University of Maryland Theses

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

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

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

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UNIVERSITY OF MARYLAND

THESSES

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(3) Some text of thesis lost in inner margin during binding process
A Report of Six Cases

Submitted to the Examination of the
Board of Regents and Faculty of Physic
of the University of Maryland.

for the Degree of Doctor of Medicine

by

O.H. Hopkins

of the Class of 1877.
A Report of Six Cases

No. 1. John King - Sored, Occupation, Farmer. Height 6'0" Age 42

Ap't. 6th. 76

This man has been sick since August 1st, when the cough and shortness of breath came on, and swelling of his lower limbs occurred. Shortness of breath especially on going up stairs. Sputums have been regular. Since this evening one hundred dyspnoea increased after coughing. Complain of no pain. Temperature ninety-eight and three-fifths. Near the spine little respiratory murmur could be heard. On the right side dullness on percussion extending from the fourth rib downward.
Absence of vesicular respiration and bronchial respiration. On measuring the chest there was found the difference of one inch between the two sides, nine and one inch on the right side and eight and one on the left side.

Last night this morning the aspirator was used and eighty fluid ounces of fluid were drawn off which was serous in character. About this time the patient began to suffer from pain in his chest and coughing, then the needle was used and drawn leaving an unknown quantity of fluid in the chest which was afterwards drawn off by Prof. Donaldson. This coming has made the patient better since fluid was removed no pain excepting when he coughs, and that he does not do so much since he was aspirated. Breathing easier, and appetite good.
Apr. 8th. To-day I find some considerable improvement: I have taken calomelum in half grain doses, and the shortness of breath also the pains relieved. Appetite good. One or two from his bowels, still but hundred. Apr. 9th. Coughed a great deal last night which prevented his sleeping, consequently not feeling any the better for it. Shortness of breath increased by coughing. Expectoration difficult. Convulsions of pain in his head and swelling of his limbs. Head and femoral temperature. Passage from his bowels small. This evening we find him no easier, but pain, the troublesome cough and his sores on his abdomen increased. Appetite not altered. Expectoration kind of frothy. Exercise increased shortness
of breath. Pulse ninety six and the bowels somewhat constipated. Had a slight action from then till morning, swelling still continued. Separation thirty two. So we gave him the compound cathartic pills to take and Brown mixture to quiet cough.

Post. This morning we find the symptoms the same and action from his medicine. Brown mixture continued. This afternoon Prof. Donaldson made an examination and discovered complications; systolic murmur caused by insufficiency of mitral orifice. Friction sensation and dullness on percussion. The former on the right side and the latter on the left side on which below the angle of the scapula. No inflammatory action on the left side.
Wللness being caused by passage of fluid from the right to the left side. This is absence of vesicular murmur on the right side. This evening at 6 o'clock he felt better every way. Pulse 100 per min. and Respiration thirty-six. His treatment consists of the Syrup of the Iodide of Iron in thirty drops three times during the day, along with one half ounce of whiskey.

Apr 11th. This his sixth day. I find now the better, but slept well during the night. The pills acted, and appetite remains unimpaired. At six this evening there is no change, but complains of pain in his joints, and palpitation of his heart. Treatment: The Same.
Apr. 12th: Unfortunately we find from now the letter of our late mode of treatment, Dr. Ashby having ordered the tannin in half grain doses and syrup of the sulphate of iron, with the usual amount of whiskey to be continued. In fact this form of treatment was continued until Apr. the 14th, with no decided improvement and on that day Dr. Donaldson examined him and says he has slight bronchitis and may leave effusion of pericardium.

Nothing more was done than to administer ammonia Carl's, every three hours along with the other remedies. He continued this manner of treatment until the seventeenth, when Dr. Donaldson called and after an examination, used the aspirin for the second time and drew off some
fluid of serous fluid. This was dll
notes on percussion on the right side before
operation. As soon as the instrument was
introduced cough became much scarcer
and stopped to a certain extent.
After all this attention no decided impov
ement took place, and all that remained
was to continue the sand treatment, which
was done faithfully by the Ward master.
He breathed his last at seven o'clock
Apr. 17th after an illness of twelve days.
What is remarkable about this man's case,
is that his appetite did not fail some
throughout his whole illness,
Apr. 17th Death from Subacute illness,
complicated with thickening of the mitral
valve of the heart. Death of poor Morten,
The chest cavity contained a considerable amount of effusion, especially on the right side, the upper portion was clear, but near the bottom it was turbid from the admixture of coagulated fibrin or lymph which is the characteristic product of inflammation. Deposit of fibrin in the left auricle of the heart. Thickening of the mitral valve, sufficient to account for the death, together with the subacute pericarditis. There was a slight perforation of the truncus valves. No deposit in the lung but acute carcinous degeneration of the effect of the subacute bronchitis, kidneys and liver normal. Dry plugged effusion into the cardiac tissue over the four extremities, also into the pericardium and pleuric.
No. II. John Brown—Occupation—shoemaker, age 23

Sept 15th

During my summer at home this summer, I was called upon to visit a young man laboring under intermittent fever, commonly called ague by those who inhabit notorious districts and are frequent sufferers of this malady. On my arrival, I intently gazed upon the young man as to the cause of his ailment and found that two days previous he had remained out a portion of the night in a rare storm and the remainder of the night he sat up by a hot fire with his wet clothes. The following evening he was taken with the usual symptoms of ague if may be permitted to use the term, for two—first the chill, secondly the fever.
and thirsty, the sweating, after this have continued and inter-mission from six to twenty four and frequently much longer. After the first attack passed off his urine mixture administered, some purgative pills composed of the following ingredients: bicarbonate of soda, sarsaparilla, and other gins and such like. The following three in the morning with absolute powder. A slight feverish followed the medicine, this the afternoon he was taken with a chill after that, a high fever during which he was partially out of his mind. This having passed off in an hour or two I administered Colonel, satiate and six hours later half ounce of magnesia sulphate, which produced a copious evacuation. The next thing was to sew in one of the
Sals of Gymia the sulphate was used in five grain doses four times during the day. Called next morning, and found that a chill had just passed off, and was at the time suffering with a very high fever. not registering at thermometer was unable to take temperature. At any rate I immediately suspected that day, that my Gynia had not been fooled but could not make myself satisfactory on that point, while there I ordered mustard plasters to Lie around ankles and body of his back, which in a few minutes relieved him from great pain. Then ordered the Gymia to be continued, first giving him ten one immediately after breakfast, and then five grain doses at intervals of four hours until twenty...
had been taken during the day, which completely broke up the child. The internal use of chloroform has been recommended by Dr. A. L. Merrill, a practitioner of New York. Given in 10 doses either above, followed immediately by cold water or suspended in marshmallow has been found to arrest the rise of chill and produce refreshing sleep, which the patient enjoys as he awakens from it without prostration. This plan of treatment is recommended by Dr. McCollum, who reports cases successfully managed by himself. Several others have been testifying to this valuable remedy since its introduction and repeated doses as a prompt and safe remedy.
I think I will try this plan of treatment, but if I am permitted to try it. Though quinine is the most reliable of all remedies, Quinonc given in Tadue Solution is recommended, but this is too dangerous a medicine for patients to use by themselves. In reporting this case I did not think it necessary to inform you of the methods that are done through by the physician. To relieve foot-itch while suffering from the three stages, the patient can inform you what to do himself, and frequently they are their own physicians. The secret of the treatment is to ward off attacks by taking small doses of quinine every morning for two.
May 13th.  

Scurvy.

Labor. Age 41.

He had an injury about twelve years ago, at which time he was a soldier, which caused him to be captured. He was given him any trouble consequently he was not tried. Last Monday he ate something that repelled his stomach and caused eructation, and under the violent efforts at vomiting a portion of the omentum was extruded, and being compressed by the sides of the opening through which it escaped was prevented from returning. This being a case of Strangulated Omental Hernia, was admitted on the 12th of May and at five o'clock Prof. Cushing operated,רובסיניא וברוט

was made into the different crossings, and an attempt at reduction which failed. He opened
the toe and found it and the surrounding tissues very much inflamed and congested, he seized. The external wound was closed over the stump, and dressed with carbolic oil. The hospital stood by. He took half a grain every three hours, but obtained very little sleep. This morning no improvement; pain extending up as far as enuremic cartilage. Temperature one hundred, pulse eighty, at very little, thready and weak. Oil principally. Reet bile increased during the day. Inspiration shortened, pain in abdomen increased, and in the evening the pulse went up to one hundred and fifteen. Temperature one hundred and a quarter. Symptoms together with other sub-stantiate substantially the diagnosis.
of acute peritonitis of traumatic origin.
Opium in one and a half grain doses were administered every few hours
along with calomel. The external wound was dressed with carbolic acid oil and
a flaxseed poultice to the abdomen.
At 1st dinner a quart of a grain of morphine was administered to
procure rest. May 14 Rested some
last night though feeble and ate
a piece of bread and drank a
cup of coffee. Pulse very small and
rapid so much so that it was impossible to count it. Temperature
enflamed and thin. Expression haggard
and anxious though no delirium.
Dr. Chetwynd called to see him and
said his pulse was one hundred and
fifty or sixty. So he ordered him to every hour and half hour this
first and every crossing on account of his condition, also a hypodermic was
given after which he took whisky every ten minutes, four hours after
the first hypodermic a second was ordered. At 2 O'clock he was taken
off in a paroxysm of vomiting, this
showing as short attack of acute
pericarditis, and his death by rapid
aspiration.

No. 6. Case of Hysterical Depersonalization.
The following is a synopsis of the case
Mary Jones [redacted] Age 30. Occupation [redacted] and
was called to see this woman one day
last July and from her suffering from
the above disease. On examining her
I discovered that she had been indulging in too much improper food and her surroundings not the best the city afforded. She informed me that she had come on in the ordinary form of diarrhea, that is, more or less discharge occurring frequently and frequent in character, in these dejecting pell-mell cases out of ten precise the characteristic symptom in evacuations and more calls to the stool were more frequent and bloody in character mixed with mucous; that the calls were attended with some pains and drawing, and towards the last nothing but a drift or two of bloody serum passed.
This was more or less tenderness on pressure over the descending colon, and more or less over the whole intestinal canal. Pulse not at all accelerated, with little or no fever. The tongue was coated. The complained of extreme inunction, thin instead of hot, and some of the other symptoms peculiar to this disease more frequent, though these are sufficient for a diagnosis. 

Sporadic dysentery is a disease if left to itself, in the majority of cases recover. But as the people at large believe in medicine, used it, especially as it was our custom to 

by the doctor. This means of it highly and as a remedy that John 

 asked the grand masters of the
Jamaic author of that name having been associated with a merchant who had imported a large quantity of that
drug into Paris, employed it as a
secret remedy and with so much suc-
cess in his business and all bowel com-
plaints, that general attention was
drawn to it and the fortune-
Physician received from him the
in a large sum of money and pub-
lie honours on condition that he
should make it public. Though I
was advised not to by the place of
procedure as it was rather danger-
ous, not being able to watch its ef-
fects, but I could not let the oppor-
tunity pass. So, made up my mind
To accept this remedy.
Mrs. H. Age 50.

The lady had an opportunity of witnessing last summer with my father, laboring under her usual attack of asthma. The seat was in the arm and found herself able to place herself in the recumbent position, and, regarding fresh air and raising her elbows and flexing her knees, part of the time, the remainder on the sides of the lounge. Preparatory was superficial; inspiratory act was prolonged and accompanied with a sound whistling in lungs; expiratory act was rather spasmodic in character, which is the pathognomonic sign of this terrible disease. Her pulse was small, due to obstruction of pulmonary circulation, by an accumulation of
In the night paroxysms of the heart.

Very little cough existed prior to the

paroxysms; it is generally a dry

cough lasting for several days. She desired
to move her body, as the change of position
increased her suffering. Complacency
extremely anxious. She inquired as to

the cause and found that the husb and

on menugh and rough sort of an

individual came in the house out

of humor, and using profane lang-

nage consequently pulling off the

intense condition and especially

his wife, which we accused the cause

g of the paroxysm. She was given sulfate

with tio in hale and a little long few

minutes internally to relieve the paroxysm

which accomplished it in the course

of a half hour, after that she went
off into a tranquil slumber, and in the course of a few times afterwards she was taken with an other fever.

Yea this they relieved according to the plan my Father had adopted, I said this was brought on by a nervous condition, still there was a foundation for this to act upon and this was a bronchial affection. Some think it is a nervous affection, others ascribe an essential fever, and by which still it is considered a peculiar variety of bronchitis. In fact it is neither regardably but each one entering into the discourse, the remainder of the treatment was lobae off the bronchus which gave her poor relief. Then Jacky my Father to try which he did twice else, I think if I adopted other measures.
for treatment which was given him.

Ears out, though the rash was removed several times by him. Lord Clay
rages give a person suffering in
one of those fever pains, a headache
of morphine and it will instantly afford
great relief. Time Belladonna in 1624
dose is recommended by several repeated
every two hours until clear is definite
stramonium is highly spoken of, especially
omitting the dried leaves, or fibre
of the root - either in the juice or in
cigarette form. Many are the ways
at the right and most lie in the land of
the for malunion of the patient had not
learned himself which is frequently
increase as they suffer such agony.
That almost instant relief is required
before medical aid arrives.
Sept. 27th. This is a case of a young girl, age 15 years suffering from a severe chill every day or two for a week and afterwards aching in her bones, head pains, and general prostration. She has been laboring under this condition for several weeks before my attention was called to her case. In the meantime she had been taking Dr. Ayer's Celebrated aqua mixture, which answered the same purpose that most all Quack medicines do. This girl being at home I had an opportunity of watching her case and trying my skill. Her chills will rather longer than...
the general run, and from high accordingly. Not leaving a Thermoneter with me was unable to ascertain her temperature, I thought as Toluene Solution was rather an cheap remedy, advised, her to get it and take three or five drops three times a day, and gradually increase until eight or ten had been taken. This plan was continued for two or three days with no decided improvement, so I shifted and commenced the Quinia Sulphate in five grain doses for the first two or three hours interval between the dose and after that three grains administered with a little milk, as it left such abortive attacks and the seized to satisfy her until six or nine (she had) been tolerable the twenty four hours.
From this immediately got some results and continued its course in bow grain done every morning for two weeks along with a little from three miles during the day for the purpose of strengthening her heart at the expiration of a week she felt rather like a winter person and so continued, as long as I could hear of her.

Trivis.
A Thesis on
Acute Groupons Pneumonia
By
John B. Brinton
Presented to the
Professors of the University
of Maryland. School of Medicine
February 1877
Gentlemen

In compliance with the rule respecting the preparation and presentation of a "Thees," I submit to your respectful consideration the following on the Subject of Acute Croupous Pneumonia.

Definition. Inflammation of the parenchyma or spongy substance of the lungs. Croupous is applied to this form of pneumonia on account of the exudation resembling that of Croup, being tenacious and containing fibrin. It also distinguishes it from another form called Catarrhal pneumonia. The exudation in which contains no fibrin. In Croupous pneumonia one entire lobe is usually affected and very often more than one lobe. Hence it is called
lobar pneumonia. The lower lobe of the right lung is the seat of inflammation in the majority of cases, though it is frequently found in the lower lobe of the left side, and in a pretty large percentage of cases it attacks primarily an upper lobe of either the right or left lung. When a lobe or more on each side are affected it is called double pneumonia.

Marked Anatomy. In pneumonia three stages are recognized. The first is called that of congestion or engorgement the capillaries become greatly distended with blood causing dyspnea or difficulty of breathing though in this stage the function of respiration is interfered with, yet the air is not prevented from entering the air cells. Then is a slight effusion of viscid albuminous fluid into the
Alveoli. The lung substance in this stage presents a dark red, or a deep red appearance. On section the blood flows freely from the cut surfaces.

The second stage is known as the stage of red hepatization. It is characterized by an emulsion into the air-cells which escapes from the blood through the small apertures in the walls of the capillaries. This emulsed matter containing fibrin, when poured out into the air-cells, coagulates, becomes solid, and expels the air from the air-cells. As a result, the lung substance in this condition is red, solid, and heavy, presenting the appearance of liver, hence its name "hepatization," from its resemblance to liver. When a piece of the hepatized
When the lung is put in water it readily sinks to the bottom of the vessel. The cut or torn surface has a granular appearance. The substance of the lung is more friable than it is in health, breaks down under the pressure of the fingers.

The third stage is known as the stage of gray hepatisation. Called some times the stage of resolution, or absorption. In this stage the capillaries are compressed by the inflammatory deposit. The red coloring matter disappears from the coagulated mass. This begins to form fatty degeneration and liquefaction later. Place, and if the disease progress favorably, the liquid pus is soon removed by absorption and expectation.
The air-cells remaining un injured during their engorgement. The function of respiration is immediately resumed. But if the course of the disease be unfavorable, the fibrinous liquid matter is not absorbed, and the lung substance becomes infiltrated. This is called purulent infiltration. Sometimes pus is collected in the substance of the lung, and abscesses are formed. Gangrene of the affected portion of the lung takes place sometimes but this rarely occurs. When gangrene does take place, it may be detected by the gangrenous fetor of the breath.

The duration of each of these stages varies considerably in different Cases. The stage of congestion generally
lasts from twenty-four to forty-eight hours. Sometimes the duration is shorter and sometimes longer. The congestion commences at one point in the lobe and extends from lobe to lobe until the whole lobe is involved. And it may be seen by examining the lung of the patient that dies in this stage of pneumonia. That solidification often commences in the Junction of lung first affected. Before congestion has extended over the entire lobe, thus it will be seen that a portion of the lobe is in the state of congestion while the other is in the state of solidification.
The second stage, or stage of solidification, usually lasts from two to four days, though sometimes it is much shorter than this, and sometimes longer. The third stage, or stage of resolution, usually lasts from three to six days, though often it lasts ten days, and even longer, according to the constitution and strength of the patient. So we find the duration of this disease variable. In cases that progress favorably, the average duration is from ten to fifteen days.

**Symptoms.** In this form of pneumonia, the attack is generally sudden, with a chill in the night. From the beginning there will be high fever, headache, nausea, and vomiting, with hurried respiration and frequent pulse. There is often a pneumonia of the vatic, or sten
pulse and respirations, the respirations being more frequent in proportion. There is marked elevation of temperature ranging from 102° to 104°. Sometimes reaching 106° or 107° it is then regarded a very dangerous symptom. The skin is dry and hot. Dyspnea or labored breathing with dilatation of the alae nasi, are very common symptoms in pneumonia, especially in the severer cases, as in double pneumonia, or even when one entire lung is involved. Pain is a prominent symptom in the majority of cases. Though sometimes it is very slight, and even wanting in some rare cases. The pain is acute, lancinating and
is referred to a limited space about the nipple usually. Or is due principally to pleuritic complication, and when the corresponding pleurisy is persistent extending beyond the limits of the inflamed portion of the lung, it is called pleuro-pneumonia.

The cough in pneumonia is usually troublesome, at first dry and more or less painful. Sometimes it is absent. The expectoration is at first scanty and viscous. In the majority of cases it is tinged with blood known as the rusty sputum of pneumonia. In some severe cases, the sputum is thin, deeply stained with blood, and dark colored—known as the frank green expectoration.
The urine in pneumonia is scanty, thick colored, and from the time exudation commences until absorption of the inflammatory deposit takes place, there is a disappearance of the chlorides, which may be ascertained by a solution of the nitrate of silver, previously acidulated with a few drops of pure nitric acid by the application of this test; if the chlorides be present, they will be manifested in the form of a cloudy precipitate, if they be absent, no change at all will be produced upon the urine by the test. That the exuded matter contains a certain amount of the chlorides is evident from the patient, complaining of a saline taste in the mouth.
Malarial influenza will modify the symptoms of pneumonia. This is a very common complication in malarial districts. The patient will complain of a dull aching pain in the back and limbs. They also have exacerbation of fever, and rearrangement of the function of the liver. Pneumonia sometimes assumes a typhoid character, then will be drowsiness, low muttering delirium, and full pulse. With a tendency to extreme depression or diminution of all the vital powers of the organism. This form is known as the typhoid pneumonia. But there is a distinction to be made between typhoid pneumonia and typhoid fever with pneumonia as a complication.
Physical Signs. In the first stage, on percussion there will be slight dulness over the congested portion of the lung. By auscultation the crepitant rale will be heard. This rale is heard only in inspiration, produced by the air separating the adherent walls of the vessels. The sound it produces resembles that of rubbing a lock of hair between the thumb and fingers. It indicates congestion of lung tissue.

In the second stage there is decided dulness on percussion, and increased vocal fremitus which may be readily ascertained by palpation. The crepitant rale disappears when the lung becomes solid and tubular, or bronchial resonance and loud vocal resonance or bronchophony.
will be heard caused by the air in
the larger bronchial tubes after the
closure of the vessels by the inflammatory
deposit. In the third stage or that
of resolution the expectoration is removed
by absorption and expectoration.
As resolution progresses the bronchial
expectoration is succeeded by the
sub-crepitant rale, and sometimes
the crepitant rale is heard in this
stage also. Gradually all the abnormal
sounds disappear and the signs
of consolidation present themselves.

Caution. The most common
cause of acute croupous pneumonia
is exposure to cold or wet weather.
Extreme high temperature in summer
renders the system more susceptible.
To attacks of pneumonia in extreme cold weather, it occurs much more frequently in winter than it does in summer. It is liable to occur at any period of life, and oftener among males than females.

Diagnosis: When the patient is taken with a chill, succeeded by high fever, hurried respiration, increased frequency of the pulse, and acute pain in the side, with slight dulness on percussion. Rusty sputa, and Crepitant rale, the diagnosis can be made positively. But as these symptoms and signs are not uniformly present, pneumonia is liable to be confounded with other acute inflammatory diseases of the chest in the first stage, though after the
disease passes into the second stage.

The differential diagnosis may be made
without difficulty by the aid of the
physical signs. When the lung becomes
solidified, we will have decided dulness
on percussion—bronchial respiration
and bronchophony, with increased
vocal fremitus. With these phenomena
we may exclude ordinary bronchitis.

In pleurisy we may have dulness
on percussion, caused by liquid effusion
in the pleural cavity, but the line of dulness
can be changed by changing the patient
from a sitting, to a recumbent, position
which cannot be done in pneumonia.

In pleurisy, if there be a sufficient quantity
of effusion to cause bronchial respiration
and bronchophony, this will also be bulging.
of the side, and diminution of the intestinal space, which will not be seen in pneumonia.

In pleurisy vocal grunts are very feeble, in pneumonia vocal grunts are very much increased.

**Prognosis.** Uncomplicated pneumonia in persons previously healthy and vigorous is always favorable, the tendency being to pass through all the stages to recovery. In double pneumonia, the prognosis is less favorable. Though not necessarily fatal, in persons addicted to the excessive use of alcoholic stimulants, the prognosis is unfavorable.

**Treatment.** In the first stage of acute erysypelas pneumonia, large doses of the Sulphate of Quinine should be given to act as an antipyretic. It may be given to an adult, in doses from ten, fifteen, or
even to twenty grains. In a child three or four years of age, four or five grains may be given at a dose of the bowels he constipated a saline aperient should be given. For this purpose one or two drachms of the Rockhill Salt, or two to four ounces of the Expector. Magnesia Citrata may be given. But care must be taken not to purge. Opium should be given freely in the first stage, with a view to relieve pain, tranquilize the system, and to diminish inflammatory action. It may be given in the pulverized form, from half a grain to two grains at a dose. Or the Calphate of Morphia may be given hypodermically, from one eighth to a fourth of a grain at a time, either in the arm or immediately over the seat of pain.
For the purpose of relieving pain, warm poultices may be applied to the chest. They should be covered over with oily cloth. Inexpensive strips may also be employed with good results. Dry cups applied over the seat of pain will often give relief. When there is marked cardiac involvement, the Tincture of Veratrum Brandy, or the Tincture of Adonis Root, may be given to sedate the heart's action, and to diminish the excretion of blood to the lungs. Either of these preparations may be given in the dose of one or two drops. If there be dyspnea or great embarrassment of breathing, due to an accumulation of blood in the right side of the heart, blood letting will do good by relieving the venous congestion. In this condition the blood is taken from the patient with a view of giving relief mechanically.
In the second stage of acute pneumonia, the process of resolution may be hastened by the use of the iodide of potassium given in the dose from five to ten grains. For the same purpose, the compound injection of iodine may be applied optionally. In this stage, strict attention should be given to alimentation. The most nutritious diet should be given in fluid form, such as milk, broths, and beef-tea. If there be a soft palate, pulse, indicative of a tendency to phrenorrhea, alcoholic stimulants should be given in doses, such as necessities require. The carbonate of ammonia is a good supporting remedy in this stage of the disease. As a tonic the compound injection of
Cinchona, or small doses of the
sulphate of quinine may be given.
And finally the observance of good
hygienic rules should be insisted upon
during convalescence.

Yours with great respect,

John B. Britten

Finkeburg

Carroll Co.

7/21/61
An Essay on Diphtheria.
Respectfully submitted to the Dean of the Medical Department of the University of Maryland as a Thesis for graduation February 1875, by L. C. Gordon.
Diphtheria.

In compliance with a rule of the University of Maryland, requiring a candidate for graduation to write a Thesis upon some medical subject, I have chosen the one which heads this page; and, although, from a want of practical experience, I shall have to rely upon the opinions of others, I hope that I may be able to show some theoretical knowledge of the disease upon which I propose to write, and that my humble efforts will meet with the kind consideration of our worthy Dean and the gentlemen composing the Faculty.

Of all the constitutional diseases, exclusive of the essential fevers, one of the most important is Diphtheria. It has prevailed in various parts of the world, as an epidemic, from remote antiquity, and has from
time to time, described by different writers under various names, such as, *Verus Egyptianum vel Syriacum*, *Eyenches Maligia*, *Angina Malionae*, *Angina Gangrenosa*, *Murbus Suffocant vel Strangulatorius*, *Carotid Maligenant Sore Throat*, *Epidemic Croupode*. It was described by Barde in 1789 under the name of Angina Suffocation, and the distinctive features of the disease were pointed out by Bretonneau from 1821-26, who called it *Diphtherico*, the significance of which name relates to the formation of the false membrane.

*Diphtheria* is a blood disease characterized by local inflammatory manifestations. The inflammation occurs on mucous surfaces and is attended by fibrinous exudation and the formation of a false membrane. Diphtheria occurs in two forms, primary
and secondary, the former is the more common, the latter
is usually a concomitant of Scarlatina and Rubeola;
the two forms are identical in nature and symptoms;
but the secondary is generally a graver affection and
is more likely to prove fatal.

Anatomical Characters. The characteristic feature is the
false membrane. The faucæ renally are first affected,
and sometimes the affection extends no further. The
first appearance is redness of the faucæ with swelling
of one or both tonsils. The second membrane is at first
thin and transparent, but soon becomes thick and
opaque; it is at first white, but may become dark,
either from decomposition, from the medicine given
and from various other causes. It may extend over
the faucæ or part of the pharynx, the palatine arches
the uvula and forwards over a greater part of the soft palate; in fact, no mucous surface is exempt from a liability to be attacked, for it not infrequently extends to the posterior nares and larynx, occasionally to the bronchial tubes, oesophagus and stomach, and more rarely to the conjunctiva, anus, vagina and Eustachian tubes, and may even attack the skin itself when it has been excoriated. When it extends beyond the nares it is not to be considered as spreading by continuity, but as a distinct local manifestation of a constitutional affection. The lymphatic glands of the neck, especially those behind the angle of the jaw, are liable to swell during the course of the disease, thus giving rise to Cervical Adenitis, but they rarely suppurate. The false membrane, if life is prolonged, is thrown off
by a process of ulceration in from three to twenty days; it is not uncommonly followed by a second, third or even a fourth one. Pathological Anatomists have lately made a distinction between the false membrane of Diphtheria and that of True Croup, the former they claim consists of cellular elements, and not of fibrin and lymph. These cellular elements they regard as modified epithelial cells, and that after the separation of the false membrane there is left an ulcerated surface; while in True Croup the false membrane consists, in part at least, of fibrin and lymph, and after its separation there is found to be no loss of substance. After death from Diphtheria the blood is found to be dark colored, due in part to want of oxygenation in those in whom the disease extended to the larynx, and in part to the malignant
Character of the disease. The heart cloths are soft. There are no morbid conditions of any internal organs found after death, due to the disease itself.

Clinical History. The disease may be ushered in by a chill followed by a severe fever, but its most usual mode of onset is by a general feeling of malaise for some days, the condition of the throat being only discovered when examined. The formation of the membrane in the larynx is rarely attended by pain, in fact, there may be diminished sensibility or an entire loss of it in that situation. Deglutition may be painful but is not generally so. He may during this stage have a paresis of the muscles of deglutition, giving rise to difficulty in swallowing, and on attempting to swallow liquids they may be regurgitated through
the nose. If the membrane extends over a greater part of the mouth it will give rise to pain on swallowing, stiffness of the jaws and tetanus. The breath is often fetid as if gangrene had taken place in the throat or lungs, but the latter affection does not often ensue. If the disease extends to the anterior nares it is accompanied by a discharge which occasions irritation and excoriations of the upper lip corresponding to the nostril affected. If it extends to the larynx we have many of the symptoms of the Cropp, viz; cough, dyspnea and aphonia. Embarrassment of respiration out of proportion to the affection of the larynx points to its extension to the bronchial tubes. I will now take up the symptoms referable to the different systems as follows; the circulatory, respiratory, cutaneous
digestive and nervous. The pulse may be either greatly or little accelerated, it may even fall below the normal standard, it is soft denoting diminished heart power; it may be irregular denoting gravity, when the irregularity does not depend upon an organic disease of the heart. Hemorrhage may take place from the nose, throat or mouth, and when profuse is an unfavorable sign. The symptoms due to the respiratory system occur when the disease extends to the larynx or bronchial tubes, and if life is prolonged the false membrane is thrown off by expectoration. The skin does not present much increase of heat and the thermometer shows the temperature of the body to be not much if any above the normal standard. There may be fetor hircin, the skin may
be lived when the disease has extended to the air passages. The desire for food is generally lost and there may be vomiting, Diarrhoea sometimes occurs. The false membrane may be vomited if the disease has extended to the oesophagus or stomach. Albuminuric may occur, usually in small quantity; it is generally in proportion to the gravity of the local symptoms. Haematuria may occur. General lassitude is rare. An increased amount of Orea may be found in the urine showing an increased waste of tissue. Delirium is rare, but it may occur, either passive or active, when the latter it denotes gravity. Convulsions are rare as also is coma, and if the latter occurs it is due to arsenic and usually denotes a fatal termination. The usual duration of the disease is from one to two weeks, although death
may occur in forty-eight hours; or it may be prolonged to an indefinite period, owing to complications with other diseases. The most prominent sequela are anaemia, feebleness of the heart's action and functional paralysis of both voluntary and involuntary muscles. The paralysis generally attacks first the soft palate giving rise to difficulty in deglutition; it generally occurs in from one to four weeks after convalescence has set in, although it may occur during the career of the disease. It may affect the tongue and muscles of the face giving rise to difficulty in speaking. When it extends further it generally attacks the lower extremities first, then the upper, or we may have hemiplegia or paraplegia, or one upper and the opposite lower extremity may be affected.
It may be either complete or partial and may be attended with either loss of or altered sensibility.

The external rectus muscle of the eye is sometimes paralyzed giving rise to converging Strabismus, or Amaurosis may occur, attributable most probably to Atresia. The paralysis may affect the intercostal muscles and the diaphragm, giving rise to dyspnoea; or the sphincters, causing retention of or inability to hold either the feces or urine. The paralysis whatever part it attacks is purely functional and no cause has been found for its production. It usually disappears as the patient regains his strength and in general has entirely disappeared in a few weeks or months.

Pathological Character. Diphtheria is a constitutional
ence and the local manifestations depend upon the constitutional disturbance. It is supposed by some to be identical with Pseudo-membranous Laryngitis, but besides the differences in the composition of the false membranes pointed out by Reid fleish and others, there are other points of dissimilarity, among which are that the inflammation in True Group commences in the larynx and does not extend to the naso and oesophagus; in Diphtheria it begins in the pharynx; in the former the affection is spasmodic; in the latter the onset is more gradual and generally occurs as an epidemic. The enlargement of the cervical glands is greater in Diphtheria. Albuminuria is not frequent in Group and Paralysis is not a sequell.
Diphtheria generally occurs in children, Diphtheria is liable to occur at any age and may prove fatal without extending to the larynx. Diphtheria has also been confounded with Scarlatina, the points of difference are that in Scarlatina there is the characteristic emphysema, the inflammation is not liable to extend to the larynx and a person usually has the disease but once, while in Diphtheria, there is no characteristic emphysema, the disease may extend to the larynx and a person may have it several times. The characteristic sequelae of Scarlatina are dyspepsia and Albuminuria, which rarely follow Diphtheria; the most common sequel of Diphtheria is paralysis, which rarely follows Scarlatina. Some authors believe that Septicaemia may be caused by the resorption of the exudation in Diphtheria; if so, the best plan would be to effect the
separation of the false membrane as soon as possible, but others assert that it is more rational to attribute the constitutional symptoms to the morbid conditions which constitute the disease.

Causes. Diphtheria almost always occurs as an epidemic, although sporadic cases have been known to occur, and, like other epidemic diseases, is believed to be due to a special virus. There is a difference of opinion as to whether or not it is infectious, but most authors believe it to be contagious. Circumstances relating to occupation, social position, etc., seem to have nothing to do with its causation, although, in epidemics of the disease, those who live in crowded, damp and ill-ventilated tenement houses, are more liable to be attacked, than those who observe proper
Hygienic laws. A mild form of the disease may communicate a severe one and vice versa. The age most liable to it are from 2-15 years, although it may be contracted at any age. Dr. J. Lewis Smith says he has seen a case at three months, and Daviot reports one case in a person over fifty years of age. In Daviot's report females seem to be more liable to it than males. Different epidemics differ as regards the character of the disease; in some there is a great liability of its extension to the lung and in others it rarely extends beyond the furnace. The period of incubation is from two to seven days. There was no evidence of it in this country from 1774 to 1806, since which time it has been prevalent continually in some part of the country.

Diagnosis. Different cases differ so in regard to the
In some cases, only slight of any constitutional symptoms are observed; in others, there is great disturbance of the system. A case is to be diagnosed by the prevalence of the disease as an epidemic, and by the formation of the false membrane, and it can scarcely be confounded with True Diphtheria if we bear in mind the points of difference already designated. Many practitioners confound cases of Pharyngitis with Diphtheria, and to hear them talk, one would be led to believe as they do themselves, that Diphtheria was a very common disease; on the contrary, it is not a common disease. The disease is only to be called Diphtheria when the false membrane has been formed. Ordinary sore throat
Prognosis. Different epidemics differ widely in the rate of mortality. The difference in the statistics is due, in part, to the mildness or severity of the epidemic, and, in part, to the habit some physicians have of including in their reports cases of Follicular Pharyngitis. The greatest danger is from an invasion of the larynx, when that occurs the prognosis is very unfavorable. When the larynx is attacked, death generally occurs from Ahnnea. The next great danger is from exhaustion of the vital powers; the disease has been known to destroy life within forty-eight hours, but generally there is a gradual
decline of the vital powers and death finally occurs. Then the larynx is unaffected, the prognosis is unfavorable when the disease extends to the anterior or posterior nares or when it spreads widely in any direction. Other unfavorable symptoms are, epistaxis or hemorrhage from any part, vomiting, diarrhea, coldness of the skin, irregularity of the heart’s action, abundance of albumen in urine, delirium, convulsions, and coma. Dr. Meigs reports three cases of death from the formation of a thrombus in the right cavities of the heart, death taking place when the patient attempts to get out of bed. The paralysis which usually follows diphtheria is not generally serious unless it interferes with the muscles of deglutition and respiration.

Treatment. We now come to what may be considered after the diagnosis, the most important thing to be
dwell upon the treatment, and, if possible, the cure of the disease. The treatment may be divided into general and local. I will first take up the local treatment when the disease does not extend to the larynx. It was formerly the habit to apply caustics, such as the Nitrate of Silver, the Sulphate of Copper and the mineral acids. But such treatment has been generally discarded and in its place gauzes, antiseptic and emollient preparations have been substituted, such as weak solutions of Nitrate of Silver and Chlorate of Potash. Ice may be taken into the mouth if agreeable to the patient, if there is fever we may use weak solutions of Chloride of Sodium, the Iodide of Bromine, Carbolic or Salicylic Acids or Cresylic. The Sulphites have been recommended in this as in other tymotic.
disappear from their supposed power of preventing catarrhs, by Prof. Polli of Milan. He states that the Sulfurous Acid is set free in the system by their decomposition will prevent it. It is well known that they prevent fermentative outside the system, but whether, as Prof. Polli states, they are of benefit in Diphtheria or other febrile diseases, is still a disputed question and, although they are not believed to harm, we have other remedies, which until the question of their usefulness has been settled, I think it would be just as well to use. Dr. Bisset recommends a gargle of a half drachm of the diphenylphosphate of Soda dissolved in half a pint of water. When the patient is too weak to gargle, the mixture may be applied to the back by means of a camel's hair brush. Then the disease includes the lungs, the local
treatment is the same, but, we must in addition endeavor to separate the false membrane, the best means of doing which is by the inhalation of vapor or steam, sponging the throat with lime water, or placing lime in the patient's room has also been recommended.

I will now consider the general or constitutional treatment. There is no specific remedy for the disease. Diphtheria being a constitutional disease, and the danger depending to a great extent on death from exhaustion, the great indications for treatment, it seems to me, is to support the system by tonics, stimulants, and nutritious food. The Sulphate of Pimia, Tincture of Iron and Chlorate of Potash are extensively used, the two latter may be given in combination. Alcohol
in useful when the pulse becomes weak and symptoms of exhaustion show themselves, and in some cases is tolerated to a great extent. The Peruvian balsam of Peru has been recommended, a dram of the salt to a pint of water, a teaspoonful to be given every three hours. Alimentation is one of the most important parts of the treatment. The diet should be concentrated and nourishing. Milk is as good as anything you can give, beef tea, soups and other things may also be given. Ventilation is another thing that should be attended to in this disease. The patient should be placed, if possible, in a room with an open fire place, if not, the room should be thoroughly ventilated every day without allowing the patient to be exposed to draughts. Incidental symptoms are to be treated as they arise, vomiting.
May be checked by appropriate remedies, such as
by opiates or astringents, sleeplessness by either
opium or the bromides. If all the measures we
may employ do no good and the patient continues
to grow worse, there is only one question to decide,
shall or shall we not perform tracheotomy.
It is one of the most fatal operations in
surgery. Bouchez states that of 171 operated
on 310 died; still it does sometimes save life,
and I think when we have done all we can
with medicine and have found that our efforts
have been unavailing, and that the patient
is sure to die (unless we interfere), that it
would be doing wrong not to perform the
operation no matter how slight the chance.
of recovery and even if it promised but to prolong life for a little while; provided, of course, we have previously obtained the consent of the patient himself, or if a child of its friends.

Some recommend operating as soon as the false membrane has formed, others, and the majority, I believe, not until signs of want of oxygenation of the blood have set in.

With regard to the prevention of Diphtheria, if a case occurs in a family, isolate it, and during an epidemic, remove persons, especially children, beyond its influence.

L. C. Gordon.
A.

Thesis

On Pneumonia

Submitted to the Examination

Of The

Provost Regents and Faculty

Of Physic Of The

University Of Maryland

For The Degree

Of

Doctor Of Medicine

By

C. D. Laws

Of

Virginia

A. D. 1877
To the cyanoacrylate adhesive, a drop of water or sweat can be added to increase its adherence to the metal surface. It is important to ensure that the surface is clean and free from any foreign substances. The presence of a change in the adherence force can be noted by a noticeable decrease in its value, indicating the formation of a strong bond.
Single, double, lobular, according to causation as idiopathic from cold or wet; traumatic from injury, caseous or tuberculous in tuberculosis or typhoid.

Anatomical characters.

1st stage is a stage of engorgement, the inflamed lung is heavier than in its normal condition. The surfaces when cut first present a dark appearance, blood flows in abundance; in the majority of cases this stage is from twenty four to forty eight hours in duration.

2nd stage or that of Education
a coagulating material escapes from the blood-vessels and coagulates within the air cells. The cells cease to contain air. The lung is then said to be kerpatised; it contains but little blood and presents an aemnie aspect. On section the cut surfaces present a granular appearance. The lung is less flexible than in its normal condition, it is increased in weight. This increase of weight is due to an amount of solid matter withdrawn from the blood owing to absence of air. Portions of the lung exist when
thrown into water. This stage usually continues from two to four days; if the case terminate favorably the smoked matter is removed by absorption after its removal the air-cells are found to have sustained no damage. But if the progress of the disease be unfavorable the smoked matter is not absorb- ed & the affected lobe or lobes become infiltrated with fluid.

The lung is gray in appearance & the substance is softened, breaking down on slight pressure.
3rd Stage. Gray infiltration

Softening. The third stage consists in degeneration (in absence of more favorable resolution by absorption) of the inflammation. This occurs by granulation

Softening + softening

Accurately an abscess forms

In gray infiltration the lung is solid; impenetrable to air; with a granite-like appearance

On section, it sinks in water

Crushed, it is more easily made a pulp than in the second stage

Symptoms: The attack is apt to occur at night.
It is usually combined with a well-marked rigor which may last for half an hour or even for several hours. This rigor is important both in a diagnostic and a prognostic point of view as no other affections excepting intermittent fever or Septicemia do we encounter chills of equal violence in. The latter disorders the patients are relieved while the rigor which ushered in Septicemia is almost the only one. Throughout the course of the disease, it is from this chill that we calculate in cou= 
tuning the duration of the disease

Coincident with or speedily following the chill is pain, if very

much resembles the pain of

pleurisy; very frequently this

symptom is wanting; but when

present it is acute lancinating

usually referred to a certain

specified space near the nipple

of the affected side. Cough is

usually present & frequently

accompanied by expectoration.

The expectorated matter at first

is serous, transparent & voiced,

but it soon assumes character

which are highly distinctive
of the disease; that is, it becomes semi-transparent, adhering to the
a reddish tint, it resembles crimson, hence called "rusty suppression.
when it is composed of mucous
lymph & blood. It is sometimes
demi-transparent without the
reddish tint in some cases it is
entirely wanting. The feline
varies in frequency in different
cases ranging from 80 to 120
jerkings per minute, is warm
or less full & hard. There is fear
 altogether with pain in the head,
stiff; heat of skin, irritation & loss of appetite
The thermometer usually an increase of temperature ranging from 100° to 106°. The respiration is increased in frequency. The length of the attack is usually reached between the fifth and seventh day after which the temperature declines in several cases all the symptoms subside. Where case terminates fatally there is increased frothiness of respiration and breathing. Cough and expectoration becomes more abundant and frequent. Physical signs then differ in the
Three stages: 1st stage. They are moderate chilliness or influenza over the affected lung or on acculturation after the first day or two the fine crepitations fade 2nd stage marked dullness on percussion no râle but instead bronchial respiration. Troubleshooting with increased vocal fremitus 3rd stage of softening: exsudation or infiltration, dullness on percussion of coarse crepitations or râle. When resolution follows the second stage the bronchial respiration gives way to return.
Pathological characters acute pneumonia, is an inflammation of a mucous membrane characterized by an exudation of lymph which does not lead to the production of scar tissue adhesions. It is not inflamed or affected differing in this respect from the exudation on other mucous surfaces but which is absorbed.

Causation Pneumonia occurs more frequently among males.
than females, it usually begins
the ages of 20 to 40 years.
In this country the disease first
vails in the face seldom occur
more frequently than at any
taller time. Cold applied to
the chest is the most common
cause in a large proportion
of cases the disease is develop-
seed spontaneously, not refer-
able to any causative agency
May be produced fragment-
ically or by inhaling irritat-
ing gases.

Seal. The disease usually attacks
the lower lobe of the right lung.
The disease rarely attacks two lobes simultaneously, but it not unfrequently invades in succession a second or third lobe. The inflammation does not extend from one lobe to another, but wherever a new lobe is affected it is the seat of a new invasion. The disease is said to be double when a single lobe on one side is affected or when the whole lung on one side and a single lobe on the other side.

Diagnosis. The only affections with which this disease is likely to be confounded are Pneumonia.
Bronchitis & Rhinitis

1st Stage. The diagnostic symptoms are dulness on percussion of the crepitant râle. This dulness is persistent and well-marked in almost all cases. The diagnostic characters are its persistence, degree of limitation to inspiration, and uniformity of descent. The râle itself is also a diagnostic sign of some importance.

2nd Stage. Bronchial respiration or bronchophony, there an
The signs denoting solidification, bullae and pneumatocele are well marked. The stage of resuscitation is known by the bronchial respiration giving place to the broncho-vesicular respiration, the latter progressively approaching the normal vesicular respiration. If the disease extends into the stage of suppuration, the bullae or flatness continues, and the bronchial rales due to fever in the air cells are prominent. The signs of solidification continue but are less marked.
Prognosis. The prognosis of uncomplicated pneumonia is favorable. But the prognosis depends to a certain degree upon the previous condition of the patient and upon the extent of lung tissue involved. When developed in the course of other diseases it may prove fatal; it may terminate fatally in aged or feeble persons without being complicated. The complications which render it fatal are Pericarditis, Intermittent Fever or Delirium Tremens. Death usually takes
place by asthma or asthma.

Frequency of the pulse; hurried, a caloric respiration; an abundant febrile or variable temperature, with active abdominal motion and prostration are unfavorable symptoms.

Treatment. The treatment varies for the different stages.

1st Stage. The objects of treatment must be to diminish the inflammation, palliate the symptoms, and to sustain the system in a condition to tolerate the disease.
If there be much fever, the patient should be kept cool. The patient's forehead and ears should be cooled with ice. Several times, the patient should receive a great deal of comfort from it. If the skin be hot, they give galvano-electric shocks. For the fever we have several preparations of quinine. However, quinine is not generally used in the treatment of this disease. Quinine is unreliable in the treatment of this disease.
Soreness applied to the chest are useful or superficial stitches 2nd stage. The objects are to promote resolution to relief the symptoms & to support the powers of the system. The 1st of these objects is to be accomplished by the use of friction of codlins externally to the affected side. Or warm fomentations may be substituted if the pain continue give advice. To support the powers of life, if a tendency to death by atrocity give these remedies: alcoholic stimula-
nts a nutritious diet. Of the
Tonic remedies Quina is the
one preferred at this hospi-
tal. Alcoholic stimulants
are indicated to an extent
concurrent with the ano-
ger from failure of the
vital functions. The patient
should have a nutritious
diet as quick, animal
broths & farina as substan-
ces should not be forced the diet
during convalescence if the leuc-
cyte be above 5000 give 30c. Cord.
Ibid 30 cc
"Thesis," by


January 14th 1871.
Respectfully Submitted

to the

Medical Faculty

of

The University of Maryland
"Hygiene, a practical and most important element in Education."

The great importance of teaching "Hygienic, Scientific and Rational" as elements of education, cannot fail to make itself obvious to the mind of every thinking and intelligent individual. Yet it seems to have been so, and it almost incredible that a subject of such vital importance, could up to the present day of enlightenment, have been so carelessly neglected. The cause of this is probably not the least obvious; the want of sufficient stress having been urged on the subject, has given
interesting in a studious and critic.

nothing can more effectually
unhinge our thoughts, with the mind, without
itable wisdom of our great Creator
tan than that wisdom, and sublime
architecture, which is illustrated
in the building of the human
godlike, and wonderful edifice,
the human body. Witt is this
a subject requiring great and
prolonged study, in order to ac-
quaint a thorough knowledge of
now is in one the practice of which
with proper precautions, is in nom-
patible with any of the trades, or
creations of life, or demanding
the sacrifice of the beast of the w.
and turn upon a part of life, and to maintain a reasonable temperate mode of living and working hard, and to receive an education to the culture and cultivation of amusements also, are absolutely essential to the enjoyment of perfect health. This simple hygienic rule, is an obvious and sensible one, and such a course should be carefully avoided. We know where we see persons in possession of a sufficient knowledge of this art, by functions, and the rules for maintaining this healthfulness, all observing them, and esteemed physicians materially have learned that he is almost always in error
that advice, on persuasion, strives
to induce them to abandon long
formed and injurious habits of
fashion or taste, and give serious
attention to the preservation of their
health, until death or the dread of
departure stares them in the face; and
their strictures are unjust and
true, that it should require any
care or sacrifice on their part in
order to sustain the due equilibrium
of all the various and compli-
cated functions of that most vital
organism which the divine Being
has given them to take care of.
And essentially does the state of
affairs exist in our larger towns.
and cities where the rules of fashion supersede, and monopolize all others to so great an extent.

Why this is all true I will not attempt to discuss, but it is certainly not because it is impossible to hurl into practical use the laws of health, nor, as stated above, to reconcile them to the last interference with any of the comforts of life. So far from this is it, that to those who duly appreciate their value, the observance of them becomes a source of much happiness, and such a course properly carried out, I doubt not would suffice to
A method of training judiciously enforced during childhood and youth, seldom or never fails to be recognized through the habits of the individual in after life, and such, it is very reasonably to believe would be the result of good hygienic training; but the same up to the present has gone on unsound, and the consequences is constantly manifest in a frightful length of the "tales of mortality" yet those of necessity fall short of discussing the actual want that would cause the increase in mischievous and statistics, that
At least a half of the rural mortality occurs in children five years of age and under, yet after ample allowance for accidental causes, and inaccuracies in the development of figures, it is clear that the whole of this mortality may be traced back to the want of proper hygienic management. Too frequently, indeed, do we see mothers, anxious to satisfy their own desire of the elegant or the refined, sacrifice a domestic and wholesome, aristocratic life, under the seductive title of 'hand nursing'. At a time of bad quality from an untrained or ill-
laborativeness; thus rendering the child worthless, worthless to be a native care and duty, in soul, which is so absolutely necessary to this most tender period of life; consequently leaving off to the child but a very narrow chance of surviving the period of infancy. Again it is very unfortunate that the energetic and ambitious spirit which animates the people of the "United States" has prompted them to the adoption of a mode of education so prejudicial from its tendency. Children of tender years, and regulate or apply themselves to continuous.
to overcome studies, that are too hard for them, and to tap their intellect, with currents of weak and imaginary too-tense and too-aroused forces of young and deplorable stage of their common matters, and all this combined with the most unfavorable hygienic circumstances, such a condition would for hours at a time be crowded and most intense of the whole at unassisting, matched decisions of food that is broiling up to be a constant of the ears, and press upon it and all the mind; surface these or and semblable until action
curious ate in the region, and disturbing that region more of the nervous, and muscular systems, so essential to health, by encouraging an excessive development of the former over the latter. We so see anxious parents hurry their hopeless sons and daughters through a course of study which seems a punishment, expecting them to become something, to succeed in the world, and though they may be in one out of three who die, the rest by reason of climate, habits, and debauchery, are not necessarily saved from suffering. None are good.
to the company of a
fellow of the same
world and literary
circle. Together with
and without the
inculcation tasks, refined manners,
precious faculties, and per-
haps what to them is charming
vivacity, on the one hand,
and a morbid sensibility in
bloom of the sensuous.

... conscientious details, and a very modest
gratitude.
practice to very numerous dif-
culties, and those embar-
 sucks, the sudden stop of
in page, and the
in absurd manner over pos-
tions, young ladies, who
are required such a few
paraphernalia, in order to be
as actually as possible a re-
alization of local interests
and the idle fable at the same
and if they are not to
enjoy the false notion of,
and help fashionable.
It was soon after, I am sure, that we came to the conclusion that much of the suffering in the factory is due to the bad condition of the workman and his reform at present regarded to the laws of health. The suggestion of which so many times been considered the means to the saving of the lives of workers who were working in bad health. And I find the necessity of taking action that is right now is evident. To the long time standing with no action and to the little action which was made.
will require a new, and co-
state a great one. The result
however, would certainly have
have been, very dearly purchased.
Schools would become destitute of
deteriorating influences, and se-
engines of pacific inductors.
The youth would become edu-
ted to the indulgence of obscure
the laws a breach, and the
practical application of them
thus allowed to become diffused
into the manners and cus-
toms of this very day life.
Reputational habits would less im-
multiply be acquired, conceptions
of fashion, taste, principles, and
important objects of discussion would be reduced to minimum. The mediocrity has been how to eat, what to eat, and where to eat, as well as how to economize in properly preparing their food; points of great importance but the ignorance of which, may be said to be almost universal.

The average number of years, consumed man, in consequence of his own views, to live would also be increased beyond anticipation.
A Thesis
On
The Action of the Living Submitted to the Examination Of the Provost, Regents, and Faculty of the Physic of the University of Maryland For the degree
Doctor of Medicine
By
R. H. Harrow
North Carolina
A.D. 1877.
Embolic Phlebitis of the Liver.

Phlebitis of the liver, commonly known as 'hobnail liver,' is a chronic intestinal hepatitis, which affects the fibrous covering of the liver and scanty connective tissue, which, as a continuation of Glisson's capsule, accompanies the hepatic vessels and traverses the parenchyma of the liver.

The inflammatory process consists in a hardening of the above named tissue into new connective tissue. While the new connective tissue increases, the parenchyma becomes more and more displaced. In the later stages of the disease, this new formed
Tissue undergoes a circulatory contraction which produces sufficient pressure to partly strangulate and partly destroy the parenchyma of the liver.

As the disease advances, the hepatic blood vessels and bile ducts become obstructed and the liver cells atrophy.

Alcohol is the most frequent cause of chronic hepatitis. Corresponding to the extent which alcohol is used by both sexes, chronic hepatitis occurs more frequent in men than women.

Majority of cases occur after thirty years of age. It is very rare in children. Other causes of chronic hepatitis are very obscure.
of the right lobe is incurred.
In this stage, the organ is covered with granular and wart-like projections.
The dense tissue between the granules is whitish, tendinous, and retracted.
If the invaginations separate large furrows of the liver, it appears lobular.
The substance of the liver is hard and of hardy toughness. On cutting into the liver we find the
same granulations as on the surface.
At some places the parenchyma
has completely disappeared. The still
existing liver cells have partly
undergone degeneration, and partly
intensely yellow, as a result of
retained bile. The fatty degeneration
of the liver cells, and the retained bile gives the entire liver a yellow color, to which it gives name "jaundice." Symptoms and Course.

During the first stage, the inflammatory process going on within the liver and its peritoneal covering is usually attended with little pain. But sometimes the fulness in the hepatic region increases to intense, and burning pains.

Patients generally complain of anorexia, and feeling of fulness, and discomfort after eating. They complain of flatulence, and constipation, their nutrition becomes impaired, and they have a
rachitic appearance. These conditions may occur in various other diseases.

In the second stage, the symptoms depend almost entirely upon mechanical conditions. Compression of the branches of the portal vein must cause congestion of other organs from which it conducts the blood to the liver; compression of the bile ducts will cause absorption of bile, etc.

Symptoms of congestion occur generally, foremost in the gastric and intestinal mucous membranes. The intestinal inflammation rarely leads to excessive transudation of fluid into the intestines, but to
a copious introduction of cells and
a secretion of tough mucous owing
to the obstruction of the portal circulation
the capillaries of the stomach and
intestines become so much distended as to rupture. Hence cirrhosis
of the liver, like ulcer of the stomach,
may cause gastric and intestinal
hemorrhages.

The impeded portal circulation by
overfilling of the inferior mesenteric
artery and hemorrhoidal ulcers,
causes the formation of hemorrhoids,
which are of frequent occurrence in
cirrhosis of the liver.
The splenic veins empties into
the portal vein, and compression
of its branches causes enlargement of the spleen; but observations have shown that that is not the only cause of enlargement of the spleen. Probably it may be due to a process similar to that affecting the liver.

When enlargement of the spleen is due to portal obstruction, it always diminishes in size after haematemesis from rupture of the capillaries of the stomach.

As all of the peritoneal veins, and especially those of the mesentery folds, empty into the portal vein, we may easily understand, how ascites can occur. The ascites
rooms entirely by a mechanical
force. The charnel, veins by
becoming engorged, produce
sufficient pressure in the veins to
cause a herniation of the stem
due to the blood, through their walls
into the abdominal cavity.
Asals, which forms a symphonic
of sickness is usually very extensive
and it is this form of asala
that the blue veins of the abdomen
are distinctly shown.
The disorder which appears first
in the abdomen as an other case
do that depend upon abdominal
troubly, gradually descend into the
genital organs and slow ex-
remedies.

In some very rare cases haemorrhody enlarged spleen and ascites are

existing. These conditions have

been explained by saying that

collateral circulation has been
developed. This notion I will not

undertake to explain.

There is rarely very much biliary

obstruction or intense colic. It is

euhrosis of the liver, although the

biliary ducts are subjected to the same

pressure as the portal veins.

The dusky color of patients' high

colored urine and slight icterus

have been explained by the

physiology of the bile. The blood
going to the liver contains no bile, but it is reabsorbed from the material supplied by the blood. Known obstruction and reabsorption of bile show that part of the liver cells are then and acts normally. Biliary compression induces conditions which usually leads to obstruction and absorption of bile, and destruction of liver cells leads to formation of a limited quantity of bile. We can now see why jaundice is hardly ever absent, and rarely at times to a high degree. Usually a high grade of icterus is an indication that compression of the bile duct is in excess; a slight degree of icterus
is an indication that destruction of the liver cells prevails. If the flow of bile be entirely prevented, the few remaining liver cells, will be sufficient to produce intense icterus. The green-colored stools depend usually upon biliary emulsions and sometimes upon destruction of liver cells.

The urine in icterus of the liver contains bile pigment, and is remarkable for its richness in matter and peculiar coloring matter. No one has yet shown what causes these conditions of the urine.

In some rare cases just before death the patient falls into delirium.
and finally coma and death. Post-mortem examinations have shown
unsalvageable changes to account for
these 'brain symptoms,' hence
they are attributed to intoxications.
Some say they depend upon shock
alcoholic intoxications; others say
they depend not so much upon
alcoholic as they do upon acaloric.
Physical sign—Dilation only shows
a visible enlargement of the supra-
ficial veins.

Discussion—In the first stage, the
normal hepatic flattening is increased;
in the second stage it is diminished.
The hepatic flattening instead of extending to the true borders
of the ribs, gives place to lymphatic resonance, one inch or two above their margins.

Palpation. By pressing with the fingers inward and upward, small nodules can be felt on the surface of the liver. Sometimes they can not be felt until percussion has been performed.

Diagnosis. Cirrhosis may be suspected from certain habits of the patient, such as intemperance. It is often difficult to make a diagnosis between cirrhosis and cancer of the liver, or tuberculosis of the peritoneum.

In cancer of the liver the patient
becomes very much amputated and cachetic, the tumor may become so large as to compress the ductus chol- edochus— and cause intense icterus.

Jaundice may be suspected when there is enlargement of the spleen and when there are quantities of coloring matter and solids in the urine, and when the patient has been given to drinking spirits or liquor.

Jaundice may be suspected when it has been recognized in other organs, and when the patient has a deeply yellow appearance, known as the jaundice that.

When the abdomen is very sensitive
to prepare, and then a rigid life
of necessity, a rigid control of
the physical fluids which com-
pare my slow and degeneration of
the present person. What do I expect, to
die? He does not die in this way. He
lives longer. He lives with the
idea of pain. He lives without the
idea of pain. He lives with the
idea of life. He lives with the
idea of death. He lives with the
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the use of any kind of shrubbery.
If the patient complains
of much fulness in the hepatic
region, the administration of salicyl
acetate and application of
froth may around the anus may
be very beneficial. If the nutri-
tion of the patient has suffered
much, tonics such as the irrigations
of urine may be given.
When the disease has reached the
second stage, we can no longer
hope to cure the disease; as the
necrotic tissue has undergone
atrophic, contraction, and de-
struction of liver cells. Therefore
we can only treat the symptoms.
and complications.
The most important indications for treatment in cases of the liver is to improve the nutrition and strength of the patient. So long as the digestive organs will permit, the patient should have nutritious foods, tonics, etc.
The gastric and intestinal inflammations demand particular attention as they increase the emaciation and debility of the patient.
The alkaline carbonates may be the most beneficial, as they tend to decrease the toughness of the mucus and in this way enable
the mucous membrane to get rid of its excess, and move readily. The gastric and intestinal hemorrhages may be arrested by the application of tincture of iodine around the same to remove the congestion, cold applications over the epigastric region, and administration of fasting mixtures, such as dilute sulphuric acid, alum, etc.

For the removal of the dermal accumulations, drastic cathartics and purgatives should be employed. Professor W. J. Howard recommends the following prescription:

R
Extract Nux vomicae gr. vi
Pulv. Saphrenis gr. vi
Pulv. Etsarium gr. vi
St. Pills no. xij. Sig take one full grain every
four hours and gradually diminish the dose, according to its exhausting
effects. The Nux vomica is used to
allay the gripping action of the Eta-
rium, Saphreni employed to
prevent nausea, and Etsarium
used for its cathartie action. I
did not use this prescription from
my beneficde in two cases of
invasion, that occurred in the hospital
during Professor Dr. S. Howard's
term. One of the cases depended
upon discrhis of the liver, and
This other upon acute Bright's disease.
If these remedies fail to remove the
cholesterol fluids, and it is impracticable
necesary that the fluids should be
withdrawn, we must tap the patient,
as the last resort.
An Inaugural Essay on Diphtheria

Respectfully submitted to the examination of the Provost, Regents and Faculty of the University of Maryland, for the degree of Doctor of Medicine of Warrentown A.C.

February 1877
Diphtheria.

Synonyms: - Pseudo-membranous Angina; Putrid sore Throat; Angina Diphtheritica; Diphtheritis.

This disease is an inflammation of the mucous membrane of the throat and faucies characterized by the formation of a false-membrane. The name diphtheria (from διφθερα, a skin or membrane) was given to it about forty years ago by M. Bretoméan of Tours.

Although diphtheria may sometimes occur sporadically, it is eminently an epidemic
It is disease; up to the year 1858 it was not seen in New York for fifty years, but since that time, or at least within the last ten years, it has not missed a single season. It rarely ever attacks persons in first-rate health, living under good hygienic influences, but rather those in whom there is a low vitality of the tissues. It attacks persons of all ages but children most frequently. The true cause of diphtheria is unknown, much confusion and difference of opinion exists in regard to it. It seems
to be due to the presence of some cryptogenic vegetable poison in the atmosphere, which alights upon the pharynx during the act of inspiration, there the low organism continues to be propagated, and is absorbed into the blood, which it poisons, giving rise to the low grade of inflammation, resulting in the exudation of the plastic material which forms the false membrane. But some contend that since bacteria which seem to be identical with those found in diphtheritic...
inflammations are frequently found on the gums between the teeth in health, without producing any irritation that there exists a something which so alters the tissue and the blood, that they become a nidus in which the bacteria are early and quickly developed, so that from being far innocuous in the system, they occur in my head. The diphtheritic poisons sometimes enter the system through the lungs. It is well known that this poison (whatever it may be) preferably
attacks such surfaces as are deprived of their epithelial or epidermic covering. It may attack the oesophagus, stomach, vagina, conjunctiva, and even the lining of the external ear.

The symptoms are at first mild, resembling those of an ordinary sore throat. There is a feeling of general malaise, chilliness with rigors lasting nine times for hours, loss of appetite, head ache, tongue coated with a moist fur, the bowels are regular, the tonsils and faucets
are red and swollen, there is a feeling of tenderness in the throat, but this soon passes off. The submaxillary glands and the cervical glands become swollen and tender. Soon the false-membrane begins to form, it first appears somewhere on the tonsils, soft palate or pharynx, at first white or grayish, thin, particularly at its edges, occurring in patches. It soon thickens and often becomes darker, presenting the yellowish tinge and granular appearance of
Chamois leather, is more or less adherent to the mucous membranes and if removed will bleed. The mucus may become plugged and an ichorous flow come from them. The breath becomes fetid. Sometimes the symptoms at first are so slight that the patient will go about his usual employments, and it not infrequent-ly happening that the true nature of the case is discov-ered too late to prevent a fa-tal termination. Then again the reverse takes place, there may be great febrile excite-
ment, pain in the ear headache, aching of the limbs and loss of strength, so that the patient is compelled to take his bed from the first. Delirium may occur, but is unusual. Cases of severe commencement have been known to terminate favorably in less than a week. While on the other hand those of a mild commencement generally end fatally, or take weeks to effect a recovery. The pulse varies in different cases, it is often full and strong in the first days of the disease.
but in the latter part, when the blood has become poisoned it is slow and weak. In the course of a few days smurfing respiration, cough may be present or not, but when it does occur, very much resembles that of croup. The inspiration is prolonged and whistling, dyspnoea is extreme. The countenance is anxious and pallid and the little patent vein seeks for relief by a change of position. Sometimes there is an efflorescence on the surface when the fever is high, does not differ from ordinary
en throma so common in fe-
bile affections of infancy
and childhood, and soon
disappears, in many patients
it is absent, generally occurring
in the first stages when the
circulation is active. The
temperature in most cases
is less than it is in Searle.
and in the advanced
stages may become less than
normal. Albumen in the
urine, often occurs at an
early period, but sometimes
not before the close of the first
week or the beginning of the
second. This is one of the evidences
of the systemic poisoning, the
general cachetic condition of
the patient is another. Diph-
theria is infectious, but is rare-
ly transmitted, it is well known
that the sputum of diphtheritic
patient or bits of the pseudo-
membranes may communicate
it, for doctors have been known
to contract it from having the
material coughed into their
faces while cauterizing the
throats of their patients, or
voluntarily drawing it into
their mouths while resuscit-
ing a tracheostomized patient from
asphyxia, by sucking out two.
the wound, the accumulations threatening suffocation, sequelae. Paralysis generally of the muscles of the pharynx though, it may be general, is one of the most prominent sequelae of this disease, thus may be defective vision. The patient is in a state of anaemic, presents a pale and cachectic appearance, which is very noticeable—Prognosis is rather unfavourable while there is intense pharyngitis, great cervical cellulitis and adenitis, extensive posdata membrane, with the phenomena...
of cough, the croupy cough, voice and respiration. Great acceleration of the pulse continuing after the first week, a pallid countenance, with softness or flabbiness of the tissues, the occurrence of hemorrhage from the fauces or other parts, are prognostic of an unfavorable ending.

But if the inflammation is mucous and glandular, remain of a mild grade, if the strength is not greatly impaired and the constitution is good, and there are no laryngeal symp-
toms, a good result is highly
probable. In paralysis may continue for several weeks or months before recovery. Probably the larger proportion of deaths occurring from this malady have been due to suffocation in consequence of the obstruction in the air passages caused by the false membrane. The severity of the disease as a general thing lasts from five to fifteen days. Patients under three years seldom recover. If the secretion are stopped the patient will die in twenty-four hours. Dropy face and irregular pulse
are unfavorable signs, Patient is in danger as long as the glands remain swollen. Diagnosis. This disease is sometimes difficult to distinguish from croup, here the presence of albumen in the urine will aid in the diagnosis as this is rare in croup, also diphtheria is epidemic, while croup is sporadic. May be complicated with measles, thrush, scarlet fever, and sometimes from its low type may at first be mistaken for typhoid fever. Diphtheria may be distinguished
from scarlatina by the absence in the first of vomiting and efflorescence, and in the latter of the fibrinous exudation on the fauces, unless diphtheria occurs as a complication with it as it very frequently does. From typhoid fever by the absence of tenderness in the right iliac fossa, the rose-pots &c.; from measles by the eruption. Treatment. The treatment should be both general and local. Sustain the strength of the patient by good food, tonics, stimulants &c., all
deflatory measures must be avoided. If constipation exists give a mild laxative as Hus- 
band's or Hing's Magnesia, 
chlorate of Potassium gr. v. or 
every 2 or three hours has a 
good effect. Quinine & Iron 
are indispensable, Carbolic 
Acid, Sulphur, Permangan-
ate of Potassium is also good 
as a gargle - gr. ʒ to Aqua ʒ. 
A reducing block of the 
air passages an emetic should 
be given if the patient can 
stand it. Alum Pulu ʒ ʒ or 
Ipecac gr. X. For local appli-
cation may use Nitrate of
silver R. Argenti Nitrat gr. x-xx
Aquae 3f
or in more severe cases in
stick form to be applied light-
ly and quickly from 3 to 6
times a day with an as-
trangent gargle
R. Petas. Sehlorat. 3f
Acid Pyroliq. 3f
Aquae 0.8
Sig. Use as a gargle or
R. Soda Hyposulph. 3f
Glycerine 3f
Aquae 3f - Gargle,
or Acid Carbolic gr
Glycerine 3f
Lig. Ferr. Subsal. 3f
Sig. Apply with a bulb
The following is the treatment employed in the Catholic Foundling Asylum of New York. As soon as the patient comes under observation the following mixture is applied every second or third hour over the face by one or two applications with a large camel hair pencil:

\[ \begin{align*}
\text{Acid carbolic} & \text{ gtt \ } 1 \text{ to } x \\
\text{Lig. ferri subsulph.} & \text{ ZII.} \\
\text{Glycerinae} & \text{ ZII. 48.}
\end{align*} \]

If there is discharge from the nostrils indicating diphtheritic inflammation of the Schneiderian mem-
brand a little of the same mixture diluted with an equal amount of warm water is injected into each nostril every three to six hours, by means of a small glass ear or nostril syringe, with a knob or button at the end of the nozzle. One-third to one-half of a teaspoonful of the diluted fluid is a sufficient quantity to employ for each nostril.

Quinine, in doses of one to two grains, according to the age and severity of the case, is administered about
every fourth hour, and each hour in the interval, half a teaspoonful to one teaspoonful of the following:

P. Potash Chlorate, 
F. Ferri Chloridum, 
Syr. simplici, 

No drinks are allowed for a few minutes after its administration as well as after the use of the brush, so as to wash it away quickly from the jaws. On three or four days, if the case progresses favorably, these remedies are employed less frequently, but are not discontinued until
not only the pseudo-membrane has disappeared, but the inflammation has in great part abated. For not infrequently the fibrinous exudation reappears after it has been totally removed, if the pharyngitis remain. Hence the necessity of daily examining the fauces until convalescence is well advanced. When the inflammation has begun to abate, and there is no reappearance of the exudation, a gargle or drink of chlorate of potash and water usually suffices.
for topical treatment. Such is the treatment, sub-
stantially which has proved so successful in the Found-
ing Asylum, of which J. Lewis Smith in his last edition on the dis-
cases of children, says: "From my observations of its effects, not only within this insti-
tution, but in my private practice I can confidentially recommend it."
J. Solis Cohen M.D. of the Jefferson College of Philadel-
phia recommends Sulphur as the very best remedy.
For topical application, he says, that the curative powers of Soposulphite of Soda are due to the sulphur it contains, and as far as his observation goes it is in favor of Sulphur, in the form of Sulphurous acid water projected into the mouth & Pharynx by means of a saline apparatus every two or three hours for about ten minutes at a time.

It is important that the patient should have good nourishing food in a concentrated form, eggnog, beef-tea.
Dissertation

On Cholera Infected

By R. E. P. Ellis

Respectfully sub-

mitted to the Faculty of Physic

of the University of Maryland,

School of Medicine, for

the degree of

Doctor of Medicine.

Baltimore

July 1877
In the
Faculty of Physic, of the University of
Maryland,
School of Medicine

Dr. [Name]

During my recent tour of inspection of hospitals, I have come across a disease which I find extremely interesting and important to study. It is a condition known as "Diphtheria," which is a serious and deadly disease that affects mainly children. It is characterized by symptoms such as fever, coughing, difficulty in breathing, and a specific type of sore throat known as pseudomembrane. The disease is caused by a bacterium called Corynebacterium diphtheriae and can be transmitted through respiratory droplets or direct contact.

This disease is more prevalent in the colder months of the year, especially during the winter season. It is important for medical professionals to remain vigilant in identifying and treating cases of diphtheria to prevent its spread. The treatment typically involves antibiotics to combat the bacteria and supportive care to manage symptoms. Preventive measures include vaccination and good hygiene practices.

It is crucial for public health officials to monitor the incidence of diphtheria and implement strategies to control its spread, such as improving vaccination rates and educating the public about the importance of healthcare. Overall, diphtheria remains a significant public health concern that requires ongoing attention and research to understand its causes and improve its management.
Cholera infantum proper is not so common as smallpox and inflammatory diarrhea, each cause of which, from according to respectable authority, have till a comparatively recent date, especially grouped under the common name of Summer Grippe. It is said to be of rare occurrence in Europe, and is considered unworthy of special notice by many medical writers of that country. Who, having, according to Dr. Hippo, marked these cases which have occurred, among the cases of gastro-enteric irritation or inflammation, to which infantum is as common a cause. Its frequency and fatality in this country makes it an object of great interest, and is both of the profession and people of large considering - indemnity worthy of special notice.

The attack of Cholera infantum proper is often preceded by diarrhea, but the vomiting and purging are never so violent as in infantile diarrhea. The fatality of cholera infantum may continue to the end, but when it terminates favorably, or is prevented, the vomiting usually ceases during the convalescence. The very violent and rapid case, the vomiting and purging are incessant, and the stomach perforation sometimes will not wait.

The symptoms are commencing by great languor and thirst, with pain on the epigastric spine of the stomach and bowels, and if relief is not afforded, pronounced coma, with cold and clammy skin, heard for dysuria and constipation.
Our practice generally is to give, and reach away, then the
fever in three or four days, in case it is slight
at all. Here, however, the case is put out
to two or three weeks, attended with febrile symptoms.
In each case the pulse is frequent and weak, and the sur-
fase of the body irregularly heated.
The fever is of the remittent type; the circulatory
returning in the evening.
During the progress of the disease, the child con-
caves rapidly, the features sink and the child's
physiognomy is an index to the suffering it has
undergone. Do more advanced cases, the mouth is
moist, and often cold, and the circulation languid.
The child is often very restless, sitting up and pacing
about. Finally, some oil is used, and the surge is fre-
quently closed by convulsions.
Throughout our attack the stools are usually frequent
Consisting almost entirely of thin, watery fluid.
The most important character of the stools in acute cholera
is their fluidity and graveness; "these
two characters," say Dr. Reynolds and Parker, "more than the
vomiting or the nature of the discharge in any other
respect are the special signs of the disease; and, by the
degree in which they are present, do we
recognize the disease and usually determine its extent.
The stools vary in character from a clear,
cheerful and inodorous fluid, to that of a yellowish
or brownish fluid, containing a considerable amount of
This febrile matter of a recent afflatus order and of the remaining form same to twenty in twenty punctures. The matter credited usually contains, at feet of the ordinary contents of the stomach, fixed and water but soon may contain of water or the medicines taken. The appetite is lost or very conspicuous but that it usually occurs and constitutes one of the most notable phænomena of the disease. The pulse 0f the minute 130, 140 or 150 per minute but the temperature does not increase in proportion.

The copious and frequent discharge for moisture and vomit, if unchecked, soon precipitate the child into a state of utter insurrection, from which condition no action may be impossible, the child dying calmer, or with slight convulsions.

The favourable cases, the diarrhoea cease to be so intense after two or three days; the stools are less frequent and thicker in consistence; vomiting ceases and food is retained, and the child, though the subject of a safe diarrhoea for a few days, gradually regains health and strength. Often however the disease is not entirely subdued and it may still the occurrence of cool weather.

Of cholera infantum, no accident of the same nature are the same, as those of inflammatory diarrhea, in the phænomena developed being due probably to some in the age of the subjects exposed to this and the power of resistance afforded, or perhaps different periods of infancy or childhood.
The two most important and fruitful causes are:

1. Improper alimentation and the improper state of demineralization. Improper alimentation may consist in an entirely erroneous administration of the nurse's milk, or more commonly in the administration of some improper artificial foods, of which the kind most injurious is that which is composed of scanty quantities of substances which are allowed so constantly to enter largely into children's diet, causing the child hence the use of its mother's milk (which cannot coexist with impunity between the months of May and September) to that of artificial food, or the improper administration of the latter; the use by accident, or otherwise, of acid milk, unwholesome vegetables, fruits berries &c., will often bring on the disease in a few hours from a mild diarrhoea into true cholera infantum. These results are particularly liable to second such imprudences or accidents, in large cities, where living conditions the hygienic conditions are not properly to the protection of the various intestinal diseases in their most severe forms.

2. Insult, an account of an influence of diet; dispositions to the digestive powers, recommends that children to be found, almost exclusively to the breast, until after the first cholera in Covington.

Observation has taught that children fed upon an artificial diet from birth, are reporting from to be attacked, and indeed greatly escape.
some form of digestive disturbance, either simple diarrhea, cholera, infection, or enterocolitis, or what is not uncommon, the two may be more or less blended with each other, by cholera infection assuming the form of a more or less chronic enterocolitis, or vice versa.

Excessive feeding is also a prolific cause of intestinal disorder, hence the quantity, as well as the quality of the food should be carefully observed.

The stomach, during the early months of life, is untutored and fitted only for the reception and digestion of the thin, natural milk of the mother; hence the use of food prepared in too thick, or rich a manner, such as preparations of rice of too solid a nature, or of salad and gruel, in which there is little or no milk, is always attended with more or less disastrous results to the health of the child.

Next in order prominent as a most powerful auxiliary cause, and when this cause, or those causes, appear, they may be, act with moderation, the resulting disorder that occurs will more likely be that of a simple inflammatory diarrhea. But, on the contrary, when the causation with a greater degree of severity, the case will most probably assume the type of a true chronic disorder.

Thus, in Dr. Meigs & Pepper's, when writing of the influence of a high atmospheric temperature as a micro factor, they say, "so long as the atmosphere be perturbed in moderate, the resultly, the existing disease will persist. In
like the form of simple or influentary diarrhea. But at the temperature five to 80° or 90°F. this or any
higher, at times occasionally during an attack and relieved for three or four days and the
children previously well will be seized with the true choleraic forms of diarrhea, whilst those who are
already suffering with simple or influentary are prone to have these milder disease continued
gradually the choleraic type.
While it is not believed that heat is capable of producing choleraic infestations, yet that it is highly
influential, as a cause, is evidenced by the fact of its almost exclusive occurrence during the warm season
of summer and that its frequency and fatality bear a considerable ratio to the degree and continuance of high
temperature during any given season.
A union of atmospheric heat, with atmospheric irritation,
seems to favor its most extensive and often occurrence, very greatly augmenting both its development
and fatality.
Diarriage, although a physiological process, is always attended
in powerful debilitating causes. Its effects are almost al-
ways sufficient to produce a very degree of intestinal dis-
order and when brought in conjunction with certain other
auxiliary causes, such as a high atmospheric temperature,
improper food, &c., the true choleraic disorder is thus
developed. The general effect of all preventive causes is
much intensified by the occurrence of diarriage.
Cholera Infantum occurs most often and is most fatal among children of weak and delicate constitutions. Most children die from it during winter than at any other time, and when it occurs after the vaccination is completed, it is far less fatal than before.

Cholera infantum in the child is the analogue of the epidemic cholera in the adult, and it is believed that the same causes that produce the former in the child will give rise to the latter in the adult when it is epidemic.

Additional Anatomy.

The anatomical lesions of cholera infantum, seem to be by many writers, Consistent, and described as being analogous to, or identical with those of inflammatory diarrhoea. But if we regard cholera infantum as a disease peculiar to children, distinct from other sickness, which it certainly appears to us proper to call them, with this restriction, it is observed, that the appearances of the intestine are not so the same. (The part posterior of the intestine might be the same, and yet it does not necessarily follow that the disease is identical. In the case of the can of poisonous gases, it is equally certain, that the can, or of doctors, purgatives, expelling into the ile, have been to illustrate this fact.)

It frequently happens that the child, when they are deprived of food, during an attack of inflammatory diarrhoea, and specially proves fatal. How in such cases it would not be correct to attribute the fatal issue, (should...
severed acting by cholera infanticia (from the inflammatory diarrhoea occurring but occasionally and sometimes without the Cholera symptoms). Again, as in most inflamed diseases, the attack may present the true Cholera symptoms, and in true Cholera infanticia, let us suppose, two or three days after symptoms appear, side by side with a mere irritable diarrhea, of which latter affection the child may die. Evidently in such case, although the attack was that of true Cholera infanticia, the marked Cholera could not be properly assigned to this disease, for the child was the subject of inflammatory diarrhoea for some days, perhaps weeks, before death, and the lesions would, of course, be those of a morbus copii oliguria interdita, more or less characterized by the inflammatory condition of the walls of the large intestine, and containing alterations of the mucous follicles. The inflammation may extend into the small intestine, the lower end of the ileum being perhaps the best place of attachment of the disease. In such a situation, it is not so well known to be the symptoms of acute Cholera, the symptoms for a morbus copii oliguria interdita. Hence the true and proper lesions of Cholera infanticia would appear to be those observed after death, in those cases where the true Cholera's disorder have appeared in the manner of Keil and Smyth fatal in the acute stage.
It has taken the form of "inflammatory diarrhea." In such cases, the degree of inflammation is usually marked, the only partial constitutional change being enlargement of the mucous follicles and the glands of Bows's glands, with profuse, very light, mere inflammation of the lining mucous membrane of the colon. The liver is usually congested and enlarged, containing hepatic engorgement.

The nature of Cholera infantum seems to be that of a gastroenteric colic, which is shown by its cause, type, shape of colics generally, viz., imperfect assimilation, epidemic influence, and sudden variations of temperature; also by the analogy of the symptoms.

Concerning the cause of the state of Collapse, many theoretical attempts have been made to explain the causes of collapse of various diseases in its production.

The syphilitic drain of serous fluid from the alimentary canal, evidencing too much to do with the onset of the disease and the rapid exhaustion of strength, but this is most now regarded as the direct cause of Collapse, because the latter continues never when the discharge is not secretory.

Collapse is most probably due, indirectly, to the initial condition of the great sympathetic and vagus-marrows. With the understanding that the sympathetic or great sympathetic nerve, controls the very great amount, intestinal action, by regulating their caliber, inducing constictio or allowing relaxation of their muscular coat.
We may easily understand how the re-entrant curve may occur from an excessive dilation of the pupil of the eye, or by a tendency to neutralize the line of the alimentary channel.

In this way we can account for the small pupil, blue color, and lassitude.

It is also believed that the mucous membrane of the intestinal walls are paralyzed from exhaustion, allowing distension of the veins, and consequent increase of secretion and discharge of urine; and this is evidently the case, with the sallow appearance, and general pallor, which usually produces dyspnoea and distended veins.

Chorea infantum presents no difficulty of diagnosis to any one acquainted with its ordinary symptoms, and mode of treatment. The most marked symptoms, which, if recognized, will singly indicate the disease present, are: frequent and profuse fluid stools, often milky at first, with lumps of undigested food, coated with mucus; drowsiness and abstraction; rapid expiration of strength; rapid pulse with little or no fever; alternating, or actual insomnia, or delirium, indicated by the child's resistance produced by inspiration, and not by rapid pulse, and occasional rise of secretion. An intelligent recognition of these-
Sympolone with its variety of the season in which, and condition under which it comes, will make the diagnosis plain and confirm to the intelligent physician.

Cholera infanticum is well known to be a dangerous and fatal malady under unfavorable circumstances and its increased fatality in the City of Boston, as elsewhere, especially during the first several weeks after. Collapse which either precedes, accompanies, or at some stage in almost all will be attended with the true febrile disorder, is to note from middle and dangerous conditions. The occurrence of Collapse depends very much upon the surrounding infirm condition of the Child, its age and state of development, the amount of food taken, over infected, together with the condition displayed by the physicians in conduct.

The most unfavorable conditions are, lady age, poverty, squalor, hand-raising, improper food, and a weak constitution.

Children who live in the country, or in the healthful parts of the winter, good hygiene, and who were in good health previous to the attack, are the most likely to recover from, or escape entirely, the deceased condition of Collapse. But when the stools are very frequent and fluid, or bloody and green, mixed with blood and attended with
in consequence, when the abdomen is tympanitic, the insatiable desire for food, and the insatiable thirst for fluids continues, the prognosis is most unfavourable.

When the symptoms point to a favorable issue, the gain is cessation of vomiting; the stools become dry, firm, and finally return to their normal consistency; sleep becomes quiet, and appetite returns, and part of health and strength naturally improve.

Practised in medicine in the well-known apopne — which means, "the sense of preservation is restored, a sense of life," more applicable than in the destination of Cholera infirmitas, and its treatment. The strong resemblance, with the well-known fact of its great prevalence in our cities during the hot months of summer, should induce every one, if possible, to remove their young, and especially young children, to the country during the hot weather. This with proper care and attention to alimentation, constitute the best preservatives. But unfortunately, the great majority of patients, whose circumstances and conditions in life, make it, almost that subject them more to the perils of the disease, are unable to do otherwise, than remain in the city during the sultry warm weather. When this is the case, they should be taken into the open, out into air, as much as possible, and their apartment kept strictly clean and well ventilated, with...
Careful attention is the food need. When
It is best for the child to be fed at the first to
after its second or third day, passing the change seed
the distance being much less after this period.
But if boiling must be done, it should be done before
the weather is hot, in order to escape the danger
of change from the seed of its mother to that of
artificial food during warm weather.

The food for the child is usually prepared by
boiling. As the boiling progresses, the water
should change, using the first year of pure
water, properly diluted with water, and containing
small amounts of nutritious substances, such as:
flour, oatmeal, rice, or tea. They may be introduced
by occasionally allowed to each child in
the first year of life, beginning with
small amounts of milk, tea,
and meat, slowly introduced, may be
used. After the first year, but the child should receive chiefly milk
until after the first communion is completed, and of it
anything during this period. The young offer great
value and become lively and active, if trained by
to increase them. Cottages should always be kept and
cooled. By properly obtaining these hygienic points of
care, care, and open-air exposure, much may

want, present the desired...
...and conditions of the patient when ill.

By the word "sorcery" all sorts with profound acting
abstinence (which seems contain at first been sup-
ported with, balsams of indiginated ground) with pin-
ning patient in abstinence, and especially of attention
with accurately, the Child may be considered in the first
phase of cholera infection. Now if it could be mentioned
that this condition first been brought about by vocal
indiginated food taken, then it would seem most rea-
tional to remove this source of infection by the use of
a tablet Cathartic, say 1/20 of Calomel followed by a
little Subliz, or what is probably better, one or two
Tsp. of Subliz or a half mince of Charsol, with
our tea or those drops of Charsol ready to go
sagaciously re: may re: since.

A cord is thrown to be present in every: you our
small and green color of the seeds, carbonate of mag-
nesia should be added to the Subliz.

In a short time, pay one hour or two after the admin-
istration of the Cathartic, if the stools are little frequent
and other, shall mixture with mixture of Aromatic with
laudanum or perique would probably be a mixture and
affirmation indication, as follows: on teaspoonful of
mixture with tea or fifteen drops of Aromatic, and one
or two of Laudanum in one dose every two hours.

If the mixture may begun any often in teaspoonful doses of
very loose concoction, but when the case is seen the
addition of the Aromatic number, will increase its efficacy.
The indications of Cholera are very swampy and argyria or purpura in the pulse. It is not uncommonly given with chalk and opium in powder, in one or two doses, if these means be not avail-

able, the nostrums enumerated may be given. Of all of these, the most highly recommended is the pills of gently diarrhoea, being both astringent and

vesi-atic, and the following would be agreed upon for its use in this affection.

Pills of Belladonna and

Acid. Acidum. M. 1/2

Aqua Dist. f. 1

This should, however, be preceded an hour or two by a full dose of Opium.

As soon as the stools cease to occur, only of mor-

nin and water, the fluid should be given by frequently, and

when the discharge cease to be espousing peroxide of soda be discontinued, and something more astringent given instead in order to avoid the toxic effects which might accrue.

Pills of Shut Commotiose and Epsophagogastriac in four doses of one or the other, of the latter, a direction in health is recommended.

In the same purpose bismuth and chalk mixture, with saltpetre may be given.

Theastral bismuth has a disagreeable stench and particularly of the stool, has been or is taken
In no case to have resolutions passed that are founded upon the combination of the acute Salts of Acid Sulphate or the action of fermentation and syrup of wine and sugar. 

When the fever has been much reduced in the early stage, but it will not be proper to be discarded by dose, while it would not be proper to be continued for about three or four weeks where it has been properly indicated where there is evidence of retention of bile, and in a few cases when I have had the opportunity of a student of observing its use, it seems to do good. By inducing the 

Flow of bile.

Usually by the intelligent use of these medicines, 

intestinal, choleric, and catarrhal, and they are 

variously indicated and required during the 

different phases of the disease, with 

the occasion of attention to the alimentation and 

general physiologic condition of the Child will 

suffice to check the disorder, and place the 

Child in a favorable condition to recover.

If the symptoms continue, resulting in 

obstruction so that the bowels cannot pass, 

such medicines as we wish to give with 

the special objects of insuring alimentation, and 

promoting surface action, account may be
hard to cannot known in order to remedy.

Symptoms of the stomach and rectal, in the proportion of about two parts need to one of branded may be supplied to the prognosis, or branded must be prepared for supply, or Clarke's, or Clarophyll, or powdered black pepper may be used.

At the same time very small amounts of the nostrum will be equal parts, say in teaspoonful doses every to give or excite must, if they be cold, or what is usually says: a small piece ice may be added.

Vomiting may often be very successfully controlled by one or two drops of aromatic sulphuric acid with four or five drops of solution of morphia, in ice water every hour.

For the real purpose the following is highly recommended:

**Recipe:** R., 4 oz. Morphia Sulph. 36.

M. 1. Frasch. 1. Red. Sulph. Oel. 44.

Any menstruation at 

June months old.

Quae — ad 3fjj.

Sometimes notwithstanding the most judicious treatment the child is precipitated into a state of collapse. What this it is care, the treatment must of course be changed to suit the condition. During the condition the stools are usually frequent and smaller in quantity, and all the usual functions are moved or life ending. For the effect of the physicians on aid the efforts of restoration to bring about reaction. For this purpose one of these

...
In cases of the worst, bracing must be given every hour or two in ice water.

For water should be constantly given, even though it be often rejected. For if there should be any small amount retained, it may do good by aiding in promoting the thickening condition of the blood, and of the opium and snuff of the signor_to_pass.

Nest may also be used if needed, when the tincture is checked. During Collapse, opium should be gave of at all, only at first, and in the smallest dose, with the following prescription: Probably too unappropriate and of

Fomentation Communely 3

If the tincture may be given in a tamperproof bottle and by injecting.

But little food can be taken during Collapse, and none of milk, wine, or thin chicken broth is particularly allowed to given. If the stomach becomes cold, white bread should be supplied abundantly and without restriction. Of motion it is better that there need not be any, but little could, except to keep the head in a favorable position, as necessary or possible.

Food and action should be supplied but with care, the fluid being cautiously increased as the signs may change more gradually and
Dear [Name],

[Paragraph of text]

[Signature]

[Date]
In all penetrating shot wounds of the abdomen the peritoneum must be to some extent involved. The visera, in some rare cases, may escape, though it is inconceivable that a bullet could pass through the loops of intestine without inflicting some severe damage, at least by contusion, if not by actual laceration. If, however, one can satisfy oneself that the injury to the peritoneum is an entirely uncomplicated lesion, the experience of the last few years has I think shown that the resulting inflammation can be comparatively easily controlled.

It is probable that traumatic peritonitis differs from what is termed the idiopathic form.
mainly in a less liability to become diffused. While fully recognizing
the danger of spreading inflammation
from mechanical violence to the
peritoneum, it is to be remembered
that a limitation of the inflammation
by voluntary adhesions more commonly
occurs. Effusions are the most
constant cause of general traumatic
peritonitis, yet this does not seem
to be a necessary result of effusion
of blood and pus, and instances are
on record where the more irritating
extravasations of serum, bile and
urine has caused only a circumscribed
peritonitis. The pathology
of the inflammation is analogous
to that of pleuritis and pericarditis
(Kiermeyer, Rindfleisch); there is
hyperscrumia, a proliferation of
the epithelium, and a migration
of the white corpuscles in great
numbers, leading to the formation
of young connective tissue and
giving the membrane a velvety
appearance. The surface is then
covered by a fibrinous exudation
containing young cells and these
follow extravascular exudations
in great variety. The diffusion of
the inflammation, unless in case of
effusion of some irritating fluid,
must take place before the stage
of serous exudation as it is promoted
mainly by the movements of the
opposing surfaces on one another.

The inflammation usually begins
with severe pain at the site of
injury, and, if there be effusion, spread rapidly over the whole abdomen. But if propagated from a wounded viscus its progress is slower, and the pain which was before limited to the seat of injury gradually increases and extends. There is in all cases general debilitation. Fever is always a prominent symptom and the temperature has generally been found to rise to 105° or more, but the commencement is not marked by a severe chill followed by fibrillary reaction as in pyretic fevers from idiopathic causes. Pain is the most constant and characteristic symptom, and it is increased by the slightest pressure. The patient lies tho
diaphragm to prevent pressure on the intestines and draw up the lower stomach to relax the abdominal walls. He carefully avoid all motion, and talking and coughing. Sympathetic is one of the early symptoms and it is often very rapid. Himes says this is not easily explained, but is probably due to expansion of the gas contained in the intestines and obstructions to their escape from paralytic of the muscular coat. Costiccles and vomiting frequently attend this condition and give rise to great pain. Constipation and dysuria, frequent and weak pulse, and violent alterations and contractions of the countenance are
The most prominent remaining symptoms. The mind is usually clear, but at the approach of death the patient sometimes becomes apathetic and delirious. The pulse then becomes more frequent and Thready, the constipation greatly altered, and the whole surface of the skin is stained in a cold clammy sweat. The disease may be fatal in a few hours; but the fatal termination usually takes place from the third to the fifth day. In those cases that recover convalescence is generally very slow, and visceral adhesions are apt to take place which may subsequently cause much pain, and even a liability to a relapse.
Wound of the Stomach.

Dr. Otis, in "The Medical and Surgical History of the War of the Rebellion", remarks that apart from ocular demonstration or the introduction of the contents of the stomach, extravasation is the only pathognomonic sign of a rupture of its walls. The great variations in the position of the stomach in the abdominal cavity, and of its relations with surrounding parts in different stages of repletion or emptiness, make the certain diagnosis of wounds of this organ very difficult. The point of entrance, depth and direction of the wound, when the state of the stomach is known, the escape of food or drink, vomiting,
of blood, faintness and pain over
the seat of injury are the principle
signs. In addition there may be
 thirst, singultus, sudden motionless,
small and frequent pulse, with cold
extremities, pallor and other symp-
toms common to rupture of other
parts of the alimentary canal.

The danger of extravasation depends
of course on the size of the wound
and the amount of food in the
stomach at the time the injury
is received. It is said not to have
occurred in some cases when the
stomach was known to be
partially filled, but this could happen
only when the wound is small
and the organ totally paralyzed
for a sufficient length of time for
inflammatory adhesions to form.
In many cases these adhesions take place with great rapidity, a few hours being sufficient to cause the opposed srong surfaces to unite quite firmly.
Hematemesis coming on immediately after the injury certainly presents very strong evidence of such a lesion, but it may be absent when there is a separation of continuity of the walls of the stomach, or present when there is only a contusion, or after a wound of the intestine. The hemorrhage may be so great as to cause syncope and even death.
The question of surgical interference in case of rupture of the wall of the
The conclusion arrived at by all the best authorities seems to be that when there is no doubt of the lesion and extravasation has taken place it is proper to enlarge the opening in the abdominal parietes, clean out all foreign matter and stitch up the wound. The method of doing this does not differ from that used in wounds of the small intestine and will be spoken of below. Fistulae may be a sequence of shot wounds of the stomach, but there are only two well authenticated cases of recovery with fistulae on record. In the case of the famous Alexis St. Martin, who was still living in 1873, the remainder of his life the...
other case, which is recorded by
Borou Percy in 1794, it gradually
contracted and finally closed. The
records of the late war furnish
secondary
three cases of gastric fistula in
all of which the patient died in from
three to twelve months after the fistula
devicer complete, but they were all
complicated by other serious injuries.
Shot wounds of the stomach
are generally complicated with
injuries to the region with which
it is in relation and this of course
adds greatly to the mortality. In
uncomplicated cases, however, the
mortality is very great, perhaps
next to wounds of the small
intestine. Percy places it at 70-
per cent, but Dr. Stie after a rigid
analysis of all recorded cases estimated that it is nearer ninety
nine per cent, than seventy-five.
In the uncomplicated case I have recorded above, I feel certain
that the boy's recovery was entirely due to the fact that the stomach
was empty at the time he was injured, and that he was not
allowed to take any food until it was pretty certain the wounds had
been closed by inflammatory exudation. The ball passed through at some
distance from the pyloric extremity and no large vessels being wounded.
The hemorrhage was inconsiderable.

Wounds of the Small Intestine.

Wounds of this portion of the
alimentary canal are the most fatal of all wounds of the abdomen; not because the visceral lesion is in itself destructive, for these wounds may be closed with great rapidity, but because the conditions necessary to prevent the entrance of foreign matters into the peritoneum are so rarely fulfilled. Short wounds of the small intestines are frequently multiple on account of the convolutions; there may be single or twin perforations on the calibre of the gut may be partly or wholly divided. When it is entirely divided the extremities are drawn apart and fricent and it is impossible to distinguish the upper from the lower end.
except by the escape of fecal matter. Small perforations, not exceeding four lines in diameter, may be closed by the contraction of the longitudinal and circular fibres and by the eversion of the mucous lining. With regard to the relative frequency of wounds of the three divisions of the intestine, the ileum from its more exposed situation stands first and the jejunum next, while but few cases of wounds of the duodenum have ever been observed. Shot injuries of this latter portion of the intestine are most commonly associated with mortal lesions of the adjacent parts. The descending and middle portions being loosely fixed between the bursae of the meso-colon without
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any proper peritoneal coat it is possible for it to be wound with out extravasation of its contents into the great peritoneal cavity.

In wounds of the jejunum, if received in the condition its name implies, the danger of extravasation is not immediate, but even if received during fasting enteroga may enter into the peritoneal cavity. Lesions of the large blood vessels of the mesentery and of the other large vessels of the abdomen are complications of not infrequent occurrence. The wounds of the ileum can in no way be distin-
guished from those of the jejunum except by actual examination of
the gut. Injury to the large blood vessels is the most frequent complication, and extravasation of fecal matter is more likely to take place in the lower part of the bowel. There are no symptoms pathognomonic of wounds of the small intestine. Sudden meteorism, from the escape of the intestinal gases is apt to be developed and the symptoms of shock are likely to be very prominent, but many cases occur in which neither symptom is very prominent. Vomiting and bloody stools will very generally follow and purgatives may be suddenly developed by the escape of acid substances from the intestine.
Wounds of Large Intestine.

Shot wounds of this part of the intestinal canal are much less fatal than those of the stomach and small intestine. Wounds of the ascending and descending portions of the colon, from their position along the sides of the abdomen, less frequently implicate other organs. Being firmly bound to the abdominal fasciae and but partially covered by the peritoneum, this membrane is less likely to be injured, and fascial extravasation into its cavity less liable to occur. Wounds of the transverse colon, on the contrary, are nearly always complicated with injuries to other organs, always implicating the peritoneum.
Gun shot Wounds
of the
Abdomen.

Claude Van Bierop
Case I. On Sept. 17th, 1878: Thomas Campbell, a boy of about twelve years of age, was accidentally shot by his brother. The next day Dr. Chas. O'Donovan, the attending physician, being obliged to leave town, asked me to see him. I got the following history of the case: About seven o'clock in the morning the boy found an old pistol in the store and took it upstairs to his brother. Not knowing it was loaded this young man aimed it with a cap, and being at about four feet distance, fired the pistol at his brother. The ball struck him while in a stooping position. The ball which was over one third of an inch in diameter...
entered the back on the left side just below the border of the last rib, one and three quarters inches from the line of the spinous processes, and made its exit one half an inch to the right of the median line and two and a half inches below the tip of the xiphoïd cartilage. A short time after the accident he vomited about four ounces of blood and during the morning vomited three or four times more, throwing up about a tablespoonful each time. He passed his urine without pain and there was no appearance of blood. He was not allowed to take anything but small pieces of cracked ice on the 17th and 18th, and was ordered one drop Majendie's Sol. Morph.
every hour. When I saw him in
the evening of the 18th he was much
 depressed, with a hot and dry skin, and pulse 110 and very weak. There was
 great tenderness over both wounds.
 On the 19th he was given a teaspoonful
 of cream every hour.Was much
 morbid during the day by hammering
 with feet and in the evening his temp.
 erature was 102.8° and pulse 120.
 There was great tenderness over epigastric
 and umbilical regions, tym-
 pianie, tension of abdominal muscles
 and anxiety of constipation, in fact
 every symptom of peritonitis. Ordered
 two drops of Majundie Sol. before meals
 and clothes wet with cold water to
 be laid over the stomach. Next day
 condition about the same. Pulse 128.
Temperature not taken. Had some difficulty in passing urine on account of pain. Examination by the microscope showed a good many blood corpuscles and some disintegrated nasal epithelium. During the next two days his condition remained about the same. He was kept fully under the influence of morphine, and allowed about a teaspoonful of cream a day. On the 23rd all the symptoms were much improved, and he had a natural evacuation from the bowels. The wound in front had healed; the one on the back was sloughing and two inches in diameter. It was washed out with a sol. of carbolic acid. - 24th. His motions were increased to half a pint of cream a day, and an
The next day he was given beef tea. It made him vomit but did not
give rise to any other bad symptoms. The blood had disappeared from his
urine on the 25th night. From this time he continued to improve.
He was kept perfectly quiet and not
allowed over a pint of cream during
the twenty-four hours for another
week. A piece of cloth was
removed from the wound in the
back and it then healed rapidly. At
the end of a month he had sufficiently
recovered from his long starvation to
resume his employment.

The diagnosis in the case was, a
perforation of the walls of the stomach and contusion of the left
kidney.
The above case was one of the first which came under my observation as a medical student, and by far the most interesting that it has been my fortune to watch through out a critical course. It is for this reason that I have selected this class of lessons as a text, although the subject may seem to be one not altogether suitable for one who lacks the wisdom of observation and long experience. For I think that in writing a thesis for a medical examination the student should choose some subject with which he is practically familiar. He is more apt to take an especial interest in any disease that has been studied.
with a view of making immediate use of his knowledge; and that knowledge is better retained after being theories reduced to practice.

I propose to speak of shot wounds of the abdominal cavity or uncomplicated by injuries to the cavities adjacent to it, viz. the thorax, the pelvis and the spinal canal. The abdomen itself is bounded above by the diaphragm, below by a line passed through the iliac pectinate line, or superior strait of the pelvis; posteriorly by the lumbar verterbrae; anteriorly by muscles; and laterally by muscles and superior ribs. This will include nearly all the visceras covered in whole or in part by the peritoneum, viz. the stomach, small and large
intestines, liver, spleen, pancreas, and kidneys, and the large vessels.

This class of injuries is interesting on account of the immediate connection of all the parts involved with the most important functions of the economy; the intense form of inflammation which almost invariably follows them, and the wide field that is open for improvement in the treatment of wounds of the several viscera.

John Bell in his "Discourses on the nature and care of wounds" says there were in speaking of wounds of the belly: Every wound is a disease, and every disease is different according to the nature of the part affected.
and according to the office which
the poets are destined to fulfill.
In the abdomen we find the
principles which explain its
diseases very simple and plain;
we find the chief cause of danger
to be the tendency of the peritoneum
to inflammation; we find every wound
apt to create this inflammation,
and every inflammation, however
slight, apt to spread, to extend
itself over all the viscera, and
terminate in gangrene and death.
Upon these grounds we cannot
but pronounce a wound of the
bully to be a mortal wound."
The principles here laid down still
guide us in the treatment of these
wounds. The lesions of the several
viscera will produce symptoms peculiar to the disorders of their respective functions, and these must be treated according to the nature of the wounded part. There will arise many complications, for the abdomen contains more parts of very discriminating uses than any other cavity of the body, but still the main danger to be guarded against is inflammation of the peritoneum. The result of observations of these wounds during the numerous wars of the last three quarters of a century has not added very greatly to our knowledge on this subject. But still the large experience acquired has given more precise ideas as to the relative frequency and death rate of these injuries, and
The page contains handwritten text in an older script. The content is not legible due to the nature of the handwriting and the condition of the page. The text appears to be a page from a historical or important document given the handwriting style and the age of the page. The document could be related to legal, governmental, or educational content from a bygone era.
put us in possession of numerous clinical observations and post-mortem descriptions of the effects of lesions of the different viscera, which fail to teach us more fully the phenomena distinctive of such injuries because of our imperfect knowledge of the normal physiological functions of many of the organs involved. However, this mass of observations affords some clue for differential diagnosis, and hints as to what had better be left undone, if it does not teach us what to do. The presence of so many years leaves unchanged the facts that in shot wounds of the abdomen the prognosis is most unfavorable, the diagnosis very obscure, and the results of treatment discouraging.
and are very fatal. The wounds of the ascending and descending portions are very generally followed by temporary and sometimes by permanent stercoral fistulae. There is nothing by which wound of the large intestine can be distinguished from lesions of other organs, except the position of the wound, and the escape of fecal matter externally.

In wounds of the small intestine the common practice has been to seek to arrest extravasation into the peritoneal cavity by correcting peristaltic action by opium, and enjoining absolute quiet, and to indulge in the hope that adhesions may form through
the efforts of nature. Experience teaches us such hopes are illusory. Exterovasation takes place in the very large majority of instances, hyperacosie pyloritis cases, and generally proves fatal in forty-eight hours. The pathological evidence of recovery from wounds of the small intestine by the unaided effort of nature, even by the establishment of a paramount cause, is limited to a very few instances. The cases of successful nature of the intestine, on the other hand, are very few in number, but still the success obtained, I think warrants us in saying that in accordance of this view, there is danger of exterovasation.
the proper course to be pursued is to enlarge the external wound and close that of the intestine by sutures. Wounds of the large intestine will often do well without interference, yet there are exceptional cases in which extending the external wound and drawing up the wound in the colon is the best and only means of preventing extravasation.

Prof. Gross, whose unswerving authority is greater, while heartily endorsing the propriety of exploratory incisions and of enteroscopy in cases of ordinary intestinal wounds without protrusion, regards such measures as unlikely to be of benefit.
Because such lesions are commonly multiple. This consideration is undoubtedly of great weight in diagnosis, or in treatment, it may be urged that in proportion as the danger of focal extravasation is multiplied, the necessity of employing the only effective remedy becomes more insidious. It is a surgical axiom that no operation should be undertaken which will endanger the life of the patient, but in these desperate cases if we do not succeed in closing all the openings in the intestine, the death of the patient is certain and we have done no harm. The results of operations for ovariotomy demonstrate that
The dangers of opening the peritoneal cavity and of handling the viscera have been greatly exaggerated. Success in these operations will depend on attention to minute details, to the preventing the lowering of the temperature and above all to cleanliness. It is impossible to estimate what effect Prof. Lister's method of antiseptic treatment may have on these difficult operations. But it should certainly add greatly to our success if everything claimed for it be true.

The variety of methods which have been devised for the closing of a wound of the intestines indicate that it is a very unsuccessful operation. Those that have best stood the
test of experiments all have for
their object the inversion of the
edges of the wound and the close
approximation of the edges covering
in such manner as to favor its
quick return by inflammatory
inflammation, and to prevent the
infection of anything from the
wound. The methods of Lister
and Gley's modification of it are
probably the best sutures that
can be used. Of late years the contin-
cent suture, which had long fallen
into disuse, has become popular
again and wide fair to be as useful
and as any other if applied with
proper care and precaution.
Wounds of the Liver.

The records of the late civil war show that that wounds of the liver are not nearly so fatal as has been hitherto supposed. If the patient escape the early danger of hemorrage, they are likely to die of traumatic peritonitis, from the escape of bile, or from abscess of the hepatic parenchyma. General inflammation of the substance of the liver is not likely to follow. The complication generally accompanying the wound are fracture of the ribs and wounds of the stomach or large intestine.

Wounds of the Stomach.

This organ is less liable to be
mounted those the liver, because of its smaller size and deeper situation. fatal hemorrhage may take place from these wounds of this vessel but numerous pathological preparations showed that it may be removed without joining with any great likelihood or inflammation. Alterations of texture are limited to the immediate vicinity of the solution of continuity, and there is but little tendency to the formation of true unless foreign matter are consumed. Of the Physiological effects of extensive lesions of this organ, out of the pancreas, nothing is known. It is much to be regretted that in a case of excision of the
tissue damage from a shot injury, recorded during the war, the patient was not kept under observation.

Wounds of the Kidney.

Wounds of the kidney are indicated by the depth and direction of the wound, pain in the renal region, hematuria, and spasmodic contraction of the ureter. If the wound extends to the Renin curtain, urine may be extravasated into the cavity and cause fatal peritonitis. Urine may also be extravasated into the muscular connective tissue, and it will then be proper to enlarge the opening in such manner as to prevent infiltration into surrounding parts. The possibility of formation of large coals of
Blood in the bladder should be removed, and a large catheter and vesical injections should be used only if indicated.

The differential diagnosis of wounds of the abdomen is very unsatisfactory. The numerous examples of unsuspected lesions revealed after death show that there is no distinctive sign of wounds of either of the abdominal visceral zones the escape externally of its secretions or its contents. Post-mortem examinations show the uncertainty of haemorrhage and bloody stools as signs of wounds of the alimentary canal, and indicates the importance of surgical inspection.
as a sign of profusion of the
borders. As a general rule
shock is more profound and
persistent in wounds of the
abdomen than in wounds of
any other region, but the
diagnostic value of this symptom
is greatly diminished by the fact
that it frequently follows slight
contusions without serious organic
lesion, and nothing can be deter-
mined by its intensity or long
continuance. It is of the up-
most importance to discrimi-
nate the collapse due to syncope
from internal bleeding from
shock. Vomiting and
retention of urine are common
accompaniments of injuries of
the abdomen, but by themselves are of little significance. Persistent localized pain is very suggestive, but great visceral injuries are sometimes accompanied by comparatively little suffering.

The main resource in the treatment of all abdominal injuries is the free use of opium. Absolute rest and quiet are necessary to control hemorrhage as well as to prevent the spread of inflammation. Cold applications over the abdomen are most useful adjuvants. Acid washes of the solid residue, especially the kidney, the internal administration of haemostatic remedies are frequently indicated. When the intestines are
injured great care should be taken so as not to allow any food, or at least only the most easily digestible articles, to be eaten. The administration of cathartics in these cases has been followed by disastrous consequences. Phlebotomy has been nearly abandoned in this as in most other forms of distillationation, and although it should not be entirely condemned, an account of the very depressing effect of the general treatment of these cases will be found useful for many cases. When there is reason to believe that the intestines are divided and that fecal extravasation can only be treated by operative interference, it is proper to enlarge the wound, carefully cleanse the peritoneal cavity and make the solutions of continuity in the wounded viscus by nature.
On
Hypostrophy of the Heart
Submitted to the Examination
Of the
Provo\, Regents and Faculty
Of Physic, Of the
University of Maryland,
For the degree
Of
Doctor of Medicine,
By
J.A. Irvin
Of
Charlotte,
North Carolina.

1877
Hydrostatics of the Heart.

The hollow, muscular organ, with its chambers and their varied outlets, its contractile walls and their strength and thickness, so admirably adjusted, that the steady balance of the circulation is continually maintained under many varying outward influences and inward emotions, is enclosed in its pericardial sac and located in that conical framework called the thorax. Though this well protected from external injuries, it is nevertheless subject to many diseases. Its lining membrane may in the seat of inflammation, with its various effects, or its investing membrane may undergo similar alterations, or the muscular substance that constitutes the organ itself may be gradually changed in its qualities, in its bulk, or in its proportions. Its office is no less co.
sentral to life and health, than that of the brain or of the lungs, which with it constitute the "life of life." Its action begins early in foetal development, and ends only with life. Sparing for its object the propulsion of the blood to the different tissues and organs and thus supplying materials for chemical action in getting propulsion that the laws of life may last. Being such a vital organ its derangements are necessarily serious, and therefore to the physician most interesting. And of all the organs of the body, none are so prone to hypertrophy as the heart.

Development of different parts of the body, the cessation of growth of parts after an inherent principle of limitation, and the preservation of a definite size and form during the constant molecular changes incident to nutrition, are
Physiological imponderables that have not yet been explained. Hypertrophy is a lesion of growth and is properly applied to enlargement from an increase of the normal material, and involves an abnormal activity of nutrition and an exaggeration of that principle of force which determines the normal size and form of the different parts of the body. Enlargement from an accumulation of fat upon its surface and between the muscular substance, or by the presence of different eminence products in these situations, is not true hypertrophy, for under these circumstances, notwithstanding the abnormal volume and weight, the muscular substance may be diminished; that is, instead of hypertrophy, there is atrophy of the organ. In hypertrophy the normal balance between
the appropriation of contractile materials and the 
structural assimilation in the fact is is distin-
tuished by the former being in excess. The best 
illustrations of it are in the dense fleshing incres-
sively prominent in the arm of the blacksmith 
or the lower limbs of the pedestrian.

Oriology.—The law prevails in the animal 
economy, that increase of function leads to aug-
mentation of bulk. The function of muscular 
tissue is contraction and the most frequent and
energetic contractions begat an addition of
substance. And the muscular walls of the heart
increase in bulk precisely as its voluntary
muscles become so when persistently exercised,
hence true hypertrophy occurs whenever the
function of the organ is permanently or
repeatedly overlashed, and when the resistance
which it should normally encounter is increased. Of all causes, valvular lesions are the most
gifted in its production. The valvular cusps and segments may be thinned and contracted,
or simply encumbered with vegetations, or rendered rigid by calcareous deposits. The
several portions of the heart may collectively participate in the enlargement, or it may be
confined to one or more of the anatomical divisions without extending to the whole organ. Of
the several portions, the left ventricle is most enlarged; next in liability to enlargement is the
corresponding auricle, next the right ventricle, and last, the right auricle. The valvular lesions
which especially lead to hypertrophy of the
left ventricle, are seated at the aortic orifice, and
they may involve either contraction and consequen-
by obstruction, or incompetence of the valves and
consequent regurgitation of the blood from
the aorta into the ventricular cavity, or both
combined. Enlargement commences in the left
ventricle in connection with lesions affecting the
aortic orifice and valves, and involving either
stenosis or insufficiency of the valves. These
lead to accumulation of blood in the left
ventricle, the passage of it from the auricle to
the ventricle being impeded by obstructive lesions,
and a retrograde current from the ventricle to
the auricle being incident to lesions which render
the valves incompetent. Then follow pulmo-
nary congestion, and consequent upon this,
enlargement of the right ventricle. So far as
ventricles are concerned, in connection with mitral
lesions, the right is first enlarged, and its
enlargement predominates over that of the left, unless aortic lesions also exist. Enlargement of the right, leads ultimately to that of the left ventricle, firstly from the muscular fibres common to both ventricles, and in fact from the ultimate effect on the left ventricle of obstructive accumulation successively in the right auricle and the systemic veins. Lesions on the right side of the heart are comparatively so infrequent that little need be said of them. Contraction and valvular insufficiency at the orifice of the pulmonary artery, give rise primarily to enlargement of the left ventricle. Lesions at the tricuspid orifice being extremely infrequent, enlargement of the right auricle rarely occurs, except consequent upon affection of the right ventricle. All these lesions cause augmented
action of the heart, in order to overcome the impediments and carry on its circulation.

Besides valvular lesions, atheromatous and calcareous disease of the vessel may have the same effect, the diminished elasticity of the walls of this vessel, constituting an obstacle to the circulation, and thus leading to increased force of the contraction of the left ventricle. Obstruction in the same vessel from atheroma, as often associated with lesions at the aortic orifice, involving either contraction, or regurgitation, or both. Degenerative changes in the other arteries, as atheroma widely diffused throughout their walls, the vessels becoming elongated and tortuous, so that friction is increased. That is, of the blood against the sides of the arteries, but the elasticity of the vessel is seriously dimin...
ished. So too the enlarged area of the arterial branches occasioned by congestion. Enlargement, either limited to, or predominating in the left ventricle, occurs as a concomitant of chronic Bright's disease. The blood being impeded in its passage through the minute systemic vessels owing to the contamination by excrementitious materials in consequence of the renal degenerations, and the left ventricle has to make extraordinary efforts to propel the blood. Chronic failing and vesicular emphysema may cause hypertrophy in the right ventricle. Even persistent functional disorder may eventually in the production of enlargement of the heart. Hypertrophy is conservative though, and especially in the left side of the heart. In lesions of the aortic valves, hypertrophy of the left ventricle men-
tends to increase the tension of the deflexion of the heart, and to render it venous.

While the latter tends to retard the circulation of the blood, and to render it venous,

hypertrophy accelerates its course and makes it arterial. While valvular deformity causes
dilatation of the contents of the aorta, hypertrophy renders the aorta fuller. While deformity of the
valves hinders the outflow from the pulmonary
veins, and hts the circulation lesser, overcharge
itself with blood, hypertrophy facilitates such
outlet, and relieves the pressure upon the
pulmonary system. Hence the hypertrophy in
most cases is conducive to the welfare of the economy in view of the circumstances under which it
occurs, and is nature's resource by which im-
fending danger is first foreseen and existence pro-
longed, for the augmented force of action which
which the heart acquires with its increased muscular growth enables it better to carry on the circulation despite the obstacles afforded by obstructive and regurgitant lesions. Hence we see that it is compensatory and that the mechanism of its production is the same in all these cases, namely, long continued augmented force of the heart's action.

Anatomical Appearances. — The prevalent weight of the heart in health, in the male, varies from ten to twelve ounces; in the female from eight to ten. It may become hypertrophied to such an extent that it is four or six times heavier than normal. The thickness of the left ventricle is not far from half an inch in the male, and a fraction less in the female. That of the right ventricle is a
little over one-sixth of an inch in the male, and in the female somewhat less. The average
thickness of the right auricle is about a
twelfth of an inch, and of the left somewhat
greater. The increase in thickness and weight
of the different parts corresponds to the amount
of hypertrophy of the heart. The normal shape of
the organ is conical, in hypertrophy of the
right ventricle, the organ grows broader, and as-
sumes a more spherical form. If limited to the
left ventricle, the organ is longer, and the lower
end of the right does not extend as far down and
toward the apex as it otherwise should. The
walls of a hypertrophic heart are rigid and
hard, and the lumens is also abnormally large. The
situation of the heart passes more into the horizon-
tal direction, so that the base looks towards the
right and the aorta towards the left. When the
ventricular walls are thickened, the papillary
muscles are not infrequently more or less
increased in size. Simple hypertrophy gives
rise to thickening of the muscular portions of one
or more of the cavities, in eccentric, the walls
become thicker and the chambers larger than
normal, and the eccentric variety is accom-
panied with diminution in the size of the
cavity. This last occurs only as a congenital
malformation, and never as a consequence
of disease.

Symptoms and Course. — Since hypertrophy
of the heart, scarcely ever exists alone, or in
dependence, but in the accompaniment of other
gross diseases of the organ, or great vessels, these
complications often neutralize the effect which it
would have, were it to exist alone. When an
inflamed enlargement to displace the lungs & either
side, and depress the diaphragm, there may
be a sensation of fulness in the chest, of fulness
in the epigastrium, and often of a considerable
degree of shortness of breath. In absence of
arotic and mitral lesions involving obstruction
or regurgitation, the fulness would represent by
its force and fulness, the force of the ventricu-
lar systole. Dyspnoea, when, from any cause
the action of the heart is increased, as after
exercise, would denote that the hypertrophy
affected the right ventricle. The frequency of apop-
lectic of the brain is due in part to the fact that
the vessels of the brain are thinner than those of
other organs, and hence more liable to rupture
when merely distended, and in fact also, to the
circumstance that the walls of the arteries in hypertrophy of the heart are often atheromatous.

After dilatation and systemic congestion have taken place, effusion begins about the sinuses, and afterwards occurs in the muscular tissue of the heart and in the pericardium, and increases dyspnoea and adds symptoms incident to the anaemia. When dyspnoea becomes a prominent symptom loss of sleep adds to the sufferings of the patient: that which is obtained is apt to be imperfect and disturbed by frightful dreams.

In the wards of the University Hospital of Maryland, I have seen patients in this condition unable to lie down for many days before death, short periods of sleep being obtained by inclining the body forward and resting the elbows on the knees, or on the bed. The appetite and
digestion then becomes impaired, but consciousness is not a marked effect. Alimentary may occur, owing to the slow digestion.

Physical Signs. — The diagnosis of this affection must rest on physical signs. The symptoms may point to this lesion, and afford corroborative evidence of its existence, but they are not adequate to lead to any positive conclusion.

Inspection. — Shows the visible impulse to be increased in extent and force, and especially if dilatation of its cavities attend the hypertrophy.

Menstruation. — Shows increased size of the chest.

Palpation. — The impulse has a heaving, lifting character, and the area greatly exceeds that within which the normal aorta beat is felt. When the left side is hypertrophied, the after beat reaches farther to the left than natural, and below the
Abnormal conditions external to the heart alter the relations of the apex to the walls of the chest, such as enlargement of the left lobe of the liver, distension of the stomach, ascites, and enlarged spleen, but these do not alone it. Such conditions must be excluded before the abnormal situation of the apex can be regarded as a sign of enlargement of the heart. The force of the beat and lifting impulse show that the enlargement is due to hypertrophy rather than dilatation, or that the former predominates. The sensation in palpitation is that of increased action, and in hypertrophy of increased force, and the impulse prolonged.

Percussion.—The area of dulness increases laterally and downwards. If confined to the left ventricle, then the dulness may extend considerably.
beyond the left nipple. While on the other hand, when confined to the right ventricle, the dulness may extend considerably to the right of the sternum.

Auscultation.—The systolic sound is intensified, dull and prolonged in hypertrophy of the left ventricle. Abnormal intensity of aortic and pulmonary sounds separated, is a sign of hypertrophy affecting in the one case the left, and in the other, the right ventricle. Not only is the murmur in traumatic breathing over the cardiac region inappreciable, but may not be discoverable although the breathing be forced.

Prognosis.—Hypertrophy of the heart admits of a very favorable prognosis, accepting the narrowest meaning of the term. And in many diseases of the heart in which it is found as a
complication, it is compensatory and actually miti-
gates the danger of the chief disease. With the transition from genuine to genuine hyper-
trophy, the picture changes and many dangers arise.

Treatment. Study and investigation have removed parts of the tangled web which once clouded the pathology of this disease, and hence its treatment is better understood than formerly. It must be remembered, that enlargement of the heart by hypertrophy, as a rule is compensatory, or in other words, a con-
servative provision to meet the difficulties inher-
ent in the morbid conditions upon which the hypertrophy depends. Tubular lesions, pul-
monary emphysema and Bright's disease are not of a nature to admit of removal, but some-
Typh can be done towards preventing or limiting impediments to the circulation, by avoiding extrinsic causes which may reduce the action of the heart and the employment of measures designed to equalize and strengthen the circula-
tion. The diet should be nutritious. The appetite
and digestion, if impaired, should be improved
by tonic remedies. Involuntary exercise in the open
air should be encouraged, very active exercise being
of course interdicted. When dilatation occurs,
digoxin is a valuable remedy, appearing to re-

tain regularity of the heart's action without

diminish, but, on the contrary, increasing the

force of ventricular contraction. The following

is a favorite prescription of Prof. T. Donaldson:

**Rx:** Digoxin 0.5

Gr. Mannit 0.5x. M. et Sig. Take t d.
Dyspnoea and other pulmonary symptoms are sources of annoyance. Gases and mild resorative applications to the chest or dry cupping may mitigate the dyspnoea. Gases to the chest resorptive will likely increase the distress. Should general dyspnoea exist, it should be met by diuretics and hydroxygyné cathartics. The digitalis acts well here by augmenting the tone and contractility of the vessels. Besides moderating the action of the heart, thus restoring the balance of the circulation, and relieving the congested kidneys, permits their secretion to take place freely. It is in cardiac decompensation that diuretics are most likely to affect the absorption of the excreted fluids than in renal; for, in the latter, the kidneys being diseased, rarely respond to diuretics. Hydroxygyné cathartics
come next. Ataraxium is very efficient. The following combination recommended by Dr. J. Howard. I have seen act most admirably in cases and send dripping to, when all other remedies had failed to produce the desired result. namely,

½ oz. Ataraxium grvit

Ooz. Capsici qv x⅛

Ooz. Salterei qv ⅛ Gt. Pills ⅛ x ⅛ et sq. One every four hours. When too much depression follows give one three times a day.

Ooz. Jalisium comp is good remedy, also

Bismutis Posterit, and ferrum. Hydrogen bicarbonit and strychnin and digitalis combined are recommended by Dr. Still. and Iron iv.

Hypertroph by not connected with valvular lesion.

excess in action may be moderated by acmont,
hydrocyanic acid and tellurium. Tellurium
plaster over the precordia is beneficial
in tranquilizing the action of the heart.
A Thesis
Submitted to the Faculty
of the University of
Maryland for the Degree
Doctor of Medicine.

By

J. B. Harris

Class of 1876-77.
Typhoid Fever. In token of the high respect for his superior mental culture, and his assiduous labor in striving to advance his clan in the narrow road of sound pathology and practice, do I respectfully dedicate this thesis to Prof. McSherry.

In selecting this disease as the subject of my thesis, I do not want to convey the idea that I am better acquainted
with it than any other of the numerous maladies to which the general practitioners will be called to treat; but as it is the most dangerous, as well as prevalent, disease in my section of the country, I thought it expedient to know and understand it as well as possible for a student to adopt the plan of describing diseases used by some authors in Practice, as I do not
consider competent or in
genius enough to devise
any other method that
would answer had as
well, consequently I will
follow the method of Prof.
"Austin Flint" in his able
and valuable work on
the "Practice of Medicine",
inserting, at the same
time, material from my
valuable notes, taken from
the lectures on Practice
which have lighten my
path during this session.
"Typhoid" is one of the
essential, or Idiopathic
fever, and I suppose it would be well for me to define an idiopathic fever. A symptomatic fever, as I wish to make the subject as repeatable as possible. The essential fever is one of the elementary forms of disease, that is there are no other lesions in the economy to which the symptoms can be referred. A symptomatic fever is one of the secondary forms of disease, or the febrile symptoms race
caused by some local inflammation of some organ of the body, which cause is the primary lesion. The word Typhoid means Typhus-like, or resembling Typhus. Typhoid is a continued fever characterized by rose-colored spots, diarrhea, and abdominal symptoms.

Anatomical Characters—This disease has several lesions which are highly characteristic and important for the practitioner to understand. These lesions
are seated in the glands of the small intestines, and are pathognomonic of this disease. First, the glands are congested and engorged at the same time; second, sloughing away of the glands and the deposit; third, ulceration; fourth, cicatrization. It should be remembered that cicatrization never leads to stricture of the gut. The ulcers are distinguished from tuberculous ulcers by the overhanging of the mucous
membrane, and are not hardened at the edges. The glands nearest the colon are first affected, and the ulceration proceeds upwards, those highest in the intestinal tract being last to become ulcerated. These ulcers may lead to perforation of the intestines. The mesenteric glands are enlarged at the same time. These lesions are characteristic of this disease and occur in no other.
Clinical History—This fever is developed gradually, and may last several days in this prodromic stage. It is sometimes hard to establish the exact date of commencement; but generally the time is recent from the patient taking to bed, after this the stages are clearly by weeks; as, first, second, and third. The symptoms belonging to the prodromic stage are chills, cephalalgia, mental...
irritability, epistaxis, pain in the limbs, and looseness of the bowels. After this there is a marked change in the countenance. The face is now flushed, and presents the appearance of edema. Gurgling sounds may be produced by pressure on the abdomen. The temperature increases regularly for about a week and does not rise suddenly as in some other forms of fever. During the sea-
and seem to popular appear; they occur in about three fourths of all of the cases. The sense of hearing is somewhat obliterated. The tongue is protracted with difficulty, and is tremulous; sometimes the patient seems to forget to draw it back, showing a loss of mental concentration. Subsultus tendinum is sometimes present and is often observed at the wrist more than in any other situation.
The disease commonly lasts three or four weeks, and as a rule takes a change for better or worse on or about the twelfth first day; this is called the critical day by some authors. The disease of the pulse of eight or ten beats per minute should constitute a corresponding rise of temperature of at least one degree. The pulse ranges from one hundred to one hundred and twenty. The specific
gravity of the urine is increased, and usually on account of containing more blood. In some stages of the disease the urine may contain albumen. Hemorrhage from the bowels occur in a proportion of the cases, and may be so abundant as to cause death. This disease rarely occurs in persons over fifty years of age. The disease is mostly spontaneous in its origin, but may be some
cases to propagate by contamination. The contagious material by which the disease is conveyed to other persons is always by many to be in the feces. The stools are often colored.

Diagnosis — This fever is to be differentiated from Typhus and remittent fevers. This is not always easy to do in the beginning of its career, but as the disease advances the diagnosis is easily made.
First, you will come into consideration the period occupied by the prodromic stage, which is longer in this fever than in any of the other two named above.

Second, the diarrheic, yellow-colored stools, with the abdominal symptoms which as before mentioned are pathognomonic.

Third, the occurrence of epistaxis, and the appearance of the eruption.

Fourth, the age of the patient, and the sea-
son of the year in
which the disease is
most prevalent. To di-
agnose from any of
the symptomatical fevers,
you determine whether
there are any lesions
in any of the inter-
nal organs which could
bring about any such
constitutional effects.

The above points fully
considered and recog-
nized will render
the diagnosis easy, es-
specially if the prac-
titioner has had any
clinical experience.

Prognosis—The statistics as given by most writers show a very large mortalitv, ranging from fifteen to twenty per cent of all of the cases taken into account. Though different epidemics show a marked difference in this as in this respect, however, it is enough to say that the disease is extremely dangerous. Death is rarely due to the disease per se; but is generally attributable
to some of the many complications which the disease is liable to take on; viz., Pneumonia, Peritonitis from perforation, or from the severity of the abdominal symptoms. Although, and great frequency of the pulse denote the near approach of death, Carphologia is another very unfavorable symptom. Hemorrhage from the bowels, is not considered by Dr. Fleet to be an unfavorable one, but many writers differ.
from him. I have only seen two cases of this disease in both profuse hemorrhage occurred, and both cases terminated fatally.

Treatment — It must be remembered at the beginning that there are no known remedies by which this disease can be arrested or cut short of its regular termination. Several remedies have been proposed for this purpose — Quinine, Opium, Vert Phell, etc; but all of them
than fallen far short of their reputed efficacy. The only correct mode of treatment is the Ex-pealant method—that is, treating the disease, combating the symptoms, and giving the patient rest by the use of anodeps. If the bowels be con-stipated, use a mild laxative—a teaspoonful of Castor oil. On the con-trary, if you have per-sistent diarrhea, you may use opium, with an astringent—ashes of Lead.
To allay high fever, give the milions powder, marmur, Vind, or Quinine. Dr. Chew recommends the use of Quinine in the highest terms. For the alleviation of the bowels, and the intestinal fermentations, the oil of Turpentine is considered as the best remedy. It may be given in doses of from five to twenty drops every two hours. A red raw dry longan with diasthen, in diate its use. As the case improves this
treatment should be gradually suspended. If you use lime or caustic acid for hemorrhage from the bowels. A sudden fall of temperature may lead you to suspect that hemorrhage is about to occur. If the patient become prostrated then the stimulant treatment must be used. The indications for the use of stimulation, are circumscribed frequency of the pulse, with diminution force of the heart action. The
best guide to the force of the heart is diminution of the resonance of the first or systolic sound of the heart. Brandy is the best stimulant known and may be administered in larger quantities in disease than would be warranted to give in other cases.旦从 zhōu to zìjī as often as in your judgment you may deem advisable. The food in these cases should always be liquid, and contain as
nutriment as possible. Beef tea is an excellent diet, so is milk. The patient's head should be shaved as soon as the diagnosis is clearly made. The hypnic measures should be as favorable as possible—the carpets should be removed and all woolen goods that can be dispensed with. Plenty of fresh air is a thing indispensable and should not be neglected by any means. The acid treatment is much preached by some writers and is based on the pubis.
the theory of the expiratory
luminosity of the blood. The Sul-
phurous is most highly
recommended, or better still,
the sulphite of soda. To
sum the whole thing
into a short sentence—
Vary your remedies ac-
cording to the special
indications, and do not
follow a routine prac-
tice.

Very Respectfully,

G. B. Harvey
Thesis
on
Charity
by
A. Templar Shefcock
Burlington, Carolina
Class of 1870+7
Cardiology is the discipline for the investigation of circulatory anomalies. This operation, which was at the time looked on with horror by the public generally, and was condemned by many first-rate gentlemen of the medical profession, is now numbered among the many noble triumphs of modern surgery, it was first performed by Dr. [Name] in 1867. Although several attempts have been made by European surgeons to attribute that honor to another surgeon, Dr. [Name] performed the operation successfully.
example was followed by many American surgeons, with varied success, and will be found to have been obtained in Europe. So that the operation was again an outer last resort, and it was not until within the last fifteen years that there is a fever to be derived from the desired and quite natural or approved by the profession as a rule, with the hope that hence come not to the air that the patients might be cured by medicine. and after a trial of almost all known drugs this plan was abandoned, that it was anticoagulating was introduced.
...into practice, and although not as beneficial as was expected, it proved to possess some merit. In his defense, the two heads of the committee, Messrs. Smith and Jones, presented their views in this way, which, in their minds, still set great emphasis of division in regard to this matter, some advocating and others opposing the measure. The latter-class holding that tapping at least is only palliative, and that it is followed by other or other additions which add greatly to the danger of subjugation. Hence, the extreme views are on one side by many others able...
writers, for instance, Dr. Barnes and Spencer Wells, both reliable authorities upon this subject, state that although relief is only palliative it does prolong life and allows the sufferer time to get his patient to a condition to bear the severe operation of extirpation, and that it is a mistake to suppose that it causes but morbid disorganization. Tapping may be performed either through the abdomen, vagina or rectum, the former I believe to be considered the best plan. Life-tapping the cyst may be done with
motive, with the view of disorganizing the chains and pro-
hibiting absorption, this year, as I have before stated is only ini-
tuitive, and not or - else - evi-
tially will have to be performed.

These classes are divided into
two great classes, the public and
applied, the first consists of am-
good's shows, but as they rel-
However attain a very sufficient
-influence exertion, and are
therefore foreign to my subject.
I will therefore give, the re-

and class have been arranged
under these heads, 1st. Modern
eight, the first that attain to mature size, and as a rule their growth is much more rapid than the other kinds. They are supported to a surprising extent by water and water plants. Grass in a crevice, the thistle are rather rare and never grow to any size, they present a regular surface with thick roots, and contain a thick latex or water-like substance of a strongest odor, and hairs, thick, and rough, nothing definite is known as to the cause of this strange phenomenon, pathologists at the time held that they were the remains of an ex-
the uterine ring pregnancy, but this theory is negatived by the fact that these tumors have been found in children, and even in the renontem of the male. They also rarely demand our at-

tention in this connection. The second class, the Polyepits, are the one that are often met with, and that are caused by the morbid development of several Graafian follicles, and consists of a large de- 

sp read excrescence other cysts of all dimensions, whose in thin- 

and including others smaller-

ones, the follicle containing them is generally thin and
wastily, but most exclusively, for all times it is found to be of the consistency of chit—the mixed with blood and pus. Odorous diarrheas are diagnosed from other enlargements of the abdomen by the history of the case, by inspection and measurement, by palpation, and by auscultation and percussion, the most curious manners are assisted and pregnancy, are assisted—the abdomen is symmetrically enlarged, and upon change of position, the fluid gravitates to the most dependent part, and the greatest
circumstances is found to be at
the umbilicus, while in certain
instances the abdomen is more en-
larged on one side than the-
other, and the compression of the
vary with the age of foetus,
and the greatest circumference
is found to be some distance
below the umbilicus, punctas-in
in ascitic gives a clear sound 
the middle of the abdomen, while
above the edges the sound is dull,
the fumors give a dull sound. In
every part, the diagnosis between
them and pregnancy is also made
by the history of the case, hygros-
cellitation, and by vaginal exami-
mature, if the history gives rise to suspicions of pregnancy, the
bladder will render the bony
of the foetal heart; and if the
bladder is enlarged, and treatment can be obtained, it will
be better the matter be done
After the surgeon is satisfied that
he has to deal with an armed
enem, he the best in to get his
fatherly system in as good a
condition as possible, for this pur-
pose Dr. Simpson recommends a course of the circumcise of
liver, and Dr. With a combination of liver and the carbamate of
lithi, with the bromides of
polish and soft, with the double view of regulating the action of the kidneys, and returning the blood to as healthy a condition as possible before operating.

The instruments necessary for this operation are a pair of instruments, a scalp knife, a uterine sound, a loop, ovaries, and rectum.—All things being as readiness the surgeon
must remember his颬riscicastre and the umbilicus and bladder
along the median line and
in the circles of the sympathetic
pulvis, exciting done to the liver.
allow at the first stroke, the cut and the fat become as carefully divided until the pericarpion is brought into view, nine of the tiny slices free on the leaf, it will break through the oper- 

ing, this must be of such a, and the edges of the pericarp is cleanly thinned off, and are becom- ing means ed in the thumb for as to present and allowing into the end of the. The pericarpion is opened, this is done by catching it up with a hook and dividing it in a curved to to one free ex- tent of the outer opening, this

chips into win the exhaustive

and account.
face of the bladder, which must not be removed as near as possible by the knife, when the nature and extent of the adhesions can be seen, these must-stiff adhesions can be broken down by the hand being passed between the tunica and the structure. After all attempts have failed, the dividedチューナ is gently drawn through the opening, and all other adhesions broken off as it comes out. It must not be replaced by an assistant, who then prepared proceeds to adjust a clamp upon the pedicle, which is amputated by the trans-ligament and palliation.
tissues with large arteries and veins. After it is removed it is cut off about an inch from the end and the stumps are tied with the perchloride of iron to prevent suppuration. The pedicle is then wrapped in a sponge and clamped and the wound closed by interrupted catgut which must be removed within the thickness of the walls soon to enable the fascia to regenerate if necessary. Such fascial sutures may be placed as far apart as the surface of the abdomen is unwrinkled and the abdomen curved underneath to facilitate a better and neat appearance of the incision.
the whole being covered with
a wide flannel coat, the patient
must be kept on the bed until
knees supported by a pillow, and
erected by light, soft cushions in the
ask—treatment in such cases consists — of diets — certain
good nursing, the bladder must
be emptied by means of the catheter
every five or six hours and if it is
hearty and the whole system of
potash and either may be given
also small quantities of eau-de-vie
acting thus — little love is required
for several days but bread lyn
and broths may be given and of
their is great exhaustion —
must be given in small doses, the
dressings must not be disturbed
for at least thirty-six hours. After
that daily renewing is required,
the dressings may be renewed
on the fourth or fifth day, the
abdomen being supported by mor-
phine by the adhesive plaster. The
clamp is most cases fails. In the
seventh or eighth day and
the patient shows signs of im-
sanation growth, while persister-
or separation supervene they may
be read out according to their
nature and intensity. The presence
the most frequent and is almost
always fatal in spite of any t
we can do, these flourishes are the exceptions not of the rule. For
hundreds of sufferers are deprived of their suffering from impending death, and restricted to health and happiness, thus proving the merits and the inestimable value of the operation of excision.
Bible
Page 12
144
Diphtheria.

This is a disease of antiquity. But the term diphtheria is first recorded in the time of Hippocrates, and it is very likely that the plague of Egypt was the disease described by ancient physicians. The first recorded account of its appearance in modern times is that of Hooke, who describes it as having...
I went to New York. In the town, I observed, the sick to be found in the most places on Carriage Corps, and in the middle of the town to be kept at a distance. A few of them were collected in Boston and other cities. And at the same time, the disease was peculiarly observed, which took place at Carmina in Spain, and in the first month of the year, it was observed in the province of the municipality, characteristic of the disease. The early the first published description of the complaint, was by Dr. Jenner, in Paris, who wrote a treatise upon an epidemic disease, which appeared in that city, in 1771. From that date, the complaint began to spread over little, and in 1773, it became epidemic in France, in 1818, and
Since that period it has reached the west from France, though opinion for most of certain lines and places, in 1833, it proved as an epidemic in France and Belgium.

In the same part of 1833, it passed one by one until it reached England, where it spread quickly through the southern counties, and eventually with the English invasion, it made an attack upon the whole of the southern counties, reaching in the autumn of 1836, up and in its canine form in the northern
To the Rector of Calveria. Dear Sir,

of my E. L. F. Committed, that City. In the middle of the 19th

It was, as it were, in its most splendid days off and in Philadelphia in 1837,

but the disease gradually assumed the epidemic form, until the end of 1860, when it prevailed in various localities over the country, and since, and at the present time it is recorded one of the most common and fatal epidemic maladies.

The frequent occurrence of epidemics during the last twenty years, have awakened in the minds of the thoughtful to a more searching study of its causes and nature. The result has been an increase in the knowledge of this pestilence, and in the art of prevention in the case of this disease, which is the subject of the following brief sketch, namely, that of the

...
in animals and be seen through a 10x10 microscope. Cowan having found that the disease is not a product of the blood or a blood-borne parasite but have been designated as bacteria with some similar to diphterie. Namely, the diphterie bacilli as Cartol designates it the micrococci, the other though less numerous is the micro coccidi or red-like bacteria. These Cowan has named other important masses relative to diphterie, but in tissue, which is the seat of diphterie in inflammation, and in very diphterie prone membrane, the form of bacteria seen in part
sense, are accompanied by a bareness and a slow process. The few cases in which the wound is imperfect, less even whe, in the past. Cutaneous, as the sunburn of light, is as we say, and the numbers of superficial bacteria increase, in particular the tissues very rapidly and in that manner infect the entire system. Cells, by according to his experiments, the bacteria spread over the mucous membrane of the lachrymal, that the other elements spread especially into the young undulation cells, or are taken up by transverse and gradual cause their disseminations, they fill the blood and lymph vessels, and bring about in a mechanical way a damming up of the fluids, and as a consequence, serious circulation. But the cause and nature of ulcer cannot be fully considered by experiments alone, they should be aided by...
residence examination, of the important cases of such experiments cannot be too highly valued. The reason assigned why life and its phenomena, in most cases appears slow, and why upon the facial and nasal surfaces, is that the air, which contains the germs of the sick in certain cases over these surfaces, and, as regards the ground, the image of which may contain disease. The important practical inference from this is, that life is in itself, in any case, and is amenable to local measures. But in any case with a cold, light, it is so that in some manner, it is not accepted by the physician. In some, it is not so accepted by the physician. In some cases, of these others in which from the face, etc., the surface is not afforded, and the latter amount of local disease, the
The belief thatlight in its nature and institutional means in its commencement, while in others, particularly in most cases it appears arbitrary and contingent. But the theory best inculcates causes by which it is not in course, invalidated by the admission that the rock is sometimes impeded, for there is no real and institutions of the disease. But while certain facts lend support to the biblical theory, certain the facts show that there must be some other cause of light, which is distinct from the cataract, the solution as some of the principal points into the theory more in the solutions of problems, and in solutions which light does not reach. The new spectroscopic analysis the existence of cataract, main conclusions.
who were to see the Coro used against a plant in,
and would cause an outburst of disease.

And on the bed which the louses met, and
produce infection, why do they, or why are
these things arising? Infection is a thing, and
when in the current of air, are expelled upon. In fact,
where there is a piece specific inflammation, a large
number must enter the lungs, as a cut and
respirate, into the delicate structure of the organ.

They would produce inflammation, as in the
complaint of diphtheria. It is evident that
the truth regarding the action of parasites to
diphtheria is in one of two positions. It is the
parasites, on the one hand, that they are
the disease, so that the cause is unalterable
more nearly not yet dismissed, which is relative.
Chains and burrows bad long worm-like tails in which the earth is very much disturbed.

In cold and wet weather, slugs, to which

the appearance is due, are less frequent, and

less scattered in one or other localities. Here is an

expectation, which is at first thin and semi-trans-

parent, becomes opaque and more or less thick.

The capsule is deposited successively in layers, form-

ing a stratified tube membrane. There are de-

tinements, sometimes different points or patches

are observed, which lead and cause us that

the spaces are almost entirely occupied by air.

The pseudo-membrane is more attached to the

membrane surface, which is flat and flake. After a

days, decomposition commences, and the white

fabric at first formed, becomes softer than the

more recent production, but in this case the
coso in the solution, these leaves, which in a moist climate be bulky brown, and its exposed surface is uneven and papil, and the edge present well defined except marginal for producing an appearance very much like that of an utter different ens. In the solution the effusion will die the rect, the solution may stand over the posterior part of the face, the palatine sinuses, and proceed over the other part of the soft palate. The assertion of life be secured, the false membrane is thrown off. The effusion sometimes takes place in a few days, and is sometimes prolonged to twenty days, and not infrequently it is followed by a second, and sometimes a third, and even a fourth, formation of false membranes. The symptoms of the neck, and
of the palate, behind the angle of the jaw. In some cases, too, there is an apparent swelling and thickening of the mucous membrane of the palate, especially in the region of the tonsils. The condition is often associated with the presence of white patches or plaques on the soft palate, which may be caused by a variety of factors, including infections, allergies, or other underlying medical conditions. The condition is sometimes referred to as "tonsillitis."
It was the form the bone and overflow sometimes affected the solid surfaces in some cases in the skin itself to yield in indicated surfaces, such sites, in short, wherever the skin is deprived of the epidermis.

As with other contagious diseases, the symptoms are greatly in reality in different cases, for general in the commencement of an epidemic, dysentery is more common fatal, and its serious consequences, than when they are in eruptive epidemics influence is able to.

The symptoms in the commencement are often mild, there is a degree of similar, with rigors, often slight but lasting several hours, which is succeeded by moderate nausea, headache, languor, and loss of appetite, the patient continuing to walk about, as if
affected with ague as well, for want of
inadequate sleep and proper diet the whole day.

The most striking symptom, however, was not
the fever, but the complete inability to
eat. People felt weak and could not
swallow even the smallest quantities of food.
The appetite appears upon it. The appetite
is poor. The pulse is different in each
person, varying in volume and frequency, it is often
cold and long in the first days of the disease,
but in the latter part, just before death,
the pulse becomes very rapid. At first there
are no marked symptoms of a change in the respiratory apparatus, but
in the mean time to be carried on
some means of offence, and that in some
part thereupon it must be sufficient effect
in presence of the real information of
the persons leading a separate conduct to
be observed of the same as it is furnished to
such. In such case the means must be to
offence, having a premonition etc. The lift
ranges to the acme in order not to believe the
lines from to list. the list, and the
characteristic of the moral stations are pointed
their unused tons. The learned is neglect
more than the next most pertinent here the
place. The most thirdly 1 one, is the enlarging
with elevation to indicate the following
motion in some cases of phenomena.
Regarding the phenomena of phenomena, it
is very evident of the rare form of the
common form of apoplexy in men, in a family
situation it almost in a majority of cases
similar to the common form. The signs
of an irritation of the brain become
in which the rectus muscles are involved
and agitation and palpe. Of rare either cause
or contributes to the fatal results where the
diagnosis is incorrect, the tongue is more
than vestibular in elevation. The invasion
of the disease may last for a lifetime of
eight hours from the date of the attack. In
cases in which the cause is not found, the
prognosis is not similar to the bifurcation
direction. It did not in the persons into the
posterior and interior mass are of 121st
abundantly in other situations. Other
the size, depth of the impressions, and thickness of the surface, redness of the conjunctiva, amount of oedema in the inner situations, delirium, and coma. Yet always keep in mind the importance of the liability to sudden and fatal syncope in this crisis.

With reference to the treatment in lightness, it is obvious if the eyes should be next to its pathological tree, but the early logical treatment of this disease is of the utmost importance. Clinical observation teaches that the宗旨 of this majority is in most instances proportionate to its local manifestations, at least in the commencement of the disease. But if open treatment, we can limit the practitioner to a
itself, and the consequent loss of life. Descriptive treatment, in the case of the burn of the skin, is the most simple means of obtaining the best form of desinfective inflammation. Namely, the burnous. In one who has lithotriptia, another object which we may expect to accomplish by local treatment, if the inflammation is accessible is the prevention of blood poisoning. Local treatment should not be painful. It is ordinary best not to attempt to lean off the burnous as it is for the separation irritates the inflamed surface, and promotes hemorrhage. Unless disinfected substances we employ should be applied in such a way that it insinuates the previously mentioned the application.
should be mixed with a small quantity of water and applied in small doses to the bladder, as soon as the symptoms of dysuria are noticed. The following mixture is recommended by Professor Howard to be given every two or three hours, in the form of:

- Aqueous carbolic: 1 oz. 1 dr.
- Aqueous sublimate: 1 oz.
- Aqueous: 1 oz. 4 dr.

If there is discharge from the vesicles, indicating either infectious inflammation or a stone, the same mixture diluted with an equal quantity of water, repeated at each micturation, every four hours will be very efficacious. Urination in excess is due to the acquirement of fluidity of the urine, and is administered at the rate of one dram.
and each drop in the internal fluid to one teaspoon of the following as recommended by C. Lewis Smith.

1. Potas Chlorat... = 3g
2. Fine. stai chlorid... = 3g
3. Syr. simplic... = 3½ min.

No drinks are allowed for a few minutes after its administration as well as after the use of the brush, so as not to wash it away too quickly from the faucets.

The employment of tonics, especially of quinina and iron, in the treatment of diphtheria is almost universal in the profession. Our reliance must be upon these agents in those cases in which the system is infected from the first, more than upon topical remedies.
A Dissertation on Drifts, by F. W. Briel. February 1877
Iritis.

In considering this disease, a thorough knowledge of the parts involved is essential, in order that we may more fully understand its nature and the action of remedies addressed to its relief. Hence I shall, first, consider the anatomy of the iris, and, afterwards, the disease in question.

The iris is a thin, circular and contractile curtain, almost similar to the choroid in general structure but containing more muscular fibres, perforated not exactly in its centre, but nearer its nasal side, by a circular opening, the pupil, for the transmission of light into the eye. This opening varies according to the amount of light falling upon
it and in the changes of accommodation.

The iris is connected by its circumference with the choroid, and is continuous, posteriorly, by its marginal attachment with the anterior borders of the ciliary processes, anteriorly, by the ligamentum pectinatum with Descemet's membrane. It hangs nearly vertically behind the cornea with its pupillary border, when not dilated, reeling upon and in front of the anterior capsule of the lens.

The muscular fibres, which enter into its composition, are arranged in two ways, some around the pupil, forming a sphincter, and known as the circular fibres, others radiating from the pupil towards the frenzily, forming a dilator of the
opening, and known as the radiating fibres. Its vascular supply is obtained from the long and anterior ciliary vessels, and also from those of the ciliary processes. These vessels are arranged in two circles, one near the pupillary, the other near the ciliary margin.

It is supplied by the third pair of cranial nerves, and the sympathetic. The third pair supplies the pupillary, the sympathetic the radiating fibres.

The anterior surface of the iris is covered by pavement epithelium, continuous with that of Descemet's membrane, the posterior, with a few exceptions, by a dense layer of pigment cells, which prevents the light from passing through.
The iris, when healthy, presents a bright, glistening and glossy surface with sharply defined fibrillae, and circular pupil readily contracting and expanding under the slightest variations of light.

Iritis, inflammation of the iris, is seen under two principal forms, the plastic and the serous.

In plastic iritis, there is an exudation of lymph both in the structure of the iris and around the margin of the pupil, which tends to produce adhesions of the iris to the anterior capsule of the lens.

In serous iritis, there is an effusion of turbid liquid, having no tendency to form adhesions of the iris to the...
lens, but it accumulates in the eyeball, causing increase tension and obstruction of the intra-ocular circulation. In acute, the iris becomes bright, glistening, and glassy appearance, and becomes dull and hazy. In every case, the pupil is more or less interfered with. In the majority of cases, it is contracted, either from the swelling of the iris, or from the adhesions binding the iris to the lens. If adhesions have been formed, the pupil will not dilate under the influence of atropia. In some cases, in which the disease has been malignant, the pupil is universally adherent to the anterior capsule of the lens, and wholly immovable. Vision may be impaired, owing to
The turbidity of the aqueous humor and片子 to which the patient is involved by the operation.
In very many cases there is no pain, but in a few it may exist, extending over the corresponding side of the head and face, and may become as severe as to require treatment.

The eyeball should not be sensitive to the touch. Should pain exist upon pressure, cyclitis coexists. Photophobia and lacrimation sometimes exist, but not to a marked degree. The sub-conjunctival tissue is injected, forming a pink zone around the cornet.

In serious cases, besides the symptoms already mentioned, there is increased
Vision, partial dilatation of the pupil and cloudiness of the cornea from the action of the effused fluid upon its epithelium. In some cases, the iris is pushed back, and the cornea bulged forward on account of the distention of the anterior chamber by the effused fluid.

This may arise from various causes; its common causes are injury, and some constitutional affections, such as syphilis or rheumatism. Often caused by syphilis, it occurs during the secondary stage and affects most frequently both eyes.

The diagnosis of milio is generally very easy. The loss of color, dull, lazy appearance of the iris, the pink zone around the
cornea, the contracted pupil will
impaired mobility, the feeling of discom-
fort in the eye and no pain upon
pressure are symptoms by which it
can be readily recognized.

If any adhesions exist, they can be
readily discovered by using a so-

cution of atropia. The mobility
of the pupil can be discovered by
closing the well eye and alternately
dilating and oppression the affected
one. If healthily, it will be seen to
dilate and contract readily, but, if
its mobility is impaired, it will dilate
irregularly, if it dilate at all.

The prognosis depends very much upon
the severity and cause of the inflammation. If the disease be
seen early, before any adhesions have been formed between the edge of the pupil and anterior capsule of the lens, or whilst they are so slight as to yield to the use of atropia, the prognosis is more favorable than if numerous firm bands of adhesion have been formed, which resist the most energetic use of atropia.

In traumatic iritis, the prognosis is generally unfavorable, because other structures are involved in the inflammation, and the effect of their implication must be considered.

In every case of pustic iritis of any moderate severity, the tendency is towards recovery, and, whenever this is the case, we should attempt to
favour it and prevent adhesions, or to overcome them, if any have been formed. The eye should be used as little as possible, and protected from irritants. No antiseptic solutions should be used, for, acting as direct irritants, they increase instead of diminishing the inflammation.

The point of greatest importance in initial is to obtain full dilatation of the pupil as soon as possible, and for the attainment of this a solution of atropia should be applied to the affected eye. The atropia, by producing full dilatation of the pupil, removes the iris from contact with the anterior capsule of the lens, thus preventing the formation of
adhesions, and establishes a free
communication between the chambers,
thereby diminishing the tension and
receiving the intra-ocular circulation.
Rest, which is so essential in all
inflammations, is afforded to the
inflamed tissues by this complete dis-
calcation; for by paralyzing the
circular fibres their constant efforts
to respond to the stimulus of light
is restrained and perfect rest is as-
serted. The solution should be of
sufficient strength to overcome
the resistance offered by the in-
flamed tissues and guided lymph.
A solution containing atrophia gra-
ti water 3% is sufficiently strong. Four
or five drops of this should be placed
upon the cornea five or six times per day. When the adhesions consist of narrow bands, they may be broken by the constant use of atropia; the pupil again becoming circular and capable of responding to the influences of light. The atropia should not be withdrawn immediately after full dilatation has been produced, but continued (a weaker solution being used) until all evidences of inflammation have disappeared.

Sometimes the action of a strong solution of atropia is resisted, and increases rather than diminishes the irritability of the eye. In such cases, the application of leeches to the temple, or tapping the cornea, very promptly
alleviates pain, and, by relieving the irritation and congestion, produces free absorption of the atropia and rapid dilatation of the pupil. In serious crisis, the pupil may become fully dilated under the influence of atropia without any abatement in the severity of the symptoms; the obstructed circulation presenting a barrier to the progress of repair. The remedy lies in paracentesis of the anterior chamber by which the fluid is evacuated, diminishing the tension and relieving the circulation. Paracentesis can be performed with any sharp-pointed instrument by those accustomed to eye operations, but, in unskillful hands, the step
paracentesis needle is best, as it cannot enter far enough to injure the iris or lens.

This form of irisitis commonly connects with some disturbance of the general health, such as that produced by syphilis, or by imperfect action of the kidneys, and our object should be to improve the general condition, if possible, by internal remedies, while we apply atropia locally to the eye. The condition of the intraocular tension, and of sight, should be carefully noticed.

In irisitis, occurring as an evidence of constitutional syphilis, mercury should be given internally along with the local application of atropia.
In some cases not due to syphilis, in which adhesions have been formed, mercury exerts a most beneficial effect, by softening the adhesions and producing their ready absorption.

The patient should be put under the influence of mercury as soon as possible. One grain of calomel in combination with one-fourth of a grain of opium may be given every three or four hours, until its constitutional effects become apparent. Iodometric ebulliometry one-twelfth of a grain three times a day is very good. Mercury ointment may be rubbed into the thighs or arms once or twice a day, until
The mouth becomes slightly affected. Not more than a half-drachm-dose should
be used at one application.
In those cases in which the mercury fails to do good, or in which it
would be deleterious, iodide of potassium should be used in doses of
from five to ten grains, increasing if necessary.
In all cases the atropia should
be used regularly, and of proper
strength, while internal remedies
are being given.
If the iritis resists all the remedies,
if broad bands of adhesions
have been formed and the sight
much impaired, an iridectomy should be at once performed.
The operation of iridectomy consists in tearing the iris. In iris, abnormal, a piece as possible should be removed, and should be taken directly upwards, for in this direction the upper lid will not only hide the deformity, but will also prevent the retina from being irritated by too much light.

The instruments used in performing an iridectomy are: a wire speculum for keeping the lid separated, a pair of forceps for steadying the eyeball, a long, narrow, or lancet-shaped knife for cutting into the anterior chamber, a pair of iris forceps lightly bent for catching the iris and drawing it out through the incision and,
Lastly, a pair of iris scissors slightly bent at an angle for cutting the iris after it has been drawn out.

Iridectomy is thus performed: The patient being in the recumbent position, and under the influence of chloroform, the surgeon separates the lids by means of the wine speculum, and, standing behind the patient's head, fixes the eye by seizing with the tipsing forces the conjunctiva and subjacent fascia, at a point directly opposite to that of the proposed section. A lance-shaped iridectomy knife—straight for the outward, but angular for the upward or inward section— is then to be thrust through the sclerotic at about half a line.
to a line from its junction with the cornea, the lens being well depressed, so as not to wound the iris or lens, while the blade slowly thrust onwards, until the section is the desired extent. The knife is then slowly withdrawn, so as to allow the slow escape of the aqueous humor. The fixation forceps are now handed to an assistant, who may rotate the globe a little downward and steady it while the surgeon seizes a portion of the iris, this is done by introducing curved iris forceps, spreading the blades so as to grasp the pupillary margin, cautiously withdrawing the forceps with the included portion of
iris, and clipping off the latter close to the wound by one or two cuts with the curved iris scissors.

If the section of the iris causes hemorrhage into the anterior chamber, the escape of blood may be facilitated by carefully introducing a curette, and making cautious pressure with the fixation forceps. The speculum being removed, the lids are gently closed, and a compressing bandage of flax. For the first few days, both eyes should be excluded from the light.
The
Inaugural Dissertation
On the Report
of six cases
Respectfully submitted for Examination
to the Provost, Regents, and Faculty
of Phylic
of the University of Maryland

For the Degree
of Doctor of Medicine
by
John A. Hoerner
of Cumberland
Maryland
Session of 1876-77
Typhoid Fever

Laura Robinson, a little white girl, age 12 years, of a sallow complexion, red hair, thin and anaemic, residence—Cumberland, Md. She had been well up to Thursday, Aug. 3rd, with the exception of being somewhat indisposed to take much nourishment of any kind, and with a total lack of spirits for the last three weeks as regards seeking the company of her playmates. While in church three weeks ago she fainted. Her parents are in poor circumstances and consequently her nourishment and general surroundings were inadequate for nutrition. On the morning of Aug. 3rd I was called to see the patient and in making the examination I found her suffering with great pain in the right iliac region, about the bladder.
The eyes were suffused, the pulse very rapid, and on touching the abdomen she would cry with great pain. Her bowels had not been moved for 3 days previous, and from the localized pain and suddenness of the attack I was led to make a diagnosis of Intussusception of the bowels. The temperature was 91.06, pulse 149. Respiration 31; from these symptoms it was decided to use Opium, and I accordingly injected, Hypodermically 1/8 of a grain of Sulphate of Morphia which relieved her of the pain to a great degree, but the pulse and respiration was not affected at all. I left a prescription consisting of the following ingredients—

R. Morphia Sulphate grææj Sig 3f every hour as directed.
I also ordered Turpentine Stuips to be applied over her abdomen. At 1 o'clock I saw the child again and found the following symptoms—Pupils widely dilated, pulse 180, temperature still 90.6, respiration about 30. She was not suffering pain to any extent, but when I would run my finger over her abdomen lightly, she would give signs of great agony. She would not speak much and did not complain only when one would move her about and I inferred that she was feeling the effects of the Morphia. But in palpating her, I found the disease was general and not localized as in the morning. Her abdomen was very tympanitic and immensely swollen and respiration very difficult.
She could pass her urine, but had had no evacuation from her bowels for four days, and under the circumstances I left them alone. After a slight pause I concluded it was a very grave case and as the temperature was so high I gave her a Hypodermic injection of MXX Hydro-Bromate of Zinica and continued the Morphia by the mouth with instructions to watch it carefully. I also ordered for her a wine-glassful of milk with a teaspoonful of whiskey in it. I thought it was necessary as her pulse was so weak and quick that the stimulant would be advisable. At 3 P.M. I called again, and found her very much improved as regards the symptoms. Her pulse was reduced to
136. temperature 90.5°, respiration 35. She talked more and seemed to be in general better; but on palpation I found the whole abdominal cavity involved and if anything she was more sensitive to the touch. I continued the treatment. At six P.M. I called again; the pulse had gone up to 140. Respiration 35 and altogether costal, the abdominal muscles taking no part whatever in the process. Temperature 90.5° and pain increased exceedingly, caused in part from the fact that vomiting set in, she having had three defecations from the mouth before I arrived. Nothing would remain on her stomach, so that I administered the Morphia and Quinina, hypodermically, and left her to take the milk and whisky by the stomach. I called again at 10.30 P.M.
and on arriving was told she was no better. Pulse was still 140, Respiration 34, Temperature 99.6; had vomited twice since six o’clock, but had kept 3 doses of milk and whisky on her stomach. She complained of pain mostly in the Hypogastric region, so that it lead me to suspect the urine could not be discharged. As I had no catheter I sent to my Preceptor, at the same time requested him to come and consult with me. On introducing the catheter after a great deal of trial to me and patient, the urine flowed in abundance, and it gave her marked relief soon after, although she complained and shrieked with more pain just after catheterizing her than before.

I did not see my patient until the next morning at six o’clock. I called the parents
in the adjoining rooms and informed them that I thought that the child could not recover. The next morning I was called at about six o'clock and responded right away. I found the child in a state of collapse. I at once ordered mustard plasters to be applied all over the body, and assisted at it myself. I also gave Brandy in tablespoonful doses, but it did not seem to produce any effect; so acting on a little hint Prof. Chew gave the class before I went home I took my Hypodermic syringe and filled it with brandy and injected it in the arm. This I repeated twice with good results, but only temporary. I also gave her carbonate of Ammonia in gramine doses, also used turpentine in flannel over the abdomen but to no
while, for at 8.46 that same morning she died.

Post-Mortem.

After a good deal of entreaty I was allowed an examination of the body. I found the entire abdominal cavity white with deposits of lymph showing that Peritonitis of a violent character had existed. I searched in vain for inflammation of the bowel, but on taking the gut in my fingers from the stomach to the Rectum I found a round opening about 8 inches from the Cecum in the Plane.

It proved to be an ulcerated Pyr's Patch with perforation. There were 7 other patches in different stages of ulceration, and from this it proved to be a case of walking Typhoid fever. The peculiarity of this case is the absence of febrile exacerbations.
Pneumonia

C. R. aged 32, admitted Dec 29th, has been working down the Bay, oyster dredging, was taken with spitting of blood and shortness of breath about 5 days before being admitted into the Hospital. On questioning he complained of great pain in the left side and had a good deal of fever - never had a chill before until 5 days ago, but has had no return. In making a Physical examination it was found he had dulness on percussion from base of the left Lung to the very apex in front and behind, absence of vesicular murmur, Bronchial respiration and a marked brick-dust expectoration, from which signs along with a pulse of 103 and temperature 104 it clearly evident that the Diagnosis was Pneumonia of the left Lung.
Was ordered Dover's powder gr. v, next morning
was ordered Ligu. Ammoniae acetis 3 gr. every 4 hours.
The temperature went up to 105 1/4 that night and
he was ordered Zuiviae Sulphas gr. x, next morning
temperature was 91 1/4. He felt much better and
did not cough as much, the expectoration having
become whitish and resolution begins. Jan 3rd
continued to improve rapidly, but there is
a good deal of dulness from the 7th rib down
owing to a pleuritic effusion. Jan 5th & 6th
condition very much improved, the dulness
is disappearing very much in the lower
part of the lung, while the vesicular murmur
has returned as low down as the 8th rib.
He has improved steadily and is today Jan
20th walking around the ward appearing
fresh and well.
Record of Vital Signs

Temperature

Pulse

Respiration
An Inaugural Dissertation

on

Registration of its Arrangements

Submitted to the Examination

of the

Provost, Regents & Faculty of, Physic

of the

University of Maryland -

for the

Degree of Doctor of Medicine

by

J. Thomas P. McCormick

Louisiana
Having chosen so fruitful a subject for my Thesis I do not expect to treat any part of it with more than a cursory glance; happy would I be if I could take one single part of my subject and advance some new ideas on it; but, in the present very primitive state of my knowledge, I shall have to be content with a compilation from the works of others.

"Digestion," to use the language of Professor Dalton, "is that process by which the food is reduced to a form in which it can be absorbed from the intestinal canal and taken up by the bloodvessels."
And a most wonderful process it is! Nine-tenths of humanity know not care nothing about the way in which their life is sustained; some have a dim sort of an idea that they must eat to live; but that is nature teaching for the most ignorant of us feel an indescribable craving and weakness about the stomach if we do not answer nature's calls for more fuel to supply the furnace.

Digestion begins in the mouth at the moment of prehension of the food; mastication is the first process to which it is subjected; during mastication the food is thoroughly incorporated with saliva.
which forms the bolus into a semi-solid mass and facilitates deglution; the saliva also exerts a peculiar chemical action on the starchy ingredients of the food changing the starch into glucose. This change is only partial, however, and does not always take place, the principal function of saliva being to facilitate the passage of the bolus from the mouth through the oesophagus into the stomach where the great work of digestion begins in earnest. But the saliva exerts considerable influence on the sense of taste; we all know if we put a lump of sugar into the mouth
that we do not appreciate the taste until the saliva begins to dissolve the sugar; so it is with other hard substances. The saliva softens them and aids materially in the taste.

When the aliment reaches the stomach it excites the flow of gastric juice; for that the gastric juice is not always present in the stomach has been shown by the researches of Physiologists, and in the healthy stomach the flow ought only to be excited by the actual presence of food, although the fluid has been caused to flow by the mechanical irritation of a tamula.
introduced through a gastric fistula. Why the stomach should be excited to its work by the presence of food is not thoroughly comprehended, but I think can be explained in this way: the nervous system is the first to recognize the presence of the bolus and, by some wonderful method, the nerves cause an increased flow of blood to the walls of the stomach and the digestive fluid is secreted from the blood by the gastric follicles.

The gastric juice consists of a free acid, and an albuminoid matter.
known as Pepsin, besides water, a number of the earthy salts held in solution. The following is the composition of gastric juice according to the best analysis:

<table>
<thead>
<tr>
<th>Substance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water</td>
<td>975.00</td>
</tr>
<tr>
<td>Free Acid</td>
<td>4.78</td>
</tr>
<tr>
<td>Pepsin</td>
<td>15.00</td>
</tr>
<tr>
<td>Sodium Chloride</td>
<td>1.70</td>
</tr>
<tr>
<td>Potassium</td>
<td>1.08</td>
</tr>
<tr>
<td>Calcium</td>
<td>0.20</td>
</tr>
<tr>
<td>Ammonium</td>
<td>0.65</td>
</tr>
<tr>
<td>Lime Phosphate</td>
<td>1.48</td>
</tr>
<tr>
<td>Magnesium</td>
<td>0.06</td>
</tr>
<tr>
<td>Iron</td>
<td>0.05</td>
</tr>
</tbody>
</table>

Total: 1008.00
But the ingredients of the gastric juice do not exist invariably in the same proportions as given in the foregoing table; they certainly vary very much in diseased conditions and even in health in different individuals.

The most notable physical property of the gastric juice is its acid reaction, by which it is distinguished from all the other digestive fluids.

Whether this acid is Lactic, or Hydrochloric is still a question. There are a number of Physiologists on each side; which party is right is hard to decide.
The next most important ingredient of the gastric juice is Pepsin, this is a neutral or alkaline substance always found in the stomach. Pepsin will not act alone but requires for its action upon the food the presence of a free acid; pepsin can be precipitated from solution by heat or alcohol in excess. Alcohol is very destructive to the action of the gastric juice by throwing down its pepsin in an insoluble state. The vomiting after a debauch is caused by the alcohol having precipitated the pepsin, and so rendering the gastric
juice miret; the food remaining in the stomach undigested soon acts as a foreign body and is thrown off by a wise provision of nature. There is no doubt that a small quantity of spirit increases the appetite and improves digestion by causing an increased flow of gastric juice, but, taken habitually, and in large quantities, it is very hurtful to the system. Another peculiar property of gastric juice is its power of preventing decomposition. All the other animal secretions sanctify with the greatest
readiness, but the gastric juice when exposed to the air remains for many months without developing any putrefactive action; it will even arrest putrefactive changes when they have already begun in other organic matters. A certain degree of heat is also essential to the proper action of gastric juice; a piece of meat immersed in gastric juice which is below the normal temperature of the body will not show any signs of digestion at the end of an hour; but if the heat be increased to between 98° and 100° the gastric juice will exert its characteristic properties
During active digestion the temperature is thought to be higher than during repose. Thus the temperature of a stomach in repose ranges between 98.6 and 100.0° during digestion it is increased to about 102.0°.

The habit of eating ice cream and water ice after meals undoubtedly retards digestion by lowering the temperature of the stomach. The quantity of gastric juice secreted by a healthy man in the twenty-four hours has never been determined, nor do I see how more than an approximate estimate can be made; for the food
which is more difficult of digestion requires a larger quantity of the gastric juice to act upon it, then again there are some aliments which excite the stomach to increased action by the stimulating influence that there is an intimate connection between the mind and digestive apparatus is well shown by the fact that any mental agitation such as anger, joy, or sorrow will interfere with the appetite and subsequent digestion. The loss of appetite which nearly always precedes serious illness of any kind is a warning from nature not to give the stomach
any more work than is absolutely necessary. The time required for the digestion of a hearty meal varies according to the state of the digestion, and the matter to be digested. If the food is well masticated, moderately digestible, and all things being favorable, it is generally thoroughly digested at the end of three or four hours. The gastric juice is reabsorbed with the digested substance after it has accomplished its work. The reabsorption goes on simultaneously with the secretion; that is, as the food is digested it is carried into the intestine and a certain amount of the gastric
juice flows along with it so that the gastric juice does not accumulate in the stomach. Let us follow the aliment from the stomach into the intestine and see what sort of a change it is subjected to there.

When the food enters the duodenum, the fatty and starchy ingredients still remain to be digested, as the gastric juice only possesses the power of digesting the albuminoid matters and converting them into a substance called albuminose. In the duodenum, the food is brought in contact with three different secretions: the bile, the pancreatic juice, and
the secretions of Brunner's duodenal glands.
The pancreas resembles the salivary glands in its general structure; it secretes a peculiar juice which is clear and colorless, of a viscid consistency and alkaline reaction; it is said to resemble the uncoagulated white of an egg.
Pancreatin is the name given to the most important ingredient of the pancreatic fluid; about one tenth of the whole secretion is pancreatin.
It is this substance which gives the fluid its viscosity; it is coagulable by heat, by alcohol, by nitric acid, also by sulphate of magnesia in excess.
it differs from albumen in being coagulable by sulphate of magnesia, as albumen is not coagulated by this latter substance.

The pancreatic juice has the power of transforming starch into sugar; an action which takes place very quickly at the normal temperature of the body. The pancreatic juice also has the power of emulsifying the fat, which power is of the greatest importance in the digestion of fats; as the fatty particles are only melted in the stomach, but when the oily portion of the food comes in contact with the pancreatic juice it is emulsified.
and converted into a white, opaque looking substance which is easily absorbed; this emulsified substance is called chyle. The pancreatic juice is also said to profuse to a limited degree the power of slowly dissolving coagulated albuminous matters. The quantity of pancreatic juice secreted in a day is not known, but most observers agree that it is small in comparison with the secretions from the liver and stomach. Like the gastric juice it is only when its presence is required that the pancreatic juice is secreted.
The intestinal juice is the product of the secretions of two sets of glands, Brunner's, and Lieberkühn's; it has been found a very difficult matter to obtain the secretion of the intestinal glands in a separate state. Brunner's glands resemble the pancreas in their minute anatomy, and their secretions are supposed to bear some resemblance to that of the pancreas both in appearance and action. Lieberkühn's follicles are found throughout the whole length of both the small and large intestine; they consist of small straight tubes thickly
set in the mucous membrane, and opening perpendicular to the mucous surface. 
There must be an immense number of them in the intestinal tract, their 
secretion forms the largest part of the intestinal juice, nothing definite is known 
in regard to the quantity of the secretion of Lieberkühns follicles, but in 
quality it is a clear colorless, alkaline fluid, holpefed with the power of 
actively transforming starch into sugar. 
In regard to the secretions of the solitaiy 
and aminated glands very little is 
known, they are closed back having 
no visible outlet, they are found
to be filled with a soft, pulpy, semi-transparent mass, and are larger during digestion than fasting, what they contain must be regarded as a product of secretion but for what purpose is not thoroughly understood. The solitary glands have been said to give the characteristic odour to the feces. Peps patches which are made up of solitary glands, bunched together, must perform some important function in disease or health, else they would not play so important a part in Typhoid Fever.
Having followed as well as we could the alimentary canal through all its transformations, and seen the way in which digestion takes place from the stomach throughout the entire length of the small intestine; let us see if we can follow the digested material on its way to make blood. All the albuminous substances are changed into albuminose; the fats are converted into chyle, and the starch is transformed into glucose. As the liquified mass percolates down the intestine it comes in contact with the absorption apparatus of the intestine; this consists of millions of little
villus or villi, which line the whole length of the small intestine and give it that smooth velvety feeling; these villi are most abundant in the duodenum and jejunum. Each villus is covered with cylindrical epithelium similar to that lining the intestine from the cardiac orifice of the stomach; the villus is penetrated from below by capillary blood vessels supplied from the mesenteric artery; it is also pierced through its center by a lymphatic vessel. The blood vessels are supposed to absorb all the albuminose, glucose, and molecular fat and take it through
the portal circulation to the liver. The lacteals absorb the chyle and take it through the intestinal lymphatic system to the receptaculum chyli from whence it is conveyed through the thoracic duct to the left subclavian vein where it enters into the general circulation; the fat generally disappears from the blood in its passage through the lungs, but if the quantity of fat consumed be large it does not entirely disappear with the passage of the blood through the lungs but is found in the general circulation. This state of affairs has been found to exist in
the bowels after death from apoplexy occurring after a full meal. It is a condition perfectly consistent with health, however, and is due to the chyle being absorbed from the intestine faster than it can be approximated by the different tissues of the body. The lower part of the colon and rectum must possess the power of absorption, else how would suppositories and nutrient enemata act? That they do act is proven beyond a doubt, as persons have been kept alive for weeks with beef tea and other nutritious substances administered by the rectum, when the stomach
was unable to digest any thing.
The process of absorption is greatly aided by the peristaltic action of the intestines.
The portal circulation conveys all the other products of digestion from the stomach, pancreas, and intestinal tract to the liver. Exactly what are the functions of the liver has not yet been definitely ascertained; we know that certain changes in the products of digestion take place in the liver, but there is less known about the action of that organ than any other important organ pertaining to the body. The liver is supplied with both
arterial and venous blood at the same time : The Hepatic artery and the Portal vein. The Hepatic artery supplies the walls of the hepatic ducts, those of the portal vein, the capsule of Glisson, and the peritoneal covering of the organ; while the Portal vein ramifies in the glandular parenchyma of the organ. The Hepatic artery evidently supplies the blood for the nutrition of the liver, and the portal vein must carry the products of digestion for the liver to work on.

The — bile which is the product of secretion of the liver, differs from the other products of glandular secretion by
not containing any albuminous ingredient similar to those of the salivary glands, pancreas, or intestine.

Bile is made up of nitrogenous crystallizable substances and coloring matter. The bile as it flows from the gall bladder is a clear, colorless fluid of a neutral reaction; the specific gravity is said to be about that of water or urine, varying from 1.018 to 1.024. It is of a yellowish-brownish green color; the color may be changed by oxidizing agents. By transmitted light the bile has a variety of colors.

The two most important ingredients of bile are Glycocholate of Soda and
Tannicholates of Soda, they are produced in the substance of the liver; bile is constantly being secreted by the liver, but the secretion is more abundant a few hours after meals than at any other time.

Bile must be regarded as a secretion having several purposes to fulfill: first as an excretion, second as a secretion containing elements for reabsorption, thirdly as a secretion affording assistance in the digestive process. It is the coloring matter of the bile that is excreted.

There is nothing to show that the bile exerts any digestive influence upon the various ingredients of the food.
It is thought that the bile acts as a stimulus to the glandular foci of the intestine; I should not wonder if there was some truth in this belief; it is also thought to facilitate the absorption of fat by the lacteals but I do not exactly see how this can be. By far the largest part of the bile is reabsorbed and carried back to the liver through the portal circulation there to be reformed and begin its mysterious round again; the bile does not reach the liver in the same state as that in which it left through the gall bladder, in fact it is bile no longer as it cannot be recognized in the portal blood by any.
of the biliary tests, it must therefore perform some duty in the intestine that changes its entire nature.

As all the products of digestion except the emulsified fats pass through the liver before they reach the general circulation, the liver must perform some very important part in the economy of the body; but exactly what are these functions remains for some one to discover.

Although a great deal of time and learning has been devoted to the subject of intestinal disorders, there is often considerable difficulty experienced in diagnosing gastric disorders. When there
is no actual tumour to be felt we can not feel the walls of the stomach like we can an enlarged liver or spleen, nor can auscultation and percussion be relied on, as the intestines are within certain limits movable, and one might think he was auscultating the stomach when it would be the colon or some other part of the intestine.

Having seen how the process of digestion takes place we ought to be able the more fully to appreciate any deviation from a healthy and easy process; for healthy digestion takes place without giving any sign of the work that is
proceed, it is only when there is anything out of order with our digestive apparatus that we are made aware that such a process as digestion is going on within us. There can be little doubt but that the maintenance of the integrity of the digestive organs is the best prophylactic measure against disease. What a terrible fate is a person in, if he lose the power of assimilating food; all the rest of his body may be strong and healthy, but if he cannot digest he must gradually wither and die.

Until within a few years all medicine as well as elements had to be given by
the mouth or rectum, but now thanks to
the hypodermic syringe patients can
frequently be medicated without the aid
of the stomach.
Let us look to some of the predisposing
causes to disordered digestion; first is
excessive mental occupation with sedentary
habits; then if a person is gross and
corpulent; eats all his meals alone and is
very particular what he eats; his digestion
will not be so good as that of the man
who is always eating with his friends
and laughs and talks during his meal
showing that it is good for the diges-
tion to be in a cheerful humor
about meal times; the habit of eating
meals in a hurry and rushing off to work
after the meal is swallowed is very bad.
the food is not well masticated but
is bolted down and remains in the
stomach for a long time before it is
fully devolved by the gastric juice,
this is very often the cause of the heaving
felt by some people in the epigastric
region so long after meals.
The tendency to indigestion seems to be
inherited in some people; whether this
is due to the child growing up and
following the same path in life as
the parent; I am unable to say.
Want of sleep predisposes to indigestion by
the brain and body not obtaining the
rest which is requisite; change in the
weather such as excessive heat, moral
definition, great sorrow; I might go on
ad infinitum reciting causes for indiges-
tion. Generally the first sign experienced
by the party suffering from an acute
attack of indigestion is violent pain
in some region of the abdomen; but
in the slow and insidious approach of
dyspepsia there is generally no great
pain felt at first, but there is a
feeling of uneasiness, which makes the
sufferer feeble and cross and as
this feeling gradually goes on from bad to worse, if the sufferer does not obtain some relief life becomes a burden. Very often when called to see a patient with some gastric trouble the Physician is unable to make out any definite cause for the derangement, so he sets it down under the general head of dyspepsia. What is dyspepsia? Dr. Tanner says, any thing which interferes with the healthy action of the stomach and intestines may give rise to dyspepsia. This seems to me to call all diseases of the digestive apparatus dyspepsia which will do well enough when we can't do better.
but I hope to see the term dyspepsia much simplified some of these days.
The stomach must have great resisting and recuperative powers. There are
several instances on record where the most indigestible things have been taken into the
stomach; one instance is that of a sailor
swallowing a number of pocket knives; he swallowed four at his first trial,
within a few days he passed three of them
the fourth one he never saw nor did it cause him any inconvenience.
A few years after this when he was on
a ship with a number of comrades
he swallowed six more knives, but this
time he did not get off so easily for he was taken with vomiting and severe pain in the stomach, but he finally got rid of these also but not content with having satisfactorily proved that he had the stomach of an ostrich he again repeated the knife eating feat and this time paid dearly for his temerity, as he became a confirmed invalid; and after lingering for some time died in a miserable condition. At the post mortem several portions of the blades, springs, and handles were found in the stomach very much corroded. This is a very exceptional case but it
sufficiently illustrates the fact that the stomach possesses great recuperative power. Every one has at some time in their life given their stomach a great deal more work to do than was necessary, and a large number habitually overwork their stomach and by so doing lay up a store of indigestion and misery for themselves in after years. Constipation and constipation are not generally looked upon by unprofessional people as a disease, still it is a disease and ought to be regarded as a disorder of the whole system and not of the intestinal tract alone. It is true some people
do not have an action from the bowels
more than once a week and to all appear-
ances are perfectly healthy but I cannot
help thinking that there is something
wrong with their system. It seems natural
enough that old people should not have
as many actions from the bowels as people
that are young and active, because there
is not so much waste about their body
nor do they generally consume as much
food as young people.
Amputation of Fore-arm

Patrick Corcoran—age 28 Residence City— is a laborer and was admitted on Tuesday June 20th 1876 with swollen hand.

About six months previously he had been playing with a fellow-man and the latter pushed him over on his wrist bruising it severely from which a synovitis set in.

This subsided to a certain extent, and upon examinations it was found he had caries of all the bones of the Carpus. The treatment consisted in extirpation for a while until synovitis subsided, after this the hand was put up in adhesive plaster and extirpations applied. The joint became more diseased and it was finally amputated by Prof. C. Johnston on Nov 28th. The operation was of the flap kind making an
anterior and posterior. That night his temperature went up to 104° and it continued to remain up to 103° for 10 or 12 days. In the mean time signs of Phtisis developed itself and large cavities were found in both lungs. So rapid did this complication go on that he was reduced to skin and bone in a fortnight. He was given when first admitted T. Ferri Chloride gtt. x x ter dier, after the operation was given Zinna Sulph. gr. x bisindeus, with Dover's Powder gr. x night, also took milk and towards the last was ordered Spas. Flor. eur. zfs. every two hours. As he had marked Bronchitis he was given syrup of Squill & cod-liver oil which improved him. The stump healed up by first intention, but owing to the
complications he finally died Dec 18.

Phosphoric Poisoning
On the 20th of June I was called in great haste to see two little girls, Ruth and Letitia Snyder by name respectively, residing at 287 W. Lombard St. The mother had just returned from market and was preparing her toilet when the youngest first began to complain. They were 4 and 7 years old respectively. The first symptoms were noticed on the youngest one, Ruth, who complained of a bitter taste in her mouth and burning of her throat and in a few minutes the other complained likewise but this was not thought to be anything
serious. In two or fifteen minutes after this Ruth fell over in a violent convolution and the mother sent for 4 different Physicians, all of whom were not home when finally after the lapse of an hour and a half she sent for me. I found on arriving, the children both in convulsions and on inquiry learned they had eaten a large amount of a compound of phosphorus which the mother had prepared in syrup and placed it in the cupboard. The children had mistaken it for the latter alone. I at once, ordered an emetic of mustard and warm water for both. Letitia vomited once, but the other did not, she dying with the most violent convulsions I have ever seen.
20 minutes after I arrived. My whole attention was now directed to the other one. I put her in a warm hip bath for about 15 minutes, and it seemed to convert the continued convulsions into a slight twitching of the muscles. In the mean time I sent for the following: Oleum Fornitrini, Zij Puli, Acacia Z. A. and zig. Fig. 3; every 15 minutes until eight doses were taken. I also gave the white of egg at once to soothe the inflamed and canterized coats of the stomach but to no avail. In a short time after the removal from the hip-bath she sank into the terrific spasm again and I then recotd to the inhalation of chloroform which allayed the spasm for a while, but she finally died 15 minutes
after I had entered the house. Their mouths were coriellized from the caustic action of the poison. The older of the two vomited large shreds of mucous membrane which either came from the mouth or stomach. The symptoms appeared in these cases about an hour after taking the fatal dose.

Fracture of the Thigh

T. W., age 28, a seaman, fell on the ice while walking to the Ship and on rising to the ground, found he could not walk, but did not experience any pain. He crawled to the Ship on his hands and abdomen. That night and the next day, December 25th, he was brought to the Hospital. After a little examinations he was found
to have a fracture of the right femur in the upper part of the middle third. There was great deformity, crepitation and inability to stand, along with pain on every movement of the limb. The limb was put in N. B. Smith's anterior splint andextension applied. The treatment consisted in this alone and perfect gnascence for six weeks. He is now, seven weeks latter, walking about the Ward with one crutch and the limb is only one half an inch shorter than his other one. He complains of a little stiffness about the knee joint, otherwise he is perfectly well. His general condition has not been impaired at any time.
Acute Tubal Nephritis

G. R. age 32 was admitted into the Hospital on Oct. 31st, 1876, with severe chills and fever. He complained of great pain in the loin and in examining the urine it was found to be heavily loaded with albumen. He was at once ordered Iminia Sulph. gr. 1 x 5, his feet and abdomen but most markedly his face right under the eyes were edematous and swollen, his pulse was 124 and respirations very rapid. Next day he was not better and was ordered Potas. Bitartrate zj Potv. Lubebs zj Aquæ Oj Sig to be taken as a drink in molasses, also was ordered Lpts. Aetheris Nitrosi zj Syrupus Scillæ zj Fr. Ferri Chloride zj Sig zj ter die.
Under this treatment he improved rapidly, the swelling in his face decreased first, he was kept in bed and continued to take this treatment. His urine was examined from time to time with heat and nitric acid, and the presence of albumen gradually diminished. It was also examined by the microscope and epithelial casts were found in abundance. He had been subjected to working in the water and was compelled to sleep in his wet clothes, he had also been suffering with intermittent fever for six weeks before. He was ordered House Tonic and his urine was examined this day Feb 18th, and the epithelial casts
were few in number and hardly perceptible. He has gradually improved and will leave the hospital this week.
Thesis on
Acute Groufal Pneumonia
by
R. Frank Whitestei-
Class 116 - 17
Acute Bronchial Pneumonia

Definition. Inflammation of lung substance.

Anatomical characters. The first noticeable change is that of engorgement, due to an increased quantity of blood in the organ, which gives it additional weight. Externally it is of a dark red color, slightly pits on pressure, and crepitates less than when normal. On section, a quantity of red frothy serum is observed to flow. This hyperemia does not prevent the air from entering the air sacs, and from the first a little albuminous liquid is diffused into them. A portion of lung thrown in water will still
float; but exudation speedily follows, which indicates the commencement of second stage—that of red hepitation. The expanded matter soon coagulates, greatly distending the air cells, and thus preventing the passage of air inwards. The increased weight in this stage is due to the exudation, which consists of epithelial cells and solid material withdrawn from the blood. Its spongy character and crepititation is lost; it will not float in water. A cut surface has an appearance like that of the liver, and a quantity of frothy fluid can be pressed out, but less than in first stage. The substance of the lung is
softened and readily breaks down under pressure. If the disease pursue a favorable course, the exudation is removed principally by absorption and in some cases with great rapidity. After its removal the functional capacity of the organ seems to be fully restored. But if the course be unfavorable, the morbid material is not removed from the air sacs, and there is infiltration of fibrin and fibrin, constituting the third stage of the disease— that of gray hepitation. The lung is still insensuous to air; it is more friable, and can be easily reduced to a pulp by the slightest pressure. On
sections, there will be an abundant oozing of puriform matter. Sometimes a collection of pus takes place forming abscesses; but acute inflammations of this organ, are not so liable to be followed by abscesses, as when it affects other parenchymatous tissues. Gangrene sometimes result, but it is extremely rare. A large portion may be involved, or it may be more limited. The part involved is of a greenish brown color; of a soft consistence; emitting a very offensive and characteristic odor. In a large majority of cases there exists a more or less circumscribed pleuritis, with an exudation of lymph.
The pleuritis is apt to be dry; still we meet with cases in which there is a quantity of fluid diffused into the pleural sac. Bronchitis is a constant accompaniment. The lining membrane is congested, swollen and softened; and more or less of the inflammatory products are found in the affected tubes.

Symptoms. Pain, fever, generally preceded by chilliness, pulse accelerated, breathing hurried and oppressed, cough, expectoration, headache, and in some cases nausea and vomiting. The pain in this disease is due to the coexisting pleuritis, and may be experienced at any portion of the
chest; but its most frequent seat is near the nipple. It is most severe at the beginning, gradually diminishing in intensity, and finally ceasing before the disease has run its course. Pressure, and all acts requiring a movement of the chest, aggravate it. The decubitus is dorsal, to allow free expansion of the lungs. The dyspnea may be slight or intense. It is mostly due to the exudating bronchitis, and is generally in proportion to the extent and severity of the inflammation. Delirium occurs in some cases. The cough, though not peculiar, is at first dry, and is soon followed by an expectoration of a slightly viscid mucus, which becomes more
abundant, and of a rust color about second or third day, from the admixture of blood. It is characteristic of the disease. It is very tenacious and if the disease progresses favorably, it soon loses its tenacity and tanning color.

If the advance be not towards resolution, we have the prime feature of effusion, which is an unfavorable symptom.

The amount of filine is greatly increased. It is found in larger quantities in this than any other disease except acute rheumatism. The secretions are scanty. On examination of the urine we find it to be deficient in the chlorides, which reappearance upon the removal of the exudation.

Physical signs. In the first stage,
have slight dulness on percussion, and the fine crepitant rale, as revealed by auscul-
tation. It is usually a moist sound, though said to be dry, and is due to the separation of the agglutinated cells' walls, or the bursting of air bubbles in the liquid. If this crackling predominates, the vesicular murmur is brisked; and when the dulness becomes well marked, this gives way, and we have Bronchial respi-
ration, Bronchophony, and increased vocal fremitus. This marks the second
stage, and if it now terminates by resolution, we have returning crepi-
tation, which is coarser than in advan-
cing pneumonia. If the disease ad-
vance to the third stage, the dulness is
marked, and we have coarse roncous.

The duration of the disease is variable. In some cases convalescence is established as early as the sixth or eighth day; others are more protracted. In most cases only one lobe is involved, the lower lobe of right lung being its most frequent seat.

Causation. Cold, either gradually or suddenly applied, is the most frequent cause. Statistics show that the larger number of cases occur during the winter and spring months. It may also be produced traumatically. It comes on in some cases of emphysema, especially tuberculous. Cases are reported in which it came
on in the course of degenerative disease of the kidney.

Diagnosis. This disease is liable to be mistaken for pleuritis and bronchitis, but by a correct appreciation of the symptoms and physical signs, we will be able to clear up the diagnosis. From pleuritis, by absence of sharp pain in side, by fine crepitation, rusty sputum, and by the time of disease remaining the same upon a change of position. From Bronchitis, by the absence of sibilant and sonorous respirations, and by fine crepitation, rusty sputum, etc.

Prognosis. This depends upon the condition of the patient, complications
and the extent of being involved. Where only one lobe or even an entire lung is involved, if occurring in young and robust persons with proper management, ought always to end in recovery. If it occurs in children or very old people, it is a serious disease. The double form is dangerous at all periods of life.

Treatment. As this disease is believed to be more of an asthmatic nature than formerly, the remedies which were so much in vogue, have now fallen almost entirely into disuse.

In some acute cases, where the right side of the heart is disturbed from an overaccumulation of blood, due
to an obstruction to its passage through
the lungs, giving rise to great dyspnea, congestion of the veins of the neck, and more or less darkly flushed face;
we should without hesitation, draw a few ounces of blood from the arm, and relieve the distended heart and sufferings of the patient. It is better in acute cases, if the patient be robust, to draw a few ounces of blood, than have it forced out in the lungs. (Prof. McSherry) You may then follow this with stimulant doses of Opium, which seems to act beneficially in
three ways; first, by preventing to a certain extent the depression which follows bleeding; secondly, by allaying
pain; Thirdly, by arresting to some extent the tendency to expulsion.
In those cases where active blood-letting is not admissible, and there is considerable pain, marked relief will be obtained from the use of dry cups.
In a majority of cases, the same end can be obtained by the use of saline laxatives and sedatives. If the skin is dry and pulse frequent, small doses of tartar emetic will be useful; or you may give three or four drops of the tincture of Aconite with half an ounce of Spiritus minderni, repeated every four or five hours. If fever is high, an ine in decided looseness of bowels will break it up; and after it has a-
bated, you may continue it in tonic doses. In the second stage all depressing measures should be avoided. If the bowels are inclined to the constipation you should give occasional doses of castor oil. The most essential part of the treatment in this stage, are supporting measures, in fact the supporting treatment should be instituted from the first. These include tonics, stimulants, and nutritious diet. I have already spoken of the use of vitamin in this disease; and various other tonics may be useful. If the pulse is feeble, frequent, and easily compressed, we should give stimulants. Where there is not much prostration, none will
answer every purpose in the quantities of half an ounce, repeated at intervals; but when we want decided stimulation we should give brandy, two ounces or more in the twenty-four hours; or if the inflammation is slowly removed, ammonia and ipecac will increase the rapidity of its absorption. Counter irritation either by blisters or blisters, assist in its removal, and should be used. The diet is very important in this stage. It should be wholly nutritious, and given at regular intervals. Milk, farinaceous substances, and broths, are among the principal articles, still you may be guided to some extent by the desires of the patient.

The treatment of third stage is strictly supporting. Pain in any stage calls for an anodyne.
Thesis on Pneumonia,
Submitted to the Examination of the Ponsor, Regents, and Faculty of Physie, of the University of Maryland, for the degree of Doctor of Medicine by Luther B. Hanley of Virginia, 24th 5, 1877.
Pneumonia.

An inflammation of the substance of the lung.

Varieties.—According to its seat; single, double, lobular. According to causation, idio- or pathie, from cold and wet; traumatic, from injury, tuberculosis in children, and typhoid pneumonia.

Symptoms: The disease is commonly ushered in by restlessness, with general whole disturbance. At the end of from one to three days, there are rigors, soon followed by nausea, cough, pain in the side, distress and breathing.
A fever reaching to 125 to 175 beats in the minute, burning heat of skin, thirst, loss of appetite, inattention, headache, and some times transient delirium.

Stages, each stage of pneumonia may be said to consist of three degrees or stages, the first stage is that of congestion, of the sub-mammary membrane, with dignity,

This stage is called the stage of engorgement.

The second stage is the time when the affected lobe or a greater part of it, has become solidified by the inflammatory inflammation.
This stage is called the stage of 
Saludification, or dehydration.
In the third stage the affected body
is in one, or true condition, if
the disease pursue a favorable
course, the third stage begins when
it is evident that absorption of the
induced matter is going on, and an-
manicence takes place, during this
period, this may be called the stage
of Convalescence or Restoration.
If the disease pursue an unfau-
manic course, the third stage is one
of infarction or from cell infil-
tration, and this stage may be
called the convalescent or infarcti


Stage. Of this stage occur, the disease generally ends fatally.
In each stage there is sneezing more or less, usually, sneezing, the temperature rising towards the end of the first day to 101° or even 102.5° and gradually increasing until the fifth or sixth day, when it will probably be as high as 103°. From this time have more or less pain in one part of the chest, most severe at the commencement, together with accentuated and rapid breathing. There is great depression, with occasional delirium, another one
find a very distressing cough, with expectoration of a viscid and
rust colored phlegm, which unite into a mass or tenacious mucus that
lines the interior of the vessel in which it is contained and may
detach a particle of it. If these phlegm be minutely examined they
will be found to consist of Tiemen, epithelium, undigested matter, blood
Cells, and air globules. The presence of sugar may sometimes be detected
by stains on test, while there is also an excess of Chloride of Sodium,
and in the blood contains an undue amount of fibrin, coagulate may
form in the right-side of the heart, vii in the pulmonary arteries, and give rise to urgent dyspnoea, or even sudden death.

In the first stage, or that of seige or merr, is that in which the air cells of the affected part of the lung become loaded with serum or blood and serum. The inflated portion of the lung is of a dark red color externally, and on cutting into it, a quantity of dark red and frothy looking serum escapes, while its appearance somewhat resembles the aileron, its close stickiness and adhering being diminished. In the chest he listened to when the
Long is in this condition, one will hear very fine roritation, a sound which is known as minute orrotation or rotitant ronchus. If a lock of one’s arm hair be rubbed between the fingers and thumb close to the ear, a sound will be produced nearly resembling it.

The natural respirating or vesicular ronner is still heard mingled with this minute orrotation, especially at the beginning; as the inflammation advances, however, the healthy sound is nearly displaced or quite displaced by the morbid one. Parconsin also at first affords
Almost, or nearly, the natural use of the larynx, gradually this becomes de-activated. Absence, Want of the inflammation for end it presses in to the second stage, a state of hispulation, in which the purgy character of the lung is quite lost, and the texture becomes hard and solid, resembling the cut surface of the liver, when it is said to be hepatised. Now in practice Auscultation, Neither the minute Culpitation, Nor the vesicular Murmur will any longer be heard, Brachephony, however, often exists more particularly if the inflammation be seated near the upper part of
in the vicinity of the root of the lung, and it is accompanied also by bronchial breathing, these sounds being conducted by the solidified lung.

The auscultation on percussion is dull over the whole of the affected part.

Advancing still further, we now have the third stage of pneumonia, or that of resolution, a firm tumid infiltration, which consists of diffused infiltration of the pulmonary tissue, parts of the lung remaining dense and inimicable to the air.

In many instances there is no true infiltration, the appearance of such a condition being simulated by...
Liquified (or diabetic) wetness, circumscribed abscess is very uncommon, but chy.
ous suppuration is said to be a fre-
guent consequence of inflammation
of the pulmonary tissue. There is no
physical sign by which this stage
can be diagnosed, until part of the
lung breaks down and the pus is
defterated, large gurgling respirations
will then be heard. Should the inflam-
mation subsist before the stage of
infiltration be passed, as it some-
mately does, thus the bubonic obstruc-
tion begins to decrease, the temp-
neral air is towards the normal
standard, the Cough becomes life
irritable, and the general distress
militates. Still the frequency of the
pulse, and its hurried breathing
continues until the lung begins
to lose its solidity. The hepaticized
condition may remain, remain,
permanent though as a rule it
will gradually pass away.
In the latter case, we will find the
air the slowly re-entering the
lung, as will be indicated by a
return of the Minutæ Expectoration,
mingled with, and subsequently
superseded by the healthy Viscicula
Murrææ, if the wind be examined,
as the disease begins to advance.
there will be found to be, a gradual diminution of the Chloride of Sodium, and when the lung becomes completely solidified, there will be a total absence of all the Chlorides.

There is reason to believe that the absence of the Chloride of Sodium from the urine during the stage of hydration depends upon the determination of this salt to the inflamed lung, and that when resolution occurs, the force of attraction ceases, and whatever salt has been retained in the lung is reabsorbed, and of course again in the urine, the deficiency of the Chloride of Sodium
is not peculiar to, pneumonia, No. Acute inflammations generally, it is thought that the deficiency of the Chloride of Sodium, is due to the loss of alkaline, and the alkaline diet of the patient. Very often deformed constitution, as well as when the constitution is contaminated with Syphilis, Acute inflammation of the lungs terminates in diffused or in circumscribed Gangrene. Syphilitic, May also arise from other conditions than pneumonia, as, for example, from Tuberculosis, Cancer, hemorrhage, the presence of Morbid fluid in the
blood, and disease of the brain, causing purulent inflammation of the lungs. It occasionally occurs in children after eruptive diseases.

The characteristic symptoms of such an occurrence are an intolerable state of the breath, resembling the odor which proceeds from external gangrenous parts, to gather with dyspnea, and very great prostration. The physical signs are those of softening, and at cannation of the pulmonary tissue.

The disease is usually more extensive and progresses more rapidly, in diffused, than in circumscribed gangrene.
Unless the Miliary form be very small, death will in most cases result.
In very old age, and in some forms of insanity, an attack of pneumonia,
some times runs its whole course, and results in death, before its presence has been suspected.
Chronic pneumonia, or, as it is called by some plethysia, may occur as a sequel of the acute disease, or it can be set up by irritation of the tummata in advanced stages of syphilis. However produced, it now and then gives rise to persistent consolidation of a portion of the lung, slight hemorrhages from...
times occurs, accompanied with
pinnings, night sweat, emaciation.
Cough, pallor, a sense of oppression
within the chest, and loss of appetite.
Salt of potassium, and bark
or salt of iron, or Ammonia with
bark, and Cod-liver oil or Glycerine
and good diet. Are the remedies to
be trusted to.

Pathology. It seems certain that
the disease essentially consists of
an inflammation, into the air spaces
themselves, there is no interstitial
tissue inflammation, as was once
taught, by the older writers,
The connective tissue between the air cells to get inflamed, the matrix formed and from the vessels in the walls of the air sacs consists of serum, lymph, and subsequently of serulent fluid. At the same time that the air cavities get filled, the thin fibrous structure of their walls doubletly becomes infiltrated with inflammatory matter.

The inflammation in pneumonia is generally supposed to come from the blood circulating in the branches of the pulmonary arteries. Cause of Pneumonia, no period of life is exempt from it, as a rule.
it does not often occur under five
years of age, it is most frequent
between fifteen, and forty. Pneumonia
occurs more often in men than in
women. Persons employed out doors
are more apt to have it, than those
employed within doors, that unfrequently
the attack is attributed to some unusual exposure, such as sleeping out
doors, or working in the cold and
wet. Pneumonia sometimes occurs as
a complication of other diseases. It is
frequently developed in the course
of Typhus, and Typhoid Fever, and
Puerpera. It most generally occurs
during the winter and spring months.
in the Northern States, Cases are more numerous in the spring, while in the Southern States they are more apt to occur in the winter.

In this Country, the disease occurs in the Middle and Southern States, much oftener than in the Northern States. Most cases of Pneumonia are developed spontaneously, and is not referable to any obvious cause. As a cause, the disease is often produced traumatically, by injuries inflicted, on the chest, and this produced, the inflammation rarely extends beyond a lobe, and may extend only one or a part of a lobe.
Pneumonia may affect one or both lungs, or technically speaking it may be double or single. The right lung suffers more often than the left. About one in eight cases both are affected. The lower lobes are more abnormally to inflammation than the upper. The average duration of the disease is about fifteen days, when uncomplicated, if complicated, not less than twenty. Mild cases are often convalescent on the ninth day. In fatal instances death occurs between the sixth and twentieth days. Pneumonia with but a degree of bronchitis is seldom fatal, it may happen with
or without inflammation, if pneumonia.

forms the chief disease, the double affection is called, Pneumo-pneumonia. While, when the pleurisy predominates, the disease is then called pneumonia-pleurisy.

Treatment, each stage of pneumonia presents different indications for treatment; measures which were once considered as abortive, are now generally abandoned. The object of treatment, then, in the first stage, is to diminish the intensity of the inflammation, to relieve symptoms, and place the patient, in a condition to tolerate the disease. Blood-letting may be employed, to act as a palliative, and to some extent, as
A curative measure, the circumstances which admit of its employment, are, high fibrile moment, the pulse more or less resisting Compression, and a condition of delirium, or at least robust constitution. It should not be employed when the fibrile moment are not marked, when the pulse is frequent and weak, and the patient is anaemic or have a fragile constitution.

In most cases, in which bleeding or could not be accomplished, by other means, the latter are to be preferred. These consists of delirium by salines purgatives, and sedative remedies. After the operation
of a saline purgative, if the pain be
not, and the fever frequent, tinctures into
some Antimonial preparation, may be
given, as a manumitative, the dose
should not be large enough to produce
marked or disturbed nausea. Vomatum
Vineale is sometimes used for the same
purpose. These remedies should not be used
if the patient's symptoms are mild, and
should not be used when febrility
exists. Opium should be given in the
first stage, in doses sufficient to relieve
pain. Blisters should not be used. Dry cat-
syrup, or stimulating liniments, may
be employed. It is the custom in the
Baltimore Infirmary, to cover the chest with
An aided silk jacket, this keeps the
surface moist with perspiration, and a
flannel covering is also used, which gives
all the advantages of application. If pain
and tenesmus continue, turpentine flasks
are applied. Olive oil is useful in the
second stage, as well as the first.
It is indicated by a continuance of
pain, restlessness, and symptoms
denoting constitutional disturbance.
An accumulation of mucus in the
bronchial tubes, contraindicate the
use of ophirin, in full doses.
Remedies to prevent expectoration are
not generally indicated. As the studied
mixture is not expectorated,
The expectation in the second stage of this disease is due to bronchitis, sedative remedies, such as Aconite, Veratrum Viride, may be given in this stage, if there be high febile symptoms with a tendency to asthmatic.

To support the powers of life is the leading indication in the second stage, moderate quantities of wine or brandy, somewhat in accordance with the patient's usual habits, may be prescribed, as soon as there are any signs of failing strength than can be safely borne. Where the crisis occurs by sweating or by diarrhoea, care must be taken not to check it unnecessarily; while during convalescence, milk and cream, raw eggs...
Animal food, and food with wine may be allowed, with discretion. Freeman's mixtures are more useful than ammonia and bath followed by boric acid, and iron, with cadmium salt. In some cases, the only question is how to keep the powers of life up, until the appendage matter is absorbed. Under these circumstances, brandy is invaluable, and it should be freely given, even to the extent of half an ounce every two hours, in milk, or water, or tea. For some days, should the inflammation end in gangrene, stimulants and tonics are then especially required. When the action of the breath is feeble, a solution of chlorinated soda, or some other disinfectant
May be prescribed. The inhalation of
Frag Medicated spirit, Cresante or Carbolic
acid, is useful.

Wine and Nourishments in As large
quantities as can be assimilated by the
weakened digestive organs will be
required.
A Treatise on Crop.
By
James K. H. Jacobs.
of the
University of Maryland.
Session of
1876 & 1877.
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1876 & 1877.
This is a record of Scottish origin and to express that condition of the larynx in which there is inflammation accompanied by thickening of the mucous membrane and the formation of a false membrane upon it, sometimes remaining as an almost continuous sheet from the pharynx into the bronchial tubes, indicated by a protracted stage, characterized cough and hoarseness, and the expectoration of false membrane.

Dr. Francis Home was, I believe, the first to observe and note the different points of diagnosis between this and other diseases of the throat and chest.

It is a disease peculiar to childhood, occurring less frequently during the period of...
suchling and after the second denhion, making the period of the greatest prevalence between the second and seventh years.
This disease is usually idiopathic, though it may supervene upon measles or complications. Scarcely fever. Some children appear predisposed to it, and it appears to be hereditary in some families.

The exciting causes are sometimes hard to account for, though a North or North Easterly wind, irritating vapors, impure clothing, and a sudden change from a warm dry atmosphere into a cold raw one, appear to be the most frequent causes. Amongst of less frequent occurrence is idebility protected places. The parents account, when
The most remarkable phenomenon of this disease is the formation of a false membrane, accounted for by Dr. Capeland as follows: "that the mucous membrane is itself the seat of the inflammation of the eye, and that its vessels eject the albuminous or characteristic discharge, which from its plasticity and the effects of temperature, and the continued passage of air over it, becomes converted into a pseudo-membrane."

The affected mucous membrane is more or less reddened, particularly by rednesses and partly through injection.

In some cases the inflammatory action extends into the sub-mucous
connective tissue, causing inflammation and oedema. The mucous membrane is thickened, and there is a rapid desquamation of its epithelial cells, and an abundant production of mucus. The occasional peculiar of the mucous membrane after death, is attributed by Senn or by the number of elastic fibres found in its tissue. In all except the medicost cases, the inflammation extends farther than the larynx. Of 19 cases observed by Dr. Weig of Philadelphia, in 7 all but thus the membrane extended into the pharynx. It also sometimes extends into the trachea and bronchial tubes. Occasionally there is so much
thickening of the mucous membrane, and lab. mucous infiltration, that this alone endangers life. Mikulicz says: "...the false membrane consists (says Niemeyer)" of amorphous or finely fibrillated fibrine, in which numerous young cells have been entangled during the process of its formation."

As a rule, the premonitory signs are warning. In a day or two before the attack, the child is unwell, goes sniffling about and is feverish, taking but little interest in things which ordinarily amuse it, is thirsty and feverish. The fever may not be very high, and in some cases lamnago is present from the first. But
there are other symptoms which distinguish this from any other disease. Prominent among them is the cough and hoarseness. Indeed one may often diagnose the case before other symptoms are present, so characteristic are these. The cough is hoarse, dry, and suppressed, and increases gradually. The above symptoms almost invariably precede the attack though they may be more or less marked. The cough may cease near the close of the attack but the hoarseness continues throughout and for several days after. When patches of membrane are seen upon the face, this is no longer any doubt of the character of the disease, provided we can put all doubt as to its being diphtheria aside.
Now this is by no means always the case, but regarding the two as distinct diseases, it seems to me that when we know the disease to have begun in the lungs, and there are ordinary symptoms of irritation of air in the lungs, with expectoration of false membrane, and the characteristic cough and hoarseness of Croup, that we might with a degree of certainty pronounce it to be Croup. When the patient is to recover, the membrane is separated by the thinning out of an exudation beneath the false membrane. The epithelium is rapidly reproduced and the patient goes on to recovery. In unfavorable cases, the membrane is rapidly reproduced, and the patient becomes worse. A piece of the membrane may stick up the air passage, and cause death by suffocation. When the child becomes cyanotic and there is a sinking of the phlegm in the lungs during attempted
inhalation seeming to manifest that in most the cases is a most urgent one. Indeed I know of no disease which requires more prompt measures from the fact than Croup. In primary cases, the patient the commencement raises to 110, 120 per minute. In the course of the disease, it becomes more frequent, and toward the close of life is feeble. In some cases that is every reason to believe the patient is recovering under a relapse carries him off, or he is suffocated by detached membrane.

Indeed, the appearance of a child in croup is most initiable, it throws itself about, clutches at its throat, and insists upon being moved from one place to another, is restless and frightened, and constant presents all the symptoms of one who is suffocating.

In speaking of the symptoms of croup, I spoke of...
those peculiar to true whooping cough, and that now only mention those points of differential diagnosis between this and other forms, and those which distinguish it from diphtheria, which in difficult cases may enable us to comprehend the character of the disease. Now the first thing says Dr. Howard, "When you are called on to see a child with whooping cough, ask if it ever had it before, and if it has, it is almost sure not to be whooping cough." It is most likely to be confounded with spasmodic laryngitis. But while true whooping begins with symptoms at first slight progressing slowly but with that terrible sneezing which sets all our efforts to check it at defiance, false whooping, though it may be preceded by cough or begin abruptly, may at night, between 10 and 12 o'clock, the symptoms of false whooping have their maximum intensity from the fact, the cough is loud and sordid, while in true whooping it is hoarse.
and rough and paler membrane. The voice in false cough
is nasal or nearly so between the paroxysms, while in true cough it is husky and rough throughout.
As a rule, there may also be seen patches of false
membrane in true cough. For the points of distinc-
tion from diphtheria I refer to what I said above. This disease should not be confounded with
"caryngismus stationis," or with paralysis of
muscles of the glottis. Again, while the
malignancy of true cough is frightful, false
cough is seldom fatal. Prof. Howard said
in his lectures of 1875 that he had never seen a
case of death from false cough alone.

0mosis

There remains but little to be said of the likely
termination. In children of seven years of age or
over, the prognosis is better than when younger. Even
when we have every reason to believe that recovery
will take place, we must be very cautious in giving an opinion, as this is a most dangerous disease. When there is great dyspnoea, tedious aspirations as well as inspiration, fever of surface, fever sweats and more frequent and weaker, the prognosis is very bad, while if the membrane is thrown off, symptoms abate, and epithelium begins to form, the prognosis is more favorable.

As to this, I do not know that I can do better than quote Atkinson. He says "opinions are very much divided as to the nature of the epidemic influence, and whether or not the disease is contagious or infectious."

In no disease, probably does that most important branch of medicine, Hygiene, accomplish more than in the prevention of crops. The child should take daily exercise in open air, when it is at all pit,
but must be kept in during a north or north-ea.

s wind, and in damp raw weather. I recommend bathing of neck and throat in cold water, but it must be wiped very dry and flannel away.

warm (as indeed should always be done by children, and even grown persons) avoid hot, dry, and otherwise irritating atmosphere.

A recept of water should always be kept upon the stove or beneath the register in such a manner that the heat will pass over it, and above all things, the child should not be raised like a hot house plant, nor should it be forcibly exposed to the chills we sometimes disposed to do with the idea of lessening its susceptibility to cold. But the nursery must be well ventilated at all seasons, and if possible, have an open window.
There are so many remedies proposed, and some so directly contrary that I cannot but be struck with the force of Prof. Howard's remark, that whenever you see so many medicines united as being of especial value in a disease, you may be sure that they are none specific. It is only while waiting for the physician to give the child hot drinks, wrap him up warm, and apply hot wet cloths to the throat. It may be well in early stages of disease if it is necessary to give a depressing emetic, but this is seldom called for. Speechlessness may sometimes be given things. Sulphate of Copper is by far the best emetic we can use. Sulph. Cps. in one or two gals, and repeated every minutes, if Emesis is not produced, or smaller doses repeated often, is sometimes used with good effect. Emetics are only called for when
obstructing membrane block off the air passage, and the child cannot cough it up. We should be very careful to give the saline copious doses large enough to produce emesis, and discontinue it when not needed as there may vomiting follow its use, and when there is a passage of it through the bowels.

H. S. Give a large tea spoonful every 5 minutes until vomiting sets in. The atomizer of Codman and Shurtleff is invaluable in the treatment of croup. A full and steady stream of vapor is kept up by means of a spirit lamp without any suction, and Lewis Smith says he uses this time to aid of the stronger for its supposed salutary effects upon the membrane. The temperature
of the room should be 75 or 80° and very moist and cool. The inhalation of steam sometimes appears to be followed by especial benefit, and an ordinary ice cold applied over the larynx is followed by great good. I Lewis Smith, in his work of 1576, prefers cold, by warm poultices or other warm applications. The best way of applying it, he says, is to take a piece of salt pork, dust some camphor upon it to make it more irritating and apply this to the front of the neck, and over this place a bladder of ice.

Bleeding should never be practised in time except in the early stages. Carriac bleeding may sometimes be called for in robust children.

It is sometimes well to administer a diaphoretic (to give the diaphragm room to act, by evacuating the bowels). A good one is three (3) parts water and one (1) of vinegar given cold.
While Howley and Lewis Smith both think it very doubtful whether or not Calomel has any effect upon the false membrane, both strongly advise its use in small repeated doses. Prof. Hewart and also uses it with benefit. It is important however to bear in mind the remark of Prof. Chew. He says, because Calomel does not affect children so readily, it is the more necessary that one be careful in its employment, for by its tendency to produce salivation one has an important guide for stopping its use, for though it may not salivate so readily, it acts upon the system as rapidly as in adult life.

Would not quinin in early stages be of advantage by paralyzing the white corpuscles, stopping their ameboid movements,
and preventing effusions? It is also an antispetic and a tonic. Potash of potassium might also be of advantage owing to its constitutional effects and absorbent powers.

Chlorate of Potash has a good effect.

The following is an excellent prescription:

ByParts. Chlorate.

Ammonia Murial.

Syr. simplic.

Ag.

Ht. S. Give one to two teaspoonfuls every half hour or hourly to a child from 3 to 6 years old.

The following is Dr. Lewis Smith's favorite prescription, for which he claims very good merit. It will be found in the work of the year 1876, now sold by the firm in New
Treacle on group, page 1492.

R. Acidi Carbonici. g. M. x
Liq. ferri sulphurat. D. ili
Glycerin. g. ii

It. I. To be applied from 3 to 6 hours.
Also the following,

R. Brominici. g. ii
Solen. Bromid gr. x. x. x.

It. I. 20 to 50 drops to 3 g. g. ii, and apply locally.

Besides the above remedies there are numerous others, all of which possess more or less virtue, and when one fails we can try another.

Tracheotomy appears to be steadily gaining ground. This is probably owing to the fact that it is now more promptly performed than formerly.
and not deferred as formerly, until the air
in the lung has become rarified,
producing a condition in the chest similar
to that caused when the skin by a dry
crop, re until the patient has been induced by
smiling and the bite, or poisoned by
carbolic acid. The responsibility attending
tracheotomy should be borne in mind
and the approach which might
follow if death should ensue.
There is no doubt, however, that there are
many cases in which this is the only
success effectual remedy, and when the
physician has decided when its use he
must act with firmness and energy.
A good surgeon might, in an urgent
case, perform the operation with a
pocket knife and quill, but great care is required to avoid cutting the vessel. After the operation, appropriate means should be adopted to secure the proper passage of air, for by admitting it too cold, it would reach the bronchi in a condition to produce cataracts or other trouble.

Give good nutritions food that is easily digested, watch the state of the patient's health, and combat such symptoms as may arise.

To perform lachesis successfully, require a thorough knowledge of the anatomical relations of the part, and for this informative, and the mode of operating, I refer the reader to suitable works.
The one last point that I shall mention can never be too highly appreciated, and that is the value of time. If the child begins to fail, no ultimate means should be spared. Every moment life is prolonged is of inestimable value; the moment hopelessly undergoing that change which tends to end in its ejection.