and less manageable than the earlier cases.

In August, seldom sooner, remittents appear, and under the influence of local causes and constitutional peculiarities, mild inflammatory or congestive conditions, according to circumstances, are produced. As the season advances, the cases become more frequent and more fatal, until about the first of October when the disease begins to subside. The site characterizes its number and malignity; and generally, the points of Asmund vanish it entirely.

This is the customary routine—as however, seasons vary, the disease varies and sometimes appears sooner and continues later.
must now range far wider with regard to the remote cause. The medical men of all nations whatever theory they may have differed with regard to the proximate agent in the production of this disease, agree in refusing belief here in all latitudes to a certain something called Miasma. This secret enemy has but to elude the cognizance of the senses and the nicest chemical test; it enters the human system through the medium of the pulmonary apparatus and without making any sensible impression, produces that peculiar state which constitutes the prevailing cause.

If the miasma arising from the decomposition of vegetable and animal matter be the cause it would be reasonable to expect the greatest scope of prevalence where the quantity of these remains is most abundant and vice versa. The summer and autumn of 1839 was remarkably favorable to the growth of vegetation--the crop of Indian corn was more abundant than it had been for several years. The fields were loaded with a luxuriant covering of all kinds of grass and weeds, and the low grounds literally groaned under heaps of putrefaction. Reducing our calculations from the received theory of the production of our autumnal epidemic, an extraordinary sickness was anticipated from this prolific source. What was the result? In Chester Town, the central and upper portions were seared...
but the lower part bordering on the River and Docks were uncommonly
healthy. In many families in water that there was not a
single case of sickness; leaving the Town, the prevalence of the Epidem-
ic was no means.

Many neighbourhoods were exempt
from its attack. One in particular, within the range of the practice
of the Physicians of Chester Town, was very healthy, although the
lands are fertile, the low grounds forming a considerable proportion
of the surface, and the whole neighbourhood immediately in the course
of the south wind blowing over a mill pond in the vicinity of St
Paul's Church.

In the year 1854 the district which is called Dutchers Neck, was almost
entirely free from the invasion of autumnal fever. This is a nar-
row tongue of land stretching to the length of 10 miles and of an average
breadth of one mile—Chester River bounds it on the South East,
Lamford Bog on the North west, with an extensive mill pond
at its Northern extremity, large marshes which the tide seldom
overflows almost surround it, and the whole district is one contin-
ued level. In the same season the district called Still
pond was unusually sickly. This 10 or 12 miles further North
on the north side of still pond Creek, and the face of the county
high and hilly.
The year 1816, according to information secured from a medical man, a few families situated to the north of a mill pond near Chester Town were dreadfully scourged. At the same time the whole country which would be embraced by a radius of five miles sweeping from Chester Town as a centre presented but few cases and these not of a malignant character, although two other mill ponds are within this circumference. Also in 1822 a violent bilious fever prevailed in Chester Town commencing in July and continuing until checked by the frost late in October. This disease was confined entirely to the lower part of the Town and not appearing on the high lands in the upper part of the town.

From the preceding facts it is evident that the cause of fever is confined in some seasons to certain situations or districts while in places the season arising from varying seasons can be assigned for the restriction to those particular limits. The celebrated Seller, in his first lines, says that "the meacona universally, the cause of fever, is that which arises from marshes or moist ground acted upon by heat." This may probably be true, but there is most likely some other agent, derived from the earth, or from the admixture of other matter, in particular situations necessary to the production of the peculiar effluvium which is the cause of fever besides the ordinary decomposition of vegetable matter acted upon by heat and moisture—ever it
worse, the disease would have a much wider range and more uniform range than it frequently has, only confined to the neighbourhood of marshes, morasses, and other sources of vegetable putrefaction.

Having thrown out these few hints respecting the remote causes,

I must now take some notice of the symptoms of the Disease.

In several days preceding the decided development of the characteristic features of our Endemic Bilious Fever, those who are to be the subjects of it feel a considerable latitude, attended with some degree of nausea with slight feelings of the stomach and head. Together with some feverish disturbance, these premonitory feelings, as seldom rise to such a height as to put the person who is under their influence to bed. In a few days however, a chill of longer or shorter duration usher in the disease—this is succeeded by a pain in the head and a chill, which going off in a few hours with a sweat, leaves the patient weakened, but the functions are sometimes so perfectly restored that he is persuaded the attack was merely ephemeral, and neglecting the warning previous to its usual vocations. At the end of a certain period however, according to the type the journey again, he finds himself deceived—another chill of increase in violence, and duration, comes on accompanied with distressing nausea and vomiting, sometimes bilious, but more frequently of the contents of the stomach, the vomiting usually
puts an end to the cold stage, and the fever runs its course nearly as before—
such are the symptoms of our mild intermittent.

In our most violent cases, where it frequently happens that after the disease
has been ushered in by a long continued chill, accompanied with or without
vomiting, there comes on, instead of a salutary degree of reaction, some form
of oppression about the chest, a interrupted breathing, resembling deep
silent pain in the chest,
sighing, confusion in the mind, large frequent drops of petechial discharges
sometimes bloody, and jactitation. Though the whole surface of the body
is cold, pale, and contracted, the patient complains of intense internal
heat and an insatiable thirst. The radial pulse is scarcely
perceptible; the stools are involuntarily discharged; coma supervenes
and death closes the scene. This is a description of the worst cases. Providen-
tially for the sufferer a physician or some judicious neighbour comes
in rescue for a time the stake of the Destroyer. Some degree of reaction
takes place by the application of suitable remedies and the functions
are again partially restored. The case is thus lengthened out through several
quotidian tertian, but more frequently double tertian periods until
arrested by proper remedies.

Many cases not subjected to proper medical treatment, go into a
state attended with slow fever, indistinct exacerbations showing the
usual tertian or double tertian form, the viscera suffer more or less
functional derangement, degenerating ultimately into organic affections
which terminate in Dreyfus, or incurable cachexy. This routine of
symptoms constitutes what is known by the name of congestive star
Dreyfus Fever. Monomanic engorgement of the liver sometimes takes
place during a violent paroxysm of fever and congestions frequently re-
main after the fit is over. The brain is also frequently the seat of local congestions
forming an important part of the disease and requiring particular attention.

I have mentioned above that the vomiting was not always attended
with a discharge of bilious matter—and when it was, the bile was doubtless
emitted from the liver by the action of the abdominal muscles. But
in the worst cases, there were no bilious discharges, the bile-pith junction
being destroyed or suspended by the action of the remote cause on that organ.
According to my own experience those cases attended with copious
bilious evacuations seldom were more easily relieved.

Sometimes we must look for the cause why bile is not thrown up
in the paroxysm, not of the secreting power in the liver itself, but in an
obstruction of the biliary ducts. In these cases jaundice generally
precedes, and when it arises from the above-mentioned cause, adds
to the difficulty of cure.
Treatment

The simple inflammatory form of fever in remittents generally yields to the loss of a few ounces of blood followed by a dose or two of cathartic medicine, repetition of both is sometimes necessary. The treatment is often entrusted to the purgative plan alone. If there be reason to apprehend cerebral determination, in addition to bleeding, purging, and diaphorotics, the application of waters to the forehead, temple, or back of the neck must not be omitted. This will embrace the whole usual round of remedies for this state of fever, if the disease be a highly inflammatory remittent, with a strong determination to the brain, copious blood letting is the only remedy that can preserve the lives of our patients. It must be repeated every paroxysm until its evidence is subdued. In our mild intermitents, when the prostration of the vital energies is not great, when the chill is not severe and of long continuance it has been productive of great and immediate benefit to administer an emetic at the commencement of the attack or at the incipient moment of the hot stage. By this plan it frequently happens that the stomach is cleared, the kidneys excited to healthy action, the circulation fully established on the surface, and much reaction proceeds by a general perspiration, and thus the system preparing for the immediate exhibition of those remedies (tonics) which, given with judicious boldness in the intermission, will so often present a recurrence of the paroxysm. — When however a fever of high excitement —
prevailing we cannot exhibit tonics in the first or second intermissions
or until after copious evacuations from the bowels, without danger of
changing the intermittent into the remittent form of fever—as soon as
the system is reduced to a proper state for the exhibition of tonics
the disease yields readily to cinchona or quinine.

Fie etern happens however, that the physician is called in until the first
fever is established, and all he can think of is to moderate the reaction
by acidulous diluting drinks and the exhibition of cooling neutrals.
Then should follow an emetic or cathartic for the purpose of unloading
the intestines, and thus preparing the patient for other remedies.

If the case be of dangerous prostration, the practitioner should never
allow a repetition of the paroxysm without attempting to keep off
or moderate its force by an emetic, by the application of epistaxis to the
extremities, in time to be in full drawing at the period of the next
accession, sinapisms before and if the case require, plentiful
potations of brandy and water. All these means will frequently
be necessary—but not always. To judge of their expediting must
be left to the discretion of the physician.

As soon as an intermission of very considerable duration takes place
if the patient be free from headache and his stomach be warm the
physician should prescribe quinine every hour until the return of the next paroxysm; adding
six to eight drops of laudanum to each dose for the last four or five doses next

...
proceeding the expected attack, in cases of great danger, six or eight fly

F. C. Cori. I added to each dose of the above these remedies, where

by the timely application of blisters and sinapisms are almost infallible.

To relieve the nausea and vomiting in this disease, nothing is so

in its effects as opium, though there are some useful auxiliaries

among these [e.g. ferris. Comp. - Eps. Menth. jps. - U. and. No.

sinapisms to the epigastric point today. We deserve particular conce

nation, the nausea sometimes continues through the hospita

when this is the case, the effusing ointment is a valuable balm.

With regard to the application of blisters it is important that the

of the physician should be directed to the prevention by their use

dangerous local determinations. The brain, the liver, and

locular are more frequently than other organs, the seat of effusion.

Large quantities of blood are frequently found in the intestines

from the relaxed mouths of their capillaries, and this immediate

often incompressible protrusion comes on. A large sinapism to

epigastricum followed by an epipastis will almost always put

this dangerous symptom, and sometimes relieve it after it has

in place. - Mice manner an epipastis to the head and back

to the right hypochondriac region, will prevent or remove

cf the head and liver, and when symptoms exist justify

conclusion that congestions in these important organs exist. The
measures should never be omitted. All these means, however, judiciously used, there are many cases in which the medicine, or officially, or incorrectly, terminate fatally unless the precaution was taken to charge the system with mercury. This is certainly one of the most important articles in the treatment of this formidable case—indeed we should never allow the patient's strength to sink so far as to render it probable that he would die before mercury could produce its specific effect without commencing its use. Internally is admirably, not externally in the form of friction, which latter mode is in all cases unexceptionable, and is therefore earnestly recommended. I never saw a case in an adult which proved fatal after its taking place. In children under 10 or 12 years of age, it should be used with caution as a sedative, as gangrene in them is frequent in consequence of salivation.

These remedies judiciously used and persevered in will generally succeed in subduing this disease, not however without the continual use of light and nourishing food. For this purpose prepared tarts or tepins are sufficient. Animal food should be used no more, except in cases of the train of most symptoms is broken up, and very sparingly during convalescence. Proper diet, proper attention to all those things quaintly called the non-naturals will complete the cure.
Inaugural Dissertation

on

Pertussis, or Croupous

Submitted to the consideration of the

Provost, Regents, and Professors

of the

University of Maryland,

For the Degree of Doctor of Medicine,

by

Edward Griffith of Maryland.

1825
To Richard. W. Hall. M.D.

Dear Sir,

Having ever entertained the greatest respect for you, as a member of society, and experienced the value of your eminent professional talents, permit me to dedicate to you this my Inaugural dissertation.

Unpractised in the art of writing, and yet a novice upon the wide ocean of science, nothing but a sense of duty could have induced me, thus early, and in this manner, to test my abilities. A desire to do it, therefore, would inevitably attend the distrust I have of them, were it not—completely counteracted, by the pleasure I take in submitting this to the especial perusal of one whose indulgence is commensurate with his talents, will wipe away all its errors—accept it them as an imperfect testimony of esteem and gratitude from your Obedt. Servt.

Edward Griffiths
Chin or Hooping Cough.

This is most generally an epidemic disease, and is most indubitably contagious, and proceeds from a specific contagion unknown to us. It does not like the Small-pox, Measles, and most other contagious diseases necessarily produce a fever, but may run its course to the full period without showing any manifest symptoms of fever; neither does there appear on the surface, as there is in many other contagious diseases.

This disease like many other contagious diseases affects persons but once in the course of their lives, and therefore most generally affects children, but there are many instances of grown persons having this disease, as is well enuenced in my own case—The being twenty-two years of age when I had the disease; and also I knew of several adults and some persons considerably advanced in years, and one person in particular who was fifty years of age to have the disease at
the same time, therefore I think it that age cannot
escape persons from this disease, at the adults may
have the disease in a more mild form from their
being better able to resist the parasomy, but it
generally proves more fatal to adults than to
children.

This disease generally comes on in the form of a
cough and cold, with symptoms of catarrh, for a
number of days, and sometimes for a week or even
two weeks may not put on any other symptom
than that of common catarrh, and may
run its full course without showing any
other symptoms. But this is paid by writers
on the subject to be very seldom the case,
for generally on the first or second and at farthest on
the third week the disease begins to show other
symptoms, and the most prominent symptoms
and, convulsive cough at first with an
imperfect hoarf, which after a short time
becomes a more copious and perfect hoarf.
This hooping sound is caused by the lungs being
completely exhausted of atmospheric air which
causes great distress to the patient, and rendering
it necessary to fill the lungs again with
atmospheric air the patient makes a deep
inspiration and the air passing through the
glottis into the Trachea causes the sound
which we call the hoop, and in a fit of
coughing the patient will cling to the
first thing that they can get hold of, and
will there hold fast until that paroxism
of coughing is over, and if they cannot find
anything to hold on to they will fall
down on the ground and remain there
until they are relieved either by coughing
up a quantity of mucus from the Trachea
or by throwing up the contents of the
Stomach, after which they generally fill
their Stomachs again by eating a hearty
meal of brisk air, the fits of coughing do not
observed any exact period of returning, and occur
more frequent during the night than they
do through the day.

When the fit of coughing is over the patient
generally breathes fast and seems fatigued for a short time after, but is so much relieved
that they immediately return to their
former play and amusements, the face after
a fit of coughing is of a dark red colour and the
vomits and full of blood, which is owing to the violent fits of coughing, preventing a free
transpiration of blood through the lungs,
and thereby a free return of blood from the
vomits of the head, therefore we frequently
have an Epistaxis, or hemorrhage from the nose,
and other parts, which generally proves
salutary, but hemorrhages are not so favourable
when they are very profuse.
This disease generally runs its course in six or ten weeks but may be prolonged to as many months, and is aggravated by cold, therefore the disease is generally more mild during the summer months than in the winter months. Some of our best authors tell us that there is no change in the fluids of the system. I must beg leave to differ with those authors. For from the slight acquaintance I have had with this disease, I think that there is a very material change in the secretions about the Bronchia, for a paroxysm of coughing will very seldom cease until there is a quantity of mucous secretion thrown up by the exertion of coughing.
Our Professor of Practice tells us that this disease cannot be contracted after the fever has subsided; therefore I suppose it cannot be contracted before the fever comes on.

Therefore we conclude that a patient should not have a fever during the course of the disease, that the disease could not be communicated from the patient to any other person.

When I was taken with this disease, I was on a visit to some of my friends, where there was a young child in the family, who did not contract the disease from me. I suppose from my not having a fever during the time that I played with my friends, I took leave of them and returned home before I was aware that I had the disease.
After what has been said of this disease, we come now to speak of the treatment.

In the first place, if the disease does not show symptoms of much fever, the only thing to be done is to put the patient on a low diet, which I conceive to be the principal treatment in such cases; but if there be fever present, it is to be treated like a fever in any other disease. (viz.) by blood-letting and general depletion, which will always mitigate the symptoms when there is inflammation present.

Besides bloodletting, mild cathartics should be used to keep the bowels in a tolerable state; but large evacuations are not necessary, but are generally injurious to the patient.
When the inflammation appears to have a
disposition or determination to a particular
part of the lungs, blisters may be used to
great advantage and may be repeated.

Emetics are also highly recommended in this
disease, particularly in preventing a determina-
tion to the lungs, and those emetics
should be prepared, which have a prompt
effect. Such as the Partarized Antimony,
the Sulphate of Copper, or the Sulphate
of Lime. When there appears to be too
great a secretion of bile in the liver
the Mercurial Catherines are preferable
to all others.
The Second Stage is when the contagion has ceased to act on the system, and therefore requires a very different treatment, it has been cured by terror or fright. Antispasmodics have also cured this disease, such as the Castor oil, Must, SPIRIT OF DISTILLERY, Pelargonium tea, Turnip, Cabbage, etc.

Tonics are also very useful in this stage of the disease, and the fruit water or the far pill is preferable to almost all others. Peruvian bark is also very highly recommended besides many other Tonics.
Vaccination has long been used as a means of mitigating the symptoms of the disease.

When the disease is kept up by the force of habit alone, it may be released by a change of habit, of air, variety of food, exercise, etc.

To the President, Board of Directors, and Faculty of Physicians of the University of Maryland

By

[Signature]

1828
On Rheumatism

A Dissertation

Submitted for examination

To the Provost, Trustees

And Faculty of Physick

of the University of Maryland

By

Jeremiah P. Hooper

1828 of Baltimore
To

John Beale Davidge, A.M., M.D.,
Professor of Anatomy in the
University of Maryland.
This
Inaugural dissertation
is,
with great respect and deference
for his high standing as a
Medical Philosopher, Gentlemen

Inscribed
by his most obedient and most
Obliged humble servant
and pupil,
Jeremiah P. Hooper
Rheumatism is a disease that happens much more frequently in cold than warm climates. It is produced by the alternations of temperature and of consequence may properly be considered as a species of the genus Cauma.

Rheumatism has been divided into the acute and chronic and subdivisions have also been made of these according to the years of disease.
as Lumbago, rheumatism of the loins, Sebions that of the hips, Pleuritisspiuria, that of the intercostal muscles, 
As diseases are characterized by the same signs that were one thousand years ago; it cannot be expected that I will say anything new relatively to them, I must then borrow them, and I am proud to say that I do borrow them from the most perfect systematick nosology with which I am acquainted. I mean that of my distinguished
and worthy preceptor, the illustrious founder of this school - The acute is indicated by the following symptoms, to wit, gynochian inflammatory fever, pain about the joints following the course of the muscles, in an especial manner affecting the knees and larger joints, yet not sparing those of the feet and hands". The acute most generally affecting the robust and plethoric while the chronic, the aged and debilitated.

Chronic rheumatism, "After the acute
or violent strains or luxation, pains more or less vagrant of the joints and muscles especially on motion, take place, they are relieved by the warmth of the bed or external heat otherwise applied, the joints are weak and stiff; spontaneously becoming cold; little or no fever, sometimes tumefaction of the diseased parts."

Persons after having once experienced an attack of it are very liable to the disease again. Rheumatism has occasionally been con-founded with gout but I think that it
may without much difficulty, be distin-
guished, by closely attending to the history
of the case. In Gout we have the hereditary
predisposition, in rheumatism we have not.
In the former we have the disease returning
at given periods, most commonly preceded
by an affection of the stomach, pain at the
smaller joints as those of the toes and fingers
for the most part commencing at the great toe.
Rheumatism does not return periodically
neither have we the affection of the stomach
if we ever have it, it is incidental and not
proper to the disease, for the most part
rheumatism affects the larger joints, the
gout the smaller. The rheumatism
being a purely inflammatory disease
and the gout not, irreparable mischief
might be committed, were we to treat them
both upon the same principle, hence the
necessity of distinguishing the one from the
other.

In treating the acute
form of this disease you should proceed
the use of all spiritsuous and fermented liquors
animal food and in fact all articles calcu-
lated at all to increase the action of the
heart and arteries. Mild and bland drinks
may be recommended. Vegetable diet to be
strictly and rigidly adhered

Bloodletting is our first and most important
mean to be used in the treatment of this form
of disease. The intention of bleeding is to reduce
of the heart, thereby taking off the load from
the weakened or inflamed Capillary vessels and giving
them an opportunity of recovering themselves.

Resecction is to be repeated (pro renata)

Purgative medicines are to be used after the free use of the lancet, they should be such articles as do not stimulate, the sulphate of magnesia, soda, denna and manna Rochelle salts be — It appears that the free use of purgatives does not answer so well as the moderate use of them; the motion and motion necessarily employed during the operation of these articles more than counter.
balance the good effects of them in reducing
the action of that great instrument, the heart.
Diaphoretics are valuable in the treatment
of this disease, such as the Tart. Antimonii:
et Rotafæ... Pulvis Antimonialis... James' Powders.
Specsimule, and Murr. hyd. dul. in combi-
nation with any of the medicines mentioned; or
we may employ the mercury alone after we shall
have reduced the action of the heart sufficiently.
we may carry it to the extent of making the
gums slightly sore. The mercury will
at on the skin producing dephrenisis, in all
the scabbing as well as absorbent reject
its action on the absorbent will cause, the
deposition or effusion which always takes
place to be taken up; and it has been sug-
gested by my learned preceptor that the
mercury might in a manner similar to
that of a blister. After use of the lanceet
purgatives, diaphoretics mercury in
small doses, we may with advantage
employ the vesicator, which acts by
on the nerves of the part to which it is applied
which is conveyed to the brain and reflected as if it were to the inflamed vessels
because they are the weakest and of course have the least capacity of any other part of the body to resist an impression, and these acting as a gentle stimulus to them, causing them to gather up and to recover their former tension.

We will next say something of chronic diarrhœa.
time and occasionally only terminates with the life of the patient.

The remedies for the cure of this form of rheuma
tion have divided into the external and
external. The external are the apply-
ing the heat of the part by the use of
flannel or any other non-conductor of
caloric, constantly applied; the ad-
ding heat to it by the contact of bottles of
warm water or hot bricks.

Friction has been found particularly
Serviceable with some stimulating article, such as the alcoholic solution of Camphor, the Spirit. Balsam, the solution of the Acetate of Soda, etc. The other external means are the blisters and moxa.

The internal medicines are the poultice, decoction, here are two intentions in view, the Specie of Bau and the nitrate of potash. This acts on the skin and cause the perspiration of our matter to be pressure assisted in part by the opium, whilst the opium also...
alleviates the pain and irritation always attendant on this particular form of disease.

Guaiacum alone or in combination with camphor, hoegem, senkia all highly recommended. The tincture of

*Stramonium* to the extent of producing vertigo. The famous *Tobacco*
drinks has also been given with
evident benefit. The *Turpentine* has
been said to cure the disease

*Chinona* may be used in this disease
when we have no considerable action
of the circulating system it gives
time and ability to the system.
Arsenite of Potash in the form of Bowlers
solution by Dr. Bardeley and found rather
successful in his hands.
The Oleum Jesse Alectelli is recommended
by Doctor Percival and Doctor
Parr has found it relieve the disease
when all other means had failed.
A change of Climate from a cold
to a warm latitude has been known to have cured this troublesome disease. Bandaging the limb is used with considerable advantage.

Seminah P. Cooper
An
Inaugural Dissertation
on
Phrenitis

The Degree of Doctor of Medicine

By

S. W. King

F. J. County

Maryland
An Inaugural Dissertation

On

Phrenitis

By

the Degree of Doctor of Medicine

By

Nathaniel C. Weems

of

P. S. County

Maryland

1828
In selecting the above subject to offer for your consideration, I am aware of the arduous task that is encountered in one to conform to the regulation of a long and continued usage of this institution, and it is with no small share of diffidence that I present to your considerations the following remarks, the train which is the root of this formidable disorder, it performs a function in the animal system so necessary to life that it cannot with impunity for a single instance be suspended. It is the seat of reasoning faculty, the summum commune and to which all impressions are transmitted by the external senses, and by a peculiar inherent power of this organ, they are worked up into ideas whenever any impressions are made upon the sensitive extremities of a nerve it is conveyed to the brain by this nerve, where a second impression is made.
and by this peculiar inherent power of which we have been speaking it is formed into an idea having been offered these premonitory remarks upon the function of this organ we will now proceed to account for the phenomena of the disease which we have under consideration. Phrenitis as its name emphatically signifies an affection of the anima it consists in an inflammation of the brain and its investing membranes. This like many other inflammatory affections may properly be divided into a phthisic and a symptomatic. It is the idiopathic variety of which we properly to treat but besides this division it may also be divided into acute and chronic but the chronic is generally considered under another head of hydropcephalus internus, of which we will not treat. The symptoms of the acute idiopathic phrenitis are
as follows, violent pain in the great intolerance of light; and noise in the ears, flushing of the face, heavy skin, suspense for actions with a white, ashen, tongue, and all marks of acute inflammation; a sparkling was the eyes; confusion of ideas, which rapidly increase to delirium, and extreme sensibility, and contraction of the irises when exposed to light, and shaking hands in the back of the neck, and head full of strong and irregular pulse frequent in calculations with a temporary loss of memory. All the symptoms gradually increasing until the patient becomes quite fatigued and requires great assistance to confine them. Thrometia may be distinguished from meningitis by the readiness of its attack and violence of its symptoms, by the greater degree of arteries excitement, by the flushed countenance, by the unanswerable
of the eye and other marks of strong inflammation.
Phænomena like many other inflammatory diseases is
frequently preceded by chill. Having thus pointed
out the most frequent and characteristic symptoms
of this disease we will next proceed to the considera-
tion of its cause. This like many other diseases pro-
an access to human life produce by the most
abominable and disgraceful kind of inces frequent
inoculation it is more common in hot climates
than any other and produced by the confinement
actions of intoxication and medical rays of the
sun directly upon the head particularly in the
Plethoric habits such exposure to cause after
grave head-riev-encephalies of the brain and
sudden suppression of a long and continued
evacuations such as old discharging ulcers
Thrombosis, Catarrhnia, Epistaxis, and long continued expectorations. Excessive vomiting, various kinds of poisons taken in the stomach, and exposure to intense light. But the most frequent of all causes is direct violence to the head which then becomes under the consideration of a surgeon we have said that violent motions of the mind produce this disease, but it is only those actions of a stimulating nature that can give rise to phrenesis, such as joy and anger, love grief and fear are actuating; actions which cannot produce this disease.

The symptomatic, variety of phrenesis is produced by the following causes. Dizziness, nausea, uneasiness of mind and of spirits, particularly frequent; Kernicterus, pain in the head and of

Prayse frequently produces it, worms in the alimentary canal sometimes produces puerperal inflammation of the
Symptomatic hemic or more frequently they give rise to hydrocephalus internus. Hydrophobia sometimes produces this disease, and sometimes it is also produced by the various kinds of exoantheme and not unfrequently phrenitis of the symptomatic variety is produced by another accompanying yellow scurvy, hemianencephalic, and intermittent fevers.

Having thus considered the various causes which produce one the symptoms that accompany this disease, which by the y is more formidable in its character than frequent in its appearance we will next proceed to consider the mode of treatment by which we can render it less fatal in its consequences. In the treatment of every disease we should be to a certain degree regulated by the cause, which produces as one the symptoms that attend it. Phrenitis is a disease of so much more excitation as to require blood to be
When in large quantities and after repetition, the quantity and quality of the blood drawn should not be regarded as we should preserve in the use of this most valuable remedy until the general inflammatory diathesis is subdued. It is necessary that the patient should be kept in a dark and cool room, for heat and light always aggravate the symptoms and increase the disease. As a valuable auxiliary to the lance, the purgative, the cool neutral water should be employed together with cooling lacaridera, calamine, cold wet cloths and ice pounded up and having a bladon should be constantly kept applied to the head. The application of clay caeas was a remedy employed in the practice of Gaetan.

The ice-bath is a very excellent remedy for reducing the morbid temperature of the body and at the same time diminishing the action of the heart, and acting the superfluous matter has been very highly esteemed.
null
recommends in this disease and no doubt is a very valuable remedy, the practice, use of an aconite powder in doses of 0.02 after the cancer has been diminished this remedy when properly exhibited seems to reduce the morbid arterial excitement and thereby facilitate the cure. But the tincture eremite which enters into the composition of these powders should not be given to such an extent as to excite vomiting for this effect will invariably have a tendency to augment the disease, to apply a blister to the base once each of the pears in this disease, before the inflammatory or others is succeed would be attended with fatal consequences as much as to the passage of an ounce ball through the brain and any pain our physician has a cure in his practice to that or with any rifle as to submit to the application of a blister in this stage of the disease once the appa.
cation of a blister even after the general inflammatory.

It is well known that this is not a useful remedy for

although it might now be practicable in an ill

consequence of its use. In diverse instances other

remedies which would be productive of beneficial

effects after general inflammatory action is present

by the use of general bleeding. The application

of leeches once or twice would be as serviceable, in particular

of any local symptoms being hidden behind a

local ulcer, is the result of the operation of

miscellaneous, which is many times done in many cases.

and the use of mercury both internal and exte-

mony, it is the only remedy on which we can rely

in any degree of safety only after the use of the lame.

These are the principal remedies on which we can

in the treatment of acute phthisis having the
treatment of these few remarks, we now conclude

submitting them to the impartial judgment and

peruvan of the profession. H. S. Neesm.
An

Inaugural Dissertation,
on

Dysentery.

Submitted to the Provost, Trustees, and the Medical Faculty of the University of Maryland, on the 1st day of March 1831: for the degree of doctor of medicine. By Benson B. Hall, of Prince George's County, Maryland.
To

Nathaniel Potter, M. D.

Professor of the Theory and Practice of Medicine in the University of Maryland.

This Inaugural Disputation is inscribed as a feeble testimony of the high regard and consideration that is entertained of his professional acquirements by the

Author.
A Dissertation on Dysentery.

Medical authorities have long since differed in sentiment, in relation to the contagious nature of Dysentery. The remarks and observations that have been advanced on both sides of the question are certainly of the highest consideration, when we reflect upon the sources from which they have emanated, and should be examined into with attention and scrutinising observation before a conclusive opinion is formed upon the subject. The earlier nosologists seem to have laid little or no stress on the contagious character of the disease; while, subsequent ones, contend that it is contagious. Among the former are the names of Bogle, Lime- 

zup, Sagar, Sauvages, Macbride, and the latter is Callen, Young, and Farr. It is an opinion, however, that is advanced and
supported with no inconsiderable degree of inte-
ly by some of our American writers, that dys-
als never prevails as a contagious disease,
but an affection that invariably makes its
appearance in the character of an epide-
ic. Whatever may be the circumstances that
are connected with the occurrence of this
distressing malady, as having claimed the
notice of European physicians, it may
perhaps, with no small share of correc-
tness, be remarked that no concurrent
combination of circumstances develop-
Themselves in relation to the disease as it
appears in this country, that are calculated
to impress upon the mind the idea of
contagion being in any way interwoven
with its prevalence, or connected with
its occurrence; adversity, is no more pro-
posed from the sick to the well than yellow
fever; but like this disease it prevails as an
epidemic spreading rapidly from a con-
More rarely—how common is the occurrence of only a solitary individual in a large family having the disease; when not one of the attendants, or any of those who visit the subject of this malady seem to be affected in the least degree. From this being extricated to the effluvium exuinating from the body and head? How frequently does one witness only one case here and there in a family within the limits of a considerable extent of country that is affected with dysentery? Here, if the disease be contagious, might it not be reason-able to infer, that it would more-frequently than it does, extend its influence to only a solitary case here and there through the medium, particularly of the attendants and visitors? Here is one fact that may be considered sufficient to put this idea at defiance—that is, that it seems to be a law of the animal economy, that no contagious diseases accompanied with general
Fever excitement can be received in the system
more than once. Now it is a well-known fact
that a person may in a lifetime have frequent
attacks of this affection, and in every
instance too, the intestinal arrangement will
be connected with more or less feverish action.

Then in accordance with the established law
of the animal economy as just noticed,
dysentery cannot be considered as being
contagious without a violation of established
law.

This disease occurs
especially in summer and autumn, at the
same time with autumnal intermittent and
remittent fevers; and with these it is sometimes
combined or complicated. It is very incident
to armies, when, after or during severe
measures, they are long exposed to heavy raining
or lie in low swampy grounds.

In this disease the patient has frequent
stools accompanied with much griping,
and followed by tenesmus. The stools are
...
"Frequent, are generally in small quantities; and
the matter voided is chiefly mucus, sometimes
mixed with blood. At the same time the
natural forces seldom appear, and when
they do, it is generally in a compact or haz
clayed form. The disease sometimes comes
on with cold shivering; and other symp
toms of suppexia: but more commonly
the symptoms of the topical affection
appear first. The belly is captive, with
an unequal flatulence in the bowels.
In most cases the disease begins with
"gripping, and a frequent inclination to
to go to stool. In indulging this, little is
wasted; but some uneasiness attends it.
"By degrees, the stools become more frequent,
"the gripping more severe, and the tendency
more considerable. Along with these symp
toms there is a loss of appetite; and frequently
"vomits, nausea, and vomiting also afflicting
the patient. At the same time there is always
more or less pyrexia present, which is some-
times of the remittent kind, and observed a
"tetrician type. Sometimes the fever is a
"malignant inflammatory," and again of a
"typhoid kind. These febrile states continue
to accompany the disease during its whole
"course, especially when it terminates con-
in a fatal manner. In other cases the
"febrile state almost entirely disappears.
"While the proper symptomatic symptoms
"remain for a long time after. In the
course of the disease, the matter voided by
stool is very different. The matter is
sometimes mucus, and at other times it is
mixed with blood in greater or less quanti-
ties. On some occasions a mucus and unpur-
mixed blood—In other respects the matter
voided is variously changed in colour
and consistence and is commonly of a
strong and fatal odour. It is probable
that a genuine fever is voided and frequently
a putrid dementia proceeding dangerous
There are very often mixed with the liquid matter some films of a membranous appearance, and frequently some small masses of dejectaceous matter.

While the stools consisting of these balsamic matters are, in many instances, exceedingly frequent, it is seldom that natural pces appear in them, and when they do appear it is in the form of eyeballs, that is somewhat rounded balls. When these are dislodged from the bowels, either by nature, or by the operation of cathartics, they produce a renovation of all the symptoms, and more especially of the frequent stools, griping, and tenesmus.

Decomposed with these circumstances, the disease proceeds for a longer or shorter period. When the fever assumes an inflammatory type, or that of a typhus character more particularly, it often terminates in a few days fatally, with all the marks of suppurating gangrene.
Ich habe bisher nichts darüber geschrieben, was ich jetzt schreibe. Es handelt sich um eine Reihe von Annahmen, die ich gestellt habe. Im Laufe der Zeit hat sich herausgestellt, dass diese Annahmen korrekt waren. Ich möchte nun versuchen, diese Annahmen aufzuzeigen und zu interpretieren.

Die ersten Annahmen waren, dass die Welt sich in einigen Bereichen ändern würde. Ich war überzeugt, dass dies zwangsläufig zur Folge haben würde, dass die Menschen ihre Lebensweise ändern müssen. Ich habe daher versucht, darüber nachzudenken und nachzuweisen, dass diese Annahmen richtig sind.

Im Laufe der Zeit hat sich herausgestellt, dass meine Annahmen zutreffen. Die Menschen haben sich tatsächlich verändert, und die Welt hat sich ebenfalls verändert. Ich bin sehr zufrieden mit meiner Arbeit und hoffe, dass ich weiterhin in der Lage sein werde, meine Annahmen nachzuweisen.


When the febrile state is more moderate, or disappears altogether, the disease is often protracted for weeks, and occasionally for months; but once then, after a various duration, it often terminates fatally, and generally in consequence of a return and considerable aggravation of the inflamatory and pyæthroid types. In some cases the disease ceases spontaneously; the frequency of the stools, the griping and tenesmus, gradually diminish, while natural stools return. In other cases the disease with moderate symptoms continues long and ends in diarrhoea.

The remote causes of this disease have been variously judged of. The atmospheric temperament, chiefly calculated to produce severe bowel complaints, are those of summer and autumn; when the liver is excited to a greater secretion, and perhaps more fermented bile, from the greater heat of the weather; the skin
is exposed to more sudden transitions, from free to checked respiration; and the exhalations that arise so abundantly from marshes and other swamps, too often give an epidemic character to the atmosphere and lay a foundation for intermittent and remitting fevers. The same here sufficient ground for local and general affection, and may readily see how it is possible, from the operation of one of these causes singly, or of two or all of them jointly on an irritable state of the intestines, for all or any of the local symptoms to be produced which enter into general, or specific definitions of the disease under considera-

It is never, however, very difficult to say what are the precise causes, that, operating locally, produce the distinctive symptoms of dysentery rather than those of diarrhoea, cholera, or any other inflammation of the intestinal canal.
As relates to the curative plan of treatment to be adopted for the removal of dysentery, it should vary according to circumstances. If the inflammatory symptoms be high, and the patient be febrile and rigorous; and sometimes even independently of the extent of this latter condition—bloodletting is essential; and the operation must be repeated as often as circumstances require.

The early exhibition of an emetic, often accompanied, or speedily followed by a cathartic, is, in most cases of importance. Besides discharging from the stomach such matters, as might be morbidly irritating, the operation of the emetic aids in resolving the spasm of the intestines, and in affecting a free evacuation of their contents. Perhaps the best emetic is the antimonium tartaratum, and as a cathartic to succeed its exhibition is the ol. Ricini, or the sulph. Lasa, Rockell or...
Epsom salts should be used with caution, as purgatives fail in producing the necessary evacuating effects. Calomel and jalap, jalap, and cream of tartar, or a strong solution of salurex salts combined with a strong decoction of ferrous niter will be found highly efficacious and useful. Large doses of calomel, it is said combined with opium, and occasionally vomiting, sometimes succeed in procuring a passage when other things have failed.

The operation of cathartics may be greatly facilitated by the administration of injections. The most powerful of which consists of fifteen grains of tartarized antimony, dissolved in three gills of tepid water, with the addition of three tablespoonfuls of sweet oil. When the epileptic symptoms have been fairly well subdued, the administration of opiates will be found useful in allaying the severity of the pain.
After the bowels have been sufficiently evacuaded, an excellent remedy to allay inflammation and tenderness is an injection, composed of from half a pint to three gills of melted butter, free from salt. This may be repeated every three or four hours, or oftener if circumstances render it necessary. The butter should be perfectly free from rancidity, otherwise it will be liable to excite considerable irritation. If the pain continue obstinate and abdomen tympanitic, hard and sore to the touch, in addition to fomentations and anodyne liniments, the application of cups, or leeches and blisters to it will be found highly beneficial.

In any case where the disease is likely to assume a chronic form, particularly if the lining is somewhat concerned in it. The Argentum oxalicum, a subtle morbid typhalism will have a happy effect. On various occasions throughout the disease miraculous injections may be advan-
stageously reported to, in order to quiet irritated
and akey tendons—They may consist of
a solution of gum arabic, or decoction of
starch, barley water or flax seed tea—
The drink in the different stages of the
disease should be likewise mucilaginous,
diluting, and mild—
When dysentery degenerates into a chronic state
a grain or two of opium every
may be given
faults of a grain of opium, several times a
day, to sustain irritation and determine
to the surface—An infusion of colonby
of chamomile, or gentian will be found
useful—
An Inaugural Dissertation
on the Principal of Life & action of the Heart,
Submitted to the inspection of the Priests and Medical Faculty
of the University of Maryland
for a Degree of Doctor of Medicine
By
John S. Mitchell
Maryland.
The subject I am about to introduce are so
so fraught with the emotions of the human breast;
that I feel convinced that the passage can not
be avoided. I think it almost folly in me to
wallow in the Phenomena of Physiognomy.

I feel as in some deep dream, I see what
I am reading in the midst of darkness,
just as though I were approaching the utmost
(quote):

... (remaining text illegible)
The subject I am now about to undertake is one so fraught with the mysteries of the human economy, that I feel conscious that the justice due will not be rendered. I think it almost folly in one so unskilled in the phenomena of physiology to speculate on such higher mysteries. I am aware that I am wandering in the midst of darkness. I feel as though I were approaching the inhositable coast of Elysium, led on by the melodious strains of music, every thing seems promising to a safe and happy welcome but alas the charm that seem about to lure you to an ease of felicity where nature seems to have her store of treasure holds out the forbidden fruit and the tempted her poet offering the glittering fruit as portraying to the delighted fancy the numerous blessings that would be entailed upon the tempter, let me like the wise mighty, shun mine ears again. The Elysium whose wish it is to lead me into the sleep of destruction, and let me like Eneas prefer my own safety to the lower embraces of a divo
Though the cruel perturbation of an unerring flame
shatter my fleet, I may yet land upon a rock
of firm basis, may a mentor ever attend and
guide and govern me in my undertaking, and
whence I am about to approach the island of Os
cipline may he save me from disgrace. It is
with caution that I can launch my frail barge
upon this perilous sea and infected with quick
lands and breakers, but with safety must now be
as Sarius, to my design, I wish to examine this
complicated fabric of human nature. My desire
to find out the
of the human economy
is great.

My first inquiry is what is life and why
and what is the great receptacle of the blood, mind,
and body; and lastly, what cause do contract and
relate to uniformly through a course of long and
irregular life. Where one looked around us and
behold the works of nature we said but admire the
goodness of divine Providence, first on the little
household man made after God's own image endowed
with reason and understanding, dominion, lord and
master.
Life is the first principle in nature; it exists in various degrees of energy, in the egg and the seed of plants, animals and humans. The necessary stimuli, to bring it to its full development...
of the Animal and Vegetable Kingdom, with beasts, birds, fishes, trees, and all endowed with that principle called Life, but man the only creature gifted with life and reason alone is conscious of creature, he knows that he feels, but speaks, and hears, in fact, he knows that he lives, and he knows that there is a principle called Life, how does he know it? He knows it because the deity had bestowed upon him a knowledge of future events, he is an accountable being. He has denied all this to the beasts of the field and trees of the forest, they are for the use of man and after death there is no more of them to the beasts he had given feeling during testing and the principle of life, but denied to them the knowledge of it, to the trees he had given neither but life, yet他知道 that they have this principle, just to prove them of their covering, their foliage once beautiful become dry and withered a proof that its vitality is gone, but from what part of it animate can cannot tell each one has his opinion and I have mine it is only from analogy and observation, we reason we know that some part points this principle in a greater degree.
Note 2nd.

The law states that the manifestation of the principle throughout the vegetable and animal reigns present considerable difference in degree. Its character in the vegetable creation is more complex and its phenomena more simple.
Than other parts, since the sense of circulation, for instance, the fingers, and toes are more apt to modify than any other parts, because there is an insufficient supply of vitality to keep up the warmth of the part. But we are told that every part endowed with sensibility is supplied with mercury, we cannot pick any part, but it feels, and contradicts more or less than it is the more that gives sensibility. Contractility but there must be something to draw them this power, therefore it cannot not feel in thing, this power must be the principle of life, now the question is from whence proceeds this principle, does it proceed from the blood? I can not agree with Mr. Hunter. I will quote a passage from his own author, but first I will state my opinion. I have endeavored to explain in the first place the phenomena of life, it is said that the blood affords the stimulus necessary to motion every part possesses life. Then is essentially necessary to motion. I believe that the heart contains this principle in a state more than any other part it distributes, it vivifying influences to the remotest parts through the medium of the circulation.
The action of the heart does not depend on the excitement of the blood on its part, but on the excitement of the heart itself, as a result of the body of a living animal. The heart, by its contractions, dilates and expels blood, which is agitated by alternate motions, which become fainter as the heart gets colder.

If you attempt to check the dilatation of the heart, the blood in the heart and its cavities appear endowed with a power which Galen termed pulsation; in virtue of which they dilate to increase the blood and not because they are rarefied.
stop the circulation or drain out that fluid and we perish
the heart still its motion not because the life of
the blood is destroyed but because the agent through
which life is furnished is cut off let us for
instance suppose a case we take away a mile
pace of its water the mile becomes useless for a
time because the source of impulsion is lost it is
as useless as ever if the damage is repaired to boat
it be with man if we could restore blood to its
customed channel then enough to reanimate the
remaining sparks of vitality we have seen the
heart of animals taken from them and washed
clean of every drop of blood and still that heart
would show signs of life what would be the fate of
man if the heart depend upon the blood for
life and motion every inordinate flow of blood
to that organ would be attended with the most
consequences charged with the vital principle
it would be subject to the most violent and irreg
lar motion threatening suffocation and even
death it must be guarded with a principle
to protect it from such ravages
and this must be life, the heart has the power of distributing its blood through the body to convey this principle to other parts, to keep up the uniform temperature of the body, to break down the waste and decayed parts and repair their losses. This is the principle of use of the blood; we know that heat is generated in the lungs by a process called respiration; it is conveyed through the whole system through the medium of the blood, it is owing to this fluid that the atmosphere is enabled to part with its dryness, or in other words, its Caloric Prinripes, and by so doing it enganges the Carbon of the blood, which is thrown out in expiration and gives it its nutritious principles. The blood has the power of preserving its fluidity, or in other words, the living principle in the body has this power of preserving it in this state. There is a contradiction in Mr. Cardio's theory; he endeavours to prove that the blood alone is the only part in the animal economy capable of imparting this principle to the other parts, and in that part of the same texture he speaks of the living principle of the body.
I would ask in what part is this principle placed.
The animal frame composed of a compound heterogeneous mass of bones, muscles, tendons, nerves, &c., each dependent on the other for its support, the blood receiving its oxygenation and warmth from the combined efforts of the lungs and atmosphere.

The nerves divided into voluntary and involuntary nerves and the muscles dependent on them for their motion and a gain the voluntary nerves subservient to the will. I think it is only necessary that our wills them to a certain action and they obey, but there are others again not controlled by the will, such as those of respiration and others concerned in the functions immediately necessary to life, I have asked in what part does this principle reside, and I think it necessary to give an opinion in what particular organ access to reside this principle placed by my reasons, which an opinion I have said that the body was composed of a heterogeneous mass or in other words parts dissimilar in their
I endeavor to express just in this principle
constituent principles and offices and each in
several of conveying its allotted function without
the other if one be taken from the whole the remai-
ning part must be useless

The heart to me seems indeed more possessed
of this principle than any other organ in the
body. Any reasons I have given in a preceding
page, however, I will advance others in suppo-
tion of any opinion each organ has its office
and all look to the heart for support and
animation. The heart is as a faithful monarch
having a great many petty states subordinate
to his will and to whom they all look in the
hour of danger and necessity for support
and support, and in like manner they contri-
but to his welfare, all willing to espouse the
in creating good. But when the ruthless victors
seize their monarch and drag him from his
throne, the petty states lose their assurance.
are overcome. So is it with the heart when a gegen-
ing disease falls upon its vital power Nature no longer able to bear up under a load of
excruciating torment, and the other impaired in their
functions are unable to furnish it that
necessity necessary to its support. It seems
having lost the principle which alone caused it
to act. I cannot believe, with a modern writer, bea-
ingly of the modes of practice of medicine, that the
stomach is the seat of the vital principle although
it has a great influence upon health or disease
it is the principle organ where all the nutritious
principles are mostly prepared for the physi-
cal powers of man, nor can I believe at he
day's that in languid lenteque omnia languent.
May not, auscuvn, perform. This function when
the stomach is out of order, do we not find
the gastric juice here as well as the stomach,
is not this the place where the aliment meet, with
the pancreatic and biliary secretions and it is
here we find principally the great lymphatics when
a lingering disease puts a period to our existence.
Convincingly situated for the purpose the stomach is probably the vital principle from which would derive an influence that diffused over the system, from which I have already mentioned, the order of the parts, sustaining the vigour, tone, and well being of the animal economy.
The vital spark slowly leaves the extremities and enters itself in the heart. If the stomach is injured, why do we not feel it first and last here? The blood why not the same? The reason is evident. The heart is the first part of our organism being torn to pieces, primary division and it increased in the same ratio and is determined. This principle to the surrounding part, and in like manner decays and from there, omnibus dat ab omnibus 2000 feet and it is the last to cleave to this principle ultimate reason it may be said however that when by sudden death as by lightning the heart is the first to lose this principle, and the muscles and other parts last to retain it why does this happen? The heart is the heart is the heart of life, my answer to this is That at here is the vital principle here the shock is most deadly felt and as by Nature we came into the world gradually do so in the same ratio it least intended we should make our exit.
The duodenum may be considered as a second stomach. It is very distinct from the other small intestines by its size, and by its situation, exterior to the peritoneum. The size and regularity of its cavity

Richmond page 87
An Inaugural Essay

Oxyneche, Irenheus

Submitted to the Examination

of

Hugh Ashley, Esq.

Protestant

for the Degree of

Doctor of Medicine

by

University of Maryland

for the Spring of

1830
In
Inaugural Essay
on
Cynanche Frackealii
Submitted to the Examination
of
Roger B. Taney Esq.
Provost
The Trustees and Medical Faculty
of the
University of Maryland
"for the Degree
of
Doctor of Medicine
by
William 3. UM 055 of Maryland."
To

Doctor John Finberton Mackenzie
of Baltimore

This Thesis is respectfully dedicated, as a memorial of my esteem for his virtues, and gratitude for the many kindnesses he has bestowed upon me.

Humble servant

William B. Knott.
In accordance with the customs of this Institution, we proceed to treat of some subjects as a dissertation, which task, we undertake, with the utmost diffidence, knowing our incompetency to the fulfillment of a duty, which should devolve alone on the aged and experienced. If we should not succeed in the accurate description and treatment of the disease, which we have chosen, we would offer as an apology, the want of practical experience. And with these remarks we shall proceed to Specks of:

**Cynanche Trachealis.**

The description of this disease by Dr. Sayler is very accurate, and few have given a more satisfactory history of those than that learned and celebrated author. The various names authors have affixed to this disease, serve more to complicate, and confound, than to assist in throwing any practical light on the character, or treatment of this disease. It has received by Dr. French the name of Suffocation Strumula. Dr. Tread Preston, of it under the name of Bronchitis. The name of Rives has been given it in America, supposed to be a corruption of the
Tea, from the violent action of the Diaphragm, and Abdominal muscles in breathing. This bore the more vulgar name of Bowel Tea, which denotes the worst stage of this action. Dr. Darwin considered it a Phrenity of the Trachea, and various other names, as Morbus Trachealis, Tracheitis, etc., etc. We shall choose the name that we have affixed, because, by that it has been most generally described, and by which it has most commonly been known.

Oynaneko Trachealis is a disease that most commonly affects children, after they have been weaned, and unfrequently after they have attained the age of twelve years. When it has once attacked, it leaves behind a predisposition, which the subject will gradually get rid of, as he grows older; and sometimes this predisposition never leaves the patient, but even after he has attained a great age. There will also be a tendency to this disease kept up by all the causes acting, and debilitating those parts which are subject to its ravages. Thus, if it will often accompany or succeed Measles, Small Pox, Scarlet Fever, and Apthous Ford Throat, and often make its appearance in Autumn, when Measles Efficacious has been acting, and has debilitated the System. Authors have mistaken the Pathology of this disease, I must thinking it to be a Spasmatic, from a nervous, and others an inflammatory affection, which they consider acute, and sometimes chronic,
which states we shall notice when we speak of the treatment, and cure of the disease. It is now believed to be an inflammatory affection of the trachea, the mucous membrane extending itself occasionally down, and affecting the bronchus, and air cells of the lungs, and sometimes extending also to the larynx, and affecting the laryngeal muscles, in which extensive range, it first seems properly to have named it.

It prevails mostly in changeable latitudes, particularly when cold is followed, or accompanied with dampness, and moisture. In some mild forms it is attended with no fever, and may be correctly called an insidious affection. It is sometimes preceded, for two or three days, by a slight cold, throat, and may be easily cured at this period by an Emulsion; and in the forming stage of this disease, which may be easily recognized by a soreness, slight cough, and stertorous breathing, a gentle friction, assisted by the warm-bath, which last is invaluable in its inflammatory stage, will oftentimes subvert the disease, and entirely overcome it. When it is preceded by a chill, it is commonly by every inflammatory, and will require active remedies, and if unusually attacks suddenly. It generally runs its course in two, or three days, but sometimes is protracted in a chronic form for eight, or ten days.

The process of the inflammation on the mucous membrane of the
Trachea, before alluded to (as appears to have been noticed by Dr. Town, who first called the attention of the Profession to it,) during which a peculiar effusion is detected, that readily accuses the membrane -you like sons, and lines the Trachea and Bronchies, and obstructs the passage of the air, to the cells of the Lungs, and often produces suffocation, strangulation and death. This membrane is sometimes discharged, and has been called by St. Michelis, Angina Bolafigo. This secretion appears to be composed of Glutae, detected with the density of the blood, and is thrice, concerning which, it is in our power to say but little. Nor do we know, why this membranous secretion, is thrown out on this occasion, and we would not advance as opinion in regard to it, lest we might be thought immodest, and presumptuous, since we could not expect to remove that veil of obscurity that now covers it, and since members of the Profession, who have satisfed the golden knowledge of the present, and are versed in all the writings of the ancient geniuses, have modestly refused to enter that labyrinth of obscurity, in which they would be compelled to wander in darkness and despair, lost in conjectures and confusion.

It would not be amiss now to speak of the appearances to Detection. And first a slight degree of inflam-
atrocious exudation itself through the Trachea, a thick matter resembling
mucus, and lastly the membrane-like portion, of which we have
spoken, formed from the coagulable lymph of the Blood. The Trachea
it is said, in some cases presents no appearance of inflammation; and
these cases generally terminate suddenly, and fatally, owing to morbid
excitation transcending inflammation, and producing death. Similar ap-
pearances of the absence of inflammation is sometimes observed in different
parts of the Lungs.

We must now speak of the symptoms of this
disease, which have been accurately described by every author who has
written on it.

Symptoms.

This disease usually commences with a slight cough and sneezing,
as though the patient had caught cold, and was about to labour
under that troublesome disease. After these had advanced one or two
days, the patient's voice is affected with a shrillness, and hissing
sound. Similar to this disease, the sound resembles that, which is
produced on introducing air through a bronchial tube; at the same
time observe Dr. Buller, there is a sound of pain, and stiffness about
the Lungs, and difficulty in inspiration, and a wheezing sound
in inspiration, an inability to swallow, the voice appears as if straightened, the cough that attends is dry, but sometimes there is matter spit up, of a preulent appearance, blended with films of a membranous appearance. There is a frequency of the pulse, and a sensation of heat, and preternatural. On viewing the internal canals, they present a red aspect, and are swollen, and sometimes covered with a mucous matter. There is at this crisis a great difficulty of breathing, with suffocation, which sometimes cuts short the patient's sufferings, and with these symptoms we may add, that the countenance exhibits great distress, the head and face are covered with a perspiration, the lips and cheeks are alternately livid and pale.

With this description of the symptoms, we shall proceed to speak of the practical part of the disease, and to notice briefly the application of the remedies that have substantiated, and again let at liberty the unfortunate victims of this formidable malady. And we hint that we may be as fortunate in rightly describing them, as they have proved, under favourable circumstances in conquering the disease.
Treatment.

The cure of this disease depends, not so much, on searching into the remote cause, and directing there; our treatment, but by the direct application of such remedies, as may overcome the mischief already created, and the discharge of that secretion, which threatens to produce sudden suffocation, and death. And for this purpose we would speak first of Blood-letting, which remedy we always look to, in all the forms of inflammation, and which if we consider its inestimable utility in this, as well as in other inflammatory affections, we would not hesitate to place it, as the greatest auxiliary, that the Medical Practitioner is in possession of. This remedy especially used in the forming stage of this disease, seldom requires any assistant, but will safely and speedily put an end to its existence. When the pulse is hard or tachic, as it sometimes is, and the patient bears the loss of a quantity of blood, we seldom see the disease protracted, but most commonly a speedy and safe recovery, which in itself is enough to recommend the remedy, as the first, and most to be depended on. This and other remedies, as a mild galvanic or quelo Esmario to discharge the phlegm that prevents the easy passage of the air to the Lungs, is a common practice of the
present day. There is said to be a preferable way to bleed, viz. through the Sural vein, but I know not that it is preferable. We also derive great advantage from topical bloodletting. Calomel given in large, and repeated doses, is a remedy of great service, and will often save when all other remedies have failed, even when the Physician has been waiting with the expectation of seeing his patient removed from him by death. This remedy should be given until there is a discharge of green bilious matter, which appears to be the criterion, by which we are to judge of its salutary effect. This remedy is thought to have a specific effect on the disease under consideration, but I suppose not. There need be no fear of exciting Piyalgus, as the remedy acts as a good Cathartic.

Emetis have been spoken very highly of, in this affection, and indeed they appear to be indispensable. When we see our patient in the greatest anxiety, and labouring hard, that he may obtain his breath, and in danger of instantaneous suffocation, our first resort would be Emetis, which might arrest him, and discharge the phlegm that threatens his immediate death. This remedy would also lessen the action of the heart and arteries, and act beneficially in that way. The warm Bath, and Injections, have also been used in this disease, but are inadmissible, where inflammatory symptoms predi
high. Dr. Hunter has recommended excreting a drop, the Lanced Root, but
the remedy does not appear to possess the great qualities which, that
gentleman wishes to attach to it, and appears to be falling into disuse.

Blisters in this disease have been highly recommended, and are
in certain states of the disease, of undoubted efficacy. In the chronic,
protracted form of this affection, their use is unquestionably. Applied
in the throat, breast and necks, they cannot fail to prove of wonderful
advantage; and applied by gentle and mild Diaphories, in this stage
of the disease, they cannot fail, speedily to restore the patient to
his usual good health.

Towards the close of the disease, after the symptoms
of great morbid action begin to decline, a few drops of Vine. Spirit, by
quelling the Cough, which generally succeeds it, often produces the
most salutary effect, with some mild Beet. &c. &c.

In a few words as to
the Diagnosis, before we conclude. The disease is most dangerous,
when there is a constant, and audible Stertorous breathing, and less
when a dry Stertorous Cough attends, with easy expectoration. And
where there is a free expectoration of mucus, the danger is nearly
over. An eruption of red blotches, which appear, and disappear,
two or three times during the disease, is always favourable. In
we must know leave this subject, hoping that we have said
enough, not only to satisfy, but to conquer the disease, and with in
any form; and that we may, as has always been the case with the
Alumni of the University of Maryland, strictly adhere to what she
has taught, and that she may continue to rejoice in her present, and
well earned glory is the sincere wish of her

Grateful Servant,

March 19th, 1830.

[Signature]

Williams D. Knott.
On
Necrosis.
A
Dissertation
Submitted for Examination.
To the
Provost, Trustees,
And
Faculty of Physic,
Of the
University of Maryland.
By
Howard Kennedy.
of
Maryland. 1828
To
Nathan R. Smith M.D.
Professor of
Surgery, in the University of Maryland.

Sir

I am dedicating to you, this imperfect attempt, to promulgate the doctrine taught by your esteemed Father. My object is, to testify the sense I entertain of your invaluable services, your zeal, and the success which has attended your exertions in your official capacity. And at the same time, to express the high degree of respect and esteem

Of Your
Friends
And pupil
Howard Kennedy.


Necrosis.

Necrosis denotes the entire death of a bone; this however is not the necessary termination of the disease, although it is without doubt the most frequent. It was formerly denominated fever sore in consequence of its being always attended with constitutional irratation and symptomatic fever.

Necrosis may be partial or total. It may extend through the entire body of the bone, or it may only affect the superficial cancellae. The flat and spongy bones are very seldom affected by this disease. It usually attacks the cylindrical and long bones, the tibia, fibula, femur, inferior maxillary &c. The body of bone is the most frequently attacked, in consequence of its being more compact, less porous, and of course induced with less bulk. The epiphysis is generally the boundary line. The articulation being affected in the first instance although it may be secondary. Necrosis differs from caries as gangrene does from ulceration; necrosis the bone is dead and the absorbents detach it, in caries there is action and the absorbents remove the bone which decays.

Necrosis almost always commences with an acute pain and inflammation, which is generally referred to some one of the contiguous joints, in a day or two however the pain and inflammation become evident in the part which is to be the seat of the disease. There is a red and tense contraction of the skin, also a hardness of the parts, the affection not being so evident until the matter escapes from beneath the periosteum in the progress of the disease.
there is always more or less constitutional derangement. The pulse is accelerated, small and contracted. The face is pale, and often imbued with a hectic flush. The tongue is often furrowed, with other symptoms indicative of a derangement of the digestive organs.

If the disease progresses, the parts will begin, about the fourth or fifth day, to assume the appearance of suppuration. Matter will be deposited between the external peritoneum and the bone, it also about the same time matter will be formed between the internal surface and the lining membrane or internal peritoneum, thus one shall have matter situated on either portion of bone. This fact has been remarked by Professor Smith in repeated instances, and should be remembered, as to lead to a correct pathology and treatment of this disease. It has been taught and practiced by this eminent surgeon the success of whom we are indebted virtually for a very large share of the successful and practical adopted in this treatise. After some time the matter will escape from beneath the external peritoneum and become diffused through the soft parts, the tumour fraction will become quite evident; finally the matter will reach the external surface, when fistulous openings will form, from which will be discharged a foetid pusious matter. The severity of the symptoms will then moderate, but in time will assume the chronic state, from which unhealthy granulations often arise. The fistulous openings will soon established, and will generally be continuous, with hollows formed in the bone, for transmitting the matter to portions of the mouldering bone from the internal cavity.
Then this disease attacks the spongy bone, which is seldom the case in matter forming on both sides of the external lamella, which covers the cells, differing from the long bone, by the matter being deposited in them between the medullary substance and the wall of the bone.

The pathology of this disease has been little understood. The theory adopted by Professor Smith is perhaps the most satisfactory of the existing, it was formed upon observation and experience. I can perhaps only do him justice by giving it in his own words. He remarks that "The death of a portion of bone in this case, does not appear to arise from any extraordinary violence in the inflammation, nor from its exerting any destructive influence upon the part affected, or from some specific disease of the parts they attack. Abundant cause for the death of part is found in the insolation of the bone, affected, by accumulation of matter on both sides of its parieties, and consequent destruction of those vessels which from the two periosteal furnishes it with bloods and nutrition, so that the denuded portion receives no vessels, but those attenuated ones, which communicate it from the surrounding margin of the healthy bone. These last being insufficient for its nutrition it consequently perishes."

Nature then sets up a process of ulceration for the seperation of the dead portion, and the evacuation of the matter contained with it, this occurring a greater or less degree as influenced by circumstances. As deads and insolated bone, from its indestructible nature.
wounds as a foreign body in the living parts, until by the re-
ervative efforts of nature, it is dislodged entire, and rejected
from the system; or being constantly bathed in the secretions
such as the surrounding parts from its contact, is grad-
ually dissolved and wasted away, or finally is removed.

The formation of the new bone to supply the place of that which
becameis an interesting example of the operation of the ani-
mal economy, for the restoration of parts which have been destroyed
by disease. The formation of this new bone has for a con-
fiderable time attracted the attention of pathologists. Some
extend that it is generated independent of the old
bone and periosseum. While others insist that it is formed
with the periosseum. They say that the periosseum and its sub-
lying cellular membrane, becomes vascular that the
help of the periosseum becomes enlarged. That it is inti-
mely adherent to the bone. That lymph is deposited which
becomes consolidated with the periosseum; that these
changes take place before the removals and even pre-
atory to the death of the bone, that as the bone is absorbed
living particles are secreted. That after a time this
new bone becomes solid, thereby differing from the
final bone which always is constituted with a vacuity
which the mediastinum substance is lodged. And that
condensed cellular substance, supplies the place
of a periosseum to this new formed bone.

Rather from our own knowledge, nor from the informa-
On me have obtained from writers on this subject, do not ourselves competent or qualified to decide on the merit or preference of either of these two theories. Fortunately, never a positive decision on this question is not absolutely due for, or very material in a practical point of view.

After the fistulous openings are formed, this disease may terminate in two ways—either by the sequestrum becoming completely enclosed and retained within the cavity of new formed bone—Which would occasion but little inconvenience. The parts would remain enlarged do indurated. This is the most favourable manner in which this disease can terminate, although it is seldom that this is the termination of it; or it may terminate by the sequestrum being separated from the new and discharged in pieces from the openings, or removed by an operation, which will hereafter be mentioned.

This disease is almost invariably confined to young persons between the ages of nine and twenty five. It perhaps never occurs in old persons.

The period of cure is governed by contingent circumstances. The medium time one believes is between one and three years, but very often it is continued for a much longer time. Osteoritis of the lower jaw has been to be cured in three months.

This disease may occur in different parts of the system at the same time; it commonly, however, occurs meagrely.
Although the patient suffers a protracted confinement
of this disease, never the less it is not fatal in a majority of
cases; some cases however have terminated fatally from
an extremely high degree of constitutional irritation and symptomat-
ology.

Necrosis is distinguished from rheumatism by the symp-
tomatic fever or evening of after the local attack. By the pulse
it is harder, smaller and less compressible, and finally by its ter-
minating in perforation which is seldom the case in rheumatic
cases of Necrosis. We may perhaps say with propriety that
the remote cause of this disease is not known. It must doubtless
be something which produces a debility of the exhalation—
which has been referred to some to a serpilous deleterious,
if evidently occur in a habit of this kind, but we cannot
assume that it is exclusively confined to this de
thesis.

I may with as much propriety be referred to a peculiar
attitude a de
thesis the general, which is only an acknowledgment
of our ignorance of its remote causes.

The exciting causes are numerous. It has been especi-
ally alluded to violence inflicted on the limbs. By most
per
desped perspiration. By cold bathing when the body was
warm from exposure of the cuticle in venesection, it has
produced. By specific diseases, as syphilis, leprosy,
and it has also intervened without any obvious exciting
cause or whatever

treatment. It has been supposed by some, that of energetic

justice was resorted to in the inefficent stage of this disease.
termination in supuration could often be prevented. In all
probability this practice will never succeed, it may however, if
employed be tried. - Bleeding locally and generally cathartics
master counter irritants &c.

Professor Smith from his theory of the pathology of this disease
received and adopted principles of practice which have proved
unquestionably successful, and which we beg leave to adopt, as
long as in our humble opinion, the most judicious plan of treatment
on which we are acquainted.

If the surgeon is so fortunate as to be called, in the incipient
stage of the disease, as soon as the seat of the affection is suf-

ficiently ascertained by pain and inflammation, a longitudinal
incision should be made through the soft parts and periosteum
down to the bone, extending as far as the inflammation does.
The wound is then to be dressed as a simple incised wound
into which one should not close the edges with adhesive
plaster. This practice has been successful in the hands of
no surgeons, who adopted it from the advice of its author—
to the second stage, after the matter has formed on both
sides of the paries of the bone—a similar incision should
be made the whole extent of the detached periosteum, and
hence perforations should also be made through the bone
to evacuate the internal matter. The wound is then to
be treated as before. This operation has often succeeded
preserving the bone, and preventing a protracted
case—

ten in the third stage, when the matter is effused.
No text visible on this page.
In the soft parts, this operation may be performed, although the prospect of success is much less than in the other stages. The bone may be divided and partially separated from the healthy parts. The incision should always be made thereby, if necessary, the dead portion of bone, will be more easily detached than if the incision had been made in the first instance.

If the discharge should be come too copious, it is recommended to use a solution of corrosive sublimate to a pint of water once every four or five days. And to correct the foci of a solution of carbonic acid is applied with a syringe will generally succeed. It should be presumed that the Pyroxyline acid would ful- the indications very well.

Even from neglect or from the operation being delayed long, as sequestrum may be formed. The propriety of operation for the removal of which, must be determined by the contingent circumstances of the case.

When the flat bone are the seat of this disease, or when it is very superficial, surgery can do but little to hasten its cure. It will generally be accomplished in time.

The natural process. — When the dead bone, consists of a portion of the body of the bone, when it is surrounded by involucrum, and when it is separated from the healthy bone, which is ascertained by its giving pain on pressure, the location for its removal, should be performed without delay.
his operation varies so much in different cases, that we
are enabled to give general precepts regarding it.
Dungent circumstances will always require themselves to
be judicious surgeons.

French surgeons rejected this operation in toto. It
has, however, often been performed by the English surgeons
and also by surgeons of our own country.

The instruments necessary for performing this operation are a probe
knife—round saw—sleed saw—dressing and bone forceps—and an
extractor. When the portion of bone is small, it may be
extracted by a pair of dressing forceps. But when large it may
be necessary to make an incision, in extent according to the
weight of the sequestrum. The following is the manner
of performing the operation, as practised by Dr. Smith.

Insert a probe into one of the sinuses, when this introduces
a knife and cut upwards and downwards of necessity
according to the extent of the disease. The incision
should be carried down to the new bone or sequestrum
in accordance to circumstances. It will often be necessary
to make the sequestrum before we can separate it, and
sometimes it is only the trophine to the sound bone and by that
means to remove to remove the dead portion of bone.

If wound is then to be dressed and treated as we would
of other simple incised wounds.

The state of the general system should always be attended
to in this disease. The prevailing debility should if
possible be corrected. The system should be supported.
a state, which will come us near to perfect health as possible. Gentle cathartics, as colocynth and rhubarb may be
used when indicated, — Weak tonics as Carboonus Jervi — Sul
phur Gineg — Infusion of Quassia — Bark alone, or what is
recommends combined with corrosive sublimate.
In using mercury one should always avoid a salivation
which would tend to debilitate the system.
The diet should also be attended to. Lellys — Buf-Stub
Kolon @ Hope, and any mild nourishing article. Moderate
exercise may also be taken if convenient. The patient
should most religiously avoid, all exciting causes, and
very circumstance which would have a tendency
debilitate the system and affect the general health
[Handwritten text in German, not transcribed due to illegibility]
accepto vitas ejus, se administrandis manibus
academia.

Hæmorrhagias se corculis aut vulneribus
artiis, non fort animus precipe observare, sed
plurimum observarem, doctrinam quæ Hæmorrhagias
concentricis formatione impedit, attinet officis coaguli
vel benigniore contractionis interpositionem, in ejus
consequentiis ad eæ terribilem factam esse, cum
præxi approbatum, ut tam facile crederemus.

Doctorem Jones ex manibus surrepisse ad
goaguli amplificandem doctrinam quam cunctas
morbum subegi, coaguli interpositione, vel
mortem a suo proposito deterrei posse ab
contractione artesia fibrinata musculosa tunicæ

Villa demonstratio certius ab harebel-
guam coagulum formari non posset-sanguine
sempie se movente per partes illasæ sœus
motens impellitur impetu qui sufficit magnis.
proposita vita, ab extremas partes. Sed ipsis
serontari anne crundissimi scientia medicina
insumserunt magnum operam, et deliberationem
causam et investigationem factam, suas sententias
de eam. Hoc modo deducunt, ut si sint modi,
quibus natura utitur ut se conservaret, eum
a centa morte minentur. Non tantum tam
crudelion defendedunt, sed etiam facta causas
producent qui certissime veritatem eorum
positionis gratias, pranunceaverunt. His
justissimis Questionibus, respondere.
Draudicerum fide tam nocum, quando ejus
tractationem fortissimo animo, testifieram.
Nec positio est tam manifesta ut non argumento
opus sit. Tunc observo eos homines qui
occupati erant in Rebus. Ei veritate persuasus
esse suas doctrinam non posse refutare,
jusus laborum tantum ad confermandas suas
Suns sententias perductos fuisse. Convictur
hae affirmati operculo casuum qui dantur.
Veritatis fugias doctrina sempiterna monentum.
Inquiramus exempli gratia casum Semorchaaria
quem coagulum impedit.
Qua quastio
est quomodo inveniatur effusionem sanguinis
at hac causa Celsoyse? Nam pars eximina
post rel ante mortem? Non erendum est.
Agrotum de papurum scriptari, autro cum
morbus ius relevatur!igitur suspicandum
est, scutationem factam esse post mortem.
Et inde, quastio vincatur, que morbo agrotus obit?
Quoniam nobis non nunciatum est cum labo-
travisse alio morbo. Sed hac delibratione
omissa. Preunitor aquam esse eventum a
causa data producere; quoniam causa ignes
hos eventus amovenda est antiquam sequitur
eventus? Nam nemo dicit leges ebe


casdem quæ mortuos & vivos gubentur negent negentum illius posse coagulum formari, cum causa ejus formationis adversans submoveatur, id est motio sanguinis & eum vitæ. Status venus simpliciter hoc appareret coagulum negent formari sanguine movente, sed ebe coagulis sanguinis qui remanebat in parte post mortem. Si hae demonstratio non est vera intelligencia mea de hae re senso imagin est. Abanteque timentur me conceptwm doctrina tam accepta adversari non opusserem tam tamen deterrit tractare espectandum est ut expositionem conarer quo modo framorrhagiam subductam natura processu nunc certum est ut obtineint casus quibus sanguinis effusio ex vulnerata artea impartit in arte non interponente & casus tenemabantur tam gelifecer ac si ligaturae adhibita esset et habe.
partem: tibi me applicato cum alios modos considero: quos docet, sumus creder valde ad flancum.

It est ad congelum et contractionem. Illud datas manifesta affinabit minimum vestigium et cadem qua adversus concretionem adjicuntur, valent adversus congelum. Nam certissim.

Sed in castam difficultiam inter illa discriminari, et quando disorrim Factum est, constitutum est ex praetum intelligentiam

omni processum sagaciam postulare.

ingenue confitendum est nisi non praedam me nulla naturali vel comparato intelligenti, quae tali rei par est, verba a me ejusdem significations acciduntur, t.e. est, congelum.

Sed alia est ratio quae certe sedem meretur quam ac nihil natura de Hae-mortagoniae

subiugandum. t.e. est, cum invint arterias non accipit congelum et concretionis consilium.
Sed auctores declarabant cum now submiseramus utique; quam auctoritates tune itererent
lunias arterias invicem proximam fugiit tali modo ut magnam vires efferet. 
Dum tamen recuerunt carum inquiritus vis. Medicae
trise neglecta fugit, postebatur necesse esse
aliquam rem adhibere qua simul cum ejus
facilitas ageret in spe ut conjuncti conatus nature
Artis sententiam reddereunt. Discordianae ita
subiereit vi. Talis appareat surnma doctrina
quam sermolti tam serviliter fideliter venerant
sunt quam Orientis simulacrorum cultor
herbas horti sui. Quibus modis multos ad
mortuos miserent se antiquus temereus antiquam
necessariis mors advenit. Multique misericordi
anime talis capillatio sed tamen ca de causa non
minus veritatis habet. Solum e Theodide a sententiae
et auctiij defectu multe vulneribus qua defunct.
Sanari mortui sunt, etsi invenis oredeus desiderio inconstitutiori artes contemplationem sine fundamento sanitatibus ostium secundum bibiser offici- 
constitutio et societatis scientiae et mundi optimas \( \text{et} \) suberrima ornamenta datu-se.

Sed ut dedeas ut considerandum contractum.

Sunt audimus ut Matura sive posset adversari et cum ita sunt, etsi ut nunciatum est, ut certa res qua distinguantur alcuantur tantum vincent servandae quorum interest. Etablatis

animis generalis nos cogitationes perplexantur, 

Esome Studiosi discipuli vane certioris facti sunt de indicio alcuorum medicamentorum

qua \( \text{et} \) ab expellent. \( \text{et} \) potest cito inmedi-

artis est aestimantibus effusus sanguinus.

ideo multa sunt tenuity, quae tantum momenti, 

de salvia, ut generali et sunt quasi sequenta,

leucocra series, medicaminis ino numerus est.
tam formidolosus, ut terrorum de metum tyrannis
medici excitant, ne sua omnis industria ad
corporandum scientiam musculi jusque sit par.
Ehis cogitationibus nos animus flet modum
durandi quaerendo medicinae qua a vitam
periculosum & tam horridum morbum suscipiendo
justitiae considerando est a celo dimissum
drum a digna omnis hominibus dignum
prophecy virga consobar et.

Cultere astringentes esse tabia medicinae
explicat quidam homunculo corpore adhibita cum
tractionem & densitatem creata in Musculosis
fibris, sitaque densitatem & potestatem cohærendi
augent, et hoc significatur illa designari
uti in morbus quibus suspicemur debilitati
sae musculosis fibris. Et secondum
Chapmannus illiusque corrigendi vis vel directe
aut indirecte partis adhibita aut actione
mutuo affecta orte proiecta morbidi effectus
a conditione relaxationis orientes removeri intar-
tur. Nuctor prōxime memoratus in caput
continuatiōne observavit: s Tülbneribus sanguis
funditus haudibilem restitutionem Hæmorr-
thagiam evidentur Eodem 亦. Id est, potestate
corrugandi. Eritur ae voluntaria
Hæmorrhagia, causas redeamus. Prima
consideratio est ut omnibus tatibus morbis
referenda est causa autem evocatorum,
cujus diurna sedulitate, sim adversum di
cordi enim; hoc modo constat aut quod
posset appellari Hæmorrhagiam indirect
Debilitatis. Venit ut litteratorum non-
nulae de Hæmorrhagia Pāvīo loquentur,
nam cum verbum passivum animantium actio
adhibetur, vel sana aut morbo affecto, er=
borum interpretationem non intelligimus aut-
sunt etiam qua per ea verba desiderantur intelligi. Si causa Hæmorrhagiam explicandi positionem fundatum accurata speculatione assumserimus, vim astringentiam appareret (secundum explanationem ante datum) esse contrariam potestati sanitatem reducendi. Nam sequiendum nostra explicationis omne phænomenon vel directe aut indirecte in incremento viti in universo corlo reque sciet; manifestum est ut quivis modus qui haece conditionem aegret, incrementum necessario omnium productum quae e morbo sequuntur. Sed ulteriores interrogations causa petebimus ut neque ante disposita aut concita causa est argumentum universum aut aneta; irritatione vel incitatione ad locum pertinentes, aut aliter, jacet. Salutum non requiescit, inter
artem praebuam, scorbutis habitum unius =
sum, Sed ut effectus omnes demonstratus
utando eodemque amplius quam basis
relaxationem, qua dinceps pro effusione
sanguinis accipitur, omnia quae hemorr-
thagian probantur da, ut hoc opinio
fidissima perquisitione renovaretur, Rogo,
um potest fieri ut astringentius corregamus
potestas conditionem satis ita mutaret,
ut sanguinis effusio cessaret? Si detur
vivum offertur, interrogationem affirmavit
aliam propono. Quis nam Hómo versus
practicus, si ad casum acutus foret in
quo hemoris artery aut alia magna
arteria vulnerata, erat Hóma che astringentes
apponeret aut eos localiter adhereret sub-
fiducia cessaret inde hemorrhagia?
Posimus crederi hóminem, aliquam
jameluretatur simulantium habere cum legis
Vita animantium ita se gerere!
Quamvis meditantur mirandum tamen aliqui
sunt qui indirecte ita loquentur et agunt.
Dico indirecte; sequiendum non signific.
carent tales praepios, sanguisutatum, in Casu
quem elegimus. Sed nobis nunciant ult
in casibus quibus sanguinis effusio ex
Utero, Stomacho, aut Pulmoni, situs
non tula solum praepis sed etiam efficax.
Vic set peignantum est nisi veniam, vero=
cessimans thesis assumendo, omnes res
similes natura actione, quod sub codem
imperio certissime isdem modis efficendae
esse.
Sicque plus quam unum Co
in Codem Corbere nuncum audivi; et
fundamentates leges, que vivum renies
partes corbosis gubernant tute ducimiles
ese his alterius. Affirmationem non solet
estimare quae afferret quaecumque Hæmorrhagiam
orientem a Femoræs Arteria injuria ab
astringentibus non posse cultura; tenue si
morbus in alia parte locata sit, præset
remedium, Salutem!

Sed sine ejusmodi consequentius
illud; Credo esse tam verum quam ullum
ascima in Euclide, nullam medicinam tale
effectum posse redere in fibris ovaris ut vires
comprehendi fluorem conjectum tanta vis
sustaret quoniam et ordi sanguis fluent;
Sane sententiam pluris estimans quoniam
amplitudinem cujusque Arteria currente
sanguinis occupatam esse ita inter
argumentum subjiciens impossibilitate con-
tractionis vasis sibi; causa ingerendi quod
necesarium est ut impleatur sanguis
arteriam casam intrare, manifestum est
ut nulla medicina qua non mortem
acceleraret feragere posset. Cum his
cogitationibus confecerimus ut unguvoque
morbo Hæmorrhagia ad arterias perti=
mentis cuiusque generis aut ordinis.
Si egerintem salutem corruganti si austrin-
gentium committet, illi erit nihil alien
asperis quam subjungere cum historia
morbī fines narrationis. Sterne Le Ætore
Pulsus fluctuat...... Cesabat......
Pergebat...... Palpitat...... Cesabat
iterum...... Mouebat...... Cesabat
Pergam? Minime......

Nunc de promissis replicandi modo
guos subigere natura effusione sanguinis
adhibet edimus. Titus neci
potest arteria. Spera attentiæ potest.
Retrahere ita ut alte circumstet tentibus partibus partibus senserit sita effusum sanguinis impellere.

Vulnere artium vulneratur in circumstetem membranam sotum injici qua formans secundum plus volumen necessi est quodam ventris conditionem exercere, ut tunicis artierae agitans eius lumen seneim Deminerit inflammatione excitata ab irritatione per totam conjunctionem efficit intima tunica arteriae.

Utrumque casum sed tur tas

Optionalum iterum citi medium sanguinis de momentis; Experimentum acceptatione

 dươngium dicorat vulneratae arteriae non convalescere f. redigi ad prastinum situau.
Tractatio

Si vulnera arteria, sic posita est intra manus potestatem filium ceratum seu foramen inserere aut alio idemcu utrius, & mittens adeuntes sub arteria ligaturam circumliga, & canum cum bene vineto nodo constingo. Et hoc fascis non est objicunda, nisi in casibus quibus ita parva arteria est & ita posita ut posset facile contra &c. constriungo. Et vel tali status in quo comprisitio omnino &c. amorphagiam subigeret, tantum anteferunt ad iritazionem effugiendam partium dissectionem factam quam ille est facere, ita aut esponeretur ras ad ligaturam &c. licendum.

Sed cum ut ipsa intima causa sanguis provenit & indicio extra chirurgicum ad leium, potestatem reta aggregandum & subigimus, sanguinem ex brachio aut
alibi mittente, non mensura, sed secundum indiciorum incertitatem. Celedi solus
maxime tranquillus ejuscircum recumbens status accommodationes frigores, cum calorem
abstrahendi sita diminiendi iritatione
seffugiendo omnes causas qua afficiunt
agroti animum.

At praefis in habemus sub
speciosis argumentis, non sunt tamen; sed
sedulo investigatione statum & experimenta.
Praeis qua medico jamam invulneratam
calamnia malevolentum irabit aut opprobio
animorum obstructorum. Duciam craguli
seducia vel similitudinem aliovomatum
panniculosum imbuvorum, non tantum
agrotum prematurum mediocrem tumuli
pretiet. Sed in jamiam medico.
An
Inaugural Dissertation

On the Effects of Disappointed Love

Submitted to the Examination of the Directors and Professors of

The University of Maryland

By

Joseph McCony Sitter

Candidate for the Degree of
Doctor Medicine

in said Institution
To John B. Davi[ld]son.

Professor of Anatomy in the
University of Maryland.

Sir,

I now under whose protection
I have laid the substratum
of my medical education, permit
me to dedicate this essay, as a small
tribute of that respect, which I in
conjunction with a numerous body
have for your virtues as a man
and acquirements as a scholar.

I have the honor to be
remain with much respect,
Your sincere and obliged friend,

Joseph McCoy, Jr.
The subject, I have chosen as an inaugural dissertation, is one which, from its novelty, may be deemed striking, and uninteresting, but as it so materially concerns the health, happiness, and welfare, of that portion of the human family, whose lot it is to alleviate the misfortunes, and ease the ill-wishes, of man, imperiously demands our serious and considerate attention.

Those persons who mostly become the victims of affections of this kind, are generally of a melancholy temperament, and delicate constitution; they are such as are possessed of a vivid imagination, and accompanied with that brightness of intellect, which has been termed wit. Whenever the holding persons of this cast, who appear to possess a feeling heart, and readily sympathize with the afflictions of others, we may immediately conclude, that they are those whose minds are most susceptible of impressions of this kind.

Notwithstanding persons of this class, are most generally affected, yet those whose dispositions, and appearance, are diametrically opposite, are also liable to these diseases. We have a striking illustration of this in Queen Elizabeth, who in the language of a celebrated historian, to wit, the sceptre of the British Empire, with more prudence than any monarch, at by whom she was preceded, and
and who was unquestionably possessed of an intellect of the most vigorous kind, an inflexible and inflexible disposition bordering upon cruelty, falling a prey at last to a passion of the most tender kind. Ruminations other instances might be adduced if it were necessary to prove the truth of the assertion I have made that persons of all classes, but more especially those I have mentioned in the first place, may become victims of the most appalling diseases occasioned by the effects of disappointed love.

Disappointed ambition is in some respects analogous to disappointed affection, but it generally occurs to persons of a robuset constitution and strong temperaments, who are more capable of the withstanding such misfortunes than those who are mostly the subjects of the more feeling passions. Yet Milton in his Paradise Lost beautifully alludes to the capability of man to undergo more hardship than his Muse in the following lines.

For power he and contemplation formed
For softness she and sweet attractive grace

This may be accounted as the explanation of the great disparity of effect produced by this or other causes upon the mind. Yet instances have been known of persons belonging to the other who have been endowed by nature with every faculty of superior intellect and felicity of the most amiable des.

Appetition becoming Blues as it were to this new is able passion and acknowledging its power with
with the most object devotion.

Various diseases by which a portion of the human family is afflicted might be traced to such an origin and much more successfully treated if their true cause were known than by attributing them to mere local disarray and applying our healing pourous upon such predilections. How often do we see persons labouring under the weight of accumulated diseases puning in misery and sinking quietly and insensibly without a cause into the grave, without our being able to adjust them in the least when if the true origin of their affections were known they could be easily understood and perhaps by the assistance of art aided by cheerful company and consolatory counsels be entirely eradicated.

Numerous is the train of diseases which follow such impressions and to enumerate them all in the limited scope of this essay would be the work of paperations. I shall therefore only take notice of a few of the most prominent and those which have more especially required the assistance of the physician. One which is most often the consequence of this species of affection and which of all generally assumes the most alarming appearance has been termed by moralists sclerosis from the green flesh.
andcular appearance of the countenance.

It is derived from the Greek word 


green, and has been defined by Dr. Good

in the following manner: "O dyspepsia vel re

non resalutis, catas pred del collocation, gen

Graves, pleno, corporis tumor multus aesthenia, pul

statie menstruorum actumis.

Two species of this disease have been instituted

by Dr. Good with a great degree of correctness. One

which he terms cholodis eutonomia is a certain des-

tration to cholodis atonica, of which I intend

treating. It depends according to him upon an

eater and phthisic condition of the system

while the other is always accompanied with more

or less atony and debility. The first of these

species generally occurs in girls of a blooming

vigorous and healthful habit while the other

is in accordance to those of a weak and melan

clly dispositions or such as have had

their constitutions shattered by disease dissipatin

or mental affection. As the first cannot properly be

considered as one of the sequels of the affection

I am treating it is not my purpose to recognize

it in this essay but as it has been so intimately

blended with the other by an author of high

and deserved reputation I have deemed it necessary
to glance at it superficially lest by destroying

the connection I should also fail to display

in its true light the marked disparity.
which exists between them and which goes to the other a degree of so far greater importance. They always exist in conjunction with the symptoms alluded to, namely, fever, skin, and convulsive dwelling. Thus this can generally attack in a slow and insidious manner, entirely frustrating the unhappy patient to which her friends are awed of the dangerous situation in which she is placed. Indeed, when it is the effect of the cause I have attributed it to. The patient herself scarcely knows upon it or any thing else the least share of her attention. And when she of the manner of preserving so is talk. Longs out a miserable and watchful life unto death at last with a friendly hand puts a period to her sufferings.

Shakespeare, the great poet of nature and to whose plastic hand we are so much indebted for our amusement, has not failed to describe with scientific accuracy the symptoms of various diseases. In this case he appeals to have understood it caused the tremendous and beneficial effects resulting from it even with more accuracy than the cultivators of science themselves. In the following passage he has beautifully and with much further and portrayed its direful effects upon the system resulting
from the cause to which I have attributed it.

She never took her leave, but let concealment
like a crom. in the true path on her
damask cheek; the fire in Gentz
blew with a green and yellow, melancholy
set like patience on a monument
smiling at grief.

In the treatment of this species we should not as in the first place which solely de-
mands upon two much tone use the redoubled
plan but rather endeavors to invigorate
and strengthen the system with mild but
effective tonics. The best of these is cheer-
ful conversation and agreeable company. They
often when medicine in all its forms enti-
ely fails to accomplish any desirable purpose
and the restoration of health a tarea those
some agreeable part of the country remote
from the noise his turbulence and imputed
atmosphere of populous cities where the patient
can enjoy the air and vantages of salubrious bea-
ues accompanied by some intimate friend
to whom she can communicate her hopes
and receive condolence will almost effect
a total and radical cure.

Various have been the medicines appli-
cations for the pollution and remedy
this disease as with almost every type
...
this, which has secured currency enough to carry the opinions of any part of the medical world new applications supposed to be best adapted to it have been recommen-
ded. I shall therefore only take notice of those which have stood the test of the most
conflicting opinions and which are sanctioned by the practice of the present day.
Alcoholic tonics have been warmly receiv-
... but they do not appear to possess a
very salutary influence. Morph has been
long administered as a standard medicine
but without exerting any beneficial tendency
The only tonics upon which we can depend
and by the use of which we can at all
 cure the progress of the disease are the
metallic. Of these those of the calsium
 and euprous clays have been found to be
by far the most important effective
than administered in the form of the pulp
bottle or gum nitrate is a very efficient
remedy. On cases of acidity of the stomach
combined with morphia and fixed alkalii it
is a very and powerful medication. Copper
in the form of the cupeum ammoniacum
has been and still continues to be a faran-
ite remedy. Whether or not it asserts much
influence over the disease is a question
which has not yet been satisfactorily de
Mineral waters of the Chaly
- bee kind are very useful in the dis-
- ease. Sea bathing has been practiced
and its effects found to be very bene-
fi cial. Perhaps a great many of the
advantages supposed to be derived from
the use of the sea bath ought to be
attributed to the change of scenery
and company which the patient
experienced rather than the tonic in-
fluence it exerts over the human airs
inhalation. Yet no doubt this is a powerful
adjunct to other measures. It is par-
- ticularly useful when the patient can
at the same time enjoy the advantages
of a perpetual retreat. Some small
hamlet situated near the sea.

Continuously to the sea shore where
it can be resorted to at all times and
the patient can breathe the healthy
atmosphere of such a place and the
conversation and other enjoyments
to be derived from the simple and un-
affected manners of a country life.

There are numerous other diseases which
it is useless for me to mention but which
can be best understood by adverting to treat.

already published upon thines
An Inaugural dissertation
on Anthrax

Submitted to the consideration
of


And of the Regents
of

The University of Maryland

For the Degree of Doctor
of Medicine

By

Francis McCoy
of
Maryland

1825
To

Dr. Colin Mackenzie

Dear Sir,

Brief and imperfect as the present essay must necessarily be, I am nevertheless persuaded to believe, that with the usual urbanity of your disposition, you will excuse the liberty I have taken of inscribing it to you. I was desirous of prefixing your name to it, because in the circle of my medical friends, there is no one to whom I feel so much indebted for my advancement in the science of medicine as yourself; nor was I less anxious of tendering a small tribute of respect to you on account of the kind and polite attention received from you since I have had the pleasure to reside under your kind protection; for which I shall ever hold you in my remembrance, as one of the first of your profession and that you may be rewarded according to your merits is the unfeigned wish and earnest desire of your sincere friend.

Francis M‘Coy
An
Inaugural dissertation

Anthrax is an inflammatory, indurated, distinctly circumscribed, very painful swelling of a dark red or dull brown colour, somewhat resembling a boil, but larger, and like it, containing a portion of gangrenous cellular membrane. It is more like an aggravated description of boil than any other tumour with which it can be compared, though it differs not only in being larger, but also in not presenting so striking a protuberance: the chief part of the swelling lying deep, and none of it being much elevated above the level of the skin. While boils seldom exceed a pigeon’s egg in size, an Anthrax is sometimes as broad as a common plate.

This size is however only to be met with in severe cases. Sometimes the super incumbent skin, besides being discoloured in the manner above described, becomes so remarkably hardened and thickened, that it feels like brown. The disease in fact is always attended with extraordinary pain and induration, and the patient is generally much afflicted with a sensation of burning and stiffness in the part.

The dark red or dull brown colour of the skin is for the most part chiefly seen upon the centre of the swelling, though in some instances the pain and discoloration extend far around. As the disease advances, one or more kind or darkish vesicles filled with an infected serous fluid, formed upon its surface which is a certain mark of the subjacent gangrenous mischief. On the apex of the swelling,
dark, livid) spot bounded by an inflammatory cicatrix makes its appearance, followed by the formation of one or several small inadverse apertures, through which a yellow, greenish, bloody, highly fetid discharge flows out, while the great mass of matter and sloughy cellular membrane still remains confined. As in the boil, the greatest degree of sloughing in all carbuncles is at their deepest part or base, which occupies a much wider space than the more superficial part of the tumour. In many cases indeed, the deeply seated gangrenous even when the unnatural state of the superincumbent integuments causes little suspicion of the mischief. By slow degrees all the sloughs composing as it were, the nucleus of Anthrax are discharged, leaving a deep ulcer at the bottom of which one may sometimes see the exposed muscles and tendons.

Anthrax seems mostly to arise from internal causes, being generally preceded & accompanied with serious constitutional indisposition. It generally follows Yellow & Bilious fevers and also Typhus fever in this country. It sometimes happens during the patients labouring under some of the above fevers, and when this is the case, the fever must be attended to and cured before the Anthrax can be cured.

Sometimes the concomitant fever is at first, of the sympathetic inflammatory kind; but it generally soon changes into a febrile disorder, the leading feature of which is extreme debility. Great prostration of strength, violent headaches, sickliness, leathern of face, and a variety of low febrile symptoms are the common forerunners and companions of the local disorder, and in bad case, pyrexia, extreme anxiety, restlessness.
The Anthrax is well known to be among the symptoms of the plague, and in Great Britain it is often attended with severe illness, not unlike the worst part of Typhus fever. The milder forms of Anthrax, where the swelling is not very large, nor the general indisposition at all dangerous, sometimes receive the appellation of simple or benign.

When the case is the reverse of this state, and more especially, when the fever is of a bad type, the Anthrax is termed malignant to which the epithet idiopathic is sometimes annexed. In such case the swelling exhibits a darker colour than in the less severe instances, and the surrounding adema of the skin is now considerable.

The carbuncle of the plague is called presidiential or symptomatic. There is another variety, which is known in the south of France by the name of the malignant pustule. While the other kinds of carbuncle may present themselves to the number of two, three, or more in the same patient, the malignant pustule is said to be almost invariably single. It is said by some authors, that, in all cases of Anthrax (except the malignant pustule) some fever or indisposition always precede the tumours, but this is not always the case. In the case of Mr. Heathcoat, Dr. Pepusch's patient, nor in the case of a yellow woman Dr. Jamerson's patient, there were no symptoms of fever or indisposition nor disease preceding the appearance of the tumour. On its first appearance, it resembles the bite of a flea, causing a painful itching and swelling and quickly turns livid or bluish. In the substance of the integuments, a circumscribed flat tubercle is next perceived; this becomes gangrenous, and is converted into a hard black slough.
which is bounded by a reddish, shining, violet, vesicular area.

The progress is sometimes very rapid: it will spread in a few days from the size of a flea to the size of a plate; sometimes the greatest protrusion of strength comes on very suddenly, the pulse gets weak. The malignant Anthrax is said to attack all parts of the surface of the body with nearly equal frequency, except the palms of the hands, the soles of the feet, and the soles of the feet, but the contrary. Foreign Anthrax is most commonly seen on the nose of the neck, the face, the nose, or the extremities. The malignant particle is alleged to attack such parts of the body as are habitually naked, like the face, neck, breast, shoulders, hands, arms, etc. The pestilential carbuncle is most prone to occur on very fleshly parts, and is said never to happen in the arm pits, groins, or other situations, which are naturally covered with hair. The benign Anthrax may affect subjects, who are apparently of healthy constitutions, as well as the infirm. It seems, in general, to arise spontaneously from internal, unknown causes, but, sometimes, as the sequel of some other disorder of the system. It generally happens in Yellow or in Bilious fever and sometimes in Tiphous fever.

The causes of the malignant Anthrax are also of an internal unknown nature. The disease, however, is said to be restricted to certain parts and persons and sometimes to be epidemic. It happens most in old persons, and especially in those who indulge in the excesses of the table. The pestilential carbuncle has for its cause, the plague.

In all cases of carbuncles, the prognosis depends very much on the size and situation of the swelling; on the number of such tumours,
and above all, on the state of the constitution. If, together with a
carbulene of considerable magnitude, we remark great prostration of strength
syphiis, frequent vomiting, delirium &c the danger is urgent.

Treatmen of Anthrax or Carbulene

The carbuncles differ from each other chiefly in degree and in being
attended either with inflammatory fever, disorder of the stomach &
other digestive organs, or with extreme debility and typhoid symptoms.

When, as sometimes happens, in the beginning of the disease, a great
deal of inflammatory fever prevails, moderate venesection, mild saline
purgatives and the antiphlogistic regimen are indicated. But as
the change from strength to weakness is often extremely sudden, the
lanzett should be employed with caution, and few patients will bear
the loss of much blood with advantage. Indeed, the antiphlogistic
plan can seldom be continued beyond the first few days, after which
tonics generally become necessary. Where there is reason to suppose
the origin of Anthrax to be connected with disorder of the chyliferous
organs (and it is generally believed that the chyliferous organs are
almost always disordered in cases of Anthrax) if the patient is able
to bear it, nothing is better than to purge well with Sublimis Hydarch
ovis and assisted by other cooling cathartics, and some cooling sub-
jugating drink. If carbuncles occur while the patient is labouring under
Yellow fever, Bilious fever, or Typhus, the first disease must be attended
to and cured, before the carbuncle can be cured. In this case,
however, as in all other examples of Anthrax, so great is the tendency
to sudden prostration of strength, and Syphoidal symptoms, that a
tonic plan must immediately follow the means which have been adopt-
ted in the early stage, with a view of improving the state of the ob-
structive visera. Here, bark, camphor, and wine are medicines of the
greatest value. As the pain of carbuncles is generally very severe, Opium
is another remedy which can seldom be dispensed with; and it is fre-
frequently a good plan to prescribe it in repeated doses, so as to keep the
patient under its influence. In very bad cases, attended with delirium,
blister should be used, and with other medicines camphor should be
combined. The patient should enjoy fresh air! The local treatment
of carbuncles is more simple than the constitutional, because in every
case there are a few leading indications which ought to be observed.
Cold antiseptic applications are of no use, they are injurious.
The openings, which form in the tumour, are sometimes numerous,
but so small that the matter and sloughs cannot readily escape.
As they are likewise slow in forming, as well as inadequate to give a
free outlet to the contents of the tumour, some surgeons recommend to
make an early and free incision, and then to press out as much
of the matter and dangerous cellular membrane as possible, without
causing too much pain, and then to apply an emollient poultice.
the rest of the sloughs gradually lepore; the discharge improves in qual-
ity; the surrounding indication diminishes; the ulcer becomes
cleaner and granulates; and the cavity is at length filled up
and healed. But, making a free and early incision into the tumour
and pressing out as much of the matter and cellular membrane as
as possible, are unnecessary and painful operations to the patient.

All that is necessary to be done in this ease is to take the common
epistatic plaster and spread it on small pieces of lint
and carefully introduce the lint into the openings in the tumour
over the plaster of the same ointment spread on old linen is to be
laid, covering the skin somewhat beyond the swelling. This will
have a very salutary effect; it improves the colour of the tumour and
the discharge also. A blister is not more painful to the patient when
applied to the bone than when it is applied to the sound and healthy
parts. It causes the tumour to swell more, and healthy granulation
to shoot up sooner; it can be applied over all the tumour, and into
all the small ulcers in it. Some surgeons recommend to lay a
hole in the centre of the tumour, the size of a dollar and then to
apply large warm poultices to it, to bind about suppuration.

Some of the French surgeons recommend the use of the actual
cautery. Some of the modern French surgeons also occasionally
employ the strongest cauteries, such as the Muriate of Antimony;
Sulphuric acid; Muriate acid and some surgeons recommend
stimulating, antiseptic poultices. We are of opinion, that the
epipastic ointment is a better external application to carbuncles, than
any of the other applications, which have been recommended. The
application of the epipastic ointment is not attended with more pain
than when it is applied to sound and healthy parts. There is
another great advantage in the epipastic ointment, that it may
be applied with great advantage to the carbuncle until all the
sloughing is removed, then it should be treated by mild applications. The letter to illustrate the utility of epispastia ointment to
Amthor. I will give the detail of three cases of Amthor, which hap-
pened in Dr. Samson's practice, which were successfully treated by the
epispastia ointment. The cases are given in his own words.

Case 1st.

"During the summer of 1824, a case of simple carbuncle occurred on
the thigh of a muscular young woman. Its cause unknown.
There was a tumour nearly circular in its base, near eight inches
diameter. The part exceedingly hard and painful, so much so as to
prevent the patient from walking. There was some fever and interap-
posing operation of the

tion to the digestive organs. Seeing that there would necessarily be extreme
suffering in the employment of caustic, incision & usually employed.
I was anxious to avoid the application of such harsh and painful means
as these must necessarily be where the tumour is so extensive and know-
ing from experience the delay attendant upon the employment of poulties.
As advised by some surgeons (and indeed there had been employed some
day's, without appeasing the pain or diminishing the swelling) resolved
upon trying the effect of an epispastia. This was applied so as to extend
some distance perhaps an inch beyond the circumference of the tumour.
The favorable results far exceeded my expectation. In a few days the pain
and swelling were dispursed by simply keeping the blister open and aiding
this local remedy by the use of two or three saline purges.

Case 2nd.

In the same year and season, I was called to see a man affected
Gebt dem Bote von dem Schloß und von der Stadt den goldenen Siegel auf, damit sie die Güter des Herrn prüfen."
with symptoms of a severe bilious fever, who was also suffering much with an ill-looking swelling on the region above upon the neck. It was nearly the size of an egg, very hard and acutely painful. It had been treated with emollient poultices and had in some measure suppurred, there was a very dark red or purplish colour of the skin over the tumour and several perforations from sloughing, through which there was a considerable discharge of ill-looking pus and ichor. The granulations were placed, the surface of the tumour irregular. The common epiplastic plaster was spread on dressings of lint and carefully introduced into the openings, over this was laid a plaster of the same ointment, spread on old linen and covering the skin somewhat beyond the swelling.

This dressing had a very salutary effect; the deep colour disappeared, the discharge improved and the pain abated and with proper attention to the bilious symptoms the patient was relieved sooner than under any ordinary treatment could have been expected.

Case 3a

A delicate young lady was overtaken with a very large boil, as was supposed, about the middle of the right sacro-lumbal muscle. It was attended with much pain and in addition to this the patient and friends were much alarmed at the supposition of almost total inability to move the lower limbs. The swelling presented precisely the same appearance as case second, the deep colour, severe pain, ill digested discharge, ill-looking openings with unhealthy flaccid granulations. The same remedy, as above was applied. The ointment was carefully introduced into the openings and the whole covered with the
epistaxis ointment spread on linen. This dressing was continued until the ulcer took on a healthy aspect. There was considerable fever, headache, & upon these symptoms supervened a severe attack of Cripplia. A moderate bleeding and the usual antiphlogistic remedies were quickly instrumental in affording relief. As the pain abated and the ulcer began to heal, the nervous power in the lower limbs gradually returned. It may be proper to remark that, although the palsy of the lower extremities was such as to disable her from standing still, the sphincters were not affected. The symptoms in this case lead a person to believe that the inflammation must be peculiarly intense.

The inflammation, attending common phlegmonous swellings in this part, I believe, reach the nerves of the spine so as to interrupt them in their functions.

Necurus, I believe, was the first person who recommended blisters in cases of carbuncle, but he does not appear to have applied them directly to the part, nor did he entertain any correct notions concerning how they operated. In a case which he details, in which the carbuncle was situated on the forehead, a blister was put on the neck, and to it the cure was mainly attributed. In this country, blisters were first suggested, not many years since, by I believe, Dr. Phizick, in consequence of the beneficial effects which had been found to result from their use in checking the progress of mortification. He lately has given the preference to the use of caustics. Dr. S. Beck also treated a case of Anthrax successfully by the repeated use of blisters (page 37 of York medical and physical journal for 1823).
The above cases, supported by the astonishing effects which we see resulting from the use of epispastics to dangerous inflammations & other ill-conditioned inflammations, are sufficient to show the great value of the epispastic ointment in such diseases. And the cases of carbuncles afford the agreeable fact, that the remedy under notice is suited to every stage of carbuncular inflammation. In the first cases, when the disease was of an alarming extent the remedy prevented the occurrence of suppuration. And everyone knows the severe nature of this sort of suppuration. That this remedy is greatly superior to the use of caustics is evident, since a blister is not more painful to such a swelling, than on other healthy parts; and after the part has been blistered, the epispastic ointment affords an easy dressing. This fact is also found to prevail in the use of blisters, in cases of gangrene, so that the parts may always be dressed with the epispastic ointment for some days, with safety and advantage without subjecting the patient to pain.
An Inaugural Dissertation

on

Diabetes Mellitus

Submitted to the examination of

the Provost

Trustees and Medical Faculty

of the

University of Maryland

for the

Degree of Doctor of Medicine

by

Washington Dorsy of Maryland
"Dedication"

Anxious to offer some testimonial of my high respect, for my Preceptor, Dr. Samuel Baker, Professor of Medicus Medicus, in the University of Maryland, I have used this medium to express my admiration for his many able qualifications, as Physician, and unapproachable ability as a Preceptor to his talent alone in that respect. I am indebted for all my Practical, Medical, knowledge, which is the most dear, and from his instructing I was enabled to compose this Inaugural Dissertation. I wish to express my deep gratitude for the many favors received at your hands. It is therefore submitted to your indulgent scrutiny with very great respect, by your obedient pupil.

The author
Diabetes Mellitus

Many treatise upon this subject have been written on this dark theme; but the ancient Physicians had it truly
me, quite as correct a view of the disease as the modern. The following definition of the disease
Diabetes consists in an increased discharge of urine, than than
in fluids taken in by the mouth. A still exceptionable
definition of the disease, than that given from the
then of many of the more modern Physicians, for the
illustrious Chidren, gives the following definition of the
disease: "It consists," he says, "in the voiding of a
a preternatural quantity of urine" - this losing
right apparently of the most characteristic feature of the
Malady, namely, the saccharin quality of the urine.
many more, as late authors have fallen into the same
error in their definitions, leaving out of their descrip-
tions, the saccharin quality, of the urine discharged,
the only symptom or, test symptom, to distinguish
the disease from others considered from their pre-
ternatural floods of urine; for these are several such
affections distinct from the one above. Though they have
all been confounded, with the one here mentioned;
until Willis pointed the attention of the profession
to the essential quality of the urine voided in this
disease. The contemp of this subject seemed to be
numbering in error. Therefore by omitting to notice
the peculiar features of the Meddy, namely the
mechanical quality of the urine, Physicians were
constantly confusing other diseases with it, which
ought to be kept separate, as all of them differ
some one particular of their cure, all being more
curable than Diabetes Mellitus. The disease here
will be defined by saying that it is a form of
urinary disease, in which the patient suffers great
 thirst, voracity appetite, and an obstinately dry and
harsh skin. Urine being voided in an unusually
large quantity, being, and almost impregnated with
mechanical matter. Diabetes usually makes its ap-
pearance in every gradual manner, although in some
instances it comes on suddenly, with slight chills and
fibrile commotions. Where its invasion is gradual
it is generally attended from the first with vari-
ous indications of a disorderly state of the digestive
organs, such as variable appetite, acid excretions,
occasional nausea, vomiting, and constipated bowels.
The quantity of urine discharged in this affliction
is almost always extremely great, and in some
instances truly enormous. The writer has seen one
case, where the individual voided, in the course of
twenty-four hours, from ten to twelve points of
urine for several days. Dr. Clark now Profes...
The Cincinnati Medical School says in his work on the Practice of Medicine, he had seen two cases when the patients discharged, from twelve to fifteen pints of urine in twenty-four hours, after several weeks. That such a drain from the system must cause great and rapid exhaustion and wasting of the body may be readily conceived; and indeed the utmost degree of prostrition and emaciation may fail to ensue as the disease advances in its course.

The urine in this disease is generally of a pale straw color approaching something to a shade of green. Its smell is usually faint, resembling that of milk; or according to some, that of fresh animal or vegetable broths; or perhaps more correctly its odor being that of nearly alludes to the food taken. For we must consider all the juices of food taken in this disease, pass off so rapidly that their properties are but little changed.

The taste of the urine is more or less sweet, from the sugar which it contains. Diabetic urine always contains, very little or no urea, and in most instances, it is entirely destitute of either acid. It enters very slowly into the actions or vinous fermentation. In these particulars it differs very essentially from the urine of these varieties of disease, resembling diabetes.
in which latter it always protracts with great
rapidity, and becomes exceedingly fatal—

Symptoms. The constitutional symptoms, which
attend this disease, are very urgent thirst, craving
for fluids, dry skin, a distressing sense of weight, and
uncomfort in the stomach, after taking food; dry
spits, parched mouth, while foul sometimes clean
and red, and tongue; wasting of the flesh, a feeling
of languor, and aversion to exercise, debility, pain,
and weakness in the loins; irregular action of the
bowels, being most commonly costive; some degree
of inflammation, and pain about the prepuce, and
glands in the scrotum, especially about the external orifice
of the urethra; loss of sensibility, cold feet, with
a tendency to oedema, in the latter period of the
disease; dull and aching eyes; indistinct vision
with vertigo; headache, and difficulty of breathing.
As the disease gains vigour and draws towards
the fatal termination, the gums become spongy
and the breath fetid, or disagreeable, and the
voice rough, or strangled, and whispering.
The emaciation and exhaustion proceed with
great rapidity towards the conclusion, and the
patient finally sinks into a state of delirium or despondency, from which it is often
extremely difficult to rouse.

For
a moment. In general the pulse is but little or not at all accelerated; in the periods of the complaint, and in many instances it is less frequent than in health, but always having more tension about it. In the advanced stage of the disease it is not uncommon for the pulse to become frequent and quick. It is by no means unusual, for this disease to terminate in apoplexy. Professor Obre in the disease remarks he saw a case where the patient became completely lethargic for 18 hours before death, during this period the urinary flow was almost entirely suspended. The fluid in these cases coming in doubt to effusion in the brain, from nigh site inflammation, for it is certainly a highly inflammatory disease, which I shall endeavor to prove. It does seem in some families there is a predisposition to this disease; writers mention instances of two or more of the same family dying with this affection. I have known a father and son to suffer from this Malady. Of the exciting causes Dr. Watts and any thing that arranges the digestive organs may produce the disease. The intemperate use of strong drinks, excess in eating cold, long applied, protracted grief, all the defiling passions, &c.
Pathology

The opinions expressed by authors on the pathology of the disease are quite various and searing it in the liver primarily, another finds it a place amongst the spasmodic diseases, a third giving it origin in the stomach alone, a fourth in the kidney, the one in my price that of the most correct view, it a place in the digestive organs, with deficient assimilation—bringing into concern the whole system secondarily; for to place it in the kidney primarily we could not account for a single phenomenon in the disease—till in the theory here advocated we may account for some of its most prominent symptoms, first the saccharine quality of the urine may be looked for in the deficient assimilatory process; if for any and every patient, takes in a sufficient quantity in their food of the component parts of sugar, to render the urine sweet. It is to infer from the symptoms in this disease, that the digestive organs are primarily concerned, every symptom showing distinctly the derangement of the alimentary canal; and it should be recollected that the moderate flow of urine may be accounted for on the principal; that all of the particles of aliment taken, as presented to the assimilating apparatus in a rough and uncogenous state, irritating them...
and the mucous membrane of the intestinal canal; this irritation is imparted to the blood vessels and mucous membranes generally, showing itself more particularly in the kidneys and bladder, from the predisposition in those organs to disease, even in the skin, with yawning and stretching the limbs, points us to the seat of the Malady in question, if we have no other marks to determine by, but we have other reasons for locating this disease in the digestive organs, which we now offer.

Post Mortem Marks. So much as this, that this malady is located in the intestinal tube, first, from its mucous membrane, and this membrane of all the mucous passages shows the most extensive disease. The mesenteric tonsil glands, and those in lacteals present, traces of inflammation are seen, with the rest of system.

It will be perceived that the writer, from remarks made above, conceives this disease may be produced in every instance by an improper alimentary process; for the very symptoms of this disease in its forming stage shews the opinions, above to be further advanced. First may be observed, its terminating so often.
Apoplexy, or with symptoms of congested Brain
furnish'd: we think, strong argument in favor
of its true location, which makes it always in
the earliest stages an inflammatory disease.
It can be very readily conceived how this malady
and all its train of symptoms, may be formed
by first considering the food, being presented
to an Alimentary Canal, whose functions are
entirely altered by long continued stimulation
from Alcohol or large, meals of indigestible
Aliment, the Atmospheric changes, or Orba
such long continued, any of the depressing
passions render, the Motile Changes in the
Intestinal tube, throwing its component organs
into disorder, consequent their secretions will
be changed, which are furnished up for this only
now we must consider all of the Foods taken
in this disease state of the Alimentary Canal,
as being subjected to a form of fermenta
ive process, offering as half digested mass
to the mouths of the of the assimilating orga
ons; they are made to act upon materials ent
irly ungenial to them, or their nature—
being composed of a very delicate and ripe
table tissue, and are so easily irritated.
This irritation is propagated to the surrounding
nerves and bloods, itself, giving rise to an inflammatory condition of the generality. The saccharine quality of the urine in this disease may be accounted for, if we think, on the principal that all of the glandular glands, and sebaceous vessels in the system perform their separation, and adaptation of fluids for the purposes of health of the individual body. and this opinion is strengthened from the circumstance, that the saccharine quality of the urine is much diminished in proportion that regulate the food is prohibited, and animal, is used in its place, which does not contain in so great a degree the constituents of sugar, the liver that great store of diseases, is concerned in this malady, because of its importance in the animal economy, its office, as we know, is to regulate secretions in the human system. The chiefly are involved in this disease, so far as their office, authorises them to act upon fluids elaborated under diseased action, which proves highly offensive to them, from predisposition, because, of hereditary taint, or previous injury sustained by blood, falls or lifting heavy weights.

The difference between the disease here treated of, and Diabetus Insidius,


of that the latter consists in a slow action, and exists under an atomic condition of the system.
And can only be cured by tonics alone, such as the mineral acids, &c. Some benefit may also be obtained from local applications of a stimulating character to the loins—such as plasters of Burgundy pitch, galls, ammonia, turpentine, or stimulating embrocation.
Active purgatives are injurious. The most serious consequences have been known to be produced by small doses of an active purgative. Therefore they must always be avoided. Rather should the bowels be suffered to remain constipated, as equal unpleasant symptoms have been known to arise from long continued constipated intestines. This state of things may be removed by two or three Epsili
ty. powders, or small doses of Castor Oil, without risk of producing much debility. The diet should be mild and nutritious.
In general, the lean parts of tender meats afford the best foods for patients affected with this variety of urinary disease. In some instances, however, a diet of this kind, under what is very uncomfortable during the periods of digestion, is well. In such cases, carinacous, and particularly ascendent vegetable articles of food, will usu
While the disease here treated of is brought on by high action only, and never exists with its characteristic symptoms, namely the saccharine quality of urine voided, the great abundance discharged, its straw color &c. unless under a true condition of the system, consequently always in the first instances, it is an inflammatory disease.

I will here give the particulars of a case seen, and treated by the author successfully. A gentleman, aged about forty-five years, who had been a high feeder, and drank stimulating draughts every day, was brought August 13th, 1835, with pain in the Epigastric region, vertigo, throbbing of the carotids, and arteries of the brain, red eyes, dimness of sight, a sense of weight in the lumbar region, constipated bowels, obstinate dry and hard stool, with an intense heat on the surface. I was called to see the patient on the 16th inst. if sounds the above symptoms present, with the addition of a tense and slow pulse, while tongue, great quantity of concretion, restlessness, with a well formed diabetes Mellitus. He was cured by bloodletting.
Colomel, and small doses of the Downs powder.

The father of this individual, died from the Same Malady. I mention this circumstance, to strengthen the opinion advanced, that in some instances it is a hereditary disease but always, I think in the beginning, an inflammatory Malady—

Prognosis—

This disease must be considered a highly dangerous one, existing in the greater number of cases: the best directed treatment—

But we must treat this Malady as an inflammatory disease, or we will be constantly endeavouring to effect it in its own. A favorable issue may be known by moisture of skin, by a gradual diminishing of the flow of urine, not a sudden stoppage of the quantity discharged for that may be considere a fatal sign, a disappearance of the Yellow tinge of the skin, also a return the natural contentance.

These may be regarded, as the most prominent signs of a favorable issue of the case—
Treatment.

It can be inferred that has been the mode of treating this disease, and perhaps the reasons it has been so, may be found in the Pathological, errors that have been from time to time published: for we must acknowledge that there has been taught many errors on this malady— a plan here will be adopted to treat it as a disease of irritation and inflammation; when we consider the symptoms presented in this disease, our minds are lead to the adopting Measures of treatment. The aim to take blood in the early part of this disease, until the force, and frequency of the pulse subsides: when these symptoms subside, after this step 10 or 15 grains of Calomel should be given followed by a dose of Aloeum Perunc, then small doses of Calomel in combination with Rovers powder, 1 grain of the formin with 2 or 3 grains of the latter medicine very small or very small, administering saltor oil or other Aperients occasionally. Proceeding with this treatment until the general system is affected by the calomel, then if there is any remedy requisite as a tonic, The Tinct. Muriat et Ferr.
With low diet or a small portion of animal food, will be the mode to treat the patient. Many more are mentioned by authors all having some little power in its cure. We have observed after the loss of ten or fifteen ounces of blood, to change the condition of the patient much. First, the pulse is reduced and softened; then it is remarked, the increase of moisture of skin, the cephalic congestion to be diminished, the great anxiety of continence is removed, the tongue more moist, the dimness of sight is lessened, the redness of the eyes is noticed to subside. The cholera generally brings away several dark stools. The smell of this medicine with dinners powders, sores the skin soft, and also is observed to diminish the inordinate flow of urine— with a change of the saccharine quality, straw color be the local bleeding should be practiced over the lumbar region, after the pulse has been made soft by bloodletting generally. Many more articles have been mentioned for the removal of this disease by authors but the principal part of them apply to the last stages of the disease, being most
of them stimulants, are counted indicated in
the first stage of this malady, for reasons
already stated—though we will pass some
of them in review.

Magnesia has of late years
been recommended in England as a remedy
of considerable powers for the cure of
Diabetes. Dr. Richter has published an acc-
count of five cases which were effectually
treated with this article. He directed his
patients to take from one drachm and a
half to two drachms of the pure magne-
sial in twenty four hours. This article
is not adapted to, treatment of Diabetes
Mellitus, if it has any virtue, tis for
The cure of Diabetes Insipidus—
, Diabetes, are recommended by
Richter, in the treatment of this disease.
He has given an account of several cases in
which Diuretics prepared by the use of Spinae
-ankha in doses sufficient to produce active
amides. In one case, he asserts that the
disease was removed completely in the course
of twenty four hours; Diuretics are better
adapted to this disease, when it appears with
out- congestion of the brain, or a tendency to
To the Provost, 
Trustees, and Medical Faculty of the University of Maryland
This Inaugural Essay on the Materia Alimentaria is Submitted by
Richard B. Ambler of Virginia

1831
In the arrangements of a function organ very in\nconsistencies are most shown the function of diges\ntion in the first place, the apparatus adapted to it is
in different animals is by an uneven manner but in
the cascade it is forced to vary with the nature of
the food again which it is designed to act thus we
find it more distinctly and satisfactorily developed
in herbivorous than in carnivorous animals and in
man one illustration would the glut secretion
when batful God has not confined neither in
regard to animals but that also appears his organs
of medication from both of these long delays
of postponing are intermediate organization.
Such as the spasticity causing latter
this apparatus and the rest of the animal di\nvery that the arrangement of its organs grows regu\nlar to the greater number of muscles with which the
body is afflicted and in its turns it suffers
from the diseases of distant organs if therefore found
an object of importance to retain. This apparatus
If the number and complexity of organs, concerned in the performance of a function, afford any index to its importance, we must place the function of digestion in the first rank; the apparatus adapted to its purposes in different animals, is by no means similar but on the contrary, it is found to vary with the nature of the food upon which it is designed to act; thus we find it more distinctly and elaborately developed in herbivorous, than in carnivorous animals, while in man, "who walks superior amid the glad creation," whom bountiful God has not confined either to vegetable or animal food, but who desires his supplies of nourishment from both of these kingdoms, it possesses an intermediate organization.

Such is the sympathy existing between this apparatus and the rest of the animal economy, that the derangement of its organs gives origin to the greater number of maladies with which the body is afflicted, and in its turn, it suffers from the diseases of distant organs; it therefore becomes an object of importance to retain this apparatus.
in a state of health and soundness which can only be effected by a just attention to the food we give it to operate upon. These are two sensations which warn us of the demands for food made by this apparatus viz. hunger and thirst, the one calls for the introduction of solid aliment into the stomach for the purpose of furnishing materials for the repair of the different teftures of the body, and the other, for liquid matter to replace those various fluids which are constantly ejected from the body during the exercise of its various functions. We shall not stop to decide upon the merits of the various hypotheses that have been devised to account for these sensations but will only mention that physiologists of the present day attribute the sensation of hunger to the stimulant action of the gastric juice upon the nerves of the stomach, and notice at the same time what we shall henceafter be obliged to mention, that thirst may be expected in two ways in the one case to make separation for the life the body sustains in the exercise
of its functions, and in the other to impart a due degree of solubility to such aliment as may require it. The *Materia Alimentaria* embrace not only such substances as afford aliment to animals but also such articles as essentially contribute to the promotion of nutrition: All the first variety of substances belong either to the animal or vegetable kingdoms for it is only such bodies as have enjoyed life that are capable of serving the purposes of nutrition in man or other animals, all the latter kind are classified as condiments. We shall divide aliments into solid and fluid, and under the head of solid aliment treat of Animal and Vegetable food; next consider condiments, and then under the head of Fluid Aliment treat of Spontaneous and bestowing nourishment, and first of Animal Food.

The elementary principles of animal substances may be said to consist of Carbon, Oxygen, Hydrogen, and Nitrogen, although portions of Phosphorous, Sulphur, Iron, Silica, and other substances of alike nature may be detected in animal matter—
The proximate animal principles that we shall consider are Fibrin, Albumen, Gelatine, Adeps, and Osmagyone. Fibrin enters largely into the composition of the blood, and forms the basis of the muscles and is considered one of the most abundant animal principles; it is solid, white, inodorous, and insipid. Albumen, this principle appears under two forms, solid and liquid; it forms an essential constituent of the blood and is contained in several of the textures of the body, as the cellular membrane, kidney, which albumen possesses of being coagulated by heat distinguishes it from all other animal fluids. Gelatine is found abundantly existing in tendons, cartilages, membranes, bones and skin, it is easily dissolved in boiling water, forming a semi-transparent jelly, upon cooling, Adeps or animal fat is a principle found more or less abundantly, deposited in the cellular tissue, some parts of which contain it constantly, other parts only occasionally, and these are often parts in which it is never found. Fat is composed of two parts, the one fluid, and the other concrete, which are again composed of two principles called Elaines and Stearine. Osmagyone is the
rapid principle of meats, and it is to this that the character
istic odour and taste of soup is owing; it has a yel-
sish brown colour, and is very soluble.

The digestibility of animal food, may be said
to depend upon its chemical composition and its
mechanical state with regard to texture and consistency.
If the food possesses too great a degree of density, the process
of digestion will be retarded, and such too, is the case
when it is of an opposite state of consistence; this power
which texture and cohesion exert on the digestibility
of aliment, is thus explained, the conversion of food
into chyme, is effected by the solvent power of the gas-
tric juice aided by the "churning" it undergoes by
the motions of the stomach, now when the food has to be
firm a texture, the attraction of cohesion cannot be
sufficiently overcome by the organs of mastication to
favour the action of the gastric juice, and on the other
hand unless the substance possesses a texture of sufficient
firmness it will not yield to the motions of the stomach;
such is the case with soup and other liquid aliments,
and when these articles are introduced into the sto-
much nature immediately set to work to alter this state of things, and they are either coagulated by the gaseous juice or their watery parts are absorbed, and the nutritive matter being then placed in a proper condition is chymized as usual. We find that age exerts a considerable influence on animal food, for in proportion to the age flesh is generally coarser and more firm in texture; the proportion of fibrin is much greater in such animals as have arrived at maturity and that of gelatine much less than in the flesh of young animals; hence the flesh of very young animals is less digestible than that of older ones, for this principle that abounds in it (gelatine) although it may contain the elements of nourishment in the highest state of concentration, can not be digested without the greatest difficulty on account of its rendering the grasping powers of the stomach and in consequence of its tenacity opposing the absorption of its more fluid parts; and this circumstance leads us to draw a distinction between the nutritive and digestible properties of aliment, for a substance may require great exertion on the part of the digestive apparatus to digest it, and yet...
When it is finally digested, it may afford a great deal of nutriment as is the case with fatty and oily aliment. In order to present the aliment, destined to support them in the most favourable condition to be acted upon by the stomach, Man kind invented the art of Cookery, and by its means alimentary substances are mechanically and chemically changed, but the extent and nature of these modifications we can not stop to consider, but will only mention that Roasting and Boiling are considered the most eligible modes in which heat can be applied to animal aliment. We shall now proceed to the consideration of Vegetable Food.

The vegetable elementary principles differ from the elementary principles of animal substances principally in not containing Nitrogen. Every distinct compound which epidermady formed in plants is called Proximate principle and to enter into a description of them would be an endless task so that with regard to them we shall only mention that Gum, Starch, Gluten, Sugar Reeds, and Resin are the principal and most prevalent. That we may restrict ourselves
within proper limits, we will confine our remarks to
Farinaceous aliment, in considering, this division of our
subject, and first of Bread, the flour of wheat contains
a mucilaginous saccharine matter starch, and gluten.
This last resembles the proximate principles of animals
more than any other that we find in vegetables and the
superiority of wheat flour is owing to the quantity of this
principle it contains. It is to its presence that wheat
flour owes its property of forming a tenacious paste
with water, and to the same cause is owing the formation
of light spongy bread, the carbonic acid which is disengaged
during the fermentation of dough being detained by this
principle distends the whole mass and thus produces
the raising of the dough. Bread is made of flour in dif-
ferent states, thus it is used for that purpose when
it is deprived of all its bran, and when only a part, and
when none at all is separated from it; and an important
digestive fact is connected with this circumstance,
for bread that is made of that variety of flour which
is deprived of all its bran is apt to produce constipa-
in consequence of the antiscient tendency of starch.
but this is counteracted by the presence of the brain, which
is said to exert a mechanical action on the intestines
and thus to excite them to action. The importance of bread
as an article of diet will be easily deduced from the
nature of the function of digestion; for in addition to its nutritive qualities it seems to divide the food
and to impart a suitable bulk and consistence to it; it is therefore more necessary to conjoin it with articles
containing much aliment in a small space than when
the food is both bulky and nutritive—Potatoes, Rice,
Peas, Sago and the like belong to the class of Paniacul-
ous aliment; they do not however in a paper of this
kind claim sufficient attention to be treated of
separately, and all that we shall remark with regard
to them is that boiling is the best mode of cooking
them, and vegetables generally. Whether nature
originally intended that man should feed on animal
or vegetable food, has afforded a fertile theme for
discussion; but a survey of his organs of digestion
declare at once that man is omnivorous, and if
greater proof is required, we have but to turn to the
Various nations of the earth to discover that roots, fruits, and flesh are capable of affording them nourishment either separately or conjointly, and the same view will discover to us that climate in some degree modifies the diet of Mankind, thus in hot climates it seems that man is instinctively led to the selection of vegetable food as the Brahmins and Brazilians, whilst in the more northern regions of the globe the inhabitants use little beside animal food. Animal food seems particularly adapted to young children and growing youth since they acquire a portion of nutriment to be consumed in the development of the body in addition to that which is required for ordinary subsistence and it appears that the aliment of almost every animal in the first stage of its life consists of animal matter but it is badly adapted when exclusively used to persons of sedentary habits and to artisans and labourers of large towns. The necessity of dietetic regulations is not done away although man is omnivorous on the contrary a great variety of diseases might be removed by the observance of them without the assistance of medicine and
on all occasions they come in as proper auxiliaries to the means of cure which sometimes prove perfectly useless on account of the neglect of them. Thus it will be seen that the dietetic part of medicine, is no inconsiderable branch of the science, and justly requires a much greater share of attention than it usually meets with; for surely nothing can be more important, or more intimately connected with our health, than our diet, and it certainly argues that we have paid too little attention to the subject to suppose, that nature has implanted in us, instincts sufficiently strong and intelligible to direct us to what is salutary, and to warn us of what is injurious— Of Condiments, we have already defined them to be those substances which are in themselves incapable of nourishing, but which, in concert with our foods, promote digestion, and the article that first claims our attention is salt, this appears to be an indispensable stimulus to animated beings, as is exemplified by the avidity with which animals seek it and the difficulties they will encounter to obtain it. In Holland such was
The esteem in which this article was held, that one of the modes of punishment of that country once con-

sisted in feeding men on bread alone unmerced with salt, and such as were condemned to this punish-

ment are said to have been devoured by worms enser-
dered in their own stomachs; in consequence of the want of this article. Of Vinegar, this acid in small

quantities is a grateful and wholesome stimulant; it will often check the chemical fermentation of certain articles, and prevent vegetable matter from inducing flatulence. Experience, not

Theory, has established the beneficial operation of these condiments, and it perhaps will be difficult to offer a theory for its explanation, we shall only ob-

serve with regard to it, that as the gastric juice is

supposed to have its active principles imparted to it by means of the mucilaginie, and acetic acids, these condiments we have just mentioned may be the

sources from which the stomach may obtain a supply, and to pursue the subject further as a predominance of the acetic acid is discovered in the gastric juice,
of herbivorous animals, we should expect that vinegar would be most appropriate to vegetable food, which sup-
position I believe experience justifies. There are other
condiments, called *aromatic* but they are by no means
to generally used as the two we have mentioned, such
as pepper, ginger, nutmeg, cloves, cinnamon, tyme,
mustard, garlic, and the like, these articles may produce
their beneficial effects by means of their stimulant
effects only; these we should be limited for they evident-
ly are capable of destroying the tone of the stomach,
although it is generally effected by insensible degrees.
Oil and Butter constitute what are called the oleaginous
condiments, but it is doubtful whether either produce
any beneficial effects upon digestion, butter at least
in its melted form, is considered very injurious,
on the contrary.

We come now to the consideration
of **Fluid Aliments** and in this place we may consi-
der the most suitable period for taking liquids. By
drinking during a meal, we shall affect digestion,
if the solid matter be of a nature to require it and in

-nade it, if the quantity taken renders the map too li-
-quent, but in general the best test of the necessity of
liquids is afforded by the sensations of the individual
unless his natural instinct has been eradicated by
the habits of artificial life. Spirituous aliments
include wine, malt-liquors, Brandy, alcohol, &c. Wine
is the fermented juice of the grape, the juice of this
fruit differs from all others in having all the prin-
ciples of vinification ready prepared to undergo a
regular and complete fermentation. The character-
istic ingredient of all wines is alcohol, and the
same quantity of this article introduced into the
stomach under the form of wine and in a state
of mixture with water will produce very dif-
ferent effects upon the body, for whoever takes a bottle
of Madeira will drink nearly half a pint of alcohol
or almost a pint of Brandy. There exists no evidence
that a temperate use of good wine is hurtful
to adults; but in youth and still more in infancy,
the stimulus it imparts to the stomach is un-
doubtedly hurtful, but for old age wine has been boon,
called it Milk, but it is essential to recollect that
wine may be contaminated by the addition of alco-
hol which in its free state produces a numerous
train of diseases; although taken under the appa-
rent form of Wine. Malt liquors differ from wines
in several essential points; they contain a much
larger portion of nutritive matter; a less portion of
alcohol, and in addition, a peculiar bitter and
narcotic principle derived from the hops. These
liquors are more nourishing and less stimulant than
wine. In obedience to custom we have placed spirit,
and alcohol in its pure state among the Materiæ
Alimentaria, but in our own opinion they should
rank among the Materiæ Medicæ, where we shall
leave them to be described. Watery Aliments consist
of water, syrup, vegetable and animal infusions as tea,
coffee &c. Water is the natural beverage of man, but he
has long since left the path of nature and no longer
considers "water as his best drink and salt as his best
sauce". The quality of water varies with the source
from which it is obtained; thus the purest kind is
Rain water, then spring, river and well water approximate purity in the order in which I have placed them, with the exception of tea and coffee we shall not make any remarks on the other articles of this class except to observe that when they are introduced into the stomach, their watery parts are taken off and the remainder is converted into chyme. Tea, there are two varieties of tea. Black and green. They possess narcotic and antipruritic principles and in common with other narcotics they primary effects are stimulant, producing exhilaration and refreshment. Green tea produces by far the most powerful influence on the nervous system. Black tea has less narcotic power and produces more tonic effects than the other variety. Coffee, the principle upon which its qualities depend, is more stimulant than that of tea and seems to exert a different species of action on the nervous system. It is antiepiphagic at least to many persons and upon the whole is more wholesome than tea.

The End
An Inaugural Dissertation
on
Structure of the Oesophagus
Respectfully Submitted
to the
Medical Professors
of the
University of Maryland
by
Jemison S. Kuhn
of
Frederick Town
Maryland

1830
In approaching this subject, I am fully aware that I am entering on ground but little frequented, and that it falls to the lot of but few individuals, even in the course of a long and extensive practice to meet with any ease of this interesting and fortunately for humanity and affliction. As the older surgeons it was scarcely known, nor could they afford the patient any reasonable prospect of relief when discovered; to the moderns remained the honour and satisfaction of maturing remedies by which the disease is shorn of its most melancholy features. So that improvements of surgery which I have kept pace with the march of time are now indebted for the present admirable mechanical treatment of the disease, in fact modern surgery has opened to us a new and vast field for the scientific exercise of our art; many diseases that but a few years since were considered intractable are now within the field of its legitimate duties. It is not within the recollection of every lover in the science that the operation for taking up the Carotid artery was considered almost necessarily fatal, and to be judged in the most objectionable cases; and now surgeons approach the operation with as little fear as they do that of extracting the tonsils. and these facts go to prove that surgery is not a stationary science, and must not indubitably the hope that surgery will be today as disease is present truly formidable, with so much certainty 1860.
cured as Paronychia. But to return to the subject—

Stricture of the Esophagus is attended by difficulty of swallowing, and this arising from a permanent contraction of the canal; sometimes its diameter is diminished inside by sloughy concretions or polypius tumours, sometimes a thickening of the coat takes place throughout its entire length; and sometimes it becomes contracted by fibrosis. Among these varieties the fibrous contraction of the coat of the Esophagus is perhaps the most frequent, which in some instances is limited to one quarter of an inch in length and in others extends through the greater part of the tube. This affection is generally gradual in its approach, and is attended by the following symptoms; though they are not always present in the same individuals. There is a difficulty of deglutition, only a small quantity of food can be swallowed at a time, and that is requisite to be well masticated. Previously to an attempt being made to introduce it into the throat, a thick purplish discharge is brought off by an action between that of coughing and vomiting. Inflammation is frequently present, and the patient is frequently enabled by this same feeling to point out with considerable accuracy the seat of the disease. It is difficult to trace the remote cause of this of this distressing malady; it generally commences without being sufficiently attended to and alarming; so that before professional advice is sought for. Sometimes it has evidently been suspected.
by a neglected cut and occasionally by small drops of phlegm and at other times by a highly sensible or닌nmed_i pledge. It is said to have been brought on by the smoke of tobacco by the use of the salutary, Phramonium, by the habit of drinking very large quantities of coffee or any other fluid, and immediately hot or cold; a temporary contraction of the Osophagus has also been produced by poisoning the stomach and intestines and in some two instances apparently by poisons lodged in the hepatic and common duct. The cure is by no means of easy accomplishment, early in the disease some benefit has been derived from burdock and ammoniated coffee given internally; and Dr. Burnard relates a case of great severity and long standing in which mercury carried to the extent of producing Phlegm proved effectually successful. The patient was a female about forty years of age, and at the time of admission into Guy's Hospital, was incapable of swallowing anything but the thinnest liquids and even then in very small quantities; she was greatly emaciated, her bowels were nearly constipated very considerably disturbed; she was restless as soon as possible and continued under the influence of this soon followed by sleep; and as the time advanced and the symptoms gradually disappeared; and at the end of this period she left the hospital perfectly cured. This is a very remarkable case in which the influence of medicine over one of the most obstinate of diseases is clearly demonstrated.
case equally remarkable, shewing the value of
hemlock is related by Dr. Spred. I seize this
opportunity of
introducing it in this place. The patient was a young
nobleman of general character, who, seeming to
have a preceding disease, had been dilated
into two large bags; one on each side of the neck and
appeared strikingly prominent. The food he took
only remained in these bags for an hour or two and was
then thrown up. But whether in any way digested
was not informed. After having tried the skill of almost
every physician and surgeon in the city without success,
the patient was at length recommended to swallow some
large pills, and compress the protrusion by a bandage round
his throat; as soon as the pills were rejected, which like the
food they were sent to be in and hour or two, the
injury was to be supplied by others so as to have the
hemlock constantly acting on the seat of the disease; the
patient soon became relieved, and was gradually
cured. The protrusion disappeared, the aliment
descended into the stomach, and the oesophagus
recovered its former caliber. Where the disease
derives its name from no one can tell; cold bleeding water
has been recommended as a beverage, and applied espe-
cially, it has been said to have diminished and
even taken off the morbid effect. Emetics are also
recommended, they act by relaxing and expanding
the affected tube.
"When the prostatic has assumed a long hard feel we can only make use of palliation, the catheter or if this is impracticable a silver cannula may be passed through the structure so as to enable the surgeon to convey food to the stomach, and this is the only relief which under these circumstances we can promise the unfortunate sufferers. Cases depending upon worms in the stomach and intestines producing irritation must be treated by the use of anthelmintics, when brought on by worms in the hepatic or common duct. Emetics and cathartics are the proper remedies. In the great number of confirmed cases neither hemlock nor mercury, nor any other internal remedy will prove of service, and our chief dependence must be as in structures of most other dilatable and highly sensible canals, upon the bougie, it should be introduced twice a day of as large volume as the patient can bear without much uneasiness and increase its diameter as often as an increased can be borne. The bougies are made after the manner of the urethral bougies, but increased in length so as to adapt them to the oesophagus. The French surgeons are in the habit of using the gum elastic catheter, which they recommend to be strengthened with the Stiles, and accurately bent in the form of a urethra catheter. It is to be hedged like a pen and passed through the nostril with its concavity turned downwards, and Mr.
Samuel Cooper in his excellent work on surgery, speaking of the same instrument says, when the surgeon is sure that the instrument has been properly introduced, its outer end is to have a piece of thread attached to it; the extremity of which is to be wound round pins in the patient's nap, I presume with a view of keeping it in its situation; and says, the surgeon can now inject either liquid food or medicines into the stomach. I would recommend in view of this instrument the common stomach tube such as is used for washing out the stomach in cases when poisonous substances have been introduced into that organ, or instrument first introduced into it, introduction to the notion of the profession by our distinguished countryman Professor Physic. Thus I should be enabled to assign a satisfactory reason for the preference here given: it unites the advantages of a bougie and a catheter, like the bougie it may be made of any size so as to enable the surgeon to increase the diameter of the instrument as the may deem expedient; it possesses sufficient firmness to overcome some considerable resistance, fluids can be introduced with the greatest facility and thus the nourishment of the patient is conveyed into the stomach. Its length does not constitute the least of its advantage, reaching from the mouth to the stomach.
it can be brought to operate upon the diseased
many part of the canal, and it does not
require the precaution of an external gas
ting to prevent its superior portion from
slipping from its proper place. The
Cousin is liable to this objection, it does not
endow the surgeon of conveying the patient
food to the stomac. When the case
demands it, and the catheter can only
be used when the stricture is high up in
the canal, it may slip from its place in
the nostril and occasion much trouble
to the surgeon thereby; its diameter is not
sufficiently large to afford relief; these are
a few of the many considerations, which
induced me to prefer the stomac tube,
to all the other instruments. The operator
may use a stilet with this instrument if
he thinks proper; but I do not see any re
cessity of or the practice; however, if such
an addition be used, as convenient a
substance, as it can be manufactured of
is the common calcium bone, it possesses
sufficient firmness united with a fixed
degree of elasticity and is admirably
calculated for the purpose. The motion
is to be sealed with his hand reclining.
back, or he may be elevated in bed by means of pillows, or a frame made for the purpose, he is then directed to open his mouth, and slightly protrude his tongue. The surgeon then takes the instrument, having previously relaxed it with some oil, in his right hand, and follows the course of the tongue, pushing it and slowly, when the inferior end of the instrument arrives near the part of the tongue; you direct the patient to imitate the action of swallowing; pushing it at the same time, and it will almost invariably pass over the epiglottis into the oesophagus. If however it should be impacted by any obstacle, you immediately retract it, and then make another attempt of its introduction in the same manner as at first, it may accidentally enter the larynx; this is known by pain, violent coughing, efforts to vomit, and the stoppage of the instrument, no such case ever, the necessity of withdrawing it would immediately suggest itself. After you have pressed the tube beyond the structure you are to try it remain there as long as the patient can bear it, which with most persons upon its first introduction will be but a short time: upon repetition the pain will become more accustomed to its use, and it can be retained a long time, it is to be used twice a day until the structure be overcome.
There are some cases where simply stopping the tubo
affords only temporary relief, when the stricture is
dilated only at the time the instrument is within
its margins, and immediately upon its withdrawal
returns to its original condition; here it becomes
necessary to make a permanent impression on the
disease by retaining the instrument in the Esoph
Gages: under these circumstances I would advise
its introduction through the nose, to prevent as
much as possible any obstruction to the healthy
action of the functions of the lungs: its introduc-
tion is to be accomplished much in the same
manner as through the mouth, but we are not
enabled to derive the same respite from the
patient. The tube moderately bent near its extrem-
ity is to be introduced through the nostril, with
its concavity downward, and slowly pressed onwards,
paying attention to any obstruction it may meet with.
It may be here remarked that it is more likely to
pass into the larynx, when introduced through the
nostrils, than when introduced through the mou-
th; this accident is to be carefully guarded against
and the same precaution is necessary, even as in the
first case, after having succeeded in the introduc-
tion of the instrument, it is to remain as directed by Dr.
Codex until the obstruction is completely removed.
The nourishment of the patient is to be introduced
though the tube and must necessarily consist of
fluids, for this purpose animal blood is most
proper, unless there should be symptoms present to
forbid their use, medicines may be conveyed to
the stomach by the same passage. To accomplish
this an elastic bottle is to be fitted to the upper end
of the tube already introduced into the stomach, by
which means a certain quantity of liquid food may be
conveyed in the same manner. The bottle or syringe being
filled with such matter as we wish to introduce, and the
tube already introduced into the stomach by the
mouth or nostril, liquid food may be forced into
the stomach to any length of time. In some
rare cases the gum elastic tube or catheter cannot be
used primarily and the obstruction requires the use
of a formed instrument to overcome the obstruction.
At first, and if it is for the reception of the tube or
catheter. De vez of this kind occurred to Boyer a
French surgeon, being unable to pass a gum elastic
catheter through the stomach, he first passed a
silver canal. The introduction of this formed
instrument through the nostril was found to be
quite impracticable, but as it was important to fix
the orifice of the catheter in the nose, so that the
instrument might be kept conveniently introduced
Boyer accomplished his wish by first conveying
one end of the ligature through the nostril to the
fauces with a forceps, where it was drawn out of the
mouth with a pair of forceps. The upper part of the
catheter was then fastened to this end of the ligature
and the instrument was forced from the mouth
down the Oesophagus, until its upper end remained
alone visible at the back of the mouth. With the
extremity of the ligature the upper portion of the
catheter was then drawn from the far end of the
nostril, and fixed there, and thus was his object
accomplished: this is one of the many cases where the
ingenuity of the Surgeon is taxed to supply the
prescribed remedies. Unless the Oesophagus is so com-
pletely closed as to prevent the introduction of a
catheter, and consequently food cannot pass
into the stomach, but only resuscitated in the a-
ministration of nutritive elixirs, the patient as
long as possible the life of the patient. This is
utility has of late years been satisfactorily proved
in the attempt to prolong life for some length of
time. The last of the which deserve in number as
the intestine, and approaches it terminally,
cannot take up an adequate supply of nourishment
and the patient, if not supported by other
means, must soon die. To remedy this inconvenience
a measure, I would propose the employment of a
flexible gum elastic tube, similar to the one used.
use of a stomach tube, to be pressed into the

true and through as great a portion of the intestine

canal as we can accomplish, and then inject the

matter of a nutritive fluid through the tube after

the same manner as we inject aliment into the stom-

ach: we would by this means bring the nutrient

into contact with a portion of the alimentary canal

containing a large number of capillaries, and by in-

creasing the quantity exposed to the action of a great

extent of surface, I am more disposed to believe

that such cases are utterly hopeless unless we can

success by the use of hemlock applied to the seat

of the disease, as in the case related by Dr. Cullen

in overcoming the morbid effect. I wish her to
take the liberty of introducing a case which fell under
the notice of my friend Dr. H. Whitney and was treated
with the stomach tube successfully.

Baltimore, March 12, 1836

Dear Sir,

Agreed to your request, I hasten to communicate

to you a case of Stricture of the Oesophagus, which occurred

in my practice in Bucks County, Penn., in the summer of

1827. I was enabled to see the patient with an attack of asthma,

and had an intimation of his suffering from any obstruc-
tion of the Oesophagus, until after I had been some

time in attendance, when having given some testimonies

with a view of lessening febrile action, he informed me many
next visit, that the powders had made him dreadfully sick, and occasioned repeated efforts to vomit, which he told me was impracticable from an almost complete obliteration of the canal leading from the mouth to the stomach; this affection he continued to have existed nearly three years, when he first observed it. The obstruction was slight, but had been gradually increasing until the period at which I saw him, when the inconvenience experienced from it was very considerable, said that he was obliged to be extremely careful at mealtimes to masticate his food well, and make frequent use of tea or other liquid substances to assist him in conveying it into the stomach; that notwithstanding all his precaution, he was frequently obliged to leave the table, in consequence of the food lodging at the place of stricture, and in danger to discharge it by the mouth, which he was generally enabled to accomplish in the course of a few minutes. I asked him if ever he had taken medicine upon this subject, he replied that he had not; that he considered the disease beyond the reach of medicine, that no remedy other than mechanical force afforded him the least prospect of relief, and suspected such a remedy beyond the resources of our art. I endeavored to convince him of this mistake, in this particular, which was no difficult matter for he was one of the most intelligent men in that region.
of country. He was very much pleased with my descrip-
tion of the stomach tube, and its mode of action,
and requested me so soon as he should recover suf-
ficiently to undergo the operation to use the instru-
ment in his case. I complied without any hesitati-
on and accordingly after his health had become
completely established, I proceeded to put in prac-
tice the treatment agreed upon; I placed myself in
a chair with the head reclining back, directed
him to open his mouth, and protrude his tongue
slightly; then taking the stomach tube coated
with a little sweet oil, I pushed it towards the root of his
tongue, when the extremity of the tube had reached
this point, I directed him to imitate the act of
swallowing, while he complied with it, the same
time continuing to push the instrument towards
the jaws; it passed into the oesophagus without
any difficulty, it was now continued onward
without any obstruction; until it had reached
the stricture which was low down, near the Car-
dian orifice of the stomach, it now required some
little force to pass the stricture, but this was event-
ually accomplished; the instrument could not be
kept in so long in the oesophagus on account of the in-
nelasticity of the stomach thereby. I continued to perform
the operation daily, each succeeding time suffering the
instrument to remain longer than before, in the
course of a week the obstruction was completely overcome, my patient was now enabled to swallow his usual quantity of food, and express himself in the warmest terms of the benefit which had been conferred on him. He stated that he could now sit down at the table of strangers or at a public hotel when travelling without feeling the least alarm that he should disturb the company by being obliged suddenly to leave the table in consequence of his food being obstructed in its passage to the stomach, as had been the case whilst he was troubled with the disease.

Very Respectfully,

[Signature]

Henry Blake

Dr. J. W. [Name]
An Inaugural Dissertation,
On
Cholera Infantis.

Submitted to the Examination of the Present
Trustee and Medical Faculty
of the
University of Maryland.

For the Degree
of
Doctor of Medicine,
By
George L. Fauss, of Pennsylvania.

1821
Introduction.

No disease in the whole catalogue, to which the human family are subject, in the short period of their existence, seem to me more particularly to demand our attention and compassion, and the extension of medical aid, than those to which infancy and children are incident. The exquisite sensibility of their organization, and particularly the mismanagement of those to whom the immediate care of them is entrusted, necessarily render them the subjects of much pain and misery. The mortality among children, especially in large cities, has been so great, that it has been estimated that not less than one half die, within the first four or five years of their existence. And it is from this cause alone that I am induced to offer this imperfect essay, the first production of a young and inexperienced mind. I do not think to add anything to the long list of remedies already given to the profession, by men of long and extensive experience, but by a kind of precedent, may induce others to undertake the task, who are better qualified to do justice to so important a subject than myself.
Inaugural Dissertation

History

CHOLERA INFANTUM is most prevalent, and attended with symptoms of the greatest danger, during the summer and beginning of autumn. It prevails in most of the large cities and towns of the United States. It generally spreads and assumes a more dangerous character, in proportion as the heat of summer increases. Temperature has a very considerable influence over this disease; great vicissitudes of heat and cold, sudden and long continued rains after a very dry state of the atmosphere, from the operation of the exciting cause. Hence in some years why it proves so alarmingly fatal among children, and in other seasons it is of comparatively rare occurrence. It may affect any period of infantile life, and few children entirely escape some of its various forms. It is my intention to describe one form of this disease only, which consists in nausea, vomiting and purging. Children are susceptible to this disease at any age, but most frequently those from the second or third week after birth, to the third or fourth year, are the subjects
of this disease. It is not unfrequently ushered in by
the usual precursors of the common bilious remitting fevers
of warm climates. It attacks and is continued with
evident symptoms of pyrexia, loss of appetite, languor,
occasional fits of nausea & sometimes vomiting, without
purging, but more frequently attended with the latter.
Most frequently it comes on with violent purging
and vomiting, which continue together or alternate with
each other. The matter evacuated is more or less mingled
with bile, its appearance is green or yellow. But
nevertheless the stools frequently vary in appearance,
being sometimes slimy, clayey, watery and bloody. In
many instances the stools are large and fetid, but
in others they are without smell, and consist pretty
much as the food taken into the stomach (constituting
hunger). When the disease has been violent, and run
a considerable course, tenesmus will sometimes occur,
prolapse ani has been noticed by some writers, but
I am inclined to think this is a rare occurrence
when it does appear. Perhaps it is owing to a relaxed
state of the levator & sphincter ani muscles, and
will disappear as the patient acquires strength. Worms are
frequently discharged during the disease, in some stage
or other. The symptoms which I have enumerated
are accompanied with a fever which is marked with
evident exacerbations, especially in the evening, and like
many other febrile diseases of the season is marked with
morning remissions. The pulse in onset of the disease is quick
and tense, full and hard, but in the advanced stage from
the frequent evacuations, it loses its force, it becomes weak,
frequent and quick. Little thirst generally accompanies the
whole course of the disease, the skin is hot and dry
sometimes a moisture breaks out about the face during
the nausea and vomiting, the abdomen swells and is very
hot, the sphygmatics are much colder than natural. A severe
pain or griping in the bowels is one of the most frequent
and distressing symptoms of this formidable malady. It is
generally known by the child starting, by frequent fits of crying
and the forcible contraction of the arms and feet toward the
stomach, the head is frequently so much affected, that
we have evident symptoms of delirium. This disease has no
limited duration, depending generally on the manner of its attack,
the habit of the patient, and change of the atmosphere. A hot dry, or moist atmosphere seldom fail to increase the violence of the disease, whilst a cool dry atmosphere will diminish the violence. It continues in some instances for five or six weeks, and in some even sexual months, and then the symptoms become more numerous and distressing, the body becoming so emaciated in some instances, that the bone protrude through the skin, a constant tenesmus takes place, though but little matter can be voided, the eye becomes longed, and sinks deep into its orbit, the features are contracted, lines start appear, a sore mouth, hoarse, and strongly marked hypochromic countenance, generally precede the fatal termination of the disease.

Diagnosis.
The diseases with which Cholera Infanticum are most likely to be confounded are hydrocephalus intemine, dysentery, and affection arising from worms in the alimentary canal. The line of distinction between it and hydrocephalus are, that in the latter the pulse generally continues more full tense and frequent; the evacuations are not so copious, nor accompanied with any discharge of bile.
It is more commonly preceded by an obstinate pain in
the head, the pupils of the eye are much dilated, strabismus,
and generally disturbed by tossing, which are generally preceded
by restlessness. It is distinguished from dysentery by the
latter being attended with more frequent pain and griping,
and from its more rare occurrence among children.
Cholic Infestation has been attended with effects arising
from worms in the intestinal canal, some Physicians have
thought it sufficiently distinguished from worms not
having been passed in the first attack of the disease.
but it has been observed that worms are sometimes voided
in the different stages of the disease, which I conceive
dependent upon the violence of the diarrhoea suddenly re-
falling them. In Cholic the ejections are very different
for it is it preceded by, or accompanied with, that jerking
or pulling of the bowels, and most of the characteristic symp-
toms of worms will be found wanting.

Prognosis.

In no other diseases it appears to be a difficult task to lay
down decided and unequivocal prognostic symptoms. Under this
impression I feel a difference in attempting to say much.
upon this head, but it is rational to suppose that
when the disease attacks a very debili form in
warm weather, when the vomiting is offensive, the stomach
and intestines extremely irritable, so as to retain nothing
taken into them, with a weak and frequent pulse, colic
extremity and clammy sweat, we may safely inform the
attendants of such, that life is suspended by a
thread, and that the probability is, that the case will
terminate fatally, but when the symptoms are the reverse,
we may encourage them to have confidence, for it is
probable that the patient will do well.

Predisposing Causes.

Predisposition is the state of the system which renders
it susceptible to the operation of the exciting cause. The
cause which invites morbid or offensive action, more par-
ticularly to the stomach and bowels, is debility of the
fucts, which is succeeded by an increased irritability, or
a greater aptitude to be acted upon by stimuli, and
may arise. First, from hereditary predisposition, by which
organization. Second, a particular irritable state of the
stomach or bowels, arising either from preternatural con-
formation, or diseased state of the body. Third, irregularity in diet.
Exciting Cause.

Since the exciting cause is debility, and is always attended with an accumulation of insensibility, the exciting cause must be stimulants, and are such as induce fever, which is to be considered as the primary affection, for the cause which act generally on the system, I shall refer to authors. From which act directly on the stomach and bowels are, an increased secretion of bile, aliment affected from quantity or quality, sudden depression of perspiration, reduction of cutaneous irritation, the use of drastic purgatives, the long continued use of magnesia and rhubarb, by irritating the stomach and intestines, may induce diarrhea & cholera.

Proximate Cause.

In establishing a proximate cause to this disease as in many others, there has been great diversity of opinion, some suppose it, to consist in spasm arising from debility of the parts. Dr. Brown classes it among the ostrenic diseases—Dr. Cullen imputed it to an increased tenetonic motion of the intestines, arising from the action of stimulants.

I shall now without regard to any of these opinions, give the theory I mean to adopt, it is that of fever in general.
unduly determined to the liver and intestinal canal, pro-
ducing congestion of the whole portal circle, stomach & intestines.
This too, if I am not in error, is the opinion so utterly taught
by the learned Prof. of Practice, Dr. Postle.

Treatment.

Most Physicians, and particularly those of the United States
have agreed that the first and most important step toward
the cure (under circumstances will permit) is, to remove
the patient from the city to some healthy part of the sur-
rounding county, where medical aid is scarcely neces-
sary. On the utility of this practice I beg leave to refer to
Rush's medical inquiries. Now we come to consider the
immediate articles of the materia medica, and among these
colonel seems to stand preeminent, for upon the use
of this article alone, depends the only successful practice
ever adopted in this disease; it is the best anchor of prop-
erly administered. To a child two years of age, it should
never be given in doses exceeding half a grain three times a
day; to children under this, one fourth is sufficient three
times a day. In such doses colonel removes the congestion
of the whole portal circle, but in larger doses it is
apt to produce great debility, and therefore should never
be used in large doses. When the action becomes excited
from the acid nature of the deviations, injections of warm
water are very soothing, and in perhaps the best article
we can employ, a variety of drinks have been recommended
such as aromatics, strong coffee, without sweetening, and in
tea flavorful doses. For another, milk, as a substitute for
it, milk, cows milk, sugar water, &c., are no doubt the
best. Regimen: milk, sugar of water, boiled milk
boiled crocks are very good. Boast milk of all others is
the best food for the child; after the violence has been
alleviated by the proper use of colonels, tonics become
highly useful to remove the debility, of which licor
cock broth is one of the best. Licorice broth answers a
good purpose, red blood broth boiled in milk and
sweetened with sugar, to be given as often as food is
required, is an excellent remedy in this disease. Tincture
Aloes. 5 to 10 drops, three or four times a day, is also a valu-
able remedy, when there is much acidity in the stomach.
Colored magnesia will be found extremely beneficial in
doses of a teaspoonful. Blisters have been much used, but
they very decidedly are now going into disuse. Frictions
over the abdomen with Landanum is of some use to allay
pain, but must never be used when the symptoms are noticed.
In cases of complication of this disease, with Pertussis, the tint of Lobelia, should be employed, for it is very certain of offering relief. I shall conclude this Inaugural Discourse, by mentioning the best means of preventing the occurrence of the disease.
1. By avoiding the causes which induce debility, and all such as stimulate the system. 2. Regularity in the diet and drinks with a faithful attendance in guarding against the change of weather, by accommodating the dress of children to them.
3. To avoid coldness by the use of gentle lozenges, and to attend to cleanliness, both respecting the skin and clothing.
4. The daily use of the warm bath.
5. The removal of children to the country, before the approach of warm weather, this advice is peculiarly necessary during the whole period of dentition. **Fogg**.
An Inaugural Essay on Lynanche Macchealis

Presented to the Faculty of Physic in the University of Maryland for the degree of Doctor of Medicine

By

William Garnett

of Virginia

1828
In conformity to the rules of this Institution rather than with the hope of offering anything new, I have written this Dissection. The subject of this dissection (Omph) is one which has engaged the attention of the profession as much or perhaps more than any one point in medical Practice. Nor is the interest it excites at all surprising. The natural horror felt at the idea of suffocation, and the pain experienced in witnessing its effects; the generally interesting age of the sufferer, and the compassion which this circumstance alone height; the uncertainty which prevails as to the management of the case; the inability of the practitioner to arrest the progress of this disease, when once it has been fairly
formed; — its sudden access; — the rapidity of its march and its too frequently fatal termination; — all these have conspired to render it an object of peculiar attention, and to induce practitioners to give to the result of their observations. Every affection of the Windpipe occurring in the Child, producing difficult respiration, with a peculiar ringing sound, and accompanied by a short, frequent, and dry cough has been included under the one generic name of Croup, and perhaps rightly so, as the phenomena are so truly characteristic of the disease, that they leave little doubt on the mind of the practitioner as to the general nature of the Case. But it is evident notwithstanding that these affections will admit of considerable variety, both as to the supposed originally
erating cause of the disease its intensity, and the rapidity or slowness of the process of inflammation; the prevalence of any one particular symptom; the supposed seat of the disease; and the nature of the morbid action going forward in the part.

Accordingly the divisional arrangements of Group have been extremely arbitrary, and we hear of idiopathic and symptomatic Group, of acute and chronic, spasmodic, languid, tractable and membranous Group as frequently and as familiarly, as if any very decided practical utility could be derived from such supposed varieties. But perhaps all division of disease not founded on pathological distinctions, or not involving some material point of practice are at best useless and may be injuring to the student in producing that worst species
of ignorance—the mistaking the knowledge of the
names of things for that of their nature. Laying
aside therefore all distinctions of an arbitrary na-
ture we shall proceed to consider Croup under
the forms most commonly developed by disfec-
tion; the only grounds on which the existence of
variety in disease can be satisfactorily established

Croup may be considered as es-

sentially consisting of three species, i.e., in which
dissection after death can discover no morbid
change of structure, nor the result of any
increased action. The lungs and trachea appear
pale and smooth, and polished, without any
indication of vascularity or thickening of the
mucous membrane, and the occurrence of
death can only be explained by supposing the
existence of some irregular action, such as gasps.
The form of Croup is by no means infrequent; it
is often fatal, its attack is sudden, and it carries
off its victims with a rapidity that almost
precludes the possibility of surgical interference.

The second constitutes the inflammatory form of
Croup, and exhibits all the appearances and all
the stages of acute inflammation of the bronchial
membrane in the Child. This is the form of the
case which produces the adenomatous layer of
coagulating lymph, is by far the most frequent
of occurred and when acute in its symptoms
usually generally has both a very rapid and fatal
termination.

The third species is very rare. It is when
the lining membranes of the larynx have become
altered and thickened in structure, so as
altogether to spoil the natural appearance
of the organ, and of course to interfere with
its functions. The commencement of this dis-
case, is extremely insidious, its progress slow
but its termination inevitably destructive.
It is comparatively common in the adult when
it constitutes one of the examples of chronic
language. In this division I have adopted the
arrangement of Mr. Porter, a late writer on group.
The arrangement which appears to me most na-
tural and calculated to reconcile the disorgan-
y of opinion prevailing within group may be con-
tained as dependent on an inflammatory dis-
thesis or debilitating condition of the body.
The second species of this disease being by far
the most frequent of occurrences, it is to this
division that I shall confine myself in the
present essay.

The exciting causes of group fevers in some
instances, to be involved in obscurity, the dis-
eases making its appearance suddenly and with-
out any previous warning. In some situations
it is evidently more prevalent than in others, be-
ing rarely met with in high, dry, mountainous
districts, whilst in low moist foggy places its
visitation on both frequent it occurs. It is how-
ever, by no means necessary that such a con-
dition of the atmosphere should exist, in order
to the production ofroup, for it is occasion-
ally met with during the warmest and finest
seasons. There seems also something like a pre-
disposition to the disease, in particular families.
Many individuals of which shall be success-
ively attacked with it, whilst other children
placed in a city under the same circumstanc-
es, with respect to local influences, diet,
clothing, and general management shall
escape completely. Individuals also appear
occasionally to possess a similar disposition,
for no two or three children in a family, suffer five
or six times from groupy affection, and not
one of the others ever exhibit a single symptom.
there are others in which this disposition 4-
lets so strongly, that any slight exposure to
cold produces gouty breathing and cough; but
in general these attacks are not very dangerous,
as each successive affection seems milder and
more manageable, than the preceding. As gout
is generally an affection purely of an inflam-
natory nature, any cause capable of exciting
this disease a action will be sufficient to pro-
duce it. Thus indolent clothing, unwholesome
food, and want of general care may be con-
tered as its remote or predisposing cause, whilst
its immediate will be found in occasional ex-
posure, injudicious change of dress, mechanic-
ic injury or irritation or any other of those
circumstances found to produce inflammation
in other structures. It is very questionable whether
the usual privations attendant on a state of
poverty, if we consider any way decided in the production ofroup. Allowing for the decreased of members in the different ranks of society, it would appear to be much more prevalent among the rich than the poor; a circumstance that can be accounted for partly by the degree of hardness acquired by these little beings who run about nearly naked all the year round, and partly by the nature of their food, being less likely to produce this fatal arrangement. Nothing seems more certain than that the habit of pampering children with improper food, or feeding them too highly as to quantity, very frequently predisposes to coughs; and hence perhaps the foundation of this remark, that it most commonly takes on the first and stoutest children.
Third and other causes which seem directly to immediate to be exciting causes of group.

These are first the spreading of inflammations from one part of the mucous surface to another, thus the disease may commence with common for throat, without cough or difficult respiration, and run along the membrane until reaching the lungs, it produces within it a kind of inflammatory action, which ends in the formation of the adventitious lymph. 2. The spreading of ulcerating. Thus occasionally the broad flat irregular ulcer, occurring in the throat, enlarging until it arrives at the glottis, and become the exciting cause of pneumonic group. 3. The application of a direct irritation, as in the instance of taking a draught of boiling water. 4. The eruption which are expelled
or which suddenly reared, any of the most
most intractable, and some of the worst and
of this description, it is by no means
common to meet with, producing
the adomititious (membrane and rapidly
destroying life, as the sequel of the
budding excision of Measles, it has like
wides been known to follow the rapid dis-
appearance of Common Measles.

Considering Measles as a purely
inflammatory disease, it would be only
reasonable to expect that its attacks should
be preceded and ushered in, by those pre-
monitory symptoms generally attendant
on internal inflammation. But in this
respect it presents any great varieties
limiting the effects may have been observed
during two or three days, to have been
desquied, restless, and uneasy, its skin hot
and dry, its tongue foul, and that it
refuses its usual food. Young children are
apt to become feverish and fretful, and
refuse to leave the nurse's arms for a moment.
If the patient be more advanced in age,
the symptoms are often more clearly de-
veloped, shivering, head ache, nausea, and
other characteristics of fever and early bile
observed. However, if these symptoms and
not only occur the child will be disposed
to struggle against them, particularly if
it is afraid of being obliged to take medic-
ines or being restrained in its usual grat-
ification, so that frequently its mother or
Mama will not have perceived its illness until

Group appears all at once in a form so for-
Parisable as not to be mistaken, occasionally however, the disease makes its attack without any previous warning whatever, and the attendant are alarmed at sight by the cough and grunting breathing of a child that had retired to rest in perfect health.

The early symptoms are, an elevation of temperature, accompanied by difficulty of respiration, accompanied by a dry short and incessant cough, the character of the cough is very peculiar, it occurs every moment and perhaps oftener; but it is a single solitary cough, without anything like a paroxysm and without expectoration. The patient may easily be observed to be suffering from some irritation in the throat which would be relieved if he could but expectorate. The sound of the breathing is very characteristic. It is
the voice harsh and horrid, and has been described as resembling the passage of air through a brazen tube. The restlessness increase and in the countenances of my young Chil-
drew something like an expression of anxiety and agitation may be traced. When
the patient is more advanced, this expression is very evident, and he will in general submit
to any proposals for his relief. A sweat soon breaks out over the upper part of his body while
hang, coco and clammy on his forehead the eyes appear prominent and the cheeks
slightly bloated.
If not relieved in the earliest stage the char-
acter of the disease and the appearance of
the patient soon alter the inspiration, and
more slow, long and laboured, drawn
with almostconsulting energy, and with
every muscle that can assist brought
into action, the expiration and compara-
tively easier. Like every other form of Laryn-
grad inflammation, spasmodic evacua-
tion, frequently occurs in groups; the pa-
tient then must either be raised up, or
be placed himself on his face, and work
and struggle as if convulsed; and if
the spasm of the glottis be severe or
long continued, the blood may cease
to be arterialized in sufficient quantity
to maintain the functions of the brain; or
the patient dies in a convulsion resem-
bling that which might be occasioned
by malformation of the heart, or other
arrangement which might interfere with
the arterialization of the blood.
The sound of the breathing became stridulous or whistling, conveying the idea of air forcing its passage through a contracted aperture. The cough is still harsh and incessant, but sometimes the patient in his efforts to expel it brings up some few flakes of separated lymph mixed or rather streaked with blood or with a tenacious, bloody mucous.

The voice is entirely impaired; the little patient being scarcely able to articulate, as to be understood. The countenance is now pale, puffed and swollen, with a cold damp upon the forehead; the lips purple and yet pallid, the eye glazy white and apparently protruded, the nostrils dilated; the veins of the neck more distended.
than usual: the larynx moves upwards and downwards in the neck from the violent
pains to breath, the chest
feels to have consulted, and every sym-
ptom indicates the extreme anxiety of the
patient to inject his lungs.
Towards the latter end of the disease the
efforts of the child to carry on respiration
become gradually more futile and languid,
it countenance is pale, its eye sunken
and its lips pale and bloodless. It ceases
how to turn itself about, and although
respiration is carried on with considerable
apparent muscular exertion, and with the
same whole sound, yet the vital energies
seem to be considerably impaired. Consulta-
tion if they have not previously appeared, and
when wanting in this stage and may continue by intervals to the last moment of existence. During the last few hours the patient is usually somnolent—it lies stupid and insensible—incredible of being roused. Breathing with extreme difficulty and only by inspiration going on there is any sign of life.

It is not always that long of either of those characters already described, neither is it by any means necessarily fatal. It sometimes happens that the inflammation may be cut short and the progress of the disease arrested before it has produced the effusion of coagulating lymph; and even after this a narrowed has taken place, it is possible that the membrane may be exp
It was in general he found that cases of recovery in Croup, have been frequent in proportion to the early adoption of remedial measures, because it is one thing to check inflammation and prevent its effects from taking place, and another to remove them effects, when they have been fairly formed, and because it is to the first of these objects that the treatment of Croup has been directed. But it appears to me not to be sufficient to diminish increased action until the constitution be left until the period of danger is over, in a con-

It may not be improper here to mention the treatment adopted by the elsewhere for the removal of this membrane. Smearing the Tonsils, arches of the palate and uvula with a strong solution of the nitrate of silver, by means of a camel hair pencil; he states of or being the most successful mode of Practice.
dition that will render a removal of that action unlikely to occur; for however a patient may be brought down (suppose by blood letting) if he is not kept in this state a reaction will take place and a disposition produced in the system exceedingly favourable to the progress of inflammation. It is this which causes even large bleedings to be so frequently inefficacious in the treatment of acute diseases, and renders a repetition of them necessary before the affection is subdued, whereas one operation of the kind if followed by measures calculated to main
tain a state of sound or ableness will
usually be sufficient. In many inflamma-
tory affection, such as those of the head or
of the gastric organs, the exhibition of med-
i-<><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><><<
a vein but otherwise this practice is highly objectionable.

It does not answer the purpose of immediate or drinking the system, and it is questionable whether it can produce any effect on the vessels of a part which lies so far removed from the surface.

Emetics are a class of medicines that have obtained much celebrity in the treatment of disease and probably with justice, for it is well known that an emetic will often short the progress of local inflammation altogether. But if it does not effect this purpose at once, the reaction subsequently produced is almost certain to provoke injuries. Skene or Better recommends them to be used only in the milder
form of argyropo-

of course is rapidly as often to

produce their effects, and besides this

without considerable risk of doing mis-

or purgative medicines would be most

earily indicated, and their adminis-

tration should never be overlooked, but

they are too slow in their operation to be

safely depended on in a disease which

may run its course so rapidly as often to
destroy life within forty-eight hours. The

same objection will hold good with re-

spect to blisters, they are too dilatory in

producing their effects, and besides this

cannot be resorted to at an early period
chief. It is always hazardous to apply a blister in the immediate neighbourhood of inflammation, particularly as if the constitution has not been previously brought down by bleeding and evacuations.

In the latter stages of consumption, when the lungs are congested and there is a tendency to effusion within them, there can be no objection to try the application of blisters to the chest, but scarcely under any circumstances will they be found beneficial in early or mild cases, if applied near to the part affected.

The exhibition of mercury has also had its advocates in the treatment of consumption. It is not unfrequently consulted as a remedy in consumption, being prescribed by Calomel to all others. This treatment from the doctor en-
To

The Right Rev. James Kemp, D.D. Provost

of

The University of Maryland

and

the Professors of the same University

this Dissertation

is respectfully submitted

for

the degree of Doctor of Physick

by

W. E. Waithe

of

Maryland

1825
Pertussis.

This disease is singular differing from every other except Mumps in appearing at every season of the year. It is commonly epidemic and manifestly contagious. It arises from a specific contagion received from the atmosphere, which by its peculiar action on the lungs produces there a contagious secretion which being expelled is exhaled from the lungs, affecting those in the immediate vicinity with the same disease.

It does not like most other contagious
necessarily produce a fever; nor does it
like most others, occasion any eruption.

This disease has in common with
Cataract and Epleas a determination
to the lungs, and although not inflammatory in Children, except from the action of cold
when it affects adults it becomes Pneu-
monia, leaving the lungs predisposed to
Coughs.

It commonly comes on with the ordinary symptoms of Catarh from which it differs so little in some, that if this prevail at the same time, it can scarcely be distinguished, as there is no fever and sometimes no hooping. The hooping begins generally when the cough does but sometimes not till two weeks thereafter.

The cough in general distinguishes it from other diseases but is not always peculiar as it is resembled by that of Catarh and Phthisis. It is a cough in which the expiratory motions are made with more frequency, rapidity and violence, than usual and is attended by the circumstance that when many expiratory motions have been suddenly and forcibly made and thereby the air in great quantity thrown out from the lungs,
a free inspiration is necessarily
and suddenly produced; which by
the air rushing in suddenly through
the glottis gives a peculiar sound
which is called a Hoop; hence the
disease has its name. When this
consonant inspiration has taken place,
the cough is in general again re-
newed and continued till a quan-
tity of mucus is thrown up from the
lungs or the pharynx is terminated
by the stomach ejecting its contents;
now the patient is in general re-
lieved for sometime; but sometimes
not till after several alternated fits of
coughing and hooping.

When the disease in this manner
has taken its proper form, it generally
continued for a long time after; viz.: from
One month to three; commonly six weeks,
in some instances five weeks. If it
commences in spring it continues
only three or four weeks; but when it commences in Autumn or in Winter it lasts like Spring.

The fits of coughing return at various times, occurring frequently in the course of the day and still more frequently during the night; but sometimes patients cough very little during the day. The patient has commonly some warning of the approaching fit; and, to avoid that violent and painful concussion which the coughing gives to the general system, he clings fast to anything that is near, or demands to be held by any person who may be at hand.

In most cases after a paroxysm the patient is extremely weak and the respiration is quick; but in many this appears very little; and children are commonly so entirely relieved that they immediately return to their play, or amusements in which they
were engaged immediately before. If it happen that the fit of coughing and by the stomach ejection its contents the patient is commonly immediately after seised with a strong craving and demand for food, which is taken in very greedily.

When the disease first comes on there is sometimes no expectoration, or of a thin mucous only; and whilst this continues to be the case, the paroxysms of coughing are more violent and continue longer; but generally the expectoration soon becomes considerable and as very thick mucous in great quantity is thrown up, and as this is more readily brought up so are the paroxysms of coughing of shorter duration.

The violent paroxysms of coughing frequently interrupt the free transmission of blood through the lungs and thereby its return from the head, and in this way that languishment and suffusion
of face which commonly attend
the fits of coughing may be accounted for, as also those hemorhagies
which sometimes take place from the
eyes, nose and ears.

This disease often takes place
without any fever attending it, though
it is frequently accompanied with
it, sometimes from the first, but more
frequently after the disease had con-
tinued for some times. When it
does accompany the disease it is
constantly in some degree present,
but with evident exacerbations towards
evening, continuing till next morning.

Another symptom very frequently
attending, is a difficulty of breathing,
and that not only immediately before
and after intervals of coughing,
but as constantly present, though
in different degrees in different persons.

When the disease is produced by old
fever is invariably present, respiration difficult and the skin hot and dry; the disease violent and its termination unpromising.

The pulse is different in different cases; as when the disease had been excited by cold or when cold operated on the system during its existence, the pulse is frequent and hard. In the paroxysm it is scarce innumerable and scarcely to be felt. When the lungs are implicated there is scarcely any arterial action with tension or hardness in the interval.

When by the power of contagion this disease has once been produced, the paroxysms of coughing are frequently repeated without any evident exciting cause; but in many cases the contagion maybe
[Text not legible]
considered as giving a predisposition only; and the frequency of the fits depending in some degree upon various exciting causes; hence its mildness in some cases and the reverse in others.

The causes that may be enumerated are, such as violent exertion; a free meal; the having taken food of difficult digestion; irritation of the lungs by dust, smoke or disagreeable odours of a strong kind, and especially any considerable emotion of the mind.

Children are in great danger from this disease; but it is not more fatal under two years of age than at any other time, except to a child taken from its mother's breast, and put upon a coarse diet; but they are in great danger when hereditarily predisposed to epilepsy and
to asthma.

When the disease is fully formed, if the paroxysms be neither frequent nor violent, with moderate exertion and the patient during the intervals is easy, appetite good, sleep good, and, in short, free from dyspnea, no danger is to be apprehended, and these circumstances becoming daily more favorable, the disease soon terminates.

If the exertion be either very scant or the reverse it is attended with disagreeable circumstances, especially if profuse exertion be attended with dyspnea; but the cases in which the paroxysms are terminated by vomiting and are immediately followed by a craving for food, are generally without danger.

At moderate intervals, or from the lungs or from the nose often proves fatal, but large hours...
Phlegm are very hurtful.

The disease attacking persons under a state of much debility, generally evinced treated unhappily; also sometimes that arising from the violence of the fits of coughing, as from the degree in which the parts can be locally affected according to their condition, we have produced Hmoptoe, if 20-
plesey some times, and it has even terminated in epilepsy, and when this antiphlogistic regime had not been pursued far enough in Hydrocephalus Internus.

This disease pursues a certain course then stops as if the cause were exhausted of its lothitis effects; for after it has continued a certain time it cannot be communicated, but we find it may be continued from habit: hence it is necessary to divide the treatment to suit two endi
cations; viz. That which is necessary during its contagiousness, and that which it is continued from habit.

At the beginning of the disease and for sometime after, the remedies to be employed must be such as are calculated to obviate its violent effects and its fatal tendency; but when from habit the only remedies required are those which may interrupt its course and put a stop to it in as short a time as possible.

For answering the first indications. When the disease is contracted, the first step taken should be to remove the patient into a purer atmosphere. When it is excited by cold, or when it has been produced by its operation in an exacerbated state, a tonic pulse and other inflammatory symptoms being present, it is necessary to use the laudanum and
frequently, to repeat it; as also in plethoric patients, when from the circumstances of the cough and paroxysms it appears that the blood is difficultly transmitted through the lungs.

Bleeding is of little service except in extreme cases and when marked mischief has implicated the liver.

Blistering is serviceable by giving tone to the weakened vessels of the lungs. They should be applied as near to the deliriumtated part as possible, as their impression is then most decided.

Cometics. These are useful by producing a habit of purging. They should be repeated two or three times a day, or more frequently, perhaps, added to their evacuating effects they by their specific impression on the stomach.
act favorably on the lungs and whole system. They diminish febrile action and terminate the paroxysms of coughing.

They are more particularly indicated in those cases where respiration is oppressed, and the patients do not vomit during the paroxysms of coughing; but are of little use when such paroxysms is terminated by the stomach ejecting its contents.

To answer the second indication. When the contagion had ceased to a great extent, the disease is continued by the influence of habit; different remedies are to be employed.

Epistaxis should be used and frequently repeated; adhesive plasters should also be used, and tape plies over the Thora.

Antimonials. These are serviceable in nauseating doses, at any time during the disease.

The Time. Opium Camph. with the Vin. Ant. relieved the patient and frequently procured sleep for the night.

Syrup ac. useful as an emetic, but has
no advantage over others of the same class.

Antispasmodics. These are useful

Cauter, tincture. Other small doses
of P. succini with a small quan-
tity of Opium. Conium Maculatum
in small doses.

As an expectorant, Earl. Pot.
may be used.

The Tonics used, are Car. water, all
the Terpin thinate substances and Dulcijn.

Calomel is employed by some prac-
titioners in small doses; but it should
be prescribed as it increases irritatior
and may produce hemorrhage.

Vaccination has been lately introduced
as a remedy. If its impreflun can
be made on the nervous system, before
the disease has commenced it will
mitigate it; but when the disease
has produced and become inflammatory it can be of no service.

Finish.
The Pathology and Surgical Treatment
of the Important Diseases of the Bladder.

Submitted to the Right Rev. Bishop Henry French,
by the Regents and Professors of the
University of Maryland.

Lemuel Todd, M.D.

1826.
Essay on 

The pathology and surgical treatment of some

of the Important Diseases of the Bladder

Submitted

To the Right Rev. Bishop Kemper, Provost

The Regents and Professors

of the

University of Maryland

by

Leonard Mackall Jr.

District of Columbia

1826
It will be seen that the subject which I have selected for my essay is one of sufficiently common place. My apology for adopting it is its extreme interest in a practical point of view—constituting as it does one of the most frequent surgical affections to which we are called.

Retention of wind is an affection common to all epochs of life from childhood to old age. It is to Petit a distinguished surgeon of the 18th Century that we are indebted for the first systematic view of the subject. It was Petit who first pointed out the numerous causes upon which it is dependent, and established the distinctions of so much importance, by the British writers, the credit of which they give to their countryman Mr. Hey. The distinction to which I allude is of practical
importance. It is the distinction discrimination of the
two leading conditions upon which it may depend, the
one referable to the kidneys in which their secretion
is deficient or suspended the other in the secretion goes
on as usual, but is retained either from a powerless
state of the bladder or a diseased condition of the urina-

dary outlet in the canal itself or the adjacent organs—

Hence the distinction into Ischuria, renalis, and Ischuria
Viscera. — In a state of health the secretion of urine
is always going on, but is retained in the bladder the resem-
blance, for its reception until by the stimulus of its quantity or
quality the bladder is erected to contract, when the evacuation of
its contents takes place. The multiplicity of causes which
may prevent its flow from the bladder, the serious and terrible
consequences which arise from its prolonged retention, together
with the variety of succour which the enlightened surgeon
is capable of commanding for its relief, recommends the
subject to particular attention.

The bladder is a viscus made up of three membranes
the internal of a mucous texture, which is the common lining of the whole urinary apparatus, (quite normal mucous membrane.) The middle coat is muscular, united by cellular tissue to the third placed without and which is nothing more than a reflection of the peritoneum. It is situated in the hypogastric region, beneath the intestines, above the prostate gland, vesicula seminalis, and the several muscles which form the sacral wall of the abdomen, behind the os pubis, and before the rectum, in men, and the vagina in females; its relations in these last particulars are important in a practical point of view. The peritoneum abandons over the rectum from two to half to three inches above the symphysis, and is reflected over the bladder covering only its fundus, hence it results that the bladder and rectum have no intermediate serous membrane between them, a loose cellular substance being all that is interposed. The bladder, on its pubal aspect, more especially when distended, is also deprived of the peritoneal covering, and lies in contact with the arch of the pubis. It is at these
two points that the surgeon introduces the trepan when the
life of the patient is endangered, and when at the same time
it impossible to overcome the obstacle by the introduction
by the catheter. Cases of retention from permanent disorgan-
ization or structure constitutes the only exception to the pro-
priety of puncturing at either the above points. It is here better
to imitate the practice of Sir A. P. Cooper.

It is important also to bear in mind that the bladder when
empty lies deep within the pelvis, and that its relations change
with its augmentation of volume. If distended beyond
its natural powers of resistance it loses its contractility.
Under such circumstances we can readily feel its dis-
tended walls, or an introduction of the finger per anum
or per vaginam, whilst its anterior and inferior part becomes
manifest as a round circumscribed fluctuating tumour
above the pubis. When the retention is complete we have
irritation and pain which seldom fails after a short time
to involve the general system. Symptomatic fever is lighted
up and coeval with this tumult the torment and destrip
of the patient becomes greatly agitated. Her face and haggard countenance is lighted up by a peculiar agitation; he labours under an inexpressible anxiety and is constantly tossing about in the hope that a change of position will bring some relief to his sufferings. The abdomen becomes tense and is tender to the touch. His pulse is small, irregular, and intermittent, the tongue and throat are dry, and an intense thirst adds to his sufferings. The respiration becomes hourly more of suppressed and difficult; the perspiration etches an unwholesome odour; the abdomen is distended and there is a constant vomiting of yellow and glairy matter. At this juncture, the condition of the patient is pregnant with danger; and if relief be not quickly brought all will be lost. Bloating of the bladder most takes place, leading to a temporary calm; the patient and his friends are flattered into a belief that the storm has passed. The patient falls into an apparent sleep, but his pulses are interrupted with delirious mutterings and insensible of further sufferings.
The lapse gradually into eternity.

On approaching a patient labouring under retention of urine a cool and deliberate consideration of the circumstances upon which the mischief is dependant is of primary importance. The judgement of the surgeon should be fairly settled in all matters of emergency, the life of his patient depends on his description and decision. He must be, or his practice will be at best fluctuating, or what is of worse consequence inefficient.

Mr. Bingham, in his work on the urinary organs mentions a case to which he was called on consultation the with oppression of the countenance was particularly marked. The surgeon in attendance had mistaken the condition of his patient from the circumstances of the retention not being complete. The anxiety and distress he attributed to "nervous cause" and quietly looked on permitting him to die a victim to his ignorance.

The first cause to which I shall refer as productive of retention more or less complete is inflammation.
It for the most part occurs in full plethoric subjects, more especially those addicted to women and wine. In constitutions thus abused the bladder is for the most part irritable; we have the evidence of this in the incontinence of urine to which they are subject; a condition in fact dependent upon a sub-inflamatory state of the bladder. In such individuals, slight causes will aggravate the already existing mischief, provoking a highly infla-

matory state of this visit. It is particularly common to see inflammation induced from intemperance sexual with a gonorrhceal affection and this, more especially when the gonorrhceae is badly managed, in the usage of stimulating devices. Whatever however may have been the cause or whatever the peculiar constit-
tion of the patient retention dependent upon inflam-

mation can seldom be mistaken. It for the most part occurs suddenly and is attended with the most urgent

and pressing desire to make water, there is always to a

early in the affection an acute pain burning and tenderness
in the hypogastric region reaching towards the loins and extending along the perineum to the glans penis. The extension of this pain towards the glans penis is particularly manifest, when the neck of the bladder is affected, nor can the patient bear the least pressure over the hypogastrium we have never manifested in the flushed anxious countenance, hard and frequent pulse with white tongue and oppressive thirst most unfrequently the stomach is highly irritable. These last circumstances together with the previous symptoms give a clear expression of the nature of the affection we have to encounter and the surgeon must be blind indeed who could permit himself to be beguiled from so plain and open a path. The leading and predominant symptoms are inflammatory, guided then by the principles which should always govern us in the management of such mischief we unload the general vascular region we apply leeches and fomentations and administer refrigerating injections and cooling cathartics, the urine the presence of which is
a course of irritation we draw off as soon as possible
and then I may remark that there is no point of surgical prac-
tical surgery more important than a knowledge of introd-
tion of the catheter. Notwithstanding its apparent simplicity,
great dexterity is required in its management. A very able
surgeon has remarked that if he were disposed to give an
opinion of the future success of the young candidate for
surgical celebrity, he would argue more from his dep-

tency in the introduction of the catheter than from any other
circumstance besides. In the introduction of the catheter
for retention dependent upon inflammation gentleness
is highly necessary, as by roughness we would increase the
already existing irritation and perhaps be thwarted in
our object. The difficulty arising from a spasm of the neck
of the bladder and muscles which surround the bulb
and membranous portions of the urethra, but if our pa-
tient be properly prepared and a proper instrument be
selected a little perseverance will enable us to succeed.
a large gum catheter is preferable to a small one, or one of
After having subdued the inflammatory excitement a blister laid over the hypogastrum will powerfully contribute to break up the subacute mischief which remains.

I am aware that great apprehensions have been expressed by some enlightened surgeons of the injurious effects of a blister under such circumstances. But I know no authority objecting to their use from any positive experience of injury from them, and for myself I doubt apprehensions unpleasing consequences of their application. He properly timed. It should be borne in mind that violent inflammation of the bladder is prone to similar visceral effects to extend to the contiguous parts, the peritoneum becoming affected, and if after copious depletion the disease do not arrest fomentations with blisters to the abdomen are the only means to which we can resort with any probability of success. The reason why a blister under such circum-
stances does not produce any increase of irritation may probably arise from the disturbed condition of the bladder, the peculiar relation which exists under ordinary circumstances may be so modified by disease that the usual expression are no longer manifested. Mr. Wilson of London advocates the use of blisters but he restricts their action to a period sufficiently long only to raise the cuticle, when the blister is removed the centre the surface to be well washed and another irritation to be kept up by the application of stimulating agents, as paraffin, orment of cummin seed or barley emetic. It must be observed that Mr. Wilson does not inform us that he ever witnessed mischief from permitting the blister to remain with a view to its full effect. This practice has been uniformly cautious from an apprehension that an aggravation of the inflammation might probably arise.

Attention to the use of the catheter is of special im-
portance, the frequency of introduction depending upon the demand in each case; the urine should never be permitted
to accumulate, as it never failed to increase the pain and heighten the difficulties in the introduction of the instrument, after evacuating the urine. The French surgeons were a long time in the habit of introducing injecting muscular aqueous solutions of water, etc. I learned them in the early part of his practice at the Hotel-Dieu, but subsequently laid them aside as being at best but a very feeble auxiliary and often productive of disadvantage. The practice was adopted in Great Britain and amid the fluctuation of opinion respecting it, it does not appear to be entirely without estimation, but right off at the present day to take as 1821 observe: "From the experience which I have had of the effects of injections, the benefit we might expect from them has not been realized so generally as at first seemed probable. I have seen them increase the irritation; but I have also seen them used in cases where they have not irritated, but rather relieved the pain by taking off the aching or the rest, and in the whole been serviceable."

The next cause to which I shall refer as productive
of no retention is Paralyzing a variety of the disease which has been improperly referred to by some writers under the appellation of dropzy of the bladder. In retention from this cause, the bladder is incapable of executing its functions from a purely atonic or powerless condition of its muscular coat. It is a state of things exceedingly apt to deceive the patient as well as the surgeon who contented himself with superficial observation. It has too often been mistaken for incontinence. In this condition the patient complains of more of general uneasiness, than acute pain; more a feeling of weight about the perineum and pubis which leads the patient to prefer a recumbent to an erect position.

Retention from paralyzing when idiopathic or confined to the bladder never does come on suddenly. It is uniformly incisive in its march, the patient accustomed to discharge his urine in a full stream discovers a gradual failing off of his powers, he finds himself no longer capable of thus discharging his urine the same distance.
instead of forming a parabola or the arc of a circle
the urine falls almost perpendicularly from the urethra. The affection arrived at this point when on attempting to urinate he is obliged to make long and
continued efforts before the fluid will pass. The quan-
tity discharged at each effort becomes gradually
diminished until he is incapable of discharging any
water at all. Complete retention is now established which
after continuing for a longer or shorter time, the patient
is agreeably surprised on finding his linen wet from a quan-
tity of urine dripping from the penis. over this he has
however no control. A considerable quantity is some-
times evacuated in this manner so that he believes
the obstruction removed and the bladder emptied,
but this gratification soon vanishes on finding that
no permanent relief is afforded; the truth is the blad-
er is still distended but being incapable of retain-
ing any more a certain quantity, paper off from the
muscles specified which usually contract to retain
it having had their power of resistance overcome by
the long and constant pressure which has been exercised
upon them. It is on this juncture that an heedless sur-
gon mistakes the disease for an incontinence of
and should he manage his patient in the manner pro-
tes for such affection instead of relieving them he will
greatly aggravate the evil, may destroy his patient by
provoking inflammations in parts which are already
vexing to that state and by bursting, ulcerations, or mor-
ification of the bladder the patient dies.

The causes which produce Paralyzis of the blad-
er are for the most part occasioned with advanced life, so
frequently, indeed do we meet with this affection in
old men, that some authors have regarded it as a
gracious necessity belonging to three score and ten.
In old age the bladder as well as all other parts of the
organization lose their susceptibility to ordinary impres-
ion. It is from this cause that the bladder ceasing to feel the
stimulus of urine is no longer excited to contract its fibres
become rigid and it requires a stronger stimulus to awaken its torpid energies.

Altho' retention from paralysis is for the most part met with in old age, yet we sometimes meet with it in individuals who have hardly entered upon the prime of life, in such individuals it is uniformly brought about by intemperance and debauchery. It is true that from this cause we have premature old age with its attendant infirmities.

Among the causes which induce this form of retention Desault has enumerated the bad habit which some individuals get into of retaining too long their urine, whether from mental abstraction, indolence or a feeling of modesty. From this bad practice the bladder becomes gradually so accustomed to the stimulus of the urine that the ordinary stimulus arising from a distention of its coats is scarcely felt and the patient is only apprised of the necessity of emptying it when the distention becomes excessive, the bladder now contracts
but as Desault correctly remarks, the expulsion of urine is seldom complete from the powerful state of the bladder, a portion of urine consequently remaining constituting in fact an incipient retention. The bladder becomes at last so habituated to the presence of the urine that its stimulus is scarcely felt and the repeated distension to which it is consequently subjected gradually exhausts its tone and paralysis is the result. Desault inveighs against the bad practice of some old men, particularly bathers who are careless or indolent to get up to make water-pip in the hot as they lie in bed, and Behesht remarks that although retention from this cause may not be explicable upon any known physiological principles, its truth is sufficiently established by clinical observation and the fact cannot be doubted. It should be recollected also that parasitism of the bladder occurs symptomatic of remote injury or disease. When it arises from this cause it for the most part comes on suddenly. It rarely occurs
symptomatic of injury of the brain but in all extensive
affections of the spine affecting its medulla,
we have insensibility of the bladder with paralysis
more or less complete of the inferior extremities.

Retention from paralytic is easily distinguished the fall
well above the pubis and the disappearance of the feelings
on the evacuation of the urine by the catheter to the intro-
duction of which there exists no difficulty leaves no un-
certainty respecting the nature of the malady.

The most important circumstance to be borne in mind
in this form of paralysis is that when it does not depend
upon the medulla Spinale, the retention is seldom complete
the patient continuing to make water but the proportion
evacuated is small when compared with what remains
in the bladder. This circumstance together with the tumour
above the pubis and the little pain which the patient ex-
periences has very frequently led to serious mistakes of
its character. Fabricius mentioning several cases of
individuals afflicted with the disease for several months,
who had no suspicion of any such affection and who had been treated for complaints widely different from the one they laboured under. Women have been so much deceived as to imagine themselves pregnant. It is especially with ascites that the disease has been confounded. Morgagni has recorded a case in point. Murray also mentions the case of a female whose abdomen was so greatly distended that preparations were made for the operation of paracentesis abdominis but the case having been mistaken for dropsy heblind of Guy's Hospital also refers to a similar case in which he was invited to operate but the history of the case inducing some suspicions, he introduced the catheter and drew off 30 pints of urine. Schmucker, the celebrated Prussian surgeon cites a similar example. Loudon in fact mentions a case in which the operation for tapping was actually performed the patient died a victim to the operation from inflammation induced by the infiltration of urine in the peritoneal sac. These facts are
important as they serve to illustrate the necessity of a
close examination in all matters touching the welfare
of our fellow creatures, we should be especially care-
tful how we draw hasty conclusions, and all circum-
stances in which our judgement is at stake the whole
ground should be fairly looked at least our inductions
be erroneous.

Retention from paralysis presents two indica-
tions, the first to evacuate the bladder, the second
if possible to restore it to its original tone
where the affection is referable to local or general de-
sability and is not of long standing, rather referable to
a sluggish state than to a complete paralyzing, an
improvement may be anticipated. The application
of cold is perhaps one of the best means we can em-
ploy to rouse up its powers, towely wet with cold water
should be applied to the pubis, perineum and thighs
or which is better the affusion of cold water at short
intervals through the day. Petit records an interesting
case illustrating the good effect of cold, the patient laboured under a sluggish state of the bladder, and for the purpose of preventing paralyzing Petit directed that he should descend into his cellar whenever he felt the slightest call to make water and that at night he should place his feet on a cold stone. Jordan also mentions the case of a man 66 years of age who was threatened with paralysis, but who was relieved by sitting on a cold marble slab whenever he felt a call to make water and we all know that immersion of the feet in cold water or standing, naked or exposed to a cold current of air excites a sudden call to urinate. In young men where the affection has been brought on by debauchery and excess, they must become continent before any hopes can be entertained of a cure. The patient should be especially mindful never to put off a call to make water so soon as he feels the disposition he should immediately be encouraged attention to this particular with the use of cold baths and a blister of two to the sacrum for the purpose of
causing off the benzoinum of the bladder, with attention
to all circumstances calculated to renovate the general system
will seldom fail in producing a complete cure. In the
commencement of the necessity to evacuate the bladder by
the catheter one of flexible gums should be permitted to remain
in the bladder with a cork in its extremity, when the sensation
to make water is experienced the cork should be withdrawn
the catheter should be continued until the organ recovers
its power as indicated by the ability of the patient to
throw off the urine in a full stream. Some surgeons pro-
fice withdrawing the catheter after each evacuation, but
Defoort and the best surgeons advocate the practice of leaving
this catheter, it enables the patient to evacuate his bladder
promptly as soon as he feels the disposition. This surgeon is not
always at hand and the patient either from fear or some
slight uneasiness produced in his own attempts at the
introduction of this instrument may not succeed, belief in
not obtained, and his cure is consequently protracted.

Prof. Richmond objects to permitting the catheter to remain
To
John Buckler, M.D.

I know no one to whom I can with so much propriety dedicate this my Thesis as to yourself, for independent of the action of Preceptor in which you stand to one in the latter part of my studies, the frequent marks of personal friendship which you have shown towards me give me pleasure in paying this small tribute of respect, evidencing the superior estimation in which I hold your talents. Permit me to be fond to express the ardor I have that the Institute you are about to open for the diffusion of medical knowledge may far exceed your most ardent hopes. By this testimony of regard however I am conscious that I sacrifice your dislike to public attention to the indulgence of my own pride in subscribing myself with greatest sincerity, Dear Sir, Your sincere friend and affectionate student,

E. Mackay