University of Maryland Theses

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

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

The project team who investigated and corrected the tables of contents were Richard J. Behles, Historical Librarian/Preservation Officer; Maria 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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UNIVERSITY OF MARYLAND

THESSES

1867 (c)

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^1 Stained. Portions illegible.

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AN
Inaugural Dissertation
on
Small Pox
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
A. B. Price,
of
Charles County,
Session of 1867.
Variola:

Small Pox is probably more contagious than any other disease, which the Physician has to treat. It commences in much the same manner as various other exanthematic diseases. First there is a chill or rigor followed by fever of greater or less severity. There is heat, dry skin, and a hard frequent pulse. This initial fever lasts three or four days and is followed by an eruption which passes through various stages, viz., papular, vesicular, and pustular. The ancients have left us no account of having been scourged by this contagious disease, and we do not know that it prevailed in Europe at all until some centuries after the Birth of Christ.
Indeed there is no notice that this great destroyer of human life, and spoiler of beauty, appeared in Europe until the followers of Mahomet, with their blood-stained Crescent, began to devastate the fair valleys, and vine clad hills, of Southern Europe.

These fierce Arabs, not only conquered the fairest portions of Christendom, where they threw down the cross to raise in its stead the bloody crescent; not only converted the temples of Christianity into Moorish Mosques; but poured into Europe the foulest and most fearful disease that was ever known to suffering humanity.

Small Pox has long been known in India and China. Whence it spread over Arabia, and was carried by the Saracens and Moors into Egypt, Syria, and later Stiff...
into Spain, and thence throughout the world.

At one time it was estimated that two fifths of the human race lost their lives by this loathsome disease, and it was rare to see a man of forty years old who was not pockled. Most writers have divided Small Pox into two prominent varieties, called from their appearance, distinct and confluent. In the first the pustules are distinct or isolated in the latter they run into each other, and sometimes the patient's body has the appearance of one vast scab.

The first stage is so much like the first stage of some other diseases and especially of continued fever that it is difficult to make a diagnosis during the first two or three days. But if Variola is prevailing in a community, and if the patient has been exposed to its contagion and
especially if he has not been protected by vaccination or inoculation, you may suspect the disease will turn out to be Small Pox.

When fully formed you cannot mistake it for any other disease, if you have ever seen a case before. The odor, a peculiar greeny smell, is unmistakable. The period of incubation is usually from ten days to two weeks, but it varies.

First there is a feeling of general malaise, then comes the rigor of longer or shorter duration, followed by hot skin, frequent pulse, loss of appetite and fever. One is afflicted with thirst, sick stomach, often vomiting, headache very severe, great pain in the back; if the disease is going to be very severe the pain is mostly felt in the lumber region. There will be pain in the limbs and great muscular weakenes. There is sore throat, sneezing
and often the eyes are bright. In children the disease is often ushered in by convulsions, which do not always indicate a bad case.

As a general rule where the first symptoms are violent you may expect a more attack. But when these are no bad symptoms and no pain in the back, the disease will run a mild course.

The eruption begins to come out on the third day; it appears first on the face, then on the body and upper extremities and lastly on the lower extremities. It does not always appear thus; sometimes it comes out on the extremities first. The eruption may not appear until the fifth day.

When it comes out early it is a sign that the poison is very violent and you must watch your patient carefully, for the power of life begin to flag and must sustain them. When the eruption is fully out-
The fever generally abates, the stomach becomes quiet, the head ache diminishes, and the patient is relieved for a time. This calm however must not deceive the practitioners.

At the time when the eruption is fairly out, the second stage is said to commence. This eruption which is at first not much raised becomes papular and on the second or third day it becomes vesicular. The vesicles then become gradually rounded and flattened at the top, and the centre appears umbilicated. The skin around them becomes hard. They continue to increase in size until the eighth or ninth day of the eruption, when they become pustular. The liquid in these pustules assumes the character of pus and the pustules instead of being umbilicated become convex. About this time arises the secondary fever called the fever of maturation.
This, the ninth day, is considered the most fatal day, and the second week is the most fatal week. This fever is mostly sympathetic and often assumes a low form. If the quantity of pus formed is large and the case has been a severe one, the patient will require at this time sustaining treatment, and care should be taken to keep up the vital force.

Varicola is very often accompanied by sore throat. The fauces and tonsils are likely to swell and more or less salivation occurs. The saliva is at first thin but afterwards becomes viscid andropy. The blisters only attack the skin and the inner part of the mucous membranes which are exposed to the air. They sometimes attack the joints in addition. The poison being conveyed to it by the poisoned blood of the mother, though
She may be retarded from its influence herself. It often causes the death of the foetus and consequently abortion. The pustules rarely attack the inner surface of the eyelids and it seems doubtful whether they ever attack the conjunctival membrane. Erysipelatous inflammations sometimes arise, and abscesses form in various parts of the body. The fever becomes hectic, or typhoid, low muttering delirium supervenes and many symptoms go to show that the River of life is tainted. Unless the Patient is supported, the strain on the system from insolation causes the expenditure of nutrition to be greater than the income; the system becomes a spendthrift; and nature being unable to supply the demands, the patient sinks. These cases require good food, wine, iron, bromine, etc.
The face in this disease becomes
much distended, the eyes closed, and
such is the deformity that it is, at
times, impossible to recognize the
most intimate acquaintance.

Small Pox has its periods of activity
and dormancy. It may be dormant
for some time without any appreciable
cause; it breaks out at fresh, and spreads
over a whole country. During the
winter and spring of sixty-eight it spread
with considerable virulence over a por-
tion of Southern Maryland, and dur-
ing its continuance many persons
who had been vaccinated repeatedly, and
on whom the disease had never taken
hold more than once, on being vacci-
nated again, had a distinct varicella and
very appearance of true vaccinia disease.

These persons would have contract-
ed variola if they had been exposed
to the contagion of small pox.

Variola most generally breaks out
During the winter when the destitute are crowded into small ill ventilated apartments, it sometimes breaks out during the spring, and it is said that the small pox which appears in the winter is much worse than that which appears during the spring.

Whether it ever arises de novo simply as an epidemic or not is not positively known, but it unquestionably occurs in a large majority of cases after exposure to the poison. The character of the case communicating the disease seems to have no influence over the severity of the one which may arise from it. A severe confluent form may give rise to a distinct form, and vice versa. The third stage is often little more than a period of convalescence. The pustules become dry and brown and begin to drop off soon after the twelfth day, and the swelling of the face subsides. This drying
and dropping off generally commences on the same part of the body on which the traveler first appears. Many of the pustules first shrink instead of bursting, and then drop off, leaving the skin beneath red and where the pustules have broken we will find a flat or puck mark. There have been two methods discovered of preventing the ravages of this fearful disease. One to communicate it in a mild form to a patient whose system had been prepared for it: and where the progress of the case may be kept under the control of the physician. The other to prevent the patient from taking Variola by engrafting on him another disease. The first is called inoculation; the last vaccine. By inserting a small quantity of virous under the skin, you may produce a modified, or milder form of Small Pox than where it is profa-
gated in the usual way, viz. by the lungs. This process is called inoculation.

The Chinese were in the habit of inoculating many centuries ago, by inserting a piece of pusule up the nostril, this was different from the present system as the patient took the disease through a thinner membrane. It was practiced in Turkey during the seventeenth century, but was not introduced into Europe until 1718 or 25, when Lady Mary Wortley Montague the wife of the English ambassador at Constantinople had her daughter inoculated.” Afterwards a Dr Keith who attended Miss Montague underwent the same operation.

The period of incubation is comparatively short and the disease much milder than when the poison is taken in by the lungs.
But it is doubtful whether inoculation was beneficial to humanity taking mankind as a mass, as every case inoculated became a point from which the poison was radiated, and spreading thus over a community, it caused certain more cases and probably more deaths than would have occurred without it. Inoculation was therefore abandoned as soon as a safer mode of avoiding the terrors of smallpox was discovered.

One of the most useful discoveries ever made in medicine was made known to the profession by Dr. Edward Jenner. He deserves the thanks of every human being. His discovery has done more to lessen suffering and to relieve persons from a sickening fear of a most loathsome disease than
any other of modern times. The only parallel was the discovery of the antiperiodic powers of Jessuit bark.

Dr. Jenner found a prevailing belief among the peasants on certain dairy farms in Gloucestershire, England that persons who were fortunate enough to contract Cow Pox, which is a vesicular disease, were protected from the contagion of Variola. And finding this not an unfounded belief, he upon the happy idea, that the disease might be conveyed from one individual to another and that the protecting influence might be so conducted also, and thus by protecting everyone this scourge of nations might be driven from the Earth.
Dr. Jenner found that in those dairies where this disease existed that men were the milkers and enquiring further found that the same men had charge of the horses and that these horses suffered with grease or some kindred disease. This disease was transmitted from the horses to the cows through the hands of the men. And when taken from the cow by the milkers he was protected ever after from Small Pox. The next step was to discover whether this Eruption could be engraffed from one person to another and whether when so engraffed it would prove a protection.

"The 14th of May 1796 was the birth day of Vaccination Matter was taken from the hands of Sarah Nelmes who had caught
The disease from a cow and infected into the hand of James Phipps, a healthy boy of about 8 years of age, he went through the disease in a regular manner; he was afterwards inoculated and did not take variola. Other experiments were made and it was soon found that the vaccine disease would protect the system from variola. It does not always protect from varioloid unless the subject be revaccinated from time to time. The virus may fail to take effect. A number of trials may be made in vain, until small pox breaks out as an epidemic. Then it will readily affect the system.

There were of course many objections to vaccination at first, as there always are to new discoveries. Most of these were very absurd, such as the superstitious and
uneducated are apt to bring forward, as for example, That it was
impious to engross a disease from
a brute to a human being.
On the third day after the incep-
tion of the matter the scar be-
comes red, and shows signs of in-
flammation, About the fifth
day the vesicle becomes umbil-
icated at the top, and grows grad-
ually larger until it becomes well
formed, round, and oval, and of
shining appearance, it thus in-
creased until the tenth day when
it becomes full & turgid, Then the
disease is at its height.
If then begins to decline a scab
forms over the vesicle and the ma-
tle becomes thick like pus, and is
contained in a single cavity.
Instead of several distinct ones.
This scab gradually hardens and
becomes dark brown in hue.
In about four weeks it separates from the skin leaving a white depressed scar, on the surface of this scar are several slight pits or depressions. The System often sympathizes with the progress of the disease, the arm often swells as do the glands under the arm. These glands become at times very painful. There is very often fever and sometimes a rigid But these symptoms soon pass off. It is said that the nearer the cow the more severe will be the symptoms and it is a popular belief that it is more effectual. But Dr. Wood who ought to be good authority says it is just as effectual when many times removed. Be this as it may our astute Legislators have seen it to impose a fine on any Physician who uses Matter more than four degrees removed from the
Cow. Law makers sometimes prove themselves to be great culprits by the statutes they enact. I do not mean to insinuate that our Sapient Senators have any relation to kine. But no one ever accused them of being Solons.

The Treatment of Small Pox is local and general. The general treatment is principally Hygienic. The patient should be kept in a cool well ventilated room. There is no need of special treatment. Symptoms may be treated as they arise. The disease can not be cut short and we should try to conduct our patient carefully through it. Mild purgation is sometimes necessary as Rochelle Salts. Sometimes an enema may do good. We may often give refrigerating drinks; as the Neutral Mixture, or if the stomach is
Irritable the effervescing draught, 
Saffronia Pimpinea was at one time 
considered almost a specific but is 
not so much thought of at present. 
In the sore throat attending upon 
variola Alum and Iceland May 
be used with advantage. Opium 
may be given to prevent irrita 
tive fever if there be no contra 
indication. Mineral acids may 
be used several times a day. Give 
some light but nutritious food, 
Wines, Boon, Whey, Brandies etc. 
When necessary, Lemonade and Car 
bonated Waters often do good. 
The treatment to prevent pitting 
is called Celiotie. Several means 
by this end have been used with more 
or less success. The application of 
Tincture of Iodine several times a 
day while the eruptions is pop 
ular has been used with suc 
cess. Piercing the pustules
with a Surgeons needle dipped in a strong solution of Nitrate of Silver, will often prevent the pocking. Mercuvial ointment has often been used with great satisfaction. A solution of Gutta Percha and Chloroform is said to prevent the formation of the scars. An ointment made of three parts carbonate and one part of the Oxide of zinc rubbed up to proper consistency with Olive oil, is said to be as reliable an application to prevent-pitting as any other. Evaporating lotions to lower the heat of the surface, and the Chloride of lime as an antiseptic may be used. Soothing unguents and various powders are used, to mitigate the unbearable itching.

Very Respectfully,

A. Baillie Price

Feb. 13th 1867
AN
Inaugural Dissertation
on
Phrenia.
Submitted to the Examination
of the
Provost, Regents and Faculty
of
Physic,
of the
University of Maryland,
for the degree of
Doctor of Medicine,

By
J. P. Campbell.

Session of 1857.
Pneumonia.

Definition. Pneumonia may be defined as an inflammation of the interior of the lung, or of its parenchymatous structure.

There are several kinds of pneumonia, in instances it may be confined to a lobe, or occupy an entire lobe, constituting the so-called lobular or lobar pneumonia. Inflammation may also set in upon the lungs without giving any notice of its presence, and injure the organs to such an extent as to beyond our power to do any thing for it; in this case, or cases, it is said to be lobar pneumonia.

Of course it is especially true, that in certain its situation, its extent as well as progress by
in one of the ears. All the symptoms that give us the most sure information respecting the nature of the disease, its increase on one hand, or its abatement on the other, spring out of the actual changes wrought in the pulmonary substance itself, and all of these changes are disclosed to us in the methods of auscultation.

There are three distinct stages of pneumonia: 1st. Skirt of engorgement. The substance of the lungs in this condition is filled with blood or bloody serum. It is of a dark red color externally, and crepitates less under pressure than sound lungs do, and if felt in this condition it will be found that third is more liquid than air in its cells. It is heavier also, than natural and inelastic, and holds in some degree the impression of the finger. When the engorged portion is cut, it is found red, and a great
quantity of a reddish and partly
dense flax from it. 2nd. of the infla-
nation in the lung continues, it
dergoes a further alteration, and it
presents the following characters. It
is still red externally and moist, but
it precipitates no longer under pressure;
and it sinks in water, it containing
no air. Its cut surface presents some-
times, as it was said, a uniform red color,
and sometimes a slightly mottled or varied color.
 appease produced by an intermixture
of specks of the black matter of the
lung, while the spongy character of the
organ is lost, and said to be solid; and
the cut surface resembles very much the
cut surface of the Liver. And the term
lipatization is applied to this condition
of the lung by most writers. It is
also said, that the texture of the organ
in this condition is sometimes so soft
that a slight pressure between the fingers
is sufficient to reduce it to a state
o pulp. 30. In a degree still furth, advanced, the pulmonary tissue, firm, solid, and impervious to air, as in the lacrymal stage, undergoes an alteration of color: it presents a yellow, or straw, or draw color. When crushed between the thumb and fingers it is reduced to a yellowish grey pulp. This stage of the process of inflammation in the lung is called by Caesar's grey hepatisation. This, a purulent infiltration, by Andral grey softening. Gangrene sometimes occurs as a consequence of acute inflammation of the pulmonary substance.

Pleurisy are two kinds, and inflammation may attack one or both, in the former case it is known as single, in the latter, as the pneumonic. Again, the inflammation may occupy a part of one lung, or the whole of it, but it is said not to affect all parts alike, also said to be partial to the right side of the body. As the Tunger's are in-
Where there were one hundred and fifty one cases of pneumonia, ninety eight of the right lung alone, thirty eight of the left alone, seventeen of both sides at once, and in six, the situation was uncertain. This certainly is very good proof that the right lung is the one most affected. In some respect to that part of the lung, which is most liable to inflammation, there are remarkable differences. It is well known, and said to be, a very important fact in respect to diagnosis, in some cases, that the lower lobes are more liable to inflammation than the upper. I believe it is the general impression that the inflammation commences in the lower lobes and spreads upwards frequently, to the superior lobes.

Inflammation of the Bronchi constantly accompanies inflammation of the pulmonary. The mucous membrane presents a red color, both in the large and in the
small branches of the air passages, and when a single lobe is inflamed, it has been observed that the redness of the mucus membrane existed in these bronchial tubes alone, which were distributed to that lobe. Therefore a person may have bronchitis without pneumonia; but pneumonia with some extent of bronchitis is never seen. There may be some pleurisy too, for the majority of cases of pneumonia are attended with a degree of inflammation of the investing membrane of the lung; so often is this the case that some writers call the disease by the compound name of pleurisy pneumonia. Now such being the changes which the lungs undergo when inflammation affects the pulmonary tissue, I wish to inquire what signs of its existence the inflammation holds out; and how far we, not having the power of seeing what is going on within the thorax, may notwithstanding ascertain
the important changes which are thus
transacted.

Physical signs of the first stage, that of engorgement. Diminution of the
respiration is generally observed over the affected part on percussion; auscul-
tation exhibits an equal dry crepitation, which is best heard at the close of a
depth inspiration, and by coughing. The respiration murmur is mingled with the
crepitation or may be absent. In the neigh-
borhood of the affected parts it is nat-
ural or peculiar. The voice and cough are
rather more resonant than usual. If
the ear be applied to the surface of the
of the chest, with or without the interven-
tion of the stethoscope, and the portion
of lung lying to that surface happens
to be in the first stage of inflamma-
tion, that of engorgement, a peculiar crack-
ling sound is heard; the smallest kind of
crepitation, which has been compared to
the sound produced by rubbing between
the finger and thumb of one's own
hair, close to the ear. It is often of
it as 'minute crepitation,' or the crack-
ing of pneumonia. If we listen to
the breathing of a healthy person and
will hear as the breath goes in and
out; but especially as it goes in, a smooth
and gentle rattle which is known as the
respiratory murmur, or the vesicular breath-
ing. But when the inner surface of the
bronchial tubes, and of their branches,
is preternaturally dry and tined, this
sound is altered; a hissing or whistling
sound is heard as the breath goes in
and out, and this is called Sibilus;
or a still deeper note, a snoring voice
is heard as the patient inspires or expires,
a sound like the cooing of a pigeon, and
this is call'd Brouchus. These two sounds
in their modifications, constitute the dry
sounds of respiration. Brouchus belongs
to the larger divisions of the bronchi ex-
dusibly, and Sibilus to the smaller
Sore de which result from the passage of air through a liquid, by the formation and bursting of rapid succession of numerous little air bubbles are known as crepitations. This process may take place in the large air tubes, when it is known as large crepitation, or in the smaller, when it is known as small crepitation. When the crackling sounds approached surface of the chest, feels it hard to up in inspiration, but no sound is heard if any, it is a new sound, not the vesicular murmur, nor the minute crepitation, but a wheezing sound is heard. Little gusts of air puffed in and out, most distinct at the termination of a slight cough. This is the sound to which the term bronchial respiration has been given.

Physical signs of the 3rd Stage.

When hepatisation has occurred, the motion of the affected side is impeded,
and immediately above the sternum, and in the corresponding triangular space on either side, there is often an evident depression. Percussion is dull over the affected part in every position of the patient. On auscultation the respiration is found to be replaced by bronchiab respiration. The respiration murmur is also louder in the other portions of the lung, and the voice and cough are more resonant.

When suppuration supervenes, as in the 3rd stage, I think pretty much the same signs persist. When gangrene or supplicative cavities are found they present like signs. I have given as far as I am able and that very imperfectly, some of the physical signs of pneumonia in its different stages. I will not mention some of the general signs and symptoms of the disease. In the respect of cases, it is said that the commencement of inflammation of the
lung is marked by chivering, followed by heat and increased frequency of the pulse; soon after a very severe pain of a lancinating character comes on, with a sense of oppression in the chest. Therefore it might be said that the usual symptoms of pneumonia are, pain, more or less severe on one side of the chest; dyspnea; cough; a peculiar expectoration; and fever. The pain in pneumonia is most commonly experienced on a level with, or a little below, one or other breast; it may exist in almost any part of the thoracic parieties. It is aggravated by cough, and by a full inspiration, also by sudden changes of posture, and by percussion of the part. The dyspnea which occurs in pneumonia varies greatly, both in degree and kind in different cases, sometimes it is very slight, and again it is so severe that the patient, very often, cannot lie down, and can scarcely breathe. The breathing is said
to be more impeded when the patient lies on the sound, than when on the diseased side, but patients laboring under this disease almost all lie upon their backs. Delirium is also a symptom which very often occurs in an attack of pneumonia, and is said to be a very dangerous one, as denoting that the direct arterialization of the blood is interfered with by the pulmonary affection.

The cough in pneumonia is said, then, to have no peculiar character; and affords but little information. It is usually dry in the throat, but in a few hours it is accom-

panied by the expectoration of a peculiar sputum, which constitutes one of the most certain indications of the presence of pneumonia. The expectoration of pneumonia when well marked, consists of translucent, or straw colored sputum, consisting of the contents, containing whitish, or grayish, or trembling mucus, and of
Turned upside down, and shaken, with
out being detached from the bottom
or sides. When such expectoration is found,
there is almost certainly pneumonia.

At the commencement of the disease,
either nothing is expectorated, or simply some
bronchial mucus; but on the 2d or 3d
day generally the matter is expectorated
assume the characteristic appearance,
it is, they come to be composed of mu-
cus combined with blood. The blood
and mucus are mixed together, and in
proportion to the quantity of blood,
the expectorate becomes of a yellow color,
or of the color of rust, and at the
same time become glutinous and tena-
cious, these adhere together so as to form
one like mass. So long as this mass
flows readily along the sides of the
vessels in it is expectorated; so long is there
cause to hope, judging from this circum-
stance, that the inflammation does not
run 'its' feril degree. But the expectate
often acquire an extraordinary degree of viscosity, so as no longer to separate themselves from the vessel when it is inverted, they cannot be shaken out, when this happens, we fear that the pneumonia reaches its second degree. In fact, when the sputa become thus much and very viscid, the chest, when struck, is said to return a very dull sound, and the visceral breathing is abolished, and bronchial respiration takes its place. The pneumonia is then said to be at its acme, and the respiration remains for some time stertorous. At length, if the inflammatory process the sputa become again less tenacious, less red and yellow, and more like the expectoration of catarrh. But if the disease go on from bad to worse, the red colored sputa may continue to the end; in a case like this it is said that there is no expectoration, or even none at all. Nor that the mucus ceases to be secreted, but that its secretion is no longer
possible, owing to its extreme weakness, or on account of the patient's debility. The phlegm accumulates in the bronchi, trachea, and larynx, in successive layers, filling up the air passages, and in some instances the expectoration, in the advanced stages of the disease, consists of a fluid having the consistency of a soup, quite thick, and of a brownish-red color, which is known as prune juice expectoration. When this kind of expectoration presents itself, it announces the existence of the third stage of pneumonia. The color of the expectoration peculiar to pneumonia depends upon union of blood with altered mucus. When the pneumonia passes into gangrene, which is said to be of rare occurrence, the expectoration becomes of a greenish, reddish, or dirty grey color.

As to the duration of pneumonia, it is laid down upon an average
at ten days, or a fortnight by Mr. Watson. The diseases which pneumonia is most liable to be confounded with are bronchitis, pulmonary oedema, pleurisy, and certain states of fibrinous. It is in cases of bronchitis extending to the minute ramifications of the bronchi, where greatest evidence is presented to pneumonia.

Hence it appears, the sensations are more those of soreness 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 sometimes streaked with blood, never was the extremely viscid and such character of the pool of pneumonia, and when it once begins is much more copious; no true crepitation; no crepito-tactile is heard, but instead of this old dry and mucous rales, there is no more aboral inspiration or resonance, and very seldom a permanent want of
suspiration; murmur in any part of the chest, and finally there is no considerable dullness on percussion. But not infrequently the two diseases are combined; and when the pneumonia is in the centre of the lung, or disseminated, it is sometimes difficult, if not impossible to distinguish between them. —

Prognosis. — In cases of criminant pneumonia of the common or tuberculous kind, occupying only a portion of a single lung, occurring in persons of a good constitution and without complication of any kind, there is very good reason to hope for a favorable issue. With proper treatment cases of this kind can be successfully handled. The disease is said to be remarkably mild between the ages of six and twenty-one. In debilitated persons, and those of fifty years, the disease is much more fatal, in very old age it is still more
dangerous. The danger is far greater when both lungs are affected, or in double pneumonia.

Causes. Vicissitudes 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. Direct violence, acids or poisons in inhalation, violent exercise of any kind which accumulates the blood in the lungs, powerful emotion, excess in drinking, the suppression of habitual discharges are ranked among the occasional causes.

Of the predisposing causes, cold enough ranked among the most efficient, since the climate is said to favor its most in cold countries, and in the colder seasons. The favorite season of the year for its approach is towards the end of winter, and in spring. Age and sex do not appear to have any considerable influence over the frequency of its occurrence.
The disease is said to be more common in men, but this is accounted for by the men being more exposed to the vicissitudes of the weather and to other exciting causes.

Treatment: It seems that most of the best authors on the treatment of this disease, where the patient is in a vigorous constitution, rely on the cauter as the most efficacious remedy, especially where the disease is well developed. By the evaporation of far the inflammation is removed, at the same time diminishing the labour of the lưu. In deciding on the amount of blood to be taken, this must depend upon the stage of the disease, the state of the pulse, and the constitution of the patient. If a vigorous, robust patient, in the earlier stages of the disease, a light of engorgement, and a strong pulse, from sixteen to thirty ounces may be taken at the first
operation. It is said that the progress of the disease may be arrested by this mode of treatment. But even if the symptoms have in no degree abated, bleeding may again, and again, be resorted to if the pulse is not reduced, and the inflammatory symptoms not checked. The occurrence of nausea, or faintness while the patient is bled in the sitting posture, should be a sign to stop the discharge. The Tinct. of Veratum Vivid. is said to be very useful in this disease, where there is difficult defervescence, and when bleeding is contraindicated.

After the first bleeding the bowels should be thoroughly evacuated by an active cathartic, as Calomel and Salap. It may be necessary to keep them open once or twice per day throughout the disease, which will be affected by small doses of castor oil or magnesia. After the bowels are evacuated, small doses of Tartar Emetic, repeated at short
intervals, from the twelfth to the quar-
teen of a grain every hour or two is rec-
commended; and where the skin is
hot and dry it may be combined
with the neutral mixture or nitre, if
borne well by the stomach. Under
this treatment, it is said, that very
frequently the symptoms of inflam-
mation will gradually subside, and
the patient recover without further rem-
edies. But should the disease prove
obstinate, and run into the 2nd stage
that of Kupatization, it will then be
proper to revert to the mercurial en-
pression. After the lung has become
solid, the treatment, much will be reg-
ulated rather by the state of the system
at large, than by the actual condition
of the lung. If the pulse continue
firm, wait for the effect of the mer-
cury. But when there is sunken fea-
tures, a pallid face, coldness of the ex-
 tremities, delirium, a feeble or irregular
pulse, proclaims that the vital powers are giving way, it will then be requisite, as in other cases where death is threatened by ashenic, to administer cordial and stimulating medicines, such as the carbonate of ammonia, wine, and feed the patient Neil or beef tea.
AN
Inaugural Dissertation
on
Tubercular Fever
Submitted to the Examination
of the
Provost, Regents and Faculty
of
Physic,
of the
University of Maryland,
For the Degree of
Doctor of Medicine,
By
Henry T. Reynolds
of
Baltimore, Md.
Session of 1866-67
Typhoid Fever.

The various names which have been proposed to designate this affection are each open to objection in consequence of their inadequacy to convey a just conception of its peculiarities. The name Typhoid will most probably be continued until further researches shall have clearly delimited its features, circumscribed its precise limits, and ranked it among the exact diseases of our nosonomy.

Symptoms.—The premonitions are by no means positive as the causes which produce it may and often do produce affections entirely dissimilar in their nature and course.

Among the first evidences of the approaching attack may be mention ed general and decided lassitude, in -
disposition to mental or physical injury, lack of interest in, and indulgences which at times would enlist attention and excite pleasure.

More or less febrile excitement is always present, varied not infrequently with chilly shocks. Frontal headache generally accompanies this condition and mental irritability is manifested upon the most trivial occasions. Anorexia and vomiting frequently attend upon this stage and very generally there is epistaxis and diarrhea. Patients complain of pain in the iliac region and lower extremities. The face is flushed, the eyes are glassy and the eyelids dark and heavy, the pulse accelerated and the tongue gradually becomes coated with a whitish film.

This stage lasts from three to ten days, the symptoms slowly becoming more decided until the patient is compul-
led to remain in bed.

Now the patient usually becomes weaker and more frequently exceeds ninety and not uncommonly reaching a hundred and fifteen or twenty; the skin is hot and dry, and scattered papillae appear upon the abdomen and other parts of the body which are partially diagnostic though they are sometimes absent or so small that they escape detection. Patients are often relieved of the intensity of the fever by some degree of diaphoresis. The haggard, exhausted and wearied expression of countenance common to this stage is characteristic. The patient is listless and wears a stupid aspect. The skin is often dusty and shows signs of capillary congestion.

The headache which is often so marked is one of the chief sources of anxiety on the part of the patient.
The mental faculties throughout
The senses are very much blunted and continue so throughout the attack. They catch at objects which their unbalanced fancy floats before them; pick their coverings and distort everything they see. The hearing is always impaired, yet seldom to such a degree that they cannot
addressed in a loud tone.

In patients are killed despaired of. Large

ow in bed the skin often though

ons of the body long subjected to

asure and as they are not aware

of this liability they do nothing to avoid

it. The cuticle of the lips, hands

and feet is often observed to desquamate

before or during convalescence.

The stomach is always impaired in

its function; it cannot digest solid food

easily nor does the patient have strength

or energy sufficient to masticate such.

The patient's sensations or rather such

as he manifests are not a criterion of

what his system needs, hence the at-

tendants should be cautioned not to let

their friend starve because he don't ask

for food and drink but to give him

proper food in proper quantity according
to his condition.

The tongue is nearly always coated with

either a whitish, yellowish or brownish fur.
which is generally exfoliated, in some cases more than once, leaving the epidermis deeply reddened and smooth, coming dry or moist, the latter being a favorable sign.

The teeth in most severe cases are coated with sordes about the sixth or eighth day. Vomiting rarely occurs except there be too much food taken into the stomach. In the majority of cases diarrhea is present and greatly strengthens the diagnosis. The evacuations are of an ochre yellow color and of an alkaline reaction. The defecations in some cases are natural throughout and in exceptional cases there is actual constipation. Hemorrhage from the bowels may occur, which though denoting gravity is not to be regarded as particularly unfavorable. The abdomen is almost always tender to the touch and tympanitic after the fifth day. The distention of the colon is usually in
to the severity of the attack; it is so great as to interfere with respiration by pressing on the thorax which occasions great distress. The rose-colored spots upon the abdomen disappear upon pressure returning when the finger is removed. Subdurance may be detected about the region of the clavicle or in the axilla in the latter period of the disease. Bronchitis in some degree is usually present and consequently more or less cough; auscultation reveals sonorous or sibilant rales. Pneumonitis often exists in that event the respiration is more frequent with an occasional spasmodic inspiration. When this occurs in the absence of Pneumonitis the approach of coma may be anticipated. Epistaxis may occur at any period of the disease, but requires little if any attention unless it becomes copious.
I...lation is accelerated in almost all cases; in some the pulse is strong and in others feeble. When it is high as 120 the danger is considerable, below that it is proportionately less. In aggravated cases the pulse may in the progress of the disease reach 160. In rare instances the pulse is less frequently than in health. Even after convalescence the pulse continues more rapid than normally.

The heat of the body is almost invariably increased, though there may be intervals when the temperature falls below 98°. When in the morning the temperature is less than during the night the indication is favorable. If it rises to 106° or 108° the prognosis is very unfavorable.

The bladder should be examined frequently as there is apt to be retention of urine; when found distended the
and could be employed. The proportion of urea and uric acid in the urine, when with the uric acid is increased and not unfrequent albumen is found, which indicates gravity of the disease. The kidneys are sometimes involved as renal casts are occasionally observed. When the urea is deficient inemic poisoning may be apprehended.

When convalescence is declared the practitioner should not be too free in pronouncing the patient out of danger as the ulcerated. Peyers glands are liable to perforate the intestines and cause peritonitis which may result fatally. Though an uncommon sequence it should not be disregarded. Anatomical Characters. Lesions distinctive of Typhoid Fever are those found in the Peyers and solitary glands of the small intestines. They
are enlarged and ulcerated and of pink or purple hue. The peritoneum corresponding is found injected. The bile deposits take place first in those glands nearest the caecum and those next above become enlarged in succession and ulcerate. The glands often slough leaving an ulcerated surface which terminates in a cicatricial the glands probably being never reproduced. When perforation takes place from distention or sloughing the peritoneum exhibits evidences of acute inflammation. The mucous lining of the ileum is usually found inflamed also.

The mesenteric glands also are found diseased, those more particularly, which are contiguous to the ulcerated Pezzer glands. At first they are much increased in size, but diminish gradually as the sloughing within the intes-
...presses, the deposits undergo a second inflation. The spleen and
its mesenterial vessels are often found.

Some degree of congestion is usually found in the brain,
lungs, and bronchial mucous membrane. The heart, liver, and other organs lose their firmness, their substance
being found flaccid.

Causation. — Young persons appear to be more susceptible to the disease, the liability diminishing after forty
years of age. Sex appears to have no bearing upon it. It is common-
ly observed among those living in ill-ventilated apartments where many are
crowded together; among neglected, poorly fed and injudicious persons.
Localities where putrescent emanations constantly lead the atmosphere are often the seat of the disease.

Many eminent authorities adduce apparently strong cases in demonstra-
contagiousness while equal observers take the contrary notion. The latter are probably correct, there have been no absolute instances of its contagiousness and the probabilities are against such an opinion. The disease seldom occurs twice in the same individual. Old, exposure to bad weather and to the heat of the sun, fatigue and general debilitating agencies act as exciting causes. The materia morbi is supposed to exist in the blood, but its nature is as yet unrevealed.

A greater proportion of cases occurs in autumn than during any other season of the year. A typhoid condition frequently accompanies or follows severe inflammatory disease. Diagnosis. The peculiar character of this Fever taken in combination renders the diagnosis not re
These are: the slow development, headache, suffused conjunctiva, vertigo, epistaxis, abdominal pain, peculiar eruptions, diarrhea, scarlet-color defecations, the age of the patient, any exciting cause to which he may have been subjected, and the absence of indicative signs of the diseases. After the disease has existed a certain time, the diagnosis becomes less difficult if there be no complication. Care must be taken in excluding local diseases existing within the thorax and abdomen and constitutional diseases accompanied with fever. The natural history will avail to exclude Typhus. Typhoid is much longer developing; more common among the young, is very slightly if at all, poisoning us, has abdominal lesions, while in Typhus the reverse of these obtain. The spirit of Typhus is much more mark-
The eruption in Syphoid is papulaceous; in Syphilis it is macular. In the latter constipation is ordinarily present instead of diarrhea. The disease runs its course sooner. The absence of periodic paroxysms of fever excludes malaria of fever.

Prognosis. — The disease is not particularly fatal. Under proper management patients will very generally be conducted safely through as it yields readily to the influence of remedies. No case, unless very far advanced and under injudicious hygienic regulation or seriously complicated should be despised of, as the clinical records do not exhibit a special fatality, at the same time the practitioners should employ prudence and caution to guard against complications which may diminish the vital powers and render recovery less
follow. The liability to profusion of the intestines should be kept in mind. The prog-
unfavorable when there is subsides tendinum, difficult respiration, profuse diarrhea, tendency to coma, violent delirium, increased action of the heart, great fever, and when any active disease exists.
Absence of any of the more active symptoms, calmness of mind and body, increased tone of the vital functions and organs are favorable indications. Although the patient may linger a long time without manifest evidences of improvement recovery is still to be entertained.

Treatment.—Measures employed as abortive have not been found successful. Quinine, &c. are the wet sheet when used early, the attacks have been found to abate its severity and may be resorted to with
Let variety as no unpleasant re- 

sults and follow their employment.

ture have also been found to 

modifying influence.

o purgation is not admissible as 

the inherent tendency to disorder 
of the intestines would be re- 

lated and the patient's stren 

uous would do no purpose. A small 
or Magnesia in small doses may 
employed to gently stimulate the bow- 

els, but these are unnecessary when the 
evacuations are natural and easy.

When the diarrhoea is painful La-
danum may be given with a mild 
laxative by the mouth or rectum.

Active congestion of any vital part 

involving great danger may be re-
lied by blood-letting; in this 
measure should be used with 
great caution and only on imper-
avely demanded to abort inflam-
mation or other dangerous cond.
Local bleeding may be
at any stage to control
lication, such as Cerebral
Pneumonitis and active
inflammation of other important or-
gans, but less violent means should
be substituted when practicable.
On the hypothesis that the bl
state of super-alkalinity acids, when
employed and with encouraging success.
Sulphuric, Nitric, Muratic and Phos-
phoric acids, well diluted, given in
combination with syrups are efficacious
and not unpleasant to patients.
The cephalalgia should be relieved by
cold applications. Ice water, vinegar and
aromatic washes will often suffice, but
if persistent and distressing
the touch of ice-caps should be used.
As the patient is apt to lose his hair
it may be prudent the desiring
to shave the head as it will contribute
to his comfort and facilitate any appli-c
can it may be necessary to make.

If vomiting it can be regulated. The diarrhoea unless requires but little attention.

May and Tannin may be used to allay irritation and check excessive discharges. If the bowels are to be led with flatus Leine water, Oil line or some mild laxative be employed by the mouth or rectum. A wet bandage or Turpentine tinfoil over the abdomen are very useful as palliatives. Bleeding from the bowels should be restrained by mild astringents. As the secretions are usually diminished and the patient becomes distress in consequence Mercury or Oil of Turpentine may be employed to advantage to two drops. The latter is particular to be cast when the coating is heard from the tongue and left to dry. The subsist, vigilance and other ne-
some symptoms may be relieved by
Clark's Hoffman's antipyrin or their pal-

measures are of the first
importance. Sponging the surface
will serve the double purpose of re-
claiming the heat and cleansing the
The bed chamber should be
ventilated, care being taken not to add
to the patient, and all offensive odors
should be immediately removed.
The clothing should be changed as
often as the conditions of the pa-
ient will allow. Simple and
sustaining food and alcoholic stim-
ulants are especially serviceable. As
there is such great waste of the flu-
ids of the body, the patient should
be allowed plenty of
agreeable drinks, which are
very acceptable.
meat and tea,
animal broths, toast, wine, whip-
Laphorn, eggs, Arrowroot, 

mag
be given as nourishment.

So parts long exposed to pressure are liable to bed sores the position of it should be changed as of-

ten as convenient in order to guard against this result. The blad-
der should be frequently examined and the urine drawn with a catheter when found distended.
AN
Inaugural Dissertation
ON
Malaria.
Submitted to the Examination
of the
Provost, Regents and Faculty
of
Physic,
of the
University of Maryland,
for the degree of
Doctor of Medicine,
by
J. Asbury Pinckard
of
Lancaster County, Virginia.
Session 1866 & 1867.
Malaria - Marsh - miasma.

On the long catalogues of influences which so well acquire themselves if unchecked - in deteriorating the health and tending to degenerate the system of man which straining nature ever strives to sustain and nourish, but few seem more persistent and more frequently present, especially in certain localities, than this subtle agent "Malaria," or if we give it another name, generally regarded as its synonym, Marsh - miasma.

Malaria, in its literal sense means bad air; but used in its more extended signification, the word implies the product of decomposition of vegetable and animal substances. It is the effluvia of such
decay. To the actions of this poison upon the human organism is ascribed the origin or prime cause of that harassing, painful, "dying-by-inches" diseases, periodical fever—which, especially in my own section of our country (Eastern Va.) displays its unwholesome influences during all seasons of the year (more forcibly in some than in others, however manifesting but little if any partiality in the choice of its victims, sparing neither the young nor aged, the male nor female).

The poison with stealthy step and unsignalled march sweeps through, some of the most fertile and verdant regions of the South, despoiling the growth of her children and, oftentimes leaving but
emaciated figures upon which other diseases may satiate their destructive appetites. Debrilitation in its effects, it often subjects the constitution to various disorders, and frequently, in proportion to the duration and severity of its attacks, inflicts anatomical lesions. There are some interesting and characteristic points in the consideration of this subject which requires notice; hence we approach the results of malarial influences upon the human system.

It is not very exact, but think that the afflicting biotic originating malarious diseases biests under some shapes in the air spheres, and exerts its disruptive purposes principally through the respiratory organs and alimentary canals. This is
the model of entering the system; but what causes "Malaria"? what are the elements or conditions essential to the generation of this endemic poison? Many hypotheses and speculations have sprung up, lived for a time and died, only to be renewed.

Old learned men of ancient reputed, men of modern times remarkable for strong reasoning powers, men whose judgment, comprehension, and investigating talent have now them the semblance of their names, in distinction upon the historical pages of the Science of Medicine, have differed in the opinions of the combinations necessary to the births of miasma. The ancients with Lancisi and Bancroft held that heat and moisture, acting upon or with...
vegetable substances in a state of decomposition were the chief agents in the production of the malarial poison. Indeed it was natural that such opinions should have been established, since vegetable putrefaction was nearly always an accompaniment of the plague of miasms manifested by the development of intermittent and remittent fevers.

Heat and moisture acting upon or in association with vegetable decomposition was their theory of malarial exhalations. This same theory has many advocates at the present day. Dr. Ferguson aims, by facts set forth to prove that while the products of vegetable decay may be concomitant with, they are not at all essential to the birth of these spores with which the aerial medium
is often so foully impregnated. Dr. Watson in concurrence with Dr. Ferguson's opinion endeavors to disabuse the minds of his class and general readers of the idea of vegetable decay as an element in the generation of this dirt upon. Many instances are quoted to corroborate the views of these two high authorities. In some of the examples illustrative of their opinions, it appears that the mind as a vehicle is sufficient to carry the poison from adjacent parts where streams or sources of moisture were present to places specified by Dr. Watson which were laden with it, even though no plants subject to the putrifying process could be discerned, and in which there was no water found. There are, however,
other instances given in which there could be, it seems, no such influence acting, owing to the great distance of sources of heat from the seat of the invisible thought manifest and strong agent. Gathering all that can be derived from competent didactick authors in regard to the origins of malarial, it seems very plausible that temperatures, moistures and peculiar earthy or earthy materials with or without vegetable decay, though often there will be states of putrefaction in some form, while the naked eye may not be sufficiently well sighted to detect the minute like a competitor to the production of malarious spores. There may be a yet peculiar state of the atmosphere which initiates the process of miasmatic formation.
This peculiar state of the air amply
but little so far as the success of the pro-
ventions of the causes is concerned; as we
are ignorant of the conditions upon which
such states depends. Our earned pedagogical
only hands down to young students of Medicine
fascinates all various speculations, since the causes
or elements of malarial production are not
demonstrable. We, like them, follow our in
the broad expanses of hypothesis. Has the
feverous misfortune never been detected? Does
it possess sufficient physical properties to
render it perceptible to the eye, with or without
the microscope? Can carrier (an eternal) with
the utmost care and precision be experiment-
ed in rains upon the atmosphere of the coun-
try, marshy lands in which the malarial

poisons most thickly abounds. The strongest lenses of the known-need microscope have searched with an eagerness and persistency, worthy of a better reward, but have failed in securing the faintest trace of this mysterious agency. Time, labor, and expense have been consumed in such examinations as might lead to the capture of this essential and efficient, though evasive and inscrutable enemy, of man; but in vain—tis stone so cunningly sought is still missing. Labor, weary of futile results, for a time, ceases.

But the sciences of Medicine is a progressive one, remaining but a short while at any one standpoint, especially if such statically be concealed in obscurity. There is continual advancement. Successively lights
spring forth from the deep and penetrating minds of her employees. Her devotees, stimulated by the hopeful prospect of future honors press onwards, onwards, enunciating causes from known effects, until, from a successful observer in reference to malaria, Curetal is heard. The ear of the Medical world has been patiently listening during the march of its science, for the voices of one who can demonstrate the causes of malaria—the first which produces intermittent fever which may be considered typical of its effects. Not only has it been traced to, but the prolific source of this poison has been caught in, its cells from which, under the cover of night, it has been forth on the wings of humid air, into the chambers of his vitality when unconscious,
unsuspecting man knew not their secret approach; exhalations which so pollute the air that exposure is rendered unsafe and deleterious and, in some localities even destructive to life.

Prof. J. A. Salisbury, after multiplied and seemingly successful experiments, presents through the Galveston Medical Journal February and March No. 1866 an article in which he shows that with microscopical aid he has been able to detect certain cells which he terms "palisado" or "aqueous plants." Observing this species of cell-growth in the "expectoration of those laboring under intermittent fever," he was led to other ingenious investigations in which he, each time, discovered this species of the lowest vegetable origin. Not satisfied with the micro discov
very of what he thought to be the cause of such fevers, he further experimented in order to verify the relation of cause and effect. Collecting several boxes of marshy surface soils which had been observed to contain these palmellae, he placed them, about 100 yards above the level of streams, in the window of the room of two young men, in order that the parasites - sporeules - might be set free by the wind and inhaled by the occupants of the room. The result was satisfactory, one of the young men suffering with a genuine attack of intermittent fever on the 12th, the other on the 14th day from the deposit of such boxes in the window. By the suspension of a glass plate over these boxes,
its lowest surface was covered on the 5th day, with these aqueous plants. In many places where the upper surface had become hard and crustlike, beneath this, in the freshly exposed earth, these vegetable plants were abundantly found, in the form of saline incrustations. Upon the sides of ditches which had not been long dug, in the newly exposed surfaces of our best grounds which had been plowed or otherwise turned up, these palmelloid growths were discovered. From the tone of Prof. Salisbury's language, as well as from the conditions under which his experiments were made, his doctrines of the causes of malaria would seem to coincide with the opinion that this temperature, moisture and earth.
or earthy material would generate a plant, and from such newly created vegetable would be given off spores which reach the circulatory systems through the respiratory apparatuses, and alimentary canals in ingestion. That they enter the system and are absorbed is obvious from the presence of these cryptogams in the urine and excretion. The colors of these cryptogamic growths are very varied, being red, yellow, green, white or mixed. Since the development of these plants goes on in other situations than those of a marshy character, Prof. S. prefers the generic term "geniasma" (earthy miasm) to that generally nominated, "marsh miasm". Whenever he approached places in which these low vegetable plants were
present, he invariably experienced severe dryness in the fauces, bronchial irritation, and subsequent fever. He thinks that the respiratory organs are the points in the economy which are first attacked, congestion then being produced, followed secondarily by similar results in other internal organs. Hence the repulsions of blood from the surface so manifestly observable in the cold stages of intermittency. I've never seen this special dryness of the fauces referred to by any writer on the subject of periodical fevers. Prof. Salisbury's observations must be practised by other investigators, in order that their joint conclusions may corroborate this theory of the cause of malaria—the prime mover of periodical fevers and the willing
helpmate in the perfected of other disorders. If this theory prove a correct one, it is very plausible, these gelatinoid parasites of spores can be subdued whenever and wherever found by means of caustic lime, or by even covering the surface from which they spring with straw or other similar mechanical interventions to prevent exhalations.

Its corroboration by other medical minds will allay many of the controversing points now extant, and add much to the comprehension and treatment of diseases other than those strictly regarded as periodical. Then these will be, I think, much light shed upon the source of many diseases whose origins are, as yet, but now reasonable speculations. Until verifications of such theory as that of
Prof. S. is made satisfactory, so far as the prime cause of the poison is concerned, our minds must still linger at least in uncertainty. Though the causes of many diseases be unsatisfactorily appreciated, yet it is fortunate for patients, as well as for the philanthropy which characterizes the Medical profession, that the treatment, by symptoms and signs as they manifest themselves, can be more appreciably understood and regulated.

Having considered to some length the causes of this fertile and common agent, malaria, it will now be necessary to notice what Dr. Watson terms its 'habitats.' These are numerous; but a knowledge of them is of much importance in the prophylactic as also in the interparoxymal management.
of the disorders to which it gives origin. It
loves the ground so much indeed that indi-
viduals dwelling but a short distance
above the general surface, in malarious district,
frequently escape, while those nearer the
common level suffer from the morbid influ-
ences of this noxious substance. Persons
inhabiting the lower stories of buildings
are often the ready victims of periodical
fevers, while their friends in the higher
rooms of the same houses are unmolested.
Feverish and other malarial complaints may
be quite rife in the valleys, while occupants
of neighboring hills tops are quite free from
endemic disturbances. This is no rhymical
display of its action, but is the result of
forces regulating its influence which will
presently be considered. Moisture absorbs it. While malarial fevers are in full activity on land, vessels lying in close proximity to the shore will be free from their assault. The interposition of bodies of water is very frequently an accidental preventive to the action of the poison, though but few beyond the precincts of the Medical Science are aware of the benign efficacy of such water. Residents on one side of a river may have no "chills and fevers," while those on the opposite bank are the frequent subjects of febrile visitations. The wind is the great and chief vehicle in the transmission of the morbific poisons. Certain localities notorious for their "rank fevers" are often temporarily relieved from such pest, through currents of
wind, while adjacent sections, popularly known as "healthy" become suddenly "sickly," through the visitation of the endemic agent. The sojourn of the poison in the latter places is however, only transient, since the next opposite wind will change it to its former quarter. The distance to which miasmatic particles can be transported seems to be about five miles. The fact that malaria is portable by the wind sometimes suggests the reason of its presence in those regions or sections heretofore relieved from miasmatic diseases. Owing to its strength, a current of winds may carry the poison along the borders or sides of mountains and thus deposit it; or it may carry it upon the top of the mountainous region, which is generally
free from such morbid agency. Trees, hedges and other similar mechanical inter-
ventions prove a useful and beneficial purpose of protection, if properly distanced from residences; but, if too near, they very often prove detri-
mental by their mechanical entanglement of the malarious particles which are collected and then set free, in a larger and more concentrated quantity than otherwise, in the breathing atmosphere of the house.
The very means which at a proper distance prove prophylactic, at a too near location only heighten the exciting causes of disease. There are instances of this fact, in my personal experiences, which I could give, but the limited space of this thesis prevents. After sunset and before sunrise are times between which,
in malarious districts, individually should exercise caution in their exposure. If, from necessity, they immerse in the dense atmos-
phere existing between these specified periods, care should be taken; their bodies should be so protected as to allow no sensation of chil-
liness to annoy them. At night, the poison is far more intense in virulence than at any other time. This is due, doubtless, to the humidity of the air which is stronger and consequently holds the spores in more
buoyant circulation; whereas, during the day the Solar heat dispersing the vapor of night causes the particles to settle to the earth from which they sprang. Since night favors the introduction of the poisonous matter into the system, those of weak and delicate constitution
should ever exercise extreme care in exposing themselves, as their incompetent natures may be unable to throw off the "materiae morbi," so readily as those of strong, firm, and vigorous habits. All the eliminative functions being weakened, the zymotic cause from this fact will linger in the system, liable to usher in established disease at any moment, and even though the paroxysms cease, often extreme states of impoverished blood— anemia— are left behind to render the patient miserable and unhappy. The stronger the vital energies of the system are, the less effective and deleterious will all morbid agents prove.

Periodicity of effects is the most characteristic feature in the phenomena of malaria. Thus, we have stated or regular paroxysms of
intermittent fever, which may come every other day, constituting the tertian type—the most common form. Or, if the exacerbations occur daily, the quotidian type is established; or, if they be absent for two days and successively return on the third day, the quartan variety is constituted. These are the principal forms in which malaria so periodically manifests its effects. Many attempts toward the explanation of such regular recurrent influence have been made; but none of them seems sufficiently logical and commendable to merit an insertion in these limited pages. The period of incubation is very variable. The poison, after its reception into the animal economy may lie dormant for weeks, months, even in some few instances for years, and
then suddenly manifest its presence. Or it may quickly develop disease were one would imagine that sufficient time had elapsed for its reception into his system. Or, by what is recognized as its latent action, it may give rise to the complaint known as "dumbague". Visitors to malarious districts, though they be not the victims of the "ague" while in such sections, are almost sure to take home with them the poison which sooner or later reveals itself in disease. This leads to the consideration of its most frequent places of habitation. In sections of country characterized by marshes, lowlands with wet soil, swamps, pools of water, boggy places situate at the heads of inlets or creeks making from rivers &c., all subject to seasons of dryness, malaria will be most
abundantly produced. The Southern States, from this fact, will, as a general rule, be found more fertile in the generation of this effluvial matter than the Northern. The poison being more abundant and, consequently, more intense and concentrated, in these sections, the more severe and heightenèd will be the forms of fevers which it originates.

An individual may be attacked with the simplest form of intermittent fever; in the course of the disease, the fever will often change from the intermittent to the remittent variety; from the latter to the continued form of fever; or the congestive or pernicious variety may be ushered in; from the very commencement or follow some of the other forms. Very hot weather followed by rains insures the production
of the noxious agent in more ripe quality and increased quantity. The latter part of summer and first of autumn and middle of spring, whence the adjectives autumnal and vernal as applied to fevers of this source, are the seasons during which miasmatic diseases manifest themselves most abundantly.

After frost, but comparatively few people suffer from chills and fever. The fact is indeed notorious, and is conducive to the probable belief that malaria is of vegetable origin and nature, and seems to experience, pari passu, the same nipping hand upon its growth that flowers and other vegetable plants so visibly exhibit. Some few persons suffer from periodical fevers during the winter. This may be owing to the length of incubation,
the poison having been received into their systems during the summer or fall. Strangers are much more susceptible to its influence and even experience greater suffering than the natives or residents from similar attacks. The residents of malarious sections are said to become acclimated to the poison. The delirious influences of the agent are manifested in a chronic way upon these, while upon visitors or strangers they are acutely exhibited. It is a strange and unaccounted for truth that negroes seldom suffer from the common disorder engendered by miasmatic exhalations, while they are even more subjected than the whites to the influences which hasten and excite the operation of such poison. They are more exposed to incidental changes of weather—cold, dampness, rain, and
fatigue—than their superiors, the whites. Perhaps the plain but nutritive food which they eat undergoes free, normal digestion and proper assimilation; whereas, in the white man's pleasures of the table and other unessential indulgences, indigestion and consequent malarious particles upon the organism, debility or those of a debilitating nature are the most fruitful. The poison will constantly linger in the system in a silent, dormant state, until it is suddenly kindled into effective activity by some of the ordinary causes, as exposure to cold from heat, excessive fatigue, and all other excesses which weaken the powers of resistance. Not unfrequently
it needs no helping hand to usher in its sometimes pernicious effects. I here allude to the congestive form of periodical fever. Let us now notice some of the anatomical lesions or imprints imputed to the action of this poison. Enlargement of the spleen—occasioned to an enormous degree—is the most frequent sequela of miasmata. It has been found to increase from its weight of six ounces to two, four, six, eight and rarely ten pounds. One instance is given by Dr. Gray in which the spleen is said to have weighed twenty pounds. This immense increase is found, as a general rule, only in those cases in which patients have been the subjects of long continued attacks of fevers. Not only is the organ enlarged, but its substance, from
a normal soft consistence, sometimes becomes exceedingly indurated; though also from similar causes, it is so softened that it appears as a dark pulpy mass destitute of organization. The splanic corpuscles undergo degeneration. The liver also suffers from malarious impressions. Its functions are deranged, its structure is changed from its natural firm and solid texture to that of an abnormal, very soft or friable character. There are many shades of differences in this pathological condition. Its color, from a reddish brown, is altered to that of a bronzed olive appearance. This is attributable to the accumulation of pigment matter in the vascular apparatus. These organs seem to suffer more from the operations of this powerfully
noxious agent than any of the others. This is accounted for by the repeated congestions to which these highly vascular glands are subjected during the cold stages of malarious fevers, at which time the blood is driven from the surface to the internal organs. Does the poison itself, irritating the organs cause hyperaemias of the same? Is not the blood, from irritation of these organs, drawn from other organs and the cutaneous circulation to these? I do not think it can be denied.

The poison is the irritating cause of such congestions. If these organs, from repeated congestions and accumulations of miasmatic spores, become obstructed, effusion of serum into the peritoneal cavity, or ascites, is the result. These pathological conditions are
partly direct and partly indirect effects of malaria. Besides the regular fevers, intermittent, remittent, congestive, typho-malarial, and perhaps, yellow, it gives rise to neuralgias of a periodic nature. In addition to these characterized diseases a state of general malarial cachexia is induced. There will be, from continued exposure to malarial, brought about that conditions in which the red globules are diminished in undue proportion to the fluid mass of the blood, in which the pale surface, cold extremities, general lassitude, mental despondency, with symptoms which may (if the patient be of a nervous nature) imitate almost every variety of disease, in other words anemia. In this condition we can frequently detect, by auscultation, the
soft systolic bellows, sound extending up the aorta, and in the subclavian and carotid arteries, sometimes also the cooing murmur in the jugular veins. Subjected to these frightful symptoms and signs, the tortured man believes himself the victim of fatal organic disease, unless he be quieted by his medical adviser who may be able to appreciate the true state of the case. This strong and manifested debility, if not checked, will lay the foundation upon which some latent disease may work destruction. Diarrhoea, dysentery and other complaints are recognised as results of the same exposure. Having considered some of the most prominent effects of this common scourge, Malaria, it will be proper to glance at the general plan of treatment of its diseases.
Persons living in malarious climates, especially those of weak habits, should not stir about in the open air until their morning meal has been taken; otherwise their systems possesing at this period of the 24 hours the greatest absorptive and least resistant power, will be more liable to incur the morbid influences of the atmosphere. For neutralizing the influences of the malarious poisons, Sulphate of Quinia is the great remedy - the sheer anchor. During the paroxysms of an attack of intermittent fever but little active treatment is necessary. Immediately after such exacerbations, Sulphate of Quinia or other preparations of Cinchona should be administered in small doses until cinchonism, manifested by tinnitus aurium, is produced. In the congestive form,
it will be necessary to administer immense (comparatively) doses of the drug, either by the mouth, or if deglutition be impracticable, by the hypodermic method, or enema; counter irritation to the feet and emulsion generally; all treatment being directed as the given indications require. In the remittent form mild purgatives in addition to Quinia are necessary. In the hot stages of these fevers ice, lemonade and other cool drinks to allay thirst should be allowed.

Neuralgia and anemia are treated upon general principles, giving especially Quinia or other preparations of bark, iron and other tonics. It is not my province to speak further of the treatment of the diseases of this common poison malaria. Already,
I fear, gentlemen of the Faculty of the University of Maryland, I have trespassed on your time too long. Asking your kind and indulgent criticisms in the examination of this paper which I pay to your keeping, let me wish you individually, as Professors, a long and happy life; and as a Faculty under whose tuition, I trust, my time has not been idly spent the fairest success in the advancement of the Science and Art of Medicines.

Respectfully submitted

F. Asbury Pinckard

Va.
Inaugural Dissertation on

Hernia

Submitted to the Examination

Of The

Bureau of Sciences of Union

Of The

University of Maryland

School of Medicine

For the degree of Doctor of Medicine

Charles P. Macale

Virginia

31st May, 1857
Heroin

To this term I shall confine our subsequent remarks more particularly to known cases of Heroin. I should be better fitted only to take a survey of the anatomy of the parts more immediately concerned with the disease. In examining that portion of the abdomen which we shall speak of as the
Removal of the subcutaneous and superficial fascia which cover the abdomen, come to the muscles, the first of which is the, External Oblique next the Internal Oblique and then the last muscle the Transversus Abdominis. These three muscles and next to the Transversus abdominis we find a thin layer of peritoneal tissue, the Transversalis fascia and by a strong membrane the Peritoneum Situated at the lower part of the abdomen, and particularly connected with the Muscle of the Transversus Abdominis. Sidewards and free natural opening. And lastly, the External and Internal abdominal Veins, Arteries.
and internal from the center towards the surface but the reverse with regard to the median line, the external abdominal ring is an opening somewhat triangular in its shape situated just above the crest of the 14th rib.

Formed by the separation of the cranial portion of the fibers of the external oblique muscle having its apex looking obliquely upwards and outwards its base downwards and somewhat inwards formed by the crest of the ilium. The sides of the ring are formed by fibers of the same muscle arranged in columns or hills and hence called the pillars of the ring. The one...
external being inserted into the abdomen of the patient. The other internal tube is fitted into the side over the symphysis, the wind that forces it elevated about one inch from the abdomen. To describe the internal abdominal tube we must attend to the descent of the bladder in the pelvis from the fourth and fifth month of the gestation about this time of total life the bladder begins its descent from the base of the kidney and seeks a passage through which it may reach its final resting place. The portion which it accomplishes about the liver and beneath
of the gastronomy, the portions of subcutaneous fat lies above, the Peritoneum was
heralded at a point in the abdominal
floor as thinner than the base on
account of the absence of the Transversalis and Oblique muscles.
This point where the Transversalis and
the Oblique muscles receives the
external abdominal herniaing.
This point is secured and
in contact with the Peritoneum and
Transversalis fascia as these membra
more between the abdominal walls
and these contents, and carries them
before it in its descent towards the
abdominal Joint of Toland.
I concde and pass to alately there wards and showards about one fourth or one half an inch above Tbetho documant and parallel to it for about one inch forming what Berrie to the transverse canal going to the man shrinking of the transverse facia so it is carried to one by the testicle in correct salitudes of the canals is a very important one in 22 Conside ration and Study of hermion, after Thetho haste be awed this canal carriers before it in we have already said the aitomina and transverse sal facial it teches the external
though it into the peritoneum the transverse fascia still resisting it, then into the Jamaica Fossa, the posterior becoming the Jamaica Vagina. As the lateral edges leave the canal of course it begins down after it the peritoneum and of these two lateral fullment the fascia transversalis remains in its place, and elsewhere at the point where the base of the abdomen begins, the transversalis lining both but the peritoneum giving entrance
The cord which the force of nature does not always happen. Sometimes it does not shrink to the cord and under such circumstance under congenital hernia is inevitable. Hence the only safe guard against this kind of hernia is to the attention of the physician to the ward, and in the ward of hernia, 'tis according to the".

According to the form of the voice which may be made to assert the risk of being returned into it natural curate, Irrelievable such as will not be returned, or may be "Tranquility that is the prolonged voice is somewhat constricite while
Posture prevents its being obtained but also obstructs the circulation and the passage of the contents of the ventricles. The direct or obvious hernia takes in its passage the organs passing through the peritoneum. The same exact as the indirect does, but in descending from the ventral abdominal cavity hernia net the transverse abdominal muscle and therefore the internal oblique muscle and finally the intercostal muscle fascia or that which is the same thing bone...
fibers from the internal abdominal ring, the relations of the internal iliac artery and spermatic cord to the neck of the sac in this variety of hernia are sometimes different. It is laid down as a rule, however, that the internal sheath is always internal to the neck of the sac, while the spermatic cord is usually behind the sac.

In direct hernia, the gut forms a more direct point there in the indirect hernia, passing through the constricted tendon of the internal oblique and Transversalis' muscles in what is more probably a fixed sin before it leaves
first covering first Peritoneum and
Transversalis fascia then however
the similarity existing in the covering of the two kinds of hernia is
so the Direct hernia has no cremaster muscle for one of its coverings
as the Indirect had the Direct that
indeed the combined tendons just
spoken of here, the Direct in passing
through the External Abdominal inguinal
fascia the intercolummar fascia
which covering the Indirect had
also received the care then
appreciate the terms, Great
and Indirect entomine directly
through the Internal Abdominal
The other passing first through the internal abdominal ring close to the inguinal canal and out at the external abdominal ring. These two kinds of hernia, viz., direct and indirect, are called undetermined. Retract them, and when they had reached the distance they are called lateral hernia. Diaphragmatic hernia, fistula of the different appearance of the exterior in the direct more of a circular form not increasing as rapidly as in the indirect, and the ascending sensation produced by pressure on the internal, which could only take place in the, indirect as the
Drist does not descend along the back. The portion of the hernia to one side in the incline being of course behind the front of the bulge. In the incline it is also more behind but farther more to one side. In the incline the back of the hernia inclines upward and outward along the humerus canal causing a pinching of fur up at the middle of the parts ligament. In direct hernia it is inclined farther inward and after the hernia has been reduced the finger may be forced direction back through the opening in the bulge in old cases, the hernia note is
possibly 1 ft., 1 ft. to 1.5 ft. or 2 ft. (see more
the image of human breast
breast by the disappearance of the
breast, when the breast becomes
its horizontal position but the
breast appears higher in some cases.
Another breast form known as
breast form where the breast
the breast, before the breast arises
these three forms, when the breast
the breast emerges, or the breast
the breast is not visible. While the breast
is continued but if it is removed
The size of the breast will be further
increased have diminished by the
pressure against the breast. The tumor
is situated here or is a part of the
Not but in Braggell it seems like a mass of bundles of tightly knotted
and dried plants, resembling the cause of
Iberian he have his influence on
word,

That it was caused by Iberian
the plants, and the same containing
die in the other native plants.

That the enlargement was caused
by the blood before it reaches the
Iberian having traversed Tenerel and
rise into a spout of discussion
with the Iberian. In this latter from
Iberian has been influenced in the
physiological researches which go to
prove that the circulation in the
A beam intercepted by its being com-

fortless or incapable to take such a course to their

consequence since the first theory

of not the concourse of others at

least to be the more plausible be

the case. In the event of the

hypothesis which it one accommodation. Water

in excess in the vacant membrane

of the testicle, as in the human body,

from this lasting one from the fact

that its being in accommodation

of water it must necessarily begin

at the bottom of the testicle and

extend upwards and else by its

diminishing size and diminishing ful
by not touching or scratching fron
and the solution from being harry
self and the cord may be distended.

The characteristics of hernia but,
hernia men and does sometimes
said with hydrosalpinx, Hernia begin
ning from there and ascending.

Hydrosalpinx is the cord sometimes
at the back of the cord. Hernia
in the back of the cord. Hernia
may be distinguished by its
transparency and fluctuation but
if taken. Hernia extend into the
abdominal region and because an
instance anything well the coming
his may be difficult, but as
common was he conversed before
the worst Phrases the was when he
doubt the exhibition should be
performed in case of Typhoons
Estrangement
Treatment after he have determi
and the varieties of Hernia we first
went to a Manual of Operations
Techniques called Showers, the intent
Shower the Shower in his back with
his shoulders turned back to the
The House should be made of
Endurance the PricksLaid upon
the body so that not the muscuses and
Arguments of the cause may be less
and less as hostile, the more
should be engaged in some other
conversation with another individual
at the time to as to prevent them
from forming with his headquarters.
When we are convinced should
make the turn of the large
of the South beyond Georgia
that it is possible to remove some
of the contents or better furnish it
in the event of the neck of the sea
and with his forces further in
adds the facts at the neck of the
former at the same time making
right had one in order to dislodge
at the operation may be continued for 2 or 3 minutes or an hour or time. Sometimes much concern of the thinner is not to hinder, when to the gratification of the thinner. The latter will be easily removed with a sharpening stone. If the topic of its self do not succeed we are then to resort to certain auxiliary measures such as
cooling waters hot with cold applications internally to the thinner. Guin has been highly recommended and in extreme cases tobacco enema may be tried but this is a dangerous remedy and should only be resorted to after due consideration but to the
It is said that in old standing cases that the surgeon not be justifiable in trying twice a much longer time should not be lost before considering the propriety of a second operation. And I think the propriety of such a course most to the very desirable in case which came under my observation not a great while ago to a gentleman who had been laboring to ride. From
He remained for about two years and the habit of returning
himself without much trouble continued, as there was a habit
which prevented it being of much inconvenience. To come but after a
short time, he became tired of hearing his business people it was
not according to his wishes in that
which he should have done and
one day he was struck by among
his friends. When my friend
has called to see him and the
was my privilege to accom-
pany him to see the patient after
his arrival. He commenced respiring
of topics and after being determined visited by some of the landlords of which we have mentioned in another place, he then found that it would be utterly impossible to make any decided change in the appearance of the parts or to give the patient relief. On the next day several other medical gentlemen were called in consultation to aid in the决定 of the hernia and after much consideration of all the circumstances connected with the case it was agreed by one by them to perform an operation. The nature of the case was said often to the landlord
and he must decide in accord to the performance of the operation and there was then prepared and the advent to the time of the operation was commenced and after the first or second incision was made then was somewhat surprised to find no distinct layer or superficial tissue be found after further dissection we found that the ordinary membrane which should have presented the tumors was lacerated into all adhesion sent to each other and they to the base of the tumors and the condition of the part already ensued to had very discouraging particulars to
The patient but after reaching the one of the tumor it was found that differentiation had already commenced and the knife was immediately inserted leaving the lateral sheath Articulated Darts" who died without four hours.

The general homia be of the sectional kind and after its reduction should be constantly in the hand where it can be internal abdominal time and below part of the canal the sheath of the tube should last bound midway between the brachioradicular and cost of the ilium care should be taken to
begins in the mastic position, as well as possible otherwise. Parts can be pressed where such as the habit or otherwise, and which I should do freely might occasion. The patient at first from his plans have been announced by eminent men for the surgical care of known but we will not enter into a discussion of them, nor, the ordinary operation consists in first shaving the skin being made tense by the gliding on incision three or four inches and a cut made through the skin alone. The axis of the Indians the facts as they present themselves.
are to be carefully introd. with a piece of thread cut through in a horizontal direction, a director should be then introduced. And each layer, managed in this way should be decided to the length of the first incision made. You should the sac great care should be observed in the division of the sac otherwise the intestines might be injured. After the sac has been opened the surgeon should introduce his finger to ascertain where the structure is above the bladder and if he then introduces a blunt pointed curved instrument.
it shall be found under the
stricture, and at a general sale
outwards by the doctor, he will
in either reveal avoid the duties.
To wit, the bond is there to
be treated as the ordinary case
and general means have to
prevent a recurrence of the
Malady.
AN

Inaugural Dissertation

on the

Formation of Medical Character

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

F.R. Davidson

of Maryland

Session of 1866-7
It is forsooth
An easy thing to stand aloof from pain
And lavish exhortation and advice
On one vexed only by it.

J.W. Browning

Now in the construction of his body, resembles an intricate mathematical problem, the irregularities of whose figure, and the multiplicity of whose lines and angles, collectively bewilders the mind of the Student; but when he seizes upon and defines the distinct bearing of each of its angles, and traces the direction of its numerous lines, he discovers a design in every part, and a perfection in the whole, that at once astonishes, delights, and instructs him.

Now in an ample of Creation, he combines in himself and endless variety of mind, and a thousand modifications of matter. In his physical nature, he is closely connected with earthly objects, and in his mental powers he closely approximates those being that
inhabit the "realms above." In him the Creator has united strength and debility, mortality and immortality, in short every variety of "created nature." Consequently, the study of his system, and the diseases which his mind and body are heir to, present a wide field of observation to the medical philosopher, and he who wishes to be ranked among the number of true physicians and Surgeons must not rest satisfied with a mere消极 knowledge of man, but must study and that closely his General and Special Anatomy, as well as the various Pathological changes and conditions to which his systems is subject. And now that Physiology is the "true basis of Rational Medicine," and the microscope with its all-seeing eye, has pierced into secrets hitherto unknown, he must know that in the Human Body organs exist, organs of whose existence the natural eye has no conception, that these organs have their own organization and actions, and that by them the body is nourished.
If there be such a complex being and if there be a constant struggle going on within him, between deleterious agents and the vital resistance, and daily observation proves the fact, it is easy for us to conceive how medicine originated. Necessity, the mother of invention, prompted it, and benevolence, philanthropy and learning have ever since cultivated and cherished it. In its youth it was known as an art, but now in this age of wonders, it ranks, and that deemedly, among the chief of sciences. And when we consider the object of medicine we are not surprised that it should have enlisted in its ranks so many of the most illustrious intellects of every age, for among the innumerable professions, none equal it in benevolence of purpose—its subject is the human system, and its object the relief of pain, the mitigation of suffering, and the promotion of human happiness. Hence the dignity of medicine, and the respect that has always been shown its liberal cultivators.
If we begin at the time of Hippocrates and examine the state of medical science down to these more favored days, we shall find scattered along its ranks, at intervals not distant, many meteor lights, whose genious dazzled the eyes of the world, and whose profound researches and rich and beautiful productions, have caused their names to be enrolled in the archives of the temple of Fame. All men cannot be of this high order, for genius is a gift, and there are others whose characters, and whose earnest searchings after truth, are in every way worthy of imitation. But though the profession can boast of many good and great men, yet, and with sorrow be it said, that many are now called by the once dignified though now much degraded appellation of Doctor, who are neither qualified by nature nor educated to perform the sacred duties imposed upon the physician.
As the dignity and usefulness of medicine depend in a very great degree upon the character of those who cultivate it, we propose an examination of the traits of character and the preparatory course of study requisite to its honorable and successful pursuit.

Many, even now, think that medicine can be successfully cultivated without much previous training of mind, but surely this idea has arisen from want of due reflection upon the subject; for there is no profession more comprehensive in its nature, more accurate in its investigations or more varied in its application.

In its mode of development and growth the human system is governed by immutable laws, nor is its mechanism and structure perfectly analogous in all subjects. Abnormal conditions of the minor and most important organs often exist, and these departures not unfrequently produce changes in the mode of combinations of the elements.
in the lower of the vital forces, we shot of the
healthy functions of many other organs in
the system. So that to understand all the
the changes that are taking place in the
animal economy will require in the physici
an years of study, of observation and of reflec-
tion—Medicine is wide and exercise in its
researches to benefit man. The land and sea
are taught to yield up their sanative products;
the animal and vegetable kingdoms are laid
under contribution, and are forced to reple-
ish the Materiis Materiae. Now if our state-
ments with regard to the complexity of the
human system be true, and if the compre-
hesiveness of Medicine be beyond dispute,
then it must be evident, we think, to the
most superficial observer, that there is scan-
cely a collateral branch of learning that
may not prove useful to the physician
Mechanical Philosophy, so comprehensive
and profound in its nature, so beautiful
and varied in its subjects, should be an
object of study not only to the professional
but to every one who makes any pretensions to the pursuit of scientific knowledge. But in order to understand the principles of Philosophy a knowledge of the exact science is necessary; so the successful pursuit of the former, necessarily involves a study of the latter. Few men are naturally close thinkers and the study of the exact science invigorates and systematizes the mind and imparts to it habits of energetic thinking and reasoning. These statements we are aware are doubted by many. It has been said that men who reason well in Mathematics are in other respects inferior to ordinary men, that their minds flow in one channel, and that on this subject alone are they capable of profound reasoning; but we cannot coincide in this opinion. Who believe and know, that men accustomed to physical labor, can endure more fatigue and accomplish more of any kind of bodily work, than those wholly unaccustomed to labor and does not the mind become vigorous by exercise as well as the body? And when
a mathematician is found deficient on ordinary subjects, it is doubtless owing, not to his inability to master them, but from his exclusive devotion to his favorite study. From the intimate connection existing between the mind and the body, the study of metaphysics claims the attention of the physician, for however accurate of knowledge of man might be considered, yet without a correct idea of the play of sympathies, existing between the mental and physical portions of his nature, it would be very deficient. The body and mind may be rudely likened to a chariot and its occupant; the latter, which is traveling through life in the form whose movements are under the volition of the mind, so that to have a perfect understanding of the whole, we must study the habits of the occupant as well as the nature of the chariot. History, Biography, Moral Philosophy, Natural History, Political Economy, Laws of Nations and especially of his own Country. Poetry and
Polite literature generally, are worthy the attention of the Candidate for Medical Honors; in short "he should be at home" on all general subjects which may interest an intelligent company, "whether social or political, foreign or domestic, or relating to the past present or future." Many of the branches enumerated are not directly connected with medicine, but they are worthy of perusal, because the community at large, and especially those of that community, who are intelligent judges of the abilities of professional men, by the number of their accomplishments and their acquaintance with general literature.

How great is the benefit derived from a thorough understanding of the Latin and Greek languages, those monuments of departed greatness! It is incalculable, for medicine can never be studied with a hope of perfect success without this knowledge. Some dispute this, but their opinions are heeded and respected as little as a whirlwind heed's the voice of man, and they thereby meet a just reward. Reason and thought
will convince us that it should not be otherwise. Was not medicine first given to the world in a now dead tongue, and should not the doctor of today, be able to hold converse as it were with those disciples of old, through the medium of three tongues? No man doing justice to the Profession can answer these questions in the negative. In Philosophy, Metaphysics and Mathematics, the ancients were our equals if not our superiors. Point to the poet of later days who can bear comparison with Virgil, for elegance and chastity of language and simplicity and variety of subject, or with Homer for fund of and impetuosity of genius, sublimity of thought, and felicity of expression. Do the historians now rank with the works of Sallust or Cæsar, or with those of Xenophon, Livy or Herodotus? Lives there a man who would not rejoice more than these words could tell, in being called the Cicero or Demosthenes of today? Greeks and Roman literature are caskets of jewels from which the modern wits have plucked many of their bestest thoughts.
When our own language has not been able to supply us with words, directly expressive of the meaning wished to be conveyed, such as the technicalities, the Latin and Greek have invariably come to our assistance, for indeed most of our medical terms are of Latin derivation, which fact alone proves the necessity of a knowledge of them to the physician. It cannot be denied that a knowledge of this kind affects the student, while a want of it retards him mightily, for he is continually bound among the leaves of a medical dictionary, searching for the big words which now fill our books. And even after his eye rests upon the looked for word, and he sees the meaning laid down in the dictionary, he does not fully understand it, for he is not acquainted with the language from which it is derived. As medical science becomes more comprehensive in its nature, or as it delves deep in its researches, that it should be deprived of learning deemed requisite to the study of such professions as Law or Theology. Are not the
health happiness and lives of the human family worthy the undivided attention of the liberal and cultivated mind. We are aware that most of all the works of noted authors have been converted into our own tongue, but no translation can convey the purity and beauty of an original. The facility of words, the ease and grace of language, and the familiarity with ancient characters acquired by the student of Latin and Greek, are advantages and accomplishments not to be despised. And as much useful knowledge may be acquired, and as many important discoveries are daily being made by the members of the profession on Continental Europe, a knowledge of their language assists and gives confidence to the student for it is a noted fact that education inspires confidence. We know that what we have said respecting a comprehensive course of preparatory study is with many a marked unpopularity hitherto; but as peace has again returned and the press at least is free and at times our own honest opinion we are at liberty.
to expel them. There are many who would be willing to bring the noble profession down to the level with mechanic art; and what is still now to be lamented, some of these simplifiers and degraders of all and every science have been admitted as practitioners of medicine, though we are happy to state that as far as our own observation goes, they have this far been unsuccessful—and may they never be.

Why are these new so bitterly opposed to liberal and comprehensive preparatory studies? Those of their opposition is we think easily discoverable—they are themselves ignorant of them and consequently condemn them in others, but let them "pierce first the mote from their own eyes"—and moreover they arise not from a lay of the science, but from a love of money and they often succeed for long ages made manifest, that "the world is easily dupes." They have as their motto—"preserve a solemn face, a silent tongue, disguise and guess." It cannot be denied that some physicians have a greater share of medical fact than
other for Dr. Popenoe remarks. Surgeons are born not made— but this is a point which to be relieved from discussing upon. We think it not calculation that the motto of a physician should be the

scriptural advice: "read, pray and meditate." For medicine is a progressive science, and the indefatigable exertion of the profession are
daily bringing to light new facts in pathology, and Practice. Chemistry and Botany, the bases of materia medica. Physiology and Medicine.

Inexpertise are constantly undergoing changes. Every new discovery in Chemistry produces a new era in materia medica and in Physiology,
and another step is taken towards removing the veil that surrounds the mysterious workings in the inner court of the temple of Nature." These facts show that habits of persevering industry, and close attention, united with a well disciplined mind are necessary to

renown in Medicine.

The motives that induce young men to embark in professional studies, are in many instances the causes of their failure in after life.
Some are influenced by a desire to please friends, or are led on by a hope of early attaining honor or wealth—perhaps ambition, even thereof on.

Each of these are laudable enough with proper restrictions, though in themselves they want permanency and efficacy—there may tempt and stimulate the student for a while, but their beauty soon wears away, and leaves their votary languishing amid decalogue and ruin. But let a young man select a profession, not merely as some from whence to gain his livelihood, but because it is congenial with his taste, let him pursue it with all due diligence, let him have as a goal for which to strive—a way in which he can most benefit mankind, and his efforts will most surely be crowned with success, as they will redound to his honor and glory. How happens it that some men take such a firm hold upon the wealth, the honor, and the affection of the world? Is it because nature in the distribution of her gifts has favored them above others, or is it because they have labored resolutely and manfully to overcome difficulties and
have by all honourable means endeavoured to render themselves worthy the respect and esteem of their fellow men; surely the better is the accout of their success.

An opinion generally prevails, that men of inferior talent and education will answer as practitioners of medicine in the country. But no conscientious man could 1 slander themselves with such reasoning and no man of principle, or of true benevolence of character, could be as influenced by those opinions as to dull himself into lazy habits, and forgetfulness of his duty—Surely the life of an honest planter is as dear to him, as that of the rabble of a crowded city. The duties of a Country doctor involve if anything a more intimate acquaintance with the various branches of medicine, for in the city the practice of medicine is in effect divided into distinct branches, while in the country the one doctor must be master of all. This opinion has arisen we doubt not from the following. The country is crowded with illiterate physicians, because in the city there are as many ma-

master minds which from them the practice they had
undervalue obtained, and they prefer, rather than
make an honest living in some other way, to pursue
their gaming game among the simple hearted people
of the country. If the object be merely to get lucres,
or to accumulate wealth, there indeed the idea may
be tenable, but the practice of medicine can never be
on its true footing while regarded merely in the light
of a profitable business. The Physician should cherish
a professional spirit, which looks to the honor of his
calling as identical with his own, which shrinks
from whatever would disgrace it as from the touch of
infamy, and shuns with a proud complacency
at every new acquisition to its general credit. Every
man who intends to make the practice of medicine, the
lucres of his life should cultivate a spirit of
free thinking and investigation— he should not
perhaps adopt the opinions of any man without first
examining or at least considering for himself, for it
cannot be doubted that the weight of great names,
and the dogmas of Schools have established a kind
of deep stream over the mind, which has in many inst
ences proved detrimental to the science of medicine.
The physician should be a historian of nature— he should note carefully all its phenomena and compare his observations, with those recorded by his predecessors; he should mark carefully its discrepancies, and thus the whole should be subjected to analysis and useful conclusions drawn therefrom. The correctness of his diagnosis, depends much upon the manner in which he interrogates nature, and the attention he gives to her answers for "nature speaks the truth." Some forms of disease require all the energies of a cultivated mind and matured judgment to detect them; so that all the means of diagnosis should be strictly attended to, and the examination should be regular, deliberate and methodical; for in this is the experience and well qualified physician distinguished from the new fap-hazard doctor. When young men enter the medical profession with perceptions of its extent and variety, and of the varied duties that will devolve upon them; and cultivate it with the ardor its importance demands, they can scarcely fail of success. Let all candidates for medical honors be cautious and cheery, honorable and dignified in all their intercourse with men, and when they become physicians let
there do what they conceive during their most philanthropic moments of reflection, would best promote the interests of their patients, and the welfare of the community in which they live. Let them do nothing but what would redound to the dignity and usefulness of their profession; and although the Golden Age of medical triumph, or the millennium glory of medicine predicted by some physicians, should not arrive during their lives, yet they will have the consolation of having acted the part of a philanthropist, and will have little cause to regret the course pursued during their medical life. For we believe that he who has extended his hand to enshackle as it were from the very jaws of death, the prostrate form of the dying man, and has thus dispelled the gloom that hangs over the sorrowing brow as the timely shower revives the face of drooping nature, and causes again the "little blade of grace" to lift its head—he who has discharged the important part of a physician with dignity and honor, has spread peace and happiness among his fellow men, knows what true happiness is. Would Oriental Magnificence, or a lifetime of Senecality or Indulgence be a fair exchange for this his intercessory day.
Thus is my thesis
finished, and committed to the examination of the faculty
with fear and trembling, for I feel deeply its imperfections.
And I can only ask each and all of the faculty
of the University of Albany, who may honor the
author by a perusal of these lines, to bear constantly
in mind his slight acquaintance with the prescribed
rules of composition, and above all his slight experience
as a medical man. But acting on the principle, imbed-
ded in the text, a page of "well being done," that "he who
really knows no law," I have penned the foregoing, keeping
always constantly, before me the fact that it is easier
to preach than to practice.

And hoping most sincerely, Gentlemen

that you will not view me with a censure,
But pass my imperfections by.

I have the honor to subscribe

Myself—Your most Obediently

BR Davidson

M.d.
AN
Inaugural Dissertation
on
Accruration.
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
M.B. Forman
of
Florida.
Session of 1807.
Aneurism:

An aneurism of an artery is a sack or tumor formed in the artery and filled with blood, caused by the rupture or dilatation of that vessel. The dilatation may either extend entirely around or only a portion of the artery. General dilatation differs from true aneurism in having a broader and more ill-defined base. In the structure of the artery we find three coats or tunics, viz: an internal serous tunic which is continuous with the endocardium, a middle tunic composed of elastic and muscular fibers, and an external cellular...
The anatomical difference between the smaller and larger arteries consists in the structure of the middle coats. In the smaller arteries this coat is muscular, the fibers being arranged in a circular manner. Hence their great power of contractility, and want of elasticity.

In arteries of medium size the middle coat is composed of both elastic and contractile fibers, while in the arteries of large caliber it consists of elastic tissue alone.

The chief varieties of this disease are: the true, false and mixed.
accruision. In true aneurism the sac has for its covering all the tissues of the artery. When the sac has only the outer linéé for a covering, the inner or middle coat of both having been ruptured, it is termed false aneurism. Spurious aneurism is that form of the disease in which all the tissues after expanding before the impulées of the blood finally give way; and hemorrhage is the result.

Pathology.

Aneurism may be either spontaneous or traumatic. When spontaneous it begins
With the formation of a body or carbon deposit on the inner walls of the artery. The blood, owing to its altered condition is unable to remove this deposit, and therefore exerts its force on the resisting walls which give way to pressure, and are finally ruptured if not arrested. The inner coat is soon absorbed, leaving only the outer coat which is greatly distended and becomes elongated. The disease may also commence at some denuded spot of the inner wall and all the symptoms give to the continued pressure of blood.
Symptoms of the tumor have been
in the neck or behind the nares, and
is synchronous with that of the
artery, it being always found
in the course of the artery. A
lowing sound is also heard over
the tumor upon applying the ear
to it, which is called the bellum
bruit. When the tumor is cured
by pressure on the artery between
it and the heart makes it become
flaccid at first and if continued
it will disappear entirely. Upon
removing the pressure the blood
is heard to rush into the tumor with
a vibratory sound.
The tumor in its beginning is entirely free from pain, but as it progresses the pain becomes excruciating, the nervous in the surrounding parts being put upon the stretch. In thoracic aneurism there is an unnatural throbbing pulsation, of which the patient is sensible and which is detectable by the stethoscope. If seated in the abdomen it can be felt through the abdominal parietes.

In thoracic aneurism the respiration and circulation are interfered with. Diagnosis. Aneurism may be distinguished from other tumors situated along the same
of the arteries of the extremities. The
aneurism has to slide when it is forming, while in the case with other tumors.
Lastly, that the tumor will cease to beat when raised from the artery, if it be not an aneurism.
Lastly, the aneurism is soft at first, becoming hard as it progresses, while the reverse holds true with regard to other tumors. Lastly, aneurisms are reduced by pressure on them, whereas tumors are not. Lastly, it may be distinguished from absence of the Pecora muscle, by its freedom from pain when forming, and its remaining the same in any
position the patient may
distance. When, from dilatation
enlargement of
the thyroid gland, by its re-
mainance stationary in the set
of deglutition, while the gland
follows the movements of the tongue.
Progress. — The disease usually
has its origin at the inner termi-
of the artery, the walls becoming
thinner as the tumor increases.
The walls, though rendered
thinner by distension, are made
stronger by the adhering which
takes place upon them — as the
tumor expands it encroaches upon
and absorbs every opposing obstacle.
The hardness of bone itself forms an safeguard against its wound. progress to the surface of the body. On reaching the integument, the surrounding parts are but very much on the stuctural inflammation and suppuration ensuing. If there be separation of the edges of the slough, better the unnecessary consequence, either from a sudden gust which some sheds the theme, or the patient may which gradually from the slow continued drain of the river of life. The tumor may burst either into a nervous tract or a seminal cavity. In either event it will prone to
Respiration may be suspended by
the pressure from an accumulative
haimor seated in the neck, the
trachea being entirely closed.
The continued pressure of the
haimor on viscera or membranes of the
abdomen may also be a cause
of death without its rupture.

Cause. — The predisposing cause
is anything which irritate, or forc
the circulatory system. As in Philip
de where the circulatory system is
involved. The exciting Causes
are without strain of the
nervous, or local injury, deep grief,
and painful operations of any kind.
Situation. The most favorite and dangerous seat of aneurism is the aorta. The most in order of frequency being the right subclavian, the external carotid, the subclavian, the renal, the external iliac, and muscular arteries. Those of the extremities are seldom diseased, owing to their smallness of calibre and great hours of contractility. The deep seated arteries are more commonly attacked.

Dissecting Aneurism.

Having treated of the common forms of aneurism, I will now take notice of dissecting aneurism, which though it is infrequent...
occurrence it is well to mention. This variety of the disease is caused by ulceration of the diseased lining membrane of an artery. The blood, making its way between the tunics, they are split for some distance both above and below the diseased spot. Death may result from the embarrassment to the circulation, the brain often becoming softened by long deprived of its wanted supply of blood. Spontaneous Cure.—Every occurrence is not necessarily fatal, but occasionally a spontaneous cure is affected.
Spontaneous curé. This formidable disease is sometimes, though infrequently, complicated by motions of fever. At one, this is affected by the formation of a laminated coagulum in sufficient quantity to weaken the force of the columns of blood, and in this way check the expansion of the artery. The same thing arrested in its course does not cease entirely to fill through the lumen. The clot thus formed is a firm fibrous deposit and is called an active clot. The passive clot is one that is formed suddenly, completely cutting off the circulation through the artery. It never
In the treatment of cutaneous ulcerations it is rather pitifully absorbed or is displaced but not usually after undergoing suppuration. Sometimes though rarely the disease may be cured by the magnum bloc helixing up the artery instantly. The cutaneous ulceration is known to cure itself, indirectly by pressure from the tumor itself on the artery.

Treatment.

In the treatment of cutaneous ulceration we must endeavor to vitiate the patient's expedients to get rid of her trouble. Of the different modes of treatment, that of compression first demands our attention.
It is the best, but not at the same time the most efficient means of curing, whose practicability to apply to it.

The compress should be applied immediately; that is, between the tumor and next on the sound portion of the artery, in this way: the formation of the active clot will be favored by the slowing down of the blood. So much pressure must not be used as it would stop suddenly the circulation. The exercise of treatment has the advantage of being discontinued at any moment it should be objected to, and in its function from danger of secondary hemorrhage, a frequent incident of Morton
Compress a contract inclined
where disorganization of the integument exists, the kind as much as
sustained, or where we have diffe-
red an extremity to deal with. If
the tumor increases rapidly, the daily
rupture of any none of the skin
the ligature must be immediately
applied. The patient should under-
going a preparatory course, previous to
attendant, pretensions and desires.
He should then be kept an moderate
diet and in the remounted picture
so long pressure or may be avoided by shifting the member.
Continued effusion of the elbow or knee joints hence affected to cure of an aneurism.

Ligation. When this measure failed to cure the disease, when unapplicable, it becomes necessary to ligate the artery between the heart and tumor. The ligation must be applied some distance from the aneurism beyond the diseased part of the artery, unless this vessel be in a healthy condition. The surrounding of the adjacent veins or closure of veins or nerves must be avoided as it would occasion serious trouble. The ligation may be applied on the distal side, when
it cannot be placed between the heart and tumor.

Medical Treatment.

When an operation is impossible, the circulation should be quieted. Opium may be given to quiet the nerves. If the patient is phlegmoric, a small quantity of blood may be taken from him. A nourishing but unstimulating diet is necessary. Antiseptic and nervous sedatives are given. Potassium is thought by many to possess the power of coagulating the blood in the aneurism, and is therefore given for that purpose.
AN
Inaugural Dissertation
on
Rheumatism
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 J. Kenner
of
Virginia
Session of 67-67
Rheumatism.

I have chosen for my subject that very common and painful and yet not often fatal disease rheumatism.

It may be divided into three different forms—Acute, sub-acute, and Chronic.

In the first we have great pain and fever: it is a disease which most generally attacks the joints and especially the fibrous tissue and wherever it is found in the body, it is also sometimes found in the other tissues.
cute form of the disease is not announced by inflammation but
with great pain and fever, generally have the inflammation first
and the fever in connection with it. It most generally shows itself
in the extremities and usually in the lower first. It may be
confined to a single joint or to the whole or part of one limb fre-
guently it attacks more than one limb and other portions of the
trunk successively and often the exterior of the body. And when
the exterior of the body is thus affec-
ted we most generally find that
one side is more serious than the
other — It is partial to the large joints, ankle, knee, wrist, and elbow, very seldom met with in the fingers or toes — It is announced by inability to move the parts and upon an effort to move the part, pain and stiffness, in other instances from the first the pain is both acute and violent — Soon there is great pain and swelling but the pain is relieved somewhat by the swelling, To move the joint you would think that it would be death to your patient on account of the pain — The swelling is usually hard and elastic, and the skin red.
denied with a light rose color and
by degrees assuming that of the
natural skin frequently it is
not changed in color.

The inflammation changes from
one place to another as from the
knee to the ankle or to the same
joints upon the opposite side—
To the wrist or elbow or changing
from one place to another moving
first to one joint and then to the
other sometimes the first joint is
attached the second or third time,
the swelling does not disappear
with the pain but abates some-
what and becomes softer and less
tense and elastic. It in some
than in the shoulder and hip
which are more protected with
muscles - in severe cases the pains
are not entirely absent and are
often so severe as hardly to be
borne, the least movement
or pressure increases the agony of
the sufferer. Soon after the attack
the commencement of fever is ex-
perienced by rigors, increase of the
pulse, heat, purrid tongue, disgust
of food, thirst, and sometimes head-
ache. The fever is of the low form, full
pulse, strong but usually not very fre-
guent from ninety to a hundred and
ten and very seldom exceeding a hun-
dred. The skin though hot
is less so than in other diseases, and often accompanied with great sweats which have a peculiar sour smell, which have no effect upon the inflammation or pain. The respiration is not disturbed when the disease is confined to the joints. The bowels are usually constipated and very hard to move. There is very little change in the secretions, the urine is scanty, high colored. The brain is not often affected, and the patient being seldom delirious, though suffering for the want of sleep by pain. The fever is greater at night with an increase of the
pains and a diminution of them in the morning. The disease sometimes extends to the lining and investing membranes of the heart, constituting endocarditis and pericarditis. Endocarditis is much more common than pericarditis. The latter is more dangerous, whilst in the former if not cured we may have decline of the values of the heart and ultimately death. The affection of the heart is not generally announced though sometimes its presence is not by pain and oppression in the precordial region difficult breathing with or without cough, increase of the pulse, and disturbed or peculiar expression of the countenance. And it requires a close ex-
amination by means of auscultation and percussion into the condition of that organ and its membranes. The inflammation of the investing and lining membranes does not denote a merging of the external inflammation, they are only an increase and not a transfer of the disease. It is thought that rheumatism in the ligament is more liable to extend to the heart than when it is in the synovial membranes. The pleura is also the seat of inflammation in connection with external rheumatism, very often in complicity with the disease of the heart. The extension of the dis-
ease to the brain is more or less dependent upon that of the heart. It shows itself occasionally in the liver termed bilious, giving rise to bilious vomiting from an excess of secretion, or yellowness of the skin, conjunctiva, and tongue, and in others from the diseased condition of the liver, but oftener accompanied by an attack of remittent or intermittent fever.

The disease is if taken in time can be checked in the course of eight or ten days or it may go on for weeks or even several months. Twelve days or three to four weeks is the usual length of the disease. By the proper
use of remedies.

The pain is lessened, and the parts become softer so that, instead of being hard and elastic as at first, it will frequently retain the impression of the finger, and the swelling will soon begin to disappear. When the disease is about to give away the inflammation subsides, the pain grows less, and the patient is not so easily disturbed by being moved or for any one to approach him as he was at first, he generally has more or less tenderness and swelling for sometime after the inflammatory symptoms have passed. The joints and muscles are often
left stiff and weak after the patient has been relieved of the acute stage of the disease. The anatomical character of fibrin found in the blood, buffy coat when allowed to coagulate, pneumonia is the only disease in which we find increase of fibrin and the buffy coat, but this is only found in the acute pain and fever. Urine acid is not increased. The autopsy have disclosed in the synovial membranes redness and thickening of them and the synovial fluid increased, pus is occasionally met with in the joints. The fibro cartilages are absorbed and softened by the inflammation.
tion, the inflamed muscles have presented a dark hue, with softening and an excess of blood in their cellular tissues. The inflammation has also been met with in the sheaths of the arteries. Cold in connection with moisture is the principle cause of the disease, it very aptly follows from being impudent, as being engaged in great bodily exertion or from heat and while the perspiration is still at its height to lie upon the ground or be inactive after the exertion and sitting in a cold damp room, and sleeping in a bed with the bed clothes
damp — and not changing the clothes after being exposed to rain —
and therefore persons who have had previous attacks of acute rheumatism,
should be guarded against exposing themselves too much during the change of weather. Men are often
or attacked than women from being more exposed; it makes its appearance between puberty and thirty-five or forty, though it sometimes makes its appearance sooner and the child very often has the heart involved, if the old are at-
tacked they most generally have had the disease when young.
A predisposition to it is often in-
It was for a long time con-founded with gout, by the common name of arthritis, and was first given the distinct name of rheu-
matism in sixteen hundred and forty-two by Ballonius. And, although rheumatism may even now be con-
founded with gout, the difference between the two diseases is found from observation to be very mani-
fest. The two complaints are often found together, the difference be-
tween the two is very great as gout is found in those who live high, and indulge in the use of wine and take little or no exercise; while rheuma-
tism attacks the laboring classes.
and those that are exposed to the
vicissitudes of the weather —
Children are subject to rheuma-
tism, in gout they are not. gout
is more hereditary than rheuma-
tism. In gout we find more uric
acid in the blood, in rheumatism
we have no increase of the acid, in gout the
small joints are attacked, in rheumatism
the larger, the pains are greater and
the inflammation a deeper red
in gout than in rheumatism.
In gout we have the formation of
Chalk stones, which we have not
in rheumatism — Acute rheuma-
tism, in adults is later in time and
not any of the internal organs or
The brain involved with it hardly ever proves fatal, and then the disease may be overcome by proper remedies. But in youth the heart is left more or less involved and life is finally lost by hypertrophy and dilatation.

Sub-acute rheumatism is a milder form of the disease, as in the acute it may attack the joints and muscles, the muscles are usual the parts that are attacked, while in the acute the joints are generally involved. It may attack more than one joint but as the disease would thus be increased we would have the first form of the disease. The pain is slight.
redness and heat not so great and the swelling is less tense and elastic.
When it attacks the muscles it may only involve one or several, it may fre-
quently extend to several in the same neighborhood and concerned in the same
office. At first there is only a slight sore-
tness, which continues to grow worse un-
til we have a dull aching pain, which
increases when the muscles are brought
into action. Often it is not announced
by severe soreness but comes very sudden
when the muscles are brought into action
as upon attempting to get up from a chair
or moving in the bed. The pain is some-
times almost insupportable and the pa-
ient refuses to perform the movements.
of the muscles after he once finds out
what will increase his suffering.
When he is at rest or the part that is af
fected, he suffers more or less from a
slight pain, with heat, and the pain
increased upon pressure. The swelling
is very slight and often entirely absent;
the pulse very little increased, and the
natural heat of the body increased, but
it very seldom amounts to fever. It is not
particular which of the external mus-
cles it attacks; the internal are often the
first that are affected, it may not con-
fine itself to the joints and muscles, but
attacks the other tissues as the nervous
shafts causing pain when it is pressed
upon and more or less pain along the
course of the nerve and it may be affected
and the parts it is distributed.
This form of rheumatism is peculiar
liable to metastasis, more so than the
acute or chronic. It is met with in
the muscles of the scalp, eye, face,
neck, chest, abdomen, hip, heart, dia-
phragm and also in the alimentary ca-
nal, the liver and kidneys—then in
the scalp, denoted by headache, source
upon pressure and the movements of
the muscle of the head increases the
pain. And when we have headache without
the inflammation in other portions of the
body pressure generally gives more or less
relief. The muscles of the face are oc-
casionally affected, and it may be
confounded with tetanus or locked jaw.
The disease may be seated in the muscles of the neck, causing stiffness.

The intercostal muscles are sometimes affected and may cause great uneasiness when a full
breath is taken or the pain can be increased by pressure. It may be mistaken for pneumonia,
but as other parts are generally affected with rheumatism and it can be made out by attending
to the signs of auscultation and percussion or we can be very much aided if the patient attempts
to move or cause motion in the intercostal muscles, he will if rheumatism be present have severe
pain in the muscles. The hip is very often the seat of the disease, the muscles or the ligament of the pelvis are often the seat of the
inflammation, and the sheath of the sciatic
Nerve is sometimes affected shown by tenderness of the nerve, and extends to the thigh and leg. It may be confused with other inflammation, but the previous attack or at present having rheumatism, and the pain becoming greater if the heat of the body is raised, the pain remaining the same in a uniform temperature of the body, will aid in separating it from common inflammation. This form of rheumatism is found in the internal parts of the body and is very apt to prove fatal or leave the organ in a state of chronic disease which will sooner or later prove fatal, or the muscles of the organ become diseased, causing sudden death, palpitation, hypertrophy, and dilatation of the heart. The causes are the same as
in the acute form, exposure of the body to cold, sud-

then chilisting of the body during perspiration, put-
ing on damp clothes, or not changing them after

being out in the rain or snow, sleeping in a damp

room or the bed clothes not properly dried.

This form of rheumatism may be distinguished

by the suddenness and severity of the attack,

in comparison with the other parts of the gen-

eral health, and the great distress which the

movements of the muscles which are diseased give
to the sufferer, the metastasis of the disease,
differing from common inflammatory by

the absence of the formation of pus. The subacute

form seldom proves fatal without a complication of the disease with the heart and

especially the muscular structure of that organ,
do as to arrest its movements, or upon the brain.
or the stomach—
The chronic form, by this is usually meant that state of the disease in which there are pains, without inflammation of fever—It may exist in the fibrous, or muscular tissue; it may be exhibited with the acute, considerably mitigated or subdued, among which are a small hard corded and accelerated pulse, pain peculiarly liable to shift its position, increased by warmth and more so at night in bed when covered by a large amount of bed clothes. The patients are very apt to be more or less able to give notice of a change in the weather, the pains are more or less increased, and the parts become stiff and acutest, this feeling is greatly increased by having a previous
injury to a joint, or a bone, as a strain, dislocation, or fracture, and by the abuse of
memory—Even while there is not a cloud to be
seen and the sun is still shining we of-
ten hear some old sufferer of this disease
complaining of his aches, and foreboding
of rain or a storm—When the muscles
are diseased, from the slightest affection to
a total loss of power in one or more of them,
occasionally it is characterized by an atrophy
of the muscles, in which the interstitial
investing cellular membrane, and not wound
appear the muscular substance itself are
so far wasted away as to leave only the ten-
dons and fasciae—The affected limb is cold
and sometimes so torpid and relaxed as to a-
mount nearly to paralysis. It can often be
relieved for a time but very often again makes its appearance, often medicine appears not to have any control over the disease and so the patient's life is made anything but pleasant to him and eventually the issues from this stage of action to what journey then from whence no traveler returns.

The formation of pus in the joints, the synovial membrane suppurates, wasting of the cartilage, suppuration in the soft parts, external abscesses, and the patient is at last worn out by hectic fever. It is a disease which is very irregular, continuing for months and even years or the patient may be troubled during his lifetime. He may be relieved from his suffering during mild weather, but as soon as there is a change in the
state of the weather his sufferings are again renewed. The aged appear to be more subject to chronic rheumatism than the acute form. As an inheritance, predisposition to it would seem sometimes to be received. Also, changes of the weather and it is chiefly found in damp and variable climates, and more particularly in the spring and fall, owing to the greater and more sudden changes of the weather. But at all times, by an exposure to cold, and especially with moisture or sleeping in a damp room, or damp bed clothes, wearing damp clothes, poorly protected from the vicissitudes of the weather, sitting in a draft of air, entering ice houses and cellars in summer...
This disease may be mistaken for common and scrofulous inflammation, and sometimes paralysis of certain muscles. From the first it may be known by having a previous attack of rheumatism, and its frequent metastasis, and the increase of the disorder by change of the weather.

Treatment of the acute form—

In a vigorous and robust individual, with a strong pulse bleeding is advisable, one or two bleedings are sufficient; and, when the pulse begins to become more frequent, and less strong the lancet should be no longer used and at any time it should be employed with caution.
For constipation of the bowels, a full dose of sulphate of magnesia alone, or in connection with calomel, coal tar, opium and ipecacuanha and as the system becomes accustomed to its use, it should be increased or it may be given in the form of lozenges. Powder. - These remedies proving useless after ten or twelve days, the calomel should be given at bed time with the opium and ipecacuanha. Two grains at a dose. The calomel should not be carried to its full effect upon the system. At this point we have another great agent to assist us, Colchicum alone, or in combi-
motion with the calomel or the colocynth may be given along with one of the salts of arsenic instead of the decoction.

Sometimes the disease is accompanied with perspiration during sleep, with nervous disturbance, when we have one or both of the disturbances. Sulphate of quinine alone or in combination with opium—Affection of the heart—Cupping between the shoulders, blisters over the region of the heart, calomel to be given soon to act upon the system, and blisters to the external seat of the disease—Camphor

Cicatrices assists in the relief of the inflammation upon the extremeties—Phosphate of ammonia has been strongly recom
mended by the late Dr. Buckler of this city, that it tends to eliminate urea acid from the system by forming a soluble urine of ammonia; the phosphoric acid being neutralized by the soda with which the urine acid may be combined in the blood, dosed ten to twenty grains three to six times a day.

The body should be well clotted in flannel from the neck down.

Of the subacutia form, depletion is not advisable without the patient is robust with a strong pulse. Bleeding will very much aid in the cure. Relieving the bowels, urine sulphate of magnesia and every few days with magnesia and wine of calomel root; if this acts too much upon the bowels, they can be kept open by a more gentle laxative—Opium and ipecacuan.
or instead of this, the Lomus powder will add greatly to hasten the cure: Colchicum alone or in combination with a solution of the sulphate of morphia as to keep the patient under a moderate narcotic injection, the acetate extract of Colchicum with opium and ipecacuanha. The various stimulants are given asaconite, stramonium belladonna, alone or combined in very obstinate cases. This form has to be dealt with, with great care as it is very liable to metastasis if blisters are used many through direct a free use of blisters and different stimulant liniments. The warm or hot bath in this form of the disease is often very beneficial in connection with the bones powder or Colchicum.
When the internal organs are attacked in this form blisters, and depletion, calomel in combination with opium and ipecacuanha are to be employed also, often after the blood letting, colchicum has been found of great service.

In the chronic form bleeding is not advisable, cleansing out the prima via is of great importance, sulphur, a mixture of sulphur with magnesia or bis tartaric of potassia, and in connection with the purging to allay pain doses powder at night, colchicum is of great benefit also in this form.

Iodide of potassinn when we have from of nodes in the periostium, mixture of potas sia has been used with success, guaiac,
Turpentine is greatly esteemed by some. Cod liver oil is recommended by the German physicians. Daily bathing has been recommended hot or cold; after the latter practice should be employed. Vapor baths are held in high repute such as sulphur, camphor, turpentine. The use of stimulating liniment is often of great benefit. Everyone occasionally proves unavailing. And often great benefit is derived from traveling and especially a visit to the sulphur springs of Virginia have given great relief. As this disease is apt to return and to prevent the recurrence it is of great importance; cold is one of the principle causes and as a protection the
patient should be advised to wear flannel during the winter and silk or light flannel in the summer.
AN

Inaugural Dissertation

ON

Reproduction

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

M. M. Walker

of

Westmoreland County, Virginia

Session Fifty Ninth 1847.
The process of Reproduction is the most characteristic, and in many respects, the most interesting of all the phenomena presented by organized bodies.

Had we no other argument to meet the assaults of the Infidel, surely this process by which living organisms, animal and vegetable, are generated and developed, to fill the places of those of their species that have become extinguished by the rapid march of time, or whose terms of life have expired, would be sufficient of itself, to prove to the reflective mind, that...
Vicissitude of a Supreme Being, who rules the world and ordains all things in wisdom.

Having before us a subject upon which Volume might be written, we shall not attempt to explain this process in the various species of the animal and vegetable kingdoms, but confine ourselves exclusively to the consideration of this subject, with regard to the human being. Speaking of animated nature, suffice it to say, "form around ex orto.

We will now enumerate and briefly describe the
Female reproductive organs. They consist of: uterus, ovaries, fallopian tubes, and lastly the vagina, which is the passage for the reception of the male genitals during the act of copulation.

The ovaries are two oval, compressed bodies, situated in the cavity of the pelvis, one on each side. Each ovary is attached to the uterus by a narrow fibrous cord, and to the fallopian tube by one of its fimbrils, into which the extremity of this tube expands.
enveloped by a capsule of dense fibrous cellular tissue, and this whole surrounded by dentinum. The internal structure is composed of soft fibrous tissue or stroma, supplied with blood vessels, and there is embedded in it numerous follicles or vesicles, the Graafian Vesicles, containing the ovum. The Fallopian Tubes are about four inches long, and extend between ovaries and uterus, expanded and furnished at the ovarian extremity externally it is invested by a second coat, internally...
It is lined with mucous membrane, and fibrous tissue occupy the space between the two coats. - The uterus is a sacciform fibrous organ, its cavity lined with mucous membrane. Uninflated it is about three inches in length, and two in width at the upper part, at the neck only half an inch. It consists of fundus-body, and neck, its walls are made up of dense fibers. Cellular tissue. - The Fallopian tubes open into it, and at the neck it communicates
The Vagina is a thin, inch-
membranous canal, extending
from Neck of uterus to
the external Os and of Genitae,
lined with mucous membrane.
The ovaries each contain,
on an average, from fifteen
to twenty small vesicles
of various sizes, during
what period of life in which
power of conception exists, these
are designated Graaffian Vesicles.
At their first formation
these races are small, and
deeply seated in the substance
of the ovary, but as they
Grow, they make their way to the surface, and when mature, they form little prominences on the exterior of the ovary, covered only by peritoneum, each vessel is connected with the chroma by a network of blood vessels, and this is lined with a layer of nucleated cells. Membrana Granulosa. The cavity of the follicle is filled with an albuminous fluid, in which granules float, and it contains also the ovum.

The ovum is a minute spherical body, in mature
Besides it is situated in contact with the membranous granulae, and at that part which forms a prominence on the surface of the ovum.

The ovum is surrounded by numerous granular cells forming a kind of film, it is also contained within a fluid, and by gentle pressure we find its external investment is a transparent membrane, called the vitelline membrane—within this membrane lies the close contact the yolk or vitellus, which is composed of granules or globules of...
Various filges, and embedded in a fluid substance, and in this substance of the golk is embedded the germinal vesicle, which consists of a fine transparent structureless membrane containing a fluid, with sometimes a few granules. And in this, nearest the periphery of the golk, is situated the germinal spot, a fine granular substance of yellow color, strongly refracting the rays of light, and measuring in Mammalia from 1-260° to 1-240° of an inch.
The Graffian vesicle is formed previous to the ovum, which is subsequently developed in it. The development of these vesicles and the ovum, contains uninterrupted from birth to the end of the fruitful period of woman's life. Bischoff describes the process of formation to be as follows: At first nothing can be seen in the ovary but cells and nuclei of cells, and groups of cells are seen in the chorion. The germinal cells of each of these groups subsequently coalesce so as to form a homogeneous, transparent, vesicular, membrane.
While the portion of the mass within becomes fluid, thus the Graffian vessel is formed on the inner wall of this vessel. Now cells are formed, and the cæsophagus contains a transparent fluid, with nuclei and granules suspended in it.

The next stage is marked by the appearance of a second, smaller transparent vessel within the Graffian vessel. This second vessel, which is the germinal vessel, has a nucleus. The germinal spot, granules soon accumulate around this vessel.
regard to the heart of the ovum just formed, it appears certain that the formation of the germinal vesicle, besides that of the yolk and zona pellucida or vitelline membrane, whether the germinal spot is formed first, and the germinal vesicle afterwards developed around it, can not be decided in the case of vertebrate animals. The ovum at first occupies the centre of the Graafian vesicle, but is subsequently removed to its periphery — the germinal vesicle is found also at the periphery in mature eggs.
The size of Granules of a Mature Horn's Yolk, are greater and more opaque. In the process of development of individual follicles, each increases in size and gradually approaches the surface of the ovary, and when fully ripe, forms a little projection on the exterior—coincident with its increase by augmentation of its liquid contents, the external Follicle becomes thin, and eventually bursts. By this means, the ovum, and fluid contents of the Graafian Follicle are liberated, and escape on exterior of ovary, whence they pass into the Fallopian tubes, by
the frustrated eternity, grasping
theBroken, — In most Mammalia
this breeding of the vessel, takes
place when they arrive at Maturity,
and are discharged at such
periods only — In viviparous
Animals, the separation of the
ova from the sperm, may take
place without impregnation
by the Male, or even sexual union.
This discharge also occurs in
Mammalia without Coition.
The period at which Mammal
ova are received into the Fallopian
Tubes, is in Mammalia called heat
or rut, and in the human
female, by the phenomena of
Menstruation — Sexual desire manifests itself in the female with great intensity at these periods, and in animals at no other times. If union take place, the uterus may be fertilized. The occurrence of a menstrual discharge is one of the most prominent indications of the commencement of puberty in the female sex. This function continues until forty-five or fifty years of age. The discharge is periodic, and occur at the interval of a solar month, last from three to six days. It does not usually occur.
in pregnant women over buckling one, but instances of such are not rare. This discharge is of blood effused from the inner surface of the uterus, and mixed with menses from the vagina. This caused less coagulate than ordinary blood. The relation of menstruation to coagulation is simply this—when a girls' bladder bursts, oft is added in its menstruation, and subjected at to its own, by the cessation of this monthly sickness, which then gives to blood up to the Nourishment of this own. Before and after this influx of a grace's child, and the escape of this own, certain changes
inside the interior of the vesicle, which result in the production of a yellowish mass, the Corpus Callosum. This is a roundish solid orange-colored body, composed of lobules surrounding a small cavity or space. A white substance it was for a long time considered an evidence of serious impregnation, but such is not the case. The Corpus Luteum of Virgin, differ from those of impregnation, in size and character. Those of impregnation continue to grow and go on nearly the whole duration of gestation. Those of virgin, proceed no further than the formation of their color, which
Shortly after this fluid is a white viscid substance, secreted by the testicles, whence it is
conveyed by the ductus deferentia, to vesicular semenalis, to be thrown into the vagina
during coition, through the ejaculatory tubes. It is the fertilizing fluid and must come into actual contact
with the germ of the female. It consists principally of spermatozoa and
 semeninal granules. A double function is given to vesicular semenalis, i.e.

they both create some fluid to be added to that of the testicles, and serve as
vehicles for the semenal fluid. The
first is probably the chief function-for in the horse, boar, guinea pig, and
Many other animals, they do not communicate with the ova referred to.

In man when one article is lost, the corresponding vesicle, vesicula seminalis, suffers no alteration, though its function as a reservoir is abolished; but how they act as secreting organs is unknown. It is nearly certain, that their fluid contributes to the composition of the impregnating fluid.

By the fertilization of the ovum we understand that process by which the generative material of the female unites with that of the male, forming a living being. It occurs generally at one of the menstruall periods.

The themes of generation are - 1st
The Theory of Evolution, and — Theory of Epigenesis — first, that the female forms the germ, and the seminal fluid gives life to the germ — second, that the germ is the substance of the germ of both. And here, though having barely introduced a subject, which is of so much interest, both theoretically and practically, having written the usual number of pages, I will bring this dissertation to a close with a quotation from Tylor: —

"The commencement of existence by passing through its successive intermediate stages conduces at last necessarily to its own termination."

A Dissertation

on

Thesis Pulmonalis

Submitted for examination,

by the

Medical Faculty,

of the

University of Maryland,

for the degree of

Doctor of Medicine,

by

F. Slaville, Park.

Balt. Md.

1867.
Gentlemen:

Without consuming time, to take a cursory glance of this disease, known in and out of the profession, as one of those maladies in which medical science has failed to produce a single cure, except in those cases where the laws of Hygiene were instituted from the very commencement of the disease. Although free to admit there are and have been cases of Pneumoniae Salmonalis, which appears to get well as the expression is, under the care of remedies, but I think after consulting the best talent upon this subject and from some little observation, I would
refer these isolated cases, which occur most frequently in the practice of the quack, than to legitimate physicians, to the curative powers of nature, than to any medication which he may have undergone. And here I would state although medical science fails to rescue the consumptive from a premature grave, yet she can make that path which is so rugged and almost insurmountable comparatively smooth by her administrations; even this should give the medical man courage to assume the great responsibility of treating the consumptive which he knows to well, in the
great majority of instances will be inevitably fatal.

Morbid Anatomy.

Tubercles are not organized, or should they have an organization, as is stated by some authorities, it is a very imperfect one. Tubercles increase by addition to their surfaces as in the inorganic kingdom. Hence the above statement in regard to the gross organization of tubercle is more than likely, viewing analogy existing between the organic and inorganic kingdoms. Tubercles may form in masses which is caused by the agglomeration of several tubercles. Tubercles are round, but not necessarily, as some have thought, but depend
upon the physical character of the

disease they invest.

Division of Tubercles.

There are two varieties: the gray and
yellow. The former will never carry
over by far in the greater proportion
of cases. They are hard and will not
yield to a moderate degree of pressure.

They are small; generally speaking,
about the size of a grain of mustard.

Sennert, the most learned pathologist
of his day, called them military
granulations, and were believed by
him, to be the primary form of
tubercle, although the investigations
of the present pathologists do not accord
well in view. Hence the truth of
the assertion, "what is true to day
may prove false to morrow."

Yellow Tubers in opposition
to grey are decidedly opaque and
of a dull straw colour, its consistence
has been compared to cheese and the
sensation it produces is only applicable
to this variety.

Structure and Elementary composition of
Tubers.

The views of every botanist appear to
be at variance upon this point of the
subject. Dr. Wight tells us they are granular
and vessels, the former are elementary,
the latter the perforation of the primitivie.

Dr. Hughes Bennett one of the great
lights of the profession at the present
day, who has caused a complete
resolution in the practice of the time, would lead me to believe, that it consists of an epudation of the true cancrinon, presenting great difference from an ulcer of inflammatory eruption, on the one hand, and the cancerous eruption on the other. Dr. Bennet's views are very plausible, although the true explanation may remain unresolved for ages.

Itarian Laberdi

The preauricular membrane is generally the seat of tubercular matter or no.

The more extensively affected than any other preauricular

Change of Terebro.

In this present third stage.
which Shallow, the Briefly; Formation, Diatonic, occlusion.

The formation of tubercle may caused by imperfect nutrition, and doubts not that the larger proportion of cases is examined in this way. And this is foremost of great practical importance to the medical attendant as he can enforce such rules of hygiene as may prolong life, on the one hand eradicate the disease, on the other. Softening generally takes place from the centre and proceeds to the circumference, but there is no uniformity in this respect. Ulceration is the third stage, properly speaking. This is the ulcerative stage of tuberculosis and not of the tubercle as has been supposed.
The pyogenic membrane lines the tuberculous cavities, and has been established by nature, with a view to cure. The upper lobes are first made to suffer from the tuberculous cavities.

**Diagnosis**

This is easily made out when the tubercles are large and in great numbers, but very difficult when they are small and far afield, and baffles the skill of the most experienced in the art. It is of great practical importance to be able to distinguish the stage of the disease, as the treatment is different in each. The signs which constitute the diagnosis are have
previously stated are easy in the second stage, less so in the first. Though commences without any appreciable pause, the patient may still enjoy excellent health.

Expiration

Whether it occurs at first great or across a narrow period gives a clue, of which there are three varieties: clear, frothy and whitish. Pain is felt in shoulder and in the side resembling the 'pneumonic stige' where an expectoration pain is felt behind the sternum. Haemoptysis is also a very valuable sign in forming diagnosis. During the first stage percussion will yield
dull sound and bronchial respiration will be heard.
In the second stage dyspnoea becomes evident from the compression which
is caused by the increase of tuberosi
both as to size and number.
In the third stage auscultation
will elicit a gurgling sound, amphonic
resonance, and posterior loquay.

Symptoms.
Cough, expectoration, haemoptysis,
debility, loss of flesh, dyspepsia, night
sweat, diarrhoea, lassitude, aphonia,
gnicks and frequent pulse. Pistol
in and in the male.
Cancer.
It may be inherited or acquired; it
is not contagious. Insufficient food, improper air, deficiency of light, and unreasonable indulgence of the sensual passions, are among the most frequent causes. Its duration varies from six to twenty-four months. It may and does prove fatal in less than three months when combined with pneumonia or pleurisy.

Prognosis. This of course will vary according to circumstances. The question suggest itself: Is there a cure for this? Each side has its advocates. Dr. Chapman remarked in one occasion, "Never have I had the good
fortune to witness a single case, or to know of a well authenticated one." Dr. Cokes and Vesicam declare it to be curable.

Treatment.

"Duos non curat Phthisis? Resitio." The treatment may be divided into prophylactic, palliative, and curative. Would it be for mankind, and for the practitioners of medicine, could they extend to suffering humanity some remedy which would stay this fearful disease?

Matrimony especially when followed by pregnancy has changed the disease very successfully in many instances. Mania probably upon the same principle has cured itself.
Prophylactic treatment is of very little service except when commenced in infancy, especially when the mother is more or less predisposed to it. Nutritious food should be freely given, and it must be easy of digestion, but excessive repulsion must be avoided. Daily exposure should be freely, freely enjoyed by the little patient. The intellectual capacity must not be overstressed in such children, and should always be met with respect by the physician.

Palliative Treatment

We should try to prevent pneumonia, bronchitis, pleurisy, or haemoptysis,
and disordered digestion, or should they recur our remedies should be used judiciously to correct the presenting feature.

If the patient be plethoric, leeches or turpentine stipses will be of great service in removing congestion or pressure from diseased parts. Change of scene, honest riding, and various kinds of exercise in good weather should be advised from the first. As regards medication it should be avoided as much as possible, trusting to nature's effort. I do not mean to disregard medicine entirely, but it should only be given to meet urgent
Cod liver oil and iron are the
principal medicinal means
for restitution
and opium to allay cough.
Various specificies have been proposed,
but they have all proved more
or less worthless. In haemoptysis
turpentine from five to ten drops
is highly beneficial. Signor
Ostafze is very useful when
combined with bark. When the
cough is very severe opium or any
of its preparations will give relief.
Should the heart become irritable
it may be controlled with Bunsen
acid and Digitalis. Gallic acid or
Opal of Zinc for night sweats.
Gentlemen,

I have now given the general outline of Matrice, its most d
analytic symptoms, Physical
signs, diagnosis and prognosis,
and treatment, which I sincerely
hope will agree with your views
upon this subject.

Sincerely submitted
S. Bannville, M.D.
Bath, N.Y.
1867
AN
Inaugural Dissertation
ON
Opium.
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
Joseph J. Raborg
of
Baltimore, Maryland.
Opium.

Is the concrete juice from the unripe capsules of Papaver somniferum. It is considered as originally a native of Asia and Egypt, but is now extensively cultivated and grows wild in most parts of the world. It is an annual plant, stem erect, branched, sea green colour, 2 to 6 feet high, leaves amplexicaul, flowers large. Preparation. Opium is obtained from the capsules of the poppy by a nearly similar process in all parts of the world in which it is prepared. A few days after the petals fall off, incisions are made hori-
gently, and obliquely with some sharp instrument, taking care not to penetrate the cavity. A white, milky juice exudes in drops, which is allowed to remain on the poppy head for 24 hours. It is then scraped off, and deposited in earthen or wooden vessels, in which it is assiduously stirred until the different collections made are thoroughly incipient, water being sometimes added to keep up the moisture. The Opium is finally dried without heat, first in small calico, afterwards in large mafers, and in most places wrapped in poppy leaves, to prevent them from adhering.
The Opium met with most com-
monly is called Turkey opium,
and is principally brought from
Smyrna, a small quantity occa-
sionally coming direct from Con-
stantinople. Smyrna Opium
occurs in irregularly pounded
lumps, varying in weight from
a few ounces to two or even three
pounds, the most general size
being from a pound and a half
to two pounds. When first imported
it is usually so soft as to be readily
imprinted with the fingers, but it
quickly becomes hard by keeping.
It is of a brownish colour, and has
a waxy lustre when cut; its odor
is strong, and narcotic, and its taste bitter, acid, and nauseous. Opium is very extensively adulterated, and also varies exceedingly in quality, from the mode in which it is prepared. Many of the impurities which exist in Opium may be detected by a careful physical examination; such as moisture, sand, stone leaves, pieces of metal &c. But by the external characters, it is very difficult to judge accurately of the quality of opium, and the only sure criterion is to ascertain the quantity of morphia contained in a given specimen of the drug. In excessive doses opium is a poor
irful narcotic poison, producing soon after it is taken giddiness and stupor, with scarcely any previous excitement, the stupor increases rapidly accompanied with complete torpor,  
constriction of breathing, depressed circulation, general relaxation of the muscles, contracted pupils, and unless active treatment be speedily employed, death quickly ensues. In medicinal doses, opium generally produces at first excitement of the vascular system, which is accompanied with exhilaration of the nervous functions; these effects are marked by an increase in the force and frequency of the pulse.
with increased heat of the body, and by
the pleasurable sensations which
are experienced throughout the
whole system. Soon after intake
the dose be repeated, the sedative
influence of the drug becomes
obvious; the general excitement
is calmed, pain is diminished, a
disinclination to muscular exertion
produced, and the force of external
impressions on the senses dimin-
ished; this state is succeeded by sleep
more or less profound, which
lasts usually from six to eight
hours. On awaking from the sleep
produced by opium, nausea,
headache, loss of appetite, and
indisposition to any active exertion are very generally experienced. The effects of opium are modified by a variety of circumstances, but most remarkably of all by habit. This is well exemplified by a reference to the customs of some Eastern countries, as Turkey, Persia, and China, where the drug is commonly employed to produce a species of intoxication or excitement. In the two former countries the opium is eaten, in the latter it is smoked, but in either way the quantity used must be increased daily, or it ceases to produce the desired effect.
Instances of opium-eating, constantly
occur also in the British Islands;
and a graphic account of the
effects produced by this pernicious
habit, as experienced by himself,
is given by Mr. de Quincey, in
his Confessions of an English Opium-
Eater. Among the Turks, the opium-
eaters generally begin with doses
of from one to two or three grains,
and gradually increase the quan-
tity till it amounts to two, three,
or in many instances to six drachms.
When opium-eaters are labouring
under disease, they require very
large doses of the drug. The spe-
cial uses of opium in the treatmen
of disease are very numerous. In
fvers opium is principally used
to procure sleep, where there is great
watchfulness or delirium present
without excitement of the vascular
cystem, or where they continue
after that excitement has been
subdued by antiphlogistic treat-
ment. Its use, however, must be
attended with great caution, and
should not be persisted in if the
tongue and skin becomes dry, or
if the pupil of the eye is con-
tracted. In the Eruptive fvers, opium,
when given with due attention
to the concomitant symptoms, is
productive of much benefit, and
in some cases is imperatively demanded for the safety of the patient; in intermittent fever, opium given in a large dose at the commencement of the cold stage frequently arrests the paroxysm; if there be any local inflammation or congestion present, its use is contra-indicated. In inflammatory diseases, given in conjunction with calomel, it acts as a powerful antiphlogistic; one grain of opium with two or three of calomel administered every four or five hours, will be often found a remedy of much power in the inflammations of membranous
parts. In diffuse inflammation, particularly that fatal form of it which is accompanied with periostitis, opium proves more successful than any other remedy which has been employed; it is best given alone, in doses of from a quarter of a grain to half a grain every hour or every second hour. Its beneficial influence in this affection depends upon its power of lessening irritability and thereby enabling the system to bear up against the disease. In peritonitis, caused by rupture of the stomach or intestinal canal, life can only be prolonged for
even a short period by the use of very large doses of opium. In rupture of the uterus, given immediately and freely, opium has in some instances saved the life of the patient. In the early stages of acute dysentery, opium, opium given in full and frequently-repeated doses will be found, in general, to check the disease; the same may be also said of diarrhea and common colic. To allay the pain of gout and chronic phthisis, it is given in full doses with much advantage. In delirium tremens, opium is the remedy on which most reliance is to be placed;
to prove beneficial, it should be employed in very large doses frequently repeated; thus, two or three grains of solid opium must be administered every third or fourth hour. It is more beneficial in hydrophobia and tetanus than any other agent which has yet been employed; in these diseases there is a remarkable insensibility to the action of the drug, so that it must be given in enormous doses to procure any good result. In all the varieties of neuralgia or other painful affections, in the nervous irritability which follows large doses of blood, in
senile gangrene; in cancer; in painful ulcers; in poisoning with acid or corrosive substances &c., opium is very generally employed as a palliative and anodyne. It is also found a most useful adjunct to animal diet in the treatment of diabetes. And, lastly, in venereal diseases it is combined with mercurials to prevent them from running off by the bowels. Externally, opium is used in the form of infusion, liniment or plaster. Suppositories of opium are introduced into the rectum in painful or spasmotic affections of the neighbouring visera.
In powder, gr. 5s. to gr. iii. or gr. iv.
usually given in the form of pill,
which may be made with simple
mucilage, or, if they are to be kept
for any time, conserve of roses.

Rhubarb Opium (Opium, 1 part; sulphate
of potash 3 parts; conserve of roses
1 part; beat them into a proper mass,
and divide into five-grain pills).
Each pill contains gr. f. of opium.

Dose, one to three pills. Morphia.

A peculiar principle, on which
the medicinal activity of opium
chiefly depends. (Take of opium,
shied, a pound; distilled water,
alcohol, each q. s.; solution of
ammonia, 6 fluid ounces.)
Macerate the opium with 4 pints of distilled water for 24 hours and having worked it with the hand, digest for 24 hours, and strain. Thus obtained, morphia is in the form of a white crystalline powder, the crystals being very minute; but, by solution in boiling alcohol and slow evaporation, they may be obtained much larger. They are inspissated, but have a sensibly bitter taste. Morphia, on account of its insolubility, is not used in medicine. The dose of the pure alkaloid would be from one-fourth to one-half of a grain in the
form of pill. Acetate of morphia. As usually met with, acetate of morphia is a greyish-white powder, sometimes obscurely crystalline; when pure, however, it is snow-white, and in distinct crystals. It is odorless but when moistened emit a feeble odour of acetic acid; its taste is intensely bitter. It is composed of one eq. of acetic acid and one of morphia. Exposed to the air, it loses a portion of its acid, and then is partially insoluble in water; by heat it is decomposed, and dissipated without any residuum. Acetate of morphia is very soluble in water and alcohol.
When the base is not completely saturated with acid, its solution in water may be readily accomplished by adding a few drops of acetic acid. When the salt is properly prepared, it is of a snow-white colour, and readily soluble in water. It is insoluble with the stronger acids; the alkalies, and alkaline earths; and most earthy and metallic salts. Muriate of Morphia. It usually met with in the form of a fine, soft, snow-white powder, but it may be readily obtained in feathery, accicular crystals. It is without smell, but has an intensely bitter peculiar taste.
The only impurities which are at present commonly met with on the salt are colouring matter and moisture, both of which arise from faulty preparation. It is snow white, entirely soluble, solution colourless. Notwithstanding the observations of many, that morphia is free from the stimulating effects of opium, and that it acts purely as an amodine sedative, it would appear that it possesses essentially, though not quite identically, the actions of the drug itself. Thus, given in small doses, its first effect is to cause a feeling of ex-
citement of the circulation, and in some persons, also of the nervous system; this stage of excitement, however, is never as distinctly marked as when opium has been taken, and sedative effects are more immediately consequent on it. The dose of tannate or acetate of morphia is from gr. 1/4 to gr. 3/8; after they have been employed for any length of time, a large a dose as gr. viij to gr. x. will be required to act as a narcotic. In cases of poisoning with opium, we should immediately have recourse to the use of the stomach pump and stimulating emetics; to external stimulants, such as cold affusion, loud talking,
compelled exertions, as forcing the patient to walk between two assistants, the application of ammonia or strong acetic acid to the nostrils, &c. to internal stimulants, the best of which are brandy, ammonia, strong coffee, camphor and musk, and if all other remedies fail, artificial respiration and galvanic shocks should be had recourse to, the assiduous application of which has in some almost hopeless cases restored life; in one instance on record, artificial respiration was kept up for nearly three hours.
AN
Inaugural Dissertation
ON
 Asiatic or Epidemic Cholera
Submitted to the Examination
of the
Provost, Regents and Faculty
of
PHYSIC,
of the
UNIVERSITY OF MARYLAND,
for the degree of
Doctor of Medicine,
by
William Thomas Eustis,
of
Onslow County, North Carolina.
Session Fifty Ninth 1866-7.
Osculèse, or Epidemic Cholera

The disease was first recognized and described in 1832, but it is thought by some that it always existed, having its origin in certain parts of Asia, and from thence is conveyed to the pilgrims from Jerusalem. We have only had three incursions of the disease in this climate.

Pathology: This disease has been studied well, and in certain points all pathologists seem to agree. On others they are divided among them. Some say it is a change of blood, others it is a nervous disorder. Some one thing and others another, but there are certain pathological lesions on which all agree, that there is inflammation of the intestinal track from stomach to anus, or may be at some point in that track, as large intestine, small intestine, or even the stomach. The mucous membrane becomes more or less reddened, congested...
The external coat of intestines generally congested. Peyer's patches are always more or less elevated, all the solitary glands of small intestines are enlarged, as well as Brunner's glands; Peyer's patches are not only enlarged but they undergo elevation, the consequence of which is death speedily. You will sometimes find pus in these patches. There is upon the peritoneal surface an exudation of pale material resembling the matter of leprous; there is too an exudation of mucous membrane of bluish, of large intestines. All of the above-mentioned changes I think an evidence of inflammatory action; there are cases in which those anatomical changes do not take place, the cause of which is evident. Death occurring before these changes can occur in acute cholera, the death of the patient is owing to the great effusion. The fluid is too much depleted; there being discharges the condition of which are abnormally increased with
so much, that he died. You never have an epidemic
Cholera, unless accompanied by dysentery, but you
may have dysentery discharged replacing rice water
discharges, these thin must be inflammatory changes,
being in direct ratio with their frequency and quantity.
It is the belief that Cholera is due to a
specific atmospheric poison which cannot be
detected by chemical analysis. It is received into
the system through inspiration principally, but
sometimes by fluid loaded with this poison taken
into the stomach. When the poison is introduced into
the system it seems to affect the ganglionic nervous
system, upon which its violence is exercised, while
the changes produced are those of excitement or depres-
sion, I know not, but probably the latter, as is
experimentally proven on animals. It is therefore
a depression of nerve power that produces the
changes of Cholera; no one thin many roads to
travel. I'll mention a few of the changes resulting
from the depression of the ganglionic system.
The kidneys fail to perform their function.
which can only be accounted for by the depression of their nervous influence. One of the prominent features then of Cholera is the arrest of the excretion of urine.

Heat grows futile in impulse; it is not due to depletion, because it grows futile before the discharges commence, but evidently owing to nervous depression, the pulsations of heart's action is the very first symptom of Cholera.

The Capillaries fail to perform their office, and the skin begins to grow cold, it being also an early symptom of Cholera, this being due to the same cause, in fact I might show, that the function of every organ was impaired by the same cause.

Change that takes place in the blood. The watery elements of the blood are diminished in a remarkable manner, this change is not a primary, but a secondary effect.
you recognize a change in the blood (as primary). It is reduced from 998 parts to 658 in 1000 parts.
The blood is more solid than brain matter, since there are 758 parts water in brain matter; the blood is so thick, if you cut a vein it won’t bleed. In addition to the decrease of water, the salts of the blood, chiefly the soda-salines, are carried off; there is a very large quantity of salts in the discharges of Cholera. It has been recommended that soda be injected into the vein. It increases the patient's pulse, it stimulates & refreshes him for a short time, but I have yet to find a single well authenticated case that entirely recovered by this method. A subsequent depression always carries him off. There must be something removed from the blood before the patient can recover. There is no pathological
lesion of the brain.

The liver had borne the burden of Cholera
for a long time, but look at the record. You
find it represents no disease of liver in case
of Cholera. Does the liver perform its func-
tions in Cholera? We have no evidence that it
does. There is no bile in the discharges, the gall bladder
is not distended with bile, but is with fluid, we are
then driven to the conclusion that the liver does not
perform its functions for the same reason, that
the kidneys ceased its operations.

As soon as the poison is removed, we have the
returning of the functions of the kidneys. If the lesions
are so formidable, that you will not be surprised that
no remedy has as yet been discovered, if we only
blame the extent of this poison in the ganglionic
Nervous System and could find an antidote, we
would have gained an important point, this would
enable us to save men from Cholera, and nothing
short of this.

Symptoms:— Diarrhoea from
a hour to twelve days continually; whenever you
find Cholera, you will find persons suffering
from Diarrhoea: but it does not always precede
Cholera. It is not a premonitory symptom of Cholera.
Nor is it a part of the disease, but in 90 per. cent. of
the cases the Diarrhoea comes before the Cholera.

In order to facilitate the study of the disease
I propose to divide it into three stages—
1. Collapse & Reaction. Rice water discharge are
characteristic of Cholera; diffused through it
are little flocculi resembling lymph. If you let
the liquid stand for a while there will settle to the
bottom, and the fluid above will be as clear as water,
No traces of bile in any of the discharges.

Nor do they have any foul odor, the quantity of the discharges vary from a small quantity to a very large quantity. They are perfectly painless, rather a relief than otherwise. In evacuating sensation after an evacuation, the first thing the patient feels is the sensation of distention, which forces him to evacuate his bowels again and again sometimes three evacuations close spontaneously then again they continue incessantly. With these discharges we will have vomiting, which is neither preceded or succeeded by nausea. As the vomiting goes on the patient gets weaker and weaker. These symptoms without pain mark the stage of invasion - the symptoms laid down constituted undoubtedly a clinical case of Cholera.
This is the stage to arrest the disease in
we should bring to bear now all ouravailable
means remembering this is the most favorable point
lasting from four to twelve hours and can be suc-
scessfully treated here, if recognized, but in the
majority of the cases, unfortunately it is allowed to
reach this stage and ushered into C.

Collapse—Which is by far the
most dangerous; the pulse begins to increase in
frequency and diminish in force from 120
to 140, blood ceases to circulate in the veins,
the surface is of a dusky hue, the skin grows
cold, the abdominal muscles are contracted.

Spasmotic contraction of the muscles of the feet
and hands, and with these pains come, Clammy
perspiration breaks out over entire surface, Jactitation
begins, the skin becomes corrugated especially that of feet and hands.
Continence anxious from beginning, now resumes a Catatonic state - the features are contracted - the very counterpart of death.
In a few hours he is so changed in Continuedness that he seems to have passed a century. Lately, now grows to indifference, his attention cannot be arrested by touching to him. When this Stage is about completed the air as it goes out of his mouth is cold, and it is more intense he now cries for food for water, his tongue is coated in the centre, but clean on edge of lip, and as death approached it grew cold, voice is lost — inspiration decreases, mind tranquil and he is conscious until death bursts the golden bow and severs the Cord; within the post mortem of five minutes his attendant Continence, as he dies in a tranquil state. Duration of this stage 12 to 48 hours.
Nine suspected from the commencement of the disease; when the patient is in a tranquil state it will refer to not ingesting his water; as soon as he passes from this alarming stage to that of recovery.

**Practica:** - In decentering migrants, on examination you find it loaded with albumen. You know then you have fevers in the blood; my opinion is that hysteresis has as much to do with cholera as any other disease. It now have pain in the heart, rapid pulse and delirium. Warms with weaving through the limbs, as well as epigastric high jubile excitement; respiration returns with apnoea, all these symptoms point with recovery, but this stage is almost as fatal as that of collapse. Why is it? To have a high jubile excitement, and a dry tongue (apnoea symptoms)? As we have respiration coming...
We have delirium not easily controlled, the patient must be watched carefully so he will die, but if attended to it generally subsides rapidly, and the patient recovers. The secretion of urine is going on. 3. Dehiscence the pubic symphysis may more slowly developed, slowly the temperature returns to the body, with it comes a delirium, not as the other, but of the form of "sub acute meningitis" which increases until the patient, into a state of coma, when he is relieved by death.

All of these three causes seem to be separable to delirium. As reaction comes on you have a profuse secretion, which is heavily loaded with albumen, which you will find until entire recovery. The fatal case in the stage of reaction have no secretion of urine. I treat so fairly of the symptoms, in order to draw out others
in this fearful disease. If I could attract the attention of one young scientific pathologist to this disease, fearful in the extreme, one too that had baffled the skill of all our eminent physicians in the science, I would feel that I had, for me, accomplished a great deal. I come now to the cause of Cholera.

Causes:—These are two. Exciting and predisposing. The exciting cause seems yet uncertain, whether atmospheric poison or change in the air itself, I know not. But we do know something of the predisposing cause. It is a disease which prevails among those badly ventilated places. Those persons badly fed, badly clad &c &c. Always commences there; always commences in the lowest, the worst & the filthiest part of the place, but after it has reached to a certain point
it will spread out to all places; the most devoted places and the points to keep from cholera, wisely found. With
above the level of the sea, warm
climates are more particularly adapted
in cholera, fever is one of the
great causes. It is the fluid that
has fallen by cholera. The brave
never escapes its wrath. I remember
portions of an allegory told by Prof.
Ives of N.Y. in support of fear
being one of the causes but I fear the
port of it that I cannot well be uncons-
structed and uninteresting. To madness
how thinks. There a city of several
thousand inhabitants. Commissioners
were sent out to meet a plague, which was
on its way elsewhere. They met the plague a
few miles from the City under a flag of truce,
and after pleading at some length, the agent was
made that the plague should destroy but 2,000 when

The Commissioner not wishing to see the force stopped
went on their way. In the course of a few days however
the Commissioners on their return met the plague
leaving their city and having heard of the disea-
tion of lives beyond the agreement they acceded
the plague as to their fidelity to the trust thereon
the plague answered. Sirs! I alone as I said,
rilled 1000, but fear killed five & twenty
thousand. I believe it has a powerful effect, I
would therefore urge upon my fellow students the
necessity of discarding their profession if their
remains one atom of timidity about them, or
flying timidity. And doctors work do to go together
it may some day cost you your life.

Contagion: There has much been written
on this subject, it is one of importance, as for
myself I am Confused! Is it a Contagious disease?
To account for the spread of the disease, it is
dume to account for its Contagion, there are
many facts that support the supposition that it
is Contagious. Epidemic Cholera follow the
great thoroughfare of travel in its migrations;
it occurs in Cities generally, and if any one will
try they can generally trace the disease to an isolated
case, and if the investigations are carried far
enough, you will that case to be importate, such
is strong proof of its contagious character.

It seems to me the Choleric poison can
be received into the system by poisoned water &c.
After a careful review I find that the weight
of opinion is against the Contagion of the dis-
ease; I prefer believing the same; I base my
opinion with following considerations viz.

1. Those about the Cholera are not most likely to die.
In hardly a single instance when the Epidemic was in New York did a Surgeon or Nurse contract the disease: Compare it with Typhoid Fever, and you will readily see the difference.

3°. Import Cases, in situations where the disease has not been before, does not spread as an Epidemic.

3°. Epidemic Cholera breaks out at different places simultaneously, where it is to become an Epidemic.

4°. Cholera is diffused too rapidly for a Contagious disease, in a single night perhaps you will have two hundred cases, Contagious disease don't spread that way.

5°. It runs its course too rapidly. Did too completely to be contagious. 6°. Efforts to produce this disease by exposure have failed, all these circumstances tend to make it to believe that the disease is not contagious, or only under circumstances
or as I would term it "Contingent Contagion"—
As we have in Fervidur pneumitis—it may be
contagious to a more delicate or with some con-
stitutional disorder. We have evidence that Cholera
is throughout the whole Country—Cholerine and
other indications point out. I shall certainly answer
Mr. to all questions, as to the instability of "Catching
Cholera". It is not impossible for the poison to be
conveyed from place to place in clothing, and substances
around the patient; you cannot limit the disease to
Cities, but the external Causes are prevalent in
Cities, and assists in developing the fever. The
poison cannot be arrested, but its course can be
arrested by having the City properly policed, and
the laws of hygiene properly carried out. It must
therefore be the duty of every Physician to use
his influence in having the enforcing Causes of
the disease ceased. Perhaps I have dwelt too long on the causes of the disease, but there are so many different opinions on the subject, that I felt duty bound to give mine, which, I think, are founded on truths, if I have been tedious, I have nothing more than a review of the mortality of the disease, and then I know I will be pardoned for its length. I now pass to the "diagnosis."

Diagnosis:— It is comparatively easy after the disease has reached the 2nd Stage, but we should recognize it in the 1st, if possible. It resembles Cholera morbos, in that there is vomiting, purging, great prostration and Cramp; but differing in the matter ejected from the mouth and Rectum, true Cholere discharge being free from bile. The collapse is quicker and more severe in Asiatic Cholera than in Cholera morbos. Cholera morbus differing in the fecal odor.
The true Cholera having no fecal odor and perfectly white, while the Cholera is of a yellowish hue. Once it begins, it is one familiar with medicine and disease can hardly fail to recognize a genuine case of Cholera in an instant. And one altogether ignorant can distinguish between that disease, and the only one with which it can be confounded - Scarlatina.

I now pass to the prognosis of the disease.

Prognosis: Fatal according to need in 30 to 33 fri. of whole number attacked, the greatest mortality lying between the ages of 30 and 40.

In a disease where the mortality is so great, can I be censured for casting in the widow's mite to the relief of my fellow man. How happy would I feel, if I could but get some inquiring mind to penetrate the depths of a disease, that so often moves our fellow beings, I now pass to the Prevention of the Disease.
Prevention of Cholera. In the first place we must remove the exciting cause; next attend to the premonitory symptoms (diarrhoea), check it as quickly as possible, if it is checked permanently Cholera will be prevented. This is a universal rule; some go so far as to assert that the stoppage of diarrhoea arrests Cholera after it has taken hold. The preventive treatment then is the treatment of diarrhoea, which is simple: Ixivt. Caffeine, Ixivt. Camphor, Ixivt. Opium equal quantities, half Teaspoonful of the mixture for a dose. Or the Cholera Medicine, as some call it, which is only the above prescription with a few drops of Capsicum in addition. Acetate of Soda is good. It seems to be the duty of every Physician to impress on every Citizen the necessity of arresting the premonitory symptoms, and have the laws of Hygiene properly carried out. Another preventive is to move out of the district, or from the limits of the disease. Those that have nothing to fear
them to stay, it must be a sanitary means for them to leave. The first stage of that seems to me, to be by far the most important part of the disease, for to cure Cholera is no easy matter after it has reached the 2d stage, and I may say the 3d, but the means for preventing are so simple, that it is almost suicidal for any one to die with Cholera; then we must treat the symptoms, which I have given above.

I now pass to the last division of my subject:

Treatment:—I hardly know what to say, it is in utter confusion; the host of remedies that have been employed seem to be useless to any practitioner. The Materia Medica has been neglected, the remedies have been used to no effect, many have done more harm than good. I find in a Med. Journal a very extraordinary remedy "Hogs Snout & The hair on a Condor's Tail burned to Cinders", the efficiency of which is equal to a great many other remedies this disease. There has been no specific discovered for Cholera.
At one time all intelligent practitioners believed in general blood letting in this disease, and that theory has justly been abandoned. Crama states that he cured 19 out of 20 cases by large doses of Calomel. There was some in the City of New York at one time that believed Calomel in doses of 10 to 100 grs. every hour would certainly cure a case of Cholera.

There are others, that say the Cal. plan of treatment has caused more deaths than the disease itself; I was under this impression until I heard the 28th Lecture in Dr. Lang. by our very distinguished Prof. of Practice, he gave us the benefit of his vast experience in the treatment of this disease both in the Loftie's & elsewhere, and he says he finds more benefit resulting from the Cal. plan of treatment than any other. His prescription is Cal. 1/2, Chelte gr. p.r. every hour until the rest is short lived, he at the same time urges complete rest and quiet, good hygienic treatment. In every pain of pain, Simple rice Tea for nourishment, I cannot
Some deaf ears to such teachings, but will prom-
ise my 3rd case to the best of this plan at my first
it promised to my own treatment, which I will
mention before I get through, the one that saved
me safely over the rough road after repeated trials
I shall adopt, and I know if I could prove to my
worthy leader that my treatment was the best
he would readily assent.

There are those, who believe Quinine in large
doses will cure 1 out of 20. The testimony in
P. 5 is against it. Both of Philadelphia favor
it. It really seems to me Quinine must add
fuel to the flames.

Cathartics & Emetics have both been advocated, but
mentally or die a natural death, they are not
only inefficient, but really dangerous.

In Brooklyn P. 7, the plan is no treatment at
all. They leave the patient alone, keep him quiet.
Cover him well with blankets; their statistics show
a good result. I look upon the same, good only so
far as compared with the majority of medicines noticed.
Dr. Stephens recommends the introduction of
neutral salts; he says he can cure 90 per cent of
the cases by this treatment, he uses bicarbonate
with Rochelle Salkés—liniments over the stomach.
If fever persists for quite he uses the following
prescription: Mur. Soda D + Corb. Soda 165,
Olor. Potas. 111 gr. every half hour. I think
my 3d case will be given to this plan as I have
confidence in it to some extent, but it is not my
plan. Card. Soda in large quantities to stay
irritability and to produce a cooling influence on
the stomach had been given, and when this failed
Pot. Soda, in State of effervescence was given.
An enema of large tablespoonful of
Mur. Soda in hot water & Trench, as hot as the
Patient could bear it has been used, but no intelligent
Physician advocates such treatment.
Here are many other treatments. Stimulants, such
as brandy in large quantities, Electro plan, by which
they are electrified; Oxygen plan, forcing oxygen into
lungs. &c. &c. All have been resorted to with little effect.
Then I look at the complete uprooting of the Materia Medica by the weak and best of our profession, and all seem to fail; I can but think it my duty to go further and try and try again, until we finally reach that point at which we can save the perishing of so many souls from this dreadful disease.

The question naturally arises: What will you do when first called into a case of Cholera?

I recognize three distinct and separate stages, all of which have been fully explained and described, and I think the treatment should correspond to the requirements of each stage separately.

1st Stage—Invasion: My first aim would be to arrest the intestinal discharge, if I can do this before the change in the blood has taken place. My patient is safe. By that anchor in this stage would be quinine. I would regard moments as precious as diamonds, and try and prevent the disease passing into 2nd Stage—or Stage of Collapse. To do this I would give great morphia by injec-
The tongue, if rejected, I would repeat it, if retained I would repeat it every half hour until the discharges were arrested; if the poison was rejected by the stomach, I would administer by injection or hypodermically, I would bring my patient under its influence as soon as possible. It is impossible to narcotize him, he must be restricted to very little fluid, I would give him little ice, and occasionally a little water, I would urge a complete quiet and rest, I would advise him to miscue as much as possible the desire to evacuate his bowels, and if they are to be evacuated at all, he must not get up to do it, as the poison is in the ganglionic nervous system, and every moment would worsen the fever; I think for this stage this plan is not only the best, but the most popular treatment, and evidently the most rational. I shall this the first case I have. 2° to Prof. Mather's plan. 3° Stephen's plan. I will try each one and over again until I am satisfied of the benefit resulting from each, then settle down on one.
2nd Stage

Stage of Collapse: In this stage, the word "home" will not do in this stage to such an extent as I used it in the first, it is not only insufficient, but dangerous. The system being susceptible to opium, it interferes with recuperation. If the discharges still continue it is necessary to arrest them if possible, but I would not give opium as I did before, if I did I would narcotize my patient. Changes are not going on, the poison is in the blood. The great danger is coma, which may be caused by hemmink. Blood to the brain or bone effusion. Ergo I would not give opium. What must I do? The great point to be accomplished is to aid Nature in restoring circulation, I would therefore adopt external heat at best mode. Cover the patient well, and place bottles of hot water all around him. I would use friction, but not violent, I would not the surface gently with a mixture of Turpin, Capsicum & Alcohol. This is highly recommended in cholera infantum also, diffused Tincture of
Spirits and water can be given as much as they can bear; Instruments I would use to any extent I would introduce fluids of any kind, that would not cause vomiting, and in as larger quantities as possible into the stomach. I have dwelt upon the treatment of this stage, but I must confess when the Patient gets there he is in a gloomy condition, I would urge all then to "make hay while the sun shines", arrest the disease before it gets dark, for when dark comes the danger is by far the greater.

3d Stage or Stage of Reaction! - I have only a few words to say in the treatment of this stage; the condition will suggest the treatment. Our great object is to support the Patient, I would give him Antibiotics and Stimulating diets to assist nature, I would administer mild diuretics, also mild Counter Irrigation over Kidneys. In order to relieve the lesion of kidneys, I would palliate the symptoms as much as possible. This seems to me to be the most rational plan of Treatment.
Gentlemen of the Faculty.

I have submitted to your examination a thesis written from personal observation. This serves as a farewell address. In taking leave of each of you, allow me to express my heartfelt thanks for the tremendous efforts you have made to fit us for usefulness in after life, if we are not competent now to fill that high calling which heaven has allotted us to fill. No faculty or council can rest upon you. Should any learning enable us result from my numerous letters while with you, it will be a source of pride for me to give you a hint of the miraculous event.

Collectively, farewell! May heaven's choicest blessings ever rest upon you.

W. T. Everett

Febry, 15th, 1867
AN

Inaugural Dissertation

on

Remittent Fever.

Submitted to the Examination

of the

Provost, Regents and Faculty

of Physic,

of the

University of Maryland,

for the degree of

Doctor of Medicine,

by

Thomas H. Erwin

of

Erwin, Annapolis, Maryland.

Session of 1866-7
Remittent Fever.

I have chosen for the subject of my Thesis the Endemic disease of our latitude, or rather I should say of our part of the State of Maryland, not that it is peculiar to Maryland, by no means, for it prevails to a greater or less extent over the whole Southern States. However, the combinations necessary to give rise to the Malacine Poison is to be found. But it is very prevalent in our midst, particularly in the Autumn and later part of Summer, constituting almost the only disease of that Season.

Symptoms. The disease generally comes on with a feeling of depression, listlessness, loss of appetite, disorder taste, pain in back, and limbs, headache, and a general feeling of weakness as though brought on by general fatigue. This may go on for two or three days, when the patient is seized with Shivering, chilly sensation, which...
gradually become more violent until his teeth chatter and he cannot control himself, thus the fever begins. At other times it commences abruptly with a chill followed by a hot burning fever which after a longer or shorter time gives way to the third or sweating stage. The duration of the chill varies from a few minutes to an hour or more, but seldom so severe as long as in the intermittent form. Very often the only sign is a feeling of chilliness alternating with flashes of heat. For some hours after reaction the patient is subject to these chilly sensations. Whenever the body is brought into contact with a colder part of the bed, when the fever comes on the patient feels uncomfortably warm, the skin hot and parched. The surface reddens the respiration hurried, pulse frequent and full and often in force. These symptoms
continue for considerable time without abatement after which they begin to subside with the appearance of moisture about the neck and face gradually increasing until the whole surface is covered with perspiration, when the patient feels relieved and falls into a quiet sleep, from which he awakes refreshed and much improved. This is the remission.

Bilious fevers is variable in duration, being longer or shorter according as the type of the fever may be. Either an intermittent or tertian. Another paroxysm of fever takes place accompanied with the symptoms above described and terminating in the same manner in another remission, and thus it goes on each exacerbation being more severe and protracted and the remissions less decided and shorter until the disease reaches its height. Though the remissions
are still distinct, yet it often happens that they are to the contrary, and the only evidence of the remission is that the pulse beats fewer, the skin cooler and the general feeling somewhat less in the morning than at any other time during the day.

Bilious fever is often accompanied with inflammation of one or more organs, in these cases the pulse is more frequent, the tongue is covered with a yellowish white or white fur, and as the disease progresses it becomes brown or black, particularly down the center. In mild cases it is usually moist (in more severe it becomes dry and sometimes chapped), it becomes swollen in consequence of which it becomes distended beyond the teeth, sometimes uneasy, tonsils at the root, which cause the patient to shudder and to spit up a fusty, mucous accompanying
there sensations. There is tenderness upon pressure in the epigastric region; sometimes so severe that the patient complains of the touch, also a feeling of fullness in the region of the stomach and a burning pain in very severe cases. The pain and tenderness are not experienced to any extent for three or four days, but are apt to increase with the progress of the disease. Connected with these symptoms there is an irritable state of the stomach, nausea and vomiting. These may be present at the beginning, but more troublesome when the disease is at its height. The vomitus usually (yellowish, greenish or brownish black color, with a bitter or acid taste; sometimes mucuous at others whatever is swallowed. The stomach often is in such an irritable condition that it is with difficulty that you can get it to retain medicine. The bowels constipated but easily open
ted on by remedies producing free discharge of a black color and very offensive, sometimes presenting different colors. There is in some instances looseness of bowel, commonly known as Bilious diarrhea. The urine in this disease is yellowish brown or reddish turbid. In all cases where the paroxysmal form is distinct it has a tendency to become more copious during the remissions. Looking closer when discharge its deposits a brick dust form on cooling.

Following the symptoms on down we find that the nervous system participates to a certain extent, there is headache accompanied by vertigo with dizziness recurring in the ears and intolerance to light or sound, beating of the carotid arteries of the conjunctiva, flushing of the face indicating a strong vascular determination to the brain if not positive meningitis. Delirium may now set in, being governed by the severity
of the disease, showing itself by confusion of thought when the patient awakes from sleep. Drowsiness or stupor. Such are the symptoms which attend Biliary Fever when fully formed. Various other phenomena occur which it is unnecessary to mention as they are not in any respect peculiar, and are liable to be present in any febrile attack. If the disease retains a distinct paroxysmal character, it generally runs on for two or three weeks, when it terminates either spontaneously at the end of one of the paroxysms or passes into the intermittent form, or in a low Typhoid affection. When the disease is to terminate favorably there is a gradual abatement of all the symptoms. In some cases the disease assumes a new form much resembling that met with in Typhoid Fever. The skin hot.
and dry, the tongue brown or blackish color, droops collect
around the teeth. The bowels close on to the contrary, the
urine scanty, or suppressed. Stupor or low delirium,
shaking at the bed clothes. Slipping down in bed, the
patient thinking himself in a strange place. When
the fever takes on this character it is much protracted.
In favourable cases the tongue becomes moistening
to part with its fur and looks red and smooth;
and convalescence may be looked for. It is useless
to detail the various appearances described by various
authors, as exhibited in different places and
under different circumstances. The disease as
I am speaking of it, is the mode in which it
makes its appearance in this climate. The dura-
tion of Bilious Fever is various. Terminating
sometimes as early as the fifth or it may run
on to the sixteenth day, or its duration may
be longer running on for three or four weeks.
The Convalescence in mild cases is often rapid and favourable, but where the disease has been prolonged and some organ has received severe injury the return to health is varied. The appetite is languid, digestion imperfect, and the bowels constipated, copious night-sweat, may serve to weaken the patient and assist in keeping up the debility.

The Anatomical characters presented in disease are an enlargement of the liver and spleen. The liver presents a darker brown appearance, the gall bladder is filled with a dark or black viscid bile. The spleen is usually several times its natural size.

Diagnosis: The diseases with which Remittent may be confounded are Intermittent, Typhoid. The diagnostic sign
between Intermittent and Remittent Fever is the continuance of fever during the intermission of the other. From Typhoid Fever it is distinguished by its more regular and decided intermissions, by edemas, vomiting, and yellowing of the skin which usually attend it by its shorter duration and its tendency to end in Intermittent Fever. The initial stage of Malaria has so many symptoms in common that it is hard to discriminate between them. It is always best in forming a judgment of a disease to know whether the disease is prevalent or whether the conditions necessary for its production are present and whether the patient has been exposed to the cause of it elsewhere.

Prognosis. This is always favorable in the milder forms unless by some means they should be
Patients who become derelict to the order of their professional advisers sometimes bring upon themselves the worst form of the disease and may terminate unfavorably. Simple cases are often treated without advice from a Physician.

Treatment

This depends entirely upon the condition in which the patient is found, when called upon by the Physician. It does not often happen that a Physician sees a patient in the Cold stage which, as a general rule is very brief. Sometimes the chilly sensation is prolonged or severe, when it will be necessary to employ remedies. Emetics under these circumstances have been recommended to rouse the system from its torpor. The best is Ipecacuanha or Sulfur Zine. External Stimulants are the best and safest.
Hot bricks, bottles of sand heated, bottle of hot water and the hot bath has been recommended by some. If internal stimulants are employed, carb ammoniac, oil turpentine, are preferable to alcohol as not likely to affect the brain. The treatment that is usually begun with and the one which is more closely followed by all physicians is to give an active cathartic to clear out the prima via. Salmel is one of the best purgatives. That can be given combined with some other mild purgatives such as rhubarb, or jalap, or ext coloynto, or in the form of the comp cathartic tille. This remedy may be used whether the patient be seen first during the paroxysm or remission. The mercurial pillar combined with one of the above remedies. After the bowels have been thoroughly evacuated it will be sufficient as
a general rule. It may become necessary to follow with Sulf Magnesia or some one of the saline drugs. After this treatment has been gone through with, and it is the one that is generally conceded to by all Practitioners. The best remedy and the one to which the most importance is attached is the Sulf Quinine. From Twelve to Twenty grains given in divided doses during the remission, will often be sufficient to prevent the paroxysm; and if not, a repetition of the same amount in the next interval will rarely fail. In some cases, the Sulf Quinine is of the utmost importance recourse should be had to the remedy in the remission, however imperfect it may be. In Gastro-intestinal disorder when there is occasional, retching and vomiting of bile, relief may be afforded by draughts of warm water, Chamomile Tea. In the
early stages of the disease when the head is hot and very painful, ice may be applied Cold water cups or leeches to the temples, blisters are also useful. In nervous disorders, Hoffman's anodyne, ipecaccktubù, camphor water, camph. three o'clock.
In convalescence it is very important to regulate the diet, both as it regards quantity and quality. Bread and butter, buttered toast, or milk toast, boiled rice, weak broths, beginning with the lighter, and gradually rising to the more nutritious substances.

Etiology.

Whatever is capable of deranging any one of the vital functions of the body is capable of producing disease. These therefore are numerous and be considered as embracing everything in nature or at least those which are brought into relation with our bodies. These attempts have been made
to classify them. First is heat, cold, water, light, electricity, atmospheric impurities, Malaria or Miasmata and so on. The one which we have to deal with most, as embracing the cause of the disease which head this Thesis is Miasmata. The question may be asked what is this Miasmata, and what is the cause that produces it, and how does it affect the human system, so as to bring it, under the influence of the poisons and produce the disease in question. The word means bad air, or a species of air which produces, or tends to produce disease. It has been observed that, in certain districts of country where there is an occasional overflow of the soil, and is accompanied with abundant vegetable decomposition, and at the season when this decomposition is most rife, a certain class of diseases are apt to prevail, distinct from those
which arise from impurities or irregularities in the atmosphere. The circumstances that are essential or appear to be so to the production of Miasmas are heat, moisture, and vegetable decomposition. A continuance of heat is not less so than a certain degree. Moisture is necessary, but may sometimes act as a preventive. During heavy rains for example their Morbid effects are less felt than after rains have ceased. Vegetable decomposition has been mentioned as one of the causes, that it must be so is inferred from numerous circumstances attended on the development of the cause. Of the precise nature of Miasmas nothing is certainly known. Even the existence is denied by some. But the disease has been traced and taught to be the result of vegetable decomposition. With regard to the hygiene of the disease, I shall have but little to say for
the etiology which teaches us the hygiene is marred
in such obscurity, that nothing very definite can
be said of it. I believe that authors speak of
the poison, let it be what it may, as being
unable to ascend very high above the surface
of the earth, or these drain bogs or marshes from
which it emanates, and this they call the "aque level.
"persons that reside above this level are seldom or
never affected by any form of Bilious fever, again they
say that the heat of the Sun dissipates the poisonous
Vapors, exposure to the hot Sun itself predisposes though
to the disease, although it is not an exciting cause, look
ing upon these rules as being correct, we should
advice for those who are peculiarly subject to
this complaint, and able to do so to remain during
the Months of August, Sept & Oct in districts above
the level of "aque line. But for persons that are
compelled to remain we can do no more than
advise them to be careful on all causes that will be liable
to exert an influence on the body, not to expose them
selves to night-dew or fogs. Overexertion or long contin-
ued labor in the hot sun, not to go out too soon
in the morning, to keep the digestive apparatus in
good condition, not to indulge in intemperate
eating or drinking, regular hours for rest, and in
short to avoid all causes calculated to deprive the
system. Of course my experience has been very
limited for as late recently my observations has
not been directed to this or any other disease, there
fore I hope will excuse any imperfections or negligence
in this paper.
Syphoid Fever—

This is a common continued febrile complaint, presenting a diversity of symptoms common to all sister fevers in the early stages, but as it advances it presents peculiar phenomena, signs and symptoms, characteristic of itself, and which makes its diagnosis generally easy.

It is a fever common to both Europe and America. In Europe it is the ordinary epidemic, and in America it most generally visits those portions in which
Billious fevers do not prevail, but it sometimes pervades the billious district, in common with the miasmatic fevers and by so doing, it increases the liability to disease, thereby augmenting the number of attacks; and—by a combination of the symptoms of both affections—places the constitution in a more dangerous condition and consequently, rendering the disease more fatal.

**Symptoms:** The disease sometimes begins very suddenly with a chill followed by the different symptoms of fever in regular order; at other times, it comes on more slowly and irregular, which is generally the case
in this country 2s that it is almost impossible to fix the precise period of commencement.

At first the patient complains of the premonitory symptoms common to all fevers, being generally indisposed, weary, uneasy, with headache and pains in the extremities; the skin becomes hot and dry, the face flushed; the tongue slightly furred with the pulse accelerated. The appetite is impaired, sometimes almost if not entirely extinguished, with thirst and general weakness.

As the disease advances the symptoms become more exaggerated, the pulse become more frequent—
and less strong; the tongue, still remains covered, but shows an inclination to dryness by the edges and tip becoming red; the countenance becomes more of an pale and complexion dusting; the stomach though often retentive is sometimes irritable; diarrhea is not unfrequent or at least the bowels are very easily acted upon by purgative medicine. Pains are felt in the abdomen, increased on pressure, particularly in the right- litlec region, and a slight tympanitis with a gurgling sound may occur at this time, though more probably not until later. A cough frequently sets in either dry or moist - and the stethoscope will most generally
detect the physical signs of bronchitis. Such is generally the course of the disease until the eighth or ninth day, when if it still continues other symptoms are superadded. The tongue, previously moist and clammy, becomes dry and assumes a brownish color. Deglutition becomes more difficult; the tympanitis increased. Of the skin be examined at this stage, small specks like fleabites will be observed and at the same time there is often an eruption of small vesicles called endanema upon the neck and upper portions of the body. Derangement of the nervous system increases. Delirium and stupor
take the place of the previous headache, with a ringing and buzzing in the ears, which often produces hardness of hearing and sometimes even deafness.

If the disease ends fatally, the symptoms present a more decided character; the pulse becomes more frequent and feeble, the surface either universally hot and dry, or hot in some parts while it is cool in others and a peculiar unpleasant odor of the exhalations from the body, subcutaneous indurations supervene. The patient lies on his back, frequently slipping towards the foot of the bed. He picks at the bed clothes and imaginary objects, uttering half formed delirious sentences and
Sometimes rises from his bed, but before proceeding he becomes utterly exhausted and falls to the floor. Finally the pulse gives way, either becoming frequent and feeble or slow and imperceptible. The skin is covered with a moist clammy sweat, the extremities become cool, the abdomen enormously distended and sometimes hollow. The countenance assumes the hypsometric aspect—and life passes quietly and almost imperceptibly away. Sometimes, however, death is preceded by painful struggles and convulsions.

When a favorable termination is expected, the pulse become life
frequent and more full; the tongue becomes moist and commences gradually to clean itself at the lips and edges; the abdomen gradually grows smaller and tympanitis decreases; the delirium subsides and the patient exhibits an inclination for food. Under these circumstances convalescence speedily takes place. These few symptoms are so peculiar and diagnostic of this disease, that we will notice them separately.

Diarrhoea, by some authors is considered as always accompanying the affection, by others it is thought not to be a necessary symptom, though
it would most generally occur with the fever. One thing is true, that is, the intestines are always more susceptible to fungative medicine.

The rose colored eruption is one among the most characteristic symptoms of enteric fever. It consists of small, round, red spots, often slightly prominent, disappearing on pressure, but to again return after the pressure is removed. They are not present at the commencement of the disease, but are observed later about the tenth or fifteenth day. They generally generally occur first and most numerously on the abdomen, extending thence over the inside of the
Hemorrhage is a common symptom of this fever. In the first stage, it occurs from the nostrils and is highly characteristic. The quantity differs from a drop or two, to an alarming extent, demanding the interference of remedies.

Hemorrhage from the bowels is more important to the physician as well as more dangerous to the patient. It is always considered a bad sign and is highly injurious by the exhaustion it produces. The color and condition of the blood differs. In some instances, it is red and but slightly changed,
written it is blackish and disintegrated. Showing that a considerably destructive power is being developed in the intestines which demands the strictest attention and interference of the practitioners.

Pathology. — The disease is so pernicious in its nature that it sometimes affects every organ of the animal economy. At other times it is less severe, attacking only certain organs, producing anatomical changes which are characteristic of the affection and which are so seldom wanting that they may be considered as a most essential. Such is the change produced in the aggregated mucous follicles, situated
in the spleen, denominated the glands of Koe. These glands, after the
birth-day, exhibit different degrees
of inflammation, varying from the
size of a pea, to an inch or an inch
and half in diameter. Louis divides
them into two kinds, the hard and
soft. The hard may either end in
resolution or ulceration; the soft—
always ulcerate. This ulceration
may be only of the mucous coat, though
it may extend to the peritoneum, thereby
opening a communication to the cavity
of the peritoneum, rendering the case
very dangerous and generally fatal,
owing to the subsequent inflammation
which under such conditions is
always liable. Other changes may
soon: the liver may be altered in con-
istence, becoming softer, as also the
kidneys. The spleen is enlarged and
softened; sometimes five or six times
larger than in its normal condition.
and resembling a clot of blood, al-
 lows the finger to pass easily in
every direction.

The mesentric glands are always
affected along with the irritable follicles,
being larger and tender and
sometimes exhibiting traces of pain.
The blood occasionally is but slightly
different from that drawn during health;
but, it is most generally impoverished.
It coagulates firmly.
and unless there is an accompanying inflammation such as pneumonia or
bronchitis it exhibits very slightly the
buffy coat. In two typhous cases
the blood is but very slightly coag-
ulable and the proportion of fibrin
is generally smaller than during health.

Cause: The cause of this fever
is but imperfectly understood.
Some authors assert that it is
contagious; others that it is not.
Under certain circumstances it is
no doubt contagious, for instance,
when it prevails in large hospitals
in which a great number of patients
are confined. When these conditions
exist, it may, by adding to the
The enteric state of the alimentary tract is a contaminating focus to become a source of infection. On the contrary, it has been known to attack persons remote from any such infective influence; points in which we have reason to believe, it has been conveyed, not by the immediate or immediate disease. Dr. Hoard, says, "there is an inherent predisposition, which is liable to be acted upon, by any exciting cause."

Treatment: In the early stages of enteric fever, if the stomach is oppressed by food, along with the absence of diarrhoea, an emetic or cathartic or an emetic, followed by a mild
pregnancy, may be administered;
but, as diarrhoea also exists at the
commencement, or if not diarrhoea
an unusual susceptibility to the in-
fluence of Paroxysm medicine, it is
not-advisable, as in other fevers,
from, to begin the treatment with
an active cathartic.

Our next indication is to obviate the
febrile symptoms, this may be done
if the patient be febrile, by ab-
stracting a few ounces of blood.
Refrigerant diaphoretics also may
be used, in fact, they should be im-
ployed at the very onset of the
fever. Small doses of the antimonial
or nitrate of antimony given in the
Cures of suppuring ulcers, either
in the epidermis, or subcutaneous tissue, is sufficient for the reason, that it is more efficacious in the case of not healing. So soon as the new lymph or pus, become manifest, spirit of vitriol and salt of nitre may be added to the above reme-}

DNI, if there is no great determination of heat to the head and abdomen, a dose of laudanum, or salt of morphia, may be given; or, if its calming influence, may produce sleep, which will materially benefit the patient; and reduction of the oedema and swelling, with the patient's com-
Some objection to existing with want of honest allusion; may by the kind may be mitigated by the application of balsam to the temples; moreover, if existing may be checked by small doses of quinine and opium, mixed with tobacco, such as native, extract of cinchona, or alkaline of lead, or calomel.

If convulsions do not subside under their treatment and other symptoms become unmanifest, they should be met with special diet; small meals of soup with milk or broths, water or milk. Of sugar and in highly attentive
by its irst, when the tongue is dry and commences shedding from the renter, in moist inpatches. In taking its condition, the irst, indicates an account in excess in the intestines, which should be promptly met by the administration of tannin, in doses of four drachms to two drachms every hour until the tongue becomes moist and other favorable symptoms appear. This remedy is also indicated when dysentery exists.

Obśmie is a good remedy in these cases when the humors are hot, the skin is dry and the blood contracted together, for irst mattering diarrhoea, muscular coldness and other chronic
Symptoms indicating an atypical condition. First, in such cases, with pleurisy and blue veins, forms in certain are kinemat.

Deep sulfate of baryta has lately been introduced into the treatment of typhoid fever. Upon the supposition that the disease is hypermycotic and the remedy antihymotic. It has been given in very large doses of 3 to 10 gr. diluted with water and with very good effect. In many cases of the forms of the fever, the systole is generally found next to the brachial and amminia should be given.

My preceptor (Dr. Dickinson) has also used nitro-muriatic
acid in the treatment of this disease in the first stage of convalescence when the patient is able and the system prostrated, and with a very decided beneficial effect.

In no case in which he used it has there been a failure of speedy recovery.

During convalescence, dietary and hygienic rules should be observed. The patient should be kept in an apartment freely ventilated; if during summer, the windows may be lowered, so as to permit the free entrance of air, but by no means should a current be permitted to pass immediately over the patient.
The diet should be nutritious. At first small quantities of chicken or beef broth should be given. This from day to day may be increased as is good
usual by which to accustom the stomach to larger quantities to meet the demands of the
system. Pure air and good ventilation
that are essential to a happy and speedy
recovery.

With much respect
and esteem I remain,
James Jone.
An Inaugural Dissertation

on

The Red Globule of the Human Blood,
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. Berney
of Montgomery, Alabama.

Session 1866-67.
The Red globule of the Human Blood. Whereas the human embryo becomes too large to be sufficiently nourished by the aliment supplied by the yolk, its further growth requires a system of vessels through which nutritive fluid can be conveyed to the tissues. About the third day in the embryo of the chick, the Amnion is formed. Opportunities for determining the exact time in the human embryo have been too limited to arrive at any certainty in regard to it. One instance is reported in which the development of the human ovum had passed but little beyond the unfolding of the blastoderm; at which time, by the best attainable evidence, the ovum had been in the cavity of the Uterus not more than

It is at this period that the want of a vascular system is felt. In that part of the vascular lamina of the germinal membrand, which surrounds the embryo, vessels are first found which then form a network, bounded by a circular channel, the area vasculosa. The first blood corpuscles are formed from the nuclei of the primordial cells of the germinal structure, and it is in the mass of these cells which form the rudiment of the heart that the metamorphosis first takes place. The entire portions of the mass are transformed into walls for the cavity which is made by the breaking down of the internal parts, at which time some of the primordial cells are converted into blood corpuscles, and the remainder...
deliquescent contribute to the formation of a fluid in which the corpuscles float. These are the primitive blood corpuscles. Smaller blood vessels are formed in like manner, the primordial cells forming in rows, their centres deliquescent &c.

These corpuscles are large, colored, vesicular cells containing as yellownish fatty-like matter, particles of which are quadrangular and flattened; among these particles each cell contains a nucleus, which is sometimes almost concealed by those. At the maturity of the cell it ruptures setting free throngs of germs, which passing through the same process as the maternal, in turn hatch broods. The corpuscles thus formed are circular, dish shaped, and full colored, 1/2500 inch in diameter. Nucleus
1-5000 inches in diameter, central circular, little prominent and slightly tuberculated. These are the first set of Red Corpuscles.

By the second month of embryonic life, they have disappeared, having been gradually superseded by Corpuscles developed from Lymphs and Chyle Corpuscles, which are emptied into the circulation. Thus it will be seen that the whole of the Corpuscles which circulate through the embryonic system, before the beginning of the third month, are red and contain nuclei. It was thought to have been proven that in all ordinary blood, Corpuscles are present which exhibit all the intermediate gradations of development from the Lymphs and Chyle Corpuscles to the matured. The frequent readiness of the contents of the Thoracic duct which
appears to be produced by the formation of Haematin in some of the floating corpuscles, and the progressive transformation from one form to another in the ascending scale of animal existence, appear to sustain the opinion to the effect that red corpuscles are continued by development of the Chyle Corpuscles to Maturity, and that the leucite corpuscle is only an intermediate form in the transition. The idea that the red has the power of reproduction by subdivision, is not at present entertained by any Physiologists. In accordance with this theory it becomes necessary to account for the presence of the White Corpuscles. Nutriment enters the system in several ways; one of which is by the gastric digestion, where certain proteins of the contents of the Stomach are dis-
solved; i.e., brought to the condition in which they are soluble in both water and blood. These are the parts which the blood vessels, ramifying over the stomach absorb and carry into the circulation.

Digestion of fats and oils does not begin until the food has reached the duodenum, as it is only after leaving the stomach that emulsion is formed. The special duty of the Lacteals is the absorption of fats, these vessels being distributed over the intestines chiefly below the entrance of the pancreatic and gall ducts; it is not until the contents of the tube reach this point that the digestion of fats begins: the Lacteals further take up such proteins of the Chyme, as are destined for nutrition, and not appro-
primarily by the blood vessels. Lacteals are minute tubes communicating with the contents of the intestine by means of villous projections into the mucous coat. The villi are covered with a smooth coat of cylindrical epithelium, and are intimately supplied with blood vessels. They have no direct opening into the intestine, but absorb their food by virtue of their molecula.

porosity, called infiltration or intrusion, thought to be facilitated by the presence of bile. It is through the channels of these vessels that oil and fat pass to the circulation. The contents of these tubes is chyle, in which float many colorless corpuscles which appear to exert some necessary influence over it. Chyle is con-
Lacteal tubes, or mesenteric glands, the peculiar arrangement of which is for compactness. These glands are filled by a supply of vessels freely supplied with blood vessels. Near the villi, chyle is an albuminous fluid, holding globules of fat in suspension. After passing through the glands where the influence of the pleasures of arterial vessels is felt through the delicate walls of the tubes, which have been deprived of their outer coat, albumen declines, fat globules diminish in number, fibrin is formed, and coagulation will take place with separation into clot and serum.

The white chyle corpuscles as here seen are known, when they reach the blood circulation, as the white corpuscles, and destined to become the true red, form
which they differ in color, size, in being spheroidal in form, and granular!

By the action of water the nucleus of the Chyle corpuscle becomes more distinct, but in acetic acid it contracts and sometimes leaves the cell. The great purpose of the Lymphatics is to collect albumen and exudes from the blood-vessels, or is thrown down by the disintegrating process in the tissues, for the purpose of reconverting it into fibrin, which is done in the same manner as in the lachéal system: for after passing the glands, Lymphs becomes rich in fibrin and will coagulate. Lymphs and Chyle are forced into a common apartment, - Reservoir of Leqget, Recptaculum Chyli, from whence, by the Thoracic duct, it flows on to empty
into a vein. This motion of the fluid is caused by the pressure of accumulating fluid in the origins of the tube, and is greatly assisted by the communication of the tube with a larger vessel, on the hydrostatic principle described by Venturi.

Moreover, the tubes are elastic and furnished with valves, which render any purgative which may act, available in promoting its passage to the Ccelavius. At the point of junction two safety valves are stationed. From the moment of entrance into the vein the fluid becomes blood, in which float the white corpuscles, which, although the origin of the red, are only perfected after many rounds of the circulation. This gradual transition may be thus described:

1st. Lymphatic or Chyle corpuscles are
Tuberculated, containing many granules, and darkly shaded. They become smoother, paler, less granular, and more dimly shaded. In these two stages, the walls can be raised by the action of Acetic Acid, or in the continued presence of water. At this time the cell walls cannot be raised by the action of water. They acquire a pale blood tint, and granules vanish rapidly. A single granule remains, and the color becomes deeper. The complete new Corpuscle, bi-concave, non-nucleated, and reproductive.

Although in the fully developed new Corpuscle, there is no nucleus, still there are some which contain nuclei; but this only occurs in the incomplete state of the Corpuscle, a condition between the white and
mature red. Absence of the nucleus, marks a higher degree of formation, a more advanced development than that which obtains in the blood Corpuscles of the lower vertebrata, or in the early Conditions of the highest. At the Free development, the nucleus having attained its object, its presence is no longer necessary, and it is resolved into part of the homogenizing structure of the Corpuscles. The form of the red Corpuscles Changes in the Course of the Circulation, adapting itself by elongation, contraction, &c, to the Circumstances of the case. They vary considerably in size in the same individual at times from one third above, to one third below the average of their size bears no relation to the size of the animal from which
they may be taken. Although the Elephant has the largest known among Mammals, the diameter of those of the male is three times greater than the diameter of those of the 'musk-deer.' In man the average diameter is 1-3200 inch, thickness, 1-12000 inch. When lying in their strata the color of the Corpuscles is very pale, but on being superposed the three deep tint becomes very opaque. There is much difference in the color of the Corpuscles formed in the Arterial from those of the Venous system. This has been attributed by some to chemical change in the Corpuscle itself, caused by alternate action of Carbonic acid and Oxygen gases, or the Hæmoglobin of the Corpuscles, but for want of suffi-
cient evidence, this conclusion has not been generally adopted, and from many indications we look more to the change of form by the Corpuscles, for the explanation. Arterial blood on being exposed to Carbonic acid gas, it is true, does acquire the dark hue of the Venous, and Venous blood exposed to Pure Oxygen, will acquire the fluid arterials hue, at least on its surface. But in order that these Changes may take place, it is necessary that the Corpuscles remain unchanged, still retaining the full amount of Haematin, and that the normal quantity of Saline matter be in the Serum in which the Corpuscles float, because if Defibrinated Arterial
blood be adulterated with twice or three times its volume of water, it becomes of a dark armony tint, which a current of Oxygen gas passed through, does not affect. Yet on addition of a saturated solution of a neutral salt without the presence of Oxygen the red color is restored. On the contrary, armony blood is reddened by the addition of a saline solution. Oxygen not being present and is hardly darkened by the passage of Carbonic acides gas. It is clear that the state of Oxygenation of the blood affords no indication of its color, as the changes may be effected by other means. On careful examination we will find that the Corpuscles are darkened by whatever tends to this tendency to render them either flat or
biconvex; and conversely flattened on becoming biconcave. According to authority the corpuscles is composed of: Haematin, 8.375 parts in 1000, and of Globulin 141.110 parts in 1000. Haematin contains about 7 percent of iron which is a decided coloring matter. Its presence in the corpuscle is due to some action of the corpuscle itself; and it is believed that fat has an essential share in the formation of Haematin. All the coloring matter of the blood is in the Haematin. Globulin the Casein of the blood is that Colorless Substance which remains after the extraction of the Haematin. It is an albuminarious product: an organic
Substance forming the principal part of the red corpuscles. Lehman says that 1000 cubic millimeters of red corpuscles contain:

- Water 688.00
- Solid residue 312.00
- Haematin, including iron 16.95
- Globulin 282.22
- Fat 2.51
- Extractive 2.60
- Mineral substances 8.12
- Chlorine 1.686
- Iodine 0.066
- Phosphoric acid 1.131
- Potassium 3.328
- Sodium 1.052
- Oxygen 0.667
- Phosphate of Lime 0.114
- Phosphate of Magnesia 0.073

It must be observed that there is a great deal of Potash in the corpuscles, which with the except of Phosphorus as well as of Fat, suggests the probability that the Phosphorized fats are here chiefly formed...
which is of itself an indication of one very important office of the red corpuscles; viz. that of furnishing food for the muscular and nervous tissue, phosphorized fats for the nerves, as it is by their presence that nerves are known; and potash salts for the muscles, of which in this tissue there is a remarkable predominance; and there is further confirmation in the fact that flesh diet has the property of creating red corpuscles. Red corpuscles have the power of absorbing certain gases, which constitutes one great feature of their use. Oxygen is absolutely necessary for the existence of the tissues, and it is through the red corpuscles that the
supply is given. In passing over the network of vessels in the lung, the corpuscles receive oxygen through the walls of the blood vessels, whence it is carried for distribution to the economy. It is requisite that oxygen be present when fibrin is formed, and if, as believed, fibrin is formed in the chyle and lymph ducts, the corpuscles furnish the oxygen for this purpose at the time when the fluid is traversing the tubes of the gland. Gases passing in the same manner as in the lung, oxygen being given off by the blood, and due proportion of carbonic acid gas received.

In the composition of the plasma no iron is formed, nor is fibrin
present in the corpuscles. In the normal condition of the blood, the proportion of the white corpuscles to the red is stated by some to be, as one to fifty. By Dalton and others, as one to two or three hundred. The proportion of red corpuscles in one thousand parts of blood varies from 110 to 152.

Various conditions and changes are imposed upon the corpuscle by disease and local causes. Whatever except there may be in the proportion of the solid constituents of the blood, effects the corpuscles rather than the fibrin, or other ingredients. A superabundance of the corpuscles predisposes the system to the hemorrhagic diathesis, as Congestin of the brain and Apoplexy;
but not necessarily to inflammation. The effect of bleeding is well known to be the decrease of Corpuscles; hence Venesection in Congestion, Apoplexy &c. In the Condition known as Anaemia, the diminution of the Corpuscles is marked. In Chlorosis the red Corpuscles diminish but the fibrin remains the same; and the Clot, though small, is firm and not unfrequently exhibits the buffy coat. In this case, the proportions of the red Corpuscles have been formed to low as 17. Soon exerts great influence in increasing the Corpuscles in Number. Andral has made this very apparent in some of his experiments. On one occasion after him
had been taken only a short time, the proportion of the Corpuscles was found to have increased from 119.7 to 64.3; and again when taken for a longer time the increase was from 46.7, to 95.7.
In one case, where the patient was bleed for the second time, the proportion fell from 62.8 to 119. So regular is the diminution of the red Corpuscles is consistent with that of the fibrin. Diminution occurs in Diabetes Mellitus: also in Seums, in which disease they have been found to be as deficient, as in low forms of Anaemia, and in the last stages of Bright's disease.
In some cases by the introduction of morbid poisons into the system, the Corpuscles have been known to
disintegrate rapidly. The same occurs when its composition has been materially changed by the loss of its other constituents. In malignant scarlatina, with purpura, a limited destruction of the corpuscles has been observed. According to Daller and other recent Physiologists, the red corpuscle of the blood is designated a globule, and treated as a distinct Anatomical structure. They teach that it is an homogeneous structure, composed of proximate principles as other anatomical structures; that it has no more limited life than the rest of the Anatomy—but is nourished in the same manner, receiving
and parting with proximate principles in the process of nutrition and disintegrating, using a portion of the Oxygen received by it from the lungs for its own nutrition, and is consequently, one of the sources from which Carbonic Acid gas comes. Moreover, they consider the white corpuscle and red globule as together different in size, constitution, function &c., and that the red globule is not continued from the white cell, but that the origin and existence of each is separate. In the circulation, the movement of the red globule is more rapid than that of the white cell. The latter appears to take
described as containing mucus. This action of the acid does not prove the fact, as it may be due to coagulation and disintegration of the substance composing the cell itself. Entering the lungs, venous blood is spread through a capillary network of vessels, in which it is only separated from the arterial fluid contained in the pulmonary cells, by the thin walls of the blood-vessels. Hence it gives up a quantity of carbonic acid gas, and receives pure Oxygen in its place. The color gradually changes to scarlet as it progressively attains the condition of arterial blood.
position in the vessels next the walls, while the current of red globules passes rapidly through the centre of the tube. From examination with the microscope it appears that the globules, in their semi-solid condition, constitute fully one half the entire mass of blood. The chemical difference between the white cell and the red globule has never been decided. When treated with dilute acetic acid, the cells are distended, becoming smooth and circular, and the appearance of granules is observed as if they contained many nuclei. Although the white cells are
If then goes to the heart, whence it enters by the systemic circulation, it speeds on its mission of life.

In the distal ramifications of the vessels, each tissue appropriates that to itself of which it stands in need, and only so much as is requisite, no matter whether the ingredients be normal or not except. Passing to the venous system through the capillary tube, to the heart, and then to the lungs, it makes a complete circulation in a short tube.
Thesis

on

Cynancha Trachealis - Pseudomembranous Sagropus

By

H. Tutwiler Jr.,

of

Alabama

Session of 1866-67
Group — True and false — by nache trachealis

Pseudo-membranous Soregityis with exudation of lymph.

As, in applying for the degree of M. D. in this institution, it is one of the regulations for each student to hand in a thesis on some subject connected with the study of medicine, I now make the attempt to comply with that regulation. But, in looking over the vast field before me of the many subjects which are presented for choice, I can find none to which I can do that justice which the importance of the case demands.

Of this disease, there are two super varieties, laryngal or false group, and sometimes called spastic or true group.

It is almost entirely confined to infancy and the early years of childhood and is most frequently found between the ages of one and five years. From some cause,
which is unknown to us, it is often a disease of male
than of female children. In order to constitute croup,
there must be inflammation of the mucous membrane
of the larynx, or of both larynx & trachea; in
addition to this, a certain amount of spasm of the
pockets. The first variety mentioned, is very little to be
feared if properly treated & is often treated successfully
without the assistance of a physician. True Croup on
the other hand, is fatal in a majority of cases, even
when everything is done that skill and experience can
direct. Sometimes, in families who are predisposed to it,
it will be the cause of death to almost all the
children.

The causes are the same as those which produce ordinary
catarrh, namely, damp air, change from a warm
atmosphere to a cool one, changing the clothing of the
child, dressing it in thick, light clothing, after having
accustomed it to wearing articles much warmer and heavier. It is also, sometimes found in connection with certain febrile diseases, as measles, scarlatina, etc.

One of the most common causes is the manner in which infants and young children are dressed at the present day. Neck and arms bare, no matter how cold or damp the weather may be, and all for fashion's sake. As "an ounce of prevention" is said to be worth a pound of cure, I will give such preventive measures as are thought best, in this place.

First, the child should be kept warmly clad, and by no means exposed to sudden variations of temperature; if there is a known predisposition to this disease, these precautions should be attended to with more than ordinary care. If the parents are living in a locality peculiarly fitter to bring on the disease, as some low, damp spot, and they know that their
children are predisposed to it, they should make every possible effort to remove them to a drier and more healthy locality and by no means expose their offspring to the almost fatal results which they may expect from an attack of a disease as very very fatal to young children.

As the False Croup is the milder and at the same time the commoner disease, will treat of that first and then return to the more malignant form.

False Croup frequently comes on as a common cold for one, two or three days before the crepito symptoms make their appearance. At other times, it comes on suddenly, and generally during the night. There is a peculiar retching, metallic cough, which, when once heard, will always be remembered.

Immediately succeeding the cough, there is a shrill sound, produced during inspiration, and compared by some to the crowing of a cock. At the same time, there
is often dyspnoea, so distressing as almost to threaten immediate suffocation. The respiration is laboured as if the air were trying to enter through the contracted passage. The voice is hoarse, but more whispering in this form of the disease.

The countenance of the patient shows great mental anxiety; at first it is flushed, with warm skin and quick pulse, but if the paroxysm continues, the system begins to show the effects of insufficient aeration of the blood. The lips become purple or livid, the face pale, extremities cold and the pulse feeble and irregular. Generally the paroxysm subsides at this point, and the child falls asleep much exhausted. On awakening they appear to have almost subsided, but may and frequently do, recur on the following night. This may continue, the child being worse at night and better during the day, for three or four successive days.
If the inflammation is moderate, it may now begin to de-
cline, and, in a few days, the patient may be entirely well,
with the exception of a slight cough, which does not, however,
bear the peculiar marks of croup. Sometimes the symptoms
increase instead of diminishing; the inflammation
affecting the bronchial mucous membrane in addition to
those which are already implicated; when such is the
case, we will have all the symptoms of croupal fever,
with pain or soreness of the chest.

When the inflammation of the larynx and trachea are
more, there is pain upon pressure and constant dryness.
The patient may perish from slow suffocation during this
stage, commencing with cold skin and feeble pulse,
and ending in death. But, should death not occur, a
new condition of things make their appearance.
The cough becomes loose and broken, and mucous is
often thrown up during the paroxysms.
This is the accutine stage, and, if the attack is growing milder, each period of coughing becomes shorter and large quantities of mucus and mucous fluent material are expectorated. Sometimes, owing to extreme fullness, from the long continuance of the disease, the little patient is unable to throw off this mucus, which is contained in the air passages, and death ensues from suffocation. Although death may occur in any of the stages, as above mentioned, yet it more frequently results from some complication, as Pneumonia or Bronchitis.

At post-mortem examination, show those changes, which we would expect from the very nature of the disease.

Redness of the mucous membrane of the larynx, trachea and bronchial tubes, swelling and mucus, which latter is more or less viscid and tenacious, as the
disease is more or less advanced.

Sometimes there are no morbid appearances sufficient to account for death, and then we know that death has occurred from spasm.

The treatment of this form of the disease is generally followed by favorable results, but we must bear one point in mind, and that is, to be as prompt as possible. Even the shortest delay may prove dangerous.

No children of the ages most liable to erucr, do not expectorate, or rather do not throw off the mucus which is brought up by the fits of coughing, an emetic is indicated. Specarnacha or tincture emetic may be used.

Four or five grains of the former, or one fourth of a grain of the latter. Specarn seems preferable to me, as it is less likely to demoralize to a dangerous degree.

Saneh, combined with quina and tincture emetic, as in the compound syrup of spigd, is highly recommended.
by some authors, in doses of twenty or thirty minims to
a child two or three years old.

A warm bath is also much used, but if this is practiced
great care must be taken not to expose the child to cold
air during or after the bath. Immediately preceding
the bath, the patient should be rubbed with a heated
cloth; warm air will be best. Should this treatment
prove beneficial, the breathing will quickly become more
easy, the cough less, and the patient will feel relief, to awake,
almost, if not entirely recovered. Should the bowels remain torpid,
as they frequently do, they may be kept open by one or two small
doses of castor oil. Before proceeding further with the subject, it
becomes necessary to say a word or two on regard to the use of
castor emetic. Should its use be kept up too long, great and even
fatal constipation may result. Dr. Yorke mentions a case in which
death ensued from too long use of the emetic of Antimony. It appears
to me that it would be better to omit the remedy altogether, as they
are many others which can very well supply its place, than risk the
hazards incident to its employment. There are some topical rem-
esides which are considered valuable in the treatment of this disease.
They should be employed principally when the symptoms do not
abate by the use of internal remedies. Should the spasmotic symptoms
continue, tobacco may be applied in the form of cataplasms; it is
best applied to the anterior part. It must not be allowed to remain long,
as it will cause great inflammation of the system. Should there be great
difficulty of respiration, with pain in the chest, leeches may be applied.
As fatal results sometimes follow leech bites on children, it will be best if
practicable, to apply them over some part of the thorax; where pressure may
be made with the greatest facility, if haemorrhage should result.
Should the physician not be called in until the disease has made great
headway, he should employ the remedies mentioned, and, failing in them,
should then resort to mercurius one half to one grain, of calomel may be em-
ployed in conjunction with one fourth or one fifth of a grain of Dover's powder
every one, two or three hours. As soon as the slightest symptoms of Pyrogeni-
appear, the remedy must be withheld. If the disease should continue long enough to break down the patient’s health strength, stimulants must be used, as Carbonate of ammonia, wine, whisky, beef tea, and even milk punch, if the delirium is not great. Emetics will now be again useful to enable the patient to throw off the mucous which is blocking up the air passages. Mustard and alum will be very proper remedies at this period, given in emetic doses. External rubefacients may also be used with benefit, as oil of turpentine, mustard &c. The hygienic measures to be employed are, keeping the patient in a warm room, taking care to allow no draughts of air through it, and also keeping it at a uniform temperature. The atmosphere of the room should also be kept moist by means of a vessel of boiling water.

This latter remedy is recommended also in the Pseudo-membranous variety. Having given the treatment, as recommended in cases of false cough, it next becomes my duty to speak of the far more dangerous and fatal variety, known as True Croup, Pseudo-membranous Laryngitis. Sometimes it comes on as Pseudo-membranous, from the beginning of the
attacks at other times, it commences just as an attack of catarrhal cough, for which it is mistaken until the cough becomes whispering and the cough changes from its snoring character, to assume a husky sound. There is also, wheezing in inspiration, and an examination of the fauces shows the fibrinous exudation to be present. The breathing becomes difficult, inspiration appearing to take place through a narrowed passage. The voice is whispering and often quite extinct; or if the patient is able to speak, the effort is so constantly followed by a fit of coughing, that towards the end of the first day, they cannot be persuaded even to make the attempt to talk; instead of which, they will make signs to their nurses and attendants. There is almost always some fever, and frequently of a high grade, quick pulse, and exceedingly rapid respiration. If the disease is increasing, the cough will now have a coarse sound, and, if the child is old enough to expectorate mucus, with small tubers of fibrinous matter, will be thrown up. These casts or tubercle, are said by some authors, to be the only diagnostic mark of Pseudo-membranous cough. These casts are some-
times absorbed and occasionally dissolved in the mucous matter. This
discharge of false membrane is most apt to occur after the employment
of some powerful irritants. Sometimes the discharge appears to give
great relief, and the patient recovers rapidly, with only temporary
loss of voice. When the membrane has made its way into the bronchial
tubes of smaller size, more severe effects are likely to result from the
sputums of membrane being thrown off. If death is going to occur,
it comes on quite early, generally within three days, although
death may come on sooner or later. There are complete loss of
voice, whistling respiration, and the most violent and distressing
efforts to expand the chest. The head is thrown back as far as
possible, the nostrils dilated, and all the respiratory muscles are
brought into the most energetic action. The face bears an anxious ex-
pression, which soon changes to a livid hue, the skin being cold
and clammy. The patient can no longer receive oxygen enough into
this system, and, consequently, speedily dies from asphyxia. There is
a variety of convulsion (so called) which is generally an attendant on
other diseases; it is contagious, epidemic, and of a less typhoid character. As it is almost entirely different from the two varieties of whom already mentioned, I will do no more than give it this passing notice. It is called Malignant sore throat, diphtheritic sore throat, and secondary crop. The most prominent symptoms are, the loss of voice, fibrinous patches in the fauces, and expectoration of false membrane. Sometimes the disease only attacks the trachea, but properly speaking it is not crop when such is the case. And now to return to the pseudo-membraneous variety. A post-mortem examination will show false membrane in some portion of the air passages. Either the larynx or trachea, or both, and sometimes descending into the bronchia, sometimes the membrane forms tubes, and, at other times, is in narrow strips. The mucous secretion under the membrane frequently renders it loose, so that it can easily be detached. This membrane may be very thin, or thick or opaque, sometimes tough and strong and again, almost milky in consistence. It is an open question, as to whether the membrane is capable of organization or not. The causes,
in this form of the disease are the same as those mentioned previously. It is said by some to be contagious, but probably, this is only true of the diphtheritic variety. The diagnosis, in this form of the disease should be made speedily. According to Dr. Flint, it presents the croupal phenomena, that is, the spasms and cough, in a less marked degree than the catarhal variety. In the catarhal variety, the croupal phenomena generally occur suddenly, and in the night. Alteration of the voice is one of the most important diagnostic signs. The presence of exudation about the epiglottis is a point of great importance. It may be confounded with capillary tracheitis and also, with enlargement of the tonsils. But in capillary tracheitis, the respirations are gasping and panting, whereas in croup they are labored and difficult. Enlargement of the tonsils may be distinguished by the absence of the peculiar croupy cough and the other diagnostic marks of croup. The disease is fatal in a vast majority of cases, even, when properly treated and when the disease does not extend into the bronchial tubes.
such is the case, the danger is greatly increased. Pneumonia sometimes complicates the disease, and adds to the danger. Death may occur at any period from thirty six hours, to four or five days. To the physician rarely sees a case until expectoration has commenced; it should be his object to support the strength of the patient, and, at the same time, favor the separation of the membrane. Emetics may be given from time to time, to prevent the membrane, which is already formed, and detached, from remaining in the air passages and obstructing respiration. The best emetics are gauce, alum and sulphate of zinc. Of the former, four to six grains will be sufficient for a child two years old, or a teaspoonful of powdered alum mixed with laudanum syrup. To allay the spasm, opium may be given, but it should be used with great caution. Calomel may be employed in the dose of 1/8 to 1/4 grain every hour or two; can being taken to suspend the remedy as soon as the slightest symptoms of physicine make their appearance. Topical remedies are useful in aiding in the separation of the false membrane. The throat may be enveloped in a warm pullet, or a cloth may be swung out...
in hot water, and then sprinkled with oil of turpentine and applied to
the throat. The inhalation of moist air is highly recommended by some
authorities. This is accomplished by keeping vessels of water, boiling in
the room and containing it until the patient is out of danger. A solution of
saline is also recommended by some authors. A solution is used and
applied by means of a long probe. Cases of recovery are mentioned in
which this was the principal agent employed. In regard to bleeding, Dr.
Austin Flint says, "Destruction by bladding, or other means, is more
than doubtful propriety. By reducing the strength of the patient, it con-
flits with the great object, which is the prolongation of life until the disease
is subdued. On the contrary, the strength is to be supported, as far as prac-
ticable, by concentrated nourishment, and the judicious use of alcoholic
stimulants." On the other hand, Dr. Chas. West, in his "Diseases of children",
speaks very highly of bladding. He says; "A far more energetic plan
must be resorted to, if the disease set in with violence, and has attained its
full development before the patient comes under your notice." He goes on
as follows: "I have never met with an exception to the rule which pre-
scarce the free abstraction of blood in every case of severe idiopathic cough,
when seen at an early period, and before the pulse rises and rapid coun-
tenance announces the long continuance of a serious obstacle to the free
admission of air into the lungs. In children under three years of age,
bleeding from the jugular vein is preferable to puncture at the arm.
The removal of these ounces of blood from a child between one and
three years old, or of six ounces from a child eight years old, gen-
ernally appears to make a sufficient impression on the disease. When all
other remedies prove useless, and the membrane is forming, it is specially
to cut off oxygen from the system, a surgical operation becomes neces-
sary. This is the operation of tracheotomy. This operation was first suc-
cessfully performed in the year 1728 by M. Bruton, of the operation
was successful, although it was in the last stage of the disease. From
this period until the year 1850, the operation was performed in France
nearly 300 times, and about one fourth of the patients recovered. In the July
No. of Dr. Brichtower's Abstract for 1850, Dr. Buchanan, of the
Cloven Infirmary, gives a synopsis of five cases, three deaths and two
recovery. He says that he has operated in all twenty six times, with the result of nine cures. This ought certainly to encourage us in performing the operation, for death is otherwise invariable, and, by this operation we may preserve life. In France, the operation has so far proved much more successful than in England or in this country. This is probably owing to the fact, that in France, they operate very early in the disease, and some of their operations may have been unnecessary, as the patient might have recovered without it. But as the operation is rarely followed by dangerous results, it is best to be on the safe side, and operate too soon rather than too late.

H.A. Tuttleben

of

Alabama.
AN
Inaugural Dissertation
on
Submitted to the Examination
of the
Provost, Regents and Faculty
of
PHYSIC,
of the
UNIVERSITY OF MARYLAND,
for the degree of
DOCTOR OF MEDICINE,
By
John W. Paris
of
state of Delaware
Session of 1867
This lesson, judging from itself, appears to be confined to a branch in the same direction as from the diversified plans at which it points and which appear to be lying under the influence of the nervous system.

One should not pro material & think of we should consider it a probable conformation of that cente, metamorphosed correspondingly to the various influences brought to bear upon it, and which in (as many cause of the affective) finds as complete laboratory in the body of the complaint. It is characterized by the extreme diversity and changes since of its symptoms.

Thus after grave and serious
nature, adequate of themselves to proceed to the patient, thus producing the disease in its most exaggerated form.

In due time relief their hold upon the system, and an agreeable increased vitality not so frightful, yet of real importance at moment to solv or itself the material of the physical complication.

At this juncture of observation, apparently ready for efficacious in disturbing the organs of the diseased imagination. From a careful consideration of the constitution of the tissues, we are justly justified in examining this disease as it occurs in the female to be an entire separation of the junctions of the nerves.
system, consistent with a harmony in the normal integrity of the several organs, both of which can or closely assist or work with such harmony, that we should naturally and blamelessly (perhaps), attribute a meaningful of one to an obstacle to, or impairment of the function of the other, neglecting being paid to the predominant action of the nervous system. I have previously said that this is a disease generated by the female constitution, and also varying in its impact proportionately to the time affected, but it is admitted to have been witnessed in males, supported by such names as Selden, Connell, and Watson, which are too well
established to be determined by one "so inexperienced [he] hope not without an opinion" as myself, and which are _doubtless true_, suffice it to say these _exceptions_, rather than _general rule_. As it _principally occurs_ we can hence it as a _more ebullition_ on the surface while the depths are tranquil; for we hear the _language_ of Dr. Watson as deduced from his _experience_ where we found that he denominates it a "momic disease," and again in recurring to it speaks of one of its most prominent symptoms as "mock laryngitis." Symptoms — when the _subjects of the disease_ are _females_, we find it most prevalent between the _age of puberty_ and the _creation_
of the catarrh, during the prolific period of woman's life, to attempt a scientific classification of the moral phenomena of this affection, would be incompatible with the intended length of this description, and as my chance of curing this pseudo-affection has been so far as finite, but would conspire to ignore and on elaboration. It is generally preceded by premonitory symptoms, which taken as a criteria are as eminently delusive as some of the more constant of the phenomena. Usually the patient is harassed by numerous vague and uneasy sensations, which she vainly attempts to describe but which are nervous irregularities, aggregating until at length they become so dist
g in to be intolerable. The complaints of
enervation of lumina and distension in the
left side which gradually preceded epi-
tards, giving rise to a sense of weight
and fulness in the stomach, enchasing fit
of suffocation and cough, followed by
distension and turgescence of the blood-
veins of the face, and protrusion of the
eye from their sockets, but as these en-
twined concomitants the patient spe-
dly relapses into his former condition
to be attached almost simultaneously
by others of any grade of severity and
duration. This has been denominated
the biblicus distressus—or as a balloning
in the thorax—which at some period
or other of the affection is sure to ap-
en, and from a careful perusal of
the works of several authors, one
written was elaborated on the subject
we find that they unanimously come
in attributing this distressing symptom
to a spasmodical or involuntary contrac
tion of the whole alimentary canal, the
connective portions. She is also desp
araged in her deplorative condition from
a belief that she is a confirmed
dystrophic, as are at times many con
tractions of air in the intestines, which
is produced by the decomposition of
food. Should she be able to partake
of the luxuries of the table, the portion
of the air is more disgusting by its con
stant proclivity to change its real thu
incurred contusions, and acute pain in the lumbosacral region, re- 
related at the time by pressure over the painful part. He also had a 
nuchal cervical symptom simi- 
lar to the patient resulting from it. 
A tender or even appearance of the occipital 
and temporal, accompanied by that grotesque appearance of the features which is diagnostic of puerperal, but harmless, is nothing more than 
hyperesthesia, resulting from some 
departure from a healthy state of the spinal cord, or the nerve 
filaments emanating from it, and which should be treated 
when manifested from the former affection.
to include the extreme lassitude and
trembling, adherent to the combined
noxious treatment of mercury, which
are notoriously antagonistic to our
patient's condition, by further contam-
ninating the circulating fluid. The
patient may appear very much ag-
itated, as is indicated by throwing
the arms and legs from one side
of the bed to the other, and pricking
with great dexterity of mind and body,
after an immediate effort to make
attempts at escape of himself
or attendants of biting or other
destructive promptings, which, in and
outward state she may become more
tranquil, and which is often said

certain unloos incorporared with me. This is moreover a form of breathing in which in the insipience of the attack she sinks down insensible, and without convulsion, with a slow and interrup-
ted respiratory act, full and frequent
pulses and flushed cheeks. From this condition she gradually recovers depu-
sed in spirits, fatigue, and it may be with a momentary incoherence; but from this state she some rancor.

In conjunction with the foregoing symptoms she manifests a copiousness of tears, being partially or entirely aware to ordinary articles of food, but craving or exhalent an unguent
parlance "longing" for the poor endig-
able actions, such as check, cough,  
crop, swallow, talk, reason, and walk  
best, and she often strongly insists  
on these being gratified to the  
removal of the general condi-
tion. So strikingly peculiar is  
this disease that it may persist  
for days, weeks, and even months, the  
patient retains that apathy and con-
sciousness of form, with that flaccid  
condition while otherwise indicates full  
health. To complete the train of  
symptoms in some, we have a partial  
loss of voice or aphonia, which de-
ends more upon an unwillingness and  
contumacy, than inability to murmur.  
In some, but which is outstanding-
symptom of the disease, or has a ten-
ting of blood which is rendered fluid by the air which it meets, and in some it is almost black with impurities being transmitted by the acid of the stomach, and the hematoma itself proper to so term it) is thought by some to be a means to the menstrual discharge, but as it occurs during the interval of the catarrh which cannot judici-
ously attributed to is an absence of the hemorrhoidal hemorrhage. This symptom is usually sufficient to alarm the woman but when we contemplate the

discussion practiced by some of the more eminent physicians, such as Sir
Ward from some atheroma come to
accomplish this analytical design so that to confront our best defined efforts to render our diagnosis infallible, and to suit a surcease from organic change going on in the viscera, which from the importance of the moment we deem inconceivable. In the general cause of the disease our attention is directed to palpitation, accompanied by pain in the region of the left mamma, attending it up the side of the chest and down the left arm, and which is described as unusually intense, soliciting somewhat measure, lest I concurn (with my own let there fall) to be symptomatic of the persistence of other attendant symptoms, producing
This effect upon an already irritated nervous system, which I conclude to be comparatively free, in anticipation of their debilitating effects upon the system. We have recourse to strong considerance of the heretofore parasomniatik at the sudden jolt an acute pain or the bear approaching to a muscular attack, or hemorrhage, but in the dissipated as to its similarity is described as a nail being driven forcibly into the head, and treated in medical language has received the approbation of that of Claude Hottonius, relief from which the publickly emphases as it is a cause of considerable annoyance. We should inquire into the state of the live.
Bladder, as this is mostly complained of the females as female and virilism, the latter as impotent to enforce the expulsion of its contents, a succinct delineation of these will suffice for the present, but will be more detailed upon an elucidation of the treatment. But to make one very memorable symptom is that of a smell of nausea or vomiting at the pit of the stomach, which at times is relieved only by epigastric vomiting. This can be accounted for by the internal sympathy which exists between the stomach and all other parts connected by or receiving nervous influences from the ganglionic centers. Porphyria has been blended with this affection, and
known as hysterical paralysis, but this is another of the assumed returns to un.
lead us, for patients who have been.
confined to beds without an intermit-
tion for a year or more, have suddenly
occurred as if magic under the influ-
ence of a religious impression or a fear
of impending danger—as when a house
takes fire. The case is familiar to all
of the little girl who descended from the
lined properties, who used to sit in an
armed chair and watch her brothers eng.
age in the rough daily business of the day,
when on one occasion she deliberately
came from her chair and walked into
the house much to the astonishment of
all who knew her. So much for obj-

ing impulses. Causes —

These might very properly be divided into predisposing and exciting, but for convenience will be considered together. To give a systematic delineation of this malady, entails an available repetition of its symptoms causes so, as comparable do several. Offer ample to each other, and depending on they all incontrovertibly do, upon one common cause, i.e. an inordinate mobility or excitability of the nervous system, naturally fortified by an imaginative perpetuation of traditional propinquities. It is sometimes received by inheritance, and when thus transmitted; it is handed down by parents of a severe
instrument, or those laboring under
some impairment of the creative fun-
cultia. It frequently leads as a cause
to complication some decades of the
uterine functions, consisting in amen-
corrine or postpausal uteri, as intimated
by morbid menstruation, leucorrhea,
or the natural laws of tissue which
limit the womb patiently to its plan
of support, rendering it inadequate
in its present state to discharge its fun-
cions developing upon it, and consequently
giving rise to this commonly prevalent
and deplorable state. For a more defi-
nite and elaborate exposition of its
complaint, &c. would be more helpful
to the reader. To work on the decisive point.
early exhibited in the general constitution. Supplementary to the change in the
another state which is not uncommon with the various symptoms of the disease,
which consists in a decomposition of the
"steam of life" as Dr. C. has put it, also
lips and changed countenance, with evi
dence of the hands, and tautness of the ankles, and when an examination is
made is disclosed to the profoundness of its
white confusalia, over a normal amount
with a transient fault of all its const
stituents approaching nearly in this particular
to the disease denominated General Theban.
We also find that Dr. Charles Clark
remarks, this disease is "morally contagious",
being propagated from one household.
subject to several of the same causes, and
when these organs are only affected by
the enforcement of some remedial
means, which are not altogether congru
ous to their expected cure, it is
thus healing our cases are frequently
made. Disposition of the patient, mental
anxiety, by ourselves, or others, to bear up
"belated" habits, and other afflicting the
occurrence of which we should judge
as a favorable augury. A predisposition
may be contracted when it does not
in itself, or premises practices, such
as ordinary habits, indulgence in idlers,
in warm beds, manner with heat, and
and as supplementary indulgence in the
conveniences of the table, or is evident from
the occurrence of the disease in children on pleasantly situated, well ventilated,

to demand either mental or physical

exercise, the probability of further enhance-

ed by the presence of morally morose

book such as novels or other reading

matter, which by exciting the emotions lead
to vicious practices. Since a closer

examination of the cause of the disease,
we have it strongly exemplified in

particular to females, as may be noticed

in their young age training, which typi-
can early send to school to divert their

attention from the whim of their mat-

ural propensities, and are tutored in

the physical exercise of the gymnasi-

um, its girls predisposition is not.
with fascination on the matter, and fallaciously attributing her loss of power to a transient effeminacy, and a plan instead of one concept as not now discredited in the present age. We have a popular belief among the vulgar that it is caused by a change of the ovaries, which it is denied, from the action of that planet being coincident with the moon's waxing disc charge. By many it is thought to be a disease of the cerebral part from the presence of the modified sensation which is asserted to have been induced by the passage of a current.
of cold air over the surface of the body.
Among the exciting causes may be included everything capable of making a strong impression on the nervous system. Under this head may be enumerated: the startling news, an sudden in the ligaments, whether of an acceptable or disagreeable nature, as soon to overcome to one's sense, viz., a fit of hypochondria. Somnambulism occurring among the insane, irritants, or also the slightest one may consider to arouse a dormant predisposition. And lastly but not least, the heart should be considered this irritative principle. Certain electrical condition of the air may exert their influence. Nature — Be kind.
in pursuing work devoted to this cause, that there is some variance of opinion as to its nature, therefore to receive one or the other as exclusive, would be crude bigotry without an enemy and no practical facts or corroborative checks in these times, when they have become so risky is absolutely necessary. To some it is thought to exist on its brain by others to be connected with division of the spinal cord, as is currently by the tenderness on pressure on its spine pressure. The light that medical research has thrown upon the complaint was to direct our attention undivided to the state of the organs adapted to a pronunciation of the species, and which
a cardinal point, it would please the chief the attention of observers, we in any hysterical patient by close scrutiny can observe a disorder of the genital organs, complicated with paralyses and its uniform concurrent aberrations. These states have been found by the which is no mean authority, but evidence of authorities to REFUTE our implicit confidence. The paralysic period being limited to about thirty years or the interval between the commencement and cessation of the menses, during which time it is most wise, it suggests itself as logical, that the clitoris being in such intimate sympathy with all parts of the body, that any departure from a I.
this organ, and it would produce an intense desire of the nervous centres, with all of disinclination, and which in the female assume all the features of a hysterical paroxysm, with the utmost anxiety to treatment. Diagnosis.

This is not in the usual category of disease, as one which presents nothing similar to this sequel of mockery, pain, and that is sufficient, and from which to make an incontestable discrimination, without a thorough and established knowledge of the disorder, hence we appreciate an accuracy of diagnosis, when our decision shall determine the health, misery or sorrow of the patient, simultaneously and for
as an exception from the demon-
stration of charlatanism. In the epi-
leptic fit there is a sudden and com-
plete loss of consciousness, with suspens-
ion of all power of coordination of the
muscles of locomotion, hence the patient
is dashed abruptly to the ground.

Some symptoms are generally noticed
by the epileptic aera, which may warn
the patient of an approaching fit in a
variety of ways, sometimes and as in a
case I know, the patient before he is
attacked, invariably has a sensation
of something creasing on the thumb,
gradually proceeding up the arm un-
til it reaches the hand, and then im-
mediately precedes the paroxysm. Other
attacks are concluded by loud cries, borne forward on the part of the lungs with assistance. The features are characterized by distention of the features caused by the enlargement of the nose and quantity of air passing through the contractile glottis. producing labored breathing with foaming at the mouth, comparative brevity of the attack, and the profound stitch-like attack of the heart and which freshman of the last attack is considerably mitigated, is adequate to entail fatigue and indisposition to return to action. In the hysterical attack, the former assurance on one is observed and in spite of the absence of distended features also, the breathing
Moreover it must be quite free from these and come from the mouth, which by a forcible act of the patient, also biting the tongue, which is instead on being thrust from the mouth on a moment when one has not will to direct or constrain to appreciate is not found in hysteria. It can often arise as supplementary to the inapropos symptom a concealed and visible only to the scrutinizing practitioner.

By many it is considered we have indisputable evidence of the hysterical yet by an examination in the region of the uterus, which is more or less tender to the touch.

An corroborative of our diagnosis during these lesions in the labia majora we have a peculiar physiognomy which only in confirmed sp-
deplorable. By our close attention to the symptomology and characteristic of the two affection as delineated by several authors, it will facilitate as for a correct diagnosis, and thus preclude the idea of those imperceptible blending made by many quacks.

Treatment.

In corriging this may be adapted first to the pauper, then to the extreme. We should remember that while one of these diseases may be considered insurmountable, the other often become established too often considered dangerous to our most patient measures, hence a study in matters of long eger in its case while such is such, possible for time however limited, may render remedial measures negative.
Our medical shoule be directed to remove the cause of irritation by changing the irritable condition of the nervous system, and by doing whatever is necessary to the point, for that chaste heart of symptoms with which the patient is associated. Our first object should be to put an end to the paresis. The cause of the patient if any part of it be tight a constriciting should be removed, and if the patient be a very bad subject, should be added to cold air. The violent efforts of injury fall not to cause every limb as is the practice in some, but mercy to absurd personal injury. To express her when in a state of collapse, we promise a most efficacious remedy to restore a reflex act
in cold water, or as soon as the wound is
gible, cold and sear, and ultimately.
As adjacent to this bandaging, we can
apply jungel's reflex to the interior, which
are highly efficient, but with the precau-
tion that they be not in the immediate
form, but they contrast the bandages
against to remedial, and becomearious
agents, by lighting up an inflammation.
If the patient can recover in those
administrative sense of the nervous atonements
or anaesthetics, or of calomel, Haffn
and analgesics, spirits of ammonia, &c.,
which an analgetic as potent in extolling
my abnormal, defibrinetic action which
has marred normal action of function,
and reduce instead disease. Of me, in
I submit that he cannot or will not exert his utmost energy through perseverence, so a knowledge of
improper duty that we should be anxious to avoid. And, if possible, lament and now
which may consist in an emotion, made by
making use of the hands of a caylch of counseled to
half part of water and the gold of
egg, or any beneficial half an ounce
of temperance may be substituted for its
as described and compounded in the same
manner. Or the sound to us a certain, chil
state or immediate condition, they should
be early attended to. Any inconsistent action
of the brain with a perfect slowness of heart,
should I proceed for this may be a full
dose of calomel, followed by castor oil, ro-
no, rhubarb, or any mild cathartic. If
It should be attended to, of course, to proc.
one might associate with it a quarter or
half grain of opium or picroformin, being able
to the number of times recorded to repeat it
dose. It might not be inappropriate to
mention the precautions or obvious dangers in
prescribing opium during the remittent con-
dition, or it have an inherent probability to
endorse that state, which of the bodily condi-
tions as would obviously correspond to the
overhead phenomena, followed if not non-
related or counteracted by death. To return,
to avoid a recurrence of the functions of the
liver, one might give the patient a short
course of water or morinae, and which is
considered as a stimulant of the hepatic organ.
But remembering that these changes are not en-

up the plan of experiment move other in

dispensing the delusions of the imagination.

The way also in the exciting of the atmo.

sis make inquiry about the condition of its

living organs, which may be examined

by zelation and in this can we

may resort to its catheter, when

we attempt to execute this have been

Shubed we cannot detect any acuity of

the sense this may be corrected by some

of its epithelium, curative, and

reprovable. A sense of action with hypocrepia

may flatulence that may prevent an obsta-

cle to serenity of action may be remedied.

If the sense of personal danger or gout can

in infusion supported with sedatives that

beneath, simultaneously a moderate use

may be made...
of it various conditions, moreover, a point of
partment or a drop of turpentine drop on
sugar to die. To obviate the trouble of
ject is at times present, the patient should
be allowed a sufficient quantity of lemons
and milk, which will relieve the symp-
toms and also keep patient on sustaining
the system against the various produce
by the complaint. Taking in their pres-
ence of some lemons and milk of fomade
will often cause a reaction or cause them to
interferes us, so in uncover attraction the
proposed remedy. In the meantime our at-
tention shoule be drawn to the state of the
inner organs or any fear, or mental
prevention of function, or group enhances
the liabilities to its pseudo-affected.
Some patients whose symptoms persisting through various organs were examined, but showed no apparent cause for such symptoms. It is sometimes difficult to explain the absence of menstruation, that is, the absence of menstruation, which was otherwise considered abnormal to the physician. If this occurs in amenorrhea, which is often present, it should be considered of appropriate means. Such means include antiseptic medications and ferruginous tonics. By either anticipating the normal menstrual period or establishing permanent function, when it depends upon an atom of the white system in may find a shock from a galvanic battery, solution in slow and steady, the tonic efforts. We have an efficient therapeutic measure in one of measures.
The substitution of remedies should be
only a matter of discretion to the prac-
titioner, as we find that any remedy
has been acclaimed and employed
of mention more or less eminent of its
profession. We have indubitable evi-
dence
the utility of cordic of fever, as
an antidote in the diseases. It shoul
don
make diligent search for any tenderness or
the spine, which may be relieved by sitting
in bedding, over the tendons joints. The bluish
surface may be spoken of with a great
of merit of morphine. In my obser-
and cars in which the paroxysms occur
frequently. Dr. Wund have found succeeding
dose of tartar emetic from highly act
santognum. The various cases show
employed; connecting with one who was a mere form of intelligence to answer our expectations. It is necessary to bear in mind the absence of a long list of remedies that you may select those which it is most urgently demanded. Pain in the region of the heart or abdomen should be treated with remedies, and an intense need to bulk pain or uneasiness should be added stramonium, belladonna, or emetic or ipecacuanha. Morphia is said to have effective power, when its parts affected were causing delirium, but it cannot adduce any case as consequence of its action. The decline of its action should be attended to in certain cases, that it may be furnished
about the strength of the patient, but rather the insufficiency of care which can not be achievable.
An Inaugural Dissertation
on
Aeremia.
Respectfully Submitted
to the
Protest, Regents and Faculty
of
Physic
of the
University of Maryland
for the degree of
Doctor of Medicine

By
John Remington

of
Maryland
Session of 1866 & 1867
Hernia

Nothing is so subject to misadventure and great injury as the
susceptibility of hernia to the
precaution taken in its prevention and cure. The decision of
this subject; it is only briefly mention the
following remarks and give the treatment of such
as adopted by modern surgery; time and
space precluding a fuller or more minute
consideration. Hernia are of various
kinds, named specially from their
situation, and the treatment is also
known from the character of its contents,
and the extent of its process.
Hernia being so common as ill, and
liable to occur at any time, or place,
without any warning, requiring for its
successful treatment an accurate
anatomical, knowledge, surgical skill
and from that direction, no fault can be
lacked as causes have been etched in which
violent inflammation set in, i.e., as far back
after the first eclipse.
"Chemical is the principle of many cases
from its mother cavity." As of the liver,
the eye, and the lungs, but is more
generally applied to diseases in connection
of some of the abdominal viscera, its
greater frequency here being due to the
natures of these cases, as compared
with those of other organs. The abdominal
viscera are nuclei of muscular structure,
which have the tendons at their lower
border in some of them, and are
also named by device, Abdominal,
true or false, from the arrangement
of the different sets of fibers, real.
places, and the attendant to strengthen
these is made by nature, who gives to
their openings an extra covering of
straps fascia. The curves of hemie
are numerous, first, the natural
weakness of the heart, which expenses
these convectually to changing; the extent
of motion enjoyed by the limbs; the
increas of the abdominal muscles on
the incision; dilatation, by producing a relax-
atation of the muscles, an incision; the
already existing aperture, for the
passage of vessels and nerves;
formation; decrease, injuring
frequency and impulse. All arc
generally accompanied by the releas-
ing of curves. So it is in this
condition that it is most liable
to be brought on by the following exciting
circumstances, lifting of heavy weights,
violent muscular action, strain upon
each muscle, excitement, Utterance,
Partaking, any continued violent action
of the muscles, strain at work;
where there is great difficulty of maintenance
especially where the muscles are confided
with fat, running, leaping, jumping,
or any violent muscular exertion,
and also very common among
soldiers in the cavalry service, from
these being so constantly on horseback.

Of nausea, original is the most common
of all them are the vomiting. Almost a direct
result. Anomie or Obligue, Vincent Arm
with wings and the sigmoid anal,
direct folds only strangle. The
external ring, passing through the muscles and fascia above it. The external ring is formed by the aponeurosis of the external abdominal muscle, this muscle arising from the lower ribs, is inserted into the crest of the ilium, and from the inter-vertebral muscles, sends an expansion running to the crest of the pubis. This is called the pubic ligament, and is continued below on the ischium as the fasciae labiae. From this ligament a portion is reflected downwards to the rectus muscle, and called the femoral ligament. Above the crest of the pubes, the fibers of the external abdominal muscle separate, come to meet of the pubes, thus to Reinhardt's ligament. Diving to triangular face of external
ring, at the upper part of the internal, are
fibres stretched across to strengthen it,
called the interasium or fascia, from
being between the tunnelling. The internal
ring is situated between the internal
fascia, and the femoralis, above the pubis
and line with Poupart's ligament. Through
this ring passes the cord and testicle in
the male across the round ligament
in the female, and the cord between
the rings is called, the Inguinal canal.
Hence, the name of the hernia.
Inguinal hernia, 3 that which comes
under Poupart's ligaments or the oval
arches, the thigh is covered by a strong
fascia beginning at Poupart's ligament
and extending down to the knee,
across the inner part of the thigh below.
the arch is a large opening for the
canal of the fallopian tube, and some
smaller veins, and two named above
and below it the circular arteries, divided into
two come, the upper and anterior each
which is called, the fallopian process
represents the canal. When one of the walls
represents, it is the space included between
two circular arteries and vein, and
enclosed by a sheath common to all of these.
The canal that passes up to the internal
ring. The first stage of this remains, and
only through this ring, where it becomes
into the canal to second, and the
passage of the gut through to right
opening in the third. These generally
comes up over the fallopian process.
The symptoms are often obscure, and sometimes very difficult of recognition, in the groin a small lymphatic gland, may be felt by an inexperienced surgeon for a general hernia, they are generally known or early recognized, by a soft swelling which increases in size, while the patient stands, elevates when he coughs, when it contracts, being flabby in heart, when much fluid, dull on percussion, sympathetic when filled with yogh, and when returned, produces a more quiet sound and a gurgling noise, when uterine, there is obstruction of the bowels, and when intestinal infection is set up, the sore becomes smaller, and turns, the juice is discovared, after some time the
...from commence to nature exists and dies. Xenial is formed in two conditions, reducible, immovable, and triangular, reducible is one way of reduction, capable of being returned to the cavity of the abdomen by manual pressure. This operation is called the "fixed" but is more generally described under triangular and xenial, when the nature of the case makes its reduction more difficult, after the instrument has been returned, pressure is required to keep the bowel in place. Gauze or lint is first applied to the tissue or muscle, slipping out of place, but they are green up, and now may bee the instrument to maintain its equal to pressure, at off the minute.
new offense to the French. The French mass is the best. It consists of a strong "club spring," which can be reckoned at the pleasure of the wearer, having a fuse, of a oval, square, ring, etc., the center of which is a small convex glide. The more to be accommodated, must have the nose sealed over the annular ring, the smaller glide, making passage directly on the ring, and the larger one. Finally, the parts will all side pass together, the spring extends around to the opposite side of the lower column, the other tiger or co radial arm consists in forming a turn with a very small hand, and adding, the spring, to excite inflammation by
The cause intimated caused, I am pleased to
be throw out and tell; he informed, the place has been successfully tried,
I was discovered accidentally, by a man, making in his field, who was
put in a hornet, which kept stinging from under a hut to which he rose, he
then placed a piece of wood under
the base, which arrested the hornet;
now well until, inflammation was
caused; after it was subdued, and
he returned, to walk about, he found
the hornet a-wind; a ball and a bit,
from the place, given, went to
the nose of the body. This was should
be gone until to become of account, and
now frequently be worse. I am unwar
of the patient's life.
Instructed to continue in one place, the physician, on account of its dangerous and subject to many dangers, the immediate
causative habit of the bowels, and
its nature, is to prevent the fluid
processes. To this end, remove
the bowels. If they continue.

Alternatively, the patient's

There is no indication of the

Stagnation of urine in the

impossible state of the bowels, on

the neck or at any part of the skin
of fluid, and facilitate exstirpation.
great pain, and certainty of disease. In the treatment of this, the
muscles, among much relaxed as habitual,
to begin slightly flexed on the body, its
name 'bust' is a good relaxation agent.

With chloroform produces it more effectually
than any other; the surgeon now recommends
this 'tissue', the first among doctors. To induce
it, to engage it from many outside
and end to engage it from outside, by means
continued and equal. It is also varied,
and very useful, causing contraction of the
muscular system, cause of trouble not to have
it for too long. After all other means have
been tried, it seems the operation is
related to. This is a great deal of doubt
about the time for this operation, but.

Sir Astley Cooper is where we are
...referred frequently by me elsewhere as operative, gives as the following guide: "Indeed this is scarcely any period of the operation which forbids the operation, for even if modification have actually begun, the operation may be the means of saving life, by promoting the early separation of the prognosis, early, and relieving the distress and internal."

Small tumors require the operation of i.e. more than large ones, they are generally more easily removed. In the operation, the patient is placed on a table, and subjected to the influence of chloroform. The tumor being relieved entirely, the incision is made deep. The freed surgical cannula, and incision, in distinct hemorrhage and not the...
the perineum. The first operation is, through the subcutaneous cellular tissue, down to the fascia of the external oblique, a director is introduced under it, and it is slit upward a certain way, a shearing the obturator muscle, a covering of the canal, and continued in loops down into the perineum; this is divided in the same manner, and the fascia perineale is brought into view. From this in the same way and as we have, the perineal one of the hernia, but this is in the same way as the preceding operations, great care is taken by the surgeon, in dividing the fascia, and during the same he frequently examining the towel to see if it has this manner, he pinches up this sac, and makes a nick
sufficiently large to admit the. enter. it is then cut open and the other. the gauze is then passed in to find the seat of operation. while many may last, one of the blunts of the external ring, which can be felt soon the ring in the canals, or at the mouth of the hernial sac. from the external ring, the relaxation takes place in this gauze under a. incision made down to the peritoneum. (see. among others, use a knife with flat upon it. it is then cut down to the peritoneum and divided after fibers of the muscles sometimes, especially in children, are to be made with the scissors, then the structures are at the internal ring, the knife is passed upon the same manner, and a few fibers of the conjunctive tissue divided. close at the mouth of the sac, it is gradually formed by bands of lymph, which are
very carefully planned as there is great danger of spoiling the bowel. When there is a large part of somatone, either in the way or maybe out of and the parts returned. The parts are in a quiescent state, they are not generally returning back. If too much is drained off, and one artificial opening is formed, it is often disastrous to elicit an artificial return of the bowel and allow the contents of the bowel to escape. The patient after the operation is to be quiet at first, but particularly to be moved by doses of opium, and then in four hours after the operation. If the bowel is not moved an enema is given. If vomiting of opium is given to quiet the stomach, the patient is not allowed to eat until the normal bowels have returned. There is danger after the operation of
Peritoneal hernies, giving of an extraordinary character. Tetharine, which must be
found as they show themselves.

Dick's hernie is somewhat different from

London's Verrulous through the walls of
the abdomen, carrying with it the
donjouised tendon of the ciliated cliche
and扁腹内的 muscle, boccanchi
muscle, is not moist. Like the indind
it is of three stages, the reducible, rising
a longer time than an indind, as it
is near the medium line. It has
breathing to the outside, so that when
Merigoldates, the contraction is clinical
reproduced and inversely. Myopic
hernie is less common to females
as the abdominal ring is smaller
then in males.
General : General hernia is found under the cranial arch, it increases in size. Generally, coming to the base of the spine, later, it is easier to remove than in other. The reduction of this hernia is difficult, and it is more difficult of reduction of opening large or even small, and much more liable to strangulation, as the reduction must be made in two parts, downward first, to disengage it from the edge of the peritoneum process. Few surgeons to force it into the cranial canal, it requires a great deal of force, and one or more assistant hands are necessary. In intractable cases, adhesions are not adapted to form as in the inguinal, and the parts are better protected in this
the hollows, and without dilatation of
their increasing size.

The structure in a triangular base begins
occurs in three different situations, first
at the margin of the sacral cavity, next in
the cranial arch, and third at the
mouth of the sac. For the operation,
the patient is placed on his back.

With his legs hanging over the edge of
the table, the first incision is made
one inch and a half above the fossa
ligamentum, on a line with the center
of the anus and the other parallel to
the ligaments. The first incision is through
the skin and superficial fascia, which
is above the fascia profunda, the
which is divided
in its clavicular
and is cut into.

The sac is reached,
when it is
completely
removed.
The finger with the cutting edge should be next moved up and the corneal or health divided up to the puncti ligamenti of the nemes will not then damage the posterior edge of the corneal cup. The mount must be divided by an incision upward and inward, then cut to the subcutaneous tissue, the first incision opening it when the cornea is drawn at near the neck of the neme, they must be carefully divided, the inverted returned, and the wound closed with sutures, then the saline treatment as for other injuries. When the incisions in most fields the last are generally left open, to slough off. They may be secluded and united by sutures, and the patient recover - chylous effusion should be brought to the eye.
- very of the several things seen fixed by some cellular membranes, the forming remaining during life, hernias take place frequently. They arise in the form of a small tumor and easily overlooked under reason of nature great suffering, and discomfort caused danger. Life, and in advanced, it occurs most frequently in the young, most frequent, among persons above young children, or the strengthening of hernia, tough, and is treated with the opening, thus and in any retrovert hernia. The opening other hernia umbilical, hernia, umbilical. At times one since cannot be treated in the confined kind of a collapsing, to which time. treated their retrieval used to get the cure, the anatomy, and the treatment for the most frequent and dangerous kinds which were respectfully submitted.
AN
Inaugural Dissertation
ON
Surgery
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
B. B. Browne
OF
Baltimore, Maryland,
Session of 1866 and 1867
1867
Surgery.

Surgery among the Ancients was confined to a few simple operations such as the extraction of darts, arrows, and other foreign substances which had become impacted in the flesh of the sufferer; further than this and the application of soothing lotions to allay pain, and pressure to arrest hemorrhage; their surgical skill seldom extended. Fractures and dislocations appear to have been beyond their power of treatment, as they were content with calling on the offended Deities to relieve the pain inflicted on account of their displeasure.

Even up to the time of Hippocrates very little progress had been made in the science of surgery, indeed its advancement was almost impossible on account of the total ig-
romance of human anatomy.

Hippocrates not being able to dissect the human body (on account of the strictness of the laws which were enforced against it) gained much valuable information from dissections of Apes and the higher animals, and much of his success in reducing dislocations, adjusting fractures, performing amputations and other operations was due to the knowledge thus attained.

From his time to that of Celsus, surgery advanced very little if any and for a time became almost absolute from the great antipathy of the Early Christians to dissections of the human body, and to the performance of operations; this antipathy prevailed to such an extent that few were disposed to engage in a profession.
which promised so little encouragement, and in which the greatest success was likely to be attended with the greatest personal dangers. The Early Christians believing that the Saints and Martyrs were all powerful in relieving the sick and healing the wounded, disdained the interference of men in all cases where their prayers and supplications did not succeed in obtaining the desired relief.

As the priests and clergy were often called upon to offer their prayers in behalf of the sufferers, and as they were thus often brought in contact with those upon whom injuries had been inflicted, they often undertook the treatment of cases that came under their care, and by
degrees the art of surgery was aban-
med by all others and confined ex-
clu sively to them; but this was not
destined to continue very long; for
by an edict of the Council of Toms
in 1163 the priests and clergy were
prohibited from having anything
to do with surgery (as it was thought
to encroach upon the dignity of their
ecclesiastical calling).

From this time we find it declining
very much, though not altogether aban-
don ed, the success of some of its fol-
lowers occasionally added new stimulus
and thus the smouldering flames
were kept alight until Vesalies, Pro-
fessor of Anatomy in the University
of Padua in 1543, after having made many
a great number of dissections, pointed
out many of the errors of Galen, who had
up to this time been considered the
highest authority; and thus by means of
means of his vast labour and study, Sur-
gery was for the first time put upon a
sound and scientific basis, which result
could only be attained by making Anatomy
and a thorough knowledge of the structure,
properties and functions of all the organs
and tissues of the body, the first and
necessary preliminary to all future Study.
Guided by the vast researches of Vesalius and
his own thorough anatomical knowledge, the
great Ambrose Paré was enabled to ad-
Vance the science of surgery still further.
to him is due many of the principles which govern the military surgeon of the present day among the most important of which was to amputate the limb immediately when it was considered impossible to save it.

He also revived the practice of tying arteries after operations, instead of using the actual cautery and for this purpose he invented and brought into use the silk in ligature.

The expedient of tying arteries suggested itself to his inventive mind in 1536 while holding the appointment of Chief Surgeon of the French Army in Provence; at this time after a severe battle, in which the number of wounded greatly exceeded the preparations that had been made for their treatment, his supply of oil for containing
wounded and cut surfaces being exhausted, and being unable to obtain more, he used the ligature to arrest hemorrhage from the larger bloodvessels, and much to his astonishment and delight found the result more favorable than where the boiling oil had been used; and from that time he adopted this practice altogether and recommended it in all his works on Surgery.

Paré being a great favorite at Court and holding the position of Surgeon successively to Henry II, Francis II, Charles IX, and Henry III, had every facility afforded him of investigating and treating surgical cases. His great work on "Gunshot Wounds," though the first ever written on the subject, is still considered of the highest authority. During
his time Surgery did not aspire to any great number of operations. Amputations, Laryngostomy, Tracheostomy, Embryostomy, Fistula in ano, and Fistula Eacrymalis appear to have been most common; the catheter was also employed in cases of retention of urine, from Spasmotic, and other strictures of the urethra.

The next great advance in the Science of Surgery, was the discovery of the Circulation, by the illustrious Harvey, in 1616, but not published until 1619, he being unwilling to make the result of his various experiments public until he could convince every one of the correctness of his views; these discoveries threw much light upon the Science of Surgery, especially that part of it
relative to fevers which had hitherto remained beyond surgical skill), for no rational mode of treatment could be established so long as ignorance of the circulation of the blood through the arterial system remained.

Printing and engraving, which were introduced about this time, also contributed much in diffusing and perpetuating the discoveries that were made, and in rendering them easier of demonstration and comprehension.

In Germany, during the 17th Century, surgery was practised in the most heroic manner; no operation however hazardous or formidable in appearance escaped the knife of the ever watchful surgeon, who undertook it, not for any benefit that would accrue to
the unfortunate patient, but, to add lustre
and fame to the man of science, who cared
les for the success than for the number
and variety of his operations.
In the 18th Century, Anatomy and Physiol-
ogy having been more thoroughly studied
and understood, this science advanced rap-
idly, many of the most brilliant minds, and
greatest geniuses turned their attention to
this interesting and useful branch of learn-
ing; among whom may be mentioned the
great English operator, Percival Pott,
who reformed many of the abuses then so
common from the use of the actual cautery,
and other powerful escharotics, which had
continued in practice with increased vener-
ity from the time of Hippocrates,
the high regard in which they were held by this Ancient Surgeon is best expressed in his own language, — *Quocumque morbos medicamenta non sanant, ferum sanat; quos ferro non sanat, ignis sanat; quos vero ignis non sanat, insanabilis existimatur.*

Pott paid much attention to diseases of bone structure, especially that of the vertebral column, angular curvature of the spine (occasioned by softening and absorption of the bodies of the vertebrae) still retains his name (Pott's Curve).

In the latter part of this Century John Hunter made many investigations into the nature and varieties of Sphilitis, and established many points in regard to
its treatment. He also introduced the practice of tying the femoral artery in
instances of the popliteal space, instead of cutting down upon and opening the tumor,
the great success with which it was attended, resulting from tying the sound artery instead
of the diseased structure has caused its continuation in surgery up to this time.

To the French Surgeon, Desault, is due the invention of various apparatus and applica-
tions for the treatment and adjustment of fractures and for their retention in proper
position: he was also the originator of Clinical Surgery, which time has
proved to be the most beneficial way
in which instruction in this branch can
be imparted. When a dislocation, fracture
or tumor is once seen it is not easily forgotten
or mistaken.

Although we can trace up a
gradual improvement in Surgical Science, we
find that discoveries once made, were rigidly
adhered to, or improved upon; yet it is an
undeniable fact that the 17th Century has
done more for its advancement than all that
have preceded it. The classification of dis-
cased structure, by grouping together those
things that resemble each other in some
marked particular, and then pointing out
those things in which they disagree (begun
by John Hunter in the previous Century) has
been still further perfected. The character
of diseased tissues has been more definitely
made out by the aid of the microscope.
the mode of nature's processes of repair has been carefully studied, and investigated, the origin and progress of certain diseases which finally require the aid of the surgeon, have been established, and the modern practitioners is thus enabled in many cases to avoid the most disastrous consequences by preventive means, or by a trivial operation.

In the early part of this century, Sir Astley Cooper published his first works and turned the attention of the profession to Halitosis, which had then been much neglected. In 1806 he tried the common Corktie Artery with success, he being the first surgeon who attempted the operation; in 1817 after having experimented with
success upon dogs, he tied the abdominal aorta, and though failing, he still thought the collateral circulation might be established between the internal mammary (given off from the first portion of the Subclavian, opposite to the thyroid axis) and the Epigastric a branch of the external iliac, the operation has been repeated several times since, but with little hope of its ever being successful. Sir Astley's treatises on Dislocations and Fractures are of the highest authority, his doctrine that fractures within the Calkulus ligament never united by long union, after having been a subject of much discussion is now held to be incorrect; most surgeons of the present...
day are indebted to him for the ease and facility with which they are enabled to make out their diagnosis and determine their mode of treatment in fractures and dislocations of the hip and shoulder joint.

Modern surgery contrasts the firm leather ligature with the coarse thick cord, the light, soothing applications of the present day with the irritating salves, plasters and heavy masses of lint formerly used; and the small number of adhesive strips, (which can only do good by keeping the surfaces in apposition) with the pernicious practice of covering (and thus heating) the whole. The discovery and introduction into use, of many active medicinal
agents, has added wonderfully to the advance of modern surgery; among these useful additions Iodine and its preparations hold a high regard in the estimation of the surgeon for treatment of Bronchocoele, of various tumors and swellings of the glands and joints (arising from Scurfulous diathesis) and of various constitutional symptoms both secondary and tertiary as sequela of Syphilis; in Morphia the surgeon possesses an agent of immense value, for with it he not only allays pain, but produces sleep and thus allows the exhausted nervous system of the patient to rally sufficiently to bear the immense strain put upon it. But to no medicinal agent does modern surgery owe
more than to Ether and Chloroform, the latter is undoubtedly most valuable to the surgeon, for it acts in smaller quantity, more quickly, is more agreeable in smell and taste, has less tendency to irritate the throat and lungs, and its final consequences are less unpleasant, although its prostrating effects are greater, as for the comparative danger attending the administration of the two agents, notwithstanding the strong prejudice that long resisted against Chloroform it is now universally conceded that when used with care dangerous consequences are no more liable to occur than if Ether were employed; these agents besides rendering the patient unconscious of pain, allow the surgeon to proceed with his operation
in a careful manner and more at his leisure, thus rendering the most formidable cases comparatively safe: they also render very valuable assistance in reducing difficult situations, since they relax the muscular system so completely that little trouble is experienced where extension, counter-extension and manipulation are properly made.

But this subject upon which volumes might be written instead of these few pages, must be concluded, yet I cannot forbear some mention of some of the recent contributions to the science of Surgery among these ranks first the Anterior Splint, so well and favorably known that an eminent French Surgeon published a glowing pamphlet describing its mode of application and recommending its use in all
the Hospital of Paris; by its means fractures of the leg and thigh formerly so intractable are now of easy treatment and speedy cure; the Lithotome, rendering the operation of Lithotomy formerly so dangerous one of comparative safety; and the amputation of the foot, without regard to the articulation, thus superseding Hock's and Olyphants operations; for these great improvements we are indebted to one of the learned and scientific men of the faculty of the University of Maryland, whose name will always be venered by the Profession and blessed by the many whose sufferings he has alleviated.