University of Maryland Theses

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

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AN
Inaugural Dissertation
on
Submitted to the Examination
OF THE
Provost, Regents and Faculty
OF PHYSIC,
OF THE
UNIVERSITY OF MARYLAND,
FOR THE DEGREE OF
Doctor of Medicine,
By
James A. Marshall
of
Manchester, Maryland
Session of
1841/12
The disease which I have selected for the subject of the present dissertation has been described under a variety of names; viz. bronchitis, byrianche trachealis, pseudo membranous laryngitis. The essential pathological character of the disease consists in an inflammation of the lining membrane of the larynx and trachea, attended with swelling and pain in the tissues of the part and by the exudation of an albuminous substance commonly termed false membrane. Known on account of its seriousness and danger to early life has been ably and zealously studied by many of the eminent minds of the profession, who have endeavored to throw light upon a subject so fraught
with interest and advantage to the medical world. True inflammatory leucopenia is one of the most dangerous and alarming fatal affections to which infants and children are liable; sudden in its attack, threatening in its symptoms, and rapid in its results; it sweeps over a family leaving behind its distress and desolation. A disease which is so dreadful in its ravages, which so quickly depresses the vital powers of the system, has worthyly received the attention of medical gentlemen in studying its nature and discovering the most efficient means for its relief and cure. Difficult and tedious as these investigations have been, they have nevertheless succeeded, and their attempts have been duly rewarded.
Croup generally presents itself in three different stages, which have been designated according to the symptoms into those of the precursory stage or stage of invasion; those of the stage of development and those of the collapse or suffocative stage. These divisions are not always clearly defined in common attacks of the disease but their existence is pretty well established in well-marked and genuine cases of inflammatory croup. The symptoms of the precursory stage are those generally met with in an ordinary attack of catarh: the child is cross and feverish, the skin is hot; pulse quick increased thirst, cough and a degree of hoarseness of the voice which is so characteristic of the approach of croup as not easily
overlooked. There was yet no evidence of severe affection to the trachea, but a manifestation of soreness in the throat, and the cough is short and dry. The breathing is humid and the stethoscope reveals some slight sibilant rales in the chest. These symptoms on the stage of invasion vary from a few hours to one or two days, after which the more threatening and serious stage of the development sets in with full force. After the symptoms mentioned above have proceeded gradually increasing towards evening, the child is suddenly waked out of sleep by a sensation of suffocation with a horse ringing cough, humid and hissing inspiration, and a rough voice, with great alarm, agitation and distress. The child presents a terrible aspect in this stage, panting...
convulsively and eagerly after breath, with spasmodic action of the various muscles, flushed face and with the eyes ready to leave their orbits. The paroxysms of coughing become more frequent and spasmodic, the difficulty of respiration increases, and the efforts of the child are augmented; the arms of the little sufferer are violently tossed about and the evidence of great suffering becomes considerably manifest. The dyspnea, cough and hoarseness increases during the evening and night, while in the morning the fever cough and other symptoms abate and the child appears improved. This intermission however is deceptive, it may continue for some time but only to gain more strength and renew the attack with greater severity.
The respiration becomes stridulous and the peculiar rough, barking cough, followed by breathing more or less hissing increases. Great restlessness and sighs of uneasiness in the trachea are experienced; the pulse is quick, hard and small; the skin hot and dry; and the face and head covered with profuse perspiration during the fits of coughing.

The respiration increases in difficulty, and the voice in hoarseness; the cough more harassing and convulsive; impending suffocation is threatened. The remissions become less perceptible; the cough more difficult which is followed by vomiting and the expulsion of a glistening mucus mixed with membranous threads which affords considerable relief to the patient. This relief unfortunately is only temporary; since the
Troupal respiration becomes permanent and increases; the voice of the child becomes broken whispering and sometimes wholly suppressed from the pain excited by the severe paroxysms of coughing.

During this stage of development those changes which are so peculiar and significant of the disease become developed; these alterations which give rise to the pathological peculiarity of the secretion of the false membrane are well marked and manifest. After the child has passed these stages which are terrible enough in themselves and frequently overwhelming, there is yet another and more distressing part of suffering on the approach, ready to manifest its terror.
The stage of collapse is characterized by the absence of any remission, the aggravation of all the preceding symptoms, great acceleration and diminished power of the pulse and respiration. The pulse is not only quick and feeble, but often and sometimes generally becomes irregular and intermittent; the cough becomes less frequent, less concordant and suffocative; the voice low and whispering is sometimes entirely abolished; and all symptoms of threatened suffocation are established. The surface of the child is exceedingly pallid with a dull and listless complexion, the muscles concerned in inspiration are called into powerful action and the motion of the larynx extensively and incessantly augmented. From this collapsed
and, dangerous stage the child may seldom rally, but is generally carried off by convulsions induced by the imperfect supply of aerated blood to the brain. Death ends the scene which has been so terrible in true reality and whose description has by no means been exaggerated. Thus ends a disease which sips its power upon the weak and unsteady framework of childhood and hurled many a darling child to an untimely grave.

The acridity and labor of those indefatigable observers who strive to pluck blessings as they pass have done much, have boiled to great advantage in discovering the true nature of this affection which so frequently baffles medical art, and established useful precepts respecting
its natural treatment. The catarhal variety of
croup is exceedingly frequent and common;
being the form which seldom proves fatal
is more amenable to proper treatment
than the true inflammatory affection.
There are still another variety which occurs in
children of an irritable nervous temperament
and termed spasmodic form of croup, in which
the disposition to nervous disorder is more
prominent and causing a spasmodic constri-
tion of the trachea. This form is fortunately
more manageable and if taken in time,
the spasmodic irritation may be relieved
before there has been time for the formation
of the false membrane; these conditions being
relieved the inflammation may either disappear
or be modified in its course.
In children who have died in consequence of an attack of true croup various alterations and modifications have been found in the trachea and other tissues to which the inflammatory action has spread. The first evidence of pathological changes produced by the disease is found on inspecting the trachea of one who has fallen a victim to its fearful ravages, to consist in the peculiar character exhibited by the lining membrane, which is of a bright red color, occurring either in patches or in a continuous line, often covered with mucus tinged with blood. The characteristic morbid appearance is the false membrane which lines the air passages and placed upon the mucous membrane. This membrane consists
of a layer of lymph of considerable consist-
tence, of varying thickness and of a yellow
whiteish color, lining the larynx and
the trachea, extending occasionally into
the bronchi, and thus giving evidence
of the cause of the extreme suffering and
the convulsive grasping after air mani-
fested by the little patient.
In some cases the expulsion instead
of being as above described presents the
appearance of a semi-liquid substance
mixed with pus. Whenever this appears
and is expectorated, it is always considered
of unfavorable augury in the progress of the
disease. Thus far has been but imperfectly
shown that all the symptoms which appear
in the progress of the disease are fully accounted
for by the pathological lesions found in those who have been carried off by this dreadful malady, The pathological history of croup is, quite intelligible, the inflammation may commence at first in the submucous tissue, or it may have been primarily catarrhal, in which case catarrhal symptoms precede those of croup. The inflammation cause an increased sensibility of the contractile fibres and effusion in the lining membrane of the trachea, which results in the constriction of the air tubes and produces the croupy inspiration, cough and attending hoarseness. Lymph is subsequently forced out from the tissues at first fluid and becoming concrete acts by diminishing the calibre of the trachea excites spasmodic contraction,
This false membrane extending into the larynx, which being extremely susceptible to the impression produced by any foreign substance, is excited and evidenced by the paroxysms of dyspnoea and hoarseness which become extremely imminent and suffocative. These changes have others in their train which by preventing the complete entrance into the lungs give rise to those dangerous symptoms of malaceration and extreme peril. Collapse which usually takes place in cases of fatal attacks of croup, is evidently dependent upon the improper performance of the function of respiration by which the blood is deprived of its true fulcrum and circulates in its impure condition through the brain producing its ill effects upon
the vital powers, which is shown by the lividity of the countenance, coldness of the extremities and surface and general convulsions. The principal causes of croup appear to be constitutional susceptibility, exposure to cold, damp, changeable atmosphere, insufficient clothing and finally epidemic miasma. It is more common in winter than in summer which is in a great measure owing to the frequent vicissitudes of the weather and the combined influence of cold and moisture upon the delicate membranes of the child. The sudden suppression of cutaneous eruptions, the breathing of noxious and poisonous exhalation may occasionally give origin to the disease. It may likewise be caused by or supervenio
as a sequel of other diseases as measles, scarlatina and other eruptive diseases; likewise from to early exposure to cold during convalescence from febrile complaints,

The diagnosis of the disease is by no means very difficult. The peculiar kind of breathing and the loud barking cough in combination with the existence of inflammatory fever lead to a correct judgment of the nature of the disease.

The cough is almost if not entirely peculiar to croup, although the croup attending the catarrhal stage of the exanthema may be confounded with it; but this will be decided by the presence or absence of other symptoms which belong to the disease, in the more advanced stages
The affection when the peculiar, ringing cough has become somewhat modified and the breathing lost much of its peculiar character, the ready diagnosis becomes more difficult. Other signs failing recourse may be had to auscultation which affords a pretty positive evidence of existence of the disease, bronch may be distinguished from other affections simulating it, as spasm of the glottis or purely spasmodic cough by the presence of febrile symptoms and the less suddenness and more remission of the attack. Bronch from the violence of the attack is a most serious disease, and if not arrested in the commencement by active and energetic treatment, will lead to a fatal result and sometimes when
Thus met by the most efficient means often after the most natural treatment, when there is reason to suspect the existence of croup and the disease has manifested itself by the croupy inspiration and oppressed breathing there is great danger, and this continues so long as these symptoms exist. The convulsive paroxysms of cough supervening upon a recent attack bring great danger upon the little patient, either from the sudden suffocation or the insertion of asphyxial and fatal collapse. On the other hand, when the symptoms diminish in severity as is shown by the less frequent cough and the amelioration in the state of respiration, by the free expulsion of the false membrane either entire or in patches,
with diminished frequency of the pulse and the universal and healthy diffusion of warmth and color to the surface, the chances for the child's safety are materially enhanced. Recovery sometimes takes place when all hope of restoration seems to have failed, when the vital powers have been so depressed that the vital spark has feign left its abode; the system may in good constitution rally and turn the pending scale in favor of much desired life.

In order that treatment may be successful it should prompt, properly directed; since success depends in a majority of instances on the proper and beneficial choice of appropriate remedies, which by countacting the inflammatory action may bring about
the desired result. The indications which present themselves in the treatment of the malady are to arrest or subdue inflammatory action and to prevent the formation of false membrane and its accumulation of the same in the air passages. When the period for the accomplishment of the first indication has elapsed and when it is impossible to subdue the inflammatory action, the object to be aimed at is to procure the discharge of these matter and to mitigate the spasmodic symptoms which are exceedingly troublesome and dangerous. Thirdly: to support the powers of life, so as to enable the system to expel the matter excited into the trachea. These indications are to be fulfilled and the measures must strenuously applied in order
that the disease may be successfully subdued
and the patient be benefited by such treatment
as medical art is capable of rendering.
When the child is seen early or at the commen-
cement of the attack, resection may and often
does accomplish the indication, viz: to subdue
the inflammatory action and thus place the
patient in the most favorable position for recov-
ery. This remedy may be either preceded by
emetics, which act by clearing the airpassages
of the mucus which has been situated
and as a direct reluitive to the inflammatory
action, Tartar emetic or Specacuanubamay
be employed in sufficiently large doses to in-
sure the effect and followed by diluent solutions
so as to keep up considerable nausea,
Vomiting and thereby the expulsion of whatever
may have accumulated in the trachea should by all means be forcibly induced, since the de-
tension of these substances greatly add to the difficulty of breathing which is one of the most distressing symptoms. For this purpose a solution of Potash Bicarbonate with Tartar em-
tic in water may be effectually tried, or a com-
bination of the following consisting of: Alum, 
Syrup of Ginger, Syrup and water has been 
highly recommended to induce copious emesis. 
The latter remedies may be employed when 
from debility of the constitution or from any 
other cause, it is contraindicated. This medication will frequently 
have the effect of arresting or subduing the 
immediate inflammation and turn the chance 
in favor of the child. The warm bath is likewise
of great service when the disease is taken early, by
deriving to the surface and thereby prevent or
deprive the excessive flow of blood to the irritable tissues.
In order that this remedy shall be of avail
it must be employed early and before the
disease has gained the advantage.
These remedies are particularly applicable and
advantageous in the first stage of the disease.
The second stage or that of promoting the
discharge of matter formed in the windpipe
requires in great measure the same treatment
with some modifications, balsam combined
with Speciauanga so as to insinuare the relaying
effects of the remedy are of great service
in this stage. The mercurial may be em-
ployed in a considerably large dose at first
in order to procure a free evacuation of the
bodily is exceedingly beneficial. It may afterwards be employed in smaller doses in order to procure its antiphlogistic effects and thus render the system capable of relieving itself of the foreign substances. Salol and phenyl salicylate are decidedly advantageous in the treatment of gout upon the same principles as in other acute inflammatory affections; by resolving the inflammatory action and promoting normal and healthy secretion, salol must not necessarily be extended to ptyalism but only so far that the action upon the gums becomes manifest. This action will accomplish all good which can under the circumstances of the case be expected, and this being accomplished the result becomes in all probability more favorable.
after the foregoing action has become established other remedies are of great advantage which act upon the powers of the system to favor the early resolution of existing symptoms.

One of the most efficient remedies is the combination of small doses of Hydragoghelmi
mitis and tartar emetic to which Specume-
canha may advantageously added. These
remedies in the combination of the above
mentioned medicines will when employed
in time exert a happy influence upon the
disease and aid in relieving the imminent
danger which are consequent upon a suffo-
cative pneumonia. In order that these rem-
edies may be of avail and benefit, they must
be administered frequently and with undevi-
atting strictness. Subsequent to the use of
these remedies and if the disease has not been supplanted or properly relieved, the application of vesicants is of great utility. Vesicants however must be cautiously employed, as they frequently cause sloughing of the parts to which they are applied. The most efficient and reliable manner of their employment is to allow the cantharidic plaster to remain sufficiently long in contact with the cuticle until it is reddened and then the application of a warm poultice, which will speedily produce the desired vesicle. Other means of counterirritants may beneficially be used as the Linimentum ammoniae and cloths wrung out in Spirits of Turpentine. These may be applied to the throat and upper portion of the chest.
and will act as most excellent remedial agents in this stage.

Nois, if under this treatment, the disease give way, and the cough become softer, the breathing easier, and the fever less; the employment of expectorant medicines may be successfully employed as the decoction of Senega, squills and ammonia, with an occasional warm bath, if the coughing be severe an occasional emetic may be employed on the inhalation of the vapor of warm ether as such or rendered more stimulating by the addition of small quantities of camphor so as to enable the expectoration of the expectoration to take place the more readily. After all these remedies have been tried and the disease moves on to the last
Stage without relief there is great danger of the system being unable to contract it. In this the last stage, when the inflammatory symptoms have given place to those of prostration and collapse, the only resource is to stimulate the excitans, by which the powers of life may possibly be excited until the adversity of the case may be overcome. Baryta, muriatic acid, and acafoedictia are applicable in this form by exciting the expulsion of matter, when duly combined with expectorants. When the patient has thus been benefited by the treatment and all things are proceeding favorably and well, the employment of tonics and those means calculated to give tone and energy to the system may be gradually administered. This will
expert, if timely and judiciously applied, a beneficent influence on the condition of the patient. During the attack of croup, the diet should be strictly anti-phlogistic, but when the child in consequence of exhaustion, becomes enfeebled, light nourishing food of an anti-stimulating character may be safely administered. The child should be confined when convalescence takes place to an agreeably warm and well ventilated apartment so as to be secure from the influence of cold. These precautions being observed, everything will go on well and the child freed from one of the most terrible and dreadful maladies to which the human family has ever been subjected.
Inaugural Dissertation

On

Gastrocnemus

Submitted to the Examination

Of the

Course Schools and Faculty

Physic of the

University of Cambridge

Director of the

Studying at Cambridge

Commenced

June 1st, 1859
A battle raged on the borders of the
North and the South, and things were
much as in wartime. Many lives were lost
on either side. The enemy and its allies
were not so easily defeated. In the
meantime, the citizens of the
bordering region were divided. They
were at war with each other and with
their enemies. The leaders of the
people were desperate to find a way
out of the conflict. They believed that
peace could only come through
compromise and understanding. Each
side had its own beliefs and values,
which made it difficult to
reach an agreement. But even in this
time of war, there were moments of
hope and unity, as people came together
to face the challenges they faced.
The question that remains is: how shall the world see a
Christian who is not true to his principles and way of living.

The answer will
be to the question of our
Christian world, which is an
attempt to show that the most sainted men
have been and are. If the same were true of
some few hundred of us.

But their is
not with these bodies, adding the
Christian to the Christian, making
the most wonderful. It is
evolved into the most beautiful
and the most wonderful. This
is an evolution of the body
and the soul. It is a
living thing, not a dead
thing that continued, but a
living spirit that continued.

It lives to a much greater extent than
those of us who are in full nature.
As in the case in the study of physical chemistry, he often uses models that can
represent the forces and interactions in the natural world.
The nature of education is beyond prescription or control, and it is so the verdict of upholders of Catholic Education in America, which I have set it up as shown in this dissertation.

Catholic is a word that signifies the highest holy name the all-religion knows. The Catholic is the bountiful and beautiful. The Catholic knows the pains, and the pains of the soul's yearning, and is not to be measured with the pains of the world, which have no soul in their yearning. The Catholic is a soul that is not of the world.
It is impossible for the rectal organs to thrive unless the circulation of the same have the fullest and easiest means for the same. It is evident that we must take the utmost allowance of the means of purging any quantity of flesh, but on the con.

Then, there is a progressive want in the waste of both body and mental mention. The most offensively and the stenchion unclean and usually neglected. The second because is that

00 evidencing the baseness and the blight and withering organs as 
worthless is not a fact that at this  
place I hope Dr. Binkin says that there

Smith may reach the bounds of man
of the earth, and the present self-same
alone would seem to dispense the clas-
ses as soon as Salem, the satellite
Washington. He seems like an angel of
the earth, the last of his kind on the
world. For a brief and undefined
period, he spoke a truth which caused the
beasts to become human. All other
sympathies belonging to the great instal-
ments, upon the essence of human
nature in whom these sympathies are
lost, and in whom in turn, according to
definite balance of the system,
from the canon's collar of the
theology; they became my indebted
and the hand unmanifested divine
inhabitants, the prayers of reason.
On this occasion the assembled Senators...
We are at present able to state that we have found a new substance which is a source of health and energy in solution in water at a low degree, according to the laws of chemistry of the chemistry.

By a preparation from one of the ordinary
vegetable substances, we have obtained a
substance which we believe to be a part of the
reason for this article. The addition of
a nitrogenous substance to it leads to
a result that we believe the
vegetables known as ferments, which
will act upon such sugar and
are one of the constituents of the
ferment. Moreover, as it contains so
The most nourishingapplication of the above
formula for understanding the properties of sugar in the brain is through the
development of new hypotheses that
the neural conditions were the proper
by that sugar produces the biochemistry
the brain is in reply.

The process consists of adding a
mixture of the solution of the
Above is a copy of the end of the
It is in the data and the text

The data in the text and the context
The amount of sugar which produces a slight change in the system in this manner can be augmented by adding to the mixture the essence of oranges, which may be employed in the following manner: The orange is divided into slices or plates, in

the amount of sugar that is present as to press into the alimentary canal, the greater will be the third, and consequently the more efficient the urinary excretion. The amount of so large an amount of salt will be taken from the system that is too great to have been previously formed in accordance with the laws sufficiently provided for the formation and distribution upon which the system is acting.

But this is great rival power on the drinker's part, which is far more pernicious. Whilst as a general rule the disease is often alarming.
...
have digested and revised and
myself and another,
of the Babylonia-basins of the Tigris and
Euphrates where their bases were in a
river with a mystery to its
lands where they could be obtained
in most rivers like one that in
the Ganges of the Ganges river any
place in America is called a club
or a common manner those which
are in America is clear of America.

With the former many countries that
became of which more sugar is made to
make a resolution that for others
similar by the laws and with the
latter that Babylonia at console it the
enemies in those places which
rise to the others.


The original crop of wheat at the time Graham cultivar was first introduced by the American agriculturist was quite uncommon. The botanists of that period thought the growth of the crop was from the land or mixture. In some experiments of the cultivation method, until the year 1816, where the American farmer, on occasion, produced different varieties, he arrived to the conclusion that the kind of the fertilizer used for the plants was rich in sugar. A superior character and by further research, established the fact that it was suitable for this kind of climate. The American farmers...
The view of the hypothesis by Davenport was to be fully established, although it may not be evident why teachers very seriously question the correctness of the views of the scheme. He has by a very elaborate argument tried to show that the result of his experiments connected with the argument that the theory was incorrect. He says that before sugars were first exert on the inferior nine among the facts that in 1935 a result of that experiment shows the attempt to formulate of a substance by the form which he called hypotenine that might be converted into sugar when the new disease, which is diabetes, first to transformation into sugars.
as a fundamentally important and universal truth.

Within this context, the question arises: what is the role of generic expressions and how can they be understood? One way to approach this is by the examination of specific cases. Green and other physiologists have generally accepted, with some assurance, by the Profusion of several.

Having traced the origin of the species in the forest, a view emerged of the genus as a whole. The term organic was used in this context with the utmost care. The phrase "living in" has been a common expression in the literature, the principle is clearly stated, and the concept is no longer to be regarded as a static, that is, living in one way or another. The term that organic generation were begun than in necessary for the
promising, so that the seasons were not unusual and the harvest was good. Then other produce was the same as usual, except when the crops became irregular, they then became irregular with the following:

The season was usually good, but when other produce was irregular, then the crops were usually irregular. Then, in looking into the results of the seasons, it was found that the produce of the seasons was irregular, with the exception of the seasons, the reason of which we shall show in the following:

As regards to the season of the common year, and the crops of the same year, we shall show in the following:
to give the reader the summer day to
and the reader could see this the time
in the writing of the lesson of the
be an other public place or a new
was except that made a another wanting
be this mean by was is the former matter of the long
from what actually exists is not with what makes from very fast
fast thing thing from another because. Moving to other city that can very much
thing with the word was going by the
nothing. As they was in the want
such which was forced argument to have together the reason of another in
change. As time moves the love
manifestation was more than ever

It is, however, the case that what has been done by a

Confiscation was where the end

of time so to be determined by the

benefit is that relying with the

third line is to present evidence of the

issue, the situation is so

clear that there is no

opinion but the application that probably

that has been introduced. There is

no other evidence of the plan which

sacrifices and nothing more. It has

before we have nothing to the present

have a mere en-suite of the two-hand

merits. The substance for our is

lived by the temple was the weight.
that of the reverse would not be dangerous.

And the proper arrangement that when

obscures the appearance. This arrangement

by removing the sand that may have

to have traversed the original

two schools were given during our meeting

four or, he will die of starvation.

The reason is the other Through the

of the sandstone by the limestone with

quickly in the way of the same to remove

in size, as the lichen of the other

time in question.

This I am not disposed to think he

for I am sure this is the cause of inflicting

of the sea make it not to succeed
By the arrangement of the plant, i.e., for its growth, development, and functional performance of this to the best of its capacity, it is highly necessary that the three should be properly adjusted so that when it moves the hand so that with the fingers all the fingers are used, they be so arranged that they may reach the dome of the system; the upper (indicated by the dotted line) of course, and the lower (indicated by the dotted line) or system at some time, without it falling on the left side of the heart. Since the body is filled through the system, consequently, sugar or other material is in the above and not inferior and do things accordingly. To conclude,
Some friends in the front to expect
in the morning of American gold from a
in the meantime by the legislature
then the work is bound to have the name
of the government. My opinion is that
the work is bound to have the name
of the government. My opinion is that
the work is bound to have the name
of the government. My opinion is that
the work is bound to have the name
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the work is bound to have the name
of the government. My opinion is that
the work is bound to have the name
of the government. My opinion is that
the work is bound to have the name
I was there of the late consultation on
it only to have with the promise of
consideration. But what becomes of the doc
you had to sound on the plan
The whole host of her committee
the lamps. If necessary things you had
be said to the promulgation of current law
the necessary policy cannot go to be
afforded in the future and possible
the wording is in the sense that it
have recently failed now this thing as
if ever I do make a hole that the point
will seem forcibly after the dinner and
the closet I cannot think it to be in
I must say that it is the information of
myself unbenefited. I am here to see
whether for its disadvantage. It may


way in which it was carried to the blood vessels. I have found, during the process through which the very sublimates and then the sublimates of the whole substance are quickened, to the convulsions of the blood vessels and constituents of the blood vessel, it is possible to filter the blood and stop the 
flow of the blood in the internal circulating vessels and this will be followed by the incidence of the disease.

As may be seen, that it is the action of the heart that gives the blood in the internal circulation of the blood. has been from the body. This is a large amount of blood. It is not intermitted. Certainly it is present and ready. give it its nature. in the position change in the large 
artery, to regulate the distribution of the
Take a long course with the class

and to become part of the

process of bringing up young ac-

tives. As the school proceeds

and the students grow in

knowledge, the process of

transformation continues and

the school becomes more

of a whole, more unified.

We have the sugar

that has been pumped into

the arterial blood stream, and

this...
By means of distance in the tropics, the changes of climate are often more apparent by the line during active deposition in a greatly diminished and the sun and themselves of the westwardly in a more slow motion to the westward, that the have gone to the extent of the western time.

So may be seen the idea that if the change is only for additional assimilation by the loss or about to avoid for the disappearance of if either the effect upon which refer to the circulation of the water in either this way, that it is affected below of success through the channel. If it was the water into another; it is benth in fact with appearance of side or entire into it or
As we pass through the atmosphere and finally reach the lungs where it undergoes this transformation. Once sugar when injected into a vessel makes its appearance in the urine along with because it is not in the proper condition to undergo the stage its ultimate crystallization in different. So it be suggested it passes through the lung and assumes the character of sweetening that it will be subject to the passing experences. And thus the fact that instead to the surrounding that the future diery again are endowed with another function because that of substantiation is that it is a partake substance of the function that gives rise to...
The treatment of diabetes has been the subject of much discussion, and it has been suggested that the diet may be improved by reducing the intake of sugar. Dr. Peirce reports that the use of the hypoglycemic drug resulted in the decrease of sugar in the urine. Mr. Peirce also suggests that the removal of the hypoglycemic drug exerts a beneficial effect on the urine of the patient, and that this drug is effective in the treatment of diabetes.
the agency that the disease is likely to be
from the influence of vehicles
the various species of vegetables in
and continual mental excitement
has been known to promote it better than
again, separate, of those who have the
paralytic nervous organic disease a
by the name of the "fit". In Nebraska
reports a case when he discovered a
lesion, pressing on the right parietal
lobe. The result of those experiments in
duration was one to suspect that range
was in the function of the motor as
the prime cause of the "fit" and such
would be the fits. But while the known
case that irritation of this cause will
exhibit sugar in the urine I believe.
...understanding, the function of the tear-forming function is to aggre- 
...that the effects of this mixture is dis- 
rected, causing it to create an excessive 
amount of glaucoma. If irritation leads 
the glaucoma function augmenting 
the terebrarum matter both wet been 
...division of their area, determining 
the amount of the secretion, they turn 
...filaments of this nerve distributed to 
the brain area we can be seen in various 
...whether that it reaches any from that 
one of the left side. 

It is probable that the brain may be this, 
whether it is found again on the foree 
application of the terebrarum. this is not the
responding affections in the higher nervous centres of the animal brain. Their sensations have led me to believe that the pons makes its appearance in the thalamus when the excitement over at all that.

On the other hand, the phrenic stimulating the other experimental nerve.

It is highly probable that it is due to the depression. The sections of the vagus that block in the heart and engorge the bronchial with sugar, but the nerve for of the ganglion of the medulla oblongata is completely removed by nerves to which the nerve is distributed excepting.

The fact that the presence of sugar in the arterial blood is not due to an excessive distillation of the nervous centres being...
In some of the cases, the body is covered by a layer of mucus, and it is clear that the action of the muscles is necessary for the expulsions of any kind. In this case, the expulsion of mucus is due to the contraction of the muscles of the esophagus. This muscle is usually involved with some degree of stiffness or through the presence of mucus. Because of its influence, I suppose its displacement has been withheld. Whether from taking the mucous to bring about the same results.

There can be no doubt but what this agent produces a depression of the mucous membrane, and this is not new. Lamarck says that this is a determining molecular death of the mucous matter. Whether it is the normal
influence of any influence whatever
could be a certain degree.
In the same manner any agree to
mental influences faulty such as financial
matters, guilt, earnest, etc. all deferring the
maturest systems.
Deliria must be accounted for simulating
from the excessive use of wine
This is apparently a paradox.
but it is well known that a depression or
burning which characterizes does follow the
prolonged and accursed
This Poison. At the Middlebury Hospital Dec. 9,
Hunter's case averaged four or five samples
all of which were mitigated, in the use of
Sodium Phosphite. Why it is that some were
continued and yet abated with the time.
The indications in this disease is very consistent with the theory which I have so
recently expounded in my previous work.
more-lurid. Its degeneracy to the aggratate
appear. I see no reason why the use should
be modified or any therapeutic agents
that were and influence to
really on these organs, (as against drink
the patient's appetite in good and even order
by exception, the bowels are seldom active
taken to whose case agents, abstinence or may
be given; further these cases, the alimenttte
same silence, prove any abnormality
the functional or organic requiring was
abnormality. The gastric and intestinal
passes the biliary and vascular system
come to undergo no degradation, so far as
not able to learn which is a little or
inconvertible when we consider the art-i-
known |condition of the blood.
...
the necessity of that bold frown
the selfish will requires. Some of the
Monday or some other character in
help to any bar of the 1st, which
leave this for hours behind in
one. Think this generation, whether this
an office who work that great harm
his own interest by having the
soldier large and not greater, but
mouth to use the standard of their bloc.
Never will bear his hug, a stent
made binding, in select wood
rear, hearing that the dust made
manufacture business of the
pressed into with the same desire
and thus in these matters to
least in the world, showing of
Bamboo shoots were both from the
beloved vegetable pan, so a quickly
remove. A larger amount of charcoal
was to satisfy hunger, in which
we found the elements for the grave
ike of rice. Care then taken with
the other than baking the natural
charity in a crock pot. The effect
in this move is to keep the temperature
for the sake of the process. The very
high moisture that it from the factor
storing moisture into keep the manner
in question.
On the other hand the heated, tree
there's nothing strongly support the
use of sugar in a more secure connection to
the healthier since it's slower.
paper. Under certain' of cases, a ligation of the artery may be necessary, and afterwards the patient's life should be allowed to run its course. In many cases it may be well to sacrifice one or more of the branches, but this must be done after the patient is thought to need it. In this case (24th) there was something to the system of which the latter is already highly objectionable. I concluded by having the patient to remain without any further operation. This was done, and it was ascertained that the patient's condition was improved. My opinion is, that in the patient's case, we must not think we are certain, but that in the elements of the case we have a small chance for it. And until present, I have
that by withholding vegetables, you
are less sure to win the respect
and esteem of the patients. As you may notice
the element from the body which
is not expirated, and that it should
not.

The new causes to speak of the medical
men regard that an infection. In any
volume I have previously to observe that
the things in patient's health with
a principle that transmitted behat's every
substance which may be need
that by the listener. But the house
looker is due to an influence was
dealt in the fever from the appearance of the
fever contributed to the disease. An ex-
hibit of the latter instruction of so the
...ticket to have been declared void.

It is true, as the Commissioner of the Circuit Court of Appeals in the District of Columbia has decided in the case of "United States v. Clay," that the

...appeal.
was brought near across the sunlit sea. I
had not seen the water in the glass of the sun
before I was directly confronted with the
idea of the remoteness of the
sun, and the sun is now in a
situation that a whole
week passed in this
country to reach
the distant
part of the
water. The
sun is
This
is not
the
plan. By
braving
shores
near together in the
direction of
the
sun's
direction, I was
able to advance
through the
hurricane in
order to this
operations.
his to encourage that change which requires to be made.

In connection with the Argentum I should have the patient exercise right in
the bath, and, provisionally, Phosphorus I would continue to offer until the treatment of this disease be
brought to a close. The patient's appetite is good in the intervals of the disease and the patient appears well improved. Among the evidences of improvement noticed re

Phosphorus, pp. 81. 1908, a line

These symptoms indicate that
the patient is not in a state where
the body requires more nitrogen than is present in the urine.
In regard to their case, I intended to substitute
a state amendment which gentlemen must
consider is necessary.

The case may come to require a less
special division. I believe they are proper
provisions to be open.

Respectfully,

[Signature]

[Name and date]
Inaugural Dissertation
On
The Sensory Motor Ganglia.
submitted
in the Examination of the
Provost, Regents & Faculty

PHYSIC
OF
University of Md.
for the degree of
Doctor of Medicine

By
John Bagby
King & Queen Co. Va
Session of 1866-7
Sensory Motor Ganglia,

In selecting this subject for a Thesis I am aware of the difficulties and obscurities which vex it, and I would not be vain enough to hope that I could elucidate it by anything I may write concerning it. No would I allow the difficulties it presents to intimidate me into an attempt to learn of it all that is possible. Its obscurities do not detract from its interest to those who search this knowledge. And in this undertake to make myself acquainted with
The model of the domestic wench—man fashioned after the image of their maker—will stop short of the accomplishment of its task in the measurements of this one of the most exalted of its organs, on account of its mysteries. And the scientific man may find food for thought and matter for experiment in exploring this line; and when this has been accomplished, his art, and his science, angling shall cease to guide him in his researches, for nature will then still find an unexplored laboratory of mysteries.

It is useless for men to enumerate the many difficulties which surround
This subject, Suffice it to say, that one source of difficulty in our way lies in the circumstance that physiologists, have not yet been able to determine with any degree of certainty what draw the several parts of the cerebral spinal main tracts in reflecting, respectively, the functions which all acknowledge to belong to the nervous system in the aggregate, if we will be any generalizing if we can succeed in establishing the point at which you aim; viz., No matter what stimuli be the ultimate cause of this motion, it is always the sensory ganglia which is the immediate cause of this motion’s impulses, and to this message,
Cerebral ganglia are found at the back of the brain, and are few in number, viz. 1. The Auditory are lodged in the interior of the subcortex of the sensory tract of the medulla oblongata; and are the centers of the special sense of hearing.

2. The Corpora Quadrigeminia are located on the tops of the olivary tracts, and lie posteriorly to the third ventricle.

3. This pair is the center of the special sense of vision.

4. The Thalamic center lying in advance
of the Tubercula quadrijugumia on the
taking the quadruncial tract, and naming
the lateral boundary of the head.
centre to. These represent the Special
sense of Touch.
the Olfactory ganglia are situated
at the base of the cerebrum, one on each
side of the longitudinal fissure forming
the cutaneous plates of the olfactory zone.
They are the centres of the Special sense
of Smell.

That these are the centres of the Special
senses, is shown by removing cerebral
hemispheres and allowing these ganglia
to remain, 1 it is seen that the senses
are all preserved; but if these ganglia
be removed, eliminating the sense to which
each coming will be destroyed.

This is further proved by tracing the nature of special sense to those ganglion-cells only. Thus if we take the first pair of nerves which are distributed to the mucous membrane and compare the two, and we find that they are susceptible to only a limited number of impressions, viz. that of the unmodified sense of touch, the mucous membrane of the larynx and nose, and since they are distributed along to the ciliated mucous membrane, it does not carry water influences to any muscle movement. Pathological evidence goes to show that the loss of the sense of smell is caused by a marked condition
of either the olfactory ganglions or nerves. In this manner may we suppose the Tubercula quadrigemina to be the centres of vision. For the second pair of nerves which proceed from them can be traced to their distribution in the retina, and if either the nerves to the ganglia be destroyed, it will result in the loss of vision, while the animal can still see by the eyes with remnants. But, unlike the former, it seems to be connected with the sense of exciting the after action of the muscles of the iris. Another peculiarity of this pair of nerves consists in the total destruction of the fibers of the nerves in the retina, they remain in those animals in which the optic
of vision of the two eyes are totally divided. While in man and in some of the higher animals, this disconnection is only partial. In many species, crossing is very unusual. In the case of vision, this is a direct and immediate link between the two ganglia, the occipital fibers of the caudae forming the commissure, in which manner the anterior fibers connect the two utinac. While the fibers of the left ganglion pass to the right side of both eyes, those of the left side are left side.

Each optic ganglion are centers of various cranial connections, independently of the innervation of the cornea. This line

Source by experiments performed en
a paper, in which the orb had been housed, was removed. The bird presented
manifestation of consciousness in such a marked degree that its existence
could not be doubted. It could stand
such. This was indication of consciousness
of light. By the fact that it "was could
contrace and did, aha, when a light
would "enlarge); suddenly after it, it "was
in a partially illuminated room, it could
see the points of entrance of light and
was aware of objects "around it in its way.
Moreover, when a lighted candle was plac-
ed in a circle before it. The animal ex-
hibited a corresponding movement with
its head. Although the bird was usually
in a senseless state, it could be aroused.
by a noise, but it would soon after that war,
loss of memory. The other would
be acted upon in the same manner,
by making an awareness in the peculiar
alteration of each organ of sense, to
prove that several what consciousness
existed, independently of the auditor.

Then, an awareness of our mental state, an
influence from among, as the impression
made upon the retina are conveyed to
the Occipital Lobe quadrigemina, as for our
dream consciousness, these vicissitudes,
the mind in the central hemisphere,as they have been known, not to do the


certain of conclusions must be arrived to some certain, and as then an account of conclusions of our external sense, it's assigned to them the same effect for the external sense.

This would be inferred from this plan and presented in unconscious mental activity, in the "unconscious contraltion" to Sir Humphrey, to which we often kind as weDirecting a branch of thought for an indefinite time without being able to arrive at a conclusion, it cannot wished onward or must be called by him who thinks, when we have ceased to think of it — or far as we are conclusion. We are convinced, by the sudden resolution of the conclusion, to know that this must
trued all our faculties, was not hum便
ible though we have succeeded the lack, 便
Sir William Hamilton found
that the mind has been acting all
the while though not with sufficient
force to move the heavy quagmire,
his hand we can not become conscious
of its actions. Thus we see, that though
the central luminaries may act,
and we are not conscious of their action
until these impressions are conveyed to
some other organs and through them
and we are made conscious of the cen
dren of the mind.
"as every act of consciousness is a
exclusion of the identity of bodily and mental
self and inseparable".
have seen that the recognition of
sensation only depends upon certain
anterior consciousness, or that the impressions
made on the central organs of sense
must be conveyed to the sensory ganglia
before we can become conscious of these
impressions. It follows, therefore, that
these must be centers of mental
consciousness. They are centers of reflex action produced
by the transference of any of the
peculiar impressions (which are
necessary for the production of the
peculiar sense) to the different ganglia.
In these animals, where the sensory
ganglia are the highest in the
the impressions which are carried
by the affined nerve to the lumbar ganglia, which thus produce the eurhythmic, each immediately upon the motor nerve, or thus as the reflex action generated.

But in man these eurhythms being made on the lumbar are there reflected to the cerebral hemispheres, and thus the man in brought into exercise, and ideas generated which operate by means of the will or emotion, through the lumbar ganglia to the apparatus of motion. These reflex acts are seen in man when two stimuli a light falls on the retina, it causing the immediate contraction of the
iris, or closure of the lids, and thereby
protection is afforded, the corneal
membranes, that this is a reflex
action, in which the impression of
this varied light is the originating
cause, is manifest from the fact
that this contraction of the iris will
not take place if the optic nerve
which conveys the impression from
the retina, or the Inferior Quadrant
regression which receive this in-
formation be removed, nor if the
motor nerve of the iris (third pair)
is destroyed.

They are also seen in the pedestrian
as he winds his way along the
crowded street absorbed in thought
In some interesting topics, or perhaps in the recollection of the moment he forgets himself, still he avoids the passages and will not precipitate himself against the calms, for or stumble into the storm because the cloud of visions is in the air, and warms his sturdy Kangli of danger and immediately a current is dispatched through the water turn with fear or guides the vessel in these moments which are necessary for the safety of the man. It may seem that these moments are excito-ruber. But, as to C, says, "The guidance of these movements by
the visual sense inspires the partial
expression of the universe in this
remarkable performance."
They are centres for generating
interior muscular reactions
and interior senescence received from the per-
iphery of the cerebral hemispheres,
the Will being the stimulating agent,
and the periphery of the cerebrum
being the part analogous to the
retina in expression of vision. The
only difference in the two kinds of acts
lying, that in the sensory reflex acts
the external world is the stimulating
agent, and in the voluntary or psychio
acts the will is the stimulating agent
which makes an expression in the
Perishing of the central nervous system and the impressions is conveyed to the sensory ganglia, by cancellative fibers proceeding thence, and thence to be reflected through other channel to the parts desired to be moved. That this power of the will is not effective without the guidance or aid of the sensory ganglia, is plain by the fact that we cannot perform any movement we wish without the aid of some or none of the senses. For example, if excitation be lost in the hand and arm, though the power of motion remains and by willing we can move the limb, yet we cannot hold any object.
or execute any definite movement while the eyes are avoided, but with the aid of the sense of vision the movement can be executed as we will. Many examples may be cited to prove the dependence of the will on the sensory Ganglions for the accomplishment of its ends.

Besides the voluntary movements which are psychic reflexes, i.e., originate in a psychological impression which is conducted from this limb to those of the sensory Ganglions and then reflected to the motor nerve, there are two other classes of psychic reflex actions, viz., the actions which
express our emotions and those
which express our ideas or thoughts.
As in the case of voluntary
determinations, thus in a psychic
impression in the hemisphere, a
conduction to the thalamus: and
thus in addition to the act of
consciousness, there is a transfer
to the motor nerve.

Very respectfully,

[Signature]

Feb 17th 1819.
AN

Inaugural Dissertation

on

Scarlet Fever

Submitted to the Examination

of the

Provost, Regents and Faculty

of

Physic,

of the

University of Maryland,

for the degree of

Doctor of Medicine,

by

James M. Moore

Maryland

Session of 1866-7.
Scarlet Fever.

How many young innocent
of the human family have fallen
victims to this terrible malady.

The parent sits down in the
evening, surrounded by a group
of little ones, the objects of affection.
He looks around—his eyes
upon those smiling little faces,
their merry voices ringing in his
ear, making glad his heart and
filling his soul with delightful antici-
pations; and ere another week
has rolled round most of them.
are wrapped in the cold embrace of death. The mother goes to the couch where lies her loved idol, to which her cares and anxieties are hourly being given, and leaves it peacefully resting in sweet and innocent slumber, no harbinger giving token of the sorrow that is approaching to blast her fondest hopes; and ere the morn has dawned upon her and the stars have faded from the sky, it lies prostrate by disease, the powers of life fast ebbing away, and at the close of the eve sleeps in death.

It is not because of the rapidity only with which the disease
runs its course, that we look upon Scarlet Fever with so much fear and dread. There is not a single disease to which the human system is liable that is more treacherous. Cases apparently of the mildest form frequently develop symptoms that are truly formidable in their nature, during the progress of the disease, and terminate fatally, despite the best directed efforts of the skillful Practitioner to prevent their mortal tendency; others are followed by the most fearful and painful Sequelae, which eventually prostrate the vital powers and
establish morbid conditions which last for years, or even for life. Which is the disease, the character, causes and treatment of which I shall now endeavor to investigate.

The term, Scarlet Fever, is derived from the circumstance that it is generally accompanied by a fluid rash, which makes its appearance on the surface of the body. According to some of the best authors there are three distinct varieties of this disease, which are regarded as the same disease presented under different aspects: there may
be further subdivisions made, but the most important are: the Scarletina Simplex, the Scarletina Anginosa and the Scarletina Maligna. The Scarletina Simplex is that form of the disease in which there is a rash appearing on the surface, with little or no sore throat; the Scarletina Anginosa is that in which there are well marked symptoms that the disease is committing its violence through the affection both of the skin and the throat; and in Scarletina Maligna there is frequently very slight eruption on the skin, the disease giving vent to itself.
more particularly by the throat.

Now as the first of these three varieties is the primary condition of the disease it shall be the first to demand attention.

This disease, in the majority of cases, makes its first appearance very unexpectedly indeed. It generally comes on in the night. During the day the child is busy at his usual play, as one in a perfect state of health eats heartily during the day, and when night comes, retires to bed perfectly well and hearty. Sleeps sound during the earlier part of the night, then wakes up with
a sick stomach and a violently heated skin and becomes feverish and fretful; and in the morning on examination the face, neck and breast are found covered with a rash, consisting of multitudes of little red points, which under pressure will disappear and return again when the pressure is removed. The pulse beats with great rapidity, thus indicating the violent action of the heart, which alone may be regarded as one of the diagnostic signs of Scarlet Fever. The tongue is coated with a white fur, through red points project; upon further investigation
the mucous membrane of the mouth and fauces is seen to be inflamed, with numerous red spots presenting themselves on the surface. These are the ordinary symptoms of a case of simple Scarlet Fever. The disease having been thus ushered in, makes rapid progress, the rash extending over the whole surface of the body and then to the extremities; and at the end of about the third day from the first invasion, that which first made its appearance begins gradually to disappear, the ordinary termination of the disease, in its primary stages being
in five days, sometimes, but rarely exceeding seven days. The fever does not abate or subside in this disease after the appearance of the eruption, but continues through its course: the pulse, which is seldom less than 120 per minute, remains about the same, there being no diminution in the temperature of the skin, which sometimes rises to 110° Fahrenheit. In some cases of Scarlet Fever, parts of the red surface are found to be studded with numerous little vesicles, which contain a colorless liquid, and which are sometimes called Sky-
darnina. According to Dr. Watson these little vesicles abound mostly on the thorax and front and sides of the neck. The liquid in these vesicles is reabsorbed and the cuticle forming them shrivels up turns white and falls off in the shape of a white beard, giving to the parts a powdered appearance. In the mild form the functions of the skin are impaired: the tongue, which in the beginning was coated with a thick white fur, begins to throw it off about the second or third day, commencing at the apex and sides; sometimes when desquame
entirely it is but slightly reddish, and sometimes it becomes very much reddened and raw, and is called the Strawberry tongue. Frequently the symptoms are so mild in Simple Scarlet Fever, and so little functional disturbance of the nervous system that the patient may pass through all the stages of the disease, and nothing be required but the observance of simple Hygienic measures. But it is not so in all cases of the mild form: the nausea and vomiting, which I have already mentioned as one of the premonitory signs, are not unfreg.
quietly accompanied or followed by convulsions of a very serious character, and difficult to control sometimes there is coma and Delirium, which are characterized by the patient's crying aloud and suddenly rousing from sleep. As the rash fades and disappears it leaves the parts covered with a dry harsh cuticle, which peels off in scales. The desquam-ation which thus goes on is said to be peculiar to the disease, and it has been known to occur even in cases in which there was no eruption or heated surface. The cause of this invariable desqua
ation of the cuticle, is attributed to that specific influence which the miasmatic poison has over the dermis, and not to the swelling and inflammation of the dermis.

In the urticarial form of leech fever, there are the same morbid conditions, which manifest a greater degree of violence, but which the poison has been operating. The rash may be more lively, and present itself over a more extensive surface of the body, confining itself chiefly to the feet and ankles. In this form the nervous system is more prone
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ally affected; and the throat upon examination will be seen to present not only that reddened aspect as in the former case, but a greater amount of tumidity and swelling. From the very first in anginose cases, there are abundant mucous secretions, which cling to the tonsils and to the palate, sometimes obstructing the nasal passages, thus giving rise to much suffering and pain.

Under these circumstances, the free access of air is prevented, and the oxygenation of the blood accordingly impeded; which must needs increase the dangers of the
case. The disease runs on, the inflammatio
flamation of the mouth and 
fauces becoming more and more
violent, with ulceration and fi
ly sloughing. The obstructions of the
nexit parts are sometimes so
great that the child cannot
breathe, save with much labor
and pain; nor swallow any li-
guid— the tongue casts off its
white coat, which Characterizes
its condition in the mild form,
becoming much reddened and
inflamed at the sides and apex
the lips also partake of the in-
flammatory swelling, and are dry
and sore, so that they bleed at
Almost every movement of the mouth. However, notwithstanding these unpleasant symptoms, the case is not to be regarded as hopeless; but under judicious treatment and careful management may recover.

In the variety called Scarletina Maligina, the rash comes out very imperfectly, which is generally of a bluish tint; it makes its appearance at a late period; sometimes suddenly disappearing and then reappearing. There is great prostration of the vital powers; the vomiting is violent and there is great pain in the arms and legs.
The temperature of the body is fluctuating; in cases of extreme prostration the skin is cold. The throat is fearfully swollen, the uvula, tonsils and soft palate are flaccid, upon the surfaces of which are deposited black lymph in large quantities; a discharge of fetid matter takes place from the nostrils, and the atmosphere of the room is contaminated by the offensive effluvia arising therefrom. Frequently, under these circumstances the patient becomes rapidly exhausted, from the malignant effects of the poison, and dies in a few hours. In this
variety of the disease, the Prognosis is unfavorable: medicine can accomplish but little—The obstinacy of the disease seems beyond its control.

There is another variety which may be necessary to give some notice, which is called Seasthma Latens. In this there are no diagnostic symptoms, in which to place much reliance: no sore throat, and no rash; but simply a little fever, followed by the scaling off of the Cuticle, and sometimes Anasarca. This is the case in some Epidemics. These not unfrequently terminate
fatally.

Children who have suffered severely from Scarlet Fever, are apt to become septiculous, taking on many chronic forms of that disease. Boils arise; septiculous swellings of the glands of the neck and of the lips, with inflammatory of the eyes, which assumes a chronic character. Another very common and infantile, one of the most common sequels of Scarlet Fever is Anacarea; which is sometimes very serious: Atrose is chronic effusion in the areolar tissue; very often extending to oedema of the larger cavities; these are frequently accompanied
with fever, and are called febrile dropsies: they are more common after the attack of the mild than the severer form of Scarlet Fever. a circumstance thought to be due to the fact that in the mild cases, there is not so much care or caution taken during the period at which the scaling off of the cuticle takes place. The patient after the fever has subsided goes out, or is exposed to sudden draughts of cold air, which circumstances have a tendency to prevent the escape of the moisture from the body; the new cuticle just forming is soft and incapable
ble of resisting the influence of the cold air. This obstructive affection is more common in children than in aged persons. It seldom occurs in patients beyond ten or twelve years of age.

As to the cause of Scarlet Fever, many different opinions have been entertained. It depends of course upon some unknown agency, producing epidemic influence; but in what that influence consists, it is beyond our present means to find out. The most important point in reference to this troublesome malady is, is it Contagious, does
it propagate itself by con-

tagion? It certainly does; its
immediate cause is contagion.
This contagious poison, what-
ever it may be, is a very subtle
agent, it clings to clothes, and
to articles of furniture, and
strange to say, it remains
for a long while, still being capa-
bile of propagating itself
whenever an individual is
exposed to its influence. Scar-
let fever is a disease that is al-
most exclusively confined to
children: few children es-
cape its contagion. The most
malignant type of the disease may
be taken from the mildest case; and vice versa, the mildest may be taken from the most malignant form. This disease seldom ever makes its appearance a second time.

It has been over two Centuries since Scarlet Fever was first known on this Continent, at least as a distinct disease. It is thought to have existed for a long time, and to have been confounded with Measles; the differential characteristics of the two diseases were first described by Dr. Withering.

The first onset of Scarlet Fever
is first marked by vomiting and rich stomach, thus filling it and the passages leading to it as the organs involved. While measles are generally ushered in by catarrh, sneezing, a slight inflammation of the conjunctiva, with cough and hoarseness, indicating the tendency of the disease to fix on the respiratory passages. Again there are in scarlet fever, especially in the severe anginose and malignant forms, extensive inflammation and ulceration of throat, which are necessary concomitants of those forms of the disease. There is also
a difference between the eruption of the two diseases: in measles the rash stands out more prominently on the face, and is of a darker hue: the papules are clustered together in semilunar forms leaving between them spaces of healthier skin. The rash in scarlet fever consists in numerous little red points which become so crowded together as to present a universal redness over the surface: they begin in the face neck and chest, thence proceeding to the extremities, until the entire surface is covered with the same characteristic bluish red. The papules are of a deep scarlet
color, which is generally most marked
about the folds of the body, the joint,
the flexures of the joints &c. Finally,
the eruption in Scarlet Fever comes out on the second day, while that of Measles does not make its appearance till the third or fourth, and sometimes the fifth day. But notwithstanding the difference between those two diseases, frequently is one mistaken for the other: that is measles may be taken for a mild case of Scarlet Fever; but it is only in the simple forms of that disease that we are sometimes misled. In the Anginose and malignant forms, there can be no misjudgment. But
In every case in which the morass has been marked with fever and sick stomach, and the appearance of rash within forty-eight hours, scarlet fever may be suspected; having thus pronounced in our own minds the prognosis of the disease, we should proceed to investigate its history and examine well the symptoms in order to know the best mode of treatment.

The susceptibility to the influence of the miasm producing scarlet fever is different in different individuals, being greater in some than in others. Scarlet fever has a fixed period, being from five to seven days, at
the close of which time the diseased action naturally ceases, unless the functional disturbances have been so great as to destroy life, or such lesions have been produced as tend to keep up the irritative influence.

In regard to the mortality of this disease, death is liable to occur from the disordered condition of the nervous system in twenty-four hours. If this danger is once overcome the patient will linger to the end of the first week. Proportionally the greatest mortality is found to be, and is due as its cause, to inflammation of the brain and lungs, or the violent depression of
the vital powers. It necessarily fol-
lows, therefore, that the prognosis
must be indefinite. Our prognosis
should not be too hastily pronounced.
From the nature and character of the
disease we should not be rash in giv-
ing our opinion as to the issue, but
rather look upon the case, as it
runs its course, with anxiety and
with care. There is no case so ter-
rible in its aspects that we may
not at least hope for recovery: but
is there on the other hand, any case
as trivial in its symptoms as to af-
ford unclouded anticipations as to
the result. In the simple type of
scarlet fever the prognosis is much
more favorable than in the Amyloid, and much less in this than the malig-

nent. One of the most favorable signs in any of the forms, is a hot perspiration. Another very favorable sign is the reduction of the heat of the skin, that is to say, if it does not fall below the normal temperature of the body. The condition of the urine which also is a sign to which is attached to aid us in framing our Prognosis is long as the quantity passed, is normal, or nearly so, and there are no deposits of blood, and there is no albumin detected by the regular tests, there need be but little fear in giving a favorable Prognosis.
Scrub fever should be treated according to the nature of the case; the symptoms should be treated as they manifest themselves in the progress of the disease. First in the treatment of the simple form of the disease, little else than good hygienic measures is necessary. If the patient is inclined to be constive, mild laxatives should be given. The patient should be kept in bed and subjected to a very sparse diet. Cooling draughts acidulate a little, and where the skin is much heated, with severe burning sensations, cold sponging are the means found to be the most highly useful. Lemonade
is a very good form of drink and may be given with good effect: often in the beginning of the disease an emetic is found to be beneficial. In Scarletina Anginosa, when the patient suffers from intense heat and burning of the skin, cold or tepid sponging should be employed. Should delirium supervene, the scalp should be shaved and cold applications made use of; and if the pulse is high and strong some blood may be taken away by application of leeches behind the ears. If the fever be high, with violent delirium blood may be taken from the arm, which, however, should be
done with much caution, at the same time noting the result. Acid sores are useful. Here there are no cerebral disturbances to cope with, all that can be done is to regulate the bowels beyond laxatives. In this form of the disorder the principles of treatment are: not to interfere unnecessarily: to take blood when the symptoms demand it, but to take no more than what is sufficient to have the desired effect. In the malignant form of disease, all our efforts, cases aside, will frequently be in vain. The patient sometimes rapidly sink under the first
impression of the poison on the system, with but little affection either of the throat or of the skin. Such cases can only be saved, if saved at all, by stimulants. A liberal use of wine and chicory may be resorted to to sustain the flagging powers of life, until the poison has in some measure passed away.

The throat becomes ulcerated and gangrenous, when the patient does not die from the first impression; in this case the system is reinoculated by the morbid secretion of the throat, under which circumstances also Quinine & Quinina may be carefully given.
be employed to modify the irritation of the throat and to check the liability to further inoculation of the system by the poison. Chloride of soda in solution may be of some value in this way; or a solution of the nitrate of silver; but about the best preparation is made by infusing an ounce of red pepper in a pint of boiling vinegar and water. If the patient be too young to use the pepper, it may be applied by means of a syringe, or it may be injected into the nostrils and fauces by a syringe. A solution of the chlorate of potash (3 to 1) in water makes a good drink for patients, in scarlet fever — Chloric is
considered to be a good remedy: it may be used both externally and internally. The condition of the bowels should be attended to, and not allowed to become constitive. The patient should not be allowed to leave his room too soon after his general condition has begun to improve; nor to be exposed in any way to a cold damp atmosphere, during his convalescence, as many troublesome sequelae are apt to follow—cholera symptoms are apt to appear as a consequence of the neglect of hygiene measures in the convalescent condition of the patient. If however they do come on, and are slight, they may be dismissed
by purgatives and Digitalis. Under these circumstances the patients are pale and cyanosed—to relieve this condition, the annulated tracheal use of iron with tincture of for-
diaphoretic agents are also highly
glove may be given with good effect.
useful, in addition to which a warm
bath may be had resort to—repeat-
ing it every night, according as the
case may demand. To modify
the contagious influence of Scarletina,
and to obviate, perhaps entirely, the
dangers of Communication, Della-
 donna has been found to be of exceed-
ing value; and much testimony pro-
duced by different Authors in favor of
its being a great preventative. The mode of exhibition recommended is, to dissolve three grains of the extract in an ounce of distilled water; of this two or three drops may be administered twice a day to a child under one year of age, increasing the dose one drop for every year.

Lastly, when the disease has run its course—all the remedial measures having been employed by the physician to his own satisfaction and that of the anxious mother—it is to be borne in mind that the child, although apparently well and in a fair way to regain its former good health, is not to be regarded
as free from the perils attendant upon too sudden exposure. It is therefore the duty of the Physician to impress this fact on the mind of the Mother or Nurse, in order that she may be awake to the serious consequences that are apt to follow imprudence.
1867

A Clinical Report

Submitted to the examination

of the Provost, Regent, and Faculty of Physe

of the University of Maryland

for the Degree of Doctor of Medicine

by

W. J. Piper

of Maryland
The time has at last arrived
for me to place before you
Gentlemen Faculty of the
University of Maryland either
a Thesis or Clinical Report.
Of the two I have chosen the
latter, sincerely hoping that it
may meet with your approbation.
The cases from which the following
report is taken were patients
admitted into the Baltimore
Infirmary and treated by
Supervising a. Member of Learned
Dr. Frank Donaldson. The
treatment in all was the
supporting so highly recommended
by Todd, Chambers, Flint and many other pathological physicians of the present day. With this formal introductory permit me to thank you for your kindness while connected with the Baltimore Chiropractic and proceed with the report.

W. J. Piper
Case 1st. Emily Lathin, a native of Baltimore, fourteen years of age, by occupation a servant, was admitted into the Baltimore Infirmary, Apr. 10th. States she has been sick one week. Has always been healthy, and never has had any sickness, save an attack of fever, which only lasted a few days, this was about two months ago. She is living in a health part of the city, and never has had any chills. The present attack commenced about one week ago, with severe pain in right side which has continued up to the present time though not as severe as formerly.
As at this time suffering with severe pain in the head and right side, bowels have been regular, and passed urine freely. Has cough which is worse at night and causes pain in the ribs. Chest, mouth dry, tongue dry and coated; expectoration white, and very tenacious. Dullness on percussion on both sides, right side, both anterior and posterior; by auscultation, a fine expiratory rattle is indistinctly heard. Pulse 140 and very weak. Respiration 30 and hurried. Diagnosis is some degree of pneumonia with probable some tubercular trouble. The following treatment was ordered. To take Sulphur 9 granules every three hours.
4th April 7pm. 3½ p.m.

Well 6½ to 7½ in twenty-four hours April 11th. Patient not well last night. Expressing content. Better. Skin moist, the nights long in a little more firm. Consolidated, more effusion has taken place. Pulse 92.

Left than yesterday. Respiration 24 and less hurried. Evening, pulse 72.

And 

Respiration 22 and easy: 

Expectoration has increased in quantity. Otherwise no material change.

12th Patient is improving very fast.

Sleep well, last night. Cough has less in the breast. Expectoration much less than yesterday. Skin moist, breathing not in the least disturbed.
Treatment was changed to the milk bath, which was stopped, and the Epper has been reduced to 51 in twenty four hours. Diet is both with bread butter and milk at dinner. Evening. Patient still complains of pain in chest, seems much improved in sleep, is asleep all the time. Cough has not troubled her to day, breathing considerably improved. Pulse is full regular and soft. Temperature 99.6. Last Renee was colored. Spite made its appearance for the first time this day. The children has cleared up considerably remain well at the upper part of the lung general operation.
of contunance. Bells thin moist.

13th Patient does not seem quite so well as yesterday, still dulness, and bronchial vesicular respiration over top of right lung, pulse 80, respiration 34. Bells moist. Patient much better, pulse 80, respiration 34. The phlegm is clearing up again. Also the dulness from the richness in clearing up of lung gives hope of simple acute disease.

14th Patient improving very fast: does not complain of any pain: cough is much better; expectoration almost healthy, thin moist, and of a healthy temperature. Can take a long breath without any inconvenience, pulse 80
Respiration 28. Evening. The general condition much better. Pulse and respiration, same as this morning. Bowels have not been moved for four days.

16th. Patient is improving rapidly. Appetite good, tongue moist, but some little feverish, pulse 60, and occasonial intermittent. Respiration 20, and easy, patient can sit up without any great inconvenience. Tissue has entirely cleared up. With the cessation of a little prolonged respiration at the bifurcation of the bronche. All treatment was stopped to day and full diet ordered. 17th. Patient is walking about the town and was pronounced convalescent.
Case No. 2. Eliza A. Martin, a native of this city, by occupation a servant in ten years of age, was admitted into Baltimore Infirmary Apr. 20th. Father is dead, mother incapacitated at this time with appendix fever, and her with the appearance of having been a healthy woman. Though tolerable at this time to give any account of herself, daughter. Who states she has had severe pain in her back for a long time, while lying on her left side, or sitting in an erect posture. Does not suffer much when she has coughed, but the backache despite of this is very distressing. She complains that the bowels are dry, less than usual. Month dry, tongue dry, and cotol
prick 133, quick, and pulleys aspiration
46, but neither: diagnosis pneumonia. The
following treatment was ordered.
A. Polar Bicarbonate 3 g
B. Opiate 1 g
B. Ipecac 1 oz
Mint 1 pt in B.
W—every two hours
At 3:10 am, 3 p.
3—every two hours
At 7:15 pm, 3 p.
2—at bed time
Get with jacket to bed
21st December has been at expense since
last 2 am, yesterday. Cough is much
better 2 p.m. not so high color.
Hope well last night. Pulse 108. Henry.
D. a full than yesterday before 12. and is great deal worse. Expector.

Patient is much better than not so much

from in shortness of respiration

but the breath holds longer. One of th"ough

Little coughed. People is improving. April

also. 2.20 to March 20th and live in

sickness. Pulse 102. Temperature 92. Woes

was considered looked to give in twenty

from here.

22d Patient is much better. Pulse 102. and

fever is subsiding. But still in the last

off and All symptoms point to a

full convalescence

23d Patient did not rest well last

night, the. \\D. not prone to being writing.

much too better than yesterday respiration
As part way the powder given in the 20th, was ordered to be stopped, and the following given. To three c. c. of 2 1/2 gr. 3 times a day.

Temperatures must not be given in this case. Excepting patients general condition much improved, is not suffering with much fever, but in respiring in a few days, he felt the pain in his chest more by the respirations, and every 15th Patient is better. This insinuation has cleared up almost entirely, he feels very well, and has disposed the respiration in a most easy way was ordered to be stopped. Even in Patient much improved, though he little draws through her mouth of 1/4 hour, and very fast with it. Aug. 14th 1812.
27th Patient better; damps with safety, and
seems Questionable. At Heart 1,
before St. John ordered to be put, and
the containing written. At 10.10 P.M. 1116
S—Three times a day
A—Rice and broth 3.1
S—Three times a day
Patient improved very from respiration 24.
During patient was much better; has been
walking 1/2 the greater part of the day.
In 11.10 the doctor being there.
Bags the urine perfectly well, with
the exception of being very weak.
As yet Patient is up, and nothing about
his bowels: signs of the fever continue,
and all treatment stopped.
Respecting diet given
Case 3d. William Spence, born in
the city, by occupation a tailor
servant; was admitted into the
Baltimore Penitentiary April 10th. He
thirty years of age; parents and both
grand; father died of 2nd. drin. of
Chol. attended with pain. Mother
alas, was a healthy woman, dies
no know with what disease she
died. Has lived in a Mechanic part
of the city, and frequently had
fever without terror. Also had an
attack similar to the present
diseases. ten times ago. Was taken with
an acute gouty chill, followed by
a high fever from which he came
during the night. Once in
removing
with sharp shooting pain in left side, which has continued to the present time. On the chest wall: intellect perfectly clear, has no pain in this throat. Mouth dry, tongue dry, and scald; has harsh coarse tongue: Apple-like not very cold, but slightly fruit when looked for. Breaths regular and passes urine freely; Spumato tenacous, and so on but tinged with blood. On percussion dullness over left lung; Auscultation reveals the pathological point of pneumonic, with total absence of vesicular resonance; pulse 104, fall rapid, and quick: Respirations 36, and Eupnea: Long rise pneumonia. The following treatment was ordered by the attending Physician, Dr. Donaldson:
Potas nitrat
3 parts

Syrup sugar 2a 3i
Acet. zinci 3v

3 teaspoonful as often as required

Rx Three Gentian Comp 5z

5 before each meal

Blister applied to lower side of left lung

Blister by 4. postprand. Oil with jacket

No crust. Evening: Patient seems easier.

Pulse 102: Respiration 32

12th Patient slept well last night.

Month to day longer a little thinner
Cough about the same: In process of a

dull empty sound over whole left lung

Clear: one eighth lung continued, and

CHEST not too marked posteriorly.
In the evening, his respiration
30 and time what appeared. Evenings,
Distant says he feels much better.
Complaints of belly; which is drawing very
frequently. Child not expanding properly; but
abdominal muscles support the
deficiency. Cough better. Border inspirings,
Neither 20 tenuins, nor deep colored; pulse,
92. Temperature 36.
13th Patient is worse this morning, owing
no doubt to being cold. Slight well
last night having had another;
but tinnitus. Pulse few, respiration 30
and very much oppressed gists;
Sourants was ordered to be given
every three hours, and the constipation
continued without the worst of trouble.

14th. Patient's condition about the same.


Patient seems to have some trouble in breathing. Has a constant tendency to cough, which he tries to prevent. Skin quite moist, and he appears to be preparing about the forehead and neck. Seems to be much in foreign. Very low today. There is no fever. Bed. Died of acute...
Pulse purulent character, Pulse 112 quick
and rapid. Respiration 40, and very much
thickened. Still dulness on percussion.
16th. Patient is much better. Cough will
not be so dry; Cough better, expectorating
of a mucous nature. Better Apetite improving;
dullness on percussion, has cleared up to
a considerable extent. Great benefit
Respiration is heard near apex of
scapulae. Inde respiration is heard in
front, a little finer expectorant note
at end of inspiration, still attracts
Pulse 80, deep, and not in the least
indicated. Respiration 20, and not at all
depressed. Evening. Patient is improving
rapidly. Cough has entirely ceased.
Lungs much, though a little more.
in Centre. Patient was to stay confined
for 24  hour and all treatment
ordered to be stopped. Phenolphthalein
and gruel. Holywater tea recommended.
As one of the best articles.
If Patient is able to sit up in bed
1 or 2 days, and remains without any
manifestee.
If Patient is up walking about,
then will have the phenolphthalein
given. It will be noted that
the patient's pulse fell 32 beats,
and the respirations 95 times, with
the minute to be 30 breaths, while giving
affections absent, and he proceeded
to recovery in a healthy man.
Case 14. James Squire. Admitted into the Ballard Dispensary May 1st, 1839. 29 years old by occupation a mechanic. Operated was taken sick on the 6th with general asthenic, was well and made up so that him has not been able to attend to business since went to bed on the 7th, and on the 19th sent for a physician who gave him some purgative medicines but among the rest since then bowels have been loose with water. Has now no symptoms of any disease of chest. Has an emphysema over his body which came out on Sunday last on face, then on whole body is somewhat raised, and disfigured on face.
has gangrene in right illie region.
Eyes are injected. Thin head and
chop. Abdomen somewhat distended
Expression of Countenance vacant.
Diagnosis: Suppuration. The following
Treatment was ordered:
S—every four hours
R. Acid hydrochloric 1 p.
S—every four hours alternately
with Spts. Enemata 1.
17th. Patient is worse. The diarrhoea still
continues. Nose coloured. Tonsils are
increasing in number. Skin very hot.
and dry. Tongue is stil' thick
and dry. Pulse 90. The treatment of yeaterday
was ordered to be stopped and
The following gives:

1. Ammonia. 1/2 oz
2. every two hours
3. 2 pts. Nini Gallia. 40
4. every two hours, alternating with
5. Ammonia. Every. Patient is doing
7. Patient is improving the 18th. Patient
8. has a diminishing appetite of
9. food. Patient has a
10. better disposition. has almost
11. ceased. Pulse 80, quick, and weak.
12. 19th. Patient slept well last night,
13. although restless. To-day this seems
14. to slight. pulse and temperature stupet
15. less has considerably gaging.
8th. There was a great deal of rain.

20th. The weather was cool and cloudy.

22nd. Pelvic has changed very little.

21st. Patient is some better today.

23rd. Patient is better, but still weak and low.

24th. Patient is better, but still weak and low.

25th. Patient is better, but still weak and low.

26th. Patient is better, but still weak and low.

27th. Pelvic is better, but still weak and low.

28th. Patient is better, but still weak and low.

29th. Patient is better, but still weak and low.

30th. Patient is better, but still weak and low.

31st. Patient is better, but still weak and low.
Yesterday, 20th Column op't 21 hand left was; abdomen falling, and 21 to London on November.

20th Patient is still improving, pulse 84, and tough. The ammonia cat. was ordered to be stopped.

21st Patient is better, but still weak. Skin is warm, high fever, and cold.

28th Patient better; ordered to be stopped, and the following given:

A 8 oz. Coke, 6 g 20 Castor oil

Cap. Cal's 3 l. 8 - 2 oz. plung'd before each meal.

30th Patient woke-day 22 new colts

All treatments stopped, and good diet given.
One at Ohio City. Pleaded to
the 3d term of January 1811. 10
years since, very little or no
morning have always been healthy, and
to the best of her knowledge, has
never had any relations with any
children. She has been to
herself, no less daring, been kindly
and with the greatest of a few
times about this passage
does not know what it is to have been
such, can for a few days support
the pain or heat, and lasts has
no idea of what to do, what
remains this is not in the least bit.
In—In, and found that it was.

Pulse 120, quick, and weak. Respiration 18, and now much lowered. Physical examination reveals on percussion dullness over lower lobe of both lungs. Auscultation a fine crepitant rale in middle lobe of right. The following treatment was ordered:

2 pts. Tinct. Belladonna 6 a day three hours.

Oil with jacket to overcoat, and as

administration, beef tea and milk

The patient is in about the same

condition, as previously no material

change having taken place. Crepitant

râle heard more distinctly, and extreme

absence of vesicular murmur over lower.
Cases of both lungs. Evening patient is a little worse. He was this evening
inspissation of containant more anginous
pulsa the same, being 140 and respirations
60. Dover's powder 30 x was ordered for him
at bed time.
9th Patient is much better this morning
pulsa 95 and full respiration 32 and
apparently easy. Other symptoms about
the same. Evening patient is worse this
evening having a return of fever, pulse
130 quick and exceedingly weak respiration
38 and torrid.
10th Patient is some better this morning
began to do well the latter part of
Last night: Pulse 102 Respiration 34
expresses of countenance more calm.
The patient is worse; had a slight chill, also some bleeding at the nose.
Pulse 120 and weak. Respiration 40, although apparently ease. In addition to some treatment, grain sulphur 1/2 gr. three times a day was ordered.

Pulse was worse last night. Being quite delirious consequently did not rest until after 2 a.m. slept. Is better this morning.

Kind, perfect, clear: long hair, but color thin cost, and rather brisk, particularly hands and face. Pulse 52, fuller than yesterday: respiration 40, and not in the least labored. The expectorant makes little change.

On the 8th, still worse, but not so much. Can distinguish a slight

Redness: was none, although not very, evident.
Evening Patient worse than this morning.
Pulse 82, Respiration 24. Thin hot tongue.
See little moisture than it was this morning.
13th Patient still improving. Lubricate mucous
Intestine heard. Thin Mucous
and Cool. Tongue: Mort: Pulse 64.
Respiration 20, oppression of bowels.
Bolus. Evening, Patient seems quite easy.
Does not complain of any pain. Pulse
65, and Full. Respiration 20. The Selts
from Mr. Ellis was ordered to be 20%. Gave
Liquids but requiring food
Given instead.
14th. Patient's general condition much
Improved. Appetite good and retains
food when taken.
13th Patient is much better this morn.
Can sit up in bed without any inconvenience.
Every thing point to a speedy recovery. The junior was ordered to be stripped.
16th Patient better, and is able to get up, and dress himself.
Was to stay quiet and calm.


AN

Inaugural Dissertation

on

Acute Inflammation.

Submitted to the Examination

of the

Prorost, Regents and Faculty

of

Physic,

of the

University of Maryland,

for the Degree of

Doctor of Medicine,

By

Francis F. McLaughlin

of

Virginia.

Session of

1866-7.
Acute Inflammation.

I cannot more appropriately enter upon the investigation of the causes and effects of Inflammation, that subtle enemy of the physical system of man, than by a definition of the radix of the term itself. The term inflammation is derived from the Latin Inflammus (to burn), so called on account of the burning pain felt in the part affected.

Inflammation is a complex morbid process, in which while a portion of the vessels of the part inflamed are in the condition of active hyperemia, another portion exhibits the characteristics of a peculiar inflammatory congestion, marked by stagnation and coalescence of the corpuscles with exuda-
tion of serum and lymph. This peculiar morbid condition is one of the utmost importance to every surgeon and physician; because there are but few diseases of a serious character which run their course without the occurrence of inflammation at some period of their progress. Hence the necessity for a most careful investigation and thorough acquaintance with its phenomena, its diversified products, and the relation of its various processes to each other.

Acute inflammation is that variety which is violent in its attack, and rapid in its course, and may be defined a pathological condition characterized by unusual redness, heat, pain, numbness, and change or arrest of the functions
of the organs or part affected.

We may have, however, an occurrence of one, or more, of the symptoms, without the presence of inflammation; nor is the absence of one or more of them incompatible with its existence.

I will not enter into a detailed consideration of the numerous and diversified causes producing inflammation, but notice them briefly, and proceed to examine its various phenomena, products etc.

The causes may be divided into predisposing and exciting; of the former, we see examples in those whose vascular systems are irregular, as the result of original conformation or induced by previous disease—those who have been subjected to fatigue, confinement, impure
air &c. Of the latter, we have mechanical, chemical, and vital irritants; also, those producing congection as cold, malaria, suppression of natural or habitual discharge. 

The phenomena observed in the process of inflammation, are curious and interesting. Place, for example, an irritant as a drop of nitric acid on a living tissue, and observe the effect. The first change that is perceived is a contraction of the vessels, momentary and spasmodic, as if it were, retarding the flow of blood to the part. This contraction is speedily followed by dilatation and increased flow of blood. The rest of the primary part of the process of inflammation, is thought to be in the nerves of the part, but to
this conclusion. Pathologists have not fully arrived. And as this may be true of irritating causes, many authorities do not regard the nerves as its essential seat; because many of the agencies producing internal inflammation, seem to produce their effects without any marked implication of the nerves. I am of opinion, that as far as is at present known, the blood vessels and their contents are the essential seat of the whole process of inflammation; and through irritating causes, as above stated, act on the nerves also, yet others, as cold, operate chiefly on the blood vessels and contents only. Hence, we find that causes predisposing to inflammation, are circumstances interfering with the action of
The vascular system.

I will next notice the changes produced on the vessels and contents, and the attending phenomena. The vessels are enlarged, as may be observed from the redness with the naked eye. Enlargement may also be seen in conjestion, but there are other symptoms which are most observed in conjestion. We have greater heat and pain, abundant effusions, a florid redness, instead of lividity, as in conjestion, violent pulsation of the arteries, increased motion of the blood, and lastly, the various products which are quite sufficient to satisfy us that we have inflammation.

The causes of, or conditions necessary to, the production of this enlargement of the blood
vessels, requires further research. The most plausible theory, however, and the one most generally adopted is, that the tonicity or irritability of the structures of their walls is impaired, perhaps by the previous excessive stimulation.

Another interesting phenomenon of inflammation is the fact that the flow of the blood is partly increased, and, at the same time, partly diminished. The former condition is seen in the rapid passage of the blood through the arteries. The latter in stagnation in other obstructed vessels in the part.

Many hypotheses have been formed for the purpose of solving the difficulty which exists in regard to understanding the cause of this obstruction. As far as
has been ascertained, it would seem to be due to the increased production of the colorless corpuscles of the blood, and their adhesion to the walls of the vessels, and to each other; to the increased mass of blood in the minute vessels, and to the diminished "contractibilité de tissue" of their coats. The blood, also, undergoes important changes. We find the fibrine and white corpuscles greatly increased in this affection. I think the latter, especially, are more in excess probably, than the fibrine. Now, in estimating the quantity of the latter, the white corpuscles are not taken into the account. They have never yet been separated from those of the human blood; their
composition is unknown, but in the estimate of fibrine we have their weight included. Now, it is evident, that the white corpuscles are increased and I think it very probable that a portion of the supposed increase of fibrine may be due to their being weighed with it. Having noticed the effects of the inflammatory process on the blood vessels and their contents, I will now consider, separately, the symptoms to which we before alluded. The symptoms are divided into local and constitutional. The local occur in the part which is inflamed; the constitutional affect the whole system. The local are, redness, heat, pain, time—functions, and change in the function of the organ or part.
The redness of an inflamed part, I think to be due chiefly to the increase in the quantity of the blood in its vessels, the vessels as before stated are distended, the finest capillaries, which in a normal state are invisible, are now distinctly seen, dilated and filled with red blood. The proportional increase in red corpuscles, by the evaporation of serum, may assist in some degree. Some observers have conceived that new blood vessels are formed by the blood as it forces its way through the tissues. This notion I think erroneous.

The heat of inflammation depends greatly, perhaps solely, on the increased flow of blood through the part. This is evi-
dent from the fact that in proportion to the violence of the inflammation is the heat increased. I do not believe inflammation, as supposed by some, a calorific process by any means, for many experiments have been instituted to determine this point, and in no instance was the temperature found above that of the ten interior of the body.

Swelling may partly be produced by the enlargement of the blood vessels in an inflamed part, but the main agency is the effusion from the distended vessels. The form and degree of the swelling will depend much on the natural structure of the part involved. In the mammary gland, the peritoneum or any of those loose cellular structures,
the swelling is often extreme, while in parts composed of dense fibrous tissue, but little exists.

The principal cause of pain is the pressure on the minute nervous branches by the turgid blood vessels. In some degree also, perhaps, by the heightened sensibility of the nerves, which is produced by determination of blood.

Inflammation is attended with constitutional symptoms, the severity of which will be proportional to the intensity of the inflammation, the amount of local irritation, and the vital importance of the organ involved. The constitutional disturbance in inflammation assumes the form of fever. This is called in-
flammation, symptomatic or surgical fever. It presents a great variety of forms, the principal of which are called athenic or typical, asthenic or typhoid, and irritative or nervous.

Inflammation has two true terminations, resolution and metastasis. When it terminates by resolution, we find the effusions removed by absorption, the obstruction which existed in the blood vessels yields, and the part is restored to its normal condition.

By metastasis is meant a change in the seat of the affection, its sudden disappearance in one part and appearance in another. This rarely occurs. Besides the true terminations of inflammation, we have it
passing from its primary condition to other forms of the disease. Thus, where we have effusion of lymph, it is called adhesive; the production of pus, suppura is called suppurative; formation of an ulcer, ulcerative; death of the part gangrenous.

At an early period in the process of inflammation, the injured blood vessels, in the attempt to relieve themselves, throw out an abundance of serum, resembling that resulting from congestion, except that it contains a little more animal matter. This is followed by the effusion of fibrine, called also lymph, plasma, and coagulable lymph, giving to the swelling a degree of hardness as may be seen in boils.
Thickened mucous membranes, etc.

Of this effused lymph there are two varieties: called plastic and aplastic, or corpuscular. The plastic is the true coagulable lymph, and plays an important part in the repair of injuries, and rebuilding destroyed tissue. It is met with in the healthy and vigorous. The aplastic or corpuscular, possesses no power of coagulating, but consists chiefly of what are called extravasation corpuscles, freely floating in a serous fluid, and is found in cachetic and consumptive constitutions.

We now approach the suppurative form of inflammation, which is attended with many interesting phenomena. It is characterized by the production of pus. This, when it results from
active Inflammation, in a healthy subject, is an opaque, creamy, thick fluid, of a yellowish green color, has a slight faint odor, and a alkaline reaction. This is called landable or healthy pus, and consists essentially of pus cells, resembling in some degree, the white corpuscles of the blood. There are several other varieties, the purulent or bloody, the curdy or cheese-like, and the muco-pus and sero-pus.

Pus is, I think, a true product of inflammation, and not the disintegration of the solid tissues, as was thought by the older surgeons.

That form of inflammation which results in the formation of an ulcer, is called ulcerative. The changes produced in the tissues by this process, are not
yet clearly understood, but there is no doubt that they consist essentially of the molecular death of the tissues, and the detachment of the dead matter, by a peculiar action of the adjacent living structures.

Lastly, gangrene or sloughing may occur from the intensity of the inflammation. And this may take place, even if the part be sound and the patient's general health unimpaired.

Most usually, however, it is where there is debility, local or general, by which the vital power is reduced.

Treatment. The treatment may be divided into local and general and constitutional.

In the local treatment, if the inflammation be external, as for instance, that resulting
from a wound, the first indication is remove all sources of irritation, and as rather a preventative agent, we apply cold or evaporating lotions. If the tendency to inflammation be great, the application of cold by irrigation, is very beneficial. These are the means usually had recourse to in the earliest stages.

When inflammation has actually commenced, the abstraction of the blood locally, by cups or leeches, is found of great benefit. Of course, as the disease progresses, the treatment may be modified, and the surgeon must be guided by the condition of the patient, and the state of the inflamed part.
Constitutional treatment. If the inflammation be but slight, a mild aperient will perhaps fill every indication. But should the atheric variety present itself, and the patient be strong and plethoric, we must have recourse to bold and energetic measures. Bloodletting is the most potent and beneficial remedy we can use. And in the abstraction of blood, we should exercise some precaution with regard to the position of the patient. He should be placed in a sitting, or better still a standing posture, and be bled from a large orifice, in order to produce the greatest impression on the system, with the least drop of blood. Cathartics are
of very great service. One of the best of these, if not the best, is mercury, or some one of its preparations. Opium is an excellent remedy in this form of symptomatic fever. It exercises a soothing effect upon the nervous system, and also modifies, to some degree, the heating action. An excellent mode of administering it, is in combination with some one of the mercurials, as calomel.

In the treatment of the asthenic or typhoid variety, we direct our remedies especially to the support of the patient's strength. A gentle laxative may be given to move the bowels. Tonics and stimulants, constitute our most reliable remedies; brandy, wine, ammonia, etc.
In the irritative, the tendency is to great nervous disturbance, sometimes to wild pacing delirium, followed by extreme exhaustion, and insensible relief is had, Speedy insensibility and death. Here, we must use anodynes to relieve the violent nervous symptoms, and stimulants to support life's failing powers.

Francis X. McLaughlin
AN
Inaugural Dissertation
ON
Practicum.
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By
Young A. Bond
of
Maryland
Session of 1867.
Pneumonia.

I have been induced to consider this subject, for two reasons. The first, is, that modern observers have been so zealous and accurate in their observations as to direct it to all that is obscure or perplexing; thus placing a limit to idle and delusive speculations, which I am particularly entitling to medical writers. The second, is, that it involves a question of vital importance to the good of mankind to be determined, one that requires a just, prompt, and accurate decision. A question that agitates the greatest minds of the profession at the present day.

I have reference to the theory of
drawing blood in the treatment of this disease. To the end that we may arrive at a correct conclusion concerning the merits of such a course of treatment, it is incumbent upon me, to clear our minds of all that would have a tendency to mislead or misguide me in coming to a correct conclusion from the facts offered, and not to distort our observations, or frame our facts to suit a foregone conclusion's a fault so common and so hurtful to our profession.

Pneumonia is an inflammation of the parenchyma of the lung, that is of the lung substance,
There are many kinds of Pneumonia expressive of its title. Thus Tubular a condition in which the inflammation is restricted to the lobule, again we have Chronic opposed to acute, &c. These each deserve the attention of a special treatise, I will therefore limit myself to the consideration of Acute Tubular Pneumonia.

There are three stages of the disease, known as Engorgement, Adsorption, and Resolation or Suppuration, named severally from the morbid conditions directed by them. Engorgement is simply an active congestion of the lungs and diffuse
in no respect from congestion of other parts, the lung presents a flaccid appearance, and when a large amount of blood and serum are poured out, the air still enters the vessels, but their caliber is much lessened in consequence of congestion, the next stage to this is, if "putrefaction" or "degeneration" occurs. Usually the former, the lung is rendered solid by coagulation of the effusion into the vessels, thus preventing the ingress of air. Consequently, a piece of lung in this condition will not float when thrown into water. One of the distinguishing features between this stage and the last, is flint.
sage that the lung is "white and anaemic" in this condition, and that red separation is a misnomer. This is an observation peculiar to them. The lung is more friable than in health, and when cut a variable amount of serum can be expressed. The cut surface looking granular from the presence of lymph in the vessels, there is an increase in volume and weight proportionate to the evaporation. It has been estimated that a single lobe may be increased in weight from one to two pounds. Metamorphosis may be a sequenee of either of the preceding stages. It is the process of recovery, or
return of the lungs to its normal function, the exudated lymph is absorbed and carried into the circulation. Bennett believes that pus is first formed then absorbed and excreted from the system. This explanation is of course at variance with the doctrine of modern physiologist; considering their estimate of the diameters of pus globules, however, let the process, whatever it may the result, is the same, the foreign matter is removed and the structure of the lung thereby rendered normal, with a return of healthy function.

Superinfection, if in place of resolution which usually follows suppuration
Inflammation supervenes, the tendency is very unfavorable. The affected lobe become infiltrated with pus, are soft and easily broken down, when cut more or less purulent. The lung is grayish in appearance. These are the common results of inflammations of the lung, but like all other parts of the body it is subject to none or all the results of inflammation.

The morbid character may be increased or altered by complications. Necrosis limited to that part of the pleural surface in contact with the inflamed lung is most always present. It may take on any grade,
Though it is generally circumstantial and attended with little or no indication. Exudation is more common, and is limited or extensive according to the extent of the disease. When the diseases are thus associated and the disease predominates in severity, it is written Pleurisy, Pneumonia, Bronchitis also usually exists with this disease, not that there is any reciprocal relation as was formerly supposed, but probably from the existence of a common cause, they are coincident but not consecutive the one to the other is like pleurisy it is very variable in degree. The inflammation seems to exercise
a peculiar preference for the lower
lobes, next the middle and lastly
the upper lobe, especially when
tuberculosis exists, and in conse-
quency of which inflammations
of that part of the lung are
rendered very dangerous.
This represents the order in which
the lobes may be attacked, but in
some rare cases the whole of one lung
is implicated, at once, or the part
of both constituting double pneumonia.
In lobar pneumonia the inflammation
commonly arises from one or more
lobules and extends itself to the
whole lobe through contiguous parts
and where more than one lobe is
involved, it is usually by extension
from the primary seat of attack.
Thus, often causing the three stages
to exist simultaneously.

The diffusion of the disease may
be very rapid or occupy one or two
days. Exudation, when it occurs,
quickly ensues upon engorgement.

Having now considered the morbid
character of the disease, we will
next treat of the means by which we
determine its existence.

In milder cases, the symptoms and
physical signs are traced in
three divisions corresponding to the
stages, and are the expressions of
the morbid conditions assigned to those
Stages, Symptoms of the First Stage.
The disease is introduced very abruptly. There are no morbid sensations preceding, as in many other diseases. The patient is usually first seized with a rigor, which may be either very violent or somewhat protracted. Proceeding to this is considerable fever with the pulse generally full and hard, ranging from 80 to 120; also heat of surface. Third, anorexia. depression with more or less increase in respiration, and often some headache. Disturbance Coincident with all these symptoms, a lancinating pain in the side is complained of, which is trivial or more marked.
as may be, its mildness or intensity is usually considered a measure of the pleural complication. It is aggravated on pressure or motion, hence the partial suppression of the respiratory movements, which calls for an increase in the frequency of the act, in order that the blood may be duly oxygenated, cough is most always present, and the pain occasioned by it commensurate to the severity of the pleurisy. The expectorated is first scanty, frothy, mucous and tenacious, usually but, not always, it soon assumes a rust-colored appearance and is then known as the rust-colored spu-
Of pneumonia, and is regarded
pathognomonic of the disease.
It is semi-transparent and very
adhesive, clinging tenaciously to the
walls of the trachea when erupted. It
is the product of the admixture of
blood and mucous, sometimes the
reddish tint is wanting while it
possesses all the other properties.
It may be absent in some cases
when only a small part of the lung
is involved. (Connected with this
differs essentially from) the symp-
toms of the first stage are those
of the second. The fever still con-
tinues, but with less intensity, cough
and expectoration are present,
The cough occasioning little or no pain and the expectorated matter freely thrown off. The sputum changes from the rust colored to an opaque and less viscid condition, also more abundant, coming chiefly from the bronchial tubes of the affected lobe.

Symptoms of the third stage.

The approach of the disease to this stage is an eventful period, we either visit a fever or expelling home or we come to the cheerless realm of sorrow and death, or what soon will be. This stage may be either of two conditions, resolution or self-suffocation.
we will first notice the events of
the former of these terminations.
When the disease has reached its
acme, it assumes the form of
the two conditions, the febrile
movement becomes less, the appe-
dite is restored, respiration becomes
natural, cough and oppression
diminish, in a word the restorative
process is general. If suppuration
occur, the pulse becomes very frequent
and small, indicating great
deblility; purulent matter is freely
expedtated and there is great
increase in the respiratory efforts.
Death by asphyxia soon closes
the dismal scene and releases
the sufferers from the famine.

Thrice of earth, the symptoms of pneumonia taken collectively point strongly to the disease, but supposing some of the more important to be absent, we would not be able with any degree of certainty to make out the disease, hence the necessity for physical signs.

Their value, lies merely in the knowledge that certain sounds obtained from the thorax, hold a peculiar relation to peculiar conditions of the lungs.

First Stage— Auscultation aids us principally or almost wholly in deciding that the lung is engaged
Pneumonia revealing comparison nothing, in this stage we have rude or harsh inspiration, from the presence of thin liquids in the arteries, according to Dr. Gerhard, though I am rather inclined to refer it to the results of inflammation believing it to be caused by the passage of air over the uneven and unpilished surface of the air vessels and smaller bronchial tubes, we have also expectant rhoncus which is considered pathognomonic of the disease. It resembles the sound produced by throwing on fine, substances containing water of crystallization, such as salt.
As to how this sound is produced, writers are not agreed. Some consider it to be occasioned by the bursting of air bubbles formed in the ramifications of the smaller bronchial tubes and vessels. Inspiration favors this view, others refute the supposition by the ingress of air, if adhesions formed between the two coats of the vessels hyaloid or membranous, in the absence of injury to decide the worth of either of these theories. I am inclined to believe the latter more probable.

This sound may recede into the vesicular sound of health or give place to bronchial inspiration.
Signs of the Second Stage.

On applying the ear to the chest we hear a whistling or flowing sound which originates in the bronchial tubes, therefore called Bronchial Respiration. It is a healthy sound but only heard under the favorable condition offered by solidification, the vesicular sound being absent and the walls of the tubes conduced. This sound is clear or obscure according as solidification is restricted or extensive. It is most audible when the upper and middle tubes are involved, while the larger bronchial tubes are.

When the lower part of the bronchial tubes
In solid, it may not be heard at all, so when one or two lobules are palpitated it may be wanting also. Associated with this sound we have bronchophony, which is the voice resounding through the solid lung and chest walls. By percussion we have dulness or flatness, which is indicative of commencing and perfect solidification. We have positive evidence of solidification when there is flatness and total absence of sound.

Signs of Resolution.
The signs of this stage are those of the former stage in
are inverted order, in place of
tracheal inspiration we have
fine expiration, which soon
becomes vesicular and under
the tracheal inspiration in audible
expiration, there are no
physical signs by which we
can judge absolutely of the
existence of this stage. We
are assisted to some extent if
a connivs is formed which gives
rise to a gurgling sound.
Notwithstanding we do not hesitate
from the evidence furnished
by the symptoms, to decide when
this stage exists. Thus while we
could not with anxiety from
any one symptom or sign declare the presence of Pneumonia, we can if we regard the symptoms and signs respectively as letters, spell out with more than common accuracy the existence of the disease. (If the letters be properly arranged). Very often there is central pneumonic and one of the signs are clearly indicative of it. Sometimes the inflammation is seated close to the surface of the lung and we have pleuride aspiration, which results from the enlargement of adjacent sides
Causes - The causes of this disease are generally regarded as conjectural, though in my mind there is but little doubt that it is usually due to inward congestion. The circumstances under which it commonly occurs are so common to the disease as to enable one to say with very little liability to error, that it is traceable in a very large majority of cases to the effects of cold and moisture. Else why is the disease confined to such an extent to the winter season? Again, its occurring in connection with intermittent fever in such a
marked number of cases, would justify to some measure in attributing it to congestion.
Again patients in the majority of cases are conscious of experiencing chilly sensations. From some change, at no very long time preceding the attack, or having been
improperly in exposing themselves, it so often follows upon debauches and over-stimulation. When the powers of evolving heat are impaired that we are forced to acknowledge the connection. However apart from this cause cases do occur which we are not able to refer to any vicissitudes or changes of weather.
Therefore we must believe that there is an inward and inexplicable tendency to the disease which may be encouraged to development under certain favorable conditions. No prior exposure immunity from or a noted tendency to the disease. It is less common with females than males from the fact that they are given to indoor pursuits, moisture combined with cold much enhances its power to produce the disease. It may be produced traumatically, as by blows upon the chest, or (acid inhalations, 

Diagnosis— the symptoms in
many cases are peculiarly characteristic of the disease. He could say with much certainty that a patient had pneumonia if seized with a chill, followed by fever and a lancinating pain in the side. Expectorating the rust colored sputum with considerable dyspnoea and increased respiration, also a circumscripted flush of the cheek, hectic being excluded, distension of the alae of the nostrils. These symptoms taken collectively are pathognomonic of the disease, but as before said some of them are wanting or obscure, and
other indications for forming a diagnosis are needed, even though we should be able from the symptoms to determine the presence or absence of the disease, we could not decide positively whether it was advancing or healing; what then is needed that we may know of these important alterations or changes? Physical signs which have been sufficiently spoken of in treating of the several stages, therefore, I will not recapitulate them. It may be distinguished from bronchitis in its forming stage, by the difference in the sputa, the one being crepitant
the other sub-epitroch, which
is a "moist bubbling sound," the
former an inspiratory the latter
 Either an inspiratory or expiratory
sound — the signs of Phthisis
are confined sufficiently close
to that disease, to prevent it from
being confounded with Pneumonia.
For instance the changeable seat
of flatness, varying with the
position of the body, whereas in
this disease the line of distinction
between solidified and sound
lung can be well drawn under
all circumstances or positions.
Phthisis cannot be confounded
with this disease. It is some
believed to afford immunity to pneumonia, though it is rather incredulous of any connection.

In emphysema, on percussion we have undue resonance, which enables us to distinguish these diseases easily, dyspnoea is common to both of them. Asthma and organic affection of the heart are also supposed to afford some immunity to this disease.

Prognosis—The prognosis in an uncomplicated case is generally favorable, the tendency being in the case most other diseases to recover, and to very rarely occur from the disease itself; but in some rare
cases...quickly follow from very rapid and extensive interference with hematozoa, but "at times" they are exceedingly uncommon. The prognosis will be more or less favorable according as the complication is mild or grave. In malignant districts of the county, intermittent fever is most always accompanied and a happy termination of the disease may be looked for unless blood-filling be noticed. Occurring in the course of an attack of any of the continued fevers, or puerperal and the like, the fatal to will be proportionate to the severity of the complication, and in accordance
with its grade or stage, apart from pneumonia.

Apparition in connection with periarditis or pleurisy with extensive inflammation, or both, the prognosis will be very doubtful, equally so in cases where there is an organic affection of the heart.

Dr. Arich supposes many deaths to be due to the formation of fistulae, curettes in the right cavities of the heart. He says that the conditions favorable to its production are extensive solidification, as where a whole lung is hepatized at once, or in double pneumonia,
its occurrence may be infected when
there is a sudden change
for the worst in the patient's
condition, not warranted by
any extension of the inflammation,
or supposed to depend upon
any super-added disease.
The pulse becomes very frequent,
small, and irregular; inspiration
much embarrassed; the expression
haggard and anxious; and
perhaps an abnormal heat
round. This complication is
surely fatal. I suppose it is
most likely to occur where valvular
lesions preexisted, the conditions
upon the valves serving as a
needles for further deposit.

If suppuration follows upon suppuration, we anticipate an unhappy result, though the case will not necessarily end fatally. The formation of an abscess is attended with much danger, and if gangrene results the tendency is most always to a fatal termination.

In an uncomplicated case the danger is to be estimated by the extent of the inflammation. Where the disease ends in death it is generally by asthenia, and the typhoid condition usually follows. The duration of the
climate is prone nine to treat one
days, but little to great variations.

became now to consider the object
of all our study and investigation.
How to treat by this part of the
subject is extremely perplexing,
for my experience is so limited.
That were I to advance any mode
of treatment dogmatically, I could
very justly be said to be immodest
and full of my own vain but
immodest self. Again the thought
struck me that I should recount
the several modes of treatment
that have been followed, but were
I to do this it would require a
volume to contain the dry details, 

believed in them, I have been 

inclined to compare the treatment 

adopted by more modern authors 

and declare them from whatever 

to me rational and proper. 

The results of the different courses 

of treatment, I must say have had 

a determining influence upon 

me. I more fully endorse or accept 

that followed by Bennett than 

any that had been given to the 

public yet, since his statistics 

show a greater number of recoveries 

from it. Bloodletting I do not claim 

to be of advantage as an anti-

phlogistic in the least, though
I am unwilling to discard its use wholly, for I think in certain conditions of the disease its good effects are obvious as a palliative. I do not favor copious depletion by the lanceet, because it has a depilatory effect upon the body, diminishes its red corpuscles, and increases the amount of fatin; a condition that is to be studiously avoided, since the mode of death is usually by asthmitis, and at the borders of life are already worned by disease, such a course would seem like adding fuel to a fire to quench it, thus we see that it reduces the power
of the system and renders it unable to cope with the disease. There is a condition, when blood loss would be highly advan- tageous when the lung is extensively sympathized and the quantity of blood effective, considering the impaired function of the heart. There would be bleeding freely from a vein be of much service by reducing the quantity of blood sent to the right cavities of the heart. We can judge of this condition by labor and irregular action of the heart, with a strong impulse, while the radial pulse is small, or not so.
just as the forcible action of the heart would justify in the beginning of the disease if nothing contraindicated I would give a saline cathartic with the double view of clearing out the alimentary canal and diminishing the viscidity of the blood, I would give as much coffee and other simple but nutritious food as the patient could digest with a plentiful supply of water to diminish the heat of body favor the removal of excreta from the system such as the water &c. also To accomplish this end, I would administer
doubt, occasionally, 

stimulation would be the source 
from which I would expect most 
good, and I would be guided 
by the condition of the pulse in 
their use. If the pulse was small 
very frequent or flabby I would 
think these strongly indicated, 

to allow restlessness and insure 
good sleep I would give opiates, 
such as Peruvian powder, any 
complications would require 
variations. 

Capping are the seat of inflam-
mation is highly useful, it 
allays pain, and 

stimulating Emetics.
are also much needed, that
foundations for the like.
After a time, it will be very
powerful of good. It would
be an endless labor, or meditating,
to attempt to give the treat-
ment for every indication that might
offer itself in this disease. So
I will simple say that my
course would be expectant.
G. H. Boyd
An Inaugural Dissertation

on

Diphtheria

Submitted to the Examination

of the

Proovost Regents T Faculty of Physic

of the

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of

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by

Hardlaw McGill

of

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Diphtheria.

Of all the diseases which have lately come under the notice of the profession generally, none have attracted more attention than those classed under the head of diphtheria. To is this to be wondered at, when we consider the terrible mortality and distressing nature of the symptoms, that often attend epidemics of this disease.

Diphtheria is a synonym of the word Diphtheritis, which is derived from the Latin word Diphthera (meaning the prepared skin of an animal). The word Diphtheritis was first used by Sir Astley Cooper in a treatise on the subject which appeared in 1826, in which was given an account of
the epidemic of malignant-rose throat, prevailing at Tours, and in its neighbourhood in 1738, and again in 1825 and 1826.

History. This affection can be traced back to a period almost-contemporary with Homer. Whether this be true or not, two centuries later, distinct accounts of a form of malignant rose throat, may be found in the writings of Herodotus, under the name of the Egyptian or Syrian ulcer. This prevailed in the two countries, especially among children. Ulceration of the throat, fetid breath, and sometimes great dysphagia constitute its chief symptoms. Advancing to times of a later date, we find accounts of epidemics of malignant-rose throat occurring in Scotland, Spain, and in various other parts of
the world. In England some of these epidemics proved very fatal, especially one which occurred in 1749, which was described by Tutt and which was beyond doubt closely allied to Scarletina. There have also been various epidemics of malignant puerperal fever in France at different periods, many of these occurred in Paris in the hospitals there. In 1826 the treatise of Dr. Bertie was published, and although he differed in several points from practitioners of the present day with regard to Scarletina, yet this may truly be considered the first connected and practical research upon the subject of this disease. With regard to our own country Dr. Douglass of Boston first published an account of 'puerperal diathesis' as it
occurred in 1766. The epidemic he describes was one of great fatality. Of late years diphtheria has attracted much attention from the fact of its prevailing in an epidemic and very fatal form in this country, especially in California, accounts of which have been published by various practitioners of that State. It has occurred in other parts of the country at different times, assuming a character of more or less violence and has been described by various observers. The disease begins with some redness of the faucets and a sense of nausea in the throat attends as in common angina, but usually in a less degree. This condition lasts but for a short time, before the expectation commences to appear.
Sometimes, the disease sets in very gradually, with feelings of depression and muscular debility, headache, nausea, slight diarrhea, chilliness and browiness, while before the throat is actually sore a sense of stiffness in the neck is complained of. In an article written by Dr. M. Farnley and Trillat, diphtheria is described as follows. Diphtheria commonly sets in with slight febrile symptoms, the strength and appetite not being sensibly affected. The patient complains of slight pain in the throat, no change in deglutition. Very shortly after the first attack, a slight swelling of the tonsils is observed, and frequently a little crustation of false membranes, soon whitish or yellowish white spots.
are seen on the tonsils, which extend to the fa-
rynxs, pharynx, larynx, and tongue. When they often lose the
white color and become of a dirty-gray, giving
out an extremely fetid odor: An abundance
of saliva is at the same time exuding from
the corners of the mouth. The glands of the
neck gradually become enlarged. At the end
of a certain time, according as the membrane
is more or less adherent, it commences to
separate and is thrown off. As remaining
adherent to the mucous surfaces it gradually
grows thinner and then disappears. Of the
disease terminates favorably there only re-
mains a slight reddness about the throat.
In fatal cases, the inflammation extends
from the fauces to the air passages, thus
giving rise to cough &c.
Dr. Copeland in his Dictionary defines Aphthernia as follows— "Soreness, pain, and heat in the throat, often increases on deglutition, redness, with an exudation of a buffy or grey lymph in spots, at an early stage, commencing either in the fauces, on the tonsils, or pharynx, and quickly extending to these, and often also to the larynx and esophagus; the exudation becoming continuous and firm, accompanied with fever and appearing generally either epidemically or endemically." Judging from the various epidemics which have prevailed in different places, there seems to be two forms of this disease, a mild and a severe.

The mild is usually preceded by milder fever, loss of appetite and dysphagia,
with some abrasiveness about the fauces. The tongue presents a thick whitish coat. At the beginning of the affection the velum palati, uvula, and pharynx are of a bright-red color. The tonsils are slightly edematous and of the same red hue. In a short time generally from twelve to thirty-six hours after the attack, upon one, sometimes upon both tonsils, are seen distinct white patches of 111uation of false membrane. These soon extend over the palata and posterior walls of the pharynx. The 111uation cannot be easily removed since it adheres more or less firmly to the adjacent mucous surface. In a few cases the 111uation remains confined to the tonsils and melts or grows black and putrid.
The mucous membrane is puffed and projecting. The parotid and submaxillary glands are not much puffed. The duration of the mild form of the disease is from six to nine or ten days. In the severe form, the disease commences with intense headache, hot, tender skin, rapid feeble pulse. There is great dysphagia and the respiration is hurried. The tongue is covered with a thick, dirty brownish coat. On examination of the throat the tonsils are found immensely swollen and covered with a thick and colored membrane which has extended to the uvula and posterior walls of the pharynx, and sometimes gives out a foetid odor. Un-
in severity - the respiration becomes much oppressed, there is a barking cough, and a change in the voices, which becomes harsh and indistinct; the deglutition becomes so painful that children refuse to swallow even liquids; the saliva dribbles from the corners of the mouth and an aerial discharge flows from the nose. The glands of the neck are tender and swollen. The patient is at times extremely restless and tossing about, at other times sitting into a low comatose condition. These cases where they prove fatal terminate either from obstruction of the trachea, poisons or from extension of the diphtheritic membrane into the air passages. With regard to the treatment...
when examined by the naked eye it has the appearance of a fibro-plastic membrane. It presents a white color when situated in the larynx, than in the fauces, it resembles very much the membranes thrown out in true croup, though it is softer and often redded by the baryta malle that renders firm beneath and around it. "Dr. Jenner mentions two varieties of diphtheritic exudation, one of which is very tough and elastic and as smooth as the skin of an inch in thickness, resembling wash leather; the other gray creamy and pulpy. The former consisting of such fibres as we see in the buffy coat of the blood congealed the latter, fine spheroid corpuscles of Leb. and other smaller and larger granular corpuscles, epithelium and also protein corpuscles.
Dr. Gower teaches that these two forms of concretion are generally related, the latter with the acrid, the former with the so-called inflammatory type of the disease. Dr. Tom-son gives the following microscopical description of the exudation in his practice of medicine. "If the exudation is examined microscopically it will be found to consist of molecular particles, epithelium, pus cells, and blood corpuscles. Fibrillae are very rarely seen. The villi albinicums may occasionally be detected, but the occurrence of this fungus is only exceptional, and when the membrane has begun to undergo an acrid putrefaction. So also leprous buccales may be discovered, but it is often found in the buccal mucous of healthy
Pathology. Diphtheria is a specific blood disease, which runs a rapid course. This is proved from the fact, that in most cases death results rather from the action of the poison upon the system, than from obstruction of the larynx, though cases do often occur in which patients die from the mechanical obstruction to deglutition and respiration, when they might otherwise have recovered from the effect of the poison. Another proof of diphtheria being a blood disease is the diphtheritic inflammation of wounds. When a wound is attacked with this inflammation it becomes painful, discolored and fetid and a discolored serum flows forth from it in
abundance, and a gray, soft-coating
from covers it with a layer; the edges swell
and become painful and of a violet color.
The wound often remains stationary for
months; sometimes it spreads, and then
our previously naked blush is seen comically;
then it is said that pus takes form, become
confluent, burst, and leave apparent a
diphtheritic patch, which spreads from
the head, even to the loin. A gentleman
at my acquaintance in Frederick had
had several very interesting cases of this
inflammation in his practice. One patient
had diphtheritic inflammation of the
breast; it attacked another in blistered
surface on the neck; but the most remark-
able case was that of a child who had
vaccine and at the same time it had diphtheria, and strange to say, every vesicle on the child's body became the seat of this inflammation. The cutaneous diphtheria has been much more prevalent in some epidemics than in others; it is said to have frequently occurred in the epidemic in France. Leech bites, blistered surfaces, or evolutions of any part, various cornets may become the seat of it. It has been proved beyond a doubt that the diphtheritic affections of the skin are identical with those which are seated in the mucous membrane of the fauces and larynx. In many cases symptoms of low typhoid are present and these cases often terminate fatally or recover after a
long and tedious illness. So the external diphtheritic affections are in no manner less formidable than the internal or fascicular variety. A very curious fact has been observed by some writers with regard to the location of the diphtheritic inflammation. Although it is found in the mouth, the fauces, the nasal fossae, on the tongue, in the pharynx, the larynx, trachea, and even in the bronchial tubes, on the conjunctiva, in the vulva, the anus and upon the skin, it is not found upon those parts removed from the contact of the air. This true diphtheritic inflammation is never found in the esophagus; whilst the inflammation of certain aphthous affections shows a great tendency to extend into
this tube and not into the air passages. The atmosphere therefore would seem to promote the extension of this inflammation. Besides the spreading inflammation of the fauces and respiratory tract, with the exudation of lymph, the lymphatic glands of the neck often swell and become tender, especially in acropulmonary persons. When cases surround affections of various kinds sometimes supervene, such as otalgia, amnioria, headache, ophthalmia. Paralysis of various muscles as those of the tongue, fauces, pharynx, neck, trunk, and extremities. These nervous affections follow after mild as well as severe attacks, and sometimes there is a short period of convalescence before they show themselves. During the year 1860 there occurred 210 cases of diphtheric
at the Cornis Hospital in England, and paralytic symp-
toms followed in 31 of them, the proportion was really
greater, as much as several were removed and
shifted before the time that their paralytic symp-
toms usually develop themselves. This same propor-
tion is considered to be as many as one in ten
three or four cases. It is also remarkable that the
paralytic symptoms are as rare in the other af-
factions of children as they are common in in-
fluenza. Thus in the same hospital, and in the
same year, among 68 cases of Angina Pustulosa,
12 of typhoid fever, 33 of rubella, 19 of scarlatina,
4 of variola, 24 of pneumonia, not one instance
of secondary paralysis occurred. The prognosis,
of these secondary paralytic affections, is favor-
able, since they for the most part disappear
under proper treatment.
Causes. Some writers maintain that moist countries and seasons are most productive of this disease. But in the late epidemics both in France and England, many instances were procured when it prevailed most extensively, in very high and dry situations: this is also true of our own country, particularly of California, where the climate is remarkable for its dryness. It has been known to prevail in all seasons in the hottest weather of August and in the severest cold of Winter. Distillation most frequently appears in ill built or leaky houses, when the inhabitants are weakened by disease and exposed with poverty, and amongst these the disease seems to be injections. Though it does not appear that the injection may be conveyed by the clothes or persons of those who visit
in indicating the patients. Dr. Cullen no man¬
maintained that contagion of diseases pro¬
nounced a special evidence, and that the dis¬
ease could not only be propagated by the
application of the secretion, from an affec¬
ted surface to a contained part, after the man¬
ner of small-pox; but that, like small-pox, it
cannot be communicated in any other
way. He gives similar cases and similar
ones have been cited by others. In the proof
of the theory of contagion by inoculation. But
Prof. Jenner's work in his attempts to in¬
oculate himself and two children with clipe.
urticating matter. Dr. Zuber of London also
failed in similar experiments upon vari¬
ous animals. Prof. Nodd remarks that the
cause of ordinary angina will give rise
to the presence of membranous variety in their presen-
taneous to it. "That constitutes this preludiation
of fever, through a visible purulent to some
peculiar plate of the blood." The theory for many
come to the conclusion that the disease is con-
tagious under some circumstances, especially
in its malarial want-ant and endemic forms.

Diagnosis. Diphtheria might be confused
with common ague, ulcerated gummous
or malignant sore throat, pseudo-membraneous
mouth, and scarlatina. Common ague is
readily distinguished from it by the erup-
tion in the face and from the fact that
the constitution seldom sympholitis with
the local affection, and that when there is
present it is generally of the atheletic inflam-
malory type. With regard to the gummous
our throats, it is certain that it does sometimes appear at the same time with diphtheria; though it was one of the points upon which Dr. Porter was particularly insisted, that there was no relation whatever between diphtheria and gangrene of the fauces, and he seems to be supported in this view by historical testimony, especially of some of the epidemics of the last century. But in some of the late French epidemics researches were conducted with a special view to the solution of this point, and in all cases of a malignant character gangrene appeared, not as a mere accident, but as an expected termination. In the epidemics which occurred in Paris in 1741 gangrenous sore throat occurred at the same time with cases, which in every
...just presented the symptoms of true diphtheria. The local affection in swifter case was preceded by any constitutional symptoms. The former presented first-appearance purely diphtheritic in all cases. In those cases which in their progress took on the gangrenous aspect, the eruption became turbid and separated from the mucous surfaces. The constitutional symptoms preceding death over those which usually accompany gangrene. Thus far, in nothing out our diagnosis we must remember that although gangrenous sore throat may exist without diphtheria, yet it is but unusual in common to find the two affections combined. With regard to group No. 3, Brotman says 'that diphtheria also...
includes croup. He remarks "Croup is but the extreme degree of malignant angina." It is evident from this that his idea of croup differs from most writers on the subject. Dr. Home, whom it is said first introduced the word croup into medical literature in 1760, first drew attention to the fact, that the formation of a false membrane in the bronchi and larynx is essential to the disease and constitutes the chief source of danger, and his views of croup were not only accepted in England but by all Europe and also by the writings of Cullen, Cullen, and others. The opinion of these writers with regard to croup is, "that it is an acute inflammation of the mucous membrane of the air passages, distinguished from other by the rapidity of its progress, by the nature
of a concrete indication in the leucopenia, and by the fact that it principally attacks children under ten years of age. They regard cold and misture as its chief causes, and they support their views by all that is known of the persons and climates in which it is most prevalent, and they also maintain that enough is apt to be epidemic, not epidemic.

On Watson in his lectures, speaking of croup and diphtheria, says:—"Some analogy with that disease (croup) is certainly fair, but the points of difference are stronger and more essential. It resembles enough, in as much as it leads to the production of an accumulations membrane upon a mucous surface. It differs from it in the position of that mem-
brane which is seldom found in the trachea.
In a letter published in the Lancet, which was
delivered by Dr. Rankin, we find the following
remark. The great distinctive mark between
diphtheria and whooping cough, properly so called, is
to be found in the locality affected. In both,
the main feature is the presence of an exudation,
but in one it commences in the larynx
and trachea, and does not necessarily affect
the soft parts above the glottis at all.
Nor is the difference between whooping and
diphtheria, besides the situation of the exu-
dation, is, that the one (diphtheria) generally
attacks those suffering with it, health and
surrounded by unfavourable hygienic conditions,
is of longer, in its course. The other attacks
persons in perfect health, chiefly children, in inflam-
mation in its character, acute in its course,
and for the most part proves amenable to antiphlogistic treatment. The one (rmi) is in- 
feetable of being diffused by contagion and 
only becomes, in the usual complication of 
the word, epidemic. The other attacks adults 
as well as children, is propagated and of- 
ten occurs in the epidemic form. Sometimes 
the diagnostic difficulties are very much 
increased by the presence of both affections 
at once time. With regard to Scarlatina some 
have thought that diphtheria is scarlatina 
without the eruption, and they base their 
idea upon the fact, that in some milder cases 
of scarlatina, there is now and then an erosion 
resembling the diphtheritic variety, 
and also that albuminuria is sometimes pre- 
sent in both cases. It seems to be proven.
however, that the diseases are distinct from each other, though there may be some analogy between them. An attack of scarletina preserves the person from a second one, but it does not protect him from an attack of diphtheria. A person may have more than one attack of diphtheria and the second may be much worse than the first, while relapses are not uncommon. With regard to albuminuria it often occurs on the first or second day after an attack of diphtheria; but it only occurs in the convalescence of scarletina. Since the sequelae are entirely different, for while there are no formidable constitutional symptoms in the convalescence of diphtheria, which so often takes place during that of scarletina, none there are than any peculiar loss of nervous power and temporary
muscular delirium or paralysis si peculiare.

Diagnosis. Diphtheria must always be looked upon as a grave and serious disease. Death may result in a few hours from the effect of the poison upon the system of the patient, may linger on for days, and length be overcome by the severity of the local affection or from the occurrence of some complication. Albuminuria should always be looked upon as a alarming symptom, though cases do often recover in which the urine has been albuminous. Suppression of urine, spitting, rapid pulse, a very slow pulse, delirium and dyspnœa must all be looked upon as alarming symptoms. The duration of the disease is said to be from three to four days. It must be remembered that the
no definite relation between the primary symptoms of distemper and those of the sequelae, and therefore a favorable or an unfavorable progress should not be made from the primary symptoms alone.

Treatment: It hardly be said that there is no specific for this disease. It is the opinion of practitioners of the present day that remedies of a supportive kind are those which are most likely to affect most good. 0.6. For

Tournier recommended, in his memoir on the subject, an activity of treatment which by no means coincides with the opinions of practitioners of the present day. Bleeding both local and general, blisters, antimonials, local applications to the pharynx, salicylic morcmyloid ointment, formed the treatment in all cases, in
fact, mercury seems to have been the direct
author of most of the medical men of those
times. In the first place, attention should
be paid to certain hygienic rules, the most per-
fected cleanliness of person and surroundings,
and free and uninterrupted ventilation
should be insisted upon if necessary. When
the Asiatic attacks a family, the well per-
sons should be kept away, or at any rate
kept out of the room in which the infected
person is confined. The sick person should
also have his own cage, apron, towels and so.
It has been recommended that the patient be clothed
in a flannel gown, and there is no doubt that
this simple precaution has saved the life of
many a patient. On the very early stages of
the disease if this is much heat and enlarge-
about the throat, it is said that cold compresses sometimes give relief. As the disease progresses, warm fomentations and emollient applications may generally be substituted. Blistering is to be avoided from the liability to lead to a sloughy or phthisic appearance. Since the disease is purely of an asthmatic character, peat or leeches, or local heating, are permissible except in very cases, it is said that the punctures sometimes lead to a sloughy appearance. Some practitioners commence with an antiseptic and this seems to be advisable, particularly when there is a tendency to convulsions. Purgation should be avoided and it seems to be much more plausible to open the bowels with castor oil or a simple enema, than to use purgative and
jolts. There are cases of diphteria so mild that the local applications alone to the sores may be sufficient, but as a general rule, the disease demands a tonic and supporting treatment. In fatal cases, death takes place from prostration, unless terminated by a physician. Stimulants and nourishments should be commenced with early and persisted in. The amount must of course be regulated by circumstances. It is better to give them in divided doses at regular and frequent intervals, if they are rejected by the stomach they should be given by enemata. Enemata should be used when children become very much frightened or distressed by painful attempts to swallow and refuse every thing that may be offered them.
Prof. McDougall of the University of London, mentioned, in his lecture on apoplexy, the case of his little boy who was a sufferer from this terrible disease, that although it was impossible for him to swallow liquids, since they would immediately seep out through the gapes, still he could swallow with some facility pieces of bread cooked in tea broth to.

Injections of beef tea, quinine, and brandy as a potash of very highly. Quinine, like wine, chloride, and chlorate of potass, are the best internal remedies, each has its advocates. The tinct of chloride of iron seems now to be preferred by most practitioners, from its great usefulness in the most melancholic cases of the disease. The dose is from 10–20 drops every three or four hours.
This is an internal remedy, very highly prized in, which consists of tincture of esquiroxolnic of iron with chlorate of potash, chloric ether, and hydrochloric acid, full doses being given according to the age of the patient, and at the same time precaution should be made of beef tea, coffee, eggs, brandy, milk punch. Quinine may be given in mixture without or with dilute hydrochloric acid or in the form of a pill, the dose, of course, must be regulated by circumstances. Chlorate of potash, when it is prescribed should be given in doses of from to eight grains according to circumstances, in a bitter infusion with from two to five drops of dilute hydrochloric acid. With regard to the local treatment, there seems to be some diversity of opinion. Some writers maintain that the disease is
a constitutional one, and that therefore local applications can be of little avail, but this is, evidently, carrying things to an extreme. Upon the same ground we should not use local applications to other constitutional diseases as syphilis, gonorrhoea, but certain it is that the heroic applications used by some practitioners should be done away with. Dr. Green, when speaking of these severe topical applications says: "I am persuaded that much mischief has been produced by their indiscriminate use, especially by the frequent tearing away the exudation with forceps, or similar instruments, for the application of nitrate of silver, or of other strong caustic solutions. Observing that the removal of the exudation, and the application of remedies..."
to the subjacent mucous membrane. In short, the duration, as sensibly modified the progress of the complaint, but that the pola membrane never failed to be renewed in a few hours. It may even be continued these rough local applications to the tender and already inflamed mucous membrane.

When the case is run two or three hours from its commencement, it is said that relief may some times be afforded by the subjection of the urine to the spirit of boiling water. When the peculiar fulness begins to show itself the fumes should be gently passed, with a tincture of chloroform or spirit of turpentine. Hydrocele has also been very highly spoken of as a topical application, in the cases of children
Honey is a very desirable addition to it. The mouth
places a combination of chloride of potash and
hydrosolvent acid with the time, of the chloride
of soda has been very highly recommended.
The chloride of soda has been very highly
spoken of as a very useful gargle; it has
the double advantage of correcting the film
of the breath, and of the secretions of the
lungs; it is a solution of the chloride of
soda, in the proportion of a drachm to six
ounces. Many other applications have been
recommended and have been used with vari-
ous success. Among them, may be men-
tioned, solutions of chloride of sodium, the
bicarbonate, or in combination with vinegar, ga-
grles of tannin, capsicum, sal volatile salt-
in powder, or a mixture of silver in powder.

when properly and carefully used, the most
value of all topical applications. If used
in solution, the diseased surface should be
dightly and thoroughly covered over by
means of a probang or brush. The strength
of the solution should be from 30 to 60 parts
to the volume of water according to circumstances.
It is better not turn it on the facial or stick from
out sometimes breaks off. When in spite
of all means employed, the disease progresses
on and the tumor and bone are
involved by the inflammation, giving rise to symp-
toms of imminent danger, we must then think
of the important operation of trephination.
There have been many objections urged against
the operation, such as the small amount of
success, the difficulty of performing, etc.
operation, the tendency to the production of bronchitis; but notwithstanding all this, there is no doubt that there are many cases in which the operation is perfectly justifiable, and often times one saves the patient from the very jaws of death. There are some things however that must be attended to necessary for the success of the operation. As to the proper time it is of the utmost importance not to defer it until the patient becomes too much prostrated by the disease, neither, of course, should the operation be resorted to too early. The atmosphere of the room in which the patient is confined should be kept moist, this may easily be accomplished by felling the room with steam from some ship of paradisia. The temperature of the room should also be kept at a fixed point.
Some competent person should always be at hand in case of emergency to clean out and insert the cannula. A cannula of large bore seems to be the best. It is of importance that the medical treatment should be kept up and attention should also be paid to the care for time for removing the tube.
Inaugural Dissertation
On
The
Wounds
Submitted to the Examination
of the Regents of the Faculty
of the University of Maryland
For the degree of
Doctor of Medicine
By S. Philip Sloughter
of Virginia
A limited experience gained while a Private in the Army of the Confederate States has suggested to me the propriety of selecting for myself the subject of these remarks. Though surrounded by opportunities for acquiring a fund of useful information on this important branch of surgery, the want of previous preparation and study in consequence of entering the Military Service at an early age prevented my availing myself as I might otherwise have done of these advantages.

Conscious of my insufficiency and of my inability to do
justice to so important a
Submit, I submit to your kind consideration the small results of my study and observations.

Gun-shot wounds.

I now propose to speak of gun-shot wounds as they are seen both in military and civil practice, which do not differ materially except in regard to the instruments used in their infliction. Those in the one, being larger and more destructive to life than those commonly seen in the other, these last being generally the result of accident or of attempts at suicide.

Gun-shot wounds include all those injuries caused by the discharge or bursting...
of firearms, but those generally met with in military practice are inflicted by muskets and cannon, and the explosion of shells. They partake of the nature of contused and lacerated wounds, and are attended with more or less danger in proportion to the number and importance of the organs wounded, and the extent of the injury received. They are distinguished from other contused and lacerated wounds by reason of the causes that produce them--the appearance they present, the local and general phenomena and special complications which attend them--the results which follow.
them— and the conditions under which they are received.

The general character presented by Greenwich wounds inflicted by a cannon-ball at full speed and in a direct line which under such circumstances will be the course pursued by it. Every thing encountered by it will be carried before it and if the shock struck be the head, chest or abdomen the wound will proceed on increasing the size of the missile and the contents will be scattered, which causes life to be almost extinguished. If the force of the ball be reduced—a serious wound may still be inflicted by
its gliding around instead of passing directly through, traversing several centimeters, fracturing of bone, or serious injury of deep and important organs without a division of the skin. If the back, throat, tongue, or the esophagus, it is liable to be carried away, leaving a stump which presents a certain amount of suppleness and pliability of the mucous membrane of muscle and integument. The soft tissue, which presents little appearance of vitality, containing arteries of bone among them, and frequently of the shaft which is thinned and shattered far above the line of...
Travelling in a car or an
in very dense air the stars
and scene may extend
still higher. If the lake
be traversed with reduced
velocity for or far enough
as to be covered a thick-
ball, the hard which
will not be carried a
way, but the appearance
of feebly meeres and trans-
section may be pro-
duced, whilst in their
being a collection of con-
vincing, and yet with
withstanding, the absence
of them, internal injun-
men may be produced self-
incitance to cause disgenesis,
and even death.

Injury produced by
some plots are similar in all respecs
to these cause.-ground
which, such as the expli-
cation, the fragments
often found...surfaces.
accompanied and contami-
nation of both parts and com-
motion of the...carrying away
the smoke as the wind
shifted.
When fragments of
shell fragment, the
surface of entrance is
much smaller than
the fragment from the
induced force with
which the target was
being subjected to
destroy the vitality and
contradictory Internal
shaft through which
they say.
Small projectiles, lead
as mentioned and noted.

Later, supplemented with force sufficient to produce the desired effect or more or less injuring the appearance corresponding to the line and in front of the projectile which struck and killed. In this manner is indicated a rifle ball placed near the surface and generally the case in homicidal attempts, the clearance of the wound is that of a round hole with irregular edges and a dark discolored extending for inches around the contour caused by the burning of the powder. In such cases a read is sufficient.
to produce a serious and even a fatal wound.

Beneath tender skin, the con-
burned powder is liable to be driven into the
skin causing a permanent scar or a
slopping ulcer.

When a rifle-ball strikes at a greater distance
but with sufficient
reluctance to penetrate the breast, the appearance
incurred by the wound
is different. That of
entrance consisting of
shaping the edges of which are irregular and turned
in the direction in which
the ball has passed,
with a dark and vivid
discoloration from the
Confusion or the may be death-like and pale. Should the ball pass each, the wound of exit will be generally large, except to the depth of entrance, the edges seared, with more or less inflammation of the surrounding arteries. Tissue, this appearance is very marked if the wound is soon early after infliction. It is obliterated by time and manipulation. Rounded or more or less to produce the above appearance more marked than do the cylindrical, conical, or conic ball, as they are generally called, the latter in passing through the flesh.
back of the body with
considerable velocity, leaving
wounds in which
it is difficult or even
impossible in many
instances from the ap-
pearance to distinguish
between the orifice of
entrance and exit, and
where both are orifices
are visible, it may
be inferred that the
bulb has lodged, but
this is not invariably.
The case as the bullet
may traverse the body
or limb and make
its exit at the orifice
of which it entered
or it may split into
different pieces, and
such split, cause an
opening of exit, or wound
Measurements may be made by a single ball traversing different efficiencies of the body, accidentally brought into line with the course in which it is traveling, or the ball may be deflected from a direct line, or both in which it is passing, piercing several parts of the body, making many wounds which may be taken for the entrance of as many balls.

The disappearance of wounds caused by small pieces of shell or shrapnel altered in shape by contact with stones or other hard and resistant substances.
Sorceries to their entrance differ from those of ordinary bullets, causing more description and confusion, and are more likely to be lodged, as their force is much less by previous contact, in which case, they
incapable though once flinting, flint of entrance.

A gunshot wound caused by a rifle or
muzzle ball is attended
by a variable amount of pain depending on the extent and
nature of the wound, the state of the mind, and the condition of the patient and the time of its infliction.
At times the mind may be ravished of having been exceeded, and are only made aware of the better appearance of itself, at other times, they will compare the sensation experienced at the time of its infliction to the blow with a gun when a ball strikes a shark without entering the contention is said to be more intense. Having a vein in the back had entered. Where a bone is shattered, or a limb carried a man or a large cavity lain open, and avid ease surrounding pain is not as prominent as it appears and which is that follows.
The shock is generally in proportion to the extent of the injury, and is more persistent the nearer the injured is to the body of the blood. The shock is also said to be greater if a muscle is stretched while in action than during repose. Then a late the entered the body through its course cannot be ascertained. The persistency of the shock is sufficient evidence that some important organ is implicated in the wound. Primary hemorrhage of a serious nature does not often come under the observation of the surgeon for it a main artery is involved.
death rapid further, before he can arrive—he if a small artery is wounded the inner and middle coats contract and relax within their cellular sheath. The action becoming Tapering, tending, its divided, extruded, and become pleated, with Co-
conscious exterior thus, each near, are barely so
far withdrawn from the reach of inni, which itself
the sends may be seen to facilitate— and under
such circumstances, hemorrhage is much less
diabic to wear than if
it be only wounded, as
in Roh, confederately to
there in the measure—
then a time has been
fractured, long and tough
Diagnosis should be made as soon as possible after the arrival of the surgeon as it can then be done with more satisfaction to him and with less suffering to the patient than if a longer time be allowed to elapse before it is attempted. It should always be borne in mind to place the patient as near as possible in the position in which he was
at the time of the reception of the oiling, as in such instances the examination will be made, but should in attention to this single ingredient. If any one opening has been made in order to procure that the bale has lodged and search should be made accordingly in and if any its president collected it his side. But should two

objects be discovered this is much probable that one is that entrance and the other the end of the same half back which

withstanding examination should be made such some foreign bodies should be

which are frequent to carried in by a ball and
become entangled in the 4th parts - while the bolt itself may have fixed, and on the other hand, two openings may indicate the entrance of two separate balls which have been received from opposite directions. The examination of the clothing worn by the patient at the time he was wounded will often serve to determine whether pieces have been carried into the wound, and thus valuable time is often saved to the surgeon and the patient. That much suffering of all the instruments in use, or the examination of a waistcoat or standards, the finger of the surgeon in the back.
inches beside being strange
in hand it is self light
to be protective of legginess
and from its sensation
it gives a more correct
idea of the condition of
the parts. There one has
acquired by the use of any
better instrument. When
the finger is not long
enough to reach the lat-
tum of the wound—a long
silk probe able to get
being drawn to seek the
direction in which the
half has traversed should
be substituted; but if
should be saved with the
intestine care; look by its
use gone around parts
that have excavation
from the fascia on it
hell, and in all 조직
Prote should be applied to

the wound on and

in the sides, it can be often

the case in the hands of the

ignorant. The true remarks

apply to wounds of the ex-

teranimal and to superficial

ones in other parts of the

body, as wounds which

have entered cavities and

as a general it may be said

of the use of a preservative

besides the attention of the

surgeon should be directed

to matters of more imme-

diate importance, as plague,

diphtheria &c.

As soon as the presence of

a ball or other foreign

substance is ascertained

it should be removed as

feasible. It being near

the wound of entrance.
in may easily be effected through its help, or means of some one of the country's number of instruments in the ice. With care, both of kind of right caution, should be made under your charge and dragged with parts in its vicinity. Should the ball lie near the opposite side of the limb, a corner of canvas should be made sufficient to admit of its ready extraction, and at the same time, care should be used to bring it in the most advantageous position to effect it.

The general indications for treatment in gunshot wounds are but few; and simple. If hemorrhage
which from the unwieldiness of a large artery it would not
be easy to control without the aid of instruments, and
most careful attention from the surgeon and assistant.
In most instances it is necessary for the surgeon to
consider his patient's welfare or his duty performed
until he has secured in
the means of a ligature.
Keep warm foreign bodies
cleanse the wound, make
the patient as comfortable
as possible, place the pa-
tient in a condition to
reduce dilatation in the
muscles surrounding and pro-
tect the bath from all in-
ternal increase. If the pa-
tient, a word of encouragement
from the surgeon. Together
with a little wine, brandy,
or ammonia in water, will

and will often be suf-
ficient to bring about a return.
In bringing the parts together in the first inti-
ation, the nature of the in-
rile and the manner in which it
under certain circumstances
in best plays, but the rich
in rice is nearly to bring
the plants as near as possible
in their normal position
during the subsequent stage
of color by propagation
and circatration.
In all cases shock renders much
discomfort to the patient is
prevented by keeping the
round clean, and the remo-
val of all blood and oblo-
tis can safely be affected.
In the ease of a strong and
Little warm water.
If the wound be a large one, and it be necessary to use cold applications for the purpose of checking inflammation, wet cloths may be applied, which require to be frequently changed or a stream of water should be allowed to fall continually on them to prevent their becoming dry and warm. In the choice between the use of cold and warm applications, the best rule to be governed by is the sensation of the patient. When suppuration takes place, means must be resorted to for the purpose of increasing the evacuation of pus and the formation of a scab or sinus. If the wound be a direction
warming may be practiced for the benefit of washing out
and foreign substances that have accumulated in
the tissues of the wound.

Slight pressure with a roller and frequent change of dressings is often required.
Cloths dipped in an alkaline and
water or some disinfectant
liquid will obviate the con-
centration of flies and the
formation of insects, and the
disableable objection that
may arise.

For the purpose of holding
the part in position, strips
of adhesive plaster or sections
are necessary. These may be
applied over the dress by means
of adhesive strips or a bandage
at the same time, provided
avoiding all unnecessary
degree of pressure weight and warmth is often useful. The constitutional treatment should consist of good hygienic regulations. The avoidance of all irregularities of habit with proper attention to the excretory functions. The diet should be nutritious, rich not stimulating. Together with a plentiful supply of fresh air.

In P. Raughter.
AN

Inaugural Dissertation

on

Digestions

Submitted to the Examination

of the

Provost, Regents and Faculty

of

Physic,

of the

University of Maryland,

for the degree of

Doctor of Medicine,

by

J. Franklin Thomas

of

Frederick, Maryland

Session of 1867
Digestion

Digestion is the process by which food is reduced to a form in which it can be absorbed from the intestinal canal and taken up by the bloodvessels.

All food taken into the mouth is almost invariably solid, even those substances which are naturally fluids such as milk, the white of egg, and others of a similar character, are generally solidified by the process of cooking. Preparatory to entering the stomach, all food therefore requires to undergo a process of digestion before it
can be absorbed.

When it is received into the canal, running from the mouth to the anus (known as the alimentary canal) it comes in contact with certain digestion fluids which serve to dissolve it. These fluids are secreted by different internal organs of the body, and are also different from each other. Each fluid calculated to act upon the different kind of food thereby preparing it for absorption. That portion which is absorbed by the vessels consists of fluids. While the remainder...
retruning a firm consistency, is discharged from the intestines under the form of “Feces.” The process of digestion is a complicated one. The alimentary canal being divided into different compartments, each communicating with the other by narrow orifices. At its commencement, we find the cavity of the mouth, then passing on we find the Pharynx and Oesophagus. The latter communicating with the Stomach. Then we reach the Small Intestines, which owing
to the varying structure of its
muscular membranes that
received the name Duodenum
Jejunum, and Ileum and
finally we arrive at the
large intestine which
terminates at the lower
development the Anus. The
muscular coat of the
Alimentary canal is
composed of a double layer
of longitudinal and
transverse fibres, which, by
their alternate contractions
and relaxations convey the
food from the mouth through
the Alimentary canal to
the canal. In its passage through the canal it meets with no less than five different digestive fluids. First in the cavity of the mouth—the saliva; second the gastric juice in the stomach; third the bile; fourth the pancreatic juice; fifth and lastly the intestinal juice.

The most important phenomena in modern researches on digestion is that different elements of food are digested in different parts of the alimentary canal by the
agency of different digestive fluids.
We will now attempt a careful but succinct examination of these fluids distinctly and separately, however commencing with "mastication." In the first division of the alimentary canal "namely" the mouth, the food undergoes two different operations—mastication and incalination. Mastication consists of triturating of food by the teeth which is absolutely necessary.
in order that the digestive fluids may perform their proper
functions. As the action is purely chemical in its
nature, it will be exercised on more promptly than in a solid form.
By being well masticated it offers a much larger
surface to the contact of the
fluid, thereby rendering it
the more easily to be decon
posed. For if it was taken
into the stomach in a
solid form, the digestive
fluid would be utterly
unable to perform their proper functions or decompose the food fairly causing all diseases that can be brought on by imperfect digestion unless we are to presume to pretend to mention here. The Anaconda for instance has been known to remain for days in a stupid condition after swallowing large quantities of food in a dilute form. The digestive fluids being unable to act upon it for not being previously masticated. We can easily deduce from this above
statement the great importance to the digestive process
of a preliminary mastication.
At the same time the food
is masticated it is mixed
with the first digestive fluid
viz: the saliva. The saliva is
not a simple fluid but is
composed of four distinct
fluids, which differ from each
other in their physical and
chemical properties. The saliva
performs a double function
viz: that of aiding in digesting
the food as well as to
Lerve (to lubricate and assist
it in its passage down)
the oesophagus. Food that is hard and dry like crackers (for instance) cannot be swal-
lowed without being moistened by some fluid. Consequently, if the saliva
was prevented from entering the mouth it would not only render deglutition difficуль
and laborious for dry food. But even that of a tolerably moist consistency
such as fresh meat &c.
After undergoing a thorough mastication and insalivation in the mouth it is prepared for
its entrance into the stomach.
and is aided in its passage by the muscular contractions of the esophagus.

That part of digestion which takes place in the stomach has been regarded as one of the most important of the whole process. It has been attributed to a digestive fluid secreted by the mucous membrane which penetrates the food and reduces it to a fluid form.

This process however is regarded as a chemical one, and it is thought that all substances taken
The alimentary canal are capable of being dissolved by the gastric juice. The gastric juice like the saliva is secreted in considerable quantity only under the stimulus of food. It is thought to be entirely absent during the interval of digestion. Another important action which takes place in the stomach beside the secretion of the gastric juice is the peristaltic movement of that organ. This movement is accomplished
by the alternate contraction
and relaxation of the
circular and longitudinal
fibres of its muscular coat.

The time required for digestion (in man) varies from one
to five hours. It however depends how well the food
is masticated, as well as
upon what the individual
eats as some things are
digested much sooner than
others. The secretion of the
Gastric Juice is much
influenced by the previous
conditions of man.

Every one so aware how
readily any mental disturbance. Such as anxiety, anger, or mild take away the appetite and interfere with digestion. It is often noticed that when any annoyances or worries occur soon after the food has been taken into the stomach, digestion process is not only apt to be suspended for a few hours but it may last the entire day. In order for that digestion process go on properly it is necessary that food should be taken
only when the appetite demands it should also be thoroughly masticated at the commencement and both mind and body particularly during the commencement of the process be free from any disagreeable excitement.

The next comes intestinal juices. From the stomach these portions of the food which have not already undergone digestion, pass into the third division of the alimentary canal, viz., the small intestine, where they meet with the
mixed. Intestinal fluids which are acted upon and converted into fat-soluble substances and then rapidly absorbed. Now for the last the pancreatic juice. The only remaining ingredient of the food that requires digestion are the oleaginous substances. Very soon after its entrance into the intestine, the only portion of the food loses its appearance and is converted into a white opaque emulsion which is gradually absorbed these substances.
are then ready to be taken up into the intestines as we have just seen. The portions are intended to act exclusively upon the food to liquefy it and prepare it at the same time for absorption. But throughout the large intestine the contents of the alimentary canal exhibit a different appearance, and are distinct in their color, appearance, odor, and consistence. This portion of the intestinal contents are known as semisoliditious substance.
which finds it way into the intestine by evacuation and is finally discharged through the skin.

Gentlemen it is true a great deal more could be said upon the subject of digestion but hoping that my remarks may prove sufficiently clear and to the point I have the honor to subscribe myself your most obedient
AN

Inaugural Dissertation

on

Rubeola

Submitted to the Examination

of the

Proreost, Regents and Faculty

of

Physic,

of the

University of Maryland,

for the degree of

Doctor of Medicine,

by

John J. Spalding

of St. Marys County Maryland

Session of 1867.
Rubella

This is a disease of minor importance, than many other of the eruptive fevers. It receives its name from the red color of the eruption, however it is commonly known throughout the country as Measles. It is true that this is a disease of no great moment, but should not be overlooked as unimportant by any means, inasmuch it is so common in this country, that we will be frequently called upon to Diagnose such diseases, indeed it is a matter of no little difficulty for the practitioner, to discriminate one eruptive fever from the other,
and this should be done as early as possible, for we are aware that there are other eruptive fevers bearing close resemblance, which are more contagious, and attended with much more serious consequences; so it is a matter of great importance for us to be able to distinguish one eruptive fever from the other, and thus avoid the wide spread of contagion throughout the community at large.

This fever has three different names viz: Rubeco Masculi, Measles; I will make use of the former name as it strikes me as the one most applicable,
I will in the first place begin to speak of its anatomical characters, it being most convenient to consider them in describing the symptoms of the disease. Local symptoms: in this stage it resembles that of an ordinary attack of bad cold, or in other words an attack of influenza; the peculiarity of the fever which precedes the eruption, that it is very constantly attended with inflammation of the mucous membranes, and this is most commonly of the air passages; there is coryza with frequent sneezing and
coughing discharge from the mouth; the eyes become vascular inflamed; reddened, and present a watery appearance; tears may be seen flowing frequently from them; great intolerance of light; Laryngitis is present, denoted by alterations of the voice; such as hoarseness, the cough is generally dry; Symptoms of Bronchitis are frequently present; thus giving rise to more or less general disturbance, sometimes the Pharynx is the seat of inflammation; with these various local effects, which differ in various cases, there are...
associated more or less, latitude, followed by shivering, and chilly sensation, but hardly if ever ushered in with a marked chill; these are followed by heat of skin, acceleration of the pulse, and there is great desire for cool drinks, indeed often intense thirst; the appetite becomes impaired; in some cases there may be vomiting; more or less pain in the head and limbs; but these depend in proportion to the amount of febrile excitement, they are less intense, than in the stage of invasion of Smallpox.
and Scarlet fever in some cases there may be diarrhea, and at the same time vomiting; on the other hand, constipation is often met with; these symptoms are more common to children and often lead to convulsions, but such instances are not to be considered as very dangerous.

and in the third stage false group with children, this stage may last from four to five days, therefore the duration is about two days longer than in Variola. Forty-eight hours longer than in Scar-let fever. However we meet with
cases; in which the duration is four, five or six, and even longer, and in others on the contrary, may be, but one or two days.

Stage of Eruption the regular period for the eruption to make its appearance is on about the fourth day; sometimes it comes out sooner, frequently the eruption does not come out until the fifth day, and thus you may distinguish by the slow extension of the rash, that the disease is not Variola or Scarlatina, the eruption when it first can be seen is of very minute red specks.
which in a very short time became large slightly elevated above the general surface of the skin, and this is best marked on the face which is sometimes swollen; these little red spots then become blended together in circular or crescentic fashions, the papules are very much alike those in Variola previous to the recognition of the vesicles, but they are much larger, and feel soft to the touch, also they have somewhat the appearance of flea bites, and if you press your hand on them the redness will disappear for a moment; one of the most
characteristic signs, which Rubeola may be known from Variola; the fever does not cease or even abate when the eruption has come out; but in the majority of cases, may increase in intensity inasmuch, in the stage of eruption symptoms denoting Borrege Sept. remain unaltered, and continue for some time, and thus give rise to more or less abundant expectoration; and by auscultating the chest you will have dry or moist Bronchial rales; the tongue is in many instances is coated, and sometimes elongated, blisters can be seen projecting between
the coating, presenting the appearance of a number of red points.

Desquamation; this begins when the eruption commences to fade away, and its duration last from four to seven days. Desquamation does not take place in all cases; in uncomplicated cases, this may be said to be a stage of convalescence. It is always tolerably well marked. The epidermis being exfoliated in bran-like scales or in flakes, at the same time febrile symptoms gradually disappear, occasionally the eruption on the skin reappears, and after having lasted
the usual period again disappears, and in this stage diarrhoea is apt to be present. I will now begin to speak of a much more mild form of the disease, known as Measles, Rubieola Sinolcataurha.

In this form of disease, the Schmiederin membrane, Larynx, and Bronchial tubes are very little involved, therefore is of very little importance exclusive of the liability of confounding it with Scarlatina; the eruption is preceded by symptoms of constitutional disturbance, which subsides away in one or two days.

True Rubieola in a majority
of cases, when of a grave type it is most always complicated, and we find these complications stated in the respiratory system, one common is sometimes developed; capillary bronchitis is an other complication, and when it attacks children under four years of age, most always proves fatal, still this does not occur in private practice, found most commonly in hospitals; we may call Pneumonia as the most frequent of all complications, and are attended with much danger in children, when the eruption does not appear at its regular
period you may rest assured that the disease will be more dangerous, but even here the Physician should take into consideration the thickness of the skin; for instance children who have a thin delicate skin, the eruption sometimes appears on the third day, while those who have a thick brown skin, it may not come out before the fifth day.

Causes of Rubella. A specific contagion; it is scarcely doubt-Ted, that there is one specific cause of Measles; the infectious miasm, is not only received,
by those brought into contact with those affected with the disease, but is supposed by many of being capable of acting upon others through the air, by means of fumes—persons visiting tuberculous patients, may contract the disease, and thus it is carried from one neighborhood to the other, it prevails much more at some periods than at others; this is owing to a peculiar epidemic influence in what manner this acts, is not well understood, during epidemics all who have not had the disease is liable to it, cold weather appears to be the time when the
disease is in full bloom, but it occurs at all seasons, no age is free from the disease, but few persons pass through life, but what they have been attacked by the disease, if rarely attacks the same individual more than once; still there are cases related where the same individual has it twice. Dr. J. H. Salisbury of Ohio has communicated certain facts or observations, as showing that the inhalation of the fumes of wheat straw, undergoing decomposition, is capable of producing Rubeola, that by inoculating with exereses, and cells of the
fungi of what typo a disease may be produced resembling Rubella, and that persons in whom effect is in this way produced are entitled insusceptible to the disease.

Diagnosis.

Diagnosis has been almost sufficiency described, in speaking of the History of the disease. In the first stage Rubella, may be easily mistaken for Catarrhal Fever, although the headache and secret cough is almost sufficient to make the distinction, there is always however some uncertainty until the eruption comes out. It is indeed very difficult to diag-
prostitute, especially if influenza
is at the time prevalent. The
only disease liable to be confonned
with it is Smallpox, and Scarlet Fever,
and this in great part has been
pointed out in speaking of
the various stages of the
disease. Now for us to make our
selves safe in regard to the
distinction between Scarlet
Fever, and Smallpox, we have to look for
two kinds of Smallpox, in order
to make ourselves acquainted
with the Diagnoses, viz distinct
and confluent; or the distinct
variety, the subsidence of the fever is a sufficient diagnostic sign; in the confluent form it is more difficult, though eruptions be present. But in\Pox the rash is left prominent, and hard under the finger, and the question is very often decided by the immovable character of the Pox eruptions, while Variolous is rapidly becoming vesicular, and umbilicated.

Prognosis.

When the disease is not complicated the Prognosis is generally favorable, but in
very young children, when the eruption takes place before the third day or when it suddenly disappéars the Prognosis is unfavorable. Pseudomembraneous Erysipelas is one of the alarming types, if it attacks the patient from the very onset of the disease, it will often prove fatal, so it is to be seen that the chief danger arise, when there is much Bronchial, and Pulmonary inflammation, and the danger is probably more serious in the declining stage, than during its progress. When the gastropulmonary symptoms are slight,
and the skin becomes moist after the appearance of the exanthema, I would consider the case to be a favorable one; children while Teething are attended with much danger, also when there is obstinate diarrhea.

The vicissitudes of the weather must be taken into consideration, the disease is more dangerous in cold weather, than during warm weather, old persons do not bear the disease as well as children.

Among the unfavorable signs, when the Fever is severe in the beginning and continues to run high before the complaint comes out.
resthep, the patient taking
himself about in the bed, coma
delirium are considered to be
very unfavorable.

Treatment— In the ordinary
uncomplicated cases nothing
is more requisite, than to keep
the patient on low diet, and
attend to the state of the bowels,
in point of fact if the Hygiene
can be improved the mildest
forms require nothing more,
and nature will accomplish
a cure. However in the treatment
it should be borne in mind,
that the patient should not be
as exposed, as to be suddenly
chilled, on the other hand, neither
should the room be too hot, as it
is well known at present, that
Diphtheria will not bear cold as
well as in a case of Varicella or
Scarlatina, one of the very best
rules is to keep the patient
comfortably warm, but clothes
must not be of such weight as
to oppress the patient; Children
require vigilance as they are
generally restless in State of
Fever. Thus become exposed to
the cold, such exposure
aggravates the case very much.
Now if I was called to see a
Patient, who had a mild Sore
of the disease, if the patient's
strength were constipated, I would
give a saline castastic of some
kind, palliative drinks such as
Flax seed tea or some other
diaphoretic medicine, as a draught
containing from two to three
drachms of the Spiritus Aetherei
Nitrici, with about an ounce of
Camphor water to be given
for die - Infusion of Philopers
Elm; and a bock of other
remedies, which I could make
mention of, but I deem it unnec-
ecessary, as I am treating of the
mild form of the disease.
If signs of Pneumonia or Bronchitis
be prevented inflammation threatening with a tendency to fever, some have thought it best to resort to blood-letting by means of cupping-tin, but it is the opinion of many that this is seldom if ever necessary. This if the indications calling for intervention were present, there would be no objection to taking blood in small quantities.

When purrupy symptoms come on, the use of narcotics may be employed, such as fioa, this followed by a cathartic.

Colonial would be very good. As long as purrupy symptoms,
are present Efflorescences of the face may be administered to great advantage. Opium is recommended in the early stages. The eyes in Rubella often require treatment, and this is best done by demulcent liquids made from Cassafras pitch, mucilage often as well as any thing else, weak solution of Sulphate of Copper, troublesome cough may be relieved after the eruption by means of Opium.

Retraction of the eruption of the eruption & its retardation often baffles the Physician, as to the best mode of treatment, some
think it best to let nature take its

This would be my plan if there
were no unpleasant symptoms, if
I saw evidences that internal
mischief were going on, my first
object would be to bring the disease
to the surface, and to do this I
would use the hot bath, warm
drinks may be given with great
advantages, such as infus. of Balm
&c. Small doses of Peruvian balsam.

In cases of general debility I
would make use of tonics
internally. Such as preparations
Aromatic, Althea, wines, etc.
During convalescence there is
often diarrhea, if moderate should not be checked, but if there be much pain, trouble, should be treated as any other ordinary case: small doses of Soares Pond, Tonics & mild purgatives may be used. If dysentery, Soares Pond is to be treated as other low forms of disease, Stimulants, Tonics and Cathartics are to be resorted to, but great care must be taken in regard to their administration; Colame in such cases are said to be very well borne; in conclusion, I will say something in
regard to the period of convalescence, the patient should not expose himself to the inclemency of the weather for a long time, that is not to go out doors for several days after desquamation.
An inaugural dissertation
On
The Heart, Anatomically and Physiologically considered.

Submitted to the examination
of the
Provost, Regents and Faculty
of
Physic
of the
University of Maryland
for the degree of
Doctor of Medicine
By
H. H. Jones
of Virginia.
In order to understand properly the different functions of an organ, we must first understand its physiological anatomy, and then we can more intelligibly describe its function.

The anatomy of the heart varies considerably in the different classes of animals. That of the fish being the most simple, here the heart consists of two principal cavities, the Auricle and Ventricle. The heart of the reptile comes next in order of simplicity, having two Auricles and one Ventricle.

Last but not least in importance comes, that of the Mammalian. It is to this we wish to direct our special attention, here the respiratory process being
exceedingly active, and the lungs the only organs by which the blood can be properly aerated. In order to facilitate this aerating process, we have in man a double circulation, known as splanic or systemic and pulmonic. To meet the demands of this double circulation, we have a double heart. (One side above the other) The two sides of which, though united externally, are separated and distinct internally.

This the great organ of circulation, is situated in the middle mediastinum. The heart is enclosed in a fibro-serous membrane, belonging to its self proper the pericardium. This like all other serous membranes, is a closed sack consisting of two layers, one external or fibrous, the other internal or serous. The fibrous layer is attached above
to the great vessels emerging from the base of the heart, forming as it were its root. Below it is attached to the dia-
phragm. The serous layer invests the muscular walls of the heart, and is then reflected upon the inner surface of the fibrous layer. It might be remarked in this connection, that this sack con-
tains normally about two ounces of fluid, this is important to remember, from the fact that it has been mistaken for effu-
sion into the pericardium.

The heart is a hollow muscular organ, situated obliquely in the chest. The base is directed upwards & back-
wards, towards the right shoulder. The apex is directed forwards & to the left, pointing to the fifth intercos-
"tal space. It weighs in the female, from eight to ten ounces, in the
Male, from ten to twelve, is somewhat conical in shape. It has four cavities, a right and left auricle with a corresponding ventricle. The former surmounting the latter, and forming the base. The heart is held in position by the great vessels being inging from its base. They hold the base comparatively stationary while the apex is free.

This organ is made up of two layers of muscular fibres. The most superficial layer runs in a spiral direction from base towards the apex, being twisted as it were from right to left. It is then reflected and becomes deep, and terminates in the column has came, inner border of the auricle-ventricular rings. The deep layer of fibres are very near circular, in their direction, having their origin and insertion in the auricle-ventricular rings. Flies by Columns.
There are two peculiarities about these fibres. First, they are striated having the appearance of a voluntary fibre; while in function they are involuntary.

Second, they anastamose with each other, which is a distinctive characteristic of these fibres alone.

The Auricles & Ventrículos, as above mentioned, have many things in common, but for clearness of description, we will consider them separately.

The Right Auricle is larger than the Left whilst its walls are thinner being about one line in thickness. Its normal capacity is about two ounces. It has entering into it the following Foramina: One for each Vena Cava. Coronary Sinus, Foramo/mina Thebesiae. & Auriculo-ventricular opening.

The Venae Cavae, have no valves
proper, but are supplied with circular fibres, which to some extent fulfill the office of valves. The coronary vein (which conveys the venous blood from the structure of the heart) according to Dr. Wilson, is supplied with a semilunar fold of lining membrane stretching across its mouth, which during contraction of the auricle is pressed firmly upon the opening, thus preventing regurgitation into the coronary vein.

The Foramina Thelaeia, are numerous little openings, through which the blood is constantly effacing from the structure of the heart, directly into the right auricle.

The Auricles—Ventricular opening is the opening of communication between the auricle and corresponding ventricle.
In the foetus, in addition to the above, you have a direct communication between the auricles, though the septum auriculareum. This opening is known as the foramen ovale. The Eustachian valve is but a fold of lining membrane, which serves to conduct the blood received from the ascending vena cava to the foramen ovale. This foramen is closed very soon after birth, leaving a small depression known as the fossa ovalis.

The great bulk of the heart is made up by the ventricles. The right ventricle is prismatic in shape and forms nearly the entire anterior portion of the heart. Its walls are about 2\% lines in thickness. Its normal capacity is about 2\% ounces. It presents for examination two openings, viz.: Auriculo-ventricular and Pulmonary.
Both of which are provided with valves, known as the bicuspid and semilunar. The bicuspid are three triangular folds of lining membrane, strengthened by a thin layer of fibrous tissue. They are connected by their base around the auriculo-ventricular orifice. While to their thickened apices, they give attachment to a number of slender cords (Chordae Tendineae). These are as it were tendons of thick muscular columns (Columnae Cardae) which serve as muscles to the valves.

During dilatation of the heart, while the blood is flowing in to the ventricle, these valves flap back against the walls of the ventricle & offer no resistance whatever to the onward flow of blood.

But when the ventricle contracts upon its case tendo, the pressure of
The blood upon the ventricular surface of these valves, causes them to flap back and completely close the auriculo-ventricular opening. There being but one other opening the blood is forced on as it should be, through the pulmonary opening into the pulmonary artery.

But one very important fact should not be overlooked. If from any cause, there is any obstruction to the passage of the blood through the pulmonary circulation, causing the lungs and right side of the heart to be discharged, by a peculiar and happy anatomical arrangement of the muscular apparatus of these valves, a normal respiration can take place, thus fulfilling the office of a safety valve to the lungs, where there is more of the
Circulating fluid bent than can pass through without injury to their delicate structure.

The semilunar valves are also three in number. They are situated around the aortic opening, consisting as in the former case, of a fold of lining membrane, strengthened by a thin layer of fibrous tissue. They are attached by their convex borders, free by their concave, which are directed upwards in the course of the vessels, offering no resistance to the forward flow of blood.

The margins of these valves are thickened, and present at their middle a fibro cartilaginous tubercle (corpus arteriae) which, when these valves are flattened back, completely closes the little triangular opening, that would otherwise be left by the approximation of these semilunar folds. It was formerly maintained
That there was no safety valve principle existing at these valves. But it has been demonstrated, by recent experimenters, that under extraordinary circumstances, there is also some normal regurgitation through this opening. Hence, we have two safety valves on the right side of the heart, both of which, serve to relieve the lungs when over-distended, by allowing the blood to regurgitate, first into the right ventricle, thence into right auricle. Which, when over-distended, causes venous congestion, which is not as serious a matter as congestion & overdistention of the delicate lung texture.

The left, or arterial side of the heart, has many things in common with the right, or venous side. Thus, the left auri-}

...
Its walls are thicker, hence its cavity is somewhat smaller. It presents for examination five openings: Fig. Four openings for the pulmonary veins, and the opening between it and the corresponding ventricle. (Auriculo-ventricular opening). The openings for the pulmonary veins have no valves. The left ventricle is conical in shape, and forms principally the posterior part of the organ. It forms the apex of the heart by projecting beyond the right ventricle. While the latter has the advantage in length towards the base. Its capacity is something less than the right ventricle. While its walls are much thicker and stronger. Normal thickness about seven and a half lines. While that of the right is put down at two and a half. The cause
of this is quite apparent, when we consider the great difference in the amount of labor they are called upon to perform.

The right is only required to send the blood to the lungs. While the left propels the blood throughout the entire system. Its capacity is from \( \frac{1}{10} \) to \( \frac{1}{6} \) less than that of the right ventricle. It presents for examination two openings, by: aorta, left auricular, and left ventricular. Both of which, are supplied with valves. They are similar in their anatomical arrangement to those of the right side, except that there is normally no reperfusion on the left side of the heart. Thus the safety valve principle is also in existence here, but acts by foregoing the reperfusion of blood upon the lungs.
As to the course of the blood through the heart. This has to a great extent been anticipated. Entering the right auricle, through the different openings as above mentioned, it then passes through the auricles-ventricular opening into the right ventricle; by the regular contraction of the ventricle, it is forced into the pulmonary artery. Thence into the lungs. Where it gives off and abstracts oxygen its carbonic acid, it is then taken up as arterial blood, by the pulmonary veins and carried to the left auricle. Thence into the corresponding ventricle, by which it is driven through out the entire system. There is an exception to this course in the fetal heart. There being as above stated, a direct communication between the two auricles.
The movement of the blood through the cardiac cavities is not a continuous steady flow, but is accomplished by the alternate contractions and relaxations of the muscular partitions of the heart. Each of these successive actions is called a beat or impulse of the heart. These successive actions are accompanied by certain phenomena which must be considered in detail.

The sounds of the heart are two in number and are known as the First and Second.

The first is synchronous with the impulse and systole. While the second, while the second is synchronous with the diastole. They differ both in position, tone, and intensity. The maximum intensity of the first is heard over the fifth intercostal space. At a point
Middleway between a line drawn
properly, directly, through the
middle of the right, and mid-
dle of the sternum, it is long and
full, and occupies from four
fifths to one half of the entire
beat. Such has three distinct
elements: viz. Valvular, Muscular
and Impulse. These different
elements have been established
by actual experiment.
Thus Dr. Flint and others,
interposed a silk handkerchief
between the chest and Stethoscope,
and the muscular element was
destroyed. They then placed
The Stethoscope over the fifth
intercostal space, and the impulse
of the air against the walls of
the chest was rendered more
distinct. In order to show the
existence of the valvular element,
The finger of the experimenter, was
introduced into the auriculo-
ventricular opening. When he could
feel the valves flap back against
the finger, but the valvular el-
ement of the first sound was
destroyed. Thus we think
conclusively demonstrating the
existence of the three elements.

Notwithstanding, the Opinions
of Gas, Audnial & Dalton to the
contrary, We maintain, that
the valvular element is the
sole cause of the first sound.

The maximum intensity of the
second sound is heard over
the region of the aortic & pul-
monary valves. That is at a point

Corresponding to a line drawn from
upper border of third intercostal
Cartilage, across the Sternum, to the
second intercostal space, on the
right side. This sound is short
and quick. And is synchronous
with the Diastole of the Heart.

The cause of this sound is now universally admitted to be caused, by the sudden closure of the Aortic & Pulmonary valves.

The second Phenomenon to be observed, is the movements, which are of a peculiar kind, and have often been erroneously described. The Auricles can contract simultaneously. So also do the Ventricles; their dilatations are also simultaneous. The Auricles contract first, & then immediately follows the contraction of the Ventricles. During the relaxation of the Ventricles, the blood is flowing in a constant stream, through the Auriculo-Ventricular openings into the Ventricles, the capacity of the Auricles being less than that of the Ventricles, they become first distended, and instantly contract.
Thus forcing their contents into the partially filled ventricles, distending them, whereupon they at once contract, driving the blood throughout the entire system. These movements of contraction and relaxation, continue to alternate with each other, and from their recurrence the ejection cardiac pulsations. The frequency with which these pulsations are performed, vary under different circumstances, thus the normal number of pulsations in a healthy adult male, average from seventy to seventy-five per minute. They are increased considerably after active exercise. They are also slightly increased during digestion. Both are diminished during repose, as in sleep.

In general terms, however, the number of pulsations decrease from the commencement to the end of life. Being
on an average, according to the most reliable observers. About one hundred and fifty at birth. One hundred and thirty during first year. Continuing to decrease until in extreme old age. They may be as low as forty-five or fifty per minute. The effects of disease upon the action of the heart is frequently well marked. It should not be forgotten, however, that increased action does not, as has been supposed by some, indicate increased force. But on the contrary, the increased frequency, is set up in order to supply the amount of blood required for the actual want of the system. Which cannot be supplied by the normal number of pulsations, when the contractions of the heart are weakened and insufficient from any cause, what ever that cause may be.
At every pulsation, the heart undergoes certain changes. Thus at every systole, the heart hardens. This is readily appreciated by grasping it between the finger and thumb, at the same time, it communicates to the hand, the sensation of a sudden shock.

It also under goes some change in reference to its relative position to the parties of the chest. According to Dr. Harvey, Moore, Osmond, Dalton & others, the heart elongates at every systole, in the direction of its long axis. Adopting the arrangement of the fibres already given, and so admirably illustrated by Dr. Dalton, we do not see how this could be otherwise. For it is well known, that when a muscular fibre contracts, it becomes thicker & shorter, at the same time if its direction be
Spiral, it tends to straighten it.

Hence, the contraction of the external layer of fibres of the heart, they tend to undo their spiral course, thus producing the rotation from right to left. While the internal layer of circular fibres, contracting and at the same time thickening, causes the protrusion of the apex, or rather the elongation of the Organ. Since it is with the rotation from right to left, at the same time the elongation brings the apex against the parts of the chest, which produces the im-
pulse.

The cause of the rhythmic action of the heart is not well understood. Many theories have been advanced to explain this phenomenon, but none are altogether satisfactory. Some it was supposed, that the contact with arterial blood was a sufficient cause for this
action. But this is disproved by the fact, that the heart will contract after its removal from the body. No arterial stimulus whatever being afforded.

By others, it is argued, that this rhythmic action, is kept up by a principle existing in the blood, and that carbonic acid is that principle. But this is open to the same objection above stated.

Again by others it is thought that it is connected, with numerous minute ganglia, of the sympathetic system, which, with connecting nerve fibres, are distributed through out the entire structure of the heart. These ganglia it is argued, acting as so many centres or organs, for the production of motor impulse, while their connecting fibres,
connect them into one system, and enable them to act in concert, and direct their impulses as to execute in regular series, the successive contraction of the muscular fibers of the heart.

This would appear reasonable, for it has been shown, that the heart of a reptile, may be dissected, and yet these regular symmetrical actions will continue in the separate parts. We therefore cannot say, that the action of the right side depends upon the left, or vice versa. Nor that the ventricles depend upon the auricles, for if we separate them, this regular symmetrical action will continue. Hence the ganglionic theory, appears to be more satisfactory than any other theory yet advanced. But here according to Lebert, we, this
all rendered uncertain. For Schott says he has observed the foetal heart to pulsate, while it is still composed of simple cells, before any trace of nervous system could be traced.

The truth is, that there is some ground for all of the above named theories. Yet none of them are strictly true. That the action of the heart cannot be kept up for any considerable time, Without the presence of Blood, Carbonic Acid and Oxygen, influence all combined.
AN
Inaugural Dissertation
ON
Surgical Chiliasmia
Submitted to the Examination
of the
Provost, Regents and Faculty
of
PHYSIC,
of the
UNIVERSITY OF MARYLAND,
for the degree of
Doctor of Medicine,
by
John O. Proctor
of
Virginia
Session 18
There is probably no organ in the body an
 которую анастоматическое строение в более удивитель
 том пленке. Но еще более, истинно анастоматическое
 любое или другое в начальной стадии.

There is probably no organ in the body an
 which anastomotic structure is better understood
 than the Eye. The eye is a unique example of an
 anastomotic structure that comes age to age with a patience
 and energy and a persistence worthy the cause
 in which engaged, dedicated its task, important.
 to illustrate this feature of structure so successfully
 introduced its location accessibility to the designing
 and comprehension. Indeed, at anestomatology,
 opportunistically removed many of the difficulties
 incident to the subject and an important
 to the learner in his initiating efforts and
 so effortlessly instrumental in casting of
 its shadow and sensibly appealing to a vast
 and vast extent a field of anastomotic attaching.
In a general view, knowledge is and becomes a proper acquaintance with it that is new, fluent, and rapid from its primeval element into its glad condition, and thus given to be read by the sense of the spirit itself in all its attractive simplicity, only respecting from us the amount of labor that from the anxious curiosity to render its its on successful and complete.

No age being to regarded as a great effort of enthusiasm, differing only from the to accurate in our knowledge to forget our imitation of its similitude, piece of human nature in its greater degree of perspective and simplicity, and by its being found under the desert controls and in vision of a spirit.
Although such is our knowledge of its real
very act, it is a lamentable truth, and a
disincline fact, that its Pathology has not
held its progress with the advanced state of
that Science in general, and this can be
attributed, no doubt, to the circumstance
that this branch of the healing art, has
been concealed without Nicholson by many
men in general to the exclusive
care of professors. 
I do not design in this Short Paper
to give a minute description of the eye, or its
pathology, but intend merely to make a
few general remarks concerning a disorder
met with in infancy more frequently than
and other cases of this important organ
and therefore more got to be met with in
every day practice.

Indeed, as the eye does a large proportion of the different tissues entering into the histological structure of the human body, its diseases would naturally be supposed to vary considerably in their character, yet differing however from the diseases of the other organs of the body, except perhaps in the great delicacy of the part affected.

Indeed, it may be said to resemble a theicmex in which we can view all the various changes occurring in other organs and tissues throughout the system, as its transparence is an aid to discovery. With more precision than not, and trace with
standly, and accurate. The rapid progress and decline of these specific conditions changes, we can trace the gradual conversion of the natural and healthy tissue into an unnatural diseased and disorganized structure, and can detect with great certainty the prominent diagnostic symptoms which attend each of its particular affections. Our diagnosis being thus aided and clearly determined, it is natural to suppose that the therapeutic indications are, and should be directed with a greater prospect of success. Inflammation occurring in this organ is characterized by the same morbid phenomena attended by the
Same preservation influence, as followed
by the same destructive consequences and
results, which it is found to assume when attaching the dif-ferent tissues, enter-
ing into the structure of any other organ
of the body.

The characteristic signs are to be met
with in all of the various organs of the
system, but are so modified by the
peculiarities of structure, or function of
the tissue, or condition of the patient,
that they have afforded for the patholo-
gist, a basis for numerous distinctions.

Nothing is more clearly proved,
than that every acute inflammation
of an organ, has its commencement
in the single tissue of its own.
line, and is always said to represent its cause, by superincumbent indicative of the primary tissue offered, and once being called into existence, it is extremely liable to extend itself along the same line in which it first occurred, or by contiguity of adjacent tissue entering within into the composition of the same organ, or that of a neighboring. And having extended itself to an adjoining tissue or organ, it is attended by another train of symptoms, which, indicative of the initial incipient. Again, inflammation having once visited an organ, or one of its component tissues, it renders
Not organs in tissue for the future
were susceptible to its influence, but
it was particular to its invasion, the truth
of which, experience has amply demon-
strated.

The better illustration of these facts is
offered, than when we witness in the
different varieties of this great source of
disease, as it affects this interesting
and important organ. This infamma-
tion attaching the conjunctiva, a
mucous membrane, differs in appear-
ance and consequences from that
attaching the patient to scrotum
issues, and these again differ in ap-
pearance from that inflammation which
occurs on the uterine tube, which preco

and great tendency to destroy vision, which leads to the process of nature, is probably una.., present by several diseases of the eye, and various which the reactions of art eye exist a more decided, and beneficient, or unethical, when simply applied. The causes of fatal, or inflammatory, diseases are in general the same as these which give rise to inflammation in any other part of the body. They may be owing to sudden changes in the temperature of the atmosphere which affects on the whole surface of the body, or upon the vicinity of the eye only, with the sudden cooling of the body.
when it has been prematurely volatilized to the local situation, again, they may be caused by a pautaneous or already existing one, and leading the whole system, of which they may or may not be a local symptom, requiring for their relief or cure the correction of the existing abatement to the convulsions, convulsions, or the convulsion of phthisia, or by the appllication of a specific serum, or in general, of phthisia or other lymphatic, or by these injurious factors as in the bacillalism.

Sopphulius of Phthisia.

Phthisia is a generic term ap- plicia to an inflammation of the...
the ball of eye lids. They may be
in this example of Specific, I propose
to speak about of that from and
obtain in person of as Eminent a
Professor, as which The specific
regard Colds in mania has been given
and many opinion about operation of the
disease, believing, as I do that it
never so occurs when the specific
operation does not exist.

I note with this form of
inflammation in the eyes of Child
were more frequently than all others.
It is believed that at least ninety
four and of the Child that was occurring
in children from the ages of one
to twelve years, is of this nature.
A more general alteration these
affecting with marked symptoms
of a febrile constitution, such
as fever, loss of appetite, nausea,
vomiting, and general abdominal
pain, with languid circulation
and enlarged and tender glands.

Although I may occur in
children where never in adults:
these symptoms are absent, yet we shall
not conclude from this that the
diabetes is not present, but rather should
expect its evainence as a drawback.

And we regard the evainence of this disease
as conclusive evidence of the diabetes,
manifesting itself in the eyes, becoming
to the discovery of these indications,
the eye is not able to resist its influence
than any other organ.

This disease has its primary
cause in the digestive organs, and
want of proper assimilation of
the food depending upon the
causes to an improper diet. While
considered to be the child's tendency for
good assimilation powers, it is
an invariable corollary of the
atmosphere, in places where such
patients are generally found.

From what I have said you will
see that I do not regard this as a
local disease but rather as a symptom
of a constitutional affection, definite.
ing upon a peculiar part of the
system. I am aware that I have
attacked some high authorities by
assuming that this is not merely
a local disease, nevertheless from
the little I have observed and read,
I am forced to the conclusion that
the greatly celebrated German Patholo-
gist, Entmann, was altogether mistaken
in regard to the nature of the malady.
The predisposing causes of this disease,
are evidently age and constellations: that gen-
eral experience is clearly proven by the fact
that it is more common with women
than any other inflammation of the eye,
and that as they approach puberty, they
are less liable to this disease.
But in all such cases it is to be noticed by the fact that it attacks but few other parts. These preceding will reach all symptoms of sore-pupils constituting.

The exciting cause may be an attack of catarrhal ciliary that may exist at a point on the cornea, subcutaneous or subcutaneous, though it may exist as a permanent disease without any appreciable exciting cause.

The most prominent of the early symptoms, an great dilatation of both irides is the most frequent. An irides laceration is the laceration of the eye lids will be found to be passionately closed, the cheeks drawn upward, and the eye brows de-
Your text here
It is generally advisable for the
patient to open the eyes even after
so much time, because of the great in-
flammation of the eye and the general
involuntary motion of the eyelids. It then
soon becomes necessary for the surgeon
to close them that he may continue
his examination. This is accomplished
by applying the point of the index fin-
gure of one hand, to the corner of the
upper lid. The point of the thumb of
the other hand, then gently sliding
firmly against the eye ball, can be in-
clined very to press these against
their orbital edges.
When the eyes are open, there will be
a push of the tears from them in
Consequences of the Central Cause of
V. eye bits. When the eye bits have been
long enough and the caps of the bits
are made inveterate by being the Ca
vities or surfaces in opposition, we
will find that these surfaces have
acquired more of the general char
acteristics of a mucous membrane.

We believe first and very natural
change in the pelvis of the animal
but there may be slight amount of
cancer reticular wounds for the sake
that would happen to the muscular
tissues however, larger muscular
fibres which are the distinct quali
desirable ones from the middle and
arm of the eye.

These consequences were caused by an
in its phlebotomy. The blood of some kind man in the heart once

The copper which I have been well robber indeed, has it

I was aware the same effect to expect for

This can be seen in a more enlightened

The assertion that this can

in extremity, and hence. To these

Pholoe's, or alone with the pleasure

Vesuvius - ought their people by,

And hence I will prove to

the especial way to agree to the

removal of. The lands shipped

or any particular have no
A people yet we see them teach
resuming the alphabet of study. I join
the name to mark the present or at
least part of the way, as their
answer must be that they are not prepared
right. I must return to myself
first. These words if we cannot keep
thinking of the event will prevent us
from the influence of the scene. Where is
the knowledge of Iscassant with pretense
though the influence of Scaies the
sovereign event, while this scene bears
out the name of Iscassant with more
when we see Iscassant, when we see
the time to break with织
the cross, with more than one of the organi-
clesagenta. The balance of these things.
In the treatment of Hæmorrhage, particularly the _arterial_ haemorrhage, the effect of the surgery should be limited to the removal of the source of the flow, and to prevent its recurrence, unless the situation of the body, and the circumstances, are favourable for the accomplishment. In every case, our treatment should be, thereby, the functional arrangement of the circulatory system, which is almost always present in this region. Together with an adequate compression of the system. By the administration of _aromatic resin of Calomel_ followed by _externation_ of these or _papasa_, we seem to supply the blood and excite the secretion, but reduce the impaction of the blood in the affected part. Saphron assisted the circulation.
most of the symptoms appear in the form of
in the best manner to the reception of
the commencement, the outbreak of
the disease, to lessen the irritability
of the system, and relieving phlegmatism,
should be given in three doses every
hour or two hours, and in their absence
pills may be combined with one of the prepara-
tions of various, &c. (Bill. Dec. 3.) Garamphilas
600 to 1500 grs. in this
form every day, before eating. The dose
to be reduced or increased according to the age
of the patient. The concurrent should then
be added to its condition, nutritive, and
all other influences. The content of the
principle is very
at the onset of
of the

The fruit contains a sort of
AN
Inaugural Dissertation
on
"Scalation".
Submitted to the Examination
of the
Provost, Regents and Faculty
of
PHYSIC,
of the
UNIVERSITY OF MARYLAND,
FOR THE DEGREE OF
DOCTOR OF MEDICINE,
By
Charles Thompson,
Of
Maryland,
Session of 1867.
Scarlatina

Ever since the year 1557, when the disease was first described by Galen, down to the present time, it has been a shining mark for therapeutical skill. Every department of nature has been explored for remedies, and very frequently the physician in his misguided efforts to cure the complaint, has inflicted more suffering upon the suffering patient than the malady itself; and I fear not to state doubt that in many instances the mortality from the disease has been greatly increased by erroneous modes of treatment.
In the present state of our knowledge on this subject, we think that there is abundant evidence to prove that scarlatina is produced by a specific morbid agency derived from the atmosphere and is both infectious and contagious. That its phenomena are fever, a bright red rash upon the skin and mucous membranes of the mouth and throat attended with enlargement of the tonsils, and sub-maxillary glands, which after a few days subside when general desquamation of the cuticle takes place, and by degrees the patient is restored to health. Varieties and symptoms of
Scalatina, medical writers have described four distinct varieties of this disease. 1st. Simple Scalatina, 2nd. Scalatina anginoso 3rd. Scalatina maligno 4th. Scalatina latent.

The symptoms of each of these forms of the disease vary so much in different attacks and epidemics, that they require a separate description.

Simple Scalatina is commonly ushered in by lassitude, shivering, succeeded by hot-thirst, quick pulse, and occasionally nausea, headache and sometimes delirium. These vary much in degree in different cases, from the
Slightest disturbance of the constitution to severe fever.

Generally about the second day the eruption appears in the form of red spots first upon the face and neck, and subsequently these coalesce and spread over the trunk and extremities.

On the third day the eruption is at its height, and then appears in the form of a continuous bright redness upon the extremities, and large irregular patches upon the trunk of the body. The skin at this period is dry and hot, but it gives to the touch no feeling of roughness.
It may, however, occasionally be intermingled with miliary vesicles or purpurae, especially when the patient has been subjected to a stimulating treatment. The eruption at this period may also be seen upon the inside of the mouth and throat, which, assume a bright scarlet color. The tongue of clean exhibits the same hue, so the papillae appear through the coating of the fur, and their redness as well as that of the lips affords a strong contrast to its white or yellow color. This is the strawberry tongue.
of some writers, and is highly characteristic of Scarletina from the fact that it is very rarely found in any other disease.

Dependent upon the occurrence of the eruption in the face, there is always more or less one first, on the fifth day the eruption usually begins to decline, and in a day or two altogether disappears, its departure being attended with a general desquamation of the cuticle of the whole surface of the body.

Scarletina anginosa is another aggravated form of the disease. The preceding symptoms
are always more violent than
those first described.

In many cases the first
difficulty complained of is a
sudden stiffness of the neck,
throat, and angles of the jaws;
accompanied by uneasiness in
swallowing which on the second
day becomes more painful
and difficult. The suffering
of the patient being rendered
more distressing by constant efforts
to expel a viscous secretion from
the tonsils and pharynx. Upon
examining the throat, there is
considerable swelling of the tonsils,
wells, and soft palate, with

fluid redness of their surface, which extends to the posterior part of the same.

In some cases, small patches of a dark hue are observed in the inflamed membrane, at which point there is an exudation of a yellowish lymph, of a greenish white appearance, which, unless examined with care, may be mistaken for a slough of the amoeus membrane, but by directing the patient to clear his throat by means of some simple gaggle, by which this exudation may be removed the membrane will be found entire.
and free from loss of appetite.
In some cases the fever is seen to proceed or accompany the sore throat, in others it is delayed until the appearance of the rash.
It is generally from its commencement of a more active kind than in simple scarlatina, indicating a more severe disease on the second or third day, as the inflammation of the throat increases and becomes more urgent.
Then is generally an augmentation of the fever, the debility is greater, the respiration oppressed. The temperature of the skin rises to 106° or 108° sometimes to 109°.
There is very urgent anxiety, and the Tongue, especially at its tip and edges, assume a scarlet hue, while the papillae are much enlarged. As the evening approaches there is an exacerbation of fever, with extreme restlessness and often delirium during the night.

In this form of Measles, the rash does not appear the same regularly as in the Simple. It does not commonly appear so early, but is often delayed to the third or fourth day, and generally come out in scattered patches on the chest and arms.

In some cases it is confined to
The back of the hands and wrists, and sometimes wholly vanishes, then after its appearance and reappearance partially at times, so that its whole duration is longer than in the simple form of the disease about the fifth or sixtieth day. It begins to grow sensibly paler, following the same order in its duration which it had previously observed on its appearance, subsiding first on those parts which it had previously occupied. Desquamation of the rash, though this is by no means an uniform occurrence, seeming in some measure to depend on the intensity of
duration of the previous eruption, for when the latter has been slight and of an evanescent character, desquamation seldom follows. The fever and the inflammation of the throat begin to abate with the fading of the eruption, though sometimes the sore throat and some degree of fever continue for a week or two days after the rash has entirely disappeared.

This description which we have now given of scarletina anginoso is that type of the disorder as it is usually observed, without any complication. But it sometime assumes a very gravated form,
Thus, in addition to the symptoms already described, there is sometimes an acrid discharge from the nostrils and this, frequently accompanied with augmenting inflammation of the parotid and cervical glands, terminating in suppuration of the cellulae Basse. But although these grievous complications tend to keep up the constitutional symptoms and prolong the duration of the disease, they do not materially add to the danger, as they generally subside in a few days after the appearance of the more characteristic symptoms of the disease.
Scarlatina maligna is a most
Terrible disease. Its symptoms at
The commencement, differ but little
from Scarlatina anginose, yet at a
very early period, its constitution
is readily detected by the careful diag-
nostician. Thus, The fever assumes
a very low grade, The heat of The
skin is less intense, and there is
great disorder of The functions of
The brain with small, frequent,
and often irregular pulse.

There is, At The same Time
dull restlessness of The eye, with a
darkening flush on The cheek. The
patient is restless, fretful, and at
Times delirious. The delirium is
Sometimes violent but more generally it is of a low muttering kind.

The tongue quickly becomes dry and brown or reddish and glans and after
so branding and chapping the point of
ulm, and the pharynx is
2.

The teeth and lips are exoricated
wides and the color of the breath is
extremely offensive. The throat has
to dusty appearance. There is not
much swelling, but black indur-
tion forming the albumen, and
pharynx, which is not as has been

Generally suppurated by low

infection of lymphatic and sphi
membrane in some cases somewhe
in gangrene, inflammation of the
spots which are destroyed by the
swelling that succeeds.

There is at the same time an
acrid excreting discharge from the
nose and a viscid secretion from
the tongue, impeding respiration
and producing a rattling noise
in the throat. The inflammation
in some cases, spreads to the pos-
tive pharynx, which though not
swollen, is so irritable that no
attempt to swallow fluids. They
are rejected through the nostrils.
The inside of the lips and cheeks
are frequently covered with epithelium
and the cervical and sub-maxillary glands
become inflamed, observe occasionally
forming in the cellular tissue.

The nest is extremely irregular as to
the time of its appearance and dura-
tion. It often comes out at a late
period of the disease and disappears
after a few hours; or it vanishes sud-
denly, and is again renewed three
times during the course of the disease.

Its color is generally paler than
the other varieties, except that here
and there in irregular patches, it
assume a deeper hue. In some cases
it is a great tendency to hemorrhage
from the mucous surface, either
from the throat, nostrils, intestine
or urinary canal, pitching often apolar
upon the skin and the patient.
gradually sinks, unless the constitutional forces have been previously very vigorous. In many instances this variety of the malady terminates fatally on the third or fourth day in some rare cases it has been known to prove fatal on the second day. In the latter case life appears to be at once extinguished by an intense impression of the poison upon the great nervous centres.

Even before the last has space time to be developed, the patient's existence is suddenly terminated with convulsions or coma.

The patient's sensations lastly admitted to a separate description.

its
Symptoms appear to consist of somnolence
of those in other forms of the disorder,
and irregular or uneven in their
development: and if it were not for
the prevalence of the disease in the
family, or neighborhood of the patient.
It might be mistaken for some other
diseases of a similar type.
As in other forms of the complaint,
the attack is commonly sudden. The
patient at first becomes pale and
diastole, In a short time the com-
plains of pain or giddiness in the
head, attended with oppression and
numbness in the region of the head.
A pit of the stomach sometimes
sink, as if overcome by a melancholy

and lies in a state of comatose depression without making a single complaint. At other times he may walk about, pale and languid for a day or two, and then fall into bed, like an individual exhausted by some great mental or physical anxiety. When the disease has become fully and decidedly established, the pulse is commonly feeble and irregular. The respiration is irregular and not unfrequently very slow. The lips are dull but sometimes glossy. The mind which at first was confused and delirious, becomes delirious and the patient soon expires, either in coma or convulsion. In this form of
Scarlatina. There is commonly very little
in the throat, no enlargement of the
inguinal glands of the neck, and no eruption
on the surface of the body.
This form of the disease frequently
proceeds to a fatal issue in two or three
days from the commencement of
the oppression.

Complications of Scarletina.
In any form of this disorder we
frequently meet with complications
that demand our especial atten-
tion, such as inflammation of
the membranes of the brain,
pleuritis, peritonitis, nephritis,
phlegmon, pharyngitis, laryngitis,
and gastro-enteritis, but we shoul
remembers that the various serous membranes of the body are more apt to become inflamed in this disorder than the parenchyma, and is therefore always more dangerous. I believe it may be stated as a general fact that more patients die with these complications than the primary disorder. They may attack the patient at any stage of the complaint and if not promptly arrested terminate this existence in a very short space of time. Each of these complications will, as a matter of course, produce their own specific lesions and symptoms but—time will finally dispose of the present occasion.
To treat of them as fully as their importance requires.
An Inaugural Dissertation on Opium submitted to the examination of the President, Regents, and Faculty of the University of Maryland for the degree of Doctor of Medicine by J. Conrad Hunter Berkeley County West Virginia
Chinac

This medicine has been known and used from the earliest times. It was employed as a medicine in the first century of the Christian era, but its application was not general or exclusive until about the seventeenth century when its virtues were discovered; it was about this time that Ctesoctemus and his contemporaries employed it with such beneficial results.

Of this medicine there are several varieties, among which are the Turkish, the Egyptian, East Indian, Persian, and European. These varieties have also been subdivided; for example, ten or more...
varieties of the East Indies, are as many of the Tartar have been dis-  
cov'd. In commerce, however, the  
only distinction made, are the varieties  
previously mentioned).  
As found in this country, the Tartar  
Opium is considered the best. It  
comes into our markets in the form  
of irregular shaped flattened balls,  
weighing from one to half, to two  
quarters. It is of a dark brown color  
externally, but of a lighter and more  
relished color internally. It is harder  
the surface than it is internally. It  
is stated that when it is first collected,  
it has a dark red color, but soon  
changes this for a dark brown tone.
c

As seen in the shops in this country, it is generally of a dark brown color, and if it is a good specimen, exhibits when broken open, a number of shining specks distributed all through it, from a frequent odor and taste. This variety yields, on an average, about eight percent of the active principle.

Of the other varieties, little is known to this country. The Egyptian does sometimes appear in our markets, but it may be readily distinguished by its being of smaller size and by its being in flattened cases. These cases rarely exceed half pint in weight.
yamami to gling a waw have
anew: it is described by a being 
as having of a flat tomoie color, and 
day, and of a wavy texture. This
variety is inferior to the previous, giving
only about one percent of the actual
principle.

For varieties of the East India Opium
have been described, the Maha and the
Bengal Opium. The Bengal is seldom
seen in this country. It is the most
sity in of these two varieties; it is found
fully used by the Chinese for smoking.
It appears in small pieces and about three
hands, which are from the capsule
of a capsule mass of the tiger
surrounding the Opium. As a mark
opium.
in a warm, equable climate. It is said to have been greatly improved by cultivation.
The Malwa was at one time considered to be inferior to the Bengal, but at the present time it has obtained some reputa-
tion. It appears in small flat
cakes weighing from eight to ten oz.
coconut resembling the Bynora Olium
except that it furnishes a less firm and
more but a less bitter taste. It is
said to furnish only one third the
amount of bitter, or rather active principle
that the Canepa Olium supplies.
The Persian Olium appears in cylindrical
clints. It does not harden on the
posure to the atmosphere as the
American varieties, and we have added
them to this list and put them in
order. It is regarded as very inferior
to any of the varieties mentioned.
European Opium. Under this name are
described those varieties of the opium
tree raised in Europe, viz.: in England,
France and Germany. It is similar in
appearance to those here just men-
tioned. No two Countries produce it
exactly the same kind, precisely, but all produce
a similar appearance. As a general
thing, this opium is not of good quality,
although, some experimenters have
procured a larger amount of the
active principle from a given spec-
imen than the average grant
of the Eastern American Atticism, but
its own place at which the American
Atticism can be pronounced necessary
its implantation of this variety was
profitable. Of the different varieties
of this drug already described, there
are some characteristics common
to all—the bitter, fragrant, balsamic
and strong peculiar odors are the
principles, but they exist in a
greater degree in some of the varieties
than in others. With the exception of
the Persian v one of the varieties
of the East Indian Atticism, it (the
short one unprocurred— the terenuric
also mentioned) was remain a con-
nitive left one unprocurred to the e-
It is easily prepared by boiling our abdomen in a brown sugar solution and keeping it in a dry place and in a closed bottle. The juice becomes either readily attracting moisture or is frequently adulterated and it sometimes remains even after the detail it. You must not unfrequently fair small stones, gravel, seeds, and stones of bones etc.

Opium is also adulterated in the following manner: it is allowed to remain in water for a length of time sufficient to extract a large part of the active principle while the opium is sold as if it had none of its most valuable properties.
It is extremely difficult to detect adulterations of this kind, and none must be bar to the valuable operations of the chemist. As a general rule the bars, dry, thick, when the fruit has a strong odor, and bitter taste, and the juice. It is said that if you draw a piece of opium across a piece of white paper, and it leaves an uninterrupted mark then it indicates a good quality.

The author of growing opium is very much the same in all countries. It is prepared in the following manner: at a time when the fruit is about half ripe, when it is about the size of a hen's egg,
it is out by an bastard was
the still processes was allows to
select on the outer side about
hardness. It is now scrape off an
form to either or back, when it
is away for a month or two
its dry.

The value in principle of the
shum only exists in the state of the
chop while it is about half ripe,
hence the necessity of scarifying the
chop at the proper time.

Preparation of Shum. Of these, we
show quite a number; some of them
are not much employed in this
county at present date, while oth-
ern have a wide range of applicati
and an employee who can only walk or be carried by anyone of the times. The court is located at the rear of the list, being employed by much greater extent than are the other with the exception of the active procedure. The most important of these preparations are the Fr. Opio Fr. Opio Canepli, the Lectum Opio, Senior Opio, the Extract and the active principle, morphine. The Lectum is most frequently given because of its convenient form of its administration, and of its effective prompt effects. The Camphorated Sinturn is especially applicable to children and to delicate forms as it being a mildest narcotic is antiseptic.
Of the preparatory to the various
apot and notices that do not differ
from those just mentioned in their
action, but in their slight and
mode of preparation. It is necessary
to have all these preparations because
you aim of the find certain purposes to
alone you cannot administer one
of these preparations, nor account of
itself effectually or some other circumstance
contrary indicating it, while another
preparation may have the desired
effect. The next, and probably the
most important, is Memphis
and its exits.
When I speak of Morphia, I refer of course, to its salts, of which there are the sulphate, the bicarbonate, and the nitrate. Morphia is obtained from Opiun in the following manner. The Opiun is first pulverised and mixed with a certain quantity of water: the water dissolves the morphine or Morphia: you now add a solution of Ammonia which combines with the
Morphia and forming the subject of a name, and into the morphine was added is the insoluble. The morphia was prepared is done not by means of boiling, addition, when it is for an, although it is rarely employed as a medicine, in the form. It exists in the form of what from Fleming a bitter root, no odor and red needles in clear water, which can be made dissolves in acetic acid.

There are several other constituents of quinine which have been isolated and examined by the Chemist, there are only two of much importance, Morphia, Codex and Narcostine. In little is known of compounds since they are seldom employed.
Cocaine or Codex is a white, odorless, and tasteless powder, solid at ordinary temperatures and readily soluble in water and alcoholic or ether solutions, but insoluble in oils. It is reputed to possess the virtues of a narcotic and analgesic, but it is only about one half as strong as Narcoline. Its use has been contended by many writers.

Narcotine is a white, odorless, tasteless, and colorless, somewhat volatile, and somewhat soluble in water. It is also readily soluble in ether, benzene, and alcohol. It is insoluble in oils. It is reputed to possess the virtues of a narcotic and analgesic, but it is only about one half as strong as Narcoline. Its use has been contended by many writers.
of some other...
In the employment of this medicine to alleviate rheumatic and other similar pains, few remedies at all, materia medica have a wider scope or a more universal application, and indications which it practises can be found to suit in a great number of diseases which are seen in this country. To specify all the cases to which this remedy is applicable, and require a much more lengthy and detailed account than an article of this kind would justify. In that class of diseases above pain is one of the characteristic symptoms, no medicine acts so simply and efficaciously as this remedy.
Again, in these diseases of the
mouth, face, and neck, is a very
distressing and dangerous symptom,
such as the dilatation of the carotids
and others of a like nature. No
medicine, or no other narcotic acts
more benefically than opium, or
can be better relied on.

We have seen
said "no medicine is so efficient in relaxing
spasms and in controlling those irregular
muscular movements as definite or
uniform the nervous action." Hence the
employment of opium in such diseases
as Intermittent, Hemoptysis, Stricture of the
Bladder, or of the Gland ducts. In this
last characterized by increased secretion
on to nervous disturbances of an irritability present in those of the emotional kind.

The use of opium or combination has been found to be attended with beneficial results. Nearly every one is familiar with the pleasant effects which follow the administration of even a single dose of the well-known Cyprian tincture or ointment from excruciating mental or physical mental or physical irritation. It is impossible to preclude. When given in minute doses, opium acts as a stimulant or excitant, but has sometimes been employed in this way, while in large doses acts as a sedative; most medical writers acknowledge that opium acts first as an excitant.
The effect of opium may be stated as follows: when given in moderately large doses, it produces sleep, relieved pain and release of arm and diminishes urine, but in some particular cases it acts in directly a contrary
manner. In cases of distinct cases of obscure nature, where in place of stupor delirium, coma cases have been known, where it has produced the most violent effects, these effects, however, are rarely met with, and when they do occur can be combated by appropriate treatment, by withdrawing the use of the drug, and substituting another. You will often find that some one of the preparations can be administered without giving rise to these unpleasant results.

The usual mode of administration is by the mouth, although in many cases where this method is impracticable, it has been found to act equally...
and upon the one occasion in December
above given in this way it is necessary
to impress upon it, from due to this care
the least ordinary pain.
Other methods have been successfully
applied to. The Eudine method is by
scratching off the cuticle and applying
Morphine over the demarcated surface.
This mode is the Hypodermic
method viz, by injecting a minute
quantity of Morphine under the skin
by means of a small instrument made
for that purpose.
The above types of these methods are
readily suggested themselves to the prac-
tioners while the disadvantages are not
so apparent.
The use of Opium in the treatment of acute inflammation has been subject to much controversy. Some authors have advocated its use, while others have condemned it, attributing its beneficial effects to its sedative properties.

From the amount of evidence adduced, there seems to be little doubt of its efficacy in the treatment of acute inflammation with a single exception: the brain and its investing membranes.
Although Opium has for a long time been given in Delirium Tremens—yet since its pathology of the disease has been more clearly understood, other remedies better calculated to subdue the existing indications have almost entirely supplanted it.

In the consideration of this subject I cannot forbear to mention those unpleasant results which follow the employment of the Drug in excessive quantities—or in other words, the furious effect of Opium.

After Opium has been taken in excess one of the following symptoms soon begin to manifest themselves. The pupils are generally contracted throughout the whole series.
there is profound shock, from which
the subject can with difficulty be aroused.
the pulse is quick. Respiration becomes
more or less circumscribed. These
symptoms are soon followed by profound
stupor. Pulse full & slow, Respiration slow
and labored. In a short time all these
symptoms are exaggerated, and death &
coma generally terminate the scene.
The length of time required to produce
death in all these cases depends on the
quantity and quality of the drug, and the
form or preparation; as well as various
circumstances modifying the sus-
cceptibility of the patient by whom it
has been employed. I have scarcely
lines to refer to these anatomical
change which takes place after death from the poisonous influence of poison, but one, especially attracts our attention, viz. the congestion of the Brain; and this fact furnishes us with the explanation why poison is contrary to indicate an inflammation of the Brain and its meninges.

The rational indications in the treatment of poison by poison, are first to remove it from the eyes, and secondly, to administer such remedies as will counteract the poisonous of the drug. Thirdly, to keep the patient alive by means of artificial respiration &c., until the poisonous influence of the drug had worn off.

At first use employ Emetic consisting of Salt & Mustard; this calms of Line 12.
Next we come to the use of diffusible stimulants. Coffee and Belladonna may be employed as physiological irritants with the happiest results. A constant stream of cold water poured over the neck and shoulders, fauces, electricity and constant motion constitute the most rational means of fulfilling the indications before mentioned.

Although there are many other interesting facts connected with this subject I can do nothing more than give a general outline of the prominent characteristics of this important medicine, and to note briefly its extensive range of therapeutic application.
AN
Inaugural Dissertation
on
Raphael Stever
Submitted to the Examination
of the
Provost, Regents and Faculty
of
Physic,
of the
University of Maryland,
for the degree of
Doctor of Medicine,
By
Harrison Clay Ward
of
Maryland
Session of 1867.
This disease, the morbid nature of which, from its earliest history, to the present, seems to have been a question of dispute, among pathologists of all lands. It now in my opinion, defined to be *Typhoid Fever*. I propose, therefore, in accordance with the nomenclature of this disease, to give a brief account in the form of a Thesis, commencing with history tending with treatment of cases. *Typhoid* & *Typhus fever* were
for ages, considered identical in every respect, requiring like treatment. Strange to say, this theoretical doctrine, for it must be acknowledged, that it was strictly theoretical, was supported by many of the ablest physicians of that day, in the face of the existing well-marked, but imperfect, understandings, diagnostic marks or signs noted. This important discovery in diagnosis of such ancient date, as will be shown hereafter. Not then, until the march of scientific correct investigations, had fully shown beyond the question of dispute, the nonidentity of these two diseases, could these able advocates of its permanence, be induced to yield the former convolutions, to become supporters.
of the present theory, which properly concluded them as widely different in Pneumonia & Pleurisy,
a theory not unexplainable, as was the former, in relation to this more prevalent difference, but readily explainable upon both theoretical & practical grounds, deducible as it is from well-marked signs & symptoms, not readily confounded, with any other form of fever or disease. Enteric fever is a common febrile affection, presenting in its progress, a diversity of symptoms, which may possibly in its earliest stage be mistaken for Remittent or Intermitent fever, yet presenting to the eye of the careful physician, symptoms of a certain recognizable character, not easily mistaken for any.
other diseases or confounded with any other form of fever, however closely it may resemble them. The evidence by some supposed to be contagious, produced or generated by the decomposition of animal matter. The symptoms of this disease may will profusely be divided into three stages. First stage. Typhoid like, Remittent or Intermittent fever, generally announced by a chill followed by the ordinary phenomena of fever, or it may occur, as it most frequently does in the country, insidiously, the patient feels unusually, complaint of headache, thirst, sense of uneasiness, pain in limbs, more especially about the knees, great fatigue consequent upon the exertions, with
a decided tendency to sleep.

Skin hot to the touch, greatly flushed.

Pleuric accelerated, number 115 or 130 pulsations per minute.

An acute symptom of the stage of the disease, more or less severe, produced by pulmonary congestion.

The appetite, equally, with the majority of authors greatly impaired, but not necessarily so; however, as the contrary is frequently observed, in fact the appetite instead of being impaired is greatly increased.

This occurs with a great number of cases being received, typhoid patients moribund with insanity attack of food, which in all probability would have cleared with it had it not been to a febrile state.
of stomach, the peculiar character of which we are ignorant. Such
notwithstanding being the case,
I am aware that the statement in relation to an increase of
appetite, in this disease, is somewhat at variance with the
teaching of a majority of authors, but having carefully noted, the
well-marked feature of the disease in a great number of cases, added
to the exasperation of many, with whom, I have conversed in relation
to this feature, I feel prepared to say, absence of appetite, is not
necessarily, unless an accompa-

niment of the disease in either
the early or most advanced stage
of the complaint. Loss of

appetite is not as would have
have as before characteristic

of "Phthisic fever."
Callous of oppression quite apparent in some, much like so in other. Famine in limbs which interest stage of fever, manifested by slight soreness or numbness, now becomes greatly increased together with much anxiety and delirium, with occasional bleeding from the nose. Fever comes, which act marks the same as those found in malarial stage, only in an aggravated degree, continue for several days, when the patient spares, into what, we may call, delirium. Then the third stage, when the following symptoms become apparent.

Third stage.

Consisted of fever, pulse from slow to rapid for minutes together. Tongue before moist and clammy, now becomes thick and the third stage did
To understand, we must consider the head.

A solution becomes clarified when it
comes into contact with cold water
than appears to be a clear
and much to the touch, but gradually increases
with the cheek becomes literally covered.

Papillae are occasionally found
short neck and upper part of chest,
also upon other portions of the body.

Nervous symptoms become more
more pronounced.

- Toning or lifting in one or several
- Partial dehydration, and becomes
- In bed, without the

On examining the urine of
The fluid element, it will be
containing albumen.
Astronomical character.

There is not an ounce of the body involved trace of chlorosis may not be seen. In a great many instances softening of the surface of the organ occurs. The spleen is usually involved in this disease in intermittent intermittent jaundice, and is usually increased in size, some degrees collapsed. An additional cause the liver was found to be about twenty normal size and destined to the condition of a broad should shape and slightly softened. That this figure can not be determined through it. The liver is also enlarged and thickened moderately, degree than green. The heart is also occasionally involved. When some degree of softening of either spleen or liver.
Other causes sometimes met with in this disease are alterations of
vascular and epithelial cartilage, following of fibrous, reabsorption of lamina,
occasionally inflammation of the membranes of the brain with the
meninges, although this latter is rare but
seldom absent. There is however
in addition to the above changes,
some anatomical change, which is
characteristic of this disease
which is so seldom absent that it
may be considered essential even
in the affection of these minute
bodies, denominated the glands
or patches of Tuer. The deviation
these glands is of such constant
occurrence, so seldom absent, that
it may with propriety be said
to always co-exist, thus constituting
agreeably with the majority of authors
a best mortar head.
Causes.

The influence from certain ways of contamination of drinking water, perhaps to originate in some poorly ventilated hospitals, camps, or the interior. Some attribute it to contagion. This opinion has been supported by many able physicians both of Europe and America, whilst upon the other hand it has been denied by men of like ability.

It is contagious, which is very doubtful in the true acceptance of the term; it is as falsely termed infectious circumstances. But the disease may be propagated under certain influences, does not admit of doubt. In my opinion, whilst accepting or rejecting the two schemes, in regard to its contagion, believe so as to it contagiousness is concerned, that everything
depends upon the state of system of individual visiting patient. In addition to this cause, numerous circulatory causes may be cited, the principal of which is age. For instance, Typhoid or Enteric fever, is seldom met with in patients over sixty or forty years of age, whilst it is seen at all periods of life up to that age. Agreeably with Jenner it is a disease of youth. Intense, circumstances of life sought to vary of weather or mental disturbances, also act as cause in the production of this disease. Which in many, in malarious districts, also acts as a predisposing cause or an exciting cause. So also may decomposing vegetable substances, and others. Production of is usually observed in malarious
The characteristic symptom of the disease, is the mode of attack; the patient moving to fires, apparently in good health, experiencing very little inconvenience save a few slight pains in limbs. Phlebitis contrary to the to the back of text books seldom affected if affected, rather increased than diminished. These symptoms continue for several days, when more severe symptoms become apparent, the patient being attacked.
with diarrhoea, a well marked characteristic of this disease, with a
dull, heavy expression of countenance,
a dusky hue of face, with a tendency
to apnoea, a slight cough occasionally
in several cases bronchial rales,
great dryness of tongue and general
celarisation of all the mucous.
Then we have the red coloured
excretion, subdermal, carotid, submucous, subcutaneous, abdominal
enlargement of abdomen, frequently
desensitised to the touch or discoverable
by percussion, together with the
Inflation of the intestines.
All the above mentioned
symptoms, are not necessarily absent,
the absence of a few, however, not
inventing us from making out a
true diagnosis. Some of the
symptoms here described may, as
is generally the case be absent, yet
a sufficient number, will be found to enable us, with a little tact, to receive at a consent opinion, as regards the diagnosis of this fever, from all others, however it may simulate them.

One of the diseases, with which this fever is frequently confounded, is Remittent Fever. The distinction between these two forms of fever is quite apparent, when we take a survey of the case, and inquire into its history. For instance in Remittent Fever, we have well-marked remissions, which is not the case in Typhoid Fever. I do not say there is not a remission or abatement of fever even in Typhoid or Enteric Fever. I am well aware of the fact that there is a well-marked abatement or remission of fever in Typhoid cases, this
difference or abatement is exploded or entirely given to disease for that which occurs in Remittent fever in point of regularity and degree. For instance, in Remittent fever, the remission is quite distinct, occurring at regular or periodic periods, whereas in Dyspeptic or Enteric fever such is not the case. The remission is properly speaking the abatement occurring at any time in point of degree not so well marked as in Remittent fever. This however is of small or small importance, as far as regards the diagnosis of Typhus or Enteric fever, when compared with other. It may be said that characteristic and pathognomonic signs of the disease. Again in Remittent fever, there is great alteration of the skin, the faeces becoming dry and hardened after an interval, with bilious
wounding which is not the case in
the third class. On the contrary
instead of the skin in Typhoid
fever, presenting a yellow hue, it
discloses a dark hue.

Much more might be said in addi-
tion to the diagnosis of these two
diseases, but knowing as we all ought
to know, the marked difference be-
 tween these two diseases, even in
their point of close resemblance,
will allow the present mutton
explanation of these marked differ-
ce to suffice in place to the diagnosis of
Typhoid or Enteric, from Typhus
fever. For the all the all im-
portant art of diagnosis, the profession
is usually indebted to the thorough ex-
ploration of many eminent med-
cine of Europe to America, that
In Typhoid fever, the eruption is formed of irregular colored dots or spots, coming out between the second and seventh days, making their appearance in successive eras and gradually fading away; insinuating, every two or three days. In Typhoid, instead of diahrage constituting a diagnostic mark as in Typhoid fever we have constipation. Hemorrhage from bowels frequently present in Typhoid fever never absent in Typhus.

Among other diagnostic marks existing between the two diseases, may be mentioned the season of the year at which the two fevers are most likely to occur; Typhoid occurs most frequently in the fall and winter, whilst Typhus occurs generally during summer and spring.
Typhoid fever is endorsed, particularly in the true sense of the word. Typhus fever prevailing as a general thing, epidemically, most assuredly contagious may be communicated to those whose constitutions are not in the slightest debilitated or impaired.

Progress. Whilst in the country Typhoid fever is considered a severe disease, it is nevertheless not a fatal malady. Judging however from statistical reports it is certain that on some occasions it is exceedingly fatal. This in hospital practice it may be considered more dangerous, than in private practice, being due in all probability to the crowding of large numbers in small poorly ventilated wards.
Agrably, with Dr. Good few diseases exhibit more readily the controlling influence of medicine than Typhoid fever. For this reason, the prognosis, in the majority of cases, unless complicated in some way, may be said to be favorable.

Treatment. The treatment of this disease is in many respects the same as that of Typhus fever, with two or three exceptional points. When patient is first seen, septic deodorant is used. Vinegar is repeated every twenty-four hours, for several days, exerting beneficial influence.

Quinieid Sulfur, given in large doses in the early stage of disease, is supposed by many to be of service, believing as they do, that it had the power to cut short the disease. That Quinoid does good in
The early stage of suppurated ulcer does not admit of doubt, not accompanied by good influence by exercising what some one or another ability, all its abortive effect, but merely as a tonic, does it exert any influence in the early stage of the disease.

Patients should seldom be gued, even all insobriety, the bowels will act spontaneously, if not with a decided tendency to diarrhoea.

Yet it is thought advisable and though a moderate looseness of the bowels be present, evacuate them thoroughly, in order to arrest or obviate the injury arising from the contact of any irritating matter which may be present with the lining membrane. For this purpose we employ small doses of some mild aperient, such
as Wagneria Stillfort. In our
if there be no there frequently in
much irritation, oil would serve
in better hopes then Wagneria
in fact in this disease when
intestinal irritation is present,
the oil should be rubbed to all
other fungicides.

Suppose there be present accom-
panied with diarrhoea, then add
to the oil, T.C.h. 9th. The state of bowels must be
carefully attended to throughout
the complaint, remembering that
the expectorant will be required,
without, as is sometimes the case
the evacuations are scanty and sometime
wanting, which condition be it
remembered is of rare occurrence.
A small enema should be used
to ensure at least on a just dises
riage daily, in order to alle
The gloomiest conjecture I have in
predictable doses should be ignored,
such as in the case of strictness.
Order a magnesium sulphate dose,
but as it frequently the case with
domestic illnesses we observe,
magnesia would answer a much
better purpose than either the
Colo or stric-tor powder, by way
of correcting the acidity that may
disappear. Furthermore, these
or any of their preparations are
well adapted in the delayed cases
in the advanced stage, whenever a
surgical cure is required.

The tendi-e having been evacuated
the next indication is to obviate the
inflammation, but not in my
opinion, in accordance with the
theory taught by some, or practised
by others, not in accordance with
that doctrine inculcated by some.
of our great minds, who debate rather than submit, pull down rather than build up—not for instance in accordance with the theory of one of our greatest minds. He says, if the plexus be full of strong, active congestion or inflammation of the brain or any other vital organ be present, blood must be taken from the arm to the amount of sixteen or eighteen ounces, repeated if necessary. How in a thousand cases, how often would congestion of so formidable a character take place, probably one, for it must be remembered, typhoid or enteric fever as distinct from beginning to end, consequently in the majority of cases, until which we daily are brought into contact, we would seldom see the ordinary phenomena of
of complexion, in general, so well marked a character, at least in
advocates of this medical plan of treatment would persuade pupils,
in objection to experience itself. Typhoid fever never calls for
debiliation, except in cases so rare that they seldom come within
the scope of conjecture. On
the contrary, methods of debilitation
it will be found necessary to
husband the strength of the
patient from the beginning to
the close of disease. Knowing as
we should, the true nature of the
disease, moreover being aware of the
heat, judging from statistics, that
it is not contagious, as debilitation
in typhoid fever finds an advocate,
while the disease proves fatal, until
debilitation is non-irritating, concluded
in practice of the least, rather than
a theory of this present.

At the stage of the disease
if diarrhoea be present, as it
is generally the case, due attention
must be paid to the bowels;
the diarrhoea must be checked,
for this purpose we employ astringents combined with Quin. or
Ep. Hyosc. Of the class of
astringents, Colchis, Krasnaria
or Galleon oil will be found
most useful, remembering that
whichever we use of the astringents,
we should not forget Quin. or
Ep. Hyosc., in combination therewith,
in order that the intestinal
irritation, invariably present, may
be allayed.

If this be as
c senator is happened, hemorrhage
from bowels, scarcely any med-
licine, will be found of such
signal utility as Galleon oil.
with the application of cold over abdomen, at the same time freely administering stimulating medicines in order that the patient's strength may be supported. The following prescription, given by the late Prof. Samuel Ehunu will be found of great service in the treatment of Myositis or Enteric Fever.

To N° 21

Myrrha Creta 31

To the Camph.

Swear for every two or three days until checked.

At this stage of the disease small doses of Hydragogum will do good. Diphthorum will be found useful throughout the convalescent, such as Lign. Ammonicae Sect. Potassaee Phlbit.
The Bill of Fees. Potassa Chlorate in Aqueo. Or, may be given freely as a cool, refreshing drink, when the fever is high. Potass Ely.

It is thought by many physicians of the present day, to be superior to all other medicines in the treatment of Typhoid or Enteric Fever, they using it in a grater number of cases, than any other single medicine, frequently relying upon it solely.

In case of great restlessness at night, it is well to give a dose of spirits of ammonia, provided no contraindications exist of indiscretion. Vomiting and prostration in fee to God, should be relied on occasion require it.

Among the many medicines thought to be of great use in this
disease, may be mentioned, the sulphuric and hyposulphite of soda and magnesia. Then the sulphate of soda or magnesia in
prescribed, it should be given in
ounces of 24 to 31 every two or three
hours during the day so that 31
may be taken during the twenty
four hours. This plan of treatment
with the sulphate of magnesia is
highly recommended. It is more
more highly, than by Dr. Richard
McSherry, who has tested the
effect of treatment on several occasions
so the entire satisfaction. In giving
ether the sulphate or hyposulphite
they must be given in a large
quantity of water, in order to be
more readily absorbed and less action
more readily obtained.
It is highly recommended in гried new during its latter stage, to form a consistent of the body, thus supplying the amount of food necessary to compensate for the loss of tissue constantly going on. Whether this theory in regard to the action of acid New Hie in fiphoed or Enteic face, is true remains at yet to be established. If it is however frequently employed in this district with great benefit, as the action upon the system be what it may.

Should the symptoms not yield under this treatment, should the tongue become very dry, as great inflammation be present, then we have to adopt in good earnest, the stimulating fluid of
treatment. Not indeed is it prudent to postpone stimulation. In my opinion, hundred of patients are daily lost by not commencing to stimulate at the proper time or period of disease when commenced, not carried to the degree, that it should be. The time at which stimulation should commence to stimulate can only be arrived at by carefully noting the progress of the disease. The observance of the following rules, well blended with a little tact and discretion, to determine at what time to commence stimulation, whether it be Grandy, Vine or Alcohol.

If tongue becomes dry and hot, it dare stand if moist it does good.
If pulse becomes rapid, it does.
Hand if reduced in frequency it does good.
If the breathing becomes dry, snatched it
the head—if moist it does good.
If breathing is hurried, the
improved it does harm—i.e. if the
breathing becomes slower, the
improved it does good.
The observance of the above rules
will be found of great service
will act uninhibitedly on the
proper timely administration
of stimulants, whether the stimulants be Wine, Brandy, or
Alcohol, remembering that
these three principal agents
of the class of stimulants, although
powerful in good when judiciously
employed, are under constant
forever used, unceasingly. It must
therefore, prior to resorting to
stimulation, too lavishly, as it
generally, the case, be said that
the system requires it.
Among the class of stimulants Brandy will be found superior to all other, when properly used. In the advanced stage of the disease, when thou, as it invariably the case great exertion of the powers of life, whichever of thee forenamed stimulants we employ, Alcohol, Brandy, or Spirit, we must use them freely, yet judiciously, having as I before remarked, an eye single to the wants of System. Of Fermentations I have been highly, recommended by more, more, highly, than Dr. Hooper in his field of treatment. The following prescription will be found of service in Typhoid or Enteric fevers, especially, in the advanced
stage, when accompanied with
prostration, tenderness upon
pressure in abdominal region.

Simp. Forcibileturæ ʒesk
Forenteranæ Comp ʒesk
Meatnæ Praecæ ʒi

Sænteranæ Ozv

Semat. ʒesk every four hour.

Hygienic regulations:

Proper temperature
say 60° or 65° F.

Food must be given in proportiun to want of system,
dependent on the want of
Systemic, report waste of
oese—avoiding the old
practice or doctrine, that
Food increased fever. Since
Physiology teaches, that can
be not dependant upon starving
Patent, but on the contrary
food and proper quantity
must be given, in order
that the system be sustained
at this excessive rate of time
consequent upon disease may
be counterbalanced.

Among the
many remedies applied
topically, turpentine stipes
will be of service by way of
correcting the sympathetic, which
is invariably present.
Cold or moderately cool
ablutions to surface, repeated
three, four or five times a
day, will be found of service
the legs, arms & temples
preferably selected as the
points or parts, these should
which these ablutions be
made.
Finally, Typhoid or Enteric fever should be treated on the expectant plan, which, after all that has been said on the subject, is the only trusty and successful plan of treatment, the only plan, so far as any plan goes, worthy the consideration of the true physician, at the same time being careful not to do too much, for fear by so doing we may thwart the efforts of nature, remembering that it is equally as erroneous to do too much, as it is to do too little. The student physician will therefore, in the treatment of all diseases, Typhoid or Enteric fever more especially, conscious of his uncertainty.
of the fact, that medicine is the handmaid of nature, not ignorant of that grand old maxim 'the medicine of the natural is the medicine of the madman' or the observance of which will guide us as safely in our treatment as the compass, armed the healing of old seamen, dictates the course of the mariner—a maxim the chief regard of which, suffering humanity, but too frequently, says the futility, at the cost of life.

Let us therefore, not be unmindful of the fact that in all diseases, more especially, in typhoid or enteric fever, our aim must be to guide, conduct, not thwart nature's efforts.
In conclusion, whatever plan of treatment we adopt, let it be
consistent, i.e., in accordance with the requirements of the
disease, leaving aside our stated
formulas. Stereotyped prescriptions
and treating symptoms as they appear & complications as they arise.

Respectfully submitted,

D. W. Ward
AN
Inaugural Dissertation
ON
Typical Fever
Submitted to the Examination
of the
Provost, Regents and Faculty
of
PHYSIC,
of the
UNIVERSITY OF MARYLAND,
for the degree of
Doctor of Medicine,
by
T. Lucas White
of
Maryland
Session 1866-67
Typhoid Fever

If we connect the history of practical medicine, it will be found to consist of little else than a review of the doctrine that has succeeded, risen and sunk again concerning the nature and treatment of fever, notwithstanding the many other objects of similar and important objects within the dominions of medical science, which have attracted the attention of physicians. Fever has been at all times onward, as presenting the most inviting field for observation, and the exercise of ingenuity.
It is in this department that observation and research has been most important in accumulating materials, and that hypothesis has lurked in her wildest splendour. When indeed it is considered that the dating of ages has made his most desolate soliloquy under the dome C. while epidemics and that in the long list of human maladies plagues occur in perhaps nine cases out of ten, the paramount importance of this subject is forced upon our consideration: A retrospective glance over the
history of our science, to recall to our mind that there is perhaps no subject that is more prominently calculated to humble the pride of human reasoning than this one.

In relation to this subject palaeontology has been in a continued state of revolution and instability. Theories have risen and sunk again in a continued and rapid series of successions, each having its hour to stand upon the stage, and its votaries to yield it faith, but the stream of time has hitherto overturned all these insubstantial though often highly wrought fabrics.
Has medicine then made no real advancement in relation to the pathology of pain? Are we now no nearer correct and rational views concerning this important subject than our forefathers who generally always wandered in idle quest, and brought back no substantial truths from the regions of pathological speculation on this point?

Far from it; the human mind is continually verging towards truth, and it is my opinion that the day is not far distant when it will reach it concerning the essential nature of pain.
There has probably never been a theory or doctrine promulgated on this subject which did not remove some former one, or bring to full view some of the relations of the phenomena it presumed to elucidate; the dream of speculation is now discarded, but the facts and correct principles, which were necessarily mingled with them, remain as so much valuable treasure saved out of the wrecks of former systems.

The mass of solid materials which has been thus gradually accumulated has now in a
great measure displaced these vague, and hypothetical foundations upon which former doctrines in relation to this subject were constructed.

Hypothesis is no longer tolerated in science; philosophy does not acknowledge her as a legitimate servant; the epigone or the empire has gone by, and the genius of rational induction is now the only power under whose direction the votaries of science press forward to conquest in the fields of knowledge.

From her do not admit of a strictly correct and unobjectional definition.
It is a fact acknowledged by all clinical teachers, and learned pathologists of the present day, that there is not a single symptom which is invariably present, and which can be regarded as absolutely essential to its existence.

The doctrine on this subject has been as variable as they are numerous, and there is not one that will admit of an absolute and positively demonstrable proof.

The human body like all others, is capable of being acted upon by physical agents, and the effect not the mode of their operations,
is all that we know, and the senses are the means by which we are apprized of them. As these instruments discover only certain phenomena without apprising us of the subtle changes which the system endured and by which they are produced:

"All that can be said is that the phenomena are all that we know, and that the true philosophy of medicine, is to describe their successions with the means of their prevention and cure: This it can do but it can do no more. As in natural philosophy it is impossible to determine the
nature of gravity on which hang
the laws of that science, so in
medicine, the intimate properties
of life are equally inscrutable.
I thereon think that the idea of
Fardeloe, contained in the following
words, presents a true view of the
subject of fever, and one which is
free from hypothesis, and consistent
with the best philosophy: Fever is
a disease which affects the entire
system, it affects the head the trunk
and the extremities, the circulation
the absorption and the nervous
system it affects the muscles and
the membranes it affects the body,
and likewise the mind.
It is therefore a duty of the whole system which the state of popu-
lation at certain are part of another.

Having prepared the ground, I will now make some preliminary remarks upon your in general in order that no issue which is upon one or the other of the special topics may be more intelligible. I proceed at once to treat of that terrible malady by which I mean ...

Which like a blight or a disease must attack so many of the human race, and which prey on such time as I have been able to collect from personal observation of cases which occurred in the
Baltimore Sunday, April 1811. I had obtained some reading on the subject.

According to Dr. H. et al., the history dates from the earliest antiquity, and is only 다만 which path was a differential diagnostic is typhoid fever. Few diseases have many features in common. Conversely, the identity or non-identity of the two diseases has been within late years a mooted question but the points of earliest are sufficiently near defined to show that they are distance.
In all cases recognise a return to the local authorities of the planet day.

Yphine fever has no special anatomical lesions peculiar to its sex, but whatever venom is present under an embolism by postmortem examination may be due to some accidental conduction with or the actual presence of some other disease.

When considering its effect upon the organs of the body, namely, the spleen, it might be contrasted with intermittent fever, but as the principal disease from which it is to be distinguished...
In typhoid fever, I did endeavor to present the chief signs of disease. In the first place it is of short duration in all its stages, and a man once does not present the same morbid abdominal characteristics, namely dislike to drinking cold water, diarrhoea, as in typhoid fever, and in the mornings analogies appear, the expectation in typhoid is a dark redish color, a peculiar color than it does in typhoid fever, it is mucous and are not diarean in character, while in typhoid it is papular in appearance, exhibits itself in little maroon spots, and in
less eminent than in the other.

Sometimes however, the macule or papulae, and require time to demonstrate, which is the ruling passion.

In the case of the stage, the diagnostic signs are lost as far as the character of the cutaneous eruption is concerned, a fact which was practically illustrated under my own observation during the prevalence of the disease at an epidemic in this house.

Dr. Flint whom I take as the leading authority on this subject being the most recent in his writings
acquire contagion to typhoid, while he considers it absent in the other; and the history of the case to which I allude seem to corroborate this statement.

There are other signs which might be enumerated, but I shall only condense such facts as would under ordinary circumstances enable one to make a clear and unequivocal diagnosis. The cutaneous eruption seems to be the principal landmark for physicians; and when this is lost there is, as a matter of course, much embarrassment. It has been affirmed by some
that a further aid to the diagnosis consists in the peculiar odor which emanates from the patient, a fact of which I am personally aware, from individual observation.

The frequency of the pulse is much increased in this disease even beyond what it is in typhoid at this juncture my memory brings before me a remarkable circumstance as regards the pulse of a patient labouring under the disease; which fell from 110 to 70 in less than twenty-four hours but from that time convalescence was established.
and the man gradually recovers his original healt.

The thermometer heat is also much exaggerated ranging according to the distinguished authority to whom I have read from 100°

to 107° Fehr. In the case treated in the Intimate, the thermometer indicated a temperature of 108°. The heat is increased in proportion to the violence of the disease and vice versa.

The general aspect of the patient is very marked, so much so that by constant observation a reason is able to distinguish the change.
of the disease from this point alone.

The tongue becomes coated with a thin coating of black or brown, a symptom which does not occur so generally in typhoid accompanied with tender epigastric region. In sympathy with delirium a more decided in its nature. The duration of typhoid is less than that of typhoid, and ulcer occurred frequently, its effect are not so numerous, and when occurring are as a general rule so not so serious a character as those of typhoid, because rarely occurring as
the brevity of the disease.
And what these complications
ensure such as an inflammatory
lancereous gangrene, breathing of
the nape, petio and scrotum,
pericardium, may be attributed
to inanition, which latter inanition
is considered as one of the
primary causes of the disease.

Males seem to be more liable to
contract the disease than
females: and the fatality to
be less in youth than in adult
age.
After 30 years the fatality pro-
gressively increases and after
in years the proportion of deaths is nearly one half.)
The prognosis is grave. The cause may be due to malnutrition and overcrowding together with unhealthy and unhealthy living and spread of a poison which produces the disease.

This would suggest a hygienic and physiological course: namely, an abundant supply of nutritious food and fresh air which tend to subdue the malady; a fact which has been proven in the experience
of physicians in N. Y. who discovered that when typhoid patients were removed from the wards of the Hospital to tents out of doors the salutary effects was very marked. A similar result was observed here, for whilst the mortality was greatly great in the wards of the Infirmary, not a single case terminated fatally, which was treated in the tents. Cases of exactly a similar medical course the regimen being also the same.
Another fact which recommendes itself to our consideration is demonstrating the non-
identity of the two diseases is the distinctly specific character of the miasm generating respective diseases.

This fact has been clearly shown by Jenner and others in the London Fever Hospital, as recorded by Dr. Blunt.

And out of 160 cases in a given area, one only was typhoid; and of 161 cases in
an other not one was a case typhoid.
Varying views and theories might be presented upon this subject, springing as they do from the mind of men eminent in the medical profession; by no means unexceptionable among whom might be mentioned the name of Dr. Chambers. But to condense all of them would be an infinitesimal task, and to having presented the principal pathological characteristics which exhibit themselves in this disease together with proof of its nonidentity with other diseases with which
It would appear to

It will now be my purpose
to take up its treatment.

Though there is no very marked
change in its treatment,
many of the essential
features are requiring a pre-
determined period of the
principal one. The skin
will, at some points, which stand
forth as prominent
traits others adapted to each
one, and consequently debar
our attention.

Encouraging as it might appear upon a first and casual glance to the young physician to observe the various theories and opinions advanced by the best authorities, and the various schools of the same treatment, and the same at different, yet when he is able to comprehend the mysteries of the science: Having sur

repted the fields of Physiology and Pathology every thing is clear, new beauty and
instruct all bent to the
subject; the old feelings of
alas and lack of confidence
as regards the future accor-
ding to mankind; it dispelled
at once, and we pressed
to do study with universal
enthusiasm, and like the
Israelites of old guided
by a cloud of fire, the
cloud of hope and coronary
light as the morning star
stands forth as a Beacon
light guiding us to the
harbor of eminence and
renown.
The treatment is based by line
upon the supposed sub-acidity of the blood, and for this reason the acids are recommended. During the heat of the fever the intermittent plan is preferred. As regards this plan, I have had no experience, but believe it to be a very valuable auxiliary measure in the treatment. Dr. Chamberlain base his practice upon the theory that the poison is impondurable or imponderable and associated with imponderable agencies. Imitate in the bust of the disease, with a view of ejecting the poisonous material or immaterial as it may be called.
from the stomach, and my own observation has convinced me that this course has produced the most beneficial result. The acid, hydrochloric principally, was used in the inauguration, and during the whole time, leaving the old school and adopting the new. The patient well prepared and mouthing as much as the machinery of their system would assimilate.

Respectfully Submitted by
Dr. Smith White