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

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

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

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¹ Original pencil drawings: illustrative: of diverse medical themes; interpretation of a primate skeleton; Davidge Hall – first building of the medical school.
² Noteworthy calligraphy on title page.

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An Inaugural Dissertation
on oblique or indirect, ventro or direct, concealed in-
quinal, and Femoral and umbilical Hernia.

Respectfully submitted to the Faculty
of the
University of Maryland
for degree of Doctor in Medicine, by
H. Lindsley Pierce of Va.
MDCCLXII.
The lucid demonstration of Hernia by our Prof. of Surgery and Anatomy, is the predisposing cause of this effort. The essential nature of the affection will be discussed in the papers to follow this.

I do not select this subject because I prefer Surgery to practice, but simply because it seemed an interesting one to our Prof. of Surgery and Anatomy, and our demonstrator of Anatomy, Dr. Butler, and further I think it the only one that will be written this season upon said subject.

I will conclude my preliminary remarks by saying, that although I feel myself as competent to perform the operation as anyone who has simply read, and has yet to pass the ordeal of the green-room, yet I shone prefer the case be given to a
The word "termination of a view from the anterior portion of the face to the posterior portion of the back" is ambiguous due to the handwriting. It could be interpreted as:

"The word "termination of a view from the anterior portion of the face to the posterior portion of the back."

The word "termination of a view from the anterior portion of the face to the posterior portion of the back."

This interpretation is based on the structure and the context of the sentence, which suggests a clear transition from one part of the body to another. The handwriting, however, makes it challenging to determine the exact meaning with certainty.
The so-called hernia are sudden muscular contractions due to straining, lifting heavy weights, blowing wind instruments, exertion, or prolonged coughing, particularly anything in fact which causes violent exertion.

Hernias as before stated may take place at various parts of the abdomen. The most common are inguinal hernias which occur through the inguinal canal formed by the descent of the testicle about one and a half inches above Poupart's ligament, and femoral hernias which take place below Poupart's ligament and occur mostly in females. The cause of this difference is in the size of the opening. In the male the inguinal canal transmits only the round ligament of the uterus and is therefore smaller than the same opening in the male. The same predisposing and etiologic causes always act to the same, of course, the protrusion will occur when there is
The least resistance. A must be may occur in diagnosing hernia, i.e., divesting being mistaken for the sandbag, its similitude. The mode of its appearance, the direction from which it is enlarged, its fluctuation, reading when the patient is in a recumbent position and bruising out when in an upright one. Articles and hydrosisi of the situation may often be complicated with serotal hernia of which I will further speak —

As just mentioned in medical works a variety of hernia — Phrenic, Pudendal, congenital, ventral, umbilical etc. Inguinal, Femoral or Canalic and Umbilical hernia being the most prevalent of them. I will write —

Inguinal hernia is divided into three descriptions, Oblique or indirect, Ventro or direct and concealed — and all classes are divided into three conditions —
Reducible, irreducible, and strangulated. "Irreducible" is said to be reducible when the protruded part can be returned to its natural position by simple牵引, or the patient assumes a reversed posture. When recent the tumor is often reduced with greater difficulty owing to the cavity or orifice being small, and the intestine becoming inflated with wind or feculent matter. Sometimes when the protrusion has existed for a length of time and the orifice has become gradually larger, it is reduced more readily. Irreducible hernia should never be allowed to enlarge for fear of adhesion between the sac and its covering; safe means are known and taught us by the Medical faculty for its reduction and confinement and often ultimate cure.

Hernia is rendered irreducible in consequence of adhesions set up by the contrast to the wall of the new cavity into which it protrudes.
I found may be great enlargement of the intestine or contents, of which the tumor is composed. The abdominal cavity may contract at the point whence the intestine escapes, or from long contained displacements of its natural contents, accumulation of feces in the protruded part, and may also occur, all of which or any of which may determine the tumor as inadmissible. The usual position may prove without much obstruction or any immediate danger to life. Persons so afflicted are more or less subject to constipation, flatness, and indigestion.

Strangulated hernia occurs when the protruded part is invested in its position and circulation completely stopped. There is no material change in the sac, but an increased volume in the contents of the protruded part, which, owing to a constriction cannot be passed. Near the stage to life is imminent, and immediate treatment
by a thorough surgeon is absolutely necessary. The contents of the bowel alone may not suffer from the existence of a stricture, but the circuluation of the blood, both arterial and venous, will form great obstacles to the patient's life and thus demands attention even sooner than the accumulation of feculent matter. The contents of this sac sometimes is composed of intestine, sometimes of omentum, and often of both. By an examination the contents may often be discovered; if the sac be filled with intestines it will feel globular, smooth and elastic, and when reducible return suddenly with a gurgling noise. When filled with omentum it will have a tough, claythy, feel and return slowly when pressed upon with an entire absence of all sounds.

In ancient times the subject
Hernia was much abused, it was the custom of
the nations of medicine to use the knife in all
postmiseries of the patient would submit. The patient
was retorted in warm without opening the sac, or any
attention to gangrene being made. Castration was fre-
quently performed, the ancients believing it necessary
for the cure of ventral hernia. Such harsh treatment
we know at the present day, was founded upon
enormous theories, which are entirely deplored by
the great strifes of the medical world.

The aperture
formed by the descent of the testicle is the one through
which inguinal hernia descends. The coverings of the
lumen are similar to those of the testicle. An old
Physician in Virginia told me to carefully study the
descent of the testicle and its coverings, if I desired
to know and understand the nature of hernia, and
not expand as much upon the remarkable name, as upon the number of the coverings. The testicles remain beneath the kidney until the seventh month of fetal life, and in their descent past pubis they form a fold of peritoneum which as we know is a same membrane. The communication between the peritoneum and the fold covering the testicle now called tunica vaginalis is afterwards obliterated. When this division does not take place the intestine will pass down the same track, forming what is termed congenital hernia. The next structure the testicle comes in contact with is the fascia transversalis, it is also pushed before the same and forms a covering for it and the cord. This peritoneum takes place above proper ligament and is called the internal abdominal ring. The next opposing structure is the transversalis abdominis and the internal oblique.
mucles which are blended together in common
tendon they form the third coating of the tes-
ticles and also of hernia, these blended tendons are str-
chved before the internal abdominal ring and the
scrotum, or the tunica, pass obliquely downwards and
inwards from whence oblique hernia takes its na-
me, it then passes out the external abdominal
ring which is in the external oblique. These rings
are not or should not be directly in line, the ex-
ternal ring should be nearer the symphisis pubis,
if the protrusion is seated in the inguinal canal
between the two rings, it is called Concealed
inguinal hernia. At the external ring the testicle
push in against the fascia extending across the raphe below
the inter-columnar fascia. Next the superficial fascia
and then the skin is excised. The first structure
the testicle or tumour rests with in the peritoneum.
The peritoneum forms then the hernial sac.

In the in-
guinal or direct hernia does not pass through the
internal abdominal ring and thence by the inguinal
canal through the external ring, but passes as its
name implies, directly through the external abdom-
inal.

The course of Oblique hernia are commencing
from the exterior, first the skin, then the superficial
fascia, then the inter-columnar fascia, the crural
muscle, the fascia transversalis and the peritoneum
or hernial sac.

The course in Direct inguinal
hemia as commencing as before, the skin, the superficial fascia, the intercolumnar fascia, the blend of tendons of the transverse and internal oblique muscles, the fascia transversalis, and the posterior. The only difference is in the name, the erector muscle being derived from the blend of tendons of the transverse and internal oblique muscles, forming the covering in oblique and the tendons themselves forming the covering in Rectus, the indirect is most prevalent, the external ring being covered behind by this blend of tendons is a great preventor of direct hemia. When the tendon is ruptured the it does not from one of the coverings of the hernia saw.

Femoral hemia takes place below psoas ligament and on the inner side of the femoral vein, this passage called the internal ring is covered by
the vein transversalis, and is perforated by a number
of large holes for the passage of lymphatics from the
ovarian gland. This forms then a very insecure
port to the contained viscera, and at this
point it seems to be widened at P. The space be-
tween the femoral vein and gubernaculum ligament
is called the crural ring and is filled with loose
tissue, this is the port through which the perfora-
tion takes place. The intestine in femoral hernia pursues the same course as in inguinal. The intestine
first pressing against the peritoneum near the crural
ring, if gain way and thus is formed the hernial
sac. The crural esculum forms the next covering of
the intestine then passes through the sheath of the vessel,
that is the sheath which enclosed the femoral artery's
vessels, which is perforated with a number of holes
for the transmission of various structures. The two
more than encountered the superficial fascia and lastly the skin. Thus, commencing from the anterior femoral hernia is covered first by the skin, then the superficial fascia, then the crural septum, and lastly the peritoneum or hernial sac. Femoral hernia appears on the upper and inner portion of the thigh; the tumor is often double, or in medical words, the two bent upon its neck, which we are advanved to remember when making a diagnosis.

In regard to the treatment required in hernia, we are first instructed to employ laxis to determine whether it is reducible or not. The patient should be placed in such a position that the surrounding obstructions might be relaxed. The recumbent or semi-recumbent posture is usually observed, and in femoral hernia the thigh is flexed. Thus gentle and steady pressure is to be
made in the direction from whence the protrusion expands. The patient is reminded not to make any exertion, but to relax the abdominal muscles, as far as possible.

Pressure is to be made as follows:

In Oblique inguinal hernia, pressure is to be made upwards and outwards.

In Femoral hernia, pressure is to be made upwards and backwards.

In Ventral hernia, pressure is to be made upwards and backwards.

In Umbilical hernia, pressure is to be made directly backwards.

When inflammation occurs, pressure should be avoided. An operation becomes necessary, but the patient's chances of recovery
is rarely found. Careful handling of the tumor should be practiced as great mischief may otherwise be done. Local and constitutional means are often practicable in order to aid the reduction. The warm bath is highly recommended by some of the older surgeons as it produces a quiescence reaching often to sleep. The muscular structure becomes relaxed and the lump is more easily assisted. Emetic and purgative have been frequently used, but seldom with benefit. Attention is afforded by suitable appliances which at the present day are numerous and necessary.

When the hernia is found to be irreducible, the protrusion must be prevented from further descent by the constant application of a bag tied so as will cover the upper part of the tumor. Gentle laxatives to regulate the bowels, gentle soporifics, and an entire avoidance of all...
erailing caused an absolutely necessary. When stran-
gulation occurs an operation is almost always nec-
cessary owing to the stoppage of fermentative matter in
the intestine. Purgation should be used with care
as the obstruction may be more formidable than at first
supposed. The ligatures are usually the final resort in
strangulated cases, although laxis and relaxing
remedies an used at first. Laxing of intestinal
matter is considered a certain sign of complete
strangulation of the intestine.

The modes of operation
recommended in some of the surgical works is to place
the patient in a recumbent position upon a table.
The latter works direct the patient to be placed near
the edge of the table with each foot resting upon a
chair. The skin then being divided in inquiry shewn
from the neck nearly to the base of the postmion.
successive layers described in the Anatomy of the
body shall each be cut through by a probe pointed bistoury.
After division of the fascia transversalis, the sac is
opened. The sac is known by its dense and thick,
appearance; it is often humer mistaken for the intes-
tine. The intestine generally presents a dark blood-
red, and is recognized from the sac by a pleurisy
or exudate, which always exist in it. The peritoneum
should be pinched up and rubbed so that no por-
tion of the intestine should be punctured. A quantity
of serous escapes through the opening made in the
peritoneum, and then the contents of the sac are
thoroughly explored, which may be either intestine, omen-
tum or both. The finger should be introduced to de-
terminen the point of structure, and if not determinable
by the finger, a ground director should be used. After
the point is ascertained, a probe pointed bistoury is

a cutting edge near the point only, i.e., to be introduced along one direction and an upward cut made about the breadth of an inch. The only danger in the operation is in wounding the epigastric artery, which arises from the external iliac, and lies between the two abdominal rings. The point of omission is almost always at the external abdominal ring, but often at the internal. If there are no granuloid spots upon the intestine the protrusion may be carefully returned, the edge of the wound brought together, and a bandage applied to prevent the tumour from again descending. If granuloid spots are discovered, pawn or about to occur, and if these spots are not large they may be pinched up and fine ligatures passed around them; the ligatures will gradually find their way into the intestine and pass off with the pieces. If the omumum is found granuloid it should
to entirely remove it. First and guilt should be con-
joined alter the operation, and analgesia to quick
instead of purgatives to increase the pantathic motion
of the bowel, are now recommended. If the intestine
should be extensively gangrene and it should not be
returned as in order to save life it is positively ne-
cessary that an artificial anus should be established.
If the intestine extensively mortified should be re-
turned to the abdominal cavity its contents
would escape into the cavity of the abdomen, and
death of course ensue. If the intestine adheres to the
sac in but few places, separation may be safely effected,
but if adhesion is extensive, the intestine must be
allowed to remain after relieving the structure.

The other
operation of relieving the structure without opening the
sac is stated as dangerous, as the intestine may be
modified, and a fatal result occurs by returning, or to its normal position without a proper examination.

In concealed inguinal hernia, in order to reach the structure, the blended tendons of the transversalis and internus oblique, and also the external oblique, will have to be divided, as these muscles cover the inside of the external ring, and the intestine lies between the two rings of the inguinal canal.

The descent of hernial hernia having been described, the only difference in the operations is in the division of the tendons. The cut resembles an inverted U. The position of the patient being the same. The structure may be at the mouth of the sac or Gimbrowale's ligament. The danger of hemorrhage in this operation is from wounding the obturator artery, which arises sometimes from the epigastric
and sometimes from the internal iliac. Umbilical hernia is a simple variety mostly occurring in children and women who have been pregnant. Strangulation is rare, sometimes the protrusion becomes very large. A small pad secured around the abdomen by strips of adhesive plaster will prevent further enlargement. When an operation becomes necessary we are reminded by wiser and older heads not to make the incision too large, owing to the difficulty in keeping the parts reduced. A semi-circular incision is to be made and the outer lamina carefully dissected up. The neck will almost always dilate at this stage, and should it not the structure must be relieved by the knife.

The integuments after the operation for hernias are to be brought together by one or more stitches. These may be
supported by adhesive strips. Above this a soft compress of lint and old linen is to be placed the whole secured by bandages. On arising or coughing or when at stool the invalid should be careful to have the wound properly supported.
Inaugural Dissertation on Pneumonia

Submitted to the examination of the Provost, Regents and Faculty of Physics of the University of Maryland by Richard Elbridge Price
Among all the comforts allotted to mankind nothing is certainly more dear all than the enjoyment of health. But the human frame in consequence of its delicate structure is so susceptible of disease that no sooner has the new born babe inherited the breath of life than it becomes liable to some of those complaints peculiar to the infantile state. Holy writ informs us that in the beginning when the omnipotent creator formed man out of the dust he enjoyed the most sublime happiness and was altogether free from that pain and infirmities to which his posterity has since been subjected but as by the fall he forfeited the favour of his maker and was doomed to suffer both sickness and death Providence therefore implanted in him a salutary instinct to set
for remedies to preserve health and moderate the violence of disease nor has he sought in vain many of those diseases which were formerly supposed to be incurable have at length yielded to modern improvements in the healing art and many medicines have been discovered of late which act almost with certainty in removing those complaints which were anciently denominated the oprobria medicinae as this is the case we have reason to anticipate a good hope that no long few avenues will remain to the grave save that of old age
in the first steps of our enquiry we meet indeed with much vanity and obscurity but the farther we penetrate into its nature we find so much analogy among all his
works as to be forced to acknowledge her simplicity one of the most harmful and interesting diseases with which the Practitioner has to encounter is Pneumonia, a disease that we not only often see in Hospitals or in dwellings of the poor and destitute but a disease which goes on in its destructive march without regard to age, sex, occupation or rank killing some of the fairest and brightest of Nature's creation it is a disease that has brought grief and mourning into the habitations of many of us releasing us of some of those we most dearly loved while the very mention of its name gives rise to to a feeling of almost utter helplessness as to its issues for it seems to me that it is a
disease under every variety of condition medicine is equally unable to cure.

Pneumonia

The serous tissues or paranchyma of the lungs often becomes the seat of inflammatory action. This disease is now universally named Pneumonia. It is present it is to be presumed from the extent of the lung surface and its surrounding tissues and its peculiar structure the disease may assume many varieties; these varieties being founded upon the different constituents of anyone portion which may be inflamed upon the relations of the disease to other diseases with which it may be associated and upon the character of the accompanying fever or general state of the system. The inflammation may occupy a considerable extent
of the lungs continually embracing a whole lobe more or less, or even one whole lung. This is the common form of the disease and the form of the disease which we design to treat in the present thesis. For the sake of distinction various terms are used. The simple form is sometimes called Lobar Pneumonia and Lobular Pneumonia when small isolated portions of the lung are inflamed, as for example distinct lobules or parts of lobules with some lung interposing usually one lung only is inflamed, yet occasionally both are involved and the disease than is distinguished by the name of Double Pneumonia. In some rare cases chiefly or exclusively the air cells appear to be affected and hence this form is called Vesicular Pneumonia.
The other forms or varieties are thus named. The seat of the disease being already indicated when the name is mentioned; interstitial or interlobular Pneumonia; Blue Pneumonia. The complaint is frequently primary, but is also frequently a more or less accompaniment of other diseases in which case it is called secondary. We also hear of a typhoid, and a bilious Pneumonia. Finally the disease may be either acute or chronic. The anatomical character of the disease will be treated of in the following pages by the use of percussion and auscultation in these diseases and consequently we will speak concisely of the symptoms of these diseases as disclosed by the two great methods of percussion and auscultation. Signs or symptoms referable to the lungs which are ascertained by means of percussion and auscultation; by the former...
ne ascertain the sign of passion or front of reversion of the part under. The sound is normal in the 1st stage of the Pneumonia, that is the stage of engorgement the substance of the lung is engorged with blood or bloody serum; it is more easily torn, more in that respect like the system; hence the term exhalation to this first stage of the inflammation as liquefication to that which succeeds it. Pusiness more or less complete in the 2nd stage is heard, but persistent and not changing placed. By extension of the disease to first portions of lung substance vitally the second stage is that caused by the spreading of the inflammation in the lung, hence undergoing further alteration. It is still red-extemally and within, but it cephalatia no longer under pressure it sinks in water as contains in fact no air. The spongy
character of the organ is lost; it is evidently solid. The cut surface resembles very much the cut surface of the liver. Hence I assume and after some most writers have applied to this altered condition of the lung the term hepatization. The hepatized lung is drier and more solid, but it is also more friable, more easily crushed and broken. This results from the softening of the areolar tissue, which holds its component parts together. In the third stage incrustation is seen, due by auscultation we learn the qualities and modifications of the voice as reflected through the chest and of the breathing. It is of the greatest importance to the physician in the cause of the lung inflammation, for by it we ascertain its situation and every step of its pro-
gross by means of the ear. All the symptoms that give us the most sure information respecting the nature of the disease its increase and aggravation on the one hand, and its abatement and diminution on the other, spring out of the actual changes brought in the pulmonary substance itself; and these changes are disclosed by the method of auscultation.

Auscultation in pneumonia speaks generally thus: Puritic respiration in whole or part of one or both lungs may be heard in a stage immediating preceding the actual development of pneumonic inflammation of the lung and is a valuable preliminary sign. It is a sign of disease generally; it is mostly partial; heard in certain parts only of the chest. It is called puritic because it has the character of the inspiration of a child. Puritic respiration
occurs in those parts of the inflamed lung that are healthy and crepitant in the 1st stage when the lung-tissue is engagéd a very fine moist rale, like the sound of salt crackling in the fire or that caused by rubbing a lock of hair between the fingers close to the ear: bronchial inspiration, a sound of air rushing through a tube of considerable size, a blowing noise. Second calls expulse of 1st stage crepitant Rhampholy; it may also be called minute crepitation, or the crackling of Rhampholy. It may be heard in a very limited spot in the beginning and is an important sign. It is a direct symptom having immediate reference to the structure of the part. And if we consider what the part is and what the disease, the part, the lungs and the disease, inflammations, we con-
not too highly valued this simple symptom (simple and mean as it may seem) which gives the earliest and sweetest intimation that such a disease has begun as tends to disorganization, and the inevitable loss of life, unless quickly arrested by its counteracting remedy." (Latham)

The crackling sound does not long remain in any part. As the case proceeds the sound is less and less heard, and if length is not heard at all in that spot it may be succeeded by one of two very different things. The place may be taken by the natural respiration's manner again. While this is so it denotes the resolution of the inflammation. But the crackling may cease, and either no sound be heard at all in its stead, or another motiled sound. This teaches us with absolute
certainty that the disease is growing more severe and serious, that the lung is becoming or has become septicized.

It may be indeed said that the crepitus of the 1st stage or the crackling sound proceeds from the minute division of the air tubes and from the ultimate vessels of the lungs. Sometimes when this crackling ceases, the ear applied to the corresponding surface of the chest feels it to have rise in inspiration but catches no sound at all much more commonly however a new sound reaches the ear. It is not the vesicular rattle; it is not the minute expiration but a whistling sound is audible like that produced by blowing through a quill. Little gusts of air are puffed in and out most distinctly often at the
Termination of a slight cough or hum. This sound is called bronchial respiration. When bronchial respiration exists there is usually also dullness on percussion. The degree in which this is present will depend on the circumstances of the case. If a portion of crepitant and resonable lung even a thin portion should intervene between the inflamed parts and the walls of the chest there will still be resonance on percussion, though it will not be reached by the natural resonance. If the fibratized part come close up to the ribs the sound elicited by percussion will be flatter dead. In this state of the lung you will generally hear hussile respiration. In all inflammatory diseases there is reached a stage of anxious and pain ful interiors. In Pneumonia this period or stage is such when no sound but
Bronchial breathing is heard during respiration. Why is it so? Because it is impossible to tell whether the lung will revert gradually to its healthy state or whether it is passing into the third stage that purulent infiltration. If the lung should revert to its former healthy state for a while, nothing is heard but bronchial respiration, a slight crepitation begins again to be distinguishable especially at the end of each act of inspiration; gradually this increases in extent and intensity, and as it increases the bronchial breathing and the bronchial voice become proportionally less distinct, because the texture of the lung is again becoming firm enough to carry and therefore a more conductor of sound. By degrees the bronchial breathing and voice disappear altogether; the vesicular murmurs begin
again to mix with the crepitation and at length superseded it, and the lung is restored to its previous fitness for the purposes of respiration. The same symptoms recur again but in a reversed order. The returning crepitation is however coarser and larger and is less regularly diffused than that of the advancing pneumonia; and even when nothing is heard in the ordinary condition of the breathing but the natural vesicular rustle, some crepitation is found for some little while to mingle with it. Towards the end of the full inspiration. If the inflammation passes into the third stage that of purulent infiltration if the disease has passed through its stage of engorgement and into its stage of refutation it cannot be said whether
The lung remains in the state of suppuration, as it may remain, or whether it has passed into the third stage. But at last if the structure of lung breaks down, and a portion of it be expectorated and finds its way into the vacant spot and gives rise to large gurgling expectoration. It must be borne in mind that auscultation does not always and in all cases aid in discovering the existence of pneumonia and it may often escape the notice although pneumonia does exist; the ear is able to collect nothing of it, nothing indicative of its situation or its extent or even its very existence. The pulmonary expansion is clear all over the thorax; may much more strongly is natural, and this circumstance
justifies the belief that from some cause or another not necessarily from Pneumonia, a portion of the lung has ceased to discharge its function and the other parts have taken it up. This failure on the part of auscultation happens when the inflammation occupies a small portion only of the lung and that portion is central or deeply seated at a distance from the walls of the chest. Expectoration—Belly or prime juice, viscid and tenacious in 1st and 2d stages, semi-purulent or mucopurulent or wholly purulent in the 3d stage. The cough in Pneumonia is not particular in its character it affords but little information not usually paroxysmal; its frequency and severity not always proportional to the intensity and extent of the
inflammation, usually dry in the outset, but in a few hours accompanied by the most certain indications of the presence of Pneumonia.

Now the expectoration of Pneumonia when well marked, consists of brown, or tawny or rust coloured mucus, uniting in the vessel containing them into one jelly-like and trembling mass, and of such viscosity that the vessel may be turned up side down and strongly shaken without their being detached from its bottom or its sides.

It cannot be said that when there is no such expectoration as this, there is no Pneumonia, but it may be affirmed that where there is such expectoration, there almost certainly is always Pneumonia.

At the outset of the disease, either nothing is expectorated or simply loud bronchial
necessus; but on the second or third day generally, the mucus expectorated assumes the characteristic appearance; i.e., composed of mucus intimately united or combined with blood. The sputa is not streaked with blood, as is often the case in Bronchitis, nor is there the unmitigated blood of Hemoptysis.

The peculiar color of the sputa is explained by the quantity of the blood exuded and mixed with the mucus, giving the color from a yellow to that of rust or of a decided red at the same time becoming glutinous and tenacious, adhering together so as to form one transparent homogeneous mass. The ready flow of the mass gives hope that the inflammation of the lung has not passed its first stage or degree. When the sputa moreover acquire an extraordinary degree of viscosity there is reason to
fear the second stage of inflammation has been reached. Then the sputum becomes rusty and very viscous; the bronchonia is thin at its acme, the expectoration remains for sometime stationary. At length if the inflammation inside the sputum become again less tenacious, less red or yellow and more like the expectoration of mow catamount. But if the disease advanced from bad to worse the rust colored sputa may continue to the end. Commonly there is less expectoration in that case or even none at all for the reason its exertion is no longer passable because of its extreme tenacity or on account of the patient's debility. Hence the patient is liable to suffocation from accumulation in the broncha, trachea and lungs, and consequently filled up all the air passages. In the third
Stage be reached two kinds of spu...\n\n...may be seen in some instances, viz.: a fluid having the consistency of guaiacol-water and of a bruishe red color, like liquorice-water or plum-juice, sometimes very seiret hus is excreted. Altho...hough these rust or orange colored spu...a are commonly present during the more active period of pneumonia affording a peculiarity to the disease yet they do not constantly accompany it. Sometimes mucus expectorated are like those of cataract, sometimes there is scarcely any expectoration at all. In rare cases of the disease when it passes into gangrene of lung the expectoration is of a granish or reddish or dirty, greasy color, is more liquid instead a flat smell similar to that produced by gangrene of external parts. In the more rare cases of circumscribed abscess of the lung from pneumonia the puriform expectoration is horribly offensive.
Diagnosis

The diseases with which Pneumonia is most liable to be confounded are Croupus, Pulmonary oedema, pleurisy and certain states of phthisis. It is in cases of bronchitis or leading to the minute ramifications of the bronchia that the greatest resemblance is presented. But in the former affection the sensations are more those of sounds than acute pain and are usually seated in the anterior and upper part of the chest behind and in the vicinity of the sternum; the expectoration though sometimes treated with blood may have the vitriolic and rusty character of the sputa of pneumonia, and when it once begins is much more copious; no true, obstinate rattle is heard but instead of this the dry and mucous rales; there is in bronchial respiration or respiration and very seldom a permanent want of the respirating murmur in any part of the
chink and finally there is no considerable
dullness on percussion. But not infrequent-
ly the two diseases are combined and
when the pneumoniad is in the center of the
lung or its base it is sometimes diff;
icult if not impossible to distinguish
between them. It is distinguished from
Pleurisy in this wise. In pleurisy the pain
is sharp and severe and usually concen-
trated in one spot; in pneumoniad it
is moderate and dull when the pneumo-
nia is wholly uncomplicated but as
this is generally associated with in-
flammation of the pulmonary Pleura the
inflamed portion of the lung the sym-
ptom is little to be relied upon. The character
of the expectoration is more important be-
ing viscid and rarely in pneumoniad
mucous and transparent or whitish
or simply streaked with blood in pleurisy.
In the latter the expectant rate of pulmo-
nary inflammation is quite wanting in


The other the friction sound and a gurgiiony of phleuvery. In both bronchial respiration exists but it is more extensive and heard over a greater part of the chest in pneumonia than in phleuvery with much effusion. Percussion yields no destructive sound in the earliest stage but the dullness is perceived earlier in pneumonia and the flatus of the advanced stage is more complete. In phleuvery the flatuses often change with the position of the patient which is not the case in pneumonia. The whole may be flat in phleuvery effusion only one half of it in hepatisation. The hand placed over the seat of the phleuvery effusion feels no vocal vibration while in pneumonia it is more getting than in health. In pneumonia the dissection of the chest flatus or bulging of the intercostal spaces and the displacement of the heart liver.
stomach etc., which occurs in pleuro-
with copious effusions are wholly want-
ing. From this it may be distin-
guished by noting that pneumonic
vania occupies the upper part of the lung.

The principal causes of the symptoms
would also serve to distinguish the affec-
tion. Prognosis.

In cases of primary pneumonia of the
common or lobar kind, occupying a por-
tion of a single lung occurring in persons
of a good constitution and without
complication of any kind there is
very reason to hope for a favourable
issue. Cases of this kind almost al-
ways end in recovery under proper
treatment and not unfrequently even
without remedies or with such as are
improper. The disease appears to be unex-
ceptably mild between the age of six and
twenty-one. This fact is abundantly proved
by facts collected by the best authorities.
in the hospitals of Europe especially of Paris. In debilitated persons and in those above fifty years the disease is much more fatal. In any advanced age it is extremely dangerous. It is said to be more unfavourable in its termination in the upper than in the lower lobes. The danger is much increased when the whole of one lung is affected, and in the double pneumonia is always very great. Secondary pneumonia is much more fatal than the primary and the lobular than the lobar variety. But the greater danger of the lobular independently of the fact that it is more liable to escape notice and therefore not to be treated properly is owing to the fact that it is generally secondary and is apt to occur in debilitated constitutions. It may be asserted that the more there is of a lymphoid fever the more than is of danger and consequently if treated
This by fluid form with the same
vaporous dilution which is adopted to
the ordinary form of Pneumonia
it may be enormously fatal. In many
cases of pneumonia an exceedingly
furious respiration, inability to lie
down very dark, and consistent or
thin bronchial or bladder symptom
Copious diaphoresis or colligation sweats
an extremely frequent pulse or irregular
pulse amounting in the adult to
140 in the minute are all very dan-
grous symptoms.

Causes

Viciousities of the weather are among
the most frequent causes of Pneumonia.
Sudden exposure to cold when the body
is warm and perspiring is very apt to
induce it. This is especially the case
when the individual exposed is at
the time laboring under a catarrhal
attack. Direct infection arises or fair
cesss inhalations, the excessive use of the voice, violent exertion of anything which assists in the lungs. Piousful emotions, exercises in drinking, the suppression of habitual discharges, the reduction of gout or the suppression of the sudden disappearance of cutaneous eruptions are ranked among the occasional causes. A long continued position upon the back is said to give rise to the disease in debilitated constitutions. It sometimes follows accidental injuries or surgical operations of a severe character; as least abscess in the lungs have been observed under these circumstances, though it may be doubted whether they are not rather the results of the deposition of pus produced elsewhere than of original pulmonary inflammation. Various diseases are apt to be accompanied with pneumonia and
are though to fail its production.
The one in which it most frequently
occurs is probably bronchitis. But it
also frequents in meals and deep-
water cough. It is an occasional at-
cient upon smaller bradicles
and eucyptus. Phthisis can scarcely
run its course with more or less of
it. Affections of the heart not unfre-
quently occasion it by the pulmonary
congestion to which they so often give
rise. It is not unfrequently in rubies
or typhus fever and it is occasion-
ally associated also with the myas-
matic and typhus fevers. Chronic dia-
phorea appears to predispose to it in
young children & Gerhard C. It is one
of the most common
which attend reaction after the col-
lapses of malignant cholera. It is
occasionally epidemic but probably
only as an associate of other dis eas
Of the predisposing causes cold may be ranked among the most efficient. Until the disease prevails most in cold countries and in the colder season it is probably as common in cold and dry as in moist climates. It is not uncommon in the mountainous regions of this country. It is especially apt to occur towards the end of winter and in spring. Those occupations are believed to predispose to it which expose the lungs to injury from over-evections or the inhalation of irritating substances and which, under necessary an exposure to the vicissitudes of the weather without due protection. Some persons have a peculiar susceptibility to the disease without any known cause and suffer from repeated attacks. Age and sex do not appear to have any very considerable influence on the frequency of its occurrence. In the first five or six years of life it is not
uncommon but is more apt to be connected with other diseases which are, probably, its real causes. It is most commonly the lobular variety which occurs at this age. Perhaps the period of life at which it is most frequent is from 20 to 30 or 35 when the body has attained its full height but is still spreading laterally. The disease is more frequent in men than in women, but the reason of this probably is that the former are more exposed to the irregularities of the weather and to other exciting causes.

Treatment.

In Panniculosc, various modes of treatment have been proposed and adopted by practitioners in different countries. The most general modes are the stimulant and Antiphlogistic. The former mode, i.e., the stimulant is merely the revival of the old
System of treating diseases, as all diseases were said to be a want of power in Nature to throw off no-life matters; hence nature must be assisted in this kindly effort by means of stimulants etc. This plan has been elaborately set forth by the late Dr. Todd of London and proposed to the world with much ingenuity and cleverness from the results of his mode of treating Consumption in the London Hospitals. It is necessary to be on our guard in accepting his entire conclusions. It is a fact that the class of his patients were those in a reduced state of health by want of the necessities of life, both driven down by hard labor and exposure and of intemperate habits and often those patients were not admitted until long after the core of the disease had been reached.
Since these patients cannot show any active measures for their complaints but require all the little strength left to be carefully husbanded to carry them through the struggle. It cannot be denied however that patients with pneumonia of a typhoid character and tendency are unquestionably benefited may even require under certain circumstances the stimulant food. Enough has been said of this food. But if it is asserted that it is and must be used in every case we beg leave to observe that it is our opinion that such a mode of procedure militates against common sense and is contradicted by every principal of sound physiology and rational therapeutics. This brings us to the point of the subject we would institute in cases of...
Pneumonia, uncomplicated. From the nature of the disease we are convinced that in persons with vigorous constitutions bleeding is the most efficient remedy. In disease does the abscs of blood better than other well developed pneumonia. This evacuation is called for not only in reference to its direct effect in relieving inflammation but also with a view of diminishing the labor of the lungs and thus procuring rest for the diseased organ as far as possible. In deciding upon the quantity of blood to be taken, the stage of the disease, the state of the pulse and constitution of the patient must guide us. In a vigorous patient at the earlier stage of the disease, with a strong pulse, and before apitization has been fully established from 10 to 20 oz.
may be taken by the first occasion. There is some reason to hope in this stage of the disease, its progress may be arrested by decided measures. Should the symptoms have in any degree abated we may bleed again at an interval of from 12 to 24 hours and the operation may be again repeated until the inflammatory symptoms are decidedly checked. In some cases the pulse does not seem to indicate the use of the laucaet as when the lungs are overwhelmed with sudden and extensive congestion occasioning partial asphyxia the surface becoming pallid or purplish, suggesting the idea of great prostration of the vital forces. It generally happens that the pulse rises under the laucaet and this affords an indication that the remedy has been rightly employed.
The bowels should be thoroughly evacu-ated by an active cathartic but
subsequently throughout the case
it will be sufficient merely to help
them open once or twice a day by
small doses of a saline cathartic.
The bowels having been evacuated re-
source should be had to small doses
of tincture of nitre repeated at short
intervals from the 12th or for
example every hour or two hours dur-
ing the day. When the skin is hot
and dry, this may be accompanied
with the rectal mixture or Tincture
of camphor by the stomach. In
cases attended with vomiting the
introducing draught should be
substituted for the Abominable
After two or three days when the
Circulation has been sufficiently
reduced opiates at bed time may
be used along with the above men-
Lined plan. If pain should continue after general blood letting, has been carried as far as admission, and especially if the physical signs indicate the unchecked progress of inflammation, blood should be taken by cup or tincture from the chest to an extent corresponding with the strength of the patient. Very frequently under this treatment the symptoms of inflammation will gradually subside and the patient recover without further remedies. But should the disease prove obstinate it will be proper to resort to the muscular impression. When the symptoms are threatening and a speedy muscular impression is requisite 3-4 oz. Calomel with 1/2 gr or 1 gr. may be given every 4 hours. Sometimes even that combination
Colonel produces purging and cur- 
ries the bowels. In such cases the 
murcurial pill should be substituted 
in proportional doses with the same 
additions. It is important to push 
the murcurial plan until the gums 
become somewhat affected when the 
symptoms will generally begin to 
improve. It will often be proper to 
begin the murcurial plan upon 
the 5th day of the symptoms 
have not begun to decline before 
that period, but the precise time 
may be earlier or later in any 
particular case and must be 
left to the judgment of the prac- 
titioner. At the same time that 
this plan is in operation a blister 
may be with great propriety applied 
to the chest. Should the case bu- 
ger the blisters may sometimes be 
repeated with advantage.
declining stage of the disease cy
preventui medicines are often useful
Should the strength fail in the
advanced stage it will be often
found very useful to employ Carb-
ionate of Osmium in two and a
half, five, or ten grains doses at
intervals of two hours. Wine may
also be added and if urinary symp-
toms should set in or offensive
night sweats occur, recourse sho-
uld be had to Sulphate of Diuina.
The timely employment of moderate
stimulants with a nutritive diet
such circumstances, often save
life. Glaucous symptoms
may be met with Chloride of
Diuine, Opium Diuina and the
mineral acids especially the
nitric mineral. But the course
of treatment would be very inper-
fect without attention to various
poins of management not yet
particularizes. It is important
not to disturb any of those acts
on which may be considered as
critical but as a general rule
rather to follow the lead of nature
and encourage than. The patient
should lie with his shoulders
somewhat elevated and in both-
acted or debilitated cases espe-
cially should have his position
changed occasionally in order
to prevent the settling of blood
into any one portion of the lungs
under the influence of gravitation.
In the physical examination of
the chest care should be taken
to expose the surface as little as
possible. Perspiration should not
be made so strongly as to occasion
pain. The air of the apartment
should be of an uniform temperatu
and warm, but purified, by sufficient ventilation. In the early stage the diet should be of mucilaginous or farinaceous drinks such as gruel, barley-water, thin gruel etc. At a more advanced stage when the fever has been somewhat subdued, tea and toasted bread or crackers, with a little rice or mush may be allowed: after these, milk, and finally in convalescence both and the lighter meats eggs, apples etc. In cases of debility it is highly important to resort to these nutritious substances before convalescence. There is reason to believe that patients in Fever have sometimes been starved to death.
An Inaugural Dissertation
On Menstruation
Submitted to the Examination
Of the President Regents & Faculty of Phypic
Of the University of Maryland
For the Degree of Doctor of Medicine
By J. T. Payne
Maryland
Menstruation.

Woman in health and disease in whatever climate she may exist and whatever may be her social condition her physical and moral constitution she is under the dominion of a physiological and mysterious law, that strong and powerful law, which subjects her during a certain portion of her life to a periodical hemorrhage from the reproductive organs. This function termed menstruation which keeps all the others under its empire may be called the regulator of all the other systems because of the intimate sympathies existing between the uterus and the other organs. Without this discharge pure beauty either appears not or is lost; the order of the vital movements is destroyed; the soul falls into languor and the body into exhaustion. This function commences in healthy females about
the period of puberty; a certain amount of pungent yellow fluid is eliminated
by the uterus and escapes from the
vagina every month, the quantity
which escapes each time is from four
to eight ounces varying according to
the constitution of the individual. It
is not discharged at once but gradually.

As to the character of the secretion it
it greatly resemble venous blood, being
of a dark red color thin containing no
fibrine and is not coagulable more easily
decomposed. It is found to be of an
acid character. That it is expected to
be
the uterus has been, in cases of pro-
sipose, and inversion of that organ
that it is really a secretion by its living
and not blood mechanically filtered
through it, is now generally admitted.
The generative organs of the female are
in a state of activity only during the
prime of life embracing a period of about thirty years and during this time the most remarkable characteristic of their functions is their periodicity. The occurrence of menstruation defines the period of puberty at which the girl becomes a woman and capable of conception as its cessation terminates the prolific period of female life. The effects of the development of this function upon the body and mind of a young girl are very striking. The figure enlarges becomes rounder and more fully formed the pelvis expands the mammae enlarge, and the general form becomes graceful and dignified. The mental change is as remarkable; the pursuits of girlhood are exchanged for more womanly interests, and a more exquisite perception of her position and relations, results in a higher
enjoyment veiled by a more delicate
modesty. The changes are rapid
and occurring at this peculiar period
doubtless fit the individual for the
more perfect fulfillment of the duties
about to devolve upon her. This
function generally commences from
thirteen to sixteen years of age and
ceases about forty-five but is subject to
considerable variation from the effects
of climate, peculiarity of constitution
habits and pursuits of life. By most
writers on the subject we find it
stated that menstruation commences
much earlier in hot climates as
in the South and East it is said
to appear about the tenth year of
age and to disappear about the
twenty-fifth or thirtieth and in Esp-
land and other Northern climes they
do not menstruate until twenty or
twenty four and continue until about sixty years of age. The
discharge recurs every month that is deducting four or six days
for the time of its flow: every
twenty seven or twenty eight
days. Mr Robertson found that
out of one hundred women
nearly one menstruate every
month, twenty eight every three
weeks, ten at uncertain intervals
and one a healthy woman every
fortnight.

Symptoms. The symptoms which
precede and accompany the first
menstruation are very slight
in some cases, well marked in
others. There is generally a degree
of lassitude and fatigue after
creation, depression of spirits, a
dark shade under the eyes.
headache, pain in the back, weight and aching in the pelvis and down the thighs, with some fever. If the discharge takes place most of the symptoms disappear, the remaining symptoms are weakness and pallor of countenance. But the symptoms may pass off two or three times without the appearance of the catamenia or white discharge only. This may generally be remedied by tonics and improvement in diet. Sometimes the color of the discharge is light at first, becoming deeper at each period until it acquires its natural appearance. It is in inconsiderable quantity rarely lasts more than two or three days and at first recurs at irregular periods but
acquires regularity after the fourth or fifth return. During this flow the skin exhales a peculiar odour, the appetite is diminished, and occasionally sympathetic pains are felt in the breasts. The amount of suffering differs in different women, owing to habit and peculiarity of constitution.

Causes. This subject has attracted the attention of the medical profession for many years; much time has been wasted in speculations which after all are nothing but conjectures. We do not know why the catamenia occur at monthly periods, it is one instance of the periodicity which characterizes the functions of the female sexual system, which
lays open for the investigation of
the profession. The cause of men-
struation has been supposed by
some authors to depend upon
lunar influence. Pliny thought
it was an excretion of some
moderately substantive. Galen. Simson
and others thought it to be nothing
more than the expulsion of a
superfluous quantity of blood.
Frederick Hoffman supposed
the menstrual flux to be the
fruit of mechanical motion.
He says that women generate more
blood than they need in conse-
quence of the looseness of their
circulation and the small amount
of their perspiration. Hence arised
the venous congections and opus
in the extreme vessels. The blood
that is refused admittance into
the vessels that are affected with spasmodic constriction must escape into the womb whose particular construction favours this congestion. And many other theories have been given. But the most plausible one is that of Dos Froid. Power and Vaughan, who say it is caused by the influence the ovaries have over the uterus. There are certain facts which cannot but lead to an admission of a certain influence exerted over menstruation by these organs. It is well known that they participate in the congestion which exists in the uterus at the monthly periods. When the ovaries have both been atrophied or diseased or when one was congenitally absent and the other disorganized. The secretion of the menses has been prevented alto-
gather. Moreover when the uterus is absent, but the ovaries present, the menstrual molimen and other sexual peculiarities appear. Lastly when the ovaries have been removed as in the case mentioned by Mr. Pott, menstruation ceased entirely. From these considerations we may conclude that although the uterus be the seat and its lining membrane the agent in the process yet the ovaries furnish the stimulus upon which the function depends. An inquiry into the changes which take place in the organs during menstruation will confirm the conclusion at which we have arrived, and throw some light upon the nature of the stimulus. We have numerous instances cited of young women dying while the menses were upon them and post-mortem examinations revealed
that the ovaries were burst at one place from whence it is supposed an ovum escaped they were also turgid and gorged with blood. It appears that the ovaries contain a number of small Graafian vessels one of which ripens every month and passes off from the ovary to the uterus and thereby stimulates it to action. There is a number of cases on record which upon examination after death the ovaries have been found to exhibit a number of cicatrices corresponding with the number of menstrual discharges during life. From the above facts we are obliged to conclude that there is a periodical evolution of Graafian vessels and that this occurs at a menstrual period. The uterus is congested during menstruation, its vessels are expanded with blood, its lining membrane
of a deep red, studded with bloody points and covered with menstrual fluid. The cervix however participates but slightly in the increased vascular-ity and its lining membrane is perhaps altered in color. The Fallopian tubes are somewhat more vascular than usual.

Disorders. Under this head we will first consider Amenorrhoea, that is where the menses have never appeared or when having appeared regularly they are obstructed. Menstruation may be absent by the ovaries being wanting or if present they may be diseased or the vesicles may be diseased or absent; congenital malformation may exist, the uterus may be absent or incompletely developed, the canal of the cervix may be closed, the vagina may be absent or an imperforate hymen, when the
defect is ovarian we find no effort at menstruation, on the contrary when the uterus is absent or defective the sexual peculiarities are observed and effort is made to menstruate every month but of course with no discharge. When the passage is merely obstructed the menses may be secreted but remain in the cavity of the uterus or vagina until from over extensions the parietes give way. We may have the organs well developed and they perform their function regularly but is suddenly checked by some accidental cause, such as cold caught during its flow, by wet feet, sudden mental emotion or a bodily shock, fear and disease of all kinds that tend to debilitate the system. During pregnancy and lactation this function is normally depressed and should not be interfered with. Every peculiar
characteristic of this function is a provision which makes it possible in some cases for mitigating the occasional effects of suppressed menstruation by substituting a similar discharge from some other part. It is recorded to have taken place from the nostrils, eyes, ears, gums, lungs, stomach, anus, ends of the fingers and toes, different joints, from the stump of an amputated limb, from ulcers, and from the surface of the skin generally, the more extensive mucous membrane are however most frequently the seat of the discharge. It appears to be sometimes blood, in others it has the character of catamenial fluid. The repetition of this discharge may occur at the regular period, or it may intermit; and it does not appear that any serious results follow even when delicate organs are the seat of it.
The uterus may resume its function and these discharges cease. The treatment of these disorders is varied according to the causes which produce them. As in congenital malformation we are enabled to do but little but when this flow is accidentally supressed we may restore it by treating the disorder which caused its arrest. The next disorder of this function which we will notice is Dysmenorrhoea or difficult and painful menstruation. This form of abnormal menstruation consists in severe pain in the emission of the discharge which may be profuse, scanty, or about the usual amount; the attack is sometimes confined to one or two periods but frequently last for many years. This disorder may be of a Neuralgic, inflammatory, or mechanical nature, and must be
Lastly, we will speak of Menorrhagia which consists of an increase in the monthly evacuations. Excessive menstruation may occur in various ways: the menses may return too frequently or too copiously or at unusual intervals. Some allowances must also be made for differences of constitution and of climate. The discharge sometimes takes place with a violent gush from the vagina after which it stops for some hours and then recurs, and this alternation may continue during the usual period of menstruation, sometimes on the other hand the discharge goes on regularly and lasts for ten days or even three weeks; or the quantity each time not being excessive it may return every two or three weeks. This morbid flow may be removed by treating the disorder which caused it.
An

Inaugural Dissertation

on

Ophthalmology

Submitted to the Examination of

the Provost, Regents and

Faculty

of the

University of Maryland,

The degree of

Doctor of Medicine

By

Nicolas C. Hodgey

of Maryland,

February 1863.
Impentery

Syn. Inflammation of the larger intestines.
Cited: Colo.-Rectitis, Bloody Flux.

The name of this disease is derived from the Greek words "σφόν" signifying with difficulty and "κολο" an intestine; together meaning a difficulty or disturbance of the functions of the intestines.

This disease is peculiar to no country and instances of it are recorded by custom in almost every part of the habitable world. It may occur in all places, at all times, and at any season of the year, but is generally most prevalent during the months of August, September, and October, in cities and other confined places.
where numbers are exposed to the
same remote or exciting causes.
It is also frequently an epidemic
in fleets and armies, and the great
havoc occasioned by it in Washington
(although so much concealed as possible)
and elsewhere are well known.

"The page of history weeps for the
plain in battle, than for those who have
fallen victims to this calamity."

Whether Dysentery is a contagious disease
or not being still a mooted question,
I do not feel myself at liberty to express
an opinion on the subject.
I would however define Dysentery to
be a fever accompanied with frequent
mucus and often bloody evacuations.
attended with griping pains in the abdominal region, straining at stool and tenesmus—also of which are the direct consequences of an inflammation existing in the mucous membrane lining the Colon and Rectum.

Symptoms of Dysentery.

The symptoms of this disease are quite numerous, they are generally (in dysentery which is uncomplicated with any other disease) griping pains in the abdomen, irregular as to both their positions and times of occurrence and these are at times accompanied by discharge from the rectum by the which means the patient is generally partially relieved for the time being. To this is often appended a sense of weight bearing,
in other disagreeable sensations experienced in the Rectum, with painful and frequently recurring desire to evacuate the Rectum of its faecal contents which generally results in the expulsion of but a very small quantity of bloody mucus.

This symptom often becomes, being gradually on the increase, pain becomes the leading feature of the case; the abdominal pains seem by degrees to concentrate themselves in or about the Rectum.

The desire to go to stool becomes almost incessant and in many cases, especially among children, produce by means of the great retentive which
The patient must resolve to release himself
from anguish and, and even then afford
only partial relief.

Some authorities in writing on this disease make mention
of small membrane-like appearances
which have been sometimes
noticed among the nasal mucus.
When evacuated, white masses
of a gelatinous nature have
also been noticed so closely
resembling pus that they have
received the name corpora
penguin.

Though the evacuations
by stool are so frequent, still
are seldom or never have natural
fomes exerted, and when they do
at any time make their appearance
are discharged in the form of a few
indurated masses called sebola.

The passage of these sebola may
be looked upon as a most
favorable symptom, in fact
as the beginning of convalescence
presidential and (in young children)
and a dilation of fever for many
occur and have the effect of
greatly depressing the vital
energies of the patient.

In violent attacks which
are about the most usual symptoms
of mortification in a short time
were and take the course and ef
the hands of the earthly physician, and transfer it to those of the heavenly physician. When the wound became affected with tumour, the patient here to fore well, and in great anxiety now complains both little and little of pain or tenderness; the pulse sinks, delirium and coma gradually supervene, and the miserable sufferer at length quietly sinks in the arms of relentless death.

When the disease arrives at its most dangerous culmination, a military surgeon in sometimes observed on the pitying and malignant ulcers, make their appearance on different
out of the body. Children at this stage of the complaint are sometimes attacked by convulsions. When the disease is mild it sometimes recover spontaneously. The discharges from the nostrils become less frequent, and more healthy in their character, and the fibrous and tenacious gradually subside.

Depending on the race, sex, age, complicated with other diseases, especially fevers of all sorts of its complications, it does not belong long sphere.

Diagnosis
The part of the study of medicine has I late years justly been made the subject of deep, earnest and learned investigation. In this complaint (as in most others) the hopes of a happy termination of the case is dependent in a great measure on the mode of treatment employed during the first few days of the attack. It is therefore a matter of considerable importance that the physician should be thoroughly acquainted with the disease in its early stage.

Few cases indeed occur in which dependency may not be distinguished with ease by the
diligent observer from every other complaint. There are however two diseases with which it may be confounded viz Cholera Morbus and Diarrhea.

The necessary discrimination between Dysentery and Diarrhea is very easy of accomplishment if you take into consideration the following great difference in the symptoms. In Diarrhea the discharges are generally copious consisting chiefly of natural feces, and the disease is generally accompanied by little or no fever. But on the other hand in the case the natural feces are
we eluded at least for some time
and when evacuated they often
in small hard masses, thin
chances of being accompanied
by considerable fever, unease,
griping and lassitude
These last mentioned
symptoms do occur in danger
by no means so violent however
and their appearance is "like
angels visits, few and far between"
I thought in a glance at
the diffrences between this
disease and Cholera morbida
which are so very obvious to
every intelligent observer that
it will only be necessary to
in cholera claudus, instead of the acuteness peculiar to matters of a bilious nature, is discharged in considerable quantity both from the stomach and bowels, and the whole symptoms cast off anything like a great and intense.

Treatment

Many different courses of treatment and many different remedies have been used in this disease, observation and common sense teach us to vary our method as the disease differs in intensity.
The first indication is to reduce the inflammatory action which may be done by the usual methods now in use.

Bleeding is not always necessary and should never be used while the disease is of the adhesive character; it should be resorted to however where there is pain and tenderness of the abdomen in conjunction with palpable action and a rapid and pulse. Bleeding should be moderate and never employed late in the disease.

Emetic are unadmirable.
and useful remediés in the early part of this disease, under the influence of the very inception not unfrequently result in a complete cure. This is indicated by the following case of a patient in the period of the recent but insufficient effort to remove accompanied by nausea. The rest of the disease remediés still remain in this case of their respective values viz. Glycerine, Spirit of Antimonial, and Sublimate of Sinece.

Opium and its preparation may be considered as the great depending of the physician in depotency.

The contra indication (and indeed the only one) that use in this respect
The presence of specific symptoms could almost be assured by the use of the laurate for its application. Its dose should be large and from one half to a grain at a time.

Opium is one of the most efficient agents in the only cure of this patient's malady.

One of the chief indications in determining being to remove from the bowels all and any irritating feces, and small and indigestible matter, or drug with circulation in the Bortol circulation, both of which effects are accompanied better and with more ease by this...
by this class of remedies than in any other way. So much so, that many other
ingredients of the Pharmacopoeia
might here be mentioned if the time and place permitted.

But remain for me to express my unfailing gratefulness to the Faculty of this University
for their kind and gentlemanly behavior towards me during my connection with them of the last
three years, with my regret at leaving or soon. I leave my second home later for the busy scenes
of the world at large, hoping that my examination may have brought


Very respectfully,

[Signature]
An Inaugural Dissertation
on
Pneumonia,
Submitted to the examination
of the
Provost Regent
and
Faculty of Physic
of the
University of Maryland,
for the
Degree of Doctor of Medicine
by
John B. Robinson
of
Maryland;
A Member of the Class
of
1861 & 2.
Pneumonia.

Pneumonia is a name that is more generally applied to inflammation of the parenchyma of the lung. There are several varieties of this disease. These varieties are founded upon the different portions of the lung or the different constituents of any one part that may be inflamed.

The inflammation may occupy a considerable extent of the lungs continuously, embracing a whole lobe or even a whole lung. This is the most common form of the disease, and the one usually meant when the simple term Pneumonia is employed; it is sometimes called Lobar Pneumonia. Sometimes small portions of the lungs are inflamed, as for example, distinct lobules or parts of lobules with sound
lung intervening. It is then called lobular pneumonia. Though the inflammation is usually confined to one lung it occasionally involves both, it is then called double pneumonia. The pleura is very frequently involved with the substance of the lung, where large portions of it are affected, it is called pleuro-pneumonia. The complaint is frequently primary, but it is also frequently a mere accompaniment of other diseases; it is then called secondary. When associated with a low or typhoid condition of the system it is called typhoid pneumonia. And when with bilious disorders whether depending on simple derangement of the liver or upon a concurrent bilious fever, it is called bilious pneumonia. The disease may be acute or chronic.

Anatomical Character

Considered in an anatomical point of
Pneumonia presents three stages well marked. First, engorgement or inflammatory congestion. Second, Hyperplasia. Third, Suppuration. First, dry engorgement; in this degree the lung externally is of a livid or violet-dawn; it is heavier and more solid than in health. If however crepitation, though much less so than in a sound state, and on pressing it between the fingers we perceive that it is repleted with a liquid. It retains the impress of the finger nearly like an edemaus limb and when cut into it exudes copiously a bloody, turbid, tenacious and somewhat frothy secretion. It is more compact and heavier but less tenacious than in health. Its cohesion is at the same time diminished, it is more easily torn, more in that respect like the spleen, and accordingly the term sphenization of the lung has been given to this stage of the inflammation.
In this state of engorgement the small ramifications are of a deep red color; the portions most engorged will almost always float on water.

Second Stage or that of Hepatization is characterized by a deep red or reddish brown or greenish red color. But it now states no longer under pressure, and its density is so great that it sinks in water. The softening is so great the lung may be readily torn. When cut into the lung bears a striking resemblance to liver, and on this account is said to be hepatized. The cut or torn surface of the lung generally exhibits numerous minute granules close to each other; these are I presume the air vesicles clogged up, thickened and made red by the inflammation as no air is contained in the lung in this stage of the disease. The granular appearance however
is observed. The surface is sometimes quite smooth and uniform especially in advanced life and that of infants, probably in consequence of the obstruction of the cells by pressure of effused matter within them.

The Third is the stage of Purulent Affection or Suppuration. There are two conditions, one of which and infinitely the most common is that denominated by some Gray Hepatization; and the other is Abscess. In the former the lung is compact and dense as in that of Hepatization, but instead of the dark red color it presents externally and within a yellowish and greyish appearance; and when cut exudes a yellowish opaque purulent fluid sometimes tinged with blood: it is much softer too than in the second stage and is more easily torn, and
if pressed between the fingers it is almost wholly resolved into a purulent fluid with only shreds of the solid tissue remaining.

The second condition, or that of Abscess is exceedingly rare, but it may sometimes occur and the patient recover.

Gangrene is a very rare result of common Pneumonia, though it does sometimes occur, it is almost as uncommon as Abscess; yet it does occur as a consequence of acute inflammation of the pulmonary substance. But in most cases of Gangrene the antecedent or attending inflammation is so slight as to have led to the supposition that it is not the cause of the Gangrene.

The color of the parts which have thus perished under the inflammation is of a dark, dirty or olive greenish brown color. The Pleura is very fre-
quently but not always inflamed over the hepatozised part of the lung. Coagulable lymph is often thrown out forming a false membrane upon its surface and sometimes the two opposite sides adhere while a little turbid serum is found in the pleural cavity. In a great majority of cases the morbid phenomena is confined to one lung, and the right lung is much more frequently affected than the left. In secondary Pneumonia the opposite sides appear to be about equally affected. In relation to the parts of each lung attacked Laennec states that the lower portion was most frequently the seat of the inflammation, and that when this occupied the whole lung it almost always began in that portion.
Symptoms.
The disease as it usually occurs presents the following characterizing symptoms. Pain, more or less marked in one of the sides of the chest; dyspnea, viscid and bloody sputa, dull sound and modifications of the respiratory murmur. The patient lies on his back; the pulse accelerated but variable in its character; the fever is generally of the inflammatory kind but is occasionally typhoid; sometimes the fever and local symptoms occur without an antecedent chill especially in infants; and sometimes the local precede for a short time the general. Not unfrequently the disease commences with catarhhal symptoms which continue for several days before the signs of Pneumonia become manifest. In Secondary Pneumonia the disease often begins obscurely without
pain, cough or fever unless this has previously existed and is distinguishable
only by the hurried respiration and depression of strength and the physical
signs. Pneumonia is apt to assume this chronic form when complicated
with cerebral disease.

Of the Pain.

It may either precede, accompany or follow the commencement of the fever, it is in
the beginning very acute and severe and is much increased by a full inspiration
cough or pressure between the ribs. It is generally on the level of or a little below
either breast, more rarely it is seated either below the clavicle or entirely
at the lower part of the ribs and even in the hypochondria or in fine
over all the extent of the thoracic
parietes of one side. In some cases
it precedes by several days the
other symptoms being true neither accompanied by pain, cough, dyspnea. It simulates a pleurodynia or simple rheumatic pain. The pain is increased by coughing, by the movements of inspiration, sudden change of position, intercostal pressure and percussion. It is principally exasperated by lying on the side in which it exists.

Of the Dyspnea.

The dyspnea in Pneumonia is generally in the direct ratio of the extent of the inflammation of its seat and of its intensity in each of the points which it occupies. To this rule however many exceptions occur owing to some peculiar idiosyncrasy. There are some individuals a very small portion of whose lungs is in the first stage of inflammation and whose respiration is nevertheless much embarrassed.
There are others on the contrary in whom a much more extensive inflammation of the lung in the second or third stage exists, and yet the dyspnea is comparatively slight. Inflammation of the upper lobe is said to be attended with more of it than in the lower. Violent dyspnea with short and quick respiration and purple color of the face is indicative of great danger. After most of the symptoms of inflammation of the lung have ceased, the breathing still remains embarrassed and this is particularly observed on the slightest effort, as long as this residue of dyspnea exists. The resolution of the inflammation is not complete.

Of the Sputa

At the commencement of the disease there is frequently no expectoration
or it is simply catarrhal being composed of mucus of moderate tenacity; but as a small crepitation becomes marked, the sputa assumes its characteristic form; that is, it becomes composed of mucus intimately united and combined with blood, not merely streaks of blood as in bronchitis, neither is it pure blood as in hemoptysis. But the blood and mucus are amalgamated and in proportion to the quantity of the former the sputa becomes of a yellow or an iron red or rusty color. At the same time it becomes glutinous and tenacious. It adheres together so as to form one transparent homogeneous mass. So long as this mass flows readily along the sides of the vessel when it is tilted, so long we have reason to hope that the inflammation has not passed the first stage. But th
Sputa often acquires an extraordinary degree of viscosity so as no longer to separate itself from the side of the vessel when it is inverted. You cannot even shake it out. The should under these circumstances have cause to apprehend that the second stage is advancing. Then the sputa becomes thus rusty and very viscid. the chest usually returns a duller sound, vesicular breathing is abolished, and bronchial respiration takes its place. It is then at its Acme and the expectoration remains for some time stationary. At length, if the inflammation recedes the sputa become less tenacious, less red or yellowish and more like the sputa of catarrh. But if it goes on increasing the rust colored sputa may remain to the end. The physical signs are of the highest importance in the diagnosis of this
The disease is often very obscure and before the discovery of Auscultation and Percussion many cases ran their whole course without being suspected. Rough and pain in the chest are sometimes wanting and fever with headache and hurried respiration common too with numerous other diseases, are the only observable phenomena. Even the symptom of the viscid and rusty spu-
ta often fails us for the patient sometimes swallows it or there is none se-
creted. In the first stage or that of congestion the most important sign is that of crepitus roncus, it is perceptible from the very invasion of the inflam-
mation. At this time it conveys the motion of bubbles and seems hardly to possess the quality of humidity. The sound of respiration is still heard distinctly with the crepitus roncus
and percussion affords the natural resonance. The crepitation is more distinctly audible, the nearer the disease is to the surface of the lung. It is generally confined to the beginning of inspiration, it soon extends throughout that movement. When the disease has reached the second stage we no longer perceive the crepitant ronchus or respiratory sound and the absence of these phenomena is frequently the only sign we have of the actualization having taken place. Bronchophony exists in certain cases, particularly if the inflammation is seated in the roots of the lungs or in the upper lobes; there is also a strong vocal resonance. But quite as important as either of the other signs is that afforded by percussion in this stage. Instead of the slight diminution of clear
ness observed in the first stage we
now have decided dullness and
sometimes even perfect flatness in
the parts most consolidated.
In the third stage the diseased lung
becomes infiltrated with a purulent
matter which is generally consistent
at first— but soon acquires the liquid
ity of common pus. In this stage
a peculiar muco-crepitant ronchus
is heard at first in some points, then
in the whole of the affected part.

Of Abscess.

In the infancy of pathological anat-
omy, the formation of an abscess in the
lung, as the result of acute or chronic
inflammation was considered a very
common thing. The common error
was to mistake tubercular ronchus
or interlobular pleuritic effusion
for the abscess of the lung.
Thus abscesses, however, do form in a 
hepatized lung, the passage of air through 
the liquid will be indicated by the 
gurgling or cavernous ronchus and when 
the cavity has been emptied of the pus 
by expectoration, pectorilogia and the 
cavernous inspiration will be added 
to this stage.

Pneumonia may also terminate in gau-
grene, but this is nearly as rare as 
abscess. The distinctive physical sign 
of gangrene is the fetid odor emitted 
from the diseased part. In respiration 
and cough the expectorated matter 
is also extremely fetid. This change is 
usually attended by a collapse of the 
features and great prostration of the 
vital powers.

Diagnosis.

The diseases with which pneumonia 
is most liable to be confounded is
Bronchitis, Pulmonary Empysema, Pleurisy and certain stages of Phthisis. It is in cases of bronchitis extending to the minute ramifications of the bronchial tubes that the resemblance is presented to pneumonia; but in the former affection the sensations are more those of soreness than acute pain and are usually seated in the anterior and upper part of the chest. The expectoration though sometimes streaked with blood never has the extreme viscosity and rusty character; and when it once begins is much more copious; no crepitation of the dry mucous nature is heard, but instead of this the dry mucous rate. There is no bronchial respiration, but the two diseases sometimes exist together. Then it is very difficult to distinguish between them.

Prognosis.
The prognosis is always serious although physicians are not agreed as to the proportional mortality; some rating it at one in three, others at one in twenty, one in fifty, and one in sixty cases. A very frequent pulse as one hundred and twenty and a hurried respiration is a bad sign, so is an obstructed cough with sputum or difficult expectoration. The character of the expectoration will guide us materially in our prognosis. Thus in simple pneumonia the viscosity and rusty hue of the sputum are in exact proportion to the intensity of the inflammation. Dirty or watery brown sputum and those containing pus import great danger in as much as they indicate the probable supervision of the third stage. The sudden suppression of expectoration is generally an unfavorable sign.
A moderate perspirable skin is the most favorable state. A copious deposit of the urine may generally be viewed as a favorable sign. Delirium is generally considered to be a symptom of great danger; equally fearful is a comatose or lethargic state.

Causes.

Vicissitudes of weather are among the most frequent causes. Sudden exposure to cold when the body is perspiring is apt to produce it. Direct violence, acid or poisonous inhalations, the excessive use of the voice and the suppression of habitual discharges are frequent causes. It sometimes follows accidental injuries or surgical operations. Various diseases are apt to be accompanied with pneumonia and are thought to favor its production. The one in which it most frequently occurs is bronchitis; but it
is also frequent in measles, hooping-cough and sometimes in scarlet fever and smallpox. With this can scarcely run its course without it. Of the predisposing causes, cold may be reckoned among the most efficient. It is especially apt to occur towards the end of winter and spring. It is most apt to occur between the ages of twenty and thirty-five. It is more frequent in men than women.

**Treatment:**

Pneumonia is one of those diseases whose treatment is at once simple and efficacious provided it be adapted at an early period, but not if the disease be allowed to run into the second and third stages. The great instruments to be employed in the treatment of this disease are blood letting, tartarized antimonials and mercury. Of these the blood letting is the chief. The abstraction of blood
will be effectual in proportion as it is early during the first stage. In a vigorous patient with a strong pulse and before sepsization has been fully established from sixteen to thirty ounces may be taken at the first operation. There is some reason to hope in this stage that we may arrest the progress of the disease by decided measures. Should the symptoms have in no degree abated we may bleed again at an interval of from twelve to twenty-four hours, and the operation may be repeated again and again should the pulse not have been reduced nor the inflammatory symptoms decidedly checked. It often gives very speedy relief both to the pain and dyspnea. Sometimes the pain does not cease at once but goes off a few hours afterwards. The Tartar Emetic, I believe, to be best a-
adapted to the first degree of inflammation, the mercurial to the second. The tartar emetic may be given in doses of one third of a grain dissolved in water with a few drops of syrup of poppies or laudanum every hour. After two or three doses the quantity may be doubled and after two or three more it may be increased to one, two or three grains every hour. If the medicine acts favorably it will relieve the dyspnea without causing more than very slight vomiting or purging. In those cases where tartar emetic is inadmissible or insufficient the mercurial treatment must be had recourse to. The object of giving it is to produce its specific effect upon the system and it is expedient to do this as speedily as possible. Small doses of calomel repeated at short intervals as one or two grains every two hours or three grains
every three hours combined with opium to prevent it from running off by the bowels. If the bowels are irritated by the calomel the blue pill may be substituted for it with advantage and if the external use of mercury is contra-indicated or if it appears slow in occasioning its specific effect mercurial ointment may be rubbed in. Aperients should be occasionally given so as to keep the bowels open but too much purging is always injurious. Local depletion is also highly important when the acute stage has passed. Blisters may be applied to the chest after the acute stage has passed. Should the case linger the blister may sometimes be repeated with advantage. In the declining stage of the disease expectorants are often useful. The syrup of squill and belladonna may be combined with a little tartar emetic or one of the salts of
morphia and given in such doses as
the stomach will bear without being
nauseated. If the pulse as sometimes
happens remains frequent the tincture of
digitalis may be added to the other ingre-
dients. Tonics, especially those of peruvian
bark are often very useful. In the pneu-
monia of old persons, and debilitated
and cachectic subjects especially to-
wards the termination of the disease,
when after the supplicative stage the
fever passes off and resolution goes
on very slowly, tonics must be resort-
ed to.

Regimen.

In the acute stage of this disease
the patient ought to be deburred of
every kind of aliment except the
mucilaginous matters which enter
into the composition of his drink.
As soon, however, as the inflammatory
action has subsided he must be allowed some light food, to be increased as the appetite and strength return.
An Inaugural Dissertation on Typhoid Fever submitted to the examination of the Provost, Regents & Faculty of the University of Maryland for the Degree of Doctor of Medicine by Walter B. Rowe of Maryland A.D. MDCCCLXII.
The two principal states in which
man is most usually found are those
of health and disease. The state of
health, though the most desirable of
most usually sought after, has, nevertheless,
it various conditions, which conditions
may even approach the very verge of
disease. Often the approximation is so
nearly that the most acute therapeutist
cannot tell where health has ceased
and disease begun. The forms of
Disease are exceedingly more various
and more complicated and more
varied. Its most striking form and
most frequently met with is that designated
by nosologists as Febris (Fever): so
called from the general and striking
phenomenon the heat in fever, which
has given origin to the name by which
the affection has been known in most languages.
Fever is a constituent of many diseases. It is necessary to call attention to two distinct applications of the term fever. It is used in a general sense to signify a peculiar morbid condition of the system, common to many diseases; in a special sense, to designate those diseases individually or collectively.

Fever may be sympathetic or idiopathic.

Having thus premised a few observations in a general manner for the better understanding of the matter before me, I shall now proceed to the consideration of the subject of my choice, namely, Typhoid Fever. I hope that the following remarks may meet with the leniency with which a First in any art or science is usually treated.
It is a common febrile affection, presenting a considerable diversity of symptoms, yet having in general a certain recognisable character, and probably constituting in all its forms, one and the same disease. It is the ordinary endemic fever of continental Europe, and of those portions of our own country, in which the miasmatic fevers do not prevail, and is more or less mingled with the latter within their own special limits. Indeed, the probability is that it belongs to the whole human family and is to be found in all inhabited regions. Since the breaking out of the civil war it has prevailed to an alarming extent in those places where the armies were encamped. It was very common in the city of Baltimore during last summer.
The nomenclature of this disease is unsettled and perplexing. By some writers it is denominated Contined or common continued fever. Without wishing to discuss this question of name calling we will call the disease Typhoid fever as Louis has done, who was the first to determine its anatomical character.

Symptoms. Course.
The disease sometimes begins abruptly by a chill, followed by the usual symptoms of fever; but it more frequently comes on insidiously, and increases gradually, so that it is often impossible to fix the precise point of commencement.

For several days, sometimes even for a week, the patient is uncomfortable; and complains of slight head-ache, numbness or pain in his limbs; the skin is heated somewhat, the face
flushed; the appetite is unimpaired, though not quite extinguished; and these symptoms continue, with a slowly increasing intensity, but with a tendency to daily remissions, for several days, before the patient feels himself sufficiently ill to take to his bed. There is also not infrequently, during this inchoative stage, some looseness of bowels, amounting often to diarrhea; and when this is not the case, there is generally an extraordinary susceptability to the action of cathartic medicine, which operates in much smaller doses than usual, or, if given in the full dose, produces more than the usual effect.

The disease, being now fairly under way, exhibits the ordinary phenomena of fever, such as frequency of pulse, heat and dryness of skin, flushed face, pain in the head, complete loss of appetite, thirst, and a great general weakness. These symptoms continue with
little other change than a gradual increase,
for several days.

Finally, if the case is to end unfavorably, the
pulse gives away, and becomes either excess-
ively frequent and fluttering, or slow or
scarcely perceptible; the extremities become
cold & clammy, or the whole surface is bathed
in a clammy sweat; the abdomen is often
enormously distended; hiccup sometimes
occurs; the countenance assumes the
hippocratic aspect; and life is quietly
and almost insensibly extinguished. Some-
times, however, when the fatal issue takes
place at an earlier period, death is
preceded by apparently painful struggles
or convulsions.

When a favourable termination is to take
place, the tongue becomes moist, and
begins to clean itself gradually at the
tips and edges; the pulse lessens in frequency,
and acquires greater fullness; the skin
relaxes, becoming cooler and less dry.
The stupor or delirium subsides; the patient pays more attention to things around him, and exhibits more solicitude for himself; the abdominal distension subsides, and some inclination for food returns; or at least less aversion for it is displayed. Convalescence, under these circumstances, speedily takes place.

In other instances, especially in severe and more protracted cases, the course is somewhat different. The tongue throws off its fur in flakes. If the tongue, when thus cleansed, remain moist, convalescence may be pretty confidently expected, though it is always tedious.

The patient generally loses his hair, which, however grows again; and the cuticle of the palms of the hand and soles of the feet is apt to desquamate.

There is occasionally a fatal termination of this disease; the patient is suddenly seized, without any premonition of danger, perhaps in the midst of convalescence, with violent
pains in the abdomen, which is exceed-
ingly tender to the touch. Sometimes
there is no pain; but only tenderness.
Rigors, an extremely frequent and
contracted pulse, obstinate vomiting, and
constipation, are also frequent symptoms.
The cause of these symptoms is a perforation
of the intestine, and the escape of its liquid
contents, producing inflammation of the
peritoneum. It is more frequently the
mild than the aggravated cases, that are
liable to this serious accident. It occurs
at variable periods in the progress of the complaint,
having been noticed as early as the twelfth
day, and as late as the fortieth. Peritonitis
has also been known to occur without
perforation.

The duration of this disease is uncertain,
but usually protracted. Death may take
place on the fifth or seventh day; so early a
termination of the disease is rare. Generally
it occurs in the course of the second or
a third week, and sometimes not till the end of six weeks or later. The period of convalescence is equally variable. It sometimes begins on the eighth or ninth day, but very rarely before the third week. Even the very mildest cases run on to the fourteenth or fifteenth day; those of a severer character seldom become convalescent before the end of the third or fourth week; and not infrequently we witness recoveries even after the eighth week. The average duration of cases may be stated at from twenty to thirty days. The disease seldom lasts longer than sixty days, though it has no fixed limit.

Certain symptoms occurring in the course of the disease are of importance, in reference to diagnosis or prognosis, as we will briefly mention them.

First: Diarrhoea, according to Louis, is an almost uniform symptom; but in this country it is not infrequently wanting. The diarrhoea sometimes precedes the fever, but more frequently commences during the
first twenty-four hours after the attack, and occasionally postponed to a later period. The stools may be only one or two daily, or more frequent, up to ten, twelve at most. They are generally yellowish or brownish, and apparently healthy except in consistence. This is one of the remarkable features of the disease. It is generally attended with pains in the abdomen, which, though not usually severe, are often troublesome. When wanting they may be elicited by pressure. They may be present also when there is no diarrhea.

Tympanites, in a greater or less degree, is an almost constant attendant of enteric fever. It does not begin with the disease; coming on generally about the seventh day, though sometimes as early as the third. At first it is not very obvious, percussion is necessary to the certain detection of the symptom. It increases as the disease advances, and soon becomes obvious to the eye.
In general it bears some proportion to the severity of the disease. Sometimes it causes great inconvenience to the patient. This morbid collection of air is chiefly in the colon; the small intestines being comparatively little affected.

The rose-coloured eruption is one of the most characteristic phenomena of this fever. This consists of small red spots, usually roundish, and about a line in diameter, though sometimes larger, often slightly prominent, and disappearing under pressure with the finger, to return upon the removal of the pressure. They generally make their appearance first about the seventh or seventeenth day, not infrequently later, sometimes not until near the close. They occur in general first and most numerously on the abdomen, extending afterwards to the breast, and occasionally to the thighs, even to the back and face, though very rare in the last-mentioned position. Their number varies greatly, sometimes not exceeding two or three, sometimes being almost countless. They appear in
successive crops, each lasting three to four days, and then gradually fading; and the whole period of the eruption varies from three to fifteen days.

These spots must not be confounded with petechiae, which sometimes appear in this disease, but are not peculiar to it.

Sudamina generally appear later than the red-spots, they are also less constant and less characteristic, occurring in other febrile affections.

Cough and bronchitic rales are also very common. The cough is either dry, or attended with a slight mucous expectoration, with very little or no soreness or sense of oppression in the chest. The dry sputumous and sibilant rales may be heard more or less extensively over the thorax, and are much greater in proportion to the amount of oppression or dyspnoea than in ordinary catarhal affections. They thus afford an important diagnostic sign. They are not, however, present in all cases. Sometimes they begin with the disease; but more frequently not until the lapse of some days. Occasionally they
give place to a crepitant or sub-crepitant rale, indicating the occurrence of inflammation in the parenchyma of the lungs.

Hemorrhage is not an infrequent symptom. In the early stage it takes place from the nostrils and is highly characteristic. Hemorrhage from the bowels occasionally takes place in the advanced stages.

The nervous symptoms are peculiarly prominent. Headache is seldom wanting throughout the disease; it usually continues for a week, after which it gives away to stupor or delirium, and does not return when these are disapproved.

Dullness or Hecabude of mind is a quite common symptom, giving an air of dejection to the countenance.

Hardness of hearing is another highly characteristic symptom. It is not infrequently preceded or accompanied with tympanus auriculæ.

A tendency to sloughing of the skin is much more striking in the advanced than the early stages.
Anatomical characters: There are certain anatomical changes which are especially characteristic, and which are so seldom wanting that they may be considered as almost essential. Such is the affection of the elliptical patches of those peculiar minute bodies in the ileum denominated the glands of Peyer. This is quite as characteristic of the disease in question as the peculiar purulent eruption of smallpox. At first the patches are observed to be thickened, and their surface elevated one, two, or even three times above that of the surrounding mucous membrane. The largest are from two to three inches long, and from half an inch to more than an inch broad; the longest being in the diameter of the intestine, their edges are in general clearly defined, smooth, and regular, but sometimes irregular, and ragged. Some of them are dark red, some pale, and others of an intermediate hue.
There are two varieties of them, distinguished by
the name of hard and soft. Sometimes the same
elliptical patch exhibits both forms, one in one
part of it, the other in another, and often some of
both varieties are found in the same case. The
patches vary in number from one to thirty,
averaging perhaps ten to twelve. They appear
upon the surface of the intestine, opposite to the
attachment of the mesentery.
The hard patches may undergo resolution
or ulcerations; the soft always ulcerate. In
some instances, the floor of the ulcer is the mus-
cular coat; in others, in consequence of the
destruction of that tissue, it is the peritoneal coat;
and this is occasionally penetrated, so as to form
a communication with the cavity of the perito-
neum. The perforation is produced either by
the process of ulceration, by multiplication of the
uncovered peritoneal membrane, or by its rupture
from force applied within the bowel.
The ulcers usually have a tendency to heal.
Having thus considered one of many and
principal anatomical changes we omit others and proceed to the consideration of the Causes of the malady.

Nothing precisely is known of its cause. The circumstances of its production are very diversified. It is certainly often generated in situations where human beings are crowded together, with insufficient or unwholesome food, and a confined and vitiated air. Hence, it appears to originate especially in prisons, badly ventilated hospitals, large cities, and camps, and ships. It is a well-known fact, that young persons, coming from the country into large cities to reside, are very apt to be attached with it.

It has been thought by many to be contagious, if contagious at all it must be so only feebly, and under peculiar circumstances. Certain individuals are much more predisposed to it than others. Age has a great influence over this predisposition. It is comparatively rare beyond thirty years of
age, much more so beyond forty, and very rare indeed beyond fifty. The disease does occur also in early life. It is generally admitted not to occur twice in the same person. It may occur at any season, but is probably most common in the autumn and winter.

Fatigue, exposure to sun, vicissitudes of weather, and mental disturbance, appear sometimes to have acted as exciting causes, as were seen in the cases of Federal soldiers admitted into the Baltimore Infirmary, before the military hospitals were established in the city.

Marsh miasma seems also a producing cause and complicating the Typhoid with remittent and bilious complaints.

Diagnosis — It may be very certain, if we have present some of the principal symptoms I have enumerated above; It is not to be supposed that all these symptoms are necessarily present in every case. One of the diseases with which Typhoid is most commonly confounded is the remittent of
bilious fever. It must not be confounded with typhus:—The practitioners should generally avoid a hasty decision at the commencement of the disease. Many fevers closely resemble each other in the beginning; and for the first few or five days, it is often impossible to decide with certainty upon its character.

Prognosis.

In this country, typhoid fever, though a serious, is not a fatal disease. It is, however, one of those complaints which put on very different degrees of violence, under different circumstances. From statistical reports, it is certain that, on some occasions, it is exceedingly fatal. It has proved one of the most deadly scourges to the Federal army of invasion and occupation. In hospitals it may be expected to be more so than in private practice.

There can be no doubt that, while certain of its epidemics are very mild, others are very fatal, and that the grade of its severity as an epidemic differs greatly in different years.
Treatment

Often diarrhoea exists from the beginning or if not an usual susceptibility to the influence of cathartic medicine, it is not proper or advisable, as in most other fevers, to begin the treatment with active purging. Yet the employment of the mildest purgatives are called for to remove any irritating digests from the intestines. Afterwards throughout the whole disease, the state of the bowels should be attended to. When the stomach is irritable or cathartics worry the patient, the same object may be effected by enemata.

The next indication is to obviate febrile symptoms. General blood-letting in not generally called for in a vast majority of cases, and might be positively injurious to many. But if there is congestion or inflammation of the brain or other vital organ, it is obvious, involving life in danger than it may be cautiously used. If blood is to be drawn in some cases local depletion is the safest and often the best.
It is important to husband the patient's strength, especially as the natural tendency of the complaint is often to debility.

Refrigerant diaphoretics should be employed from the commencement. The preparations of potash afford some of the best; the various neutral mixtures and effervescing draughts are beneficial.

Cold ablutions are very useful in abating the heat of surface. In cases attended with much debility, diluted spirits may be substituted. The patient should be allowed cold drinks, and, if he wish it, a little ice in his mouth, when not greatly prostrated.

Certain local affections often require attention. Severe headache may be treated by leeches, and applications of cold water or ice in bladders.

In pains in the abdomen, with more or less flatulent distension, small local bleedings, warm fomentations or shrinking ebandages, and salicylates or pilizar may be used. Should pains and tenderness be found to exist in any part of
the abdomen, whether at the epigastrum, in the right-side region, or elsewhere, a few ounces of blood should be taken by leeches or cups from the tender spot. Large warm poultices, covering the whole abdomen, and steadily repeated day by day, are very useful. Sometimes it may be useful and advisable to mix a little mustard or other rubefacient with them. In abstruse cases of abdominal tenderness, it may be proper to apply a blister. The diarrhea may generally be allowed to take its course; but should it become exhausting, it should be checked by small doses of opium and spee esculenta, to which acetate of lead, kino, extract of cheleryth, or pure tannic acid may be added, if necessary. Nervous symptoms, such as restlessness, general uneasiness, agitation, wakefulness, and slight subsultus, may often be quieted by weak spirit of nitre, Hoffmann's anodyne, or camphor water, and opiates may be used for the same purpose when not contraindicated.

In the more favorable cases, no other treatment...
that the above will be required. But very
few, after the first day or so, a condition
which occurs which must be met by other
measures. There is now a deficiency of secre-
tion; the energy of the vital actions has abated.
Under these circumstances, no remedy is so
effective as mercury, given so as very slightly
to affect the gums. It is indicated by the general
failure of the secretions also as an antiphlogistic
remedy. One of the great dangers is now disor-
ganization from inflammation of some
important organ. We may use minute doses of
the Blue mass, given at short intervals, as,
for example, a grain every two hours, until
the mouth is affected. We may combine it
allowed by the cases. Small doses of Opium &
Glaucoc-
ur small doses of Calomel, as the $\frac{1}{4}$ or $\frac{1}{6}$ gr.
The mercurial should be continued until the
gums are slightly thinned, and then either
diminished gradually, or omitted. Under its
influence the tongue no infrequently becomes
moist, the skin relaxed, and all the other
symptoms ameliorated; and the patient recovers without further treatment. Severe delirium should be resolutely avoided.

Should the symptoms not yield, especially should the tongue become very dry, and the abdominal distension remain unalleviated, the oil of Terebinth will prove an excellent remedy.

The debility attendant upon the advanced stage is very often such as to render the use of tonics and stimulants necessary. The period at which it becomes necessary to have recourse to these medicines varies greatly in different cases.

It is very important to attend to various local affections, or incidental complications in the advanced stages.

Attention to the diet is all important. In the early stages it should be very light, consisting chiefly of liquid substances. At a more advanced period, in the second week, for example, when the symptoms of debility begin to show themselves, it will be necessary to support the strength by a more nutritious
diet, which, however, should not be stimulating.

Throughout the whole case, the greatest attention should be paid to cleanliness and ventilation.

The period of convalescence often requires a close watchfulness on the part of the physician. The patient should be especially guarded against any impropriety in diet and excessive indulgence of his appetite.

Pernicious and fatiguing exertion should be avoided, and the patient should be brought gradually back to his accustomed mode of life, without any strain upon his mental or physical powers.

Walter B. Rice

Maryland 1862
An Inaugural Dissertation
On Dyspepsia,
Submitted to the Examination
of the
Provost, Regents and Faculty of Physi-
of the
University of Maryland
for the
Degree of Doctor of Medicine
by
Charles A. Shure
of Maryland
Dyspepsia

There is no complaint found in the extensive category of diseases, which presents more interesting matter for study than the Subject of this Dissertation. — It is invested with more than ordinary interest, because of its frequent occurrence, because of its baffling character, and, because of its extreme annoyance to the sufferer. There are but few of the human family who pass through this transitory life, enjoying a total exemption from it. Many have its long and disagreeable companionship, without any material of relief. Since the great and rapid
advancement of the medical science, we are induced to look hopefully to the bringing to light of agents by which simple affections, as regards time, should occasion but slight alarm to the patient.

Not one simple disease, with which I am conversant, has received less benefit from the therapeutics than this, and the term unmanageable in association with it, is not an obsolete expression. It is almost as difficult to decide the true nature of malaria as to determine with precision the nature and causes of dyspepsia, in account of the varied phenomena which it presents.
Dr. Word pronounces the name, Dyspepsia, a misnomer, upon the ground that it does not signify any particular pathological state, but that it merely refers to a result, which may flow from different and even opposite conditions of the stomach. Hence the confusion from the inapplicability of the term. Dris said that there is no distinct gastric disorder to warrant the use of the term. Many able writers, however, refer all those affections, generally pronounced, dyspepsia, to gastric irritation or inflammation.
Diminution of the
power of the stomach a depression
of its actions forms the plain
pathological state deserving
to hold a place among
diseases.

To this state Dr. Wood
proposes to restrict the name
of dyspepsia. The phenomena
of Dyspepsia are of a mixed
character; but upon close
observation, a discrimination
will diagnose its footstep from
analogous affections.

Symptoms. The
This affection does not generally
fall under the notice of the
practitioner, until it has
assumed its most troublesome
form. The symptoms, then
presented, differ in different
cases. The leading and most prominent is one of vague uneasiness in the epigastrium, which is more than pain; it induces the patient to change its character by striking the affected part. This is said to be diffused over this region and frequently reaches to the hypochondrium, to the chest, to the shoulder, and down the arms. The uneasiness is greatest when the stomach is empty, and is followed after eating by a sense of weight, fullness, and distension.

Apart from this peculiar feeling, there is frequently a sensation about the region of the heart, a burning pain arising from vascular
derangement of the stomach, sometimes there are spasmodic and gastralgic pains; a sense of distension from flatulence and other causes. Often in connection with debility of the stomach there is an augmentation of sensibility from deranged innervation, in which case, substances swallowed may occasion acute pain, and epigastrium evinces great tenderness on pressure.

The appetite is more or less impaired and is sometimes wanting. In other cases it is a craving or a prevented one. Wood says there is seldom a healthy feeling of hunger, but in
place of this, the patient experiences a feeling of hol- 
lessness or depression at the 
epigastrium, when the stomach 
is empty, which leads him 
to wish for food.

Thirst is frequently felt. 
There are fluctuations of 
mind, with regurgitation of 
food or chyme in some 
unagreeable liquid. These 
symptoms are applicable 
to the stomach.

Other symptoms hold their 
residence elsewhere but 
are either Consequent upon 
those of the stomach, genera-
ted by the same causes, opera-
ting in an extensive direction 
Among these are such disordered 
sensations, as headache, heaviness 
and giddiness of the head, musca
militantes... and prevented vision... frequently resulting, tinnitus aurium, and other unnatural sounds; irregular pains between the shoulders, in the back and other parts of the body; a feeling of coldness between the shoulders, stricture about the throat and irritation in the lungs and faucæ, causing efforts to clear the throat, which at last becomes a chronic affection. 

The mind participates in the suffering of the body, as evidenced by a general uneasiness, lowness of spirits, indifference to the affairs of life, anxiety and apprehensiveness. The patient is apt to imagine that he is labouring under consumption or organic disease of the heart...
or some other incurable malady.

Dyspnea, palpitation of the heart, and a short dry cough, are not unfrequent symptoms which tend to contribute to add to his melancholy feelings. The patient does not generally sleep well, is disturbed by disagreeable dreams or nightmare, and leaves his bed poorly refreshed in body and depressed in mind. In some cases sleep affords the only interval of ease, and in others, there is even a morbid inclination to sleep. The patient is often hawking with a discharge of mucus from the faucets. The tongue is furred and often there is an unpleasant taste in the mouth. Unless, in cases complicated with chronic catarrh, the bowels
are generally constipated. The secretion of bile is often diminished, imparting a clay-color to the stools; sometimes it is prevented, giving a dark or black color to the passage and in more cases it is too abundant, causing vomiting of bile or bilious diarrhea.

The pulse, in many cases, differs but little from the natural beat, in others, it is too frequent or too slow, or irregular; in some, it is apt to be disturbed by the slightest cause.

The urine is variously affected; sometimes it is scanty and bright colored, depositing a coloritious sediment; sometimes, limpid and almost colorless. The surface is dry and

and of an irregular temperature.
The symptoms above are by no means all present in every case, there are scarcely two cases in which a striking difference may not be observed. At first the disease exhibits itself in slight paroxysms with intervals of almost entire exemption. These attacks, however, are little noticed and gradually increase in frequency until at length the patient is seldom without some evidence of disorder.

**General Habits.**

The patient should observe regularity and moderation in all his habits. His sleeping apartments should be well-ventilated. He should have relaxation from study, also from business. These
are all essential to the cure of dyspepsia. All these effects can be accomplished in no other way better than by travelling, which unites the advantage of exercise, pure air, relaxation from care and an agreeable entertainment of the mind, and if directed to some suitable watering place, affords the additional advantage of efficient medicinal agents.

Medical Treatment.

Two principal indications are presented for the use of medicine and: first, to keep the bowels regularly open; secondly, to make a moderate but durable stimulant impression upon the stomach. The treatment of dyspepsia generally resolves itself into such
of its particular symptoms or
Consequences are most prominent.
Inactivity of the bowels is to be
appeased by proper aperients pro-
perly administered.

The debilitated stomach ought
to be strengthened by mild tonics,
antacids, and stimulants. The
mental symptoms. The head
symptoms often yield to the same

treatment, and as often require
local application, or diffusible
stimulants, such as Carb. Ammonia,
O ther. etc. It has been recommended
to commence the treatment with

tonic doses of Specenahane but,
this treatment is only called for
when the stomach experiences
inconvenience from offending matter and this removes congestion. The only way that I can reach this disease is to refer to Dr. Wood; he recommends Magnesia when the stomach contains Acidity. Tonics should be used with caution; if largely employed and long and steadily persevered in, there is danger that they may wear out the excitability of the stomach. The drugs are too numerous to mention that are to be applied in this disagreeable disease.

The great object of exercise is to bring about excitement so that each organ may have its due
supply of blood and nervous influence. The most beneficial exercise is riding on horse-back, gymnastic exercises are also useful, but should be careful not to carry it too far. The household duties afford abundant exercise.

When the patient is placed in such a position as not to allow him to command the opportunity of riding, he may substitute the plan of Hoalted. He recommends bending the body, so as to relax the abdominal muscles, so that the hands may be pressed with their palms upwards beneath the stomach and by repeated impulse with the fingers
keeping up a regular movement on that organ, that but too frequent pressing causes inflammation of the stomach. It sometimes affords relief in flatulence.

Diet.

The diet must be of a good and substantial quality, and must be free from acid; potatoes either roasted or boiled in a manner that they contain no water; good fresh milk; the flesh of wild animals are also beneficial.

There are great many other articles of animal food are beneficial, such as Oysters, raw, or slightly roasted. In relation to drink, the best is cold water.
Liquors should not be drunk at any time as they are injurious. Some stomachs bear good ale in moderate quantities. Numerous instances have been cured by giving patients food that under ordinary circumstances would be undigested. Experience, however, is a better guide than precepts.

Dedicated

To

Prof. Saml Chew,
Of the University of Maryland

By

Charles W. Shaw.

Of Maryland

A. D. 1862.
Thesis
Subject
Labor
By
Edw. B. Simpson
Vapor

Vapor, or Midwifery proper is a subject, upon which a great deal has been written and said. And one which the student should know requires a very large amount of obstetrical knowledge, a great deal of prudence and delicacy as well as a knowledge of human nature. If he be deficient in any of these, he will not likely attain any considerable eminence in the practice of it. In woman in my opinion can be placed in a labor, compelling her to have the aid of an accoucheur with but some sense of a mortified delicacy, we ought justly appreciate the finer feelings of her sex. If this be true, we at once see the necessity of the
accoucheurs, being a man of prudence, and delicacy, as well as sympathy and respect. A female of the most ordinary sensibility is not half so likely to be attached, at the sacrifice of feeling she has to undergo, if she be treated by an accoucheur as an object of respect, than if approached by him with the utmost indifference. If these precautions are properly adhered to by the practitioner, it will not only command the respect of the patient and her friends but of the medical profession. There are other considerations that the accoucheur should strictly adhere to, he should never divulge the secrets of the lying-in chamber, he should at all times remain silent for
frequently, there are matters connected with the lying in chamber, that not only involve the reputation, but even the honor of persons, and the safety of most important interests. These are called professional secrets, and not told to us in confidence as friends, but as Surgeon accoun- teers. With these considerations in view, let it be our constant aim, to give a reputation to ourselves, and honor to the Medical profession. Let us now consider what labor is. Labor is the process by which the contents of the gravid womb are expelled. In the first place it will be well to know what the real cause of labor is. I believe the real cause of the onset of a labor is not generally known. Dr. Meig
says it is quite probable, that it
is to be found only in the inability
of the womb to admit of further
distention. Some have supposed
it to depend upon the size of the
child, which in my own opinion
has something to do with it.
Although if the child be large or
small, it is most likely to be
born two hundred and eighty
days after the last catamenial
flow of the mother. Yet cases occur
in which this period does not
take place until a considerable
greater length of time, I do
not believe that the development
of the child is the cause of labor
necessarily. For the womb does
frequently begin its contractile
efforts previous to the expiratio
of two hundred and eighty days
and then again not till several
days after, Bardelebue, thus explains it, that there is an antagonism between the fibres of the cervix or neck, and those of the fundus and body, that in the first stages of pregnancy, the fibres of the fundus and body yield to while those of the cervix resist the distending force of the fetus, until about the seventh month, at which time, the fibres of the neck begin to yield and continue to do so until the ninth month at which time they completely antagonize each other. At length, the development of the womb going on, and those of the fundus becoming the more powerful, those of the cervix and os become developed, and os completely opened as to allow the (omission) to escape. We pass on to notice the subsidence
of the womb, it is nothing more than a descent of the uterus or its upper into the excavation of the pelvis. It may be brought on by the contractions of the womb itself, but generally by the action of the abdominal muscles and of the diaphragm. This is generally considered a sign of the near approach of labor, these contractions of the womb are called labor pains, and vary a good deal in their length of time, being much longer in the beginning of labor than in its advanced stage, lasting generally from fifteen to thirty seconds, and even more. Dr. Forbes of Philadelphia relates a case in which several of the pains lasted for a minute and a half with the most intense agony, in fact he says they were most in
unbearable to be borne. The intervals between the contractions of the
feeling of a lasting pain usually
from thirty to forty minutes. But
an latter act occurs, the climax is
in five, and in ten. These intervals
in average duration of a labor
according to the statistics of many
obstetricians is about three hours
in half or four hours. Some ladies
be longer, others end in ten
the pain of a later pain is the
even more enduring. Those pain
feel the head of the child down on
the sacrum, and that feels
much and the patient's case be in
the said to be the most pain
the lower connected with later
bathing to the sensibilities of the
low organs. There is another pain
found in later childbirth.
pain, which is generally indicated by the patient grasping and erying the hand of the accoucheur or attendant, this is a sure sign of a grinding pain. After labor has progressed for a time, and the presenting part carried down into the excavation of the pelvis, a tenesmus or bearing-down is produced and the patient bears down with all the forces of the abdominal muscles, so as to expel all that exists in that cavity. This bearing-down does not exist in the commencement of a labor, but when the os is nearly or quite dilated, this tenesmus becomes as it were almost involuntary, and the patient cannot very frequently resist it, even when requested by the accoucheur himself. The muscles employed to fulfill this office of bearing-down, are
the rectus abdominis, external and internal obliqui and the transversalis. Now when Nature has carried on the work sufficiently, the bag of waters are seen protruding from the opening of the child is brought down into the bottom of the pelvis, and thus expelled. Few patients escape being affected constitutionally after a labor has been completed; in fact I might say none, but those are to some degree. This is not only owing to her great mental excitement but to her agony and great muscular exertions, which accelerates her pulse, her respiration becomes more hurried, her skin becomes heated; and fever would be intolerable, if it was not for the excessive diaphoresis which
Generally takes place, but this can be abated, by using cooling drinks, keeping the room proper, ventilated, lightening the bed clothes, gentle enemas, and lastly by bowel letting. All assurances of the happy results of a labor, and its after treatment, is often very beneficial to the patient, being careful that they are of such a character as can be relied upon by the physician himself. There are many outward signs of labor we may place a good deal of reliance upon the patient's own history of the case, her manner and expression, we should make our examination per vaginam and see by the touch the patient's true condition, yet there are other signs which should not be overlooked such as nausea, vomiting, tremors.
accompanied with a chill, pain in the back and hypogastric region. By an observance of all of these rules and signs we can always tell when a labor has begun. In making our examinations per vaginam, the utmost delicacy should be observed, being careful to not to make any greater exposition of the patient, that possibly can be helped, it would be well to have a third person in the room at the time. Now having the patient properly adjusted in bed, and all the requisites necessary for the examination you at once proceed to perform to perform the duty assigned to you. When a pain comes on, you take the index finger of right hand, having it previously anointed with oil, pass it into the vagina
At the same time pressing the left hand firmly against the pauch of the patient, you carry the fingers along the posterior wall of the vagina towards its upper extremity, and the os is readily felt. Care being taken not to rupture the bag of waters, for such a result would likely be attended with serious consequences, if the os is in the middle of the pelvis, we have a favorable position to. If it become necessary to make a second examination, this should not be done until the bag of waters are ruptured, and the liquor amni of discharged, at this examination we can very conclusively make our diagnosis of the labor. We frequently meet with pains, or towards the end of a labor which are called false pains.
They are a contraction of the muscles of the abdomen, these pains are frequently caused by a chronic of the uterus. We can discriminate them by the touch. When ever met with, we should obviate them by bleeding the patient, keeping her warm, giving a dovers powder at night, bathing the abdomen at night, and keeping the towels open with gentle aperients, then are other causes for false pains other than the one I have just mentioned, but all pertaining to the same result. All labors are divided into three separate stages, first, from the first contraction to the dilatation of the os; second from the dilatation of the os, to the expulsion of the child; third from the expulsion of the child, to the expulsion of the placenta or secondine.
We have already discussed the close relations of the heart to the ovarian and uterine vessels, but we must consider the relation of these to the placenta. The placenta is a part of the heart, and its circulation must be considered as part of that circuit which we shall present before the eyes.
Governor, I thank you for sticking to the two
laws in this case, so that the people will
not feel as if they were not being
protected. I believe that the
leading cause of
overcrowding in a great city.
During the height of a labor,
which ends in the funeral, time
is without the files, the child
will not receive attention,
I could not be otherwise, who
do something that the children
will die in a very real of lives.
Dying child receives a degree
of first rest (which does not
like in a dead child) that is
like the width to form it down
to us to sit into the last for its living
through. If the child be dead, its
hours are not resisting, a. c.
consequently extends the lateral tendons, and from the foreshortening of the inner and outer surfaces of the body, and an open or the budding of this chord, was to be a technical term, the branch of the left side of the brain, is a 19th century medical term. The body discharges when the brain is excited, and therefore, in the clinical term, is printed downwards, but when the force is applied, it is to this point in the cranium of the spinal column. It is not the same collective term. The head of the clavicle, the spinal column becomes arched, the vertex now being displaced, and the spine brought to the breast of the clavicle, the head of the clavicle.
in respect of the position of the issue. Here is another movement
where the position of the head
will be more exact, this I wish you
to consider in the construction of
the return. The number of the
number of the branch and
any diameters of the plate,
for instance the diameter of the
vortex, he should bring
imaginary of the head to the
interior grounding one of the
plates. If we take the vertical
one of the needle, he needs not
to help to have any difficulty,
just make a line and end it
either to the plane, and so on.
There has been a great deal of
publication among obelisks.
With regard to presentation
and traditions, some making
in Rome, and one with...
But for poor capacity of hand the illustration of this will be even worse than the one. Dr. Jones in his lectures upon later points of the function of the eye was able to show how the vertex right of the mouth and forehead right have been left in forehead print. The first rule of the vertex is to the left, and both the forehead to the right. Summarized, the second rule when the cliche is to the right, the vertex forehead to the left and vertex to the right. And the cliche forehead to the left and vertex to the right. Another interesting feature is where the vertex is behind the palate and the forehead in front of the prominence of the prominence where the vertex is to the right. A clear indication that the forehead is known by its palate. The fifth vertex the vertex is to the left and...
under the seat, as above and the weight
of the head is distributed to the
borders of the base by the
vertebral column. The
spinal cord is attached to
the vertebral column by the
intervertebral discs, which
allow for the flexibility of
the column. While the
head is tilted, the
vertebrae adjust to the
movement, ensuring
the proper alignment of
the cervical spine.
When the head is born, the upper arms are thrown back over the shoulder and are never brought down into the supination. The next observation is the location of the right and left arm and their position in the arm pit. The right arm is more extended than the left. The left arm is bent and the elbow is placed over the right arm. The right arm is kept down on the translation of the pelvis. The left arm is in a relaxed position. The position of the head is and is born. The neck is bent. Having an opportunity to engage itself is one of the main aspects in its formation. The neck of the mother is the beginning of the child. The child is born, in a few minutes after the birth of the
This is a handwritten page with a signature. To fulfill the function ofices, I sign all my documents. This document contains important information for future reference. It is generally difficult to read the handwriting, so please take note of everything I believe to be relevant.
Inaugural Dissertation
on
Typhoid Fever
Submitted to the Examiners
of the
University of Maryland
for the Degree of Doctor of Medicine by
Francis James Smith, 1st, Maryland.
To Lord Byron.

Sir, 

I was deeply moved by the words you addressed to me in your letter of the 16th instant. I am not sure if it was your intention, but I understood you to mean that I am not to be considered as one of equal rank with authors and poets. I am not sure if it has ever been the custom for such persons to be considered as such. I believe that Homer, for example, was considered as a poet, but not as a philosopher. What is your opinion on this matter? I am of the opinion that it is necessary for us, as philosophers, to be considered as such. I will attend to this matter immediately.

Yours sincerely,

[Signature]

P.S. It is a common saying that opinion is a dangerous thing.
ut having a certain chronic

vomiting, it may be

in all exposed as the

and the same disease.

is a common Endemic

first in the United States,

in such parts as they do

not prevail, although

it may be found in all

around.

The symptoms of this disease

may be divided into

their different stages of a

week each—

ulcerative sometimes comes on

suddenly very quickly, but most

commonly slowly and

gradually increased, so that

it is almost impossible to

ascertain the point of commen-
The patient first complains during, and after the limbs and joints, slight headache. The pupil is larger, the tongue slightly coated; the appetite is diminished; there is a complaint continuing to increase gradually with pain. Soreness and even inactivity begin. The patient feels himself quite enough to take his bed.

During this stage there is some chilling, with slight perspiration, when the disease has come to perfect in the chilling ceases not to return again until the case of inflammation.
Upon this stage there is
a gentle breeze of the
wind. Frequently anima-
ble chimera, and if this
is not the case that their
are very insipid little to the
action of cathartic pow-
der, which operates in excess of
all doses when combined
in the body. It does
now exhibit the phlegma-
thetic, frequency of pulse,
flushed face, drooping
complex of apoplexy
and great loss of strength.
The family and begone!

With whom speculating
the pulse does not now exceed
ninety or in hundred jummas
yell as it strong, but in
some cases frequent, you are
and compatible. The last is the result of a purple hue than the
most other parts of the
absent. The complaint
is of a dusty hue, with
dullness. Headache is usually
present and is the chief
cause of complaint. The
patient complained of pain
in the back, limbs, and
like as if bruised.

Blushing from the next
is a characteristic symptom,
though of no more important
than as a sign. These
complaints continue for
several days with little
or no change unless a
gentle increase the headache
is more frequent and
not in showing the tongue
heres did occur along with
in he had a.s something
being unbearable for a day old clear
and at the tip, the throat
is irritable, diurnal cough
jaws are felt in the landing
cough now felt in the deep
bushy or accompanied
with mucous expectoration
the voice is partly altered
and spasms. This is
the Chinese the disease
and until about the
eleventh day some the
tenfold formation-

2"h. Other symptoms
was begun, the tongue is
now quite dry and of
a brownish cast, difficulty
and painful.
Advancing gradually in size of the face by
enlarging and elevating the nostrils. Conditions of the
vesicles are also present in close examination, and
the rest of the body, the various
parts of the body. The
symptoms now
assume a more decided
character. Glocum now
takes the place of headache,
scowling in the face with
numbness of feeling, the
longitudinal is now pronounced
with very much difficulty,
and trembles in the face.
A Tiphon's condition now
presents itself, the tongue
is coated with a bright variegated
drew and scar black spots
where in the butt and
thorns, the pinc at the
point is were and
small, the plume both to
some pods white other
in other, an unphased
order arrives from the
body twitching of the
muscles. The patient at
this stage is quite
fable, lies on his back
with flapping inault to
the foot of the bed.
feet at the bed clothes
at immaginario objects,
muller's half formed one
and pant head, sometimes
attempts to arise in bed
under a delirium—
indulgent evacuations.
the back, vitality in the chest is fully lost. A pleurisy, plethoric lungs, and a leathery, sometimes hard, in a few hours a prisoner. Distension of the abdomen is a constant attendant of typhoid, it arises about the seventh or ninth day, as the disease advances it increases, it is a very distressing to the patient and to the air it chiefly affects the liver. Red-coloured excretions are one of the most constant symptoms of this disease, they consist of pieces of mucus like our mucus, white, frothy, pure, of invisible or scarcely disti-
plague is prevalent. At the commencement of the affection, they appear to
habitus, but of these within the beginning of the disease, with or without a little later, they are found among different parts of the body.

Concerning their number it varies, as there are but a few in some cases, and in others they are many. They generally disappear in two or three days from the formation, and are entirely absent in many cases. - Cough and bronchial rales are common in this complaint; cough dry will slight pneumonia.
The pulse is frequently rapid and irregular, and a cough sometimes bears some resemblance to the whooping-cough. In the last stage, hemorrhage is frequent in the first part of the disease, but generally moderate. It is not exceeding a pint, though in the latter stage it is more frequent and requiring treatment. Hemorrhage from the bowels occurs in this stage, which is very important, as it generally produces extinction, and is regarded as an unfavorable sign. In other cases, always be examined.
In 1694, prominent
represents the objection
are numerous disorders
to the symptoms in London,
which is usually
seen in the ear, because
of the ears.
Firmly and
decidedly, as the disease
advances, the increase
and amount to plague
and cures to cure,
Daring this plague,
set in, which is usually
wider, but under
suffering is becoming
and even further,
becomes so severe
that we force to relapse
the patient in bed. In the
last places it becomes
shaking, muddling eyes, suffocated.
was half formed made
and far less, but now in
this stage is most likely to
exist. The drop of humoral
up a very infecting agent.
This is also a tendency
to loosening of the skin.
The first stage produces
from blisters or pimples.
An other very important
symptom in the advanced
stage is the sensation of pain,
as account of the dilatation
of the arteries.
If the disease is at its
furthest, the pulse is very
frequent. Fluttering, or a
beastly able to be felt in
the fore and hands become cold.
The whole person is satu-
in a clammy sweat, the...
related are those of the subject of case, though there are more peculiarities in that have not been mentioned, some of the principal of which will be mentioned. In some cases the tongue remains soft, moist, and clean, and only slight fever, very little increase of the bowels, and nothing else. As of the red spots on the abdomen, no connection by little disorder of the nervous system, nothing of a pyretic character whatever. The disease term is also favourably in a few days; the abdomen is

Baltimore Infirmary, the
paint came in with Tisbule in Paris, and was attacked with Typhoid, was treated by Dr. Cho and terminally favourable and got a
live. In other cases of
Diarrhoea is the most char-
acteristic symptom, increased
frequency of pulse, weak,
and weak, in a slight mental
depression, the tongue slightly
coated, no headache of any
importance, the disease is this
for a week or more, as long
and if not arrested it assumes a more
form, the tongue becomes
very, pulse frequent, delirium
set in, as well as other
dangerous symptoms. Other cases arise in which
quits and lymphatic待ち
on the most prominent
symptoms, such as rapid
bleeding of the heart.
To break the power to an-
other ulcer, and make
blood to the head. The
sweat in others as the
prominent symptoms to
be beginning, for the
frequent pulses, parestes-
ias, hemorrhage, dark fluids
and great weakness of the
body. Anatomical Charts.
Inflammation being one
of the characteristics of
ulcers, signs of it are
always found oft be-
dath in various parts
of the body. Efllsensations
of various pellae and plaees
In the lands of Japan, and at the court of Charcoal, all the problems they
saw, solved, and others gave rise to, led and other
pals of an intimate bygone. Beyond and other
found the Lord and the land
contains a yellowish
little and he sought not
having his any always
deleterious; and the land but this
now here are extraordinary
always fatal to the any
genuinely heal. House
(velocity of the animals)
the plants of Borneo are
affected as he lands of Japan.
The Mendelian plants are
inter-gendered and pestern
are not elongated rapoport.
In, according, the Parishes
Ves, Elding, the July, the
Vine, Elding, Court and
Ves, in the, organs are
observed to be more or
by affected in different
cas.

As regards the true cause
of this disease nothing
positive is known. The
persons are overcrowded, the
and residing in illio, the
houses, having unwholesome
air, are said to be the most
subject to this disease.

Many suppose it to be
contagious, but with Sir
Chew and many others
think it non-contagious.

It is very strong proof of this, is
the fact that it spread up
in single cases without communication of disease, a family, in my opinion, could be different from one in which it had been transmitted to me. was affected with the disease. Certain persons are more subject to the disease than others, although attacks on others occur at the age of from 20 to 30. Common in both, though it occurs at different times of the year. Often mental depression, and perhaps the emotions from animal decomposition act as exciting causes. Nature. This disease was supposed to move Gastro colitis, but the bring me
inflammation of the lungs and the symptoms being distinctly different from those of Enteritis the glands of the epitc being affected as last was. It is contained by disorder as there is no cannot between the stomach affection and the condition of typhoid Fever, as the sole complaint exceptions, palpitating inflammation &c. That with regards to the branches of the disease it has not been fully accounted for also there are close accordance to Enteritis too and fever.

Diagnosis —

The most prominent symptom.
of this disease, is the diarrhea, of the beginning, the down and insidious mode of attack, latency of the countenance, dyspnea, of the face, cough, depth of the tongue, red colored reflections, the abdomen, palpable, diagnosis of the signs of the Typhus flagella. The continuation of the disease recalls that of another fever and is important as a diagnostic sign. This disease is sometimes confused with intermittent fever, though it may be distinguished from this affection by its regular intermissions, spitting of the skin, short duration.
and the absence of the symptoms of fever, the frequent recurrence of the
colored deposits, the lack of violent attacks to distinguish the form in
Mphiob, it may be taken for the following symptoms which are confounded to the
one and not to the other.

This is of frequent occurrence
study and gradually and
is of shorter duration,
instead of diarrhea or
the susceptibility to the
action of Calomel. As it is
frequently and may
day always attended
with constipation, the
local discharges are more
dark and more offensive.
"Cancerous gum" the local affection.
occurs in Typhus. Epistaxis is
by frequent, there is more
slower and more debility,
the eruptions differ from
those in Typhoid, in Typhus
they commence earlier,
are not elevated and are
by regularly round darker
and do not disappear
upon pressure, more alburnat
and instead of being
confined to the abdomen
and chest are found on
the extremities and almost
all parts of the body.
The abdomen is often flat
and free from distention,
which is never the case
in Typhoid. The Unilateral
characters are different,
the disease of the gland at
and the Illness is glibly
and never found affected
in Europe, Asia, or
Africa, in different
countries without any
notable contagion, while
Typhus never occurs in
isolated cases is long
absent from places where
it prevailed, and manner
is always contagious.—

Prognosis.— Typhoid
though a very serious
complaint is not a very
fatal, it is affecting
which is attended with
different degrees of
violence under different
circumstances, but
upon the whole I
think it is favourable.
Treatment—Giving to be diarrheic at the commencement of this distress, it would not be advisable to employ cathartics, though the bowels should be encouraged to pass as to obviate the injury caused by irritating matter coming in contact with the lining membrane. Sulphate of Morphine, or Castor oil in small doses, if there is much irritation. Castor oil is preferable if there is much pain with the diarrhoea. Ten drops of laudanum may be given with the oil. The buttocks of the bowel should demand our especial attention.
If bowels are cathartics
should be used, but then
the bowels be evacuating
conditions should be care
so as to produce one
evacuation daily, yet
oil, Epsom salt, bismuth
powder, or Peppermint
at a dose, or Ichabod in
latter stage of grip has
caused. Should the
Stomach be irritable, or
cathartics irritate the
bowels an emula may
be administered, at first
they should be mild but
when distention of the
abdomen is consider
Oil of Turpentine may be
added. The bowels now
being evacuated the next
Important duct is to dialect peculiar gland. The patient is first purged and much detination in blood to the brain. Blood may be taken from the arm in many cases, however, this may is not necessary and even infectious, as it is important to hasten the patient's strength is often here in death obstility. The principal use of bleeding is to prevent localizing. Local bleeding may be had recourse to in any stage when this is inflammatory in a condition of the organ under study.
Lukic or Cip's affliction to
the back of the back of
the neck in cases of
rib
pulverum, and to the frontal
sinus in cases of
the consequent
human affections and
disorders. It is seldom
used in Eba or Palatia in the
form of an off-coming
bought medicine, but it is
used, dry, and the pulses
not very quick, then may
be combined with Eau
*Eau
of the Thorvald
Ylten, and not water
*Titre Otherunday. For
combined with the famous
Confidence of St. Jerome.
Therefore it is followed to curate.
and from the burnings of the body of
\[ H. \] by Saint \[ D. \].

\[ C. \]

\[ L. \] legs, arms, and temples should be bathed in
\[ C. \] with cold water. When
\[ C. \] and in much when
\[ D. \] dilute it by applying to
\[ D. \] much for diabetes, cold, by
\[ D. \] little ice in the mouth
\[ D. \] of the to 19th much protection.

\[ S. \] Headache also shown in
\[ S. \] triate by cold water or ice applied to the head or by ice also applied to the
\[ S. \] back of the neck. To press to the dependent in the abdomen
\[ S. \] warm Jamaica brandy or
\[ S. \]
and is it not better as
be used. The Lincoln may
yet if is not the but shall
I become the preferable
fourth state of Ge. Can
vacuum, it which
may be added Clark's
Wind, Nine Tobacco
of deemed advisable
Sweet Spirit of Ether. Upon
Anodyne may be used for
a Special preparation to
so far whether cutting
Heap and water of.
In the majority of cases
the where treatment will
be found sufficient be
about the least to with a
true plate of original joint
the natures which must
be bound by the present.
For large and thick ivories
by the sun, and some by
subjects of reflection
by a commission, at an
in the lead, on a
in persons. The Mercury
should now be lead
acoustic to until its effect
on the system are visible
which may be known by
the sounds being slightly
affected to which indication
is caused by the presence
of the first times, this is
used as an anthropological
therapy. A great change
is the disorganization of
important organs by infir-
After depletion, mercury with
best agent for removing the
jump, General Bl. being at
was admitt:, after 3 d
he may be taken from
the influence of by the
application of rubic acid.
Mercury must always be
used in small doses, a gr
or pill may be used. The
injection of salt may be made
in hot water
bogins to be affected,
small doses of Grecacaria
may be added when there
is irritability of the stomach.
Glycerine is also an excellent
addition but we cannot judge
by the state of the pulse. Generally
under the use of mercury
the tongue becomes moist
the skin relaxes and all
the symptoms disappear.
He patient perspires scarcely
in much any other treatment. But, if the tongue is not gentle, the disease will be bad; for it is not always to expect it. Frequently happens after which the tongue becomes quite dry at the same
line there is much chemical disturbance, in cases of this kind, the Chlorotic mixture is an excellent remedy. it should be given in doses of from one to twenty drops every hour or two and is best administered in the form of an emulsion. if it disturb
the bowels a few drops of castor oil may be added. the tongue becomes somewhat red and moist and covered with a whitish film. admission lessen ed and the rect is less frequent. In this way and the infant slowly recovers. As the disease decreases the oil must be diminished but not too greatly. Caring to the stability in the
towards a steady diminution; it is not suffered to wax
slowly, as to, the period at which, they should be con-
tinued in different cases in very feeble constitutions or
when the patient is exposed to debilitating influences, it may
be used in the early part of the disease, but more frequent
after the second or third week. The state of the patient's
condition and the evidence of Typhus symp-
toms must be our guide. When the pulse is slow, thic
in and gas, and with
enfeebled, then blood must be used and the happiest
effects are sometimes obtained from their use. I generally sug-
recommend the purer is very frequent during
The Sulphate of Bichloride is the best of Bichlorides and may be used with great advantage in conjunction with Sulphate. The Sulphate with the Oil of Vitriol has been highly approved if used in small doses often repeated but
should it be once be seen to be lost to it might be discontinued. Wine and Cognac may be used. The Cognac should be given in doses of from one to two grains every hour. and is best administered in conclusion. Strychnine Otol is highly useful in cases of procrastination. Opiates administered in the last stage are Uncool the following nervous diseases promoting sleep and during the day for a time rendering silent. By the time the disease is not alleviated it will be found very advantageous and may be given freely if acts as a stimulant in the loss of half a grain or less.
any fever and been of the skin in cool, together with the internal stimulants, sufficient to may be used hot oil of Peruvian balsam. If applied to the head, and particularly the hands and feet, the arms, to the legs and knees, 

To make of the Oil or Oil, as nearly as possible, a deficient effect. The temper of the little and over 

In cases of Oboliate, or by direct means, the head may be placed upon a blister applied. In further-
The diet should demand great attention, in the early part it should be light as solution of...
itself, top of the stage
by lepica, this your's families more
and water some little
wine or cup of tea
with dry toast bread
or water crackers, valid
broth. These are some
of these may be given
morning and evening.
After this stage has
still advanced, mix
may be used a little
growing. The use of one
times a day. In the
salvation stage the first
should be medicinal
and stimulating broths.
and fillies maybe used
egg beat up with wine
with from the end toast.
Physicians and practitioners should be on guard against the effects of alcohol, while being aware of its value. To treat patients effectively, they should be evacuated daily by means of enemas. Swabs at night should be moistened with balsam ointment or petrolatum. When the pulse is frequent and the patient perspires copiously, the Sulphate of Quinin should be used. The diet should be of such a kind as is easily digested. The patient during convalescence should exercise against the indulgence of his appetite, and avoid fatiguing excursions.
An Inaugural Dissertation

on

Infantile Laryngo-tracheitis.

Respectfully 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 W. Stevenson.
Infantile Laryngitis-tracheitis.
In the world everywhere, innumerable contrasts and antagonisms are exhibited. Everything is rigidly conditioned upon the coexistence of antagonistic elements. Thus take motion. Whence comes it? Only from the counteraction of unequal opposing forces. Even a rest in nature necessitates implied antagonizing agencies for it means their equilibrium. So it is with life. Every movement of it is work in the steady teeth of opposing chemical and mechanical forces. There is a tendency in every atom of the organic structure to fall shapeless to the earth obedient to the law of gravitation. There is a tendency also in every atom to rebel against its present alliances and enter into new chemical combinations. These tendencies have not only to be balanced but overmastered by the vital organic force which bears the whole along and
gives continual nourishment. It is here between these nicely adjusted counter-tendencies—growth and decay—that the Creator has located the process of healthy life or growth. Both these forces are essential. Yet either alone would be fatal. Let them move on in the proper relation, harmoniously and health will be the happy result.

The vital organic force is ever striving to maintain this condition; but how often and sadly it fails. But a glimpse at humanity is needed to disclose this. Everywhere we behold life and death struggling together; the battle is raging ever. Deformity steals close upon the heels of grace. Disease pursues health as a shadow at every turn.

Immeasurable are its internal and external influences. The human structure inherits or acquires them. The locality, the atmosphere and the climate develop or contribute them. These conditions are constantly tending to destroy the
proper order of the functions of our bodies. These influences not only tend but often succeed. They are ever tugging at the excellence of health—often dragging it, to the corrupt condition of disease. Growth and decay lose their proper relations and a morbid action gains the mastery.

Inflammation shows the proper healthy relation destroyed. It is a morbid action depending upon internal and external causes. The healthy proper condition of the constituent elements of the blood are destroyed and this unbalanced condition reveals itself in an outbreak in some structure or part of the human organism.

Croup is an inflammation of the larynx and trachea. It is a simple inflammation but has some peculiarities as occurring in children. The whole respiratory mucous membrane evinces signs of irritation. Nasal and conjunctival secretion, sneezing, hemorrhage, and hoarseness are the chief evidences of this complaint. The croup form of laryngeal affection, which is also termed paralytic croup, is attended with a considerable diminution of the power of respiration and a feeble and laboured breathing. It is said to be caused by the contraction of the muscles of the larynx, involving the muscular
fibres of the trachea occur continuously closing
the chink of the glottis and thus denying the blood
the oxygen it needs. Hence this disease is often a
deadly condition of the disease, and its constant
reaction must add greatly to the bad condition of the
blood. In the course of the disease, an exudation of
fibrin from the blood, takes place upon the mucous
coats, and the organization of this exudation consti-
tutes the last condition of the disease.
The course of the disease is divided into three stages:
first, Catarrhal or Congestive; second, inflammatory
or pneumatic; third, Membranous. But any
division is arbitrary for Congestive and Exudation
too united in the middle stage.
The appearance of the Catarrhal stage is noticed
after the child has been exposed to a humid at-
mosphere. The eyes look watery and drooping may
often occur. A dry cough is generally present and
its appearance points to the lungs as the source of
the irritation. This condition of the patient may last for several days or only a few hours, in accordance with the rapidity of advancement. Sometimes, however, they are unnoticed. As evening advances and the child becomes fatigued by its play through the day, it becomes feverish and restless. The skin is warm and pulse quick. He cries for drink and the voice generally sounds hoarse—while that cough may begin to appear but generally it does not until later. The petile disturbance may be very slight and even quite intense. These symptoms generally exhibit a resistant character when the disease progresses slowly—diminishing towards morning and increasing as evening advances. The Catarad Stage may last two or three days—but generally the second Stage advances close upon the beginning of the petile disturbance. The intensity of the symp-
toms increases. The child may be in a feverish sleep when it is suddenly aroused by the spasmodic contrac-
tion of the muscles of the larynx, producing the most
disturbing dyspnoea. It is from the occurrence
of the first attack of dyspnoea that the second stage
is dated.
The child is found suddenly choking, or more properly
struggling for breath. The voice is hoarse and the
cough rings out with that peculiar sound which
must be heard—it cannot be described. Words
never described a sound. I have heard the cat
when sick and coughing—make a sound, nearly
similar to the cough of cows—The inspiration
of the child during the attack is long and
gasping—the air is as hot—the expiration is
labored as if eager for the next breath. The face
is red as purple and burning hot. The hands go to
the chest as if to tear something from it, and the
neck is sometimes bowed over painfully if you touch
it. The eyes of the patient turn pleadingly upon you
for relief, and the whole appearance of the patient is
that of great distress for want of air.

After the subsidence of the first paroxysm the
child is not greatly prostrated, or the animation
which his freedom from distress produces, disguises
what few signs of exhaustion may be present. The
fever abates and the respiration becomes natural.

The paroxysms occur most generally at night and
during the day there is generally a absence of the
symptoms a decline of the fever. The paroxysms may
be numerous or few the first night, but as the
disease advances they generally occur at shorter
intervals — both day and night. But again the spas-
motic action of the muscles is not violently marked
throughout the whole disease. The fever will
not remain markedly high until the distress decem-
eminent. The inflammatory process however
insidiously advances. The Cough directs the attention
to the throat, which if inspected reveals the tender,
irritated fauces, sullen, and red with a viscid looking
fluid covering them. While the tongue is seen coated white or yellow. But whether the advance of
the disease be rapid or bisticous, the absence of all
marks of impingement indicate much danger
from the organization of miasma which is being
excited. The membraneous stage is marked from
the time when the active character of the inflamma-
tion seems to have subsided, but yet the virus grows
less distinct the cough less imminent and evidences
of failing strength begin to appear. The fever
and all the inflammatory symptoms abate. The
pulse grows weak but accelerated. If the child
coughs, patches of the false membrane are sometimes
expelled. There is no remission and in the disease
the child toasts about in great distress. The voice
during its time sinks to a whisper or is absent,
and the inspiration grows hissing and broken.
The face and lips become pale or livid and broken.
The eyes are sunken and the muscles of the neck play
Convulsively. The articularities become cold, while clammy sweat covers the body. Deepseated becomes prominent. Agonizing suffocation frightful. To behold increases, and at last the child yields life in the most piteous struggles for air. But often in other cases not only this stage but the whole course of the disease, as before remarked, exhibits a passive character. In this stage especially the vital force is greatly subdued. The child passes gradually into a state of lethargy, and thus life passes away.

This description of Croup is meagre enough. Its diversities are many which are presented by the various shades of plethoric or anaemic constitutions, that to appreciate them great carefulness and refinement of perception is required. Time and study can alone enable the student to acquire such.

At the beginning of the disease, when the fever is of a resistant character, it may be mistaken for infantile resistant fever, but the advance of the
disease quickly dispels such an idea.
Inflammation, pleur- the peculiar change. The
progress and this change and sometimes distincti-
of the voice are the evidences of the disease. It is
readily distinguished from typhoid by the
absence of fever and all inflammatory symptoms.
The disease must always subside or is subdued by
treatment, without its advancing to the last stage.
Sometimes, though seldom, the disease passes to the
full and generally fatal stage of organize of the
pulmonary. The disease lasts generally about five days, but
the time varies greatly from this point. The character
of the treatment—the situation and constitution of
the patient are modifying influences of much
power.
The patient may die from asphyxia produced
by the length of the atmosphere from the false
membrane blocking up the larynx—trachea and
sometimes even the bronchi—in from complete
Exhaustion of the vital produced by the disease is assisted perhaps by the treatment sometimes, especially when antimony is employed. Bronchitis and pneumonia sometimes become complicated with the disease giving it a very dangerous character. Their respective symptoms indicate their presence but to diagnose the presence of the one or the other certainly requires a skilful mind.

A disintegrated condition of the blood brought about by the humid climate situation and previous disease of a constitutional type are the causes of the disease. But the great and important question—How? remains yet unanswered. Why these conditions should cause an inflammation in the larynx and trachea in preference to any other part of the mucous membrane is a question involving principles of momentous importance. The great secrets of vital action—its hidden actions—have been denied to the most intrepid observer.
Group certainly has some connection with hereditary predisposition. In all families the similarity of form and features so often remarked must have some connection or rather tend to internal organs as well. Perhaps it is true that each family has some structure or part, the vitality of which is not in proper relation with the rest. Upon this theory the constant tendency of the members of some families to inflamations of the mucous membrane of the air passages might be accounted for.
The mucous membrane of the larynx and trachea has most generally been found in a state of bright red congestion. Especially is this so about the follicular ripples which pour out fibrin-like the diluted intestinal follicles in like states of degenerative vascularity, which fibrin coagulates and seeks an organization on the inflamed surface. The false membrane is formed generally after death occurs in the larynx and
Trachea—Either in patches, stripes, tubers or cylinders.

It is the existence or non-existence of this false membrane which has created that seeming difference between the mild and severe forms of the disease. In all inflammations—Professor Babée affirms an evaporation of fibrin from the blood takes place and that from this fibrin the false membrane is formed. The false membrane is a natural result of the inflammation and is not dependent upon any peculiarity of a specific condition of the disease. The first step in the process of the evaporation of fibrin from the blood—the second is its organization. But in a vast majority of cases the organization never occurs to any extent. Many influences conspire together to resist it. The mucous membrane has a cornoidal epithelium which does not admit of a perfect contact of the fibrin with the living tissue of the mucous membrane. There is more or less violent motion of the parts, as when the child coughs—which destroys the contact—prevents the necesary to a
Complete organization of the fibrin. This is why a false membrane is so seldom formed from the blood which is often exceedingly destitute of its proper proportion of fibrin.

Crump is essentially inflammatory. The organization of the fibrin is a result, occurring many days after it is impossible, it is said, to tell whether the false membrane will be formed or not at the beginning of the disease.

From the intelligence derived from the nature and course of the disease, the student is taught the rational mode of treating the disease.

Crump presents the two great conditions common to all inflammations—phtonic and anesthetic. And these distinctions indicate the proper modification of the treatment.

The ends to be accomplished are first to subdue the spasm and inflammation; second to remove the organization of the exposed fibrin; third to remove
the felon when present and is organized, proceeds to sustain
the patient's strength.
It is by producing a revulsive and depurative action in the system that the first indication is best accom-
plished. The means employed in effecting this are
Emetics, diaphoretics, cathartics, bloodletting and counter-
irritants. As soon as the Croup Cough or dyspnoea
appears whether the patient be of a plethoric or anemic
Constitution an Emetic should be given and the hot
bath applied. The two acting conjointly create a
powerful revulsive action and relaxing effect.
The Capillary action of the skin is increased its Secretory
function thus augmented and the congestion and irritatin
of the diseased part removed by the new direction given to the
blood and the mechanical effect of the Emetic in distending
the inflamed parts. After the Emetic has been given plenty
Colonial should be given either alone or in company with
some other laxative — suspended in Castor Oil for instance—in or-
date clear the intestines from all accumulations and incuse
their secretory function. The emetic eminently adapted to any condition of stomach. None the most obstinately obstinate cases is ipecacuanha. Tartar emetic is approved by many great men and condemned by others. As is noted most every other remedy. It certainly is the most powerful sedative, yet the infant constitution is much less able to bear such a powerful check to its functions than the adult. The dose of tartar emetic sufficient to create a perceptibly increased effect in the child's system, even if exceedingly small certainly be in large enough dose to endanger the patient from its enem acinac. It is only in prominent phthisic conditions that many great physicians give it the preference. There is a limit to sedation which if exceeded is dangerous in the extreme. These simples of ipecacuanha and soda combined in equal measures are given in plain doses no larger than a few minutes until emesis is produced is the favorite prescription of Professor Cullen. The emetic assisted by the warm bath and followed by the cathartic is the favorite and successful treatment which attains nearly
All cases of Croup - if after the spasm is subdued and a sedative effect is kept up by small doses of the opium - or the cinchew treatment repeated as the case may demand - if the disease persist - forcing a decided aqueous character blood must be taken. But from the arm or neck - but by cupping leeches - from the nape of the neck along down the spine. Great men say that cases requiring blood to be taken are rare. Cinchew mutants are found often to answer instead. Leeches is the best for it. It can be repeated as often as the case may require. In cases of debility these measures are improper. Agents less depleting are necessary. The nitrate of potassa is given in doses of from five to ten grains every three hours dissolved in water just before being given. Its efficacy is substantiated by many wise physicians. Cold should be kept constantly to the neck with the hope that its influence in contracting the blood vessels may prove beneficial.

The resistance offered to the organization of the fibrin
by the early treatment is great, but it alone should not be relied on in acute Cases. As soon as the disease evinces the slightest tenderness, an astringent local application is necessary. The nitrate of silver applied in solution is the most preferred. It is applied by means of the sponge just as the nitrate of silver acts as a powerful astringent — but is not a caustic. it does not destroy. The course of the inflammation is from above downwards and there is some hope of arresting it by pressing the sponge against the inner parts thus squeezing the solution out, it will trickle into the larynx and perhaps reach the inflamed trachea.

If all these measures fail and the febrile inflammatory symptoms subsist — yet the patient grows weak and the voice loses its phlegm, an effort to remove the Focus and should be made. Alteratives are the remedies resorted to. The venous and perhaps bloodletting diminished congestion by lessening the action of the heart, decreasing the pressure in the blood-vessels. Mercury seems to act promptly in this same way.
by insinuating the blood. Its action is always but
shrewd. If it insinuates the blood—absorption and
not effusion is the result. Perhaps then the slight
effect produced by the first dose of Calomel might be
advantageously assisted by small doses even in the
early stage of the disease. At any rate it cannot be
improper to employ Calomel now. The sooner it
can be got into the system the better. Small doses
repeated at short intervals is the plan. Children are
better calicated—but its good effect may be selected
instant that evidence of irritation. Alkalies and
hypertonic are given but it is easy to perceive that
there is little confidence placed in their action.
So long as the strength persists vomiting should be
induced by an emetic which acts quickly. Sulphate
of pire is the best. Its mechanical effect in cleansing
the membrane has been often witnessed by physicians.
Sometimes the influence of Calomel and the emetic
fail. The patient divinced much exhaustion. The only
The object of stimulants and tracheotomy. Pathologists state that a false membrane on a mucous surface never becomes vascular, but it soon becomes detached and falls off. If the bronchi and air cells are obstructed, stimulants may thus sustain life until the membrane falls off. But after death, stimulation serves only to fan the spark of life before it is extinguished. The principle is to sustain life as long as possible and leave the work to nature or the surgeon.

Tracheotomy has never been performed until the disease and the treatment have endangered the patient's strength. While stimulants in asphyxia are consuming the body, it has been successful when the bronchi and air cells have not been obstructed and the strength not entirely gone. But it has been vastly more unsuccessful, profound discrimination is necessary to decide when the medical treatment should be assisted by the scalpel. When asphyxia is half complete has been the time—certainly the great men who applaud the operation.
do not deem that time most appropriate for
the operation when death has already begun to
steal over the little sufferer. Perhaps it would
be proper to insist on the performance of the
operation the disease being uncomplicated the
moment the physician doubted the success of his
treatment. The operation does not increase the danger
and certainly a timely service of authority could
save the patient, while a late one, as great authors
have amply proved, is almost certain to fail and
thus bring the profession into some disgrace.
An Inaugural dissertation on the Anatomy and Physiology of the heart Submitted to the Regents's Faculty of the University of Maryland For the degree of Doctor of Medicine By C. Theodore Trautmann. Feb. 7th 1862.
The heart, the centre of the circulation, is situated in the thorax between the two layers of pleura, which constitute the mediastinum, and is enclosed in its proper membrane, the pericardium.

The heart takes an oblique position in the chest, the base looking upwards, backwards, and to the right, the apex forward and to the left. Its upper surface is rounded and convex, formed principally by the right ventricle and partly by the left, the under side is flattened and rests on the continuous part of the diaphragm, the left
ventricle forming the apex. The heart can be divided into two separate organs, the right and left heart, or the heart of the respiratory, and the heart of the arterial circulation; the former containing the venous, the latter the arterial blood.

Each of these two hearts consist of two chambers, the auricle and ventricle, the auricle so called from its resemblance to an ear, the ventricle "Ventriculus," diminutive of venter, belly, or Ventriculi literally a "little belly" given to various parts in anatomy. The right or anterior heart, containing the venous
blood is composed of an auricle and ventricle, the auricle situated at the base of the heart, receives all the venous blood of the body by the superior and inferior venae cavae, and the coronary vein. The vena cava descendens, collecting all the blood from the head and upper extremities, opens into the right auricle, in the direction of the aperture, by which the auricle communicates with the ventricle, the vena cava ascendens, collecting all the blood from the rest of the body terminates more backwards, also into the right auricle the coronary veins; return the blood from the substance of the heart con-
regard to this organ by the coronary arteries. The left auricle receives the arterial blood by the pulmonary vein.

In the septum between the right and left auricles is a superficial depression, which is the vestige of the foramen ovale. — An important part in the fetal circulation.

The inner surface of the auricles is covered with a great many fleshy pillars, they are however more varieties of the columnar squamous, found in the ventricles, and are denominated musculi pectinati.

The right or pulmonary ventricle is situated at the
anterior part of the heart; its base and apex corresponding to those of the heart. Its cavity is generally larger than that of the left ventricle, but its walls are not so thick. It communicates with the right auricle by the comparatively large opening, called the auriculo-ventricular opening; the only opening besides this is the communication with the pulmonary artery. The auriculo-ventricular opening is furnished with a valve, known as the tricuspid valve, from the edge of which small round tendinous cords, "cardiac tendinae," are sent off; they are fixed to the extremities of a few strong columnar corneas. They are long enough, fo
allow the valve to lay against the side of the ventricle, during the flow of blood from the auricle into the ventricle, but prevent the valve from opening in the opposite direction. The office of the valve is, to prevent the blood from returning to the auricle during the contraction of the ventricle.

The tricuspid valve consists of three triangular folds of the lining membrane of the heart, strengthened by a thin layer of fibrous tissue, and are connected at their base with the cartilaginous ring, which surrounds the auriculo-ventricular opening. The right ventricle is triangular and prismoid
in form, its anterior side is convex, its posterior and inferior side flat, and the inner side corresponds with the partition between the two ventricles, the septum ventricorum. The infundibulum, or conus arteriosus, is the dilatation of the ventricle, near where the pulmonary artery arises from it. Within the right ventricle, especially towards the apex there are numerous strong eminences "columnae cornuae", running in different directions, but the strongest of them longitudinal with the ventricle, they are of various sizes, forming a beautiful texture. Their chief use seems to be, to strengthen the walls of the ventricle and prevent
The left systemic heart, or heart of arterial blood, also consisting of an auricle and ventricle, is situated posterior to the right heart, its ventricle forming principally the apex of the heart.

The left auricle is thicker and stronger, but smaller than that of the right side, its columns are like those of the right auricle, but not so distinct. From the under part of the auricle, a circular passage is seen, called, auricular orifice, or ostium arteriosum which leads to the posterior part of the base of the ventricle. The
left auricle receives the blood from the pulmonary artery, its only true openings are two, the one formed by the termination of the pulmonary artery, the other, its auriculo-ventricular opening.

The aortic or left ventricle is situated at the posterior and left part of the heart, its walls are a great deal stronger than those of the right ventricle, in order to permit the greater force, which it has to exert, the right ventricle merely sending the blood to the lungs, the left ventricle transmitting it to every part of the body. The left ventricle is not so wide, but longer than the right, forming as
above stated the apex of the heart. Its internal surface having the same general appearance as that of the right, and only differs in having the "columnae cornuae" more numerous, stronger, and larger. The "auriculo-ventricular" opening is also similar to that of the right part; a valve, essential like the tricuspid, is given off from the ring or zone, which surrounds the opening, if however it is stronger and divided into two principal portions, the larger is placed "auriculo-ventricular" opening, and the commencement of the aorta, and acts the part of a valve to that oramen during the filling of the ventricle. The
difference in size of the two valves in the left heart, both being triangular, and the space between them, having a resemblance to a bishop's mitre, give rise to the name mitral valve.

Behind the pulmonary vein at the right side of the mitral valve a round opening exists, which is the mouth of the aorta, which is provided with three semilunar valves, having at their centers small bodies, named corpusculae arantii, the mouth of the pulmonary artery is provided with valves of the same structure, but somewhat weaker, and the sinuses of Valsalva less prominent than those of the aortic valves.

The two hearts have
the same structure, and are both covered 
by a serous membrane, which is an ex-
tension of the inner layer of the peri-
cardium.

The structure of the hearts 
is muscular; muscular fibres running 
in every direction, and pass from one 
heart to the other; the cavities are 
lined by a thin membrane, the 
endocardium, which is serous in structure. 

The walls of the auricles are in both 
hearts much thinner than those of 
the ventricles, but their cavities more 
capacious, and are much alike in 
size and structure; the ventricles are 
.alike in structure, but differ some-
what in size, the right being gene-

rally somewhat larger than the left.
The average weight of the healthy heart in an adult, is from eight to nine ounces; its length, from base to apex, five inches six lines; its width at the base, three inches; thickness of the walls of the left ventricle, same lines; thickness of the walls of the right ventricle, two and a half lines; but in females the size of the heart, as well as the thickness of the walls of the different chambers, is somewhat less. The weight and dimension of the heart vary, according to age, sex &c. in different individuals. The heart is completely surrounded by the pericardium, a fibrous serous membrane, consisting of two layers, the external layer is fibrous,
inelastic and semi-transparent, strongly resembling the dura mater in its texture, it is thicker at its sides than either above or below where it rests on the diaphragm, and above, where it passes along the great vessels, which communicate with the heart. The inner layer is of a serous character, and is also reflected over the heart, giving the polish to the cardiac surface, it adheres to the heart by cellular substance. This membrane secretes a fluid like other serous membranes of the body, which is known as the liquor pericardii; its office is to lubricate the surface of the heart. The fluid is always present
after death in more or less quantity, and is about a teaspoonful in a healthy organ, but how much may be considered normal is yet an undecided question of physiologists, and must vary according to circumstances. When the quantity of this fluid is augmented, by inflammation of the membrane, the disease is called hydropericarditis, which disease may exist in an acute or chronic form.

The use of the pericardium is probable to keep the heart constantly moist, by the exhalation from it, and to restrain its movements, which under the influence of mental emotions or great
sections of the body keeps inordinately.

The circulation of the blood through
the heart may be set down as fol-
lows: the two auricles receive the
blood from their respective vessels at
the same time, forcing it into the
ventricles, and these two organs also
expelling it at the same time into
the great arteries which originate
from them. Supposing the heart
once filled with blood, the right
auricle is stimulated to contraction
the blood is expelled through the
auricular ventricular opening into
the ventricle, as soon however as the
stimulus is withdrawn, and by virtue
of its elasticity, the walls of the
auricle return to the state, in which
they were prior to contraction, receiving it the same time a fresh supply of blood; now the right ventricle, having received a supply of blood, is stimulated to contraction. The tricuspid valve preventing the blood from returning into the auricle, it is forced into the pulmonary artery, distributed to the lungs by its ramifications and undergoing the change of arterio-salisation, it is then collected by the minute branches of the pulmonary vein, and conveyed by it to the left auricle of the heart, the auricle contracting, it will force the blood through the left auriculo-ventricular opening into the left ventricle, and this organ
stimulated so contraction will propel the blood through the "ventriculo aortic opening" or the mouth of the aorta into this great vessel, the blood being prevented from returning into the auricle, during the contraction of the ventricle, by the mitral valve, which completely closes the auriculo-ventricular opening. The two sounds, produced by the heart's action, are known as the systole and diastole, the former succeeding the latter, after which we notice a short time of repose. As no muscle of the body can be in constant action, without being thrown into spasm or losing
its strength and power of contraction, and the heart being nothing but a muscle, although seeming to be in constant action, it has its time of rest, and that is when the different chambers receive their supply of blood.

Dr. Pennock and Moore, who agree in the main with Sir Hope, found the sound of the heart to be a combination of the sounds caused by the contraction of the auricles, the flapping of the auriculo-ventricular valves, the rush of blood from the ventricles, and the sound of muscular contraction. The second sound they refer exclusively to the closure of the semilunar
valves by the refluent blood of the aorta and pulmonary artery, this they remark: is proved by the greater intensity of the sound over the aorta than elsewhere, the blood having a greater tendency to return through the valvular opening; second by the greater feebleness of the sound over the pulmonary artery, the trunk of which is short, and it soon distributes its blood through the lungs, thus producing but slight impulse open the valves, in the attempt to regurgitate, by the disappearance of the sound when the heart becomes congested and contracts feebly, and finally on account of its entire extinction when
the value of the aorta was elevated. The heart is one of the generators that moves the blood, and its force has been made the subject of much calculation. The results of experiments made by different physiologists, are so various and discordant that I shall restrict myself to the views of Poiseuille, who concluded after various experiments, and the use of the haemodynamometer on inferior animals, that the force of the left ventricle during its contraction works a power of four pounds, three ounces and forty grains.

But all such experiments modify to a more or less extent the
action of the heart, and therefore we can not obtain with accuracy the force of the heart's action. The contractions of the heart in health are about seventy two, varying to some extent in different individuals.

The heart is supplied with nerves from the anterior and posterior cardiac plexuses, which are formed, by the three cardiac nerves, given off from the first, second and third cervical ganglia, of the ganglionic system, and by branches of the pneumogastric or eighth pair of the cranial nerves.

The circulation of the
blood through the heart of the foetus is somewhat different, and
I shall explain it here in a few words: The process of arterialis-
sation can necessarily not be accomplished in the lungs of the foetus, the placenta performing this office in foetal life. The blood of the foetus is conveyed from the placenta by the umbilical
vein. The umbilical vein contains the arterial blood to the liver of the foetus, where it gives off some branches for the nutrition of this organ; the remainder of the blood passes through the ductus venosus into the left hepatic vein, which opens into the ascending
vena cava, which latter vessel conveys the blood into the right auricle, it now passes through the foramen ovale into the left auricle, through the left auriculoventricular opening into the left ventricle, this now contracting will transfer it to the aorta and is distributed by branches of this vessel, to the head and upper extremities, having performed its office, it is returned to the heart by the descending vena cava, the mouth of which opens into the right auricle, it now passes through the right auriculoventricular opening into the right ventricle, thence through the pul-
membranous artery, which divides into three branches; two small branches convey blood for the nutrition of the right and left lungs; the third, and largest, is the ductus arteriosus which terminates into the aorta below where it gives off the branches for the nutrition of the head and upper extremities. Now circulating with the rest of the blood through the remainder of the body, the whole blood is returned to the placenta by the two umbilical arteries given off from the hypogastric veins of the foetus.
A Clinical Report of Cases;

Submitted to the Examination of the
Respect, Regents, and Faculty of the
University of Maryland,
for the
Degree of Doctor of Medicine.

By
Edward R. Tappe
of
Maryland

Class of 1862.
Case 1st.

Sub-acute Rheumatism

A Perronoud, a soldier, aged thirty-one years, was admitted into the Infirmary on the 12th of June, laboring under Sub-acute Rheumatism. He had a very severe pain in the right arm, and stiffness of the elbow joint; the constitutional trouble was not very great.

Dr. Ghew saw him and ordered,

Aqua Giv. M.

S. A tablespoonful three times a day and

S. At night

June 13th. Patient somewhat better.
but the bowels not having been moved for two days, he was ordered,
Puls. opii gr. f.

Take at once, and

R. Calc. Magnos ff.
Aromat. dy. Rheia ff.

If the bowels were not moved in
24 hours,

June 14th. Patient not to walk
8 days, and the Doctor ordered,

R. Bicarb. Petas. pra. x
S. every two hours, and

R. Bini colch. fli. XV
S. three times a day, and,

Puls. opii gr. f.
S. at night.

June 17th. Patient complained
of pain in the lumbar region,
and four cups were applied.
The mercury and opium were repeated one night.

June 18th. Patient relieved to day.
The doctor ordered the arm to be rubbed with volatile liniment, and an ointment to be given immediately.

June 20th. The arm being very painful a splint was applied along the anterior surface, and the arm suspended in a sling. He was reduced.

Dr. Pals Opeece comp g & ev.
S. every six hours.

The mercury and opium were stopped.

June 22nd. Pain much diminished. The patient complained more of stiffness, and the doctor ordered the arm to be rubbed with volatile liniment, and the Poulti, Binek. to be discontinued; in the place
Which he ordered,

The patient \textit{did} get 2

Three times a day

June 14, the arm very much improved; no pain, and not very little stiffness remaining.

The patient left the house the next day, as he had to return to New York; he was however almost well.
Case 2nd
SIBODIT TETEER

William Hamin, Esq., aged nineteen years, entered the Infirmary on the 28th of March, labouring under symptoms, indicating typhoid fever, viz. pain in the head, back, and loins; diarrhoea and gurgling in the intestines, but no rose-coloured spots had yet appeared. He had been sick four days before entering the house: he was put upon the following treatment:

Ext. Colocynth. 4 gr. 
M. 1st. Pil. S. 12 once.

March 22nd. Doctor saw him, and ordered cups to be applied to the abdomen, and, after the cups were taken, a poultice to be applied. Also ordered the patient to be given,
R. Salt. Water. Melon

Syrup. Opiate. etc. 3 fl.

M. Jt. 5c.

S. TertianFUL every three hours.
March 23rd. The mixture was stopped,
and he was ordered.

R. Potass. Chloric. Qii

Stomode. 2. Resin. Quindi 1. 20.

Agua. 40.

S. Tertiarium every four hours.
March 24th. Pulse strong, and full,
breath frequently. Mood. Homey kept
upon the same treatment.

March 25th. Diarrhoea still continuing
with pain over the intestines. He was
ordered four drops of laudanum with
each dose of his mixture. Also cups
and poultices to the abdomen.

March 26th. Pneumonia set up on
the right side. Pulse much reduced.
Fever medicines were discontinued,
and he was given B soon. Distilled water to drink also.

R. Sulph. Quinia

Pulk. ipecac. comp. a. j. nuxii

S. Easy three hours.

March 28th. Patient had much pain, and the eczma were again applied, and he was ordered,

R. Mer. Hydro. j. ii

Pulk. spic. j. i

S. at night.

March 30th. Patient complained of pain, with some return of fever. Other remedies were stopped, and he was ordered,

R. Potass. Chloric.

Spt. Alkali nitrici a. 3.

N. Cardamum

Aqua

M. ft. sol

S. Take a poultice every two hours.
April 1st the patient is improving day by day, he was a little weak.

P. Albuminurie. Comp. 90x
Sulf. Quina 90x 3

S. At night.

April 5th being almost well, the Mr. irritant was stopped, and he was given:

P. Harn. Dr. Buck 3x
S. Saci chloride gtt 30x

S. Three times a day.

April 10th the patient is now able to walk about the house, and will be permitted to leave in a few days.
Case 8th
Gun shot wound in the chest

James Oakley, aged thirty-five year, a private in one of his Pennsylvania regiments, was admitted into the Infirmary on the 21st of May, with a bullet wound in the left breast, just below the nipple; he was accidentally shot by one of his comrades, who was showing him how he would shoot a Scarecrowist, should an opportunity offer. Whereby accident his pistol exploded, and shot—not a rebel—but one of his Excellency's most loyal subjects.

The ball fractured the fifth rib near its cartridge, and passing through the body, lodged between the eleventh, and twelfth ribs.
where it could be distinctly felt.

Dr. Butler was the attending physician at the time, he examined the wound, and ordered a poultice, medicated with opium, also

R朴opiigzg
S. Every three hours.

The patient did not seem very weak from loss of blood, and suffered very little pain; had quite a good pulse, and seemed to be doing well.

There had been no hemorrhage from either stomach, or lungs, nor was there any emphysema; and no signs of pneumonia or pleurisy could be discovered.

May 24. The patient complained of much pain in the side, and upon examination, he was found to have well marked pneumonia in the lower lobe of the left lung,
and he was ordered
R. Hyd. Sub. Mur. gr. i
Anis. et. Blas. Tart. gr. pr.
S. Every three hours.
Cæl. Magnes ʒi
Sop. Rhei Arum. ʒi.

S. At once.
The opium was discontinued during
the day, but he ordered
R. Sulph. Morphia gr. pr.
S. at night.

May 25th. Symptoms of pneum.
monia had somewhat diminished,
but still weak. The cathartics havin
held a little too freely, chalk
mixture was given, and the pills
were given three times a day, instead
of every three hours.

May 27th. The pills were stopped,
and the patient being very weak,
potas. was given twice a day.
In addition he was ordered,

R. Sulp. Dmaia 90f

S. three times a day.

May 18th. Patient having considerable pain was ordered,

R. Pul. opii 90f

S. three times a day.

June 4th. Patient seemed a little better. Quinine, and opium were stopped, and he was ordered,

R. Sine. Cinchonata. 3f

S. half an hour before each meal.

June 6th. The patient seemed better than he had yet been, and sat up a little while.

The discharge from the wound being somewhat fetid, Dr. S. L. C. B. L. soda was sprinkled on the poultices.

In the afternoon a remarkable change took place; while sitting up, he suddenly became sick at the stomach.
and vomited large quantities of coagulated blood. The cinchonine was immediately stopped, and he was ordered,

R. Phœni.xi. lactic, pet.iii. 
Pil. opii, gej.

D. Every two hours.

June 7th The patient vomited blood again today, which was more fluid in character; he was ordered

R. Croc. gtt. i.


D. Every three hours.

Dr. Smith saw him, and said that he thought a cyst had formed outside of the stomach, which had broken into that organ; hence the as sudden, and copious vomiting of blood.

June 8th. The patient vomited but once today, the pills, and
Charlotte was stopped, and he was given,

P. 12. Tens Chloride gtt. xx
S. Every four hours.
June 10th. No more vomiting had occurred, but the patient complained very much of pains over the seat of the fall; poultices were applied, and he was given on night one eighth of a grain of sulphate of morphia.
June 12th. Patient seemed very weak today, and vomited whenever he took the urine, it was therefore discontinued, and he was given an ounce of brandy, and two grains of quinine, with each meal.
June 14th. The ball seeming to cause the patient a great deal of inconvenience, Dr. Butler cut down upon, and removed it.
Poultices were then applied.
June 24th. Nothing of any interest took place from the 14th to the present date, except an occasional vomiting of blood. The patient having by his own imprudence caught cold, had a cough, and pain in the chest. This morning, and the doctor upon seeing him, ordered the following prescription:

R. Fodra Bicis
Potas et anti. tinct.
Viv opii Camp
Sacchar
Aqua
St. Sol.

Sig. Tablespoonful every four hours.

June 25th. Patient appeared much weaker this morning.

He vomited blood once. The cough syrup was stopped, and the lanolin increased.

June 26th. Patient vomited several times this morning, and
about four o'clock, in the afternoon, after vomiting very freely, it became evident that he was dying.

He died about four o'clock.

At night Dr. Butler, assisted by the resident physician and students, made a post-mortem examination.

The orifice of the wound had nearly closed. Upon opening the body, the spit pit was found fractured near its costal cartilage; the fall slanting downwards, passed through the lower lobe of the left lung, and lodged between the eleventh, and twelfth ribs, from which place it had been removed before his death.

There was a good deal of pneumothorax about the lung, the lower part of which was sanguineous, and had been attached to the wall of the thorax, and to the diaphragm.
The stomach was also adherent to the diaphragm, and abdominal walls.

A cyst had formed in the lung, which had perforated the diaphragm and stomach, leaving a hole about half an inch in diameter, through which blood and pus had been poured into the stomach.

The coats of this latter organ were very much thickened, and corrugated.

The heart was not injured, but there was considerable effusion in the pericardium.
Case 4. The

Stone in the Urethra

Horatio Dean, a farmer, aged forty years, was admitted into the
infirmary on the 21st of October,
complaining under symptoms, indicating stone
in the Urethra. The patient had been
examined by Prof. Smith, four years
before, and was advised by him to have
the stone extracted, but would not
submit to the operation, and had been
getting worse ever since.

The symptoms on his entering the house
were marked: difficulty in making
urine, urine thick and bloody, and
coming from him in drops.

The urethra was very irritable,
and there was a large tumour
just above the pubis.

Dr. Smith examined him
before the class, and pronounced the tumor to be an enlarged prostate. Upon introducing the sound into the bladder, which he did with a great deal of trouble, on account of the enlarged gland, and his finger into the rectum, he said that there was a stone in the prostatic portion of the urethra, but could accomplish none in the bladder.

Having discovered the stone, the doctor thought it advisable not to operate at that time, as the patient was very weak, and irritable, but ordered toms to be given.

R. Sulph. Aminia prn.
S. three times a day.

Oct. 24. The patient came
well this morning. The doctor
examined him again, and declined to operate at all, expressing trust, as to living through the operation if it should be attempted.

Stimulants, and tonics were given. Oct. 28th. Up to this time the patient had been gradually sinking, and, in the evening, was partly in a state of coma; he continued in this condition, until his death. He died the day after, about four o'clock, and Dr. Smith bore a post mortem examination. The prostate was greatly enlarged, and thickened; the bladder was also very much thickened, and found to contain a large quantity of pus, its coats being greatly thickened, and corrumpid.

The stone, a small calyceal calculus, was found deeply buried in the prostatic portion of the urethra.
Case 5th.

Intermittent Fever

Benjamin Newman, a sailor, aged forty-four years, was admitted into the infirmary on the 27th of March. He had been sick for more than four weeks with Intermittent Fever. The fever was of the tertian type. The patient had some enlargement of the spleen and liver, and was very weak.

March 28th. Patient expected a chill today: the doctor saw him, and ordered,

**R. Sulph. Quinina** 928

**Sulph. Morph.** 924

**Sulph. Magnes.** Zii

**Aqua** Zii

O.F. Mist. S. At once.
also

R Mass. Hydrag. gran 12
Pulb. Podophil. 3 dr

S. Its Night.

And a sheet to be placed over the

line.

March 29th. The patient had
not yet had another chill; the
Doctor saw him, and ordered,

R 2 X. Terni Chloridi gtt. XX
Sulp. Lunicia gtt. iii

S. Three times a day.

R Mass. Hydrag. gran. 12
Pulb. Podophil. 3 dr

S. Every second night

April 1st. Patient has had no more
chills, but the quinine had given
him a headache. It was therefore
stopped; the fever continued. Blue
Mass and Podophyllin every third night,
and,

R 2 X. Valeriana

Noff. Anod. æq 1/2
S. at night
April 2nd. The patient decidedly
better. But the bowels being somewhat
constipated, he was ordered

Magnes. Acq. Gl.

S. at once.

R. St. Valeriana & Gl.
S. at night.

April 4th. Patient had still
some swelling about the spleen,
attended with pain.

He also suffered much from
headache; he was ordered,

R. Alum. Sodis. Comp.

S. Apply over the spleen
Emp. Belladonna

S. to each temple tonight.

April 5th. The patient seemed
a great deal better today. But the
pain in the region of the spleen,
still continuing, ointments were applied
April 7th. Patient improving rapidly, but being rather weak, was advised:

\[ \text{P. S. Inj. Chloride 40 c.c.} \]
\[ \text{N. B. B. H. Hydr. f. G.} \]

S. Three times a day.

April 13th. Patient left the house to day, convalescent.
Case 6th

Pneumonia

John D. Smears, a tailor, aged twenty-seven years, entered the Infirmary on the 23rd of March, laboring under Pneumonia.

The patient stated that he had previously been a temperate man. Upon examination, the right lung was found to be in the first stage of the disease.

Fine crepitation was well marked, and the sputum rusty.

Six cups were applied.

March 25th Dr. Warren saw him, and ordered

R. Hydrogen Sulph. Muri. gr. vi
Puls. Frac. Comp. gr. xii
M. S. Puls. vi
T. one every three hours.
Brown mixture was ordered for his cough, and cups re-applied.

March 25th. Fine crepitation had disappeared, and signs of the second stage made their appearance, viz. Bronco-phony, Bronchial rale, expiration, and dulness on percussion.

A blister was applied.

March 26th. Fine crepitation returning. Pulse weak. He was ordered:

B. Salts. Quinina gr. 3.
S. every three hours.

March 28th. The powder of Colonel Scre stoped, and as he was rather weak, the doctor ordered him to take beer with his meals. Respiration almost natural.

March 29th. The patient still improving; the doctor upon retiring
here ordered,

Red. Depurant. Zt
Aqua. 6. fl. 01

5. A wineglassful three times a day with the quinine.

March 30th. The quinine was stopped; other medicines continued.

April 4th. The patient having considerable pain in the chest, attended with cough, was ordered

form Mixture, and a small

veter applied, also,

R. Pulv. Spree. comp. gns. viii
Hyd. Sub. Murr. gns. iii
M.-ft. Pulv. i. - S. at night

April 10th. The doctor stopped all

other medicines, and ordered

R. Potass. Podido. gns. v.

S. three times a day

April 12th. The patient left the

house 5 day, perfectly cured.
An Inaugural Dissertation on Injuries of the head.

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 Geo. Harrison Trumba of M.D.
I know of no subject that will better repay either in a pathological or practical point of view the labor necessarily bestowed upon a medical thesis than the one which I have chosen, viz.,

Injuries of the Head.

The importance of this subject arises not so much from the special consideration of the mere injury of the scalp or cranium, but rather to lesions of the encephal, which are often caused by implication—either directly or indirectly—of the brain and its membranes. In consequence of this tendency to cerebral affections arising from injuries of the head, it is of great practical importance to study them as a whole, keeping constantly in view this tendency to affections of the encephal produced
by the; and from which fact injuries of the head derive their greatest interest and importance. They cannot be expected, however, within the limited bounds of a thesis, a detailed account of every thing comprehended under the above title, as it is a subject embracing several affections very different in character and requiring directly opposite modes of treatment. These different affections are not always well marked and insulated in their character but on the contrary are often found blended together in a manner so extraordinary as to puzzle or confound the most experienced practitioners. So well indeed has this fact been appreciated by eminent surgeons that the great and experienced Alexander Monron has said that the
young surgeon who for the first time
witnesses a series of injuries of this
description will at every step have
something to unlearn. He will find
symptoms so complicated, contradictory and
indeficient to give any rational clue to the
causes of the illness of which
he had read himself into a conviction, so
totally unsupported by the results of prac-
tice, and the sympathies he was led to
look for as infallible accompaniment of
the usual state of disease so often wanting
together, that he will probably be incli-
ned to relinquish the hope of ever arri-
ing at a correct theory, or at least he will
enter the clinical wards with the pride of
science considerably subdued.

It is necessary that we should first un-
derstand the nature and treatment of the
funeral forms of these affections, before
we study the peculiar modifications of it
required by the condition that produce them.

I shall therefore begin with affections of the brain, the principal ones being Concussion and Compressing, either of which may be complicated with or followed by various inflammatory actions, deriving their characteristics from associations with the condition that produce them.

Concussion or Stunness may be only slight, producing vertigo, sickness of stomach, dimness of vision, trembling of limbs, or it may be very severe, the accident producing it being immediately followed by insensibility, coldness of skin, relaxation of the extremities, feebleness and irregularity of pulse, difficulty of breathing and dilatation of the pupil. This affection is caused by a shock to the nervous system of sufficient violence to produce commotion of the brain or interfere with the circulation through it. After the above named
symptoms have existed for a time, reaction begins to come on, vomiting takes place which act seems to facilitate the heart action in sending blood to the head; the patient may be aroused, and by putting a question to him in reference to his disease in a loud, sharp and quick tone of voice a short answer may generally be obtained; the pupil also begins to contract and is not susceptible to light, delirium and the sound of motion begin to return, occasional fits of restlessness and on, the pulse rises and becomes very much accelerated when the patient makes mention of any kind. The symptoms may gradually subside and the patient resume his normal condition, or they may merge into those of compression, there is also danger of inflammation of the brain occurring since it is seen that the pulse augments in volume as the immediate symptoms subside.
Treatment.—The first indication is to favor reaction, but in fulfilling this indication care must be taken not to overstimulate the patient, as such a course would favor the occurrence of inflammatory symptoms. As a general rule reaction may be brought on by wrapping the patient in warm blankets, applying friction to the surface, especially the feet and abdomen, and by placing bottles of hot water around him. After reaction has come on, the efforts of the surgeon should be directed to the prevention of inflammation, and with this in view the patient should be well purged, kept in bed in a cool quiet room for some days, the most unimpeachable diet adopted, and careful abstinence from alcoholic stimulants and mental exertion enjoined. If in the mean time inflammatory symptoms should set in, they should be vigorously embalmed.
at once and thus be suppressed in time.

The state of the bladder must always be attended to and the catherizer used if necessary.

**Compression.**

Compression of the brain is a common affection in injuries of the head, and its cause may be depressed fracture, or blood or pus in the brain or its membranes. Although the symptoms may present some differences they are generally the following: The patient is found in a state of lethargy or coma, more or less paralyzed, coma, perfectly insensible, the breathing slow and regular, the pupils equally dilated and insensible to light. There is no sickness or vomiting which symptom will distinguish it from Concussion, yet I imagine it is seldom met with perfectly free from symptoms of Concussion, for the various obvious reasons that
In very many cases the lisse disease are de- 
pendent upon the same cause.

Treatment.— If called to a patient soon 
after an accident, who is laboring under 
all the symptoms of compression, I should 
take blood freely from the arm, repeating 
the operation as often as the nurse 
may be as to require it. In addition 
to this treatment I should administer 
puerculines, with the hope in some cases at 
least of seeing the symptoms relieved 
or entirely removed, that an operation 
would be unnecessary; and at the same 
time having the satisfaction of knowing 
that if I should be disappointed in this 
I should not have to accuse myself of 
having done anything that would com-
promise my patient's chance of recovery after 
an operation. Preparing the operation to 
which I allude is considered advisable only 
under the following circumstances. In sin-
Fractures with depression provided the symptoms persist after the treatment spoken of in Compound depressed and in punctured fractures without symptoms of compression, and also when the symptoms are very urgent and the surgeon has reason to believe that they arise from those between the Cranial and dura mater or fracture and depression of the inner table. But the fact in the earlier history of surgery, that the rage for trepanning as it was called among the ancients was so great, that the mere suspicion of the slightest fissure was considered a sufficient justification for an operation, that they operated as well to prevent bad symptoms as to remove them, and this doctrine of trepanning all fractures was in later days revived and defended in France by the Royal Academy of Surgery, but the many unfortunate results from
it soon fell, surgeons to be more guarded in
its employment, and it is not used only un-
der the circumstances before mentioned.

The operation should be performed as the
following manner: the head is to be raised
that portion of the skull to be trephined is
be exposed by a cruciate or T shaped
incision, the trephine with the center pin
advanced about an eighth of an inch, is
be firmly applied, the with touching
all parts of the skull, it is then worked
with a sharp, quick movement, pressure
being applied as the hand moves from
left to right. As soon as a good grue
is formed by the crown, remove the cen-
tre pin lest it injure the dura mater.

The surgeon can tell when the only ca-
ble is cut through, by the delirium which
rise by the crown being loth and bloody
instea of dry as it is in the order
able. The operation must nor be conduc-
lid with more caution. The surgeon every
now and then examining with a quill
or something of the sort, the deposit
that has been obtained, care being
taken to have it uniform throughout
the areola. As soon as the "button" is
loosed, it should be removed, and
the object for which the operation has
then performed carried out by the el-
cvation or removal of depressed bone
and the evacuation of pus or blood.
The scalp should then be laid down
again, a few sutures and a piece of
wax dressing applied. Antiphlogistic
measures should now be adopted, as
there is danger of inflammation of
the brain and its membranes. It is
said also that death may occur
from phlebitis of the sinuses and
veins of the diploe. Replication should
never if avoidable be performed.
over the sinuses or near the base of the skull.

Inflammation of the brain and its membranes.

In speaking of concussion and compresion I have adverted to the occurrence of inflammatory symptoms as something to be dreaded and avoided if possible. It is now no more than right therefore that I should say something in regards to this condition as a distinct affection. Traumatic encephalitis, or inflammation of the sinuses of the head, caused by a wound is a very more severe affection and is of frequent occurrence; it may arise from any severe injury of the head, and its very exception may be marked by the greater intensities or it may creep on in a slow and insidious manner, not attracting attention until it has given rise to symptoms.
suppuration, when the symptoms become so mixed up as to render an exact diagnosis a difficult matter.

The symptoms of the acute form usually come on within forty-eight hours of the accident. The patient complains of tearing and increasing pain in the head. The carotids beat forcibly, the pupils are contracted, the eyes intolerant of light, the ears of sound the scalp and the pulse is full and bounding. Hysteria and violent emotions quickly supervene, with all the symptoms of severe constitutional ague.

The affection may sometimes be cured by proper treatment, but the symptoms of inflammation generally give place to those of delirium. The delirium, merging into coma, from which it is difficult to rouse the patient, and
the patient gradually die. The approach of death may generally be known by the relaxation of the epistaxis, the fullness of the pulse the coldness of the face and the inelasticity of the veins. Finally the patient sinks with exhaustion combined with Compression.

In these cases pus may be found in the corpora aeternæ either diffused or in the form of abscess. In others the symptoms appear to be caused by a layer of lymph upon or serous fluid in the ventricles or about the base of the brain.

The Chronic or Sub-acute is the most interesting and important form of the disease following injuries of the head, or may be caused by injuries merely of the skull. Although the patient may appear at first to appear entirely recovered from the accident as well as by those that implicate the occurrence. We are sometimes led to suspect
its coming, by an unusual amount of irritability of temper or some functional disturbance of the brain as loss of mental vigor &c. In such cases the disease may be ushered in by a fit of epilepsy or great aggravation of the persistent symptoms but in other the symptoms come on without any warning, are very intense and quickly prove fatal. The symptoms of sub-acute encephalitis are those of inflammation, irritation and compression, one or other of these symptoms always appearing to predominate.

The irritation and inflammation proceed from the increased vascular action, the compression from pressure upon the brain; caused by either the lymph or Virchow's fluid. The most characteristic symptoms are pain in the head, intolerance of light, screaming
convulsive twitchings of the face and limbs, and lastly symptoms of coma especially terminating in the patient's death. These symptoms are mainly dependant upon inflammatory action of the arachnoid membrane, and is generally has this been found to be the case, that some surgeon, have proposed for it the name of arachnitis.

To be able to diagnose the formation of pus within the cranium is a point of much interest in these cases, and it has been attempted by Playfair and others to establish rules by which the occurrence of such formations might be told with accuracy. They say that if in a case of encephalitis shiverings come on, followed by a gradually increasing coma-like condition, which finally reaches a point of complete coma, whilst the inflammatory symptoms do not abate; and at the same
and a buffy, swelling, forms on the scalp and the wound; if there be any, cease to supporter and the pericranium separates from the bone which is dry and yellow, and can be found under the skull. In all instability corresponding in situation with the change observed in the scalp, and pericranium. From the foregoing all looks very reasonable, and I have no doubt that whenever the symptoms above named occur in the order and with the precision mentioned they are evidences of the formation of pus within the cranium. But I imagine that in a great many cases these symptoms are not all present, and then the surgeon can only guess in regard to pus, for although the coma may exist, it may, from
pressure of something else as lymph or serum.

In traumatic encephalitis the thoracic and abdominal viscera more especially the lungs and liver are liable to be implicated in some secondary mischief. The lungs may become congested and later on a lymphoid form of pneumonia; and it is a notable fact that abscesses often form in the liver sometimes within thirty-six hours after an injury of the head. This connection between injuries of the head and hepatic abscess is said to be the result of pyemia caused by contamination of the diploe, the abscess being a metastatic deposit consequent upon inflammation of the diploic veins, and cerebral abscesses.

I hardly think it necessary for me to say anything in regard to the treat
not of inflammatory nature of the brain
and its membranes, a thing is mani-
fest, but our indications to be ful-
fill and that is to subdue inflam-
atory action; and the surgeon must
take advantage of every thing com-
patible with the welfare of his patient
that will accomplish this in the most
satisfactory manner. Uleorrhoea should
be used in such a manner as to af-
fect the mouth as speedily as pos-
sible, and at the same time other
antiphlogistic measures should be
cautiously used. The disease is har-
ter a very unmanageable affection,
being the least of it. It often ter-
minals in loss of sense, diminution
of intellectual powers, or in local par-
alysis. On account of the inflammation
often being of a low or affected
state, it will not bear deflection.
measures, and consequently difficult to
experience in treating it. In such
cases I should place much hope in
the judicious employment of mercury
and the use of counter-irritation.
I would use the mercury first to
affect the gum slightly, and
secondly in just sufficient quan-
ity to keep them so, and I think
that in some more chronic cases
advantage might be obtained by
the introduction of a felon in
the back of the neck.

This is yet—coming under the
head of central disturbances—and
other conditions to be described, and
which I have already spoken so
incidentally in connexion with sub-
acute encephalities. I refer to irri-
tation of the brain. It may unde-
pend upon some injury of the
and or it may complicate Com.
cipation and Compression although it differs from them materially. It is caused by increased vascularity and is sometime connected with excitation of the substance of the brain. The patient lies in a half conscious state and is left around the not observe what is going on around him. He is continually moving and tossing about and sometime curls himself forwards with his knees drawn up towards the chest. If spoken to, he answer prevailingly if at all and often frowns and wrinkles his countenance as though it gave him pain to fix his attention. He is sometime seized with Convulsion or fit of delirium, shouting and screaming. The pulse is usually
Slow, face pale, skin cool, and there is total absence of anything like inflammatory symptoms. This condition generally results in speedy death from convulsions and coma.

I believe the most approved treatment for irritation of the brain, resulting from injury, is the moderate employment of antiphlogistics, in some cases combined with, in others, followed by the administration of opiate.

This is the only one of these affections of the brain in which opiates are admissible and Erichsen says he has occasionally found a full dose of laudanum quiet the delirium and by inducing deep sleep restore the patient.

I have now finished what I had to say in regard to lesions of the
inception and their treatment. But although conscious of the imperfectness and brevity of my work, in comparison to the ground over which I have traveled I believe I have at least to do great an extent as I am capable accomplished my aims which was not to go into a minute history and elaborate explanation of each and every one of the numerous phases in which the objections present themselves— for I was full well convinced at the outset that to do so would be not a work of supererogation, I least to great for the space usually allotted to a medical thesis but merely to review the subject and select every thing practically useful, rejecting every thing merely theoretical or philosophical.
I have to consider now another class of diseases coming within the range of injuries of the head, which though of minor importance compared with those already described, yet claim our attention from the fact of their very frequent occurrence and also of their having some peculiarities with which it is very well to be acquainted. I have reference to injuries of the scalp. The first contusion which though of very frequent occurrence but seldom amounts to anything, as it is very rare that the scalp alone. This fact is owing to the great vascularity of the parts. Persons may be deceived into the belief of a fracture of the cranium especially in children, when there is only
extravasation of blood causing a ligh
tened, on edge of which looking lo-
ven the other the appearance of de-
ession of the subjacent bone. And
in young children where the scalp
is soft and somewhat floppy it
may be indentation by a blow without
extravasation of blood, thus
ducing the appearance of depression
of the bone.

The treatment is simple consisting
merely in the application of counter-
acting lotions; and in the majority
of cases of Simple Contusion the pa-
ient will get along as well without
any treatment other than such as
he will naturally apply as a little
vain or whiskey and vanilla to cool
the part.

Neuralgic pains from contusion of
the scalp sometimes occur in girls and
young women which are exceedingly ob- 

necious to treatment. Incisions down to the
bone are said to be sometimes beneficent.

In most born children it sometimes 
happens that during delivery either natur- 
ally or otherwise a contusion generally 
in the parietal eminences is received, 
which occasions a bloody tumor, often 
large, and fluctuating which is termed 
"caput succedaneum.
It may occur 

here between the aponeurotic struc- 

tures and the pericranium, or between 
the membrane and the bone.

The treatment consists principally in 
the use of disinfectant lotions, which 
cure the affection in a few 

Nurms of the scalp occur very fre- 
necely and are more dangerous 
particularly in those of middle life 
or broken or unhealthy constitutions.
These are corresponding wounds in active parts of the body. The reason of this is that there is more danger of evipipetalous inflammation taking place, and there is also great danger of inflammatory mischief being propagated to the encephalon.

But while there is this danger to be in wounds of the scalp, there is but little danger to the scalp itself, as before stated, to its great vascularity and consequent vitality.

Treatment—There is one thing that should be kept constantly in mind even in treating the slightest injury of the scalp to which the surgeon may be called to attend. And that is to allay and keep down inflammatory excitement, so as to ward off as much as possible the tendency to evipipetalous and cerebral inflammation.
This condition of things is best avoided by the simplest possible treatment that can be used. Nature should never if avoidable be applied to wounds of the scalp, and no portion of the scalp should be cut away, and this is an axiom in surgery, no matter how much lacerated and contused, however much be- grimmed with dirt: advantage is taken of its great vitality to place it back, always with a hope of its healing. With these exceptions wounds of the scalp differ in no particular from those of other parts of the body.

I come now to consider the third and last part of my subject viz. Practice of the Cranium. Nature seems to have been lavish in fortifying the Cranium against external violence, for she has not only given to it that form which
is most capable of resistance, but she has furnished it with additional strength by the tissues surrounding it, and also by constructing it of different bone, and uniting them together by sutures. We see at once therefore that by its spheroidal form and anatomical structure the cranium is eminently fitted for its office of protecting the delicate and sensitive structure contained within it. Yet it is susceptible of fracture, and this exceedingly alarming and dangerous accident is not the most frequent one to which humanity is subject.

Fracture of the cranium may be caused in two ways, either by force being applied directly to the injured part, as a blow or fall upon the head.
and the fracture takes place just where the force is applied; or else by
that is denominated Count's stroke or contre coup, in which case the fracture
takes place in a different part of the
skull from where the force is exerted.
For instance; fracture of the base of
the skull is generally the result of
Count's stroke, i.e. because it is the most
basal part of the cranium, and a heavy
obtuse substance coming forcibly
in contact with the tip of the head,
the force is carried throughout the archi-
trave circle and the base being the
mostest part very naturally gives way.

The position of the base of the
cranium renders it comparatively
few from danger of direct violence.
Fractures in all other parts of the
cranium than the base, are the result
of direct force.
The ancient writers divided fractures of the cranium into many different varieties, but as these led to no beneficial results, and burdened the memory unnecessarily they have been abandoned, and there are now generally but six classes considered necessary to show clearly the views entertained respecting their nature and treatment: They are First. Simple fracture, or fracture without depression. Second. Simple fracture with depression. Third. Flattened fracture. Fourth. Compound or open fracture. Fifth. Fracture of the external table alone. Sixth. Fracture of the internal table alone.

Simple fracture or fracture without depression.

In this injury there is no wound of the scalp, and the fragments of bone
maintain their natural position. It is often therefore overlooked and remains a matter of uncertainty through life. And it is a matter of little consequence in many cases, for when there is no accompanying injury of the parts within the cranium the patient does well without treatment.

But there may be complications attending it, which may render it a very alarming disease. The force which cracks the bone may cause separation of the dura mater, extravasation of blood or laceration of the brain, or else simple fissure of the outer table with fracture and depression of this inner.

Treatment: In any of the above complications the surgeon must be governed by the exigencies of the case and apply the treatment already described of Concussion Compression visit.
Simple Fracture with depression.

The signs of the injury are destruction of the natural symmetry of the head, and generally a bruise of the scalp. As before stated, in speaking of injuries of the scalp, there is a condition which simulates this fracture, and is well calculated to deceive the unguarded observer. I allude to the swelling which takes place, when in a bruise of the scalp the surrounding cellular tissue is flooded with coagulated blood, and the edges are so firm to the touch that they are likely to be mistaken for the fractured edges of bone.

Treatment:- In depressed fracture there is always danger of compression, if this exist to a great extent, trephining is the only remedy, but if it is only slightly marked,
then it is well to endeavour to relieve it by bleeding, purging and the continual application of cold to the head after it has been shaved. Under it 'allivating treatment' the brain oftentimes becomes accustomed to its new condition and the symptoms disappear, but when the compression is well mastered and comes on immediately after the accident, and when also the depression is very manifest and to a great extent, the symptoms alarmingly urgent, the surgeon is then justified in trephining at once without waiting to try the effects of the allivating treatment.

**Punctured Fracture.**

This form of fracture may be caused by any sharp instrument, and usually presents the appearance of a cavity or fracture. There are often numerous fissures radiating from the
cya

The internal table being more brittle than the external is generally injured to a greater extent, and there are often small splinters of bone forced down into the brain which, if not removed, will occasion the most disastrous consequences.

The treatment consists in the immediate operation, and the employment of rigid antiphlogistic measures.

Compound or open fracture with depression.

The general appearance of this case differs from those already described only in having a wound of the soft parts, thereby exposing the brain with its membranes to the air.

Treatment.— In regard to the treatment of this affection eminent
Organs have disagreed. Some favoring an immediate operation, others declining an operation unless there existed decided symptoms of Compression or irritation, or deferring an operation until such symptoms or until symptoms of extravasation or sepsis came on. But I think Sir Astley Cooper has laid down the best rules for the treatment of this affection, and I should always be willing to follow them. He says: "Compound fracture is very generally followed by inflammation of the brain, and it will be of use to treat him when inflammation is once formed for then the patient will die whether you treat him or not."

Fractures with depression of the occipital bone.

This is a very rare fracture, and unless complicated with injury to
the brain does not merit any special interference on the part of the surgeon. When the frontal table alone is frac-
tured, the bone is very slightly de-
pressed into the diploe; there are no
symptoms of compression and union
generally takes place quickly.
This fracture does not occur in young
nor old persons, as in them the diploe
is too thin to admit of any depre-
sion of the frontal table alone.
Fracture with depression of the
frontal table alone.
This is like the preceding is also a very
rare fracture, and can never be taken
with absolute certainty during the
patient's life. There may be circum-
cumstances which would lead us to sus-
pect a fracture of the kind, but
this is at best but guess work.
When the injury received has not been of
sufficient violence of itself to cause insensibility, and yet the patient becomes insensible the moment the injury is inflicted, it is then presumable that a fracture of the inner table may have taken place. But I should think that it is next to an impossibility to tell when an injury has been insufficient to cause coma, for while some persons may require but a slight blow, others will require a force ten times as great.

These are always unsatisfactory cases to treat, for the surgeon can never be certain in his diagnosis but must be guided by circumstances connected with the case, and which may have some influence upon it.

The treatment there is to be conducted upon the general principles already laid down.

George Harrison Tromble
An Inaugural Dissertation
on Enteric Fever
Submitted to the Examination
of the Provost Regents, and Faculty
of the University of Maryland
for the Degree of Doctor of Medicine
by
Irving Wallandigham
of Delaware
1861-62
Enteric Fever

It has been satisfactorily established that an acute febrile affection exists, exhibiting a variety of symptoms, some of which are common to other fevers, but others peculiar to itself. This affection has been described under a great many appellations, the majority of which seem to confound it with other diseases which it only resembles, and from which in its pathological lesions it widely differs. It would seem advisable to choose from this variety of terms some one which shall be restricted to a form characterized by certain diagnostic symptoms, and exhibiting a uniform lesion.
The complaint under consideration do display this uniformity in anatomical lesion: at least we have the authority of Mr. Lee, and certainly his assertions and opinions are entitled to great respect; as to him we are indebted for the distinction of this from other febrile affection.

In Europe it is classed as a continued fever in no wise differing from Typhus except in grade. There is no doubt about its being a continued form of fever; and it is also true that it has many symptoms in common with Typhus; still the lines of distinction between the two are strongly drawn.
The principal lesion consists in the inflammation and ulceration of a portion of the digestive canal. This remarkable diversity was formerly entirely denied by English and continental pathologists. They denied the uniform existence of any such lesion; it might exist in some cases, but then it was a mere complication of the one type of fever to which it was supposed to belong. Dr. Watson one of the most accomplished physicians of his time and one whose writings compare favorably with our best authorities, even he, in the first edition of his "Practice of Medicine"
entirely denies the existence of any such affection.
The enlightened man of science is always open to conviction. It is only the ignorant who refuse to be convinced, for the simple reason that it does not accord with their first impressions or preconceived notions.
Such men not only refuse to listen to others, but also object to examining for themselves. This should never be the case with the medical man.
We are indebted to additions made in every age for the perfection thus far attained in the science of medicine.
The subject is not yet exhausted and probably never will be. Every year new theories are advanced, examined, accepted as facts and valuable acquisitions to our present knowledge, or thrown aside as worthless, and unable to bear the close scrutiny to which they are first subjected before being received as truths. Accordingly we do not find Dr. Watson resting satisfied with the mere denial of the fact; on the contrary he goes diligently to work to examine the evidence, and either to fortify his assertion with
new and stronger arguments, or prepared to acknowledge his error if it be one. Once with such good success did he pursue his studies, that in his last edition he not only gives a most excellent description of typhoid as a different form of fever from typhus, but also says that they are as distinct the one from the other as Scarlet fever and Small Pox.

In a work entitled "Précis en Fèvres according to the principles of the new medical doctrines," by "J. G. Boissecan" in which under the head of Humid Day-
Dynamic fever the author gives a description of a fever which is undoubtedly the "Typhoid affection" of Louis, and "Enteric fever" of Koch; he enters into a minute description of the various abnormal conditions found after death from typhoid fever. The author says "In the variety to which I have given the name of "Hämorrhagic fever, whether it has, or has not, been accompanied by one of the phlegmasias I have just pointed out, there is most always unequivocal evidence and sometimes very profound traces of gastric..."
of enteritis or of gastro-enteritis? Further on, he states that these inflamed and ulcerated patches are most frequently found near the termination of the small intestine near the ilio-coccal valve.

But notwithstanding many pathologists seem to have had their attention attracted by the diseased condition of the intestinal canal in a certain form of fever, still to M. Louis belongs the honor of first describing the anatomical changes found on post mortem examination and the symptoms which characterize them during the life of the patient. He considered it a distinct disease.
and gave it the name of "typhoid affection." This appellation in the
is, in the opinion of Dr. Wood, unfortunate. He says the affection
is not essentially typhoid, and
this no doubt is the fact, although
a large number of cases are in time
some or later to assume a condition
which we recognize, when superven-
ing on other complaints as a "typh-
oid condition," and for this reason
if no other the nomenclature
should be changed. A great
variety of acute affections are
liable to present, during their
course, symptoms of a typhoid
character. For example we have
a low grade of pneumonia
which presents this prostrate condition of all the powers of life which is designated as typhoid. Again any case of pneumonia comes or later in its course, depending upon the strength of the patient at the time of the attack, and the violence of the disease, presents symptoms of extreme prostration, require supporting measures. This equally is a typhoid condition. The same may be said of almost any of the acute diseases. The question then arises are we to consider them as cases of the true "typhoid affection" of Louis? Not by any means; it has no connection
with that peculiar disease except in similarity of some of the symptoms. The term "lyphoid condensation" or symptoms, as applied to a recognized low form of a large number of diseases, either accompanying or supervening at some period of their course, is a very descriptive and condensed form for expressing a variety of symptoms, and would not be at all objectionable if restricted to such cases, and not applied to another complaint which it only serves to confuse and thereby defeat the great purpose of all nomenclature that of sim- plifying and conveying some definite meaning.
For these reasons the term proposed by Dr. Woodward seems the most applicable. Enteric is derived from the Greek word enteron signifying intestine, its applicability is at once seen. Enteric fever seems to be restricted to no particular part of the known world, but is met with more or less frequently everywhere. It exhibits in miasmatic districts when complicated with the fever endemic to such regions, a tendency to assume an intermittent character, which may complicate but not change the course of the primary disease. This is also true in regard to its complication with other affections. It is a complaint which some adap-
inite course, and which our best directed efforts seem unable to check. It is generally ushered in by premonitory symptoms which may last for a longer or shorter time. The patient is languid and has a disinclination for mental or bodily exertion; has pain in the back, limbs and head. These symptoms go on increasing in violence, till the complaint is fully formed. This increase is often so gradual that the line of distinction between the precursory stage and the first stage is not well marked. In some cases the first diagnostic mark observable is a diarrhoea or a tendency to it made apparent
by the readiness with which catarrhal
measures act. This is not common
in the commencement of such febrile
affections; generally the tendency
is to the opposite of this. A variety
of symptoms make their appearance,
many of which are met with
in all fever: therefore we will
not delay long on these.
The fever is fully formed with
accelerated pulse, flushed face
of a purple or dark hue, heat
of the skin, head ache, commonly
over the forehead, loss of appetite,
thirst, and a feeling of helplessness.
The tongue is coated with a white
fur and moist. After this early
The clearness is copious, the urine
scanty and high coloured.

At this time, in some cases, chloasma makes its appearance, though in many cases this is not observed till a later period; although the quantity is generally small and of itself of little importance except as a symptom highly characteristic of the complaint.

The pulse at this stage is frequent, with some strength. The patient's mind is apathetic, but not delirious; along with this there is a remarkable expression of consternation, and at the same time a cold, or icy, hue of the face; although none of these are as remarkable as in typhus. In some cases, during the
first stage, the fever exhibits
some tendency to a remittent
caracter, but this is probably
owing to the majority of cases
to its complication with bilious
fever; and where this is not the
case, the tendency speedily gives
way to a continued form.
Along with the above symptoms
there is a general prostration
of the whole system made very
apparent by the headache and a feeling
of soreness throughout the body.
all these symptoms continue
with marked increase in violence;
pulse become more frequent, and
loses some of their strength; pain
in the head troublesome; diarrhoea
often copious giving evidence of the irritation within the alimentary canal; weakened more marked, and in the course of a week the disease is considered to have reached its second stage. The symptoms now become more distinct: The tongue assumes a dry and roughened appearance in the centre, while the tip and edges are often moist, smooth, and red. The abdomen is distended and hard, and on percussion is found to be tympanitic. This latter symptom is of great importance, and should always receive the attention of the physician. The distention is owing principally to the presence of gas in the colon.
at this time delirium is apt to supervene, although, not often of a violent character, still of a more acute type. There is ordinary in typhoid another important symptom which is observable sometimes early in the second stage; at other times not until a later period, is the one coloured, sunken, at characteristic of the face; first seen on the abdomen, then on the breast, and occasionally spread ing to the extremities and face. It consists in a minute rose-coloured eruption resembling flea bites, slightly raised above the surface and disappearing under pressure. These are not seen in all cases: some
time the fever runs its course without there. They may greatly increase, sometimes only a few are seen again they are inconsiderable, making their appearance in successive crops, each lasting two or three days, fading and replaced by others. The eruption makes its appearance in typhus, but differs from that of typhoid in many respects. It is of a darker hue, is not raised above the surface, is not confined to any particular part of the body, does not disappear, or at least is not slightly affected by pressure and is in malignant cases true petechiae. Generally at a later period enclavations are observed situated
The chief and most particular
about the epigastric region; but these
are not peculiar to this disease,
but are equally common in other
internal complaints.
We have already spoken of the tym-
phlebitic condition of the abdomen,
the patient feels pain in the right
iliac region, which is greatly
increased on pressure, this is
due to the inflamed and ulcerated
condition of the glands of Jumper.
If the cases is to end unfavorably,
the symptoms just described
are increased in intensity.
A complete typhoidic condition
is set up; the patient is extremely
weak, as he lies in bed on his back,
he slips down from heart of sufficient muscular reaction to sustain himself in a proper position. The pulse is very weak, sometimes intermittent.

tongue dry, brown, or black, and is required to protrude it, he does it with great difficulty if at all; and the tongue trembles with the effort. Skin hot or hot in some parts, cold in others, and covered with a cold sweat.

low muttering delirium, catching at imaginary objects in the air, picking at the hair, clothes, ringing in the ears, hardness of hearing, occasionally amounting to deafness; involuntary evacuation of the faeces, and death.
The description just given is applicable to the most cases: in the majority of cases, the face purses its course without displaying many of the above symptoms. In malignant cases, if the patient recovers, the convalescence is slow; the tongue cleans itself gradually or throws off its fur in large flakes, leaving the tongue smooth and red. This latter mode of cleaning is, in the opinion of Dr. Wood, indicative of the great amount of injury done to the system, and as a natural consequence the convalescence is slow.
difficult, and liable to relapse. Perforation of the bowels is not an uncommon accident, and is generally fatal, the contents of the intestines being discharged into the peritoneal sac, giving rise to peritonitis. This may occur at any time after the first week: we are warned of the accident by the signs of peritoneal inflammation, rigor, intense pain in the abdominal region, vomiting, pulse very frequent and contracted, (a condition very characteristic of peritonitis) death preceded by collapse of the circulation. Mild cases
are not exempt from this danger, but in the contrary seem more liable to it, probably because all the symptoms have been obscure and therefore have not attracted the attention of the physician. It is particularly apt to occur just as the patient is entering on a convalescent condition. Interie fever is liable to a great many complications, which add materially to the danger. Often early in the course of the disease, the patient is troubled with a cough and on examination evidence of bronchitis is found.
Pneumonia is common, sometimes in an acute form, at other times in a state that may be denominated passive. This latter form arises from the force of gravitation, the extreme vessels of the lungs being unable to act with sufficient force to expel their contents, and thus giving rise to local congestion in the most dependent portion of the lungs. When the condition just described is found to have experienced it is a symptom of grave import, as it gives evidence of the very low state of the vital powers. Perforation of the intestines which permits the escape of their cont...
cuts in the cavity of the peritoneum giving rise at times to acute inflam-
mation of that membrane. When this has occurred, the hope of recovery is very small. In some cases there is a tendency to infl-
amination of the brain. In insensate regions it often gives play to a tending to a result that form, and is in fact, sometimes mistaken for bilious fever.
Like all febrile affections, the lesions found after death from enteric fever are numerous. All portions give more or less evi-
dence of the ravages of disease. Liver, spleen, heart, lungs, brain,
and its membrane, and stomach,
all have exhibited signs of inflammation. But as already remarked, these are common to all from. The only lesion which is regarded as peculiar to enteric fever is the diseased condition of the glands of Peyer, situated in the ileum; they consist of circular or oval patches 25 or 30 in. number from 1/2 to 4 inches in length, and situated opposite the mesenteric attachment of the intestine: their long diameter parallel with that of the intestine: they have no secreting duct. These glands are found in various states of disease: some only slightly raised, and reddened, others inflamed: while
another patch has undergone ulceration and softening. M. Louis observed in fifty subjects examined by him, who died after presenting symptoms of typhoid fever, that these patches in every case were more or less reddened, thickened, and ulcerated, "in an extent varying from one to eight feet." The mesenteric glands opposite to those of Peyre are generally found diseased. The same is true of the solitary glands, which are scattered along the alimentary canal, though to a less extent. The causes which give rise to this form of fever do not seem to be well understood. By some
it is attributed to contagion. This experience proves incorrect. Again others have ascribed it to malaria. This is equally a mistake. In fact, no very satisfactory explanation has as yet been given.

In mild cases the diagnosis is often obscure, but the occurrence of some of the following symptoms will serve readily to distinguish it from other affections. The disease is one which generally makes its attack slowly, gradually increasing till fully formed. Early in its course, there is dearth of

or tendency to it, the occurrence of epistaxis, expression of the

countenance, rose spots, typi-
initic condition of the abdomen, dry tongue. Another interesting symptom is a peculiarly irritable condition of the mucocutaneous which springs under the finger on being pinched. The following valuable table was compiled by Dr. Hale of Boston (Observations on Typhoid Fever of New England)

<table>
<thead>
<tr>
<th>Disease</th>
<th>Typhoid Fever</th>
<th>Other acute disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole Number</td>
<td>147</td>
<td>134</td>
</tr>
<tr>
<td>Malaria</td>
<td>130 = 66</td>
<td>9 = 6</td>
</tr>
<tr>
<td>Eclampsia</td>
<td>19 = 9</td>
<td>0 = 0</td>
</tr>
<tr>
<td>Rose Spots</td>
<td>177 = 70</td>
<td>0 = 0</td>
</tr>
<tr>
<td>Typhus</td>
<td>76 = 38</td>
<td>8 = 5</td>
</tr>
</tbody>
</table>

We already remarked in our previous paper a regular course and any attempt to cut it short by treat-
ment will in most cases be worse than useless. To watch the patient closely and meet the indications as they arise, is the only safe plan. Notwithstanding the tendency to diarrhoea, it will often be advisable to administer a mild cathartic which will relieve the bowels of any irritant matter that may be lodged there. When the fever is fully established, evoking delirium tremens, and in cases which exhibit considerable force of the circulation, small doses of tartar emetic may be given. This latter agent is second to none in its power over the action of the heart, and is
therefore very appropriate when there is a tendency to local inflammation of important organs. General depletion by the lanceet is recommended by some: this is rather a hazardous experiment, when we consider the strong inclination to assume a low form. Local depletion by cups, or leeches, is often very beneficial. When there is congestion of the vessels of the head a few leeches applied will relieve the pain and fullness, although often a towel wet with ice water and laid over the forehead will give the patient great comfort, and will be all sufficient. Cups or leeches applied over the right iliac region will be advisable: especially when there is
tenderness on pressure, they should be followed by a large warm poultice. If active inflammation of the lungs should supervene, topical bleeding must be resorted to, and followed if not strongly contraindicated by the great antiphlogistic remedy mercury, in small doses so as to affect the gums slightly: its action requires close watching. Nervous symptoms must be met by nervous stimulants; care should be observed in administering opium when there is danger of inflammation of the brain or its membranes but when this danger does not exist, it is a most efficient remedy, either by itself, or combined with opium-wrack.
and if necessary some preparation of mercury may be added. Should hemorrhage become exhausting, astringents must be given.

In warm places great reliance in the oil of turpentine freely admin-
istered: when there is danger of perforation, he says the oil acts as an attrative to the inflammation and ulcerated patches, he thinks no other remedy has succeeded so well in his hands. It should be given in small doses suspen-
sed in mucilage of gum arabic, and often repeated. Syphilitic sym-
ptoms require to be met promptly by supporting measures. Carb.
ammonia, vine whey, pure wine,
brandy, and essence of beef. Should perforation occur, the free use of opiates will be necessary. Throughout the disease the bladder must be often examined, as it is liable to become distended with urine. Whatever the treatment, the tendency to urination a few hours should always be remembered. Great attention to cleanliness and ventilation is required, as this will have much influence on the success of any treatment. The patient must be carefully watched during convalescence, or some slight indiscretion in diet or exposure may bring on a relapse, which would prove fatal in his weakened condition.
Inaugural Dissertation

By Andrew

Published in The University of Maryland

Degree of Bachelor of Medicine

By

Eugene VIllard, Council of Maryland
The disease which I am about to describe belongs to that numerous and complicated train of diseases which appertains to the highest function of visible beings, the possession of which emphatically distinguishes animals from plants, and the perfection of which as emphatically distinguishes man from all other animals: it is a disease of the nervous function. All these diversities of vital energy are now well known to be dependent on the organs of the brain, as the instrument of the intellectual powers, and the source of sensation and motion. Though, from the close con-
nepion and synchronous action of various other organs with the brain, and especially the thoracic and abdominal viscera, such diversities were often referred to several of the latter in earlier ages and before anatomy had traced them satisfactorily to the brain as their fountain-head. And of so high an antiquity is this erroneous hypothesis, that it has not only spread itself through every climate on the globe, but still keeps a hold on the colloquial language of every people; and hence the heart, the liver, the spleen, the loins, and the bowels generally, are, among all nations, regarded either literally or
figuratively, as to many seats of mental faculties or moral feeling. We trace this common and popular creed among the Hebrews & Arabians, the Egyptians & Persians, the Greeks & Romans; among every savage, as well as every civilized tribe; nor is there a dialect of the present day that is free from it: and we have hence an incontestable title proof that it existed as a doctrine of general belief at a time when mankind, few in number, formed a common family, and were regulated by common notions.

The study of anatomy, however, has corrected the loose &
confused ideas of mankind upon this subject; and while it distinctly shows us that many of the organs popularly referred to as the seat of sensation, do and must, from the peculiarity of their nervous connection with the brain, necessarily participate in the feelings and faculties thus generally ascribed to them, it also demonstrates that the primary source of these attributes, the quarter in which they originate, or which chiefly influences them, is the brain itself.

Hence we steer clear of former systems: we have nothing of the mystical archetypes of Plato,
the incorporeal phantasma of Aristotle, or the material species of Epicurus; we are equally without the intelligible world of the Greek schools, and the innate ideas of Des Cartes. My subject, however, comes within the scope of man and the higher classes of animals alone; so as the scale in animal life descends; the organ of a brain is perpetually diminishing in its bulk, till at length it totally disappears, and its place is supplied by other fabrications.

But the particular disease to which I allude, and that which I have chosen as the subject of
my thesis, is Chorea. Having enjoyed several opportunities of witnessing the symptoms, course and duration of this disease, I have concluded to write upon it, hoping that in my feeble attempt, it may prove acceptable to those, to whose examination, it is to be submitted.
Chorea.

The term Chorea from ἄροιος, "chorus," "coetus saltantium," is comparatively of modern date in its application to the present disease, and is it easy to determine who first employed it. It was at first more limitedly denominated, Chorea lenti viti, under which limitation it occurs in Sydenham, and is still known in popular language, being called in colloquial English, St. Vitus's Dance, and in colloquial French, Danse de St. Gué. According to Horstius the name of St. Vitus's Dance was given to this disease, or, perhaps, more probably
to a disease possessing some resemblance to it, in consequence of the cure produced on certain women of disordered mind, upon their paying a visit to the chapel of St. Vitus, near Ulm, and exercising themselves in dancing from morning till night, or till they became exhausted. When the disease made its annual return, all that was required was to make another pilgrimage to the shrine of St. Vitus, where they were miraculously healed. In Salon, chorea seems to be included under a disease which he calls dechotyptic, literal by "Cruris turbata or Furturbatio, —
"Commotion of the leg." Sinnerius and, after him, Macbrie, from the epithet of Panclus, as applied to chorea, or a belief that such affections are induced by the immediate agency of a superior order of beings, applied to it the name Hieronosos, or "Morbus sacre" — a name, however, which by earlier writers, was appropriated to convulsive fits.

Chorea is a disease belonging essentially to the nervous system, and of a phasmodic kind; characterized by involuntary muscular contractions without loss, entirely, of the power
of the will. In its common form it is not as serious as many other nervous diseases; but is always a very unpleasant affection to endure, and sometimes assumes a dangerous and even fatal character. Irregular and involuntary clonic contractions of some of the voluntary muscles, is one of its prominent symptoms. These, however, are not wholly withdrawn from the government of the will. In Epilepsy, with convulsive spasm, we have temporary interruptions of consciousness and of volition, and a suspension of the mental functions.
In Stelanus we have rigid spasm, the mind clear and free; volition not affected, and the muscles which should obey the will, are held and governed by some stronger and overruling power. But we have a different state of affairs in Chorea. Consciousness suffers no loss, while of volition we experience no defect. The movements of the body can be performed in some degree as ordinarily, or sometimes under the direction of the will: some power, opposing the will, even unconsciously interferes, it would seem, to excite them when not needed, to render their actions unsteady and imperfect, to
must the natural movements, and
give a new direction to the limbs,
and to cause the patient to gesticu-
late like the merry Comedian in
some of his favorite characters.

These grimaces apparently so ab-
surd, occur not in paroxysms,
but continue during the whole
course of the day, sometimes for
weeks together; but as a general
thing during sleep they cease, but
not always while the senses are
unrapt in sleep, are the agitated
limbs quiet.

The disease begins
insidiously but is sometimes pre-
tended by gastro-enteric derangement,
such as, irregular appetite, constipation, swelled abdomen &c. Depression of spirits and other signs of nervous disorder often precede the attack. The first unusual movements are, often seen, in some part of the body, as the face, shoulders or the hands; the patient making ludicrous grimaces, shrugging the shoulders or incessantly working with the fingers, and perhaps incurring reproof for behaving thus, as if the motions were voluntary. But they soon prove to be beyond the control of the will. These irregular muscular actions increase till the muscles of the whole body
become more or less affected, in which state the head, trunk and extremities are in almost constant motion. She is moved grotesquely upon the neck; the limbs execute diversified, meaning gesticulations; and muscles of the trunk contracting so irregularly in such quick succession as to make the patient appear exceedingly fidgety, without changing his position. If the will is exercised to control them, it often gives rise to a curious mixture of the regular and irregular muscular movements: which seem to be produced by two opposite forces, but as a general thing, unless the disease be violent, the will is sufficient to
control them in a measure. The patient, though unable to write or sew, or to perform any other mechanical movement of a nice or delicate character, can ordinarily convey food to the mouth or move from one place to another, though, in accomplishing the former object the arm is jerked about in various directions before it reaches its purpose. In performing the latter, the body often makes a zigzag movement with a sort of hitching gait, as if one foot were dragged after the other and the patient sometimes falls. The muscles of the face sometimes participate in
these mortis actions; the tongue protrudes between the lips; the patient stammers while speaking; and dilatation is not infrequently performed with difficulty. If the case be very violent, the patient may be unable to retain the erect posture, and is forced to lie down.

I knew a young surgeon Dentist, who was terribly affected with chorea; exhibiting those jerking or shaking movements at ordinary times. While operating, or at anytime when the attention was strongly attracted, was perfectly free from any such gesticulations. A very remarkable feature in his case was
that he would moisten his fingers with his tongue, and at the same moment catch and shake the skirts of his coat: and this he would repeat incessantly. Not long since he was married; and both said that he, in response to the banquet of love, with his fancy's wild imagination filled with matrimonial felicity, marched without a foolish movement or a faltering step, to the nuptial altar, knowing that to fail, or to practice his meaningless gesticulations, or to act the merry Andrew, would be a blasting sirocco to his fondest hopes.

All authors seem to be agreed that one side may be
more affected than the other, and that one side alone may be affected, I have seen one case, at least, presenting this phenomenon. The muscles in this disease are seldom, if ever, in a perfectly quiescent state, except during sleep, when the motions, as I have already said, usually cease, not entirely, but are very much diminished. But sometimes they are so incessant as to interfere with sleeping. These irregular motions are often aggravated by any emotion of the mind; and it has generally been observed that the patient is worse when conscious that others are looking at him.
Chorea is a disease that is seldom attended with bodily pain, though it has sometimes been known to be attended with pain in the head. The bowels are generally constipated and the discharges, when affected, are often unhealthy. The appetite is sometimes found to be natural, sometimes morbidly craving, deficient or capricious. There is no fever. Writers have observed the singular fact that there is much less sense of fatigue in consequence of the incessant muscular movement than would result from an equal amount of it under the direction of the will. The tem.
per is more excitable, capricious or apprehensive than in health.

The patient often evinces various nervous disorders, similar to those of Hysteria. He weeps without apparent cause; is gloomy or apathetic. It is often associated with Hysteria, when it attaches females about or beyond the age of puberty.

The course of chorea is not always uniform; if the treatment employed be appropriate, it may end in a few days; but if inappropriate, or subjected to no treatment, it may run on for months or years. It will no doubt in a
most majority of cases, sooner or later, cease spontaneously. If of long continuance, it is thought to weak.
in the powers of the mind, or, according to some authors, it indi-ces idleness, epilepsy, paralysis, etc. But the truth is, I think, that these affections, when they occur, are merely effects of a com-
mon cause with the disease we are now considering, and not the results of it. Chorea is some-
times confined to a single part, as a leg, the face, or an arm; and the patient, whose general health does not seem at all to be impaired, is unable to prevent making the most
whimsical movements of this part, in such a manner as to subject him to mortification.

I once knew a Judge, the muscles of whose face were affected with Chorea: a witness on the stand, being interrogated by the attorney, suddenly stopped, and pointing to the Court, said to the Lawyer, "If you will stop that man making faces at me, I will go on."

The late Mr. John Tinker of the Foundling Hospital, was for many years severely afflicted with the disease, now under consideration. He was an excellent musician, a public singer, and a composer of music;
and this, too, notwithstanding that he was blind from birth. In walking he was led on account of the unsteadiness of his steps; but notwithstanding every exertion, his gesticulations were extreme, and so nearly approaching the antics of a buf-foon, that it was often difficult for a spectator to suppress laugh-ter. Yet in singing and playing, he had a perfect command over the mus-cles of the larynx, and of the fingers; his tones were exquisitely clear, and finely modulated; but his neck and head curved a little occasionally.

Doctor Wood relates a case in which a gentleman gives now
and then offence to strangers by making faces, as if mocking or laughing at them, when in fact perfectly serious or well disposed.

This partial chorea is more difficult of cure than the general, or sometimes continues during life. This variety of the disease is probably, in many instances, rather the result of early habit confirmed by time, than a real disease.

Dr. Alison teaches that a hollow murmuring of the heart may be observed in chorea. This murmuring accompanies the first sound of the heart. It is, perhaps, when heard, dependent upon an anaemic condition
of the blood; for it is well known that this condition of the blood will
give rise to bellowing murmurs in the heart.

Dr. J. Bence Jones has found the urine deficient in the phosphates,
but with great excess of the sulphates and urea, ascribable to excessive mus-
cular action. I have had an opportuniy to study a case in which the
urine exhibited the changes spoken of above. In fact it was a very well
marked case, with many of the symptoms of genuine chorea. It was that
of a little boy, about eight years of age, of decidedly nervous temperament,
handsome form, with exceeding ly
pleasing features. I never met with a child so intelligent, smart, and shrewd. Often in his conversations, he has astonished me with his display of knowledge and sagacity. Nothing seemed to escape his attention, and subjects which one would suppose foreign to himself, so young, would be perfectly intelligible. But when the attack came on, his bright eye lost its luster and intelligence, and was changed to that sadness: his countenance pale, and expressive of vacancy and languor. Delirium was occasionally performed with difficulty. His stammering speech, unsteady gait, shrugging of his shoulders, and irregular.
lar contraction of other muscles, with his whimsical notions and desires, were prominent features of his disease. Often when spoken to, or requested to move, he would point to his tongue, or other affected organ, and shake his head. The fidgetycatching of the muscles, increased when spoken to, indicated the nervousness attendant upon the disease. Then he ceased to be so attentive and communicative; and, in an irritable condition, his temper was easily disturbed. Inordinately sensitive, he was easily tired by new ideas and sudden feelings, and would readily pass, and upon slight occasions, from one mood
of mind to another. His case, in the
hands of an Homeopathic quack, bei-
ing subjected to the treatment of
that unfounded dogma, ran on un-
notated for two or three months, when
a Physician was called in, which
dated the period of his improve-
ment, and, finally, the establish-
ment of a cure.

The diagnosis
of Chorea is seldom difficult; being
sufficiently distinguished from all
other diseases of the brain and spinal
marrow by the absence of rigid
spasm, delirium, coma and fever;
with the whimsical and ludicrous
movements and partial control.
of the will. Palsy, Hysteria and Epilepsy are, however, in various de-
grees complicated with cases of chorea; and to determine how much
belong to the one or other affection, is not always an easy mat-
ter. In uncomplicated cases of chorea, there is no trouble in diagnosing,
as it is perfectly plain; but the disease may be connected with the
various neroutes in such a manner as to mask the original fea-
ture of the disease.

The anatomical lesions discovered in cases that
have proved fatal, have thrown no
light upon the pathology of the disease.
Entirely negative are the evidences which anatomy affords of the nature of chorea. In cases not complicated with other diseases, after death from the disease or from some accidental cause, those well acquainted with pathological anatomy, after careful search, have pronounced the brain and spinal marrow perfectly healthy. So true that others have found lesions, as serous effusions into the meningeal cavities of the spinal marrow, injection of the spinal marrow itself, softening &c. serum in the ventricles of the brain and its membranes, tumours and calcimurious concretions in the encephalon &c. In
other, disease discovered in thoracic viscera: the sigmoid or auriculo-ventricular valves; vegetations on the edge of the mitral valve &c. The abdominal viscera, the liver, spleen and kidneys, have been discovered by some to exhibit disease. Also congestion of the ovaries, and evidence of the existence of undue uterine excitement. But what inference can be fairly drawn from these statements? Some of the morbid conditions revealed by dissection had probably no connexion with the Chorea at all, but were obvious complications, the results of disease altogether independent of the Chorea in their origin.
Some may have aided its accession by greatly increasing that irritability and mobility of the nervous system, which subjects it readily to the exciting causes of various ailments. Any may have operated upon the sentient nerves of the spinal cord as eccentric exciters of the irregular movements, in constitutions already predisposed to chorea. It is asserted by Des George and Hughes, that in seven cases, women were affected with chorea while pregnant, and ceased spontaneously after parturition; which may be a support to the above last supposition.

The causes of chorea:
may be divided into the predisposing and exciting. The predisposing causes are often transmitted from parents to children, consisting in a morbid mobility or excitability of the nervous system, or what is denominated the nervous temperament, may be considered as a predisposing cause. Independent of these a predisposition may be engendered by certain habits of life, and especially masturbation; or anything that is calculated to debilitate the system, or impair the innervation, such as disorder of digestion, deficient nutrition, depressing emotions, and excessive study. Age has great influence
over the disease. The two extremes of life are almost exempt, and by far the greater number of those attacked are between the ages of six or seven, and eighteen, that is, between the second dentition and puberty. Notwithstanding these seems to be no period of life perfectly exempt: but it is probable that when it attacks persons beyond the age of puberty, it is more or less complicated with other nervous diseases as hysteria, epilepsy, &c. The changes impressed upon the human system about puberty, seem to favor the attacks of chorea. Sex has also a powerful influence; females
have it far more frequently than males. Statistical reports show that not less than two-thirds, or even three-quarters of those attacked are females.

Climate seems to exercise very little influence over it. In fine whatever tends to debilitate the system, and to impoverish the blood, may be considered in connexion with age and as predisposing to chorea, through the various disturbances which such a state of the system occasions in the nervous centres.

Among the exciting causes of chorea may be reckoned, disturbing emotions; especially terror, excessive excitement of all kinds whether men.
tal or bodily; excessive study; excentric imitations, as those of denticion, decayed teeth, disordered stom. ach and bowels, hepatic derange- ments, worms, uterine diseases &c.; suppression of menses, rebelled cutaneous eruptions and translated gout.

In regard to the na- ture of chorea very little is known except that it is a disease of the nerv- ous centres. That the morbid condi- tion upon which the disease depends is not organic, is proved by the or- dinary symptoms of such lesions and by the evidence of dissection.

There are various hypothesies in re- gard to the essential nature of the
disease; but the following is probably correct, that it is a perversion of that function of the brain through which the will acts; rendering it partially subservient to other powers than the legitimate one. It has frequently been found associated with pericarditis and endocarditis, and the complaint has been ascribed to a rheumatic constitution; but the murmurs that have been heard are I think owing to the anaemic condition of the blood which is a frequent attendant on chorea.

Uncomplicated chorea is rarely ever fatal. Though
cases have occurred in which the system has been debilitated to an extent incompatible with the further continuance of life by the violent and incessant agitations which characterize the disease or when some vital function has been suppressed sufficiently long to occasion death. In cases complicated with other diseases it frequently happens that instead of the chorea, it is the accompanying disease that is dangerous. It is probable that the majority of cases would terminate favorably without medicine; but proper treatment, timely employed, will undoubtedly shorten the disease.
The duration, when properly treated, may be stated on the average from two to six weeks; but it sometimes runs on for years, or indefinitely, in spite of all remedial means that may be employed; and, in this condition, in a chronic form, it is undoubtedly perpetuated, in part at least by habit. Relapses in this disease frequently occur.

The treatment of chorea embraces two definite objects. The first, is to remove all obvious disease which may exist independently of the involuntary movements.
and secondly, to give vigor to the nervous system, and equalize its actions. It was Aydenham's practice first to bleed and purge his patients, and then to administer bitters, aromatics and antispasmodics, with the view of strengthening the nerves. After his time, the bloodletting and purgatives fell into disuse, until the publication of Dr. Hamilton's well-known work again brought the latter deservedly into favor. Constipation should be promptly corrected by cathartics: they are useful, not only by removing a source of irritation from the bowels, but also by acting revul.
sively from the brain, and by deple-
tion in plethoric cases. Some discrim-
ation should be exercised in the
choice of the medicine. Should the
system be plethoric, sulphate of
magnesia, or one of the saline ca-
stration, purga or pecto, or jalap
and bitartrate of potassa, would
just answer the purpose. Acid in
the stomach would indicate magne-
sia; debility of digestion with dys-
peptic symptoms, chestnut; amm-
orrhoea, aloes or black hellebore;
deficient or disordered hepatic ac-
tion, calomel or blue mass.

General Blood letting is generally
not indicated. But Local Blood.

...
ing, in cases attended with headache, is very useful: especially called for by the existence of a flushed face, and a full, strong pulse, indicating active congestion of the brain. Spinal tenderness would require cups or leeches to the tender spot, followed by repeated blisters, or antimonials; postulation. Amenorrhoea, if existing, should be treated by appropriate measures. Chlorosis or anaemia would demand the chalybesia.

For worms in the bowels, anchelminthics should be added to the caustic medicine; and oil of turpentine, or oil of chenopodium would be especially applicable.
Measures for fulfilling the second indication, should in general be em-
ployed conjointly with those which may demand attention in accordance
with the first.

To give strength and equal-
ability to the nervous actions, tonics
and antispasmodics are required.
Of the former clays, though sulphate
of quinia is sometimes very efficient,
the mineral tonics and preparations
of zinc are, on the whole, the best
and safest. The preparations of cof-
fee, silver and subnitrate of bismuth
are recommended by some; but they
have no superiority over those just
mentioned, while most of them
advised to act more harshly upon
the stomach.

With the tonic, it would
be proper to combine the use of
one of the antispasmodics. Valer-
ian has enjoyed much reputation
in cholera; and will often act ad-
vantageously. Assafetida is high-
y benefit in many instances,
especially when the disease is asso-
ciated with hysteria. Camphor or
must have also been recommend-
ed. Dr. Wood, Young, Lindley,
and others have found our in-
digenous cinchona or black
prote root, a valuable remedy in
cholera. It may be given in the
dose of half a tea-spoonful of the powdered root three times a day; or from one to two drachms of the salinated tincture, or a wine-glassful of the decoction, and continued for several weeks; the dose being gradually increased until it produces some sensible effect, as nausea, headache, vertigo, or disordered vision.

One of the most effectual of the tonic remedies is the shower bath. If the patient be of a feebler constitution, the water may at first be used tepid; by degrees it should be used cold. This remedy should be employed every morning, or
every other morning, early, as soon as the patient gets out of bed.

Sea-bathing is a highly useful remedy; and the sulphur bath has been used with asserted advantage by the French. Fresh pure air, and moderate exercise are very useful, especially towards completing a cure. All these advantages, as well as that of pleasing occupation of the attention, may be gained by a visit during summer to the sea shore, or some one of the sulphur springs; and this means we should be resorted to after others have failed, or to confirm convalescence in those whose general
health may be delicate, and con-
stitutional tendency to the disease
strong. To maintain the mind in
a cheerful state, and the temper
free from excitement, are points
of some importance in the treat-
ment of Chorea. In relation to
the diet, the only general rule
is that it should be accommo-
dated to the state of the system.
If this be full and excited,
a vegetable or milk diet would
be advisable; but in general the
patient may be permitted to use
the ordinary food, taking care
to avoid indigestible and ascendent
substances; and temperance in all
things observed.

Many other remedies besides those spoken of above, have been employed in chorea, and some with more or less apparent benefit.

All the narcotics have been recommended; belladonna, stramonium, hyoscyamus and hydrocyanic acid have been chiefly employed. Opium has enjoyed its day of reputation, and chloroform has had its advocates. Emetics occasionally repeated, tartar emetic, preparations of arsenic and iodine, oil of turpentine, electricity or galvanism,
gymnastic exercises and streptoma are remedies in favor of which respectable authority might be cited.

A physician of Dublin has cured a case by the application of splints.

Many plans of treatment have been adopted by practitioners, but all have come to the conclusion, that purgatives, followed by antispasmodics and tonics, are most useful.

The foregoing sketch, though incomplete, is as elaborate
as time will permit me to give, on the limits of a cher is al.
low. Several cases of chorea having come under my obser-
vation, the knowledge obtained from which, together with
that derived from text books, I have offered this production with-
out further assistance. I do not claim originality for this my first
composition on a subject con
nected with medical science:
but in my faint efforts, I have aimed to be unlike the
spider, seeking no materials from
ahead, but spinning a web of
speculative doctrine from within
myself – unlike the ant, collecting all things indiscrimi-
nately from all quarters, to present in this essay; but rather
like the bee, gathering crude materials from various sources,
storing them up within the re-
cesses of my brain and subject-
ing them to a careful examina-
tion by the faculties of my own
mind, reserving what I believed
to be true, and rejecting what I
deemed false. False

In the views here-
in presented, I have not varied,
from the teachings of our learned
Professor, Dr. Samuel Chew.
whose authority cannot be ques-
tioned. I trust you do not ex-
pect much, knowing that it-
is not from one who has had
past experience, but from one
who is a mere pigmy in that
exalted and humane profession
which should not be looked
upon as a business, but as a
great Morality—not as a trade,
but as a mission from God for
the benefit of the children of
men.

I now conclude my thesis.
Such as it is, with its many im-
perfections and gross defects of
omission and commission, I
now place before you; hoping that if it be of no service, nor contributes in any measure to the correct elucidation of this disease, it may yet subservive the purpose of inducing those who follow me in complying with the statutes of this institution in the writing of a thes.

is, to put forth a better effort in accomplishing that which they have to do.

With many thanks to the kind Professors who have labored with untiring zeal in teaching me, with others, those precepts which are to guide me in the practice of that
profession the sole object of which should be to administer to suffering humanity: and where ever I roam—in whatever country or clime I may be cast—while I have a heart that beats, it will beat with gratitude in recollection of the University of Maryland, which I shall ever be proud to recognize as my Alma Mater.

February—1862. E.A. Vannord.
An Inaugural Dissertation

on

Greek Grammar.

Respectfully submitted

To the Faculty of the

University of Kentucky

for the Degree of

A.B. in Philosophy

(Eta Sigma)

of the Class of 1850

at

Lexington,

Fayette County

Frankfort.
Diabetes Mellitus.

Diabetes Mellitus is a disease consisting of a glucosurine condition of the urine, with an augmentation in the quantity of urine, attended with great thirst and progressive insatisfaction under the head of "Diabetes" some authors consider an affection consisting in an augmented flow of urine attended with progressive insatiates and thirst, but without that peculiar condition of the system which generates sugar. So this affection the name of Diabetes Insipidus is generally or now altogether restricted, and the name Diabetes Mellitus
employed for that affection which has as its primary and diagnostic symptom the presence of sugar in the urine. The successive degrees in this complaint are affection: it is supposed of the glomerus which it eliminated. Since these symptoms commence and duration. The symptoms which first arise the anxiety of the patient and lead him to seek the advice of the Physician. In a frequent desire to urinate, and the passage of a large amount than usual of urine. The patient has a feeling of malaise; that is an inexpressible feeling of weariness, indispo-
Vexation and languor, a feeling, said by some authors to resemble very much that which precedes an attack of Bilious Remittent. These are dragging away pain in the head. The tongue is sunken, and the patient often notices a pungent taste in his mouth. There and a desire for food attends these symptoms. The access over the severe quantity of urine voided in the first of the disease is generally slight, though it rapidly increases. Should treatment be instituted at this time and prove unsu-

boring, or showed the patient-
not have received medical aid
the symptoms are become in-
tensified. The thirst increases
until it often proves the most
painful part of the disease. The
appetite is unsatiable. The ema-
eration becomes extreme. The
breath grows offensive. Tuberous
deposits are formed in the lungs.
The bones continue constipated.
The skin is dry. The mind is
impaired. The patient loses his
memory and intelligence and
death closes the scene, not before
it has been earnestly wished for
by the patient, who finds his
sufferings so insupportable, that
he eagerly wishes for the coming of
that incalculable usher, whose shafts
are post dated by all.
The quantity of water and food
taken is enormous, as high as
Twenty Five and Thirty pounds be-
ing frequently passed in Twenty
four hours. It is said that
the amount passed by the Indians
sometimes exceeds what is taken
at food and water during the
Twentyfour hours. Some cases
are on record of considerably over
one hundred pounds being pas-
el in one day, but these cases
are to be taken I think with
that traditional grain of
salt. "Cum grano salis" or rather
with a basket. "Cum Modo sal
is." The specific gravity of the
wine of diabetic patients is greater
than in health, ascribable to
the exogenous matter present.
Thesne is paid to be usually
deficient. The unfulfilling symp-
tom is the presence of sugar in the
urine, this can not be found at
all times. The tests for sugar will
be given under the head of Diph
Nolits, Diabetes Morbus is a
slow disease; sometimes running
on for two three or four years often
much longer. The patient gen-
ernally dies of some intercurrent
Disease or else of some disease superinduced by the febrifugation and the low state of the vitality of the system which is brought about by the excessive drains. Anatomical characters, anatomical investigations into the pathology of this disease reveal nothing except that no condition of the body is found sufficient to explain the cause of the disease. We of course resort to find such changes as to prove and dangerous a malady as the one we bring about. Thus we find in most instances the liver congested or inflamed. The alimen-
Very track may give signs of inflammation etc.

Nature.

The presence of sugar in the urine in this disease has engagd the attention of our best physiologists and pathologists for a long time. By laborious and carefully conducted experiments, it has been ascertained that in health sugar is generated in the liver and consumed by the lungs. This takes place even if the person has been fed on animal food. No sugar can be found gone in the blood going to the liver, but it has been
detected in the vessels leading from that organ. It can be found in the right ventricle and in the pulmonary arteries, while the left ventricle and pulmonary veins do not receive any of it. This exuus which is generated in health differs from the exuus found in the urine of diabetic patients in that the former is more readily decomposed and by animal tissues. This has been proven I believe by experiments out of the body. The latest theory there is, and I believe it is the one most generally adopted, that the liver
is affected in some way (the precise pathological condition is yet to be learned) so that it has lost its power of generating true hepatic sugar, and generates instead the vegetable glucose or diabetic sugar. The condition of the liver is such that the normal amount of sugar is not secreted but an excessive action of the perverse liver function is going on. This glucose entering the circulation in too large a quantity and having lost the assimilative property of true hepatic sugar is not decomposed in the capillaries of the lungs, and passes off.
by the urine, irritating the kidneys, and causing their salts to exert
action. It has been found by some one that sugar is gen-
erated in the stomachs of diab.
etic patients. In this experi-
ment the patient was fed on
animal food for a certain length
of time. The contents of the
stomachs seemed by the action
of an emetic, and sugar proved
its presence by the urinal
tests. There is no explanation
of this further than that there
is something present in the spleen
and secreted with the gastric
juice, which tends to the produc
tion of vegetable sugar. In some experiments it has been found that by exciting a part of the floor of the fourth ventricle called the calamus scripti-
trix, that the presence of a sugar very similar to true diabetic sugar could be detected in the urine a few hours afterward. The study of the true nature of diabetes presents an inviting field to the zealous and
inquiring student of to day when Dr. Bernard first commenced his investigations.
Causes.
The causes of diabetes are not well
The disease occurs more usually in middle life and it is comparatively rare in young persons. Some authors say that the disease is brought more apt to occur in persons of consumptive cachectic habit and those who have light reddish hair. The only case of the disease which I have ever seen occurred in a person of light reddish hair. The patient was past sixty years of age. The disease proved fatal in about three months. The patient never passed during Twenty-Four hours more than ten of twelve pints of urine.
The disease in this case was supposed to have been brought about by depression of mind, caused by the loss of dwelling house and furniture. All the usual remedies were tried in this disease without any avail. The patient could or could not be confined exclusively to an animal diet and death speedily followed. Diabetes mellitus has been supposed by some unreliably in the very young克莱恩 to be of an hereditary tendency. The exciting causes may be drinking cold water in excess in qualities when over heated.
reflected cutaneous eruptions, that in the neighborhood of the bones exposure to cold and damp in such anything that tends to depress vital activity may cause a tendency here to some clambering to be called into action.

Diagnosis. The diagnosis of this disease is very easy. There can be no possible excuse for confusing this disease with Melasis. Diseases proceeding from other causes. We have tests which will infallibly detect the presence of sugar in the urine. Upon which the disease depends. If the physician in a case sur-
dicted to be diabetic mellitus. Discover no sugar in the urine he should not at once conclude that the disease has been made here: on the contrary he should subject the urine once and again to the test in order that he may not have the elation of attending a fatal case of diabetes mellitus for diseases proceeding from other causes.

The three principal tests, those spoken of chiefly in the treatises, are the fermenting, Mone and Worsmaa. The fermenting test is nothing more than to add a quantity of yeast to
the urine expected of containing sugar, and setting the
mixture aside, subjected to a
heat of seventy or eighty degrees.
The presence of sugar is shown
by the viscous odor proceeding
from the alcohol, and the efferv
escence caused by the escape
of carbonic acid. This test has
another convenience, that of show
ing how much sugar is contained
in a given quantity of urine.
The fermentation is allowed to
go on in a closed vessel. The
carbonic acid escapes into a
bottle provided for that purpose
in which is placed a goodness.
weight of oxide of calcium, by which the uronic acid is retained, now if we know the quantity of uronic acid given off by a certain weight of organ during fermentation we shall be pretty sure of the result. Kornesius' test is to add a solution of sulphate of copper to the urine then add excess of liquor potassae, by heating gently a red oxide of copper is formed if sugar be present. Monroe's test consists in adding to the extract a quantity of the suspected urine one half as much liquor potassae, heating gently.
And an orange juice is given to the mixture which, after the formation of a peculiar acid—the Melasse.

Prognosis. The prognosis of this disease is decidedly unfavourable; nevertheless we should not despair of effecting a cure in the disease especially if submitted to treatment in the early stage. Good grounds for hope may be felt if the symptoms abate, though give way. Recurrent disease is retributive, quantity of sugar in the urine diminished, but no cure can be expected or rather no cure can be considered cured, no matter how
favorable the other symptoms appear
until the leucous has fully and
perseveringly disappeared from the
urine. Most of the cases which die
sooner or later from the effects of a
second attack of the same disease
and do what we will! Carefully as
the patient may guard against all
exciting causes! The disease will
appear only to be more formidable
than before still unfavorable augury
may be. Awareness if there is no modi-
ation of the thirst, no abatement
of the desire for food, if emaci-
ation progresses, and above all
if the saccharine quality of the
urine receives no check.
Of course the danger is increased and the case becomes hopeless of organic disease of the organs in the treatment. The three chief indications in this disease are to prevent the further formation of sugar and to reduce the excessive quantity of urine formed. To prevent the formation, the most natural remedy and the one which first suggests itself to our minds is to keep out of the aliment such articles as are out of which sugar is likely to be generated. The best way to preclude this indication appears to be the use of cheese and

usual diet, to which may be added fresh vegetables as contain little or no substances of which sugars can be formed. Such vegetables are radishes, turnips, tops of celery, spinach, cabbage, parsley and I believe water cress. It is much better to allow the patient a small quantity of these articles, since without these he can convince not submit to the exclusive vegetable diet. He must be taught to produce those they choose not be allowed. Highly variegated form of augment is to be strictly avoided. Eggs, fish, butter and oil are allowable and it is thought that these latter is an useful remedy.
The physician will find it much easier to keep out of the stomach such articles as are likely to be converted into sugar than to alter the pathological condition of that system through which the sugar is generated. Still there are some remedies which seem to do good in this way. The bitter tonic has been much used in this disease, quassia, colocynth, gentian, sulphate of quinia, together with pills of carbonate of iron agree very well with the stomach.

The bowels are to be kept open, and the state of all the organs attended: small doses of physic
and peculiar habit and time one
and to restore the secretions of
the skin. Alkalies have some rep-
utation in the cure of this disease.
They may be tried in conjunction
with other measures.

For the second indication, nothing is
more effective than opium, in fact
it has to be resorted to always in the late
stages of this disease, provokes down
of balsam pannus frequently grows.
will give a tenderness to the skin.

To eradicate the plant extirpate or com-
measure the requisite measure. This

disease which may occur in the course
of or be caused by Dietetic measures
must be treated on general principles.
An
Inaugural Dissertation
On
Oxidation
Submitted to the Board of Regents
of the
University of Maryland
For the Degree
of
Doctor of Medicine

By
William B. Hunter
of
Manchester
Assuming the term 'Ferd' is a typographical error, the text continues as follows:

"Ferd is a term of abuse more properly not in the scale and just now to even mention with the exception of London, and it is never quite absent in the summer and autumn in clear part of the evening."

The annual appearance of the season and its painful and dangerous character, as already caused the attention of medical men to be turned to its various uses, the opinions that have been promulgated, both as to nature and cause as well as to its pathology, sufficiently may justify in calling the "Disease of Demas" it follows in the use of these bodies, ever ready to seize and to spread devastation and ruin."
in this ranks, frequently destructive the whole.

Despite it is now being better under slight than in former periods, it is treated with more success, and we rarely see an epidemic occur at least if it does not reach to such an extent as in former years.

In weather and season of the year seem to have a great influence on this disease, it occurs most frequent in the southern regions, warm days accompanied with cool nights, or rain after continued droughts, improper food, and want, depression of mind or body, intemperance with improper air seem to be the principal causes.
Malaria also has been seen to produce
it instincally, everything that tends to
disturb the system, or in any man-
ner to endanger the general health.

Gonorrhea is a disease manifested
by a peculiar and severe pain main-
tained in the bladder and urine,
making in paroxysms of terrible
character. Each paroxysm is usually
accompanied by a discharge
from the urethra of a putrid
jelly-like mucous or muceous sanguineous
or muceous purulent matter, small in quan-
tity, but accompanied with such strain
and tenesmus.

The discharge may consist entirely of
blood either fresh or recently coagulated
out of the vessels or blood or even
partially educated and educated. It
was seen related in the review
so recent time to admit to being
in your various events. It advertised
and indubitably, occasionally it runs in
your time, the pulse varies may a small
or fall hard and uncertain the sun
felt and dry. We trusted the new
may be universal account about a
summer but it is a bit con and to
the wholemen until. We remain for it
the road is cool to the touch and
we notice one we usually to note the
notional comptaining of the new region.
In to one is located and serves as an
may seem become dry and displace able
to rain is hot and place the occasion.
not generally take part with any
in a manner to indicate an idea of
will feel much and increase the in
instance the point in not much from
from its natural state the great
which is mostly lost in the com-
mencing stages of the disease may ve-
ever are likely to the patient for a few
days, but in these cases the face will
often be passive until a few weeks on
in an indifferent state the patient complains
of back and great distress and actual
inertia; the pain which is felt, the
space is generally situated in the hip or
iliac or on or both iliac regions it is
usually increased on pressure and can
in many cases be treated all alone.
In the first place, we must consider the various ways in which color and consistency are affected by the texture of the medium. The texture of the medium is something like fluor paste or mucilage, when mixed with water, the texture is like that in a constant state of motion in warm climates. Frequently a mucilage is known as similar to the mucous secretion of the color. As Aequorina and Delphinus and other mention the same circumstances be more evident.
Erwin is often pressed by nature to return the direction of the current, and to follow the nutrient zones of the various marine communities with the ordinary symptoms of Glaucus in the system. The common current of the drainage tube later place more or less of the water. Cephalopods may assume a position and this it is likely to be in tropical climates, there is more exposure in the epigastic region, resulting may also take place a yellow hue in diffuse darker surfaces; the tongue and conjunctiva are tinged; the tibia may be more intensely increased or it may be in a
pathological regions.

On examination of the mucous membrane of the
rectum the rectum is found to be in la
ment and congestion this extends to the
tissue also, the coat an thickened ma
articulation and sloughing of the mucous
membranes having been place but in
my several and protracted cases in al
duction man is very extensive; in ab
ous of the large intestines are enlarge
and ulcerated; with some of the contu-
with the greatest as the intestine is set in a circular form and the small intestine occasionally folding up where it is also greatly diminished in size. After found two small interlaced with numerous vessels bright with dark colored blood, and wind the fields of the intestine as if found aggregated together and studded with insignificant alterations, the small intestines are rarely found to be much affected unless the atrophy occur towards the termination of the intestine. The liver has been found long slender and sometimes abnormally long and formed where the liver is affected the cirrhosis assumes a similar form.
In the nature of comparative ease in only allowing of invasion it, the two susceptibilities of diarrheas, both and both becoming an important and hectic cat in diarrheas the constant tendency of gastro-enteritis in gastro-enteritis is often retention of the normal fluids in the small intestines which at times wax thick in some cases with hard lumps or septa; again the mucous which is secreted, and the biliary mucous discharge from the necessary function of the biliary system; while in dysenteria the are the most prominent and constant symptoms is the continuation of this disease.
This regret, however, is experienced as it is not unlikely that with in our county, when operated on, will return to favor, but in the present state in which it now appears, it is no direct contagion. Dr. Cutten regards this climate as directly contagious.

Country may terminate in acquiescence in the treatment, and on the death.

Then the disease terminates favorably in of all the symptoms to diminish and be a gradual amelioration in the

distances become if prevented the immediate smears objection disappear. While the evacuation assume more natural appearance the length exceed.
A body whose health or life at length
battles becomes only salubrious.
Various has been the question to which
in the treatment of the disease cases
it has been determined to be inad
tically an inflammatory disease; the cal
pathetic plan was ever adopted by
most intelligent practitioners.
So accurate that in vaccination and in
pulmonary tubercular cases, may I
the earliest and most prudent treat
him, in the event of other disease
is only recommended as so far as to
prevent and discourage the progress
that would lead to a much worse state
that may a greater till the victory of the
terms
been declared.
are exciting may be applied in many cases to which medical treatment would be impractical. In such cases it should be applied in the back of the coolest part of the head in such bending on which this application is attended with marked relief and will often shorten the duration of the attack in very acute cases. It may be found to exert a curative effect means besides the above the lesions have been removed the part should be covered with a light soft gauze or closely woven warm band or warm bath at convenient intervals. If two baths of hot water to the tonic will often relieve the torment.

Penalties as a general rule should
and is inserted to stop the man off the imitation of the coats to anything near showing to allow.

In mild lymphatic should be active at last if of substance with some degree of nature of clearing the probable fact of delusion. opiums are indicated for the disease consists entirely of menses, to which colonel combined with not the major may be given, the colonel is specially usual when the lymphatic really

function is disturbed, combined with

syphillis and opiums to pull that

agents will prove useful in many cases.

Opium in full doses to the urinary organs

were said to must be

not only relieves the suffering
of the patient and previous data, and
it also aids in diminishing the mental
sensibility of the patient. In the initial
stages of the disease, the patient
and suffering which is caused chiefly
by the lumina and blemishes in most ac-
quently controllable by various forms of Chinese
thick injections are very useful in the-
compensate with a number of cold and hot
baths or cold water and hot baths.
Gin in the same way. It appears to be as
a shrinking may occur occasionally.
In cases of ulcers above the knee,
found useful, injected into the veins to
increase the lumina to the membrane.

tions produced by it being outlined as
which is in one can not speak to a
...continuance in the form with engra...
Injuries over the vitelline must not be applied until after the second glutation; a little morphia must be sprinkled on the surface of the blister. The patient should be kept as much as possible in a horizontal position on the bed and slightly elevated. Standing or sitting favours the granulation of the to the implanted organs and at times indulged in, even in constipation may bring about a morose diagram character while as little straining as possible should be allowed.

During convalescence the almost tender must be covered in warm to cold. It should consist of the most bland and unirritating substances and require the
should be obtained by means of an act in action of the above caused to man by action.

Chronic Form

Chronic Croup is known by the frequency and small quantity of the evacuations, which consist mostly of mucus, and may be mistaken for a cold; sometimes the pain is in the chest and pain is usually some pain or pressure, though this may be absent, though in generally somewhat increased in any way; the tongue slightly dry and sometimes is very protruded as it is not smooth and by it may be aphthous; skin dry, and moist, touch and skin is sensitive and not the normal accuracy, comes of any affection...
Conductibility to the local operation of the seat of the affection, or to the solid emanating from the organ. Generally of the diseases or tumors in the lower portion of the body, the duration may continue for months or years without making any serious inroads on the general health, and as a general rule, if the patient is kept in a state of health and gradually improved in this part of the strength, yields and the disease does not lead to any serious morbid conditions. Pathological lesions in detail are

became and such determined by a close study and analysis at the location of the organ but in the common cases, none of the above

-
been obtained by taking care to
while others may have come to this
hindrance, absence of the blood vessels
for it the cause of death is difficult
to account. The prognosis is generally
for all treatment.

It will readily be seen necessary to take care in any manner to
be transmitted in presence of a cold or
be may be applied small pieces of
the contraction of veins and to many
should be given in order the effect a
of the bottom of the heart and given on time
with coldness or the mass among the
of pocket until it effects the system and
be given. It should be mixed with
I continued with Girard's rage much.
As soon strongly committed to the idea of silver in June last with the idea that the white colored pills will reduce the fever and return of fever at the same time of the beginning of the same temporary indication I will begin to use of the method used by the people visible is also a valuable agent in the桌上 oil of bay. This opinion also proves useful in the elevation bellowing. In my daily and my daily life there is no length of time that without it is good. So that I can live on and live on the world and nature and the world and the day be may be changed.
IN AUGURAL DISSERTATION

ON

Diphtheria,

SUBMITTED

TO THE EXAMINATION

OF THE

PROVOST REGENTS, ETC., FACULTY OF PHYSIC,

OF THE

UNIVERSITY OF MARYLAND

BY

WILLIAM WHITRIDGE

OF BALTIMORE.

AD.

MDCCCLXII.
Diphtheria, though acknowledg-ly a disease of recent origin, is in reality one that has visited our race from the time when man first called forth the characterizing of God in the form of disease for his many transgressions.

Under a variety of names it has visited mankind at intervals of various length, at times from its long absence it has been known only by the fearful descriptions of authors of a former age, when under some new name it would appear to be again revived and to recur to a particular district or country.

Each epidemic like most ep-
The disease appears to differ from the preceding in regard to many of its symptoms, and regulars, so that in no two epidemics are the same exact set of symptoms described with the exception of the diphtheritic exudation about the fauces. In one epidemic the disease will be ushered in with decided febrile symptoms, at another the throat troubles would be the first apparent without any pain being perceived, whilst in a third an irruption would be a constant accompaniment.

It first became of interest to the American physicians about the beginning of the eighteenth century when an epidemic the identity of
which with depth the idea cannot be ques-
tioned, appears to have percolated in the
southeastern portion of Massachu-
setts, which slowly spread northward,
obscuring some two years afterwards in
the state of New York from whence it
gradually spread over the most of
this continent. About the latter potion
of the last century Dr. Samuel Bard of
New York published in the Transactio-
nal of the American Philosophical Soci-
ety a very clear, comprehensive and
detailed account of a disease at that-
time prevalent in New York, which
he termed Angina Suffocation, or
Sore-Throat Distemper in which all
the symptoms of the disease merged-
How are too well marked, to be mistaken. After this epidemic the disease seems to have disappeared until within the last ten years, when under the name of diphtheria, it seems likely again to scourge the land.

The disease, from want of a proper classification of its symptoms, had long been confounded with a variety of diseases of that portion of the body, especially with croupous tracheitis, which from the fact of its producing a false membrane even now confounds the two diseases. With the malignant low throat of scarlet fever it doubtless had been mistaken. Nevertheless, the two diseases are
very liable to occur epidemically in the same neighborhoods, but these broad differences will be pointed out presently. Again whilst it is epidemic, it is usual to have at the same time a concurrent prevailing, possibly dependent—upon the same atmospheric cause, but acting in a milder manner which has but little tendency, if any to the formation of false membrane. This disease usually commences with fever, swelling of the tonsils and uvula, together with enlargement of the glands about the neck. The swollen tonsils will usually present a number of minute white and yellow points or specks which appear to be
an attack, secretion of the mucous follicles. This complaint is seldom of any moment, but occurring during the prevalence of the grave malady is apt to deceive the physicians, and give the patient undue alarm.

Of the causes that give rise to the disease, there are two the greatest difference of opinion, whilst some contend that in most cases, and perhaps in the majority, it is dependent upon an idiosyncratic condition of the atmospheric peculiar to itself, others assert that it is propagated exclusively by contagion. For instance an eminent authority as Mr. Rutsonrae asserts that it is only communicable by the application of the cith
Trust in secretion to sound parts; in support of which he cites several cases occurring under his own observation, which would seem guilty to strengthen this opinion. Again, no less authority than Prof. Flexner denies that it is communicable by contact of the secretion, and in support of his assertion inoculated himself and two pupils, but without success. If such authorities differ so radically on a point of such importance, how are we to decide? Mr. Grunhow, whose vast experience in this disease ought to entitle him to much credit, in his recent work on Diphtheria says in regard to this much disputed point, "I, at least, have witnessed no case
which this disease could be supposed to have arisen from the kind of inoculation considered by Pasteur as essential to its propagation; and with two exceptions, my informants—among whom are included many practitioners who have had the most favorable opportunities of observation—agree in asserting that they have not known the disease communicated by means of the secretions from the throats of the sick.

That diphtheria is communicable in some way thus can be but little doubt; and the particular manner, whether by contagion, infection, or an epidemic condition of the atmo-
there is a question to which we are unable to give a decided answer. Of these methods of communication contagion is the one most generally received, and supported by the greater number of facts. Still that whole communities are struck down in rapid succession, and persons arriving from habitually localities are too quickly affected to be attributed to contagion, can only be accounted for by the supposition that it is owing to an epidemic condition of the atmosphere. We may safely, I think, conclude, that its spread is dependent upon both methods.

Its contagious properties do
not afraid to be very powerful, and incapable of causing such effects at any great distance, of this we have proof, in the fact that very slight precautionary measures suffice to prevent its further explosion when once it has made its appearance independently of any epidemic influence. Still there are numerous instances, in which a person laboring under the disease, has been removed to a previously healthy place, and it has been noticed to have spread, first in the immediate family, and then by degrees to those having intercourse with the family, until it would become prevalent in a whole neighborhood. The evidences of its contagion-
minds is at least sufficient to render it culpable in us should we neglect to take precautions lest it might be communicated especially in removing the healthy from those that are sick, and to prevent their using in common the same household articles and to be careful not to use the same instrument for depressing the tongues of others after having used it upon those laboring under the disease. A little matter, the neglect of which has I fear, been the origin of many a fatal case.

The pulmonary symptoms that usher in this disease vary according to the severity of the epidem-
In moderate cases there is a slight degree of fever, a quickened pulse, man
dip headache; occasionally some nausea and vomiting; want of appetite
with some degree of difficulty in swal-
lowing, which is commonly followed
by a decided stiffness of the neck togeth-
er with a swozlin and tender condition
of the submaxillary, sublingual and
curvical glands. The tongue presents
a soft, creamy whitish, or whitish gray
coat. The tonsils usually present a
light red hue, and are generally
enlarged and swollen, the uvula,
recess palate and posterior portion
of the pharynx present an altid
appearance. In the severer forms
of the disease the above symptoms are exaggerated, thus is great difficulty in swallowing, owing to the enormous
ly swollen tonsils; the pulse is rapid and irregular; the tongue instead of being whitish, is covered with brownish
fur.

The exudation of paler membranes commences from the twelfth to the thirty
seventh, or forty-eighth hour, and may be even prolonged for a number of days,
according to the extent of the phlegm
excitation; but usually it occurs
during the first forty-eight hours.
It commences first in the form of
whitish or yellowish white specks or
patches, which enlarge, and grad-
urally coalesced until they cover the larynx, and contiguous portions. This condition of things spreads to the nasal passages, or takes a downwards course into the larynx and trachea, but rarely if ever into the oesophagus, a fact that is due to diphteritic exudation now taking place on surfaces that are unexposed to the air. Thus is soon after the exudation, a slightly fetid odor perceived, which often increases to a gangrenous smell.

The membrane in a few days is exfoliated, sometimes entirely, at other times it gradually waste away leaving the subjacent mucous membrane paler than natural, and of
a shrivelled character. It would suppose that the extent of uncons membri-
us covered with the epidermis, together with its degree of thicken-
up, would exert some effect on the prognosis, but in many fatal cases the extent of the mem-
trains will be very limited, whilst in other cases where there is a very copious 
se epidermis the disease assumes a decided 
lly mild character, without being fol-
lowed by the usual distressing sequelae. 
The duration of this disease it-
self, in the mild forms is ordinarily 
from six to ten days. In some cases 
that prove fatal, the duration is much 
shorter, especially when the membrane 
extends into the larynx and trachea,
which generally become fatal in one to two days. In severity and extent of the disease may last for an indefinite period. Its fatality is more acute amongst children than adults, owing to its running a greater tendency to them to run into diphtheritic exudate and also from the difficulty which children experience in clearing the throat. The absence of which in adults enables them to remove the horribly attached membrane.

It must not be overlooked that the diphtheritic exudate occurs upon the mucous membrane of the mouth, ears, and respiratory organs. It occasionally shows itself
upon the conjunctivae and mucous membranes of the genital organs, on wounds, and on cutaneous surfaces. It is necessary for its appearance upon the cutaneous surface, that the cuticle be removed, hence it is most of the met with on bleached surfaces, and ulcers. This extralevation of the exudation does not indicate that there is an absence of it about the fauces, nor that the disease will be the less severe.

Diphteria exocutanea is to be dreaded on account of its formidable sequelae, amongst which may be mentioned, as not the least common paralytic, especially of the lower.
of declination and those concerned in the voice. These usually occur concomitantly, upon the subsidence of the ordinary symptoms but they may be delayed for an indefinite period even after convalescence is fully established. This paralysis of the muscles of declination, is generally preceded by a difficulty in swallowing followed by a peculiar nasal twang. The relative palates is the portion first affected and to which the pharynx and esophagus causing great difficulty in swallowing, in some instances to so great an extent as to interfere with the due nutrition of the patient. Occasionally the paralysis extends
In the lower extremities constituting paralysis, but this general paralysis usually being usually limited to the region primarily affected with the disease.
In some instances the muscles of the eye will be affected by paralysis, causing strabismus. The eyes, together with the senses of hearing, smell, and taste occasionally may be involved.
In sexual desires may be impaired or totally destroyed for a long period but this condition together with the other forms of paralysis are gradually removed.

The diagnosis of athetosis one might imagine at first sight to be readily made, especially since
The local manifestations of the disease are so readily appreciated, but such is not the case especially when the disease is complicated with an accidental eruption of an exanthematous character, or the eruption fails to be evident, and tardy in its appearance. This accidental eruption, combined with the throat trouble, is apt to be confused with scarlet fever. The inflammation of the throat without the eruption, is in its first stage, apt to be looked upon as an ordinary inflammatory sore throat.

Though diptheria possesses several symptoms in common with scarlet fever, there are many and
broad lines of difference too apparent
to mislead the attentive observer. In sev-
eral cases of scarlet-fever, these are often
indeed to be seen whitish flakes of coag-
ulated lymph, together with the su-
ficial sloughs from the ulcerations on
the tonsils so common in that decade, but
these are widely different from the
two pseudo-membranous exudation
of the disease under conciliation.
The scarlet-cutaneous rash, and its
subsequent desquamation, together
with the putrid natural red, clean
and raw looking tongue, form the
chief, if not the pathognomonic
signs of scarlet-fever, which are in
strong contrast with the thick
whilst Tongue of diphtheria. Another
strong argument against the iden-
tity of the two diseases is the fact
that whilst scarlet fever as a rule
occurs but once, and if a second
time, it partakes of a milder form,
diphtheria follows no such rule, on
the contrary the same person may
suffer repeated attacks, often with in-
creased violence. Again an attack of
diphtheria provides no subsequent pro-
tection from scarlet fever, and vice
versa, which if the two diseases
were of the same nature, and depend-
dent upon the same causes would
not be likely to follow.
Between diphtheria and scar

There is seen a stronger resemblance
than between it and scarlet fever; in-
deed, anatomically speaking differ-
ences may become close as far as re-
gards the seat and character of the
exudation. Constitutionally the two
diseases are widely different, under
the former it is eminently a blood dis-
ease, the latter is strictly local.

Group unlike this disease leaves no
harassing after effects, such as loss
of voice, paralysis, and several ot-
hus mentioned above. Besides group
is eminently a disease of child-
hood, rarely being seen after the
tenth year, whilst diphtheria pays
no respect to age.
The most diagnostic mark of this disease, and the one from which it derives its name, and above all others the most important and interesting, is the pseudo-membranous exudation. The presence of this membrane, connected with an adynamic fever, and enlargement of the cervical glands, especially if the disease is at all prevalent, is positive of diphteria.

Contrary to what might be expected our diagnosis is still further obscured by the complication of the disease with measles, scarlatina, and even varioloid; the two diseases being so modified by each other
that it is with the utmost difficulty
that the true character of the com-
plication can be detected. In some rare
instances we may see the diseases follow-
ed in rapid succession by one or
more of the above named diseases.

The prognosis as in other
epidemic diseases depends in a great
measure on the peculiar character,
and severity of the epidemic. In
the simplest uncomplicated form
of the diseases, such as is charac-
terized by the symptoms before men-
tioned, our eventual prognosis in
the majority of cases would be
favorable, though the sequelae
might be formidable and pernici-
ous.
It is in those cases that are complicated by the coexistence of some other prevalent diseases, especially measles, scarlet fever, or the extinction of the membrane into the lungs that our prognosis is so very unfavorable. This previous condition, together with the constitutional stam of our patient, exert no small influence; the most readily victims to diphtheria are those whose system weakened by previous disease, or of an anaemic and debilitated habit, for seems to exert a decided influence on the mortality of the disease, being much greater amongst children than adults, especially
from the age of three to nine, owing to
the greatly liability at that period
of life to its running into diphthe-
rinic crops.

Amongst the complications
that are to be dreaded on account
of their unfavourable tendencies, are
hemorrhages of all descriptions; they
indicate serious alterations in the
character of the blood, besides by
further reducing the patient's con-
dition, add greatly to the persist-
ing debility. In some cases in-
stead of an open hemorrhage, we
have pleurura hemorrhagica.

Another remarkable, as
well as serious complication, is
The presence of albumin in the urine, in this we have another striking instance of the similarity of many of the symptoms, and our indications of cases of fever and diabetes. The albuminuria of diabetes does not as we would be led to suppose, indicate any lesion of the kidney, but serious changes in the circulating fluid. It to no means a constant symptom, but when it does occur, it argues unfavourably.

The treatment of diabetes so eminently by thyroid gland injections will admit of nothing that is in the least debilitating, since hormone treating, both general and local
mucous, chiefly to be understood that the treatment must be discarded and our main hope and reliance placed upon tonics and stimulants.

The fact that the disease is so easily examined and any alterations, or morbid products, so readily appreciated, it is natural that our treatment should be divided into local and general.

The local treatment consists mainly of gargles, together with the application of nitrate of silver in the use of the probang, a solid stick, a practice that should always be preferred to the use of the probang,
in the opinion. The use of this measure, especially when commenced early in its many cases new marked, but when this disease has progressed to some extent, or it seems not to command this suspension it had better be laid aside, for instead of benefit positive injury may result from the irritation created by the揭开 tearing causes the face convulsions, and from the physical exertion which is necessarily on the part of this patient to submit to this operation. The strength of the solution should be slightly stronger, from a half to a drachm to the ounce of distilled water.
The use of theinct. iodium as a gargle, either alone, or what
is perhaps better this addition of hydrochloric acid is highly speaking
of to many, it combines no tendinitis,
together with antiseptic qualities,
and has the further advantage
that this unavoidable, swallowing of
part of the gargle may assi with the
tonic treatment. Dr. Greenhow rec-
ommends that the throat should
be silled two or three times daily
with the slightly diluted solution.
This may in many instances under-
seeds the use of the nitrate of silver.
The strength of the gargle should
be about a dram and a half.
to the ounce of water, sweetened with honey, if the addition of hydrochloric acid is desired, this may be added in the proportion of half a drachm to the ounce of the above mixture, or if a weak gargle of the acid alone in water, should be determined upon and ounce to the pint would be sufficiently strong. A strong solution of tannic acid, is another application that often has a very happy effect, it appears to congregate, or tan as it were the false membranes, and thus aid in this removal, at the same time that it constringes the constricted capillaries.
When, as often happens
in fluid ices of the patient's breast,
increases to such an extent that it
becomes disagreeable to attendants, and
seems to exert an unfavorable effect
on the patient's condition, it may
be arrested by the use of chlorinated
gaudie. As some they are supposed
to exert a beneficial action on the
part-independent of their antiseptic
properties. Labandene's disinfecting
solution, diluted with from five to
ten parts of water forms an excel-
stantcalde of this description.

The external application
of remedies to the throat is of but-
little use, with the exception of cold
water dressings, when there is much heat and inflammation, which often gives signals relief, but con
tinuance rarely prove of benefit, especially blisters are to be withheld on account of the depression that often follows their victim. Leeches likewise as a very general rule are to be avoided, whilst in the incipiency of the disease in healthy robust children happy results sometimes follow their guarded use.

Important as may appear the local treatment, the constitutional is the one upon which we must found our hopes, and to
which we must look for the safety and restoration of our patient. The great object that must constantly be kept in view is that be our treatment what it may, it should never be debilitating, hence purgatives can rarely if ever be used. The bowels should be kept regular, and natural, and the action of the kidney should be attentively watched, and any interruption of this function speedily corrected as far as lies in our power.

At the commencement of the disease, as soon as possible after the application to the throat of some of the previously mentioned
Amidst the pulse being too rapidly good no symptoms of prostration having made their appearance, urine became and stimulants seemed as yet unessential for, at least stimulants, the isolated state of colic's appears to be the appropriate remedy, from its sublunar power of modifying the evaporation of the state of the blood that occasions this evaporation. In the action of this salt whatever it may, the eminent names of those that recommend it, and the mass of testimony as to its value, is too strong for its use to be neglected. By many it is supposed to be a specific, and it is unquestionable
all its values in cancerous, mucous, and anal stomatitis, and all inflammations of the mouth. When speaking of gargling the salt was omitted. It may be used in syrupes solution, two drachms to a pint of aromatic water, or if preferred in combination with hydro-chloric acid, and the mucilaged bismuth of iron. As an internal agent it is given from half a drachm to one and a half drachms daily, dissolved in water. It had better be combined with other remedies, especially tonics. The following is a very good combination.

R. Potasaeb Chloratae. 3j.
Ynt. Ferre Chloridi. 3j.
Acidi Muratici Dilut.

Z. &

Aquae Cinnamomii Z. &

S. For a child one year old a half

tsp.ful 3 or 4 poul hours.

The chloride of soda is

another remedy that is recommen-
ded by some, it possesses prop-
erties analogous to the last-men-
tioned drug, but it is in no way
preferable unless on account of
its greater solubility.

The preparations of cin-
chona bark, the various salts of
quinine, are very valuable tone
agents, they are especially bene-
"ficial in many cases where this
is a decided tendency to pros-
tiation and exhaustion. In those circumstantial compositions, frequent
fluctuation, is a peculiarly beneficial agent of this kind. Dr. Lacci
recommends quinine in large
doses in this disease, not so much
on account of its tonic, as for its
febrifuge virtues. The quinine
may be combined with iron, this
combination is indicated, when
there exists anaemia. The citrate
of iron, and quinine is thus
preferred by English physicians.

A remedy that strikes
me, would be serviceable as a mar-
tial tonic, particularly in that-
form of the disease which is char-
characterized by a hemonhagic tendency, the internal use of which in this complaint I do not remember anywhere to have seen, is the liquors junci persulphatus in the dose of from fifteen to twenty drachms, say four hours, sufficiently diluted. This agent as a hemostatic becomes the more valuable from the fact that the combinations of acetate of lead and gummos the usual rect in hemonhages is now contraindicated. Hemonhage from the lining membrane of the ears and fauces can sometimes be completely controlled by the local application of this agent.
For the removal of the abomasum the general treatment already laid down, will, as it removes the other symptoms, generally correct this trouble should it be persistent. The use of tannic acid and other agents usually employed in the disease when independent of diphtheria must be tried in these cases structural disease of the kidneys is to be feared. For the removal of this various forms of paralysis the same may be said. That the general tonic treatment laid down, will in the majority of cases, if persistently used be successful. The combination of tannic.
chick with our other tonic agents is indicated for the removal of the paralysis, especially that of the extremities.

The diet of our patient constitutes a powerful ally to the treatment, and for one to achieve success it must promptly be accepted and assisted by the other. The designation of the treatment as tonic and stimulating, the diet— we must accumulative and supporting. Beef tea, chicken soup, and the various combinations that eggs may be made to form a part of, must constitute the food of our patient. This regular and free use must be insisted upon, and it becomes
The duty of the physician to see to
this prompt administration, as
much as the medicinal remedies.
This patient desires for particular
dishes may put to safety be hu-
mored. Provided they do not-dis-
agree with the stomach, and are
not indigestible. Egg brandy is
a good form in which to combine
our stimulating and nourish-
ing treatment; it may be flavor-
ed to suit the palate of our pa-
tient. It also forms a remedy
of great value, combining as it
does stimulating, nutritive and
tonic virtues; with many it may
be given when all else is refused.
A source of great annoyance to the patient and one that greatly interferes with our treatment, is the inability of swallowing dependent upon paralysis of the constrictor muscles of the pharynx. When it occurs the food and medicinal agents must be conveyed to the stomach by means of a tube, or thrown up the rectum, and in this way we may sometimes sustain, and at times for our remedies to act and even restore the patient.

As diphtheria in children is so liable to extend into the larynx, and become diphtheritic...
croup it seems necessary to say a few words respecting the medical means employed. Like in idio-
pathic membranous croup our great object must be the removal of the palse membranes. Indeed our treatment must be as nearly allied to that of the former disease, as the asthenic nature of the latter will permit. Emetics must be used, contrary to what has been before said, but these must be confined to those of a stimulating nature as mustard, or least not of the depressing kind. Ipecacuan-
hae and sulphate of zink
form the best.

From the beneficial action which the preparations of mercury exert in modifying and controlling the exudation of coagulable lymph in true croup, we would be tempted to place our patient under its influence. This practice is however generally condemned by the most recent writers that have been consulted, with the exception of Mr. Greenhow, who says after this use of emetics that "should be followed up by small, but frequent doses of calomel, or hydrag. c. c. with the object of modifying the quality of the exudation."
The application of the probang charged with a solution of nitrate of silver, to the larynx and trachea, is a remedy to which we must look for benefit.

Should our success fail in these measures, as they are most liable to do, the question that, so far as it presents itself in true croup, is here presented. May not an operation for the removal of this membrane, hold out a prospect of success? This question can be best answered, by the conclusion that Dr. Hald, in his prize essay on Diphtheria, has arrived at. He says: That thus do not appear to us
to be any evils attendant upon the operation which counterpoise the indisputable benefits to be derived from it." That author then goes on to say a few words respecting the proper period for performing the operation. "Maceration has been, and still is considered by a great portion of the profession as necessary in this country and in Great Britain, as the very last resort. Within the last few years, however, the opinion of those best able to form a judgment has materially changed. A middle period should be selected for the operation. We should not wait until the ca-
se is desperate, the patient is in a complete state of prostration, in fact, mar-
blended; nor, on the other hand, should we attempt the operation too early,
before other remedies had been fairly and completely tried."

With this concludes what I have to say concerning this inter-
testing, but terrible malady.
An Inaugural Dissertation
on Water
Submitted to the examination of the Provost, Regents and Faculty of Physic of the University of Maryland for the degree of Doctor of Medicine
George S. Yingling
of Maryland
1862.
To

Dr. William E. A. Achin,
Professor of Chemistry and Phar-

macy in the University of Maryland.

Testimonial of Gratitude and

Affection.

Geo. L. Wingfield.
Introduction.

Having in view the duty of preparing a Thesis for presentation, I have during a long time sought for the subject of my theme amid the varied subjects within the domain of Medicine, which, of all the sciences is the most diversified, the most useful, and the most interesting. Embracing as it does every department of human knowledge it is like the Chameleon, having something to please every mind, and every taste, however fastidious.

Oftentimes the most trivial circumstances have led to great discoveries. Newton while walking in his orchard, saw an apple fall from a tree, he was led from this to inquire why it fell? He
subsequently deduced from this simple fact the important axiom that every thing was attracted by the force of gravity to the earth's center, which axiom has revolutionized in fact natural philosophy and the science of astronomy.

Again, Galileo during an evening visit to the cathedral in Milan noticed the swinging to and fro of the lamp that hung suspended from the ceiling before the sanctuary, and from this simple incident he afterwards brought to light his great theory of the pendulum.

An obscure soap boiler of Paris, after boiling certain substances which had been gathered on the sea shore, found his copper
little to be corroded by their action, and being curious, he carried the product to the celebrat
ed Chemist Lavoisier, who, by careful analysis, made known to the world the existen
cence of a new elementary body by, iodine, which plays an important part in medicine
and the arts. Thus might be recounted innumerable instan
ces in which Science has been benefited by seemingly insignifi
cant things.
I have dwelt upon these points for the purpose of vindicating myself in writing upon the most
common, and the most widely diffused of the Earth's Constitu
ents, viz. Water (Aqua) in its
self, not insignificant, but
the most beautiful, the most useful, the most manageable, the most powerful, the most terrible, and the most important to life. No element or substance (atmospheric air alone excepted) is more diffused throughout nature, and none plays a more complex and varied part.

If we look above into the vast regions of space, we behold immense clouds that are wrought but water in a state of vapor. These, carried about by currents of air, in due time, and under certain influences fall in innumerable drops to the earth's surface, causing the moistened ground to bring forth from its bosom the varied and delightful vegetation which
adorns the face of nature and supplies to man and beast sustenance for their subsistence. The water by the heat of the sun is converted into vapor and borne aloft by the air to repeat the beautiful economy established by the great Ruler of Nature.

And viewing the mighty ocean, one is struck with astonishment at the vastness of the scene. There he beholds the waters rolling in huge masses, each wave trying to overtake the other, and each one in succession is dashed upon the white sandy beach or the rock bound shore, yet Chine immense masses are kept within their legitimate bounds.
In this contemplation we have much for reflection for many great truths are presented. These changes are continually being wrought, and by these changes, humidity and fertility are imparted to the globe for it tends out its mighty arteries through the earth nourishing and strengthening the feeblest plants, as well as the giant monarch of the forest. They imbibe the moisture, extract life, giving power and thus join in beauty and strength to delight and to help our race, when its office is done, it percolates through the many veins that ramify the earth's surface as it returns again to the bosom of the
great deep whence it should
on its glorious mission to help
mankind, these to a habita-
tion is afforded to innumerable
varieties of fish, which sup-
ply food to higher animals
and one another, there the
navies of the Commercial
float and the products of the
different parts of the earth
are exchanged for others, the
exports of civilized nations
are exchanged with each
other, the merchant is enriched
and the less favored by the
worlds wealth find employment.

If we consider also the uses
to which water is applied in the
works of man, we are as a lof
to recount them, see of what
importance is its power (Steam)
By its employment as a motive power in the propelling of the steam boats and the locomotives time and space are annihilated. It is a working agent in all sorts of mechanical pursuits, acting like the long sought for machine of perpetual motion, possessing immense power, equal to that of innumerable beasts of burden, yet still obedient, capable of being controlled by a mere child.

Its use in all our domestic and culinary departments need not be dwelt upon. That shall we say of the delights afforded by its use as a bath in the hot searching season of the "dog days" it has been employed time out
of mind for the luxury it affords in bathing.

Pharmacy and Chemistry could not be what they are were they not at command an agent of such varied use and possessing such solvent powers, as it is the greatest solvent in nature, it was used in all the religious ceremonies of the Jewish and Pagan forms of worship, as typical of innocence and purity and as a means of reconciliation to an offended deity. Under the Jewish dispensation the great lawgiver Moses recommended frequent ablutions as we see in the books of Leviticus and in many places throughout the Old Testament.
It is surprising how such a substance so widely diffused, so common, so abundant, should have remained for so long a time unknown as to its inherent chemical constituents. It was not until the last century that it was decomposed and found to be a compound substance and not a simple element as was long supposed by the ancient alchemists. At that time Chemistry — which before had made but few advances, had made such gigantic strides that scarcely a substance in nature but was analyzed and its component parts made known by the investigations and labors of chemists. Among the substances water was
thoroughly investigated and almost all that could be known of it was brought to light. Calvinism made known its composition as we shall see further on.

After these few reflections, which induced me to treat of this topic, I shall now enter into details, and if I fail, I hope it will not be attributed to any fault of mine, but to the subject which I treat; for before I have finished with it I will probably be drowned in a sea of trouble, and have drunk deep of the Chalice of Sorrow at my feeble but well meant efforts.

Prototypes of Hydrogen.

History. The ancients regarded
walt as an elementary substance, and as a constituent of most other bodies. This opinion, apparently supported by numerous facts, was held until the year 1783. – The discovery of the composition of water has been at different times claimed for Watt, Cavendish, and for Davy. Watt is certainly due the credit of having made the earliest written statements of the real composition on record.

Natural History. – Water is found in both kingdoms of nature. In the inorganic kingdom, water exists in the atmosphere; it forms seas, lakes, and rivers; it is mechanically disseminated among rocks; and, lastly, it com

otes, an essential part of
Some minerals. In the atmosphere it is found in two states: as a vapor (which makes about one seventy-thousandth part of the atmosphere) and as a solid in the form (3) it constitutes the clouds. The average depth of the ocean is calculated at between two or three miles, now as the height of any land above the surface of the sea is less than two miles, it is evident that if the present dry land were distributed over the bottom of the ocean, the surface of the globe would be entirely covered. If a mass of water a mile in depth, even in the supposition that the mean depth of the sea
is not greater than the fourth part of a mile, the solid contents of the ocean would be 32, 038,793.74 cubic inches. (Thomas Fay, of Cherr.) The quantity of water disseminated through rocks must be, in the aggregate, very considerable, although it is impossible to form any correct estimate of it. Water enters in the composition of many minerals, either as water of crystallization, or combined as a hydrate. Properties: Pure water has following properties at ordinary temperature it is a transparent liquid, usually described as being both odorless and colorless; but it is well known that the camel can keep water at a considerable distance.
is that to this animal it is a death; and as regards its color we know that all large mammals of water have a bluish-green color, but this is usually ascribed to the presence of foreign matters, when submitted to a compressing force equal to 10,000 lbs. on the square inch. 1 lb. of this liquid are condensed into 13 lbs. so that it is elastic. A cubic inch of water, at 620 °F. Bar. 30 inches, weighs 25.2, or 58.9 oz., so that this fluid is about 813 times heavier than atmospheric air; but being the standard to which the gravities of solids and liquids are referred, its specific weight is usually said to be 1.

Water has its greatest density at 39.2 Fahn. at a temperature
of 32° it crystallizes, and on so doing expands. The specific gravity of ice is 0.916. The fundamental form of crystallized water (ice) is the rhombohedron.

Water evaporates at all temperatures, but when the barometer stands at 30 inches, water boils at 212° F, and is converted into steam, whose bulk is about 1700 times that of water, and whose specific gravity is 0.022, (that of hydrogen being 1.)

In its chemical relations water may be regarded as a neutral body. It reacts neither as an acid nor as an alkaline or basic body. It combines with acids, alkalies, and many salts. When deprived of water, the oxygen acids no longer possess the qualities which characterize acid. Thus anthrophic
Sulphurous acid, does not redden litmus paper, and exhibits a disposition to unite with salts of rather than with bases.

**Characteristics:** Water is recognized as being volatile, incombustible, incapable of supporting combustion; miscible with alcohol in all proportions, with ether in certain proportions, and not miscible with the fixed oils. When pure it is odourless, tasteless, and possesses neither acid nor alkaline qualities. It is greatly absorbed by fused chloride of calcium, which has great affinity for it, and is, therefore, employed for drying gases, and absorbing moisture. Potassium chromate on it in the open air takes fire.
By the galvanic battery it is decomposed into two measures of hydrogen and one of oxygen gas. Anhydrous sulphuric acid and fluoride of bismuth produce dense white fumes in an atmosphere containing aqueous vapor, hydrochloric acid and some other gases also produce white fumes when brought into contact with aqueous vapor. The quantity of water contained in solid bodies is frequently determined by drying them and ascertaining the loss which they in consequence suffer. Desiccation may be effected by heat, ether alone, or aided by the presence of oil of vitriol.

(Sec. 33. Meth. of Drying.)

In some cases these methods fail.
to expel the whole of the water, which can only be got rid of by the substitution of another substance for it. In organic analysis, the quantity of water produced is determined by passing the volatile products of combustion over chloride of calcium contained in a tube ascertaining the increase of weight which this salt thereby gains.

Composition: The composition of water is determined by analysis and synthesis. If this liquid be submitted to the influence of a galvanic battery, it is decomposed into two gases: namely, one part of oxygen and two parts of hydrogen. These gases, in the proportions just mentioned, may be made to re-
combine, and from water, by heat, electricity, or gongy platinum.

Physiological effects:

Water is an essential part of the blood and of all living tissues. It is from this liq增值服务 that the tissues derive their properties of extensibility and flexibility. It gives fluidity to the blood and enables the transportation of organic particles from one part of the body to another to be affected. It constitutes the basis of nearly all the animal secretions and nine tenths of the blood, and is the only diluent proper in a state of health.

"Nothing like simple elements delutes the food, or gives the chyle its

tendency to flow."
Gouty - it contributes to most of the transformations which occur within the body.

Considered diuretically - Aqueous drinks serve several important purposes in the animal economy: they repair the loss of the watery parts of the blood caused by the evaporation and the action of the secreting and exhalating organs, and they act as solvents of various alimentary substances, and thereby assist the stomach in the act of digestion. If, however, they are swallowed in excessive quantity, they may impede digestion by diluting the gastric juices. It is not impossible that water acts as a real nutritive agent - that is, assists in the
formation of the solid parts of the body. As an agent for the communication of heat to and from the body, water as used in the various kinds of baths may be briefly noticed.

A. Aqueous Vapour. The vapour bath. The general effects of the Vapour bath are those of the a powerful stimulant and sudorific. It softens and relaxes the cutaneous tissue, expands the superficial vessels, accelerates the circulation of the blood, augments the frequency of the pulse and respiration, and produces copious perspiration. These effects are preceded by a feeling of languor and a tendency to sleep. The vapour bath is distinguished from the
hot-air bath by its soothing, relaxing, and greater sudorific influences, from the hot-water bath; by its inferior power of communicating heat, by its greater sudorific tendency, and by its causing scarcely any superficial compression of the body, whereby it does not occasion the procordial oppression experienced on entering the warm bath.

In this country, it is employed for therapeutic purposes only; but in Egypt, Turkey, Russia, and some other parts of the East, and in Russia, it is in common use as a hygienic agent and luxury; and is accompanied by a process of friction, kneading, and effleurage.
of the muscles, tendons and ligaments, constituting the making of the Egyptian, (Mosa)
sor, from the Arabic word Musa
es, to touch lightly, and the sham
boring of the East Indies.—
B. Warm Liquids and Moist
Solids. Baths of Lepid, Warm
or Hot Water.—The practice
of bathing is of great antiqui-
dy, and precedes the date of
the earliest records. (See Persia.)
Baths moderately warm, and
which neither cools nor heats
the body, acts locally as an
emollient: Softening and rela-
Sing the various tissues to
which it is applied, when so
allowed it always thirsts be-
comes absorbed, mixes with
and thereby alternates the blood,
and promotes exhalation and secretion, especially of the vital fluids. Administered in large quantities it excites vomiting. The continued excessive use of water has an enfeebling effect on the system, both by the cross-supplying influence on the alimentary canal and by the excessive secretion which it gives rise to. Injected into the veins in moderate quantities, like water has no injurious effects; it quickens the pulse and respiration, and increases secretion and exhalation. Large quantities check absorption and cause difficulty of breathing, and an apoplectic condition. Thrown with force into the carotid artery, it kills
by its mechanical effects on the
brain.

Uses. — Besides the dietary and therapeutic purposes for
which water is employed in medi-
cine, it serves as a difficult
instrument emollient, evacu-
ant, and in pharmacy, as a
solvent. Water or bland aque-
ous liquids are employed in some
cases of poisoning. They serve
to dilute acid and irritant
poisons, the intensity of which
action on the stomach they lower.

The presence of aqueous fluids
favours the expulsion of sub-
stances by vomiting. In pres-

ternal and external dryness and reji:
dil of parts (e.g. of mucus sur-
faces, the skin, wounds, and
wheezes.) Water and mild aqueous
fluids are useful moisteners and emollients.

The copious use of water augments the quantity of fluid thrown out of the system by the cutaneous and pulmonary surfaces, and by the kidneys. If our object is to promote diaphoresis, external warmth should be conjointed with the internal use of diuretics. Whereas, when we wish to expel the renal vessels, the skin should be kept cool. In inflammatory affections of the urinary passages, we advise the free employment of aqueous fluids, with the views of diluting the urine, and thereby of rendering it less acid and irritating.

The native of India prefers...
The pouring of cold water upon the head in cases of Sunstroke, or any other curative measure. One of the most useful of the particular remedies employed for strengthening the body, is the cold shower bath; this tends more, perhaps, than any single measure to give permanent firmness and readiness to the system. The best test in all cases of the tonic and purging effect, of this remedy, is the occurrence of a pleasant and general glow after each application of it. It is the only safe mode in which the cold bath can be used by any one.

Steele (Watson's Practice of Phys.)
You may often do much by way of prevention, for persons who
are unusually liable to take cold, by the use of the shower-bath. I could mention several instances in which persons have got rid of the tendency to catch cold by the habitual use of this apparatus. It should be begun in the summer, and made lighter at first, but in a short time quite cold water may be employed; and being once begun, the practice may be continued throughout the winter. For those who cannot procure a shower-bath, or who cannot bear its shock, cold sponging will be found exceeding salutary.

What is called Water-dressings may be regarded as a modified and improved form of poultice,
Dr. Macartney considers it to operate differently to a poultice, unlike the latter, he says it prevents or diminishes the secretion of pus, check the formation of exuberant granulations and removes all pain. Moreover, the wax is not apt to become sour, like a poultice and does not injure the sound part. Wax is frequently employed in pharmacy for extracting the active principles of various medicinal agents.

To speak of the domestic and medicinal uses of ice, and of the extent to which health and comfort are promoted by our being able to lock up a portion of "living embers," in our refrigerators, and maintain the temperature
of December in the pantry, while the thermometer stands at 84° in the shade, would be a work of supererogation. How much the comfort of a foreign voyage is promoted by a plentiful supply of fresh provisions from the ice-house of our passenger ships, is too well known to speak of. "Many lives are saved at Calcutta every year," says Dr. Asthanaugh-Timento, "by applying lumps of American ice to the head of the patient, in cases of high fever," Mr. Faraday stated in a lecture at the Royal Insti-
ution, that he had been able to perform some novel and in-
teresting philosophical experiments, by the aid of the pure trans-
scendent lumps of American ice."
Hydropathy.

The cold water cure or Hydropathy, though not yet admitted by the medical profession among the legitimate means which may be beneficially employed in the treatment of diseases, undoubtedly includes powerful therapeutic agents, which in the hands of the educated and honorable practitioners, might be beneficially resorted to as remedial agents. It does not confine itself to the use of cold water only, but includes dry sweating, and regulated clothing. The cold water is employed both internally, and externally; internally, in the forms of potions, gargles, lavements, and injections into the ears, urethra, and vagina;
Externally by baths, ablutions, wet linen sheets, and wet compresses, the baths are both gen-
eral and local; the former in-
cludes full baths (portable, flun-
ging, over and wave baths,)
half baths, shower baths, douches
(including the-sting bath, ad do-
uche on a large scale, and drum
baths; the local baths con-
form to the sitz bath (sitting bath)
both in still or flowing water,
the foot baths, the hand bath,
the head bath; the ear bath, the
eye bath, &c. &c. In the notice
of Hydropathy it will not be de-
emed inappropriate to give a his-
tory of its first application by
Vincent Priessnitz in his own lan-
guage. It was in the year 1846,
when I crushed my finger, and,
and, as if by instinct, plunged this injured member into water, until it ceased bleeding. I felt the coolness agreeable to my burning and benumbed finger, and found that by holding it repeatedly in water, the finger, without the local inflammation or suppuration, after a little while white opaque matter, sealed in a short time. I became convinced thereof, of the healing power of cold spring water; and when I mentioned this, praising by to others, I learned from some experienced old men that this was certainly the case, and that they could relate to me a number of cases, in which cold water proved salutary above any other remedy, from I was to realize,
in my own body, what a precious gift of the Creator for man, which lays hidden in cold water."

Pressant, from the experience gained by his experiments, obtained a considerable practice having treated in one year, nearly fifteen hundred patients, in his own house and in the vicinity; in almost all cases gratuitously, and not earning more than a gratuity. The physicians found it at least advisable to put an end to the mischief. He was impeached; and as they could not forbid him to recommend to people cold water for drinking and washing, the district physician, in dissecting the body left by Pressant in washing, in order, if possible, to discover
something therein, that might explain the miracle wrought, and of course found nothing for his trouble, — after many intriguers, and after it had been proved that Plessersich employed only water, air, and exercise for his cures, he received at last, in part of the Prussian government permission for establishing an institution for water cures, and receive therein Whomsoever would submit himself to his care, and whom he would believe himself able to cure. Plessersich enjoins that in pursuing the water cure, it shall be the sole object of attention that the patient should be almost always in the open air, take abundant exercise, according to his or her strength;
abstain from study, recreate in cheerful society, avoid every species of immoral excitement; and with undeviating strictness pursue the plan which he lays down.

Actions and use of mineral waters.

I shall say a very few words concerning mineral waters, their actions and use, then I shall close. The actions of mineral waters on the animal body are extremely interesting both in a scientific and practical point of view; but they are as yet ill understood, owing to the vague step with which facts have been hitherto determined, their effect are in some measure the same with those of the substances
Which from their leading ingredients, nevertheless important differences are often observed; and these differences, seem not always intelligible. We can easily understand that the operation of the leading ingredients must be liable to modification from the coexistence of fungative salts. will modify the acridious water, that iron will diminish the effects of a simple fungative one, and that an aluminous chalybeate will have very different effects on the bowels and general system. Fever, Simple, and, still worse from a fungative chalybeate.

It is obvious that mineral waters compared with leading
Substances in them when given in artificial mixtures, possess a vast superiority as therapeutic agents through means of their adjuncts, a country atmosphere, regular exercise, the amusements of society, and freedom from the cares of business.

It seems likewise well ascertained that one remarkable peculiarity in their operation, namely, their great activity, compared with the small amount of their active constituents, may arise in part from the state of dilution in which those constituents exist, and in part also from several substances of similar properties being united together in the water.
For it is well known that by attending to these two conditions the energy even of artificial preparations of the materia medica may be often considerably increased. But many entertain doubts as to whether all the circumstances here enumerated will account for every peculiarly observed in the action of mineral waters, more especially their great energy.
Inaugural Dissertation
on
Rheumatism
Submitted to the examination
of the
Provoost Recuits
and Faculty of Physic
of the University of Maryland
for the Degree of Doctor of Medicine
by
José Camille Pibeez
of Maryland.
Phrenology

The word is a derivative of the Greek 'pneuma', meaning breath or spirit. It was used by various authors to describe different aspects of the human mind and personality. It may be studied according to different methods and may be divided into two main branches, physical and mental. The various systems of phrenology have been developed according to different schools of thought.

In the context of the human mind, the phrenological system attempts to relate specific mental faculties to distinct areas of the head. The theory is based on the idea that the brain is divided into several regions, each corresponding to a different mental function. For example, the region thought to control willpower is located in the front of the head, while the region for reason is located in the rear.

Phrenologists believe that each mental function is associated with a specific area of the skull, and by examining these areas, it is possible to gain insight into a person's character and potential.

There are several schools of thought that differ in their approach to phrenology. The most well-known is that of Spurzheim and Gall, who developed the first comprehensive system of phrenology. Other schools, such as that of Professor Gallin, have also contributed to the development of the field.

Phrenology has been both praised and criticized throughout history. It has been praised for its ability to provide a new perspective on human behavior, and criticized for its lack of scientific rigor and its reliance on subjective interpretation.

Despite these criticisms, phrenology continues to be studied and debated, and its influence can still be seen in various areas of psychology and neuroscience.
of a severe pain, followed by vomiting
and sweating. The next thing to be
noted was the gradual elevation of
the body. The pain subsided more
and more as the consciousness of
the sufferer. The local changes were
not apparent but the victim's limbs
were colder and his breath was
slower. This commencing in the chest, it
gradually spread to the limbs and various
organs to the coriopharynx and the
other parts of the body. The cause of
the pain appears to be due to some
general symptoms that cannot be
explained. The case is under the care of
a physician and the patient is
being watched closely. It is an
attendant
ordinary phenomenon of fever, but
considerably elevated appetite and
fever...
of the mental affection is the occurrence of the headlight. Information being communicated to us, it is done in this explanation, the

natural interpretation of affection. The perplexity of opinion is then with its influence on the

Dementia, sometimes occurs at the

simultaneously with the head. and most peculiarly in

Dementia may occur, while that

is no circumstance, and from the

same causes as the fluent affection.

The Dementia is nearly always

though the patient yet the disease

is no account of the affection.

Sometimes though the patient

visits are increased, while others

are completely blunted. I have

The local mineral composition, height and density, and climate, are
factors in determining the nature of the materials used in the building.
In the construction of the building, the design and the materials used
are important considerations. The design of the building is
influenced by the purpose for which it is intended. The materials used
in the construction of the building are selected based on their
suitability for the intended use. The design and materials used
in the construction of the building are determined by the local
environment, climate, and available materials. The design and
materials used in the construction of the building are
influenced by the purpose for which it is intended.
tenth day, and secondly, continuing the same process elaborated upon above, the result in this case is that it becomes a probability that it will be found later. Some combinations of all these phenomena. This is the endorsement, or, as it is called, the combination of the different parts. To 1011.4, the same influence, both of the lines of measurement, but no assurance of the fact just as the calibration of the instrument is decided, that it may be read correctly. After sending a communication to the Board of Trade, to receive it. The Board is sending a communication in the same way that it is read by any person. The Board

[Note: The text is handwritten and somewhat difficult to decipher.]
...continuation at top of next page.

...and the term, besides in the body.

...Vesicles and Herpes willading to

...to ascertain. The common words

...the symptoms of this disease

...of both are wont and the number

...herbs, including all the plants

...the heart and in.

...the right.

...Natural History.

...the application of some of these

...these as well.

...incense of the highest in these

...struggles through effects and becomes

...mention of the cases of suffocating

...with the...
There is also a certain degree of the Lord and at the same time this seems of a good amount of the as explicit the edges and another drawn.

Circus

The most frequent Caress. Choral
view is apparent to relate with But
by projecting or being observed to take
me for and a way, even their
knowledge is directed the Tho
and Diaities. There are indeed
observation. These common to the
less from the fact that they are opposed to the Cause that 11th
11. Observation is primarily for
their occupations mingling themselves
in all things of nature. This
underlies, and extends over highly
local affection is left hanging there in the air; by this time there is no great degree of anything which affects the living felt. The occasion for a breakdown upon this whole weight of a muscle causing the weight "a lasting change. And the partly hawking painfulness persisted. The future
first became convinced of the danger, and in an attempt to check the
unbridled, and disastrous, march of the
violence and destruction of the African population; the year,
States a year or more before the fraction
of. In point and community of
view, we have the same. It is the
check, during the time of the civil
existence, and of the condition of the
abolition, it is a question of deciding the case of
general discussion from the case
concerning the constitutionality of the
the injustice that been the cause of
what was an unjustly disfranchised slave
issue. Because before the passing of the
Book of Deuteronomy, the law

Dear [Name],

I am writing to express my concern about the health and comfort of your [relative]. I understand that you [relative] have been [illness or condition], and I am very worried about your state of health. I urge you to seek medical attention immediately. It is important to take care of your health and ensure you receive proper treatment.

I have been monitoring the situation and have noticed some changes in your [behavior or symptoms]. I believe it is necessary to take action. If you need any help or support, please do not hesitate to ask. I am here to provide whatever assistance I can.

I hope to hear from you soon. Please take care of yourself.

Sincerely,
[Your Name]
The following is a description of the garden that appears to be the same one described in a previous letter. The garden is located behind the house and is described as having various plantings. The letter also mentions the need for continued care and attention to the garden.

"The garden behind the house is in need of attention. The various plantings need to be watered regularly and the weeds need to be pulled. The garden is located behind the house and is a source of relaxation for the household."

The letter also mentions the need to maintain the garden and the importance of continuing to care for it. The writer expresses a desire for the garden to continue to flourish and to provide a place of peace and tranquility for the household.

"I hope that the garden will continue to flourish and provide a place of relaxation for the household. It is important to continue to care for the garden and to ensure that it remains in good condition."
...
There are the things against the rains, through the planting time, and
in the spring. Therefore, remaining with of
the, after them, the other various.

Prop.-
In composition to my beloved
be prepared to be new instructions.
In composition, both sometimes the style
of Baliani Musæi, and your love
of some of Latin writers. By the new
some in Latin, without the inclusion
in old, drawn. By shifting, change to
modern classes of things. The common
be changed. In addition, and
and strength of sometimes. By natural
and strength, in the context
of the classes, the different
is nothing in books. In the future
List of the Articles

I shall not speak of the many ways of treating the nervous system of which is in the most common and which is to the overwhelming importance of the nervous system. That we shall speak and speak and speak to the relations of the matter with regard to the blood of men. The army has kept the patient and kept the patient and kept the patient.

Keep Morning by a clear day of Simple Injections to which I might be turned by the signs of the Sister Italiana. This patient should be kept up strictly the patient is under Castellano until
J

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Life is a very curious thing. Some people see it as a race where the winner is the one who gets to the finish line first. Others see it as a journey, the mere fact of being on it is what matters.

Time marches on, and we change, but our core values remain. We learn from our experiences, and those lessons shape who we are.

The past holds the key to the present, and the future can be written. Each day is a new chapter, and we have the power to write our own story.